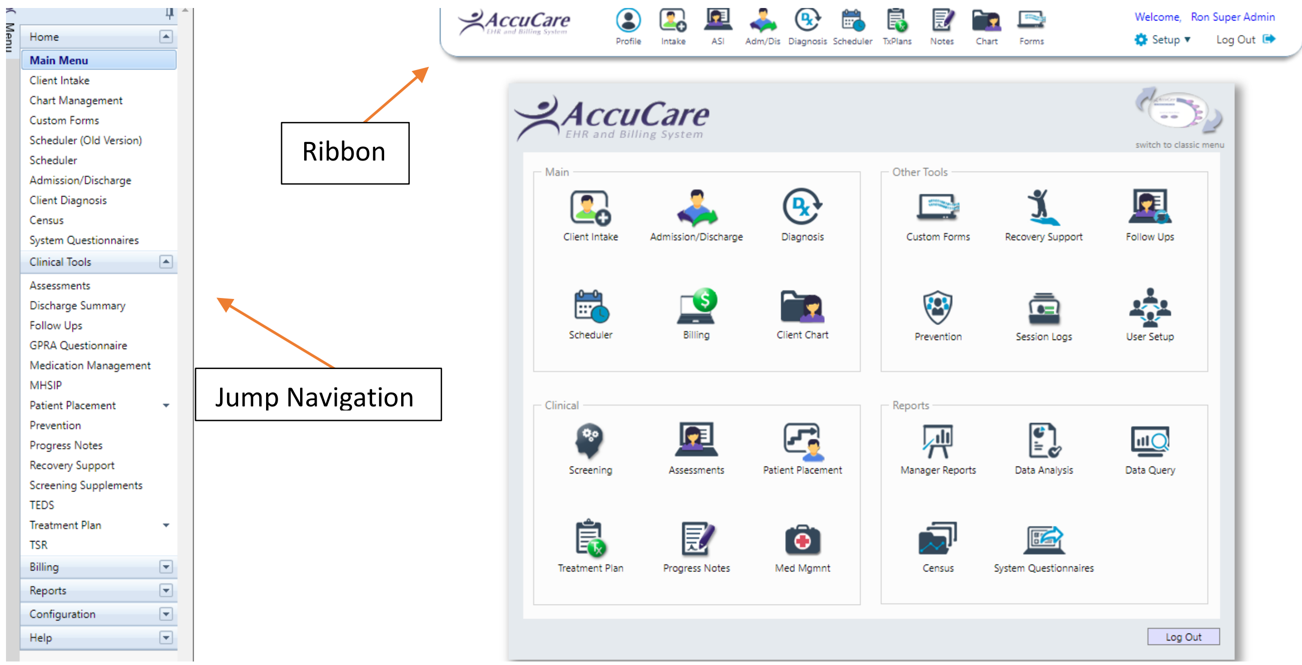
# AccuCare Workflow Guide

This is a general guide to the AccuCare clinical workflow. All workflows may vary. Use for reference and training only.

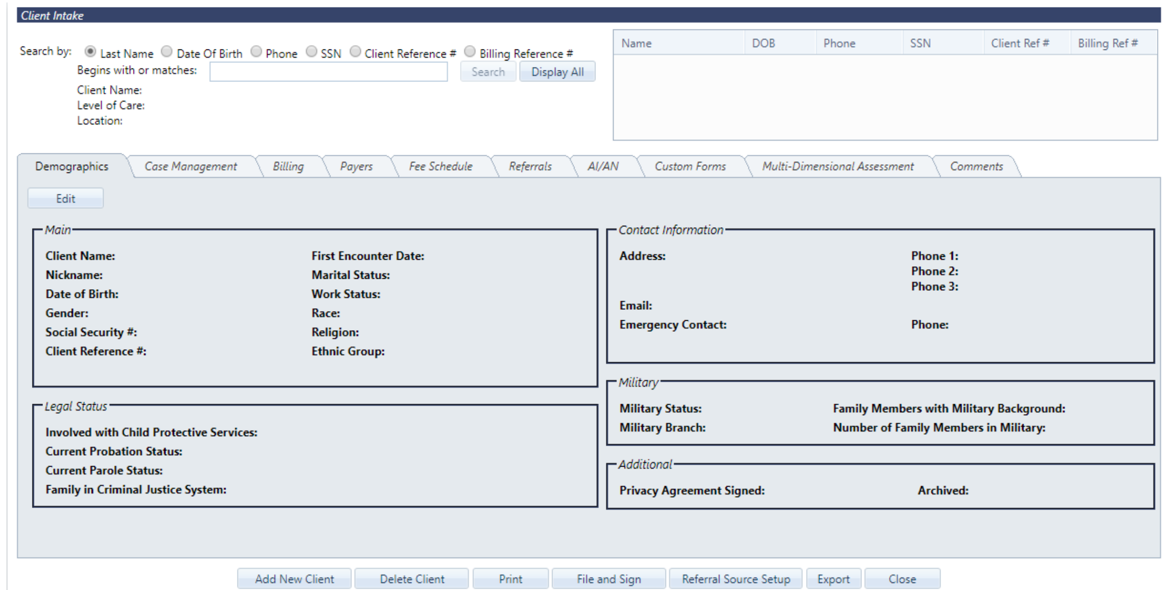
**Main Menu:**

- Navigate to any of the main modules in AccuCare by selecting the associated Icon
- Jump navigation pane allows user to access any module within AccuCare without having to exit back to the main menu
- Top Ribbon can be personalized by the user to display Icons of module they use most often.

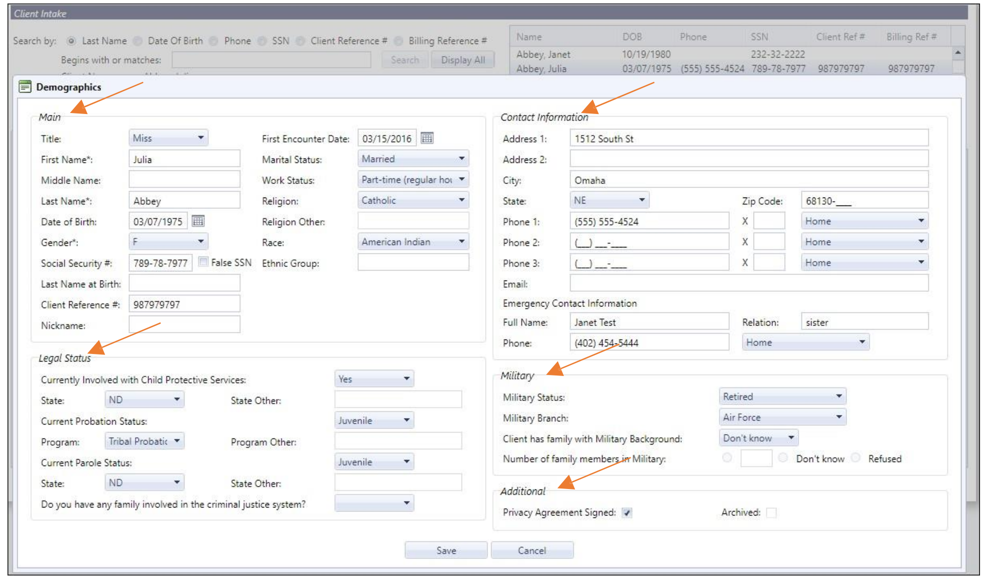


## Adding New Client: Client Intake

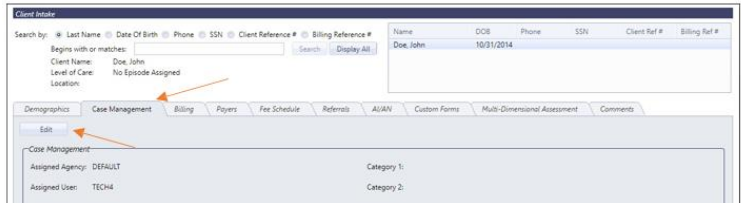

- You can use **[Search]** or **[Display All]** to see if the client is already in AccuCare, or create a new one by entering in the most basic information Assign initial case manager and agency
- On **Demographics Tab** - Click the [**Add New Client**] button to add new client to the database and enter their demographic information.

