



RSQ[®] Solutions

Modules for EMRs

Aligning Decision Support and Workflow to Improve Patient Safety

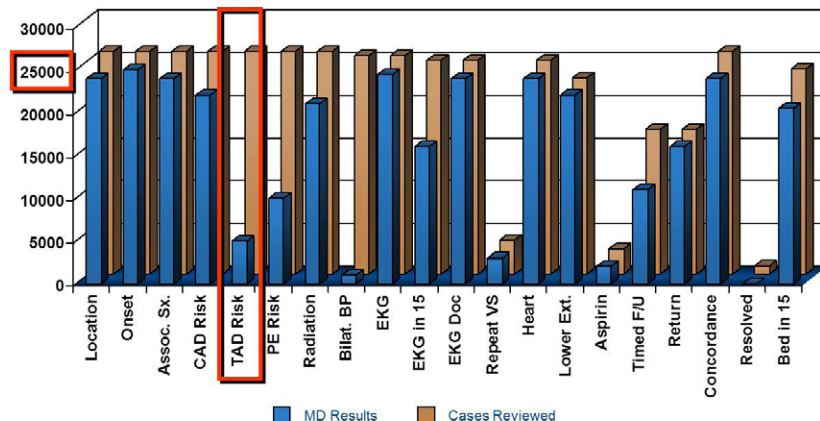
Picis ED PulseCheck[®] Risk Mitigation Module v.2.0

The Sullivan Group's Risk Mitigation Module v.2.0 (RMM) in Picis ED PulseCheck delivers risk management and patient safety where it belongs – at the patient's bedside. The RMM follows through on the promise of the Electronic Medical Record; clinical decision support built into the mental workflow to ensure the highest quality of care is delivered to every patient.

Drawing from 20 years of research into adverse outcomes and a granular analysis of 350,000 high-risk patients, TSG designed the RMM to specifically target those clinical areas of risk exposure that have often led to patient safety events and malpractice litigation.

After analyzing over 25,000 Chest Pain cases, the evidence clearly indicates that there are several documentation and clinical practice deficiencies; e.g., TAD Risk Factor Analysis is frequently missing from the medical record.

Chest Pain Evaluation National Profile



Features

Highlighting Critical Elements

of the history and physical helps draw the practitioner's attention to key areas of documentation. This helps serve as a reminder of those elements frequently associated with missed or delayed diagnoses. ED PulseCheck uses a 'red light-green light' system, which highlights critical documentation items with red 'stop' icons. There are no hard stops, no delays in the workflow.



Clinical Decision Support is integrated throughout the ED PulseCheck templates; it is also available at the top of every HPI and PE through a link to the relevant **RSQ®** Resources page, which provides key clinical information specific to the patient chief complaint.


44.10 Abdominal Pain: Pediatric - Resources	
44.11	Abdominal Pain: Pediatric Female - Interactive Differential Diagnosis
44.12	Abdominal Pain: Pediatric Male - Interactive Differential Diagnosis
44.3	Abdominal Pain: Pediatric - Sudden Onset - Consider Intussusception
44.4	Abdominal Pain: Pediatric - Sudden Onset - Consider Malrotation
44.6	Abdominal Pain: Pediatric - Pyloric Stenosis Hypertrophy
44.7	Abdominal Pain: Pediatric - Pyloric Stenosis Risk Factors
44.8	Abdominal Pain: Pediatric - Colic
2.22	Abdominal Pain: 0 - 2 Years
100.33	Intussusception - Quick Consult
100.4	Appendicitis Pediatric - Quick Consult
100.27	Group B Streptococcus (GBS) Infections (Pediatric) - Quick Consult
100.30	Hirschsprung's Disease - Quick Consult
100.43	Ovarian Torsion - Quick Consult
100.65	Testicular Torsion - Quick Consult

An **Interactive DDx** link is available at the top of the HPI and PE helping support the medical decision-making process. The Interactive DDx provides a template-specific differential diagnosis with immediate access to over 125 high-risk Quick Consults - a virtual textbook of key information.

44.12 Abdominal Pain: Pediatric Male - Interactive Differential	
Gastrointestinal	Genitourinary
<ul style="list-style-type: none"> Appendiceal Neoplasm Appendicitis Bowel Obstruction Cholecystitis Cholelithiasis Colic Constipation Crohn's Disease Diverticulitis Gastroenteritis GERD GI Bleed Hepatitis Hypertrophic Pyloric Stenosis Inguinal Hernia Intestinal Malrotation Intestinal Obstruction 	<ul style="list-style-type: none"> Intussusception Irritable Bowel Syndrome Malrotation Meckels Diverticulitis Mesenteric Adenitis Mesenteric Ischemia Necrotizing Enterocolitis Omental Torsion Pancreatitis Peptic Ulcer Disease Peritonitis Primary Peritonitis Small Bowel Obstruction Testicular Torsion Typhilitis Volvulus
Other	Genitourinary
<ul style="list-style-type: none"> Diabetes Ketoacidosis Hemolytic Uremic Syndromes Henoch Schoenlein Purpura Herpes Zoster 	<ul style="list-style-type: none"> Nephritis Prostatitis Pylonephritis

Risk Notifications activate in response to physician and nurse data input that suggests the presence of a high-risk clinical condition.


