

SNAPshot Version 3.8

User Manual

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Introduction

This manual describes the main features of SNAPshot 3.8.

SNAPshot is generally referred to simply as 'Snap' within this manual.

INSTALLATION

Introduction

Installation follows the normal Windows Setup procedure.

32 bit Windows – 95, 98, NT4, ME, 2000 – is required. SNAPshot 3.8 will not run under Windows 3.x.

The CD for version 3.8 of SnapShot contains separate Setup procedures for SnapShot and SnapRep.

First time installation of SnapShot

If you are installing SnapShot for the first time (or you have uninstalled a previous version of SnapShot) you should install SnapShot first and then install SnapRep – see below.

Upgrading from an earlier version of SnapShot

If you are upgrading from an earlier version of SnapShot, you should use the SnapRep Setup procedure as described below.

Installing SnapRep

SnapRep uses Crystal Reports (CR) to generate reports and CR requires components of the Microsoft Internet Explorer to run.

If your PC has Windows 95 or Windows NT 4.0 installed, you should ensure that Internet Explorer (preferably version 4 or later) is installed before running SnapRep Setup.

If you have Windows 98, ME or 2000 installed, you can run the SnapRep Setup process directly without any problems since the necessary components will have already been installed.

If Internet Explorer is installed, you can then run SnapRep Setup.

If Internet Explorer is not installed, when you run SnapRep Setup, you may see a message saying that Craxdrt.dll or CRViewer.dll (the Crystal Report programs) could not be registered. If this occurs, you will be able to generate the report data tables into the RepDB.mdb file but you will not be able to display/print the report.

RUNNING SNAPSHOT

To start the system, press Start:Programs on the task bar and select 'SNAPshot'.

Upgrading to New Versions

IMPORTANT NOTES REGARDING MODIFICATIONS TO SNAPSHOT TABLES

SNAPshot Tables and LUTs

The Snap.mdb Access database is accessible outside of the Snap system to allow users to generate reports and make modifications to user-defined tables and LUTs (look up tables whose names commence with 'x'). You should <u>not</u> attempt to modify other Snap tables or LUTs since this can cause database integrity or system inoperability problems.

Whilst modifications may appear to work for a particular version of Snap, when upgrades are released your changes may be undone and it is possible that the system will crash.

SNAPshot QueryDefs

In some situations Snap will delete all query definitions with a name commencing with the letter Q or q and later re-generate them. If you place your own QueryDefs in the Snap database you should, firstly, begin the name with a letter other than Q or q and, secondly, keep a copy of the QueryDefs in another Access database.

STEPS TO UPGRADE FROM SNAPSHOT VERSION 3.7 TO 3.8

- 1. Make sure that no users are logged onto Snap since you must logon as the Administrator with exclusive database access to upgrade to 3.8.
- 2. Back up your current database file(s) this is the most important step.
- 3. Run the Setup program for the version 3.8 upgrade and select your existing program folder normally c:\snapshot. Note that Setup will overwrite the existing SnapOrig.mdb and SnapTest.mdb files so if you wish to keep the older copies you should move them to another folder. You will need to run Setup from the SnapShot folder on the CD (this updates the SNAPshot program) and once this has successfully completed, run Setup from the SnapRep directory (this updates the reports).
- 4. When you click on the SNAPshot icon to start the system, make sure that you hold down the Shift key before clicking – this will take you to the empty startup screen without trying to open the database. (Note that Snap may only appear minimised as a button on the Taskbar – click on it to maximise or use Alt-Tab). If you forget to hold down the Shift key, you will receive an error message but you can then log on as Administrator with exclusive access.
- 5. Use the Administrator Options Dialog to logon to your database file with the Administrator password and set database mode to exclusive. Then select the File:Open Main Screen menu option.
- 6. SNAPshot will automatically upgrade your 3.7 database to 3.8.
- 7. After a few moments, you should see a message saying that the upgrade has been completed.

CHANGES MADE IN VERSION 3.8:

Patient Screen

- The 'occupation of person' item has been moved to the patient screen.
- A new item called 'Country of residence' has been added to the patient screen.
- The item 'Indigenous status' has been amended to include a separate codeset for New Zealand facilities.

Episode Screen

- Two new items called 'Support provided prior to admission' and 'Support provided at episode end' have been added to the episode screen.
- The item 'interruption days' has been re-named to 'suspension (interruption) days'.
- The item 'type of usual accommodation prior to admission' has been amended to include a separate codeset for New Zealand facilities.
- The item 'accommodation post discharge' has been amended to include a separate codeset for New Zealand facilities.
- The item 'Funding source for hospital patient' has been amended to include a separate codeset for New Zealand facilities.
- The 'Episode type' item has been amended to allow overnight admitted patients in designated and non-designated sub/non-acute units to be separately identified.
- The items 'Usual living arrangements episode beginning' and 'Usual living arrangements episode end' have been moved to the Episode screen.

Rehab/GEM Screen

- A new function has been added that allows non-palliative care episodes to be reviewed and new clinical scores to be recorded without ending the episode. To do this, enter relevant 'end' clinical scores for the current review period and click on the 'add' button. The end clinical scores of the earlier period are copied to become the begin clinical scores for the new period. Enter the 'review date' for the patient in order to save the record. When the episode is grouped, the clinical items associated with the first period of care will be used to assign the AN-SNAP class. Enter the 'review date' for the patient in order to save the record. Note that this function can also be used in the Maint/RUG and MH screens.
- The list of Impairment codes has been updated to incorporate the results of a recent review of this codeset.
- A new item called 'Outpatient (O/P) care plan established 7 days prior discharge' has been added to the Rehab/GEM screen to assist with Australian Health Care Agreement reporting requirements.
- A new item called Community/Outreach (Com.OR) plan established 7 days prior discharge' has been added to the Rehab/GEM screen to assist with Australian Health Care Agreement reporting requirements.

Australasian Rehabilitation Outcomes Centre (AROC) Screen

- It is compulsory to create an AROC dataset record before ending overnight (episode type 1) rehabilitation (case type 2) episodes. This is done by clicking on 'add' and 'save' in the 'AROC Dataset' screen.
- A new item called 'Date of relevant acute admission' has been added to the AROC Dataset screen.

- Four new items called 'Complication interfering with rehabilitation' have been added to the AROC Dataset screen.
- A new item called 'Time since onset' replaces the previous item 'Date of onset of impairment'.
- The codeset for the 'employment status' item has been amended.
- A new item called 'Was impairment the result of trauma?' has been added to the AROC Dataset screen.
- The ASIA impairment scale has been moved to the clinical screen.
- The list of health funds/other payers has been updated.
- A new item called 'Number of occurrences treatment suspensions' has been added to the AROC Dataset screen.
- The item 'Reason for program interruption' has been re-named to 'Was suspension unplanned'.
- The list of comorbidities has been updated.

Pall Care Screen

- A new clinical tool called 'Symptom Assessment Scale' has been added to the Palliative Care screen.
- The capacity to record the Karnovsky Rating Scale and the Palliative Care Severity Scale scores has been added.

Palliative Care Outcomes Collaboration (PCOC) Screen

- It is compulsory to create an PCOC dataset record before ending overnight (episode type 1) palliative care (case type 1) episodes. This is done by clicking on 'add' and 'save' in the 'PCOC Dataset' screen
- A new screen called 'PCOC' has been added to allow the capture of the following PCOC dataset items not included in other screens:
 - o Referral date;
 - o Source of referral;
 - o Date of first assessment;
 - Proposed model of care episode start;
 - Reason for consultative service;
 - Location of consultative service;
 - Mode of consultative service;
 - PCOC diagnosis;
 - Place of death;
 - Main language spoken at home.

SNAP Class Screen

• The SNAP grouping functions have been upgraded to allow episodes to be grouped to either AN-SNAP Version 1 or AN-SNAP Version 2. Refer to Section titled 'The SNAPshot Grouper' on Page 44 for details of this set of changes.

Reports/Extracts

- The default destination for SNAP extracts has been changed to c:\SnapExtract.
- A new report called 'Missing AROC Fields Report' (report #27) has been created that lists any AROC dataset items that have not been entered for episodes with an end date in the last 12 months.
- A new extract called PCOC Extract (#59) has been added.

The Startup Screen

When Snap starts it displays an empty screen. It will then look for a database and, if it finds one, will display the main input screen (see 'The Main Screen' below).

Sometimes, you will need to return to the Startup screen to perform certain utility functions or to select a different database. Unlike previous versions of Snap, version 3.2 (and later) allows you to have any number of Snap databases located on your computer or on other 'server' computers.

SELECTING A DATABASE

If the Main screen is open close it by clicking on the lower of the two 'X' buttons in the top right hand corner of the screen. Don't choose the top 'X' button or you will close Snap.

You will then see the startup screen and you should choose the File:Select Database option on the menu bar. You can then use the file dialog box to select the database that you require – this must be an Access 97 database with a file extension of '.mdb'.

Having selected a database you must now use the File:Main menu option to open it.

The next time that you run Snap, the latest database that you selected will be used.

The Main Input Screen

EpiList

PatList	SetList	MultiList		
SNAPshot 3.80a - [Main: Provid	ler Unit: PU1001; Facility	/: X245]		
File Edit				- 8 ×
Patient[20] (MRN)	Patien Episode		System [1]	
MRN PatName DOB ▶ 20000145 Clarke,Libby 06/0		Version SysBeg SysEnd 3.80 01/01/1999 1/12/2008		
	1/1916 Rehab/GEM	3.80 0170171333 3171272008		
	ARUCDatase			
	07/1938 PallCare PCOC			
	10/1930 Maint/BUG	Save Can Add Del Group Reset 07/08/2007	7 1	
	04/1918 MH 09/1940 AdultHoNOS		Patient Details	
	J9/1940 AdultHoNOS - J3/1927 AdultLSP	Field	Value	
	01/1917 AdultMHI	Patient identifier	3	
	01/1902 ChildMH	Provider unit	PU1001	
	10/1912 SnapClass	Medical record number	20000145	
	12/1912 PrivRehab 06/1928 Staff	Date of Birth Sumame	06/01/1934 Clarke	
	04/1909 WardTeam	Given names	Libby	
	1/1926 Members	Sex	2 (Female)	
20008519 Reid,Lorna 10/0	09/1909 Epi00S -	Indigenous status	2 (Torres Strait Islander but not Aboriginal Origin)	
	JI71325 ConTime	Country of birth	1101 (Australia)	
	10/1902 Path	Country of Residence	11001710	
	ne zno z lindy	Medicare number DVA Number	11001718 99998060	
	Drug Equip	DVA card type	2 (Gold Card)	
Episode [1]	A desin Chatura	Preferred language	2 (English)	
BegDate CT ET EpisID End[▶ 01/01/2000 1 1 3 08/0	HALLMUS	Interpreter required	2 (No)	
	ACAT(AGS)M ACATMDS2	HACC statistical key	lakib060119342	
	PatCIARR	Migrated (2.3) Variable Patient Details:	-	
Staff[20] (StaffCode)	EpiCIARR	Referral date		
Staff StaffName StaffID StfDate		Source of referral	2 (Family, significant other, friend)	
	/2000 1 DVARev(MD:	Previous specialised treatment	3 (Ambulatory treatment only)	
	72000 I Providnik	Usual Address:		
	/2000 1 Facility -	Address Address	16 Main St	
	72000 1 Epi90Day - 72000 1 UserTable -	Suburb	Westville	
	/2000 1 ImpDetail	State	8 (ACT)	
	/2000 1 Import	Postcode	2611	
	/2000 1 UserDef	Local Government Area	1234	
	/2000 1 Migrate /	Phone Tupe of usual accommodation prior to admission	222661234 1 (Private residence (inc unit in retirement village))	
	/2000 1	Current Address:	r (r myske residence (me unik infletitetitetitetit village))	
	/2000 1	Current same as Usual		
1012 Cox 13 01/01/	/2000 1	Address	22 South Rd	
1013 Taylor 1 01/01/	/2000 1	Address		
•		Suburb	Eastville	•
🛃 start 🛛 🙆 😂 🖸 😂 😿		SNAPshot 3.80a - [M 🕎 Manual38.doc - Mi	icro 🤄 SNAPshot3.80a CD	(15:48
StaffList			EditView	
StanList				

EditView

Most data capture for Snap 3.8 is performed from a single window which contains 6 segments or 'panes':

- *PatList* which is the patient list for the currently selected provider unit. .
- EpiList which is the list of episodes for the patient currently selected in PatList but . note that this is only for the currently selected facility.
- StaffList which is a list of staff members for the currently selected facility. .
- SetList which lists the various data sets which can be edited in EditView.
- *MultiList* which contains various lists depending on the data set which is currently selected.
- EditView which is the segment where all insert, delete and update transactions are . performed.

SCREEN SIZING

The Main screen is flexible. When it is first displayed it will fill the entire screen and this is normally the way that you will want to use it but it can be resized if you wish to view other applications concurrently.

Various monitors can be used – such as VGA, Super VGA or XGA – but a minimum of Super VGA is recommended (800 x 600 pixels). The higher the resolution, the better.

Within the Main screen each of the segments listed above can be re-sized to suit the operation you are currently undertaking by dragging the bars which separate them. For example, if you are entering staff time data you will need the StaffList but if you are entering episodic data you can squeeze out the StaffList, and so on.

Note: if you are editing data in EditView you will receive the message "Save or cancel changes" if you try to select another segment. You should complete the changes to the current data set and then press Save (or Cancel). If you try to resize a segment whilst editing a data set the message will appear but, as the second part of the message indicates, you should press the Esc key, resize the segment by dragging the bar to the required position, press the left mouse button, clear the message and continue editing.

ENTERING TRANSACTIONS

The most important point to understand is that all editing is performed in the EditView segment in the bottom right hand corner. All other segments are used for the purpose of selection. The normal procedure is to select a data set from the SetList and then select relevant rows from the other lists. For example, if you wish to add a new episode record, you will select the EpiAdmin option from the SetList to display the episode administration details in the EditView and then select the first patient in PatList. When you click on the Add button, an empty record will be created but certain key fields will be pre-set – for example, for a patient record the Provider Unit field is pre-set.

Many of the data sets which are displayed in EditView have a single data column. Others have multiple columns – for example, the FIM data set has begin and end values.

The field names are displayed in different colours. Blue indicates that the field is read-only and cannot be changed. Red means that the field is compulsory and a value must be entered. Black means that the field is optional. However, some optional fields may become compulsory when values for other fields are set. For example, if case type is set to 3, Mental Health Service becomes compulsory and you will receive an error message if a value is not provided when you try to save the record.

THE PROCESS KEY – F7

For certain segments and certain data sets in the EditView, special options can be invoked by pressing the F7 key. For example, if the cursor is on the PatList and you press F7 you can sort the patient list or search for particular patients. In the Staff lists, F7 will sort by Staff code or Staff name. If you have selected a Facility and the cursor is in the EditView and you press F7 you can enter a password.

PASSWORDS

Microsoft Access Passwords

If the database administrator has specified a password for the Snap Access database then the user will be prompted to enter this password prior to being prompted for the Facility password. If a password has not been specified for the Snap Access database, then the prompt will not appear.

Very Important: the Access password must be assigned using Access – Snap will simply ask for it to enable it to open the Snap database. If you forget an Access password, <u>you will</u> <u>not be able to open the database</u>. Access passwords are maintained using Access not Snap.

Logging on Using a Facility Password

Most users will logon to Snap using one or more Facility passwords. Before this can occur, the Administrator must define one or more Facility records and specify passwords for them.

When you start Snap the Main screen will appear and the list of Facilities will appear in MultiList with the Facility used in the previous session selected. If this is the Facility that you wish to process press F7 and enter the password. The remaining data sets will then appear and you can enter transactions.

Note that the cursor must be in the EditView when you press F7.

If you wish to process data for a different Facility it is not necessary to logoff, simply select the Facility data set, select the required Facility, and then press F7 to enter the password.

Within a session, you only need to enter the password for a Facility once.

See the section 'Administrator Functions' for information regarding the Administrator password.

90 DAY REVIEW

When you enter the Main screen Snap will display a message advising you of the name of the database that you are opening and the number of records which require review.

After you have logged on, you can see a list of the episodes by selecting the Epi90Day data set.

This list is updated on demand – press F7 to update the list.

General Operations

The SetList segment lists all of the data sets that you can edit. When you click on a data set name – such as Patient or Staff – the fields for the data set are displayed in the EditView segment.

For some data sets – such as Facility – when you make the selection a list will appear in the MultiList segment and the currently selected facility record will appear in the EditView.

TRANSACTIONS

As described above, all database transactions are performed in the EditView segment and include:

- . Add which is used to insert a new record of the type currently displayed in EditView.
- . *Del* which is used to delete the record currently displayed in EditView.
- . Save which is used to save the record currently displayed in EditView.
- . *Cancel* which is used to discard changes you have made to the record currently displayed in EditView.
- . *Reset* which is used to re-select all lists when you change provider unit or facility but which can also be used to refresh the data currently being displayed to reflect any changes made by other users.

When you are editing a data set the SetList will disappear and the message ***Edit*** will appear.

Normally, you will create a new record by clicking on the Add button. For some data sets, however, a blank EditView will appear but the Add button will be disabled since the data set is part of existing record. For example, to create a new Snap episode you must select EpiAdmin in SetList, select the relevant patient in PatList and then press the Add button to create an empty EditView. When you subsequently select data sets such as EpiClinical or Behaviour, the Add button will be disabled. For these data sets, simply enter the required field values and press the Save button.

GENERAL EDITING CONTROLS

To edit an existing record in EditView, simply click on the relevant field and enter data. If you are moving from field to field, F2 can be used to put you into field edit mode. If there are multiple columns you can use Tab or Shift-Tab to move right and left or you can use the left and right arrow keys. To move up and down use the up/down arrow keys. Before you can press the Save button to save changes you must complete field editing for the last field by moving off that field or by pressing the Enter key otherwise you will receive a prompt.

Date formats are flexible – for example 01 Jan 2000 can be entered as 1/1/00 but it will be displayed as 01/01/2000. Note that separator character such as slashes or spaces must be entered. The current year will be assumed – eg '1 1' will convert to 01/01/2000.

Control Keys

Кеу	Action							
Arrows	Move left, right, up or down.							
Enter or Tab	Save field changes (if any) and move to the next field to the right or down.							
Shift+Tab	Save field changes (if any) and move to the previous field to the left or up.							
Alt+down arrow	For coded fields – open the drop down list.							
Ctrl+A	Add a new record.							
Ctrl+S	Save the current changes.							
Esc	If field in edit mode cancel field changes.							
	In record edit mode, cancel record changes.							
	If you are positioned in the EditView but are not currently editing, pressing the							
	Esc key will move the cursor to the Date field and you can move forward to the							
	Shift field by pressing the Tab key or back to the control buttons using Shift-							
	Tab. Pressing the Tab key on the Shift field will move you to the EditView.							
	If you press the Esc key on the Date field, you will jump to the SetList and you							
	can move up and down the SetList without selecting a set by holding down the							
	Shift key whilst you press the Up/Down arrow keys.							
Shift+Up/Down	You can move up and down the SetList without selecting a set by holding down							
(on SetList)	the Shift key whilst you press the Up/Down arrow keys. When you are							
	positioned on the required set, release the Shift key and the set will be selected.							
F6	The F6 key will move you forwards from segment to segment. Shift-F6 will							
	move backwards.							
F7	F7 is the 'Process' key and, for certain segments/data sets, provides additional							
	processing options.							

For coded fields such as sex or marital status, you may either enter the value directly or press the button to reveal a drop down list. The button is displayed for the currently selected field if it has an associated lookup table.

For all of the sets described below, you must select the appropriate data set from SetList before attempting a transaction. For example, if you wish to edit a patient record, you must select the patient in PatList **and** click on Patient in SetList.

Creating a SNAPshot Database

You can have any number of SNAPshot databases on your system and you can use the File:Select Database menu option on the empty screen to select the database you wish to process. The first step, however, is creating an empty database.

To create a database you must copy an empty 'template' database called 'SnapOrig.mdb' but to do this you must be logged on as the Administrator and you must have Exclusive access to the database.

Select SnapOrig.mdb

When you start Snap for the first time you will receive an error message saying that Snap cannot locate the database called 'c:\SnapShot\snap.mdb'.

From the empty screen use the File:Select Database menu option to open the File Dialog and select the \SnapShot\SnapOrig.mdb database.

When you click on the OK button you will receive a message warning you that you will not be allowed to open this database since it is provided only for the purposes of copying.

Logon as Administrator

Note that each time you select a different database you will have to enter the Administrator password for that particular database unless you wish to logon as a normal user.

Use the File:Administrator Options menu item to open the Administrator dialog.

Enter the password – by default 'admink' – and click the exclusive mode tick box. Then press the 'Logon as Administrator' button and press Exit.

Copy SnapOrig.mdb

From the empty screen use the File:Database Utilities menu option to open the Utilities dialog. Press the 'Copy Database' button and enter the name of the database – for example 'Snap.mdb'.

Press Exit to quit the Utilities dialog.

Select the new database

From the empty screen use the File:Select Database menu option to open the File Dialog and select the new database. This operation will log you off as Administrator since each database has its own passwords.

Open the Main screen

Use the File:Open Main Screen menu option to open the main processing screen. When it opens you will have access to only one data set – the Facility set. Since this is a new database there are no Facilities defined and so you will have to logon as Administrator because only the Administrator can define passwords. You can do this from the Main screen but note that you cannot set the Exclusive access flag from this screen – you must use Administrator Options to set the flag.

To logon as Administrator, with the EditView selected (the cursor is positioned on it) hold down the Shift key and press F7. The Password dialog will appear and you can enter the Administrator password (default 'admink').

Add a Facility record

Click on the Add button to add a new record and enter the Facility details. As a minimum you must enter the four character code and a name but you may also enter default values for fields such as CaseType.

Press the Save button to save the record and then define the user password for this facility by pressing F7 (without the Shift key).

You will have to enter the password twice. If you forget a user password you, as Administrator, can create a new one at any time. If you forget the Administrator password see the chapter on Administrator Functions.

After you have added a user password you will see the encrypted value in the read-only field called 'Key'.

You can repeat this process for as many facilities as you wish to define.

Add a ProvUnit (Provider Unit) record

Before you can add patient records to the database you must define at least one provider unit.

Select the ProvUnit data set, press the Add button and add a ProvUnit record.

Select a ProvUnit/Facility

When you have finished defining ProvUnit and Facility records you must select one of each for processing. To do this select the ProvUnit data set, select the required ProvUnit in MultiList and then press the Reset key. Then repeat the process for the Facility dataset.

Now look at the main Snap title bar and you should see the codes for the selected ProvUnit and Facility. This is important, whenever you start a Snap session you should check that the correct ProvUnit/Facility codes appear at the top of the Snap window.

