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CBR NETWORK

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Cleo's Corner

Welcome Steve Buch!!!!

Beginning March 2, 2009, you may hear a new voice when you call CBR. We are most pleased to welcome Steve Buch to our Information Technology Department. Steve brings a wealth of knowledge and has a broad base of experience. We are very excited to add Steve to our CBR team and know that you will enjoy speaking with him as time goes on.

Welcome Deana Evans!!!!

Deana has joined us and will be helping out in the office for four hours a day.

Also, remember that Sharon Heinzelmans is still available for special projects if you have any - such as building your privilege delineations.

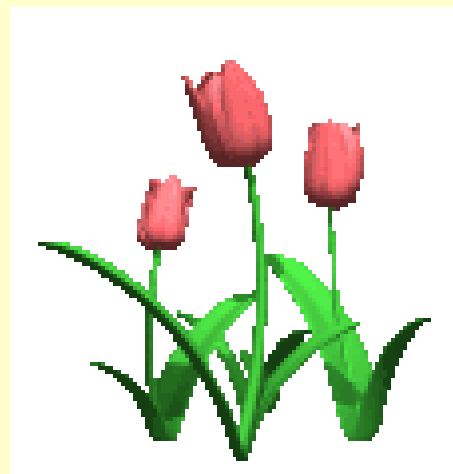
PRIVplus 5.2 Update

Soon we will begin shipping our latest update to PRIVplus. Thanks for your input. Please see a partial list in the PRIVplus section below.

PRIVplus for Windows

5.2 Updates Include (partial list)

- PF14 - Chronological Order of History
- PF15 - Chronological Order of Work and Degree History
- DM02A - Home Address, Phone & Spouse
- DM40 - Practitioners Missing Photo
- DM20 will allow you to enter a timeframe to fine just practitioners archived during a specified timeframe.
- DI5 - Directory with a photo
- New Security Option - you may eliminate individuals from printing profiles through security.
- Sex and Marital Status are now Master Lists
- Letters emailed to practitioners will now be .docs instead of .rtfs.
- You may now print items you have listed under Docs and Pics.
- VA Clients may now import a directory of practitioners into PRIVplus - instead of one at a time.
- You may add License in Mass (ie., add a ACLS to everyone in mass, or NPI, etc. without bringing up each individual person
- New options to include beeper and cell one that you may either print, or that may be made accessible via our PRIVview feature.



*CBR will be closed April 10th and 13th
for Easter
and May 25th for Memorial Day.*

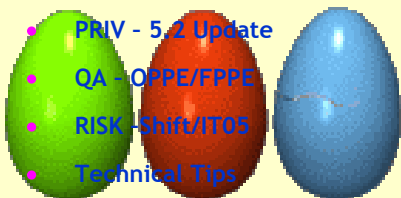
In This Issue:

- Cleo's Corner
- CBR Holiday Closings
- Announcements



Highlights:

- PRIV - 5.2 Update
- QA - OPPE/FPPE
- RISK - SHIV/IT05
- Technical Tips



- Professional References under the Verification tab (or personal references) - if you select a practitioner within your facility to be a reference for someone, and that person is in a group, there is a new field where the group name will appear.
- The length of the user login field has been expanded to 20 digits.
- The beeper field on demographics page has been increased as some of you wanted to add a PIN #.
- The fee field found in the licensure master list is now available to drop onto license letters. Some of you wanted this to show when the letter prints so you know how much money to include for verification.
- On the PR4 report, the column Headers have been moved so they are closer to the actual place the practitioner with check to indicate they wanted to select that procedure.
- New Queries fields of Exp Date and Type added to Med. History and SSN Mask field added to Demographic query fields.

More - but out of room. You should have it soon.

