

HOSPICE CLINICIAN QUICK REFERENCE GUIDE

August 2023

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LOGGING IN

1. Go to www.axxess.com and select **LOGIN**.
2. Enter in the email address and password. Select **Secure Login**. **NOTE:** If password is forgotten, select **Having trouble logging in?** and a link will be sent to that email address.
3. Confirmation Login Successful. Select **OK**.

AXXESS PLANNER

On the left-hand side of the screen is a list of organizations that the user works with and the products their organization are subscribed to. Select the organization listed under Hospice to move forward.

DASHBOARD

The Dashboard opens upon log in. Filter for branches (if more than one). There are eight tiles:

1. Welcome Panel - Displays the user's name, date, name and location of the organization.
2. Video - Built-in educational videos uploaded by Axxess.
3. Today's Tasks - Displays the user's daily scheduled tasks. This list is sorted by day and visits distinguished by Scheduled (blue), Completed (green) and Missed (red). There is a hyperlink to **View All Tasks**.
4. Recertifications Due - Shows a visual representation of Recertifications that are Past Due, At Risk and Upcoming. Selecting a circle will take the user to a list of those patients.
5. Unread Messages - This tile shows all unread messages. Users are linked to the messages that are showing and a hyperlink to **View All Messages**, which takes the user to the Message Center.
6. News and Updates - This shows links to Axxess-generated blog posts, educational articles, regulatory updates and other important information.
7. Census by Status - Shows the current active census by status and changes overnight. Selecting the status number will take the user to a list of patients filtered for that status.

NOTE: Focus for clinician should be on active, discharge, deceased, and admission changes.

8. Claims Ready for Billing - Shows claims that are ready but not yet sent. Selecting the type of claim will take the user to a list of the claims ready for billing of that type.

Today's Tasks

Select **View All Tasks** in the tile to view the Employee Schedule.

- The top of the page will show the user's name and email address tied to the account and a hyperlink to **View People Center** or a button to **Manage Documents**.
- Filter by search for specific employee, branch, status and/or team to narrow results or scroll.
- Calendar can be viewed as 14 days (default) or by month.
- Toggle through days and months by selecting the < or > arrow.
- View the list of missed visits by selecting **List** view.
- The **List** view can view tasks by benefit period
- Visits are distinguished by the following colors:
 - Blue = Scheduled
 - Green = Completed
 - Red = Missed
 - Orange = Returned for review or submitted pending co-signature

Infection Reports

Uses the same navigation functionality as the **Tasks** tab except instead of adding tasks, users can add infection reports.

1. Select **Add Infection Report**.
2. Complete required fields.
3. Select **Save Report** to keep progress, **Save & Open Report** to complete or **Save & Add Another** to add another infection report. **NOTE:** These can also be added during assessments and in the list menu under **Infection Log**.

Non-Patient Activity

The **Non-Patient Activity** tab of the Employee Schedule has the same navigation functionality as the **Tasks** tab, except instead of adding tasks, users can add non-patient activity. To add activity:

1. Select **Add Activity**.

2. Choose activity and agency branch (if more than one).
3. Enter the date.
4. Select **Save Activity** to complete or **Save Activity & Add Another** to add another activity.

Once a non-patient activity has been scheduled, it will appear on the **Non-Patient Activity** tab in the employee's schedule.

1. Select the activity to begin documenting the activity details.
2. Fill out the required details for the activity.
3. Select **Complete** to finish or select **Save** to keep the progress and return later to complete. Select **Cancel** to cancel any changes and return to the employee schedule.

To edit non-patient activity:

1. Select the three-dot menu in the calendar list view.
2. Selecting **Reopen Activity**.
3. Select a reason next to reason for addendum.
4. Select **Start Addendum**. **NOTE:** If the activity has been exported to payroll, only the narrative section can be edited.
5. Once the appropriate changes are made, select **Save** or **Confirm Changes**.


