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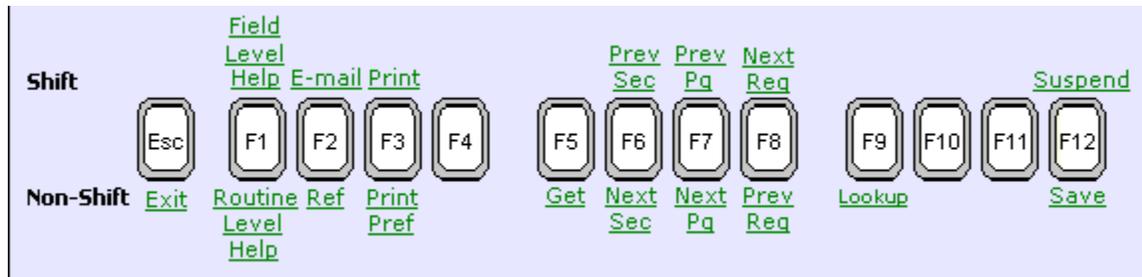
The "Email" function is not used in Alberta Health Services. We use Outlook, not Meditech, for email.

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. CHR.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.

At this point we are presented with our only choice, to sign into the MIS application. 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
ITS = Imaging and Therapeutics
MIS = Medical Information System
MM = Material Management
MRI = Medical Record Index
OE = Order Entry
SCH = Scheduling

As we sign into the ABS module, we see the familiar message related to CIHI and ICD-10, as seen below. Click on the "close" button to exit this screen.

We are then presented with all the routines housed in ABS.
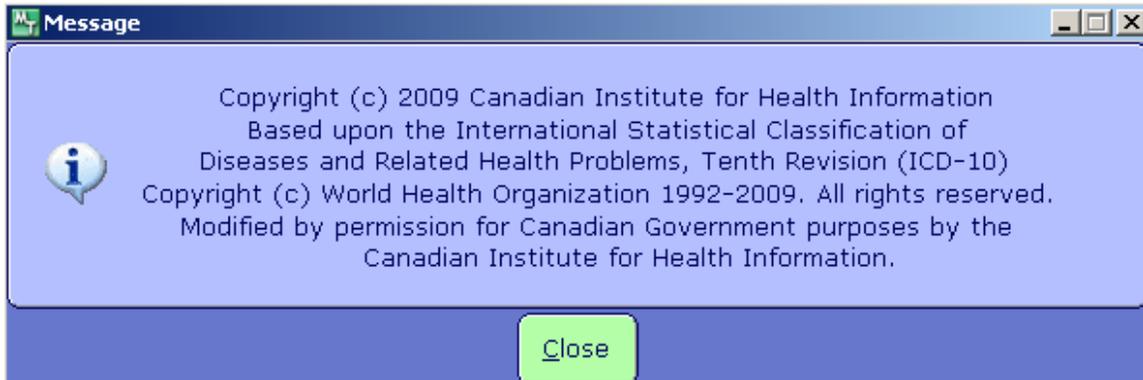
We are then presented with all the routines housed in ABS.
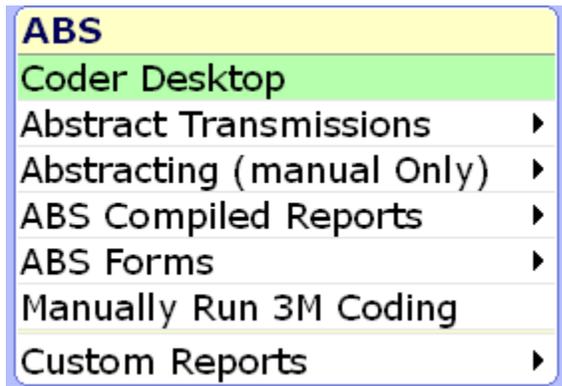
The first option, Coder Desktop, is where you will begin abstracting.

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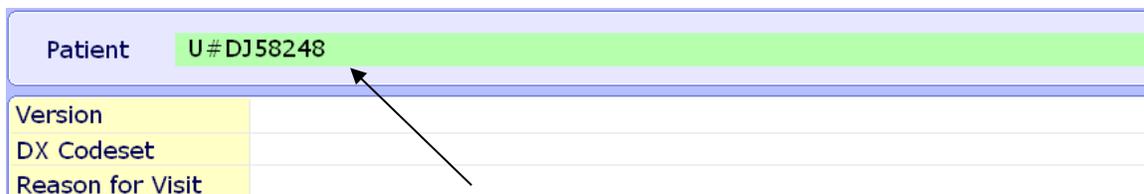
For this unit number (aka chart number), there are two visits as shown below. The details of the highlighted visit (green) are shown at the bottom of the screen. Simply click on the visit you wish to select (or press the up and down arrow keys followed by "enter").