QUALCAREplus for Windows

Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE)

QUALCAREplus is designed to track any type of "occurrence screen". An occurrence screen could be:

- 1) An occurrence (unplanned readmission, return to OR, transfusion reaction, etc.)
- 2) A variance to an indicator: Core Measures:
 AMI-1: No aspirin at arrival
 AMI-2: No aspirin prescribed at discharge
 Notice you are not tracking the actual Core Measure but entering ONLY the variances to the CORE Measure into QUALCAREplus.
- 3) Focus Reviews:
 Focus Review: Lap Chole
 Focus Review: DaVinci Prostatectomy
 Focus Review: MD#1543 (Jan-Jun 09)
 With the new FPPEs - you can prefix the verbiage:
 FPPE: Laparoscopic Cholecystectomy
 FPPE: DaVinci Prostatectomy
- 4) Compliance to an indicator:
 Lap Chole - criteria met
 Where every case meeting the criteria trigger this occurrence screen. Those NOT meeting criteria trigger:
 Lap Chole - criteria NOT met
- 5) Indicators specific to OPPE:
 OPPE: Pediatric Asthma
 OPPE: DVT

One client told me "The Joint Commission expects that we identify whether or not action is required for the individual practitioner being reviewed during OPPE. Therefore I built an

indicator that says no action and one that says focused review. The surveyor can see at a glance on the profile what has been reviewed and whether or not action has been taken.

- OPPE: Pediatric Asthma - focused evaluation
- OPPE: Pediatric Asthma - no action"

You can create a separate category/subcategory and build the OPPE and/or FPPE indicators there. You can also create a sub-category under each service category (under Medicine, Surgery, OB/GYN, etc.). We recommend the category of FPPE and OPPE since you have only to list the indicator ONCE. If multiple departments choose the same indicators for FPPE or OPPE than you may end up with that indicator built under two separate categories AND never be able to print a report easily identifying the total # of occurrences for a particular FPPE and OPPE indicator.

Reminder: QUALCAREplus is based on direct input of the numerator (individual cases) so that nothing falls through the crack (cases stay open until you take the 'Case Closed' action). The denominators are entered into the program manually or imported. Rates are calculated by taking the numerator (# of occs) / denominator (volume) x 100.

The program was originally designed with Duke University statisticians over 20 years ago to be occurrence based because this method is less resource intensive - it takes less resources to enter the 1 case that did NOT meet the criteria or tripped the occurrence screen than the 99 cases that did. You can most certainly choose to enter every case for a specific indicator/occurrence screen - the wording of this indicator or occurrence screen will depict that it is a compliance rate instead of an occurrence rate.

RISKplus for Windows

RISKweb - Error: Please correct all fields with red labels

If you or your staff receive this message when SAVING the incident reported in RISKweb and you see NO red labeled fields --- check the TIME of the incident entered. If you are using a 24 hr time format (military), 24:00 is considered an invalid time by RISKweb. Use 00:00 instead.

Shift Field

You can run almost ANY report for a specific time frame or shift. Click on the SELECTION button and see the time from fields AND the Shift box.

These are the reports that print the SHIFT field:

- IP05 Subject Profile Of Incidents
- IP08 Detail Listing of Incidents
- IP08a Detail Listing of Incidents with People Involved
- IP09 Detail Listing of Incidents w/user defined ML
- IS22 Incident Summary by Shift
- IT01 Incident Trends by Month (choose SORT = Shift)
- IT02 Incident Trends by Quarter (choose SORT = Shift)
- IT03 Trends Yearly Comparison (choose SORT = Shift)
- IT04 Incident Trends by Year (choose SORT = Shift)
- Shift is also available as a field on the Incident Report Cards (IT05 Incident Report Card and IT05a Incident Report Card w/graph). Find the fields for these reports under the Report Card Setup (Output, Report Card Setup).
- All OVERVIEW Reports. Overview Reports consist of 6-8 sections (Incident Screen, Unit, Service, Outcome Severity, People Involved, Shift with options to include 2 user-defined fields: Ins Co Location, Ins Co Outc Severity).

IT05 Incident Report Card

Be sure to check out this report card which summarizes # of incidents for a given time frame as well as reporting the # of incidents for the last month in the time frame. You choose WHAT fields will APPEAR on the report and in what order (Output, Report Card Setup).

