

## **Encounter Registry – Community Encounter and Venue Time Data Entry Guide**

Encounters – Home page, double click on Venue then hit Add upper right hand corner

Initial Assessment: All questions must be answered except 'Quality Improvement Project Clinic Site'

Remember:       Change date to date of encounter  
                  Add a preferred county so Community Resources for that county show up

New Questions have been added to the Initial Assessment

- Client Enrolling in EWM
  - This client will be enrolled in EWM and all health coaching and navigation will be done in the Med-It system
- Client Enrolling in NCP
  - This client will be enrolled in Nebraska Colon Cancer Program and all data entry will be done in the Med-It system
- Client marked for Navigation in Encounter
  - This client will be Navigated in Encounter in the HUBs Navigation venue
- Client marked for Health Coaching in Encounter
  - This client will be Health Coached in Encounter in the appropriate HUBs Health Coaching venue

Venue Name: Jills Test Nav

Date of Encounter: 02/19/2020

First Name:

Last Name:

Warning removing the Date of Birth will remove it from all e

Date of Birth:

Gender: Select One

Race: Select One

Race: Select One

Hispanic: Select One

Are you limited in any way in any activities because of physical, mental or emotional problems?: Select One

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?: Select One

Type of Disability?: Select One

Refugee Status: Select One

Where from:

County of Residence: Select One

Preferred Counties: Select One

**Selected Counties**

Counties ↑

No counties selected

Remove

Groups: Select One

**Selected Group**

Groups ↑

No groups selected

Remove

Do you have a primary care physician?: Select One

Do you have Health insurance?: Select One

Do you smoke? includes cigarettes, pipes, or cigars (smoked tobacco in any form): Select One

Has your doctor, nurse, or other health professional EVER told you that you have high blood pressure?: Select One

Do you take any medication prescribed by your doctors NOW to lower high blood pressure?: Select One

During the past 7 days, how many days (including today) did you take your blood pressure medication as prescribed?: Select One

Has your doctor, nurse, or other health professional EVER told you that you have diabetes?: Select One

Do you take any medication prescribed by your doctors NOW to lower diabetes?: Select One

During the past 7 days, how many days (including today) did you take your diabetes medication?: Select One

Has your doctor, nurse, or other health professional EVER told you that you have high Cholesterol?: Select One

Do you take any medication prescribed by your doctors NOW to lower high cholesterol?: Select One

During the past 7 days, how many days (including today) did you take your cholesterol medication as prescribed?: Select One

Have you been diagnosed by a healthcare provider as having Coronary Heart Disease/Chest Pain?: Select One

Have you been diagnosed by a healthcare provider as having Congenital Heart Defects?: Select One

Have you been diagnosed by a healthcare provider as having Heart Failure?: Select One

Have you been diagnosed by a healthcare provider as having a Stroke/Transient Ischemic attack (TIA)??: Select One

Have you been diagnosed by a healthcare provider as having Vascular Disease?: Select One

Have you been diagnosed by a healthcare provider as having a Heart Attack?: Select One

Are you taking aspirin daily to help prevent a heart attack or stroke?: Select One

Have you had a mammogram in the last 2 years?: Select One

Have you had a pap test in the last 3 years?: Select One

Have you been screened for colorectal cancer?: Select One

Client Enrolling in EWM: Select One

Client Enrolling in NCP: Select One

Client marked for Navigation in Encounter: Select One

Client marked for Health Coaching in Encounter: Select One

Quality Improvement Project Clinic Site: Select One

New Questions

**Client Information:**

Address/Phone/Email address. At the minimum you need to get the Zip Code

**State Program Eligibility – SKIP**

**Health Assessment Questions:**

- Health Coaching – SKIP
- Breast/Cervical Navigation, Navigate to Diagnosis – SKIP
- QIP Project Only - SKIP
- Behavior & Mental Health – Optional
- Cancer Prevention – Optional
- CVD & Diabetes – Optional
- Health Lifestyles – Optional
- Physical Activity & Nutrition – Optional

**Preventive Screening Tests**

- Preventive Screening Tests - Optional
- National Risk Assessments – Optional
- Medical Questions - These are used when Health Coaching.

**Additional Resources Request**

If your Venue is on CVD and Diabetes but the client wants some of your Financial Support information you can check mark Financial Support so the resources you have in the system marked Financial Support will show up. You don't need to recheck CVD and Diabetes because you have marked that when entering your venue.

**Recommendations Referrals - You can print a copy of this report for the client**

**Recommendations –**

This page shows the recommended exams and activities based on the questions the client answered. Any Preventive test results you entered for the client will show up here.

**Physicians –**

This is the where you choose clinics that the client can call if they do not have a primary Physician. These show up based on the Preferred Counties you enter on the Initial Assessment. You may sort these by city or zip code.

**Community Resources –**

This is where you can recommend any community resources the client may benefit from based on how the clients answered the previous questions.

**Client Summary -**

Client summary shows all of the recommendations and resources for this client.

You can Save the client summary to your computer if you are at a community event and do not have access to a printer or you can print the client summary and give it to the client right then.

Return to the Venue's Encounter List to add another encounter for a different client.

Clients only get added to a community venue once.

Client Summary 2 pages



**Results and Recommendations**  
ATTENTION - This Report May Contain HIPAA Data

Client ID: 40559  
Client Name: Smith Jill  
Encounter Date: 10/01/2017

**Preventive Screening Test Results**

Body Mass Index:	22.00
Height:	70.00
Weight:	150.00
Blood Pressure Reading #1:	130/90
Blood Pressure Reading #2:	120/80
Blood Pressure Average:	125/85
Blood Glucose:	92.00

**Recommended Exams and Activities**

Being physically active improves your quality of life, lowers your risk for heart disease, diabetes, and many other conditions. Aim for 150 minutes per week of physical activity to feel your best. Try walking or another activity to live an active lifestyle and keep your heart in good condition.