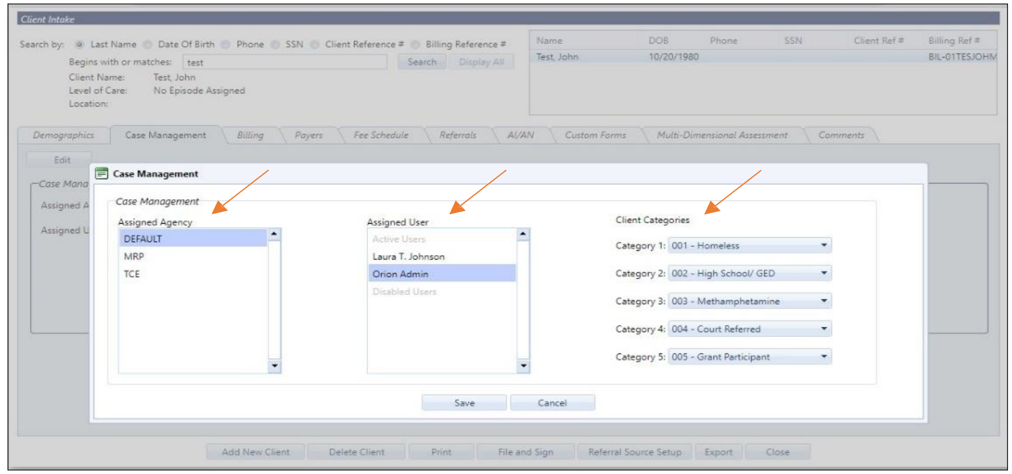


- Fill out the fields in ***Main, Contact Information, Legal Status, Military*** and ***Additional*** of the demographic dialog box
- Not all fields are required.
- ***Recommend discussing as group to gain consensus on what field should be filled out***



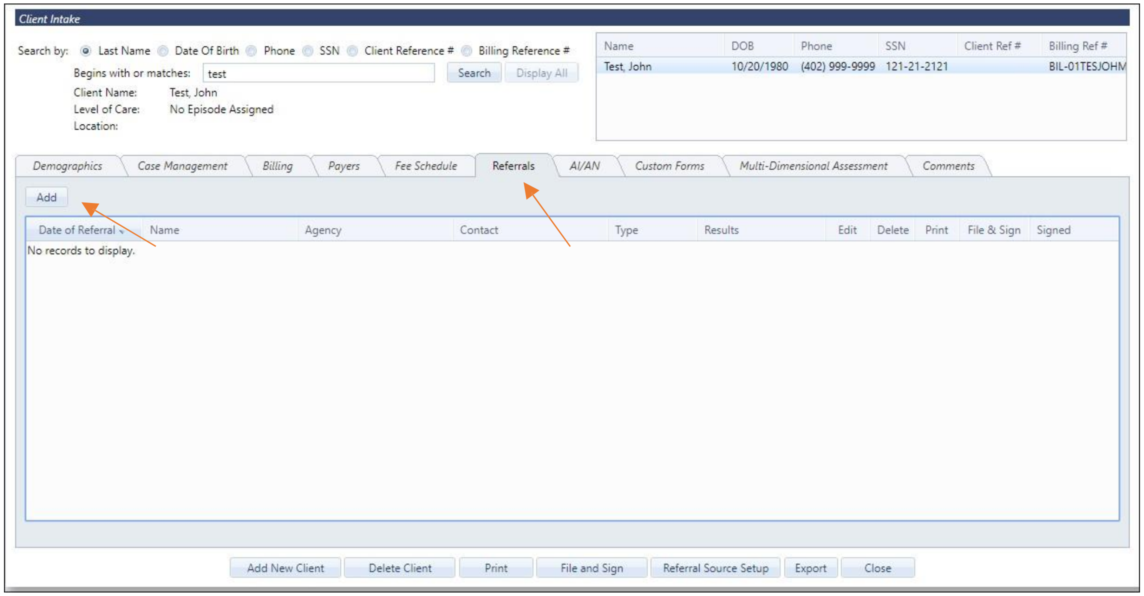
- Click the **Case Management** Tab
- Click the [Edit] button to open this dialog box
- **Assigned Agency** will show you which agency and group of clinicians the client is assigned to.
- **Assigned User** is usually the person who added the client to the database as new client.
- **Client Categories** allows you assign up to 5 tags per client from a picklist created in Setup > Client Categories.



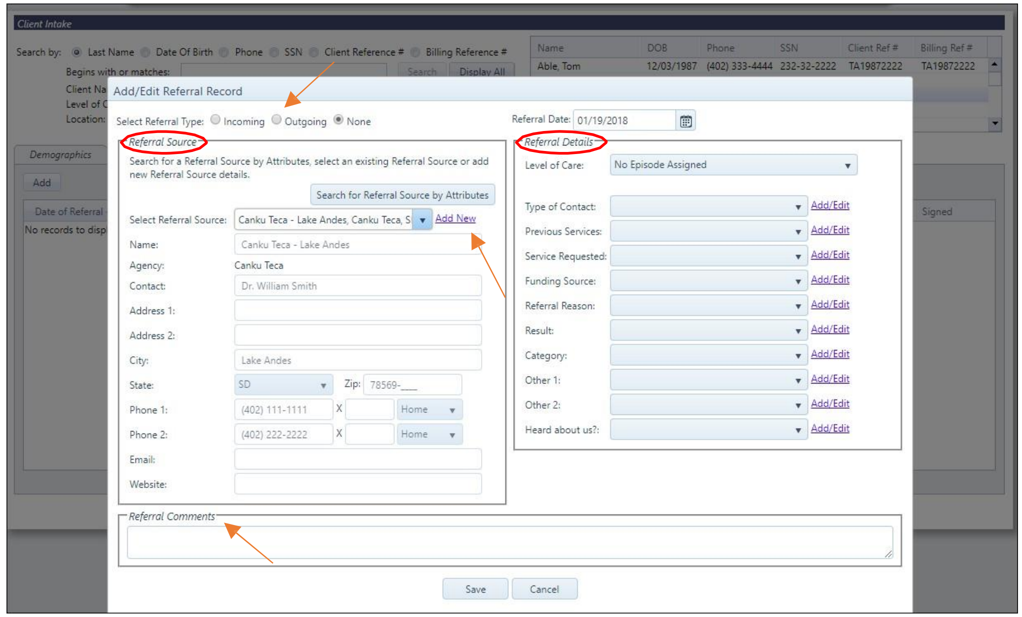



**Referral Tab**

- Click the Referrals Tab if you want to record a referral record for the client, either incoming or outgoing.
- Click the [Add] button to add a referral to your client records.

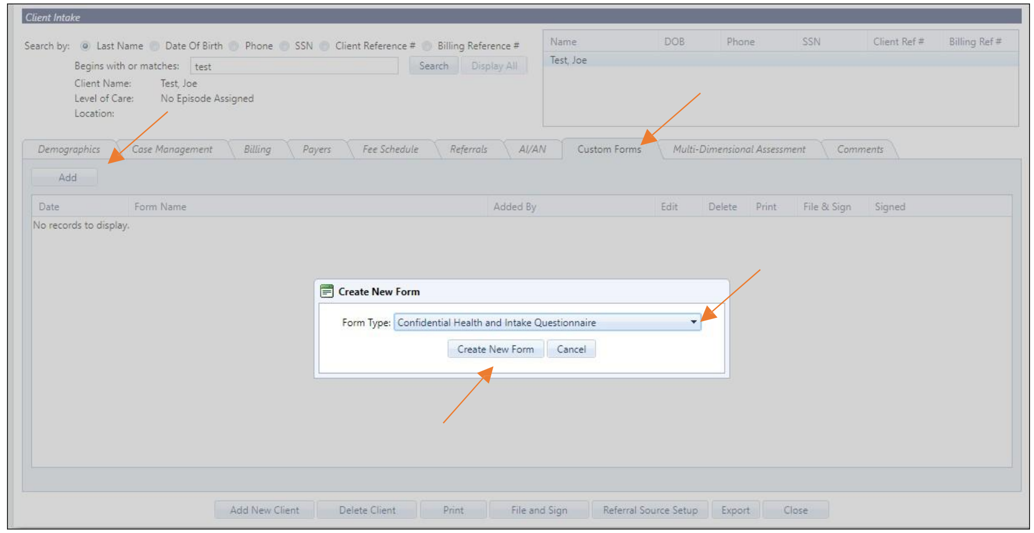


- Choose the radio button for type of referral you are creating
- You can select an existing **Referral Source** from the drop down list or create a new one to be added to the list by clicking on the  Add New link
- Under **Referral Details** you can tag more details to the referral record.
- You can customize each picklist
- Type in any comments in the **Referral Comment** dialog box

