

Documenting in ECS

There are several different ways to document within ECS. We will review all options listed below. These are the most common methods utilized for documenting notes and assessments in ECS.

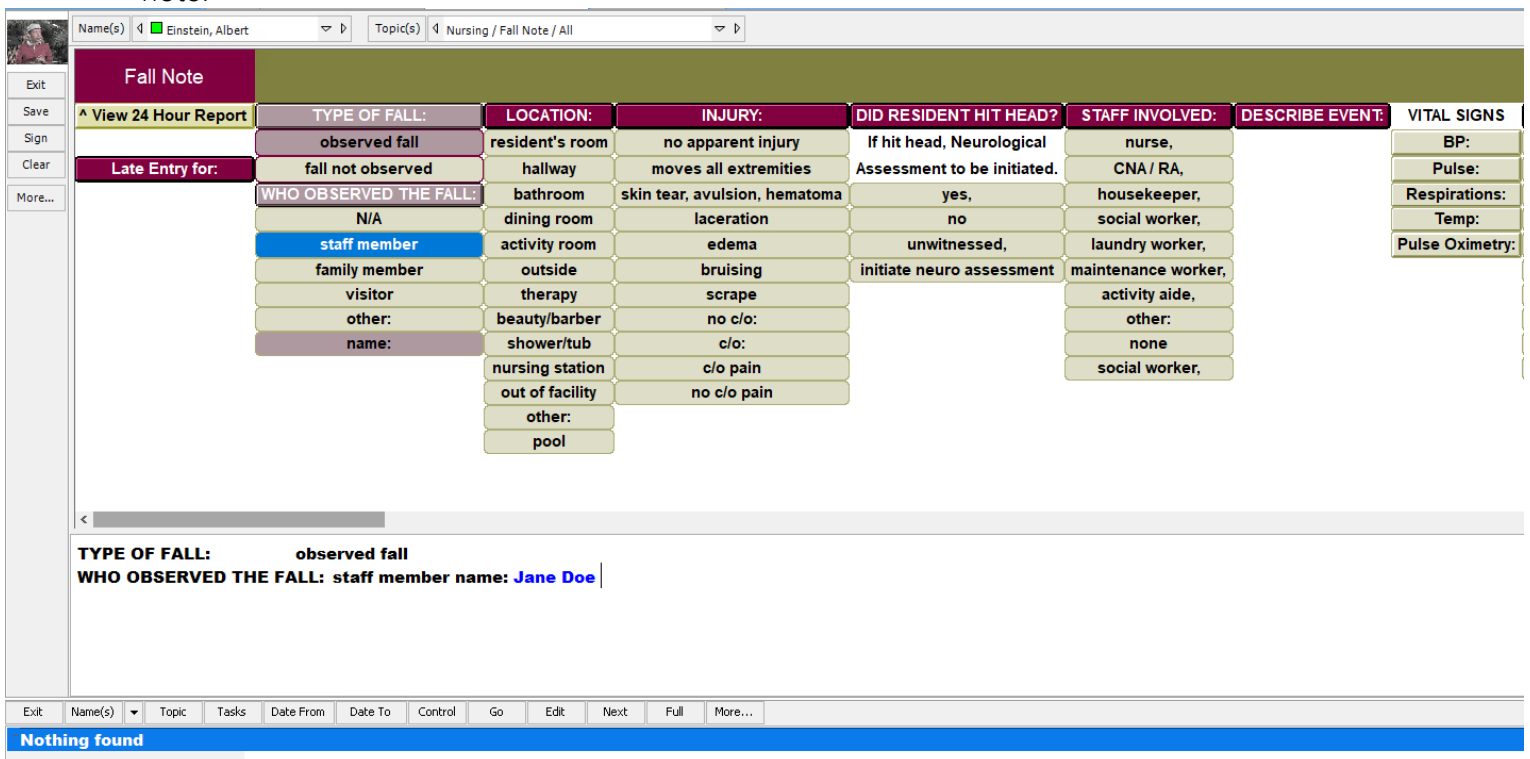
1. Write Screen
2. Write Task
3. Trigger Tasks
4. Hybrid Write Task

Write Screen

There are three different ways to navigate to the Write Screen.

