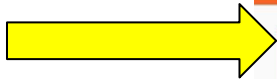


Returned
Charting
for EVV
Troubleshooting



Error Reason: (10/18/2023) GPS Coordinates missing, please verify EVV Location on Review and Submit page then close shift again.

When your shift is returned there will always be an 'Error Reason' on the top of the Administrative page so you know what to fix.

Go to 'Review and Submit' page.

Visit Date	10/13/2023	Start Mileage	000000
Visit Type	RN: Re-Visit - RN Follow Up Visit (ver 23.3)	End Mileage	000000
Order	No Order Required	Total Mileage	000000
Authorization	Authorization Missing for Visit	Travel Time	00:00
Time In (CDT)	09:00 <input type="button" value="Now"/>	Admin Time	00:00
Time Out (CDT)	13:45 <input type="button" value="Now"/>	Non-Billable Time	00:00
Total Time	04:45	During Visit	<input type="button" value="Yes"/> <input type="button" value="No"/>
Service Code	RN Complex Hours...plex Hours - Billable	Supplies	0
Start of Care Visit	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>	<input type="button" value="View Visit Geolocations"/>	
Professional Service Visit	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>		

Admission Status		 Patient Signature	No Patient Signature
------------------	---	--	----------------------

Visit Info

 Time In	09:00 CDT	 Time Out	13:45 CDT
---	-----------	---	-----------

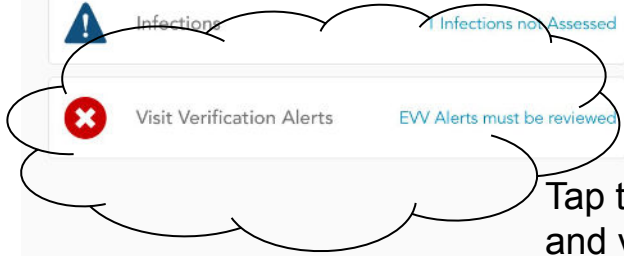
 Service Code	RN Complex Hours - RN Complex Hours - Billable	 Care Plan Documentation	Update goals target dates (4)
--	---	---	-------------------------------

 Interventions Planned for Next Visit	No Interventions Planned for next visit	 Assessment Questions	
---	--	---	--

 Vital Signs	Vital Signs not Entered	 Wounds	1 Wounds not Assessed
---	-------------------------	---	-----------------------

 Infections	Infections not Assessed	 Narrative	Narrative not Entered
--	-------------------------	--	-----------------------

 Visit Verification Alerts	EV Alerts must be reviewed		
---	----------------------------	--	--



Tap the box to open
and verify

View Document

Admission Status

Admitted



Patient Signature

No Patient Signature

Visit Info



Time In

13:45 CDT



Service Code

Update goals target dates (4)



Interventions Planned for Next Visit



Vital Signs

1 Wounds not Assessed



Infections

Narrative not Entered



Visit Verification Alerts

Cancel

Visit Verification

Done

Warning Message:

GPS data missing for Time In and/or Time Out.

A supervisor will be alerted.

Variance Reason (optional):

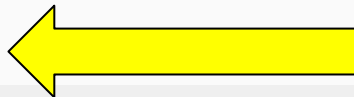
** If there is a reason i.e. clocked in late, clocked out late, no cell service - please identify that here.

** If no explanation - please leave box empty

Submit



No Patient Signature. You will be contacted by your supervisor.



Press cancel to return to the 'Review and Submit' page to fix

Skilled Nursing Visit Note

Hiawatha Medical Inc.

Patient Name zzTest, PD 2		Date of Birth 7/12/1930	MR Number TEST 2
Assessment Type RN Follow Up Visit (ver 23.3)			Odometer Departure / Arrival
Date of Visit 10/13/2023	Time In 09:00 CDT	Administrative Time	Total Travel Time
Time Out Date 10/13/2023	Time Out 13:45 CDT	Non-Billable Time	

Service Codes

Category	Code	Description	Billable	Time
HCN RN	RN Complex Hours	RN Complex Hours	Y	285 min (s)

CARE PLAN DOCUMENTATION

Problem: Medication Management

Intervention: Assess current medications including: new/changed medications, side effects, and interaction s

zzTest, PD 2 REVIEW AND SUBMIT

Admission Status

Needs completion

Patient Signature No Patient Signature

Visit Info

✓ Time In 10:10 CDT	✓ Time Out 10:40 CDT
✓ Service Code RN Complex Hours - RN Complex Hours - Billable	! Care Plan Documentation Update goals target dates (4)
✓ Interventions Planned for Next Visit Planned (1)	! Suggested Care Plan Problems/Interventions New Suggestions based on visit documentation
✓ Assessment Questions	! Vital Signs Vital time taken does not fall within visit time frame
✓ Wounds Wounds Assessed	✓ Infections Infections Assessed
! Narrative	Fixed ✓ Visit Verification Alerts

Submit

Tap on the box to open the signature page.

This cannot be completed until the end of your shift.

Cancel

PATIENT SIGNATURE

Done

Review and Submit » Patient Signature

I hereby certify that this visit was performed on 10/13/2023 starting at 09:00 and ending at 13:45.

Name and Relationship: zzTest, PD 2 - Patient

Other Signee Name

Choose who is signing.

- Client
- Their next of kin
- Other - this can be whomever is taking over cares from you. OR use this at night when your shift splits.

Name and Relationship

zzTest, PD 2 - Patient



Kuhlman, Kari - Daughter

[Other]

x

Sign here.

Please correct the following errors:

- Name of signee is required when 'Other' has been selected.

I hereby certify that this visit was performed on 10/13/2023 starting at 09:00 and ending at 13:45.

Name and Relationship:

[Other]

Other Signee Name

Clear

If choosing 'Other' be sure to indicate who 'Other' is.

This can be yourself for night shift splits.

Sign and 'Done' on the top right



x

Sign here.

Admission Status	FIXED →	✓ Patient Signature	Signed by: Kari on 10/18/2023 at 10:16 CDT
------------------	----------------	---------------------	--

Visit Info

✓ Time In	09:00 CDT	✓ Time Out	13:45 CDT
✓ Service Code	RN Complex Hours - RN Complex Hours - Billable	⚠️ Care Plan Documentation	Update goals target dates (4)
⚠️ Interventions Planned for Next Visit	No Interventions Planned for next visit	✓ Assessment Questions	
⚠️ Vital Signs	Vital Signs not Entered	⚠️ Wounds	1 Wounds not Assessed
⚠️ Infections	1 Infections not Assessed	⚠️ Narrative	Narrative not Entered
✓ Visit Verification Alerts			

Now you can submit and close your shift.

Submit ←