

# ERP Chronicle Walkthrough Guide



#### Module 1: Creating and Managing Patient Records

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#### **Module 1:** Creating and Managing Patient Records

#### Creating a new patient Record Page 1 of 3

1) Click on the **Patients** tab at the top of the page, and then the **Create New Patient** button.

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	COO - Mattheway Marchael	ediabetes.com/patient/search/				▶ 🔒	😽 🗙 Live Search	P -
	<u>File E</u> dit <u>V</u> iew F <u>a</u> vorites <u>T</u> ools	Help						
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6	Create New Patient	Searcn:	inactive	Limit results by conort	Clear Filters			1
	A METRONE Societies	·				0 Records Found	First Prev Page 1///	of 1 Next Last
	Patient Filter New Filter							
	Select patient filter							
	No filter currently applied							
	Logged in as: Mr Steven Burdette FDS	AF		Powered by Sco	reMD			Stevens Hospitalfdf656
ack to	diabetes.com/patient/	/search/#					😜 Internet	🔍 100% 👻
Dain 10								



#### Creating a new patient Record Page 2 of 3

2) Fill in as much information as you have. Fields marked with a red dotted line under the field are required. Click **Save Changes**.

ADA ERP Docume	ntation Vie ADA Chronicle Diabetes X	
American Diabetes Association, CHRONICLE	DIABETES	🗨 News 📄 User Manual 💿 Help 🔍 Supp
Patient List	Create New Patient	🛞 Нер
Create New Patient	Patient Name Demographics	Login/Password
Anage Cohorts	Salutation Type of diabetes Type 1	Auto Generate Login Information
Dationt Filter	First Name S Date of Birth 04/01/1985	Username
Patient Filter	Middle Name Gender	Password
	Last Name Burdette Language English 👻	Confirm Password
No filter currently applied	Suffix Race American Indian or Alaska	Referral
		Check here if this patient has a referral
		Referral date:
	Address 1 18335 Sharon Rd Email sburdette@diabetes.org	Referring Provider (if not a self-referral):
	Address 2 Home Phone	No provider assigned.
	City Triangle Work Phone	Check here if this is a self-referral
	State Virginia Cell Phone	Reason for referral:
	Postal Code 22172	
	Primary Provider / PCP	
	No provider assigned. No cohort assigned.	ct
		Cancel Changes Save Changes

#### Creating a new patient Record Page 3 of 3

You will now be on the General Information page of the patient's record. You can view the various pages of the patient record by clicking the tabs on the left side of the page (e.g. DSME Assessment, Health Status, etc.)



#### Viewing other patients Page 1 of 2

**1.** Click the Return to Patient List button in the upper left. **Note** that the patient that you just added is listed in the patients table. If you do not see the patient you can search for them by typing their last name in the search box and hitting return.

🖉 ADA Chronicle Diabetes - Winde	ows Internet Explorer						
😋 🕤 👻 🗾 https://edu.chronicled	liabetes.com/patient/search/				<ul><li>✓ <u>●</u> </li></ul>	★ Live Search	
<u>File E</u> dit <u>V</u> iew F <u>a</u> vorites <u>T</u> ools	Help						
😭 🏟 🔡 🗸 🏉 ADA ERP Documer	ntation Vie 🗾 ADA Chronick	e Diabetes X				🏠 🔹 🖾 🔹 🖶 🔹 📴 Bag	e 🗕 🌀
American Diabetes Association, CHRONICLE	DIABETES Patients	ducation Reports			🔍 News 📄 Us	ser Manual 💿 Help 🔍 Suppo	ort 🤇
Patient List	Search:	Active V Limit res	ults by cohort 🗸	🗱 Clear Filters			_
Create New Patient				Showing patients 1-5 of 5	total patients	First Prev Page 1 of 1	
Manage Cohorts	Burdette, Michael Gender: Male Type: Pre-diabetes	DOB: <b>Apr 23, 1979 (32 y/o)</b> Race: <b>White/Caucasian</b>	Next Visit: <b>May 4, 2012</b> Last Visit:	Snapshot Report			
Select patient filter	Burdette, S Gender: Male Type: Type 2	DOB: <b>Jun 16, 1982 (29 y/o)</b> Race: <b>White/Caucasian</b>	Next Visit: Last Visit: <b>Jan 25, 2012</b>	Snapshot Report			
No filter currently applied	Michaels, S Gender: Male Type: Type 1	DOB: Feb 6, 1985 (27 y/o) Race: White/Caucasian	Next Visit: Last Visit:	Snapshot Report			
	Mosley, Rachel Gender: Female Type: Type 2	DOB: Aug 15, 1984 (27 y/o) Race: Hispanic/Chicano/Latino/Mexican	Next Visit: Last Visit: <b>Jan 25, 2012</b>	🛹 Snapshot Report			
	Ste, Steve Gender: Male Type: Type 1	DOB: <b>Jun 15, 2011 (0 y/o)</b> Race: <b>Asian/Chinese/Japanese/Korean</b>	Next Visit: <b>Apr 11, 2012</b> Last Visit: <b>Jan 25, 2012</b>	🚧 Snapshot Report			
Logged in as: Mr Steven Burdette FDSA	١F		Powered by ScoreMD			Steve	ens H

#### Viewing other patients Page 2 of 2

**2.** Click on a patient's listing to open the patient's record. You will be on the General Information page of the patient's record. You can view the various pages of the patient record by clicking the tabs on the left side of the page (e.g. DSME Assessment, Health Status, etc.)

Module 1: A



#### Module 1: A

## American Diabetes Association.

#### **Online Patient Self-Assessment**

When a patient record is created in Chronicle, the system automatically sets up a **username and password** for the patient to complete their assessment. The login credentials for the online patient self-assessment are included in the default **Welcome** Letter discussed in Module 3.





#### **Creating/Managing Patient Cohorts** Page 1 of 2

Patient Cohorts are a way to categorize patients into groups of similar patient types such as Insulin Starts, GDMs, PEDs or Referring Provider.

#### **Creating/Managing a Cohort**

- 1. From the Patients List Page, Click the Manage Cohorts Button
- 2. Click the Add Cohort button and give it an identifiable name
- 3. Select patients from the list to be in the cohort

	DIABETES	Education Reports					
Patient List	Search:	Patient Status V	Limit results by cohort	. •	Clear Filters		
Create New Patient				Manage Cohorts			
Anage Cohorts	Burdette, Test Gender: Male Type: Type 2	DOB: Dec 3, 2014 (0 y/o) Race: Hispanic/Chicano	Next Visit: Last Visit: <b>Apr 1</b>	Search for cohort:	Cohort Nan	Q      S     Delete Selected Cohort	Member Count
Patient Filter     New Filter       Select patient filter	McPhee, Alice Gender: Female Type: Type 2	DOB: Dec 23, 1998 (16 y/o) Race: Asian/Chinese	Next Visit: Last Visit: <b>Apr 1</b>	Medicare Test			2 3
No filter currently applied. Patient List normal sorting is alphabetical by last name.	Patient, DSME Gender: Male Type: Type 2	DOB: Mar 1, 1996 (19 y/o) Race: White/Caucasian	Next Visit: Last Visit: <b>Apr 1</b>				
Generate Letters	Patient, DSME Gender: Female Type: Type 2	DOB: Apr 18, 1946 (69 y/o) Race: White/Caucasian	Next Visit: Last Visit:				
Click to launch letter wizard	Telle, Elle Gender: Male	DOB: Mar 13, 1997 (18 y/o) Bace: Asian/Chinese	Next Visit: Last Visit:				
📑 Launch Letter Manager	Test, test Gender: Male Type: Type 1	DOB: Jan 1, 2015 (0 y/o) Race: Asian/Chinese	Next Visit: Last Visit: <b>Mar 3</b> =				
	Testing 123, Testing Gender: Male Type: Type 2	DOB: Apr 13, 1937 (78 y/o) Race: Black/African American	Next Visit: Last Visit: Apr 1, 2	2015	Generate Letters		Finish and Close Wi
k to Top	Testing, Data Gender: Male Type: Type 2	DOB: Nov 15, 1995 (19 y/o) Race: American India/Alaskan	Next Visit: Last Visit: <b>Mar 29</b> ,	2015	Snapshot Report		STO DIABE

#### Creating/Managing Patient Cohorts Page 2 of 2

Assigning a Patient to a Cohort - Cohorts can be assigned when initially creating a patient record or added within the *general information* section of an existing patient.