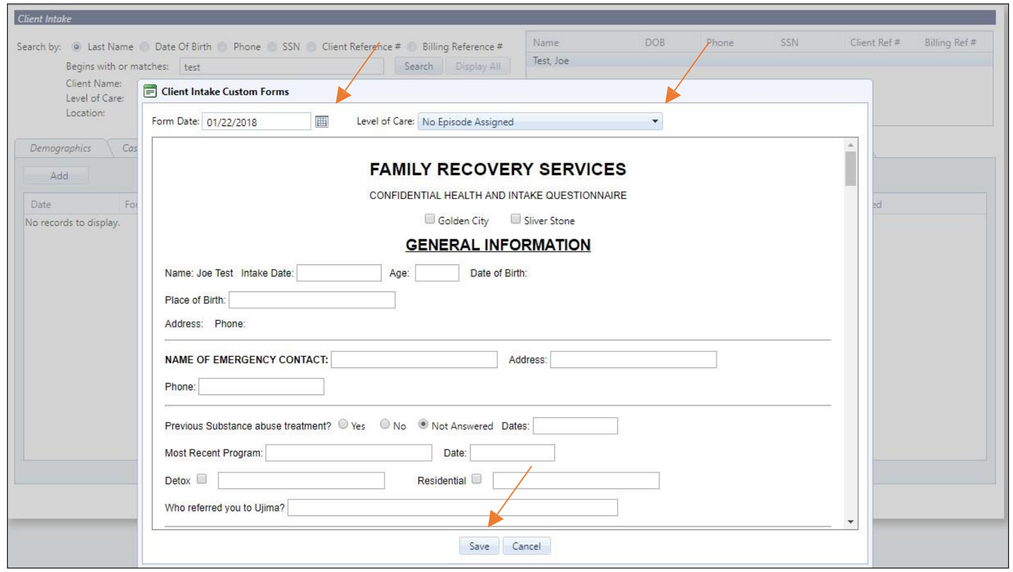


**Custom Forms Tab:**

- Click on the Custom Forms Tab
- Click the [**Add**] button open the create New Form dialog box
- Click the drop down arrow to see published assigned custom forms.
- Once you have selected the form click the [**Create New Form**] button

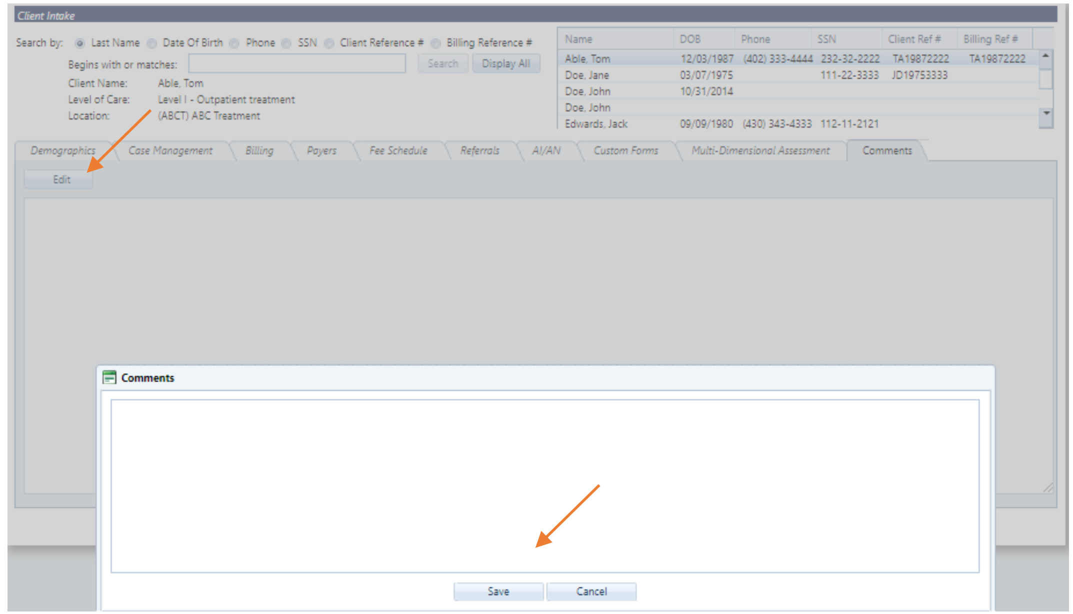


- Here is an example the of a published forms
- Select a Level of Care from picklist if available
- Collect information from client to fill out form
- Save when done to add to you client's record

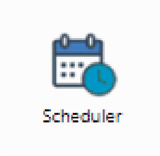


## Comments Tab

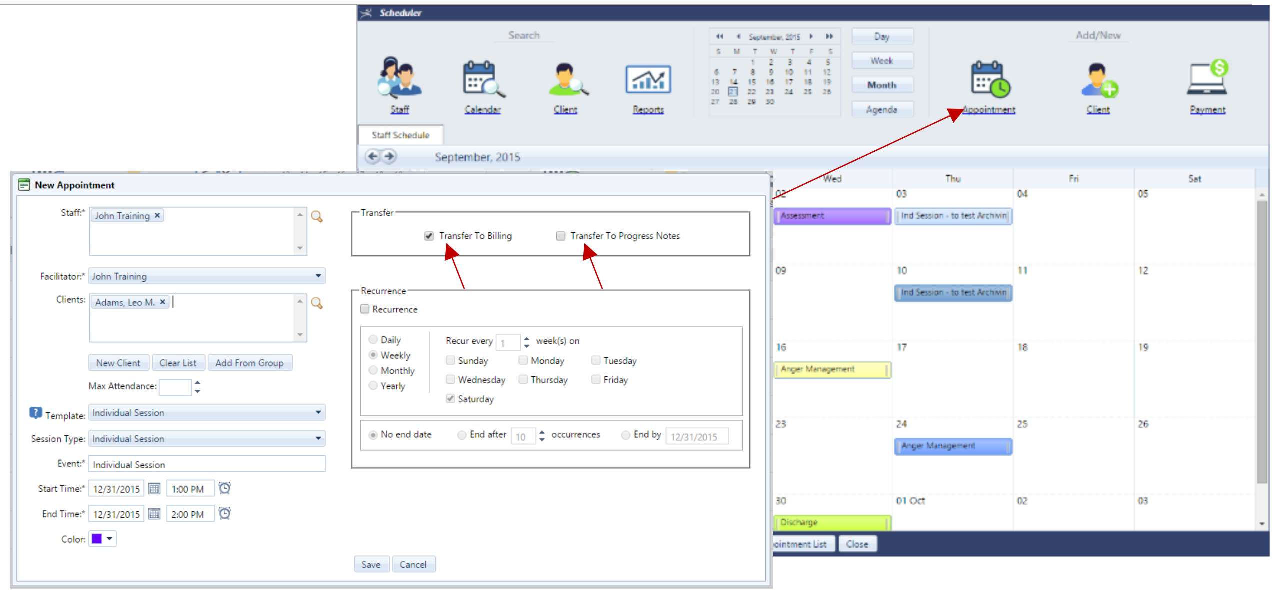
- Click the Comments Tab
- To add other comments click the[Edit] button
- This dialog box can be used for general comments and notes



