Main Line Health
Well ahead.®

Mirmont Behavioral Health

MyAvatar Clinical Manual

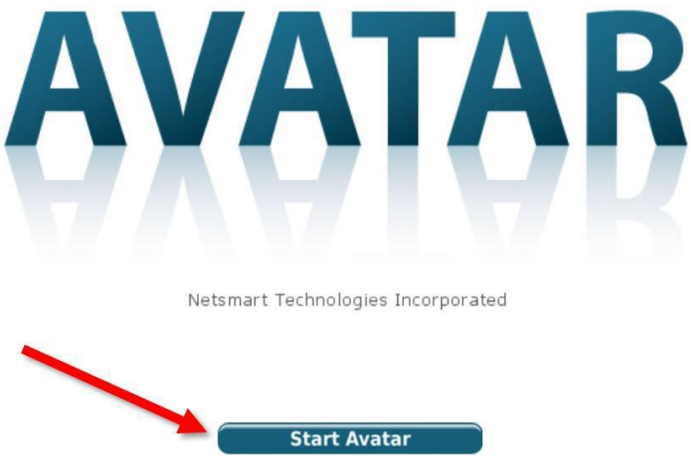
Main Line Health
Well ahead.

Mirmont Behavioral Health

Logging In to Avatar

1) Open the Link to Avatar: You can do this a few different ways.
    a. Click on the Avatar icon located on your desktop.
    b. Or, you can enter the web address into your browser directly. For the LIVE environment, it is Update new link for LIVE

    https://mlhuat.netsmartcloud.com/radplus/index.jsp
2) Once you have navigated to the website, the Avatar launch page will open. Click **Start Avatar**.



3) To log in:
    a. Enter your **System Code** (all caps). For example, **UAT.**

b. Enter your **username** (all caps). This will be the first letter of your first name followed by the first seven letters of your last name for a total of 8 characters. For example: Kathy McGuire would be KMCGUIRE.
c. Enter your **Password** (all caps).
d. **If this is your first login**, you will be immediately prompted to change your password. Your password must be 6 characters long. It *may* contain special characters (#$%&) and numbers. It is recommended that you use special characters to ensure password security.
e. Once you have entered your Username and Password, Click **Sign In**.

If You Forget Your Password

1) After five tries, Avatar will deactivate your user account and you will no longer be able to log in, even with your correct password. If this happens, contact the helpdesk at **x4657** or **HSA.MhCompAssist@santacruzcounty.us**

Screen Sign Out

If you need to step away from your desk, remember to sign out by clicking on Sign Out located in the upper right-hand corner of your screen. This will prevent unauthorized users from viewing client information in Avatar (HIPAA).

Always save when possible to avoid losing work to any surprises such as power surges.

Make sure you save and close all open forms before you sign out. If you don't save, you will lose any unsaved data. There is no auto-save feature.

Main Line Health
Well ahead.®

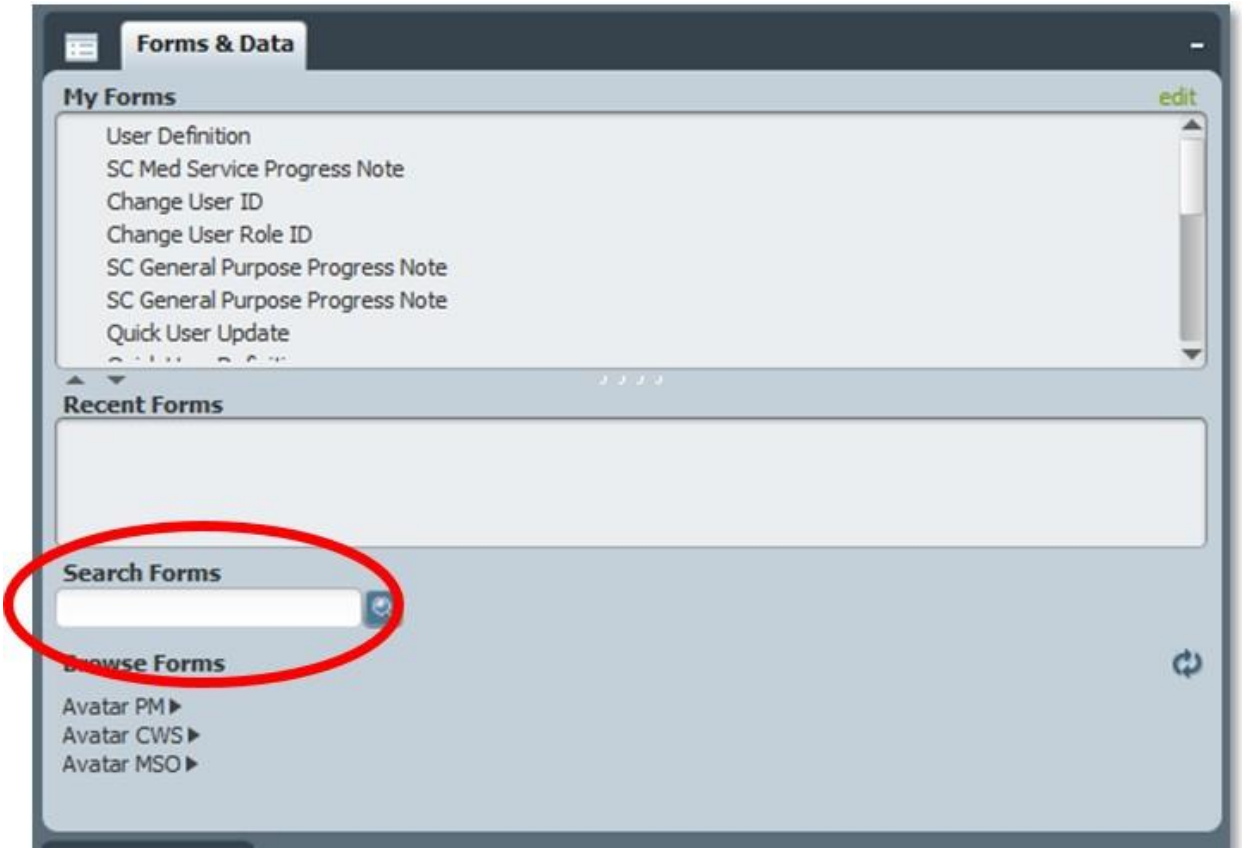
Mirmont Behavioral Health

Main Line Health
Well ahead.

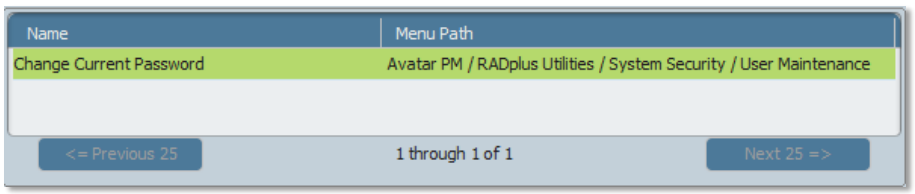
Mirmont Behavioral Health

To Change Your Current Password

1) Locate the Forms & Data widget on your home view.



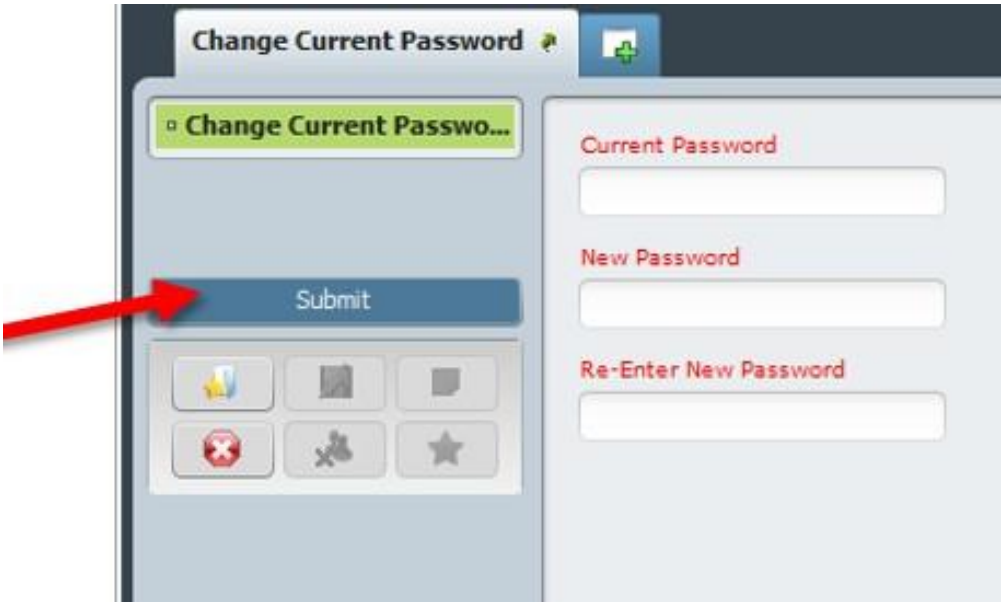
2) Click in the Search Forms field and type Change Current Password. Double click on the form name to open up the form.



3) Once you have opened up the form, in the **Current Password** field, enter your current password.
4) In the New Password field, enter your new password.
5) In the Re-Enter New Password field, enter your new password again.
6) On the left hand side of the screen, **click on the Submit Button**.

Main Line Health
Well ahead.

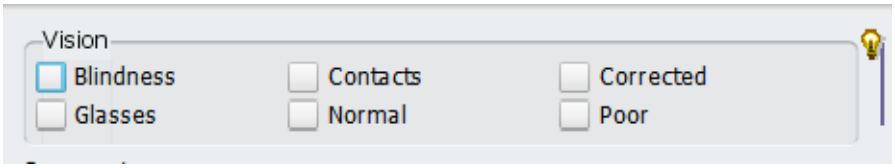
Mirmont Behavioral Health



Quick Tips and Shortcuts

1) **Lightbulbs** on forms: These symbols are a link to helpful clinical information about filling in a particular question or field.

2) You can use the space bar to check or uncheck a box in a list field.



3) In a *list field*, use the arrow keys to move back and forth between check boxes, buttons or list items in a dropdown field.

4) On Home Console, you can click once on Client to select the client, and then go and search for a form to pull up with that Client (works on most forms).

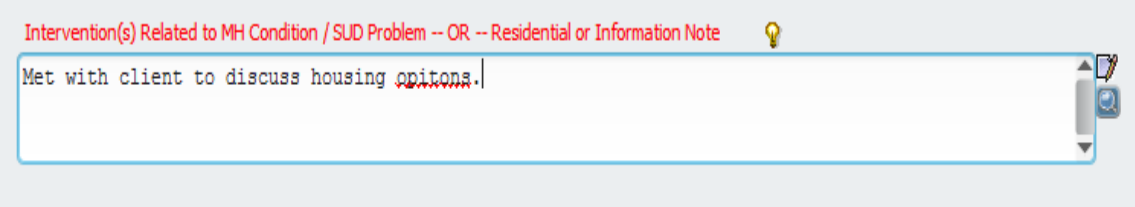
5) Most forms that have a name search field require you to do the search by entering the last name. You can also use the Client number or practitioner number in name search fields.

6) In **date fields**, you can use **T** for today instead of entering a date. You can also use **Y** for Yesterday. You can also use the **"+"** or **"-"**sign to enter a date a certain number of days in the future or in the past. For example, **"T-30"** gives you a date 30 days in the past. **"T+90"** gives you a date 90 days in the future. After you enter the formula, press "enter" or "tab" and Avatar will calculate the date for you.

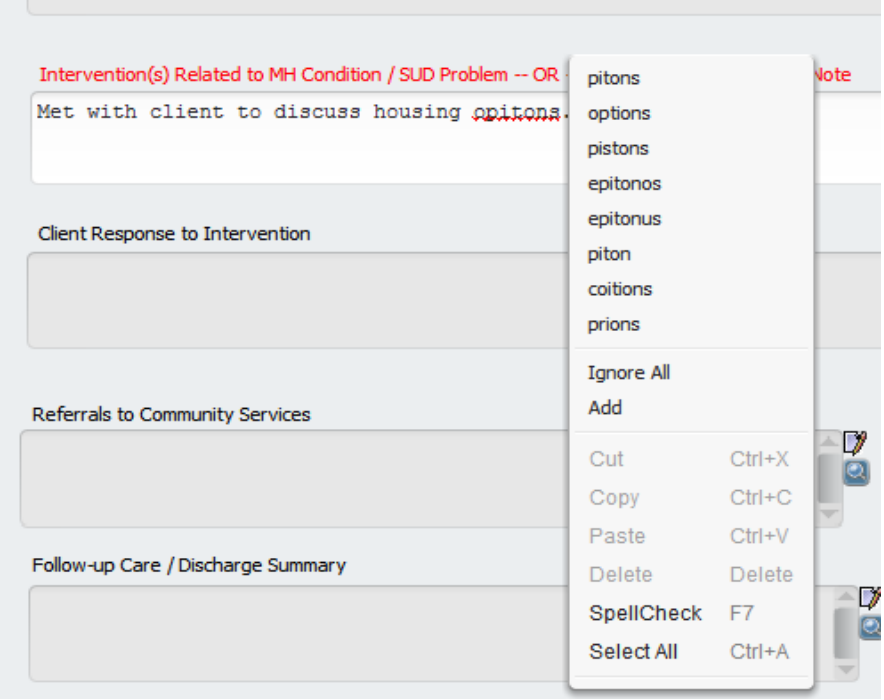
7) To clear a radio button, checkbox or list item in a question (you want the question to be totally blank), click any of the buttons in the question, then click **<F5>**, which will clear the field. If you have done this correctly, the buttons in this field will be empty. If this is a ***List Item*** type question, the question will appear blank.

Spell Check and Automatic Correction

Avatar has spell check that you can use in most fields. Misspelled words will have a red, wavy line underneath them.



You can right-click on the misspelled word to pull up a menu of spellings. Left click on the one you want. To add a word to the dictionary, click **<Add>.**



You can also press <F7> on your keyboard to call up spell check.

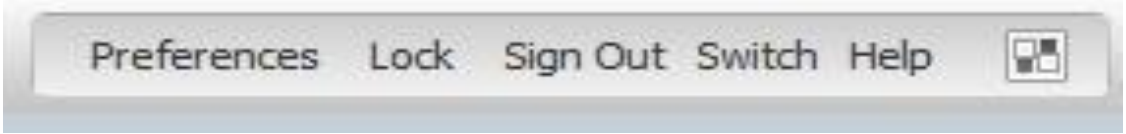
You can create a shortcut phrase for longer words and phrases that you use regularly. (This is similar to how autocorrect works in Microsoft Word.)

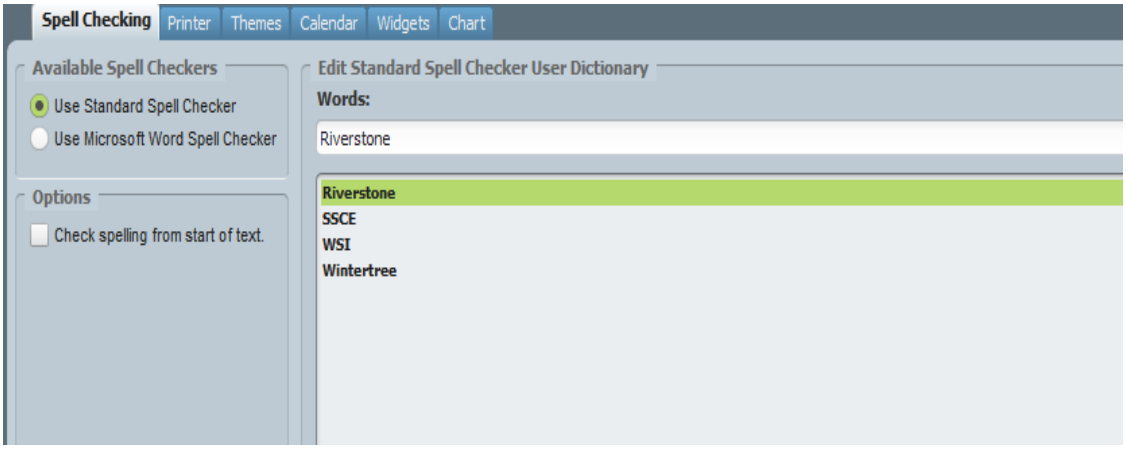
Main Line Health
Well ahead.

Mirmont Behavioral Health

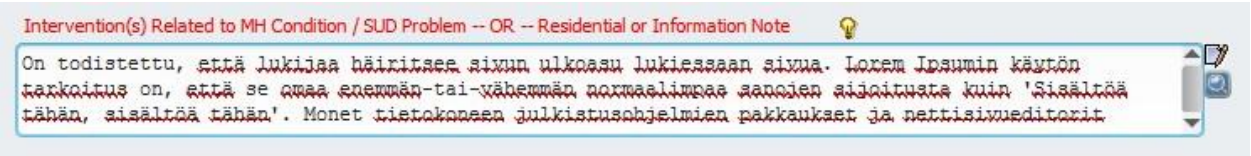
To use this feature, go to Preferences, in the upper right of your home screen.

Note: If you set this up, be sure to use codes that are not common in regular language or contained within a word, otherwise when you do your spell check you may add phrases in places you do not want them! Note: this will only work on the machine on which you have set up the dictionary.





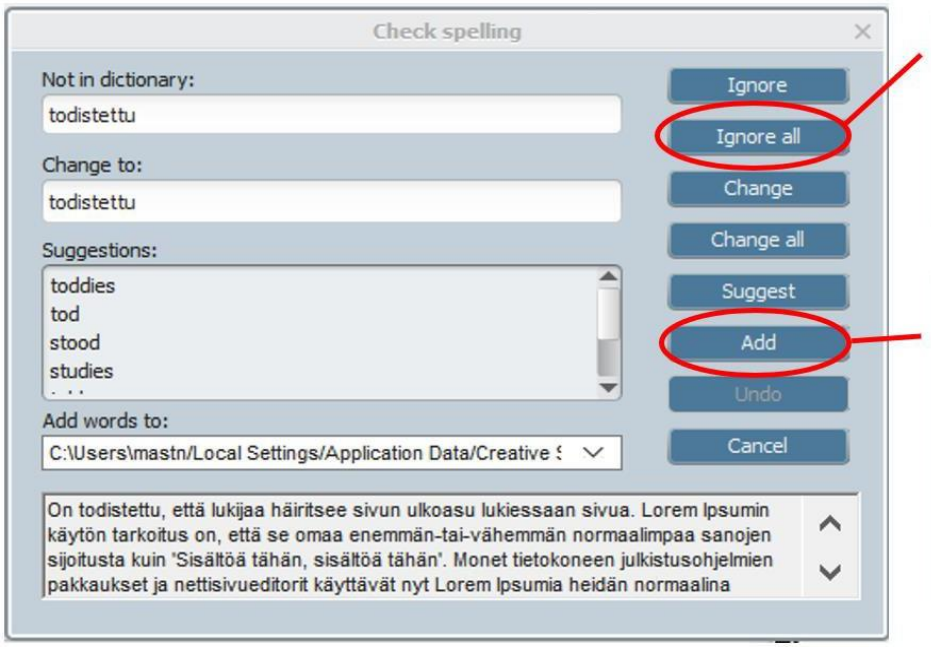
There may be times when you want to cut and paste text from another document into Avatar. When you do this, you might get a lot of red wavy lines underneath your pasted text. Avatar thinks these are spelling errors.



To get rid of the red lines, first, press F7 to call up spell check. Then, click “Ignore all” multiple times to get rid of the red lines.

Main Line Health
Well ahead.

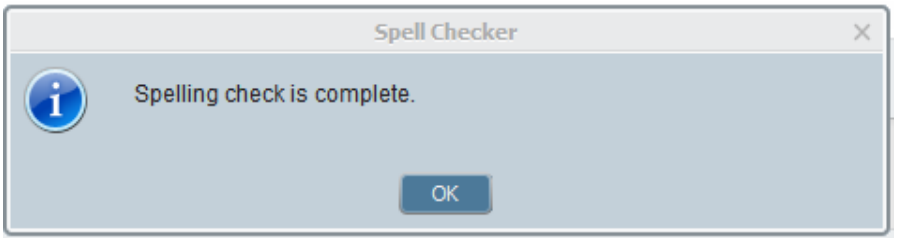
Mirmont Behavioral Health



To get rid of many red lines in pasted text, click “Ignore All” several times.

Click “Add” to add a new word to your dictionary. After you do this, the word will no longer show as misspelled.

When you are done, a popup will appear letting you know that spell check is complete. Click **<OK>**.

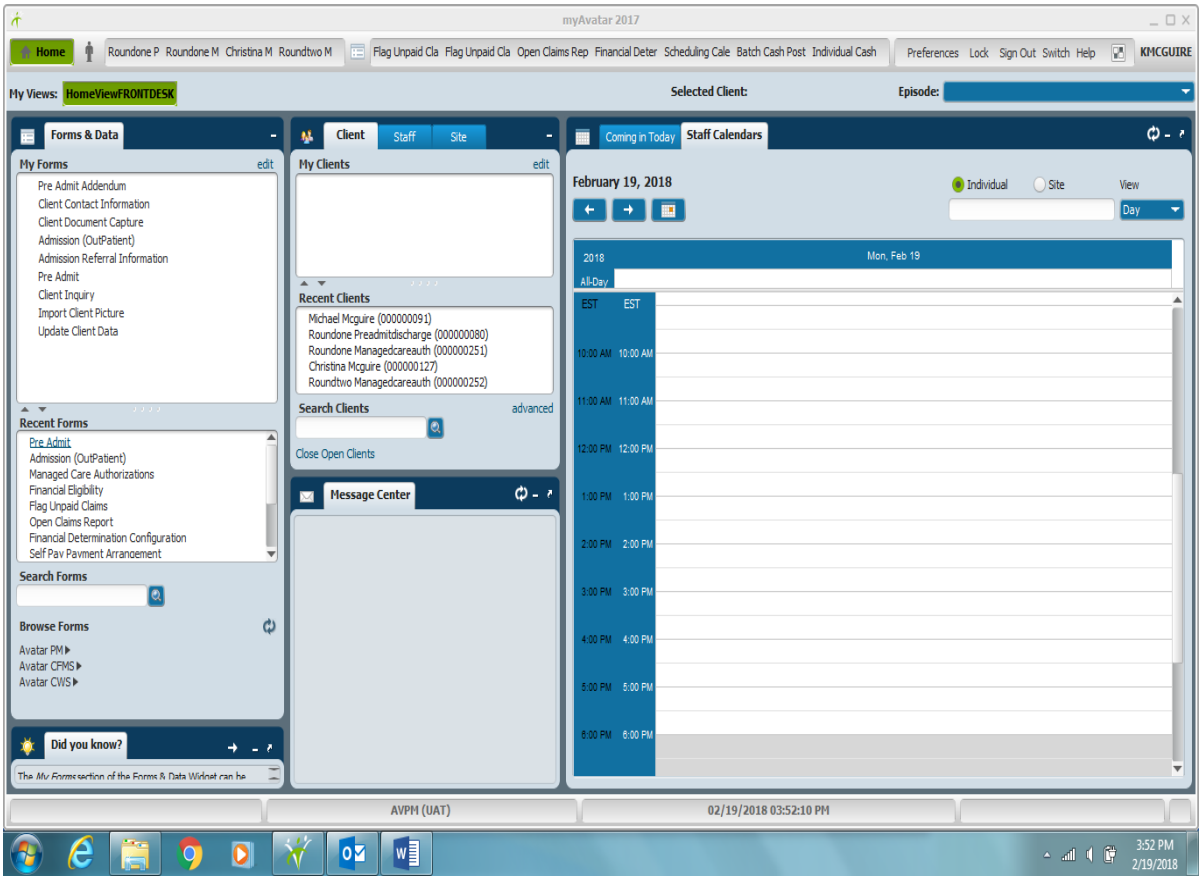


Main Line Health
Well ahead.

Mirmont Behavioral Health

Avatar Home View and Menu Bar

Home View: Once you launch Avatar, **the first screen that will appear is the *Home View***. You will see rectangles called **Widgets** arrayed on your desktop. Widgets show various types of information from Avatar. (See the Widgets section below for more information.)

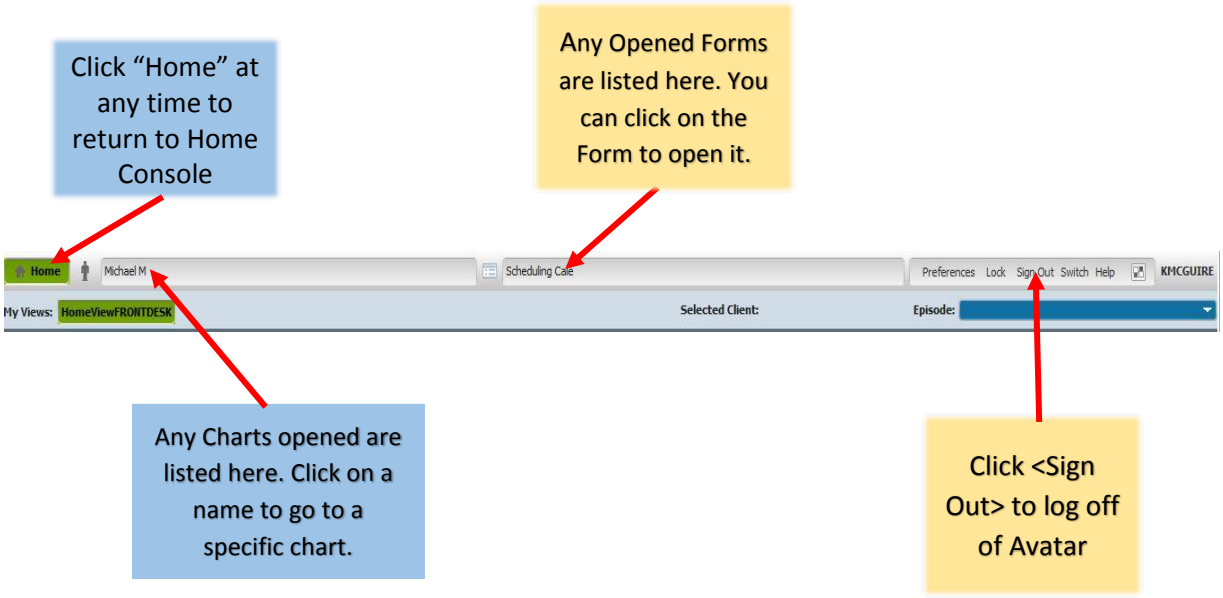


Z ~

Main Line Health
Well ahead.

Mirmont Behavioral Health

Menu Bar: The *Menu Bar*, located at the top of the Avatar Home screen, allows you to navigate among Forms, Chart Views, and your Home view. The Menu Bar contains the **Home Button that will return you to your Home View.** No matter where you are within the system, the Menu Bar displays any Forms or Charts that you have open. You can have multiple forms and charts open at once and they will all be listed here so you can toggle back and forth between them and the home view without using the windows task bar. The Menu Bar also contains your Preferences and Help menus. The User ID that is logged in is displayed in the upper right hand corner.



Consoles or Multiple Home Views: Depending on how your access is set up, you may have more than one view. These views are known as *Consoles* and are displayed in a row next to My Views. To switch between views, just click on the Console name. In the example, the Home Console is selected (highlighted in green).

Main Line Health
Well ahead.®

Mirmont Behavioral Health

Widgets

Widgets are the small rectangles on your *Home View* and in the *Chart Overview*. Widgets show views of information from Avatar. Some Widgets provide handy views of commonly used information, like the Service History Widget. Other Widgets are interactive, like the My Calendar Widget and the My To Do's Widget.

One way to think of a Widget is like a window or door in a house. If you look through the window, you can see into the house, although you cannot interact with anyone in the house. Some Widgets work like this. You can view information, but you cannot interact with it. Other Widgets are like a door, where information travels in and out of the house. They allow you to have interaction with the Avatar database.

Widgets are assigned by *Role* and may vary depending on your access. A role is essentially a job category in Avatar. Examples of roles are PreProcessing Specialist, Nurse, or Dietician. Your Avatar Role determines which Home Console or Consoles you have and which widgets you have on your console(s). Your role also determines what forms you can access, what you can view, which charts you can view, scheduling and many other functions.

If there is a form that you think you should have access to, but you cannot find it, there may be something that needs to be changed in your setup. If you think that your setup needs to be changed, contact the computer helpdesk at **x4657** or **HSA.MhCompAssist@santacruzcounty.us**

Widget Features and Changing Your Widget Setup

You can move widgets around on your desktop to a setup that is convenient for you and your workflow.

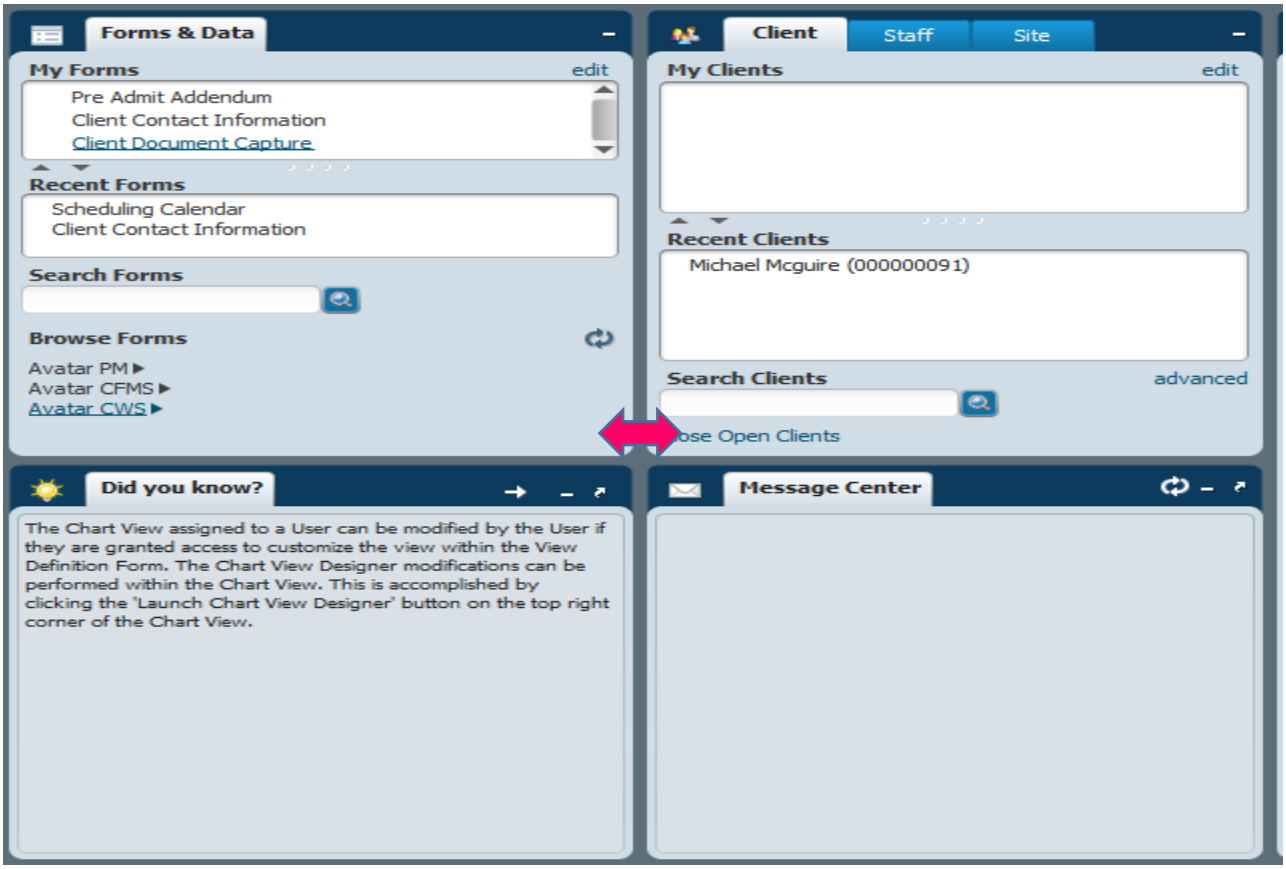
Enlarge and Shrink Widgets

Make widgets larger or smaller by clicking and dragging on the edges. For example, hover your cursor over the line between the Forms & Data widget and the Client Episodes Diagnosis widget until the cursor turns into a double sided arrow.

Click and drag to the left or right to change the size of the two widgets.

Main Line Health
Well ahead.

Mirmont Behavioral Health



Main Line Health
Well ahead.

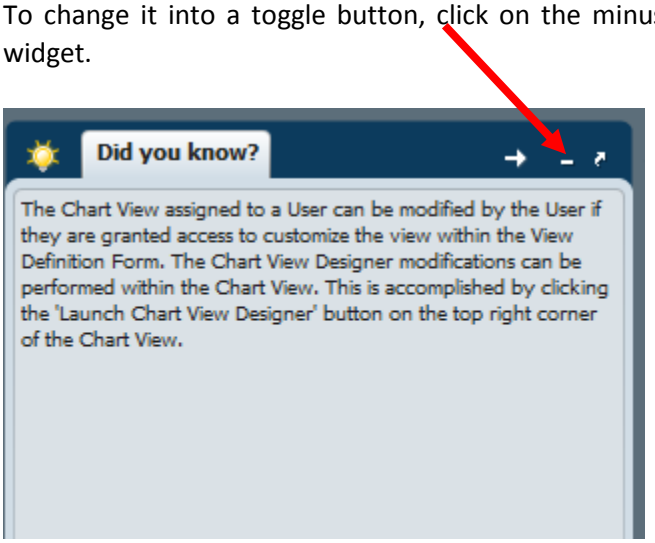
Mirmont Behavioral Health

Turn a Widget into a Toggle Button at the Bottom of Your Home Console

There are some widgets that you may not need to see most of the time. You can change them into a button at the bottom of your home screen to make space for the widgets you most commonly use. You can click this button to see widget contents. Click it again to close it.

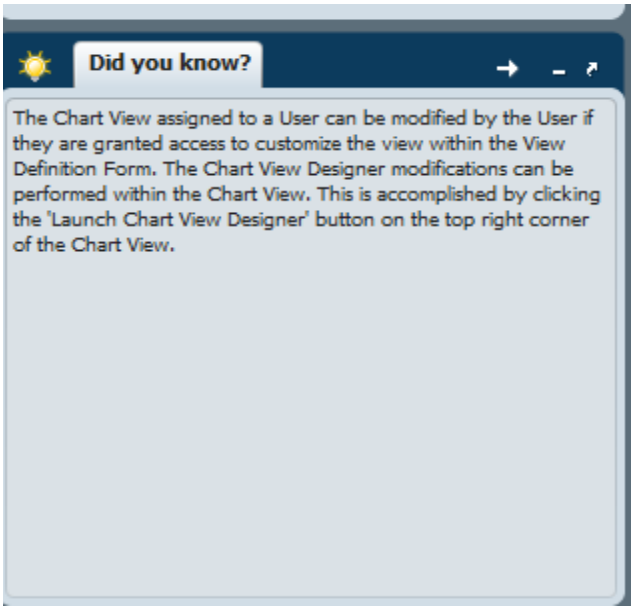
For example, you may not want to look at the contents of the ***Did You Know?*** Widget all of the time.

To change it into a toggle button, click on the minus sign in the upper right hand corner of the widget.



At the bottom of your Home console, see how the widget is now a rectangular button.

If you click this button, the ***Did you Know?*** Widget opens up again.



If you click the button a second time, the widget turns back into a button.

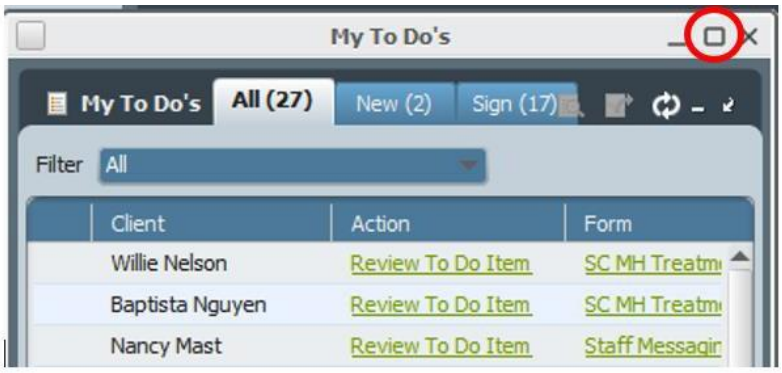
Widgets that you use infrequently can be placed at the bottom of your Home Console so that they don't take up valuable real estate on your Home Console.

Dock and Undock Widgets

Sometimes, you might want to pop a widget out of your home console and create a separate window. One reason is to more easily see the data in the widget.

1) Click on the little curved arrow in the upper right-hand corner of the widget.

2) You may have to drag the widget into the center of your screen. Click on the grey bar at the top of the widget and drag.



3) Click on the square in the upper right corner of the widget to enlarge it to full-screen.

4) To pop the widget back into your Home Console, click the curved arrow again.

Use the Refresh Button to Update Data in a Widget

The Refresh Button: Many widgets (and charts) have a refresh button that you will need to click to update the widget. If you have made changes to any of the data displayed in a widget, you won't see it until you have clicked the refresh button. You will also find the refresh button in your client charts. If you write a progress note or fill out another type of form in Avatar, you won't be able to see it in the chart until you click the refresh button.
Charts also have this refresh button.

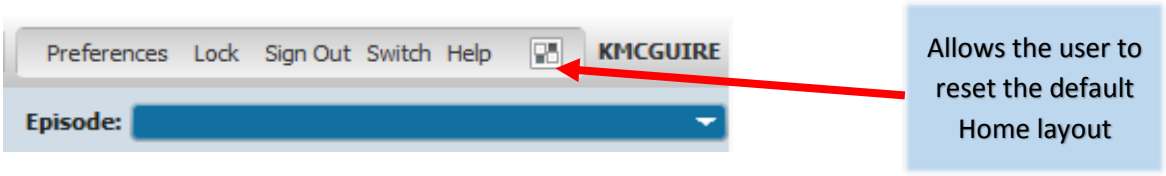
Main Line Health
Well ahead.

Mirmont Behavioral Health

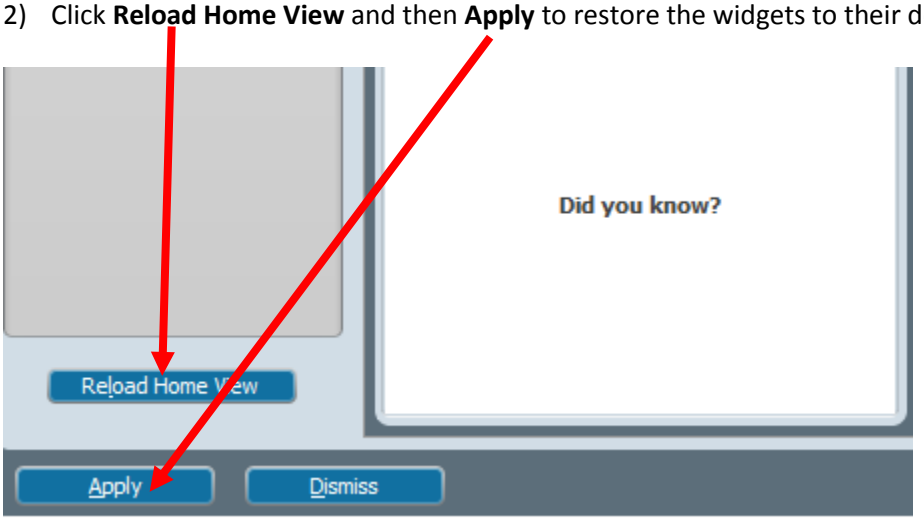
How to Reset Widgets

If you have made changes to the layout of your widgets on your Home Console, or in Charts, and want to return to the default layout, do the following:

1) On your Home Console, on the right side of the menu bar, at the top of the page, click on the checkerboard icon as shown below. This takes you to an area where you can reset your widgets to the default layout.



2) Click **Reload Home View** and then **Apply** to restore the widgets to their default layout.



Main Line Health
Well ahead.

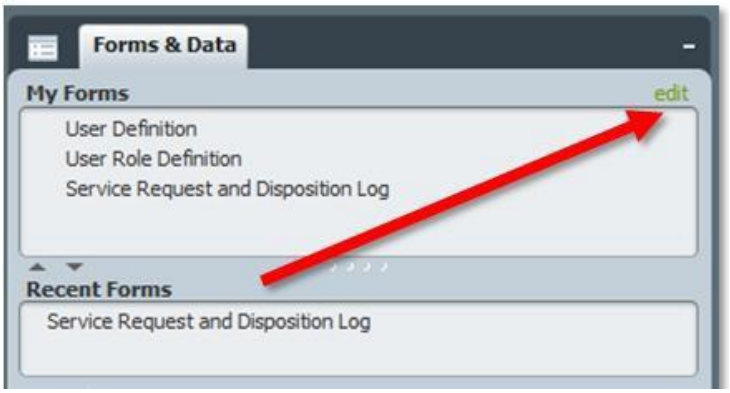
Mirmont Behavioral Health

Adding Forms to My Forms:

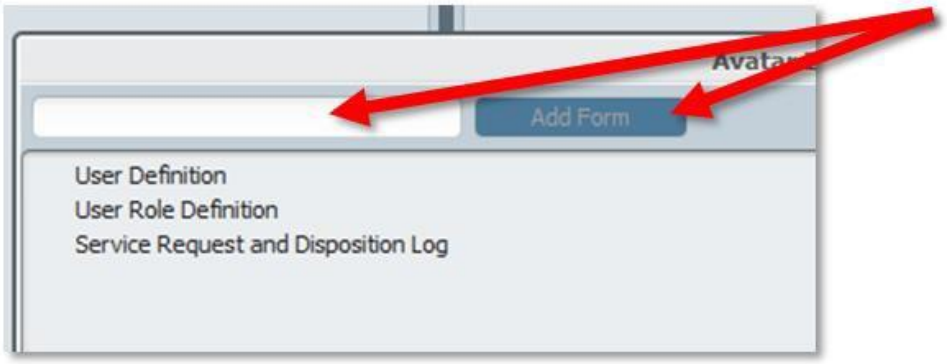
There are two ways to add a form to your My Form list.

1. You can click and drag a form from **Recent Forms** up to the **My Forms** section.

2. You can click on **Edit,** located in the upper right of the widget.



This will open a new window. Type in the name of the form that you wish to add, then click **Add Form**.



While in this window, you can also right click anywhere and add folders to organize your forms. Once you Right Click in the window, click **Add Folder.**

If there is a form that you think you should have access to, but you cannot find it

There may be something that needs to be changed in your setup. If you think that your setup needs to be changed, contact the computer helpdesk at **x4657** or **HSA.MhCompAssist@santacruzcounty.us**

Main Line Health
Well ahead.

Mirmont Behavioral Health

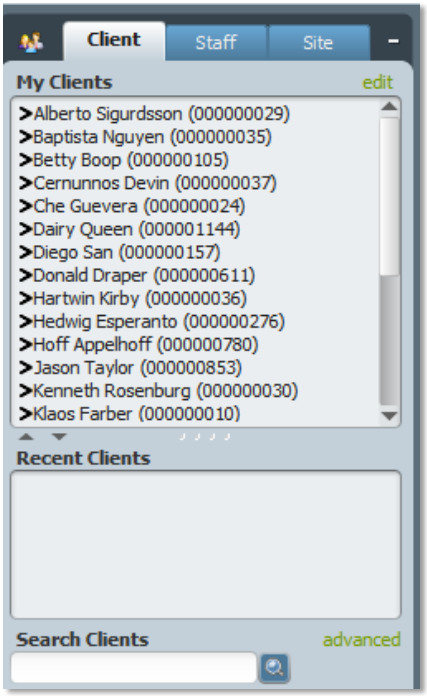
My Clients Widget

This Widget contains your caseload, charts you have recently opened, and a search field for clients. This widget functions similarly to the Forms & Data Widget, with sections and links allowing different types of searches.

