BC Nephrology Days

PROMIS

Acuity Assessment and Comorbidities

November 5, 2009 Amy E. Majeski



Acuity Assessment Where to Find It Main Menu: Monitoring Sub-Menu: Acuity Assessment Purpose

PROMIS users can record the results of the patient's acuity assessment here. Past and present assessment levels and specific details are recorded here, but can only be edited or updated by the original user who entered them.

<u>T</u> reatment	Monitoring	Maintenance	Renal Care	8
	Dialysis Ac Lab Result Lab Result Microbiolog View Inputt Comorbidit Physical Ex Medication Complicati Bx Patholog Hospitaliza Clinical Tria	Mannenance cess s (OLD) gy/Fluids ed Labs ties/Medical His (amination s ons gy tion als/Studies	story	
	Acuity Asse	ssment	utcon	k



itient:	Se	ex: Age:	PHN:	Single Pa	tent List
tient's Assessments	Assessment Details	Current Assessment			
Assessment Date: Sr	rale Lised: Ass	Total	Acuity Estimated	# of Ass	ltems ltemsin essed: Scale:
•	±				
E	±.				
	±				
	1 E				
	E				
	E				
	E				
	E				
	E				
E	E				
±	±				
±	t				
±	±				
	J				

 To begin, go to Monitoring→Acuity Assessment and the form called Patient Acuity Assessment will open.

The Acuity Assessment form consists of 3 tabs:

- Patient's Assessments lists the history of acuity assessment, including dates, levels, and relevant notes.
- Assessment Details provides multiple screens, one for each parameter, with tickboxes and descriptions for easy reference.
- Current Assessment summarizes results of a previously entered assessment.



ł	1	
	<u>+</u>	

atient:				Sele	ect Patent List
	Se	x: Age:	PHN:	! ± 🖯 [L ^{sir}	gle Pat.
atient's Assessments	Assessment Details	Current Assessment			
		Tota	al Acuity Estimated		# of Items Items in
Assessment Date: So	cale Used: Asse	ssment Created by: Poin	ts: Level: Acuity Level	: Note:	Assessed: Scale:
<u>±</u>	<u> </u>			<u>N</u>	
<u> </u>	<u>±</u>				
	±				
	±				
E E	±				
	•			8	
E	1				
· · ·	Ŧ				
	•				
T T					
				N N	

Select a patient by clicking on the (black and underlined) drop-down arrow located at the end of the gray PHN field. If the patient selected has been previously assessed, his/her acuity information will appear onscreen. Otherwise, the screen will be blank to allow data entry.



Patient's Assessments Tab

1	🙀 Patient Acuity .	Ass	sessment- USE	R:	Majeski, Amy 🔆			-000						∷ ≝
Γ	Patient:									A	Sele	ct Patent Li	ist	
	CKD, ECHART P	Т			Sex: F	Age: 45 y	/ears		PHN:	🛨 🗧	Sin	gle Pat.		-
	Patient's Assessr	nen	ts Assessme	nt D	etails Current	t Assessi	ment							\equiv
							Total	Acuity	Estimated			# of Items	Items in	
	Assessment Date		Scale Used:		Assessment Crea	ated by:	Points:	_evel:	Acuity Level:	Note:		Assessed:	Scale:	
	02-NOV-2009	ŧ	HDAS2005	±	Majeski, Amy		0] 😒	0	16	
		Ŧ		Ŧ										
		Ŧ		Ŧ							1			
		Ŧ		Ŧ										
		Ŧ		Ŧ							5			

- Enter applicable information in the following fields:
- Assessment Date Enter the appropriate assessment date or click on the drop-down arrow to view the pop-up calendar.
- Scale Used Use the arrow keys on your keyboard or click on the drop-down arrow to select HDAS2005. Scale selection may be increased as the need arises.
- Assessed by This will automatically populate with your name (the person signed into PROMIS)
- Total Points Display field only. Value is extracted from the Assessment Details form.
- Acuity Level Display field only. Value is extracted from the Assessment Details form.
- Estimated Acuity Level Enter the appropriate value.
- Note Enter any comments relevant to the patient's acuity assessment.
- # of Items Assessed Display field only. Value is extracted from the Assessment Details form.
- Items In Scale Display field only. Value is extracted from the Assessment Details form.



