1.2 Client Setup Guide

Home Care Manager

Version 6.1

April 2018

Commercial in Confidence

Contents

1 Client Sub-menu

Navigate to Clients > Browse.

The client menu is listed under the Browse menu and each section should be completed in the correct order depending on the funding and data entry required by the organisation. Generally, the order is recommended as follows:

- General Details
- Contacts
- Budget (generally for Home Care Package clients)
- Financial (for clients with individual charge arrangements)
- Care Plan Planning
- DSS Reporting (for CHSP funded clients)
- Documents
- Assessments
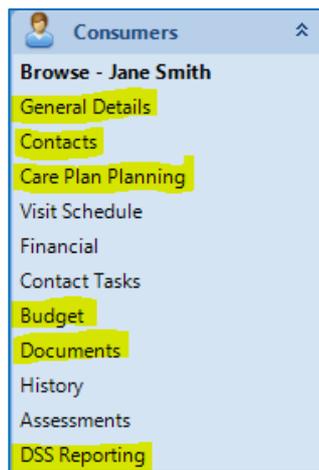
2 General Details

Navigate to Clients > General Details
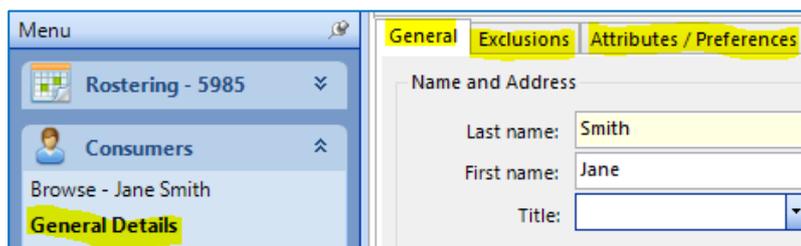
2.1 General Tab

All fields with a red astrix (*) must be completed as these are mandatory fields. Enter the client general details as follows:

1. Last name – Enter the client's surname.
2. First name – Enter the client's first name.
3. Title – Enter the client's title.
4. Alias or friendly name – If the client has a short name or a nickname, this can be entered here.

Note: The client's title may impact the search ability in some areas of Home Care Manager and therefore should only be added to the client's general details if preferred.

Note: The client's alias does not show on the Client Browse screen (nor on the workers paper or electronic rosters). Therefore, it may be preferred that the alias is added within the First Name field. If this option is preferred, note that the alias will also appear on any reports / statements generated from Home Care Manager.

5. Street Address – Enter the first lines of the client's address.
6. Suburb – Enter the client's suburb.
7. State – Enter the client's state.
8. Postcode – Enter the client's postcode.
9. View map / pinpoint – Once the client's address has been entered, pinpointing the address will use Google maps to add coordinates to the address. Completing this process will enable the travel from worker to client and client to client to be calculated during the rostering process.

    a. Select View map / pinpoint. The Find Address screen will appear. The address originally entered in the client's general details, will appear within the address fields.
    b. Search results will appear in a list below the Search heading. When a search result is selected, the map will update to show the address with a check point marker.
    c. The coordinates below the address fields will also be updated.

Note: If the check point marker is not showing the correct location for the address, this can be manually dragged to the correct location on the map. By doing this, the coordinates will change, however the address may / may not change.

    d. Click OK once the search result and coordinates are correct.
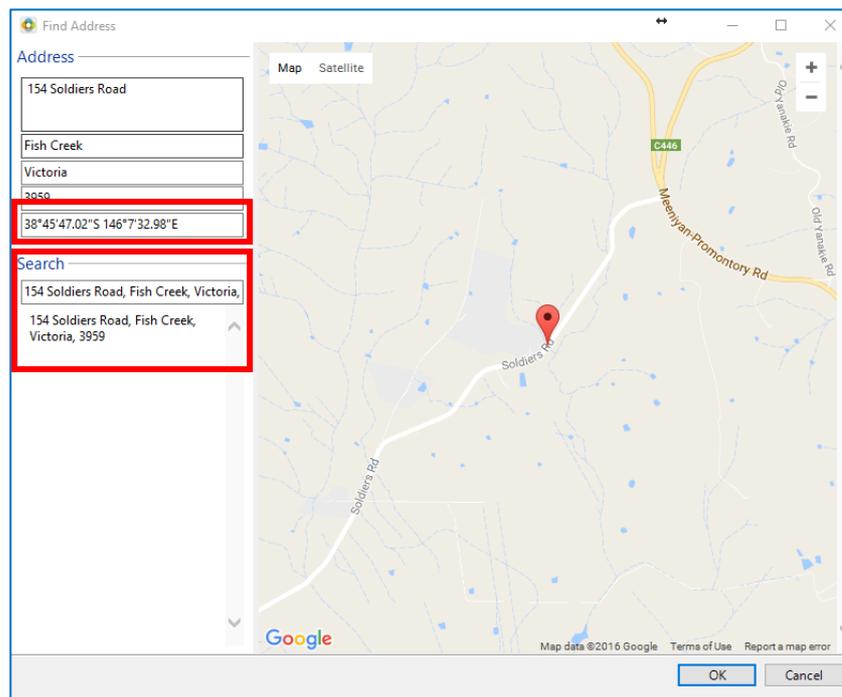
10. Category – Select the correct category from the drop-down list.

11. Group – Select the correct group from the drop-down list.

12. Status – Enter the correct status from the drop-down list:

    a. Active = The client is currently active.

    b. Inactive = The client is not currently receiving services or being managed by the provider.

    c. Finished = The client has left the providers management / care.

13. First registered – Enter the date the client first came on board with the provider.

14. Finished – Leave this date blank until a Finished status is selected.

15. Alerts – Enter any alerts that are required to be noticed whenever the client appears in the system. These alerts can be configured to suit the organisation's needs, for example, the organisation may wish to send this information through to the Mobile Care Worker device for electronic rostering purposes, or may list rural or fire risks, etc.

16. Main Contact Details – Select the phone type from the drop-down arrow and enter the details client's contact information.

Note:

• The first number in the list will be shown on the Client > Browse screen. The phone types can be configured to suit the organisation's needs.

• Monitored number is not in use.

17. Email address – Enter the main email address for client correspondence.

18. Date of Birth – Enter the client's date of birth.

Note: The client's age will automatically calculate and will update at midnight of the birthday anniversary.