My Clients: Caseload is controlled through Admitting Practitioner, Attending Practitioner, and teams through Team Assignment within the Admission forms.

Recent Clients: Clients whose charts you have viewed during your current Avatar session. If you log out and log back in, clients in this window will disappear. Clients in Recent Clients can be any clients that you have recently looked at whether or not they are on your caseload.

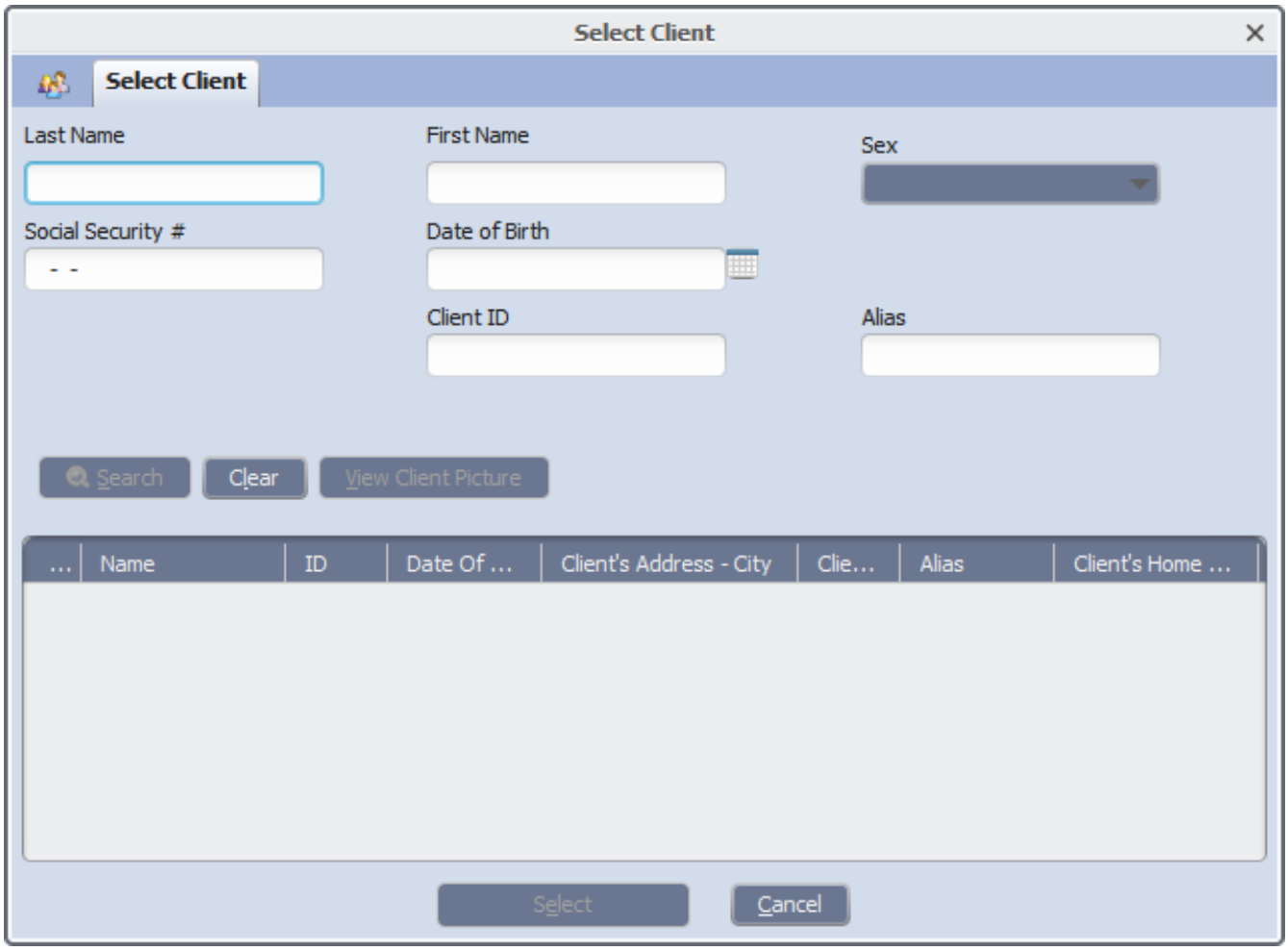
Search Clients: Type in the last name or first name of your client to search. You will get a list of potential matches. Double click on the client name to open the chart.



Main Line Health
Well ahead.

Mirmont Behavioral Health

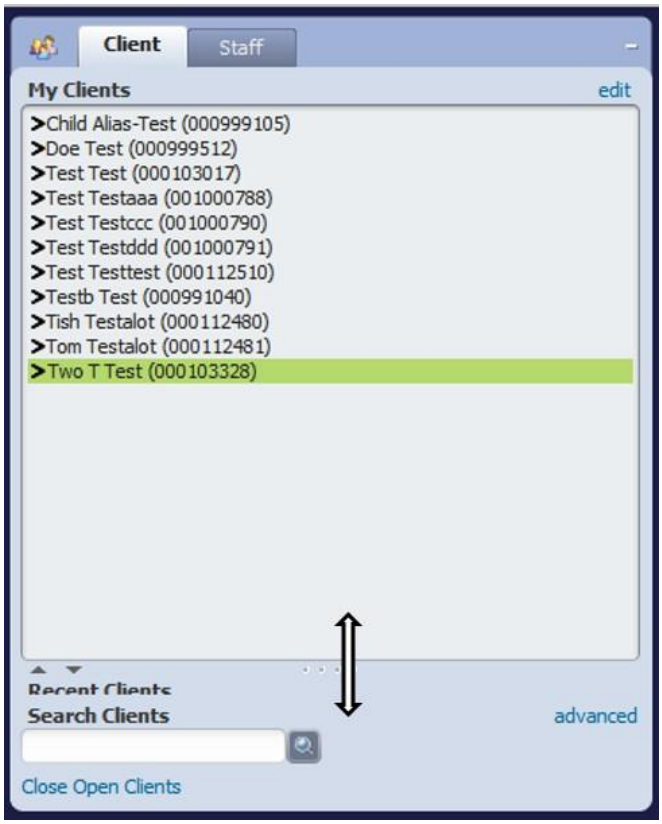
Advanced Search: Click on “advanced” to open up a window that allows a more targeted search for a client, with fields including DOB and SSN. You need three identifiers to search for the client. With many forms in Avatar, before opening the form, you will first be asked to select a client using a search box.



Main Line Health
Well ahead.

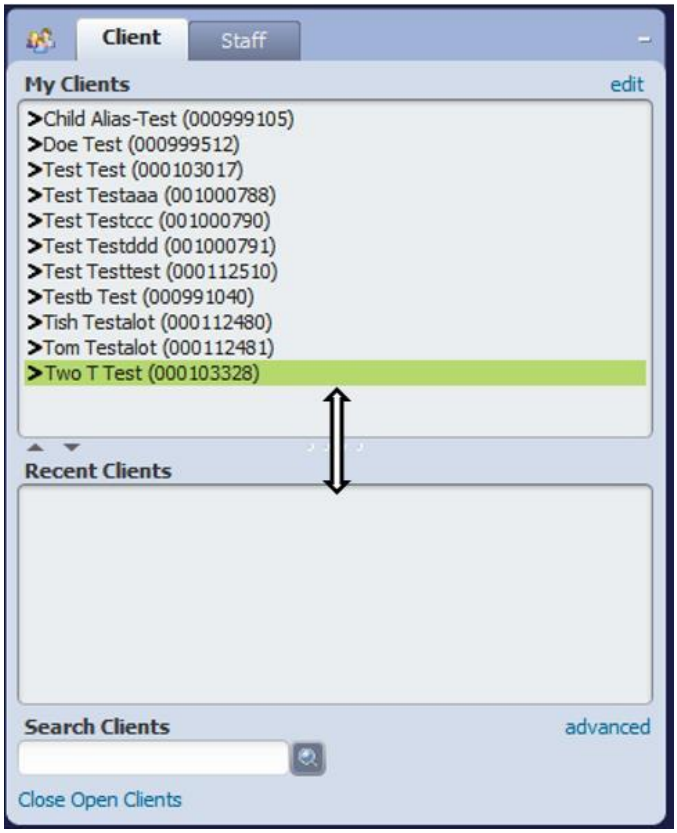
Mirmont Behavioral Health

I can't find my Recent Clients



When you open Avatar, you might see something like this, where your recent clients area appears to be missing.

If this is the case, hover your cursor over the area between the Recent Clients section of the widget and the My Clients section of the widget. Then, click and drag to expand the Recent Clients section.



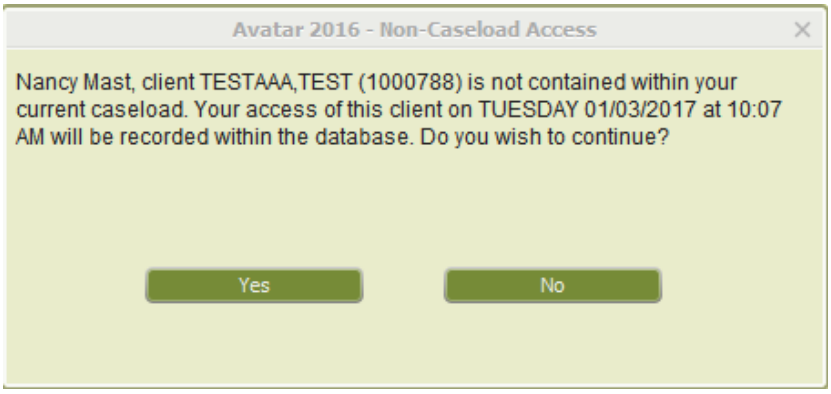
Main Line Health
Well ahead.

Mirmont Behavioral Health

Non-Caseload Access Warning

If a client is not on your caseload, when you open up the chart, you will get a warning that says that the client is not on your caseload.

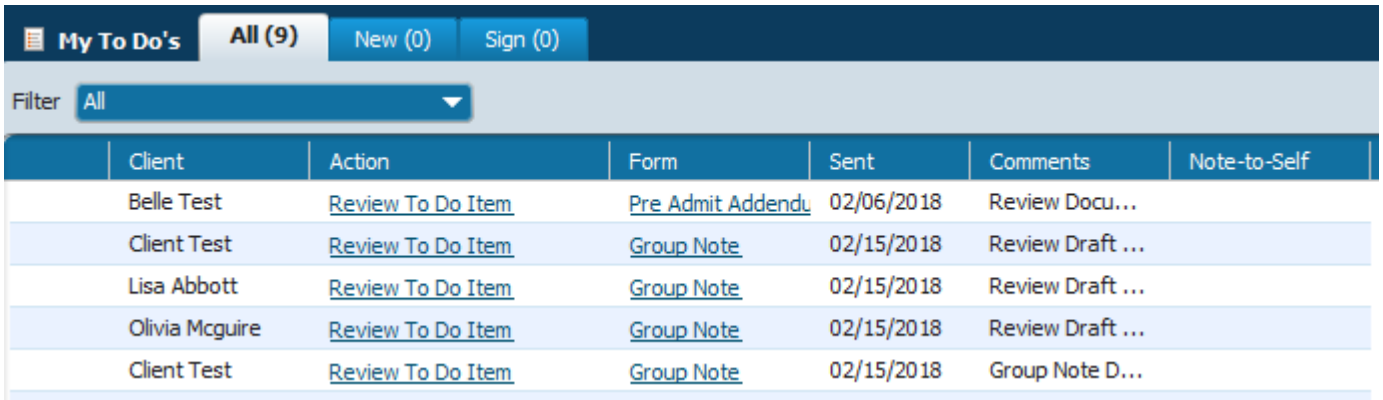
Avatar will not stop you from opening the chart, but you will have to state the reason why you are looking at it.



Click, "Yes," and then enter the reason why you need to look at the chart. To stop this warning, have the client added to your caseload. See the section titled, "Caseload Assignment Request Instructions."

The My To Do's Widget

Your My To Do's will show you forms that are saved in draft mode (i.e. documents that you need to complete, like progress notes) and messages from other staff. Most items, except for simple messages, are associated with a task that you need to complete. You must complete the task, such as completing a draft progress note, in order for the item to go away. See the section on Staff Messaging for more information.



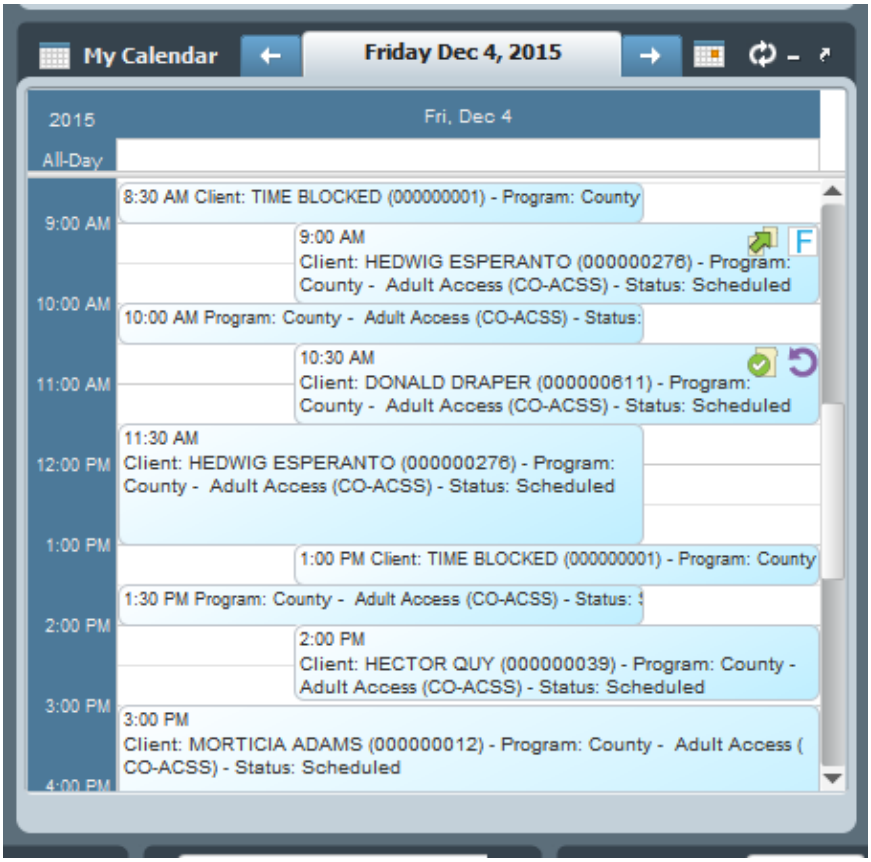
Mirmont Behavioral Health

My Calendar Widget

Please Note: My Calendar Widget is NOT the Scheduling Calendar.

The My Calendar Widget is for viewing existing Client appointments and for launching progress notes only. Scheduling appointments must be done through the Scheduling Calendar. The My Calendar Widget shows all the appointments you have on one day. Click on the arrows next to the date to move one day ahead or back.

One benefit of the My Calendar Widget is that you can right click on a client's appointment and open the progress note form directly from your Home Console. The Progress Note form will be prepopulated with all of the appointment information, such as the client name, the date of the appointment and the service code.



For more information about appointments, see the section on the Scheduling Calendar.

Main Line Health
Well ahead.

Mirmont Behavioral Health

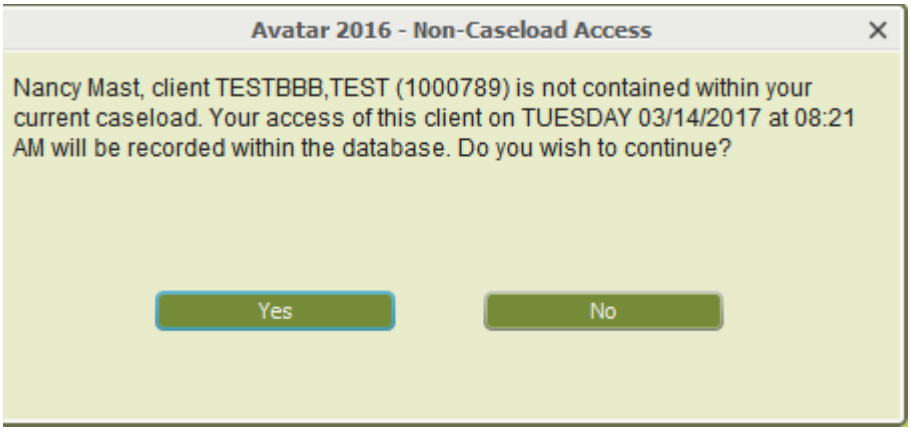
Chart Views

To Open a Chart

To open a chart, you must first select a Client. You can use the My Clients Widget to select one of the Clients in your My Clients list. You can also select a client in your Recent Clients list, or search for a new Client under Search Clients. Once you have located the Client you wish to open, double click on the name to open the Chart View.

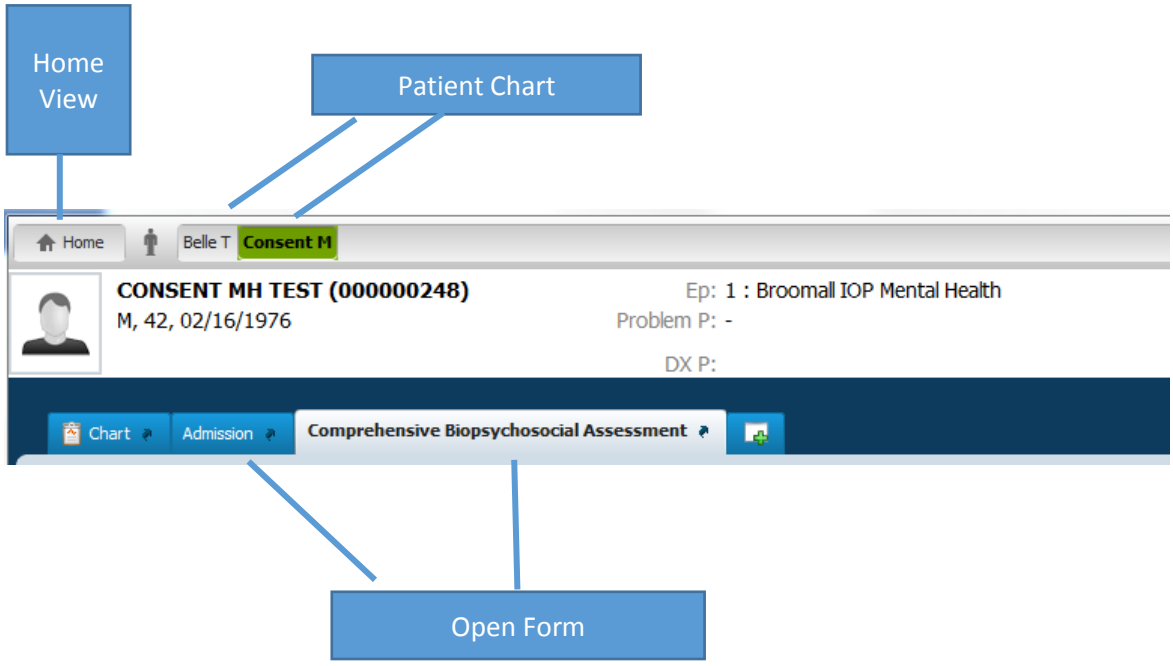
If a client is not on your caseload, when you open up the chart, you will get the Non-Caseload Access warning.

Click "Yes," and then type in why you are opening the chart in the next popup.



Home Bar

In the chart, at the top of your screen, is the Home Bar. It will always be there, no matter where you are in Avatar. It has links to charts and forms that you may have open. There is also a link back to your Home View.



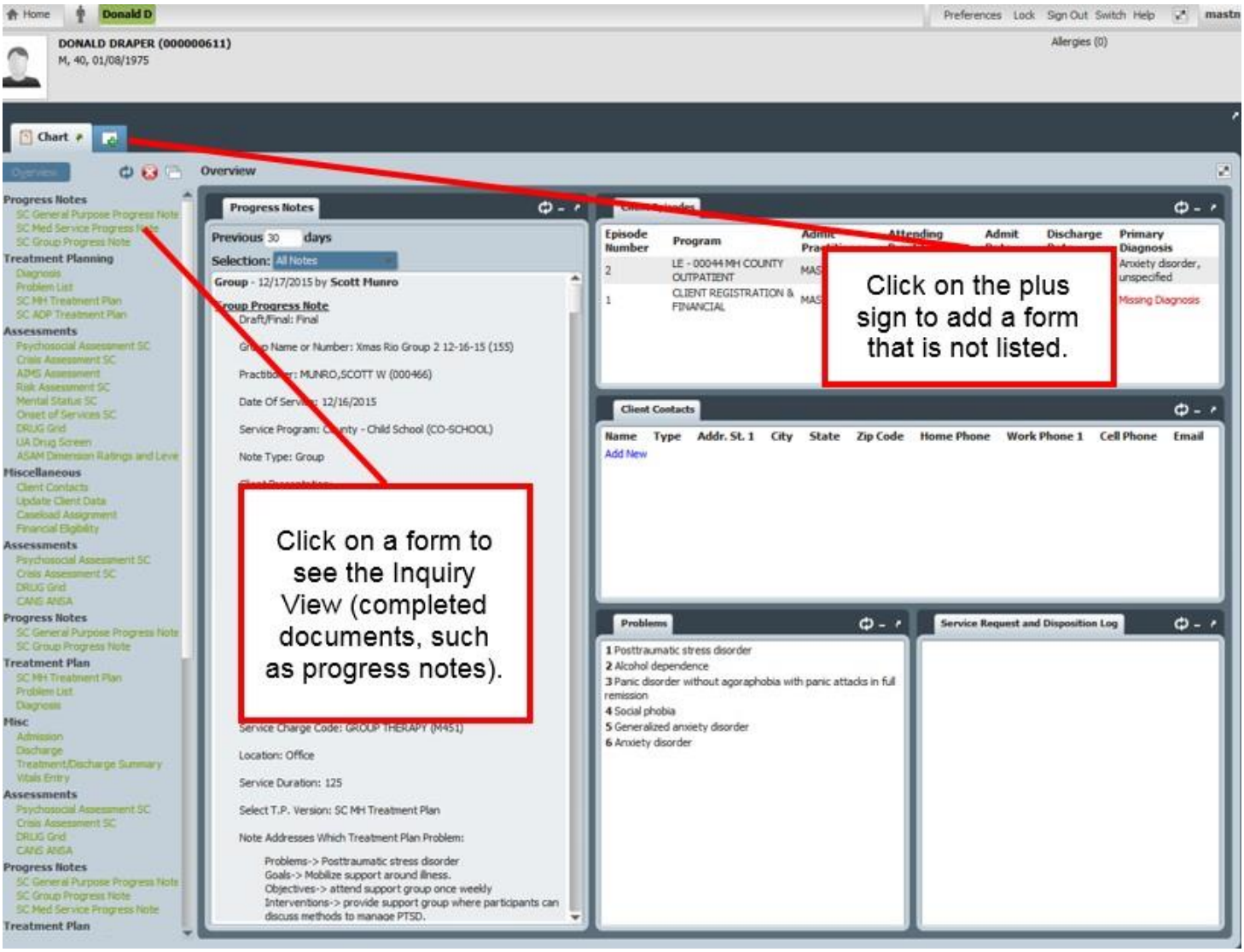
There are two main views in the chart, the Chart Overview and the Inquiry View

Main Line Health
Well ahead.

Mirmont Behavioral Health

Chart Overview

When you first open the chart, you will see an array of widgets and a list of forms on the left. This entire screen or view is called the Chart Overview. Some of the widgets you will see are also in your Home View. Other Widgets are unique to the Chart Overview. Depending on your role you may see a different array of widgets.



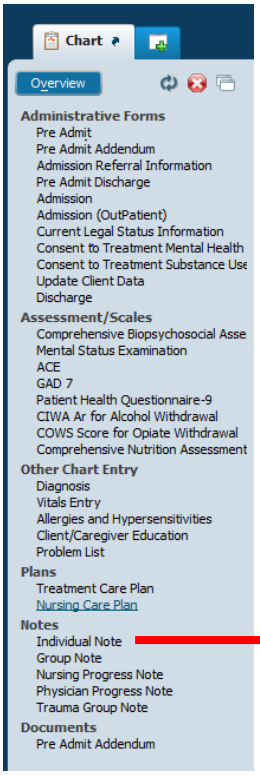
Main Line Health
Well ahead.

Mirmont Behavioral Health

Inquiry View

Forms: In Chart Overview, you will see a list of forms to the left. If you click on one of these forms, you will see a view that shows you forms for a particular Program. This is called the Inquiry View.

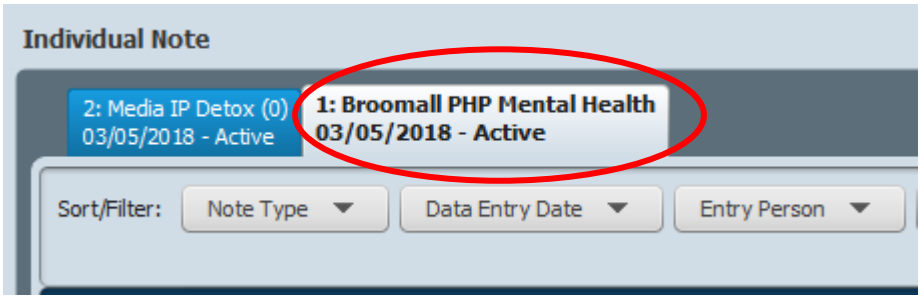
If you need to enter information into a form that is not listed, you can open forms by clicking on the box that has a green cross on it. This will open the My Forms Widget (from your Home console).



Click on the "Individual Note" to see the Inquiry View of the Note

To add a form to the inquiry view that is not there, see the section titled, "Add a Form that is Not Listed to Your Chart View."

In the chart, the Inquiry View shows you all of the documents of a certain type. For example, by clicking on "Individual Note," under the "Note" Section, you can look through notes for a specific Program. If the patient is in two programs the Program tabs will display. Once you have opened the Inquiry View for the form you want, for "Individual Note," click on the Program. You will see a small "Add" in the upper right-hand corner. Click **Add** to open a new form.



The Refresh Button: If you write a progress note or fill out another type of form in Avatar, you won't be able to see changes in the chart inquiry view until you click the refresh button.

Make sure you click on the correct Episode when viewing documents. Similarly, when you open up a new form in the client's chart, make sure you have the correct Episode. If you have clicked on the wrong Episode, the document will be misfiled.

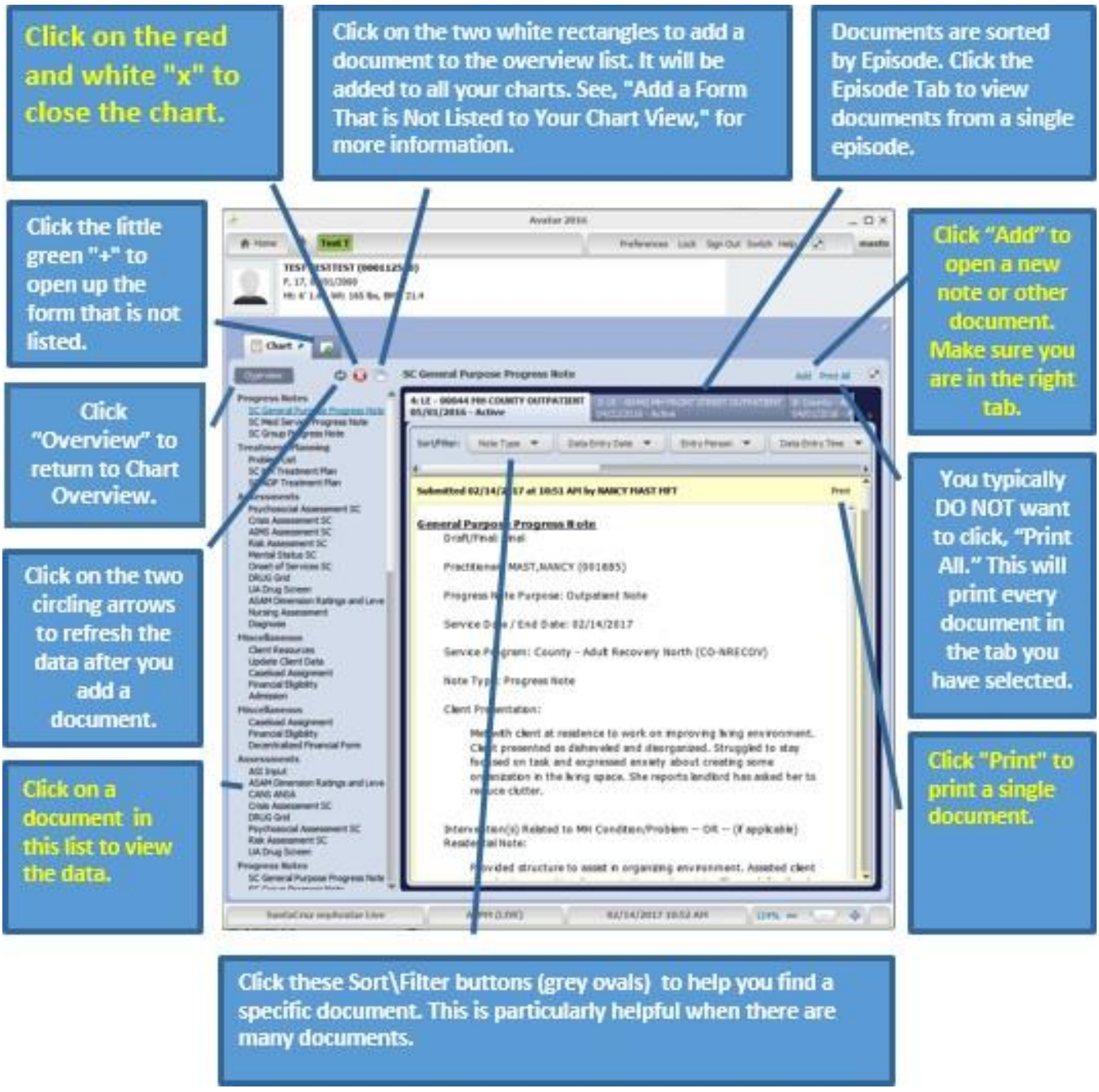
Programs vs. Episodes

A Program is simply the name of the inpatient or outpatient program. An Episode is a single instance of the program. There can be multiple episodes for a single program.

For example, a client who is new to the system is scheduled to a Program for the first time. Then, the client moves away and is discharged from services. Then, the client moves back and is for a second time scheduled to the same Program. Each instance of the opening (and later a closing) to a Program is called an Episode. In the example described here, there are two Episodes of a single Program.

Main Line Health
Well ahead.

Mirmont Behavioral Health

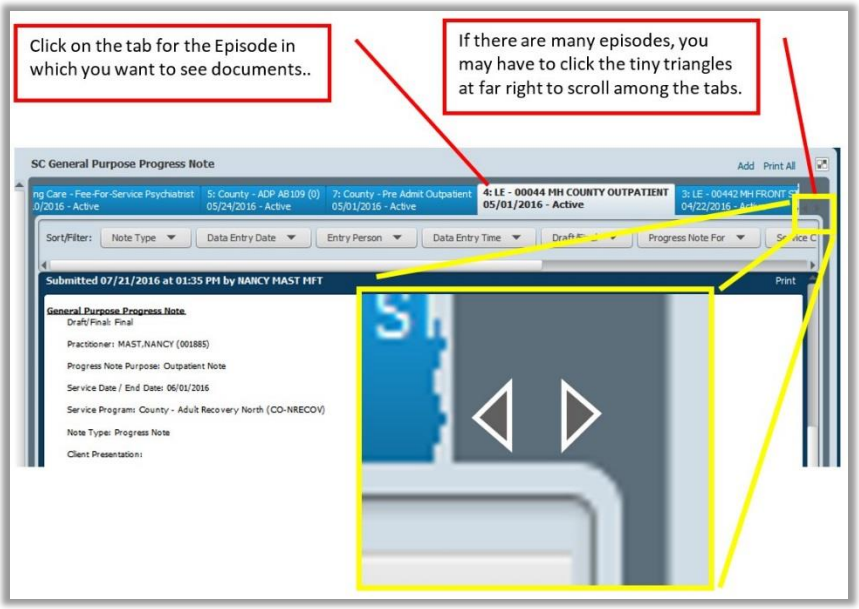


Main Line Health
Well ahead.

Mirmont Behavioral Health

How to Scroll Through Chart Tabs

If the client has several programs in the chart, you won't be able to see all of the Episode tabs. Click on the very tiny triangles at the upper right to scroll back and forth among the chart tabs.



To Enlarge Text in the Inquiry View

At bottom right in the inquiry view, you will see a button that you can slide left and right to increase and decrease the size of the font in the inquiry view. This handy button is also on many forms.

Main Line Health
Well ahead.

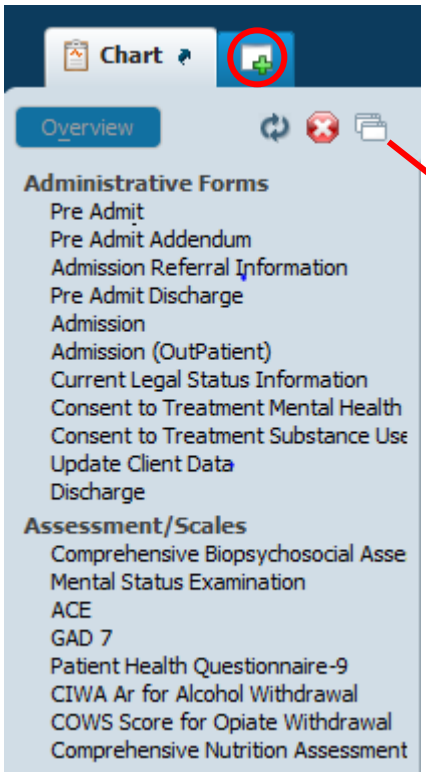
Mirmont Behavioral Health

Add a Form that is Not Listed to Your Chart View

- Forms can be accessed from an open form: Clicking the  icon displays the My Forms screen.

In the Search Forms field, enter the form name, click enter. Select the form.
Or, click the menu below Browse Forms to navigate to the form. Click a form to open.
Drag forms to reorder.

- Forms can also be added/removed via the "Customize Forms" symbol.



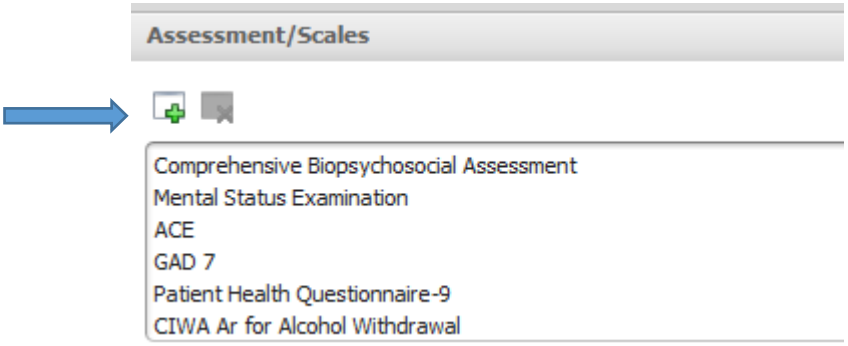
In this example the Tobacco Dependence Assessment form is not in the Chart View. When you look at the forms listed on the left hand side of the chart, you cannot see the Tobacco Dependence Assessment form.

To add a form to the chart, first click on the "**Customize Forms**" icon at the upper left. This will take you to the "Add/Remove Forms" area, where you can add forms to the list at the left of the Inquiry View.

Main Line Health
Well ahead.

Mirmont Behavioral Health

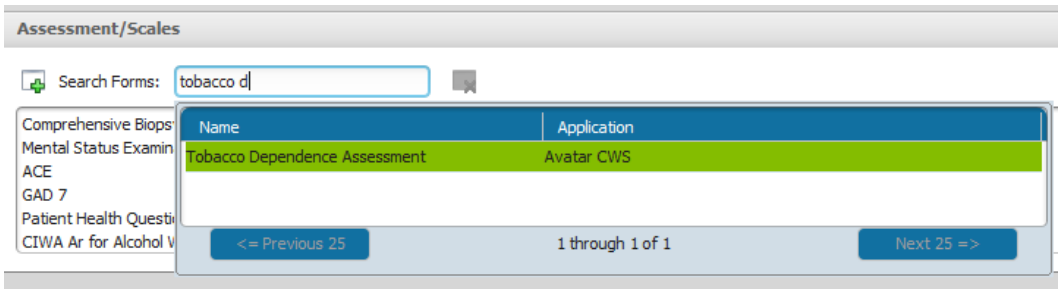
Next, find the section to which you want to add a new form. In this example, let's add the Tobacco Dependence Assessment form to the "Assessment/Scales" group. Click the green plus "+" preceding the Search Forms" to add a form to the Assessments/Scales group.

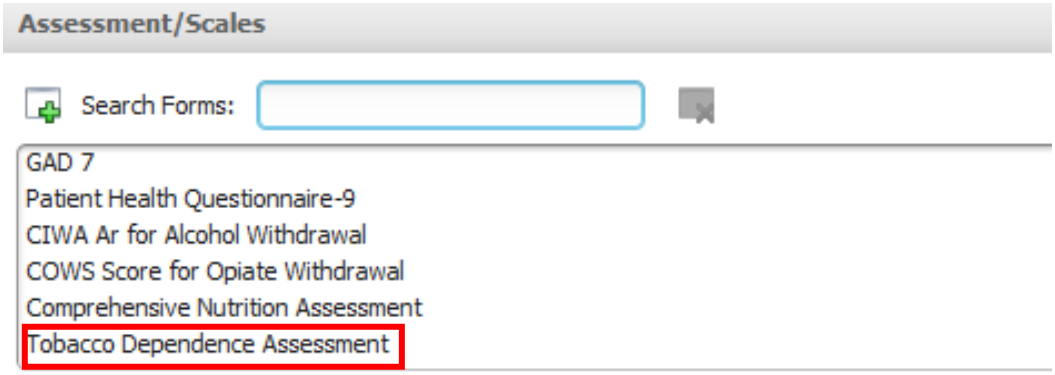


Main Line Health
Well ahead.

Mirmont Behavioral Health

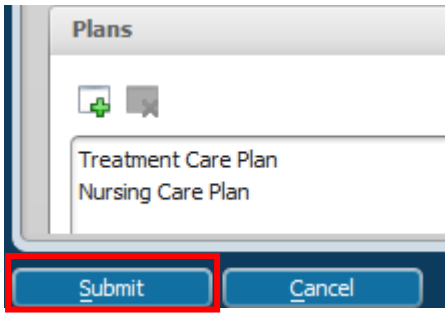
Type in the word “Tobacco” in the blank provided. A list of forms matching what you typed in will pop up. Select the form.





The Tobacco Dependence Assessment form has been added to the Assessments group.

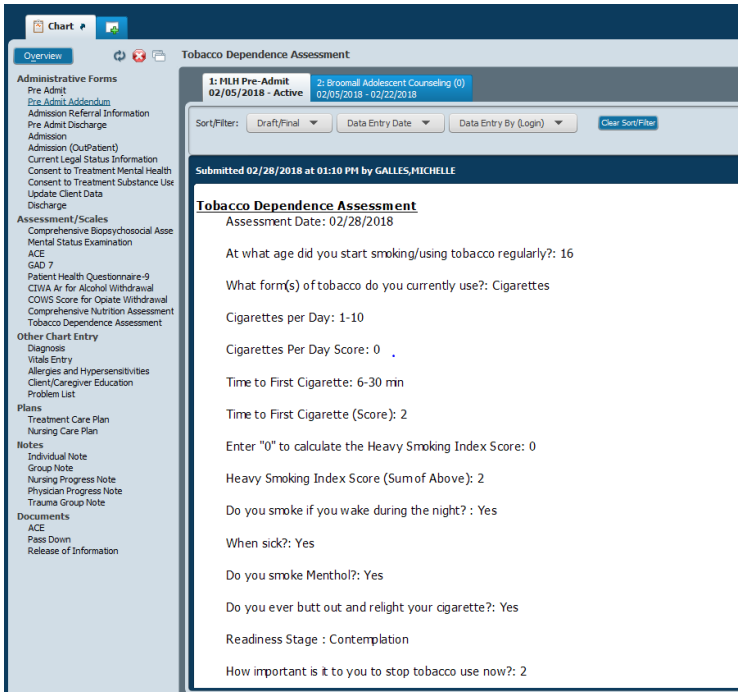
Click “Submit” at bottom left to save your change and leave the Add/Remove forms area. You will return to the chart Inquiry View. You will now see the diagnosis form on the left in Assessments Group.



Main Line Health
Well ahead.

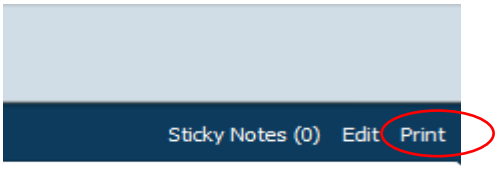
Mirmont Behavioral Health

Click on “Tobacco Dependence Assessment” to view the documentation has been added to the chart.



To Print from the Inquiry View

Many forms can be printed directly from the inquiry view. Some forms have a formatted report that you may prefer instead of printing from the inquiry view. The Psychosocial is an example of this.



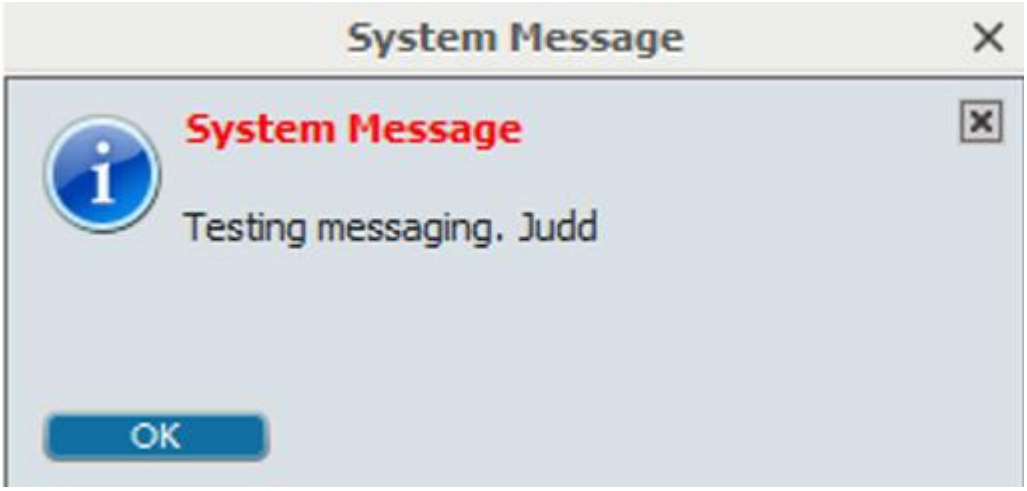
To print from the inquiry view, locate the form you want to print, and then click “print” at upper right.

