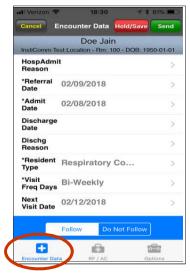


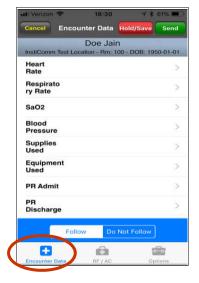
Encounter Data



Touch Tabs to Move Between Encounter Screens

- Hospital Admit Reason choose from RT, non - RT, Pneumonia, CHF, for discharges to the hospital from the facility
- Referral Date Required is the date of order for respiratory services by facility and if needed must be renewed each 30 days.
- Admit Date Required date of admission to facility
- **Discharge date** is the date of discharge from the facility. This is required for each discharge from facility
- Discharge Reason field choices are Unknown, RT, Non-RT, DC Program, Expired. Required for each discharge
- Resident Type Required Pulmonary Rehab, PNE Low, PNE High, COPD Low, COPD High, CHF Low, CHF High, Respiratory Complex,– Only one entry for this field.
- Visit frequency Days Required field choice is –Bi_Weekly, Weekly, Monthly, Facility Request
- Next Visit Date enter in the next expected delivery date, this is a date selection wheel.

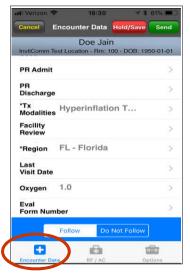
Encounter Data



Touch Tabs to Move Between Encounter Screens

- **Heart Rate** will need to be filled in when doing walks and assessments requiring vital signs. For the walk test this will be the resting HR
- Respiratory Rate will need to be filled in when doing walks and assessments requiring vital signs. For the walk test this will be the resting RR
- Sao2 will need to be filled in when doing walks and assessments requiring vital signs. For the walk test this will be the resting Sao2
- Blood Pressure will be resting BP
- Supplies Used— list all supplies used for this encounter, these will display only for this encounter. This field is for all disposables, aerosol setups, pap supplies and masks, incentive spirometers, acapella/flutter, tubings etc
- Equipment Used List all rental equipment used, this will stay for each encounter until removed. For PEL rental equipment list the item identification then the date setup ie;
- PR Admit Date resident admit date to the Pulmonary Rehab program. Required for all residents with pulmonary rehab billing codes.
- **PR Discharge Date –** This is require for all discharges from PR program.

Encounter Data



Touch Tabs to Move Between Encounter Screens

- Tx Modalities Required list the therapy and medications here to export the outcomes report. Choose Bedside Education disease Specific, Hyperinflation Therapy/IS/DB/Coughing, Nebs/MDI/DPI, None, O2 Weaning and Titration, PAP Therapy, Secretion Mobilization/Acapella/Flutt, Vest Therapy
- Facility Review Name of facility personnel who have reviewed high Pneumonia and CHF scores/probability All high scores/probability will need this entry
- Region select from list, IN Illinois North, IS Illinois South, FL- Florida, PA Pennsylvania, TX Texas, MO Missouri, KS Kansas, OK Oklahoma. Centrad. This is identification for operating region.
- Last Visit Date— option to enter in last date visited, this will allow ease to review and filter
- Oxygen report oxygen in use at this encounter.

