

ACR

ACR CLIENT ENTRY USER GUIDE

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Introduction

Acute Care Reporting (ACR) is a data platform designed to collect admission and discharge data for behavioral health (BH) clients at acute care hospitals. The system is designed to facilitate data collection of addictions and mental health client treatment data from all publicly funded behavioral health providers across Oregon. This system is designed for the use of entities/facilities in the behavioral health field who handle acute care clients. ACR will collect status (demographic, etc.) and non-Medicaid service data. This data provides information on services and events within the treatment episode. Collecting this data allows Oregon Health Authority (OHA) to focus on reporting accurate admission and discharge data for behavioral health clients.

Acute Psychiatric Providers are required to report into ACR per OAR 309-032-0870 information about individuals admitted to and discharged from the service. The information shall include the patient's name, DSM diagnosis, admission date, discharge date, legal status, Medicaid eligibility, Medicaid Prime Number, and various patient demographics. The information shall be entered on the day of admission and updated on the day of discharge.

By implementing and collecting data through an acute care reporting system, OHA will acquire information necessary to fulfill its obligation to those entities to which it is accountable, along with ensuring the ability to track metrics that align with broader Oregon Health Authority, Health System Transformation efforts.

About this guide

This guide provides the user with clear instructions for navigating the system, requirements for successful data collection, and general tips for data submission. Information contained herein acts as a reference manual for users of the ACR system.

It gives instructions on how to:

- Search for existing clients
- Create and admit new clients
- Add admission and discharge data
- Add diagnoses to hospital records
- Record and update status information for clients
- Report system issues

Acronyms

OHA	Oregon Health Authority
ACR	Acute Care Reporting
OPRCS	Oregon Patient/Resident Care System
ICD 9	International Classification of Diseases, Ninth Revision
ICD 10	International Classification of Diseases, Tenth Revision
OR Number	Oregon State Employee Number
P Number	Provider Number
AA	Access Agreement
OIS	Office of Information Services
UNK	Unknown
REALD	Race, Ethnicity, Language, and Disability
PSRB	Psychiatric Security Review Board

Training in ACR

By request OHA will host online trainings for ACR. New users will be set up with a login and password once they have received their new P-number.

New users will be set up with a login and password once they have received their new P-number. All online or hybrid trainings will allow users to learn and practice using the ACR system in the training environment. None of the data entered will be saved at the end of the training session, allowing users to practice in a simulated environment that will not affect live data.

Login access will be sent out a few days prior to the in-person training so that users can set up their passwords and familiarize themselves with the training environment in advance.

How to enroll

To enroll in online, contact Compass.Support@odhsoha.oregon.gov for more information about upcoming training opportunities and submit an emailed request to participate in the next trainings. Please provide your P-number and the address of your facility in the email to register for the class. A confirmation email will be sent to you once you are registered for the training. Instructions, links, guides, and location information will be sent to you prior to the training date.

Questions:

If you have questions about the class or how to enroll, contact Compass.Support@odhsoha.oregon.gov for assistance.

Client Entry Conventions

CS-ACR is designed to be intuitive and user friendly. Several standard conventions are listed below to help orient new users to the layout and methodologies used in this new system.

General Conventions

Browsers	Nearly all browsers can be used and are supported when working within ACR.
Data Field Entry Order	Always left to right, top to bottom
Drop-down boxes	Allows users to select options from pre-made lists in certain fields. Users can type in the first values to populate valid entries.
Searchable Fields	Enter first few values to populate valid entries.
Free Text Fields	Enter information as requested.
User Header	All pages within ACR will show user identifying information at the top while the user is logged in, such as name and user role.
Home Facility	This information will display on the left side panel once user roles and facility have been assigned.
Recent Views	The left side panel will display the recently viewed pages within the session for easier access to pages.
Informational Updates	These updates will appear at the top or bottom of the webpage to inform users that an action was completed successfully. Messages will appear in a grey box with an informational icon next to them. Users must select the save button after completing all fields.
Error Messages	Warning and error messages will be in red font wither at the top of the screen, in a pop-up box, or attached to the field where the error occurs. Additionally, required field will appear red if an error message is present. Once correct, error message will disappear after saving.
Required Fields	Fields that are required for data submissions in ACR will have a red asterisk next to them. If a required field is left blank, once the user tries to save, an error message will appear, and the required field