19. Configurable fields – There are four fields that can be configured to the organisation's needs

a. NINumber field – Set up as Medicare #, however can be changed. Format is set to string and the length can be managed within Application Settings.

b. ShortCode field – The field can be set to generate a unique identifier built from either a self-counter or a combination of surname characters and postcode. The field can also alert the user if the number generated is duplicated. The field can also be used as a manual string entry.

c. RefCode1 field – Format is set to string.

d. Letters of Name field – Format is set to string.

20. First Language – Select the preferred language for the client. First language can be used for rostering to match a worker's first language to a client's first language.

21. Second Language – Select the client's second language.

22. Ethnic Origin – Select the client's ethnic origin.

23. Religion – Select the client's religion.

24. Risk / Priority Scores - These fields are automatically populated if the relevant assessments are completed with risk and priority scores. If not, they will appear blank.

25. Password set up – If the organisation is sending sensitive material to clients or client's next of kin, a password can be created so that attachments can only be opened with the password.

2.2 Exclusions tab

If a client requests a worker to be excluded from being in contact with the client, a client / worker exclusion can be set up to omit the worker from being rostered against the client.

1. Select the 'Add' button at the bottom right hand corner.
2. Client – The client's name will automatically default to the client file name.
3. Worker - Select the worker to be excluded from the drop-down list.
4. Reason – Enter the reason for the exclusion.

Note: The reason is an optional field and should be entered to assist in understanding the reason behind the exclusion. If the reason is of a sensitive nature, note can be recorded under History which can be made confidential.
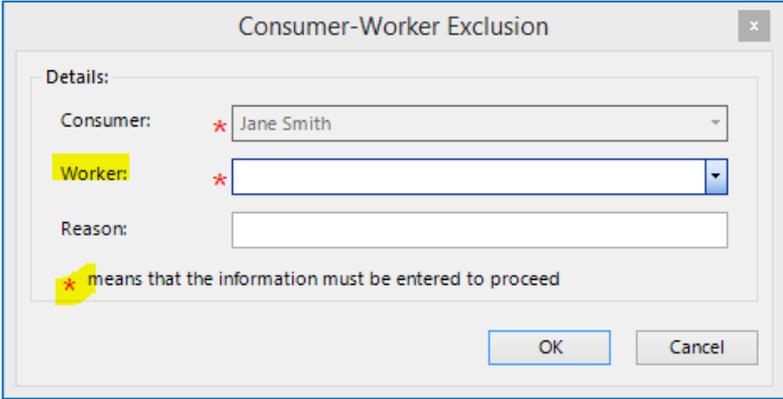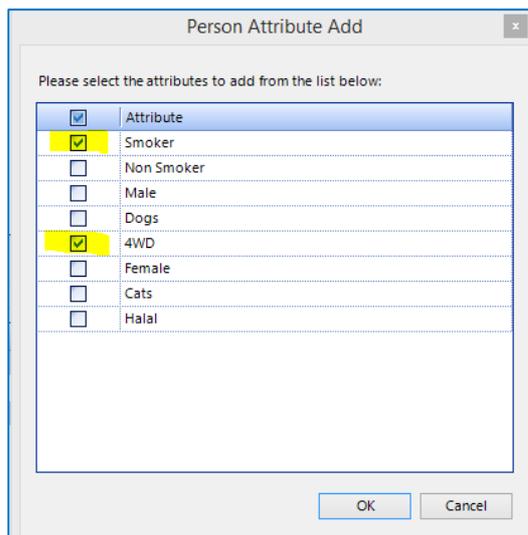
2.3 Attributes / Preferences tab

The attributes and preferences tab is split into two. The list within each section is the same, however when selecting the items within the list under each section, they act differently to assist in pairing clients with workers during the rostering process.

- Attributes – Attributes are linked to the client to identify the type of person the client is or what the client has. Identifying these items for the client does not achieve anything by itself, however once the client's preferences are entered and the workers attributes are entered, Home Care Manager will be able to link this information together to roster the best worker for the client. Select the attributes that identify the client.

- Preferences – Preferences are linked to the clients wants or must nots. By entering a preferred option, Home Care Manager will look for this item as within a worker's attributes and score this worker higher, effectively pushing the worker higher up the list of preferred workers. By entering an exuded item, Home Care Manager will identify any workers with this attribute and exclude them from being able to be rostered to the client.

To add attributes to the client:
1. Select the 'Add' button on the right-hand side directly under the Attributes screen.
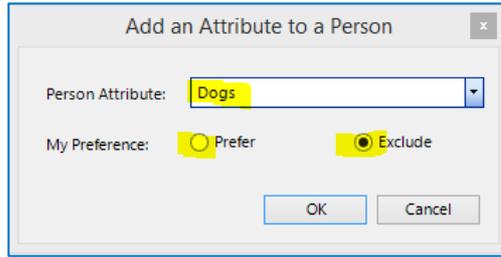2. Tick the attributes that relate to the client.
3. Select 'OK'.

To add preferences to the client:
1. Select the 'Add' button in the bottom right-hand corner of the screen directly under the Preferences screen.
2. Person Attribute - Select the item to link the preference / exclusion to the client from the drop-down list.

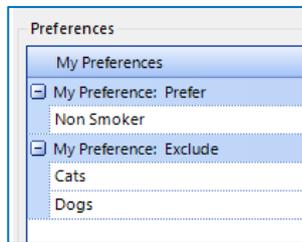3. My Preference - Select the 'Prefer' or 'Exclude' bullet.

Once the preferences have been entered, they will be categorised as Prefer or Exclude.

3 Contacts

The contacts screen is split into two parts. As contacts are entered, Home Care Manager determines whether they are

- The first part of the screen shows the main contacts for the client. Once completed, the contacts sit prominently at the top of the screen.
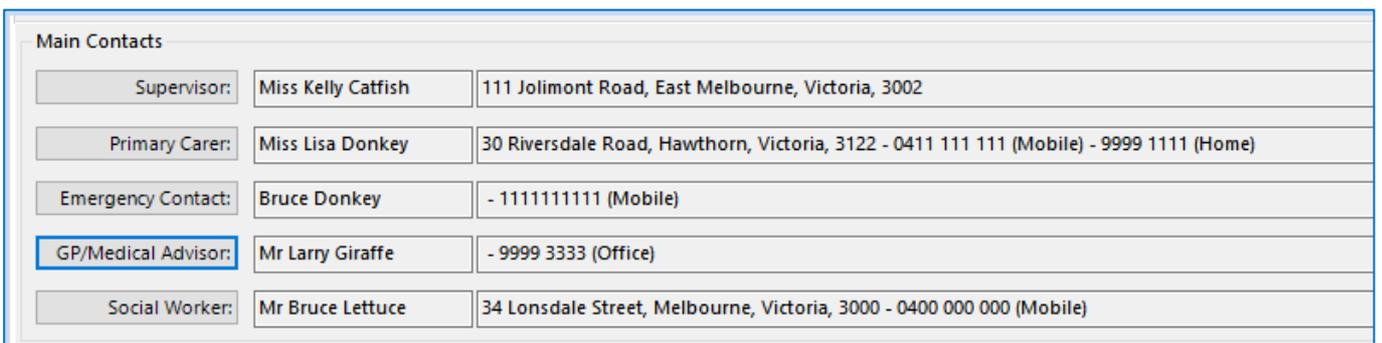
- The bottom part of the screen allows for entry of any other contacts for the client.

