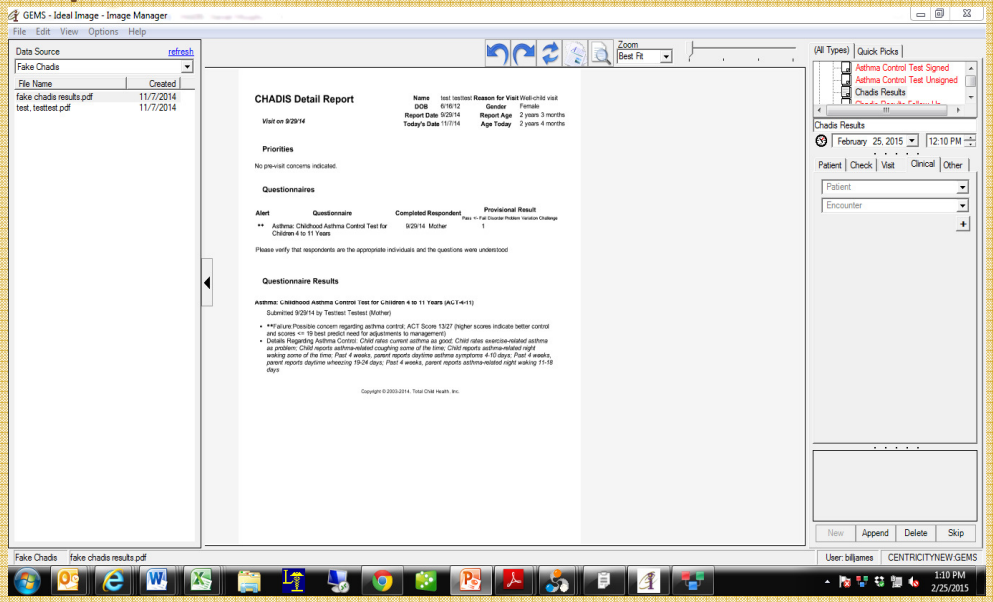
Integrating CHADIS with Centricity

Treehouse Pediatrics
Round Rock, TX

Importing Chadis Results

- “Print” results in pdf format
- Import the pdf file via GEMS



Importing Chadis Results

- Designate the document as “Chadis Results”
- The provider reviews the pdf file and inputs results in Centricity

Importing Chadis Results

t at ALL on 2/25/2015 1:15:50 PM by Bill James [Doc ID: 1619]

2yr - Parental Hx | Devel/Hx | Flow Sheets | Physical Exam | Ant. Guidance | Assessment/Plan

Developmental History Chadis done? Yes No Submit Chadis Charge www.chadis.com

Parent declined to do Chadis for this visit

MCHAT result: pass fail MCHAT follow up in 2 weeks Send flag to staff MCHAT flag sent to fo

MCHAT Action: Handouts given, Referred Referral List Given Comments:

All Normal

Intervention Activities Repeat ASQ In 4 weeks

Send flag to staff ASQ flag sent to follow up in 4 weeks

Cognitive	pass / borderline / fail	Cognitive Development	Referral to: Occupational Therapy, Physical Therapy, Speech Therapy
Fine Motor	pass / borderline / fail	Fine Motor Development	Referral to: Occupational Therapy, Physical Therapy, Speech Therapy
Gross Motor	pass / borderline / fail	Gross Motor Development	Referral to: Occupational Therapy, Physical Therapy, Speech Therapy
Language	pass / borderline / fail	Language Development	Referral to: Occupational Therapy, Physical Therapy, Speech Therapy
Social-Emotional	pass / borderline / fail	Social-Emotional Development	Referral to: Occupational Therapy, Physical Therapy, Speech Therapy