## Add New Appointment:

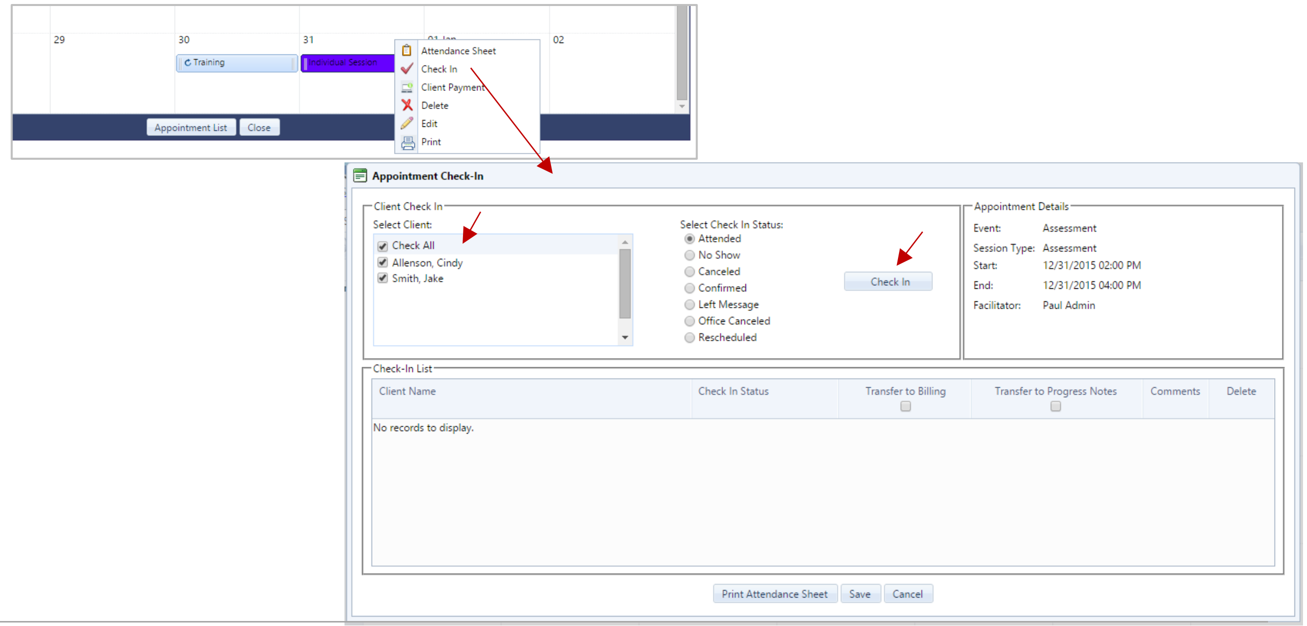



- Schedule Pre-Screen (or any) appointment from the scheduler
- Use templates to assist with auto-filling the appointment details
- Select Transfer to Billing and/or Transfer to Progress Notes to track for check-ins and quality assurance

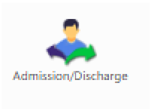


**<u>Check-in Appointments:</u>**

- After the appointment is complete, you can check in the client by right clicking on the appointment and selecting the “Check In” icon.
- This allows user to “check in” clients from the appointment and assign the appropriate check in status.
- By checking in the client, this will allow users to track the status and carry the appointment information into billing and progress notes actions

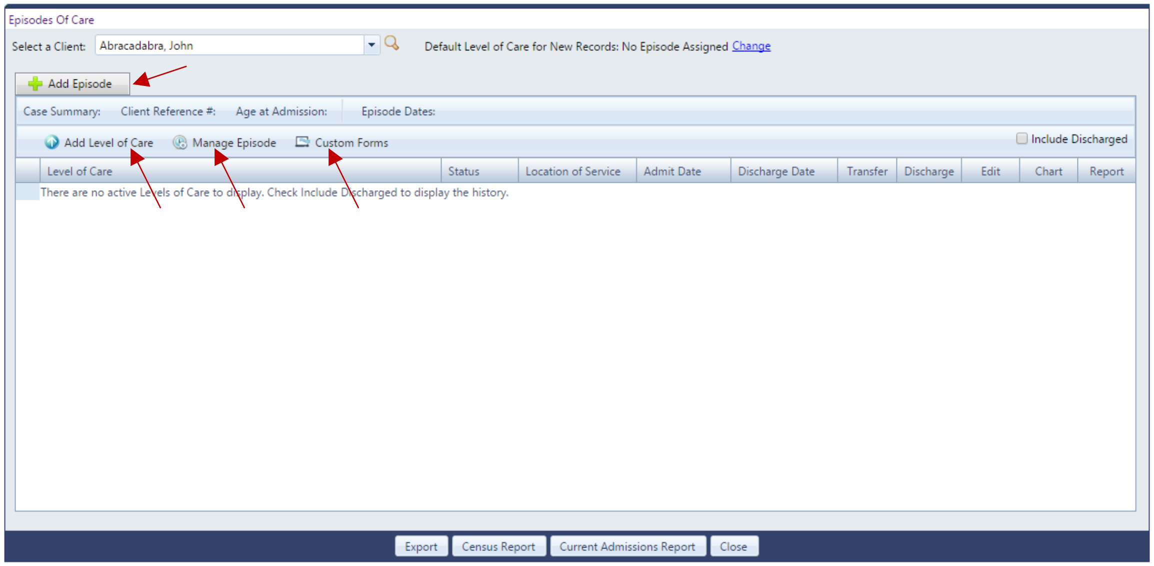


**<u>Create Episodes and Assign Level of Care:</u>**



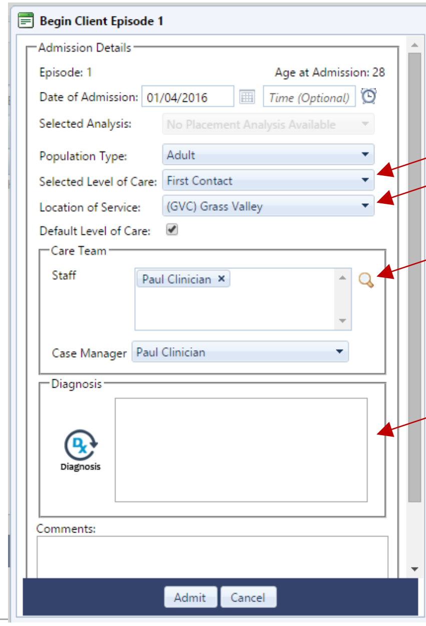

- The client can be assigned a level of care based on where they are at in the clinical process.
- To assign a new episode/LOC, select Episodes of Care icon from the main menu.
- Select Add Episode for a new episode and initial LOC

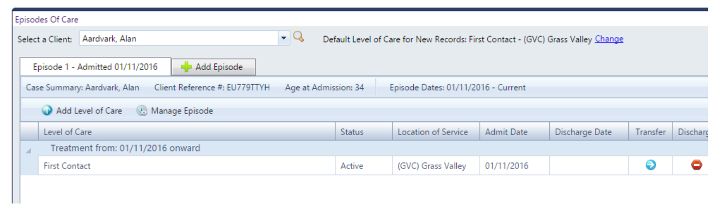
****You can at any point, add levels of care, manage episodes and administer a custom form***



**Admit Client and Assign Level of Care:**

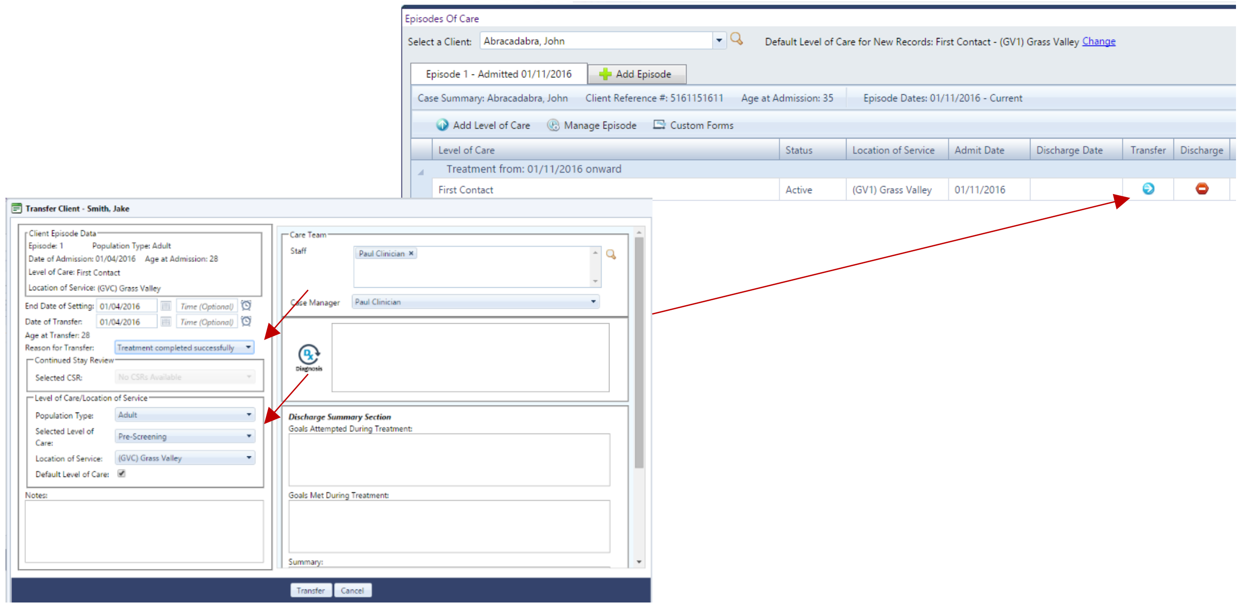
- Select the appropriate information from the drop down lists
- If Default Level of Care is selected, this will automatically attach this level of care to records created (can be modified at any time or will change based on current LOC)
- Assign staff by typing in first name and selection list will appear or click on icon for advanced search
- Select diagnosis when applicable