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.

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.Ie. 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 Inquirieswill 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 supervisor.

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. Ie. P for process ABS, B for basic option, I for inquiries, etc…..

Process Abs
Projects
Basic Option
Special Studies
Batch Finalize
ABS Inquiries
Forms
Rec Sign Out

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.

Aspen:

Peace: "Buttons are in a slightly different order"

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			
Primary Care Physician			
Admit Physician	PARKPAUL	Parks,Paul	
Family Physician| Name| Unk	KOENCHRI	Koen,Johannes Christoffel	

	Physicians		
Num	Physician	Specialty	Type
1	WALSCOLI	FAM	MRP
2	ROXIGYOR	SUR	CP
3	SZOBLUKE	SUR	CP

The **Financial** 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				

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.

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.

Cancel	Next	Save
✖	▷	✔

The button/screen Trans Svcs is where weenter the service and subservices of the patient.

Version	CMG 2012C
Alt Desc Group	

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

Doctor	SMITJULI	
Dr Service	FAM	FAMILY/GENERAL PRACTITIONER
Dx	S72.490	
Pre		
Cluster		
Name	Unspec fx low (distal) end of femur clsd	

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. Ie. 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	05/10/14	05/10/14	1.VG.53.LAPPQ	CHANMALC	OR
20				1.VC.74.LANW	CHANMALC	

Beg| Unk| End| Unk	1200		1201	
PreAdm| Unpl				
Status	P			
Locn	L			
Extent	3			
Service	ORTSUR			
Tissue				
OOH Inst				
Anesth	BETTHARA			
Tech	S			

Fix femur OA &plate/scrw

[Basic Opt]

Basic Option| Queries	IPBASICOPS	
Last Edit| User		

MISSING/INSUFFICIENT DOCUMENTATION	

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 light to see the project data displayed.

Mnemonic	Name	Has Project
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   29/10/14

Last User   198980

Did Patient Receive a Transfusion?	N
Patient Received Autologous Transfusion	

The button/screen Ther/SCU/S .. Under this section you'll see the transfers between rooms in Meditech. When you first go into the routine, the first line is highlighted. You can tell that the first line's location (ending 01/03/13) is not a special care unit as the field "Spec Care" has no entry. The red arrow points to the first line, the green arrow is pointing to the information related to line #1 (with no SCU indicated). The "Name" field indicates the name of the Meditech location, aka nursing unit/ward.

Click anywhere on the second line in order to see the information pertaining to that transfer in the section below. Line 2 contains a transfer to a special care unit, as indicated by the Meditech location mnemonic (SM-N42) in the Spec Care field. Also please note that only 3 lines will be displayed; to see more, we need to scroll through the lines using the scrollbar to the right of the screen.

Under the **Maternity** 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 "Maternity" tab the baby's information.

	---- Newborn Data ----						
Account Num	Med Rec Num	Apgar(1)	Apgar(5)	lb	oz	gr	Vent Days
SM000232/12	SM00000208						

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

Stillborn Num	

Version	
Alt Desc Group	

Sex		Service	
Date of Birth		Sub-Service	
Time of Birth		Doctor	
Weight		Dr Service	
Entry Code			
Autopsy Code			
Coroner			

Admit by Ambulance	
Ambulance Call Num	
Arrival Mode	

	Dx	Pre	Type	Cl	Name
1					
2					
3					

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

CIHI Overflow			
CMG	232 Minor Lower GI Interv		

RIW When Grouped	2.4279	Trim	36
Atp When Grouped	01	ALOS	
		ELOS	9.7

CMG Status	F	RCR Location	
Coder	198980	RCR Attend Phys	
CMG Status Date	30/10/14	RCR Status	
RCR Coder		RCR Abstractor	

RCR Status Date		RCR Visit Saved in	
*Abstract Status	FINAL ▼		
Abstractor	198980		
ABS Status Date	30/10/14		

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.

