

Meditech Coder Training Guide

Preamble:

Meditech's new software for Alberta Health Services is moving to version 5.67. This software is quite different in look and feel from all previous versions. There is more point and click functionality though in most cases the keystroke shortcuts do still work (example, F12 for "okay" or F9 as a lookup). The following graphic illustrates that some function keys, in combination with the <Shift> keys, can perform two functions.

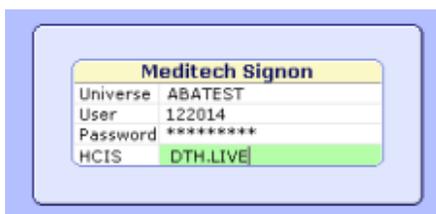
Shift		<u>Field</u>	<u>Level</u>	<u>Help</u>	<u>E-mail</u>	<u>Print</u>		<u>Prev</u>	<u>Prev</u>	<u>Next</u>		<u>Suspend</u>		
	Esc	F1	F2	F3	F4		F5	F6	F7	F8	F9	F10	F11	F12
Non-Shift	<u>Exit</u>	<u>Routine</u>	<u>Ref</u>	<u>Print</u>	<u>Pref</u>		<u>Get</u>	<u>Next</u>	<u>Next</u>	<u>Prev</u>	<u>Lookup</u>		<u>Save</u>	
		<u>Level</u>	<u>Help</u>				<u>Sec</u>	<u>Pg</u>	<u>Req</u>					

The "Email" function is not used in Alberta Health Services. We use Outlook, not Meditech, for email.

Using the software:

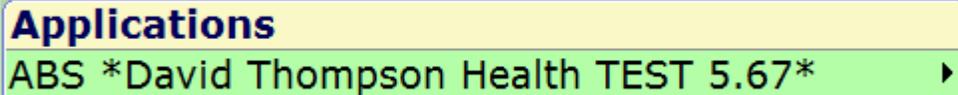
As in previous versions, double click on the desktop icon (applications), (Myapps), or Meditech Alberta. You should then see the Meditech Signon. There should be no change in how you access Meditech currently. Ie. Citrix (thru apps) vs 3Tier (on your desktop)

You will see immediately the new look of the software. The universe will be defaulted to the zone you work for and as usual we enter our username and password. The HCIS is also defaulted to whatever HCIS you work for ie. DTH.LIVE, ECH.LIVE - simply press the "enter" key to proceed once all sign on fields are completed. If you have access to more than one HCIS, using your F9 lookup key will allow you to select the HCIS you would like to work in.

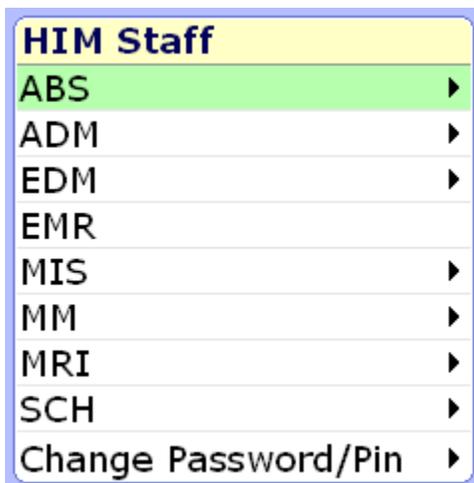


Meditech Signon	
Universe	ABATEST
User	122014
Password	*****
HCIS	DTH.LIVE

At this point we are presented with our only choice, to sign into the Abstracting (ABS) module. We do this now by using the RIGHT ARROW key to expand the entry, or the ENTER key. We know that there are subdirectories or further options to be found under this entry, as there is an arrow pointing to the right.

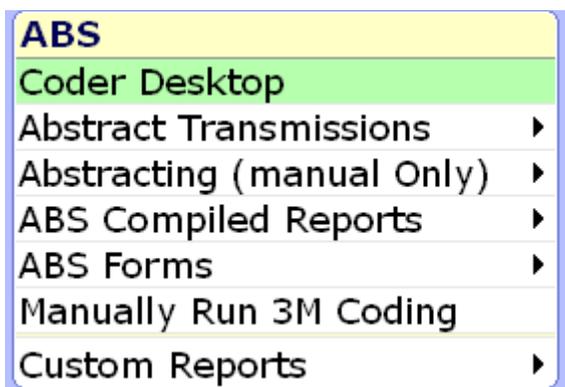


As we sign into the MIS module we see another subdirectory. All routines that originate within these applications will be found under there specific module.



ABS = Abstracting
ADM = Admissions
EDM = Emergency Department Module
EMR = Electronic Medical Record
MIS = Medical Information System
MM = Material Management
MRI = Medical Record Index
SCH = Community Wide Scheduling
ITS = Imaging and Therapeutics

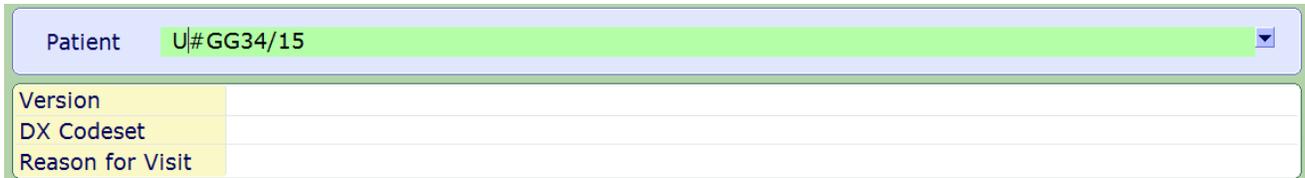
As we sign into the ABS module, we are presented with all the routines housed in ABS.



The first option, Coder Desktop, is where you will begin abstracting.

Meditech Coder Training Guide

You will notice that rather than a new routine opening up in the same window, an entirely new window opens up. As seen in the image below, the top of the screen contains a line where there is a prompt to enter the patient. In ABS, this space is asking for an account number. As in previous versions of Meditech, at this point we can search by any number of methods. Patient account number, chart number (this search must be prefaced by a U#), name, PHN (which must be prefaced by a #), etc.



For this unit number (aka chart number), there are five visits as shown. The details of the highlighted visit (green) are shown at the top of the screen. Simply click on the visit you wish to select (or press the up and down arrow keys followed by “enter”).

Account Num	Name	Dis Dt	Med Rec Num	ABS Status	Patient St
HT0000121/15	UDOE FURIOUSDWARF,MARCO SLEEPY	20/01/15	GG00050738	NONE	ER
GG0000034/15	UDOE FURIOUSDWARF,MARCO SLEEPY	26/01/15	GG00050738	FINAL	IN

Birthdate	29/10/1948	Disch Disposition	AAC
Age/Sex	66 M	CMG	727
Patient Class	DRDHIP	Length of Stay	6
Financial Class	AHC	Client	
Admit Date	20/01/15		

It is recommended however, if you enter the account number – a direct hit will be received to the visit you want to abstract.

The high level information for the visit you’ve selected now displays along the top of the window. Account number, chart number, admit and discharge dates are shown.