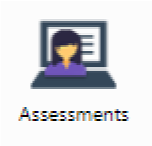



**Transfer Level of Care:**

- To assign (or transfer to) a new episode/LOC, select Episodes of Care icon from the main menu.
- Select the Transfer icon to discharge client from existing LOC and re-assign or transfer to a new LOC
- Fill in information from Transfer screen (reason, level, location) and select Transfer button to complete

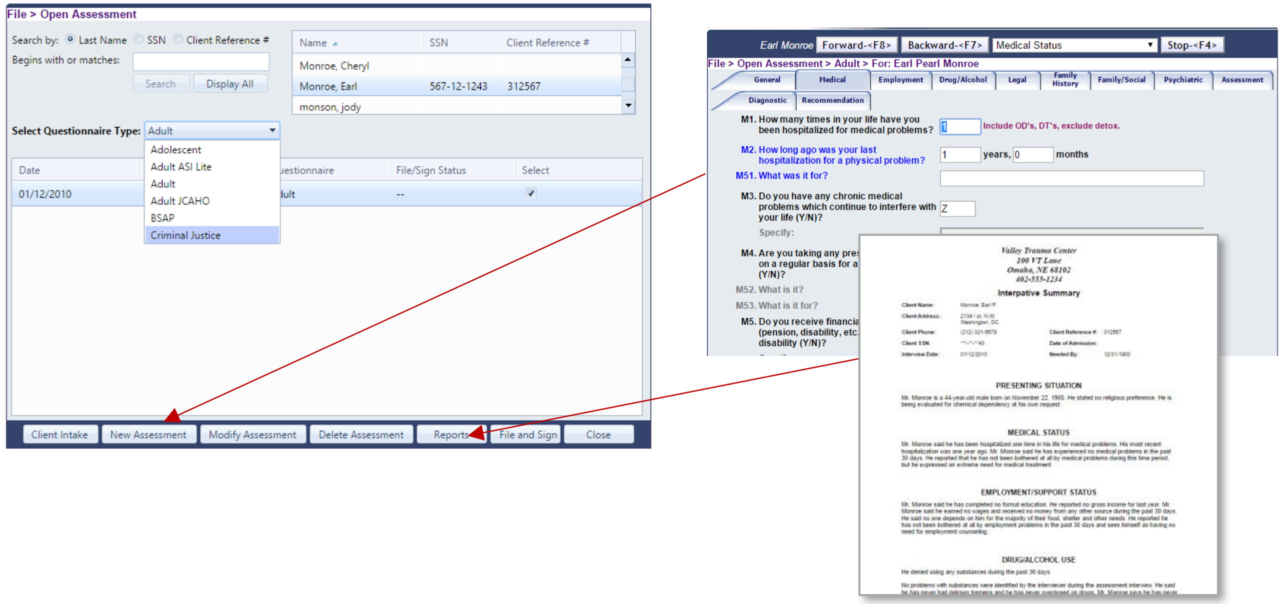


**Clinical Assessments (ASI):**

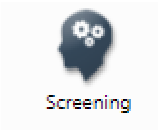



- Select New Assessment to begin the biopsychosocial evaluation
- Once complete, a full narrative can be printed out by selecting Reports button
- You can also electronically file and sign the assessment to the clients chart

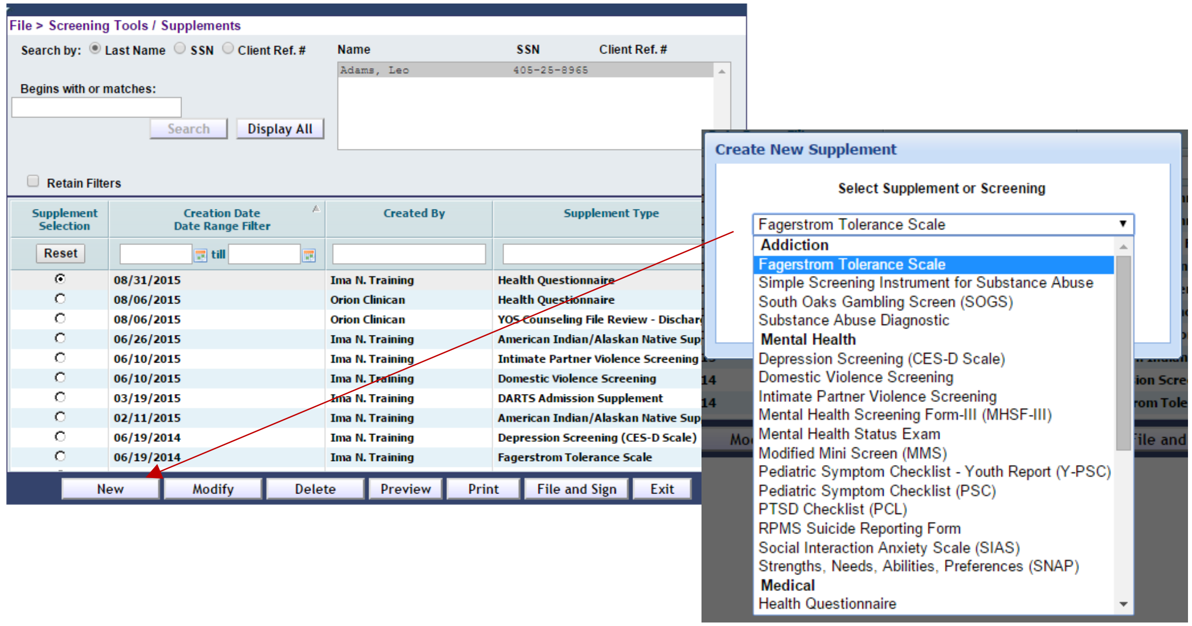
***Assessments are based on the Addiction Severity Index (ASI)***



## Screening/Supplements

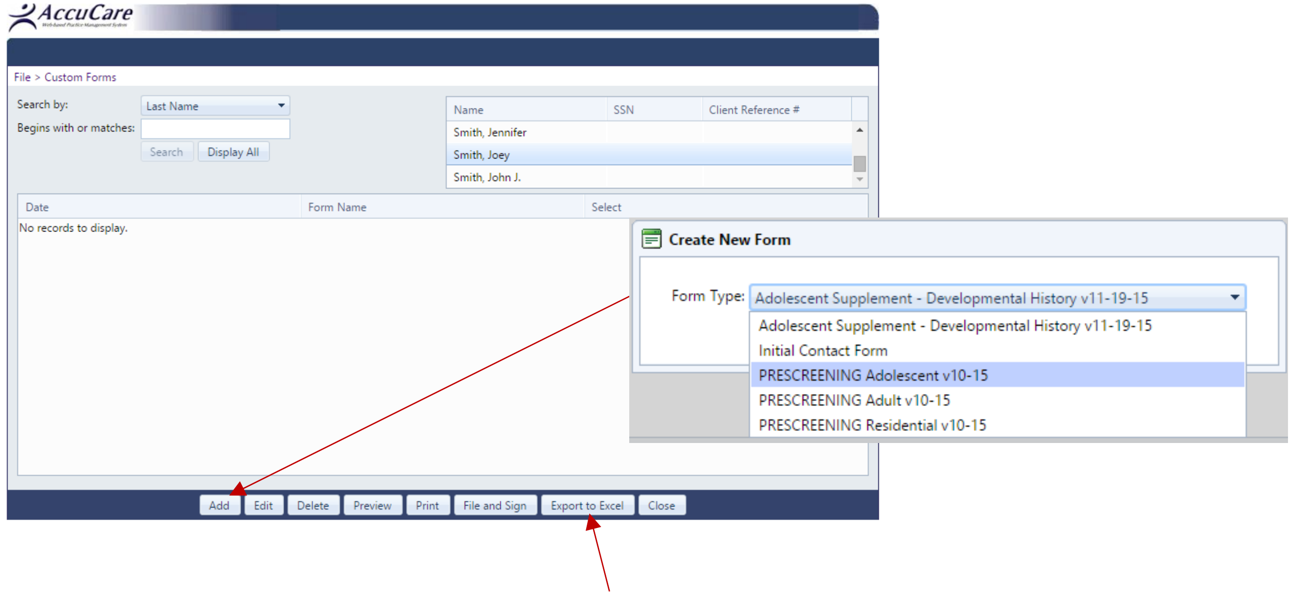



- Screening and Supplements can be administered from the main menu
- Over 16 clinical tools are available to be administered for the client



