

## Information in a 60 Day Summary

While it is not a requirement that the 60 day summary be a part of the 485, it is an efficient use of everyone's time. The most common usage for the 60 day summary is when doing a recertification visit using POC. On the Orders/Goals screen, there's a button called **Add 60 Day Summary** that places the 60 day summary text at the end of the text that is currently in Goals. At that point, you can edit the text as needed.

The automatically generated 60 day summary is intended to assist the agency, employee and the physician - the employee has a reminder to do the 60 day summary, the agency only has one document to mail to the doctor, and the doctor only has one document to read. Plus, the agency will receive back from the doctor a signed copy of that 485, proving that the 60 day summary process was completed.

The same 60 day summary information is available under Barnestorm Office and Point of Care, from the **Patient Info** tab under **60 Day Summary**. Click on the episode and all the information will show related to that From and Thru date.

The information that will be included is:

- o 60 Day Summary text from the visit assessment **Misc Notes** screen.
- o Vital Signs from the visit assessment **Vital Signs** screen.
- o Wound(s) from the visit assessment **Wound Assess** screen.
- o Protime INR readings from the visit assessment **Labs** screen in the **Lab Tests** drop down.
- o Blood Sugar readings from the visit assessment **Endocrine** screen.
- o Pulse Ox readings from the visit assessment **Respiratory** screen.
- o Visit Comments, from Start screen, from the *most recent visit* assessment.

- Note: If you want comments from ALL assessments to show up on the 60-day Summary, then go to



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For agencies not using the Barnestorm POC, Care Coordination Note(s) may be used to document this patient information and automatically generate the 60 day summary. You may also add Care Coordination Note topics to organize this information.

Knowledgebase

<http://kb.barnestorm.biz/KnowledgebaseArticle50214.aspx>