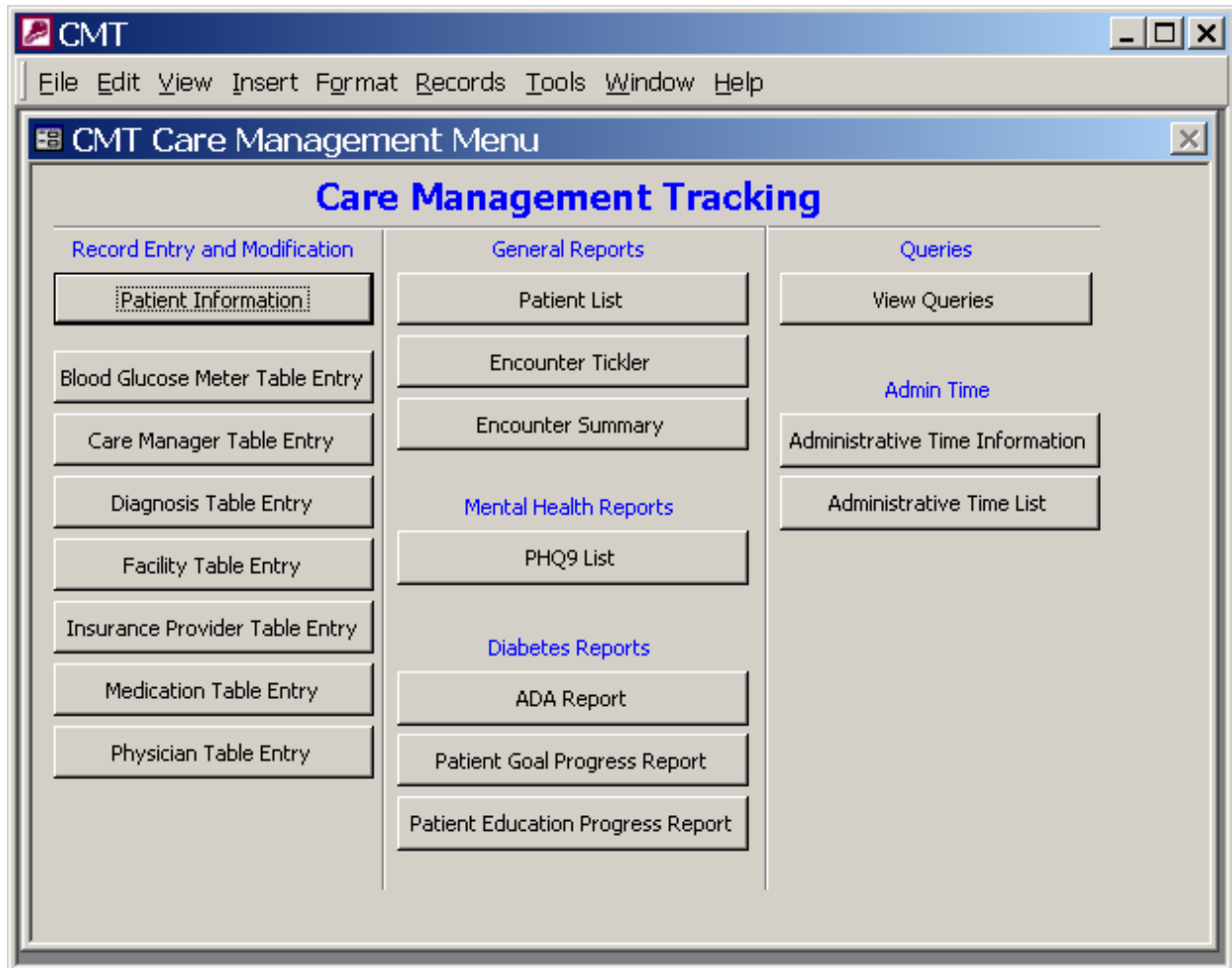


Care Management Tracking (CMT) Software User Manual (General Use)



Care Manager Tracking (CMT) Software

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Care Manager Tracking (CMT) Software

Installing the Database

To install the database for a single user, download and save the CMT.mdb file to the desired folder on a local drive/computer. For multiple users, install the database on a network drive. Users can be given access rights/permissions to that drive, map the drive to their computer, and create a shortcut on their desktop to access the live database.

Opening the Database

To open the database, double click the “Shortcut to CMT.mdb” icon on your desktop. The CMT Care Management Menu will appear (Fig. 1)

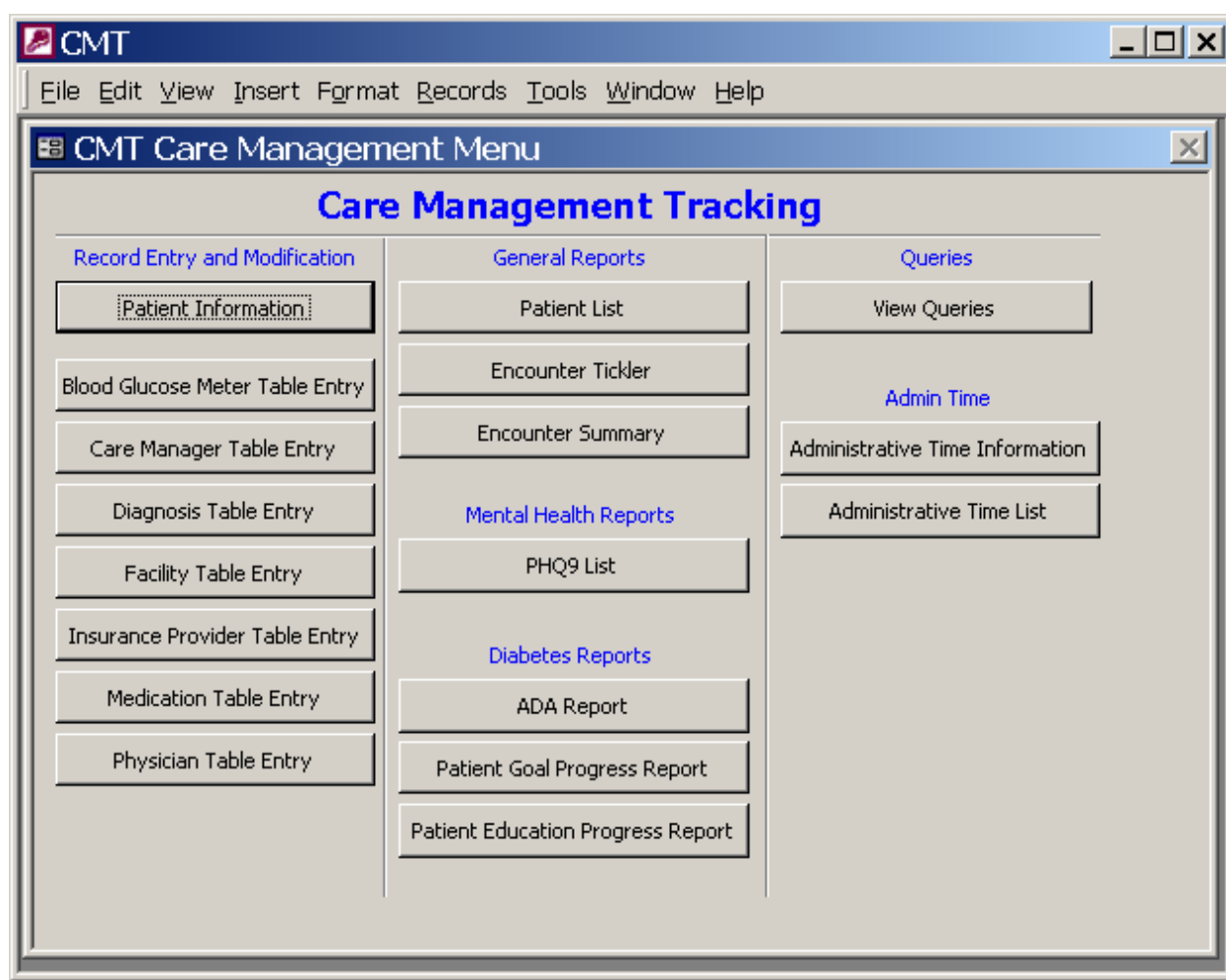


Figure 1

The CMT Care Management Menu

The Care Management Tracking Database Main Menu is composed of 6 sections: Record Entry and Modification, General Reports, Mental Health Reports, Diabetes Reports, Queries, and Admin Time.

Record Entry and Modification Section

This section includes buttons to access the main Patient Information screen, as well as table information for Care Managers, Physicians, Diagnoses, etc., which appear as selections in the drop-down fields throughout the database.

Entering Values on Main Menu for Blood Glucose Meters, Care Managers, Diagnoses, Facilities, Insurance Providers, Medications, and Physicians

- Click on the “Diagnosis Table Entry” button or other “Table Entry” button from the main menu. A pop-up window (Fig. 2) will appear with all of the values for that category currently in the database table/available in the drop-down menus. To add a new one, scroll down the window to the blank line. Type in the new value and close the window. It will now automatically save to that table and appear as an alphabetized choice in the drop-downs within the database.

Please note: If you are looking to add an entry for another category other than those listed on the Main Menu, please contact your database administrator/programmer. These will need to be entered “behind the scenes”.

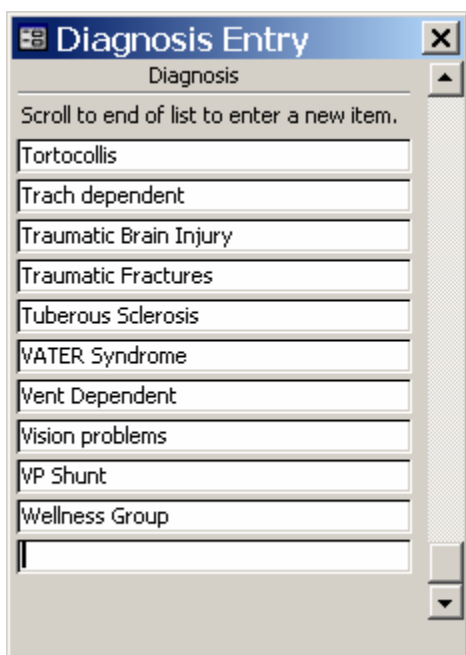


Figure 2

Patient Information

The Patient Information button brings you to the main data entry screen (Fig. 3). Here you will locate/enter new Patients, record new encounters, assessments, and diagnoses. The top portion of the screen displays Patient demographics as well as information regarding the Patient's status with the Care Manager. The middle section of the screen consists of several "windowpanes" which summarize and provide at-a-glance data entered via the navigation buttons on the bottom left of the screen. Also indicated within a thick black box on the right side of the screen is the Patient Search section. The bottom of the screen houses the navigation buttons for entering data for the selected patient, creating new patients, saving and deleting patients, and generating clinical note summaries.

CMT
File Edit Insert Records Window Help Adobe PDF

Patient Information : Form

Patient Information

ID Number: 7 Last Name: TEST First Name: TEST DOB: 8/16/1977 * Age: 19-44 Race: Black/African A Sex: M
 Phone: (800) 800-8000 Cell Phone: Email: PCP: Allen, Mitch PCP Phone: (800) 888-8888
 Insurance: Mailhandlers Facility: DEF Hospital ☐ Diab Collaboration FPP: 2. Confused/Chaotic
 Date of Referral: 1/2/2006 * Care Mgr: Ann Status: Active

Diag. Date	Diagnosis	Status
Edit 2/28/2005	CHF	Active
Edit 3/30/2004	Anxiety	Active
Edit 3/30/2004	Depression	Active

Sched Date	Sched Time	Encounter Type	Status
Edit 3/9/2006		Telephone Contact	Resolved
Edit 3/4/2006		Home Visit	Resolved
Edit 3/2/2006		Telephone Contact	Resolved
Edit 3/1/2006		Telephone Contact	Pending

Patient Search

ID Number:
 Last Name:
 First Name:
 Care Mgr:
 Search for Patients
 Show All Patients

MH Packet Date	Symp	Severity	Fctnal Diff	Dysth.	Q9	Suicide State	Suicide Risk	[Mood 1 2 3]	MoodImp	MoodSx	AnxImp	AnxSx
Edit 3/8/2006	1	3	Somewhat	<input checked="" type="checkbox"/>	0		No Risk					
Edit 2/14/2006	0	4	Not at all	<input checked="" type="checkbox"/>	0		No Risk		16	45	14	52
Edit 2/1/2006	8	22	Somewhat	<input checked="" type="checkbox"/>	1	1. Thoughts Only	Low Risk					

Diab Assess Date: 1/2/2006

Navigation Buttons: Diagnosis, Encounter, Meds, MH Instruments, Pediatric Assess, Diabetes History, Diab Pre/Post Knowledge Assess, Patient Goals, HF Follow-Up, Function, New Patient, Save Patient, Delete Patient, Generate Clinical Note by Date *

Record: 1 of 1

Figure 3

- ADDING A NEW PATIENT

Search for the Patient to see if he/she exists in the database:

Go to the Patient Search section on the right side of the Patient Information screen. Enter in an ID Number, Last Name, First Name, or Care Manager/Diabetes Educator from the drop-down lists to search (Typing the first letter of a name will bring you to the right place in the list quickly). Click the “Search for Patients” button. You may search using a combination of fields, such as a first and last name, to further narrow the search. Please note that once you have searched, you will be seeing a subset of the records in the database. For example, you may search on “Brown” as a last name. There may be several Browns in the database. Check the record indicator number at the bottom left of the main Patient Information form to see which record you are on and how many records you are viewing. You may see “Record 1 of 4” if 4 Browns have been found. If the current record displayed isn’t the record you are looking for, you can use the “VCR-like” ◀ back and ▶ forward buttons to move to the previous and next records, respectively, until you find the record you are looking for.

Please note: To get back to viewing ALL Patients, click on the “Show All Patients” button in the Patient Search area. You are now viewing ALL records in the database instead of just the subset of Browns.

If nothing comes up, the Patient has not yet been entered into the database, so click the “**New Patient**” button on the bottom of the screen to clear the screen fields and enter the Patient information.

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Full Name (Last and First Names)
- ID Number – Number unique to a Patient in your organization
- Care Manager/Diabetes Educator
- Date of Referral

Click the “**Save Patient**” button on the bottom of the screen. You must save the record before any other data can be entered on pop-up screens.

- ADDING DIAGNOSES, ENCOUNTERS, MH INSTRUMENTS, ASSESSMENTS, ETC:

Click the “Diagnosis”, “Encounter”, or “MH Instruments”, etc. button at the bottom left of the screen. This will pop up an entry screen. All records entered of that type for the Patient you are currently viewing will be retrieved. Once this screen appears, you will see the latest (most recent date) entry record of that type for the current patient. **Be sure to click the “New” button to clear the screen**, or you will overwrite an existing record! If you wish to, you can navigate through these records using the navigation arrows next to the Record number on the bottom of the pop-up screen if necessary.

Click the “Save” button and close the window to return to the main Patient Information screen. You will notice that the record you just entered will now automatically appear in the corresponding “windowpane” on the main Patient Information screen for that Patient (if your database has that specific windowpane).

- **Diagnosis:**

Clicking this button will bring up the following Patient Diagnosis screen (Fig. 4). Enter the Diagnosis information. Status has a default value of “Active”.

