



MYAVATAR DISCHARGE SUMMARY TRAINING

**HIM Avatar Team
September 2014**

Introductory Information

1. HIM Avatar Staff

- ❖ Lauren Azevedo, Healthcare Information Manager
- ❖ Brad Cook, Health Systems Administrator
- ❖ Samantha Blackwell, Health Systems Administrator
- ❖ David Dodson, Health Systems Administrator

2. Avatar Resources – [Staff Connection/HIM Website](#), [Help Desk Tickets](#), and [Avatar Super Users \(ASUs\)](#).

The Staff **Connection/HIM website** contains information about new features, tips and tricks, and News Flash emails!

3. Avatar Development/Enhancement Requests should be submitted to your local ASU. All requests will be presented to the Avatar Core Team (ACT) for review and approval.

Training Format

1. Training customized JUST FOR Avatar rollout and required rollout components.
2. Follow PowerPoint slides and take notes as needed.
3. Training materials are available on the Staff Connection/HIM, Barium Springs University, and Relias websites.
4. Hands-on opportunities are scheduled throughout training.
5. HIPAA – Confidential Patient Records
6. HIM Training Survey – Course Credit



HIM Goals

Setting YOU up for Success!

- Explaining the Look and Feel of myAvatar
- Helping You Understand Our Processes

Giving You the Tools You Need

- HIM Avatar Resources
- Comprehensive Training and Documentation

On-Going Support

- HIM Internal Website
- HIM Avatar Help Tickets
- Online Training and Documentation via Barium Springs University (BSU) and HIM Internal Website



QUESTIONS?

YOUR TRAINING GOALS AND EXPECTATIONS?

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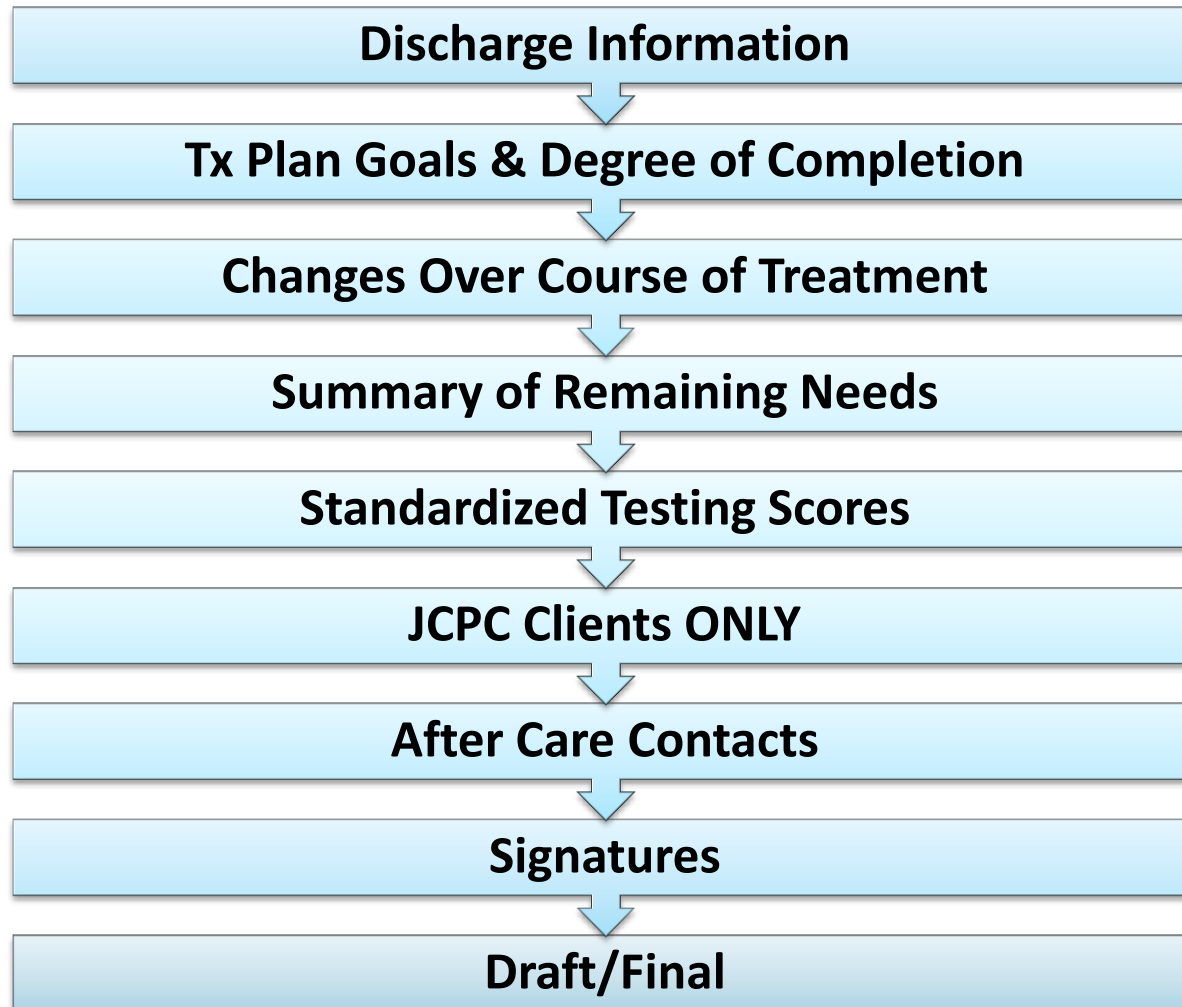
Chapter 1 – Overview

NOTE: The Topaz signature pad must be connected to the computer prior to completing the **Discharge Summary** form in myAvatar.



myAvatar Discharge Summary Process Flow

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Accessing the Discharge Summary

1. Select the client.
2. Access the **Discharge Summary** form.
3. Select the appropriate episode and click **OK**.

Search Clients

Results
ARTHUR FONZARELLI (000002356)
<= Previous 25

Discharge Summary

Name: ARTHUR FONZARELLI
ID: 2356
Sex: Male
Date of Birth: 03/25/1955

Episode	Program	Start	End
2	Grannis	01/01/2014	
1	Clinical-DWI (Franklin)	01/01/2014	

Search Forms

Browse Forms
Avatar PM ▶
Avatar CWS ▶



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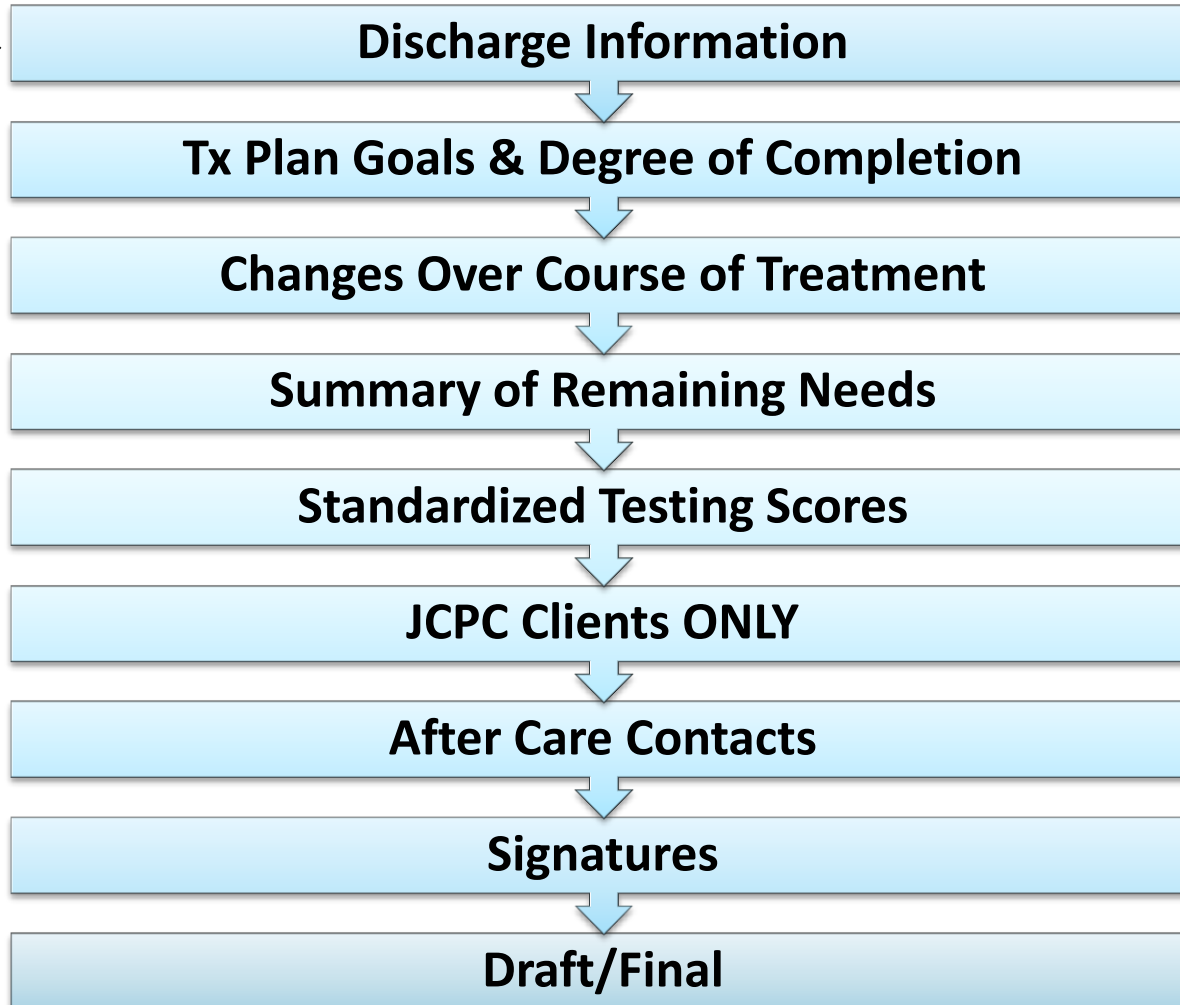
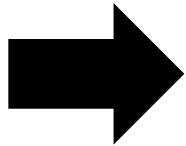
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Chapter 2

Entering Discharge Information

myAvatar Discharge Summary Process Flow

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Entering Discharge Information – Page 1 of 8

The **Discharge Summary** form will then display.

