Northern Light Health | Optum

From the Office of Health Informatics

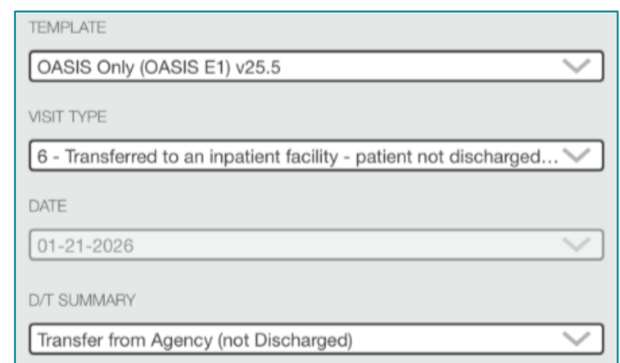
Home Care and Hospice Full Transfer Visits

January 22, 2026

When a patient is admitted to a hospital or facility, document a Full Transfer. If the certification period ends while the patient is in the hospital or facility, document an Agency Discharge No Visit.

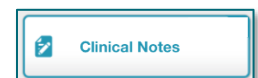
- When you are notified, the patient has been admitted, add a **Full Transfer** visit to the calendar.
- Sync the chart, then Start Visit.
- **Full Transfer Visit Documentation**

<u>STEP 1</u>: **Assessments**



- Tap + **Add.**
  - Template: **OASIS Only**.
  - Visit Type: **6 – Transferred to an inpatient facility – patient not discharged.**
  - Under **D/T Summary**: choose **Transfer from Agency (not Discharged).**
  - Tap **Done.**
- Tap the < **back arrow** at top left to save documentation and return to the charting page.

<u>STEP 2</u>: **Clinical Notes**



- Tap + **Add.**
  - Use Code is **D.**
  - Use the **Transfer Summary** Clinical Note template to document details.
  - Select **Send to Portal.**
- Tap the < **back arrow** in the top left to save and return to the charting page.

<u>STEP 3</u>: **Visit Frequency**

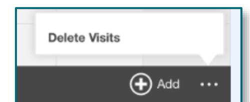
- End current **Visit Frequencies** using today's date.
  - For **Visit Frequencies** with future start date(s), change the **End Date** to be the same as the **Start Date.**
- Confirm **Do not Create End Sup Order** box is checked.
- Add Change Reason – **Transfer complete.**

Regular Visits
DISCIPLINE: SN - Skilled Nursing
DEFINED: 2 x a Week for 9 Weeks
VISITS: LOW / HIGH 2
HOURS: LOW / HIGH
Cert/Recert
PHYSICIAN ID: 184690 | TEST1, Dr
Do not create sup order
Do not create end sup order
DURATION: Week
FOR: 9
START DATE: 12-24-2025
END DATE: 01-21-2026
CHANGE REASON: Transfer complete

- Tap the < **back arrow** in the top left to save.
  - If **Warning** appears regarding updated locked records, tap **OK** as the documented Transfer is in the Clinical Note.
- In **Submit Visit Frequency** box, enter Netsmart password.
- Tap the < **back arrow** in the top left to save and return to the charting page.

STEP 4: **Calendar**

- Delete all remaining scheduled visits from the calendar.
- Tap the three dots in lower right and tap **Delete Visits.**
  - Edit the **End date** to be greater than three months out to cover the certification period.
  - Leave **Resource Type** and **Visit Type** blank.
  - Tap **Filter.**
    - To delete all visits, tap the box to the left of **Resource Type** above the list of visits.
  - Tap **Done.**
  - Tap **Delete** at the **Warning.**

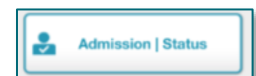


DELETE VISITS
START DATE: Jan 21, 2026
END DATE: Apr 4, 2026
RESOURCE TYPE
VISIT TYPE
RESET FILTER

RESOURCE TYPE	RESOURCE	VISIT TYPE	DATE	TIME
Registered Nurse Hourly	FOX, Pamela	Nursing Assessment	01/26/2026	1 hr
Registered Nurse Hourly	FOX, Pamela	Nursing Assessment	01/29/2026	1 hr
Registered Nurse Hourly	FOX, Pamela	Nursing Assessment	02/02/2026	1 hr
Registered Nurse Hourly	FOX, Pamela	Nursing Assessment	02/05/2026	1 hr

- Tap the < **back arrow** in the top left to save and return to the charting page.

STEP 5: **Admissions/Status**



- Update the patient's status to **Field Transfer to facility no D/C** (at end of list).
- Update the **Status Date** to the date the patient was admitted to hospital or facility.

- Scroll down to **Facility ID** field to search for and enter name of the hospital or facility where patient was admitted.
- Tap the < **back arrow** in the top left to save and return to the charting page.

STEP 6: **Medications**

- After saving the patient status change in Step 5, a **Warning** displays: There are active medications for this patient. Please discontinue medications before transfer.
- Tap **OK**.
- Add the **End Physician**.
- Tap **Do not Create End Sup Order**.
- Confirm the Discontinue Date(s) are when the patient was admitted to the hospital or facility.

Discontinue Medications
END PHYSICIAN
184690 | TEST1 , Dr
Select All Medications
Do not Create End Sup Order

MEDICATION	DISCONTINUE DATE	DO NOT CREATE END SUP ORDER
Levo-T Tablet 175 MCG	Jan 21, 2026	☑
Acetaminophen Suppository 650 MG	Jan 21, 2026	☑
Haloperidol Lactate Concentrate 2 MG/ML	Jan 21, 2026	☑

NOTE: **End the medications with Same Date as Admission and Status line.**

- Tap **Done**.
- Tap the < **back arrow** in the top left to save and return to the charting page.

NOTE: **If the system does not open the Medications screen, tap Medications tile from the charting page.**

STEP 7: Tap **End Visit**.

STEP 8: Navigate to the **Time Entry** screen to submit documentation.

➢ **Agency Discharge No Visit - Patient discharged in Transfer status.**

STEP 1: Complete a clinical note, indicating admitted to SNF/Swing/Rehab (except New England Rehab Hospital).

- **Use Code** is D.

STEP 2: **Add a Discharge Care Plan for your Discipline.**

- Enter the date of the hospital/facility admission as the Start date to create the order to discharge from Home Health services.
- All care plans for all disciplines will need to be ended. Tap the 3 dots then **Discontinue** for each care plan.

STEP 3: **Update the Admission/Status with the hospital/facility admission date.**

- The **Discharge Note Date** and **Admission/Status line date** MUST MATCH.

NOTE: The Clinician needs to complete a Discharge OASIS only Assessment if the patient is still at the hospital/facility and the certification period is ending.