Patient:							Select Patent List	
CKD, ECHAP	RT PT	Sex:	F Age:	45 years PHN:		<u>+</u>	Single Pat.	
atient's Asse	essments Assessment Detail	s	Current Ass	essment				
Hemodyn	amics Activities of Daily Liv	/ing	Acce	ss Treatment		Nursing Inte	ervention Psycho-Social E	
lypotension	Not Present		Hypertension	Not Present		Cardiac/Angin	Not Present	
ypotension	Medically controlled	E F	Hypertension	Medically controlled		Cardiac/Angin	History of Angina	
ypotension	Occasional	E F	Hypertension	Occasional		Cardiac/Angin	Occasional	
ypotension	Weekly	E F	Hypertension	Weekly		Cardiac/Angin	New Onset of Chest Pain	
ypotension	Each Run	E F	Hypertension	Each Run		Cardiac/Angin	Weekly	
ypotension	Resistant to Therapy	E F	Hypertension	Resistant to Therapy		Cardiac/Angin	Each Run	
ypotension	Unstable	□ F	Hypertension	Unstable		Cardiac/Angin	Unstable	
						Fluid Mgmt	No Problems	
						Fluid Mgmt	Occasional simple intervention	
						Fluid Mgmt	Occasional complex interventio	
						Fluid Mgmt	Weekly	
						Fluid Mgmt	Each Run	
						Fluid Mgmt	Unable to achieve goal weight	
	Show Description			Show Description			Show Description	
					_			

Assessment Details Tab

There are various parameters used to determine a patient's acuity level. In PROMIS, these are divided into six (6) parameter columns with the following headings: Hemodynamics ADL Access Treatment Nursing Interventions Psycho-Social E



Patient's Asse	essments	Assessment Details					
Hemodyna	amics	Activities of Daily Living					
Hypotension	Not Preser	t 🗌					
Hypotension	Medically o	controlled					
Hypotension	Occasiona	Occasional					
Hypotension	Weekly						
Hypotension	Each Run						
Hypotension	Resistant t	o Therapy 📃					
Hypotension	Unstable						
	Show D	escription					

Click on each parameter heading to view its comprehensive list of values. [For example: the *Hypotension* parameter contains the following values – *Not Present, Medically Controlled, Occasional, Weekly, Each Run, Resistant To Therapy*, and *Unstable*.]

Note that each parameter value has a corresponding tickbox. Click on all the parameter values that apply to the renal patient being assessed.



👙 PROMIS	S - 4.2.	58 - 920	80.2 - User:AMA.	JESKI	Database: TEST					
<u>Eile P</u> atie	ents <u>T</u> rea	atment M	onitoring <u>M</u> ainten	ance	<u>R</u> enal Care <u>S</u> ch	eduling R	eports <u>H</u> elp			
۹. ۲			🗎 😒 🔓		? 🚯			к «	< > >>	>
🔲 🔯 Pa	atient Acu	iity Assess	sment - USER: Maj	eski, A	my Colorador					-
СК	(D, ECHAR	T PT		Sex: F	Age: 45 year	8	PHN:	• • •	Single Pat.	st Ţ
Patie	ent's Asse	ssments	Assessment Detail	s (C	Current Assessmen	t				
	Hemodyna	amics	Activities of Daily Liv	ing]	Access	Т	reatment	Nursing Intervention	Psycho-	-Social E
Hype Hype Hype Hype Hype Hype Hype	otension ootension ootension ootension ootension	Not Preser Medically o Occasiona Weekly Each Run Resistant t Unstable	nt controlled al		lood pressure norm lood pressure mana esponds to standar nce a week patient ifficulty completing nable to conclue mo emodynamically un:	al according aged with any d intervention has the abov run due to hy ost runs due t stable patient	to individual pa y or all of the f ns, e.g. lower ve symptoms. potension. Re to hypotensior requires conti	atient target, remains stabl ollowing: sodium profiling, JFR, I.V.N/Saline, trendele Due to increased frequen quires urgent medical revi . Physician is either awar nuous monitoring at a criti	e throughout ru fluid profiling, a mberg, goal we icy of problems iew. re of ongoing pr cal care level.	n. and dialysate ight adjustmi , physician is roblem or clo
Нурс	otension	Any sympt	tomatic fall in blood pre	essure	during dialysis run,	or an asympt	tomatic fall req	uiring further assessment	and interventio	n
		(symptoma	atic fall: light headed, s	weatin	q, nausea, rinqinq ii	h the ears, lo	ss of voice, ya	wning, cramping)		
									Save	Exit

