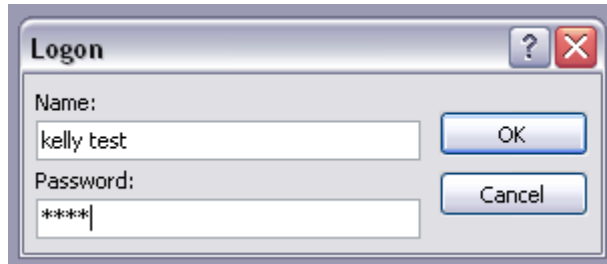# Newfoundland Labrador

**Provincial Training Manual
for
Healthcare Associated Infections (HAIs):
*Clostridium difficil*e
and
Methicillin resistant *Staphylococcus aureus***

Training Manual: HAI Database

Logging in:

- Double click the HAI Database icon on your desktop
- Type your Name and Password in the Logon screen, click [OK]

Open the Database:
- The Main Switchboard will automatically display
- Select [CDI] or [MRSA], according to the type of data you are entering

Enter the Data

> ### *CDI Surveillance Form:*
>
> - The CDI Surveillance Form will display, by default you are brought to an empty record
> - Enter the appropriate data on the [Patient Information] tab, according to the HAI Protocol (see data definitions below)
> - The salmon-coloured fields are required for the reports to run and are mandatory to complete

> - Navigate through the data entry pages by clicking on the tabs in the Surveillance Form; Select the [CDI History] tab to move to the next screen

- Select the [CDI Outcome] tab to move to the last screen

- When data entry is complete, select [Save & Close] to save the record and close the Surveillance Form
- If you wish to add information to a previously entered form, display the record (see the section on Finding a record), enter the new information and select [Save & Close]
  Note: Updates and changes are final
- If you are viewing a record but wish to enter information for a new case, select [Add Record] to be brought to a blank screen (the previous screen will close)

CDI Definitions:

Chart #	Chart number for those facilities that use a chart number as a patient identifier
***Clostridium difficile* associated diarrhea (CDI) case**	Laboratory confirmation (positive toxin or culture with evidence of toxin production)
Comments	For personal use; not for entry into the database.
Date of Admission	Please enter Day (##), Month (May) and Year (2008) in this order.
Date of Birth	Please enter Day (##), Month (May) and Year (2008) in this order.
Date of current positive lab test	What was the date of this patient's newly identified CDI culture?
	Please enter Day (##), Month (May) and Year (2008) in this order, for the **most recent** diagnosed episode of CDI.
Date of Discharge	Please enter Day (##), Month (May) and Year (2008) in this order.
	Not applicable if person is LTC resident.
Episode	The time from the start of the symptoms until the symptoms resolve.

Facility	Name of hospital or long term care facility where patient resided when the positive culture was identified
Has this patient ever had CDI before?	Assess if the person has had previous testing for CDI and determine if this is a recurrence of CDI or a reinfection.
ICU admission required for this episode?	Did the patient require an ICU admission due to CDI?
MCP #	MCP Number
Patient disposition at 30 days after diagnosis	At 30 days post CDI diagnosis, where was the person?
PCU in Facility	Name of patient care unit of facility (i.e. ICU, 3B).
Reason for Admission	Why is the person in the facility?
Recurrent CDI	A case as defined above with recurrence of diarrhea within 2 months of a previous *C difficile* infection episode.
Reinfection	A case as defined above whose symptoms started greater than 2 months from a previous *C difficile* infection.
Sex	Select male or female gender, as appropriate
Treatment for CDI	What antibiotics were prescribed for CDI?
	How many courses of the antibiotic were required to treat the person?
	x1 = one course of antibiotic;
	x2 = two courses of antibiotic;
	Other; specify: indicate the type of antibiotic used and if one, two or more courses were required.
Type of Care	Acute Care facility, LTC facility, or other
Type of patient care unit	If the patient was in a facility when laboratory confirmation was known, indicate the type of service
	The ICP should use best judgment to determine to which unit the transmission is associated.

Where was the CDI acquired?	Please select the most appropriate option.
Nosocomially-acquired CDI	Symptoms occur at least 72 hours or more after the current admission or symptoms cause readmission in a patient who had been hospitalized within the previous two months of the current admission
Long Term Care acquired	Symptoms occur at least 72 hours after the admission and the resident has not had a hospital admission within the last two months
Healthcare associated	Refers to infections that occur as a result of contact with the health care system for care provided in any of the following locations: ▪ emergency room ▪ ambulatory clinics ▪ personal care homes ▪ doctor's office ▪ nursing clinics ▪ in the home within 2 months of the diagnosis of CDI
Community associated	
Unknown	The patient has not had any contact with the health care system within the past two months A patient does not fit any of the above criteria
Why was this specimen collected?	Identify the reason for the CDI testing.

MRSA Surveillance Form:
▪ Follow the same procedure as CDI Surveillance Form, this time there are four tabs for which to enter information
▪ Again, the salmon-coloured fields are mandatory

MRSA Form

MRSA SURVEILLANCE FORM

Entered by | Kelly
Entry Date | 16-Jun-2009

Test Copy

Find Record | Add Record | Delete Record | Save & Close

Patient Information | Infection Information | Isolates | Outcome

Patient Ref. # |

Chart # |

Type of Care |

Facility |

PCU in Facility |

Type of Patient Care Unit
- Surgical Unit
- Medical Unit
- Combined (Surgical/Medical) Unit
- Other; specify

- Critical Care Units
- Obsetrical Unit

Date of Birth |
(DD/MMM/YYYY); ex. (22/Nov/1982)

Date of Admission |
(DD/MMM/YYYY); ex. (22/Nov/1982)