	will turn red. Once corrected, error messages will disappear after saving.
Optional Fields	Fields that are not marked by a red asterisk are not required fields. Users are highly encouraged to fill in as many of these fields as possible, to provide the most accurate data and quality client care.
Special Characters	Free text fields will accept the following special characters: ! ~ ` ' , \$ ^ * () _ - + = ? / \ [] { }
Data Fields	Key in the data using the format MM/DD/YYYY in all date fields. Some date fields can be chosen by calendar icon.
Save Button	Clicking on the Save button will save all data in that record, as long as all required fields have been filled.
Close/Back Button	Use the Close/Back button to return to the previous screen.
Advanced Button	The Advanced button will pull up additional fields to enter more patient data. To return to the simplified version of the webform select the Basic button.
Clear Button	To clear out the search fields, select the Clear button.
Search Button	Select the Search button to enter your query and pull up matching results.



Important Note: Do not hit the Enter/Return button on the keyboard to save or enter a query. This will cause an error and close out the screen.

Accessing ACR

OHA will administer ACR access through individual partner numbers (“P-numbers”). All P-numbers issued by OHA are for the sole use of the person to whom it was authorized. All contributors within ACR must have a unique valid partner number (P-number) assigned to them.

- New users will need to contact COMPASS support to get their own P-number.
- When a user leaves their organization, the organization will contact COMPASS Support to have their user’s P-number deactivated.
- Most web browsers should run ACR with no problems. For best user experience, Firefox and Internet Explorer are preferred. Safari and Chrome are not preferred browsers.

How to request access

To submit an access request within ACR, send an email to Compass.Support@odhsoha.oregon.gov with the following information:

- Legal name – First, MI, Last
- P-number (for current users)
- Name of organization
- Mailing address – Street, City, State, ZIP code
- Job title and phone number
- Email address of user
- Requested user role (browser or facility contributor)
- Browser: Has viewing privileges, but cannot edit client records
- Facility Contributor: Can view and edit client records

Temporary Passwords

After OHA resets or issues a new P-numbers, users will need to change the temporary password provided to them. Temporary passwords expire after seven days. If the password has not been changed, the user's P-number will be locked on the eighth day.

Password Requirements

Passwords must have at least:

- Ten characters
- One uppercase letter (A-Z)
- One lowercase letter (a-z)
- One number (0-9)
- One special character

Password Restrictions:

Passwords cannot:

- Contain any spaces
- Include the user's name, any proper names, or words found in the dictionary
- Be too similar to previous passwords

Change passwords every 60 days

P-number passwords need to be changed every 60 days or users will be locked out of the system. For regular password resets every 60 days, please use this Citrix link:

<https://1click.dhsoha.oregon.gov/vpn/index.html>.

Unlocking P numbers

If a P-number is locked, the user must contact the Service Desk at 503-945-5623 and select option 1 for a password reset.

Password resets do not take effect automatically. Please wait at least fifteen minutes before logging in after requesting a password reset.

Requesting changes to P numbers

Email compass.support@dhsoha.state.or.us to deactivate a P-number, request a new P-number, or modify roles for an existing P-number.

- Provide the following information:
- Legal name – First, MI, Last
- P-number (for existing users)
- Name of organization
- Mailing address – Street, City, State, ZIP code
- Job title and phone number

- Email address of the user
- Requested user role (browser or facility contributor)



Important Reminder: All P numbers issued by OHA are for the sole use of the person to whom it was authorized.

Login Page

To log into the system, users must send in a request to

Compass.Support@odhsoha.oregon.gov along with their user roles. Once they have been setup, they will receive an informational email with training opportunities and the access link. The user must be set up with their facility in advance if they are facility contributors.

If you have trouble logging in, you may need to set up your password or request access if you are a new user.

User Roles

PG Net has several different user roles for varying levels of access to the system. Not all users will have the same functionality. Some of the screenshots or pages in this reference guide will not apply or be visible to some of the users roles, depending on the level of access.

Browsers

Users with this role will be limited to view-only access. They will be able to view client data but will not be able to edit client data. Browsers may be attached to a facility or they may not be. They will not have edit rights to any of the webforms. This role is primarily intended for those that need to verify client data. Browsers can view entity, facility, person, and client information.

