

# CBR NETWORK

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## Cleo's Corner (by Brenda)



### Happy Holidays!!

Seems I just said Happy Holidays—and yet it is here again. As we reflect on 2011, I wonder if we take time to really look at what we accomplished in the year; or what we did not do that we should have. And, work issues are one thing, but did we take time to work on relationships, to make memories that will last us and loved ones a lifetime. From personal experience in 2011, I lost a Brother in January and my Mother in June. My chance to make memories with them is gone forever. But, I do have old memories to last me the rest of my life. I know you have all heard it a million times, but we really should live each day like it is our last, or the last day for a loved one. Any day could be the last chance we have to make a difference in the life of a stranger—with just a smile. Although you can't see it, as I wish you Happy Holidays and a wonderful New Year (in my Southern accent)—I am sending you all a big bright smile. All of us at CBR wish you wonderful Holiday memories and a wonderful 2012. May it be your best year yet!!!

### [Latest Release to PRIVplus \(version 6.1\)](#)

Hopefully, everyone has the latest update put on or are in the process of putting it on. There are many updates that could be of help to you. I am listing some of them for you:

AP4—Workload Report; AP3 Current Appointments with Original On Staff Date; DM37A Practitioners on Staff on a certain date with NPI #; DL6—New Directory with photo degree, internship, residency, fellowship and board certification; CO2b Committee Meeting Dates with the number of meetings held; New Report Option—you may now run EPI and ask for just the items you have an indication of Appt Reverify (this will leave off old items you no longer care about); MS6 new report of procedure codes where you are able to see all of the description of the procedure—since you may have unlimited text; OR2—report that will display the Date On and Date Off; EP2 new report that will show as soon as you sign into the program showing everything that is red (expired) and everything that is blue (about to expire). Note that you may eliminate this report through security if you wish.

More on the update under PRIVplus.

### [Holiday Closing](#)

We will be closed December 23rd– January 2nd for the Holidays. CBR will re-open on Tuesday January 3rd. We will be checking our emails and messages periodically during that time.

[Email Update](#) - Our own Alesha got married on 10-15-11.

Alesha has a new email address it is

**AleshaP@cbrassoc.com.**

### In this issue:

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### Special points of interest:

- Holiday Closings
- Announcements
- Technical Tips

## PRIVplus-a little this and that (email for handouts)



An email has been shipped to everyone that has instructions on how IT can get version 6.1—which is the latest version of PRIVplus. It also contains a document to let you know what the update features are. If you have not had this update installed—you are missing a lot of new features.

How to tell if the Update has been installed: Click on Help and About within PRIVplus. If you do not see Version 6.1—your update has not been applied. If you need us to send the email to you again,

please let us know.

### [Pushing Out to Website for Verification](#)

If you put the website address for the ABIM in the URL field of the Board Certifications that ABIM verifies you will be able to “Push Out” and snag an image just as you do with license.

### [PRIVview and Self Serve \(outside facilities obtaining their own “on staff” letter\).](#)

You might find some very interesting information by going to our website

www.cbrassociates.com and then clicking on Demo and Other information. There is a demo of how PRIVview works. There is also a place where you can “play” like you are an outside organization looking for an “on staff” letter from our hospital. So, you can experience what it would be like for someone from the outside to access your information. This keeps you from having to send out so many letters. There is a way to indicate individuals that you do not want the outside to get a standard letter on as there may be some providers that you might want to say something “special” about. Both PRIVview and Self Serve were created to give you less work to do.



# QUALCAREplus



## ICD-10 migration

There are no updates needed to handle the changes since we do not have lookup tables for ICD codes at the patient admission record.

As it stands the Diagnosis Code and Procedure Code fields on the patient admission record will hold the characters:

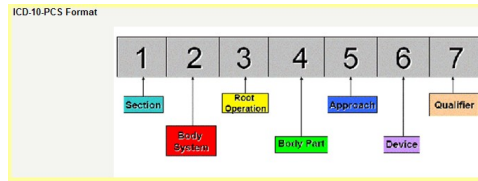
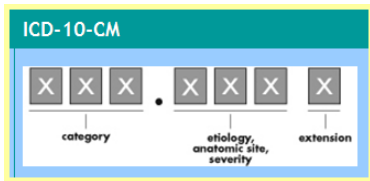
1. New ICD-10-CM diagnosis 3-7 characters in length (alpha-numeric); decimal after 1st 3 characters; digit 1 is alpha; digits 2 & 3 numeric; digits 4-7 alpha or numeric. i.e. E11.311 Type 2 diabetes mellitus w/unspecified diabetic retinopathy w/macular edema
2. New ICD-10-PCS procedure 7 alpha numeric characters, i.e. ODN90ZZ Release of duodenum, open approach

## QUALCAREplus Current:

- Diagnosis Codes hold 8 characters (text field – alpha numeric)
- Procedure Codes hold 8 characters (text field – alpha numeric)

Since these are free text fields --- the decimal can go where it is needed.