Reason for Admission |

Date of Discharge |
(DD/MMM/YYYY); ex. (22/Nov/1982)

Sex
- Male
- Female

MRSA Form

MRSA SURVEILLANCE FORM

Entered by | Kelly
Entry Date | 16-Jun-2009

Test Copy

Find Record | Add Record | Delete Record | Save & Close

Patient Information | **Infection Information** | Isolates | Outcome

Date of MRSA culture? |
(DD/MMM/YYYY); ex. (22/Nov/1982)

Why was the first culture done?
- Admission screening
- Clinical isolate
- Contact screening
- Other; specify

Where was the MRSA acquired?
- Same as treatment facility

Type of Care |

Facility |

MRSA Form

MRSA SURVEILLANCE FORM

Entered by Kelly
Entry Date 16-Jun-2009

Test Copy

Find Record   Add Record   Delete Record   Save & Close

Patient Information | Infection Information | Isolates | Outcome

At which sites has MRSA been isolated (positive culture obtained)?

Location   Infected Colonized

[▾]   ○   ○   [✗]

Is there an epidemiological link?

○ No

○ Yes

MRSA Form

MRSA SURVEILLANCE FORM

Entered by Kelly
Entry Date 16-Jun-2009

Test Copy

Find Record   Add Record   Delete Record   Save & Close

Patient Information | Infection Information | Isolates | Outcome

Treatment for MRSA

○ Vancomycin

○ No antibiotic

○ Other; specify

Patient disposition at 30 days after diagnosis

○ Alive, in hospital due to MRSA

○ Alive, in hospital for another reason

○ Alive, in a LTC facility

○ Discharged from hospital prior to 30 days

○ Deceased

○ Other; specify

Comments

MRSA Definitions:

At which sites have the MRSA been isolated?	At which site has MRSA positive culture been obtained? Check the boxes in the culture positive column for each site that MRSA has been isolated. In the second column, identify whether the positive culture represented an infection or colonization.
Infection	MRSA infection is determined by the presence of signs and symptoms associated with MRSA infections.
Colonization	MRSA colonization is determined by the presence of MRSA on the skin, soft tissue, nose or other which are not showing clinical signs and symptoms of infection.
	If the person is found to be colonized from one site and infected at another site, the person would be considered an infected case.
Chart #	Chart number for those facilities that use a chart number as a patient identifier
Comments	For personal use; not for entry into the database.
Date of Admission	Please enter Day (##), Month (May) and Year (2008) in this order.
Date of Birth	Please enter Day (##), Month (May) and Year (2008) in this order.
Date of Discharge	Please enter Day (##), Month (May) and Year (2008) in this order.
	Not applicable if person is LTC resident.
Date of MRSA culture	What was the date of this patient's newly identified MRSA culture?
	Please enter Day (##), Month (May) and Year (2008) in this order, for the **most recent** diagnosed MRSA culture.
Episode	The time from the start of the symptoms until the symptoms resolve.
Facility	Name of hospital or long term care facility where patient resided when the positive culture was identified
Is there an epidemiological link?	This refers to MRSA thought to be epidemiologically linked to another person with MRSA in your facility (e.g. common exposures, shared rooms, contact with implicated health care worker, and contact with another person with MRSA).
	Using your best judgment, identify whether an epidemiological link has been established between this person and any other known MRSA person in your

	facility.
MCP #	MCP Number
Methicillin resistant *Staphylococcus aureus* case	Laboratory reported positive case of MRSA identified for the first time. Cases previously identified at this or another facility are not included.
Patient disposition at 30 days after diagnosis	At 30 days post CDI diagnosis, where was the person?
PCU in Facility	Name of patient care unit of facility (i.e. ICU, 3B).
Reason for Admission	Why is the person in the facility?
Sex	Select male or female gender, as appropriate
Treatment for MRSA	Was an antibiotic prescribed for the MRSA diagnosis? If yes, which antibiotic?
Type of Care	Acute Care facility, LTC facility, or other
Type of patient care unit	If the patient was in a facility when laboratory confirmation was known, indicate the type of service
	The ICP should use best judgment to determine to which unit the transmission is associated.
Where was the MRSA acquired?	Please select the most appropriate option.
Nosocomial-acquired infected case	The case must have developed symptoms at least 72 hours or more after the current admission
Nosocomial-acquired colonized case	The case was identified as part of a screening endeavor 72 hours or more after the patient was admitted to the facility
Long Term Care acquired infected case	The case must have developed symptoms at least 72 hours or more after the resident was admitted to the facility and the resident was not a patient in the hospital during the past 12 months
Long Term Care acquired colonized case	The case must have been identified 72 hours or more after the resident was admitted to the facility as part of a screening endeavor and the resident was not a patient in the hospital in the past 12 months.
Healthcare associated	Refers to infections that occur as a result of contact with the health care system for care provided in any of the following locations: ▪ emergency room ▪ ambulatory clinics ▪ personal care homes ▪ doctor's office ▪ nursing clinics
Community associated	▪ in the home within the past 12 months

No established health-care associated risk factors, and:
- Hospitalized <72 hours
- No previous history of MRSA
- No medical devices such as urinary catheters, I/V lines, feeding tubes, tracheostomy, dialysis access, etc.
- No history of hospitalization, surgery, or dialysis within 1 year of MRSA culture
- Not in residence at a LTC facility within 1 year of MRSA culture

Why was the first culture done?	Please select the most appropriate option.
Admission screen	This culture was done as part of a protocol on admission that requires patients to be screened for MRSA
Clinical isolate	These cultures were a result of some clinical indication or suspicion of infection
Contact screening	
	The screening was done due to the patient/resident being in the room, ward or unit of a recently identified positive case
Other screen	
	These cultures were taken in the course of working-up an outbreak or cluster, prevalence screen or other screening for MRSA. These cultures would not have been done routinely.

