

Q-Tel RMS

Q-Progress Integration Manual

Part Number 70-01409-01 Rev C1

Manufactured by Mortara Instrument, Inc., Milwaukee, Wisconsin U.S.A.

CAUTION: Federal law restricts this device to sale by or on the order of a physician.





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Overview

The Q-Progress Integration Toolkit contains worksheets that run with the Q-Tel RMS v4.1 Q-Progress application. These worksheets include Individualized Treatment Plans (ITP) for tracking the progress of cardiac and pulmonary rehabilitation patients, customized blood pressure reports, medication reconciliation reports, and a 36-visit summary report, in addition to the standard Q-Progress reports. The toolkit also has the ability to track patient data that can be imported in the American Association of CardioVascular and Pulmonary Rehabilitation (AACVPR) Cardiac Outcomes Registry¹.

The Q-Progress Integration Toolkit includes several sheets in which a portion of the data is auto populated from the Q-Tel software. This is to help ensure the accuracy of the reports and reduce double-entry of measurements.

Installation

Overview

Q-Progress can be installed on any compatible turnkey or software only Q-Tel tower or workstation. This section describes the requirements and installation procedure that are used to install the Q-Progress Integration Toolkit.

System Requirements

The Q-Progress workstation system requires:

- Microsoft Windows 7
- Q-Tel RMS V4.1.0 Q-Progress software
- Microsoft Excel 2007 / 2010
- Network connection (if installing on workstations)
- Internet connection (optional, for transmitting data to the AACVPR Cardiac Outcomes Registry.)

System Preparation and Installation

To install the Q-Progress template:

- 1) Login to the computer using an account with Administrator privileges.
- 2) Close all applications (including Q-Progress & Excel) that are currently open.
- 3) Insert the Q-Progress Integration Toolkit CD into the CD/DVD drive. The system will recognize the CD and automatically start the installation program. (If it doesn't start automatically, open My Computer, select your CD/DVD drive, and double click on the Install.bat file.)
- 4) The installer will back-up your current files, and prompt you to press any key to complete the installation.
- 5) Microsoft Excel will open upon the completion of the installation and the Q-Progress cover page will be presented.

¹ Users must have an account with the AACVPR Cardiac Registry in order to successfully upload patient data.

- a) If prompted, enable the Excel macros.
 - b) Select which worksheets will be visible on each Q-Progress report using the on screen checkboxes, and/or enable the AACVPR Registry worksheets and edit AACVPR credentials.
- 6) Save your changes, by pressing Ctrl-S.
- a) If prompted about Compatibility Checker, uncheck the box for “Check compatibility when saving this workbook”.

Note: The AACVPR Registry worksheets require an AACVPR Registry ID and Password, and a Quinton Authentication Code in order to send data to the AACVPR Cardiac Outcomes Registry. Please contact AACVPR to obtain your AACVPR Registry credentials. Once you have your AACVPR Registry credentials, you may obtain a Quinton Authentication code by contacting Quinton technical support and providing the last 6 digits of your AACVPR Registry. You may reach technical support by phone at 1.888.667.8272 (+1.414.354.1600), or email at TechSupport@mortara.com.



Warning: The template has built in functions and macros to ensure proper operation. Functions can be found from the Microsoft Excel formula bar. Individual cells which are populated through Q-Tel will show a formula in the entry field. Overwriting a cell's formula will cause it to no longer import its value from Q-Tel. After making any changes to the template, please verify spreadsheet operation and accuracy.



Warning: Entering data in the wrong cells, changing or deleting any pre-programmed formulas could result in delayed or mis-treatment. Please refer to the Q-Tel user manual for proper use and additional cautions and warnings regarding the Q-Tel RMS System and Q-Progress reporting tool.

Worksheet Usage

This section describes how the worksheets are used. For more information about using the Q-Progress application, please see the Q-Tel User Guide.

Q-Progress “Cover” Worksheet

The Cover worksheet allows the user to select which Q-Progress worksheets to display. Changes made will be used as the default setting for each new patient report created. You may revisit this cover page and amend your choices for individual patient records at any time.

For example, if your site typically runs Cardiac patients, you can uncheck the “Pulmonary ITP” checkbox.