ſ	TUCE	sangi	allei		U	u5	
	SNAPshot 3	8.80a - [Main: Pr	rovider Unit: I	PU1001; Faci	lity: X	(245]	
	Eile Edit						
Γ	I	Patient[20] (MRN)	1	Patient			System [1]
	MBN	PatName	DOB 🔺	Episode		Version SysBeg SysEnd	
	20000145	Clarke,Libby	06/01/1934	Clinical		3.80 01/01/1999 31/12/2008	
	20000326	Kennedy,Martha	05/11/1916	Rehab/GEM			
	20001278	Belmont,Rosemary	09/05/1904	AROCDatase	Sav	e Can Add Del Group Reset 0	7/08/2007 1
	20001777	Ingham,Jane	22/07/1938	PallCare PCOC			
	20001784	Chappell,Chris	14/10/1930	Maint/RUG			Patient Details
	20002695	Jensen,Kate	30/04/1918	Manunuu		Field	Value
	20004229	Aitchison, Jane	02/09/1940	AdultHoNOS		Patient identifier	3
	20004833	Kellett,Joan	11/03/1927	AdultLSP		Provider unit	PU1001
	20005249	McCabe,Helen	16/01/1917	AdultMHI		Medical record number	20000145
	20005605	Rossitor,Deidre	25/01/1902	ChildMH	1 -	Date of Birth	06/01/1934
	20005629	Shepard,Geraldine	31/10/1912	SnapClass		Surname	Clarke
	20006439	Nugent,Nora	29/12/1912	PrivŘehab		Given names	Libby
	20006489	Knowles,Kay	03/06/1928	Staff		Sex	2 (Female)
	20007462	Owens, Jane	15/04/1909	WardTeam		Indigenous status	2 (Torres Strait Islander but not A
	20007612	Gurney,Elsie	13/01/1926	Members		Country of birth	1101 (Australia)
	20008519	Reid,Lorna	10/09/1909	EpiOOS		Country of Residence	
	20009200	Owens, Jackie	24/01/1925	Staff00S		Medicare number	11001718
	20009313	Vickers Josie	15/10/1902	GenTime		DVA Number	99998060
	20009489	Kane Kate	19/10/1903	Path		DVA card tupe	2 (Gold Card)

Processing Patient Records

20001111 Ingnambario	22/01/1000	IPCOC I				
20001784 Chappell,Chris	14/10/1930	Maint/RUG			Patient Details	
20002695 Jensen,Kate	30/04/1918	MH	Field		Value	
20004229 Aitchison,Jane	02/09/1940	AdultHoNOS	Patient ident	ifier	3	
20004833 Kellett, Joan	11/03/1927	AdultLSP	Provider unit		PU1001	
20005249 McCabe,Helen	16/01/1917		Medical reco	rd number	20000145	
20005605 Rossitor Deidre	25/01/1902	ChildMH	Date of Birth		06/01/1934	
20005629 Shepard,Geraldin		SnapClass	Surname		Clarke	
20006439 Nugent.Nora	29/12/1912	PrivRehab	Given name:		Libby	
20006489 Knowles,Kay	03/06/1928	Staff	Sex	·	2 (Female)	
20007462 Owens Jane	15/04/1909	WardTeam	Indigenous s	tatuo	2 (Torres Strait Islander but not Aboriginal Origin)	
20007612 Gurney,Elsie	13/01/1926	Members -	Country of bi		1101 (Australia)	
2000/012 duiney,Lisie 20008519 Reid,Lorna	10/09/1909	Epi00S -	Country of B		(Australia)	
20009200 Owens Jackie	24/01/1925	Staff00S -	Medicare nu		11001718	
20009200 Owens Jackie 20009313 Vickers Josie	15/10/1902	GenTime —	DVA Numbe		99998060	
20009489 Kane,Kate	19/10/1902	Path –				
	07/05/1940	Imag _	DVA card ty		2 (Gold Card)	
20009812 Armstrong,Gillian	0770571940	Drug	Preferred lan		2 (English)	
Episode [1]		Equip	Interpreter re		2 (No)	
BegDate CT ET EpisID	EndDate	AdminStatus	HACC statist		lakib060119342	
01/01/2000 1 1 3	08/01/2000	HACCMDS	Migrated (2.3			
01/01/2000 1 1 3	00/01/2000	ACAT(AGS)M	Variable Pati			
		ACATMDS2	Referral da			
		PatCIARR	Source of	eferral	2 (Family, significant other, friend)	
Staff[20] (StaffCod		EpiCIARR	Previous s	pecialised treatment	3 (Ambulatory treatment only)	
Staff StaffName StaffID		DVAAss(MDS	Usual Add	ess:		
1000 Daly 1	01/01/2000 1	DVARev(MD:	Address		16 Main St	
1001 Lockwood 2	01/01/2000 1	System	Address			
1002 Perry 3	01/01/2000 1	ProvUnit – Facility –	Suburb		Westville	
1003 Page 4	01/01/2000 1	Epi90Day	State		8 (ACT)	
	01/01/2000 1	UserTable	Postcode	3	2611	
	01/01/2000 1	ImpDetail	Local Gr	vernment Area	1234	
	01/01/2000 1	Import	Phone		222661234	
	01/01/2000 1	UserDef		usual accommodation prior to admissi		
	01/01/2000 1	Migrate	Current Ad		r (materestative (ite and infolionent midge))	
	01/01/2000 1	- Ingrate		ame as Usual		
	01/01/2000 1		Address	ano as osuar	22 South Bd	
	01/01/2000 1	1 1-	Address		22 Southing	
	01/01/2000 1		Suburb		Eastville	
	01/01/2000 1		State		6 (Tas)	
1013 Taylor 14	01/01/2000 1	1 1-	Postcode		6666	
	•		Postcod	8	0000	
y start 👘 🙆 🙆 🚺	🔄 🗷 🔟					
			SNAPshot 3	.80a - [M 🛛 🛄 Manual38.doc -	Micro 🏠 SNAPshot3.80a CD	

Patient records are defined in respect of a ProvUnit which may relate to one or more Facilities as long as all facilities use the same patient identifiers - ProvUnit code, MRN (Medical Record Number) and DOB (Date of Birth).

When you select a ProvUnit/Facility combination you will see a list of all patients for the provider units, all episodes in the currently selected Facility for the patient currently selected in PatList and all Staff members for the currently selected Facility in StaffList.

The first thing you should do when opening the Main processing screen is check that the ProvUnit/Facility codes displayed in the Snap title bar at the top of the Snap Window are the correct ones. If not, use the ProvUnit and Facility data sets and the Reset button to select the required combination.

To add a new Patient record, select the Patient data set and press the Add button. An empty record will appear in EditView except that the ProvUnit field will display the currently selected ProvUnit. Since ProvUnit is a read-only field (the description is in blue) you cannot change this field. You can only enter patient data for the currently select ProvUnit. If you want to enter patient details for a different ProvUnit you must select the relevant ProvUnit and press the Reset button.

Once the empty patient record appears, enter field values using the procedures described in the General Operations chapter.

Patient record ordering

By default, patients are listed in MRN order but you can switch between MRN and Surname ordering by clicking on PatList and press the F7 key. The current ordering is displayed in the caption bar at the top of the list.

Patient Name is an optional field but if you leave it blank during editing, when you save the record Snap will place the MRN into the Name field since it is used for ordering purposes. You can, at any time, overwrite the code with a name (except, of course, by entering a blank name).

Searching for patients on MRN, Name or HACC Statistical Linkage Key

If you click on the PatList (or press the F6 key to move the cursor to it) you can enter characters to search the list on. If MRN is displayed in the caption bar for PatList the list is in MRN order and, normally, you would enter numeric digits. If 'Name' is displayed you would normally enter alpha characters. You can enter up to 12 characters and these are displayed in the caption bar as you enter them. Similarly, if HACCKey is the current sort order, you can enter the first characters of the Statistical Linkage Key. Use the destructive backspace key to erase characters from the right.

If there are no search characters entered, when you press F7 you can select one of the three sort orders.

If you are looking for the patient 'Smith Jack', you would use F7 to select Name order and then you would enter, say, 'smi' (without the quotes) and then press F7. Snap will locate to the first record beginning with 'smi' (the search is not case-sensitive – smi is the same as SMI). For this type of search you would select the option [First name commencing with 'smi'] after pressing F7.

If you cannot locate the patient you can use a different kind of search by selecting the option [Find first name containing 'smi'] and Snap will search to find the first record which contains 'smi' anywhere in the patient name – for example JSmith. If the first record selected is not the required patient you can find the next one by pressing F7 and selecting the option [Find next name containing 'smi'].

To avoid having the dialog box appear every time you press F7, if you hold the Shift key down whilst pressing F7, Snap will automatically search for the next patient containing 'smi'. Note, however, that pressing Shift-F7 locates to the next record irrespective of where you are currently positioned in the patient list so for the first search you should select the [Find first name containing 'smi'].

Variable Patient Fields

Variable patient fields are normally recorded in the Episode record but, initially, they can be recorded in the Patient record. When you create the first Episode record the details will be copied from the Patient record. Thereafter, the details will be copied from episode to episode.

Processing Snap Episode Records

Eile Edit MBN 20000145 20001278 20001278 20001777 20001784 20002695 20004229	Patient[20] (MRN) PatName D08 Clarke,Libby 06/01/1934 Kennedy,Martha 06/11/1916 Belmont,Rosemary 09/05/1904 Ingham,Jane 22/07/1938 Chacpell,Chris 14/10/1930	Patient Episode Clinical Rehab/GEM	Version SysBeg SysEnd ▶ 3.80 01/01/1999 31/12/2008	System [1]	- 8
MRN 20000145 20000326 20001278 20001777 20001784 20002695	PatName D0B Clarke,Libby 06/01/1934 Kennedy,Martha 05/11/1916 Belmont,Rosemary 09/05/1904 Ingham,Jane 22/07/1938	Episode Clinical Rehab/GEM		System [1]	
20000145 20000326 20001278 20001777 20001784 20002695	Clarke,Libby 06/01/1934 Kennedy,Martha 05/11/1916 Belmont,Rosemary 09/05/1904 Ingham,Jane 22/07/1938	Clinical Rehab/GEM			
20000326 20001278 20001777 20001784 20002695	Kennedy,Martha 05/11/1916 Belmont,Rosemary 09/05/1904 Ingham,Jane 22/07/1938	Rehab/GEM			
20001278 20001777 20001784 20002695	Belmont,Rosemary 09/05/1904 Ingham,Jane 22/07/1938		3.80 01/01/1999 31/12/2008		
20001777 20001784 20002695	Ingham,Jane 22/07/1938	AROCDatase			
20001784 20002695		PallCare	Save Can Add [Del] Group Reset	07/08/2007 1	
20002695		PCOC		Patient Details	
	Jensen,Kate 30/04/1918	Maint/RUG	Field	Value	
	Aitchison Jane 02/09/1940	MH	Patient identifier	3	
20004223	Kellett Joan 11/03/1927	AdultHoNOS	Provider unit	PU1001	
20005249	McCabe,Helen 16/01/1917	AdultLSP AdultMHI	Medical record number	20000145	
20005605	Rossitor Deidre 25/01/1902	ChildMH	Date of Birth	06/01/1934	
20005629	Shepard,Geraldine 31/10/1912	SnapClass	Sumame	Clarke	
20005023	Nugent,Nora 29/12/1912	PrivRehab	Given names	Libby	
20006489	Knowles,Kay 03/06/1928	Staff	Sex	2 (Female)	
20007462	Owens Jane 15/04/1909	WardTeam	Indigenous status	2 (Torres Strait Islander but not Aboriginal Origin)	
20007612	Gurney,Elsie 13/01/1926	Members	Country of birth	1101 (Australia)	
20008519	Reid.Lorna 10/09/1909	EpiOOS	Country of Residence		
20009200	Owens Jackie 24/01/1925	StaffOOS	Medicare number	11001718	
20009313	Vickers Josie 15/10/1902	GenTime	DVA Number	99998060	
20009489	Kane.Kate 19/10/1903	Path	DVA card type	2 (Gold Card)	
20009812	Armstrong Gillian 07/05/1940	Imag	Preferred language	2 (English)	
		Drug Equip	Interpreter required	2 (No)	
-	Episode [1]	AdminStatus	HACC statistical key	lakib060119342	
BegDate	CT ET EpisID EndDate	HACCMDS	Migrated (2.3)		
01/01/2000	0 1 1 3 08/01/2000	ACATIAGSIM	Variable Patient Details:		
		ACATMDS2	Referral date		_
		PatCIARR	Source of referral	2 (Family, significant other, friend)	
St	taff[20] (StaffCode)	EpiCIARR	Previous specialised treatment	3 (Ambulatory treatment only)	
Staff Sta	affName StaffID StfDate S 🔺	DVAAss(MDS	Usual Address:	,	
1000 Da	alv 1 01/01/2000 1	DVARev(MD:	Address	16 Main St	
1001 Lo	ckwood 2 01/01/2000 1	System	Address		
1002 Pe	erry 3 01/01/2000 1	ProvUnit Facility	Suburb	Westville	
1003 Pa	age 4 01/01/2000 1	Epi90Day	State	8 (ACT)	
1004 Bin	rchall 5 01/01/2000 1	UserTable	Postcode	2611	
1005 Mc	cCabe 6 01/01/2000 1	ImpDetail	Local Government Area	1234	
1006 Fo	rd 7 01/01/2000 1	Import	Phone	222661234	
1007 Arr	mitage 8 01/01/2000 1	UserDef	Type of usual accommodation prior	o admission 1 (Private residence (inc unit in retirement village))	
1008 Gld	over 9 01/01/2000 1	Migrate	Current Address:		
	pinall 10 01/01/2000 1		Current same as Usual		
	ampson 11 01/01/2000 1		Address	22 South Rd	
1011 Be			Address		
1012 Co			Suburb	Eastville	
	aylor 14 01/01/2000 1 🕳		State	6 (Tas)	
Lana II			Postcode	6666	

If you want to process any episodic data for a patient you must first create a Snap Episode record. You cannot, for example, create a RehabMDS record without first creating a Snap Episode record.

The first (important) step is to select the relevant patient in PatList. You can move the cursor to PatList either by using the mouse to click on the appropriate row in PatList or you can press the F6 key to cycle through the different Main screen segments until the cursor lands on PatList and you can then use the arrow and/or PageUp/PageDown keys to move through the list of patients.

COPYING EPISODIC DATA

The Snap Episode record and several MDS (minimum data set) records contain fields which are automatically copied when creating new records. For example, in the Episode record variable patient details such as address and next-of-kin information are copied <u>from the currently selected record</u>. This last point is important since normally you will want to copy data from the latest episode and you should make sure that the record indicator in EpiList is pointing to the episode from which you require the fields to be copied. If the latest episode is not selected, you will receive a warning message which you can override since it is possible that you wish to create a new episode record which pre-dates the latest episode.

Note that as from version 3.6, Variable Patient Details are always copied from the Patient record to newly created Episode records. Previously, these details were copied from Episode to Episode after the first Episode record had been created for a patient. The address details that are copied are the Usual Address rather than the Current Address details.

DELETING A SNAP EPISODE

If you delete a Snap Episode record all associated OOS (staff time) and MDS data will also be deleted.

CLOSING A SNAP EPISODE

There are certain checks which can only occur when an episode is closed – ie when you enter the Episode End Date. This includes cross checks with related OOS and MDS data and you will not be able to save the entered End Date until all errors have been resolved. It is normally good practice to enter and save all fields other than the End Date and only enter the End Date when you feel that all related data fields have been entered. If you receive cross check error messages you can simply cancel the Episode save operation, fix the problem and then enter and save the Episode End Date.

THE CLINICAL DATA SET

Below the Episode data set in SetList and slightly indented you will see the Clinical data set. The indentation implies that the Clinical data set is part of the Episode record. To create a new Episode data set you must add a new Episode record but the Add operation is not necessary for the Clinical data set since its fields are actually stored in the Episode record. This means that you cannot process Clinical data set fields until you have created an Episode record. The MH (Mental Health) record similarly has subordinate data sets which appear as indented names in SetList.

The PallCare Data Set

	=ile Edit	oora Timanu i		PU1001; Faci		.2.10]					_ 0
		atient[20] (MRN)	1	Patient	<u> </u>		Pa	IICare [3]			
-		PatName	DOB 🔺	Episode		PhsDate PhaseID Phase		iicare [5]			
		Clarke,Libby	06/01/1934	Clinical		01/01/2007 1 1	01/01/2007 0				
-		Kennedy,Martha	05/11/1916	Rehab/GEM		01/01/2007 6 2	05/01/2007 4				
-		Belmont,Rosemary		AROCDatase		05/01/2007 7 4	07/01/2007 2				
-		Ingham Jane	22/07/1938	PallCare			0170172001 2				
-		Chappell,Chris	14/10/1930	PCOC	ļ						
		Jensen Kate	30/04/1918	Maint/RUG MH		C C C C	((F				
		Aitchison Jane	02/09/1940	AdultHoNOS	Sav	e Can Add Del Grou	p Reset 07/08/2007 1				
		Kellett,Joan	11/03/1927	AdultLSP			Pull Car	e Phase Details			
	20005249	McCabe,Helen	16/01/1917	AdultMHI	⊢	Field	Begin	er nase Details	End	T	_
	20005605	Rossitor,Deidre	25/01/1902	ChildMH	⊢	Episode identifier	3		Enu		-
	20005629	Shepard,Geraldine	31/10/1912	SnapClass		Phase begin date	05/01/2007				
		Nugent,Nora	29/12/1912	PrivRehab	୲⊢∕	PhaseID	7				
	20006489	Knowles,Kay	03/06/1928	Staff	⊢	Phase end date	07/01/2007				
	20007462	Owens,Jane	15/04/1909	WardTeam	⊢	PC Phase	4 (Terminal)				
	20007612	Gurney,Elsie	13/01/1926	Members	⊢	Reason for phase end	2 (Discharge/case clos	u mal			
	20008519	Reid,Lorna	10/09/1909	EpiOOS	⊢	RUG Bed mobility	3 (Limited assistance)	ulej			
	20009200	Owens,Jackie	24/01/1925	Staff00S GenTime	⊢	RUG Toileting	3 (Limited assistance)				
	20009313	Vickers,Josie	15/10/1902	Path	⊢	RUG Transfer	3 (Limited assistance)				
	20009489	Kane,Kate	19/10/1903		⊢	RUG Eating	3 (Extensive assistance	3			
	20009812	Armstrong,Gillian	07/05/1940 🚬	Drug	⊢	Pain score	5 (Exterisive desistance	4			
-		Enizada [1]		Equip		Symptom score					
		Episode [1]	EndDate	AdminStatus		Psych/spiritual score					
_	BegDate 01/01/2007	CT ET EpisID 1 1 3	EndDate	HACCMDS		Family/carer score					
	0170172007	3		ACAT(AGS)M		Karnovsky Rating Scale					
				ACATMDS2		SAS Insomnia					
				PatCIARR		SAS Appetite problems					
_		ff[20] (StaffCode		EpiCIARR		SAS Nausea					
		fName StaffID S		DVAAss(MDS		SAS Bowels					
	1000 Daly		1/01/2000 1	DVARev(MD:		SAS Breathing					
			1/01/2000 1	System ProvUnit		SASFatique					
1	1002 Perr		1/01/2000 1	Facility		SAS Pain					
1	1003 Pag		1/01/2000 1	Epi90Day		SAS - Other symptom 1					
1	1004 Birc		1/01/2000 1	UserTable		SAS - Other symptom 1 - Sco	re				
			1/01/2000 1	ImpDetail		SAS - Other symptom 2					
	1006 Ford		1/01/2000 1	Import		SAS - Other symptom 2 - Sco	re				
			1/01/2000 1	UserDef		SAS - Other symptom 3					
	1008 Glov		1/01/2000 1	Migrate		SAS - Other symptom 3 - Sco	re				
	1009 Aspi		1/01/2000 1			Model of care - phase end					
			1/01/2000 1			SAS Proxy					
Ĩ	1011 Berg		1/01/2000 1			SAS Reason for proxy					
	1012 Cox	13 0	1/01/2000 1			Phase provider type					
	1013 Tayl	lor 14 0	1/01/2000 1 🖕			AN-Snap Version	2 (AN-Snap 2)				
	Leone II	lae la				SNAP class					
ĺ											_
	start			P 🔎 🕒		SNAPshot 3.80a - [M	Manual38.doc - Micro	👘 🔯 SNAPsho			15

Palliative care records can only be added for Episodes with CaseType 1.

A list of all of the existing PallCare records for the currently selected episode appear in MultiList and you can view or edit the details in EditView by selecting the required record.

The Staff Data Set

		.80a - [Main: Prov	ider Unit: Pl	U1001; Faci	ility: X245]	
F	ile Edit					- 8
	F	atient[20] (MRN)		Patient	System [1]	
	MRN	PatName DC	DB 🔺	Episode	Version SysBeg SysEnd	
	20000145		/01/1934	Clinical	▶ 3.80 01/01/1999 31/12/2008	
	20000326		711/1916	Rehab/GEM		
	20001278		/05/1904	AROCDatase PallCare		
	20001777		2/07/1938			
	20001784		/10/1930	Maint/RUG	1	
	20002695		/04/1918	мн	Save Can Add Del Group Reset 07/08/2007 1	
	20004229		/09/1940	AdultHoNOS		
	20004833		/03/1927	AdultLSP	Staff Details	
	20005249 20005605		701/1917 701/1902	AdultMHI	Field Value	
	20005605		/10/1912	ChildMH SnapClass	StaffD 1	
	20005625		/10/1912	PrivRehab	Facility X245	
	20006433		/06/1928	Staff	Staff 1000	
	20007462		704/1909	WardTeam	StfDate 01/01/2000	
	20007612		/01/1926	Members	Session Type 1 (Individual)	
	20008519		/09/1909	EpiOOS	StaffName Daly Cost Centre 34	
1	20009200		/01/1925	StaffOOS	Desig BN (Registered Nurse)	
	20009313	Vickers, Josie 15	5/10/1902	GenTime Path	HACC agency 12345	
	20009489		/10/1903	Imag	Migrated (2.3)	
	20009812	Armstrong,Gillian 07.	7/05/1940 🚬	Drug	ingrace (c.s)	
_		Episode [1]		Equip		
Т	BegDate		ndDate	AdminStatus		
	01/01/2007			HACCMDS		
_		1. 1. 1. 1.		ACAT(AGS)M ACATMDS2	4 () · · · · · · · · · · · · · · · · · ·	
				PatCIARR		
	St	aff[20] (StaffCode)		EpiCIARR		
Т		fName StaffID StfD	ate S▲	DVAAss(MDS		
	1000 Da		01/2000 1	DVARev(MD:		
			01/2000 1	System		
	1002 Pe	rry 3 01/0	01/2000 1	ProvUnit Facility		
	1003 Pa		01/2000 1	Epi90Day		
			01/2000 1	UserTable		
			01/2000 1	ImpDetail		
	1006 For		01/2000 1	Import		
			01/2000 1	UserDef		
			01/2000 1	Migrate		
			01/2000 1			
	1010 Ha 1011 Be		01/2000 1			
	1011 Be 1012 Co		01/2000 1			
	1012 Co 1013 Ta		$\frac{172000}{1}$			
	1013 114		172000 1			
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Staff records are defined in relation to a Facility – each Facility has its own staff list.

The Cost Centre and Designation fields are optional and, if you do not use them, there will be only one Staff record for each staff member. If you record either of the fields and update them as changes occur you should be careful to select the appropriate staff record when adding OOS/Staff Time data.

STAFF ORDERING

By default, staff are listed in Staff code order but you can switch between Staff code and name ordering by clicking on StaffList and press the F7 key. The current ordering is displayed in the caption bar at the top of the list.

Staff name is an optional field but if you leave it blank during editing, when you save the record Snap will place the staff code into the name field since it is used for ordering purposes. You can, at any time, overwrite the code with a name (except, of course, a blank name).

Occasion of Service (OOS) Data Sets

Staff/patient contact can be entered in two ways – by patient episode (EpiOOS) or by staff member (StaffOOS).