Note that the text in the inquiry view prints out quite a bit larger than what you see on the screen. Use the slider bar to adjust the view before printing. 85% gives you a printout with font size that is about 10 or 11 points.

Mirmont Behavioral Health

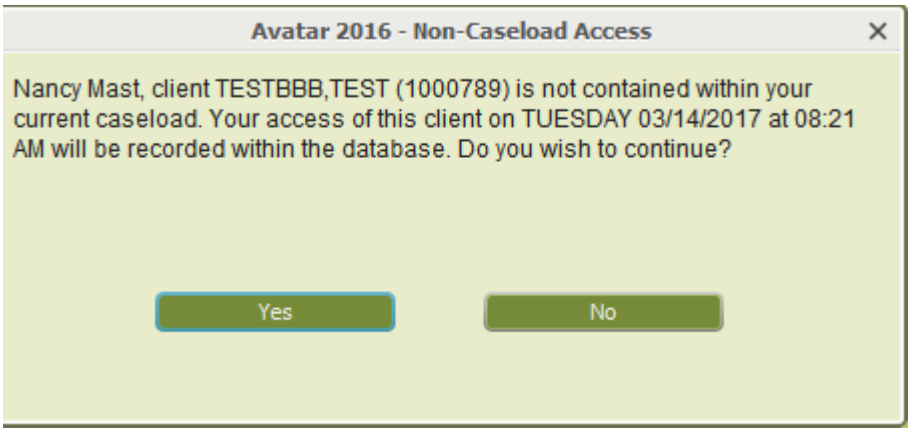
Staff Messaging

Open the Send a Message to Specific User Form: To send a message, you must first open the Send a Message to Specific User form. Open the form in your Forms & Data Widget. A window will appear called **User. User** is defined as any user currently logged into the system. Select the user you want to message, create message and submit. Once the message is sent, the receiver will receive a popup window displaying system message. Select **OK** to read the message.



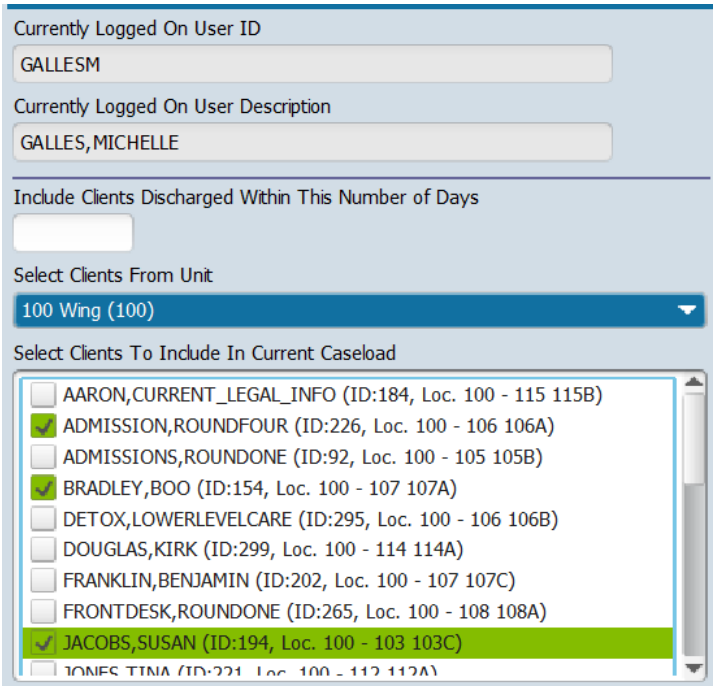
Caseload Assignment: How to Have a Client Added to Your Caseload

Once a client is added to your caseload, you will no longer get the Non-Caseload Access Warning.

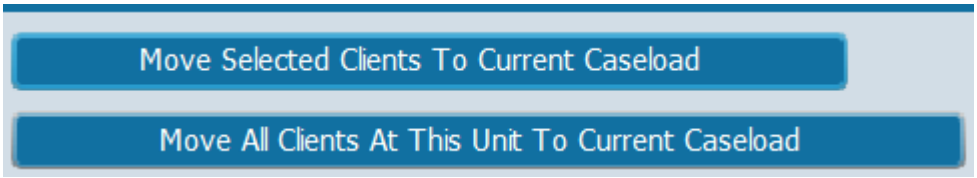


Add A Client To Your Caseload

Inpatient Nurses and Clinical Aids can create a **Case Load Assignment** to manage their patients. To complete the Case Load Assignment navigate to the **Forms & Data Widget,** type **Case Load Assignment** in the search bar and select. The form will display with your name defaulted in the User ID. Select the unit and clients to include in your caseload.



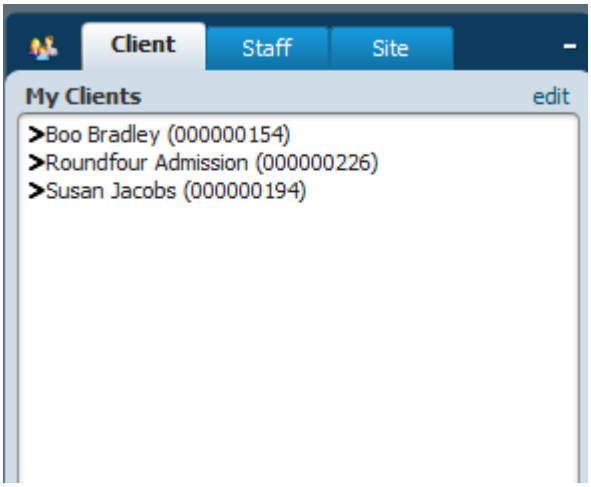
Once you have selected the clients for you caseload you can select the button, **Move Selected Clients To Current Caseload.** The medication nurse or the clinical aid will want to include all clients in their caseload. To move all clients to your caseload select, **Move All Clients At This Unit To Current Caseload.**



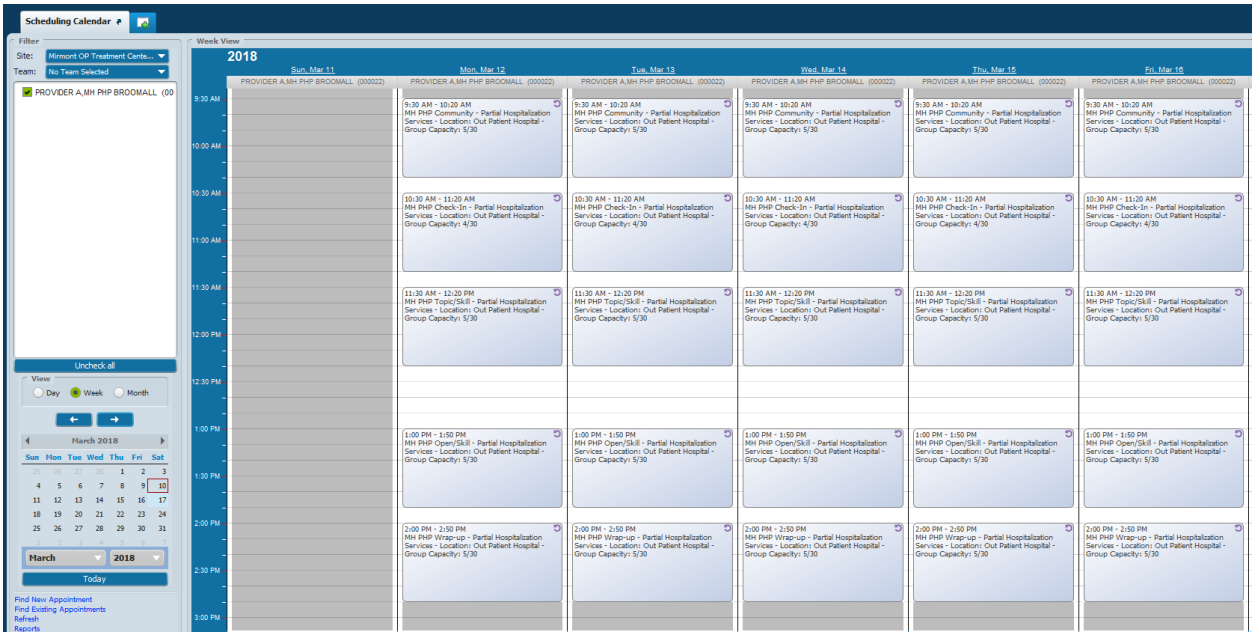
Submit the form when you are completed. The clients you included in your caseload will now display under my clients. These clients will remain on your list when you log out.

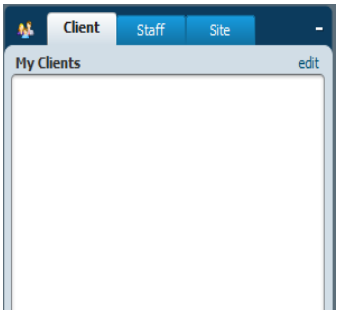
Main Line Health
Well ahead.

Mirmont Behavioral Health



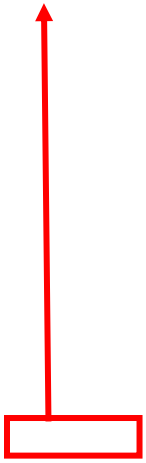
Therapists and Providers as well as any outpatient services will use the **Scheduling Calendar** to manage their caseload. To view the scheduling calendar navigate to the **Forms & Data Widget,** type in scheduling calendar and select. The scheduling calendar will display. There is a filter on the left to change sites. Verify your name is below the site filter on the left and checked. The calendar can be viewed by day, week or month. The mini calendar below the filter allows you to view a specific day, month and year.





Mirmont Behavioral Health

On the home page navigate to the Client Widget. Type the name of the client in the "Search Clients" box and select. The client **now displays under "Recent Clients".** Drag the client from the "Recent Clients" to "My Clients". Once you log Out the client will be removed from "My Clients"



Remove A Client From Your Caseload

Locate the client you want to remove under "My Clients" in the Client widget. Right click on the selected client and select "Remove From List"

Understanding Client Admissions and Workflow

Avatar has two types of programs, Inpatient and Outpatient. A program is a categorization of services provided at a specific

location. Examples of programs would be Broomall Mental Health PHP for Outpatient and Media IP Detox for Inpatient. An Episode is a single grouping of all of a patient's activities within a program. A client can have multiple Episodes open at one time, but only one inpatient program at a time. An example of multiple Episodes would be if a client attended Exton Mental Health IOP and also sees a therapist at WEWC in the WEWC Counseling Program.

Admission, Discharge, Update Client Data and Associated Forms

There are various Practice Management (PM) forms that are used to place a client into an appropriate program for treatment. If it is afterhours the **Admission Form** will be completed by Nursing for an Inpatient Admission. This form requires the client is assigned to an appropriate program and bed/unit/wing during an inpatient stay. Although not all questions in these forms are red/required, you should do your very best to answer *all* questions. Depending on circumstances, you may not be able to obtain the information at the time. For example, if client is symptomatic or uncooperative you may only be able to answer a few questions on the Admission form. If you are not able to gather all of the data at admission, work with the client to get the information into Avatar as soon as possible. Input new data using the Update Client Data form (is this relevant for clinical). It is recommended to gather as much information as possible as it pulls forward to the Comprehensive Biopsychosocial Assessment form.

The **Discharge Form** is used to discharge all admissions (inpatient and outpatient) after all episodes of care have been provided to the client. Discharge summaries will be noted in the client's chart by the appropriate clinical staff prior to the client's formal discharge from **MyAvatar.** The discharge form is completed by the therapist for outpatient and nursing for inpatient.

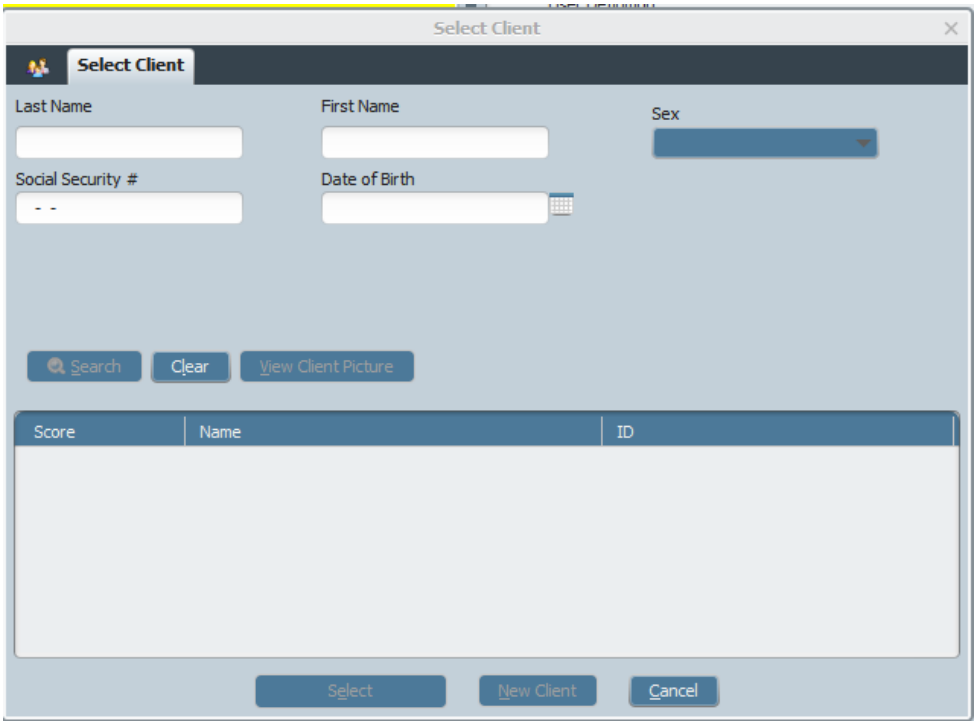
Admission Form

Search for the Client
Open the Admission form. Go to your Forms & Data Widget. Locate the Admission form under My Forms or search for the Admission form. Type "admission" into the Search Forms field. Double click on the form when it appears on the list.

A Select Client Window will pop up. Before Avatar will open the Admission form for you, you will need to search for the client. This is because you want to see if the client is already in the system before admitting the client.

Mirmont Behavioral Health

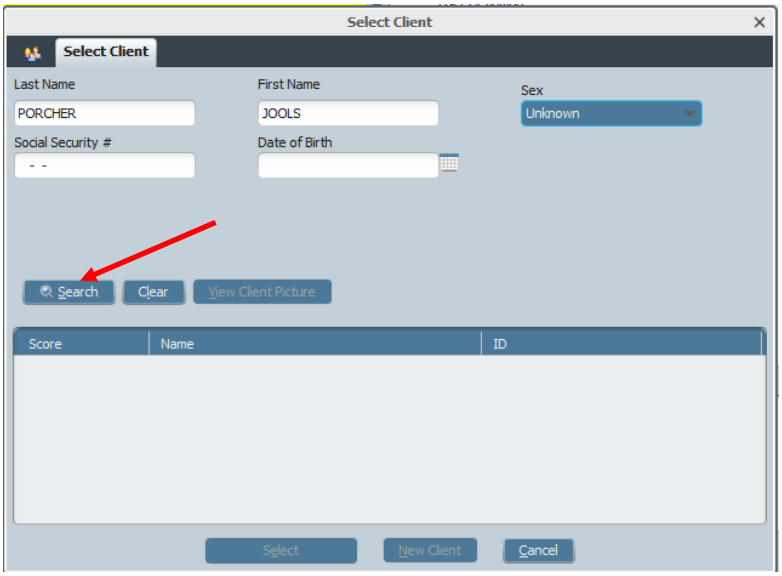
You do not want to create a duplicate client. If you create a duplicate client, this client will have to be deleted and all of the information you add to this duplicate chart will have to be deleted and reentered into the correct chart.



Main Line Health
Well ahead.

Mirmont Behavioral Health

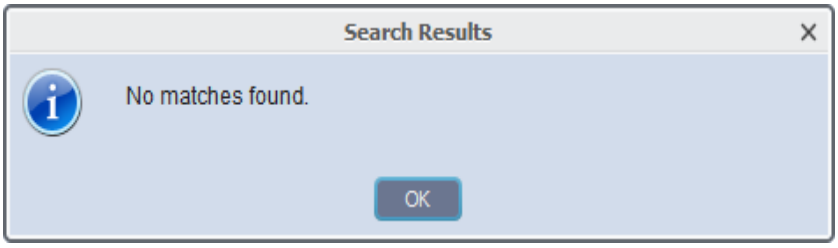
Enter client data into the Select Client popup. You must type in at least three pieces of information in order to search for the client. For example, Last Name, First Name and Date of Birth. Once three pieces of information are entered, the Search button will activate.



Click **Search.**

If there are matches to your search, names will appear and you can either double click on a name to select a client, or click on the name, then click the Select button.

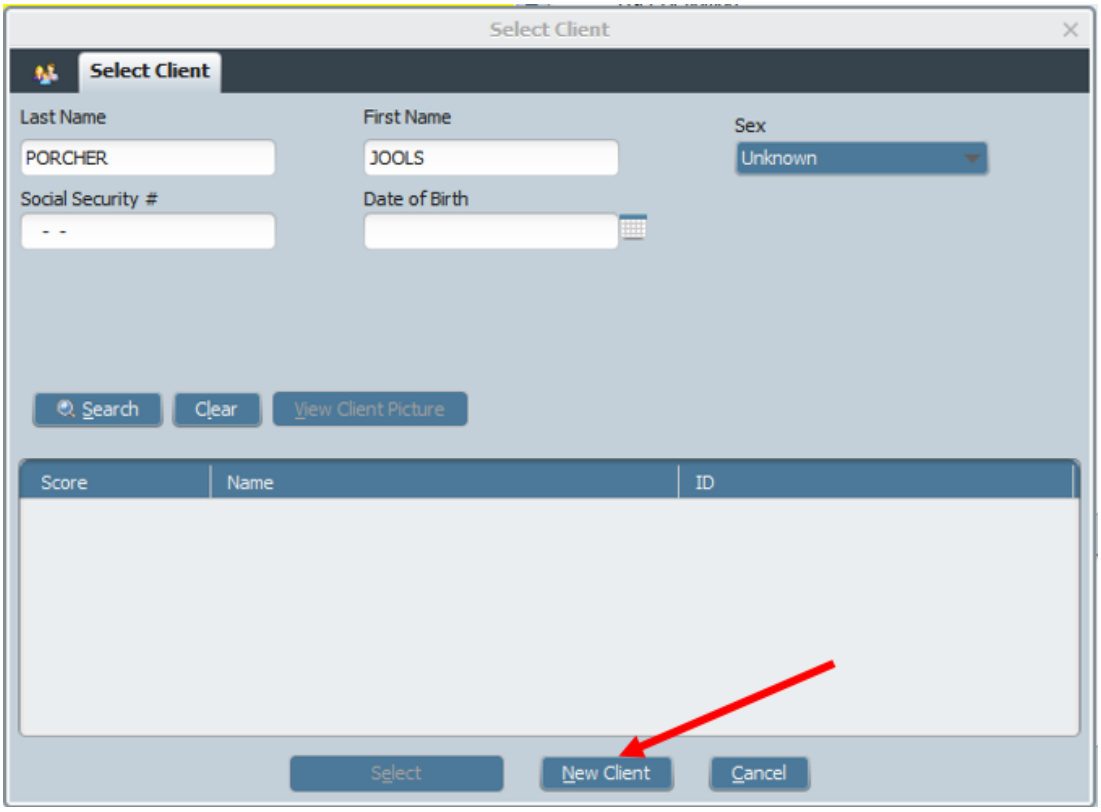
No Matches Found: If there are no clients that match your search criteria, you will see a pop up that says, "No matches found." Click "OK" in the pop-up.



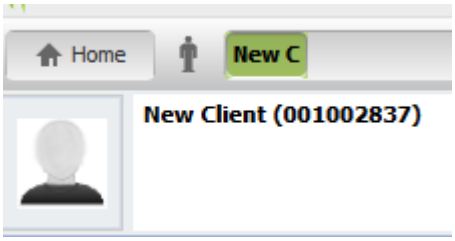
Main Line Health
Well ahead.

Mirmont Behavioral Health

New Client: If no client matching your search parameters is found, the "New Client" button at the bottom of the Select Client window will become enabled. **Click "New Client,"** on the Search Client window, to launch the Admission form.



Avatar will now open the Admission form. If you look at the top of the admission form, you will see the client's number.



Main Line Health
Well ahead.

Mirmont Behavioral Health

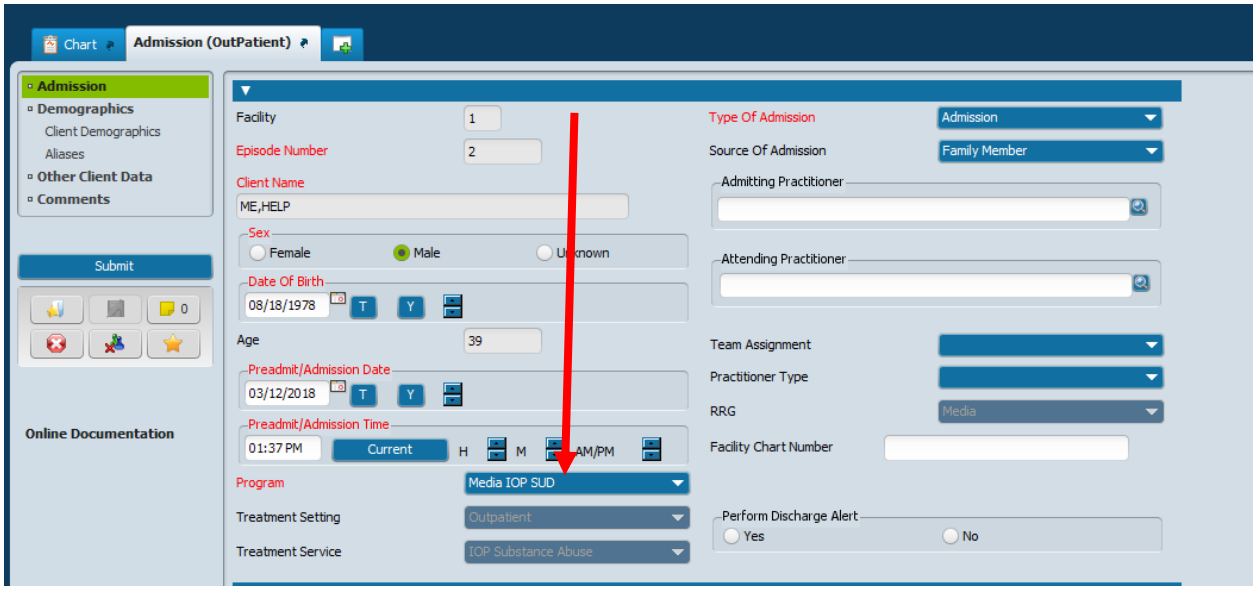
Complete the Admission Form

Select the correct Admission Form based on Inpatient or Outpatient Services. Once the Admission form is opened, start filling out the form. Remember, you will not be able to submit (save and finalize) the form unless the red/required questions are answered.

Admission (Outpatient)

1) Enter **Admissions** in the Search Forms field of the Forms & Data widget.
2) Double-click **Admissions (Outpatient)** from the search results.
3) Enter the client's relevant information in the **Last Name** field of the Select Client window.
4) In the **Results** section, the system will provide the user with a list of clients who potentially match the search criteria.
   - Highlight the correct client.
   - Click on the **<Select>** tab.
5) Highlight the correct episode that will be admitted into an outpatient program and click **<Edit>**. **NOTE:**
   - All clients should have a Pre-Admit Episode that should be upgraded to an **<Admit>** status.
   - The exception will be when a client will be directly admitted to a specific program and does not require a Pre-Admit. Example: Client treated at one site and referred internally to another site.
6) After validating that the chosen client record is accurate, select the correct Program the client will be admitted to next to the **Program** field.

   NOTE: It is imperative that you correctly assign the client to the appropriate Program. Once the Admissions (Outpatient) form is completed you **CANNOT** change the Program through any edit functions.



7) The **Treatment Setting** and the **Treatment Service** fields will automatically be populated with the correct information based on the program that was selected for the client.
8) Next to the **Type of Admission** field: make the appropriate selection.
9) Next to the **Source of Admission** field, make the appropriate selection.
10) Under the **Admitting Practitioner** section, enter the **Last Name** of the Admitting Practitioner. The system will provide a list of practitioners who meet the search criteria.
11) Under the **Attending Practitioner** section, enter the Last Name of the Attending Practitioner. The system will provide a list of practitioners who meet the search criteria
12) Next to the **Team Assignment** field, click on the drop down menu to see a list of options. Make the appropriate selection as needed.
13) Next to the **Practitioner Type** field, click on the drop down menu to see a list of options. Make the appropriate selection as needed.
14) The **RRG** field will auto populate once the Admission program has been selected.
15) Leave **Chart Facility Number** field BLANK.
16) Under the **Perform Discharge Alert** section, choose either **<Yes>** or **<No>** as appropriate.
    - If **<Yes>** is selected, the **Type of Alert** field is required and a selection can be made by clicking on the drop down menu.
17) Next to the Reason for Contact field, click on the drop down menu to make the appropriate selection.
18) Next to the **Primary Reason for Seeking Treatment** field, click on the drop down menu to make the appropriate selection.
19) Next to the **Custody** field, click on the drop down menu to make the appropriate selection.

    NOTE: If a selection is made other than **<None/NA>** the system prompts the user to complete the **Custody Effective Date** field with a valid date.
20) Next to the **Allow Visitations?** section, make a selection from the drop down menu.
21) Under the **Accompanying Person Relationship** section, make a selection from the drop down menu.
22) Next to the **Accompanying Person Name** field, enter the person's name: Last Name, First Name.
23) Next to the **Accompanying Person Address** field, enter the person's address.
24) Under the **Received Copy of Client Rights** section, choose either **<Yes>** or **<No>**.
25) Under the **Advanced Directive** section, choose either **<Yes>** or **<No>**.

    NOTE: If **<Yes>** is chosen, the **Advanced Directive Note** section must be completed. It is a free text section.

Mirmont Behavioral Health

26) Under the **Is this a Transition in Care?** Section, choose **<Yes>** or **<No>** as appropriate.

    NOTE: If **<Yes>** is selected, the following two fields will be available to complete:

    - Previous Hospital Admission Date
    - Previous Hospital Discharge Date

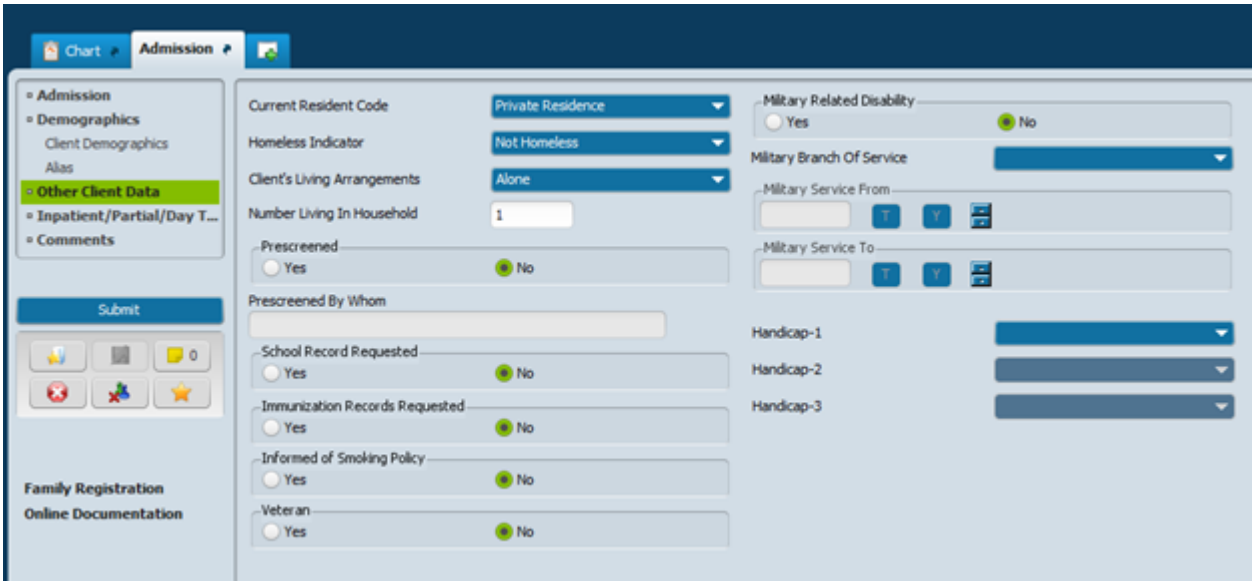
27) Under the **Policy Number for 270/271 Real Time Processing** and the **Coverage Level for 270/271 Real Time Processing** sections, please

    - Enter the client's policy number and
    - Choose either **<Child>** or **<Individual>** as appropriate.

28) Under the **Reason for Referral** section, enter any appropriate free text information.

29) If any client demographic information must be verified and/or updated, click on the **Demographics** hyperlink to verify and/or update information.

30) Click on the **Other Client Data** hyperlink.



31) Next to the **Current Residence Code** field, click on the drop down menu and choose the appropriate option. If this field was completed in the Pre Admit form, it will automatically populate this field on this form.
32) Next to the **Homeless Indicator** field, click on the drop down menu and choose the appropriate option. If this field was completed in the Pre Admit form, it will automatically populate this field on this form.
33) Next to the **Client's Living Arrangements** field, click on the drop down menu and choose the appropriate option.
34) Next to the **Number Living in Household** field, enter the appropriate number for the client.
35) Under the **Prescreened** section, choose either **<Yes>** or **<No>**.

    NOTE: if **<Yes>** is chosen, the system requires an entry under the **Prescreened by Whom** section.
36) Under the **School Record Requested** section, choose either **<Yes>** or **<No>**.
37) Under the **Immunization Records Requested** section, choose either **<Yes>** or **<No>.**
38) Under the **Informed of Smoking Policy** section, choose either **<Yes>** or **<No>.**
39) Under the **Veteran** section, choose either **<Yes>** or **<No>.**

    NOTE: If **<Yes>** is chosen the system requires that the following fields be completed:

    - Military Service From (date)
    - Military Service To (date)
40) In the **Pre-Admit** Form there is a field: **Veteran** where the user can select either **<Yes>** or **<No>.** If this field is completed in the **Pre-Admit** form, it will automatically populate the **Veteran** field in the **Admissions** and **Admissions (Outpatient)** forms.
41) Next to the **Military Branch of Service** section, click on the drop down menu and make the appropriate selection.

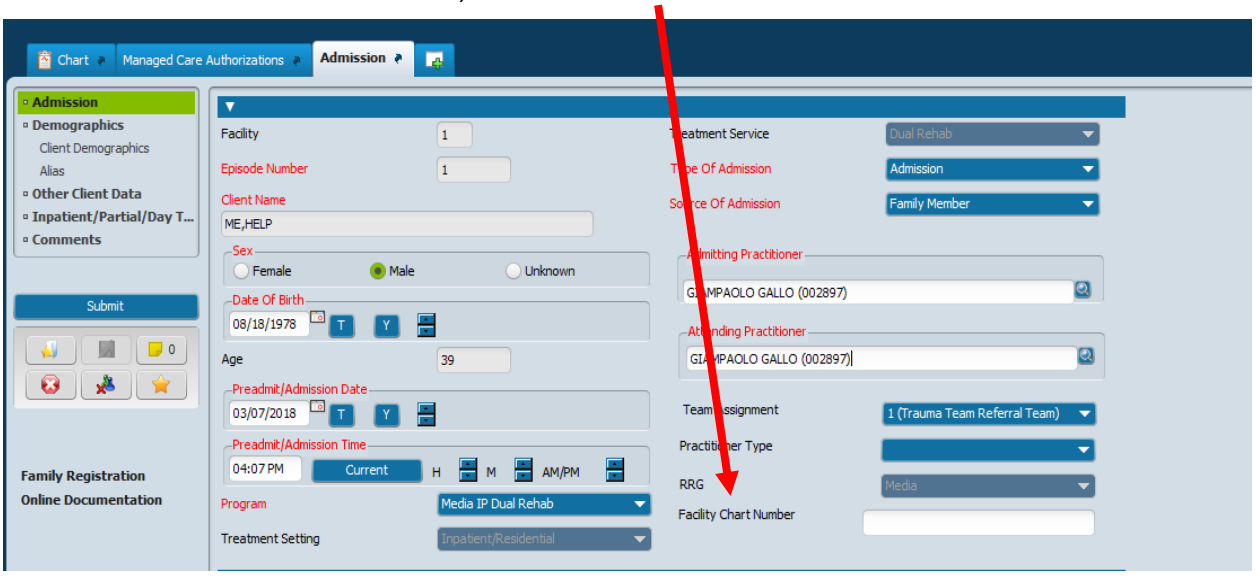
42) Under the **Handicap** section, complete the following Fields as needed by clicking on the drop down menu and choosing the appropriate selection from the list:
   - Handicap - 1
   - Handicap - 2
   - Handicap - 3

43) Click on the **Comments** hyperlink if any appropriate comments need to be made regarding this Admission.

Admissions Form (Inpatient)

1) Enter **Admissions** in the Search Forms field of the Forms & Data widget.
2) Double-click **Admissions** from the search results.
3) Enter the client's relevant information in the **Last Name** field of the Select Client window.
4) In the **Results** section, the system will provide the user with a list of clients who potentially match the search criteria.
   - Highlight the correct client.
   - Click on the **<Select>** tab.
5) Highlight the correct episode that will be admitted into the inpatient program and click **<Edit>**. **NOTE:** All clients should have a Pre-Admit Episode that should be upgraded to an **<Admit>** status.
6) After validating that the chosen client record is accurate, select the correct **Program** the client will be admitted to next to the **Program** field.

   NOTE: The user **MUST** update the **Program** field from **MLH Pre Admit** to the correct Inpatient Program before filing the **Admissions** form. Once submitted, this form is **NOT** editable!



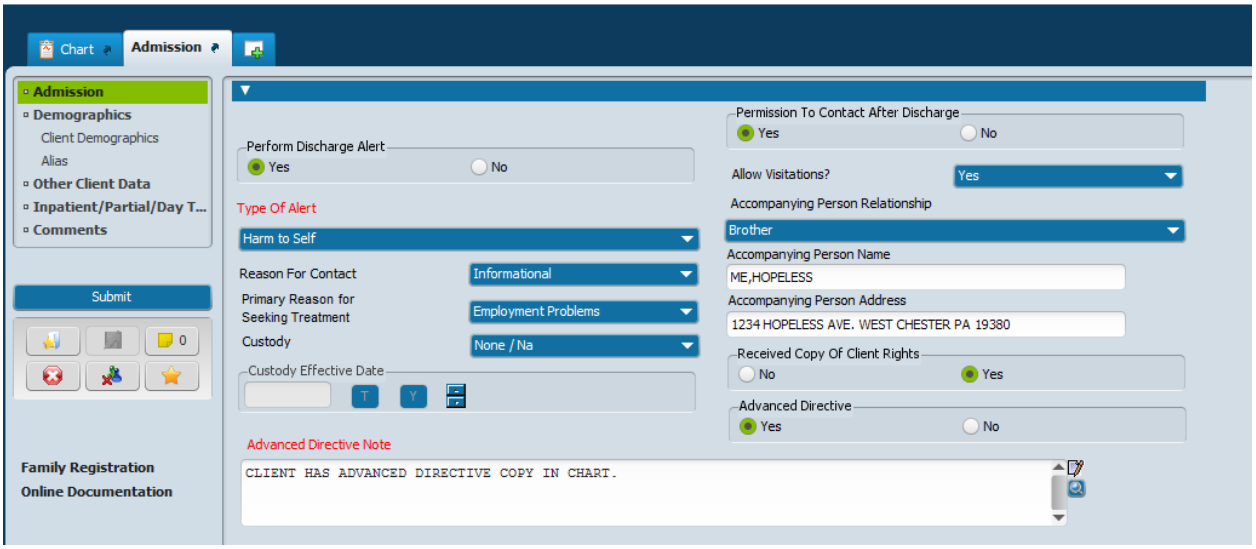
7) The Treatment Setting field will automatically be populated with the correct information based on the program that was selected for the client.

8) Next to the **Type of Admission** field: make the appropriate selection.
9) Next to the **Source of Admission** field, make the appropriate selection.
10) Under the **Admitting Practitioner** section, enter the **Last Name** of the Admitting Practitioner. The system will provide a list of practitioners who meet the search criteria. This is a ***required*** field.
11) Under the **Attending Practitioner** section, enter the **Last Name** of the Attending Practitioner. The system will provide a list of practitioners who meet the search criteria. This is a ***required*** field.
12) The **Team Assignment** field will automatically be completed by the Program that was selected for this client.

13) Next to the **Practitioner Type** field, click on the drop down menu to see a list of options. Make the appropriate selection as needed.
14) The RRG field will auto populate once the **Admission program** has been selected.
15) Leave Chart Facility Number field BLANK!
16) Under the **Perform Discharge Alert** section, choose either **<Yes>** or **<No>** as appropriate.

    NOTE: If **<Yes>** is selected, the **Type of Alert** field is required and a selection can be made by clicking on the drop down menu.
17) Next to the **Reason for Contact** field, click on the drop down menu to make the appropriate selection.
18) Next to the **Primary Reason for Seeking Treatment** field, click on the drop down menu to make the appropriate selection.
19) Next to the **Custody** field, click on the drop down menu to make the appropriate selection. **NOTE:** If a selection is made other than **<None/NA>** the system prompts the user to complete the **Custody Effective Date** field with a valid date.
20) Under the **Permission to Contact after Discharge** section, choose either **<Yes>** or **<No>.**
21) Next to the **Allow Visitations?** section, make the correct choice from the drop down menu.
22) Under the **Accompanying Person Relationship** section, make a selection from the drop down menu.
23) Next to the **Accompanying Person Name** field, enter the person's name: Last Name, First Name.
24) Next to the **Accompanying Person Address** field, enter the person's address.
25) Under the **Received Copy of Client Rights** section, choose either **<Yes>** or **<No>**.
26) Under the **Advanced Directive** section, choose either **<Yes>** or **<No>**.

    NOTE: If **<Yes>** is chosen, the **Advanced Directive Note** section must be completed. It is a free text section.



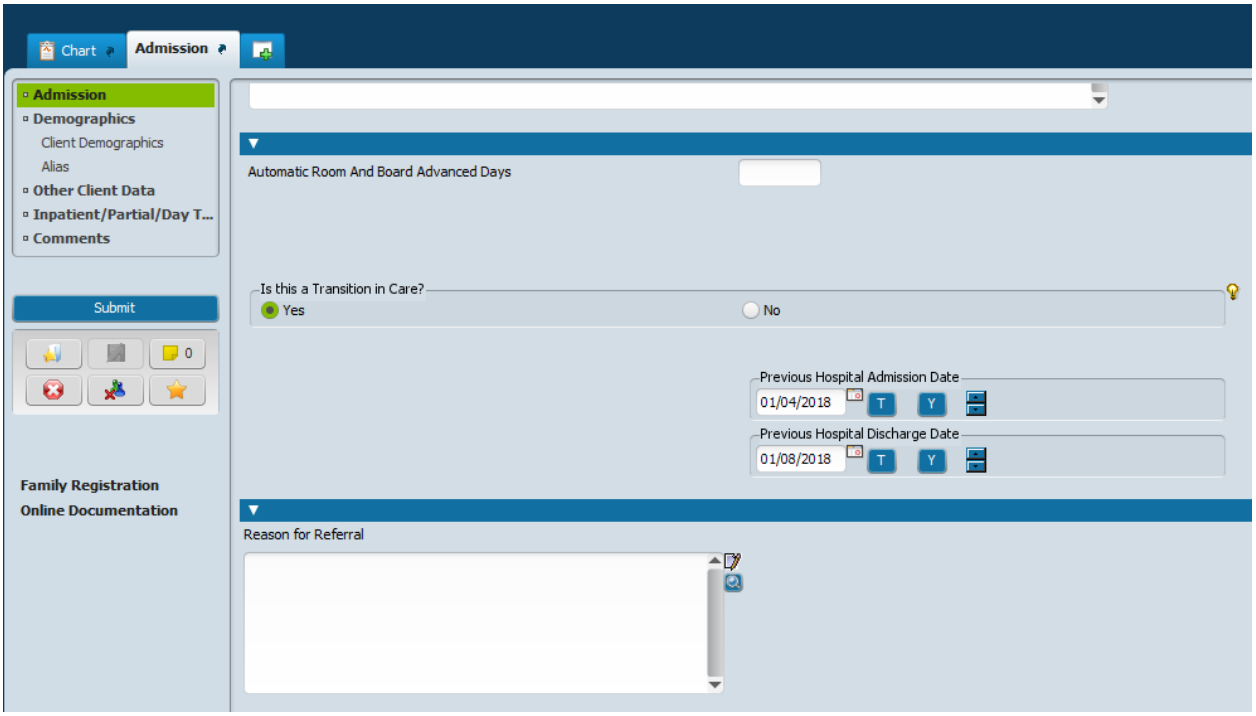
27) Under the **Automatic Room and Board Advanced Days** section: **Leave Blank**

28) Under the **Is this a Transition in Care?** Section, choose **<Yes>** or **<No>** as appropriate.

NOTE: If **<Yes>** is selected, the following two fields will become available to complete:

- Previous Hospital Admission Date
- Previous Hospital Discharge Date

29) Under the **Reason for Referral** section, enter any appropriate free text information.



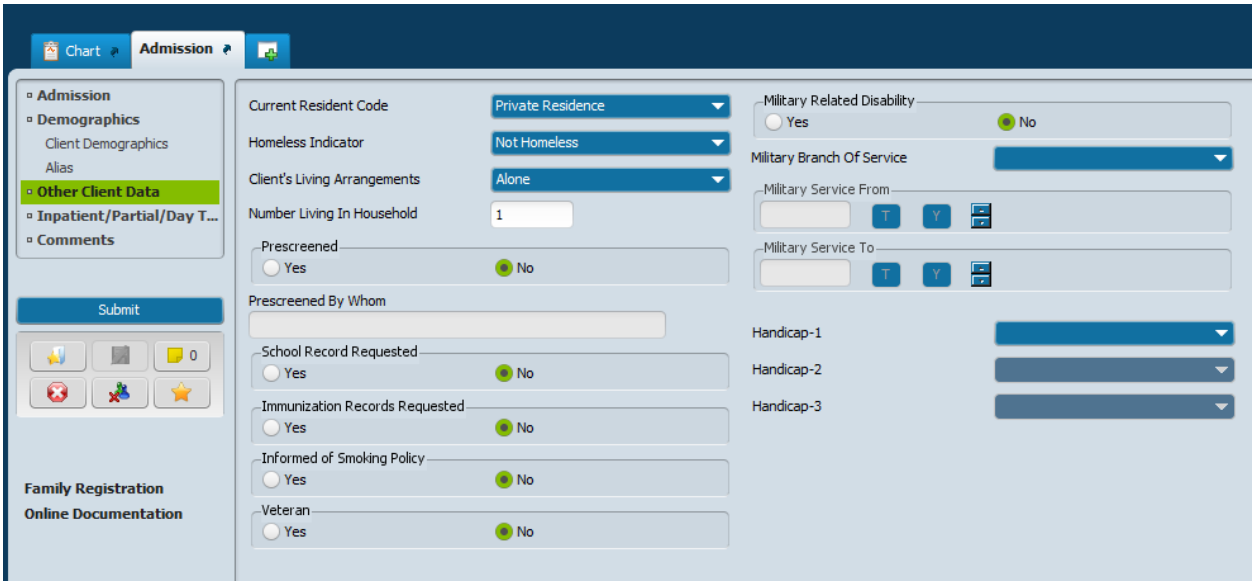
Mirmont Behavioral Health

30) Under the **Policy Number for 270/271 Real Time Processing** and the **Coverage Level for 270/271 Real Time Processing** sections, please enter the client's policy number and choose either **<Child>** or **<Individual>** as appropriate.

