



EVENT CAPTURE (ECS) COOKBOOK

A Supplemental Guide
to the
Event Capture Version 2.0
User Manual

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Department Of Veterans Affairs
VISTA Technical Services
Patient Administration Products Team
In Cooperation With the DSS Bedford Technical Services Office (BTSO)

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Introduction

This cookbook provides the information necessary to set up Version 2.0 of the Event Capture System (ECS) from both the **VISTA** and DSS perspectives. It should be used in conjunction with the **VISTA** Event Capture V. 2.0 User Manual.

We gratefully acknowledge the support and participation of everyone who attended the conference calls and/or provided input and feedback during the development of this cookbook.

Event Capture - the *VISTA* Perspective

Recipe for Setting up Event Capture in *VISTA*

Set up Event Capture by following these steps *in the order listed*:

1. Set up Event Capture Locations.
 - a) Use the *Current Locations Create/Remove* option.
 - b) Select the entry in the INSTITUTION file (#4) for your site.
 - c) If you are a multidivisional site, and expect to have Event Capture workload at more than one division, you will need to add each as an active location.
 - d) If you need to remove a location, use this option and select the location to remove. Type a question mark to see the list of established locations for your site. ***Extreme caution is advised when using this option. Removing access for locations and inactivating Event Code Screens for locations is not recommended.***
2. Set up DSS Units for each service that has been targeted to use Event Capture.
 - a) Contact each service to determine:
 - (1) Individual product tracking needs for each service
 - (2) Which DSS Units are appropriate for each service
 - (3) Which users will be entering data for Event Capture
 - a) Use the *DSS Units for Event Capture (Enter/Edit)* option to set up DSS Units for each service targeted for Event Capture.
 - b) For each DSS Unit, enter the following information:
 - (1) Name of the DSS Unit (free-text)
 - (2) Service associated with this DSS Unit (from the SERVICE/SECTION file [#49]) (pointer)
 - (3) Cost Center associated with this DSS Unit (from the COST CENTER file [#420.1]) (pointer)
 - (4) Medical Specialty associated with this DSS Unit (from the MEDICAL SPECIALTY file [#723]) (pointer)
 - (5) Unit Number identified locally at your site (free text). *Please Note: The Unit number will be considered the DCM Department and will be found in the ALBCC Spreadsheet for DCM Departments.*

- (6) Data Entry Date/Time (Default date and time for all data entry within this DSS Unit). *Please Note: Date **and** Time are required for data entry.*
- (7) Send to PCE (Indicator if data is going to be sent to PCE [Patient Care Encounter] for this DSS Unit). See “Data Process Flow for Data Flagged ‘Send to PCE’” for implications. Choose from:
 - A - Send all data
 - O - Send outpatient data only
 - N - Send no data to PCE*Please note: Null response to this prompt is interpreted by the software to be the same as N - Send no data to PCE.*
- (8) Associated Stop Code (DSS Identifier [Stop code] that most closely defines the DSS Unit) You will only be prompted for the Associated Stop Code if the DSS Unit is flagged to **not** send data to PCE.

2. Assign Access to the DSS Unit.

- a) Use the *Assign User Access to DSS Units* option to assign user access to the DSS Units. *Please Note: You should assign the ECALLU security key, which provides access to all DSS Units, to your **ECS ADPAC** (Application Coordinator) only.*
- b) Use the *Remove User Access to DSS Units* option to remove a user’s access to a DSS Unit or inactive a DSS Unit because it is no longer used. *Please Note: This option does not remove access for users holding the ECALLU security key; s/he will still have access to all DSS Units.*

2. Set up Local Categories.

- a) Use the *Local Category (Enter/Edit)* option to set up local categories for each DSS Unit. Categories are used to group procedures. They might help in the local **VISTA** ECS reports, but are not included in the feeder keys created for the ECS procedures sent to DSS. It is a good idea to use the *Category Reports* option to review the local categories for your site. Categories can also be used for grouping things other than procedures. For example, you might want to group wards by categories.
- b) Use the *Activate/Inactive Local Category* option to inactivate or reactivate local categories.

2. Enter Local Procedures.

Event Capture was released with the EC NATIONAL PROCEDURE file (#725) which contains a set of nationally defined procedures that are applicable to all sites.

- a) Use the *Local Procedures (Enter/Edit)* option to enter local procedures specific to your site's needs into the EC NATIONAL PROCEDURE file (#725). If the procedure is not on the National Procedures List, you can use your local procedure number as an interim measure, but you should request a new IP number from the Bedford Technical Services Office (BTSO). *Please Note: Each local procedure must have an associated CPT code if you are sending data to PCE. Select the CPT code that most closely describes the local procedure, even if general in nature. Local procedures are stored in the EC NATIONAL PROCEDURE file (#725) with internal entry numbers of 90,000+.*
- b) Use the *Activate/Inactivate Local Procedure* option to inactivate or reactivate a local procedure.
- c) Use the *National/Local Procedure Report* option to print a list of national and local procedures. This is recommended to ensure that local procedures have been assigned the appropriate CPT code. The list can be used as a reference during data entry.

2. Create Event Code Screens.

- a) Use the *Event Code Screens (Create)* option to associate the location, DSS Unit, procedure reason (if used), and category (if used) with a procedure. This relationship is called an Event Code Screen. Please note: The procedure you select will be either a CPT code or an entry from the EC NATIONAL PROCEDURE file (#725). You must repeat this process for each procedure under each DSS Unit. *Please note: Adding procedure reasons to the Event Code Screen allows users to associate a procedure reason with a patient's procedure during data entry.*
- b) Use the *Event Code Screens (Create)* or *Procedure Synonym/Default Volume (Enter/Edit)* options to enter or edit a local synonym, default volume, or associated clinic for each Event Code Screen. (If default volume is not set to 1, this can be useful for group data.)
- c) If the DSS Unit is flagged to pass data to PCE, you must enter an associated clinic. The DSS Event Capture Extract obtains the DSS Identifier (Stop Code) information from the Associated Clinic for each Event Code Screen under that DSS Unit.

- d) If the DSS Unit is flagged NOT to send data to PCE, you must enter an associated stop code. The DSS Event Capture Extract obtains the DSS Identifier from the Associated Stop Code for each Event Code Screen under that DSS Unit. *Please Note: This functionality will be released with DSS Extracts Version 3.0.*
- e) Use the *Inactivate Event Code Screen* option to inactivate the procedure associated with the Event Code Screen.
- f) Use the *Print Category and Procedure Summary* option to generate a listing of your categories and procedures to ensure that the Event Code Screens are set up properly.

2. Enter Data.

- a) Use the following *Event Capture Data Entry* options to begin entering data:
 - (1) *Enter/Edit Patient Procedures*: Use this option to enter one or more procedures for one patient.
 - (2) *Batch Enter Data by Patient*: Use this option to enter several patients for one or more procedures. (Procedure[s] must be exactly the same for all patients.)
 - (3) *Data Entry (Batch) by Procedure*: Use this option to enter the same procedure for several patients.
 - (4) *Multiple Dates/Multiple Procedures Data Entry*: Use this option to enter multiple dates and multiple procedures for one or more patients. (Dates and procedures must be exactly the same for all patients.)

Please remember that Event Capture is a workload utility. Sites still need to make sure the procedures are documented in the medical record.

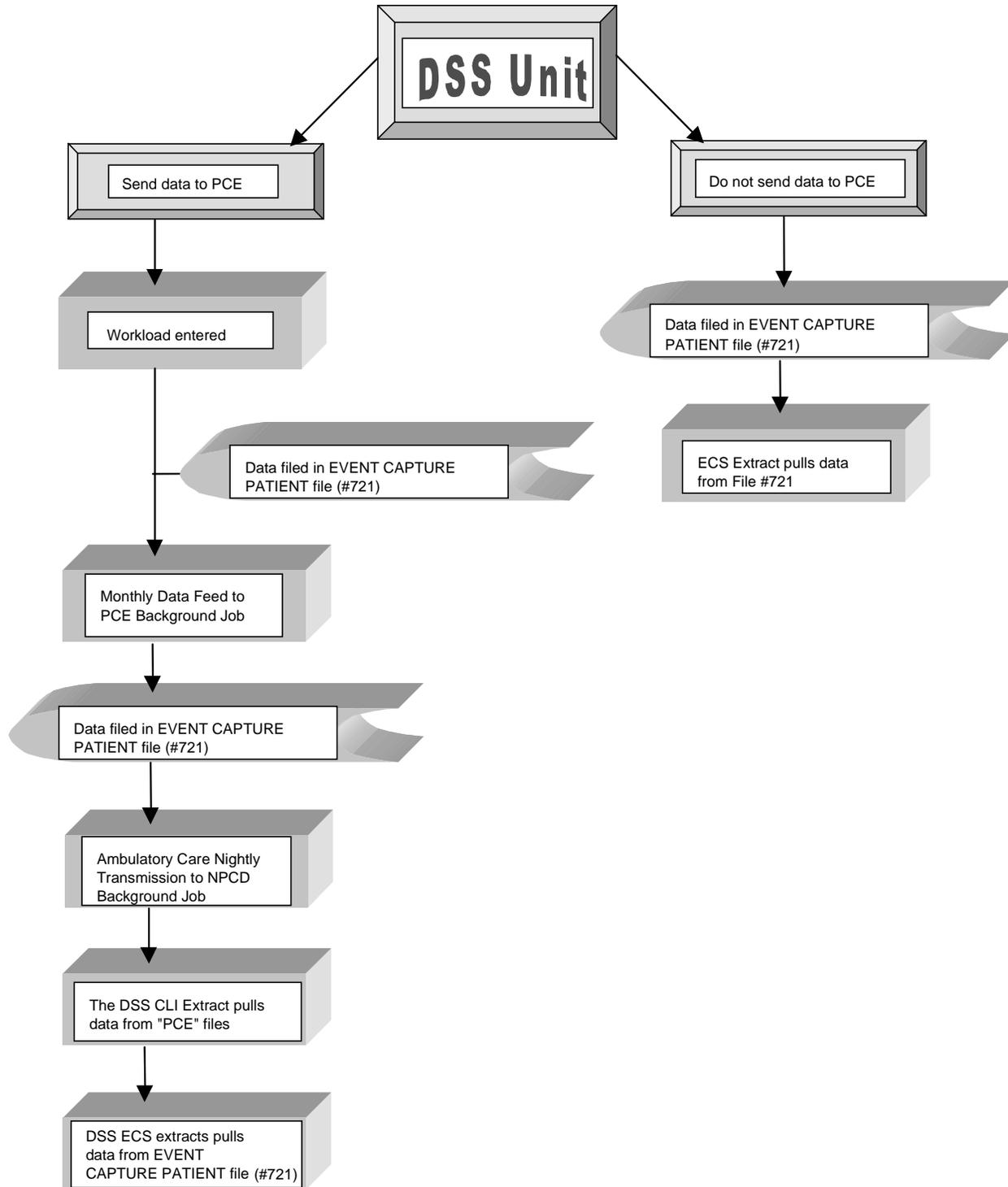
- a) Use the *Event Capture Reports* options to generate summary reports of entered data.

