

iPad® Overview

Presented to:
Nurse Practitioner Network

October 2016



QuickStart on using the iPad

What you are provided:

- iPad, preloaded with the applications that you will need
- Keyboard case (this is a Bluetooth keyboard)
- USB charging cable and a power plug for iPad
- USB cord for the keyboard.
- You will be asked to sign a Loaned Equipment Agreement document upon receiving the device and all accessories.
- Please note that providers are responsible for replacement of any of the accessories outside of the iPad itself.

Charging the iPad and Keyboard:

- It is necessary to charge your iPad whenever possible throughout the day. The first time you receive the iPad, connect to a power plug and charge the device until the battery level is 100%. The iPad charges slowly, so allow ample time for charging.
- The Bluetooth keyboard **also** needs to be charged. You must turn off the Bluetooth keyboard when it is not in use to save its battery. You may also turn off the Bluetooth keyboard if you choose to and use the on-screen soft keyboard only.

Power On/Off of the iPad and Keyboard

Power On/Off iPad

- You can power on the device by pressing and holding the power button for 3-5 seconds. An Apple logo will appear on the display as soon as the device is powered on.
- Once it is on if you are ready to put the device away, you may quickly tap the same power button again to put the device to sleep. To wake up the device, tap the button again.
- It is recommended that you do not power off the device completely once you have it on, this will impact your ability to access necessary applications to perform your daily tasks. Instead, put the device to sleep. If you ever need to power off the device completely, press and hold the power button for 3-5 seconds. You will be prompted to slide a button to power off.

Wireless Keyboard

- The Bluetooth keyboard also needs to be charged.
- You must turn off the Bluetooth keyboard when it is not in use to save its battery.
- You can also turn off the Bluetooth keyboard if you choose to and use the on-screen soft keyboard only.

On/Off Switch for keyboard



Passcode Screen to Unlock the iPad

- You will be sent an email with a default passcode that will be assigned to each individual provider. The passcode will need to be changed upon first login to the application.
 - Once you slide the “slide to unlock” feature on the screen, you will be prompted to enter a device passcode.
 - This passcode will be required every time the device is turned on or brought out of standby mode.
 - *The passcode must be 8 or more characters and contain all the below:*
 - *Uppercase*
 - *Lowercase*
 - *Number*
 - *Symbol*
 - Once the passcode is entered you will be brought to the home screen.
- If you forget your passcode entirely, contact Mobile Support @ 1-800-371-2907, Option 7 (report yourself as a MediCheck Provider)
 - After 6 failed login attempts, the device will be disabled and wiped of data and the iPad will need to be returned to be re-configured.

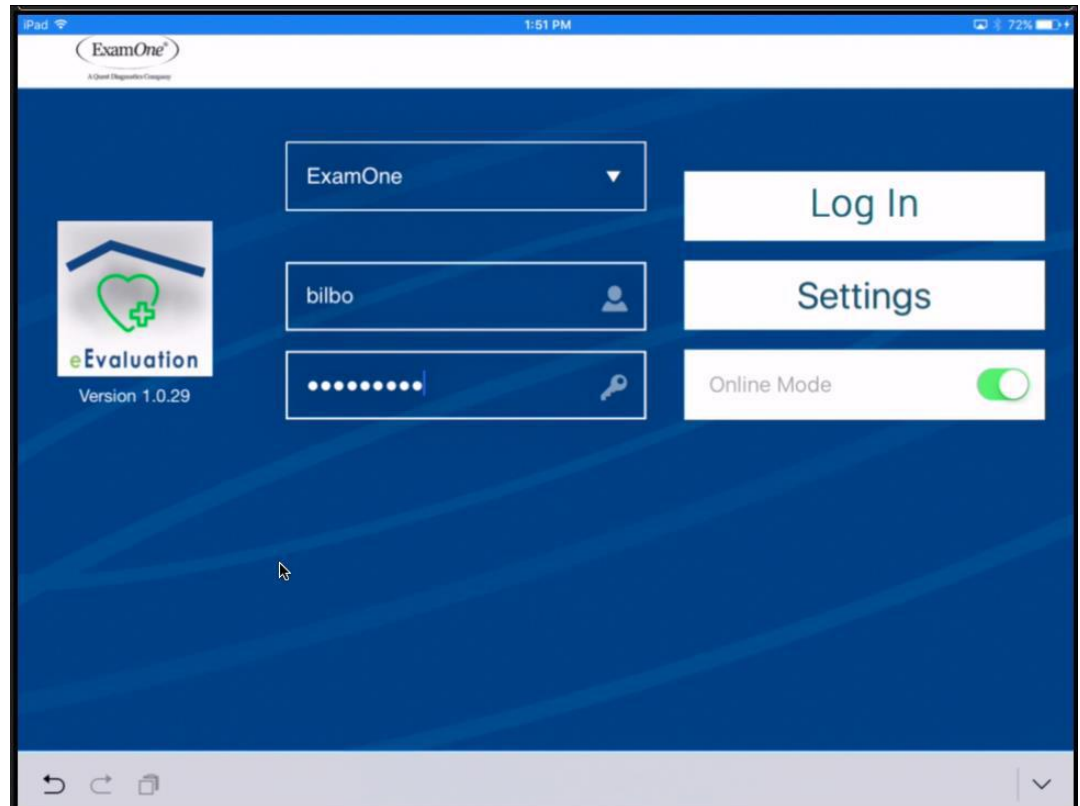
Accessing the Assessment

- To open and access the assessment application, select the eEvaluation icon from the iPad.
- You will be prompted to enter in your username and password – which is different than your passcode used to log into the iPad.
- This is the application from where all data collection related to the assessment will be captured.



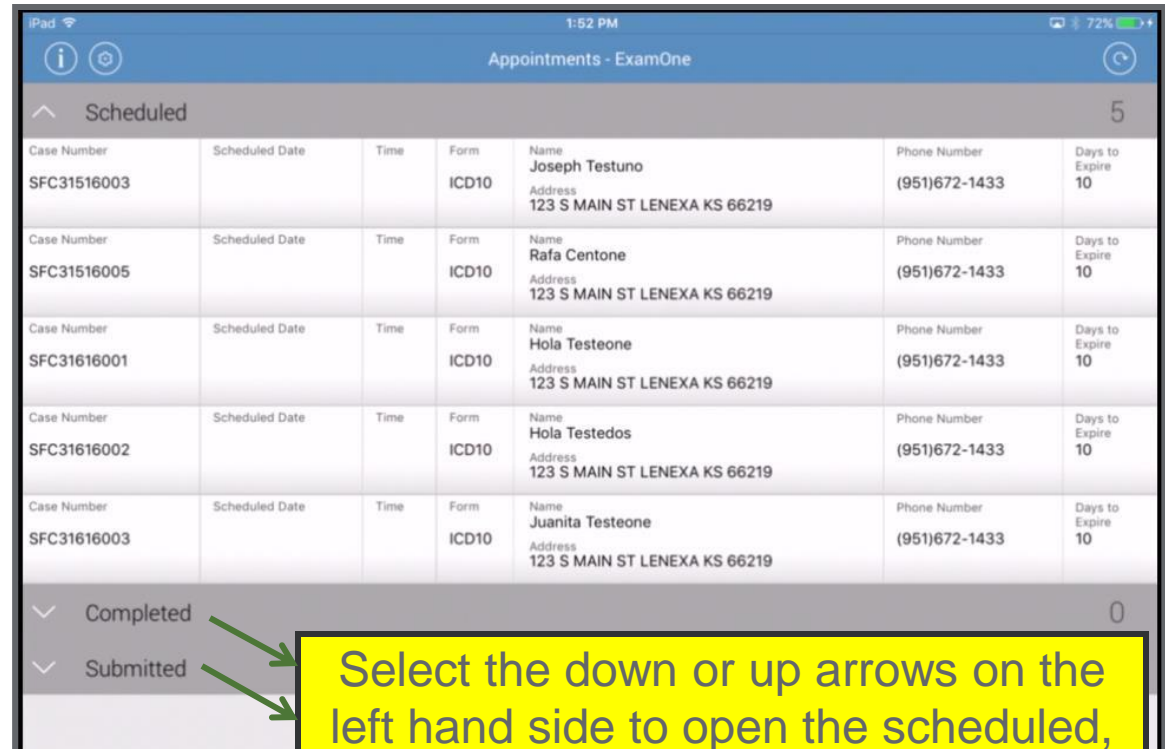
Home Screen

- **Log in** = brings the provider to the home screen to select a member for charting
- **Settings** = allows the provider to reset the password and verify the iPad settings
- **Online mode** = green signifies the use of the “online” mode which uses cellular data (you’re actively connected).



Appointments

- The home screen allows the provider to view scheduled, completed or submitted appointments.
- Completed and submitted assessments will only be accessible on the iPad for a certain period of time.
- If you need access to historical charts, please contact us.



Case Number	Scheduled Date	Time	Form	Name	Address	Phone Number	Days to Expire
SFC31516003			ICD10	Joseph Testuno	123 S MAIN ST LENEXA KS 66219	(951)672-1433	10
SFC31516005			ICD10	Rafa Centone	123 S MAIN ST LENEXA KS 66219	(951)672-1433	10
SFC31616001			ICD10	Hola Testeone	123 S MAIN ST LENEXA KS 66219	(951)672-1433	10
SFC31616002			ICD10	Hola Testedos	123 S MAIN ST LENEXA KS 66219	(951)672-1433	10
SFC31616003			ICD10	Juanita Testeone	123 S MAIN ST LENEXA KS 66219	(951)672-1433	10

Completed 0

Submitted 0

Select the down or up arrows on the left hand side to open the scheduled, completed or submitted list of members.

