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CBR NETWORK

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Cleo's Corner

PRIV/View is in Beta

We currently have our new feature to PRIVplus (PRIV/View) out in beta. As of this writing it is going well. After a bit more hammering via the beta sites, it will be available for all of you that may like to have it. We have a handout that talks about how it works and will be happy to email that to you if you wish. Basically, there would be a module that sits on your facility Intranet Server that has a link to your normal PRIVplus program. Individuals that you wish to view privileges would be able to go to the Intranet Web Server and search by practitioner, or procedure and see Approved privileges and a photo of the person. The new version 5.1 of PRIVplus has a report (PR1a) that gives you an idea of what they would see.

Please Note - You must be running a network version of PRIVplus, to use this feature.

PRIVplus for Windows

PRIVplus 5.1 Update

The 5.1 Update has been shipped. If you have not received yours, it may be because your last update has not been put on, or that we do not know that you have put it on. You must be running 5.0 before you can get 5.1 - so please let us know if you have installed it.

New features in 5.1 include:

- There is a place in the Board Certification Tab where you may mark that the board certification is lifetime. And, the word lifetime will print on the BO1 report if you have made this indication.
- New Directory (DI4) with a table of contents showing the page the individual appears on at the end.
- There are two new landscapes, shorter profiles included.



CBR will be closed May 26th, July 4th and September 1st for Holidays.

Welcome Ken McCoy

Ken McCoy has been working with our programming team in California but has now moved down South and working out of our Durham, NC office. Originally from Atlanta, he fits right in. We are sure the time will come when you have the opportunity to speak with him and we are very glad he is here.

- An Expiration Date has been added to the Medical History Tab.

- There is a new letter area called Medical History and a new letter you may print to the practitioner reminding them of expirations tracked in the Medical History Tab. For example, you may now want to put your PPD's in Medical History and put an expiration date, indicating when another PPD is due.

-In PRIVplus Version 5.0, we had to go to a newer version of Crystal Reports, as they were no longer supporting the older version. The way reports exported from PRIVplus, with the new version, was not a nice as before. Although we can't control how Crystal does things, we did do considerable work on our end (before it is exported) to make the reports look better once they have been exported.

- Much more also included in 5.1.

QUALCAREplus for Windows



Occurrence Screens

Since QUALCAREplus for Windows is designed to capture all your peer review info AND provide a Physician Profile for reappointment time ---- how can it capture things like:

Case Mix Index 1.7
Crossmatch ratio 2:1

We can't quite capture the actual ratio but we can track that the index or ratio threshold was exceeded. To have the item appear in the occurrence screen section of the OS13 Physician Profile create an occurrence screen that is a variance:

Case Mix Index 2008 exceeds threshold 1.0
Case Mix Index 2009 exceeds threshold 1.0
CT Ratio 2008 greater than 2:1
CT Ratio 2009 greater than 2:1

Add a patient admission record:

MR# 2008CT

Last Name: 2008 CT Ratio First Name: . (just a period)
Admit Date: 01/01/2008 Discharge Date: 12/31/2008

And give that patient admission the occurrence of "2008 CT Ratio greater than 2:1". A physician's profile (OS13) would look something like the following:

Occurrence Screen	# Occs
Case Mix Index 2008 exceeds threshold 1.0	1
Case Mix Index 2009 exceeds threshold 1.0	1
CT Ratio 2008 greater than 2:1	1
CT Ratio 2009 greater than 2:1	1
Adverse Reaction	4
Readmission w/in 30 days	9
Transfusion Reaction	1
Etc.	

If the physician did NOT exceed the threshold - the item would NOT print at all. Ideally, you could have another occurrence screen for Case Mix Index 2008 below threshold 1.0 so that something for the case mix prints in this section of the OS13.

NOTE: Currently, QUALCAREplus can not report the Case Mix Index since denominator values are whole integers and you can not enter a 1.4 or 2:1 into the denominator value. Otherwise, that would be the best way to report out the index or CT ratio.

The OS13 Physician Profile prints the occurrence screens by ALPHA order --- if you prefixed the above items with the 2008 or 2009 the order would look like the following:

Occurrence Screen	# Occs
2008 Case Mix Index exceeds threshold 1.0	1
2008 CT Ratio greater than 2:1	1
2009 Case Mix Index exceeds threshold 1.0	1
2009 CT Ratio greater than 2:1	1
Adverse Reaction	4
Readmission w/in 30 days	9
Transfusion Reaction	1

Where 2008 would appear together (prints in alpha order).

