



# AHCM Screener

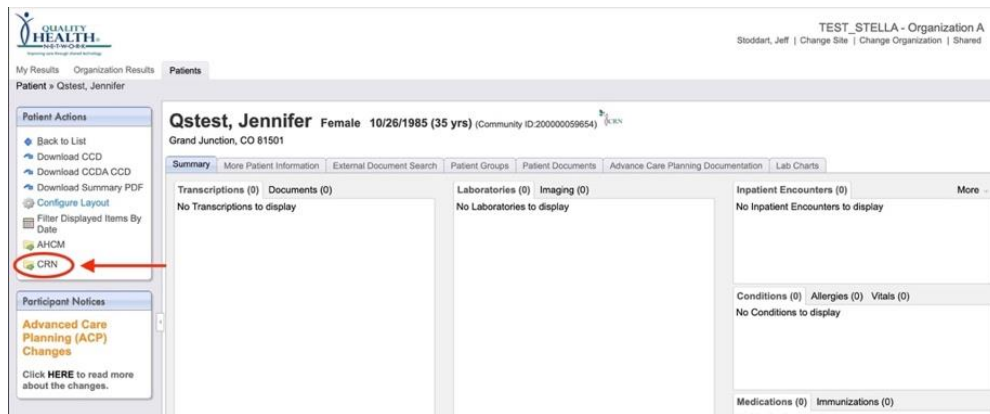
## Using a Tablet From QHN Single Sign On Patient Entry

### Important Notes about the Tablet Screener:

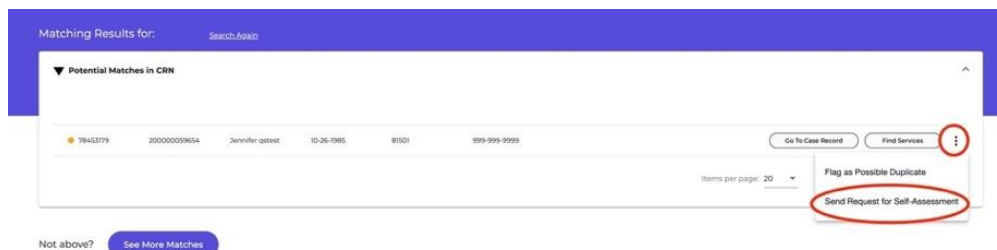
- A. For older tablets you may need to download a QR code reader. Most newer Tablets will have this built in to the camera
- B. A QR code is only valid for 48 hrs.
- C. Once a patient has submitted a screener from a QR code, that QR code is no longer valid.
- D. The Privacy act will only appear the first time the patient accesses the screener.
- E. Insurance Question: An Answer to the Type of Health Care Coverage is required, if Medicaid/Medicare is selected, the patient's number is not required.

### Utilizing Single Sign On from QHN

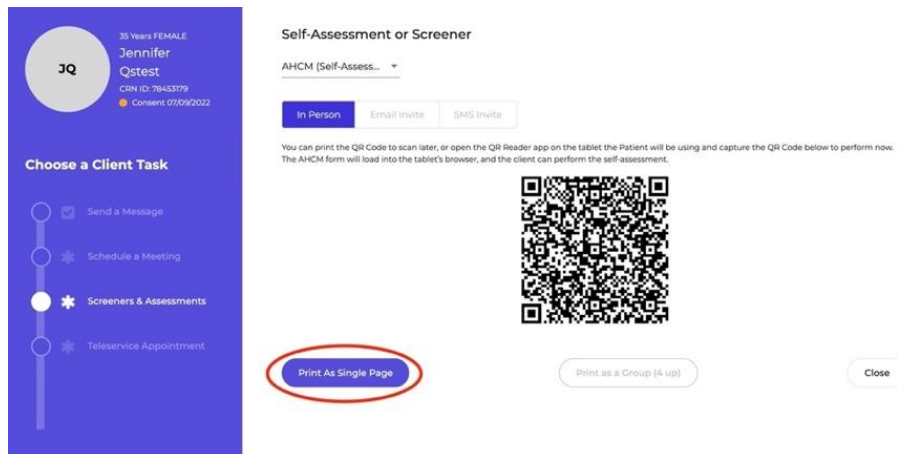
1. Once you are in the Patient profile (QHN), you can click on CRN in the left hand **Patient Actions Menu**. This will allow you to sign on to CRN and bring in the Patient information.