Udoe Furiusdwarf, Marco Sleepy 66/M	Account Num: GG0000034/15 Med Rec Num: GG00050738 ABS Status: FINAL	Patient Class: DRDHIP Adm Date/Time: 20/01/15 1336 Dis Date/Time: 26/01/15 0855
Patient GG0000034/15 - UDOE FURIOUSDWARF,MARCO SLEEP		
Version	CMG 2012C	
DX Codeset	ICD10-CA	
Reason for Visit	Fracture Femur	

Along the right hand side of the window you can see the various options that are available to perform from this screen once the patient is selected. If the button is not highlighted, we are either not able to access or we do not use. This may vary between zones.

Process ABS takes us to the Process Abstract routine in ABS.

Projects is where the Meditech entered projects can be viewed on finalized accounts simply by clicking on this button. I.e. OBSTETRICS, NACRS, etc.

Basic Option and Special Studies – are similar to projects depending on how they have been setup in your HCIS. These may be lit if you had previously had a study of some kind. The only zone currently is the North that uses the Basic Option.

ABS Inquiries will allow you to print reports to inquiry about edit transactions, late edits, ignored edits, abstract checks, etc...

Rec Sign Out – Signing out a record
Rec Return – Returning a record
 The **Rec Inquiry** button is where we find information on the chart's location. This button can be accessed without the need to start a separate MRI session.



Demo Recall will display all the demographic information, as previously seen in MRI and can be accessed without starting a separate MRI session.

And finally, the **EMR** button is a link to EMR for the patient displayed.



For information on EMR, please refer to the EMR manual, all other functions are explained below

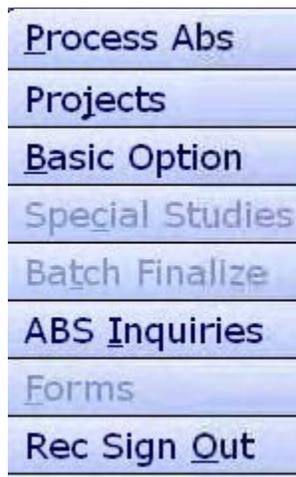
More screen shots regarding Non ABS routines can be found at the end of this manual.

Process ABS:

This is our new starting point for coding and abstracting in Meditech. We are using the ABS routines now as this is the home of coding. ABS is not facility specific so we are able to pull up any account from any site depending on access. If you are not able to access an account from another facility within the same HCIS – please contact your Meditech SuperUser.

If your zone/site uses the “Manually Run 3M coding” – this will need to be started before proceeding to abstract. The encoder must be started within the same session in order for it to work. . If your zone has been setup to launch automatically, you will receive a message that the encoder does not need to be started manually.

Toggling the F8 key will activate quick keys. These quick keys can be used on your keyboard rather than using your mouse. An underline will be placed under the quick key. I.e. P for process ABS, B for basic option, I for inquiries, etc.....



This works in both the NACRS and DAD abstracts.

INPATIENT/DAD ABSTRACT:

In this screen you'll see that all the buttons in the right hand side bar are "greyed" out to indicate they are not available. What is displaying is the patient abstract as if we were using Meditech to abstract the patient. Along the top of the screen, the page tabs are available, you can see "DAD Data" is white, indicating this is the current tab (or page) of the abstract we're on. The DAD Data displays basic information for this patient.

Udoe Furiousdwarf, Marco Sleepy 66/M		Account Num: GG0000034/15 Med Rec Num: GG00050738 ABS Status: FINAL	Patient Class: DRDHIP Adm Date/Time: 20/01/15 1336 Dis Date/Time: 26/01/15 0855																																							
<div style="display: flex; justify-content: space-between;"> <div> DAD Data Physicians 3M Encoder Grouping Trans Svcs Mult Op Ep Projects </div> <div> Other Data Ther/SCU/S Stillborn Statuses VW Fin VW NB Data View EMR </div> </div>																																										
<table border="1"> <tr><td>Admission</td><td>20/01/15</td><td>1336</td></tr> <tr><td>From Institution</td><td></td><td></td></tr> <tr><td>Admit Category</td><td>UR</td><td></td></tr> <tr><td>Entry Code</td><td>ER</td><td></td></tr> <tr><td>Admit by Amb</td><td>N</td><td></td></tr> <tr><td>Amb Call Num</td><td></td><td></td></tr> <tr><td>Arrival Mode</td><td>O</td><td></td></tr> <tr><td>Readm Code</td><td></td><td></td></tr> </table>		Admission	20/01/15	1336	From Institution			Admit Category	UR		Entry Code	ER		Admit by Amb	N		Amb Call Num			Arrival Mode	O		Readm Code			<table border="1"> <tr><td>Dis Date Time Unk</td><td>26/01/15</td><td>0855</td></tr> <tr><td>To Institution</td><td></td><td></td></tr> <tr><td>Discharge Disp</td><td>AAC</td><td></td></tr> <tr><td>SCU In OR</td><td></td><td></td></tr> <tr><td>Left ED Time Unk</td><td>26/01/15</td><td>1003</td></tr> </table>		Dis Date Time Unk	26/01/15	0855	To Institution			Discharge Disp	AAC		SCU In OR			Left ED Time Unk	26/01/15	1003
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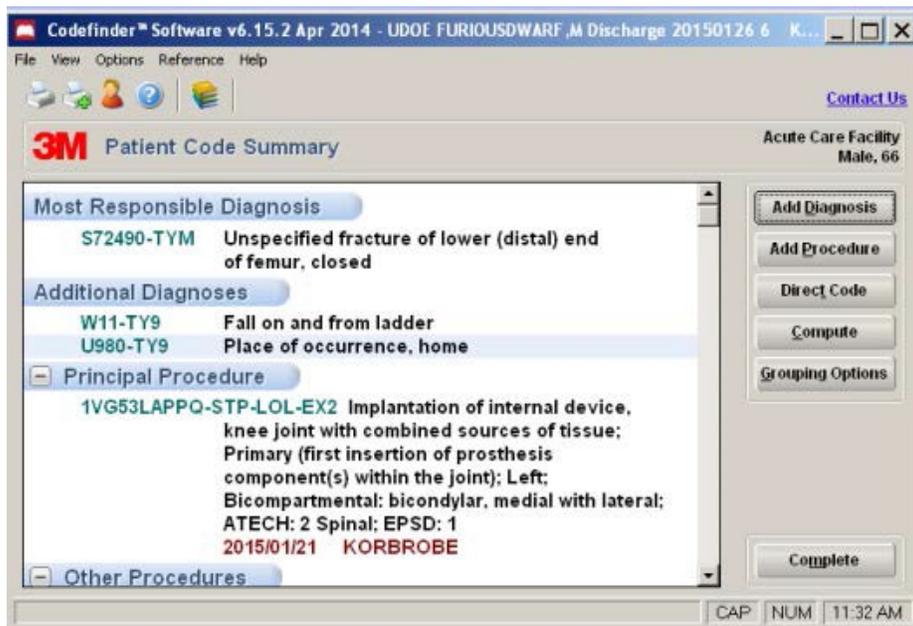
The order of the screens and names of the buttons at the top will vary depending on the HCIS you are working in, but all the screens themselves are identical.

The button/screen Physicians is where we will find the information related to the physicians that are entered in ADM for the patient. These will cross to ABS on the top portion of the below screen shot. The bottom portion where NUM 1,2,3 is where we would indicate all physicians responsible in the patients care for this visit.