Now the next version 6.0 of QUALCAREplus for Windows AND the new QUALCAREplus/WEB version adds an additional OS13b Physician Profile w/Category and Subcategory. This new profile will group your screens based on the Category and Subcategory they belong too:

- OS13 - Physician Profile
- OS13a - Allied Health Profile
- OS13b - Physician Profile with Category/Subcategory
- OS13c - Allied Health Profile with Category/Subcategory

Here is a portion of that new report:

Physician Profile with Category/Sub category																	
OS13b	01/01/1997 thru 12/31/2008													05/05/08			
Staff#: 03740																	
Department: SURG Surgery/GSUR General Surgery																	
Total Number of Occurrences	115	Total # of Occurrences With Severity Index >= 3	32														
Total # of Surgical Procedures	4,621	% Percent of all Occurrences	27.83														
Overall Occurrence Rate	2.49	Severe Occurrence Rate	0.69														
2.49 Occurrences per 100 Surgical Procedures	0.69 Severe Occurrences per 100 Surgical Procedures																
Occurrence Screen	# Occ	Occurrence Severity						% Occ	Action Taken					# Not Cld			
		0	1	2	3	4	5		6	NS	SI--3	1	2		3	4	5
Anesthesia																	
> 2 laryngoscopes	1	0	1	0	0	0	0	0.00	0	0	0	0	0	0	0	0	1
Acute MI during or within 48 hours	4	0	3	1	1	0	0	25.00	0	0	1	0	0	4	5	4	
Moderate Selection Complication	1	0	3	2	1	0	0	100.00	0	0	0	0	0	0	0	0	5
Anesthesia Intraoperative Complications																	
Pub d embolizations	1	0	1	0	0	0	0	0.00	0	0	0	0	0	0	1	1	1
Anesthesia Postoperative Complications																	
Complications following Anes adm (all types)	1	0	0	0	1	0	0	100.00	1	0	0	0	0	0	0	1	1
Suspected MI < 48 Hours Postop	1	0	1	0	1	0	0	100.00	0	0	0	0	0	0	0	0	2
Blood Usage Review																	
Generic																	
FFP - criteria not met	1	0	0	0	1	0	0	100.00	1	0	0	0	0	0	1	1	
PRBC criteria not met	3	0	0	2	2	0	0	66.67	1	0	0	0	0	1	2	3	
Transfusion Reaction	4	0	0	3	4	1	0	125.00	2	1	2	0	0	2	7	7	
Care Measures																	
Surgical Infection Prevention																	
SIP1a: Overall Prophyl AB not rec'd w/in 1 hr prior to inc/s	1	0	0	0	0	0	0	0.00	0	0	0	0	0	0	0	0	1
SIP1a: Rho++ Arthrop lasty Proph AB not d: d	2	0	0	1	1	0	0	50.00	0	0	0	0	0	1	1	2	

New QUALCAREplus/WEB version to BETA in Aug. 2008

The new web version of QUALCAREplus will allow entry of info by your Case Managers, Utilization Review Staff or PI/Quality Staff from anywhere in the facility via your internal web server. Data entry and reporting can be specific to a category in this next version so you can allow other clinical departments to track their quality info. We have also improved how to enter the occurrence by making the Occurrence Selection window more user-friendly. Search first for the Patient (and not the patient's admission):

RISKplus for Windows & RISKweb Tool

Incidents with No Names

When you have an incident with no name or the incident has been reported through the webtool, RISKweb, with no name, what do you do?

[If this incident happened to a person AND the name is not available](#), then choose the last name of “unknown” from the list of subjects.

RISKweb reads the list of SUBJECTS from your RISKplus for Windows program. Even though the button in RISKweb says **Find Patient Last Name** ---- it is looking through the list of subjects from RISKplus (which can contain subjects that are patients, visitors, employees, etc.).

If you do NOT have a subject with this last name “unknown” in your subject list, add them in RISKplus for Windows: Manage Data, RISK Subject Data, type in “Unknown” as the last name and click on SEARCH. Click on ADD SUBJECT button at the bottom. Let the system ASSIGN the subject #, tab down to the first name field and enter a period (.) since the field is required. Leave the other fields blank as shown below:

[If this incident happened to a person AND the name is known BUT staff \(through RISKweb\) added them again \(so now you have two and three of the same names with different MR#s or no MR#\)](#), then you can fix this in RISKplus for Windows (ONCE the incident has been approved and data imported from RISKweb into RISKplus). In RISKplus, CBR can walk you through moving the incident out from under one subject (last name = unknown) to the correct subject’s name by using our Utility function: Reassign Incident Subject Number.

[If this incident did NOT happen to a person, we can create a pseudo-subject like Nursing, O.R., Nutrition, Physical Therapy, 3West, Med/Surg, etc.](#)

MR#: leave blank
 Last Name: O.R.
 First Name: .
 (just a period) - this is a required field so the punctuation symbol for a period works fine.