NOTE: This section needs clarification

31) If any client demographic information must be verified and/or updated, click on the **Demographics** hyperlink to verify and/or update information.

32) Click on the **Other Client Data** hyperlink.



33) Next to the **Current Residence Code** field, click on the drop down menu and choose the appropriate option. If this field was completed in the Pre Admit form, it will automatically populate this field on this form.

34) Next to the **Homeless Indicator** field, click on the drop down menu and choose the appropriate option. If this field was completed in the Pre Admit form, it will automatically populate this field on this form.

35) Next to the **Client's Living Arrangements** field, click on the drop down menu and choose the appropriate option.

36) Next to the **Number Living in Household** field, enter the appropriate number for the client.

37) Under the **Prescreened** section, choose either **<Yes>** or **<No>.**

NOTE: If **<Yes>** is chosen, the system requires an entry under the **Prescreened by Whom** section

37) Under the **School Record Requested** section, choose either **<Yes>** or **<No>**.

38) The **Immunization Records Requested** section, choose either **<Yes>** or **<No>.**

39) Under the **Informed of Smoking Policy** section, choose either **<Yes>** or **<No>.**

40) Under the **Veteran** section, choose either **<Yes>** or **<No>**.

NOTE: If **<Yes>** is chosen the system requires that the following fields be completed:

Military Service From (date)

Military Service To (date)

41) In the **Pre-Admit** Form there is a field: **Veteran** where the user can select either **<Yes>** or **<No>**. If this field is completed in the **Pre-Admit** form, it will automatically populate the **Veteran** field in the **Admissions** and **Admissions (Outpatient)** forms.

42) Next to the Military Branch of Service section, click on the drop down menu and make the appropriate selection.

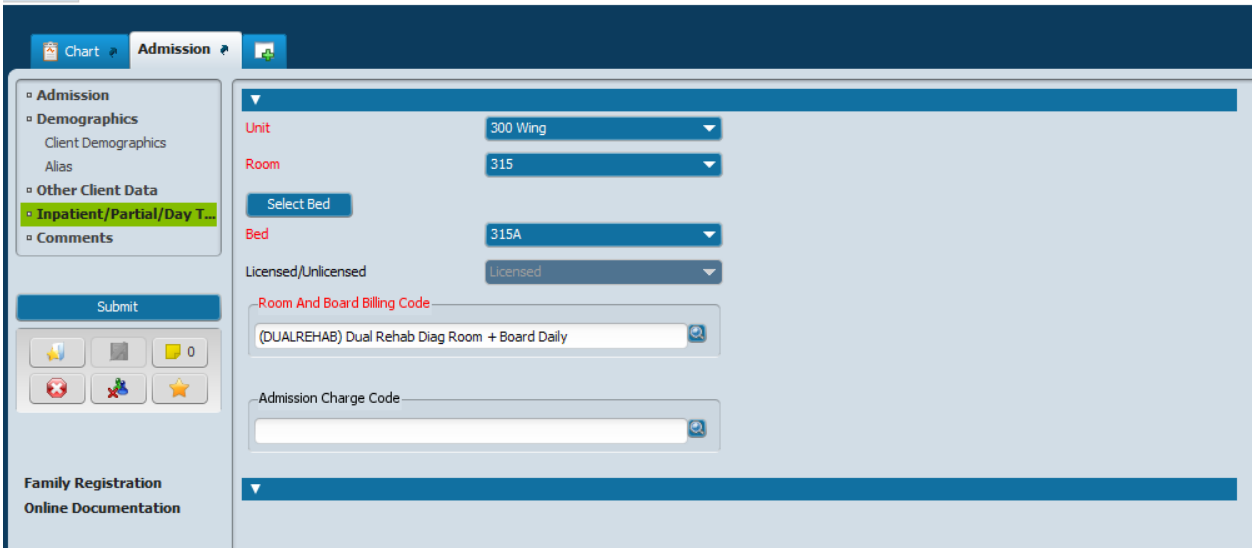
43) Under the **Handicap** section, complete the fields:

Handicap - 1

Handicap - 2

Handicap - 3

44) Click on the **Inpatient/Partial/Day Treatment** hyperlink.



45) Next to the **Unit** field, click on the drop down menu and choose the appropriate unit for this admission.

46) Next to the **Room** field, click on the drop down menu and choose the appropriate unit for this admission.

47) Click on the **Select Bed** tab to obtain a view of all available beds for the client.

48) Next to the **Bed** field, click on the drop down menu and choose the appropriate unit for this admission.

Under the **Admissions Charge Code** field, leave **BLANK.** The system will automatically assign the Room and Bed Charge at Midnight depending on the program the client has been assigned to during the Admissions process.

Main Line Health
Well ahead.®

Mirmont Behavioral Health

Discharge Form

Only complete the discharge form if the client is no longer receiving services from the Program.

For more information on discharging, see the section, Discharging Clients.

For example, Mental Health, check to see if the client has a therapist, a psychiatrist, a case manager, or any other provider associated with the Program. If other people are still working with the client, then you will not close the episode. If you are the only person working with the client, that is, the client has discharged from all other services in the program, then you will complete the Discharge Form.

Discharge Section

1. **Date of Discharge**: Enter the date the client has discharged from the program.
2. **Discharge Time:** Enter the time the client has discharged from the program.
3. **Type of Discharge:** Enter the reason that the client is discharging.
4. **Discharge Practitioner:** Enter the name of the person completing the discharge form.
5. **Discharge Remarks/Comments:** Enter anything that is relevant to the discharge. Do not enter clinical information. This should be entered in the final progress note for the client.

Demographics Section

This section contains identical items from the Admission form. This is your chance to update any client information, including contact information before you close the client. That way, if the client returns, the most current information for this client will be available.

For information on specific items, see instructions for the Admission form.

Consent to Treatment

Main Line Health
Well ahead.®

Mirmont Behavioral Health

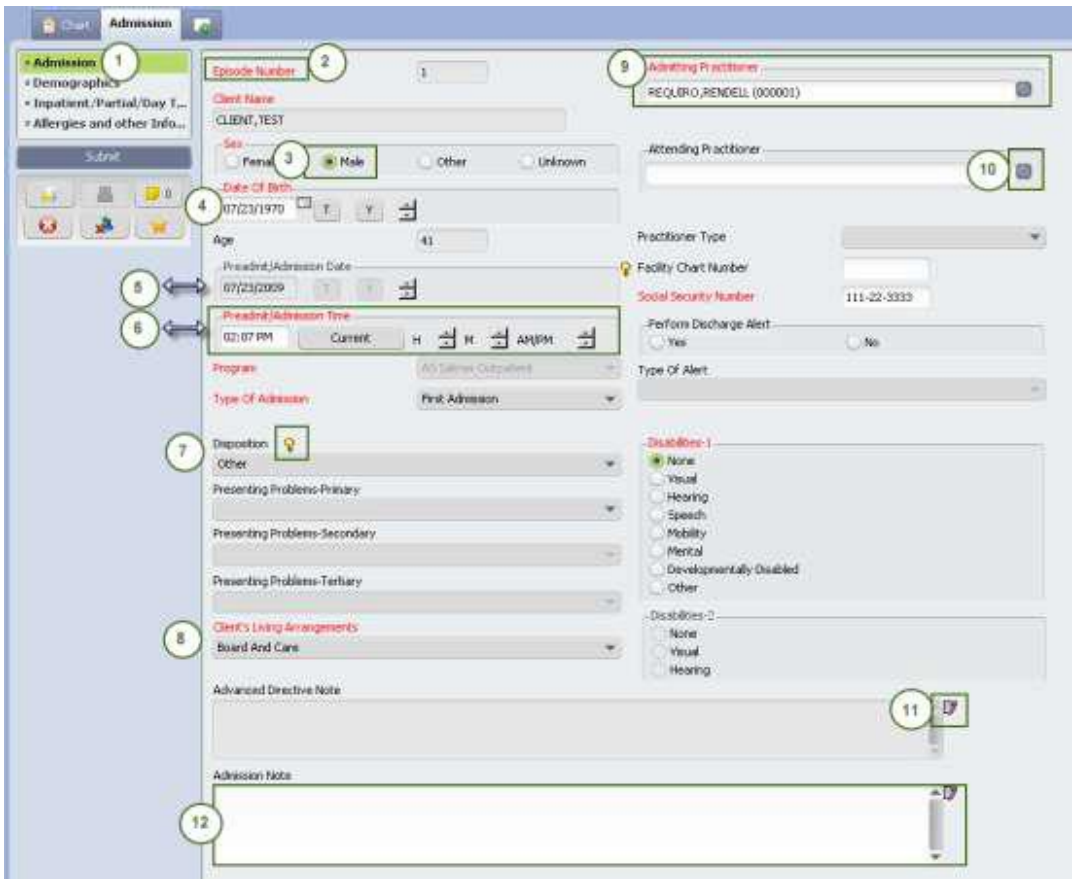
Avatar Forms: General Concepts

Forms are used to schedule, complete assessments, notes, treatment plans and referrals. Forms are organized into sections that address related types of information. It is recommended that you move through the form, in order, one section at a time. Certain forms are multi-contributory, and may be completed by multiple users. Certain sections are required and other sections need to be completed only in certain circumstances. When you have completed your sections submit the form as **Final.** The items below correlate to the subsequent table.

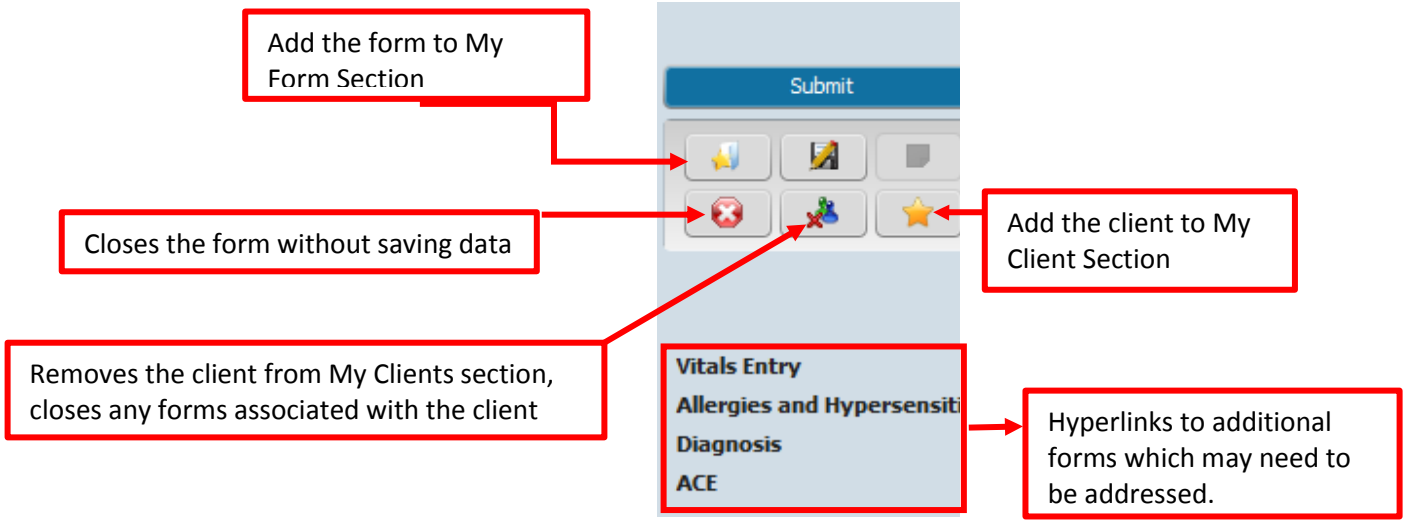
1. **SECTIONS**
2. **REQUIRED FIELDS** will be in red. If information is missing, and it is a required field, you will not be able to submit the information as final.
3. **RADIO BUTTONS** will only allow you to select one entry. To erase your entry hit F5.
4. **DATE FIELD** you can press T for today or Y for yesterday.
5. **GRAYED OUT SECTIONS** cannot be changed.
6. **TIME FIELD** you can press the current button to get the current time
7. **LIGHT BULBS** contain helpful hints that will help you better understand the question or the type of information that is required.
8. **DROP DOWN MENUS** will only allow you to choose one item.
9. **SEARCH BAR** or Smart Search; will allow you to enter alpha numeric or Text when searching for a client or staff Member.
10. **PROCESS SEARCH** once you enter information in a search bar, press this button to process your search
11. **TEXT EDITOR** double click on this icon to open up the text editor which will allow you to check for spelling
12. **TEXT BOX** this field allows you to enter up to eight (8) pages of information. You may also use Dragon dictation or copy from Microsoft Office Word and paste on to this Text box.

Main Line Health
Well ahead.

Mirmont Behavioral Health



The following icons display on most Avatar forms. You can" hover *to discover*" their expanded use.



Main Line Health
Well ahead.

Mirmont Behavioral Health

In addition forms contain question logic; meaning the answer to a question in the section may enable additional required questions or disable subsequent questions. Sections of the form may contain a multi-iteration table which allows multiple entries to be documented in a list format. To edit a row, first select it and click **Edit Selected Item.** To delete a row, select it and then click **Delete Selected Item.** TIP: **Make sure that you don't accidentally added an extra line in the table.** It's easy to do by clicking on the button labeled, *Add New Item* too many times

If you are unable to complete your form in one session you can save and or submit the form as a draft and return at a later date and time to finish. To save a form in draft check the radio button preceding draft. To reopen your "Draft" Comprehensive Biopsychosocial Assessment, see the section titled, How to Reopen a Draft Psychosocial Assessment Form.

Main Line Health
Well ahead.

Mirmont Behavioral Health

Avatar Inpatient Forms:

Nursing	Therapist	Provider
Admission	ACE	Allergies and Hypersensitivities
Admission OP	Aftercare Plan	Bupenorphine Checklist/Consent
Aftercare Plan	BPS Assessment	Naltrexone
Allergies and Hypersensitivities	Biopsychosocial Review	History and Physical
Bupenorphine Checklist/Consent	Current Legal Status	Individual Progress Note
BPS Assessment	Discharge Summary	Physician Progress Note
COWS	GAD 7	Psychiatric Evaluation
CIWA	Group Progress Note	Treatment Care Plan
Consent for Treatment Mental Health	Individual Progress Note	BPS Assessment
Consent for Treatment Substance Abuse	Mental Status Examination	Mental Status Examination
COWS	Treatment Care Plan	Diagnosis
Point of Care	Treatment Plan Library	Treatment Discharge Summary
Individual Progress Note	Client Contract Information	Mental Status Exam
Medical Internal Referral	Release of Information	Neurological Assessment
Pass Down		
Mental Status Examination	Psychiatric Evaluation Referral (IP Only)	Discharge Aftercare Plan
Naltrexone	Trauma Referral	Discharge Summary
Tobacco Cessation Services Referral	Discharge Aftercare Plan	
Neurological Assessment	Safety Plan	
Nursing Care Plan	Point of Care	
Nursing Focused Assessment	Vitals Entry (Blood Sugar)	
Nursing Progress Note	Pass Down	
Nutrition Screen Referral	Clinical Document Viewer	
Pain Assessment		
Pain Management Referral		
Psychiatric Evaluation Referral		
Sick Visit Referral		
Safety Plan		
Transportation Request		
Vitals Entry		
Clinical Document Viewer		
Discharge Aftercare Plan		
Discharge Summary		

Main Line Health
Well ahead.®

Mirmont Behavioral Health

Avatar Inpatient Forms:

Clinical Aids	**Dietitian**	**Unit Secretary**
Bed Assignment	Nutrition Screen Referral	Bed Management
Bed Management	Comprehensive Nutrition Assessment	Official Census Report
Bed Reservation	History and Physical Assessment	Client Contact Information
Individual Progress Note	Client Caregiver Education	Verify Unit Census
Group Progress Note	Dietary Order	Scheduling Calendar
Expected Leaves	Treatment Care Plan	Appointment Management
Verify Unit Census	Allergies and Hypersensitivities	Results Entry
Client Observation	Individual Note	Order Entry Notification
Client Family Education Assessment	Vital Entry (Height/Weight)	Expected Leaves
Money Inventory	Discharge Aftercare Plan	Leaves
Residential Shift Note		Return from Leaves
Residential Valuables		Leave Status Change
Transportation Request		Clinical Document Viewer
Pass Down		Point of Care
		Post Discharge Review

Main Line Health
Well ahead.

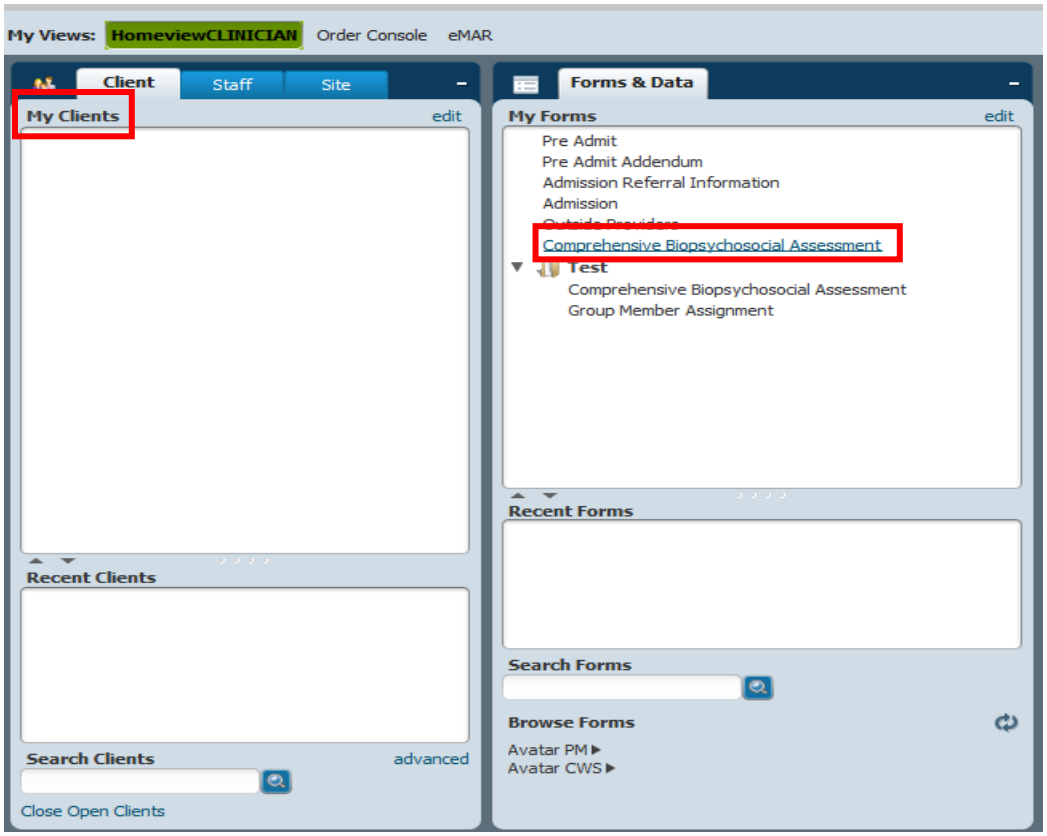
Mirmont Behavioral Health

Comprehensive Biopsychosocial Assessment Form

Assessments are used to evaluate the status of a client's mental health, their level of functioning, daily habits and behaviors. Assessments document a client's condition, and is an understanding of how client events or behavior relate to precipitating factors, previous behavior, and other events in the client's life. In the Comprehensive Biopsychosocial Assessment, some questions are required and others are optional, although you are strongly encouraged to answer as many questions as possible, including those that are optional. Questions in **red** are required to finalize and submit the form.

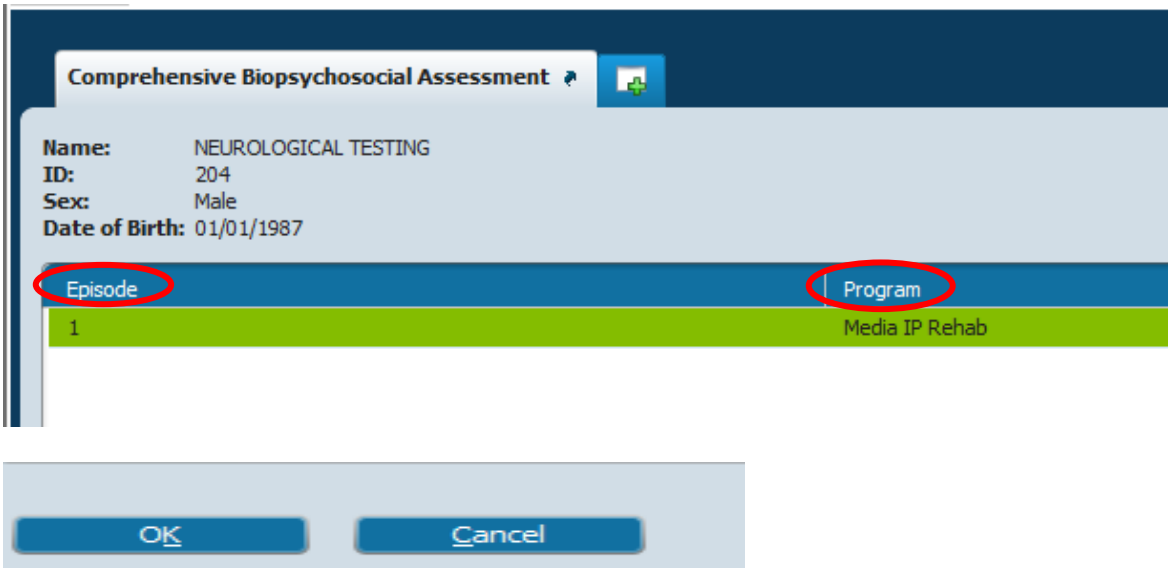
How to Open the Biopsychosocial Assessment

Open up a new Biopsychosocial Assessment form for your client. Open the chart and then click once on your client (in the My Clients Widget) to highlight in green, then double-click on the link to the form (found in My Forms).



Mirmont Behavioral Health

If more than one program, make sure you select the correct program and episode.



The **Comprehensive Biopsychosocial Assessment** form will open. This form is multidisciplinary and will be completed and submitted by Admissions, Nursing and Therapists.

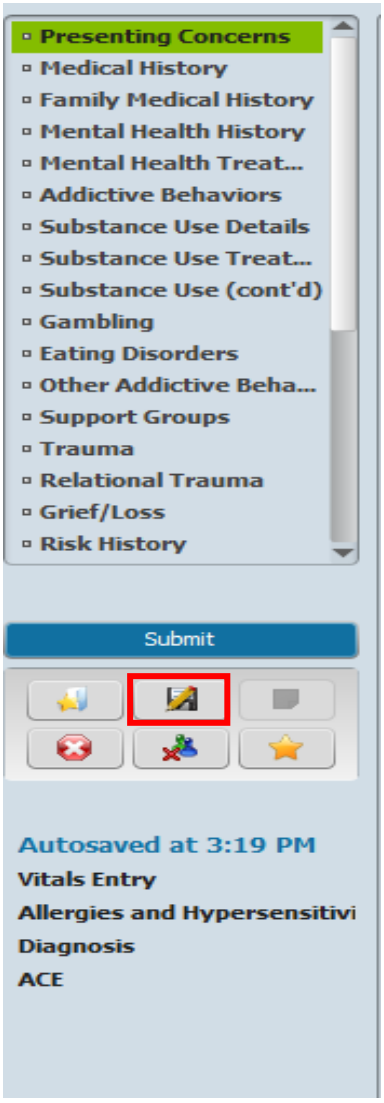
IMPORTANT: This form is episodic, that is, it is attached to an episode. Make sure you select your episode carefully. If you write the assessment under the wrong episode, it cannot be moved and you will have to write it all over again.

Main Line Health
Well ahead.

Mirmont Behavioral Health

Concepts of the Biopsychosocial Assessment Form

Sections: The Biopsychosocial Assessment form is organized into sections that address related types of information. For example, there are separate sections for Mental Health History, Legal History and Trauma. As you complete the form, you can click on the sections to complete the information needed. It is recommended that you move through the form, one section at a time, in order, because of certain question logic in the assessment. You may return to a section to add information at any time



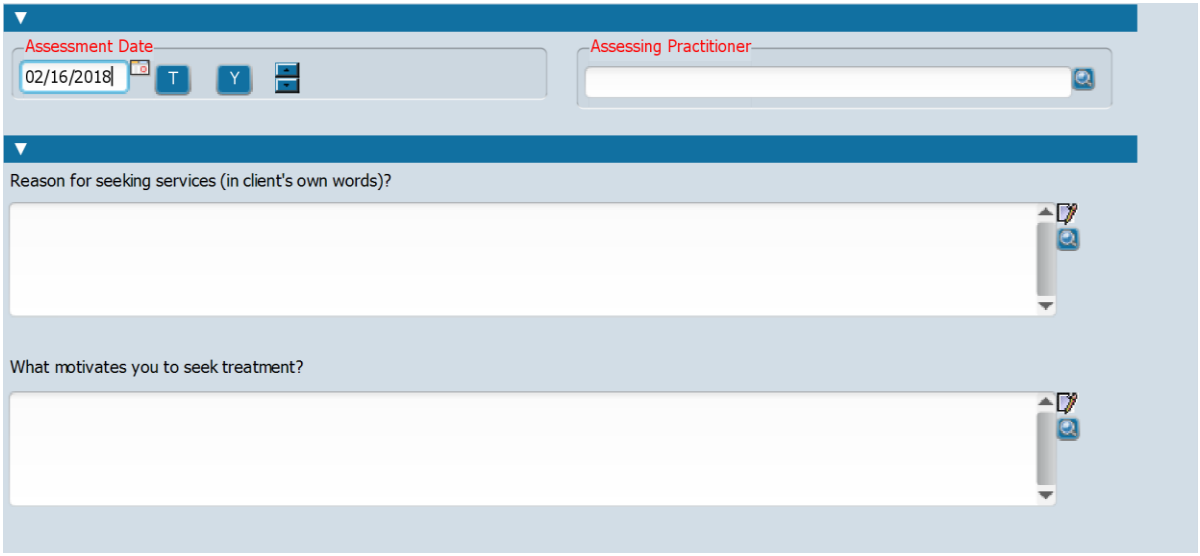
Icons: The Comprehensive Biopsychosocial Assessment has a Backup Form button that will save the form while it is open. The button is on the left, just underneath the Submit button. EVEN THOUGH THE BIOPSYCHOSOCIAL HAS THIS BACKUP BUTTON, YOU SHOULD STILL CLICK "SUBMIT" TO SAVE AND CLOSE WHEN YOU EXIT THE FORM. When closing your assessment, DO NOT click the red circle with a white X.

Hyperlinks: Based on your log-in additional forms are located in the left hand corner of the Biopsychosocial form. These hyperlinks promote ease of documentation for vital signs, allergies, diagnosis and ACE.

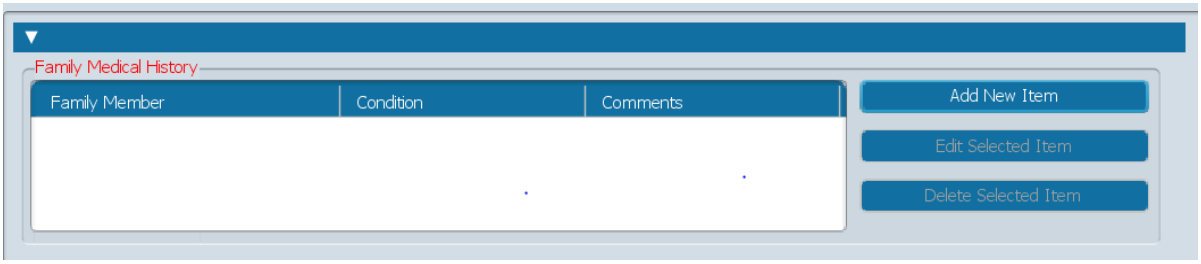
Main Line Health
Well ahead.

Mirmont Behavioral Health

Required Questions: In the Comprehensive Biopsychosocial Assessment, some questions are required and others are optional, although you are strongly encouraged to answer as many questions as possible, including those that are optional. Questions in **red** are required to finalize and submit the form.



The header of every Multi-iteration Table is red. The table is not required documentation until you select "Add New Item".



Text Editor: 

If the text box requires a lengthy answer you want to spell check, you can pop out the text editor to see more of the field by clicking the associated icon. Click "Save" to close the pop out and save your edits. If you do not click "Save," your edits will not be saved.

Main Line Health
Well ahead.

Mirmont Behavioral Health

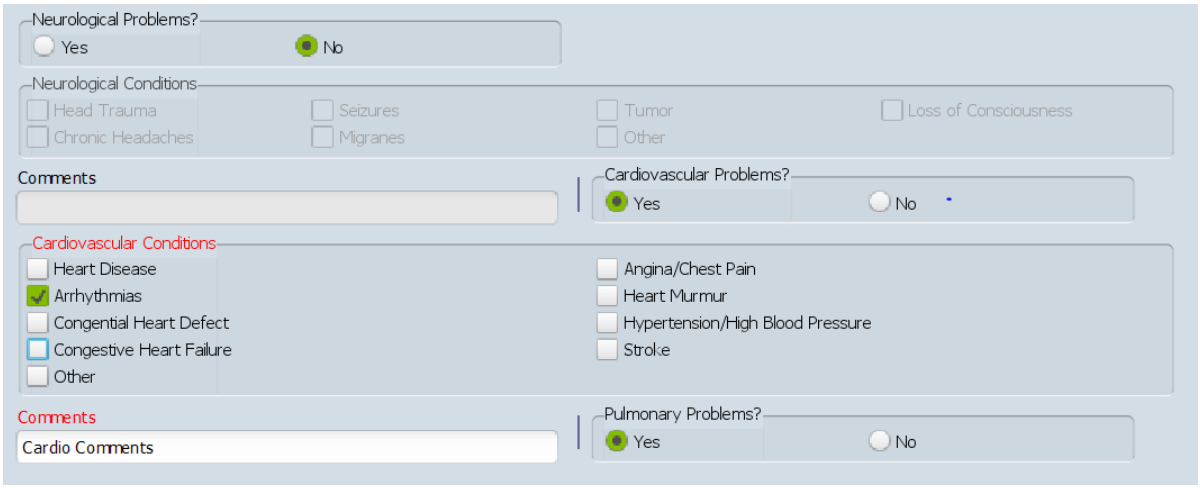
Search Function: 

Click the tiny magnifying glass to search for a word or phrase in your text

Lightbulbs: 

Throughout this and other documents, you will see a small light bulb symbol. If you hover over the symbol, you will see instructions on how to answer the question.

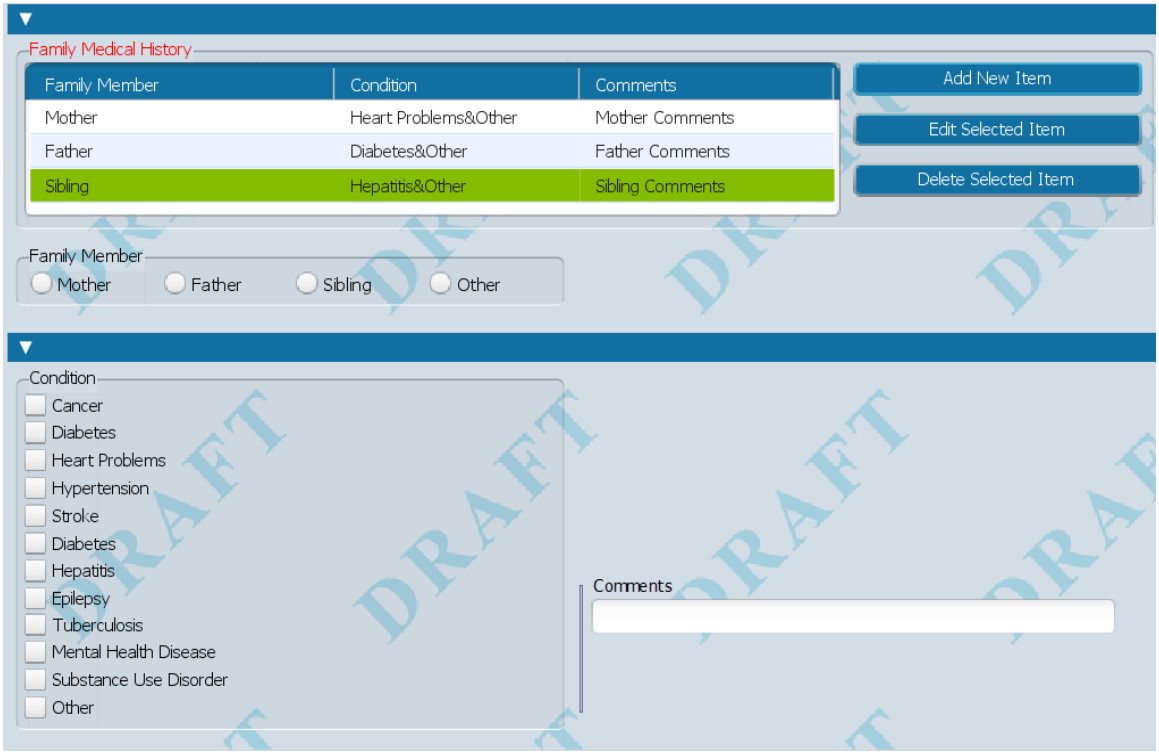
Question Logic: Some questions are required depending on the answers to other questions. For example, in the **Medical History tab**, depending on the answer to the first question in the tab, subsequent questions are either required or disabled. In the example below, because the clinician clicked "No" to the first question about neurological problems, all the other questions are not required and in fact are "grayed out" or *disabled.* No further information can be entered into these questions. In contrast to Cardiovascular Conditions where the clinician clicked “Yes” enabling additional information to be entered.



Multi-iteration Table: Allows multiple entries to be documented in a list format for documentation of items like histories, behaviors and treatments. The header in every Multi-iteration Table is red. The table is not required documentation until you select “Add New Item”. Once you select “Add New Item” the tables needs to be satisfied to meet the requirement. To document an entry in an iteration table select “Add New Item” first then document in the appropriate fields. To delete or edit an item in the table select the line item, notice it will highlight the line green. Click “Delete Selected Item or Edit Selected Item” to modify your documentation.

Main Line Health
Well ahead.

Mirmont Behavioral Health



Biopsychosocial Sections of Form:

The Biopsychosocial Assessment form is a multi-contributor form. The table below displays the sections completed by each role. Note some sections may be shared between roles.

Admissions	Nursing	Therapist
Presenting Concerns	Medical History	Trauma
Mental Health Hx	Family History	Relational Trauma
Mental Health Tx	Eating Disorder	Grief Loss
Addictive Behavior	Nursing Assessment	Psychosocial
Substance Use Details		Employment/Military
Substance Use Tx		Legal
Substance Use Cont		Financials
Gambling		Living/Social
Other Addictive Behaviors		Woman's Health - Living
Support Group		Woman's Health - Loss
Risk Hx		Goals/Strengths
Living Social		Narrative/Summary

Main Line Health
Well ahead.

Mirmont Behavioral Health

Admission will initiate the Comprehensive Biopsychosocial Assessment form. Admissions will document:

Presenting Concerns Section

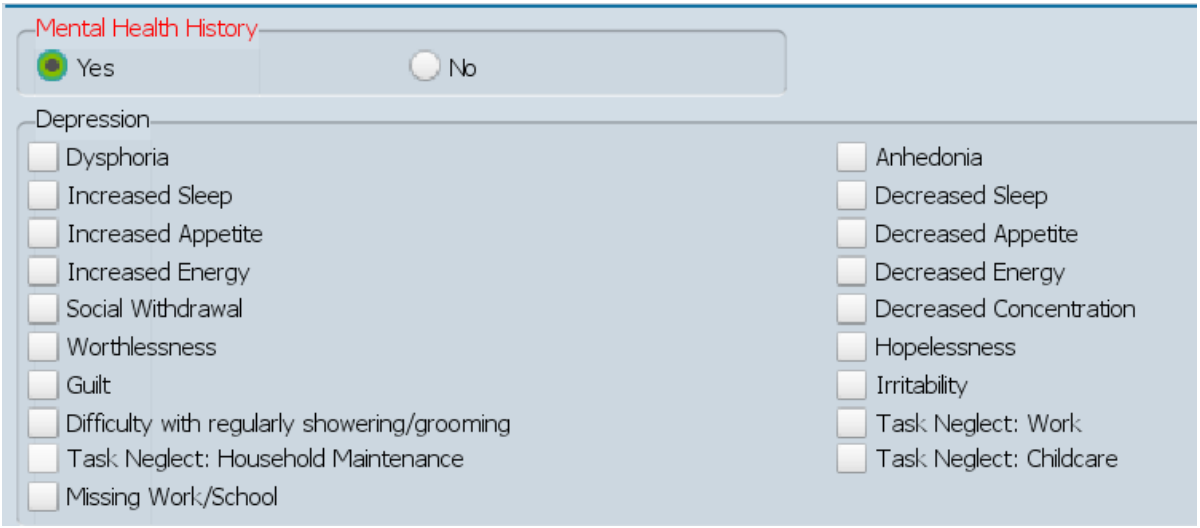
Enter the Assessment Date. Click "Today" or "Yesterday", or for a different date, type it in or use the calendar. Enter in the Assessing Practitioner. The red sections are required. Complete additional fields as deemed necessary and relevant.

Mental Health History Section

This section contains question logic. If you document Yes to the Mental Health History it enables you to document the patients mental health history. If you document No the Mental Health History is disabled**.** The Mental Health History section contains questions with radio buttons and checkboxes. Here are some helpful hints for working with these types of fields.

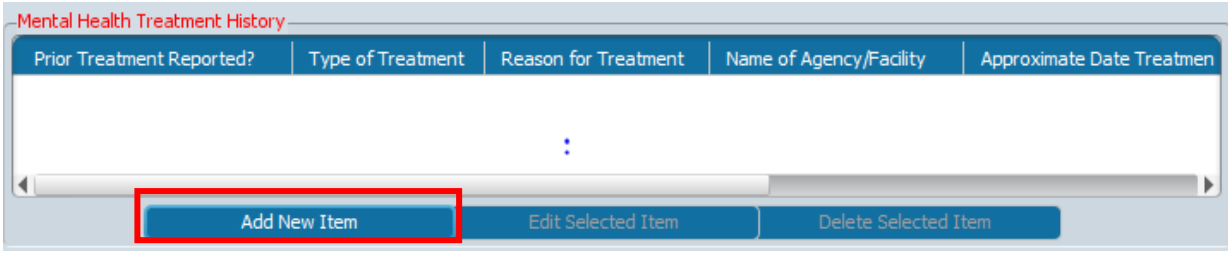
1. Use the arrow keys to move around in a checkbox field.
2. In *list fields* that contain multiple check boxes, you can use **Ctrl** + **A** to select all. To unselect all use **Ctrl** + **D**.
3. You can use the space bar to check or uncheck a box.
4. Use F5 button to clear a question entirely, so that none of the radio buttons are checked.

Mirmont Behavioral Health



Mental Health Treatment Section

The Mental Health Treatment Section has a Multi-iteration Table which allows multiple entries to be documented in a list format. **Remember:** The header in every Multi-iteration Table is red. The table is not required documentation until you select "Add New Item". It also contains question logic based on prior treatment reported.

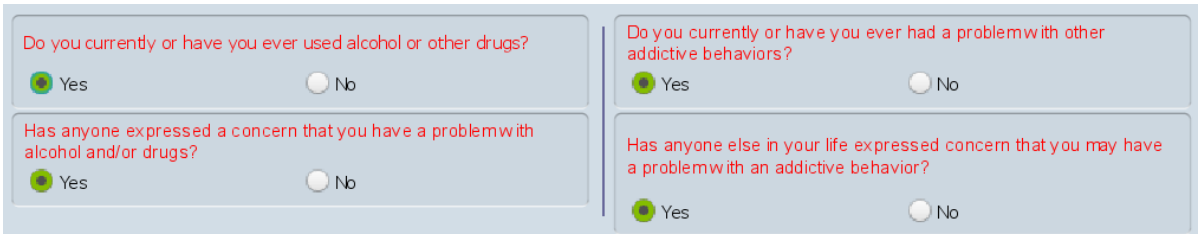


Main Line Health
Well ahead.

Mirmont Behavioral Health

Addictive Behaviors Section

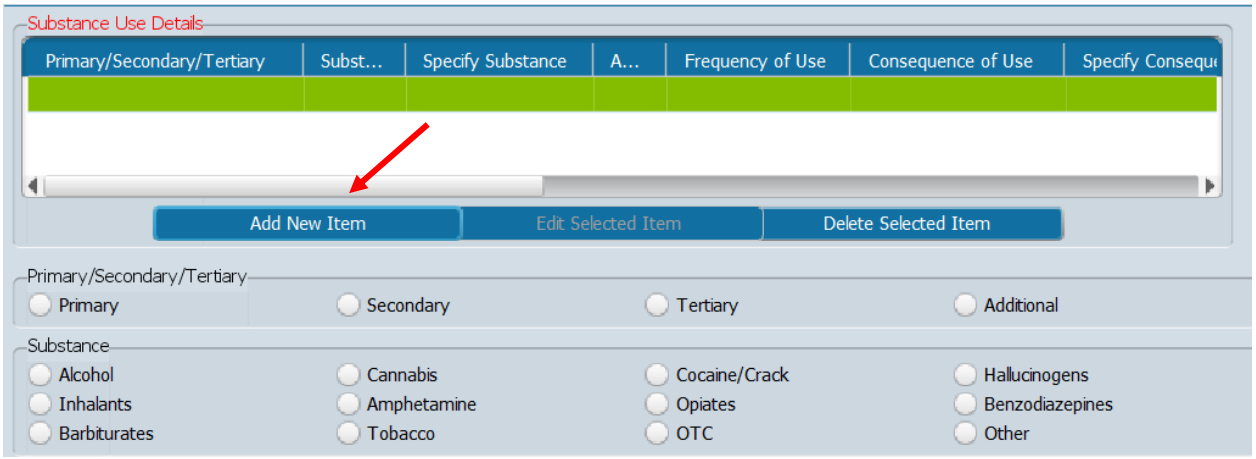
The Addictive Behaviors Section contains Yes and No questions related to the clients history of addiction.



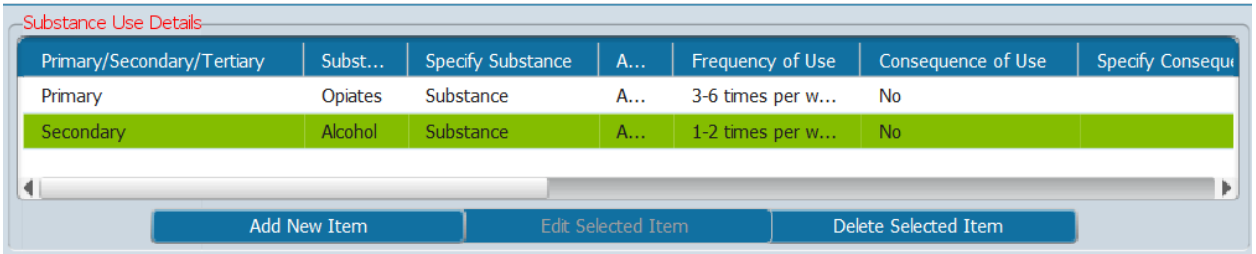
Substance Use Details Section and Substance Use Treatment Section

The Substance List Tab contains a *multi-iteration table.* Information about each substance the client uses/abuses has its own line in the list. To add a substance to the list, you must first create a new line.

