QPI Implementation User Manual

Preliminary Tasks

6/16/2011
Preliminary Tasks

The Preliminary Tasks section is a list of tasks a user can perform to prepare the case for review. The task changes depending on the current workgroup level of the case and contains items predefined by your facility.

Below is an example of the Preliminary Tasks for a new case:

<table>
<thead>
<tr>
<th>Task Type</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional</td>
<td>Identify Reasons For Referral</td>
</tr>
<tr>
<td>Optional</td>
<td>Run Practitioner Peer Review History Report</td>
</tr>
<tr>
<td>Optional</td>
<td>View Patient Chart Detail Information</td>
</tr>
<tr>
<td>Optional</td>
<td>Obtain Information from Practitioner Being Reviewed</td>
</tr>
<tr>
<td>Optional</td>
<td>Interview Hospital Employees/MS/Others</td>
</tr>
<tr>
<td>Optional</td>
<td>Consult w/Relevant MS or Hospital Personnel</td>
</tr>
<tr>
<td>Optional</td>
<td>Review Other Relevant Documentation</td>
</tr>
<tr>
<td>Optional</td>
<td>Other</td>
</tr>
</tbody>
</table>

These tasks are used to create supporting documentation for the case for review.

- **Notes/Attachments** - allows users to add notes to supporting documentation and to attach relevant documents to the case.

- **Report Generator** - generate practitioner peer review history reports to determine the best process for review.

- **Patient Chart Detail** - add all details of the patient's chart including procedures performed and consultants involved with the case. Add multiple MRN and FIN Account numbers to one case.

- **Case Review Forms** - forms created for reviewers to fill out and attach to the case.

- **Referral Identification (rfr)** - the quality indicators for the case "Reason for Referral".

- **Generate Letters** - a large selection of letters can be generated to send to providers.

- **Open External Websites and/or Application files (.xls, .doc)** - export reports to Excel or Word files.

- **Assign Supporting Documentation for Reviewers** - only selected documents will be accessible to reviewers.

- **Create Timelines** - document each event of the case in time/date order.

Tasks can be Optional or Mandatory depending on facility policy.


Reason for Referral

1. Once you select **Enter** the case is added to the database and the **Reason for Referral Identification** window displays. This is where the indicator(s) is selected.

   Referral Identification

   Select the Referral Identification Type, Category and Specific Indicators.

   Choose A Reason For Referral

   Enter

2. Choose the **Indicator Type** and a second option opens.

   Referral Identification

   Select the Referral Identification Type, Category and Specific Indicators.

   Choose A Reason For Referral

   Choose A Reason For Referral

   OPPE Indicators
   Risk Management
   AHRQ Indicators
   CMS Core Measure Indicator
   Patient Safety
   Joint Commission General Competencies
   Never Events
   ONS Indicators
   Sentinel Event
   shaft View
   Final Assessment

   Enter

3. Choose the **Indicator Category** and a second option opens.
4. Select the correct category and the indicators for that category open as seen below. Click on the correct indicator for the case in the top box and select the $\mathbf{V}$ to move the indicator to the bottom box.

5. The information will drop into the next box and you will then select $\text{Enter}$.
6. The **Case #** and **Reason for Referral** displays. To close this window select \(\times\) at the top right. The + icon allows the user to add another **Reason for Referral**.

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**Run Practitioner QPI History Report**

The Practitioner's review history can help determine the best process for review or the most appropriate disposition. When the report is open there are several options available to attach the report to the case.

1. Click the Preliminary Task **Run Practitioner QPI History Report** from the task list. The report viewer will open in a second window.

2. Select or Enter a Start Date.
3. Select or Enter an End Date.

4. The report will generate and open.

5. To print the report, click the print icon at the top right of the report.

6. The printer selection window is displayed.
7. Choose the printer you want the report to go to and click the **Print** button.

8. To export the report to a specific software application such as Word or Excel, click the drop down arrow to the left of **Export**. Select the appropriate format for your report.