Cancel	Next	Save
✕	▷	✓

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 –

Change Patient

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

NACRS ABSTRACT: (The location of the 3M encoder screen is slightly different in PEACE ring)

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

NACRS Data	3M Encoder	Projects	Basic Opt	NACRS MDS	Statuses	Financial	View EMR
		Nacrs Data 1	Nacrs Data 2				

Date of Reg/Vis	19/06/14		1817		
Arrival| Arrival Mode				O	
Institution From					
Admit by Amb| Amb Call Num	N				

Disposition Date| Time| Unk	19/06/14		2200		
Patient Left ED| Time| Unk					
Vis Disp| Inst to	H				

Sched ED| Clin Dec Unit					
Triage| Time| Unk | Triage Level| Status After	19/06/14		Y	5	
Dec to Admit| Time| Unk					
Phys Init Assess| Time| Unk	19/06/14		1940		
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		

Nacrs Data 2 screen: The only information entered is displayed in the first two boxes. 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.

Projects tab works identical to the DAD abstract.

NACRS MDS tab/button is where the visit center will cross 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, Dxs, Procs, CACS (not in use), Status.

The screen shot below indicates NACRS Data which is hightlighted 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, Dxs, etc…..
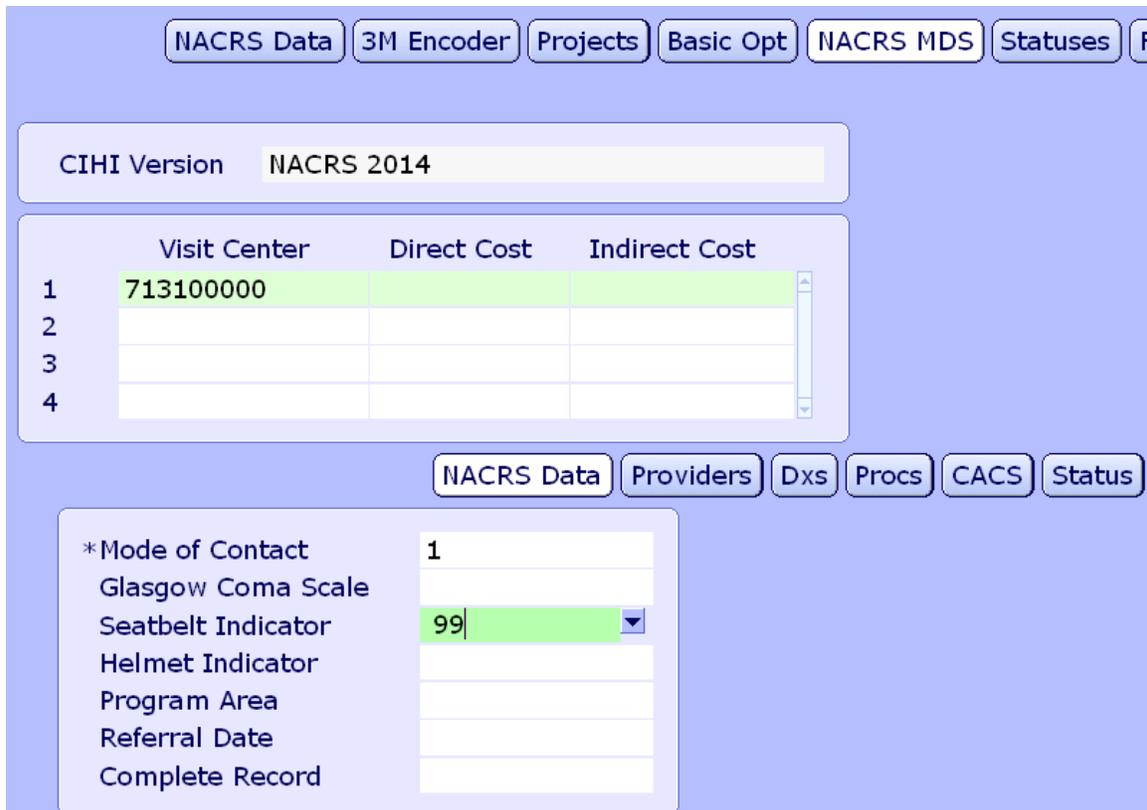
| NACRS Data | 3M Encoder | Projects | Basic Opt | NACRS MDS | Statuses | F |