Click Add New Item: Begin by adding a new row to the multi-iteration table by clicking Add New Item to start a new row. (For each new substance, you will begin by adding a new row.)



Fill out the rest of the row, entering information into the blanks below the table. Note that you will need to answer the questions for each substance in order, for the list to work properly.



Main Line Health
Well ahead.

Mirmont Behavioral Health

TO EDIT A ROW: In order to edit a row, you need to first select it. Double-click on the row that you want, or click once on the row, and then click Edit Selected Item. If you do not select the row, you will not be able to edit the information in it.

TO DELETE A ROW: In order to delete a row, you need to first select it. Double-click on the row that you want to delete, or click once on the row, and then click Edit Selected Item. Then click Delete Selected Item.

Make sure that you don't accidentally added an extra line in the table. It's easy to do by clicking on the button labeled, *Add New Item* too many times. If you accidentally add an extra row, you might overlook it because it is blank. Unfortunately, Avatar sees any blank lines that you leave in this table as unanswered required questions. You will not be able to submit your Comprehensive Biopsychosocial Assessment, either in Draft or Final, if you leave blank lines in this table.

Gambling

This section contains question logic if you answer “Yes” to “Have you gambled in the last 12 months?”

Other Addictive Behaviors

Other Addictive Behaviors contain a Multi-iteration Table which allows multiple entries to be documented in a list format as well as question logic related to additional addictive behaviors the client possesses.

Support Group

This section contains question logic based on your documentation of types of support the client has.

Risk History

The Risk Assessment is completed when questions about **current** danger to self/suicidality, danger to others/homicidality, are answered “Yes.” The section contains question logic based on your documentation.
Make sure you ask clients about access to weapons such as firearms when discussing a plan to harm themselves or others.

Living Social

Assessment information is used in treatment plans to meet a client's needs.

Finalizing and Submitting the Comprehensive Biopsychosocial Assessment

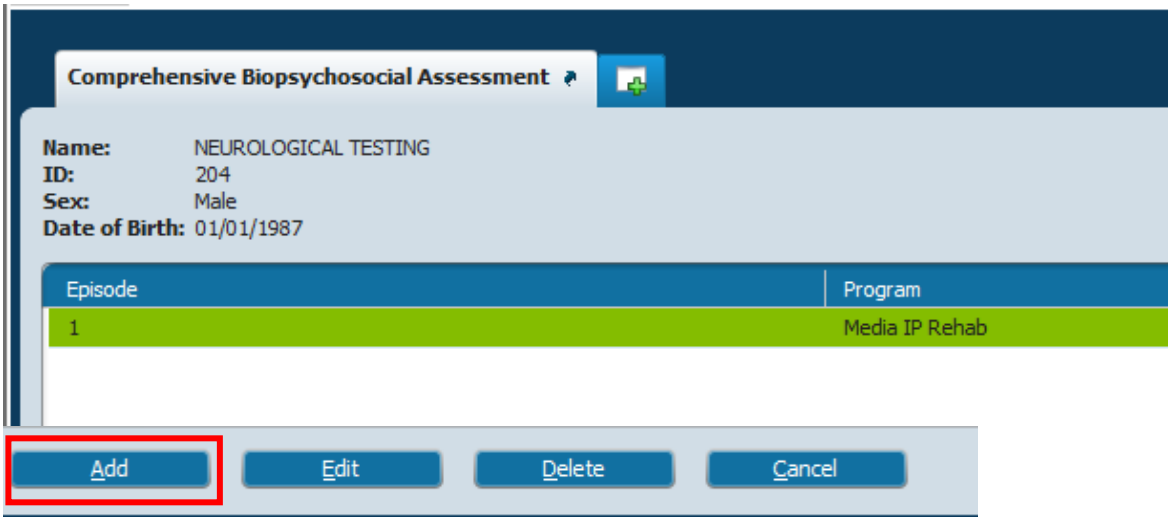
Admissions, Nursing and Therapist will finalize the Comprehensive Biopsychosocial Assessment upon completion. See the section titled, “How to finalize and submit the Comprehensive Biopsychosocial Assessment.”

Main Line Health
Well ahead.

Mirmont Behavioral Health

Nursing will follow the same steps to open the Biopsychosocial Assessment form for the client. See the section titled, "How to open the Comprehensive Biopsychosocial Assessment."

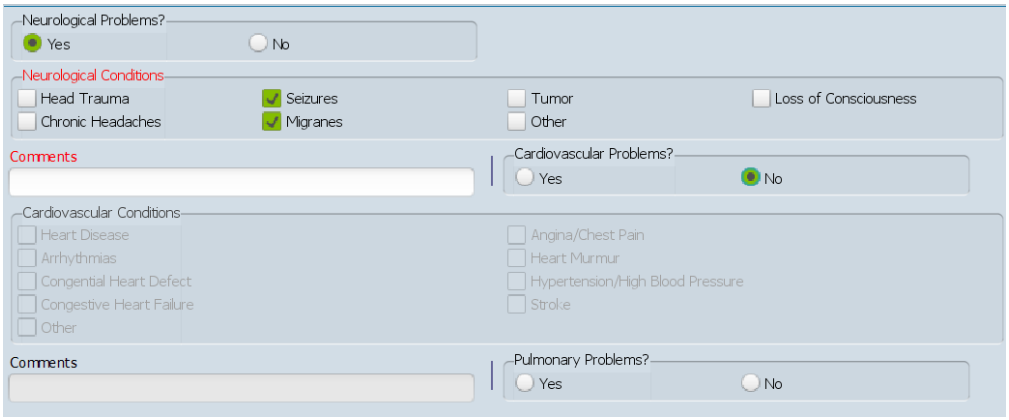
To pull in the data entered by Admissions you must select **Add**



The documentation completed by Admissions will now display in the Comprehensive Biopsychosocial Assessment form.

Medical History Section

Nursing will document the patient medical history. Note that there is a great deal of question logic associated with the "Medical History", so make sure you click the correct box for each item. Various assessments and questions are required or disabled depending on the answer. If you change the answer to various questions mid-way through the assessment, some boxes may clear and you will lose your data. The Medical History section contains questions with checkboxes. You can point and click or use the arrow keys to move around in the check boxes. You can use Ctrl +A to select all. To unselect all use Ctrl +D. You can also use the space bar to check or uncheck a box.

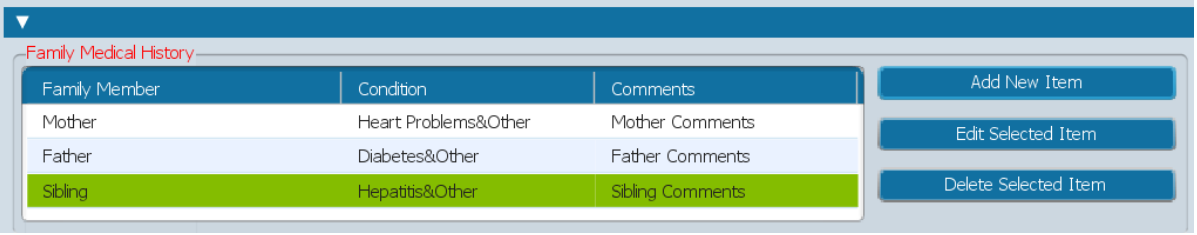


Main Line Health
Well ahead.

Mirmont Behavioral Health

Family Medical History Section

The Family Medical History is a Multi-iteration Table which allows multiple entries to be documented in a list format. Remember the table is not required documentation until you select **Add New Item.** Once you select **Add New Item** the tables needs to be satisfied to meet the requirement. To document an entry in an iteration table select **Add New** first then document in the appropriate fields.



Eating Disorder

In certain circumstances document you may need to document **problematic food related behaviors.**

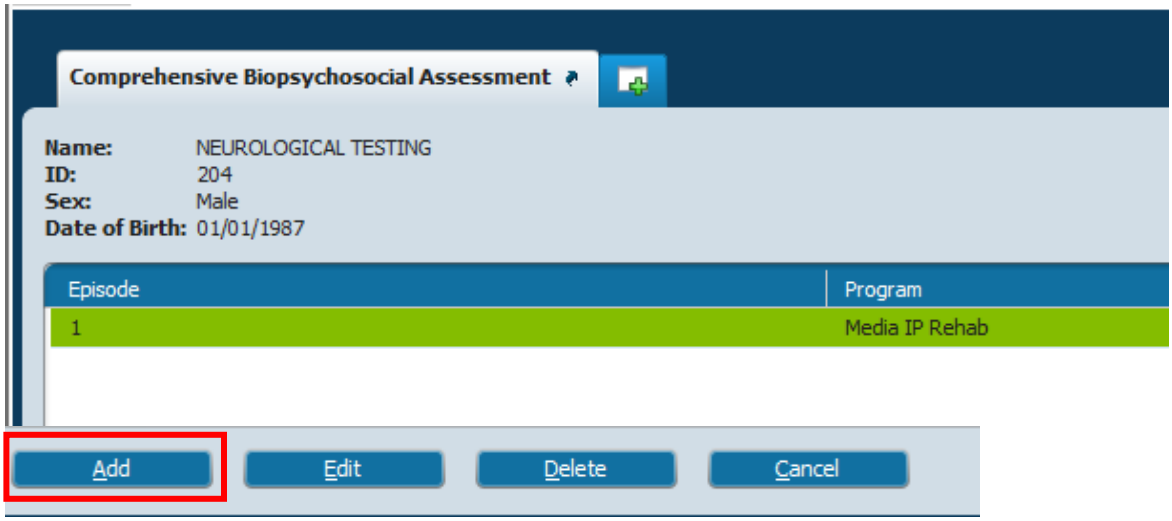
Nursing Assessment

This section contains a head to toe assessment with question logic based on your documentation.

Finalizing and Submitting the Comprehensive Biopsychosocial Assessment

Admissions, Nursing and Therapist will finalize the Comprehensive Biopsychosocial Assessment upon completion. See the section titled, "How to finalize and submit the Comprehensive Biopsychosocial Assessment."

The Therapist will follow the same steps to open the Biopsychosocial Assessment form for the client. See the section titled, "How to open the Comprehensive Biopsychosocial Assessment."
To pull in the data entered by Admissions and Nursing you must select **Add**



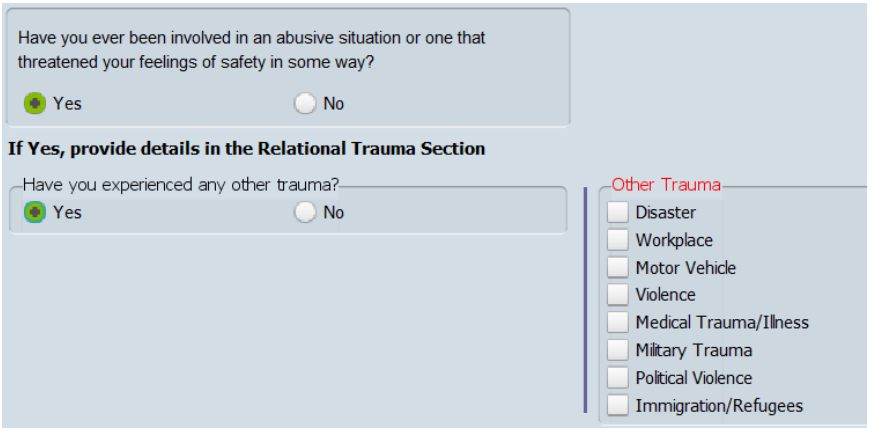
Main Line Health
Well ahead.

Mirmont Behavioral Health

Previously completed documentation will now display in the Comprehensive Biopsychosocial Assessment form.
The therapist will complete the following sections as deemed necessary.

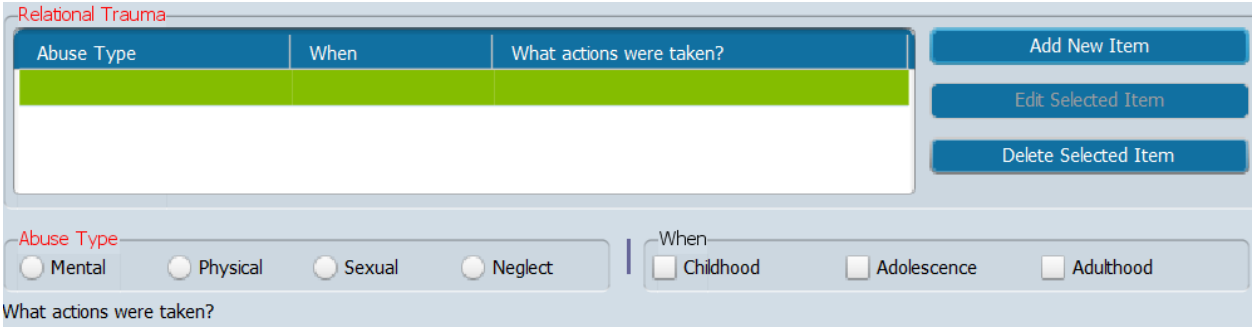
Trauma

Does the client have a history of trauma? This section contains question logic based on your documentation. Depending on the circumstances surrounding the assessment, your client may not be willing or able to answer questions about this topic. For assessments that take place over a number of sessions, you may be able to gather this information later and can add it to the assessment at that time. If you suspect, but do not have confirmation of abuse, you can discuss this in the text field below the question.



Relational Trauma

The Relational Trauma Section has a Multi-iteration Table which allows multiple entries to be documented in a list format.
Remember: The table is not required documentation until you select, **Add New Item**. When you select **Add New Item,** a bar displays green indicating you need to satisfy the red/required field.



Grief Loss

This section contains question logic based on your documentation.

Psychosocial

This section contains question logic based on your documentation.

Main Line Health
Well ahead.

Mirmont Behavioral Health

Employment/Military
This section contains question logic based on your documentation.

Legal
Contains a Multi-iteration Table which allows multiple entries to be documented in a list format. **Remember:** The table is not required documentation until you select, **Add New Item**. When you select **Add New Item,** a bar displays green indicating you need to satisfy the red/required field.

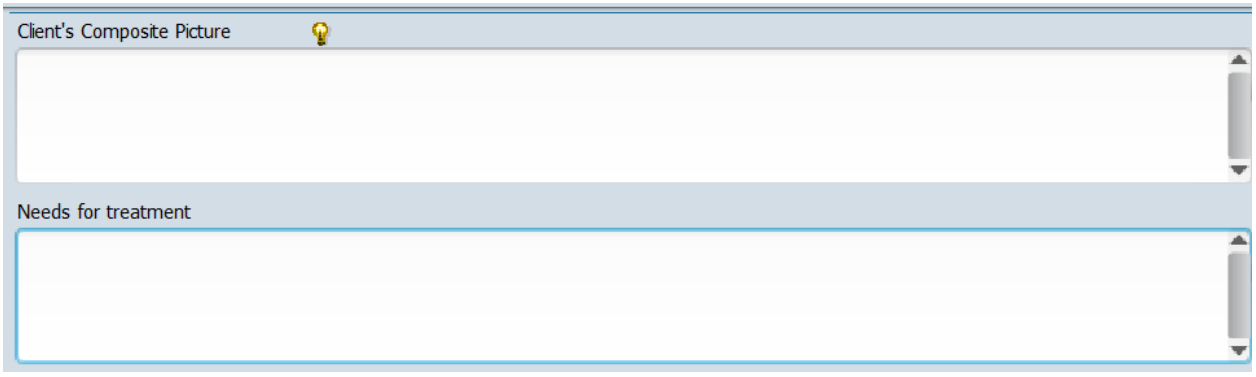
Financials
If you document significant financial concerns this will activate additional question logic.

Living/Social
Assessment information is used in treatment plans to meet a client's needs.

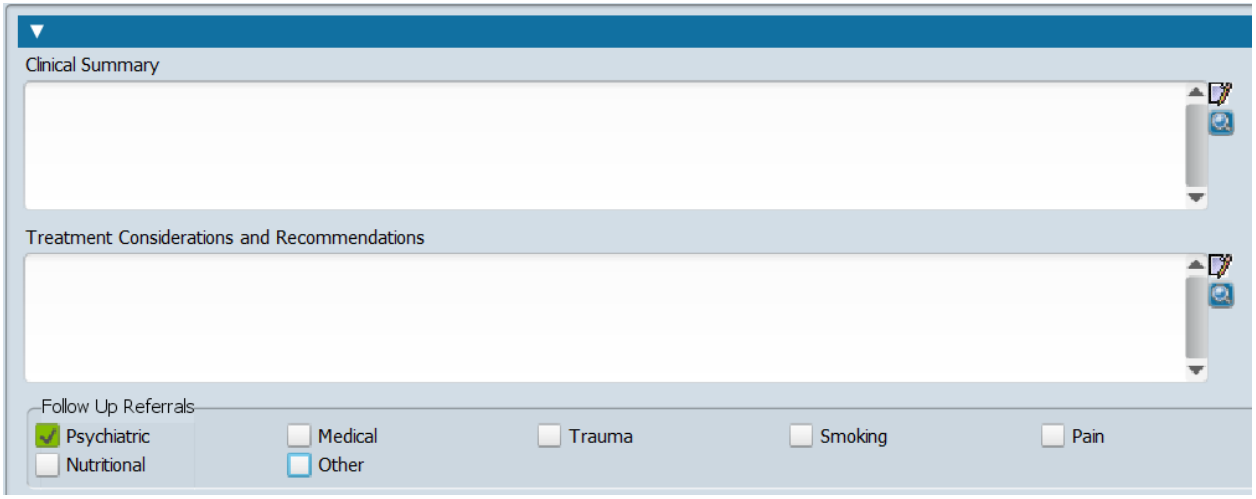
Woman's Health – Living
Complete this section if circumstances are relevant to treatment.

Woman's Health – Loss
Complete this section if circumstances are relevant to treatment.

Goals/Strengths
This question is for documenting strengths specific to the client's anticipated ability to achieve treatment plan goals. Examples are resiliency, motivation, positive social supports. This section contains free text documentation. Remember if you hover over the light bulb symbol, you will see instructions on how to answer the question. You may type or use Dragon dictation in these fields.



Narrative Summary
Contains free text documentation related to clinical summary and treatment, as well as question logic if you document a referral.



Finalizing and Submitting the Comprehensive Biopsychosocial Assessment

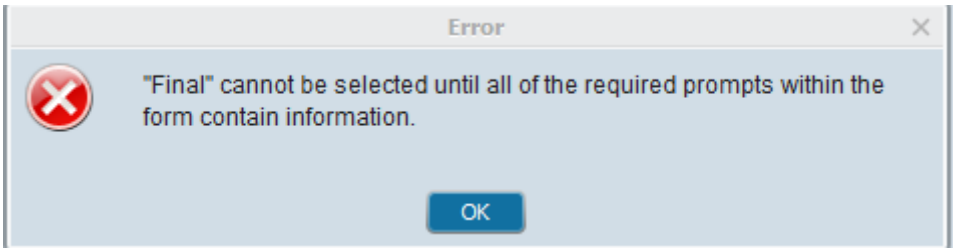
Admissions, Nursing and Therapist will finalize the Comprehensive Biopsychosocial Assessment upon completion. See the section titled, "How to finalize and submit the Comprehensive Biopsychosocial Assessment."

Where is the diagnosis?

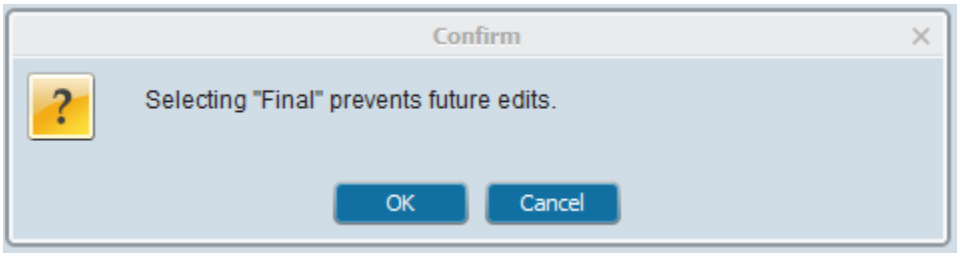
Remember that assessments in Avatar are made up of multiple of forms. The Comprehensive Biopsychosocial Assessment consists of the main Biopsychosocial Assessment form, plus contains hyperlinks to complete the Vitals Entry, Allergies and Hypersensitivities, Diagnosis and ACE form.

Finalizing and Submitting the Comprehensive Biopsychosocial Assessment

At the end of the Narrative Clinical Summary Section, Select Final.
If you have missed one or more required fields, a window will pop up telling you which questions you still need to answer. There will also be red flags on the sections with missing details. An error dialogue box will display indicating the document cannot be finalized until the missing questions have been satisfied.



If all required fields are answered, the Confirm dialog box will be presented. Select OK. If you saved as Draft the Draft watermark will be removed. Select Submit. The Confirm Document dialog box and TIFF (picture of the completed assessment) is displayed.



As with the Progress Note form, you will have the opportunity to proofread. You may:

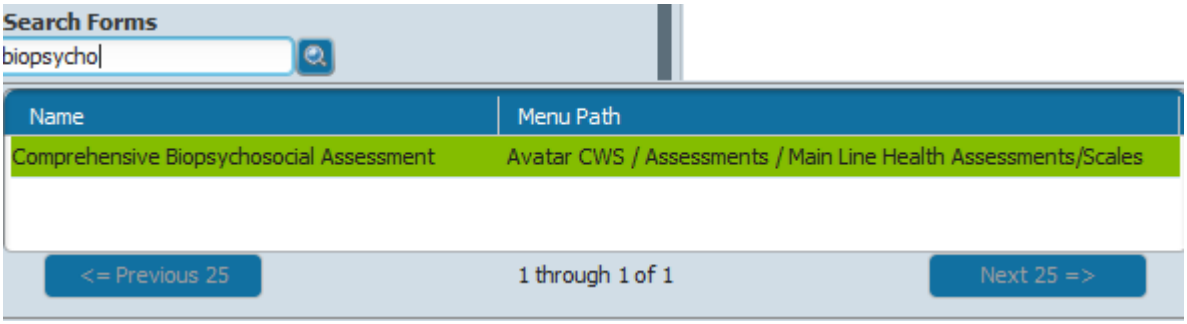
- Accept the psychosocial as final and file it
- Reject the comprehensive biopsychosocial so that you can return it to draft status and edit some more
- Accept and Route the comprehensive biopsychosocial assessment to a supervisor and/or approver(s). If you require a co- signature for your assessment, this notifies your supervisor who can then sign. Your supervisor may also need to complete a diagnosis and a MSE if you are not a licensed/waivered/registered practitioner.

How to Reopen a Draft Psychosocial Assessment Form

You may not be able to finish your comprehensive biopsychosocial in one session. If you need to reopen your draft to continue editing, you can open up your draft from your Home Console or from the chart.

Open a Draft Psychosocial Assessment from your Home Console

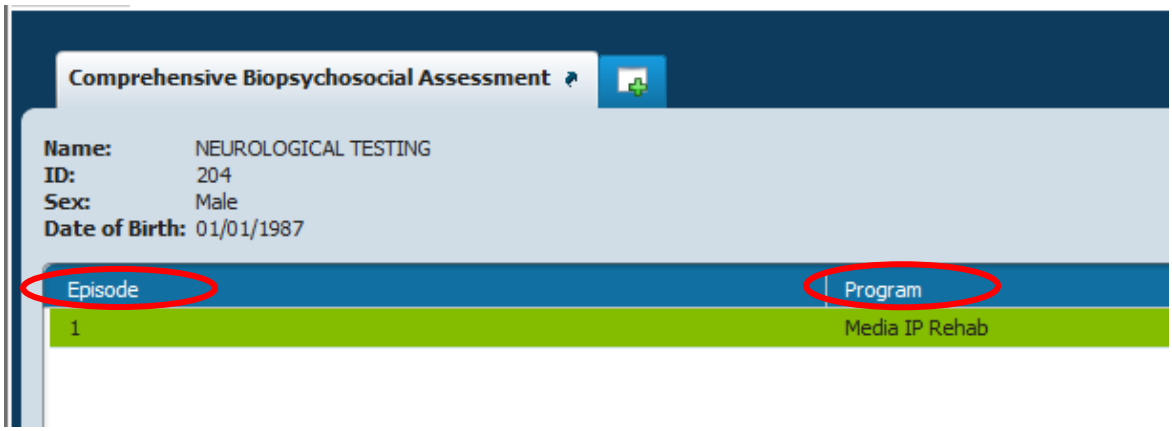
From your Home Console, type in the word "Biopsychosocial" into the Forms Search blank in your Forms & Data widget. Double-click on "Comprehensive biopsychosocial Assessment."



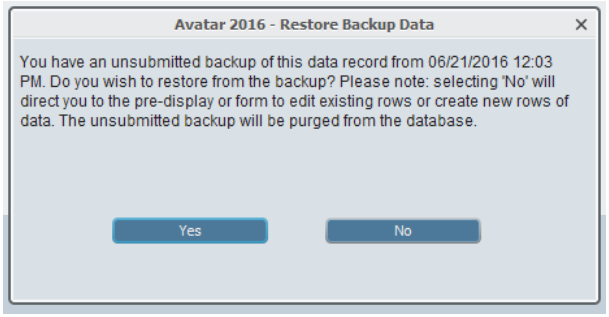
Main Line Health
Well ahead.

Mirmont Behavioral Health

Enter your client name or number in the Select Client pop up and double-click on the client name. You will see a *Pre-display* of all of your client episodes.
Select your Episode/Program from the pre-display. Either double-click or click once to highlight and then click "OK" to open.

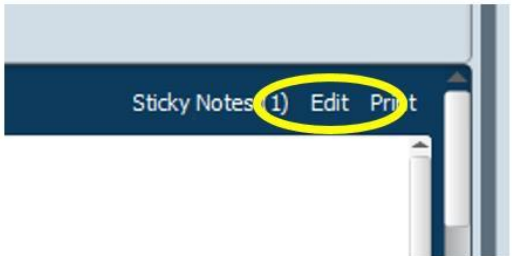


You may get a warning that says that you have an unsubmitted backup of the form. You may get this if you have a previous draft of the form that you did not submit in the normal way. This is a complicated way of asking you whether or not you want to save and use the information that you previously entered into the form. **Click "Yes."**



IF YOU CLICK "NO," YOU WILL LOSE ANY UNSAVED DATA FROM THE LAST TIME YOU WEREIN THE FORM.

Open a Draft Psychosocial Assessment from the Chart



Main Line Health
Well ahead.®

Mirmont Behavioral Health

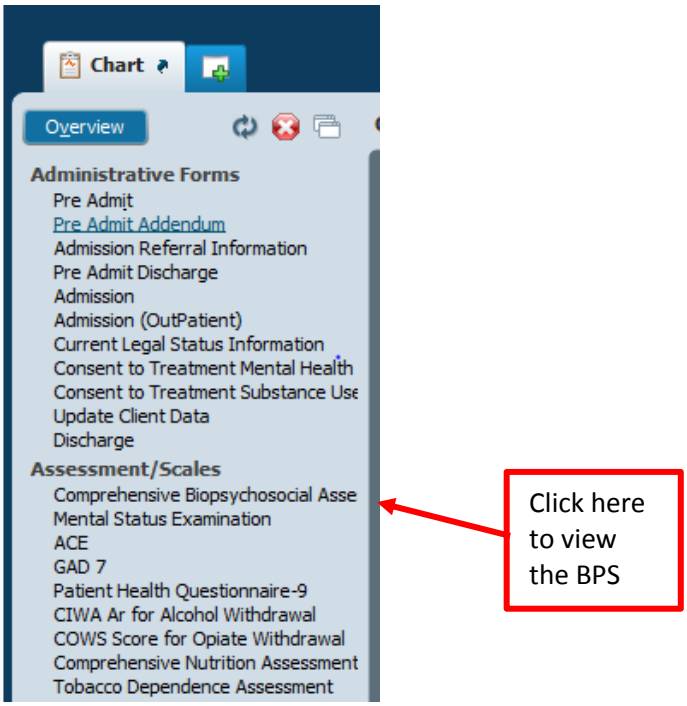
1. Open the chart and click on the link on the left, “Comprehensive Biopsychosocial Assessment.”
2. Click on the tab associated with your Program.
3. Click on the word "Edit" at the upper right. (It is in the border next to the word "Print.")

Main Line Health
Well ahead.

Mirmont Behavioral Health

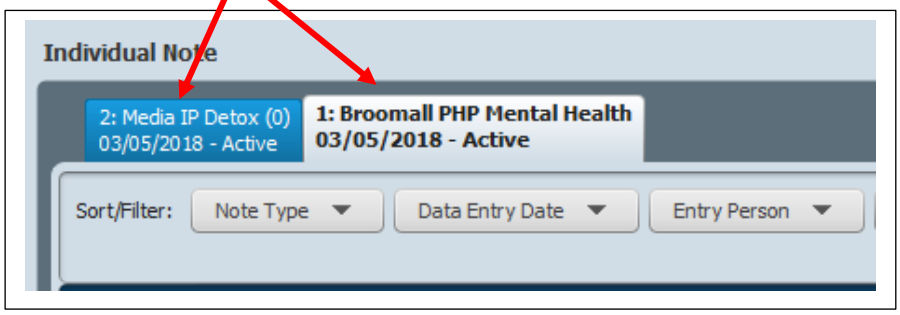
How to View a Completed Psychosocial Assessment in the Chart

1. Open the chart and click on the link on the left, "Comprehensive Biopsychosocial Assessment"
2. Click on the tab associated with your Admission Program.
3. View the comprehensive biopsychosocial assessments for your program. Note that both drafts and final forms are available for viewing.



Select your program to view the BPS

A

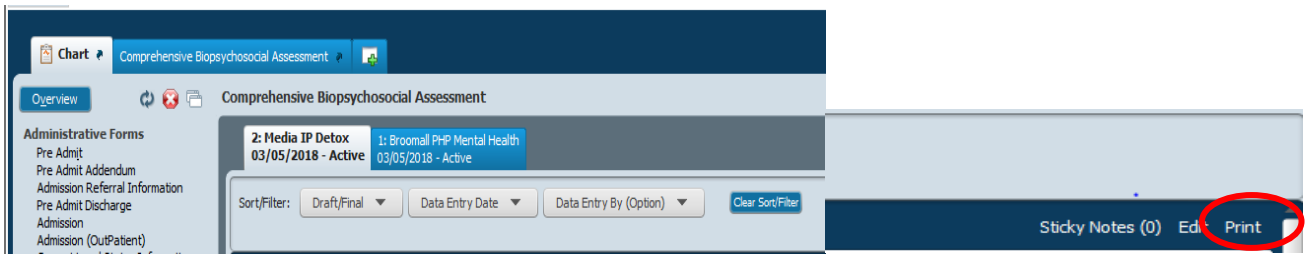


Main Line Health
Well ahead.

Mirmont Behavioral Health

How to Print a Biopsychosocial Assessment Form

Open up a new Biopsychosocial Assessment form for your client. Open the chart and then click once on your client (in the My Clients Widget) to highlight in green, then double-click on the link to the form (found in My Forms).
You can print a paper copy of your Comprehensive Biopsychosocial Assessment from the Inquiry View.



Comprehensive Biopsychosocial Assessment Updates

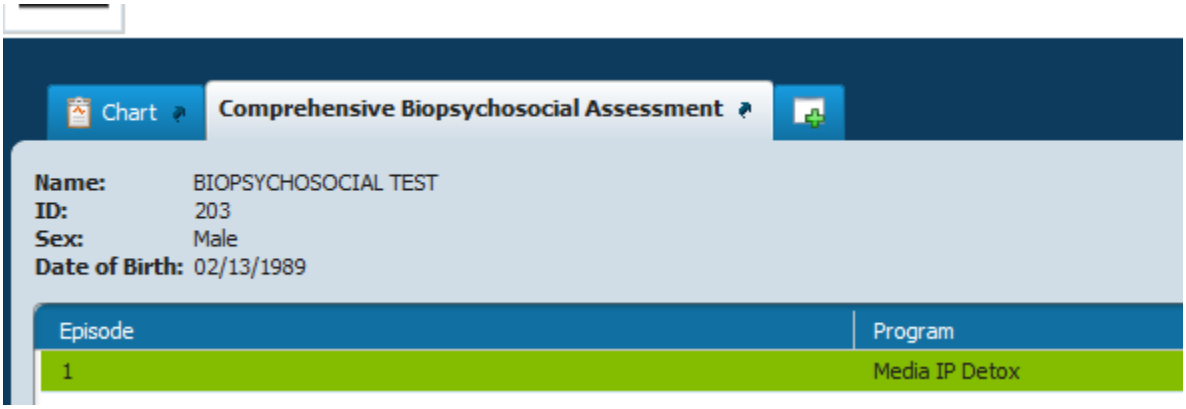
If your client has had a previous Comprehensive Biopsychosocial Assessment under your Program, information from the prior assessment will be auto populated into your current assessment by selecting the **Add** button when you open a new one. You may then edit the document, updating the previous information.

If the client has had more than one Comprehensive Biopsychosocial Assessment under your Program, Avatar will present a list of all of the client's prior Assessments in your Program. You may then select which prior assessment to use to populate your new assessment.

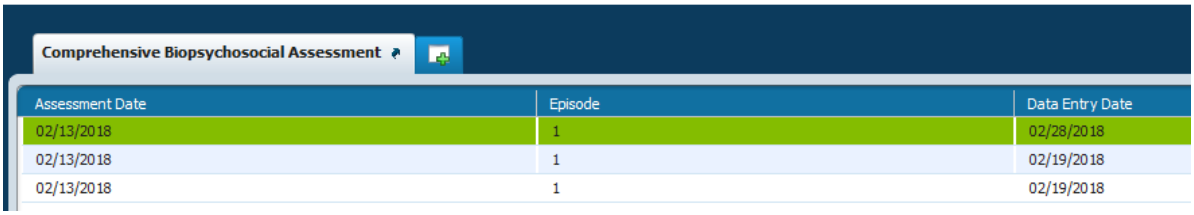
Note that this only works within one Program. For example, if there is a Comprehensive Biopsychosocial Assessment done under Media IP Detox, you will not be able to automatically add information into an assessment under Broomall PHP Mental Health.

Select a previous assessment to pull data forward to your new assessment

1. Select the Comprehensive Biopsychosocial Assessment form in your Forms & Data Widget.
2. You will see a window listing all of the open episodes and programs for the client. Select the episode/program associated with the services you provide.



3. You will then see Pre-Display listing all of the prior assessments for your client. Click **once** on the assessment you want to use to highlight it in green.



4. Then click Add, in the lower left hand corner of the window.

Mental Status Exam (MSE) Form Judd/MA /Adrieene proof

When to complete the form: The MSE is required daily in the Mental Health PHP program. Womens each session. IOP when?

If the client has a psychiatric provider, the MSE form may be completed or a written MSE in the text of a psychiatry note is sufficient. Psych eval has an MSE hyperlink

The MSE may also be used in other instances. For example, ongoing assessment of a therapy client, so that changes in status and presentation can be compared from session to session.

This form consists primarily of check boxes and question logic.

Main Line Health
Well ahead.

Mirmont Behavioral Health

Admission Diagnosis

When to complete the Diagnosis form

Every episode requires a diagnosis. Without a diagnosis, no services can be billed. The date and time of the Admission Diagnosis must be on or before the date and time of first billed services. Check the chart to see if there is an existing diagnosis before proceeding with service delivery.

For example, a client is admitted on September 2nd at 10:00 AM and seen for services on that day. If the diagnosis is date is entered as September 6th, all services between September 2nd and the 6th will not bill. So the diagnosis date should be September 2nd. The time should be before 10:00 AM. Unless your program has a special need to note the exact time of diagnosis, the easiest way to make sure you are covered with regard to the time, is to enter the diagnosis time as 12:00 am. (TIP: Type "0000" and press enter.)

The Diagnosis form in Avatar must be completed in conjunction with the Access Assessment. In addition, each admission must have its own diagnosis. If your client already has an Avatar diagnosis for your episode, it is not necessary to complete a new diagnosis when the annual assessment is due. If the diagnosis has not changed, it is sufficient to let the admission diagnosis stand. (Note this in the Mental Health History question in the Psychosocial.)

The diagnosis may be updated at the time of the annual assessment or at any time. See the next section for more information.

Each episode must have its own diagnosis. You may open a diagnosis from the client's chart, or from the Home Console. Below are directions on how to open a new diagnosis form from the chart. When completing an update, you will first want to look in the chart for prior diagnoses.

Main Line Health
Well ahead.

Mirmont Behavioral Health

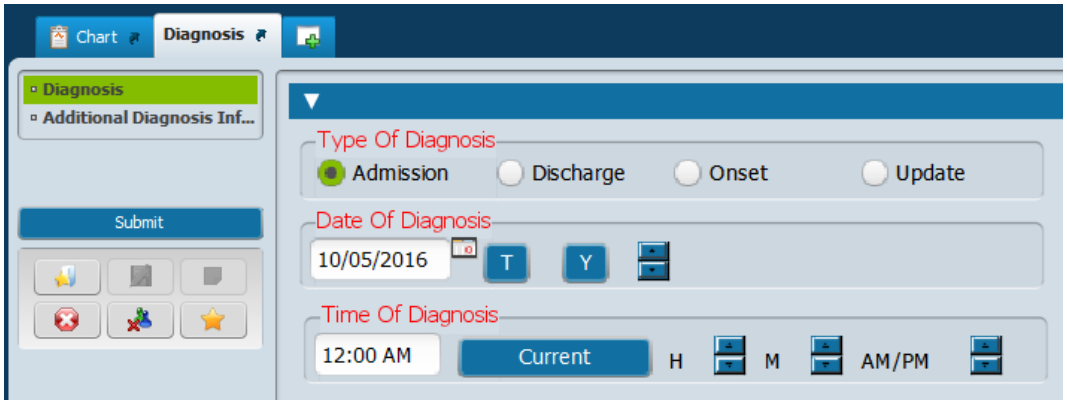
To View a Client's Current Diagnosis

- Open the client's chart.
- Select the Diagnosis form in the list of forms on the left to open the Inquiry View. (If you do not see the Diagnosis form, you may need to add it to the chart. See the section titled, "Add a Form that is Not Listed to Your Chart View.")
- You will see series of tabs across the top of the inquiry view that shows all of the client episodes. Click the tab that corresponds to the Admission Program or episode under which you provide services. You can now view the current diagnoses to see if you want to update or not.

Below are instructions on how to add a diagnosis for a client that does not have a previous diagnosis. (See the next section for how to do a diagnosis update.)

Steps to Complete the Diagnosis Form

- Open the chart for your client and then **click the Diagnosis link** on the left.
- Click your **Episode/Program** if the patient has more than one.
- **Verify that the client does not have a diagnosis** for your current open episode for your Program. If there is already a diagnosis, review the diagnosis. You may choose to add to it at this point. See the next section for instructions.
- **Click, "Add"** in the upper right hand corner of the chart view. A blank Diagnosis Form will open.
- Diagnosis Type = Admission
- **Enter Date of Diagnosis**. Since this is an admission diagnosis, the **date of diagnosis will be the opening date for the episode**. The date of diagnosis is automatically populated as the admission date for an admission diagnosis.
- **Enter 12:00 AM for the time of diagnosis**. (For most programs, it is fine to enter the diagnosis time as 12:00 AM. Check with your supervisor if you think you might need to enter the time exactly.) (Tip: If you type "0000" the time will automatically enter as 12:00 AM.)

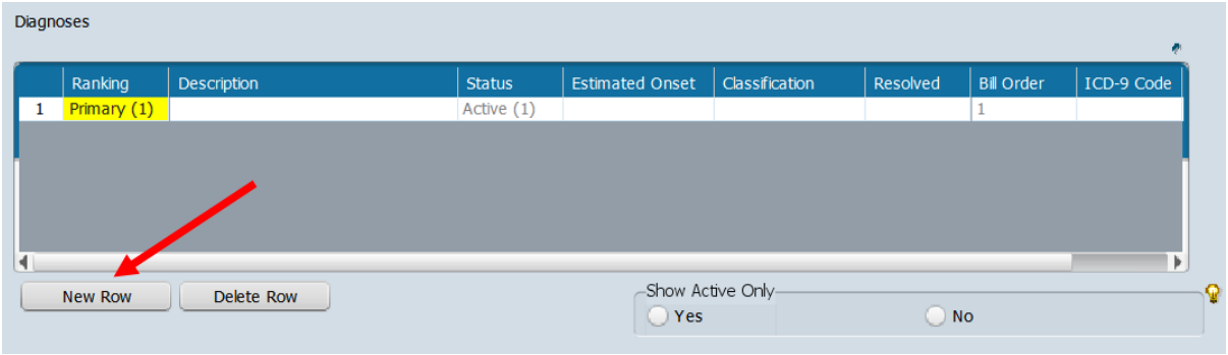


Main Line Health
Well ahead.

Mirmont Behavioral Health

If you are creating the first diagnosis for your episode, YOU MUST CLICK ADMISSION FOR THE DIAGNOSIS TYPE. If you click Update, Discharge or Onset, you won't be able to bill for services.

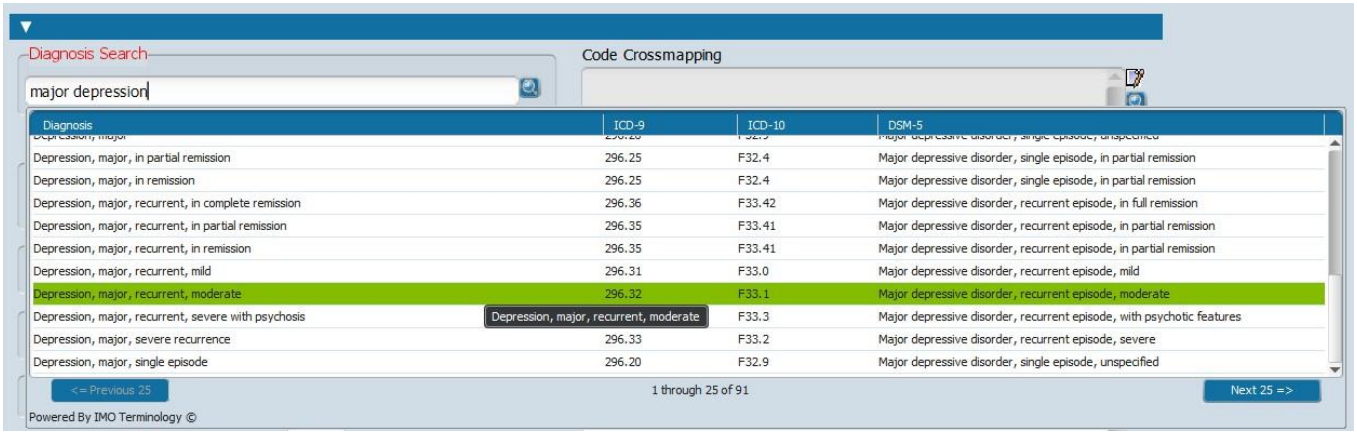
- Begin entering your diagnosis by adding a new row to the Diagnosis table. Click the "New Row" button underneath the table. In this form, you do not add information directly to the table. There are fields below the table where you enter your diagnosis information.