Facility Contributors

Users with this role will be able to view, add, and edit client data. Contributors are tied to a home facility and can view, add, and edit client data for the clients entered into their facility. Users in this role will be able to edit person and client records when admitting them but will not be able to edit client information of clients admitted to other facilities.

Data Managers

The data manager role is typically reserved for OHA users who will need to view and edit client records. This includes making data corrections, record merges and unmerges, deleting records, and compiling reports.

System Administrators

The system administrator role is reserved for the OHA user who is in charge of maintaining the system. They assign user roles and facilities for all users. System administrators are responsible for the oversight of automatic report distribution and data management.

Home Page Introduction

The first page a new user will see is the home page, which includes a link to their home facility, client information, reporting, and the help resources.

Users will have their own home facility at login.

Use this side panel to navigate through system

Acute Care Reporting

Welcome to Compass Systems – Acute Care Reporting (CS-ACR)! This system is designed to facilitate collection of addictions and mental health client treatment data from all publicly funded behavioral health providers across Oregon. CS-ACR is a data platform designed to collect admission and discharge data for behavioral health (BH) clients at acute care facilities. It is intended for the use of entities/facilities in the behavioral health field who handle acute care clients. CS-ACR collects status (demographic, etc.) and non-Medicaid service data. This data provides information on services and events within the treatment episode. Collecting this data allows Oregon Health Authority (OHA) to focus on ensuring accurate admission and discharge data for behavioral health clients is being reported in a timely fashion as dictated by Oregon Administrative Rules (OARs), state and federal statutes (SAMHSA/ORS).

By implementing and collecting data through an acute care reporting system, OHA acquires information necessary to fulfill its obligation to those entities to which it is accountable, along with ensuring the ability to track metrics that align with broader Oregon Health Authority, Health System Transformation efforts.

The data collected by CS-ACR allows OHA to:

- Continue evaluating program and treatment efficacy in acute care settings
- Work in conjunction with Oregon State Police systems for gun control verification
- Provide documentation of services being delivered by community acute care and state psychiatric facilities supported by OHA and other funds in compliance with the legislatively approved budget and statutory mandates
- Help legislators and lawmakers understand the behavioral and mental health issues facing Oregonians and allows funds and resources to be allocated for treatment services
- Compile basic data for program evaluation, trend analysis, and community mental health research benefit OHA, legislators, and mental and behavioral health service providers in care coordination and efforts
- Collect commitment data and is used in determining expanded commitment criteria

For more information on reporting requirements and how this data is used, contact Compass.Support@dhs.oha.state.or.us.

OHA | DHS | Oregon.gov Release-877_Build_20211214.1

Home Facility

Each user will belong to their home facility at the initial login as user login credentials are tied to the user's home facility. From the home facility page, the user will have access to all active clients currently involved in treatment.

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

State Identifier: **OR-FAC-201**
NPI: **N/A**
EIN: **N/A**
Status: **Active**
Web Site:
Description:

[View Facility Details](#)

[Make Home Facility](#)

Active Acute Care Clients:

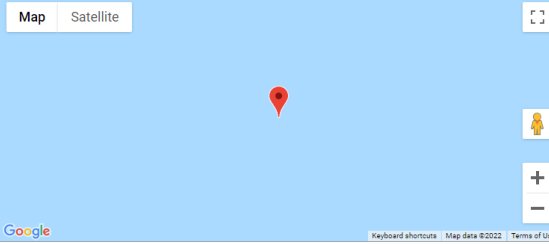
[Show All Clients](#)

