

Cerner PowerChart Ambulatory EDUCATION

#### **Patient Intake**

1. Find the appropriate patient within the Ambulatory Organizer and review appointment type, reason for visit and any notes on the appointment. Click on the patient's name in blue to open the patient's chart on the correct visit encounter.

Home					🔀 Full screen 🗧
Inbox Proxies Pools	A 100% -	G 🖷 🗳			
Display: Last 60 Days 🗸 📖	List (3) Day Week	Foday > 01/10/2023	Patients for: 🗰 (	Grayling CHC BH 👻	Oper
Inbox Items (8)	Time Duration	Patient 1	Details	Status (as of 10:39 AM)	Notes
Results (1/1)     Other (1/1)     Results FYI	8:30 AM Sheese LMSW, S 15 mins	AMBCERNED, ASHLEY 54 Years, Female	BH New Patient Assessment	Checked In Grayling CHC Behavioral Heal Location Not Defined	😓 Reason for Visit: Anxiety
<ul> <li>Orders (3/3)</li> </ul>	8:45 AM Shees 15 mins	No appointments			
Cosign Orders (2/2) Proposed Office (1/1)	0.00 AM	AMBCERNED AURORA	QLL	Checked In	00,053

- 2. Navigate to the Ambulatory Behavioral Health Therapist Workflow in the Provider View.
- Review any past documents within the Documents Component.
   a. Use the filter options to filter and display specific documents.
- 4. In the Chief Complaint Component, enter a Chief Complaint in the text box and click Sign. If the Chief Complaint is already filled out by the nurse, click into the textbox, and click Sign.
- 5. Click the drop-down arrow in the Form Component and select BH OP Therapy Visit.

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4	AMB BH Therapist Workflow	AMB QOC - BH Thera	pist ×	Code Status - Adv	vance Car × +				A 0 0		No Severity	• Q /
		Documents (3)	2			+	- All Visits	Last 12 months	Last 1 months	Last 6 months	Last 18 mor	nths 🗸
	Documents (3)		V			Display: Physician [	Documents	Change Filter	Last 50 Notes	My Notes On	ly Group	by Encounter
	Chief Complaint	Time of Service	∨ Si	ubject	Note Type	Author	1	Last Updated	Last Update	ed By	Image	
	Form (0)	▼ In Progress (0)										
	Subjective/History of	<ul> <li>Completed (3)</li> </ul>										
	Mesen Medications (6)	JAN 09, 2023 23:00	M	ental Health Education.	Behavioral Health Progr	Edson RN, Kelli	1	FEB 10, 2022 09:21	Edson RN,	Kelli		
	Home Medications (6)	JAN 09, 2023 18:00	Ar	mbulatory Comprehen	Ambulatory Comprehen	Ambrnlpn, 20	l.	FEB 14, 2022 09:04	Ambrnipn,	20		
	Labs :	JAN 09, 2023 11:14	Pr	rimary Care Office Note	Primary Care Office Note	Lambert DO, Tim	othy R I	FEB 10, 2022 11:14	Lambert DO	), Timothy R		
	New Order Entry											
	Allergies (1)	Chief Complaint	:								Sel	ected Visit 🕤
	Diagnostics (3)	Anviatu										
~	Recommendations	7/255	- 5									
	Histories	.,										
	Scales and Assessments										Sign	Cancel
	Patient Education											
	Problem List	Form (0)									+ 🗸 Sel	ected Visit 🤇
	Assessment and Plan	No Results Found							BH Pati	ent Safety Plan	$=$ $\neg$	5
	Patient Instructions	Ho Results Found							BH OP	Therapy Visit	`	
	Mariha											



 Complete the form, including all required areas (indicated with a red asterisk). Click the green check to sign the form.

BH OP Therapy Visit - CER	NED, LOTTIE					
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erformed on: 01/10/2023	▲ ~ 1114		6			
Mental Health Treatment Hist	Manhalliani	the Theorem and 1 that				
Assault and Homicide Risk A	Mental Heal	th Treatment Hist	ory			
PHQ-2 and PHQ-9		Treatment Description	Illness Date	Hospital or Program	Therapist or Counselor	Treatment Comment
GAD-7 Anxiety Severity	Treatment #1					
C-SSRS Suicide Risk Assess	Treatment #2					
PTSD Checklist PCL-5	Treatment #3					
Mental Status	Treatment #4					
Psychotherapy	Treatment #5					
Family and Relationshine	Treatment #6					
Connected Citypetion	Treatment #7					
	Treatment #8					
Education and Employment	Treatment #9					
Housing and Living Situation	Treatment #10					
Sexuality	Treatment #11					
Substance Abuse Assessmer	Treatment #12					
Developmental Milestones	Treatment #13					
Education Needs	Treatment #14					

- 7. Complete the Subjective/History of Present Illness Component by using free text or Auto-Text or dictating via Dragon Medical One in the textbox. Click Save.
- Update the Problem List and verify there is at least one problem listed as This Visit.

