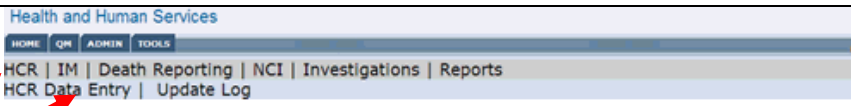
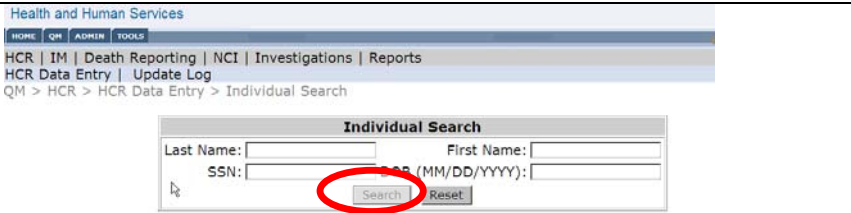
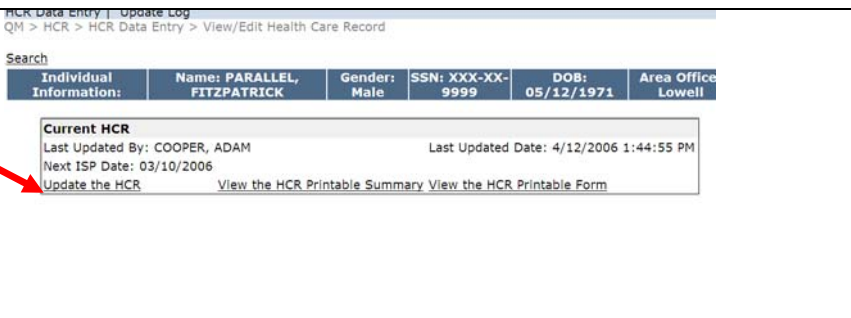
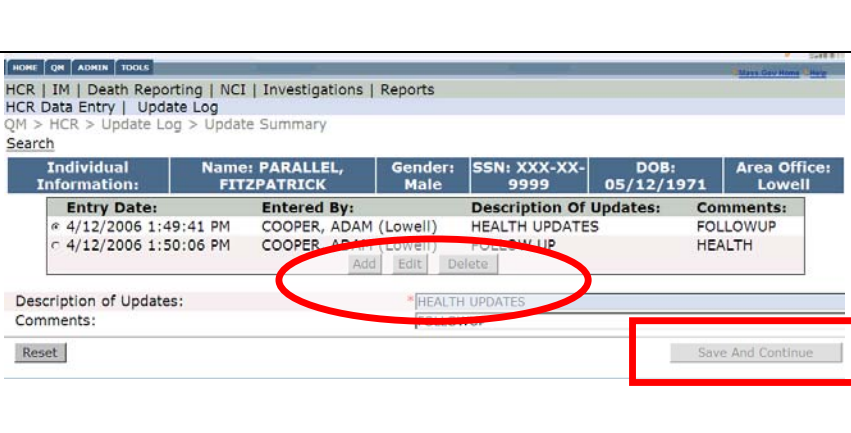