Other Contacts

Name	Telephone	Relationship	Category	Sequence
⊟ Contact Type: Public				
Miss Julie Carrot			Community Heal...	0
Mr Barry Donkey		Son	Non-Public	0
Mr Bruce Lettuce	0400 000 000 (Mobile)		Mailing Address	0
Mr Fred Gump	0455 555 555 (Mobile)		Third Party Provi...	0
Mr Larry Giraffe	9999 3333 (Office)		Medical Practitio...	0
Mr Red Wine			Third Party Provi...	0
Swan River		Requires Statement Summary	Mailing Address	0
⊟ Contact Type: Private				
Bruce Donkey	1111111111 (Mobile)	Son	Family Member	1
Miss Lisa Donkey	0411 111 111 (Mobile)	Daughter	Family Member	2

Depending on the category of the contact, Home Care Manager will store the contact as a Public or Private type. If the contact is stored as a Public type, the contact will be available within the system's global address book.

3.1 Main contacts

Main contacts appear at the top of the contact page. The contact names can be configured to suit the organisation's needs.

- Supervisor contact relates to the person within the organisation who is looking after the client. This contact must be set up as a worker within Home Care Manager to be inputted into this field.
- Primary Carer contact is the client's main carer, for example, a spouse or family member.
- Emergency contact is the client's main point of call in case of an emergency.
- GP/Medical Advisor contact might be the client's regular doctor or medical centre where their appointments are held. This contact field is configurable and therefore can be labelled for another purpose.
- Social Worker contact is available of the client has a regular allied service. This field is configurable and therefor can be labelled for another purpose.

To add or update the contacts in the Main Contacts section:

1. Click on the contact label to open the contact list screen.
2. Use the search field to find a contact that may be stored within the system's global address book or click New to create a new contact.
3. Enter contact details as required, note the red astrix (*) fields are mandatory.
4. Select 'OK'. This adds the contact into the contact list screen.
5. Highlight the newly added contact and click Select to add the contact to the client.
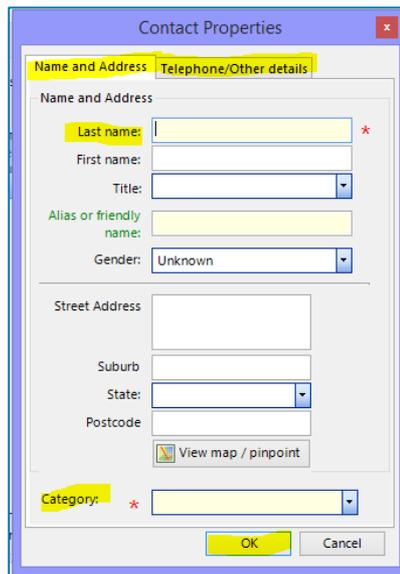
6. The Relationship of a contact can be added by clicking in the Relationship field and select an appropriate option from the drop-down list. The field is also free-text.

Note: To create more than one Emergency or Primary contact, click on Emergency Contact or Primary Carer labels again to store additional contacts with these labels in the bottom part of the screen.

3.2 Other contacts

Additional contacts can be added in the bottom part of the screen as required.

1. Click add from the bottom right corner of the screen.
2. Use the search field to find a contact that may be stored within the system's global address book or click 'New' to create a new contact.
3. Enter contact details as required, note the red astrix (*) fields are mandatory.
4. Select 'OK'. This adds the contact into the contact list screen.
5. Highlight the newly added contact and click Select to add the contact to the client.

4 Budgets

Please refer to User guide - Managing Budget

5 Financial

Please refer to QUICK GUIDE: Client Financials

6 Care Plan Planning

The Care Plan Planning section is where the client's contract (funding source) and scheduled visits are managed. The care plan must be created so that recurring visits can be listed within them. The care plan along with the recurring visits can be considered the master plan.

6.1 Create a care plan from scratch

Navigate to Clients > Care Plan Planning. The top part of the screen shows the Care Plans, select the 'New' button below this section. The Care Plan Properties screen will appear.

1. Name - Enter the name of the care plan if required.
2. Description – Enter the description of the care plan if required.
3. Start Date – Enter the start date of the care plan.

Note: consider the start date for funding and government reporting purposes.

4. End Date – Enter the end date if the date is known ahead of time. If not, leave blank.
5. Client – The client's name will auto-populate.
6. Contract – Select the contract to be applied to the care plan from the drop-down list.
7. Review Date – Enter a review date if the required.
8. Expiry Date – Enter an expiry date if required and known ahead of time.
9. Group – The group will default to the client's group based on what was entered from the General Details page.
10. Supervisor – Enter a supervisor from the drop-down list if required.
11. Reference Code – If the organisation's system configuration requires a reference code for the care plan, enter the code, otherwise leave blank.
12. Click 'OK'.

11
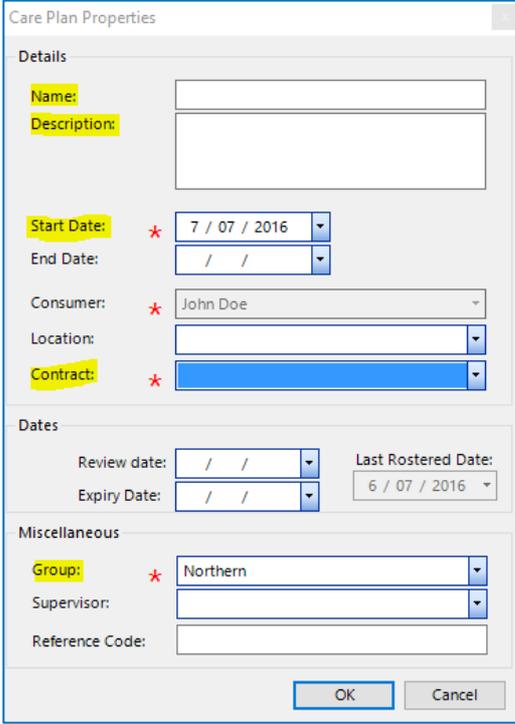
The Care Plan will appear under Care Plan's Browse tab:

6.2 Create a plan of visits

A planned visit is created so that Home Care Manager can generate booked visits from it on a recurring basis. If each planned visit is set up exactly as it should occur, the booked visit that is created from it should not require any amendments. To setup a planned visit, ensure the correct Care Plan is highlighted and navigate to bottom part of the screen and click 'New'.