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KURT COBAIN (00009757)
M, 47, 02/20/1967

Ep: 3 : Clinical, Statesville
Problem P: -
DX P:

Location: 678 Grunge Rd, Elkin, NC
Attn. Pract.: No Entry
Adm. Pract.: DODSON, DAVID

Chart | Call Intake | **Discharge Summary**

Discharge Summary

- Tx Plan Goals and Degr...
- Changes Over Course of...
- Summary of Remaining ...
- Standardized Testing S...
- JCPC Clients ONLY
- After Care Contacts
- Signatures
 - Draft/Final
- Appendix

Submit

Diagnosis
Medication Information
Allergies and Hypersensitivi
Vitals Entry

Date of Last Contact
[] T Y

Admission Date
01/01/2015 T Y

Discharge Date
01/02/2015 T Y

Discharge Time
[] Current H M AM/PM

Report Date (Date Discharge Summary Completed)
01/02/2015 T Y

Program Coordinator
[]

Therapist
[]

Service Class

DTX IFPS/IFRS Level I / DSS Home PRTF
 Clinical IAFT Level III SAIOP
 CVHF IIH Level II TFC
 FFC

Is Client JCPC?
 Yes No

Discharge Tx Request Date Completed
[] T Y

Discharge NC Topps (only required if discharging from all applicable services or changing LME-MCO)
 N/A No Yes

Discharge Survey Completed
[] T Y

Discharged To Name
[]

Relationship
[]

Forwarding Address
[]

City
[]

Phone Number
[]

Email Address
[]



Entering Discharge Information – Page 2 of 8

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1. Enter the **Date of Last Contact**.
2. Enter the **Discharge Date**. (This field will be automatically populated with the current date.)
3. If known, enter the **Discharge Time**.
4. Enter the **Report Date**. (This field will be automatically populated with the current date.)



Entering Discharge Information – Page 3 of 8

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5. Enter the **Program Coordinator** name. (Enter staff person's last name, and double-click on the staff name.)
6. Enter the **Therapist** name. (Enter staff person's last name, and double-click on the staff name.)
7. Select the applicable **Service Class**.
8. Answer **Yes** or **No** to **Is Client JCPC?**

Program Coordinator

spence

Staff Name

CHRISTON SPENCE (000044)

COLIN BUTCH SPENCER (000378)

JEREMY SPENCER (000368)

Therapist

SHANNON SHORE (000476)

Service Class

DSS Home Level II PRTF FFC

TFC IAFT DTX IIH

IFPS/IFRS CVHF Clinical SAIOP

Is Client JCPC?

Yes No



Entering Discharge Information – Page 4 of 8

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9. Enter the **Discharge Tx Request Date Completed.**

-Discharge Tx Request Date Completed-

10. Answer **Yes, No, or N/A** to **Discharge NC Topps.**

Discharge NC Topps (only required if discharging from all applicable services or changing LME-MCO)

N/A No Yes

11. Enter the **Discharge Survey Completed** date.

-Discharge Survey Completed-

12. Enter the name of the individual the client has been **Discharged To.**

Discharged To

Relationship

13. Enter the **Relationship** of the individual to the client discharged.



Entering Discharge Information – Page 5 of 8

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14. Enter the **Forwarding Address** of the individual the client has been discharged to.

Forwarding Address

15. Enter the **City** of the individual the client has been discharged to.

City

16. Select the **State** of the individual the client has been discharged to.

State

17. Enter the **Zip Code** of the individual the client has been discharged to.

Zip Code

18. Enter the **Phone Number** of the individual the client has been discharged to.

Phone Number



Entering Discharge Information – Page 6 of 8

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19. If available, enter the **Email Address** of the individual the client has been discharged to.

Email Address

20. Select where the client has been **Discharged To**. Select all that apply.

Discharged To

- Psychiatry (medication management)
- Therapy
- Intensive-In-Home
- Day Treatment
- Foster Care: FFC
- Foster Care: TFC Level
- Foster Care: IAFT
- Residential: DSS
- Residential: Level II
- Residential: Level III
- PRTF
- Hospital
- Correction Facility (i.e. detention, jail, etc.)
- Day Tx Discharges ONLY: Less Restrictive School Setting
- None (ONLY natural supports): Parent/Guardian
- None (ONLY natural supports): Relative
- None (ONLY natural supports): Adoptive Home



Entering Discharge Information – Page 7 of 8

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21. Select the **Reason for Discharge**.

Reason for Discharge

- Lower level of care needed: Internal referral
- Lower level of care needed: External referral
- Lateral level of care needed: Relocating
- Lateral level of care needed: Changed providers
- Lateral level of care needed: Transfer to program of same level
- Higher level of care needed: Internal referral
- Higher level of care needed: External referral
- Loss of insurance (i.e. not eligible for Medicaid/NCHC, etc.)
- Client or Custodian Request without Agency Agreement (i.e. refused services/
- Ran Away
- Death
- Successfully completed program AND no other formal services needed from any

22. Answer **Yes** or **No** to **Is the Discharge Planned?**

Is the discharge planned?

Yes No

23. For IAFT clients, select the **Type of Discharge**.

Type of Discharge (IAFT ONLY)

With Agency Support
 Without Agency Support

24. Answer **Yes** or **No** to **Is Client Ready for Discharge?**

Is the client ready for discharge?

Yes No



Entering Discharge Information – Page 8 of 8

25. Enter the **Narrative (Reason for Discharge)** information.

The image shows a screenshot of a software interface. At the top, there is a label 'Narrative (Reason for Discharge)'. Below the label is a large, empty rectangular text input area. On the right side of this input area, there is a vertical scrollbar with a small icon at the top and bottom, indicating that the text area is scrollable.

26. Save the information entered by clicking the **Backup Form** button.

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Chapter 3

Tx Plan Goals & Degree of Completion

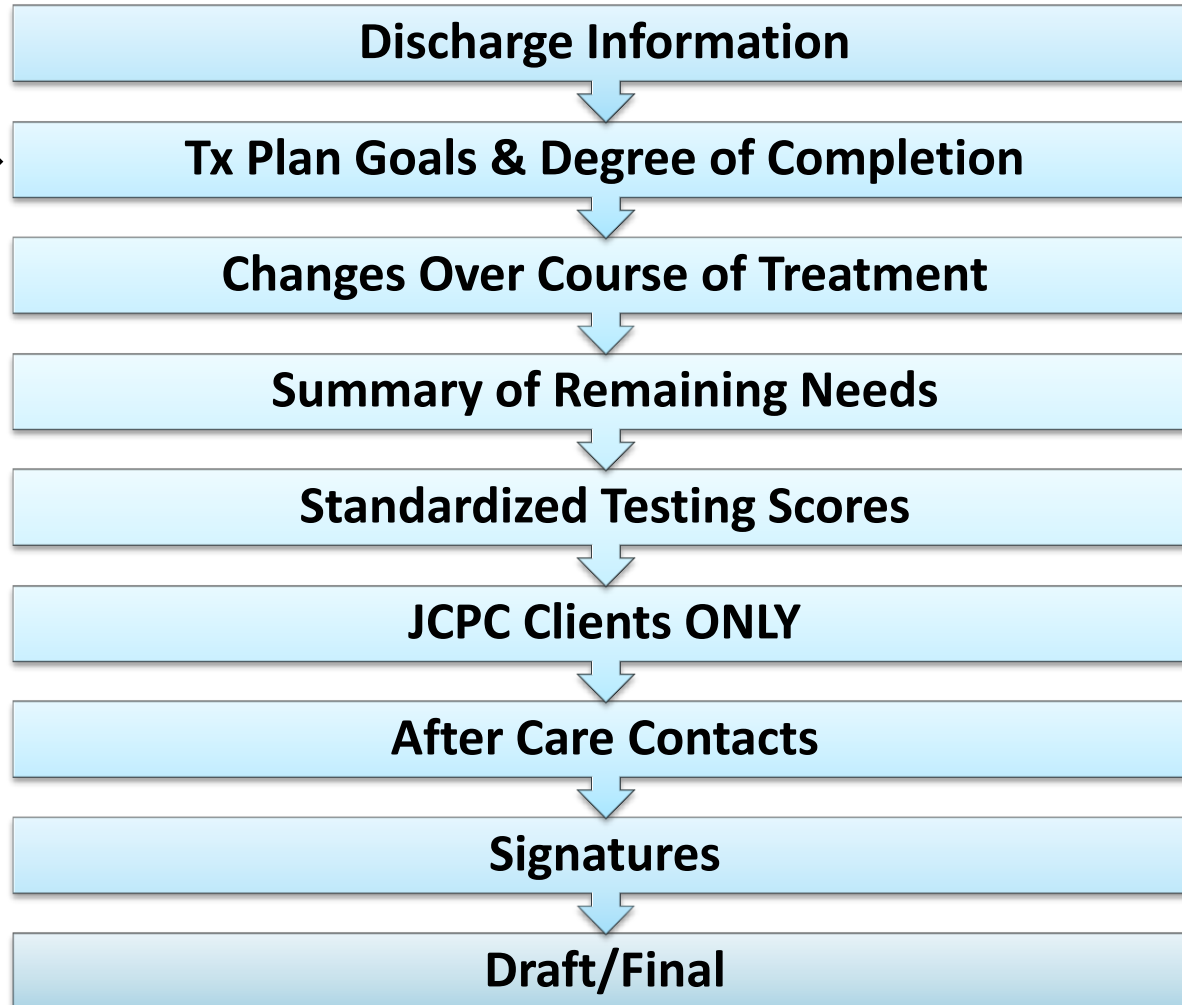
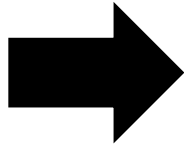


myAvatar Discharge Summary Process Flow

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Tx Plan Goals & Degree of Completion

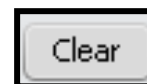
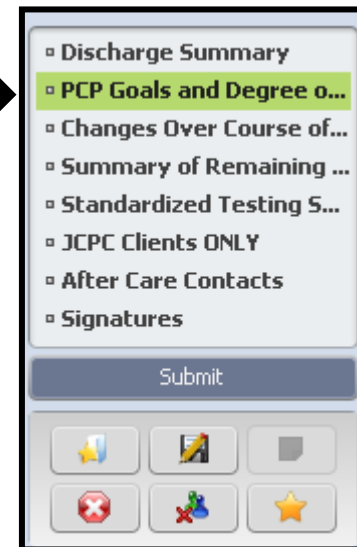
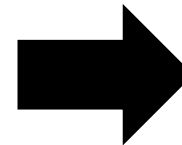
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1. Proceed to the **Tx Plan Goals and Degree of Completion** section.
2. Click EITHER **Select STP Treatment Plan Item** OR **Select PCP Treatment Plan Item**.