Lemongrab, Earl O	Client #: OR-CLNT-S334	Admission Date: 1/1/2022
Male	Current Status: Active	Birth Date: 1/27/1995
Vampireina, Marselline	Client #: OR-CLNT-S331	Admission Date: 1/1/2022
Female	Current Status: Active	Birth Date: 6/27/2000
Calrissian, Lando	Client #: OR-CLNT-S327	Admission Date: 11/11/2021
Male	Current Status: Active	Birth Date: 4/6/1955
Krustofsky, Herschel	Client #: OR-CLNT-S323	Admission Date: 1/14/2022
Male	Current Status: Trial/Visit	Birth Date: 5/26/1963
Skinner, Seymour	Client #: OR-CLNT-S322	Admission Date: 1/6/2022
Male	Current Status: Active	Birth Date: 9/1/1952
Bart, Simpson	Client #: OR-CLNT-S320	Admission Date: 1/13/2022
Male	Current Status: Active	Birth Date: 2/23/1989
Van Houten, Millhouse	Client #: OR-CLNT-S319	Admission Date: 1/14/2022
Male	Current Status: Outpatient	Birth Date: 12/17/1989
Strange, Stephen	Client #: OR-CLNT-S318	Admission Date: 11/21/2021

[Active Client Report](#)

Map

Satellite



Google

Keyboard shortcuts | Map data ©2022 | Terms of Use

Facility Search Tags:

Gotham City Hospital

Current Facility Name

OR-FAC-201

Facility Identifier

Client Search or Client Look-Up

Click the Client Information button on the left side menu. This will bring up the Person/Client search form. After entering your query information, press the Search button.

Searchable fields:

Perform a search by entering information into the following fields:

- First Name
- Last Name
- Identifier (such as Patient Number)
- Birth Date

To the right of First Name, Last Name and Identifier are drop-down fields to further specify your search parameters. Use these fields to narrow down your search results. These options for performing queries are:

- Includes
- Begins With
- Ends With
- Exact Match

Client/Person Search

Last Name		Includes ▼
First Name		Includes ▼
Identifier		Includes ▼
Birth Date	mm/dd/yyyy 	
Search		Clear

Client/Person Search Results:

0 Person Found

For Existing Client records:

If a client name appears below in the search results field, click on the name of the client to open the client record.

If the search does not yield any results check the information to verify no errors were made when entering the query. To clear the results and search for a new client or enter in new information into the search fields, select the Clear button. The CEM Home button will return the user to the main homepage for CS-ACR.

Hints for better search results:

- The Clear button will reset the search form.
- Always search for a client by using the first letter(s) of their first or last name or their identification numbers. The search form does not allow searching for parts of names or identification numbers other than beginning letter or numbers and does not allow wildcards (*).
- Below the main menu on the left you will be able to see previous records you have recently selected.
- It is possible to still run a search with only a partial patient number in the Identifier section.
- Birthdate must be filled out with the full month, day and year in the appropriate format (mm/dd/yyyy) to be able to run a search query that way.
- For a list of all clients in a specific facility, select the desired facility from the dropdown list and click Search.
- Clients who have changed their names should still appear in the search results. Check the information of the search results to be certain the client is not already in the system under a different name.

Aliases and multiple records:

Because names and other personal information may change, it is possible that client records might already exist under a different alias. Below are some steps to take to verify the information for patients with multiple aliases.

1. Check the social security number (SSN) of the patient records.
2. Check the birthdate.
3. Verify the last name at birth.

To check a client record, click on the name in the search results.

Alias information will appear on the right side of the screen under Supplementary Data in the Alias Names box. The alias box will include all available information for that person. In the example below, searching for the name “Bambi” will bring up an existing record.

Client/Person Search

Last Name	bambi	Includes ▼
First Name		Includes ▼
Identifier		Includes ▼
Birth Date	mm/dd/yyyy	
		Search Clear

Client/Person Search Results:		1 Person Found
Strange, Stephen	Email Address:	
	Phone Number:	
NY 97301	Birth Date:	11/4/1975
Add Client		

Select the name “Strange, Stephen” to check and see if the client is that same person as “Bambi.” This will open the client record and display the current information for that client, including all alias information.

Strange, Stephen	
NY 97301	
Person ID: OR-PRSN-S289	View Person Details
Social Security Number:	Merge Into This Person
Drivers License:	View REALD Details
Birth Date: 11/4/1975	
Age: 46	
Gender: Male	
Phone Number:	
Email Address:	

Alias Names:	
Stephen	First Name Remove
Stranger	Historic Last Name Remove
Strange	Last Name Remove
Bambi	Last Name Remove
Add Alias Record	

Hospital Stays:	
Client #: OR-CLNT-S318	Gotham City Hospital
County Residence: COLUMBIA	County Responsibility: DOUGLAS
Hospitalizations:	
OR-ACUTE-S100	Admission Date: 11/21/2021
	Discharge Date:

Under the Supplementary Data section one of the Alias Names that appears is the name “Bambi.” This indicates that the client’s name may have changed, but the two names belong to the same person.