Handouts? yes no

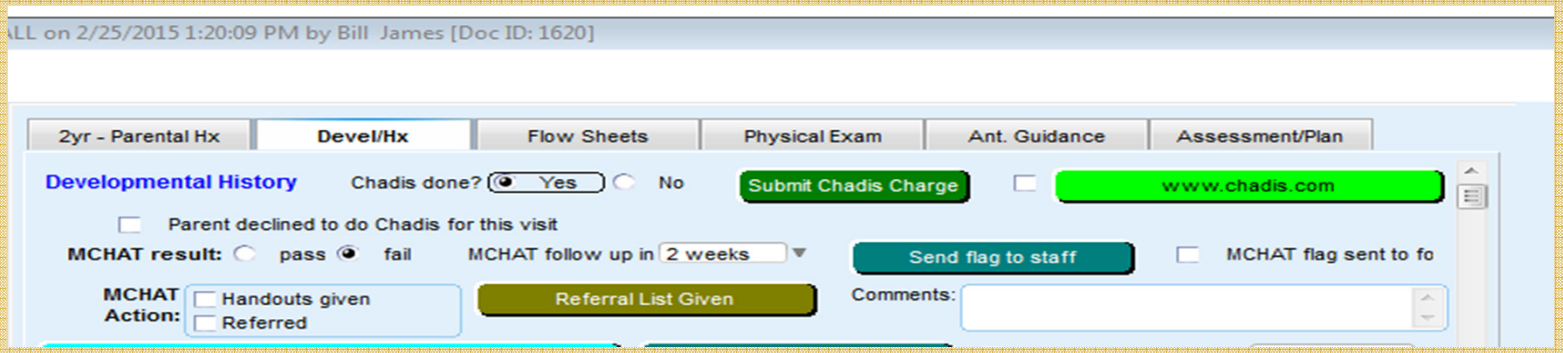
Referral List Referral List Given

View Developmental Flowsheet

Past, Family, and Social History All reviewed, no changes required

Past history reviewed - no changes required

Elements of the well visit form



- www.chadis.com: Direct link to the Chadis website
- Send flag to staff: Automatically sends a flag to a designated staff member to ask that a questionnaire be reassigned within the designated time frame

Elements of the Well Visit form

- Send flag to staff: Again sends a flag to a designee who will reassign the appropriate questionnaire within a given time frame
- Other buttons: Goes to the resources.childhealthcare.org pdf file regarding the appropriate section at the child's age

Elements of the Well Visit Form

ALL on 2/25/2015 1:20:09 PM by Bill James [Doc ID: 1620]

2yr - Parental Hx | Devel/Hx | Flow Sheets | Physical Exam | Ant. Guidance

Days	02/25/2015	10/27/2014		
Cognitive	pass	pass		
Fine Motor	borderli...	borderli...		
Gross Motor	borderli...	fail		
Language	fail	pass		
Social-Emotional	pass	borderli...		
MCHAT	fail	fail		
Lead Risk				
TB Risk				

Elements of the Well Visit Form

Update - Baby Test Case -- Ofc Visit at ALL on 2/25/2015 1:20:09 PM by Bill James [Doc ID: 1620]

- Pedi vitals w %tile age gende
- BP Percentile
- Patient Intake Form 2013
- TH 2yr wcc 2014 w flag
- Developmental Handouts
- Patient Education Handouts
- Vaccines History
- THPedi-immunization Recor
- Vaccine page 2 flu
- Lab/Hearing/Vision/UA/Strep
- Additional Documentation

- Blank image
- flag sent button work
- Last ten measurements
- TH Assessment and Plan

Dev Hx Handouts | Handouts Given

Developmental Handouts

1-4 Months
- Cognitive Development
- Intervention Activities
- Language Development
- Motor Development
- Social-Emotional Development

4-8 Months
- Cognitive Development
- Fine Motor Development
- Gross Motor Development
- Intervention Activities
- Language Development
- Social Development (Intervention)

8-12 Months
- Cognitive Development
- Fine Motor Development
- Gross Motor Development
- Intervention Activities
- Language Development
- Social-Emotional Development

12-16 Months
- Cognitive Development
- Fine Motor Development
- Gross Motor Development
- Intervention Activities
- Language Development
- Social-Emotional Development

16-20 Months
- Cognitive Development
- Fine Motor Development
- Gross Motor Development
- Intervention Activities
- Language Development
- Social Development (Intervention)

20-24 Months
- Cognitive Development
- Fine Motor Development
- Gross Motor Development
- Intervention Activities
- Language Development
- Social-Emotional Development

24-30 Months
- Cognitive Development
- Fine Motor Development
- Gross Motor Development
- Intervention Activities
- Language Development
- Social-Emotional Development

30-36 Months
- Cognitive Development
- Fine Motor Development
- Gross Motor Development
- Intervention Activities
- Language Development
- Social-Emotional Development