If the incorrect **Item** is selected, click the **Clear** button to re-select.



Tx Plan Goals & Degree of Completion

Page 2 of 2

3. Answer **Met**, **Partially Met**, or **Unmet** to **Met?** for the Goal.

Met?

Met Partially Met Unmet

4. Enter the **Degree of Completion** information for the Goal.

Degree of Completion

5. Repeat [Steps #2 through 4](#) for **Goal 2**.
6. If applicable, repeat [Steps #2 through 4](#) for **Goals 3, 4, and 5**.
7. Save the information entered by clicking the **Backup Form** button.



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Chapter 4

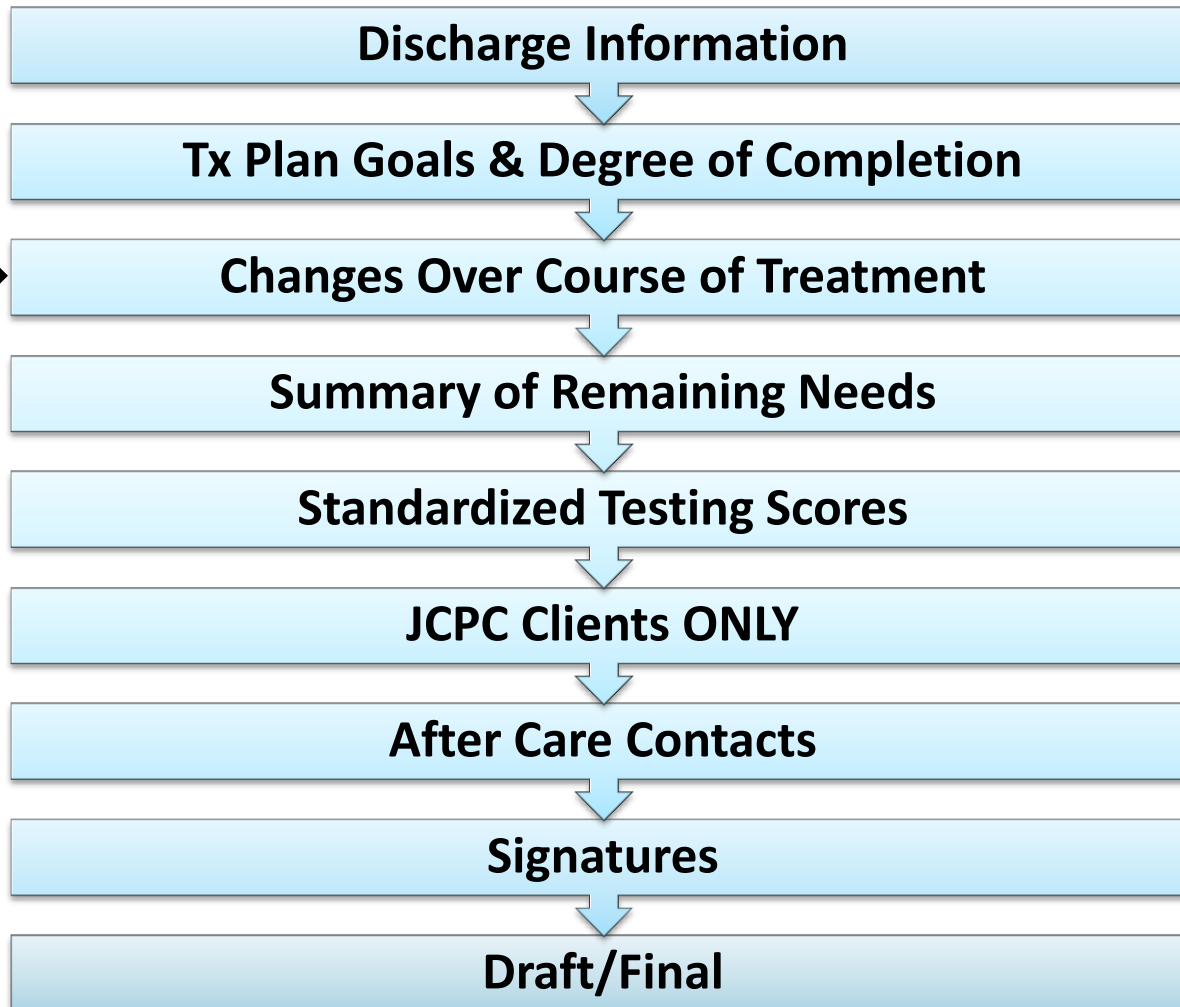
Changes Over Course of Treatment

myAvatar Discharge Summary Process Flow

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Changes Over Course of Treatment

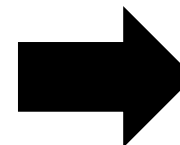
Page 1 of 4

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1. Proceed to the **Changes Over Course of Treatment** section.



- Discharge Summary
- PCP Goals and Degree o...
- **Changes Over Course of...**
- Summary of Remaining ...
- Standardized Testing S...
- JCPC Clients ONLY
- After Care Contacts
- Signatures

Submit

2. Enter the **Date of Last CCA or Addendum.**

Date of last CCA or Addendum

3. Enter the **Change in Original Plan of Care** information.

Change in original plan of care?



Changes Over Course of Treatment

Page 2 of 4

4. If applicable, select **Other Services Received**. Select all that apply.
If **Other** is selected, enter the **Description** of other services received.

Other services received

<input type="checkbox"/> Therapy	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Intensive-In-Home	<input type="checkbox"/> Day Treatment	<input type="checkbox"/> Residential
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Other			

Other (specify)

5. Enter the **Summary of Services Provided** information.

Summary of services provided

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Changes Over Course of Treatment

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6. Enter the **Summary of Family Involvement** information.

Summary of family involvement

7. Enter the **Comments From Client and Family Regarding Delivery of Services** information.

Comments from the client and family regarding the delivery of services

8. Enter the **Recommendations for Follow-Up Services if Necessary** information.

Recommendations for follow-up services, if necessary



Changes Over Course of Treatment

Page 4 of 4

9. Enter the **After Care Goal 1** information.

After Care Goal 1

10. Enter the **After Care Goal 2** information.

After Care Goal 2

11. If applicable, enter the **After Care Goal 3, 4, and 5** information.

12. Save the information entered by clicking the **Backup Form** button.

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Chapter 5

Summary of Remaining Needs

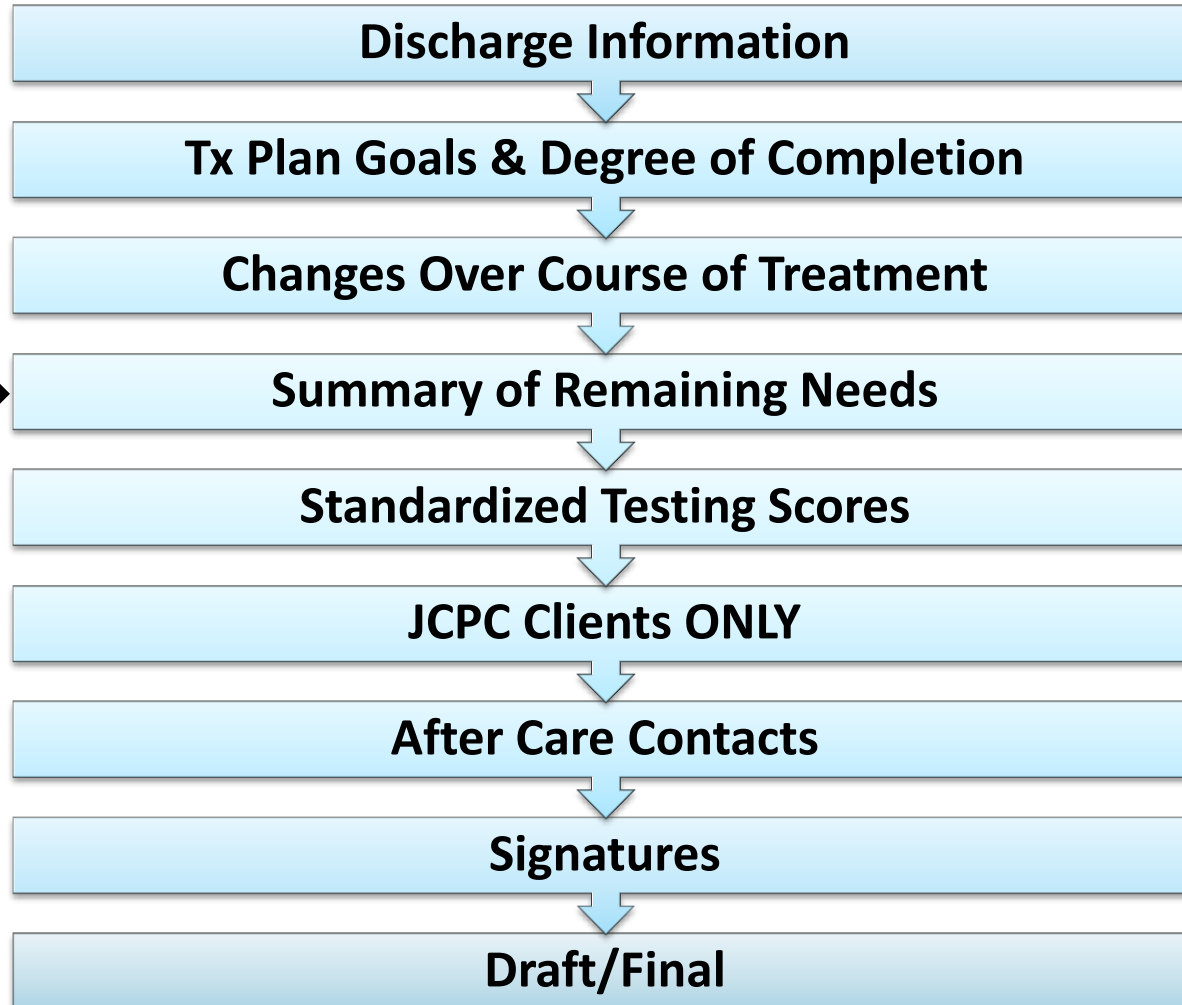
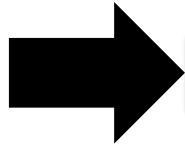


myAvatar Discharge Summary Process Flow

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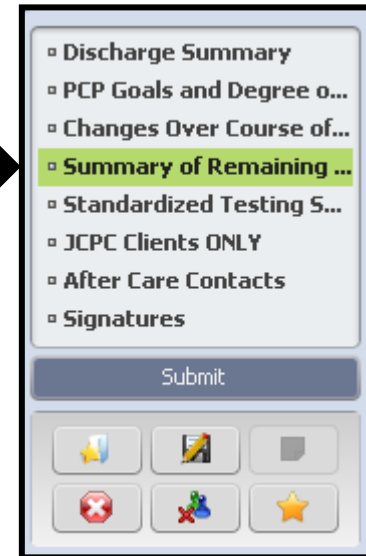
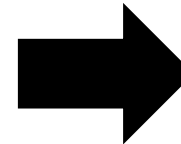
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Summary of Remaining Needs

Page 1 of 2

1. Proceed to the **Summary of Remaining Needs** section.



2. Click **Add New Item**.



3. Enter the **Summary of Remaining Needs** information.

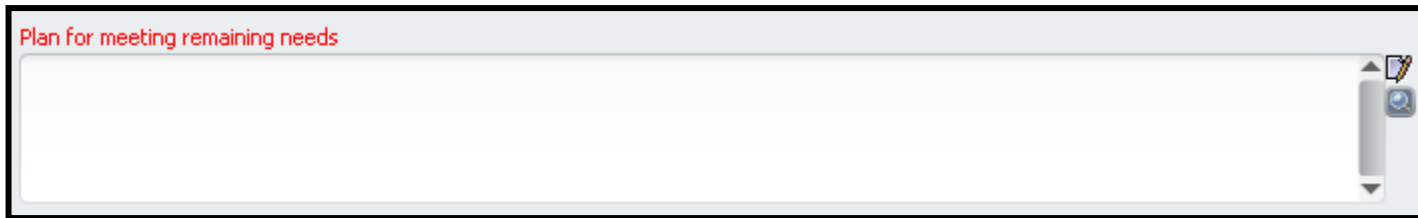
A screenshot of a text input field. The field has a light gray background and a thin border. The text 'Summary of remaining needs' is written in red at the top left of the field. On the right side of the field, there is a vertical scrollbar and a small icon of a pencil and eraser.

Summary of Remaining Needs

Page 2 of 2

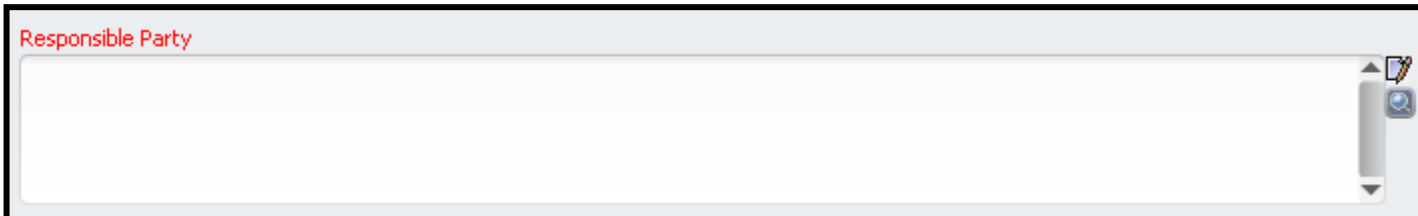
4. Enter the **Plan for Meeting Remaining Needs** information.

Plan for meeting remaining needs

A screenshot of a web form input field. The field is rectangular with a light gray border and a white background. The text "Plan for meeting remaining needs" is written in red at the top left of the field. On the right side, there are two small icons: a magnifying glass and a trash can.

5. Enter the **Responsible Party** information.

Responsible Party

A screenshot of a web form input field. The field is rectangular with a light gray border and a white background. The text "Responsible Party" is written in red at the top left of the field. On the right side, there are two small icons: a magnifying glass and a trash can.

6. If there are additional **Remaining Needs**, repeat [Steps #2 through 5](#).
7. Save the information entered by clicking the **Backup Form** button.



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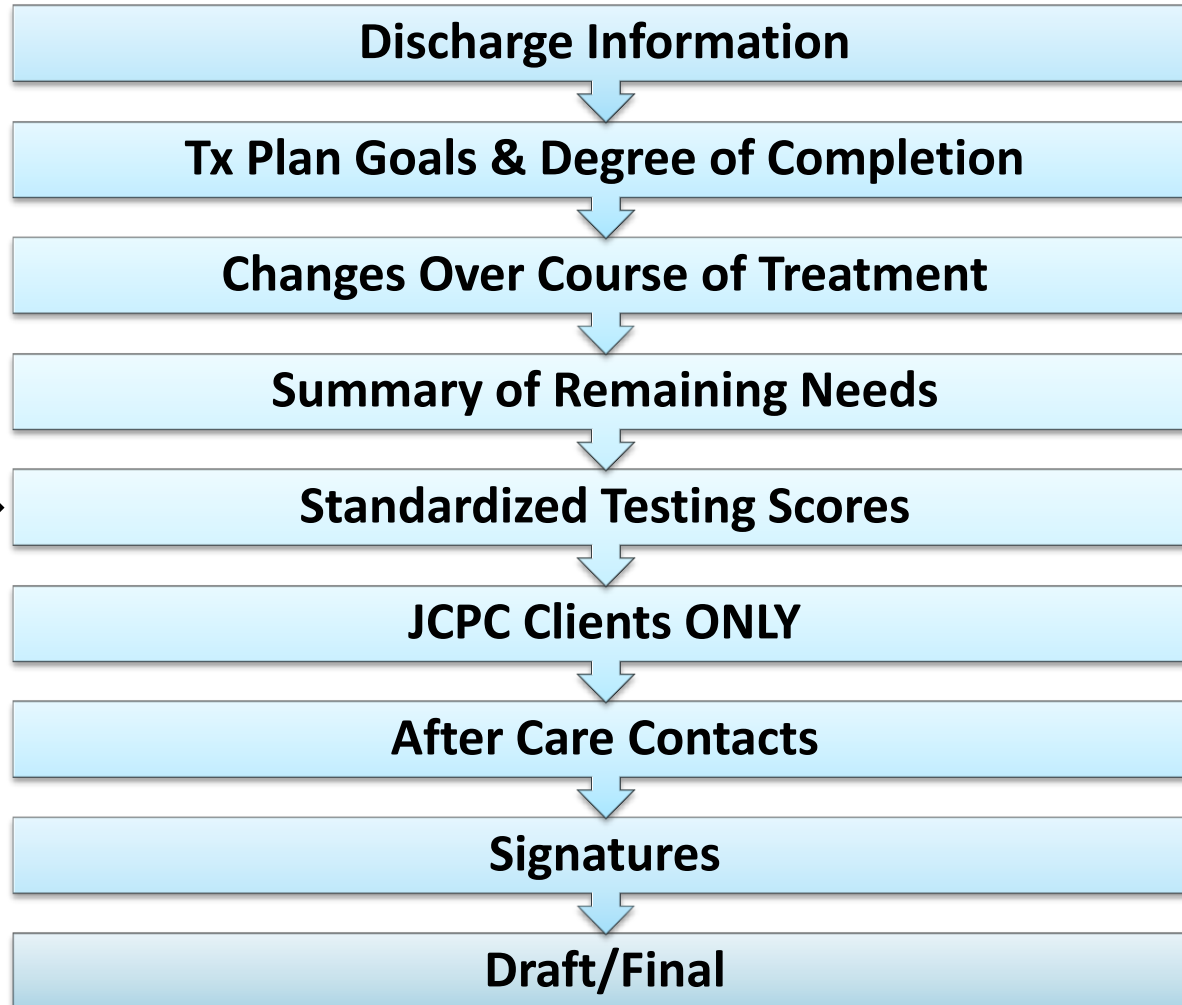
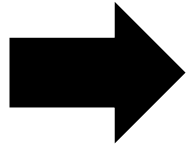
Chapter 6

Standardized Testing Scores



myAvatar Discharge Summary Process Flow

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Standardized Testing Scores – Page 1 of 3

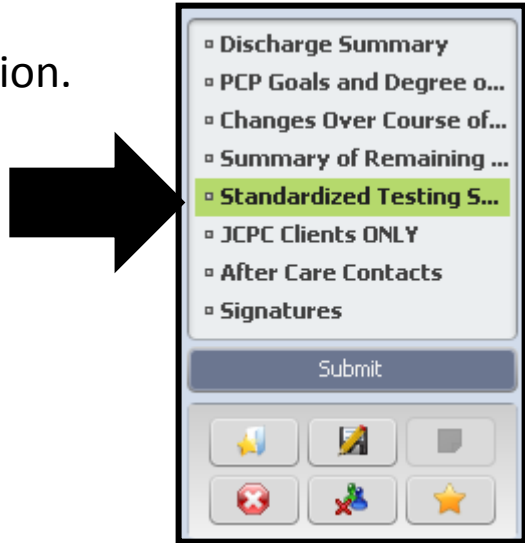
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1. Proceed to the **Standardized Testing Scores** section.

NOTE: The fields below are required or not required based upon the **Service Class** selection made within the **Discharge Summary** section.



2. If required, enter the **Discharge ROLES** score.
3. If required, enter the **Admit CALOCUS** score.
4. If required, enter the **Discharge CALOCUS** score.

Discharge ROLES

Admit CALOCUS Score

Discharge CALOCUS Score



Standardized Testing Scores – Page 2 of 3

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5. If required, enter the **Admit CGAS** score.

