

Newsletter

Version 12 of the GI Reporting Tool now available

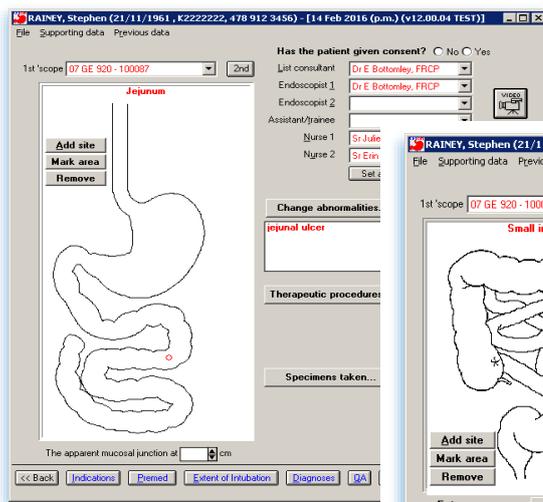
February 2016 sees the release of another significant upgrade for our flagship product, the *GI Reporting Tool*

Here are just three of the new features:

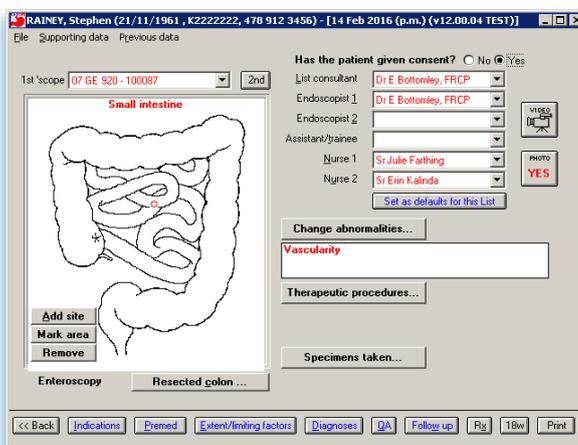
- Screens for antegrade and retrograde **enteroscopy** (a chargeable upgrade)
- **Prague Classification**: working out C and M values for Barrett's epithelium
- **Rockall and Blatchford** scoring: calculating the risk of rebleeding

ENTEROSCOPY

You can indicate whether a single or double balloon enteroscopy is to be carried out, specify the distance in centimetres reached from the point of insertion and the number of loops encountered.

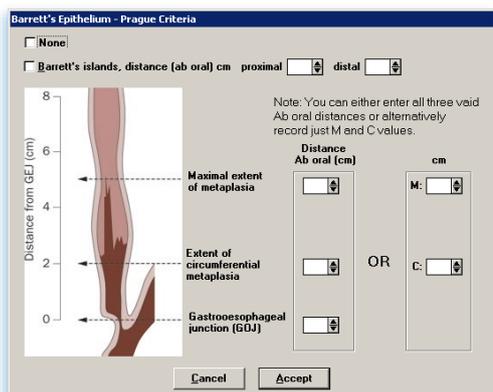


The abnormalities and diagnoses are appropriate for the procedures



Want Enteroscopy at your hospital? Please call the Unisoft helpdesk

PRAGUE CLASSIFICATION



In this screen you can EITHER enter the three values in the left hand column of boxes (and the software will automatically calculate the M and C values) OR you enter the M and C values directly on the right.

In the report the C and M values are given for Barrett's.

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HINTS AND TIPS

- **Forgotten your password?**
Ask an administrator to log in, go to *Add/edit log-in details*, select your User ID and click **Reset password**.
- **Opening screen taking too long to load the list of patients?**
Change the screen to displaying *Search criteria*. Go to the *Configure* menu and click on *Start-up configuration* then select *Begin by prompting for search criteria*
- **The red in-line tutorial boxes getting in the way?**
Ask an administrator to log in, go to *Users in-line tutorial* and switch them off for you by highlighting your name and clicking on the **Yes** to toggle it to a **No**. **MORE >>>**

CONTACT US

Helpdesk:
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support@unisoftmedical.co.uk

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EN2 6BN

ROCKALL AND BLATCHFORD SCORING

- The age and sex of the patient is automatically picked up from the demographic data
- The drop down boxes are already prepopulated with entries appropriate to the criterion
- The **Overall risk assessment** is calculated in real time as you enter the data

Rockall and Blatchford scores

Note: age, gender and melaena fields on this screen will be automatically populated with data taken from this patient's ODG endoscopic report.

