

HART User Guide

Version 1.1.0

June 2015

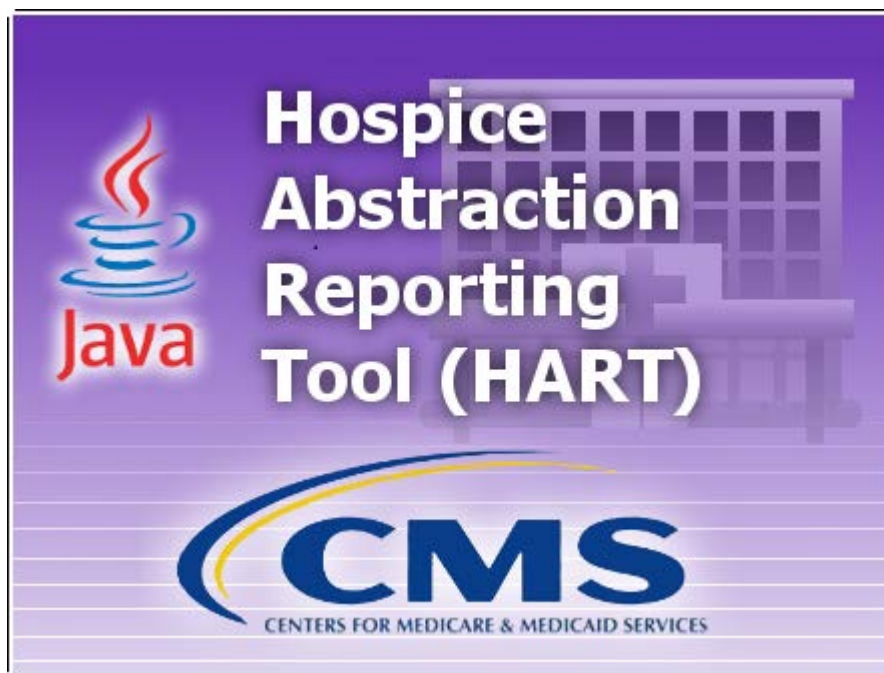


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Introduction

The Hospice Abstraction Reporting Tool (HART) was developed by the Centers for Medicare & Medicaid Services (CMS).

HART is a Java based Windows application that is free to download and use which provides an option for Hospice providers to collect and maintain facility, patient and HIS Record information for subsequent submission to the appropriate national data repository. HART displays electronic HIS Record forms similar to the paper version of the forms. Once the abstraction is completed, facilities are able to export their data from the application and submit it to the appropriate national data repository.

Installation

System Configurations

Stand-alone Configuration

The stand-alone HART Application is designed and supported as a stand-alone, self-contained application installed on a single PC with the application and database storing the collected data on a single PC.

Network Configuration

The network HART Application may be used on separate PCs networked together with a designated shared database server for storing the collected data centrally.

Hardware/Software Specifications

The QTSO home page lists the CMS websites for the System Requirements. HART 1.1.0 will support the latest minimum system requirements.

<https://www.qtsso.com/index.php>

Installing the application

Note the following items before starting the install process:

- To install HART, the user must be logged into the PC as an Administrator. Users of HART must have read/write access to the location where the HART database is installed.
- The initial user signing in is required to set up at least one facility and one user with the System Administrator user role. Please see the [Facility](#) and [User](#) setup sections for instructions.

Complete the following steps to begin using HART:

1. Navigate to the QIES Technical Support Office (QTSO) website or the Centers for Medicare & Medicaid Services website.
 - a. <https://www.qtsso.com/hart.html>
 - b. <http://www.cms.gov>
2. Open the installation guide PDF and follow the instructions as documented.

Functionality

HART software provides the following functionality

- Facility Setup/Maintenance
- User Setup/Maintenance
- Patient Setup/Maintenance
- HIS Record Maintenance
- Reporting

- Importing/Exporting

Screen Layout

The version of HART is displayed on several windows in the application. In this document, the version number is not displayed on the screen captures and is documented in the text as 1.X.

HART contains many standard features familiar to Windows users:

- Title
 - Displays the active application's name and is found at the top left corner of the window.
- Menu Bar
 - Located just below the Title, it consists of dropdown menu lists that contain command selections dependent on the users role and the screen that is currently open.
 - Pressing the Alt key on the keyboard will place the cursor in the menu bar. Using the arrow keys on the keyboard, users can navigate through the selections on the menu bar. For example: On the HIS Record Search screen, if the cursor is on the File menu item, pressing the right directional arrow will move the cursor to the next menu item. Pressing the up and/or down directional arrows will provide navigation through the drop down menu list.
- Tool Bar
 - Located just below the Menu Bar, is the Tool Bar which contains screen specific buttons and icons to assist the user. Hover or "mouse over" the icons to display a description of the available functionality.
- Screen Tabs
 - Located just below the Tool Bar, Screen Tabs will display the open screens (e.g. Facility, Patient, User, and HIS Record). An asterisk (*) will display on the tab to the left of the tab title if there are screen changes needing to be saved.

Screen & Column Descriptions

The Patient screen is divided into four distinct functional sections, the:

- Search Criteria Section
- Patient Summary Section
- Patient Detail Section
- Actions Section

The Facility screen is divided into two distinct functional sections, the:

- Summary Section
- Detail Section

The User screen is divided into four functional sections, the:

- User Summary Section
- User Detail Section
- Activation Detail Section
- Provider Detail Section

Each section may be collapsed by a single click of the arrow located next to the section title. Clicking on the arrow a second time will expand the section.

Columns in the Summary sections of each screen can be resized by hovering over and dragging the "left-right arrow" icon to the desired column width.

Field Types

Text

Text fields allow data to be entered manually that adheres to the rules (length, special characters, etc.) for the specific field. The following is an example of a text field.

Patient Last Name (A0500C)* ?

Date

Date fields are formatted for the entry of a valid date. Valid format must be in MM-DD-YYYY format where MM = 01-12, DD = 01-29, 30, or 31 depending on the month, and yyyy = the four digit year. Some date fields allow other data to be entered and accepted as valid based on the submission rules. The following is an example of a date field.

NOTE: When the Enable Accessibility Features checkbox is unchecked on the HART Login Screen there will be a calendar icon next to each date field that the user can use instead of manually entering in a date. When the Enable Accessibility Features checkbox is checked on the HART Login Screen the calendar icon will not be displayed.

Birth Date (A0900)* ?

Birth Date (A0900)* ?

Checkbox

Checkboxes allow the selection of “yes” answers simply by checking the box next to the appropriate value. The following is an example of checkboxes.

Race/Ethnicity (Mark all that apply) (A1000)* ?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White

Dropdown List

Dropdown lists contain allowable answers to a specific field. To answer a dropdown question, tab to the field and use the arrow keys on the keyboard to navigate through the answer options. Once the appropriate answer is displayed, use the Tab key to move to the next question. A mouse may also be used to select an answer in a dropdown list. Click the arrow on the right side of the field to expand the list. Click the desired answer. Click the mouse on the next question. The Delete key on the keyboard can be used to clear the field. The following is an example of a dropdown list.

Gender (A0800)* ?

1. Male ▼

1. Male

2. Female

Data Entry Tips

Key points regarding data entry

- For optimization of the skip patterns and/or edits, it is recommended that HIS Record data be entered in the order the questions appear on the screen.
- Enter data in each field and use the “Tab” key on the keyboard to navigate from field to field. This allows skip patterns and edits to be appropriately applied and helps ensure all fields are addressed.

- Some fields require use of additional keys. For example, drop down list fields use the down arrow key to scroll through the available responses. Once the desired response is highlighted, pressing the spacebar will make the selection. Press the “Tab” key to move to the next field. The mouse may also be used to move to a field and make a selection.

Order of data entry

- Create a facility.
- Create a user.
- Create a patient.
- Create an admission HIS Record.
- Export a HIS Record
- Create a planned discharge, unplanned discharge or expired HIS Record.
- Export a HIS Record.
 - Make corrections to a HIS Record - if applicable.
 - Export a HIS Record.
 - Inactivate a HIS Record - if applicable.
 - Export an inactivation HIS Record.
 - Copy an inactivation HIS Record - if applicable.

Edits

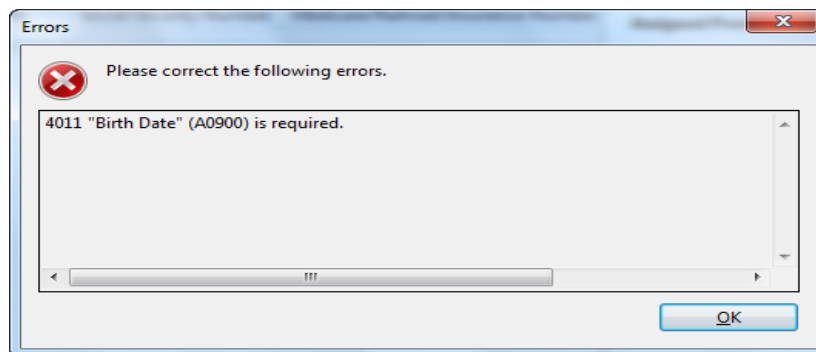
Data integrity edits are applied as information is entered into HART. These edits are unique messages put in place to assist users with the accurate completion of data entry. Some will present a pop up message and must be addressed when displayed in order to proceed. Some edits may not appear until the HIS Record is saved and validated.

The following types of edits may occur in HART.

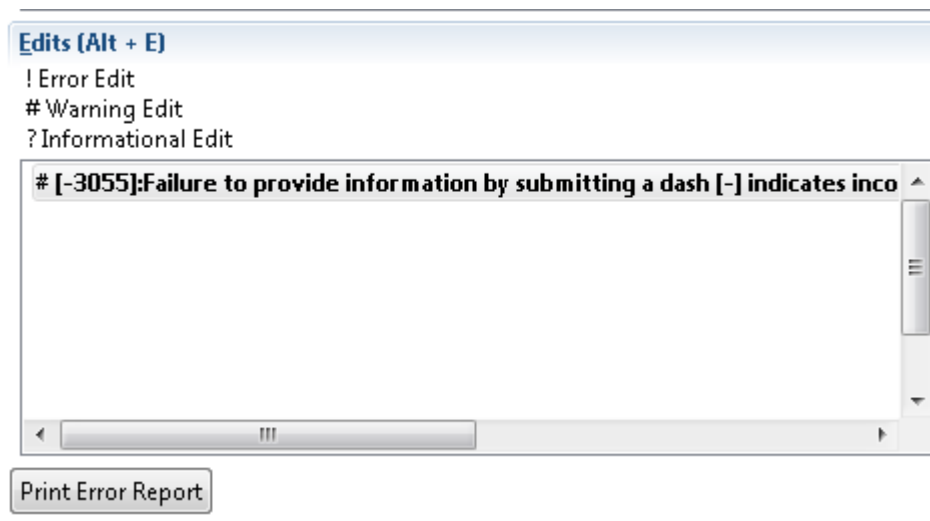


Errors – This type of edit lets the user know information is entered in an invalid format or is missing and must be entered or corrected before the information will be accepted and saved.

Example: Birth Date is a required field.





Warnings – This type of edit indicates there is information entered that should be verified as accurate, or serve as a reminder of how some fields should be populated.



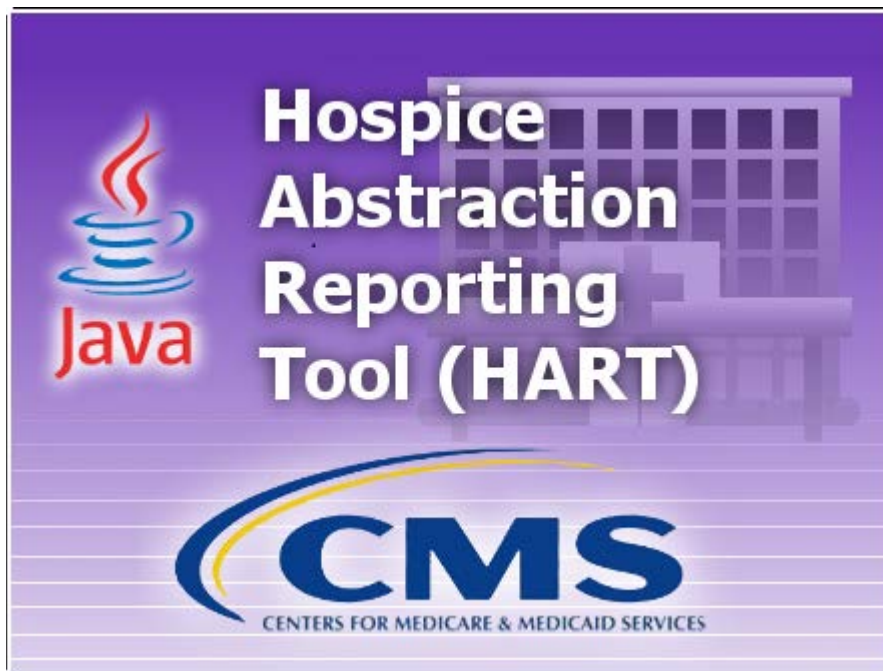
Using the Application

Access

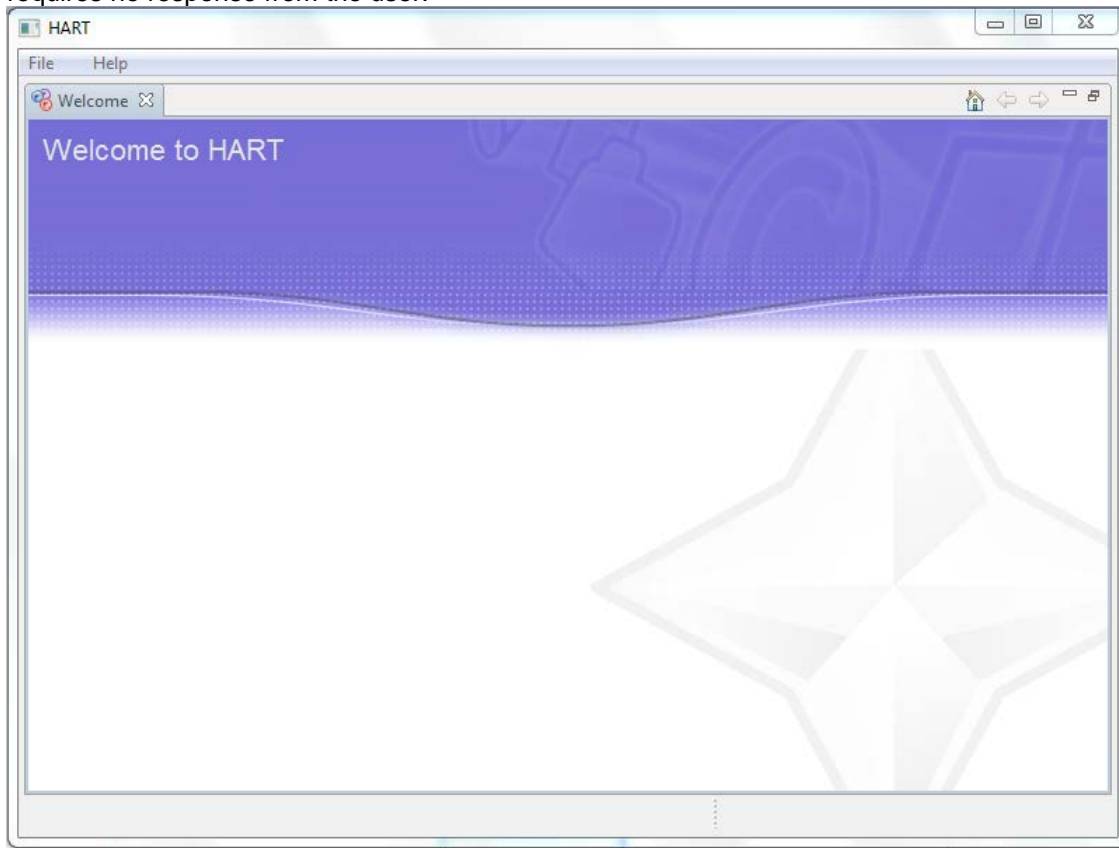
Once HART has been installed, access the program using one of the following methods.

- Start menu – click the HART  icon in the start menu
- Desktop – double click the HART  icon found on the desktop
- Directory – navigate to the directory where HART is installed, double click the HART.exe

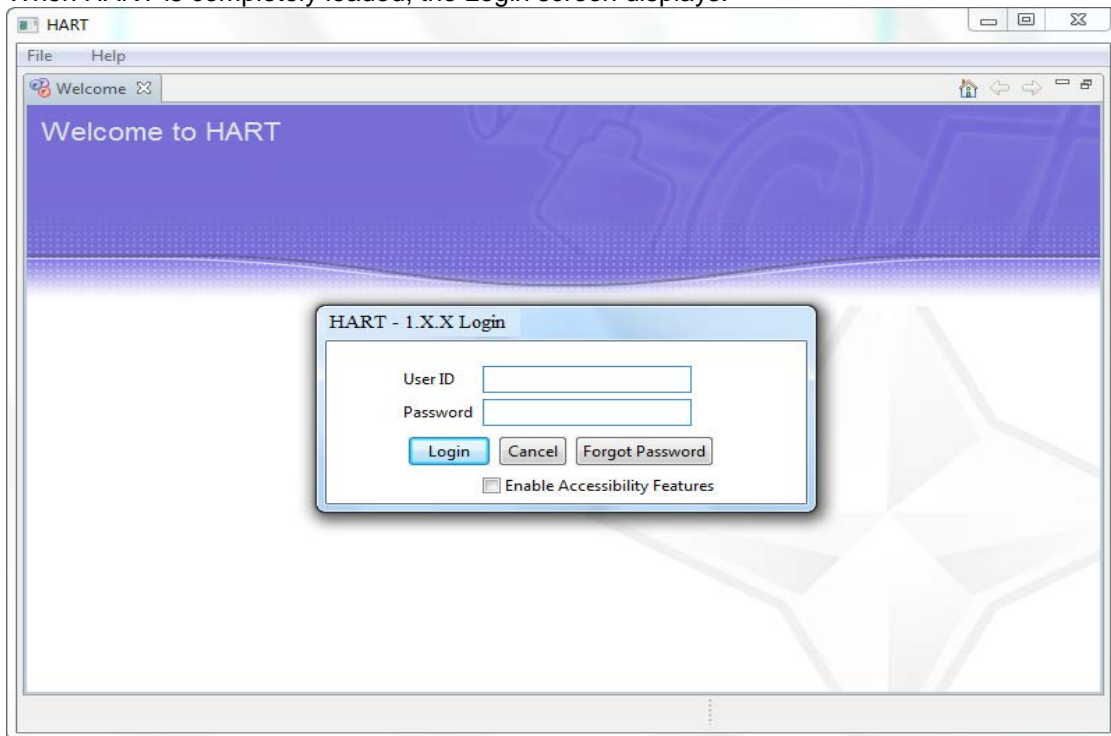
The HART screen displays momentarily.



The Welcome to HART screen displays while the program is loading. This may take a few minutes and requires no response from the user.




When HART is completely loaded, the Login screen displays.



Login

The title bar of the login screen displays the name (HART) and version number.



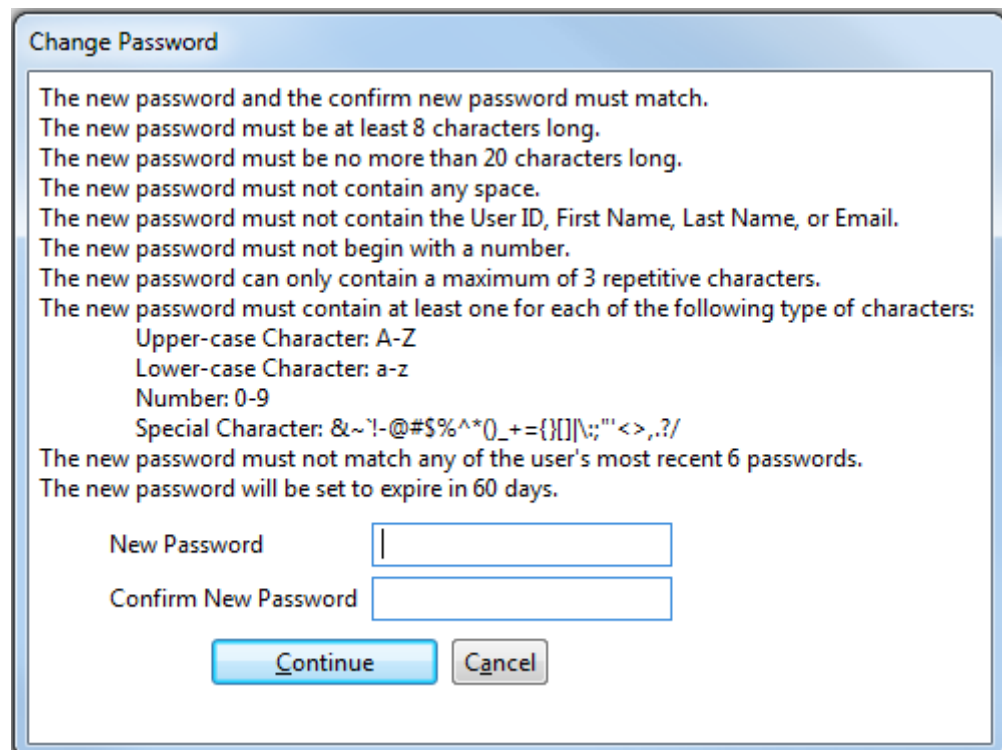
The image shows a Windows-style dialog box titled "HART 1.X Login". It contains two text input fields: "User ID" and "Password". Below these fields are three buttons: "Login" (highlighted in blue), "Cancel", and "Forgot Password". At the bottom of the dialog is a checkbox labeled "Enable Accessibility Features".