To enter multiple Diagnoses, enter them separately (even though they may have the same date) instead of combining using the Notes field. That way if one Diagnosis has a Status of “Resolved” and another “Active”, they can be tracked separately.

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Diagnosis Date
- Diagnosis

Click the “Save Diag.” Button to save the record and close the window to return to the main Patient Information screen.

Figure 4

- **Encounter:**

Clicking this button will bring up the following Patient Encounter screen (Fig. 5). Enter the Encounter information. Please note that Scheduled Time must be entered in the format “HH:MM AM” or “HH:MM PM”.

For a future Encounter to appear on the Encounter Tickler Report accessed from the database Main Menu, you **MUST** enter the top half (above the line) of the Encounter pop-up entry screen. This portion drives the report.

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Scheduled Date

Click the “Save Encounter” Button to save the record and close the window to return to the main Patient Information screen. You will notice that the windowpane for Encounters on the Patient Information screen will display that Encounter as “Pending”.

Once the Encounter has been completed, go back to the Encounter screen for the Patient to fill in the bottom portion (below the line) of the Encounter record. Filling in an Actual Date will cause the windowpane on the Patient Information screen to display “Completed” and the Encounter to drop off the Encounter Tickler “to-do” List.

The screenshot shows a window titled "Patient Encounter" with a sub-header "Encounter Information". The form is divided into two main sections by a horizontal line. The top section contains fields for "Scheduled Date" (with a blue asterisk), "Scheduled Time", "Encounter Type" (dropdown), and "Enc. Reason" (dropdown). The bottom section contains fields for "Actual Date" (with a blue asterisk), "Outcome" (dropdown), "Call Attempts to Pts" (dropdown), "Resource Time" (in minutes), "Total Call Time for Day" (in minutes), "Clinic Visit Time" (in minutes), "Number of Phone Calls", and "Home Visit Time" (in minutes). A large "Notes" text area is located below these fields. At the bottom of the form are three buttons: "New Encounter", "Save Encounter", and "Delete Encounter". A status bar at the very bottom shows "Record: 1 of 1 (Filtered)".

Figure 5

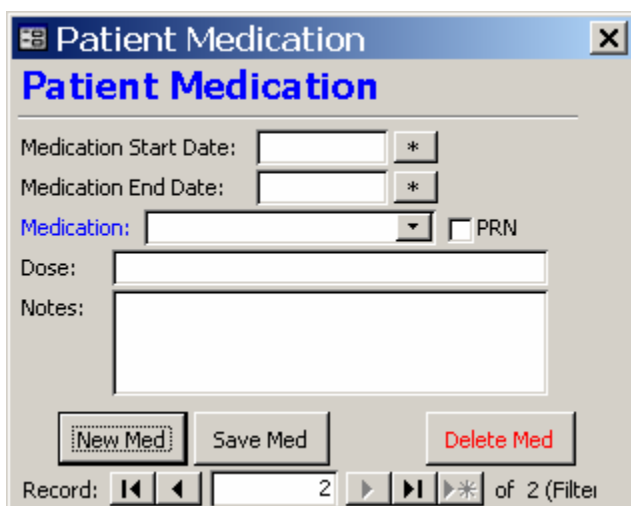
- **Meds:**

Clicking this button will bring up the following Patient Medication screen (Fig. 6). Enter the Medication information.

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Medication

Click the “Save Med” Button to save the record and close the window to return to the main Patient Information screen.



The screenshot shows a window titled "Patient Medication" with a close button (X) in the top right corner. The window contains the following fields and controls:

- Medication Start Date:** A text input field followed by an asterisk (*) indicating it is a required field.
- Medication End Date:** A text input field followed by an asterisk (*) indicating it is a required field.
- Medication:** A dropdown menu with a downward arrow, followed by a checkbox labeled "PRN".
- Dose:** A text input field.
- Notes:** A large text area for entering notes.
- Buttons:** Three buttons are located at the bottom: "New Med" (disabled), "Save Med", and "Delete Med" (highlighted in red).
- Record Navigation:** A row of navigation buttons including first, previous, next, last, and a search icon, followed by a text box containing the number "2" and the text "of 2 (Filter)".

Figure 6

- **MH Instruments:**

Clicking this button will bring up the following Mental Health Instruments screen (Fig. 7). Enter the Mental Health Instruments information. Scores entered on this screen originate from corresponding instruments such as the PHQ-9 (Patient Health Questionnaire), which are available for download with the CMT database.

Data entered on this screen will display on the Care Conference List Report from the Main Menu (Mental Health version of the CMT database only).

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Date

Click the “Save Instrument Data” Button to save the record and close the window to return to the main Patient Information screen.

The screenshot shows a web-based form titled "MH Instruments" with a sub-header "Mental Health Instruments". The form is organized into several sections:

- Check Support:** Includes checkboxes for "Isolated from available support", "Unwilling to use available support", "Exhausted available support", and "Has available support/actively using".
- Check Adherence:** Includes checkboxes for "Following Recommendations", "Taking Medication", "Seeing Therapist", and "Self Management".
- Global Severity:** A dropdown menu showing "1-7 (4)".
- Date:** A date input field with a calendar icon.
- General Comments/Plan:** A large text area for notes.
- Identified Goal:** A text input field.
- PHQ-9 (Depression):** Includes fields for "Symptom Count", "Severity Score", "Functional Difficulty", "Dysthymia?", "PHQ Suicide Q9", "Suicide State", "Suicide Risk", "Clinician Aware?", "Follow Up Required?", and "Suicide Comments".
- Mood and Anxiety / Sleep:** Includes "Mood Screen" with a scale from 1 to 3, "Symptom Rating Scales" for "Sx" and "Imp" with sub-scales for "Mood" and "Anx", "Mood Comments", "Anxiety Comments", and "Sleep Assessment" with "Difficulty?" and "Severity" (0-10) fields.
- Pediatric Only:** Includes "Parent Vanderbilt" and "Teacher Vanderbilt" scales (only if ADHD), "Vanderbilt Comments", "Symptom Rating Scales" for "Sx" and "Imp" with sub-scales for "Dev" (Developmental Intake Only) and "Dep" (Pediatric Depression), "Develop. Comments", and "Depress. Comments".
- Buttons:** "New Instrument Data", "Save Instrument Data", and "Delete Instrument Data".
- Footer:** "Record: 7 of 7 (Filtered)" with navigation icons.

Figure 7

- **Pediatric Assess:**

Clicking this button will bring up the following Individual Health Plan (Pediatric Assessment) screen (Fig. 8). Enter the Pediatric Assessment information. Please note that you may also print a copy of this screen/form by clicking the “Print Ped Assessment” button on the bottom left of the screen.

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Ped Assess Date

Click the “Save Ped Assessment” Button to save the record and close the window to return to the main Patient Information screen.

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Pediatric Assessment

Individual Health Plan (Pediatric Assessment) Ped Assess Date: *

Consultants/Specialty/Phone #:

1. 4.
2. 5.
3. 6.

Home Care Nursing: Agency Name: Contact: Phone: Services Ordered:

Home Care Equipment: Company Name: Phone:

☐ O2 stationary/portable ☐ O2 oximeter (SAT)
☐ Apnea monitor ☐ Suction machine/supplies
Trach tube type/size: Cuff? ☐ Y ☐ N ☐ Vent/type
☐ Formula: ☐ Feeding pump/supplies
☐ N/G Tube ☐ GT/GJ type size
☐ Carseat ☐ Wheelchair
☐ BP Monitor ☐ Other

Home Care Comments:

Developmental/Rehab: Company Name: Phone:

☐ PT ☐ OT
☐ Speech ☐ Vision

Developmental/Rehab Comments:

School: Phone:

Community Resources:

	Applied	Accepted	Denied
DSPD: Caseworker Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver Program: <input type="checkbox"/> Technology Dependent Children <input type="checkbox"/> TBI <input type="checkbox"/> DDMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WorkForce Service: <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid: Caseworker Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Resources Comments:

Mental Health: Phone:

Other:

Last revision date: *

New Ped Assessment Save Ped Assessment Print Ped Assessment Delete Ped Assessment

Record: 2 of 2 (Filtered)

Figure 8

- **Diabetes History:**

Clicking this button will bring up the following Diabetes Assessment screen (Fig. 9). Enter the Diabetes Assessment information. Default values for checkboxes are “No”, and defaults for drop-downs are “Never”, “None” or “Not At All”, as indicated in Figure 9. Please note that you may also print a copy of this screen/form by clicking the “Print Assessment” button on the bottom left of the screen.

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Assess Date

Click the “Save Assessment” Button to save the record and close the window to return to the main Patient Information screen.

CMT

File Edit View Insert Format Records Tools Window Help

Diabetes Assessment

Diabetes Assessment

Assess Date: * Diabetes Type: Special Needs: ☐ Y ☒ N Smoker? ☐ Y ☒ N Drinker?

History

☐ Y ☒ N Hypertension

☐ Y ☒ N Heart Attack/Heart Disease

☐ Y ☒ N High Cholesterol

☐ Y ☒ N Family Hx Diabetes

How long have you had Diabetes?

☐ Y ☒ N Hospitalized for Diabetes in last year?

If Yes, Explain:

Height/Weight

Height: ft. in. Weight lbs.

☐ Y ☒ N Weight Change in last 6 months?

☐ Y ☒ N Do you want to lose weight?

At what weight have you felt healthy? lbs.

Are you experiencing any of the following now?

☐ Y ☒ N Blurred Vision ☐ Y ☒ N Stress

☐ Y ☒ N Fatigue ☐ Y ☒ N Sexual Difficulty

☐ Y ☒ N Frequent Infections

☐ Y ☒ N Increased Thirst

☐ Y ☒ N Increased Urination

☐ Y ☒ N Numbness, tingling, pain in hands/feet

☐ Y ☒ N Sores that won't heal

☐ Y ☒ N Pain/Tightness in Chest

Other medical conditions: ☐ Y ☒ N Financial Concerns?

Monitoring

Last Diabetes Foot Exam: Never

Last Dilated Eye Exam: Never

Last Dental Exam: Never

☐ Y ☒ N Do you have a blood glucose meter? Type: None

Approx. how old is it? How often do you test? Not at all

Date of Last HgbA1C: Never Result HgbA1C:

What type of activity do you do? Not at all

Physical limitations that impact activity:

Meal Plan ☐ Y ☒ N Do you skip meals?

What's your insulin to carbohydrate ratio?

Last Diabetes Education: None

☐ Y ☒ N Have you seen a Dietitian?

How often do you eat out?

☐ Y ☒ N Food Allergies? If Yes, What:

What is the most difficult part of living with Diabetes?

☐ Y ☒ N Sad/Blue? ☐ Y ☒ N Lost interest? ☐ Y ☒ N Someone to talk to?

Save Assessment Print Assessment Delete Assessment

Record: 2 of 2 (Filtered)

Figure 9

- **Pre/Post Knowledge Assess:**

Clicking this button will bring up the following Diabetes Education Assessment screen (Fig. 10). Enter the Diabetes Education Assessment information. **Please note:** The Patient Name field at the top of the screen will be automatically populated from the Patient record you are currently viewing. Also, you may print a copy of this screen/form by clicking the “Print Assessment” button on the bottom left of the screen.

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Assessment Date

Click the “Save Assessment” Button to save the record and close the window to return to the main Patient Information screen.

Diabetes Education Assessment

Patient Name: Person(s) Instructed: Assessment Date: *

Key: 1. Poor - No knowledge / Not at all 3. Good - Adequate knowledge / Most of the time
2. Fair - Some knowledge / Sometimes 0 - N/A - Not applicable

Before Education	After Education	Instruct Date/Instructor	Follow-Up Plan
<input type="text"/> Do you understand how diabetes affects you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand your meal plan?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand the benefit of exercise/physical activity?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand how your medications work?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand the benefits of blood glucose monitoring?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand how to detect, treat, and prevent hypoglycemia?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand how to detect, treat, and prevent hyperglycemia?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand how to prevent and/or reduce chronic complications?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand how reaching your goals will help you w/your diabetes?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand that the diabetes team is available to help you problem solve?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand how diabetes affects emotional health?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Do you understand that your blood glucose needs to be in control before and during pregnancy?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Instructors: RN: RD: Collaborate Date: *

RN: RD:

New Assessment Save Assessment Print Assessment Delete Assessment

Record: 1 of 1 (Filtered)

Figure 10

- **Patient Goals:**

Clicking this button will bring up the following Patient Goals screen (Fig. 11). Enter the Patient Goals information. Default values for scores are zero. **Please note:** The Patient ID field at the top right of the screen will be automatically populated from the Patient record you are currently viewing. Also, you may print a copy of this screen/form by clicking the “Print Goals” button on the bottom left of the screen.

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Goals Assess Date

Click the “Save Goals” Button to save the record and close the window to return to the main Patient Information screen.

Patient Goals

Patient Goals

Goals Assess Date: * Patient ID:

Goals

<input type="checkbox"/> Nutrition Management	<input type="text"/>	F/U Date: <input type="text"/> *	Score: <input type="text" value="0"/>
<input type="checkbox"/> Physical Activity	<input type="text"/>	F/U Date: <input type="text"/> *	Score: <input type="text" value="0"/>
<input type="checkbox"/> Meds	<input type="text"/>	F/U Date: <input type="text"/> *	Score: <input type="text" value="0"/>
<input type="checkbox"/> Monitoring	<input type="text"/>	F/U Date: <input type="text"/> *	Score: <input type="text" value="0"/>
<input type="checkbox"/> Preventing Acute Complications	<input type="text"/>	F/U Date: <input type="text"/> *	Score: <input type="text" value="0"/>
<input type="checkbox"/> Risk Reduction	<input type="text"/>	F/U Date: <input type="text"/> *	Score: <input type="text" value="0"/>
<input type="checkbox"/> Psychosocial Adj.	<input type="text"/>	F/U Date: <input type="text"/> *	Score: <input type="text" value="0"/>
<input type="checkbox"/> Other	<input type="text"/>	F/U Date: <input type="text"/> *	Score: <input type="text" value="0"/>

Notes:

New Goals Save Goals Print Goals Delete Goals

Record: 2 of 2 (Filtered)

Figure 11

- **HF Follow-Up:**

Clicking this button will bring up the following Heart Failure Follow-Up screen (Fig. 12). Enter the Follow-Up information. Please note that you may also print a copy of this screen/form by clicking the “Print Follow-Up” button on the bottom left of the screen.

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Call Date
- Discharge Date
- Hospital

Click the “Save Follow-Up” Button to save the record and close the window to return to the main Patient Information screen.

HF Follow-Up

Heart Failure Follow-Up

Call Date: * Discharge Date: * To: Hospital:

Talked To:

Medication Review

Are you following your discharge medications?

If not, which ones are you not following?

Why are you not following your discharge meds?

Reviewed the importance of compliance, not running out / refilling meds?

Reminded patient to take all medications to follow-up appointment?

Activity

Are you trying to stay active daily?

How are you tolerating activity since discharge?

Weights

Is there any change in weight?

Diet / Fluid Restriction

Do you understand your low salt diet?

Are you following a low salt diet?

Are you limiting fluids to < 2 liters/day?

