

TripTix Windows[®] Quick Reference Guide

Signature Documents in TripTix Windows 4.1.11

Introduction

With the release of TripTix Windows 4.1.11, the process by which users capture signature documents has been significantly streamlined. These changes not only reduce the number of steps involved in adding a signature document, but they also make it easier for individuals to generate an accurate representation of their signature.

Manage Signature Documents in TripTix Windows 4.1.11

In TripTix Windows, the *Signing Documents* window contains the forms you can use to obtain signatures, including patient and facility signatures. When entering signatures, you can select a pre-configured signature document to use that is most appropriate to the situation and will contain all the necessary fields to document such things as a refusal or reasons why a signature could not be obtained.

Even if the patient refuses to sign or is incapable of doing so, always attempt to obtain a signature from the hospital or agency where the patient was transported to document transfer of care.

To add a signature document

- In the side navigation of an open run record, tap Signing Documents. The section expands to show the available subsections.
- 2. From the *Add Signature Documents* subsection, tap the document you want to add.
- Complete the chosen form by capturing signatures or completing fields as necessary.

SIGNING DOCUMENTS

Option 1 - Patient Signature AOB Ink Assignment Of Benefits - Patient Signature Ink	Option 1 - Patient Signature AOB Assignment Of Benefits - Patient Signature	/
Option 2 - Representative Signature AOB Assignment Of Benefits - Representative Signature	All Fields Test All Fields Test	
TT-22423 TT-22423	IDPH Involuntary Admission Form IDPH Involuntary Admission Form	/
IDPH Involuntary Admission Form No Ink	Refusal Form Refusal of Treatment and/or Transport	/
Test Sig Doc Testing Patient SSN & Comments	Option 3 - Crew/Facility Signature AOB Assignment Of Benefits - Crew/Facility Signature	/
Controlled Drug Administration Form Records of waste information for controlled drugs	Facility Signature no description	1



- 4. When finished, tap **Save**. A window opens requesting finalization.
- 5. If the fields are completed and you would like to mark the document complete, making it un-editable, click **Yes**. To keep the document editable, click **No**.

The name of the type of document added appears in the *Existing Document* subsection, just below the *Add Signature Documents* section. You can open documents to edit them as needed if you did not select to mark them completed.

Repeat these steps to add more signature documents as needed

To add a patient signature document

- 1. In the side navigation of an open run record, tap **Signing Documents**. The section expands to show available subsections.
- 2. Tap the applicable patient signature document.
- 3. To begin editing the document, at the top of the window, tap All Fields.
- 4. Complete the field and tap **Next Field** to move to the next field. Repeat this step until you complete all fields in the document.
- 5. Use the boxes with red borders to record signatures.
- 6. Ask the patient and any witnesses to sign in the box using the stylus.
- 7. If the patient needs to start over, tap **Clear** to clear the field.
- 8. After all fields are complete, tap Close.
- 9. Tap Save. A window opens requesting finalization.
- 10. If the fields are completed and you would like to mark the document complete, making it un-editable, click **Yes**. To keep the document editable, click **No**.
- 11. Repeat these steps to add more signature documents as needed.

To add a facility signature

- 1. In the side navigation of an open run record, tap **Signing Documents**. The section expands to show the available subsections.
- 2. In the lower right corner of the window, tap **Facility Signature**. The *Signature Availability* window opens.

Signature Availability	1		
Are you able to obtain the rece	iving facility signature?		
	Var	No	Cancel

3. If a facility representative is not available to sign, tap No; otherwise, tap Yes.



- 4. In the **Print Receiving Facility Name & Credentials** field, enter the name of the provider signing and, optionally, their credentials, such as **RN**, next to their name.
- 5. Have the provider sign their name in the box, and then tap **Save**. The signature is saved to the run record and a times stamp appears in the Draft version of the report upon saving.
- 6. Tap Close.

Tip: Contact Support to configure your department's settings to enable a time stamp for patient signatures and/or display seconds on the time stamp.

To edit or delete a signature document

- 1. In the side navigation of an open run record, tap **Signing Documents**. The section expands to reveal available subsections.
- 2. From the *Existing Documents* subsection, tap the name of the document you want to edit or delete.
- 3. When the document opens below the buttons for the existing documents, click either the edit or delete icon as applicable.