When a user has made an error on a non-patient activity, the activity can be deleted if it has not been exported to payroll.

Bereavement Services

The following information for each bereavement service appears on the **Bereavement Services** tab: Service, status, schedule date, patient and bereaved. **NOTE:** Volunteers with bereavement services assigned to them will also see a **Bereavement Services** tab on the **Employee Schedule** screen.

Missed Visit

Mark visits as missed if they are scheduled to the user either prior to or on the current date from List View in the Patient Schedule.

1. Select .
2. Choose the reason.

3. Select whether physician and/or RN case manager was notified. When selected, find physician and/or RN case manager by typing their name in the search field.
4. Enter narrative details.
5. Select **Complete**.
6. Select the electronic signature checkbox and then select **Complete**.

To edit or revert a missed visit:

1. Navigate to the **Tasks** section in the patient's chart.
2. Click the three-dot icon (under Actions) and select **View Visit Details**.
3. Click **Edit** to change the missed visit information or revert the visit to its prior status.

EDIT PROFILE

**Username*/Profile*

While managing their profile, users can:

- Change the name that other users will see.
- Change their password.
- Enable a 2-Factor Verification for more security.
- Review Audit Events.

The user can then choose to go **Back to Axxess Hospice** or **Log out**.

PATIENT CHARTS

Patients/Patient Charts

Filter by:


Branch - Choose the branch (if more than one).

Status - Choose from active, discharged, pending, non-admitted or deceased.

Level of Care - Choose from Routine, Respite, Continuous Care or General Inpatient.

Patient Search - Start typing a name and the list narrows down to match.

- The patient's snapshot at the top of the screen gives a quick view of the patient's demographics.

- Select **Edit Profile** to view the patient's full demographics, payer information, clinical information, physician(s), pharmacy and DME, authorized contacts, emergency preparedness, advance directives and referral information.
- Upload/change a patient photo by selecting  **Change** and finding the file from the user's computer.
- There is a button to **Print Facesheet** and a button to **Manage Documents**, which is for patient attachments.
- A list of visits/tasks in the current episode will display at the bottom of the screen. Filter the benefit period, discipline and task status drop-down menus to change viewing parameters.
- A QA Comment column displays an orange chat bubble icon next to tasks that have comments from QA. Select the chat bubble icon to view comments entered in the **Return Reason** box.

QUICK LINKS

Allergy

To add an allergy:

1. Select **Add Allergy**.
 2. Enter the allergy name, reaction, type, start date and other available information.
 3. Select **Save Allergy** to complete or select **Save and Add Another** to add another allergy.
- Select **Print Allergy Profile** for a PDF version to view and/or save.
 - Select **Deactivate** to inactivate active allergies.
 - Select **Restore** to reactivate inactivate allergies.
 - Select **Edit** to make updates.

Bereavement

Users must have permission to view and manage the Bereavement Plan of Care.

To print or download a copy of the Bereavement POC, select **Print** or **Download**. To view a record of changes made to the Bereavement POC, navigate to the **History** tab.



The Bereavement POC can be updated regardless of the patient's status. To update the Bereavement POC:

- Select **Update Bereavement POC** to activate all action buttons on the **Bereavement Plan of Care** tab.
- The **Patient Information** section will pre-populate with the patient's demographic info. To update this information, navigate to the patient's chart under the **Patients** tab and update the information as needed.

To add bereaved contacts to the Bereavement POC:

- Select **Add Additional Bereaved** under Bereaved Information. **NOTE:** Up to 10 bereavement contacts can be added per patient.
- The auto-fill box under **Add Additional Bereaved** can be used to add one of the patient's existing authorized contacts. Selecting a contact from this list will automatically populate the contact's information from the patient's chart.
- If the bereaved contact needs to be added as an authorized contact for the patient, select **Add Contact** to open the patient's chart and add the contact.
- If the bereaved contact is not one of the patient's authorized contacts, manually enter the contact's information to the Bereavement POC and select **Save Contact**.

