

Release Notes: Atlas Chiropractic System Update v5.13

Version: 5.13



How do I know which version I am running?

Check the title bar in your Atlas Software. The title bar displays the Atlas Chiropractic Software name, the Current Logged In Atlas User, the Current Logged in Windows (Computer) User and the current Program (P) and Database (D) version number.

What's New

- **New COVID-19 screening tool**
- **Visitor log screen for contact tracing**
- Optionally set different OpenEdge accounts by provider
- Updated menu layout available as an option with an improved grouping of menu items by task
- New filter added to security reports to list VTC patient views
- Print services on calendar option moved under the CHAS tab in System Settings
- New All Payments report in Daily Reports to include insurance payments
- Option to include the provider name in the appointment list on the Appointment Calendar report
- Optional filter added to Accounts Receivable report to set a minimum amount owing for the report
- When importing images, the patient can be changed without exiting and loading a new profile
- Optional port # for OpenEdge Terminals added to Computer Location settings to allow multiple payment terminals when using a Terminal Services /Remote Desktop setup
- Payment number added when setting up postdated payments
- Optionally send reminders on closed days using Automator
- Next appointment time added to day sheet list reports
- Summary page added to the end of the AR report with totals for each provider
- Optionally use a receipt printer with OpenEdge; Dymo Labelwriter 450 series recommended
- Care Report can be printed or exported for individual providers or disciplines
- Updating Atlas will delete the notice to update automatically
- Reorder list no longer includes items with a max quantity of 0
- Postdated payments report can optionally be printed in alphabetical order by patient name
- Supplier list report added
- Optionally add all insurance id number fields to the insurance billing reports
- Box 29 on printed HCFA form fills in with the total amount marked as paid in Atlas for the included claims
- Enhanced payment frequency setup to better support yearly and weekly frequencies
- Last 4 digits added to Cash detail report when payment processed by OpenEdge
- View added to single image display after the date, when view is specified
- Drag & drop support added to image/document import
- Multiple images/documents can be added at once via drag & drop import
- Multiple page support added when scanning in documents

What's Fixed

- Support added to recover from momentary timeout errors when processing OpenEdge payments
- Warning displayed when subjective question font size set too large
- Refreshing the patient file after returning to the VTC from the Care Setup no longer clears the questions
- Corrected alignment of Box 27 on printed HCFA form
- Last used scanner/image source remembered when importing images
- Recounting visits will also update the first and last visit date when applicable
- Campaign SMS messages send without error via BurstSMS
- Reduced delay when approving patient room assignment
- Additional checks to prevent manual processing of payments while automated processing is running
- MyoVision EMG import saving under EMG tab
- Corrected multiple attachment separator on templates to ensure files can be located
- Processing postdated payments properly allocates the payment to the plan when necessary
- Appointment types can be deselected under provider setup
- Automatic sending of iCal files now occurs when adding/editing appointments

- Additional support for email errors when running the Automator Reports
- Medications can now be made inactive from within a patient's Care Setup
- Corrected error when categorizing diagnosis codes
- Additional support for Canadian OpenEdge ACH payment tokens
- Correction made to the large email button for Campaigns to send all email
- Partial payments no longer count as multiple visits on the insurance file
- When processing ACH payments in Atlas, if the initial result was successful the payment is placed in a hold state until the payment is shown as settled OR the standard settling window has passed
- Touchpad buttons can be defined as either entering into the SOAP notes or the Yellow note area
- Entering the Care screen after selecting services/diagnosis on the VTC no longer clears the selections
- Deleting an insurance cheque voids all chargebacks and writeoffs created by the payment
- Referring patient name now displayed in full on Referral Analysis report
- ICAL files converted to use UTC time for greater compatibility across various devices/platforms
- Support added when sending Campaign emails for embedded images
- Ensured Thumbnails are deleted when images are deleted from within Atlas
- VTC Touch Queue now adheres to the patient name formatting options
- Exporting Patients and Care Reports can be filtered by provider OR discipline, not both and only includes items between the selected date range (in the case of care reports)

COVID-19 Screening Tool

New form to provide questions and log answers for COVID-19 screening requirements. A base question set is added in the update based on questions that were provided to Atlas at the time of development.