- HCFA-700 and HCFA-701
- Cardiac ITP
 - Cardiac – Initial
 - Cardiac – Reassessment 1
 - Cardiac – Reassessment 2
 - Cardiac – Reassessment 3
 - Cardiac – Reassessment 4
 - Cardiac – Discharge
 - Cardiac – Follow-up
- Pulmonary ITP
 - Pulmonary – Initial
 - Pulmonary – Reassessment 1
 - Pulmonary – Reassessment 2
 - Pulmonary – Reassessment 3
 - Pulmonary – Reassessment 4
 - Pulmonary – Discharge
 - Pulmonary – Follow-up
- AACVPR Registry
 - AACVPR Intake
 - AACVPR Discharge
 - AACVPR Follow-up
- Duke Index
- Dartmouth Index
- 36 Visit
- BP Report
- Med Rec
- Critical Comment
- Summary Report
- Session Report

Q-Progress ITP Forms

The Q-Progress reporting application provides the user with customizable Cardiac and Pulmonary Individualized Treatment Plan (ITP) reports, which are now required by The Centers for Medicare and Medicaid Services (CMS) 42 CFR 410.49 - Medicare provision for Cardiac Rehab, 42 CFR 410.47 - Medicare provision for Pulmonary Rehab and AACVPR for program reporting. The purpose of this document is to provide physician involvement in the patient’s plan of care to be reviewed every 30 days until discharge from the rehabilitation program. The default Q-Progress ITP reports provide 6 tabs for both cardiac and pulmonary patients, satisfying the basic minimum requirements to be completed by the rehab staff. Each ITP tab covers a 30 day assessment period to include the following for both Cardiac and Pulmonary Rehabilitation patient populations:

CARDIAC ITP Components

- **Exercise Assessment**
- **Exercise Plan**

- Goals
- Interventions
 - Exercise Prescription, Including Mode, Frequency, Duration, Intensity, Progression
- Education
- **Exercise Reassessment**
- **Exercise Discharge/Follow-up**
- **Nutrition Assessment**
- **Nutrition Plan**
 - Goals
 - Interventions
 - Education
- **Nutrition Reassessment**
- **Nutrition Discharge/Follow-up**
- **Psychosocial Assessment**
- **Psychosocial Plan**
 - Goals
 - Interventions
 - Education
- **Psychosocial Reassessment**
- **Psychosocial Discharge/Follow-up**
- **Other Core Components as appropriate** (Tobacco cessation, Medications, Diabetes, Prevention/Management of CHF Exacerbations, etc.)
- **Assessment**
- **Plan**
 - Goals
 - Interventions
 - Education
- **Reassessment**
- **Discharge/Follow-up**

PULMONARY ITP COMPONENTS

- **Oxygen Assessment**
- **Oxygen Use and Titration Plan**
 - Goals
 - Interventions
 - Education
- **Oxygen Reassessment**
- **Oxygen Discharge/Follow-up**
- **Exercise Assessment**
- **Exercise Plan**
 - Goals

- Interventions
 - Exercise Prescription, Including Mode, Frequency, Duration, Intensity, Progression
- Education
- **Exercise Reassessment**
- **Exercise Discharge/Follow-up**
- **Nutrition Assessment**
- **Nutrition Plan**
 - Goals
 - Interventions
 - Education
- **Nutrition Reassessment**
- **Nutrition Discharge/Follow-up**
- **Psychosocial Assessment**
- **Psychosocial Plan**
 - Goals
 - Interventions
 - Education
- **Psychosocial Reassessment**
- **Psychosocial Discharge/Follow-up**
- **Other Core Components as appropriate** (Tobacco cessation, Medications (in particular inhaler medications, Prevention/Management of Exacerbations, etc.)
- **Assessment**
- **Plan**
 - Goals
 - Interventions
 - Education
- **Reassessment**

Discharge/Follow-up

It is recommended that the user be familiar with the minimum AACVPR requirements prior to making any customizations to prevent any degradation of the validity of the document.

Each of the 3 domains is required to be assessed every 30 days. To accommodate this, the ITP provides the following pages:

- Initial Assessment – This page is to be filled out when a patient starts the program and is intended to report the initial assessment values. This worksheet includes a signature line for hospital/institutional approval.
- Re-Assessment 1 – This page is a 30 day follow up to the initial assessment. This worksheet includes a signature line for hospital/institutional approval.
- Re-Assessment 2 – This page is a 60 day follow up to the 30 day assessment. This worksheet includes a signature line for hospital/institutional approval.
- Re-Assessment 3 – This page is a 90 day follow up to the 60 day assessment. This worksheet includes a

signature line for hospital/institutional approval.