When entering in new client information, complete as many of the optional fields as possible. This will help create and maintain accurate client records and create more alias information to make searching for client records easier.

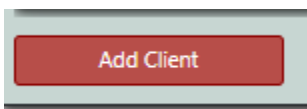
If a client's information matches another existing client record, an error message will appear prior to allowing the user to save the new client record.

Person Information Page

Creating a new client record:

Prior to creating a new client record, use the search features with the known information about the client to be sure the client is not already in the system. Check under different aliases or alternative spellings to gather the most accurate search results.

After performing the initial search for the client without a positive match, scroll to the bottom of the search results box and select Add New Client.



The Add New Client button will not appear without first searching for the client within the search form.

Add Person

Name & Address	Demographics
First Name*	Birth Date* mm/dd/yyyy
Last Name*	Gender*
Middle Name	Gender At Birth
Suffix	Veteran*
Last Name At Birth	Highest Grade Completed
Address Line 1	Social Security Number ###-##-####
Address Line 2	Drivers License
City	State of Issue
State*	State ID Number
Address Postal Code*	Ethnicity
Phone Number	
Email Address	

[Back to Person Search](#) [Save](#)

- Any Field with a red asterisk is a required field.
- When all fields are complete, click Save.

Race, Ethnicity, Language, and Disability (REALD)

Race, Ethnicity, Language, and Disability (REALD)



These questions are optional and your answers are confidential. We would like you to tell us your race, ethnicity, language and disability background so that we can find and address health and service differences.

In 2020, the Oregon legislature passed a law that requires health care providers to collect REALD (Race, Ethnicity, Language, and Disability) information at health care visits related to COVID-19 and share this information with OHA. This requirement helps the government understand more about the disparities in health care and the different groups impacted, and what may be done to address these disparities when addressing issues related to behavioral health treatment. For further questions about REALD reporting requirements for providers, visit: <https://www.oregon.gov/oha/OEI/Pages/REALD-Providers.aspx> or reach out to us by contacting Compass.Support@odhsoha.oregon.gov. PDF copies of the forms are available in multiple languages and formats for accessibility purposes.

Some fields within the REALD record address alternative formats for completing health information. Alternative materials in multiple languages and formats for collecting REALD information are available on the website link: <https://www.oregon.gov/oha/OEI/Pages/REALD-Providers.aspx>.

Race and Ethnicity Summary

Clients should complete the information with as much detail as possible. Although clients may refuse to participate, providers are still expected to report on all responses, even those of non-participation. It is possible for clients to enter more than one identifier for their race or ethnicity. All entries should reflect the individual and how they identify themselves. Response options are available for those who wish not to participate at this time. Providers may not provide entries based off of assumptions of the client.

In this section, clients can choose to provide a preference for their race and ethnicity identifiers. Multiple selection options and blank fill options are available. Use the check box and the arrows within the box at the bottom of the section to reorder or set a primary race or ethnicity to reflect how the client identifies.

Language Summary

The Language summary section offers a wide range of options to choose from. Providers should be sure to note any particular requests for accommodation from these fields, as some client may require alternative materials or translation services.

All fields should be completed as much as possible. Like the other sections, this part is optional, but collecting the information is valuable for assessing varying needs and disparities in healthcare.

Disability and Supplementary Information Summary

This section pertains to health and service differences among people with and without functional difficulties. Not all questions may pertain to all individuals. As with the other sections, this part is optional, but collecting the information is valuable for assessing varying needs and disparities in healthcare.

Several of the questions may reveal the need for alternative materials or translation services. Clients may require additional support to assist with their treatment plans.

Once all the information has been entered, select “Save” at the bottom to allow for any changes to be added or confirmed to the record of REALD information. Once the information has been saved, use the “Back to Person Summary” button to return to the previous screen.

For more information about REALD or to find resources to help aid in health care discussions, visit: <https://www.oregon.gov/oha/OEI/Pages/REALD.aspx>.