Age: < 60 years 0/0* Gender: Male Female

Symptoms Melaena <input checked="" type="radio"/> No <input type="radio"/> Yes 0/0* Syncope <input type="radio"/> No <input checked="" type="radio"/> Yes 2/0*	Co-morbidities (major) Heart failure <input checked="" type="radio"/> No <input type="radio"/> Yes 0/0* Liver failure <input type="radio"/> No <input checked="" type="radio"/> Yes 2/3* Renal failure <input checked="" type="radio"/> No <input type="radio"/> Yes 0/0* Metastatic cancer <input checked="" type="radio"/> No <input type="radio"/> Yes 0/0*
Observation (since bleed) Lowest systolic BP 100 - 109 1/0* Highest pulse > 100 <input type="radio"/> No <input checked="" type="radio"/> Yes 1/1*	Endoscopy Diagnosis (primary) 0/1* All other diagnoses excluding Malignancy None 0/0* Mallory-Weiss tear, no lesion seen or SRH All other diagnoses excluding Malignancy Malignancy
Laboratory results (since bleed) Urea (mmol/l) 8.0 - 9.9 3/0* Haemoglobin (g/l) 100 - 119 3/0*	

Rockall score	5	Risk of rebleed (untreated)	24%	Estimated inpatient mortality	11%
Blatchford score	12	Risk of adverse event *	99%	* Death, rebleed blood transfusion or therapeutic intervention	

Overall risk assessment: HIGH

Reset scores Accept Cancel * Individual Blatchford/Rockall variable scores.

- In the report, the risk of rebleeding appears in capitals in the **Diagnosis** section

Up and coming features in 2016

THE NATIONAL ENDOSCOPIC DATABASE (NED)

NED has been developed from the existing JETS system. In early 2016 we are releasing Version 13 of the GI Reporting Tool which will be **NED compliant**. This version differentiates between *Service Lists*, *Ad Hoc Training Lists* and *Dedicated Training Lists*. It then records the **Trainer's** and **Trainee's** individual intubation rates. Finally, when a report is printed anonymised data is automatically uploaded to the central NED database, part of the *Clinical Outcomes Research Initiative (CORI)*. This is a free upgrade.

BRONCHOSCOPY

In 2016 we are releasing an updated version of the bronchoscopy software which will include endobronchial ultrasound (**EBUS**). This will comply with the BTS Quality Standards. It will also give the user the ability to audit the EBUS data. We are also working on *Thoracoscopy* which we hope to release in 2016.

OPEN EXPORT

The Unisoft **Open Export** utility allows reports to be sent by Unisoft to EPRs. Until now only GI reports could be exported. In 2016 this functionality will be extended to bronchoscopy and cystoscopy reports.

For further details on these enhancements please contact the helpdesk

MORE HINTS AND TIPS

- **Recorded a report against the wrong patient?**

Firstly, re-key the report under the correct patient, then save it. If the report had photos then go to the wrong patient report, double click on each site with images. As each image appears on screen click the large button bottom left and move it to the correct report and site. Finally ask the super user ADMIN to delete the wrong report.

- **Want to record the belated urease results quickly?**

Click the RIGHT mouse button on the patient's name in the opening screen. This will allow you to preview and print previous reports plus enter post-procedural results including the Urease tests.

- **Your audits showing the wrong figures?**

Don't just go directly to the *Diagnosis* screens and click your conclusions. You need to record the findings as abnormalities and/or therapies on the diagram of the anatomy. Then you will get accurate audit results.