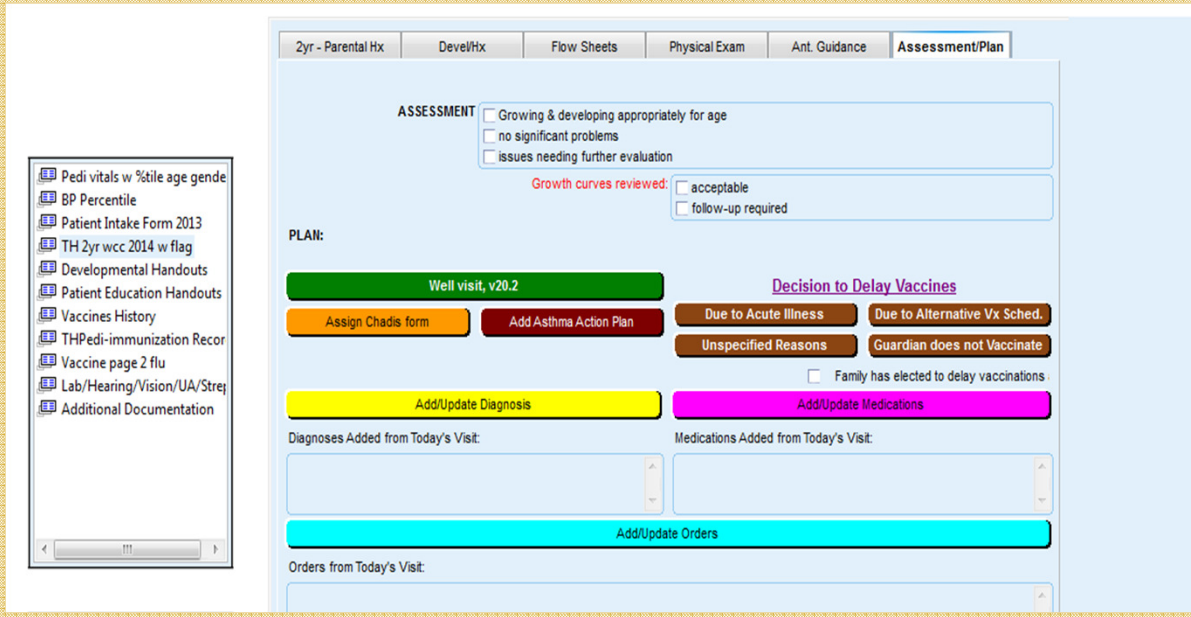
36-48 Months
- Cognitive Development
- Fine Motor Development
- Gross Motor Development
- Intervention Activities
- Language Development
- Social-Emotional Development

48-60 Months
- Cognitive Development
- Fine Motor Development
- Gross Motor Development
- Intervention Activities
- Language Development
- Social-Emotional Development

60-66 Months
- Cognitive Development
- Gross Motor Development
- Intervention Activities
- Language Development
- Social-Emotional Development

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn)

Elements of the Well Visit Form



Elements of the Treehouse Chadis form in Centricity well visits

- "Assign Chadis" button opens the following page:

t at ALL on 2/25/2015 1:20:09 PM by Bill James [Doc ID: 1620]

Request to order additional ASQ / MCHAT / Chadis / Vanderbilt forms

ASQ

Repeat ASQ in 3 weeks | Send Flag to staff | ASQ Questionnaire flag sent

Asthma Control Test

Assign ACT (4 to 11 years old) in 3 weeks | Send Flag to Staff | Asthma Control Test (4 to 11

Assign ACT (12 years old and older) in

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Assign CES-DC in 3 weeks | Send Flag to staff | CES-DC Questionnaire flag s

Kutcher Adolescent Depression Screen (KADS)

Assign KADS in 3 weeks | Send Flag to staff | KADS Questionnaire flag ser

MChat

Repeat MChat in 3 weeks | Send Flag to staff | MChat Questionnaire flag se

Pediatric Symptom Checklist

Assign Pediatric Sympton Checklist in 2 weeks | Send Flag to staff | Pediatric Symptom Checklist

SCARED

Assign SCARED (Adult version) in 4 weeks | Send Flag to staff | SCARED Adult Version Ques

Assign SCARED (Child version) in 4 weeks | Send Flag to staff | SCARED Child Version Ques

Vanderbilt

Initial Parent Vanderbilt Assessment in 2 weeks | Send Flag to staff | Vanderbilt Parent Initial Ques

Repeat Parent Vanderbilt Assessment in 3 weeks | Send Flag to staff | Vanderbilt Parent Repeat Qu

Initial Teacher Vanderbilt Assessment in 2 weeks | Send Flag to staff | Vanderbilt Teacher Initial Que

Repeat Teacher Vanderbilt Assessment in 3 weeks | Send Flag to staff | Vanderbilt Teacher Repeat Q

Miscellaneous Chadis (Edinburgh Postnatal, SDQ, etc.)