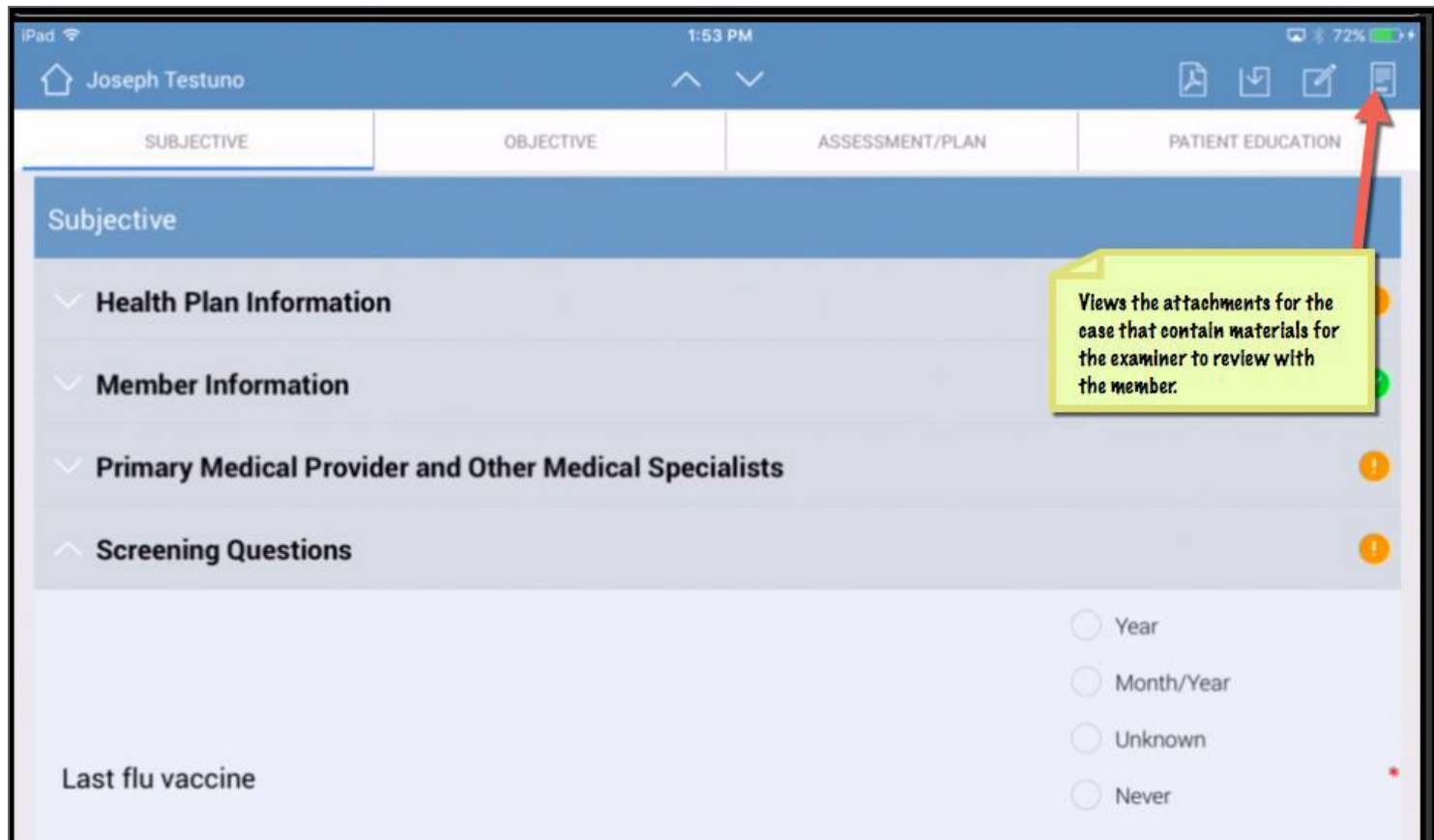
Charting the Assessment

- Any icon in a section showing as **green** indicates the section IS complete
- Any icon in a section showing as **orange** indicates the section is NOT complete and you need to go back and complete the missing information.
- A **red asterisk** indicates a required field

The screenshot displays a mobile application interface for charting an assessment. The top navigation bar is divided into four sections: SUBJECTIVE, OBJECTIVE, ASSESSMENT/PLAN, and PATIENT EDUCATION. The SUBJECTIVE section is currently active and expanded, showing a list of sub-sections: Health Plan Information, Member Information, Primary Medical Provider and Other Medical Specialists, and Screening Questions. To the right of these sub-sections, there are status icons: an orange exclamation mark for Health Plan Information, a green checkmark for Member Information, an orange exclamation mark for Primary Medical Provider and Other Medical Specialists, and an orange exclamation mark for Screening Questions. Below these sub-sections, there is a form field for 'Last flu vaccine' with radio button options: Year, Month/Year, Unknown, and Never. A red asterisk is visible next to the 'Never' option, indicating a required field. The top of the screen shows 'iPad', signal strength, '1:53 PM', and '72%' battery.

Reviewing Labs and Medications

- Select this icon to view any attachments. The lab report and prescription history will be accessed here.