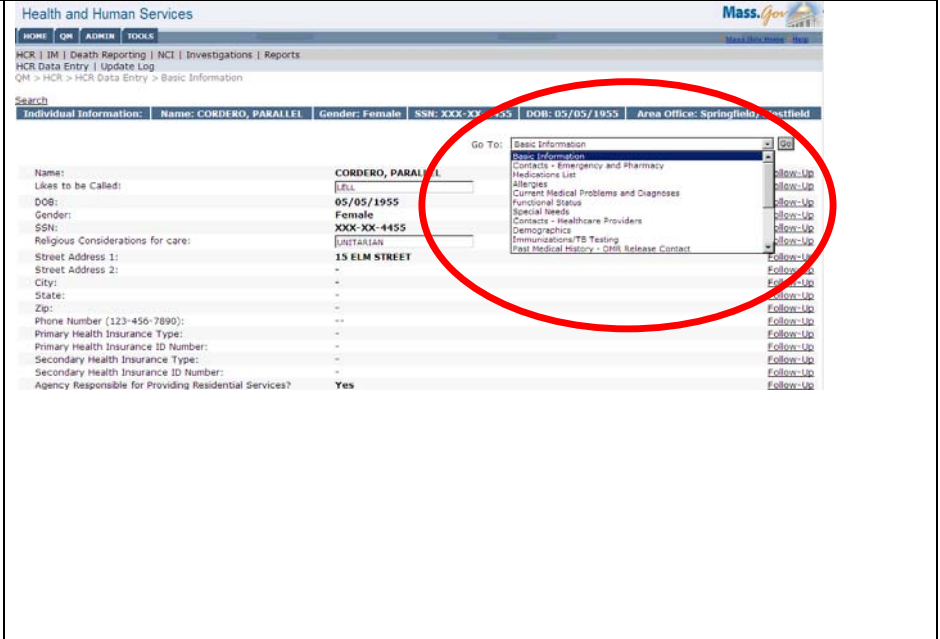
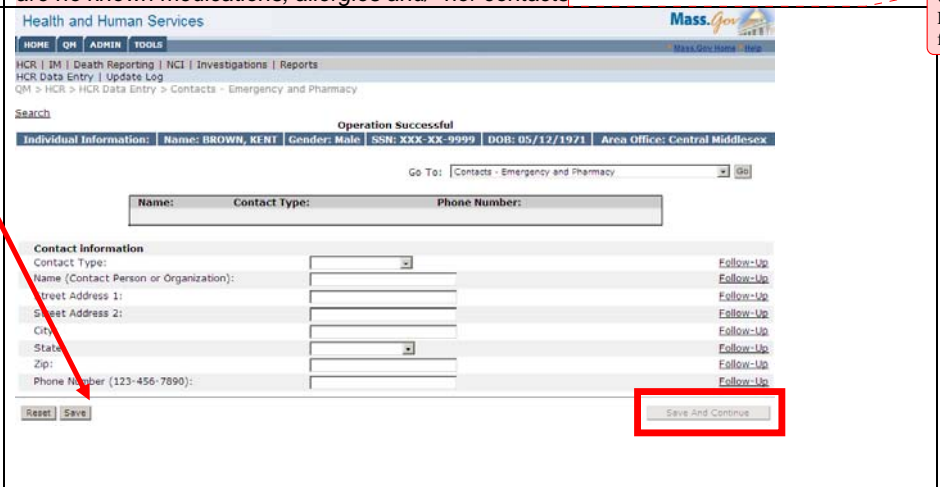
Health Care Record Quick Guide

<p>Health Care Record</p> <p>User logs into HCSIS and navigates to the HCR Individual Search screen (QM→HCR→HCR Data Entry)</p>	<p>HCR Data Entry</p> 
<p>Search</p> <p>User enters the individual's Last Name, First Name and clicks the Search button</p>	
<p>Update the HCR</p> <p>To create a new HCR* or to update the HCR, the User clicks the Update the HCR button.</p> <p>*Please note, the first time a HCR is entered for an individual, the user will create an HCR by clicking on the update link.</p>	
<p>Update Descriptions and Comments</p> <p>As part of the process, the user must Add, Edit or Delete information. Here the user is noting the reason for updating the HCR—for example the annual ISP, significant changes in health, etc. Then choose Save and Continue.</p>	