Please assign a Chadis questionnaire in 1 month | Send Flag to staff | Miscellaneous Questionnaire

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn)

Pediatric Symptom Checklist

- Assigned for patients 6 years old and older
- Results tracked via flowsheet

Update - Baby Test Case -- Ofc Visit at ALL on 3/24/2015 5:23:28 PM by Bill James [Doc ID: 1637]

Summary: 8yr Well Child Exam | + Order | + Medication | + Problem

Interactions:

Forms | Text

Forms | Add...

- Pedi vitals w %tile age gende
- BP Percentile
- Patient Intake Form 2013
- TH 8 yo well check 2014
- PSC Flowsheet
- Patient Education Handouts
- Lab/Hearing/Vision/UA/Strep
- Vaccines History 2015
- THPedi-immunization Recor
- Vaccine page 2 flu
- Additional Documentation

Attachments | Add...

Favorites | Add

- Blank image
- flag sent button work
- Last ten measurements
- TH Assessment and Plan

History | Devel/Hx | Physical Exam | Dev/Guidance | Assessment/Plan

Developmental Tasks:

(Normal findings)

Sample Items for Developmental Tasks are listed. The description of the Developmental Task will be entered in the chart when "normal" is selected.

Social: normal abnormal

Social: can tell time, sense of humor, concerned about rules, good vs. bad, can perform chores

Language: normal abnormal

Language: reads for pleasure, has and uses a library card

Pediatric Symptom Checklist Screening Results:

Parent declined to do PSC for this visit

Submit Pediatric Symptom Checklist Charge

All Normal | View PSC Flowsheet

Externalizing Disorders:	pass	fail
Internalizing Problems:	pass	fail
General Mental Health:	pass	fail
Attentional Problems:	pass	fail

Comment / Results:

Indicate if need for further assessment: Developmental:

- Relationships - parents / siblings / peers
- Academics
- Extracurricular
- Substance abuse
- Self-concept

Comments:

Past, Family, and Social History

All reviewed, no changes required

Past history — reviewed - no changes required

Family history — reviewed - no changes required

Social history — reviewed - no changes required

ADHD Visits

Update - Baby Test Case -- Ofc Visit at ALL on 3/24/2015 5:26:24 PM by Bill James [Doc ID: 1638]

Summary: ADHD Initial Assess... | Order | Medication | Problem | End...

Interactions:

Forms | Text

Forms | Add...

- Pedi vitals w %tile age gende
- Patient Intake Form 2013
- BP Percentile
- ROS Complete
- ADHD Initial Evaluation form
- TH Multisys Exam 2014
- ADHD Assessment and Plan
- Patient Education Handouts
- TH Additional Documentatio

Attachments | Add...

Favorites | Add

- Blank image
- flag sent button work
- Last ten measurements
- TH Assessment and Plan

History | Vanderbilt | Vand. Flowsheet | Vand. Teacher | Teacher Flowsheet

ADHD Initial Evaluation

Informant: Mother / Father / Both

Informant: Grandmother / Grandfather / Other

Pertinent Family History Questions

Family Hx of Unexplained Death: Yes / No

Family Hx of Arrhythmia: Yes / No

Family Hx of Heart Attack prior to Age 55: Yes / No

Significant Cardiac Hx in Family?: Yes / No

Patient concerns of: Depression / Anxiety / OCD

Family concerns of: Depression / Anxiety / OCD

Family Hx of ADHD?: Yes / No

Comments on Family History

Pertinent Medical History

Does the patient have a history of Cardiac Issues?: Yes / No

Is the patient seeing a cardiologist?: Yes / No

Patient history of: Academic problems / Developmental delay / Learning disability / School problems