Add Client to facility

- Contributors will have their home facility automatically assigned at login. Contributors will only be able to admit and discharge clients from their home facility.
- Clients must have a person record before they can be added to the system. Use the Client Search to pull up existing persons records. If there is no person file available that matches the information for the person that needs to be admitted, create a new record by following the Create New Client procedure listed below.

Add Client

Big, Tiger

Gotham City Hospital

OR 97301

1736 Bruce Drive
SALEM, OR 97301

Treatment Status*		Income Source	
Marital Status		Oregon Medicaid ID	Medicaid Number
Pregnant			
County of Residence*			
County of Responsibility*			

- Fields with an asterisk are required
- The client entry form will pre-populate the Client Identifier, Link to Person, and Link to Facility fields.
- Complete the remaining fields: County of Residence, County of Responsibility, Medicaid Recipient Number, Treatment Status, Marital Status, Income Source, and Pregnancy.
- If a client is male, please select the Not Applicable option in the Pregnancy field.
- Clicking save will create a person record tied to your facility

Big, Tiger

OR 97301

Person ID: OR-PRSN-S306

Social Security Number:

Drivers License:

Birth Date: 1/4/1900

Age: 122

Gender: Male

Phone Number:

Email Address:

View Person Details

Merge Into This Person

View REALD Details

Alias Names:

Tiger	First Name	Remove
Big	Last Name	Remove

Add Alias Record

Hospital Stays:

No Hospitalizations to Display

Add New Hospitalization

Updating an existing client record

Certain fields will be locked for editing to maintain unique system identifiers to prevent duplicate records from being created. The entries in these locked fields will be auto-generated by the system. These locked fields cannot be edited by users but will still be visible on the Client Entry Form. Once the client record exists and has been saved the following fields will be locked for editing:

- Client Identifier
- Link to Person
- Link to Facility

If information in a locked field needs to be edited, contact the site administrator for assistance (Compass.Support@odhsoha.oregon.gov).

Editable fields:

Some fields within the client record are editable after they are saved:

- First Name
- Last Name
- Middle Name
- Birth Date
- Death Date
- Social Security Number
- Driver's License
- State of Issue
- Last Name at Birth
- Gender
- Gender at Birth
- Veteran
- Address
- Address Validation Type
- Last Name at Birth
- Highest Grade Completed
- Ethnicity
- Record Source ID
- Record Source Name
- Security Level
- Last Linked By
- Last Linked Date

Admitting a Client

- Contributors will have their home facility automatically assigned at login. Contributors will only be able to admit and discharge clients from their home facility.

Completing the Hospital Stay Entry Form

Hospital Admission

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Big, Tiger

OR 97301

Patient Number		☐ Is Presenting Suicide?
CourtOrder		☐ Is Presenting Harm To Self?
Status Type*	v	☐ Is Presenting Harm To Others?
Admission Date*	mm/dd/yyyy	☐ Is Presenting Harm To Property?
Commitment Date	mm/dd/yyyy	
Commitment Type*	v	
Referred From*	v	
Living Arrangement*	v	

[Back to Hospitalization Summary](#)

[Cancel](#)

[Save](#)

Complete the following fields:

- Patient Number
- Hospitalization Status Type: Active, Outpatient Watch, On Trial Visit, Discharged
- Admission date
- Commitment Date
- Commitment Type
- County of Commitment
- Presenting Suicide
- Presenting Harm to Self
- Presenting Harm to Others
- Presenting Harm to Property

When all fields have been completed, click the Save button at the bottom of the screen. A message will appear when the information has been saved.

The client will now have a hospital admission record on file.

Completing the Hospital Diagnosis Entry Form

Client Admission

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Client Number:

AdmissionDate: 1/11/2022

Big, Tiger

Date Of Birth: 1/4/1900

OR 97301

Diagnosis Codes

☐ Search All

Primary	Diagnosis*	
Secondary	Diagnosis	
Informational	Diagnosis	
Informational	Diagnosis	

[Back to Hospitalization Summary](#)

[Cancel](#)

[Done](#)

The admission diagnosis should be completed shortly after admission. This diagnosis form is used to catalogue the diagnoses at the time of admittance.