Health Care Record Quick Guide

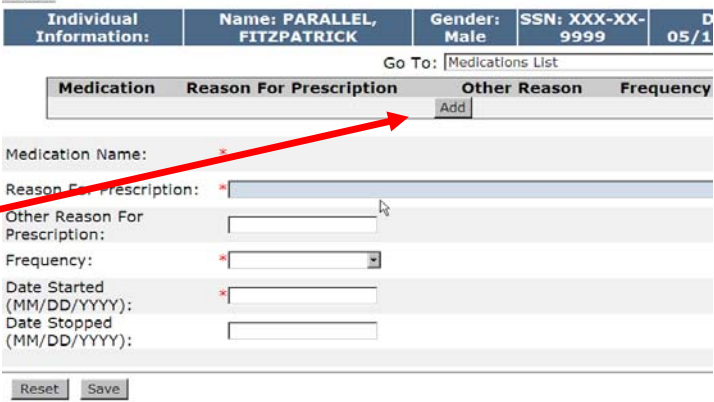
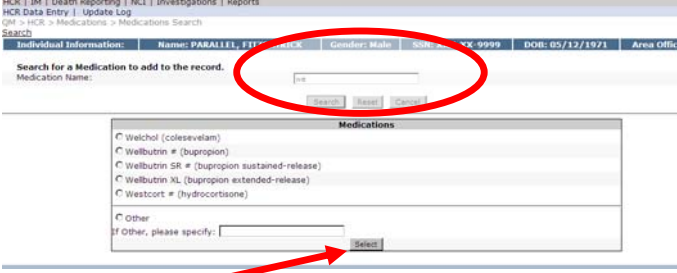
<p>Basic Information screen</p> <p>The Basic Information screen appears with data pre-populated from MEDITECH, where possible.</p> <p>User enters all mandatory fields on all screens. Use Save and Continue to navigate through all the screens or pages—see other navigation options below.</p> <p>Note: mandatory fields are identified with a red asterisk. Some fields are conditionally mandatory, based on what was answered earlier.</p>	<p>QMR > HCR > HCR Data Entry > Basic Information</p> <p>Search</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">Individual Information:</th> <th style="background-color: #0056b3; color: white;">Name: SMITH, JOHN</th> <th style="background-color: #0056b3; color: white;">Gender: Male</th> <th style="background-color: #0056b3; color: white;">SSN: XXX-XX-6756</th> <th style="background-color: #0056b3; color: white;">DOB: 10/10/1910</th> <th style="background-color: #0056b3; color: white;">Area Office: Berkshire</th> </tr> </thead> </table> <p style="text-align: right;">Go To: Basic Information <input type="button" value="Go"/></p> <p>Name: SMITH, JOHN Follow-Up</p> <p>Likes to be Called: <input type="text" value="Dorothy"/> Follow-Up</p> <p>DOB: 10/10/1910 Follow-Up</p> <p>Gender: Male Follow-Up</p> <p>SSN: XXX-XX-6756 Follow-Up</p> <p>Religious Considerations for care: <input type="text"/> Follow-Up</p> <p>Street Address 1: 3453535 Follow-Up</p> <p>Street Address 2: - Follow-Up</p> <p>City: BOSTON Follow-Up</p> <p>State: MA Follow-Up</p> <p>Zip: 02663 Follow-Up</p> <p>Phone Number (123-456-7890): 222-111-2222 Follow-Up</p> <p>Health Insurance Type #1: - Follow-Up</p> <p>Health Insurance ID #1: - Follow-Up</p> <p>Health Insurance Type #2: - Follow-Up</p> <p>Health Insurance ID #2: - Follow-Up</p> <p>Health Insurance Type #3: - Follow-Up</p> <p>Health Insurance ID #3: - Follow-Up</p> <p>Health Insurance Type #4: - Follow-Up</p> <p>Health Insurance ID #4: - Follow-Up</p> <p>Health Insurance #4: THE ASSOCIATION FOR COMMUNITY LIVING Follow-Up</p> <p>If Yes, Name of Agency: ALLEN VALDEZ Follow-Up</p> <p>If Yes, Phone Number (123-456-7890): 123-456-7890 Follow-Up</p> <p>Consent Status: * Can give own consent Follow-Up</p> <p>If Consent from Guardian, Name: <input type="text"/> Follow-Up</p> <p>If Consent from Guardian, Phone Number (123-456-7890): <input type="text"/> Follow-Up</p> <p>Resuscitation Status: Unknown Follow-Up</p> <p>If DNR, is comfort care form available? <input type="text"/> Follow-Up</p> <p>Health Care Proxy? * Yes Follow-Up</p> <p>If Yes, Name: TERRY FRANCONA Follow-Up</p> <p>If Yes, Phone Number (123-456-7890): 123-456-7890 Follow-Up</p> <p>Additional Comments regarding the individual's medical condition or state: <input type="text"/> Follow-Up</p> <p style="text-align: center;"> <input type="button" value="Reset"/> <input type="button" value="Save"/> <input type="button" value="Check Spelling"/> <input type="button" value="Save And Continue"/> </p>	Individual Information:	Name: SMITH, JOHN	Gender: Male	SSN: XXX-XX-6756	DOB: 10/10/1910	Area Office: Berkshire
Individual Information:	Name: SMITH, JOHN	Gender: Male	SSN: XXX-XX-6756	DOB: 10/10/1910	Area Office: Berkshire		

Health Care Record Quick Guide

<p>Navigation via Go To Screen</p>	<p>Click Save (bottom left) periodically; Click Reset to start over</p>
<p>If it doesn't say "Operation Successful" at the top, look for data entry errors by going through the pages—via Go To.</p> <p>Select page in the drop-down list, and Click Go.</p> <p>Note: there are nineteen separate screens</p>	
<p>Contacts – Emergency and Pharmacy Screen</p>	<p>Use the following method to navigate through any screen where the user must add information as in Contacts, Allergies, Medications, etc.</p> <p><i>*Important: if there are no medications, allergies and/ or contacts to add, skip over the pages, using Go To drop-down. ** If you are entering a HCR for the first time, and there are no known medications, allergies and/ nor contacts</i></p>
<p>Enter information and click Save to add multiple contacts. Save and Continue will take you to the next screen.</p> <p>Note— you do not need to go through all screens, use Go To to advance screens.</p>	

Comment [jr1]: What do I do here?
For meds enter Other and then None. But for contacts and allergies?