Find a Record:

- Both the CDI and MRSA Surveillance Forms have a [Find Record] button; select it to search for a previously entered record

- You will be brought to the Find Record screen where you can then search by the displayed fields

- Enter your search criteria; Click [Search] to search through the records

- Clicking the field name once will display the entries in ascending order; pressing the field name a second time will display the entries in descending order
- Select the glasses key on the right-hand side to view the entire record

Delete a Record:

- Both the CDI and MRSA Surveillance Forms have a [Delete Record] button; select it to delete the record you are currently viewing
- A prompt will ask if you are sure you wish to delete the record, select [Yes] if you wish to continue; select [No] if you wish to keep the record and continue in the Surveillance form
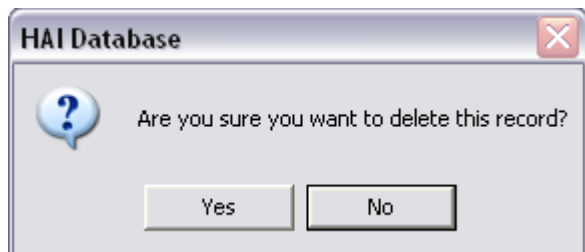
- Please note: Updates and changes are final.

Enter Meditech Data:

- You must enter the information from the Meditech system so that the reports will run correctly
- On the Main Switchboard, select Meditech

- Select the Month and Year for which you wish to enter information

- There is a list of the facilities in your region; enter the Client Care Days and Number of Admissions, as appropriate (see HAI Defintions in the above section for a description of these fields)

- Click [Save & Close] when you are finished entering the data
- You will be brought back to the Main Switchboard
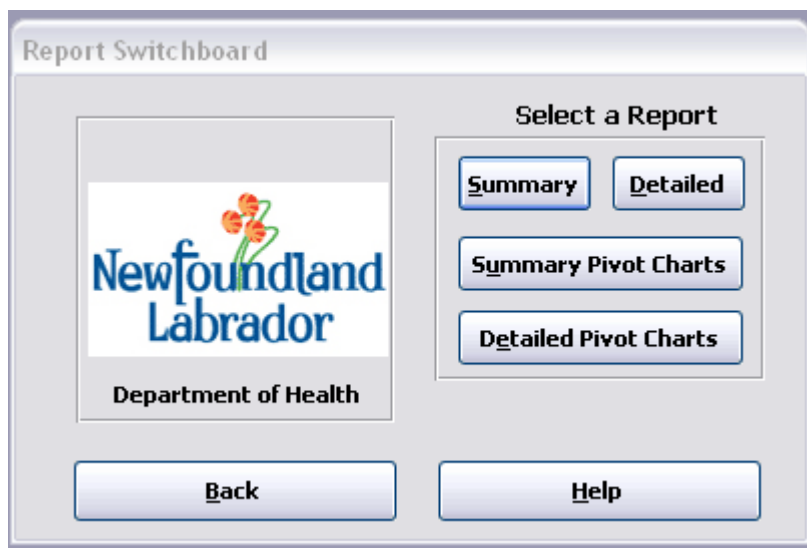
Reports:

- At the Main Switchboard, select [Reports]

- There are two types of reports: summary and detailed.

Summary Reports:

- Select [Summary]

- Select the report type you wish to produce (CDI or MRSA) and then select the desired dates.
  Note: You can produce quarterly reports by selecting 3 months at a time.

- Select [Preview Report] to be brought to the Report Screen
  Note: You can print this if you wish to have a copy
  Select File, then Print

Send the Report to the Province:

▪ To send the HAI report to the province, select the report type you wish to produce (CDI or MRSA) and then select the desired dates

▪ Select [Save Report]

- The file will automatically encrypt and save two files to your desktop
- At the prompt; select [OK]
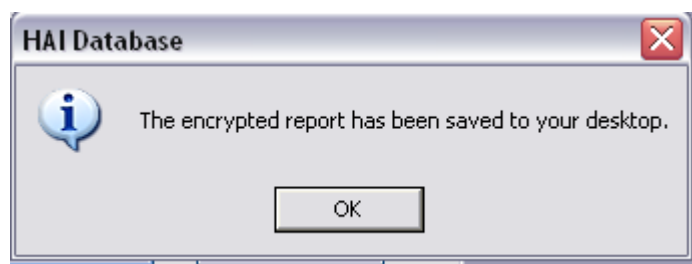
- Attach the zip file to your email in the same way that you would any other attachment (NOTE: The icon may look different on your computer.)

CDAD Report - January 2008 to March 2008
18 KB

- Send one report to kellybutt@gov.nl.ca and marionyetman@gov.nl.ca
- Send the other report to your MOH
  Note: Once attachment has been sent, you can delete the file from your computer.

  Detailed Reports:

- At the Main Switchboard, select [Reports]

- Select [Detailed]
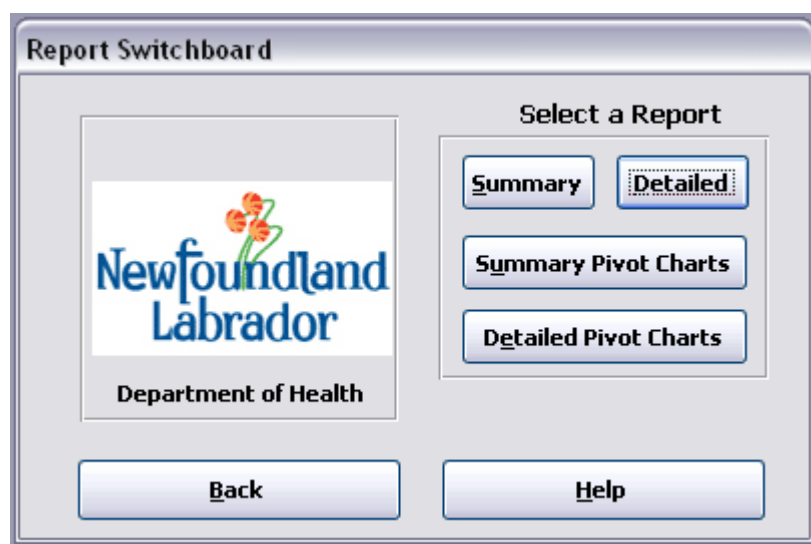
- Select the report type you wish to produce (CDI or MRSA) and then select the desired dates.

- Select [Preview Report] to view the detailed report

CDI Rates (Detail)

January

Category/Facility	Infections	Reinfections	Number of Cases
Out of Region Facility	1	0	1

Rate Calculation Description:

Acute Care:

Rate of Infection Per 1000 Patient Care Days = # of Infections / Patient Care Days * 10000

Rate of Infection Per 1000 Patients Admitted =# of Infections / Number of Admissions * 1000

LTC Care:

Rate of Infection Per 10000 Resident Care Days = # of Infections / Patient Care Days * 10000

NOTE: An * in the Rate column means that Meditech information needs to be checked.

June 16, 2009   Page 2 of 2

Pivot Charts:
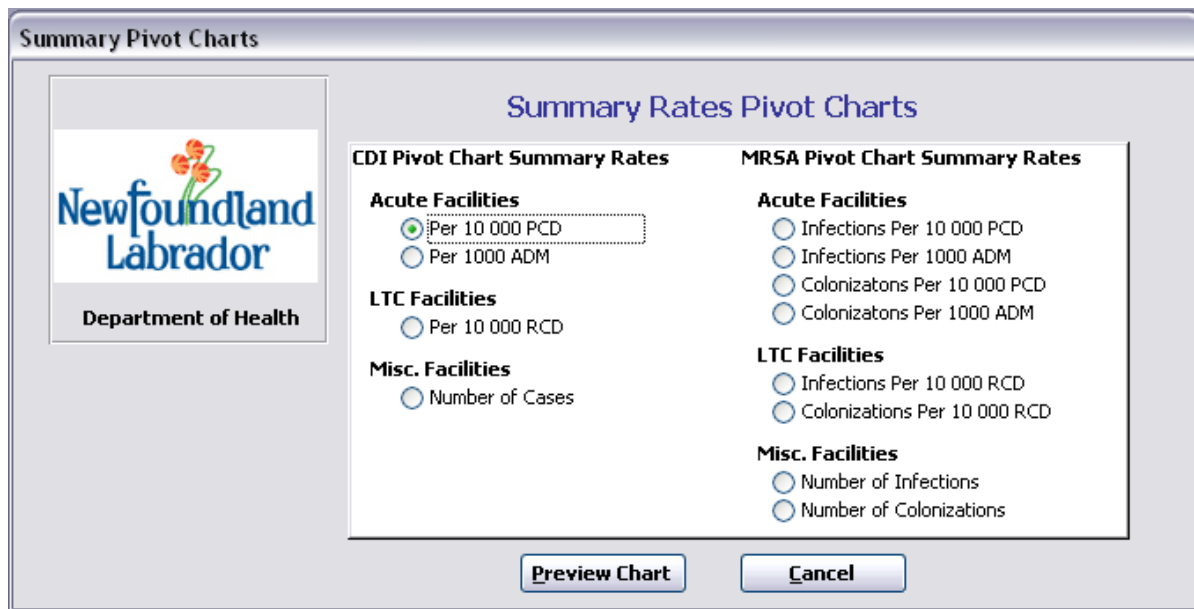
- At the Main Switchboard, select [Reports]

Summary Pivot Charts:

- Select [Summary Pivot Charts]

- Choose the type of chart you would like to view. You may only select to view one summary chart at a time
- Select [Preview Chart]

Summary Pivot Charts

Summary Rates Pivot Charts

Newfoundland Labrador

Department of Health

CDI Pivot Chart Summary Rates

Acute Facilities
- ● Per 10 000 PCD
- ○ Per 1000 ADM

LTC Facilities
- ○ Per 10 000 RCD

Misc. Facilities
- ○ Number of Cases

MRSA Pivot Chart Summary Rates

Acute Facilities
- ○ Infections Per 10 000 PCD
- ○ Infections Per 1000 ADM
- ○ Colonizatons Per 10 000 PCD
- ○ Colonizatons Per 1000 ADM

LTC Facilities
- ○ Infections Per 10 000 RCD
- ○ Colonizations Per 10 000 RCD

Misc. Facilities
- ○ Number of Infections
- ○ Number of Colonizations
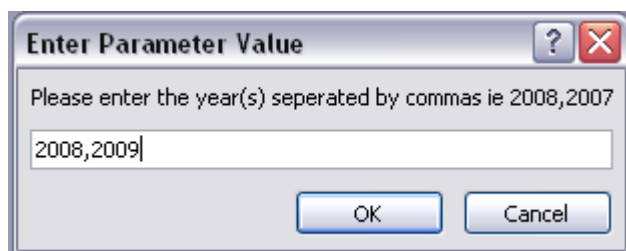
[Preview Chart]   [Cancel]

- ▪ Enter the numeric value of the month (i.e. January = 1, February = 2, etc.)
- ▪ Do not enter spaces between the comma and the number
- ▪ Note: Quarterly charts may be viewed by selecting three consecutive months (i.e. the first quarter would be: 1,2,3)
- ▪ Select [Okay]