# Assigning a patient cohort while creating a new patient record.

B

## Assigning a patient cohort to an existing patient record.

Create New Patient			() Help	-			
Patient Name	r Demographics	- Login/Password		Patient, DSME			
Salutation  First Name	Type of diabetes	Auto Generate Login Information     Username	2	Gender: Female Email: Home phone:	DOB: Apr 18, 1946 (69 Race/ethnicity: White/Caucasian	years old) I	Diabetes type: Type 2 BMI: N/A
Name Last Name	Gender	Password Confirm Password	_	General Information	J For	Patient Type	
Contact Information Address 1	Email	Referral date: Referral date: Referring Provider (if not a self-referral): No provider assigned.		DSME Patient Patient ID: No value Medicaid ID: No value Status: Active Chronicle ID (Internal): 211456		Patient Type: No val Demographics Date of Birth: Apr 11 Gender: Fena	20 3, 1946 (69 yrs. old) le Caucalan
Address 2	Home Phone Work Phone	Check here if this is a self-referral Reason for referral		Web Login Username: dsmepatient211456	Password: ******	Occupation: No vali Preferred Language: Englis Education: No vali	20 h 20
State V Postal Code	Cell Phone			Contact Information Address 1: No value Address 2: No value	🖉 Edit	Sites ERP Clinic	Ø
Primary Provider / PCP	Assign to Cohort			City: No value State: No value Postal Code: No value		Referrals No referrals assigned.	🔘 Add Refe
		1		Email: No value Work Phone: No value Home Phone: No value		Health Insurance Informat	tion 🥜
				Cell Phone: No value Provider / Physician		Cohorts á	🖉 Add/Remove from Cohorts 🖉 Edit Coh
ack to Tap		Cancel Changes Save C	Changes	Primary Physician (PCP)	🥜 Assign		
				No provider assigned.			



### **Patient Cohort Tips**

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- Filter reports can be filtered by patient cohort
- Each Patient can be assigned to one or more cohorts
- You can Add, Edit or Delete a cohort through the Manage Cohorts button located near the upper left of the Patient List page.



Module 1: A

#### **DSME Assessment & Health Status**

The **DSME Assessment** can be completed electronically by the patient or by the educator on behalf of the patient. Any of the information on this page can be edited by clicking on the *Edit* pencil to the right of the section name.





#### **DSME Assessment & Health Status** Page 1 of 2

The **Health Status section** can be completed electronically by the patient during their initial patient self-assessment (PSA) or by the educator on behalf of the patient. Any of the information on this page can be edited by clicking on the *Edit* pencil to the right of the section name.





Module 1: A



#### Contact History / Notes / Patient Documents Page 1 of 3

The **Contact History** section allows you to record and view contacts that have been made or attempted with the patient. Enter a date for the event, select the *Reason for Contact,* and the *Result of Contact.* If there is any other information that you'd like to record you can enter it in the *Notes* box.

American Diabetes Association, CHRONICLE DIABETES Patient	Education Reports			News	📙 KRAMES Edu M
Content Content List Patient, DSME	a fail a fail a fail a fail a	aft and and and and and a	had a had a had a had a had a	all affect affect affect affect	Print
Patient Information     Gender: Male       General Information     Email:       DSME Assessment     Home phone:       Health Status     Home phone:	DOB: 1 Race/ethnicity: 1	Mar 1, 1996 (19 years old) Vhite/Caucasian	Diabete	es type: Type 2 BMI: N/A	
DSME & Follow-Up Behavior Change Objectives Patient Contac	t History			New Contact Ever	nt
Clinical and Lab Data Medications  Contact History Notes  Documents  Patient Reports  Snapshot Report  Options: Notes: All Notes  >>* Click to generate selected report	ntact events recorded for	thi Patient Contact H Contact Date: Result of contact: Notes regarding co	Reason for contact:	Hep Itton	
Generate Letters          Default - Welcome Letter         Click to generate selected letter         Launch Letter Manager			Cancel Changes	Save Changes	



#### Contact History / Notes / Patient Documents Page 2 of 3

The **Notes** section allows you to record and view free-text notes about the patient. To add a new patient-specific note, click *Add New Note*, which will open the *Add / Edit Note* window. Below the patient-specific notes are both **class-wide notes** and **session-specific notes**. These are notes that are recorded for classes that the patient is in. Each class that the patient is in will be listed, and any class-wide and session notes will be displayed.



#### **Contact History / Notes / Patient Documents** Page 3 of 3

The **Patient Documents** section allows you to upload relevant documents into the patient's record. Note that the only allowable file types are PDF (.pdf) or Microsoft Office (.doc, .docx, .xls, .xlsx, .ppt, .pptx). The maximum file size is 2MB.

<<< Return to Patient List	Pat	ient, DSME						🖨 Pri
Patient Information		Gender: Male	DOB: Mar 1	, 1996 (19 years old)		Diabetes type: Type 2		
General Information		Email:	Race/ethnicity: White	/Caucasian		BMI: N/A		
DSME Assessment	Hom	ne phone:						
Health Status								
DSME & Follow-Up	Pati	ent Documents						
Behavior Change Objectives	- uu	on boounents						
Clinical and Lab Data	You m	ay upload relevant docume	ents into the patient's record I	here. Note that the only a	lowable file types are PD four years from the date	F (.pdf) or Microsoft Office (.doc, .)	docx, .xls,	
Medications	be aut	tomatically (and permanent	y) deleted to conserve space	e in the system.	four years norm the date t	apioad. Alter four years, docume	and may	
Contact History						<b>A</b> 1111		
Notes	Docu	ments			-	V Upload	Document	
Documents		Filename	in dealers discoursed.	Date Submitted	Tags	Description	•	
Patient Departs	6	Chironicle application to	ac design diagram.pur	May 5, 2015	Childal Lab Sheets	Chronicle Application Notes	9	
Patient Reports								
Snapshot Report								
Coptions:								
Notes:								
All Notes V								
All Notes								
All Notes  Click to generate selected report								
All Notes								
All Notes  All Notes  Click to generate selected report  Generate Letters								
All Notes  All Notes  Click to generate selected report  Generate Letters  Default - Welcome Letter								
All Notes   All Notes  Click to generate selected report  Generate Letters  Default - Welcome Letter  Click to generate selected letter								

#### Behavioral Change Objectives Page 1 of 2

**1.** Clicking the **Behavior Change Objectives** tab from the left navigation pane displays a page that lists all of the patient's behavior change objectives, including a full history for each objective. At the top of the page are two *Personal Goals* which are questions asked of the patient during the PSA.



#### Behavioral Change Objectives Page 2 of 2

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2. The Objectives section allows you to document how the patient's objectives (and their adherence to those objectives) change over time. To add a new baseline objective, click on Add new objective When you next follow up with the patient you can update the objective's status, recording the patient's new achievement level. An existing baseline objective or objective update can be edited by clicking on the edit pencil to the left of the record.