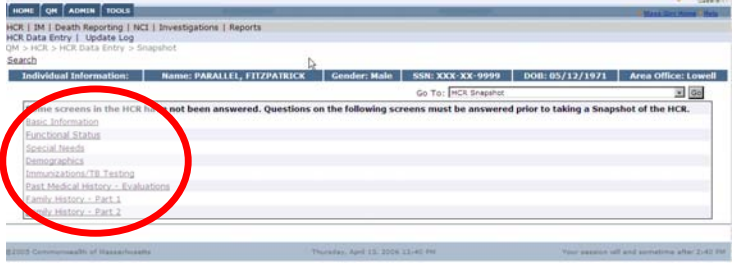
Health Care Record
Quick Guide

<p>Medication List</p>	
<p>To add a medication on the medication list screen, the User clicks the Add button.</p>	
<p>Medication Search Window</p>	<p>Note: After clicking the Add button a search window will appear. Medications are based on the Mass Health Formulary</p>
<p>User enters the <u>first few letters</u> of the medication in the Medication Name field and clicks Search button. A list of medications will appear. User clicks button adjacent to the medication and clicks Select.</p>	

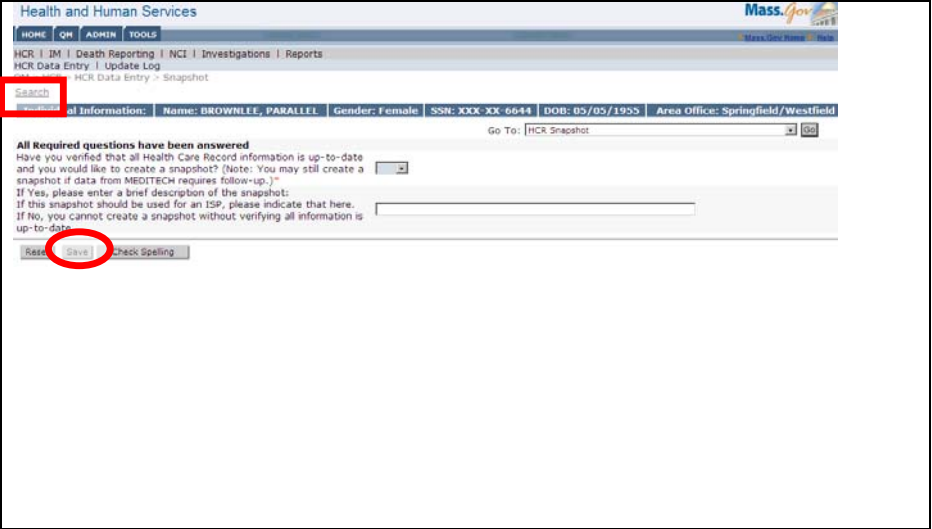
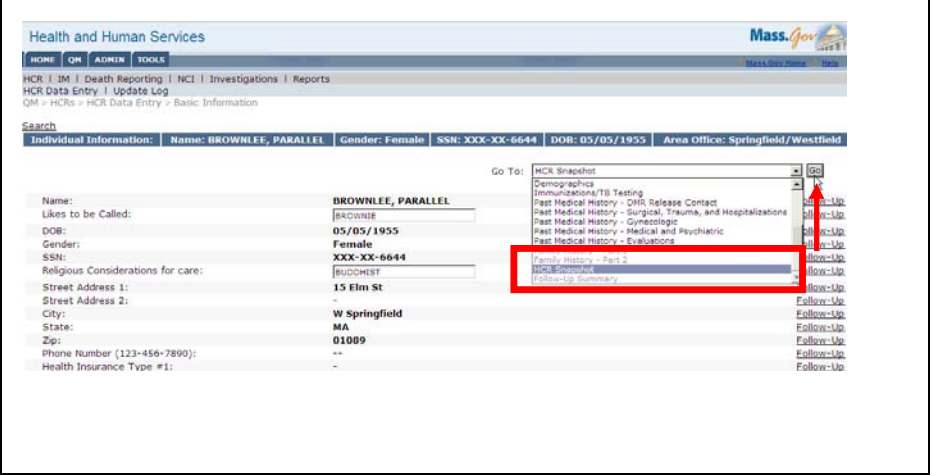
Health Care Record Quick Guide