The EpiOOS data set

🖬 SNAPshot 3.80a - [Main: Provider Unit: PU1001; Facility: X245]											
File Edit											
Patient[20] (MRN)	Patient	EpiOOS (5)									
MRN PatName DOB 🔺	Episode	Staff StaffName	CareDate S	hift OoslD	Mins	Desig	CC				
20000145 Clarke,Libby 06/01/1934		1007 Armitage	01/01/2000 1	88	36	BN	3A				
20000326 Kennedy,Martha 05/11/1916		1004 Birchall	01/01/2000 1	85	48	BN	34				
20001278 Belmont, Rosemary 03/03/1304	PoliCoro	1006 Ford	01/01/2000 1	87	39	BN	3A				
20001777 Ingham,Jane 22/07/1938	PCOC	1008 Glover	01/01/2000 1	89	51	BN	34				
20001784 Chappell,Chris 14/10/1930 20002695 Jensen,Kate 30/04/1918	Maint/RUG	1005 McCabe	01/01/2000 1	86	27	RN	3A				
20002695 Jensen, Kate 30/04/1918 20004229 Aitchison, Jane 02/09/1940	мн										
20004223 Altchison, Jane 02/03/1340 20004833 Kellett, Joan 11/03/1927	AdultHoNOS AdultLSP Sav	e Can Add Del	Group Bes	et 07/08/200	7 1						
20005249 McCabe,Helen 16/01/1917	AdultMHI			1017007200							
▶ 20005605 Rossitor,Deidre 25/01/1902	ChildMH				00S by E	pisode					
20005629 Shepard,Geraldine 31/10/1912	SnapClass	Field		Value							
20006439 Nugent,Nora 29/12/1912	PrivRehab	EpisID		15							
20006489 Knowles,Kay 03/06/1928	Staff	StaffID		8							
20007462 Owens,Jane 15/04/1909	WardTeam Members	CareDate Shift		01/01/2000							
20007612 Gurney,Elsie 13/01/1926 20008519 Reid.Lorna 10/09/1909	EpiOOS	onin OosiD		88							
	StaffOOS	Minutes		36							
20003200 Owens Jackie 24/01/1525 20009313 Vickers Josie 15/10/1902	GenTime	Main intervention		25 (Monitorin	na and survei	illance)					
20009489 Kane.Kate 19/10/1903	Path	Intervention 2			28 (Pathology testing ***)						
20009812 Armstrong,Gillian 07/05/1940	Imag	Intervention 3			35 (Social support)						
	Drug Equip	Intervention 4			31 (Provision of aids or appliances)						
Episode [1] BegDate CT ET EpisID EndDate	AdminStatus	Service delivery settir	ng	1 (Home)							
BegDate CT ET EpisID EndDate ▶ 01/01/2000 1 1 15 08/01/2000	HACCMDS	HACC Details:	1.0 5 1 (1)	10/0 // 0	A: 1.5						
	ACAT(AGS)M	Assistance with Go Assistance with Go		10 (Self-Care 60 (Car Mod							
	ACATMDS2	Meals		60 (Cal Mou	incationsj						
Staff[20] (StaffCode)	EpiCIARR	Linen		70							
Staff StaffName StaffID StfDate S .	DVAAss(MDS	Transport		90							
1000 Daly 1 01/01/2000 1	DVARev(MD:	Home modifications	: cost	700							
▶ 1001 Lockwood 2 01/01/2000 1	System										
1002 Perry 3 01/01/2000 1	ProvUnit Facility										
1003 Page 4 01/01/2000 1	Epi90Day										
1004 Birchall 5 01/01/2000 1	UserTable										
	ImpDetail										
1006 Ford 7 01/01/2000 1	Import										
1007 Armitage 8 01/01/2000 1 1008 Glover 9 01/01/2000 1	UserDef Migrate										
1009 Aspinal 10 01/01/2000 1	Migrate										
1010 Hampson 11 01/01/2000 1											
1011 Berg 12 01/01/2000 1											
1012 Cox 13 01/01/2000 1											
1013 Taylor 14 01/01/2000 1											
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Next to the transaction controls – Save, Cancel, Add, etc. – you will see two fields which are used to contain a date and shift. By default, the current date and shift '1' appear but you can reset these fields as required. For EpiOOS, the fields are simply used as default values when you add new OOS records and you can replace the values in EditView as required.

EpiOOS displays all staff time records for the currently selected episode.

To add a new time record, select the relevant episode in EpiList, select the relevant staff member in StaffList and click on the Add button.

To edit an existing time record, select the record in MultiList, modify relevant field values and press Save.

The StaffOOS data set

<u>.</u>	NADebot 3	.80a - [Main: P	rouidor Unit: D	UI1001 · Eacil	v	2451				
	File Edit	. ooa - Emain. P	Tovider offit. F	01001,1401		<u></u>				
Ť.										
		atient[20] (MRN)		Patient	<u> </u>				00S [0]	
	MRN	PatName	DOB 🔺	Episode Clinical		MRN Surname	GivName	CareDate Shift	OosID Mins	
	20000145	Clarke,Libby	06/01/1934	Rehab/GEM						
	20000326 20001278	Kennedy,Martha	05/11/1916	AROCDatase						
	20001278	Belmont,Rosemary Ingham,Jane	22/07/1938	PallCare						
	20001777	Chappell,Chris	14/10/1930	PCOC						
	20002695	Jensen,Kate	30/04/1918	Maint/RUG						
	20004229	Aitchison, Jane	02/09/1940	MH AdultHoNOS						
	20004833	Kellett,Joan	11/03/1927	AdultLSP						
	20005249	McCabe,Helen	16/01/1917	AdultMHI	Sav	e Can Add Del Gi	oup Reset	08/08/2007 1		
	20005605	Rossitor,Deidre	25/01/1902	ChildMH						
	20005629	Shepard,Geraldine		SnapClass		let u			i by Staff	
	20006439	Nugent,Nora	29/12/1912	PrivRehab		Field StaffID		Value		
	20006489	Knowles,Kay	03/06/1928	Staff WardTeam		StamD CareDate		1		
	20007462	Owens,Jane	15/04/1909	Members	┢	CareDate Shift				
	20007612	Gurnev.Elsie	13/01/1926 💌	EpiOOS		EpisID				
		Episode [1]		Staff00S		OosID				
	BegDate	CT ET EpisID	EndDate	GenTime		Minutes				
►	01/01/2007	1 1 3		Path		Main intervention				
				Imag		Intervention 2				
				Drug Equip		Intervention 3				
				AdminStatus		Intervention 4				
				HACCMDS		Service delivery setting				
				ACAT(AGS)M		HACC Details:				
_	Sta	aff[20] (StaffCod	le)	ACATMDS2		Assistance with Goods				
		ffName StaffID S		PatCIARR		Assistance with Goods Meals	x Equip (2)			
•	1000 Da		01/01/2000 1	EpiCIARR DVAAss(MDS		Linen				
·			01/01/2000 1	DVARev(MD:		Transport				
	1002 Per		01/01/2000 1	System		Home modifications cos	•			
	1003 Pag	ge 4 (01/01/2000 1	ProvUnit						
			01/01/2000 1	Facility						
			01/01/2000 1	Epi90Day						
	1006 For		01/01/2000 1	UserTable ImpDetail						
_			01/01/2000 1	Import						
	1008 Glo 1009 Asc		01/01/2000 1 01/01/2000 1	UserDef						
			01/01/2000 1							
-	1010 Ha		01/01/2000 1							
	1012 Cox		01/01/2000 1							
_	1012 Co.		01/01/2000 1							
	1014 Lyc		01/01/2000 1							
	1015 Lin		01/01/2000 1							
•			•							
1	start	6 6 0 0	in 🔤 🔤 🔤	R 🔎 🖸	6	DistributionInfo	SNA	Pshot 3.80a - [M	Manual38.doc - Micro	11:0

For the StaffOOS data set, the date and shift fields play a more important role since they restrict the list of time records in MultiList to only those with the selected date/time. Update transactions work in the same way as for EpiOOS.

If you change the date/shift fields the data set will disappear for the EditView. When you have completed the changes, simply reselect the required data set in SetList and the EditView will reappear.

The GenTime data set

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	.80a - [Main: Pi	rovider Unit: P	U1001; Faci	ity: X245]			_ @ 🛛
🏺 File Edit							_ 8 ×
F	atient[20] (MRN)		Patient		GenT	ime [0]	
MBN	PatName	DOB 🔺	Episode	StaffID StaffName CareDate	Shift GenActiv Name	Mins	
20000145	Clarke,Libby	06/01/1934	Clinical Rehab/GEM				
20000326	Kennedy,Martha	05/11/1916	AROCDatase				
20001278	Belmont, Rosemary		PallCare	to the threater the			
20001777	Ingham Jane	22/07/1938	PCOC	Save Can Add Del Group	Reset 07/08/2007 1		
20001784 20002695	Chappell,Chris Jensen,Kate	14/10/1930 30/04/1918	Maint/RUG		Ger	Time	
20002695	Aitchison,Jane	02/09/1940	мн	Field Value	do	i i i i i i i i i i i i i i i i i i i	
20004223	Kellett Joan	11/03/1927	AdultHoNOS	StaffID			
20005249	McCabe,Helen	16/01/1917	AdultLSP AdultMHI	CareDate			
▶ 20005605	Rossitor,Deidre	25/01/1902	ChildMH	Shift			
20005629	Shepard,Geraldine		SnapClass	General Activity			-
20006439	Nugent,Nora	29/12/1912	PrivRehab	Mins			
20006489	Knowles,Kay	03/06/1928	Staff				
20007462	Owens,Jane	15/04/1909	WardTeam				
20007612	Gurney,Elsie	13/01/1926	Members				
20008519	Reid,Lorna	10/09/1909	Epi00S Staff00S				
20009200	Owens,Jackie	24/01/1925	GenTime				
20009313	Vickers Josie	15/10/1902	Path				
20009489 20009812	Kane,Kate Armstrong,Gillian	19/10/1903	Imag				
120003812	Armstrong, Gillian	10770571940	Drug				
	Episode [1]		Equip				
BegDate	CT ET EpisID	EndDate	AdminStatus HACCMDS				
• 01/01/2000	1 1 15	08/01/2000	ACAT(AGS)M				
			ACATMDS2				
			PatCIARR				
	aff[20] (StaffCod		EpiCIARR				
	affName StaffID S		DVAAss(MDS				
1000 Da		01/01/2000 1	DVARev(MD: System				
		01/01/2000 1	ProvUnit				
1002 Pe		01/01/2000 1	Facility				
1003 Pa 1004 Bin		01/01/2000 1	Epi90Day				
		D1/01/2000 1 D1/01/2000 1	UserTable				
1005 Mic		01/01/2000 1	ImpDetail				
		01/01/2000 1	Import UserDef				
		01/01/2000 1	Migrate				
		01/01/2000 1					
		01/01/2000 1					
1011 Be		01/01/2000 1					
1012 Co		01/01/2000 1					
1013 Ta	ylor 14 C						
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The GenTime data set can be used to record staff time which is not patient-specific from the following list:

General A	General Activities							
Code	Name							
1	General clinical							
2	Clinical travel							
3	Teaching							
4	Research							
5	Health promotion							
6	Other Travel							
7	Quality improvement							
8	Administration							
9	Other							
A	On Duty							

Any combination may be selected for a specified date/shift but note that the OnDuty activity represents the total number of minutes for the shift – for example, 480 for an eight hour shift.

Ward/Team and Member Records

Prior to Snap 3.6 a field ward provided in the Episode record called Team/Ward which allowed up to 20 characters of text to be entered. This field is retained (with the description 'Team/Ward (old)') and a new field has been added below it called 'Ward/Team' which allows a four character code to be selected.

The WardTeam data set

	3.80a - [Main: Provider Unit: I	201001; Faci	III(): X245]	JÐ
File Edit				- 8
F	Patient[20] (MRN)	Patient	WardTeam [5]	
MBN	PatName DOB 🔺	Episode	War Facility Code Name CC	
20000145	Clarke,Libby 06/01/1934	Clinical	▶ 1 X245 Tm1 Team 1 Ward1	
20000326	Kennedy,Martha 05/11/1916	Rehab/GEM	2 X245 Tm2 Team 2 Ward2	
20001278	Belmont,Rosemary 09/05/1904	AROCD at ase PallCare	3 X245 Tm3 Team 3 Ward3	
20001777	Ingham,Jane 22/07/1938	PCOC	4 X245 Tm4 Team 4 Ward4	
20001784	Chappell,Chris 14/10/1930	Maint/RUG	5 X245 Tm5 Team 5 Ward5	
20002695	Jensen,Kate 30/04/1918	MH		
20004229	Aitchison,Jane 02/09/1940	AdultHoNOS	Save Can Add Del Group Reset 07/08/2007 1	
20004833	Kellett,Joan 11/03/1927	AdultLSP		
20005249	McCabe,Helen 16/01/1917	AdultMHI	Ward Team List	
20005605	Rossitor, Deidre 25/01/1902	ChildMH	Field Value	
20005629	Shepard,Geraldine 31/10/1912 Nugent,Nora 29/12/1912	SnapClass PrivRehab	WardTeamID 1	
20006439 20006489	Nugent,Nora 29/12/1912 Knowles,Kay 03/06/1928	Staff	Facility X245 Ward / Team code Tm1	
20006489	Owens,Jane 15/04/1909	WardTeam	Ward / ream Nome (description) Team 1	
20007482	Gurney,Elsie 13/01/1926	Members	Cost Centre Ward1	
20007612	Reid,Lorna 10/09/1909	EpiOOS	Want	
20009200	Owens,Jackie 24/01/1925	StaffOOS		
20009313	Vickers, Josie 15/10/1902	GenTime		
20009489	Kane,Kate 19/10/1903	Path		
20009812	Armstrong.Gillian 07/05/1940	lmag Drug		
		Equip		
10.0.	Episode [1]	AdminStatus		
BegDate	CT ET EpisID EndDate	HACCMDS		
01/01/2000) 1 1 15 08/01/2000	ACAT(AGS)M		
		ACATMDS2		
-		PatCIARR EpiCIARR		
	taff[20] (StaffCode)	DVAAss(MDS		
	affName StaffID StfDate S	DVARev(MD:		
1000 Da		System		
	ckwood 2 01/01/2000 1	ProvUnit		
	age 4 01/01/2000 1	Facility		
	age 4 01/01/2000 1 rchall 5 01/01/2000 1	Epi90Day		
	Cabe 6 01/01/2000 1	UserTable		
1005 M		ImpDetail		
	mitage 8 01/01/2000 1	Import UserDef		
	over 9 01/01/2000 1	UserDer Migrate		
	pinal 10 01/01/2000 1	ingrate		
	ampson 11 01/01/2000 1			
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1012 Co	x 13 01/01/2000 1			
1013 Ta	aylor 14 01/01/2000 1 🚽			
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Two data sets are included in the SetList called WardTeam and Members. The process for defining WardTeam records and the Staff Members that WardTeams comprise is as follows:

- 1. Select the WardTeam set and create new WardTeam record(s) using the Add button.
- 2. Select a WardTeam record. The latest WardTeam record selected will be used when adding new members to the team.
- 3. Click on the Members set.
- 4. Select a staff member and press the Add button to add the staff member to the selected WardTeam.
- 5. Repeat step 3 above for all staff members that belong to the WardTeam.
- 6. Go to step 2 above to select the next WardTeam.

The Members record

SNADabat 2	1.80a - [Main: P	rouidor Unit. F	U1001 - East	V	2451					
File Edit	nova - Imain: P	Tovider Offic P	OTOOT; Pach	iity: A	740]					
	Patient[20] (MRN		Patient					Members		
MRN	PatName	DOB 🔺	Episode Clinical	<u> </u>	/ar Code	Name	StaffID	Staff	StaffName	
20000145	Clarke,Libby	06/01/1934	Rehab/GEM		Tm1	Team 1	6	1005	McCabe	-
20000326	Kennedy,Martha	05/11/1916	AROCDatase	1	Tm1	Team 1	15	1014	Lyons	J
20001278 20001777	Belmont,Rosemary	22/07/1938	PallCare							
20001777	Chappell,Chris	14/10/1930	PCOC							
20002695	Jensen,Kate	30/04/1918	Maint/RUG							
20004229	Aitchison Jane	02/09/1940	MH	Cause	Can Add	Del Group R	eset 07/08/2007	1		
20004833	Kellett,Joan	11/03/1927	AdultHoNOS AdultLSP	Save	Lan Add	Del Group R	eset 0770872007	1		
20005249	McCabe,Helen	16/01/1917	AdultMHI				W	ard Team M	embers	
▶ 20005605	Rossitor,Deidre	25/01/1902	ChildMH		Field	Value				
20005629	Shepard, Geraldine		SnapClass		WardTeamID	1				
20006439	Nugent,Nora	29/12/1912	PrivRehab		StaffID	6				
20006489	Knowles,Kay	03/06/1928	Staff							
20007462	Owens,Jane	15/04/1909	WardTeam							
20007612	Gurney,Elsie	13/01/1926	Members Epi00S							
20008519	Reid,Lorna	10/09/1909	Staff00S							
20009200	Owens, Jackie	24/01/1925	GenTime							
20009313	Vickers, Josie	15/10/1902	Path							
20009489	Kane,Kate	19/10/1903	Imag							
20009812	Armstrong,Gillian	07/05/1940 🚬	Drug							
	Episode [1]		Equip							
BegDate	CT ET EpisID	EndDate	AdminStatus HACCMDS							
01/01/2000	1 1 15	08/01/2000	ACAT(AGS)M							
			ACATMDS2							
			PatCIARR							
St	taff[20] (StaffCod	le)	EpiCIARR							
Staff Sta	affName StaffID !	StfDate S 🔺	DVAAss(MDS							
1000 Da		01/01/2000 1	DVARev(MD: System							
		01/01/2000 1	ProvUnit							
1002 Pe		01/01/2000 1	Facility							
		01/01/2000 1	Epi90Day							
		01/01/2000 1	UserTable							
1005 Ma 1006 Fo		01/01/2000 1 01/01/2000 1	ImpDetail							
		01/01/2000 1	Import UserDef							
		01/01/2000 1	UserDer Migrate							
		01/01/2000 1	migrate							
		01/01/2000 1								
1011 Be		01/01/2000 1								
1012 Co	іх 13 I	01/01/2000 1								
1013 Ta		01/01/2000 1 🖵								
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The System Data Set

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File Edit								_ @ ×
_	Patient[20] (MRN)		Patient			Sust	tem [1]	
MBN		DOB 🔺	Episode	l T	Version SusBeg Su	sEnd	Sim [1]	
20000145	Clarke,Libby	06/01/1934	Clinical					
20000326		05/11/1916	Rehab/GEM					
20001278		09/05/1904	AROCDatase PallCare					
20001777		22/07/1938	PCOC	Sav	e Can Add Del Group	Reset 07/08/2007 1		
20001784		14/10/1930	Maint/RUG					
20002695 20004229		30/04/1918 02/09/1940	мн				stem	
20004229		11/03/1927	AdultHoNOS		Field	Value		
20004833		16/01/1917	AdultLSP AdultMHI		Version	3.80		
▶ 20005605		25/01/1902	ChildMH		Data collection begin date Data collection end date	01/01/1999		
20005629	Shepard,Geraldine		SnapClass		Data collection end date Maximum shift number (1-4)	31/12/2008		
20006439	Nugent,Nora	29/12/1912	PrivRehab		TimeLimit in minutes	99999999		
20006489		03/06/1928	Staff		Background colour - gray	N (No)		
20007462		15/04/1909	WardTeam		Batch group start character	1		
20007612		13/01/1926	Members Epi00S		Batch group option	1 (Format 1 - no test values)		
20008519		10/09/1909	Staff00S		Administrator key	2561794869874		
20009200 20009313		24/01/1925	GenTime					
20009489		19/10/1903	Path					
20003403		07/05/1940	Imag					
			Drug Equip					
	Episode [1]		AdminStatus					
BegDate ▶ 01/01/2000		EndDate 08/01/2000	HACCMDS					
P 01/01/2000		08/01/2000	ACAT(AGS)M					
			ACATMDS2 PatCIARR					
C	taff[20] (StaffCode		EpiCIARR					
	taffName StaffID St		DVAAss(MDS					
		1/01/2000 1	DVARev(MD:					
		1/01/2000 1	System					
		1/01/2000 1	ProvUnit					
	age 4 01	1/01/2000 1	Facility Epi90Day					
		1/01/2000 1	UserTable					
		1/01/2000 1	ImpDetail					
		1/01/2000 1	Import					
		1/01/2000 1	UserDef					
		1/01/2000 1	Migrate					
		1/01/2000 1						
		1/01/2000 1						
1012 Co	ox 13 01	1/01/2000 1						
1013 Ta	aylor 14 01	1/01/2000 1						
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The System Data Set can only be changed by the Administrator and there can be only one System record for each Snap database.

The Data Collection Begin/End dates are useful for checking that dates which are episode related are within a reasonable timeframe. The range that you specify must be between 01/01/1990 and 31/12/2019 but you will probably want to define a tighter timeframe – the Administrator can change the range at any time. When SNAPshot is installed, the default episode end date is 31/12/2007.

The Background Colour flag can be used if your computer does not have high resolution colour. If you set the flag to Yes, a gray background will be used.

Note that these settings apply to one of possibly a number of Snap databases.

The ProvUnit (Provider Unit) Data Set

🚰 SNAPshot 3.80a - [Main: Provider	leit, DU1001, Esc	18ton V 2451				
File Edit	niii. POTOOT, rac	iiity: xz45]				
Patient[20] (MRN)	Patient			Prov	/Unit [9]	
MRN PatName DOB	Episode	ProvUnit	Name	1104	ionic [5]	
20000145 Clarke,Libby 06/01/11		B208HS	B208 Health Service			
20000326 Kennedy,Martha 05/11/1	16 Rehab/GEM	C202HS	C202 Health Service			
20001278 Belmont,Rosemary 09/05/1	ARUCDatase	► D200HS	D200 Health Service			
20001777 Ingham,Jane 22/07/1	20 PallCare	D213HS	D213 Health Service			
20001784 Chappell,Chris 14/10/1		K751HS	K751 Health Service			
20002695 Jensen,Kate 30/04/1	18 MH	N204HS	N204 Health Service			
20004229 Aitchison,Jane 02/09/1	40 AdultHoNOS	PU1001	Eastern Health Service			
20004833 Kellett,Joan 11/03/19	27 AdultLSP	PU1002	Western Health Service			
20005249 McCabe,Helen 16/01/1		×123HS	X123 Health Service			
20005605 Rossitor,Deidre 25/01/1						
20005629 Shepard,Geraldine 31/10/1						
20006439 Nugent,Nora 29/12/1		Save Can .	Add Del Group Rese	07/08/2007 1		
20006489 Knowles,Kay 03/06/1	20	Save Carl		10770072007 11		
20007462 Owens,Jane 15/04/1 20007612 Gurney,Elsie 13/01/1	0.0			Prov	vider Unit	
20007612 Gurney,Elsie 13/01/13 20008519 Reid,Lorna 10/09/13	20 5-2000	Field	Value			
20009200 Owens,Jackie 24/01/1	03	Provider U	Init D200HS			
20009313 Vickers Josie 15/10/1	na lientime	Name	D200 Health Service			
20009489 Kane.Kate 19/10/1	Path					
20009812 Armstrong, Gillian 07/05/1						
	Equip					
Episode [1]	AdminStatus					
BegDate CT ET EpisID EndDate						
01/01/2000 1 1 15 08/01/2	ALAT (AUS)M					
	ACATMDS2					
	PatCIARR					
Staff[20] (StaffCode)	EpiCIARR DVAAss(MDS					
Staff StaffName StaffID StfDate						
1000 Daly 1 01/01/200	1 Contract C					
▶ 1001 Lockwood 2 01/01/200 1002 Perry 3 01/01/200	Provid Insit					
1002 Perly 3 01/01/200 1003 Page 4 01/01/200	Facility					
1003 Fage 4 01/01/200	- Episobay					
1005 McCabe 6 01/01/200						
1006 Ford 7 01/01/200						
1007 Armitage 8 01/01/200						
1008 Glover 9 01/01/200						
1009 Aspinall 10 01/01/200						
1010 Hampson 11 01/01/200						
1011 Berg 12 01/01/200						
1012 Cox 13 01/01/200	1					
1013 Taylor 14 01/01/200						
•						
				log i sur		
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You must define at least one ProvUnit before you can enter Patient records and you must define Patient records before you can enter episodic data.