Begin typing in the diagnosis. For instance, if the client has been diagnosed with Obsessive Compulsive Personality Disorder, begin typing in the word “Obsessive” and the diagnosis code options with the word “obsessive” in them will appear.

Client Admission
Gotham City Hospital
1736 Bruce Drive
SALEM, OR 97301

Client Number:
AdmissionDate: 1/11/2022

Big, Tiger
Date Of Birth: 1/4/1900

OR 97301

Diagnosis Codes

☒ Search All

Primary	Diagnosis*	obses
Secondary	Diagnosis	F42 : Obsessive-compulsive disorder : 10/01/2015
Informational	Diagnosis	F422 : Mixed obsessional thoughts and acts : 10/01/2016
Informational	Diagnosis	F428 : Other specified obsessive-compulsive disorder : 10/01/2016
		F429 : Unspecified obsessive-compulsive disorder : 10/01/2016
		F605 : Obsessive-compulsive personality disorder : 10/01/2015
		R4681 : Obsessive-compulsive behavior : 10/01/2015

italization Summary

Cancel

Done

Select the diagnosis that best matches the diagnosis. Note that CS-ACR uses ICD 10 diagnostic codes as opposed to ICD 9 codes. The date in the Diagnosis Code options marks when the diagnostic code was created in the system.

The Diagnosis Date field should be the date when the original diagnosis was made. Complete the diagnosis date in the MM/DD/YYYY format. Click Save. A message will appear telling the user that the diagnosis information has been saved.

Adding Status Update:

Over the course of treatment, a client's commitment status may change. To add a commitment status update, click on the Add Status Update button.

Status Changes:

Add New Status

This will pull up the Commitment Status Change panel.

Add Hospital Status Change

Big, Tiger

OR 97301

Gotham City Hospital

1736 Bruce Drive

SALEM, OR 97301

Commitment Type*

Commitment Date*

mm/dd/yyyy



County of Commitment*

[Back to Hospitalization Summary](#)

[Save](#)

Select the Commitment Type from the drop-down list. The options are:

- 426.130 - Civil Commitment (General)
- 161.327 – GEI – T1 (Judge commits PSRB client directly to Mental Health Directorate (MHD) – Guilty Except for Insanity - Tier 1)
- 161.327 – GEI – T2 (Judge commits PSRB client directly to Mental Health Directorate (MHD) – Guilty Except for Insanity - Tier 2)
- 161.370 – Court Order (Commitment for unit to proceed)
- 161.365 – Court Order (Pretrial exam to determine ‘fitness to proceed’)
- 179.473 – Corrections – DOC (Department of Corrections) (Offender transferred (up to 30 days) for stabilization/evaluation, may be administratively committed up to 180 days)
- 179.473 – Corrections – OYA (Oregon Youth Authority) (Youth offender transferred (up to 30 days) for stabilization/evaluation, may be administratively committed up to 180 days)
- 419C.530 – Juvenile PSRB
- 426.232 – Hospital Hold
- 161.315 – Court Order – Competency Eval (Pretrial exam for insanity or extreme emotional disturbance)
- 426.275 – Civil Commitment-Rev of Trial Vst (Civil recommit of a trial visit)
- 161.336 – RVC – T1 (PSRB revokes conditional release)
- 161.336 – RVC – T2 (PSRB revokes conditional release)
- 426.220 – Voluntary (Voluntary admission for mental illness)
- 426.220 – Voluntary by Guardian (Voluntary admission for mental illness by guardian)
- 426.220 – VRP – T2 (Voluntary admission for mental illness)
- 426.701 – Civil Commitment – PSRB (CCP) (Commitment of extremely dangerous person (PSRB))

- 426.702 – Civil Commitment – PSRB (CCP) (Discharge of extremely dangerous person, requirements for further commitment (PSRB))
- Screening – Court Ordered
- Screened – Court Admitted Diversion
- Screened – Not admitted
- Other
- 426.125 - Civil Commitment (Conditional Release by court)(individual is committed and placed in the care of a legal guardian, relative or friend)
- 426.127 - Civil Commitment (Outpatient Commitment)
- 426.273 - Civil Commitment (Trial Visit)
- 426.301 - Civil Commitment (Release of Commitment, Certification of continued mental illness, not protested, period of further commitment)
- 426.307 - Civil Commitment (Protested continuance of commitment, Court hearing, continuance of commitment)
- 427.020 - Civil Commitment (Developmental Disabilities, annual review of the plan of care for residents)
- 427.290 - Civil Commitment (Developmental Disabilities)

Add the Commitment Date.