Data Process Flow for Data Flagged “Send to PCE”

The following outlines the data process flow if the DSS Unit has been set up to send data to PCE.

1. Data is entered into Event Capture via the data entry options.
2. A background job, *Nightly Data Feed to PCE*, runs and sends the data from Event Capture to PCE. You should queue this background job to run nightly before the *Ambulatory Care Nightly Transmission To NPCD* background job.
3. The *Ambulatory Care Nightly Transmission To NPCD* background job sends the data to the National Patient Care Database (NPCD).

Event Capture Data Flow Diagram



General Information about Scheduling and PCE

Scheduling

Scheduling is a **VISTA** software module of the PIMS package that provides the tools to manage the scheduling and reporting of patients. It allows users to schedule future appointments for patients, and provides the tools to check out those appointments. Before workload can be transmitted to the National Patient Care Database (NPCD) at the Austin Automation Center (AAC), it must be checked out. Note that the requirement for checkout does not apply to patients scheduled in a non-count clinic. Scheduling also provides the ability to generate appointment letters and appointment lists, and provides a variety of management reports.

PCE

Patient Care Encounter (PCE) is a **VISTA** software package that helps sites collect, manage, and display outpatient encounter data, including providers, procedures, and diagnostic codes. Encounter data entered via PCE is required to be checked out, the same as for Scheduling. PCE also provides the ability to enter historical data, and track such things as immunizations, skin tests, and health factors.

Data entered in Event Capture can be flagged to send to PCE. This means that the data will be filed in the same files as workload entered via PCE and Scheduling. If the workload (regardless of the source) meets the criteria for transmission, it will be transmitted to the NPCD. Outpatient, as well as inpatient, workload is filed in the same files. Outpatient workload is transmitted to NPCD; inpatient is not.

It should be noted that workload to PCE comes from several areas: Lab, Radiology, Surgery for example. While it is true that workload is passed to PCE, in reality it is stored in files maintained by the PCE and Scheduling software applications.

How to Obtain ICD-9 Codes

User responses in the following scenarios are shown as **bold and underlined**. Comments that provide helpful information are shown as ***bold italics***. The symbol **<RET>** indicates that the user should press the RETURN or ENTER key.

Scenario 1 - Using your Local Menu Options

Use the *Ad Hoc Health Summary* submenu of the *Health Summary Menu* to access patient-specific ICD-9 codes. If you find a patient with no record of either admissions or outpatient care, you should consult with the clinical staff to determine a usable diagnosis.

Select Core Applications Option: **HEALTH** SUMMARY Menu

- 1 Patient Health Summary
- 2 Ad Hoc Health Summary
- 3 Range of Dates Patient Health Summary
- 4 Visit Patient Health Summary
- 5 Hospital Location Health Summary
- 6 Information Menu ...

Select Health Summary Menu Option: **2** Ad Hoc Health Summary

| | | | | | |
|-------|----------------------|------|----------------------|-------|----------------------|
| CD | Advance Directive | EM | Electron Microscopy | ED | Education |
| BADR | Brief Adv React/All | MIC | LAB MICROBIOLOGY | EDL | Education Latest |
| ADR | Adv React/Allerg | BMIC | LAB MICROBIOLOGY BR | IM | Immunizations |
| BB | BLOOD BANK | LO | Lab Orders | OE | Outpatient Encounter |
| BDM | BRIEF DEMOGRAPHICS | BLO | LAB ORDERS BRIEF | RXIV | PHARMACY INTRAVENOU |
| BDC | BRIEF DISCHARGES | SP | Surgical Pathology | RXOP | PHARMACY OUTPATIENT |
| BLO | BRIEF LAB ORDERS | SLT | LAB TESTS SELECTED | RXUD | PHARMACY UNIT DOSE |
| MICRO | BRIEF MICROBIOLOGY | ADC | Admission/Discharge | PLA | Active Problems |
| BS | BRIEF SURGERY | ADT | MAS ADT HISTORY | PLL | All Problems |
| LAB | CHEMISTRY & HEMATOL | EADT | ADT History Expanded | PLI | Inactive Problems |
| CR | Reminders Due | CVF | MAS CLINIC VISITS | F PN | PROGRESS NOTES |
| CM | Reminder Maintenance | CVP | MAS CLINIC VISITS | P BPN | PROGRESS NOTES BRIE |
| CRS | Reminders Summary | DEM | MAS DEMOG | SPN | Selected Prog Notes |
| CW | CLINICAL WARNINGS | BDEM | MAS DEMOGRAPHICS | BR RI | RADIOLOGY IMPRESSIO |
| CP | Comp. & Pen. Exams | DS | MAS DISABILITIES | SRI | Sel Rad Impression |
| CN | CRISIS NOTES | DD | Discharge Diagnosis | RP | Imaging Profile |
| DEM | DEMOGRAPHIC DATA | DC | Discharges | RS | Imaging Status |
| DCS | Discharge Summary | PRC | MAS PROCEDURES ICD | LRST | SELECTED LAB TESTS |
| BDS | Brief Disch Summary | OPC | MAS SURGERIES ICD | C SW | Social Work |
| IV | INTRAVENOUS PHARMAC | TR | Transfers | SCD | Spinal Cord Dysfunct |
| BA | LAB BLOOD AVAILABIL | TS | Treating Specialty | SR | Surgery Reports |

Press RETURN to continue or '^' to exit: **<RET>**

| | | | | | |
|------|---------------------|------|---------------------|-----|---------------------|
| BT | LAB BLOOD TRANSFUSI | MEDA | Med Abnormal | BSR | SURGERY REPORTS BRI |
| CH | Chem & Hematology | MEDB | Med Brief Report | TOM | TOM |
| SCLU | LABS | MEDC | Med Full Captioned | UD | UNIT DOSE PHARMACY |
| SCL1 | LAB CUMULATIVE SELE | MEDF | Med Full Report | VS | Vital Signs |
| SCL2 | LAB CUMULATIVE SELE | MED | MEDICINE SUMMARY | SVS | VITAL SIGNS SELECTE |
| SCL3 | LAB CUMULATIVE SELE | MHPE | MH Physical Exam | ZAL | ZALLERGIES |
| SCL4 | LAB CUMULATIVE SELE | MI | MICROBIOLOGY | | ZZ MAS ADMISSIONS/D |
| CY | Cytopathology | ORX | OUTPATIENT PHARMACY | | |

Select NEW set of COMPONENT(S): **DD** Discharge Diagnosis **Enter OD for Outpatient Diagnoses or DD for Inpatient Diagnoses. In most cases, if you are an inpatient worker, and you cannot find the code you need under DD, you will probably find it under OD.**

Default Limits and Selection Items

| Component | Occ Limit | Time Limit | Hosp Loc | ICD Text | Prov Narr | Selection Item(s) |
|-----------|---------------------|---------------|-------------|-------------|--------------|----------------------|
| DD | Discharge Diagnosis | 10 | 1Y | | | |

Select COMPONENT(S) to EDIT or other COMPONENT(S) to ADD: **DD** **You MUST enter your choice AGAIN. This step is critical to success.**

Discharge Diagnosis

Discharge Diagnosis

OCCURRENCE LIMIT: 10// **2** **Enter the number of occurrences you want to see.**

For example, if 5 is entered, the software will only present the five most recent occurrences. If no limit is entered, the software will report as many occurrences as may be found within the specified time interval. You will probably only need to see the last 1 or 2.

TIME LIMIT: 1Y// **6Y** **This is a code describing how far back you want to search for the selected patient's data. It will be a number, followed by the letter D for days, W for weeks, M for months, or Y for years (e.g., 30D would indicate that the past 30 days' patient data should be included in the output).**

HEADER NAME: **<RET>**

Select COMPONENT(S) to EDIT or other COMPONENT(S) to ADD: **<RET>**

Would you like to see Component Limits and Selection Items again? (Y/N): NO// **<RET>**

Select Patient: **S6789** SMITH,XXXX E JR 12-23-54 123456789 NO
ALLIED VETERAN Enter the first initial of the last name followed by the last 4 numbers of the SSN of the patient.