The Facility Data Set

SNAPshot 3	1.80a - [Main: Pr	ovider Unit: F	PU1001; Faci	lity: X	245]							
File Edit												- 8
	atient[20] (MRN)		Patient					Facility [1			
MBN .		DOB 🔺	Episode		Facility	Name	AltFacility	EpisPrefix	DefCaseType	DefEpisType	DefCareModel	DefMHSer
20000145		06/01/1934	Clinical		3208	St John's	B208	1				
20000326	Kennedy,Martha	05/11/1916	Rehab/GEM		202	St Mark's	C202	1				
20001278		09/05/1904	AROCDatase		0200	St Paul's	D200	1				
20001777	Ingham, Jane	22/07/1938	PallCare PCOC		D213	St Rose's	D213	1				
20001784		14/10/1930	Maint/RUG		<751	St Fred's	K751	1	1	1	1	1
20002695		30/04/1918	MH		N204	St Anne's	N204	1				
20004229		02/09/1940	AdultHoNOS		K123	St Lucy's	X123	1				
20004833		11/03/1927	AdultLSP		<245	St Luke's	X245	1	2	4	1	3
20005249		16/01/1917	AdultMHI		<318	St Mary's	X318	1				
20005605		25/01/1902	ChildMH		- 1							
20005629	Shepard,Geraldine		SnapClass									
20006439		29/12/1912	PrivRehab		1.0	Lulada		10007				
20006489		03/06/1928	Staff	Save	e Car	n Add Del Gro	up Reset 07/08.	/2007 1				
20007462		15/04/1909	WardTeam					Facility				
20007612		13/01/1926	Members EpiOOS		Field		Value	1 doility				
20008519		10/09/1909	StaffOOS		Facility		×245					
20009200		24/01/1925	GenTime		Name	·	St Luke's					
20009313		15/10/1902	Path			ate Facility Code	X245					
20009489		19/10/1903	Imag			de ID Prefix	1					
20009812	Armstrong,Gillian	07/05/1940 🚬	Drug			It Case Type	2 (Rehabilitat	tion				
	Episode [1]		Equip			It Episode Type	4 (Community					
BegDate		EndDate	AdminStatus			It Care Model	1 (Direct care					
D1/01/2000		08/01/2000	HACCMDS			It Mental Health Servi						
01/01/2000		00/01/2000	ACAT(AGS)M			It Assessment Type		vith diagnostic pathol	ogu and/or imaging	1		
			ACATMDS2			It HACC Eligible	T (Modiodi, T		ogy anaror maging	,		
			PatCIARR EpiCIARR			It Service delivery set	ina					
	aff[20] (StaffCode		DVAAss(MDS			It Funding source						
	affName StaffID St		DVARev(MD:			It AN-Snap version	2 (AN-Snap 2	21				
1000 Da		1/01/2000 1	System		Key			-,				
		1/01/2000 1	ProvUnit									
1002 Pe		1/01/2000 1	Facility									
1003 Pa		1/01/2000 1	Epi90Day									
		1/01/2000 1	UserTable									
		1/01/2000 1	ImpDetail									
1006 For		1/01/2000 1	Import									
		1/01/2000 1	UserDef									
		1/01/2000 1	Migrate									
		1/01/2000 1										
		1/01/2000 1										
1011 Be 1012 Co		1/01/2000 1 1/01/2000 1										
	x 13 01	1/01/2000 1										
1013 Ta	ylor 14 01	1/01/2000 1										
4		•										
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Episode records are created in relation to a selected Facility. Similarly, Staff records relate to a selected Facility.

To process the data for a Facility, users must know the Facility password assigned by the Administrator. The Administrator can access any data.

You can define default values for each Facility for the following fields: CaseType, EpisType, CareModel, MHServ (Mental Health Service) and Assessment Type. Default Funding Source refers to the 'Funding source for hospital patient' on the Patient screen. When you add new Episode records, these fields will be preset but you can override the default values in the Episode record if required.

The Epi90Day Data Set

🚰 SNAPshot 3.80a - [Main: Provider Unit: F	PU1001; Facil	lity: X245]	
🌃 File Edit			_ @ ×
Patient[20] (MRN)	Patient	Epi90Day [0]	
MRN PatName DOB	Episode	Epis90ID ProvUnit Facility BegDate MRN Surname Givname	
▶ 20000145 Clarke,Libby 06/01/1934	Clinical		
20000326 Kennedy,Martha 05/11/1916	Rehab/GEM		
20001278 Belmont.Rosemary 09/05/1904	AROCDatase		
20001777 Ingham,Jane 22/07/1938	PallCare	Save Can Add Del Group Reset 07/08/2007 1	
20001784 Chappell,Chris 14/10/1930	PCOC Maint/RUG	Save Can Add Del Group Reset 07/08/2007 1	
20002695 Jensen,Kate 30/04/1918	MH	Episode - 90 Day Review	
20004229 Aitchison,Jane 02/09/1940	AdultHoNOS	Field Value	
20004833 Kellett,Joan 11/03/1927	AdultLSP	Episode identifier	
20005249 McCabe,Helen 16/01/1917	AdultMHI	Provider unit	
20005605 Rossitor,Deidre 25/01/1902	ChildMH	Medical record number	
20005629 Shepard,Geraldine 31/10/1912 20006439 Nugent,Nora 29/12/1912	SnapClass PrivRehab	Date of Birth	
20006439 Nugent,Nora 29/12/1912 20006489 Knowles,Kay 03/06/1928	Staff	Facility	
20006463 Knowles, Kay 0370671320 20007462 Owens, Jane 15/04/1909	WardTeam	Episode begin date	
20007612 Gurney.Elsie 13/04/1303	Members	Sumame	
, 	EpiOOS	Given names Case type	
Episode [1]	Staff00S	Episode type	
BegDate CT ET EpisID EndDate	GenTime	Assessment only	
01/01/2007 1 1 3	Path	Assessment type	
	lmag Drug	Mode of episode start	
	Equip	Model of care	
	AdminStatus	Mental health service	
	HACCMDS	First episode	
ļ.	ACAT(AGS)M	Compensable status	
Staff[20] (StaffCode)	ACATMDS2 PatCIARR	Episode end date	
Staff StaffName StaffID StfDate S 🔺	EDICIARR	Mode of episode end	
▶ 1000 Daly 1 01/01/2000 1	DVAAss(MDS	Leave days	
1001 Lockwood 2 01/01/2000 1	DVARev(MD:	Interruption days	
1002 Perry 3 01/01/2000 1	System	Length of stay	
1003 Page 4 01/01/2000 1	ProvUnit	Team/service data: Consultant	
1004 Birchall 5 01/01/2000 1	Facility	Provider type	
1005 McCabe 6 01/01/2000 1	Epi90Day UserTable	Sole practitioner	
1006 Ford 7 01/01/2000 1	ImpDetail	Team/ward (Old)	
1007 Armitage 8 01/01/2000 1 1008 Glover 9 01/01/2000 1	Import	Case manager	
1008 Glover 9 01/01/2000 1 1009 Aspinall 10 01/01/2000 1	UserDef		
1003 Aspinal 10 01/01/2000 1 1010 Hampson 11 01/01/2000 1			
1010 Hampson 11 01/01/2000 1			
1012 Cox 13 01/01/2000 1			
1013 Taylor 14 01/01/2000 1			
1014 Lyons 15 01/01/2000 1			
1015 Lincoln 16 01/01/2000 1			
🛃 start 📄 🙆 😂 🖸 🖄 🚾 🔤	R 🖉 🖸	🔤 Manual38.doc - Mi 🏠 SnapShot 🛛 🙀 Microsoft Excel - S	shot 3.80a - [🔇 16:33

When you enter the Main processing screen you will receive a message telling you the total number of episodes which commence more than 90 days previously but do not have an Episode End Date.

You can view the core fields for each of these episode by selecting the Epi90Day data set. You cannot change the data directly but, if you are logged onto the required Facility, you can select the Episode data set and edit the relevant record(s).

Administrator Functions

A Snap database must be managed by an Administrator and there are certain functions which can only be accessed by the Administrator.

STARTING SNAP

Normally when Snap is started the Main processing screen appears which is convenient for most users. The facilities which are provided by the startup (empty) screen – such as selecting a different Snap database – can usually be accessed simply by closing the Main screen and selecting the appropriate menu item.

However, if the database becomes damaged it is possible that Snap will try to open the database to display the Main screen but a system failure may occur which will prevent access to the startup screen.

If you start the system by holding down the Shift key whilst clicking on the Snap icon, the Main screen will not be opened. Note that the Snap startup screen might not be displayed but there will be a button on the task bar at the bottom of the screen which you can click or you can use Alt-Tab to switch to Snap.

Warning: if you start Snap from the Windows Explorer rather than from the icon, you cannot hold down the Shift key and double click with the mouse. Instead, click once on Snap.exe and then hold down the Shift key and press the Enter key.

ADMINISTRATOR OPTIONS DIALOG

You can logon/off as the Administrator on the Main screen (if you know the password) but for some operations – such as the Database Utilities options and creating new UDTs (User-Defined Tables) – you must logon to the database in Exclusive mode. To obtain Exclusive mode, no other user can be logged onto Snap and, once you have Exclusive access, no user can logon until you logoff.

Administrator Options
Admin Password:
Open database in exclusive mode
Logon as Adminstrator
Change Admin Password
Logoff as Adminstrator
Password Key
Exit

To logon as Administrator enter the 6 character password and, if you require exclusive access, click the check box. Then click on the 'Logon as Administrator' button. The default password is 'ADMINK' but you should change this when you create a new Snap database using the 'Change Admin Password' button.

To change the password, click on the button and then enter the new password twice for confirmation.

If you want to logoff as Administrator, click on the 'Logoff as Administrator' button.

If you lose the Admin password, click on 'Password Key' and contact CHSD on (02) 4221 4411 who will decrypt the key for you.

Note that if you select a different database, you will have to enter the Admin password for that database.

DATABASE UTILITIES

The File:Database Utilities menu option is only accessible for the currently selected database if you are logged on as the Administrator with exclusive access.

Database Utilities	×									
Database Name(s) Current DB: C:\SnapShot\SnapTest.mdb Target/Source										
Copy/Repair/Compact Database Backup/Restore Database Backup Database Backup Database Restore Database										
Copy (No Names) Compact Database Image: Market of the second of the sec										
Exit										

The Copy Database Button

You can use this button to make a copy of the current database as displayed in the top panel. You may wish to do this simply to make a backup of the database on, for example, the network server disk but the Backup Database option is normally more efficient since it will compress the database before copying to the target drive.

The most important use for this option is creating a new 'empty' Snap database. To do this, you should use File:Select Database to choose the 'SnapOrig.mdb' file and then use Copy Database to copy it to, say, Snap.mdb. Note that you will not be able to open the Main screen with SnapOrig.mdb as the selected database since it is provided as a template to create new empty Snap database files.

The Copy (No Names) Button

Use this option to copy the current database to a new database with patient names removed.

If you use either of the Copy buttons, Snap will Compact the target database.

The Repair Database Button

If the database becomes damaged you may be able to recover it by pressing this button. See also the Delete Queries button.

The Compact Database Button

There are two operations which the Administrator should perform regularly – Backup and Compact. Database transactions cause wasted space to build up within the database. Before you take your regular backup, Compact the database to reduce its size and make access more efficient.

The Delete Queries Button

You should not normally need to use this option but if your database is damaged it is probably a good idea to press this button after you have used the Repair option. It will remove all of the stored query definitions which will be recreated when you open the Main screen.

The Backup Database Button

This option will compress the current database as it copies it to the file that you nominate.

You should not rely on backup files stored on the same system as the Snap database but rather backup to removable storage such as Tape, Zip, Jaz, LS120 or floppy drives or to the network storage. If you store your backup file on the same drive as the current database and there is a disk crash you could lose both the database and backup.

If you are backing up to floppy drive (1.44MB) you may need to click on the Multi Volume check box because more than one floppy may be required. Selecting Multi Volume will cause a 'spanned' volume to be created if one floppy is not enough.

The Restore Database Button

Use the Restore button to restore a file previously created using the Backup options described above. You can select the target folder to be the same as the current database or different.

PASSWORDS

There are two types of password – the Administrator password and Facilities passwords. Passwords must be precisely 6 characters in length and must contain only alphanumeric characters. They are not case-sensitive – for example, 'passwd' is the same as 'PASSWD'. When you enter passwords, the characters are not displayed – just the placeholder character '*'.

Administrator Password

Only the Administrator can set passwords and when a new database is created (see Copy Database above) the Administrator should first change the Administrator password from ADMINK to something different (see Administrator Options Dialog above) and then define at least one Facility and assign a password to the facility.

User (Facility) Passwords

For normal users, the logon procedure is performed in the Main screen. Snap will display only a list of Facilities and the user must select the required Facility and enter the required password. Note that if there is no value in the 'Key' value this means that the Administrator has not yet allocated a password and processing cannot proceed until a password is assigned.

By default, Snap will position to the Facility that was in use in the previous session and, if this is the required Facility, the user can logon by pressing the process key (F7) and then entering the password. If the password is correct, all user data sets will become accessible. If a user needs to switch from Facility to Facility, the password for each facility only needs to be entered once during the same session – until the user logs off.

Admin Logon from the Main Screen

It is often convenient to be able to logon as the Administrator directly from the Main screen rather than from the Administrator Options dialog. However, if exclusive access is required, this can only be achieved using the dialog.

To logon as the Administrator, with any Facility record selected and the cursor on the EditView, hold down the Shift key and press the F7 key – the password dialog will have the caption 'Enter Administrator Password'.

To logoff as Administrator but still stay in the Main screen, repeat the process by holding down the Shift key and pressing F7. You will then have user access to the currently selected Facility but will not be able to access other Facilities for which the password has not been entered.

Setting/Changing Facility Passwords

To set or change a Facility password you must logon as Administrator, select a Facility and then press F7 (without the Shift key). You will then see the 'Change Facility Password' dialog and you should enter the new password and repeat the entry in the Confirm box. If the codes match, the new Facility password will be assigned.

LOST PASSWORDS

If you forget a Facility password, the simplest solution is for the Administrator to assign a new one – it is not necessary for the Administrator to enter the old Facility password before assigning a new one.

If you lose the Administrator password you should press the 'Password Key' button in the Administrator Options dialog, record the number that is displayed and contact the Centre for Health Service Development on (02) 421 4411 who will decrypt the key for you.

FACILITY DEFAULT VALUES

The Administrator can set up default values in the Facility data set for the following Episode fields:

Case Type Episode Type Model of Care Mental Health Service Assessment Type HACC Eligible Service Delivery Setting Funding Source refers to the 'Funding source for hospital patient' on the Patient screen AN-SNAP Version.

When a new Episode (or Patient) record is added, the values for the fields above will be set with the default values.

User-Defined Table (UDT)

		8.80a - [Main: P	rovider Unit: P	U1001; Facil	ity: X	(245]								
F	File Edit													-
_		Patient[20] (MRN		Patient						UserDef				
	MRN	PatName	DOB 🔺	Episode Clinical		Seq	FldName	FldDesc			FldLen L		NoName	
	20000145	Clarke,Libby	06/01/1934	Rehab/GEM		1000	EpisID	Episode identifier	Long	N	4		N	
_	20000326	Kennedy,Martha	05/11/1916	AROCDatase		2000	RefNum	Reference Number	Text	Y	12		N	
	20001278	Belmont,Rosemary		PallCare		3000	RefDate	Reference Date	Date	Y	4		N	
_	20001777	Ingham,Jane Chappell,Chris	22/07/1938	PCOC		4000 5000	RefQuant	Reference Quantity		N	4		N	
_	20001784 20002695	Jensen,Kate	30/04/1918	Maint/RUG		0000	RefFactor	Reference Factor	Single	IN	4		N	
_	20002635	Aitchison,Jane	02/09/1940	МН										
_	20004223	Kellett Joan	11/03/1927	AdultHoNOS	Sav	e Can	Add Del	Group Reset 07/	18/2007	1				
_	20004833	McCabe,Helen	16/01/1917	AdultLSP AdultMHI										
_	20005605	Rossitor,Deidre	25/01/1902	ChildMH						UserDe	f			
	20005629	Shepard,Geraldine		SnapClass		Field		Value						
-	20006439	Nugent,Nora	29/12/1912	PrivRehab		Facility		×245						
	20006489	Knowles,Kay	03/06/1928	Staff		Sequen		1000						
	20007462	Owens,Jane	15/04/1909	WardTeam		Field Na		EpisID						
	20007612	Gurnev.Elsie	13/01/1926 💌	Members		Field des		Episode ide						
-		E : 1 H1		EpiOOS		Field typ		Long (Long	1)					
_	D D ·	Episode [1]		Staff00S GenTime			ory value	N (No)						
	BegDate	CT ET EpisID	EndDate	Path		Field len		4						
	01/01/2007	1 1 3		Imag		Look up	table n backup (No	Names) N (No)						
	Staff Sta 1000 Da			ACAT(AGS)M ACATMDS2 PatCIARR EpiCIARR DVAAss(MDS DVARev(MD:										
	1002 Pe		01/01/2000 1	System										
		ige 4 I	01/01/2000 1	ProvUnit										
			01/01/2000 1	Facility										
			01/01/2000 1	Epi90Day										
	1006 Fo		01/01/2000 1	UserTable										
			01/01/2000 1	ImpDetail										
			01/01/2000 1	Import UserDef										
			01/01/2000 1	Migrate										
			01/01/2000 1	Ingrato										
	1011 Be		01/01/2000 1											
	1012 Co		01/01/2000 1											
			01/01/2000 1											
_			01/01/2000 1											
L	1015 Lin	ncoln 16 I	01/01/2000 1											
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INTRODUCTION

You may create, for each Facility, a table which contains fields which you define. The table is linked to the Snap Episode table and so it can contain a mixture of variable patient level and episode level data.

Each user-defined table can contain up to 20 fields which may be of the following MS Access types: Text (1 to 250 characters), Date, Byte, Short, Long, Single or Double. Snap will only accept dates in Date fields, not date/time values.

You should design the table carefully since you cannot change it using Snap once Snap has created it. If you have a copy of Access 97 and know how to manipulate table definitions then you can make changes but you should read the section below on changing UDT definitions.

Note that as from version 3.40 you can use the 'Delete on backup (No Names)' attribute to cause the values of selected fields to be removed when you create copies of the database.

In the example above, five fields have been defined. When the UserTable for this facility is selected, the data will appear as follows:

د 🗈	NAPShot	3.80a - [Main: P	rovider Unit: P	U1001; Faci	lity: X245]					_ 7 🛛
F 🖥	=ile Edit									_ 8 >
_		Patient[20] (MRN)	1	Patient			System [1	1		
	MBN	PatName	DOB 🔺	Episode	Version SysB	eg SysEnd	-,	•		
•	20000145	Clarke,Libby	06/01/1934	Clinical		1/1999 31/12/2008				
Ť	20000326	Kennedy,Martha	05/11/1916	Rehab/GEM						
	20001278	Belmont,Rosemary		AROCDatase PallCare						
	20001777	Ingham,Jane	22/07/1938	PailCare						
	20001784	Chappell,Chris	14/10/1930	Maint/RUG						
	20002695	Jensen,Kate	30/04/1918	MH						
	20004229	Aitchison, Jane	02/09/1940	AdultHoNOS		Del Group Reset 07				
	20004833	Kellett,Joan	11/03/1927	AdultLSP	Save Can Add	Jel Group Reset U	70872007			
	20005249	McCabe,Helen	16/01/1917	AdultMHI	No data selected					
_	20005605	Rossitor,Deidre	25/01/1902	ChildMH						
	20005629	Shepard,Geraldine	29/12/1912	SnapClass PrivRehab						
_	20006439 20006489	Nugent,Nora Knowles,Kay	03/06/1928	Staff						
_	20006489	OwensJane	15/04/1909	WardTeam						
-	20007482	Gurnev.Elsie	13/01/1926	Members						
_	12000/012		113/01/1320	EpiOOS						
		Episode [1]		Staff00S						
	BegDate		EndDate	GenTime						
	01/01/200	7 1 1 3		Path						
				lmag Drug						
				Equip						
				AdminStatus						
				HACCMDS						
				ACAT(AGS)M						
	S	taff[20] (StaffCod	el	ACATMDS2 PatCIARR						
		taffName StaffID S		EpiCIARR						
	1000 D	aly 1 (01/01/2000 1	DVAAss(MDS						
		ockwood 2 0	01/01/2000 1	DVARev(MD:						
	1002 P		01/01/2000 1	System						
			01/01/2000 1	ProvUnit						
			01/01/2000 1	Facility						
			01/01/2000 1	Epi90Day						
			01/01/2000 1	UserTable ImpDetail						
			01/01/2000 1	Import						
			01/01/2000 1	UserDef						
_			01/01/2000 1	Migrate						
			01/01/2000 1							
			01/01/2000 1 01/01/2000 1							
_			01/01/2000 1							
			01/01/2000 1							
_			01/01/2000 1							
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DEFINING THE FIELDS

To define and create a UDT you must enter the Admin password to provide access to the 'UserDef' data set. If you do not enter the Admin password, this set name will not appear in the SetList.

To add field definitions select the UserDef set and add a record for each field. You can manipulate the UserDef field list at any time but when you want to create the table you should be the only user on the network logged onto Snap since you must have exclusive access.

EpisID

The first field that you define must be called 'EpisID' and must be of type 'Long'. The order of fields is determined by the Seq field and you should number your fields with an interval, of say 1000, so that you can reorder the fields (as they will appear in the EditView when UserTab is selected) if necessary – but, remember, EpisID must always appear first by having the lowest Seq number.

Other fields

The other fields may have names which you assign but Snap imposes the following restrictions:

- 1. The field names must be 15 characters or less in length, contain only alphanumeric characters or the underscore character and commence with an alpha character.
- 2. Field names may not be duplicated and are not case-sensitive eg BeginDate is the same as BEGINDATE.
- 3. You should avoid field names which Access specifically recognises as keywords such as Date, Table, Long, etc.
- 4. The field type must be one of the types listed above (see drop down list for Field Type).
- 5. If you define a look-up-table (LUT), the field type should not be Date, Single or Double and you will have to use the Import facility to import the values for the LUT.
- 6. Look-up-tables (used in drop down lists) must also conform the field naming conventions above and, if you wish to create your own LUTs, must commence with a small 'x' to distinguish them from Snap-defined LUTs.
- LUT names must be unique across Facilities eg if Facility N222 defines a LUT called xRefSource then it is accessible to all Facilities but N765 cannot define a different LUT with the same name.