Add Bereavement Goals, Interventions and Services:

Goals, interventions and services can be edited by selecting  or deleted by selecting .

To add a goal:

1. Navigate to the **Goals** tab under Bereavement Goals, Interventions & Services.
2. Select **Add Goal**.
3. Select a goal from the goal drop-down menu. **NOTE:** Each goal will be assigned to all bereaved contacts unless specific individuals are selected from the bereaved menu.
4. A resolved date and resolved reason can be documented in the resolved date and resolved reason fields as each bereaved individual moves through the bereavement process.
5. To add an individualized goal, select other from the goal menu and enter the specific goal.
6. Select **Save**.

To add an intervention:

1. Navigate to the **Interventions** tab.
2. Select **Add Intervention**.
3. Select an intervention from the intervention drop-down menu.
4. Each intervention will be assigned to all bereaved contacts unless specific individuals are selected from the bereaved menu.
5. To add an individualized intervention, select other from the intervention menu and enter the specific intervention.
6. Select **Save**.

To add a service:

1. Navigate to the **Services** tab.
2. Select **Add Service**.
3. Select a service from the service drop-down menu.
4. Each service will be assigned to all bereaved contacts unless specific individuals are selected from the bereaved menu.
5. To add an individualized service, select other from the service menu and enter the specific service.
6. Select **Save**.

Sign or Discharge from Bereavement

Select the green **Update & Sign**.

A signed copy will be available in the **History** tab, where it can be printed or downloaded at any time.

To discharge a patient from bereavement:

Resolve each goal on the **Bereavement Plan of Care** tab.

Select **Discharge from Bereavement**.




Enter the discharge date.

Select **Discharge**.

NOTE: Bereavement tasks will not be added to the patient's schedule after the bereavement discharge date. If at any point bereavement services need to be resumed, navigate to the **Bereavement Plan of Care** and select **Resume Bereavement**.


Diagnosis

Shows the list of previously ordered diagnoses.

- Select **View Details** to see the specific diagnoses including code, description, related and start date.
- Select  to print and/or  to download.
- Select  to change whether the diagnosis is related.
 - Select **Add** hyperlink to save any changes.

Frequency

View active and discontinued frequencies by discipline, benefit period or date range.

- See all frequencies by selecting **Expand All**.
- Minimize frequencies by selecting **Collapse All**.
- Select  to delete.
 - Select **Yes, Delete** to confirm.
- Select **View Scheduled Tasks** to see the list of tasks with hyperlinks to each task and their current status.

Updating Frequencies

1. Select **Update Frequencies**.
2. Select **Create Physician Order** unless there are other orders to associate.
3. New physician order date auto-generates to today's date. Find physician tied to order.
4. Select **Create**.

To discontinue frequency:

1. Follow the steps above.
2. Select **Discontinue**.
3. Enter discontinue date.
4. Select **Discontinue Frequency**.

To add frequency:

1. Follow the steps above.
2. Select **Add Visit Frequency**.
3. Choose the benefit period and discipline.
4. Enter the start date and visit frequency.
5. Choose whether the frequency is PRN.
6. Select **Save Frequency** when complete or select **Save & Add Another** for additional frequencies.

Infectious Disease

View previous or add COVID-19 screenings. Select **View** to see previous answers. To add a screening:

1. Select **Add COVID-19 Screening**.
2. Choose the person screened and enter their name.
3. Enter the date of screening and time of screening.
4. Answer questions.
5. Select the screening acknowledgement check box.
6. Select **Sign Screening** to complete or select **Sign & Add Another** for additional screenings.

