

CBR NETWORK

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Cleo's Corner



Happy Belated Memorial Day and Happy Fourth of July

What important Holidays these are. Perhaps it takes times like these for us to really realize how fortunate we are to be where we are and to have all the freedoms that we do. For those of you with loved ones in the armed services, both past and present, as well as for those of you who did serve—Thank You for your service. Thanks to the family members at home who support our service men and women.

Weather Related Tragedies

We are aware that many have experienced tragedies due to the weather. Please know that you are all in our thoughts and we wish you all a speedy recovery.

Holiday Closing

We will be closed on Monday July 4th!

VISN Training for VA facilities

Brenda often goes to a training facility where a number of VA Medical Centers may come together for VISN wide training. This allows training of more people and for individuals who may be credentialing LIPS and Dependents. The cost is a flat \$2500.00. Please let us know if you wish to schedule one of these sessions. There are many things that you may not know that can save you a lot of time.

2nd Copies of PRIVplus for VA facilities

A number of VA facilities have purchased a second license for PRIVplus to use for the Dependents. A second system may also be used for Nursing and for Residents. If you are interested in a second copy, contact Brenda at BrendaS@cbrassoc.com.

CBR Website

We have a number of documents, handouts and training videos available through our website. The website address is listed above. By going to our website you will be able to see how PRIVview, Self Serve Verification, and our On-line Directory works. If you would like to see the Training videos, email Brenda and she will send you a link to those.

Privilege Delineation Samples

If you are interested in some samples of how others have created their Privilege Delineations within PRIVplus, please email Brenda and she will email you some samples. Sometimes you might get some ideas by seeing examples. We are happy to provide.

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Special points of interest:

- Holiday Closings
- Announcements
- Technical Tips

PRIVplus-Version 6.1 is being released



We are releasing our PRIVplus version 6.1 update via our FTP site. You will be receiving an email telling you exactly how to get this update. Please note that the update only needs to be applied once and not from every computer. The email will contain a document that is about 15 pages long. This document is for you as it shows you examples of all of the updates. Please print this document out. The other document is for the IT Department and gives them instructions on how to go to our FTP site, obtain the update and apply it. Please note that it is very important for us to know

when this update has been applied. There will be instructions about this as well within the email. Some of the enhancements are listed below (this is just a few of them).

- You may now have IT call us and we can work with them to set up a way for outside facilities to access your web page and obtain their own verification letter regarding a providers previous or current affiliation at your institution. There are extensive instructions regarding this in the update document.

- As soon as you sign into PRIVplus there will be a new report displayed on the

screen. Everything that has expired will be on this report (unless you have unclicked appt reverify as it is something you no longer care about) and everything that will expire within 2 weeks will be on the report. Expired items will be red and items that are about to expire will be blue. This report will inform you of expirations without you having to run a report to find out expirations and is just a way to help you be proactive. There will be a way for you to have an on-line directory via your facility website. And, there is a new letter under Societies that you may use if you wish.

- Be watching your email for the update.



QUALCAREplus



Questions & Answers

This is a compilation of questions received in emails for the past few months:

Question: *How do I track and trend an issue in QUALCAREplus?*

Answer: QUALCAREplus documents each specific occurrence, that in itself means it will be trended (run Occurrence Trend (OT) reports to see # of occurrences or rates across months or quarters and semi-annual time frames, see new v6.3 for this report). Rates are calculated for that occurrence (if you are entering denominator data). If the case is “not closed”, it remains “open” and can be tracked by putting conditions on a variety of reports for cases where the Last Action Taken does not equal “closed”.

Question: *How can I print the physician's normal number (staff #) on an OT01 report (Occurrence Trends by Month)?*

Answer: v6.1 & higher: OT01 and OT03 print # of occurrences and allow you to choose the SORT. The SORT determines what appears on the piece of paper. Choose the sort “Physician” and a 2nd sort “Occ Screen” and run the report. The confidential # for the physician will appear on the report. If you want the physician's staff # (and/or) name, click on the SELECTION button to see options to include those.

Question: *What report(s) can I use to support OPPE and FPPE reporting?*

Answer: in v6.3 QUALCAREplus has 2 new reports: OT05 Trends in Occurrences By Semi-Annual and OT05c Trends in Occurrence Rates By Semi-Annual By Physician (OPPE-FPPE). These reports print the total # of occurrences and rates for 6 month calendar time frames. Use these in conjunction with the OSI3b Physician Profile with Category/Subcategory. v6.1 added statistical reports that delineated the Category and Subcategory of the Occurrence Screen on the report so you can see the structure of the occurrence screen (indicator). For example: Catg=Patient Care Subcatg=Mortality Occ Scrn=Unexpected Death
Catg=Interpersonal/Communication Skills Subcatg=Professional Behavior Occ Scrn=Failure to respond to pages/phone calls

