RADISH

USER GUIDE

RADISH User Guide

Feb 2018

Version 1.00

By: Homer Uy Co, MD

Creator of RADISH

RADISH

USER GUIDE

Copyright notice: This user guide may be freely reproduced, shared and printed for use by the Philippine General Hospital for its staff and other purposes. This user guide IS NOT FOR SALE.

Document Revisions

Date	Version Number	Document Changes
02/12/2018	0.1	Initial version

Table of Contents

1 Introduction 6

2 Framework for Census Data Collection 7

2.1.1 Consults vs Disposition 7

2.1.2 Consult types 8

2.1.3 Consult Dispositions 8

2.1.4 Admissions categories 9

2.1.5 Admission sources 9

2.1.6 Other admission details 9

2.1.7 Admission dispositions 9

2.1.8 User groups 9

3 The RADISH USER INTERFACE 11

3.1 ... The LOG IN Page 11

3.2 ... Home Page and Navigation Bar 12

3.3 ... Common functions available to all users 13

3.4 ... RADISH DASHBOARD 13

3.5 ... Information Desk Home Page 13

4 RADISH Data Encoding Standards and Rules 14

4.1 ... Date 14

4.2 ... Time 15

4.3 ... Free text entries for Final Diagnosis and Notes 15

4.4 ... Dropdown Menus 15

4.5 ... Checkboxes 16

4.6 ... Confirmation Dialog Box 17

4.7 ... Notification Message 17

4.8 ... Rules and Role delegation 17

5 Add New Consults and Admissions 18

5.1 ... Selecting the patient 18

5.2 ... Creating the New Consult or New Elective Admission 19

5.3 ... Creating a New Admission from an Existing Consult 20

5.4 ....Updating the Default Values for New Consult 20
5.5 ....Updating the Default Values for New Admission 21
6 Updating Consult and Admission Information 22
6.1 ....Two ways to update 22
6.1.1 Active View 22
6.1.2 Period View 23
6.2 ....Important Information for Updating 25
6.2.1 Consult Type 25
6.2.2 Admission Source 25
6.2.3 Admission Category 26
6.2.4 Admission Initial Location and Initial Service 26
6.2.5 Transfers 26
7 Encoding and Updating Etiquette 27
7.1 ....Consults 27
7.1.1 Upon Creation of New Consult 27
7.1.2 Change in Disposition of Consults in Emergency care areas 27
7.2 ....Admissions 27
7.2.1 Upon Creation of New Admission 27
7.2.2 Admissions in the Emergency Care Areas (ED/PAS/OBAS) 27
7.2.3 Transfers between areas within the hospital 28
7.2.4 Final Disposition of Admissions 28
7.2.5 Other Admission Information 28
8 Acknowledgement 29

1 Introduction

RADISH is a computerized registry for hospital emergency department consults and inpatient admissions. RADISH has two main objectives as follows:

1. To provide an easily updateable computerized hospital census of patients
2. To generate hospital statistics and other reports as required by the Department of Health and for internal use in hospital services quality evaluation, improvement and management

As secondary objectives, RADISH aims to:

1. To simplify and improve efficiency of the work of the Medical Records Department and other healthcare personnel involved in the generation of census data and information
    a. Standardize data entry and hospital information reporting
    b. Eliminate redundancy in data collection work
    c. Improve coordination among hospital staff by providing a common portal for data encoding / recording and reports generation
2. To reduce the use of paper to reduce cost, save on space and help in protecting the environment
3. To improve access to information for use in decision-making, policy decisions and strategy formulation by the hospital administration and management teams

This RADISH user guide has the following objectives:

1. To provide a background on the framework used for census data collection
    a. Orientation on patient classification and hospital patient movement
    b. User groups and role delegation
2. To introduce the RADISH user interface layout for quick navigation and intuitive use
3. To enumerate the standards and rules for data encoding
4. To orient the user on adding new consults/admissions
5. To orient the user on the different modes for data encoding and updating
6. To introduce the concept of encoding and updating etiquette
7. To orient the user on the info desk interface for quick patient info and status search
8. To enumerate the reports available for viewing

2 Framework for Census Data Collection

2.1.1 Consults vs Disposition

All patients who consult at the Emergency Department (ED), the OB admitting section (OBAS) and the Pedia admitting section (PAS) are initially referred to as CONSULTS. When a consult is deemed to necessitate further inpatient care or management exceeding 24 hrs, the consult is then given a disposition of ADMITTED. A new admission is then registered arising from the former. Any movement from the ED/OBAS/PAS to any of the inpatient wards/ICUs is referred to as a TRANSFER. Admissions can also come from straight elective or "walk-in" patients direct to inpatient wards. The operating rooms, Dialysis Units, Cath Lab and other similar units are NOT inpatient wards and therefore movement to these areas will not be registered as transfers. (Figure 1. Differentiating a CONSULT from an ADMISSION and their respective DISPOSITIONS)

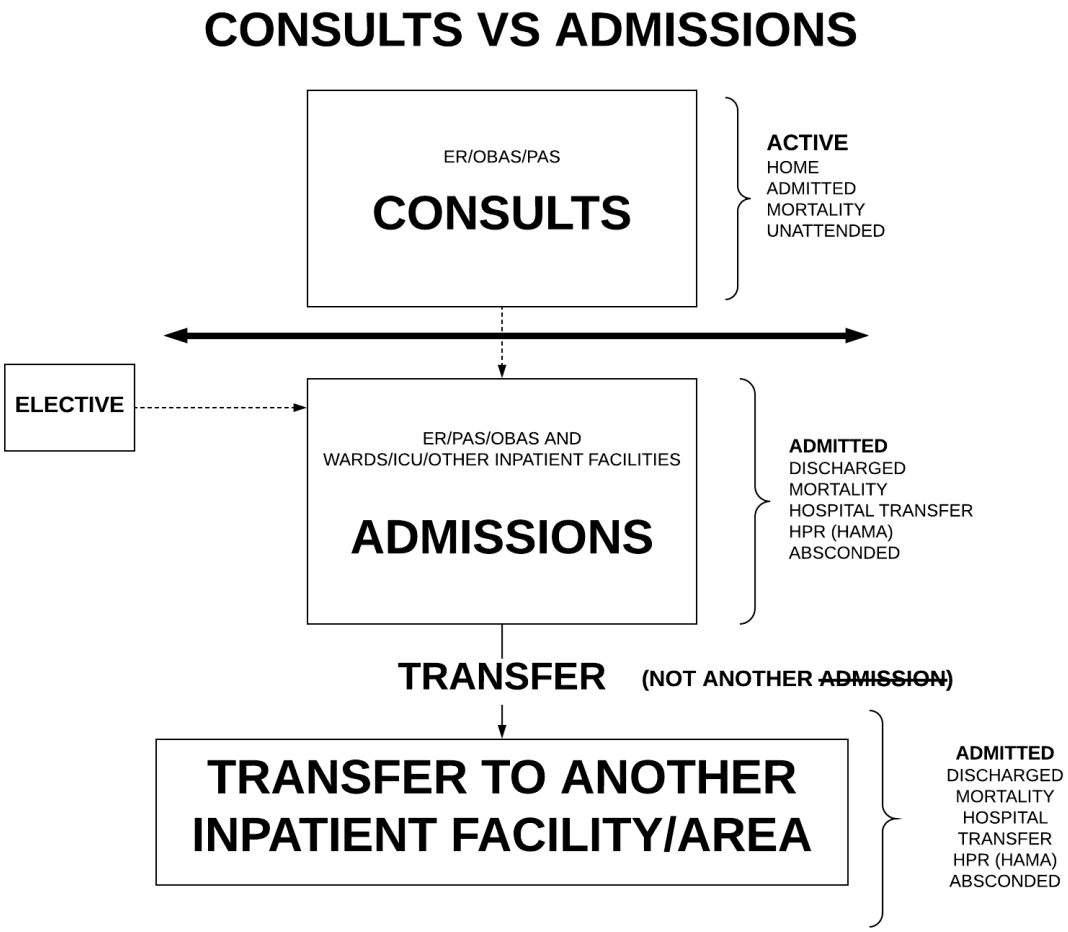

Figure 1. Differentiating a CONSULT from an ADMISSION and their respective DISPOSITIONS

