# BOSTON'S BREATHE EASY AT HOME PROGRAM:

#### WEBSITE IMPROVEMENTS





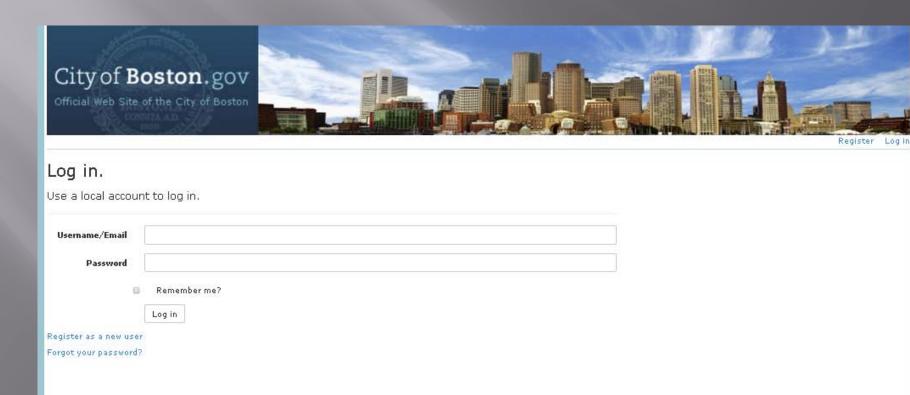


### Website Changes

- As a result of the Failure Modes Effects and Analysis (FMEA) process the Breathe Easy at Home (BEAH) website has undergone some extensive changes.
- The FMEA team utilized BEAH process knowledge to identify risks within the program, the website being one. BEAH website was found to be time consuming, with unclear entry fields leading to incorrect information entered in the referral as well as login issues for providers.
- Website modifications will include double entry and mandatory fields in order to ensure the correct information is received. The site will now be easier to navigate and incorporate more detailed fields for health care providers ensuring the BEAH administrator receives the most accurate information.

## Registration

- □Super User's email address
- ☐ General Password



#### Register.

Create a new account.

Email	kidsasthma@bmc.org
Password	•••••
Confirm password	
Contact Name	Asthma Clinicians
Title	
Phone Number	6176388000
Address Line 1	1 Boston Medical Place
Address Line 2	
City	Boston
Medical Facility Name	Boston Medical Center
Zip Code	02118
Comments	BMC Pediatrics
	Register

### Creating a New Referral

□ Housing Type (Affordable, Market, Section 8, Public)
□ Language (English, Spanish, Cape Verdean Creole, Haitian Creole,
Mandarin, Cantonese, Vietnamese, Somali, Portuguese, Arabic, French, Farsi)

Actions	*Required Fields. Patient Information						
Create New Requests	Salutation:		*First Name:		*Last Name:	7	
	☐ Is patient a minor?					_	
	Contact Information		. It pl	(000) 000 0000	F	٦	
	*Phone:	(000) 000-0000	Alt Phone:	(000) 000-0000	Email:	J	
Document Repository	Inspectional Services will need to contact the adult in the home. Please indicate which method you prefer they do so						
	(check at least one)						
		■ Phone ■ Email ■ Text					
	Address Information						
	*Street Number:		*Street Name:		*Apt#/Floor (n/a if none):		
	*City:		State:	MA			
	*Zip:						
	Housing Type:	7					
	Additional Patient De	tails					
	*Sex: (	OM/OF	*DOB:	mm/dd/yyyy			
	Preferred Language:	Unknown ▼	Race:	•			

#### □Diagonis (Asthma, Sickle Cell, Other)

	Select all that apply				
*Nature of Problem:	Bed Bugs Old Carpeting Coackroaches Chronic Dampness Lead Leaks No Heat Peeling Paint Rodents Structural Damage Inadequate Ventilation				
Other	■ Is the patient under six years old? ■ Has the patient been hospitalized in the past 12 months?				
*Diagnosis:	▼				
Disease Status: ©Controlled ®Uncontrolled					
Referral Information					
Referred By:	<b>▼</b>				
Request Submission  Please click here here, an asthma com	if you would like your patient to receive an asthma home visit for asthma education in addition to a Breathe Easy inspection. By clicking nunity health worker will get in touch with you via email to complete the referral.				
Please click here	if you would like to receive notifications when the Breathe Easy Administrator updates this request.				
* 🗆 I have explained	the Breathe Easy program to my patient and had the patient or guardian sign the consent form.				
Save Cancel					

#### Referral Details

#### Initial Inspection Request

Ref#: 209276

Patient Information Salutation: Ms. First Name: Test Last Name: Testington **Guardian Information** 

Salutation: First Name: Janey Last Name: Testington Contact Information

Phone: 6175551234 Alt Phone: 6175554321 Email:

Contact Method: • Text

Address Information

Street Name: Massachusetts Ave Apt#/Floor: 1 Street Number: 1010

> City: Boston State: MA

Zip: 02118

Housing Type: Section 8

Additional Patient Details

Sex: F DOB: 1/5/2007

Preferred Language: English Race: Black/African American

Nature of Problem: Bed Bugs

Old Carpeting

Coackroaches

Chronic Dampness

Leaks

Rodents

Structural Damage

Inadequate Ventilation

. Is the patient under six years old? No

· Has the patient been hospitalized in the past 12 months? Yes

Diagnosis: Asthma

Disease Status: Is disease controlled? No

Referral Information

Group Email tteixeira@bphc.org

Request Submission

Home visit requested? Yes Receive notifications? Yes

### Closed Case View

Testington, Test (F) Ref#: 209276 Vew

DOB: 1/5/2007

Inspection Type:

Resolution Date: 7/7/2015 12:05:00 PM Resolution: Administratively Closed

Comments:

### Managing Account

#### Manage.

Change your account settings

Password: [Change your password] Registration: [Edit Registration] [ Cancel ]

<b>Kegister.</b> Create a new account.	
create a new account.	
Email	jtestington@nowhere.org
Password	••••
Confirm password	
Contact Name	Janey Testington
Title	Tester
Phone Number	617-555-1234
Address Line 1	1010 MASS AVE.
Address Line 2	
City	Boston
Medical Facility Name	врнс
Zip Code	02118
Comments	
	Register