CREATING THE UDT

Once you have defined the set of fields for a Facility, select any of the fields in UserDef and select the EditView. Press the process key F7 on the keyboard and you will receive a prompt asking if you wish to create a new table for the Facility. The table will have the name XXXXUserTab where XXXX is the code for the Facility.

Snap will then create the table, a primary key on the EpisID field and a relationship between the Episode table and XXXXUserTab.

Important

When you create a new UDT you must be the only user on the network since Snap requires exclusive access to the Episode table

ACCESSING THE UDT

Once the UDT has been created, users can access it the same way as they access other data sets by selecting a Facility and then clicking on the UserTab set name in the SetList.

One new UDT record can be added for each Snap Episode record. If you delete the Snap Episode record, the corresponding UDT record is deleted. If you delete a patient record, all UDT records for all Facilities for the patient will be deleted.

CHANGING THE DEFINITION OF A UDT

You cannot change the definition of fields in a UDT once the Access table has been created. If you need to add new fields, delete existing fields or change the attributes of an existing field you must, firstly, use Access to change the table and, secondly, use the UserDef set to change the field definitions in Snap to be consistent with the new table definition. If the Snap definition and the Access table definition are not consistent, you will receive an error message when you try to select the UserTab set.

The constraints which are listed above for UDTs above apply to any changes that you make in Access since you have to make corresponding changes to UserDef records. For example, if you add a field with a name of more than 15 characters in Access, when you try to define the field in Snap, you will receive an error message.

If you have little experience in using Access, you should try to find some one who is more expert to help you – particularly if you plan to change the definitions of existing fields since this could lead to loss of data.

USER-DEFINED LOOK-UP-TABLES (LUTS)

If you specify a coded field in the UDT you can link it to an existing LUT by specifying the name or create a new LUT and import it using the Import option.

If you create your own LUT you must prefix its name with a small 'x' to distinguish it from Snap LUTs and you should be careful not to overwrite a LUT which has been set up by another Facility. You can make this check during Import since you will receive a prompt telling you that the LUT already exists.

You can link either numeric or text codes (1 to 15 chars) to the LUT but if your codes have leading zeros you should define them as Text fields not numeric fields. If you define a coded field as numeric and enter, for example 01 or 0023, the leading zeros will be dropped and the resulting codes will not match the LUT (or will match it incorrectly).

Importing Data

IMPORT DATA SETS

The Import option may be used for the following data sets:

Patient details Staff details Staff time Pathology tests Imaging Pharmacy Equipment Look-up-tables (LUTs) for equipment, pathology, imaging and pharmacy Look-up-tables (LUTs) for user defined fields.

The import data must be provided in a comma-separated value (CSV) file.

If you are importing patient data – make sure that DOB has four character years – 22/10/03 will be interpreted as 22/10/2003 not 22/10/1903. (Any year less than 30 assumes 2000).

THE IMPDETAIL DATA SET

The following details are required for each type of import:

- 1. The name of the import data set patient, staff, etc.
- 2. For LUTs, the name of the look-up-table.
- 3. The name of the CSV (comma-separated value) file including the full path for example c:\snap\path.txt

These details are stored in the ImpDetail data set and you can change the values if required and add new entries for user-defined LUTs.

TargSet	ImpLUT	ImpFile
Drug	None	c:\Snap\Drug.txt
EpiOOS	None	c:\Snap\OOS.txt
Equip	None	c:\Snap\Equip.txt
Imag	None	c:\Snap\Imag.txt
LUT	DrugLUT	c:\Snap\DrugLUT.txt
LUT	EquipLUT	c:\Snap\EquipLUT.txt
LUT	ImagLUT	c:\Snap\ImagLUT.txt
LUT	PathLUT	c:\Snap\PathLUT.txt
Path	None	c:\Snap\Path.txt
Patient	None	c:\Snap\Patient.txt
Staff	None	c:\Snap\Staff.txt

Before you can use the Import data set you must select a record in the ImpDetail set. For example, if you wanted to import Patient data you would:

- select the ImpDetail data set;
- click on the row containing the Patient target set;
- select the Import data set; and
- press the Process key (F7) in the EditView to choose the import option.

THE IMPORT DATA SET

Before you can import data you must use the ImpDetail data set to select the set you wish to import. When you then select the Import data set, you see either an empty MultiList if the previous import did not have any errors or a list of records which could not be imported if errors occurred. Each error record contains a description of the condition which causes it to be rejected.

Correcting errors in the import data

If there are any records which cannot be imported, these will be listed in MultiList and you can select them, edit them and retry the import on the rejected/corrected records. Alternatively, you can fix up the problem in the source system and create an import file (for only the rejected records) and run Import on the new file.

If you choose to edit the rejected records in Snap it is important to note that the fields in the import transactions are all text fields so if, for example, you are entering a date, you should enter all characters in the form dd/mm/yyyy. For a coded field you can use the drop down list to select a value.

When you have finished amending the rejected records, select the EditView, press F7 and choose the 'Re-process records above' option. If some of these records are rejected you can repeat the process.

THE SCHEMA.INI FILE

When you install SNAPshot a file which defines the format of the import CSV files will be placed in the SnapShot folder. If you store databases in other folders and want to import data into them then you must copy the schema.ini file into the database folder. The Access database engine expects to find this file when it imports the data.

In the import CSV file all fields are defined as type 'text' and the widths are defined as being considerably longer than the actual database fields. This allows, for example, a date field in the import file with a value of 'Sometime in late June' to be imported into the 'staging' table without losing the data. (It will, of course, not be accepted as a legal date).

The file definitions in the schema.ini file have been specified with the extension '.txt' rather than '.csv'. The reason for this is that if you import a CSV file into Excel it does nasty things like automatically stripping off leading zeros which can cause problems with fields such as MRNs. With '.txt' files, Excel provides an import dialog which lets you define fields such as MRN as being text and then you don't lose the leading zeros. However, you can change the schema.ini file names to, for example, Patient.csv if you choose but remember to change the names in the ImpDetail data set in the Main Snap screen if you do.

The actual database field lengths are shown in square brackets after the field definitions – they must not appear in an actual schema.ini file.

[Patient.txt] ColNameHeader=False Format=CSVDelimited MaxScanRows=0 CharacterSet=OEM Coll=ProvUnittext width 30[6]Col2=MRNtext width 30[12]Col3=DOBtext width 30[Date]Col4=SurNametext width 50[20]Col5=GivNametext width 50[20]Col6=Sextext width 30[1] Col6=Sextext width 30[1]Col7=IndStattext width 30[1]Col8=Countrytext width 30[Byte]Col9=Medicaretext width 30[12]Col10=DVANumtext width 30[12]Col11=PrefLangtext width 30[Byte] Coll2=Interpret text width 30 [1] Coll3=PatRefDate text width 30 [Date] Coll4=PrevTreattext width 30Coll5=uAddress1text width 80Coll6=uAddress2text width 80 [1] [27] [27] Coll7=uSuburb text width 80 Coll8=uState text width 30 [27] text width 30 1] Coll8=uState [Coll9=uPostCode text width 30 [41 Col20=uPhonetext width 30Col21=uAccomtext width 30Col22=Address1text width 30Col23=Address2text width 80Col24=Suburbtext width 80Col25=Statetext width 30 10] [[1] [27] [27] [27] Col25=State text width 30 Col26=PostCode text width 30 Col27=Phone [1] [4] Col2b=PostCodetext width 30Col27=Phonetext width 30Col28=Accomtext width 30Col29=MarStattext width 20Col30=MajIncSrctext width 30Col31=HealthFundtext width 50Col32=FundMemNumtext width 50 [10] [1] [11 [Byte] [Short] Col32=FundMemNum text width 50 [15] Col33=PatComment text width 200 [501 Col34=KinName text width 80 [27] [27] Col35=KinAddr text width 80 Col36=KinPostCd text width 30 [10] Col37=KinSuburb text width 80 [27] Col38=KinPhone text width 30 [4] Col39=KinRel text width 30 [Byte] [Staff.txt] ColNameHeader=False Format=CSVDelimited Max Caap Power = 0

MaxSCallROwS=0					
CharacterSet=OEM					
Col1=Facility	text	width	30]	4]
Col2=Staff	text	width	30]	10]
Col3=StfDate	text	width	30	[Date]
Col4=SessType	text	width	30	[1]
Col5=StaffName	text	width	50	[20]
Col6=CC	text	width	30]	20]

Col7=Desig	text	width	30	[3]
[Path.txt]	CCAC	widen	50	L	5]
ColNameHeader=Fals					
Format=CSVDelimit	ed				
MaxScanRows=0 CharacterSet=OEM					
Col1=ProvUnit	text	width	30	[6]
Col2=MRN		width		-	12]
Col3=DOB		width width		[Da [.] [te] 41
Col4=Facility Col5=CaseType		width		[4] 1]
Col6=EpisType		width		[1]
Col7=CareDate		width	30	-	te]
Col8=Item Col9=Num		width width	50 30	[[Sho:	12]
Collo=Cost		width		[Dou]	-
[Imag.txt]					
ColNameHeader=Fal: Format=CSVDelimite					
MaxScanRows=0	cu				
CharacterSet=OEM					
Col1=ProvUnit		width	30	[6]
Col2=MRN Col3=DOB		width width	30 30	-	12] te]
Col4=Facility		width		[4]
Col5=CaseType		width		[1]
Col6=EpisType		width		[1]
Col7=CareDate Col8=Item		width width	30 50	-	te] 12]
Col9=Num		width		[Sho:	
Coll0=Cost	text	width	30	[Doul	ble]
[Drug.txt]					
ColNameHeader=Fal: Format=CSVDelimite					
MaxScanRows=0	eu				
CharacterSet=OEM					
Col1=ProvUnit		width		[6]
Col2=MRN Col3=DOB		width width	30 30		12] te]
Col4=Facility		width	30	[Da	4]
Col5=CaseType		width	30	[1]
Col6=EpisType		width		[1]
Col7=CareDate Col8=Item		width width		-	te] 12]
Col9=Num		width		[Sho:	
Coll0=Cost	text	width	30	[Doul	ble]
[Equip.txt]					
ColNameHeader=Fals	se				
Format=CSVDelimit	ed				
MaxScanRows=0 CharacterSet=OEM					
Coll=ProvUnit	text	width	30	[6]
Col2=MRN		width			12]
Col3=DOB		width			te]
Col4=Facility Col5=CaseType		width width	30 30	[[4] 1]
Col6=EpisType		width	30	[1]

Col7=CareDate Col8=Item Col9=Cost	text	width width width	50	[Date] [12] [Double]
[OOS.txt] ColNameHeader=Fals Format=CSVDelimite MaxScanRows=0				
CharacterSet=OEM Col1=ProvUnit Col2=MRN Col3=DOB Col4=Facility Col5=CaseType Col6=EpisType Col6=EpisType Col7=Staff Col8=CareDate Col9=Shift Col10=Mins	text text text text text text text	width width width width width width width width width	30 30 30 30 30 30 30	[6] [12] [Date] [4] [1] [1] [10] [Date] [1] [Long]
Coll1=IV1 Coll2=IV2 Coll3=IV3 Coll4=IV4 Coll5=ServSetting	text text text	width width width width width	30 30 30	[Byte] [Byte] [Byte] [Byte] [1]
Coll6=GEAssist Coll7=GEAssist2 Coll8=Meals Coll9=Linen Col20=Transport Col21=HomeMod	text text text text	width width width width width width	30 30 30 30	[Byte] [Byte] [Byte] [Byte] [Byte] [Long]
[DrugLUT.txt] ColNameHeader=Fals Format=CSVDelimite MaxScanRows=0 CharacterSet=OEM Col1=Code Col2=Name Col3=Seq	ed text text	width width width		[15] [60] [Long]
Col4=Cost Col5=Heading	text	width width	30	[Double] [1]
[EquipLUT.txt] ColNameHeader=Fals Format=CSVDelimite MaxScanRows=0 CharacterSet=OEM				
Coll=Code Col2=Name Col3=Seq Col4=Cost Col5=Heading	text text text	width width width width width	200 30 30	[15] [60] [Long] [Double] [1]
[ImagLUT.txt] ColNameHeader=Fals Format=CSVDelimite MaxScanRows=0 CharacterSet=OEM Col1=Code	ed text	width		[15]
Col2=Name	text	width	200	[60]

Col3=Seq	text width 3	0 [Long]
Col4=Cost	text width 3	0 [Double]
Col5=Heading	text width 3	0 [1]

[PathLUT.txt] ColNameHeader=Fal Format=CSVDelimit MaxScanRows=0 CharacterSet=OEM					
Coll=Code Col2=Name Col3=Seq Col4=Cost Col5=Heading	text text text	width width width width	200 30 30	-	15] 60] Long] Double] 1]

INCOMPLETE IMPORT FILES

Snap will try to match the records in the import file with records in the database even if not all key fields are specified. For example, to guarantee a match on OOS/Staff Time data you should provide all of the key field values for ProvUnit, MRN, DOB, Facility, CaseType, EpisType, Staff, CareDate and Shift. However, it is quite probable that the source system does not have all of these details. For example, a staff time recording system might record MRN, Staff, CareDate and number of minutes. Snap will try to process such a file by trying to supply the missing details as follows:

- MRN, Staff and CareDate are compulsory fields.
- ProvUnit and Facility will be assumed to be the currently selected values in the Main screen.
- DOB will be derived from the Patient table as long as there is only one patient in the nominated ProvUnit with the specified MRN. Otherwise DOB will be requested in the error list.
- CaseType and EpisType will be derived from the Episode table unless there are concurrent episodes in which case you will have to provide additional detail.
- Shift will be assumed to be 1.

If you use the OOS.txt format described above for the schema.ini file, you must have all of the fields present in the import data file although columns such as ProvUnit can be left blank. You can add new definitions to the schema.ini file which omit these fields. For example, if you have only one ProvUnit and one Facility, MRNs are always unique, concurrent episodes are extremely rare and you don't enter intervention codes or HACC OOS data, you could provide import files which conform to the following specification:

[00\$2.txt]					
ColNameHeader=Fals	se				
Format=CSVDelimite	ed				
MaxScanRows=0					
CharacterSet=OEM					
Coll=MRN	text	width	30	[12]
Col2=Staff	text	width	30	[10]
Col3=CareDate	text	width	30	[Date]
Col4=Mins	text	width	30	[Long]

Changes to the schema.ini file are probably best performed by a technical person who is familiar with Access if this is possible.

The AdminStatus Data Set

This data set allows you to record administrative events or actions such as Application for Nursing Home Placement or Respite Care Approval using the following fields: Episode Identifier, Date, Type of action, Status of action and comments (50 characters or less).

The codes for the Type and Status field codes may be up to 15 characters in length and you must provide look-up-tables (LUTs) for them for each facility for which AdminStatus records are to be created – see the 'Import' section above for details on importing LUTs.

The LUTs must be imported as CSV (comma separated value) files which can be created using tools such as Excel. The codes may be numeric or alpha but you are strongly advised not to use leading zeros in numeric codes – such as 00211 – since systems such as Excel have a tendency to remove them. If you are designing a new LUT and wish to use numeric codes, the best approach is to determine how many digits you need and then ensure that all codes will have significant digits in the total range. For example, if you need a five digit code, start numbering at 10000.

For each code in the LUT (15 or less characters) the LUT description must be 60 characters or less.

An example is shown below for Facility X245 – note the naming convention for the LUT names which must commence with a small x and end with 'StatType' and 'AdmStatus'.

xX245StatType					
LutSet	Code	Name	Seq	Cost	Heading
xX245StatType	1000	Application for form	1		
xX245StatType	2624	App for nursing home placement	2		
xX245StatType	3612	Respite care approval	3		

StatType and AdmStatus LUTs

xX245AdmStatus	xX245AdmStatus						
LutSet	Code	Name	Seq	Cost	Heading		
xX245AdmStatus	Canc	Cancelled	3				
xX245AdmStatus	Pend	Pending	1				
xX245AdmStatus	Proc	Processed	2				

Import Details

In the ImpDet set you need to create 2 records to define the Import sets as follows:

Target set	Look up table code	CSV file name
GenLUT	xX245AdmStatus	C:\SnapShot\UserLUT.txt
GenLUT	xX245StatType	C:\SnapShot\UserLUT.txt

When you have created the LUT for Status Type, place the list as a CSV file called GenLUT in the SNAPshot folder and follow the Import procedure. Then repeat the process for Admin Status.

Alternatively, you could use more specific names for the CSV file name field above but you would have to modify the schema.ini file to include descriptions for the file names supplied as shown in the example below:

Target set	Look up table code	CSV file name
GenLUT	xX245AdmStatus	C:\SnapShot\X245Type.txt
GenLUT	xX245StatType	C:\SnapShot\X245Stat.txt

The schema.ini file would be modified by copying the UserLUT definition:

[UserLUT.txt]

ColNameHeader=Fals	se				
Format=CSVDelimite	ed				
MaxScanRows=0					
CharacterSet=OEM					
Coll=Code	text	width	30	[15]
Col2=Name	text	width	200	[60]
Col3=Seq	text	width	30	[Long]
Col4=Cost	text	width	30	[D	ouble]
Col5=Heading	text	width	30	[1]

[X245Type.txt]

ColNameHeader=Fal	se				
Format=CSVDelimit	ed				
MaxScanRows=0					
CharacterSet=OEM					
Coll=Code	text	width	30	[15]
Col2=Name	text	width	200	[60]
Col3=Seq	text	width	30	[Long]
Col4=Cost	text	width	30	[D	ouble]
Col5=Heading	text	width	30	[1]

[X245Stat.txt]

ColNameHeader=Fal	se				
Format=CSVDelimit	ed				
MaxScanRows=0					
CharacterSet=OEM					
Coll=Code	text	width	30	[15]
Col2=Name	text	width	200	[60]
Col3=Seq	text	width	30	[Long]
Col4=Cost	text	width	30	[D	ouble]
Col5=Heading	text	width	30	[1]

Note: if your CSV file contains column header names, you should change the schema.ini file definition above by specifying:

ColNameHeader=True

Deleting or Changing Codes in the LUT

You should be careful not to remove codes from the LUTs which exist in the AdminStatus records or to change the meaning of codes. In general, you should only add new codes.

The SNAPshot Grouper

The SNAPshot Grouper incorporates the grouping logic for the AN-SNAP 1, AN-SNAP 2 and MH-CASC classifications.

GROUPING OPTIONS

The Group button on the main Snap screen may be used to group an individual record, 'bulk' group all of the records for the currently selected Facility, bulk group all records in the database, or 'batch' group a file of records in a text file.

Note that if you are *regrouping* data and the data have been migrated from Snap 2.3 to Snapshot, the grouper will only overwrite Class codes if the Status code is 100 (OK). If an error status is returned, the new status code is stored but the old Class code remains. This is to allow historical data migrated from Snap 2.3 to retain the Class codes assigned when the grouping rules were different. If there is no Class code prior to grouping, 999 will be assigned to ungroupable records.

If a MH-CASC class is assigned, the Snap class will be 901.

To group the current episode or phase simply press the Group button. To bulk or batch group you will need to hold down the Shift key whilst you press the Group button – then a list of options will appear.

SELECTING THE VERSION OF AN-SNAP

Episodes or phases are grouped to the version of AN-Snap selected in the AN-Snap Version field in the Episode or Phase record. If you are Bulk or Batch grouping, as described below, you will be prompted to select the required version. For Bulk grouping, the selected version will be set in all relevant records prior to grouping – either for the currently selected Facility or for all records in the database.

Records migrated from Snap 2.3 that are ungroupable (class returned is 999) will retain their old class code as described above and the AN-Snap Version field will be set to 1.

GROUPING INDIVIDUAL RECORDS

You must select one of two data sets to group individual records:

- For palliative care episodes, select the relevant phase record and press the Group button.
- For all other case types, select the relevant episode record and then choose the SnapClass data set.

In either case, all of the fields required for grouping will be displayed either as part of the data set or in the read-only section under 'Grouping fields'.

The Class and Status fields will be updated and the new values displayed on screen.

BULK GROUPING

To select Bulk Grouping hold down the Shift key whilst you press the Group button.

There are two options for bulk grouping records in the current database:

- Group all episode / phase records in the currently selected Facility. You will need to log on to the relevant Facility for this option.
- Group all episode / phase records in the database. This option requires that you log on as the Administrator.

BATCH GROUPING

To select Batch Grouping hold down the Shift key whilst you press the Group button.

If you select this option a text file called GroupDat.txt will be grouped and the output written to a text file called GroupOut.txt. These files must be in the database folder (c:\SnapShot by default).

The file can have one of two formats as shown below. The first format is the normal one where the output fields appear immediately following the input fields.

	Field	Offset	Length	MinVal	MaxVal
Input	fields			·	
1	CaseType	1	1	1	6
2	EpisType	2	1	1	4
3	Assess	3	1	1	2
4	Age	4	3	0	124
5	LÕS	7	4	1	9999
6	ProvType	11	1	1	5
7	Phase	12	1	1	5
8	SevTot	13	2	0	12
9	RugAdmTot	15	2	4	18
10	ImpairInt	17	2	1	16
11	FimAdmMot	19	2	13	91
12	FimAdmCog	21	2	5	35
13	HonTot	23	2	0	48
14	HonActive	25	1	0	4
15	HonADL	26	1	0	4
16	MaintType	27	1	1	5
17	CareFocus	28	1	1	
18	SolePract	29	1	1	4 2 3
19	MHServ	30	1	0	3
20	Diag1	31	6	0	0
21	HoNOS5	37	2	0	20
22	HoNOS10	39	2	0	40
23	LSP13	41	2	13	52
24	CGASBeg	43	3	1	100
25	MHLS	46	1	1	2
26	CABehav	47	1	0	4
27	CASchool	48	1	0	4
28	HonCABeg	49	2	0	70
29	FAHSTotal	51	1	0	4
30	Impairment	52	7	0	0
31	Complete*	59	1	0	1
Outpu	it fields				
-	Class	60	4	100	9999
	Status	64	3	100	999
	MHClass	67	8	Text	
	Episode Cost Weight	75	10		
	Inlier Cost Weight	85	10		
	Outlier Cost Weight	95	10		

* Complete is a flag set from Episode EndDate: 0 = no date, 1 = date present.

Each record in the text file must have a block of columns which contains the input fields. If the record length is less than the end position of the last field (59 above) the record is padded with blank characters before being passed to the grouper.

The Offset column shows the relative position of the field within the grouper fields block. For example, you may want to include MRN and Episode BeginDate in the file at the beginning of each record. If MRN is 12 characters and the date takes 10 characters (dd/mm/yyyy), then CaseType would begin in column 23.

Each record must be terminated by a carriage return / line feed pair.

You may also include fields at the end of the record – in the example they would start in column 146 (22 + 104). The grouper will add the output fields to the string record and return it with the appropriate Class, Status and MHClass values inserted.

Use the System data set to specify the start character position of the grouper field block (23 in the example above), and the format that you are using (1 above or 2 below).

The maximum record size is 2000 characters.

The second format can be used for testing the grouper and it contains the expected values of the output fields followed by the fields output by the grouper.