<p>Medications List, continued</p> <p>User enters all mandatory fields on the Medication list screen and clicks the Save button.</p> <p>Follow the same process if you want to add another medication. When finished adding medications click Save and Continue.</p>	<p>HCR Data Entry Update Log QM > HCR > HCR Data Entry > Medications List</p> <p>Search</p> <p>Individual Information: Name: BROWNLEE, PARALLEL Gender: Female SSN: XXX-XX-6644 DOB: 05/05/1955 Area Office: Springfield/Westfield</p> <p>Go To: Medications List</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Medication</th> <th>Reason For Prescription</th> <th>Other Reason</th> <th>Frequency</th> <th>Date Started Known?</th> <th>Date Started</th> <th>Year Started</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> penicillin G</td> <td>Unknown</td> <td></td> <td>Once a Day</td> <td>Date Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> diazepam</td> <td>Anxiety disorder - Generalized Anxiety</td> <td></td> <td>Once a Day</td> <td>Date Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> diazepam</td> <td>Anxiety disorder - Panic Disorder/agoraphobia</td> <td></td> <td>Four times a Day</td> <td>Date Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> digoxin</td> <td>Constipation</td> <td></td> <td>Four times a Day</td> <td>Yes, Date Known</td> <td>08/20/2007</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dilantin (phenytoin)</td> <td>Epilepsy</td> <td></td> <td>Three times a Day</td> <td>Yes, Date Known</td> <td>08/22/2007</td> <td></td> </tr> <tr> <td><input type="checkbox"/> phenytoin</td> <td>Sexual disorders</td> <td></td> <td>Twice a week</td> <td>Date Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Prozac # (fluoxetine)</td> <td>Anxiety disorder - Panic Disorder/agoraphobia</td> <td></td> <td>Twice a Day</td> <td>Date Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Abivan # (lorazepam)</td> <td>Anxiety disorder - PTSD</td> <td></td> <td>Twice a Day</td> <td>Date Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> aspirin</td> <td>Congestive Heart Failure</td> <td></td> <td>Once a Day</td> <td>Yes, Date Known</td> <td>06/07/2007</td> <td></td> </tr> <tr> <td><input type="checkbox"/> aspirin</td> <td>Congestive Heart Failure</td> <td></td> <td>Twice a Day</td> <td>Date Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Zolofit (sertraline)</td> <td>Mood disorder - Depressive disorder</td> <td></td> <td>Once a Day</td> <td></td> <td>08/01/2006</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Prozac # (fluoxetine)</td> <td>Anxiety disorder - Generalized Anxiety</td> <td></td> <td>Once a Day</td> <td></td> <td>05/14/2006</td> <td></td> </tr> </tbody> </table> <p>Medication Name: Tylenol/codeine # (codeine/acetaminophen) Follow-Up</p> <p>Reason For Prescription: Follow-Up</p> <p>Other Reason For Prescription: Follow-Up</p> <p>Frequency: Follow-Up</p> <p>Is The Date Started Known?: Follow-Up</p> <p>If Date Known, Date Started (MM/DD/YYYY): Follow-Up</p> <p>If Only Year Known, Year Started (YYYY): Follow-Up</p> <p>Date Stopped (MM/DD/YYYY): Follow-Up</p> <p>Buttons: Save (circled), Check Spelling, Save And Continue (circled)</p>	Medication	Reason For Prescription	Other Reason	Frequency	Date Started Known?	Date Started	Year Started	<input type="checkbox"/> penicillin G	Unknown		Once a Day	Date Unknown			<input type="checkbox"/> diazepam	Anxiety disorder - Generalized Anxiety		Once a Day	Date Unknown			<input type="checkbox"/> diazepam	Anxiety disorder - Panic Disorder/agoraphobia		Four times a Day	Date Unknown			<input type="checkbox"/> digoxin	Constipation		Four times a Day	Yes, Date Known	08/20/2007		<input type="checkbox"/> Dilantin (phenytoin)	Epilepsy		Three times a Day	Yes, Date Known	08/22/2007		<input type="checkbox"/> phenytoin	Sexual disorders		Twice a week	Date Unknown			<input type="checkbox"/> Prozac # (fluoxetine)	Anxiety disorder - Panic Disorder/agoraphobia		Twice a Day	Date Unknown			<input type="checkbox"/> Abivan # (lorazepam)	Anxiety disorder - PTSD		Twice a Day	Date Unknown			<input type="checkbox"/> aspirin	Congestive Heart Failure		Once a Day	Yes, Date Known	06/07/2007		<input type="checkbox"/> aspirin	Congestive Heart Failure		Twice a Day	Date Unknown			<input type="checkbox"/> Zolofit (sertraline)	Mood disorder - Depressive disorder		Once a Day		08/01/2006		<input type="checkbox"/> Prozac # (fluoxetine)	Anxiety disorder - Generalized Anxiety		Once a Day		05/14/2006	
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<p>Allergies</p> <p><i>*Important: if there are no medications, allergies and/or contacts to add, skip over the pages, using Go To drop-down.*</i></p>	<p>Health and Human Services</p> <p>HOME QM ADMIN TOOLS</p> <p>HCR IM Death Reporting NCI Investigations Reports</p> <p>HCR Data Entry Update Log</p> <p>QM > HCR > HCR Data Entry > Allergies</p> <p>Search</p> <p>Individual Information: Name: SMITH, JOHN Gender: Male SSN: XXX-XX-6756 DOB: 10/10/1910 Area Office: Berkshire</p> <p>Go To: Allergies</p> <p>To What? Type of Allergy: Type of Reaction:</p> <p>Allergies</p> <p>Type of Allergy: Follow-Up</p> <p>To What? Follow-Up</p> <p>Type of Reaction: Follow-Up</p> <p>Buttons: Save (circled), Check Spelling, Save And Continue</p>																																																																																											
<p>User enters all mandatory fields on the Allergy screen and clicks the Save button.</p> <p>If nothing more to add, use the Go To drop-down to go the screens desired.</p>																																																																																												



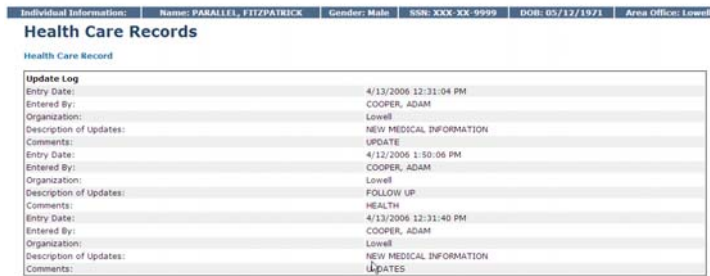
Health Care Record Quick Guide

<p>Snapshot</p> <p>When the user has completed all the screens in HCR, they create a snapshot of the record. This is used in conjunction with the annual ISP review.</p> <p>HCSIS will not allow you to complete snapshot if information is incomplete.</p> <p>For example, this screen indicates that “Questions on the following screens must be answered prior to taking a snapshot of the HCR.”</p>	 <p>The screenshot shows the HCR system interface for a user named PARALLEL, FITZPATRICK. The interface includes a navigation menu at the top with options like HOME, QM, ADMIN, and TOOLS. Below the menu, there are links for HCR IM Death Reporting NCJ Investigations Reports, HCR Data Entry Update Log, and QM > HCR > HCR Data Entry > Snapshot. The main content area displays individual information for the user, including Name, Gender, SSN, DOB, and Area Office. A red circle highlights a message that states: "The screens in the HCR have not been answered. Questions on the following screens must be answered prior to taking a Snapshot of the HCR." Below this message is a list of screens that need to be completed: Basic Information, Functional Status, Special Needs, Demographics, Immunizations/Testing, Past Medical History - Evaluations, Family History - Part 1, and Family History - Part 2. The footer of the screenshot shows the date and time: Thursday, April 13, 2006 12:45 PM.</p>
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Health Care Record Quick Guide