Uploading the Clock Assessment

- Required
- Bring paper and pen

Verizon 1:59 PM 78%

Qfirst1137 Qlast1137

SUBJECTIVE OBJECTIVE ASSESSMENT/PLAN PATIENT EDUCATION

Upload Clock Draw

Take photo

PHOTO

Word Recall

0
1
2
3

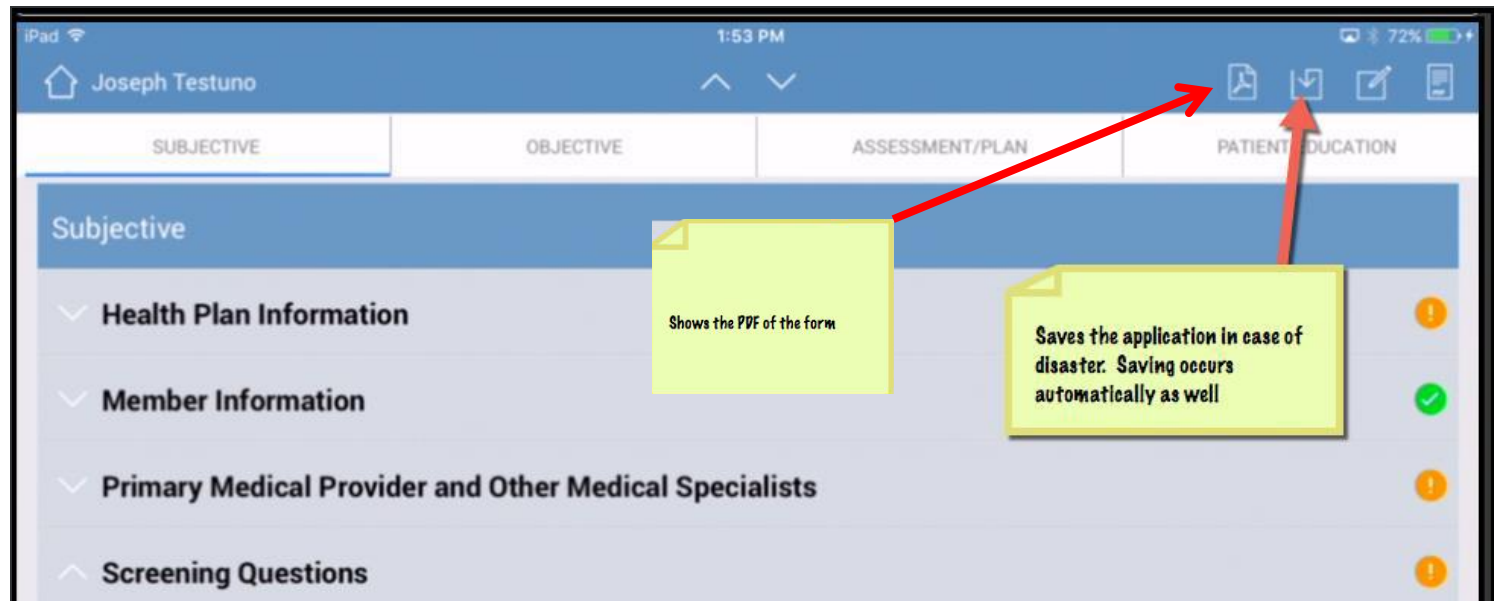
Check Appropriate box

0 to 2: indicates position screen for dementia (must refer for further testing in plan)

3 to 5: indicates negative screen for dementia

Save and Show PDF Icons

- Before leaving the member chart, ensure the save icon has been selected.
- The PDF icon at the top right allows the provider to view the PDF version of the assessment form.
 - Toggle back and forth between the PDF version and the iPad assessment by selecting this icon.
- When selecting the PDF version of the assessment, the green PDF of the chart will appear as listed below. To go back to charting in the iPad, select the icon in the top right corner again.



PDF Version

- When selecting the PDF version of the assessment, the green PDF of the chart will appear.
- To go back to charting in the iPad, select the same PDF icon in the top right corner.



Microsoft Word
17 - 2003 Document

Clinical Assessment

Patient Name: Testano, Joseph M DOB: 01/01/1948

Health Plan Information

Plan Name: ANHEM BLUE CROSS BLUE SHIELD Type of Plan: M
 Date of Exam: HIC #: SFC31516003

Member Information

Name: Testano, Joseph Date of Birth: 01/01/1948
 Member/Policy Number: 3198279101 Gender: M F
 Phone Number: (916)712-1433 Informant if other than patient: Relation to member:

Primary Medical Provider and Other Medical Specialists

Physician Name: Physician Phone:
 Physician Address: Specialist Name:
 Date of last PCP visit: Specialty of other provider:

Screening Questions

Last flu vaccine:	Female only:
Last pneumonia vaccine:	Last mammogram:
Shingles vaccine:	Type and result:
Last tetanus vaccine:	Last pap smear:
Last colonoscopy/colon cancer screening:	Result:
Type and result:	Last bone density screening:
<input type="checkbox"/> Colonoscopy <input type="checkbox"/> FOBT <input type="checkbox"/> Sigmoidoscopy <input type="checkbox"/> Unknown	Male only: Last rectal exam:
Last eye screening/exam:	Last blood test for prostate levels:
	Eye screening performed by:
	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Unknown