ER Physician	RAWLPETE	Rawlek, Peter
Primary Care Physician		
Admit Physician	RAWLPETE	Rawlek, Peter
Family Physician Name Unk	HYDEMAND	Hyde, Mandy Michelle

Physicians			
Num	Physician	Specialty	Type
1	KORBROBE	ORTSUR	MRP
2	RAWLPETE	ER	AP
3	MULDJEFF	FAM	CP

The **Encoder** and **Grouping Button/ Screen** will launch in the order in which they are displayed at the top of your screen. Once the codes come back we can simply press next as all the info in the grouping screen will have populated from the encoder.



DAD Data	Physicians	3M Encoder	Grouping	Trans Svcs	Mult Op Ep	Projects
Other Data	Ther/SCU/S	Stillborn	Statuses	VW Fin	VW NB Data	View EMR
CMG Source	OTH VEND		Disch Disp	AAC		
Alt Desc Group			CIHI File Version	CIHI 2014		
Dx	Pre	Type	Alt	CI	Dx Name	
1	S72.490		M		Unspec fx low (distal) end of femur	
2	W11		E		Fall on and from ladder	
3	U98.0		E		Place of occurrence, home	
Procedure	Alt	Name		Op	Line	Tape
1	1.VG.53.LAPPQ	Implant tri comp prosth knee O		1	10	1
2	1.VC.74.LANW	Fix femur OA &plate/scrw		1	20	2
3						
Service						
Days						
Dx						
Pre						
Suf						
Name						
CMG Desc	\$	RIW	727	Fixation/Repair Hi...	0.00	
MCC			19	TRAUMA, INJURY POISONING & TOXIC EFFECT		
CC Level	Surg	ELOS	Atyp	Trim	ALOS	
					6.7	00 20
CMG Age Cat	Flagged Interv	Inp RI Level	S		0	1
Intervention Event Count	Intervention OOH Count		1		0	
CMG Status	Admit	Inter	Final	A	727	

Should the screen/button at the top not immediately launch for you as you tab/enter thru the desired fields – it may cycle thru the same screen and then you will be required to press the next button located at the bottom of your screen.



The button/screen **Trans Svcs** is where we enter the service and subservices of the patient.

Version	CMG 2012C
Alt Desc Group	

Num	Service/Specialty	Sub Service	Days	
1	SUR		6	GENERAL SURGERY
2				
3				
4				

Doctor	
Dr Service	ORTHOPEDIC SURGERY
Dx	
Pre	
Cluster	
Name	

The button/screen **Mult Op Ep** is where the procedures will populate back from the encoder. Any extra fields not entered thru the encoder will need to be entered here. Similar to all other screens, in order to see the data specific to that line, the line needs to be highlighted. You can see in the screen shot below, the information related to 1.VG.53.LAPPQ is identified just below. I.e. Start and end time, Attributes, anesthetist, anesthetic technique.

Alt Desc Group	
Version	CMG 2012C

Line	Op	Date	End Date	Procedure	Surg	OR Rm
10	1	21/01/15	21/01/15	1.VG.53.LAPPQ	KORBROBE	OR
20				1.VC.74.LANW	KORBROBE	

Beg Unk End Unk	0800	0930
PreAdm Unpl		
Status	P	
Locn	L	
Extent	2	
Service	ORTSUR	
Tissue		
OOH Inst		
Anesth	CRANJAME	
Tech	S	

The Next button/screen **Projects** is where all projects related to Inpatient data is entered. Ie. Transfusion, PROJ311, Obs, etc.....

Projects do not automatically display but rather we have to press F9 at the green highlighted line or press the down arrow button (as indicated by the red pointer).

Project		▼
Last Edit		
Last User		



After performing a look up at the “Project” line, you will be presented with any projects available in Meditech. If there is already data entered Under a project, the “Y” will be present in the “Has Project” field. We then press enter or click on the green line to see the project data displayed.

Mnemonic	Name	Has Project
CCMHBIHSE	Centennial Centre Houses	
NACRS	Referral Source	
NACRS2	Sport Rec Proj & Domestic Viol	
NEWBORN	Newborn Breastfeeding	
OBSTETRICS	Reproductive Care (delivered)	
ORGAN	Organ Harvesting - Project 202	
PROJECT311	Project 311	
PROJECT601	Incomplete Chart Project	Y
PSYCH STAT	Psychiatric Status	
TRANSFUSE	Blood Transfusion Project	Y

The project data for this abstract is presented below. Each instance is treated on a separate page, so if all the queries do not fit on one page to see the next set of queries we have to press the right arrow beside “Goto” in order to move to the next page. For this query, there is only one page, so the “Go to” does not display at the very bottom.

Project	TRANSFUSE
Last Edit	29/01/15
Last User	122014
Did Patient Receive a Transfusion?	N
Patient Received Autologous Transfusion	

	Start	Time	Unk	End	Time	Unk	Hours	Location
1	16/01/15	1200		20/01/15	1336		1	DRDHER
2	20/01/15	1336		26/01/15	0855		101	DRDHCC2
3	20/01/15	1205		20/01/15	1336		1	

Spec Care	RDHICUM
Name	INTENSIVE CARE
ABS	

Under the **VW NB Data** button, information is displayed pertaining to the mother/newborn data as seen in the image below. In the example we're using, an obstetric chart, we can see under the "VW NB Data" tab the baby's information.

---- Newborn Data ----							
Account Num	Med Rec Num	Apgar(1)	Apgar(5)	lb	oz	gr	Vent Days
GG0010091/14	GG00051575					2415	

The **VWFin** button displays the insurance and payment information for the patient's stay. In this instance, the PHN is displayed for the patient as well as the insurer (AHC) and financial class (AHC).

Fin Class	AHC	B/AR Status	Last Updated		
Chg Cat	Qty	Amount			
Charge Total					
Ins	Pol Num	Expected	Received	Adjust	Balance
1	AHC	886033214			

We are no longer able to make edits to the financial screen directly in ABS. All edits, if required, will need to be done thru the ADM module.

The **Stillborn** tab is where stillborn data is entered if applicable.

Stillborn Num	1		
Version	CMG 2012C		
Alt Desc Group			
*Sex	M	*Service	SB
*Date of Birth	31/10/2014	Sub-Service	
*Time of Birth	0955	*Doctor	CASSIREN
*Weight	1940	*Dr Service	OB
*Entry Code	SB		
Autopsy Code			
Coroner			
*Admit by Ambulance	N		
Ambulance Call Num			
Arrival Mode	O		
	Dx	Pre	Type
1	P95		M
2			
3			
4			
			Cl
			Name
			Fetal death of unspecif

The **Statuses** tab is where we finalize the abstract as per usual.

CIHI Overflow			
CMG	727 Fixation/Repair Hip/Femur		
RIW When Grouped	1.6103	Trim	20
Atp When Grouped	00	ALOS	
		ELOS	6.7
CMG Status	A	RCR Coder	
Coder	122014	RCR Location	
CMG Status Date		RCR Attend Phys	
Location	DRDHCC2	RCR Status	
		RCR Abstractor	
		RCR Status Date	
		RCR Visit Saved in	
*Abstract Status	FINAL		
Abstractor	122014		
ABS Status Date	27/01/15		

To back out of the Process ABS screen, simply press the cancel button at the bottom of the screen, or “X” out by clicking the “X” in the upper right hand corner to close the window. Next will take you to the next screen/tab if the flow is not automatic and Save – Saves the data as per usual as does F12.