9. For this example we have selected Excel. When the report is selected click on the **Export** link.
10. The File Download window displays. Choose the **Open** button to open the report.

![File Download window](image)

Do you want to open or save this file?

- Name: practitionerpeerreviewhistoryreport.xls
- Type: Microsoft Excel Worksheet, 12.0KB
- From: reportservices.medkinetics.com

- Open
- Save
- Cancel

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. **What's the risk?**

11. When the report is open in the application, if desired you can save it to the local computer.

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**Add/Edit Patient Chart Detail Information**

This task is used to record important patient and clinical information from the medical record. When the task is selected the **Patient/Chart Details** page is opened. If the patient chart detail information is being uploaded to the Medkinetics system, the information will auto-populate according to the MRN and Admit/Account # entered with the case was created. You can also manually enter this information.

1. Select **Add/Edit Patient Chart Detail Information** from the Preliminary Tasks. You will be presented a list of MRN and FIN/Admit/Account # associated with the case.

   **Choose MRN for Patient Chart Details**

<table>
<thead>
<tr>
<th>MRN</th>
<th>FIN/Admit/Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td>4198797</td>
<td>54168789</td>
</tr>
<tr>
<td>1934984</td>
<td>496798</td>
</tr>
</tbody>
</table>

2. Select the icon to open the details for the specific patient chart.
You now have the ability to add multiple MRNs and Admit/Acct/FIN numbers to a single QPI Case by using the Add/Edit Patient Chart Detail preliminary task. This is an important new feature with regards to FPPE requirements and can also be used for other quality reviews, i.e., Readmission Reviews, Single Provider Multiple Chart type reviews.

1. Select the Add MRN / Admit Num link at the bottom of the Choose MRN for Patient Chart Details list.

2. The prompt to Add MRN/Admit# displays.
3. Enter in the MRN and FIN/ADMIT/ACCOUNT # and select the Add button.

Add MRN/Admit Numbers

4. You can add as many MRNs and Admit numbers as needed for the review. After the MRNs and Admit numbers have been entered, you can then select the pencil icon to view the Chart Detail information for each MRN and Admit number added.

View/Edit MRN/Admit Numbers

**Patient Details**

The user will enter the patient's information here. Once the MRN is typed, press the Tab key on the keyboard to initiate a database search on cases with that same Medical Record Number. If there is one, the system will fill in the remaining information automatically.

Another time saving feature is provided when the "Date of Birth" is entered. Press the Tab key on the keyboard and the age is figured automatically based on the occurrence date of the case.

**Chart Details**

- **Admit/Account #** - Because several admissions may be included in one Medical Record, you must enter an "Admit/Account Number" in the Chart Details section. If you medical record system does not include an "Admit/Account #", use the admission date.

- **Admitting Provider** - Enter the last name of the Admitting Provider here. As you type the first few letters of the last name, a drop down list of possible names appears. Choose the provider from the list.
• **Discharge Provider** - Enter the last name of the Discharge Provider here. As you type the first few letters of the last name, a drop down list of possible names appears. Choose the provider from the list.

• **Admission Date** - Enter the date the patient was admitted.

• **Discharge Date** - Enter the date the patient was discharged.

If the Admission Date entered is later than the Occurrence Date, a pop-up window will alert the user of the error.

![Windows Internet Explorer](image)

The Admission Date entered is later than the occurrence date.

Click the **OK** button and re-enter the correct **Admission Date**.

If the Discharge Date entered is earlier than the Occurrence Date, a pop-up window will alert the user of the error.

![Windows Internet Explorer](image)

The Discharge Date entered is earlier than the occurrence date.

Click the **OK** button and re-enter the correct "**Discharge Date**".

When the form is completed, click on one of the following buttons.

• **Save -- Add Chart Details** - This button will save the information and open the Additional Charts Details screen to add admitting and discharge diagnoses, procedures performed and consultants for the case.

• **Save** - This button will save the information added to the case and return to the Case Review page.

• **Cancel** - This button will close the page and return to the Case Review page without saving any added information.
Create / Edit Timeline

A timeline can be created for the case documenting each event and the date and time it occurred.