Selecting the Enable Accessibility Features checkbox at the bottom of the login screen will turn on accessibility features for users requiring assistive technology (e.g. screen readers). The box will remain checked or unchecked until changed by the user.

Complete the following steps to login to HART:

Note: For initial login, more detailed instructions can be found in the installation guide. Use of a generic HART password will not be available after the initial login is complete. The generic HART user may not be used to create patients or HIS Records.

1. Enter the User ID assigned by the System Administrator user.
2. Enter the Password.
 - a. If this is the first time logging in for the user, enter the User ID in the User ID and Password fields. Note: These are case sensitive.
3. Click 'Login'.
 - a. If this is the first time logging in for this user, the Change Password screen displays.

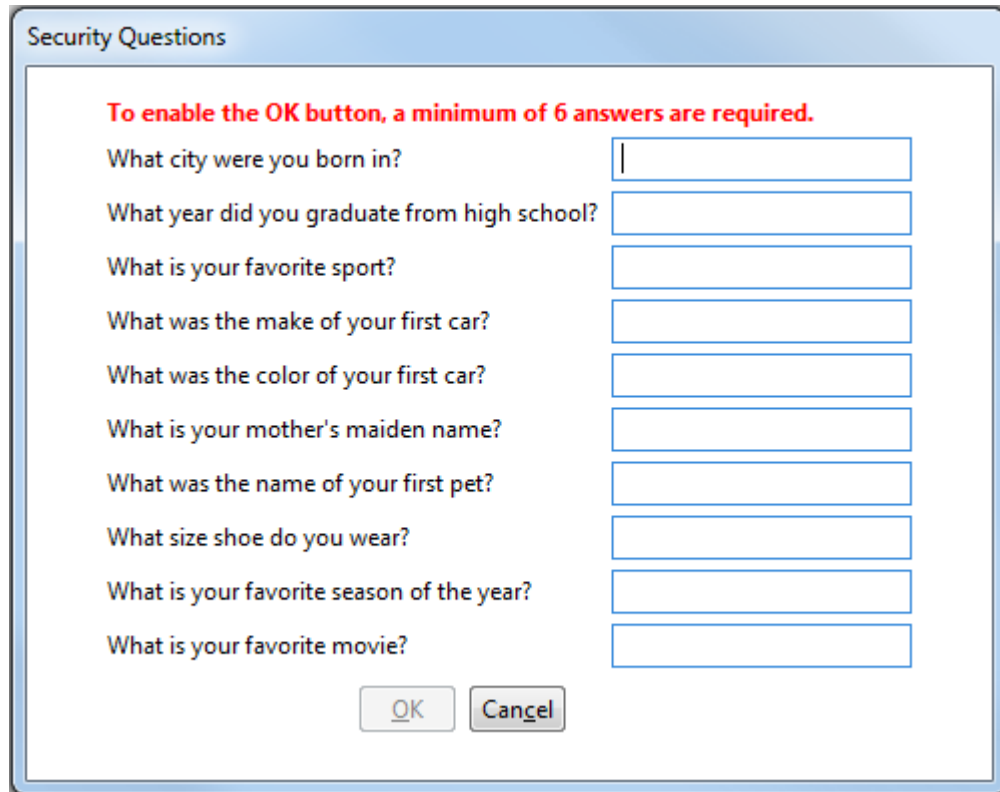


The image shows a "Change Password" dialog box. It contains a list of password requirements:

- The new password and the confirm new password must match.
- The new password must be at least 8 characters long.
- The new password must be no more than 20 characters long.
- The new password must not contain any space.
- The new password must not contain the User ID, First Name, Last Name, or Email.
- The new password must not begin with a number.
- The new password can only contain a maximum of 3 repetitive characters.
- The new password must contain at least one for each of the following type of characters:
 - Upper-case Character: A-Z
 - Lower-case Character: a-z
 - Number: 0-9
 - Special Character: &~'!-@#\$%^*()_+={}[]\|;:'"<>.,?/
- The new password must not match any of the user's most recent 6 passwords.
- The new password will be set to expire in 60 days.

Below the requirements are two text input fields: "New Password" and "Confirm New Password". At the bottom are two buttons: "Continue" (highlighted in blue) and "Cancel".

- b. Enter a new password in the New Password and Confirm New Password fields. The password is case sensitive and must match in both fields.
- c. Click 'Continue' to complete the login process.
 - i. Click 'Cancel' to not change the password and return to the login screen.
- d. The Security Questions screen displays. Responses to at least six of the ten listed security questions are required.



Security Questions

To enable the OK button, a minimum of 6 answers are required.

What city were you born in?

What year did you graduate from high school?

What is your favorite sport?

What was the make of your first car?

What was the color of your first car?

What is your mother's maiden name?

What was the name of your first pet?

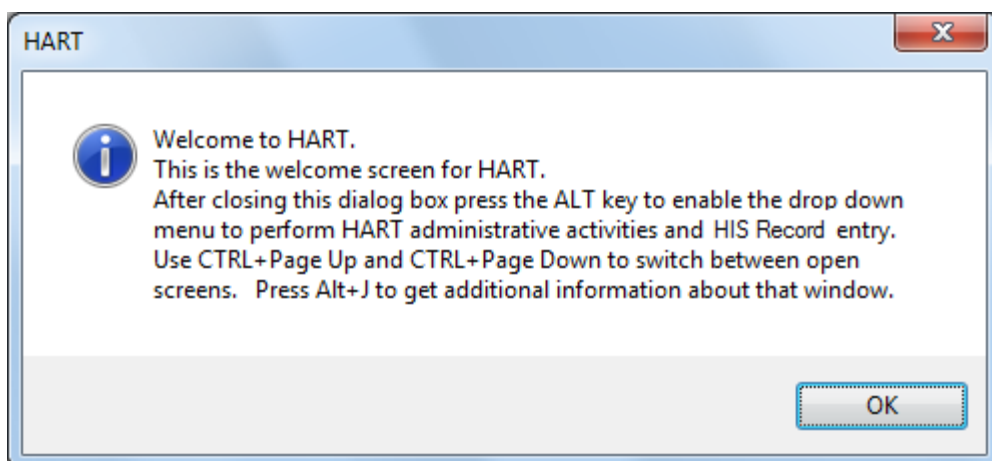
What size shoe do you wear?

What is your favorite season of the year?


What is your favorite movie?

- e. Click 'OK'. The OK button will not activate until the user enters 6 answers and tabs off the 6th field.

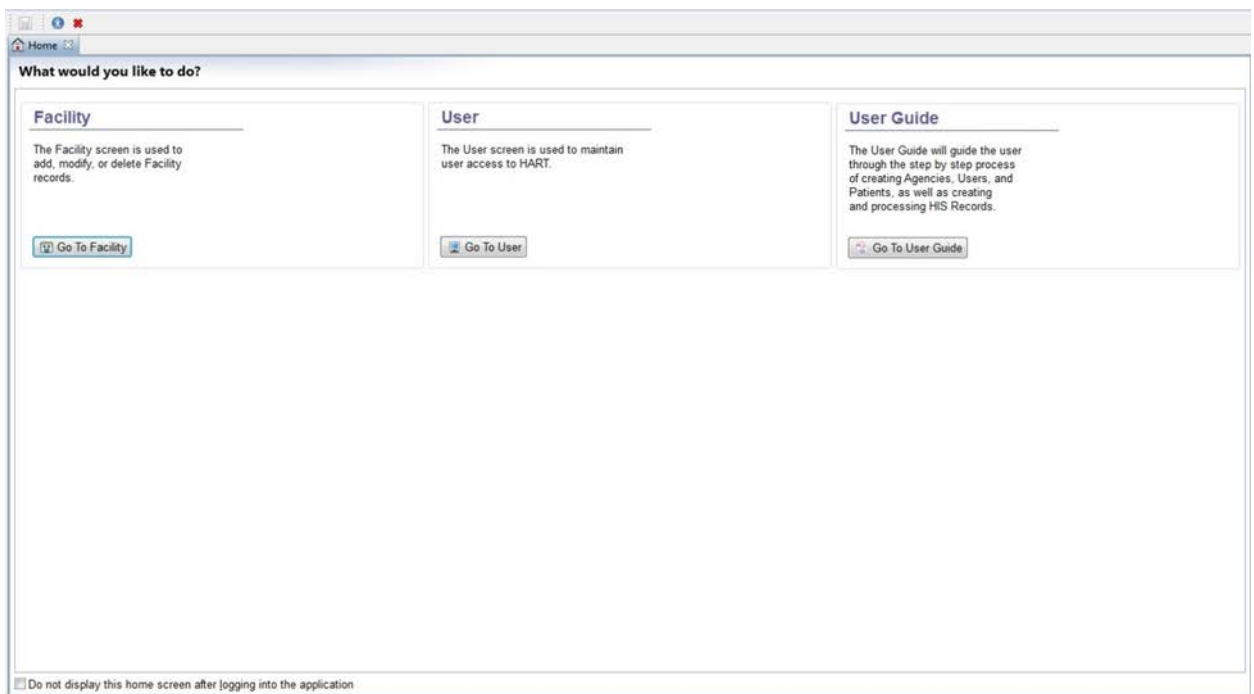
4. The HART welcome message displays if Enable Accessibility Features is selected :



HART

 **Welcome to HART.**
 This is the welcome screen for HART.
 After closing this dialog box press the ALT key to enable the drop down menu to perform HART administrative activities and HIS Record entry.
 Use CTRL+Page Up and CTRL+Page Down to switch between open screens. Press Alt+J to get additional information about that window.

5. The Initial HART window displays:



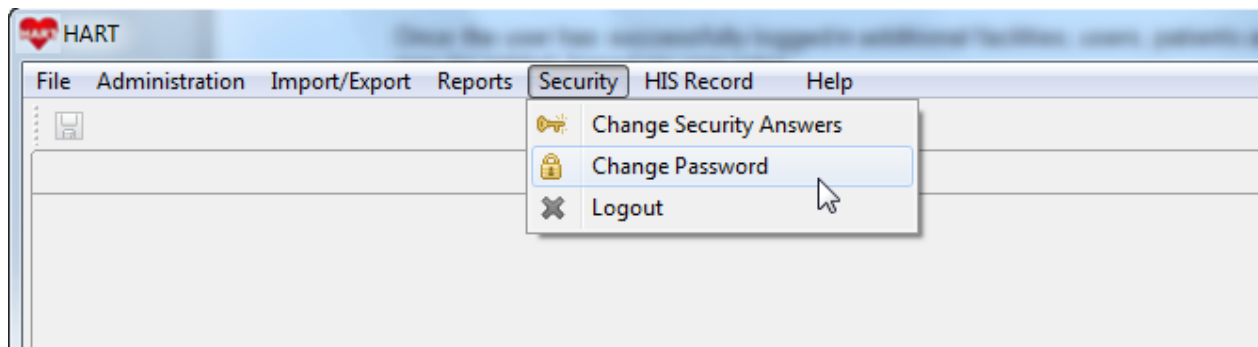
Once the user has successfully logged in, additional facilities, users, patients and HIS Record information may be added, based on user roles.

Change Password

User passwords may be changed at any time.

Complete the following steps to change a password:

1. Login to HART
2. Select the 'Change Password' option from the Security drop down menu on the toolbar.



3. The Change Password screen displays.

Change Password

The new password and the confirm new password must match.
The new password must be at least 8 characters long.
The new password must be no more than 20 characters long.
The new password must not contain any space.
The new password must not contain the User ID, First Name, Last Name, or Email.
The new password must not begin with a number.
The new password can only contain a maximum of 3 repetitive characters.
The new password must contain at least one for each of the following type of characters:
 Upper-case Character: A-Z
 Lower-case Character: a-z
 Number: 0-9
 Special Character: &~'!-@#\$%^*()_+={}[]\|;'"<>.,?/
The new password must not match any of the user's most recent 6 passwords.
The new password will be set to expire in 60 days.

Password

New Password

Confirm New Password

4. Enter the current password in the Password box.
5. Enter a new password in the New Password box.
6. Enter the new password again in the Confirm New Password box.
7. Click 'Change Password'
 - a. Click 'Cancel' to not change the password.

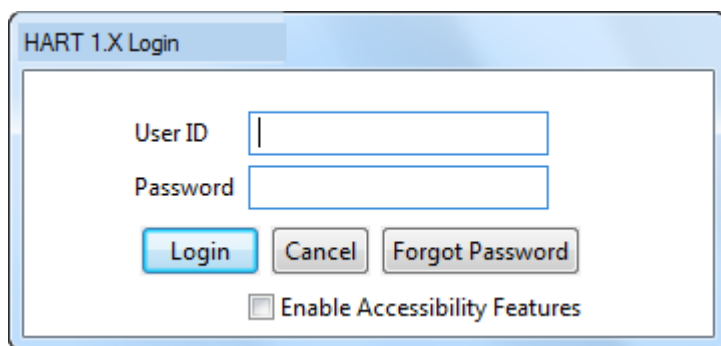
Password Rules

Passwords are case-sensitive. The following rules are displayed at the top of the Change Password screen:

- The new password and the confirmed new password must match.
- The new password must be at least 8 characters long.
- The new password must be no more than 20 characters long.
- The new password must not contain any space.
- The new password must not contain the User ID, First Name, Last Name, or Email.
- The new password must not begin with a number.
- The new password can only contain a maximum of 3 repetitive characters.
- The new password must contain at least one for each of the following type of characters.
 - Upper-case Character: A-Z
 - Lower-case Character: a-z
 - Number: 0-9
 - Special Character: &~'!-@#\$%^*()_+={}[]\|;'"<>.,?/
- The new password must not match any of the user's most recent 6 passwords.
- The new password will be set to expire in 60 days.

Forgot Password

On the login screen, enter user name and click the 'Forgot Password' button.



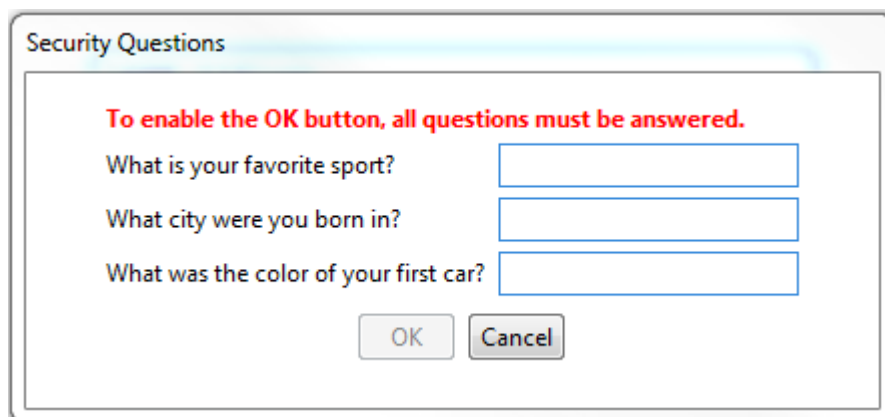
HART 1.X Login

User ID

Password

☐ Enable Accessibility Features

The Security Questions screen displays with 3 of the security questions that were answered upon the user's initial login.



Security Questions

To enable the OK button, all questions must be answered.

What is your favorite sport?

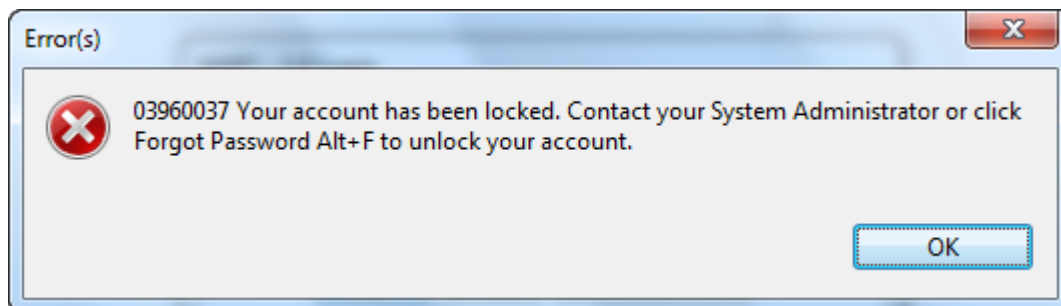
What city were you born in?

What was the color of your first car?


Answer the security questions correctly. Click 'OK' to continue to the Change Password screen. Click 'Cancel' to return to the login screen.

User Account Locked

The ability to log in will be blocked when a user enters incorrect user name and/or password 3 times in a row. The following message will display if a user account becomes locked.



Error(s)

 03960037 Your account has been locked. Contact your System Administrator or click Forgot Password Alt+F to unlock your account.

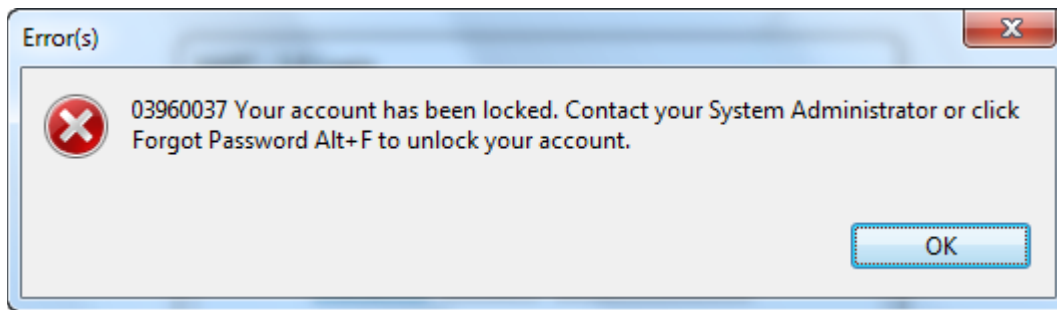
Follow the instruction for Forgot Password to unlock the account. Security questions must be answered and a new password must be created to continue.

Or the System Administrator can reset the account:

1. The System Administrator must log in.
2. On the User screen, select the user that has a locked account (displays in bold in the User Summary section).
3. Check the 'Reset Password/Unlock The Account' checkbox
4. Click the 'Save' icon.
5. The user account is unlocked with the password reset to the user name.

System Administrator Account Locked

If a System Administrator account becomes locked, the same message will display.



Follow the instructions for Forgot Password to unlock the account.

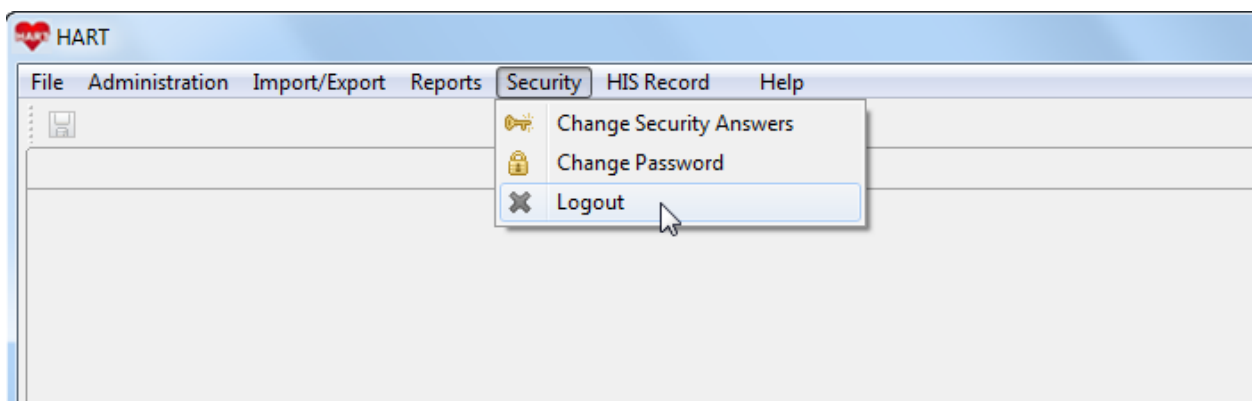
Note: Security questions must be answered and a new password must be created to continue.