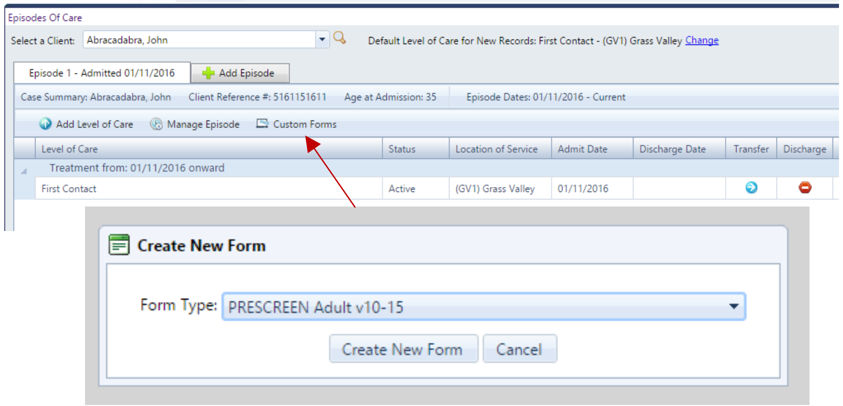
## Custom Forms


- You can create your own Custom Forms to collect data specific to your clinical needs
- Select “Add” to administer a custom form
- Data collected from forms can also be exported to excel for additional analysis



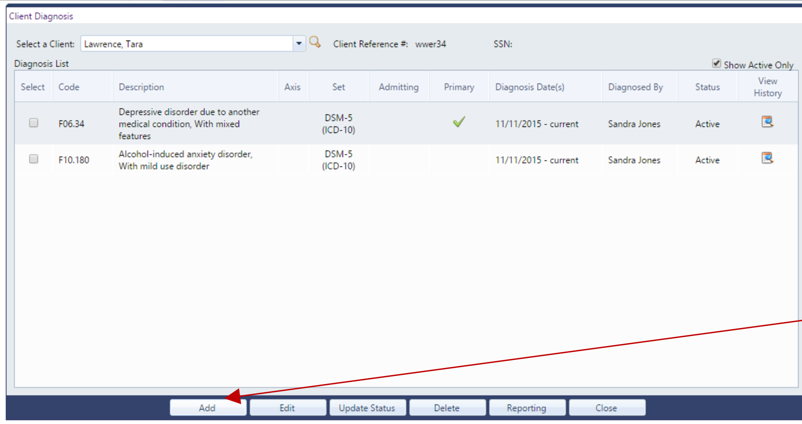
## Administer Custom Form:

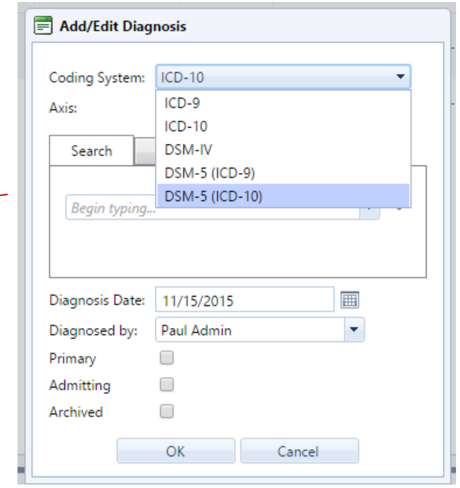
- For workflow efficiency, Custom Forms can be accessed from multiple modules including:
    - Main Menu
    - Client Intake
    - Episodes of Care
    - Medication Management
    - Assessments
    - Screening/Supplements



## Client Diagnosis

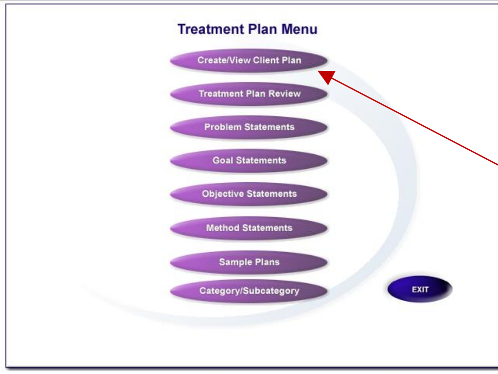

- Add, modify or delete and set diagnosis as active or inactive
- Set primary and admitting for billing purposes
- Includes **ICD-9, ICD-10, DSM-IV and DSM-5 for ICD-9 and ICD-10**
- Attach diagnosis to client progress notes and during episode/level of care management

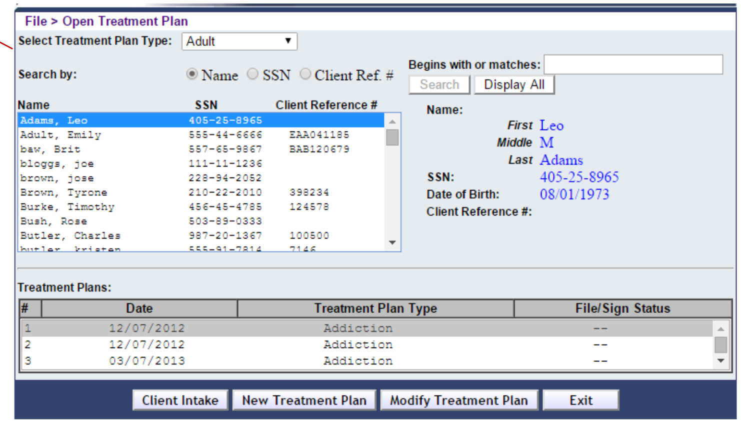


## Create a Treatment Plan:

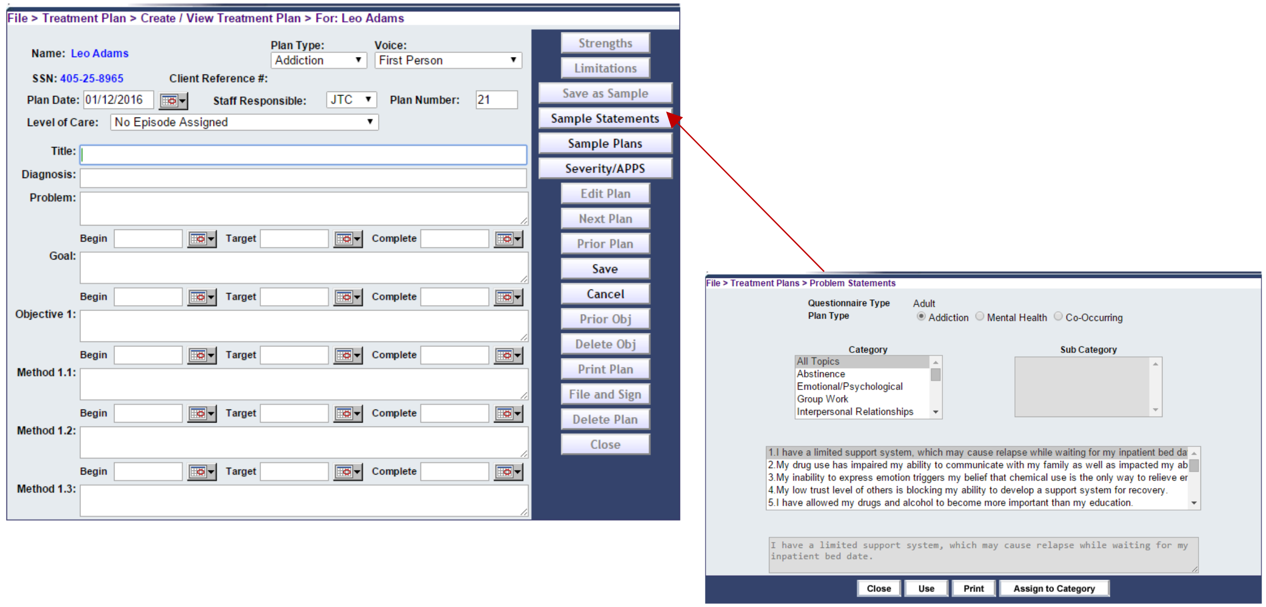

- Select Create/View Client Plan
- Treatment Plan Review
- Problem, Goal, Objective, Method, Statements
- Sample Plans
- Category/Subcategory



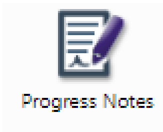
## Use Sample Plans and Statements:

- Create treatment plans with sample statements and sample plans or directly enter data into fields.