Symptoms

How is your breathing?

Are you lightheaded?

Swelling in the feet, abdomen, or ankles?

Follow-Up

☐ Instructed to contact provider (non-urgent)

☐ Instructed to seek immediate treatment (urgent)

☐ Teaching seminars schedule offered

☐ Next phone call scheduled

☐ None

Other

Notes:

New Follow-Up Save Follow-Up Print Follow-Up Delete Follow-Up

Record: 2 of 2 (Filtered)

Figure 12

- **Function:**

Clicking this button will bring up the following Function screen (Fig. 13). Enter the Function information.

Required fields are in blue (Omitting these fields will generate a pop-up error message when you save the form):

- Assessment Date

Click the “Save Function Assess” Button to save the record and close the window to return to the main Patient Information screen.

Function

Assessment Date: 9/5/2006 *

Activities of Daily Living Score (ADL)

Able to do without help:

1. Get out of bed or chair	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Walk	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3. Take a bath or shower	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Get Dressed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5. Go to the toilet	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
6. Feed self a meal	<input type="checkbox"/> Y <input type="checkbox"/> N

ADL: 4

Instrumental Activities Score (IADL)

Able to do without help:

1. Shop	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Use a telephone	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Cook	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Travel outside the home	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Bills, Checkbook, Finances	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Housekeeping	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Take medications	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

IADL: 3

Total ADL or IADL score is the number of functions the individual is able to do independently:
6 = full function; 4 = moderate impairment; 2 = severe impairment

Mini Mental Status Exam Score (MMSE) **Pain Score (0-10):**

MMSE: 15 Pain Score: 8

Notes:

New Function Assess Save Function Assess Print Function Assess Delete Function Assess

Record: 1 of 1 (Filtered)

Figure 13

- MODIFYING PATIENT INFO:

Search for the Patient first to see if he/she exists in the database. (See above instructions):

- To change demographic and status information on the main Patient Information form, modify fields and click the “Save Patient” button.
- On Diagnoses, Encounters, Mental Health Instruments, etc., click the ‘Edit’ button on the corresponding “windowpane” to get a pop-up directly to that specific record, and click the “Save” button before closing the pop-up window.


- GENERATE CLINICAL NOTE BUTTON:

This tool will save you from copying and pasting back and forth between windows when you need to go to another electronic charting method to enter a Note with results from Encounters, Mental Health Instruments, Diagnoses, etc. just entered into the CMT database.

1. Choose a date: Enter a date in the white text box to the right of the button **OR** click the asterisk button to the right of the date field to pop up a calendar for reference (In case you are looking for "Last Friday", for example, and don't know the date off the top of your head).
2. Click the "Generate Clinical Note by Date" button and a Clinical Note Summary Screen window (Fig. 14) will pop up which will summarize all events for **the day you selected for that patient** (the record you are currently viewing).

Any Encounters matching that date, **Any MH Instruments recorded** matching that date, and **ALL Diagnoses for that Patient (regardless of date)** will appear. We included all Diagnoses for an at-a-glance reference--you may not wish to copy and paste an earlier Diagnosis that doesn't relate to the date with which you are concerned.

Clinical Note Summary

Summary for: ID Number: 

Encounter:
 Scheduled Date: 1/26/2005 Actual Date: 1/26/2005 Telephone Contact Depression F/U Completed
 Call Attempts: 2 Call Length: 12 min
 Notes: PHQ-9 1/3. "Doing much better". Not taking Depakote or Klonopin.

MH Packet:
 1/26/2005 PHQ-9 Symptom Count: 1 PHQ-9 Severity: 3 Funct. Diff: Somewhat
 Dysthymia: Yes PHQ9 Suicide: 0
 Suicide Risk: No Risk

Diagnosis:
 2/28/2005 CHF Specialist: Benson, George Status: Active

Diagnosis:
 3/30/2004 Depression Status: Active

Diagnosis:
 3/30/2004 Anxiety Status: Active



Record:  1  of 1

Figure 14

3. To copy the text (as much as you need to transfer to another program):
 Click inside the box where the summary appears. Highlight the text you want to copy. Right-click and choose "Copy" from the menu. (Not highlighting first and just right-clicking will highlight everything and save time if that's what you want to do.)
4. Paste the text into the other electronic charting location:
 Open the program into which you wish to paste your Note. Once you choose your Patient in that system, go to where you normally enter a Note to type in or copy in information and do a Control-V sequence. (Hold down the "Cntrl" key in the bottom left of the keyboard and then press the "V" letter key on the keyboard). This is a shortcut to the Paste command. Your electronic charting system may not let you Right-click and choose "Paste" as we did with "Copy".

Please Note: You may also print from this screen by clicking the printer icon on the top right of the screen.

General Reports

Patient List

Clicking on the “Patient List” button will bring up the following Patient List Parameters screen (Fig. 15). The Patient List report generated is a list of Patients assigned to the selected Care Manager/Diabetes Educator. This report can be sorted by first name, last name, diagnosis, insurance, PCP (Primary Care Physician), or status.

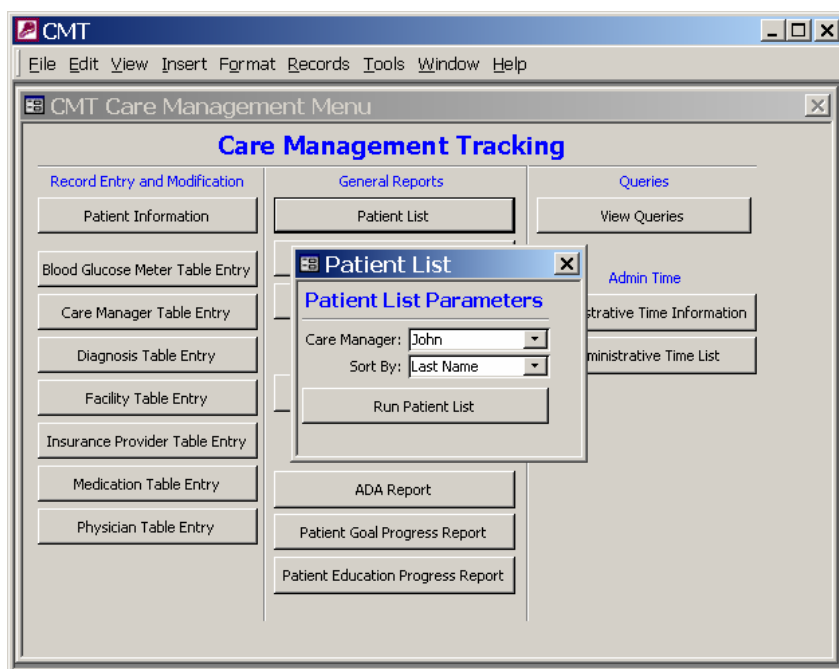


Figure 15

Click “Run Patient List” to run the report (Fig. 16).

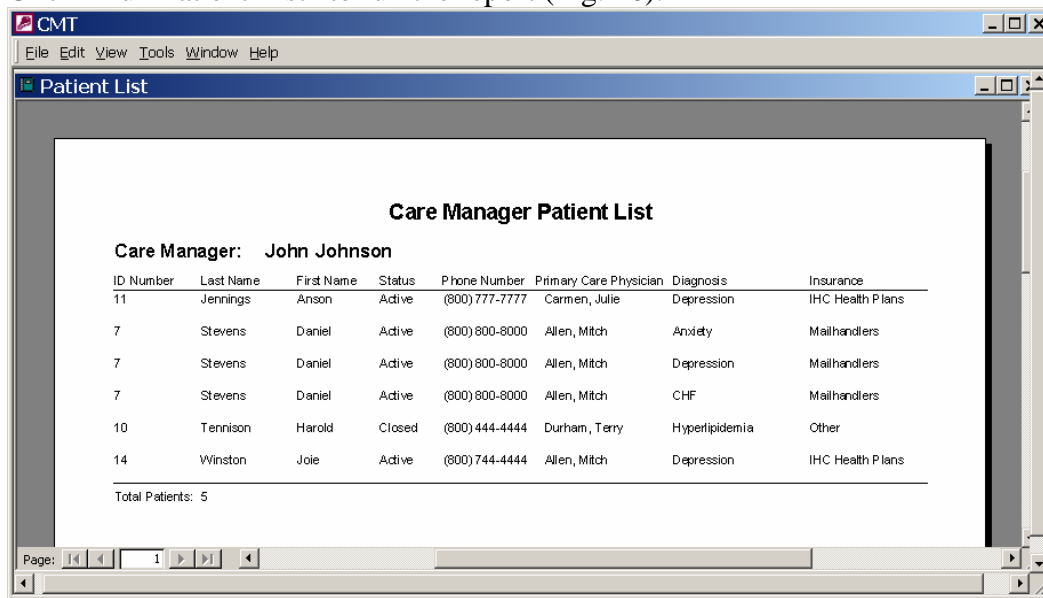


Figure 16

Encounter Tickler

- Clicking on the “Encounter Tickler” button will bring up the following Tickler List Parameters screen (Fig. 17). The Encounter Tickler report generated is a Tickler/To-do list for contact by date range for Patients assigned to the selected Care Manager/Diabetes Educator.

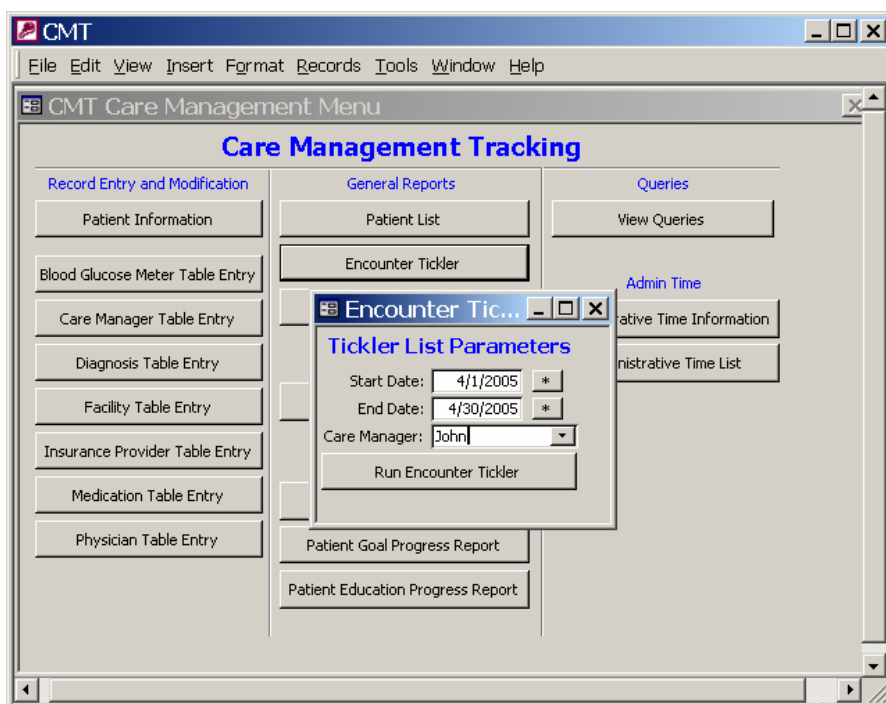


Figure 17

Click “Run Encounter Tickler” to run the report (Fig. 18).

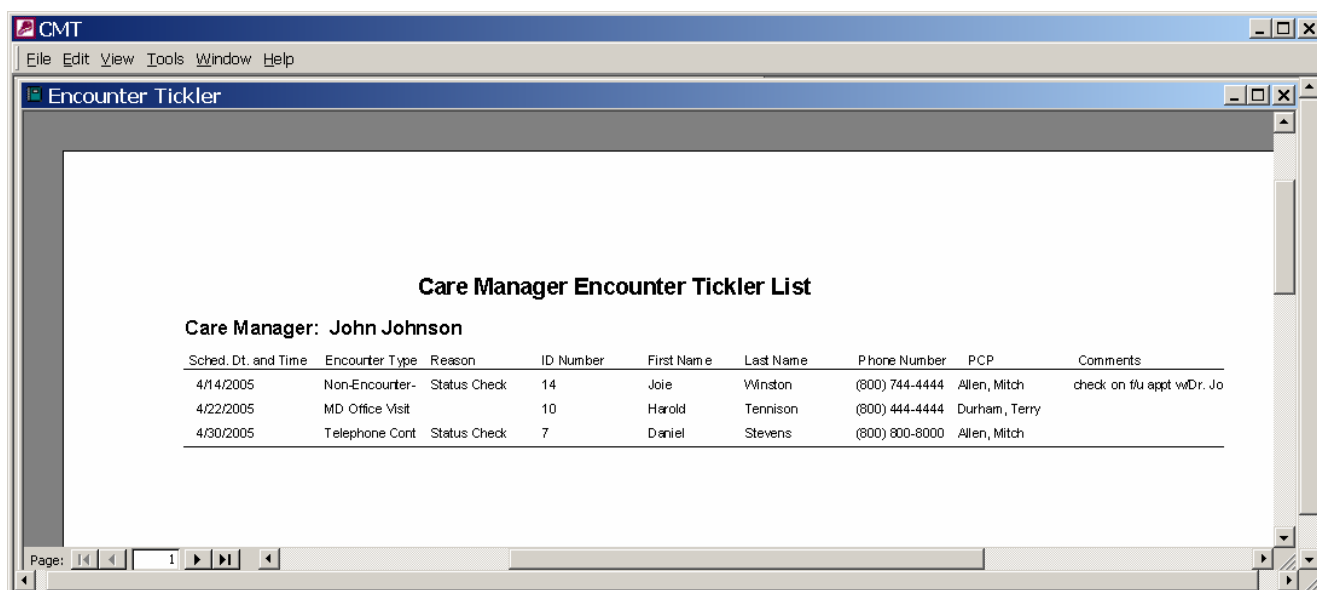


Figure 18

Encounter Summary

- Clicking on the “Encounter Summary” button will bring up the following Encounter Summary List Parameters screen (Fig. 19). The Encounter Summary report generated is a summary of Encounters by date range for Patients assigned to the selected Care Manager/Diabetes Educator. This report can be sorted by first name, last name, encounter date, encounter type, or encounter outcome.

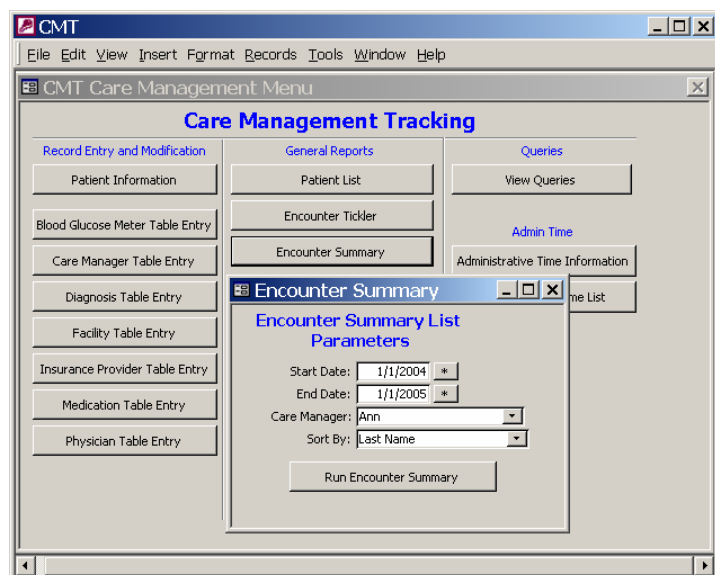


Figure 19

Click “Run Encounter Summary” to run the report (Fig. 20).

Care Manager Patient Encounter Summary						
For Time Period: 1/1/2004 to 1/1/2005						
Care Manager: Ann Thomsen						
ID Number	Last Name	First Name	Phone Number	Encounter Date	Encounter Type	Outcome
15	Billings	Barbie	(800) 663-3333	1/1/2004	MD Office Visit	Completed
15	Billings	Barbie	(800) 663-3333	2/23/2004	Telephone Contact	Completed
15	Billings	Barbie	(800) 663-3333	3/1/2004	Telephone Contact	Left Message
8	Hansen	Sally	(800) 222-2222	11/8/2004	Telephone Contact	Completed
8	Hansen	Sally	(800) 222-2222	11/10/2004	CM Office Visit	Completed
8	Hansen	Sally	(800) 222-2222	11/17/2004	CM Office Visit	Completed
8	Hansen	Sally	(800) 222-2222	12/3/2004	MD Office Visit	Completed
13	Redman	Robert	(800) 999-9999	1/31/2004	Telephone Contact	Completed
13	Redman	Robert	(800) 999-9999	8/23/2004	Telephone Contact	Left Message
13	Redman	Robert	(800) 999-9999	9/7/2004	Telephone Contact	Left Message
13	Redman	Robert	(800) 999-9999	9/24/2004	Telephone Contact	Left Message
13	Redman	Robert	(800) 999-9999	10/4/2004	Telephone Contact	No Answer
Total Patient Encounters: 12						

Figure 20

Mental Health Reports

PHQ9 List

- Clicking on the “PHQ9 List” button will bring up the following PHQ9 List Parameters screen (Fig. 21). The PHQ9 List report generated is a list of PHQ9 scores for Patients assigned to the selected Care Manager/Diabetes Educator. This report can be sorted by date, first name, last name, or suicide risk. The report is especially helpful for viewing progress over time.

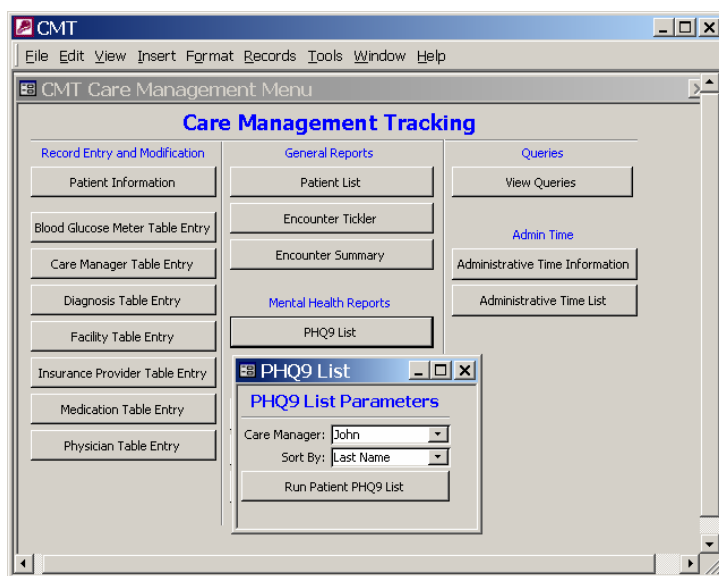


Figure 21

Click “Run Patient PHQ9 List” to run the report (Fig. 22).

CMT

File Edit View Tools Window Help

PHQ9 List

Care Manager Patient PHQ9 List

Care Manager: John Johnson

ID Number	Last	First	Patient Phone	FPP	PCP	Insurance	Diagnosis	PHQ9 Date	SympCt	Severity	Fcndt Diff	Dyrth	Q9	Suic	State	Suicide Risk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Depressio	1/26/2005	1	3	Somewhat	<input checked="" type="checkbox"/>	0			No Risk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Anxiety	1/26/2005	1	3	Somewhat	<input checked="" type="checkbox"/>	0			No Risk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	CHF	1/26/2005	1	3	Somewhat	<input checked="" type="checkbox"/>	0			No Risk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	CHF	9/1/2004	0	4	Not at all	<input checked="" type="checkbox"/>	0			No Risk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Depressio	9/1/2004	0	4	Not at all	<input checked="" type="checkbox"/>	0			No Risk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Anxiety	9/1/2004	0	4	Not at all	<input checked="" type="checkbox"/>	0			No Risk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Anxiety	6/6/2004				<input type="checkbox"/>				
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	CHF	6/6/2004				<input type="checkbox"/>				
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Depressio	6/6/2004				<input type="checkbox"/>				
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Depressio	5/4/2004	8	22	Somewhat	<input checked="" type="checkbox"/>	1	1. Thoughts Only		LowRisk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Anxiety	5/4/2004	8	22	Somewhat	<input checked="" type="checkbox"/>	1	1. Thoughts Only		LowRisk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	CHF	5/4/2004	8	22	Somewhat	<input checked="" type="checkbox"/>	1	1. Thoughts Only		LowRisk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	CHF	4/6/2004				<input type="checkbox"/>				
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Depressio	4/6/2004				<input type="checkbox"/>				
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Anxiety	4/6/2004				<input type="checkbox"/>				
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Depressio	3/24/2004	6	18	Very	<input checked="" type="checkbox"/>	0			No Risk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	Anxiety	3/24/2004	6	18	Very	<input checked="" type="checkbox"/>	0			No Risk
7	Stevens	Daniel	(800) 800-8000	2	Allen, Mitch	Mailhandlers	CHF	3/24/2004	6	18	Very	<input checked="" type="checkbox"/>	0			No Risk
10	Ternison	Harold	(800) 444-4444	1	Durham, Terry	Other	Hypertlipid	10/13/2003				<input type="checkbox"/>				

Page: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082 1083 1084 1085 1086 1087 1088 1089 1090 1091 1092 1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1150 1151 1152 1153 1154 1155 1156 1157 1158 1159 1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1170 1171 1172 1173 1174 1175 1176 1177 1178 1179 1180 1181 1182 1183 1184 1185 1186 1187 1188 1189 1190 1191 1192 1193 1194 1195 1196 1197 1198 1199 1200 1201 1202 1203 1204 1205 1206 1207 1208 1209 1210 1211 1212 1213 1214 1215 1216 1217 1218 1219 1220 1221 1222 1223 1224 1225 1226 1227 1228 1229 1230 1231 1232 1233 1234 1235 1236 1237 1238 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249 1250 1251 1252 1253 1254 1255 1256 1257 1258 1259 1260 1261 1262 1263 1264 1265 1266 1267 1268 1269 1270 1271 1272 1273 1274 1275 1276 1277 1278 1279 1280 1281 1282 1283 1284 1285 1286 1287 1288 1289 1290 1291 1292 1293 1294 1295 1296 1297 1298 1299 1300 1301 1302 1303 1304 1305 1306 1307 1308 1309 1310 1311 1312 1313 1314 1315 1316 1317 1318 1319 1320 1321 1322 1323 1324 1325 1326 1327 1328 1329 1330 1331 1332 1333 1334 1335 1336 1337 1338 1339 1340 1341 1342 1343 1344 1345 1346 1347 1348 1349 1350 1351 1352 1353 1354 1355 1356 1357 1358 1359 1360 1361 1362 1363 1364 1365 1366 1367 1368 1369 1370 1371 1372 1373 1374 1375 1376 1377 1378 1379 1380 1381 1382 1383 1384 1385 1386 1387 1388 1389 1390 1391 1392 1393 1394 1395 1396 1397 1398 1399 1400 1401 1402 1403 1404 1405 1406 1407 1408 1409 1410 1411 1412 1413 1414 1415 1416 1417 1418 1419 1420 1421 1422 1423 1424 1425 1426 1427 1428 1429 1430 1431 1432 1433 1434 1435 1436 1437 1438 1439 1440 1441 1442 1443 1444 1445 1446 1447 1448 1449 1450 1451 1452 1453 1454 1455 1456 1457 1458 1459 1460 1461 1462 1463 1464 1465 1466 1467 1468 1469 1470 1471 1472 1473 1474 1475 1476 1477 1478 1479 1480 1481 1482 1483 1484 1485 1486 1487 1488 1489 1490 1491 1492 1493 1494 1495 1496 1497 1498 1499 1500 1501 1502 1503 1504 1505 1506 1507 1508 1509 1510 1511 1512 1513 1514 1515 1516 1517 1518 1519 1520 1521 1522 1523 1524 1525 1526 1527 1528 1529 1530 1531 1532 1533 1534 1535 1536 1537 1538 1539 1540 1541 1542 1543 1544 1545 1546 1547 1548 1549 1550 1551 1552 1553 1554 1555 1556 1557 1558 1559 1560 1561 1562 1563 1564 1565 1566 1567 1568 1569 1570 1571 1572 1573 1574 1575 1576 1577 1578 1579 1580 1581 1582 1583 1584 1585 1586 1587 1588 1589 1590 1591 1592 1593 1594 1595 1596 1597 1598 1599 1600 1601 1602 1603 1604 1605 1606 1607 1608 1609 1610 1611 1612 1613 1614 1615 1616 1617 1618 1619 1620 1621 1622 1623 1624 1625 1626 1627 1628 1629 1630 1631 1632 1633 1634 1635 1636 1637 1638 1639 1640 1641 1642 1643 1644 1645 1646 1647 1648 1649 1650 1651 1652 1653 1654 1655 1656 1657 1658 1659 1660 1661 1662 1663 1664 1665 1666 1667 1668 1669 1670 1671 1672 1673 1674 1675 1676 1677 1678 1679 1680 1681 1682 1683 1684 1685 1686 1687 1688 1689 1690 1691 1692 1693 1694 1695 1696 1697 1698 1699 1700 1701 1702 1703 1704 1705 1706 1707 1708 1709 1710 1711 1712 1713 1714 1715 1716 1717 1718 1719 1720 1721 1722 1723 1724 1725 1726 1727 1728 1729 1730 1731 1732 1733 1734 1735 1736 1737 1738 1739 1740 1741 1742 1743 1744 1745 1746 1747 1748 1749 1750 1751 1752 1753 1754 1755 1756 1757 1758 1759 1760 1761 1762 1763 1764 1765 1766 1767 1768 1769 1770 1771 1772 1773 1774 1775 1776 1777 1778 1779 1780 1781 1782 1783 1784 1785 1786 1787 1788 1789 1790 1791 1792 1793 1794 1795 1796 1797 1798 1799 1800 1801 1802 1803 1804 1805 1806 1807 1808 1809 1810 1811 1812 1813 1814 1815 1816 1817 1818 1819 1820 1821 1822 1823 1824 1825 1826 1827 1828 1829 1830 1831 1832 1833 1834 1835 1836 1837 1838 1839 1840 1841 1842 1843 1844 1845 1846 1847 1848 1849 1850 1851 1852 1853 1854 1855 1856 1857 1858 1859 1860 1861 1862 1863 1864 1865 1866 1867 1868 1869 1870 1871 1872 1873 1874 1875 1876 1877 1878 1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1889 1890 1891 1892 1893 1894 1895 1896 1897 1898 1899 1900 1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 21

Figure 22

Diabetes Reports

ADA Report

- Clicking on the “ADA Report” button will bring up the following ADA Report Parameters screen (Fig. 23). The ADA Report generated is a summary report by date range for submission to the American Diabetes Association.

The screenshot shows the CMT Care Management Tracking window. The 'ADA Report Parameters' dialog box is open, allowing users to configure the report. The parameters are as follows:

Parameter	Value
Start Date	1/1/2005
End Date	3/31/2005
Facility	GHI Clinic
Sort By	Patient Name

Buttons visible in the dialog include 'Run ADA Report', 'ADA Report', 'Patient Goal Progress Report', and 'Patient Education Progress Report'. The background window shows various menu options like 'Record Entry and Modification', 'Patient Information', and 'Queries'.

Figure 23

Click “Run ADA Report” to run the report (Fig. 24).

The screenshot shows the 'ADA Report' window displaying the 'Diabetes Educator ADA Report' for GHI Clinic. The report is for the time period 1/1/2005 to 3/31/2005. The data is presented in a table with columns for Encounter Date, Patient Name, Gender, ID Number, Encounter Type, Age, Diabetes Type, Race, Special Needs, Insurance, and Collaboration?.

Encounter Date	Patient Name	Gender	ID Number	Encounter Type	Age	Diabetes Type	Race	Special Needs	Insurance	Collaboration?
1/19/2005	Sampson, Josep	M	12	CM Office Visit	19-44	Type 2	CA	Visual Impairment	Private Pay	<input type="checkbox"/>
1/13/2005	Sampson, Josep	M	12	Class	19-44	Type 2	CA	Visual Impairment	Private Pay	<input type="checkbox"/>
1/12/2005	Sampson, Josep	M	12	Telephone Cont	19-44	Type 2	CA	Visual Impairment	Private Pay	<input type="checkbox"/>
1/25/2005	Redman, Robert	M	13	Telephone Cont	19-44	Type 1	HC	LowLiteracy	IHC Access	<input type="checkbox"/>
1/24/2005	Redman, Robert	M	13	Telephone Cont	19-44	Type 1	HC	LowLiteracy	IHC Access	<input type="checkbox"/>
1/11/2005	Redman, Robert	M	13	Telephone Cont	19-44	Type 1	HC	LowLiteracy	IHC Access	<input type="checkbox"/>

Totals: Age: 0 <19, 2 19-44, 0 45-64, 0 >=65; Sex: 2 M, 0 F; Race: 1 CA = White/Caucasian, 0 AI = Am Indian/Alaskan Native, 0 AA = Black/African Am, 0 PI = Asian/Chinese/Japanese/Korean/Pacific Islander, 1 HC = Hispanic/Chicano/Cuban/Mexican/Puerto; Type: 1 Type 1, 1 Type 2, 0 GDM, 0 Pre-DiabAGT; Special Needs: 1 Visual, 0 Hearing, 1 LowLiteracy, 0 Eng 2nd Lang; Total # of Patients: 2; Total # of Visits: 6.

Figure 24

Patient Goal Progress Report

- Clicking on the “Patient Goal Progress Report” button will bring up the following Patient Goal Progress Parameters screen (Fig. 25). The Patient Goal Progress Report generated is a summary report generated from the Patient Goal screen sorted by Care Manager/Diabetes Educator.