Delivery Tab

1. Visit Description – This is a free-text field which can be used for internal use or printed on a paper roster.

Note: This field cannot be configured to be sent to the Mobile Care Worker application.

2. Visit Type – Select a visit type from the drop-down list.
3. Client – The field will automatically populate with client's name.
4. Contract – The field will automatically populate with client's contract based on the Care Plan highlighted.
5. Group – The field will automatically populate with client's group entered in the Care Plan highlighted.
6. Location – Select a location from the drop-down list if required.

7. Tag – Select a tag from the drop-down list if required.

8. Preferred start time – Enter a date prior to the first visit which is required to commence. Enter the preferred start of the visit.

9. Earliest Start – If a visit can start within a window of time, enter the earliest start time.

10. Latest Start – If a visit can start within a window of time, enter the latest start time.

11. Duration – Enter the duration the visit should run for.

Note:

- Leave the 'Planned Distance' and 'Time allowed for travel' blank as these fields will be populated once the calculate travel process is completed.

- Closest to next Visit field is defaulted to zero, this can be changed within Application settings at a global level. Setting a number of minutes here will ensure a gap between visits if required.

- The timeline at the bottom of the screen shows the visit box in blue and the window that the visit can move within (earliest and latest start time) in red.

Rostering (Pattern of recurrence) Tab

This tab refers to the frequency of the service. If the service is required multiple times within varying times of the day or different requires, it is recommended that multiple planned visits are created. This practice will ensure that Home Care Manager books in each of the varying requirements rather than manual intervention being required each time the planned visit is booked.

1. Start – The start date will default to the preferred start date entered within the Delivery tab. This date should be either the day before or the start date of the week of the visit occurring.

2. End – It is recommended that the end date is left blank. The plan will continue to be booked until changes are made in the future (plans can be updated to reflect the current requirements or ended and new plans started).

3. Occurs daily – Select this bullet if the visit should occur at the same time every day of the week.

4. Occurs weekly –
   a. Number of weeks – Enter the weekly frequency of the visit (e.g. every 1 week refers to the visit plan occurring weekly, every 2 weeks refers to the visit plan occurring every second week).
   b. Days of the week – Select the check boxes relevant to the days of the week the visit should occur on.

5. Occurs monthly on -
   a. Date of the month – Select this bullet if the visit should occur on a set date, for example the 12th of the month or the 10th of every second month.
   b. Day of the month – Select this bullet if the visit should occur on a set day of the week, for example the first Monday of the month or the third Thursday of every second month.

Tasks Tab

Tasks can be added to the plan of visits or left blank and added once the visit is booked in. Tasks are configured for the organisation and can be general (relate to the visit type) or specific (to provide detail in addition to the visit type). Tasks are the only visit description fields that integrate to Mobile Care Worker, therefore the tasks can be set up as instructions to the care worker.

    c. **Tasks** – these are the tasks that are to be completed within the visit, which will appear on the Workers mobile device.

NB: Mobile Care Worker does not currently show the Visit Type for each client visit on Workers Schedule, it is recommended to have the Visit Type as a Task, so workers are aware of the type of visit they are attending
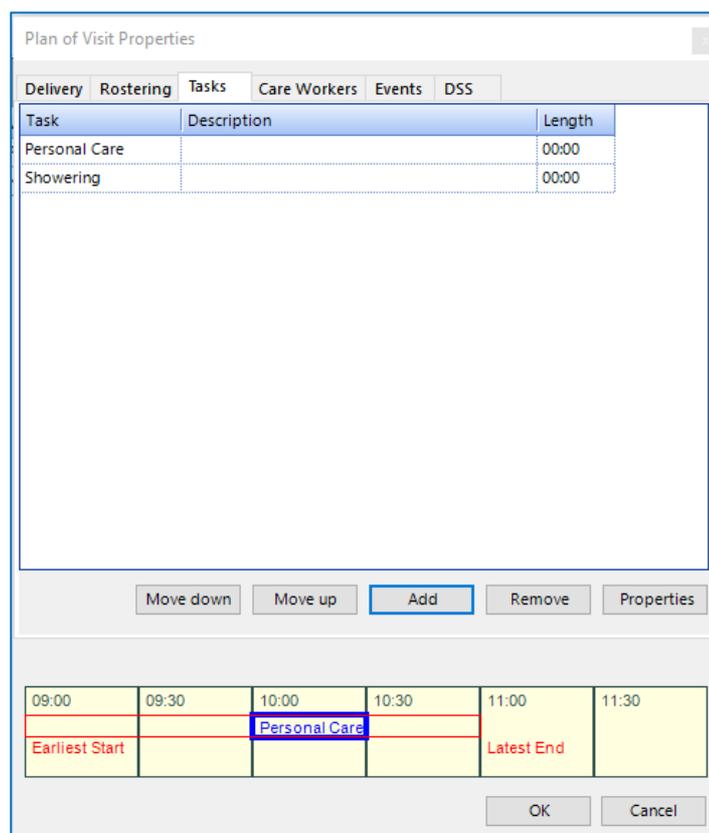
    i.   To add a task, click on the Add button

    ii.   From the following list of Tasks that appears, select the Task to be completed

