

Redesign  
Key Areas of  
Net Health's EHR  
(Electronic Health Record)  
Solution for Post-Acute  
and Senior Living Facilities



# Project Objective

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Redesign the (2-3) most important areas of this product in a way that meet – or exceed both client and business needs/expectations.

# Stakeholders (Partners)

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## Product Management

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- Product: Primary stakeholder
- Engaged throughout all phases of a project

## Clients (Key Focus)

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- Conduct client workshops to understand user problems and needs
- Create, iterate, and refine designs, with multiple clients – keeping them engaged throughout entire project

## Other Internal Stakeholders

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Engineering, Sales, Support, Client Success, Implementation & Training, Compliance, Education, more

# Determine Redesign Priorities (Phase 1\*)

## Process

- Defined information needed to enable us to make datacentric, client and business driven decisions
- Created all necessary tools and corresponding processes
- Met with multiple clients to glean critical input
- Created a consolidated matrix reflecting our clients' priorities (quantitative data)
- Calibrated with the Product Manager and internal stakeholder to make final decision

**Product Roadmap/Redesign**  
Client Priorities and Corresponding Votes

Legend:  
1 = Fair Design - Must fix NOW!  
2 = Not essential, but still needs to be fixed now  
3 = Really needs work, but not a priority  
4 = Fair, it's functioning  
5 = Excellent as is

**Product Priority Workshop: GT Therapy**

**Client Priorities**

*Note: Phase 1 serves as the foundational research for both Case Studies 1 and 2.*

# A Few of the Research Deliverables Created

Persona/Workflow Matrix		User/Workflow Matrix						
COM Rewrite - Users and Corresponding Tasks/Workflows (All Disciplines)		High	High	High	High	Med	Med	Med
Task/Workflow	Priority	High	High	High	High	Med	Med	Med
<b>Primary Tasks/Workflows</b>								
... Staff Schedule Management (OT/HR/Clinic)		X	X	X	X			
Schedule		X	X	X	X			
... Managing Appointments		X	X	X	X			
... Propriations (Not in Clinic or OT/HR)		X	X	X	X			
... Appointment Board		X	X	X	X			
... Appointment Book		X	X	X	X			
... Staff Schedule Templates		X	X	X	X			
... Group Management (see "Team")		X	X	X	X			
... Patient's Treatment Time Preferences		X	X	X	X			
<b>Patient Management</b>								
... Case History		X	X	X	X			
... Adult Patients		X	X	X	X			
... Patient's Treatment Time Preferences		X	X	X	X			
<b>Hot List/Close-Out Management</b>								
... Patient Docs		X	X	X	X			
... Reports		X	X	X	X			
<b>Labor Management</b>								
... Time Clock and Labor Log Entry		X	X	X	X			
... Time Clock and Labor Log Management		X	X	X	X			
... Timeclock Admin (in Admin area)		X	X	X	X			
<b>Exports</b>		X	X	X	X			
<b>Managing/Tools</b>								
<b>Administrative Tasks</b>								
... Facility Layout (not Clinic)		X	X	X	X			
... @ Work		X	X	X	X			
... @ Room and Bed		X	X	X	X			
... @ Physical Management		X	X	X	X			
... @ Contact Management		X	X	X	X			
... @ Hospital		X	X	X	X			
... @ Referral Sources		X	X	X	X			
... @ Patient Contracts		X	X	X	X			
... @ Site Calendar		X	X	X	X			
<b>Additional Tasks/Workflows</b>								
<b>Self-Activity Log</b>								
... Patient Billing								
... @ Billing								
... @ Billing								
<b>Patient Documentation</b>								
<b>Manage Signatures</b>								

**Persona**

**Persona Description**

Michael is a physical therapist who works in 3 facilities in the Phoenix area. Every week, he travels between a skilled nursing facility (SNF - CRT), an assisted living facility (ALF - CRT), and an in-rehab clinic (CR) where he sees anywhere from 30 to 60 patients weekly. His job is to maintain with the patient and optimize therapeutic outcomes and maximize time spent on paperwork. It represents an older population (60-80 year olds).

**Goals**

- spend more time with patients, less time in COM
- efficiency and speed of documentation
- easy to find things in COM

**Pain Points**

- when therapist loses internet, they lose progress
- unable to access things without internet
- documentation takes so much time
- small text, small buttons

**Main Feature Interactions**

- Logging time in/out
- Changing Out
- Scheduling a patient
- Initiating a patient (patient intake, patient record)
- Documenting patient progress (levels, daily notes, progress reports, records)
- Signing documentation

**Michael G. Therapist**

Age: 56  
 Setting: Inpatient and Outpatient  
 Device: iPad Mini with occasional keyboard attach  
 Tech experience: Novice to intermediate



**Physical Therapist John K.**

Scenario: John, DPT, is seeing a patient they have been seeing for the past 5 weeks. This patient always comes in on Tuesday at 7am and they have been working on recovery techniques after her hip replacement surgery.

Phases	Prep Work	Before the session	During the session	After the session
<b>Physical World</b>	<ul style="list-style-type: none"> <li>checks schedule either a day or week in advance</li> <li>makes sure overlapping appts are feasible per staffing</li> </ul>	<ul style="list-style-type: none"> <li>Gets out laptop</li> <li>Catches up on documentation</li> <li>Cleans if needed</li> </ul>	<ul style="list-style-type: none"> <li>Front desk checks in patient</li> <li>Therapist gets patient</li> <li>Therapeutic activities</li> <li>Ensures that all attention is given to patient</li> </ul>	<ul style="list-style-type: none"> <li>Therapist completes signs documentation</li> <li>Billing specialist review adjusts dx if needed</li> <li>Billing submits to ins.</li> </ul>
<b>Digital World</b>	<ul style="list-style-type: none"> <li>opens up the schedule in the system</li> <li>checks staff schedule in the system</li> </ul>	<ul style="list-style-type: none"> <li>Logs into the system</li> <li>Clicks in for the day</li> </ul>	<ul style="list-style-type: none"> <li>Therapist checks the system to ensure all goals and plans are being addressed in the session</li> </ul>	<ul style="list-style-type: none"> <li>Documentation in DA</li> <li>E-sign in E-Signature</li> <li>Adjust units in DAL</li> <li>Billing</li> </ul>
<b>Pain Points</b>	<ul style="list-style-type: none"> <li>double or triple booking patients when staffing is low</li> </ul>	<ul style="list-style-type: none"> <li>Closing therapists didn't clean up</li> </ul>	<ul style="list-style-type: none"> <li>Patient information can be found in various locations in the application</li> </ul>	<ul style="list-style-type: none"> <li>2 different pages to complete the note and sign the note</li> <li>A lot of document</li> <li>Load times</li> </ul>
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>increased visibility into staff schedules and time off when booking patient appointments</li> </ul>		<ul style="list-style-type: none"> <li>A centralized location for goals and therapy plan to quickly reference</li> </ul>	<ul style="list-style-type: none"> <li>One place to complete e-sign note</li> <li>Decrease load times</li> <li>Decrease clicks and navigation</li> </ul>

**Product Roadmap/Redesign**

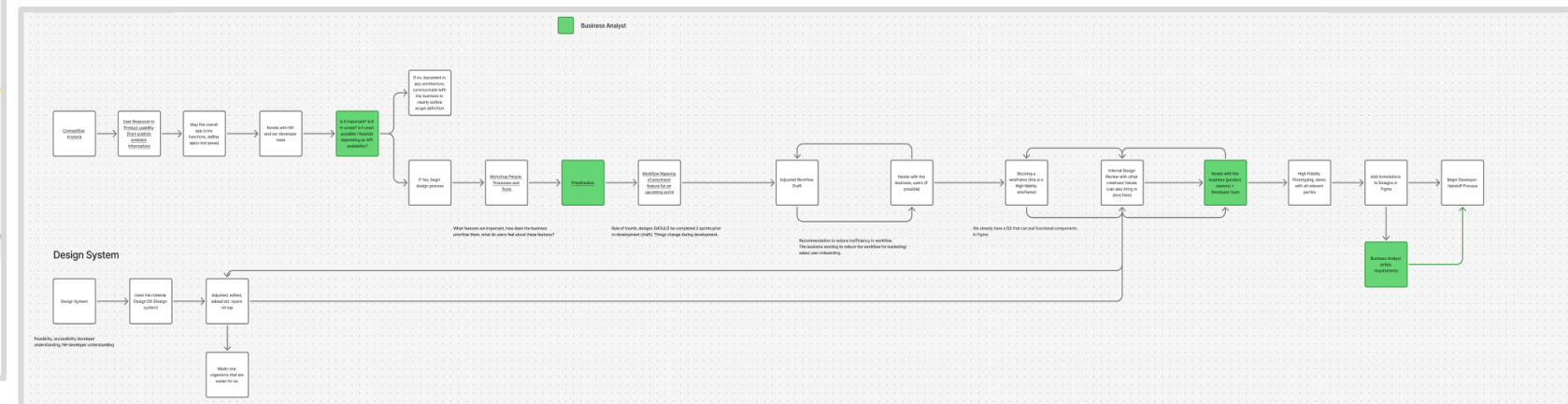
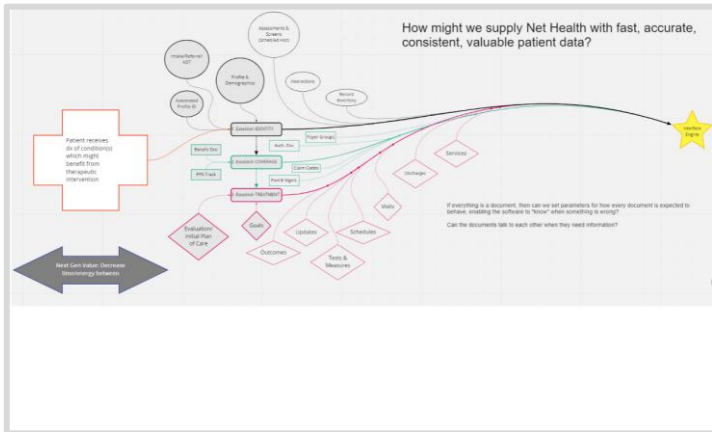
Client Priorities and Corresponding Items

1 - Near Design - Must be NOW  
 2 - Near Design, but still must be fixed now  
 3 - Really needs work, but not a priority  
 4 - Not, it's functioning  
 5 - Not needed