Medical Diagnosis History

Diagnosis	Active/Inactive	Treatment Notes	Year Diagnosed
	<input type="checkbox"/> A <input type="checkbox"/> I		
	<input type="checkbox"/> A <input type="checkbox"/> I		
	<input type="checkbox"/> A <input type="checkbox"/> I		
	<input type="checkbox"/> A <input type="checkbox"/> I		
	<input type="checkbox"/> A <input type="checkbox"/> I		
	<input type="checkbox"/> A <input type="checkbox"/> I		
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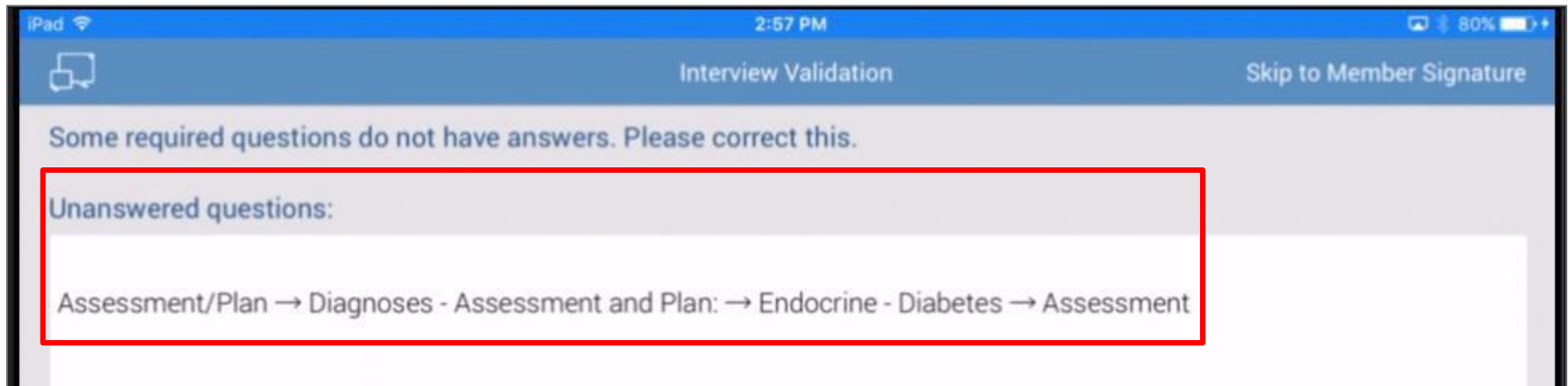
1 of 11

Have you been admitted to the hospital or Emergency Department for more times in the last 12 months? If yes, please provide medical reasons for admissions.



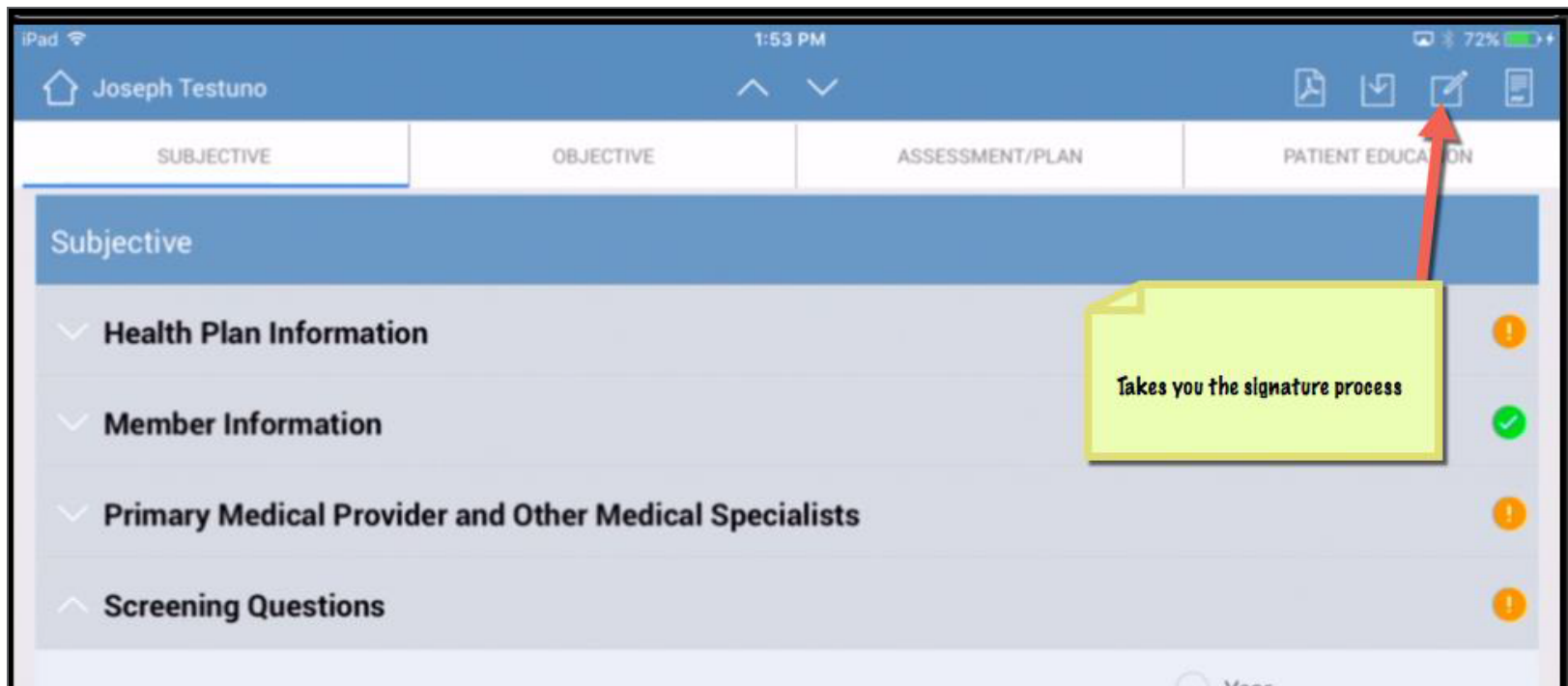
Interview Validation

- At the completion of the assessment, if any data entry is missing, the interview validation section will warn of any missing data. Return to this section in the chart to complete missing data.