	Field	Offset	Length	MinVal	MaxVal
Input	fields				
1	CaseType	1	1	1	6
31	Complete	59	1	0	1
	ExpClass	60	4	100	9999
	ExpStatus	64	3	100	999
	ExpMHClass	67	8	Text	
	Exp Episode CW	75	10		
	Exp Inlier CW	85	10		
	Exp Outlier CW	95	10		
	Flag	105	1		
Outpu	ut fields				
	Class	106	4	100	9999
	Status	110	3	100	999
	MHClass	113	8	Text	
	Episode Cost Weight	121	10		
	Inlier Cost Weight	131	10		
	Outlier Cost Weight	141	10		

The grouper will compare the expected Class, Status and MHClass values with those derived by the grouping logic and, if there is a discrepancy, it will place a hash sign (#) in the Flag field of the output file (GroupOut.txt). The MHClass field must be left justified and blank filled.

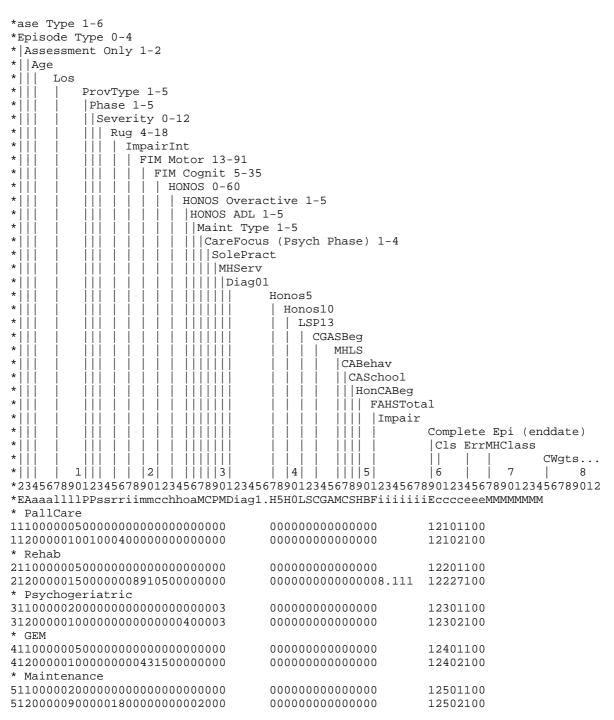
An example of a batch file in format 2 is shown below.

Grouper field values

The table for format 1 above shows the range of values allowed for each field in the grouper fields block. The grouper is selective about which fields it examines but if it needs to use a field a value must be specified otherwise the Status field will be returned with a value other than 100 – typically 300 plus the field number – see first column in tables above. If a field is not required for grouping – for example Phase for a non-Palliative Care patient – it may be left blank.

In most cases, you cannot leave fields which the grouper references blank. MHServ is an exception where blank is converted to zero. The Diag1 and Impairment fields should be left-justified, blank-filled. In all other cases, a blank in a field will cause a field error. Input fields which are to be used for grouping should be right justified, zero-filled.

Example of Format 2 grouper batch file



Note that the lines commencing with an asterisk are treated as comments.

In the example above, the expected values are included in the GroupDat.txt file. The Snap class code starts in column 60, the Status code in column 64, the MH-CASC class code starts in column 67, and the costweight values start in columns 75, 85 and 95. The grouper will append the calculated codes starting in column 106 and will indicate in column 105 with a # sign if there is a discrepancy between the expected and returned grouper values.

Resolving Grouping Errors

When you attempt to assign a SNAPclass to a record, either by performing a bulk group operation, or by selecting SNAPclass in the setlist and hitting the group button for individual records, SNAPshot will assign a status code to the record. These status codes can be viewed, by record, in the SNAPclass screen, and a summary of all the ungroupable records (that is, those records with a status code other than 100) can be found in the Database Summary, report number 20.

Refer to the table below to determine how best to correct the problem.

Status Code	Description	Suggested resolution
100	Grouping OK	No action required
301	Field error: CaseType	Check Case Type, refer to the AN-SNAP clinical training handbook for business rules
302	Field error: EpisType	Check Episode Type, refer to the AN-SNAP clinical training handbook for business rules
303	Field error: Assessment Only	Currently, it is only possible to assign a SNAP class to Assessment Only for a Rehabilitation Episode
304	Field error: Age	Check date of birth (rules now prevent non-sensical DOBs but previous versions didn't apply any checks)
305	Field error: LOS	Episode End Date needs to completed (along with all supporting episode end data)
306	Field error: ProvType	Check Provider Type, refer to the AN-SNAP clinical training handbook for business rules
307	Field error: Phase	Check PallCare Phase, refer to the AN-SNAP clinical training handbook for business rules
308	Field error: Severity Total	For Ambulatory pallcare clients - check valid values for Pain, Symptom, Pysch/Spiritual,Family/carer scores within PallCare dataset
309	Field error: RUG Admission Total	Ensure that the RUG scores have been entered in the Maint/RUG screen
310	Field error: Impairment Integer	Ensure that the Impairment Code has been entered in the Rehab/GEM screen
311	Field error: FIM Admission Motor Score	Ensure that the FIM motor scores have been entered in the Rehab/GEM screen
312	Field error: FIM Admission Cognition Score	Ensure that the FIM cognition scores have been entered in the Rehab/GEM screen
313	Field error: HoNOS Total	Ensure that the AdultHoNOS data items have been entered for adult mental health episodes
314	Field error: HoNOS Overactive Score	Ensure that the AdultHoNOS data items have been entered for adult mental health episodes
315	Field error: HoNOS ADL Score	Ensure that the AdultHoNOS data items have been entered for adult mental health episodes
316	Field error: Maintenance Type	Ensure that the Maintenance Type has been entered in the Maint/RUG screen
317	Field error: Focus of Care	Ensure that the MH data items have been entered for mental health episodes
318	Field error: Sole Practitioner	Ensure that the data item Sole Practitioner in the Episode Screen has been completed
319	Field error: MH Service	Ensure that the Mental Health Service data item in the Episode screen has been completed for mental health episodes
320	Field error: Diagnosis 1	Enter primary diagnosis (diagnosis 1) in Clinical screen for mental health episodes
321	Field error: HoNOS 5 Score	Ensure that the AdultHoNOS data items have been entered for adult mental health episodes

SNAPclass status codes and suggested resolutions to field errors

Status Code	Description	Suggested resolution
322	Field error: HoNOS 10 Score	Ensure that the AdultHoNOS data items have been entered for adult mental health episodes
323	Field error: LSP 13 Score	Ensure that the AdultLSP data items have been entered for adult mental health episodes
324	Field error: CGAS Begin Score	Enter CGA begin (and end) scores in ChildMH screen for child mental health episodes
325	Field error: MHLS	Ensure that the MH data items have been entered for mental health episodes
326	Field error: HONOSCA Behaviour Score	Ensure that the age specific HoNOS (child / adolescent) data items have been entered
327	Field error: HONOSCA School Score	Ensure that the age specific HoNOS (child / adolescent) data items have been entered
328	Field error: HONOSCA Total Begin Score	Ensure that the age specific HoNOS (child / adolescent) data items have been entered
329	Field error: Factors Affecting Health Status Total	Ensure that the age specific HoNOS (child / adolescent) data items have been entered
330	Field error: Impairment code.	Enter UDS Impairment code
331	Field error: Complete (End Date)	Enter Episode end date and supporting episode end data
999	Can't assign class	Refer to status code above and suggested resolution

Reporting

Three levels of reporting can be identified for the SNAPshot database:

- 1. Unit record level reporting from the Main Snap screen to print from any of the 6 data segments available from version 3.3.
- 2. The generation of standard summary reports.
- 3. User-defined reports using report generation tools such as Access and Crystal Reports not provided as part of the SNAPshot package.

REPORTING FROM THE MAIN SNAPSHOT SCREEN

Function key F8 has been reserved to invoke report options from any segment on the Main screen. After pressing F8, you will have the following options:

Print Preview

If you select this option the rows/records in the currently selected segment will be displayed in the print preview screen and you can choose to print all pages by pressing the printer icon, a range of pages or the current page. If no rows are marked, all rows will be displayed but you can choose which rows to display by marking them.

You can mark rows in a list by clicking on the record indicator (the grey box at the left of each row of data). To mark a contiguous block, click on the first row, hold down the Shift key and click on the last row. To mark/unmark individual rows selectively, hold down the Ctrl key and click on the relevant record indicators.

Before choosing to produce hardcopy, you should check the number of pages displayed at the top of the print preview screen since there are some options which may optimise the printed output. For example, you can use the Page Setup option (see below) to reduce the margins or to select landscape orientation.

You should also note that less space is required in the printed output to display data values than on screen, so you may be able to reduce column widths to fit all of the data on one page. You can also reduce the row height of the grid temporarily if, for example, the displayed output is slightly longer than one page.

Caution: if you want to exit the print preview window without printing, use the File:Exit menu option (or press Alt-F4) to quit the window rather than pressing the 'X' in the top right hand corner. On some versions of Windows, pressing the 'X' can cause Snap to lock up. If the system locks under Windows 95/98, you will need to press Ctrl-Alt-Del, select SNAPshot, and then press the End Task button to quit Snap.

Write to Report.html

If you have Internet Explorer on your computer you can build more customised reports by writing to an HTML file. This option will write selected rows, or all rows if none are marked, to a file identified using the option below (Specify HTML file).

By default, the file name will be c:\SnapShot\Report.html. To view the HTML file(s), go to Windows Explorer and open this file.

You can create as many HTML files as required and locate them wherever is convenient. You should avoid using a shared file on your file server since your report output may then be overwritten by another user. You should create your own file, preferably on your local c: drive. You can use the same file repeatedly by creating report output, printing the HTML file and then reusing it or you can create several different files and print them later.

Note that any report output previously written to this file will be overwritten using this option – if you want to add data to the selected HTML file, use the next option.

Append to Report.html

This option will append selected rows, or all rows if none are marked, to the selected HTML file. You can build a report from selected data sets and selected rows from any of the Main screen lists by using this option. To view the appended records in the HTML file(s), go to Windows Explorer and open the HTML file.

An example is shown below with data from Patient, Episode and Maint/RUG Detaila screen.

	Patient Deta	ails	
Field		١	Value
Medical record number		:	20000145
Date of Birth			06/01/1934
Surname			Clarke
Given names			Libby
Sex		2 (Female)	
	Episode Admin	Details	
Field		Vali	ue
Episode begin date 01/01/2007		01/2007	
Case type		1 (P	Palliati∨e Care)
Episode type		1 (Overnight admitted patient:designated sub/non-acute uni	
Episode identifier		3	
Assessment only		2 (N	lo)
Assessment type		1 (Medical, with diagnostic pathology and/or imaging)	
Mode of episode start	1 (Admitted from usual accommodation)		dmitted from usual accommodation)
	Maint/RUG D	etails	
Field	Begin		End
Review date	01/01/2000		

Specify HTML file

Use this option to specify the HTML file – for example, you might want to create a folder called SnapTemp on your c: drive and store your HTML file(s) there.

Page/Printer setup

This option will display the Page Setup dialog and you can set page options such as margins and can press the 'Printer...' button to set printer options.

Standard Summary Reports

THE MAIN SNAP REPORT SCREEN (SHIFT-F8)

📴 SNAPshot 3.80a - [Main: Provider Unit: PU10	01; Facility: X245]						_ 8 🗙
File Edit							- 8 ×
Patient[20] (MRN)	ient			System [1]			
MBN PatName DOB A Epis		iysBeg SysEnd					
20000143 Clarke,Libby 00/01/1334	linical 3.80 0	1/01/1999 31/12/20	08				
	hab/GEM OCDatase						
20001278 Beimont, Hosemary 03/05/1904	ULDatase Care						
20001777 Ingham,Jane 22/07							
20001784 Chappell,Chris 14/10, Snap Report	19						
20002695 Jensen,Kate 30/04.					1		
	c:\SnapShot\RepDB.mdb				Compact	-	
20004833 Kellett, Joan 11/03, Extract Folder	c:\SnapExtract						
20003243 McCabe, Helen 16/01.	Je. tonapextract						
20005605 Rossitor, Deidre 25/01. 20005603 Charand Carabian 21/10 Reports		- Selection criteria				2	
20005623 Shepard, Geraidine 31710.		1	11				<u> </u>
20000433 Nugericitora 23/12		ProvUnit:		Class:			
20006403 Kriuwies, Kay 03/06, 2 cr.		г. т. Г					
	s by episode	Facility:				-	
	s by phase	MBN:				-	
	arge summary					2	
	re patients by date all care patients by date	From (Sepn Date):		🔽 On/after Beg	Date		
1. Non pe	ire reason for phase end			-			
9. Open p	phase 5 pall care	To (Sepn Date):		Include no er	nd date	boriginal Origin)	
10. 90 day		CaseType:				2	
) motor change						
12. BPM R	t patient list	Epis Type:	l I	Health Fund:		-	
	eted episode reason		H	Hospital			
15. MH:Nu	umber of Episodes/Clients	Care Model:	F	Provider No.:		-	
Staff[20] (StaffCode) 16. HoNOS	S Change	Postcode:		Resub Disk:		2	
	SCA Change					-	
▶ 1000 Daly 1 01/01/2 18.LSP CF	nange ase Summarv	Ward/Team:		Data Coll. ID:			
1001 LOCKWOOD 2 01/01/2 20 Ch-W12							
1002 Perry 3 01/01/2 21 10 Mos	st Common SNAP Classes	Consultant:		Agency:			
	MDS V2 Report 1	Case Manager:			e		
	MDS V2 Report 2	odoo managor. j					
1005 McCabe 6 01/01/2 24. ACAP I 1006 Ford 7 01/01/2 25. Suspect	MDS V2 Report 3 ct Age (not 14-100) Report 🥃				1		
1006 Ford 7 01/01/2 23. 30spec	/oight Papart	Patient p	age throw	Generate Report	Exit		
1007 Armitage 6 0170172							
1009 Aspinal 10 01/01/2000 1 Use	erDef Address			16 Main St			
1003 Aspirial 10 01/01/2000 1 Mig	rate Address			To Main St			
1011 Berg 12 01/01/2000 1				5.7 5.20			
1012 Cox 13 01/01/2000 1	Suburb			Westville			
1013 Taylor 14 01/01/2000 1	State			8 (ACT)			
1014 Lyons 15 01/01/2000 1	Postcode			2611			
1015 Lincoln 16 01/01/2000 1		vernment Area		1234			
	Phone			222661234			<u> </u>
🛃 start 🛛 🕫 🖉 🖸 🖆 🖾 🖬 🖬	🖲 📴 Manual3	SnapShot	Microsof	SNAPsł	h 🕘 (I:\Snap 🦉 untit	iled 🔇 16:58

To display the Snap Report dialog screen, press Shift-F8 whilst positioned on any of the data lists.

The Snap Report dialog screen provides the following controls:

- 1. The name of the report database.
- 2. A list of reports click on the report you wish to generate.
- 3. Selection criteria enter the values you wish to use to select particular subsets of the database.
- 4. A page throw option which is enabled for some reports to allow you to specify that the data for each patient is to commence on a new page.
- 5. Operation buttons Generate and Exit.

The Report Database

When you generate a report the data are written into an Access database which is different from main database. Each user (PC) should have a separate report database – preferably on the local hard disk drive. If the report database has to be stored on a server computer, each user should have a different file.

When you change the report database name, Snap will either select an existing file or, if it does not exist, will create it for you.

The Report Database Folder

You can create as many report databases as you like – for example you might want to keep the tables which are generated during a session for analysis using another system. In this situation it is normally preferable to keep the report databases in the same folder. However, if you wish to use multiple folders you will have to copy the **.rpt** files into each folder where you store report databases.

The reporting facility inside Snap uses Crystal Reports version 8 and the .rpt files are the report definition files. You should <u>not</u> change the .rpt files if you have a copy of the Crystal Reports system installed.

Extract Folder

You need to specify the folder in which to write the data extract files. This folder can be different to SNAPshot installation directory. It can even be on a different computer, on a server for instance.

If the folder does not exist, you will be asked if you want it to be created.

0	ptions - select button below	×
	Can't find folder: 'N:\Snapshot extracts' Do you want Snap to create it?	
	Yes - create folder	
	No - don't create folder	

Selection criteria

If you do not enter any values in the criteria edit boxes, all relevant records will be included. Alternatively, you may choose any combination of values to select data subsets. Note that all selection fields relate to episode records. If you only have one facility code in the database, it is not necessary to specify a value for the Facility criterion.

If you specify more than one field value, then all of the conditions must be met. For example, if you specify Case Type and Consultant, then only those records meeting both specifications will be included in the report.

Values for alpha fields such as Ward/Team or Consultant are not case-sensitive so 'smith' is the same as 'smith'.

The reports by date are based on care date. Both From and To dates must be entered. Records are listed if the patients were in care between the From and To dates. For example, to list patients in care on 23/10/00, specify From 23/10/00 To 23/10/00. You could choose intervals longer than one day – such as a week - but only those patients in care for the entire period would be listed.

The Generate button

If you press the Generate button, you can see how the report will appear when it is printed and how many pages will be required. Examples of report output are shown below using the Preview screen. For example, the 'Casemix' report appears below.

There are a number of controls at the top of the Preview screen. The first button (*printer*) allows you to send the report, or selected pages, to the printer. The *envelop* button provides options for exporting the data to various file types such as comma separated value, Excel and Word files. The *lightning* button refreshes the data but you should not normally need to press it. The *drop down list* contains a zoom option which you can change by selecting from the list. The next four buttons let you *navigate* through the report – to the *first* page, the *next* page, the *previous* page and the *last* page respectively.

The *binoculars* button let you search for text in the report.

To exit from the Preview screen, press the *close* button ('X') in the top right of the screen.

1. The Casemix Report

port: 🖨 🛃 🔗 100%		1 of 1 🕨 🕅 🔳) <i>M</i>			
		<u>Casemix Re</u> j	<u>port</u>			
Class	Episode Type	Class Description	Number of Cases	Average LOS	1996 Study LOS	Diff
206 999 Total	O/n Rehab All	Strk & Brns,Mot 47-62 Ungroupable	1 1 2	3.00	26.95 n/a	23.95

This report lists all AN-SNAP classes for the selected criteria. It shows the number of episodes in each class and the average length of stay for each class. The length of stay for non-overnight episodes (i.e. the number of days that the person is seen) is calculated by counting contact dates for the episode or phase as shown on the Dates Seen screen. If no activity data are entered, the length of stay is shown as 0.

The Casemix Report also includes comparative data on length of stay from the 1996 National SNAP study. It displays the average length of stay reported in the 1996 study. It also shows the difference between the 1996 national results and your facility results.

Note that the Casemix report excludes episodes/phases without an end date.

2. The Clinical Report

Sel	Clinical Report ection Criteria:
Patient:	ProvUnit: PU1001 MRN: 20000145 DOB: 22/10/1901 IndStat 2 Sex: 2 Age: 99 SurName: Clarke Given Name: Libby Interpret: 2
Episode:	Facility: X245 From: 08/02/01 To: 15/03/01 LOS: 35 CareModel: 2.2 CaseType 3 EpisType: 1 Assess: 2 AssType 1
	BegReason: 2 EndReason: 2 Leave: IntDays: Team: 84 Consult: ReversJ ReferDate: Diag1: bad hair day Diag2: 23456
	Diag3: 34567 Diag4: 45678 MiniScale: 8 MaintType: 1 ProvType: SolePract: 2 SolePract: 2 FirstEpis: CompStat: MHServ: 3
	EpisNum: Class: 303 O/n PsychoGer HoNOS Overactive behaviour 1,2, ADL 0-3
	Status: 100 Grouping OK AvLOS: 21.1 National: 7182 DayCost: 340 EpiCW: 2.41 DayCW: 1.42
RUG:	Begin: Eat: 2 Bed: 1 Toilet: 1 Transfer: 4 Total: 8 End: 2 3 4 3 12
Behaviour	
FIM:	Begin: Eat. 3 Groom: 4 Bath: 3 Upper: 4 Lower: 5 Toil: 3
	End: 2 1 3 2 2 2 Begin: Blad: 4 Bowel: 3 Xfer: 4 XferToil: 5 Tub: 3 Walk: 4
	End: 1 3 2 2 $_2$ 1
	Begin: Stair: 3 Comp: 4 Exp: 5 Social: 3 Prob: 4 Mem: 3
	End: 3 2 2 2 1 3
	Begin: Total: 67 Motor: 48 Cognit: 19 Date: 01/01/00
	End: 36 26 10 01/01/00
	Begin: BarScore: 25 BarMax: 100 Impairment 01.2 End: 20 100
Mental	MHServ: 3 Carefocus: 2 ModeSep: 1 SourceRefer: 1 CGASBegin: 5

This report is designed for use in case conference. It displays most of the episode (and for palliative care patients, the phase) fields including derived fields such as score totals. Several patient record fields are also reported. Only active data are shown – for example, if there is no RUG data then the RUG section will not appear. For a given patient, there may be multiple episodes and phases.

It includes a set of fields called 'National'. These include comparative data from the 1996 National SNAP Study. The fields include the national average cost per episode for the class to which the episode/phase is assigned; the national average cost per day; the episode cost weight (EpiCW); the day cost weight (DayCW); and the national average length of stay. For ambulatory episodes (same day, outpatient and community) this is the average number of days in which the patient is seen over a period of 90 days. For overnight episodes, this is the average length of hospital stay. For ongoing episodes (length of hospital stay greater than 90 days), this is the average cost and length of stay over a 90 day period. Leave days are excluded.

3. Classes by Episode

Selec	tion Criteria:			<u>Cla</u>	asses b	iy I	Episod	<u>e</u>				
ProvUnit	MRN	Episodes	LOS	Start	End	Ep	Class	Ep	Class	Ep Class	Ep Clas	s
PU1001	20000145 20001278 20001777 20001777 20001784 20002695 20004229 20004834 20005605 20005629 20006439 20006439 20006439 20006439 20007462 20007452 20007452 20009200 20009200 20009212	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 3 4 4 11 7 7 9 5 5 5 5 5 5 5 5 5 13 16 4 4 5 5 3 17 11 19	01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00	04/01/00 05/01/00 17/01/00 12/01/00 08/01/00 06/01/00 06/01/00 08/01/00 04/01/00 14/01/00 17/01/00 05/01/00 06/01/00 04/01/00 18/01/00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	206 206 206 206 206 206 206 206 206 206					

😹 Start 🛛 🖄 🎒 🕅 🕅 🗟 🔌 🛛 🕎 Man 36 - ... 💿 Inbox - M.... 🕲 snapshot... 🕼 Microsoft ... 🐻 SNAP.sho.... 🖏 My Docu... 🖳 clinical - M... 🔍 💘 🍕 🚳 4:39 PM

This report shows the grouping results for all episodes for each patient. The Start date shows the start date for the first episode. The end date shows the end date for the last episode.

For example, if a patient has two episodes (such as an overnight episode followed by a community episode), the number of episodes will be recorded as 2. The first episode will be listed as Episode 1 with the class number shown in the next column. The second episode will be listed as Episode 2 and the class number for the second episode will also be listed.

The Class values appear in columns and will wrap around to subsequent rows in multiples of four if necessary.

Patients in care for a whole 12 month period will typically have 4 episodes (each of 90 days). See subsequent section on the 90 day review report.

4. Classes by Phase

				laced	e hu	Phae	•						
Classes by Phase													
ProvUnit	MRN	Phases		End		Class	Ph (Class	Ph	Class	Ph	Class	
PU1001	20002625 20002702	1	01/01/00 01/01/00		1 1	102 102							
	20003169 20004688	1	01/01/00 01/01/00		1	102 102							
	20005760	1	01/01/00		1	102							
	20008526 20008875	1	01/01/00 01/01/00		1 1	102 102							

This report is similar to the previous report but shows group classes for each phase in multiples of four per line. As with the previous report, it is designed to allow for an analysis of the patterns of care for each patient.