Product Roadmap / Redesign - Client Priorities	1	2	3	4	5
<b>Primary Tasks/Workflows</b>					
Scheduling	High	High	High	High	High
Staff Schedule Management	High	High	High	High	High
Managing Appointments	High	High	High	High	High
Propriations (Not in Clinic or OT/HR)	High	High	High	High	High
Appointment Board	High	High	High	High	High
Appointment Book	High	High	High	High	High
Staff Schedule Templates	High	High	High	High	High
Group Management (see "Team")	High	High	High	High	High
Patient's Treatment Time Preferences	High	High	High	High	High
<b>Patient Management</b>					
Case History	High	High	High	High	High
Adult Patients	High	High	High	High	High
Patient's Treatment Time Preferences	High	High	High	High	High
<b>Hot List/Close-Out Management</b>					
Patient Docs	High	High	High	High	High
Reports	High	High	High	High	High
<b>Labor Management</b>					
Time Clock and Labor Log Entry	High	High	High	High	High
Time Clock and Labor Log Management	High	High	High	High	High
Timeclock Admin (in Admin area)	High	High	High	High	High
<b>Exports</b>					
<b>Managing/Tools</b>					
<b>Administrative Tasks</b>					
Facility Layout (not Clinic)	High	High	High	High	High
@ Work	High	High	High	High	High
@ Room and Bed	High	High	High	High	High
@ Physical Management	High	High	High	High	High
@ Contact Management	High	High	High	High	High
@ Hospital	High	High	High	High	High
@ Referral Sources	High	High	High	High	High
@ Patient Contracts	High	High	High	High	High
@ Site Calendar	High	High	High	High	High
<b>Additional Tasks/Workflows</b>					
<b>Self-Activity Log</b>					
Patient Billing	High	High	High	High	High
@ Billing	High	High	High	High	High
@ Billing	High	High	High	High	High
<b>Patient Documentation</b>					
Manage Signatures	High	High	High	High	High

**Product Priority Workshop - OT Therapy**

Workshop Summary: A detailed list of tasks and their priorities for OT therapy, including Scheduling, Staff Schedule Management, Patient Management, and Documentation. Each task is assigned a priority level (1-5) and a corresponding color-coded status.





**Persona/Workflow Matrix**

**COM Rewrite :: Users and Corresponding Tasks/Workflows (All Disciplines)**

	Task/Workflow Priority	Administrative Staff	Rehab Technicians	Therapists / Assistants	Rehab Directors (Half treating patients & half reporting)	Rehab Manager (May never treat patients but more reporting info)	Sr. Executive Role (Almost all reporting)	HR/Corporate Administrative (Primarily Administrative Console)
Role Priority	High	High	High	High	Med	Med	Med	
<b>Primary Tasks/Workflows</b>								
Intake/Referral Management (OTHH/Clinic)	x	x	x	x	x			
Schedules	x	x	x	x	x			
- Managing Appointments	x	x	x	x	x			
- Projections (Not in Clinic or OTHH)	x	x	x	x	x			
- Assignment Board	x	x	x	x	x			
- Appointment Book	x	x	x	x	x			
- Staff Schedule Templates								x
- Group Management (Group Therapy?)	x	x	x	x	x			
- Patient's Treatment Time Preferences	x	x	x	x	x			
<b>Patient Management</b>	x	x	x	x	x			
- Adjust Payers	x	x			x	x		
- Case Manager	x	x			x	x		
<b>Hot List/Close-Out Management</b>	x	x	x	x	x			
<b>Printing of All Sorts of Things</b>	x	x	x	x	x			
- Patient Docs	x	x	x	x	x			
- Reports	x	x	x	x	x		x	x
<b>Labor Management</b>	x				x	x		
- Time Clock and Labor Log Entry	x	x	x	x	x	x		x
- Time Clock and Labor Log Management					x	x		x
- Timeclock Admin (in Admin area)					x	x		x
<b>Exports</b>	x	x			x	x		
<b>Messaging/Tasks</b>	x	x	x	x	x	x	x	x
<b>Administrative Tasks</b>		x			x	x		
- Facility Layout (Not Clinic)	x	x			x	x		
o Wings	x	x			x	x		
o Room and Bed	x	x			x	x		
- Physician Management	x	x			x	x		x
- Contact Management	x	x			x	x		x
o Hospital	x	x			x	x		x
o Referral Sources	x	x			x	x		x
o Patient Contracts	x	x			x	x		x
- Site Calendar	x	x			x	x		
<b>Additional Tasks/Workflows</b>								
<b>Daily Activity Log</b>				x	x			
- Patient Billing				x	x			
- TEN				x	x			
<b>Patient Documentation</b>				x	x			
<b>Manage Signatures</b>				x	x			

**Net Health Persona/Workflow Matrix**  
 This is a project-specific matrix based on the Fiserv deliverable that enabled me to better understand the impact of each key area of the product for each specific persona.

**Product Roadmap/Redesign**

Client Priorities and Corresponding Votes

- 1 = Poor Design -- Must fix NOW!
- 2 = Not terrible, but still must be fixed now
- 3 = Really needs work, but not a priority
- 4 = Fair, it's functioning
- 5 = Excellent as is

ABSC (April, Gary)  
Overall Importance (Low, Med, High)  
Workflow Rating (1-5)