A second System Administrator may log in and reset the account by following the steps as described above.

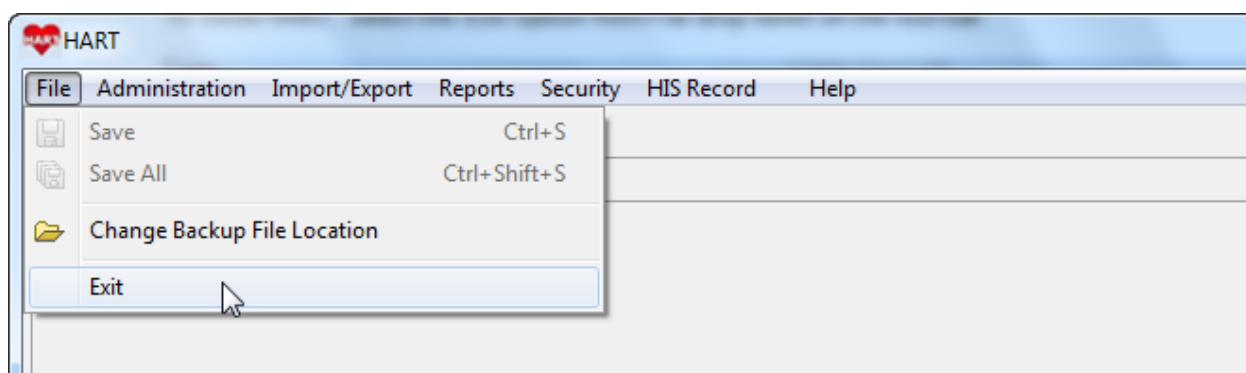
If the account cannot be unlocked using one of these options, contact the Help Desk for assistance. The Help Desk can utilize a secure password reset tool that allows the generic HART account (used at initial log in) to be reset to unlock an account or for the purpose of adding a new System Administrator to unlock the account.

Logout

To log out and return to the login screen, select the 'Logout' option from the Security drop down menu on the toolbar.



To close HART, select the 'Exit' option from File drop down menu on the tool bar.



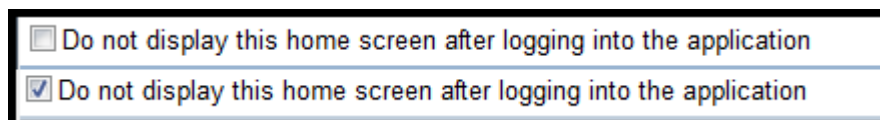
HART can also be closed by selecting the standard Microsoft Windows close icon (red x), in the top right corner of the screen.

Home Screen

The first screen to be displayed is the HART Application Welcome screen. This screen will, by default, contain the Home Screen, which is dynamic based on the User's assigned role.

Home screen Default

At the bottom of the Home Screen, there is one 'Do not display...' check box. The default is the check box will be initially unchecked (top illustration), indicating to display the Home Screen each time the user successfully logs into the application.

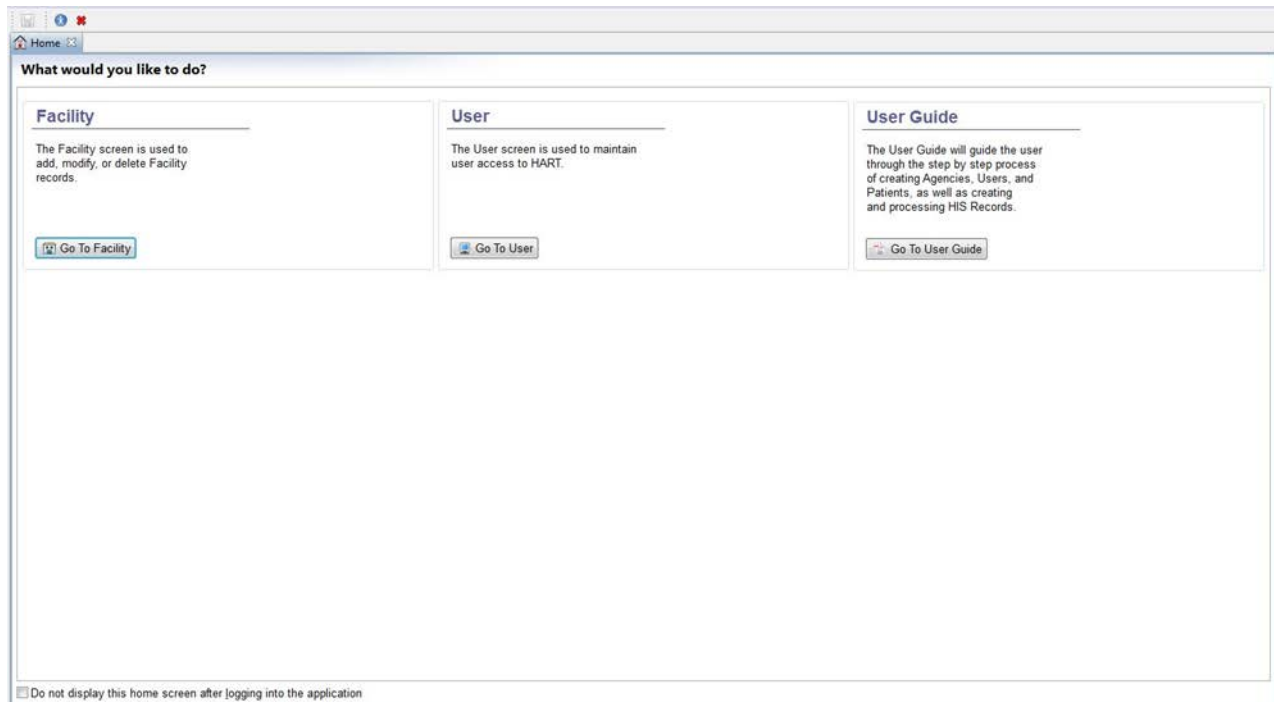


The User may check the check box (second row of illustration). When this is done, this screen will not continue to display. If the User wishes to uncheck this option they can navigate to the Help menu and select Home Screen. This will return the user to the Home Screen and they can change their settings if desired.

Available links Per User Type

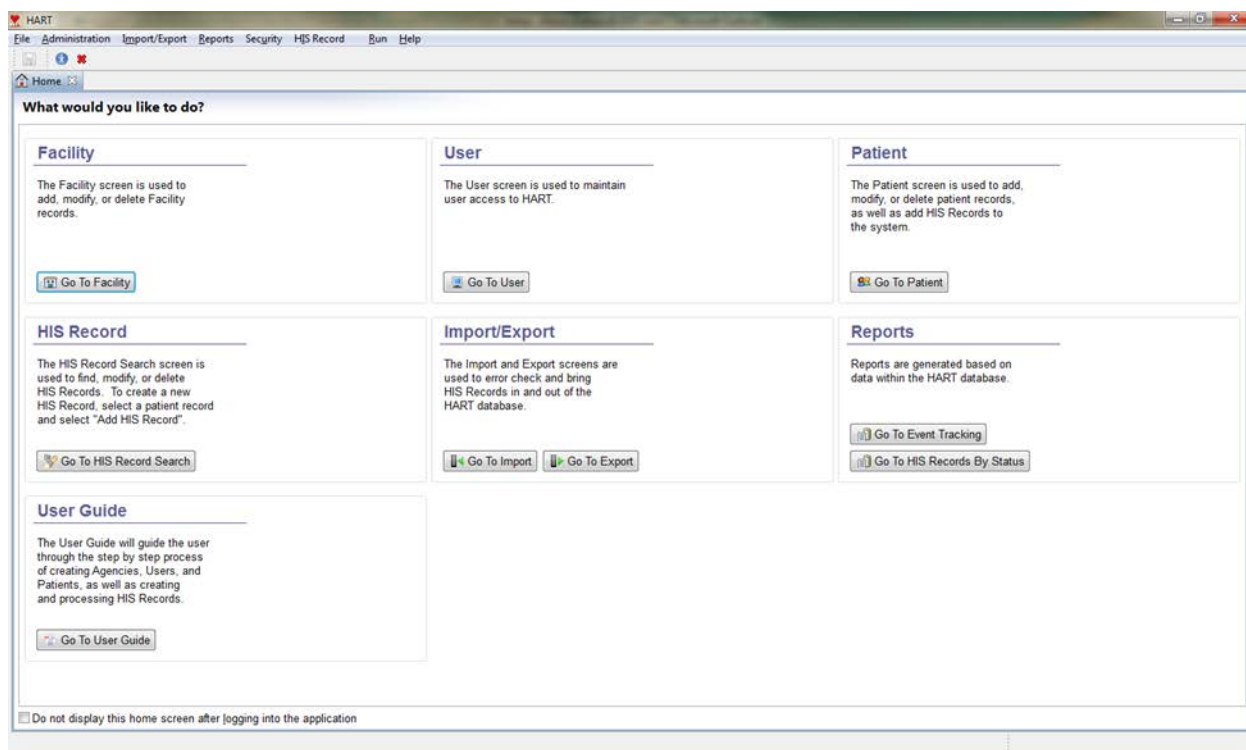
Default User

1. The Default User will have access to:
 - a. The Menu items and their drop down option:
 - i. File
 - ii. Administration
 - iii. Security
 - iv. Help
 - b. The "Go To" action buttons:
 - i. Facility – The Facility screen is used to add, modify, or delete facility records.
 - ii. User – The user screen is used to maintain user access to HART and set default facility association.
 - iii. User Guide – The User Guide will guide the user through the step by step process of creating Facilities, Users, and Patients, as well as creating and processing HIS Records.



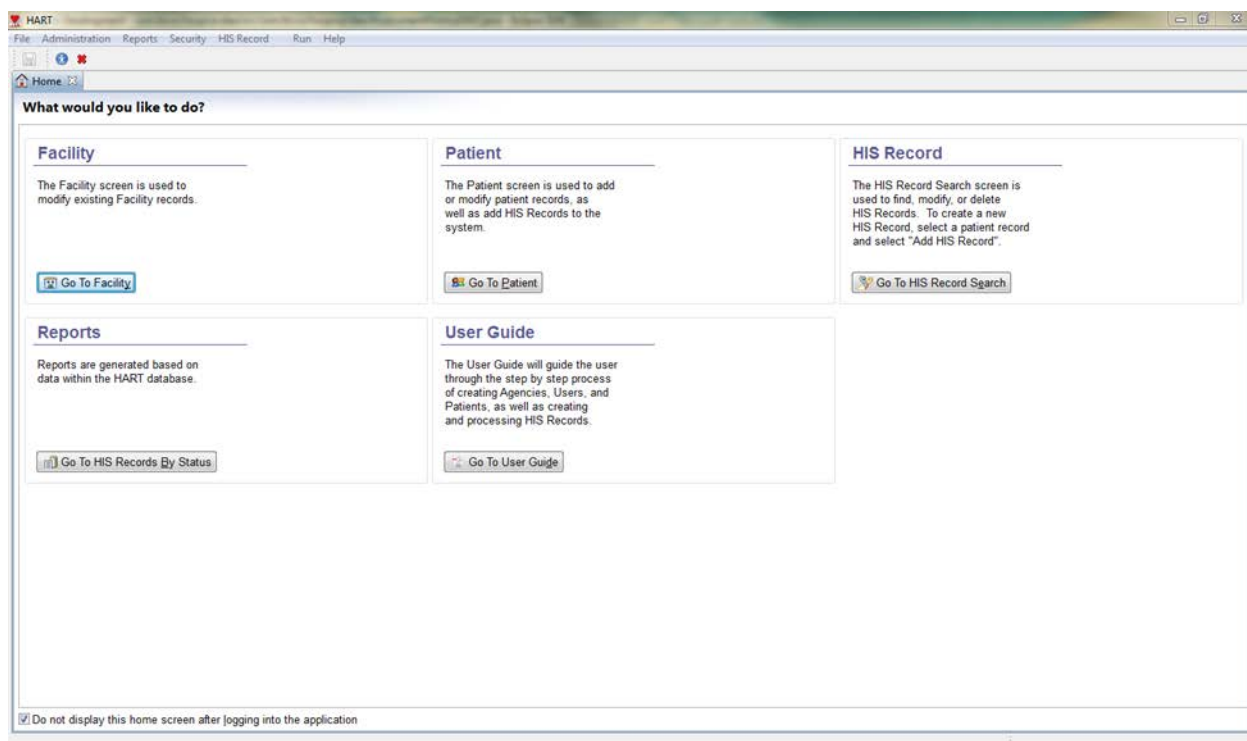
System Administrator

2. The System Administrator will have access to:
 - a. The Menu items and their drop down option:
 - i. File
 - ii. Administration
 - iii. Import/Export
 - iv. Reports
 - v. Security
 - vi. HIS Record
 - vii. Help
 - b. The "Go To" action buttons:
 - i. Facility - The Facility Screen is used to add, modify, or delete Facility records.
 - ii. User - The User screen is used to maintain user access to HART.
 - iii. Patient - The Patient screen is used to add, modify, or delete patient records, as well as add HIS Records to the system.
 - iv. HIS Record - The HIS Record Search screen is used to find, view or delete HIS Records.
 - v. Import/Export - The Import and Export screens are used to error check and bring HIS Records in and out of the User Tool database.
 - vi. Reports - Reports are generated based on data within the User Tool database.
 - vii. User Guide - The User Guide will guide the user through the step by step process of creating Facilities, Users, and Patients, as well as creating and processing HIS Records.



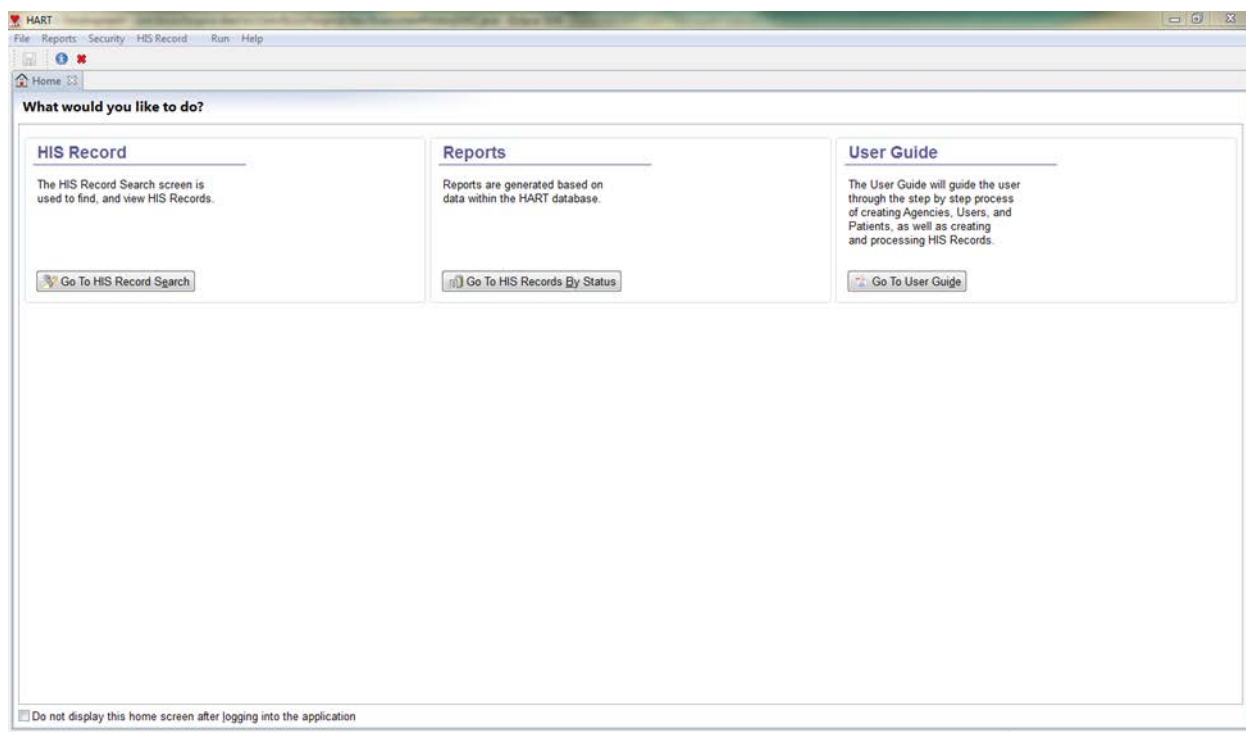
Data Entry User

1. The Data Entry User will have access to:
 - a. The Menu items and their drop down option:
 - i. File
 - ii. Administration
 - iii. Reports
 - iv. Security
 - v. HIS Record
 - vi. Help
 - b. The "Go To" action buttons:
 - i. Facility - The Facility screen is used to modify existing Facility records.
 - ii. Patient - The Patient screen is used to add or modify patient records, as well as add HIS Records to the system.
 - iii. HIS Record - The HIS Record Search screen is used to find, view or delete HIS Records.
 - iv. Reports - Reports are generated based on data within the User Tool database.
 - v. User Guide - The User Guide will guide the user through the step by step process of creating Facilities, Users, and Patients, as well as creating and processing HIS Records.



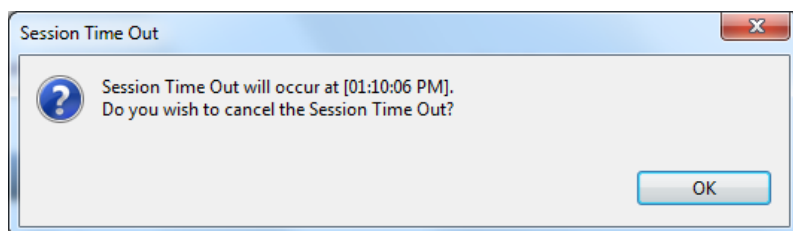
View Only User

1. The View Only User will have access to:
 - a. The Menu items and their drop down option:
 - i. File
 - ii. Reports
 - iii. Security
 - iv. HIS Record
 - v. Help
 - b. The "Go To" action buttons:
 - i. HIS Record - The HIS Record Search screen is used to find and view HIS Records.
 - ii. Reports - Reports are generated based on data within the User Tool database.
 - iii. User Guide - The User Guide will guide the user through the step by step process of creating Facilities, Users, and Patients, as well as creating and processing HIS Records.



Session Time Out

To assist with keeping data secure in HART, if at any time during data entry there is no activity by the user for ten minutes, the system will issue a timeout warning.



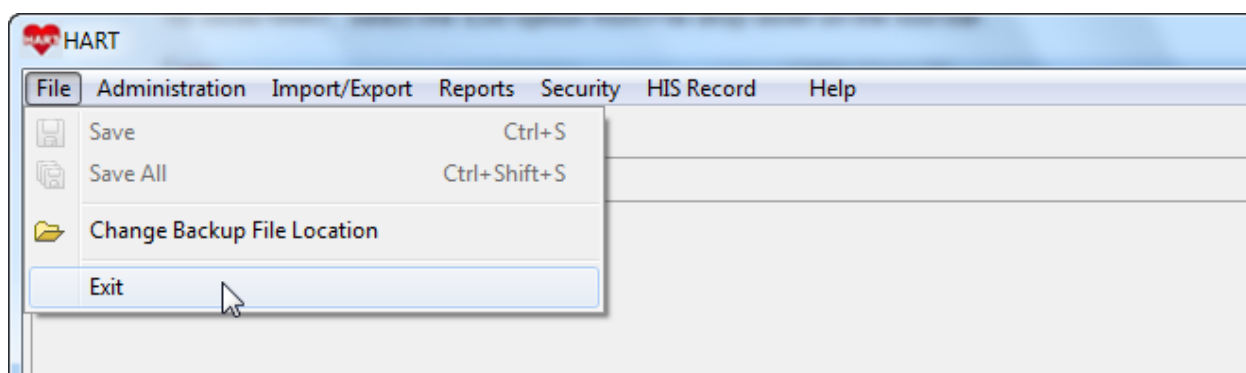
To continue with the session, the user may click 'OK'. If the user does not click 'OK' after 15 minutes of inactivity, HART will close the data entry screen and return to the user log in screen. Any data entered will not be saved.

