Patient Info button is used to view patient information, but not change it. This is the quickest way to find information concerning a specific patient. You may print any tab under Patient Info by clicking the **Print** button. Some screens will show an itemized list where you are able to select an item to view the full content. To return back to the itemized list click on the text anywhere.

Use the Get Map/Directions button to view a map from your agency to the patient's home.

Copy Feature: This allows you to copy a selected tab from **Patient Info** and paste it somewhere else.

Most of the tabs work in the same fashion, it will list an itemized list and then you click on it to view additional information.

OASIS-PPS: This will show each OASIS entered. Click on an OASIS and it will show you which OASIS questions where used to create the HIPPS code. The first section shows you the first 6 ICD codes used for billing. To the left of each code will show the value of the code. The next section shows the rest of the ICD codes used for the patient. Next to each code shows the potential value of the code. The third section shows a mixture of MO questions and the value of each.

Office Notes: This information comes from POC > Assessment > Care Goals > Status Improvements section.

Care Conference: This information comes from POC > Assessment > Care Goals > Summary of Progress.

60 Day Summary: This will show vital signs for each 485 episodes. When you click on an episode it shows any of the following information: temperature, respiration, pulse, weight, and blood pressure. It also shows wounds and the measurements, type, and location. This will also show pulse-ox readings. Comments from the Start screen of assessment if the "Add to 60 day summary" box is checked. Comments from Care Coordination Notes if the "Add to 60 day summary" box is

checked. Assessment > Care Goals > Status Improvements section.

Scheduled Visits: Shows planned visits by employee, date, type of visit, program/payer code and comments. It will also show if an actual visit was completed for that date or not. The scheduled visit will be compared to the assessments employee and time in. If the employee matches and the time is close then a "OK" will show up next to the scheduled visits.

Clinical Notes: This is a great way to quickly see everything that's going on with the patient. It pulls a collection of information together to view on one report: Care Coordination Note discussion text, assessment Start screen comments, assessment Misc Notes > 60 Day Summary text.

Messaging Log: Pulls up Messages used in the Barnestorm system tagged with the patient's chart.

Pt Progress: Allows you to select specific information to pull into a graph based on a date range.

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50087.aspx