CIHI Version   NACRS 2014

	Visit Center	Direct Cost	Indirect Cost
1	713100000		
2			
3			
4			

| NACRS Data | Providers | Dxs | Procs | CACS | Status |

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

Providers:

	CIHI Version	NACRS 2014	

	Visit Center	Direct Cost	Indirect Cost
1	713100000		
2			
3			
4			

[NACRS Data] [Providers] [Dxs] [Procs] [CACS] [Status]

Num	Physician	Specialty	Type
1	SMITJULI	FAM	MRP
2	HURDIAN	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	S72.490			M	Unspec fx low (distal) end of femur clsd	
2	V43.5			E	Car occ vs car trck drvr traf accdnt	
3						

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	3.VZ.10.VA	R			
2	3.VZ.20.WA	R			
3					

Suffix	
Oth Inst	
Anae Tech	N
Time/Dur	
Date	
Surg	
Service	
Proc Name	Xray leg 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	19/11/14	1036

RCR Visit Disp		RCR Institution From	
RCR Coder		RCR Institution To	
RCR Attend Phys		RCR Admit by Amb	
RCR Status		RCR Arrival Mode	
RCR Abstractor		RCR Amb Call Num	
RCR Status Date		RCR Amb Arrival	
		RCR Amb Trans Care	

Coder	198980	Abstractor	198980
*Abstract Status	FINAL ▼	ABS Status Date	19/11/14

[Financial] - displays the financial information that crosses from ADM

Fin Class	AHC	B/AR Status| Last Updated

Chg Cat	Qty	Amount

Charge Total

Ins		Pol Num	Expected	Received	Adjust	Balance
1	AHC					

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

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.

Single	
Worklist	
Process Abs	
Projects	
Basic Option	
Special Studies	
Batch Finalize	
ABS Inquiries	
Forms	
Rec Sign Out	
Rec Return	
Rec Inquiry	
Demo Recall	
BAR Reports	
Inq ABS Xfer	
BAR DRG Data	
Cust Rpt Menu	
EMR	

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 | Images |

Name	ABSTEST,OBSJAN29

Birthdate| Age	04/05/1980	32
Sex	F	
Other Name		
Mother's Name		
Address	7867 KINGWAY	
City| Province	BURNABY	BC
Postal Code	V6P 2X6	
Residence Code	41	
Language		

Home Phone	(604)582-6485
Other Phone	
Email	
Use Email	
Marital Status	
HC Province	BC
HC Number	9062148799
Soc Ins Num	
Subscriber Init	
Rel to Pt	
Religion	
Affiliation	

Employer	
Name	
Address	
City| Province	
Postal Code	
Phone	
Occupation	
Emp Status	

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.

	Mnemonic	Name
1	AHC	ALBERTA HEALTH CARE PLAN
2		
3		
4		

Detail | Rx Info | CDS

Policy Num	749003214	Cov Num	
Subscriber		Group Name	
Relation		Group Num	
Ins Name	ALBERTA HEALTH CARE PLAN	Emp Status	
Ins Address	PO BOX 1360	Emp Name	
	STATION MAIN	Emp Location	
City	EDMONTON	Benefit Plan	
Province	AB		
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.

Med Rec Num	AL00078295
Name	UDMRI STRANGETROLL,DALAIN
Portion	

Currently Signed Out

Date Out	
Due Back	
Recipient	
Comment	

Pending Reservations

Reservation Date	Recipient	Comment

Sign Out Record To

*Recipient	
*Date Out	
Due Back	
Comment	

"Rec Return" tab

Med Rec Num	AL00078295
	UDMRI STRANGETROLL,DALAINEE RA

Date Returned	19/11/14

Return Portions

Portion	Return From	Date Out	Reservations

"ABS Inquiries" tab allows you to print reports based on transactions that have been done. Ie 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:

MIS
Analyst Desktop
Provider Dictionary ▶

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:

MM
Requisitioning Desktop
Reports ▶
View Vendor Dictionary

MRI application:

MRI
Incomplete Records Desktop
Incomplete Record Routines ▶
ROI Desktop
Locator Desktop
MPI Desktop
Patient Routines ▶
System Management ▶
Reports ▶
Custom Reports ▶
ER Visits with Deleted Allergies
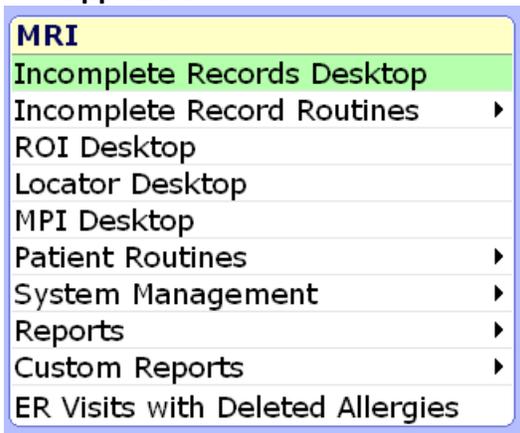
ITS application: (for entering/completing ITS orders for NACRS reporting and/or making minor fixes to therapist orders if trained to do so)

ITS
Therapist Desktop
Reports ▶

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 erros or (F)ile for creating the file.

File	CLRH

Period or Month	PERIOD

Fiscal Year:	
Begin Date	01/12/14
*Begin Month.Year/Period	DEC 2014
End Date	31/12/14
*End Month.Year/Period	DEC 2014
*Include Manual Abstracts	Y
Final submission for fiscal month	Y
NACRS Correction Record Type	
DAD Correction Record Type	
*Create (F)ile and screen for errors or (S)creen for errors	S

Cancel | OK Press OK
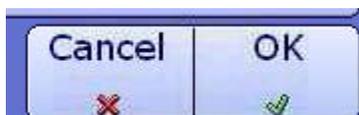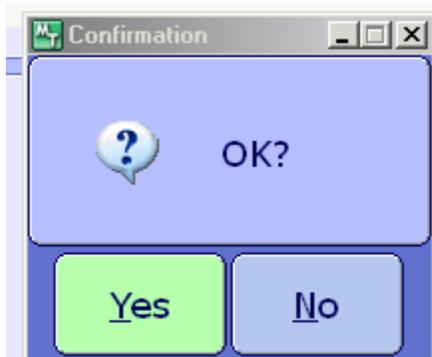
Confirmation — OK? — Yes | No Press Yes

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 Interface Manager (aka Inbox/Outbox)> Messages

At the top of the page, ensure you are in the Messages button.

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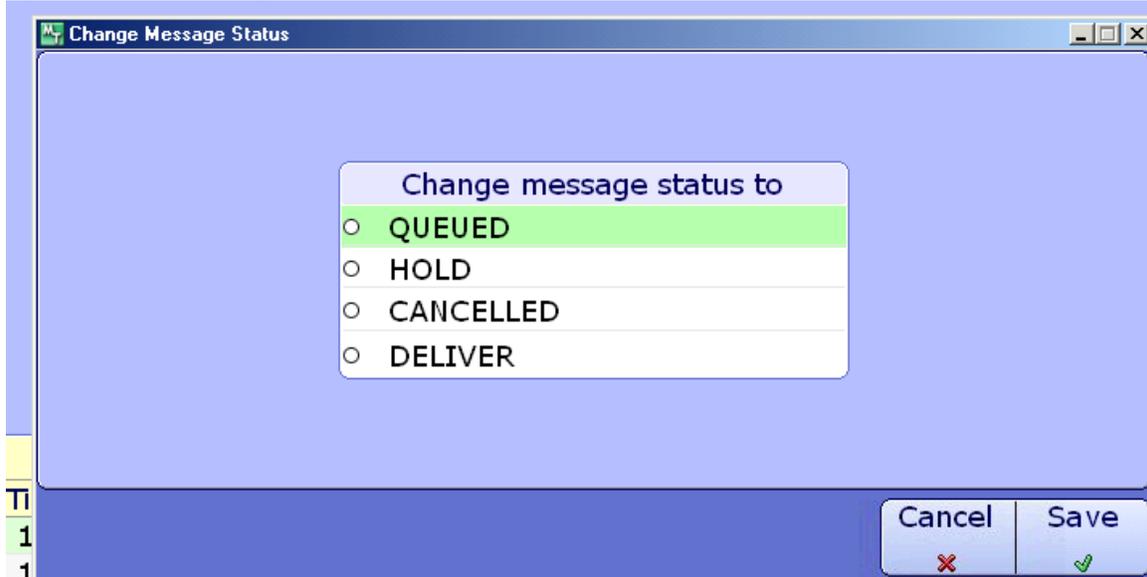
Click on Deliver and save. Another pop up will be received to confirm delivery of the file – press Yes. Your file will be delivered into the drive/folder as per usual.