If uncertain whether the parameter or the values apply to the patient, click on the Show Description radio button. The description (or definition) of both the parameter and its values will appear onscreen for easy reference. (Note: If space constraints prevent you from seeing the entire description, click on the Edit Item toolbar icon.



Current Assessment Tab

🙀 Patient Acuity Assessment -	USER: Majeski, Amy 😳					21 - 1
Patient:				Selec	t Patent List	
ACCESS, PATIENT	Sex: F Age	≋ 109 years	PHN: 9999 999 998	3 🛨 🍯 🛛 Worl	k List	-
		.]				
Patient's Assessments Asses	ssment Details Current As	ssessment				
Assessment Date: Scale:	Done by:		ouitu Louol: 🔽 Estin	Note:		1
TS-0CT-2009 € HDAS2005	 Qualiy, Sean 	21] *	cuity Level. 4 Louin	test		<u>></u>
Hemodynamics Activitie	es of Daily Living Acc	ess j	ireatment N	ursing Intervention	Psycho-Social E	
Hypotension: Weekly ADL: Mir	nor Assistance 🛛 Access Typ	be: Medicat	ions: Vita	I Signs: Q 30	Psycho-Social E: Mine	or
	Permanent (Catheter Modera	tely Complex minu	utes		
Hypertension:	Complication	Drecoin	ae: Infe	ction Cotr: Routine		
Occasional	Occasional	Ninor/S	mple dressing pred	cautions only		
Cardiac/Angina:			intro moscing prov			
History of Angina	PRU: 70 or h	higher Respira	tory Tx: Weekly IS C	are Needs: 60 - 90		
			minu	utes		
Fluid Mgmt: Occasional		Special	zed Tx: Very			
complex intervention		Comple	۲. ۲			
					_	
Note: 😒 Points: 3 Note:	🖄 Points: 3 Note: 划	Points: 3 Note:	😒 Points: 5 Note	e: 😒 🛛 Points: 5 (Note: 🖄 🛛 Points:	2
hemodynamics etc.						
						\mathbb{D}
Delete Assessment					Save Exit	t]

This form is automatically populated with the information you entered in the two other tabs, *Patient's Assessment* and *Assessment Details*.

Information available on this Form includes, among other things: the assessment summary, points per column and its sum total, and estimated acuity level. The score, associated with the highest selected value for each parameter, is displayed under the column representing the parameter.



At this point, you may add your clinical observations to complement the pre-defined values you selected. Click on the Note button to open the text box.

Note: 📓	Points: 3 No	ite: 😒	Points: 3 Note:	🕅 Poi	ints: 3 Note:	🖄 Points: 5 N	lote: 📡	Points: 5 Note:	Points:	2
hemodynam	ics etc.									
•						******				

Any other comments related to the acuity assessment or overall patient status may be entered in the Note box located at the top right-hand corner of the window. See image below:

Age:	PHN:	E Select P Single P	atent List
Current Assessment	1		
	Total :	Note:	
	Acuity Level:	Estimated AL:)





Comorbidities

Purpose / Where to Find It

- The Patient Comorbidities/Medical History form is used for assessing patient comorbidities and related events.
- To open the form, select Monitoring in the main PROMIS menu and Comorbidities/Medical History in the submenu.