Has the patient been evaluated for ADHD in the past: Yes / No

Co-Morbidities: Dyslexia / Learning Disability / Developmental Delay / Alcohol or other Pregnancy Exposure / History of tics / Other Comorbidities

Comments:

Sleep Pattern

Difficulty sleeping?: Yes / No

Restless sleep?: Yes / No

Perceived problems with snoring?: Yes / No

Avg. # of hours of sleep

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn)

5:26 PM
3/24/2015

ADHD Vanderbilt Parent

it at ALL on 3/24/2015 5:26:24 PM by Bill James [Doc ID: 1638]

Order | Medication | Problem

History | Vanderbilt | Vand. Flowsheet | Vand. Teacher | Teacher Flowsheet

Current Grades in School: A B C D F

ADHD Questionnaires:

Vanderbilt Results, Parent (1): Respondent Mother Father Other

Inattentive: Exceeds cutoff / Underneath cutoff

Hyperactive: Exceeds cutoff / Underneath cutoff

Academic:

Reading: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Problematic

Writing: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Probl

Math: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Problema

Behavior:

Parents: Very Often; Ver / Often; Somewh / Never or Occas

Siblings: Very Often; Ve / Often; Somewl / Never or Occa

Peers: Very Often; Very / Often; Somewha / Never or Occasi

Activities: Very Often; Very Prc / Often; Somewhat Pr / Never or Occasional

Vanderbilt Results, Parent (2): Respondent Mother Father Other

Inattentive: Exceeds cutoff / Underneath cutoff

Hyperactive: Exceeds cutoff / Underneath cutoff

Academic:

Reading: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Problematic

Writing: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Probl

Math: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Problema

Behavior:

Parents: Very Often; Ver / Often; Somewh / Never or Occas

Siblings: Very Often; Ve / Often; Somewl / Never or Occa

Peers: Very Often; Very / Often; Somewha / Never or Occasi

Activities: Very Often; Very Prc / Often; Somewhat Pr / Never or Occasional

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn)

ADHD Vanderbilt Flowsheet

it at ALL on 3/24/2015 5:26:24 PM by Bill James [Doc ID: 1638]

Order | Medication | Problem

History | Vanderbilt | Vand. Flowsheet | Vand. Teacher | Teacher Flowsheet

Days					
Insomnia					
Good sleep?					
Snore?					
Avg # of hrs of sleep					

Days					
School Grades					
Parent 1 Respondent					
Parent 1 Inattentive Score					
Parent 1 Hyperactivity					
Parent 1 Reading					
Parent 1 Writing					
Parent 1 Math					
Parent 1 Parents					
Parent 1 Siblings					
Parent 1 Peers					
Parent 1 Activities					

Parent 2 Respondent					
Parent 2 Inattentive					
Parent 2 Hyperactive					
Parent 2 Reading					
Parent 2 Writing					
Parent 2 Math					
Parent 2 Parents					
Parent 2 Siblings					

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn)

ADHD Vanderbilt Teacher

ALL on 3/24/2015 5:26:24 PM by Bill James [Doc ID: 1638]

Order | Medication | Problem

History | Vanderbilt | Vand. Flowsheet | **Vand. Teacher** | Teacher Flowsheet

ADHD Questionnaires, Cont.

Vanderbilt Teacher Results (1): Teacher's Name: Subject: Period/Block: Grade:

Inattentive: Exceeds cutoff Underneath cutoff Hyperactive: Exceeds cutoff Underneath cutoff

Academic:

Reading: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Problematic

Writing: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Pro

Math: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Problema

Behavior:

Peers: Very Often; / Often; Some / Never or Oc

Directions: Very Often / Often; Som / Never or O

Disruptions: Very Often; / Often; Som / Never or Oc

Assign-ments: Very Often; / Often; Som / Never or O

Organiz-ation: Very Often; / Often; Som / Never or Oc

Vanderbilt Teacher Results (2): Teacher's Name: Subject: Period/Block: Grade:

Inattentive: Exceeds cutoff Underneath cutoff Hyperactive Exceeds cutoff Underneath cutoff

Academic:

Reading: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Problematic

Writing: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Probl

Math: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Problema

Behavior:

Peers: Very Often; / Often; Some / Never or Oc

Directions: Very Often / Often; Som / Never or O

Disruptions: Very Often; / Often; Som / Never or Oc

Assign-ments: Very Often; / Often; Som / Never or O

Organiz-ation: Very Often; / Often; Som / Never or Oc

Vanderbilt Teacher Results (3): Teacher's Name: Subject: Period/Block: Grade:

Inattentive Exceeds cutoff Underneath cutoff Hyperactive Exceeds cutoff Underneath cutoff

Academic:

Reading: Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Problematic

Writing Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Probl

Math Very Often; Very Problematic / Often; Somewhat Problematic / Never or Occasional; Not Problema

Behavior:

Peers: Very Often; / Often; Some / Never or Oc

Directions: Very Often / Often; Som / Never or O

Disruptions: Very Often; / Often; Som / Never or Oc

Assign-ments: Very Often; / Often; Som / Never or O

Organiz-ation: Very Often; / Often; Som / Never or Oc

ADHD Vanderbilt Teacher Flowsheet

Ofc Visit at ALL on 3/24/2015 5:26:24 PM by Bill James [Doc ID: 1638]

Order | Medication | Problem

History | Vanderbilt | Vand. Flowsheet | Vand. Teacher | Teacher Flowsheet

Days					
School Grades					
Teacher 1					
Teacher 1 Subject					
Teacher 1 Period					
Teacher 1 Grades					
Teacher 1 Inattentive					
Teacher 1 Hyperactive					
Teacher 1 Reading					
Teacher 1 Writing					
Teacher 1 Math					
Teacher 1 Peers					
Teacher 1 Directions					
Teacher 1 Distractions					
Teacher 1 Assignments					
Teacher 1 Organization					

Teacher 2					
Teacher 2 Subject					
Teacher 2 Period					
Teacher 2 Grade					
Teacher 2 Inattentive					
Teacher 2 Hyperactive					
Teacher 2 Reading					
Teacher 2 Writing					
Teacher 2 Math					

Asthma Action Plan (Page 1)

Update - Baby Test Case -- Ofc Visit at ALL on 2/25/2015 1:20:09 PM by Bill James [Doc ID: 1620]

File Edit View Options Help

Ideal Image Settings

- Charts
- Schedule
- Registration
- Pedi vitals w %tile age gende
- BP Percentile
- Patient Intake Form 2013
- TH 2yr wcc 2014 w flag
- OUT-Asthma Action Plan
- ADHD MCHAT Flag
- Developmental Handouts
- Patient Education Handouts
- Vaccines History
- THPedi-immunization Recor
- Vaccine page 2 flu
- Lab/Hearing/Vision/UA/Strep
- Additional Documentation
- Visit Owner
- Visit Status
- Blank image
- flag sent button work
- Last ten measurements
- TH Assessment and Plan

Asthma Action Plan | Authorizations/Print

Treehouse Pediatrics Asthma Action Plan — Asthma HPI

Asthma classification: intermittent | mild persistent | moderate persistent | severe persistent

Has the child ever been admitted to ICU? Yes No — Has the child ever required mechanical ventilation? Yes No

Peak Flow based | Symptom based

Always use a holding chamber / spacer — with / without a mask with your inhaler

Asthma Triggers:

GREEN ZONE

You have ALL of these:
- » Breathing is good
- » No cough or wheeze
- » Can work/play easily
- » Sleeping all night

Step 1 Take these controller meds every day:

Controller Medicine	How Much	When

Step 2 If exercise triggers your asthma, take the following medicine 15-20 minutes before exercise or sports:

YELLOW ZONE

You have ANY of these:
- » First signs of a cold
- » Exposure to known trigger
- » Coughing doesn't stop
- » Mild wheeze
- » Chest tightness

Step 1 In case of an asthma exacerbation, the following quick relief medication should be used. Take one treatment every 4-6 hours as needed for 24-48 hours. If using a peak flow meter, recheck peak flow 15 minutes after treatment:

Step 2 If treatments are needed for longer than 24-48 hours, call your doctor.

