



Frequently encountered questions about NDoc® Therapy Charting

- How does therapy charting differ from other charting?*
 NDoc therapy charting screens were created to provide PT/OT/ST the means by which to identify, assess and instruct therapy-specific patient problems and organized to reflect the therapist’s workflow.
- How will I recognize therapy-specific categories?*
 PT/OT and ST categories exist within Care Pilot’s/Today’s Care function. SOC OASIS Assessments are also available for PT/OT and ST.
- I don’t see any therapy-specific screens for vital signs, pain, or other fields that I might chart to reflect the patient’s condition.*
 When charting a patient’s status, many categories can apply to multiple disciplines. These categories are referred to as “shared categories”. They appear within the Today’s Care function of the Care Pilot Module, are charted by every appropriate discipline and seen by all other disciplines. These “shared categories” include: Vital Signs through Safety.
- If I am charting in the same field as other disciplines, how is my charting kept separate?*
 Every charting entry is automatically linked to the appropriate user’s visit when the charting takes place. This is accomplished through the use of the secured NDoc user identification and password.
- Is there a way that I can see what others have charted about the patient?*
 You can view every field charted on every patient visit made by every discipline by using the VISIT button within the Patient Summary Tool. If you want to see the charting ‘history’ of a specific field, you simply click on the field in question, then click on the HISTORY button that displays on all Care Pilot charting screens. A window will open displaying the field’s history for the patient’s entire clinical episode: who charted what and when.
- How will I know what therapy problems I have identified?*
 Therapy-specific problems will be listed on the patient’s problem list with all other patient problems. You will access this display by clicking on the PROBLEMS button within the Patient Summary Tool. The “ADD” date is the date of the visit you charted the findings. More details about the Automated Care Plan can be found in the NDoc FASTForm™ for Problem Logic and Patient Summary.
- When I visit a patient I don’t just evaluate them for therapy problems. How will this work in NDoc?*
 In addition to shared charting fields you will also have shared problems. If the patient has Pain listed as a problem, you will be charting your visit assessment regarding pain level along with any instructions. Just like when you charted on paper, you want to continue to address all patient needs.
- If we have shared problems and shared charting fields, does that mean that there will be duplicate problems on the problem list?*
 No, NDoc knows when a problem has been previously identified and will not create a duplicate entry to the Problem List. Your visit findings will simply become part of the history for that charting field. e.g., Current Pain Status.

Agency Notes

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Summary of Therapy Charting:

| Accessing the Function | Functions of Therapy Charting | Comments: |
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| <p><i>From the START Menu</i> Select: Care Pilot Visit Charting Today's Care</p> | <ul style="list-style-type: none"> • Charting entries made in the 'shared fields': Vital Signs through Safety • Therapy categories: PT/OT/SP • Baseline vs. Today's Testing • Tests Utilized • Equipment/Tech • Knowledge/Skill Deficit: Patient • Knowledge Skill Deficit: Caregiver • Home Exercise Program • Additional Narrative (category specific) • Narrative Summary | <ul style="list-style-type: none"> • There will always be charting entries/assessment categories that apply to every discipline. Chart in these as applicable. • Each Therapy Category consists of (3) charting screens: Assessment/Treatment – Instruction – and Outcomes • In each therapy category for CURRENT STATUS you will find (2) column headings; Baseline, which is to be used for the initial assessment finding and Today's level that represents the remaining visits' findings. By using the 'baseline' status you will quickly be able to determine your patient's status and or improvement/decline by category. • Tests Utilized provides a field for you to document any standardized testing used to evaluate a specific status. • Equipment/Tech also provides the therapist with the ability to reference specific equipment/techniques used to determine current status. • K/S deficits are identified by selections entered or the use of "other" field. Caregiver k/s is required when 1) caregiver is identified and 2) a Pt deficit is first triggered. • Home Exercise Program is a free text field for the therapist to document details r/t the HEP for each visit. The exercises initiated, number of reps, tasks asked to perform, tolerance, etc, • Additional Narrative (category specific) can be used to document any findings r/t the category not already represented in the balance of the category's fields. • Narrative Summary should be used to document a 'summary' of the visit and displays in Patient Summary Tool under the NOTES button. |





Current pain status is an example of "shared charting field"

The screenshot shows the 'Pain Management Assessment' section. Under 'Current Status: Pain', there is a dropdown menu for 'Patient's Perceived Pain Level' set to '(Select)'. Below this are checkboxes for 'Pain Location(s)' including abdomen, chest, head, knee, neck, other, arm, feet/ankle, hip, LE-both, shoulder, back, hand/wrist, joint(s), leg, and UE-both. The 'arm' and 'LE-both' checkboxes are checked. There are also radio buttons for 'Pain Scale Used' (numbers or faces).

Baseline findings represent the assessment visit. Each subsequent visit assessment findings are entered into Today's Testing and allow for an ongoing evaluation of progress or decline.

Test(s) utilized to determine current status are entered here. If the selection is not listed, click on 'other' and add the test using free text.

Equipment or techniques used to determine current status are entered in this field.

The screenshot shows the 'Transfer Assessment' section. The 'Current Status: Transfers' section has dropdowns for 'SIT TO/FROM STAND', 'BED TO/FROM CHAIR/WHEELCHAIR', 'TOILET/COMMUNE', 'SHOWER/TUB', and 'VEHICLE'. The 'Today's Testing' section has dropdowns for each of these activities. The 'TEST(S) UTILIZED' section has checkboxes for various tests like Barthel Index, Get up and Go, etc. The 'EQUIP/TECH' field contains text: 'demonstrated transfer into tub using over tub bench, delivered yesterday. Pt and spouse demo'd ability to do safely, instructed PT can'. The 'Knowledge/Skill Deficit' section has checkboxes for 'none', 'adaptive equip', 'transfer devices', 'transfer technique', 'home exercise program', and 'other'.





FREQUENTLY ENCOUNTERED QUESTIONS

AGENCY NOTES

SUMMARY OF PROCEDURE

TROUBLESHOOTING TIPS

NDoc[®] FASTForm™ for Therapy Charting

Troubleshooting Tips for Therapy Charting:

- *I charted my findings for assessment visit using the Baseline field table. Should I have used the "Today's Testing" field also?*
The baseline charting fields are to be used for your initial assessment findings. Then in subsequent visits you use the Today's Testing field to document revisit findings. This also allows you an easy comparison of each patient's progress since therapy services were begun.
- *How can I tell the reason for the highlighting of specific fields?*
The HELP button, located at the bottom of every screen in visit charting will define the Problems that cause a specific instruction or outcome to be highlighted in yellow. Simply place your cursor on the field in question and then click on HELP for a definition.
- *My patient was hospitalized and never returned during the episode. How do I chart the DC when I did not make a visit?*
Understanding that there are times when this might happen, we created a data entry assessment function in NDoc. You will find this in Operations/ Data Entry/Assessments. Once you have completed the 'red' fields that appear on the screen, you can select the appropriate RFA document and complete your DC OASIS document.