Data Backup

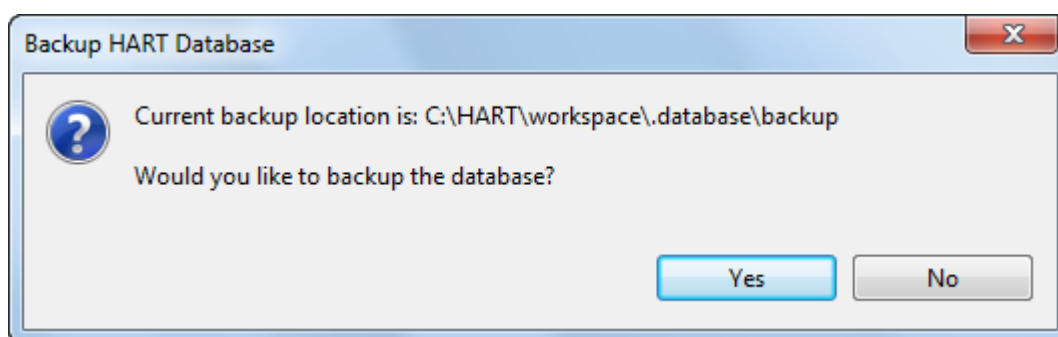
HART can create a backup of the database when the application is closed following an active session.

Complete the following steps to close and back up data:

1. Select the 'Exit' option from the File drop down menu on the toolbar.



2. The Backup HART Database message displays.



3. Choose one of the following options.
 - a. Click 'Yes' to backup the database and close HART.
 - b. Click 'No' to not backup the database and close HART.

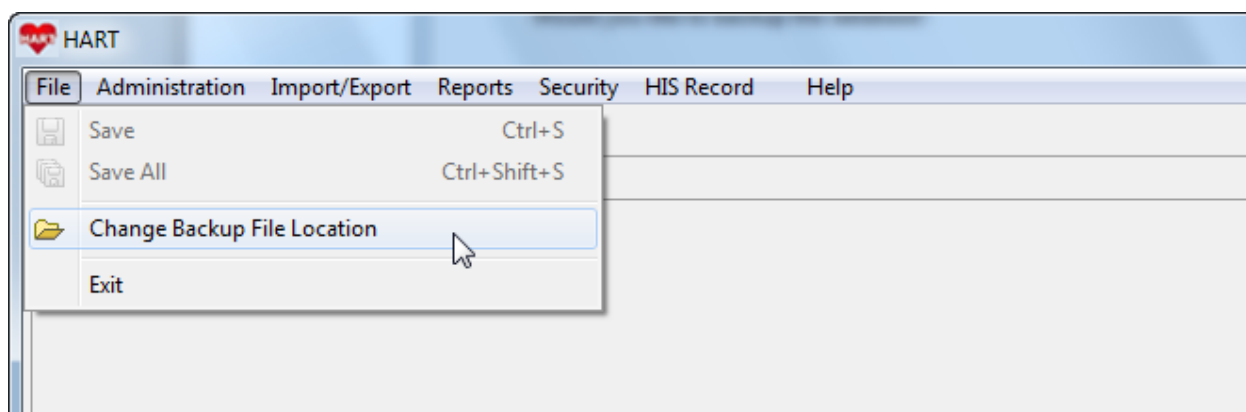
If a backup has not occurred in the last 7 days, HART will automatically backup the database when the application is closed.

Changing the Backup File Location

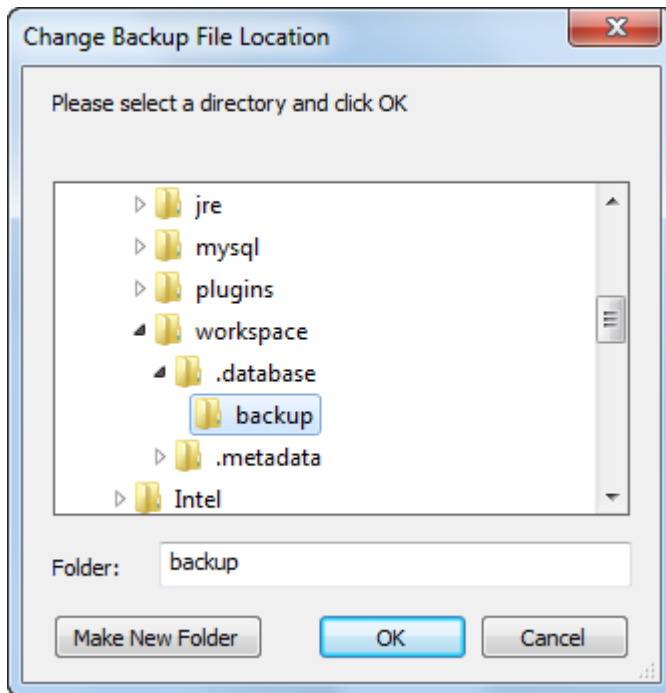
The default location for the backup database is located in a database/backup folder where the application is installed. Only System Administrators may change the location where the backup will be stored.

Complete the following steps to change the location where the backup will be stored:

1. Select the 'Change Backup File Location' option from the File drop down menu on the toolbar.



2. The Change Backup File Location window displays with the current backup location highlighted.



3. Select the desired backup location.
4. Choose one of the following options.
 - a. Click 'OK' to set the location and close the screen.
 - b. Click 'Cancel' to close the window without changing the location of the backup files.

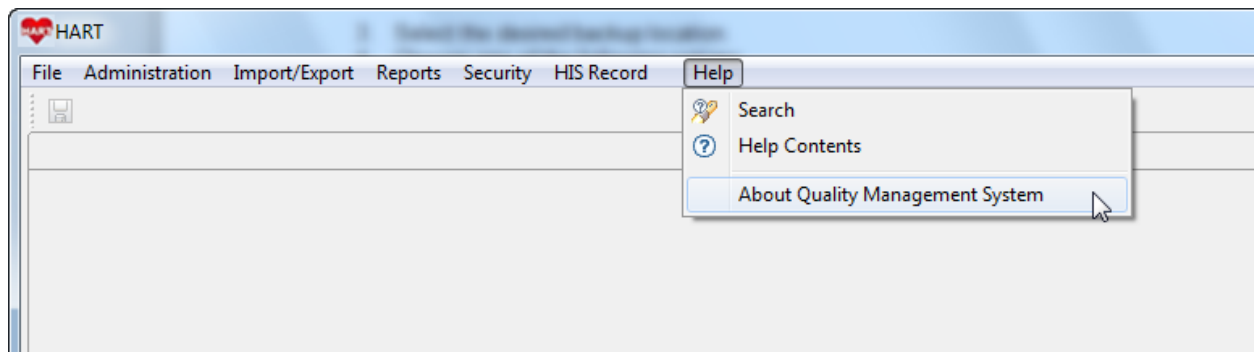
Restore Data

In the event of data loss, System Administrator users may perform a restore from a prior database backup.

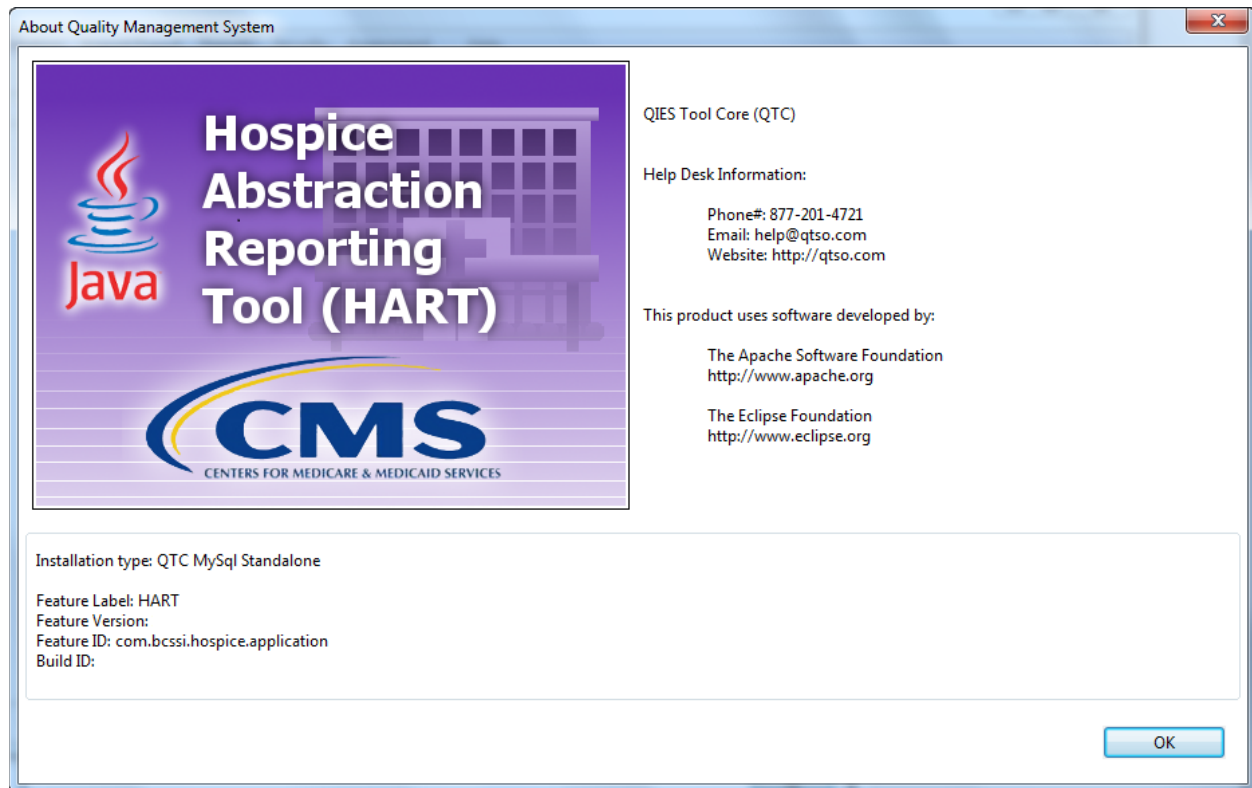
A database restore requires the assistance of the QIES help desk (1-877-201-4721 or help@qtso.com).

Version Verification

Information about the version of HART currently installed can be found by selecting 'About Quality Management System' from the Help menu.



Feature Label (HART) and Feature Version (1.X) display in the lower left side of the screen. Help Desk Information displays on the right side of the screen.



When the HART application is accessed and the computer running HART has an internet connection, the application will compare the version currently installed with the version available on the QIES Technical Support Office (QTSO) website. If a new version of HART is available, a message will display directing the user to the QTSO website to download the latest version.

Facility Setup

For optimization of the skip patterns and/or edits, it is recommended that data be entered in the order the questions appear on the screen.

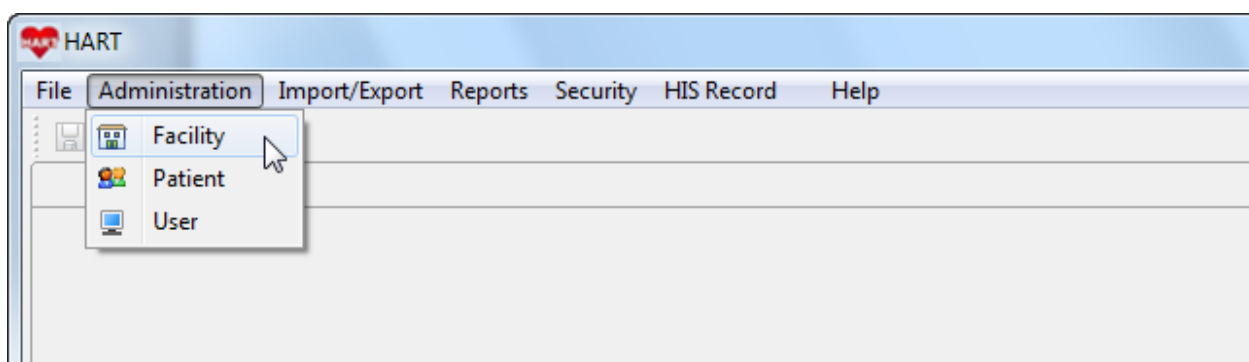
The Facility screen allows users based on their user roles to setup and modify facilities. The term “facility” refers to a Hospice provider.

The screen displays in two columns.

- Facility Summary (on the left)
- Facility Detail (on the right)
 - All facility data entry is done in this section.

Complete the following steps to create a new facility:

1. Select the ‘Facility’ option from the Administration drop down menu on the toolbar.



2. The Facility Information screen displays.

 A screenshot of the 'Facility Information' screen in the HART software. The screen is divided into two main sections. On the left, there is a 'Facility Summary (Alt+L)' section with a table that has columns for Name, Address, City, State, Zip Code, Assigned Provider Submission ID, and National ID. The table is currently empty. On the right, there is a 'Facility * = Required Fields (Alt+J)' section with various input fields for facility details. The fields include: 'Assigned Provider Submission ID (FAC_ID)*', 'Facility Name*', 'Facility Address Line 1*', 'Facility Address Line 2', 'Facility City*', 'Facility State*' (a dropdown menu), 'Facility Zip Code', 'Facility National Provider ID (NPI) (A0100A)', 'Facility CMS Certification Number (CCN) (A0100B)*', 'Facility Contact Person Name', 'Facility Contact Person Phone Number', and 'Facility Contact Person Phone Number Extension'. Each field has a help icon (?) next to it.

3. Enter facility information into the appropriate fields. Required fields display on the screen in bold type with an asterisk.
4. After facility information has been entered, click the 'Save' icon. Saved facility information will display in the Facility Summary section on the left side of the screen.
5. To add additional facilities, click the 'New' icon. Enter data and click the 'Save' icon.

Complete the following steps to modify an existing facility:

1. Locate and highlight the facility in the summary section.
2. Make the appropriate changes on the right side of the screen.
3. Click the 'Save' icon.

Complete the following steps to delete a facility:

1. Locate and highlight the facility in the summary section.
2. Click the 'Delete' icon.
 - a. Only System Administrator user types can delete a facility.
 - b. Deletions cannot be made if users, patients, or HIS Records have already been created under the facility.

User Setup

There must always be at least one active System Administrator. It is highly recommended that there be at least two System Administrators.

For optimization of the skip patterns and/or edits, it is recommended that data be entered in the order the questions appear on the screen.

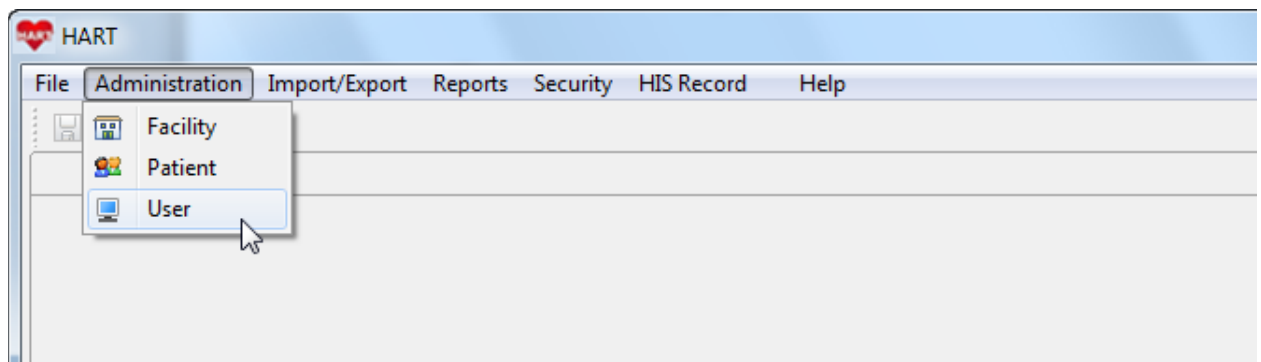
The User screen allows users, based on user roles, to setup new users and modify users.

The screen displays in two columns.

- User Summary (on the left)
- User Detail (on the right)
 - All user data entry is done in this section.
- Activation Detail (on the right)
- Provider Detail (on the right)

Complete the following steps to add a new user:

1. Select the 'User' option from the Administration drop down menu on the toolbar.



2. The User Information screen displays.

User Information

▼ **User Summary (Alt+L)**

User ID	First Name	Last Name	User Type	Activation Date	Termination Date

▼ **User Detail** * = Required Fields (ALT+1)

User ID* ?

First Name* ?

Middle Name ?

Last Name* ?

Phone ?

Ext. ?

Email ?

User Type* ?

☐ Reset Password/Unlock The Account

▼ **Activation Detail (Alt+2)**

Activation Date* ?

Termination Date ?

Account Status ?

▼ **Provider Detail (Alt+3)**

Facility* ?

3. Enter user information into the appropriate fields. Required fields display on the screen in bold type with an asterisk.
4. After user information has been entered, click the 'Save' icon. Saved user information will display in the User Summary section on the left side of the screen.
5. To add additional users, click the 'New' icon. Enter data and click the 'Save' icon.

Complete the following steps to modify an existing user:

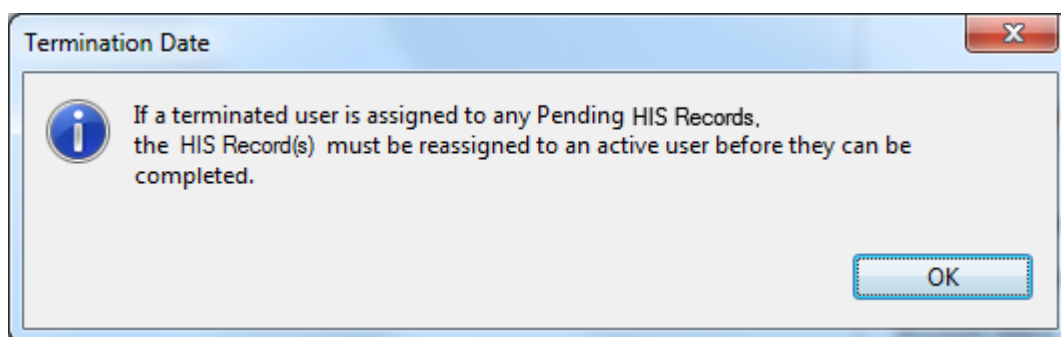
1. Locate and highlight the user in the summary section.
2. Make the appropriate changes on the right side of the screen.
3. Click the 'Save' icon.

Complete the following steps to delete a user:

1. Locate and highlight the user in the summary section.
2. Click the 'Delete' icon.
 - a. Deletions cannot be made if the user has created or modified facility, patient, or HIS Record records.

Termination Date

A Termination Date should only be entered if an active user is no longer valid (e.g., no longer works for the facility). If a Termination Date is entered for a user with pending HIS Records, a Termination Date message box displays advising pending HIS Records should be reassigned to an active user. In this case, regardless of the HIS Record Status, the HIS Records will be automatically assigned to the next user who opens the HIS Record.



If there is only one System Administrator and that person terminates his/her position, another System Administrator must be set up prior to entering the Termination Date for the existing System Administrator.

User Types

User types available in HART include System Administrator, Data Entry and View Only. To enhance security of data in the application, each user type has a different level of access.

The following table provides a summary of the different user-types and their associated roles within the HART tool. An “X” is a process that a particular role performs, unless otherwise specified. An “N/A” is a process that a particular role cannot perform.

NOTE: Data Entry and View Only users can only access information for the facility they are assigned to.

User Type Table

Features/Functionality	System Administrator	Data Entry	View Only
HIS Records	Add/Edit/Delete	Add/Edit	N/A
Create Inactivation Requests	X	N/A	N/A
Create Modification Requests	X	N/A	N/A
Export Files	X	N/A	N/A
Import Files	X	N/A	N/A
Maintain Facility Information	Add/Edit	Edit	N/A
Maintain Patient Information	Add/Edit/Hide/Delete	Add/Edit	N/A
Maintain User Information	Add/Edit/Delete	N/A	N/A
Perform Data Entry for HART form	X	X	N/A
Print HIS Records (Report)	X	X	X
View HIS Record Data Entry Report	X	X	X
View HIS Records Entered by Any User	X	X	X
View Event Tracking Report	X	N/A	N/A
View Hidden Patients/HIS Records	X	N/A	N/A
View User List	X	N/A	N/A

Users logged in under the “hart” User ID will only be able to add facilities and users. After successfully adding at least one System Administrator and at least one facility, the user must log out of the application and log in with the newly created User ID.