Medication

To Add Medication

1. Select **Update Medications**.
2. Select the **Create Physician Order** unless there are other orders to associate.
3. New physician order date auto-generates to today's date. Find physician tied to order.
4. Select **Create**.
5. Select **Add Medication**.
6. Then enter the following:
 - a. Medication name - Begin typing the description of the medication A drop-down box will appear with all the medications listed in the software.
 - b. Classification - If a medication from the database is entered, this area will give suggested classifications.
 - c. Dosage, route and frequency - Enter medication details.
 - d. Start date - Enter or select calendar icon to choose date.
 - e. Instructions - Enter any instructions required for medication administration.
 - f. Discontinue date - If applicable.
 - g. Indication - Enter the reason why medication is being taken.
 - h. Administered by - Select one or more checkboxes from facility, caregiver, patient and/or hospice.
 - i. Covered by - Indicate whether medication will be covered by organization or other selecting bullet. If other is chosen, enter payer and reason.
7. Select **Save Medication** to complete or select **Save & Add Another** to add another medication.

8. Select **View Order** button.
9. Select **View Order** hyperlink.
10. Fill in the order time, enter the summary/title and order details, indicate whether order read back and verified.
11. Select **Save** to keep progress or select **Complete** to finish.
12. Select the electronic signature check box.
13. Select **Complete**.

Add an Order Set

Once a medication order set has been created in the Custom Medications section, it can be added to a patient's medication profile:

1. Select **Update Medications**.
2. Select **Add Order Set**.
3. Select order set, enter a start date and discontinue date.
4. The list of medications appear that can be edited or deleted based on physician specifications.
5. Select **Add Medications**.

Discontinue a Medication

1. Select the checkbox next to the medication to discontinue.
2. Select **Update Medications**.
3. Select **Create Physician Order**.
4. Choose the physician order tied to the medication by selecting **Select Order**.
5. Select **Discontinue Selected**.
6. Confirm the Discontinue Date (auto generates to today's date).
7. Select **Discontinue Medications**.



Medication will now be listed in the Discontinued Medications section of the Medication Profile.

Drug Interactions

- Drug interactions are automatically checked with each new medication order.
- Run manually by selecting **Check Active Drugs Interaction**.
- Select the **Detailed Drug Interaction Result** tab to see drug interactions listed out one by one.
- Choose to view all or just major, moderate or minor by selecting each tab at the top of the list.
- Download/print as a PDF file by selecting **Print Drug Interaction Report**.

- Select **Print Medication Profile** to view and/or print the signed Medication Profile.

Medication Profile

- Select **Print Medication Profile** to view and/or save the PDF version of the medication profile.
- Select **Sign Medication Profile** to sign the profile.
 - Select the signature check box.
 - Enter the date signed.
 - Select **Sign Medication Profile**.
- View previous signed medication profiles by going to the **Signed Medication Profile** tab.
 - Select  to print and/or  to download.

Users can view all associated medication orders in the **Orders** tab. Select the **View Order** hyperlink to view specifics.

NOTE: See Clinician Training Manual for medication dispensing management, refill medications, dispensing medications and delivery cancellation.

Refill Medications

Active medications can be refilled for patients without physician orders.

- From the medication profile, select the purple **Refill** hyperlink next to the medication to be refilled.
- Enter the days supply and quantity to be sent to the patient.
- Select the **Refill Medication** button to send the refill information to the pharmacy.

Dispensing Medications

Dispensing medication information can be viewed for each medication sent to the patient through the pharmacy integration. In the medication profile, a badge below each medication identifies medications that have been dispensed and how many times the medication has been sent to the patient.

Delivery Cancellation


For delivery cancellation, select **View Dispenses** from the **Actions** menu or select the dispenses badge for the medication you want to cancel. Select **Cancel Delivery** on the delivery you want to cancel.


Non-Covered Items

Allow users to generate and manage the addenda for a patient. To add a new addendum for a patient:

1. Select **Generate Addendum**
2. Enter the requested date, requested by, the name of the requester and the furnished date. **NOTE:** If the patient is requesting the addendum, their name will automatically populate in the name field.
3. Select **Generate Addendum**.

Once a form has been completed, it will be in “To Be Sent” status.