- Type in a diagnosis in the **Diagnosis Search** field, then click "Enter" on your keyboard.

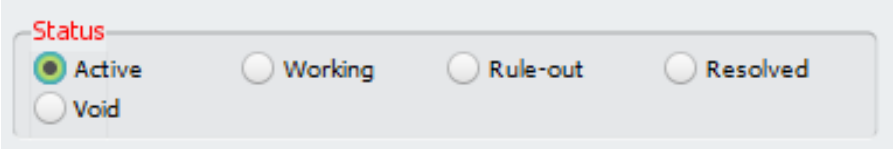
IMPORTANT: Take your time typing your diagnosis and then pause for a second after you press "Enter" on your keyboard. Avatar is searching a web-based data base of more than 15,000 diagnoses and this takes a bit of time.

- **Double-click** on the most appropriate diagnosis entry. To narrow down your diagnosis and get a smaller list from which to choose, type in as accurate a diagnosis as you can. For example, type "major depression" rather than just "depression" to narrow down your selections.



Mirmont Behavioral Health

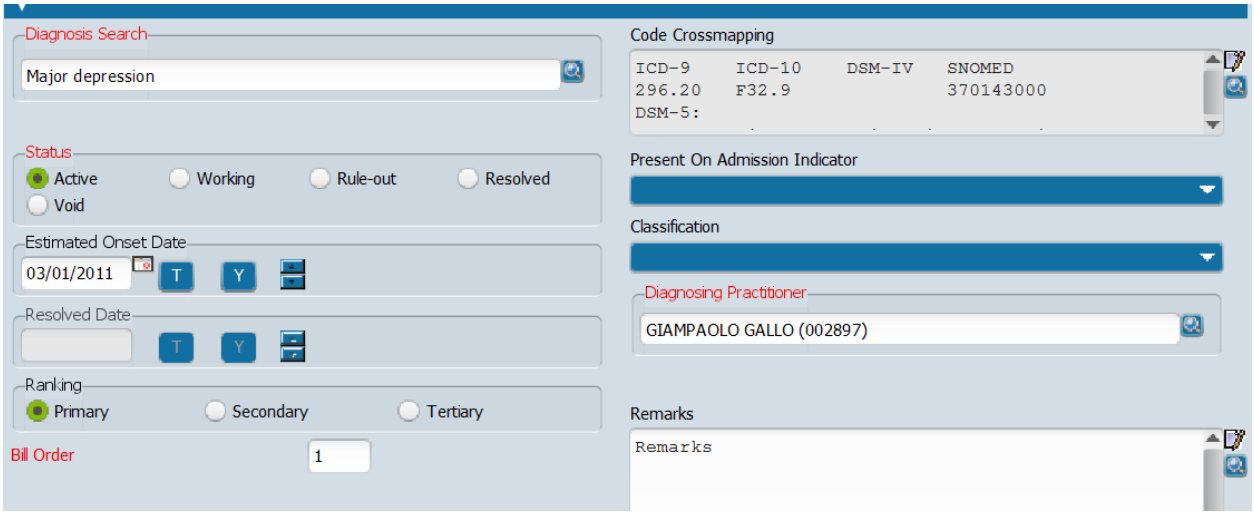
- **Enter the Status Field.** The Status field defaults to "**Active.**" Note that the primary diagnosis must be Active. In addition, any diagnosis for which you are providing services must be Active. If a diagnosis no longer applies to the client, you can update the diagnosis to resolve it.



- Enter **Estimated Onset Date.** Although this question is not required here, it is required for the treatment plan, so you will want to enter this information.

Typically, it is very difficult to identify an exact date of onset for a psychiatric diagnosis, so use the following convention: Enter Jan. 1 for the month and date. Enter the closest approximate year. e.g. 01/01/1990. ONSET DATE **IS NOT** THE OPENING DATE FOR THE EPISODE

- Enter Present on Admission Indicator, if applicable.
- A DO NOT ENTER Classification. THIS NO LONGER APPLIES.
- Enter the required **Diagnosing Practitioner (this is you)**, the Ranking, and any appropriate Remarks.



Mirmont Behavioral Health

The **Bill Order** will default to 1.

The bill order determines which diagnoses are attached to services first. For Mental Health services, make sure that the first diagnosis is an included mental health diagnosis. For example, schizophrenia, bipolar illness, depression.

For SUD services, make sure that the first diagnosis is an included substance use disorder diagnosis. For example, alcohol dependence.

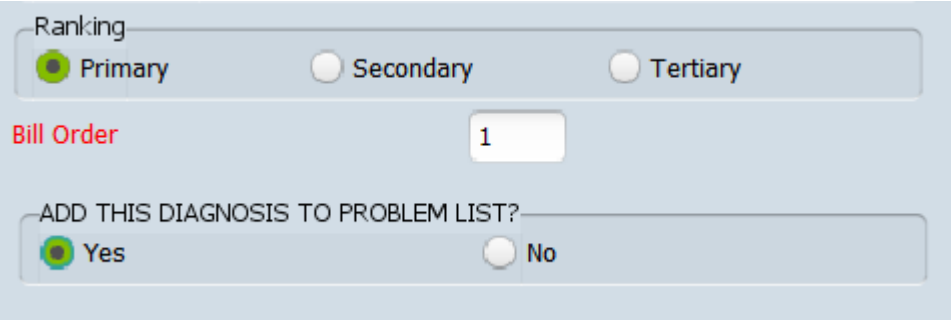
For subsequent diagnoses, the bill order should default to 2 or 3. If not, you should type in the Bill Order in the Bill Order blank.

Note that Avatar wants the bill order and the ranking to match. If they don't, you will not be able to complete the form.

After you add your first diagnosis, the Diagnosis table will now look like this.

	Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1	Primary (1)	Major depression single e...	Active (1)	11/18/2015			1	296.20	F32.9

- **ADD THIS DIAGNOSIS TO PROBLEM LIST?** Enter **Yes**. By clicking **Yes** you add this diagnosis to the problem list (also called the Problems Table)



Diagnosis Update

When to Complete a Diagnosis Update

- Complete a Diagnosis Update when there is already a diagnosis for your current episode and the diagnosis has changed.
- Diagnosis must be updated annually, typically, when the annual Comprehensive Biopsychosocial Assessment is due. Even if the diagnosis has not changed, you must complete the diagnosis form. See the section, "Complete a Diagnosis Update When the Diagnosis Has Not Changed," for more information.

For training purposes, pick a client that has a previous diagnosis. The previous section describes how to complete an initial diagnosis.

You may open a diagnosis from the client's chart, or from the Home Console. Below are directions on how to open a new diagnosis form from the chart. When completing an update, you will first want to look in the chart for prior diagnoses.

TO VIEW CLIENT'S CURRENT DIAGNOSIS:

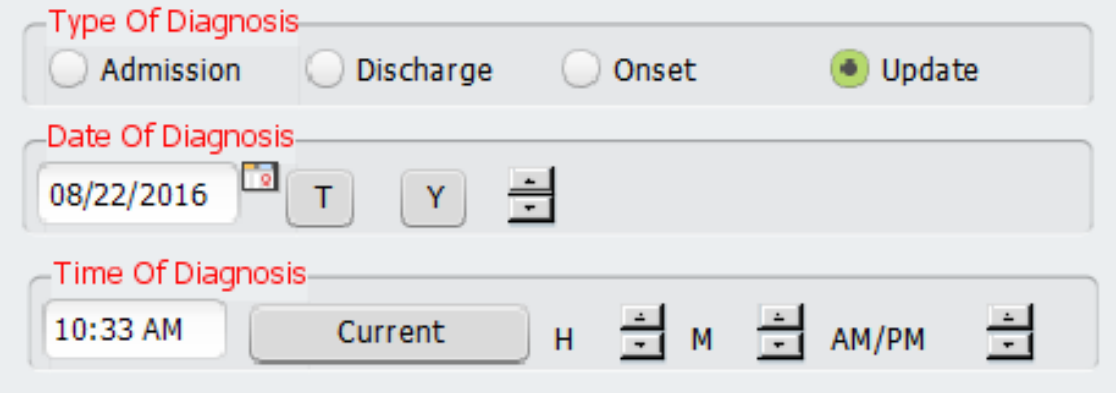
Before completing a Diagnosis, you always want to check the chart to see what Diagnoses are there.

- Open the client's chart.
- Select the Diagnosis form in the list of forms on the left to open the Inquiry View. (If you do not see the Diagnosis form, you may need to add it to the chart. See the section titled, "Add a Form that is Not Listed to Your Inquiry View.")
- You will see series of tabs across the top of the inquiry view that shows all of the client programs/episode. Click the tab that corresponds to the Program/episode under which you provide services. You can now view the current diagnoses to see if you want to update or not.

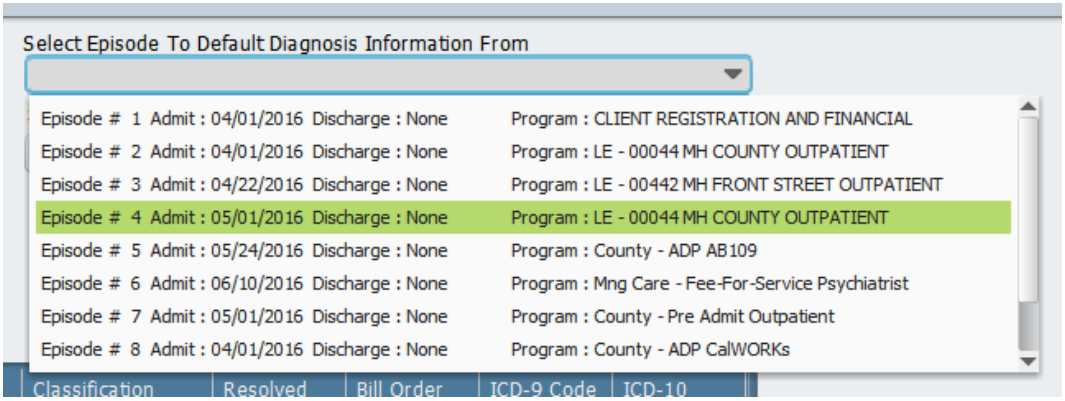
Mirmont Behavioral Health

Steps to Update the Diagnosis

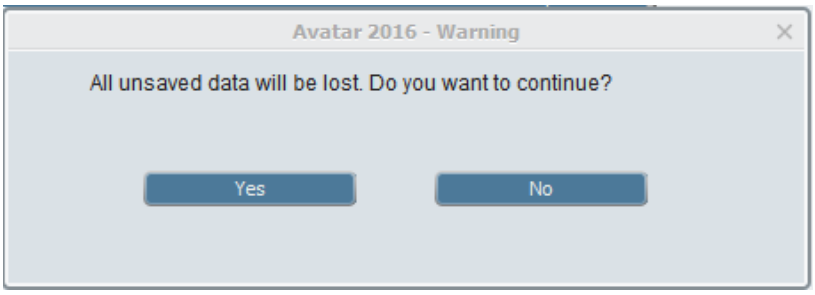
- In the chart, in the far upper right hand corner, click on Add to create a new diagnosis. A blank Diagnosis Form will open.
- **Type of Diagnosis** = Update
- Enter the **Date of Diagnosis** and the **Time Of Diagnosis**



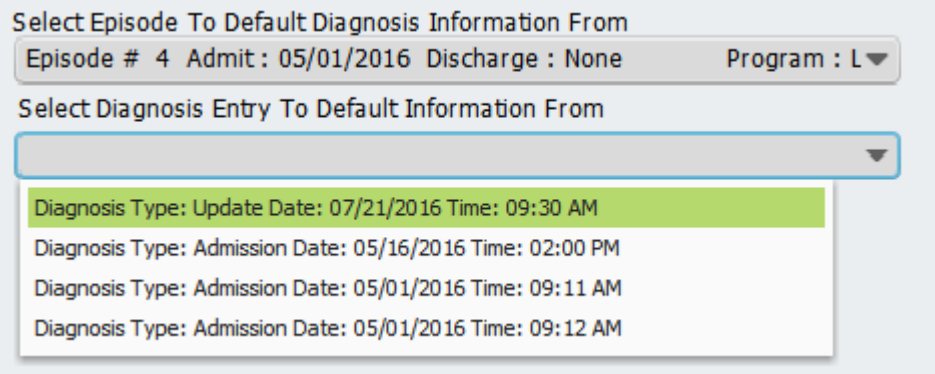
- **Select Episode To Default Diagnosis Information From:** You may select Your Program or any other program that has a diagnosis if there is not a prior diagnosis under your own program, you want to use. If you don't have a diagnosis to choose from, you MAY use a diagnosis from a different program. A provider such as, a psychiatrist, therapist or nurse practitioner may add their own diagnosis, based on their clinical findings from interviewing and assessing the client.



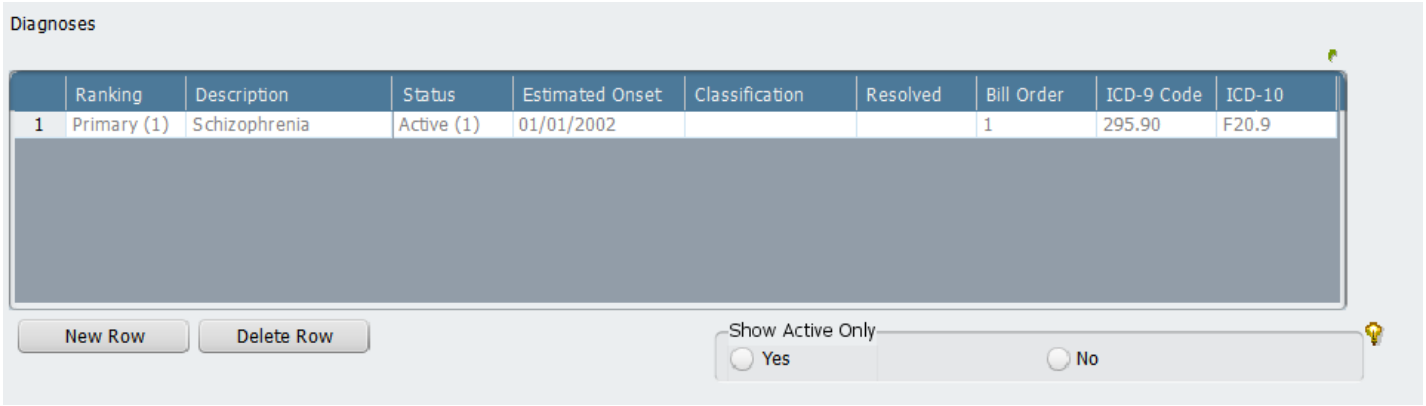
- Once you select your default diagnosis, you will get a popup warning you, “All unsaved data will be lost. Do you want to continue?” Click, “Yes.”



- **Select Diagnosis Entry To Default Information From:** Typically, you will select the most recent diagnosis. The diagnoses in the list are labelled with the date and time they were entered.



- The previous diagnosis you have selected will be populated into the Diagnosis table. You may now add additional diagnoses or resolve one or more of the previous diagnoses.



- **To add a new diagnosis**: Once you have added the prior diagnosis to your form, click, "New Row," and follow the instructions from the section, "Steps to Complete the Diagnosis Form."

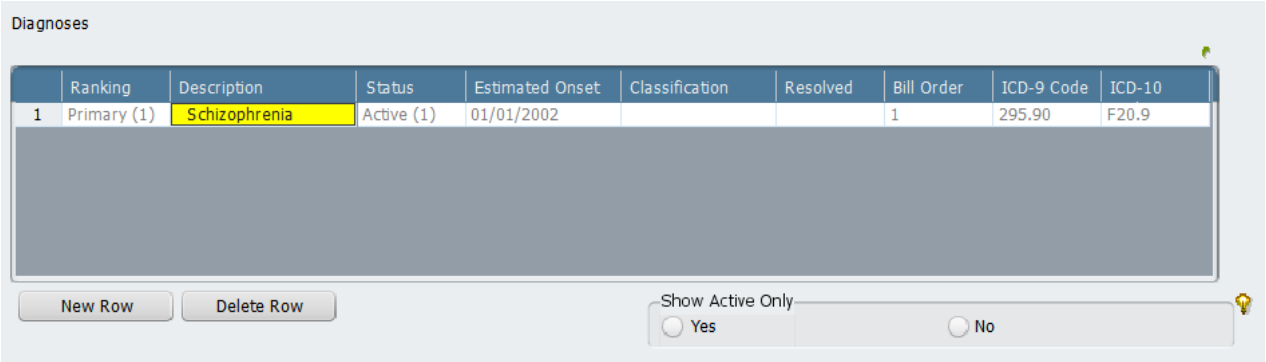
To Resolve a Diagnosis

Resolve the diagnosis when the diagnosis no longer applies. For example, a client was initially diagnosed with adjustment disorder. After treating the client, this no longer applies and the clinician wants to change the diagnosis to an anxiety disorder. (It's not that the first diagnosis was a mistake. It's just that it no longer applies for the client.)

You cannot edit a completed (submitted) diagnosis form. If you wish to resolve a prior diagnosis, you must first open up a blank diagnosis form and then add in the prior diagnoses that you wish to resolve. See "Steps to Update the Diagnosis," above for instructions on how to add a prior diagnosis to the current form you have open.

Once you have added the diagnoses you wish to resolve, follow the steps below.

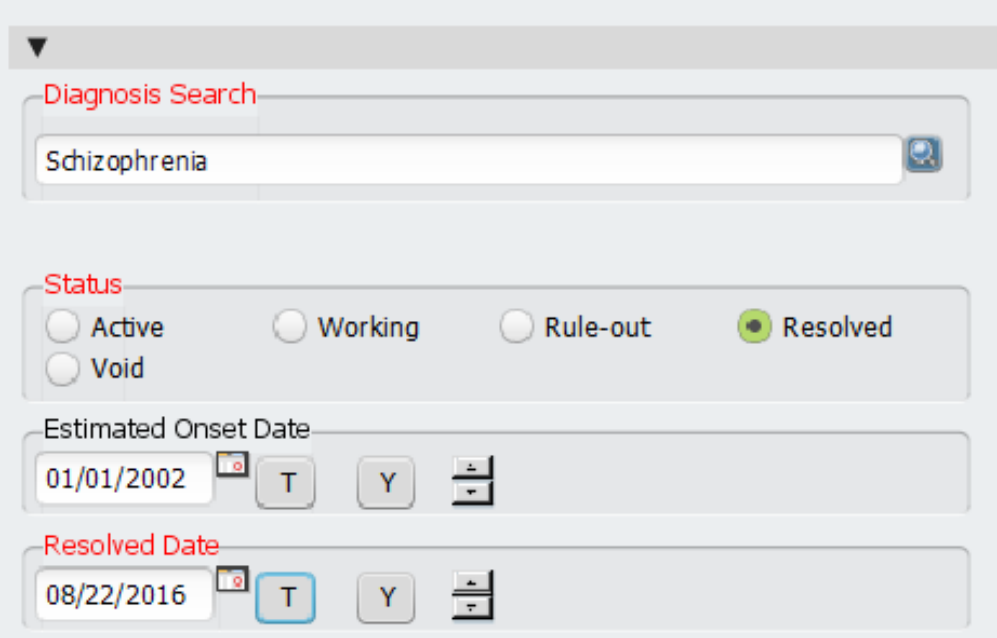
- First, click on the diagnosis you wish to resolve so that it is highlighted in yellow. When you do this, the fields below the diagnosis table will be auto-populated with information from the selected diagnosis.



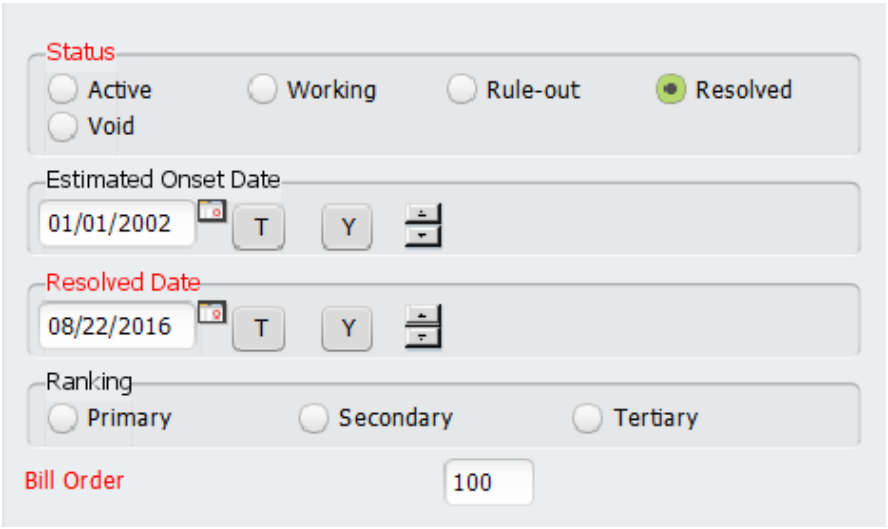
Mirmont Behavioral Health

- In the **Status** field, click "Resolved.

- Enter today's date in the **"Resolved Date"**



- **You will need to remove the "Ranking" and "Bill Order"** so that the resolved diagnosis no longer bills. You want billing associated with your new diagnosis.
  - **To Remove the Ranking**, click on any of the radio buttons in this question, then click F5, which will clear the field. (TIP: This works on any field in Avatar that has boxes, buttons or drop down list items.) If you have done this right, none of the radio buttons in this field will be clicked.
  - **Change the Bill Order number.** This question is required and thus must have data in it. Enter a high number such as "100."



- If you wish to add a new diagnosis, once you have resolved the diagnosis/diagnoses you don't want, add the new diagnosis/diagnoses as shown previously and then click "Submit."

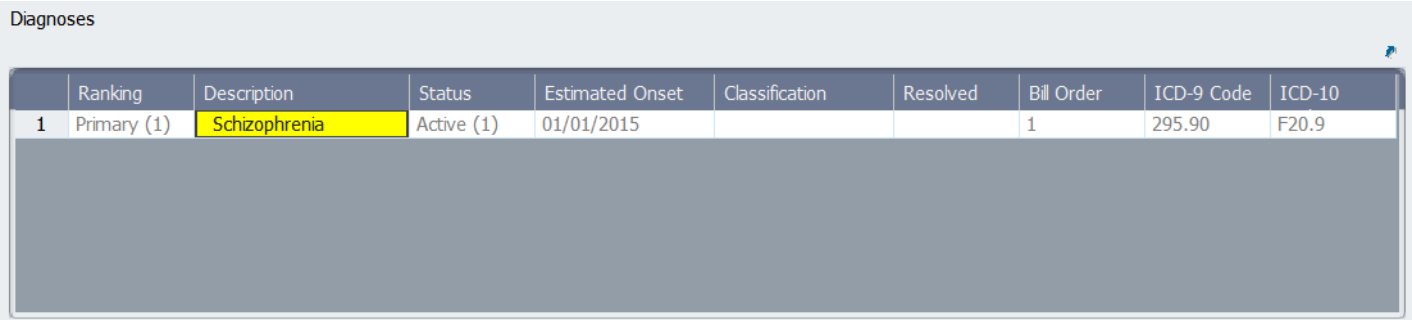
To Void a Diagnosis

Void the diagnosis when the diagnosis was added in error (it was a mistake). For example, a diagnosis of schizophrenia was added to the chart, but it should have been schizoaffective disorder.

You cannot edit a completed (submitted) diagnosis form. If you wish to void a prior diagnosis, you must first open up a blank diagnosis form and add in the prior diagnoses you wish to void. See "Steps to Update the Diagnosis," above for instructions on how to add a prior diagnosis to the current form you have open.

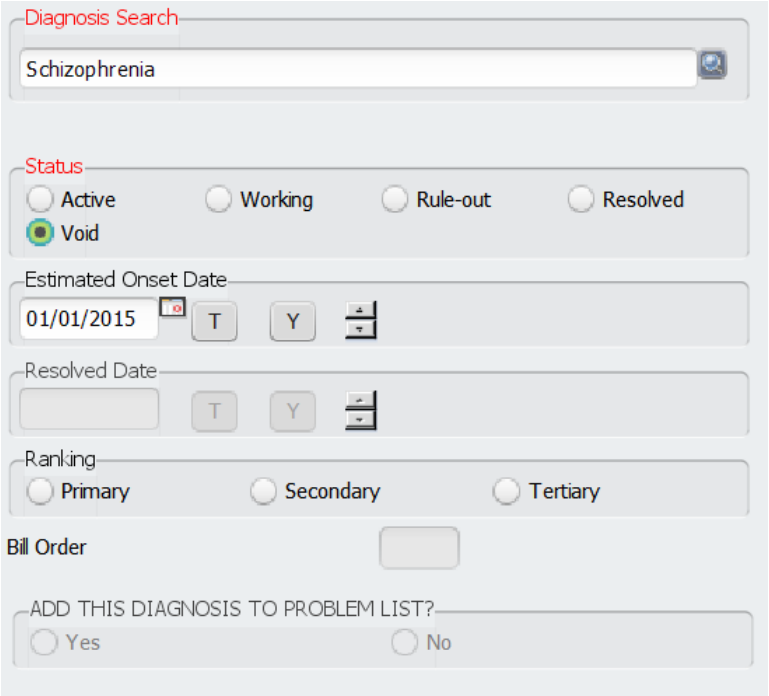
Once you have added the "bad" diagnosis to the form, follow the steps below.

1. First, click on the diagnosis you wish to void so that it is highlighted in yellow. When you do this, the fields below the diagnosis table will be auto-populated with information from the selected diagnosis.



Mirmont Behavioral Health

In the **Status** field, click “Void.”

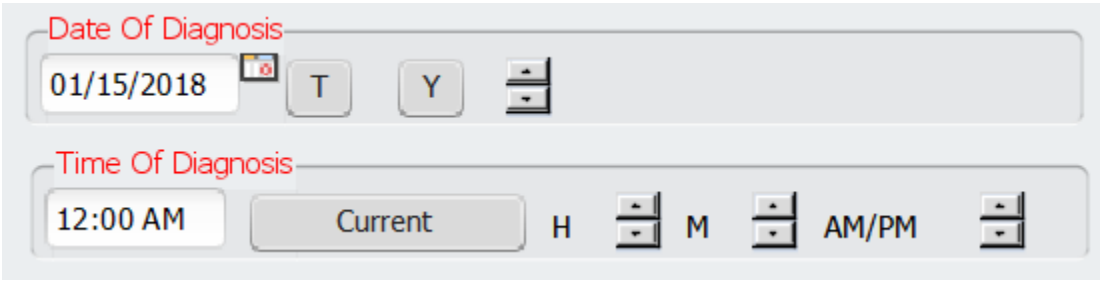


The **Resolved Date,** Ranking and Bill Order fields will be cleared and disabled. You do not need to enter anything here.

If you wish to add a new diagnosis, once you have resolved the diagnosis/diagnoses you don’t want, add the new diagnosis/diagnoses as shown previously.

The status of the new diagnosis will be either "Admission" or "Update." Use which ever selection makes the most sense for what you are doing. If you are replacing the Admission diagnosis, your new diagnosis should also be an "Admission."

IMPORTANT: If you are voiding the only included (billable) diagnosis, make sure that you date your new diagnosis appropriately so that services are covered. For example, if the episode was opened on 1/15/18, you will most likely want to date your diagnosis 1/15/18. You should at least date your diagnosis on or before the first day of billable services.



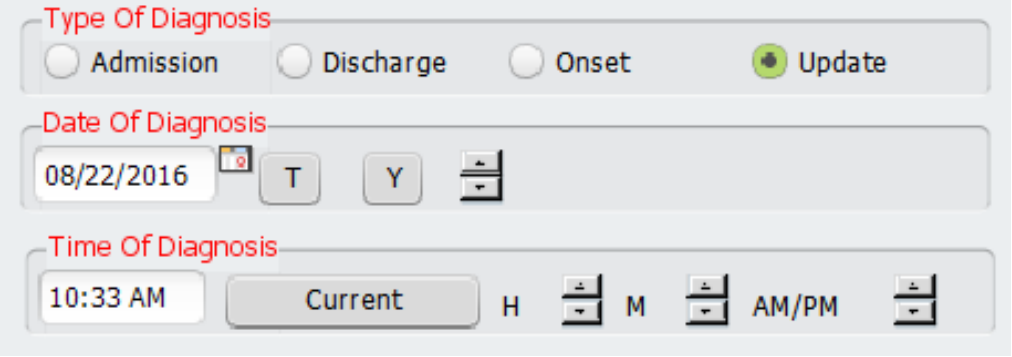
Client “Submit” to save and close

Complete a Diagnosis Update When the Diagnosis Has Not Changed

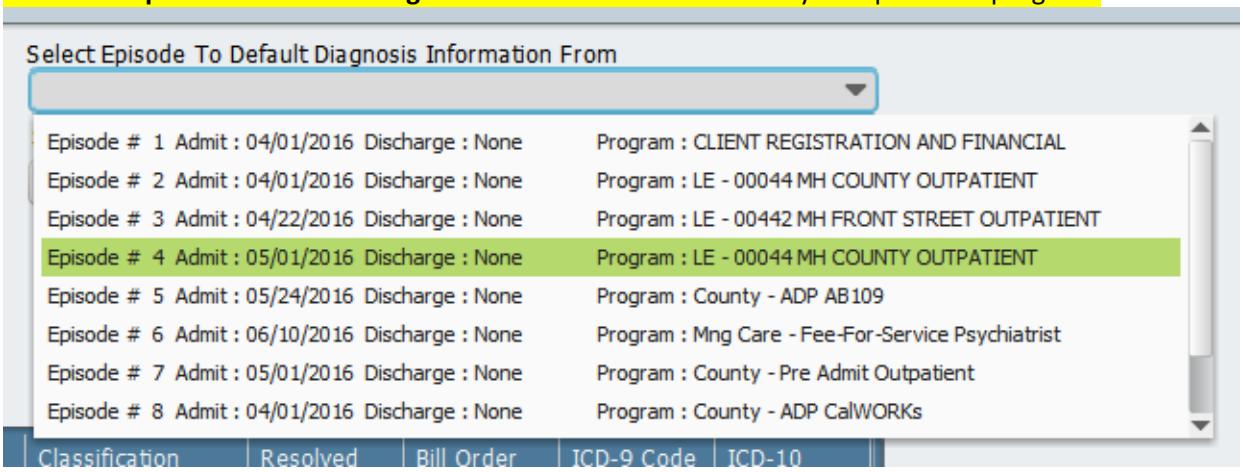
When to do this: The Diagnosis form must be completed annually, even if the diagnosis has not changed. This should be done at the same time the annual update for the psychosocial assessment is done.

Before completing the Diagnosis form, view the most recent diagnosis in the chart. If there is no change needed, follow the procedure below.

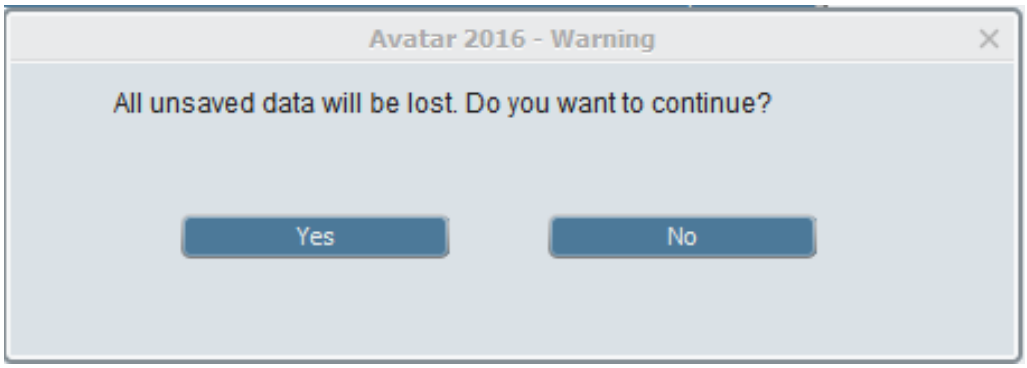
- In the chart, in the far upper right hand corner, click on Add to create a new diagnosis. A blank Diagnosis Form will open.
- *Type of Diagnosis* = Update



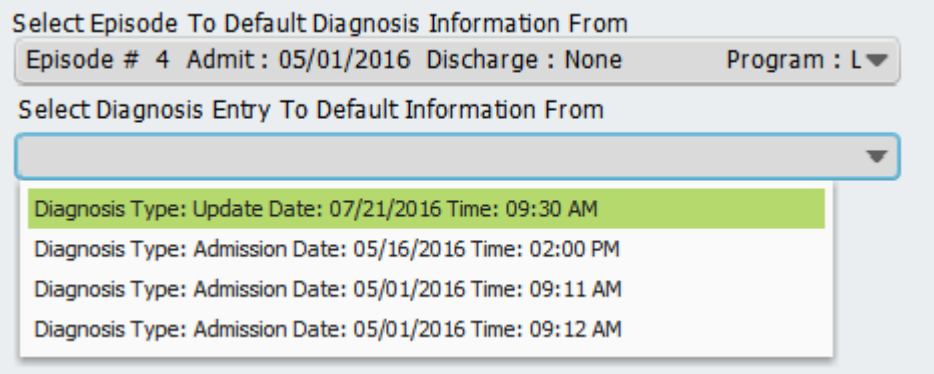
- Enter the **Date of Diagnosis** and the **Time Of Diagnosis**
- **Select Episode To Default Diagnosis Information From:** Select your episode or program.



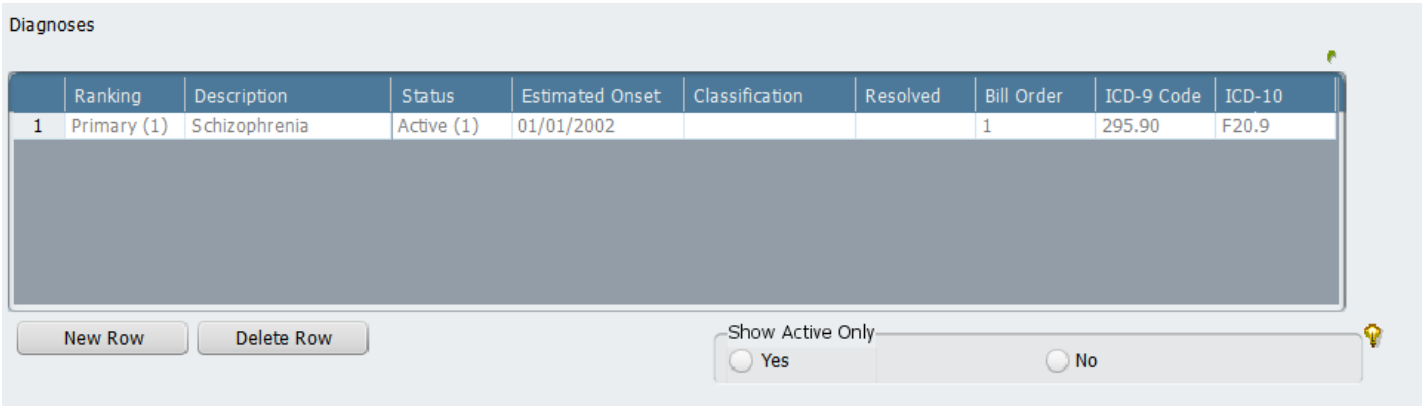
- Once you select your default diagnosis, you will get a popup warning you, "All unsaved data will be lost. Do you want to continue?" *Click, "Yes."*



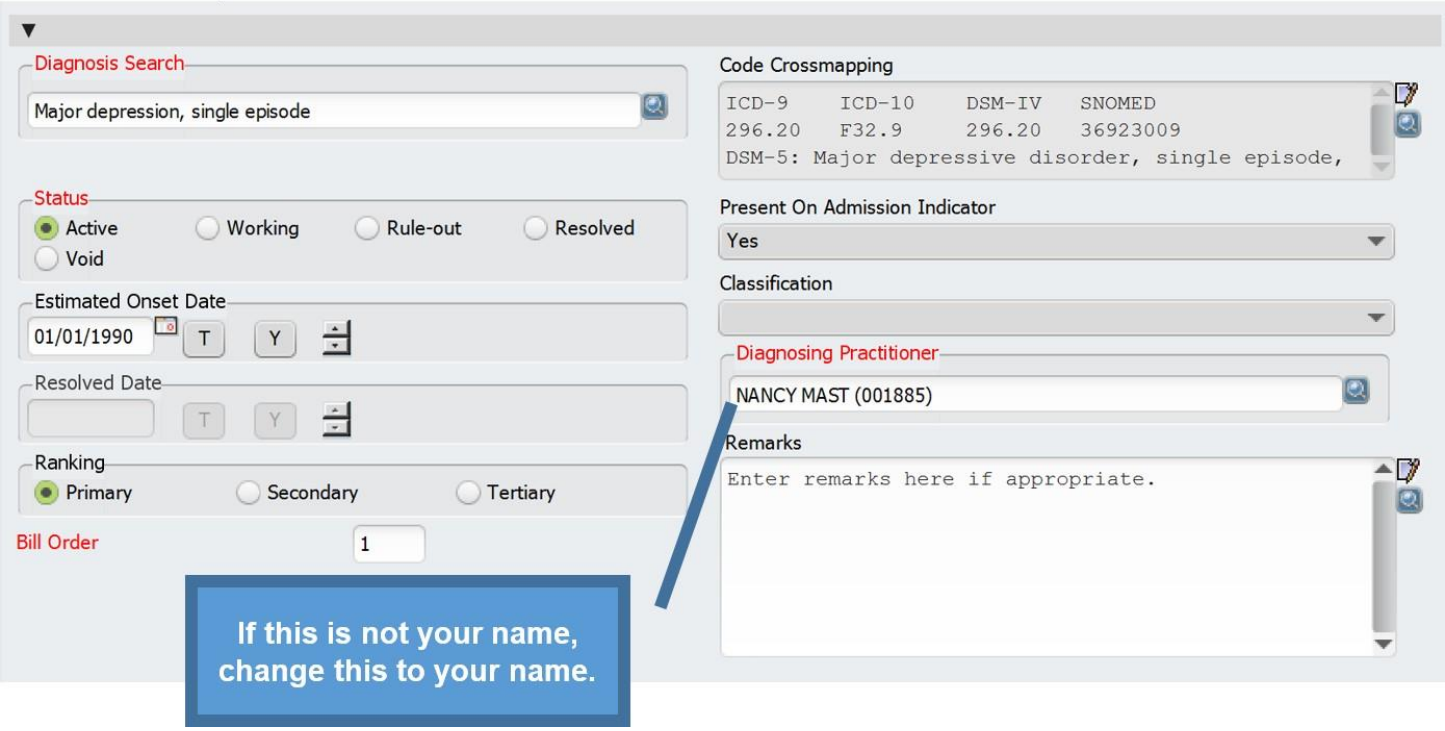
- **Select Diagnosis Entry To Default Information From:** Select the most recent diagnosis. The diagnoses in the list are labelled with the date and time they were entered.



The previous diagnosis you have selected will be populated into the Diagnosis table.



- The name of the person who completed the diagnosis you are copying will be in the "Diagnosing Practitioner" field. Change this to your name if needed.



- You are now done. Click Submit to save and close.

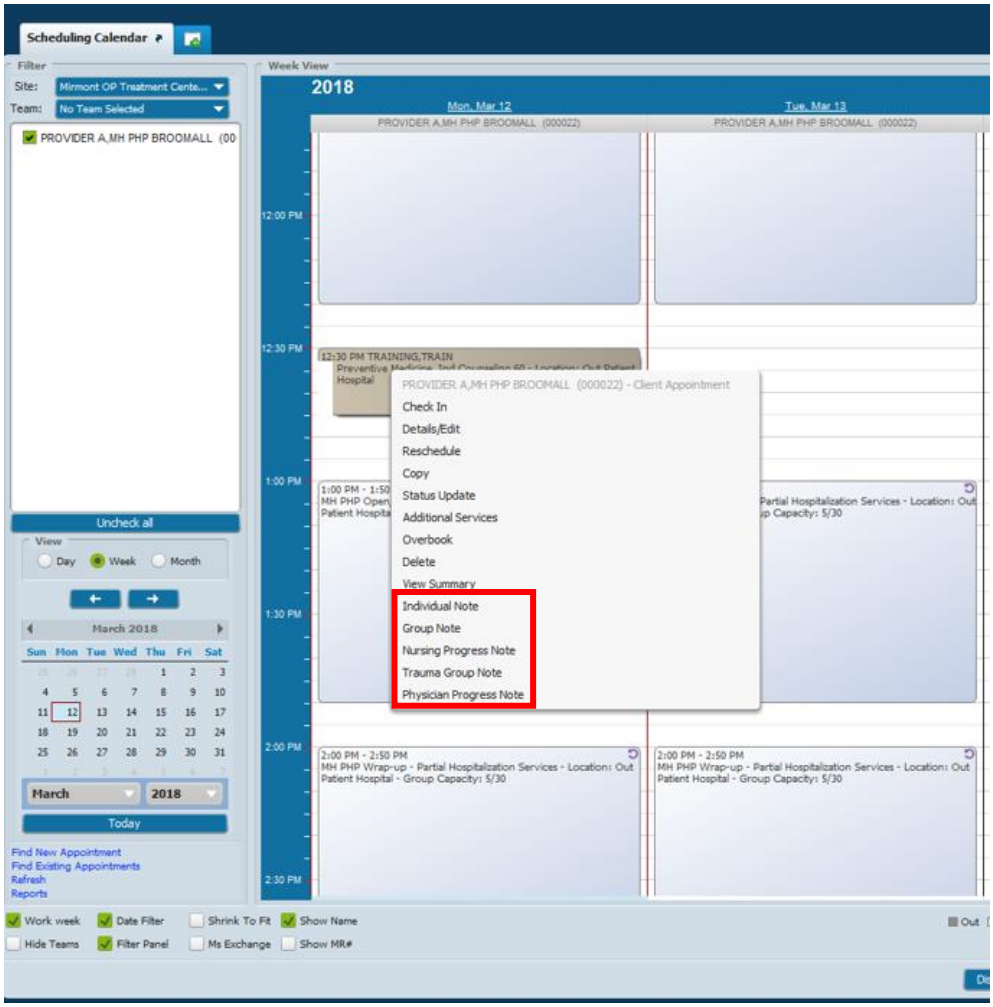
Scheduling Calendar

Progress Notes

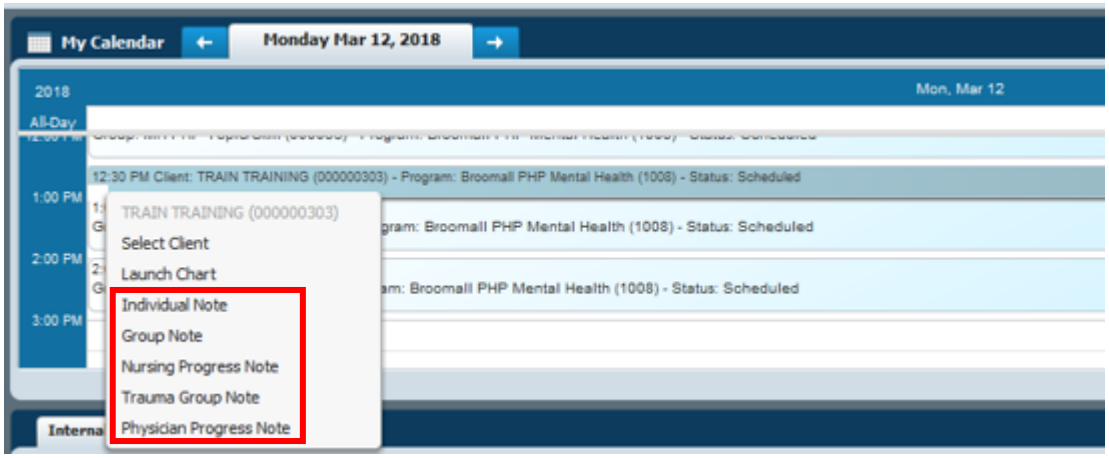
Opening a Progress Note

There are several ways to open a progress note.