This is what the report looks like when I asked for just the Category = Falls:

IT05		Incident Report Card				02/25
		Fall: June 2004 and Total for 01/01/2004 to 06/30/2004				
		Total	#	37	Unspecified	Total
Facility	06/2004 Total					
Avonada Regional Medical Center	0 4	0	4			
Catholic Care Center	0 1					
Cleo B. Roberson Medical Center	7 27					
Elmer Case Incorporated	0 1					
Pinebrook Community Hospital	0 1					
Skilled Nursing Facility	1 3					
	Total	8	37			
Sex	06/2004 Total					
Female	3 19					
Male	2 12					
Unknown	2 6					
	Total	8	37			
Incident Type	06/2004 Total					
Fall from bed	5 24					
Fall from chair	1 4					
Fall from table (exam table)	1 1					
Fall while ambulating	1 5					
Found on floor	0 3					
	Total	8	37			
Patient Type	06/2004 Total					
Comprehensive Care	0 1					
Emergency room	1 1					
Inpatient	5 27					
Outpatient	0 2					
Resident	1 2					
Skilled nursing facility	0 1					
Unspecified	1 3					
	Total	8	37			
Age	06/2004 Total					
21-30	0 1					
31-40	0 1					
41-50	3 13					
51-60	1 7					
61-70	1 6					
71-80	0 2					
81-90	0 3					
91-99	1 2					
PT Harm Source	06/2004 Total					
Handoff	1 1					
No Patient Harm	1 6					
Not applicable	5 26					
Unspecified	1 4					
	Total	8	37			
Contributing Factors	06/2004 Total					
Distractions	2 2					
Emergency situation	1 1					
Unspecified	6 35					
	Total	9	38			
Day	06/2004 Total					
Sunday	0 4					
Monday	0 4					
Tuesday	5 8					
Wednesday	2 4					
Thursday	0 9					
Friday	0 2					
Saturday	1 6					
	Total	8	37			
Device Of Risk	06/2004 Total					
2-3 No risk to hospital - claim very unlikely	2 15					
2-5 small risk - claim unlikely/small \$ v	1 6					
4-5 some risk - claim possible	1 9					
5-6 significant risk - claim possible/likely	3 5					
6-High risk - claim likely	0 1					
Unspecified	1 1					
	Total	8	37			
Equipment Environment	06/2004 Total					
Cable/OT tubing	2 2					
House involved	1 1					
Unspecified	5 34					
	Total	8	37			
Falls - Activity	06/2004 Total					
Ambulance assistance	1 1					
Ambulance foot assistance	1 1					
Unspecified	6 35					
	Total	8	37			



Technical Tips

PC Maintenance

As standard PC maintenance, you want to have your IT person perform a disk cleanup and disk defrag on your PC. This will improve the performance of your PC and should be done regularly. Click on Start / Programs / Accessories / System Tools / Disk Cleanup. Disk Defrag is here also.

Emails from CBR Caught in Your SPAM Filter

If you are not receiving emails from either:

BrendaS@cbrassoc.com

AleshaC@cbrassoc.com

KathyM@cbrassoc.com

SteveB@cbrassoc.com

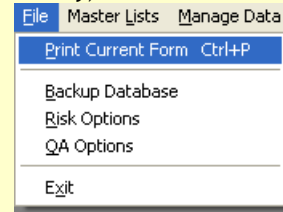
Please check your SPAM folder and make sure the emails are not being caught by your SPAM filter. If you can add our email addresses to your 'white-list' you will receive our email tips for using the programs as well as your annual license files needed to continue operating the program(s).

Closing Window When Mouse Doesn't Work

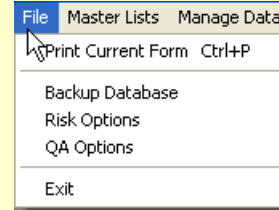
Did you know that you can do a few keystrokes to close up each window that is open on your desktop? Hold down the ALT key and at SAME TIME press the F4 key. This will either CLOSE up the application or in CBR

- ask if you want to backup. Do ALT + F4 again to close the next window.

You can also take advantage of the hotkeys. Those letters with an underscores in menus. In CBR, if your mouse no longer works, hit CTRL + F (same as clicking on File in the window), then you need only hit ONE additional letter "X" to exit (you will see it has the underscore, which means it is a hotkey):



If you normally click on File, you will NOT see the underscores (hotkeys).



Pressing the ALT key shows the hotkeys.



Announcements

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

Announcements:

Congratulations to Beth Pearce at Anson Community Hospital who had a baby girl on June 25th, 2008. Her name is Kimberlyn Danielle Pearce.

Suggestions:

Submitted by:

Name: _____

Title: _____

Hospital Name: _____