2.1.2 Consult types

The following describe the 3 types of consults (also refer to Figure 2. Consult classification guide)

a. ADULT – >=19 yrs
b. Pediatric - <19 yrs
c. Obstetric – ALL consults at the OBAS including gynecologic cases

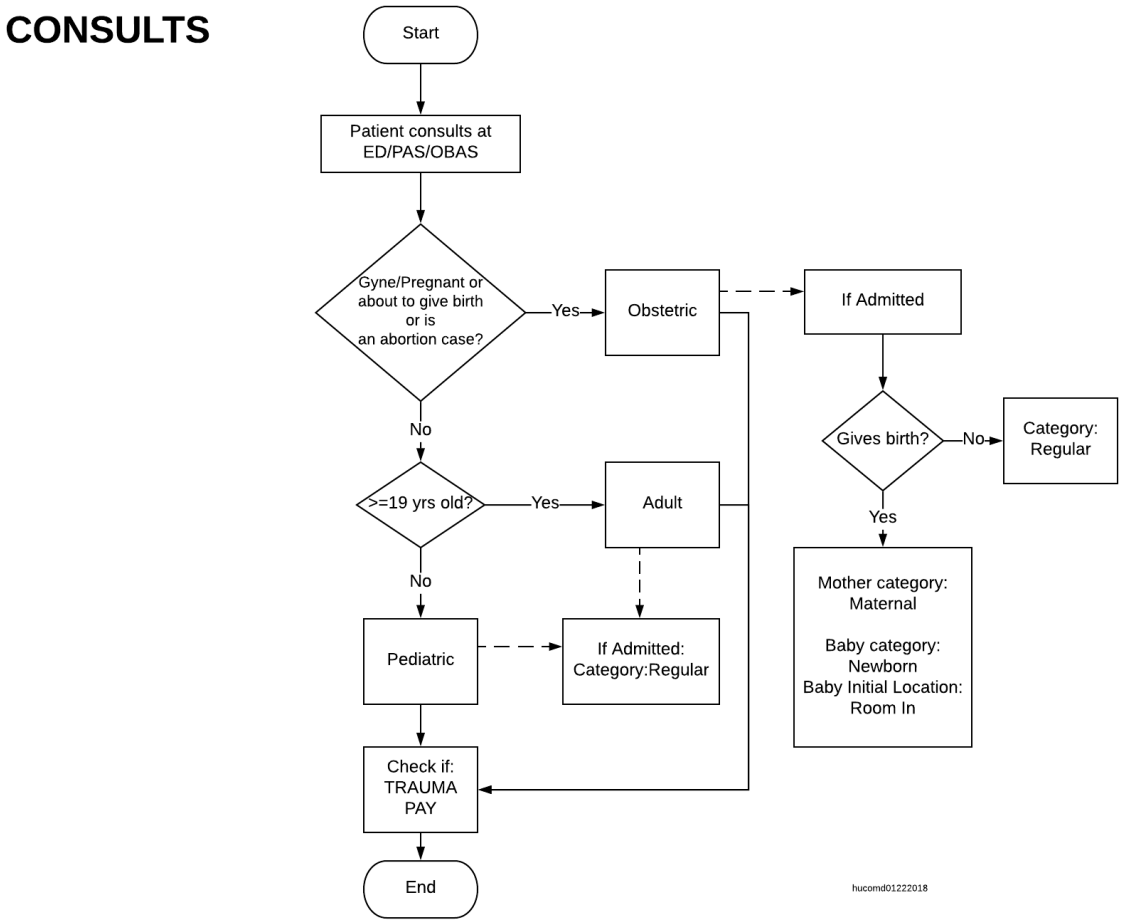

Figure 2. Consult classification guide

It is important to note that additional classification for consults are TRAUMA for cases of trauma, Philhealth status and PAY for consults to the PAY ER.

2.1.3 Consult Dispositions

The following are the dispositions for consults:

1. Active – an ongoing consult < 24 hrs

2. Home – sent home
3. Admitted – those needing further inpatient care or management for > 24 hrs from start of consult *regardless of location*
4. Mortality – died
5. Unattended – patient left without being seen by a physician or without a formal disposition from physician

2.1.4 Admissions categories

Admissions are categorized as:

1. Regular – all non-maternal, non-newborn patients
2. Maternal – mothers who gave birth or suffered an abortion in the hospital
3. Newborn – neonates born in the hospital

2.1.5 Admission sources

Patient sources of admissions are the following:

1. Elective - walk in straight to ward admissions
2. Emergency
3. PAS
4. OBAS
5. Hospital Transfer –coordinated from other hospitals

2.1.6 Other admission details

An admission is also classified according to PHILHEALTH status and as a service/"charity" (NON_PAY) or "PAY"

2.1.7 Admission dispositions

Admission dispositions are as follows:

1. Admitted – currently admitted
2. Discharged
3. Mortality
4. Hospital Transfer – transferred to another hospital/health facility
5. HPR (Home per Request) – traditionally referred to as HAMA (Home against medical advice)
6. Absconded – unofficial and unregistered disappearance of the patient

2.1.8 User groups

There are several user groups in RADISH with different role delegations and consequently access restrictions.

1. Administrator

Has access to all regular RADISH data encoding and viewing functions including the following administrative functions:

a. User and group creation and editing
b. Doctor's list updating
c. Deleting of consults/admissions
d. Monitoring of activity thru the Activity Log
e. Viewing of hospital level statistical reports

2. Records

Refers to the Medical Records Staff in the registration areas and the statistics department. They have access to all creation and updating functions of consults and admissions EXCEPT deletion. They also have access to generate and view MRD census reports printout, census reports for the day, census printouts for ED/OBAS/PAS and period census report per area.

3. Clerk

Refers to the ED/PAS/OBAS and ward/ICU staff responsible for updating dispositions of admissions and patient movement. This include the nurses and the ward clerks/assistants. They have access to all updating functions but LIMITED TO admissions only. They also have access to generate and view census reports for the day, census printouts for ED/OBAS/PAS and period census report per area.

4. Registry

Refers to the Medical Records Personnel responsible for creating the Consults and Admissions registry of the hospital. Their access is restricted to viewing MRD census reports printout.

5. Information
Refers to the Information Desk personnel at the hospital lobby which responds to guest queries regarding patient consult/admission status. Their access is limited to a search function for patients who have consulted or have been admitted in the past 3 months. Information that will be available to them are restricted to Case Number, Name, Location, Date of consult/admission, Disposition and Date of disposition.

3 The RADISH USER INTERFACE

3.1 The LOG IN Page

On loading the home page of RADISH, the user is greeted with a "modal window" dropping from top containing messages from the "Message Board" (Figure 3. The Message Board Modal Window). Click the Close button or anywhere outside the Modal Window to make it disappear.

Figure 3. The Message Board Modal Window

On the Log in page (see Figure 4. Log In Page), enter your user email and password and click on Login button to log in. Note that repeated failed attempts will lock the user from logging in for several minutes.