Another patient(s) can be selected.

Select Patient: **<RET>** **This prompt will repeat, allowing you to enter multiple patients, until you press the RETURN or ENTER key.**

DEVICE: HOME// **<RET>** UCX/TELNET

02/13/98 09:51

***** CONFIDENTIAL AD HOC SUMMARY *****

SMITH,XXX E JR 123-45-6789

DOB: 02/09/50

----- DD - Discharge Diagnosis (max 2 occurrences or 1 year) -----

11/09/97 - 11/23/97

LOS: 14

No discharge diagnosis available for this admission.

11/11/97 - 11/15/97

LOS: 4

No discharge diagnosis available for this admission.

* END *

Press <RET> to continue, ^ to exit, or select component: **Entering a <RET> or ^ returns you to the "Select Patient:" prompt.**

Select Patient: **Entering an ^ returns you to the menu. Pressing the return or enter key returns you to the list of components.**

Scenario 2 - Using the ICD Code Inquiry Option

Use the *ICD Code Inquiry* option to display the description for a selected diagnosis or operation/procedure code and to determine if the specified code is inactive. You will first be asked to choose between diagnosis code or operation/procedure code. You will then be asked to enter the desired code. User responses in this scenario are shown in **bold** type.

Select Menu Option: **ICD** Code Inquiry

Select one of the following:

- 1 ICD DIAGNOSIS CODE
- 2 ICD OPERATION/PROCEDURE CODE

Enter response: **1** ICD DIAGNOSIS CODE

Select ICD DIAGNOSIS: **305.10** 305.10 TOBACCO USE DISORDER UNSPECIFI

...OK? Yes// **<RET>** (Yes)

305.10 TOBACCO USE DISORDER UNSPECIFI

TOBACCO USE DISORDER UNSPECIFIED

**CODE INACTIVE AS OF OCT 01, 1994 **

Reports to Use for Data Validation

Use the following reports to validate data that has been entered into Event Capture.

To gain access to the Scheduling reports outlined in this section, it is suggested that you work with the MAS ADPAC at your site.

This section provides examples of several reports that can be used for data validation. With the exception of the PCE Data Summary report, you are likely to find workload *not* entered via Event Capture. As you review these reports, keep in mind the following information specific to these examples:

1. Workload was entered for six patients using the data entry options in Event Capture.
2. The DSS Unit is flagged to send to PCE.
3. The “Nightly Data Feed To PCE” background job was generated.
4. The “Appointment Status Update” background job was generated.
5. Pertinent information for each patient:
 - a) These patients are outpatients and all required information was entered: ONE,TESTPATIENT; TWO,TESTPATIENT; THREE,TESTPATIENT; FOUR,TESTPATIENT.
 - b) FIVE,TESTPATIENT was flagged as an inpatient in Event Capture, but really is an outpatient.
 - c) SIX,TESTPATIENT is an outpatient, all required information except SC was answered.

Event Capture Reports*PCE Data Summary*

This Event Capture report is on the *Event Capture Reports* menu. It can only be generated for one patient at a time. It lists the following key information, sorted by patient, which has been sent to the PCE software:

- Date and time of the procedure
- Procedure name listed in PCE
- Volume of procedures sent
- CPT and ICD-9 codes
- CPT Modifiers
- Associated clinic
- DSS ID (formerly Stop Code)
- Provider of care

If the data has not been passed to PCE, i.e., the Nightly Data Feed to PCE background job, has not run, this report will be blank. If the background job has run, the report would look like this example:

```

                                ECS/PCE PATIENT SUMMARY FOR TEST,FIFTY N
                                FROM Sep 20, 1999   TO Nov 19, 1999

PROCEDURE DATE/TIME      PROCEDURE NAME SENT (VOLUME)      CPT CODE (DIAGNOSIS)
LOCATION                   CLINIC (DSS ID)                   PROCEDURE (CPT) MODIFIER
-----
Oct 13, 1999@16:09      SW001 CASE MANAGEMENT, 15 MIN (1)  99499 (103.2)
                                                                    - 21 PROLONGED EVALUATION
                                                                    - 32 MANDATED SERVICES
LOMA LINDA VAMC         HBPC (175)                        ISREAL PROVIDERONE

Oct 13, 1999@16:09      90889 PREPARATION OF REPORT (1)    90889 (104.0)
                                                                    - 22 UNUSUAL PROCEDURAL SE
LOMA LINDA VAMC         MEDICATION REFILL CLINIC/MOD 4 (160) DWIGHT C PROVIDERTWO

```

PIMS Reports

Management Report for Ambulatory Procedures

This report is on the *Scheduling Outputs* menu. It provides information on CPT procedures that have been captured through the CPT coding of outpatient visits. For use with Event Capture, you should run this report by clinic, and select the clinic(s) that you have associated with Event Capture patient procedures. Data for this report will not be generated until the *Appointment Status Update* option has run. The output is sorted by CPT code and provides the following patient information:

- Name
- Social Security Number
- Age
- Veteran/Nonveteran status
- Sex
- Date/Time of procedure (Note that the time of procedure will always be 0800.)
- Totals for each CPT code

In this example, four of the six patients appear on the report. Patients, FIVE, TESTPATIENT and SIX, TESTPATIENT do not appear because of the missing information noted above.

AMBULATORY PROCEDURE MANAGEMENT REPORTS

DATE RANGE: 01/01/98-01/04/98
 CLINIC NAME: PLWNEW

DATE PRINTED: 01/21/98@10:24
 PAGE: 1

SUMMARY OF PROCEDURES PERFORMED

```

-----
90843  INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDIC
      TWO, TESTPATIENT          123456789  AGE:  48  VETERAN  M  JAN  3,1998@08:00
      THREE, TESTPATIENT        123456789  AGE:  48  VETERAN  M  JAN  4,1998@08:00
      FOUR, TESTPATIENT         123456789  AGE:  27  VETERAN  M  JAN  4,1998@08:00
      ONE, TESTPATIENT          123456789  AGE:  47  VETERAN  M  JAN  1,1998@08:00
    
```

Provider/Diagnosis Report

This report is on the *Scheduling Outputs* menu. It sorts by Division and Outpatient Encounter Date. It also lets the user select two additional sort levels from the following:

- Provider
- Diagnosis
- Patient
- Clinic
- Stop Code

The output includes:

- Patient's name and last four of the SSN
- Encounter date and time
- Clinic name and stop code
- Provider(s)
- Diagnostic codes (ICD-9)

In this example, four of the six patients appear on the report. Patients, FIVE,TESTPATIENT and SIX,TESTPATIENT do not appear because of the missing information noted above.

Provider/Diagnosis Encounter Report sorted by Patient and Provider
 Report Date: JAN 21, 1998 Page: 1
 Inclusion Dates: Jan 01, 1998 to Jan 04, 1998
 Division: TROY

| PATIENT | ENCOUNTER DATE | CLINIC/STOP CODE | PROVIDER | DX CODE |
|--|--------------------|-----------------------|--|---------|
| TWO,TESTPATIENT 5678 | Jan 03, 1998@08:00 | PLWNEW 301/GENERAL | WILSON,PATRICIA L INTERNAL MEDICINE | 401.9 |
| 1 Primary Provider entries for ALLEN,GEORGE | | | | |
| THREE,TESTPATIENT 5678 | Jan 04, 1998@09:30 | PLWNEW 301/GENERAL | WILSON,PATRICIA L INTERNAL MEDICINE | 401.9 |
| 1 Primary Provider entries for AMIE,SMA | | | | |
| FOUR,TESTPATIENT 5678 | Jan 04, 1998@09:30 | PLWNEW 301/GENERAL | WILSON,PATRICIA L INTERNAL MEDICINE | 401.9 |
| 1 Primary Provider entries for BEAR,TEDDY | | | | |
| ONE,TESTPATIENT 5678 | Jan 01, 1998@08:00 | PLWNEW 301/GENERAL | WILSON,PATRICIA L INTERNAL MEDICINE | 401.9 |
| 1 Primary Provider entries for WILSON,ALBANY | | | | |

Workload Report

This report is on the *Scheduling Outputs* menu. It provides a listing of patients who have either outpatient or inpatient activity for a specified time frame. For Event Capture usage, you should run this report to sort by Stop Code, and include the Add/Edits. Event Capture workload is considered Add/Edit for purposes of this report and will appear under the 900 stop code section.

In this example, four of the six patients appear on the report. Patients FIVE,TESTPATIENT and SIX,TESTPATIENT do not appear because of the missing information noted above.

You will notice that this report (generated by Stop Code) lists the Stop Code of 900, because workload entered via Event Capture is considered Ancillary and is shown in the OUTPATIENT ENCOUNTER file (#409.68) as STOP CODE ADDITION type workload.

```

CLINIC WORKLOAD REPORT                                PAGE:    1
              DETAILED BY DAY BY STOP CODE
PERIOD COVERING: 01/01/98-01/04/98
DATE RUN ON:    01/21/98@1026
    
```

| CLINIC NAME | DATE | SCHED APPTS | UNSCH APPTS | INPAT APPTS | OVER-BOOKS | ADD/EDITS | NO-SHOWS | CANCEL APPTS | TOTAL PATIENTS SEEN |
|---------------------|----------|-------------------|-------------|-------------|------------|-----------|----------|--------------|---------------------|
| STOP CODE: 900 | | | | | | | | | |
| ADD/EDIT | 01-01-98 | ONE,TESTPATIENT | | 123-45-6789 | | ADD/EDIT | | | TIME: 08:00 |
| | | N/A | N/A | N/A | N/A | 1 | N/A | N/A | 1 |
| | 01-03-98 | TWO,TESTPATIENT | | 123-45-6789 | | ADD/EDIT | | | TIME: 08:00:10 |
| | | N/A | N/A | N/A | N/A | 1 | N/A | N/A | 1 |
| | 01-04-98 | THREE,TESTPATIENT | | 123-45-6789 | | ADD/EDIT | | | TIME: 08:00 |
| | | FOUR,TESTPATIENT | | 123-45-6789 | | ADD/EDIT | | | TIME: 08:00:10 |
| | | N/A | N/A | N/A | N/A | 2 | N/A | N/A | 2 |
| Add/Edit Total | | N/A | N/A | N/A | N/A | 4 | N/A | N/A | 4 |
| Stop Code 900 Total | | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 4 |

TOTAL PATIENTS SEEN = SCHED + UNSCHED + INPAT + OVERBOOKS + ADD/EDITS
 CANCELLED APPTS AND NO-SHOWS ARE NOT INCLUDED IN THE ABOVE TOTALS AND ARE GIVEN FOR STATISTICAL PURPOSES ONLY.