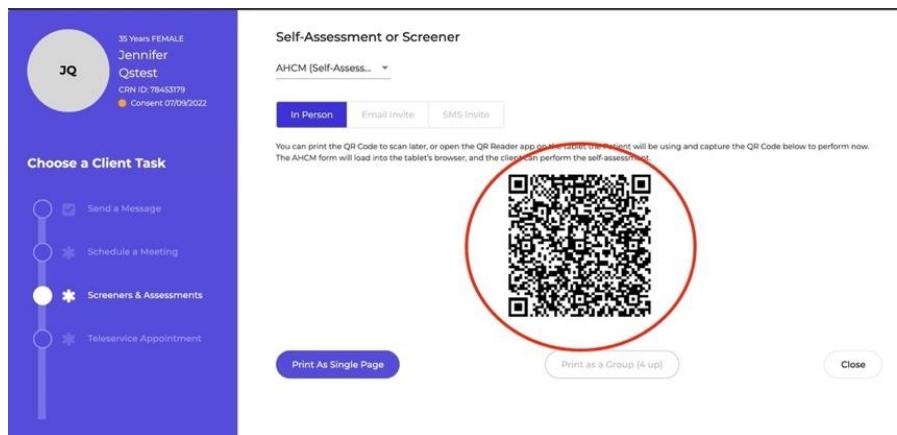
2. From the Patient registry, click on the **3 dot menu** on the right and select **Send Request for Self-Assessment**



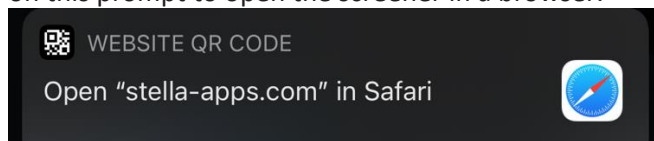
- The information to access the screener via a QR code will appear. You can print this out for later use, or scan the QR code with your tablet. Another option would be to take a screenshot (similar to below) and add multiple QR codes to a word document to all be printed at once.



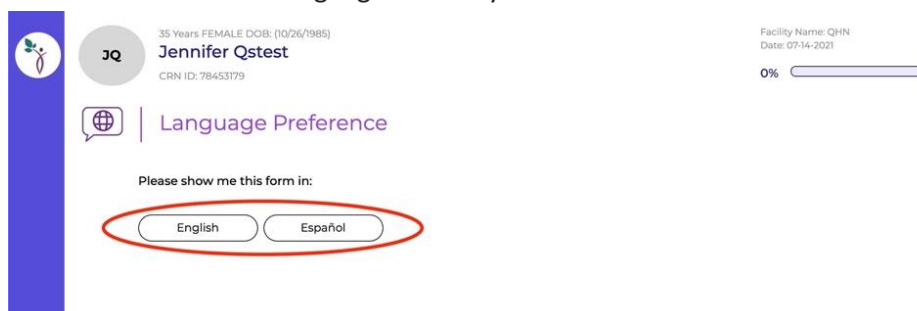
- Open the camera on the tablet and scan the QR Code with the tablet. (**Note:** Older tablets will need to have a QR code reader installed. Most new tablets utilize the camera and nothing extra is needed.)



- Depending on the tablet you are using (iPad/Android) you will receive a prompt to "Open in...". Click on this prompt to open the screener in a browser.



- The tablet can now be given to the patient to complete the AHCM screener questionnaire. The Patient will need to select the language that they would like to take the screener in.



7. The patient will be taken through a series of questions. Please note that all questions with a \* will be required. (**Note:** If this is the first time a patient has taken the screener they will see the Patient Privacy Agreement)

35 Years FEMALE DOB: (10/26/1985)  
**JQ**  
**Jennifer Qstest**  
CRN ID: 78453179


Facility Name: QHN  
Date: 07-14-2021  
0%

 | **Accountable Health Communities (AHC) Screener**

I am answering this survey about...\*

Myself  
 My child  
 Another adult for whom I provide care  
 Other

8. Once the patient has completed the screener, a thank you screen will appear. At this time they will need to return the tablet.



Thank you.  
Your screener has been submitted.