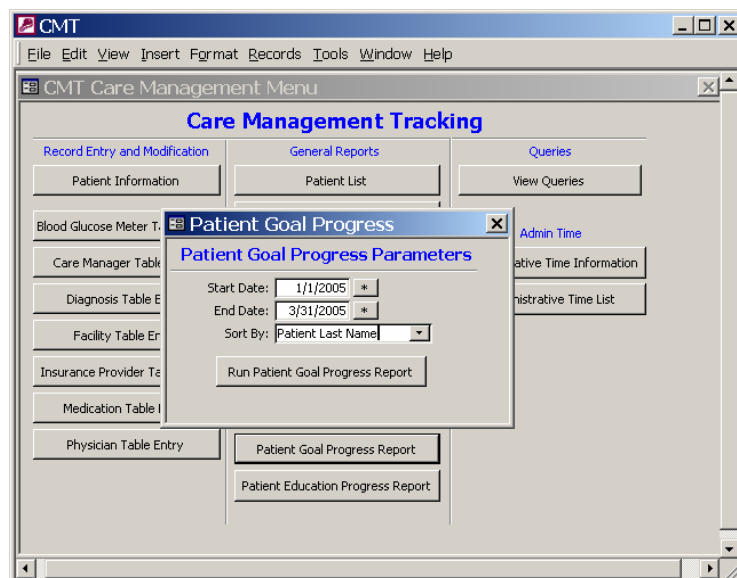


Figure 25

Click “Run Patient Goal Progress Report” to run the report (Fig. 26).

The screenshot shows the CMT Patient Goal Progress Report window. The report is titled "Patient Goal Progress Report" and is for the time period 1/1/2005 to 3/31/2005. The report is generated by Ann Thomsen. The table below shows the results for two educators: Ann Thomsen and John Johnson.

Assess Date	ID Num	Pt Last	Pt First	Nutrition	Activity	Meds	Monitor	Prevent Compl	Risk	Psychosocial	Other
Educator: Ann Thomsen											
3/17/2005	8	Hansen	Sally	0	0	0	5	0	0	0	10
3/17/2005	8	Hansen	Sally	0	0	0	0	0	0	0	0
Educator: John Johnson											
3/4/2005	7	Stevens	Daniel	0	0	0	0	0	0	0	0
Num Pts Meeting Goal (score 8-10):				0	0	0	0	0	0	0	1
Num Pts Not Meeting Goal (score 1-7):				3	3	3	3	3	3	3	2

Figure 26

Patient Education Progress Report

- Clicking on the “Patient Education Progress Report” button will bring up the following Patient Education Progress Report Parameters screen (Fig. 27). The Patient Education Progress Report generated is a summary report generated from the Patient Diabetes Education Assessment screen for the selected Care Manager/Diabetes Educator.

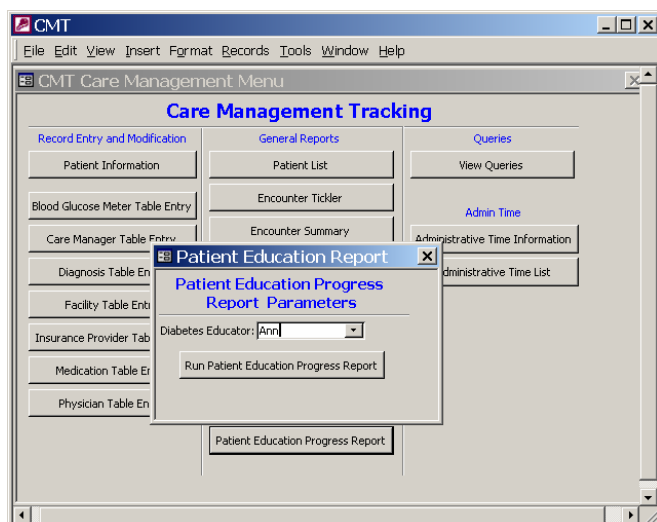


Figure 27

Click “Run Patient Education Progress Report” to run the report (Fig. 28).

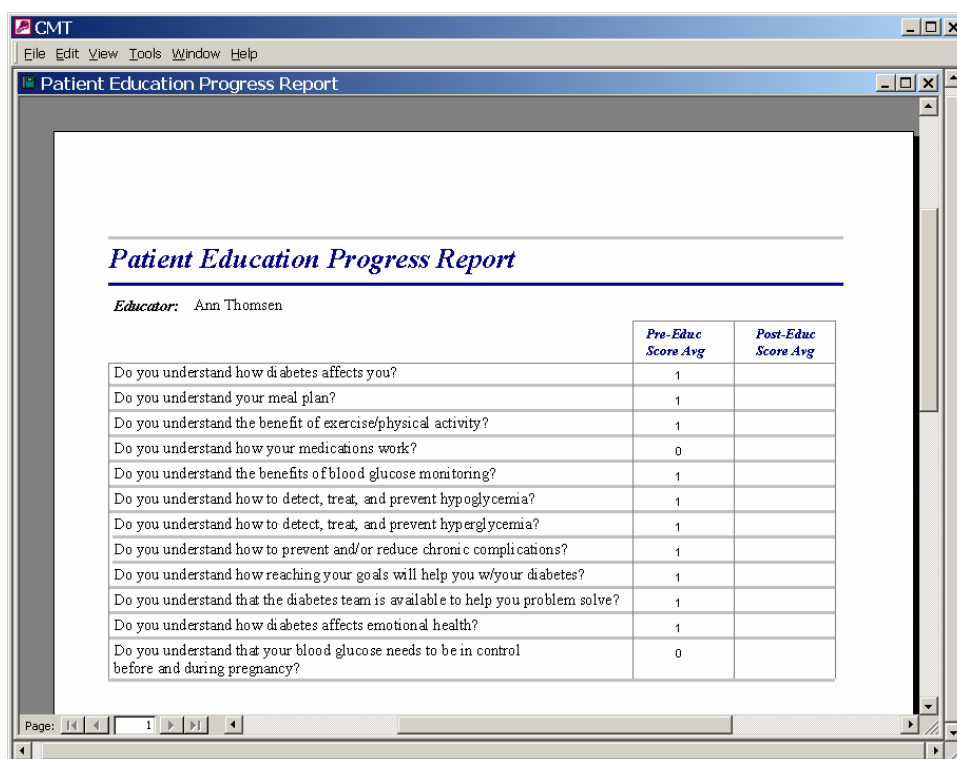


Figure 28

Queries

View Queries

Clicking on the “View Queries” button will bring up the following Queries screen (Fig. 29).

- Generate queries by entering a date range (Start and End Date) and choosing the button corresponding to the query you wish to run. If a button has red text, no date entry is required to run the query.
- These listed Queries are “canned” queries. Any queries not listed here are not available to the users unless this screen is customized by a programmer.

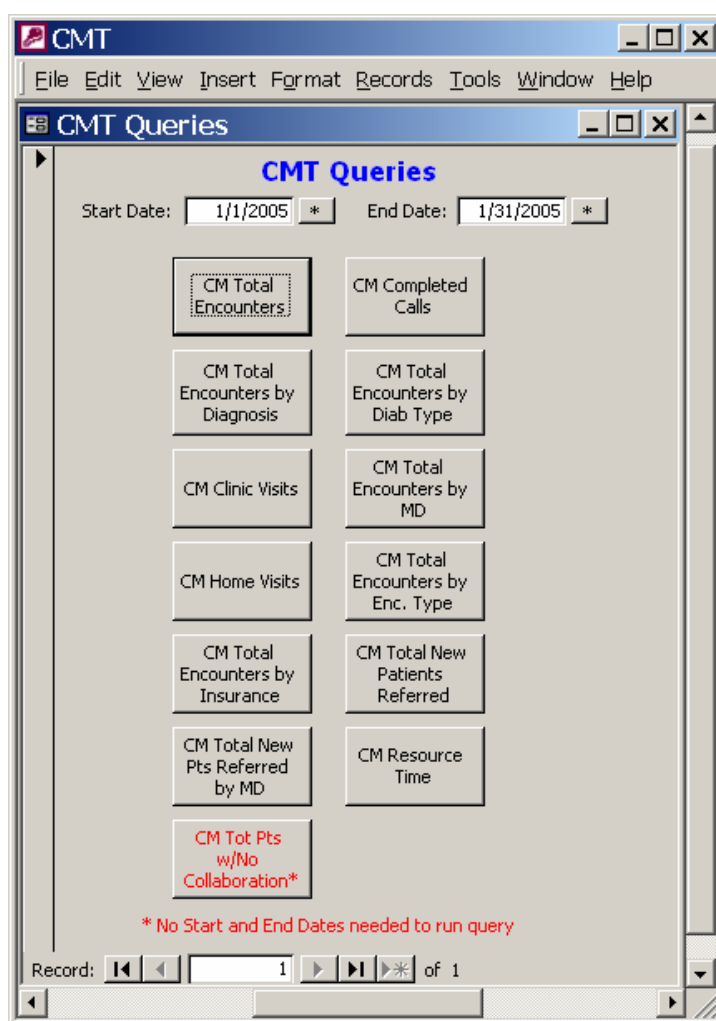


Figure 29

CM Total Encounters:

Clicking on the “CMT Total Encounters” button will bring up the following query screen (Fig. 30). This query displays the number of Care Manager-Patient Encounters falling within the entered date range.

Care Mgr ID	CM Last Name	CM First Name	Total Pat Encounters
1	Johnson	John	4
2	Thomsen	Ann	7

Figure 30

CM Completed Calls:

Clicking on the “CM Completed Calls” button will bring up the following query screen (Fig. 31). This query displays the number of Care Manager Telephone Calls and Average Call Length for Care Manager-Patient Encounters falling within the entered date range.

Care Mgr ID	CM Last Name	CM First Name	Total Completed Calls	Average Call Length (mins) Per Encounter
1	Johnson	John	2	11
2	Thomsen	Ann	1	10

Figure 31

CM Total Encounters by Diagnosis:

Clicking on the “CM Total Encounters by Diagnosis” button will bring up the following query screen (Fig. 32). This query displays the number of Care Manager-Patient Encounters falling within the entered date range, sorted by Diagnosis. **Please note:** In the CMT database, encounters are not linked with specific diagnoses. Therefore, it cannot be deduced that there were 6 encounters geared specifically for Diabetes management in this time period (see Fig. 32). Rather it suggests that there were 6 encounters within this time period with Patients who have Diabetes in the Problem List.

Care Manager ID	CM Last Name	CM First Name	Diagnosis	Total Pat Encounters
1	Johnson	John	Anxiety	3
1	Johnson	John	CHF	3
1	Johnson	John	Depression	4
2	Thomsen	Ann	Depression	3
2	Thomsen	Ann	Diabetes	6
2	Thomsen	Ann	Other	1

Figure 32

CM Total Encounters by Diab Type:

Clicking on the “CM Total Encounters by Diab Type” button will bring up the following query screen (Fig. 33). This query displays the number of Care Manager-Patient Encounters falling within the entered date range, sorted by Diabetes Type. The Type of Diabetes with which a Patient has been diagnosed is recorded on the Diabetes History/Assessment screen.

CM Last Name	CM First Name	Diabetes Type	Total Pat Encounters
Johnson	John	Type 1	1
Johnson	John	Type 2	3
Thomsen	Ann	Type 1	3
Thomsen	Ann	Type 2	3

Record: 1 of 4

Figure 33

CM Clinic Visits:

Clicking on the “CM Clinic Visits” button will bring up the following query screen (Fig. 34). This query displays the number of Care Manager-Patient Encounters of type Clinic Visit falling within the entered date range, and the Average Clinic Visit Time with those Patients.

Care Mgr ID	CM Last Name	CM First Name	Total Clinic Visits	Average Clinic Visit Time (mins)
2	Thomsen	Ann	2	88

Record: 1 of 1

Figure 34

CM Total Encounters by MD:

Clicking on the “CM Total Encounters by MD” button will bring up the following query screen (Fig. 35). This query displays the number of Care Manager-Patient Encounters falling within the entered date range, sorted by Primary Care Physician.

Care Mgr ID	CM Last Name	CM First Name	PCP	Total Pat Encounters
1	Johnson	John	Allen, Mitch	4
2	Thomsen	Ann	Benson, George	3
2	Thomsen	Ann	Carmen, Julie	1
2	Thomsen	Ann	Durham, Terry	3

Record: 1 of 4

Figure 35

CM Home Visits:

Clicking on the “CM Home Visits” button will bring up the following query screen (Fig. 36). This query displays the number of Care Manager-Patient Encounters of type Home Visit falling within the entered date range, and the Average Clinic Visit Time with those Patients.

Care Mgr ID	CM Last Name	CM First Name	Total Home Visits	Average Home Visit Time (mins)
1	Johnson	John	1	30

Record: 1 of 1

Figure 36

CM Total Encounters by Enc. Type:

Clicking on the “CM Total Encounters by Enc. Type” button will bring up the following query screen (Fig. 37). This query displays the number of Care Manager-Patient Encounters falling within the entered date range, sorted by Type of Encounter.

Care Mgr ID	CM Last Name	CM First Name	Encounter Type	Total Pat Encounters
1	Johnson	John	Home Visit	1
1	Johnson	John	Telephone Contact	3
2	Thomsen	Ann	Class	1
2	Thomsen	Ann	CM Office Visit	1
2	Thomsen	Ann	Non-Encounter-Related	1
2	Thomsen	Ann	Telephone Contact	4

Record: 1 of 6

Figure 37

CM Total Encounters by Insurance:

Clicking on the “CM Total Encounters by Insurance” button will bring up the following query screen (Fig. 38). This query displays the number of Care Manager-Patient Encounters falling within the entered date range, sorted by Insurance Provider and Patient Status.

Care Mgr ID	CM Last Name	CM First Name	Insurance	Status	Total Pat Encounters
1	Johnson	John	IHC Health Plans	Active	1
1	Johnson	John	Mailhandlers	Active	3
2	Thomsen	Ann	IHC Access	Active	3
2	Thomsen	Ann	Other	1X Only	1
2	Thomsen	Ann	Private Pay	Active	3

Record: 1 of 5

Figure 38

CM Total New Patients Referred:

Clicking on the “CM Total New Patients Referred” button will bring up the following query screen (Fig. 39). This query displays the number of New Patients referred to the Care Manager with a Date of Referral within the entered date range.

Care Manager	Care Manager Last Name	Care Manager First Name	Total New Patients Referred
2	Thomsen	Ann	2

Record: 1 of 1

Figure 39

CM Total New Patients Referred by MD:

Clicking on the “CM Total New Patients Referred by MD” button will bring up the following query screen (Fig. 40). This query displays the number of New Patients referred to the Care Manager with a Date of Referral within the entered date range, sorted by Patient’s Primary Care Physician.

Care Manager First Name	Care Manager Last Name	Total New Patients Referred	PCP
Ann	Thomsen	1	Durham, Terry
Ann	Thomsen	1	Carmen, Julie

Record: 1 of 2

Figure 40

CM Resource Time:

Clicking on the “CM Resource Time” button will bring up the following query screen (Fig. 41). This query displays the Total Care Manager-Patient Encounter Resource Time within the entered date range, and the Average Resource Time for those Encounters.

Care Mgr ID	CM Last Name	CM First Name	Total Encounter Resource Time (mins)	Average Resource Time (mins) per Encounter
1	Johnson	John	50	12
2	Thomsen	Ann	75	12

Record: 1 of 2

Figure 41

CM Tot Pts w/No Collaboration:

Clicking on the “CM Total Pts w/No Collaboration” button will bring up the following query screen (Fig. 42). This query displays the Number of Patients for which there has been no collaboration for Diabetes recorded (as evidenced by an unchecked “Diab Collaboration” checkbox on the main Patient Information form). This query is mainly used as a “check” to identify those Patients who need collaboration, which will also be displayed on the ADA Report accessible from the Main Menu.