<p>Snapshot Question Screen</p>	
<p>Depending on your role, you will see Create Snapshot button. In this case, answer all fields necessary and click Save. Hint: Click the Search link to create/update a HCR for another individual.</p>	 <p>Health and Human Services</p> <p>HOME QM ADMIN TOOLS</p> <p>HCR IM Death Reporting NCI Investigations Reports</p> <p>HCR Data Entry Update Log</p> <p>HCR Data Entry > Snapshot</p> <p>Search</p> <p>Individual Information: Name: BROWNLEE, PARALLEL Gender: Female SSN: XXX-XX-6644 DOB: 05/05/1955 Area Office: Springfield/Westfield</p> <p>Go To: HCR Snapshot</p> <p>All Required questions have been answered</p> <p>Have you verified that all Health Care Record information is up-to-date and you would like to create a snapshot? (Note: You may still create a snapshot if data from MEDITECH requires follow-up.)</p> <p>If Yes, please enter a brief description of the snapshot:</p> <p>If this snapshot should be used for an ISP, please indicate that here.</p> <p>If No, you cannot create a snapshot without verifying all information is up-to-date.</p> <p>Save Check Spelling</p>
	<p>Have access to create snapshot</p>
<p>After finding the individual through HCR Search, Add the reason to the update and click Save and Continue. Using Go-To drop menu select Create Snapshot. Click Go.</p>	 <p>Health and Human Services</p> <p>HOME QM ADMIN TOOLS</p> <p>HCR IM Death Reporting NCI Investigations Reports</p> <p>HCR Data Entry Update Log</p> <p>QM > HCRs > HCR Data Entry > Basic Information</p> <p>Search</p> <p>Individual Information: Name: BROWNLEE, PARALLEL Gender: Female SSN: XXX-XX-6644 DOB: 05/05/1955 Area Office: Springfield/Westfield</p> <p>Go To: HCR Snapshot</p> <p>Name: BROWNLEE, PARALLEL</p> <p>Likes to be Called: BROWNLEE</p> <p>DOB: 05/05/1955</p> <p>Gender: Female</p> <p>SSN: XXX-XX-6644</p> <p>Religious Considerations for care: BUDDHIST</p> <p>Street Address 1: 15 Elm St</p> <p>Street Address 2: --</p> <p>City: W Springfield</p> <p>State: MA</p> <p>Zip: 01089</p> <p>Phone Number (123-456-7890): --</p> <p>Health Insurance Type #1: --</p> <p>Go To: HCR Snapshot</p> <ul style="list-style-type: none"> Demographic Immunizations/TB Testing Past Medical History - DNR Release Contact Past Medical History - Surgical, Trauma, and Hospitalizations Past Medical History - Gynecologic Past Medical History - Medical and Psychiatric Past Medical History - Evaluations Family History - Part 2 HCR Snapshot Follow-Up Summary <p>Follow-Up Follow-Up Follow-Up Follow-Up Follow-Up Follow-Up Follow-Up Follow-Up Follow-Up Follow-Up</p>

Health Care Record Quick Guide

<p>Click Create Snapshot button.</p> <p>Note: To create a snapshot for another Individual click Search.</p>	 <p>Health and Human Services Mass.gov</p> <p>HOME QM ADMIN TOOLS Mass Data Entry Help</p> <p>HCR IM Death Reporting NCI Investigations Reports</p> <p>HCR Data Entry Update Log</p> <p>QM -> HCR -> HCR Data Entry -> Snapshot</p> <p>Search</p> <p>Individual Information: Name: BROWNLEE, PARALLELE Gender: Female SSN: XXX-XX-6644 DOB: 05/05/1955 Area Office: Springfield/Westfield</p> <p>Go To: HCR Snapshot</p> <p>All Required questions have been answered</p> <p>Have you verified that all Health Care Record information is up-to-date and you would like to create a snapshot? (Note: You may still create a snapshot if data from MEDITECH requires follow-up.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, please enter a brief description of the snapshot:</p> <p>If this snapshot should be used for an ISP, please indicate that here. If No, you cannot create a snapshot without verifying all information is up-to-date.</p> <p>FOR 2008 ISP</p> <p>Reset Save Check Spelling Create Snapshot</p>																																
<p>Printable Information</p>	<p><i>Once the snapshot is created, you can view the record using the links below.</i></p>																																
<p>User can choose to view and/or print the HCR Printable Summary and/or the HCR Printable Form by clicking on the View buttons.</p>	 <p>SEARCH</p> <p>Individual Information: Name: PARALLELE, FITZPATRICK Gender: Male SSN: XXX-XX-9999 DOB: 05/12/1971 Area Office: Lowell</p> <p>Current HCR</p> <p>Last Updated By: COOPER, ADAM Last Updated Date: 4/13/2006 12:28:29 PM</p> <p>Next ISP Date: 03/10/2006</p> <p>Update the HCR View the HCR Printable Summary View the HCR Printable Form</p>																																
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<p>Example of a Printable Summary</p>	 <p>QM -> HCR -> HCR Data Entry -> Printable HCR Summary</p> <p>Individual Information: Name: PARALLELE, FITZPATRICK Gender: Male SSN: XXX-XX-9999 DOB: 05/12/1971 Area Office: Lowell</p> <p>Health Care Records</p> <p>Health Care Record</p> <table border="1"> <thead> <tr> <th colspan="2">Update Log</th> </tr> </thead> <tbody> <tr> <td>Entry Date:</td> <td>4/13/2006 12:31:04 PM</td> </tr> <tr> <td>Entered By:</td> <td>COOPER, ADAM</td> </tr> <tr> <td>Organization:</td> <td>Lowell</td> </tr> <tr> <td>Description of Updates:</td> <td>NEW MEDICAL INFORMATION</td> </tr> <tr> <td>Comments:</td> <td>UPDATE</td> </tr> <tr> <td>Entry Date:</td> <td>4/12/2006 1:50:06 PM</td> </tr> <tr> <td>Entered By:</td> <td>COOPER, ADAM</td> </tr> <tr> <td>Organization:</td> <td>Lowell</td> </tr> <tr> <td>Description of Updates:</td> <td>FOLLOW UP</td> </tr> <tr> <td>Comments:</td> <td>HEALTH</td> </tr> <tr> <td>Entry Date:</td> <td>4/13/2006 12:31:40 PM</td> </tr> <tr> <td>Entered By:</td> <td>COOPER, ADAM</td> </tr> <tr> <td>Organization:</td> <td>Lowell</td> </tr> <tr> <td>Description of Updates:</td> <td>NEW MEDICAL INFORMATION</td> </tr> <tr> <td>Comments:</td> <td>UPDATES</td> </tr> </tbody> </table>	Update Log		Entry Date:	4/13/2006 12:31:04 PM	Entered By:	COOPER, ADAM	Organization:	Lowell	Description of Updates:	NEW MEDICAL INFORMATION	Comments:	UPDATE	Entry Date:	4/12/2006 1:50:06 PM	Entered By:	COOPER, ADAM	Organization:	Lowell	Description of Updates:	FOLLOW UP	Comments:	HEALTH	Entry Date:	4/13/2006 12:31:40 PM	Entered By:	COOPER, ADAM	Organization:	Lowell	Description of Updates:	NEW MEDICAL INFORMATION	Comments:	UPDATES
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Health Care Record Quick Guide