- **Still triggering image capture with a foot pedal?**

Instead you can trigger the capture via a button on the 'scope whether it is Olympus, Pentax or Aquilant/ Fujinon equipment. All you need is a cable from Unisoft. Please contact our helpdesk.

- **Endoscopists printing reports with the wrong Referring Consultant details?**

Log in as super user ADMIN with admin's password, click the *Configure* menu and choose *Change how Referring Consultant details are saved*. You can choose to have the details automatically removed after each report.

Looking for a Scheduling package?

In 2008 our Endoscopy Service Manager Dawn Rathbone along with her colleague Brian Rudge undertook the massive project of creating a Scheduling package to replace the age old tradition of using A4 page-a-day diaries to manage Endoscopy appointments.

Using a combination of rules for the rooms, endoscopists and lists to search for the next available slots for a given procedure, they have designed a very powerful, but easy to use add-in module.

We are now able to offer a two-way interface, which will send and receive appointments back to the Trust's PAS system.

Other features include:

- Revised user templates
- Ability to put referring dates in which will highlight breach date if reached
- Diary notes
- Revised gender list screen
- Print overview screen
- Basic capacity and demand audit
- DNA & cancellation audit
- Our Scheduling module is constantly being developed to meet the user's needs and we are currently working on being able to note the patient's journey times, from arriving, room, recovery to discharge. Also the users will enter the patient's demographic screen via the diary page.

Web based Endoscopy Reporting System

As we have previously announced, Unisoft is currently rewriting our products to bring them in-line with the latest web technology. We are currently working on the GI Reporting Tool with the others to be added in due course.

As you know, we have kept up-to-date with the latest developments within the specialty and is now in more than 250 UK and Irish hospitals.

However, a rewrite is not a minor task! Over the years so many different facets have been introduced to the GI Reporting Tool, e.g. two-way PAS interfaces, the Scheduler, exporting the reports to EPRs, support for multiple hospitals in the one database, that this rewrite will be carried out in stages.

Some of the features new to this software will include:

- A robust and application developed for the future using the latest technologies on the world's most robust and secure database
- Innovative design incorporating all the rich functionality of the GI Reporting Tool
- A new suite of tools for audit and reporting statistics
- Automated and manual capabilities for import, export and data interchange with other systems
- Full integrated support for NED
- Much improved facilities for IM&T and system administrators
- Look and feel of the application are easily updatable, or to customise the presentation of information
- Cross-platform accessibility
- Powerful, streamlined built with security and compliance as key aspects, keep sensitive data protected on the server rather than desktops

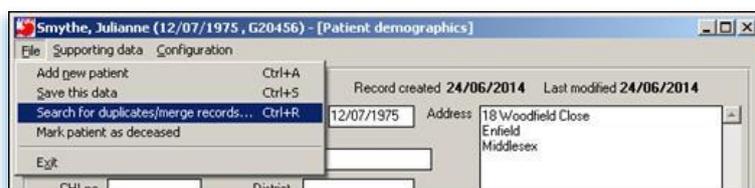
TIPS THAT REQUIRE IM&T/ICT COLLABORATION

- **How does Unisoft's software upgrade process work?**
Simply download the upgrades from our support site (support.unisoftmedical.co.uk) and place them in the \Upgrades folder on the central Unisoft server. That is all you need to do. The client software will automatically upgrade from that location when the Unisoft icons are next clicked.
- **How do I find out where the \upgrade folder resides?**
Click on the *Help/About...* screen in Unisoft. You will find various folder locations in the *File locations* frame. Click on the actual path to be taken directly to that folder.
- **Moving To Windows 7?**
Phone our helpdesk and request new installation disks. The PCI cards will also need to be replaced, their drivers do not work under Windows 7.
- **Need to move the whole Unisoft environment to a new server?**
Please ask our helpdesk for the instruction sheet on this topic. This recommends trying out the move on the Test / UAT copy of the software first.
- **How do we setup a User Acceptance Testing (UAT) Unisoft environment?**
Again we have a fact sheet that explains all of the steps.
- **Can we send the reports to our EPR and the GPs?**
Yes you can. Unisoft's *Open Export* utility handles this functionality. You will need to let us know the Trust's EPR so that it can be configured correctly.