**Note**: This is a shared Problem List for this patient. If a provider resolves a chronic problem, it is resolved on every provider's Problem List who has an established relationship with the patient in PowerChart.

- Subjective/History of Present Illness Size - 🐰 🗅 💼 B I U A- 🗄 🗄 🚍 🕬 Font Save Problem List 8 Classification Medical and Pa Add as This Visit ✓ Add problem Priority Problem Name Code Onset Classificat Actions  $_{1}$   $\checkmark$ F41.9 (ICD-10-C ... --V This Visit Chronic Anxiety and depression Medical This Visit Chronic Resolv Atrial fibrillation Medical Medical This Visit Chronic Resolve or depressive disorder ------This Visit Chronic Resolve acco use Medical blems isit problems
- 9. Navigate to the Quick Orders and Charges MPage.
  - a. Place appropriate charges and orders by single clicking on the order/charge, which highlights it in green and puts the order/charge in the Orders for Signature area.
  - b. Click Orders for Signature to sign the order/charge.





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 In the Orders for Signature window, click in a cell to associate a This Visit problem with each order. Then click Sign.

Orders for Signature			×					
List View Association View								
* Required This Visit problem association C	ick a cell to associate a This Visit problem with an order.	✓ Always default association	Clear all associations					
	Major depressive disorder (F32.9) Clear column							
✓ Non Categorized (1)								
& * Psychotherapy 45 Mins 1/10/2023 11:51 AM EST Clear row	1	2						
✓ Consults/Referrals (1)			1					
& * Return to Clinic - BH In 2 Weeks, *Est. 1/24/2023 + Clear row	1	10	V 2 Remove					
		Sign Save	Modify Details Cancel					

- 11. Return to the AMB BH Therapist Workflow.
- 12. If the BH OP Therapy Visit form needs modification, such as adding end time of the session, navigate back to the Form Component and select the form to bring up the details pane.
  - a. Select Modify. Complete any additional or outstanding information and sign the form with the green check mark 🗹 when complete.

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		¥	Form (1)	Modify						
	Documents (3)	^	Result/Form Name	Result	BH OP Therapy Visit					
	Chief Complaint		▼ Results (0)		Auth (Verified)					
	Form (1)									
	Subjective/History of		<ul> <li>Forms (1)</li> </ul>		Contributor List					
	Present Illness		BH OP Therapy Visit 12	Auth (Verified)	Eduphys, 7					
	Problem List				JAN 10, 2023 11:20					

- 13. Complete the Assessment and Plan Component and click Save.
- 14. Select an appropriate dynamic documentation note type to create the note. Once the note has been created, it is best practice to work from the note and not to navigate back to the Workflow.





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- 15. Add additional information using free text, Auto-Text or dictating via Dragon Medical One in the textboxes. Edit or delete any other information on this page, as needed.
- 16. Once complete, click Sign/Submit.



- 17. The Sign/Submit window displays and allows the note to be forwarded to any recipient. Enter a recipient's name in the search box or select a recipient from favorite contacts.
- 18. Select if the recipient should Sign or Review/CC the note. Enter in a comment if needed.
- 19. Click Sign.

Sign/Subn	nit Note								—	
*Type:				Note Typ	e List Fi	lter:				
Behaviora	l Health	Office Note	~	Position 🗸						
*Author:				Title:				*Date:		
Eduphys, 7	7			BH Ther	apist Off	ice Initial Note		1/10/2023 🛄 1353	EST	
<ul> <li>Forward</li> <li>Favori</li> <li>Contacts</li> </ul>	d Option tes F	s Create provider letter	rovid	ler Name Recipien	ts				(	8
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*	4	Test MD, Physician Unspecified - Physician - Eme		*	4	Test MD, Physician Unspecified - Physician			0	۲
								19	Sign	Cancel