If there was an air quality issue in the O.R. - you can report that incident and since a subject is required --- use a person with last name of “O.R.” as the subject.
 If a needle was discovered under the bed cover in a patient’s room on Med/Surg unit, report that incident and choose a subject with the last name of “Med/Surg” or “Med/Surg Unit”.

Many clients use a last name of “NA” with a first name of a period (.) and assign all non person related incidents to the NA

person. You can train staff to find the person “NA” and give the incident to them if you are using RISKweb.

New Webtool: RISKplus/WEB To Replace Current RISKweb

CBR has created a new webtool that takes ALL the TABS in your RISKplus for Windows program into a new web version that also includes reporting! This new web version is called **RISKplus/WEB** since you will still use the RISKplus for Windows program especially for running Queries and performing Utility functions. The **RISKplus/WEB** version allows staff throughout the facility to report the incident via your facility’s internal web server. Automatic email notification is sent to all those set up to be notified when an incident occurs of that type (medication error) or for that location (facility or unit) or for that service (radiology, pharmacy) plus more.

The new **RISKplus/WEB** version is scheduled to go into BETA testing in Aug. 08 with general release 3-6 months later.

Here are some of the major features of this new RISKplus/WEB version:

- 1) All the TABS & fields for an incident now found in RISKplus will be available in this new web version:
 - New TABs have been created and fields moved to more appropriate tabs to make data entry easier.
 - Additional fields added (house supervisor, body part affected, treatment rendered, family notified Yes/No, physician notified Yes/No, Risk Assessment Completed Yes/No).
 - Some fields now allow for multiple selection of choices - called multi-select fields: service involved, patient related factors, medications used, interventions, equipment/ environment issues, medical equipment problem.
 - Fields previously ONLY available to Falls or Medication Errors are now available for ALL incidents: activity prior to the incident, medications used (multi), interventions (multi), equipment/environment issues (multi), medical equipment problem (multi), contributing factors (multi), system issues (multi), and prevention/action plans (multi).
- 2) **New Incident Wizard** for staff to use with first window asking who the incident happened to: Patient, Resident, Visitor, Physician, Allied, Employee, Nobody.
- 3) Ability to view both PENDING incidents (those just reported by staff) AND close incidents AT THE SAME TIME and REPORT all incidents for a given time frame regardless of whether they are open or closed. No more having to wait to approve the incident in RISKweb and transfer data to RISKplus before running reports.
- 4) **Powerful security** allowing managers to receive emails for incidents they are responsible for based on either the Category and/or Subcategory of the Incident (the pharmacist can now see all incidents where the category = medication error), Service Involved (so EMS director can see all incidents involving EMS), Facility, Unit, Shift, Status and physician. And Security includes what tabs can be seen if an incident can be viewed and if that person can update or just look at the info.
- 5) Reporting available to all managers now based on their security to see certain incidents.



Technical Tips

No Signature Required!

Rather than sign all of your letters manually or change the font in your signature file to a script font that may pass (although feebly) for your signature, you can simply scan an image of your signature using the scanning software provided with your printer/scanner and save it to a .bmp or .jpg image. Then within Output/Letters/Demographics edit your SIGNATUR file. Place your cursor where you wish your signature to reside and click on Insert/Picture/From File and choose the .bmp or .jpg file you scanned in the previous step. Now your own signature will be imbedded in this file and you'll no longer have to sign your individual letters!



Remember When Running the PRIVplus v5.1 Update...

to have your database backed up prior to running the update and that all users (including users with Read-Only access to the

program) must be out of PRIVplus. Also running the update must be done from a machine that currently runs PRIVplus (not from the server or from a machine in the IS area). Completing these steps prior to starting your update will insure that it will not get interrupted (possibly resulting in a corrupt database) and will run more smoothly. If you have any questions or problems before or during the update do not hesitate to call us for assistance. Typically network installations of PRIVplus should be updated by your technical staff (as additional user permissions are usually required) but for single-user installations you will probably have adequate rights to update the software yourself. Just remember to backup prior to starting any update. Often times with a single-user installation, you will get an Error 70: Permission Denied message at the end. This is a perfectly okay message and can just be closed up. As always, give us a call once the update is in place so we can verify that it ran successfully and update our database with your latest version number.



Announcements

Condolences::

To our PRIVplus client, Carolyn Hurt, with VA Amarillo, whose Mother passed away on 2/20/08.

To our QUALCAREplus client, Wendy Wagner with Danville Regional Medical Center, whose husband (40) died suddenly on 3/4/08 of a massive heart attack.



We would love to hear your announcements and suggestions for our next newsletter! Please use the space below to send us your news.

Announcements:

Suggestions:

Submitted by:

Name: _____

Title: _____

Hospital Name: _____