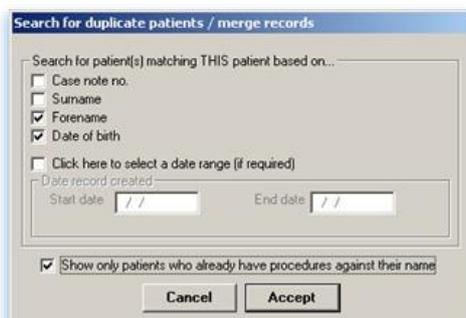
TIP OF THE MONTH – MERGING PATIENT RECORDS

You can merge patients within Unisoft's GI Reporting Tool. There are several reasons why records need to be merged. Let's assume **G00029 Julianne Fanshawe** married, but you were not aware of this. She had procedures as Miss Fanshawe but became a new record in Unisoft – **G20456 Julianne Smythe**. Therefore you will need to merge these two records in Unisoft and drop the original against her maiden name.

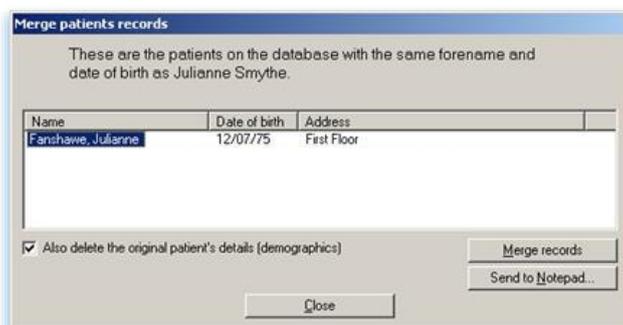
Begin by loading her **current** record in Unisoft. Now click **File | Search for duplicates/merge records...**



This is where the merge facility is most powerful. You can ask the software to search for records matching selected fields in the underlying demographics. So you need to click the check boxes that correspond to the matching fields. In this case we know her Forename and Date of birth must be the same. Place check marks in the boxes alongside those fields.



This will now list (all) the patients matching the criteria.



You will highlight the patient whose record you want merged with the one on display and note that you also check the box **Also delete the original...**

You will now find all the procedures recorded under her maiden name now appear under her married name and that the record of her maiden name has disappeared from the database.

UNISOFT'S CURRENT OFFERINGS

Over the years Unisoft has added to and expanded its various components that meet with the modern demands in the dynamic specialty of endoscopy.

You will know our major products are the *GI Reporting Tool*, *Bronchoscopy Reporting Tool* and *Cystoscopy Reporting Tool*.

Our PAS interface was originally provided for simply downloading patient demographic data. This has grown in scope. It can now take booking information from the PAS waiting list and pass this into our Scheduler. Our Scheduler can then return the TCI information once the bookings have been made so that the hospital waiting list metrics can be reported more accurately.

Now for the technical bit!

We can also send the endoscopy reports back into PAS or an Integration Engine. The reports can be in a variety of formats – CSV, TXT, XML, PDF and formats proprietary to specific manufacturer's products. The reports can be returned via the PAS interface, particularly if they use the HL7 messaging language, or can be exported via our *Open Export* utility.

The reports can either be sent back when they are saved or when they are printed. There is even a bulk export routine to populate the destination database with all the previous reports when this functionality is first installed.

We work with many Trust integration managers to understand and meet the requirements.

If you are interested in any of these components please contact our staff: **Steve Rainey**, on our main number **+44 (0)208 367 2103**, or **Dawn Rathbone**, our Endoscopy Service Manager, mobile **07717161915**

Their emails are steve.rainey@unisoftmedical.co.uk and dawn.rathbone@unisoftmedical.co.uk

We will be pleased to meet, discuss, and plan your requirements before handing over the implantation to **Jerry Bohun** our Project Manager, email jerry.bohun@unisoftmedical.co.uk