Enter Parameter Value

Please enter the month(s) seperated by commas ie 1,2,3

1,7,8,10,11

[OK]   [Cancel]

- ▪ Enter the year(s) for which you would like to view the
- ▪ Do not enter spaces between the comma and the number
- ▪ Note you may select multiple years to view comparisons of the same time frame over multiple years

Enter Parameter Value

Please enter the year(s) seperated by commas ie 2008,2007

2008,2009

[OK]   [Cancel]

- ▪ Select [Okay]; you will see the pivot chart for your selection
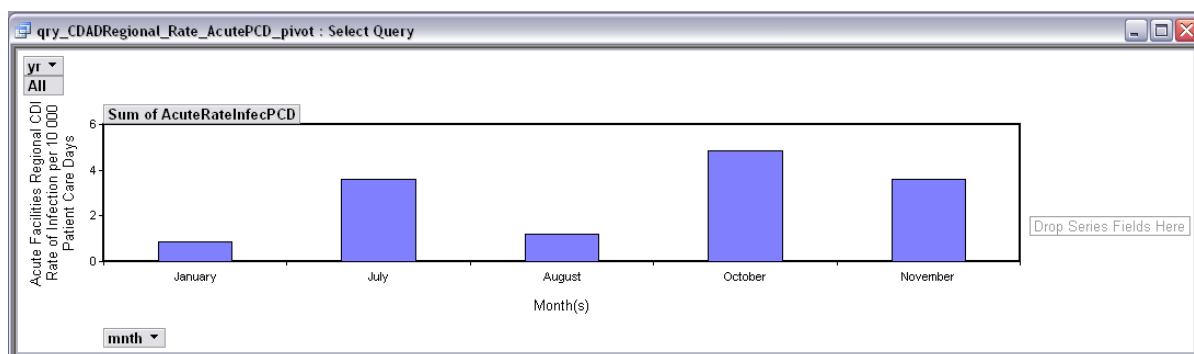
- Note: You can alter the month selection by clicking on the down arrow by [mnth] and unselecting the months you do not want. You can add these back later if you require.
- You can do the same for the years by clicking on the down arrow by [Yr]

- When are finished, close the pivot chart by selecting the red X in the top right corner

- Select [No] when you are asked if you would like to save the changes

Microsoft Office Access

Do you want to save changes to the layout of query 'qry_CDADRegional_Rate_AcutePCD_pivot'?

Yes   No   Cancel
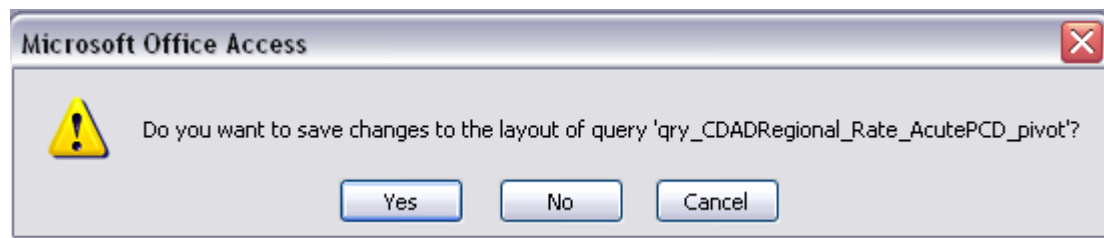
Detailed Pivot Charts:
- Detailed Pivot Charts will provide the same information as Summary Pivot Charts with the added detail of hospital-level data
- Select [Detailed Summary Pivot Charts]

Report Switchboard

Select a Report

Summary   Detailed

Summary Pivot Charts

Detailed Pivot Charts

Newfoundland Labrador
Department of Health

Back   Help

- Choose the type of chart you would like to view. You may only select to view one summary chart at a time
- Select [Preview Chart]

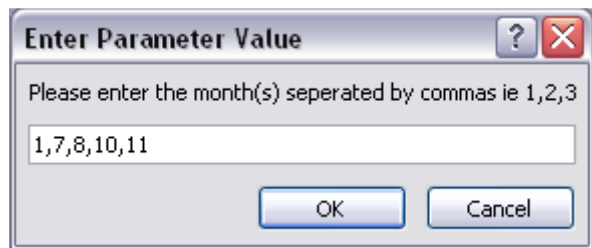- Enter the numeric value of the month (i.e. January = 1, February = 2, etc.)
- Do not enter spaces between the comma and the number
- Note: Quarterly charts may be viewed by selecting three consecutive months (i.e. the first quarter would be: 1,2,3)
- Select [Okay]

- Enter the year(s) for which you would like to view the
- Do not enter spaces between the comma and the number
- Note you may select multiple years to view comparisons of the same time frame over multiple years