DSME & Follow-Up	Behavior Change O	bjectives			
Behavior Change Objectives	Personal Goals				4
Clinical and Lab Data	Hopes to gain the following	from this educational program: No	value		
Medications	Two things patient needs	help with to improve diabetes: No	value		
Contact History	Objectives				Add New Ob
Notes					
Documents	<ul> <li>Physical Activity/Being</li> </ul>	Active			Update This Obje
Dationt Poports	Established/Updated	Objective	Achievement	Status	Barriers Addressed
Snapshot Report	Plan: tak Outcome: les Followup Method: Notes:	e the stairs at work is out of breath			
Snapshot Report	Plan: tak Outcome: les Followup Method: Notes: Apr 27, 2009	e the stairs at work is out of breath Be more physically fit	75% (Most of the time)	Continued	Yes
Snapshot Report	Plan: tak Outcome: les Followup Method: Notes: Apr 27, 2009 Mar 24, 2009	e the stairs at work is out of breath Be more physically fit Be more physically fit	75% (Most of the time) 0% (None of the time)	Continued Baseline	Yes Yes
Snapshot Report  Click to generate selected report  Generate Letters  2011 Welcome letter  Click to generate selected letter  Launch Letter Manager	Plan: tak Outcome: les Followup Method: Notes: Apr 27, 2009 Mar 24, 2009	e the stairs at work is out of breath Be more physically fit Be more physically fit	75% (Most of the time) 0% (None of the time)	Continued Baseline	Yes Yes © Delete this Object
Snapshot Report	<ul> <li>Plan: tak Outcome: les Followup Method: Notes:</li> <li>Apr 27, 2009</li> <li>Mar 24, 2009</li> <li>Taking medications</li> </ul>	e the stairs at work is out of breath Be more physically fit Be more physically fit	75% (Most of the time) 0% (None of the time)	Continued Baseline	Yes Yes Delete this Object

#### Clinical Data and Labs Page 1 of 4

Clicking the **Clinical and Lab Data** button from the left navigation pane displays a page that lists all of the most recent clinical data and lab information for the patient. For a new patient with no clinical data or labs documented, the main middle section of this page will be empty and the full list of *Available Tests* will be displayed on the right side of the page.

As test values are documented, those values will be displayed in the main middle section and the test will be removed from the *Available Tests* lists.

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American Diabetes Association.	Patients	Education Reports	Rews 🂾 KRAMES
< Return to Patient List	Testing, Data		đ
Patient Information	Gender: Male	DOB: Nov 15, 1995 (19 years old)	Diabetes type: Type 2
General Information	Email:	Race/ethnicity: American Indian or Alaskan Native	BMI: N/A
DSME Assessment	Home phone:		
Health Status			
DSME & Follow-Up	Clinical and Lab Da	ata	O New Lab She
Behavior Change Objectives		ata	
Clinical and Lab Data	There are no lab resi	ults recorded for this patient. To add a lab result, click the name	Available Tests (Click to add)
Medications	from the list to the rig	ht.	24h CrCl
Contact History			24h Urine Protein
Notes			ALT
Documents			Blood Pressure
Patient Reports			C-peptide
Snanshot Penort			Creatinine
- Options:			Dental exam (past 6 months)
Notes:			EKG result
All Notes			Eye exam (past 12 months)
🚧 Click to generate selected report			Fasting Blood Glucose
Senerate Letters			Random Blood Glucose
			Flu Vaccine
Default - Welcome Letter   Click to generate selected letter			Comprehensive Foot exam (past 12 months)
Launch Latter Managor			Height
- Launch Letter manager			HbA1c
			Lipid Profile
			Meter Correlations
			Patient Satisfaction
			Pneumovax

#### Clinical Data and Labs - Adding a new clinical data or lab test result Page 2 of 4

After you have gathered clinical data or lab results for a patient, you can enter both the most recent values as well as historical values into Chronicle. To enter a test result for a test that doesn't have any previous data, begin by clicking on the test's name in the *Available Tests* lists. Alternatively, if the test already has one or more previous results and you're going to be adding another test result, click the *Add Results* link to the right of the test's name. Doing either of these will bring up the *New Lab* window.

#### Enter the following information:

- Test result
- Date Performed
- Source of data
- Notes

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Provider

When you have entered all of the information, click the Save Changes button to save the test result. If the value you just entered is the most recent value for that test, then the new value will be displayed in the center table.



### Module 1: C

Clinical Data and Labs - Adding multiple clinical data or lab test results using a Lab Sheet Page 3 of 4

If you are going to be entering multiple clinical data or lab test result values that all share the same common information you can use a *Lab Sheet* to speed the entry. Click the *New Lab Sheet* link in the upper right above the *Available Tests* lists.

**Note** that all of the data entered on the *Lab Sheet* will share the same Common Information. Also, when the Lab Sheet is saved, the individual test results are all stored individually- they're not stored as a single lab sheet..

							U
Common Information:							
Date:			Provider:	No provider assig	ned.	🖉 Select	
Check if date is app	roximate						
🔲 Check if you do not	know the date		Notes:				
Source:		•					11
Lab Data:							
24h CrCl:	mg/kg/24 hr		2	4h Urine Protein:			mg/24
ALT:		U/L		C-peptide:			ng/mL
Systolic:	mmHg		Der	ntal exam (past 6		•	-
Diastolic:	mmHg		E	/e exam (past 12			
Creatinine:		mg/dl	_,	months):		•	
EKG result:	¥		Randon	n Blood Glucose:	mg/dl		
Fasting Blood Glucose:	mg/dl		Con exam (	prehensive Foot past 12 months):		•	
Flu Vaccine:		•		HbA1c:			<b>%</b>
Height:		inches	M	eter Correlations:	mg/dl		
Cholesterol:	mg/dl			TSH:			mU/L
HDL:	mg/dl		Urir	e Microalbumin:			]
LDL:	mg/dl		Ur	ine Microalbumin			T
					Cancel Chanc	ies Sa	ve Change

Module 1: C

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**Clinical Data and Labs - Editing or deleting an existing test result** *Page 4 of 4* To edit an existing test result, begin by clicking on the test in the main middle section, which will expand the test down to reveal the historical results. Click on the specific test result that you'd like to edit (which will expand that individual result) and then click the *Edit* pencil icon. This will open the *Edit Lab* window where you can make any necessary corrections and click the *Save Changes* button. To add a result to an existing lab value, click on the Add Result link next to the appropriate lab entry.

Gender:	Male	DOB: Nov 15, 1995 (19 years old)		Diabetes type:	Type 2
Home phone:		Racelegnicity. American indian of Alaskan Nativ	e	Divit.	N/A
Clinical an	d Lab D	ata			O New Lab
<ul> <li>HbA1c: 6.3</li> </ul>	16		C Add Desuit	Available Test	s (Click to add)
Date		Pacult	Aug Hestin	24h CrCl	
Jan 1. 2	015 (appro:	x) 6.3 %		24h Urine Pro	tein
Source	e: Patient re	eported, Entered by educator		ALT	
Notes	90		Ť	Blood Pressu	ire
				C-peptide	
				Creatinine	
				Dental exam	(past 6 months
				EKG result	
				Eye exam (pa	st 12 months)
				Fasting Bloo	d Glucose
				Random Blog	od Glucose
				Flu Vaccine	
				Comprehens (past 12 mon	ive Foot exam ths)
				Height	
				Lipid Profile	
				Meter Correla	tions
				Patient Satisf	action
				Pneumovax	
				Quality of Lif	e

#### Module 1: D

### American Diabetes Association.

#### **Documenting Medications** Page 1 of 5

Clicking the *Medications* tab from the left navigation pane displays a page that lists all of the medications that the patient is taking or was taking in the past. Each listing in the center table lists a medication and the most recent information about that medication. For new patient the center section will be empty.

By clicking on a specific medication line, the listing will expand down to reveal a complete history of *Medication Change Events* for that medication.

Clicking on a specific *Medication Change Event* will cause it to expand down and reveal any notes for that event.

Testing, Data 🚔 Prin Gender: Male DOB: Nov 15, 1995 (19 years old) Diabetes type: Type 2 Email: Race/ethnicity: American Indian or Alaskan Native BMI: N/A Home phone: Medications Current Medications Add New Medication GLUCOPHAGE: 500MG Record Medication Change Event Event Date Event Dosage Frequency 500MG Jan 1, 2015 Medication started Stop Medication 😔 Delete Medication CRESTOR: 10MG Record Medication Change Event Stopped Medications This patient does not have any stopped medications assigned. Allergies 🥒 Edit Allergies Allergies: No value

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#### Adding a medication Page 2 of 5

To enter a new medication, click the *Add New Medication* link (near the top right of the *Medications* page) to bring up the *Start New Medication* window. This box allows you to enter a new medication for this patient. The *Quick List* on the right contains medications that you've previously marked as a favorite (marked with solid stars) as well as other popular or recent medications (marked with empty stars). The boxes on the left allow you to select a medication that isn't already in your *Quick List*.