	Votes		
<b>Primary Tasks/Workflow</b>			
<b>Intake</b>		High	4
<b>Scheduling</b>	8	High	1-2
Staff Schedules		High	2
Reviewing Prior Appointments		High	4
Scheduling Tool 1		High	1
Scheduling Tool 2		Low	2
Misc. Scheduling		High	2
Group Appointments		High	1
Concurrent Appointments		High	3
<b>Documentation Printing</b>		High	4
Full Document		High	3
Partial Document		Med	3
<b>Internal Messaging</b>		High	3
<b>Clinical Documentation</b>	5	High	1
Workflows		High	2
Clinical Pathway Features (PDPM)		High	1
Section GG (Compliance)		High	2
<b>Close Out Management</b>		Med	3
<b>Reports</b>		High	4
Standard		High	3
Detailed		Med	3
<b>Labor Management</b>		Med	4
Time Clock and Labor Log Entry		Med	4
Time Clock and Labor Log Management		Med	4
Time Clock Admin		Med	4
<b>Exporting</b>		Med	3
<b>Messaging/Tasks</b>		High	2
<b>Administration Tasks</b>			
Documentation Assessments		High	3
Facility Layout		Low	3
Room		Low	3
Bed		Low	3
Physician Management		High	4
Contact Management		Low	3
Clinic		Low	3
Hospital		Low	3
Misc.		Low	3
<b>Custom Form Management</b>	1	High	1
<b>Exercise Module</b>		High	2
<b>Template Management</b>		Med	2
<b>Signature Management</b>	1	High	2
Managing Signatures		High	2
E-Signature Functionality		High	2
<b>Product Integration</b>		High	3

**Quantitative & Qualitative Data**

Building on research tools I developed as the UPS Quality Improvement Manager of the South California District, I created a set of deliverables and processes to capture both quantitative and qualitative insights.

**Process**

I conducted one-on-one sessions with 12 key clients, ranging from Directors to C-suite leaders, along with their select team members, to gather in-depth insights. Each session was recorded to ensure accurate capture of qualitative feedback.

Each participating client team was asked to evaluate:

- The importance of each product area (Low, Medium, High)
- The current design/workflow (rated on a 1–5 scale)

After completing these evaluations, each client was given a total of 15 votes to allocate to the workflows they felt were most impactful and in need of redesign. (Note: Clients could allocate all 15 votes to a single workflow or distribute them across multiple workflows based on their priorities.)

After conducting this process across all 12 clients, I consolidated the quantitative and qualitative data to develop a comprehensive view of client needs and priorities. (Note: The orange highlighted cells represented the most impactful areas.) Utilizing the information gleaned from these one-on-one client sessions, I created an extensive qualitative and quantitative recap along with proposed recommendations based on business needs and potential ROI for the Product Manager and other cross functional team members. After multiple collaborative sessions we defined the initial requirements for this project.



# Top 3 Redesign Priorities

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## Scheduling

1. Group Therapy Management (6 Week Project)

## Clinical Documentation

2. Clinical Pathways & Product/Workflows Reorganization (8 Week Project)
3. Section GG Workflows/Features (4 Week Project)

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**Total**

**18 Weeks Total**

# Top 3 Redesign Priorities (Phase 2)

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## Scheduling

1. Group Therapy Management (6 Week Project)

## Clinical Documentation

2. Clinical Pathways & Product/Workflows Reorganization (8 Week Project)
3. Section GG Workflows/Features (4 Week Project)

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**Total**

**18 Weeks Total**

# Clinical Documentation:

## (Clinical Pathways & Product/Workflow Reorganization)

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### **Current State**

- Powerful, leading EHR solution for post-acute/senior living facilities
- Dated and unintuitive designs/workflows
- Beginning to lose market share (cross-product sales)

### **Goals**

- Redesign this product to meet or exceed user needs and expectations
- Incorporate new ways to provide meaningful data for streamlining and guiding clinicians throughout the entire clinical documentation process
- Improve our NPS (Net Promoter Score)