Form Overview

The Patient Comorbidities form consists of three separate tabs (pages) which you view by clicking the following menu tabs that appear along the top of the form:



The tab that is displayed in gray is the one that you are currently viewing.



Summary View tab

When you access the Comorbidities form, the Summary View tab appears first.

omorbialitesimed tient IN: <mark>9999 999 998</mark>	Ical History Sciences		DOB:	01-JAN-1900 Age: 109 yr Si	ex: F
nmary View 🛛 Data	a Entry Form Search Tree				
Default Order	Comorbidity (alphabetical)	Assessed on	Onset Date	Details / Event History:	Show Active Issues on top
Myocardial Infarcti	on (MI)	14-DEC-2006		14/dec/2006, MI location: Ante	erior;
Congestive Heart F	Failure (CHF)	14-DEC-2006		CHF diagnosis: 14/dec/2006, C	CHF etiology: Ischemic;
Peripheral Vascula	ar Disease (PVD)	14-DEC-2006			
Valvular Heart Dis	ease	25-FEB-2009		25/feb/2009 seen in ER at SPH	H bc of concerns with whatever;
Dysrhythmias		26-OCT-2009			
Coronary Angiogra	aphy (SCA)	26-OCT-2009			
Coronary Revascu	larization (PCI or CABG)	26-OCT-2009			
Cardiac Devices		26-OCT-2009			
Left Ventricular Hy	/pertrophy (LVH)	26-OCT-2009			
Cardiomyopathy		26-OCT-2009		14/dec/2006, E;	
Endocarditis		26-OCT-2009			
Myocarditis		26-OCT-2009			
Pulmonary Hyperte	ension	26-OCT-2009			
Cardiac Arrest		26-OCT-2009			
Other Cardiovascu	ılar Diseases	26-OCT-2009			
Cerebrovascular A	Accident (CVA)	26-OCT-2009			
Transient Ischemic	: Attacks (TIA)	26-OCT-2009			
Seizures		26-OCT-2009			
Carpal Tunnel		26-OCT-2009			
Sleep Dysfunction		26-OCT-2009			
Primary Renal Dise	ase	25-FEB-2009		Diagnosis date: 25/feb/2009, P	Primary Renal Disease Type: Post Strep Glomerulonephritis; Diagnosis date
Renal Related Surg	jeries	26-OCT-2009		Urostomy: 26/oct/2009 TEST;	
Hypertension		20-JUL-2009		20/jul/2009 nnnnn; 17/jul/2009	9 mmmmm;



Summary View Data Entry Form Search Tree											
	Default Order Comorbidity (alphabetical)		Assessed on	Onset Date	Details / Event History:	Show Active Issues on top					
	Angina		10-SEP-2006		01/sep/2006,**??**;						
	Myocardial Infarc	tion (MI)	25-MAR-2009	18-MAR-2009	19/mar/2009, MI location: Anterolateral; 18/mar/2009, MI location: Anterior;						
	Congestive Heart F	ailure (CHF)	21-MAY-2009	01-APR-2009							
	Peripheral Vascular	r Disease (PVD)	10-SEP-2006								
	Coronary Revascularization (PCI or CABG)		10-SEP-2006								
	Cerebrovascular A	ccident (CVA)	10-SEP-2006								
	Transient Ischemic Attacks (TIA)		03-NOV-2009		03/nov/2009 getting worse;						
	Seizures		01-JUN-2009	01-JUN-2009	pt not feeling well;						

- This Summary View tab displays the most current comorbidity status of the selected patient.
- The comorbidities that are highlighted in green are the ones that have been marked as "Active Issues" on the Data Entry Form tab.
- By ticking the box in the upper right hand corner you can view the Summary View tab with the "Active Issues" at the top of the list.



