## **STEP 1: CREATE/VERIFY PT RECORD**

Patients Menu Intake Referral Submenu Function – Create/Verify Pt Record

Patient Referral Patient ID Patient Name Address/Phones Address Effective Date County Phone Number Demographics Date of Birth Sex **Diagnosis Codes** Sequence # (controls order) Code/Description **Onset/Exacerbation Date** Surgical Codes Surgery Description Date Medications Status Effective Date Freq/Med/Rout Allergies Allergy Name DMF **Equipment Description** Physician **Attending Status** Patient Insurance Payor/Plan Selection **HIC/Policy Family Caregiver** Name **Primary Status** Advance Directives Directive Date Patients Menu Admission/Discharge Admission Admit/Pending Status

Orders Tab Function- Create Asses/Eval Order

Do not Admit

To schedule an admission visit, create an Assess/Eval 1D1 order for the Orders tab for the patient. This will also allow selection of an Admission visit on the P Page of the SOC assessment. If patient is not admitted and no SOC

completed, the scheduled visit can be changed =Patient Not Admitted



**STEP 2: CREATE/LOCK SOC OASIS** Documents Tab Click New/Select ReCert 2.00 Function – Create Recert Oasis Т-**Clinical Trending** CPS-Care Plan Summary Page 1- Will pull data from the pt record. Verifying the menu segments listed in column 1 ensures this page populates accurately Page 2- Clinical Record Items Patient History/Diagnosis Page 3- Patient History Page 4- Patient Diagnosis Page 5- Living Arrangements Page 6- Sensory/Living Arrangements Page 7- Sensory continued Page 8- Pain Page 9- Wound(s) Page 10- Braden Scale Page 11- Integumentary Page 12- Respiratory Status Page 13- Cardiac and Elimination Page 14- Gastro/Endocrine/Neuro Page 15- Neuro/Emotional/Behavior Page 16- Psychosocial/ADLs Page 17- ADLs cont'd Page 18- Fall Risk Multi-Factor/TUG Page 19- Medications Page 20- Care Mgmt/Therapy Page 21- Nutrition/Plan of Care Page 22- Teaching Page 23- SN Assess Summary/Goals Page 24- HB Status, Progress Toward Goals, Plan for Next Visit, D/C Planning, Care Coordination

- 485-Additional 485 questionsS1-Clinical, Func, Serv Points
- P- Time In/Time Out; Mileage

Follow agency policy to complete and/or lock the Oasis Assessment

Patients Menu Admission/Discharge Submenu

**PPS Episodic Periods** 

Upon Locking of the SOC, a PPS Episodic Period is created for the episode. Patient Schedule will be shaded in light blue for the PPS Episodic Period. **STEP 3: COMPLETE INITAL ORDERS/FREQ** 

Orders Tab Order for Wound/Teaching from Oasis Create Additional Orders – Click New/Select Order

The SOC Assessment has two pages that can trigger creation of a ReCert Order for the discipline completing the ReCert Page 9- Wounds 1-3

Page 22- Teaching

Once the order has been triggered from the SOC, it can then be reviewed/edited from the Orders Tab.

The Orders Tab is where you would not only edit the order but also key the frequencies to the order and generate the visits to the schedule for assignment.

Initial orders for all necessary disciplines are also created here.



## **STEP 4: CREATE/COMPLETE 485 RECERT**

Documents Tab – Homecare Certification 485 Function – Create 485 which pulls from previous documentation steps

As the Homecare Certification 485 is created, the page will populate form the patient record, the SOC Oasis and the Orders Tab. A series of Refresh Buttons appear at the top of the page and can be used to 'refresh' from any of the 3 segments populating the 485

Locater 1-14, 24	Patient Record
Locater 15-20, 22	SOC Oasis
Locater 21	Orders Tab
Locater 23	Populates upon
	Locking document