Appointment Management Report

This report is on the *Scheduling Outputs* menu. It prints reports that will help the site implement and manage the new appointment check in requirement. For Event Capture purposes, you should generate this report for appointments that have a status of either *checked out* or *action required*. You should specify the clinic associated with the Event Capture patient procedures when generating this report for appointments with the following statuses:

| Status | Description |
|--------------------------|--|
| No action taken | Appointments for which some type of action is needed before they are checked out |
| Checked in | Sites may elect to check in patients (not required). |
| No Showed | Appointments that have been designated as no-shows |
| Statistics | Provides the numbers of patients that have action required and were checked out or were inpatients for each division. |
| Division only statistics | Provides the numbers of patients that have action required and were checked out or were inpatients and can be run for one or more divisions. |

In the next two examples, all patients whose data was complete in Event Capture appear on the report, when the reported is generated for workload with a status of Checked Out. All patients whose data is incomplete in Event Capture appear on the report, when the report is generated for workload with a status of Action Required.

Appointment Management Report

Report Date: JAN 21, 1998@11:30

Page: 1

Dates : 01/01/98 to 01/04/98

Division: TROY

Status : CHECKED OUT

Clinic: PLWNEW

Sorted By: DIVISION, CLINIC, PATIENT

Total: 4

| Patient | Encounter | Date/Time | Means Test | Eligibility | Status |
|-------------------|-----------|----------------|------------|-----------------------|-------------|
| TWO,TESTPATIENT | 5678 | 01/03/98@08:00 | | HOUSEBOUND | CHECKED OUT |
| THREE,TESTPATIENT | 5678 | 01/04/98@09:30 | CAT A | NON-SERVICE CONNECTED | CHECKED OUT |
| FOUR,TESTPATIENT | 5678 | 01/04/98@09:30 | CAT C | NON-SERVICE CONNECTED | CHECKED OUT |
| ONE,TESTPATIENT | 5678 | 01/01/98@08:00 | NOT REQ | SC, LESS THAN 50% | CHECKED OUT |

Appointment Management Report

Report Date: JAN 21, 1998@11:30

Page: 1

Dates : 01/01/98 to 01/04/98

Division: TROY

Status : ACTION REQUIRED

Clinic: PLWNEW

Sorted By: DIVISION, CLINIC, PATIENT

Total: 2

| Patient | Encounter | Date/Time | Means Test | Eligibility | Status |
|--|-----------|----------------|------------|-------------------|-----------------|
| SIX,TESTPATIENT Missing: SC / | 5678 | 01/03/98@08:00 | | SC, LESS THAN 50% | ACTION REQUIRED |
| FIVE,TESTPATIENT Missing: SC / EC / | 5678 | 01/01/98@10:00 | NOT REQ | SC, LESS THAN 50% | ACTION REQUIRED |

Other Methods of Validating Workload

FileMan outputs can also be used to generate reports useful for data validation. It is suggested that you obtain a copy of the Data Dictionary (Standard) for the EVENT CAPTURE PATIENT file (#721). The Data Dictionary tells you what the fields are in this file and will assist you in determining what data you want to retrieve. The following is one example of a FileMan generated report.

```
Select VA FileMan Option: Print File Entries

OUTPUT FROM WHAT FILE: EVENT CAPTURE PATIENT// <RET>
SORT BY: RECORD NUMBER// DATE/TIME OF PROCEDURE
START WITH DATE/TIME OF PROCEDURE: FIRST// JAN1 (JAN 01, 1998)
GO TO DATE/TIME OF PROCEDURE: LAST// JAN4 (JAN 04, 1998@24:00:00)
WITHIN DATE/TIME OF PROCEDURE, SORT BY: <RET>
FIRST PRINT FIELD: DATE/TIME OF PROCEDURE
THEN PRINT FIELD: PATIENT
THEN PRINT FIELD: ICD-9 CODE
THEN PRINT FIELD: PROCEDURE
    1 PROCEDURE
    2 PROCEDURE REASON
CHOOSE 1-2: 1
THEN PRINT FIELD: <RET>

*****
Heading (S/C): EVENT CAPTURE PATIENT LIST Replace
START AT PAGE: 1// <RET>
DEVICE: UCX/TELNET RIGHT MARGIN: 80// <RET>

EVENT CAPTURE PATIENT LIST                JAN 22,1998 09:20    PAGE
DATE/TIME OF PROCEDURE                    ICD-9
PROCEDURE                                PATIENT          CODE
-----
JAN 1,1998 08:00    ONE,TESTPATIENT    401.9
PC-ANGER, 10 MIN
JAN 1,1998 10:00    TWO,TESTPATIENT    401.9
TONE DECAY TEST
JAN 3,1998 08:00    THREE,TESTPATIENT  401.9
PC-FEAR, 10 MIN
JAN 3,1998 08:00    FOUR,TESTPATIENT   401.9
PC-FEAR, 10 MIN
JAN 4,1998 09:30    FIVE,TESTPATIENT   401.9
PC-ANGER, 10 MIN
JAN 4,1998 09:30    SIX,TESTPATIENT    401.9
PC-ANGER, 10 MIN
```

Event Capture - the DSS Perspective

Recipe for VAMC Clinical Services to Set Up Event Capture Systems (ECS) For Data Reporting - Provided by BTSO

The following steps are designed to allow VAMC Clinical Services to set up the Event Capture System (ECS) for the reporting of their clinical workload data. The DSS BTSO has provided these steps electronically (by e-mail) to the appropriate Program Offices in VA Central Office (VACO) for dissemination to their Service Chiefs at all VAMC sites. BTSO will also provide these to the IRM Services at all VAMCs via the DSS ADP call and DSS IRM mail group on FORUM.

Contact your DSS Team for assistance with implementing, maintaining and operating the ECS software. Call the National Help Desk at 1-888-596-4357 if you or your IRM Service have questions regarding the technical implementation or operation of ECS.

Preparation

1. It is wise to appoint someone in your service as your **ECS ADPAC** (Automated Data Processing Application Coordinator). The Service ADPAC's job is to manage the access forms for **VISTA**, train staff in ECS data entry, and audit the number of products per month for each ECS Department of your service to be sure all data is entered.
2. Ask your IRM Service which IRM person has received the training for setting up ECS at your medical center. The DSS Site Manager has full-time responsibilities for implementing and maintaining DSS data for the entire medical center. The IRM staff person trained by DSS is responsible for helping with ECS setup. Ask that **ECS-trained IRM person** for the introductory ECS CD-ROM.
3. Review the introductory **ECS CD-ROM** with your Service ADPAC and any other staff members who will help set up ECS in your service.
4. Get your service's list of **DSS Intermediate Products** from your own manual records or your VACO Program Office. The DSS Bulletin Board has the national ECS Product list for the following services:
 - Audiology and Speech Pathology Service
 - Chaplain Service
 - Physical Medicine and Rehabilitation Service
 - Social Work Service

1. Determine which ***ECS Work Units*** you want to set up to capture SSN-specific workload data. Later you will determine how you want to use these ECS Work Units in relationship to your DSS Departments. (Each DSS Department can have one or several ECS Work Units reporting to it. You will also need to help the DSS Team determine the labor, supplies and equipment to map to each of your DSS Departments.)

Helpful Hint: Start with inpatient departments so that you get SSN-specific workload information for all inpatients.

2. Review the ***RVUs*** provided by your VACO Office for each product. If you have more than one provider of the same labor category offering a group product (or other product), you will need to increase the RVU for that labor category. If your group sizes vary widely between products, you will want to set the RVU for the group product carefully to represent the minutes per patient spent by the provider. For example, a 10-patient, one-hour group, would have an RVU per patient product of 6 minutes (10/60) and a 6-patient, one-hour group, would have an RVU is 10 minutes per SSN (6/60).

Actually Setting Up ECS

3. Ask your DSS Site Manager to have the ECS-trained IRM person work with your Service's ECS Team to set up a ***training account*** where you and your staff can practice with ECS Product Screens. You should also have a data input training area for your staff.
4. You will need to get ***access to the ECS menus*** for all your data input staff from the IRM staff person who supports Event Capture.
5. ***Notify*** your IRM Service and the DSS Site Manager when you have completed the first eight steps and are now ready to set up the ECS Event Code Screens in production mode.
6. Begin to ***run ECS in a production account.***
7. ***Notify*** your DSS Team that your service's DSS Department(s) just started ECS in production.

Ongoing Monitoring of ECS Data Entry

8. You (and possibly your Service's ADPAC) and your DSS Site Manager will want to ***monitor the total workload reported on ECS*** by each of your new ECS Departments for 2 or 3 months, to be sure it is reliable and consistent enough for DSS. You will also want to carefully review the data reported ***per provider*** to ensure its accuracy.

Please Note: It is critical that you audit the workload reports with your DSS Site Manager every month and take the necessary steps to get all of the ECS data entered correctly before data extracts are cut for DSS (i.e. before the tenth of the following month).

9. ***Review the DSS reports*** for your service.

Please refer to the preceding section of this Cookbook document for information about the reports you can use to validate the data.

How to Use and Interpret ECS Quantities

ECS Product Quantities for National ECS File Products and for Others – (especially PM&R).

ECS has three sources of product entities used to create Event Code Screens:

1. *The National ECS file*

Most National Program Offices using the ECS software are using National ECS file products, which have explicit time durations per product (such as 15 minutes); therefore, users should input appropriate quantities that are cost-relevant.

Some of these National ECS products have cross-references to CPTs from a special ECS cross-reference file, so PCE Batch Entry can also be done at night. These cross-referenced CPTs are used simply for case marking for MCCR purposes. (MCCR ignores CPT quantity on the same day in the same clinic on the same patient, unless the CPT code has a built-in time interval that is relevant to charging).

2. *The "Local" ECS file*

Local ECS products also use quantities that are related to duration described on the product.

3. *The VAMC CPT file*

There is a problem with National Programs which are still referencing the CPT file (#81), which contains the CPT codes, for their ECS products rather than a more cost-relevant entity (such as ICD-10 procedure entities which A&SP uses in their National ECS file). Over the next year, PM&R also plans to phase in ICD-10 procedure entities as the National ECS products (possibly as early as FY99). This would help solve the problem of a volume disparity between how MAS likes to report CPTs as encounters versus the DSS clinical user, who needs to know cost of deployed labor per time unit, because DSS is a cost system. National Rehab has provided specific time entities for their current ECS products for best costing. Most CPTs do not attempt to cost time, but rather are billing labels. It is unfortunate at this time (FY98) that the VHA has not yet developed a full cost-master of all standard healthcare intermediate products with Nationally standard numbers that relate to cost, especially the duration of labor for highly trained professional providers. The Lab LMIP; the ECS National products; the Surgery 15 minute Nurse, Surgeon and Anesthetist's products do that, but many other Services are using only CPTs to try to have some cost meaning as they also provide them to HAS for encounter labels for billing. That is mixing two critically different purposes/functions with somewhat unhappy results whichever method is followed.

DSS needs specific durations of time and quantities of these duration labor products for accurate costing. This is a primary concern if VHA wants reliable costs. The new APG (Ambulatory Care Grouper), from 3M/HCFA in test now on NPCD data at AAC for Nancy Wilson and DSS, would appear to take care of any problems in PCE/NPCD CPT code entries with quantities greater than one, (which currently MAS advises not to use) for the same SSN/same clinic/same day by creating only one APG for the encounter (one per SSN/production unit - clinic/day). The long-term answer is for Rehab to continue to move to National ECS codes so the use of CPT as a cost product is replaced by a better, more specific cost product for Rehab-Services (ICD-10 procedure entities).

Setting up a Menu Template

Some sites have expressed a desire to enter Progress Notes for the same patients that they are entering into Event Capture. There are a couple of ways to accomplish this:

- Evoke each menu option within Event Capture and Text Integration Utility (TIU) independently.
- Use a Menu Template (a shortcut path from one option to another).

This section of the cookbook explains generically the steps you can go through to create a Menu Template. Because Menu Templates take you through several menu paths, you will need to do the following *before* the template(s) will work:

- If any of the options you will be evoking through your Menu Template have a security key, you must have the appropriate security key(s) assigned to you. (Event Capture menus require the ECALLU Security Key).
- Have the menus you will be evoking through your menu template assigned to you as secondary menu options in addition to being on your Primary Menu. Your IRM Service can assist with the assignment of the security keys and menu options.

Example

Please note that your menu options are likely to be quite different from those shown in this example. It shows you *all* of the steps you will go through to set up a Menu Template. This example assumes that you want to Enter/Edit Patient Procedures (Event Capture option), then enter a Progress Note (TIU option name: Enter of Progress Note).

User responses in this example are shown as **bolded and underlined**. There is also a sample of what you will see once the Menu Template is created and is actually being used. Comments to help you see where you are in this example (and what the steps mean) are shown as *bold italics*.

If you experience difficulty setting up this template, please do the following:

- Contact the National Help Desk at 1-888-596-4357.
- Ask the person who answers the phone to log a NOIS for the Event Capture module.
- Explain that you are trying to set up a Menu Template and are having problems.
- For assistance with the TIU options, please see the Clinical Coordinator or TIU Coordinator at your facility.

A copy of these instructions will be provided to the Customer Support staff for Event Capture as well as to the BTSO Help Desk.

Good afternoon ONE,TEST

You last signed on today at 12:50

```
ECS   Event Capture Menu ...
TIU   Progress Notes User Menu ...
      Progress Notes/Discharge Summary [TIU] ...
```

Select LOCAL MENU FOR TRAINING Option: **TBOX** User's Toolbox

```
Display User Characteristics
Edit User Characteristics
Electronic Signature code Edit
Menu Templates ...
Spooler Menu ...
Switch UCI
TaskMan User
User Help
```

Select User's Toolbox Option: **MENU** Templates

```
Create a new menu template
Delete a Menu Template
List all Menu Templates
Rename a menu template
Show all options in a Menu Template
```

Select Menu Templates Option: **CREATE** a new menu template

Do you want some brief instructions? [Y/N] N// **Y**

Creating a Menu Template

A menu template is a set of menu options that can be called at any menu prompt. This list of options will be executed from the top of the list to the bottom and then the user will be asked if he/she wants to execute that set of options again. Each menu template is stored in the person file with a unique name associated with it. A menu template is evoked by typing a left, square bracket followed by the template name.

To create a menu template you will be led step-by-step through your menu trees, selecting an option from each menu presented. No jumping is allowed during the creation of a template because how you got there may be as important as the target option. All templates begin execution with your primary (sign-on) menu.

At the "Select...Option" prompt you may respond by typing:

1. An option from the menu presented to include that option in the template you are creating,
2. '?' to get a brief help message,
3. '??' to get this help message again,
4. '+' to store the template in your Person file, or
5. '^' to abandon the creation process and return to the regular menu system.

Select HELP SYSTEM action or <return>: <RET>

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

Once you've reviewed the help text for creating a menu template, you will see your Primary Menu displayed.

```
ECS    Event Capture Menu ...
TIU    Progress Notes User Menu ...
       Progress Notes/Discharge Summary [TIU] ...
```

Choose one of the LOCAL MENU FOR TRAINING Options: **ECS** Event Capture Menu. **Begin by selecting the first menu option in the patch. Remember that to get to the Enter/Edit Patient Procedures menu (in this example), you have to go through the menu path.**

Event Capture Menu (ECMENU) This one? [Y/N] Y// Y

CREATING A MENU TEMPLATE **This is displayed throughout this process and lets you see where you are.**

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

```
MGR    Event Capture Management Menu ...
E      Event Capture Data Entry ...
R      Event Capture Reports ...
O      Event Capture Online Documentation
```

Choose one of the Event Capture Menu Options: **E** Event Capture Data Entry **This is the submenu to get the Enter/Edit Patient Procedures option.**

Event Capture Data Entry (ECENTER) This one? [Y/N] Y// Y

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level,
'+' to store the completed template, or '^' to quit.

Enter/Edit Patient Procedures
Batch Enter Data by Patient
Data Entry (Batch) by Procedure
Multiple Dates/Multiple Procedures Data Entry

Choose one of the Event Capture Data Entry Options: ENTER/Edit Patient Procedures **Now you select the Enter/Edit Patient Procedures option. This example assumes that this is the only menu option you wish to execute in Event Capture.**

Enter/Edit Patient Procedures (ECPAT) This one? [Y/N] Y// Y

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level,
'+' to store the completed template, or '^' to quit.

Enter a return here to go up a level. Your goal is to get back to the display of your Primary Menu option.

Enter/Edit Patient Procedures
Batch Enter Data by Patient
Data Entry (Batch) by Procedure
Multiple Dates/Multiple Procedures Data Entry

Choose one of the Event Capture Data Entry Options: <RET>

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level,
'+' to store the completed template, or '^' to quit. <RET>

Entered a return to continue to go up a level.

Enter/Edit Patient Procedures
Batch Enter Data by Patient
Data Entry (Batch) by Procedure
Multiple Dates/Multiple Procedures Data Entry

Choose one of the Event Capture Data Entry Options: <RET>

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level,
'+' to store the completed template, or '^' to quit. <RET>

Entered a return to continue to go up a level.

```

MGR   Event Capture Management Menu ...
E     Event Capture Data Entry ...
R     Event Capture Reports ...
O     Event Capture Online Documentation

```

Choose one of the Event Capture Menu Options: <RET>

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level,
'+' to store the completed template, or '^' to quit.

Entered a return to get to this display. Okay, now we're back to the display of your Primary Menu option. Next, you want to select the TIU option. The final menu that you will execute in TIU is the Entry of Progress Note option.

```

ECS   Event Capture Menu ...
TIU   Progress Notes User Menu ...
      Progress Notes/Discharge Summary [TIU] ...

```

Choose one of the LOCAL MENU FOR TRAINING Options: TIU PROGRESS
NOTES/Discharge Summary

Progress Notes/Discharge Summary [TIU] (TIU MAIN MENU CLINICIAN) This
one? [Y/N] Y// Y

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level,
'+' to store the completed template, or '^' to quit.

```

1     Progress Notes User Menu ...
2     Discharge Summary User Menu ...
3     Integrated Document Management ...
4     Personal Preferences ...

```

Choose one of the Progress Notes/Discharge Summary [TIU] Options: 1
Progress Notes User Menu. **This is the menu path you must take to get to the
Entry of Progress Notes option.**

Progress Notes User Menu (TIU MAIN MENU PN CLINICIAN) This one? [Y/N] Y// Y

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level,
'+' to store the completed template, or '^' to quit.

Setting up a Menu Template

- 1 Entry of Progress Note
- 2 Review Progress Notes by Patient
- 2b Review Progress Notes
- 3 All MY UNSIGNED Progress Notes
- 4 Show Progress Notes Across Patients
- 5 Progress Notes Print Options ...
- 6 List Notes By Title
- 7 Search by Patient AND Title
- 8 Personal Preferences ...

Choose one of the Progress Notes User Menu Options: 1 Entry of Progress
Note This is the option that you want to execute.

Entry of Progress Note (TIU ENTER/EDIT PN) This one? [Y/N] Y// Y

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level,
'+' to store the completed template, or '^' to quit.

- 1 Entry of Progress Note
- 2 Review Progress Notes by Patient
- 2b Review Progress Notes
- 3 All MY UNSIGNED Progress Notes
- 4 Show Progress Notes Across Patients
- 5 Progress Notes Print Options ...
- 6 List Notes By Title
- 7 Search by Patient AND Title
- 8 Personal Preferences ...

Choose one of the Progress Notes User Menu Options: +
Since you've finished putting the desired options in my Menu Template, you enter a plus sign. This will store the Menu Template for future use.

You have chosen the following options in this order:
You will note that all the options and menus are displayed. This is just to show you what options you selected on your journey through the Menu Template.

```
LOCAL MENU FOR TRAINING (LOCAL MENU)
Event Capture Menu (ECMENU)
Event Capture Data Entry (ECENTER)
Enter/Edit Patient Procedures (ECPAT)
Event Capture Data Entry (ECENTER)
Event Capture Menu (ECMENU)
LOCAL MENU FOR TRAINING (LOCAL MENU)
Progress Notes/Discharge Summary [TIU] (TIU MAIN MENU CLINICIAN)
Progress Notes User Menu (TIU MAIN MENU PN CLINICIAN)
Entry of Progress Note (TIU ENTER/EDIT PN)
```

Are we in agreement so far? [Y/N] Y// Y

Fine. Since all menu-type options will be processed in the background you will only be asked to respond to the following:

This means that even though you selected all those options and menus in the setting up of the Menu Template, these are the only two options that you will be seeing once you select your Menu Template.

Enter/Edit Patient Procedures (ECPAT)
Entry of Progress Note (TIU ENTER/EDIT PN)

Are these the functions you want when you invoke this template? [Y/N] Y// Y

Enter a name (6 characters or less in UPPER CASE)
for this template or '^' to quit: TEST

'TEST' it is. In the future you will start this template by typing '[TEST'

After you have finished using 'TEST' will you want it to repeat? [Y/N] N// Y
This means that after you've entered a Progress Note (in this example), you can continue on using the Menu Template. You would be taken to the Enter/Edit Patient Procedures option in Event Capture.

ECS Event Capture Menu ...
TIU Progress Notes User Menu ...
Progress Notes/Discharge Summary [TIU] ...

Select LOCAL MENU FOR TRAINING Option: [TEST Here's an example of how the Menu Template will work. Don't forget the left bracket!

Loading TEST...

Enter/Edit Patient Procedures ***Notice that it takes you to the Enter/Edit Patient Procedures option. You can proceed to enter the Event Capture date for this patient.***

Event Capture Locations:

1. ALBANY
2. ALBANY OPC
3. HONOLULU OC, HI
4. MURFREESBORO, TN
5. TROY

Select Number: 1

Select DSS Unit: FRIDAY M010

Location: ALBANY
DSS Unit: FRIDAY

Setting up a Menu Template

Select Patient: ONE,TEST 09-02-95 123456789 YES SC VETERAN
SMB SMB

Enter Date and Time of Procedure: NOW// <RET> (JAN 20, 1998@12:52)

This patient is an Outpatient
92546 SINUSOIDAL VERTICAL AXIS ROTATION (#SP067)

Procedure: 92546 SINUSOIDAL VERTICAL AXIS ROTATION (#SP067)

ENTERING A NEW PROCEDURE FOR ONE,TEST ...

LOCATION: ALBANY
SERVICE: MEDICINE
SECTION: MEDICINE
CATEGORY: FRI-ONE

PROCEDURE: 92546 SINUSOIDAL VERTICAL AXIS ROTATION (#SP067)

Modifier: 22 UNUSUAL PROCEDURAL SERVICES

Modifier: <RET>

VOLUME: 1// <RET>

ORDERING SECTION: MEDICINE// <RET>

ICD-9 CODE: 401.9 401.9 HYPERTENSION NOS

...OK? Yes// <RET> (Yes)

IN/OUTPATIENT: 0 OUTPATIENT

ASSOCIATED CLINIC: TEST

--- Classification --- [Required]

Was treatment for SC Condition? NO

Was treatment related to Combat? NO

Was treatment related to Agent Orange Exposure? NO

Was treatment related to Ionizing Radiation Exposure? NO

Was treatment related to Environmental Contaminant Exposure? NO

Was treatment related to Military Sexual Trauma? YES

Was treatment related to Head and/or Neck Cancer? NO

Provider: TEST, PROVIDER L PLT 162 COMPUTER SPECIALIST
Occupation: Physician Assistant

Provider #2: <RET>

Location: ALBANY Service: MEDICINE
Section: MEDICINE DSS Unit: FRIDAY
Patient: ONE,TESTPATIENT Procedure Date: Jan 20, 1998@12:52

1. Category : FRI-ONE TEST, P
Procedure: 92546 SINUSOIDAL VERTICAL AXIS ROTATION (1) MEDICINE
Modifier: - 22 UNUSUAL PROCEDURAL SERVICES

Select a number to edit/delete, or enter N to create a New Procedure:

Location: ALBANY Service: MEDICINE
Section: MEDICINE DSS Unit: FRIDAY
Select Patient:

Once the data has been entered in Event Capture, you are taken to the option that allows you to Enter a Progress Note (Entry of Progress Note option) in TIU.

--- Clinician's Menu ---

--- Clinician's Progress Notes Menu ---

Entry of Progress Note

Select PATIENT NAME: ONE, TEST 09-02-95 123456789 YES SC
 VETERAN SMB SMB

TITLE: CRISIS NOTE TITLE

Creating new progress note...

 Patient Location: SURGERY
 Date/time of Admission: 06/24/97 13:10
 Date/time of Note: NOW
 Author of Note: TEST, PROVIDER
 ...OK? YES//

Calling text editor, please wait...

1>>TESTING ECS AND TIU USE VIA MENU TEMPLATES
 2><RET>

EDIT Option: <RET>

Saving CRISIS NOTE with changes...

Print this note? No// <RET> NO

You may enter another Progress Note. Press RETURN to exit.

Select PATIENT NAME: <RET>

Again? Y// Y If you type a YES here, you will go back to the Event Capture option. If you type a NO here, you will be exited from the Menu Template.

Frequently Asked Questions (FAQs)

| Question | Answer |
|--|--|
| <p>1. Why do I need Count and Non-Count Clinics?</p> | <p>If MAS schedules appointments into the same clinic that is used by Event Capture, and if both are Count clinics, duplicate workload is created in DSS (a null record and an ECS record). Duplicate workload means that there are two encounters created for the same patient, for the same day, for the same clinic. To prevent this, follow these guidelines:</p> <ol style="list-style-type: none"> 1. Use the Set up a Clinic option in the Scheduling software to Create a non-count clinic with the appropriate DSS Stop and Credit pairs. It should be clearly identified (e.g., Social Work - NC). A non-count clinic is defined as one for which there is no workload credited. MAS makes appointments in this non-count clinic. MAS will be able to print preappointment letters and appointment lists. 2. Create a count clinic with the same DSS Stop/Credit pair. A count clinic is defined as one for which workload entered is credited. It should be clearly identified in the name to differentiate it from the non-count clinic (e.g., Social Work - C). Associate this clinic with the Event Code Screen and DSS Unit. This is the clinic that Event Capture will use to pass the workload to PCE. By passing data from Event Capture to PCE, you will also be sending the workload to the Austin Automation Center (AAC), where it is filed in the NPCD. 3. If, when selecting the associated clinic, you are told 'Access Prohibited to this clinic', it means that only certain individuals may access the clinic. You should work with MAS to request access to the clinic. 4. If MAS does not schedule appointments for these patients, follow Step 2 only. 5. Coordinate and review the above with those who use Event Capture as well as with Scheduling and MAS staff. |

| Question | Answer |
|---|---|
| <p>1. What data elements are required to send data to PCE?</p> | <p>PCE requires the following data elements:</p> <ul style="list-style-type: none"> • Date and time of procedure • Patient name and SSN • Classification questions responses • Procedure (CPT code) • Diagnosis (ICD-9) code <p>All of these are prompted in the Event Capture data entry options. Classification questions are answered as they relate to that encounter. For example if the patient were being treated for his Service Connected Condition, the answer to the Service Connected prompt would be yes.</p> <p>To ensure that your site enters the appropriate ICD-9 code it is suggested that the Event Capture staff work with MAS and medical record coding at your site to determine a list of the most likely ICD-9 codes for the DSS Unit's workload.</p> <p><i>Please Note: Event Capture V. 2.0 prompts the classification questions for outpatients. Future enhancements to Event Capture will prompt the classification questions only when applicable to the veteran (e.g., if the veteran does not claim exposure to Agent Orange, Event Capture will not prompt the Agent Orange Classification). Also, Event Capture will know the veteran's inpatient/outpatient status and not prompt the user to enter it.</i></p> |
| <p>2. Does Event Capture replace Encounter Forms?</p> | <p>Event Capture is not designed to replace Encounter Forms. It is designed to be used in those areas where there is not a suitable method of capturing workload data. Generally, these will be inpatient work areas or procedure labs or other areas where both inpatients and outpatients are treated during the same session.</p> |
| <p>3. How are patients checked out?</p> | <p>If you are sending the workload to PCE, PCE requires that the encounter be checked out. This is accomplished via the background job, Nightly Data Feed to PCE. The date/time when this job is run becomes the date/time the encounter is checked out.</p> |
| <p>4. How do I reassure MAS that workload is being passed to PCE?</p> | <p>Generating any of the reports noted in the Reports section of this document could do this.</p> |

| Question | Answer |
|--|--|
| <p>1. Which packages send data to PCE or DSS (or both)?</p> <p>Do I need to repeat this for Event Capture?</p> | <p>The following packages send data to PCE:</p> <ul style="list-style-type: none"> • Surgery • Laboratory • Radiology • Scheduling • PCE <p>You do not need to duplicate this workload by using Event Capture in these areas.</p> <p>The following packages send data to DSS:</p> <ul style="list-style-type: none"> • PIMS (Scheduling, ADT/Registration, and Rug II) • Dental • Surgery • Quasar • Event Capture • Outpatient and Inpatient Pharmacy • Radiology • Laboratory • Nursing |
| <p>1. What areas are best suited to use Event Capture?</p> | <p>Areas that meet any of the following criteria are best suited to use Event Capture:</p> <ul style="list-style-type: none"> • Any area where there is not already a VISTA package in place to capture workload. • Any area where there is no VISTA package suited for capturing workload. • Any area where there is VISTA data but no feed to DSS. <p>Some examples:</p> <ul style="list-style-type: none"> • Chaplain Service and Physical Medicine Service do not have VISTA packages. • Social Work Service has a VISTA package, but it is case-based, not workload-based. • Medicine Service has a VISTA package, but there is no extract for sending data to DSS. |
| <p>2. Who is responsible for which portion of Event Capture?</p> | <p>IRM Service is responsible for initially installing the Event Capture software and for installing any patches that are released for Event Capture. Sites should have an Event Capture application coordinator (ADPAC) who would be responsible for setting up Event Capture for the various services, training the users in those services, and generally monitoring the workload to ensure what is being captured. S/he would work with the service in charge of MAS as well as the individuals within each service using Event Capture.</p> |

| Question | Answer |
|--|---|
| <p>1. How do I set up the default volume in Event Capture (e.g., for Group Clinic Visits?)</p> | <p>Volume is defined as the number of procedures performed, or the amount of time spent doing the procedure., not number of patients. You can be set a default value for a given product by using the following guidelines:</p> <ul style="list-style-type: none"> • For number of procedures, volume of 1 = one procedure. • For amount of time, if the procedure code indicates a 30-minute procedure, a volume of 1 would indicate 30 minutes. <p>You can override the default volume during data entry based on site/service preference. Most sites opt to use a value of 1 as the default volume.</p> <p>Scenario 1 - Product = Social Work Group 30 Minute Visit Additional known info: Group is usually 10 patients with one Social Worker</p> <ol style="list-style-type: none"> 1. Set up default Volume to 1. 2. Change the DSS RVU for the product in the given Feeder Location to be 3 minutes under the Labor Category for Social Worker so that each of the 10 patients in the group will be allowed 3 minutes of Social Worker labor resource. (Usually RVUs should agree with description of their product, but not here. Note: It is best not to spend too much time on RVUs during the first year of working with DSS.) <p>Scenario 2 - Product = Social Work Group 30 Minute Visit Additional known info: Group is usually 10 patients with two Social Workers</p> <ol style="list-style-type: none"> 1. Set up default Volume to 1. 2. Change the DSS RVU for the product in the given Feeder Location to be 6 minutes under the Labor Category for Social Worker so each of the 10 patients in the group will be allocated 6 minutes (i.e., 3 minutes for each Social Worker). <p>Scenario 3 - Product = Chaplain Individual 10 Minute Visit Additional known info: Session is usually for 30 min. and RVU in DSS for product is for 10 minutes.</p> <p>Do one of the following:</p> <ol style="list-style-type: none"> 1. Set up default Volume to 1 and override to 3 during data entry (option most often used) 2. Set up default Volume to 3 and do not override unless session length was not = 30 min. 3. Set up default Volume to 1 and change DSS Product Description and RVU to 30 min. (This assumes the 10 minute product will not be needed.) |

| Question | Answer |
|--|--|
| <p>1. Why do the steps for setting up Event Capture require the entry of Service, Cost Center, and Medical Specialty?</p> <p>This information is not required during data entry, and doesn't appear on reports, so how is it used by DSS?</p> | <p>These fields were added in early stages of ECS development (requested by field sites, Long Beach and Oklahoma City, and programmed by Birmingham), but are never used in DSS. They may help sort what service to send Event Capture reports to.</p> |
| <p>2. Why is an associated stop code needed for data not sent to PCE?</p> | <p>The DSS Event Capture Extract requires that a DSS Identifier (stop code) be present. For DSS Units that pass workload to PCE, the DSS Identifier is obtained from the Associated Clinic. Workload transmitted to the NPCD (such as that passed to PCE) also requires a DSS Identifier. For DSS Units that do not pass workload to PCE, there was not a way to get the DSS Identifier that is required for the DSS Event Capture Extract. Entering an Associated Stop Code for the DSS Unit meets the requirements of the DSS Event Capture Extract.</p> |
| <p>3. How do you audit inpatient data?</p> <p>Can you compare it to any of the PCE reports?</p> | <p>Probably the best way to audit inpatient data is via a FileMan report. Generate a FileMan Search on the EVENT CAPTURE PATIENT file (#721). Start the search on the Date/Time Field (for your date range), then search for Inpatient/Outpatient equals Inpatient. You can print the date/time of procedure, patient name and any other fields you may wish to print. (HINT: Have a copy of the EVENT CAPTURE PATIENT file [#721] Data Dictionary available).</p> |
| <p>4. How do you audit data if the DSS Unit is set up by classification categories other than inpatient and outpatient?</p> <p>(The inpatient vs. outpatient are totaled together and cannot be differentiated.)</p> | <p>Inpatient data can be audited via the FileMan output noted above in FAQ #12. The Scheduling Outputs described in the Data Validation section can be used to audit outpatient data. Please refer to question #12 for a discussion on auditing inpatient workload.</p> |
| <p>5. Would it be best to give each DSS Unit a separate associated clinic?</p> <p>(For example, DSS Units such as Social Work Inpatient, CNH/Social Work, Homeless Social Work, Primary Care/Other Clinics Social Work, and Residential Care Social Work have the same associated clinic, making it impossible to differentiate their workload.)</p> | <p>Probably yes. If you use the same Associated Clinic, the workload is lumped to one DSS Identifier. The Provider/Diagnosis report could be used to generate workload reports for each provider (if the workload is passed to PCE). If you use unique Associated Clinics, you can generate unique workload reports.</p> |

| Question | Answer |
|---|--|
| <p>1. Scenario: After you have entered data for a month, you run a report and find a gross error.</p> <p>What is the best way to identify and correct the erroneous data? Should a DSS Unit Workload Summary Report be run more frequently than once a month to isolate errors?</p> | <p>The workload reports noted in “Reports to use for Data Validation” section of this document should be generated more often than once a month, as should the Event Capture reports. The only way to correct an error is via the Enter/Edit Patient Procedures option. Corrections made will be reflected in PCE, the next time the Nightly Data Feed to PCE background job is generated.</p> |
| <p>2. What report within Event Capture gives you a unique SSN report?</p> | <p>There are no reports in Event Capture that would give you a report of Unique SSN workload. You might be able to accomplish this via FileMan.</p> |
| <p>3. At what point does Event Capture link with DSS?</p> | <p>Data entered into Event Capture links to DSS when the DSS Event Capture Extract is generated and transmitted.</p> |
| <p>4. If Event Capture uses a count clinic, and products are also counted, does this provide a double count?</p> | <p>Essentially, this question deals with count vs. non-count clinics. Please refer to Question #1 in this section.</p> |
| <p>5. How do I submit an enhancement request (E3R)?</p> <p>How can I determine the status of E3Rs that have already been requested?</p> | <p>An option on FORUM (usually on your secondary menu) provides the ability to enter a new E3R, view existing E3Rs, and generate reports on an E3R. The main option name is Package Enhancement Main Menu (E3R) Option. Select Enter to enter an E3R. If you know the E3R number, you can select View to view the E3R. To find a list of outstanding E3Rs, select the Reports menu, Outstanding E3Rs for a Package option. Enter Event Capture when prompted for the Package Name. You can generate a brief (just the subject) or detailed report.</p> |
| <p>6. If an inpatient is scheduled in MAS to a RMS ECS department, and the patient doesn't show for the appointment, is there an ECS procedure (e.g., no-show patient visit) to show that the scheduled inpatient appointment didn't show?</p> | <p>Use ECS local product number one and name it “noshow patient”.</p> |
| <p>7. How do I track workload separately for multiple clinics with the same stop code?</p> | <p>Create separate DSS Units with the same associated clinic. OR Create separate clinics.</p> |
| <p>8. Can I use the spacebar-return functionality to reenter the same ICD-9 code and associated clinic when batch entering patients/procedures?</p> | <p>Yes, but remember that this functionality brings up the last item entered while using the current option. Once you exit the option, you will not be able to recall the item from the last session.</p> |

1. What makes up the PCE Data Feed?

The following is an example of a PCE data feed string in the PCE DATA FEED field (#30) of the EVENT CAPTURE PATIENT file (#721). Each of the components in the string is identified in the table below.

2970507.0947~224~259~500~141~11713~0~0~3~90846~2~0~0~0~0~CHO72 FAMILY COUNSELING WO PAT, 10 MIN~16~1

| PCE Data String Piece | Definition |
|---|--|
| 2970507.0947 | Procedure Date and Time |
| 224 | Pointer to the PATIENT file (#2) and is the Internal Entry Number (IEN) of the patient |
| 259 | Pointer to the HOSPITAL LOCATION file (#44) and is the IEN of the Associated Clinic |
| 500 | Pointer to the INSTITUTION file (#4) and is the IEN of the Location (Institution) |
| 141 | Pointer to the CLINIC STOP file (#40.7) and is the IEN of the DSS Identifier (stop code) of the Associated Clinic |
| 11713 | Pointer to the NEW PERSON file (#200) and is the IEN of the Provider |
| 0 | If Provider #2 were entered, this would be the pointer to the NEW PERSON file (#200) and is the IEN of the Provider #2 |
| 0 | If Provider #3 were entered, this would be the pointer to the NEW PERSON file (#200) and is the IEN of the Provider #3 |
| 3 | Volume |
| 90846 | Pointer to the CPT file (#81) and is the IEN of the CPT Code. Note that the pointer and the CPT code are the same |
| 2 | Pointer to the ICD-DIAGNOSIS file (#80) and is the IEN of the ICD-9 code |
| 0 | Agent Orange Exposure indicator, 0 is NO, 1 is YES |
| 0 | Radiation Exposure indicator, 0 is NO, 1 is YES |
| 0 | Environmental Contaminants Exposure indicator, 0 is NO, 1 is YES |
| 0 | Service-Connected indicator, 0 is NO, 1 is YES |
| CHO72 FAMILY COUNSELING WO PAT, 10, MIN | The EC National Procedure name. Note that if the procedure is the CPT code, this is not stored in this piece of the PCE Data Feed. |
| 16 | Patient eligibility. Data points to file #8 |
| 0 | Military Sexual Trauma indicator, 0 is NO, 1 is YES |

If CPT modifiers are present, this too is feed to PCE. The data is store in field (#37) of the EVENT CAPTURE PATIENT file (#721). Modifiers point to file (#81.3). Multiple modifiers are separated by semicolons.

This is an example of a modifier string:- 21;24;25

Troubleshooting

| Problem | Resolution |
|---|---|
| 1. Event Capture is not passing data to PCE | Ensure that the Nightly Data Feed to PCE background job is running. (You might have to check with IRM to determine this.) |

Event Capture Strengths and Weaknesses from a Data Entry Perspective

| Strengths | Weaknesses |
|---|--|
| Easy to use. | Reports need revision to report both outpatient and inpatient totals separately. |
| Easy to edit. | Batch data lost if user makes a data entry mistake. |
| Can enter workload without making an appointment. | Having to use two applications: Scheduling and Event Capture. |
| Can enter workload anytime 24hours a day. | Unable to report No-shows in Event Capture. |
| Can enter workload Saturday, Sunday and Holidays. | Does not show SC disabilities of patient when ? as in Scheduling. |
| Some reports were adequate. | Ordering Section report does not give breakdown of all ordering sections. Each must be requested separately. |
| Batch entry of data is excellent functionality. | |
| Input by providers and backup administrative personnel is presented in training. | |
| Batching of Inpatient and Outpatient workload without having to leave the option. | |

New Functionality Released With Patch EC*2*5

The following new functionality was released with Patch EC*2*5, Event Capture Enhancement. Please refer to the Event Capture V. 2.0 Release Notes for more information about enhancements and modifications to ECS.

1. When entering patient procedure information, you are no longer prompted to enter a Provider Type. Instead, the Person Class of the provider is displayed. You cannot change the Person Class of the provider from the Event Capture menu options.
2. Procedure Reason functionality has been added. This allows sites to track why a procedure was done. Procedure Reasons are locally defined at each site, and asked during procedure data entry (depending on the site's parameters). Procedure Reason has been added to several reports.
3. During procedure data entry, the procedure lookup functionality has been enhanced to allow you to enter the first few letters of the procedure. The software finds the matches based on your entry and presents the list. Additionally, the use of spacebar-return functionality has been added to allow you to select the same procedure with fewer keystrokes.
4. A new option, Multiple Dates/Multiple Procedures Data Entry, allows you to enter multiple dates and multiple procedures for one or more patients. This option is presented in List Manager format and provides flexibility when entering patient procedures.
5. Several Event Capture reports have been enhanced, and new reports have been added, as indicated in the following table:

| Report Name | New/Enhanced | New/Enhanced Functionality |
|---|--------------|--|
| DSS Unit Workload Summary Report (formerly AMIS Summary-Event Capture) | New | Supports user preferences in selecting the DSS Units for which to generate the report. |
| Procedure Reasons | New | Permits the user to generate a list of the procedures entered, sorted by Procedure Reason. |
| <ul style="list-style-type: none"> • Patient Summary – Event Capture • Provider Summary • Provider (1-3) Summary | Enhanced | Users can indicate if Procedure Reasons are to be included. |
| Ordering Section Summary | Enhanced | Provides totals for volume, patient and ordering section. |

Glossary

| | |
|----------------------|---|
| Associated Stop Code | The DSS Identifier (stop code) which most closely represents the DSS Unit workload. |
| Category | Category provides Event Capture a common level to group associated procedures. You can define multiple procedures for each category. |
| Cost Center | Cost Center reveals which service is using this DSS Unit. Cost Centers are defined in detail in MP4-Part V, Appendix B of the Fiscal Service cost manuals. |
| Count Clinic | A clinic for which workload entered is credited. |
| CPT code | Current Procedural Terminology code. |
| CPT Modifier | CPT modifiers provide the ability to refine CPT codes to better reflect procedures performed. |
| DSS Unit | A DSS Unit (Decision Support System Unit) defines the lowest level segment used for tracking hospital resources. These units can be a small work unit within a service or a large division within a service. Management at each facility is responsible for tailoring the DSS Units to fit its resource/cost reporting. |
| DSS Unit Number | This code is used for additional identification of DSS Units. |
| Event Capture | Software designed to provide management tools necessary in tracking procedures not entered in other VISTA packages. |
| Event Code Screen | Event code screens are unique combinations of location, DSS Unit, category, and procedure that define patient procedures. |

| | |
|---------------------------|---|
| ICD-9 | International Classification of Diseases (of the World Health Organization) codes. |
| Intermediate Product (IP) | A resource utilization entity in DSS designated by Feeder Location/Feeder Key combination for a labor and/or supply resource used for patient care. Examples: CBC, chest x-ray, EEG, EKG, Nurse hour, MD bed day. |
| Location | Initializing your site as a location, the Event Capture software will recognize your facility as a valid location to enter Event Capture data. |
| MAS | Medical Administration Service which is now Patient Information Management System (PIMS). |
| MST | Military Sexual Trauma, veterans who have been victims of physical assault or battery of a sexual nature, or sexual harassment while serving on active duty. |
| MST Status | A status assigned to a patient that indicates his/her report of MST. |
| Non-count Clinic | A clinic for which there is no workload credited. |
| NPCD | National Patient Care Database residing at the Austin Automation Center (AAC). |
| Ordering Section | The medical section actually ordering the patient's procedure. |
| Parent Service | The controlling service for a DSS Unit. |
| PCE | Patient Care Encounter. |
| PIMS | Patient Information Management System formerly Medical Administration Service (MAS). |

| | |
|------------------|---|
| Procedure | A specific function performed on, or service provided to, a patient. Multiple procedures can be associated with a single category. |
| Procedure Reason | A method of generically grouping patient procedures. |
| Provider | The actual provider of care performing the procedure. This provider can be a doctor, nurse, technician, or any designated team of medical professionals. |
| Quasar | A VISTA package historically used to capture Speech and Audiology data. ECQ is the DSS extract program used to read that data and send it to DSS. The same format as for the ECS extract for DSS is used. A&SP Office and DSS recommend that Speech and Audiology use Event Capture instead of Quasar to initially capture their data because ECS allows for Division and can send data to PCE, whereas Quasar does not have these capabilities at this time. ECS also gives much more specific A&SP products (ICD10 A&SP product entities). |
| RVU | Relative Value Unit. RVUs are used only in DSS in the VHA and reflect the relative value between products in a DSS Dept. (i.e., in a production unit). They are used to distribute labor minutes or supply/equipment dollars between products in a production unit. RVUs in DSS can be assigned for Variable Labor Categories for Technicians, RN's, and MD's, as well as for supplies. Three elements interrelate in DSS to give a final cost assigned when a product is used: 1) the product definition 2) the RVUs for the single product 3) the volume of the product (A final note: RVUs are NOT to be confused with Weighted Work Units (WWUs). WWUs are used by the VA in RPM/VERA or AMIS, |

and are dollar factors used to multiply workload by.)

Volume

Volume is associated with the number of procedures performed. This field can also be used to track time actually spent performing the procedures.

VISTA

Veterans Health Information Systems and Technology Architecture.