1. Select Create/Edit Timeline from the Preliminary Tasks list. The Timeline window opens.

2. Enter the date in the Date field. If a calendar is necessary, click on the calendar icon to the right of the date field. A calendar will display to select the correct date. The current day's date is highlighted.

3. Enter the time in the Time field. Select AM or PM by clicking on the radial button. If the time is approximate, select the checkbox where it says (Time Approximate).

4. From the Source drop-down, select the appropriate source.
5. Enter a description of the event in the **Event Description** section and any other comments in the **Commentary** fields.

6. To exclude the timeline from reports, check the box to the left of **Exclude from Reports**.

7. Click the **Add** button to save the entry. It now displays at the bottom of the **Timeline** window.
8. To edit the entry, click on the date link at the left of the entry. The entry will open for edit.

9. Make changes and click the **Update** button to save the changes.

10. To add another timeline entry, click the **Create New** link to the right of the **Update** button.

11. To exit this window, you click the black x at the top right of the window.

12. Once saved, the timeline entry is now displayed in the **Supporting Documentation** section. It will always be at the top of all the supporting documentation. It will not have any dates assigned to it and it does not have to be marked complete.

13. To open up the timeline, click the description **Create Timeline** link.

14. To delete the entry, click on the red x to the left of the entry.
**Complete On-Line Review Form**

Completion of a review form promotes more consistent and effective reviews and also helps to demonstrate compliance with Joint Commission standards regarding ongoing and focused practice evaluations. As with most tasks in the QPI system, the facility dictates what is in the review form. Below is an example of what may be on it.

*Only one online Case Review Form can be completed per case. If more than one physician needs to review the case, print the review form, have the additional reviewers complete it on paper, scan and attach it using the Note or Attachment window.*

1. When the **Review Form** window opens, enter a description in the field provided.
2. Select the appropriate category from the drop-down menu.

3. Select the **Submit** button. The Case Review Form will open. We will discuss the review form in five different sections.

**Case Review Form or Worksheet**

Details about the case that were entered on the Add New Case and Patient/Chart Details pages appear at the top of the review form for the reviewer’s reference.
The Admit/Discharge Details link is a toggle switch that will turn on and off the display of the Admission and Discharge details. Above shows them turned off. Below shows them turned on.

Save and Signature

Below is the bottom portion of this form. See a description of each item below.

Print Reviewer Signature Page

Print Reviewer Signature Page, then scan and attach it to the case using the Note or Attachment window. Below is an example of the signature page.
CASE SUMMARY:

Case #: 14494
Provider #: 121056
Case Description: Focused Evaluation
Occurrence Date: 9/11/2008
Medical Record #: 1234
Account #: 123456
Admissions Date: 
Discharge Date:

(1) I have reviewed the medical record noted and any additional relevant information that I deemed necessary.

Date __________________________________________________________________________ Reviewer Signature __________________________________________________________________

- **Due Date**
  Insert a due date to help ensure that the review is done in a timely manner. The due date inserted in this box will appear on the Case Log page. **Due Date** sets a reminder for the reviewer that an item is approaching its deadline. Reports can be generated to search for items that are close to the due date and generate reminders.

- **Save**
  If the reviewer is unable to complete the form at one sitting, click on the **Save** button. The reviewer's answers will be saved and can be edited.

- **Item Complete**
  When the reviewer is completely finished with the review, click the Item Complete box first, then click the **Save** button. The review form can no longer be edited.

- **Print Review Form**
  to print a version of the Case Review Form click **Print Review Form** to open a printer friendly version.
**Generate Letter**

This Task provides you with letter choices to send to the provider, or another person associated with the case. Web Word is used to create all letters in QPI.