Patient Setup

For optimization of the skip patterns and/or edits, it is recommended that data be entered in the order the questions appear on the screen.

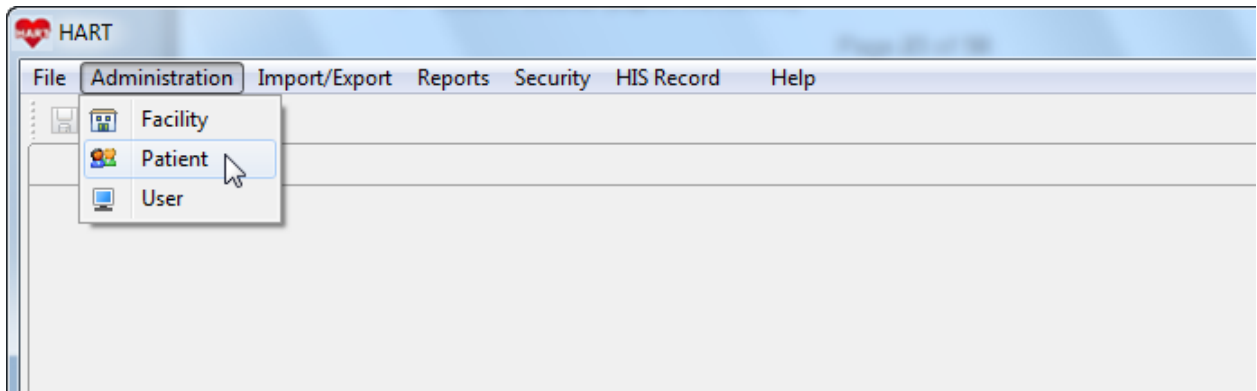
The Patient screen allows users, based on user roles, to add, edit, delete and search for patients.

The screen displays in 4 parts.

- Search Criteria (top of the screen)
- Patient Summary (on the left)
- Patient Detail (on the right)
 - All patient data entry is done in this section.
- Actions (on lower right)

Complete the following steps to add a new patient:

1. Select the 'Patient' option from the Administration drop down menu on the toolbar.



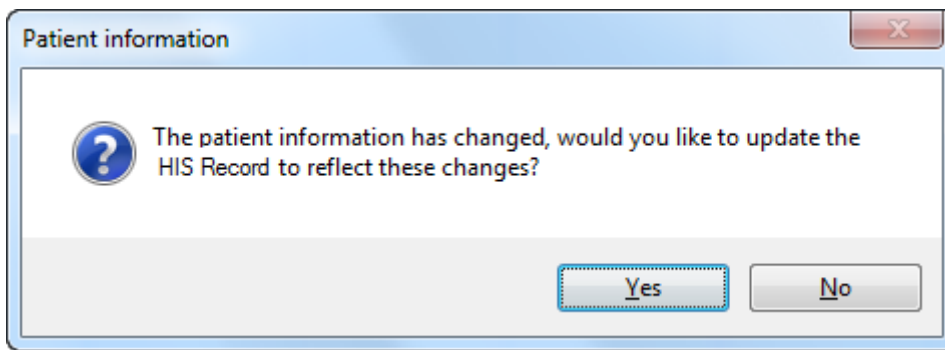
2. The "Patient Information screen" displays.

3. Enter patient information into the appropriate fields. Required fields display on the screen in **bold** type with an asterisk.
4. After user information has been entered, click the 'Save' icon. Saved patient information will display in the Patient Summary section.
5. To add additional patients click the 'New' icon or the 'Add Patient' button located below all the patient entry fields. Enter data and click the 'Save' icon.

Complete the following steps to modify an existing patient:

1. Locate and highlight the patient in the summary section.
2. Make the appropriate changes on the right side of the screen.
3. Click the 'Save' icon.

NOTE: The following message will display on the HIS Record Search screen when opening a previously exported HIS Record. The user will have the option to update the HIS Record to reflect the changes made on the Patient screen. If the HIS Record has not been exported yet, the changes made to the Patient will update on the HIS Record automatically.



Complete the following steps to delete a patient:

1. Locate and highlight the patient in the summary section.
2. Click the 'Delete' icon or the 'Delete Patient' button.
 - a. Deletions cannot be made if one or more HIS Records have been created for the patient.

Hide Patient Record

The Hide Patient Record field of the Patient column allows users to hide records that no longer need to be accessed by selecting the 'Yes, hide record' option.

Hide Patient Record?* ?



For example, when a patient is no longer in the facility and all associated HIS Records have been exported; the user can hide the patient record.

Search for a Patient

The Search section is at the top of the Patient Information screen.

Patient Information

▼ Search Criteria (Alt+T)

Field Name	Condition	Field Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Show Hidden

<< < No records found. > >>

Complete the following steps to search for an existing patient:

1. To retrieve all existing Patient records, leave the search criteria blank and click the 'Search' button.
2. To retrieve one or more records based on search criteria:
 - a. Select criteria from the Field Name and Condition list.
 - b. Enter a Field Value.
 - c. Click the 'Search' button.

Click the 'Clear' button to remove search criteria.

Selecting the box next to 'Show Hidden' will include records marked Yes, Hide Record in the Patient column.

System Administrator's may see duplicate patients listed in the Patient Summary section if a patient has been at multiple facilities and the System Administrator has access to all of those facilities.

Move Patient to another Facility

It may be necessary to move a patient from one facility to another facility. The following steps are used only where HART users are responsible for both of these facilities within HART and the patient has

moved from one HART to the other and it is now necessary to enter HIS Record data for the same patient under the second facility. To accomplish this within the application, two actions must take place.

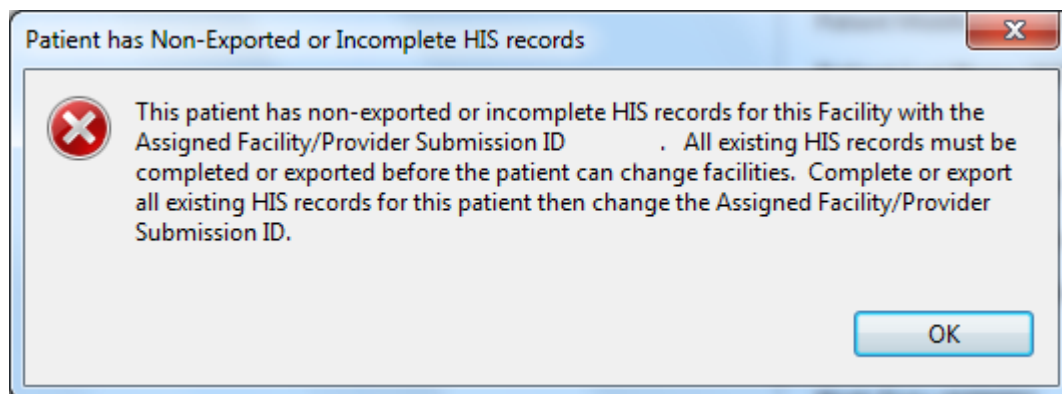
- Review the HIS Records currently associated with the patient. If there are any HIS Records in a Non-Exported status, they must be completed and exported.
- The patient must be moved using the Assigned Facility/Provider Submission ID field.

Complete the following steps to verify the exported status of this patient's HIS Records:

1. Perform a search following the [Search for a HIS Record](#) procedure.
2. Are there non-exported HIS Records for this patient?
 - a. Yes.
 - i. Complete the HIS Record following the [Entering HIS Record Data](#) procedure.
 - ii. Once the HIS Record has been validated, export the HIS Record following the [Export](#) procedure
 - b. No. Continue on.

Complete the following steps to move this patient to another facility:

3. Select the 'Patient' option from the Administration drop down on the toolbar.
4. The Patient Information screen displays.
5. Perform a [Search for a Patient](#) for the specific patient you wish to move.
6. In the Patient Summary, highlight the patient to be moved. The detail for this patient will be displayed in the Patient Detail on the right. Make sure that:
 - a. This is the correct patient.
 - b. The Assigned Facility/Provider Submission ID reflects the facility in which the patient is currently located.
7. Select the new facility from the Assigned Facility/Provider Submission ID dropdown.
8. Click the 'Save' icon.
9. If all the HIS Records were NOT exported, the User must perform Steps 1-2 for all the non-exported HIS Records before the patient record will be allowed to move to another facility and the following Error Message will be displayed.



10. If all the HIS Records were exported as listed in Steps 1 -2, the following confirmation message will be displayed:

Confirm Change Facility

Are you sure you want to change the facility for patient FName LName ?
The following HIS records will remain in the original facility where they were created:

HIS Record Information

Admission Date	HIS Record Type	Status	Assessor	HIS Record Date	Export Date
	HA-HART Admission	EXPORTED		03-04-2014	07-01-2014

Finish **Cancel**

11. When the move is successful, the following confirmation message will be displayed.

Confirming Patient Move

i FName LName has been moved successfully.

OK

12. Saved patient information will display in the Patient Summary section of the Patient Screen.

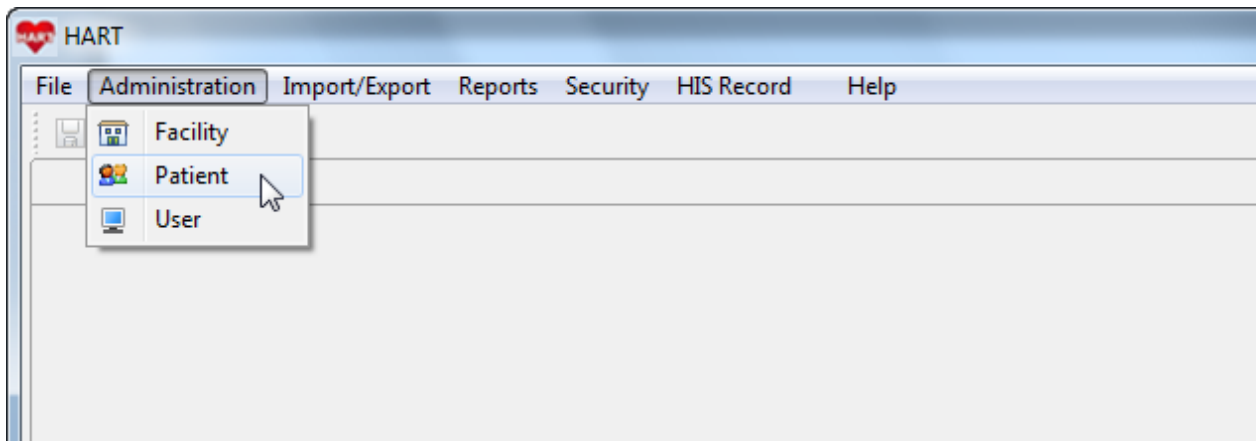
HIS Records

For optimization of the skip patterns and/or edits, it is recommended that data be entered in the order the questions appear on the screen.

Create a HIS Record

Complete the following steps to create a HIS Record:

1. Log in to HART.
2. Select the 'Patient' option from the Administration drop down menu on the toolbar.



3. Search for a patient or add a new patient.
4. In the Patient Summary section, double click on a patient row in the patient summary section or highlight a patient row by clicking on the patient and click the 'Add HIS Record' button at the bottom of the Patient Detail Section.

5. The Add HIS Record Wizard displays.

HIS Record

Add HIS Record for patient FName LName

* = Required

Admission Date (A0220)*

Reason for Record (A0250)*

Discharge Date (A0270)*

< Back Next > Finish Cancel

6. Enter the information in the fields as appropriate.
7. The Finish button is enabled. Click 'Finish' to continue to the HIS Record screen.
Note: After clicking Finish, errors and/or warning messages, if applicable, will display in a pop up screen.
 - a. Click the 'Cancel' button to return to the Patient screen.
8. After clicking 'Finish', the HIS Record screen displays.

HART

File Security HIS Record Help

NEW 03:45

HIS Record Search Patient HA - HIS Record - 03-04-2014

Navigator (Alt + N)

- Hospice Admission
 - Section A Administrative Information
 - A0050. Type of Record
 - A0205. Site of Service at Admission
 - A0245. Date initial nursing HIS record initiated
 - A1802. Admitted From
 - Section F Preferences
 - F2000A. Was the patient/responsible party asked about preference regarding the use of cardiopulmonary resuscitation (CPR)?
 - F2000B. Date the patient/responsible party was first asked about preferences regarding the use of CPR:
 - F2100A. Was the patient/responsible party asked about preferences regarding life-sustaining treatments other than CPR?
 - F2100B. Date the patient/responsible party was first asked about preferences regarding life-sustaining treatment other than CPR?
 - F2200A. Was the patient/responsible party asked about preference regarding hospitalization?
 - F2200B. Date the patient/responsible party was first asked about preference regarding hospitalization:
 - F3000A. Was the patient and/or caregiver asked about preference regarding hospice admission?
 - Section I Active Diagnoses
 - I0010. Principal Diagnosis
 - Section J Health Conditions
 - J0900A. Was the patient screened for pain?
 - J0900B. Date of first screening for pain:
 - J0900C. Patient's pain severity was:
 - J0900D. Type of standardized pain tool
 - J0910A. Was a comprehensive pain HIS record created?
 - J0910B. Date of comprehensive pain HIS record created:
 - J0910C. Comprehensive pain HIS record created:
 - J2030A. Was the patient screened for substance abuse?
 - J2030B. Date of screening for substance abuse:

HIS Record | Patient Details | HIS Record Determination

Hospice Admission

Section A Administrative Information (Alt+1)

A0050. Type of Record ?

A0205. Site of Service at Admission ?

A0245. Date initial nursing HIS record initiated ?

A1802. Admitted From ?

Section F Preferences (Alt+2)

F2000A. Was the patient/responsible party asked about preference regarding the use of cardiopulmonary resuscitation (CPR)?

F2000B. Date the patient/responsible party was first asked about preferences regarding the use of CPR:

F2100A. Was the patient/responsible party asked about preferences regarding life-sustaining treatments other than CPR?

F2100B. Date the patient/responsible party was first asked about preferences regarding life-sustaining treatment other than CPR?

F2200A. Was the patient/responsible party asked about preference regarding hospitalization?

F2200B. Date the patient/responsible party was first asked about preference regarding hospitalization:

F3000A. Was the patient and/or caregiver asked about preference regarding hospice admission?

Edits (Alt + E)

9. If the 'Next' button enables instead of the Finish button, the information entered on the Add HIS Record screen duplicates an already entered HIS Record.
 - a. The following screen displays with a list of duplicate HIS Records.

HIS Record

Add HIS Record for patient FName LName

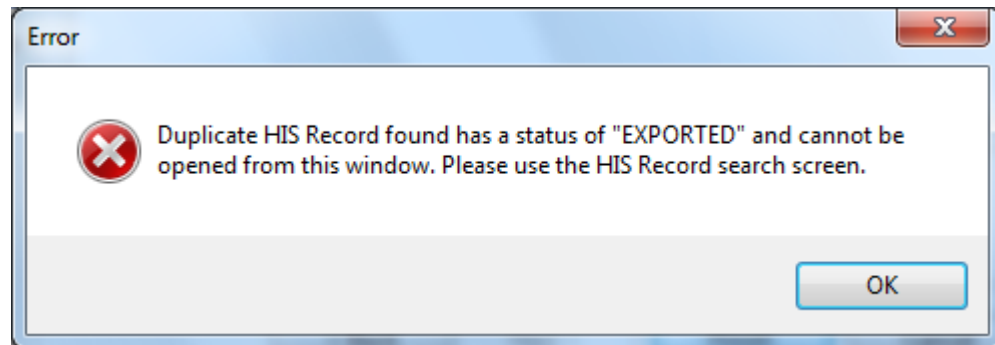
HIS Record(s) exists for entered admission date

HIS Record Information

HIS Record Date	HIS Record Type	Status	Assessor	Admission Date
03-04-2014	HA-HART Admission	DATA_ENTRY		07-01-2014

< Back Next > Finish Cancel

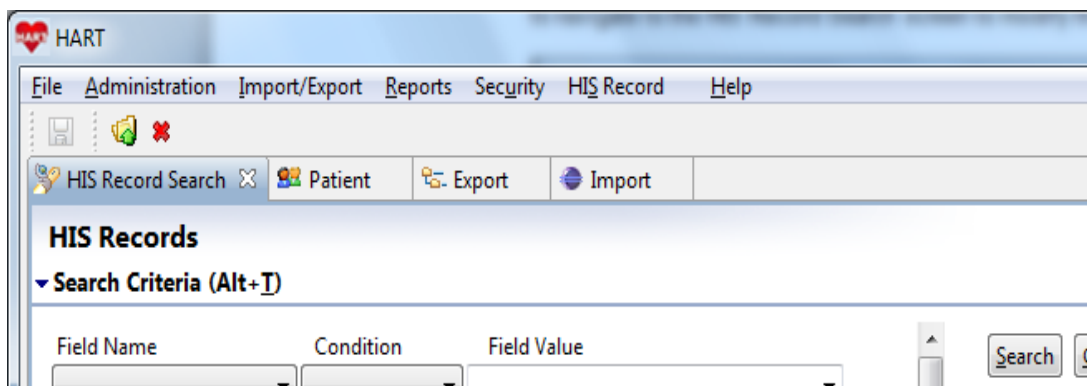
- b. Highlight the HIS Record. Click the 'Finish' button to continue with data entry of that HIS Record or 'Cancel' to return to the Patient screen. If the HIS Record is already in an EXPORTED status, the user will need to navigate to the HIS Record Search screen to modify the HIS Record and the following message will display.



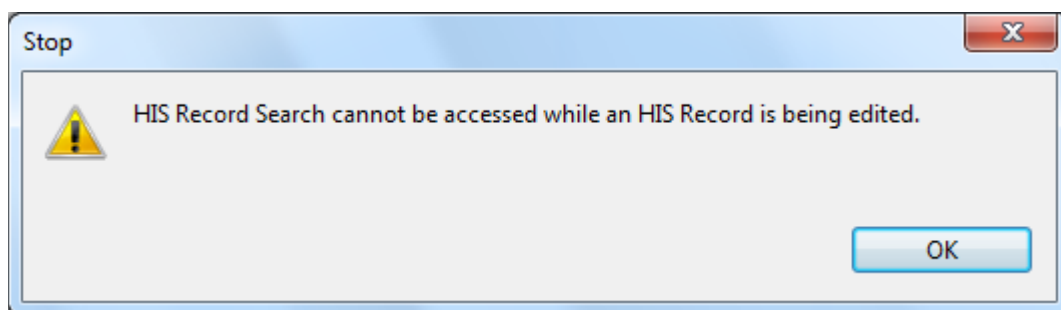
HIS Record Screen Navigation

Screen Tabs

- Tabs for any open screens (e.g. Facility, Patient, User, HIS Record Search) will display below the toolbar at the top of the screen.



- When the HIS Record screen is active, no other screen may be accessed. If a user tries to view one of the other screens an error message displays.