5. Discharge Summary Report

Se	election Criteria:		<u>Disch</u>	arge	Summary					
Patient:	Name: Libi Address: 161	by Main St	Clarke		MRN: Suburb: Postcode:	200001 Westvil 2611		OB: 22/10/1901		
Episode:		2661234 02/01 T No	io: 15/03/01		State: Case Type: Epis Type:	ACT Mental	Health, includin aht admitted pati	g Psychogeriatric ent		
	Begin Reason: Prior Accom.: End Reason: Post Accom.:	Admitte Private Discha	ed from other than u residence (inc unit rged to interim acco residence (inc unit	in retire mmoda	commodation ement village) ation	-				
	Consultant:	Revers			Team:	84				
	Diag1: Diag3:	bad ha 34567	ir day		Diag2: Diag4:	23456 45678				
	Class:		6 Overactive behavi	our 1.2		43070				
FIM™:	Admission	67	Discharge	36	Change:	-31	Impairment:	01.2		
RUG:	Admission:	8	Discharge:	12	Change:	4				
Mental	HoNOS Beg	22	HoNOS End:	21	LSP Beg:	40	LSP End:	40 MHI total:	22	
Health:	HonCA Beg:	21	HonCA End:	21	CGAS Beg:	5	CGAS End:	4 FAHS total:	3	
Patient:	Name: Mar Address: 161	rtha Main St	Kennedy		MRN: Suburb: Postcode:	20000: Westvil 2611		OB: 05/11/1916		
		661234			State:	ACT				
Episode:			o: 04/01/00		Case Type:		ilitation			
	Assess Only:	No			Epis Type:	overnig	ght admitted pati	ent		
	Begin Reason:		ed from usual accor							
	Prior Accom.:		residence (inc unit							
	End Reason:		rged to usual accor							
	Post Accom.: Consultant:	Private Revers	residence (inc unit	in retire		84				
	Diag1:	12345	5		Team: Diag2:	84 23456				
	Diag1: Diag3:	12345			Diagz: Diag4:	23456 45678				
	Class:		and Durna motor A	7.00						

This report shows patient details plus summary episode and phase data. It is designed for use in the preparation of discharge summaries at the conclusion of each episode.

		tive Care P							
Patients in care	Patients in care from: 01/01/2000 To: 31/01/2000								
Provider Unit PU1001	EpisBegin EpisEnd 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00	MRN 20002625 20002702 20003169 20004688 20006760 20008526 20008526	Phase 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PhaseBegin 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00 01/01/00	Class 102 102 102 102 102 102 102 102				

6. The Palliative Care Patients by Date Report

This report will allow you to print out a list of all patients in care on a specified date/s. It is designed for local clinical management purposes.

Patients in care from: 01/01/2000 To: 31/01/2000	
	Class
	206
	206
	206
	206
01/01/00 20002483	200
01/01/00 20002702	
01/01/00 20003169	
	206
01/01/00 20004688	
01/01/00 20005760	200
	206 206
01/01/00 20008526	200
	206
	206
01/01/00 20008875	
	206
01/01/00 20009374	206

7. The Non Palliative Care Patients by Date Report

As with the previous report, this report will allow you to print out a list of all patients in care on a specified date/s. It is designed for local clinical management purposes.

	are Reason to	r Phase End Summary	Ĺ	
Reason for phase end	Number	Percent		
No phase end reason recorded	1,597	99.56 %		
Phase change	7	0.44 %		
	1,604			

8. The Palliative Care Reason for Phase End Summary Report

This report provides summary data on the reasons for the end of each palliative care phase. It shows the number and percentage for each reason.

😂 🖄 🔗 1003		1 of 1 ▶ ▶ ≡	
		Open Phase 5 Palliative Care	
	Total Phase 5:	51	
	No End Date:	85	
	MRN	Phase Start Date	
	10801	31/08/98	
	12203	30/05/99	
	12439	16/01/99	
	12443	28/09/98	
	12582	26/02/99	
	12906	11/12/98	
	13677	26/03/99	
	13678	07/10/98	
	13734	16/03/99	
	14058	12/01/99	
	14492	12/02/99	
	14522	09/07/98	
	14683	02/06/99	
	14905	09/12/98	
	15349	22/03/99	
	15370	31/03/99	
	15405	04/08/98	
	15446	14/10/98	
	15529	22/08/98	
	15579	30/08/98	
	15601	10/07/98	
	15667	06/08/98	
	15668	25/07/98	
	15701	16/08/98	
	15746	18/01/99	
	15748	19/09/98	
	15750	23/12/98	
	15788	11/10/98	
	15793	26/12/98	
	15931	05/05/99	
	15966	17/01/99	
	16000	22/11/98	
	16057	02/04/99	
	16104	05/02/99	
	16160	06/04/99	
	16184	04/06/99	

9. The Open Phase 5 Palliative Care Report

This report lists all bereavement cases for which no end date has been recorded. It is designed for local clinical management purposes and, in particular, to allow for the review of local discharge policies.

10. The 90 Day Review Report

				M			
		<u>90 Day R</u>	eview Re	port			
Episodes comm	nencing befor O	1/01/2001					
Provider Unit: Facility:	PU1001 X245						
MRN	Surname	Given Name	Begin Date	Case Type	Episode Type	Case Manager	
20000116	Cox	Rosemary	01/01/00	2	1	Tommy Quango	
20001188	Remington	Alice	01/01/00	2	1	Tommy Quango	
20002168	Dunn	Beryl	01/01/00	2	1	Tommy Quango	
20002317	Clements	Sandra	01/01/00	2	1	Tommy Quango	
20002993	Chappell	Gillian	01/01/00	2	1	Tommy Quango	
20003401	Freeman	Chris	01/01/00	1	1	Tommy Quango	
20003584	Anderson	Deidre	01/01/00	2	1	Tommy Quango	
20003931	Jackson	Florence	01/01/00	2	1	Tommy Quango	
20004488	Handley	Joan	01/01/00	2	1	Tommy Quango	
20005556	Collins	Martha	01/01/00	1	1	Tommy Quango	
20007595	Vickers	Margaret	01/01/00	2	1	Tommy Quango	
20007949	Rossitor	Lena	01/01/00	2	1	Tommy Quango	
20007958	Armitage	Margaret	01/01/00	2	1	Tommy Quango	
20008115	Davies	Melinda	01/01/00	2	1	Tommy Quango	
20008492	Connor	Gerry	01/01/00	1	1	Tommy Quango	
20008703	Barker	Melinda	01/01/00	2	1	Tommy Quango	
20009152	Armitage	Jane	01/01/00	1	1	Tommy Quango	
20009292	Soul	Rosalind	01/01/00	1	1	Tommy Quango	

SNAP allows both complete and ongoing episodes to be assigned to an AN-SNAP class. For Palliative Care episodes, this requires an epsidoe to be ended and a new episode opened. To do this, end the episode, and record the 'mode of episode end' as '90 day' review'. Open a new episode and record the Reason for Episode Start as '90 Day Review'. New episode start data will then need to be entered. The episode will then be assigned to the previous class or to a new one if their condition has changed. The pattern of episodes for Ongoing cases is reported in the Classes by Episode Report.

For rehabilitation, GEM, psychogeriatric and maintenance episodes, a patient can be reviewed and have an AN-SNAP class assigned without ending the episode. To do this, select the relevant clinical screen ('rehab/GEM', 'MH' or 'Maint/RUG'), click on the 'add' button, and enter a 'review date' for the patient. Relevant clinical data (such as FIM scores) can then be entered against the currently selected episode.

The 90 Day Review Report lists all open episodes which started before or on the From date. The To date must not be specified. The purpose of the 90 Day Review Report is to provide the facility with a list of all open episodes of more than 90 days. If the From date is empty when the report is selected, the date will be calculated by SnapRep using the current date. If a date is present, however, it will not be overwritten so you may need to clear the From date before clicking on the 90 Day Review Report.

		<u>FIM™ Motor (</u>	Change				
Class	Episode Type	Class Description	Number of Cases	Average Change	National Change	Diff	
255	OP/Com Rehab	Assess,Mult	13	1.31	n/a	0.00	
256	OP/Com Rehab	Treat,Medical Only	1	0.00	2.64	-2.64	
257	OP/Com Rehab	Amp	1	0.00	2.09	-2.09	
258	OP/Com Rehab	Brain Injury & MMT	3	-0.67	0.99	-1.66	
259	OP/Com Rehab	SpnI Injury	MotorChg.DescAbl	b (String).00	0.95	-0.95	
260	OP/Com Rehab	Strk & DD,Sole Practitioner	3	0.00	1.25	-1.25	
261	OP/Com Rehab	Strk & DD,Mult,FIM Mot <=80	5	0.40	3.93	-3.53	
262	OP/Com Rehab	Strk & DD,Mult,FIM Mot >=81	2	0.00	1.32	-1.32	
263	OP/Com Rehab	Oth Impairs,Sole Practitioner	94	0.56	1.06	-0.50	
264	OP/Com Rehab	Oth Impairs,Mult,FIM Mot <=80	40	0.90	4.98	-4.08	
265	OP/Com Rehab	Oth Impairs,Mult,FIM Mot ≻=81	16	0.06	0.71	-0.65	
453	OP/Com GEM	Assess,Mult	15	0.27	n/a	0.00	
455	OP/Com GEM	FIM Mot <=40	25	1.56	-0.14	1.70	
456	OP/Com GEM	FIM Mot 41-56	26	0.46	0.22	0.24	
457	OP/Com GEM	FIM Mot>=57,Sole Practitioner	150	-0.45	-0.22	-0.23	
458	OP/Com GEM	FIM Mot>=57,Mult	164	-1.05	-1.26	0.21	
Total			560				

This report is similar to the Casemix Report. It shows information on the change in FIMTM Motor Sub-scale score from the beginning to the end of the episode.

This report includes only those episodes classified as Case Types 2 and 4 (Rehabilitation and GEM) and who are seen for other than 'Assessment Only'. It includes only episodes with a FIM Motor score (excluding those episodes with a Barthel score) and includes only episodes with both a Start score and an End score.

The FIMTM Motor Change Report also includes comparative data on FIMTM Motor change from the 1996 National SNAP study. It displays the average FIMTM Motor change reported in the 1996 study. It also shows the difference between the 1996 national results and your facility results.

12. BPM Reconcile Report

BPM Reconcile Report	
BegDate 01/01/00 EndDate 15/01/00 LOS 15 MRN 20001115 HowBill 3 TotalAct 8,200.00 DOB 09/04/1938 Surname Ash FimAdmMot 48 TotalBPM 10,200.00 Diff 2,000.00 GivName Lorna FimAdmCog 19 FimAdmTot 67 HealthFund 27 Class 206 Strk & Brns,Mot 47-62 FundMemNum 123456789	

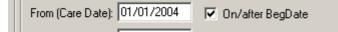
This report shows fields from the PrivRehab data set.

13. Current Patient List Report

				<u>Current</u>	Patient Li	st	
9	Selection Crit BegDate: 01						
E	IRN: legin Date: consultant: 'hase Begin: cur Phase:	20000145 01/01/00 ReversJ 01/01/00 1 Stable	DOB: NOK Phone: Team:		PatName: NOK Name: CaseMgr: Diagnosis: CaseType: EpisType:	Clarke Libby Jack Jones Tommy Quango 12345 1 Palliative Care 1 overnight admitted patient	
E C	IRN: legin Date: consultant: 'hase Begin: cur Phase:	20000326 01/01/00 ReversJ	DOB: NOK Phone: Team:		PatName: NOK Name: CaseMgr: Diagnosis: CaseType: EpisType:	Kennedy Martha Jack Jones Tommy Quango 12345 2 Rehabilitation 1 overnight admitted patient	
E	IRN: legin Date: consultant: hase Begin: cur Phase:	20001278 01/01/00 ReversJ	DOB: NOK Phone: Team:		PatName: NOK Name: CaseMgr: Diagnosis: CaseType: EpisType:	Belmont Rosemary Jack Jones Tommy Quango 12345 2 Rehabilitation 1 overnight admitted patient	
E	IRN: legin Date: consultant: thase Begin: cur Phase:	20001777 01/01/00 ReversJ	DOB: NOK Phone: Team:		PatName: NOK Name: CaseMgr: Diagnosis: CaseType: EpisType:	Ingham Jane Jack Jones Tommy Quango 12345 2 Rehabilitation 1 overnight admitted patient	
E	IRN: legin Date: consultant: 'hase Begin: cur Phase:	20001784 01/01/00 ReversJ	DOB: NOK Phone: Team:		PatName: NOK Name: CaseMgr: Diagnosis: CaseType:	Chappell Chris Jack Jones Tommy Quango 12345 2 Rehabilitation	

This report lists all episodes for patients that were receiving care according to the specified dates. For example, if the Begin Date is 01/01/2001, then all episodes commencing on or before this date will be listed. If an end date of 05/01/2001 is also specified, episodes which concluded on 01-04/01/2001 will not be listed since the patient was not in care during the whole specified period of 1^{st} to the 5^{th} .

It is now possible to list those patients receiving care on or after a specified date by entering the From [Care Date] and checking the On/After BegDate check box.



MRNPatient NameBegin DateEnd DateReason for episode end Date20000145Clarke Libby08/02/0115/03/012Discharged to interim accommodation2000326Kennedy Martha01/01/0004/01/001Discharged to usual accommodation20001777Ingham Jane01/01/0005/01/001Discharged to usual accommodation20001784Chappell Chris01/01/0017/01/001Discharged to usual accommodation20001784Chappell Chris01/01/0012/01/001Discharged to usual accommodation20002595Jensen Kate01/01/0008/01/001Discharged to usual accommodation200042294Altchison Jane01/01/0008/01/001Discharged to usual accommodation20005605Rossitor Deidre01/01/0016/01/001Discharged to usual accommodation20005605Rossitor Deidre01/01/0016/01/001Discharged to usual accommodation20005605Rossitor Deidre01/01/0004/01/001Discharged to usual accommodation20006605Rossitor Deidre01/01/0004/01/001Discharged to usual accommodation20006439Nugent Nora01/01/0014/01/001Discharged to usual accommodation20006439Nugent Nora01/01/0014/01/001Discharged to usual 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	9489 Kane Kate 01/01/00 12/01/00 1 Discharged to usual accommodation 9812 Armstrong Gillian 01/01/00 20/01/00 1 Discharged to usual accommodation 55 Ester Polly 23/09/04 24/10/04 8 Discharge at own risk	20009489 Kane Kate 01/01/00 12/01/00 1 Discharged to usual accommodation 20009812 Armstrong Gillian 01/01/00 20/01/00 1 Discharged to usual accommodation 334455 Ester Polly 23/09/04 24/10/04 8 Discharged to usual accommodation 56664433 Nylon Dry 13/01/00 20/03/03 2 Discharged to interim accommodation	20009489 Kane Kate 01/01/00 1 2/01/00 1 Discharged to usual accommodation 2009812 Armstrong Gillian 01/01/00 1 Discharged to usual accommodation 334455 Ester Polly 23/09/04 24/10/04 8 Discharged to usual accommodation 55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to usual accommodation 12/09/03 12/09/03 1 Discharged to usual accommodation 12/09/03	20009489 Kane Kate 01/01/00 12/01/00 1 Discharged to usual accommodation 2009812 Armstrong Gillian 01/01/00 1 Discharged to usual accommodation 334455 Ester Polly 23/09/04 24/10/04 8 Discharged to wwn risk 55664433 Nylon Dry 13/01/03 02/03/03 Discharged to usual accommodation 12/09/03 29/09/03 1 Discharged to usual accommodation	20009489 Kane Kate 01/01/00 1 2/01/00 1 Discharged to usual accommodation 2009812 Armstrong Gillian 01/01/00 20/01/00 1 Discharged to usual accommodation 334455 Ester Polly 23/09/04 24/10/04 8 Discharge at own risk 55664433 Nylon Dry 13/01/03 20/03/03 2 Discharged to interim accommodation 12/09/03 29/09/03 1 Discharged to usual accommodation			
	9812 Armstrong Gillian 01/01/00 20/01/00 1 Discharged to usual accommodation 55 Ester Polly 23/09/04 24/10/04 8 Discharge at own risk	20009812 Armstrong Gillian 01/01/00 2001/00 Discharged to usual accommodation 334455 Ester Polly 23/09/04 24/10/04 8 Discharged to why risk 56664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to interim accommodation	20009812 Armstrong Gillian 01/01/00 20/01/00 1 Discharged to usual accommodation 334455 Ester Polly 23/09/04 24/10/04 8 Discharged to usual accommodation 55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to interim accommodation 12/09/03 29/09/03 1 Discharged to usual accommodation	20009812 Armstrong Gillian 01/01/00 20/01/00 1 Discharged to usual accommodation 334455 Ester Polly 23/09/04 24/10/04 8 Discharge at own risk 55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to usual accommodation 12/09/03 29/09/03 1 Discharged to usual accommodation	20009812 Armstrong Gillian 01/01/00 20/01/00 1 Discharged to usual accommodation 334455 Ester Polly 23/03/04 24/10/04 Discharge at own risk 55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to interim accommodation 12/09/03 29/09/03 1 Discharged to usual accommodation			
	55 Ester Polly 23/09/04 24/10/04 8 Discharge at own risk	334455 Ester Polly 23/09/04 24/10/04 8 Discharge at own risk 55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to interim accommodation	334455 Ester Poly 23/09/04 24/10/04 8 Discharge at own risk 55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to interim accommodation 12/09/03 29/09/03 1 Discharged to usual accommodation	334455 Ester Poliv 23/09/04 24/10/04 8 Discharge at own risk 55664433 Nylon Dry 1 3/01/03 02/03/03 2 Discharged to interim accommodation 12/09/03 29/09/03 1 Discharged to usual accommodation	334455 Ester Polity 23/09/04 24/10/04 8 Discharge at own risk 55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to interim accommodation 12/09/03 29/09/03 Discharged to usual accommodation			
		55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to interim accommodation	55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to interim accommodation 12/09/03 29/09/03 1 Discharged to usual accommodation	55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to interim accommodation 12/09/03 29/09/03 1 Discharged to usual accommodation	55664433 Nylon Dry 13/01/03 02/03/03 2 Discharged to interim accommodation 12/09/03 29/09/03 1 Discharged to usual accommodation			
	44.3.5 DRUITLUDY 1.3010013 UZU303 Z UISCHARDEN ACCOMMODIATION		12/09/03 29/09/03 1 Discharged to usual accommodation	12/09/03 29/09/03 1 Discharged to usual accommodation	12/09/03 29/09/03 1 Discharged to usual accommodation			
		LZUMULA ZMUMULA L LUISCHARDER TO LISUAL ACCOMMONATION						
12/09/03 29/09/03 1 Discharged to usual accommodation	12/09/03 29/09/03 1 Discharged to usual accommodation		77886655 Notsure EVM 12/09/04 11/10/04 2 Discharged to interim accommodation			77886655 Notsi		
			17886055 Notsure Eym 12/09/04 11/10/04 2 Discharged to Interim accommodation		-	778800000 INUISI	ure Eym 12/09/04	11)10/04 2 Discharged to interim accommodation

14. Completed Episode Reason Report

This reports lists all patient episodes meeting the specified criteria for which the episode end date has been recorded.

15. MH:Number of Episodes/Clients Report

Report:								
6	🛓 🛷 🚺 100%		1 of 1	▶ N = A				
		Selection Crite		of Mental Hea	lth Episodes /	<u>Clients</u>		
		Number of Epis	ode 20					
		Number of Clier	n ts: 20					
Start	🖸 ័ 🖸	W 🗷 🖸 🔍	Inbox - Microsoft	SNAPshot 3.50	SNAPshot 3:60(Man36 - Microsof	©\$\$\$	1:24 PM

This report shows the total number of episodes and clients for mental health patients.

16. HoNOS Change Report

This report shows the change in the HoNOS begin and end scores by episode.

17. HoNOSCA Change Report

	~	hange in HoNOSCA Score b	v Enisode	
MRN	Episode Begin	Patient Name	Change	
20008703	01/01/00	Barker Melinda	0	
20009264	01/01/00	Yabsley Camille	0	
20001115	23/12/99	Ash Lorna	0	
20008588	01/01/00	Townsend Josie	0	
20009374 20002702	01/01/00 01/01/00	Birchall Melinda Osmond Melinda	0	
20002702	01/01/00	Foster Rosemary	0	
20004688	01/01/00	Agnew Verona	ő	
20006139	01/01/00	Sargent Rosalind	0	
20001185	14/12/99	Beasley Martha	0	
20001659	29/12/99	Sanders Veronica	11	
20002625 20005760	01/01/00 01/01/00	Eggleton Barbara Chivers Sandra	0	
20005760	01/01/00	Whelan Jackie	0	
20003261	01/01/00	Shipton Josie	ŏ	
20002303	01/01/00	Lake Vera	0	
20008526	01/01/00	Becker Irene	0	
20002483	01/01/00	Beggs Melinda	0	
20006641 20003169	01/01/00 01/01/00	Parr Martha Jago Jackie	0 56	
20003109	01/01/00	Jago Jackie	50	

This report shows the change in the HoNOSCA begin and end scores by episode.

18. LSP Change Report

	Change in LSP Score by Epi	sode
MRN	Episode Begin Patient Name	Change
20008703 20009264 20001115 20008588 20009374 2000875 20006139 20001185 20001659 20001659 20002625 20005760 20001926 20003261 20002303 20008526 20008526 20008641 20003169	01/01/00Barker Melinda01/01/00Yabsley Carnille23/12/99Ash Lorna01/01/00Townsend Josie01/01/00Birchall Melinda01/01/00Foster Rosemary01/01/00Agnew Verona01/01/00Sargent Rosalind14/12/99Beasley Martha29/12/99Sanders Veronica01/01/00Chivers Sandra01/01/00Chivers Sandra01/01/00Shipton Josie01/01/00Shipton Josie01/01/00Beggs Melinda01/01/00Beggs Melinda01/01/00Jago Jackie	0 0 0 0 0 0 0 0 0 48 0 0 0 0 0 0 0 0 0 0

This report shows the change in the LSP begin and end scores by episode.

19. Database Summary Report

	base Summary Re				
Item	Total	Number No End Date	of Records Ungroupable	> 90 Days	
CASE TYPE COUNTS:	-	-		-	
1 Palliative Care	5	5		5	
2 Rehabilitation	15	14		14	
PHASE COUNTS:	-				
Phase Records	5	5		5	
RECORD COUNTS (ALL):					
ACAT	20				
ClassDsc	177				
Drug	20				
DVAAss	20				
DVARev	60				
EpiCIARR	20				
EpiFIM	20				
EpiHACC	20				
Episode	20				
Equip	20				
Facility	9				
GenLÚT	3,650				
GenTime	20				
Imag	20				
ImpDet	12				
MHIS	20				
Migrate					
Path	20				
Patient	20				
Phase	5				
ProvUnit	9				
PrvRehab	20				
Rehab	20				
Staff	20				
StafTime	101				
SysTab	1				
UserDef					
UserDet	5				

Section 1 shows number of episodes, episodes with no end date and ungroupable episodes by case type.

Section 2 shows number of phases, phases with no end date and ungroupable phases for palliative care records.

Section 3 shows record counts for all record types.

Section 4 shows MRNs for Episodes > 90 Days or No End Date.

Section 5 shows MRNs for Patients without Episodes.

Section 6 shows MRNs for Episodes without occasions of service for Episode Types 2 (LOS >1), 3 and 4.