The different areas of Web Word, select the following links:

- Applying the Medkinetics Template
- Inserting Web Word Merge Fields
- Uploading a Web Word Letter
- Generating a Letter in the QPI System

**Applying the Medkinetics Template**

- Windows Explorer
- C:
- Users
- (your username)
- AppData
- Roaming/Local
- Microsoft
- Templates
- Place your Medkinetics Template in this file
- Close

Verify you have the Medkinetics Template attached correctly
**Inserting Merge Fields**

Medkinetics’ Web Word works by using merge fields as “place holders” for the appropriate data to be placed into the document. The “Web Word Merge Field List.txt” (provided by Medkinetics) lists available merge fields.

The following is the Merge Field Library for QPI. It contains all the fields from a case that can be pulled into a letter. The Credential and Privilege software uses a separate list. This can be found on the dashboard when you log in.
[CaseDetails]
CaseDetails.CurrentDate
CaseDetails.caseNumber
CaseDetails.LogDate
CaseDetails.OccurrenceDate
CaseDetails.CompletedDate
CaseDetails.Description
CaseDetails.currentWorkgroup
CaseDetails.CurrentAction
CaseDetails.currentActionOption
CaseDetails.Department
CaseDetails.AssignedTo

[CaseMRNRow]
CaseMRNs.MRN
CaseMRNs.AdmissionsNumber
CaseMRNs.PatientLastName
CaseMRNs.PatientFirstName
CaseMRNs.PatientDOB
CaseMRNs.PatientGender
CaseMRNs.PatientAge
CaseMRNs.PatientAdmitDate
CaseMRNs.PatientDischargeDate

[CaseFRSRow]
CaseFRs.CaseTypeName
CaseFRs.CategoryName
CaseFRs.IndicatorName

[ReviewedProvidersRow]
ReviewedProviders.ProviderNumber
ReviewedProviders.LocalID1
ReviewedProviders.ProviderLastName
ReviewedProviders.ProviderFirstName
ReviewedProviders.ProviderMI
ReviewedProviders.Degree
ReviewedProviders.PrimaryDepartment
ReviewedProviders.PrimarySpecialty
ReviewedProviders.PracticeName
ReviewedProviders.PracticeAddress1
ReviewedProviders.PracticeAddress2
ReviewedProviders.PracticeCity
ReviewedProviders.PracticeState
ReviewedProviders.PracticeZip
ReviewedProviders.PracticePhone

[CaseReviewersRow]
CaseReviewers.ProviderNumber
CaseReviewers.LocalID1
CaseReviewers.ProviderLastName
CaseReviewers.ProviderFirstName
CaseReviewers.ProviderMI
CaseReviewers.Degree
CaseReviewers.PrimaryDepartment
CaseReviewers.PrimarySpecialty
CaseReviewers.PracticeName
CaseReviewers.PracticeAddress1
CaseReviewers.PracticeAddress2
CaseReviewers.PracticeCity
CaseReviewers.PracticeState
CaseReviewers.PracticeZip
CaseReviewers.PracticePhone
There are several ways to insert the fields. Currently, the supported method is to manually add the merge fields to the document. This can be accomplished by: copying each merge field one at a time from the merge field list text document and using the Word menus to insert the merge field. Use the file Medkinetics WebWord Merge Fields List (displayed above) to copy the necessary fields.

1. Highlight the field you need and press Ctrl C on the keyboard to copy the field.

2. Click in the area of your Word Document where you want the merge field inserted.

3. From the Word tool bar select the Insert tab.

4. On the right select Quick Parts and select Field... from the drop-down menu.

5. The Field window will display.
6. From the Field names: field select MergeField.

7. Under Field Properties click in the box below Field name: and Ctrl V on the keyboard to paste the field.

8. Select the OK button to close the window and insert the merge field. The merge field will display in the document as shown below.

```
{{CaseDetails.CaseNumber}}
```

**NOTE:** A great short cut to do steps 3 through 6 is Alt I – F – M - M

**Uploading a Web Word Letter**

1. Log into the Medkinetics QPI application.

2. Select Web Word from the Admin drop-down menu.

3. Select Manage Letters from the second drop-down.

**NOTE:** The first time you navigate to the Web Word maintenance area, you will be prompted to install the ActiveX control that controls the server file synchronization scripting. Select Install.
4. Once this is installed, the **Manage Form Letter Templates** window displays. The Current Templates Loaded will display at the top. The first time you open this window, no letters will be listed.
5. Select the **Browse** button to upload a new template. The **Choose file** window will display.