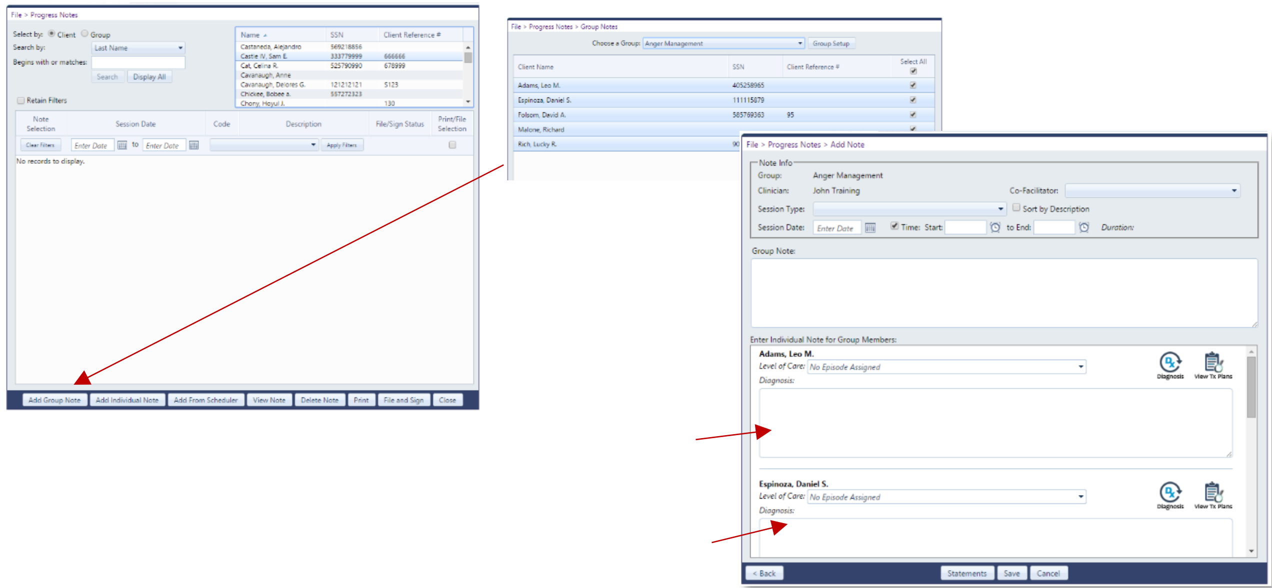


# PROGRESS NOTES

## Creating Progress Notes

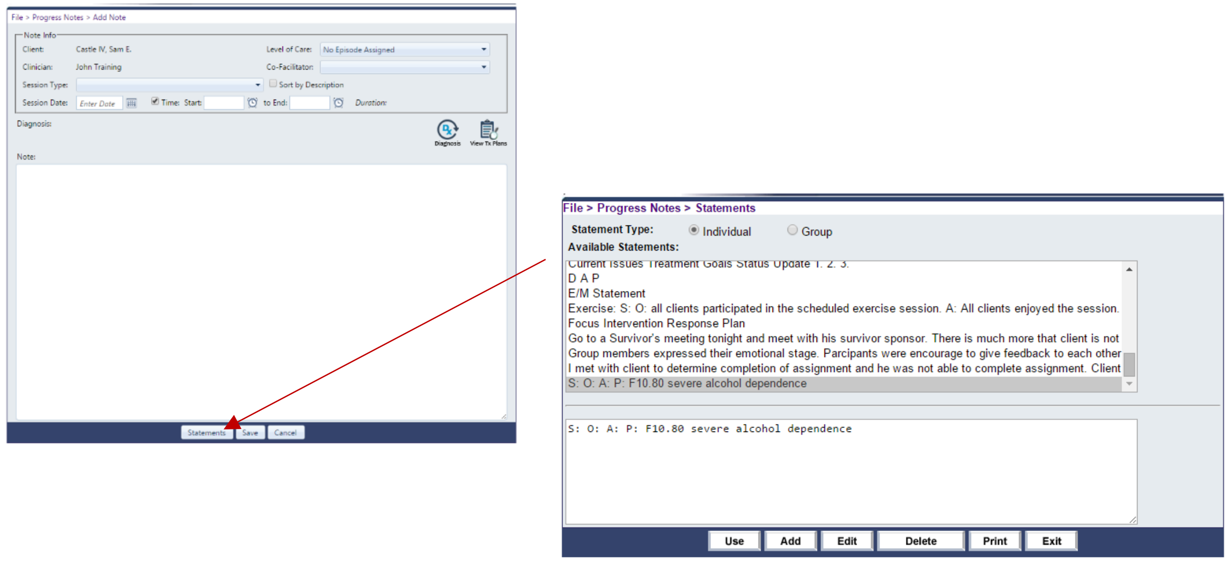



- Create individual or group notes
- Individualize each client's note within the group note



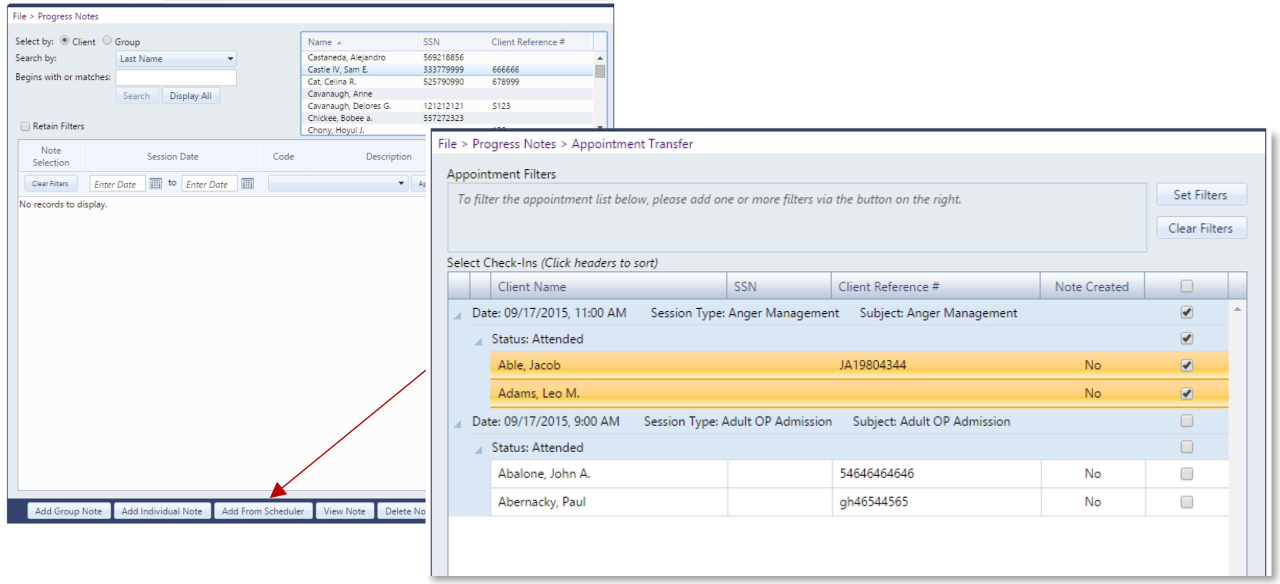
## Using Statement Templates:

- Create statements to assist with commonly used phrases and templates



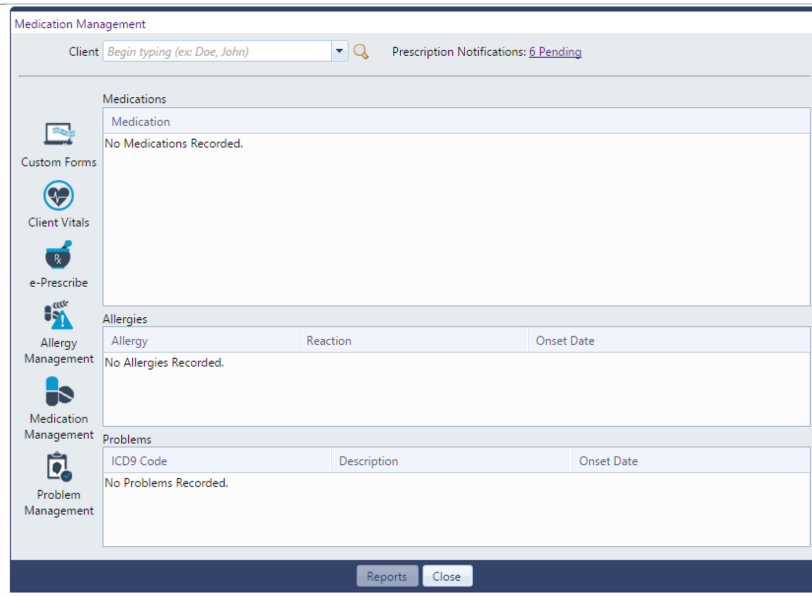
## **Progress Notes – add from Scheduler**