Admit CGAS Score

6. If required, enter the **Discharge CGAS** score.

Discharge CGAS Score

7. If required, enter the **Number of Hospitalizations or Crisis Events While in Care**.

Number of hospitalizations or crisis events while in care

8. If required, enter the **Number Placements While in Care**.

Number of placements while in care



Standardized Testing Scores – Page 3 of 3

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9. If required, answer **Yes** or **No** to **Client has An Active Mentor.**

Client has an active mentor _____
 Yes No

10. If required, answer **Yes** or **No** to **Client was Involved with DSS During Care.**

Client was involved with DSS during care _____
 Yes No

11. If required, answer **Yes** or **No** to **Client was Involved with DJJ/ Criminal Justice System During Care.**

Client was involved with DJJ/Criminal Justice system during care _____
 Yes No

12. If required, answer **Yes** or **No** to **Client is Consistently Attending Work/School.**

Client is consistently attending work/school _____
 Yes No

13. Save the information entered by clicking the **Backup Form** button.



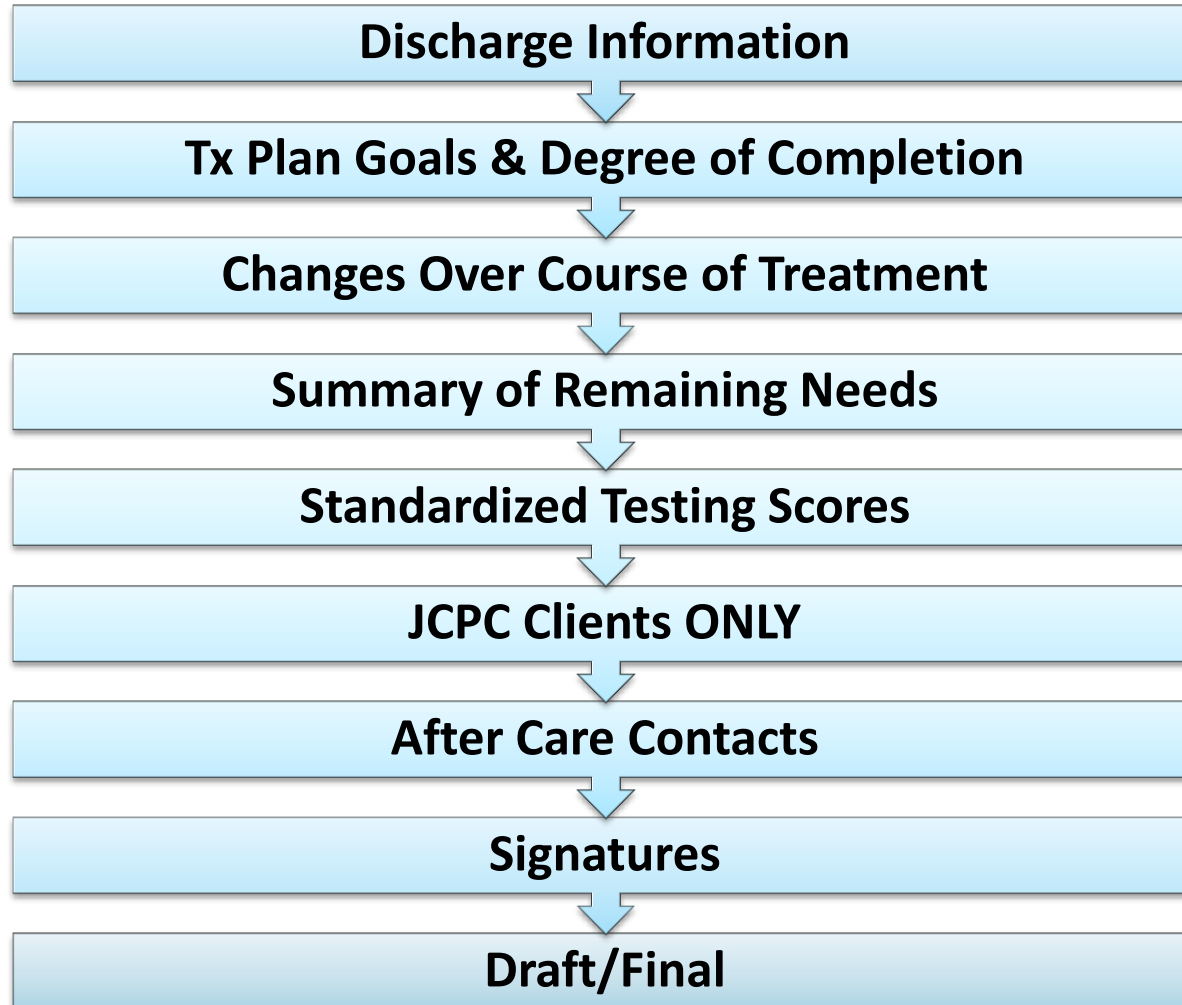
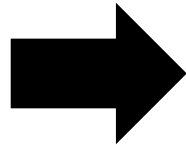
Chapter 7

JCPC Clients ONLY

NOTE: This section is only required to be completed if **Yes** was selected to the **Is Client JCPC?** question in the **Discharge Summary** section.

myAvatar Discharge Summary Process Flow

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JCPC Clients ONLY – Page 1 of 5

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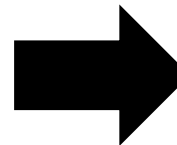
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1. Proceed to the **JCPC Clients Only** section.

2. Select the **Level of DJJ Involvement**.

Level of DJJ Involvement

<input checked="" type="radio"/> Consultation	<input type="radio"/> Diversion with Contract
<input type="radio"/> Diversion without Contract	<input type="radio"/> Pre-Adjudication Adjudicated Delinquent
<input type="radio"/> Adjudicated Undisciplined	<input type="radio"/> Commitment Status
<input type="radio"/> Post-Release Supervision	<input type="radio"/> Closed Case
<input type="radio"/> Intake	<input type="radio"/> Other



- Discharge Summary
- PCP Goals and Degree o...
- Changes Over Course of...
- Summary of Remaining ...
- Standardized Testing 5...
- JCPC Clients ONLY**
- After Care Contacts
- Signatures

Submit

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3. Select the level of **Substance Use Outcome**.

Substance Use Outcome

<input type="radio"/> Decreased frequency of use	<input type="radio"/> Abstaining from use	<input type="radio"/> No change/Increased usage
<input type="radio"/> Not applicable	<input type="radio"/> Unknown	



JCPC Clients ONLY – Page 2 of 5

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4. Select the level of **Mental Health Outcome**.

Mental Health Outcome

Significantly Improved Moderately Improved Unchanged Moderately Declined

Slightly Declined Not applicable Unknown

5. Select the level of **Risky Behaviors Outcome**.

Risky Behaviors Outcome

Significantly Improved Moderately Improved Unchanged Moderately Declined

Slightly Declined Not applicable Unknown

6. Select the level of **Peers Support Network**.

Peer Support Network

Peers usually provide good support and influence. Youth is rejected by pro-social peers

Youth sometimes associates others who have been involved in delinquent/criminal activity but this is not a primary peer group

Youth regularly associates with others who are involved in delinquent/criminal activity

Youth is a gang member or associates with a gang

Unknown



JCPC Clients ONLY – Page 3 of 5

7. Select the level of **Adult Support Network**.

Adult Support Network

No active, stable relationship with adults 1 or 2 active, stable relationships

3 or more active, stable relationships Unknown

8. Select the type of **Home Environment**.

Home Environment

Not supportive Somewhat supportive Very supportive No family/friends

Unknown

9. Select the level of **Youth's Interactions with Peers**.

Youth's Interactions with Peers

Lacks basic skills in dealing with others

Has basic social skills, lacks advanced skills in dealing with others

Sometimes uses advanced skills in dealing with others

Often uses advanced skills; interacts with peers in a respectful and non-threatening manner

Unknown



JCPC Clients ONLY – Page 4 of 5

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10. Select the level of **Participation in Pro-Social Structured Activities**.

Participation in Pro-Social Structured Activities

- Currently involved in 2 or or more structured activities
- Currently involved in 1 structured activity
- Currently interested but not involved
- Currently not interested in any structured activities
- Unknown

11. Select the level of **Participation in Unstructured Activities**.

Participation in Unstructured Activities

- Currently invovled in 2 or more pro-social unstructured activities
- Currently involved in 1 pro-social unstructured activity
- Currently interested but not involved
- Not interested in any pro-social unstructured activities
- Unknown



JCPC Clients ONLY – Page 5 of 5

12. Select the **Reason for Termination from DJJ.**

Reason for Termination from DJJ

- Not Applicable/Still active with DJJ
- Successful completion of terms
- Expiration of term is imminent and acceptable progress
- Relocation of juvenile
- Juvenile active
- Juvenile deceased
- Expiration of term is imminent with poor progress but exhaustion of resources
- Unknown

13. Select the **Status of Family Education.**

Status of Family Education

<input type="radio"/> Family successfully completed	<input type="radio"/> Family is currently participating
<input type="radio"/> Needed, but family is not participating	<input type="radio"/> Not needed
<input type="radio"/> Unknown	

14. Answer **Yes** or **No** to **Did Juvenile Incur any New Charges While in Treatment?**

Did Juvenile incur any new charges while in treatment?