EXISTING DOCUMENTS	
1 - Patient AOB 1 - Patient AOB (2)	ontrolledDrugForm Facility Signature
	1 🖉 🖉
NJ Der Patient Signature Form - A	no ssignment of Benefits
Patient Name: a b c	Transport Date: 7/31/2018
Privacy Practices Acknowledgment: by signing be provided a copy of its Notice of Privacy Practices to provide the Notice to the patient.	low, the signer acknowledges that NJ Demo the patient or other party with instructions to
A copy of this form is	valid as an original
PATIENT SIC The patient must sign here unless the patient is NOTE: If the patient is a minor, the parent or I authorize the submission of a claim for payment to services provided to me by NJ Demo now, in the pa financially responsible for the services and supplies insurance coverage, and in some cases, may be res- was paid by my insurance. I agree to immediately re directly from insurance or any source whatsoever for rights to such payments to NJ Demo. I authorize NJ adverse decisions on my behalf without further authorize to a supplication of the service of	INATURE physically or mentally incapable of signing. egal guardian should sign in this section. Medicare, Medicaid, or any other payor for any st, or in the future. I understand that I am provided to me by NJ Demo, regardless of my ponsible for an amount in addition to that which mit to NJ Demo any payments that I receive r the services provided to me and assign all Demo to appeal payment denials or other vization. Lauthorize and direct any holder of

- 4. If editing the document, update the fields as required and tap **Save.** A window opens requesting finalization.
- 5. If the fields are completed and you would like to mark the document complete, making it un-editable, click **Yes**. To keep the document editable, click **No**.
- 6. If deleting the document:
 - After you tap the trash can icon in the upper right corner, tap **Yes** in the confirmation window that opens.



- If fields in your report were updated, a window may pop-up asking if you want the document auto-updated with the new values. Select Yes or No based on your preference.
- 7. Edit or delete more signature documents as needed, or tap Close.

Add a Controlled Drug Administration Form

This form becomes available only after a <u>Medication event</u> has been added to the ePCR and includes information in the *Controlled Drug* section.

		Waste Amount		Waste Reason		
10265	0	5	0	Milligrams (mg)	N/A	0
Co-signature						

Once the event is saved, the *Signing Documents* section can be opened and you can add a Controlled Drug Administration Form.

Tip: Best practice suggests having all controlled medications added to the ePCR prior to adding the Controlled Drug Administration Form; this allows all controlled medications to be reflected on one form. If additional controlled medications are administered after an initial form is already created, a new form will have to be added to reflect the additional medications.

To add a Controlled Drug Administration Form

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- 1. After adding a Medication event that included a controlled drug, in the side navigation of
 - an open run record, tap **Signing Documents**. The section expands to show available subsections.
- 2. Tap **Controlled Drug Administration Form**. The associated signature document opens with information automatically pulled into the form based on information entered for the Medication event.

ONTROLLEDD	RUGFORI	м					
Incomplete Fields	All Fie	lds	Signatures				🧳 Ink
-							
				53			
			NJ	Demo			
		CON	ITROLLED DRUG	ADMINISTRAT	ION FORM		
Patie	ent's Name: dent Numbe	CON abc	ITROLLED DRUG	ADMINISTRAT	ION FORM		
Patie Incic	ent's Name: dent Numbe g Name	CON abc sr: Dosage	Waste Amount	ADMINISTRAT	ION FORM Unit Number: R2	Physician	
Patie Inclo Morp	ent's Name: dent Numbe g Name ;hine	CON abc or: Dosage N/A	Waste Amount	ADMINISTRAT	Unit Number: R2	Physician N/A	
Patie Incid Drug Morp	ent's Name: dent Numbe j Name ;hine	CON a b c or: Dosage N/A	Waste Amount	ADMINISTRAT	ION FORM Unit Number: R2 Lot Number N/A	Physician N/A	
Patie Incid Morp Prov	ent's Name: dent Numbe g Name thine ider Signatu	CON abc r: Dosage N/A	Waste Amount N/A Printed Name	ADMINISTRAT	ION FORM Unit Number: R2 Lot Number N/A	Physician N/A	



- 3. Tap Incomplete Fields and enter information in the incomplete fields as applicable.
- 4. Alternatively, to begin editing the document, at the top of the window, tap All Fields.
- 5. Tap Signatures, and then select the applicable signature type: Provider or Witness.
- 6. Use the box with the red border to record the signature.
 - Ask the signee to sign in the box using the stylus.
 - If the signee needs to start over, tap Clear to clear the field.
- 7. Repeat steps 5-6 for each applicable signature type.
- 8. Tap Save. A window opens requesting finalization.
- 9. If the fields are completed and you would like to mark the document complete, making it un-editable, click **Yes**. To keep the document editable, click **No**.

For more information, call Support at 888-735-9559 or email <u>support@intermedix.com</u>.