• The summary list of comorbidities can be viewed in one of four orders: (1) default order, (2) alphabetical order, (3) according to the date the patient was assessed, or (4) according to the date of onset of the comorbidity. You can switch between these four views by clicking on one of the following buttons:



- The button displayed in bold is the view that you are currently seeing.
- The Default Order button lists the patient's comorbidities as you would see them listed on the Data Entry Form tab.
- The Comorbidity (alphabetical) button lists the comorbidities alphabetically.
- The Assessed on button lists them according to the date that the patient was assessed, with the most current assessment at the top.
- The Onset Date button lists the comorbidities according to their date of onset, with the most current date at the top.



Data Entry Form tab

The Data Entry Form is used to update and make changes to the selected patient's comorbidity status.

Summary View Data Entry Form Search Tree									
Cardiovascular Diseases (CVD) Cerebral Vasc, Renal, Neurologic Hypertens	Endocrine, F Metabolic E	Respiratory Musculos Dis., Malignacy Diseases	keletal Tissue/Vasculiti	G.I., Pregnancy	Lifestyle Risk Factors	Mental Health/Functioni	Other Medical History		
			Active				\mathbf{D}		
Comorbidity (default order) Y	N U Assessed on:	Onset Date:	Issue ?	Events/De	tails:				
Angina 💿 .	0 0 10-SEP-2006	• 📃 •	01/sep/2006,	. **??***;			Edit		
Myocardial Infarction (MI)	O 0.25-MAR-2009	18-MAR-2009 ±	19/mar/2009, MI	location: Anterolat	eral; 18/mar/200	09, MI location: Ant	erior; 🗧 Edit		
Coronary Artery Disease	• •	± 📃 ±	Details/Events: ?	?, Specify: ?;			Edit		
Congestive Heart Failure (CHF)	O 21-MAY-2009	• 01-APR-2009 •	CHF diagnosis: ?	?, CHF etiology: ?; C	CHF hospitalizatio	on date: ?, Specify:	:?; Edit		
Peripheral Vascular Disease (PVD)	0 0 10-SEP-2006	• 📃 •	Claudication: ?; P Location: ?;	Peripheral Artery A	ngioplasty: ?; Ar	nputation: ?, Ampu	tation Edit		
Valvular Heart Disease	• • • 10-SEP-2006	• •	Valve replaceme	ent date: ?; Details/E	Events: ?, Specif	fy: ?;	Edit		
Dysrhythmias O.	• • • 10-SEP-2006	± 📃 ±	Atrial Fibrillation: Ventricular Tach	?; Atrial Flutter: ?; : vcardia: ?; Ventric	Supraventricular ular Fibrillation: ?	r Tachycardia: ?; ?; Bradyarrythmia: '	?; Heart		
Coronary Angiography (SCA)	• •	• •	SCA date: ?;				Edit		
Coronary Revascularization (PCI or CABG)	0 0.10-SEP-2006	± 📃 ±	Percutaneous Co Surgery (CABG)	oronary Intervention) date: ?;	n (PCI) date: ?; C	Coronary Artery By	pass 🗧 Edit		
Cardiac Devices	• •	± 📃 ±	Pacemaker date:	: ?; ICD date: ?; LV/	AD date: ?;		Edit		
Left Ventricular Hypertrophy (LVH) O.	• • <u>10-SEP-2006</u> :		Details/Events: ?	?, Specify: ?;			Edit		
Create New Assessment [®] . Correct Current Assessment [®] . Edit/View Assessment History									
		Print R	eport	View Old F	orm	Save	Exit		



Comorbidities and Disease Categories

As shown above, categories of possible diseases are listed across the top of the form. Click on an applicable category and then select the particular disease under the Comorbidity heading along the left of the form. Here is a closer look at the disease categories:



To view all the comorbidities that belong to a certain category, you may have to scroll down using the vertical scroll bar on the left. To switch between different categories, click on each one.