NB: Each Task needs to be added individually
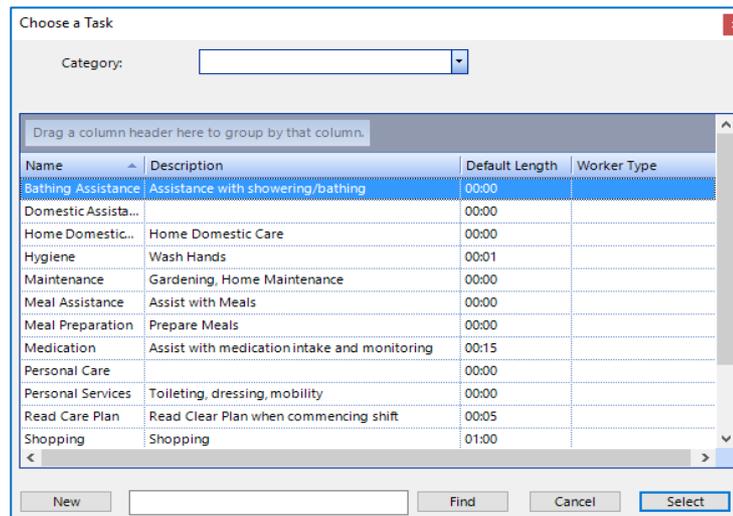
d. Workers

NB: If this is a visit that occurs at a Location, i.e.: Day Care Centre, then a worker is not required to be allocated to this visit
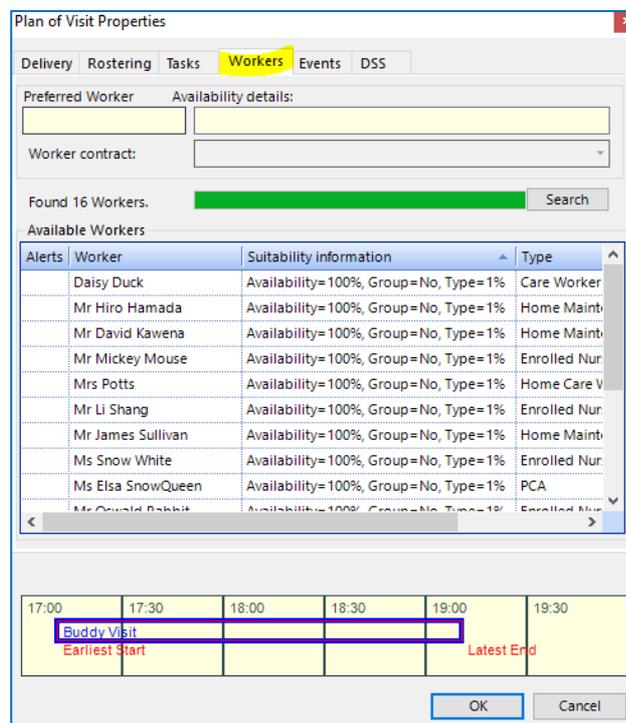
i. Workers will be listed as per the order specified in the Rostering Checks. The preferred worker will show at the top of the list depending on workers availability

ii. Double click on the worker to be selected for the visit, when the workers name is shown in the Preferred Worker field at the top left-hand corner, the workers has been selected as the preferred

e. **DSS** – this must be completed only for CHSP to be reported to DSS (Refer to 2.7 Government Reporting CHSP (DSS/DEX) to set up DSS in Home Care Manager)

i. **Outlet** – select the appropriate Outlet from the drop-down list
ii. **Activity** – select the appropriate Activity from the drop-down list
iii. **Service Type** – select the appropriate Service Type from the drop-down list

NB: The Outlet, Activity and Service Type lists are specific to your Organisation uploaded from the files to be downloaded from the DSS portal (Refer to 2.7 Government Reporting – CHSP (DSS/DEX)

iv. If Transport is to be reported to DSS, ensure Change default session data is ticked and the quantity reflex the number of trips associated with the Transport Service Type ie: if the Transport visit is just one way, then enter 1 in Quantity, if the Transport visit incorporates 2 trips ensure to enter 2 in Quantity

f. Select OK

6.3 Recurring Visits at a Location

Visit which occur at a Location, i.e.: Day Centre, are processed in Locations to allocate the worker, and also in the Clients Care Plan. The worker is linked to the Location via the visit setup in the Location Care Plan, and the Location is linked to the Client's visit setup in the Clients Care Plan. Below shows how to proceed with the setup of Location visits.

6.3.1 Create a Location Care Plan

a. Go to Locations and select the Location where recurring visit is to take place
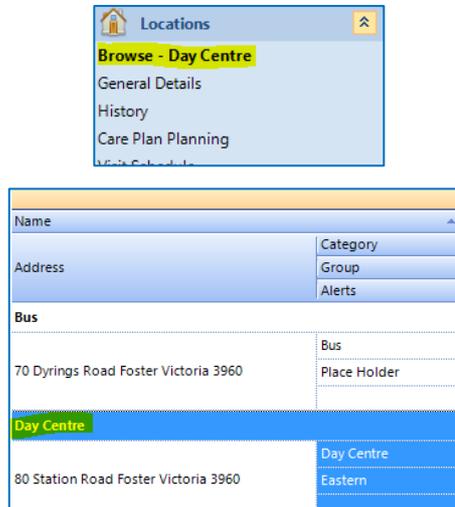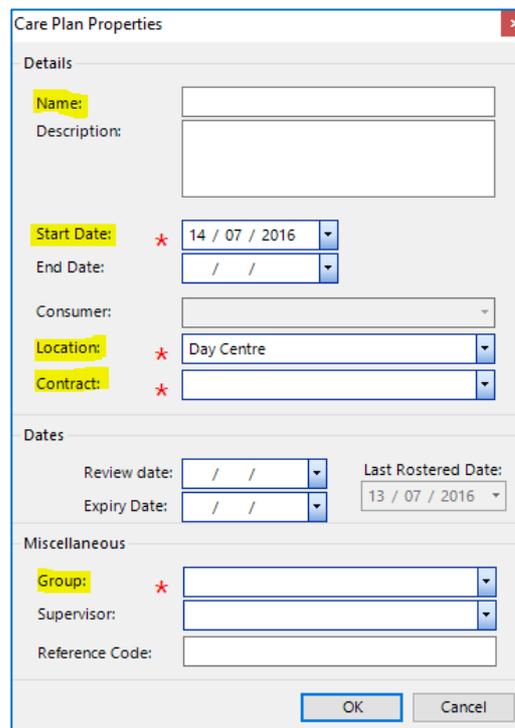

b. Select Care Plan Planning
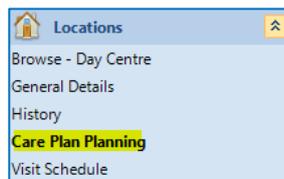
c. The top portion of the screen shows the Care Plans, select the New button just below this section of the screen

d. The following screen will appear, ensure to complete the highlighted fields

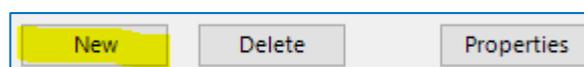**NB:** all fields with a red asterix (*) are mandatory