- Select [Okay]; you will see the pivot chart for your selection

- Note: You can alter the month selection by clicking on the down arrow by [mnth] and unselecting the months you do not want. You can add these back later if you require.
- You can do the same for the years by clicking on the down arrow by [Yr]
- You can do the same for the Hospital years by clicking on the down arrow by [Hospital]
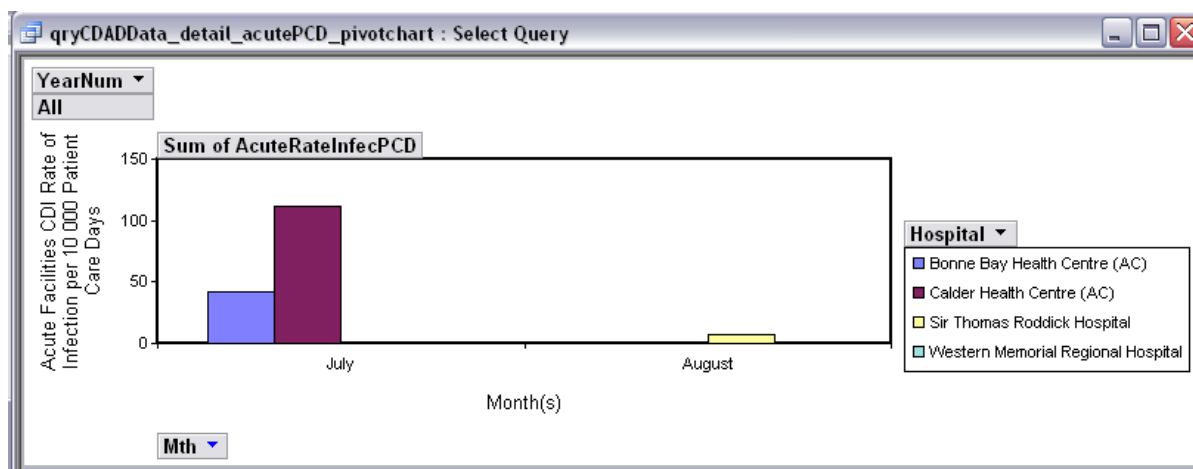
- When are finished, close the pivot chart by selecting the red X in the top right corner
- Select [No] when you are asked if you would like to save the changes
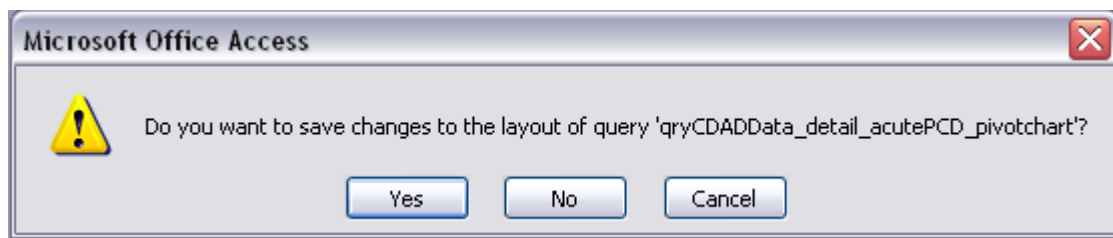
Administration:

- Select the [Administration] button from the Main Switchboard
- Note: Not all users will have access to this function

- Select [Culture Locations]

Change Culture Locations:

- Note: Not all users will have access to this function
- To add a new culture location, enter the new location name in the blank box at bottom of the list; make sure the check box is selected (activated)
- This will update the drop down list in the MRSA culture location field

- To remove a culture location from the MRSA culture location field, DO NOT delete the name of the culture location
- Simply unselect (deactivate) the box beside the culture location

▪ Select [Save & Close]

Change Hospital Locations:

▪ Note: Not all users will have access to this function
▪ Select the [Administration] button from the Main Switchboard

▪ Select [Hospitals]

- To add a new Hospital location, enter the new location name in the blank box at bottom of the list
- Select the Type of Facility by choosing from the options in the drop down menu beside the name of the Facility
- Make sure the check box is selected (activated)
- This will update the drop down list in the CDAD and MRSA facility field

Hospitals

Hospitals

Name	Type	Active
A. M. Guy Memorial Health Centre (AC)	Acute Care	☑
A. M. Guy Memorial Health Centre (LTC)	Long Term Care	☑
Baie Verte Peninsula Health Centre (AC)	Acute Care	☑
Baie Verte Peninsula Health Centre (LTC)	Long Term Care	☑
Bay St. George Long Term Care Center	Long Term Care	☑
Black Tickle Community Clinic	Other	☑
Blue Crest Nursing Home	Long Term Care	☑
Bonavista Peninsula Health Centre (AC)	Acute Care	☑
Bonavista Peninsula Health Centre (LTC)	Long Term Care	☑
Bonne Bay Health Centre (AC)	Acute Care	☑
Bonne Bay Health Centre (LTC)	Long Term Care	☑
Brookfield Bonnews Health Care Centre (AC)	Acute Care	☑
Brookfield Bonnews Health Care Centre (LTC)	Long Term Care	☑
Calder Health Centre (AC)	Acute Care	☑

Save & Close

- To remove a Hospital location from the CDAD and MRSA facility field, DO NOT delete the name of the Hospital location
- Simply unselect (deactivate) the box beside the hospital location
- Select [Save & Close]

Change Password:
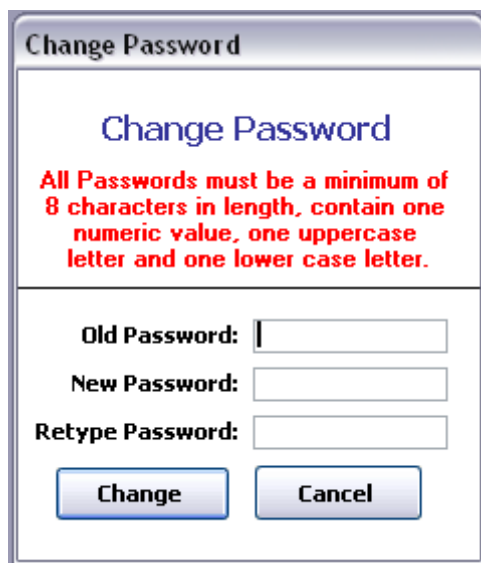
- Select the [Administration] button from the Main Switchboard