![Choose file window](image)

6. Browse for the file that you have created (with the merge codes) on your local hard drive in the template box. Click on the file and select the **Open** button.

7. Specify a “**friendly name**” in the field provided. This friendly name is what is displayed throughout the application.

**Upload Word Template**

Browse for a Word Template that has been mapped with Medkinetics Merge Fields. Next, enter a “Friendly Name” for the letter.

```
C:\Users\Deb Myers\Desktop\inquiry Letter.doc
```

**TEMPLATE**

```
inquiry Letter
```

**FRIENDLY NAME**

You may select a topic for this template. The topic makes the letter available for merging/printing within the case log.

```
General Case Details
```

**TOPIC**

Submit
8. Choose a topic for the template. Your choices are General Case Details, Case Reviewers and Providers under Review.

9. Select the Submit button at the bottom of the page.

10. The letter is now displayed in the alphabetical list.

11. Continue the process for all your letters.

Generating Letters in QPI

Any letter task whether it is a Preliminary Task or an Additional Task will work the same way. The task will open the header area to enter specific information about the letter. All letters loaded in the system for your facility will be listed for use. You don’t have to worry about a specific letter being loaded for task.

1. Open a case from the Case Log.

2. Select a letter task. Below is a task called Generate Letter

   Preliminary Tasks

<table>
<thead>
<tr>
<th>Task Type</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory</td>
<td>Identify Reasons For Referral</td>
</tr>
<tr>
<td>Optional</td>
<td>Run Practitioner QPI History Report</td>
</tr>
<tr>
<td>Optional</td>
<td>Open HPF</td>
</tr>
<tr>
<td>Optional</td>
<td>Add Additional Medical Record Number(s)</td>
</tr>
<tr>
<td>Optional</td>
<td>View Patient Chart Information</td>
</tr>
<tr>
<td>Optional</td>
<td>Consult w/Relevant MS or Hospital Personnel</td>
</tr>
<tr>
<td>Optional</td>
<td>Attach Other Relevant Documentation</td>
</tr>
<tr>
<td>Optional</td>
<td><strong>Generate Letter</strong></td>
</tr>
<tr>
<td>Optional</td>
<td>Enter Follow-up/Due Date</td>
</tr>
<tr>
<td>Optional</td>
<td>Other</td>
</tr>
</tbody>
</table>

3. The Form Letter Header page will open.
Choose one of the following letters:
- Education Letter
- Inquiry Letter

4. Enter the necessary information in the fields provided then select the letter by checking the radio button at the left of the letter.
   
   a. **Due Date** is only needed if the letter is requesting more information and you want to set a due date for you to follow up on. The due date displays in the supporting documentation area for the case and in the case log.
   
   b. **Initiated Date** auto populates with the date you are creating the letter. You can change it if you need to back date the letter.
   
   c. The **Document Description** field is what displayed in the description for the letter. If you don’t put a document description, the task name is displayed in this field.
   
   d. The **Category** drop-down displays in the Category column in Supporting Documentation. If one is not selected the column will be left blank.
5. If the letter topic is not asking for Provider information the Print Queue opens. See Step 8.

6. If you chose a topic for this letter that includes provider information, you will be asked to select a provider in the Select Form letter Data page.

   Select Form letter Data
   
   Case Number: 37374   MRN: MEDK0033631   Admit Num: MEDK04400188
   
   [ ] Vivian, Chapa
   
   [ ] check/clear all   Next

7. Check the box to the left of the provider you want to include in the letter and select the Next button.

8. The Print Queue page opens.

   Print Queue
   
   08/01/2010   Through   08/31/2010   Filter
   
   This Month   This Quarter   This Year   Clear

   Friendly Name   Date Generated

   Current Print Job (Documents 0 Of )
   
   Refresh to view current print job.