 Prescribed oxygen should be entered in the prescription area Selection List

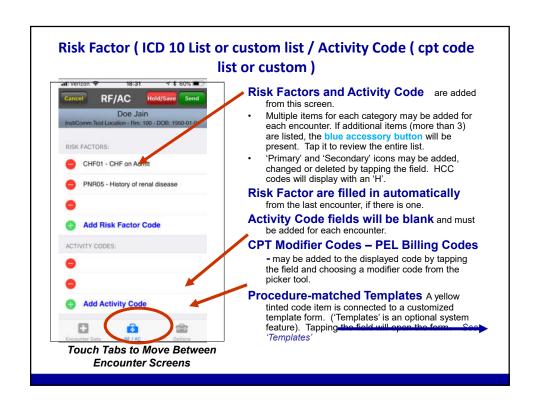
Selecting and Adding Items to Fields

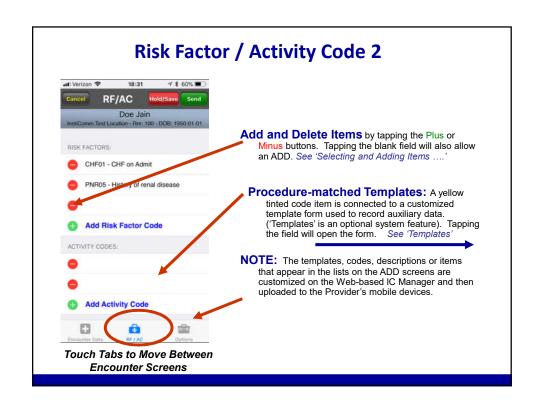


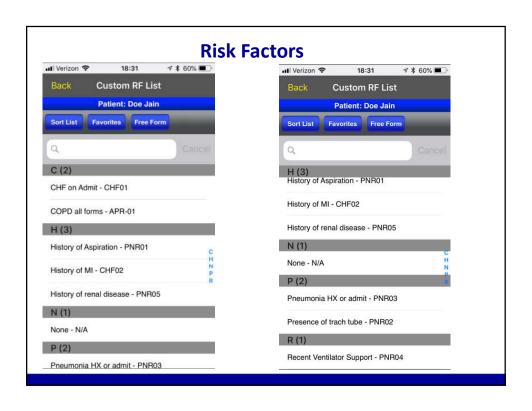
Location, Risk Factors, Activity Codes and Wildcard data lists are pre-populated and edited on the IC Manager. They are downloaded to your mobile device upon installation and then updated from time to time. 'List' and 'Picker Wheel' screens have similar characteristics throughout the program.

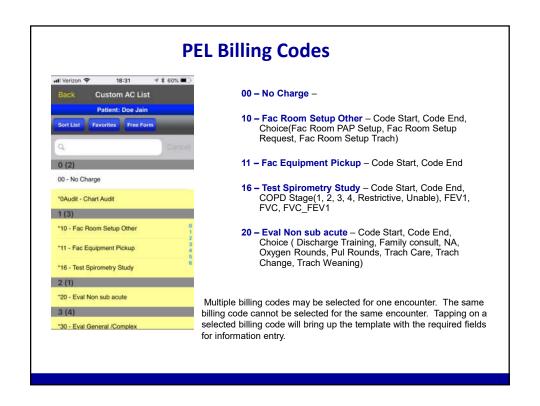
Selecting an Item:

- Tap one of the list items and it will be inserted into the data field, or;
- Tap Sort List to change list order from ascending to descending or from alpha to numeric and vice versa;
- Tap Favorites and select from your most frequently used items. ('Favorites' is a listing of those items chosen most often and most recently by you, the Attending Provider, on this mobile device.)
- Search for an Item by scrolling the list or using the Spotlight search bar or the Side Index.
- **Use Free Form** (if configured to allow) to define an item if there is no list provided or if the item you wish is not provided on the pre-populated list.
- Picker Wheels and Calendars will automatically be used for some types of data. Choose a selection and tap Done.













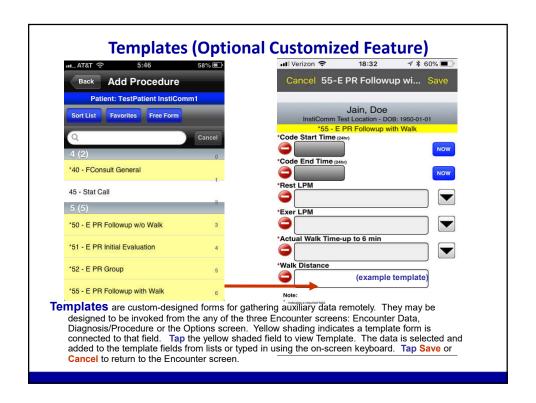
- **30 Eval General/Complex** Code Start, Code End, Choice (New Admission and Re Admit)
- 31 Eval Followup Code Start, Code End, Choice (Facility Request, General Respiratory, O2 Weaning, Trach Care, Trach Change, Trach Weaning, Vest Therapy)
- 34 Eval Vest Therapy Code Start, Code End
- **36 RHIP Followup -** Code Start, Code End, COPD Education, Pneumonia Education, CHF Education
- **45 Stat Call** Indicates this encounter is a stat call. The encounter will still need a consulting code for services provided
- 50 E PR Followup w/o Walk Code Start, Code End,
- 51 E PR Initial Evaluation Code Start, Code End