Re-Assessment 4 – This page is a 120 day follow up to the 90 day assessment. This worksheet includes a signature line for hospital/institutional approval.

- Discharge – This page is a final follow up to the 120 day assessment. This worksheet includes a signature line for hospital/institutional approval.
- Follow-up – This page is a final follow up to the previous discharge assessment. This worksheet includes a signature line for hospital/institutional approval.

The worksheets include:

- Cardiac – Initial
- Cardiac – Reassessment 1
- Cardiac – Reassessment 2
- Cardiac – Reassessment 3
- Cardiac – Reassessment 4
- Cardiac – Discharge
- Cardiac – Follow-up
- Pulmonary – Initial
- Pulmonary – Reassessment 1
- Pulmonary – Reassessment 2
- Pulmonary – Reassessment 3
- Pulmonary – Reassessment 4
- Pulmonary – Discharge
- Pulmonary – Follow-up

Note: The Risk Factor checkboxes on the Discharge tab always reflect the values in Q-Tel. Changes to these values must be entered in Q-Tel. Manual changes to those checkboxes in the worksheets will be overridden the next time Q-Progress is run.

Q-Progress 36 Visit Report (36 Visit Report)

The Q-Progress reporting application provides the user with a comprehensive report of all sessions completed up to a total of 36. This report is auto populated with clinical data from the Q-Tel application.

The clinical data that auto populates is as follows:

- Resting Heart Rate
- Resting Blood Pressure
- Maximum Exercise Heart Rate
- Maximum Exercise Blood Pressure
- Average Exercise SpO2
- Recovery Heart Rate
- Recovery Blood Pressure

The bottom part of the report provides an area for additional comments.

Q-Progress Medication Reconciliation Report (Med Rec)

The Q-Progress reporting application provides the user with a comprehensive report of all medications, up to a total of 30. The medication data that auto populates is as follows:

- Medication Name
- Medication Dosage and Unit
- Medication Frequency
- Method of Administration
- Medication Start Date (Reconciliation Date)
- Medication Stop Date

The bottom part of the report provides an area for additional comments.

Note: for the medication listings, if the Reconciled (or Start) date is missing, the “Stopped” date will look like the initial date.

Q-Progress Blood Pressure Report (BP Report)

The Q-Progress reporting application provides the user with a graphic trending report of blood pressures recorded for each session, up to a total of 36. The clinical data that auto populates is as follows:

- Resting Blood Pressure
- Maximum Exercise Blood Pressure
- Recovery Blood Pressure

AACVPR Registry Worksheets

The Q-Progress AACVPR Registry worksheets gather some information from the Q-Tel RMS application and also allow manual entry of all fields tracked via the AACVPR Cardiac Outcomes Registry. The data collected on this worksheet can be sent directly to the AACVPR Registry from both the AACVPR Discharge and the AACVPR Follow-up worksheets.

To enable (display) the worksheets you will need:

- 1) Your AACVPR Registry ID & password. These credentials are provided by AACVPR.
- 2) Your Quinton authentication code. This can be obtained by contacting Quinton Technical Support and providing them with the last 6 digits of your registry ID.

Population of data via Q-Tel RMS: Some of the data in the AACVPR Registry worksheets is populated from Q-Tel RMS via Q-Progress and some fields can be populated using data from Q-Exchange (optional). Please see Appendix 1 for the list of fields auto-populated. In order for data to be populated from Q-Exchange, the appropriate fields must be filled out in Q-Tel and the Q-Exchange data needs to be exported. Please consult the Q-Tel RMS User’s Manual for details on exporting Q-Exchange data.

Using the AACVPR Registry worksheets

The AACVPR Registry worksheets consist of the following:

AACVPR Intake: Use this sheet to fill in the fields that describe the patient when they started their rehabilitation. Some of the data will be populated from data in the Q-Tel RMS program. If this data is incorrect, it is best to update the appropriate fields in Q-Tel RMS so the worksheets will be consistent with Q-Tel RMS.

Some data, such as patient name and MRN can only be entered/edited on the Intake sheet. The same applies to units of measurement for anthropometric data, lipids/glucose and functional assessments. Please make sure the data you are entering corresponds with the units shown.