i. **Name** – Enter the name of the Care Plan, it can be the name of the Location i.e.: Day Centre

ii. **Start Date** – Enter commence date of the Location's Care Plan

iii. **Location** – This will automatically populate with the name of the Location for which the Care Plan is being created i.e.: Day Centre

iv. **Contract** – The most appropriate Contract to select for a Location is Place Holder, as this contract does not specifically relate to any one contract such as HCP, CHSP, etc

v. **Group** – If the Location are for visits that can be attended by clients of all Groups, it may be appropriate to select Place Holder, if the Location is in a specific Group, for only clients of that specific Group, then select the appropriate Group

vi. Select OK

6.3.2 Create Location Visit in Location Care Plan

Creating recurring visits in a Location Care Plan is a similar process as creating recurring visits in a Client's Care Plan where a worker is allocated, with one difference in the process. A recurring visit where a worker is allocated, a location is not allocated to the visit, whereas a recurring visit in a Location Care Plan, the Location is allocated, where a worker is not allocated to the visit.

a. In the Locations > Care Plan > Plan of Visits select the New button on the bottom right hand corner and follow the steps below

b. **Delivery** - The following screen will appear – see below instructions for each Tab

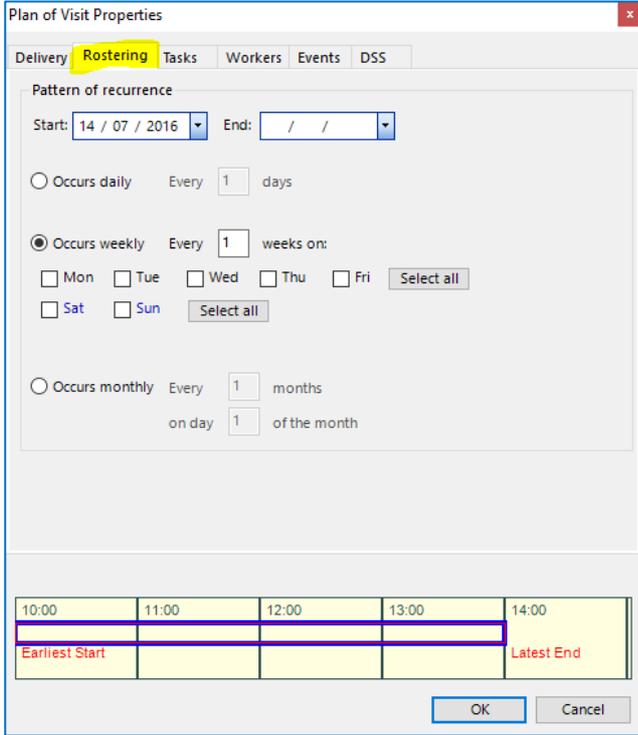**NB:** All fields with red asterix (*) are mandatory fields
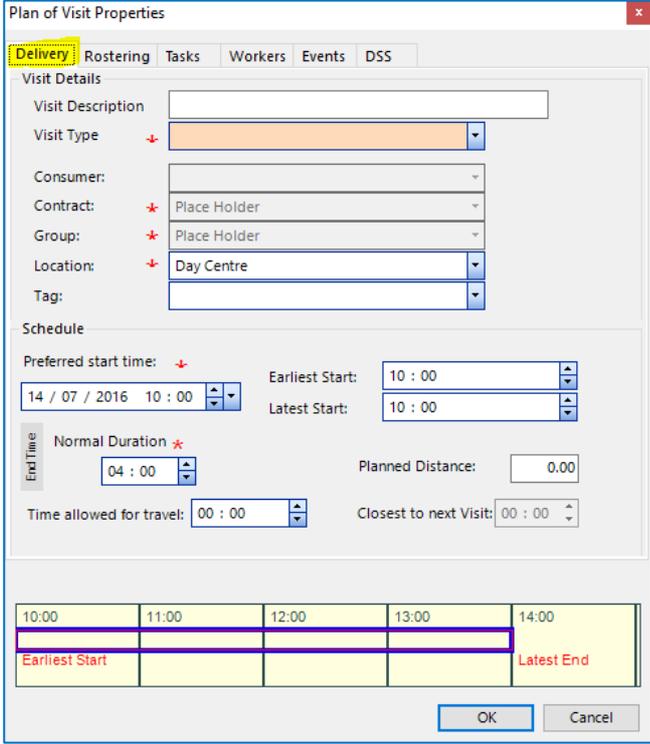
i. **Visit Description** – provide a brief description of Service Type. We recommend copying the Visit Type in this field

ii. **Visit Type** – from the drop-down list select the Service Type

iii. **Client** – this field will remain blank as it does not relate to a client

iv. **Contract** – this field will automatically populate with Location's Contract

v. **Group** – this field will automatically populate with Location's Group

vi. **Location** – this field will automatically populate with the Location the Care Plan and Recurring visits are being created for, in this case Day Centre

vii. **Preferred start time** – enter date the visit is to commence, and also the time the visit is to start

NB: The time in Home Care Manager is a 24hr clock

viii. **Earliest Start** – this is the earliest time the visit can start, i.e.: visit starts at 9.30am but is able to start up to 10mins earlier, therefore the Earliest Start time would be 9.20am

ix. **Latest Start** – this is the latest time the visit can start i.e.: visit starts at 9.30am but is able to start up to 10mins later, therefore the Latest Start time would be 9.40am

x. **Duration** – this is the duration of the visit

c. Rostering

i. **Start** – the start date will populate from the Delivery Tab, ensure this is correct start date for this visit

ii. **Occurrence** – this is the recurrence of the visit, select if visit is to occur daily, weekly or monthly. Weekly is the most common occurrence for visits. If visit is to occur on a weekly basis, select Occurs weekly, if visit occurs every week enter 1 in the box next to Every and then select the days of the week this visit occurs. If the visit occurs every second week enter 2 in the box, and so on.