- Create progress notes from scheduler appointments.
- Clients that have been “checked-in” via scheduler will appear in the appointment transfer window.
- Information from the appointment will automatically fill data for the note

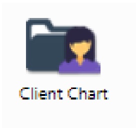


## Medication Management:

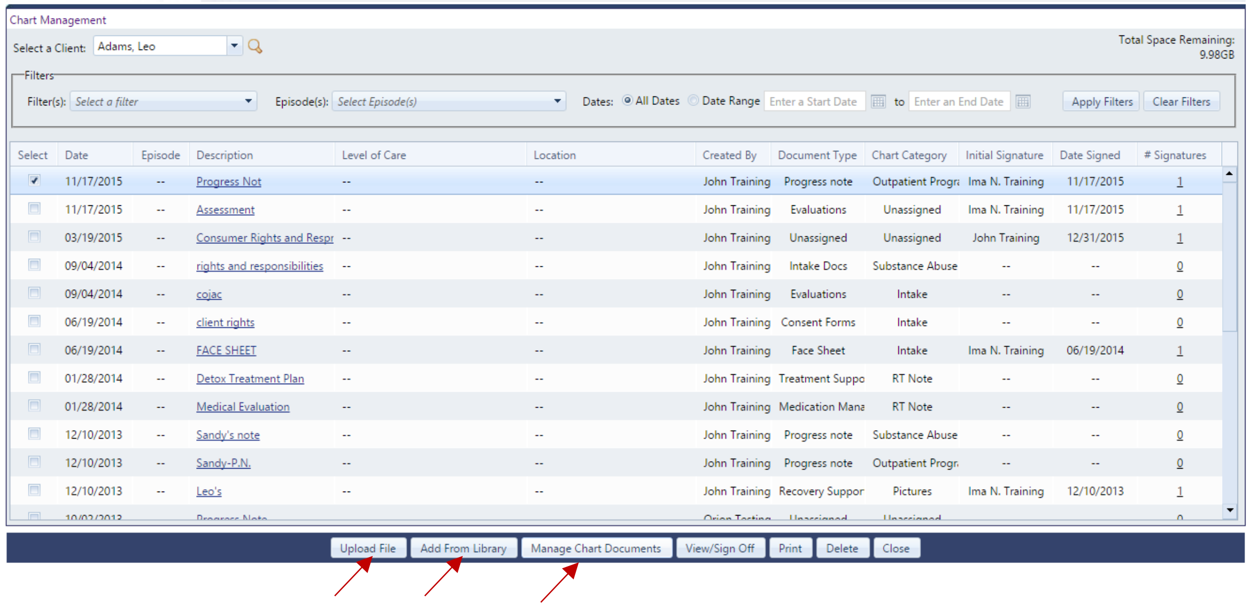

- Manage client medications, problems, allergies as well as place orders through E-Prescribe functionality



## Chart Management

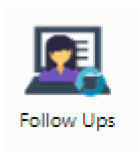



- File and sign records directly from modules in AccuCare to the client's chart
- Upload external documents and sign
- Manage Chart Documents allow you to assign (or re-assign) documents to episodes/levels of care for tracking
- Add From Library allows you to store forms that can be used to file and sign only but not require data entry fields (i.e. Release Forms)

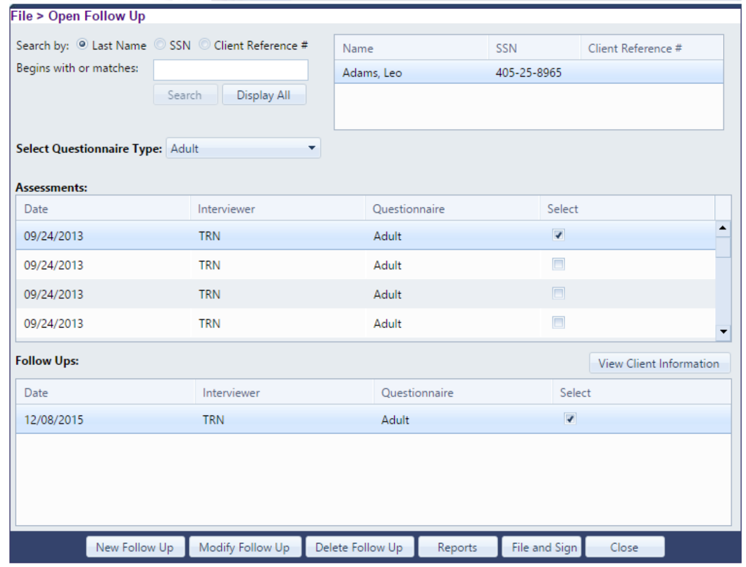


# FOLLOW-UPS

## Follow ups

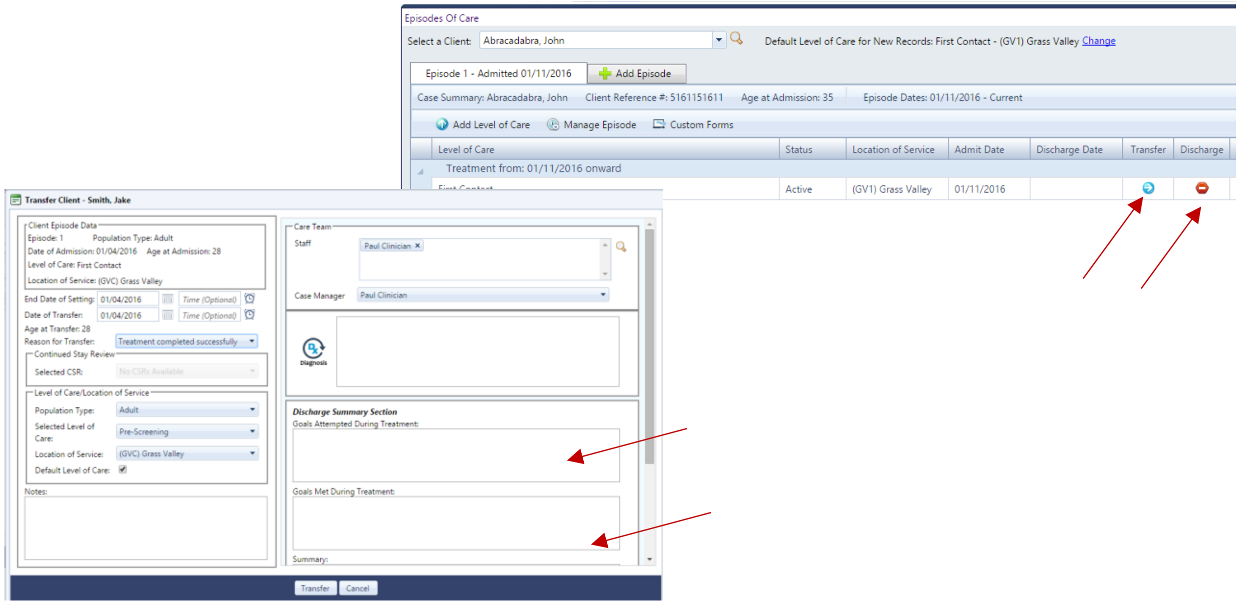



- Follow ups are directly integrated with the assessments
- Follow ups completed will calculate a composite score to compare to the baseline (captured in the biopsychosocial assessment)
- Follow ups can be done at any time after the assessment is complete



## Discharge/Transfer:


- Transfer or Discharge client from any level of care through the Episodes of Care module
- Fill out appropriate information
- You can also close out the episode

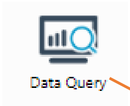


# REPORTS: MANAGER REPORTS, DATA ANALYSIS, DATA QUERY

**Reports:**

- **Manager reports** can provide clinical summaries for client, provider and agency


  - **Data Query** provides a filtered export on a majority of data collected in AccuCare




  - **Data Analysis** reports provide numerical and graphical reports based on a variety of national measures