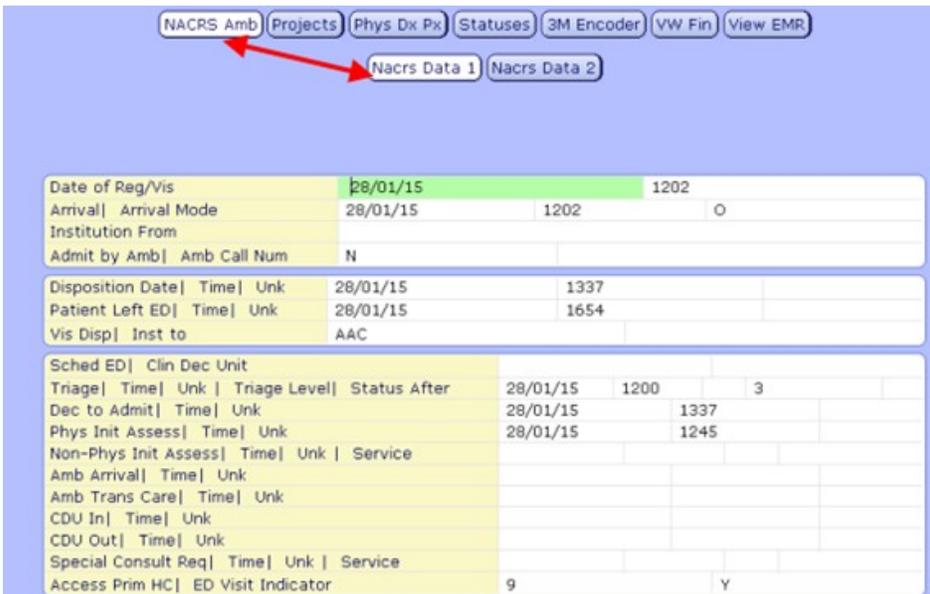
Once the abstract has been finalized, a display of your abstract and summary of the data that has been entered will appear. At the bottom of the screen there is an icon–



Pressing this icon will allow you to enter the next account number/patient to abstract.

NACRS ABSTRACT:

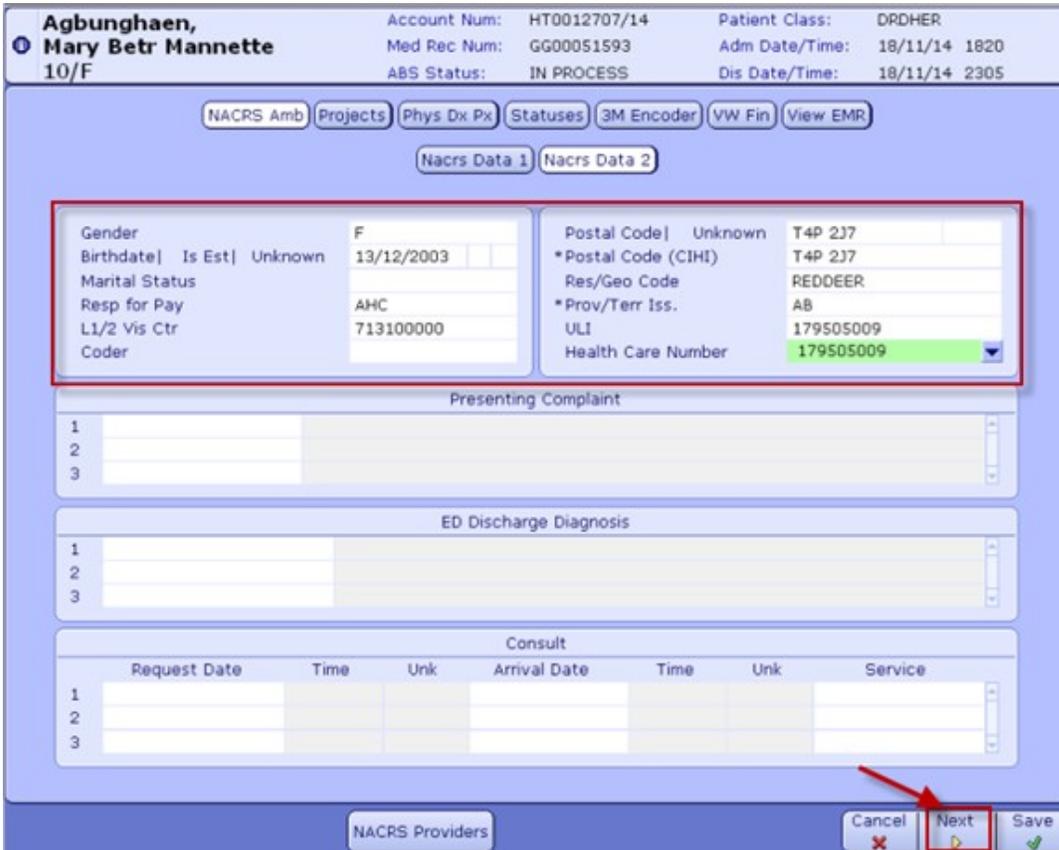
The view for the NACRS abstract is identical to the Inpatient abstract with the exception of the various different screens. When you enter the account number, the following will display, which is the **NACRS AMB – Nacrs Data 1** screen, as highlighted in white:



NACRS Amb		Projects	Phys Dx Pk	Statuses	3M Encoder	VW Fin	View EMR
Nacrs Data 1		Nacrs Data 2					
Date of Reg/Vis	28/01/15	1202					
Arrival Arrival Mode	28/01/15	1202	O				
Institution From							
Admit by Amb Amb Call Num	N						
Disposition Date Time Unk	28/01/15	1337					
Patient Left ED Time Unk	28/01/15	1654					
Vis Disp Inst to	AAC						
Sched ED Clin Dec Unit							
Triage Time Unk Triage Level Status After	28/01/15	1200	3				
Dec to Admit Time Unk	28/01/15	1337					
Phys Init Assess Time Unk	28/01/15	1245					
Non-Phys Init Assess Time Unk Service							
Amb Arrival Time Unk							
Amb Trans Care Time Unk							
CDU In Time Unk							
CDU Out Time Unk							
Special Consult Req Time Unk Service							
Access Prim HC ED Visit Indicator	9	Y					

When all fields have been abstracted, and you complete the last field (ED Visit Indicator), the next screen automatically pops up/

Nacrs Data 2 screen: Information is abstracted in the first two boxes only. This screen will require you to press the Next button to continue the screen flow, otherwise it will continue to loop thru this screen when you press enter/tab. Coder number is not required on this screen.