d. **Tasks** – if it is required to specify to the worker what tasks are to be completed at a Location Visit tasks can be added through the Tasks tab in the same manner as explained in point 6.2 d. Create Recurring Visits – Allocating a Worker – Tasks

e. Workers
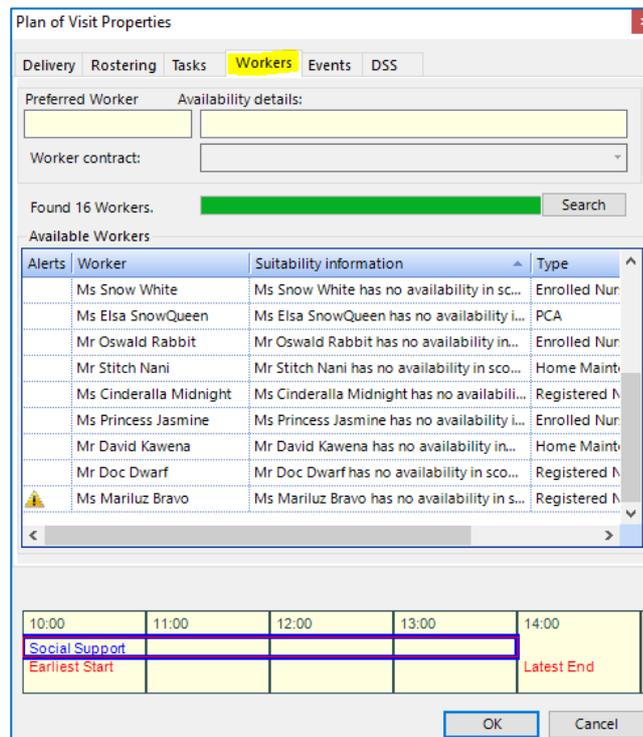
    i.   Workers will be listed as per the order specified in the Rostering Checks. The preferred worker will show at the top of the list depending on workers availability

    ii.   Double click on the worker to be selected for the visit, when the workers name is shown in the Preferred Worker field at the top left-hand corner, the workers has been selected as the preferred

f.   Select OK

6.3.3 Create Location Visit in Client Care Plan

a.   In the Plan of Visits section of the screen select the New button on the bottom right hand corner and follow the steps below
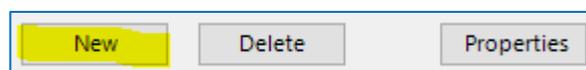
b.   **Delivery** - The following screen will appear – see below instructions for each Tab

NB: All fields with red asterix (*) are mandatory fields
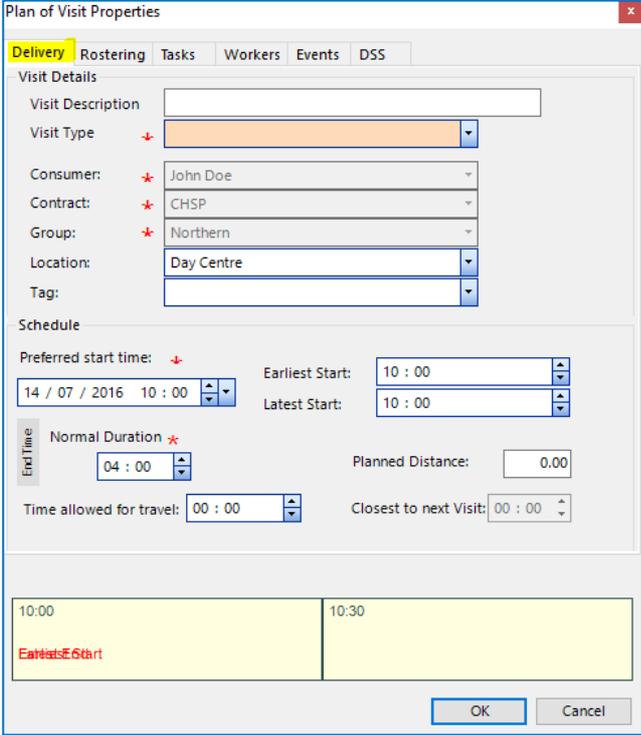
i. **Visit Description** – provide a brief description of Service Type. We recommend copying the Visit Type in this field

ii. **Visit Type** – from the drop-down list select the Service Type

iii. **Client** – this field will automatically populate with Client's Name

iv. **Contract** – this field will automatically populate with Client's Contract

v. **Group** – this field will automatically populate with Client's Group

vi. **Location** – only select the Location from the drop-down list if this visit occurs at a Location i.e.: Day Care Centre

vii. **Preferred start time** – enter date the visit is to commence, and also the time the visit is to start

NB: The time in Home Care Manager is a 24hr clock

viii. **Earliest Start** – this is the earliest time the visit can start, i.e.: visit starts at 9.30am but is able to start up to 10mins earlier, therefore the Earliest Start time would be 9.20am

ix. **Latest Start** – this is the latest time the visit can start i.e.: visit starts at 9.30am but is able to start up to 10mins later, therefore the Latest Start time would be 9.40am

x. **Duration** – this is the duration of the visit

c. **Rostering**

i. **Start** – the start date will populate from the Delivery Tab, ensure this is correct start date for this visit

ii. **Occurrence** – this is the recurrence of the visit, select if visit is to occur daily, weekly or monthly. Weekly is the most common occurrence for visits. If visit is to occur on a weekly basis, select Occurs weekly, and if visit occurs every week enter 1 in the box next to Every and then select the days of the week this visit occurs. If the visit occurs every second week enter 2 in the box, and so on.

d. **Tasks** – tasks are not required to be entered for this visit as a worker is not allocated to this visit

i.   To add a task, click on the Add button

ii.   From the following list of Tasks that appears, select the Task to be completed

NB: Each Task needs to be added individually

e. **DSS** – this must be completed only for CHSP to be reported to DSS (Refer to 2.7 Government Reporting CHSP (DSS/DEX) to set up DSS in Home Care Manager)

i.   **Outlet** – select the appropriate Outlet from the drop-down list

ii.   **Activity** – select the appropriate Activity from the drop-down list

iii.   **Service Type** – select the appropriate Service Type from the drop-down list

NB: The Outlet, Activity and Service Type lists are specific to your Organisation uploaded from the files to be downloaded from the DSS portal (Refer to 2.7 Government Reporting – CHSP (DSS/DEX)

    iv.   If Transport is to be reported to DSS, ensure Change default session data is ticked and the quantity reflex the number of trips associated with the Transport Service Type i.e.: if the Transport visit is just one way, then enter 1 in Quantity, if the Transport visit incorporates 2 trips ensure to enter 2 in Quantity

    f.   Select OK

7 DSS Reporting

For all **CHSP** clients **only**, it is a requirement to complete the DSS metadata and validating the information for DSS Reporting purposes.