**Tip:** If the medication that you just entered is one that you believe you'll be using frequently, you can add it to the *Quick List* by clicking the link *Add medication to favorites* link next to the medication's name.

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Start New Medication		🕑 Help
Medication:	Quick List	*
	CRESTOR	
Dosage / Strength:	GLUCOPHAGE	
	LANTUS INSULIN GLARGINE RECOMBINANT	
Date: Date is approximate	METFORMIN HYDROCHLORIDE	
Frequency:		-
Notes:		
	NOVOLOG	-
	HUMALOG	-
		-
	JANUVIA SITAGLIPTIN PHOSPHATE	-

### Module 1: D

#### **Recording a medication change event** Page 3 of 5

If a patient's prescribed medication regiment changes (e.g. the dosage or frequency of a medication that they are on is modified), you can document this information by recording a medication change event.

N c	le un	dications rent Medications				💫 Add New Medication
	÷	GLUCOPHAGE: 500MG				Record Medication Change Event
		Dosage	Frequency	Event Date	Event	
		▶ 500MG		Jan 1, 2015	Medication start	ted
Stop Medication 🗢 Delete Medication						

Click the *Record Medication Change Event* link to the right of the medication's name, which will bring up the *Record Medication Change Event* window. Here you can enter the date that the medication change event took place. Then enter the new dosage and frequency for the medication, and any notes that you'd like associated with the change of this medication.

ſ	Record Medication Change Event	🕑 Help	
*	Medication: GLUCOPHAGE Dosage / Strength:		
	Date:		
	Frequency:		
	Notes:	_	
1			we ve
			m **
1			
	Cancel Changes Save Chan	ges	OP BETES

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#### **Recording a Stop medication event** *Page 4 of 5*

If a patient is no longer taking a medication that they had previously been prescribed, you can document this information by recording a stop medication event. Begin by clicking on the medication's name in the main medication table. Then click the *Stop Medication* link to bring up the *Stop Medication* window. Enter the date on which the patient stopped taking the medication and any associated notes. When you have entered all of the information, click the *Save Changes* button to save the stop medication event. You'll see that the medication has been removed from the *Current Medication* table down into the *Stopped Medications* table.

Module 1: D

wedications			
Current Medications			Kan Add New Medication
- GLUCOPHAGE: 500MG			💰 Record Medication Change Event
Dosage	Frequency	Event Date	Event
500MG		Jan 1, 2015	Medication started
			Stop Medication Delete Medication
CRESTOR: 10MG			Record Medication Change Event
Stopped Medications			
Stopped Medications	nned medications	assigned	
stopped Medications	opped medications a	assigned.	
Stopped Medications This patient does not have any sto Allergies	opped medications a	assigned.	
This patient does not have any ste Allergies	opped medications a	assigned.	er e





#### Creating a new (custom) medication Page 5 of 5

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If a patient is taking a medication that is not already in the database, you can manually add the medication to your site's medication database so that it will be available for future use.

#### Begin by trying to add the medication to a patient's record

- Click the Add New Medication button to bring up the Start New Medication window.
- Type in the Trade Name, and if the medication isn't already in the medication database you'll be presented with no matches but will have an option to click Add a new medication named [name]. Clicking this option will bring up a link that says Click to add "[name]" as a custom medication. Clicking that will add the medication you entered as a new medication in the database. From then on it will be available to all your site's educators in the medication's list in the future.



### Patient Reports Page 1 of 3

The Snapshot Report and the DSME Record report give an overview of the data about a specific patient. Both reports are generated through the Patient Reports section of the patient record.



#### Back to Top

#### Patient Reports Page 2 of 3

**The Snapshot Report** This report gives an overview of the data about a specific patient. The left column contains lists of the patient's current medications, recent interventions, topics that were covered during the educational sessions, and the patient's goals (and their change rate). The right column of the report contains clinical data, with historical values listed in a table and a graph displaying the change over time.



#### Patient Reports Page 3 of 3

The **DSME Record report** contains the information that was documented for the patient's educational session(s). This includes the pre assessment and post evaluation of the patient's ability in the nine ADA topic/learning objectives, class methods and materials, barriers and DSMS plan. All of the educational information included in this report will represent the most current information documented in Chronicle.

#### **Diabetes Self-Management Education Record**

Pre-Session Assessment	Comments	Instr. Date	Post-Session Evaluation	Comments
1		04/01/2015	3	
2		04/01/2015	4	
2		04/01/2015	3	
1		04/01/2015	4	
1		04/01/2015	4	
1		04/01/2015	3	
1		04/01/2015	3	
2		04/01/2015	4	
2		04/01/2015	4	
	Pre-Session Assessment	Pre-Session Assessment Comments       1       1       2       2       1       1       1       1       1       2       2       1       1       2       2       2       1       2       2       2       2       2	Pre-Session Assessment         Comments         Instr. Date           1         04/01/2015         04/01/2015           2         04/01/2015         04/01/2015           1         04/01/2015         04/01/2015           1         04/01/2015         04/01/2015           1         04/01/2015         04/01/2015           1         04/01/2015         04/01/2015           2         04/01/2015         04/01/2015           2         04/01/2015         04/01/2015           2         04/01/2015         04/01/2015	Pre-Session Assessment         Comments         Instr. Date         Post-Session Evaluation           1         04/01/2015         3           2         04/01/2015         4           2         04/01/2015         3           1         04/01/2015         3           1         04/01/2015         3           1         04/01/2015         4           1         04/01/2015         4           1         04/01/2015         3           1         04/01/2015         3           1         04/01/2015         3           2         04/01/2015         3           2         04/01/2015         4

Ratings: 1=Needs instruction 2=Needs review 3=Comprehends key points 4=Demonstrates competency N/A=Not applicable

Education plan:

#### Instruction Method:

Lecture/Discussion, Demonstration [Source: Assessment (1201/2014)]

#### Education Materials/Equipment Provided:

Computer aided (Interactive) [Source: Assessment(1201/2014

Identified Barriers to learning/adherence to self management plan:

#### DSMS Plan:

🖸 Diabetes Forecast- 800-342-2383- www.diabetesforecast.org 🗆 Diabetes Self-Management- 855-367-4813- www.diabetesselfmanagement.com [bouwkAssessent(12014]

### Module 2: Creating/Managing Classes & Documenting Education

#### Creating a 1:1 or Group Class: Page 1 of 7

**1.** Click on the **Education tab** at the top of the page. You will see a list of existing classes, along with basic information about the class.

😤 🍄 🔡 👻 🏈 ADA ERP Docum	entation Vie 🚺 ADA Chronicle Diabetes 🛛 🗙				😭 🔹 🗟 🔺 🖶 👻 Ba
American Diabetes Association	e DIABETES Patients Education Rec	oorts		🤜 News 📃	User Manual 💿 Help 🔍 Supj
Class List	Search:				
Create New 1:1 Session				Showing classes 1-8 of 8 total classes	First Prev Page 1 of
O Create New Group Class	fdasf				
	Format: Combination of 1:1 and Group	Sessions: Not Scheduled Attendees: None Assigned	Start: End:	Generate Letters	
	2 Format: Classroom / Group	Sessions: Not Scheduled Attendees: None Assigned	Start: End:	Generate Letters	
	May 2012 Format: Combination of 1:1 and Group	Sessions: 3 Attendees: 1	Start: <b>May 4, 2012</b> End: <b>May 31, 2012</b>	Generate Letters	
	Ste, Steve - SSS Format: 1:1		Date: Apr 11, 2012	Generate Letters	
	January 24 to February 28 Format: Combination of 1:1 and Group	Sessions: 2 Attendees: 3	Start: Jan 24, 2012 End: Jan 25, 2012	Generate Letters	
	Ste, Steve - safsdaf Format: 1:1		Date: Jan 12, 2012	Generate Letters	
	Stevens 1st EDU Class Format: Combination of 1:1 and Group	Sessions: 1 Attendees: 1	Start: <b>Aug 2, 2011</b> End: <b>Aug 2, 2011</b>	Generate Letters	
	Steven's Test Format: Classroom / Group	Sessions: 4 Attendees: 3	Start: <b>Jul 12, 2011</b> End: <b>Sep 8, 2011</b>	Generate Letters	
		Autonoboos. J	Liiu. 3ep 0, 2011		

#### Creating a 1:1 or Group Class: Page 2 of 7

2. Click Create New Class on the left side of the page to bring up the window. Enter a name for the class. Examples could be "June 2012" or "June 2012 Friday AM". Choose a name that you will logically associate with this class. Enter the Class Type and Education Format and click Save Changes.