Agbunghaen, Mary Betr Mannette
10/F

Account Num: HT0012707/14 Patient Class: DRDHER
Med Rec Num: GG00051593 Adm Date/Time: 18/11/14 1820
ABS Status: IN PROCESS Dis Date/Time: 18/11/14 2305

NACRS Amb Projects Phys Dx Px Statuses 3M Encoder VW Fin View EMR

Nacrs Data 1 Nacrs Data 2

Gender	F	Postal Code	Unknown	T4P 2J7
Birthdate	13/12/2003	*Postal Code (CIHI)		T4P 2J7
Marital Status		Res/Geo Code		REDDEER
Resp for Pay	AHC	*Prov/Terr Iss.		AB
L1/2 Vis Ctr	713100000	ULI		179505009
Coder		Health Care Number		179505009

Presenting Complaint

1	
2	
3	

ED Discharge Diagnosis

1	
2	
3	

Consult

	Request Date	Time	Unk	Arrival Date	Time	Unk	Service
1							
2							
3							

NACRS Providers Cancel Next Save

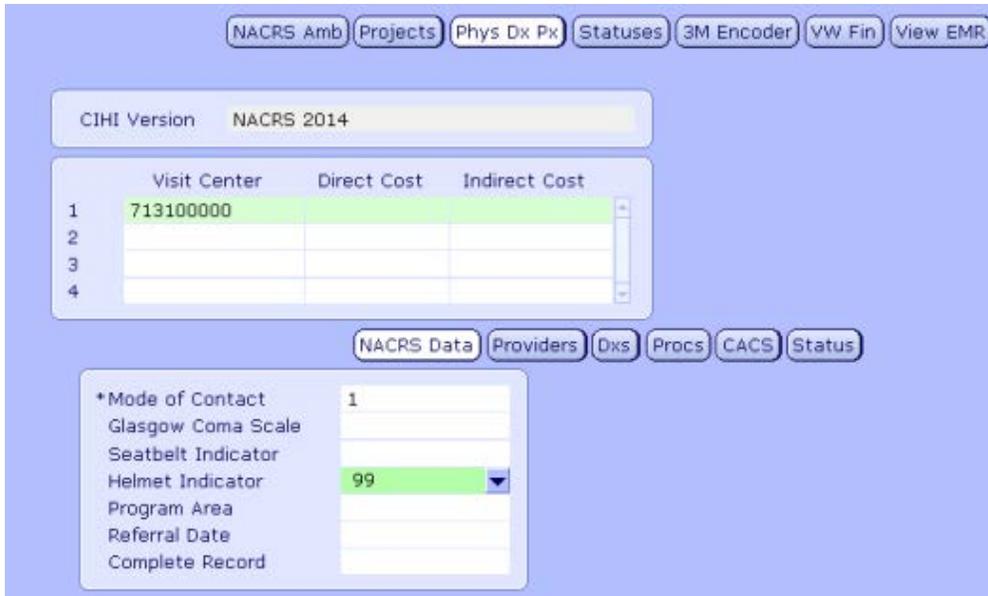
Projects

tab works identical to the DAD abstract.

Phys Dx Px

tab/button is where the visit center will populate from the Nacrs Data 2 Screen similar to 5.5. This is also the screen where we enter the data specific to the visit including mode, dxs, procs, etc. The first box indicates that you are on the NACRS screen. The second box indicates there are 6 screens attached to the NACRS screen which include NACRS data, Providers, Dx, Procs, CACS (not in use), Status.

The screen shot below indicates NACRS Data which is highlighted in white in the second box. The fields below is what is stored in the NACRS Data screen and where we enter mode, Glasgow, etc... As you enter these data fields and press enter/return – it will guide you thru all the subscreens including providers, Dx's, etc.....



Navigation buttons: NACRS Amb, Projects, Phys Dx Px, Statuses, 3M Encoder, VW Fin, View EMR

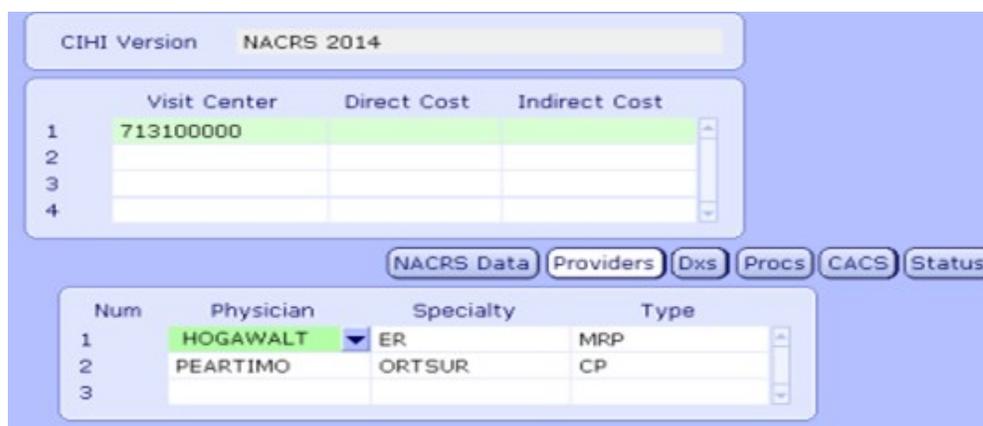
CIHI Version: NACRS 2014

	Visit Center	Direct Cost	Indirect Cost
1	713100000		
2			
3			
4			

Navigation buttons: NACRS Data, Providers, Dx's, Procs, CACS, Status

*Mode of Contact: 1
 Glasgow Coma Scale:
 Seatbelt Indicator:
 Helmet Indicator: 99
 Program Area:
 Referral Date:
 Complete Record:

Providers:



CIHI Version: NACRS 2014

	Visit Center	Direct Cost	Indirect Cost
1	713100000		
2			
3			
4			

Navigation buttons: NACRS Data, Providers, Dx's, Procs, CACS, Status

Num	Physician	Specialty	Type
1	HOGAWALT	ER	MRP
2	PEARTIMO	ORTSUR	CP
3			

Dxs:

CIHI Version **NACRS 2014**

Visit Center	Direct Cost	Indirect Cost
1 713100000		
2		
3		
4		

NACRS Data Providers **Dxs** Procs CACS Status

Num	Dx	Pre	Cl	Type	Dx Name	Renum
1	S62.180			M	Fracture of other carpal bones, closed	
2	W51.01			E	Struck against/bumped into, tobogganing	
3	U98.3			E	Place of occur sports & athletics area	

Procs:

CIHI Version **NACRS 2014**

Visit Center	Direct Cost	Indirect Cost
1 713100000		
2		
3		
4		

NACRS Data Providers **Dxs** Procs CACS Status

Num	Procedure	Loc	Ext	St	Location
1	8.UZ.10.VA				
2					
3					

Suffix

Oth Inst

Anae Tech **N**

Time/Dur

Date

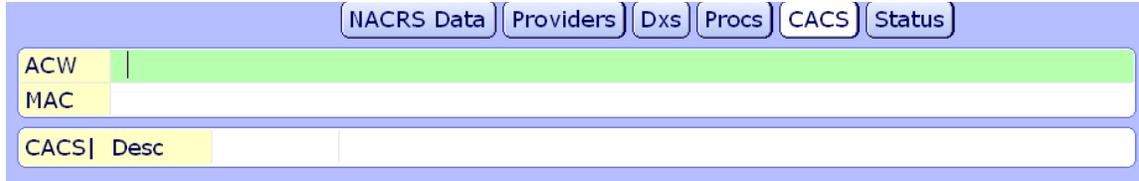
Surg

Service

Proc Name **Xray hand NEC without contrast**

Renum

CACS: We **DO NOT** use this screen



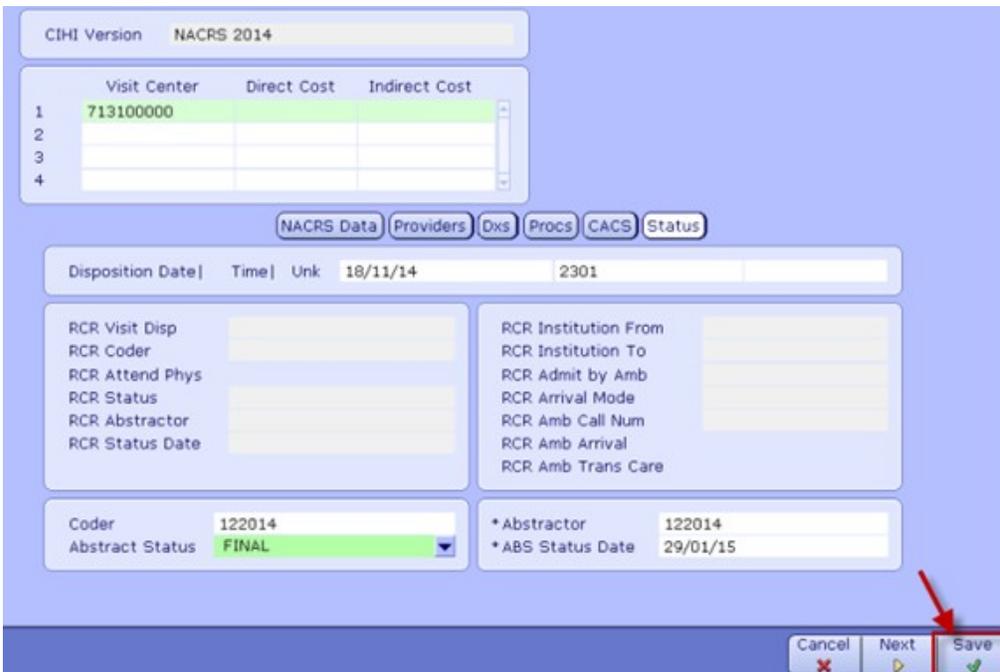
NACRS Data Providers Dxs Procs CACS Status

ACW

MAC

CACS| Desc

Status:



CIHI Version NACRS 2014

Visit Center	Direct Cost	Indirect Cost
1 713100000		
2		
3		
4		

NACRS Data Providers Dxs Procs CACS Status

Disposition Date| Time| Unk 18/11/14 2301

RCR Visit Disp
RCR Coder
RCR Attend Phys
RCR Status
RCR Abstractor
RCR Status Date

RCR Institution From
RCR Institution To
RCR Admit by Amb
RCR Arrival Mode
RCR Amb Call Num
RCR Amb Arrival
RCR Amb Trans Care

Coder 122014
Abstract Status FINAL

*Abstractor 122014
*ABS Status Date 29/01/15

Cancel Next Save

F12 OR Save will take you back you the Main ABSRoutine

We are now back at the main **ABS Routine**, with the same patient and a summary of what was entered in the abstract.

Agbunghaen, Mary Betr Mannette 10/F		Account Num: HT0012707/14	Patient Class: DRDHER
		Med Rec Num: GG00051593	Adm Date/Time: 18/11/14 1820
		ABS Status: FINAL	Dis Date/Time: 18/11/14 2305

Patient		HT0012707/14 - AGBUNGHAE, MARY BETR MANNETTE	
---------	--	--	--

Version	CMG 2012C
DX Codeset	ICD10-CA
Reason for Visit	TESTING HIM TRANSCRIPTION

Dx	Alt	Name
1 S62.180		Fracture of other carpal bones, closed
2 W51.01		Struck against/bumped into, tobogganing
3 U98.3		Place of occur sports & athletics area

Ln	Op	Date	Proc	Alt	Name	Surgeon

Visit Center	Name
1 713100000	EMERGENCY
2	
3	

Dx	Alt	Name
1 S62.180		Fracture of other carpal bones, closed
2 W51.01		Struck against/bumped into, tobogganing
3 U98.3		Place of occur sports & athletics area

Date	Proc	Name	Surgeon
1	3.UZ.10.VA	Xray hand NEC without contrast	
2			
3			

[Change Patient](#)

At this point, if we click on the **“Change Patient”** button on the bottom of the screen, you are able to enter the next account to abstract.

We are now able to launch any of the routines on the right hand side if desired.



Record Inquiry launches a combination of the functions formerly known as “Chart Locator” and “Incomplete Records” from MRI. The information displayed shows where the chart is as well as any outstanding deficiencies and the related doctors, as in the example below.

Record	SM00000207	ABSTEST,OBSJAN29
Account Number	SM000231/12	
Dis/Ser	DIS	02/03/13
Days Outstanding	0	
Days Suspended	0	
Days to Process	0	

Date Available	03/03/13	Record Portion	1
Date Complete		Box	
		Signed Out To	ICR
		Date Out	03/03/13
		Due Back	02/04/13
		Comment	

— Doctors —

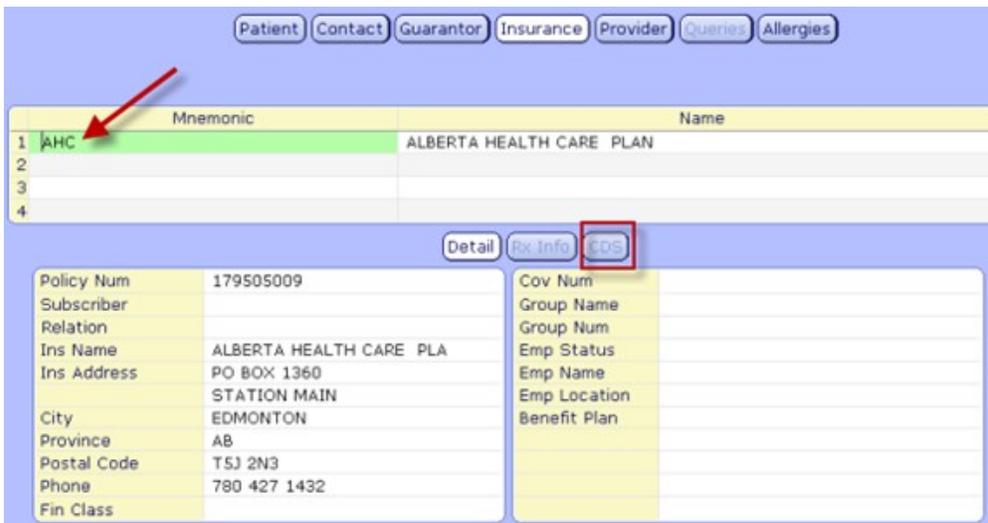
1	SMITHQ	Smith, Quentin A.
2		
3		

Available	03/03/13
Completed	
Credit	
Reasons	C.LDR
Comments	

The “**Demo Recall**” button brings up the MRI Demo Recall Routine. All the information in this area is related to the **patient**, not the visit. This means that it is displaying the **most recent information**, not necessarily the information during the time of visit we are coding. There are buttons/tabs running along the top of the screen. The first one displaying is the main “Patient” tab content.