1. Click onto an easy button located in a **Charting** column from an Access screen (e.g., Activity Assessment, Nurses Note, DC Arrangements).
2. Click onto Toolbar > blue **Write** icon.
3. Navigate to **American Data - ECS > Write > Entry**.

A write screen is broken out into three sections. The upper left-hand corner will display the resident's picture and name. The top portion of the screen will provide the user will several different buttons or phrases that may be used to build the note. The middle portion of the screen is where the note will be developed. And the lower portion of the screen (referred to as the defined review) may display any relevant notes that will assist the user in writing their note.



The screenshot shows the 'Fall Note' entry screen for Albert Einstein. It features a grid of buttons for selecting fall details and a summary section at the bottom.

TYPE OF FALL:	LOCATION:	INJURY:	DID RESIDENT HIT HEAD?	STAFF INVOLVED:	DESCRIBE EVENT:	VITAL SIGNS
observed fall	resident's room	no apparent injury	If hit head, Neurological	nurse,		BP:
fall not observed	hallway	moves all extremities	Assessment to be initiated.	CNA / RA,		Pulse:
WHO OBSERVED THE FALL:	bathroom	skin tear, avulsion, hematoma	yes,	housekeeper,		Respirations:
N/A	dining room	laceration	no	social worker,		Temp:
staff member	activity room	edema	unwitnessed,	laundry worker,		Pulse Oximetry:
family member	outside	bruising	initiate neuro assessment	maintenance worker,		
visitor	therapy	scrape		activity aide,		
other:	beauty/barber	no c/o:		other:		
name:	shower/tub	c/o:		none		
	nursing station	c/o pain		social worker,		
	out of facility	no c/o pain				
	other:					
	pool					

TYPE OF FALL: observed fall
WHO OBSERVED THE FALL: staff member name: Jane Doe

To document a note, start by clicking through the top portion of the screen, working from left to right. Click onto any relevant words and skip past items that are not relevant to the note. Most screens will allow the user to skip past any columns that are not relevant, however some may “lock” the user in until all required words are utilized (e.g., fall note, incident note, immunization administered).

As you click through the screen, use your cursor to click into the middle portion of the screen and add free text information wherever necessary. Text in blue is free text. If the word is available on the screen, however, make sure to use it as this will ensure all reports fill in properly.

If a word that you need is not available on the screen, click onto a question word first (maroon header) and type behind that word. It is never recommended to enter a documenting screen and to just start typing without at least first clicking onto something.

Once completed, click **Save** (in the left-hand column) to save the entry and remain in the current screen. Or click onto **Sign** to save the entry and exit out. Typically, users can click Sign as they do not need to remain in the screen for any additional charting. However, in an instance of diagnosis codes where a user may want to save in between each one entered, the Save button may be utilized. Users may also notice a Sign/Save button at the end of the documenting screen. This may also be utilized and functions the same as the buttons in the left-hand column.

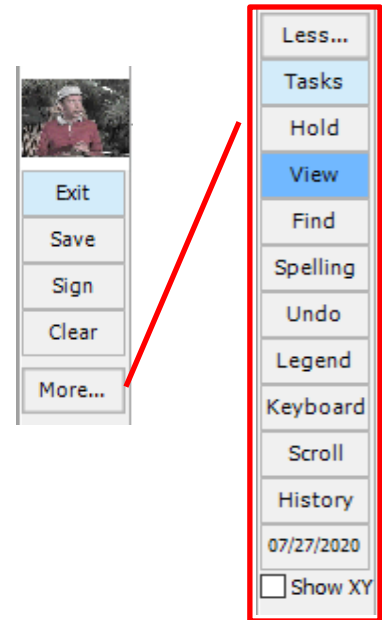
Tips & Tricks

1. Click **Clear** to remove everything that has been charted so far within the middle portion of the screen and start over.
2. As you click through the screen, notice that selected words will turn gray indicating it has been used. This is called “mark used” and assists the user in knowing where they may have left off in their note. See below screen shot.