#### Creating a 1:1 or Group Class: Page 3 of 7

**3.** Once you have created a new class, you can begin by adding the general class information by clicking the **Edit** pencil link above the Class Information box.



#### Creating a 1:1 or Group Class: Page 4 of 7

**4.** Enter the Location, Language, instruction methods and any materials you are using, and then click Save Changes.



#### Creating a 1:1 or Group Class: Page 5 of 7

**5.** Each class must have one or more sessions. A class that meets three times over the month of June will have three sessions. **Click** the **Add Sessions** link above the Class Schedule box to bring up the entry window. Enter a name for the session. Choose a name that you will logically associate with your class session. For example: "Welcome and Intro", "Pumps and Meters", or simply "Class 1".



#### Creating a 1:1 or Group Class: Page 6 of 7

6. Above the Class Roster and Attendance box, click **Update Roster** to bring up the patient selector. In the left recently Added Patients list find each patient that will be in the class and click on the patient to move her to the Current Roster list. When you have selected all the patients in the class; click Save Changes.



#### Creating a 1:1 or Group Class: Page 7 of 7

On the **General Information page** of the record, the Class Roster and Attendance table lists each patient's attendance. Each colored column represents a specific class session as listed in the Class Schedule section. **Note:** By default all patients are marked as being in attendance (ATT) at each session.



#### Managing and Using Class Templates Page 1 of 3

Classes can be created "from scratch" or can be created form a class template that you can set up for a series of classes. In this section we will cover creating a class template and using that template to create a class.

#### To create a new class template:

- 1) From the Education Tab, Click the Manage Templates link
- 2) Click Add **New Template**

**Back to Top** 

3) Enter the name of the template i.e. Quarterly DSME Class, click Save Changes

is List	Search:				
Greate New 1:1 Session					Showing cl
Create New Group Class	Mayige Templates			🕑 Help	1111
s Templates	Starch Nr template:	× .			
ct template:	Add New Template 🥜 Ed	dit Selected Template 😂 Delete Selected Template			
ct template		Template Name	Education Form	at	6444
Create Class From Template	5 Core Clases		Combination of 1:1 an	d Gros	6111
tanage Templates	DSME Class		X######	H-4 /	
Aanage Templates	DSME Class Test Template	Create New Education Template	X######	HAV.	🕐 Неф
Aanage Templates	DSME Class Test Template Testing	Create New Education Template Enter a name for your new template. Use a descriptive class."	name such as "Mon-Wed	d morning nu	Help   trition
Aanage Templates	DSME Class Test Template Testing Testing	Create New Education Template Enter a name for your new template. Use a descriptive class."	name such as "Mon-Wee	d morning nu	Help
Manage Templates	DSME Class Test Template Testing Testing	Create New Education Template Enter a name for your new template. Use a descriptive class." Template Name Quartertly DSME Class	name such as "Mon-Weo	d morning nu	Help     trition
tanage Templater	DSME Class Test Template Testing Testing	Create New Education Template Enter a name for your new template. Use a descriptive class." Template Name Quarterty DSME Class	name such as "Mon-Weo	d morning nu	Help tricion
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Ranarge Templates	DSME Class Test Template Testing Testing	Create New Education Template Enter a name for your new template. Use a descriptive class." Template Name Quarterly DSME Class	name such as "Mon-Weo	d morning nu	Help
Janage Templater	DSME Class Test Template Testing Testing	Create New Education Template Enter a name for your new template. Use a descriptive class." Template Name Quarterty DSME Class	name such as "Mon-Weo	d morning nu	Hep trition
tanage Templater	DSME Class Test Template Testing Testing	Create New Education Template Enter a name for your new template. Use a descriptive class." Template Name Quarterty DSME Class	name such as "Mon-Weo	d morning nu	Hep trition
kanage Templates	DSME Class Test Template Testing Testing	Create New Education Template Enter a name for your new template. Use a descriptive class." Template Name Quarterity DSME Class	name such as "Mon-Weo	d morning nu	Hep train

Module 2: A

#### Managing and Using Class Templates Page 2 of 3

You will now be on the tab where you can define the *General Information* for the class. Fill as much information out on this tab as will be common to all classes created with this template. **Nothing is required** (other than the *Template Name*), but the more information you fill out, the more information will be pre-populated when you create the class.

For example, if all classes created with this template will share the same Class Type, Education Format, Location, and Language, and Instruction Method, (but will differ on the Education Materials provided), then fill out all of the common fields.

**Back to Top** 

		(1) Help
General Information Class Sessions Educator Time Lesson Plan Class Note	Template Name         Quarterly DSME Class         Class Name       Class Type         Education Format       Education Location         Education Format       Education Location         Reason for Class       T         Instruction Method       Education Materials / Equipment Provided         Lecture/Discussion       Medical Interpreter         Video       Video/CD/DVD/Audio tape (Non-Interactive)         Demonstration       Computer aided (Interactive)	• Help
	Return Demonstration         Conversation Maps         Other:         Other:	

Module 2: A

#### Managing and Using Class Templates Page 3 of 3

The *Class Sessions* tab allows you to define the sessions that each class will have. For each session give it a name, intervention type, duration, time, and a note. All of these are optional in the template, and can be added later when you're creating the class. The *Educator Time* tab allows you to define how much time each educator will contribute to each of the sessions. The *Lesson Plan* tab allows you to define which educational topics will be covered during each of the sessions. The *Class Note* tab allows you to enter a note that will apply to all patients in the class.

When you are done entering all of the information for the class template, click *Finish and Close* 

General Information	Class Sess	ions					
Class Sessions	Please not sections.	e: Any changes made to the	number of sessions	in this class will also affec	t the Educator Time	and Lesson Plan	
Educator Time	Session #	Session Name		Intervention Type	Duration	Time	
Lesson Plan	⊻ 1			•	<b>T</b>		
Class Note	Notes:						ון
	☑ 2			<b>T</b>			2
	Notes:						
	☑ 3			<b>T</b>	<b></b>		
	Notes:						]
	4						
	Notes:						
	5						

#### Creating a new Class from a Class Template Page 1 of 2

To create a new class form an existing class template, select the class template from the dropdown list in the *Class Templates* section of the left navigation pane, then click *Create Class From Template*.

	Patients Education	Reports			P Ne
Class List	Search:	2 82			
O Create New 1:1 Session					Sho
🕜 Create New Group Class	June Class				
lass Templates	Format: Classroom / Group	Sessions: 1 Attendees: 4	Start: Jun 1, 2014 End: Jun 1, 2014	Generate Letters	
elect template:					
Quarterly DSME Class	<u> </u>				
5 Core Clases					
DSME Class Quarterly DSME Class					
Test Template Testing					
Testing					
					ath
				~	9 <sup>0</sup>
					Γ
					c

Back to Top

#### Creating a new Class from a Class Template Page 2 of 2

This will open up the *Create Class from Template* window, with all of the information from the template already populated into the class. Here you can add any additional information, making sure that all required fields (with red underlines) are completed. Note that if your class template included one or more sessions, you will need to fill in the session date for each session.

When all the class information is correct, click Save Changes, which will create the class and automatically open the class to the General Information page. Next you can follow the normal class creation process by updating the patient roster.