Yes No

15. Save the information entered by clicking the **Backup Form** button.



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Chapter 8

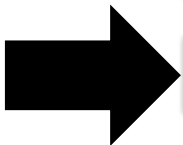
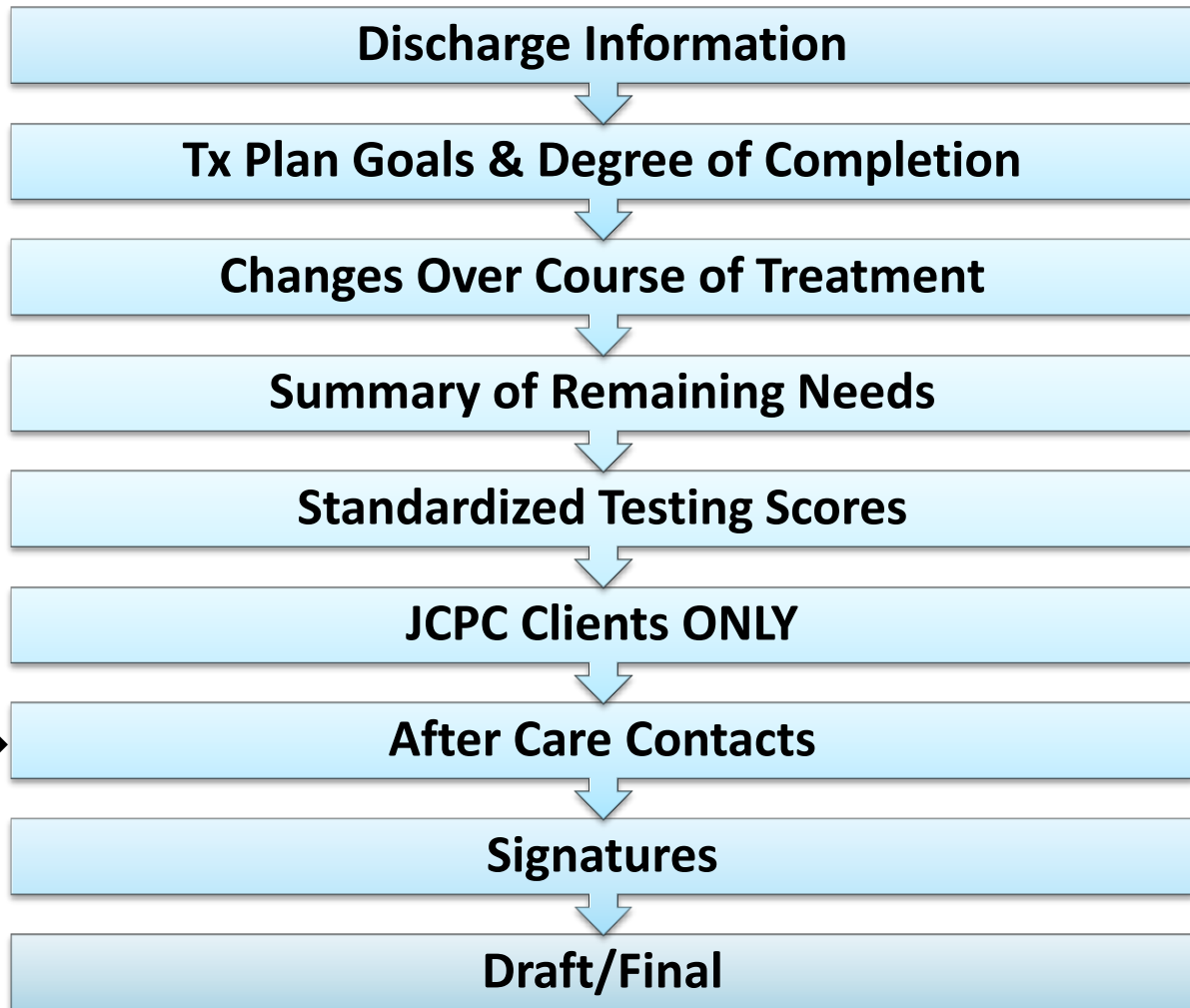
After Care Contacts

myAvatar Discharge Summary Process Flow

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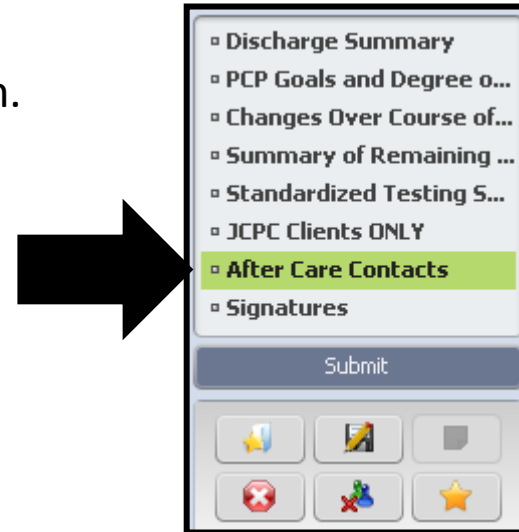




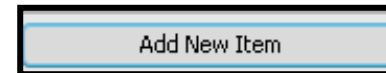
After Care Contacts – Page 1 of 3

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1. Proceed to the **After Care Contacts** section.



2. Click **Add New Item**.



3. Enter the **Contact Name**.

Contact Name

4. Enter the **Relationship to Client** information.

Relationship to Client



After Care Contacts – Page 2 of 3

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5. Enter the **Contact Address**.

Contact Address

6. Enter the **Contact City**.

Contact City

7. Select the **Contact State**.

Contact State

8. Enter the **Contact Zip Code**.

Contact Zip Code

9. If known, enter the **Contact Home Phone**.

Contact Home Phone

10. If known, enter the **Contact Cell Phone**.

Contact Cell Phone

11. If known, enter the **Contact Email Address**.

Contact Email Address



After Care Contacts – Page 3 of 3

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12. Select the **Contact Primary Language**.
If **Other** is selected, enter the contact's primary language.

Contact Primary Language

English Spanish Other

Other (specify)

13. If there are additional After Care Contacts, repeat [Steps #2 through 12](#).

14. Save the information entered by clicking the **Backup Form** button.



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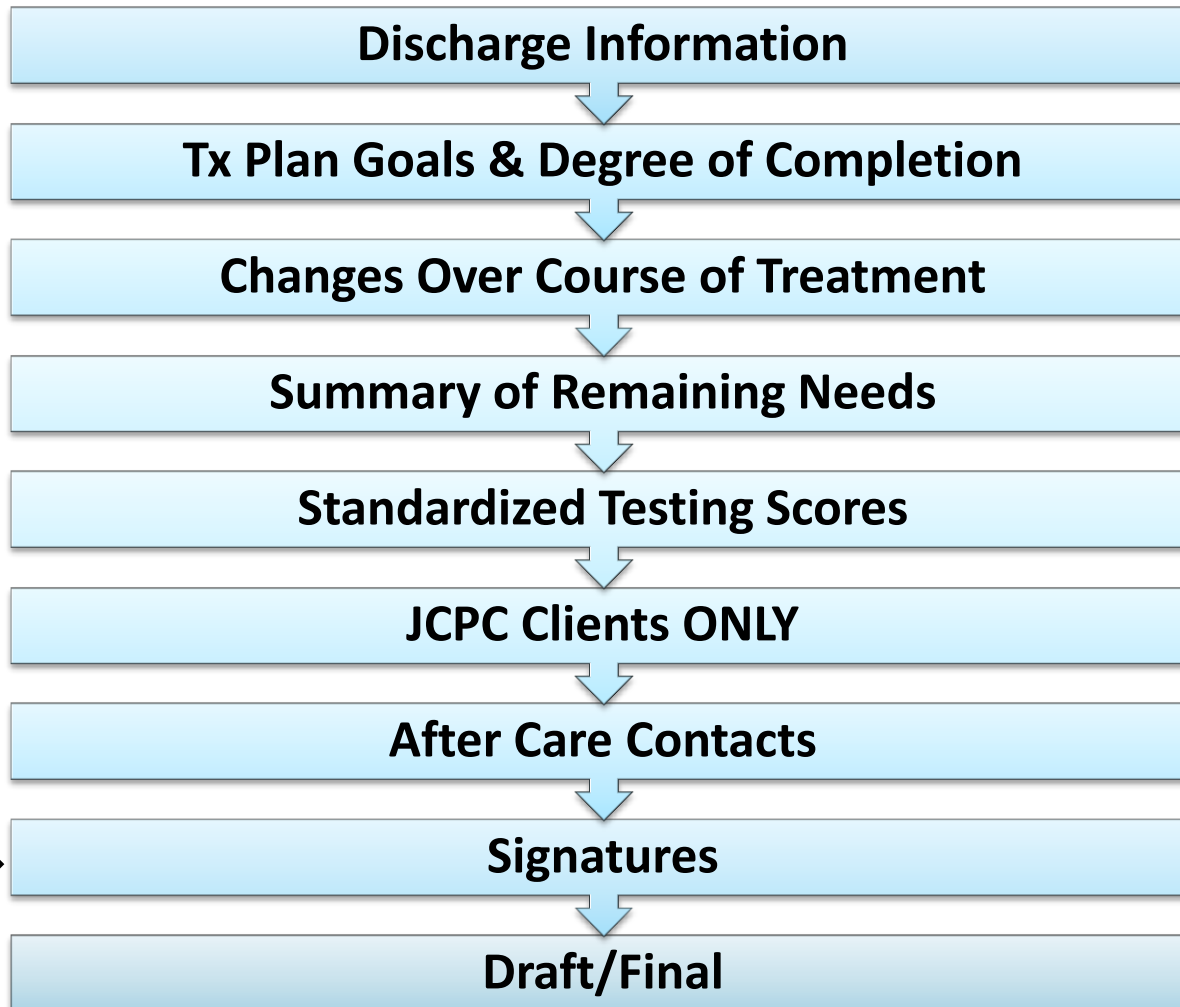
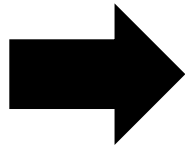
Chapter 9 – Signatures

myAvatar Discharge Summary Process Flow

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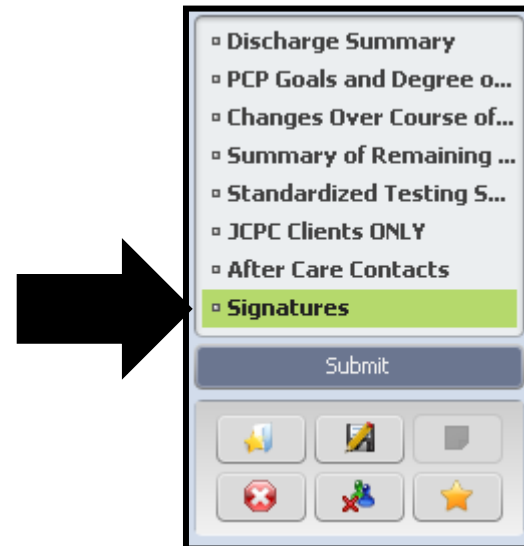
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Signatures – Page 1 of 4

NOTE: The Topaz signature pad must be connected to the computer prior to completing this section.

1. Proceed to the **Signatures** section.



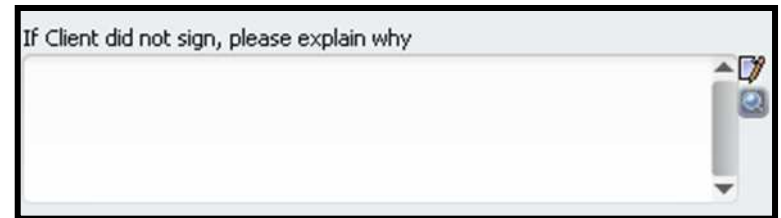
Signatures – Page 2 of 4

2. Click on **Get Signature**.
3. Ask client to sign their name on the signature pad and click **OK**.



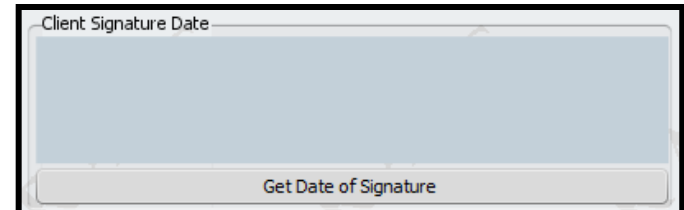
A screenshot of a software dialog box titled "Client Signature". The main area is a light blue rectangle representing a signature pad. At the bottom center, there is a button labeled "Get Signature".