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It's time for a mammogram. A mammogram finds breast cancer even before you can feel it. Every woman over 50 needs to have mammography done every other year. If you are between the ages of 40 and 50 talk to your doctor about the need for a mammogram.

It's time to get screened for colon cancer. Talk to your doctor about the best test for you.

Uncontrolled high blood pressure is a leading cause of heart disease and stroke. Talk to your healthcare provider about how you can lower your blood pressure.

Controlling your blood sugar and managing your diabetes gives you the best chance for a healthy life. Lower blood sugar helps protect your heart and kidneys. Monitoring your blood sugar daily, taking medications as prescribed for you, and choosing healthy foods are all important in managing your diabetes.

High cholesterol can cause blocked arteries which can cause heart attacks and raise blood pressure. Eating healthy foods and getting active can help reduce cholesterol. Talk with your healthcare provider about your cholesterol screening and a healthy reading for you.

Taking your medications as directed is very important. Talk with your healthcare provider about anything that keeps you from taking your medication, including any side effects you may be feeling. Low-cost medication options may be available in your community. Talk to your healthcare provider or local pharmacist to find out more.

Smoking makes your heart work harder and raises your risk of heart disease. Quitting tobacco is one of the best things you can do for your health! When you are ready for help, call the Nebraska Tobacco Quitline at 1-800-QUIT-NOW (1-800-784-8669). The Quitline is free and provides services tailored to your needs.



**Selected Physician-Clinic**

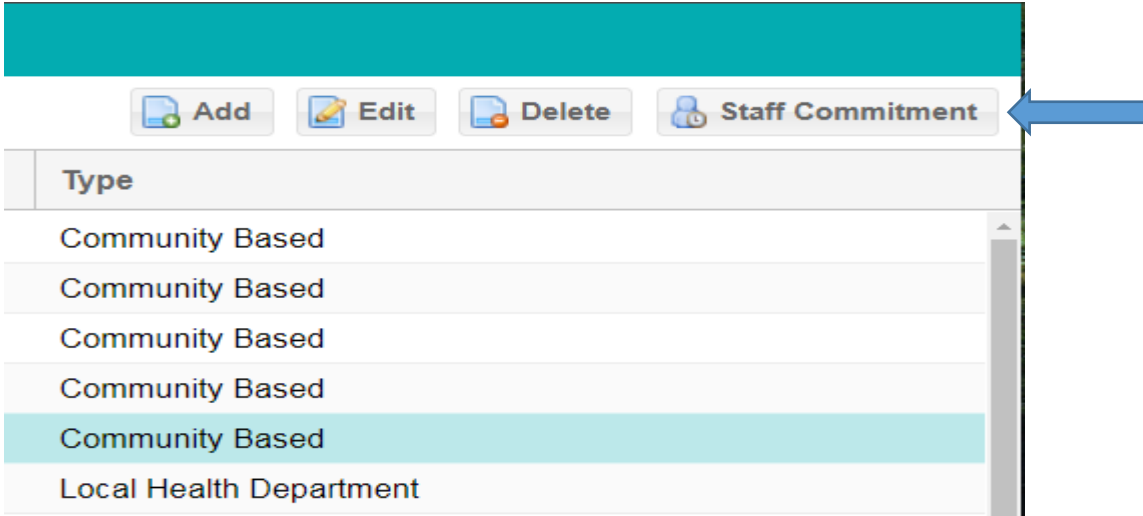
Type	Name	Address	City	Zip	County	Phone
	Family Medicine Of Lincoln	6825 S. 27th St.	Lincoln	68512	Lancaster	402-477-4545
	Family Health Associates	1500 South 48th Street	Lincoln	68506	Lancaster	402-489-4600

**Selected Resources**

Resource	Cost	Cost Range	Address	City	Phone	Website
Hy Vee Diabetes Support Group	N	Free	1701 S 17th ST	Lincoln	402-323-6400	
LBC Breast Cancer Awareness Packet	N	Free		Lincoln		

Enter Venue Time - Admin/Setup/Venues

Highlight Venue – This will show ‘Staff Commitment’ in the upper right hand corner of screen



Open Staff Commitment

Add

Venue Worker – Work time is added per worker in total minutes worked at the venue

Name

Last Name – Add last name of staff that worked at the venue

First Name – Add workers first name

MI – Add middle initial – Optional

Volunteer- Is not reimbursable time

Yes – This person was a volunteer

No – This person was not a volunteer

Time Spent

Prep Time – Skip

Work Time (mins) – Total time worked at venue in minutes

Save

Back

Repeat to add more workers at the venue

Mileage – Mileage is added per car/round trip

Rev 2-2020

Add

Last Name – Mileage and drivers last name

Ex: Mileage Crane

First Name – drivers first name

Volunteer – for Mileage volunteer should always be no. Mileage is not covered for volunteers

Prep Time – Skip

Work Time – Total mileage, round trip

☰ List of Venue Workers

Last Name	First Name	MI	Prep Time (Mins)	Work Time (Mins)	Volun
Crane	Jill		0	60	N
Mileage Crane	Jill		0	30	N

No Pay Venue Time – To show time worked at a venue but not have the venue counted for Venue Time and Overhead.

Add

Last Name – No Pay, workers last name

Ex: No Pay Crane

First Name – workers first name

Volunteer – Yes or No

Prep Time – Skip

Work Time – Total time worked in minutes

☰ List of Venue Workers

Last Name	First Name	MI	Prep Time (Mins)	Work Time (Mins)	Volunteer
No Pay Crane	Jill		0	60	N
No Pay Locke	Shelley		0	60	N