

STAR 2000™



STAR PATIENT CARE REFERENCE GUIDE Clinical Management Worksheets Volume

Release 17.0
October 2011

C17000151

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Preface

The *Clinical Management Worksheets Volume* of the *STAR Patient Care Reference Guide* contains worksheets you use to complete the build files of the base STAR Patient Care system. The worksheets enable you to gather and define the information you need to build the tables and standard files in your Clinical Management system.

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Introduction

The *STAR Clinical Management Worksheets Volume* of the *STAR Patient Care Reference Guide* provides worksheets which help explain the flexibility of building your STAR system.

The *General Information Volume* is prerequisite reading for all other volumes of the *STAR Patient Care Reference Guide*. Successful use of the *STAR Clinical Management Worksheets Volume* depends upon your knowledge of the concepts covered in the General Information Volume.

This volume contains one section that includes worksheets that need to be completed prior to other build functions. A Table of Contents at the beginning of this volume provides a quick location reference for the worksheets discussed.

The following chapter is contained in this volume:

Chapter 1: Worksheets

All worksheets for the Clinical Management Module are contained in this chapter.

Chapter 1 - Worksheets

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CHECKLIST FOR WORKSHEETS ASSIGNMENTS

Clinical Management-Related Worksheets Assigned To Date Completed

Charge Menus	_____	_____
Frequency Codes*	_____	_____
Notes Processing	_____	_____
Order Cancellation Reasons*	_____	_____
Scheduling Tables*	_____	_____
SIM Departments**	_____	_____
Service Item Maintenance**	_____	_____
Workload Categories	_____	_____
Workload Elements	_____	_____
Workload Element Groups	_____	_____
Workload Pt Type/Loc	_____	_____

Refer to the *Clinical Management Module* of the *STAR Patient Care Reference Guide* for detailed information on all tables specific to the Clinical Management Module.

* Refer to the *Tables Volume* of the *STAR Patient Care Reference Guide* for detailed information regarding the maintenance of these tables.

** Refer to the *Tables Volume* of the *STAR Patient Care Reference Guide* for detailed information regarding the portions of these tables that are not specific to Clinical Management.

CHARGE MENUS, DEPARTMENT

DEPARTMENT NAME: _____

CODE: 4N |_____|

DESCRIPTION: 30C

|_____|

CHARGE MENU (Department Code and Service Item Code):

DEPARTMENT: 3A/N
(Table Lookup)SERVICE ITEM CODE: 4N
(Table Lookup)

|_____|

|_____|

|_____|

|_____|

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|_____|

|_____|

|_____|

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

FREQUENCY CODES

CODE: 6A/N |_____|

DESCRIPTION: 33A/N
|_____|

SCHEDULED DAYS (Table lookup): |_____|

TIMES: 76/C (Up to 16, separated by commas)
|_____|
|_____|

ALLOW TIME EDITS: Y or N |__|

INTERVAL: HH:MM |__|:|__|

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

DOCUMENTATION

The Documentation worksheets enable you to create the following tables:

- Responses to questions
- Questions that commonly relate to certain diagnoses
- Groups of questions for a diagnosis
- Evaluations/Notes
- Pre-canned text for notes
- Groups of pre-canned text for notes

It is important that you build the tables in the order in which the worksheets are located in this manual. Some tables cannot be built until other tables are completed.

NOTE: It is helpful to make several copies of the following worksheets.