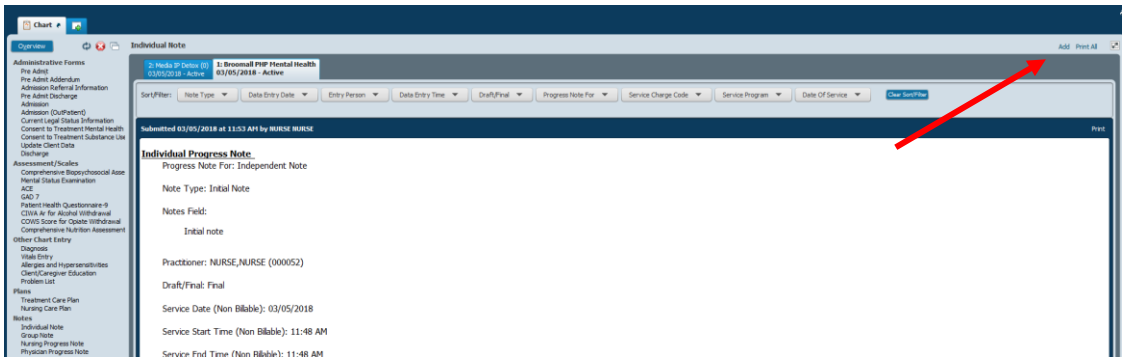
1. **From an existing appointment in the Scheduling Calendar:** This is done by right clicking on the appointment and then clicking Individual Note.



2. **From the My Calendar Widget**



3. **From the Chart Overview,** in the far upper right corner, click "add" to open a new progress note. (The "Add" link is very tiny)



All of the above methods will open up a note for a preselected client. When you open up a note using one of the above methods, the client's name and practitioner will be automatically populated. When you open the note from "My Calendar" or "Scheduling Calendar" the appointment information as well as the client's name and practitioner will be automatically added to the progress note.

A blank progress note can also be opened by simply double-clicking the progress note form in the Forms & Data Widget.

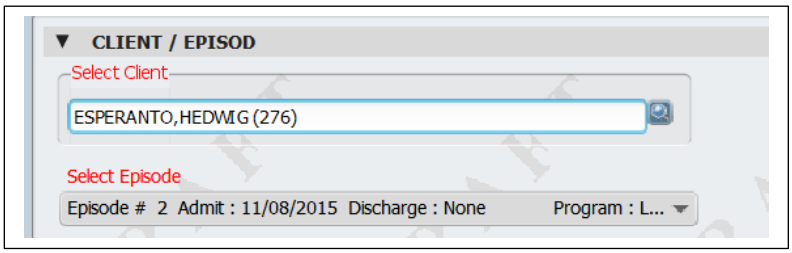
Mirmont Behavioral Health

Writing an Individual Progress Note

1. **Select Client:** If needed, add the client's name. Once you have opened the Individual Progress Note form, add the client's name in the Select Client field. (If you open the progress note from a Scheduling Calendar appointment, or from the Inquiry View in the chart, the client's name will already be in the note.)
2. **Select Episode and program**

   If needed, select the Episode. If you have opened from the chart or from an appointment, this information will already be in the note.

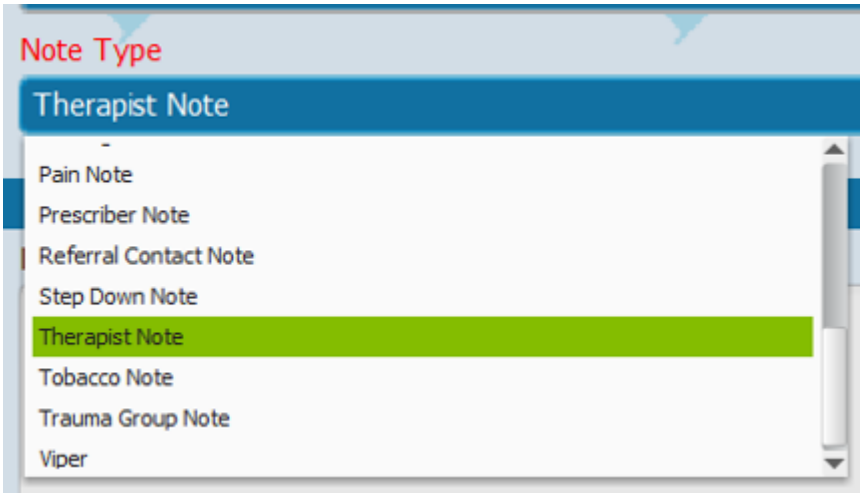
3. **In the Drop-down list, select the Program,**
   (If you open the progress note from the Inquiry View in the chart, the episode will already be in the note.)



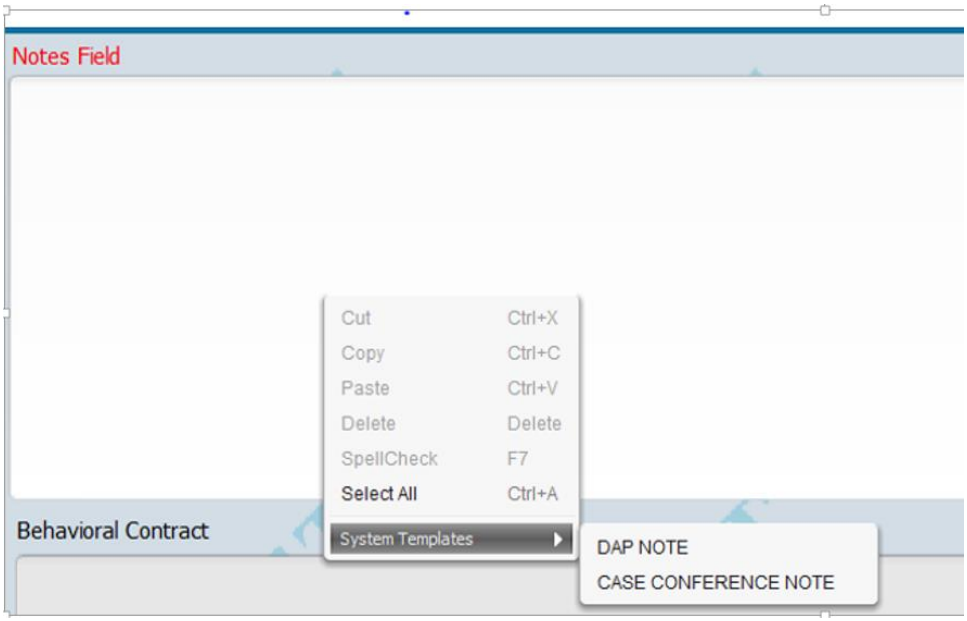
IMPORTANT: Make sure you select the correct episode for your note. Your note will be misfiled under the wrong program if you make an error with the Program.

4. **Progress Note For:**
   Indicate whether this is an Existing Appointment or a Independent Note. If you click Existing Appointment, a list of available appointments from the Scheduling Calendar, for this client, will pop up in the menu below, "Note Addresses Which Existing Service/Appointment."

5. **Note Type:** Select the type of note.



6. **Note Field:** You may type a note, use Dragon dictation, or system templates to complete your note. If you select the "Note Type", "Behavioral Contract" this will enable additional fields to document.

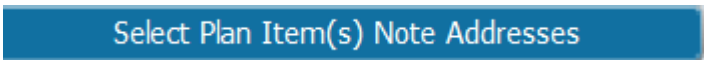


7. **Treatment Plan:** If there is a treatment plan for the client, you will select which plan elements the service you provided addresses.

8. Click the blue bar below the question **Select Plan Version,** a menu will pop up with the various treatment plan types. Select the treatment plan type that is used by your program.

Mirmont Behavioral Health

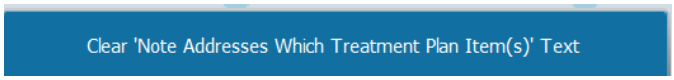
9. **Select Plan Item(s) Note Addresses** which will open a view of the treatment plan.



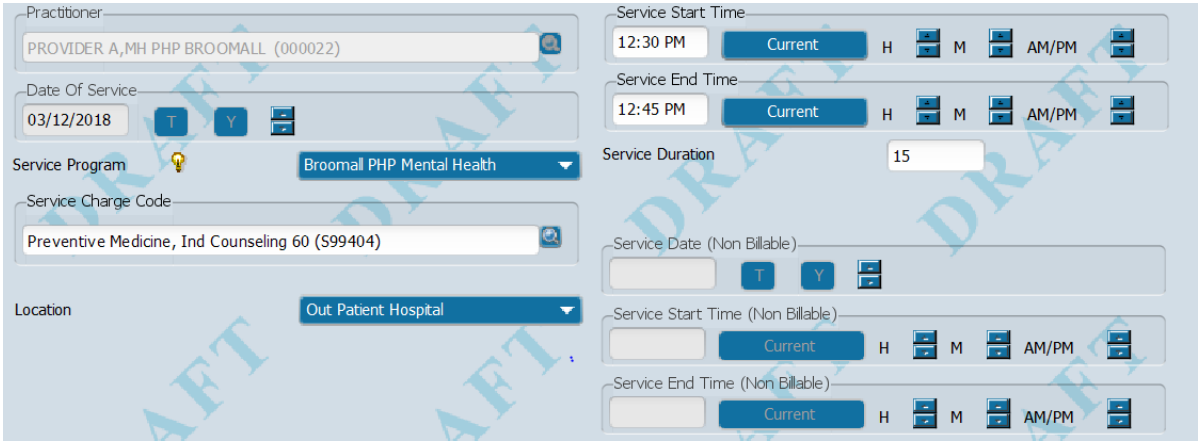
Click once on the Treatment Plan intervention you want to use to highlight in green then click Return. Avatar will add everything above what you select up through the associated problem.
Insert screen shot of our treatment plan

Click Return. You will now see the items you selected in the box labeled **Note Addresses Which Treatment Plan Item(s)** box.
Insert screen shot of our treatment plan notes

The **Clear 'Note Addresses Which Treatment Plan Item(s) Text** button allows you to clear the treatment plan item you selected if you made an error.



The **Practitioner** (you), defaults in as well as the **Service Charge Program** and **Duration** of the visit. Confirm all of the information is accurate.

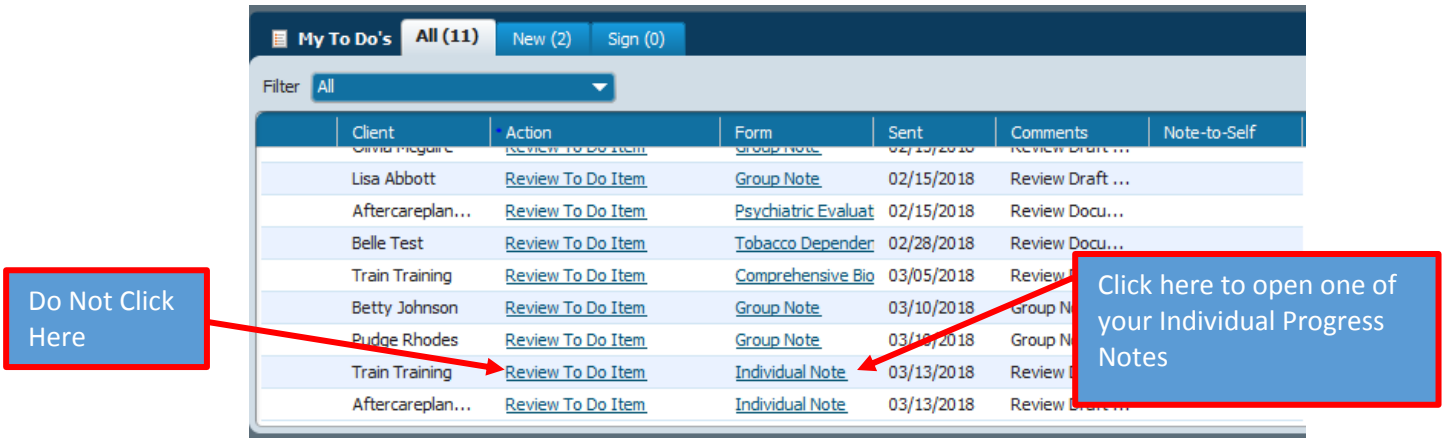


Draft/Final and File Note: Once the note has been written, you may select **Draft** of **Final** and the click **File Note.** If you file a note as **Draft** the note will be added to your **My To Do's List** to remind you to complete and finalize the note. Clicking on

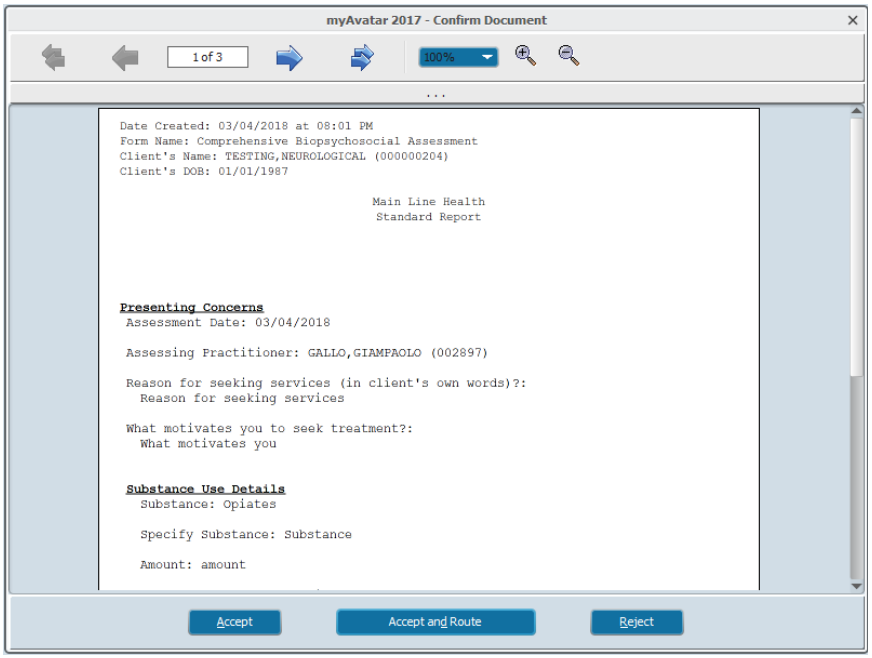
Mirmont Behavioral Health

the form name in your To Do items will launch your draft progress note for you to complete.

In your My To Do's **Do Not click Review Draft Item.** This will not launch the progress note. In addition, you have started down a path that will delete your link to the note without your completing the note.

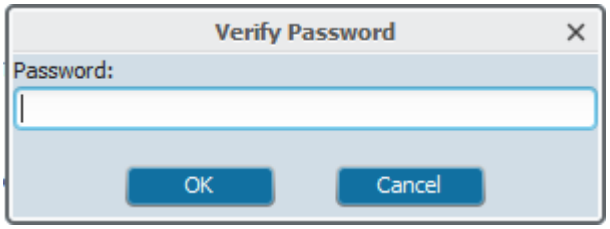


Final: If you select Final a picture will be launched for you to proofread. Us the large blue arrows at top left to page through the document.

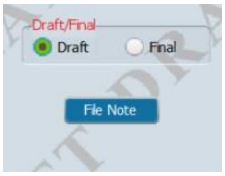


After proofreading, you have three options.

Accept: Accepts the note as final. You will now see a prompt asking you to enter your password.
Type in your password to sign the note.
Once you sign, you are done with the note.



Reject: Rejects the note so that you can return it to draft status for editing. Once you get back to the note, click "Draft," to continue editing.

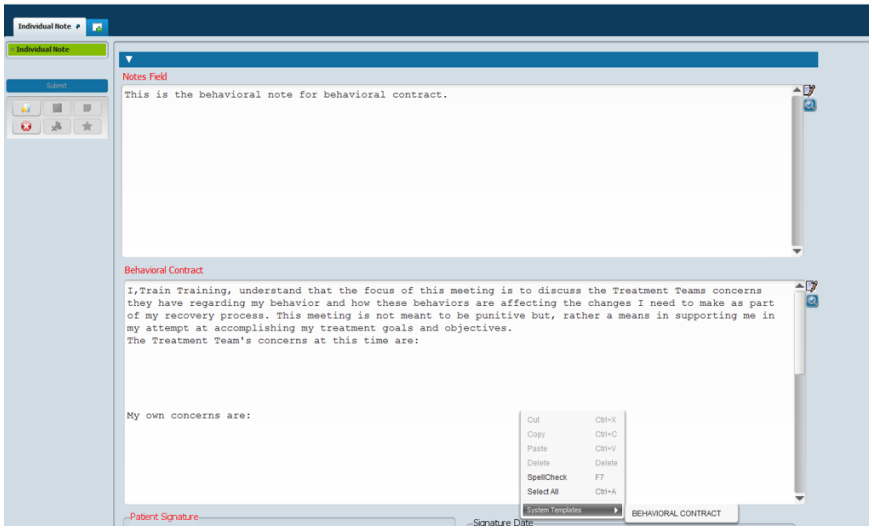


Accept and Route: Accepts the note and routes it to a supervisor and/or one or more approvers for a co-signature. See the Document Routing section for more information.

Independent Note

Is used to place a note regarding important information that is not associated with a billable service. Examples include: Behavioral Contract or documenting a phone conversation with a family member.

When you select the Note Type Behavioral Contract this enables the free text field for Behavioral Contract. If you right click in this field and click "system templates", then "behavioral contract" the contract will prepopulate in the field.



Mirmont Behavioral Health

For a behavioral contract you need to obtain the patient signature. Click get signature, have the patient sign the contact and enter the date the signature was obtained.

An individual note does not default the date or the duration like an existing appointment as it is not scheduled. For an individual note enter the service date of the note and the service start and end time.

Draft/Final and File Note: Once the note has been written, you may select **Draft** of **Final** and the click **File Note.** See the Document Routing section for more information.

What To Do When Only One Client Comes to Group Are we using this functionality

You must have at least two clients to use the Group Progress Note (This is because the billing component of the form won't work correctly if there is only one client).

If only one client shows up for group, instead of using the Group Progress Note form, use the Individual Progress Note.
For the "Note Type", use _____ .

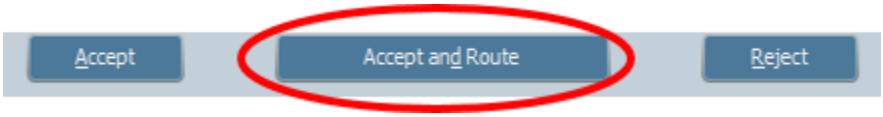
Use an individual service code. Do not use a group service code.

Document Routing

In Avatar, you can route a document to one or more people to review the document and co-sign.

How Do Supervisors and Approvers Work in Document Routing?

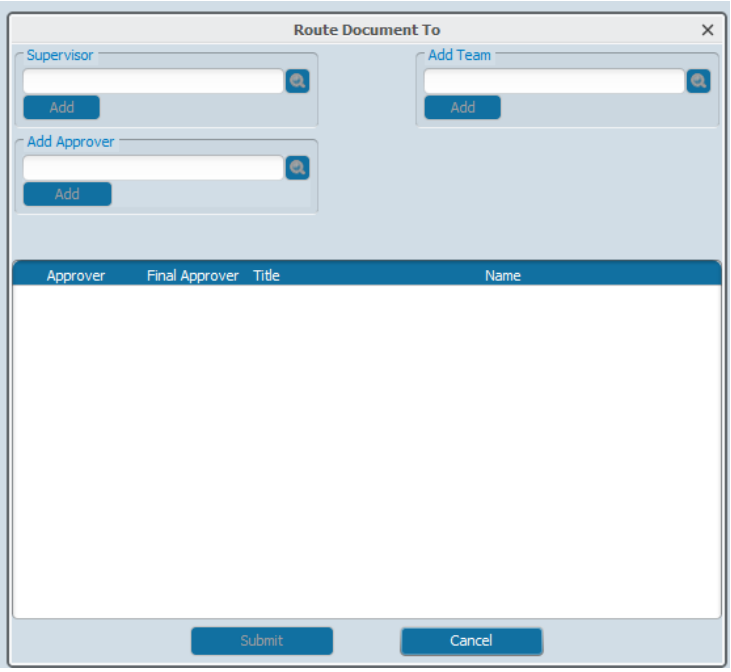
When you are done writing a progress note, click Final and then File Note, you have the option to Accept and Route the document to one or more cosigners. Clicking Accept and Route opens up the dialog box shown below.



Once routing has been set up, click submit. Judd going to test with me

supervisor vs approver

Enter the Supervisor here. The document will go to this person first. You may only add one Supervisor. The form goes to the Supervisor first. Once the supervisor signs, the form goes to all Approvers



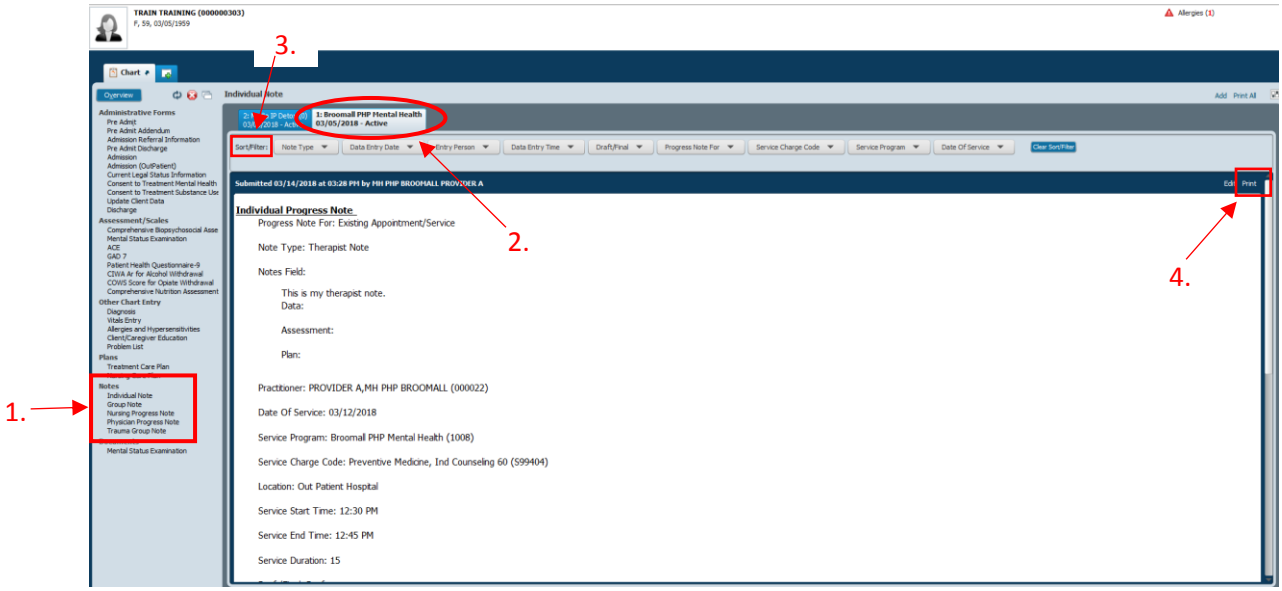
Print a Copy of a Progress Note

In Avatar, as with other electronic medical record systems, it is not necessary to print your note. Avatar keeps your notes and other documentation secure. If you do need a copy, use the following directions. After you are finished using your printed copy, shred it as it contains confidential information.

Open the client's chart.

1. **Click the link for the progress note type you want to view.** On the left side of the chart overview, you will see a list of progress note types. Click either Individual Note, Group Note or Physician Progress Note.
2. **Click on the Program tab** at the top of the screen. This will bring up a pre display where you can select a Progress Note to print.
3. *Use the Sort/Filter buttons to help narrow down the search if there are a lot of notes.*
4. **Click Print.** At the top left of the note you will see the word "Print". Click this to print the document

Mirmont Behavioral Health



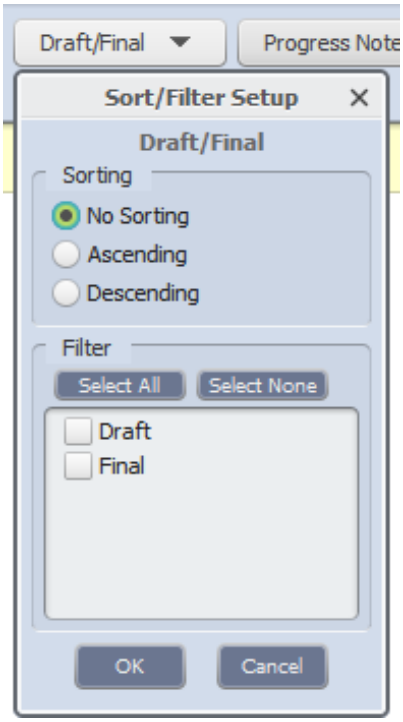
How to Tell If There are Draft Progress Notes in a Chart

The next few sections of this manual address Draft Progress Notes. This section explains how to figure out whether or not there are outstanding draft notes in a chart. You might want to do this if you have accidentally deleted the link to your draft notes from your My To Do's. Or, you are trying to close the episode, and want to make sure that there aren't any outstanding draft notes before you do this. Draft notes cannot be completed once the episode is closed.

Mirmont Behavioral Health

STEPS:

1. Open the client's chart.
2. Click on the link on the left for one of the Progress Note types, for example, Individual Note. You will now see an Inquiry View for this progress note type.
3. Click on the episode where you want to look for draft notes.
4. In the Sort/Filter buttons at the top of the inquiry view, click the rectangular button labeled, "Draft/Final."
5. If there are Draft notes in the episode you've selected, you will see a Draft option to click. If there aren't any Draft notes, you won't see this option, all you will see is Final.
6. Click, "Draft," to view the draft notes for this client, this episode.
7. If these are your draft notes, click, “Edit,” in the upper right, to complete the note. See below for more information.



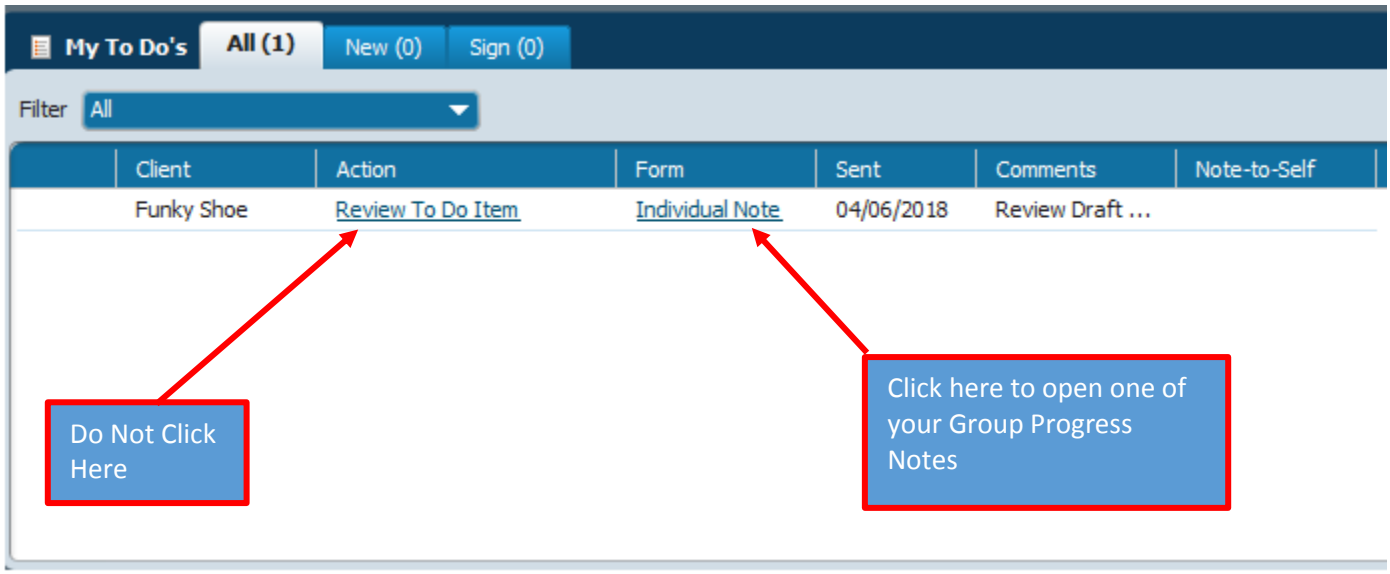
Reopening a Draft Progress Note

If you save your note in draft, a link to the draft note will be sent to your My To Do's. You can open up the draft note from there to complete it. Note **that if the chart is still open, the link in your My To Do’s will not work**. (The chart must be closed for the draft notes to be relaunched.)

IMPORTANT: When reopening documents, such as draft notes, in your My To Do’s **DO NOT click Review Draft Item**. This will not launch the note. In addition, you have started down a path that will delete the reminder without your completing the note.

Mirmont Behavioral Health

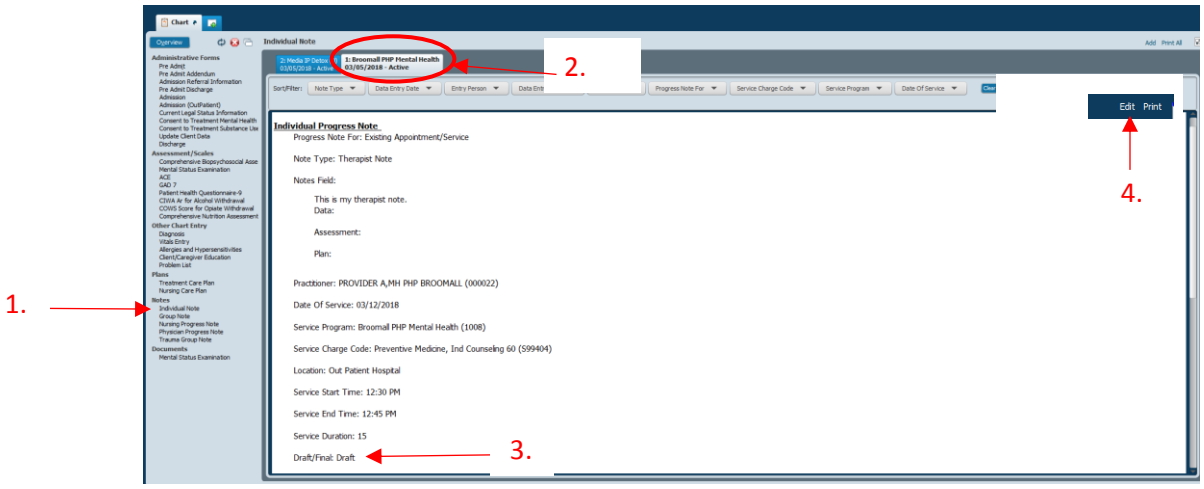
If the link to your draft progress note is not in your My To Do's, you will have to open it up from the chart. Unfortunately, you cannot open draft group notes in this manner.



STEPS

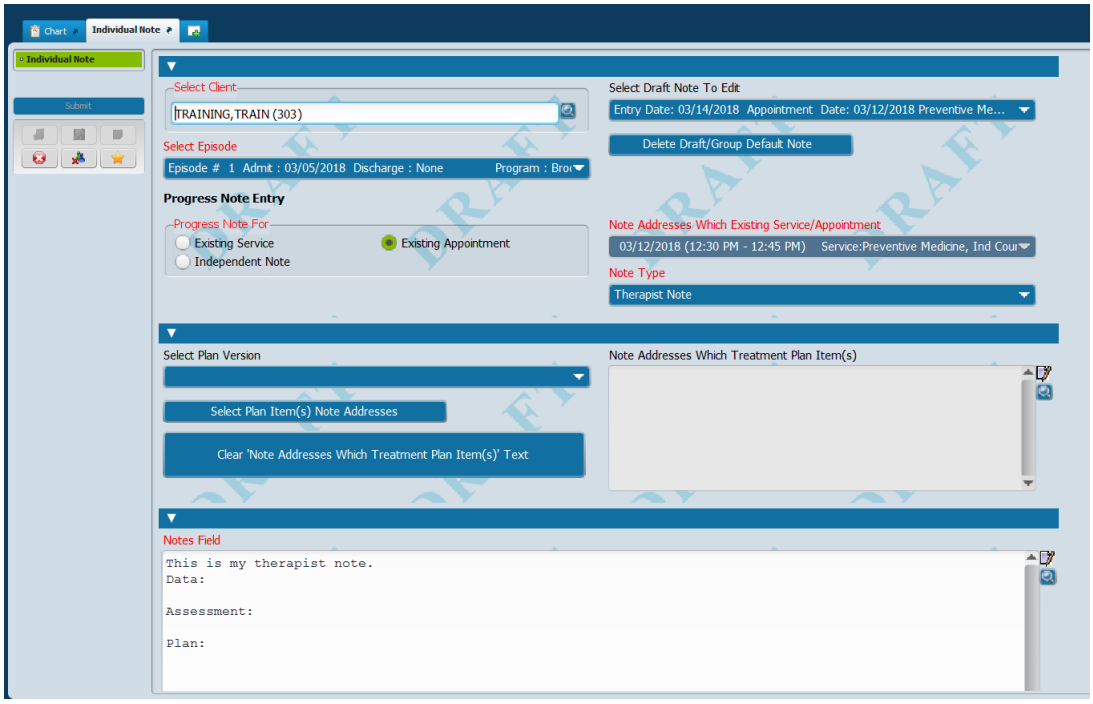
Open the Client's Chart

1. **Click on the link for the progress note type.** In the example below, the Individual Progress Note link is clicked. This will bring up the inquiry view where you can see the notes.
2. **Click on the tab for Episode/Program.** You may need to use the tiny triangles at the upper right to scroll among tabs.
3. Locate the Draft Progress Note you would like to delete and select "Edit"



Mirmont Behavioral Health

The Progress Note will open. Observe the highlighted areas (client name, episode, draft note information) and verify that this is the Draft Progress Note you want to edit.



Complete your note.
Select **Final** at the bottom of the page
Select **File Note** and follow the steps to sign and/or route the note.

If you save your note in draft, a link to the draft note will be sent to your My To Do's. If you accidentally delete this link, or it disappears, normally, you can open up the draft from the chart, by clicking, "Edit."

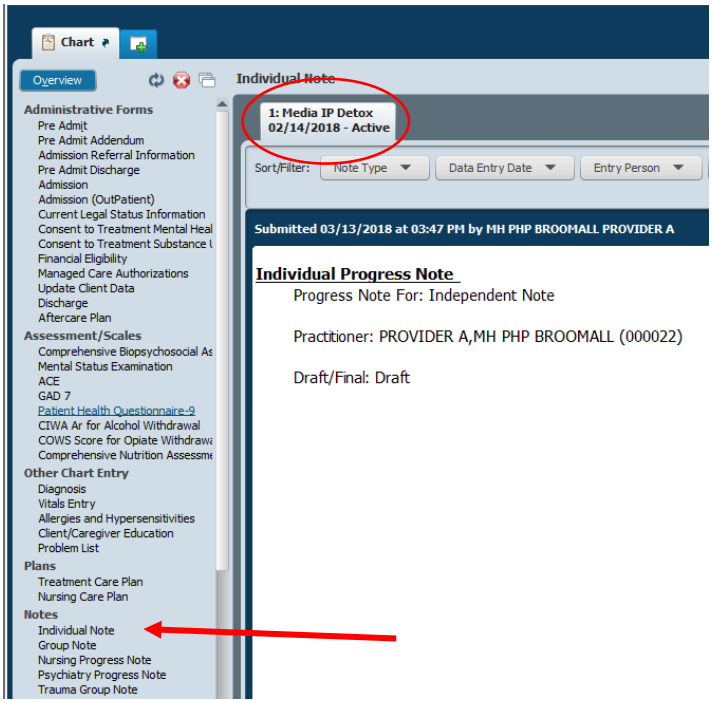
(This only works for individual notes. It will not work for Group Progress Notes.)

Sometimes, this "Edit" link disappears. If this happens, you can try searching for it from an open blank progress note, using the "Select Draft Note To Edit," field.

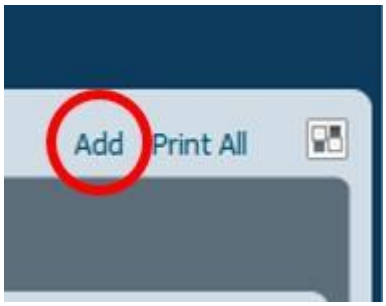
Mirmont Behavioral Health

1. Open the client's chart and click on the Progress Note Type on the left.

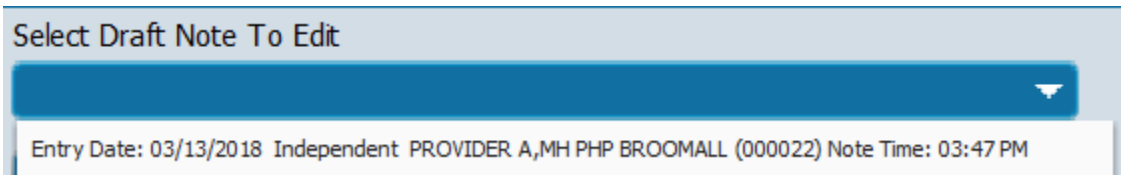
2. Then click the Episode Tab where the note is.



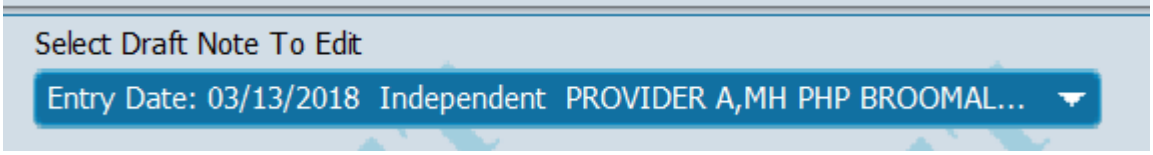
3. Click "Add" in the upper right-hand corner of the chart. This will open a new progress note.



4. Click, "Select Draft Note To Edit." This will open up a menu of available draft notes for this client, this episode.



5. In the menu, click on your draft note to load it into the form. You will now see your note information displayed in the "Select Draft Note To Edit" drop down and the data from your draft note should now be loaded into the progress note form.



6. Edit your note.

How to delete a draft progress note.

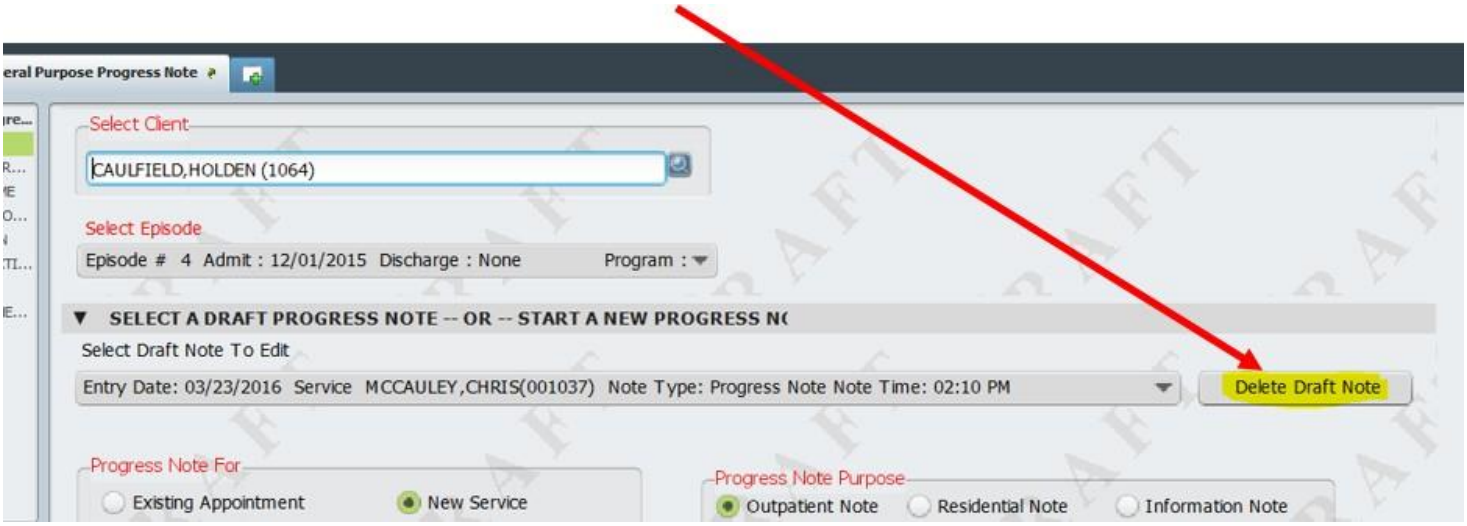
If you make an error and your progress note is still in Draft form, you can delete the note yourself. There are a couple of things that you should know about this process:

1. This will only work for the Individual, Nursing, Psychiatry and Trauma Progress Notes (Group notes cannot be deleted this way. See the section titled, "Group Progress Note Corrections," for more information.)
2. Only the original author of the draft note can delete the note in this manner. The helpdesk or QA cannot delete it for you.
3. If you have a note that has been Finalized and Filed, you will need to send a message to askqi@santacruzcounty.us to have the note deleted. You cannot delete it using the following method.

Avatar sends draft notes to your My To Do's. If the note is still in your My To Do's you can open up the note from there to delete it.

If the reminder in your My To Do's as disappeared, you will need to open up the note from the chart.

1. Open your draft note. (See the previous section, "Reopening a Draft Progress Note," for more information.)
2. Select "Delete Draft Note" to delete.



How to delete a draft group note

For group note deletions the entire group will need deleting and then must be re-entered.

Group draft notes cannot be deleted by the clinician. (There is no "Delete" button in draft notes.) If you need group draft notes deleted, you must finalize the notes first and then request a deletion. Put NA or Void in the text blanks of the note.

See the section titled, "Group Progress Note Corrections," for more information

Using the Append Progress Notes Form to Add to a Progress Note

If you have already filed and signed a note, Avatar does provide an opportunity to add to the text of the note, or note content, using the Append Progress Notes form. Service information, like time spent and service code cannot be altered this way. Once the Append form has been completed, the added text will appear as an addendum at the end of the Progress Note in Avatar.

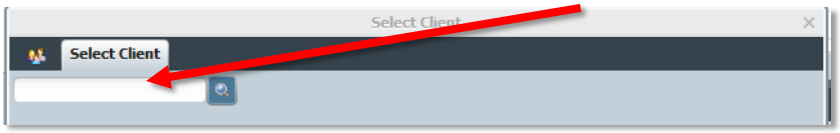
If you need to void (delete) a note, change the service code, or change the duration, we can revert the note back to draft for you so you can change it. If you entered the note under the wrong name, or the date is wrong, the note will need to be deleted and you will need to rewrite it. See the section titled, "Corrections: What To Do If You Make a Mistake."

To avoid having to add to or make changes to services, it is important to take time to look over your notes before finalizing them.