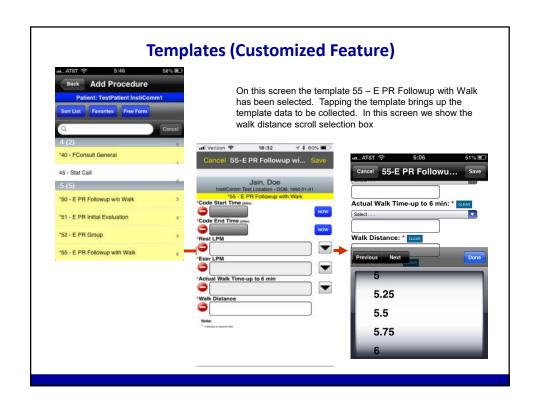
Multiple billing codes may be selected for one encounter. The same billing code cannot be selected for the same encounter. Tapping on a selected billing code will bring up the template with the required fields for information entry.

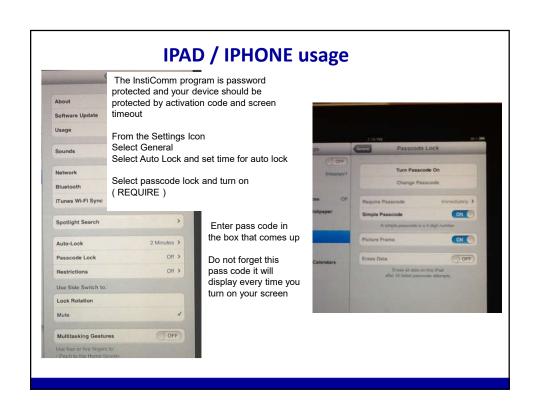
PEL Billing Codes

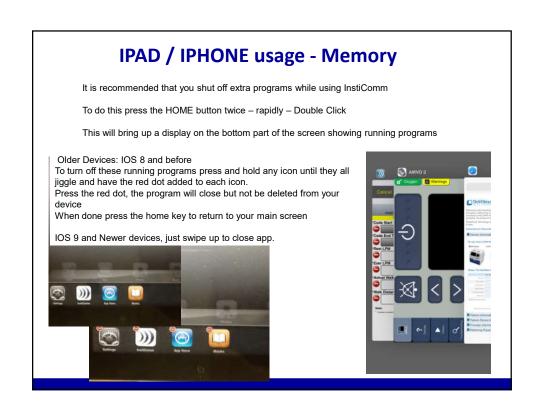


- 52 E PR Group Code Start, Code End
- 55 E PR Followup with Walk Code Start, Code End, Actual Walk Time (choose time in 15 second intervals), Exercise heart rate, Resting LPM (choose oxygen liter flow), Exercise LPM (choose oxygen liter flow), Exercise Sao2 (choose Saturation), FFT, Pre and Post RPD(choose score), Pre and Post RPE(choose score), Walk Distance in feet
- 56 Bedside Education Code Start, Code End, Choice (Caregiver, CHF, General, Pneumonia, Program, Rehabilitation)
- 61 E RA Rapid Response Code Start, Code End











- No connectivity is needed during patient rounding and encounter entry.
- Connectivity is required to refresh the Census, review the patients last encounter or see encounter history.
- Send encounters when Cell Data Network or WiFi connectivity is available.
- Your data is never lost, even if your data connection is interrupted during transmission.



- Every encounter record, sent to your InstiComm web-based Manager will always remain in the IC Manager's database.
- The encounter cannot be deleted, and will always be available to your practice.

Adding / Editing Records

- Authorized Office and Billing staff may be allowed to make certain changes to your encounters from the IC Manager.
- New encounters may be added using the IC Manager web interface as an alternative to entering encounters on the mobile device.
- Any changes made to the encounter data are recorded in a detailed Audit log.