To get started with the tool, these questions will need to be compared against the list of locally mandated questions. Atlas has provided a tool to edit the questions as this list varies based on clinic location. This tool can be found in the **New Menu format ONLY**.

1. Turn on the new menu in Setup > Initial Setup > System Settings > CHAS Tab > Layout Section> uncheck Classic Menu Layout.
2. Setup > Communications > Special Questions
3. COVID should be selected automatically from the dropdown at the top (if not then select it)
4. To Add a Question click add at the bottom; to Edit existing Questions click Edit. Questions with a Heading option will not have the option to provide an answer, these are for grouping like questions together, ex "Have you experienced any of the following symptoms:". Indent would be used to indent the question, this is to make questions displayed below a header appear as belonging to the header. Inactive will hide the question.

COVID-19 screening questions

Date:

Individual being screened:

Screened by:

OR

The following questions must be asked of patients and companions:

Do you have current symptoms of COVID-19, such as:

a new or changed chronic cough

a sore throat that is not related to a known or preexisting condition

a runny nose that is not related to a known or preexisting condition

nasal congestion that is not related to a known or preexisting condition

shortness of breath that is not related to a known or preexisting condition

Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use).

Have you travelled internationally within the last 14 days

Answering YES to any of the above questions indicates that an individual is symptomatic of COVID-19, or may have been exposed to COVID-19. Individuals should be told to self-isolate.

If the individual is a patient, they are not eligible for care at this time. If the individual is a practitioner or staff, they are not eligible for work at this time.

Once the questions have been verified, they can begin to be used. The screening questions can be pulled up in 2 ways:

- If the patient file is already open in the CHAS, the screening tool can be loaded by clicking the COVID-19 Screening button located on the patient file just above the appointment ledger.
- For non-patients (ex. caregivers bringing in patients), staff or when the patient file is not already loaded, click on the screen button below the schedule.

To screen staff, select an Atlas user from the user dropdown menu.

To screen patients, click the find patient button.

To screen non-patients, fill in a name in the provided textbox.

The tool will automatically add a record to the visitor log if the patient is in the clinic. If the patient being screened is not currently in the clinic (ex. screening at the time of appointment booking) then click on the provided button ("click here if the patient is NOT in the clinic").

Visitor Log Tool

The new Visitor Log tool can be launched from the new menu under: Utilities > General > Visitor Log

The visitor log opens in its own window so that it can be easily left open all day without getting in the way of day to day activity. To add visitors/users /patients use the options at the bottom of the grid. **Remember** screening a patient/user/visitor as in the clinic will automatically add them to the visitor log. When the visitor leaves the clinic click leave to log when they left. This is important to allow for proper contact tracing if needed later. If an entry was added in error and needs to be deleted then click the delete button. When deleting a visitor, a reason will need to be added and the current user deleting the entry along with their reason will be logged.

For ease of use, visitors who have left the clinic will not be displayed unless the show all button is pressed.

Reporting

Both the COVID-19 screening and Visitor Log tools come with new reporting measures to review the logs at a later date. Both Reports can be found in the new menu layout under: Reports > General Reports and are named COVID Report and Visitor Report (*Green headings in the new menu will open submenus and only appear when there are more than 4 items under the heading.) Both reports have similar selection criteria, with the main selection option being the to and from dates & times. Additional criteria can be selected if needed (patient, user, visitor/companion name).

For the COVID report, the grid lists all screenings performed that meet the criteria and the number of YES answers. Individual screening forms can be viewed by clicking the view button

For the Visitor Log report, the grid will list all visitors with their time in and out, along with a track button. Clicking track will produce a report listing all other visitors with in/out times overlapping the selected visitor and potentially could have come into contact with that visitor while in the clinic.

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