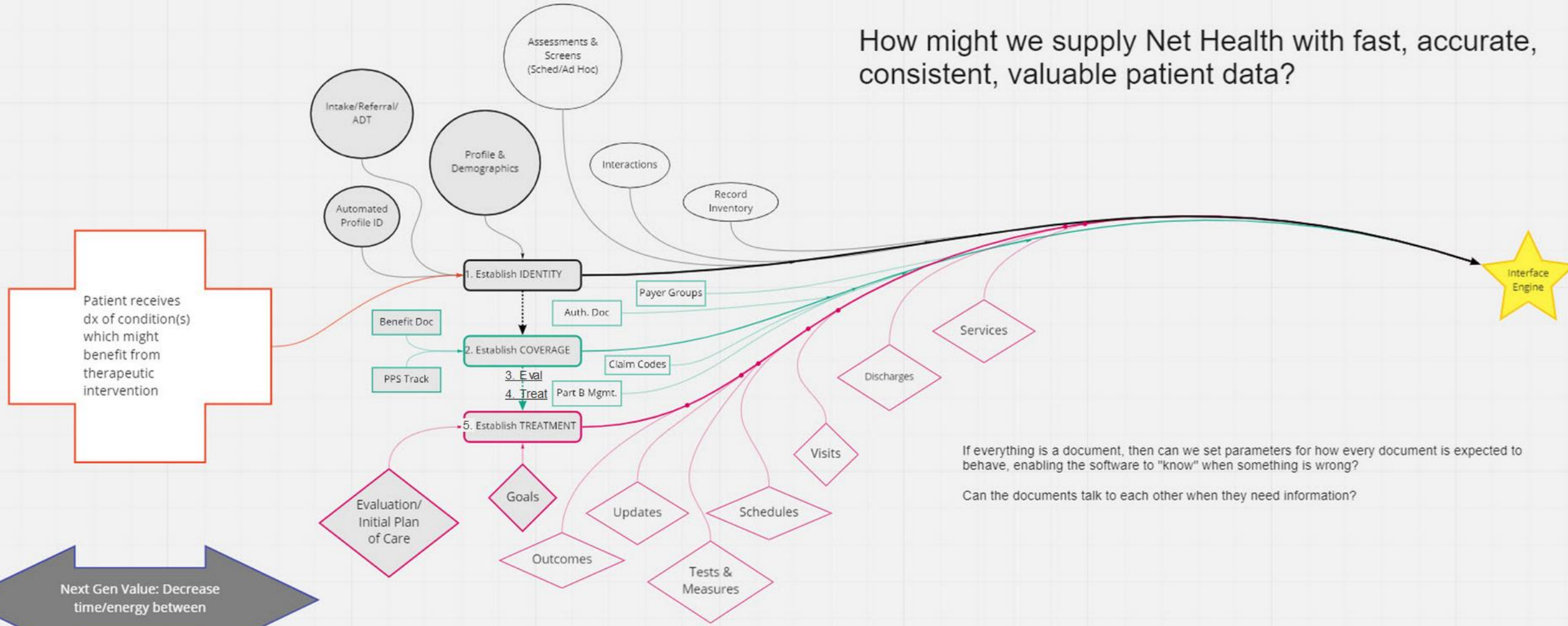
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<b>Primary Tasks/Workflows</b>								
Intake/Referral Management (OTHH/Clinic)		X	X	X	X	X		
Schedules		X	X	X	X	X		
- Managing Appointments		X	X	X	X	X		
- Projections (Not in Clinic or OTHH)		X	X	X	X	X		
- Assignment Board		X	X	X	X	X		
- Appointment Book		X	X	X	X	X		
- Staff Schedule Templates			X		X	X		X
- Group Management (Group Therapy?)		X	X	X	X	X		
- Patient's Treatment Time Preferences		X	X	X	X	X		
<b>Patient Management</b>		X	X	X	X	X		
- Adjust Payers		X	X		X	X		
- Case Manager		X	X		X	X		
<b>Hot List/Close-Out Management</b>		X	X	X	X	X		
<b>Printing of All Sorts of Things</b>		X	X	X	X	X		
- Patient Docs		X	X	X	X	X		
- Reports		X	X	X	X	X	X	X
<b>Labor Management</b>		X			X	X		
- Time Clock and Labor Log Entry		X	X	X	X	X		X
- Time Clock and Labor Log Management					X	X		X
- Timeclock Admin (in Admin area)					X	X		X
<b>Exports</b>		X	X		X	X		
<b>Messaging/Tasks</b>		X	X	X	X	X	X	X
<b>Administrative Tasks</b>			X		X	X		
- Facility Layout (Not Clinic)		X	X		X	X		
o Wings		X	X		X	X		
o Room and Bed		X	X		X	X		
- Physician Management		X	X		X	X		X
- Contact Management		X	X		X	X		X
o Hospital		X	X		X	X		X
o Referral Sources		X	X		X	X		X
o Patient Contracts		X	X		X	X		X
- Site Calendar		X	X		X	X		
<b>Additional Tasks/Workflows</b>								
<b>Daily Activity Log</b>				X	X			
- Patient Billing				X	X			
- TEN				X	X			
<b>Patient Documentation</b>				X	X			
<b>Manage Signatures</b>				X	X			



How might we supply Net Health with fast, accurate, consistent, valuable patient data?

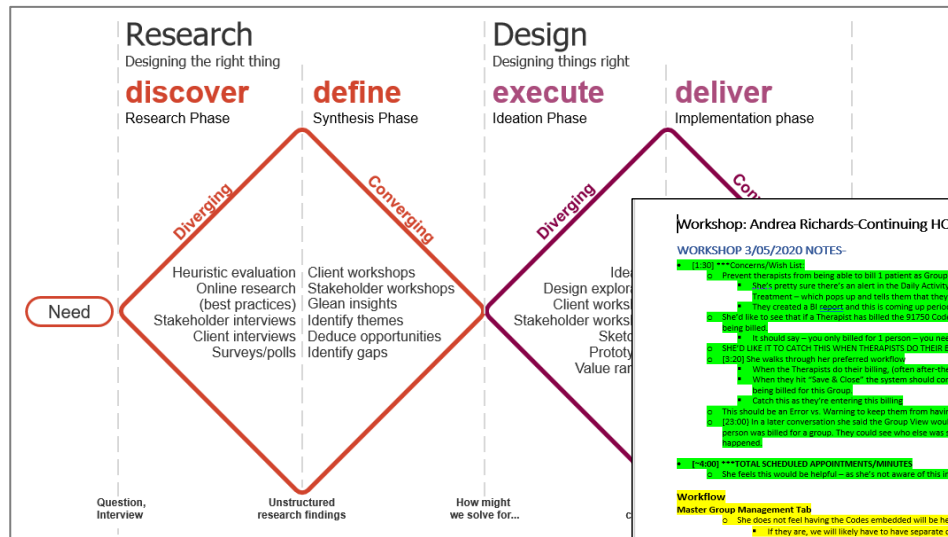


If everything is a document, then can we set parameters for how every document is expected to behave, enabling the software to "know" when something is wrong?

Can the documents talk to each other when they need information?