TYPE OF FALL:	LOCATION:	INJURY:	DID RESIDENT HIT HEAD?	STAFF INVOLVED:	DESCRIBE EVENT:	VITAL SIGNS
observed fall	resident's room	no apparent injury	If hit head, Neurological	nurse,		BP:
fall not observed	hallway	moves all extremities	Assessment to be initiated.	CNA / RA,		Pulse:
WHO OBSERVED THE FALL:	bathroom	skin tear, avulsion, hematoma	yes,	housekeeper,		Respirations:
N/A	dining room	laceration	no	social worker,		Temp:
staff member	activity room	edema	unwitnessed,	laundry worker,		Pulse Oximetry:
family member	outside	bruising	initiate neuro assessment	maintenance worker,		
visitor	therapy	scrape		activity aide,		
other:	beauty/barber	no c/o:		other:		
name:	shower/tub	c/o:		none		
	nursing station	c/o pain		social worker,		
	out of facility	no c/o pain				
	other:					
	pool					

3. To delete incorrectly clicked onto words, click your cursor in the middle screen and use the backspace key on your keyboard. This will remove it from the note; however, it will remain highlighted in the top portion of the screen. Keep an eye on the cursor if editing the note as any newly clicked words will insert themselves wherever the cursor is currently located.

- Clicking **More...** will expand options available. **Spelling** will spell check the entire note. The system will underline words in red that are spelled incorrectly. Right click onto an underlined word to see a list of suggestions. Once the Spelling button is clicked onto, it will perform spell check on the entire note and allow a user to "Add to dict" any words that should not be triggering as misspelled.
- Clicking **More...** will also show options for tools that may be useful for someone who does not have a keyboard available. These options include **Undo**, **Keyboard**, and **Scroll**.

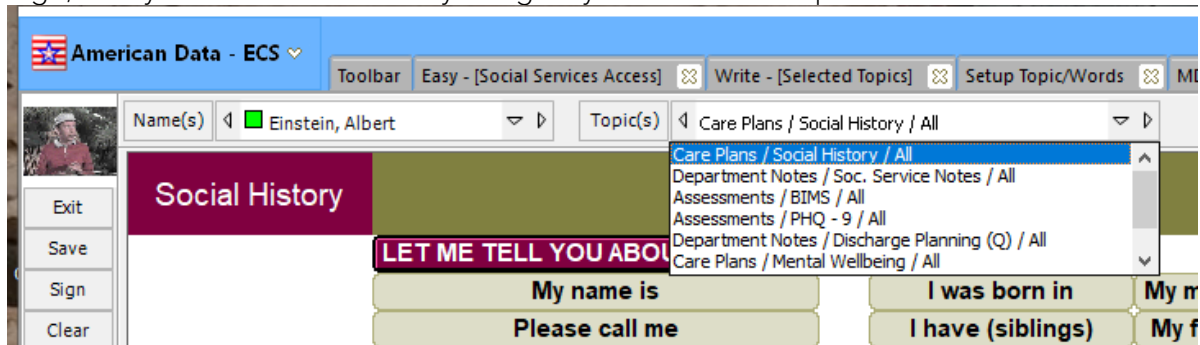


Write Task

A write task will function the exact same as a write screen, however the only difference is that there are several topics to navigate through. Examples of Write tasks include: Activity Assessment, Face Sheet Information, and Social Services Quarterly Assessment. All these tasks include several different write screens to be addressed. When a write task is loaded, the user may click the arrow to the right of the topic name to see all topic(s) included in the task or to navigate between them.



By clicking the down arrow, a user may see all other topics located within the task. Utilize the arrows to the right or left of the topic name to navigate between them. Or as you click onto Sign, the system will automatically navigate you to the next topic in the list.