Select the County of Commitment from the drop-down menu.

Click Save.

Hospital Status Change Details

Big, Tiger

OR 97301

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Commitment Type* 426.130 -Civil Commitment ▼

Commitment Date* 01/18/2022

County of Commitment* Coos ▼

[Back to Hospitalization Summary](#)

[Edit](#)

[Delete](#)

Completing Hospital Discharge Entry Form:

Client Discharge

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Big, Tiger

OR 97301

Discharge Date*	mm/dd/yyyy	
Discharge Reason*		
County of Discharge		
Living Arrangement		

[Back to Hospitalization Summary](#)

[Cancel](#)

[Save](#)

Fill out the fields: Discharge Date, Discharge Reason, County of Discharge, and Living Arrangement.

Once all the required fields have been completed click the Save button.

The system will generate the “Your Record Was Updated Successfully” message once the information has been saved.

The hospitalization number will be auto-generated.

Clicking on the Advanced options will bring up additional fields: Referred To Code and Is Competent To Drive.

Client Discharge

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Big, Tiger

OR 97301

Discharge Date*	01/18/2022	
Discharge Reason*	Trial Visit	
County of Discharge	COOS	
Living Arrangement	Homeless	

[Back to Hospitalization Summary](#)

[Cancel](#)

[Save](#)

This will take you to the Discharge Diagnosis Records

Client Discharge

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Big, Tiger

, OR 97301

Gender: Male
DOB: 1/4/1900
Patient Number:
Enrolled: 1/11/2022

Diagnosis Code

☐ Search All

Primary

Diagnosis*

Secondary

Diagnosis

Informational

Diagnosis

Informational

Diagnosis

[Back to Hospitalization Summary](#)

[Cancel](#)

[Done](#)

Discharge records should always include a discharge diagnosis for the client. Diagnosis records can be added up to 90 days after the client's discharge. Multiple discharge diagnoses can be added to a hospitalization record. To add a new discharge diagnosis, select the Add Diagnosis button. Selecting this button will pull up the Hospital Discharge Diagnosis Entry Form.

Discharge Referred to Record

To add referral information to the record, click the Add Referral button in the Discharge Referred To Records box.

Big, Tiger
OR 97301

Patient Number:
Status Type: Active
Age: 122
Gender: Male
Birth Date: 1/4/1900

[View Person Summary](#)
[View Facility Summary](#)
[View Client Details](#)

Admission:
Admission Date: 1/11/2022
County of Commitment:
Commitment Date: 1/17/2022
Commitment Type: 426.130 -Civil Commitment
Referred From: Individual
Living Arrangement: Homeless
[View Admission](#)

Discharge:
Discharge Date: 01/18/2022
County of Discharge: Coos
Discharge Reason: Trial Visit
Living Arrangement: Homeless
[View Discharge](#)

Status Changes:
[Commitment Date: 1/18/2022](#) County of Commitment: Coos
Commitment Type: 426.130 -Civil Commitment
[Add New Status](#)

Admission Diagnosis Records
F422: Mixed obsessional thoughts and acts
[Add New Diagnosis](#)

Discharge Diagnosis Records
F631: Pyromania
[Add New Diagnosis](#)

Discharge Referred To Records
No Referrals to Display
[Add New Referral](#)

The Hospital Discharge Referred To Entry Form will come up.

Complete the following fields: Referred To and Referred To Date.

A Hospital Discharge number will already be auto-populated. Select the referred to option from the drop-down list.

Click the Close/Back button after saving.

On the Hospital Stay Summary page the records in the Discharge Referred To Records box will be displayed. Multiple referral records can be added to this section as needed

Reporting and Commenting

Reporting Bugs:

As ACR is a new system, there might be bugs or errors that occur. If you come across a bug or problem on a screen please take a screen shot of the issue and send it to Compass.Support@odhsoha.oregon.gov

Login Issues:

If you encounter login difficulties, please contact Compass.Support@odhsoha.oregon.gov for assistance.