    a.   Go to Clients > DSS Reporting

    b.   **Information** – this top section of the screen gives a brief description about the DSS metadata. It also contains the Validate client data button which ensure there are no errors in the DSS data provided
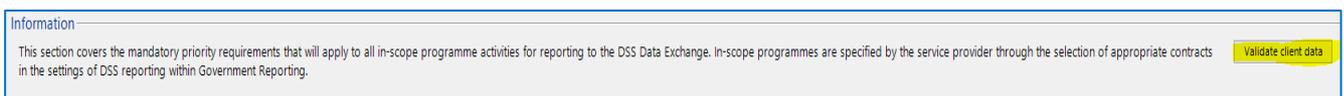
    c.   **General details (preview)** – the information populated in this section comes from the Client's General Details. Any changes required here can only be updated within the General Details screen, which will then update this section

    d.   **DSS metadata** – this section must be completed for each CHSP Client. All fields **must** be completed, any fields left blank will appear as an error when the data is validated. When completed, click on Validate client data, shown in section 6a. A Validation result box will appear listing the errors within the client data, in particular any blank fields, or Validation successful if all information provided

8 Documents

Any or all necessary documentation relating to any client can be uploaded into Home Care Manager. Documents can be uploaded directly through the Client Documents menu or within a History Note. All documents uploaded into Home Care Manager, whether via Documents menu or History, will be listed under the Documents menu.

    a.   To upload a document, go to Clients > Documents
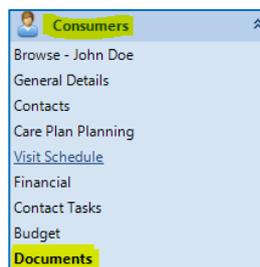
    b.   In the bottom right hand corner click on New

    c.   Select the option Select file and click on

    d.   Select the location where the document is saved on the PC and select the file to upload to Home Care Manager

    e.   Select OK

    f.   The file will now be listed in the Documents menu as a PDF file. Simple double click on the file to open it, or highlight the file and select Open from the bottom right hand corner
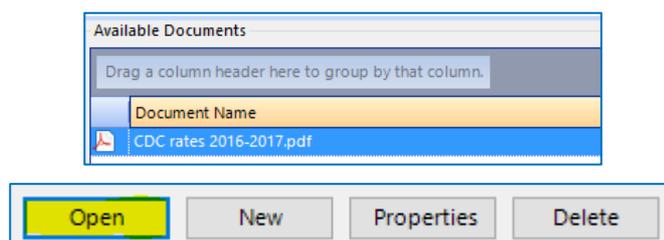
NB: Note all documents related to a client, uploaded to Home Care Manager, will be listed here as shown above
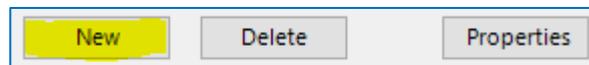
9 History

History is where all notes relating to clients, visits, progress notes, etc are entered and listed. Notes created within the Client History menu, which may also relate to a worker, will create the note under the worker History menu. All History notes created will be listed in the History menu, sorted by History type making it easier to find notes created.
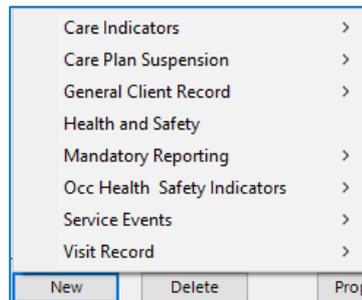
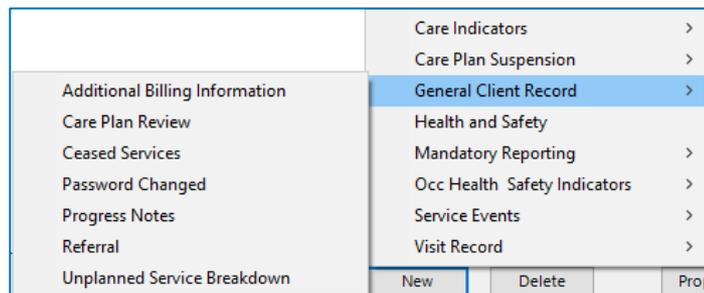a. To create a History note go to Consumers/Clients > History
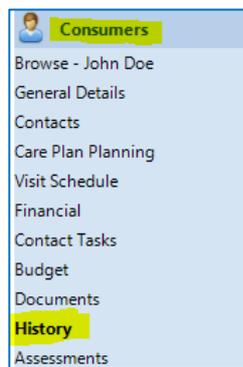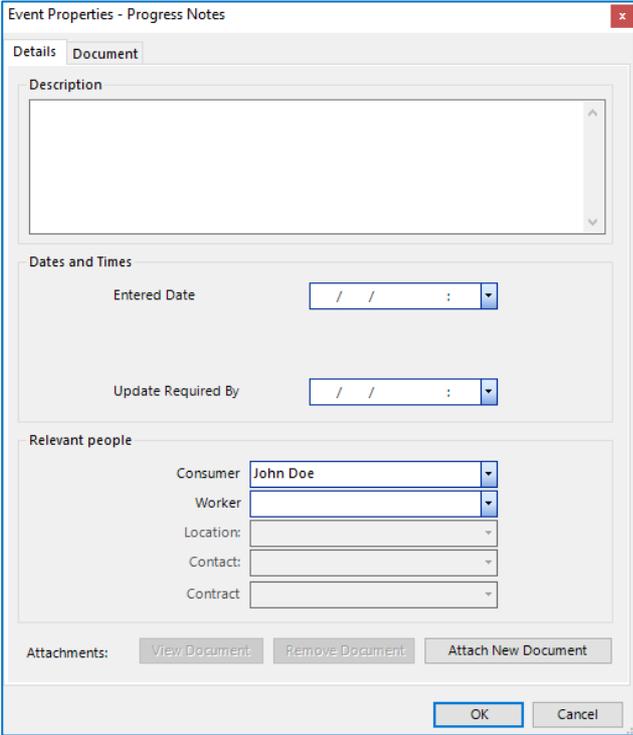

b. Select New from the bottom right hand corner

c. A menu of History Types will appear, hover over the History note Category required

d. A sub-menu will now appear, select the History note to be created

e. The History Note screen will appear, as shown below with a brief

i. Description – a brief description can be entered in this field
ii. Document tab – this field is for any extensive details required in the History note
iii. Dates and Times – there can be up to four date fields within a History note. Enter dates as required
iv. Relevant People –client's name will populate as the client has been selected to create the History note. A worker can also be selected if required
v. Attach New Document – a document relating to this History note can also be uploaded. and as mentioned earlier this document will then be listed in the Documents menu

NB: Only one document can be uploaded, if there are multiple documents to be uploaded scan all documents together into one file and upload