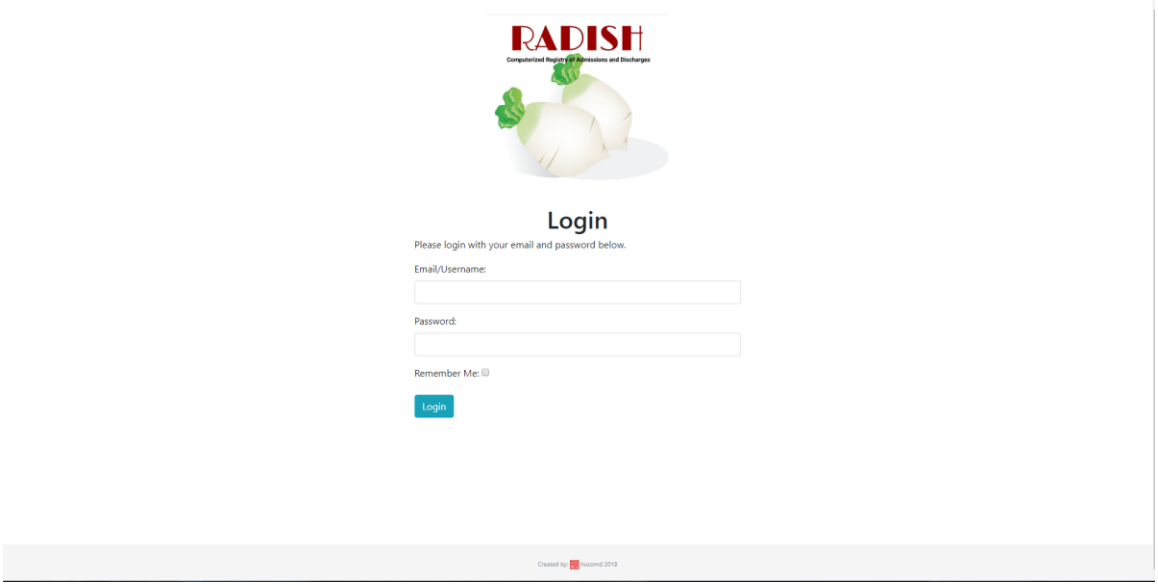

Figure 4. Log In Page

3.2 Home Page and Navigation Bar

Upon completing a successful log-in attempt, the user is shown the RADISH home page which is composed of the top navigation bar and the content body. The home page content body depends on the group that the user belongs to. The administrator, records and clerk group will have the RADISH DASHBOARD as the home page content body. The contents of the navigation bar for each group will depend on the group access. The common items for all groups in the navigation bar include the HOME, CHANGE PASSWORD, MESSAGE BOARD and LOG OUT tabs. The navigation bar will also show the user that is logged in (Figure 5. Navigation Bar and Home Page Content Body for administrator group).

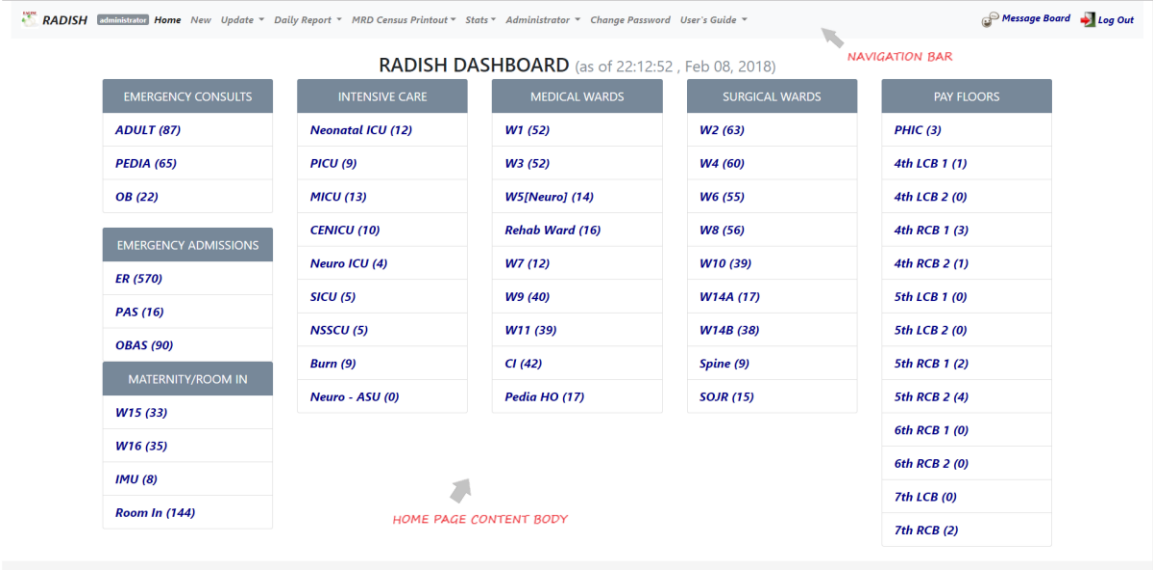

Figure 5. Navigation Bar and Home Page Content Body for administrator group

3.3 Common functions available to all users

1. Home Tab/Radish Icon – click to return to Home Page
2. User logged in – highlighted and located after the RADISH logo
3. Change Password – click to proceed to change password form. Always change your provided password on first log-in!
4. Users Guide – Click to select from dropdown the available user guide diagrams and documents
5. Message Board – Click to proceed to the message board and read what the RADISH community is discussing or send a message for suggestions, comments and inquiries
6. Log Out – click to log out of RADISH

3.4 RADISH DASHBOARD

The RADISH dashboard lists all the areas of consults and admissions and the corresponding number of ACTIVE CONSULTS and admitted ADMISSIONS. Note that the emergency department (ER and PAS) and the OBAS are also areas listed with admissions. Clicking on the text link of the area will change the content body into a table list of ACTIVE CONSULTS or ADMITTED ADMISSIONS.

3.5 Information Desk Home Page

The information group of users will have a searchable table of all patients who have consulted at the Emergency Areas/OBAS or have been admitted in the hospital in the past 3 months. Details provided are restricted to the case number, name, location,

date of consult or date of admission, disposition and date of disposition (see Figure 6. Information Desk Home Page). Click on the Refresh button to update the table. This home page is only available to the information group users.

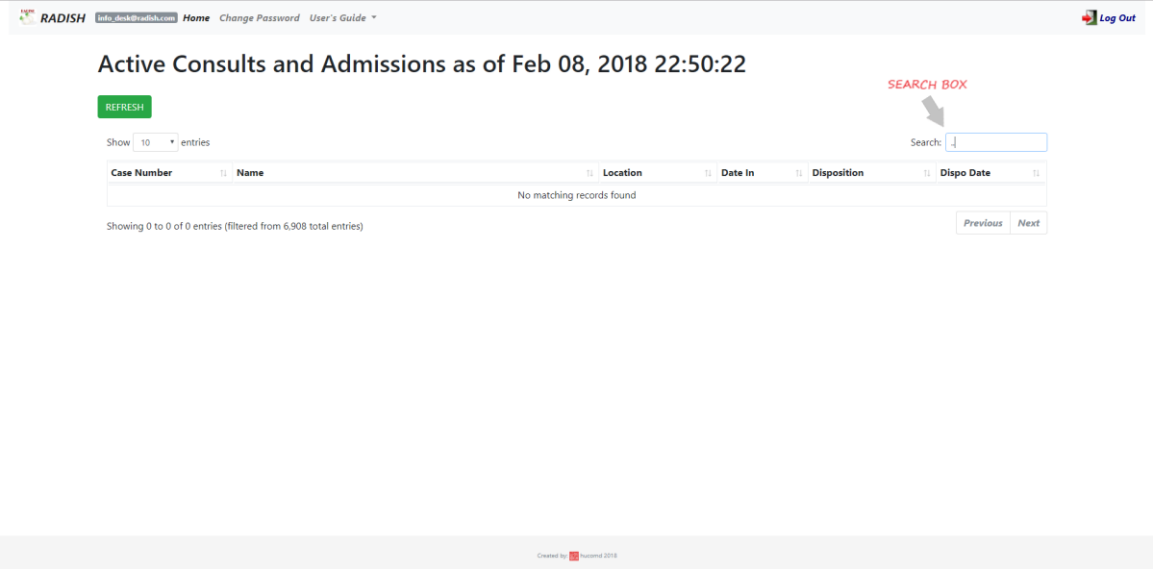

Figure 6. Information Desk Home Page

4 RADISH Data Encoding Standards and Rules

4.1 Date

A date picker widget is activated upon clicking on the text box. It is recommended that the date picker widget be used to enter a date. A date can also be typed "manually", the format being YYYY-mm-dd (see Figure 7. Sample of a date picker widget).

The date for DISPOSITION DATE should always be greater than or later than the DATE IN. For generating period reports or listings, the START DATE should always be less than or earlier or equal to the END DATE.

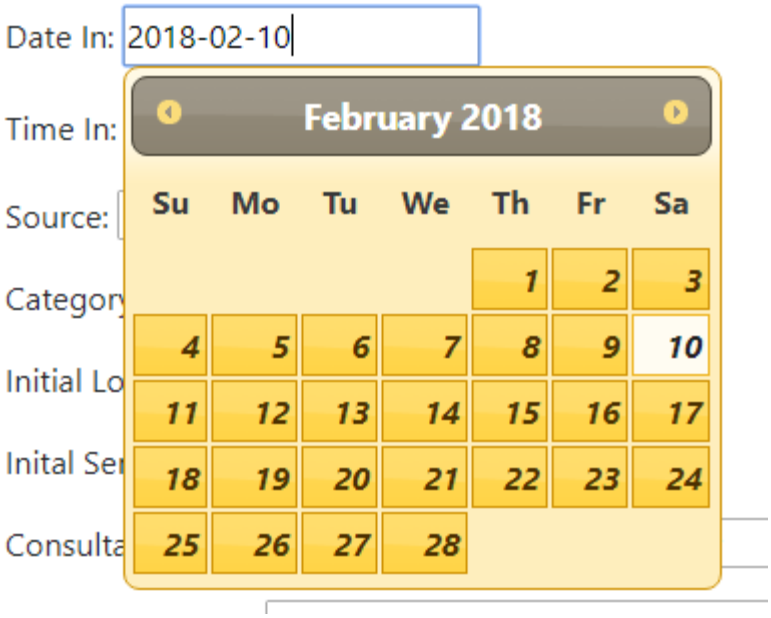

Figure 7. Sample of a date picker widget

4.2 Time

Time format used should be military time (24 Hours). Just type the time without the colons and press enter or click outside the text box, and the content will be automatically converted to time format. For example, type in 1500 for 15:00:00 (3:00PM) and press enter or click outside the text box.

4.3 Free text entries for Final Diagnosis and Notes

Final diagnosis should be typed in UPPER CASE letters. Notes however can be typed in however the user wishes.

4.4 Dropdown Menus

Most of the data encoding for consults and admissions will be through selection from the dropdown menu provided. This is to ensure standardization. (see Figure 8. Sample of a dropdown menu).

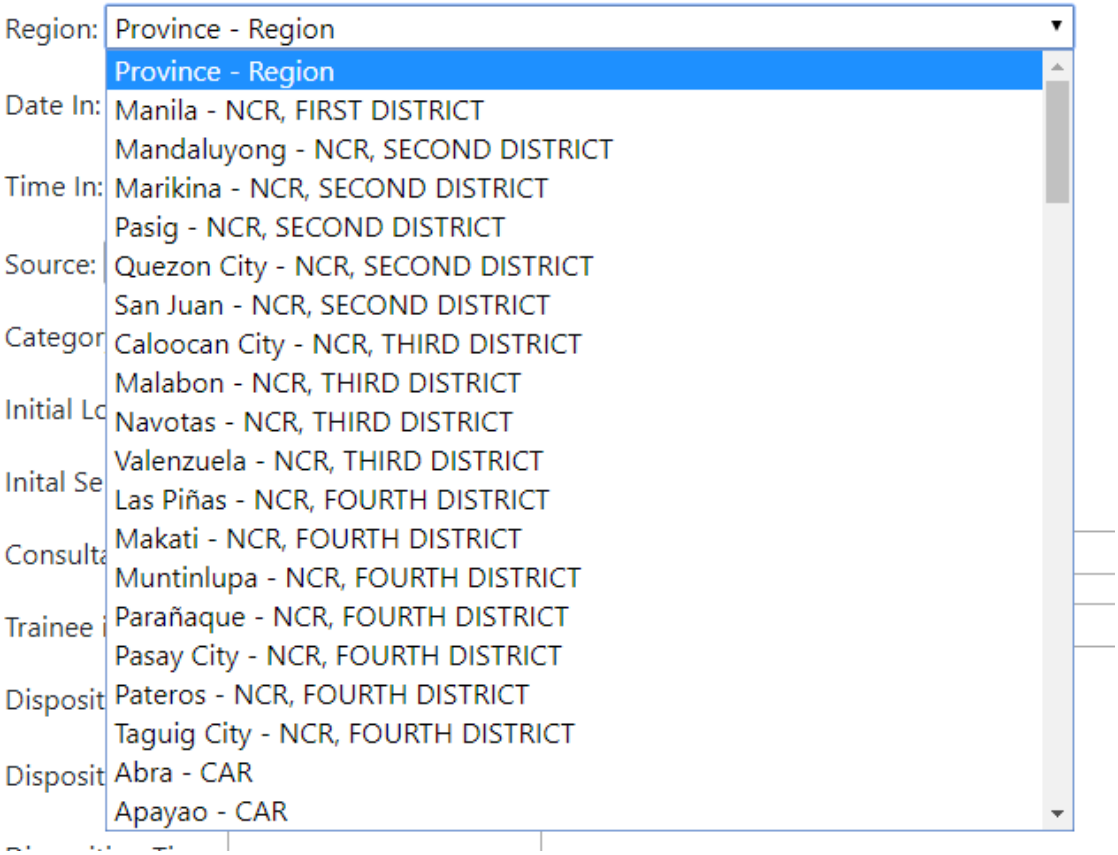

Figure 8. Sample of a dropdown menu

4.5 Checkboxes

Some of the data encoding will be through checking / unchecking checkboxes. A checked checkbox will mean a YES for the item and an unchecked box will mean a NO for the item (see Figure 9. Sample of checked and unchecked Checkboxes).

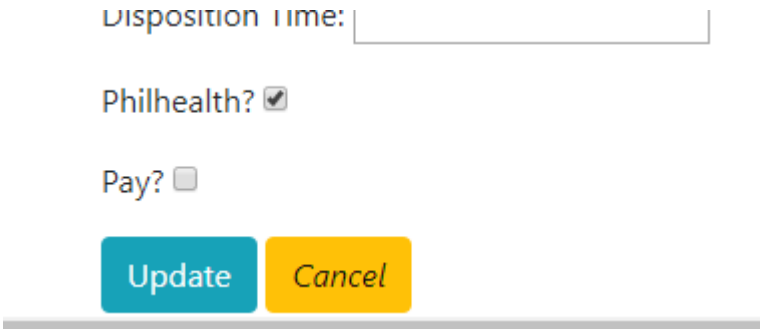

Figure 9. Sample of checked and unchecked Checkboxes

4.6 Confirmation Dialog Box

After clicking the Update button, a Confirmation Dialog Box appears on top of the page. Click on Ok button to proceed with update, or click on the Cancel button to cancel the update (see Figure 10. Confirmation Dialog Box).