Select the  or  icon to print or save a copy of the form.

Select  to make changes to the form.

Select  to remove the form.

Once the form has been printed and delivered to the requester:

1. Select the **Mark as Sent** hyperlink.
2. The status of the document updates to “Furnished”.
3. Form must be signed or refused to sign by the requester.
4. Select **Mark as Signed** or **Refused to Sign**.
5. Select **Choose File** and upload the document.
6. Enter the date signed or refused.
7. Select **Save**.


Signature status column will display a  if signed or  if refused to sign as well as the date. Choose the  to update the signature status.

eMAR

To download the current view of the eMAR, select the **Download eMAR** button in the header. To select a different time period, use the **Daily**, **Weekly** or **Monthly** tabs or the arrows to select the desired time period for download. To document a medication action:

1. Select the day or time in the medication timeline.
2. The medication and dosage will populate.
3. The date and time fields will populate based on where the user selected the timeline. Users can adjust these fields as needed.
4. Select **Taken**, **Refused** or **Unable to Take**.
5. The name of the user adding the medication action will populate in the clinician field. **NOTE:** Users with permission to reassign medications can edit the clinician field.
6. Enter the clinician’s initials.

7. If a family member or caregiver administered the medication, check the Given by Family/Caregiver box.
8. Enter comments as needed.
9. Select **Save**.

Select or hover over a medication action to view the clinician, comments and edit or delete the medication action. Select the  to update or select  to delete.


NOTE: Users must have permission to edit and delete medication actions using these icons. If a medication has been discontinued or is not yet active, the medication row will be disabled.

Plan of Care

Comprised of three tabs:

Comprehensive Plan of Care - Shows all areas of the POC in a non-editable view.

Problem Statements - Shows the Problems/Goals/Interventions with ability to update.

- Users can **Print** and/or **Download** by selecting the buttons in the top right.
- Select **View All** to expand the statement and see interventions.
- Select  to view each goal associated with the intervention.
- Select **Expand All** to view all interventions and associated goals at once or select **Collapse All** to close.

To make updates:

1. Select **Update Plan of Care** to make changes.
2. Select **Create Physician Order**.
3. New physician order date auto-generates to today's date. Find physician tied to order.
4. Select **Create**.
5. Select **Add Problem(s)** once the new physician order is created.
6. Start typing a problem area or select the dropdown area to browse the available list.
7. Select **Add**.
8. Select a problem statement checkbox.
9. Confirm the problem statement description text is applicable.
10. Select the goal(s) by selecting the checkbox(es), make edits to the text and choose a goal length.

11. Select the intervention(s) by selecting the checkbox(es), make edits to the text and choose which discipline to assign to (able to choose from than one).
12. Select **Complete**.

NOTE: Asterisks must be removed with patient related information to save.

History - Showing pending and active POC for patient. Select the **Name** hyperlink to view the POC.

Vital Signs

To access the vital sign logs, users must have permission to view patient charts.

- The vital signs log displays all the patient's vital signs and additional measurements for the last 90 days.
- Select a date range from the filter at the top of the log or click the **Vital Signs** or **Additional Measurements** tabs to view the desired data. **NOTE:** Additionally, any vital signs that are not documented during a visit will be blank in the log.
- The log can also be accessed from the **Vital Signs/Additional Measurements** section of all clinical documentation.
- Finally, the log can be accessed from the **Scales/Measurements** section of the **IDG Summary** in the **IDG Center**.

Symptom Ratings

To access the symptom ratings logs, users must have permission to view patient charts.

- The symptom ratings log displays the patient's documented symptom ratings and pain scores for the last 90 days.
- To see data, select a different date range from the filter at the top of the log.
- The log can also be accessed from the **Symptom Ratings** section of some clinical documents.
- Finally, the log can be accessed from the **Scales/Measurements** section of the **IDG Summary** in the **IDG Center**.