For comorbidities that are not explicitly listed under any of the available categories, select the Other Diseases category located to the far right of the others. (A patient must be selected before this category will appear.)



The data elements of each comorbidity record are the following. Headings in blue font indicate required content.

- a) Under the Present? heading, choose from Y/N/U to indicate whether the patient has the comorbidity or not (Yes, No, Unknown).
- b) Assessed on is where you enter the assessment date.
- c) Onset Date
- d) Active Issue? A checked box indicates that the comorbidity is currently an active issue verses inactive.
- e) Events/Details Here you can only view a summary of events or details. To update either, select the Edit button and the Comorbidity Events pop-up window will appear.



- The Assessed on date is the day when the patient was seen by the health professional and the assessment was done.
- The Onset date is the day the comorbidity first occurred in the patient, therefore it has to be lesser than or equal to the assessment date.
- The Events/Details field allows for additional information. For example, if a patient named CKD, ECHART PT was assessed on 02-OCT-2009 and stated that he had diabetes type 2 since February 2007; the entry would be as follows:

🙀 Comorbiditie													
Patient									Selecti	on Mode —			
PHN:	Name: CK	D, ECHART PT			🛨 DO	B: 24-FEB	-1964 Age	: <mark>45 yr</mark> Sex:	E Single	Pat.	*		
Summary View Data Entry Form Search Tree													
Cardiovascular	Cerebral Vasc,	Renal,	Endocr	ine, R	espiratory	/ Muse	culoskeletal	Connective	G.I., Pregnancy	Lifestyle Risł	k Mental	Other Me	dical
Diseases (CVD)	Neurologic	Hypertension	Metabo	olic D	is., Malign	acy Dise	eases	Tissue/Vasculit	i	Factors	Health/Functioni	History	
(•		Present?					Active						
Comorbidity (default order)	Y N U	j Ass	sessed on:	Ons	et Date:	Issue ?		Events/D	etails:			
🛆 Diabetes			02-0	CT-2009	01-F	EB-2007	•	Diabetes: ?, Di	abetes Type: ?;				Edit
Metabolic Sv	ndrome							Details/Events:	2 Shecify: 2				Fdit
🐙 Comort	oidityEvents 🔆					•••••••						<u> </u>	
Edit/Vie	w Comorbidity	y Events											Edit
	Event			Event Date		Event Detail		Event	Detail Value	Note			3
		Diabetes	s: 🛨	01-FEB-200	7 🛨		Diabe	tes Type: Type	2	_ <u>±</u>		N	Edit
			t		t								i —
					±								Edit
			Ŧ		1								ă
			1										Edit
													Edit
										58	Ехл		

- Viewing Assessment History
- Creating a New Assessment
- Correcting Existing Assessment
- Deleting Existing Assessment
 - Only current assessment will be deleted

50

- Changing Assessment History
 - view / correct / delete / insert



Create New Assessment® Correct Current Assessment©

> Create New Assessment Correct Current Assessment

> > Delete Current Assessment

Edit/View Assessment History



Events / Details

Edit





Search Tree

Comorbidit Patient PHN: 9999 9 Summary Viev	ties/Medical History (COOCOOCOOCOOCOOCOOCOOCOOCOOCOOCOOCOOCOO	DOB: 01-JAN-1900 Age: 109 yt Sex: F	Selection Mode Single Pat.	0000000000000000000000
	Comorbidities: top category Cardiovascular Diseases (CVD) Cerebral Vasc Endocrine Neurologic Renal Hypertension Malignancy Malignancy Connective Tissue/Vasculitis Diseases G.1. Pregnancy Enderthere the earth-Functioning Connective Tissue/Vasculitis Diseases Connective Tisease Conn	ump to Entry Screen		
		Print Report	View Old Form	Save Exit



Using Search tree



Jump to Entry Screen



Thank you