Question: *How can I print a report where I choose the fields I want to see?*

Answer: QUALCAREplus allows you to create a query which pulls the data you ask for into a line listing report (no statistics). If you want to see a report with the patient's name, admission date and the occurrence—you design the query (choosing the fields, the order of the fields and conditions (i.e. category = Mortality), SAVE it (you can run it again later) and then run the query. Results can be printed from the query or copied then pasted right into EXCEL. Click on Output at the top menu to see the four types of queries:

- A. QA Occurrence Query (pulls fields pertaining to occurrences, notes, actions taken, criteria questions & some patient admission info)
- B. QA Admission Query (pulls fields pertaining to patient admission records)
- C. QA MRD Query (pulls fields pertaining to medical record deficiencies & some patient admission info)
- D. QA Denominator Query (pulls fields pertaining to denominator data i.e. # discharges, # deliveries, etc.)

Queries can be complicated contact Kathy Mazurek for help. Often times running a standard report, exporting to EXCEL and deleting the columns/data you do not want on the report is easier than creating a query. In addition, our standard reports give you a wider range of conditions (at the SELECTION button) than you may be able to build into a query.

RISKplus/RISKweb

Reporting Medication Errors

Medication Error incidents have their own tab of information and currently (windows v6.3 and web build May 2011) only the IT05 and IT05a reports (Report Cards) print the information as well as a Risk Query (you design yourself in RISKplus Windows). The IT05 Incident Report Card (with small graphs for each item) and the IT05a Incident Report Card w/Graph (larger graph for each item) can print as many fields as you select to print on the report. You also control the ORDER the fields appear as well. To select the fields and the order for the IT05 and IT05a reports you must sign into RISKplus for Windows, click on Output, click on Report Card Setup. There are many Medication Errors fields as well as standard incident fields. Make sure you see the 'Medication' field on the RIGHT—that stores the type of medication (for web build: it is the primary medication for the incident and not secondary). If you need help, contact Kathy.

RISKplus/W (new web version)

IP22 Days in Transit Report

When the IP22 is generated from the new web version a few of the fields that appear on this report are automatically populated by the web program. The Date Filed column is the date found at the bottom of the Incident Description TAB. Date Received is the date the incident was reported since the Risk Manager received immediate email notification.

SE04 Security: User Specific Info & Grouped Access Rules

Existing RISKplus/W clients should run the SE04 and make sure that all users belong to at least one Grouping of Access Rules. Should a user's name print with a **View All Incidents** listed—you need to edit this user and assign them a grouped access rule (Master Lists, Grouped Access Rules). They currently have access to all incidents within your program.

House Supervisor

If the house supervisor's name is present on the incident, they will be able to view the incident and record their follow up (according to permissions you set). Prerequisite: 1) Tell system this employee is a house supervisor. Manage Data / Employee Details / Employee Details / edit employee's record, check the house supervisor box and SAVE 2) Then edit the user's record (Master Lists, Users) and in the Supervisor field (towards bottom) find that person's name and select it. SAVE.

General Release of new web version RISKplus/W

We have finalized updates to the BASE program: RISKplus for Windows and will start general release of the new web version according to a waiting list (40 hospitals so far). The RISKplus for Windows program will need to be updated to v6.3 (May 2011). We will be sending emails out with information on how to obtain the update files and instructions from our FTP site. You will be able to update the windows application from v5.0 directly to v6.3.

Technical Tips



NPI Numbers

If you are tracking your NPI numbers in the licensure tab, you want to first be sure you use a license type code of NPI (alpha) and not a numeric code. Numeric license type codes must be the ones designated by NPDB. You will also need a licensure agency as that is a required field. If you enter the NPPES (National Plan & Provider Enumeration System) website in the URL field of your licensure agency, you will be able to “push” out to that website and obtain an image to store with the NPI number in the licensure tab. If you go to the website below, you will see where you are able to search for the provider. Note that when you “push” out from PRIVplus the license number (or in this case the NPI number) will be on your clipboard. You may simply press the Control key on your keyboard and the “V” key on your keyboard and that NPI number will be pasted into the NPI field (you need to click into the NPI field before you press Control and V).

The website address is: <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>

If you do not know how to push out to the website to snag an image of a license verification, please send us an email and we will send you a hand-out and a link to a training video.

PRIVview/Self Serve/Online Directory available in 6.1

As mentioned on the first page of this Newsletter the above referenced features are now available with the 6.1 update to PRIVplus (which we are sending out now). Please note that to use these features you must be on version 6.1 and you must be using a network version of PRIVplus. These features will not work from a single PC. Remember that we are here to work with your IT department in setting up these features for you.

We have handouts on these features and you may also see an example of each by going to our website and then clicking on Software Demo and Additional Features.

Announcements & Suggestions



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:
