User Guide
for
National Utilization Management Integration (NUMI)

Office of Information & Technology (OIT)
Office of Enterprise Development (OED)
Medical Care Program Executive Office (MCPEO)

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Revision History

Date	Document Version No.	Description	Author
6/1/2009		Initial draft delivered to VA	Suzanne Van Order
7/13/2009		Updated with placeholders for 16 new requirements; will subsequently update this guide with functionality, navigation steps and screenshots	Suzanne Van Order
7/20/2009		Modified Reports chapter with 3 new reports and updates to 1 existing report.	Suzanne Van Order
7/21/2009		Updated screenshots	Suzanne Van Order
7/22/2009		Updated Reports chapter to include new reports, screenshots and navigation steps. Updated Section 7.3.	Suzanne Van Order
7/24/2009		Updated Patient Selection, History, Primary Review, Reports and Tools screens to reflect new and enhanced functionality in “sweet 16” Trac tickets. Updated Section 7.6.	Suzanne Van Order
7/29/2009; 7/31/2009		Updated Reports chapter to include revised screenshots. Updated navigation steps and refined some functionality write-ups. Updated index markers.	Suzanne Van Order
8/4/2009		Updated document name and footers to reflect reversion to “Release 1.0” identifier.	Suzanne Van Order
8/7/2009		Finished adding functional, navigation and screenshots information for requirements in the Trac tickets. Generated new Index.	Suzanne Van Order
8/11/2009		Added alternate text to newly added and enhanced screenshots.	Suzanne Van Order
8/24/2009		Incorporated OQP and field test trainee review feedback into the draft. Added Appendix G. Submitted for EPS team review.	Suzanne Van Order
9/8/2009-9/14/2009		Updated per EPS and Medora feedback/comments	Suzanne Van Order
9/21/2009-9/22/2009		Updated section 2.2. Removed NUMI Workflow Diagrams	Suzanne Van Order
9/24/2009		Removed Acute Level of Care Review Process per Heidi Martin.	Suzanne Van Order
10/27/2009		Corrected clinical to chemical sec 13.4	Richard LeBlanc
1/19/2010		Updated Chapter 10 to indicate that Admission reviews are not to be copied.	Suzanne Van Order
1/25/2010		Revised write-up in section 3.2	Suzanne Van

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			Order
2/16/2010		v1.1.8 - Added instructions for 'Enabling 3rd Party Browsing Extensions' to Chapter 2	Suzanne Van Order
2/17/2010		v1.1.8 - Update section 7.6; added subsections for new 'paging' functionality on the Patient Selection screen	Suzanne Van Order
4/1/2010		v1.1.9 – initial document updates begun	Suzanne Van Order
4/9/2010		v1.1.9 - Updated 31. Text and tip related to new column sort feature and behavior of the Reset button for filters	Suzanne Van Order
4/13/2010		v1.1.9 – removed references to Save For Review Later button - has been removed from NUMI; updated Chapter 5 with new required field info on Primary Review screen; added screenshot of new error messages for rqd fields left blank	Suzanne Van Order
4/20/2010		v1.1.9 – added text to Chapter 3 intro and section 7.3 regarding new error message text that will replace the yellow Server Error in '/' Application messages	Suzanne Van Order
4/22/2010		v1.1.9 – updated sections related to modified Paging functionality for Patient Selection, Dismissed Patient Selection and Review Selection screens; updated 3.1.9 with additional screenshot and indication paging links are now within the table grid; updated 3.1.11 to reflect replacement of Go button with Reset Page Size button	Suzanne Van Order
4/23/2010		v1.1.9 – updated section 2.1.11 to include behavior change to filter reset functionality	Suzanne Van Order
4/26/2010		v1.1.9 - Replaced screenshots for screens containing Paging features, History screen Stay Movement and Reviews tables; updated text description information for Reports 1 and 5	Suzanne Van Order
4/27/2010		V1.1.9 – updated user tip in section 5.7 related to identification of hospital admission reviews; updated section 6.1 with new screenshots for Physician UM Advisor worklist screen; updated section 7.2 with updated screenshots and descriptive text	Suzanne Van Order
4/29/2010 –		V1.1.9 – updated document per PIMS	Suzanne Van

Date	Document Version No.	Description	Author
4/30/2010		feedback - added subsection for Paging features to chapter 2. Updated TOC to include changes retroactive to prior iterations of this artifact.	Order
5/12/2010 – 5/14/2010		V1.1.9 – incorporated information about new ‘red text’ user messages.	Suzanne Van Order
8/9/2010 – 8/13/2010		V1.1.10 – modified Chapter 3 to reflect new behavior; removed images of Save For Review Later button; updated Dismissed Stay verbiage to reflect new automated dismissal of “non-reviewable” specialties; updated Chapter 5 to reflect new validation check for blank Review Type.	Suzanne Van Order
8/24/2010 – 8/26/2010		Updated per PIMS input.	Suzanne Van Order
8/30/2010 – 8/31/2020		Updated Ch 3, Section 3.1.1 and Figures 16 and 17 to reflect 34 day default date range modification.	Suzanne Van Order
10/5/2010		Per patch 1.1.11, updated sections 3, 4, 4.2, 4.6, 8.7, 9.1, 9.3, 11.1.6, and 14. Added new sections 4.9 and 4.10.	Suzanne Van Order
10/8/2010		Updated document per PIMS feedback.	Suzanne Van Order
10/19/2010		Inserted verbiage related to Flash Player requirement for CERME 2010 to Chapters 2 and 4. Inserted Figure of Flash Player message into Chapter 2.	Suzanne Van Order
12/6/2010		Began inserting information related to release 1.1.12 thru out the document.	Suzanne Van Order
12/24/2010; 12/28/2010		Additional 1.1.12 updates added to the document.	Suzanne Van Order
1/13/2011 – 1/18/2011		Updated document per 1/12/2011 baseline peer review discussion	Suzanne Van Order
1/19/2011		Updated Section 3.2 per conference call with C. Heuer and G. Johnson	Suzanne Van Order
1/20/2011 – 2/8/2011		Updates made per Rqmts Specification Document	Suzanne Van Order
2/9/2011		Updated document per Formal peer review meeting	Suzanne Van Order
2/15/2011		Rewrote section 8.11 and 8.12 and updated screenshots per client requested requirement changes and RSD	Suzanne Van Order
3/2/2011		Updated sections 8.1 thru 8.10 with updated	Suzanne Van

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		screenshots and verbiage that reflects the addition of bulletized instructional text on the report filter screens screen. Updated sections 8.11 and 8.12 with updated screenshots	Order
3/21/2011 – 3/22/2011		Updated per release 1.1.12.1 enhancements.	Suzanne Van Order
4/1/2011		Updated document with input from the formal peer review discussion	Suzanne Van Order
4/4/2011		Began making updates per requirements in the 1.1.13 RSD	Suzanne Van Order
4/8/2011 - 5/3/2011		Made additional updates per 1.1.13 RSD requirements	Suzanne Van Order
5/9/2011 – 5/11/2011		Updates made to sections 3.3.3, 7.3, 3.2. Replaced various screenshots in the document.	Suzanne Van Order
5/25/2011		Updated document sections 2.1.18, 2.1.19, Figure 11, 2.3.1.1, 2.1.12, 2.1.13, Table 3, 3.2.1, 7.3 with input from 5/25 formal peer review discussion	Suzanne Van Order
6/2/2011		Updated the document with input from the 6/1 formal peer review discussion	Suzanne Van Order
6/6/2011		Updated Section 8.13.2 with steps for exporting Enhanced Reporting artifacts. Inserted figure depicting Format type selection and Export hyperlink	Suzanne Van Order
7/29/2011		Removed some FAQs per Product Support comments	Lynne Case
7/29/2011 – 8/12/2011		Updated document with v1.1.13.1 requirement functionality	Suzanne Van Order
8/30/2011		Revised Section 7.3 and 13.8 to reflect the 6 month default change to 1 week per revised requirements	Suzanne Van Order
8/31/2011	1.0	Removed references to green "Please wait….page is loading" message in Section 3.2.1, as that has been removed from NUMI	Suzanne Van Order
12/29/2011	1.1	Updated for Release 1.1.14.0: Made general edits, updated screen names, dispersed contents from former section 13 Additional NUMI Information, added functionality updates per SDD, added Document Change Table to document specific changes	Sandy Smith
05/14/2012	1.2	Updated section 5.1.1 to reflect the Modify Filter button and functionality; updated	Sandy Smith

Date	Document Version No.	Description	Author
		section 15 to list revised Treating Specialties features and updated section 15.3 with revised Treating Specialties details	
06/18/2012	1.2	Per Harris PM, highlighted changes between release 13.2 and 14.0 in this User Guide for the customer.	Sandy Smith
06/19/2012	1.3	Updated document per customer feedback/questions from today: The Version No. column label in the Revision History table should change to Document Version No. per discussion with Stacey Alfieri. On p. 1-2, there is a reference to OQP, but I believe their name changed to OQSV. Same for Figure 191, pp. 2-10, 17-1, and Glossary. p. 5-2, first complete sentence on the page describes the possibility where ". . . the page number which the user previously selected no longer exists . . ." but doesn't explain why that might happen. Please add some explanation. On p. 5-14, Section 5.5, the first paragraph refers to Section 7.3, but I think it should refer to section 11.3. p. 5-15 has a sentence "NUMI transmits/sends everything except the above to VSSC." Then there is a list of items that are not counted. Someone with better familiarity with VSSC processing needs to take a look at this. My guess is that the word "above" should be changed to "following", and/or the first bullet point needs to be separated into a description of the bullet points as things that VSSC screens out. On p. 5-16 the first bullet point under Figure 31 talks about auto dismissal not catching non-reviewable stays because of the naming convention of the treating specialty. Is the auto-dismiss program still dismissing by	Sandy Smith

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		naming conve7ntion as well as treating specialty configuration? (The note on page 5-17 seems to be saying that it is, with configuration over-riding naming convention.) In various places, Section 5.6.1 refers to colorized patient links on the UM Review Listing and Figure 36 illustrates them but I'm not seeing this feature in v.1.1.14 any longer on any screen. Am I missing something, or is this section outdated? Section 5.6, at the top of p. 5-21 there is message text for sensitive patients that doesn't seem to appear when I click on the patient link for patients with #### in the SSN column in any of the screens. The brief warning in Figure 37 and another full screen with a similarly worded short warning (**warning**, **restricted record**) appear after various actions, but not the longer wording. Please either describe accurately what action on which screen will cause this text to be displayed, or remove it from the manual. The second sentence in Chapter 6 refers to the Patient Stay History screen as "read-only". Actions like dismissing a stay and initiating a review can be taken from this screen, so please remove the "read-only" phrase so that the sentence begins with "The ***Patient Stay History*** screen displays information . . . " Two bullet items on p. 6-1 refer to RSD items, which is not appropriate for a User Guide. Please remove. p. 6-5 refers to Chapter 12 for details about Unlocking and Deleting reviews, but that is now in Chapter 6 and 13, and Chapter 12 is for Reports.	

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		Section 5.3 states "(The default is for the "Include Observations" checkbox to not be selected.)", but it was checked most of the time when I brought up the Patient Selection/Worklist screen, including when I had just logged in and the screen came up. On p. 7-13, the following sentence refers to section 8.15 for admission information, but admission review types are now described in section 8.18. I think this sentence should be reworded FROM: "Please see Chapter 12 for more information about reporting and Section 8.15 for information about the different types of admissions)." TO: Please see Chapter 12 for more information about reporting and Section 8.18 for information about the different types of admission reviews). Also on p. 7-13, a note needs the word "now" removed because this User Guide should not be specific to v.1.1.14: FROM: At the time a review is created, NUMI will now save three additional data fields captured from CERMe: Criteria Subset, Episode Day of Care, and CERMe version. TO: At the time a review is created, NUMI will now save three additional data fields captured from CERMe: Criteria Subset, Episode Day of Care, and CERMe version. I'm not sure what this sentence on p. 7-15 is trying to say. Please reword and correct: "On the *Primary Review Summary* screen you will complete the review by entering the Day Being Reviewed, the Current Level of Care, entering the Criteria Not Met Elaboration details, and Reviewer Comments, selecting the Selected Reason Description and, if the review does not meet criteria, selecting a Recommended Level of	

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		Care and Stay Reason, and selecting a Physician Advisor Reviewer and setting the Next Review Reminder DateVerify that Admitting Physician, Attending Physician, Treating Specialty, Service Selection, Hardware correct." The following sentence on p. 8-1 is unclear. Why would only "first time reviewers" select an admitting Physician? This same sentence appears again at the beginning of Section 8.11 on p. 8-11. Was the intent that the admission review is where an admitting physician should be selected? "First time reviewers should select the Admitting Physician from the Admitting Physician dropdown in the stay information section of the Primary Review Summary screen." The 3rd paragraph in section 8 says "A read-only edit box near Criteria Subset is labeled "Episode Day of Care" and displays the information captured from CERMe." The only place I can find an illustration is in Chapter 9 which has a saved review display but it has "n/a" in that field. Figure 62 doesn't include the field label because it isn't a condition-specific review. A sample review with condition-specific criteria that has Episode Day of Care data would be helpful. Add to the first paragraph of Chapter 9 that the saved review summary is also accessible from the UM Review Listing screen. The 2nd paragraph of Section 11.2 refers to Section 12 for information about unlocking, deleting, and copying reviews, but Section 12 is now the Reports Menu. It should refer to Section 13 for unlocking and deleting and 14 for copying. Please search the manual for references to chapter 12 for Unlocking a review; this is now primarily in Chapter 13.	

Date	Document Version No.	Description	Author
		Section 11.3 says "Section 3.1 and Section 2.1.11 describe the use of these filters." However, Section 3 now describes part of the login process. **FAQ section of User Guide:** P. 18-18 refers to Chapter 7 for deleting patient stays, but I think it should be Chapter 11. P. 18-18 refers to Chapter 4 [Table 7] for unsupported criteria, but this table is now in Chapter 7. p. 18-18, the first sentence and the next to last FAQ refer to Chapter 7 for info on Manual Synchronization, but that is now in Chapter 11. p. 18-19 refers to Chapter 5 for changing Attending Physician on a review, but this is now in Chapter 8. p. 18-20 refers to Chapter 7 for Dismissed Patient Stay info, but his is now in Chapter 11. p. 1-20 describes a process for dismissing DOM, NH, REHAB and OUTPATIENT stays, and should be replaced by something describing how to use the Treating Specialty configuration so that they are auto-dismissed. On p. 18-21, the first FAQ under the Working with Reviews section describes functionality that works differently in 14.0. There is no "view" hyperlink any more. You have to click on the patient hyperlink to get to the review display. Also, this paragraph refers to Chapter 9 for info on unlocking a review, and that info is now in Chapter 13. p. 18-21 has an FAQ on copying reviews ("... complete more than one review at a time ...	

Date	Document Version No.	Description	Author
		“) that refers to Chapter 10, but that info is now in Chapters 8, 11 and 14.	

Date	Document Version No.	Description	Author
07/19/2012	1.4	Updated doc for re-release of 14.0 and highlighted changes; per Harris PM, kept highlighting from original 14.0 release: revised Primary Review Screen (Fig. 62) for new Admitting Physician dropdown	Sandy Pelletier
10/22/2012	1.5	Highlighted changes to document in response to addition of the Review Type Dropdown, IOC testing and customer feedback from 10/26/2012: Review Type Dropdown Updates: Updated Figure 48, 51, 53, and 55-57 in section 7 and step #5 of sections 7.11 .1 and 7.11.2 IOC: IOC Testing Updates: Added notes re: making the Continue Primary Review button active in section 7.11.1 step #10, section 7.11.2, step #9, bottom of section 7.11.2 and section 7.12, step #1; added details to section 5.4.9 in the third to last and last paragraph to support changes to the Observation calculation. Customer Feedback Updates: Added reference to Fig. 23 in section 5.3; added reference to Fig. 34 in section 5.5.1, step #5 of Dismiss Type subsection; updated Fig. 41 in section 6; added reference to Fig. 43 in section in 6.1.6, step #2; Added reference to Fig. 62 in section 8.3; added reference to Fig. 65 in section 8.4; added reference to Fig. 69 in section 8.8; added references to Fig. 74 and 75 in section 8.11.1; added references to Fig. 88 and 89 in section 8.22; updated Fig. 123 in section 12.2; deleted “Copy Review” erroneously included in list of buttons in step #5 of section 13.3; added reference to Fig. 189 in step #2 of section 15.2; added reference to Fig. 190 in section 15.3, page 15-14 and to Fig. 191 in step #1.	Sandy Pelletier
03/06/2013	1.6	Highlighted changes reflect updated functionality in Increment 6: Section 1.4, added/corrected three features; section 5.2,	Mike Chmielewski

Date	Document Version No.	Description	Author
		added/corrected general list of Patient Selection/Worklist features; section 5.5, added/corrected content related to automatic stay dismissal and Dismissal Admission screen, corrected overriding of automatic dismissal job by Dismissal Administration; section 12 (throughout Reports), inserted details re: sorting order with observation reviews. To support changes in screens related to section 508 compliance, a note and a new Fig. 62 were added to section 8.	
3/28/2013	1.7	Highlighted changes reflect updates per customer feedback: Made changes to cover page to denote v1.1.14.0, Increment 6 added to cover page, Increment 6 removed from footers, Updated section 5.3 to clarify initial default when the new user first logs in to NUMI, updated Fig. 63 to keep the caption with the figure, Section 12.2 updated to explain that CERMe Review Types display inside selection box, updated link for OQSV home page on p. 17.1, added link to VistA Software Documentation Library as a source for user documentation, updated section 2.1.22 to reflect 2012.2, added text to steps in Section 7.8, Updated section 8.11.1, Adm/Atten MD to include parameter on name entry/format, text about duplicate names entry/no titles/characters limit, updated reason codes in Appendix D and E. Also updated Fig. 21 to add Modify button, updated Fig. 23 to no longer show cancel button, updated Fig. 51, updated 53 to show new criteria, updated Figs. 58 & 59 to reflect current 2012.2 criteria, updated Fig. 68 to show reason code example, updated Fig.75 to include physician’s name and format guidelines, updated Fig. 105 to no longer show cancel button, updated Fig. 176 to keep the caption with the figure	Mike Chmielewski, Eric Dahlenburg

Date	Document Version No.	Description	Author
05/03/2013	1.8	Highlighted changes reflect updates per customer feedback: Deleted section 2.1.3 and Fig 2, deleted the paragraph describing ellipses operation and original Fig 19, updated figure 23 (now Fig 21), changed Figure 26 (now Fig 24) to have an 'All' option and changed text correspondingly, section 2.1.22 – Updated all incorrect uses of "CermE, deleted step 4 of section 5.4.5 and original Fig 28, added text to section 5.4.5 to clarify Filter selection criteria 'All', Fig 68 (now Fig 65), corrected capitalization of figure title, moved Fig 63 to section 8.3 and changed Fig 63 to 65 (now Fig 62), updated Fig 70 (now Fig 73), updated Fig 79 (now Fig 76), updated Fig 104 (now Fig 101), updated text in section 12 for all the reports where the manual has PRINT Preview whereas the application only has Print Preview as a choice and added text where needed such that if a user wants to print it they need to right click on the report and click print, updated Fig 120 (now Fig 117) and text referencing this figure in sections 12.2 – 12.10, section 15, changed to Admin Site to Admin Sites, updated Fig 193, (now Fig 190) updated text for step 2 and deleted 3.	Mike Chmielewski,
05/24/2013		Per VA Feedback from initial submission of Increment 6 User Guide , made the following revisions: Revised last paragraph of section 5.4.5 for clarity based on VA suggested text. Revised section 5.5 for clarity, regarding automatic dismissal of Initial Treating Specialties. Added note to beginning of section 6.1.7 indicating that both sections 6.1.7 and 6.1.9 are valid methods of selecting stays for reviews, but instructions in section 6.1.7 are preferred. Updated Figure 97. Updated instruction for printing from the Report Print Preview page for Reports Sections 12.2-12.11.	Eric Dahlenburg

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Table of Document Changes

(Items 1 thru 36 are part of rev 1.1 changes)

#	Document Change		Section
1	NUMI Screen Title References:		Throughout document
	Past Screen Name	**Updated Screen Name**	
	Access NUMI system (login) screen	National Utilization Management Integration (NUMI)	
	Patient Selection Screen	Patient Selection/Worklist	
	History Screen	Patient Stay History	
	CERMe application Screen (Care Enhancement Review Manager enterprise)	InterQual Criteria (Can be used interchangeably with CERMe)	
	Primary Review Screen	Primary Review Summary	
	Physician advisor (PUMA) review screen, Phys UM Advisor, Physician UM Advisor	Physician Advisor Review	
	Review Select screen (Tools Menu)	Utilization Management Review Listing	
	Sync with VistA Screen (Tools Menu)	Manual VistA Synchronization	
	Dismissed patient select screen	Dismissed Patient Stays	
	Patient stay admin screen (Tools Menu)	Patient Stay Administration	
	NUMI application timeout	Session Timeout	
	NUMI application lockout	Application Problem Notification	
	NUMI Logout	National Utilization Management Integration (NUMI)	
2	Section 13 Additional NUMI Information removed		Information disseminated to appropriate sections throughout document
3	The Review hyperlink and column are removed from the Patient Selection Worklist.		Throughout document
4	The `Find` and `Reset` buttons have been moved to the right hand side of the Patient Selection Worklist.		Throughout document
5	The Assign Reviewers button is available		5.8 Assigning and Reassigning Reviewers to

#	Document Change	Section
		Patient Stays
6	The View hyperlink has been removed from the Utilization Management Review Listing screen. `Print Preview` and `Export to Excel` buttons have been added to this screen.	11.2.1 Printing Utilization Management Review Listing Screen Information
7	The Review hyperlink and column are removed from the Dismissed Patient Stays screen. The hyperlinked patient name now functions as the review hyperlink. The Update Stays button has been renamed as the Dismiss Stays on this screen.	11.3 Dismissed Patient Stays
8	In release 1.1.13.0, Enhanced Reporting became available in NUMI.	12.13 Enhanced Reporting
9	The following bulleted instructional text is available on the report filter screen: • In the Admission Review Type box, **Admission Review-Type Unknown** contains admission reviews that were saved prior to the v 1.1.12 release	12.1 Report #1 - Summary Met/Not Met 12.2 Report #2 - Reasons for Admission Reviews Not Meeting Criteria 12.4 Report #4 - Summary RLOC Reason 12.5 Report #5 - Patient Reviews Met/Not Met 12.6 Report #6 - Patient Reviews Met/Not Met 'Custom' 12.8 Report #8 - Physician Reviews 12.9 Report #9 - Physician Advisor Response
10	Patient-Based Worklist matches search criteria	5.1.1 General Search Information
11	Dismissal on Worklist results in dismissal of stay	5.5 Dismissing a Patient Stay
12	Days Since Admission now shown as tooltip	5.4.10 Days Since Admission
13	Movement (M) column removed	5.1.1 General Search Information

#	Document Change	Section
		5.4.6 Filtering by Movement
14	Worklist context reflects patients pending a review, currently in beds or with undismissed stays Patients with Undismissed Stays: Searching on Patients with undismissed stays will include exactly the same set of patients displayed in the NUMI 1.1.13.2 release. This will be the default.	5.4.1 Finding Patients By Patient Category
15	Search criteria controls no longer shown after search is performed Search criteria summary is unmodifiable after the search is performed Synchronization and list generation date is provided in search criteria summary New criteria button called "Select Different Criteria" available	5.1.1 General Search Information
16	Search criteria remains in search results as long as user is logged in.	5.1.1 General Search Information
17	Sort order remains in search results as long as user is logged in. Page number showing remains in as long as user is logged in. Dismissal and review assignment controls available at top and bottom of Patient Selection/Worklist	5.2 General Navigation
18	Status column added in Patient Selection/Worklist New Status values for non-observation stays shown in Status column Status column can be sorted	5.4.9 Patient Status Column
19	Additional data captured: Subset, Episode Day of Care, and Reason Code and Description.	12 Reports Menu
20	Observation reviews can be included in search results When selected, order of observations will precede non-observations Default setting excludes observations from search results Include Observations checkbox remains as long as user is logged in Select reports include observations in results	5.3 Include Observations , 12.5 Report #5 - Patient Reviews Met/Not Met , 12.6 Report #6 - Patient Reviews Met/Not Met 'Custom' ,

#	Document Change	Section
		12.7 Report #7 - Patient Details 12.8 Report #8 - Physician Reviews , 12.9 Report #9 - Physician Advisor Response , 12.10 Report #10 - Unscheduled Readmits in Less than 30 Days , 12.12 Report #12 - Clinical Comments Detail
21	Observation Sub-totals are included in search results	5.3 Include Observations
22	Specified reports show Observation Review option for Admission Review Type	8.18.1 Admission Review Types for Admission Reviews
23	Status column for observation patients shows total time patient in observation Observation time calculated by subtracting current date and time from admission date and time Status column's total time increments every sixty seconds Patient's observation period indicated when total time exceeds eighteen hours Patient's observation period indicated when total time exceeds forty-eight hours	5.4.9 Patient Status Column
24	Contents and Presence of Stay List available on Stay History Screen One stay will always be selected in Stay List Selection Most recent undismissed stay will be selected by default; other controls will initially be set based on that stay. Dismiss Stay button and dropdown available New control shows Admitting Physician Existing control accurately shows Admission Sources	6 Patient Stay History and 6.1.6 Dismiss a Patient Stay (for 6.2.6.2)

#	Document Change	Section
	Patient Primary Residence available per MDWS New control shows list of unreviewed dates	
25	Error message shows when VistA is inaccessible Error message shows when VistA is slow to Respond Error message shows when VistA stay not found	6 Patient Stay History
26	Criteria Not Met Elaboration field available for review that has not met criteria Criteria Not Met Elaboration field can contain up to 100 characters	8 Primary Review Summary
27	Observation Review available as Admission Type	8.18.1Admission Review Types for Admission Reviews
28	Admitting Physician dropdown available	8.11 Admitting Physician
29	Admission Sources dropdown available	8.12 Working with Admission Sources
30	Episode Day of Care available	8 Primary Review Summary
31	Unscheduled re-admission checkbox available Unscheduled Re-admission checkbox available	8 Primary Review Summary
32	Admitting Physician available Admission Source available Episode Day of Care available Reason Code available Reason Description available	9 Saved Review Summary
33	Dismissal Administrative screen offers explanatory label Dismissal Administrative screen offers List Box Dismissal Administrative screen offers Modify button Set Treatment Dialog Box offers Treating Specialty edit box Set Treatment Dialog Box offers OK button Set Treatment Dialog Box offers Cancel button The Set Treatment Dialog Box shall have a “Cancel” button. If the	15.3 Accessing the NUMI Treating Specialty Configuration Feature

#	Document Change	Section
	user presses the “Cancel” button, the changes are not accepted and nothing on the Dismissal Administrative screen changes.	
34	Dismissal Type available	5.5.1 Dismissing/Distinguishing Stays
35	Dismissed Patient Select screen offers search criteria Dismissed Patient Select Screen offers Dismissed By, Dismissed On, and Dismissal Type columns Dismissal functionality updated	11.3 Dismissed Patient Stays
36	Report Access role available	15.2.5 Adding a User to NUMI Report Access Panel

1 Introduction

1.1 Purpose

The purpose of this document is to provide NUMI users with a comprehensive overview of the application, as well as navigation steps for using the various features of each screen. Throughout the guide are tips and additional information for the reader. This information appears in **gray highlighted text** with the icon.

1.2 Scope

This document represents a guided tour of the NUMI application. Users are presented with step-by-step navigation instructions and comprehensive information about the many features of the NUMI application, its options and its screens in a ‘one stop shopping’ format. This guide is organized into the following sections:

- Chapter 1: Introduction
- Chapter 2: User Instructions
- Chapter 3: VISN, Then SITE Screen
- Chapter 4: National Utilization Management Integration (NUMI)- Screen
- Chapter 5: Patient Selection/Worklist
- Chapter 6: Patient Stay History
- Chapter 7: InterQual Criteria
- Chapter 8 : Primary Review Summary
- Chapter 9: Saved Review Summary
- Chapter 10: Physician Advisor
- Chapter 11: Tools Menu
- Chapter 12: Reports Menu
- Chapter 13: Unlocking and Deleting Reviews
- Chapter 14: Copying Reviews
- Chapter 15: Admin Menu
- Chapter 16: Logging Out of the NUMI Application
- Chapter 17: Online Help Menu
- Chapter 18: Glossary of Terms
- Appendix A: – NUMI Screen Flow
- Appendix B: – NUMI Tips for Success
- Appendix C: – NUMI Terminology
- Appendix D: – UM Admission Reason Codes
- Appendix E : – UM Continued Stay Reason Codes
- Appendix F : – Frequently Asked Questions (FAQ)
- Appendix G : – NUMI Review – Screens Encountered

1.3 Target Audience

This guide is intended for users of different degrees of knowledge and experience with the NUMI application. It is particularly geared towards:

- Veterans Health Administration (VHA) Utilization Management (UM) Staff
- VHA Utilization Review Staff
- NUMI Site Point of Contact (POC)/Administrators (these are UM staff members)

1.4 Overview

The National Utilization Management Integration (NUMI) application is a web-based solution that automates utilization review assessment and outcomes. The Utilization Management (UM) Process is a tool used to help ensure that patients are receiving the right care, at the right time, and in the right place. UM is both a quality and efficiency tool, as it is used to move patients efficiently through the VA system to maximize use of resources. UM reviewers assess patient admissions and hospital stay days using standardized objective evidence-based clinical criteria to determine whether patients meet criteria for acute hospital care.

The NUMI project was established to meet a specific business need. The Office of Quality Safety and Value (OQSV) has a need to provide automation support to field Utilization Management nurses that perform reviews of clinical care activities. These reviews are considered core procedures to support both quality improvement and business/compliance functions central to VA's mission. National UM policy includes review of all admissions and all hospital bed days of care, with a mandate that all review information be entered into the NUMI application.

The NUMI application standardizes UM review methodology and documentation at the facility level and creates a national VHA utilization information database. In NUMI, patient movement data is obtained from read-only Veterans Health Information Systems and Technology Architecture (VistA) access to pre-populate a patient stay database, eliminating redundancy and errors from manually re-entering patient data. A Commercial Off-the-Shelf (COTS) product, McKesson Care Enhanced Review Management Enterprise (CERME), is integrated into NUMI to provide access to the InterQual® standardized clinical appropriateness criteria and algorithms. The CERME functionality is used to determine whether patient admissions and hospital days meet clinical appropriateness criteria for acute care hospital care. The national NUMI database is built in Structured Query Language (SQL) and will enable facility, Veterans Integrated Service Network (VISN), and national reporting of UM review outcomes.

The NUMI system provides critical functionality to help UM reviewers to organize UM review workload, document UM review outcomes, and generate reports to help identify system constraints and barriers to providing the appropriate services at the appropriate level of care. NUMI users can perform the following functions:

- Pre-populate patient stay information from VistA into a NUMI SQL database which records patient stay information. UM reviewed outcomes, reasons, and recommended levels of care are saved in the NUMI database.
- Generate a list of patient admissions and hospital days that need to be reviewed to assist UM reviewers in organizing their workload
- For newly admitted patients, collect patient and treatment information to determine whether patients meet clinical criteria for inpatient admission
- Following admission, collect treatment information for each hospital day to determine whether patients meet continued stay criteria
- Standardize documentation of a) reasons for inpatient admissions or continued stays that do not meet clinical criteria for inpatient care, and b) recommended levels of care for admissions and continued stay days not meeting criteria
- Provide Physician Advisors with an automated UM review list to access reviews, document agreement or disagreement with current levels of care, and add comments and recommendations regarding patients not meeting criteria
- Generate summary reports of UM outcomes to provide insight into system constraints and barriers and identify quality improvement opportunities.
- Assign specific reason codes for reviews that do not meet criteria. The VA-specific reason code structure will enable UM staff to aggregate and analyze the most prevalent reasons why patients are not meeting criteria at their current level of care. This information provides insight to help identify quality and access improvement opportunities.
- Display a list of patient stays and review information, with filters and search features to assist in organizing individual reviewer workloads
- Allow the reviewer to filter the display of patients based upon observation status in both Worklists and Reports.
- Allow the Administrator to select the Automatic Dismissal Filter criteria on a per site basis.
- Upon any synchronization, the program shall automatically check the Treating Specialty and other filter parameters for compliance with Automatic Dismissal Filter criteria and if the patient's clinical parameters lie within the boundaries of the filter criteria, that patient shall be dismissed.

The importance of implementing a national automated Utilization Management Program is specifically addressed in The Office of Inspector General (OIG) Report: Healthcare Inspection: Evaluation of Quality Management, Veterans Health Administration (VHA) Facilities Fiscal Year 2006 (Project No. 2006-00014-HI-0003, WebCIMS 371342). NUMI was developed to address the Utilization Management data needs of the VHA and to provide the UM staff with a web-based solution for capturing patient information in compliance with VHA DIRECTIVE 2010-021 (Utilization Management Policy).

2 User Instructions

Once you have been authorized to use the NUMI application and have completed NUMI training, at the end of the training session you will be given the NUMI uniform resource locator (URL) address. This chapter discusses some things to consider before you login for the first time. Subsequent chapters (please see the breakdown in Section 1.2) will explain the NUMI screens and provide step-by-step navigation instructions for using the various features. Note: if you are unable to change the settings on your computer, please contact your local Information Resource Management (IRM) support team for assistance. Tips to help you make the most out of using the NUMI application can be found in Appendix B.

2.1 Getting Started

2.1.1 Allowing Pop-Ups for the Site

The NUMI application uses pop-up windows, so it is important that your computer is set up to allow for these. If your computer currently has a pop-up blocker, this must be disabled in order to use NUMI effectively. (Symptoms you may see that indicate pop-ups are blocked may include: a pop-up blocker bar displaying and indicating pop-ups are blocked; or the InterQual Criteria doesn't open properly; clicking on a review hyperlink in a reviews table doesn't display the review screen). If you do not have permission to change your pop-up blocker settings, please contact your local IRM for assistance. If you do have permission, here is how to double check your pop-up window settings:

1. Open a new browser (if you have several browser windows open, close all but one).
2. Select `Tools>Pop-Up Blocker>Turn Off Pop-up Blocker` (Figure 1). Note: if the pop up blocker is turned off, Steps 3 and 4 are irrelevant. In order to execute those steps, select Tools>Pop Up Blocker>Pop Up Blocker Settings and then you can proceed to Step 3).
3. When the ***Pop Up Blocker Settings*** screen displays, *type* the address of the web site into the **Address of Web site to allow** field.
4. *Click* the <Add> button.
5. *Click* <Close> to exit the screen.
6. To apply the changes you just made, close your browser and then reopen it.

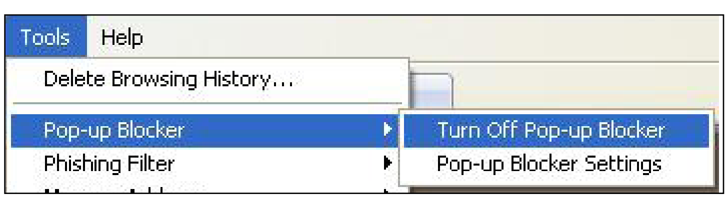


Figure 1: Pop-up Blocker Settings

2.1.2 Making NUMI a Trusted Site

1. From your internet browser, select *Tools>Internet Options*
2. *Click* the Security tab.
3. *Click* on Trusted Sites.
4. *Type* in the NUMI URL. (The URL will be provided to you after you have completed NUMI training).
5. Click the Apply button.
6. Click the OK button.

2.1.3 Allowing ActiveX Controls for the Site

If you need to install ActiveX controls, you will see the message bar: "`This site might require the following ActiveX control:`" right below the address line of your browser window. Follow these steps to install ActiveX controls:

1. *Click* on the message bar to reveal the dropdown menu.
2. *Click* on "`Install ActiveX Control`" (Figure 2).
3. When the ***Security Warning*** window displays, as illustrated in Figure 3, click the <`Install`> button. Note: You will only need to install ActiveX controls once.

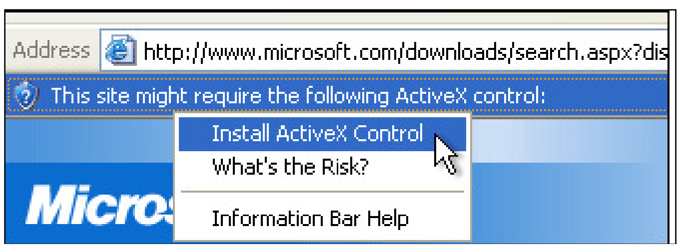


Figure 2: Install ActiveX Control dropdown

Figure 3: Internet Explorer Security Warning window

2.1.4 Setting Your Screen Resolution to 1024 x 768 or higher

To minimize the need for scrolling while doing your reviews, the recommended screen solution when using NUMI is 1024 x 768. The screen resolution is changed on the Settings screen. Here are some different ways to navigate to the Setting screen:

1. From your desktop, *select* `Start>Control Panel>Display>Settings` OR
2. From your desktop, *select* `Start>Control Panel>Appearances & Themes>Display>Settings` OR
3. From your desktop, *right-click* and select `Properties>Settings`.
4. *Click and drag* the Screen Resolution bar to `1024x768` or higher (Figure 4).
5. *Click* the <`OK`> button.

Depending on which operating system your computer uses, your Settings screen may look different than Figure 4.

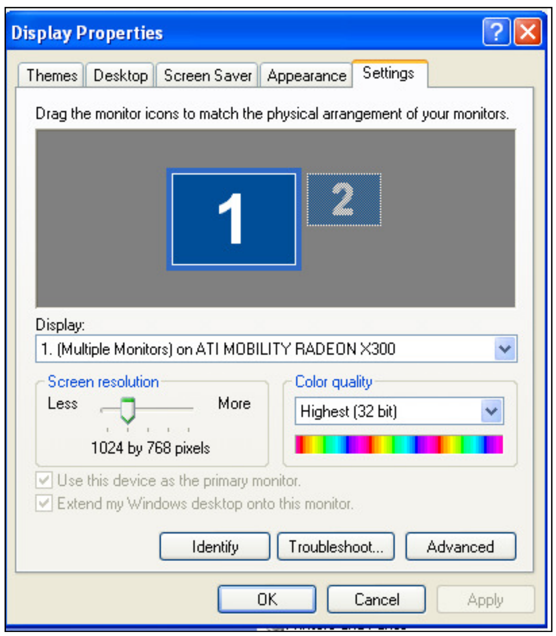


Figure 4: Screen Resolution settings

2.1.5 Making Sure You Have a VistA Account

You must have a VistA account in order to login to NUMI. If you are using Computerized Patient Record System (CPRS), you already have an active VistA account. Your IRM contact at your facility will be able to assist with VistA account issues, or your NUMI POC may be able to help. (Please see Section 2.1.9 for more information about finding out who the NUMI POC at your facility is). Once you have a VistA account, your access to sites within NUMI will be set up by a NUMI Administrator. (If you will have multi-site access in NUMI, please be aware that the access is completely independent from access to other applications at other facilities including: CPRS, VistA and VistAWeb. Please follow your usual procedure for requesting access to applications outside of NUMI).

2.1.6 Setting Up Your Internet Browser

Make sure that the browser you are using is Internet Explorer 6.0 or higher. This is the only browser that will let you access the NUMI application. If you do not have it installed on your computer, please contact your local IRM support team for assistance or enable compatibility views under the Tools menu if your browser supports those.

2.1.7 Creating a NUMI Icon on Your Desktop

It is highly recommended that you create an icon for the NUMI application on your desktop so that you can access it quickly.

To create a desktop icon for NUMI

You can create an icon for NUMI using the Create Shortcut Wizard. Just follow these steps:

1. *Right-click* on your desktop and select <New>.
2. Select <Shortcut>.
3. The ***Create Shortcut Wizard*** window will open, as shown in Figure 5.
4. *Type* the NUMI URL address into the Type the location of the item field. Click the <Next> button.
5. The ***Select a Title for the Program*** window will open, as shown in Figure 6.
6. Enter a name for the shortcut in the Type a name for this shortcut field.
7. *Click* the <Finish> button.
8. The wizard will close and the icon you just created will appear on your desktop. You should now be able to access NUMI by double-clicking on the icon, or by right-clicking it and selecting the “Open” option.

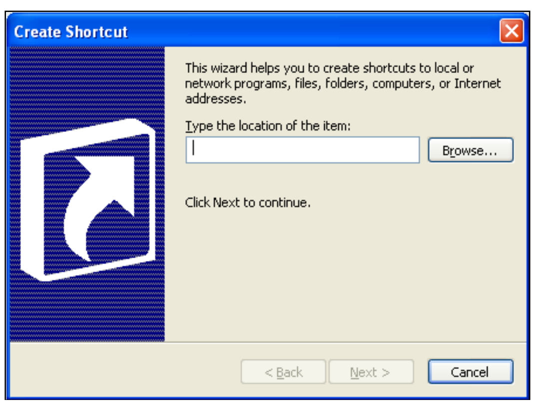


Figure 5: Create Shortcut Wizard with NUMI URL

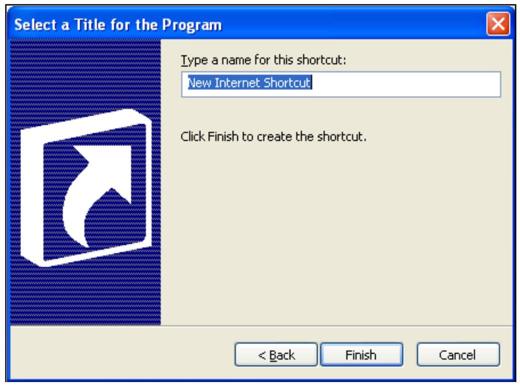


Figure 6: Select a Title for the Program window

2.1.8 Launching NUMI from Your Internet Browser

In addition to being able to access NUMI through an icon on your desktop, you can also launch the application via your internet browser.

To launch NUMI using your internet browser

1. Open your internet browser.
2. Type the NUMI URL into your browser's address line.
3. *Press* the `<Enter>` key on your keyboard and the ***Select VISN, then Site*** screen will display.

You can have other VistA applications and NUMI open at the same time. Please note, however, that NUMI will not follow the active patient in other applications such as CPRS, and vice versa. So please be sure you are looking at the same patient for whom you are performing a review.

After launching NUMI for the first time, it is recommended that you add the site to your list of browser Favorites.

NUMI uses a secured website, identified by the prefix `https://` in your browser's address line. It is likely you will see a dialog box similar to the one illustrated in <u>Figure 7</u> the first time you use the site. If you do, click the `<Yes>` button to proceed.

Figure 7: Windows Security Alert dialog box

2.1.9 Locating Your NUMI Point of Contact (POC)

As mentioned earlier in this chapter, you will be given the URL to the NUMI application after you have completed NUMI training. You will also be given information about your NUMI Facility Site POC/Administrator. That individual is a member of the UM staff and should be contacted if you need assistance while using the NUMI application. (Note: the NUMI POC/Administrator is not the same as an IRM representative. The NUMI POC/Administrator manages the NUMI account, while IRM takes care of VistA and other software and hardware issues). Additional NUMI assistance may be found through NUMI Online Help. To access that, click the `Help` dropdown (located at the top of all main NUMI screens) and select the `User Guide` option.

2.1.10 Using NUMI Search Filters

Many NUMI screens offer a variety of filters that you can use to search for patients and other information. You can select multiple filters if you wish to refine your search to a more detailed level. Here are general instructions for using filters:

1. First, activate the filter you wish to use by *clicking* on the checkbox in the filter header. Then…
2. If the filter is for a beginning and ending date range (e.g., Reminder Date), or for other date fields such as Admission, Discharge, or Review, choose a date by *clicking* on the calendar icon, or by manually *typing* a date in. When manually *typing* a date in, be sure to use the format mm/dd/yyyy.
3. If the filter is for a Dropdown box, choose an option from the dropdown by *clicking* on it.
4. If the filter is for List of items, single *click* on an item in the list. In some cases you may be able to *control-click* to select or deselect multiple independent items, or *shift-click* to select a range of items. This will depend on the

particular field.
5. If the filter is for a Text Entry field, *type* the information you wish to search for into the text entry field. The format in which you can enter data in these fields will depend on the field.
6. If the filter contains other checkboxes, *click* on one or more checkboxes.
7. If the filter contains radio buttons you may select one of the options.
8. In most cases, at the bottom of the filter bank you will need to *click* the `<Find>` button to see any changes in the information that is displayed – although in some cases the page will be updated immediately.

Note: After performing a search (on the ***Patient Selection/Worklist***), if you click on the `<Reset>` button, your filter selections will be set to their initial default state and when the screen is re-loaded, the Reminder Date checkbox will once again be selected and display default information. For more information about NUMI filters, see Section 5.4.

2.1.11 Using NUMI Hyperlinks

NUMI offers a variety of hyperlinks[1] that will quickly redirect you to other screens and information. Hyperlinks can be found in NUMI data displayed in table format. Some tables will be closed when the screen first displays, and must be opened (e.g., the `Show Reviews` button on the ***Patient Stay History*** screen will open the Reviews table). Here are general instructions for using hyperlinks:

1. While viewing a table, *click* on the hyperlink beside the desired patient or information. For example, clicking on this hyperlink would automatically take you to the ***Patient Selection/Worklist***.
2. The link will take you to another location in the NUMI application. (e.g., clicking on the patient's name in the ***Patient Selection/Worklist*** will take you to the ***Patient Stay History*** screen).
3. Depending on the hyperlink, it may perform different functions depending on the status of a patient or review, and on your privileges.

2.1.12 Sorting Information in NUMI Tables

NUMI offers the ability to sort information in the tables on the application. If the content of the page is changed by resetting the page size or clicking the Next, Previous, Last Page or First Page hyperlinks, the sort does not need to be re-done. Here are general instructions for using the sort feature:

1. Click on an underscored column header in the table (e.g., Patient Name on the ***Patient Selection/Worklist***).
2. The screen will refresh and the information will be sorted in ascending order.
3. Click on the header again to refresh the screen and change the display to

[1] A hyperlink is a reference to a document or object that the reader can directly access by clicking on it.
[**Removed** [2] The NUMI Checkin ID (or "Stay" field on the Patient Stay History screen) is the internal record number in the

descending order.

2.1.13 Using NUMI Buttons

NUMI displays a series of buttons that, when clicked, will display additional information. Here are the different ways in which clicking a button feature works:

1. Takes you to another screen (e.g., the `Export To Excel` button on any of the report screens opens the report in the Excel application).
2. Displays a pop-up window (the `Patient Worksheet` button on the ***Patient Stay History*** screen opens a window containing Stay information for a patient).
3. Displays informational text (e.g., the `Notes` icon button  on the ***InterQual Criteria*** displays read-only InterQual® Notes information).
4. Expands and collapses fields (e.g., the + and – Stay ‘toggle’ buttons on the ***Patient Stay History*** and ***Primary Review Summary*** screens,expand and collapse the list of Stay Reasons).

2.1.13.1 Using NUMI Radio Buttons

Some NUMI screens contain ‘radio’ buttons. 

. Here are general instructions for using those:

1. *Click* on the desired radio button to select that option.

2.1.14 Using NUMI Screen ‘Tabs’

Some NUMI screens contain tabs 

that, when clicked, will take you to other NUMI screens. Certain buttons may be grayed out, depending on which screen you are working on. Here are general instructions for using tabs:

1. While on a screen that displays tabs (e.g., the ***Patient Stay History*** screen), *click* on a tab.
2. You will be redirected to the screen that the tab corresponds to.

2.1.15 NUMI Menus

NUMI provides menus, which are accessible from the major NUMI screens. These menus provide access to various features of the NUMI application.

2.1.15.1 Admin Menu

The Admin Menu is only available to NUMI Administrator users. Non-administrator users will see this menu option on the Graphical User Interface (GUI), however, it’s dropdown menus will be disabled. If Administrator users have problems using this menu or its features, validate that their profile indicates they have the appropriate access privileges. Please see Chapter 6 for more information about this menu.

2.1.15.2 Reports Menu

The Reports Menu is available to all NUMI users. These reports are generated on-demand. All reports generate in Portrait orientation by default, except those marked (L), which generate in Landscape orientation. Please see Chapter 12 for more information about this menu.

2.1.15.3 Tools Menu

The Tools Menu is accessible to all NUMI users. However, the accessibility of certain options is based on individual access privileges. Please see Chapter 11 for more information about this menu.

2.1.15.4 Help Menu

Online help for NUMI functionality consists of a Help Menu option on the major NUMI screens. The only option under this menu is *User Guide*. Selecting the option opens a new webpage to the main Office of Quality Safety and Value (OQSV) web page, where they will have hyperlinked access to view the latest version of the *NUMI User Guide.* Please see Chapter 17 for more information about this menu.

2.1.16 Using Screen 'Bars'

Some NUMI screens contain gold-colored bars 

that, when clicked, will display or hide the information in the NUMI tables on that screen. Here are general instructions for using bars:

1. While on a screen that displays bars (e.g., ***Patient Stay History*** screen), *click* on a bar.
2. The corresponding table for that bar will either display or be hidden, depending on whether the "Show" or "Hide" bar was selected.

2.1.16.1 Using Sidebars

Some screens contain sidebars. The sidebar on the ***InterQual Criteria*** in NUMI (as shown in Figure 8) is a good example of one. A sidebar is an auxiliary box of information, appearing next to the main information on a screen that may contain functional rows or items that can be clicked or selected.

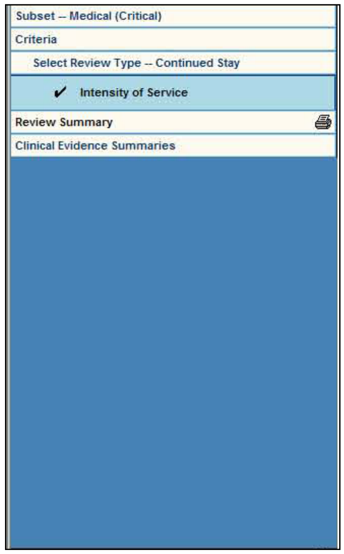


Figure 8: Sidebar

2.1.16.2 Using Scrollbars

Throughout the NUMI application, you will find scrollbars. (Figure 9 shows an image of the scrollbar that appears on the right hand side of the ***InterQual Criteria***). A scrollbar is a long rectangular area containing a bar that can be dragged to scroll up, down, left or right. Depending on the screen, the scrollbar can be horizontal or vertical.

Figure 9: Scrollbar

2.1.17 Printing NUMI Reports

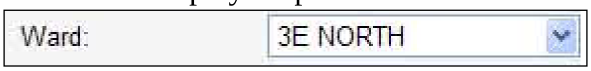
After generating a report, *right-click* on the report and the Print option will be displayed in a sub menu Click `<Print>` to print out a hardcopy report on your local printer. Detailed information about generating and printing reports can be found in Chapter 12. Note: information can also be printed out from the ***Utilization Management Review Listing*** screen. The `Print Preview` button on the ***Utilization Management Review Listing*** screen works the same way that it does for reports. See Section 11.2.1 for more information.

2.1.18 Exporting NUMI Reports to an Excel Spreadsheet

All NUMI reports have an Export to Excel feature. After generating a report request, *click* the `<Export to Excel>` button to export the report to an Excel spreadsheet format. Use Excel's print feature to print the spreadsheet out. Detailed information about generating and exporting reports can be found in Chapter 12. Note: information can also be exported to Excel from the ***Utilization Management Review Listing*** screen. The `Export to Excel` button on the ***Utilization Management Review Listing*** screen works the same way that it does for reports. See Section 11.2.2 for more information.

While working in NUMI, if you use the BACK button on your browser instead of one of the screen tabs (shown in Section 2.1.14) or the *Tools* menu, you may get an error message. Always navigate around NUMI using the tabs or the *Tools* menu and you will avoid error messages and delays.

2.1.19 Using NUMI Dropdown Boxes

Some NUMI screens display dropdown boxes that contain selectable options, similar to this example: 

To choose an option from a dropdown, *click* on the down arrow to display the list of options. Select the desired option by *clicking* on it.

2.1.20 Using NUMI Paging Features

The ***Patient Selection/Worklist***, ***Dismissed Patient Stays*** and ***Utilization Management Review Listing*** screens contain paging features that allow you to navigate thru lists of information in the tables. When these screens first open and you use NUMI's filters (see Section 2.1.10) to search for information, the results table will display the first 30 rows of results. You can navigate thru each screen of results by selecting the Next, Last Page, Previous and First Page pagination hyperlinks. If you wish to see more than 30 rows of results at a time, just type in a different value and click the reset page size button. As long as the screen remains open, the system will continue to display the number of rows in the result table that you specified. However, once you close the screen and reopen it, your search results will once again display the first 30 rows of results. The sections below explain how to use each paging feature.

2.1.20.1 Using the Next and Previous Page Paging Features

When you open a screen that contains paging features, Next and Last Page hyperlinks will display within the table grid. If you are already on the first page, you will not see a Previous link. Likewise, if you are already on the last page, you will not see a Next link. (Figure 10 illustrates the screen with all paging links displayed).

First Page Previous Next Last Page																	
X	Patient Name	SSN	Specialty	Ward	Attending	Admitting Diagnosis	Admit Date	Date of Last Review	Met?	Reason Code	Reason Description	Criteria Subset	Episode Day Of Care	Next Review Due	D/C Date	Assign Reviewer	Status
	JUDY,JUDY	2345				Head too b...	03/29/12 13:28:59						0	03/29/12 13:28:59			20:18
	CAT,KITTY	4444	MEDICAL OBSE...	2B	IMAGPROVIDER...	Broken Paw	02/22/12 13:53:14	03/23/12 00:00:00	No	1.01	Admitted for Placement	Observation (6-24h)	0	03/27/12 00:00:00		IMAGPROVIDERONE	
	DOE,JOHN	1170	CARDIAC SURG...	2A	PROVIDER,ONE	HALLITOSIS	03/19/12 10:56:20	03/22/12 00:00:00	No	1.01	Admitted for Placement	Observation (6-24h)	0	03/23/12 00:00:00		IMAGPROVIDERONE	
	DUCK,DONALD	7891	MED/SURG	3A	IMAGPROVIDER...	CRITICAL	01/30/12 13:46:22	03/12/12 00:00:00	Yes			Cardiac (Critical)	0	03/24/12 00:00:00		IMAGPROVIDERONE	
	HEADROOM,MAX	3333	MEDICINE	2A	IMAGPROVIDER...	Head too b...	11/30/11 14:31:55	01/24/12 00:00:00	No	11.01101	Ablation/EPS		0	11/29/11 00:00:00		IMAGPROVIDERONE	
	HEADROOM,SMITH	9564	DOMICILIARY ...	3 MIKE	DOCTOR,INSTR...	LEG FRACTU...	02/22/12 11:44:30	03/02/12 00:00:00	Yes			Cardiac (Critical)	0	03/23/12 00:00:00		IMAGPROVIDERONE	
	JORDAN,AIR	3232	MEDICINE	1A	IMAGPROVIDER...	JUMPS TO H...	11/30/11 15:23:37	12/20/11 00:00:00	Yes				0	02/29/12 00:00:00	12/20/11 08:17:12	IMAGPROVIDERONE	
	LETMEGO,JOE	1975				TEST PATIE...	10/13/11 11:04:08						0	10/13/11 17:04:03	10/13/11 17:04:03	IMAGPROVIDERONE	
	METAYER,PAULA	4345	ANESTHESIOLO...	3A	ACQUISITION,...	DIRECT	03/15/12 09:46:47	03/16/12 00:00:00	Yes			Observation (6-24h)	0	03/23/12 00:00:00		IMAGPROVIDERONE	
	ONEHUNDREDEIGHT...	0187	MENTAL HEALT...	7B WEST	DONOTFEELBAD...	Major Depr...	03/20/09 08:53:12	03/21/09 00:00:00	Yes	10.01	Transportation Needed		0	05/13/10 00:00:00	03/21/09 09:00:00	NUMISTUDENT,NINE	
First Page Previous Next Last Page																	

Figure 10: NUMI Paging Hyperlinks

To use the Next and Previous Page features

1. From any page but the last page, *click* the Next hyperlink.
2. The next page of results will display and a Previous hyperlink will become visible at the top and bottom of the table.
3. *Click* the Previous hyperlink
4. The previous page of results will display.

2.1.20.2 Using the First and Last Page Paging Features

If you are already on the first page, the Next and Last Page links will display. Likewise, if you are already on the last page, the First Page and Previous links will display.

To use the First Page and Last Page features

1. From any page but the first page, *click* the First Page hyperlink.
2. The first page of results will display. OR
3. *Click* the Last Page hyperlink.
4. The last page of results will display.

2.1.20.3 Using the Row Results Display Paging Feature

To specify how many result rows you want to see in the table

1. Type the number of result rows you want to see in the Page Size field. (Note: the default is 30.)
2. Click the <Reset Page size> button.
3. The screen will refresh and display the number of rows you specified for each page in the table, and the total number of pages in the listing will change according to the change size you specified.

2.1.21 Adobe Flash Player (for CERME 2012)

CERME 2012.2 InterQual® criteria are loaded into NUMI. CERME 2012.2 requires the use of a Flash Player and expects that your desktop has Flash Player installed. (It is likely that you already have Flash Player installed, because it is part of the standard desktop package for VA employees. If you are not certain whether you have Flash Player, please contact your local IRM representative or your NUMI POC for assistance). If your desktop does not have Flash Player, a reminder screen will display when you try to access CERME, as illustrated in Figure 11. This message cannot be disabled, as it is part of the McKesson CERME 2012.2 core package. Just click the OK button to close this message and proceed into CERME to complete your review. (Flash Player is used for a CERME insurance screen that NUMI does not utilize, so you will be able to use CERME).

Figure 11: Adobe Flash Player Dialog BoxSelect

3 VISN, Then SITE Screen

This chapter describes the ***Select VISN, then Site (NUMI Start)*** screen. This screen is considered the 'start page', and is the first of two screens in the login process (Figure 12). This is where you will choose a specific VISN and Site. The features of this screen are listed in Table 1.

Table 1: Select VISN, then Site screen features

FEATURES
Select VISN
Select Site

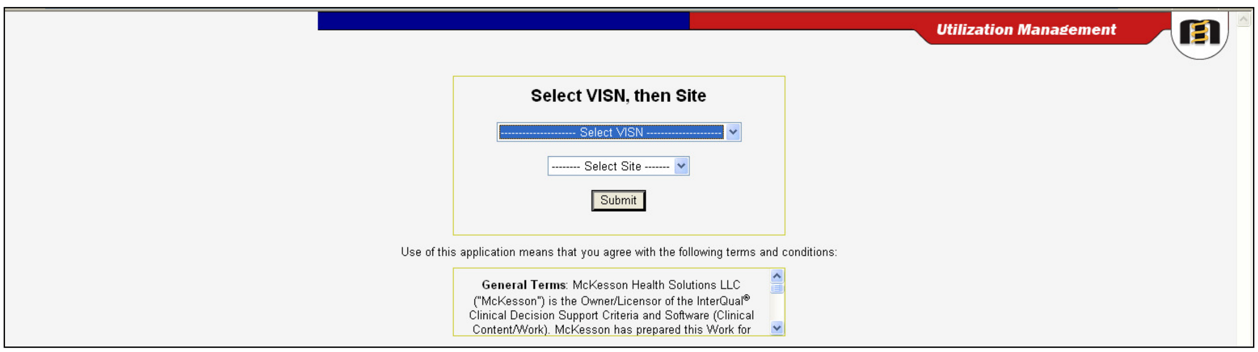


Figure 12: Select VISN, then Site

To select VISN and Site information

1. *Click* on the **Select VISN** dropdown. Choose a VISN from the list by *clicking* on it. NOTE: Depending on your UM role, you may have access to several sites. However, you must always log onto NUMI using your home VISN and the facility associated with your VistA Access and Verify Codes. After you are logged into NUMI with your home location, you can then select a different site.
2. *Click* the **Select Site** dropdown. Choose a Site from the list by *clicking* on it.
3. *Click* the `<Submit>` button and the ***National Utilization Management Integration (NUMI)*** screen will display.

If VISN and/or Site information is not selected from the dropdowns, you will see the messages: "`Please select a VISN`" and/or "`Please select your hospital site`".

4 National Utilization Management Integration (NUMI)- Screen

This chapter describes the National Utilization Management Integration (NUMI) screen (Figure 13). This screen displays a welcome message, and you will be able to provide your VistA Access and Verify Codes and login to the NUMI application. The features of this screen are listed in Table 2.

Table 2: National Utilization Management Integration (NUMI) features

FEATURES
Login to NUMI with VistA Access and Verify Codes
Update Network Account Name
Hide / Show Welcome Message
Switch Login Site

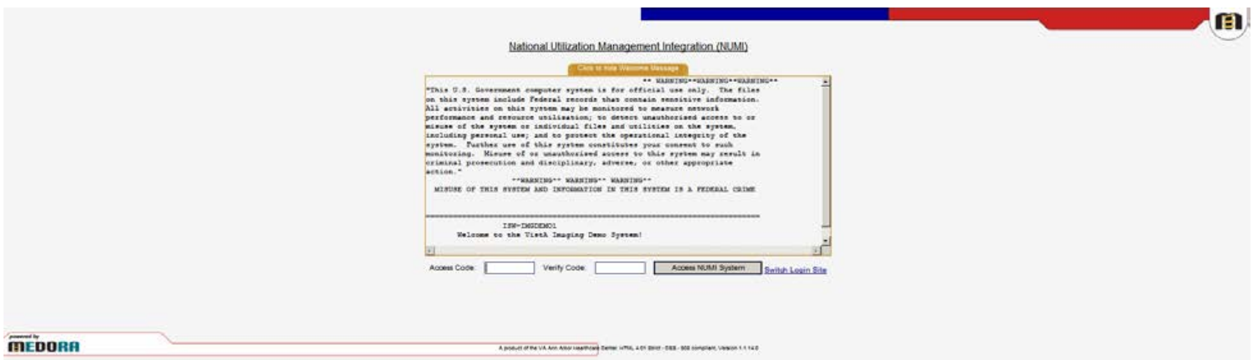


Figure 13: National Utilization Management Integration (NUMI)System

4.1.1 Entering Access and Verify Codes

As with other VistA applications, you must enter a valid Access Code and Verify Code in order to login to NUMI.

To enter your Access and Verify Codes and login to NUMI

1. *Type* your VistA Access Code into the **Access Code** field and *press* the `<Tab>` key on your keyboard.
2. *Type* your VistA Verify Code into the **Verify Code** field.

Click the `<Access NUMI System>` button and the ***Patient Selection/Worklist*** screen will display if your credentials match. If not, see Section 4.1.2 below.

If you enter an invalid Access or Verify Code, the messages "`You must enter a valid access code`" or "`You must enter a valid verify code`" will display.

If you receive an error message like this one: "`This account does not exist in`

`NUMI`”, ask your local NUMI POC/Administrator to set up a NUMI profile for you.

The maximum number of login attempts permitted is determined by the local VistA. If you exceed the maximum number, VistA will lock you out of the application for 20 minutes. You may see an error message similar to this: “`Unable to login to VistA. The error was: Device IP address is locked due to too many invalid signon attempts`”. After 20 minutes, VistA will clear your login restriction and you can try to login again.

Occasionally, after you’ve entered your correct Access and Verify Codes you may see an error message similar to the one shown in <u>Figure 14</u>. If this happens, close down your Internet browser and restart the login process. Doing this resets your browser and you will then be able to log in successfully.


Unable to login to VistA. The error was: Security Error: The remote procedure XUS SIGNON SETUP is not registered to the option OR CPRS GUI CHART. (This message has come directly from VISTA.DURHAM.MED.VA.GOV).

Figure 14: VistA Login Error Message

4.1.2 How your login credentials are authenticated

When you login to NUMI, your NUMI credentials will be compared against your Windows credentials. (Note: the purpose of this comparison is to control the **Enhanced Reporting** content - not to authenticate your access to the NUMI application. For more information about **Enhanced Reporting**, please see <u>Section 12.13</u>).

The system authenticates and tracks users when communication to the system is first established. You must prove your identity to the NUMI web site by supplying a valid VistA Access and Verify Code combination in order to establish this communication. Rather than passing your confidential credentials back and forth with each transaction, the system generates a unique "Session ID" (i.e., Windows session credentials) to identify your session as authenticated. Subsequent communication between you and the web site will be tagged with the Session ID as "proof" of the authenticated session.

For example, when you visit a retailer’s website you want to collect articles in a ‘shopping cart’ and then go to the checkout page to place your order. A Session ID enables the system to keep track of your cart’s status.

There are 3 possible credential comparison scenarios:

<u>The Login Credentials Match</u>
If your NUMI login credentials match your Windows credentials, you will be logged in without seeing any dialog or pop-up boxes.

<u>The Login Credentials are Blank</u>
If your NUMI login credentials are blank (e.g., new NUMI user), the system will apply the

current credentials you are using and proceed with logging you in.

The Login Credentials do not Match

When you login to NUMI, if your Windows credentials do not match the credentials saved in NUMI, you will see a **Security Warning** message similar to the one illustrated in Figure 15. (One reason for a credential mismatch would be if you logged in to NUMI from someone else's computer). You will be given the opportunity to either update your network account name or logout of NUMI and log back in using your own credentials, as described in Section 4.1.3.

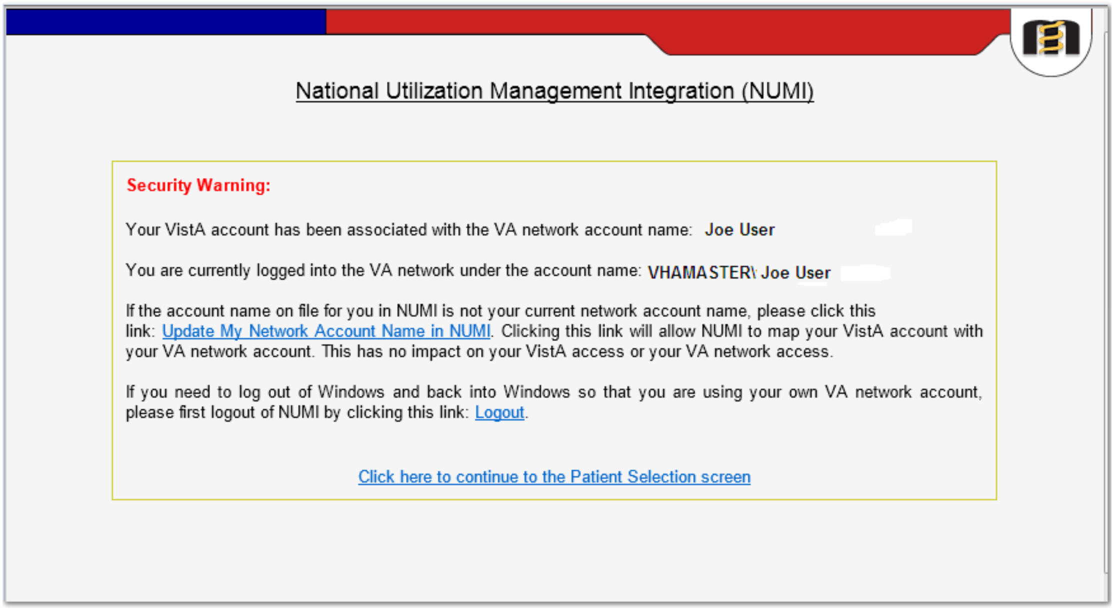


Figure 15: Login Security Warning

4.1.3 Updating Your Network Account Name (at Login)

If you wish to update your network account name

1. With the **Security Warning** message displayed, *click* on the Update My Network Account name in NUMI hyperlink.
2. The system will update your network account name in the NUMI User table. This update will not be visible to you.
3. The ***Patient Selection/Worklist*** will display.

If you wish to logout without updating your network account name

1. With the **Security Warning** message displayed, *click* on the Logout hyperlink.
2. The system will not update your network account name in the NUMI User table and you will be logged out. You will then able to login to NUMI as you normally would, using your own credentials.

If you wish to continue on without updating your network account name

1. With the **Security Warning** message displayed, *click* on the Click here to

[continue to the Patient Selection/Worklist] hyperlink.

2. The ***Patient Selection/Worklist*** will display.

4.1.4 Hiding / Showing the Welcome Message

As a convenience, NUMI gives you the option to cosmetically hide the Welcome Message on the login screen.

To hide/show the Welcome Message

1. *Click* the gold <`Click to hide Welcome Message`> bar at the top of the screen.
2. The message will be hidden and the text display on the bar will change to <`Click to view Welcome Message`>.
3. *Click* it to redisplay the Welcome Message.

4.1.5 Switching the Login Site

After you login, NUMI gives you an option to change your VISN and/or Site dropdown selections (and view information for other sites that you are permitted to look at), at the click of a hyperlink. This feature is handy in a situation where you accidentally chose a VISN or Site dropdown item, but meant to choose something else.

To switch to a different Login Site

1. Click on the [Switch Login Site] hyperlink on the ***Select VISN, then Site*** screen.
2. The screen will be refreshed, and you can choose another VISN and/or Site before *clicking* the <Access NUMI System> button and logging in.

4.1.6 Session Timeout / Lost Sessions

Timeout due to Inactivity

After 15 minutes of inactivity, a dialog box with an audible "beep… beep… beep… beep… beep" will display at the top of the screen with a countdown timer set for 5 minutes and the message illustrated in Figure 16. If the `OK` button is clicked within the 5 minutes, you will be returned to the last screen you were on in NUMI. Note: if the `OK` button is not clicked before the 5 minutes elapse, the system will log you out of NUMI, but your browser will remain open

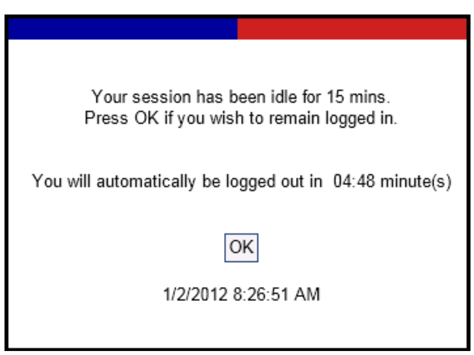


Figure 16: Session Idle Message

Lost Session

When the Hypertext Transfer Protocol (HTTP) session is lost due to a connection issue, high load or network issue from Medical Domain Web Services (MDWS), VistA or NUMI, the error message displayed in Figure 17 will display. Please note: this is not a ‘timeout’. This problem is due to a dropped connection or high user volume on the system.

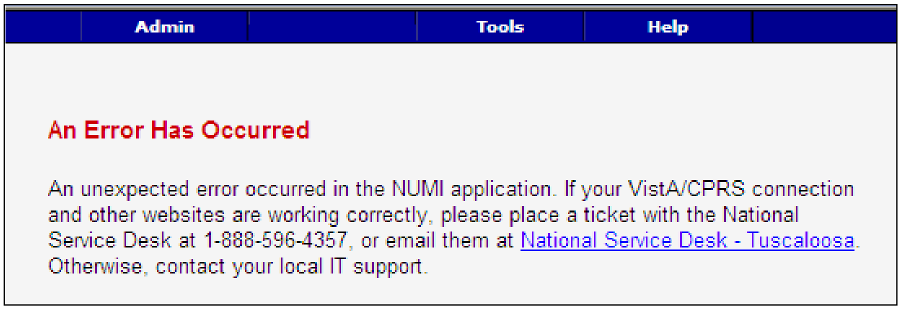


Figure 17: Lost Session Error Message

4.2 Application Problem Notification

VistA will lock your Access and Verify Codes after the maximum number of permitted login attempts is exceeded. VistA will automatically unlock your Access and Verify Codes after 20 minutes and you may try to login again. See Section 4.1.1 for more information.

While working in NUMI, if you use the BACK button on your browser instead of one of the screen tabs (shown in Section 2.1.14) or the *Tools* menu, you may get an error message. Always navigate around NUMI using the tabs or the *Tools* menu and you will avoid error messages and delays.

5 Patient Selection/Worklist

This chapter describes the ***Patient Selection/Worklist*** (Figure 19). If you have rights to create and conduct primary reviews or are a super user, this is the first screen that will appear after you successfully complete the login process. The top section of the screen will show a drop-down list of sites to which you have access. This screen is where UM Reviewers will search for patient stays, select patients for review, assign and reassign reviewers, and view patient information for different sites (if they have permission to visit multiple sites). The features of this screen are listed in Table 3.

When the screen first opens you will see the search filters, but no patient data rows will automatically display. You will see instructions for using the filters to obtain search results, as shown in Figure 19, and the Date filter will be pre-selected and pre-populated with a 34-day default date range. (You may click the `<Find>` button to display the last 34 days of stays in the table, or enter different or additional filtering criteria, then click the `<Find>` button.)

5.1 Accessing Patient Information

5.1.1 General Search Information

After you select the search criteria and perform a search on the Patient Selection/Worklist, the resulting screen will not display the original select criteria controls. Instead, an unmodifiable summary of the search criteria will display.

This summary includes the date and time of the last synchronization with VistA for this site, and the date and time of the most recent generation of this worklist.

A button called "Modify Filter" can be used to display the original search criteria controls. After the button is clicked, the original search filters are displayed for selecting a new search.

Upon performing a search, the resulting worklist will display one row per patient with at least one stay matching the search criteria. Displayed row details will represent the most recent stay that meets the search criteria of one or more patient stays, displayed in the format illustrated in Figure 20. Search criteria that is different from the default criteria will remain effective when you leave the ***Patient Selection/Worklist*** and return to it as long as you remain logged in.

To select a patient for review, click on their hyperlinked name in the Patient Name column.

5.2 General Navigation

- Links: When an active link is selected (e.g., a Patient Name hyperlink is clicked) and you leave the ***Patient Selection/Worklist*** and then return to it, the original sort order will be retained and you will be returned to the original page display of the worklist .

- Other Pages in NUMI: When you leave the ***Patient Selection/Worklist*** to view another screen, link or report (e.g., the **Report** menu is clicked) and you return to the ***Patient***

Selection/Worklist, the sort order will be retained on the worklist and you will be returned to the original page displayed in the worklist. Additionally, the sort order will be applied when searching on new criteria. After navigating to different pages in the worklist, when you return to the first page (i.e., Page 1) the sort order will be retained and displayed. If other users discharge patients in the interim between visits to the ***Patient Selection/Worklist***, this will affect your existing search results and cause a re-sort which may invalidate the current page number. If this is the case, the page number previously shown will be set to the final page in the ***Patient Selection/Worklist***. If the user re-searches with new criteria, the page number will be set to the first page.

- Pagination: When the filter selections are made and displayed on the worklist and multiple pages exist, you will still be able to click on the First Page, Next, Previous and Last Page hyperlinks to navigate through the results.

Depending on how refined your search is, it may take a few seconds for the bottom part of this screen to load, showing the patient stays for the site. Please be patient to allow this screen to load completely before changing sites or clicking on filters.

The ***Patient Selection/Worklist*** displays an "X" column, and clicking any boxes in the column will flag those stays for dismissal. The ***Patient Selection/Worklist*** includes functionality that lets you distinguish dismissed stays for patients in non-reviewable specialties. Please see Section 5.5.1 for more information.

The ***Patient Selection/Worklist*** also includes the dismissal and review assignment controls available at the top and bottom of the worklist.

IMPORTANT: Each row in the ***Patient Selection/Worklist*** represents a patient/admission. The patient stay row will have several information fields including: Patient Name, SSN, Admitting Diagnosis, Reason Code, Reason Description, Criteria Subset, Episode Day of Care, Next Review Date, Status, admit date, discharge date, date of last review, whether that review met criteria, and reviewer.

To make it easier to see the individual rows in the table, the background of each row alternates in color between white and shaded. The table will also show you last Specialty, Ward and Attending for each patient.

5.2.1 Information Feeds from VistA

NUMI obtains Admissions, Ward transfers, and Discharge movements from VistA on an hourly basis during the daytime (i.e., at the top of each hour) and resynchronizes other movements at Midnight (local time) each night. Therefore, it is possible that some stays may not be in NUMI yet, or have not been updated yet. Reviewers may also see stays that have Transfers and Discharges, even though they have not had a chance to do an Admission review yet. After the midnight synchronizer information feed occurs, most stays that were dismissed the previous day will not display again in the worklist. Certain stays can be undismissed using the ***Dismissed Patient Stays*** screen.

Stays will be updated by the synchronizer when it detects that a stay has changed. This includes stays that have been dismissed or that have had continuing stay reminders set by the reviewer. (The purpose of this is to alert a reviewer that there has been a movement. Whether or not it is of sufficient clinical significance to warrant a review before the scheduled reminder is at the discretion of the reviewer). For situations where a patient is not in the NUMI database and needs to be loaded manually, please see Section 11.6, which describes how to use the **Manual VistA Synchronization** feature to manually synchronize information from VistA into the NUMI ***Patient Selection/Worklist***.

The NUMI system detects:

- Case 1: Stays deleted in VistA but still in NUMI

When a stay is invalidated - meaning it is not in VistA but is still in NUMI - and the stay is selected for review, the system will move it to the ***Dismissed Patient Stays*** screen and the Patient Stay Administration. If you select the stay from the ***Dismissed Patient Stays*** screen it will not be restored and moved back to ***Dismissed Patient Stays***. It will only be restored if the stay was an unintentional dismissal by a NUMI reviewer.

For the **Case 1** scenario, this is the message that will display when a user selects a stay that has been deleted in VistA but is still in NUMI: `"The patient stay you have selected appears to have been deleted from VistA.  Stay ID: <stay number> Patient Name: <patient name>. This patient stay has been moved to the Dismissed Patient Stays and Patient Stay Administration".` (Note: if you wish to *delete* the stay from NUMI, a NUMI Administrator will need to perform that activity from the Patient Stay Administration. Please see Section 11.7 for more information).

- Case 2: Stays not retrieved from VistA for one of the 3 reasons below. Should you get one of these messages, you may need to contact your local IRM to find out if there is a problem with VistA connectivity or local network issues.
    - MDWS timed out before it returned the stays from VistA
    - MDWS service is unavailable
    - MDWS could not connect to VistA because the VistA node is unavailable

For the **Case 2** scenario, this is the message that will display if MDWS times out before returning stays from VistA: `“Stay <stay number> for patient <patient name> cannot be retrieved from VistA as the server is busy at this time. Please try again”.`

For the **Case 2** scenario, this is the message that will display if the MDWS service is unavailable: `“An error has occurred. The MDWS service is unavailable at this time. The error has been recorded and tech support has been notified. We apologize for the inconvenience and will fix the error as soon as possible”.`

For the **Case 2** scenario, this is the message that will display if the VistA node is unavailable: `“An error has occurred. The <site name> VistA node is unavailable at this time. The error has been recorded and tech support has been notified. We apologize for the inconvenience and will fix the error as soon as possible”.`

While working on the screen, you may see a message in red text advising there was a problem loading the webpage (Figure 18). Refreshing your browser will reload the webpage and display the NUMI screen.

Figure 18: Page load error message

Table 3: Patient Selection/Worklist Features

FEATURES
Include Observation Stays
Use Filters and Paging Features
Find Patients By Category
Dismiss a Reminder for a Patient Stay
Select a Patient for Review
View Patient Information for Different Sites
Assign/Reassign Reviewers to Patient Stays
Distinguish Stay Dismissals

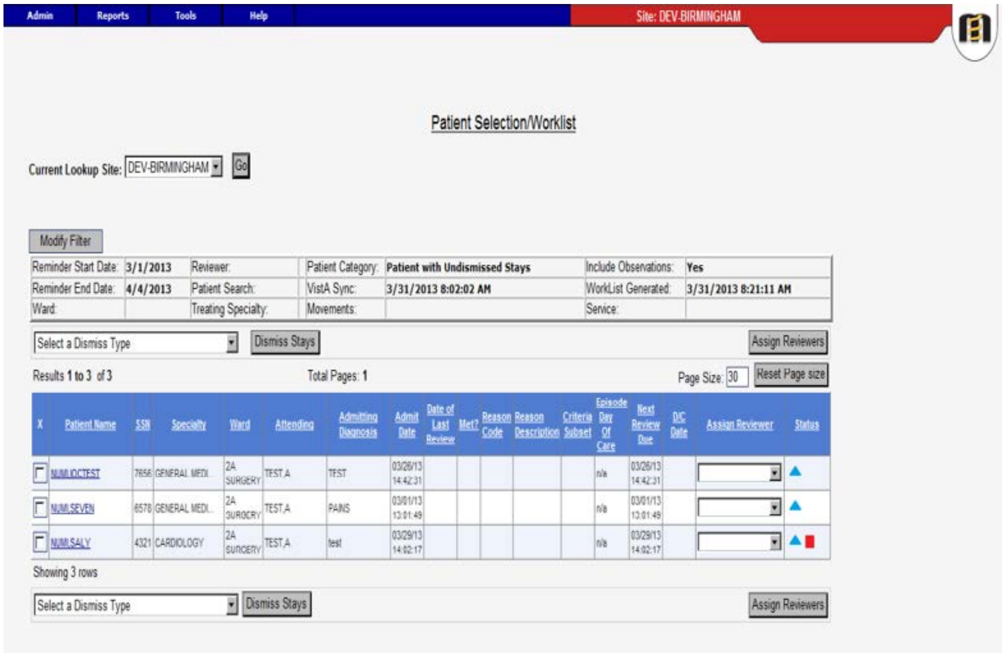


Figure 19: Patient Selection/Worklist with 34-day default

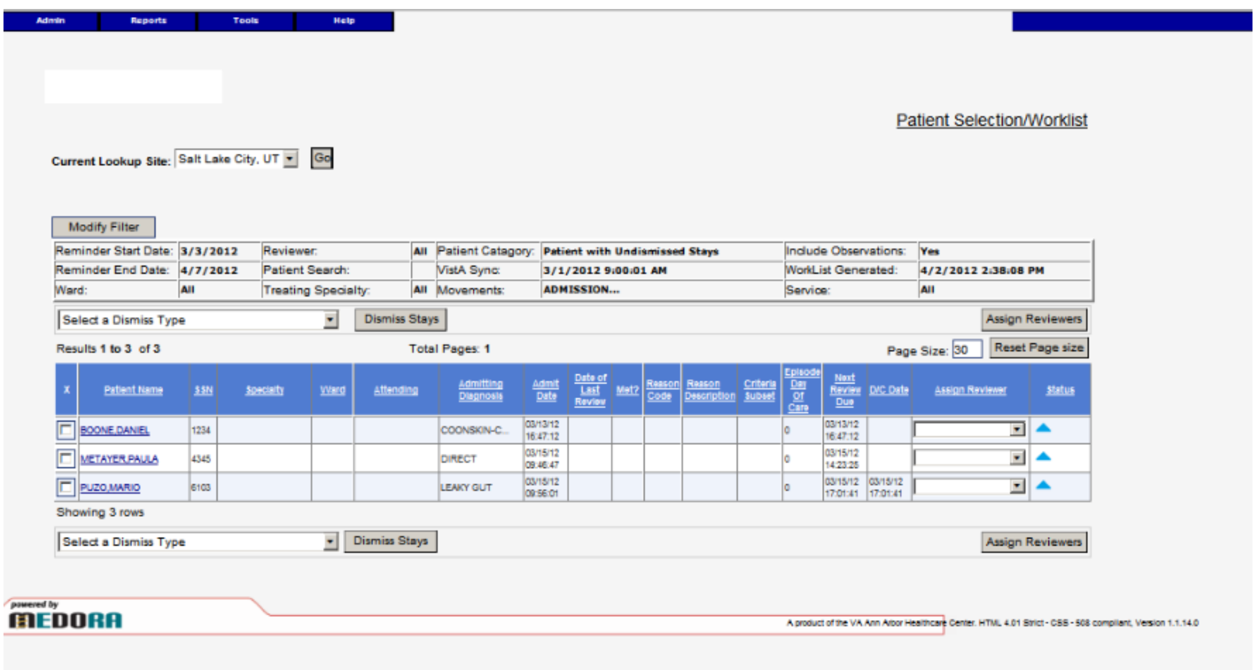


Figure 20: Patient Selection/Worklist with search results

5.3 Include Observations

Stays or reviews can be listed with or without Observation stays or reviews depending on whether you select the “Include Observations” checkbox. (The default for a new user is for the "Include Observations" checkbox to not be selected. The OBS checkbox will remember the last setting even after logging out and back into NUMI. If at any time you choose to include observations, this selection will be your new default the next time you log in. See Figure 21.)

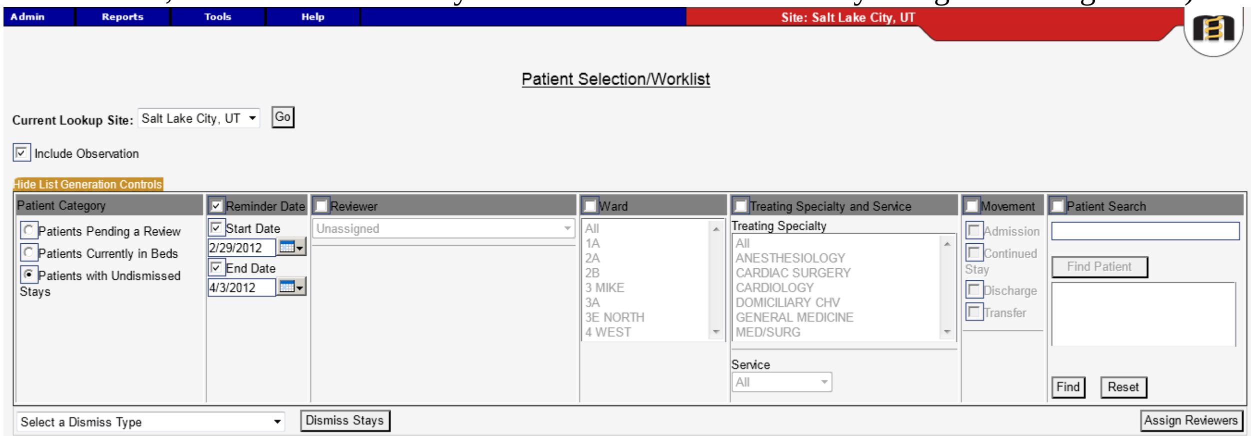


Figure 21: Patient Selection/Worklist with Include Observations checkbox

If you select the "Include Observations" checkbox, any Observation stays or reviews will always precede any non-observation reviews or stays, regardless of other sorting selections you make. Once selected, the Include Observations checkbox will remain effective when you leave the ***Patient Selection/Worklist*** or other screens and return to them, and when you log back in. The "Include Observations" checkbox can be found on the following screens:

- Patient Select Screen
- Review Select Screen
- Dismissed Stay Patient Select Screen
- Free Text Search
- Patient Stay Admin

Certain reports also offer the "Include Observations" checkbox. This is noted where applicable. See Section 12 for details. Note that subtotals will be captured on reports for Observation stays/reviews. These will be counted in a sub total number (Subtotal No) whereas "Grand Total" will include all stays/reviews.

5.4 Using Filters and Paging Features

NUMI offers filters and paging features (see Section 2.1.20) so you can navigate thru the list of patients quickly and conveniently. Additionally, all columns in the list can be sorted in ascending or descending order by clicking on the column headers.

The filters on NUMI screens are additive. This means you can select several filters in order to get very specific search results. After performing a search, if you click on the `<Reset>` button, your filter selections will be cleared and when the screen is re-loaded the Reminder Date checkbox selected and default information redisplayed. While additive filters can be helpful if you need to, for example, look at a specific set of Reminder Dates for a specific Ward in a specific Date range, it is possible to create such precise (and even mutually exclusive) criteria that no records will be found in NUMI. This is something to be aware of when using multiple filters. For more information about using NUMI filters, please see Section 2.1.10.

5.4.1 Finding Patients By Patient Category

You can specify which types of patients will be displayed in your search by selecting the following radio button options from the Patient Category filter:

- Patients Pending a Review: Includes patients with undismissed stays that still have an un-reviewed admission or bed day of care
- Patients Currently in Beds: Include patients with dismissed and undismissed stays, but not discharged patients
- Patients with Undismissed Stays: Includes patients with undismissed stays

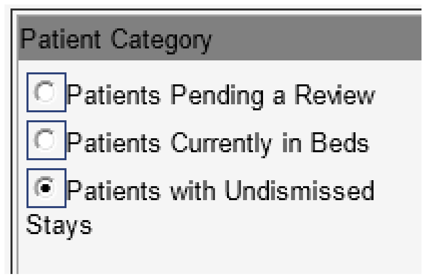


Figure 22: Patient Category Filter

5.4.2 Finding Patients Using the Reminder Date Filter

As mentioned in the Patient Selection/Worklist introduction, when the ***Patient Selection/Worklist*** first opens the Reminder Date checkbox will be pre-selected, as will the Start Date and End Date checkboxes, and a 34 day range will be pre-populated, as illustrated in Figure 19. The default Start and End dates will always appear as the last 34 days, but each time they appear on the screen, you can edit them as desired. (See Section 8.9 for more information about Review Reminder Dates). Use this filter to search for patients based on review reminder dates.

To find patients by reminder date

1. *Click* on the Reminder Date checkbox to activate the filter, if it is not already selected (Figure 23).
2. *Click* on the **Start Date** checkbox.
3. *Click* in the **Start Date** textbox and type the desired Start Date in mm/dd/yyyy format, or scroll through the calendar and click the desired Start Date in the calendar.
4. *Click* on the **End Date** checkbox.
5. *Click* in the **End Date** textbox and type the desired End Date in mm/dd/yyyy format, or scroll through the calendar and click the desired End Date in the calendar.
6. *Click* the <`Find`> button. A list of patients for the date range you specified will display. The results will include all movement types (e.g., Admissions, Discharges, etc.).

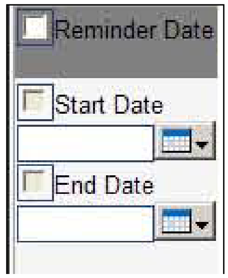


Figure 23: Reminder Date filter

5.4.3 Filtering by Reviewer

When the reviewer checkbox is selected, the ***Patient Selection/Worklist*** will populate the reviewer filter with the current user's login name in the **Reviewer** drop-down section of the screen. You can also use this filter to search for patients by another specific reviewer name, by 'all' reviewers, or by reviews that do not have a reviewer assigned to them..

To filter by Reviewer

1. *Click* on the **Reviewer** checkbox to activate the filter.
2. Select the defaulted reviewer name and *click* the `<Find>` button. OR
3. Select another reviewer in the dropdown by *clicking* on their name, and click `<Find>`. OR
4. *Click* on `<All>` in the dropdown (Figure 24) and then `<Find>`, to view stays that have been assigned to all reviewers.

Figure 24: Reviewer filter with Unassigned option selected

To select multiple reviewer dropdown options, click on the first option, then press and hold the `Ctrl` key down on your keyboard and click on the other options you are interested in. You may also press and hold the `Shift` key down and select a block of options.

5.4.4 Finding Patients Using the Ward Filter

Use this filter (<u>Figure 25</u>) to search for patients by specific Ward location.

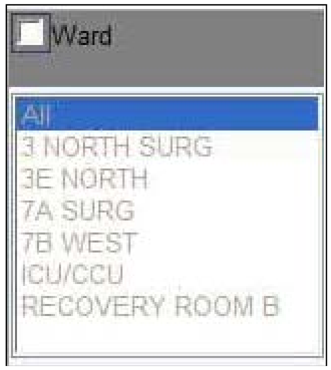


Figure 25: Ward filter

To find patients by single Ward

1. *Click* the **Ward** checkbox to activate the filter.
2. *Click* on the desired Ward.
3. *Click* the <`Find`> button.

To find patients by multiple Wards

1. *Click* the **Ward** checkbox to activate the filter.
2. *Click* on the first Ward. *Press and hold* the <`Ctrl`> key down on your keyboard and *click* on the other Wards you are interested in. You may also *press and hold* the <`Shift`> key down and select a block of Wards, or *click* <`All`> to choose all Wards.
3. *Click* the <`Find`> button.

There may be instances where you may expect to see a particular ward in the Ward dropdown, but it does not display. Ward lists are populated as movements for those wards occur. For example, for a patient that requires a ward not listed in the dropdown, you can use the Manual VistA Synchronization feature (see <u>Section 11.6</u> for more information) to search for a patient that you know is in a particular ward. Once their information has been synchronized and pulled into NUMI, that ward will display in the Wards dropdown.

5.4.5 Filtering by Service or Treating Specialty

Use this filter to search for patients by a particular Service or Treating Specialty, or a combination of both (e.g., Service = *Medicine* and Treating Specialty = *NHCU [ECU]*). You may also search for patients that have no specified Treating Specialty.

To filter by Service or Treating Specialty

1. *Click* on the **Treating Specialty and Service** checkbox to activate the filter
2. Select options from the **Treating Specialty** window by *clicking* on them, then click the <`Find`> button. OR
3. *Click* the <`All`> option, then <`Find`>, to search by all Treating Specialties).
4. Select options from the **Service** dropdown by *clicking* on them.
5. Click the <`Find`> button.

To select multiple specialty dropdown options, click on the first option, then press and hold the `Ctrl` key down on your keyboard and click on the other options you are interested

in. You may also press and hold the `Shift` key down and select a block of options.

If you select filters that are contradictory, it could result in partial or zero results found. For example, if you choose a Psychiatry Service and a General Surgery Treating Specialty, you will probably not get any results back. So, to filter by a specific Service, select the service but leave the Treating Specialty set to “All”. Or, if you want to filter by a specific Treating Specialty only, select the specialty but leave the Service filter set to “All”.

5.4.6 Filtering by Movement

Use this filter (Figure 26) to search for patients by Movement type. This refers to any movement that the patient has undergone while at the hospital and includes Admissions, Continued Stays, Discharges and Transfers.

To filter by Movement Type

1. *Click* on the **Movement** checkbox to activate the filter on the ***Patient Selection/Worklist***).
2. *Click* on the desired Movement checkboxes.
3. *Click* the <`Find`> button.

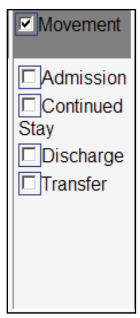


Figure 26: Movement filter

If you click the Movement filter but you don’t select any movement types, NUMI will not retrieve anything because it won’t know which types of movements to include when it does the search.

Note: If you wish to find missing hospital admission review records (i.e., stays with no reviews) you can either sort by the Date of Last Review column, or search by selecting the “`Unassigned`” option in the Reviewer filter dropdown".

5.4.7 Finding Patients Using the Patient Search Filter

The **Patient Search** selection filter is illustrated in Figure 27. NUMI uses VistA’s search capabilities to look for a patient. A list of possible matches will be shown in the lower window. The reviewer selects one of those patients and NUMI searches its database to see if there are any stays for that site/selection combination. Use this filter to search for patients by Name or Social

Security Number.

Because twins and other patients can have the same or similar names, it is strongly recommended that you search for patients using their full Social Security Number. This will confirm the identity of the patient.

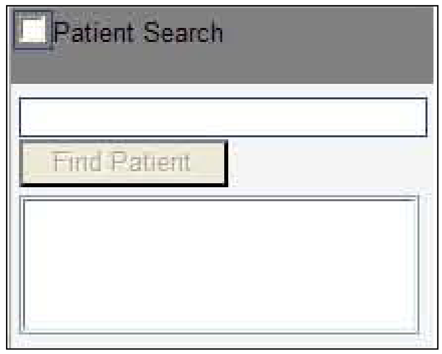


Figure 27: Patient Search filter

To find patients by Full Social Security Number (SSN)

1. *Click* the **Patient Search** checkbox to activate the filter.
2. Type the patient's full SSN in the **Find Patient** field (in `xxx-xx-xxxx` OR `xxxxxxxxx` format).
3. *Click* the <`Find Patient`> button.
4. When the patient whose SSN matches your search criteria displays in the result window, *click* on the patient's name and the stays stored in NUMI for that patient will be displayed in the table, unless they have been dismissed. Dismissed stays can be found on the ***Dismissed Patient Stays*** screen. (See Section 11.3 for more information).

To find patients by Last Name

1. *Click* the **Patient Search** checkbox to activate the filter.
2. Type the patient's Last Name in the **Find Patient** field. (You can further refine your search by entering the patient's First and Last Name).
3. *Click* the <`Find Patient`> button.
4. When the list of patients displays in the result window, *click* on a patient name and their information will be populated in the table on the screen.

To find patients by First Letter of Last Name and Last four digits of the patient SSN

1. *Click* the **Patient Search** checkbox to activate the filter.
2. Type the first initial of the patient's last name, followed by the last 4 digits of their SSN (e.g., *W0000*) in the **Find Patient** field.
3. *Click* the <`Find Patient`> button and the patient information will display in a table. Finding patients this way may initially bring back a list of names because this lookup method is not necessarily unique.

5.4.8 Reset Button

After obtaining search results on the ***Patient Selection/Worklist***, when you click on the `Reset` button the system will restore all fields to their default values. The fields and default values are:

- Reminder Date – Checkbox selected and defaults with a 34-day range
- Reviewer – Checkbox not selected and will display the logged in user's name
- Ward – Checkbox not selected and defaults to All
- Treating Specialty and Service – Checkbox not selected and defaults to All
- Movement – Checkbox not selected and no default values display
- Patient Search – Checkbox not selected and no default values display

5.4.9 Patient Status Column

In cases where the most recent stay for a patient is a non-observation stay, the Status column on the right side of the ***Patient Selection/Worklist*** may provide some combination of the following:

- Green Circle: A green circle icon appears if the patient is up-to-date on reviews and no new movement information has been detected since the last review.
- Blue Triangle: A blue triangle icon appears if the patient is behind on reviews (i.e., there are bed days of care for which there is no saved review).
- Red Square: A red square appears if the patient has more than one undismissed stay.

When the Status column is sorted, patients with a recent non-observation stay will show the following descending order (reversed for ascending order) as applicable:

- Blue Triangle
- Blue Triangle and Red Square
- Green Circle and Red Square
- Green Circle

Patients that have not been discharged and have a 48 hour or longer stay since admission will display a red "48+" indicator.

For observation patients, the Status column will contain the total time in hours and minutes that the patient has been on observation status. ("Observation patients refers to patients whose most recent stay meets the search criteria of an observation stay.)

The total time on observation will be calculated by subtracting the current date and time from the admission date and time. If the patient has been discharged, the total time will reflect the admission time less the discharge time. The Total Time in the Status column will increment every sixty seconds without refreshing the screen for patients that have not been discharged. For patients that have not been discharged with a Total Time exceeding eighteen hours, the time will be displayed in red, providing a visual means of identifying patients whose observation period is winding down.

5.4.10 Days Since Admission

The number of days since admission for a particular patient will be displayed as a tooltip when hovering over that patient's row. This will be the day since admission for the most recent stay that meets the search criteria. (There may be a more recent admission that does not meet the search criteria, because that stay may have been dismissed. Days Since Admission will not be in reference to that admission.) Note however that if the patient is known to have been discharged, either from a patient movement or from a dismissal type, the Days Since Admission tooltip shall read "Discharged."

Note: if you hover your mouse over a patient row, a tool tip associated with the indicators will display, e.g., "Days Since Admission: 1063 Days."

5.5 Dismissing a Patient Stay

Use this feature to dismiss a patient stay movement. When you dismiss a stay from the ***Patient Selection/Worklist***, it will move to the ***Dismissed Patient Stays*** screen under the ***Tools*** menu. (This screen is described in more detail in Section 11.3). It is important to note that only the selected stay movement will be dismissed, however, the entry of a new movement or discharge in VistA will refresh the patient's entry again on the ***Patient Selection/Worklist*** with updated information. The system will now let you distinguish patient stay dismissal types. Having this ability will assist with reporting and identifying patients in non-reviewable specialties. This is explained in Section 5.5.1.

The ***Patient Selection/Worklist*** is patient-based therefore, a dismissal of a given row in the Worklist will result in the dismissal of the stay that is currently being represented by that patient in the Worklist. (i.e., the most recent stay that meets the current search criteria.) If the stay represented by the patient is already dismissed, then the dismissal will have no effect, except potentially informing the user via dialog box.

This action is also available on Patient History Stays. See Section 6.1.6.

NUMI / Veterans Integrated Service Network (VISN) Support Services Center (VSSC) Processes

NUMI will automatically place stays into the Dismissal Admission Screen based on the following two conditions:

1. The Stay has an initial treating specialty that is configured in the Dismissal Administrative Screen.

2. The initial treating specialty is not listed at all in the Dismissal Administrative Screen, but contains one of the following character patterns: '%DOM%', '%NH%', '%OUTPATIENT%', '%REHAB%', Representing the treating specialties catagories of DOMICILIARY, NURSING HOME, OUTPATIENT, and REHAB and their derivitives.

(Example: "NURSING HOME" Would cover treating specialties NHCU, NH Hospice, NH Long

Term Dementia Care, NH Long Stay Maintenance Care, etc.)

NUMI shall automatically undismiss a stay if movement into a reviewable treating specialty (as determined by the Dismissal Administrative Screen) is detected. Subsequent moves into auto-dismissible treating specialties after the initial treatment specialty will not result in an auto-dismissal.

This process happens whenever a new stay is synchronized with VistA.

Scenario #1:
A VistA synchronization runs on Tuesday at 4:30am Eastern Time (ET): Patient was admitted to the Rehab ward Tuesday at 12:30am ET – if any NUMI users are on the system Tuesday between 12:30am ET and 4:30am ET they will not see the patient stay on the ***Patient Selection/Worklist*** until the VistA synchronization runs. NUMI users who do not log in until after 4:30am ET on Tuesday will never see the patient stay on the ***Patient Selection/Worklist***.

Scenario #2:
A VistA synchronization runs on Tuesday at 4:30am ET. A patient is admitted to the Rehab ward Tuesday at 7:00am ET. Users will not see the patient on the ***Patient Selection/Worklist*** until 4:30am ET Wednesday

VSSC receives NUMI data and does its own additional screening. VSSC does a daily update at 5:00am ET and reports should be refreshed by 9:30am ET. Users accessing VSSC reports will not see the data from the previous day until after 9:30am ET. (The date through which the report contains NUMI Review data is noted on the report header). As the NUMI data is received by VSSC, VSSC does additional screening:

- Patients with acute admission but no discharge or movement in 10 days (these are excluded as potentially invalid admissions)
- Stays that are less than 12 hours

A data management process flow for the UM Review Process for NUMI / VSSC is illustrated in Figure 28.

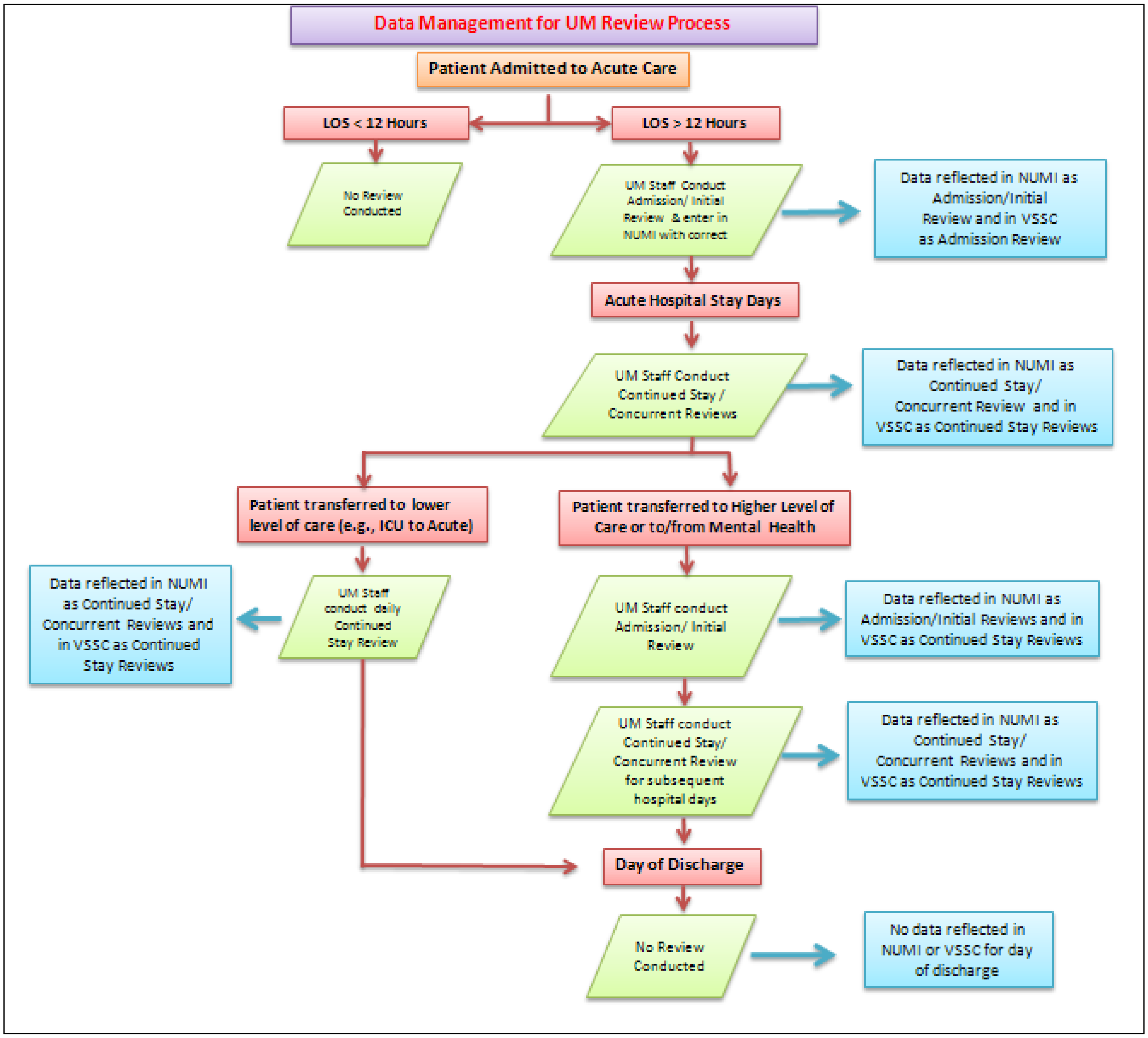


Figure 28: Data Management for UM Review Process - NUMI / VSSC

Any reviewer can dismiss a patient from the Patient Selection/Worklist There are several reasons that you may wish to dismiss a patient stay:

- A patient stay is in a treating specialty that does not require review and automatic dismissal hasn't been configured to automatically dismiss the stay. (It is important to note that the nightly screening job does not screen out stays where the treating specialty has changed).
- A patient has been discharged and has all reviews for their stay entered in NUMI.
- A patient is not going to be reviewed in NUMI. Perhaps you are not reviewing 100% of patients yet, and the patient is not in your review sample.
- A patient's admission was cancelled (invalidated) in VistA. For example, perhaps a patient was admitted to acute care. The actual stay was very

short, and the written admission orders are cancelled and the stay is reclassified in VistA. When the reviewer selects the patient stay for review, they would see a message indicating that the stay for the patient cannot be retrieved because it may be invalid. (This is not an error, but an occurrence in clinical decision making with change of status of a patient). Note: It is advisable to check CPRS and/or VistA to confirm that a stay has changed or has been deleted, before deleting it from NUMI because the invalid stay message can appear if NUMI cannot connect to VistA and find the stay, even if it is still there. It may be important to compare the exact date/timestamps of the patient movements to determine if NUMI matches VistA, or if something was changed in VistA.

Each evening, Treating Specialties that are not reviewable in NUMI will automatically be marked "inactive" and moved to the *Dismissed Patient Stays* screen after the information is sent to NUMI from VistA. ("Inactivated" stays will not appear on the *Patient Selection*/*Worklist* unless a review is performed on them). To identify stays that are not reviewable, the system compares the Treating Specialty descriptions to the descriptions in the Dismissal Administrative settings or if its initial treating specialty is not listed at all in the Dismissal Administrative Screen, but contains one of the following character patterns: '%DOM%', '%NH%', '%OUTPATIENT%', '%REHAB%'. **The system then sets the stays to 'dismissed' and moves them to the *Dismissed Patient Stays* screen. This is a scheduled job that will run daily. As the synchronizer runs throughout the day, there is a chance for additional non-reviewable specialties to appear in NUMI.**

You can generate a report showing all patient stays that have been dismissed. (This report is also discussed in Section 11.3).

If you dismiss a patient stay in error, you can retrieve that patient and get them to reappear on the ***Patient Selection/Worklist*** screen by going to the ***Dismissed Patient Stays*** screen, locating the patient stay, and performing a review.

5.5.1 Dismissing/Distinguishing Stays

To dismiss / distinguish a stay

1. Perform a search for patients using the desired filters.
2. When the results display, the Dismiss Type dropdown and Dismiss Stays button are disabled (Figure 29). After selecting at least one stay checkbox on the screen, the Dismiss Type dropdown will be enabled. After choosing an option from the Dismiss Type dropdown, the Dismiss Stays button will be enabled.
3. *Click* the checkbox in the **X** column in the far left hand column beside the name of the patient stay you wish to dismiss, as illustrated in Figure 30. (Note: if you hover your mouse over the **X** this tool tip will display: `"Use the checkboxes to select stays to be dismissed"`).
4. *Click* on the **Dismiss Type** dropdown and select an option by *clicking* on it. You may choose `Dismiss Non Reviewable Treating Specialty`, `Dismiss No Further Reviews`, or `Patient Discharged, no further reviews needed.` (If you select

multiple checkboxes, whatever **Dismiss Type** dropdown option you choose will be applied to all checked stays. If you wish to categorize the stays individually, select a single checkbox and then choose the desired **Dismiss Type** option).

5. Click on the <`Dismiss Stays`> button next to the dropdown. If you hover your mouse over the `Dismiss Stays` button, this tool tip will display: “`Click this button to dismiss selected stays with the selected Dismiss Type`”.
6. The stay you chose will be dismissed and moved to the ***Dismissed Patient Stays*** screen with the reason you selected.

If you click the `Dismiss Stay` button without selecting an option from the dropdown first you will see a message in red text advising you to select a Dismiss Type. (Figure 32)

Figure 29: Dismiss Type dropdown / Dismiss Stays button

To change the Dismiss Type

If you select an option from the **Dismiss Type** dropdown (Section 3.2.1, Step 6) and dismiss the stay, and you wish to go back and change the dismiss type to something else, you can do that by following these steps.

1. Navigate to the ***Dismissed Patient Stays*** screen.
2. Click the hyperlinked patient name for the stay you wish to make the change to.
3. Perform a review on the patient.
4. Navigate to the ***Patient Selection/Worklist*** screen.
5. Perform a search for the patient (Figure 31).
6. When the patient displays in the results, click the “x” checkbox beside their name.
7. Click on the **Dismiss Type** dropdown and select the new value.
8. Click the <`Dismiss Stays`> button.
9. The stay will be dismissed with the new Dismiss Type value.

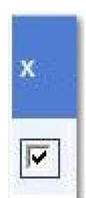


Figure 30: Selected Dismiss Stay option

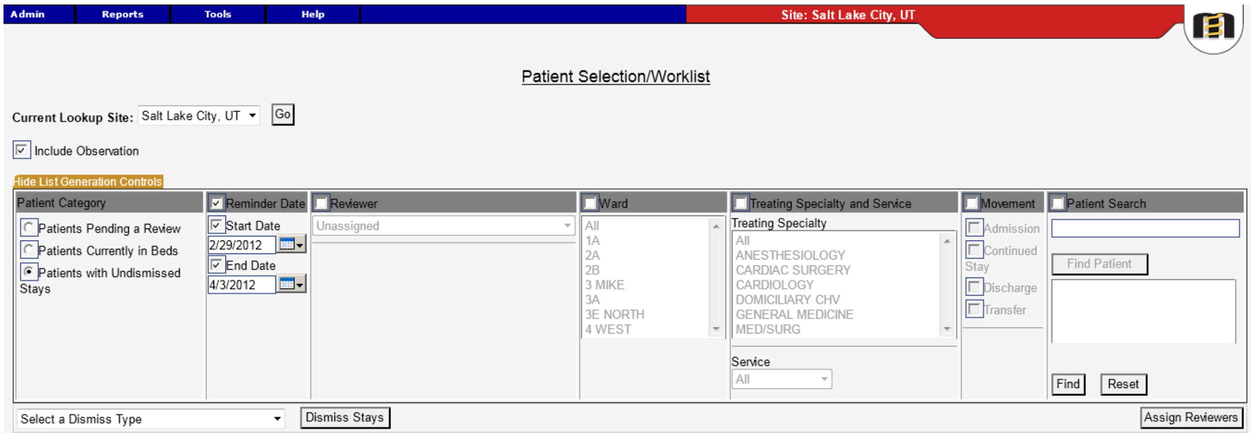


Figure 31: Enabled Dismiss Type and Dismiss Stays features

Figure 32: Select Dismiss Type advisory message

Only a checked patient stay row is dismissed. It will reappear if there is another movement for the patient or a new hospital admission, to make UM reviewers aware of new admissions and continued stays requiring reviews.

5.6 Selecting Patients for Review

5.6.1 Selecting a Patient from the Patient Movements List

Use this feature to select a patient stay to enter a review.

To select a patient movement for review

1. Conduct a search for patients using the desired filters.
2. When the results display, *click* on a hyperlinked name in the **Patient Name** column in the worklist. (
3. The ***Patient Stay History*** screen will display (Figure 38).

When search results display on the *Utilization Management Review Listing* page, locked reviews will display a blue Patient Name hyperlink, while reviews that have been unlocked for editing will display a red Patient Name hyperlink. If a locked review is unlocked for editing, the blue link will turn red. Similarly, if a review that was unlocked for editing is save/locked back to the database, the red link will turn blue. Figure 33 depicts these colorized links:

Figure 33: Utilization Management Review Listing Patient Selection/Worklist colorized hyperlinks

If you select a stay and the record no longer exists in VistA (it has been invalidated), a dialogue box will open and display the message: "`Stay <stay number> for patient <patient name> can not be retrieved from VistA and may be invalid. Please choose a different stay.`" *Click* the <`OK`> button and select another stay. This warning may occur because an invalid patient admission was entered into VistA, and the record was deleted from the hospital database – but not before the NUMI synchronizer came in and read the information. See Section 5.2.1 for more information about admission feeds from VistA to NUMI and Section 11.7 for more information about reviews that are in NUMI but the associated stay can no longer be found in VistA.

When a patient is selected for review, (depending on reminder dates or dismissals and the filters used), the name will remain in the patient stay list on the *Patient Selection/Worklist* and you will be able to perform a second review right away, if you wish.

5.6.2 Deceased Patients

A review may be performed for a now-deceased patient for the purpose of documenting information related to their final stay in the hospital. If you select a deceased patient from the movement list, this message will display: "`Warning – Patient is Deceased! Warning! This patient is deceased as of mm/dd/yyyy. Do you wish to continue?`", along with <`Continue`> and <`Cancel`> buttons. Click the <`Continue`> button to proceed. After all reviews are entered on deceased patients, don't forget to dismiss their final hospital stay from the Patient Selection/Worklist.

5.6.3 Sensitive Patients

Sensitive patient records will display `####` in the SSN column. (Note: throughout NUMI, except on the ***Patient Stay History*** screen, if you know a sensitive patient's SSN you can still search for them by partial or full SSN). If you select a Sensitive patient review that has been locked to the database (indicated by a blue hyperlink), you will see the pop up in Figure 34:

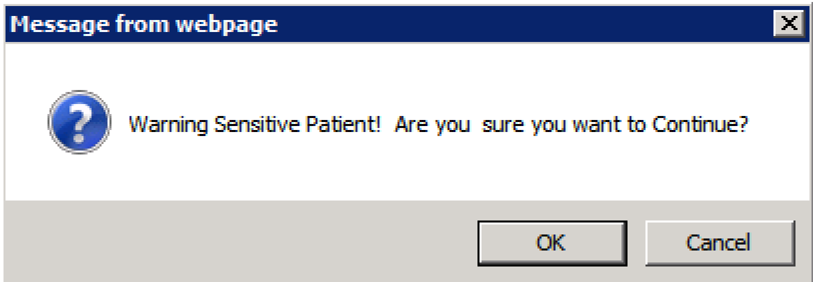


Figure 34: Sensitive Patient Warning for unlocked review

Once you select the "Ok" button, a *Sensitive Patient Bulletin* will be sent to the Information Security Officer at your site for justification.

5.7 Viewing Patient Information for Different Sites

You will be able to use this feature if you have permission to view patient information for different sites. Please note that you may only view patient information for one site at a time.

5.7.1 Switching to a Different Site

To select a different site

1. *Click* the **Current Lookup Site** dropdown (Figure 35)
2. Select a site by *clicking* on it.
3. *Click* the <Go> button to view patient information for that site.

Figure 35: Current Lookup Site dropdown

You can switch to a site where you do not have a particular set of permissions and you can still navigate to the desired web page, but you will not be able to see any patient data. For example: if you get access to a site where you do not have Primary Review rights and you navigate to the *Patient Selection/Worklist* you will not see patient data there.

5.8 Assigning and Reassigning Reviewers to Patient Stays

When you select a stay from the ***Patient Reviews*** screen and complete a review on that patient, NUMI will automatically assign this stay to you. However, NUMI gives you the flexibility to manually assign and reassign stays to yourself or to others, as described in Section 5.8.1.

5.8.1 Assigning/Reassigning a Reviewer

To assign a reviewer to a patient stay

1. Conduct a search for patients using the desired filters.
2. *Click* on the **Assign Reviewer** dropdown for each patient stay that you wish to assign a reviewer to.
3. Select a reviewer from each dropdown by *clicking* on their name (Figure 36).
4. *Click* the <Assign Reviewers> button. If you hover your mouse over the <Assign Reviewers> button a tooltip will display (Figure 37).
5. The review will be assigned and the reviewer you selected will see the patient information in their worklist.

To reassign a reviewer for a patient stay

1. *Click* on the **Assign Reviewer** dropdown for a patient that has already been assigned to a reviewer.
2. Select another reviewer from the list by *clicking* on their name.
3. *Click* the <Assign Reviewers> button, The review will be reassigned and the name of the new reviewer you selected will display in the table.

Figure 36: Assign Reviewer dropdown illustration

Figure 37: Assign Reviewers button with tooltip

If you complete a review on a stay, you become the assigned reviewer regardless of whether or not the review was previously assigned to someone else.

6 Patient Stay History

This chapter describes the ***Patient Stay History*** screen (Figure 38). The ***Patient Stay History*** screen displays information from VistA once you select a stay from the ***Patient Selection/Worklist***. Patient Stay History is related to the most recent status of a patient's stay in the hospital. Any reviewer can view prior movements and reviews for the stay, print out a worksheet for the patient stay for use when out on rounds, and begin a review by clicking a hyperlink, and copy an existing review. Upon initial display, the CERME and Primary Review buttons are grayed out. A list box displays a list of all known stays for the selected patient in reverse chronological order.

The most recent undismissed stay is selected by default, and the information in the 'Selected Stay Information' Panel on the screen are set based upon that stay. Upon selecting a new stay in the Stay List, the information in the 'Selected Stay Information' Panel on the Stay History screen are updated to reflect the information for the newly selected stay.
Details from the Patient Stay History Screen include:

- **Admitting Physician:** The Admitting Physician details are derived from the information entered by a reviewer on the Primary Review Screen, as described in Section 8.
- **Admission Sources:** The Admission Source details are derived from information entered by a reviewer on the Primary Review Screen, as described in Section 8.12.

If NUMI is unable to connect to VistA to obtain information associated with a new stay, the following error message, "NUMI cannot access VistA at <facility name>. If you can access VistA through CPRS, please contact the National Service Desk. If you cannot access VistA or CPRS, then please wait to use this feature in NUMI until VistA at <facility name> comes back online." will display.

If NUMI's connection to VistA does not quickly return data upon selecting a new stay, the following error message "NUMI is requesting movement records from VistA." will display and remain there until data is returned from VistA or an actual timeout occurs.

If NUMI finds that a given stay is not reflected in VistA, the following error message "This stay cannot be found in VistA. Please dismiss this stay." will display.

The features on this screen are listed in Table 4.

Table 4: Patient Stay History Features

FEATURES
Show / Hide Reviews Table
Dismiss a Patient Stay
Select a Review from the Reviews Table
Select Review links from Movement History Table
View Patient Insurance Information
Print out a Patient Worksheet

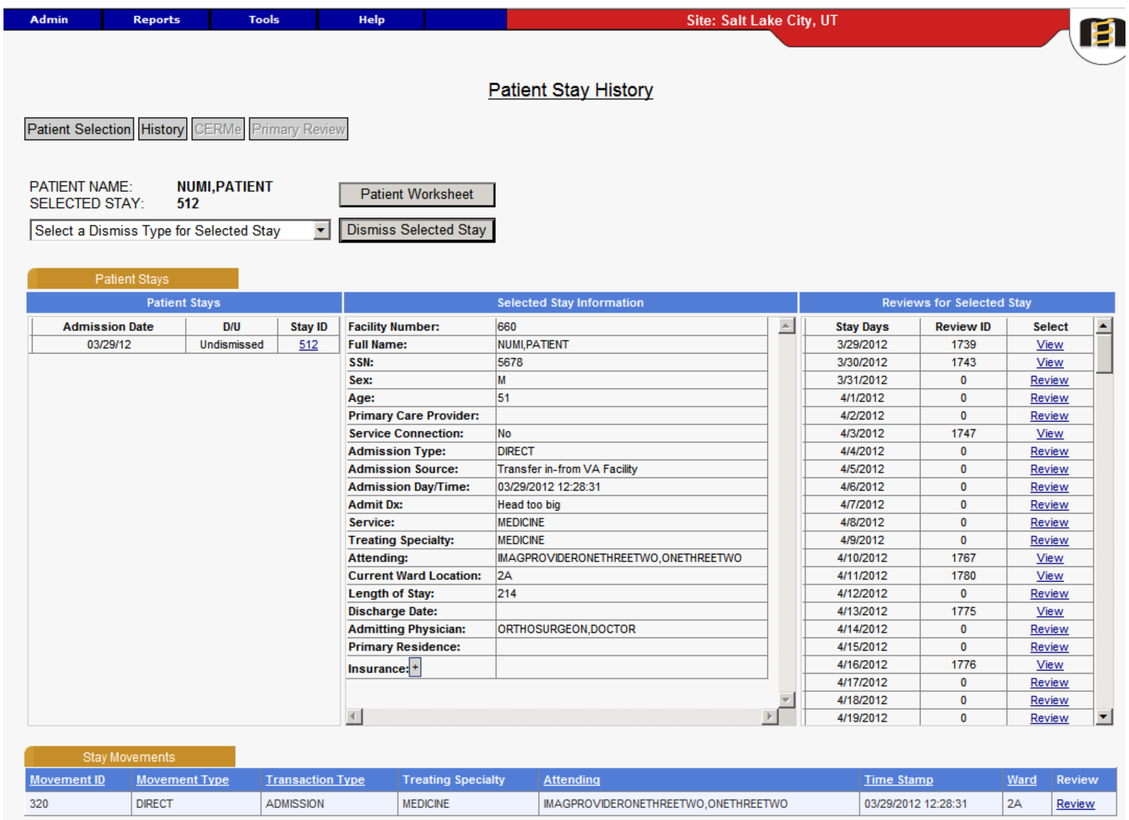


Figure 38: Patient Stay History

6.1.1 Patient Stay List

All patient stays are displayed in the Patient Stay List in the upper left hand portion of the screen. The most recent undismissed stay is always displayed first in the list and is the stay upon which the "Currently Selected Stay Information" and "Reviews for Currently Selected Stays" lists are based. Selecting a different Patient stay will re-populate the screen with new data for that newly selected stay.

6.1.2 Currently Selected Stay Information

The "Currently Selected Stay Information" list includes most patient information for the currently selected patient stay.

6.1.3 Reviews for Currently Selected Stays List

The reviews for currently selected stays list is also based on the currently selected patient stay. It displays all reviewable dates for the selected patient stay. In addition, a hyperlink next to each date allows the user to conduct a review or view an existing review for that date.

6.1.4 Table of Stay Movements and Table of Reviews

The Stay Movements table is displayed when the ***Patient Stay History*** screen first opens. This table cannot be hidden. The Reviews table, however, is hidden when the screen first opens. Instructions for displaying that table are described in Section 6.1.5.

6.1.5 Showing and Hiding the Table of Reviews for a Patient

1. *Click* the gold colored <`Show Reviews`> bar (depicted in Figure 39) to display the table containing the patient's reviews since they were admitted. (Figure 42) While the table is open, the text on the bar will display <`Hide Reviews`>. (For more information about NUMI bars, please see Section 2.1.16).

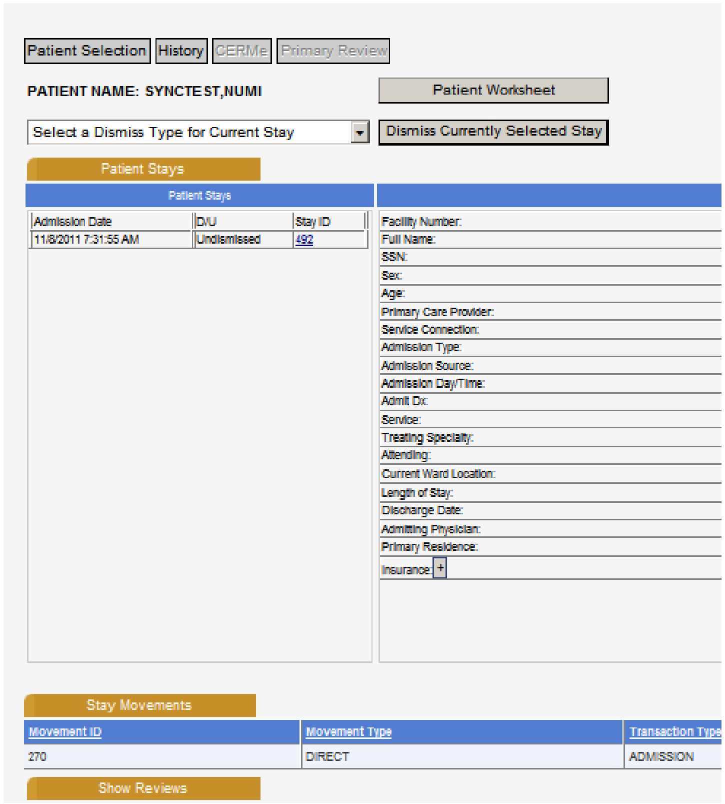


Figure 39: Patient Stay History screen tabs and buttons

6.1.6 Dismiss a Patient Stay

Patient stays can be dismissed from the ***Patient Stay History***.

To dismiss a patient stay:

1. Select the stay you wish to dismiss.
2. Choose the reason from the Select a Dismiss Type for Current Stay dropdown menu. The Dismissal Type dropdown will have the same options listed on the Patient Selection/Worklist (Figure 40).
3. Click the Dismiss Currently Selected Stay.
4. The Patient Stays column will reflect “Dismissed” in the D/U detail column.

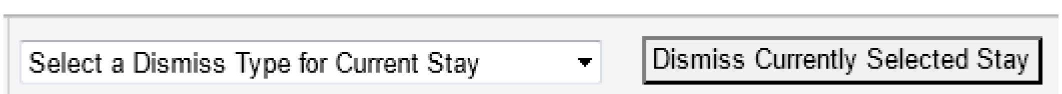


Figure 40: Dismiss Stay from Patient Stay History

On the Patient History Screen, it is possible to select other stays for that patient for dismissal. This is in contrast to the *Patient Selection/Worklist* where the dismissal action defaults to the most recent stay with no abilities to select other stays for that patient.

6.1.7 Selecting a Review from the Reviews Table

Note: There are two methods for selecting stays for reviews, *Selecting a Review from the Reviews Table* (Section 6.1.7) and *Selecting a Patient Movement from the Stay Movements Table (Section 6.1.9)*. While both are valid methods of selecting reviews, Section 6.1.7, *Selecting a Review from the Reviews Table* provides instructions for the preferred method.

Patient reviews that have not been locked into the database and may be requiring further review and completion or that have been unlocked will display a Review hyperlink in the **Reviews** table. Clicking the hyperlink will open the ***Review Summary*** screen (Figure 41) and you can continue working on the review from there. You will also have the option to copy the review – just click the <`Copy This Review`> button.

Reviews that have been locked to the database will display a View hyperlink in the **Reviews** table. Clicking the hyperlink will open the ***Review Summary*** screen, and you can look at the review and, if desired, you can edit the review, delete the review, or copy the review and save it with another date. When you open the review, you will see <`Close`>, <`Copy This Review`>, <`Unlock`>, <`Delete`> and <`Print`> buttons. If the review included an admission or day that did not meet criteria, depending on the state of the review you will also see the <`Unlock Physician Advisor Review`> button. (See Section 13.2 for more information).

6.1.8 Selecting a Review from the Reviews for Currently Selected Stays List

The Review/View functionality is also available from the “Reviews for Currently Selected Stays” list on the upper right hand side of the screen. This functions exactly the same as selecting from the Reviews Table, with the added feature of being able to see exactly which days in the Patient Stay are available for review or have already been reviewed. Additionally, selecting a review from the “Reviews for Currently Selected Stays” list automatically pre-populates the review date in the review.

When unlocking a Primary Review Summary with no Admission Review Type displayed, you will not be able to save the review until a valid option from the Admission Review Type dropdown is selected. The valid dropdown options are discussed in Section 8.18.

There are some restrictions imposed when copying reviews. You are prohibited from copying a review and applying it to a different patient. You are also prohibited from copying a review and using a stay date related to a different hospital admission.

From this versatile screen you can Unlock, Delete, Print and Copy a review with the click of a button. (See Chapter 13 for more details about Unlocking and Deleting reviews, and Chapter 14 for more details about Copying reviews).

To select a review from the Reviews table

1. *Click* the gold <`Show Reviews`> bar (illustrated in Figure 39) to display the **Reviews** table.
2. *Click* on the `View` or `Review` hyperlink for the review you want to see.
3. A separate window will open and display the ***Review Summary*** screen (Figure 41).


Review Summary Print

Patient Name:	NUMI,TESTPATIENT	Admitting Physician:	ORTHOSURGEON,DOCTOR
SSN:	3332	Admission Source:	Transfer in-from VA Facility
Sex:	M	Attending Physician:	IMAGPROVIDERONETHREETWO,ONETHREETWO
Age:	46	Treating Specialty:	MEDICINE
		Service Section:	MEDICINE
Reason Code:		Ward:	1A
Reason Description:			
Episode Day of Care:	N/A		
Admit Diagnosis:	Hypertension	Custom:	
Admit Date:	12/5/2011 12:39:49 PM	Discharge Date:	
Day Being Reviewed:	12/06/11	Day of Stay:	2
Review Type:	BH Concurrent Review	Admission Review Type:	Not an Admission Review
Current Level Of Care:	Hoptel	Unscheduled Readmit Within 30 Days:	No
IQ Criteria Met:	Yes	Subset:	Adult Mania / Hypomania (Concurrent Review)
Next Review Reminder:	03/24/12	Further review on this stay:	Yes
Reviewer Comments:			

Delete Reason:

Close Review Delete

CERME Review Text

```
[X] Current Level: Outpatient (OP)  [One]
    [X] OP-Alternate Level of Care (Within last 5 authorized visits)  [One]
            [X] Symptoms / Behavior improved / resolved
```

Figure 41: Review Summary screen with Unlock, Delete, Print and Copy options

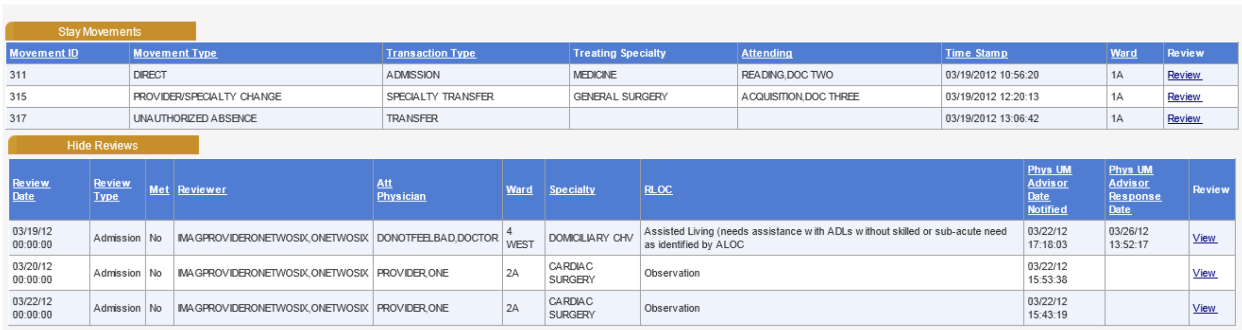
6.1.9 Selecting a Patient Movement from the Stay Movements Table

Each patient will receive one review per day. Select a patient movement from the table as a starting point for reviewing a day of a stay because the Attending, Ward, and/or Treating Specialty are already populated. Any of these aspects related to the movement, as well as the date, can be corrected later on the ***Primary Review*** screen. (See Chapter 8 for detailed information about the ***Primary Review*** screen). Note: the Attending Physician from VistA may need to be updated in NUMI if it has been entered inaccurately on the unit, or in Admissions. This does not update it in VistA or on the ***Patient Selection/Worklist***, but NUMI reports will display the corrected Attending information.

To get to the *InterQual Criteria* screen, you must click on a Review link from the Stay Movements table. The review link that you select determines the ward, treating specialty and attending physician that will be populated on the review.

To select a patient movement from the Stay Movements table

1. *Click* the `Review` hyperlink in the **Stay Movements** table for the movement you want to see.
2. Remember that the Attending Physician, Ward, and Treating Specialty from that movement will pre-populate on the ***Primary Review*** screen.
3. The ***InterQual Criteria*** screen will display. (See Chapter 6 for information about the ***InterQual Criteria*** screen and its use in NUMI).


Stay Movements

Movement ID	Movement Type	Transaction Type	Treating Specialty	Attending	Time Stamp	Ward	Review
311	DIRECT	ADMISSION	MEDICINE	READING,DOC TWO	03/19/2012 10:56:20	1A	Review
315	PROVIDER/SPECIALTY CHANGE	SPECIALTY TRANSFER	GENERAL SURGERY	ACQUISITION,DOC THREE	03/19/2012 12:20:13	1A	Review
317	UNAUTHORIZED ABSENCE	TRANSFER			03/19/2012 13:06:42	1A	Review

Hide Reviews

Review Date	Review Type	Met	Reviewer	Att Physician	Ward	Specialty	RLOC	Phys UM Advisor Date Notified	Phys UM Advisor Response Date	Review
03/19/12 00:00:00	Admission	No	IMAGPROVIDERONETWOSIX,ONETWOSIX	DONOTFEELBAD,DOCTOR	4 WEST	DOMICILIARY CHV	Assisted Living (needs assistance with ADLs without skilled or sub-acute need as identified by ALOC	03/22/12 17:18:03	03/26/12 13:52:17	View
03/20/12 00:00:00	Admission	No	IMAGPROVIDERONETWOSIX,ONETWOSIX	PROVIDER,ONE	2A	CARDIAC SURGERY	Observation	03/22/12 15:53:38		View
03/22/12 00:00:00	Admission	No	IMAGPROVIDERONETWOSIX,ONETWOSIX	PROVIDER,ONE	2A	CARDIAC SURGERY	Observation	03/22/12 15:43:19		View

Figure 42: Patient Movements and Reviews tables

6.1.10 Viewing Patient Insurance Information

The display of patient insurance is for informational purposes only and does not impact the review process. (Insurance review data can be entered into the VistA Claims Tracking application or another facility/VISN-designated program for tracking of this information). The Insurance field will be collapsed when the ***Patient Stay History*** screen first opens.

To display Insurance information

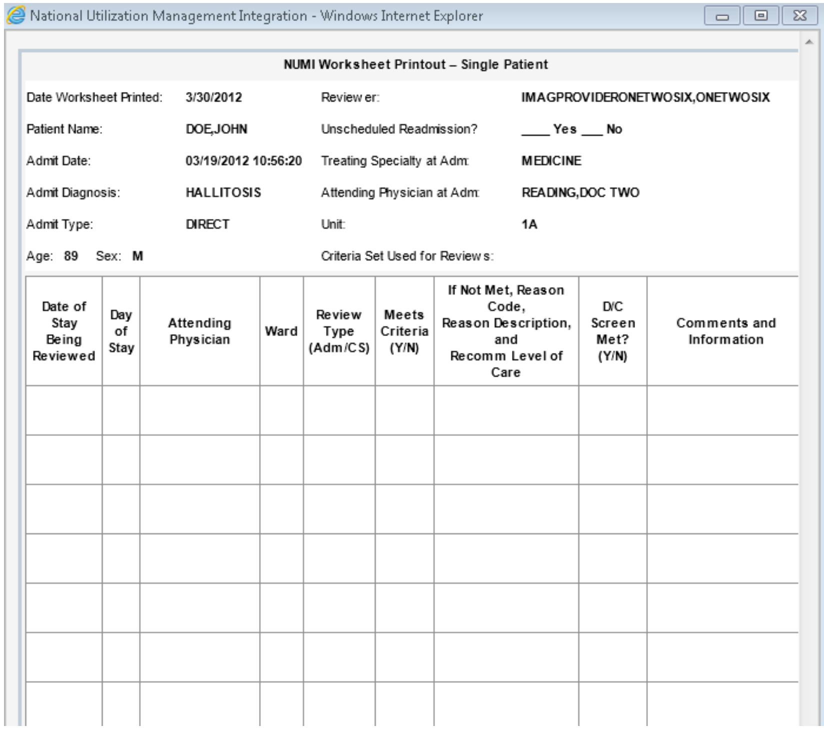
1. *Click* the <+> button, beside the **Insurance** field (shown in Figure 38) and the patient's insurance information will display. If the patient does not have insurance, a "`0`" will display in the field.

6.1.11 Printing out a Patient Worksheet

NUMI offers a convenient feature that allows you to print out a hardcopy worksheet with admission information for a patient, and use it to take notes to assist you in entering reviews into NUMI. This can be helpful if you like to do all your CPRS research first and then enter reviews, or if you need to take notes when out on the units. Worksheets can be valuable tools if a reviewer needs to pick up patients from another reviewer.

To print a patient worksheet

1. *Click* the <`Patient Worksheet`> button (shown in Figure 39).
2. A worksheet with information for the patient will display in a new window, as shown in Figure 43. *Right-click* and select the <`Print`> option to print it out on your local printer.



National Utilization Management Integration - Windows Internet Explorer

NUMI Worksheet Printout – Single Patient

Date Worksheet Printed:	3/30/2012	Reviewer:	IMAGPROVIDERONETWOSIX,ONETWOSIX
Patient Name:	DOE,JOHN	Unscheduled Readmission?	____ Yes ___ No
Admit Date:	03/19/2012 10:56:20	Treating Specialty at Adm:	MEDICINE
Admit Diagnosis:	HALLITOSIS	Attending Physician at Adm:	READING,DOC TWO
Admit Type:	DIRECT	Unit:	1A
Age: 89 Sex: M		Criteria Set Used for Reviews:	

Date of Stay Being Reviewed	Day of Stay	Attending Physician	Ward	Review Type (Adm/CS)	Meets Criteria (Y/N)	If Not Met, Reason Code, Reason Description, and Recomm Level of Care	D/C Screen Met? (Y/N)	Comments and Information

Figure 43: Patient Worksheet example

7 InterQual Criteria

This chapter describes the ***InterQual Criteria*** screen in the NUMI application (Figure 45). The ***InterQual Criteria*** screen is actually the portion of McKesson CERME integrated into NUMI that automates the usage of the InterQual® criteria, to determine whether a stay meets criteria or not. With very few exceptions, everything on this screen is McKesson CERME. When the screen is first displayed, the Primary Review button and the Continue Primary Review button will be grayed out.

CERME 2012 criteria are loaded and can be selected as appropriate for your reviews. The Quality Indicator Checklist and the Transition Plan screens are just for reference. No data entered on these screens will be saved in the NUMI database. If you check any boxes on those screens and click the `Continue Primary Review` button to proceed to the *Primary Review Summary* screen from the quality indicator checklist or the transition plan screen, you will see the error depicted in Figure 44.

Figure 44:Unsupported Review Type error message

It is important to note that the current process you follow for using CERME (e.g., select an InterQual® Product, Category and Subset, view criteria notes, evaluate/select criteria, etc.) is based on your InterQual® training. CareEnhance Review Manager training and National Policy will remain exactly the same.

CERME 2012 requires the use of a Flash Player. If you try to access the InterQual Criteria screen and you do not have Flash Player loaded on your personal computer (PC) desktop, you will receive a message advising that you need to have Flash Player (see Figure 11). Just click the OK button to close this message and proceed into CERME to complete your review. Please see Section 2.1.21 for more information.

When you have completed your CERME activities on this screen, just click the <`Continue Primary Review`> button to move on to the NUMI ***Primary Review*** screen. The McKesson CERME features of this screen are listed in Table 5, and the NUMI features are listed in Table 6.

Table 5: InterQual Criteria Screen – McKesson CERME Features

CERME 2012 FEATURES

CERME 2012 FEATURES
Find InterQual® Medical Criteria Subsets
View InterQual® Medical Criteria Subset Notes
Select an InterQual® Medical Criteria Subset
Print a Review Summary
View InterQual® Notes
View CERMe Help Topics
View Clinical Evidence Summaries
Change Current Level of Care
Create a Review (Admission, Continued Stay, and Discharge screen)
Transition Plan
Quality Indicators Checklist

Table 6: InterQual Criteria CERMe Screen – NUMI Features

NUMI FEATURES
The "Continue Primary Review" Button
The "Patient Selection/Worklist", "Patient Stay History", "CERMe" and "Primary Review button bar (navigational tabs for moving through a review)
The read-only information in the *Review For*, *Age* and *Admission Dx* fields

IMPORTANT

Below is a list of some features that may display as you are working on the ***InterQual Criteria*** screen. These are McKesson CERME features and are not applicable to NUMI. Please do not use them:

- *Add Reviewer Comments* field (Any comments entered here will NOT be captured with the rest of the review. The ***Primary Review*** screen, described in Chapter 8, will provide you with an opportunity to enter review comments).
- *Hide Comments* checkbox

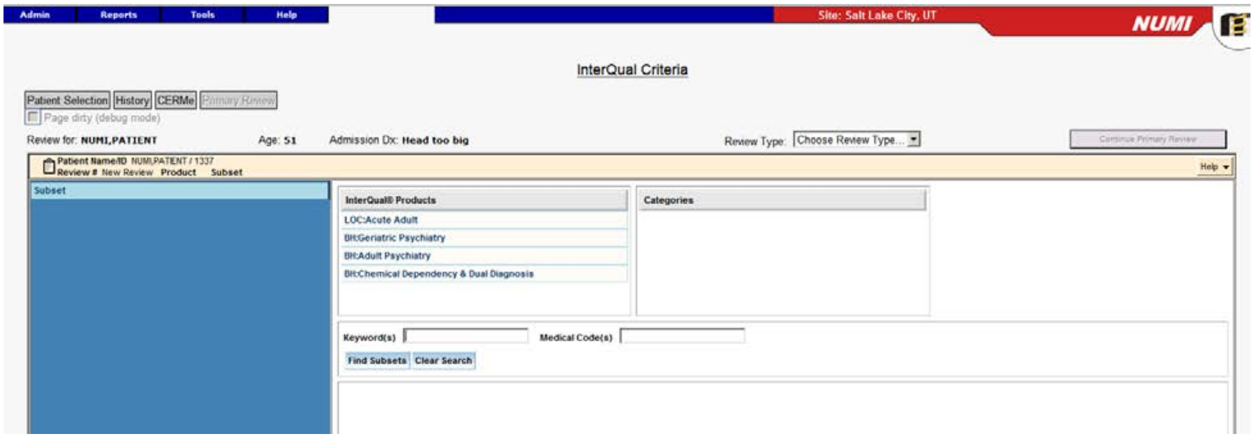


Figure 45: NUMI Application 'CERMe' screen

7.1 Finding InterQual® Medical Criteria Subsets

Use this feature to find Subsets, which are groupings by specialty under each InterQual® Level of Care. Within each Subset are the InterQual® medical criteria Products, Categories and Subcategories that the Subset is based upon. A specific subset of InterQual® criteria is implemented in NUMI. The subsets that are NOT implemented in NUMI are listed in Table 7.

Behavioral Health Procedure Review Subsets are not supported in NUMI. CERME will let you choose the Behavioral Health Procedure Review subsets below and do a review, but when you try to continue NUMI will stop you and reset the review to its previous state.

Table 7: InterQual® Criteria Subsets not implemented in NUMI

InterQual Product	Category	Unsupported Subsets
BH: Geriatric Psychiatry	Procedure Review	- Geriatric Acute Short-Term Electroconvulsive Therapy (ECT) - Geriatric Continuation/Maintenance Electroconvulsive Therapy - Geriatric Neuropsychological Testing - Geriatric Psychological Testing
BH: Adult Psychiatry	Procedure Review	- Adult Acute Short-Term Electroconvulsive Therapy (ECT)

InterQual Product	Category	Unsupported Subsets
		- Adult Continuation/Maintenance Electroconvulsive Therapy - Adult Neuropsychological Testing - Adult Psychological Testing

No reviews need to be done for non-implemented subsets (i.e., procedures within Behavioral Health), and they cannot be saved.

To find Subsets by InterQual® Product and Category

1. Select an option in the **InterQual® Products** window by *clicking* on it.
2. A list of categories will be populated in the **Categories** window.
3. *Click* on an option in the **Categories** window and a list of hyperlinked Subsets will populate in the table on the screen.

If you select the *BH: Chemical Dependency & Dual Diagnosis* InterQual® Product and the *Adult* or *Adolescent* Category options, an additional Subcategory-level window will display. Once you have selected a subcategory, a list of hyperlinked Subsets will display in the table.

7.1.1 Finding Subsets using Keyword(s) and Medical Code(s)

Use this feature to search for InterQual® Medical Criteria Product subsets using Keywords and Medical Codes. The Keyword search feature is handy when you are not sure which subset to use for an admitting diagnosis. The Medical Code search feature is handy in cases where concurrent coding has been done (i.e., a patient stay gets an ICD-9 code upon admission, and that code is changed concurrently as the diagnosis changes).

To find Subsets using Keyword(s)

1. *Type* the desired keyword(s) into the **Keyword(s)** field.
2. *Click* the <Find Subsets> button.

To find Subsets using Medical Code(s)

1. *Type* the desired ICD-9 medical code(s) into the **Medical Code(s)** field).
2. *Click* the <`Find Subsets`> button.

Use commas in between multiple Keywords and Medical Codes

If a Keyword or Medical Code search produces no results, the message "No Subsets Found" displays

7.2 Viewing Subset Notes

Use this feature to look at InterQual® Medical Criteria Subset Notes. The types of criteria notes include: *Instruction (Level of Care) Notes* which facilitate level of care choices and explain correct applications (Figure 46), *Informational Notes* which clarify criteria points (Figure 47), and *Glossary Notes* that include frequently referenced notes and definitional terms (not shown).

To view Subset notes

1. Select an **InterQual® Product**, a **Categor**y, and a **Subcategory** (if applicable).
2. When the list of Subsets displays in the table, *click* on the yellow **Notes** icon beside the desired subset.
3. Another window will open and display the notes for that Subset.

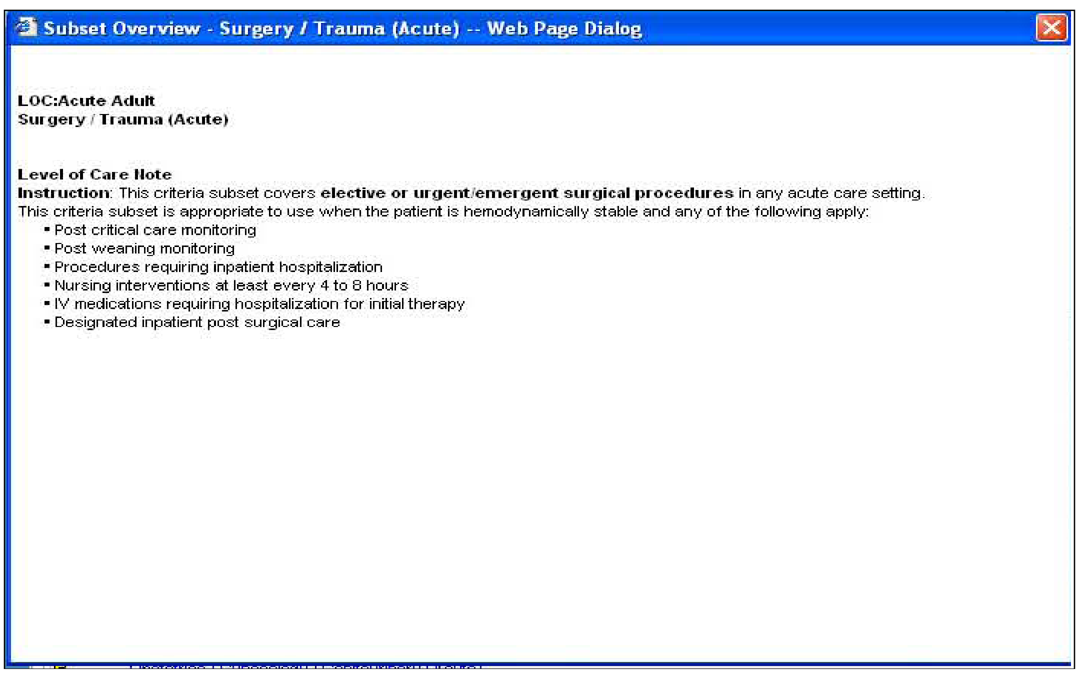


Figure 46: Instruction (Level of Care) Subset Notes example

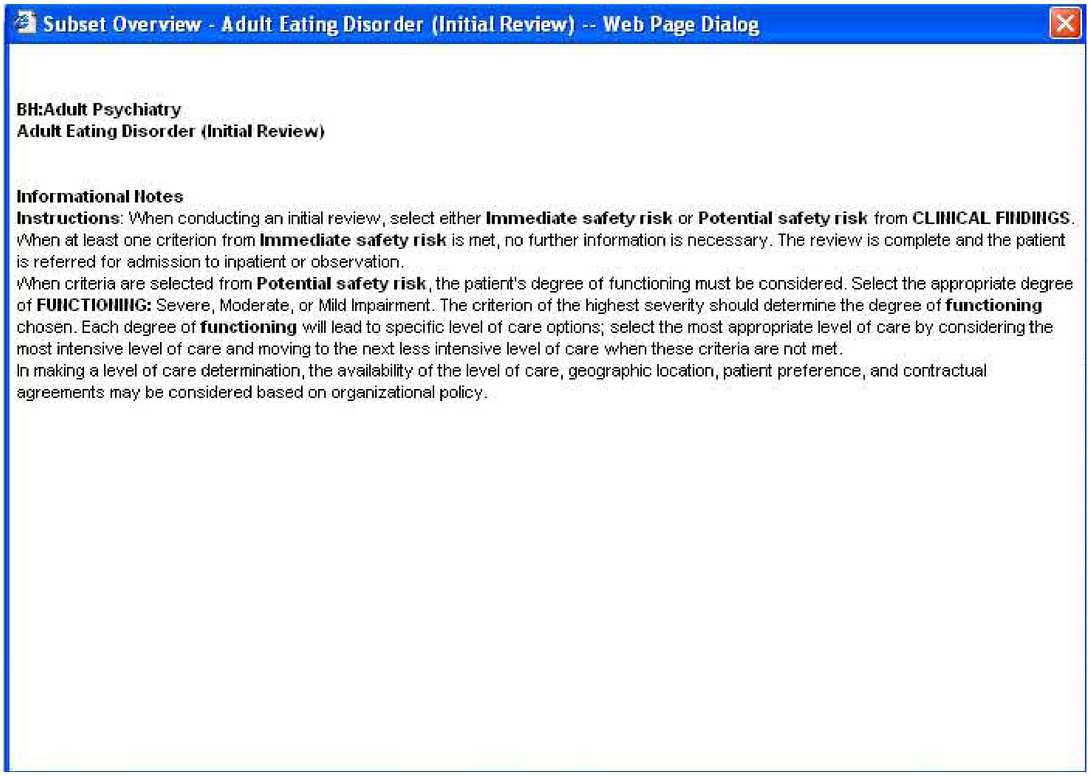


Figure 47: Informational Subset Notes example

7.3 Selecting an InterQual® Medical Criteria Subset

To select a Subset

1. Select an **InterQual® Product**, a **Categor**y, and a **Subcategory** (if applicable).
2. When the list of Subsets displays in the table, *click* on the desired **Subset Description** hyperlink.
3. Select the applicable review type from the Review Type drop down list (Figure 54).
4. A set of criteria with checkboxes will display (Figure 48).
5. To expand or collapse the criteria fields, click the <+> and <-> buttons.

The criteria that displays will depend on the Subset you choose. Review criteria from the selected subset decision tree for a patient is captured and displayed on the *Review Summary* and *Physician Advisor Worklist* screens for reference.

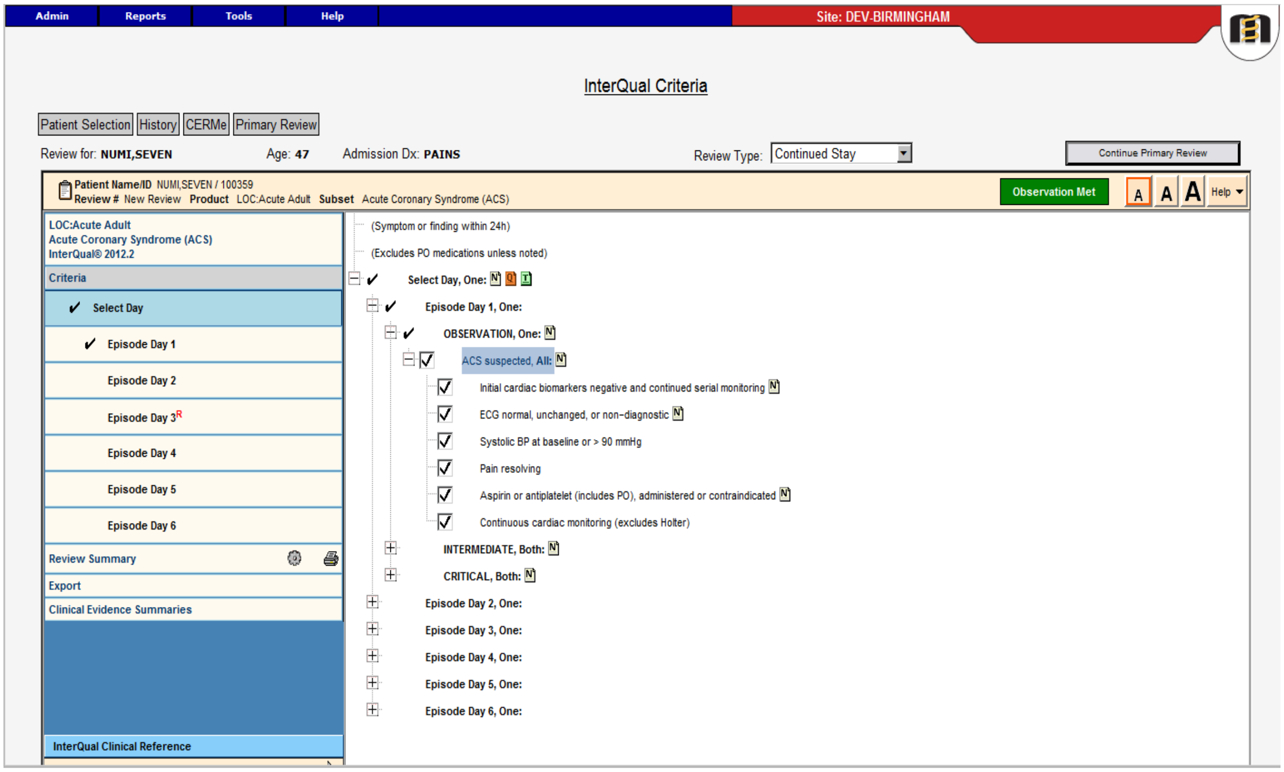


Figure 48: Criteria InterQual® Criteria checkboxes

***Clicking* the <`Next Step`> button in the lower left portion of the sidebar may display the message: "`There are no more steps to display`". This applies to McKesson CERME and is not applicable to NUMI. If you see this message, *click* the <`Continue Primary Review`> button at the top right hand side of the page to proceed.**

7.3.1 Changing a Subset Selection

To change a Subset selection

1. *Click* on the **Subset** information row in the sidebar to display the <`Change Subset`> button (Figure 49).
2. *Click* the <`Change Subset`> button.
3. The following message displays: "Changing subsets will erase all criteria point selections, reviewer notes, and the review outcome. Would you like to change subsets?"
4. *Click* the <`Yes`> button and select another Subset.

Figure 49: Change Subset button

5. `Criteria Met` or `Criteria Not Met` will display based on the criteria checkboxes you select.

7.4 Printing a Review Summary

While this screen has a feature for printing a review summary, it should be noted that this summarizes CERMe data selected only, and does not include the other review data.

To print a review summary

1. *Click* the <`Review Summary`> button on the sidebar.
2. The summary information will display in the right hand side window, as shown in Figure 50. Use your browser's print feature to print out the information.

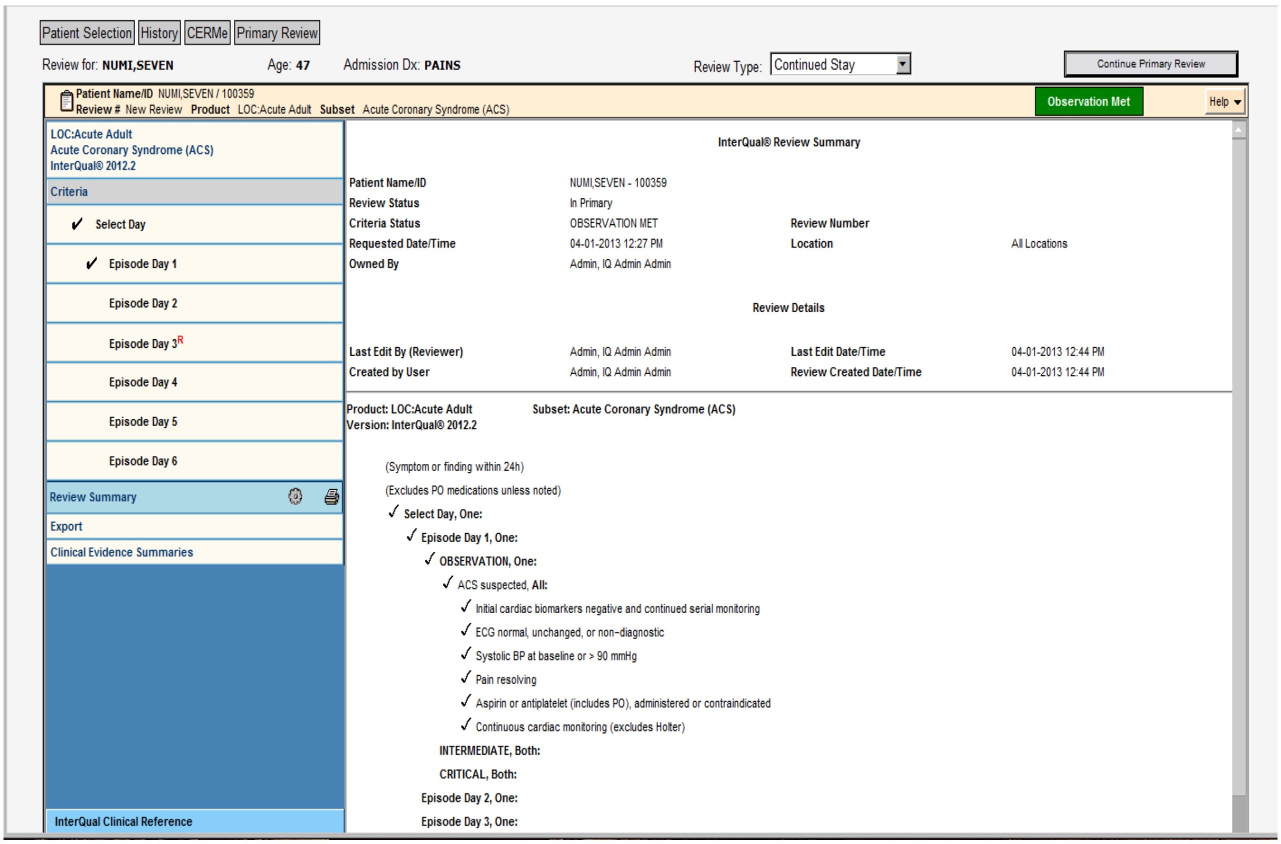


Figure 50: Review Summary

7.5 Viewing InterQual® Notes

Any InterQual® Notes that display will depend on the criteria you have selected, and will populate to the lower left hand window in the sidebar, as illustrated in Figure 51.

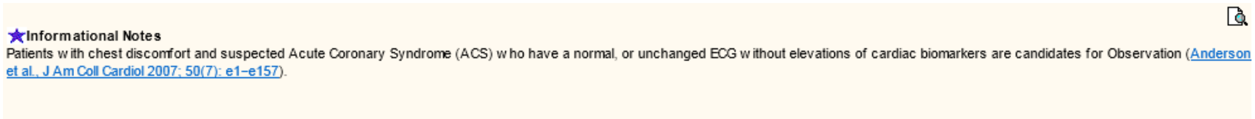


Figure 51: InterQual® Notes example

7.6 Viewing CERME Help Topics

The **Help** dropdown contains a variety of McKesson CERME help topics that can be viewed from within the NUMI application. These are <u>not</u> NUMI help topics. The dropdown is located on the far right hand side of the ***InterQual Criteria*** screen, beneath the <`Continue Primary Review`> button, as shown in Figure 50.

To view the CareEnhance Review Manager topic

1. *Click* the **Help** dropdown.
2. Click **CareEnhance Review Manager**. The topic will display in a separate window.

To view the Guide to Conducting Reviews topic

1. *Click* the **Help** dropdown.
2. *Click* **Guide to Conducting Reviews.** The topic will display in a separate window.

To view the InterQual® Abbreviations and Symbols topic

1. *Click* the **Help** dropdown.
2. *Click* **InterQual® Clinical Reference**.
3. *Click* **Abbreviations and Symbols**. The topic will display in a separate window.

To view the InterQual® Clinical Reference 2011 topic

1. *Click* the **Help** dropdown.
2. *Click* **InterQual® Clinical Reference**.
3. *Click* **Clinical Reference 2011**. The topic will display in a separate window.

To view the InterQual® Clinical Reference / Drug List topic

1. *Click* the **Help** dropdown.
2. *Click* **InterQual® Clinical Reference**.
3. *Click* **Drug List**. The topic will display in a separate window.

To view the Historical InterQual® Clinical Reference topic

1. *Click* the **Help** dropdown.
2. *Click* **InterQual® Clinical Reference**.
3. *Click* **Clinical Reference 2010**. The topic will display in a separate window.

To view the About CareEnhance Review Manager topic

1. *Click* the **Help** dropdown.
2. *Click* **About CareEnhance Review Manager**. The "About" information will

display in a separate window.

7.7 Viewing Clinical Evidence Summaries

Use this feature to view InterQual® Clinical Evidence Summaries. These are a collection of concise, current white papers that synthesize medical research on complex and controversial diagnoses to support second-level physician review recommendations and promote evidence-based standards of care.

To view Clinical Evidence Summaries

1. *Click* the **Clinical Evidence Summaries** information row in the sidebar (shown in Figure 52).
2. A list of **Categories** will display.
3. *Click* on a Category (or, to search for specific information, type in one or more Keywords and *click* the <`Find Subsets`> button).
4. A list of Clinical Evidence Subsets will display.
5. *Click* on a **Subset Description** hyperlink for the clinical evidence summary you wish to see. A Book View of the summary you chose will display.

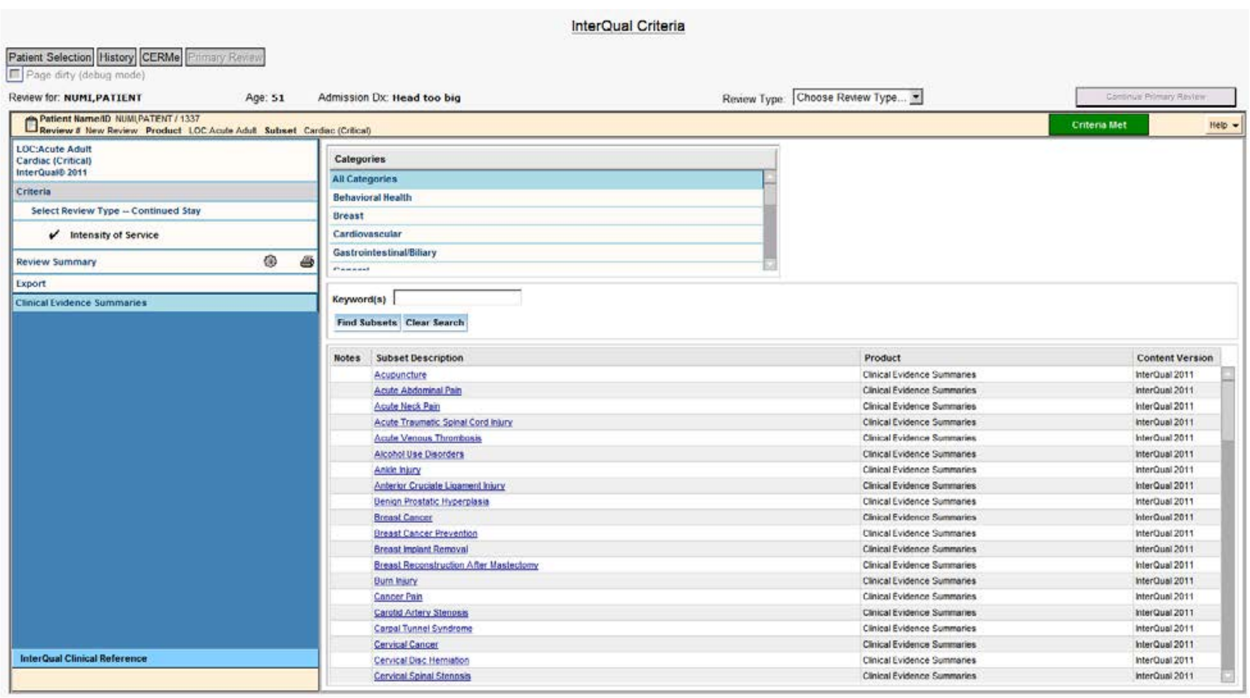


Figure 52: Clinical Evidence Summary Subsets

7.8 Change the Current Level of Care Option

Hyperlinked Current Level of Care options will display when Behavioral Health InterQual® Product / Category combinations are selected.

To change the Current Level of Care

1. *Click* on a product in the InterQual® Products window (e.g., BH: Chemical Dependency & Dual Diagnosis).
2. *Click* on a category in the **Categories** window (e.g., **Adult**).
3. *Click* on a subcategory in the Sub**Categories** window (e.g. Adult Concurrent Review)
4. *Click* on a Subset Description Link to select it.
5. A list of hyperlinked Current Level of Care options will display, as illustrated in Figure 53.
6. *Click* on a Current Level hyperlink.
7. A list of Current Level Criteria will be displayed.
8. In the Left Panel, Click on ‘Select Current Level of Care; link.
9. A list of hyperlinked Current Level of Care options will display, as illustrated in Figure 53 with the previously selected Current Level option highlighted.
10. *Click* on a unhighlighted Current Level hyperlink
11. A popup Dialog Box will be displayed containing the message “Changing this choice will erase all criteria. Click Yes to change or No to keep the old value” will display.
12. *Click* the <Yes> button and select another Current Level hyperlink.
13. A list of Current Level Criteria will be displayed that reflects the new Current Level hyperlink selected.

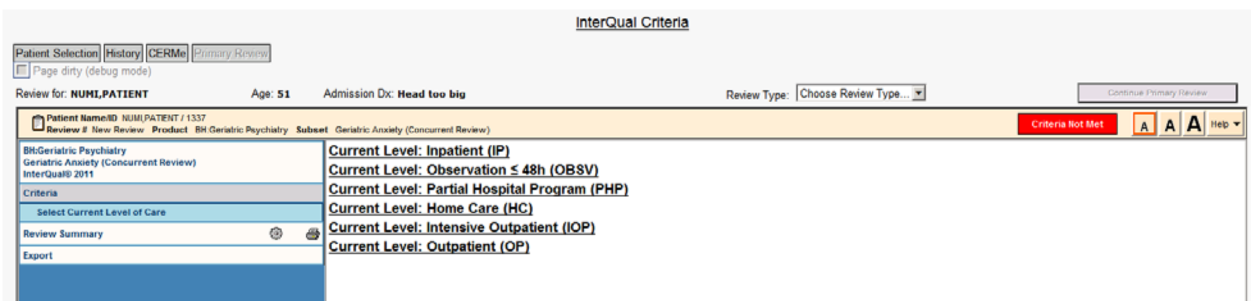


Figure 53: Current Level Of Care option examples

7.9 Transition Plan

The Transition Plan is a comprehensive discharge planning guideline intended to provide reviewers with a means to document, track and report on the discharge plan throughout the episode of care. It provides a framework for identifying discharge needs and outlines the interventions necessary to ensure continuity of quality patient care. Evidence has demonstrated that attention to transitioning care from one setting to another can significantly improve outcomes, impact quality of care and reduce readmissions.

The Transition Plan is available in the criteria books and as a reportable, interactive checklist in CareEnhance® Review Manager.

Within the criteria, select criteria points are flagged with a new green icon, indicating that the patient may be at risk for readmission and could benefit from comprehensive discharge planning.

To view Transition Notes

1. *Click* on the green Transition Notes icon beside a subset in the table.
2. Another window opens and displays the Transition Notes for that subset.

7.10 Quality Indicator Checklist

The National Quality Forum (NQF) inpatient quality measures can be found in the "Quality Indicator Checklist". This checklist is designed for ease of use, to improve quality of care, and to enable reporting.   The Quality Indicator Checklist is available in the criteria books and as a reportable, interactive checklist in CareEnhance® Review Manager.

Within the criteria, select criteria points that have associated NQF inpatient quality measures are flagged with a new orange icon. **To view Quality Indicator Notes**

1. Click on the orange Quality Indicator Notes icon beside a subset in the table.
2. Another window opens and Displays the notes for that subset.

7.11 Creating Reviews

Below are the basic steps for creating Admission and Continued Stay Reviews. Note: if a reviewer has previously performed a review for a stay that does Not Meet criteria and has specified reasons and assigned the review to a Physician Advisor, then they return and change the review so that the stay Meets criteria, the prior reasons and Physician Advisor review will all be lost.

The system will <u>not</u> permit you to create more than one review per patient, per day. <u>If</u> an attempt is made to save a second review for a single calendar day, an error message will be displayed indicating: `“A review has already been saved for <review date> by <reviewer name>. Only one review per day can be entered into NUMI. Please modify the saved review, if necessary, or select another day”`, and the review will not be saved.

InterQual® Notes can be displayed for certain Admission, Continued Stay and Discharge criteria. Criteria that have notes associated with them will display in the InterQual® Notes window on the lower left hand side of the InterQual Criteria screen.

7.11.1 Creating an Admission Review

An Admission Review is performed upon hospital admission to acute care treating specialties, or transfer to a higher LOC to determine whether that patient meets criteria for that level of care. For information about how the system identifies the various admission review types, please see <u>Section 8.15</u>.

To create an Admission Review

1. From the **Subset** menu, *click* on the **LOC: Acute Adult** InterQual® Product.
2. *Click* on a category in the **Categories** window.
3. A listing of Subsets will populate in a table on the screen.
4. Select a Subset by *clicking* on its **Subset Description** hyperlink.
5. Select the Admission option from the **Review Type Dropdown** list (<u>Figure 54</u>) to indicate to the system that the review is an Admission.
6. *Click* the <+> button beside the criteria to expand the Admission criteria fields (<u>Figure 55</u>).
7. *Click* on the desired checkboxes.
8. A checkmark will appear beside each box you have selected. (The criteria checkboxes you select will determine what displays in the **IQ Criteria Met** field on the ***Primary Review*** screen. Please see Table 8 for more information).
9. When you have selected criteria for both Severity of Illness and Intensity of Service, you will notice that if the patient has met criteria on both factors

there will be a green Criteria Met box in the upper right corner. If the patient has not met criteria on both factors, you will see a red Criteria Not Met box.

10. *Click* the <Continue Primary Review> button and the ***Primary Review Summary*** screen will display. (Note: A Review Type must be selected from the Review Type Dropdown for the <Continue Primary Review> button to become active.) On the ***Primary Review Summary*** screen you will complete the review by entering the Date you are reviewing, indicating if the admission is an unscheduled readmit within 30 days, selecting an Admission Review Type, seeing if the IQ Criteria is met, selecting the Current Level of Care, entering the Criteria Not Met Elaboration details and any Reviewer Comments, choosing the Selected Reason Description and, if the review does not meet criteria, selecting a Recommended Level of Care Reason, and selecting a Physician Advisor Reviewer, selecting the “Check here if criteria is NOT MET and formal hospital policy does NOT require physician review” check box, selecting the “Check this box if you will not be doing further views on this stay” checkbox and setting a reminder by selecting the Next Review Reminder date. Select the Admitting Physician from the dropdown, select the Admission Source the dropdown, select the Attending Physician from the dropdown, select the Treating Specialty from the dropdown, select the Service Section from the dropdown. Verify the Ward, is correct. (Note: when generating NUMI reports and using the Admission Review Type filter, the information that displays will be determined by the admission review type that was selected). Please see Chapter 12 for more information about reporting and Section 8.18 for information about the different types of admission reviews). There is a free text field to enter comments on the ***Primary Review Summary*** screen. This field will accommodate extensive comments and is intended for your use to document information for future reference and to assist you in identifying specific findings of this review.
11. *Click* the <FINAL SAVE/Lock to Database> button to save your work. (See Chapter 8 for detailed instructions on using the features of the ***Primary Review Summary*** screen).

At the time a review is created, NUMI will save three additional data fields captured from CERMe: Criteria Subset, Episode Day of Care, and CERMe version.

<u>IMPORTANT</u>: If you ever need to come back to the *InterQual Criteria* screen to make changes to the InterQual® criteria portion of the Admission review, you MUST *click* the <Continue Primary Review> button for NUMI to capture the changes, and reflect them in the review accordingly. Otherwise your changes will be lost.

Both the Severity of Illness criteria and the Intensity of Services criteria rules from the same criteria subset must be met on Admission. Thus, in NUMI, once criteria checkboxes have been selected for Severity of Illness <u>and</u> Intensity of Service, the criteria for

Admission will be met and the review status will automatically change to .

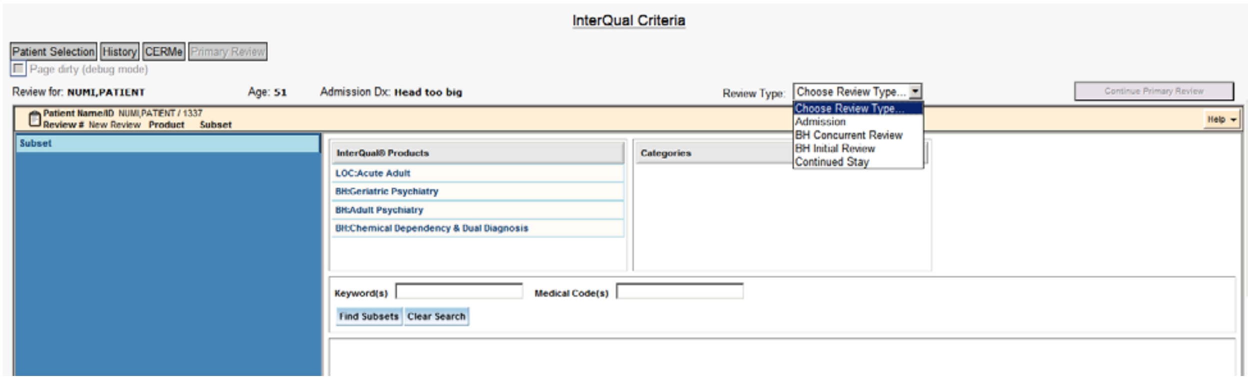


Figure 54: Review Type options

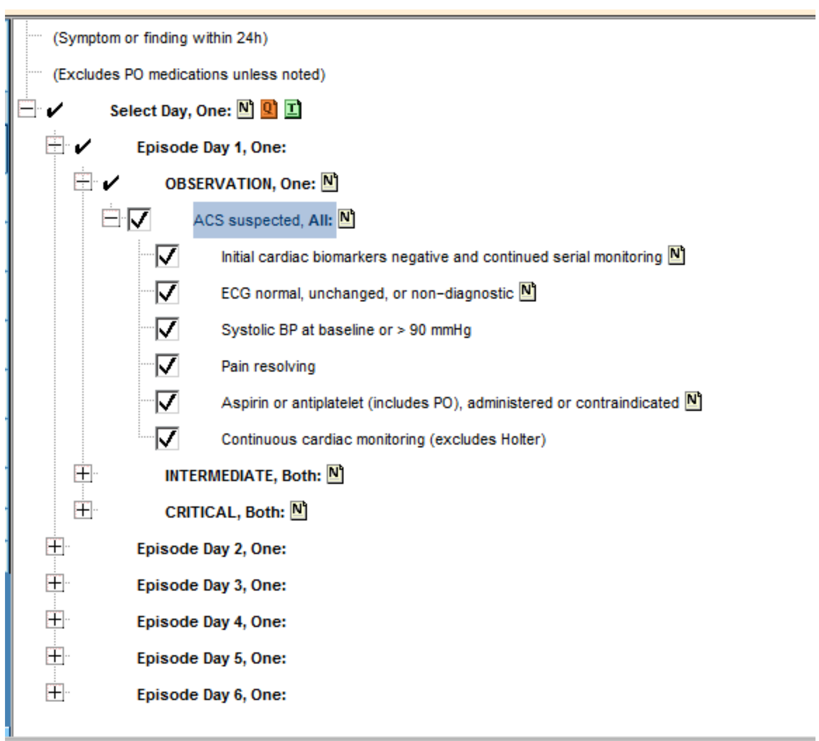


Figure 55: Admission criteria example

Selecting certain criteria may display advisory messages, such as: `“Admit to Inpatient/Observation”`, `“Admit to Inpatient / Observation and refer to Dual Diagnosis criteria subset for concurrent review”` or `“Admit to Inpatient Detoxification”`. *Click* the `<OK>` button to continue working.

7.11.2 Creating a Continued Stay (CS) Review

A Continued Stay (CS) Review is performed to determine if a continued stay day in the acute care setting meets clinical criteria. The system will only permit you to create one Continued Stay review per day.

To create a Continued Stay Review

1. From the **Subset** menu, *click* on the **LOC: Acute Adult** InterQual® Product.
2. *Click* on a category in the **Categories** window.
3. A listing of Subsets will populate in a table on the screen.
4. Select a Subset by *clicking* on its **Subset Description** hyperlink.
5. Select the Continued Stay option from the **Review Type Dropdown** list (Figure 54).
6. *Click* the <+> button beside the criteria to expand the fields (Figure 56).
7. *Click* on the desired checkboxes.
8. A checkmark will appear beside each box you have selected. (The criteria checkboxes you select will determine what displays in the **IQ Criteria Met** field on the ***Primary Review Summary*** screen. Please see Table 8 for more information).
9. *Click* the <Continue Primary Review> button and the ***Primary Review Summary*** screen will display. (Note: A Review Type must be selected from the Review Type Dropdown for the <Continue Primary Review> button to become active.) On the ***Primary Review Summary*** screen you will complete the review by entering the Day Being Reviewed, the Current Level of Care, the Criteria Not Met Elaboration details, and Reviewer Comments, selecting the Selected Reason Description and, if the review does not meet criteria, selecting a Recommended Level of Care and Stay Reason, selecting a Physician Advisor Reviewer and setting the Next Review Reminder Date. Then verify that Admitting Physician, Admission Source, Attending Physician, Treating Specialty, Service Selection, Ware and Custom are correct. Enter clinical comments to assist you for further reference. If this is a review that does not meet criteria and will be forwarded to a Physician Advisor Reviewer for review, clinical comments that provide information about why the patient is not meeting criteria will be helpful for the Advisor.
10. *Click* the <FINAL SAVE/Lock to Database> button to save your work. (See Chapter 8 for detailed instructions on using the features of the ***Primary Review*** Summary screen).

IMPORTANT: If you ever need to come back to the *InterQual Criteria* screen to make changes to the InterQual® criteria portion of the Continued Stay review, you MUST *click* the <Continue Primary Review> button for NUMI to capture the changes, and reflect them in the review accordingly. Otherwise your changes will be lost. (Note: A Review Type must be selected from the Review Type Dropdown for the <Continue Primary Review> button to become active.)

Once one or more criteria checkboxes for Intensity of Service have been selected, the

criteria for Continued Stay will be met. The review status will remain 

.

You can select the <`Continue Primary Review`> button regardless of whether criteria have been met. Note: if criteria has not been met, the review will become a Physician Advisor review (unless, by formal hospital policy, a Physician Advisor review is not required. Please see <u>Section 8.8.1</u>for information about indicating a Physician Advisor Reviewer review is not required).

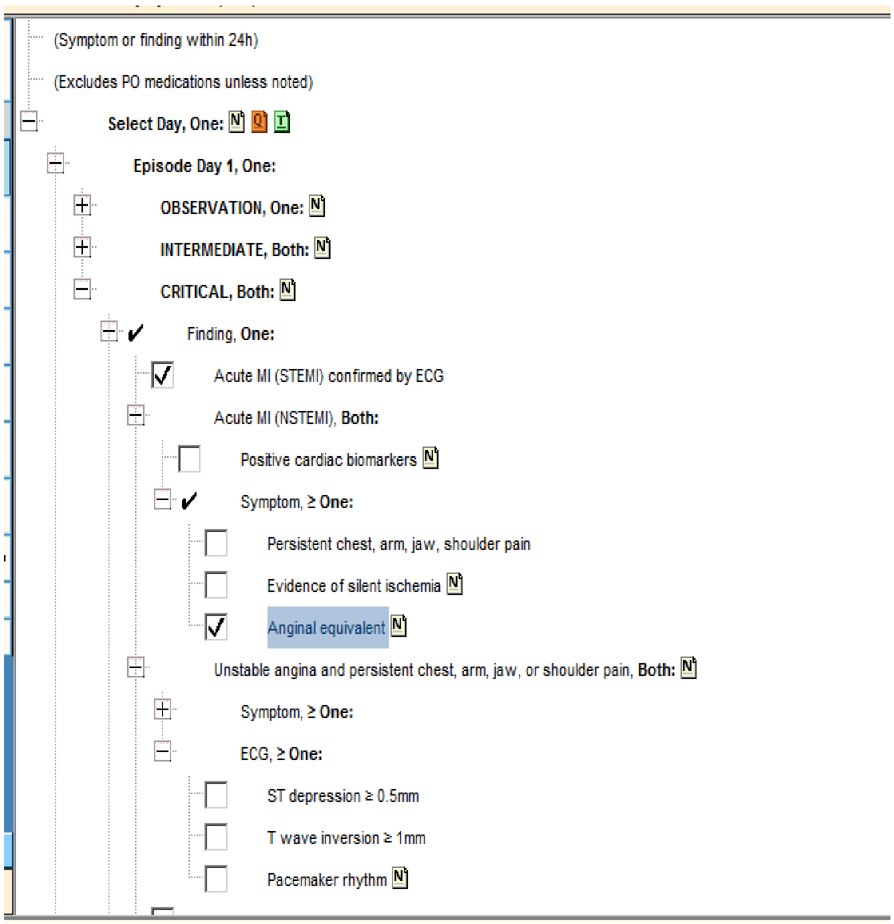


Figure 56: Continued Stay criteria example

Selecting certain Continued Stay criteria may display this message: "`Choosing these criteria indicates that the patient may be ready for discharge or transfer. Would you like to review the discharge screens for assistance in discharge planning? (For more information click on the Help tab to access the appropriate criteria review process e.g., Acute Care, Acute Rehabilitation, LTAC)`", along with <`Yes`> and <`No`> buttons. Click the desired button to continue working.

7.12 Continue Primary Review Button

Select this button to leave the ***InterQual Criteria*** screen in the NUMI application and proceed with the primary review. The type of review and whether it meets criteria or not will change the display of the ***Primary Review Summary*** screen when it displays after the <`Continue Primary`

Review> button is pressed.

To continue a Primary Review

1. *Click* the <Continue Primary Review> button at the top right hand side of the screen. (Note: A Review Type must be selected from the Review Type Dropdown for the <Continue Primary Review> button to become active.).
2. The ***Primary Review Summary*** screen will display.

If you click the <Continue Primary Review> button and the review is not supported in NUMI, you will see the message: "Unsupported review type. Please use another CERMe review". You will need to select another review. A Behavioral Health Procedure Review is one example of when this message may display. (Table 7 lists the non-implemented InterQual® Criteria Subsets in NUMI).

8 Primary Review Summary

This chapter describes the ***Primary Review Summary*** screen. The ***Primary Review Summary*** screen is where you will select a day to be reviewed during the patient stay and add and update patient review information such as review and reminder dates, levels of care, attendings, and stay reasons.

During the initial patient review, if the Admitting Physician field is not already populated by VistA, the reviewer should select an Admitting Physician from the Admitting Physician dropdown in the stay information section of the ***Primary Review Summary*** screen.

A read-only edit box near Criteria Subset is labeled “Episode Day of Care” and displays the information captured from CERMe.

To flag an unscheduled re-admission within 30 days of discharge, the reviewer can select the “Check if Unscheduled Readmit within 30 Days” checkbox. This appears when the CERMe review type is “continued stay” or “BH concurrent” and the day being reviewed is the same as the admission date.

The ***Primary Review Summary*** screen also displays the following text near the “Check if Unscheduled Readmit within 30 Days” checkbox: “You are conducting a <insert review type description> review for the day of admission. This should only be done for patients who have transferred into your facility from another medical facility. If this is an unscheduled re-admission, please check the unscheduled re-admission checkbox.” This message will only appear when the CERMe review type is “continued stay” or “BH concurrent” and the day reviewed is the same as the admission date.

In the **IQ Criteria Met** field, a visible Met / Not Met indicator is displayed for your convenience. The value that displays in the field (Yes/No) will be determined by the criteria checkboxes that were selected on the ***InterQual Criteria*** screen. Table 8 shows the detailed review outcomes and what will populate in the field. (The **IQ Criteria Met** field value will also display in the **Met?** column on the ***Patient Selection/Worklist*** screen).

Table 8: Review Outcomes and IQ Criteria Met Values

InterQual Criteria **Screen Review Outcome Value**	***Primary Review Summary*** **Screen IQ Criteria Met Field Value**
Observation Met – Yes	Yes
Acute Met – Yes	Yes
Intermediate Met – Yes	Yes
Critical Met – Yes	Yes
Criteria Met – Yes	Yes

InterQual Criteria Screen Review Outcome Value	*Primary Review Summary* Screen IQ Criteria Met Field Value
Criteria Not Met – No	No
Alternate Met – Yes	Exception/Not allowed
N/A	Exception/Not allowed

If the InterQual® product criteria you selected results in a review outcome of Alternate Met – Yes or N/A, when you select the `Continue to Primary Review` button from the *InterQual Criteria* and the *Primary Review Summary* screen displays, the error message shown in Figure 57 will display and you will be returned to the *InterQual Criteria* screen. An example of criteria selections that are not supported in NUMI and will produce the error message would be selecting the LOC Acute Adult Product and either the Transition Plan or Quality Indicator Checklist categories.

Figure 57: IQ Criteria Met error message

A "Criteria Not Met Elaboration" box will appear when the reviewer is creating a review that has not met criteria.

For reviews that do not meet criteria, a "Custom" text box will appear on the ***Primary Review Screen***. You can type up to 100 characters in this box. The full content of the Custom will appear as a tooltip when you hover your mouse over this area.

On this screen you can also, select the Admission Review Type, see if the IQ Criteria is met, select the Current Level of Care, enter the Criteria Not Met Elaboration details and any Reviewer Comments, choose the Selected Reason Description and, if the review does not meet criteria, select a Recommended Level of Care Reason, and select a Physician Advisor Reviewer to assign reviews that did not meet criteria, select the "Check here if criteria is NOT MET and formal hospital policy does NOT require physician review" check box, select the "Check this box if you will not be doing further views on this stay" checkbox and set a reminder by selecting the Next Review Reminder date. Select the Admitting Physician from the dropdown, select the Admission Source the dropdown, select the Attending Physician from the dropdown, select the Treating Specialty from the dropdown, select the Service Section from the dropdown. Verify the Ward, is correct, generate a report from the custom notes entered in the free text field (mentioned above) [Section 12.6] that shows those notes), identify unscheduled readmissions, copy a review (via a link in the Reviews table), and save/lock reviews to the database.

The bottom half of the screen displays read-only review text information from McKesson CERME. (The information that displays in the Attending, Treating Specialty and Ward fields will depend on which Review hyperlink you selected on the ***Patient Stay History*** screen). When the screen first displays, the Patient Selection/Worklist, Patient Stay History, CERME and Primary Review buttons will be available for selection. The features on this screen are listed in Table 9.

If a user creates Admission or Initial Review type reviews, the system will display an Admission Review Type dropdown (discussed in Section 8.15), a Number of Days Since Last VA Acute Care Discharge field (discussed in Section 8.23), and a Check if Unscheduled Readmit Within 30 Days checkbox (discussed in Section 8.17) on the ***Primary Review Summary*** screen.

All fields on the *Primary Review Summary* screen (with the exception of Custom and Reviewer Comments) are required and must be populated before a review can be saved and locked to the database. If the review Meets you must select Review Date, Attending Physician, Current Level of Care, Treating Specialty, Ward, and Service Section. If the review Does Not Meet you must select options from the abovementioned fields as well as options for Recommended Level of Care and Physician Advisor. If the review is an Admission or BH Initial type you must select an Admission Review Type. If you do not select something from these dropdowns you will see one or more messages in red text. (Figure 58).

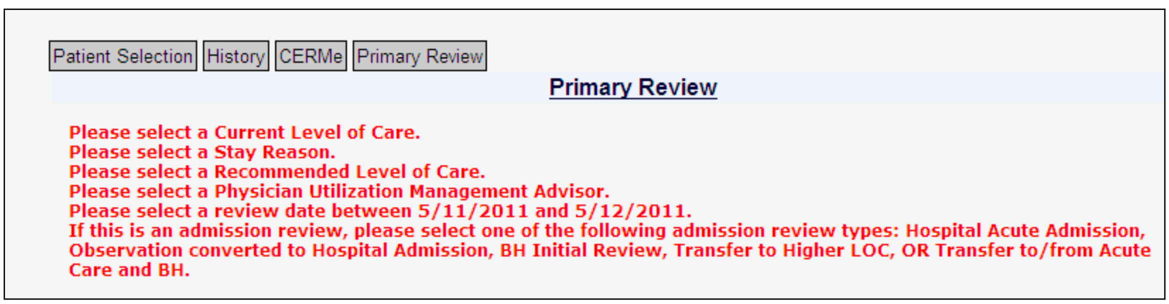


Figure 58: Example required field messages on Primary Review screen

Note that red text error messages depicted in the various figures within this document may vary from their appearance to the actual application as indicated in Figure 59 . This is due to on-going section 508 compliance changes.

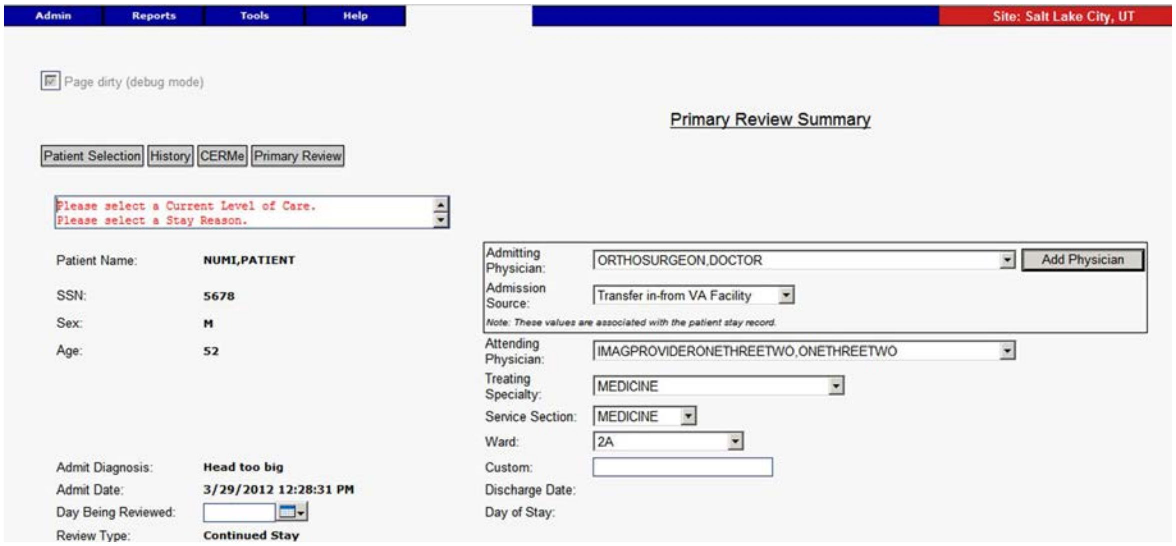


Figure 59: Red text example

Table 9: Primary Review Summary Screen Features

FEATURES
Select Day Being Reviewed Date
Select/Change Current Level of Care
Select/Change Attending Physician
Select/Change Treating Specialty
Select/Change Ward
Select/Change Service Section
Working with Admission Review Types
Working with Admission Sources
Add Reviewer Comments
Select Stay Reasons
Assign a Physician Advisor to a Review that has Not Met Criteria
Change Next Review Reminder Date
Indicate no more Reviews on a Stay

FEATURES
Select/Change Recommended Level of Care
Indicate an Unscheduled Readmission within 30 days
Show a Patient's Reviews
Copy a Review
View CERME Review Text
Add Custom Notes
Save and Lock a Final Review
Add an Admitting Physician
Days Since Last VA Acute Care Discharge Calculation

8.1 Selecting the Day Being Reviewed Date

When the ***Primary Review Summary*** screen opens, you will need to select a Day Being Reviewed date. This calendar feature is located below the **Admit Date** field and above the **Review Type** field. If you selected the review from the "Reviews from Currently Selected Stays" list on the Patient History page, the review date will be pre-populated.

To select the Day Being Reviewed date

1. *Click* on the dropdown box beside the Calendar icon (Figure 60) and select a date between the Admission date and the Discharge date (or the current day's date if the patient has not been discharged).

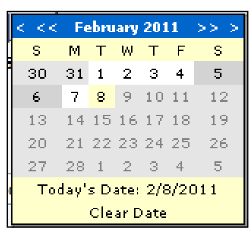


Figure 60: Calendar

The calendar only lets you select a date between Admission and Discharge dates (or current day's date if the patient is still in the hospital). If you manually enter a date, it must be within that range or a message like the one shown in Figure 61 will display. If you type in the date, you must use the format mm/dd/yyyy.

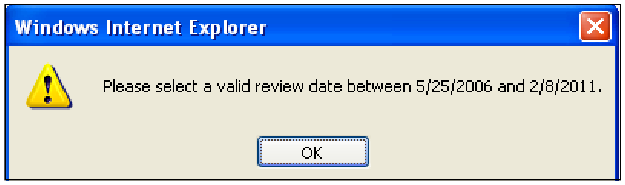


Figure 61: Review Date prompt

Once you select the Review Date, the Day of Stay populates with a number representing the difference between the Admission Date and the Review Date plus one. e.g., if the Review Date and Admission Date are the same, the Day of Stay is “1”. If you selected the review from the “Reviews from Currently Selected Stays” list on the Patient History page, the review date will be pre-populated as will be the Day of Stay.

8.2 Selecting Admission Review Type

Use this feature to select the Admission Review Type for a patient. You must select an Admission Review Type or you will not be able to save the review.

To select the Admission Review Type

1. *Click* on the **Admission Review Type** dropdown.
2. Select an Admission Review Type by *clicking* on an option in the list.

8.3 Selecting or Changing Current Level of Care

Use this feature to select or change the Current Level of Care for a patient. You must select a Current Level of Care or you will not be able to save the review (see Figure 62).

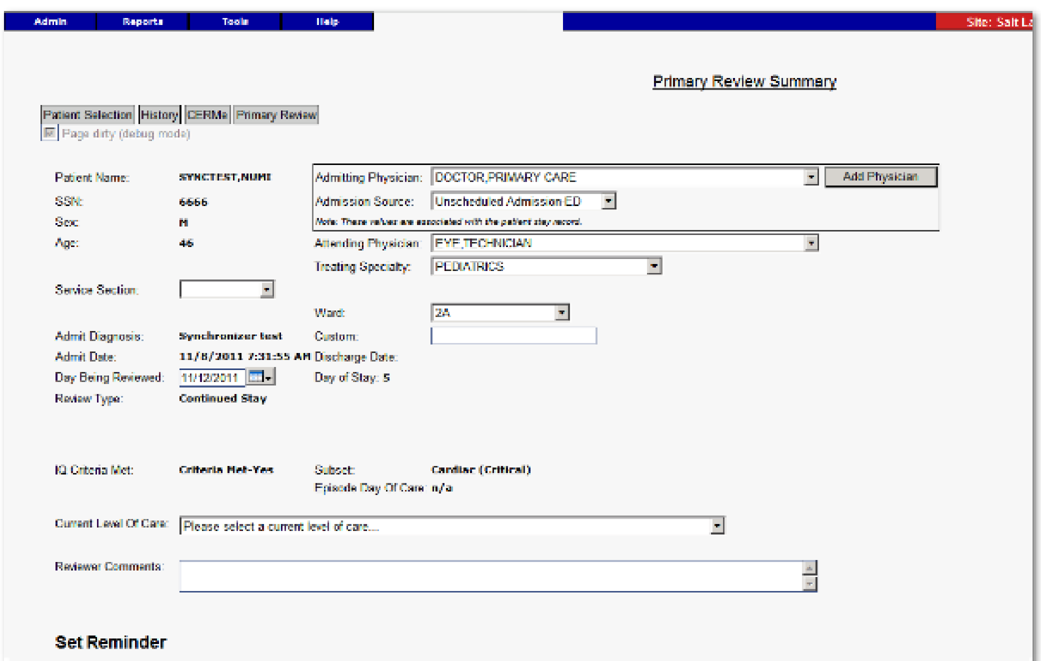


Figure 62: Primary Review screen

To select or change the Current Level of Care

1. *Click* on the **Current Level of Care** dropdown.
2. Select a Current Level of Care by *clicking* on an option in the list. OR
3. Change the Current Level of Care to another value by *clicking* on a different one.

If 'Other' is selected, a text box will display and you will need to type in a description. You may type up to 1,000 characters into the text box.

8.4 Enter Criteria Not Met Elaboration

Use this feature to elaborate on criteria not met.

To enter Criteria Not Met Elaboration

1. *Type* up to 100 characters directly into the **Criteria Not Met Elaboration** field (see Figure 63).

Figure 63: Criteria Not Met Elaborati

8.5 Adding Reviewer Comments

Comments that you enter here will also display in the Comments window on the ***Physician Advisor Worklist*** screen for reviews not meeting criteria. Your comments may be up to 4,000 characters in length. It is helpful to enter information, which will explain why the patient does not meet criteria. For reviews meeting criteria, use this field to document information that will be helpful to you for future reference. (Please see Section 11.5 for more information about this screen).

To add reviewer comments

1. *Type* your comments directly into the **Reviewer Comments** field (Figure 64).

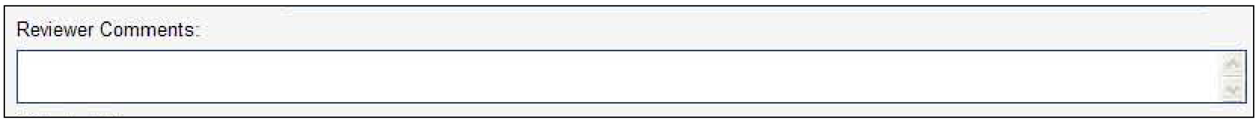


Figure 64: Reviewer Comments

8.6 Selecting a Stay Reason

Stay reasons will only be required on the ***Primary Review Summary*** for reviews that have not met criteria. The Stay Reason categories are collapsed when the screen first opens. To expand the categories and view the list of Stay subcategories, click the <+> buttons (Figure 65).

You must choose a Stay Reason if the stay does not meet criteria or you will not be able to save the review and the message "`Please Select a Reason`" will display.

Figure 65: Expanded Stay Reason Categories

To select a stay reason

1. Click on the <+> button beside the desired stay reason category.
2. Choose a stay reason by clicking on it.

If none of the listed Stay Reasons are appropriate and 'Other' is selected, a text box will display and you must type in a description of what your reason for the Stay Not Meeting Criteria is. You may type up to 500 characters into the text box.

8.7 Selecting or Changing Recommended Level of Care

The **Recommended Level of Care** dropdown will only display for reviews that have <u>not</u> met criteria.

To select or change Recommended Level of Care

1. *Click* the **Recommended Level of Care** dropdown.
2. Select an option from the dropdown (Figure 66) by *clicking* on it.

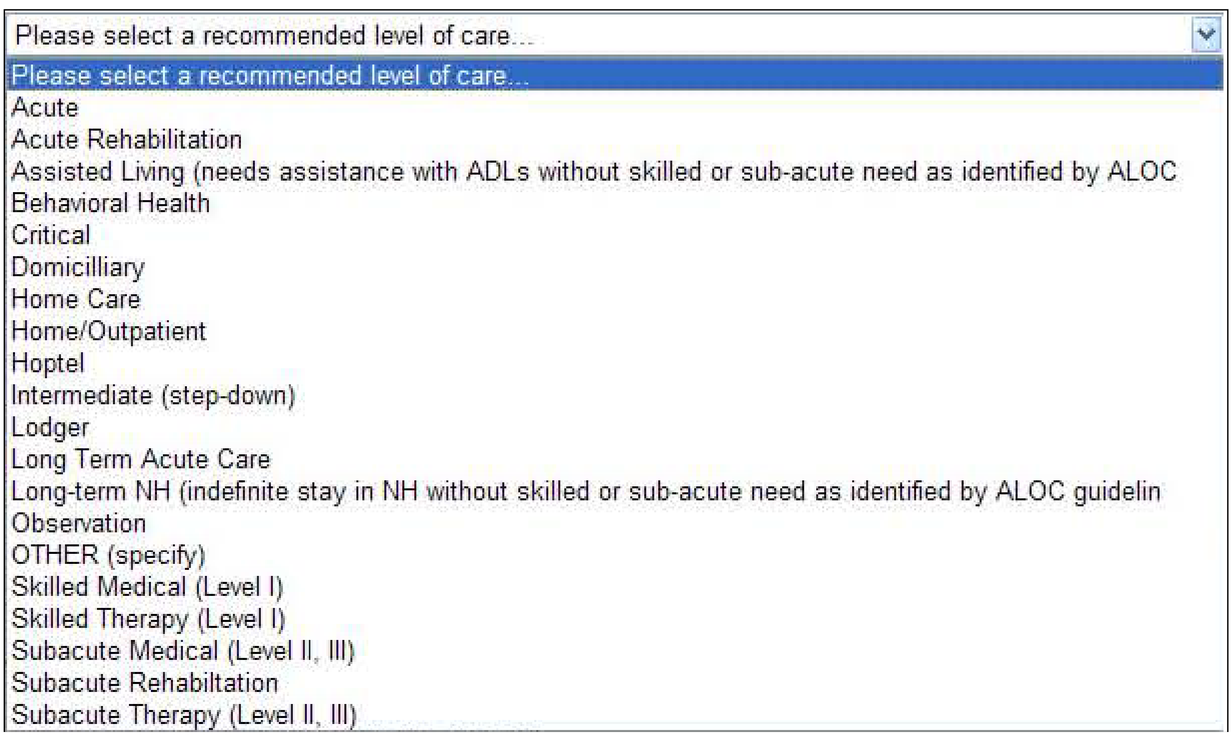


Figure 66: Recommended Level of Care options

If none of the listed levels of care are appropriate and 'Other' is selected, a text box will display and you must type in a description of what the 'other' level of care involves. You may type up to 1,000 characters into the text box.

8.8 Assigning a Physician Advisor to a Review that has Not Met Criteria

Use this feature to assign a review that did not meet criteria to a Physician Advisor. You must choose a Physician Advisor or you will not be able to save the review and the message “`Please Select a Physician Advisor`” will display.

To select a Physician Advisor to receive a review that has not met criteria

1. Select the **Physician Advisor Review** dropdown and select a name by *clicking* on it (Figure 67).
2. Once you *click* the <`FINAL SAVE/Lock to Database`> button, the review will be assigned to that individual and it will display the next time they open their ***Physician Advisor Worklist*** screen.

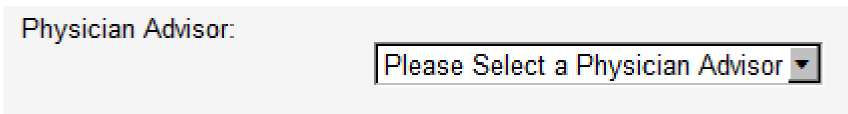


Figure 67: Physician Utilization Management Advisor dropdown

8.8.1 Physician Advisor Review Not Required

There is an overarching rule that all unmet reviews are sent to a Physician Advisor. NUMI gives you an option to indicate that a Physician Advisor Reviewer review is not required.

In order to check the box indicating that the Physician Advisor review is not required, a local facility policy must be in place defining the specific cases not requiring Physician Advisor review. If this box is checked and the unmet review is not sent for physician review, the review will still be stored in the NUMI database as an unmet review, and included in the unmet review reporting.

To indicate that a Physician Advisor Reviewer is not required

1. *Click* the <`Check here if criteria is NOT MET and formal hospital policy does NOT require physician review`> checkbox (Figure 68) beside the Physician Advisor Reviewer dropdown list for the desired patient.
2. Click the <`FINAL SAVE/Lock to Database`> button.
3. A Physician Advisor Reviewer review will not be created.

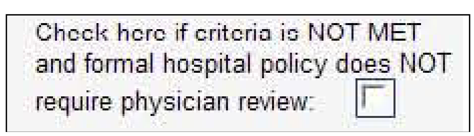


Figure 68: Physician Advisor Reviewer review not required checkbox indicator

If the checkbox is selected, you do not have to choose a Physician Advisor (and no Physician Advisor review will be created). And if a Physician Advisor had been selected from the dropdown and the checkbox was then selected, the system will ignore the Physician Advisor information.

If your facility policy does not require Physician Advisor review, the reviews that do not meet criteria will be included in reports and treated the same as all other reviews (including the requirement to select a Stay Reason and Recommended Level of Care), except that there is no Physician Advisor Review attached to the primary review.

8.9 Changing the Next Review Reminder Date

Use this feature to indicate when the next review should be performed. The default is the next day's date. This feature can also be used to defer reviews. For example, if a patient is going to be in the ICU for the next 3 days, you might choose to defer the next review and use the time to review other higher priority stays, then catch up with the deferred reviews later.

To change the next review reminder date

1. *Click* on the dropdown box beside the **Calendar** icon.
2. Scroll through the calendar screens and select the desired date by *clicking* on it (date field and calendar are shown in Figure 69) OR
3. *Type* the desired date into the **Next Review Reminder** field.

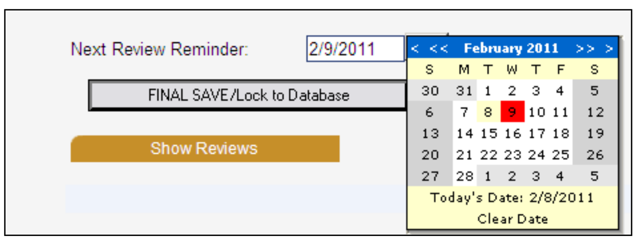


Figure 69: Next Review Reminder Date field with calendar displayed

When a patient review reminder is set to a day outside of a date filter range, then the patient stay will disappear from the list. If you would like to use the *Patient Selection/Worklist* in such a way that when a review is performed, the patient disappears from the list, set the reminder date on the *Primary Review Summary* to an appropriate future reminder date (e.g., the next day), and then set the date filters to have an End Date prior to that day. If you don't want the reviews to disappear from your *Patient Selection/Worklist*, then leave the End Date filter blank

8.10 Indicating No More Reviews on a Stay

Use this feature to indicate that no more reviews will be performed on a stay. For example, you might use this in a situation where a patient is discharged on Sunday, and a Continued Stay review was performed for Saturday. The patient is now discharged and the review no longer meets criteria. Selecting this option will ensure that the review no longer appears on the Patient Selection/Worklist unless a subsequent VistA movement brings the patient back to the list.

To indicate that you will not be doing further reviews on a stay

1. *Click* the `<Check this box if you will not be doing further reviews on this stay>` checkbox. (Figure 70).

2. *Click* the <FINAL SAVE/Lock to Database> buttons to dismiss the reminder.

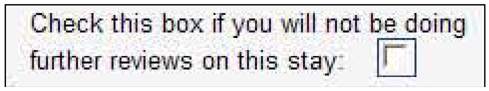


Figure 70: Further Review on Stay checkbox

Once you indicate that you will not be doing any further reviews on a stay, it will be removed from the table on the *Patient Selection/Worklist*. It will display on the screen again *only* after someone goes to the *Dismissed Patient Stays* and performs another review on it. (See Section 11.3 for more information about the *Dismissed Patient Select* screen.)
Note: another movement may cause a stay to re-display on the *Patient Selection/Worklist*.

8.11 Admitting Physician

During the initial patient review, if the Admitting Physician field is not already populated by VistA, the reviewer should select an Admitting Physician.

To select the Admitting Physician

1. *Click* on the **Admitting Physician** dropdown.
2. Select an option from the dropdown by *clicking* on it (
3. Figure 71).

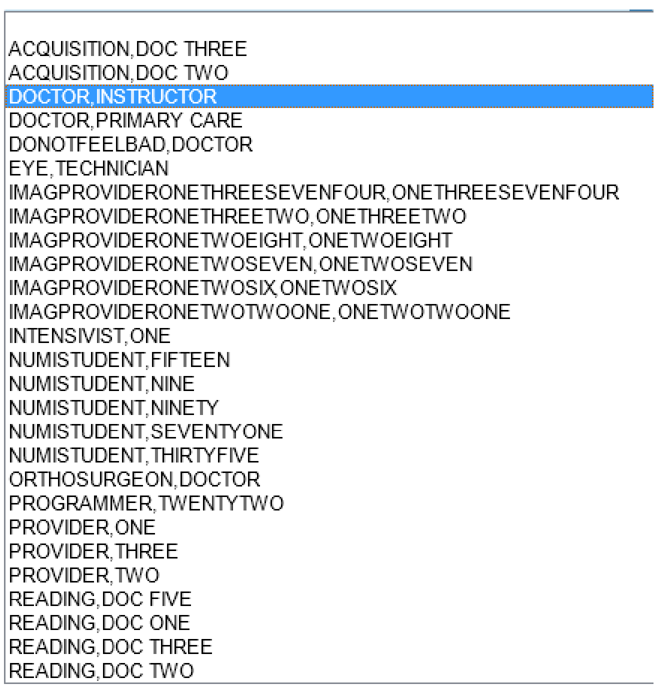


Figure 71: Admitting Physician dropdown

8.11.1 Adding an Admitting/Attending Physician

If you can't find your doctor in the Admitting Physician/Attending Physician dropdowns, you can add him/her to the dropdown using the "Add Physician" text box. The new physician name along with the current site ID will be added to the Physician table.

To add an Admitting/Attending Physician:

1. *Click* on the **Add Physician** button.
2. In the pop-up window, type the Physician's name.
3. *Click* the **Submit** button.
4. The new physician and current site ID are added to the Physician table.

As long as the physician's name and the site ID are unique, they will be added and available for selection from the dropdown (Figure 72**). Every attempt should be made by the user to carefully examine the list to avoid duplicate name entry. The new Physician name should be entered in the format "*LastName,FirstName(space)OptionalMiddleInitial*". Entries should not include titles (Dr. RN, etc.) and are limited to 100 characters in length. If you attempt to enter a duplicate physician, you will receive a warning:** `The entered Physician Name already exists for your site. Please choose the Physician from the existing Physician drop down list(s).`

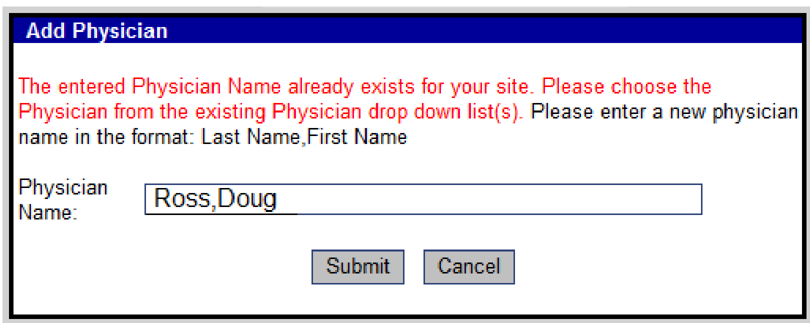


Figure 72 - Warning for Duplicate Physician Name

Attempts to enter a blank physician name in the Admitting Physician dropdown will not be accepted (Figure 73**).**

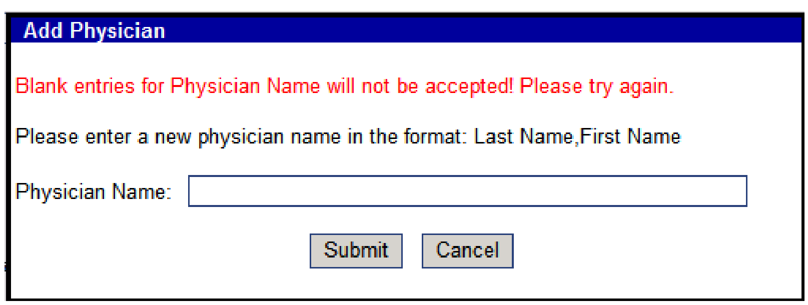


Figure 73 - Warning for Blank Physician Name

8.12 Working with Admission Sources

When you select a patient for an Admission or BH Initial review and navigate to the ***Primary Review*** screen, the system will display the following list of options in the **Admission Sources** dropdown (also illustrated in Figure 74):

- Scheduled Admission
- Unscheduled Admission – ED
- Unscheduled Admission – Clinic
- Unscheduled Admission – Other
- Transfer in – from VA Facility
- Transfer in – from non-VA Facility
- Other

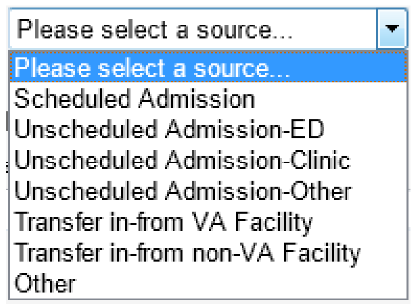


Figure 74: Admission Source Options

8.12.1 Select /Change Admission Sources

To select or change the Admission Sources

1. *Click* on the **Admission Source** dropdown.
2. Select an option from the dropdown by clicking on it.

8.12.2 Selecting or Changing Attending Physician

NUMI gives you a convenient way to select or change the Attending Physician information for a review, and associate the review with the correct Attending. This feature is especially handy in cases where the Attending information from VistA is not provided or is incorrect.

To select or change Attending Physician

3. *Click* on the **Attending Physician** dropdown (Figure 75).
4. Select a new Attending by *clicking* on the name. OR
5. Change the Attending by *clicking* on the dropdown and selecting another name.

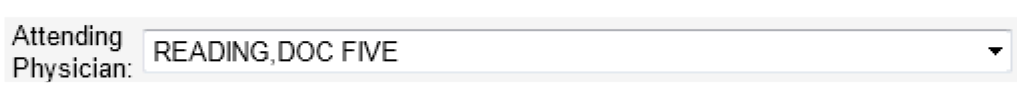


Figure 75: Attending Physician dropdown

8.13 Selecting or Changing Treating Specialty

To select or change the Treating Specialty

1. *Click* on the **Treating Specialty** dropdown (Figure 76).
2. Select a Treating Specialty by *clicking* on it. OR
3. Change the Treating Specialty by *clicking* on the dropdown and selecting another one.

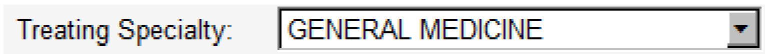


Figure 76: Treating Specialty dropdown

8.14 Selecting or Changing Service Section

To select or change the Service Section

1. *Click* on the **Service Section** dropdown (Figure 77).
2. Select a Service Section by *clicking* on it. OR
3. Change the Service Section by *clicking* on the dropdown and selecting another one.

Figure 77: Service Section dropdown

There may be instances where you may expect to see a particular Ward, Treating Specialty, Service Section or Admitting Physician, but the information does not display. The NUMI database will not include this information until NUMI first finds it in a patient movement record from VistA. While you cannot manually add this information to the dropdowns, you can use the Manual VistA Synchronization feature (please see Section 11.6 for more information). Once the information has been synchronized and pulled into NUMI, the information will display in the dropdowns.

8.15 Selecting or Changing Ward

To select or change the Ward

1. *Click* on the **Ward** dropdown (Figure 78).
2. Select a Ward by *clicking* on it. OR
3. Change the Ward by *clicking* on the dropdown and selecting another one.

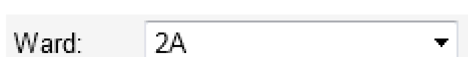


Figure 78: Ward dropdown

8.16 Adding Custom Notes

You may wish to enter special notes, to be used when you are doing a focused study or doing special tracking of some issue. NUMI provides you with a field specifically for that purpose. Some examples of when this feature would be used are:

- Tracking diabetic-related admissions

- Tracking Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) patients
- Entering the Admitting Physician
- Flagging this review for special studies

To add a custom note

1. *Click* in the **Custom** field (shown in Figure 79) and type in up to 25 characters' worth of text.
2. Click the <`FINAL SAVE/Lock to Database`> button and your notes will be saved.

Figure 79: Custom field text example

NUMI lets you generate a report [Section 12.6] showing notes that were typed into the Custom field.

8.17 Indicating an Unscheduled Readmit Within 30 Days

This checkbox feature will only display on the screen if you are doing an admission or initial review. Use this feature to indicate that a patient was an unscheduled readmit to the hospital within the past 30 days (Figure 80).

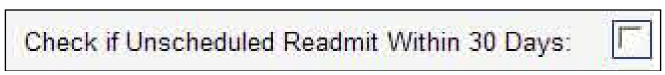


Figure 80: Unscheduled Readmit Within 30 Days checkbox

To indicate an unscheduled readmit within 30 days

4. *Click* on the `Check if Unscheduled Readmit Within 30 Days` checkbox to select.

NUMI lets you generate a report showing reviews performed on unscheduled readmissions. Please see Section 12.10 for more information.

8.18 Working with Admission Review Types

Review Type information comes over to NUMI in a separate field from CERME. The **Admission Review Type** dropdown list, shown in Figure 81, will only be displayed if the review type is an Admission or BH Initial review. If the review type is Continued Stay or BH Concurrent, the dropdown will not be displayed.

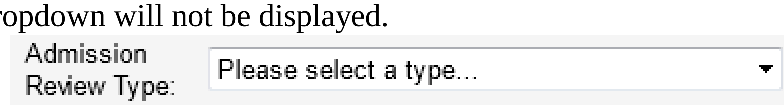


Figure 81: Admission Review Type dropdown

8.18.1 Admission Review Types for Admission Reviews

When you select a patient for an Admission or BH Initial review and navigate to the ***Primary Review*** screen, the system will display the following list of options in the **Admission Review Type** dropdown (also illustrated in Figure 82):

- Hosp Acute Adm - Traditional Criteria (*formerly called Hospital Acute Admission)*
- Hosp Acute Adm – Condition-Specific Criteria
- Observation Converted to Hospital Admission
- Conversion to New Condition-Specific Criteria
- BH Initial Review
- Transfer to Higher Level of Care
- Transfer to/from Acute Care and BH
- Observation Review

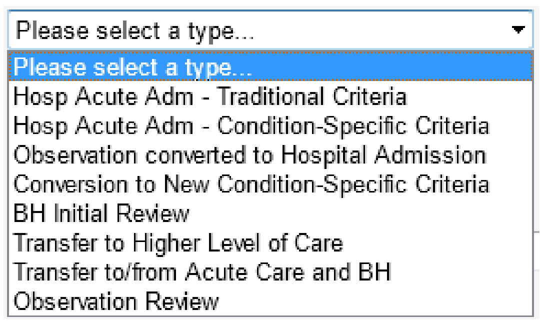


Figure 82: Review Type Options

8.18.2 Select / Change Admission Review Type

To select or change the Admission Review Type

1. *Click* on the **Admission Review Type** dropdown.
2. Select an option from the dropdown by *clicking* on it. If you hover your mouse pointer over the dropdown you will see a tooltip advising that you can select multiple choices from the dropdown.

If you create an Admission or BH Initial review and do not select an Admission Review Type and then try to save/lock the review, a red error message will display (

Figure 83) and advise that you must select one of the valid types.

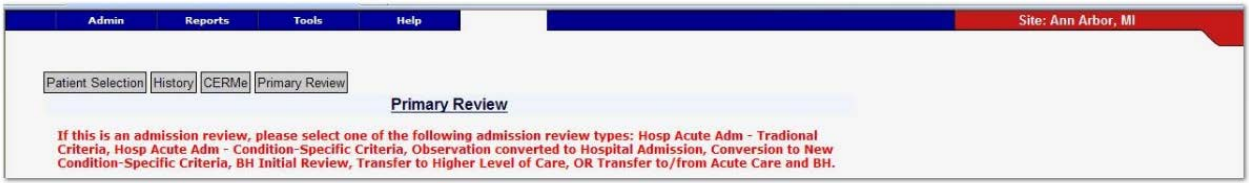


Figure 83: Admission Review Type select option message

The information that displays on the NUMI reports will depend on the Admission Review Type that is selected on the *Primary Review Summary* screen. (See <ins>Chapter 12</ins>).

8.19 Showing a Patient’s Reviews

To show reviews for a patient

1. *Click* on the `<Show Reviews>` button.
2. Reviews for the patient will display in a table, as depicted in <ins>Figure 84</ins>. (Note that the button display changes to `<Hide Reviews>`).

Hide Reviews

Review Date	Review Type	Met	Reviewer	Att Physician	Ward	Specialty	RLOC	Phys UM Advisor Date Notified	Phys UM Advisor Response Date	Review
03/23/12 00:00:00	Admission	No	IMAGPROVIDERONETWOSIX,ONETWOSIX	READING,DOC FIVE	2A	CARDIOLOGY	Home Care	03/28/12 14:14:25		View
03/22/12 00:00:00	Admission	No	IMAGPROVIDERONETWOSIX,ONETWOSIX	READING,DOC FIVE	2A	CARDIOLOGY	Home Care	03/28/12 14:09:18		View
03/20/12 00:00:00	Admission	No	IMAGPROVIDERONETWOSIX,ONETWOSIX	READING,DOC FIVE	2A	MEDICINE	Home Care	03/28/12 10:25:18		View
03/14/12 00:00:00	Admission	No	IMAGPROVIDERONETWOSIX,ONETWOSIX	READING,DOC FIVE	2A	MEDICINE	Domicilliary	03/26/12 16:47:10		View
03/19/12 00:00:00	Admission	No	IMAGPROVIDERONETWOSIX,ONETWOSIX	DOCTOR,INSTRUCTOR	1A	GENERAL MEDICINE	Intermediate (step-down)	03/20/12 12:40:11		View

Figure 84: Show Reviews table display

8.20 Copying a Review from the Primary Review Screen

To copy a review from the Primary Review Summary screen

1. *Click* on the `<Show Reviews>` button.
2. Reviews for the patient will display in a table, as depicted in Figure 84.
3. *Clicking* a View hyperlink in the table will display the `<Copy This Review>` button, and you can make a copy of the review from there.

8.21 Viewing CERME Review Text

The lower half of the ***Primary Review Summary*** screen displays **CERME Review Text**. What displays depends on the criteria that have been selected, and is read-only. An example is shown in Figure 85. All possible subset criteria are displayed with an `[X]` to the left of the selected criteria.

CERME Review Text

```
Intensity of Service
     (At Least Daily)
          Intensity of Service, ONE:
               >= One IS
               >= Three *IS and Discharge Review
                    (Excludes PO medications unless noted)
                      [X]Analgesics >= 3x/24h / continuous
                         Anticoagulants, therapeutic
                         Anticonvulsants
                         Anti-emetics, one:
                         Antihypertensives
                         Anti-infectives
                         Blood products / Volume expanders
                         Bronchodilators >= 3x/24h
                         Chest tube
                         Complex wound care >= 3x/24h
                         Corticosteroids >= 3x/24h
                         Dialysis / Ultrafiltration
                         Diuretics >= 2x/24h
                         GI suction
                         Insulin adjustment >= 3x/24h
                         IV fluids >= 75 mL/h / TPN
```

Figure 85: CERME Review Text example

8.22 Saving and Locking a Final Review

This feature will save and lock a review to the database. In order to be included in NUMI reports, a review must be locked into the database. If you lock a review and then later need to amend it, you can do this by clicking on the View link in the Reviews Table on the ***Patient Stay History***. Clicking on View for a locked review will produce the saved review with boxes that allow you to unlock and edit, delete, or copy the review.

To save changes to the database and lock the review

1. *Click* the <`FINAL SAVE/Lock to Database`> button.
2. The message "`This review will now lock into the NUMI Database. Further changes require an administrator. Are you sure you are ready to lock this review?`" will display, with <`OK`> and <`Cancel`> buttons.
3. *Click* the <`OK`> button.
4. While this period of saving and checking is occurring, all buttons and links on the page will be disabled, and an on-screen textual legend will appear, reading "Saving review. Please wait." (Figure 86) This legend will disappear when the saving and checking are complete.

Figure 86: Saving review legend

Additionally, if users attempt to leave the ***Primary Review Summary*** screen without saving their work, they will be informed of this fact via a dialog box, and be prompted as to whether they really wish to abandon their changes (Figure 87).

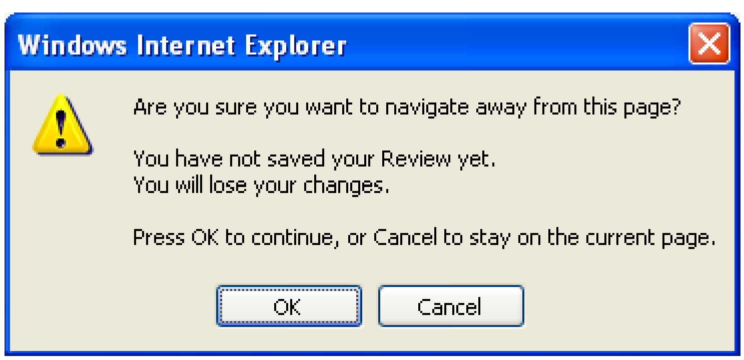


Figure 87: Unsaved review message

5. *Click* "OK".
6. The review will be locked and saved to the database and can then be accessed from the ***Utilization Management Review Listing*** screen in view-only format. (Please see Section 11.2 for more information about the ***Utilization Management Review Listing*** screen).

If NUMI cannot confirm that the data has been saved, it will not proceed to the next screen. It will instead display an error message, "An error occurred during commit…" and leave the review data previously entered on the screen. The reviewer may again attempt to save the data.

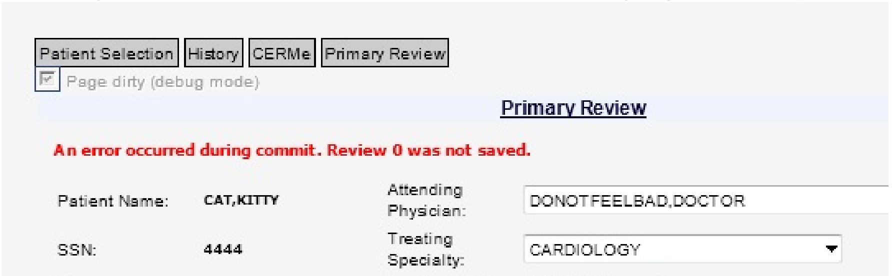


Figure 88: Commit error

Only reviews with 'Don't Meet Criteria' status will go to the *Physician Advisor Review screen* from the *Primary Review Summary* screen. <u>All</u> reviews that are locked (both 'Meets Criteria' and 'Don't Meet Criteria' statuses) will automatically be reported in the Date of Last Review field on the *Patient Selection/Worklist.*

If you would like to perform another review on the same patient stay, you can do this by selecting a saved review from the Reviews table and copying it. There is a gold button on the *Patient Stay History* and *Primary Review Summary* screens that you can click on to see a listing of the saved reviews on a patient stay and make a copy from there, as well. (See <u>Chapter 14</u> for more information). Reminder: the system will only permit you to save one continued stay review per day.

When you create a review, the Review Type comes pre-populated from CERMe. In some instances, CERMe does not do this and the Review Type field is blank. NUMI will not let you save a review without the review type information. If the review you are working on has no review type information and you try to save it, you will now see the message: `"Review Type cannot be blank. Please return to CERMe to select a Review Type and re-enter criteria".` To continue with your review, click the CERMe tab at the top of the *Primary Review Summary* screen, reselect your CERMe criteria, and you will be able to complete your review and save it. (Note: if you generate Report #1, if any reviews are missing the Review Type, those reviews will display at the top of the report.)

8.23 Days Since Last VA Acute Care Discharge Calculation

The NUMI system calculates the number of days since a patient's last discharge from a VA facility. It displays the number in the **Days Since Last VA Acute Care Discharge** field. The field is above the **Check if Unscheduled Readmit Within 30 Days** checkbox field.

If the value in the field is over 30 days, the reviewer will know that it is not possible for the stay to be an unscheduled readmission in less than 30 days. If the value in the field is less than 30 days, the reviewer would then consider whether the stay is unscheduled.

Figure 89: Days Since Last VA Acute Care Discharge field

8.23.1 Calculation Rules

The NUMI system shall display an error message, `“The last VA discharge date is not available” in the` **Days Since Last VA Acute Discharge** field when a prior stay does not have a discharge date.

The NUMI system shall display `“n/a”` in the **Days Since Last VA Acute Discharge** field when there is no VA facility discharge. (illustrated in Figure 89).

The NUMI system shall display the number of days between the last VA facility discharge date and the current VA facility admission date in the **Days Since Last VA Acute Discharge** field when there has been a prior VA facility discharge.

9 Saved Review Summary

The ***Saved Review Summary*** screen offers a synopsis of information saved from the ***Primary Review*** screen. This is accessed via the ***Utilization Management Review Listing*** screen, the Stay History screen and by clicking the `View` hyperlink.

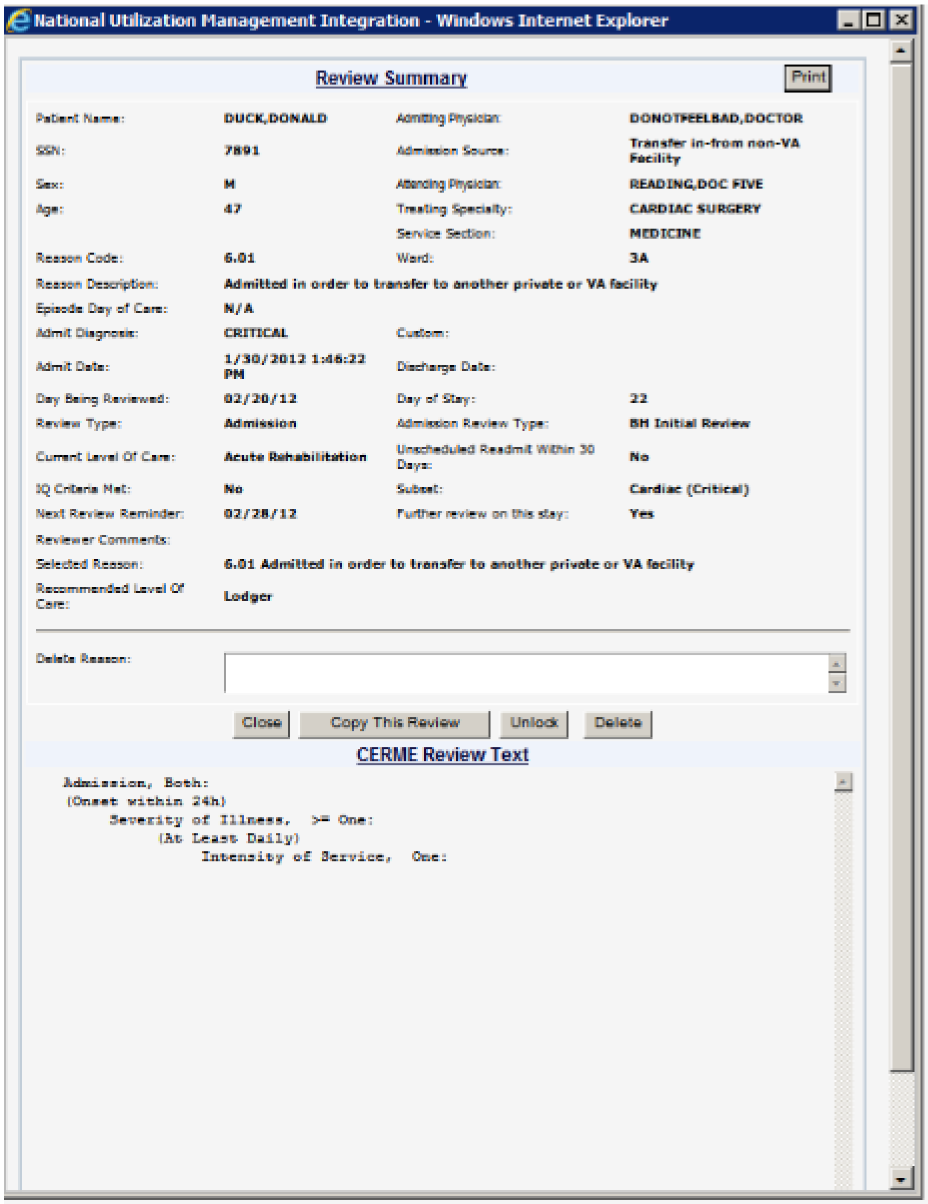


Figure 90: Saved Review Summary

Fields of interest include the following Primary Review Screen data available on the Review Summary screen:

- **Admitting Physician:** The Admitting Physician will display if selected on the Primary Review screen

- **Admission Source:** The Admission Source will display if selected on the Primary Review screen
- **Episode Day of Care**: The most recent Episode Day of Care data will be viewable on the Saved Review Summary screen. For reviews created using criteria that are not condition specific, Episode Day of Care will be listed as “N/A”
- **Reason Code:** The Reason Code will be viewable on the Saved Review Summary Screen for reviews where the criteria were not met.
- **Reason Description:** The Reason Description will be viewable on the Saved Review Summary Screen for reviews where the criteria were not met.

10 Physician Advisor Review

This chapter describes the ***Physician Advisor Review*** screen (Figure 92). Physician Advisors access this screen by selecting the **Physician Advisor Review** option from the ***Tools*** menu. This screen lets Physician Advisors see the reviews that have been sent to them (including the name of the sender). The features of this screen are listed in Table 10.

If you do not have Physician Advisor permissions, you will not see the Physician Advisor Review option in the *Tools* menu dropdown.

Table 10: Physician Advisor Screen Features

FEATURES
The Physician Advisor Review
Select a Physician Advisor Review
Agree / Disagree with Current Level of Care
Enter Physician Advisor Review Comments
FINAL SAVE/Lock To Database

All reviews that are locked (both 'Meets Criteria' and 'Don't Meet Criteria') will automatically go to the *Patient Selection/Worklist* screen from the *Physician Advisor Review* screen.

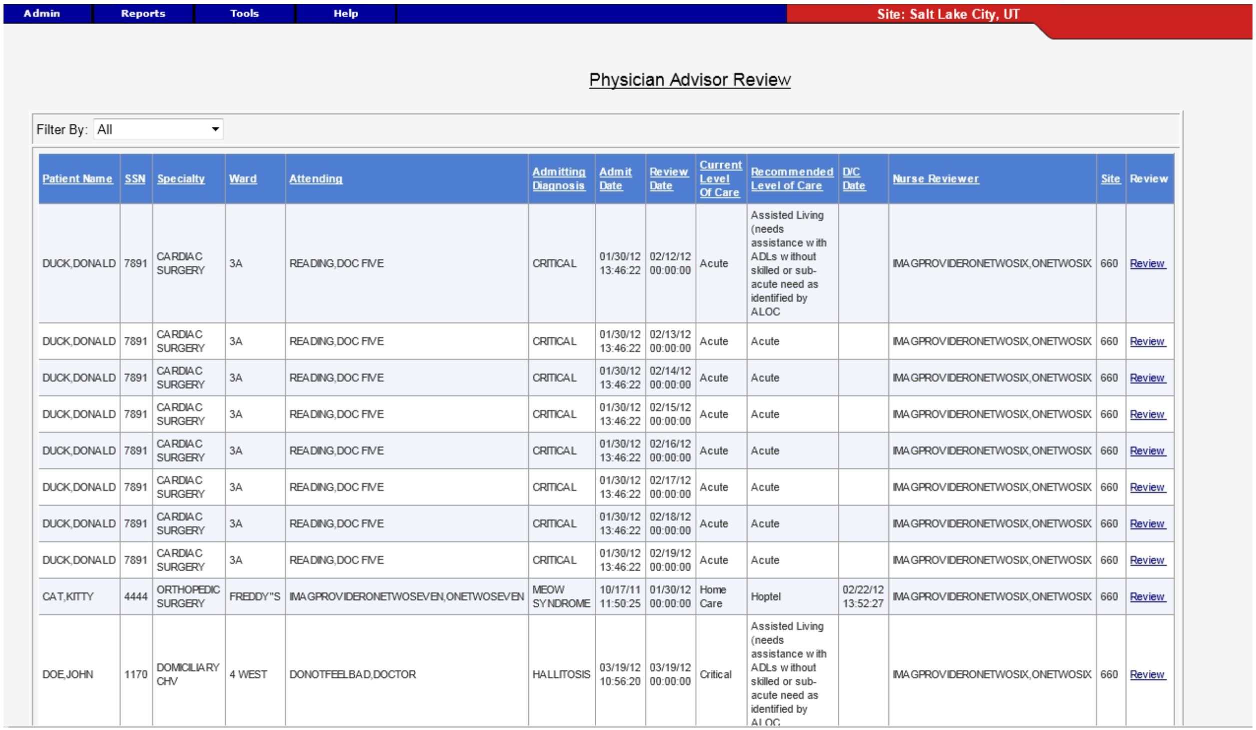
If a Primary Review is deleted, its associated Physician Advisor Review will also be deleted.

10.1 Physician Advisor Review

When this screen first opens, Physician Advisors will see a table with reviews that did not meet criteria and have been sent to them from a UM reviewer (Figure 92). If there are no reviews assigned, their list will be empty and "`No Records Found`" will display (Figure 91).

Figure 91: Physician Advisor Review with no reviews assigned

The Review Date column on the screen will always display the date with a time of `00:00:00` underneath. This is not an error. The time will always display as `00:00:00` (Midnight) because reviews are for the CALENDAR DAY.



Patient Name	SSN	Specialty	Ward	Attending	Admitting Diagnosis	Admit Date	Review Date	Current Level Of Care	Recommended Level of Care	D/C Date	Nurse Reviewer	Site	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/12/12 00:00:00	Acute	Assisted Living (needs assistance with ADLs without skilled or sub-acute need as identified by ALOC		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/13/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/14/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/15/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/16/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/17/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/18/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/19/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
CAT,KITTY	4444	ORTHOPEDIC SURGERY	FREDDY"S	IMAGPROVIDERONETWOSEVEN,ONETWOSEVEN	MEOW SYNDROME	10/17/11 11:50:25	01/30/12 00:00:00	Home Care	Hoptel	02/22/12 13:52:27	IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DOE,JOHN	1170	DOMICILIARY CHV	4 WEST	DONOTFEELBAD,DOCTOR	HALLITOSIS	03/19/12 10:56:20	03/19/12 00:00:00	Critical	Assisted Living (needs assistance with ADLs without skilled or sub-acute need as identified by ALOC		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review

Figure 92: Physician Advisor list of reviews sent by Reviewers

10.2 Selecting a Physician Advisor Review

To select a review from the list

1. On the ***Physician Advisor Review*** screen, *click* on the `Review` hyperlink on the far right side of the row of the review you wish to access.
2. The Physician Advisor Review summary for that patient will display below the ***Physician Advisor Review*** screen, as shown in Figure 93.
3. Immediately below the review list, you will see the Agree or Disagree response box and a Comments box. This is where the Physician Advisor enters information. All that is required from the Physician Advisor is an Agree or Disagree response. Additional comments are optional. If Other is selected, comments are required.
4. Below the Agree or Disagree response box, the entire review is available for review.

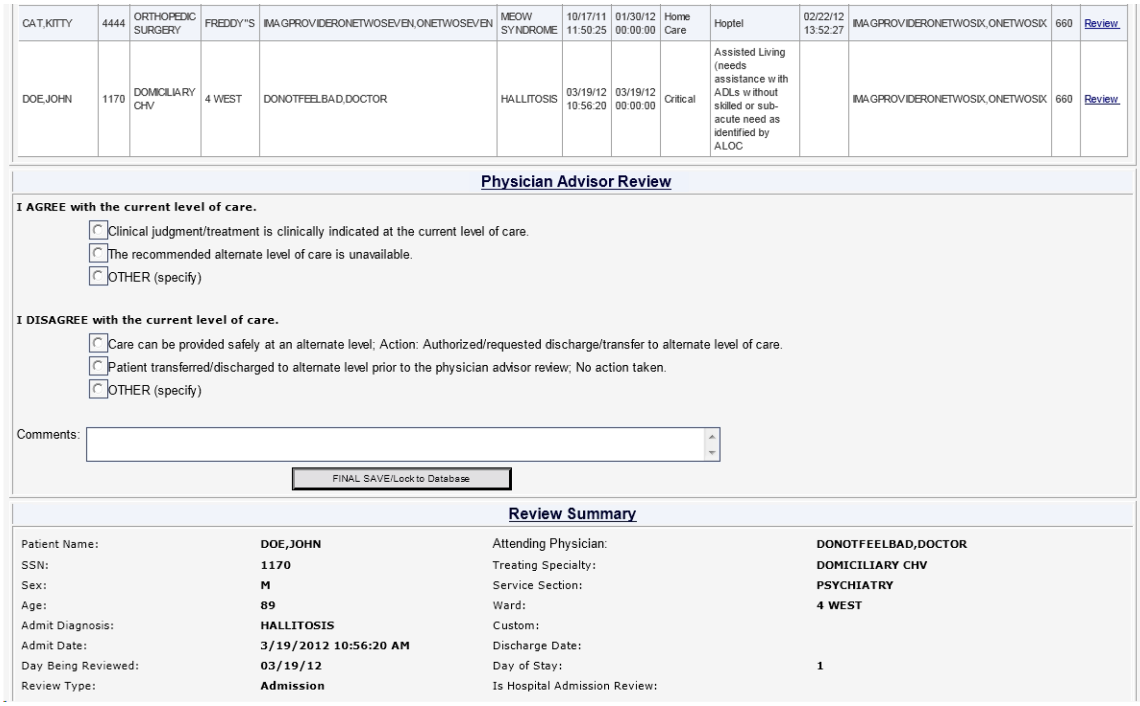


Figure 93: Physician Advisor Review screen

10.3 Agreeing / Disagreeing with Current Level of Care

Use this feature to show concurrence or non-concurrence with the indicated Current Level of Care.

To Agree with the Current Level of Care

1. In the `I AGREE with the current level of care` section (Figure 94), *click* on the desired radio button.

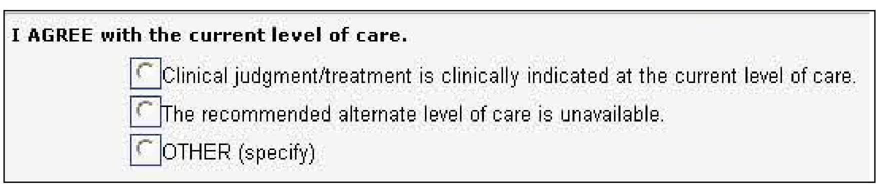


Figure 94: Agree Reasons

To Disagree with the Current Level of Care

1. In the `I DISAGREE with the current level of care` section (Figure 95), *click* on the desired radio button.

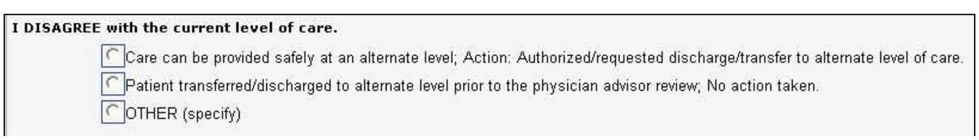


Figure 95: Disagree Reasons

If none of the listed Agree or Disagree options are appropriate and 'Other' is selected, a text box will display and you must explain what the Other reason is. You may type up to 1,999 characters into the Agree and Disagree text boxes.

10.4 Entering Physician Advisor Comments

To enter Physician Advisor comments

1. *Type* the desired comments into the **Comments** window. (You may type up to 4,000 characters).
2. When you *click* the `<FINAL SAVE/Lock to Database>` button, your comments will be saved.

10.5 Saving and Locking a Final Review

This feature will save and lock a review to the database.

To save changes to the database and lock the review

1. *Click* the `<FINAL SAVE/Lock to Database>` button.
2. The message "This review will now lock into the NUMI Database. Further changes require an administrator. Are you sure you are ready to lock this review?" will display, with `<OK>` and `<Cancel>` buttons.
3. *Click* the `<OK>` button. The review will be locked and saved to the database and can then be accessed from the ***Utilization Management Review Listing*** screen in read-only format. (Please see Section 11.2 for more information about the ***Utilization Management Review Listing*** screen).

11 Tools Menu

This chapter describes the ***Tools*** menu, which offers you different options that can be selected by clicking on them (Figure 96). It is a navigation menu that includes some features that are accessible through other screens and other features only accessible here. The ***Tools*** Menu dropdown is located at the top of several NUMI screens. You can choose options related to selecting patients and reviews, unlocking and deleting reviews (see Chapter 13 for more information), locating dismissed patient movements, accessing the Physician Advisor Worklist (if you are designated as a Physician Advisor on NUMI), and on-demand synchronization of stay information between VistA and NUMI. Note: the features you see in the dropdown will depend on your NUMI privileges (e.g., Physician Advisors will not see the Patient Selection/Worklist option; Primary Reviewers will not see the Physician Advisor Review, etc.) The features on the ***Tools*** menu are listed in Table 11.

Table 11: Tools Menu features

FEATURES
Patient Selection/Worklist Option
Utilization Management Review Listing Option (includes Unlock/Copy/Delete options, and Print Preview and Export to Excel features)
Dismissed Patient Stays Option
Free Text Search Option
Physician Advisor Review Option
Manual VistA Synchronization Option
Patient Stay Administration Option
Logout Option

Figure 96: NUMI Tools Menu

11.1 Patient Selection/Worklist Option

Select this option to work with the ***Patient Selection/Worklist*** screen, where you can select stays to perform primary reviews. This screen also contains paging features that allow you to navigate thru the information in the table on the screen. Use of the paging features is explained in in Section 2.1.20. The `Find` and `Reset` buttons are available on the right hand side of the screen. Please see Chapter 5 for more information about the ***Patient Selection/Worklist***.

To work with the Patient Selection/Worklist

1. *Click* on the ***Tools*** dropdown.
2. Select the < `Patient Selection/Worklist`> option by *clicking* on it and the ***Patient Selection/Worklist*** will display (Figure 97).

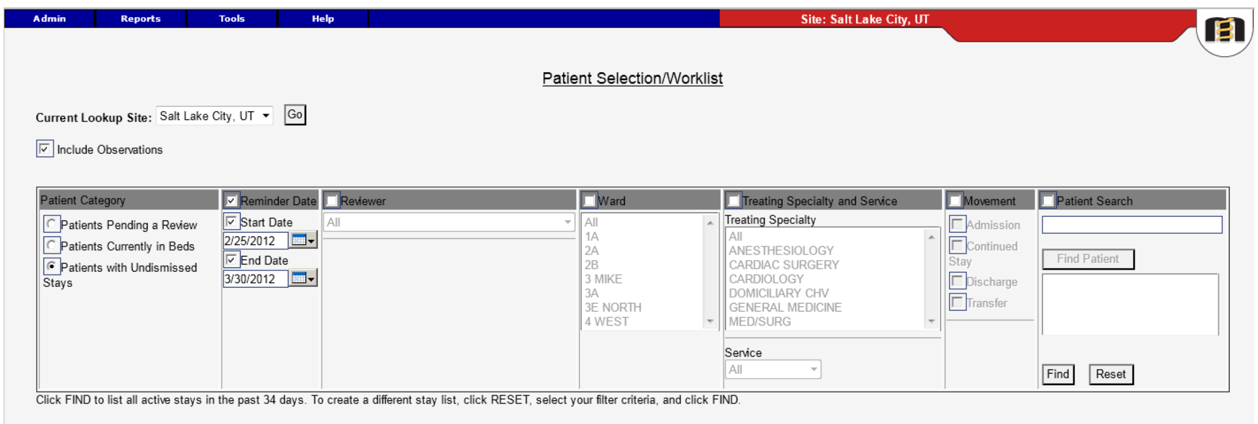


Figure 97: Patient Selection/Worklist screen

11.2 Utilization Management Review Listing Option

Select this feature to work with the ***Utilization Management Review Listing*** screen, where you can see reviews that have been locked to the database. Section 2.1.10 explains how to use the filters at the top of the screen, and use of the paging features is covered in Section 2.1.20. Observation stays can be included in results. Please see Section 5.3 for more information.

NUMI reviewers will be able to Unlock, Copy, and Delete reviews. (See Chapter 13 for details about NUMI's Unlock and Delete features, and Chapter 14 for details on copying.) The hyperlinked patient name brings you to the Review Summary and CERMe Review Text screen for that particular patient. The ***Utilization Management Review Listing*** also provides `Print Preview` and `Export to Excel` buttons on this screen. (Figure 99). These features work the same way that they do on the ***Report*** screens. Note: if more than 5,000 rows of information display in your search results, the Print feature will be disabled and the message in Figure 98 will display. Selecting additional filters to further refine your search and obtain fewer results will resolve this. Unlike the Print feature, there are no restrictions to how many rows you may export to Excel. Please see Section 11.2.1 and Section 11.2.2 for more information about Printing and Exporting information from this screen.

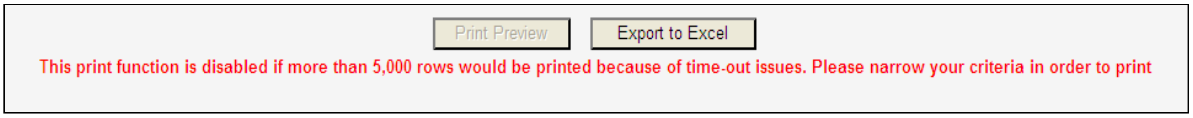


Figure 98: Print Function Disabled message

To work with the Utilization Management Review Listing

1. Click on the **Tools** dropdown.
2. Select the <`Utilization Management Review Listing`> option by *clicking* on it.
3. The **Utilization Management Review Listing** screen will display (Figure 99).
4. Selecting filters to search by and *clicking* the <`Find`> button will display a list of patients based on your search criteria, as shown in Figure 100.

Locked reviews will display a blue **hyperlink. Clicking on these will open the *Review Summary* screen. Reviews that have been unlocked for editing will display a** **red** **hyperlink. Clicking on these will open the *Primary Review* screen. An example of the screen with red and blue links is shown in Figure 100.**

11.2.1 Printing Utilization Management Review Listing Screen Information

To print out information on the screen

1. Select the desired search filter options.
2. *Click* the <`Find`> button.
3. When the results display, *click* the <`Print Preview`> button.
4. When the print preview window opens with results, select <`File`> from the menu bar and then select <`Print`>. If you prefer, you can just *right-click* in the preview window and *click* the <`Print`> option.

11.2.2 Exporting Utilization Management Review Listing Screen Information

To export the information on the screen to Excel

1. Select the desired search filter options.
2. *Click* the <`Find`> button.
3. When the results display, *click* the <`Export to Excel`> button.
4. A File Download dialog box may display indicating: `Some files can harm your computer. If the file information below looks suspicious, or you do not fully trust the source, do not open or save this file`. You may also see the message: "`Would you like to open the file or save it to your computer?`" along with `Open`, `Save`, `Cancel` and `More Info` buttons. To proceed, *click* the <`Open`> button.
5. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format

than specified by the file extension (Figure 118). Click the <Yes> button to continue.

6. The report will display.
7. Select the <File> dropdown and *click* on <Print> to print it out.

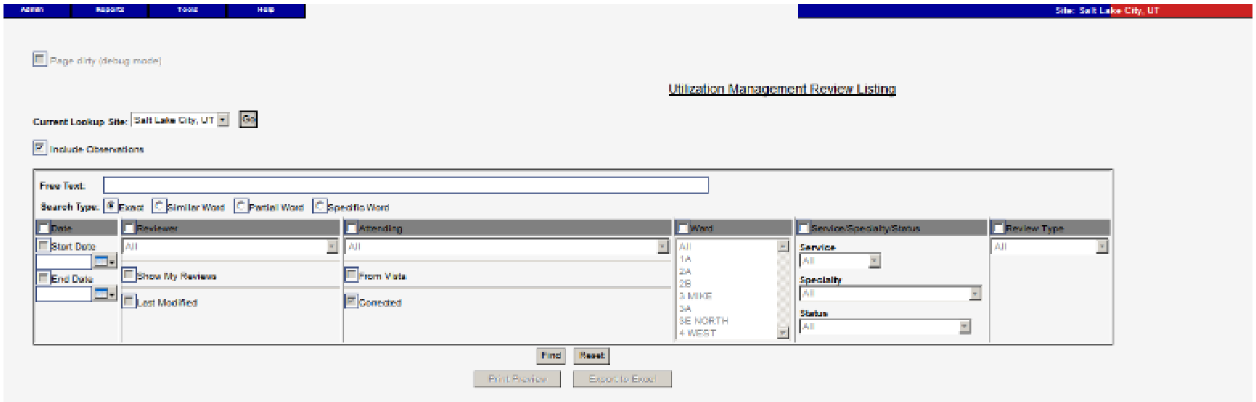
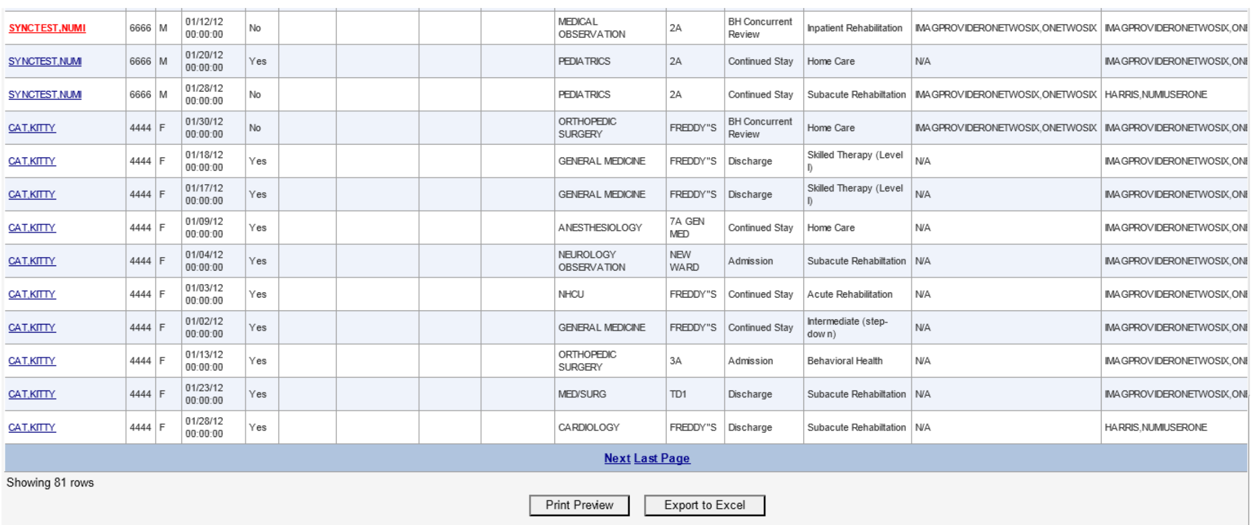


Figure 99: Utilization Management Review Listing screen with grayed out Print and Export buttons



SYNCTEST,NUMI	6666	M	01/12/12 00:00:00	No					MEDICAL OBSERVATION	2A	BH Concurrent Review	Inpatient Rehabilitation	IMAGPROVIDERONETWOSIX,ONETWOSIX	IMAGPROVIDERONETWOSIX,ONE
SYNCTEST,NUMI	6666	M	01/20/12 00:00:00	Yes					PEDIATRICS	2A	Continued Stay	Home Care	N/A	IMAGPROVIDERONETWOSIX,ONE
SYNCTEST,NUMI	6666	M	01/28/12 00:00:00	No					PEDIATRICS	2A	Continued Stay	Subacute Rehabiltation	IMAGPROVIDERONETWOSIX,ONETWOSIX	HARRIS,NUMIUSERONE
CAT,KITTY	4444	F	01/30/12 00:00:00	No					ORTHOPEDIC SURGERY	FREDDY"S	BH Concurrent Review	Home Care	IMAGPROVIDERONETWOSIX,ONETWOSIX	IMAGPROVIDERONETWOSIX,ONE
CAT,KITTY	4444	F	01/18/12 00:00:00	Yes					GENERAL MEDICINE	FREDDY"S	Discharge	Skilled Therapy (Level I)	N/A	IMAGPROVIDERONETWOSIX,ONE
CAT,KITTY	4444	F	01/17/12 00:00:00	Yes					GENERAL MEDICINE	FREDDY"S	Discharge	Skilled Therapy (Level I)	N/A	IMAGPROVIDERONETWOSIX,ONE
CAT,KITTY	4444	F	01/09/12 00:00:00	Yes					ANESTHESIOLOGY	7A GEN MED	Continued Stay	Home Care	N/A	IMAGPROVIDERONETWOSIX,ONE
CAT,KITTY	4444	F	01/04/12 00:00:00	Yes					NEUROLOGY OBSERVATION	NEW WARD	Admission	Subacute Rehabiltation	N/A	IMAGPROVIDERONETWOSIX,ONE
CAT,KITTY	4444	F	01/03/12 00:00:00	Yes					NHCU	FREDDY"S	Continued Stay	Acute Rehabilitation	N/A	IMAGPROVIDERONETWOSIX,ONE
CAT,KITTY	4444	F	01/02/12 00:00:00	Yes					GENERAL MEDICINE	FREDDY"S	Continued Stay	Intermediate (step-dow n)	N/A	IMAGPROVIDERONETWOSIX,ONE
CAT,KITTY	4444	F	01/13/12 00:00:00	Yes					ORTHOPEDIC SURGERY	3A	Admission	Behavioral Health	N/A	IMAGPROVIDERONETWOSIX,ONE
CAT,KITTY	4444	F	01/23/12 00:00:00	Yes					MED/SURG	TD1	Discharge	Subacute Rehabiltation	N/A	IMAGPROVIDERONETWOSIX,ONE
CAT,KITTY	4444	F	01/28/12 00:00:00	Yes					CARDIOLOGY	FREDDY"S	Discharge	Subacute Rehabiltation	N/A	HARRIS,NUMIUSERONE

Next Last Page

Showing 81 rows

Print Preview
Export to Excel

Figure 100: Utilization Management Review Listing screen with results and selectable buttons

11.2.3 Filtering Reviews by Free Text

To filter by Free Text

1. Type directly in the **Free Text** field.
2. Click the <Find> button and the results will display in a table. To select a patient, *click* on their hyperlinked name in the **Patient Name** column.

Using Free Text, you can search for an exact word or phrase, for synonymous words, for partial words, or for a specific word, and the system will check the database for certain information. (The system searches the following to try to match what you've entered: treating specialty, ward, patient name and SSN, movement, reviewer name,

attending physician name, comments, custom notes, and admitting diagnosis. If the admitting physician name has been manually entered in the custom notes or comments fields, the search will find it).

11.2.4 Filtering Reviews by Date

To filter by Date

1. *Click* on the **Date** filter checkbox to activate it.
2. Select a date from the **Start Date** dropdown by *clicking* on it. (Start Date is from 12:00 a.m. that day)
3. Select a date from the **End Date** dropdown by clicking on it. (End Date is until 11:59 p.m. that day)
4. Click the <`Find`> button and the results will display in a table.

To select only one day, select the same date for the Start and End Date fields. Entering the Start Date only will give you the start date and everything after. Entering the End Date only will retrieve everything up to, and including, the end date.

11.2.5 Filtering Reviews by Reviewer

To filter by Reviewer

1. *Click* on the **Reviewer** filter checkbox to activate it.
2. Select another option from the dropdown by *clicking* on it OR
3. Select "`All`" to see all (regardless of whether a reviewer has been assigned or not) OR
4. *Click* the <`Find`> button and the results will display in a table.

11.2.6 Filtering Reviews by Attending

To filter by Attending

1. Click on the **Attending** filter checkbox to activate it.
2. Select an Attending from the dropdown list by clicking on it OR
3. Select "`All`" to see the Attendings for all reviews OR
4. Click the `From VistA` checkbox to see Attendings from VistA OR
5. Click the `Corrected` checkbox to see all Attendings that were corrected after coming across to NUMI from VistA.
6. Click the <`Find`> button and the results will display in a table.

11.2.7 Filtering Reviews by Ward

To filter by Ward

1. *Click* on the **Ward** filter checkbox to activate it.
2. Select a Ward from the list by *clicking* on it. To select multiple Wards, *click* on one, then hold the <`Ctrl`> key down and *click* on others. You can also press and hold the <`Shift`> key down to select a block of Wards. OR
3. Select "`All`" to see the Wards for all reviews.

4. *Click* the <Find> button and the results will display in a table.

There may be instances where you may expect to see a particular ward in the Ward dropdown, but it does not display. Ward lists are populated as movements for those wards occur. For example, a patient you are looking for has been in a bed for a while and has not had any movements. Their information has not been picked up by the overnight synchronizer yet because there weren't any qualifying movements. While you cannot manually add a ward to the dropdown, you can use the Manual VistA Synchronization feature (please see Section 11.6 for more information) to search for a patient that you know is in a particular ward. Once their information has been synchronized and pulled into NUMI, that ward will display in the Wards dropdown.

11.2.8 Filtering Reviews by Service/Specialty/Status

To filter by Service/Specialty/Status

1. *Click* on the **Service/Specialty/Status** filter checkbox to activate it.
2. Select options from the **Service and/or Specialty and/or Status** dropdowns by *clicking* on them.
3. *Click* the <Find> button and the results will display in a table.

11.2.9 Filtering Reviews by Review Type

To filter by Review Type

1. *Click* the **Review Type** filter checkbox to activate it.
2. Select an option from the dropdown by *clicking* on it.
3. *Click* the <Find> button and the results will display in a table.

11.3 Dismissed Patient Stays

This feature opens the ***Dismissed Patient Stays*** screen. This is where patient stays that were dismissed from the ***Patient Selection/Worklist*** screen will display. The screen contains the same filters that appear on the ***Patient Selection/Worklist*** screen. Section 2.1.10 describe the use of these filters. Observation stays can be included in results. Please see Section 5.3 for more information. The hyperlinked patient name brings you to the NUMI ***Patient Stay History*** screen for that particular patient. The `Dismiss Stays button` is also available for dismissing selected stays with the selected Dismiss Type. For more information about dismissing patient stays, please see Section 5.5.

When the screen opens, a series of filters will display. The Date checkbox will be pre-selected, as will the Start Date and End Date checkboxes. A 1 week date range, to include the last day of the week, will also be pre-populated. The default Start and End dates will appear as the last week, even after clicking the Reset button, but each time they appear on the screen, these dates can be changed (Figure 101). After obtaining search results, this screen could potentially display several thousand stays, so paging features have been built into it so you can view next, previous, first and last pages, and indicate how many rows of results you would like to see in each page of the table. Please see Section 2.1.20 for more information).

The following informational message displays on the screen under the `Find` and `Reset` buttons: “Click FIND to list all dismissed stays meeting the filters specified above. To create a different stay list, click RESET, select your filter criteria and click FIND”.

A Dismissal Type checkbox below the Reviewer criteria allows you to select Dismissal Type search criteria from the dropdown. When you initiate a search, this criteria will be applied to your search. After a search, the Dismissed Patient Select Screen presents three related columns: Dismissed By, Dismissed On, and Dismissal Type.

“Non-reviewable” Treating Specialties (i.e., , Domiciliary, Nursing Home, Outpatient and Rehab) will be intercepted as they come from VistA into NUMI, and automatically moved to the Dismissed Patient Stays screen. Each evening, treating specialties that are not reviewable in NUMI will automatically be marked “inactive” and moved to the Dismissed Patient Stays screen after the information is sent to NUMI from VistA. (“Inactivated” stays will not appear on the Patient Selection/Worklist screen unless a review is performed on them). To identify stays that are not reviewable, the system looks for one of the following in the Treating Specialty description: DOM, NH, OUTPATIENT, REHAB. The system then sets the stays to ‘dismissed’ and moves them to the *Dismissed Patient Stays*. (This can be overridden by the Dismissal Administrative setting(s). This is a scheduled job that will run daily. As the synchronizer runs throughout the day, there is a chance for additional non-reviewable specialties to appear in NUMI.

While working on the screen, you may see a message, “Error Occurred Loading the Page. Please click your browser’s Refresh button and try again” **advising there was a problem loading the webpage (Figure 18). Refreshing your browser will reload the webpage and display the NUMI screen.** You may also want to 1.) Check to see if you have a blank Start Date and/or End Date field and 2.) Check to see if the date range you have selected produces too many stays in the results. Narrow your date range to produce a smaller number of stays

To work with the Dismissed Patient Stays

1. *Click* on the ***Tools*** dropdown.
2. Select the < `Dismissed Patient Stays` > option by *clicking* on it and the ***Dismissed Patient Stays*** screen will display, as shown in Figure 101.
3. Select the desired search filters and *click* the <`Find`> button. (If there are no dismissed movements, `'No Records Found'` will display on the screen).
4. After the results display, to see a particular patient stay, *click* on the hyperlinked patient name in the **Patient Name** column.

Once a patient review has been performed, the patient's name will be removed from the *Dismissed Patient Stays* screen and will re-display on the *Patient Selection/Worklist* screen.

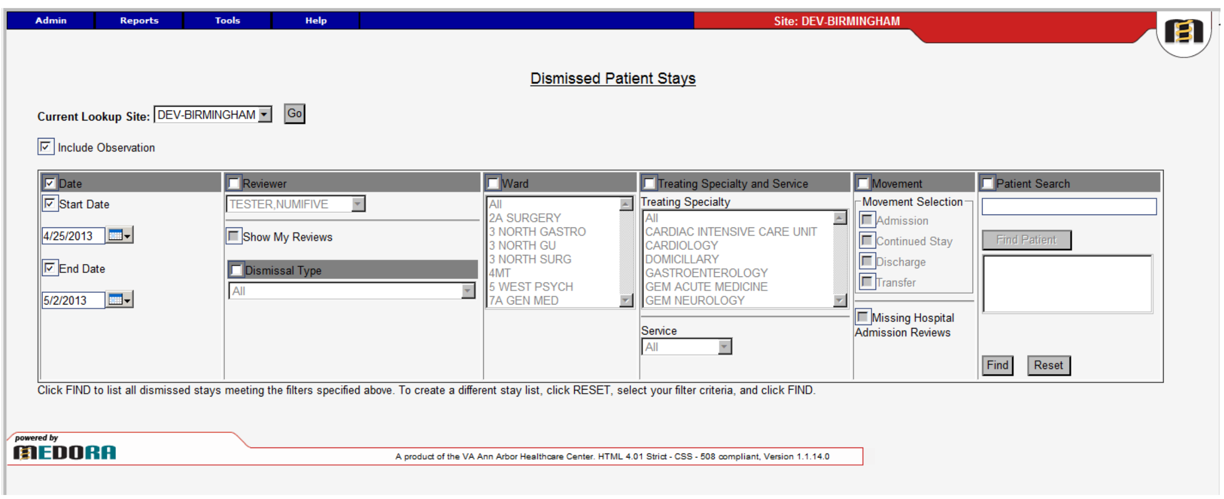


Figure 101: Dismissed Stays screen with 1 week default date range

After obtaining search results on the ***Dismissed Patient Stays*** screen, when you click on the `Reset` button the system will restore all fields to their default values, except the 1 week default date range. The fields and default values are:

- Date – Checkbox selected and defaults with a 1 week range (this timeframe keys off the Next Review Date)
- Reviewer – Checkbox not selected and will display the logged in user's name
- Ward – Checkbox not selected and defaults to All
- Treating Specialty and Service – Checkbox not selected and defaults to All
- Movement– Checkbox not selected and no default values display
- Patient Search – Checkbox not selected and no default values display

11.4 Free Text Search Option

This feature lets you type information in and search by exact words, similar words, partial words or specific words. Observation stays can be included in results. Please see Section 5.3 for more information. You can filter by Date, Reviewer, Ward, Treating Specialty and Service, Movement and Patient Search. When you search using free text, the system will check for certain types of information.

To work with the Free Text Search option

1. *Click* on the ***Tools*** dropdown.
2. Select the <`Free Text Search `> option by *clicking* on it and the ***Free Text Search*** screen will display, as shown in Figure 102. (See Section 2.1.10 for more information about how to use NUMI filters, and Section 11.2.3 for more information about using the free text search options).
3. To select a patient for review from the ***Free Text Search*** screen, just click on the hyperlinked name of the patient.

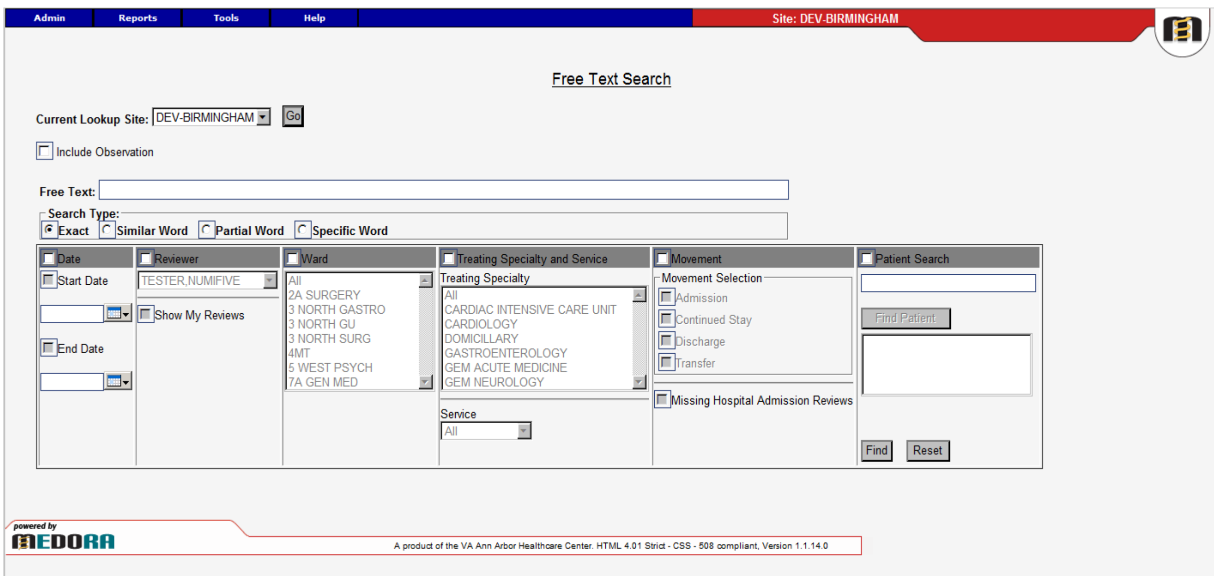


Figure 102: Free Text Search screen

The NUMI free text search will search the following to try to match what the user enters: treating specialty, ward, patient name and SSN, movement type, reviewer name, attending physician name, and admitting diagnosis.

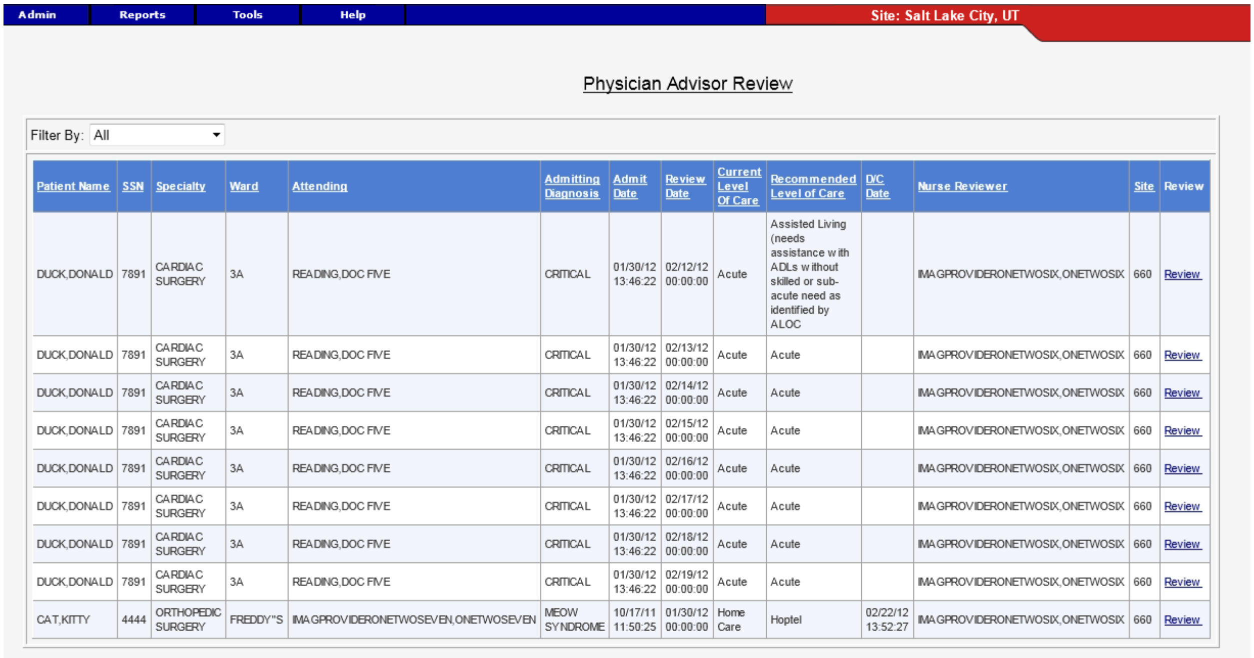
11.5 Physician Advisor Review Option

This feature opens the ***Physician Advisor Review*** screen (Figure 103). This is where Physician Advisors will be able to access and work on the reviews that have been assigned to them. (See Chapter 1 for more information about this screen).

To work with the Physician Advisor Review

1. *Click* on the ***Tools*** dropdown.
2. Select the <`Physician Advisor Worklist`> option by *clicking* on it.
3. The ***Physician Advisor Review*** screen will open. If a Physician Advisor has reviews assigned to them, the reviews will display in a table.

Only reviews with 'Don't Meet Criteria' status will go to the *Physician Advisor Review*.



Patient Name	SSN	Specialty	Ward	Attending	Admitting Diagnosis	Admit Date	Review Date	Current Level Of Care	Recommended Level of Care	D/C Date	Nurse Reviewer	Site	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/12/12 00:00:00	Acute	Assisted Living (needs assistance with ADLs without skilled or sub-acute need as identified by ALOC		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/13/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/14/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/15/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/16/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/17/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/18/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
DUCK,DONALD	7891	CARDIAC SURGERY	3A	READING,DOC FIVE	CRITICAL	01/30/12 13:46:22	02/19/12 00:00:00	Acute	Acute		IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review
CAT,KITTY	4444	ORTHOPEDIC SURGERY	FREDDY"S	IMAGPROVIDERONETWOSEVEN,ONETWOSEVEN	MEOW SYNDROME	10/17/11 11:50:25	01/30/12 00:00:00	Home Care	Hoptel	02/22/12 13:52:27	IMAGPROVIDERONETWOSIX,ONETWOSIX	660	Review

Figure 103: Physician Advisor Review screen

11.6 Manual VistA Synchronization Option

This feature lets you synchronize stay information between VistA and NUMI. An automatic feed containing admissions, ward transfers, discharges and provider and specialty changes is sent to NUMI from VistA at the top of each hour during the day, and at midnight. Stays that were dismissed the previous day will not redisplay in the ***Patient Selection/Worklist*** after the midnight synchronizer information feed occurs. (Note: if information changes in VistA, the information in NUMI will be overwritten / overlaid in the next feed. It should also be noted that resynching with VistA will always update the stay data, but the review data will not be overwritten). When you synchronize a patient or several patients, you are bringing VistA information on those patients into NUMI and placing those patient stays in your ***Patient Selection/Worklist***.

With the Manual VistA Synchronization feature, you do not need to wait for a feed. You can retrieve and synchronize information on-demand. This feature comes in handy when you know a patient has been admitted to the hospital (or transferred to another Ward – a frequent occurrence during the day) and is in VistA, but you do not see them in NUMI yet. As an added convenience, the table on the screen includes Ward, Specialty and Admitting Diagnosis information to help you identify which patients need to be "synched" onto the ***Patient Selection/Worklist***.

You can only synchronize by Date OR by Checkin ID OR by Patient on this screen. In addition, please note that if you only enter a date without a patient name, everything for that date will be synchronized.

You must click on the Date, Checkin ID or Patient Search radio buttons in order to activate the search filters on the Manual VistA Synchronization screen. For more information about using the filters in NUMI, please see Section 5.4 in this guide.

While working on the Manual VistA Synchronization screen, you may see a message in red text advising that the server is busy (Figure 104) . Perform your last action (e.g., re-click a button; re-select a hyperlink) to retry.

Figure 104: Server Busy Error Message

To work with the Manual VistA Synchronization

1. *Click* on the ***Tools*** dropdown.
2. Select the <`Manual VistA Synchronization`> option by *clicking* on it, and the ***Manual VistA Synchronization*** screen will display.
3. *Click* the **Date** radio button, and select or *type* the desired date in the **Movement Start Range** field. If you type in the date, use the format mm/dd/yyyy.
4. Select a specific time range, if desired, by *clicking* in the **Hour** fields and entering the desired hours (e.g., 06:00 thru 11:00) **OR**
5. *Click* the Patient Search radio button, *type* in a Patient name (in <`Lastname, Firstname`> format) and *click* the <`Find Patient`> button. Then *single-click* on a patient name in the result window to select it. If you do not select a patient, the message "`You must select a patient.`" will display (Figure 108) **OR**
6. *Click* the Checkin ID radio button and *type* in a Checkin ID, if you know it.[2] (You can always search by Date or Name and the Checkin ID will be displayed in the search results, as shown in Figure 105). If the patient isn't in NUMI but has an inpatient stay in VistA, you can add them to NUMI by searching for them by date range or patient name. If the patient doesn't have any inpatient stays in VistA, they will display in the search by patient list but no stays will be returned. If the patient's admission is not in NUMI, you can synchronize with VistA by entering the Admission date, which will add the Admission movement to NUMI.

If NUMI still can't find the admission, you may need to get the VistA Patient Movement file admission movement's internal entry number (IEN) from your local IRM and enter it as the Check In ID, then click <Find Stays in VistA> and, when the list appears, click on the box to the left of the ones you want to add to NUMI and press <Synchronize Stays>. Note: The number displayed as the Movement ID on the Patient

[2] The NUMI Checkin ID (or "Stay" field on the Patient Stay History) is the internal record number in the VistA Patient Movement file #405, which is not visible to end users.

Stay History screen corresponds to the VistA Patient Movement IEN if the movement already appears in NUMI.

7. *Click* the <`Find Stays in VistA`> button.
8. When the search results display, *click* on the checkboxes in the far left hand column in the row for each patient stay you wish to synchronize into NUMI and display on the Patient Selection/Worklist (Figure 106).
9. Click the <`Synchronize Stays`> button.
10. The message: `"Synchronized <number> stays for site <site number>"` will display on the screen (Figure 107).

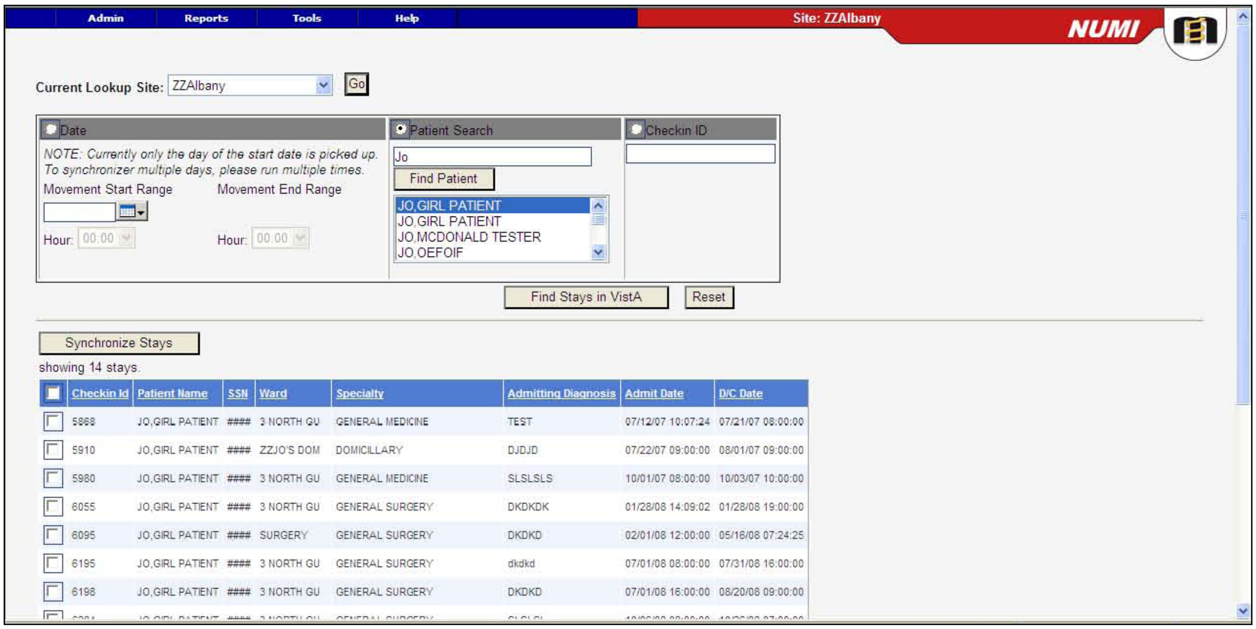


Figure 105: Manual VistA Synchronization search results screen

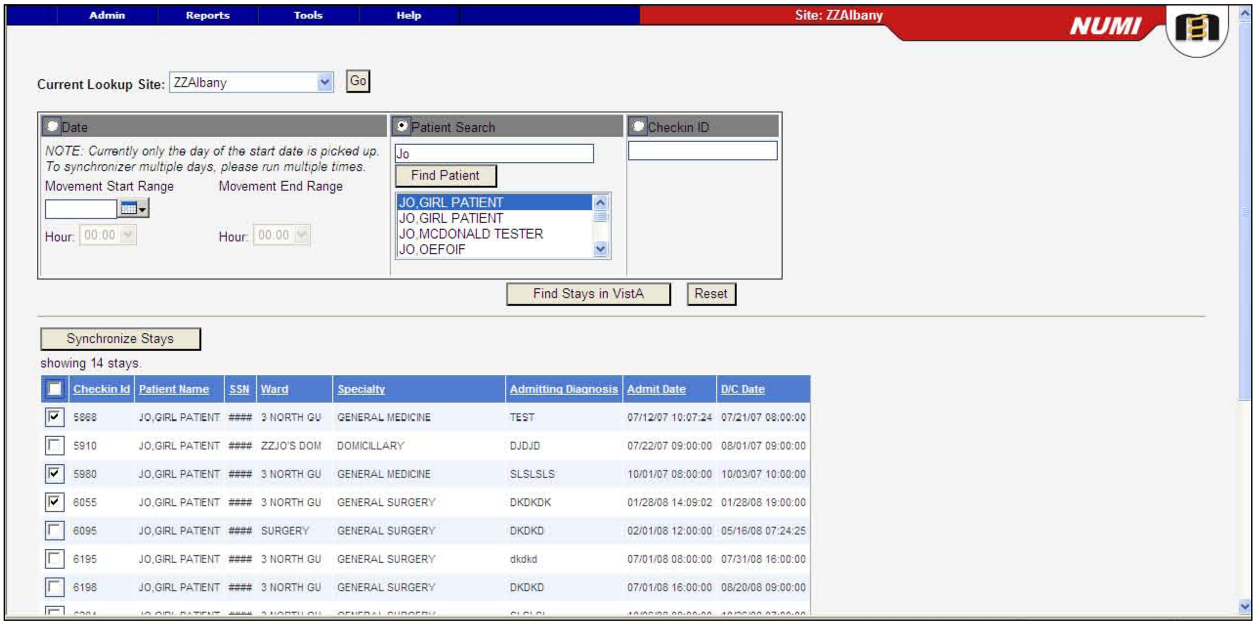


Figure 106: Stays selected for Synchronizing

Figure 107: Synchronized Stays confirmation message

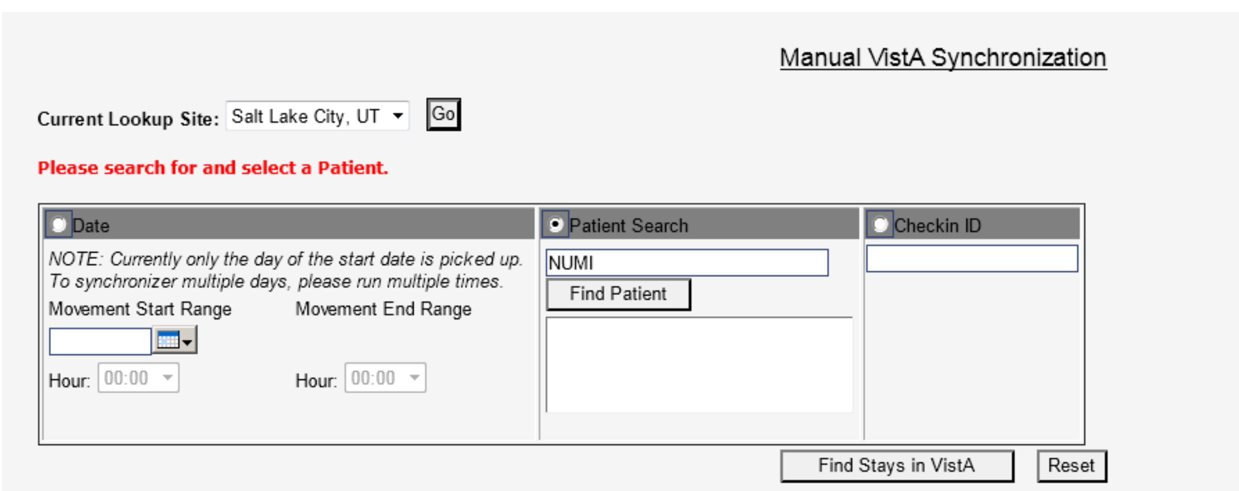


Figure 108: Patient Search Message

11.7 Patient Stay Administration Option

This option can only be used by NUMI Administrators. While non-Administrator users will see this option displayed in the ***Tools*** menu, selecting it will display an error message (i.e., "`You are not authorized to administer patient stays at this site`"). If a VistA patient stay is entered in the NUMI database and VistA subsequently deletes the stay, NUMI will display an "invalid stay" message when the NUMI user clicks the review link for the deleted stay. Additionally, NUMI will move the NUMI patient stay record to the ***Patient Stay Administration*** screen. NUMI Administrators can use the ***Patient Stay Administration*** screen to verify the status of the stay in VistA and delete NUMI patient stay records that are no longer in VistA.

Here is some background information about how this process works:

Patient Stay Movements are entered into VistA and then synchronized into the NUMI database. Every time a stay is touched in NUMI, NUMI goes back to VistA to update the stay record with any changes in VistA. If nothing is returned from VistA when the record is requested, then NUMI marks its record of the stay as "invalid", and removes it from the ***Patient Selection/Worklist***. It is put in a limbo state, but not deleted. NUMI Administrators can then review the invalid stays using this screen. Selecting them from the table will cause NUMI to again try to retrieve them from VistA. If it cannot, the Administrator can delete the patient stay from NUMI. If NUMI can retrieve the stay, then the Administrator has the option of selecting the Restore button to reactivate the stay.

Invalidated stays are periodically removed automatically from the *Patient Stay Administration* screen. NUMI Administrator users will still be able to manually delete stays from the screen, as described in Section 11.7.2.

To access the Patient Stay Administration feature

1. Click on the **Tools** dropdown.
2. Select the `<Patient Stay Administration>` option.
3. The ***Patient Stay Administration*** screen displays with a list of invalidated stays (Figure 109).

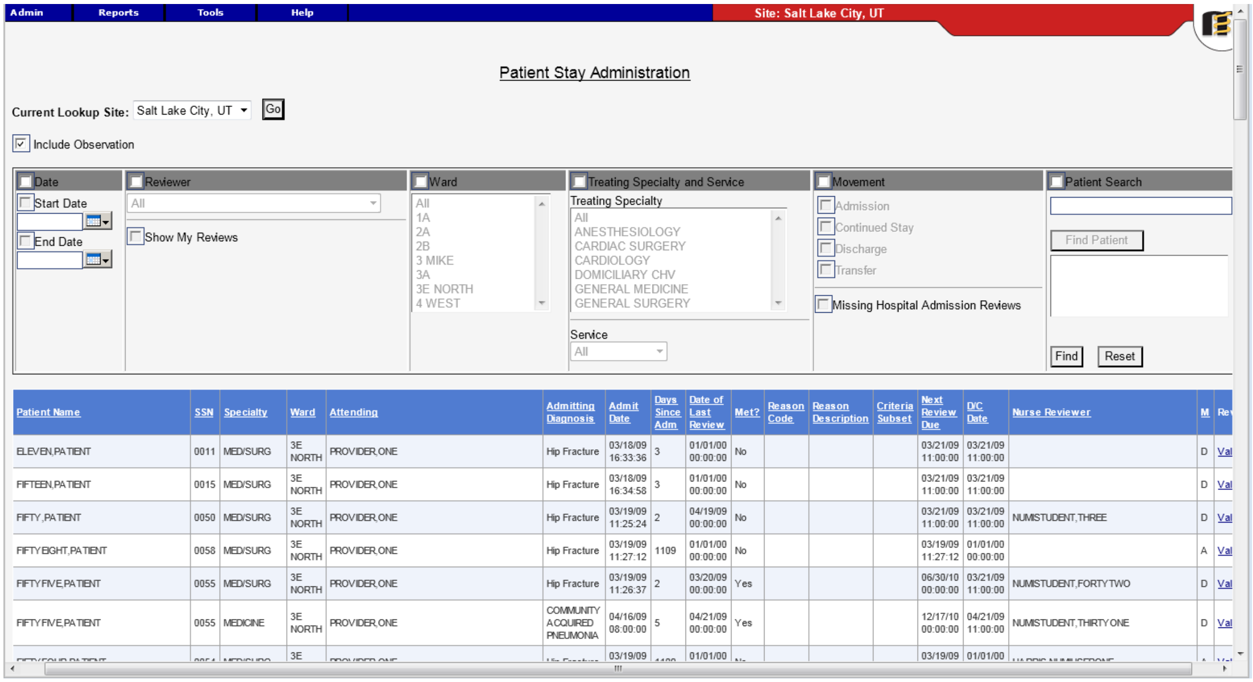


Figure 109: NUMI Patient Stay Administration screen

Note: Observations can be included in results. Please see Section 5.3 for more information.

11.7.1 Finding Patient Stays that were Removed from VistA

To find patient stays that were removed from VistA

1. Choose search filters by *clicking* on the checkboxes in the filter headers. This will activate the options in each filter. (For more information about NUMI filters, please see Section 2.1.10).
2. Choose the desired options from each filter and click the <`Find`> button.
3. A list of patient stays matching your search criteria will display in a table. If your search produces no results, `No Records Found` will display.

11.7.2 Deleting Patient Stays that were Removed from VistA

If a patient stay is ‘invalidated’ (i.e., the patient was admitted and subsequently the admission was cancelled and removed from VistA), there is still a stay created in NUMI when the synchronizer first picks up the patient. The invalidated stay’s status is changed to Dismissed and it is moved to the *Dismissed Patient Stays* screen **(see <u>Section 11.3</u>) where it will be available for retrieval, if necessary. NUMI Administrators and Reviewers can delete any invalidated patient stay.**

To delete a patient stay that was removed from VistA

1. *Click* the `Validate` hyperlink beside the stay you wish to delete.
2. *Click* the <`OK`> button when this message displays: “`Stay <number> for patient <patient name> cannot be retrieved from VistA and may be invalid. Please Delete the stay, or try again later`”.
3. *Click* the <`Delete`> button in the ***Patient Stay History*** screen .
4. The patient stay will be deleted.

11.7.3 Restoring a Patient Stay

To restore a patient stay

1. *Click* the Validate hyperlink beside the stay you wish to restore.
2. *Click* the <`OK`> button when this message displays: “`Stay <number> for patient <patient name> has been retrieved from VistA. Please click on the Restore button to set it as valid in NUMI.`” (<u>Figure 110</u>).

Figure 110: Stay retrieval advisory message.

3. *Click* the `Restore` button in the center of the screen (illustrated in <u>Figure 111</u>).
4. The screen will refresh and the patient record will no longer display in the table.
5. The patient will display in the table on the ***Patient Selection/Worklist*** screen.

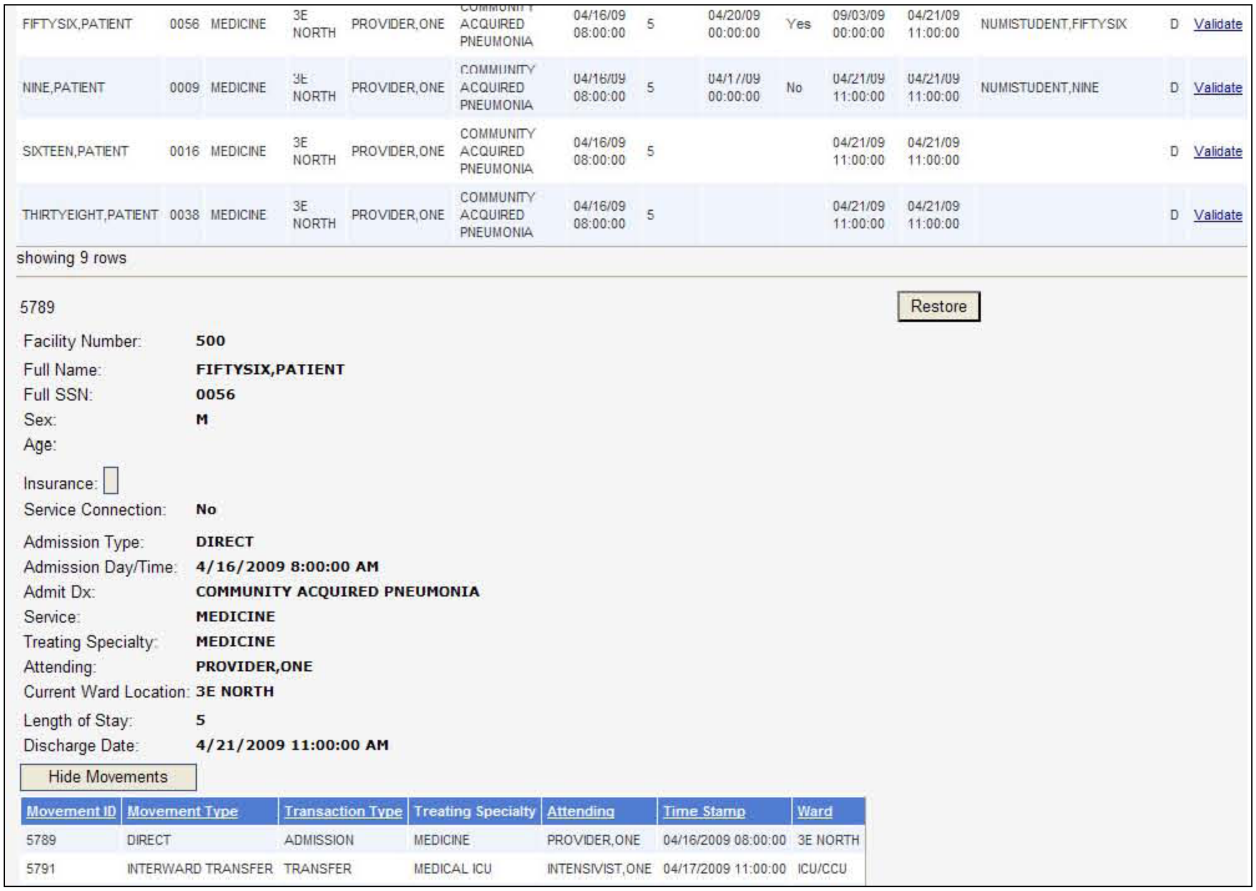


Figure 111: Patient Stay Administration with Restore button displayed

11.8 Logout Option

This feature will take you to the logout screen.

To access the Logout option

1. *Click* on the ***Tools*** dropdown.
2. Select the <`Logout`> option by *clicking* on it.
3. The ***Logout*** screen opens. (See Chapter 16 for more information about logging out of the NUMI application).

12 Reports Menu

This chapter describes the ***Reports*** Menu (Figure 112). If you have report-access privileges you can generate a variety of on-demand reports that can be printed out on your local printer or exported to an Excel spreadsheet and printed from there. Some reports were designed to display in landscape orientation (vs. portrait) – those display an `(L)` in the menu dropdown. Marking those reports that way was intended to indicate that you should print them out in landscape mode. Some reports have less 'real estate' than others, and printing those particular reports out in Landscape orientation produces nicer output.

For convenience, the reports are numbered 1 thru 12. This eliminates the need to remember the exact name of any particular report. The ***Reports*** Menu dropdown is on the menu bar located along the top of most NUMI screens.

It is important to note that the reports will not generate until the <`Find`> button is clicked. In addition, the report search filters are 'sticky'. This means that if you choose dates, radio buttons or dropdown options, your choices will remain populated until you either manually change the dates or click on the calendar and then click on 'Clear Date', or select different radio buttons or dropdown options - or leave the report altogether. If you leave a report and then come back to it, all of the search filters will be reset to the original settings.

Based on the Admission Review Type selection that is made on the ***Primary Review*** screen, the output on the reports will vary. Please see Section 8.18 for more information about working with admission review types. Each report (with the exception of Reports #3 and #7) will have an Admission Review Types dropdown. **Note: Only the Hosp Acute Adm-Traditional Criteria (formerly called Hospital Acute Admission), Hosp Acute Adm – Condition-Specific Criteria (Admission reviews only), Observation Converted to Hospital Admission, Conversion to New Condition-Specific Criteria (Admission reviews only), BH Initial Review, Transfer to Higher Level of Care and Transfer to/from Acute Care and BH options are selectable when entering reviews on the Primary Review screen. Other review types are included as selections when generating reports because they were used in previous versions of NUMI.*

Reports #s 1, 2, 4, 5, 6, 8, 9, 11 and 12 will display these general Admission Review Type options, in the order listed:

- All Admission Reviews
- Hosp Acute Adm – Traditional Criteria
- Hosp Acute Adm – Condition-Specific Criteria
- Observation Converted to Hospital Admission
- Conversion to New Condition-Specific Criteria
- BH Initial Review
- Transfer to Higher Level of Care
- Transfer to/from Acute Care and BH
- Admission Review –Type Unknown

Report #10 will display the Admission Review Type options below, in the order listed:

- Hosp Acute Adm – Traditional Criteria
- Hosp Acute Adm – Condition-Specific Criteria
- Observation Converted to Hospital Admission
- BH Initial Review

The contents of the reports will display as follows, when the various options are selected:

- If the *All Reviews* filter option is selected, the report will display all review types
- If the *All Admissions* filter option is selected, the report will display Hospital Acute Admission, Admission Review: Type Unknown, BH Initial Review, Transfer to Higher Level of Care and Transfer to/from Acute Care and BH reviews
- If the *Not an Admission Review* filter option is selected, the report will display all Continued Stay and BH Concurrent review types
- If the *Hosp Acute Adm – Traditional Criteria* filter is selected, the report will display Hosp Acute Adm – Traditional Criteria and BH Initial reviews
- If the *Hosp Acute Adm – Condition-Specific* filter is selected, the report will display Hosp Acute Adm – Condition-Specific reviews
- If the *Observation Converted to Hospital Admission* filter is selected, the report will only display reviews for observation patients that were not discharged within the required 24 hour period, then were admitted to acute care (Note: this filter is not available on Reports #3 and #7)
- If *Conversion to New Condition-Specific Criteria* filter is selected, the report will display Conversion to New Condition-Specific Criteria reviews
- If the *BH Initial Review* filter is selected, the report will only display BH Initial reviews
- If the *Transfer to Higher Level of Care* filter is selected, the report will only display Transfer to Higher Level of reviews
- If the *Transfer to/from Acute Care and BH* filter is selected, the report will only display Transfer to/from Acute Care and BH reviews
- If the *Admission Review - Type Unknown* filter is selected, the report will only display Admission Review: Type Unknown reviews

Report #s 5, 6, 7, 8, 9, 10 and 12 include the following columns captured from CERMe:

- Criteria Subset:
- Episode Day of Care: Most recent day of care where applicable.
- Reason Code: This column shows data only for not-met reviews.
- Reason Description: This column shows data only for not-met reviews.

Enhanced Reporting is available in NUMI. For information about this option and the underlying reports and when they are available for selection, please see Section 12.13.

The NUMI reports are listed in Table 12.

Table 12: Reports Menu list of reports

FEATURES
Report #1 - Summary Met/Not Met
Report #2 - Reasons for Admission Reviews Not Meeting
Report #3 - Reasons for Continued Stay/Concurrent Reviews Not Meeting Criteria
Report #4 - Summary RLOC Reasons
Report #5 - Patient Reviews Met/Not Met
Report #6 - Patient Reviews Met/Not Met ‘Custom’
Report #7 - Patient Detail
Report #8 - Physician Advisor Reviews
Report #9 - Physician Advisor Response
Report #10 - Unscheduled Readmits in Less Than 30 Days
Report #11 - RLOC Aggregate
Report #12 – Clinical Comments Detail
Enhanced Report Menu

Figure 112: Reports Menu

12.1 Report #1 - Summary Met/Not Met

This report summarizes the reviews that Meet and Don't Meet criteria, displayed in descending sort order within the Admission and Continued Stay categories. The count of reviews on the report output will match the count of saved/locked reviews that display on the ***Utilization Management Review Listing*** screen. You can generate the report by Attending MD, Reviewer, Service Section, Treating Specialty and Ward Location, and print it out on your local printer or export it to Excel. (If you run this report and any reviews have a blank Review Type, those reviews will display at the top of the report. The resulting report list will be subtotaled by Review Type with observation reviews listed before other non-observation reviews. The grand total of the report includes the count of reviews with blanks).

To generate the report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **1: Summary Met/Not Met.** The search filters will display (Figure 113).

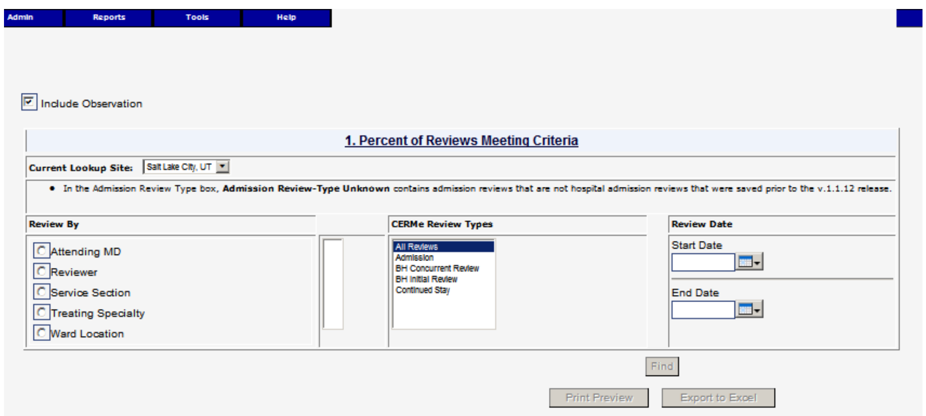


Figure 113: Percent of Reviews Meeting Criteria filters

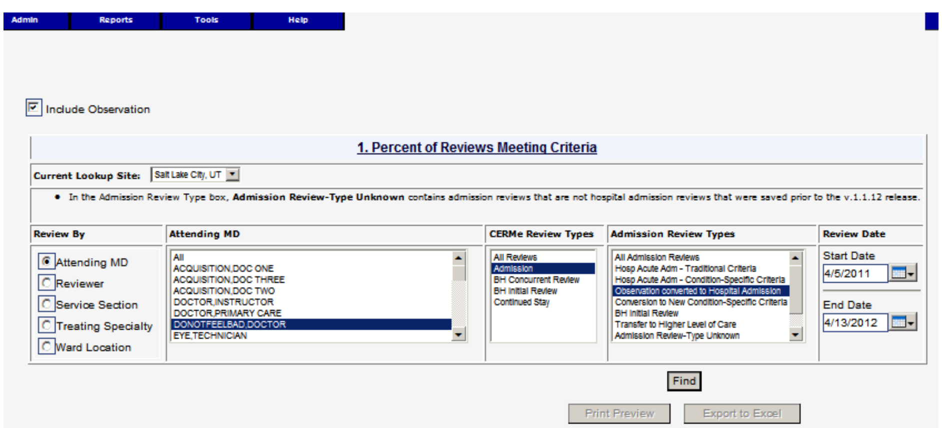


Figure 114: Admission Review Types list display

3. Select an option from the **Current Lookup Site** dropdown by clicking on it.
4. Select the "Include Observations" check box if so desired. (See Section 5.3

for details.)

5. Click on the **Start Date** and **End Date** calendar icons and select dates by clicking on them. You can also type in the date, using the format mm/dd/yyyy.
6. Select a **Review By** radio button by clicking on it.
7. A corresponding dropdown will display for the radio button you chose (Figure 113).
8. Select an option from the dropdown by clicking on it.
9. Select a single option from the **CERMe Review Types** pick list by clicking on it. (If you select Admission or BH Initial Review, the **Admission Review Types** pick list will display (Figure 114).
10. Select one or more options by *clicking* on them. (Note: the information that displays on this report when each of the admission review type filter options is selected will vary. Please see Section 8.18 for details).
11. Be sure to click the <`Find`> button after you select ALL of the report parameters. As soon as you select the <`Find`> button, you will see report information. If you specify other parameters such as Start and End dates, don't forget to click on <`Find`> to generate your specific report. The subtitle on the report will contain the parameters you specify, so double-check that all of your parameters are specified in the sub-title.
12. The report output will display, as illustrated in Figure 115.

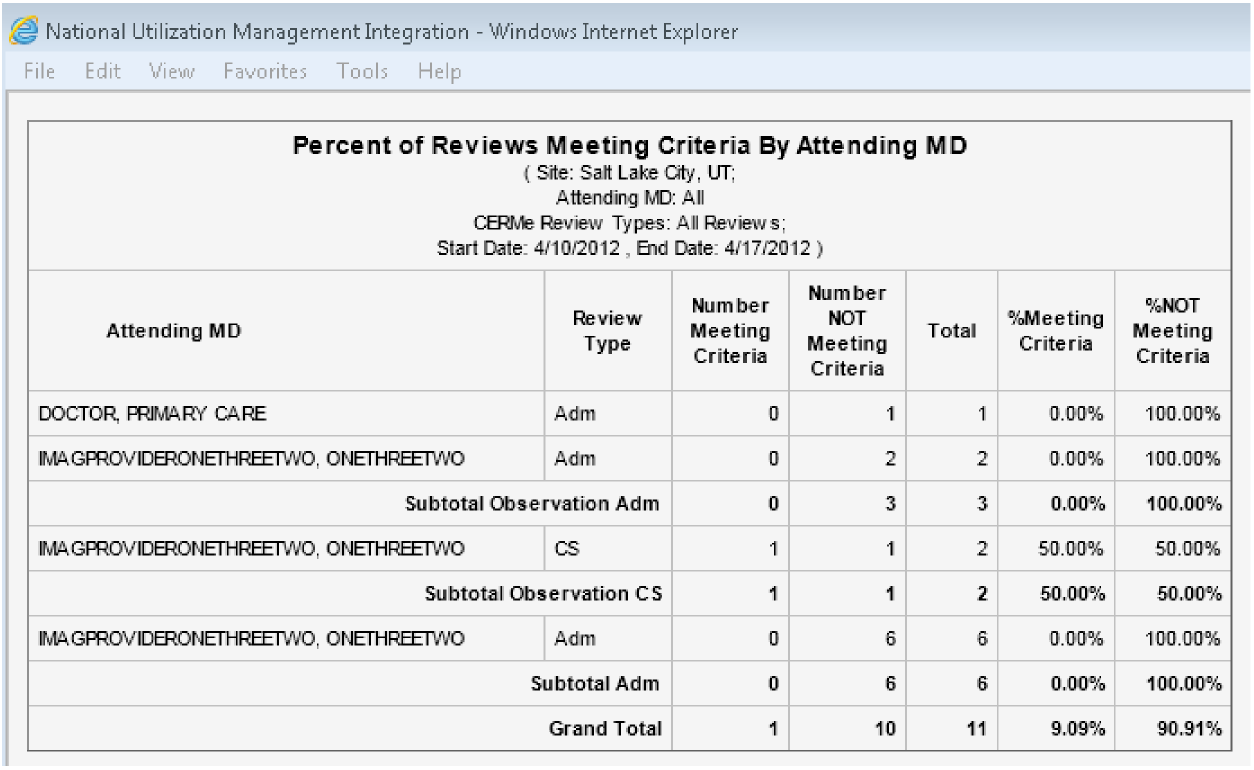
Percent of Reviews Meeting Criteria By Attending MD
(Site: Salt Lake City, UT;
Attending MD: All
CERMe Review Types: All Reviews;
Start Date: 4/10/2012 , End Date: 4/17/2012)

Attending MD	Review Type	Number Meeting Criteria	Number NOT Meeting Criteria	Total	%Meeting Criteria	%NOT Meeting Criteria
DOCTOR, PRIMARY CARE	Adm	0	1	1	0.00%	100.00%
IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	0	2	2	0.00%	100.00%
Subtotal Observation Adm		**0**	**3**	**3**	**0.00%**	**100.00%**
IMAGPROVIDERONETHREETWO, ONETHREETWO	CS	1	1	2	50.00%	50.00%
Subtotal Observation CS		**1**	**1**	**2**	**50.00%**	**50.00%**
IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	0	6	6	0.00%	100.00%
Subtotal Adm		**0**	**6**	**6**	**0.00%**	**100.00%**
Grand Total		**1**	**10**	**11**	**9.09%**	**90.91%**

Print Preview | Export to Excel

Figure 115: Percent of Reviews Meeting Criteria output

13. To print, *click* the <`Print Preview`> button.
14. When the **Print Preview** window opens, (Figure 116) right click to display browser menu and then select 'Print' to display the local Print Dialog box.
15. When the Print Dialog Box opens, select printer and printer options and finally select the Print button to print the report.



Percent of Reviews Meeting Criteria By Attending MD
(Site: Salt Lake City, UT;
Attending MD: All
CERMe Review Types: All Reviews;
Start Date: 4/10/2012 , End Date: 4/17/2012)

Attending MD	Review Type	Number Meeting Criteria	Number NOT Meeting Criteria	Total	%Meeting Criteria	%NOT Meeting Criteria
DOCTOR, PRIMARY CARE	Adm	0	1	1	0.00%	100.00%
IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	0	2	2	0.00%	100.00%
Subtotal Observation Adm		**0**	**3**	**3**	**0.00%**	**100.00%**
IMAGPROVIDERONETHREETWO, ONETHREETWO	CS	1	1	2	50.00%	50.00%
Subtotal Observation CS		**1**	**1**	**2**	**50.00%**	**50.00%**
IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	0	6	6	0.00%	100.00%
Subtotal Adm		**0**	**6**	**6**	**0.00%**	**100.00%**
Grand Total		**1**	**10**	**11**	**9.09%**	**90.91%**

Figure 116: Percent of Reviews Meeting Criteria printout

16. To export the report to an Excel spreadsheet, *click* the `<Export to Excel>` button.
17. A File Download dialog box may display indicating: " `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>?`" along with `Open`, `Save`, and `Cancel` buttons (Figure 117). If it does, *click* the `<Open>` button.

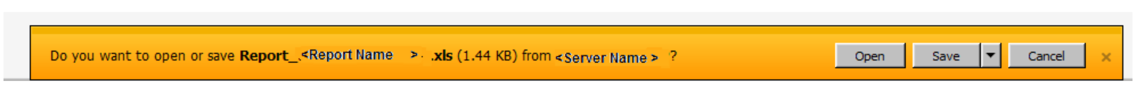


Figure 117: Export to Excel download advisory

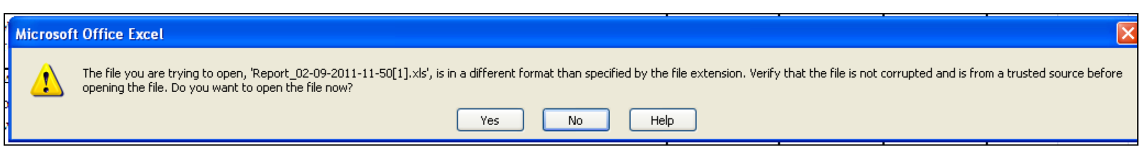
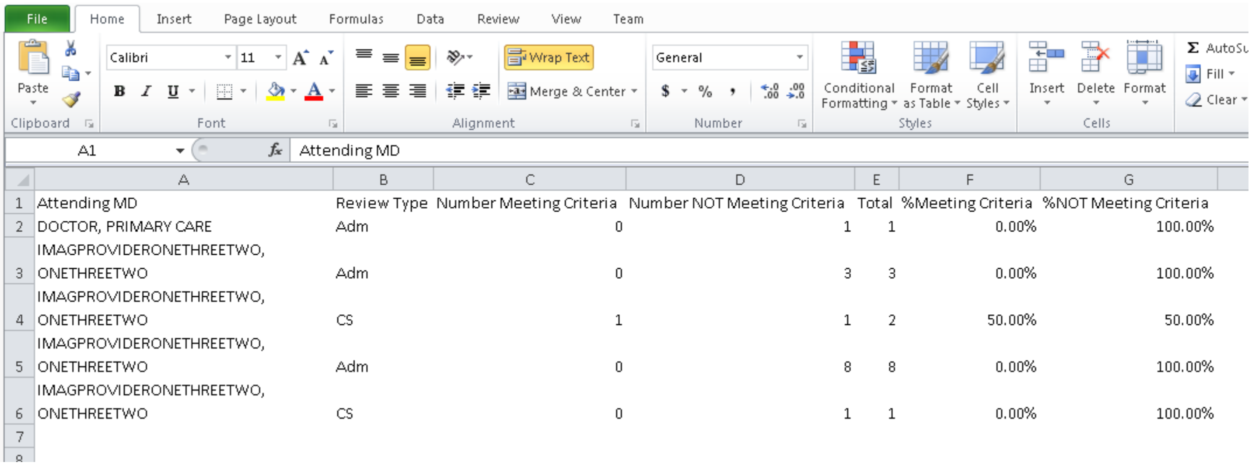


Figure 118: Excel format dialog box

18. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the `<Yes>` button to proceed.
19. The report will be displayed, as illustrated in Figure 119.

20. Select the <`File`> dropdown in Excel and *click* on <`Print`> to print it out.



	A	B	C	D	E	F	G
1	Attending MD	Review Type	Number Meeting Criteria	Number NOT Meeting Criteria	Total	%Meeting Criteria	%NOT Meeting Criteria
2	DOCTOR, PRIMARY CARE	Adm	0	1	1	0.00%	100.00%
3	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	0	3	3	0.00%	100.00%
4	IMAGPROVIDERONETHREETWO, ONETHREETWO	CS	1	1	2	50.00%	50.00%
5	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	0	8	8	0.00%	100.00%
6	IMAGPROVIDERONETHREETWO, ONETHREETWO	CS	0	1	1	0.00%	100.00%

Figure 119: Percent of Reviews Meeting Criteria spreadsheet

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

12.2 Report #2 - Reasons for Admission Reviews Not Meeting Criteria

This report will show you a distribution listing of Admission reviews not meeting criteria, sorted in descending order within each subcategory of reasons. The resulting report list will be subtotaled by Review Type with observation reviews listed before other non-observation reviews. You can generate the report by Attending MD, CERMe Review Types, Treating Specialty or Ward Location, and print it out on your local printer or export it to Excel.

To generate the report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **2: Summary Adm Reasons.** The search filters will display (<u>Figure 120</u>).

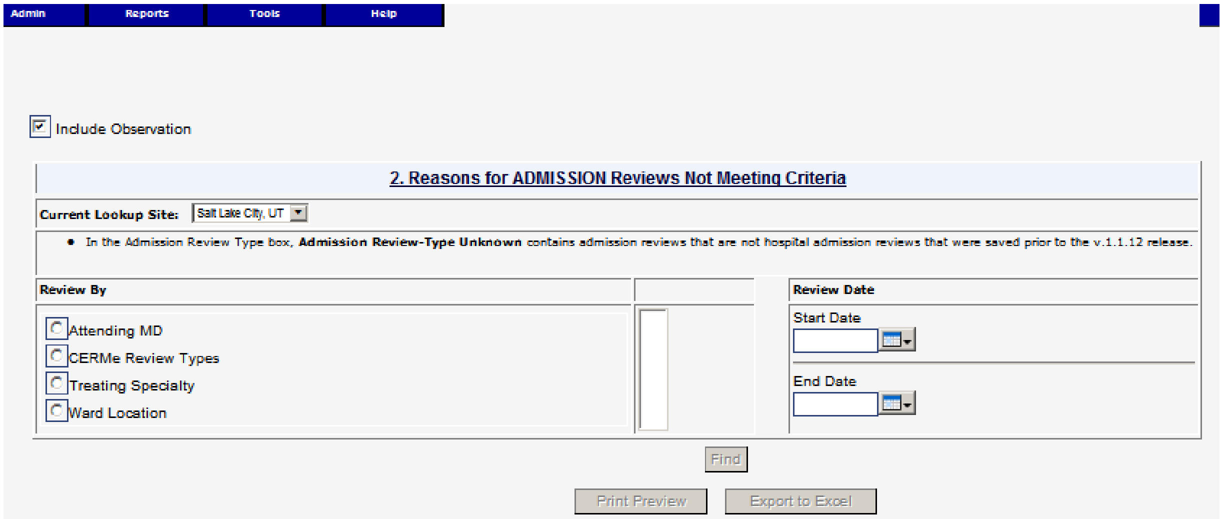


Figure 120: Reasons for Admission Reviews Not Meeting Criteria filters

3. Select an option from the Current Lookup Site dropdown by clicking on it.
4. Select the "Include Observations" check box if so desired. (See Section 5.3 for details.)
5. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
6. Select a **Review By** radio button by *clicking* on it.
7. A corresponding dropdown will display for the radio button you chose (not shown in Figure 120.
8. Select options from the dropdown by *clicking* on them.
9. If you choose the **CERMe Review Types** radio button, **CERMe Review Types** will display inside the selection box (Figure 121). The system will only let you select a single option from this dropdown. When an option is selected, the **Admission Review Types** pick list will display (Figure 114).
10. Select one or more options by *clicking* on them. (Note: the information that displays on this report when each of the admission review type filter options is selected will vary. Please see Section 8.18 for details).
11. Be sure to click the <Find> button after you select ALL of the report parameters. As soon as you select the <Find> button, you will see report information. If you specify other parameters such as Start and End dates, don't forget to click on <Find> to generate your specific report. The subtitle on the report will contain the parameters you specify, so double-check that all of your parameters are specified in the sub-title.
12. The report output will display, as illustrated in Figure 121.

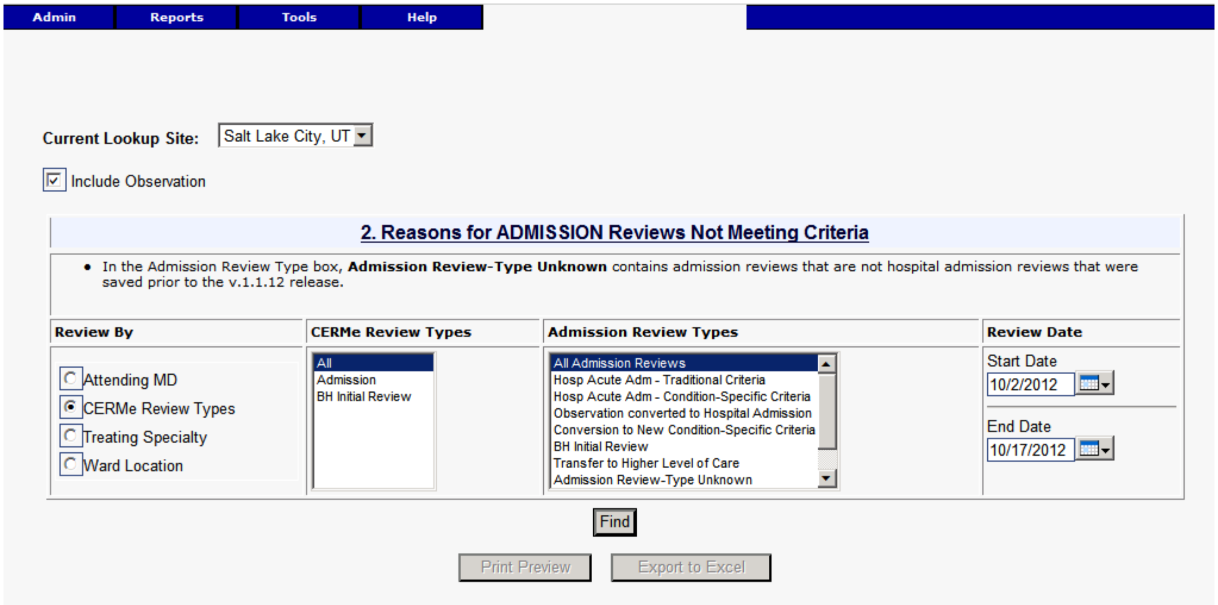


Figure 121: Reasons for Admission Reviews Not Meeting Criteria output

13. To print, *click* the <`Print Preview`> button.
14. When the **Print Preview** window opens, *right-click* in the preview window and *click* the <`Print`> option (Figure 122).

National Utilization Management Integration - Windows Internet Explorer

File Edit View Favorites Tools Help

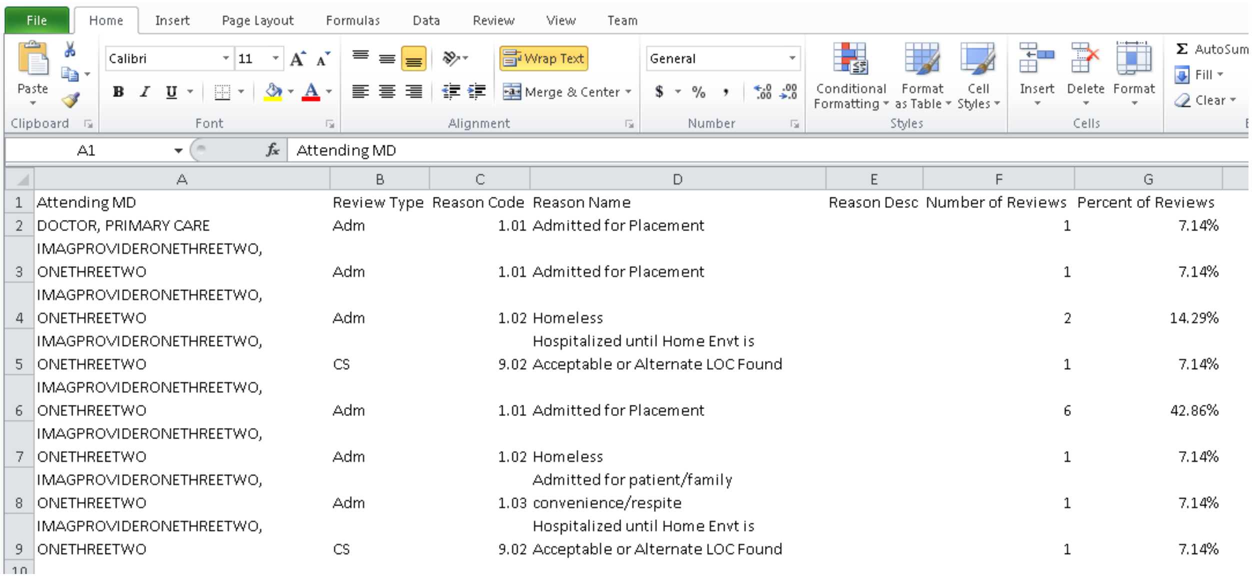
Reasons for ADMISSION Reviews Not Meeting Criteria By Attending MD

(Site: Salt Lake City, UT;
Start Date: 4/10/2012 , End Date: 4/17/2012)

Attending MD	Review Type	Reason Code	Reason Name	Reason Desc	Number of Reviews	Percent of Reviews
DOCTOR, PRIMARY CARE	Adm	1.01	Admitted for Placement		1	10.00%
			Subtotal Observation DOCTOR,PRIMARY CARE		**1**	**10.00%**
IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.01	Admitted for Placement		1	10.00%
IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.02	Homeless		1	10.00%
IMAGPROVIDERONETHREETWO, ONETHREETWO	CS	9.02	Hospitalized until Home Envt is Acceptable or Alternate LOC Found		1	10.00%
			Subtotal Observation IMAGPROVIDERONETHREETWO,ONETHREETWO		**3**	**30.00%**
IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.01	Admitted for Placement		5	50.00%
IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.03	Admitted for patient/family convenience/respite		1	10.00%
			Subtotal IMAGPROVIDERONETHREETWO,ONETHREETWO		**6**	**60.00%**
			Grand Total		**10**	**100.00%**

Figure 122: Reasons for Admission Reviews Not Meeting Criteria printout

15. To export the report to an Excel spreadsheet, *click* the <`Export to Excel`> button.
16. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>`" along with `Open`, `Save`, and `Cancel` buttons (Figure 117). If it does, *click* the <`Open`> button.
17. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <`Yes`> button to proceed.
18. The report will display, as illustrated in Figure 123.
19. Select the <`File`> dropdown and *click* on <`Print`> to print it out.



	Attending MD	Review Type	Reason Code	Reason Name	Reason Desc	Number of Reviews	Percent of Reviews
2	DOCTOR, PRIMARY CARE	Adm	1.01	Admitted for Placement		1	7.14%
3	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.01	Admitted for Placement		1	7.14%
4	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.02	Homeless		2	14.29%
5	IMAGPROVIDERONETHREETWO, ONETHREETWO	CS	9.02	Hospitalized until Home Envt is Acceptable or Alternate LOC Found		1	7.14%
6	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.01	Admitted for Placement		6	42.86%
7	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.02	Homeless		1	7.14%
8	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.03	Admitted for patient/family convenience/respite		1	7.14%
9	IMAGPROVIDERONETHREETWO, ONETHREETWO	CS	9.02	Hospitalized until Home Envt is Acceptable or Alternate LOC Found		1	7.14%

Figure 123: Reasons for Admission Reviews Not Meeting Criteria spreadsheet

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

12.3 Report #3 - Reasons for Continued Stay/Concurrent Reviews Not Meeting Criteria

This report will show you Continued Stay/Concurrent Reviews that did not meet criteria. The resulting report list will be subtotaled by Review Type. You can generate the report by Attending MD, CERMe Review Type, Treating Specialty or Ward Location, and print it out on your local printer or export it to Excel.

To generate the report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **3: Summary CS Reasons.** The search filters will display (Figure 124).

Figure 124: Reasons for CS/Concurrent Reviews Not Meeting Criteria filters

3. Select an option from the **Current Lookup Site** dropdown by *clicking* on it.
4. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
5. Select a **Review By** radio button by *clicking* on it.
6. A corresponding dropdown will display for the radio button you chose (not shown in Figure 124).
7. Select options from the dropdown by *clicking* on them.
8. If you choose the **CERMe Review Type** radio button, a **CERMe Review Type** dropdown will display with non-admission options (Figure 125). The system will only let you select a single option from this dropdown.
9. Select an option from the dropdown by *clicking* on it.
10. Be sure to click the <Find> button after you select ALL of the report parameters. As soon as you select the <Find> button, you will see report information. If you specify other parameters such as Start and End dates, don't forget to click on <Find> to generate your specific report. The subtitle on the report will contain the parameters you specify, so double-check that all of your parameters are specified in the sub-title.
11. The report output will display, as illustrated in Figure 126.

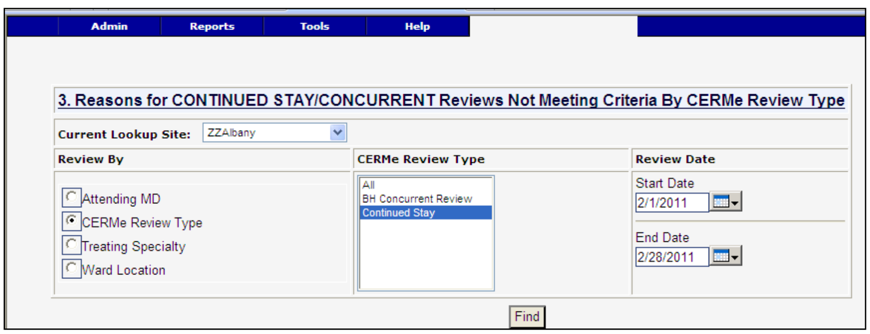
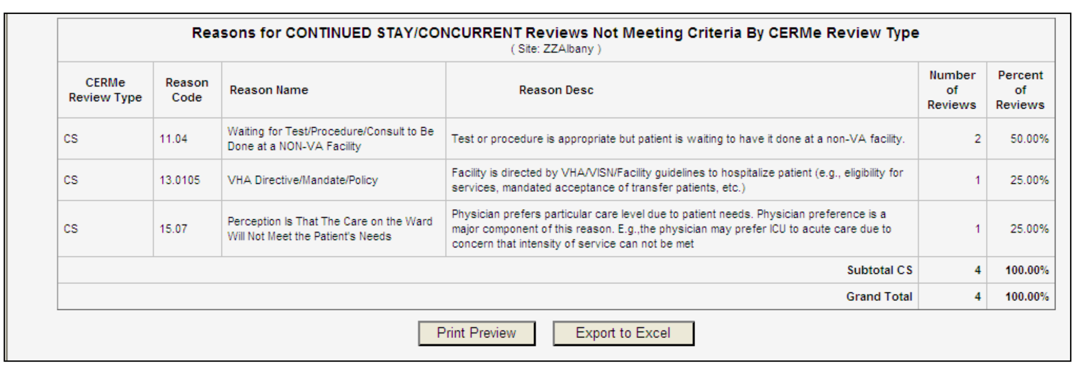


Figure 125: Non-Admission CERMe Review Type options



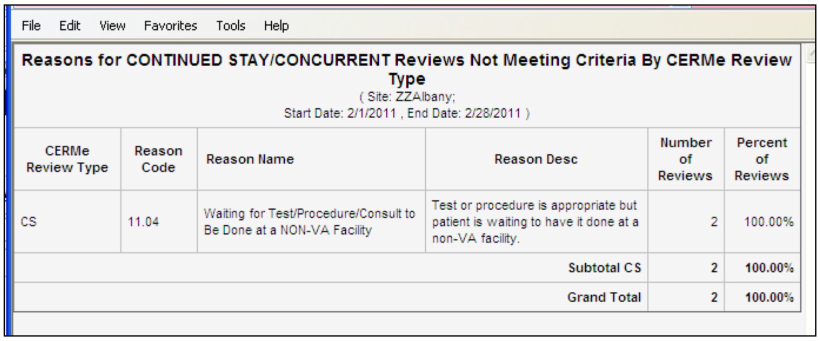
Reasons for CONTINUED STAY/CONCURRENT Reviews Not Meeting Criteria By CERMe Review Type
(Site: ZZAlbany)

CERMe Review Type	Reason Code	Reason Name	Reason Desc	Number of Reviews	Percent of Reviews
CS	11.04	Waiting for Test/Procedure/Consult to Be Done at a NON-VA Facility	Test or procedure is appropriate but patient is waiting to have it done at a non-VA facility.	2	50.00%
CS	13.0105	VHA Directive/Mandate/Policy	Facility is directed by VHA/VISN/Facility guidelines to hospitalize patient (e.g., eligibility for services, mandated acceptance of transfer patients, etc.)	1	25.00%
CS	15.07	Perception Is That The Care on the Ward Will Not Meet the Patient's Needs	Physician prefers particular care level due to patient needs. Physician preference is a major component of this reason. E.g.,the physician may prefer ICU to acute care due to concern that intensity of service can not be met	1	25.00%
			Subtotal CS	4	100.00%
			Grand Total	4	100.00%

Figure 126: Reasons for CS/Concurrent Reviews Not Meeting Criteria output

12. To print, *click* the <Print Preview> button.
13. When the **Print Preview** window opens, *right-click* in the preview window

and *click* the <Print> option (Figure 127).



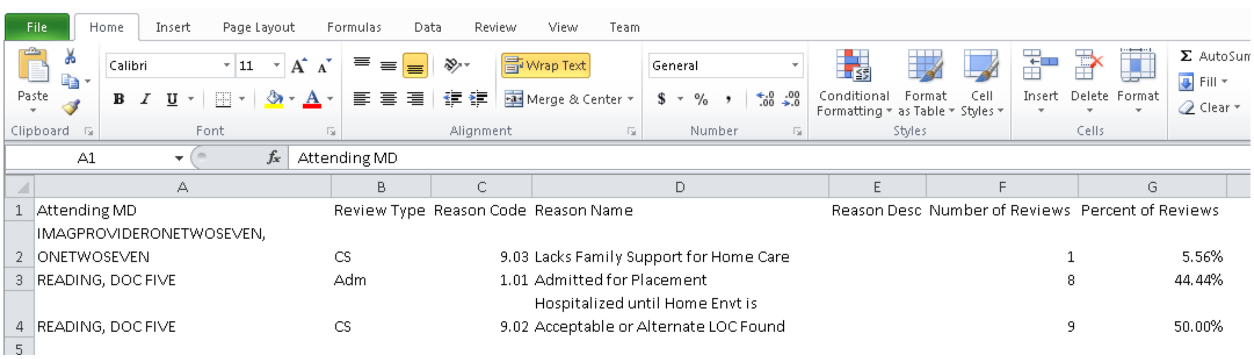
File Edit View Favorites Tools Help

Reasons for CONTINUED STAY/CONCURRENT Reviews Not Meeting Criteria By CERMe Review Type
(Site: ZZAlbany;
Start Date: 2/1/2011 , End Date: 2/28/2011)

CERMe Review Type	Reason Code	Reason Name	Reason Desc	Number of Reviews	Percent of Reviews
CS	11.04	Waiting for Test/Procedure/Consult to Be Done at a NON-VA Facility	Test or procedure is appropriate but patient is waiting to have it done at a non-VA facility.	2	100.00%
			Subtotal CS	2	100.00%
			Grand Total	2	100.00%

Figure 127: Reasons for CS/Concurrent Reviews Not Meeting Criteria printout

14. To export the report to an Excel spreadsheet, *click* the <Export to Excel> button.
15. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>`" along with `Open`, `Save`, and `Cancel` buttons (Figure 117). If it does, *click* the <Open> button.
16. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <Yes> button to proceed.
17. The report will display, as illustrated in Figure 128.
18. Select the <File> dropdown and *click* on <Print> to print it out.



	A	B	C	D	E	F	G
1	Attending MD	Review Type	Reason Code	Reason Name	Reason Desc	Number of Reviews	Percent of Reviews
2	IMAGPROVIDERONETWOSEVEN, ONETWOSEVEN	CS	9.03	Lacks Family Support for Home Care		1	5.56%
3	READING, DOC FIVE	Adm	1.01	Admitted for Placement		8	44.44%
4	READING, DOC FIVE	CS	9.02	Hospitalized until Home Envt is Acceptable or Alternate LOC Found		9	50.00%
5							

Figure 128: Reasons for CS/Concurrent Reviews Not Meeting Criteria spreadsheet

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

12.4 Report #4 - Summary RLOC Reason

This report provides a report of Recommended Level Of Care Reasons for Not-Met reviews and is generated in landscape orientation. The resulting report list will be subtotaled by Reason Description with observation reviews listed before other non-observation reviews. You can print the report out on your local printer or export it to Excel.

To generate the Report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **4: Summary RLOC Reason (L)**. The search filters will display (Figure 129).

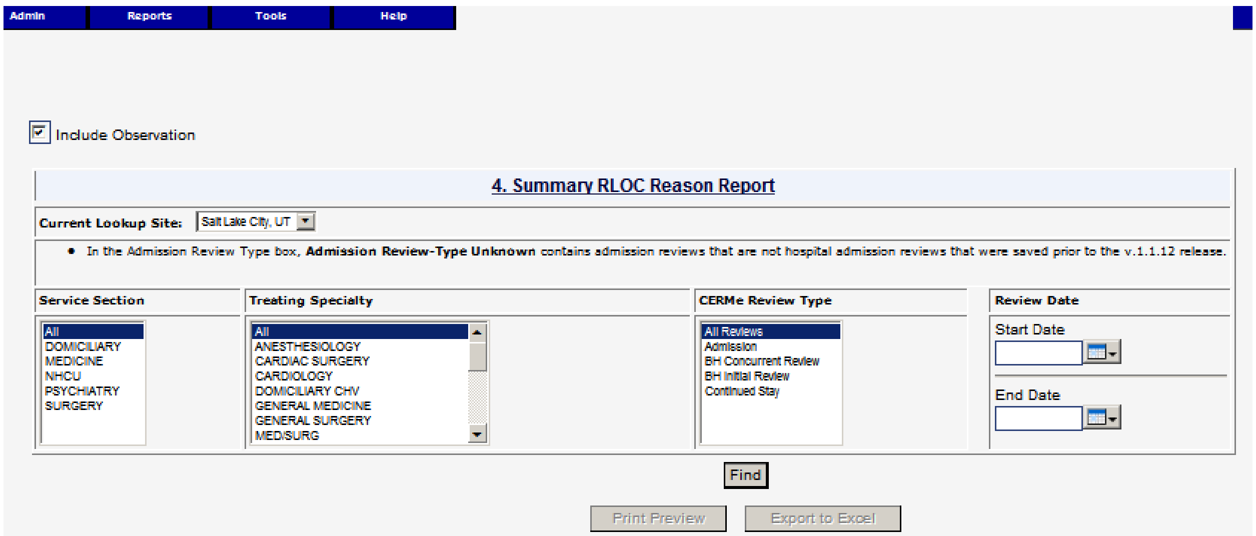


Figure 129: Summary RLOC Reason Criteria filters

3. Select an option from the **Current Lookup Site** dropdown by *clicking* on it.
4. Select the “Include Observations” check box if so desired. (See Section 5.3 for details.)
5. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
6. *Click* on the **Service Section** dropdown.
7. Select an option by *clicking* on it. To select more than one option, hold down the <Ctrl> *key before clicking on each* one.
8. Select an option in the **Treating Specialty** dropdown by *clicking* on it. To select more than one option, hold down the <Ctrl> key before *clicking* on each one.
9. Select an option from the **CERMe Review Type** pick list by *clicking* on it. If you select Admission or BH Initial Review, the **Admission Review Types** dropdown will display (Figure 114).
10. *Click* the **Admission Review Types** dropdown. Select one or more options by *clicking* on them. (Note: the information that displays on this report when

each of the admission review type filter options is selected will vary. Please see Section 8.18 for details).

11. Be sure to click the `<Find>` button after you select ALL of the report parameters. As soon as you select the `<Find>` button, you will see report information. If you specify other parameters such as Start and End dates, don't forget to click on `<Find>` to generate your specific report. The subtitle on the report will contain the parameters you specify, so double-check that all of your parameters are specified in the sub-title.
12. The report output will display, as illustrated in Figure 130.

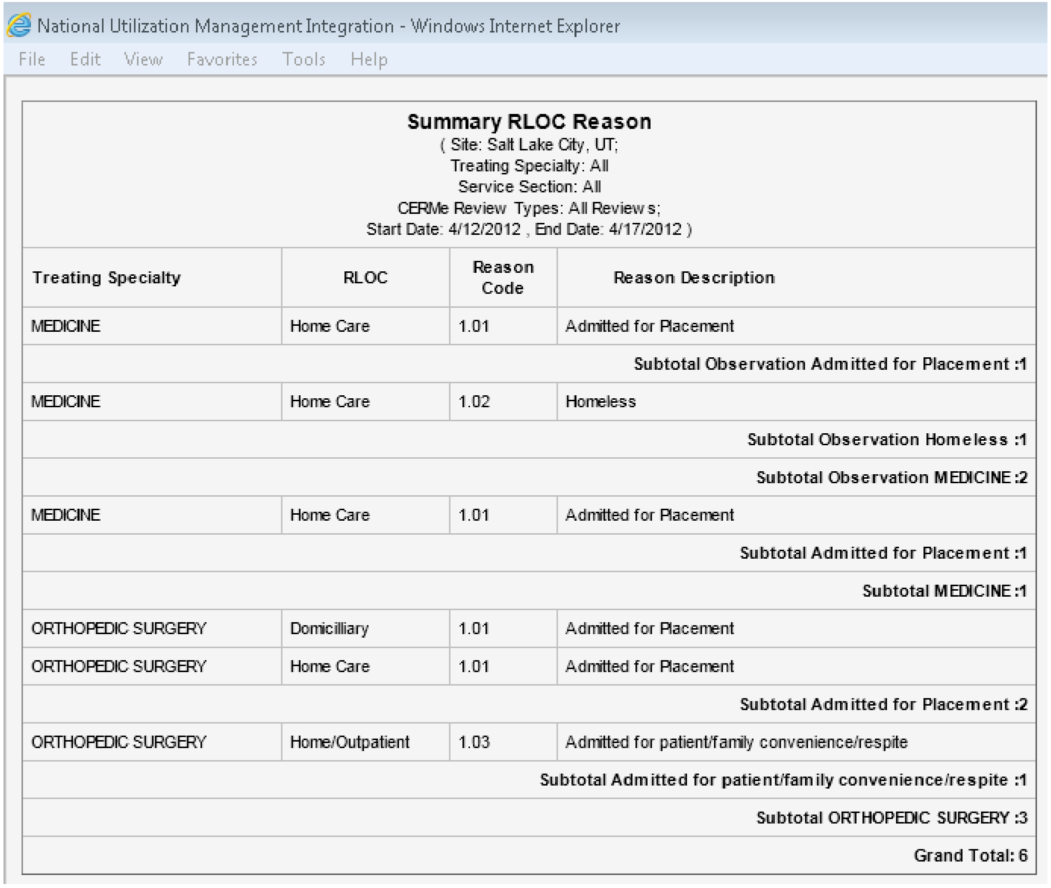
Summary RLOC Reason
(Site: Salt Lake City, UT;
Treating Specialty: All
Service Section: All
CERMe Review Types: All Review s;
Start Date: 4/12/2012 , End Date: 4/17/2012)

Treating Specialty	RLOC	Reason Code	Reason Description
MEDICINE	Home Care	1.01	Admitted for Placement
			Subtotal Observation Admitted for Placement :1
MEDICINE	Home Care	1.02	Homeless
			Subtotal Observation Homeless :1
			Subtotal Observation MEDICINE :2
MEDICINE	Home Care	1.01	Admitted for Placement
			Subtotal Admitted for Placement :1
			Subtotal MEDICINE :1
ORTHOPEDIC SURGERY	Domiciliary	1.01	Admitted for Placement
ORTHOPEDIC SURGERY	Home Care	1.01	Admitted for Placement
			Subtotal Admitted for Placement :2
ORTHOPEDIC SURGERY	Home/Outpatient	1.03	Admitted for patient/family convenience/respite
			Subtotal Admitted for patient/family convenience/respite :1
			Subtotal ORTHOPEDIC SURGERY :3
			Grand Total: 6

Print Preview | Export to Excel

Figure 130: Summary RLOC Reason output

13. To print, *click* the `<Print Preview>` button.
14. When the **Print Preview** window opens, *right-click* in the preview window and *click* the `<Print>` option (Figure 131).



National Utilization Management Integration - Windows Internet Explorer

File Edit View Favorites Tools Help

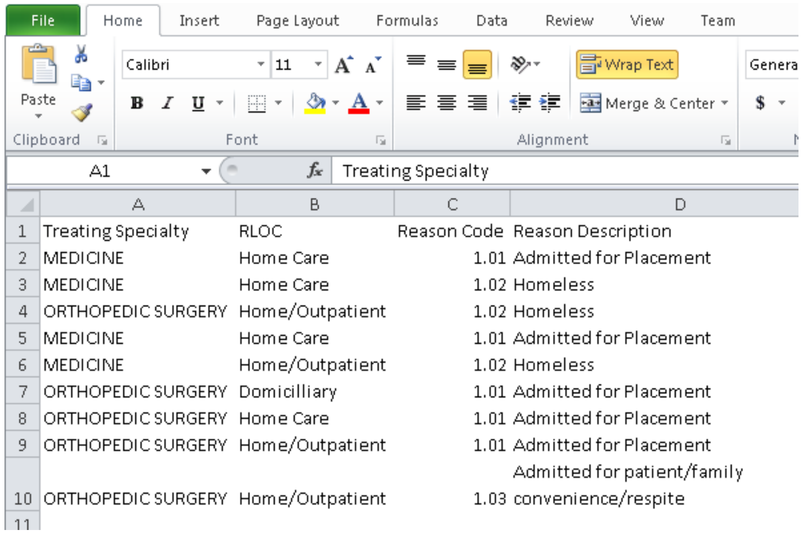
Summary RLOC Reason

(Site: Salt Lake City, UT;
Treating Specialty: All
Service Section: All
CERMe Review Types: All Reviews;
Start Date: 4/12/2012 , End Date: 4/17/2012)

Treating Specialty	RLOC	Reason Code	Reason Description
MEDICINE	Home Care	1.01	Admitted for Placement
			Subtotal Observation Admitted for Placement :1
MEDICINE	Home Care	1.02	Homeless
			Subtotal Observation Homeless :1
			Subtotal Observation MEDICINE :2
MEDICINE	Home Care	1.01	Admitted for Placement
			Subtotal Admitted for Placement :1
			Subtotal MEDICINE :1
ORTHOPEDIC SURGERY	Domiciliary	1.01	Admitted for Placement
ORTHOPEDIC SURGERY	Home Care	1.01	Admitted for Placement
			Subtotal Admitted for Placement :2
ORTHOPEDIC SURGERY	Home/Outpatient	1.03	Admitted for patient/family convenience/respite
			Subtotal Admitted for patient/family convenience/respite :1
			Subtotal ORTHOPEDIC SURGERY :3
			Grand Total: 6

Figure 131: Summary RLOC Reason printout

15. To export the report to an Excel spreadsheet, *click* the <`Export to Excel`> button.
16. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>`" along with `Open`, `Save`, and `Cancel` buttons (Figure 117). If it does, *click* the <`Open`> button.
17. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <`Yes`> button to proceed.
18. The report will display, as illustrated in Figure 132.
19. Select the <`File`> dropdown and *click* on <`Print`> to print it out.



	A	B	C	D
1	Treating Specialty	RLOC	Reason Code	Reason Description
2	MEDICINE	Home Care	1.01	Admitted for Placement
3	MEDICINE	Home Care	1.02	Homeless
4	ORTHOPEDIC SURGERY	Home/Outpatient	1.02	Homeless
5	MEDICINE	Home Care	1.01	Admitted for Placement
6	MEDICINE	Home/Outpatient	1.02	Homeless
7	ORTHOPEDIC SURGERY	Domicilliary	1.01	Admitted for Placement
8	ORTHOPEDIC SURGERY	Home Care	1.01	Admitted for Placement
9	ORTHOPEDIC SURGERY	Home/Outpatient	1.01	Admitted for Placement
10	ORTHOPEDIC SURGERY	Home/Outpatient	1.03	Admitted for patient/family convenience/respite
11				

Figure 132: Summary RLOC Reason spreadsheet

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

12.5 Report #5 - Patient Reviews Met/Not Met

This is a basic patient level report, generated in landscape orientation and sorted in ascending alphabetical order by patient last name within Met and Not Met subcategories. The reviews on the report output will match the saved/locked reviews that display on the ***Utilization Management Review Listing*** screen. The resulting report list will be subtotaled by Crit Met? with observation reviews listed before other non-observation reviews. You can generate the report by Attending MD, Reviewer, Treating Specialty, Ward Location and Service Section, and print it out on your local printer or export it to Excel.

To generate the Report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **5: Pt Reviews Met/Not Met (L).** The search filters will display (Figure 133).

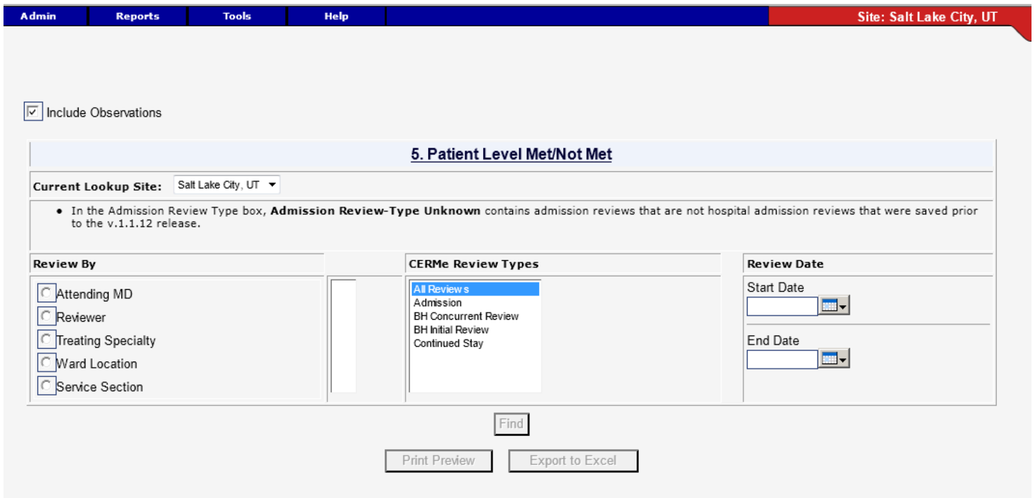


Figure 133: Patient Reviews Met/Not Met filters

3. Select the “Include Observations” check box if so desired. (See Section 5.3 for details.)
4. Select an option from the **Current Lookup Site** dropdown by *clicking* on it.
5. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
6. Select a **Review By** radio button by *clicking* on it.
7. A corresponding dropdown will display for the radio button you chose (not shown in Figure 133).
8. Select an option by *clicking* on it. To select more than one option, hold down the `<Ctrl>` key before *clicking* on each one.
9. Select an option from the **CERMe Review Types** pick list by *clicking* on it. If you select Admission or BH Initial Review, the **Admission Review Types** dropdown will display (Figure 114).
10. Select one or more options from the **Admission Review Types** dropdown by *clicking* on them. (Note: the information that displays on this report when each of the admission review type filter options is selected will vary. Please see Section 8.18 for details).
11. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
12. Be sure to click the `<Find>` button after you select ALL of the report parameters.
13. As soon as you select the `<Find>` button, you will see report information. If you specify other parameters such as Start and End dates, don’t forget to click on `<Find>` to generate your specific report. The subtitle on the report will contain the parameters you specify, so double-check that all of your parameters are specified in the sub-title.
14. The report output will display, as illustrated in Figure 134.

Patient Level Met/Not Met By Attending MD
(Site: Salt Lake City, UT;
Attending MD: All
CERMe Review Types: All Reviews;
Start Date: 4/6/2012 , End Date: 4/6/2012)

Patient Name	SSN	Unit	Admit Date	D/C Date	Treating Specialty	Admitting Diagnosis	Attending Physician	Date Being Reviewed	Rev Type	Crit Met?	Reas Code	Reas Desc	Subset Desc	Episode Day	Reviewer
NUMI, TESTPATIENT	3332	1A	12/05/11		MEDICINE	Hypertension	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	CS	Yes			Observation (6-24h)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX
												Subtotal Yes : 1			
MINNIE, MINNIE	9087	2A	04/05/12		MEDICINE	Head too small	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	Adm	No	1.03	Admitted for patient/family convenience/respite	Acute Coronary Syndrome (ACS)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX
PATRICK, NUMI	6789	2A	04/04/12		MEDICINE	Head too big	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	Adm	No	1.01	Admitted for Placement	Acute Coronary Syndrome (ACS)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX
												Subtotal No : 2			
												Grand Total: 3			

Figure 134: Patient Reviews Met/Not Met output

15. To print, *click* the <Print Preview> button.
16. When the **Print Preview** window opens, *right-click* in the preview window and *click* the <Print> option (Figure 135).

National Utilization Management Integration - Windows Internet Explorer
File Edit View Favorites Tools Help

Patient Level Met/Not Met By Attending MD
(Site: Salt Lake City, UT;
Attending MD: All
CERMe Review Types: All Reviews;
Start Date: 4/6/2012 , End Date: 4/6/2012)

Patient Name	SSN	Unit	Admit Date	D/C Date	Treating Specialty	Admitting Diagnosis	Attending Physician	Date Being Reviewed	Rev Type	Crit Met?	Reas Code	Reas Desc	Subset Desc	Episode Day	Reviewer
NUMI, TESTPATIENT	3332	1A	12/05/11		MEDICINE	Hypertension	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	CS	Yes			Observation (6-24h)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX
												Subtotal Yes : 1			
MINNIE, MINNIE	9087	2A	04/05/12		MEDICINE	Head too small	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	Adm	No	1.03	Admitted for patient/family convenience/respite	Acute Coronary Syndrome (ACS)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX
PATRICK, NUMI	6789	2A	04/04/12		MEDICINE	Head too big	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	Adm	No	1.01	Admitted for Placement	Acute Coronary Syndrome (ACS)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX
												Subtotal No : 2			
												Grand Total: 3			

Figure 135: Patient Reviews Met/Not Met printout

14. To export the report to an Excel spreadsheet, *click* the <Export to Excel> button.
15. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>`" along with `Open`, `Save`, and `Cancel` buttons (Figure 117). If it does, *click* the <Open> button.
16. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <Yes> button to proceed.
17. The report will display, as illustrated in Figure 136.
18. Select the <File> dropdown and *click* on <Print> to print it out.

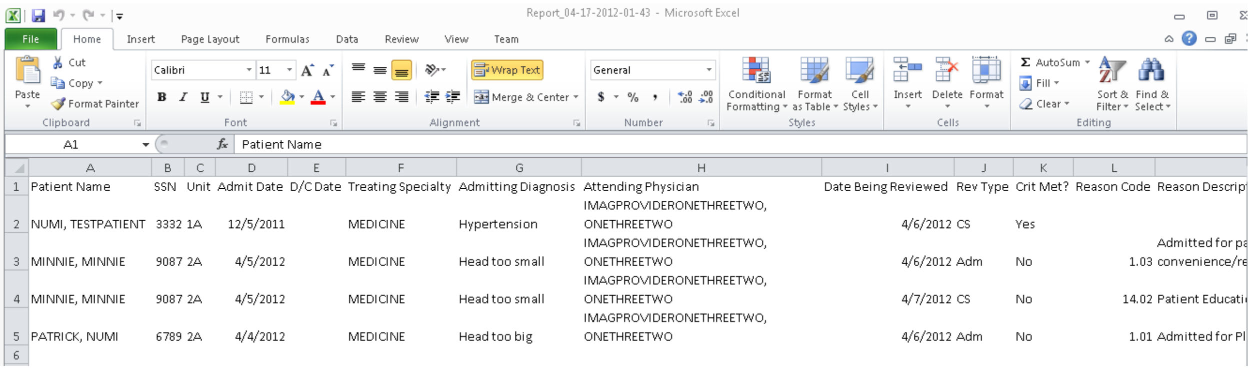


Figure 136: Patient Level Met/Not Met spreadsheet

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

12.6 Report #6 - Patient Reviews Met/Not Met 'Custom'

This report is similar to the **Patient Reviews Met/Not Met Report**, but this report includes the information that has been typed into the **Custom** field on the ***Primary Review*** screen. The report is generated in landscape orientation. The resulting report list will be subtotaled by Crit Met? with observation reviews listed before other non-observation reviews. You can generate the report by Attending MD, Reviewer, Treating Specialty, Ward Location and Service Section, and print it out on your local printer or export it to Excel.

To generate the report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **6: Pt Reviews Met/Not Met Custom (L)**.
3. The search filters will display (Figure 137).

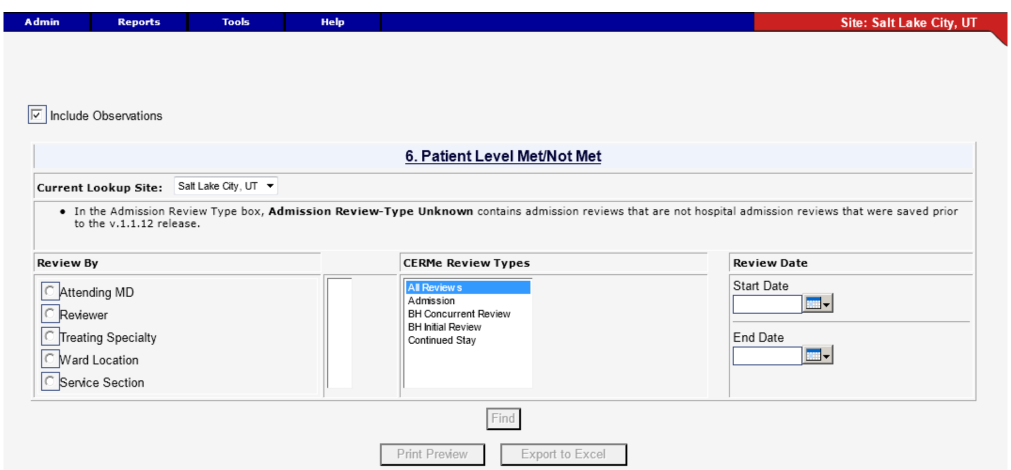


Figure 137: Patient Reviews Met/Not Met Custom filters

4. Select the “Include Observations” check box if so desired. (See Section 5.3 for details.)
5. Select an option from the **Current Lookup Site** dropdown by *clicking* on it.
6. Select a **Review By** radio button by *clicking* on it.
7. A corresponding dropdown will display for the radio button you chose (not shown in Figure 137).
8. Select an option by *clicking* on it. To select more than one option, hold down the <`Ctrl`> *key before clicking on each* one.
9. Select an option from the **CERMe Review Types** pick list by *clicking* on it. If you select Admission or BH Initial Review, the **Admission Review Types** dropdown will display (Figure 114).
10. Select one or more options from the **Admission Review Types** dropdown by *clicking* on them. (Note: the information that displays on this report when each of the admission review type filter options is selected will vary. Please see Section 8.18 for details).
11. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
12. Be sure to click the <`Find`> button after you select ALL of the report parameters.
13. As soon as you select the <`Find`> button, you will see report information. If you specify other parameters such as Start and End dates, don’t forget to click on <`Find`> to generate your specific report. The subtitle on the report will contain the parameters you specify, so double-check that all of your parameters are specified in the sub-title.
14. The report output will display as illustrated in Figure 138.

Patient Level Met/Not Met By Attending MD
(Site: Salt Lake City, UT;
Attending MD: All
CERMe Review Types: All Reviews;
Start Date: 4/6/2012 , End Date: 4/6/2012)

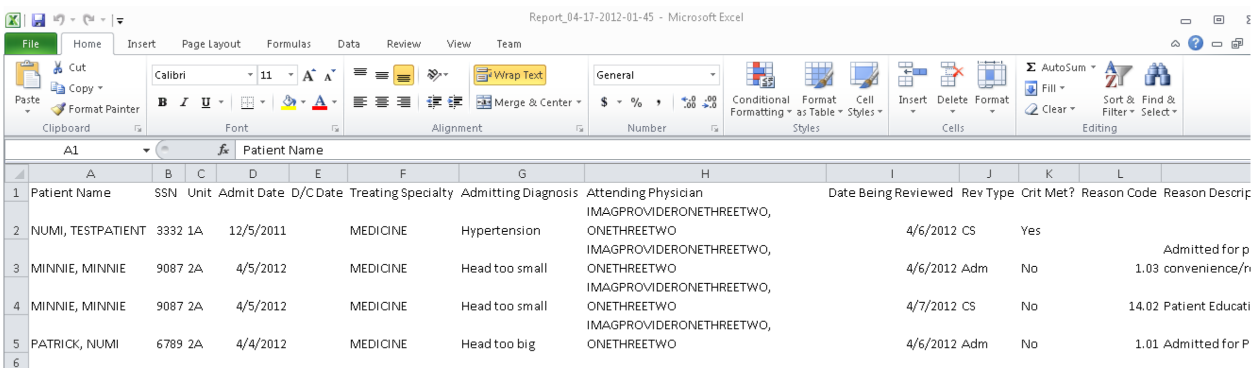
Patient Name	SSN	Unit	Admit Date	D/C Date	Treating Specialty	Admitting Diagnosis	Attending Physician	Date Being Reviewed	Rev Type	Crit Met?	Reason Code	Reason Description	Criteria Subset	Episode Day of Care	Custom
NUMI, TESTPATIENT	3332	1A	12/05/11		MEDICINE	Hypertension	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	CS	Yes			Observation (6-24h)	0	
												Subtotal Yes : 1			
MINNIE, MINNIE	9087	2A	04/05/12		MEDICINE	Head too small	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	Adm	No	1.03	Admitted for patient/family convenience/respite	Acute Coronary Syndrome (ACS)	0	
MINNIE, MINNIE	9087	2A	04/05/12		MEDICINE	Head too small	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/07/12	CS	No	14.02	Patient Education	Acute Coronary Syndrome (ACS)	0	
PATRICK, NUMI	6789	2A	04/04/12		MEDICINE	Head too big	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	Adm	No	1.01	Admitted for Placement	Acute Coronary Syndrome (ACS)	0	
												Subtotal No : 3			
												Grand Total: 4			

Print Preview | Export to Excel

Figure 138: Patient Reviews Met/Not Met Custom output

14. To print, *click* the <`Print Preview`> button.

15. When the **Print Preview** window opens, *right-click* in the preview window and *click* the <Print> option (Figure 140).
16. To export the report to an Excel spreadsheet, *click* the <Export to Excel> button.
17. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>?`" along with `Open`, `Save`, and `Cancel` buttons (Figure 117). If it does, *click* the <Open> button.
18. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <Yes> button to proceed.
19. The report will display, as illustrated in Figure 139.



Patient Name	SSN	Unit	Admit Date	D/C Date	Treating Specialty	Admitting Diagnosis	Attending Physician	Date Being Reviewed	Rev Type	Crit Met?	Reason Code	Reason Descrip
NUMI, TESTPATIENT	3332	1A	12/5/2011		MEDICINE	Hypertension	IMAGPROVIDERONETHREETWO, ONETHREETWO	4/6/2012	CS	Yes		
MINNIE, MINNIE	9087	2A	4/5/2012		MEDICINE	Head too small	IMAGPROVIDERONETHREETWO, ONETHREETWO	4/6/2012	Adm	No	1.03	Admitted for p convenience/r
MINNIE, MINNIE	9087	2A	4/5/2012		MEDICINE	Head too small	IMAGPROVIDERONETHREETWO, ONETHREETWO	4/7/2012	CS	No	14.02	Patient Educati
PATRICK, NUMI	6789	2A	4/4/2012		MEDICINE	Head too big	IMAGPROVIDERONETHREETWO, ONETHREETWO	4/6/2012	Adm	No	1.01	Admitted for P

Figure 139: Patient Reviews Met/Not Met Custom spreadsheet

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

National Utilization Management Integration - Windows Internet Explorer

File Edit View Favorites Tools Help

Patient Level Met/Not Met By Attending MD
(Site: Salt Lake City, UT;
Attending MD: All
CERMe Review Types: All Reviews;
Start Date: 4/6/2012 , End Date: 4/6/2012)

Patient Name	SSN	Unit	Admit Date	D/C Date	Treating Specialty	Admitting Diagnosis	Attending Physician	Date Being Reviewed	Rev Type	Crit Met?	Reas Code	Custom
NUMI, TESTPATIENT	3332	1A	12/05/11		MEDICINE	Hypertension	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	CS	Yes		
Subtotal Yes : 1												
MINNIE, MINNIE	9087	2A	04/05/12		MEDICINE	Head too small	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	Adm	No	1.03	
PATRICK, NUMI	6789	2A	04/04/12		MEDICINE	Head too big	IMAGPROVIDERONETHREETWO, ONETHREETWO	04/06/12	Adm	No	1.01	
Subtotal No : 2												
Grand Total: 3												

Figure 140: Patient Reviews Met/Not Met Custom printout

12.7 Report #7 - Patient Details

This report shows all reviews saved for a specific patient for a selected time period, sorted chronologically by Service Date Reviewed with earliest date first and most recent date last. The report is generated in landscape orientation. You can print the report out on your local printer or export it to Excel.

When searching for patients by Patient Name, please use *lastname,firstname* format (e.g., Smith,John) without putting a space after the comma, as depicted in <u>Figure 141</u>. For a more general search, you may also type in the patient's last name (e.g., Smith). You will not get any results if you search for patients using their last initial + last 4 SSN, or their last 4 SSN.

To generate the Report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **7: Reviews for One Pt (L)**. The search filters will display (<u>Figure 141</u>).

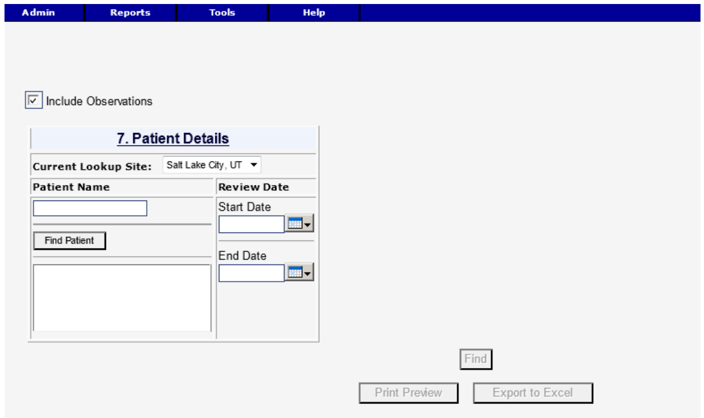


Figure 141: Patient Details filters

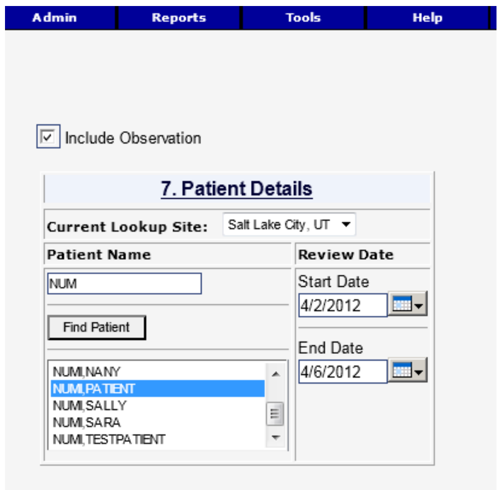


Figure 142: Patient Details filters with patient name populated

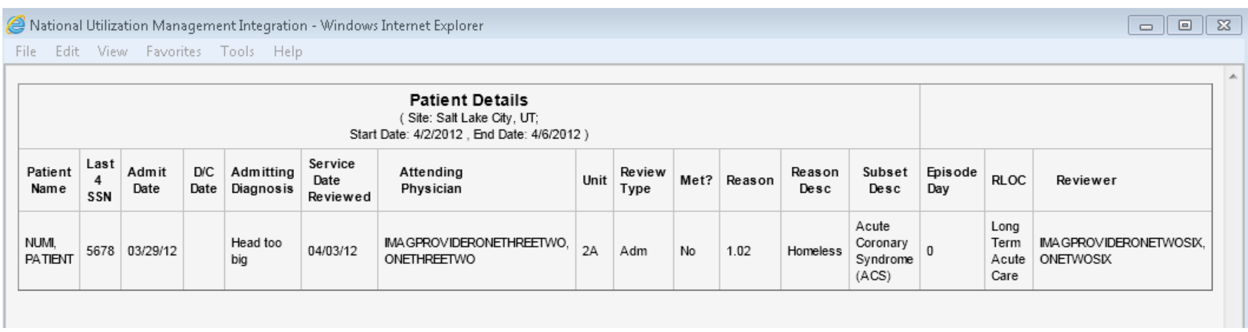
3. Select the "Include Observations" check box if so desired. (See Section 5.3 for details.)
4. Select an option from the **Current Lookup Site** dropdown by *clicking* on it.
5. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
6. Type a patient's name in in the **Patient Name** field, as shown in Figure 142. (You may also type in a partial name, e.g., Van).
7. *Click* the `<Find Patient>` button.
8. When the list of results displays in the window, *single –click* on a name.
9. Be sure to click the `<Find>` button after you select ALL of the report parameters.
10. As soon as you select the `<Find>` button, you will see report information. If you specify other parameters such as Start and End dates, don't forget to click on `<Find>` to generate your specific report. The subtitle on the report will contain the parameters you specify, so double-check that all of your parameters are specified in the sub-title.

11. The report output will display for the patient you specified, as illustrated in Figure 143.

Patient Details (Site: Salt Lake City, UT; Start Date: 4/2/2012 , End Date: 4/6/2012)																
Patient Name	Last 4 SSN	Admit Date	D/C Date	Admitting Diagnosis	Service Date Reviewed	Attending Physician	Unit	Review Type	Met?	Reason	Reason Desc	Subset Desc	Episode Day	RLOC	Reviewer
NUMI, PATIENT	5678	03/29/12		Head too big	04/03/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	2A	Adm	No	1.02	Homeless	Acute Coronary Syndrome (ACS)	0	Long Term Acute Care	IMAGPROVIDERONETWOSIX, ONETWOSIX

Figure 143: Patient Details output

11. To print, *click* the <`Print Preview`> button.
12. When the **Print Preview** window opens, *right-click* in the preview window and *click* the <`Print`> option (Figure 144).



Patient Details (Site: Salt Lake City, UT; Start Date: 4/2/2012 , End Date: 4/6/2012)																
Patient Name	Last 4 SSN	Admit Date	D/C Date	Admitting Diagnosis	Service Date Reviewed	Attending Physician	Unit	Review Type	Met?	Reason	Reason Desc	Subset Desc	Episode Day	RLOC	Reviewer
NUMI, PATIENT	5678	03/29/12		Head too big	04/03/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	2A	Adm	No	1.02	Homeless	Acute Coronary Syndrome (ACS)	0	Long Term Acute Care	IMAGPROVIDERONETWOSIX, ONETWOSIX

Figure 144: Patient Details printout

13. To export the report to an Excel spreadsheet, *click* the <`Export to Excel`> button.
14. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>`" along with `Open`, `Save`, and `Cancel` buttons (Figure 117). If it does, *click* the <`Open`> button.
15. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <`Yes`> button to proceed.
16. The report will display, as illustrated in
17. Figure 145.
18. Select the <`File`> dropdown and *click* on <`Print`> to print it out.

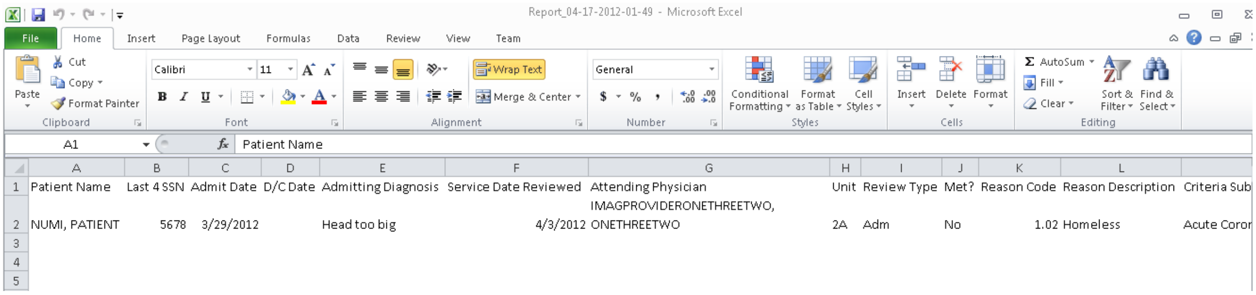


Figure 145: Patient Details spreadsheet

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

12.8 Report #8 - Physician Reviews

This report will show you a patient-level listing of reviews that were sent to Physician Advisors and their responses (i.e., Agree or Disagree). The report is generated in landscape orientation. You can print the report out on your local printer or export it to Excel.

To generate the report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **8: Physician Reviews (L)**. The search filters will display (Figure 146).

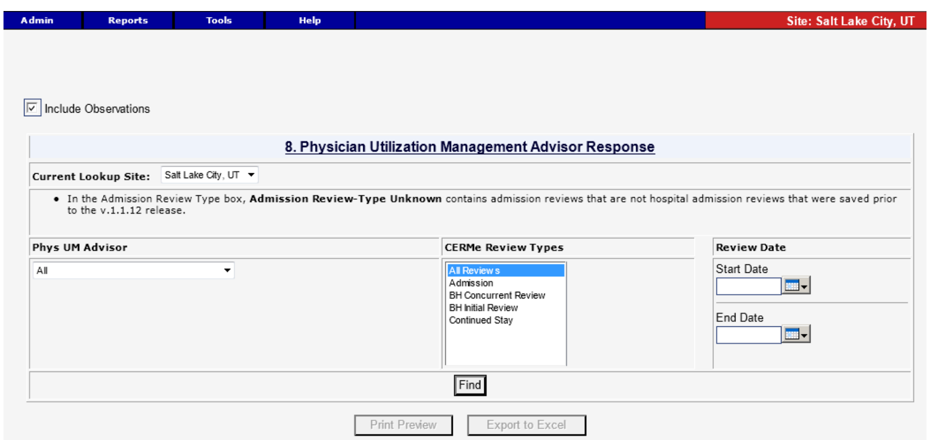


Figure 146: Physician Reviews filters

3. Select the “Include Observations” check box if so desired. (See Section 5.3 for details.)
4. Select an option from the **Current Lookup Site** dropdown by *clicking* on it.
5. Select an option from the **Physician Advisor** dropdown by *clicking* on it.
5. Select an option from the **CERMe Review Types** pick list by *clicking* on it. If

you select Admission or BH Initial Review, the **Admission Review Types** dropdown will display (Figure 114).

6. Select one or more options from the **Admission Review Types** dropdown by *clicking* on them. (Note: the information that displays on this report when each of the admission review type filter options is selected will vary. Please see Section 8.18 for details).
7. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
8. Be sure to click the `<Find>` button after you select ALL of the report parameters.
9. As soon as you select the `<Find>` button, you will see report information. If you specify other parameters such as Start and End dates, don't forget to click on `<Find>` to generate your specific report. The subtitle on the report will contain the parameters you specify, so double-check that all of your parameters are specified in the sub-title.
10. The report output will display, as illustrated in Figure 147.

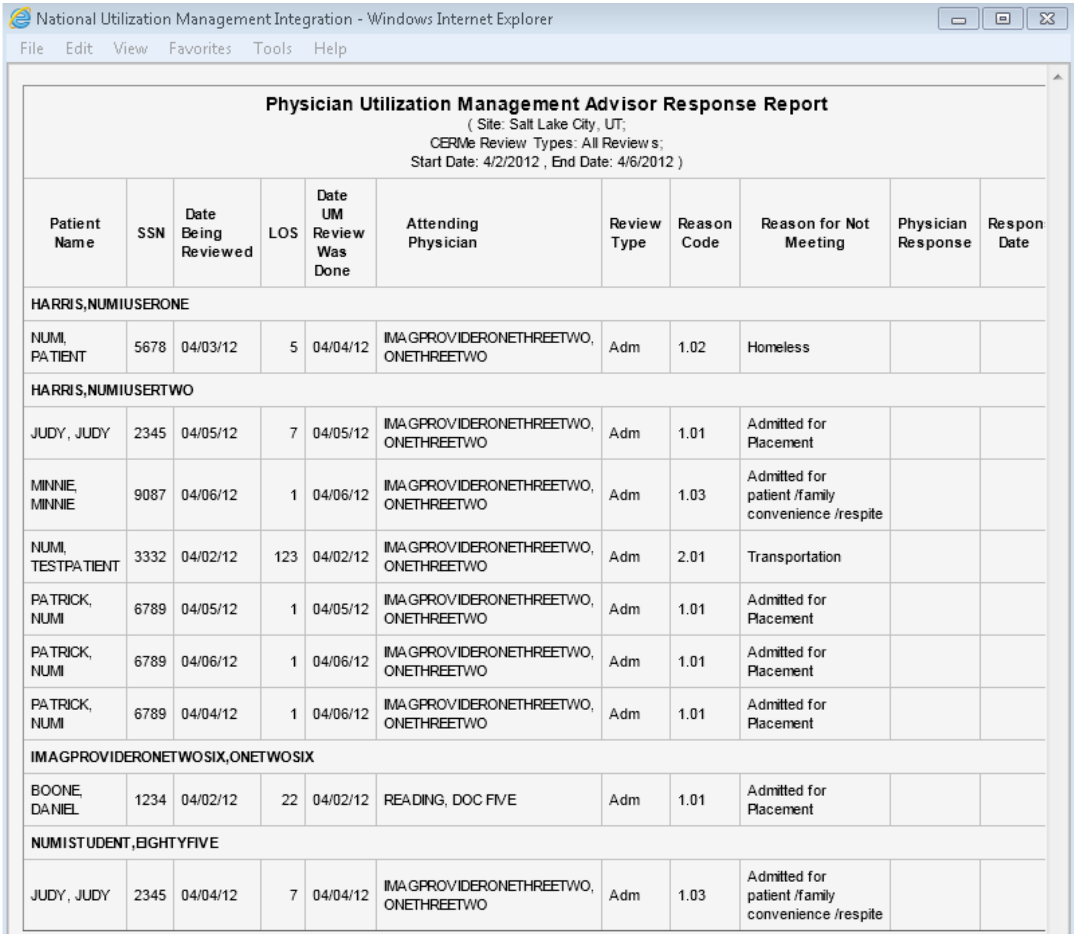
Physician Utilization Management Advisor Response Report
(Site: Salt Lake City, UT;
CERMe Review Types: All Review s;
Start Date: 4/6/2012 , End Date: 4/6/2012)

Patient Name	SSN	Date Being Reviewed	LOS	Date UM Review Was Done	Attending Physician	Review Type	Reason Code	Reason Description	Criteria Subset	Episode Day of Care	Physician Response	Response Date
HARRIS,NUMIUSERTWO												
MINNIE, MINNIE	9087	04/06/12	11	04/06/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.03	Admitted for patient/family convenience/respite		0		
PATRICK, NUMI	6789	04/06/12	7	04/06/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.01	Admitted for Placement		0		
NUMISTUDENT,EIGHTYSEVEN												
MINNIE, MINNIE	9087	04/07/12	11	04/09/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	CS	14.02	Patient Education		0		

Print Preview   Export to Excel

Figure 147: Physician Reviews output

15. To print, *click* the `<Print Preview>` button.
16. When the **Print Preview** window opens, *right-click* in the preview window and *click* the `<Print>` option (Figure 148).

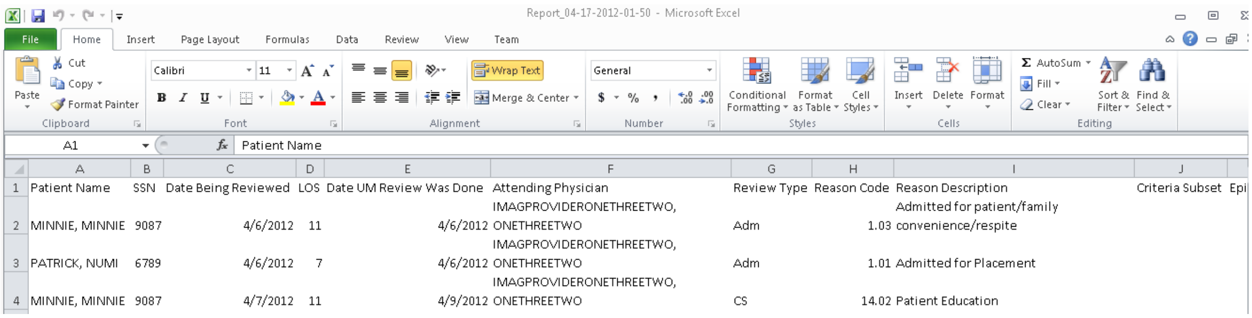


Physician Utilization Management Advisor Response Report
(Site: Salt Lake City, UT;
CERMe Review Types: All Reviews;
Start Date: 4/2/2012 , End Date: 4/6/2012)

Patient Name	SSN	Date Being Reviewed	LOS	Date UM Review Was Done	Attending Physician	Review Type	Reason Code	Reason for Not Meeting	Physician Response	Respon Date
HARRIS,NUMIUSERONE										
NUMI, PATIENT	5678	04/03/12	5	04/04/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.02	Homeless		
HARRIS,NUMIUSERTWO										
JUDY, JUDY	2345	04/05/12	7	04/05/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.01	Admitted for Placement		
MINNIE, MINNIE	9087	04/06/12	1	04/06/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.03	Admitted for patient /family convenience /respite		
NUMI, TESTPATIENT	3332	04/02/12	123	04/02/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	2.01	Transportation		
PATRICK, NUMI	6789	04/05/12	1	04/05/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.01	Admitted for Placement		
PATRICK, NUMI	6789	04/06/12	1	04/06/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.01	Admitted for Placement		
PATRICK, NUMI	6789	04/04/12	1	04/06/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.01	Admitted for Placement		
IMAGPROVIDERONETWOSIX,ONETWOSIX										
BOONE, DANIEL	1234	04/02/12	22	04/02/12	READING, DOC FIVE	Adm	1.01	Admitted for Placement		
NUMISTUDENT,EIGHTYFIVE										
JUDY, JUDY	2345	04/04/12	7	04/04/12	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.03	Admitted for patient /family convenience /respite		

Figure 148: Physician Reviews printout

11. To export the report to an Excel spreadsheet, *click* the <`Export to Excel`> button.
12. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>`" along with `Open`, `Save`, and `Cancel` buttons (Figure 117). If it does, *click* the <`Open`> button.
13. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <`Yes`> button to proceed.
14. The report will display, as illustrated in Figure 149.



Patient Name	SSN	Date Being Reviewed	LOS	Date UM Review Was Done	Attending Physician	Review Type	Reason Code	Reason Description	Criteria Subset	Epi
MINNIE, MINNIE	9087	4/6/2012	11	4/6/2012	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.03	Admitted for patient/family convenience/respite		
PATRICK, NUMI	6789	4/6/2012	7	4/6/2012	IMAGPROVIDERONETHREETWO, ONETHREETWO	Adm	1.01	Admitted for Placement		
MINNIE, MINNIE	9087	4/7/2012	11	4/9/2012	IMAGPROVIDERONETHREETWO, ONETHREETWO	CS	14.02	Patient Education		

Figure 149: Physician Reviews spreadsheet

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

12.9 Report #9 - Physician Advisor Response

This report will show you a patient-level listing of reviews that were sent to Physician Advisors, their response (i.e., Agree or Disagree) and their comments. The report generates in landscape orientation. You can print the report out on your local printer or export it to Excel.

To generate the Report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **9: Phy UM Advisor Response (L).** The search filters will display (Figure 150).

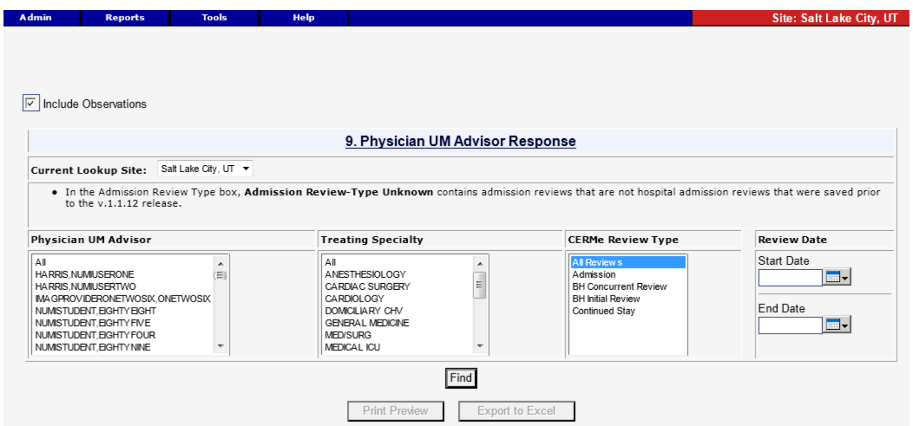


Figure 150: Physician Advisor Response filters

3. Select the "Include Observations" check box if so desired. (See Section 5.3 for details.)
4. Select an option from the **Current Lookup Site** dropdown by *clicking* on it.
5. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
6. *Click* the **Physician Advisor** dropdown. *Click* on the desired Physician

Advisor name.

7. Select an option from the **CERMe Review Type** pick list by *clicking* on it. If you select Admission or BH Initial Review, the **Admission Review Types** dropdown will display (Figure 114).
8. Select one or more options from the **Admission Review Types** dropdown by *clicking* on them. (Note: the information that displays on this report when each of the admission review type filter options is selected will vary. Please see Section 8.18 for details).
9. *Click* the **Treating Specialty** dropdown. Select an option by *clicking* on it. To select multiple options, *click and hold down* the `<Ctrl>` key before clicking on them.
10. Be sure to click the `<Find>` button after you select ALL of the report parameters.
11. As soon as you select the `<Find>` button, you will see report information. If you specify other parameters such as Start and End dates, don't forget to click on `<Find>` to generate your specific report. The subtitle on the report will contain the parameters you specify, so double-check that all of your parameters are specified in the sub-title.
12. The report output will display, as illustrated in Figure 151.

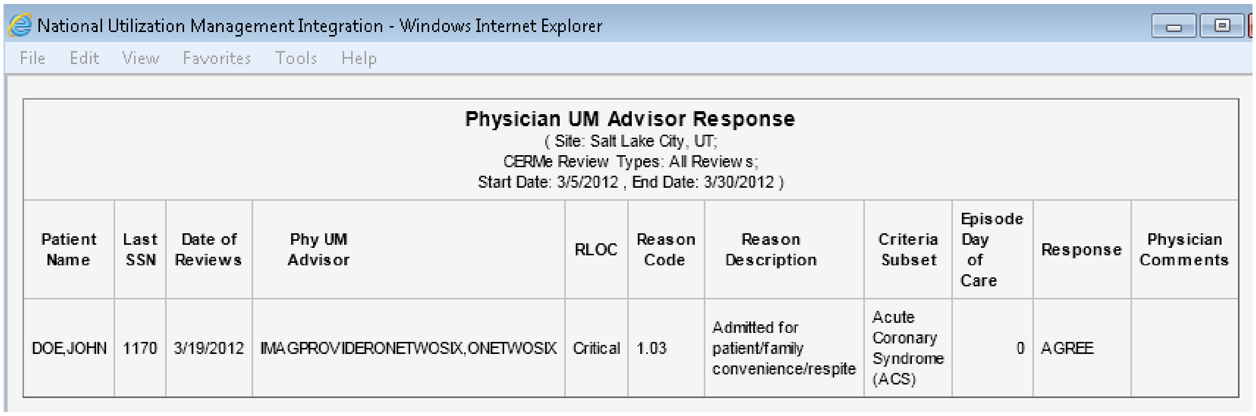
Physician UM Advisor Response
(Site: Salt Lake City, UT;
CERMe Review Types: All Reviews;
Start Date: 3/5/2012 , End Date: 3/30/2012)

Patient Name	Last SSN	Date of Reviews	Phy UM Advisor	RLOC	Reason Code	Reason Description	Criteria Subset	Episode Day of Care	Response	Physician Comments
DOE,JOHN	1170	3/19/2012	IMAGPROVIDERONETWOSIX,ONETWOSIX	Critical	1.03	Admitted for patient/family convenience/respite	Acute Coronary Syndrome (ACS)	0	AGREE	

Print Preview　Export to Excel

Figure 151: Physician Advisor Response output

13. To print, *click* the `<Print Preview>` button.
14. When the **Print Preview** window opens, *right-click* in the preview window and *click* the `<Print>` option (Figure 152).



Physician UM Advisor Response
(Site: Salt Lake City, UT;
CERMe Review Types: All Reviews;
Start Date: 3/5/2012 , End Date: 3/30/2012)

Patient Name	Last SSN	Date of Reviews	Phy UM Advisor	RLOC	Reason Code	Reason Description	Criteria Subset	Episode Day of Care	Response	Physician Comments
DOE,JOHN	1170	3/19/2012	IMAGPROVIDERONETWOSIX,ONETWOSIX	Critical	1.03	Admitted for patient/family convenience/respite	Acute Coronary Syndrome (ACS)	0	AGREE	

Figure 152: Physician Advisor Response printout

14. To export the report to an Excel spreadsheet, *click* the <`Export to Excel`> button.
15. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>?"` along with `Open`, `Save`, and `Cancel` buttons (Figure 117). If it does, *click* the <`Open`> button.
16. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <`Yes`> button to proceed.
17. The report will display, as illustrated in Figure 153.
18. Select the <`File`> dropdown and *click* on <`Print`> to print it out.

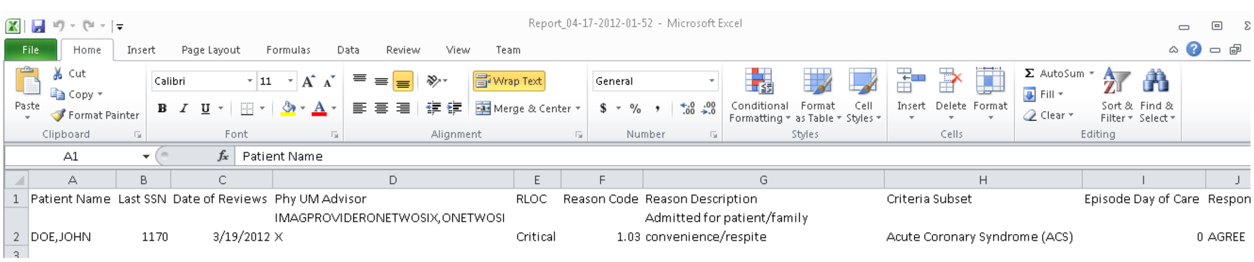


Figure 153: Physician Advisor Response spreadsheet

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

12.10 Report #10 - Unscheduled Readmits in Less than 30 Days

This report will let you see a listing of all reviews of unscheduled readmits within the last 30 days, sorted in ascending alphabetical order by patient name. The report generates in landscape orientation. You can print the report out on your local printer or export it to Excel.

To generate the report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **10: Unsched Readmission (L)**. The search filters will display (Figure 154).

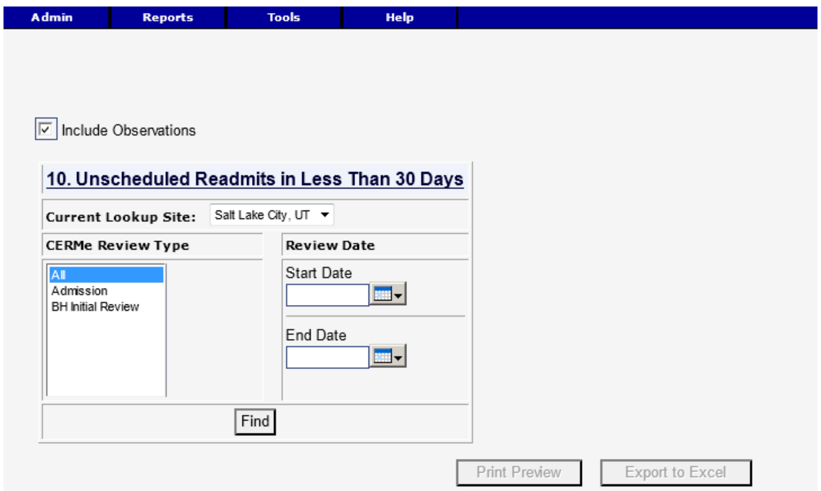
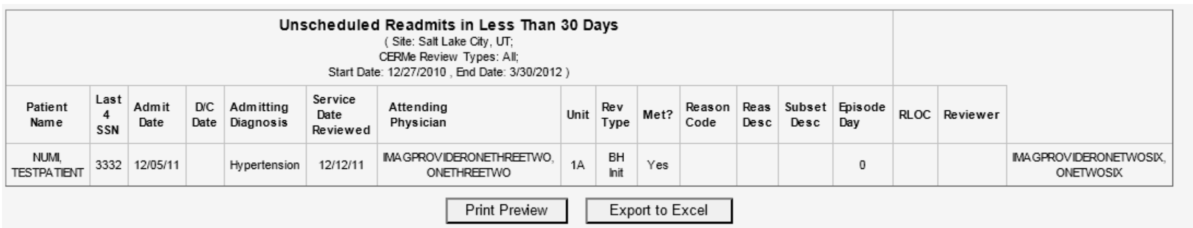


Figure 154: Unscheduled Readmits in Less than 30 Days filters

3. Select the "Include Observations" check box if so desired. (See Section 5.3 for details.)
4. Select an option from the **Current Lookup Site** dropdown by *clicking* on it.
5. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
6. Select an option from the **CERMe Review Type** pick list by *clicking* on it, and the **Admission Review Types** dropdown will display.
7. Select one or more options from the **Admission Review Types** dropdown by *clicking* on them. (Note: the information that displays on this report when each of the admission review type filter options is selected will vary. Please see Section 8.18 for details).
8. Be sure to click the <`Find`> button after you select ALL of the report parameters.
9. As soon as you select the <`Find`> button, you will see report information. If you specify other parameters such as Start and End dates, don't forget to click on <`Find`> to generate your specific report. The subtitle on the report will contain the parameters you specify, so double-check that all of your

parameters are specified in the sub-title.

10. The report output will display, as illustrated in Figure 155.



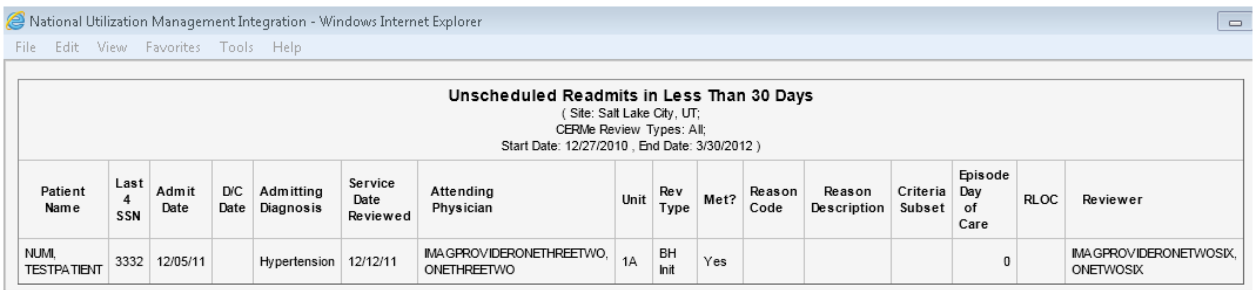
Unscheduled Readmits in Less Than 30 Days
(Site: Salt Lake City, UT;
CERMe Review Types: All;
Start Date: 12/27/2010 , End Date: 3/30/2012)

Patient Name	Last 4 SSN	Admit Date	D/C Date	Admitting Diagnosis	Service Date Reviewed	Attending Physician	Unit	Rev Type	Met?	Reason Code	Reas Desc	Subset Desc	Episode Day	RLOC	Reviewer	
NUMI, TESTPATIENT	3332	12/05/11		Hypertension	12/12/11	IMAGPROVIDERONETHREETWO, ONETHREETWO	1A	BH Init	Yes				0			IMAGPROVIDERONETWOSIX, ONETWOSIX

Print Preview | Export to Excel

Figure 155: Unscheduled Readmits in Less than 30 Days output

10. To print, *click* the <`Print Preview`> button.
11. When the **Print Preview** window opens, *right-click* in the preview window and *click* the <`Print`> option (Figure 156).

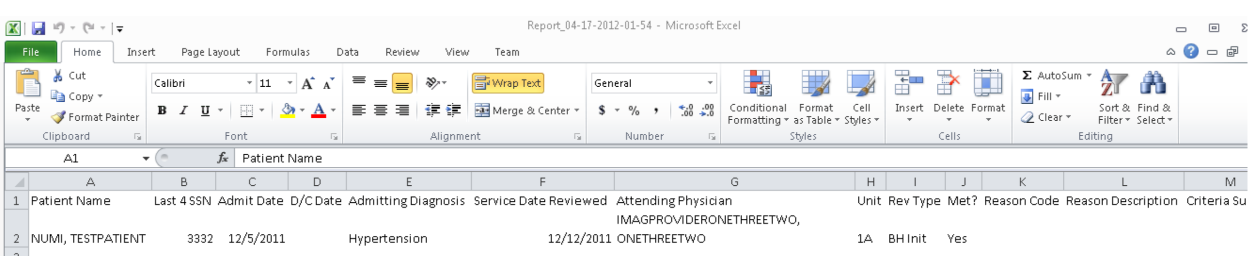


Unscheduled Readmits in Less Than 30 Days
(Site: Salt Lake City, UT;
CERMe Review Types: All;
Start Date: 12/27/2010 , End Date: 3/30/2012)

Patient Name	Last 4 SSN	Admit Date	D/C Date	Admitting Diagnosis	Service Date Reviewed	Attending Physician	Unit	Rev Type	Met?	Reason Code	Reason Description	Criteria Subset	Episode Day of Care	RLOC	Reviewer
NUMI, TESTPATIENT	3332	12/05/11		Hypertension	12/12/11	IMAGPROVIDERONETHREETWO, ONETHREETWO	1A	BH Init	Yes				0		IMAGPROVIDERONETWOSIX, ONETWOSIX

Figure 156: Unscheduled Readmits in Less than 30 Days printout

12. To export the report to an Excel spreadsheet, *click* the <`Export to Excel`> button.
13. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>?"` along with `Open`, `Save`, and `Cancel` buttons (Figure 117). If it does, *click* the <`Open`> button.
14. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <`Yes`> button to proceed.
15. The report will display, as illustrated in Figure 157.
16. Select the <`File`> dropdown and *click* on <`Print`> to print it out.



	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Patient Name	Last 4 SSN	Admit Date	D/C Date	Admitting Diagnosis	Service Date Reviewed	Attending Physician	Unit	Rev Type	Met?	Reason Code	Reason Description	Criteria Su
2	NUMI, TESTPATIENT	3332	12/5/2011		Hypertension	12/12/2011	IMAGPROVIDERONETHREETWO, ONETHREETWO	1A	BH Init	Yes			

Figure 157: Unscheduled Readmits in Less than 30 Days spreadsheet

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

12.11 Report #11 - RLOC Aggregate

This report shows an aggregated listing of recommended levels of care, grouped by Treating Specialty and based on the review entries into NUMI. The report is sorted on the following columns: Service Section (first sort field), Treating Specialty (second sort field), Review Type (third sort field), and Recommended Level of Care (fourth sort field). In addition, the report will display the percentage of reviews for each treating specialty based on the radio button selection, the count of the total number of reviews, and the count subtotals by Treating Specialty, Service, and Review Type for Not-Met reviews. The resulting report list will be subtotaled by Review By with observation reviews listed before other non-observation reviews. The report generates in landscape orientation. You can print the report out on your local printer or export it to Excel.

To generate the report

1. *Click* the dropdown.
2. *Click* on **11: RLOC Aggregate (L)**. The search filters will display, as shown in Figure 158.
3. Select an option from the **Current Lookup Site** dropdown by *clicking* on it.
4. Select the "Include Observations" check box if so desired. (See Section 5.3 for details.)
5. *Click* on the **Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the date, using the format mm/dd/yyyy.
6. Select a **Review By** radio button by *clicking* on it. A list of options within each Review By radio button choice will display when the radio button is selected.
7. Select an option by *clicking* on it. To select more than one option, hold down the <`Ctrl`> *key before clicking on each* one.
8. If you choose **CERMe Review Types**, a **CERMe Review Types** pick list will display (Figure 159). The system will only permit you to select one option from the list. If you choose either Admission or BH Initial Review, the system will display an additional dropdown box - **Admission Review Types** (Figure 114). You may select one or more options by *clicking* on them.
9. Click the <`Find`> button.
10. The report output will display with the title **Recommended Level of Care Aggregate** by <review by option>, as illustrated in Figure 160.
11. To print, *click* the <`Print Preview`> button.
12. When the **Print Preview** window opens, *right-click* in the preview window and *click* the <`Print`> option (Figure 161).
13. To export the report to an Excel spreadsheet, *click* the <`Export to Excel`> button.

14. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>?`" along with `Open`, `Save`, and `Cancel` buttons. (Figure 117). If it does, *click* the <`Open`> button.
15. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <`Yes`> button to proceed.
16. The report will display, as illustrated in Figure 162.
17. Select the <`File`> dropdown and *click* on <`Print`> to print it out.

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

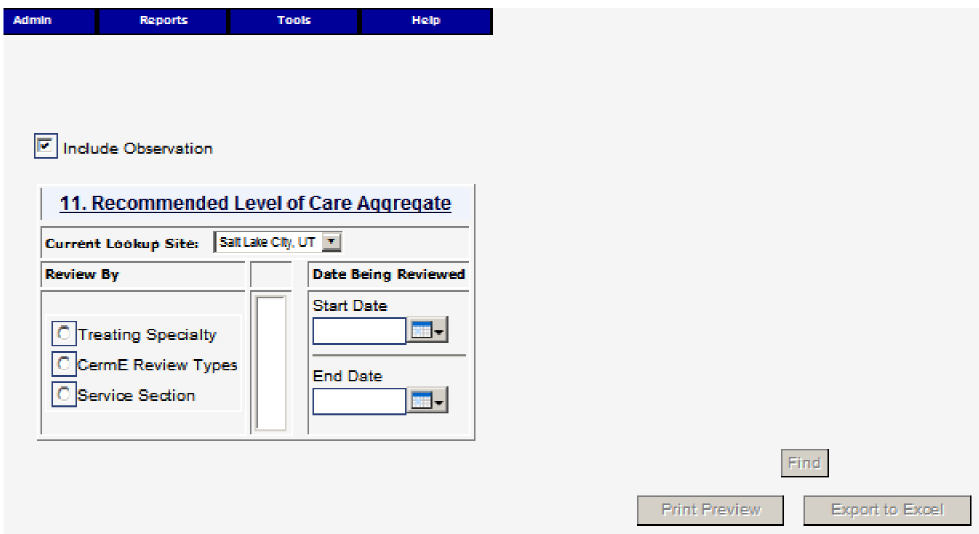


Figure 158: RLOC Aggregate Report filters

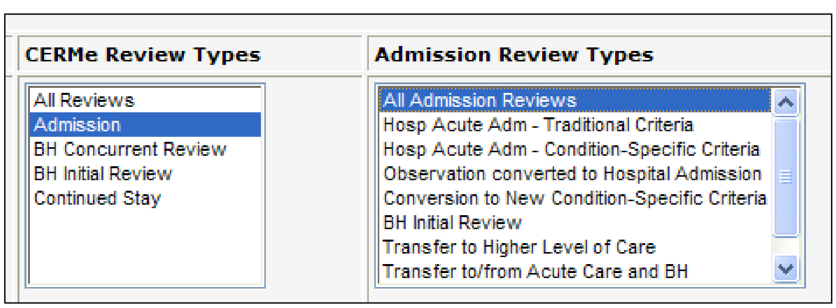


Figure 159: RLOC Aggregate CERMe Review Types filter

Recommended Level of Care by Treating Specialty
(Site: Salt Lake City, UT;
Start Date: 4/17/2012 , End Date: 4/17/2012)

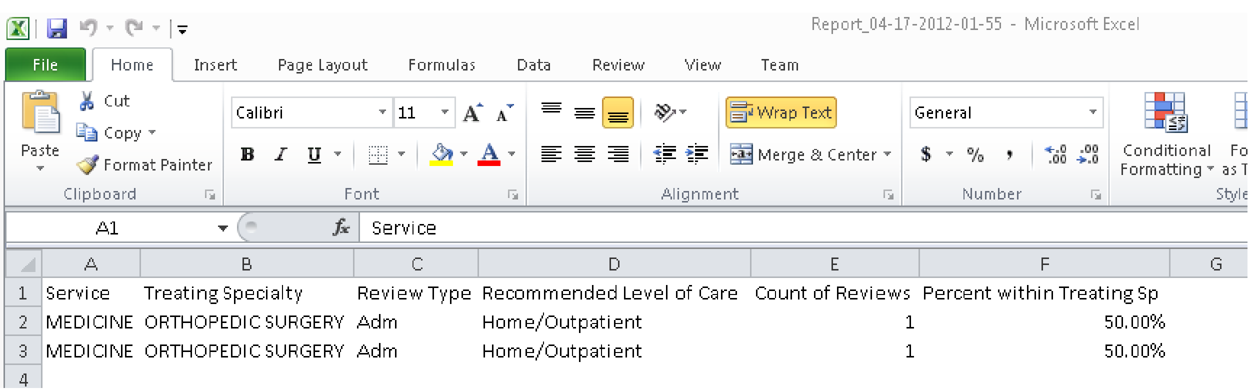
Service	Treating Specialty	Review Type	Recommended Level of Care	Count of Reviews	Percent within Treating Sp
MEDICINE	ORTHOPEDIC SURGERY	Adm	Home/Outpatient	1	100.00%
				Subtotal: 1	100.00%
				Grand Total: 1	100.00%

Figure 160: RLOC Aggregate Report output

Recommended Level of Care by Treating Specialty
(Site: Salt Lake City, UT;
Start Date: 4/17/2012 , End Date: 4/17/2012)

Service	Treating Specialty	Review Type	Recommended Level of Care	Count of Reviews	Percent within Treating Sp
MEDICINE	ORTHOPEDIC SURGERY	Adm	Home/Outpatient	1	100.00%
				Subtotal: 1	100.00%
				Grand Total: 1	100.00%

Figure 161: RLOC Aggregate Report printout



	A	B	C	D	E	F
1	Service	Treating Specialty	Review Type	Recommended Level of Care	Count of Reviews	Percent within Treating Sp
2	MEDICINE	ORTHOPEDIC SURGERY	Adm	Home/Outpatient	1	50.00%
3	MEDICINE	ORTHOPEDIC SURGERY	Adm	Home/Outpatient	1	50.00%
4						

Figure 162: RLOC Aggregate Report spreadsheet

12.12 Report #12 - Clinical Comments Detail

This report shows all comments that have been entered into NUMI regarding a patient. The report entries are sorted on the following columns: Patient Name, Review Date and Treating Specialty. The sort order is first by Treating Specialty and then alphabetically. In addition, the report displays a Grand Total count of the total number of reviews. The report generates in landscape orientation. You can print the report out on your local printer or export it to Excel.

To generate the report

1. *Click* the **Reports** menu dropdown.
2. *Click* on **12: Clin. Comments Detail (L)**. The search filters will display, as shown in Figure 163.
3. Select the “Include Observations” check box if so desired. (See Section 5.3 for details.)
4. Select an option from the **Current Lookup Site** dropdown by *clicking* on it.
5. *Click* on the **Date Being Reviewed Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the dates, using the format mm/dd/yyyy.
6. *Click* on the **Date Review Saved Start Date** and **End Date** calendar icons and select dates by *clicking* on them. You can also type in the dates, using the format mm/dd/yyyy.
7. Select a **Review By** radio button by *clicking* on it. A list of options within each Review By radio button choice will display when the radio button is selected.
8. Select an option by *clicking* on it. To select more than one option, hold down the <`Ctrl`> *key before clicking on each* one.
9. If you select the **CERMe Review Types** radio button, the **CERMe Review Types** pick list will display. The system will only permit you to select one option from the list. Select an option by *clicking* on it. If you select Admission or BH Initial Review, the **Admission Review Types** dropdown will display (Figure 114).
10. Select one or more options from the **Admission Review Types** dropdown by *clicking* on them. (Note: the information that displays on this report when each of the admission review type filter options is selected will vary. Please see Section 8.18 for details).
11. *Click* the <`Find`> button.
12. The report output will display with the title **Clinical Comments Detail by <review by option>,** as illustrated in Figure 164.
13. To print, *click* the <`Print Preview`> button.
14. When the **Print Preview** window opens, *right-click* in the preview window and *click* the <`Print`> option (Figure 165).
15. To export the report to an Excel spreadsheet, *click* the <`Export to Excel`> button.
16. A File Download dialog box may display indicating: `Do you want to open or save Report<report name>.xls(1.44 KB)from <server name>?`” along with `Open`, `Save`, and `Cancel` buttons. (Figure 117). If it does, *click* the <`Open`> button.
17. Excel will open. Note: if you are using Excel version 2007, you may see a dialog box advising that the file you are trying to open is in a different format than specified by the file extension (Figure 118). Click the <`Yes`> button to proceed.
18. The report will display, as illustrated in Figure 166.
19. Select the <`File`> dropdown and *click* on <`Print`> to print it out.

Note: After you have downloaded the raw data to Excel, the data comes over without totals and subtotals. You may format the size of columns and rows according to your needs. All dates will be expressed in numerical format, so date columns will need to be reformatted into a Date format.

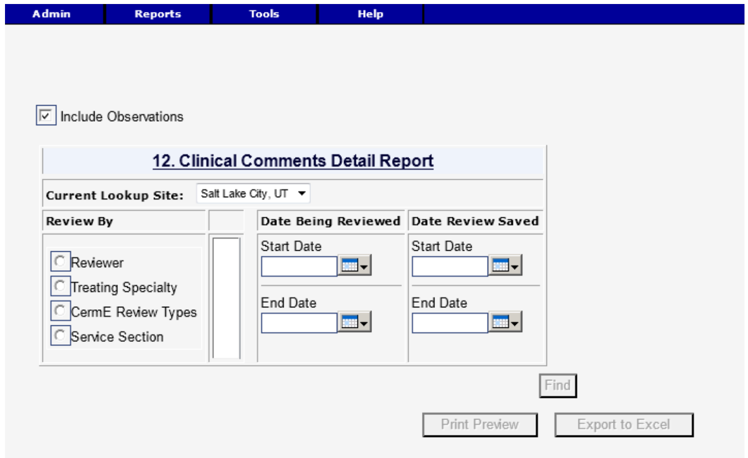
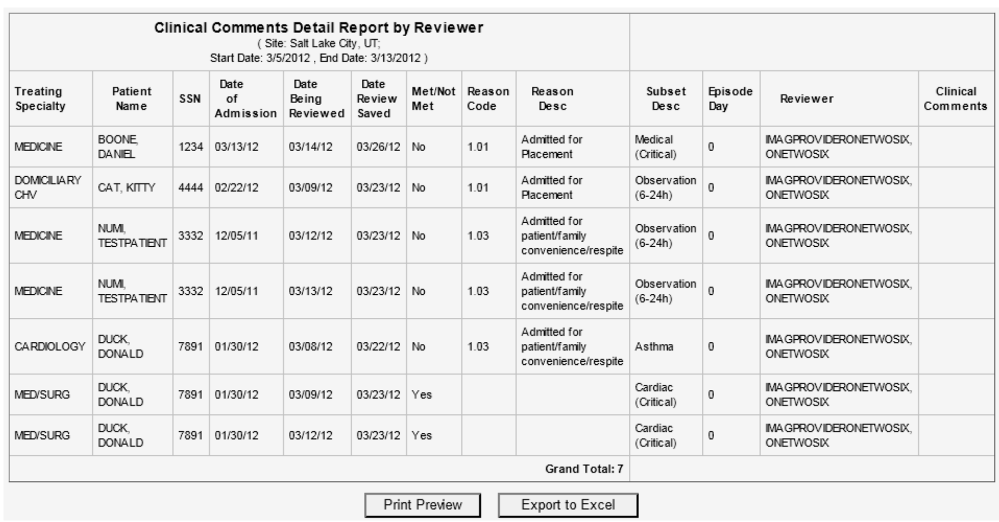


Figure 163: Clinical Comments Detail Report filters

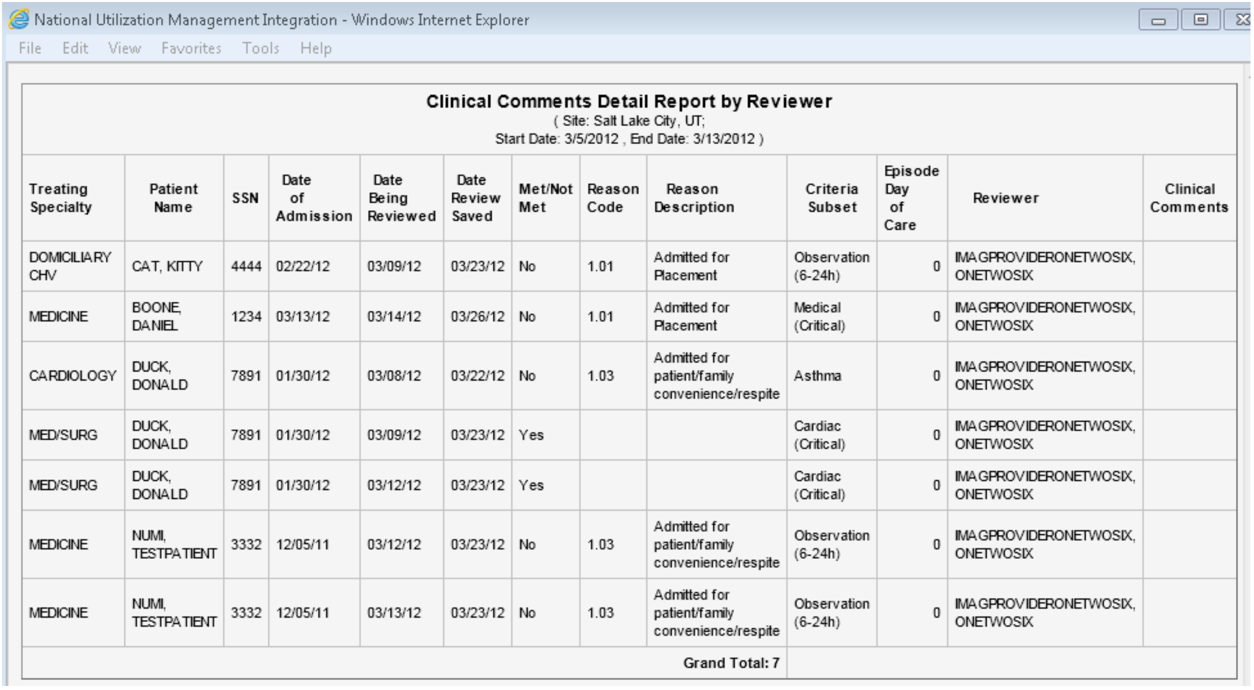


Clinical Comments Detail Report by Reviewer
(Site: Salt Lake City, UT;
Start Date: 3/5/2012 , End Date: 3/13/2012)

Treating Specialty	Patient Name	SSN	Date of Admission	Date Being Reviewed	Date Review Saved	Met/Not Met	Reason Code	Reason Desc	Subset Desc	Episode Day	Reviewer	Clinical Comments
MEDICINE	BOONE, DANIEL	1234	03/13/12	03/14/12	03/26/12	No	1.01	Admitted for Placement	Medical (Critical)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
DOMICILIARY CHV	CAT, KITTY	4444	02/22/12	03/09/12	03/23/12	No	1.01	Admitted for Placement	Observation (6-24h)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
MEDICINE	NUMI, TESTPATIENT	3332	12/05/11	03/12/12	03/23/12	No	1.03	Admitted for patient/family convenience/respite	Observation (6-24h)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
MEDICINE	NUMI, TESTPATIENT	3332	12/05/11	03/13/12	03/23/12	No	1.03	Admitted for patient/family convenience/respite	Observation (6-24h)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
CARDIOLOGY	DUCK, DONALD	7891	01/30/12	03/08/12	03/22/12	No	1.03	Admitted for patient/family convenience/respite	Asthma	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
MED/SURG	DUCK, DONALD	7891	01/30/12	03/09/12	03/23/12	Yes			Cardiac (Critical)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
MED/SURG	DUCK, DONALD	7891	01/30/12	03/12/12	03/23/12	Yes			Cardiac (Critical)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
								Grand Total: 7				

Print Preview
Export to Excel

Figure 164: Clinical Comments Detail Report output

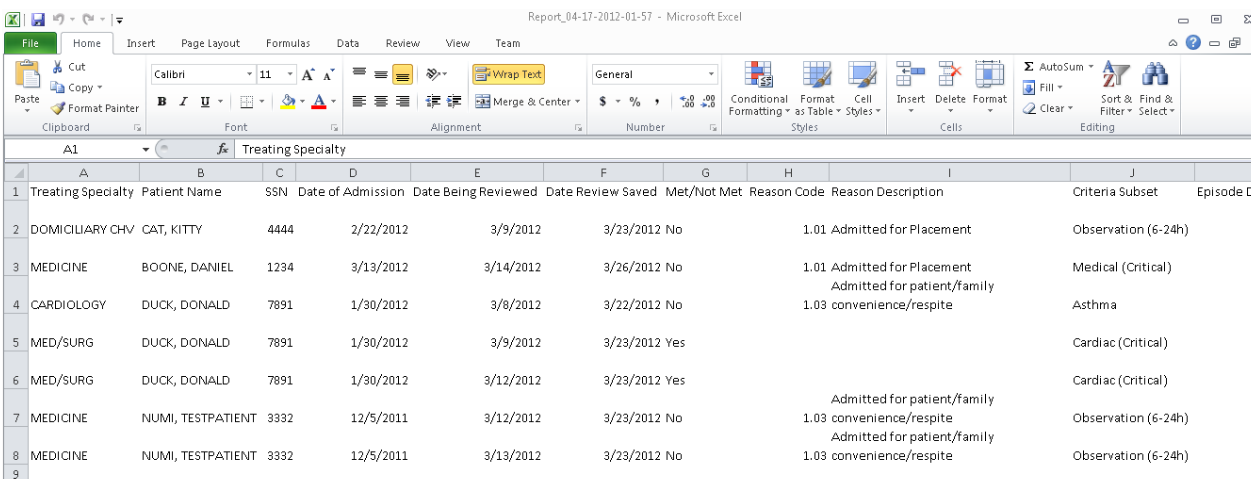


National Utilization Management Integration - Windows Internet Explorer

Clinical Comments Detail Report by Reviewer
(Site: Salt Lake City, UT;
Start Date: 3/5/2012 , End Date: 3/13/2012)

Treating Specialty	Patient Name	SSN	Date of Admission	Date Being Reviewed	Date Review Saved	Met/Not Met	Reason Code	Reason Description	Criteria Subset	Episode Day of Care	Reviewer	Clinical Comments
DOMICILIARY CHV	CAT, KITTY	4444	02/22/12	03/09/12	03/23/12	No	1.01	Admitted for Placement	Observation (6-24h)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
MEDICINE	BOONE, DANIEL	1234	03/13/12	03/14/12	03/26/12	No	1.01	Admitted for Placement	Medical (Critical)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
CARDIOLOGY	DUCK, DONALD	7891	01/30/12	03/08/12	03/22/12	No	1.03	Admitted for patient/family convenience/respite	Asthma	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
MED/SURG	DUCK, DONALD	7891	01/30/12	03/09/12	03/23/12	Yes			Cardiac (Critical)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
MED/SURG	DUCK, DONALD	7891	01/30/12	03/12/12	03/23/12	Yes			Cardiac (Critical)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
MEDICINE	NUMI, TESTPATIENT	3332	12/05/11	03/12/12	03/23/12	No	1.03	Admitted for patient/family convenience/respite	Observation (6-24h)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
MEDICINE	NUMI, TESTPATIENT	3332	12/05/11	03/13/12	03/23/12	No	1.03	Admitted for patient/family convenience/respite	Observation (6-24h)	0	IMAGPROVIDERONETWOSIX, ONETWOSIX	
								Grand Total: 7				

Figure 165: Clinical Comments Detail Report printout



Report_04-17-2012-01-57 - Microsoft Excel

Treating Specialty	Patient Name	SSN	Date of Admission	Date Being Reviewed	Date Review Saved	Met/Not Met	Reason Code	Reason Description	Criteria Subset	Episode D
DOMICILIARY CHV	CAT, KITTY	4444	2/22/2012	3/9/2012	3/23/2012	No	1.01	Admitted for Placement	Observation (6-24h)	
MEDICINE	BOONE, DANIEL	1234	3/13/2012	3/14/2012	3/26/2012	No	1.01	Admitted for Placement	Medical (Critical)	
CARDIOLOGY	DUCK, DONALD	7891	1/30/2012	3/8/2012	3/22/2012	No	1.03	Admitted for patient/family convenience/respite	Asthma	
MED/SURG	DUCK, DONALD	7891	1/30/2012	3/9/2012	3/23/2012	Yes			Cardiac (Critical)	
MED/SURG	DUCK, DONALD	7891	1/30/2012	3/12/2012	3/23/2012	Yes			Cardiac (Critical)	
MEDICINE	NUMI, TESTPATIENT	3332	12/5/2011	3/12/2012	3/23/2012	No	1.03	Admitted for patient/family convenience/respite	Observation (6-24h)	
MEDICINE	NUMI, TESTPATIENT	3332	12/5/2011	3/13/2012	3/23/2012	No	1.03	Admitted for patient/family convenience/respite	Observation (6-24h)	

Figure 166: Clinical Comments Detail spreadsheet

12.13 Enhanced Reporting

The option for **Enhanced Reporting** is located at the bottom of the **Reports** menu. When you select the **Enhanced Reporting** option from the **Reports** menu the system will check to see if your Windows and NUMI credentials match. Please see Section 4.1.2 for more information about this.

Credentials Match

If your credentials match, when you select the **Enhanced Reporting** option from the **Reports** menu you will see the list of available reports. An example is shown in Figure 167.

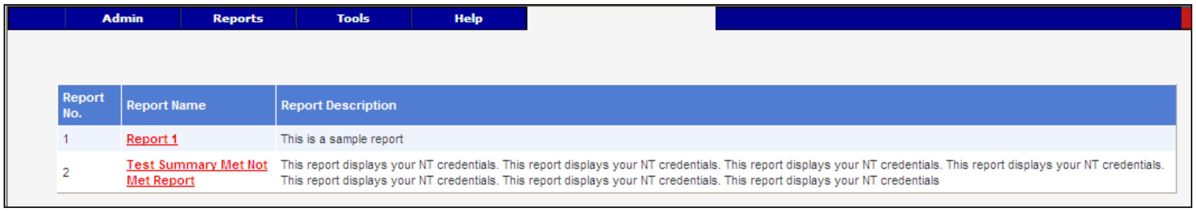


Figure 167: Example Enhanced Reporting List

If you login with matching credentials and there are no available enhanced reports to view you will see the message that is shown in Figure 168.

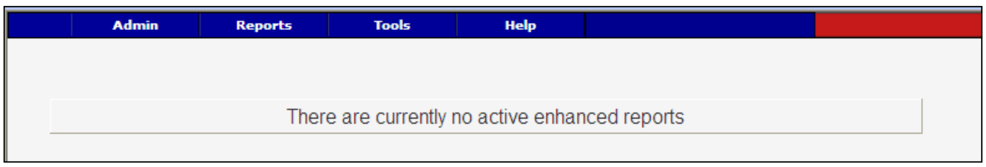


Figure 168: Enhanced Reporting - no active reports

Credentials Do Not Match

If your credentials do not match, when you select the **Enhanced Reporting** option from the **Reports** menu you will see the message depicted in Figure 169. You will then have the option of either updating your network account name in NUMI or logging out and logging back in using your own VA network account.

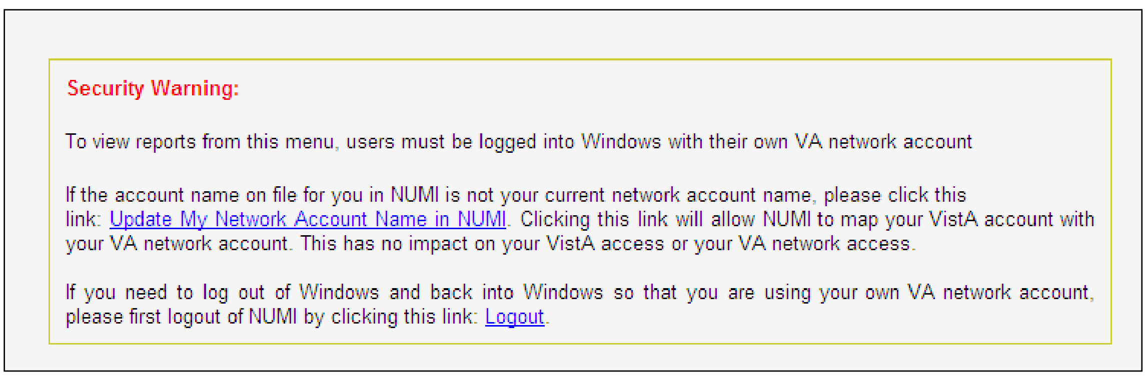


Figure 169: Enhanced Reporting Security Warning

12.13.1 Updating your Network Account Name for Enhanced Reporting

If you wish to update your network account name

1. With the **Security Warning** message displayed, *click* on the `<Update My Network Account name in NUMI>` hyperlink.
2. Your network account name will be updated by the system. This update will not be visible to you.
3. *Click* on the **Reports** menu.
4. *Click* on the **Enhanced Reporting** option.

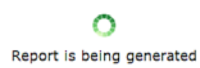
5. The list of enhanced reports will display. (Note: if you have been using NUMI thru someone else's Windows session and opt to update your network account from their PC, your credentials will not match when you login to NUMI from your PC. You will need to update your credentials from your PC in order to see the Enhanced Reporting artifacts).

<u>If you do not wish to update your network account name</u>

1. With the **Security Warning** message displayed, *click* on the <Logout> hyperlink.
2. Your network account name will not be updated by the system and you will be logged out of NUMI.
3. Login to NUMI using your own credentials.
4. *Click* on the **Reports** menu.
5. Click on the **Enhanced Reporting** option.
6. The list of enhanced reports will display.

12.13.2 Generating Enhanced Reporting Reports

<u>To generate Enhanced Reporting reports</u>

1. *Click* the **Reports** menu dropdown.
2. *Click* on the **Enhanced Reporting** option at the bottom of the dropdown list.
3. A list of available reports will display. An example is shown in <u>Figure 167</u>.
4. Select a report in the list by *clicking* on its hyperlink.
5. A new window (report viewer) will open.
6. 

will briefly display in the window.
7. The report contents will display (<u>Figure 170</u>).
8. To print, *click* the <File> dropdown in the report viewer window.
9. Select <Print>.
10. The report will print to your local printer.
11. To export the report, click on the Select a Format dropdown and select Excel.
12. Hover your mouse over the word `Export`. It will display as a red hyperlink (<u>Figure 171</u>).
13. Click on the `Export` hyperlink.
14. The information will be exported to an Excel spreadsheet.

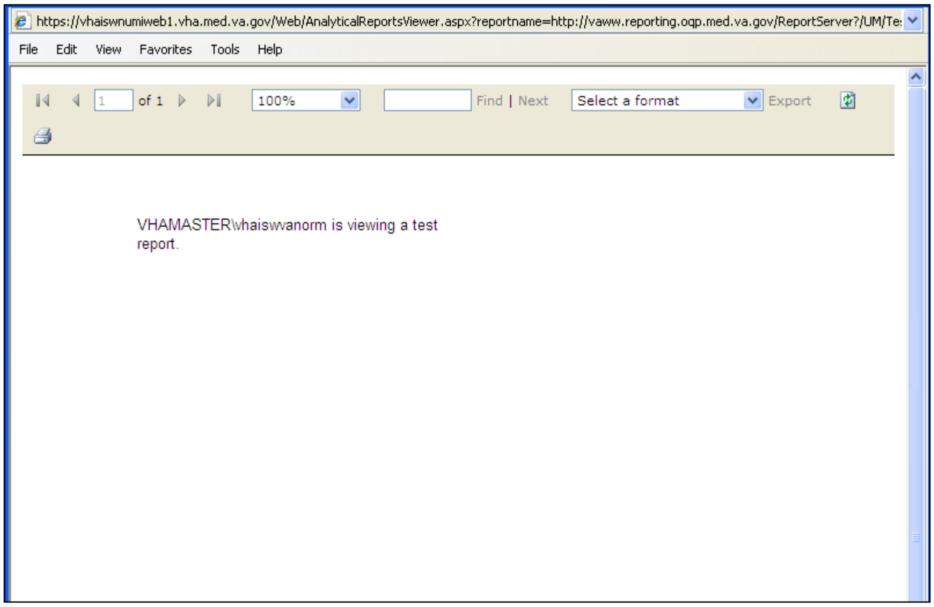


Figure 170: Enhanced Reporting report viewer window

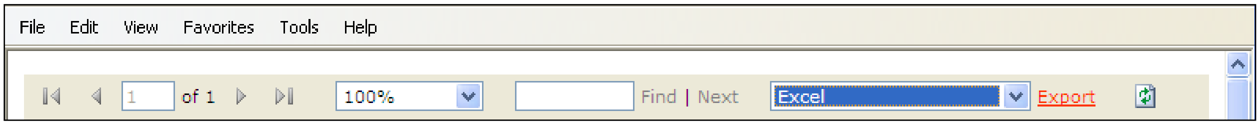


Figure 171: Format dropdown selection and Export hyperlink

13 Unlocking and Deleting Reviews

The features for unlocking Primary and Physician Advisor Reviews, and Deleting reviews are accessed from the ***Utilization Management Review Listing*** screen, which is located on the ***Tools*** menu.

- Primary Reviewers have the ability to Unlock and Delete their own reviews.
- Administrators have the ability to Unlock and Delete any reviews.
- Administrators can Unlock or Delete reviews, on behalf of Physician Advisors

13.1 Unlocking a Locked Primary Review

NUMI offers the ability for a Primary Reviewer to unlock any Primary Review that was locked to the database at their site. This would be handy in cases where a reviewer might be covering for someone else in the VISN. (Note: if there is a Physician Advisor review associated with the Primary Review, unlocking the Primary Review will automatically unlock the Physician Advisor review portion, as well).

If a Primary Review that Did Not Meet criteria is Unlocked and then its status changes to Meets criteria, the associated Physician Advisor review will be deleted.

To unlock a Primary Review that was locked to the database

1. *Click* on the **Utilization Management Review Listing** on the ***Tools*** menu to open the ***Utilization Management Review Listing*** screen.
2. Select the desired filter options by *clicking* on them.
3. *Click* the <Find> button and the results will display in a table.
4. *Click* on the desired Patient Name hyperlink to open the ***Review Summary*** screen. (You can also get to the ***Review Summary*** screen from the Reviews table on the ***Patient Stay History*** screen and the ***Primary Review*** screen).
5. The ***Review Summary*** screen will display with <Close>, <Unlock> and <Delete> buttons (Figure 172).

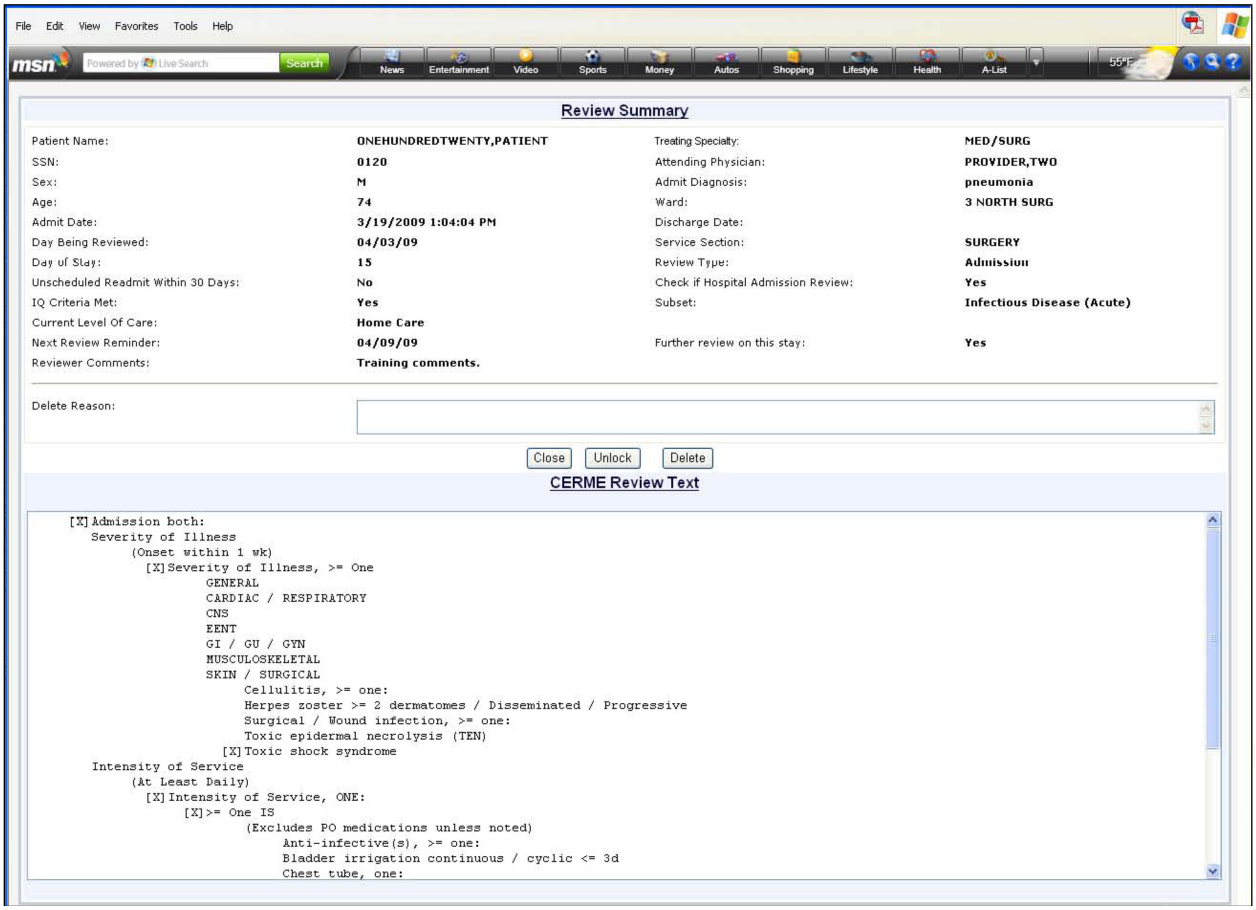


Figure 172: Review Summary window

6. Click the <`Unlock`> button.
7. A dialog box displays with the message: “`Are you sure you want to Unlock this Review?`”
8. Click the <`OK`> button and the screen will refresh and display: “`Successfully unlocked the record`” and the <`Unlock`> button on the ***Review Summary*** screen will now display as <`Review`>.
9. *Click* the <`Review`> button.
10. The message “`Are you sure you want to review?`” displays.
11. *Click* the <`OK`> button to be redirected to the ***Primary Review Summary*** screen where you can continue working on the review.

13.2 Unlocking the Physician Advisor Portion of a Locked Review

NUMI offers the ability to unlock just the Physician Advisor portion of a review that has been locked to the database.

Certain events must occur before the <`Unlock Physician Advisor Review`> button will display on the ***Utilization Management Review Listing*** screen: a Primary Review that Does Not

Meet is assigned to a Physician Advisor and locked to the database; the Physician Advisor opens the review from their Worklist, performs a review, and locks the Physician Advisor portion of the review back to the database.

To unlock the Physician Advisor portion of a review that was locked to the database

1. *Click* on the **Utilization Management Review Listing** on the ***Tools*** menu.
2. *Click* on the View hyperlink for the review.
3. The **Utilization Management Review Listing** screen will display with `<Close>`, `<Unlock>`, `<Delete>` and `<Unlock Physician Advisor Review>` buttons (Figure 173).
4. *Click* the `<Unlock Physician Advisor Review>` button.
5. The Physician Advisor can then open the review from their Worklist, perform a review and lock the Physician Advisor portion of the review back to the database. (Note: the Primary Review portion of the review remains locked to the database).

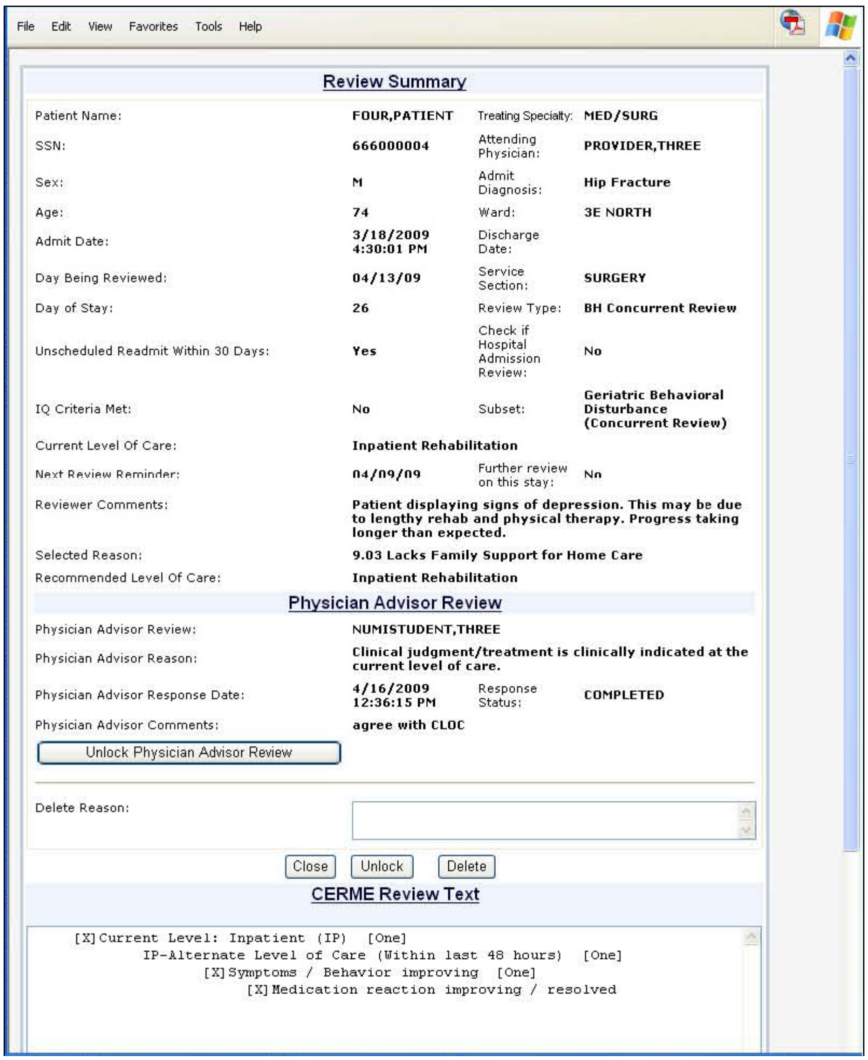


Figure 173: Review Summary with Unlock Physician Advisor Review button

13.3 Deleting a Review

NUMI Administrators will use this feature to delete reviews. Primary Reviewers will be able to delete their own reviews. Administrators can delete reviews on behalf of Physician Advisors. A review that has been performed on a patient stay might be deleted if that stay has been deleted from VistA. Deleting the review from NUMI will ensure that no ‘orphan’ stays are on the application.

If a Primary Review is deleted, the associated Physician Advisor review will also be deleted. There is no way to directly delete a Physician Advisor review. You may, however, unlock it and reassign to another Physician Advisor and even change it completely.

To delete a review

1. *Click* on the **Utilization Management Review Listing** on the ***Tools*** menu to open the ***Utilization Management Review Listing*** screen.
2. Select the desired filter options by *clicking* on them.
3. *Click* the <Find> button and the results will display in a table.
4. *Click* on the desired View hyperlink to open the ***Review Summary*** screen in a different window.

If you select the Review hyperlink, you will not be able to delete the review. You will be taken to the *Primary Review* page where you can continue working on it. If another review is in process, then all changes will be lost unless it has been saved or locked.

5. The screen will display <Close>, <Unlock> and <Delete> buttons (Figure 172).
6. *Type* a Deletion Reason into the text box. *(Note: you will not be able to delete the review unless you do this first).*
7. *Click* the <Delete> button.
8. A dialog box will display with this message: “Are you sure you want to Delete this Review?”
9. Click the <OK> button, and the screen will refresh and display: “Successfully Deleted the record” and the <Delete> button will be grayed out.
10. Click <Close> to return to the ***Utilization Management Review Listing*** screen.

Be very careful when using the Delete option. Once a review has been deleted, it cannot be restored.

14 Copying Reviews

NUMI simplifies the process of creating multiple reviews for the same patient/stay. You can easily create and save a review by copying another review. This will save you considerable time and effort, especially for weekend stay days and patients awaiting long term care beds and procedures. A review can be copied from the ***Patient Stay History*** screen, the ***Primary Review*** screen, or the ***Review Summary*** screen.

<u>IMPORTANT</u>: Do not copy an Admission review. Since Admission reviews are only done once, there is no reason to copy them. (If your intent is to copy the criteria and use it for the following day, note that CERMe will not permit you to do that, and will require you to select the type of review before you select the criteria. If you are doing a Continued Stay review, you will want to be using Continued Stay criteria - not Admission criteria. So, there would not normally be any scenario in which you would copy an Admission review).

To copy a review from the Patient Stay History screen

1. From the ***Patient Stay History*** screen, *click* the gold **Show Reviews** tab to display all the reviews.
2. The **Reviews** table will open and display all reviews for the patient.
3. *Click* on a View hyperlink in the table.
4. The ***Review Summary*** screen will open and the <Copy This Review> button will display.
5. *Click* the button and an identical copy of the review will be created. You can change anything you need to on the copy, and then save it.

To copy a review from the Primary Review screen

1. From the ***Primary Review*** screen, *click* the gold **Show Reviews** tab to display all the reviews.
2. The **Reviews** table will open and display all reviews for the patient.
3. *Click* on a View hyperlink in the table.
4. The <Copy This Review> button will display (Figure 174).
5. *Click* the button and an identical copy of the review will be created.

It is only appropriate to copy a review if the criteria and met/not met outcome have not changed. You can copy a review as many times as you wish.

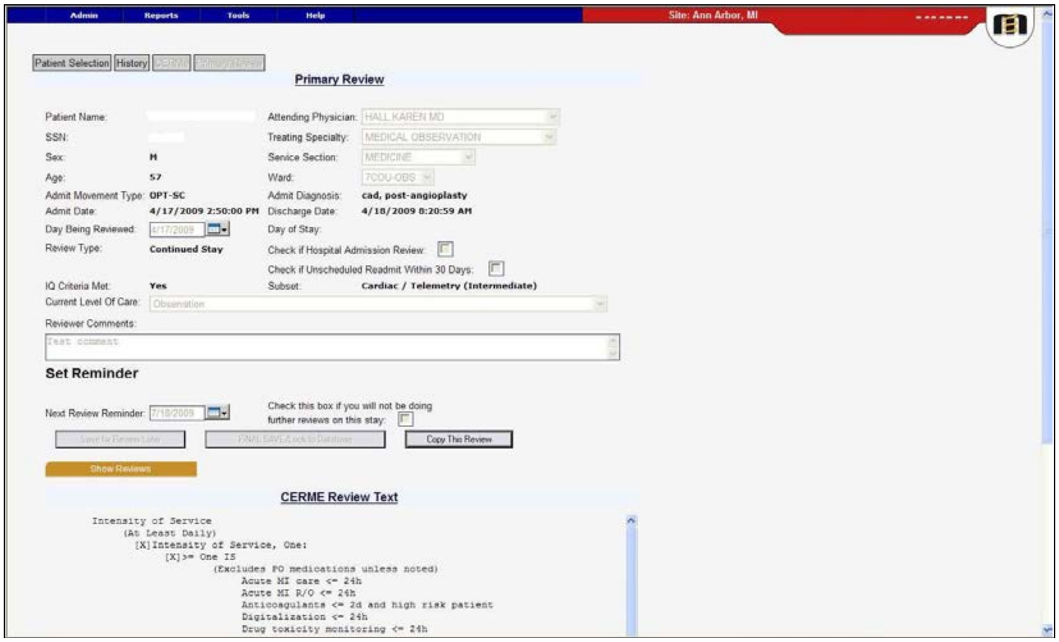


Figure 174: Primary Review Summary screen with Copy This Review button

To copy a review from the Review Summary screen

1. From the ***Primary Review*** screen, *click* the gold **Show Reviews** tab to expand the **Reviews** table.
2. The original review and all its copies will display.
3. To see the summary for any review, *click* its View hyperlink.
4. The ***Review Summary*** screen will display (Figure 175).
5. *Click* the <`Copy This Review`> button and an identical copy of the review will be created.

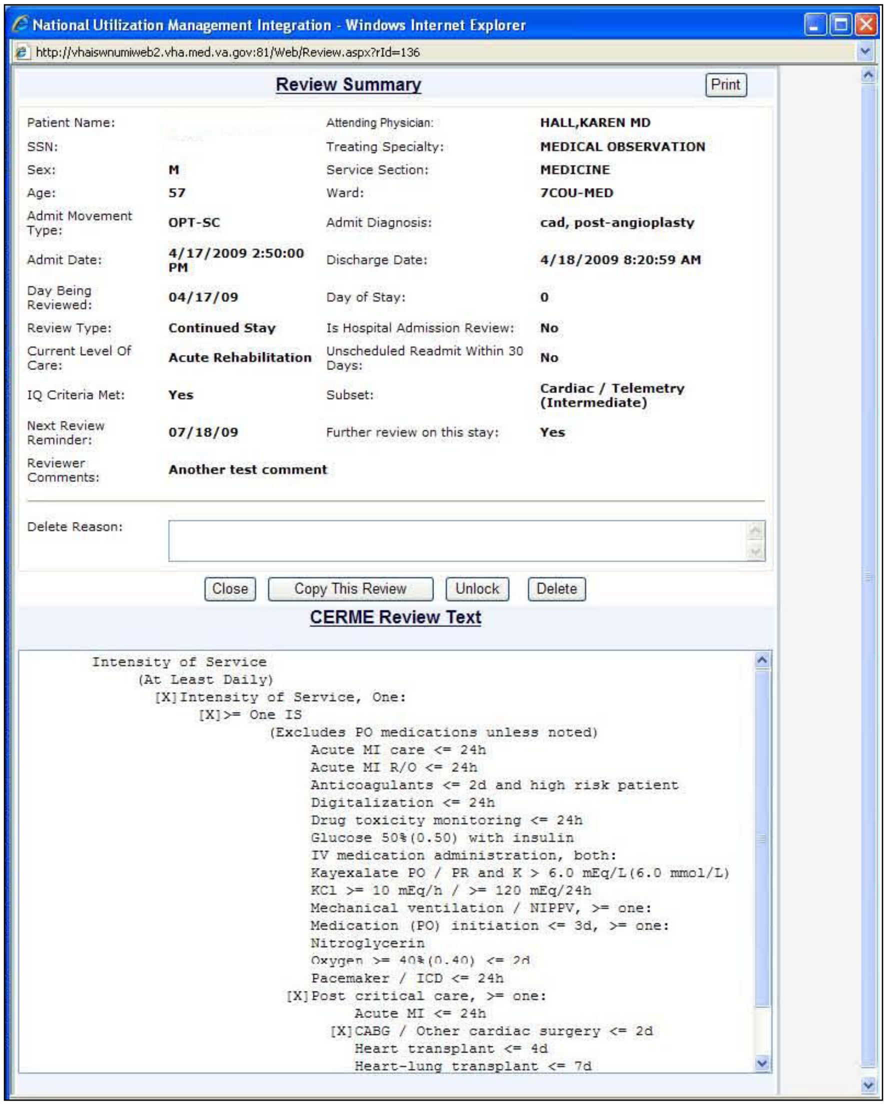


Figure 175: Review Summary screen with Print and Copy This Review buttons

15 Admin Menu

This chapter describes the ***Admin*** menu. Only NUMI Administrators can use these features. The menu is located in the **Admin** dropdown at the top of the ***Patient Stay History***, ***InterQual Criteria*** and ***Primary Review Summary*** screens. (Non-Administrator users will see the ***Admin*** menu header on the screen but if they click on it they will not see any options). On this screen, Administrator users can search for VistA users, add them as NUMI users, add and edit NUMI user information and assign privileges, deactivate user sites, and add/remove users from the Physician Advisor, Primary Reviewer and Site Administrator panels. There are 3 Admin options: **Users, Admin Site and Treating Specialty Configuration** (Figure 176). The administrative features of the ***Users*** screens are listed in Table 13, and the features of the ***Admin Sites*** screens are listed in Table 14. The Treating Specialty Configuration features are listed in Table 15.

Table 13: Admin Users features

FEATURES
National Utilization Management Integration (NUMI) Users Feature
Find VistA Users by Name
Find VistA Users by Site
Find VistA Users by Status
Add NUMI User / Assign Privileges
View NUMI User information / Privileges
Edit NUMI User information
Deactivate a User’s Site

Table 14: Admin Site features

FEATURES
National Utilization Management Integration (NUMI)Admin Sites Feature (find VistA Users)
Find VistA Users
Add Users to the Physician Advisor Panel
Add Users to the Primary Reviewer Panel
Add users to the Site Administrators Panel
Remove Users from the Physician Advisor Panel
Remove Users from the Primary Reviewer Panel
Remove Users from the Site Administrators Panel

Table 15: Treating Specialty Configuration features

FEATURES
Assign or Update Treating Specialties

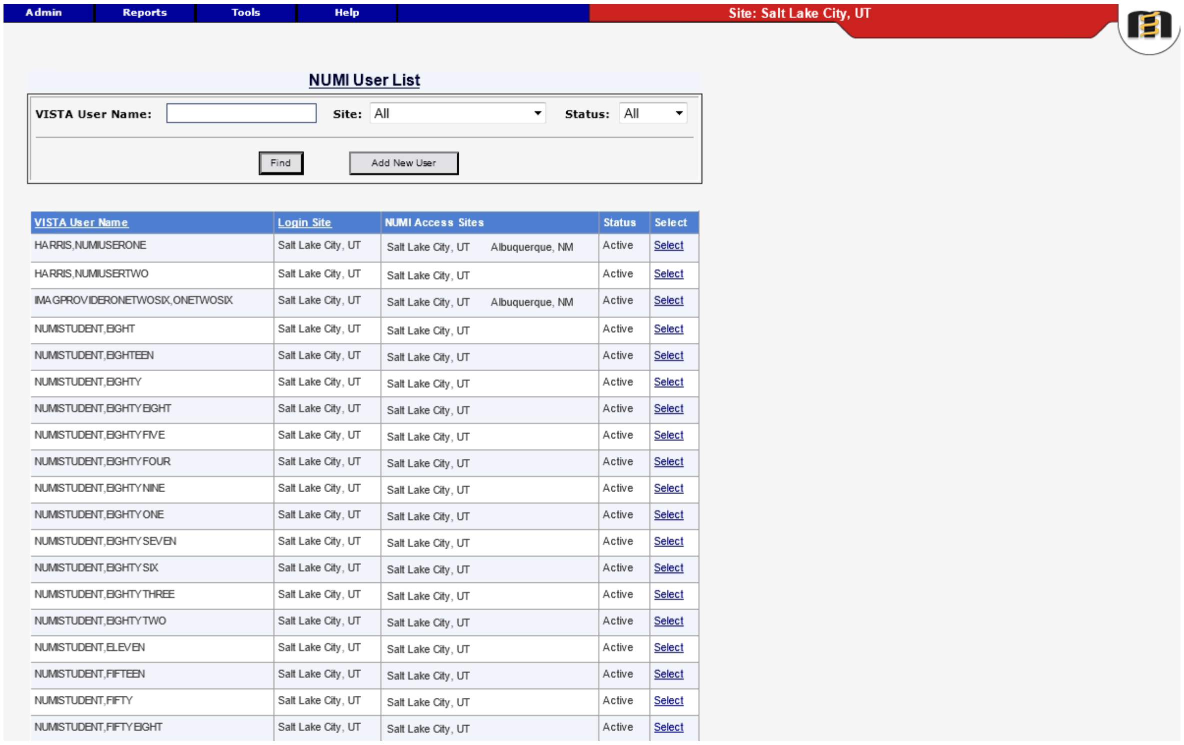
Figure 176: Admin Menu

15.1 Accessing the NUMI Users Feature

NUMI Administrators will use this feature to find VistA users, add/edit NUMI user information including the assignment of user privileges, and deactivate user sites.

To access the NUMI 'Users' feature

1. *Select* the **Admin** dropdown and *click* on the **Users** option. A list of existing NUMI users displays on the **NUMI User List** screen, as illustrated in Figure 177.



VISTA User Name	Login Site	NUMI Access Sites	Status	Select
HARRIS,NUMIUSERONE	Salt Lake City, UT	Salt Lake City, UT Albuquerque, NM	Active	Select
HARRIS,NUMIUSERTWO	Salt Lake City, UT	Salt Lake City, UT	Active	Select
IMAGPROVIDERONETWOSIX,ONETWOSIX	Salt Lake City, UT	Salt Lake City, UT Albuquerque, NM	Active	Select
NUMISTUDENT,EIGHT	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTEEN	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTY	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTY EIGHT	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTY FIVE	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTY FOUR	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTY NINE	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTY ONE	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTY SEVEN	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTY SIX	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTY THREE	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,EIGHTY TWO	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,ELEVEN	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,FIFTEEN	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,FIFTY	Salt Lake City, UT	Salt Lake City, UT	Active	Select
NUMISTUDENT,FIFTY EIGHT	Salt Lake City, UT	Salt Lake City, UT	Active	Select

Figure 177: NUMI User List screen

15.1.1 Finding VistA Users by Name

The list of NUMI users can be very long. But you don't have to scroll thru the entire list. NUMI saves you time by letting you search for specific VistA users using a Find feature. You can search by the user's full name using *lastname,firstname* format (e.g., Smith,John) or you can search by a partial name (e.g., Smi). Please note that if you search by partial name you may receive a long list of results (e.g., Smi will retrieve all instances of 'smi' in user names (e.g., Goldsmith, Smit, Smith, Smithfield, etc.).

To find VistA users by name

1. *Type* the user's name into the **VISTA User Name** field (Figure 178).
2. *Click* the <`Find`> button.

Figure 178: Find VistA Users search fields

15.1.2 Finding VistA Users by Site

To find VistA users by Site

1. *Click* the **Site** dropdown (Figure 178) and select a site by *clicking* on it.
2. *Click* the <`Find`> button.

15.1.3 Finding VistA Users by Status

To find VistA users by Status (Active / Inactive)

1. *Click* the **Status** dropdown (shown in Figure 178) and select an option by *clicking* on it.
2. *Click* the <`Find`> button.

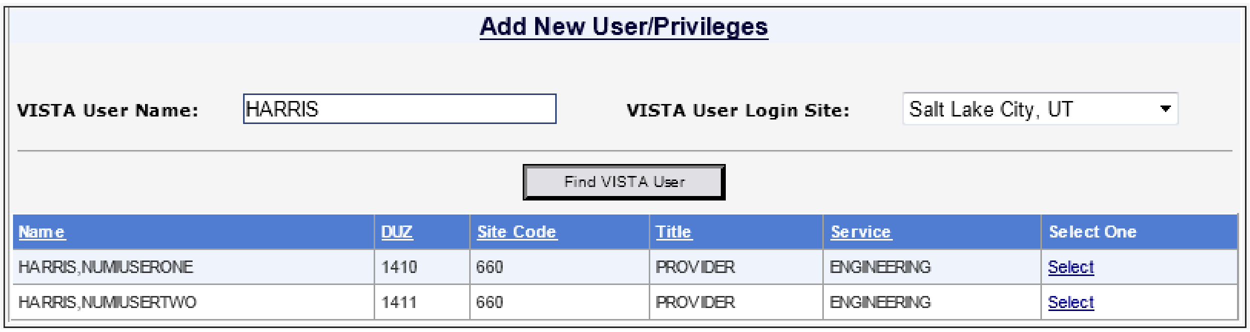
15.1.4 Assigning Privileges to a NUMI User

To add a NUMI user and assign privileges

1. *Click* the <`Add New User`> button (shown in Figure 178).
2. When the ***Add New User/Privileges*** screen displays (Figure 179), enter the user's name into the **VISTA User Name** field. You can also enter partial names (e.g., instead of `Smith, John` you can search by `Smith` or `Smi`).
3. Select the **VISTA User Login Site** dropdown and choose a site by *clicking* on it.
4. Click the <`Find VISTA User`> button.

Figure 179: Add NUMI User

5. When the results display on the screen (Figure 180), click the `Select` hyperlink in the **Select One** column for the user you wish to add.



Name	DUZ	Site Code	Title	Service	Select One
HARRIS,NUMIUSERONE	1410	660	PROVIDER	ENGINEERING	Select
HARRIS,NUMIUSERTWO	1411	660	PROVIDER	ENGINEERING	Select

Figure 180: Find VistA User results

6. When the screen with user privilege checkboxes displays (Figure 181), choose a site in the **NUMI Access Site** dropdown by *clicking* on it.

Multiple sites can be chosen from the Select Site for Granting Access dropdown on the *Add User* screen, if the user has permission to visit more than one site. Only one site can be selected and viewed at a time, however.

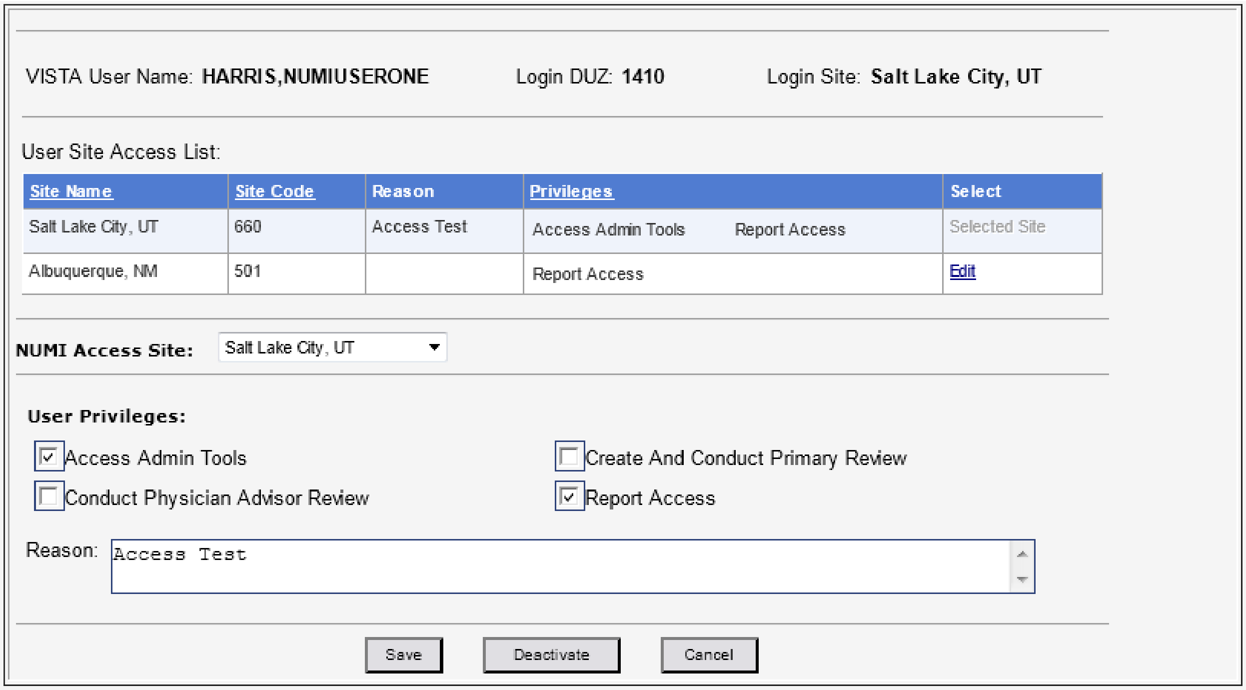


Figure 181: Add User Permissions

7. Choose NUMI privileges by *clicking* on the **User Privileges** checkboxes.
8. *Type* a reason into the **Reason** field.
9. *Click* the <Save> button and the message: ‘`Successfully updated user site. Site: <location> privileges`’ will display, as illustrated in Figure 182.

15.1.5 Viewing NUMI User Information and Privileges

To view a NUMI user’s information and privileges

1. *Click* the `Select` hyperlink (illustrated in Figure 177) for the desired user on the ***NUMI User List*** screen.
2. Each site that they have access to will display either a `View` or an `Edit` hyperlink, as depicted in Figure 182.

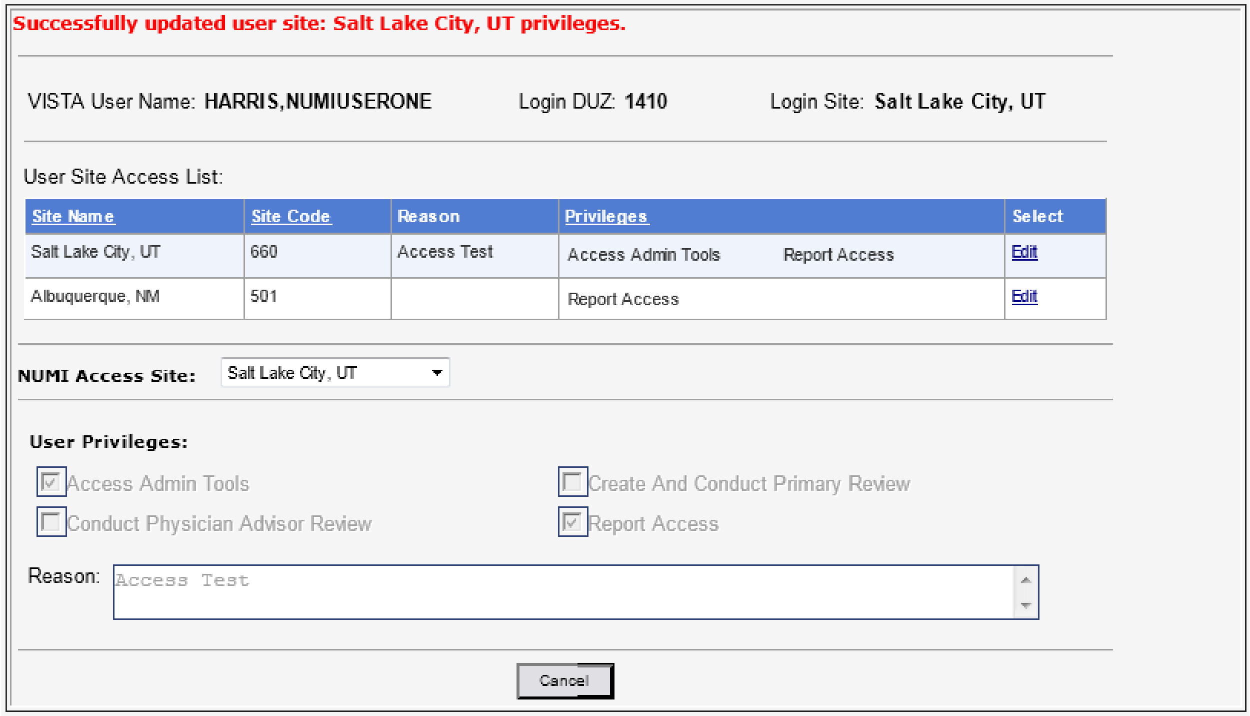


Figure 182: View User Privileges

3. To view privileges for a particular site, *click* the `View` hyperlink for that site.
4. The information will display and the `View` hyperlink will change to grayed out text displaying `Selected Site` (Figure 183).
5. While on this screen, if the user has privileges at multiple sites, you can *click* on the **NUMI Access Site** dropdown and then *click* on the desired site in the dropdown to see them.
6. Click the <`Cancel`> button to return to the ***NUMI User List*** screen.

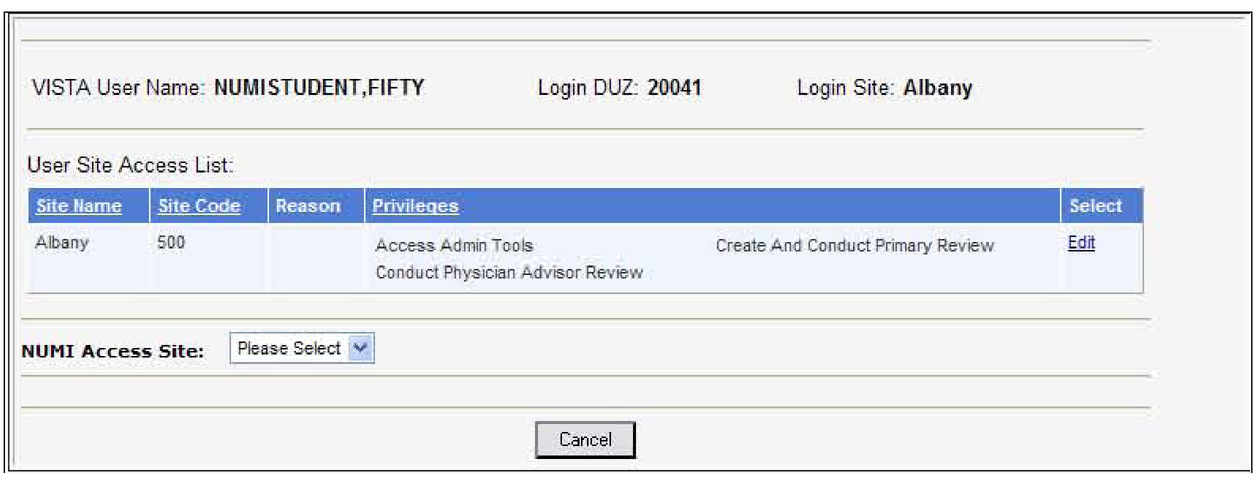


Figure 183: View NUMI User Information

15.1.6 Editing NUMI User Information

To edit NUMI user information

1. Click the `Select` hyperlink for the desired user on the ***NUMI User List*** screen.
2. Each site that they have access to will display either a `View` or an `Edit` hyperlink, as depicted in Figure 182.
3. To edit privileges for a particular site, *click* the `Edit` hyperlink (shown in Figure 183) for that site.
4. The information will display and the `Edit` hyperlink will change to grayed out text displaying `Selected Site` (Figure 184).
5. *Type* a reason for the change(s) into the **Reason** field.
6. Add or change the user's privileges by selecting/deselecting the **User Privileges** checkboxes.
7. Select the site that the privileges will apply to from the **NUMI Access Site** dropdown by *clicking* on it.
8. *Click* the <Save> button. The message "`Successfully Updated User: <user name>`" will display, as well as the reason you entered, as depicted Figure 182.

While multiple sites can be selected from the NUMI Access Site dropdown if the user has permission to visit more than one site, only one site's privileges can be viewed at a time.

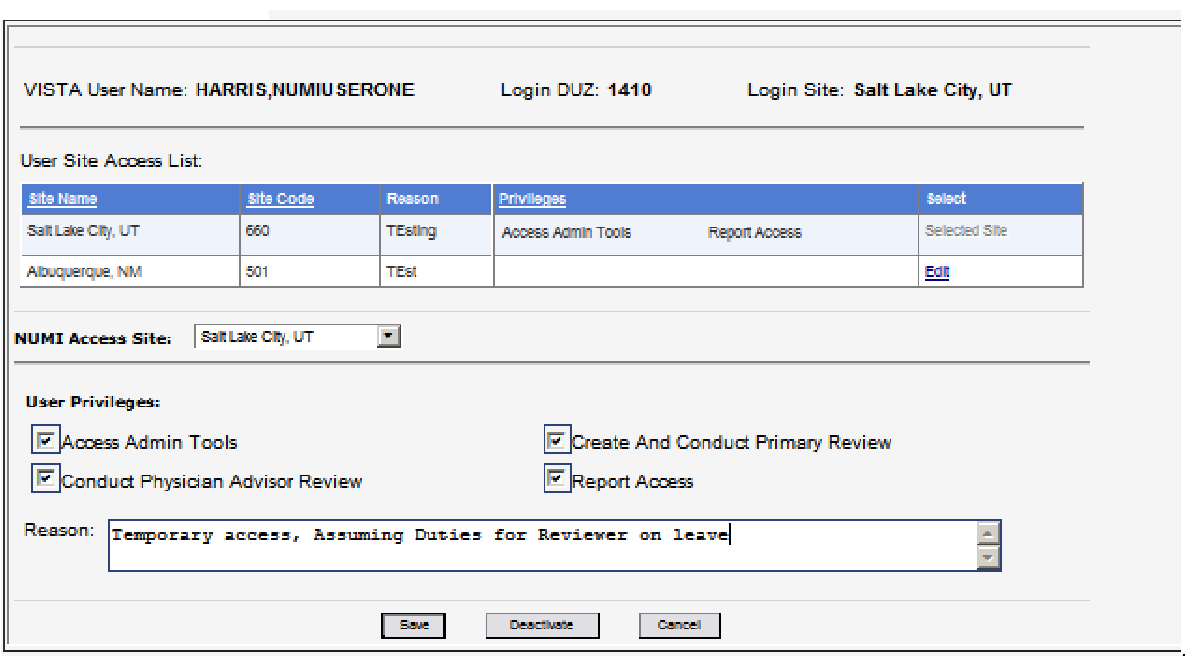


Figure 184: Edit NUMI User screen

If someone tries to edit a NUMI user record and they do not have the proper

administrator privileges, an error message will display: "`You do not have admin access to modify user privileges for: <user name>`".

If a user's privileges are changed, they will need to logout and log back in for the changes to take effect.

15.1.7 Deactivating a User's Site

A user's permission to visit and view site information for a particular facility can be deactivated using this feature. (NUMI does not allow you to deactivate a user, but you can accomplish that general goal by deactivating all of their site permissions).

To deactivate a user site

1. Click the `Select` hyperlink for the desired user on the ***NUMI User List*** screen.
2. Click the `Edit` hyperlink to display the user's privileges (Figure 182).
3. Select the desired site from the **NUMI Access Site** dropdown by *clicking* on it.
4. *Click* the `Deactivate` button.
5. When the prompt "`Are you sure you want to deactivate user site <City, State>`" displays.
6. Click the <`OK`> button to deactivate the site.

15.2 Accessing the NUMI Site Admin Feature

Administrators will use this feature to find VistA users, and add or remove users from the NUMI Physician Advisor, NUMI Primary Reviewer and NUMI Site Administrators lists. The examples below illustrate adding HARRIS to several Admin lists.

To access the NUMI 'Admin Site' feature

1. *Select* the **Admin** dropdown and *click* on the **Admin Sites** option.
2. The ***Site Admin Panel*** screen (Figure 185, Figure 186, and Figure 187) displays the names of existing users in the NUMI Physician Utilization Management Advisor List, NUMI Primary Reviewer List and NUMI Site Administrator List panels.

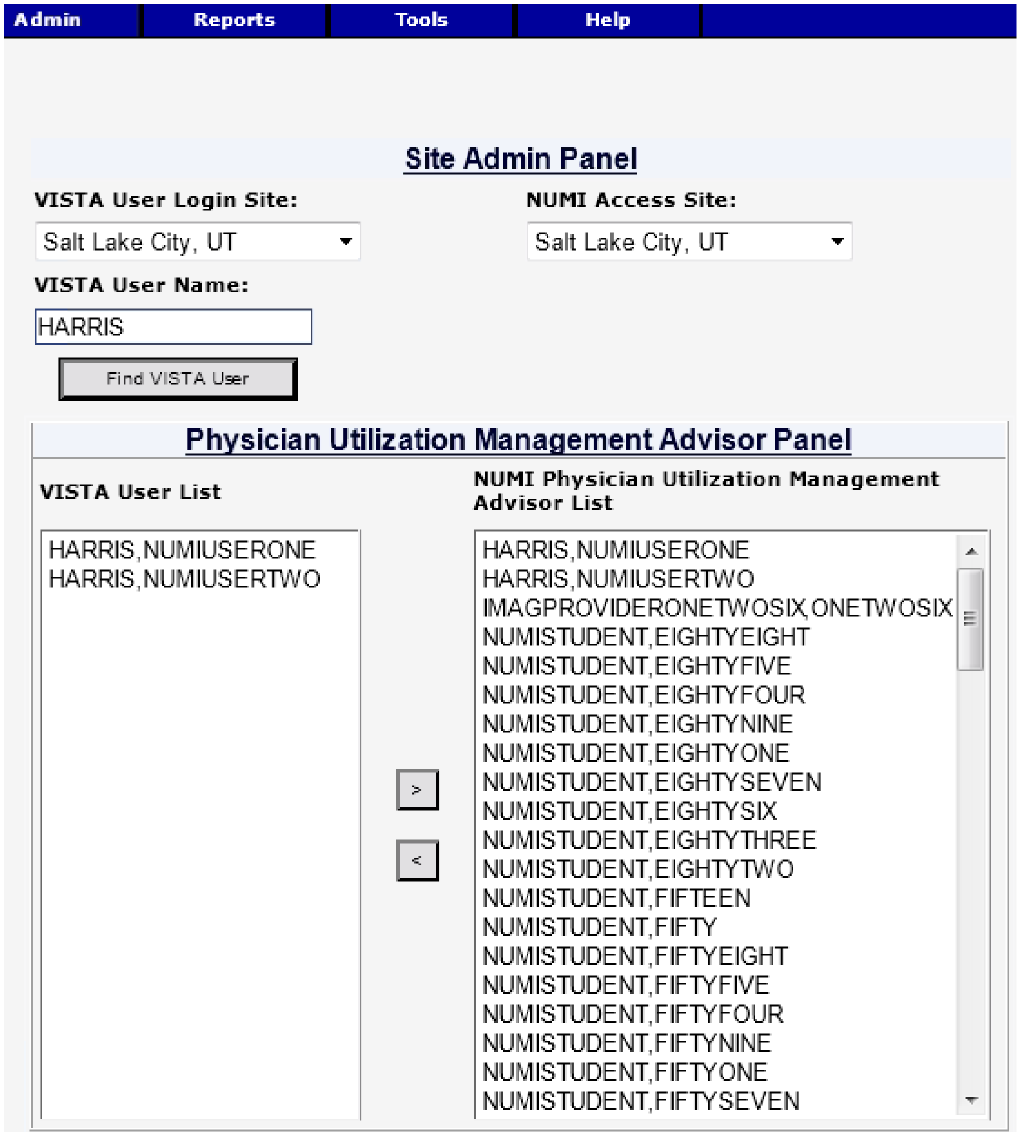


Figure 185: Site Admin screen (top section)

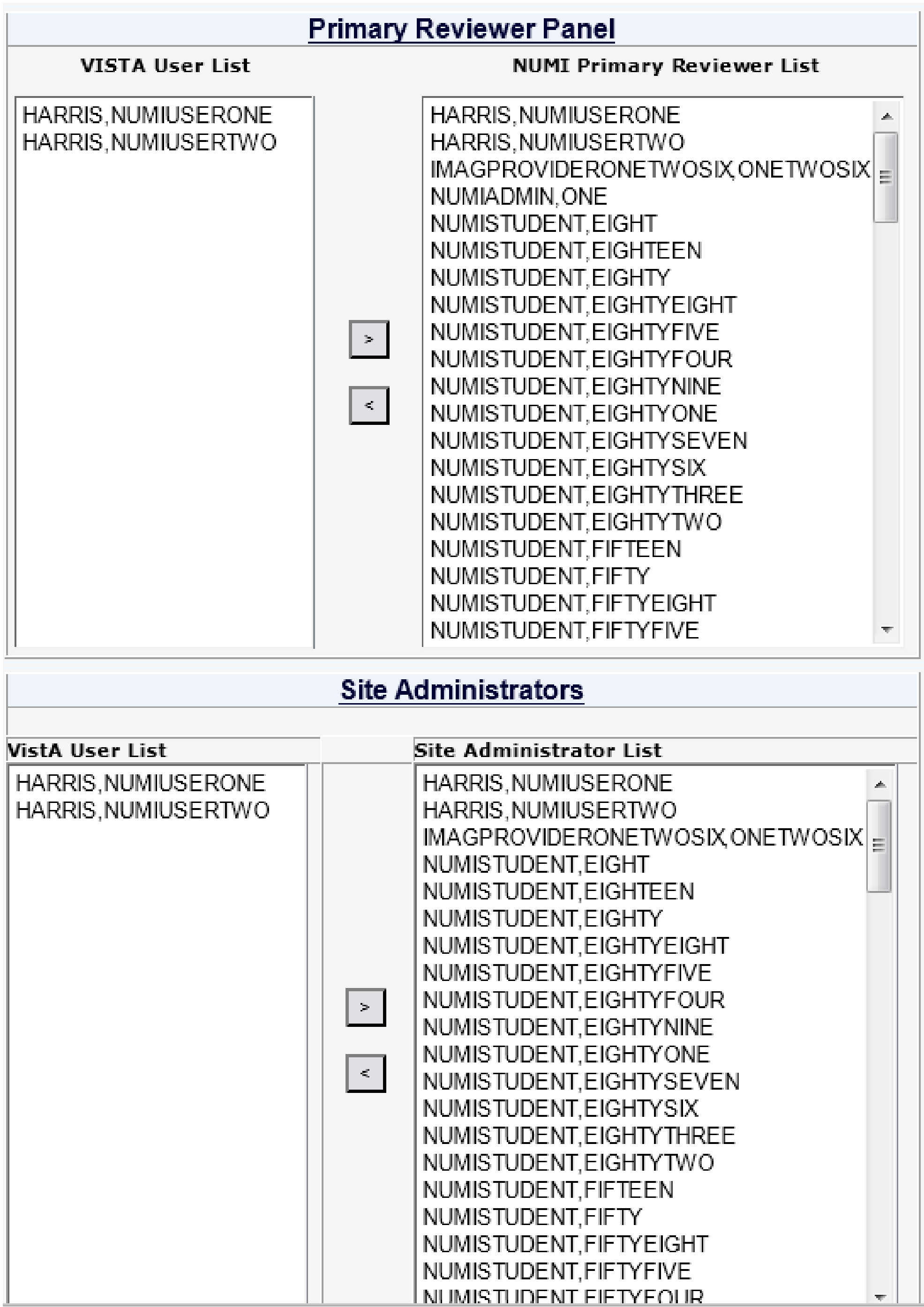


Figure 186: Site Admin screen (middle section)

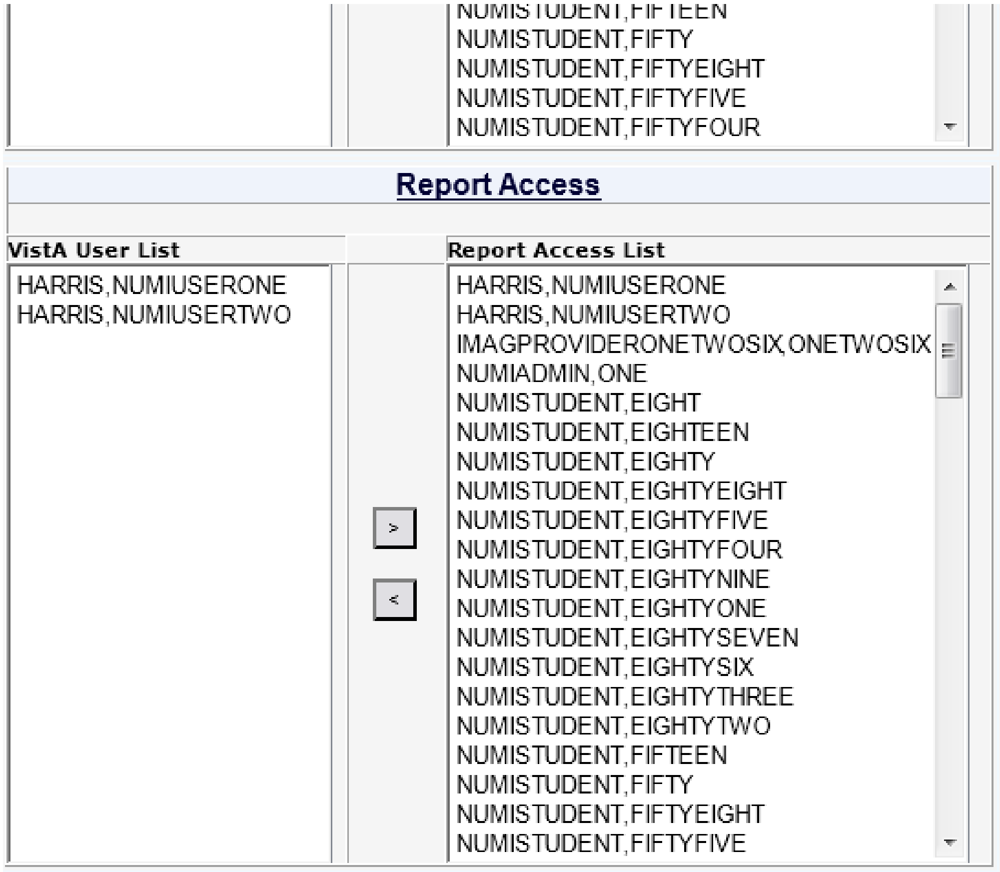


Figure 187: Site Admin screen (bottom section)

15.2.1 Finding a VistA User

To find a VistA User

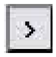
1. *Type* the user's name into the **VISTA User Name** field.
2. Select a site from the **VISTA User Login Site** dropdown by *clicking* on it.
3. Select a site from the **NUMI Access Site** dropdown by *clicking* on it.
4. *Click* the <`Find VISTA User`> button. A list of names matching your search criteria will display in the Physician Advisor, Primary Reviewer and Site Administrators VistA User List panels (shown in Figure 185 and Figure 186).

When searching for a VistA user, the user name is required. If you try to search for a user without providing this information, the message '`Please enter VISTA User ID`' will display.

15.2.2 Adding a User to NUMI Physician Advisor Panel

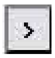
To add a user to the list

1. In the Physician Advisor Panel portion of the screen, *click* on a name in the **VISTA User List**.

2. *Click* the  button, and the name will populate to the **NUMI Physician Advisor List**.
3. When the message `‘Are you sure you want to add <name(s)> to the Physician Advisor panel?’` displays, *click* the <`OK`> button.

15.2.3 Adding a User to NUMI Primary Reviewer Panel

To add a user to the list

1. In the Primary Reviewer Panel portion of the screen, *click* on a name in the **VISTA User List**.
2. *Click* the  button, and the name will populate to the **NUMI Primary Reviewer List** portion of the panel.
3. When the message ‘Are you sure you want to add <name(s)> to the Primary Reviewer panel?’ displays, *click* the <OK> button

15.2.4 Adding a User to NUMI Site Administrators Panel

To add a user to the list

1. In the Site Administrators Panel portion of the screen, *click* on a name in the **VISTA User List**.
2. *Click* the  button, and the name will populate to the **NUMI Site Administrators List** portion of the panel.
3. When the message `‘Are you sure you want to add <name(s)> to the Site Administrators panel?’` displays, *click* the <`OK`> button

15.2.5 Adding a User to NUMI Report Access Panel

You can assign the “Report Access” role for a user when editing an individual user under Admin / Users, and when viewing roles and their members under Admin / Admin Sites. Only users that have this role will be able to run and view reports.

To add a user to the list

4. In the Report Access portion of the screen, *click* on a name in the **VISTA User List**.
5. *Click* the  button, and the name will populate to the **NUMI Report Access** portion of the panel.
6. When the message `‘Are you sure you want to add <name(s)> to the Report Access panel?’` displays, *click* the <`OK`> button.

15.2.6 Removing a User from the NUMI Physician Advisor Panel

To remove a user from the list

1. *Click* on a name in the **NUMI Physician Advisor List**.
2. *Click* the < button, and the name will be moved from the list to the **VISTA User List** portion of the panel.
3. When the message '`Are you sure you want to remove <name(s)> from the Physician Advisor panel?`' displays, *click* the <`OK`> button.

15.2.7 Removing a User from the NUMI Primary Reviewer Panel

To remove a user from the list

1. *Click* on a name in the NUMI Primary Reviewer List.
2. *Click* the < button, and the name will be moved from the list to the **VISTA User List** portion of the panel.
3. When the message '`Are you sure you want to remove <name(s)> from the Primary Reviewer panel?`' displays, *click* the <`OK`> button.

15.2.8 Removing a User from the NUMI Site Administrators Panel

To remove a user from the list

1. *Click* on a name in the NUMI Site Administrators List.
2. *Click* the < button, and the name will be moved from the list to the **VISTA User List** portion of the panel.
3. When the message '`Are you sure you want to remove <name(s)> from the Site Administrators panel?`' displays, *click* the <`OK`> button.

15.2.9 Removing a User from the NUMI Report Access Panel

To remove a user from the list

4. *Click* on a name in the NUMI Report Access List.
5. *Click* the < button, and the name will be moved from the list to the **VISTA User List** portion of the panel.
6. When the message '`Are you sure you want to remove <name(s)> from the Report Access panel?`' displays, *click* the <`OK`> button.

15.3 Accessing the NUMI Treating Specialty Configuration Feature

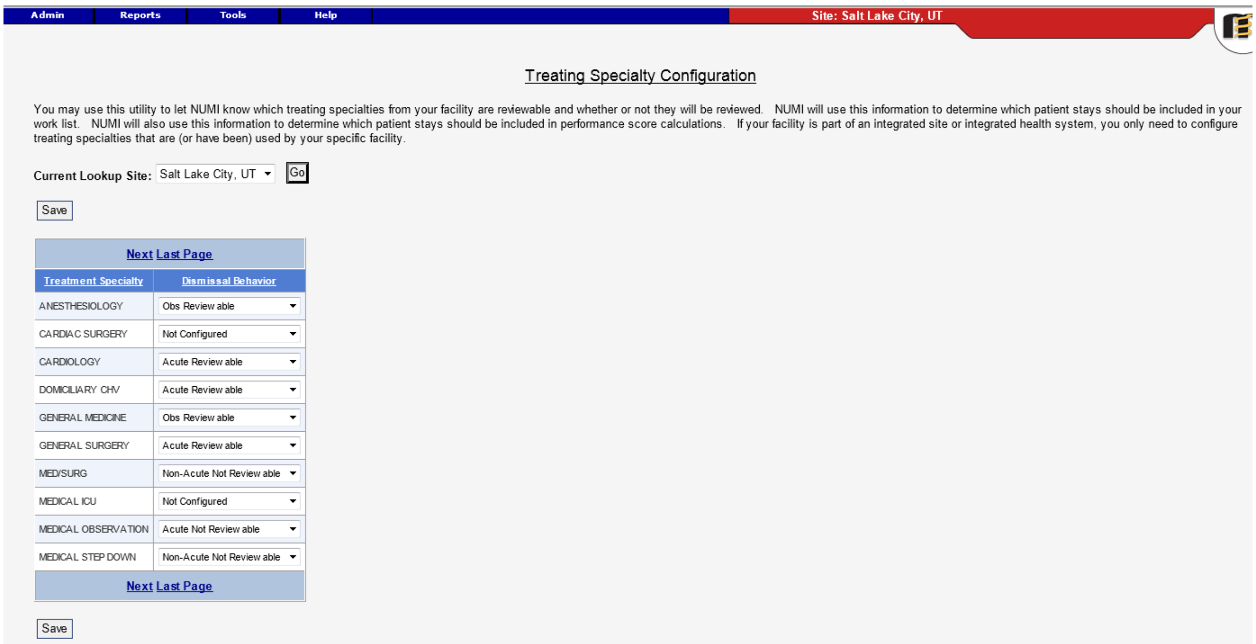


Figure 188: NUMI Treating Specialty Configuration Feature

Under the Admin menu, the “Treating Specialty Configuration” option is available. You must have Site Administrator rights to view this screen. Information viewable on the screen will apply facility-wide.

The Treating Specialty Configuration screen explains, “You may use this utility to let NUMI know which treating specialties from your facility are reviewable and whether or not they will be reviewed. NUMI will use this information to determine which patient stays should be included in your work list. NUMI will also use this information to determine which patient stays should be included in performance score calculations. If your facility is part of an integrated site or integrated health system, you only need to configure treating specialties that are (or have been) used by your specific facility. ” and offers a list of Treating Specialties with accompanying Dismissal Behavior list boxes.

The list boxes are pre-populated with the following choices for Dismissal Behaviors: Not Configurable, Acute Reviewable, Obs Reviewable, Acute Non Reviewable, Obs Not Reviewable, Non-Acute Not Reviewable, and Opting Not to Review. More than one Treatment Specialty can be updated with a new Dismissal Behavior. You may scroll through the current Treatment Specialties/Dismissal Behaviors by clicking the Next, Previous, Last Page or First Page hyperlinks (Figure 188).

To update a Treatment Specialty with a new Dismissal Behavior:

1. Select new behavior(s) from the Treatment Dismissal Behavior dropdown for the corresponding Treatment Specialty (Figure 189).

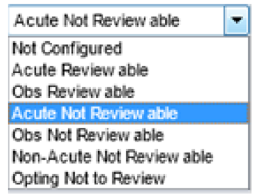


Figure 189: Select Treatment Dismissal Behavior list box

2. *Press* <`Save`>.
3. The choice(s) selected in the dropdowns are accepted.

16 Logging Out of the NUMI Application

The `Logout` option is located on the ***Tools*** menu.

To logout of the NUMI application

1. *Click* on the **Tools** dropdown.
2. *Click* on <`Logout`> option.
3. The ***National Utilization Management Integration (NUMI)***screen will display.
4. *Click* the <Close Browser> button. The message “The Web page you are viewing is trying to close the window. Do you want to close this window?” displays.
5. *Click* <`Yes`> to close the browser window.

17 Online Help Menu

All users can access the most current version of the User Guide from the online ***Help*** menu, located at the top of many NUMI screens. The menu contains an option that, when selected, will take you to the Office of Quality Safety and Value (OQSV) web page where you can find the most current version of this User Guide. If the online help information does not answer your question, first contact your NUMI site POC/Administrator for assistance. If the question is still unresolved, you may log a Remedy ticket.

You may go to the OQSV web page directly by typing this URL in your browser's address line: http://vaww.oqsv.med.va.gov/functions/integrity/um/utilization.aspx

Additional NUMI user documentation can be found at
http://www.va.gov/vdl/application.asp?appid=184

17.1 Selecting the Online Help Menu

To access the online Help feature

1. *Click* on the **Help** menu dropdown (Figure 190).
2.

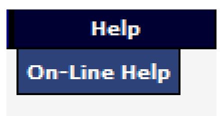


Figure 190: Help Menu dropdown

2. Select the **On-Line Help** option by *clicking* on it, and you will be redirected to the Office of Quality Safety and Value (OQSV) web page (Figure 191).
3. Click on the **NUMI User Guide** option. (Here you will be able to click on a link that will open an electronic copy of this User Guide in its entirety. Or, if you prefer, you can click on individual links to each chapter in the document.)

Figure 191: OQSV Web Page

18 Glossary of Terms

A glossary of UM terms that are relevant to the NUMI application are defined in Table 16.

Table 16: Glossary of Terms

Term	Description
Acute	A level of health care in which the patient's severity of illness and intensity of service can only be performed in an in-patient setting.
Admission Review	An assessment of medical necessity and appropriateness of a hospital admission after the hospitalization has occurred and the patient has been moved to a higher level of care (e.g., from a Ward to MICU). This review is typically performed on admission, within 24 hours following admission or no later than the first business day following the admission. Standardized review criteria must be used to determine the appropriateness of care.
ALOC	Acronym for Alternate Level Of Care
Behavioral Health	Assists in determining initial and successive level of care decisions for psychiatric conditions, chemical dependency and dual diagnosis for individuals at each stage of life, e.g., InterQual® Behavioral Health Criteria.
BH	Acronym for Behavioral Health
CERMe	Acronym for Care Enhance Review Manager enterprise. A Web-based application, made available by McKesson that provides computerized InterQual® templates to field Utilization Management staff.
Concurrent Review	A Behavioral Health review for a patient who has already received an initial review.
Concurrent Review Process	An assessment of medical necessity or appropriateness of services that covers the time period throughout the time of review and the previous 24 hours.
COTS	Acronym for Commercial Off-the-Shelf
CPRS	Acronym for Computerized Patient Record

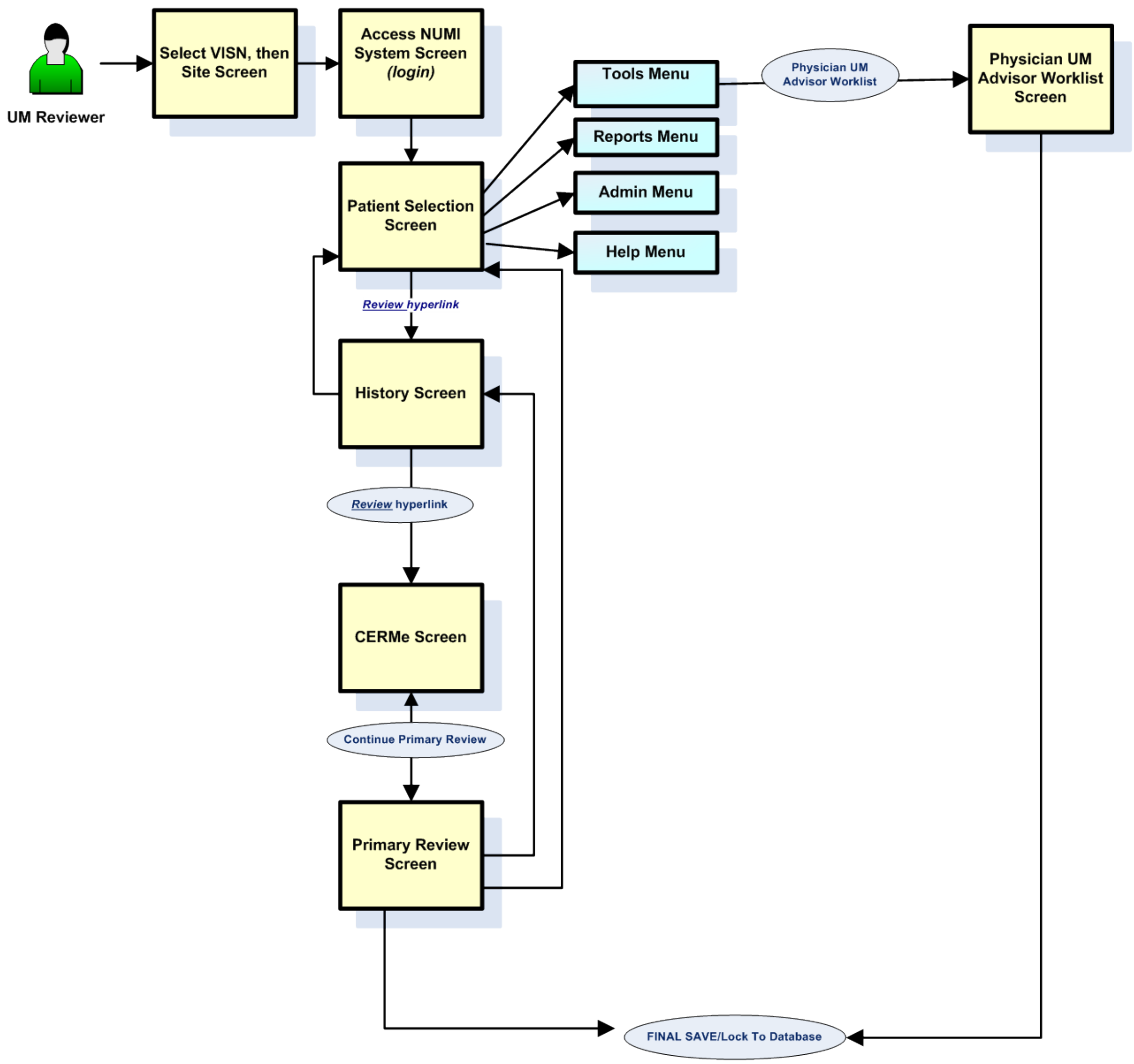
Term	Description
	System
CS	Acronym for Continued Stay
DoD	Acronym for Department of Defense
ECT	Acronym for Electroconvulsive Therapy
Episode Day of Care	A term commonly used to measure the duration of a single episode of hospitalization. Inpatient days are calculated by subtracting day of admission from day of discharge. However, persons entering and leaving a hospital on the same day have a length of stay of one.
ET	Acronym for Eastern Time
FAQ	Acronym for Frequently Asked Questions
G&L	Acronym for Gains and Losses
HIPPA	Acronym for Health Insurance Portability and Accountability Act of 1996
Hospital Admission Review	A review that is performed when a patient first comes into the hospital. All admission reviews should be dated with the actual admission date, regardless of when the review is performed.
HTTP	Acronym for Hypertext Transfer Protocol
IE	Acronym for Internet Explorer
IEN	Acronym for Internal Entry Number
InterQual® Clinical Evidence Summaries	Collection of current white papers that synthesize medical research to support controversial diagnoses, which support second-level medical review recommendations and promote evidence-based standards of care.
InterQual® Criteria	InterQual® is a product of the InterQual® division of McKesson Corporation. InterQual® criteria is used to determine if a patient's hospital length of stay is appropriate. The criteria is based on the diagnoses and any treatments involved in the patient's care.
InterQual® Level of Care Criteria	InterQual Level of Care Criteria address admissions and continued stays across the continuum of care, from acute settings through

Term	Description
	home care and outpatient treatment.
IRM	Acronym for Information Resource Management
Level of Care	Refers to the continuum of care, which includes various intensities of service levels such as acute, rehabilitation, sub-acute, home care and outpatient rehabilitation. See also InterQual® Level of Care Criteria.
LOC	Acronym for Level Of Care
MDWS	Acronym for Medical Domain Web Services
Movement Types	A movement refers to the act or process of moving a sick, injured, wounded, or other person to obtain medical care or treatment. Movement types in NUMI include Admission, Continued Stay, Discharge and Transfer.
National Utilization Management Integration	A Web-based application that automates documentation of clinical features relevant to each patient’s condition and the associated clinical services provided as part of VHA’s medical benefits package.
NQF	Acronym for National Quality Forum
NUMI	Acronym for National Utilization Management Integration
Observation(s)	An alternative level of health care comprising short-stay encounters for patients who require close nursing observation or medical management.
OEF	Acronym for Operation Enduring Freedom
OIF	Acronym for Operation Iraqi Freedom
OIG	Acronym for Office of Inspector General
OQSV	Acronym for Office of Quality Safety and Value
PC	Acronym for Personal Computer
POC	Acronym for Point of Contact
RLOC	Acronym for Recommended Level Of Care

Term	Description
Severity of Illness	The extent of organ system derangement or physiologic de-compensation for a patient. Classified into minor, moderate, major, and extreme. Meant to provide a basis for evaluating hospital resource use or to establish patient care guidelines.
SQL	Acronym for Structured Query Language
SSN	Acronym for Social Security Number
UM	Acronym for Utilization Management
URL	Acronym for uniform Resource Locator
Utilization Management	The process of evaluating and determining the coverage and the appropriateness of medical care services across the patient health care continuum to ensure the proper use of resources.
Utilization Review	A formal evaluation or the coverage, medical necessity, efficiency or appropriateness of health care services and treatment plans for an individual patient
VA	Acronym for Department of Veterans Affairs
VHA	Acronym for Veterans Health Administration
VISN	Acronym for Veterans Integrated Service Network.
VistA	Acronym for Veterans Health Information Systems and Technology Architecture
VSSC	Acronym for VISN Support Services Center

Appendix A – NUMI Screen Flow

Figure 192 illustrates the *basic flow* of the major NUMI screens.



NOTES:

- On the *Primary Review* Screen, only reviews with Don't Meet Criteria status will go to the Physician Advisor Worklist.

Figure 192: NUMI Basic Screen Flow

Appendix B – NUMI Tips for Success

This Appendix contains tips that will help you make the most of working with NUMI.

Remember that each row on the Patient Selection/Worklist is a patient stay. Use the Patient Selection/Worklist to identify your patient stays and the reviews needed. This screen will tell you:

- Time and date of admission
- If the patient is discharged
- When the last review was done
- Whether criteria was met on the last review

Use the Assign Reviewer function. This will make it easier for you to locate your patients on the Patient Selection/Worklist.

When you do a review, NUMI automatically assigns you as the reviewer. If you assign yourself to new admissions in your area of responsibility every day, then you can filter your facility Patient Selection/Worklist by your name, and you will have a complete listing of your active patient stays.

Be diligent with Patient Selection/Worklist "housekeeping."

Every day, dismiss patients in non-acute specialties, such as Nursing Home and Domiciliary, and dismiss patients who are discharged and up to date with reviews. A shorter Patient Selection/Worklist will result in faster response time when you are filtering and sorting the patient stays.

Use your Gains and Losses (G&L) or Ward Roster reports to confirm that all admissions are appearing in NUMI.

Occasionally patient admissions are not picked up by the NUMI synchronizer. When this happens, you can add that patient through the Synch with Vista feature. If you make certain that all admissions are captured every day, your patient stay list will be complete.

Use short cuts and best practices whenever possible.

As you work with NUMI, you will find the workflow that is best for you. Here are some things that are time-savers:

- Navigate around the system using the 4 tabs
- Filter your Patient Selection/Worklist– make sure everyone gets an admission review. They will then be in your list daily until you dismiss them.
- Use the Copy Review function as much as possible…especially after weekends.
- Some people make brief written notes while in CPRS or on the units and enter reviews all at once. Others prefer to toggle back and forth between NUMI and CPRS while doing reviews.

Use Clinical Comments fields strategically.

Enter information in the Clinical Comments boxes that will assist you in identifying critical issues with this stay and jog your memory for future reviews. This is an optional field, if there is nothing notable, leave it blank. For reviews not meeting criteria that will be sent to the Physician Advisor, enter clinical comments that can provide information to help the Physician Advisor understand the Not Met status.

Meet with your Physician Advisor to develop policy and guidelines for reviews. Discuss which types of Not Met reviews should go to the Physician Advisor for review. If there are categories of Not Meeting reviews that the Physician Advisor would consider "Automatic Agree," consider establishing a formal local policy to not send those to the Physician Advisor. Find out what types of clinical comments are helpful to the Physician Advisor.

Use reporting.
There are eight basic report templates. Some are facility aggregates, and some are patient level detail. At day's end, use the patient detail report to print out a summary of your reviews. This is a helpful tool for the following day.

Utilize the training and help resources available. Ask for help when needed.
The NUMI implementation for your facility will include LiveMeeting training classes. Make time to attend them. The UM website will have a NUMI section with helpful tools and resources. Call on the NUMI Trainers for assistance as needed.

Be patient with yourself and the NUMI system.
It takes time to learn how to apply a new tool like NUMI. Expect that you will make mistakes at first. NUMI is in its first version, so there will be new capabilities and changes identified. NUMI enhancements are already in development. NUMI upgrades will be rolling out regularly.

Appendix C – NUMI Terminology

Below are some clarifications to terminology that is used in NUMI.

Primary Reviewer and Primary Reviews

Primary Reviewers may also be known as Nurse Reviewers or UM Reviewers. Whichever descriptor is utilized, this refers to the individual looking at the patient stay and performing the review that determines whether or not the stay meets InterQual® Criteria. In general, NUMI attempts to use the terms Primary Reviewer and Primary Review.

Physician Advisors and Medical Reviews

In cases where the Primary Review does not meet InterQual® Criteria as determined by the CERMe component of NUMI, the Primary Reviewer will be asked to assign a Physician Advisor to perform a medical review of the primary review.

InterQual® and some UM programs make use of a Secondary Reviewer who lies between the Primary Reviewer and the Physician Advisor. In NUMI there is no discreet Secondary Reviewer step -- this is best done by saving a review, and then having the Secondary Reviewer look at it.

CERME vs. CERMe vs. CERM

CERME stands for Care Enhanced Review Manager, McKesson's automation of their InterQual® Criteria -- an industry standard. Per McKesson, it is pronounced "Kermie". The 'E' or 'e' on the end technically refers to the standalone version of CERM, which has its own administrative and reporting tools.

Regardless of how you see it in the application, this refers to the McKesson software embedded within NUMI. References to a "standalone CERME" refer to the correct usage of the CERME (or CERMe) name. There are sites in the Department of Veterans Affairs (VA) that have been using their own standalone instances of CERME without the VistA integration.

Appendix D – UM Admission Reason Codes

Table 17 provides a list of UM Admission Reason Codes and their definitions.

Table 17: UM Admission Reason Codes

UM Code	Code Description for Admission Reviews	Definition for Reason
8.1	**Outpatient Care**	
8.11	Work-up	Work-up
8.12	Pre-op	Pre-op
8.13	Ambulatory surgery	Ambulatory surgery
8.14	Diagnostic study	
8.1401	Ablation/EPS	Diagnostic study
8.1402	Bronchoscopy	Diagnostic study
8.1403	Cardiac Cath Diagnostic	Diagnostic study
8.1404	Colonoscopy/EGD	Diagnostic study
8.1405	CT Scan	Diagnostic study
8.1406	Echo-cardiac	Diagnostic study
8.1407	EEG	Diagnostic study
8.1408	ERCP	Diagnostic study
8.1409	Interventional Radiology	Diagnostic study
8.141	MPI	Diagnostic study
8.1411	MRA/MRV	Diagnostic study
8.1412	MRI	Diagnostic study
8.1413	Nuclear Med Cardiac	Diagnostic study
8.1414	Nuclear Med Non-cardiac	Diagnostic study
8.1415	PET Scan	Diagnostic study
8.1416	Sleep Study	Diagnostic study
8.1417	Stress Test	Diagnostic study
8.1419	Transesophageal Echo	Diagnostic study
8.142	Transthoracic Echo	Diagnostic study
8.1421	Ultrasound (non-cardiac)	Diagnostic study
8.1422	US/CT Guided Procedure	Diagnostic study
8.1423	Vascular Studies	Diagnostic study
8.15	Therapeutic procedure	
8.1501	Infusions	Therapeutic procedure
8.1502	Transfusions	Therapeutic procedure
8.1503	Chemotherapy	Therapeutic procedure
8.1504	Radiation Therapy	Therapeutic procedure
8.1505	Cardioversion	Therapeutic procedure
8.1506	Cardiac Cath w/Intervention	Therapeutic procedure
8.1507	Pacemaker/ICD Implantation	Therapeutic procedure

UM Code	Code Description for Admission Reviews	Definition for Reason
8.1508	Enteral Feeding Tube	Therapeutic procedure
8.1509	ECT	Therapeutic procedure
8.151	PICC Line Insertion	Therapeutic procedure
8.1511	Paracentesis	Therapeutic procedure
8.1512	Thoracentesis	Therapeutic procedure
8.2	**Clinical**	
8.21	Treatment/services	Clinical
8.22	Symptoms/findings	Clinical
8.23	Comorbid conditions	Clinical
8.24	BH patient with medical care needs	Clinical
8.25	Premature Obs. Order	Clinical
8.21	Treatment/services	Clinical
8.22	Symptoms/findings	Clinical
8.23	Comorbid conditions	Clinical
8.24	BH patient with medical care needs	Clinical
8.25	Premature Obs. Order	Clinical
8.3	**Regulatory**	
8.31	Court ordered	Regulatory
8.32	CMS 3 day rule	Regulatory
8.33	APS	Regulatory
8.4	**Social**	
8.41	Self-Care Deficit	Social
8.42	Transportation	Social
8.43	Planned respite	Social
8.44	Homeless	Social
8.5	**LOC Availability**	
8.51	No bed available in RLOC	LOC Availability
8.52	RLOC not provided at facility	LOC Availability
8.6	**Environmental**	
8.61	Adverse Conditions	Enviromental

Appendix E – UM Continued Stay Reason Codes

Table 18 provides a list of UM Continued Stay Reason Codes and their definitions.

Table 18: UM Continued Stay Reason Codes

UM Code	Code Description for Cont'd Stay Reviews	Definition for Reason
18.1	**Outpatient Care**	
18.11	Diagnostic	
18.1101	Ablation/EPS	Diagnostic
18.1102	Bronchoscopy	Diagnostic
18.1103	Cardiac Cath Diagnostic	Diagnostic
18.1104	Colonoscopy/EGD	Diagnostic
18.1105	CT Scan	Diagnostic
18.1106	Echo-cardiac	Diagnostic
18.1107	EEG	Diagnostic
18.1108	ERCP	Diagnostic
18.1109	Interventional Radiology	Diagnostic
18.111	MPI	Diagnostic
18.1111	MRA/MRV	Diagnostic
18.1112	MRI	Diagnostic
18.1113	Nuclear Med Cardiac	Diagnostic
18.1114	Nuclear Med Non-cardiac	Diagnostic
18.1115	PET Scan	Diagnostic
18.1116	Sleep Study	Diagnostic
18.1117	Stress Test	Diagnostic
18.1119	TEE	Diagnostic
18.112	TTE	Diagnostic
18.1121	Ultrasound (non-cardiac)	Diagnostic
18.1122	US/CT Guided Procedure	Diagnostic
18.1123	Vascular Studies	Diagnostic
18.11	Diagnostic	Diagnostic
18.1101	Ablation/EPS	Diagnostic
18.1102	Bronchoscopy	Diagnostic
18.1103	Cardiac Cath Diagnostic	Diagnostic
18.1104	Colonoscopy/EGD	Diagnostic
18.1105	CT Scan	Diagnostic
18.1106	Echo-cardiac	Diagnostic
18.1107	EEG	Diagnostic
18.1108	ERCP	Diagnostic
18.1109	Interventional Radiology	Diagnostic
18.111	MPI	Diagnostic

UM Code	Code Description for Cont'd Stay Reviews	Definition for Reason
18.1111	MRA/MRV	Diagnostic
18.1112	MRI	Diagnostic
18.1113	Nuclear Med Cardiac	Diagnostic
18.1114	Nuclear Med Non-cardiac	Diagnostic
18.1115	PET Scan	Diagnostic
18.1116	Sleep Study	Diagnostic
18.1117	Stress Test	Diagnostic
18.1119	TEE	Diagnostic
18.112	TTE	Diagnostic
18.1121	Ultrasound (non-cardiac)	Diagnostic
18.1122	US/CT Guided Procedure	Diagnostic
18.1123	Vascular Studies	Diagnostic
18.12	**Procedures**	
18.1201	Infusions	Procedures
18.1202	Transfusions	Procedures
18.1203	Chemotherapy	Procedures
18.1204	Radiation Therapy	Procedures
18.1205	Cardioversion	Procedures
18.1206	Cardiac Cath w/Intervention	Procedures
18.1207	Pacemaker/ICD	Procedures
18.1208	Enteral Feeding Tube	Procedures
18.1209	ECT	Procedures
18.121	PICC Line Insertion	Procedures
18.1211	Paracentesis	Procedures
18.1212	Thoracentesis	Procedures
18.1213	Surgical Procedure	Procedures
18.1201	Infusions	Procedures
18.1202	Transfusions	Procedures
18.1203	Chemotherapy	Procedures
18.1204	Radiation Therapy	Procedures
18.1205	Cardioversion	Procedures
18.1206	Cardiac Cath w/Intervention	Procedures
18.1207	Pacemaker/ICD	Procedures
18.1208	Enteral Feeding Tube	Procedures
18.1209	ECT	Procedures
18.121	PICC Line Insertion	Procedures
18.1211	Paracentesis	Procedures
18.1212	Thoracentesis	Procedures
18.1213	Surgical Procedure	Procedures
18.2	**Clinical**	
18.21	Lack of medical necessity	Clinical
18.22	Clinical instability	Clinical

UM Code	Code Description for Cont'd Stay Reviews	Definition for Reason
18.23	Comorbid conditions	Clinical
18.24	BH Patient with medical care needs	Clinical
18.25	ALOC available and appropriate	Clinical
18.26	No documented plan or evaluation	Clinical
18.21	Lack of medical necessity	Clinical
18.22	Clinical instability	Clinical
18.23	Comorbid conditions	Clinical
18.24	BH Patient with medical care needs	Clinical
18.25	ALOC available and appropriate	Clinical
18.3	**Regulatory**	
18.31	Court ordered stay	Regulatory
18.32	CMS 3 day rule	Regulatory
18.34	Guardianship	Regulatory
18.31	Court ordered stay	Regulatory
18.4	**Social**	
18.41	Lack of caregiver	Social
18.42	Transportation	Social
18.43	Planned respite	Social
18.44	Homeless	Social
18.45	Resistance to discharge plan	Social
18.5	**LOC Availability**	
18.51	No bed available in RLOC	LOC Availability
18.52	RLOC not provided at facility	LOC Availability
18.53	Transfer Delay	
18.531	VA Facility	Transfer Delay
18.532	Non-VA Facility	Transfer Delay
18.6	**Enviromental**	
18.61	Adverse Conditions	Enviromental
18.7	**Post-Acute Transition**	
18.71	Placement Issues	
18.711	Financial	Placement Issues
18.712	Administrative	Placement Issues
18.713	Clinical	Placement Issues
18.714	Behavioral	Placement Issues
18.72	Awaiting CLC acceptance	Post-Acute Transition
18.73	Awaiting CLC bed	Post-Acute Transition
18.74	Awaiting community placement	
18.741	VA paid	Awaiting community placement
18.742	Non-VA paid	Awaiting community placement

UM Code	Code Description for Cont'd Stay Reviews	Definition for Reason
18.75	Ineffective discharge planning/process	Post-Acute Transition
18.8	**Scheduling**	
18.81	Delayed diagnostic test	
18.8101	Ablation/EPS	Delayed diagnostic test
18.8102	Bronchoscopy	Delayed diagnostic test
18.8103	Cardiac Cath Diagnostic	Delayed diagnostic test
18.8104	Colonoscopy/EGD	Delayed diagnostic test
18.8105	CT Scan	Delayed diagnostic test
18.8106	Echo-cardiac	Delayed diagnostic test
18.8107	EEG	Delayed diagnostic test
18.8108	ERCP	Delayed diagnostic test
18.8109	Interventional Radiology	Delayed diagnostic test
18.811	MPI	Delayed diagnostic test
18.8111	MRA/MRV	Delayed diagnostic test
18.8112	MRI	Delayed diagnostic test
18.8113	Nuclear Med Cardiac	Delayed diagnostic test
18.8114	Nuclear Med Non-cardiac	Delayed diagnostic test
18.8115	PET Scan	Delayed diagnostic test
18.8116	Sleep Study	Delayed diagnostic test
18.8117	Stress Test	Delayed diagnostic test
18.8118	Swallow Study	Delayed diagnostic test
18.8119	TEE	Delayed diagnostic test
18.812	TTE	Delayed diagnostic test
18.8121	Ultrasound (non-cardiac)	Delayed diagnostic test
18.8122	US/CT Guided Procedure	Delayed diagnostic test
18.8123	Vascular Studies	Delayed diagnostic test
18.82	Delayed Surgery/procedure	
18.8201	Infusions	Delayed Surgery/procedure
18.8202	Transfusions	Delayed Surgery/procedure
18.8203	Chemotherapy	Delayed Surgery/procedure
18.8204	Radiation Therapy	Delayed Surgery/procedure
18.8205	Cardioversion	Delayed Surgery/procedure
18.8206	Cardiac Cath w/Intervention	Delayed Surgery/procedure
18.8207	Pacemaker/ICD	Delayed Surgery/procedure
18.8208	Enteral Feeding Tube	Delayed Surgery/procedure
18.8209	ECT	Delayed Surgery/procedure
18.821	PICC Line Insertion	Delayed Surgery/procedure
18.8211	Paracentesis	Delayed Surgery/procedure
18.8212	Thoracentesis	Delayed Surgery/procedure
18.8213	Surgical Procedure	Delayed Surgery/procedure
18.8201	Infusions	Delayed Surgery/procedure

UM Code	Code Description for Cont'd Stay Reviews	Definition for Reason
18.8202	Transfusions	Delayed Surgery/procedure
18.8203	Chemotherapy	Delayed Surgery/procedure
18.8204	Radiation Therapy	Delayed Surgery/procedure
18.8205	Cardioversion	Delayed Surgery/procedure
18.8206	Cardiac Cath w/Intervention	Delayed Surgery/procedure
18.8207	Pacemaker/ICD	Delayed Surgery/procedure
18.8208	Enteral Feeding Tube	Delayed Surgery/procedure
18.8209	ECT	Delayed Surgery/procedure
18.821	PICC Line Insertion	Delayed Surgery/procedure
18.8211	Paracentesis	Delayed Surgery/procedure
18.8212	Thoracentesis	Delayed Surgery/procedure
18.8213	Surgical Procedure	Delayed Surgery/procedure

Appendix F – Frequently Asked Questions (FAQ)

This Appendix contains a list of Frequently Asked Questions about NUMI:

Getting Started:

Q: What do I need before I start using NUMI?

A: This is what you will need:

- a Windows PC on the VA intranet, running Microsoft Internet Explorer 6.0 (IE6) or higher
  - While it is expected that NUMI will run on your PC without any difficulty, should you experience problems please contact your local IRM for assistance. Many issues can be resolved by changing some settings on the PC. (*See Section 2.1 in the User Guide for more information*).If you are not permitted to change settings yourself due to restrictions at your particular VA site, your local IRM can help you.
- a production VistA account at one site that has CPRS access to that site
  - You only need one "home" login site. Please note that NUMI access is completely separate from access for CPRS and VistAWeb - you will need to arrange for those rights separately. Performing reviews in NUMI without proper additional clinical informatics tools such as CPRS and VistAWeb is strongly discouraged.
- to have your account set up by a NUMI Administrator
  - The rights you will need will depend on whether you are a Primary Reviewer, a Physician Advisor or an Administrator.
- the URL for the NUMI application
  - This will be provided to you after you have attended NUMI training.

Login Error Messages:

Q: I'm unable to login to VistA. I'm getting this message: "Unable to login to VistA. The error was: Device IP address is locked due to too many invalid signon attempts". What should I do?

A: This error means you have exceeded the maximum number of login attempts permitted by your local VistA. When this happens, VistA will lock you out of the NUMI application for 20 minutes. After 20 minutes, VistA will clear your login restriction and you can try to login again. You can also call your IRM support person and ask them to zero out your login attempt count so you can login without waiting for 20 minutes.

Q: During login, after selecting my VISN and site and entering my access and verify codes, a mostly blank screen appears with the site I selected towards the upper left and a "GO" button next to it. Do I need to click the button to proceed?

A: No. In fact, if you click the button you will get an error and have to start the login process over again. Just wait for the screen to paint fully.

Q: I'm unable to login. I'm getting this message: "Verify code must be changed before continued use." What should I do?

A: Your VistA site Verify code has expired and you need to log into VistA. After you enter your

Verify code VistA will ask you to re-enter it and enter a new Verify code, then re-enter it to confirm. After you have successfully logged into VistA you should be able to log in to NUMI.

Warning / Advisory Messages:

Q: I selected a patient stay from the Stay Movement table, but got a warning message telling me that the stay cannot be retrieved from VistA and may be invalid. Why would this happen?

A: This warning may occur because an invalid patient admission was entered, and the record was deleted from the hospital database – but not before it was sent to NUMI. The stay can be deleted from NUMI using the Patient Stay Administration option. However, before deleting anything in NUMI, check CPRS or VistA to verify that the admission or movement is no longer in VistA. The invalid stay message can also appear if NUMI cannot connect to VistA when a reviewer clicks the review link, even if the movement is still in VistA. *(See Chapter 11 in the User Guide for more information about deleting patient stays).*

Q: I selected criteria from the InterQual Criteria screen, but when I clicked the Continue Primary Review button I got this message: "Unsupported review type. Please use another CERMe review". What does this mean?

A: The review is not supported in NUMI. Certain InterQual subsets, such as Behavioral Health Procedure criteria, are not supported in NUMI. You will need to select another review. *(See Chapter 7 [Table 7] in the User Guide to see the list of unsupported criteria).*

Working with the NUMI Screens:

Q: Sometimes clicking on the Patient Stay History screen View link doesn't cause the expected screen to pop up.

A: It is likely that the screen is already up but hidden in back of another screen. You can use alt-tab to move between screens that are already up, or minimize each screen until you see the hidden screen.

Q: The "typing memory" feature seems to have disappeared. Previously, when I typed in something, NUMI would often complete the text and save me from typing the whole thing.

A: This happens if your web browser is upgraded to a new version. The auto-populate feature is wiped out when updates are applied, but will return gradually as you use the browser and NUMI. (If your local IRM policy controls the browser's auto-complete function, this may never be available).

Working with Patient / Attending Information:

Q: I know a patient has been admitted to the hospital and they are in VistA, but I don't see them listed on the Patient Selection/Worklist in NUMI. How can I get them to display?

A: You can manually synchronize NUMI with what is in VistA. Select Manual VistA Synchronization from the Tools Menu. Choose the desired search options and click the Find Stays in VistA button. When the results display, click the checkboxes beside the stays you wish to synchronize and select the Synchronize Stays button. NUMI will now show what is in VistA.

(See Chapter 11 in the User Guide for more information about using the Manual VistA Synchronization option).

Q: I have a patient on the list whose listed Attending Physician is different than the actual Attending. Is this supposed to be so?
A: When that happens, it is because it was entered inaccurately on the unit or in Admissions. When you put in your review, you can correct this by selecting the correct Attending from the drop-down box on the Primary Review screen. *(See Chapter 8 in the User Guide for more information about how to change the Attending Physician).*

Q: While waiting for a patient's information to load after selecting a stay, if I click on another button, I get an error message and have to start over again.
A: Please be patient and wait until NUMI responds to a click or other command. Clicking multiple times before the system responds will produce an error.

Q: I changed the Attending on the Primary Review Summary screen - so why doesn't my change show up on the Patient Selection/Worklist?
A: That is because it is showing you the values from VistA.

Q: On the patient list under Wards, there is no option to select surgical patients. I have various areas that are not showing up on that list (i.e., one of my CLC units; 3B Observation). How can I get this information?
A: The Ward list will be populated as movements for those wards occur. It may be that no surgical patients had been picked up yet, and that existing patients hadn't been picked up by the overnight synchronizer because there weren't any qualifying movements. This will be a common phenomenon when NUMI is first up and running. If you know you're missing someone, use the manual synchronizer (Sync With VistA) feature of NUMI, to get that patient's information. If they are on the missing ward, that ward will also be added to the database. (*See Chapter 11 in the User Guide for more information about using the Manual VistA Synchronization option).*

This isn't a problem that you need to contact your Help Desk team about. It is just a one-time initial condition that can cause some confusion. It is very similar to the example of a long-term care patient who hasn't had a movement since NUMI started running, and doesn't show up in the database.

Q: Patient stays seem to be either disappearing from the Patient Selection/Worklist or never appear. What should I do?
A: You can always use the Manual VistA Synchronization option to restore them. You might also want to check with other UM reviewers to find out what when and how they dismiss patient stays. It is important to use filtering on the Patient Selection/Worklist to make sure no one dismisses another reviewer's stays. It is also important to regularly dismiss stays that won't be reviewed to clear up screen clutter and keep NUMI response time reasonable, so UM reviewers should have a procedure for regularly dismissing stays. If you aren't seeing patients that you expect to see, check to see which filters are currently applied to your Patient Selection/Worklist. To see a complete list of the patient stays on the List, uncheck all of the filter boxes and click on the GO button at the top of the screen. This will generate a complete list of the patient stays at

your facility. Another way to check for patient stays is to look at the ***Patient Stay Administration*** screen and see if the stay was invalidated because it [temporarily] couldn't be found in VistA. (*Follow the instructions for restoring a stay, as described in Section 11.7.3 of the User Guide*).

Q: A patient was admitted and has been in the hospital for a while, but does not appear on the Patient Selection/Worklist. Why does this happen and what can I do?
A: The automatic midnight and hourly synchronization occasionally does not synchronize a patient movement, due to timing and network problems. Check CPRS, G&L report, and ward rosters to identify any missing patients. Use the Manual VistA Synchronization feature to add a patient. Also, some patients may have been admitted prior to, and haven't had a movement since, the inception of NUMI.

Q: Does resynching with VistA overwrite NUMI data?
A: Resynching with VistA will always update the stay data, but review data will not be overwritten.

Q: A patient admission was on the G&L but does not appear in VistA as an inpatient.
A: The admission may have been removed from VistA or the hospital's PIMS staff may be editing the movement record at the same time you are trying to access it. Use the Synchronize with VistA option to select the patient and bring the data to NUMI.

Q: Is there a way to pull up data for Admitting Physician?
A: VistA patient movement data does not include Admitting Physician. In NUMI, you can select the Admitting's name in the Admitting's name on the Primary Review screen.

Working with Patient Stays:

Q: How can I tell who dismissed a patient?
A: The information will come up on the Dismissed Patient Stays screen. You can get to this screen by selecting Dismissed Patient Stays from the Tools Menu. *(See Chapter 11 in the User Guide for more information about using the Dismissed Patient Stays option).*

Q: Do you have any suggestions for how to go about finding and dismissing Discharged, Nursing Home, and Domiciliary patients?
A: If you have Administrative privileges, you can set up the Treating Specialty Configuration to automatically dismiss these treating specialties. See Section 15.3 for further instructions.

Q: Physicians report receiving several notifications on the same stay for patients admitted Friday night.
A: It isn't that the patient is showing up multiple times, it's a notification for each day. Every review that doesn't meet criteria will go on the physician's list. It should be explained to the physicians that they do have to review them.

Q: I need to take over reviewing a patient stay that another reviewer had been working on, and this involves changing a review previously saved.
A: If it is appropriate to change a saved review, you can ask your site NUMI POC/Administrator

to unlock it. Any reviewer can unlock their own saved reviews, but not a review saved by another reviewer.

Working with Reviews:

Q: If one of my reviews is locked and I need to edit it, do I need to delete and restart everything?

A: No. You can unlock the review by selecting the Utilization Management Review Listing from the Tools Menu. Click the Reviewer dropdown and your name will appear in the list, by default. Click the Find button and a list of your reviews will display. Click the patient's hyperlink name beside the review you wish to edit to open the review summary. Click the Unlock button. You now have the option to re-review this day again. Remember to select the Final Save button when you are finished with the review. *(See Chapter 13 in the User Guide for more information about Unlocking reviews).*

Q: Is there a way to complete more than one review at a time in NUMI?

A: No. Only 1 review can be completed at a time. However, you can create *consecutive* reviews by using the Copy Review feature to copy a completed review multiple times [versus creating a new one from scratch each time]. *(See Chapters 8, 11 and 14 in the User Guide for more information about copying a Review*).

Q: Can you clarify the Reason Codes? What are my options?

A: You will find the list of Admission and Continued Stay Reason Codes in Appendices D and E of the User Guide, respectively.

Q: Do we need to review Observation Admissions? If we remove them, will it negatively impact our report stats?

A: Observation Admissions do not need to be reviewed in NUMI at this time. Your reports will not be impacted.

Q: I'm having trouble when trying to do a retrospective review because it's hard to remember which days have been reviewed and which is next to be reviewed.

A: On the Primary Review screen, use the gold "Show Reviews" bar that you can click to show the reviews already done for that patient/stay. You can also click on the "View" link for each completed review to see its details in a pop-up window.

Q: Physician reviewers are saying they are spending too much time finding the review information.

A: The more descriptive the UM reviewer can be in their Reviewer Comment field, the easier it is for the physician. You can enter up to 4000 characters that will appear on the physician review screen, and then the physician only needs to agree or disagree and do a final save to remove the patient from the worklist. (Physicians may find it useful to look at the CERMe criteria decision tree at the bottom of the screen).

Q: What can I do to decrease the time I spend entering reviews into NUMI?

A: First, stays that do not need reviews should always be dismissed each morning, if they have not been automatically dismissed by the system. Reviewers can use the Reviewer filter, whenever possible. When doing multiple reviews for the same patient, when not copying an existing review, go back to the Patient Stay History page rather than the Patient Selection/Worklist to save some of the longer load times in NUMI. You may prefer to use filters versus sorting. One recommendation is that you first check to see that you have all your patients on the Patient Selection/Worklist. If you are missing a patient or two, go to the Tools Menu, select Synch with VistA, and synchronize any missing patients before beginning your reviews for that day. This will cut down on the disruption of your workflow and ensure that you have all of your assigned patient stays.

Working with Reports:

Q: On those reviews not meeting criteria AND not needing to be sent to a Physician Advisor (e.g., : patient is in ICU, awaiting an acute care bed; or a placement problem), do they ultimately get recorded as "approved" or "not approved" if the box is checked? For reporting purposes, how will they break out?

A: In NUMI, there is no "approved" or "not approved" category. All reviews that go to the Physician Advisor are returned as "Agree with the current level of care" OR "Disagree with the current level of care." A patient review can be exempted from the physician review process through formal hospital policy. All patient reviews not meeting criteria that are automatically exempt are recorded in the NUMI database as Agree with the current level of care. These reviews will be included in all NUMI reports.

Q: If data, such as Attending Physician, is corrected within NUMI, will the corrected value be used on NUMI reports?

A: Yes. The next time you generate the reports they will reflect the correct Attending Physician's name. These changes are NOT reflected in VistA, because NUMI has READ-ONLY access to VistA.

Working with Text Boxes:

Q: How many characters can I type in the various text boxes in the NUMI application?

A: The maximum characters that can be typed into the various text boxes are listed below.

- Primary Review Screen
  - Criteria Not Met Elaboration Box is 100 characters
  - If "Other" is selected from the Current Level of Care dropdown, users will be required to enter a description. The maximum number of characters allowed is1,000.
  - If "Other" is selected from the Recommended Level of Care dropdown, users will be required to enter a description. The maximum number of characters allowed is1,000.
  - The maximum number of characters allowed in the Comments field is 4,000
  - The maximum number of characters allowed in the Custom field is 25

- Physician Advisor Worklist Screen
  - If "Other" is selected from the Agree (with Current Level Of Care) dropdown, users will be required to enter a description. The maximum number of characters allowed is 1,999.

- If "Other" is selected from the Disagree (with Current Level of Care) dropdown, users will be required to enter a description. The maximum number of characters allowed is 1,999.

- Miscellaneous

If "Other" is selected from any other dropdowns (e.g., Stay Reasons), users will be required to enter an explanation. The maximum number of characters allowed is 500.

Appendix G – NUMI Review – Screens Encountered

Figure 193 illustrates the major screens that are encountered when doing a review in NUMI.

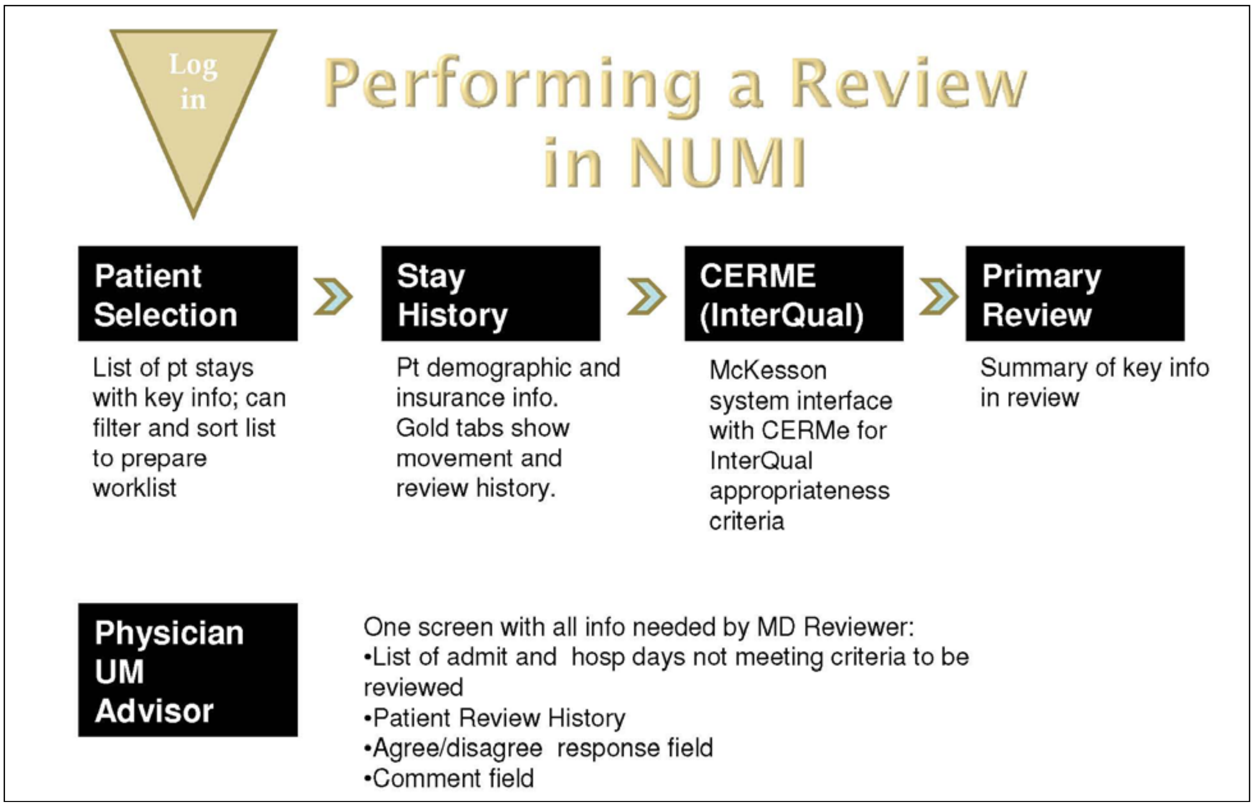


Figure 193: Screens Encountered during NUMI Reviews