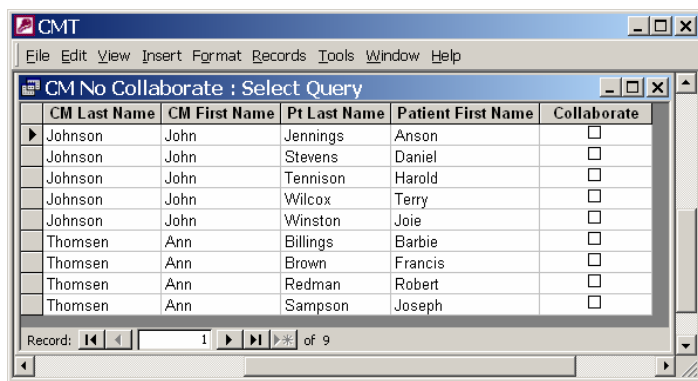


Figure 42

Admin Time:

Administrative Time Information

Module to enter Care Manager time not spent on Patient Encounters such as meeting times, education, and vacation (Fig. 43). Enter the Administrative Time Information. The total time for the day will be automatically calculated. Each day should be entered separately.

Click the “Save Day’s Time” Button to save the record and close the window to return to the CMT Care Management Menu (Main Menu).

Administrative Time Daily Entry

Date: * Care Manager:

Meetings	Time (in minutes)
Medical Staff Meeting	<input type="text"/>
Staff Clinic Meeting	<input type="text"/>
Mental Health Integration	<input type="text"/>
Diabetes Education	<input type="text"/>
Case Management Meeting	<input type="text"/>
Geriatric Education	<input type="text"/>
Self-Development	<input type="text"/>
Teaching	<input type="text"/>
Drug Rep Meeting	<input type="text"/>
Team Building Meeting	<input type="text"/>
Paid Time Off	<input type="text"/>
Total Meet Time for Day:	<input type="text"/> mins

Record: 19 of 19 (Filtered)

Figure 43

Administrative Time List

- Clicking on the “Administrative Time List” button will bring up the following Admin Time List Parameters screen (Fig. 44). The Administrative Time List generated is a summary report for all Care Manager database users generated from the Administrative Time Information module.

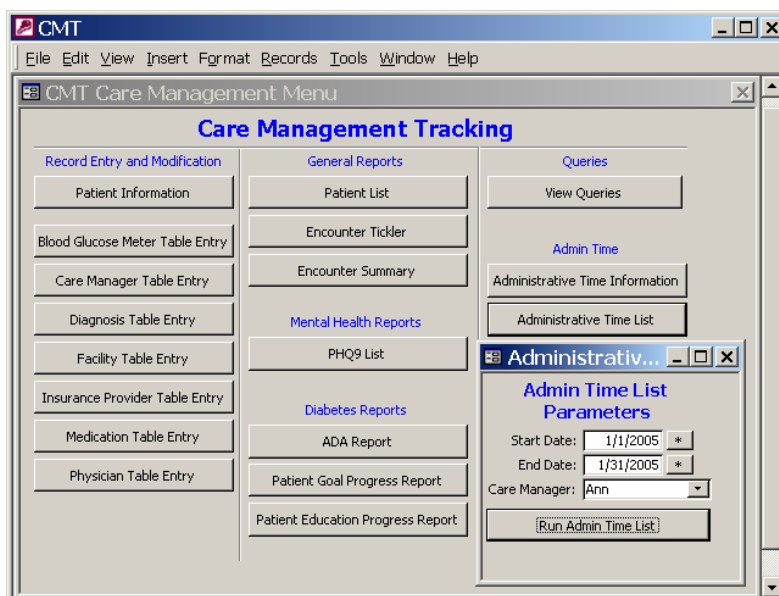


Figure 44

Click “Run Admin Time List” to run the report (Fig. 45).

The screenshot shows the CMT Administrative Time List report. The report title is "Care Manager Administrative Time List" for the time period 1/1/2005 to 1/31/2005. The Care Manager is Ann Thomsen. The table displays time data for various activities across different dates. The Grand Total is 1045 mins.

Date	Med Staff	Staff Clinic	MHI	Diabetes Ed	Case Mgmt	Geriatric Ed	Self-Develop	Teaching	Drug Rep	Team Build	PTO
1/26/2005	0	0	90	0	90	0	0	0	0	0	0
1/18/2005	0	0	0	0	120	0	0	0	0	0	0
1/13/2005	0	0	0	0	0	120	0	0	0	0	0
1/12/2005	0	0	110	0	140	0	0	0	0	0	0
1/12/2005	0	0	90	0	90	0	0	0	0	0	0
1/11/2005	130	0	0	0	0	0	0	0	0	0	0
1/10/2005	0	65	0	0	0	0	0	0	0	0	0
Totals	130	65	290	0	440	120	0	0	0	0	0
Grand Total:											1045 mins

Figure 45

Tips for Entry / Data Integrity

- Using drop-downs—Always drop-down to select—NEVER type in an entry. If it needs to be added, do so in Value List from the Main Menu or request a change from your database administrator/programmer.
- Dates: If typing in a date, you must use the MM-DD-YYYY format ('03' instead of '2003' will generate an error), or click on the "*" button for a pop-up calendar.
- Consult the Data Dictionary and/or Data Manager for your program when in doubt as to what to enter into a field.

Technical/Programmer Use Only

Following are instructions for revealing and hiding the tables of the CMT software so that programmers may customize it.

- 1) Right-click on the title bar of the CMT Care Management Menu.
- 2) Choose Form Design.
- 3) Right-click again on the title bar of the CMT Care Management Menu.
- 4) Choose Properties.
- 5) Scroll down to the Form's "On Load" property and click on the words "Event Procedure". Click the button with the 3 dots.
- 6) Change all the "False" booleans to "True".
- 7) Close out of the database (all the way).
- 8) Open it again 2 more times. The 3rd time you should see the database window.

After you make your changes,

Please go to "Tools" on the main Access toolbar. Choose Database Utilities and "Compact and Repair Database". It may take a few moments, but then your windows will pop back up.

Repeat the earlier steps to get to the code window or in Design view of the Main Menu choose View and "Code" from the main Access toolbar. In the SetStartUp Properties, change all of the "True"s back to "False". Close out of the database and go back in 2 more times (3rd time's a charm!) to make sure the database window is no longer visible.

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
PATIENT INFORMATION				
ID Number	Textbox	Numeric	Yes	Unique Number specific to a Patient in your organization
Last Name	Textbox	Free Text	Yes	Patient's Last Name
First Name	Textbox	Free Text	Yes	Patient's First Name (& Middle Initial, if desired)
DOB	Date field	Date MM/DD/YYYY	No	Patient's Date of Birth
Age	Drop-down	<19; 19-44; 45-64; >= 65	No	Automatically calculated from Patient's DOB
Race	Drop-down	White/Caucasian; Am Indian/Alaskan Native; Black/African Am; Asian/Chinese/Japanese/Korean/Pacific Islander; Hispanic/Chicano/Cuban/Mexican/Puerto Rican/Latino	No	Patient's Race Classification
Sex	Drop-down	M (Male); F (Female)	No	Patient's Gender
Phone	Textbox	Numeric (000) 000-0000	No	Patient's Contact Phone Number
Cell Phone	Textbox	Numeric (000) 000-0000	No	Patient's Cell Phone Number
Email	Textbox	Free Text	No	Patient's Email Address
PCP	Textbox	From Physician Table/Values	No	Patient's Primary Care Physician
PCP Phone	Textbox	Numeric (000) 000-0000	No	Patient's Primary Care Physician Phone Number
Insurance	Drop-down	From Insurance Table/Values	No	Patient's Primary Insurance carrier. Defaults to "Unknown" if not entered
Facility	Drop-down	From Facility Table/Values	No	Care Manager's Facility
Diab Collaboration	Checkbox	Yes/No	No	Has at least 1 RN and 1 RD, as Diabetes Education Instructors, collaborated on Patient?
FPP	Drop-down	1.Disconnected/Avoidance; 2.Confused/Chaotic; 3.Secured/Balanced	No	Patient's Family Pattern Profile: "An assessment of the relationship pattern/style that is most like the family of the patient."
Date of Referral	Date field	Date MM/DD/YYYY	Yes	Date Patient was Referred/Assigned to Care Manager/Diabetes Educator
Care Mgr	Drop-down	From Care Manager Table/Values	Yes	Care Manager assigned to Patient

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Status	Drop-down	Active; Closed; 1X Only	No	Patient's status with Care Manager
		<i>Closed</i>		<i>Deceased, Moved, etc.</i>
PATIENT DIAGNOSIS				
Diag. Date	Date field	Date MM/DD/YYYY	Yes	Date Diagnosis Management began
Diagnosis	Drop-down	From Diagnosis Table/Values	Yes	Patient's Active Problem from Problem List
Specialist	Drop-down	From Physician Table/Values	No	Physician managing the Diagnosis
Status	Drop-down	Active; Resolved	No	Status of the Diagnosis. Defaults to "Active".
Notes	Textbox	Free Text	No	Notes relating to the Diagnosis
PATIENT ENCOUNTER				
Scheduled Date	Date field	Date MM/DD/YYYY	Yes	Date for Patient's scheduled phone call/visit
Scheduled Time	Time field	Time HH:MM AM/PM	No	Time for Patient's scheduled phone call/visit
Encounter Type	Drop-down	CM Office Visit; Class; MD Office Visit; Home Visit; Telephone Contact; Group Visit; MHI Conference; Email; Non-Encounter-Related; Diab Initial; Diab Followup; Diab Class 1; Diab Class 2; Diab Class 3; Diab Class 4; Diab Class 5; Diab Class 6; Diab Additional Class; Diab Inpatient; Diab Insulin Start	Yes	Type of Care Manager-Patient Encounter
		<i>Class</i>		<i>Patient Education</i>
		<i>Non-Encounter-Related</i>		<i>Filling out forms, admin, other charting, etc.</i>

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Enc. Reason	Drop-down	DEA Screen; PHQ-9 F/U; MHI F/U; DM F/U; Depression F/U; DM/Depression F/U; Med. Assist.; Medication Mgmt Agreement; Status Check; Resource Management; New Patient	No	Reason for the Care Manager-Patient Encounter
		<i>Med. Assist. = Medication Assistance</i>		Assisting Patients in obtaining Medications (Financial Assistance)
		<i>Medication Mgmt Agreement</i>		Agreement between Physician and Patient re: Narcotic use
		<i>Resource Management</i>		Assisting Patient with Referrals, Procurement, Research, etc. (ex: finding MDs or Nursing Home, obtaining equipment)
Actual Date	Date field	Date MM/DD/YYYY	No	Date Patient Encounter actually took place
Outcome	Drop-down	Completed; No Show; Cancelled; Reschedule; Wrong Number; No Answer; Left Message; Letter Sent; Disconnected; Deceased	No	Outcome of Care Manager-Patient phone call/visit
		<i>No Answer</i>		<i>Includes Busy Signal</i>
Call Attempts to Pts	Drop-down	1;2;3;4;5+	No	Number of tries to reach Patient by Phone
Total Call Time for Day	Textbox	Numeric	No	Total Length of time on phone (in minutes) for the day for the Encounter
Number of Phone Calls	Textbox	Numeric	No	Total Number of phone calls for the Encounter
Resource Time	Textbox	Numeric	No	Total Time spent on any preparatory work, charting, travel, research, admin, etc. (in minutes) for the Encounter
Clinic Visit Time	Textbox	Numeric	No	Time spent on Patient Visit in Clinic (in minutes) - Face-to-face
Home Visit Time	Textbox	Numeric	No	Time spent on Patient Visit in Home (in minutes) - Face-to-face
Notes	Textbox	Free Text	No	Notes relating to the Care Manager-Patient Encounter

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
PATIENT MEDICATION				
Medication Start Date	Date Field	Date MM/DD/YYYY	No	Date Medication Started
Medication End Date	Date Field	Date MM/DD/YYYY	No	Date Medication Ended
Medication	Drop-down	Medications from Table/Values	Yes	Medication Name
PRN	Checkbox	Yes/No	No	Medication PRN?
Dose	Textbox	Free Text	No	Medication Dose
Notes	Textbox	Free Text	No	Notes relating to the Patient Medication
MH (MENTAL HEALTH) INSTRUMENTS				
Date	Date field	Date MM/DD/YYYY	Yes	Date MH Instruments administered/recorded
Check Support				CM Relational Isolation Assess
Isolated from available support	Checkbox	Yes/No	No	Patient isolated from available support?
Unwilling to use available support	Checkbox	Yes/No	No	Patient unwilling to use available support?
Exhausted available support	Checkbox	Yes/No	No	Patient exhausted available support?
Has available support/actively using	Checkbox	Yes/No	No	Patient has available support/actively using?
Check Adherence				
Following recommendations	Checkbox	Yes/No	No	Patient following recommendations?
Taking medication	Checkbox	Yes/No	No	Patient taking medications?
Seeing therapist	Checkbox	Yes/No	No	Patient seeing therapist?
Self-Management	Checkbox	Yes/No	No	Patient practicing self management?
Identified Goal	Textbox	Free Text	No	Patient Identified Goal
Global Severity 1-7 (4)	Textbox	Numeric	No	Severity of Patient validated, standard measure of impairment over time
Care Conf	Checkbox	Yes/No	No	Include Patient at next MH Care Conference?
Referred to MH Off-site	Checkbox	Yes/No	No	Was Patient referred to MH off-site?
General Comments/Plan	Textbox	Free Text	No	General MH Comments for Patient
PHQ-9 (Depression)				
Symptom Count	Drop-down	0;1;2;3;4;5;6;7;8;9	No	Depression Symptoms Score based on the personal health questionnaire nine symptom checklist (PHQ-9) calculated by totaling the values for each depression symptom question.