However, if your facility has a special admission record import, then changes are needed in the file you submit to us and our import.



left image —diagnosis from: <http://icd10cmcode.com/aboutcd10.php>

right image — procedure from: <http://www.tricare.mil/tma/hipaa/icd-10.aspx>

## Count of All Occurrence Screens (Indicators) for a Specific Date Range

Trying to figure out how many times an occurrence screen/indicator was triggered for a given time frame?

By running the [OS03a Most Prevalent Occurrences report](#) AND asking to print ANY occurrence screen (indicator) that occurred '1' (one) time, not 5 or 7 times, you will see every single occurrence screen and the # of times it has occurred:

Most Prevalent Occurrences				
OS03a	01/01/2000 thru 10/31/2011			11/14/11
Occurrences On Physicians				
All Occurrences That Occurred 1 Or More Times				
Occurrence Screen	Category	Sub-Category	# of times	% of all Occ
SSI - Surgical Site Infection	Infection Control & Surveillance	Infection Control & Surveillance	31	12.81
Complication Rate	Surgery	Surgery	27	11.16
Ventilator associated Pneumonia	Infection Control & Surveillance	Infection Control & Surveillance	12	4.96
Readmission w/in 30 days	Generic	Generic	10	4.13
> 2 laryngoscopes	Anesthesia	Anesthesia	9	3.72
Acute MI during or within 48 hours	Anesthesia	Anesthesia	8	3.31
Nosocomial Infection	Infection Control & Surveillance	Infection Control & Surveillance	7	2.89
Peripheral vascular complication following surgery	Surgery	Surgery	6	2.48
PRBC criteria not met	Blood Usage Review	Generic	6	2.48
Surg Complication (i.e. Laceration, Perforation, FObject)	Generic	Surgery	6	2.48

The selection button (conditions) for the OS03a report has the # of times defaulted to '2'. Change the '2' to a '1'. Also if you want to include those occurrences scored a '0' you need to UNCHECK the option 'Exclude Sev=0'. SAVE. Run.

Don't forget you can change the TITLE on every report before printing (bottom white field at System Reports—right above Default Date Range):

Frequency of Occurrences		
OS03a	01/01/2000 thru 10/31/2011	11/28/11

# RISKplus



## Running reports with Subject # or MR# condition

You can run the IP08 report (Detail Listing of Incidents) for just one subject (patient, resident, visitor, etc.) by entering that person's subject # into the Subject # field under the SELECTION button. The subject # is a TEXT field which means that you have to have the # correct to see data for the person. Subject # 00123 is not the same as Subject # 123. MR# 000321 is not the same as MR# 0321. Click on Manage Data, Subject Data, enter the last name for the subject and SEARCH. Note the subject # listed in the column. That is the subject # that needs to be the condition on the report.

You can also edit any incident to see the subject # as well and if you click on the SUBJECT button at the bottom of the Incident Description TAB—you will see the details of the Subject including the subject # and MR#.

When Surveyors show up and ask to see the last 6 months of Falls for a specific patient or resident — use the IP08, specify the date range, click on the selection button and enter the subject # for that patient/resident (you will need to obtain this subject # BEFORE running the report), check Print Subject Name, check Print Notes (to see the brief summary of what happened), click on the Incident Factors TAB and ask for the Category = FALL (no need to check the subcategory since the program knows the hierarchy), SAVE. Click on Run to Window or Run Report. You can even change the title of the report to “Falls for Harry Potter” before running the report. Change the order this subject's incidents appear in by using the SORT button. If multiple subjects were to appear on your report based on conditions, then you could SORT by the subject using the Subject # because there is no subject name as a sort option. Run Report. Run IP08d to see all the comments at the Notes TAB.

## Reports

When generating reports, remember that ALL INCIDENTS will print (unless the report is for something specific) for the time frame specified UNTIL you specify conditions under the SELECTION button. If you are using the RISKplus/W (web app), ONLY incidents you have permissions to will print, but, ALL INCIDENTS you have permissions to will print on a report UNTIL you specify specific conditions.

You can specify multiple conditions from all the lists EXCEPT the first row at Incident Factors: Category / Subcategory / Incident Screen. You can put conditions in ONLY ONE of the THREE boxes. Either choose one or multiple categories OR choose one or multiple sub-categories OR choose one or multiple incident screens. The acronyms that SUFFIX the sub-category items are the category that subcategory belongs to (example below: Attitude/Compassion subcategory belongs to the COMP—which is the Complaint category). The acronyms that SUFFIX the incident screens are the category AND subcategory codes that incident screen belongs to. (example: Access to Care incident screen belongs to the COMP category (Complaints) and the CARETX subcategory (Care & Treatment)).