Notes Responses

SIM DEPARTMENT CODE/NAME: _____

CODE: 5A/N | _____ |

DESCRIPTION: 20 A/N

| _____ |

CODE: 5A/N | _____ |

DESCRIPTION: 20 A/N

| _____ |

CODE: 5A/N | _____ |

DESCRIPTION: 20 A/N

| _____ |

CODE: 5A/N | _____ |

DESCRIPTION: 20 A/N

| _____ |

CODE: 5A/N | _____ |

DESCRIPTION: 20 A/N

| _____ |

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

Notes Questions

SIM CODE/DEPARTMENT: _____

CODE: 5AN |_____| INITIAL: 1A (Y/N) |__|

SEXES: 1A (**F**emale, **M**ale, **A**ll) |__|

REQUIRED: 1A (Inpatients, **O**utpatients, **A**ll, **N**one) |__|

INTERNAL: 1A (Inpatients, **O**utpatients, **A**ll, **N**one) |__|

DESCRIPTION: 75C

|_____|

|_____|

|_____|

RESPONSE FORMAT: 1A |__|

(**V**alue, **T**able, **T**e**X**t, **P**aragraph, **D**ate, Time(**N**), Date/Time(**B**))

TEXT LENGTH: 2N (Up to 50) |____|

VALUE FORMAT: 1A (**D**ecimal, **S**lash) |__|

NORMAL RANGES: 1A (Y/N) |__|

LOW VALUE: 7N |_____|

HIGH VALUE: 7N |_____|

LOW VALUE: 7N |_____|

HIGH VALUE: 7N |_____|

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

Notes Questions Groups

SIM CODE/DEPARTMENT: _____

CODE: 5AN | _____ |

GROUP DESCRIPTION: 20C

| _____ |

QUESTION CODE/DESCRIPTION: (TABLE LOOKUP)

SIM CODE/DEPARTMENT: _____

CODE: 5AN | _____ |

GROUP DESCRIPTION: 20C

| _____ |

QUESTION CODE/DESCRIPTION: (TABLE LOOKUP)

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Notes Evaluation/Progress Notes

SIM CODE/DEPARTMENT: _____

CODE: 5AN | _____ |

DESCRIPTION: 20C

| _____ |

TYPE: 1A (Evaluation, Progress) | ☐ |

QUESTIONS:

TYPE: 1A (Question Groups, Individual Questions) | ☐ |

DESCRIPTION: (Table Lookup)

IF **G**, THEN REFER TO NOTES QUESTIONS GROUP TABLE:

IF **Q**, THEN REFER TO NOTES QUESTIONS TABLE: (<= 50 Char.)

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

Notes Pre-canned Text

SIM ITEM: _____

CODE: 5A/N DESCRIPTION: 50C

| _____ | _____ |

| _____ |

=====

TEXT:

| _____ |

| _____ |

| _____ |

| _____ |

| _____ |

| _____ |

| _____ |

| _____ |

| _____ |

| _____ |

| _____ |

| _____ |

| _____ |

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

Notes Pre-canned Text Groups

SIM ITEM: _____

CODE: 5AN | | | | |

DESCRIPTION: 36C

PRE-CANNED TEXT CODES: 5AN (Refer to Pre-canned Text Worksheet)

[illegible]

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

ORDER CANCELLATION REASONS

CODE: 5N |_____|

DESCRIPTION: 19A/N

|_____|

CODE: 5N |_____|

DESCRIPTION: 19A/N

|_____|

CODE: 5N |_____|

DESCRIPTION: 19A/N

|_____|

CODE: 5N |_____|

DESCRIPTION: 19A/N

|_____|

CODE: 5N |_____|

DESCRIPTION: 19A/N

|_____|

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

RESOURCE MASTER

RESOURCE NUMBER: 6N |_____|

RESOURCE NAME: 25C

|_____|

INITIALS: 3A |____|

ADDRESS 1: 25C

|_____|

ADDRESS 2: 25C

|_____|

CITY: 15C STATE: 2A ZIP CODE: 5-9N

|_____| |__| |_____|-|_____|

OFFICE PHONE: 10N MODULE USAGE: Circle one

|____|-|____|-|____| (C)hart Management, (S)cheduling,

Clinical (M)anagement, (A)ll

SPECIALTIES: Table Lookup RESOURCE TYPE: Table Lookup

|_____| |_____|

|_____|

|_____|

COMMENT: 36C

|_____|

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

Clinical Management

DEPT: Table Lookup SHIFTS: 3N (1,2,3) |_____|

|_____|

MAX WKLD: 5N STATION GROUP: Table Lookup
(up to 999.9)

|_____|. |

COMPLETE END OF DAY PROCESSING
THROUGH SCHEDULE STATUS OPTION? (Y/N) YES NODEFAULT OUTCOME OF ATTENDANCE RESPONSE FOR EOD PROCESSING
(Table Lookup)

|_____|

ALLOW DIRECT ASSIGNMENT OF OCCURRENCES
FOR THIS RESOURCE? (Y/N) YES NOCompletion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

SIM DEPTS - CLINICAL MANAGEMENT INFORMATION

DEPARTMENT: _____

STATUS: 1A (Y/N) ☐ NOTES: 1A (N,C,I)ITEM TYPE DEF: 1A (Disposable, Scheduled, Worklist, Standard) ☐

DEPT DAYS (Circle all applicable): S M T W R F A ALL

HOURS OPEN: 6AN/6AN | _____ | / | _____ |

MEAL/BREAK: 6AN/6AN | _____ | / | _____ |

SHIFT 1:10C | _____ | START TIME:6AN | _____ |

SHIFT 2:10C | _____ | START TIME:6AN | _____ |

SHIFT 3:10C | _____ | START TIME:6AN | _____ |

LEAD TIME (Up to 99 hours): 2N ☐ HOLIDAYS: 1A (Y/N) ☐AUTO APPROVE: 3A ☐DIRECT ASSIGN: 1A (Y/N) ☐

RESOURCE TYPES (Select up to five): Table Lookup

WORKLOAD CAPTURE: 1A(Y/N) ☐ IF Y, CAPTURE BY EMPLOYEE: 1A(Y/N) ☐WORKLOAD PURGE (Up to 99): 2N ☐I/P PURGE: 2N (Rec. 3 or less) ☐ O/P PURGE: 2N (Rec. 3 or less) ☐MEDICARE (Enter 1-28): 2N ☐ DISCH DAYS(Up to 99): 2N ☐

PATIENT TYPES (Select up to 20): Table Lookup

I/P HOURS: 3N/3N | _____ | / | _____ | O/P DAYS: 2N/2N | _____ | / | _____ |

RESOURCE TYPES: Table Lookup

RESOURCE DAYS: 2N (1-99) ☐

SHOW PRNs: 1A (Y/N) ☐

REMOVE ORDERS: 1A (Y/N) ☐

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

SIM MAINTENANCE - CLINICAL MANAGEMENT INFORMATION

DEPARTMENT: _____

I/P ITEM TYPE: (Circle one)

Disposable Scheduled Worklist Standard

O/P ITEM TYPE: (Circle one)

Disposable Scheduled Worklist Standard

OXYGEN THERAPY: Table Lookup _____

CHARGE MENU: Table Lookup _____

EVALUATE: 1A (Inpatient, Outpatient, Both, Neither) ☐

Indicate Either Shifts or Times, but not Both:

SHIFTS: (Circle appropriate shifts up to three) 1 2 3

TIMES: 4N (Starting time) | _____ | am pm

(Ending time) | _____ | am pm

DEPT DAYS: (Circle all that apply) S M T W R F A

PREFERRED RESOURCE: Table Lookup _____

SECONDARY RESOURCE: Table Lookup _____

WORKLOAD: Table Lookup with a maximum of five

CHARGE CODE: 4N or 5N (SIM Code) or Table Lookup

PARAGRAPH QUESTION: Table Lookup _____

EVALUATION FORMATS: Table Lookup _____

PROGRESS NOTE FORMATS: Table Lookup _____

PRE-CANNED TEXT GROUP: Table Lookup _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