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Severity Score	Textbox	Numeric	No	Severity Score based on the personal health questionnaire nine symptom checklist (PHQ-9) calculated by totaling the values for each severity question
Functional Difficulty	Drop-down	Not at all; Somewhat; Very; Extreme	No	Level of difficulty or degree to which depression impacts daily activities (ex: doing work, taking care of things at home, or getting along with other people)
Dysthymia?	Checkbox	Yes/No	No	Does Patient have Dysthymia? Steadman's defn: "A chronic mood disorder manifested as depression for most of the day, more days than not, accompanied by some of the following symptoms: poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration, difficulty making decisions, and feelings of hopelessness."
PHQ Suicide Q9	Drop-down	0;1;2;3	No	Suicide Score based on the personal health questionnaire nine symptom checklist (PHQ-9) calculated by totaling the values for each suicide question.
Suicide State	Drop-down	1. Thoughts Only; 2. Thoughts and Plans; 3. Thoughts/Plans/Actions	No	The state of risk for Suicide for the Patient
Suicide Risk	Drop-down	No Risk; Low Risk; Medium Risk; High Risk	No	Potential Patient has in taking his/her own life
Clinician Aware?	Checkbox	Yes/No	No	Is Clinician aware of Suicide risk?
Follow Up Required?	Checkbox	Yes/No	No	Follow-up needed for Suicide risk?
Suicide Comments	Textbox	Free Text	No	Comments relating to suicide
Mood and Anxiety / Sleep				
Mood Screen 1	Textbox	Numeric	No	Score (7)/13
Mood Screen 2	Textbox	Free Text	No	Y/N
Mood Screen 3	Textbox	Free Text	No	+/-
Symptom Rating Scales Sx-Mood	Textbox	Numeric	No	Score (40)/100

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Symptom Rating Scales Sx-Anx	Textbox	Numeric	No	Score (30)/60
Symptom Rating Scales Imp-Mood	Textbox	Numeric	No	Score (10)/20
Symptom Rating Scales Imp-Anx	Textbox	Numeric	No	Score (10)/20
Mood Comments	Textbox	Free Text	No	Comments relating to Patient mood
Anxiety Comments	Textbox	Free Text	No	Comments relating to Patient anxiety
Sleep Assessment				
(Sleep) Difficulty?	Checkbox	Yes/No	No	Patient having difficulty sleeping?
(Sleep) Severity	Textbox	Numeric	No	Severity of Sleep Difficulty (Scale of 0-10)
Pediatric Only				
Parent Vanderbilt (Only if ADHD)				
Parent Vanderbilt 1-9	Textbox	Numeric	No	Parent reported Vanderbilt Questions 1-9
Parent Vanderbilt 10-18	Textbox	Numeric	No	Parent reported Vanderbilt Questions 10-18
Parent Vanderbilt 19-26	Textbox	Numeric	No	Parent reported Vanderbilt Questions 19-26
Parent Vanderbilt 27-40	Textbox	Numeric	No	Parent reported Vanderbilt Questions 27-40
Parent Vanderbilt 41-47	Textbox	Numeric	No	Parent reported Vanderbilt Questions 41-47
Parent Vanderbilt 48-55	Textbox	Numeric	No	Parent reported Vanderbilt Questions 48-55
Teacher Vanderbilt (Only if ADHD)				
Teacher Vanderbilt 1-9	Textbox	Numeric	No	Teacher reported Vanderbilt Questions 1-9
Teacher Vanderbilt 10-18	Textbox	Numeric	No	Teacher reported Vanderbilt Questions 10-18
Teacher Vanderbilt 19-26	Textbox	Numeric	No	Teacher reported Vanderbilt Questions 19-26
Teacher Vanderbilt 27-40	Textbox	Numeric	No	Teacher reported Vanderbilt Questions 27-40
Teacher Vanderbilt 41-47	Textbox	Numeric	No	Teacher reported Vanderbilt Questions 41-47
Teacher Vanderbilt 48-55	Textbox	Numeric	No	Teacher reported Vanderbilt Questions 48-55
Vanderbilt Comments	Textbox	Free Text	No	Comments relating to Patient Vanderbilt Scores
Symptom Rating Scales Sx-Dev	Textbox	Numeric	No	Score /40 - Developmental (Intake Only)
Symptom Rating Scales Sx-Dep	Textbox	Numeric	No	Score /100 - Pediatric Depression
Symptom Rating Scales Imp-Dev	Textbox	Numeric	No	Score /20 - Developmental (Intake Only)
Symptom Rating Scales Imp-Dep	Textbox	Numeric	No	Score /20 - Pediatric Depression
YOQ-Youth?	Checkbox	Yes/No	No	YOQ-Youth administered?
YOQ-Youth Score	Textbox	Free Text	No	YOQ-Youth Score
Develop. Comments	Textbox	Free Text	No	Comments relating to Development
Depress. Comments	Textbox	Free Text	No	Comments relating to Depression
PEDIATRIC ASSESSMENT (Individual Health Plan)				
Ped Assess Date	Date field	Date MM/DD/YYYY	Yes	Date of Patient's Pediatric Assessment

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Consultants/Specialty/Phone # (6 fields)	Textbox	Free Text	No	Consultants working with the Patient (includes Consultant specialty and phone)
Home Care Nursing				
Agency Name	Textbox	Free Text	No	Home Care Nursing Agency Name
(Agency) Contact	Textbox	Free Text	No	Home Care Nursing Agency Contact Person
(Agency) Phone	Textbox	Numeric (000) 000-0000	No	Home Care Nursing Agency Phone
Services Ordered	Textbox	Free Text	No	Services ordered from Home Care Nursing Agency
Home Care Equipment				
Home Care Equipment Company Name	Textbox	Free Text	No	Home Care Equipment Company Name
(Company) Phone	Textbox	Numeric (000) 000-0000	No	Home Care Equipment Company Phone
O2 Stationary/Portable	Checkbox	Yes/No	No	Is Patient using stationary/portable O2?
Apnea Monitor	Checkbox	Yes/No	No	Is Patient using an apnea monitor?
Trach Tube	Checkbox	Yes/No	No	Does Patient have a trach tube?
Trach Tube type/size	Textbox	Free Text	No	If Patient has trach tube, what is the type and/or size of the tube?
Cuff Yes	Checkbox	Yes/No	No	Is Patient using a cuff?
Cuff No	Checkbox	Yes/No	No	Is Patient NOT using a cuff?
Formula	Checkbox	Yes/No	No	Is Patient on formula?
Formula (text)	Textbox	Free Text	No	If Patient is on formula, formula name and/or notes
N/G Tube	Checkbox	Yes/No	No	Is Patient using an N/G tube?
Carseat	Checkbox	Yes/No	No	Is Patient using a Carseat?
BP Monitor	Checkbox	Yes/No	No	Is Patient using a BP Monitor?
O2 oximeter (SAT)	Checkbox	Yes/No	No	Is Patient using an O2 oximeter?
Suction Machine/supplies	Checkbox	Yes/No	No	Is Patient using Suction Machine/supplies?
Vent	Checkbox	Yes/No	No	Is Patient using a Vent?
Vent Type	Textbox	Free Text	No	If Patient using Vent, what type?
Feeding Pump/supplies	Checkbox	Yes/No	No	Is Patient using Feeding Pump/supplies?
GT/GJ	Checkbox	Yes/No	No	Is Patient using GT/GJ?
GT/GJ Type	Textbox	Free Text	No	If Patient using GT/GJ, what is the type?
GT/GJ Size	Textbox	Free Text	No	If Patient using GT/GJ, what is the size?
Wheelchair	Checkbox	Yes/No	No	Is Patient using a Wheelchair?
Other	Checkbox	Yes/No	No	Is Patient using other Home Care Equipment?

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Other (text)	Textbox	Free Text	No	Other Home Care Equipment items/notes
Home Care Comments	Textbox	Free Text	No	Comments relating to Home Care
Developmental/Rehab				
Company Name	Textbox	Free Text	No	Developmental/Rehab Company Name
(Company) Phone	Textbox	Numeric (000) 000-0000	No	Developmental/Rehab Company Phone
PT	Checkbox	Yes/No	No	Patient in Physical Therapy?
PT (text)	Textbox	Free Text	No	Comments relating to Physical Therapy
Speech	Checkbox	Yes/No	No	Patient in Speech Therapy?
Speech (text)	Textbox	Free Text	No	Comments relating to Speech Therapy
OT	Checkbox	Yes/No	No	Patient in Occupational Therapy?
OT (text)	Textbox	Free Text	No	Comments relating to Occupational Therapy
Vision	Checkbox	Yes/No	No	Patient in Vision Therapy?
Vision (text)	Textbox	Free Text	No	Comments relating to Vision Therapy
Developmental/Rehab Comments	Textbox	Free Text	No	Comments relating to Developmental/Rehab
School				
School	Textbox	Free Text	No	Patient's School
(School) Phone	Textbox	Numeric (000) 000-0000	No	Patient's School Phone
Community Resources				
DSPD Case Worker	Textbox	Free Text	No	Patient's DSPD Case Worker
(DSPD Case Worker) Phone	Textbox	Numeric (000) 000-0000	No	Patient's DSPD Case Worker Phone
DSPD Applied	Checkbox	Yes/No	No	Has Patient/Family Applied for DSPD?
DSPD Accepted	Checkbox	Yes/No	No	Has Patient/Family been accepted for DSPD?
DSPD Denied	Checkbox	Yes/No	No	Has Patient/Family been denied DSPD?
SSI Applied	Checkbox	Yes/No	No	Has Patient/Family Applied for SSI?
SSI Accepted	Checkbox	Yes/No	No	Has Patient/Family been accepted for SSI?
SSI Denied	Checkbox	Yes/No	No	Has Patient/Family been denied SSI?
Waiver Program Technology Dependent Children	Checkbox	Yes/No	No	Waiver Program Technology Dependent Children?
Waiver Program TBI	Checkbox	Yes/No	No	Waiver Program TBI?
Waiver Program DDMR	Checkbox	Yes/No	No	Waiver Program DDMR?
Waiver Program Applied	Checkbox	Yes/No	No	Has Patient/Family applied for Waiver Program?
Waiver Program Accepted	Checkbox	Yes/No	No	Has Patient/Family been accepted for Waiver Program?
Waiver Program Denied	Checkbox	Yes/No	No	Has Patient/Family been denied Waiver Program?

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Workforce Service Food Stamps	Checkbox	Yes/No	No	Workforce Service Food Stamps?
Workforce Service Child Care	Checkbox	Yes/No	No	Workforce Service Child Care?
Workforce Service Applied	Checkbox	Yes/No	No	Has Patient/Family applied for Workforce Service?
Workforce Service Accepted	Checkbox	Yes/No	No	Has Patient/Family been accepted for Workforce Service?
Workforce Service Denied	Checkbox	Yes/No	No	Has Patient/Family been denied Workforce Service?
WIC Applied	Checkbox	Yes/No	No	Has Patient/Family applied for WIC?
WIC Accepted	Checkbox	Yes/No	No	Has Patient/Family been accepted for WIC?
WIC Denied	Checkbox	Yes/No	No	Has Patient/Family been denied WIC?
Housing Assistance Applied	Checkbox	Yes/No	No	Has Patient/Family applied for Housing Assistance?
Housing Assistance Accepted	Checkbox	Yes/No	No	Has Patient/Family been accepted for Housing Assistance?
Housing Assistance Denied	Checkbox	Yes/No	No	Has Patient/Family been denied Housing Assistance?
Medicaid Caseworker	Textbox	Free Text	No	Medicaid Caseworker assigned to Patient
(Medicaid Caseworker) Phone	Textbox	Numeric (000) 000-0000	No	Patient's Medicaid Caseworker Phone
Medicaid Applied	Checkbox	Yes/No	No	Has Patient/Family applied for Medicaid?
Medicaid Accepted	Checkbox	Yes/No	No	Has Patient/Family been accepted for Medicaid?
Medicaid Denied	Checkbox	Yes/No	No	Has Patient/Family been denied Medicaid?
Community Resources Comments	Textbox	Free Text	No	Comments relating to Community Resources
Mental Health				
Mental Health	Textbox	Free Text	No	Comments relating to Mental Health
Phone	Textbox	Numeric (000) 000-0000	No	Mental Health Professional Phone
Other				
Other (text)	Textbox	Free Text	No	Other Comments
Last Revision Date	Textbox	Date MM/DD/YYYY	No	Date Pediatric Assessment last revised
DIABETES HX/ASSESSMENT				
Assess Date	Date field	Date MM/DD/YYYY	Yes	Date of the Diabetes Assessment
Diabetes Type	Drop-down	Type 1; Type 2 Diet; Type 2 Oral; Type 2 Oral/Insulin; Type 2 Insulin; GDM; Pre-Diabetes/IGT	No	Patient's Diabetes Type

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Special Needs	Drop-down	Visual Impairment; Hearing Impairment; Low Literacy; Eng 2nd Language	No	Patient Special Needs
Smoker?	Checkbox	Yes and No Fields	No	Does Patient smoke?
Drinker?	Checkbox	Yes and No Fields	No	Does Patient drink alcohol?
History				
Hypertension	Checkbox	Yes and No Fields	No	Does Patient have a history of Hypertension?
Heart Attack/Heart Disease	Checkbox	Yes and No Fields	No	Does Patient have a history of Heart Attack/Heart Disease?
High Cholesterol	Checkbox	Yes and No Fields	No	Does Patient have a history of High Cholesterol?
Family Hx Diabetes	Checkbox	Yes and No Fields	No	Does Patient have a family history of Diabetes?
How long have you had Diabetes?	Textbox	Free Text	No	How long has Patient had Diabetes?
Hospitalized for Diabetes in last year?	Checkbox	Yes and No Fields	No	Has Patient been hospitalized for the Problem of Diabetes in the last year?
If Yes (Hospitalized), Explain	Textbox	Free Text	No	If Patient has been hospitalized for Diabetes in the last year, details
Height/Weight				
Height (ft)	Textbox	Free Text	No	Patient Height (in feet)
Height (in)	Textbox	Free Text	No	Patient Height (in inches)
Weight (lbs)	Textbox	Free Text	No	Patient Weight (in lbs)
Weight Change in last 6 months?	Checkbox	Yes and No Fields	No	Any Patient Weight change in the last 6 months?
Do you want to lose weight?	Checkbox	Yes and No Fields	No	Does Patient want to lose weight?
At what weight have you felt healthy?	Textbox	Free Text	No	Weight (in lbs) at which Patient felt most healthy
Are you experiencing any of the following now?				
Blurred vision	Checkbox	Yes and No Fields	No	Patient now experiencing blurred vision?
Fatigue	Checkbox	Yes and No Fields	No	Patient now experiencing fatigue?
Frequent Infections	Checkbox	Yes and No Fields	No	Patient now experiencing frequent infections?
Increased Thirst	Checkbox	Yes and No Fields	No	Patient now experiencing increased thirst?
Increased Urination	Checkbox	Yes and No Fields	No	Patient now experiencing increased urination?
Numbness, tingling, pain in hands and feet	Checkbox	Yes and No Fields	No	Patient now experiencing numbness, tingling, or pain in hands/feet?