TIME COURSE PED


Onset 

☐ Sudden ▾


☐ Gradual ▾

☐ Unable to describe

 Sudden: Consider Intussusception

 Sudden: Consider Malrotation


Answering "Sudden" activates Risk Notification. Clicking on the Risk Notification icon provides access to key information regarding the clinical presentation.


Onset 

☒ Sudden ▾

☐ Gradual ▾

☐ Unable to describe

 Sudden: Consider Intussusception

 Sudden: Consider Malrotation

44.2 Abdominal Pain: Pediatric - Sudden Onset

In young children with a sudden onset of pain, consider the possibility of intussusception and malrotation in the differential diagnosis of pediatric abdominal pain.

[Intussusception Quick Consult](#)

[Abdominal Pain: Pediatric - Sudden Onset - Consider Intussusception](#)

[Abdominal Pain: Pediatric - Sudden Onset - Consider Malrotation](#)

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Key Information links in the templates provide immediate access to clinical decision support built into the mental workflow. This includes hundreds of diagrams, graphics, normal and abnormal anatomy, procedures and disease classifications.

Comprehensive Hand Exam


Normal Findings ▾


Abrasions ▾

Crepitus ▾


Deformity ▾

☐ Tendon Function Normal ▾

 Tendon Function of the Upper & Lower Extremities

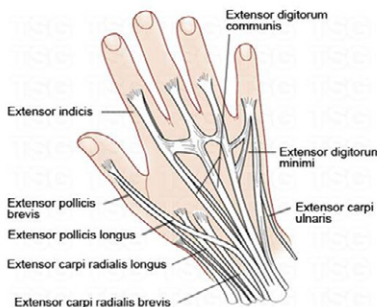
 **Tendon Testing Illustrations Wrist / Hand**

☐ Signs of compartment syndrome

 Compartment Syndrome: Signs

11.24 Hand Tendon: Extensor Tendons Hand Graphic

Hand Extensor Tendon Illustration

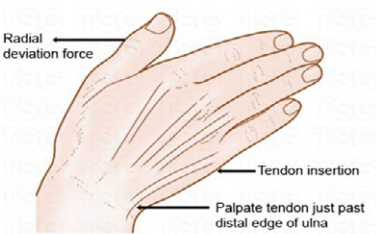


Use this illustration to identify the extensor tendon at risk.

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11.30 Hand Tendon: Extensor Carpi Ulnaris Graphic

Extensor Carpi Ulnaris Testing



Tendon inserts at the base of the fifth metatarsal, dorsum (back) of the hand. To test tendon function, ask the patient to ulnar deviate the wrist and palpate the tendon just past the distal edge of the ulna. Apply a radial deviation force with your finger on the tendon to test tendon strength.

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Vital Sign Indicators and Notifications help the ED team maintain a constant front-of-mind awareness of vital sign abnormalities (age specific), including notification at patient disposition.

The screenshot shows the ED PulseCheck interface with a table of patients. The table has columns for Bed/Urgency, Patient, Done, Dispo, and LOS. Patients listed include Garza, Gerardo; Black, Jackson; Charles, Britney; Tucker, Helen; Ryan, Trenton; and Smith, Mary. A red 'V' icon is visible next to the 'Dispo' column for the last patient, indicating an out-of-range vital sign.

Mouse over the red "V" to display out-of-range vital signs.

The RMM notifies the physician and nurse when attempting to discharge a patient with an abnormal vital sign.

Open Orders Chest (2 Views)

Problem	Normal Range
The Respiration (24) is severely above normal for Patient (12-18)	(12-18)
The Pulse (120) is severely above normal for Patient (55-105)	(55-105)
The Pain (8) is above normal for Patient (0-6)	(0-6)

Continue

Risk-Enhanced Triage Support provides a list of 'seconds-to-minutes' emergencies that require intervention by the Triage Nurse. This element of the RMM helps reduce door-to-physician time for these high-risk clinical presentations, and brings the ED team together around the highest acuity presentations.

The screenshot shows the ED PulseCheck interface with the Triage to Emergency section. It includes fields for Date of Birth, Admission, Nurse, Doctor, and Primary Care. A warning message is displayed: "Acute Scrotal Pain is a high risk complaint. The attending physician or charge nurse should be contacted immediately." The complaint is listed as "Acute Scrotal Pain" and "Chest Pain > 30".

Acute Scrotal Pain is a high risk complaint. The attending physician or charge nurse should be contacted immediately.