The screenshot shows a 'Report Selection' window with the following sections:

- Input Selection:** Category (Administration Med Errors, AMA/Elopements, Complaints, Complaints / Patient Concerns, Dispensing Med Errors)
- Incident Factors:** Sub Category (AMA (AMA), Attitude/Compassion (COMP), Billing (COMP), Care & Treatment (COMP), Communication (COMP))
- Location/Miscellaneous:** Incident Screen (Access to Care (COMP-CARETX), Administration of wrong drug (ADM-), Admission process (COMP-BILL), Address Outcomes following Screen...)

## RISKplus/W New Web App

### Two House Supervisors on an Incident

How can you give two (2) House Supervisors access to an incident? Even if we created an employee record that combined the names (last name = KSmith & VJones) and checked the house supervisor box in the employee details, the user record for the Employee (Master Lists/ Security/ Users) only stores one name in the House Supervisor field and their own name is already listed.

Option 1: You could create a NEW USER with the combined names (last name similar to combined employee name). Link that new user to the House Supervisor with the combined names. Then each house supervisor would have their OWN unique loginID plus the loginID shared with the other house supervisor.

Option 2: On the incident, leave the name already there in the house supervisor field giving them access to record their follow-up. When they have completed their follow-up, then you can change the house supervisor field to the OTHER house supervisor's name, email the incident to them and they can enter their follow-up. This does lock out the first house supervisor from accessing the record (if that was there only access to the incident).

Option 3: Still another option is to create access to just one incident #. You create a status = Inc#1456 (master lists / status of incident). Create an access rule with status = Inc#1456. Create a grouped access rule called “Access to Single Incident #1456” and add this rule to it. Then you edit each of the two house supervisors users record AND add this rule to them. They will have access to that incident as usual. ONCE you CLOSE the case (change the status from “Inc#1456 to CL”) – their access will be gone. You can edit their user records and delete the grouped rule (run a security report to find the users attached to that group of rules).

### Brief Summary of the Incident

Just a note that the Brief Summary of the Incident (at Incident Description TAB) is a separate field and should be used to concisely summarize what happened (field appears on IP08, IP08a, IP08e, IP09, IP13) Any notes entered in the unlimited text area under the SHOW button appear in a record at the Notes TAB with this subject:

Notes				
	Subject	Created	Updated	Permissions
1	Initial Note Created With Incident	11/28/20...	11/28/20...	View & Print

The brief summary (255 characters) does NOT appear at the Notes TAB but will be seen as part of [View All Notes TAB](#) when Managers/Supervisors click on the e-mail link for the incident.

# Technical Tips

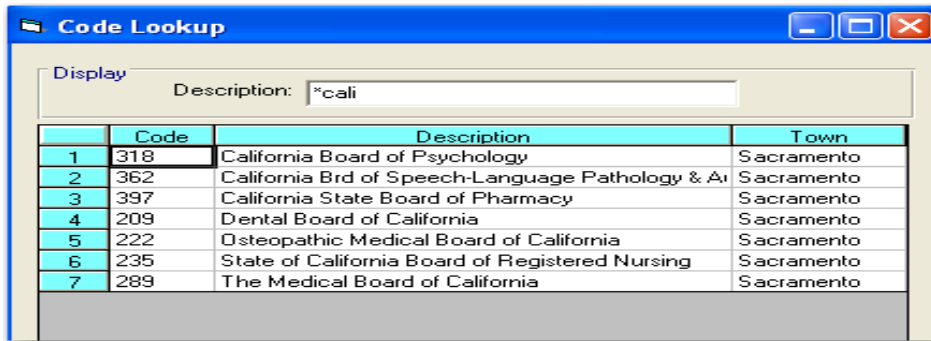


As related in the PRIVplus Section of this Newsletter, Version 6.1 has been shipped to everyone. Version 5.2 was the version prior to 6.1. Version 5.0 was the version prior to 5.1. **Effective January 1st, 2012**—we will no longer support version 5.0. Therefore, if you click on Help and About, within PRIVplus and see that you are running version 5.0, you need to take steps as soon as possible to get updated.

**PRIVview and Self Serve** You may go to our website [www.cbrassociates.com](http://www.cbrassociates.com) to get information on both of these features. Please note that there is no extra cost to use these features. We have instructions that will send to your IT personnel that tells them how to set it up so both features are available on your facility INTRANET. Most IT departments are able to do this alone, but we are always here to help should you have questions.

**Features of 6.1 Update** If you will go to the following website, [http://www.cbrassociates.com/Training\\_Videos.htm](http://www.cbrassociates.com/Training_Videos.htm) you will find a training video on the update features included in the 6.1 Update. There are other training videos available in this area as well.

**Search Function in Look Up Boxes** When you need to search in a drop down master list, you can use a wild card to search. For example, you know you need a license agency that is in California, but they do not all start with California. See example of how you may use this function to search. This is available in all lookup lists of this type:



## Announcements

### Congratulations:



To Donna Sexton (St. Vincent's Dunn) on the birth of two more grandchildren in Aug & Sept 2011.

### 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:**

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**Suggestions:**

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