# Design Process

## (Based on the Double-Diamond Design Process Model)



**Workshop: Andrea Richards-Continuing HCS**

**WORKSHOP 3/05/2020 NOTES-**

- 11:30 \*\*\*Concerns With Lili
  - Present therapists from being able to bill 1 patient as Group Therapy
  - Doc's pretty sure there's an alert in the Daily Activity log when therapists try to bill for Treatment - which pops up and tells them that they have to bill another patient
  - They created a R report and this is coming up periodically
  - She also says that if a Therapist has billed the 31700 Code then they can't catch if there's only 1 patient being billed
  - It should say - you only billed for 1 person - you need to bill for 2 people for a Group
  - She'd like it to catch this when therapists do their billing
  - 11:37 She walks through her preferred workflow
  - When the Therapist do their billing, often after-the-fact and bill for Group Therapy
  - When they hit "Save & Close" the system should confirm that there were 2 or more patients being billed for this Group
  - Catch this as they're entering this billing
  - This should be an Error vs. Warning to keep them from having to clean up
  - 23:00 In a later conversation she said the Group View would help Compliance assess why only one person was billed for a group. They could see who else was supposed to be there and determine what happened
- 1:00 \*\*\*FEDERAL SCHEDULED APPOINTMENTS/MINUTE
  - She feels this would be helpful - as she's not aware of this info being listed anywhere else

**Workflow**

**Master group Management Tab**

- She does not feel having the Codes embedded will be helpful
  - if they are, we will likely have to have separate codes for each discipline
  - Again, she really doesn't feel this is necessary
- [Question - Would it be less complicated to have individual Groups with their respective Disciplines in the far left column? i.e. Floral Arrangement; PT; Floral Arrangement OT; Floral Arrangement ST?
  - This would exponentially expand the left column, but not sure if it'll be more help or hindrance.
- \*\*\*One-Time Group creation should not be on the Master-Group Tab - but rather on the Assignment Board
  - No she will use it otherwise - as it's too much work to go to another tab and do the entire workflow
  - She'd like to have a "New Group" button on the Assignment Board
- Remove the Disciplines - since the user is in the PT view anyway?
  - \*\*\*Or would this be a good heads-up for the Therapist so no one is blindsided?
  - She Likes the Pause or Hold option in the Master Group Tab - and the fact that it will not appear in the Group View for today
  - QUESTION: Would it make sense to add the Therapist Name in the Master Group - but able to change each instance in the Daily list? But when the Therapist returns or is no longer sick it reverts back to the original?
  - She'd prefer that we only allow Patient Management from the Group View UI - not the Group Popup
  - That would be too many places to adjust
  - Make sure that if something is organizationally pushed down it cannot be Deleted. However, if just a local Group it can be Deleted
  - Users have Security Role Edit Rights for Group Therapies in Assign

**WORKSHOP 2/28/2020 NOTE**

- Therapist Group Selection Tab
  - She really likes this functionality
  - Definites should have access to it
    - But need to get some
    - She'll think about this
  - Likes the "Or" context and the "Add" button
  - Really, really good as far as compliance
  - Come up with a "Group Selection" button
  - Andrea comes up with
    - Likes the individual disciplines
  - She has a couple of locations that use appointments must commit to a time - would like
    - Walk through all changes

**TOPICS FOR NEXT MEETING**

- Walk through all changes

**Workshop**

- \*\*\*We must work out a way to reflect that the payer for specific patients cannot be put in Groups (or at least the scheduler which ones these are) to avoid trying to bill Group when not allowed. This can be State specific requirements
- \*\*\*What are the States Needed for Group & Concurrent?
  - Group
    - Payer Favorable (Automatically flows to rest of workflow)
      - Added to the Plan of Care (if not Payer Favorable, Configurable to lock down vs. Warning)
        - Therapist has completed Recommended Tab
        - Scheduled Group minutes in Projections (or Added in left column)
        - Scheduled in a Specific Group (Recommended "G: Floral Arr...")
    - Anything else?
  - Concurrent (Same as Group above?)
    - Payer Favorable (Automatically flows to rest of workflow)
      - Added to the Plan of Care (if not Payer Favorable, Configurable to lock down vs. Warning)
        - Therapist has completed Recommended-bills (is this necessary - if on POC?)
        - Scheduled Concurrent minutes in Projections (or Added in left column)
        - Scheduled as Concurrent appointment (Recommended "C: XXXXX")
      - Anything else?
  - \*\*\*She found an instance where the Group is grayed out because the Plan of Care not finished because not completed last yet - cannot schedule in Projection
  - \*\*\*She REALLY wants to make sure the system STOPS the scheduling of Groups or Concurrent bills on the Plan of Care

Add a Concurrent button? Or is it OK as-is

Julie Andrews | Evaluation Jul 3 - Aug 1 | MCB | Medicare Part B

Assess GG Goals Plan

Pathway: Cardiovascular and Coagulations

Functional Mobility Assessment

Bed Mobility

PLOF - Roll left and right

SU	CU	Sup	T	P	Mod	S	Max	Dep	Refused	N/A	Environmental	MedicalSafety
----	----	-----	---	---	-----	---	-----	-----	---------	-----	---------------	---------------

Roll left and right

I	SU	CU	Sup	T	P	Mod	S	Max	Dep	Refused	N/A	Environmental	MedicalSafety
---	----	----	-----	---	---	-----	---	-----	-----	---------	-----	---------------	---------------

PLOF - Sit to lying

I	SU	CU	Sup	T	P	Mod	S	Max	Dep	Refused	N/A	Environmental	MedicalSafety
---	----	----	-----	---	---	-----	---	-----	-----	---------	-----	---------------	---------------

Sit to lying

I	SU	CU	Sup	T	P	Mod	S	Max	Dep	Refused	N/A	Environmental	MedicalSafety
---	----	----	-----	---	---	-----	---	-----	-----	---------	-----	---------------	---------------

PLOF - Lying to sitting on side of bed

I	SU	CU	Sup	T	P	Mod	S	Max	Dep	Refused	N/A	Environmental	MedicalSafety
---	----	----	-----	---	---	-----	---	-----	-----	---------	-----	---------------	---------------

Lying to sitting on side of bed

I	SU	CU	Sup	T	P	Mod	S	Max	Dep	Refused	N/A	Environmental	MedicalSafety
---	----	----	-----	---	---	-----	---	-----	-----	---------	-----	---------------	---------------

Equipment During Tasks

## Add New Patient

Registration Date *(Required)*

02/14/2025

EXPAND ALL

### 1 Patient Information

New Product Design  
(Being Implemented)

Place of Residence *(Required)*

Last Name *(Required)*

First Name *(Required)*

MI

Suffix

DOB

Social Security Number (SSN) *(Required)*

Opt Out Of SSN

### 2 Primary Physician Information

Enter any known information to check if the physician is in our records. If not, manually add the physician's information.

Last Name *(Required)*

First Name *(Required)*

National Provider

Assess Pathway: Cardiovascular and Coagulations

Functional Mobility Assessment

Bed Mobility

PLOF - Roll left and right

I	SU   CU	Sup   T	P   Mod	S   Max	Dep	Refused	N/A	Environmental	Medical/Safety
---	---------	---------	---------	---------	-----	---------	-----	---------------	----------------

Old Product Design

Roll left and right

I	SU   CU	Sup   T	P   Mod	S   Max	Dep	Refused	N/A	Environmental	Medical/Safety
---	---------	---------	---------	---------	-----	---------	-----	---------------	----------------

PLOF - Sit to lying

I	SU   CU	Sup   T	P   Mod	S   Max	Dep	Refused	N/A	Environmental	Medical/Safety
---	---------	---------	---------	---------	-----	---------	-----	---------------	----------------

Sit to lying

I	SU   CU	Sup   T	P   Mod	S   Max	Dep	Refused	N/A	Environmental	Medical/Safety
---	---------	---------	---------	---------	-----	---------	-----	---------------	----------------

PLOF - Lying to sitting on side of bed

I	SU   CU	Sup   T	P   Mod	S   Max	Dep	Refused	N/A	Environmental	Medical/Safety
---	---------	---------	---------	---------	-----	---------	-----	---------------	----------------

Lying to sitting on side of bed

I	SU   CU	Sup   T	P   Mod	S   Max	Dep	Refused	N/A	Environmental	Medical/Safety
---	---------	---------	---------	---------	-----	---------	-----	---------------	----------------

Schedule Documents

Current Hx Doc Functional Mobility Assessment

- Bed Mobility**
- PLOF - Roll left and right
  - Roll left and right
  - PLOF - Sit to lying
  - Sit to lying
  - PLOF - Lying to sitting on side of bed
  - Lying to sitting on side of bed

- Transfers**
- PLOF - Sit to stand \*
  - Sit to stand
  - PLOF - Chair/bed-to-chair transfer
  - Chair/bed-to-chair transfer
  - PLOF - Toilet transfer
  - Toilet transfer

### Goals



#### Goals [Impairments List](#)

Current Goals + STG + LTG

- At least one short term goal must exist with a status of Continue on this document.
- At least one long term goal must exist with a status of Continue on this document.

#### Short Term Goals

No Short Term Goals

#### Long Term Goals

No Long Term Goals

#### Suggested Goals

STG LTG

**Suggested Goal:** Patient will improve ability to roll from lying on back to left and right side and return lying on back with... [Level of Assist] in order to [Functional Reasons]

**Suggested Goal:** Patient will use log rolling technique to perform rolling in bed with. ... [Level of Assist] in order to [Functional Reasons]

**Suggested Goal:** Patient will improve ability to perform bridging and scooting in bed with... [Level of Assist] in order to [Functional Reasons]

**Suggested Goal:** Patient will exhibit improvement in [Physical Impairments] so that patient is able to roll from lying on back to left and right side and return to lying on back with [Level of Assist]

**Suggested Goal:** As instructed by trained caregiver, Patient will improve ability to roll from lying on back to left and right side and return to lying on back with [Level of Assist] in order to [Functional Reasons with Custom Add]

Done

Cancel

SU | CU Sup | T P | Mod S | Max Dep Refused N/A Environmental Medical/Safety

Lying to sitting on side of bed

SU | CU Sup | T P | Mod S | Max Dep Refused N/A Environmental Medical/Safety

### Goals



#### Goals [Impairments List](#)

Current Goals + STG + LTG

- At least one short term goal must exist with a status of Continue on this document.
- At least one long term goal must exist with a status of Continue on this document.

#### Short Term Goals

**Goal:** Patient will improve ability to roll from lying on back to left and right side and return lying on back with Partial Mod Assistance to Increase ability to pull garments up over hips and increase ability to attend activities of choice.

**Related impairments:** LE Pain, UE Pain [\(Edit\)](#)

#### Long Term Goals

#### Suggested Goals

STG LTG

**Suggested Goal:** Patient will improve ability to roll from lying on back to left and right side and return lying on back with... [Level of Assist] in order to [Functional Reasons]

**Suggested Goal:** Patient will use log rolling technique to perform rolling in bed with... [Level of Assist] in order to [Functional Reasons]

**Suggested Goal:** Patient will improve ability to perform bridging and scooting in bed with... [Level of Assist] in order to [Functional Reasons]

**Suggested Goal:** Patient will exhibit improvement in [Physical Impairments] so that patient is able to roll from lying on back to left and right side and return to lying on back with [Level of Assist]

**Suggested Goal:** As instructed by trained caregiver, Patient will improve ability to roll from lying on back to left and right side and return to lying on back with [Level of Assist] in order to [Functional Reasons with CustomAdd]

Done Cancel

SU | CU Sup | T P | Mod S | Max Dep Refused N/A Environmental Medical/Safety

Lying to sitting on side of bed ⋮ 📄 ℹ ✕

SU | CU Sup | T P | Mod S | Max **Dep** Refused N/A Environmental Medical/Safety

Plan

Schedule

Documents

**Treatment Interventions and Approaches**

Suggested Treatment Interventions

+ Tx Approach

**Evaluation**

Evaluation Only

**Document Dates**

Start of Care

3/21/2020

Certification from

7/3/2020

Thru

8/1/2020

Same as SOC

Current Hx Doc

Types of Therapy  
Physical Therapy

Diag  
Medical Dx  
Treatment Dx

Pathways  
Pathway Category  
Orthopedic Surgery

Patient Referral/Medical History

Patient / Medical Factors

Reason for Referral / Current Illness  
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Referred By  
Primary Doc

Primary Surgical Location  
Right Shoulder

Are there any physician prescribed precautions? \*  
Yes

Does patient have post-surgery brace or splint?  
Yes

Does brace or splint prevent ROM or muscle testing?  
Yes

Are there any lifting restrictions?  
Yes

Are staples/sutures still in place?  
Yes

### Suggested Treatment Interventions

Save Cancel

Current Category Suggestions

View: All Current Suggested Interventions

Patient's episode of care

#### 97110-Therapeutic Exercises

#### 97110-Therapeutic Exercises

#### 97112- Neuromuscular Reeducation

#### 97530-Therapeutic Activities

G0283/97140

##### Vitals (1)

- At rest/supine - BP, HR, RR
- At rest/sitting - BP, HR, RR
- After activity/supine - BP, HR, RR

- After activity/supine - RPE
- After activity/sitting - BP, HR,
- After activity/sitting - RPE

+ [Add New](#)

##### Warm Up (2)

- Ankle pumps
- Quad sets
- Gluteal squeezes
- LE pedaling or other cyclical movement

##### Progressing to:

- Diaphragmatic breathing
- AROM LE in supine and sidelying

##### Progressing to:

##### Progressing to:

- Slow ankle circles, calf raises, and toe raises in seated position

##### Progressing to:

- Stand tall at AD/rail, slowly turn head to right and left
- Stand tall at AD/rail, gently arching back
  - Stand tall at AD/rail, and without moving hips, turn as comfortable; repeat left side

+ [Add New](#)

##### Respiratory Exercises (3)

7/3/2020

8/1/2020

Same as SOC

Frequency, Duration & Intensity

### Suggested Treatment Interventions

Save Cancel

Current Category Suggestions

View: All Current Suggested Interventions

Patient's episode of care

97110-Therapeutic Exercises

#### 97112- Neuromuscular Reeducation

97112- Neuromuscular Reeducation

##### Teaching Techniques (8)

- Demonstration
- Visual instruction
- Verbal instruction
- Tactile instruction
- Multi-modality prompts
- Allow for delayed execution
- [+ Add New](#)

97530-Therapeutic Activities

##### Core Exercises (9)

- Pelvic tilts/reverse crunches
- Bridging
- Progressing to:**
- Sitting Balance Exercises
- Reaching forward from sitting position
- Progressing to:**
- Turning to look behind while in a sitting position
- [+ Add New](#)

G0283/97140

7/3/2020

8/1/2020

Same as SOC

Plan

Schedule

Documents

**Treatment Interventions and Approaches**

[Suggested Treatment Interventions](#)

+ Tx Approach

At least one treatment approach is required.

97110 - Therapeutic exercises

97530 Therapeutic activities

97112 - Neuromuscular reeducation

G0283/97140

(Or [this?](#))

**Evaluation**

Evaluation Only

**Document Dates**

Start of Care

3/21/2020

Certification from

7/3/2020

Thru

8/1/2020

Same as SOC

Current Hx Doc

Types of Therapy  
Physical Therapy

Diag  
Medical Dx  
Treatment Dx

Pathways  
Pathway Category  
Orthopedic Surgery

Patient Referral/Medical History

Patient / Medical Factors

Reason for Referral / Current Illness  
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Referred By  
Primary Doc

Primary Surgical Location  
Right Shoulder

Are there any physician prescribed precautions? \*  
Yes

Does patient have post-surgery brace or splint?  
Yes

Does brace or splint prevent ROM or muscle testing?  
Yes

Are there any lifting restrictions?  
Yes

Are staples/sutures still in place?  
Yes

# Outcomes

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## **Increased clinician productivity by 19%\***

- Collaboratively created simple, user-centric designs and corresponding workflows for completing documentation
- Maximized user effectiveness by providing meaningful data/analytics to guide clinicians through the documentation process – and enable clients to make better business decisions.

## **Improved patient outcomes by 14%\***

- Providing clinicians critical data/analytics throughout these workflows also ensures patients consistently receive the most effective care
- Incorporated multiple high-impact “quick win” enhancements to maximize patient outcomes

## **Increased overall client satisfaction**

- Clients were delighted and provided exceptional feedback and a 4.8 post-project rating
- Received excellent cross-organizational response based on client feedback

*\* Percentages based on client feedback*

# Post-Project Client & Stakeholder Review

How did we do?

4.8



## Product Management

- Primary stakeholder
- Engaged throughout all phases of a project

## Client Partners (Primary Focus)

- Conducted client workshops to understand user problem and needs
- Created, iterated, and refined designs, often with additional clients as more are engaged

## Other Internal Stakeholders

Engineering, Sales, Support, Client Success, Implementation & Training, Compliance, Education, more