Level of Care History

The **Level of Care History** screen displays the patient's admission date, discharge date and admission type. Click **View Details** under **Actions** to view the patient's level of care history.

Deleted Tasks

The following information will appear for each deleted task: Task, Scheduled Date, Scheduled To, Status, Deleted Date, Deleted By and Actions. To search for a task by name, type in the search box. Once the desired task is found, select **Restore** under Actions to restore the task back to its original status

NEW ORDERS

Schedule/Patient Schedule/Add Task/Physician Order

Choose physician order when adding a new task then select the order on the calendar and fill out the following fields:

- Physician - Defaults to attending physician. Editable with the ability to change a physician in the patient chart using type ahead or add new physician.
- Copy To - Text box with ability to add any physician in the patient chart using type ahead or add new physician.
- Effective Date - Enter the date. Defaults to the current date. Date can be in the past.
- Time - Editable text box with time picker.
- No Signature Required or Do Not Send - Select either checkbox if applicable.
- Summary/Title - Text box with ability to enter letters and numbers.
- Order Types:
 - Medication
 - Plan of Care
 - Frequency
 - Level of Care
 - Diagnosis
 - Supplies
 - DME
 - Activity
 - Diet
 - Other
- Enter the order details in the free text space.
- Select whether the order is Order Read Back and Verified.

Select **Save** to return to later or select **Complete** to finish.

PATIENT SCHEDULE

Schedule/Patient Schedule

- The functionality works the same as the Employee Calendar.
- Ordered disciplines are seen in the Patient Information bar.
- Scheduled visits can be moved by selecting the visit, dragging and dropping inside another day in the Medicare week (in calendar view) for both Patient and Employee Schedule.
- Frequencies can be made monthly, with visits being moved within the current month.

Scheduling a Visit (Permissions Based)

1. Select **Add Task**.
2. Enter the task.
3. Repeat the task either weekly, biweekly, flexible or monthly.
 - a. Choose flexible under the repeat drop-down to add multiple tasks under the date entry.
4. Choose a shift length from one -12 hours in hour increments.
 - a. If a shift length is chosen, then a shift start time must be chosen.
5. Enter the employee.
6. Enter the date. The current benefit period is shown for reference. Once the date is chosen, the payer will auto-generate the patient's primary payer.
7. Select the on-call visit check box if applicable.
8. Select **Save Task** for adding single task. Select **Save Task & Add Another** if adding another task.

Manage individual tasks by choosing any of the three options under the Action column next to each task. Reassign, missed visit, print, download or delete a task.

To Reassign:


From the list view:

1. Select the three-dot button.
2. Select **Reassign**.
3. Start typing the name of another clinician.

4. Select **Save**.

Deleting Visits (Permissions Based)

From the list view. To delete tasks (before completion):

- Select .
- Confirm by selecting **Yes, Delete** button.

To delete multiple tasks (before completion):

- Select the checkbox(es) to the left of the task name.
- Select **Delete Selected**.

HOSPICE RN ASSESSMENTS

1. When charting information in the RN Initial/Comprehensive Assessment visit, some information has already been pulled from the patient's profile.
2. Answer all required questions for the rest of the visit. These are indicated by red asterisks*.

NOTE: Even though the following example is for RN, the colors below apply to all Clinical Documents for all disciplines.

- **Green Boxes** - HIS questions.
 - **Purple Boxes** - Generate POC orders.
 - **Blue Boxes** - Physical assessment.
 - **Teal Boxes** - Visit information, patient profile, incident/accident/infection, reports, care coordination notes, etc.
3. Select **Check Errors** at the end of the RN Comprehensive Assessment and the system will make sure all HIS questions are answered and not conflicting (only in admission/discharge).

Initial Plan of Care (IPOC)

- Hospice RN Initial/Comprehensive Assessment and RN Initial Assessment create the Initial Plan of Care (IPOC).
- Except for demographic information, all data that will flow to the Initial Plan of Care is from the Summary Section.