**Back to Top** 

Create Session from Template		() <u>Help</u>
Class Information		Ê
Class Name	Class Type	
Education Format	Education Location Education Language	
Reason for Class		
Instruction Method Lecture/Discussion Video Demonstration Return Demonstration Conversation Maps Other: Class Sessions	Education Materials / Equipment Provided Medical Interpreter Video/CD/DVD/Audio tape (Non-Interactive) Computer aided (Interactive) Printed materials Written instructions Other:	
Session Session Name	Intervention Type Date Duration Time	_
		•
	Cancel Changes Save C	Changes

Module 2: A

### **Class Template Tips**

• It may be helpful to print and fill out the Class Template Worksheet below prior to creating a class template within Chronicle. **Download PDF Version** 

	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
	1:1 or Group					
Class Time	Hours	Hours	Hours	Hours	Hours	Hours
Diabetes Disease Process						
Nutrition Management						
Physical Activity? Being Active						
Taking Medications						
SMBG						
Preventing Acute Complications						
Preventing Chronic Complications						
Psycho social adjustment/Healthy Coping						
Promoting Health						

#### **Documenting Patient Education** Page 1 of 9

#### **Topics Covered During Class Session**

1. Click the **Lesson Plan** tab on the left site of the page to view or setup the class's educational lesson plan. Click the **Edit Lesson Plan** link.

🖉 ADA Chronicle Diabetes - Wind	dows Internet Explorer			_ 2 ×
🚱 🗸 🗾 https://edu.chronicle	diabetes.com/edclass/detail/42260/	<ul><li>✓</li></ul>	Live Search	P -
<u>File E</u> dit <u>V</u> iew F <u>a</u> vorites <u>T</u> ools	Help			
🚖 🍄 🔠 🕶 🏈 ADA ERP Docume	entation Vie JADA Chronicle Diabetes 🛛 🗙 📄		🏠 • 🗟 - 🖶	▼ 🔂 Page マ 🎯 Tools マ 🎇
	Patients Education Reports	🔍 News	User Manual 🔞 Help	< Support 🧶 Logout
< Return to Class List	June 2012 (Group Class) Jun 1, 2012 - Jun 1, 2012		Delete this Class	
Class Information	Lesson Plan			
General Information		🥜 Edit Lesson Pla	n	
Lesson Plan	Topic / Learning Objective	Dates of Instruction		
Class Notes	Diabetes disease process and Treatment options Define diabetes and identify own type of diabetes; list 3 options for treating diabetes			
Patients	Incorporating nutritional management into lifestyle Describe effect of type, amount and timing of food on blood glucose; list 3 methods for planning meals			
Michaels, S	Incorporating physical activity into lifestyle State effect of exercise on blood glucose levels			
	Using medications safely State effect of diabetes medicines on diabetes; name diabetes medication taking, action and side effects			
	Monitoring blood glucose, interpreting and using results Identify recommended blood glucose targets and personal targets			
	Prevention, detection and treatment of acute complications List symptoms of hyper- and hypoglycemia; describe how to treat low blood sugar and actions for lowering high blood glucose levels			
	Prevention, detection and treatment of chronic complications Define the natural course of diabetes and describe the relationship of blood glucose levels to long term complications of diabetes			
	Developing strategies to address psychosocial issues Describe feelings about living with diabetes; identify support needed and support network			
	Developing strategies to promote health/change behavior Define the ABCs of diabetes; identify appropriate screenings, schedule and personal plan for screenings.			

Logged in as: Mr Steven Burdette FDSAF

Stevens Hospitalfdf65

🔍 100% 🛛 👻

#### **Documenting Patient Education** Page 2 of 9 **Topics Covered During Class Session**

2. For each educational topic that will be address during the class, click the check box to the left of the topic under the appropriate session column. You can check multiple boxes for a topic if it will be taught during multiple sessions. (Note, completing the Lesson Plan can be done after the education has occurred.) Click Save Changes.



#### **Documenting Patient Education** Page 3 of 9

To update the **attendance**, within the *General Information* section of the class, click the Update Attendance link to bring up the Update Class Attendance window. To change a patient's attendance status as a session, click the dropdown list under the respective class session and change the appropriate value. Repeat this until all patients attendance is correct, then click Save Changes.



#### **Documenting Patient Education** Page 4 of 9

Individual Pre-Assessment and Post Education Evaluation are done on a patientby-patient basis. If you are currently in the class record, click on the **patients name** in the left menu to update patient education record (example below). If you are in a patient record, the education record is located in the *DSME & Follow-up* section. **Please continue to the next page for pre assessment & post education evaluation documentation**.



#### **Documenting Patient Education** *Page 5 of 9*

#### The DSME & Follow Up

Section shows all of the educational information for this patient. You will never need to leave this page to document this patient's educational assessment. Note that creating new classes (and class sessions), defining the lesson plan, and managing the roster and attendance are still done under the main top yellow *Education* tab. DSME & Follow-Up

duc	ducation Summary						
2012	Mar Mon AM (	Group Class)		🥜 Edit			
Loca	ation: ABC DSME	Center					
1	Mar 5, 2012	Intro	Attended				
2	Mar 12, 2012	Main info	Attended				
3	Mar 19, 2012	Conclusion	Attended				
Add	elson, Margare	t - Initial assessmen	t (1:1 Session)	🥜 Edit			
Loca	stion: ABC DSME	Center					
1	Mar 1, 2012	1:1 Session	Attended				

Follo	w-Up Summar	y .	🔘 New	Follow-Up		
	F/UP Date	Method	Clinician			
P	Jun 13, 2012	Phone	Ellen Educator	0		
400	Aug 1, 2012	Phone	Ellen Educator	0		

Patient Education Record	
--------------------------	--

Key: 1 Needs instruction 2 - I	leeds review	3 - Comprehe	nds key points	4 - Demonstrates	competency 🔅 N/A – Not app	ficat
Topic / Learning Objective	🥜 Pre Assess.	🥜 Post Eval.	SF/Up (6/13/12)	SF/Up (8/1/12)		
Disease Process	1	3	4	3		
Nutritional Management	2	4	3	4		
Physical Activity/Being Active	2	4	4	3		
Taking medications	1	4	4	2		
Monitoring	1	4	4	3		
Acute complications/Problem Solving	1	4	3	3		
Psychosocial Adjustment/healthy Coping	1	4	3	3		
Promote health/change behavior	1	4	4	2		

Education Plan	V New Education Plan
✓ Current Education Plan	
Documented during: 2012 Mar Mon AM (3/5/12 - 3/19/12)	🥜 Edit Education Plan 🛛 🤤 Delete Education Plan
Attended 7 hr comprehensive DM class. Has appt for initial 1 hr time with RD and RN. We	Il continue to FU with 30 min appt - q 3 months.
Previous Education Plans	
DSMS Plan	S New DSMS Pla
✓ Current DSMS Plan	
Documented during: F/Up (8/1/12)	🥔 Edit DSMS Plan 🛛 🤤 Delete DSMS Plan
Ongoing contact with PCP regarding insulin adjustments. Mayo clinic and ADA materials	for the blind. Pt has already ordered materials.
Previous DSMS Plans	
Identified Barriers to learning/adherence to self management plan	New Entr
▼ Current Entry	
Documented during: Initial assessment (3/1/12)	🥔 Edit Entry 🛛 😂 Delete Entry
Has no insurance. Lives in a rural community with no gym	

#### Back to Top

#### **Documenting Patient Education** Page 6 of 9

The *Education Summary* box lists all of the classes that this patient is on the *Roster* for. Clicking the *Edit* pencil next to a class will open that class's record (under the main top yellow *Education* tab) where you can make changes to the class's information (e.g. edit general information, add sessions, update roster and attendance, complete lesson plan, etc.). Note that every time you meet with a patient (e.g. for an *initial assessment*, a group class, or for additional education), that meeting is considered a class and should be added to the patient's record as a class (not a follow-up).