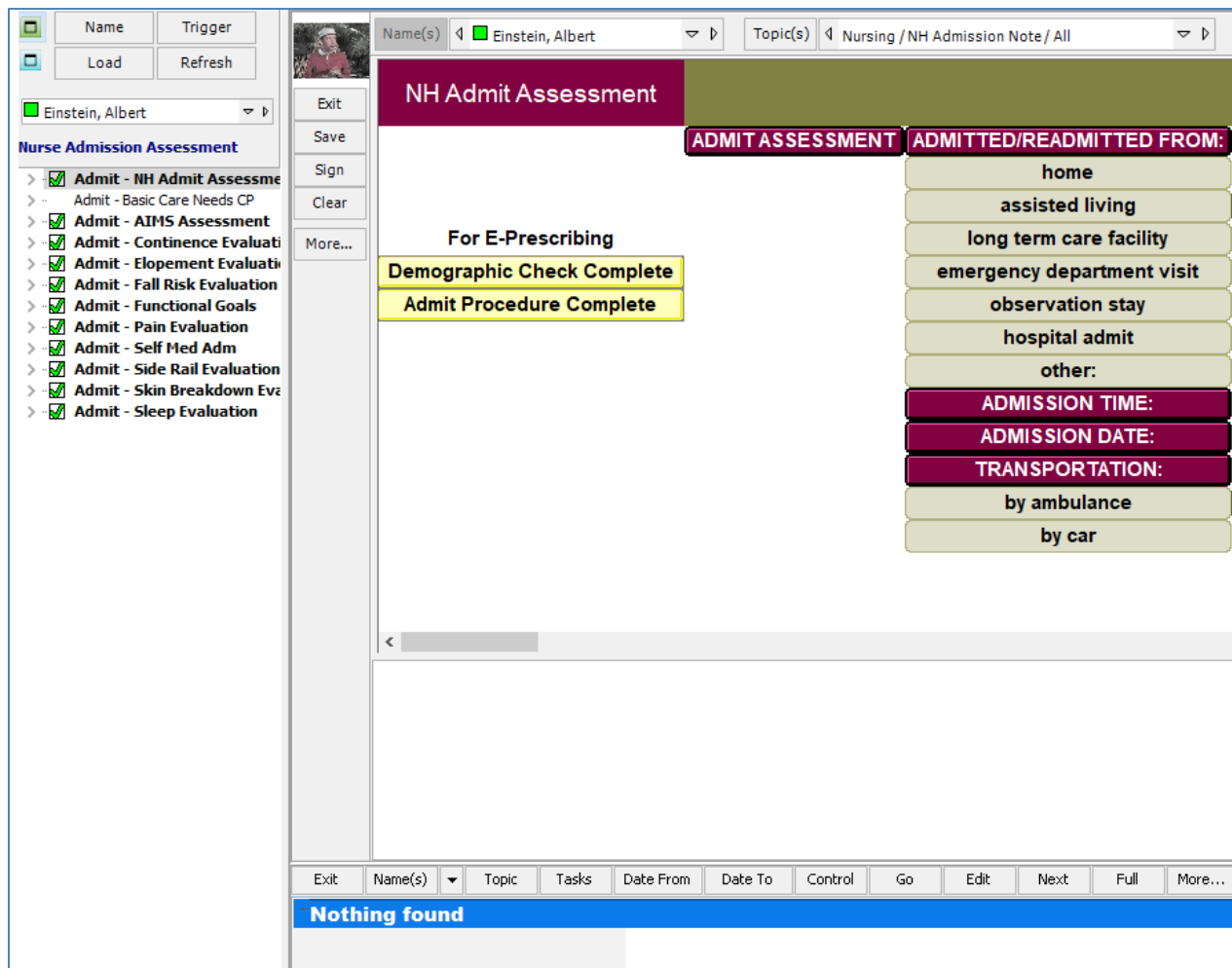


Once finished in a write task, you will notice that as you click onto **Sign**, you are no longer brought to a new topic. This indicates you are completed with the task and may click **Exit** to leave.

Trigger Tasks

A trigger screen allows the system to indicate to the user which topic(s) need to be addressed specific to each resident. This may be useful for summary charting, so that you may address that resident's specific care plan problems, rather than all of them. Or it may be utilized for an admission assessment, so that a user may begin the assessment and a different user may very easily pick up where they left off.

As you can see below, on the left-hand side of the screen, there is a list of triggers. The items with a green checkmark still need to be documented on. The items that are grayed out (in this example "Admit - Basic Care Needs CP") do not need to be addressed and can no longer be accessed at all from within this screen.