To Use the Append Progress Notes Form:

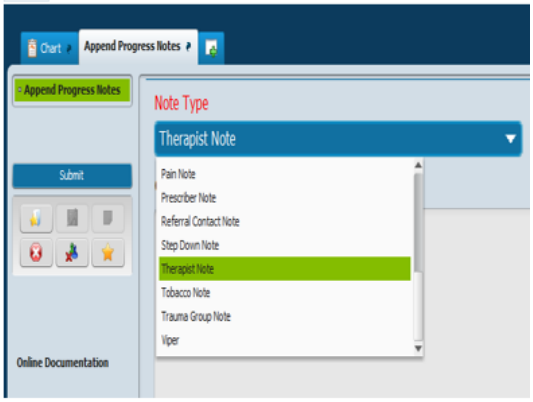
Mirmont Behavioral Health

1. Select the **Append Progress Notes form**. A **Select Client** window will open up. Enter the name or number of your client to open the form.

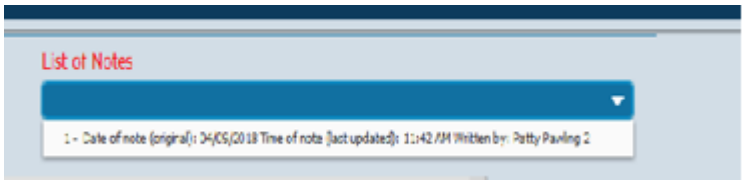


2. You will next see a *pre-display* of the client's episodes. **Select the appropriate episode.**

3. **Select the Note Type** or category of your note.



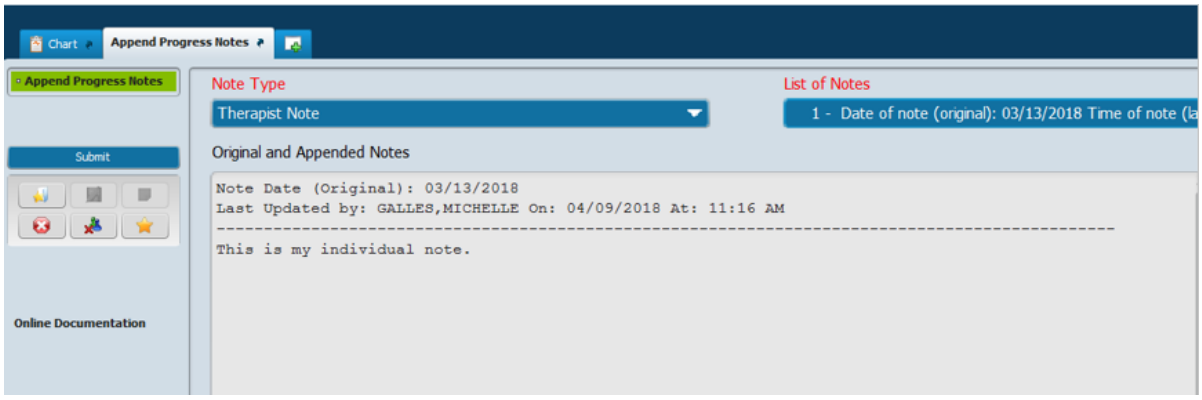
4. **In "List of Notes," select the note you wish to append.**



Mirmont Behavioral Health

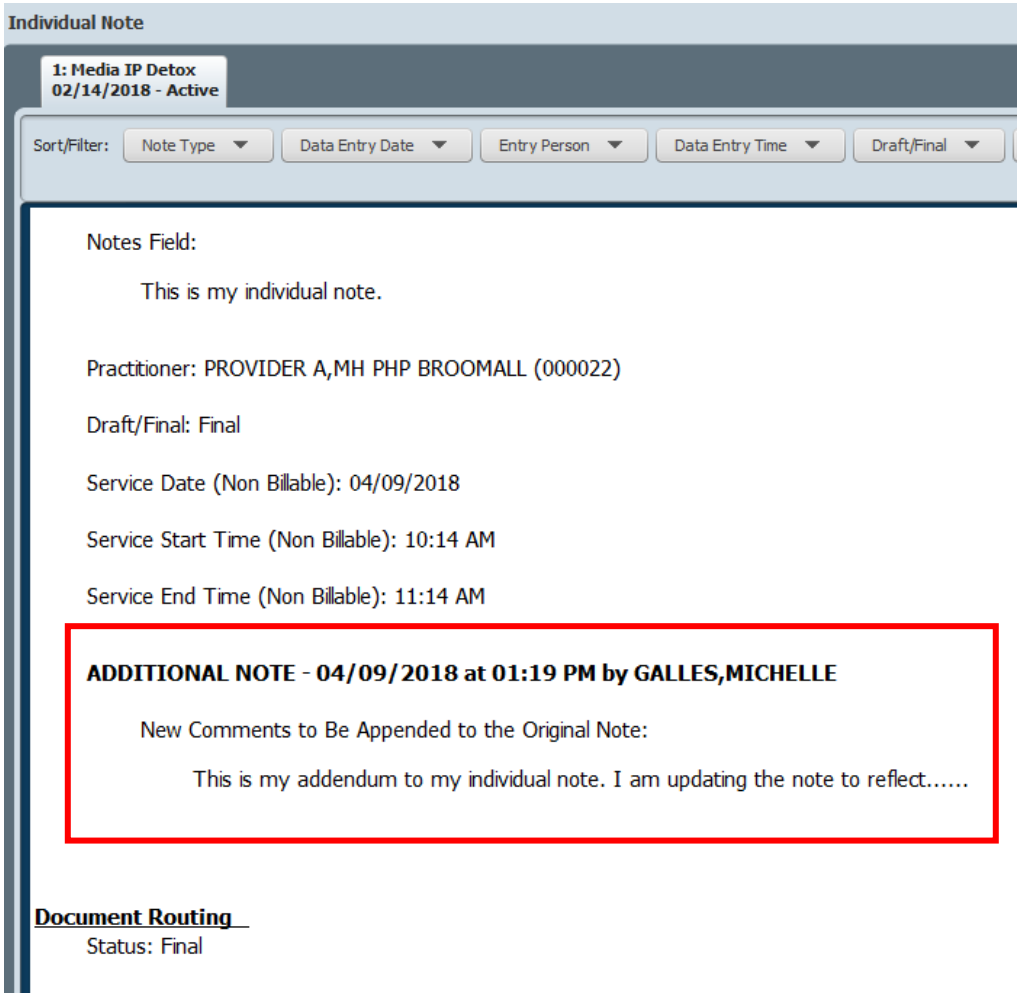
IMPORTANT: If you have routed a progress note to a supervisor and are waiting for a co-signature, the progress note will not appear in the List of Notes. Ask your supervisor to "Reject" the note, which will put it back in your My To Do's in Draft form. You can then make your changes and submit the note again.

Once you have selected the note you want to append, the Original and Appended Notes section of the form will be populated with information from your Progress Note.



5. **In the New Comments to Be Appended to the Original Note section, add your comments.** You may want to add a notation about which section of the note your comments belong to because your addendum will be at the very end of the note.

6. **Click Submit.** Once you have submitted the form, your changes will show at the end of the note when the note is printed and when the note is viewed in the chart.



Treatment Care Plans Overview

Treatment care plans are guides to help the clinician develop client goals and monitor a client's progress. A treatment care plan represents the progression of a client's therapy. Treatment plans can be edited to accommodate changes in a client's therapy. Treatment care plans are developed to address client problems and difficulties documented in client assessments.

Main Line Health
Well ahead.

Mirmont Behavioral Health

The overall goal of a treatment care plan is to demonstrate the necessity for further treatment.

Problems describe the difficulties the client is having. For example, "client has oppositional defiant disorder."

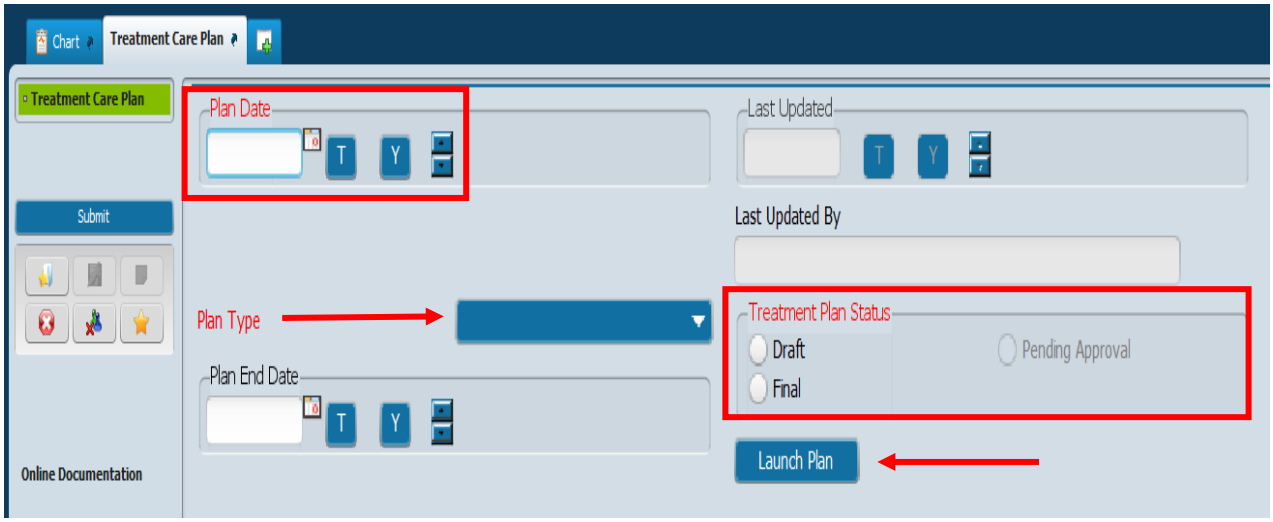
Goals are the desired result of the course of action. Fo example, "I want to sleep through the night."

Objectives are the course of action that will be taken to achieve the client's default treatment goals. For example "encourage appropriate expression of the client's thoughts and feelings."

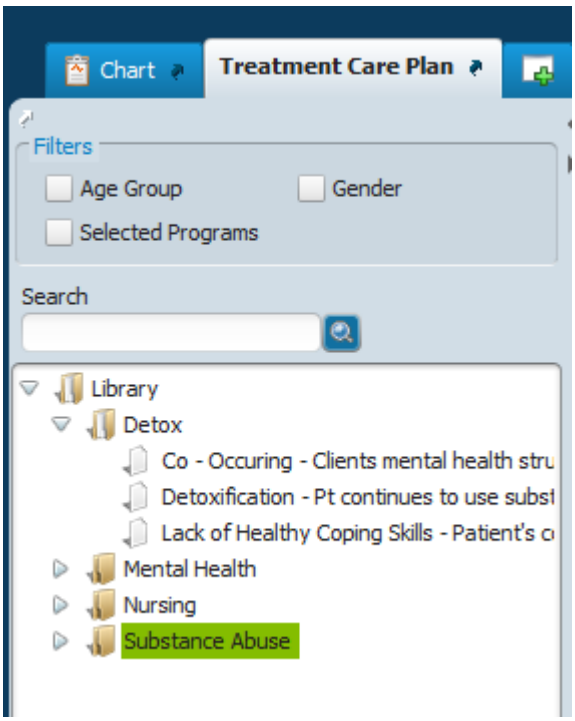
Interventions are actions taken to remedy the client's problems. For example, "consult with primary care physician."

Steps to complete the Treatment Care Plans

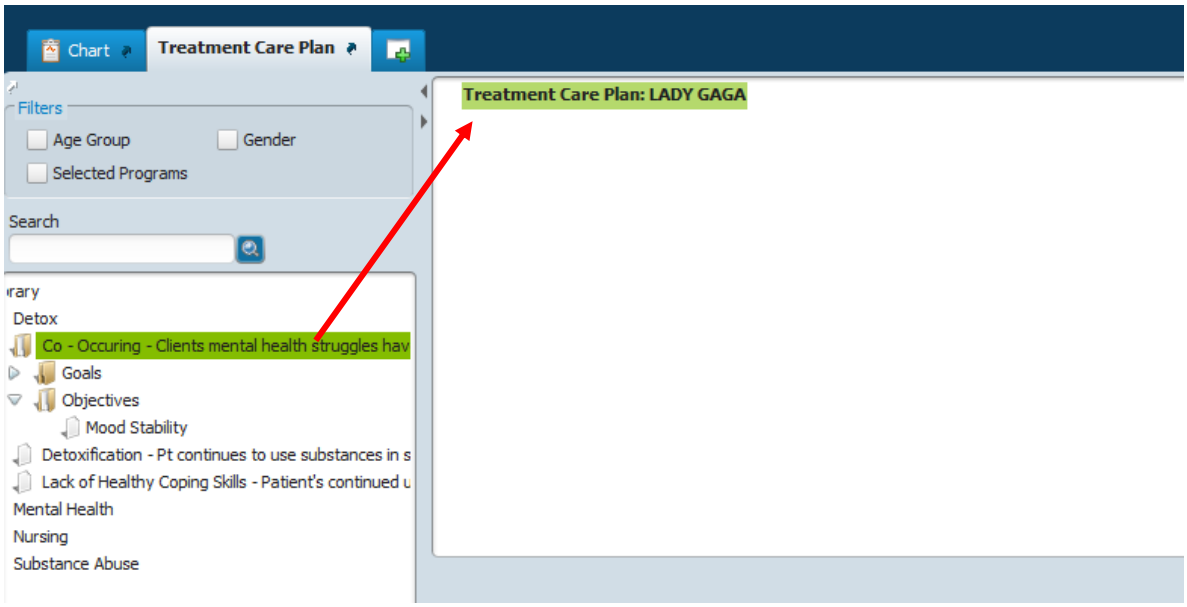
1. On the **Select Client** screen, search for and select the client by highlighting (green bar).
2. Select the **Treatment Care Plan** in the Forms and Data Widget
3. If the client has multiple episodes, choose the episode from the **Select Episode** list.
4. Complete the Red/Required Fields; **Plan Date, Plan Type** and **Treatment Plan Status**. Note the Treatment Plan Status **Must** be in **Draft** to **Launch the Plan.**



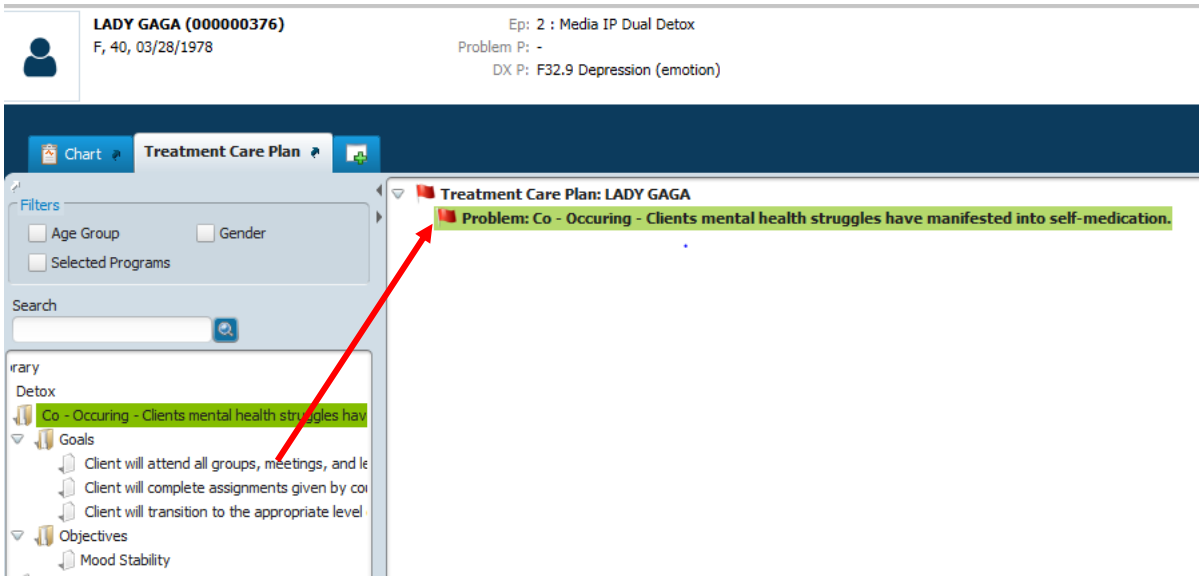
5. If appropriate, from the Library field open all the components of Detox, Mental Health, Nursing and Substance Abuse.



6. To add a problem from the custom defined library, you must drag and drop the problem from the library to the top line of the Treatment Care Plan

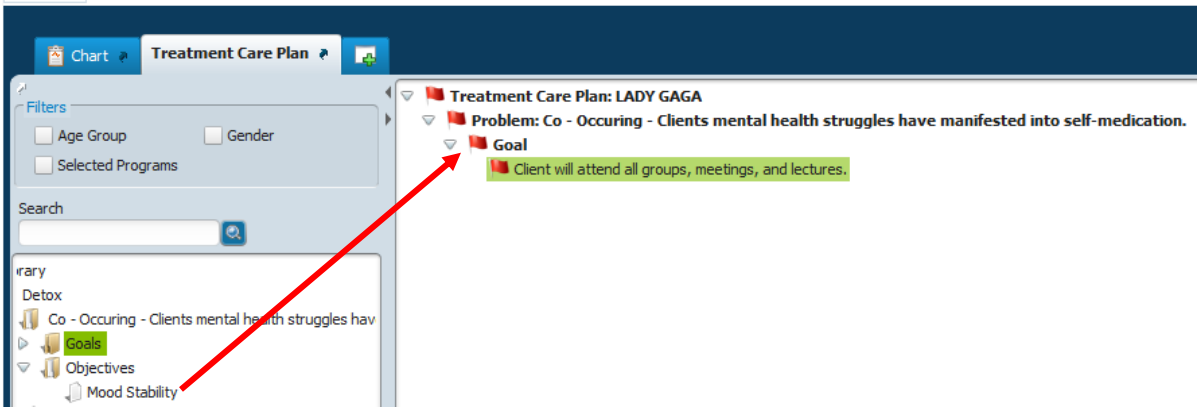


7. Next open the goals and drag the goal to the Problem

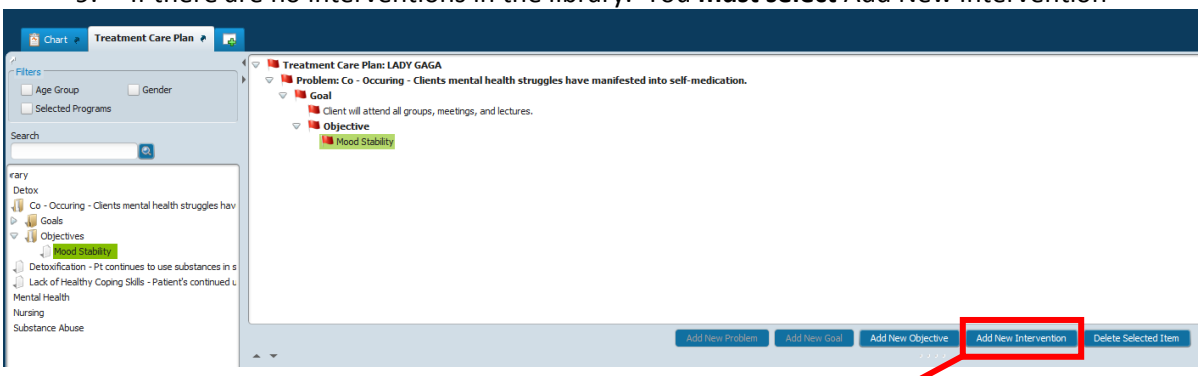


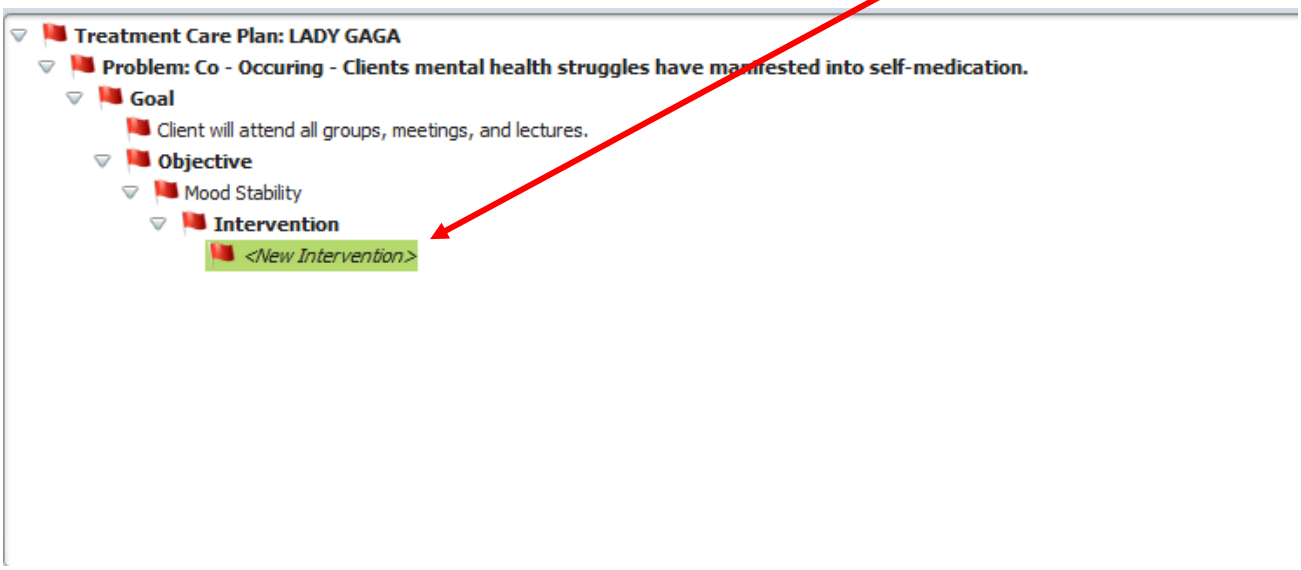
Mirmont Behavioral Health

8. Open the Objectives, drag the objective to the Goal.

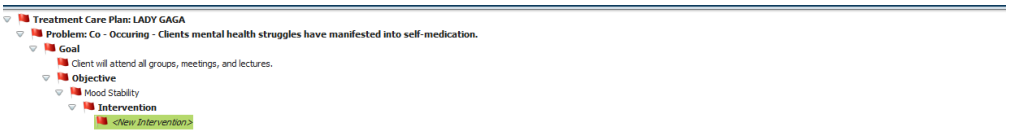


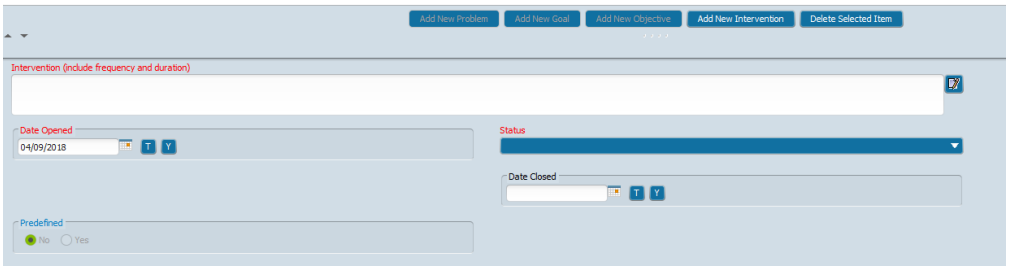
9. If there are no interventions in the library. You **must select** Add New Intervention



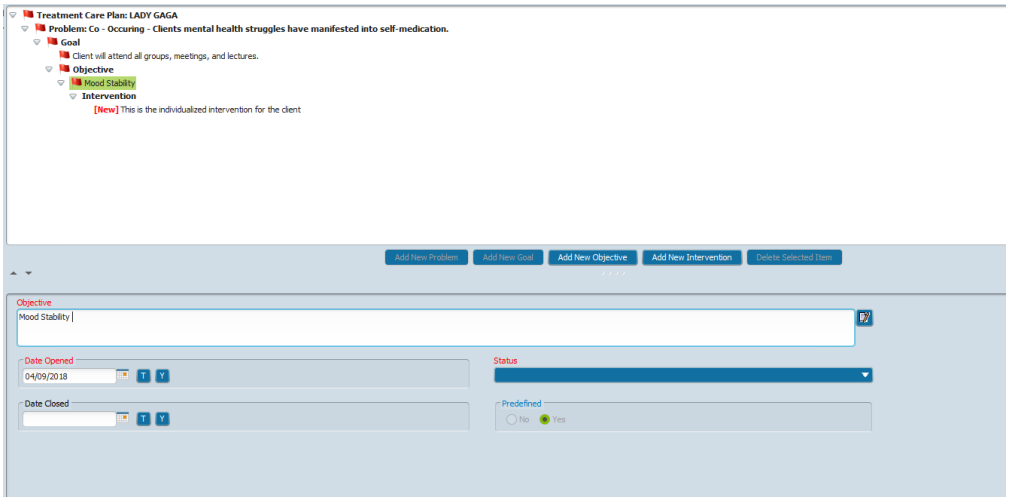


10. Start at the bottom of the tree (with intervention) for the problem to complete the Missing details at the bottom of the screen. Notice New Intervention is highlighted green. Individualize the intervention to the client and document the status.

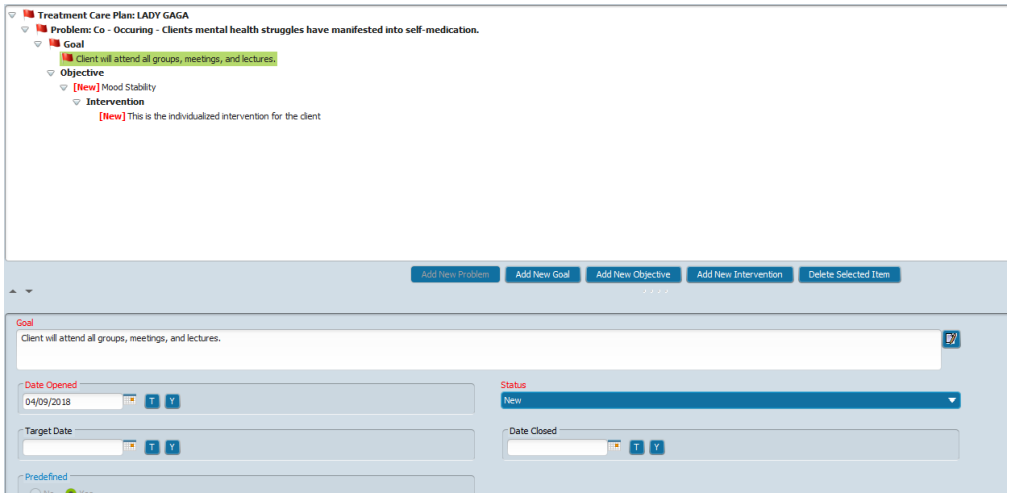




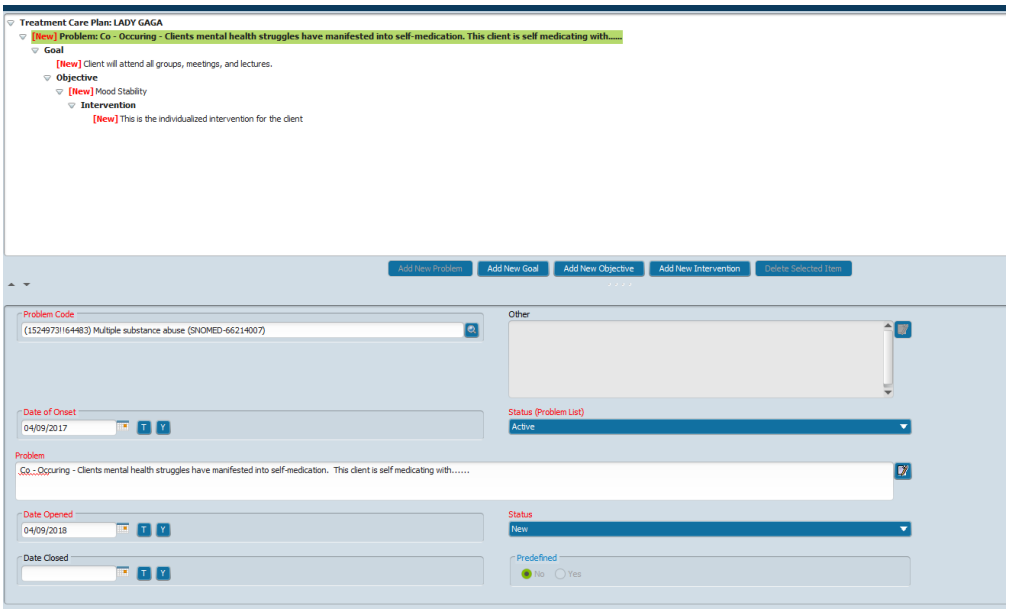
11. Next, move up the tree to the Objective. Again you can individualize the objective to the patient in the text box for **Objective** and document the status.



13. Move up the tree to the Goal. You can individualize the goal to the client in the text box for Goal and document status.



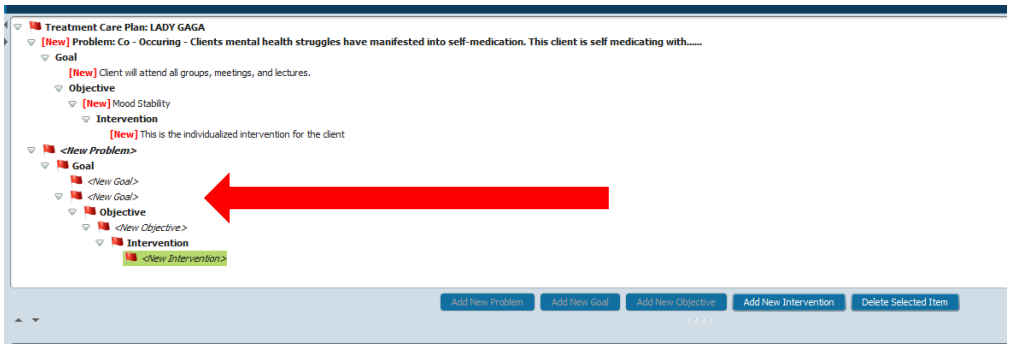
14. Move up the tree to the Problem. Enter a problem which is a snow med code (medical terminology). Document the onset date of the problem and the status of the problem. In the problem text box individualize the problem to the client and document the status of the individualized problem.



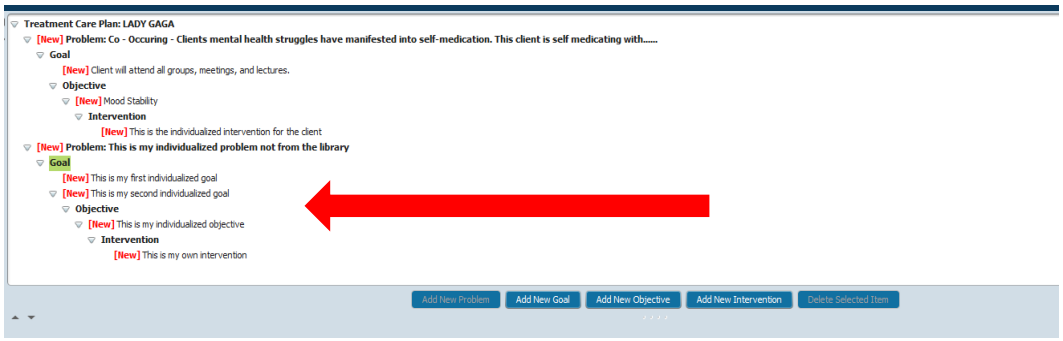
15. If all Red/Required fields are completed the red flags will be eliminated.

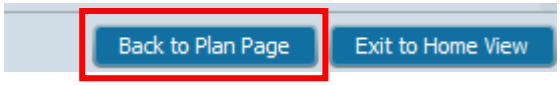
Mirmont Behavioral Health

If the library does not contain the Problems, Goals, or Objectives you are looking for you may create your own. Select **Add New Problem, Add New Goal, Add New Objective Add New Intervention.** Start at the bottom of the tree with Intervention and complete the missing details for intervention then move up the tree to Objective, Goal and Problem continuing to complete the missing details. Notice the red flags indicating the details are missing.

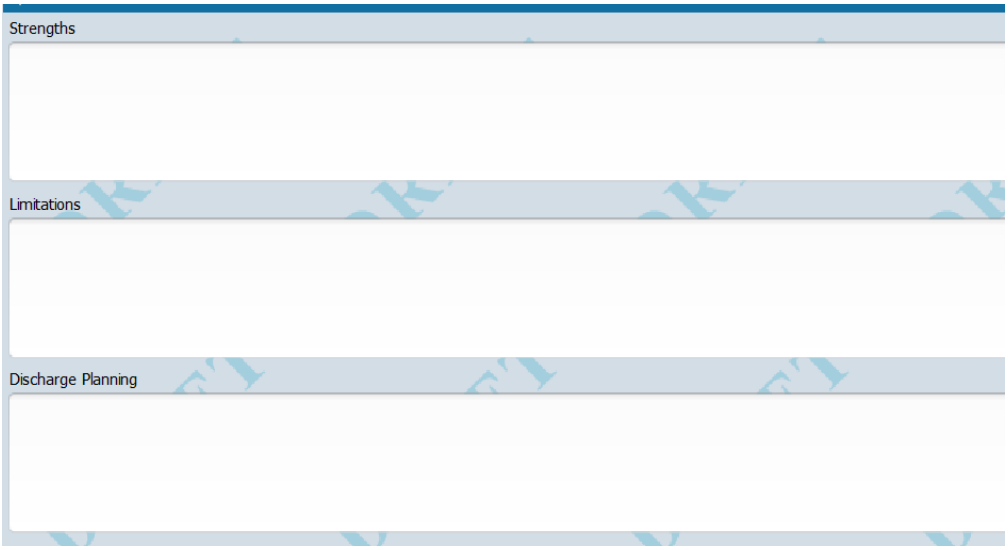


If all details are completed the red flags will be eliminated. Once the flags are eliminated, Select **Back to Plan Page**

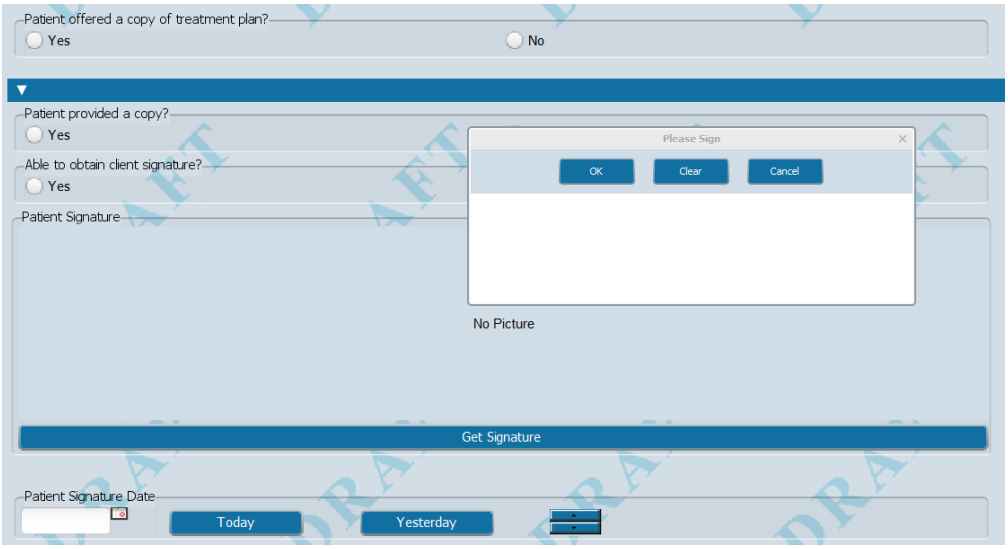




Document the patients **Strengths, Limitations** and **Discharge Planning** as deemed necessary.

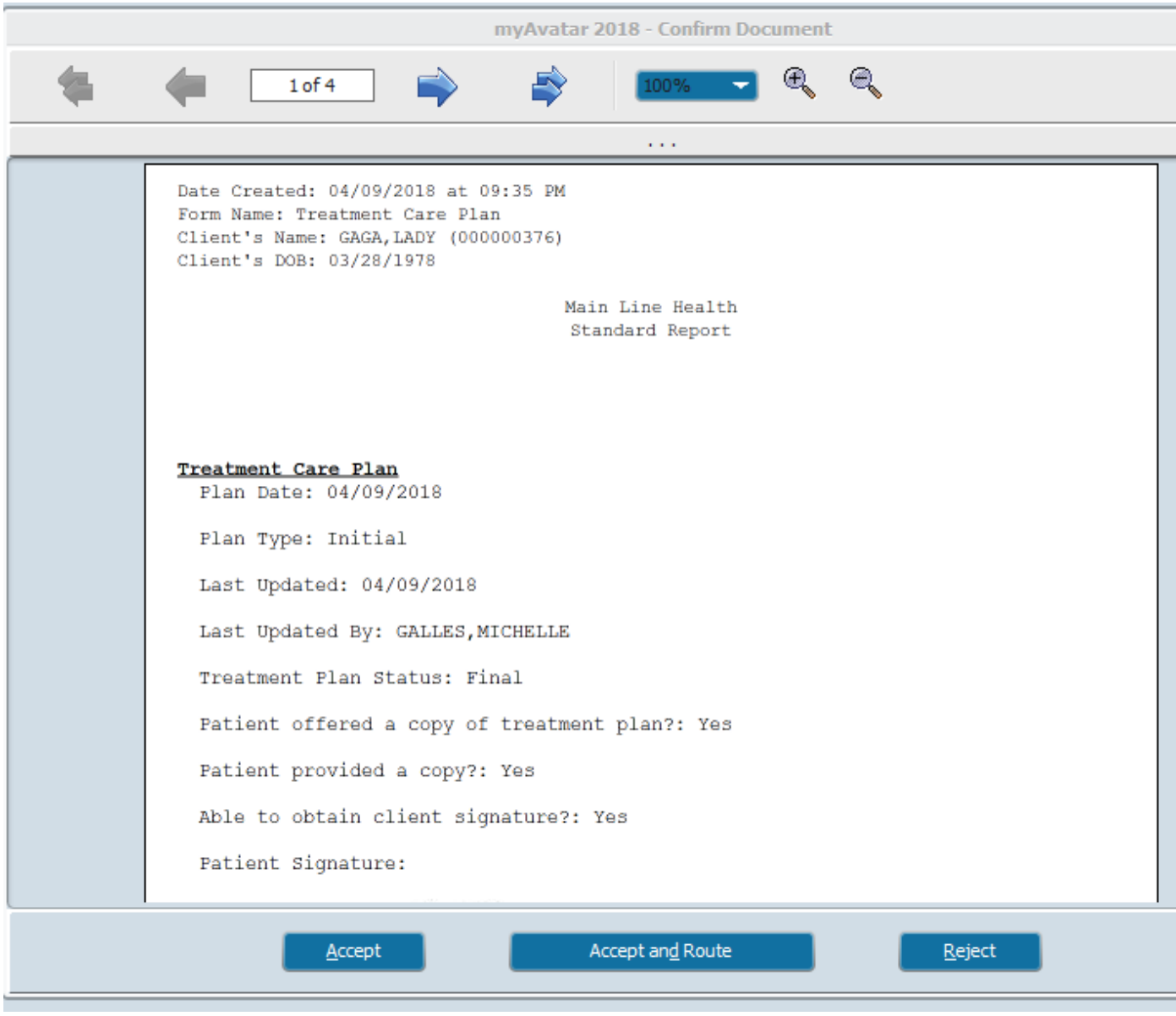


Document if the client was offered a copy of the treatment care plan, if you provided a copy and obtained a signature. Document the date you obtained the signature.



Once you have completed the Treatment Care Plan scroll to the top of the plan and change the Treatment Plan Status to Final and Submit. The Proof

Mirmont Behavioral Health



How to Link a Treatment Care Plan to a Progress Note

Forms & Data Widget

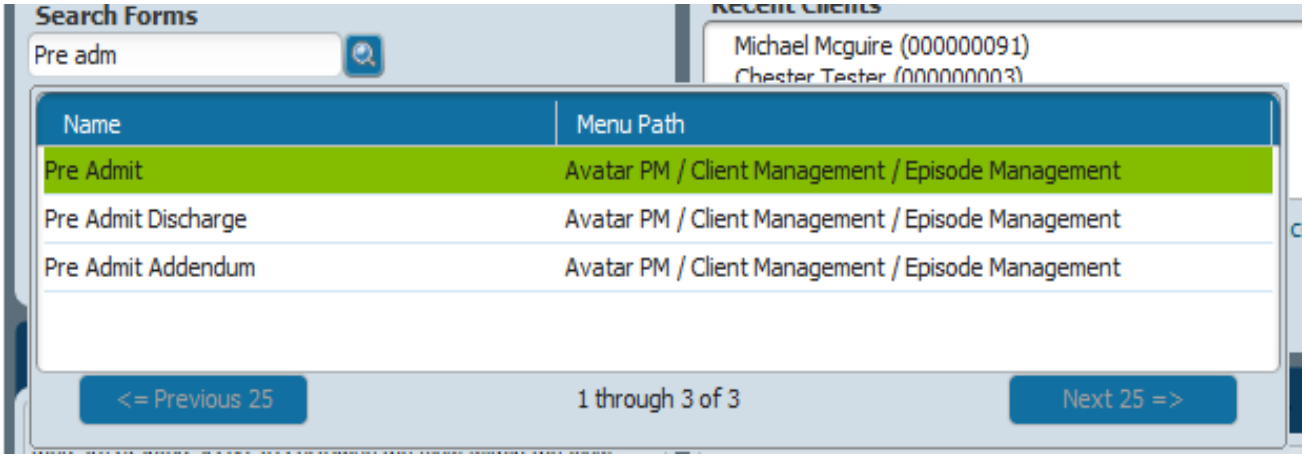
This Widget allows you to access forms in Avatar. There are several ways to search for forms using this Widget.

My Forms: Here, you will see a list of forms that have been assigned to you, based on your *Role.* This is a list of forms that you will likely use *most often*, but it does not include all forms you can use. See below for information on how to add a form to this list using the Edit feature.

Recent Forms: If you have recently opened a form, it will appear in Recent Forms.

Browse Forms: Click on Browse Forms to see a list of forms sorted by categories. Search for PM forms in "Avatar PM."

Search Forms: You can also use the Search Forms box to find forms. Once you start typing, the matching forms will display dynamically.


Search Forms
Pre adm
Michael Mcguire (000000091)
Chester Tester (000000003)
Name
Menu Path
Pre Admit
Avatar PM / Client Management / Episode Management
Pre Admit Discharge
Avatar PM / Client Management / Episode Management
Pre Admit Addendum
Avatar PM / Client Management / Episode Management
<= Previous 25
1 through 3 of 3
Next 25 =>

Main Line Health
Well ahead.®

Mirmont Behavioral Health

Main Line Health
Well ahead.®

Mirmont Behavioral Health

PM FORMS

There are various Practice Management (PM) forms that are used to place a client into an appropriate program for treatment. The following is a list of the PM forms that will be used ensure that all pertinent client information is collected, verified and used by Mirmont Behavioral Health staff in the most effective and appropriate manner.

Main Line Health
Well ahead.®

Mirmont Behavioral Health

Mirmont Behavioral Health

Main Line Health
Well ahead.®

Mirmont Behavioral Health

Mirmont Behavioral Health

Main Line Health
Well ahead.®

Mirmont Behavioral Health

Mirmont Behavioral Health

Main Line Health
Well ahead.®

Mirmont Behavioral Health

Main Line Health
Well ahead.®

Mirmont Behavioral Health