Health Status									
DSME & Follow-Up	DSME & Follow	v-Up							
Behavior Change Objectives	Education Summary	$\triangleright$		New 1:1	Foll	ow-Up Summai	у	🔘 New	Follow-Up
Clinical and Lab Data	2042 Mar Mar All //	011				F/UP Date	Method	Clinician	
Medications	2012 Mar Mon AM (C	Group Class)	6		0	Jun 13, 2012	Phone	Ellen Educator	٢
Contact History	Location: ABC DSME	Center				Aug 1, 2012	Phone	Ellen Educator	
Notes	1 Mar 5, 2012	Intro	Attended		4				
Documents	2 Mar 12, 2012	Main info	Attended						
	3 Mar 19, 2012	Conclusion	Attended						
Patient Reports	Addelson, Margare	t - Initial assessme	nt (1:1 Session)	Edit					
Snapshot Report 💉	Location: ABC DSME	Center							
Sector Click to generate selected report	1 Mar 1, 2012	1:1 Session	Attended						
Concrete Lettere									



#### Back to Top

The top right *Follow-Up Summary* box lists all of the follow-ups that have occurred with this patient. A patient can have any number of follow-ups. At each follow-up you can document an educational reassessment and make updates to the education plan, barriers to learning, and the DSMS plan. Note that follow-ups are not used when you meet with a patient to provide education. Follow-ups are intended to allow you to document when you follow-up with a patient to reassess their progress (e.g. three to six months after education). You can add a new follow-up by clicking the *New Follow-up* link and filling out the reassessment information.

DSME & Follo	w-Up							
ducation Summar	у	C	New 1:1	Follo	w-Up Summar	у	🛇 New	Follow-Up
2012 Mar Mon AM	(Group Class)		2 Edit		F/UP Date	Method	Clinician	
Location: ABC DSME	Center			P	Jun 13, 2012	Phone	Ellen Educator	0
1 Mar 5, 2012	Intro	Attended		S	Aug 1, 2012	Phone	Ellen Educator	0
2 Mar 12, 2012	Main info	Attended						
3 Mar 19, 2012	Conclusion	Attended						
Addelson, Margaro	et - Initial assessmer	nt (1:1 Session)	🥜 Edit					
Location: ABC DSME	Center							
1 Mar 1, 2012	1:1 Session	Attended						



Module 2: B



#### **Documenting Patient Education** Page 8 of 9

Within the **education record** you are presented with a window which displays each of the nine topics and has two colored tables for *Pre Assessment* and a *Post Evaluation* scoring. For each of the nine areas that were taught, you can check a box in the *Pre Assessment* and *Post Evaluation* columns to indicate this patient's level before and after education.

American Diabetes Association	CLE DIABETES	Deports					RRAMES Edu	Materials 📄		
Return to Class List	fdgsd (1:1 Session) Apr 1, 2015	Reports				🔒 Print All Page	5	ا چ		
ass Information	DSME & Follow-Up									
esson Plan	Education Summary		New 1:1	For	FRP Cloin		TO due a tonow-up, click the		Dutton	
lotes	Burdette, Test - fdgsd (1:1 Session)	6	Edit 🚔 Print		Update Patient Education Re	cord				🕑 He
dients	Location: ERP Clinic			٦	Ney: 1 - Needs instruction	2 - Needs review 3 - Comprehend	as key points 4 - Demonstrates com	petency N/A - Not	applicable	
Burdette, Test	1 Apr 1, 2015 1:1 Session	Atten	ded	a	Topic / Learning Objective	Pre Assessment	Assessed During		Clinician Sigr	nature
IcPhee, Alice	2 May 4, 2015 Closing Class	Atten	ded		Quick Entry:		fdgsd (4/1-5/4/15)	T		T
atient, DSME	Patient, DSME - Assessment (1:1 Sessi	on) 🧳	Edit 🚔 Print	Ed	Disease Process		Assessment (12/1)	Ŧ	Test Coordinato	r RN 🔻
esting 123, Testing	Location: ERP Clinic			P	Comments					
	1 Dec 1, 2014 1:1 Session	Atten	ded	1 m	Nutritional Management		Assessment (12/1)	•	Test Coordinato	r RN 🔻
				1	Comments	:				
					Physical Activity/Being Active		Assessment (12/1)	Ŧ	Test Coordinato	r RN 🔻
				M	Comments					
					① Taking medications		Assessment (12/1)	•	Test Coordinato	r RN 🔻
				2	Comments					
				4	Monitoring		Assessment (12/1)	•	Test Coordinato	r RN 🔻
				Pl	Comments					
				Ľ	CO ACUTE		Assessment (12/1)	•	Test Coordinato	r RN 🔻
									Cancel Changes	Save Changes
	Patient Education Record			L.		/ 1864 (FIN) (FIN) (FIN) (FIN) (FIN) (FIN)				
	Key: 1 - Needs instruction 2 - Needs	eds review 3	- Comprehends	y poir	nts 4 - Demonstrates	s competency N/A - Not	applicable			
	Topic / Learning Objective	🥜 Pre Assess.	🥜 Post Eval.							
	Disease Process	1	3							
	Nutritional Management	2	4							wher L
	Physical Activity/Being Active	2	3							den
	Taking medications	1	4						<u> </u>	ጆ 🖣 Ռ
	Monitoring	1	4							ЧШ
	Acute complications/Problem Solving	1	3							
	Chronic complication/Reducing Risks	1	3							
	Psychosocial Adjustment/healthy Coping	2	4							STO

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### American Diabetes Association.

#### **Documenting Patient Education** Page 9 of 9

**Back to Top** 

The Education Plan, DSMS Plan and Barriers to Learning are located under the Patient Education Record. Click on the New or Edit option next to the appropriate section to enter or update the information.

<<< Return to Class List	fdgsd (1:1 Session) Apr 1, 2015			8	Print All Pages
Class Information				Date Completed: No value	
General Information				Education Status Note: No value	
Lesson Plan				Patient follow up success	🥜 Edit
Notes				Patient Lost to Follow-Up: No	
ationte					
Burdette, Test	Detient Education Decord				
McPhee, Alice	Patient Education Record				
Patient, DSME	Key: 1 - Needs instruction 2 - No	eds review	3 - Comprehends k	tey points 4 - Demonstrates competency	N/A - Not applicable
Testing 123, Testing	Topic / Learning Objective	Pre Assess.	. 🥜 Post Eval.		
	Disease Process	1	3		
	Nutritional Management	2	4		
	Physical Activity/Being Active	2	3		
	Taking medications	1	4		
	Monitoring	1	4		
	Acute complications/Problem Solving	1	3		
	Chronic complication/Reducing Risks	1	3		
	Psychosocial Adjustment/healthy Coping	2	4		
	Promote health/change behavior	2	4		
	Education Plan				New Education Plan
	There have not been any Educ Education Plan link above.	ation Plans d	ocumented for	this patient. To add a new Education P	lan, click the New
	DSMS Plan				Wew DSMS Plan
	<ul> <li>Current DSMS Plan</li> </ul>				
	Documented during: Assessment (12	91/14)		🥔 Edit DSMS Plan	Delete DSMS Plan
	Diabetes Forecast- 800-342-2383- w Diabetes Self-Management- 855-367-	ww.diabetesforec 4813- www.diabe	ast.org tesselfmanagement	.com	
	Identified Barriers to learning/adhere	ence to self ma	inagement plan		New Entr

#### Module 3: Creating and Editing Letters with the Letter Manager Page 1 of 5

**1.** From any Letter Generation Wizard window, or from the Launch Letter Manager tab at the bottom left of a patient's record, you can use the Letter Manager to create and edit your letters in the system.