The screenshot shows the 'NH Admit Assessment' interface for resident 'Einstein, Albert'. On the left, a list of triggers is shown, with 'Admit - NH Admit Assessment' and several others checked. The main area displays 'NH Admit Assessment' and a table for 'ADMITTED/READMITTED FROM:' with options like 'home', 'assisted living', 'long term care facility', 'emergency department visit', 'observation stay', 'hospital admit', and 'other:'. Below this, there are buttons for 'ADMISSION TIME:', 'ADMISSION DATE:', and 'TRANSPORTATION:' with options 'by ambulance' and 'by car'. A 'Nothing found' message is visible at the bottom.

To document on a topic, utilize the write screen in the right-hand side of the trigger task. Document as you typically would in a write screen, however when completed, do not click onto Sign/Save as you are used to. Rather click onto the next trigger you would like to work

on in the left-hand side of the screen and select **Load**. This will load the topic you have selected and place a red checkmark in the one you have completed charting in.

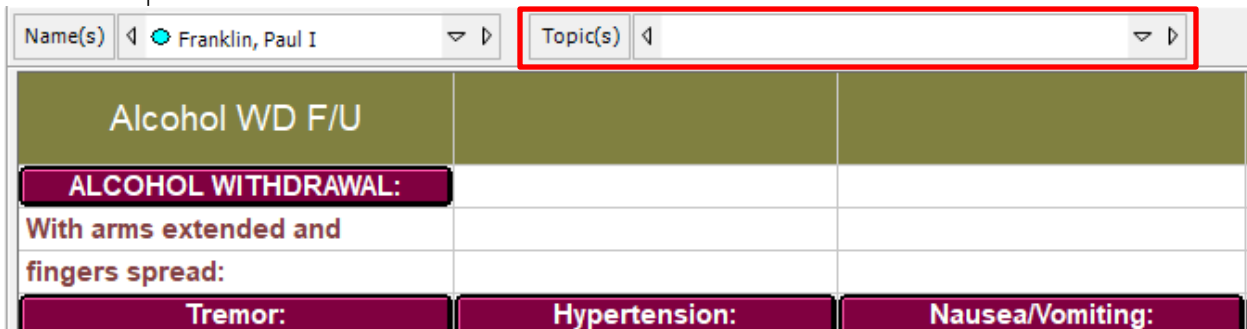
At any time, to see what topic(s) have been completed, you may click **Refresh**. This button will refresh the list of triggers and gray out ones that have been fulfilled and keep a green checkmark in any that still need to be charted on.

Once finished with trigger charting, click **Exit** or use the "X" on the tab to close out. Notice that if you reload the same trigger task, all completed triggers will now be grayed out.

Hybrid Write Task

A hybrid task allows the system to pull words from different topic(s) into one screen. This may be beneficial if a user would prefer their entire assessment populate into one screen, instead of a write task. This may also be utilized at a facility for a Medicare note, so that all body system assessments can populate into one topic seamlessly, rather than having to click through all topic(s) separately and address certain columns in each one.

If you are in a hybrid task, you will be able to tell as the topic name listed will be blank. Documenting in a hybrid task will work the same as any other write screen. The only difference is that once the note is saved, the word(s) will save into their relevant topic(s). This means that if you load a hybrid task with words from the Vital Signs topic, Respiratory topic, and Circulatory topic, although all words appear in one screen, they will save back into their relevant topic.



Name(s) Franklin, Paul I			Topic(s)		
Alcohol WD F/U					
ALCOHOL WITHDRAWAL:					
With arms extended and fingers spread:					
Tremor:		Hypertension:		Nausea/Vomiting:	

For example, in a Medicare CHF task, a user may see words from the following topics: Vital Signs, Circulatory, ADL's, and Mood. The easy button used to access the task is labeled with "CHF" and the user sees one long screen with all the words needed to chart on a CHF resident. However, upon clicking **Sign**, these words will save into the Vital Signs topic, Circulatory topic, each ADL topic, and the Mood topic. This means that to retrieve any of the information charted in the hybrid task, you can search via a view screen as you typically would, navigating to the topic(s) that are within the hybrid task or you may utilize the hybrid view task.