Patient		Contact	Guarantor	Insurance	Provider	Queries	Allergies
Name AGBUNGHAEEN, MARY BETR MANNETTE							
Birthdate	Age	13/12/2003					
Sex	F						
Other Name							
Mother's Name							
Address	16 LAZARO CRES						
City	Province	RED DEER					AB
Postal Code	T4P 2J7						
Residence Code	REDDEER						
Language							
Home Phone	(403)590-9333						
Other Phone							
Email							
Use Email							
Marital Status							
HC Province	AB						
ULI	179505009						
Soc Ins Num							
Subscriber Init							
Rel to Pt							
Religion							
Affiliation							
Employer							
Name							
Address							

The **“Insurance”** tab contains the patient’s most recent insurance information. The information displayed is line by line. In the instance below, we are looking at only one occurrence of insurance as there is only content in line #1 (red arrow). If there were multiple insurances, there would be content in line #2, etc. The detail in the box at the bottom of the screen is dependent upon the line highlighted in green at the top of the screen.



The screenshot shows the 'Insurance' tab selected. A table lists insurance lines, with line 1 highlighted in green and a red arrow pointing to it. Below the table, the 'CDS' button in the detail section is highlighted with a red box.

Mnemonic	Name
1 AHC	ALBERTA HEALTH CARE PLAN
2	
3	
4	

Detail		Rx Info		CDS	
Policy Num	179505009	Cov Num			
Subscriber		Group Name			
Relation		Group Num			
Ins Name	ALBERTA HEALTH CARE PLA	Emp Status			
Ins Address	PO BOX 1360 STATION MAIN	Emp Name			
City	EDMONTON	Emp Location			
Province	AB	Benefit Plan			
Postal Code	T5J 2N3				
Phone	780 427 1432				
Fin Class					

If the **“CDS”** button is highlighted, this indicates extra information pertaining to the patient was entered. Again, this is pertaining to the patient’s most current visit, not necessarily the one we’re coding.

The **“Rec Sign Out”** tab allows you to sign out a record directly from ABS. This may vary zone to zone as some zones have a link to the ICR routines and it will prompt you to use ICR routines for specific sign out locations.



The screenshot shows the 'Rec Sign Out' form with the following fields and sections:

- Med Rec Num: GG00050738
- Name: UDOE FURIOUSDWARF, MARCO S
- Portion: 1
- Currently Signed Out**
 - Date Out: 30/01/15
 - Due Back: 06/02/15
 - Recipient: UNIT 21
 - Comment: Please give chart to Coders
- Pending Reservations**

Reservation Date	Recipient	Comment
- Sign Out Record To**
 - *Recipient: [Dropdown menu]
 - *Date Out: [Text field]
 - *Due Back: [Text field]
 - Comment: [Text field]

“**Rec Return**” tab allows you to return a record portion previously checked out

Med Rec Num
 AGBUNGHAEEN,MARY BETR MANNETTE

Date Returned

Return Portions			
Portion ▼	Return From	Date Out	Reservations
1	COD	02/02/15	

“**ABS Inquiries**” tab allows you to print reports based on transactions that have been done. It ignored, late edits done in ADM that did not cross, ABS check inquiry.

Inquiry Formats

Abstract Checks Inquiry Format

All Transactions Inquiry Format

Edit Transactions Inquiry Format

Electronic Signature Forms Inquiry Format

File Status and Checks Inquiry Format

Ignored ADM Edits Inquiry Format

Late ADM Edits Inquiry Format

Screen Edit Warnings Inquiry Format

RCR Screen Edit Warnings Inquiry Format

Status Transactions Inquiry Format

ABS Custom Reports Menu:

The next section is the Custom Reports for Coding. The custom reports are listed as follows:

Custom Reports	
Provincial Custom Reports	▶
AHR Custom Reports	▶
CHR Custom Reports	▶
DTH Custom Reports	▶
ECH Custom Reports	▶
NLH Custom Reports	▶
PCH Custom Reports	▶
PHR Custom Reports	▶
Custom Reports in Development	▶

Provincial Reports are listed first. These are reports that are provincial and are the same for each zone. You must be logged into the particular HCIS you want to run the report in order for the report to bring back data for that HCIS/facility.

We can then see a list of Zone specific reports. Clicking on the right arrow will display the reports available specific to zone. These reports will only work in the designated zone they are under.

We will now review the rest of the routines located in each applicaton: It will be your responsibility to sign up for any elearning, if available, associated with any of these modules that you utilize.

HIM Staff	
ABS	▶
ADM	▶
EDM	▶
EMR	
ITS	▶
MIS	▶
MM	▶
MRI	▶
OE	▶
SCH	▶
Change Password/Pin	▶

ADM application:

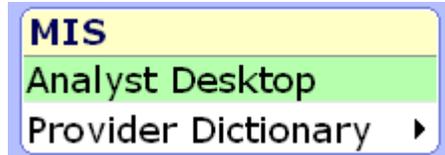
ADM	
Registration Management Desktop	
Reports	▶
Statistics	▶
Custom Reports	▶

EDM application:

EDM Daily Log report (not currently available on your menu)

EMR application: EMR can be launched directly from here.

MIS application:

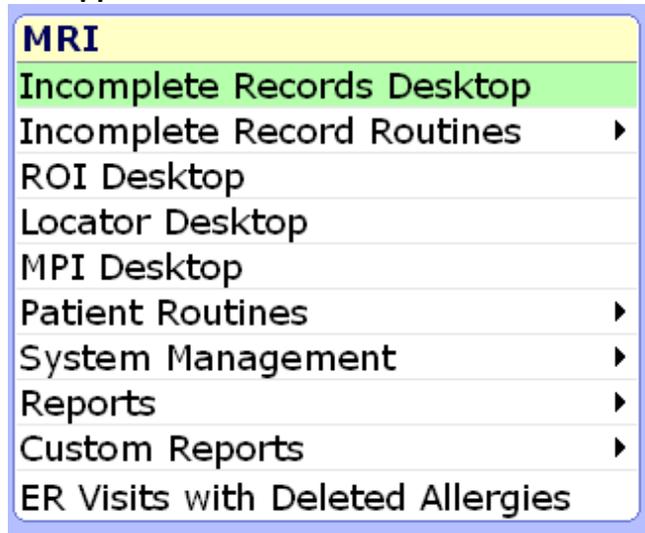


The analyst desktop provides you access to the interface mgr which is used to deliver our MACAR files. Formerly known as the inbox/outbox.