- Select Change Password]
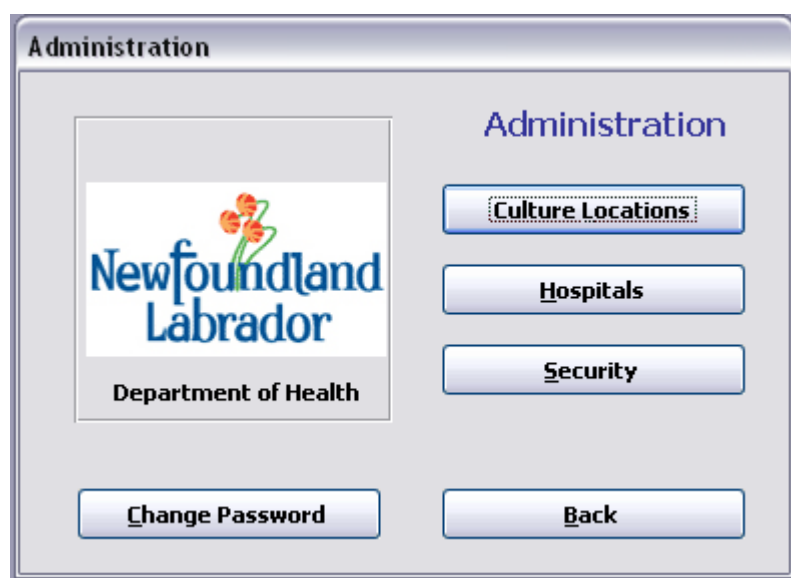
- Follow the instructions of the screen; select [Change]

Security:

- Select the [Administration] button from the Main Switchboard

- Select [Security]

Create a User
- To create a username and password, select [Create User]

- Fill in the appropriate information.
- The PID is a unique numerical value required by access in order to create a new user. This number does not have to be remembered and will not be used again.
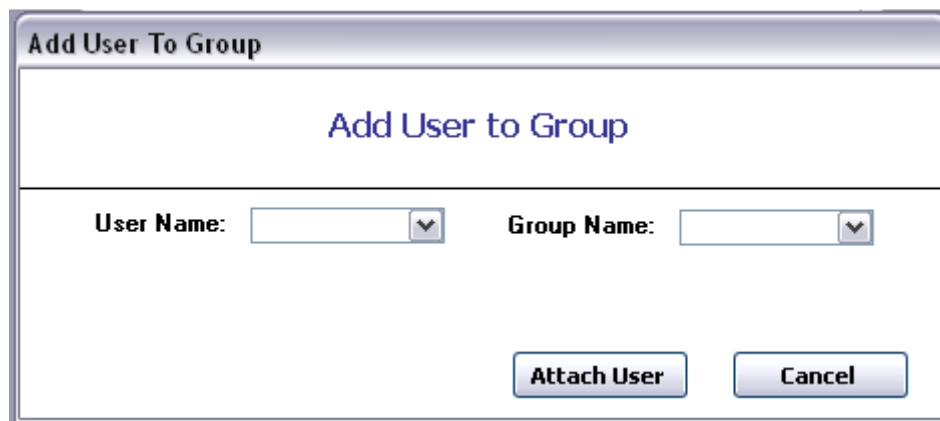
Create User

Create A New User

User Name:	**Password:**
First Name:	**Retype Password:**
Last Name:	**PID:**

[Create User] [Cancel]

Add a User to a Group:

- Each user must be added to a User Group. This is what determines the security settings for a particular user

Add User To Group

Add User to Group

User Name: ⌄   **Group Name:** ⌄

[Attach User] [Cancel]

- Select the User Name from the drop down list
- Select the appropriate security group from the Group Name drop down list (see below for descriptions of security access for each group)

Admin	Administrative rights to the Microsoft Access workgroup file (required to add users to the workgroup and assign users to groups)
HAI Admin	Administrative rights to the HAI database (required to change permissions on objects)
Lead	Permissions to modify lookup tables (ie. hospitals and culture locations) and modify structure of all objects
Data users (aka "normal")	Permissions to use the application, but no administrative access

- Select [Attach User] to add the user to the group

Activate/Deactivate a user:

- Once a new user is created and added to a user group, the new user must be activated

- Select the user from the drop down menu; select [Activate User] to activate the user and allow them to access the HAI Database

- A user may be deactivated if they will should not have access to the system for a specified amount of the time
- Select the user from the drop down menu; select [Deactivate User] to deactivate the user and remove access the HAI Database
- NOTE: A deactivated user must be reactivated before they can access the HAI Database again

Delete a User:

- A user may be deleted if they will no longer require access to the system (permanently)
- Select the user from the drop down menu; select [Delete User] to delete the user
- The user will no longer have access to the system
- NOTE: This will not affect any data that the user previously entered

Questions or Concerns:

For help or information regarding TECHNICAL DIFFICULTIES, please contact you regional IT Support, or:

Kelly Butt

Provincial Epidemiologist
Public Health Division

1st Floor, West Block, Confederation Building
P.O. Box 8700
St. John's, NL A1B 4J6

Phone: (709) 729-3209
Fax: (709) 729-0730
E-mail: kellybutt@gov.nl.ca

For help or information regarding DATA ENTRY or the SURVEILLANCE PROTOCOL, please contact:

Marion Yetman

Infection Control Nurse Specialist
Public Health Division

1st Floor, West Block, Confederation Building
P.O. Box 8700
St. John's, NL A1B 4J6

Phone: (709) 729-3427
Fax: (709) 729-0730
E-mail: marionyetman@gov.nl.ca

Frequently Asked Questions:

1. THE ZIP FILE ON MY HAI DISK WILL NOT OPEN.

The version of WinZip that you are using may not be the latest version. Please talk to your regional IT support to download the latest version online.