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< Return to Patient List	Burdette, S			Print Current Page	e 🖨 Print All Pages	Delete
Patient Information	Gender: Male	DOB: J	lun 16, 1982 (29 years old) Diabe	tes type: Type 2		
General Information	Email: sburdette@diabetes.org Race/e	ethnicity: V	White/Caucasian	BMI:		
DSME Assessment	Home phone: 123-456-7890					
Health Status	DSME Assessment					
Behavior Change Objectives	Date on which this Health Risk Assessment w	ias		0		
Clinical and Lab Data	complet	ed: Aug :	2, 2011	de Edit		
Medications						
Contact History	Diabetes History		Medical / Health History			
Notes	Type of Diabetes	🥜 Edit	Barriers to Care	🥜 Edit		
Patient Panata	Type of diabetes: Type 2		Current barriers: No value			
Patient Reports	Year Diagnosed with Diabetes	🦉 Edit	Difficulty With	🦉 Edit		
Snapshot Report	Year patient diagnosed: 2011		Do you have difficulty with any of the followi	ng: No value		
Here a click to generate selected report	Blood Sugar Monitoring	🥜 Edit	General Health Feelings	🥟 Edit		
Generate Letters	Monitors blood sugar: Yes		General feelings No value about health:			
2nd Meeting Letter	Times of blood sugar checks: Before Breakfast, 2 Hrs pos	t	Allergies	🖉 Edit		
Cliek to generate selected letter	dinner		No Allergies			
📄 Launch Letter Manager	Usual AM blood sugar value?: 165		Medical Problems	🥜 Edit		
	Blood sugar value 1-2 hours after 155		Coronary Artery Disea	se: No value		
	meals:		Heart Attack (I	II): Yes		
	Brand of monitor used: Bayer Ascensia Breeze		High Blood Pressu	re: Yes		
	Urine Ketone Testing	🧭 Edit	Stroke (CVA) / Transient Ischemic Attack (TI	A): No value		
	Performs Urine Ketone Test: No value		Personal by Cases UD	nj. No venue		C.L

#### Creating and Editing Letters with the Letter Manager Page 2 of 5

**2.** To begin editing an existing letter, select the letter from the **Choose a letter to load** drop down list at the top of the wizard. That will load the letter template in the main text area. Alternatively, you can click New Blank Letter to start from scratch.

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Patient Informat	Choose a letter to load	New Blank Letter Save Rename Duplicate Preview Delete Letter	rpe 2	
General Informa	Choose a witten to loadin.			
DSME Assessme	2nd Meeting Letter Default - Welcome Letter	from the dropdown above or click "New Blank Letter" to start a		
Health Status	DSMS Plan Enter a name for your new letter			
Behavior Change	missed appointment		Ren	
Clinical and Lab			Edit	
Medications				
Contact History				
Notes			Edit	
Patient Reports			Fdit	
Snapshot Report				
Set Click to generate			6 Edit	
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2nd Meeting Letter			Fdit	
Click to generate				
Launch Lette			Ø Edit	
		Close Letter Generator		
	Urine Ketone Testir	G Bdit Stroke (CVA) / Transient Ischemic Attack (TIA):	lo value	
		Peripheral Vascular Disease (poor leg circulation):	lo value	

#### Creating and Editing Letters with the Letter Manager Page 3 of 5

**3)** Edit the text of the letter using normal text editing steps (type, delete, etc.). To format text, select a section of text and use the **formatting bar** directly above the main letter area to change the style, justification and formatting.

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DSME Assessmen		<del>[] / / /</del> /		
Health Status	ar «Patient Name»,			
Behavior Change		0		
Clinical and Lab	ank you for scheduling your appointment at <mark>«Bite Name»</mark> . There are a lot of new and significant changes to the atment of diabetes and we are here to guide you every step of the way.	Edit		
Medications	ur first visit is scheduled for «Upcoming Education Session Date» at			
Contact History «U	pcoming Education Session Time».			
Notes	ar to your visit place log on to the following website to complete your initial nations self-assessment:	6 Edit		
htt	ps://patient.chroniclediabetes.com			
Patient Reports Use	smord: «Patient Bassword»	General Edit		
Snapshot Report	rou do not have access to a computer with internet access, please arrive for your appointment 30 minutes early to complete			
Set Click to generate you	r self-assessment on a computer at our office. Your answers to these questions will help guide our educational session.	6 Edit		
Generate Letter That	anks, and we look forward to meeting and discussing your health-related concerns about your diabetes.			
2nd Meeting Letter Sin	cerely,	C Edit		
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	Close Letter Generator			
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	Performs Urine Ketone Test: No value Peripheral Vascular Disease (poor leg circulation): No value			
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Module 3



#### Creating and Editing Letters with the Letter Manager Page 4 of 5

4) To insert a data field (e.g. current date, patient's name, etc.) that will be replaced when the letter template is merged with patient data, start by positioning the cursor where you would like the tag to go. Next click on the **Insert Custom Tag** menu and then select the tag you would like from the menu. This will insert a yellow tag into the letter, which will be replaced with the corresponding data when the actual letter is generated.





#### Creating and Editing Letters with the Letter Manager Page 5 of 5

A letter can be renamed (e.g. change the name of the letter as it appears in the Select Letter dropdown menu) by clicking the **Rename** button. To create a new letter based on an existing letter, first select the existing letter and then click **Duplicate** and give the new letter a new name. Perform any edits to this new letter and save it when done. Clicking Preview will generate a downloadable version of the letter in the Microsoft Word format.



#### Module 3

## American Diabetes Association.

#### Generating Individual Patient Letters Page 1 of 2

Once you are in the patient record:

- 1) Choose the letter you would like to send within the Generate Letters dropdown menu
- 2) Click the Click to generate selected letter button on the lower left menu.



#### Generating Individual Patient Letters Page 2 of 2

You will see a preview of the letter(s) that will be created. If this looks correct, click **Download Letters**, which will prompt you to download the resulting Microsoft Word file to your computer. Once the letters file is on your computer you can open it in Microsoft Word, edit it as necessary, and print the letter to send to the patients.





Module 3

#### Generating Letters to send to Class Participants Page 1 of 4

After the class has been set up you can create a welcome letter that can be sent (via U.S. mail) to each of the patients to give them initial information and invite them to complete their online initial patient self-assessment (PSA). Return to the main class list by clicking the Return to Class Listing button in the upper left. In the listing row for the class you created, click the **Generate Letters** link on the right side and follow the next 3 steps.

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1) Select the letter you would like to create from the drop down list.

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Create New Group Class	Step 1 Select Letter	2nd Meeting Letter 2nd Meeting Letter	Launch Letter Manager	etters
	Step 2 Select Patients	Default - Welcome Letter DSMS Plan Enter a name for your new letter	nt(s) to receive letters Michaels, S	
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#### Generating Letters to send to Class Participants Page 3 of 4

2) Select the patients you would like to receive the letter. By default, all of the patients in the class are selected. If there are any other patients that you would like include, click on the patient's name in the left column to add them to the right column (the recipients list). To remove someone from the recipients list, just click on her name in the right column. When the recipients list is correct; click on **Preview Letter**.



#### Generating Letters to send to Class Participants Page 4 of 4

**3)** You will see a preview of the letter(s) that will be created. If this looks correct, click **Download Letters**, which will prompt you to download the resulting Microsoft Word file to your computer. Once the letters file is on your computer you can open it in Microsoft Word, edit it as necessary, and print the letter to send to the patients.



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#### **Letter Manager Tips**

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- The default welcome letter (already within Chronicle) provides you with the login details and web address for the online Patient Self-Assessment. (This can be sent via postal mail or copied and pasted into an email to send to the patient.
- You have the ability to copy and past your own existing letters into the letter wizard and save them accordingly.
- Organization Logos are not able to be uploaded into the Letter Wizard. You may add a logo once the letter has been exported to a Word document.







### **Chronicle Resources**

- <u>Chronicle User Manual</u>
- <u>Recorded Chronicle Webinar</u>
- <u>Chronicle Reports Guide</u>

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- Demo version of Chronicle
- <u>Required Data for an Annual Status Report</u>
- <u>Required Data for an Application</u>
- <u>Chronicle Diabetes Assessment Form</u>
- <u>Chronicle Diabetes Assessment Form</u> (Spanish)

For assistance with Chronicle Diabetes please contact ADA staff at <u>ERP@diabetes.org</u> or 888-232-0822.