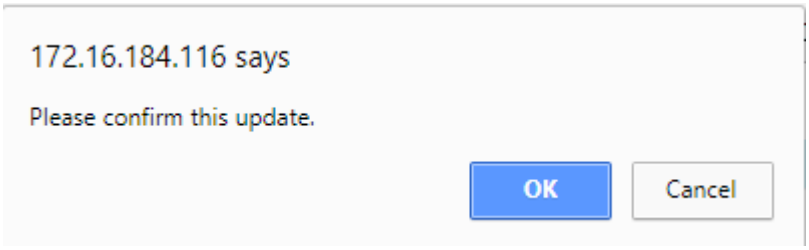

Figure 10. Confirmation Dialog Box

4.7 Notification Message

On failed or successful data updates, a notification message bar highlighted in light blue will appear right below the page heading. Please take note of the message especially if updates were not saved (see Figure 11. Sample of Notification Message).

Figure 11. Sample of Notification Message

4.8 Rules and Role delegation

To better control the potential errors in encoding, the following are the rules and role delegation for RADISH:

a. Records group will be the ONLY users responsible for **adding NEW consults and admissions**
b. Records group will be the ONLY users responsible for **updating/editing consults**
c. Updating of the following admissions data will be performed primarily by Clerk groups (nurses/ward clerks)
    i. Disposition (including disposition date and time)
    ii. Final Diagnosis
    iii. Consultant and Trainee in charge
    iv. Transfers
d. Records group can also edit and update admission details not listed above and also per request from the Clerk Group users if ever problems are encountered

e. Administrator group users can perform all of the above function PLUS deletion of erroneous/duplicate consults/admissions

5 Add New Consults and Admissions

5.1 Selecting the patient

This function is available only to **Records and Administrator group users**.

RADISH reads from the master patient index table of the hospital's OPEN-ERP program. New patients will be added through the OPEN-ERP system and not in RADISH.

The first step in **adding a new consult or a new elective admission** is selecting the patient from the master patient index. To do this, click on the **New tab** in the navigation bar to proceed to the **Find Patient Page** (see Figure 12. Find Patient Page). In the search box, type in the search term at least 3 characters in length. The search term could be a part of the patient's case number or name. Click on the **Submit** button and the search results will appear below in table format. The results can be further filtered by typing additional search terms in the **search box provided at the upper right corner** of the table. Click on the pagination buttons on the right lower corner to view more results if there are any more. Click on the **Select** button to select this patient for a new consult or admission (See Figure 13. Search Results Page).

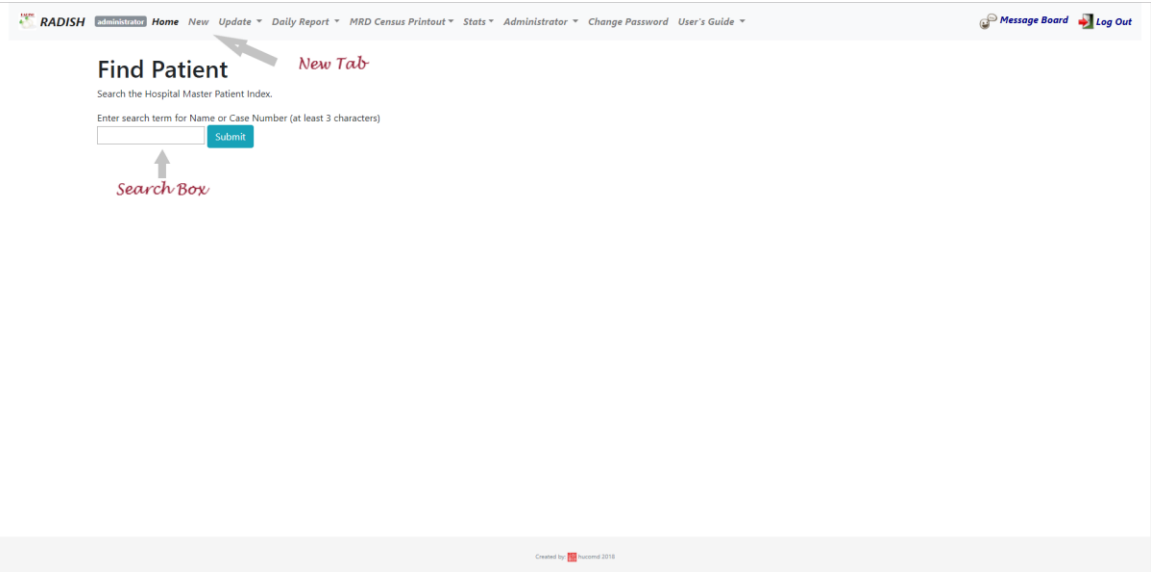

Figure 12. Find Patient Page

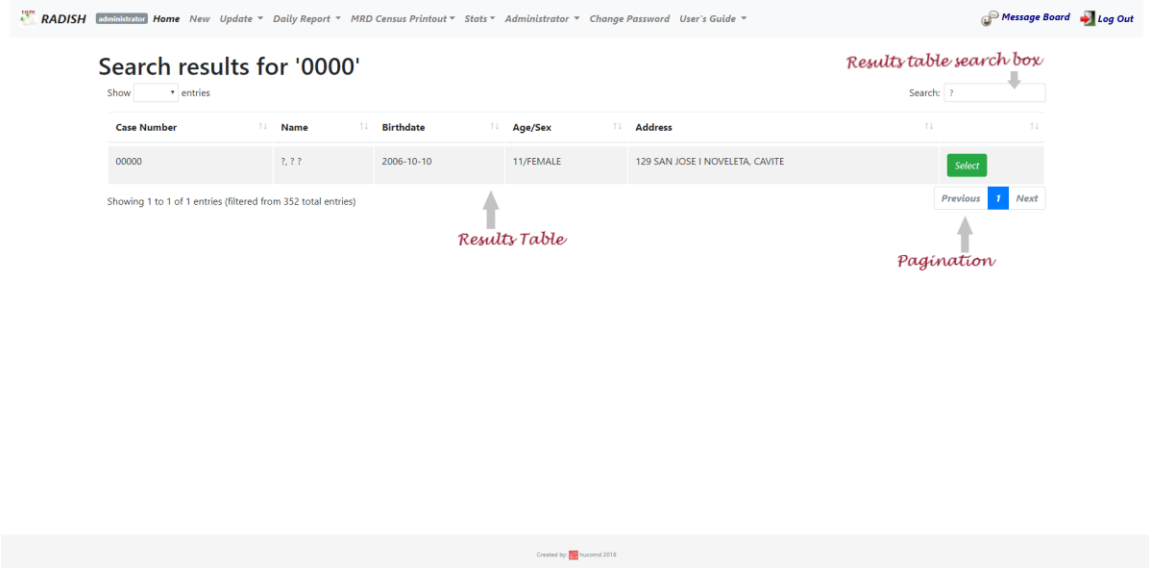

Figure 13. Search Results Page

5.2 Creating the New Consult or New Elective Admission

After clicking on the **Select** button in the **Find Patient Page,** the **Add New ED Consult/Admission** page will be shown. It contains the details of the patient selected and three buttons as options. Click on the **New Consult** button to create a new consult entry for this patient or click on the **New Admission** button for a new (elective) admission. Click on cancel to return to the home page without creating a new entry for consults or admissions (see Figure 14. Add New ED Consult/Admission Page).