Printable Form							
Example of a Printable Form.	<div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between; align-items: center;">  <div style="text-align: center;"> HEALTH RECORD Massachusetts Department of Mental Retardation </div> <div style="border: 1px solid black; padding: 2px; font-size: 8px;"> Last updated by: <u>COOPER, BOAM</u> Relationship to Individual: <u>None</u> Date of Last Update: <u>04/11/2006</u> </div> </div> <p style="text-align: center; font-size: 8px;">(To be completed or updated at the ISP and brought to all new medical contacts)</p> <p>Name: <u>PARALLEL, FITZPATRICK</u> Likes to be called: _____</p> <p>D.O.B.: <u>05/12/1971</u> Soc. Sec #: <u>XXX-XX-9999</u> Religion: _____</p> <p>Address: <u>1 MAIN STREET</u> <u>LOWELL, MA 01854</u></p> <p>Tel. #: <u>508-555-1212</u></p> <p>Health Insurance (Type & numbers) Primary: <u>MEDICAID OF MASS.</u> Secondary: _____</p> <p>Agency Responsible for Providing Care? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Tel. # _____ (Name of agency/primary contact person)</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 50%; padding: 2px;"> Consent Status: <input type="checkbox"/> Can give own consent <input type="checkbox"/> Unable to give own consent </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Consent from guardian Name: _____ Tel. # _____ </td> </tr> <tr> <td style="padding: 2px;"> Resuscitation Status: <input type="checkbox"/> DNR <input type="checkbox"/> Full Resuscitation </td> <td style="padding: 2px;"> If DNR, is comfort care form available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown </td> </tr> </table> <p>Health Care proxy: <input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Tel. # _____</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 50%; padding: 2px;"> Emergency Contacts: #1 Name: _____ Tel. # _____ </td> <td style="width: 50%; padding: 2px;"> Pharmacy: #1 Name: _____ Tel. # _____ Address: _____ </td> </tr> </table> </div>	Consent Status: <input type="checkbox"/> Can give own consent <input type="checkbox"/> Unable to give own consent	<input type="checkbox"/> Consent from guardian Name: _____ Tel. # _____	Resuscitation Status: <input type="checkbox"/> DNR <input type="checkbox"/> Full Resuscitation	If DNR, is comfort care form available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Emergency Contacts: #1 Name: _____ Tel. # _____	Pharmacy: #1 Name: _____ Tel. # _____ Address: _____
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