Plan of Care Orders

In purple sections at the bottom of RN Initial/Comprehensive and RN Comprehensive Assessments, there are areas to document the POC needs for the problem area being assessed.

1. Replace asterisks (*) with customized information.
2. Select **Save** to keep the progress of the visit.
3. Select **Complete** when done with documentation.
4. Select the checkbox to electronically sign the document, then select **Complete**.

The Initial Plan of Care is visible after the RN Initial Assessment or RN Initial/Comprehensive Assessment has been approved from the QA Center. A draft view will be visible from the Action menu prior to final approval of content.

HIS Scrubber

When all information is completed:

1. Select **Check Errors**.
2. Select inconsistency and user will be taken to that area.
3. Make updates.
4. Select **Check Again**.
5. The green notification shows "Success" if no errors are found.
6. Select **Save** to keep progress or select **Complete** to finish.
7. Select the electronic signature checkbox and then select **Complete**.

POC Documentation

To document goals and interventions from the plan of care within a visit:

- Navigate to the **Interventions Performed This Visit** section.
- Select **Plan of Care Documentation**.
- The drop-down will display each problem statement on the plan of care with its respective goals and interventions.
- Select **Document** next to the goal or intervention you wish to document.
- Once **Document** is selected, the respective problem statement will flow to the Interventions Performed This Visit and Progress Toward Goals sections of the visit note. Users will only see problem statements with effective dates that are prior to or on the effective date of the visit.
- Once all the appropriate interventions and goals have been documented, select the **Plan of Care Documentation** button again to hide the plan of care problem statements.

- To document goals and interventions from the plan of care within a Skilled Nurse Continuous Care Shift Note or Skilled Nurse General Inpatient Shift Note, navigate to the **Plan of Care Review** tab.
 - In the **Interventions Performed This Visit** section, select **Plan of Care Documentation**.

Warnings



When trying to complete visits and non-patient activities, display warning messages for the following scenarios:

- When a user enters the travel start time but not the travel end time.
- When a user enters the travel end time but not the travel start time.
- When the travel time exceeds one hour.
- When the visit and travel times overlap.
- When the visit time exceeds three hours.

On any of the above warning messages, users can select **Go Back** to return and correct the travel/visit times or **Complete** to complete the note as is.

Addendum

Schedule/Patient Schedule or Schedule/Employee Schedule

- Choose List View.
- Documents with addenda will be labeled with an **Addendum** badge displaying the number of addenda associated with the task.
- Select the badge or select **View Addendum** from the three-dot button to view.
- Select the  or  icon to view a document.

To add an addendum:

1. Locate task to update.
2. Select **Add Addendum** from Action menu. **NOTE:** This action will only be available for completed tasks that are assigned to the user.
3. Enter the reason for the addendum. **NOTE:** Reason can be updated after changes are made to document.
4. Select **Start Addendum**.
5. Make changes.
6. Select **Confirm Changes**.
7. Select **Complete** and sign document.

MESSAGE CENTER



The Message Center is a place for all staff to communicate internally. There are two ways to access notifications/messages:

1. Select the envelope icon at the top right side of the page.
2. My Dashboard has a hyperlink to **View All Messages** at the bottom of the Unread Messages tile.

Messages are organized on the left side of the page:

- Chats are conversations between individuals or a group chat.
- Search through conversations by entering text in the search field.
- Select **Start** to create a new conversation.

New Conversation - Start typing the name of a desired user in the organization, then select when given a choice from the drop-down options. Start writing the conversation in the text box at the bottom of the page that says, "Start typing here..." Change text preferences in the bar right below the text box.

- ! - Mark the importance of a message.
-  - Add attachment to a message.
-  - Send message.

HELP CENTER

A great resource that is available 24/7 is our Help Center. It is a place to get answers to frequently asked questions or watch videos on all our Axxess

products. Our Help Center can be accessed by selecting *Help/Help Center* or <https://www.axxess.com/help/>.