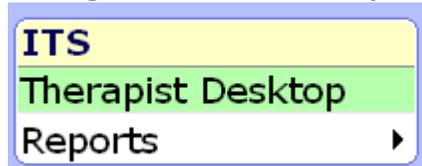
MM application:



MRI application:



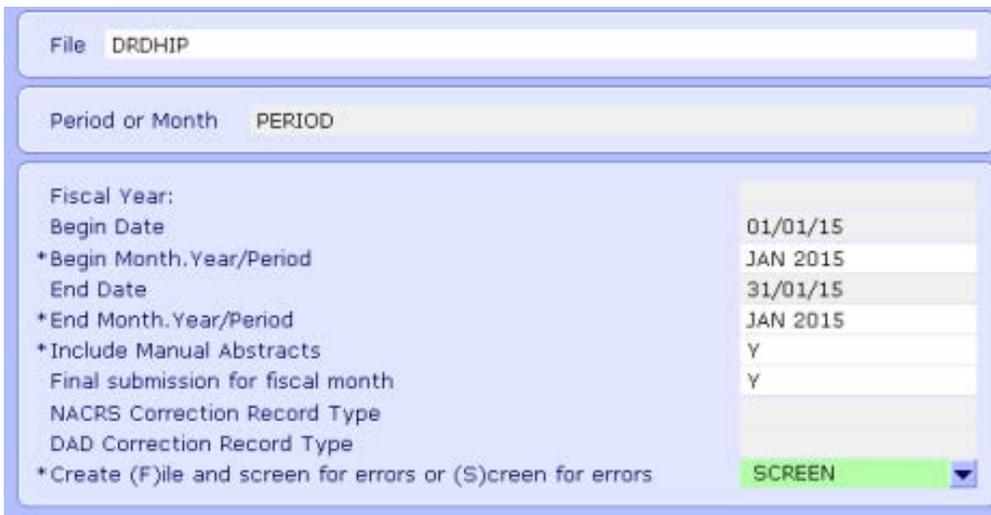
ITS application: (for entering/completing ITS orders for NACRS reporting and/or making minor fixes to therapist orders if trained to do so)



Users may or may not use all routines or be familiar with all items on the menu, but one menu was created for all HIM staff. If you are unfamiliar with how a routine works, please do not use until educated on same.

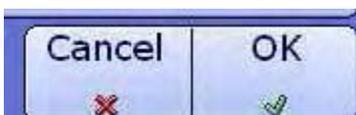
Creating your Submission Files (DAD and NACRS)

1. **Abstract Transmissions > Create Transmission File.** Below is a screen shot of the screen that is used to create our files – whether for DAD or NACRS. (S)creening for errors or (F)ile for creating the file.

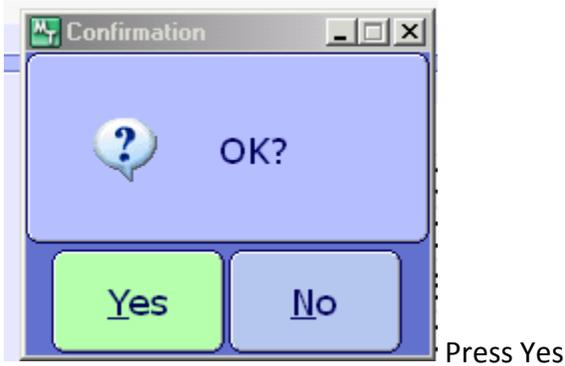


The screenshot shows a dialog box with the following fields and options:

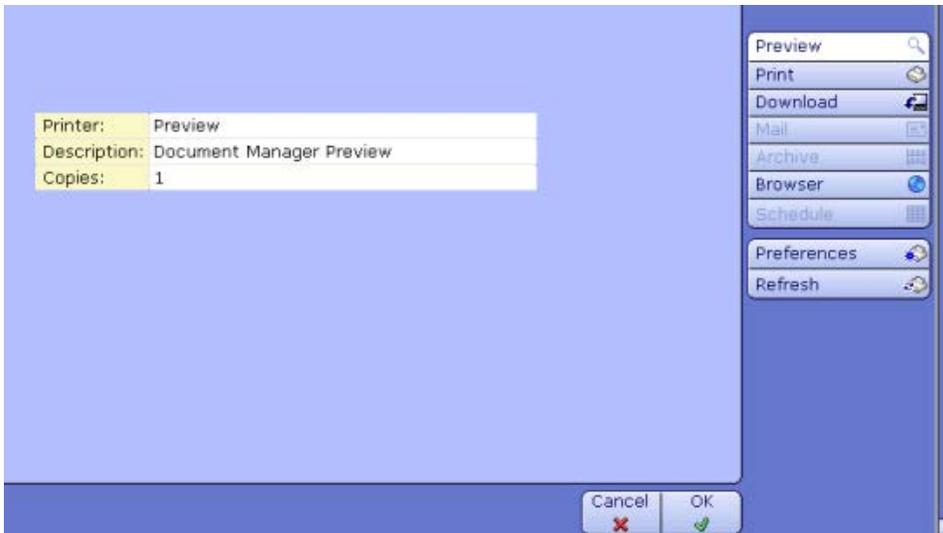
- File: DRDHIP
- Period or Month: PERIOD
- Fiscal Year: (empty)
- Begin Date: 01/01/15
- *Begin Month.Year/Period: JAN 2015
- End Date: 31/01/15
- *End Month.Year/Period: JAN 2015
- *Include Manual Abstracts: Y
- Final submission for fiscal month: Y
- NACRS Correction Record Type: (empty)
- DAD Correction Record Type: (empty)
- *Create (F)ile and screen for errors or (S)creen for errors: SCREEN (selected in a dropdown menu)



Press OK

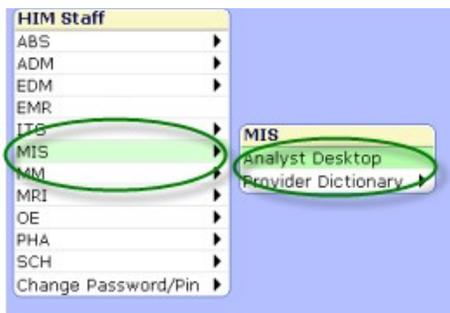


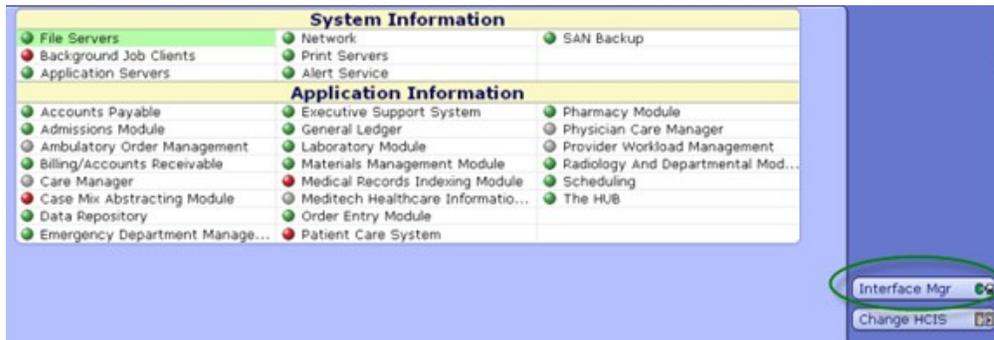
Once the errors are generated, the option of previewing, printing or downloading the report will become available.



Once the File has been created:

1. Go to MIS> Analyst Desktop > Interface Manager (aka Inbox/Outbox)





Click on the Messages button at the top of the screen:



You will see the outbound messages on the bottom portion of your screen. Place a check mark in the message you would like to deliver.



Go to "Change Status" button on the bottom of the screen and you will be provided an option to "Deliver" your files.



Click on Deliver and save.

Another pop up will be received to confirm delivery of the file – press Yes. Your file will be delivered into the drive/folder as per usual.