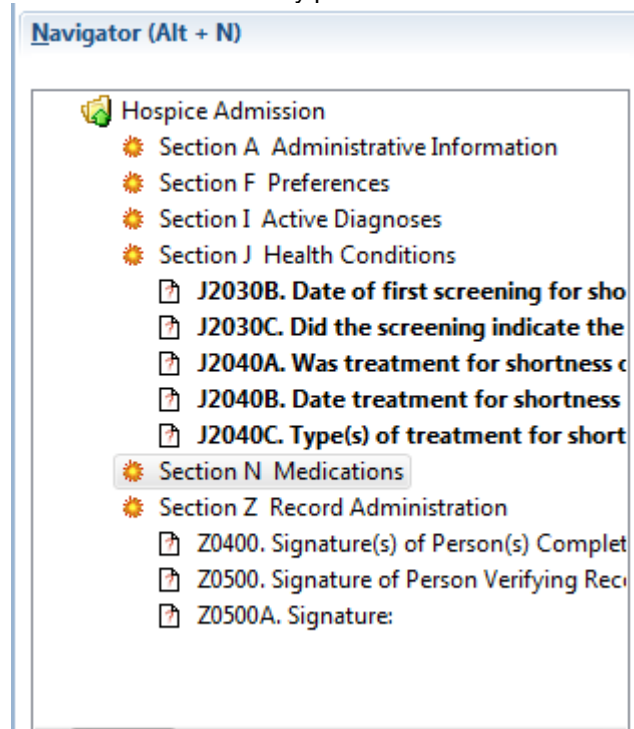


- Click 'OK' to close the error and return to the HIS Record screen.
- The HIS Record tab displays the HIS Record type, patient name and HIS Record date

Navigator

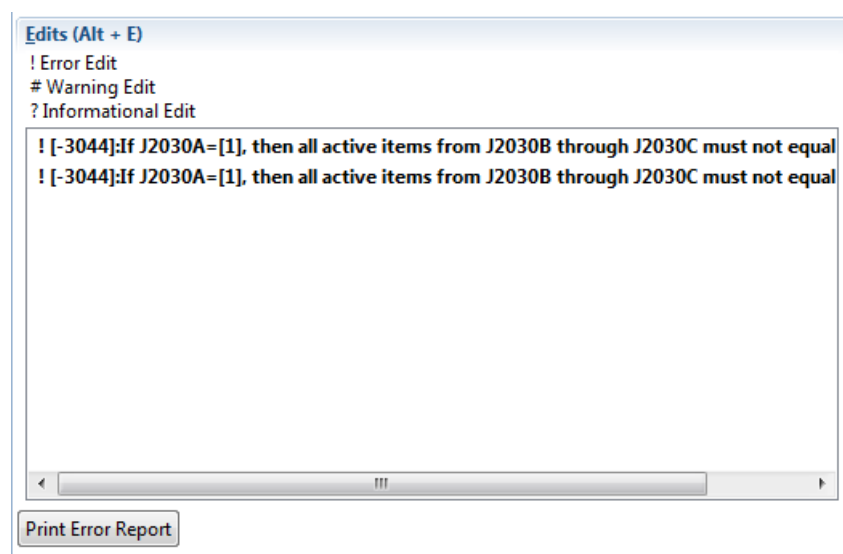
- Located in the top left corner of the HIS Record screen.
- Items included in a HIS Record display in a collapsible "tree" format.

- As questions are answered, they are removed from the tree.
- The Show/Hide Answered Questions icon in the toolbar at the top of the screen will also change the display of the tree.
- Clicking on an item in the tree will directly place the cursor in the selected field.



Edits

- Located in the bottom left corner of the HIS Record screen.
- Errors and warnings found on the data display.
- Clicking on an edit message will move the cursor within the HIS Record to the appropriate field.
 - Some errors will present a pop up message and must be addressed when displayed in order to proceed. These edits will not display in the Edits listing unless the ignore button is clicked on the pop up message.



HIS Record Tab

- Located on the top left side of the HIS Record form.
- HIS Record data is entered under this HIS Record tab.

The screenshot shows the 'HIS Record' tab selected in a navigation bar. Below the bar, the title 'Hospice Admission' is displayed. Underneath, 'Section A Administrative Information (Alt+1)' is expanded. The form contains several fields: 'A0050. Type of Record' with a dropdown menu showing '1. Add new Record'; 'A0205. Site of Service at Admission' with a dropdown menu showing '01. Hospice in patient's home/residence'; 'A0245. Date initial nursing HIS record initiated' with a date input field showing '07-01-2014' and a calendar icon; and 'A1802. Admitted From' with a dropdown menu showing '01. Community residential setting (e.g., private home/apt., board/care, assisted living, group home, adult foster care)'.

Patient Details Tab

- Located on the top left side of the HIS Record form.
- Patient data is displayed in a view only, non-editable, format.

The screenshot shows the 'Patient Details' tab selected in the navigation bar. The form displays patient information in a view-only format. Fields include: 'Patient Last Name (A0500C)' with input 'LName'; 'Patient First Name (A0500A)' with input 'FName'; 'Patient Middle Initial (A0500B)' with an empty input field; 'Patient Name Suffix (A0500D)' with an empty input field; 'Social Security Number (A0600A)' with an empty input field; 'Patient Medicare/Railroad Insurance Number (A0600B)' with an empty input field; 'Patient Medicaid Number (A0700)' with an empty input field; 'Gender (A0800)' with an empty input field; 'Birth Date (A0900)' with an empty input field; 'Race/Ethnicity (Mark all that apply) (A1000)' with an empty input field; 'Hide Patient Record' with an empty input field; and 'Assigned Provider Submission ID (FAC_ID)' with an empty input field.

HIS Record Determination Tab

- Located on the top left side of the HIS Record form.
- HIS Record Determination screen data is displayed in a view only, non-editable, format.
- Displays data that was entered on the Add HIS Record Wizard.

The screenshot shows the 'HIS Record Determination' tab selected in the navigation bar. The form displays determination data in a view-only format. Fields include: 'Admission Date (A0220)' with input '07-01-2014'; 'Reason for Record (A0250)' with input '01. Admission'; and 'Discharge Date (A0270)' with an empty input field.

Entering HIS Record Data

For optimization of the skip patterns and/or edits, it is recommended that data be entered in the order the questions appear on the screen.

1. Enter applicable data into the HIS Record. Required fields will appear bold in the Navigator portion of the screen.
2. Click the 'Save and Validate' icon.
3. Close the HIS Record.

Refer to the [Data Entry](#) section of this user guide for more information.

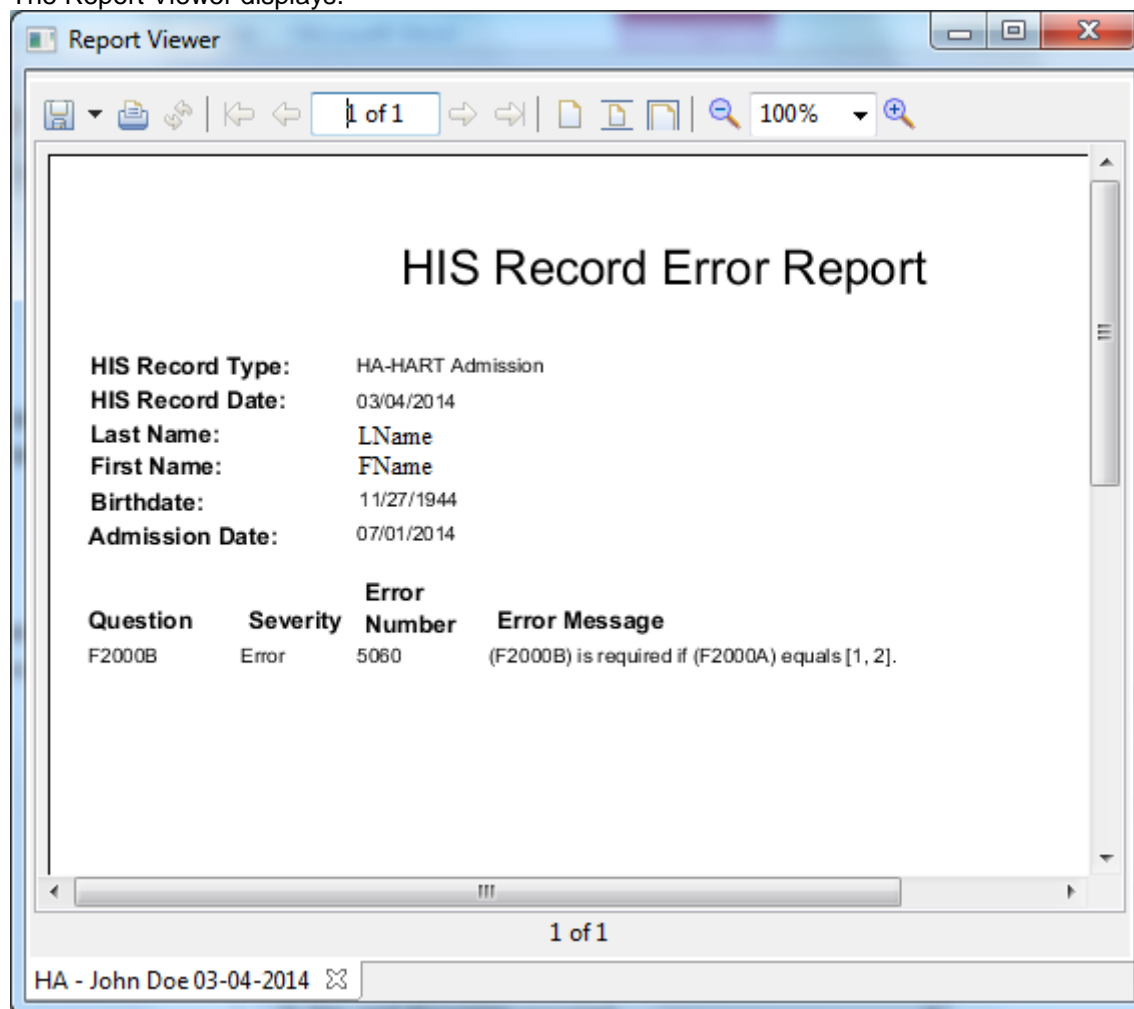
Edits in a HIS Record

Refer to the Edits section for detailed information on types of edits.

Error edits must be corrected before the HIS Record can be exported. Warning edits provide only a warning. It is up to the user to enter the data accurately.

Errors and warnings found in the HIS Record displays on the lower left of the screen. To print the list of edits, click the 'Print Error Report' button in the Edits section or the Print HIS Record Error Report icon on the toolbar.

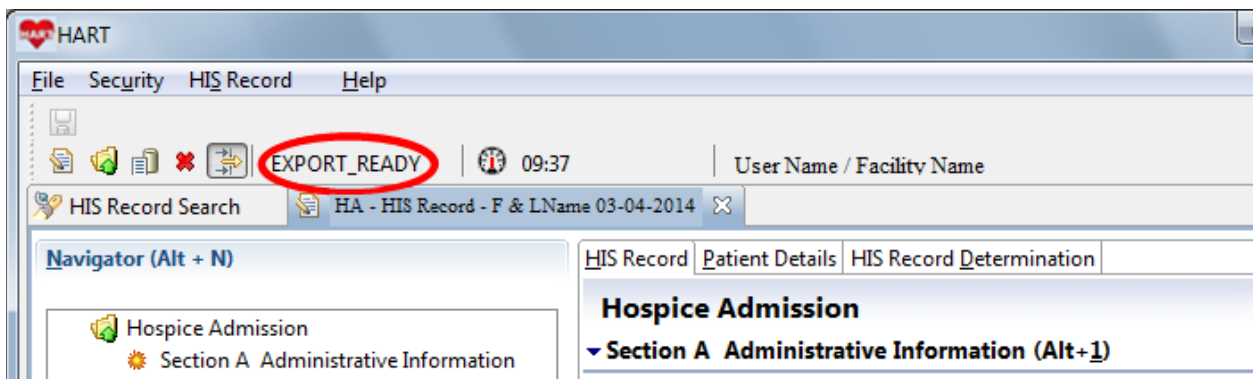
The Report Viewer displays.



Some edits will present a pop up message and must be addressed when displayed in order to proceed. These edits will not display in the Edits listing in the lower left portion of the screen.

After the errors and or warnings have been corrected, click the 'Save and Validate' icon.

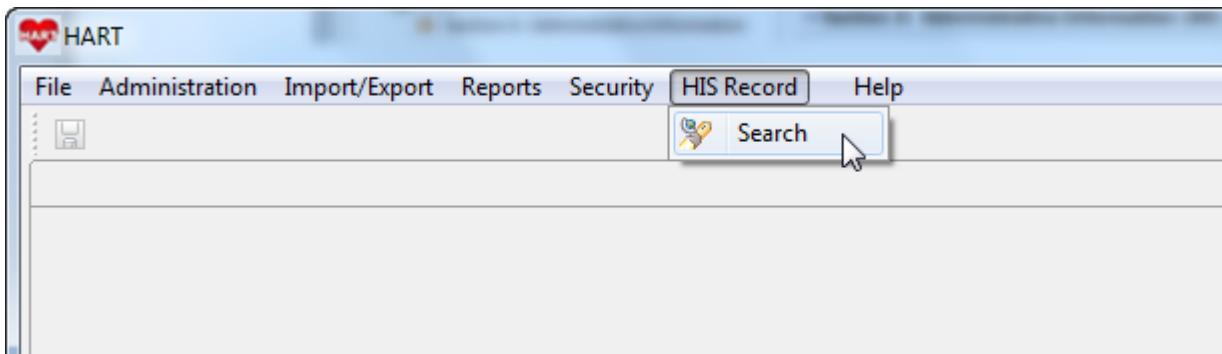
- The HIS Record, the status will change to "Export Ready".



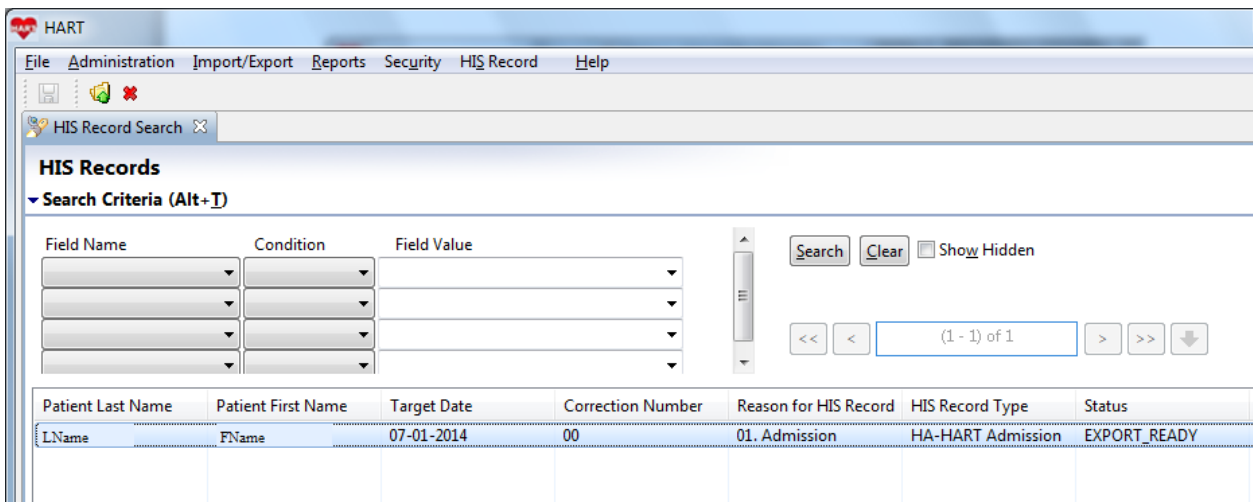
Search for a HIS Record

Complete the following steps to search for a HIS Record:

1. Select the 'Search' option from the HIS Record drop down menu on the toolbar.



2. The HIS Record Search screen displays.



3. To retrieve all existing HIS Record records, leave the search criteria blank and then click the Search button.
4. To retrieve one or more records based on search criteria:
 - a. Select criteria from the Field Name and Condition list.
 - b. Enter a Field Value.
 - c. Click the 'Search' button.
 - d. Click the 'Clear' button to remove search criteria.

NOTE: Selecting the box next to Show Hidden will include records marked Yes, Hide Record on the Patient screen.

View Only

Complete the following steps to open a HIS Record in view only mode:

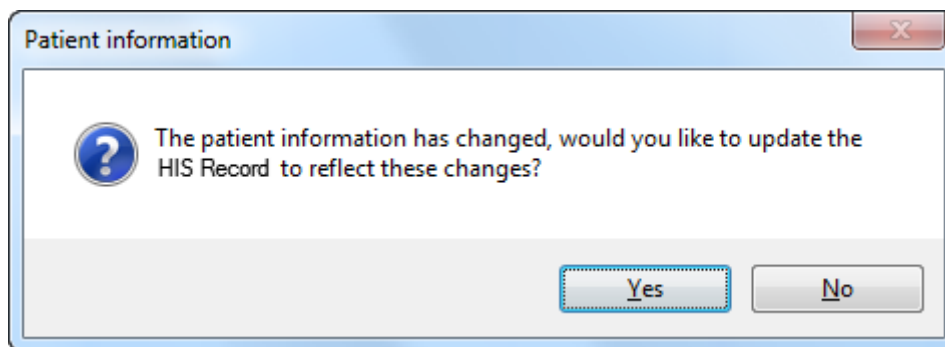
1. Search for the desired HIS Record (see Search section).
2. Click the 'View Only' checkbox at the bottom of the screen.
3. Double click on the desired HIS Record or click once on the desired HIS Record and click the View HIS Record button at the bottom of the screen.
4. The HIS Record screen opens in view only mode.

A HIS Record in view only mode cannot be modified. If this HIS Record is closed and the user tries to open another HIS Record from the Search screen, it will be displayed as view only also. The user will need to uncheck the 'View Only' checkbox to make changes to a HIS Record.

Changing Patient Data within an Existing HIS Record

HIS Records must include accurate required patient data.

When an existing patient HIS Record is opened, regardless of status, and the patient data no longer matches the patient data in the system, the user will receive a Patient Information message window.



1. To update the HIS Record's patient information and have it reflect the systems' current patient information, click 'Yes'. The HIS Record will be opened.
2. To leave the HIS Record's patient information and not have it reflect the system's current patient information, click 'No'. The HIS Record will be opened.
3. To cancel the entire process, click 'Cancel'. The HIS Record will NOT be opened.

Note: This message will continue to be displayed every time a HIS Record's patient information does not match the current system patient information until Yes is selected.

Edit, Correct and Inactivate HIS Records

The steps to edit, correct, inactivate or copy a HIS Record depend on the HIS Record Status (column marked with a red rectangle in the screen shot below).

Status of NEW, IN_USE, DATA_ENTRY or EXPORT_READY

Complete the following steps to edit an existing HIS Record with a status of NEW, IN_USE, DATA_ENTRY or EXPORT_READY:

1. Search for the desired HIS Record (see Search section).
2. Double click on the desired HIS Record or click once on the desired HIS Record and click the Edit HIS Record button at the bottom of the page.
3. The HIS Record screen opens for editing.
4. Edit the HIS Record if applicable.
5. If changes are made, click the 'Save and Validate' icon on the toolbar.
6. Close the HIS Record.

Status of EXPORTED

Only a user with a System Administrator role may edit a HIS Record that has been exported. Complete the following steps to edit an existing HIS Record with a status of EXPORTED:

1. Search for the desired HIS Record (see Search section).
2. Double click on the desired HIS Record or click once on the desired HIS Record and click the Edit HIS Record button at the bottom of the page.
3. The Exported HIS Record message box displays.

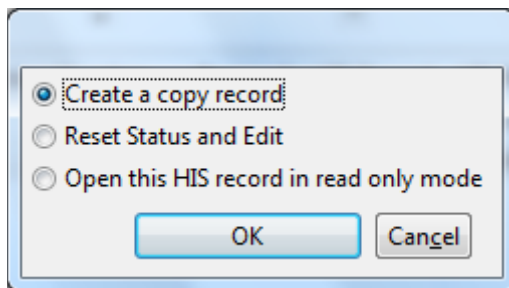
4. User has 4 options
 - a. Create a correction record – HIS Record opens and displays all previously selected answers. All fields are editable except for the HIS Record Reference Date (A0210), Admission Date (A0220), Reason for record (A0250) and the Discharge Date (A0270).
 - b. Create an inactivation record – The Inactivation HIS Record opens. All fields are a view only, non-editable, format. Once saved the HIS Record Type will be changed to XX-Inactivation.
 - c. Reset Status and Edit – HIS Record opens and displays all previously selected answers from admission and discharge in an editable format. All fields are editable except for the HIS Record Reference Date (A0210), Admission Date (A0220), Reason for record (A0250) and the Discharge Date (A0270). The HIS Record Status will be changed to IN_USE.

- d. Open this HIS Record in read only mode – HIS Record opens and displays all previously selected answers in a view only, non-editable format. This selection checks the View Only checkbox at the bottom of the HIS Record Search screen. All other HIS Records will be view only until this box is unchecked.
5. Edit the HIS Record if applicable.
6. If changes are made, click the 'Save and Validate' icon on the toolbar.
7. Close the HIS Record.

Copy an Inactivated HIS Record

These will start with a HIS Record Type of XX- Inactivation. Only one copy per inactivated HIS Record is allowable. Complete the following steps to copy an inactivated HIS Record with a status of EXPORTED:

1. Search for the desired HIS Record (see Search section).
2. Double click on the desired HIS Record or click once on the desired HIS Record and click the 'Edit HIS Record' button at the bottom of the page.
3. The Exported HIS Record message box displays.