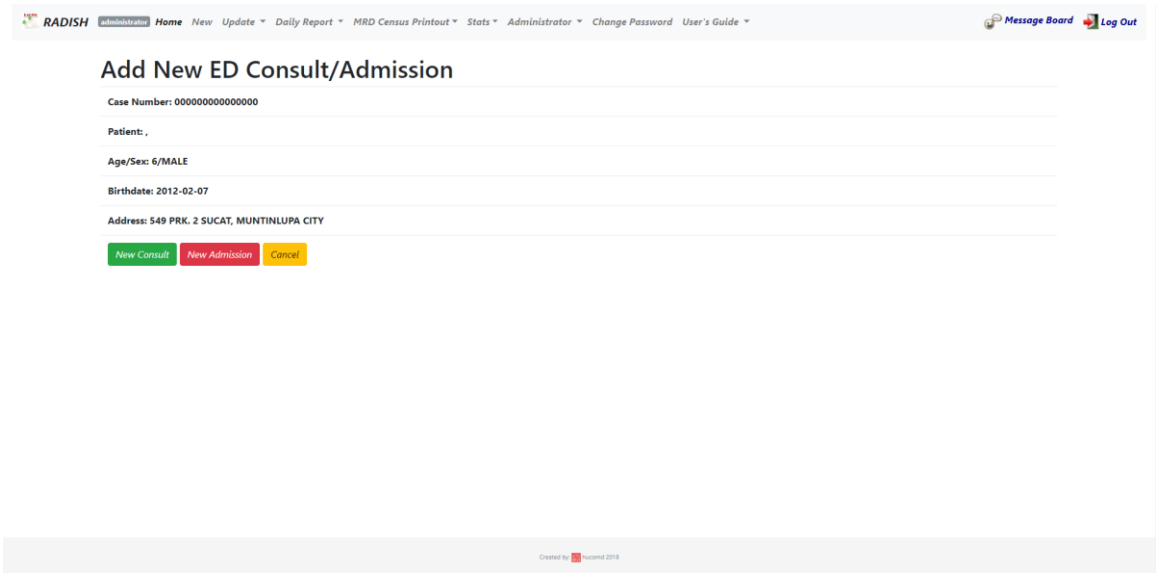

Figure 14. Add New ED Consult/Admission Page

5.3 Creating a New Admission from an Existing Consult

A new admission from an existing ED/PAS/OBAS consult is created by changing the disposition of the consult to Admitted and providing the date and time of disposition. See section **6 Updating Consult and Admission Information** below for details on updating disposition of consults.

5.4 Updating the Default Values for New Consult

A consult has the following information:

1. Date of consult – default is current date
2. Time of consult – default is current time
3. Region – default is "Province – Region"
4. Type – default is if >=19 years old, "Adult", if <19 years old, "Pediatric"
5. Consultant – default is "Doctors name – Specialty"
6. Trainee – default is "Doctors name – Specialty"
7. Trauma – default unchecked
8. Pay – default unchecked
9. PHIC (Philhealth) – default unchecked
10. Disposition – default is "Admitted"
11. Disposition Date – default is blank
12. Disposition Time – default is blank

Upon creation of a new consult, the **Update Consult Info** page is shown. Edit the default values as necessary and click **Update** button to save changes. If there is no changes that need to made, click on the **Cancel** button (see Figure 15. Update ED Consult Info Page).

NOTE: the **Final Diagnosis** and **Notes** are updateable only in the Active and Period views (see below for more details).

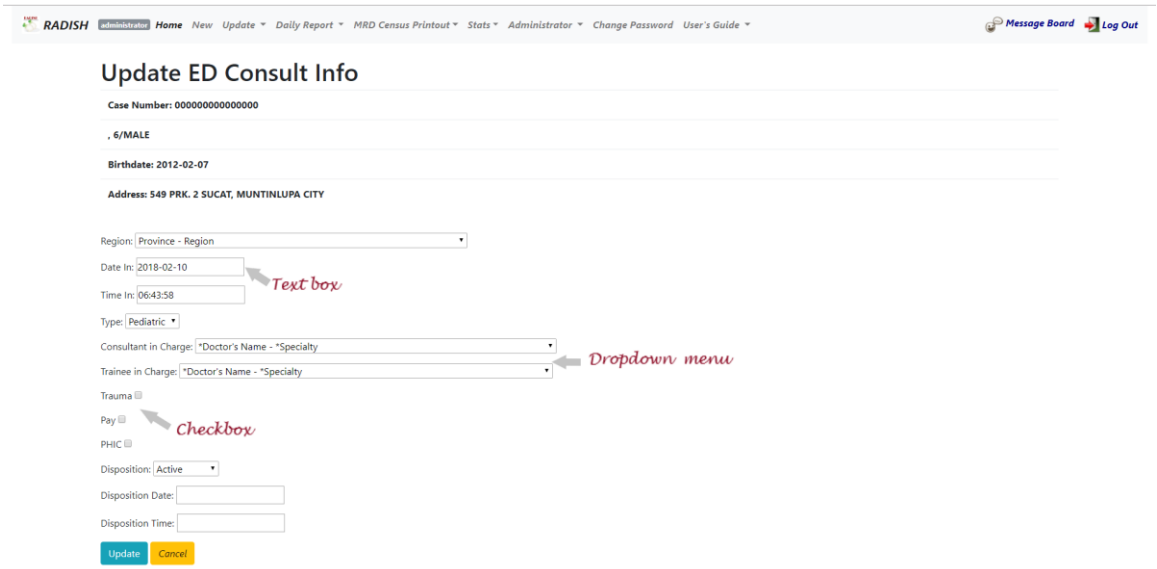

Figure 15. Update ED Consult Info Page

5.5 Updating the Default Values for New Admission

An admission has the following information:

1. Date of consult – default is current date
2. Time of consult – default is current time
3. Region – default is "Province – Region"
4. Source – default is "Emergency"
5. Category– default is "Regular"
6. Initial Location – default is "Emergency"
7. Initial Service – default is "Medicine"
8. Consultant – default is "Doctors name – Specialty"
9. Trainee – default is "Doctors name – Specialty"
10. Pay – default unchecked
11. PHIC (Philhealth) – default unchecked
12. Disposition – default is "Admitted"
13. Disposition Date – default is blank
14. Disposition Time – default is blank

Upon creation of a new admission, the **Update Admission Info** page is shown. Edit the default values as necessary and click **Update** button to save changes. If there is no changes that need to made, click on the **Cancel** button (see Figure 16. Update Admission Info Page).

NOTE: the **Final Diagnosis** and **Notes** are updateable only in the Active and Period views (see below for more details).

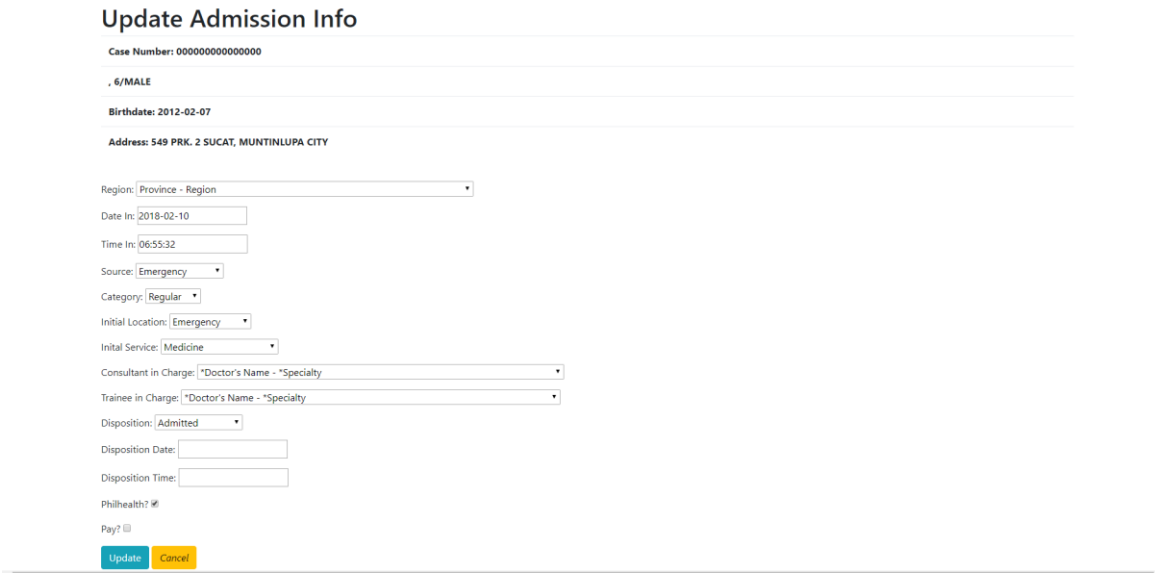

Figure 16. Update Admission Info Page

6 Updating Consult and Admission Information

6.1 Two ways to update

There are two ways to update consult and admission information after the consult and admission have been created:

6.1.1 Active View

This is a listing of all consults with ACTIVE disposition or all admissions with ADMITTED dispositions per area (see Figure 17. Active ED Consult View Page). This view is accessed by clicking on the links of the different areas provided on the RADISH DASHBOARD. This view is useful for updating consults/admissions within the user's area or for transferring admissions from the source area to one's own area. Note however that not all consult or admission information can be updated in this view. Below is a list of the information that can be updated in this Active view.

NOTE: The **Active view** for consults is accessible only to the **Records and Administrator groups of users**.

Consults:

a. Region
b. Final Diagnosis
c. Notes
d. Consultant
e. Trainee
f. Disposition (including Disposition Date and Time)

Admissions:

a. Region
b. Final Diagnosis
c. Notes
d. Consultant
e. Trainee
f. Disposition (including Disposition Date and Trainee)
g. Transfers

The above items can be clicked (links or buttons) to reveal the Update Modal sliding down from the top (see Figure 19. Update Modal). Edit the information as necessary and click on **Update** button to save changes or **Cancel** button to discard changes.

6.1.2 Period View

This is a listing of all consults or admissions with the **Date of consult** or **Date of admission** within a defined period set by the user ***regardless of disposition (see*** Figure 18. Active Admissions View Page***)***. This view is accessed by clicking on the **Update→Consults** or **Update → Admissions** tab on the **Navigation Bar.** The default period set is 1 week (7 days) counting from today to 7 days back. Change the start and end date to look for entries with dates of consult or date of admission greater than 1 week before today. This view is useful for updating or correcting information of consults or admissions that have **dispositions other than Active (consults) or Admitted (admissions)**. All the updateable information in the **Active view** can also be updated in the period view. Other information are available only in this view for update, including the following:

Consults:

a. Type (Adult, Pediatric, Obstetric)
b. Trauma
c. PHIC (Philhealth status)
d. Pay
e. Trauma

f. Mortality (only appears for dispositions with Mortality)

Admissions:

a. Source (Emergency, OBAS, PAS, Elective, Hospital Transfer)
b. Category (Regular, Newborn, Maternal)
c. Pay
d. PHIC (Philhealth status)
e. Initial service
f. Initial location
g. Transfer – click on the Transfer button to "transfer" the location of an admission. Click on an existing transfer entry to update or delete (return to previous location) a transfer.

The above items can be clicked (links or buttons) to reveal the Update Modal sliding down from the top. Edit the information as necessary and click on **Update** button to save changes or **Cancel** button to discard changes.

Tip: Place the cursor over the **Final Diagnosis** or **Notes** button and get a preview of the saved text on the **Tooltip Popout (see** Figure 17. Active ED Consult View Page**)**. If the Final Diagnosis is empty, the button text is "Add Final Diagnosis" and if it has a content the text is "Update Final Diagnosis".