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Sores that won't heal	Checkbox	Yes and No Fields	No	Patient now experiencing sores that won't heal?
Pain/Tightness in Chest	Checkbox	Yes and No Fields	No	Patient now experiencing pain/tightness in chest?
Stress	Checkbox	Yes and No Fields	No	Patient now experiencing Stress?
Sexual Difficulty	Checkbox	Yes and No Fields	No	Patient now experiencing Sexual Difficulty?
Other Medical Conditions	Textbox	Free Text	No	Patient's Other Medical Conditions not listed above
Financial Concerns?	Checkbox	Yes and No Fields	No	Does Patient have financial concerns?
Monitoring				
Last Diabetes Foot Exam	Drop-down	Never; Within the last year; Within the last 2 years, > 2 years ago	No	Time frame for Patient's last Diabetes Foot Exam
Last Dilated Eye Exam	Drop-down	Never; Within the last year; Within the last 2 years, > 2 years ago	No	Time frame for Patient's last Dilated Eye Exam
Last Dental Exam	Drop-down	Never; Within the last 6 months; Within the last year; Within the last 2 years, > 2 years ago	No	Time frame for Patient's last Dental Exam
Do you have a Blood Glucose Meter?	Checkbox	Yes and No Fields	No	Does Patient have a blood glucose meter?
(If Meter), Type	Drop-down	None; Bayer Ascensia; Bayer Dex; Bayer Glucometer Elite; Chronimed; Lifescan SureStep; Lifescan Ultra; Lifescan Ultra Smart; One Touch Basic; Other; Precision Extra; Precision QID; Precision SofTac; Prestige; Profile; Roche AccuCheck Active; Roche AccuCheckAdvantage; Roche AccuCheck Compact; Therasense Flash; Therasense Freestyle	No	Type/Brand of Patient's blood glucose meter

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
(If Meter), Approx. how old is it?	Drop-down	< 1 year old; 2 years old; 3 years old; 4 years old; 5 years old; > 5 years old	No	Approximate Age of Patient's blood glucose meter
(If Meter), How often do you test?	Drop-down	Not at all; 2 or 3 times weekly; 1-2 times daily; 3-4 times daily; 5-8 times daily; > 8 times daily	No	Patient Testing Frequency with blood glucose meter
Date of Last HgbA1C	Drop-down	Never; Unknown; Within the last 3 mos.; Within the last 6 mos.; Within the last year; > 1 year ago	No	Date of Patient's last HgbA1C test
Result HgbA1C	Textbox	Free Text	No	Result of Patient's last HgbA1C test
What type of Activity do you do?	Drop-down	Walking; Running; Biking; Swimming; Weight Lifting ; Other	No	Patient Exercise/Activity
(Activity Text)	Textbox	Free Text	No	Notes relating to Exercise/Activity
Physical Limitations that impact activity	Textbox	Free Text	No	Patient's Physical Limitations that may prevent them from exercising
Meal Plan	Textbox	Free Text	No	Meal Plan Patient follows, if any
Do you skip meals?	Checkbox	Yes and No Fields	No	Does Patient skip meals?
What's your insulin to carbohydrate ratio?	Textbox	Free Text	No	Patient's insulin-to-carb ratio
Last Diabetes Education	Drop-down	None; Within the last year; 1-5 years ago; > 5 years ago	No	When did the Patient last participate in Diabetes Education?
Have you seen a Dietitian?	Checkbox	Yes and No Fields	No	Has Patient seen a Dietitian?
How often do you eat out?	Drop-down	< 1 time a week; 1-2 times a week; 3 or more times a week	No	How often does Patient eat outside the home?
Food Allergies?	Checkbox	Yes and No Fields	No	Does Patient have any food allergies?
If Yes (Food Allergies), What?	Textbox	Free Text	No	If Patient Allergies, list them
What is the most difficult part of living with Diabetes?	Textbox	Free Text	No	What is the most difficult thing for the Patient in living with Diabetes?
Sad/Blue?	Checkbox	Yes and No Fields	No	Is Patient sad/blue? (Depression Screening)

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Lost Interest?	Checkbox	Yes and No Fields	No	Has Patient lost interest? (Depression Screening)
Someone to talk to?	Checkbox	Yes and No Fields	No	Does Patient have someone to talk to? (Depression Screening/FPP)
PRE/POST KNOWLEDGE ASSESSMENT (Diabetes Education Assessment)				
Patient Name	Textbox	From Patient Table/Values	No	Patient Name automatically populated from Patient record currently selected
Person(s) Instructed	Textbox	Free Text	No	Name of Person(s) given Diabetes Education (Patient, family members, etc.)
Assessment Date	Date field	Date MM/DD/YYYY	Yes	Date of Diabetes Education Assessment
Before Education				Score BEFORE diabetes education
Do you understand how diabetes affects you?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand how diabetes affects him/her?
Do you understand your meal plan?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand his/her meal plan?
Do you understand the benefit of exercise/physical activity?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand the benefit of exercise/physical activity?
Do you understand how your medications work?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand how his/her medications work?
Do you understand the benefits of blood glucose monitoring?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand the benefit of blood glucose monitoring?
Do you understand how to detect, treat, and prevent hypoglycemia?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand how to detect, treat, and prevent hypoglycemia?
Do you understand how to detect, treat, and prevent hyperglycemia?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand how to detect, treat, and prevent hyperglycemia?
Do you understand how to prevent and/or reduce chronic complications?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand how to prevent and/or reduce chronic complications?
Do you understand how reaching your goals will help you with your diabetes?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand how reaching his/her goals will help with diabetes?
Do you understand that the diabetes team is available to help you problem solve?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand that the diabetes team is available to help him/her problem solve?
Do you understand how diabetes affects emotional health?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand how diabetes affects emotional health?

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Do you understand that your blood glucose needs to be in control before and during pregnancy?	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score: Does Patient understand that his/her blood glucose needs to be in control before and during pregnancy?
After Education	Drop-down	1. (Poor); 2. (Fair); 3. (Good); 0. (N/A)	No	Score AFTER diabetes education for each question above
Instruct Date / Instructor	Textbox	Free Text	No	Instruction Date and Instructor For Each question above
Follow-up Plan	Textbox	Free Text	No	Follow-up Plan For Each question above
Instructors (1)	Textbox	Free Text	No	For 1st Diab Educ Instructor "signature"
Instructors (2)	Textbox	Free Text	No	For 2nd Diab Educ Instructor "signature"
Instructors (3)	Textbox	Free Text	No	For 3rd Diab Educ Instructor "signature"
Instructors (4)	Textbox	Free Text	No	For 4th Diab Educ Instructor "signature"
Collaborate Date	Date field	Date MM/DD/YYYY	No	Date of Collaboration on Patient if not as part of class/education above (Ex. Meeting re: Patients)
PATIENT GOALS				
Goals Assess Date	Date Field	Date MM/DD/YYYY	Yes	Date of Patient Goals Assessment
Patient ID	Textbox	Free Text	No	Patient ID Number automatically populated from Patient record currently selected
Goals:				
Nutrition Management	Checkbox	Yes/No	No	Does Patient have Goal of Nutrition Management?
Nutrition Management (text)	Textbox	Free Text	No	Details for Nutrition Management Goal
Physical Activity	Checkbox	Yes/No	No	Does Patient have Goal of Physical Activity?
Physical Activity (text)	Textbox	Free Text	No	Details for Physical Activity Goal
Meds	Checkbox	Yes/No	No	Does Patient have Goal of Meds?
Meds (text)	Textbox	Free Text	No	Details for Meds Goal
Monitoring	Checkbox	Yes/No	No	Does Patient have Goal of Monitoring?
Monitoring (text)	Textbox	Free Text	No	Details for Monitoring Goal
Preventing Acute Complications	Checkbox	Yes/No	No	Does Patient have Goal of Preventing Acute Complications?
Preventing Acute Complications (text)	Textbox	Free Text	No	Details for Preventing Acute Complications Goal
Risk Reduction	Checkbox	Yes/No	No	Does Patient have Goal of Risk Reduction?
Risk Reduction (text)	Textbox	Free Text	No	Details for Risk Reduction Goal

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Psychosocial Adj.	Checkbox	Yes/No	No	Does Patient have Goal of Psychosocial Adj.?
Psychosocial Adj. (text)	Textbox	Free Text	No	Details for Psychosocial Adj. Goal
Other (Goal)	Checkbox	Yes/No	No	Does Patient have Other Goal not listed?
Other (text)	Textbox	Free Text	No	Details for Other Goal
Follow-up Dates:				
Nutrition Management	Date field	Date MM/DD/YYYY	No	Follow-up Date for Goal of Nutrition Management
Physical Activity	Date field	Date MM/DD/YYYY	No	Follow-up Date for Goal of Physical Activity
Meds	Date field	Date MM/DD/YYYY	No	Follow-up Date for Goal of Meds
Monitoring	Date field	Date MM/DD/YYYY	No	Follow-up Date for Goal of Monitoring
Preventing Acute Complications	Date field	Date MM/DD/YYYY	No	Follow-up Date for Goal of Preventing Acute Complications
Risk Reduction	Date field	Date MM/DD/YYYY	No	Follow-up Date for Goal of Risk Reduction
Psychosocial Adj.	Date field	Date MM/DD/YYYY	No	Follow-up Date for Goal of Psychosocial Adj.
Other (Goal)	Date field	Date MM/DD/YYYY	No	Follow-up Date for Other Goal not listed
Scores:				
Nutrition Management	Drop-down	1; 2; 3; 4; 5; 6; 7; 8; 9; 10	No	Score for Goal of Nutrition Management
Physical Activity	Drop-down	1; 2; 3; 4; 5; 6; 7; 8; 9; 10	No	Score for Goal of Physical Activity
Meds	Drop-down	1; 2; 3; 4; 5; 6; 7; 8; 9; 10	No	Score for Goal of Meds
Monitoring	Drop-down	1; 2; 3; 4; 5; 6; 7; 8; 9; 10	No	Score for Goal of Monitoring
Preventing Acute Complications	Drop-down	1; 2; 3; 4; 5; 6; 7; 8; 9; 10	No	Score for Goal of Preventing Acute Complications
Risk Reduction	Drop-down	1; 2; 3; 4; 5; 6; 7; 8; 9; 10	No	Score for Goal of Risk Reduction
Psychosocial Adj.	Drop-down	1; 2; 3; 4; 5; 6; 7; 8; 9; 10	No	Score for Goal of Psychosocial Adj.
Other (Goal)	Drop-down	1; 2; 3; 4; 5; 6; 7; 8; 9; 10	No	Score for Other Goal not listed
Notes	Textbox	Free Text	No	Notes relating to Patient Goals
HF FOLLOW-UP (HEART FAILURE)				
Call Date	Date Field	Date MM/DD/YYYY	Yes	Date of Discharge Follow-up Call
Discharge Date	Date Field	Date MM/DD/YYYY	Yes	Hospital Discharge Date this Call followed from
To	Drop-down	Home; Assisted Living; Deceased; ECF/SNF/LTCF	No	Place Patient is at time of Call
Hospital	Drop-down	From Location Table/Values	Yes	Hospital Discharged From
Talked To	Drop-down	Patient; Spouse; Significant Other; Health Care Provider; Other	No	Person Actually spoke with on Call

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Medication Review				
Are you following your discharge medications?	Drop-down	Yes; No; Unknown	No	Is Patient following discharge medications?
If not, which ones are you not following?	Textbox	Free Text	No	If Patient not following discharge medications, which ones is the Patient not following?
Why are you not following your discharge meds?	Textbox	Free Text	No	If Patient not following discharge medications, why is Patient not following discharge medications?
Reviewed the importance of compliance, not running out / refilling meds?	Drop-down	Yes; No; Unknown	No	Did Care Manager review with the Patient the importance of compliance, not running out/refilling meds?
Reminded patient to take all medications to follow-up appointment?	Drop-down	Yes; No; Unknown	No	Did Care Manager remind the Patient to take all medications to the Patient's follow-up appointment?
Activity				
Are you trying to stay active daily?	Drop-down	Yes; No; Unknown	No	Is Patient trying to stay active daily?
How are you tolerating activity since discharge?	Drop-down	Stable; Better; Worse; Unknown	No	How is the Patient tolerating activity since discharge?
Weights				
Is there any change in weight?	Drop-down	Unchanged (Stable); Moderate Gain (Up to 2 lbs in one day/up to 5 lbs over optimum); Significant Gain (> 5 lbs in one day); Weight Loss (Down > 5 lbs since discharge); Not Checked (Weight has not been tracked)	No	Any change in Patient weight?
Diet/Fluid Restriction				
Do you understand your low-salt diet?	Drop-down	Yes; No; Unknown	No	Does Patient understand his/her low-salt diet?
Are you following a low-salt diet?	Drop-down	Yes; No; Unknown	No	Is Patient following a low-salt diet?
Are you limiting fluids to < 2 liters/day	Drop-down	Yes; No; Unknown; N/A	No	Is Patient limiting fluids to less than 2 liters a day?
Symptoms				
How is your breathing?	Drop-down	Better; Stable; Worse; Severe; Unknown	No	How is Patient's breathing?

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Are you lightheaded?	Drop-down	Yes; No; Unknown	No	Is Patient lightheaded?
Swelling in the feet, abdomen, or ankles?	Drop-down	Better; Stable; Worse; Severe; Unknown	No	Does Patient have swelling in the feet, abdomen, or ankles?
Follow-up				
Instructed to contact provider (non-urgent)	Checkbox	Yes/No	No	Did Care Manager instruct Patient to contact his/her Provider (non-urgent) for follow-up?
Instructed to seek immediate treatment (urgent)	Checkbox	Yes/No	No	Did Care Manager instruct Patient to immediately seek treatment (urgent) for follow-up?
Teaching seminars schedule offered	Checkbox	Yes/No	No	Did Care Manager offer to Patient a schedule of teaching seminars for follow-up?
Next phone call scheduled	Checkbox	Yes/No	No	Is the next Care Manager phone call scheduled?
None	Checkbox	Yes/No	No	Is no Follow-up with Patient necessary?
Other	Textbox	Free Text	No	Other follow-up for Patient: (Specify)
Notes	Textbox	Free Text	No	Comments relating to the Discharge Follow-up
FUNCTION				
Assessment Date	Date Field	Date MM/DD/YYYY	Yes	Date of Function Assessment
Activities of Daily Living Question 1	Checkbox	Yes/No	No	ADL Question: Is Patient able to "Get out of bed or chair" without help?
Activities of Daily Living Question 2	Checkbox	Yes/No	No	ADL Question: Is Patient able to "Walk" without help?
Activities of Daily Living Question 3	Checkbox	Yes/No	No	ADL Question: Is Patient able to "Take a Bath or Shower" without help?
Activities of Daily Living Question 4	Checkbox	Yes/No	No	ADL Question: Is Patient able to "Get dressed" without help?
Activities of Daily Living Question 5	Checkbox	Yes/No	No	ADL Question: Is Patient able to "Go to the toilet" without help?
Activities of Daily Living Question 6	Checkbox	Yes/No	No	ADL Question: Is Patient able to "Feed self a meal" without help?
ADL	Textbox	Numeric	No	Activities of Daily Living Score (Values 1 to 6)
Instrumental Activities of Daily Living Question 1	Checkbox	Yes/No	No	IADL Question: Is Patient able to "Shop" without help?

Care Manager Tracking Database Data Dictionary (General Use)

Data Element	Type/Control	Values	Required	Definition
Instrumental Activities of Daily Living Question 2	Checkbox	Yes/No	No	IADL Question: Is Patient able to "Use a telephone" without help?
Instrumental Activities of Daily Living Question 3	Checkbox	Yes/No	No	IADL Question: Is Patient able to "Cook" without help?
Instrumental Activities of Daily Living Question 4	Checkbox	Yes/No	No	IADL Question: Is Patient able to "Travel outside the home" without help?
Instrumental Activities of Daily Living Question 5	Checkbox	Yes/No	No	IADL Question: Is Patient able to do "Bills, Checkbooks, Finances" without help?
Instrumental Activities of Daily Living Question 6	Checkbox	Yes/No	No	IADL Question: Is Patient able to do "Housekeeping" without help?
Instrumental Activities of Daily Living Question 7	Checkbox	Yes/No	No	IADL Question: Is Patient able to "Take Medications" without help?
IADL	Textbox	Numeric	No	Instrumental Activities of Daily Living Score (Values 1 to 7)
MMSE	Textbox	Numeric	No	Mini Mental Status Examination Score
Pain Score	Textbox	Numeric	No	Pain Score (Scale 0-10)
Notes	Textbox	Free Text	No	Comments relating to Function