AACVPR Discharge: Use this sheet to fill in the fields that describe the patient upon discharge from the program. Similar to the intake worksheet, some of the data will be populated from data in Q-Tel RMS.

AACVPR Follow-up: Use this sheet to fill in the fields that indicate the patient's condition during a follow-up visit. The data on this page is not populated with data because Q-Tel RMS does not track follow-up visits.

This AACVPR Discharge and AACVPR Follow-up worksheets include a button to send the data directly to the registry. In order for this action to be successful, the computer needs to be connected to the Internet, and the AACVPR credentials must be correct. Update your AACVPR credentials on the "Cover" worksheet.

Information should only be transmitted to the Registry at Discharge, and then again at Follow-Up. Any transmission to the registry includes all information contained in the AACVPR tabs. (So if you don't send it at Discharge, you can complete all three tabs at Follow-Up, and then send the data once.) After you press the "Send" button, the system displays progress and the success of the transmission.

Note: Demographic data on the AACVPR Discharge and AACVPR Follow-up worksheets for the patient will reflect the data on the AACVPR Intake worksheet and can only be updated on the AACVPR Intake worksheet.

Printing Q-Progress Worksheets

Each individual worksheet can be printed using Excel's print functions. Excel includes a "print preview" feature to help you gauge how the printed worksheets appear when printed. Please be sure to install the appropriate print drivers and print a few initial reports to ensure that the reports print as intended.

Prior to printing, we recommend saving the worksheet. Only one worksheet should be printed at a time.

Troubleshooting

This section describes resolutions to common issues.

Problem	Possible Solution/Explanation
A “Compatibility Checker” popup is seen when opening the Q-Progress worksheets.	Depending on the version of Excel used, some compatibility notices may appear when saving the template or patient report. Provided you continue using the same (or a newer) version of Excel, you can disable Compatibility Checker.
User is prompted with, “Do you want to replace the contents of the destination cells?” message.	While updating a report from the Q-Progress utility, this message may appear. Answer Yes to ensure the latest patient information is included in the Excel report.
Error message received when attempting to send data to the registry.	Check internet connection is available and AACVPR Registry credentials are correct.
Data in worksheet is not being updated with current Q-Tel information.	Check that the cell where the data is expected to be updated contains a formula and that the formula was not overwritten.
Risk Factors checkboxes overwrite user selections when re-opened the Q-Progress worksheet.	The Risk Factors checkboxes will always update to reflect the data in the Q-Tel RMS application. Make changes to these values in Q-Tel RMS.

Appendix 1

The following tables list fields that automatically populate from Q-Progress or Q-Exchange.

AACVPR Programs Intake

Demographics	
Patient Last Name	Q-Progress
DOB	Q-Progress
Gender	Q-Progress
Zip Code	Q-Exchange
Primary Physician	Q-Progress
MRN	Q-Progress
Race	Q-Exchange
Specialist Physician	Q-Progress
Primary Insurance	Q-Exchange
Secondary Insurance	Q-Exchange
Medical History	
Hyperlipidemia	Q-Progress
Hypertension	Q-Progress
Diabetes	Q-Progress
Program Intake	
Enrollment Date	Q-Progress
Prescribed Sessions	Q-Progress
AACVPR Risk Category	Q-Progress
Clinical Outcomes	
Lipids Date	Q-Exchange
Total	Q-Exchange
TG	Q-Exchange
HDL	Q-Exchange
LDL	Q-Exchange
FBG	Q-Progress
A1C	Q-Exchange
Systolic	Q-Progress
Diastolic	Q-Progress
Weight	Q-Progress
Height	Q-Progress
Tobacco Use Status	
Use	Q-Exchange
Quit Date	Q-Exchange
Average Packs Per Day	Q-Exchange
Years	Q-Exchange
Exercise Minutes/Day	Q-Exchange
Exercise Days/Week	Q-Exchange

AACVPR Programs Discharge

Program Discharge	
Sessions Completed	Q-Progress
ECG Monitored Sessions	Q-Progress
Clinical Outcomes	
Lipids Date	Q-Exchange
Total	Q-Exchange
TG	Q-Exchange
HDL	Q-Exchange
LDL	Q-Exchange
Systolic	Q-Progress
Diastolic	Q-Progress
Weight	Q-Progress
Height	Intake