Member Signature

- If at any point the member needs to sign the chart, select this icon to go directly to the signature page.



Signature Page

- At the signature page, select if the person signing is member, medical power of attorney, legal guardian or other. Member will then sign.
- If the member cannot sign, **you must add** a note in the signature line, “**not able to sign**”.

Member Acknowledgement and Signature

JOSEPH TESTUNO
Acknowledgement

I understand the evaluator doing this evaluation is not assuming responsibility for my care and will not provide treatment to me. If I have any questions about my medical treatment, I should contact my own doctor or call 911 in case of emergency.

By electronically signing this acknowledgment below, I (agree) consent to the use of electronic signatures, and I agree that my electronic signature will be legally binding and enforceable and reflects my understanding of the above items.

Person signing acknowledgement (select one):
Signature:

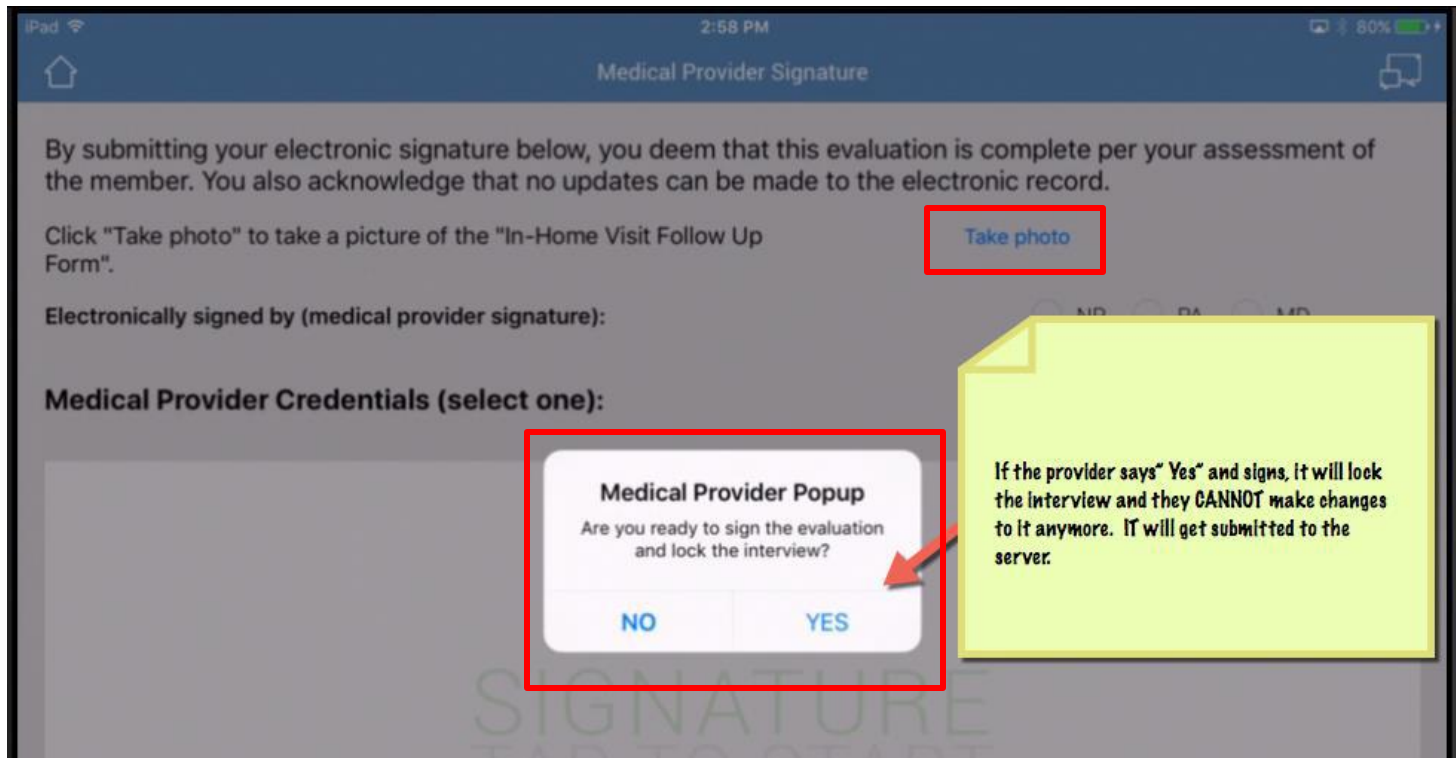
Member Medical Power of Attorney Legal Guardian Other

SIGNATURE
TAP TO START

Accept Clear Return To Evaluation Member Declines

Leave Behind Form and NP Signature

- **REQUIRED** – Complete the paper leave behind form and take a photo of the document by selecting “take photo”. Leave the document with the member.
- A reminder will pop up before electronically signing the chart. Changes can **NOT** be made after signature.