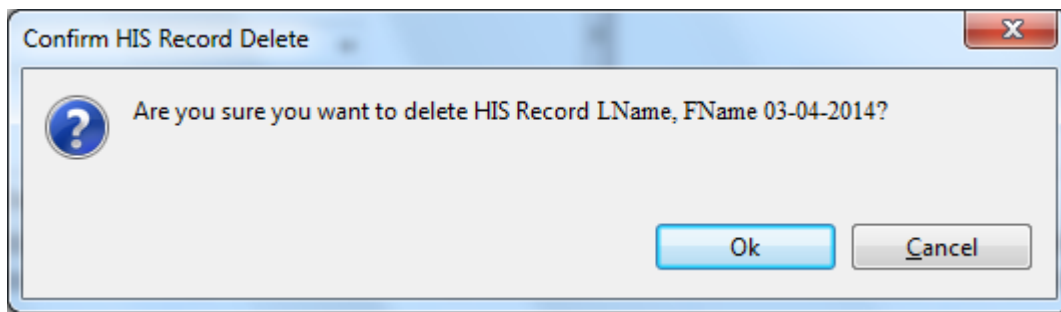
4. User has 3 options
 - a. 'Create a copy record' – A new HIS Record opens and displays all previously selected answers from the inactivated record. All fields are editable except for the HIS Record Reference Date (A0210), Admission Date (A0220), Reason for record (A0250) and the Discharge Date (A0270). If a copy has already been made from this inactivation HIS Record, this option will not be available.
 - b. 'Reset Status and Edit' - Inactivation HIS Record opens and displays all applicable fields in a view only, non-editable format. The HIS Record Status will be changed to IN_USE.
 - c. 'Open this HIS Record' in read only mode – Inactivation HIS Record opens and displays fields in a view only, non-editable format. This selection checks the View Only checkbox at the bottom of the HIS Record Search screen. All other HIS Records will be view only until this box is unchecked.
5. Edit the HIS Record.
6. Click the 'Save and Validate' icon on the toolbar.
7. Close the HIS Record.

Delete a HIS Record

Only a user with a System Administrator role may delete a HIS Record. HIS Records with a status of EXPORTED cannot be deleted.

Complete the following steps to delete a HIS Record:

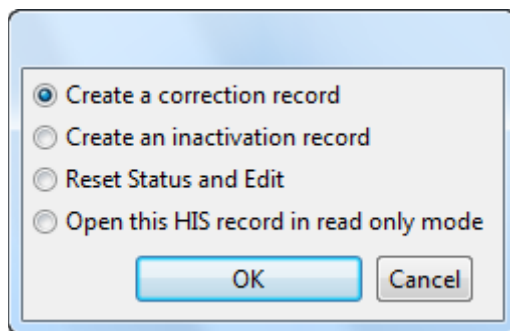
1. Search for the desired HIS Record (see Search section).
2. Click once on the desired HIS Record.
3. Click the 'Delete HIS Record' button at the bottom of the HIS Record Search screen to delete the selected HIS Record.
4. The Confirm HIS Record Delete message displays.



5. Click 'OK' to delete the HIS Record. Click 'Cancel' to close the message and not delete the HIS Record.

If a HIS Record that is EXPORTED status needs to be deleted and this HIS Record has not been submitted to the national data repository yet, the system administrator user can complete the following steps:

1. Search for the desired HIS Record (see Search section).
2. Double click on the desired HIS Record or click once on the desired HIS Record and click the 'Edit HIS Record' button at the bottom of the page.
3. The Exported HIS Record message box displays.



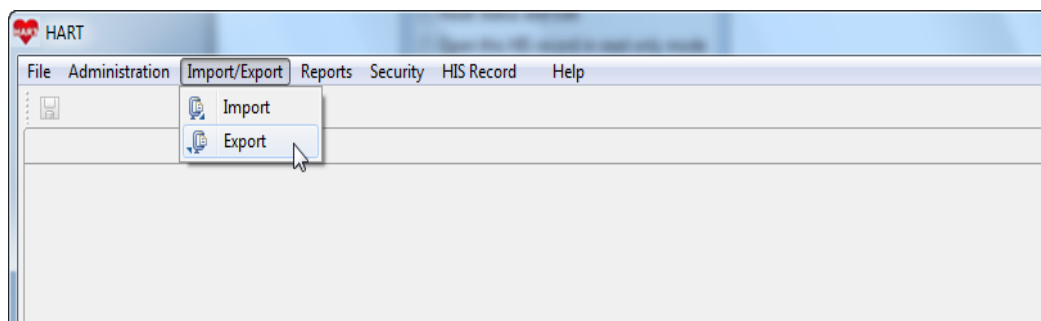
4. Select 'Reset Status and Edit'.
5. Save the HIS Record. The HIS Record status will change to IN_USE.
6. Close the HIS Record.
7. Follow the above steps under delete HIS Record.

Export

The Export HIS Records screen allows the user to determine what data is exported.

Complete the following steps to export a HIS Record:

1. Select the 'Export' option from the Import/Export drop down menu on the toolbar.



2. The Export HIS Records screen displays. Select the Export Type.
 - a. New Export (HIS Records marked as "Export Ready")

Export HIS Records

Export Type
New Export (HIS Records marked as "Export Ready")

Submission Type
Production Submission

Export Path
C:\Users\ \Desktop\

Export Name

Export Description

HIS Records to be Included in the Export

Name	HIS Records Type	Number of Correction R...	Discharge Date	Status
<input type="checkbox"/> LName, FName	HD-HART Discharge	00	2014-07-01	EXPORT_READY

b. Previous Export (HIS Records marked as “Export Ready” or “Exported”)

Export HIS Records

Export Type
Previous Export (HIS Records marked as "Export Ready" or "Exported")

Submission Type
Production Submission

Export Path
C:\Users\...\Desktop\

Export Name
test

Export Description
1 HIS Records.

Previous Exports

Description	Location	Date
1 HIS Records.	C:\Users\...\Desktop\test.ZIP	2014-07-01
1 HIS Records.	C:\Users\...\Desktop\trsdty.ZIP	2014-03-04
1 HIS Records.	C:\Users\...\Desktop\szdfg.ZIP	2014-07-01
1 HIS Records.	C:\Users\...\Desktop\sdfigf.ZIP	2014-07-01

Previously Exported HIS Records

Name	HIS Records Type	Number of Correction R...	Discharge Date	Status
<input type="checkbox"/> LName, FName	HA-HART Admission	00	2014-07-01	EXPORTED

3. Select the Submission Type
 - a. Product Submission
4. Select the Export Path. This field is required. This is the location where the exported files will be stored. Click on the Browse button to navigate to the location where the files will be exported to.
5. Select the Export Name. This field is required. Enter a unique file name for the export as well as the file type
 - a. .ZIP (XML)
6. Select the Export Description. This field can be used to document details regarding the export.
7. If this is a Previous Export type, select/highlight a Previous Export.

Previous Exports

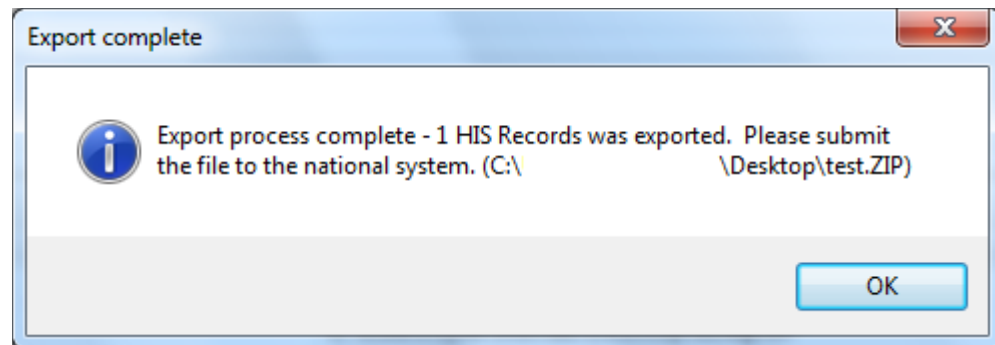
Description	Location	Date
1 HIS Records.	C:\	2014-07-01
1 HIS Records.	C:\	2014-07-01
1 HIS Records.	C:\	2014-03-04
1 HIS Records.	C:\	2014-07-01
1 HIS Records.	C:\	2014-07-01
1 HIS Records.	C:\	2014-03-04
1 HIS Records.	C:\	2014-03-04

8. Depending on the Export Type, select the HIS Records to be included in the Export or Previously Exported HIS Records. A list of HIS Records available to be exported is displayed. A minimum of one selection is required. The HIS Records must be in “Export Ready” or in “Exported” status to display in this list. To include the HIS Record in the export, click the checkbox next to the HIS Record.

HIS Records to be Included in the Export	
Name	HIS Records Type

Previously Exported HIS Records	
Name	HIS Records Type

- a. The 'Select All' button will select all HIS Records displayed in the list to be included in the export file.
 - b. The 'Clear Selection' button will unselect all HIS Records previously selected.
9. If desired, select the Print HIS Record List button to print a list of HIS Records included in the file to be exported.
10. Select the 'Error Check' button to validate and/or check for errors on all previously selected HIS Records. Error results display in a new screen.
 - a. Select the 'Save to File' button to save the error report (.txt)
 - b. Click the 'Close' icon in the top right corner to close the report.
11. Select the 'Export' button to export selected HIS Records for submission.
12. A progress bar appears in a pop up box.
13. The Export complete message displays to notify the user the process is complete.
 - a. The location of the exported files displays in parenthesis at the end of the message.



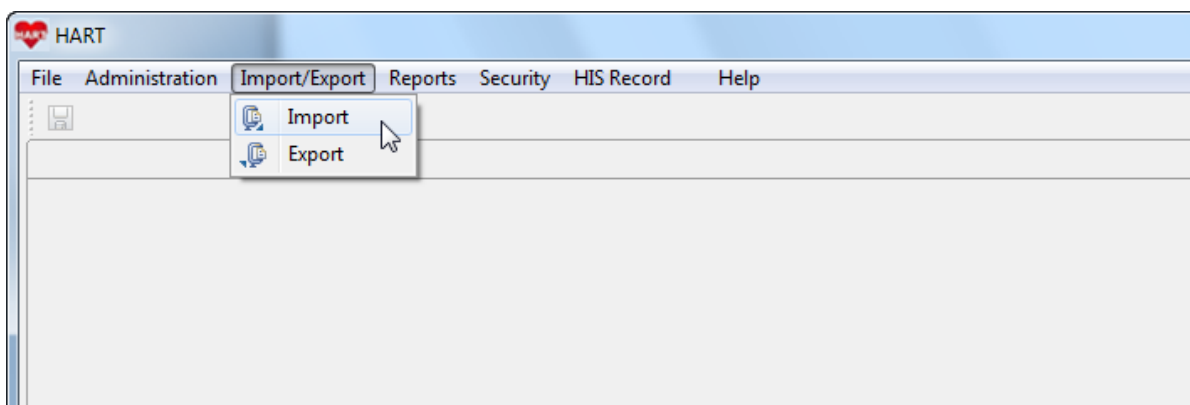
14. The files are ready for submission to the national database.

Import

The Import HIS Records screen allows the user to determine how data is imported.

Complete the following steps to import a HIS Record:

1. Select the 'Import' option from the Import/Export drop down menu on the toolbar.



2. The Import HIS Record screen displays.

 A screenshot of the 'Import HIS Records' screen in the HART software. The screen has a title bar with 'HART' and standard window controls. Below the title bar is a menu bar with 'File', 'Administration', 'Import/Export', 'Reports', 'Security', 'HIS Record', and 'Help'. The main content area is titled 'Import HIS Records' and contains several sections:

- Location:** A text input field with a 'Browse' button to its right.
- Patient Data Options:** A section with a checkbox labeled 'Do not give warning when new patient is added during import.'
- Miscellaneous Data Options:** A section with three checkboxes:
 - 'Do not display warnings in error check results.'
 - 'Assign Exported status to HIS Records without errors (instead of Export Ready).'
 - 'Associate HIS Records with a blank facility ID field to the selected facility below.'
- Associate HIS Records with blank facility IDs to this facility: no**

Facility ID	Name
fac2	no
test	no

 At the bottom of the screen, there are two buttons: 'Select All Options' on the left and 'Error Check File' and 'Import' on the right.

3. Select the Location. Click on the 'Browse' button to navigate to the location of the files to be imported.
4. Set Preferences.
 - a. Patient Data Options Checkbox

Patient Data Options

- ☐ Do not give warning when new patient is added during import.

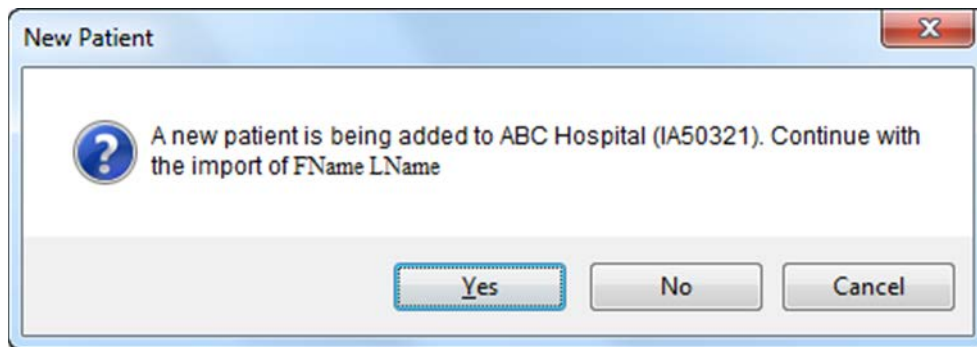
- i. Do not give warning when new patient is added during import. Selecting this box turns off the warning message usually displayed when a new patient is imported.

- b. Miscellaneous Data Options Checkboxes

Miscellaneous Data Options

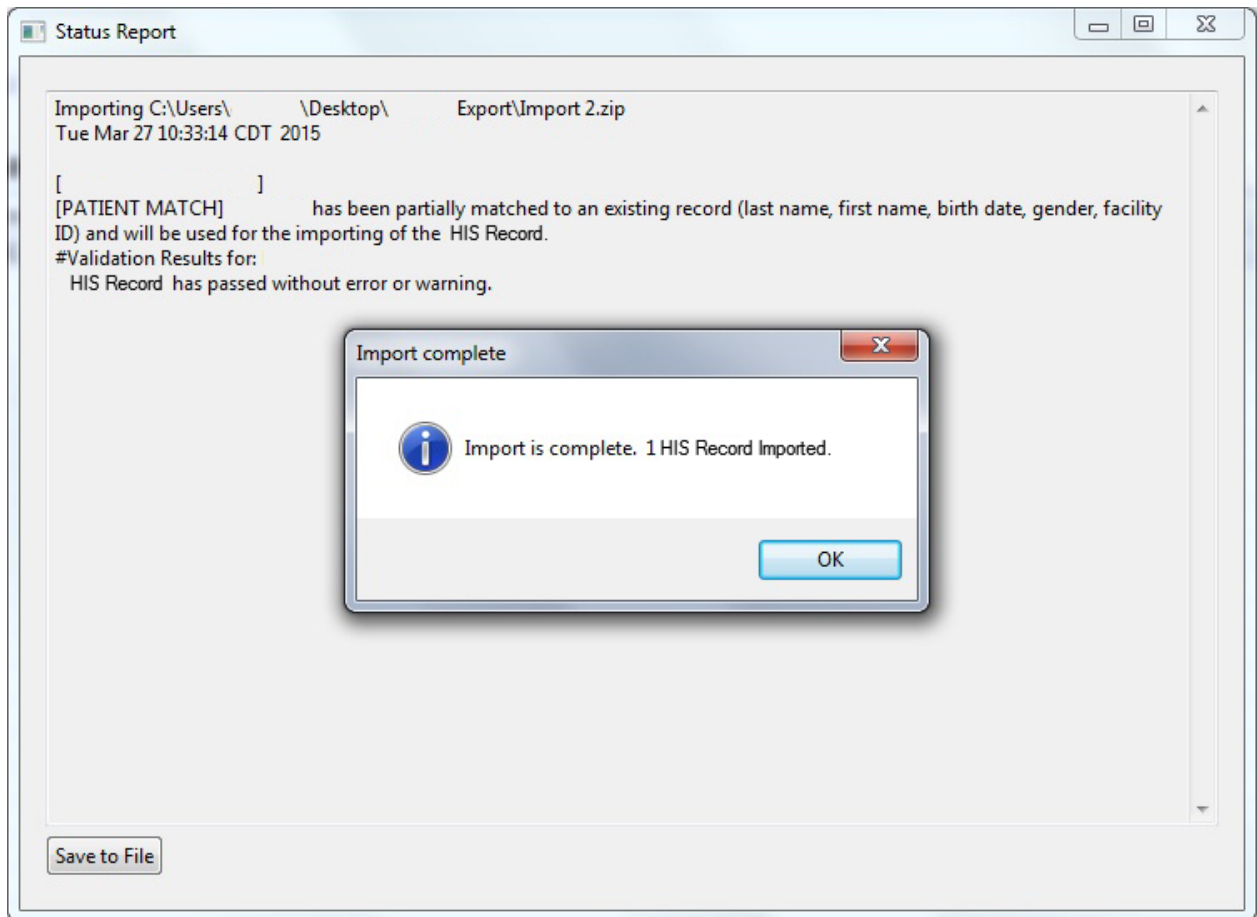
- ☐ Do not display warnings in error check results.
- ☐ Assign Exported status to HIS Records without errors (instead of Export Ready).
- ☐ Associate HIS Records with a blank facility ID field to the selected facility below.

- i. Do not display warnings in error check results. Removes warning messages from the error check results report that displays after importing data. Only fatal errors are included in the report.
 - ii. Assign Exported status to HIS Records without errors (instead of Export Ready). Sets the status of imported HIS Records to Exported if the record does not have errors.
 - iii. Associate HIS Records with a blank Fac ID field to the selected facility below. Links HIS Records that are imported without a Facility ID to the facility highlighted in the Associate HIS Records with blank Facility ID's to this facility section.
 - c. Click the 'Select All Options' button to check or uncheck all checkboxes.
5. Select the 'Error Check File' button to validate and/or check for errors on all HIS Records to be imported. Error results display in a new screen.
 - a. Select the 'Save to File' button to save the error report (.txt).
 - b. Click the 'Close' icon in the top right corner to close the report.
6. Click the 'Import' button to import selected HIS Records into HART.
7. A New Patient message displays.

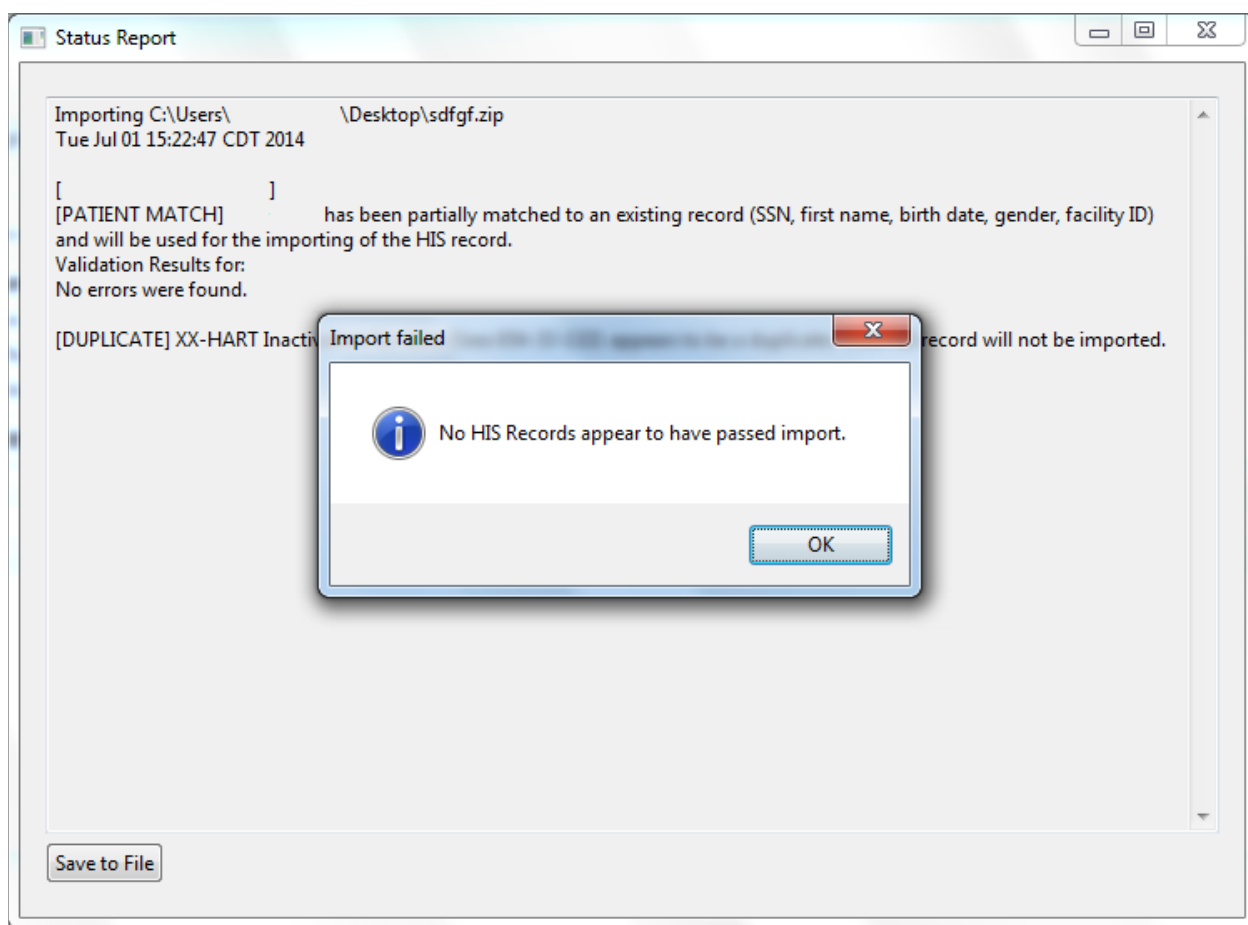


- a. Click 'Yes' to continue with the import of the HIS Record.
 - b. Click 'No' or Cancel to stop the import process.
8. A Loading Data Specs message displays. This process loads the submission data specifications to be used by HART for data validation of HIS Records during import. The HIS Records are compared to the submission edits.