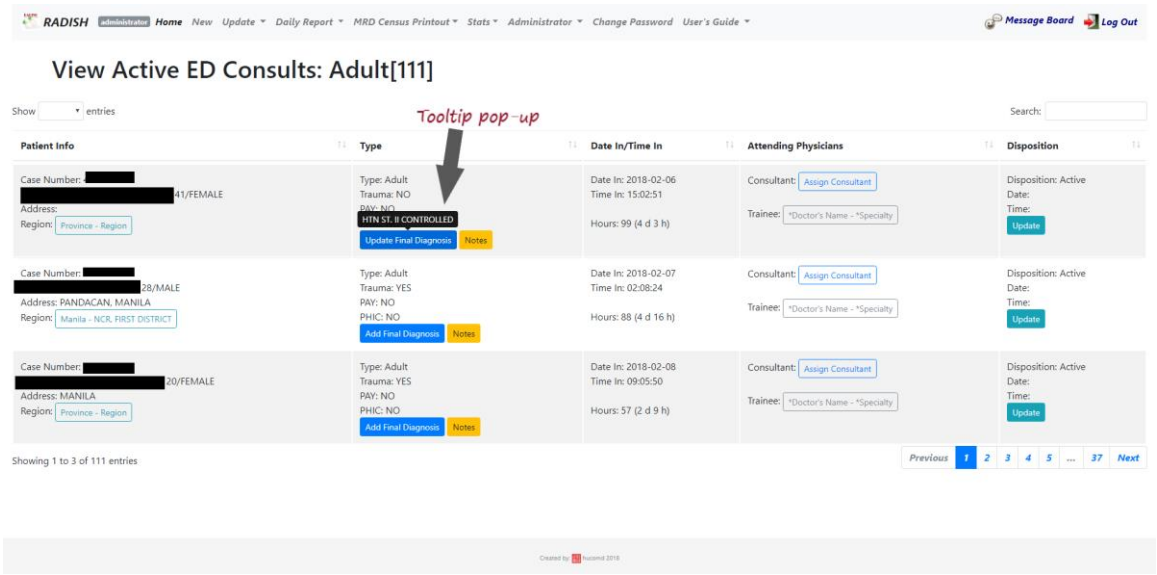

Figure 17. Active ED Consult View Page

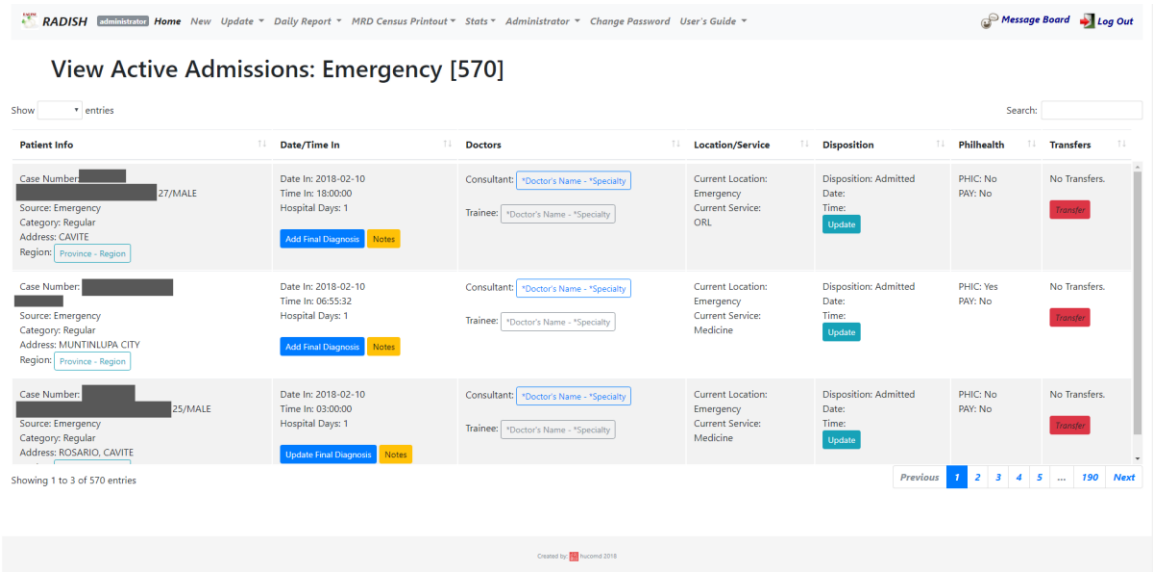

Figure 18. Active Admissions View Page

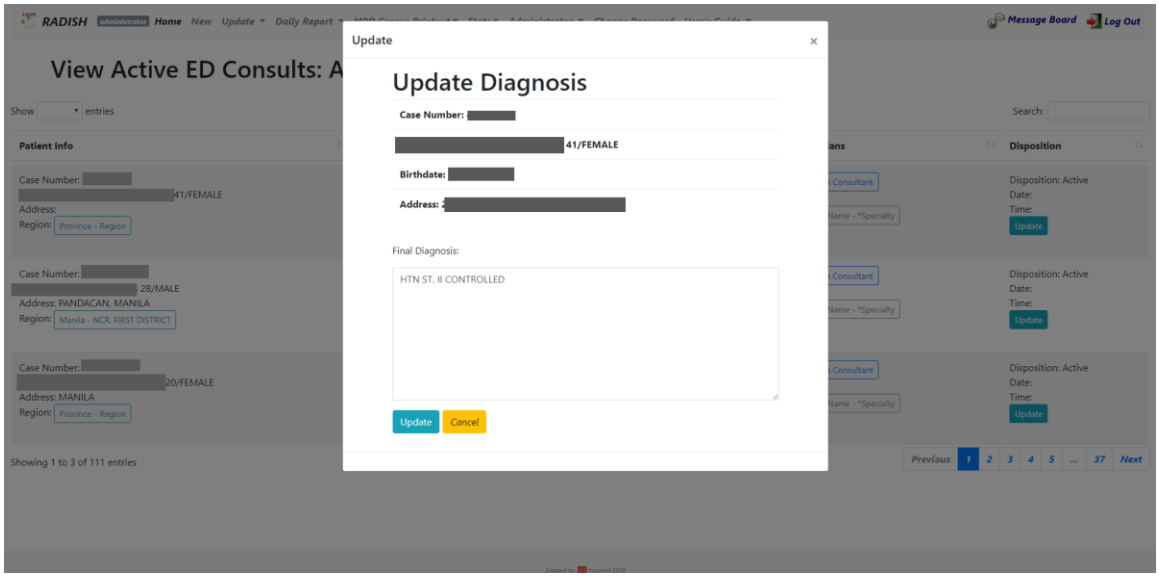

Figure 19. Update Modal

6.2 Important Information for Updating

6.2.1 Consult Type

This refers to: **ADULT >=19 yrs of age**, **PEDIATRIC <19 yrs of age** and **OBSTETRIC consults at the OB Admitting Section**

6.2.2 Admission Source

This refers to the **point of entry** for admissions. This can be the following:

a. **Elective** – refers to walk-in or scheduled admissions
b. **OBAS, PAS or Emergency** – refers to the different emergency care areas; Pay ER patients are also indicated as OBAS, PAS or Emergency based on entry points
c. **Hospital Transfer** – refers to patients coming from other hospitals

Note: A **Pay patient** transferring to the service areas is also a **TRANSFER, not another admission**.

6.2.3 Admission Category

All patients are considered **Regular** patients regardless of age or sex or medical condition, except for the following special groups of patients

a. **Maternal** – mothers who give birth to a baby (including abortions) in the hospital during the particular admission
b. **Newborn** – neonates born in the hospital by Maternal patients during the particular admission

NOTE: **ALL Newborn** patients should have **initial location of ROOM-IN** *except* for those immediately transferred to the **Neonatal ICU** whose initial location should be Neonatal ICU

6.2.4 Admission Initial Location and Initial Service

The default initial location and service is Emergency and Medicine. Do not forget to update these information if the initial location and/or service is not Emergency and/or Medicine. As noted above, Newborns should have initial location of Room In or Neonatal ICU only.

The current location (current service) is automatically updated upon updating of the initial location/service or after making transfers.

6.2.5 Transfers

Movement of an admission (an admitted patient) to another inpatient facility is a ***TRANSFER*** whereas a (final) movement of an admission (an admitted patient) to anywhere outside of the hospital after initial admission is referred to as a **DISPOSITION (includes Discharged, Mortality, Hospital Transfer, Absconded and HPR)**.

IMPORTANT NOTE: The ***OR, Dialysis Unit, Cath Lab, Radio and other similar areas*** are **NOT INPATIENT FACILITIES** but are procedure areas. The time spent in these areas will be credited to the area where the patient-admission comes from. In case the patient does not return to the original area but is brought to another area after the procedure, this should be recorded as a ***TRANSFER to the new area*** from the old area on the date and time the patient was received in the new area.

7 Encoding and Updating Etiquette

RADISH Users are all expected to encode quality, accurate and up to date data and information into the system. The cooperation of all RADISH users with each other, coordinating each other's roles with others will ensure the success of the hospital's census system. The following are some etiquette and rules recommended to be followed by the users of RADISH.

7.1 Consults

7.1.1 Upon Creation of New Consult

Records group users upon creation of a consult or admission should immediately update all information that needs to be updated (ie different from default values).

7.1.2 Change in Disposition of Consults in Emergency care areas

Since the only RADISH users authorized to update Consults are the Records group (the Medical Records aka "Palistahan"), the ***nurses of the Emergency care areas (in ED/OBAS/PAS)*** should immediately **inform and update the Medical Records Staff** of the final disposition of consults, whether Admitted, sent Home, Mortality etc. When admitted, also provide the Medical Records staff with information on date and time of admission and location and service and if PAY or not and etc.

Note: A consult is considered **admitted even while inside an emergency care area (ED/PAS/OBAS)** when the physician decides that the patient will need further inpatient management or if the patient is expected to remain in the area for longer than 24 hrs.

7.2 Admissions

7.2.1 Upon Creation of New Admission

Records group users upon creation of an admission, either from an elective/walk-in or from a consult disposition change to "Admitted" should immediately update all information that needs to be updated (ie different from default values).

7.2.2 Admissions in the Emergency Care Areas (ED/PAS/OBAS)

If an **admission while still within an emergency care area** has a **final disposition** (Discharged, Mortality, HPR, Hospital Transfer or Absconded), the **nurses or ward clerk of the emergency care area** will be responsible in updating the disposition of the admission. In case **the admission has been transferred to another inpatient facility within the hospital**, **the nurses or ward clerks of the receiving area** will be responsible for transferring the admission from the emergency care area to their own area (ward/ICU/floor). The transfer date and time will be the date and time the patient has been received in their area.

7.2.3 Transfers between areas within the hospital

Consistent with the above statements, the receiving area's nurses or ward clerks will be responsible for transferring the patient admission into their own area.

7.2.4 Final Disposition of Admissions

Also consistent with the above statements, the nurses or ward clerks of the area where the final disposition (Discharge, Mortality, HPR, Hospital Transfer, Absconded) has occurred will be responsible for updating the disposition information.

7.2.5 Other Admission Information

The following details of the admissions can be updated by RADISH users who will be able to and best provide the necessary information:

a. Region
b. Consultant
c. Trainee
d. Final Diagnosis

The consultant and trainee of the last primary service to handle the patient before final disposition should be the ones encoded into the consultant and trainee fields.

8 Acknowledgement

The dedication and efforts of all the hardworking hospital staff are hereby recognized especially of the Medical Records Staff and the Nurses and Ward Clerks whose invaluable suggestions and comments will continuously help improve RADISH and ensure its successful implementation.

To my dearest mother who made the most delicious radish cakes, ever, I dedicate to you this RADISH.