Passwords

2. WHAT ARE THE RULES FOR CREATING A NEW PASSWORD?

When you log on for the first time you will be prompted to change your password. You must select something 8 characters in length, and contain one number, one lower case letter, and one upper case letter.

3. I FORGOT MY PASSWORD.

Please contact your regional IT support to create a new account. This will not affect any data that you previously entered.

4. MY MOH FORGOT THEIR PASSWORD.

The MOH password is in the zip file on the regional HAI CD.

5. WHAT IS THE PASSWORD FOR THE HAI CD?

Please contact Marion Yetman or Kelly Butt for this password.

6. CAN I EMAIL A PASSWORD?

To ensure the highest standard of data safety, passwords must be sent via a different medium than that of the item that requires the password. For example, if a encrypted file is sent via email than the password may be sent via fax, general mail, or may be told verbally.

7. THE DATA USERS CANNOT CHANGE THEIR PASSWORD.

This is an identified problem that only affects Data Users. All IT folks should have received instructions for this fix. Please contact Marion Yetman or Kelly Butt if you need the instructions to be re-sent.

Reports

8. HOW OFTEN DO I SEND THE REPORTS TO THE PROVINCE?

Please contact Marion Yetman for this information.

9. WHAT REPORTS DO I SEND TO THE PROVINCE?

You only need to send the Summary Report to the province. The Detailed Reports and Pivot Table options are for regional use.

10. WHAT DO I DO WITH THE ZIP FILE ON MY DESKTOP ONCE I HAVE SENT IT TO THE MOH / PROVINCIAL OFFICE?

Once you have sent the appropriate files to the MOH and Provincial Office, you may delete the zipped files from your desktop. There is no need to keep these files or to back them up.

11. THE MOH CANNOT FORWARD THE UNZIPPED ATTACHMENT.

To ensure confidentiality, the zipped files are not intended for broad distribution. Please use the data in the detailed reports and pivot table options to produce regional reports for broad distribution.

User Access

12. WHY ARE THERE DIFFERENCE USER TYPES WHEN LOGGING IN TO THE SYSTEM?

Admin	Administrative rights to the Microsoft Access workgroup file (required to add users to the workgroup and assign users to groups)
HAI Admin	Administrative rights to the HAI database (required to change permissions on objects)
Lead	Permissions to modify lookup tables (ie. hospitals and culture locations) and modify structure of all objects
Data users (aka "normal")	Permissions to use the application, but no administrative access

13. CAN MULTIPLE USERS USE THE DATABASE AT THE SAME TIME?

This should not be a problem. If you do encounter a database issue, please contact your regional IT support or Kelly Butt / Marion Yetman at the provincial office.

14. Should I 'Delete' or 'Deactivate' users that are no longer using the HAI Database?

This is up to you. Deleting the user has no adverse affect on the system.

Data Entry

15. HOW LONG DO I HAVE TO UPDATE A CLIENT RECORD?

There are no limits or restrictions to updating client records.

16. HOW WILL I ENTER THE MEDITECH INFORMATION INTO THE SYSTEM AT THE END OF THE YEAR?

The system will automatically update and insert the current year into the Meditech drop down box.

IT Support

17. WHAT VERSION OF MICROSOFT ACCESS WAS USED TO CREATE THE HAI DATABASE?

The database was created using Microsoft Access 2003. Please contact your regional technical support if you are unsure of the version on your computer.

18. WHO DO I CONTACT FOR HELP?

For any requests dealing with the entry of data, Marion Yetman from the Department of Health and Community Services should be contacted. For any requests dealing with the training or use of the application, Kelly Butt from the Department of Health should be contacted. For all other requests, including maintenance, back-ups, recovery, and enhancements, the regional staff will be responsible.

The OCIO has worked diligently to make sure the features required by the Government of Newfoundland and Labrador have been met, but because there is no network infrastructure connecting the Government of Newfoundland and Labrador's network to the health regions, the OCIO is unable to perform maintenance or upgrades within the regions. The OCIO can provide historical information on the application.

19. WHO IS RESPONSIBLE FOR DATA BACK-UP AND RECOVERY PLANS?

As this will be housed in the regions, the province is not responsible for data back-up or recovery plans. This will be the responsibility of tech support out in the regions as we have no access to their database.

20. WHO IS RESPONSIBLE FOR ONGOING MAINTENANCE OR ENHANCEMENT REQUIREMENTS?

As this will be housed in the regions, the province is not responsible for data back-up or recovery plans. This will be the responsibility of tech support out in the regions as we have no access to their database.

Miscellaneous

21. WHY CAN'T I USE THE MOUSE BUTTON TO SCROLL?

The mouse wheel in Microsoft Access 2003 allows the user to scroll among records. This can create a problem is the user unknowingly scrolls into an old record while entering new data. The scrolling mouse feature has been disabled in the HAI database to ensure data quality.

22. WHAT IS A PIVOT TABLE?

A pivot table is a query that displays the HAI data in an interactive plot chart view. The user can then manipulate the viewing options, as needed to produce charts that are beneficial and specific to the regional needs.

23. HOW CAN I COPY MY PIVOT CHART INTO ANOTHER DOCUMENT (POWERPOINT, WORD, PDF, ETC)?

Unfortunately Microsoft Access 2003 does not have the capability to copy and paste a pivot chart. There are two alternate solutions:

1. Select [Print Screen], paste into the Paint program. You can adjust the picture here and paste into another document.
NOTE: If you maximize the pivot chart window before you select [Print Screen], the quality of the image will be better.

2. Save the pivot chart as a pdf (you may need your IT support to install this feature on your computer). You can import this pdf into another document.
NOTE: You may wish to adjust your [Page Setup] options before saving as a pdf.