9. An Import complete message displays as well as a Status Report for all HIS Records included in the import.



- a. If no files are successfully imported, the Import failed message box displays along with a Status Report.



10. Click the 'OK' button on the Import Complete box to view the Status Report.
11. Click on the 'Save to File' button on the bottom of the report to save a copy of the report.
12. Click on the 'Close' icon in the top right corner to close the report.

Reports

- HART reports allow users to preview and print HIS Record information as well as detail and summary information for both facilities and patients. The HIS Record Data Entry – By Status Report is available to all users, regardless of their role, while the Event Tracking Report is only available to System Admin user types.

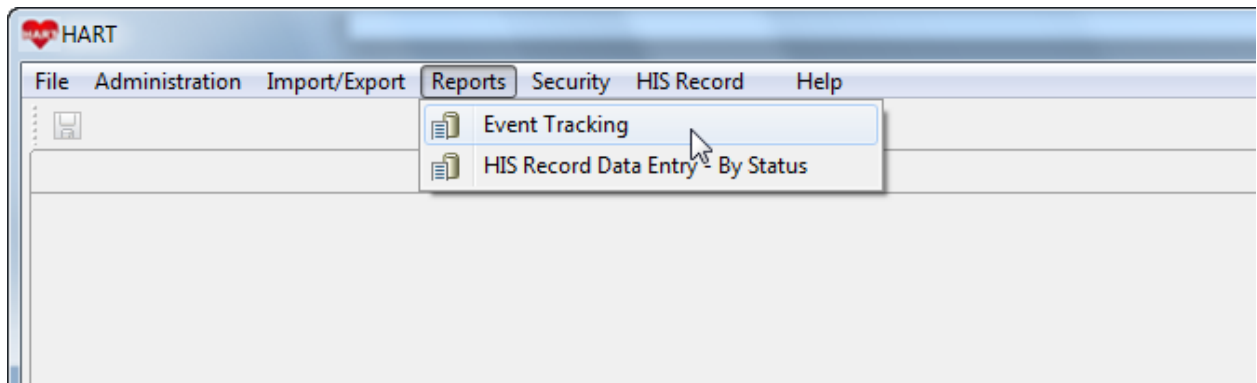
Available HART Reports are:

- Event Tracking
- HIS Record Data Entry – By Status

Event Tracking

Complete the following steps to run the Event Tracking report:

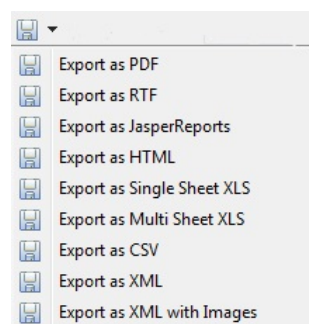
1. Select 'Event Tracking' from the Reports drop down menu on the toolbar.



2. Event Tracking selection screen from the menu displays.

A screenshot of the 'Event Tracking' dialog box. It has a title bar with 'Event Tracking' and a close button. Inside, there's a legend '* = Required Field'. Below it, there's a dropdown menu labeled 'Event*'. Underneath, there's a section titled 'Event Date' containing two rows: 'From*' and 'To*'. Each row has a date input field (showing '--') and a calendar icon. At the bottom are 'OK' and 'Cancel' buttons.

3. Complete the required fields which are marked with an asterisk (*).
4. Select the 'OK' button to generate the report or the 'Cancel' button to close the Event Tracking menu screen.
5. The Report Viewer screen opens displaying the generated report.
6. To print the report, click the 'Print' icon on the Report Viewer screen.
7. To save the report, click the 'Save' icon on the Report Viewer screen.
8. To export a report, click the arrow next to the Save icon.
 - a. Available export values display.



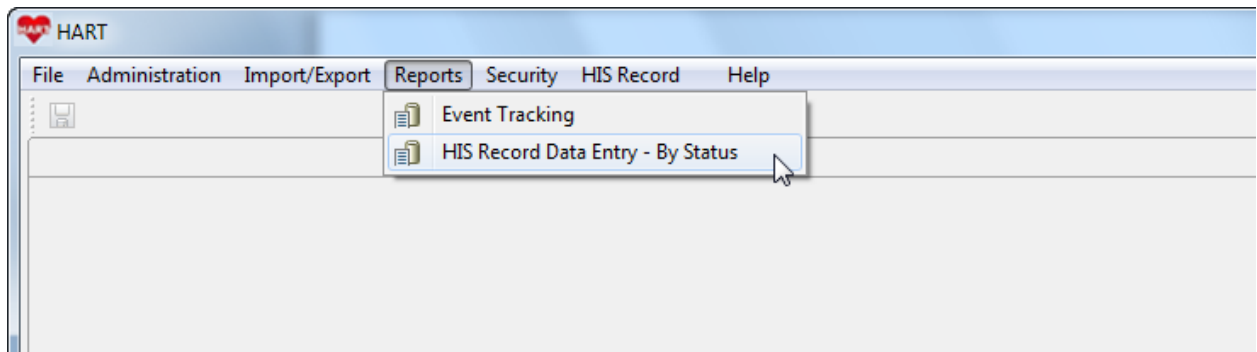
- i. Export as PDF
- ii. Export as RTF

- iii. Export as JasperReports
- iv. Export as HTML
- v. Export as Single Sheet XLS
- vi. Export as Multi Sheet XLS
- vii. Export as CSV
- viii. Export as XML
- ix. Export as XML with Images
- b. Select an export type.
- c. Select a location to save the report and click 'Save'.

HIS Record Data Entry – By Status

Complete the following steps to run the HIS Record Data Entry – By Status report:

1. Select HIS Record Data Entry – By Status from the Reports drop down menu on the toolbar.



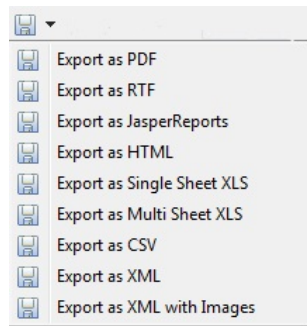
2. The HIS Record Data Entry – By Status selection from the menu displays.

 A screenshot of the 'HIS Record Data Entry - By Status' dialog box. The title bar says 'HIS Record Data Entry - By Status' with a close button (X). Inside the dialog, there is a legend '* = Required Field'. Below this, there are three main sections:

- Facility***: A dropdown menu.
- Status***: A list box containing 'DATA_ENTRY', 'EXPORTED', 'EXPORT_READY', and 'IN USE'.
- Data Entry Date**: A section containing two date pickers:
 - From***: A date field with a calendar icon.
 - To***: A date field with a calendar icon.

 At the bottom of the dialog are 'OK' and 'Cancel' buttons.

3. Complete the required fields which are marked with an asterisk (*).
4. Select the 'OK' button to generate the report or the 'Cancel' button to close the HIS Record Data Entry – By Status menu screen.
5. The Report Viewer screen opens displaying the generated report.
6. To print the report, click the 'Print' icon on the Report Viewer screen.
7. To save the report, click the 'Save' icon on the Report Viewer screen.
8. To export a report, click the 'Save' icon next to the Save icon.
 - a. Available export values display.



- i. Export as PDF
 - ii. Export as RTF
 - iii. Export as JasperReports
 - iv. Export as HTML
 - v. Export as Single Sheet XLS
 - vi. Export as Multi Sheet XLS
 - vii. Export as CSV
 - viii. Export as XML
 - ix. Export as XML with Images
- b. Select an export type.
 - c. Select a location to save the report and click Save.

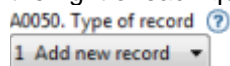
Help

Help Documents

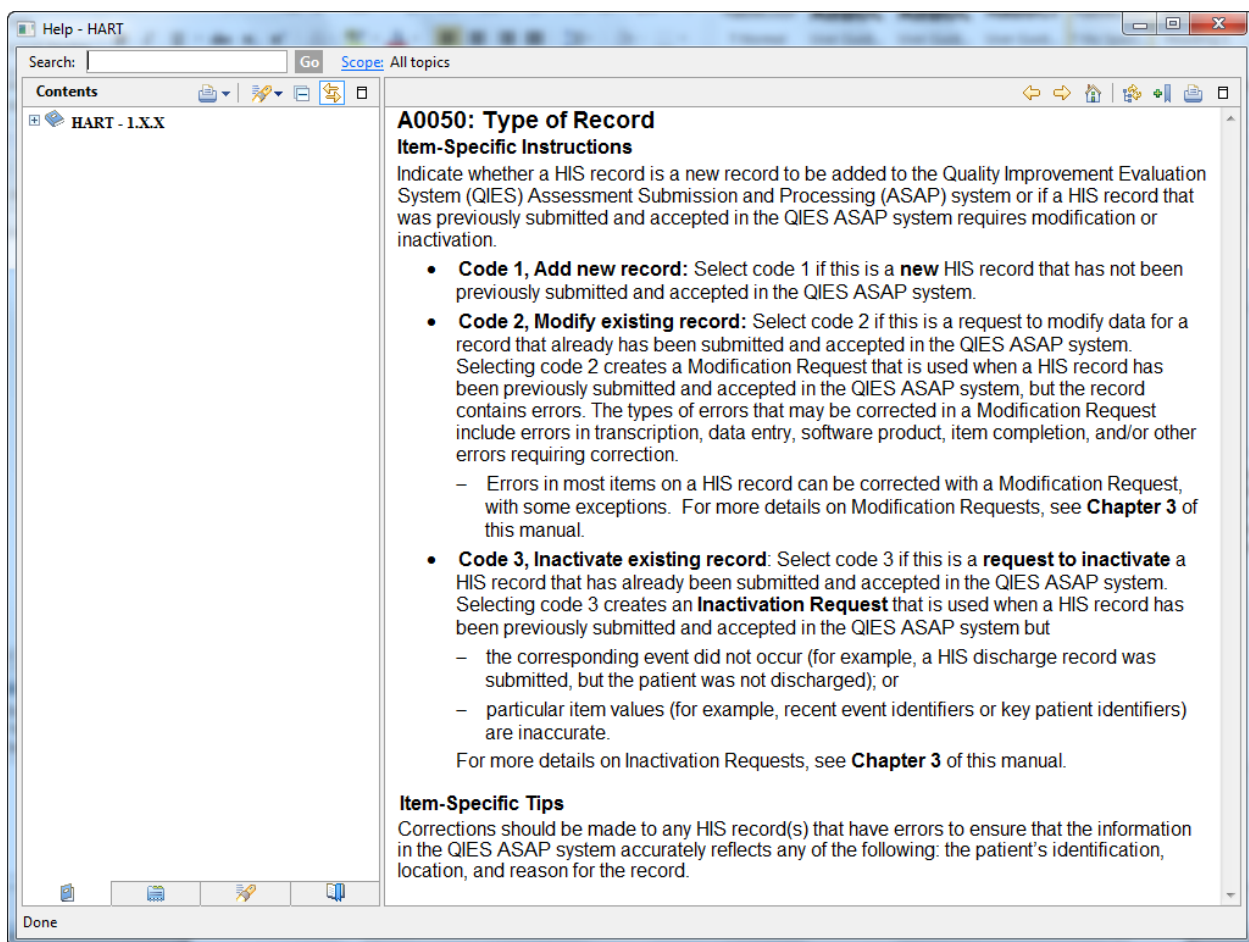
Help documents are available for all questions. The help documents in HART originate from the Hospice Quality Reporting Program (HQRP) but are NOT meant to replace the manual.

Accessing Help Documents – Option 1

1. While performing data entry, the help documents can be accessed by clicking on the Help icon to the right of each question.

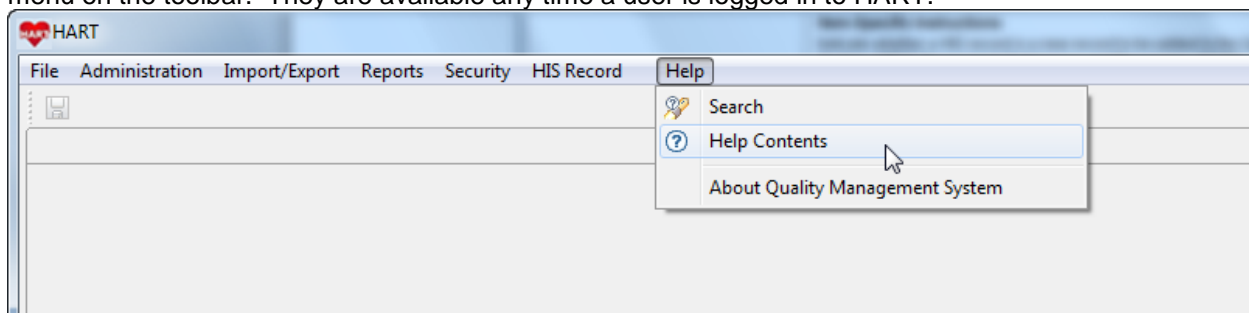


2. After clicking on the icon, a help screen will open and display the information from the Hospice Quality Reporting Program (HQRP) relevant to the specific field.

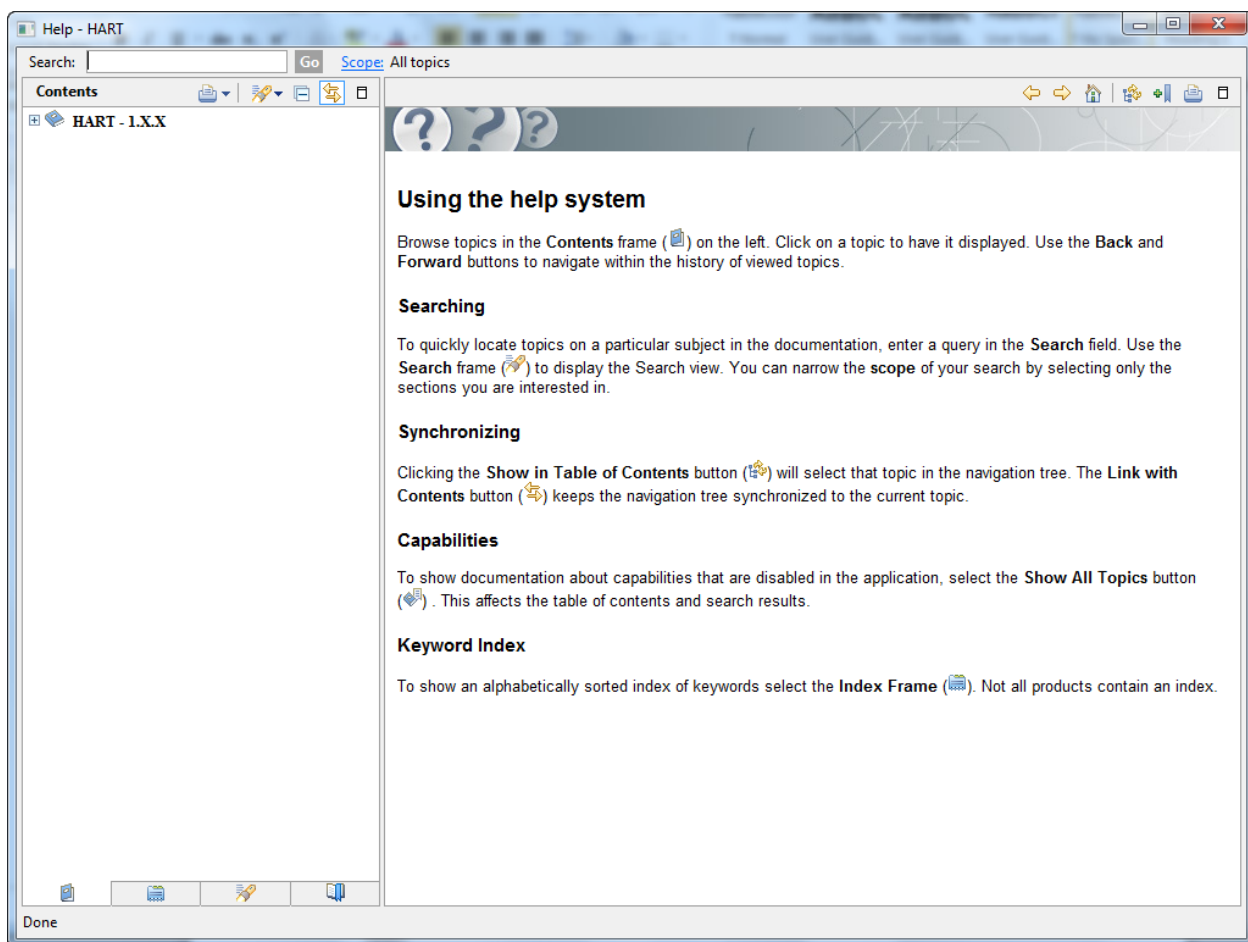


Accessing Help Documents – Option 2

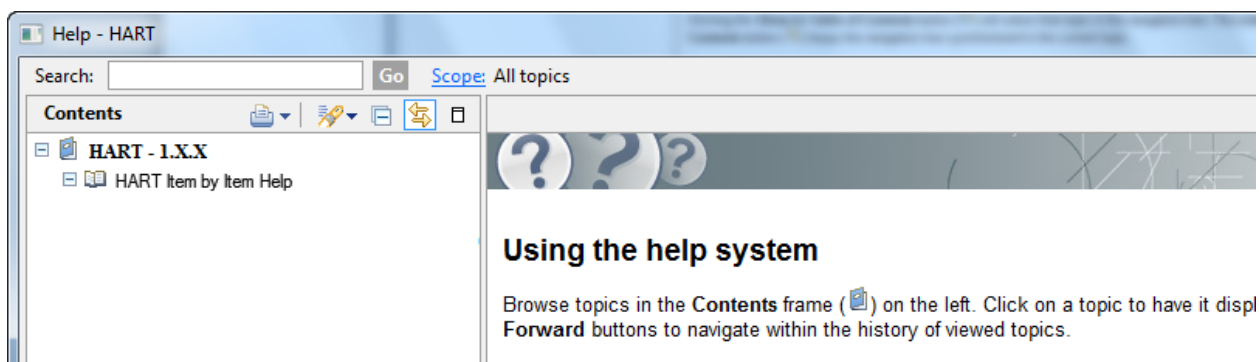
1. The help documents can also be accessed by selecting 'Help Contents' from the Help drop down menu on the toolbar. They are available any time a user is logged in to HART.



2. The Help screen opens.



3. Clicking the bold HART heading will display all help documents for the most current version of HART.
4. Clicking the plus sign in the navigator on the left side of the screen will expand to display more narrow listings of help documents.



QIES Help Desk

The QIES Help Desk is available for technical support and assistance with problems or questions that may arise regarding the HART software.

Contact information for the QIES Help Desk: 1-877-201-4721 or help@qtso.com