RED ZONE

You have ANY of these:
- » Medicine isn't helping
- » Breathing is hard and fas

Step 1 In case of an asthma exacerbation, use the following quick-relief medication. Take one treatment every 20 minutes for up to three treatments only. If using a peak flow meter, recheck peak flow 15 minutes after treatment:

Rescue Medicine | How Much

Done

Adapted from University of Oklahoma at Tulsa, David Shower

Asthma Action Plan (Page 2)

Update - Baby Test Case -- Ofc Visit at ALL on 2/25/2015 1:20:09 PM by Bill James [Doc ID: 1620]

File Edit View Options Help

Ideal Image Settings

- Charts
- Schedule
- Registration
- Pedi vitals w %tile age gende
- BP Percentile
- Patient Intake Form 2013
- TH 2yr wcc 2014 w flag
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- ADHD MCHAT Flag
- Developmental Handouts
- Patient Education Handouts
- Vaccines History
- THPedi-immunization Recor
- Vaccine page 2 flu
- Lab/Hearing/Vision/UA/Strep
- Additional Documentation
- Visit Owner
- Visit Status
- Blank image
- flag sent button work
- Last ten measurements
- TH Assessment and Plan

Asthma Action Plan | Authorizations/Print

- This Asthma Action Plan provides authorization for the administration of medicine described in the AAP
- This child has the knowledge and skills to self-administer quick-relief medicine at school or daycare with the approval of the school nurs
- This child does not have the knowledge or skills to self-administer quick-relief medicine at school or daycare with the approval of the scl
- This patient has asthma and is capable of carrying and self-administering the above quick-relief asthma medication (Texas Inhaler Law).
- This patient has asthma and is not capable of carrying and self-administering the above quick-relief asthma medication (Texas Inhaler La

Date: Sign

Follow up appointment in

Print Action Plan

Asthma Action Plan printed and given to parent

Done

Treehouse Pediatrics
15930 S. Great Oaks Dr. #B Round Rock, TX 78681
(512) 255-8868 Fax: (512) 255-8869

Patient Information

For : Baby Test Case

Treehouse Pediatrics Asthma Action Plan

Patient Name: Baby Test Case DOB: 01/01/2009 Weight: 45.13 Height:	
	Asthma Classification: mild persistent Always use a holding chamber with a mask with your inhaler
GREEN ZONE	**DOING WELL** **GO!**
You have **ALL** of these: * Breathing is good * No cough or wheeze * Can work/play easily * Sleeping all night	Step 1: Take these controller medicines <u>every</u> day: **Advair Diskus 250/50 inhaler 250mcg-50 mcg, 2 puffs, twice daily** Step 2: If exercise triggers your asthma, take the following medicine 15 minutes before exercise or sports. **ProAir, 2 puffs MDI & chamber**
YELLOW ZONE	**GETTING WORSE** **CAUTION**
You have **ANY** of these: * First signs of a cold * Exposure to a known trigger * Coughing does not stop * Mild wheeze * Chest tightness	Step 1: Keep taking **GREEN ZONE** medicines and ADD quick-relief medicine: **Albuterol, 2 to 4 puffs MDI & chamber every 4-6 hours as needed for 24-48 hours.** *Repeat after 20 minutes if needed (for a maximum of 2 treatments).* Step 2: Within 1 hour, if your symptoms aren't better or you don't return to the **GREEN ZONE**, Step 3: If you are in the **YELLOW ZONE more than 6 hours**, or your symptoms are **getting worse**, follow RED ZONE instructions.
RED ZONE	**EMERGENCY** **GET HELP NOW!**
You have **ANY** of these: * Medicine is not helping * Nose opens wide * Ribs show during breathing * Tightness in chest * Cannot talk well * Inhale and exhale wheeze	Step 1: Take your quick-relief medicine **Albuterol, 4 to 6 puffs MDI & chamber every 20 minutes for up to three treatments only.** **AND** Step 2: Call your health care provider **NOW** **AND** Go to the emergency room **OR** CALL **911** immediately.
This Asthma Action Plan provides authorization for the administration of medicine described in the AAP. This child has the knowledge and skills to self-administer quick-relief medicine at school or daycare with approval of the school nurse. Date: February 25, 2015 MD/NP/PA Signature: Bill James	
This consent may supplement the school or daycare's consent to give medicine and allows my child's medicine to be given at school/daycare. This patient has asthma and is capable of carrying and self-administering the above quick-relief asthma medication (Texas Inhaler Law). Date: ____ / ____ / ____ Parent/Guardian Signature: _____	

Thank you for your time

- Questions from today?
  - Bill James
    - billjames@treehousepedi.com
    - 512.255.8868
  - Karen Beaudry
    - kbeaudry@chadis.com
    - 888.424.2347, Ext 16