If client does not want to sign, enter the **Reason Why Client Will Not Sign** information.



A screenshot of a software dialog box titled "If Client did not sign, please explain why". It features a large white text area for input and a vertical scrollbar on the right side.

4. If client agreed to sign, click **Get Date of Signature**, inform client of current date, and ask them to sign the date the Discharge Summary was signed on the signature pad.



A screenshot of a software dialog box titled "Client Signature Date". The main area is a light blue rectangle representing a signature pad. At the bottom center, there is a button labeled "Get Date of Signature".

Signatures – Page 3 of 4



5. Enter the name of the **Parent/Guardian 1** present.
6. Click on **Get Signature** under **Parent/Guardian 1 Signature**.
7. Ask Parent/Guardian 1 to sign their signature on the signature pad.
8. Click **Get Date of Signature** under **Parent/Guardian 1 Date**, inform them of the date the Discharge Summary was signed, and ask them to sign that date on the signature pad.

Parent/Guardian 1

Parent/Guardian 1 Signature

Get Signature

Parent/Guardian 1 Signature Date

Get Signature



Signatures – Page 4 of 4

9. Repeat [Steps #5 through 8](#) to capture:

- ✓ Parent/Guardian 1 Signature
- ✓ Parent/Guardian 2 Signature
- ✓ Other Family Member Signature
- ✓ DSS Social Worker Signature
- ✓ Care Coordinator Signature
- ✓ Therapist/Counselor Signature
- ✓ Homes for Children Practitioner
- ✓ Other Signature 1
- ✓ Other Signature 2
- ✓ Other Signature 3
- ✓ Other Signature 4

10. Save the information entered by clicking the **Backup Form** button.



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Chapter 10

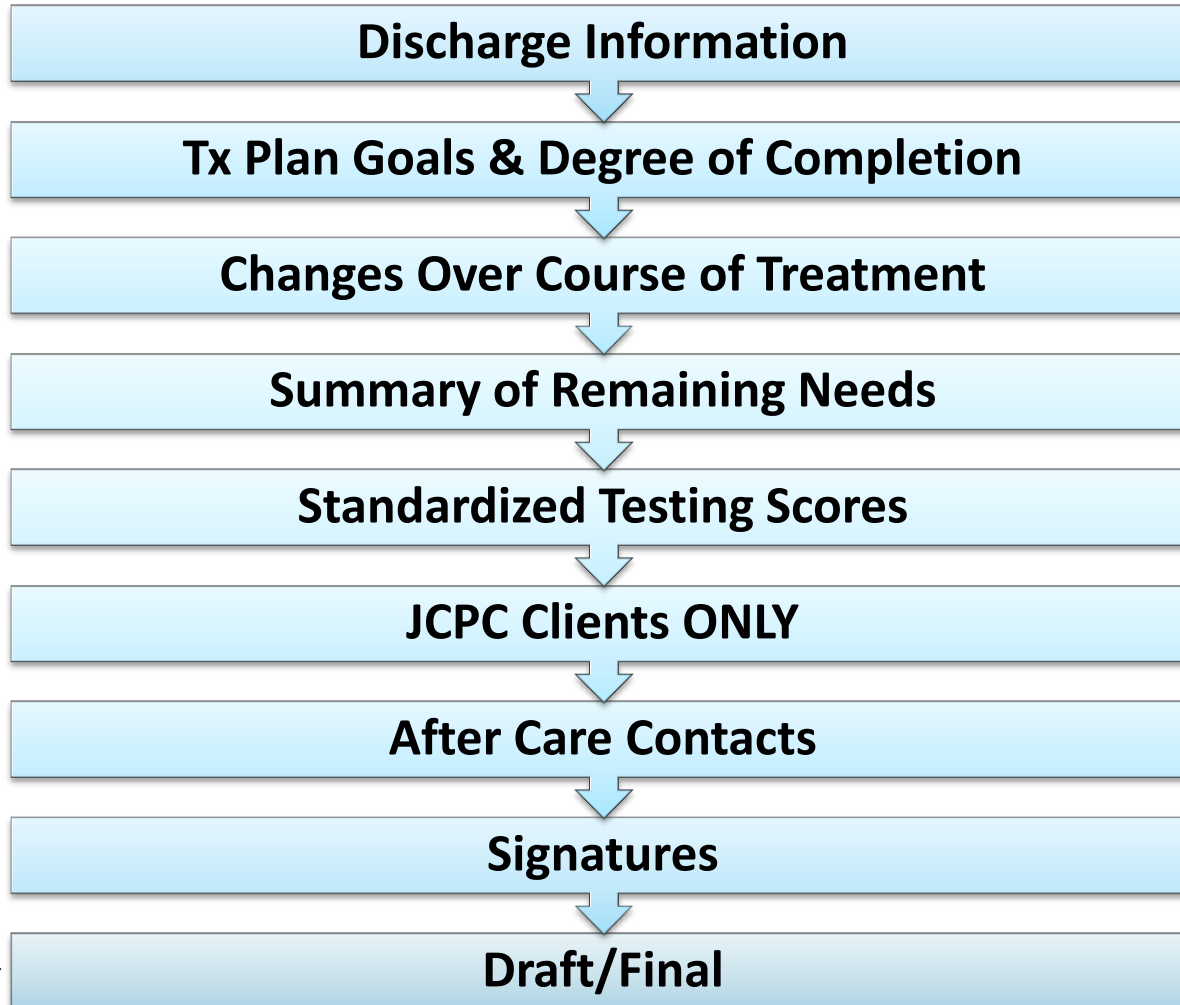
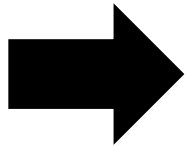
Draft/Final

myAvatar Discharge Summary Process Flow

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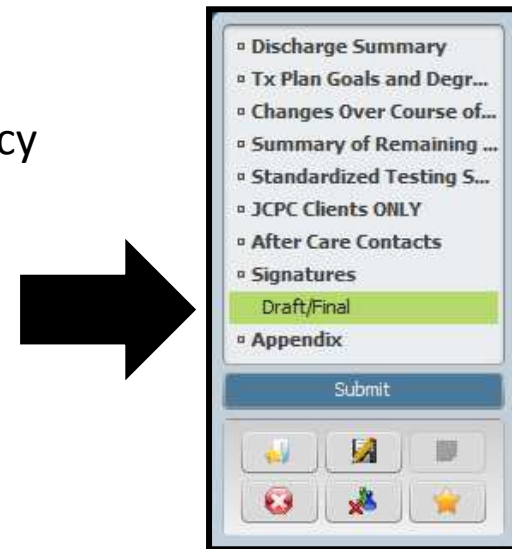
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Draft/Final

1. Review the **Discharge Summary** for accuracy and when finished entering all client data.
2. Select the **Draft/Final** section.
3. If applicable, change the **Draft/ Final** status.
4. Click **Submit**.



NOTE: After you select **Final** and submit the form, you will receive a pop-up warning message indicating you will **NOT** be able to make any changes.

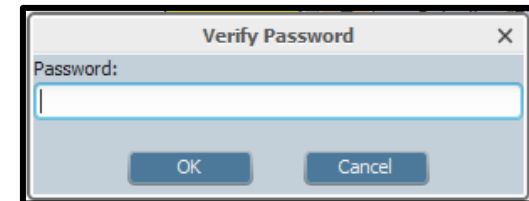
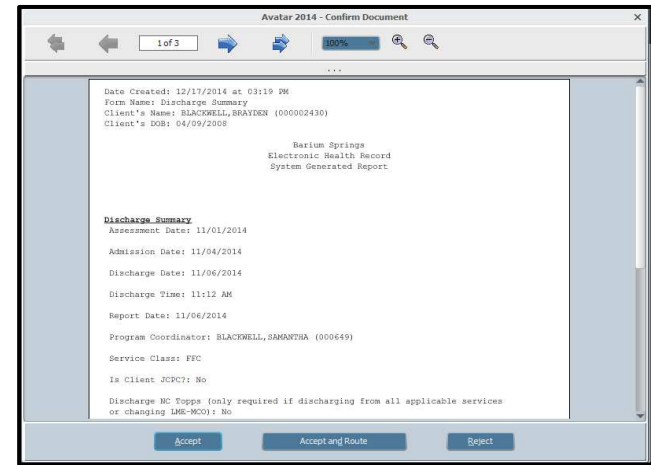


Chapter 11

Confirm Document (Document Routing)

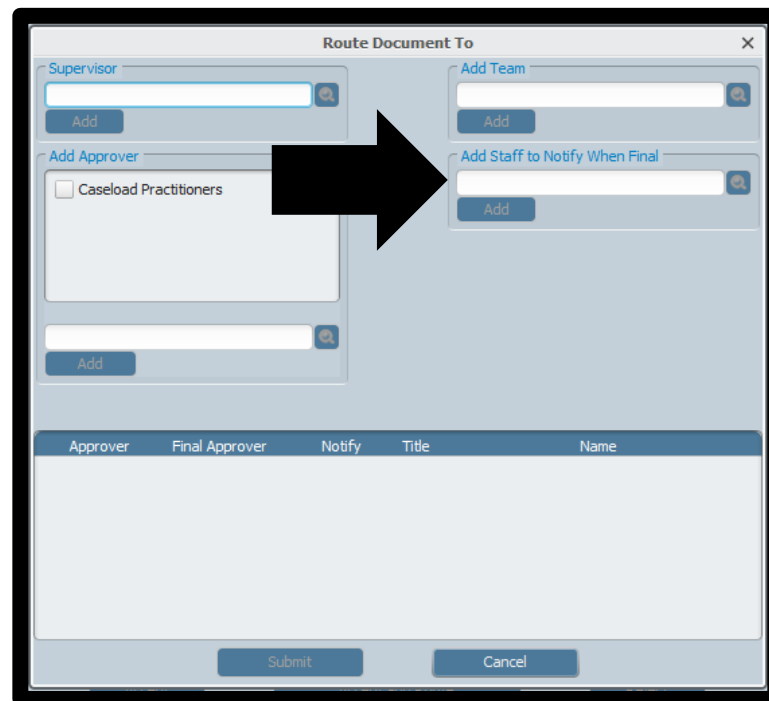
Confirm Document (Document Routing)

1. After the Discharge Summary has been submitted in **Final** format, the completed Discharge Summary will display in a Pop-Up window with **Accept and Route** and **Reject** selections. If you select **Accept and Route**.
2. Enter your agency **Password**.



Confirm Document (Document Routing)

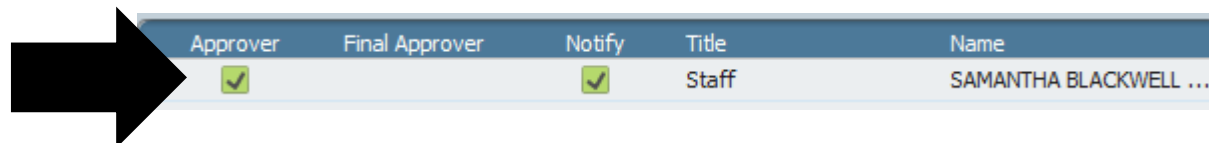
3. Enter to whom the Discharge Summary should be **Routed To** in the **Add Staff to Notify When Final** field and select the **Add** button.



The screenshot shows a dialog box titled "Route Document To". It contains several input fields and buttons. A large black arrow points from the "Add Staff to Notify When Final" field to the "Add" button below it.

Approver	Final Approver	Notify	Title	Name
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Staff	SAMANTHA BLACKWELL ...

4. Select the box below Approver in the table.



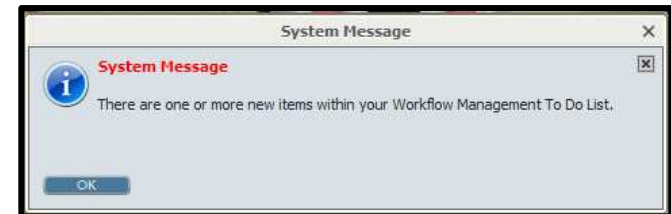
Approver	Final Approver	Notify	Title	Name
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Staff	SAMANTHA BLACKWELL ...

Confirm Document (Document Routing)

5. Select **Submit** or **Cancel**.

Approver	Final Approver	Notify	Title	Name
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Staff	SAMANTHA BLACKWELL ...

6. Individual(s) selected as Approvers will receive a **To-Do** item indicating there is a Discharge Summary to Approve, and they can then either **Accept** or **Reject**.





Chapter 12

Viewing and/or Printing a Discharge Summary (Chart View)



Viewing and/or Printing a Discharge Summary (Chart View) – Page 1 of 2

1. Access the client's **Chart View**.
2. If not already added, add the **Discharge Summary** to your **My Forms** list using the **Customize Form** functionality.
3. Double-click the **Discharge Summary** from the **My Forms** list.



Viewing and/or Printing a Discharge Summary (Chart View) – Page 1 of 2

4. Scroll to view the entire Discharge Summary, or click **Print**.

The screenshot displays a web application interface for a 'BSHC Crisis Plan'. The left sidebar, titled 'My Forms-SysAdm', lists various forms including 'Financial Eligibility', 'BSHC Outpatient Treatment Plan', 'Call Intake', 'Admission', 'Comprehensive Clinical Assessment (I)', 'Comprehensive Clinical Assessment (II)', 'Diagnosis', 'Medication Information', 'Allergies and Hypersensitivities', 'Vitals Entry', 'Standard Treatment Plan', 'BSHC Person Centered Plan', 'CCP Criteria Review', 'BSHC Crisis Plan', 'Comprehensive Crisis Plan', 'Program Status Note', and 'Discharge Summary'. The 'Discharge Summary' item is highlighted with a red circle. The main content area shows a 'Current' crisis plan entry with a yellow background. The entry is titled 'Submitted 08/25/2014 at 03:20 PM by LAUREN AZEVEDO' and includes a 'Print' button circled in red. The content of the crisis plan is as follows:

Crisis Prevention and Intervention
Date of Crisis Plan: 08/24/2014

Significant event(s) - increased stress and trigger onset:
John's significant events

Crisis prevention and early intervention strategies:
John's crisis prevention strategies

Strategies for crisis response and stabilization:
John's strategies for crisis response

Describe prevention and intervention protocols:
John's systems prevention information

Specific recommendations for interacting with client:
John's recommendations for interacting

Draft/Final Submission: Final



Chapter 13

Viewing and/or Printing a Discharge Summary Report



Viewing and/or Printing a Discharge Summary Report – Page 1 of 2

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1. Access the **Discharge Summary Report**.

Name
Discharge Summary Report

2. Enter the client name.

Patient Name
FONZARELLI,ARTHUR (2356)

3. Select the **Episode Number**.

Episode Number

Episode # 1	Admit: 01/01/2014	Discharge: NONE	Program: Clinical-DWI (Franklin)
Episode # 2	Admit: 01/01/2014	Discharge: NONE	Program: Grannis

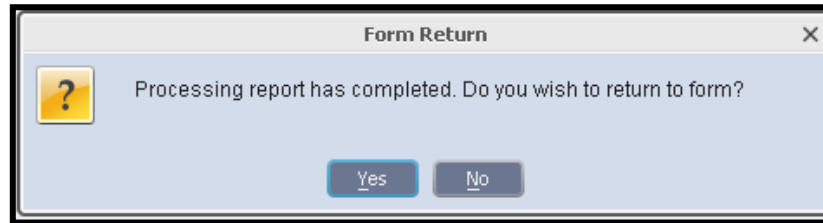
4. Click **Process**.

Process



Viewing and/or Printing a Discharge Summary Report – Page 2 of 2

5. Select **Yes** or **No** to the **Form Return** pop-up message. (To view/ print another Discharge Summary, select **Yes**.)



6. The **Discharge Summary Report** will then display.

BARIUM SPRINGS			
Discharge Summary / After Care Plan			
Please select REGION and PROGRAM (where indicated, include LEVEL and HOME) from which client is being discharged.			
REGION:			
Service Class:			
Client		DOB:	Record #:
Admission Date:	Last Contact Date:	Report Date:	Discharge Date:
Program Coordinator:		Therapist:	
Discharge Tx Request Date Completed:	Discharge NC TOPPS (only req. if discharging from all applicable services or changing LME/MCO): Date Completed:		Discharge Survey Completed:

7. Use the toolbar buttons to **SAVE**, **PRINT**, **SCROLL**, **SEARCH**, or **ENLARGE** the **Discharge Summary Report**.





Chapter 14

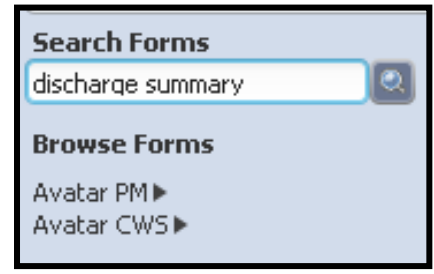
Updating the Discharge Summary



Updating the Discharge Summary

Page 1 of 3

1. Select the client.
2. Access the **Discharge Summary** form.
3. Select the appropriate episode and click **OK**.

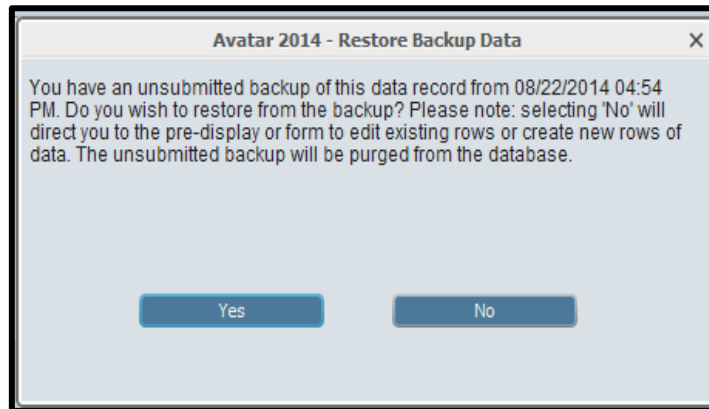


Discharge Summary			
Episode	Program	Start	End
2	Grannis	01/01/2014	
1	Clinical-DWI (Franklin)	01/01/2014	

Updating the Discharge Summary

Page 2 of 3

4. Answer **Yes** or **No** to the Restore Backup Data pop-up message.
(To return to the form with the data previously entered into the form, select **Yes**. To start with a blank form, select **No**.)

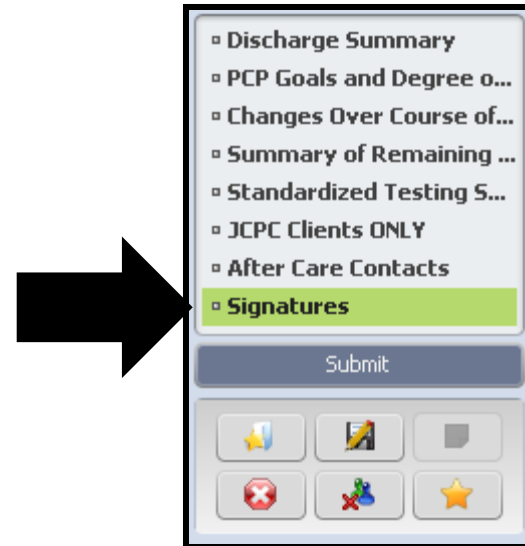


5. Edit the form as necessary.

Updating the Discharge Summary

Page 3 of 3

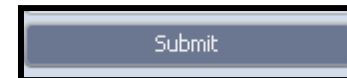
6. Select the **Signatures** section.



7. If applicable, change the **Draft/ Final** status.



8. Click the **Submit** button.





Chapter 15

Exercise: Create a Discharge Summary

1. Access a client.
2. Access the **Discharge Summary** form.
3. Complete the sections and fields as outlined in the previous instructions.
4. Submit the **Discharge Summary** in **FINAL** form.
5. Access the **Discharge Summary Report** and view your **Discharge Summary**.



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Congratulations!

**You have just successfully
completed the
myAvatar Discharge Summary
Training!**



Appendix A
Health Information Management
myAvatar Support

HIMAvatar@bariumsprings.org

[HIM Avatar Help Ticket System](#)

[HIM Internal Website](#)