

## **Barnestorm Order Builder**

Barnestorm is proud to announce a new feature in our system, the Order Builder: it allows you to select what part of the patient's chart records you want to add to the order, so you can customize the order content. You can also save preset content for certain types of orders, like discharge, transfer, etc. so they'll be consistent.

Time Frame: Last 60 Days ~	11/22/2018 - 01/21/2019		
Current Diagnoses	Health History Cognitive Status		
Current Medications	Allergies	Psychosocial Status	
Med Interactions	Advanced Directives	Education and Training	
Med Changes	Emergency Plan	Homebound Status	
Changes Since: 1/21/2019 ■▼	Select a Wound Pull all dates for buttons above		
Aide Services Recert		Parameters for notifying physician	
PT/INR	All Orders/Goals	SBP < Resp < Temp <	
Care Plan	Most Recent Order/Goal	or> or> or> DBP < Pulse < B\$ <	
Facility History	Use upcoming 485	or> or>	
		Weight gain of >   lbs /week	
✓ Time Stamp Order	Weight loss of > % /month		
Add Admission Date Summ	Pulse Ox Sat < Fill Defaults		
Add Disciplines Involved Add Fo			

When you select a **Type** from the drop down list, one of two things will happen; it will either open up the **Customize order content** tab or it will insert the time stamp and text item text (if applicable).

Category Type: Discipline, Labs, IV, Injections, Feeding, DME, Supplies, Face to Face, and any other customize Type created by your agency, these will pull the current time stamp and then any Text Item assigned to them. The Text Item text is assigned in the Global Settings > Orders > 0616 – 0634.

If the **Customize order content** window opens from selecting a **Type**, then it will auto-select items based on the global settings 0643 – 0649. You can uncheck or check items, as needed, or change the global setting items (*see the end of this article for more details*).



## **Order Builder Options**

Time Frame – Last 60 days, Last 90 days, Last 30 days, Since Last Visit, All Since Admit.

Some of the data pulled will look at the time frame selected and only pull data based on these dates. Data includes Aide Services, PT/INR, Care Plan, Facility History, Disciplines Involved, Summary of Care to date.

**Current Diagnoses and Current Medications** does just that, pulls the most recent entries.

**Med Interactions** will insert the same information from the Med History > Print Med Sheets > Interactions.

**Med Changes** works with the **Changes Since** date. This has replaced the Medication category in the drop down list. When medication changes are completed in the med history screen, you can pull the changes into an order without having to retype the information.

**Recert** pulls the phrase "-----Recert Orders-----" with the next recert period due.

**All Orders/Goals** pulls box 21 and 22 from all 485s created.

**Most Recent Order/Goal** pulls box 21 and 22 from the most recent 485. *Optional*: **Use upcoming 485** to pull info from recert episode you're working on.

**Cognitive Status, Psychosocial Status, Education and Training, Homebound Status** These pull from the assessment. Below these buttons is a drop down list for the time frame to select from.

**Parameters for notifying physician** You can setup patient specific parameters instead of using the agencies general parameters. If a patient has specific parameters, you can receive a warning message within the vital signs screen of the visit assessment when a vital sign outside of the parameter is entered. A pop up box with the patients doctor information will appear. This information will copy over to the Referral > Directives screen.

**--Select a Wound-**-allows you to select an active wound and pulls the most recent documentation from the assessment.

**Time Stamp Order** Pulls the current date and time when you click on "Create Order" from the Customize order content screen. Also includes the case manger listed on the Referral > Employees screen.

**Add Admission Date** Pulls a phrase "Patient was admitted to Home Health on [admit date]

**Add Disciplines Involved** shows the disciplines involved and how many visits have been completed, including the first and last visit date for the time frame selected.

**Summary of Care to date** Pulls the 60 Day Summary information for the time frame selected.

**Add Follow up Plan** Text that comes from either Global Setting > Orders > 0601 (Home Health) or 0603 (Hospice)

**Add Xfer Summary** Adds the phrase "Patient will be transferred on \_\_\_/\_\_\_ to"

**Add D/C Summary** Pulls a phrase with the patient's discharge date and reason from the Referral > Payers screen.



## **Order Builder Global Settings**

**Codes > Security > Global Setting > Orders, 0643 – 0649**: You decide what pieces should be checked or pulled by default for each order type. Separate the item description with a pipe.

An example of the global setting setup, including the pipe to separate the key phrases:

TimeStamp | AdvancedDir | XferTxt | CurrentICD | MedHistory | Allergies

0643: Default boxes to check for Admit on Order Builder	Time Stamp CurrentlCD CurrentMed VitalParams
0644: Default boxes to check for Resumption on Order Builder	TimeStamp CurrentlCD CurrentMed VitalParams
0645: Default boxes to check for Post Hospital on Order Builder	TimeStamp FacilityHX CurrentlCD CurrentMed Frequency 1OrderGoal
0646: Default boxes to check for Recert on Order Builder	TimeStamp CurrentlCD CurrentMed Frequency 1OrderGoal
0647: Default boxes to check for Transfer on Order Builder	Time Stamp DiscInvolved AdmitDate SummaryCare
0648: Default boxes to check for Hospice Transfer on Order Builder	TimeStamp AdvancedDir XferTxt CurrentlCD MedHistory Allergies
0649: Default boxes to check for Discharge on Order Builder	TimeStamplDCText DiscInvolved AdmitDate CurrentICD SummaryCare FollowupPlan CurrentMed

## List of items that can be pulled and the key phrase to be used in the global setting:

Key Phrase	Description on Customize	Description of information pulled
	order content screen	
Timestamp	Time Stamp Order	The current date and time when you click on "Create Order" from
		the Customize order content screen. Also includes the case
		manger listed on the Referral > Employees screen.
CurrentICD	Current Diagnoses	The list of current ICD codes.
CurrentMed	Current Medications	The list of current medications.
VitalParams	Parameters for notifying physician	Physical parameters from the Referral > Directives screen.
FacilityHX	Facility History	Shows the facility, dates and reason for the time frame selected.
Frequency	Add Disciplines Involved	Same as DiscInvolved
10rderGoal	Most Recent Order/Goal	Shows orders and goals from the most recent 485.
Recert	Recert	Pulls the phrase "Recert Orders"
DiscInvolved	Add Disciplines Involved	Shows the disciplines involved and how many visits have been
		completed, including the first and last visit date for the time
		frame selected.
AdmitDate	Add Admission Date	Pulls a phrase "Patient was admitted to Home Health on [admit date]
SummaryCare	Summary of Care to date	Summary of care to date Pulls the 60 Day Summary information
,		for the time frame selected.
AdvancedDir	Advanced Directives	Pulls the Advance Directives from the Referral > Directives
		screen.
XferTxt	Add Xfer Summary	Adds the phrase "Patient will be transferred on/ to"
Allergies	Allergies	Pulls the patient's allergies listed on the Referral > History screen.
DCText	Add D/C Summary	Pulls a phrase with the patient's discharge date and reason from
		the Referral > Payers screen.
FollowupPlan	Add Follow up Plan	Text that comes from either Global Setting > Orders > 0601
		(Home Health) or 0603 (Hospice)