   Previous Print Jobs

   expand all
You have two options for printing a letter. The first is through the Print Queue. It is used if the letter can be printed as is. The second is printing it from Supporting Documentation. If you need to make any changes to the letter, it MUST be updated and printed from the Supporting Documentation.

**Printing from the Print Queue**

There are two ways to get to the print queue. The first is from the Admin Menu – Web Word – Print Queue. The second is a continuation of generating a letter so we will start with Step 9.

9. To print the letter from the Print Queue, select the Refresh to view current print job button.

10. Select the letter you wish to print by checking the box to the left of the letter and select the Print button.

   **Print Queue**

   ![Print Queue Window]

   **Current Print Job** (Documents 1 Of 1)
   
   Inquiry Letter 08/13/2010

   **Previous Print Jobs**

11. The File Download window displays. Select the Open button.

   ![File Download Window]

   **Do you want to open or save this file?**
   
   Name: AABatchPrint_2388_394860.doc
   Type: Microsoft Office Word 97 - 2003 Document, 12.2...
   From: voyager

   While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?

12. The letter opens in Word. Print the letter as you normal would.

13. Close the letter by clicking the red x at the top right of the letter.
Print from Supporting Documentation

To make changes to a letter you must access the letter from the Supporting Documentation area of the Case Review Page. We will pick up where we left off when generating a letter.

9. Close the print queue by clicking the red x at the top right of the window.

10. From the case review page, select the Supporting Documentation Icon.

11. The letter is listed under the workgroup that generated the letter. Supporting Documentation is listed by workgroup, in descending order. To open the letter, click on the letter description.

Supporting Documentation

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Initiated</th>
<th>Completed Due Date</th>
<th>User</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMBINED PEER REVIEW</td>
<td>Correspondence</td>
<td>Inquiry Letter</td>
<td>08/13/2010</td>
<td>08/27/2010</td>
</tr>
</tbody>
</table>
12. The letter opens in Word.

August 13, 2010

Dr. Vivian
124 First Ave South
Franklin TN 37170

Dear Dr. Vivian,

The Quality Improvement Committee received a referral pertaining to the above referenced patient. patient. Patient reports that she just found out that she had a tubal ligature after her c-section. She reports that she did not give permission/consent. She requested to talk to someone in administration and the physician. Both were notified.

Please provide your written response to the Quality Improvement office at 1001 Medkinetics Road, Franklin TN 37174, on or before [day of week, Month, day, year].

We know that you share our commitment to providing safe, quality care to our patient in an environment most conducive to doing so. Thank you for your prompt attention regarding this matter.

Sincerely,

Chairperson

Quality Improvement Department

13. Make the necessary changes by clicking in the letter and typing. You can do everything you are use to doing in Word.

Please provide your written response to the Quality Improvement office at 1001 Medkinetics Road, Franklin TN 37174, on or before Friday, August 27, 2010.

14. Print the letter as you normally would in Word.

15. Close the letter by selecting the red X at the top right of the letter.
16. A pop-up will ask to “Synchronize this document with the server copy”. Select Yes to save your changes in the letter attached to supporting documentation.

![Microsoft Word](image)

17. A notification pop-up displays when the file has been saved successfully. Select OK.

![Microsoft Word](image)

18. Mark the letter complete (if it is ready) by checking the **Item Complete** box and/or select the **Save** button to close the page.

![Item Complete](image)

**Troubleshooting**

Check these items if you have difficulties in using Web Word. Check the following items.

- Did you save the file as Word 97-2003 document?

- Did you have the Word application open when you were performing this function? Close Word (you can't just minimize it) and retry generating the letter.
• Not being asked to synchronize the document with the server? Did you open the letter from Supporting Documentation? Did you click the Red X at the top right to close Word? Is the Medkinetics Template in the correct place?

User Requirements for Web Word

• Word 2003 or greater loaded.
• Macro security should be set at medium.
• Popup blockers should be turned off, or trained to allow Medkinetics sites.

Video Resources

Training videos for this topic can be found under the Resource menu.