Leave Behind Form

In-Home Visit Follow Up Form

Name:	DOB:
Date of Service:	Blood Pressure:
BMI:	Provider Name:

The in-home assessment is not intended to replace or change the treatment and/or recommendations from your regular doctor. Please follow up with your primary care physician regarding the following recommendations. This information does not constitute an order or referral.

Provider: Check all that apply

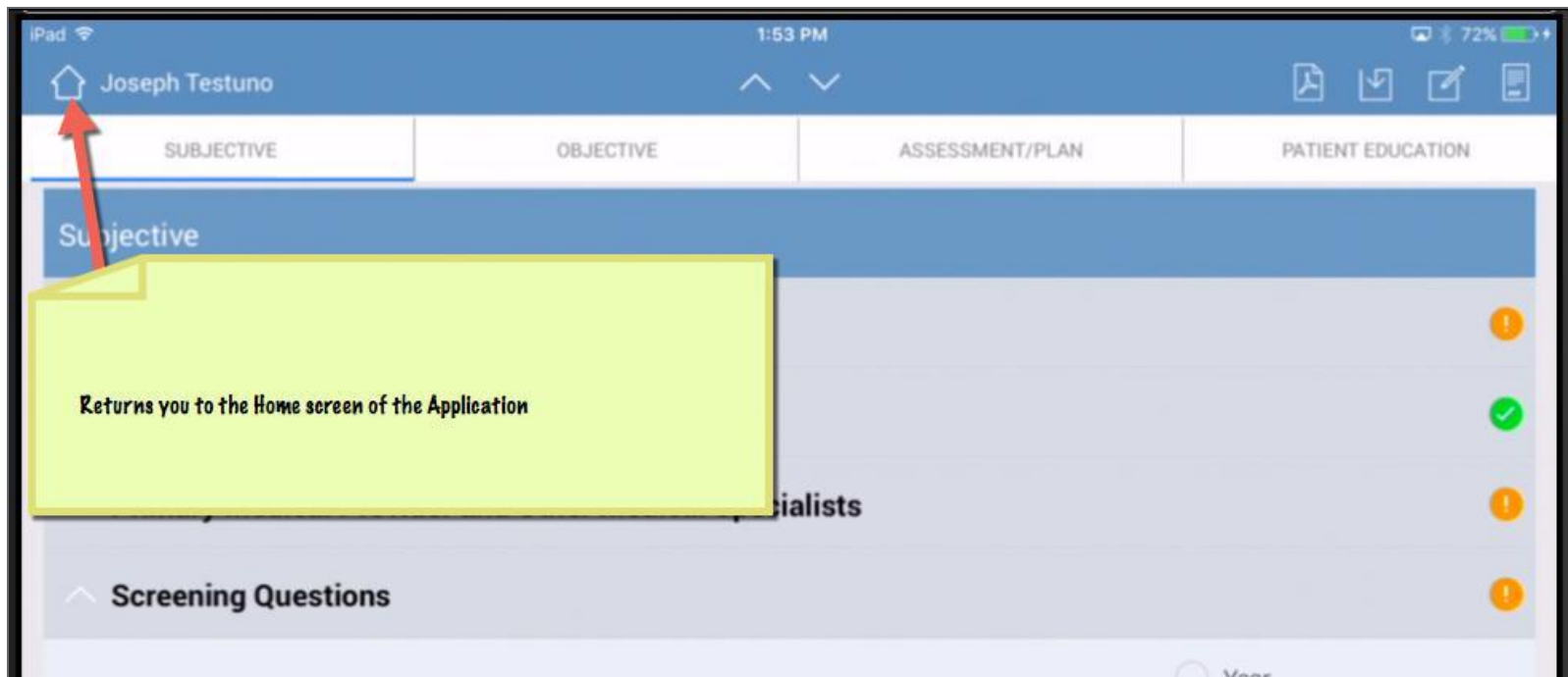
Screenings:	<input type="checkbox"/> Vision/Dilated retinal screening <input type="checkbox"/> Osteoporosis screening <input type="checkbox"/> Depression screening <input type="checkbox"/> Breast cancer screening <input type="checkbox"/> Alcohol, tobacco or substance screening <input type="checkbox"/> Abdominal aortic aneurysm screening	<input type="checkbox"/> Prostate cancer screening <input type="checkbox"/> Cervical cancer screening <input type="checkbox"/> HIV screening <input type="checkbox"/> Colorectal cancer screening
Vaccinations:	<input type="checkbox"/> Flu vaccine <input type="checkbox"/> Pneumonia vaccine <input type="checkbox"/> Tdap/Td vaccine <input type="checkbox"/> Hepatitis B vaccine	<input type="checkbox"/> Shingles vaccine <input type="checkbox"/> Other:
Education:	<input type="checkbox"/> Improving/maintaining physical activity <input type="checkbox"/> Improving/maintaining physical health <input type="checkbox"/> Improving/maintaining mental health <input type="checkbox"/> Weight management or nutrition <input type="checkbox"/> Fall risk management <input type="checkbox"/> Managing urinary incontinence	<input type="checkbox"/> Controlling high blood pressure <input type="checkbox"/> Medication usage <input type="checkbox"/> Activities of daily living <input type="checkbox"/> Pain <input type="checkbox"/> Other:
Lab Testing:	<input type="checkbox"/> A1C <input type="checkbox"/> Urine microalbumin <input type="checkbox"/> Cholesterol panel	<input type="checkbox"/> Kidney functions <input type="checkbox"/> Other:
Health plan case management referral submitted for:	<input type="checkbox"/> New chronic diagnosis - education or support <input type="checkbox"/> Non-adherence to medication or treatment plan <input type="checkbox"/> Medication support/inability to afford medications <input type="checkbox"/> Frequent ER or hospital visits <input type="checkbox"/> Support with chronic disease management	<input type="checkbox"/> Community resources <input type="checkbox"/> Environmental or safety concerns <input type="checkbox"/> Frequent falls <input type="checkbox"/> Non-healing wound <input type="checkbox"/> Other:
Abnormal exam findings/notes:		

Signature of Member: _____

Ver 1, LBP 8/9/2013

Navigating to Home

- To navigate back to the home screen, select the icon in the upper left corner that appears like a house (home screen).



No Connectivity

- If completion of the chart is done without connectivity to the internet, a notice will pop up and remind the provider to sync the assessment for submission.

The screenshot shows a mobile application interface for a medical assessment. The background is a PDF document titled 'PDF document' with patient information for 'Testuno, Joseph' (DOB: 01/01/1948). The form includes sections for 'Clinical Assessment', 'Health Plan Information', 'Member Information', 'Primary Medical Provider and Other Medical Sp', 'Screening Questions', and 'Medical Diagnosis History'. A red box highlights a white 'Reminder' dialog box that reads: 'Reminder: You must synchronize to upload the evaluation.' with an 'OK' button. The right side of the screen shows 'Surgical History' and 'Family Medical History' sections.

Status of Assessment

- **Completed** = the assessment is complete, but still needs to be submitted by syncing to the server. Follow the sync directions.
- **Submitted** = the assessment has been submitted to the server. No further action needed in the application.

Case is now in a "Completed" status. Next time the application syncs with the server, it will be uploaded and move to "Submitted". If this is not done in 10 days (note Days to Expire) the case will be lost and all data will be wiped off of the device!

Case Number	Scheduled Date	Time	Form	Name	Address	Phone Number	Days to Expire
SFC31516005			ICD10	Rafa Centone	123 S MAIN ST LENEXA KS 66219	(951)672-1433	10
SFC31616001			ICD10	Hola Testeone	S 66219	(951)672-1433	10
SFC31616002					S 66219	(951)672-1433	10
SFC31616003					S 66219	(951)672-1433	10
Completed 1							
SFC31516003			ICD10	Joseph Testuno	123 S MAIN ST LENEXA KS 66219	(951)672-1433	10
Submitted 0							

Summary for the Provider

- As a provider participating in the mobile device program, we strongly recommend you establish a set of daily maintenance workflow or activities, including:
 - Once the device is powered up, do not power off the device. Simply put it to sleep by tapping the power button.
 - Keep cellular data enabled at all times.
 - Get the latest update of your scheduled appointments in the morning or prior to an exam appointment by accessing the MyOrders right on the iPad.
 - Charge your iPad and keyboard to 100% every day.
- Utilize the HELP application to log any issues or concerns.
- If you will be away (unavailable) more than a day:
 - Put your device to sleep. Do not power off your iPad – Leave your iPad in a safe location.
- Complete assessments within 24 hours
- We were recently notified that if an NP does not log in to the eEvaluation app while connected to Wi-Fi for 10 days, all assessments are cleared out of the application due to HIPAA requirements for patient information. Please be sure to login while connected to a Wi-Fi network **once a week** to prevent this from happening. If this does happen, or you aren't sure how to tell if you're connected to a Wi-Fi network, please contact us for assistance.

iPad Support

Issue...	Contact...
Questions NOT related to passcodes, passwords, or clinical	Submit a Report Issues Form by selecting the HELP application loaded onto your iPad. Note, this is NOT within the eEvaluation application.
For actual iPad issues, during Business hours 7am to 5pm CST for issues ONLY with: <ul style="list-style-type: none"> • Cellular connectivity • Passcode • Password(s) • iPad lost/stolen/broken/not functioning 	ExamOne iPad support <ul style="list-style-type: none"> • 800-371-2907 • Identify yourself as a MediCheck provider • If after hours, please submit your information in the HELP application loaded onto your iPad.
Questions on Clinical	Send an email to Sharon.x.Wilkinson@QuestDiagnostics.com or call 1-855-748-7822
Off Hours	<ul style="list-style-type: none"> • Submit a Report Issues Form by selecting the HELP application loaded onto your iPad. Note, this is NOT within the eEvaluation application. • Complete all information and the next business day you will receive an email or phone call as follow up.
Member Chart Missing in iPad	Submit a Report Issue form by selecting the HELP application on the iPad. You will need to complete a paper assessment, then when it appears on the iPad, input the information. Shari Newport at 913-577-1803

To Get Paid for this Session

- Send an email with your **name** and **date** of attendance to:

Sharon.X.Wilkinson@QuestDiagnostics.com