SIM MAINTENANCE - ORDER/REQUISITION INFORMATION PAGE

DEPARTMENT: _____

DEPARTMENT CODE: 4C | | | |

STAR PATIENT CARE CODE: 4C | | | |

ORDER SUPPRESS: 1A ☐ CHARGE ON ORDER (Y/N): 1A ☐

CHARGE TYPE (Circle one): Auto Daily Charge Time of Charge

SEPARATE REQUISITION (Y/N): 1A ☐ REQUISITION COUNT: 1N ☐

ALTERNATE PRINTER/REQUISITION: Table Lookup

PRINT REQ (Y/N): 1A ☐ PANEL MASTER (O/C): 1A ☐

PATIENT CARE REQUIREMENT: Table Lookup PROMPT: Table Lookup

PROMPT

CONFIRMATION (Y/N): 1A | |

APPLICABLE SPECIMEN SOURCES: Table Lookup

DEFAULT SOURCE: Table Lookup _____

RESTRICTED PRIORITIES: 21AN

QUESTIONS: Table Lookup _____

SUB DEPARTMENT: Table Lookup

FREQUENCY: Table Lookup (Select up to five)

RESTRICT INDEF DURATION: (Y/N) [N] YES NO

CUSTOM DOCUMENT: Table Lookup

HOLD DAYS: _____

HCPCS MODIFIERS: Table Lookup _____

MODALITY: Table Lookup _____

BODY REGION: Table Lookup _____

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

WORKLOAD CATEGORIES (CLINICAL MANAGEMENT)

DEPARTMENT: _____

CODE: 1N

DESCRIPTION: 12AN

1	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	<input type="checkbox"/>	<input type="checkbox"/>	_____

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

WORKLOAD PT TYPE/LOCATION

FACILITY: _____

DEPARTMENT: _____ (Circle one): Patient Type Location

PT TYPE/LOC: 3C

WORKLOAD CATEGORY: 12AN

1	____	_____
2	____	_____
3	____	_____
4	____	_____
5	____	_____
6	____	_____
7	____	_____
8	____	_____
9	____	_____
1	____	_____
2	____	_____
3	____	_____
4	____	_____
5	____	_____
6	____	_____
7	____	_____
8	____	_____
9	____	_____

Completion Date: _____ Initials: _____
Revision Date: _____ Initials: _____ Page ____ of ____

WORKLOAD ELEMENTS

DEPARTMENT: _____ SUBDEPT: _____

ELEMENT CODE: |_____|.|_____|

ELEMENT DESCRIPTION: 30AN

|_____|

UNIT VALUE: 4N |_____|.|_____|

SETUP ELEMENT CODE: |_____|.|_____|

ELEMENT CODE: |_____|.|_____|

ELEMENT DESCRIPTION: 30AN

|_____|

UNIT VALUE: 4N |_____|.|_____|

SETUP ELEMENT CODE: |_____|.|_____|

ELEMENT CODE: |_____|.|_____|

ELEMENT DESCRIPTION: 30AN

|_____|

UNIT VALUE: 4N |_____|.|_____|

SETUP ELEMENT CODE: |_____|.|_____|

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

WORKLOAD ELEMENT GROUPS

DEPARTMENT: _____

GROUP #: 6N | _____ |

DESCRIPTION: 30AN

| _____ |

WORKLOAD ELEMENTS: (Table Driven)

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

GROUP #: 6N | _____ |

DESCRIPTION: 30AN

| _____ |

WORKLOAD ELEMENTS: (Table Driven)

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

| _____ | | _____ | | _____ |

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

■ R e a d e r C o m m e n t F o r m ■

We value your suggestions for improving our documentation. Please use this form to evaluate the *Clinical Management Worksheets Volume* of the *STAR Patient Care Reference Guide* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of overview information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there parts of this manual that could be made more helpful to you? Please explain.

Other Comments:

Thanks for your help in improving the documentation.

Your Name and Position

Hospital/Organization
Name

Telephone Number

May we contact you?

Yes or No (circle one)

Fold here

Place
Stamp
Here

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