Section 7 shows DOBs/MRNs for patients with the same date of birth.

Section 8 shows MRNs/DOBs for patients with the same MRN but different DOB.

Section 9 shows Ungroupable records

20. Staff Listing

	tion Crite	eria:		<u>Staff Listing</u>				
<u>StaffID</u>	<u>Facility</u>	<u>Staff</u>	<u>SessType</u>	<u>StaffName</u>	<u>cc</u>	<u>Desig</u>	HaccAgency	
1	X245	1000	1	Daly	ЗA	RN	12345	
	X245	1001	1	Lockwood	ЗA	RN	12345	
	X245	1002	1	Perry	ЗA	RN	12345	
	X245	1003	1	Page	ЗA	RN	12345	
	X245	1004	1	Birchall	ЗA	RN	12345	
	X245	1005	1	McCabe	3A	RN	12345	
7	X245	1006	1	Ford	3A	RN	12345	
	X245 X245	1007 1008	1	Armitage Glover	3A 3A	RN RN	12345 12345	
	X245	1008	1	Aspinall	3A 3A	RN	12345	
	X245	1010	1	Hampson	3A 3A	RN	12345	
	X245	1011	1	Berg	3A	RN	12345	
	X245	1012	1	Cox	3A	RN	12345	
	X245	1013	1	Taylor	ЗA	RN	12345	
	X245	1014	1	Lyons	ЗA	RN	12345	
	X245	1015	1	Lincoln	ЗA	RN	12345	
	X245	1016	1	Lindsay	3A	RN	12345	
	X245	1017	1	Parr	3A	RN	12345	
	X245 X245	1018	1	Barrett	3A 3A	RN	12345 12345	
20	XZ45	1019	I	Shipton	3A	RN	12345	
								_

This report shows the details of staff, including their Cost Centre (CC), Designation and HACC Agency identifier (if any). For an occasion of service to be deemed eligible for inclusion in the HACC extract staff must have a valid HACC agency code and designation.

21. 10 Most Common SNAP Classes

Class Description Number of Episodes % Days ALOS 558 Maintenance & Support, Nursing, age>=37, RUG 4 943 26 15,801 16.76 563 Maintenance & Support, Multidisc., age>=37, RUG 4-11 571 16 10,492 18.37 453 Assess, Multidisciplinary 170 5 279 1.64 552 Assess, Nursing 142 4 190 1.34 999 Ungroupable - see status code 116 3 1,391 11.99 452 Assess, Medical Only 93 3 93 1.00 226 Orthopaedic conditions, motor 14-51 78 2 3,198 41.00
563 Maintenance & Support, Multidisc., age>=27, RUG 4-11 571 16 10,492 18.37 453 Assess, Multidisciplinary 170 5 279 1.64 552 Assess, Nursing 142 4 190 1.34 999 Ungroupable - see status code 116 3 1,391 11.99 452 Assess, Medical Only 93 3 93 1.00
453 Assess, Multidisciplinary 170 5 279 1.64 552 Assess, Nursing 142 4 190 1.34 999 Ungroupable - see status code 116 3 1,391 11.99 452 Assess, Medical Only 93 3 93 1.00
552 Assess, Nursing 142 4 190 1.34 999 Ungroupable - see status code 116 3 1,391 11.99 452 Assess, Medical Only 93 3 93 1.00
999 Ungroupable - see status code 116 3 1,391 11.99 452 Assess, Medical Only 93 3 93 1.00
452 Assess, Medical Only 93 3 93 1.00
226 Orthopaedic conditions, motor 14-51 78 2 3,198 41.00
405 Cognition 16-35, motor 51-77 61 2 1,537 25.20
224 Orthopaedic conditions, motor 58-73 58 2 1,396 24.07
404 Cognition 16-35, motor 13-50 56 2 1,621 28.95
Total 2,288 100 35,998 15.73

22. ACAP MDS V2 Summary Report (1)

Patier			01/01/2000							
ID	t MRN	Surname	Given Name	Sex	Stat Link Key	Referral Date	Prio- rity	Assessment End Date	Reason	
1	20004833	Kellett	Joan	2	eleoa110319272	01/01/00	1	01/01/00	1	
2		McCabe	Helen	2	cCbel160119172	01/01/00	1	01/01/00	1	
3	20000145	Clarke	Libby	2	lakib060119342	01/01/00	1	01/01/00	1	
4	20000400	Nugent	Nora	2	ugnor291219122	01/01/00	1	01/01/00	1	
6		Jensen	Kate	2	eneat300419182	01/01/00	1	01/01/00	1	
6		Kennedy	Martha	2	enear051119162	01/01/00	1	01/01/00	1	
7	20001220	Aitchison	Jane	2	ithan020919402	01/01/00	1	01/01/00	1	
8		Vickers	Josie	2	iceos151019022	01/01/00	1	01/01/00	1	
9 10		Reid	Lorna Gillian	2	ei2or100919092 rmtil070519402	01/01/00 01/01/00	1	01/01/00 01/01/00	1	
11		Armstrong Owens	Jackie	2	wesac240119252		1	01/01/00	1	
12		Shepard	Geraldine	2	heaer311019122	01/01/00	1	01/01/00	1	
13		Owens	Jane	2	wesan15041909	01/01/00	1	01/01/00	1	
14		Belmont	Rosemary	2	eloos090519042	01/01/00	1	01/01/00	1	
16		Rossitor	Deidre	2	osiei250119022	01/01/00	1	01/01/00	1	
16	20007612	Gurney	Elsie	2	urels130119262	01/01/00	1	01/01/00	1	
17	20009489	Kane	Kate	2	an2at191019032	01/01/00	1	01/01/00	1	
18		Knowles	Kay	2	nolay030619282	01/01/00	1	01/01/00	1	
19		Chappell	Chris	2	haphr141019302	01/01/00	1	01/01/00	1	
20	20001777	Ingham	Jane	2	ngaan220719382	01/01/00	1	01/01/00	1	

This report provides a summary of the records eligible to be selected for inclusion in the ACAP MDS V2 extract.

It allows ACATs to check that all expected records will be extracted, you should run both of the two exception reports to identify client records that won't be successfully extracted because there is incorrect or missing data.

23. ACAP MDS V2 Exception Report (2)

rt:	<u>0% []</u>	1 of	ى ىر	x ■ ∰ S V2 Exception Re	eport (2)					
	Selection Crite BegDate: 01.	eria:)ate: 01/06/2000		<u> , . , . ,</u>					
	Patient ID MRN	Surname	Given Name	Sex Stat Link Key	DOB	Referral Date		Inc	Assessmt End Date Reason	
	21 4000302 23 990088	mouse duck	minnie donald	2 ouein120119452 1 uc2on010119971	12/01/1945 01/01/1997	02/01/00	1	2 1	03/01/00 04/01/00	
art 🛛 🗹 🍠	0 🛛 🛪 🗿 🔍	ATLAS -	🔯 Atlas dat.	🕎 Man36 🕅 SNA	Psho 🏘 M	crosoft	🖂 Mee	ting r	🛛 🖂 FW: On	🍕 🔯 😻 🔍 2:59

This exception report provides a summary of the records ineligible to be selected for inclusion in the ACAP MDS V2 extract. Whilst there is a valid Assessment End Date there is either incorrect or missing mandatory data items, or the 'Include in ACAP MDS' value in the Episode table has not been set to 1 (Yes).

It allows ACATs to check incorrect records and to correct them so that they will be extracted, you should run both of the two exception reports to identify client records that won't be successfully extracted because there is incorrect or missing data.

24. ACAP MDS V2 Exception Report (3)

An example of this report has not been provided.

25. Suspect Age (not 14-100) Report

	 		■ M • (Not 14	to 100) Report		
Selecti ProvUn	on Criteria: <u>it MRN</u>	DOB	Age Sex	<u>SurName</u>	<u>Given Name</u>	
PU100	1 990088	01/01/1997	3 1	duck	donald	

This report shows clients with ages which don't fall in the expected age range, whilst these may be correct it could indicate that an incorrect DOB has been entered, 2001 rather than 1901 for instance.

26. Cost Weight Report

]	
	Summary	of cost w	eights (availab	le for info	rmation)				-
	Selection Criteria: FromDate: 01/07/2004 (EndDate	⊧>=) ToDate:	30/06/2005 (EndDate	··=)					
Cla	ss Description	CaseType	EpisType Cases	<u>Epis Wgt</u>	Inlier PD Ou	utlier PD	Total CW		
	Case Type	1							
10		1	1 28	2.11 3.69	5.51 7.34	5.45 1.71	13.07 12.74		
10		1	1 159	36.17	49.31	23.79	109.27		
10		i	1 21	4.86	3.52	7.48	15.86		
10		1	1 67	16.22	9.84	6.21	32.27		
10		1	1 12		1.57	0.00	5.08		
10		1	1 32	6.19 2.68	2.97	0.00	9.16		
10		1	1 13 1 65	2.68	1.70 4.83	2.31 0.54	6.68 16.34		
11		1	1 34		1.27	0.00	3.98		
16		1	2 1	0.00	0.00	0.00	0.00		
16		1	2 1	0.00	0.00	0.00	0.00		
16		1	2 1	0.00	0.00	0.00	0.00		
16		1	2 1	00.00 00.0	00.00 00.0	0.00 00.0	0.00 00.0		
99	9 Ungroupable		454	0.00	0.00	0.00	224,44		
	Case Type	2	404				224.44		
20		2	1 5	1.28	3.43	0.65	5.27		
20			1 5		3.94	2.76	9.48		
20	6 Strk & Bms,Mot 47-62	2	1 6		6.91	0.06	9.49		
20		2	1 13		16.92	8.31	32.09		
20		2	1 6		7.29	1.60	12.56		
20		2	1 1 1 3	0.32 0.73	0.47 2.29	0.00 1.87	0.79 4.89		
21		2	1 1		0.00	0.20	0.20		
21		2	i i		0.34	0.00	0.49		
21		2	1 5	1.84	3.86	0.00	5.70		
21		2	1 4		5.55	1.95	10.20		
21		2	1 2		1.14	0.77	2.46		
21		2	1 5 1 3		5.51 5.43	3.46 5.32	9.60 12.29		
22		2	1 3		2.97	5.32	6.18		
22		2	1 7		4.92	0.00	6.02		
22		2	1 7	0.43	2.12	0.29	2.84		
22	4 Orthpaed Conds,Mot 58-73	2	1 23	3.94	14.45	0.42	18.82		
22		2	1 15		12.42	1.78	18.05		
22		2	1 29 1 3	10.62 0.83	28.07 2.59	10.18 0.06	48.87 3.47		
22		2	1 3		2.59	1.15	2.59		
22		2	1 8		3.14	0.52	4.35		
23		2	1 21	5.67	16.24	0.98	22.89		
23		2	1 20		18.61	3.95	29.97		
23	2 Oth Impairs, Mot 14-24	2	1 2	0.50	1.53	0.79	2.81		
	Casa Tran	5	202				282.38		
	Case Type	5							·

This report shows cost weights by case type.

27. Missing AROC Fields Report

			M	lissing AROC Fields Report	
Sel	ection Crite	eria:			
Facility	MRN	End Date	Missing Fields	Field List	
X245	123	01/26/2008	23	Sex, uAccom, PriorSupport, FundSource, HealthFund, EmpStat, AdmitClass, ImpairTrauma, RelAcuteDate, OnsetTime, DischargeTo, EndSupport, Impair, ExistComorb, Comorb1, AdmEat, AdmComp, DisEat, DisComp, DateEntBeg, DateEntEnd, DateRehabPlan, DateDischPl	

This report shows a list of missing AROC dataset items for episodes with an end date within the last 12 months.

Extracts

Extract Folder

You need to specify the folder in which to write the data extract files. This folder can be different to the SNAPshot installation directory. It can even be on a different computer, on a server for instance.

If the folder does not exist, you will be asked if you want it to be created.

Options - select button below	×
Can't find folder: 'N:\Snapshot extracts' Do you want Snap to create it?	-
Yes - create folder	
No - don't create folder	

51. VRP Episode/Patient (Extract)

This option writes two tables into the currently selected report database which by default is c:\SnapShot\RepDB.mdb, typically the folder: c:\Snapshot, however, you can specify another folder which can even be on a computer other than the one SNAPshot is installed on.

It is also used for the Private Rehabilitation Study and cannot be displayed in the Preview screen as is the case for other reports.

52. ACAT: AGS MDS (Extract)

This 'report' produces a comma-separated value file according to the ACAT specification.

The file ACATMDS.TXT is written to the folder which contains the RepDB.mdb file – typically the folder: c:\Snapshot, however, you can specify another folder which can even be on a computer other than the one SNAPshot is installed on.

This extract has been replaced by MDS 2 and should only be produced on request by the Evaluation Unit.

53. ACAT: AGS MDS 2 (Extract)

This 'report' produces a comma-separated value file according to the ACAT specification.

The file ACATMDS.TXT is written to the folder which contains the RepDB.mdb file – typically the folder: c:\Snapshot, however, you can specify another folder which can even be on a computer other than the one SNAPshot is installed on.

54. FIM Listing (Extract)

This 'report' produces a comma-separated value file containing the following fields:

Field	Description	Example Values
FundName	Health Fund Name	Federation Health
FacName	Facility Name	St Luke's
MRN	Medical Record No.	20000116
BegDate	Admission Date	01/01/2000
EndDate	Discharge Date	02/01/2000
GivName	Given Name	Rosemary
SurName	Surname	Cox
DOB	Date of Birth	14/07/1921
Sex	Sex	2
AdmEat	Adm: Eating	1
AdmGroom	Adm: Grooming	2
AdmBath	Adm: Bathing	3
AdmUpper	Adm: Dressing upper body	4
AdmLower	Adm: Dressing lower body	5
AdmToilet	Adm: Toileting	6
AdmBladder	Adm: Bladder management	7
AdmBowel	Adm: Bowel management	1
AdmXfer	Adm: Transfer - bed/chair	2
AdmXfrToil	Adm: Transfer - Toilet	3
AdmTub	Adm: Transfer - Tub	4
AdmWalk	Adm: Walk/wheel chair	5
AdmStair	Adm: Stairs	6
AdmComp	Adm: Comprehension	7
AdmExp	Adm: Expression	1
AdmSocial	Adm: Social interaction	2
AdmProb	Adm: Problem solving	3
AdmMemory	Adm: Memory	4
DisEat	Dis: Eating	7
DisGroom	Dis: Grooming	6
DisBath	Dis: Bathing	5
DisUpper	Dis: Dressing upper body	4
DisLower	Dis: Dressing lower body	3
DisToilet	Dis: Toileting	2
DisBladder	Dis: Bladder management	1
DisBowel	Dis: Bowel management	7
DisXfer	Dis: Transfer - bed/chair	6
DisXfrToil	Dis: Transfer - Toilet	5
DisTub	Dis: Transfer - Tub	4
DisWalk	Dis: Walk/wheel chair	3
DisStair	Dis: Stairs	2
DisComp	Dis: Comprehension	1
DisExp	Dis: Expression	7
DisSocial	Dis: Social interaction	6
DisProb	Dis: Problem solving	5
DisMemory	Dis: Memory	4

The file FIMExt.TXT is written to the folder which contains the RepDB.mdb file – typically the folder: c:\Snapshot, however, you can specify another folder which can even be on a computer other than the one SNAPshot is installed on.

55. AN-SNAP HCP Summary (Extract)

For private facilities

This report produces a comma-separated value file that comprises the AN-SNAP items to be reported under the Hospital Casemix Protocol.

To display the HCP extract dialog screen, press Shift-F8 whilst positioned on any of the data lists. Select item 55. AN-SNAP HCP Summary (Extract) and enter the value for the Hospital Provider No. and appropriate 'from' and 'to' dates (typically a calendar month), then press Generate Report. This produces a set of text files, one extract for each non Australian Health Service Alliance fund, and one extract for all Australian Health Service Alliance funds. The files are written to the folder which contains the RepDB.mdb file – typically the folder: c:\Snapshot, however, you can specify another folder which can even be on a computer other than the one SNAPshot is installed on.

	ot 3.80a - [Main:	: Provide	r Unit: I	PU1001; Fa	cility: X	245]							_ 7
File Edil													
	Patient[20] (MF	RN1	1	Patient					System [1]				
MBN	PatName	DOB		Episode		/ersion	SysBeg SysEnd	8					
> 200001		06/01.	/1934	Clinical			01/01/1999 31/12/2	008					
200003				Rehab/GEN									
200012				AROCData:	e 🛛								
200017	77 Ingham,Jane	22/07.	-										
200017	84 Chappell,Chris	14/10	Snap R	leport									
200026	95 Jensen,Kate	30/04											
200042	29 Aitchison,Jane	02/09	Repo	ort DB: c:\Sna	pShot\Rep	oDB.mdb				Compact			
200048		11/03	E.A.A.A		F								
200052			Extract i	Folder: c:\Sna	pExtract								
200056			Repo	orte			- Selection criteria -						
200056					D	1000				1			
200064		29/12		ACAP MDS V2 ACAP MDS V2		^	ProvUnit		Class:				
200064		03/06	25	Suspect Age (r		Benort							
200074		15/04		Cost Weight R		hopon	Facility:						
200076	12 Gurnev.Elsie	13/01		Missing AROC		ort	MBN:						
	Episode [1]		1				putra.						
BegDat				'RACTS VRP Data (Exti			From (Sepn Date):		C On/after Beg	Date			
01/01/2		E Ender	91.	ACAT:AGS MD		(
				ACAT:MDS 2 (To (Sepn Date):		🔽 Include no er	nd date	boriginal ((Drigin)	
				FIM Listing (Ex			CaseType:				a congertar o		
				AN-SNAP HCF	Summary	(Extract	caserype.						
				HIE Extract	. E		Epis Type:		Health Fund:	1			
			57.7	AROC Inpatien HACC MDS (E:	t Extract				Hospital				
				PCOC Extract	Kuacy		Care Model:		Provider No.:				
	Staff[20] (StaffC	iode)					Postcode:		Resub Disk: N		-		
Staff	StaffName StaffI	D StfDate		C REPORTS			Postcode:		Hesub Disk: IN				
1000	Daly 1	01/01/2	70.1	HACC:Main inte			Ward/Team:		Data Coll. ID:				
1001	Lockwood 2	01/01/2		HACC:Age gro HACC:Client/C									
1002	Perry 3	01/01/2	74	HACC:Client/Lr			Consultant:		Agency:				
1003	Page 4	01/01/2	75	HACC:Client/B	enefit Statu	JS SL	C						
1004	Birchall 5	01/01/2		HACC:Staff/00			Case Manager:	1			-		
1005	McCabe 6	01/01/2		HACC:Staff/00	DS/Minute:	s					-		
1006	Ford 7	01/01/2		HACC:Staff/Cli	ent/UUS/h	viain Int. 🔽	🗖 Patient	page throw	Generate Report	Exit			
1007	Armitage 8	01/01/2									-		
1008	Glover 9	01/01/2		UserDef					1011 : 01				
1009	Aspinal 10	01/01/2		Migrate		Address			16 Main St				
1010	Hampson 11	01/01/2				Address							
1011	Berg 12	01/01/2				Suburb			Westville				
1012	Cox 13	01/01/2				State			8 (ACT)				
1013	Taylor 14	01/01/2				Postcod	e		2611				
1014	Lyons 15 Lincoln 16	01/01/2				Local Gr	overnment Area		1234				
11015	Lincoln 16	101/01/2	000 1			Phone			222661234				
	_			1	11.	, Thone			222001204		_		-
📒 star	6 8 0	😂 🗹	X 0	e ዾ 🖸	1	Manual3	🔄 SnapShot	Microsof	🔛 🔛 SNAPst	ı 🕘	C:\Snap	🛛 🦉 untitled	17:

The naming convention for the HCP extracts is as follows:

Australian Health Service Alliance Funds Fig. 78787878_AHS_01012000_01072002_S.txt 78787878_MBF_01012000_01072002_S.txt 78787878_MBP_01012000_01072002_S.txt MediBank Private

This can be broken down as follows: [Provider No]_[Fund]_[DteFrom]_[DteTo].txt

It is these files that have to be forwarded onto the relevant health funds.

The file HCPExt.txt is written to the folder which contains the RepDB.mdb file – typically the folder: c:\Snapshot, however, you can specify another folder which can even be on a computer other than the one SNAPshot is installed on.

_		Patient[20	11 (MBN	n		Patient			System [1]			
-	MBN	PatName		DOB		Episode	Version	SysBeg SysEnd	0,000,000,000			
•	20000145			06/01/	XVC-	Clinical		01/01/1999 31/12/2008				
-	20000326	Kennedy		05/11/		Rehab/GEM	0.00					
-	20001278	Belmont.				AROCDatase						
	20001777	Ingham J		22/07		PallCare						
	20001784	Chappell		14/10	Snap R	eport						
	20002695	Jensen K		30/04							1	
	20004229	Aitchison	Jane	02/09	Repo	rt DB: c:\Snap9	hot\RepDB.mdb			Compact		
-	20004833	Kellett Jo		11/03					-			
	20005249	McCabe,	Helen	16/01.	Extract P	older: c:\SnapE	xtract					
	20005605	Rossitor,	Deidre	25/01.							1	
	20005629	Shepard,	Geraldin	e 31/10.	Repo			Selection criteria			-	
	20006439	Nugent,N	lora	29/12		CAP MDS V2 R		ProvUnit:	Class:			
	20006489	Knowles,	Kay	03/06		CAP MDS V2 R						
	20007462	Owens	ane	15/04.		Suspect Age (not Cost Weight Rep		Facility:				
	20007612	Gurnev.E	Isie	13/01.		lissing AROC Fie						
-		Episod	le [1]					MRN:			-	
_		CT ET		EndDa		RACTS		From (Seph Date):	C On/after BegD		-	
	BegDate 01/01/200		3	Endua		/RP Data (Extrac		Tom (Sept Date).]				
	1017017200		3			CAT:AGS MDS CAT:MDS 2 (Ex		To (Sepn Date):	Include no end	date	boriginal Origin)	
						IM Listing (Extra					boliginai oliginj	
					55.4	N-SNAP HCP S	ummary (Extract)	CaseType:				
					56. H	IE Extract		Epis Type:	Health Fund:			
						ROC Inpatient E		Epis Type. J	and the second			
						ACC MDS (Extr	act)	Care Model:	Hospital			
-		Staff[20] (9	StaffCo	deì	59.1	PCOC Extract			Provider No.:			
-				StfDate	НАС	C REPORTS		Postcode:	Resub Disk: N			
				01/01/2		ACC:Main interv	en/00S/mins	Ward/Team:			-	
-			2	01/01/2	72. H	ACC:Age group	/sex/minutes	ward/ieam: j	Data Coll. ID:			
			3	01/01/2	73. H	ACC:Client/Cou	ntry of birth	Consultant:	Agency:		-	
			4	01/01/2		ACC:Client/Indi			(199,69,1			
			5	01/01/2		ALC:Ulient/Ben ACC:Staff/00S		Case Manager:				
			6	01/01/2	77.1	ACC:Staff/00S	/Minutes					
			7	01/01/2	78. H	ACC:Staff/Clien	t/00S/Main Int. 🥫	Patient page thro	Generate Report	Exit		
-			8	01/01/2	170 L	IACC:Classipad	arral Cauraa 🔛	I rateric page thio	w Generate Report	EXIC		
			9	01/01/2								
			10	01/01/20		UserDef	Address		16 Main St			
			11	01/01/20		Migrate	Address					
			12	01/01/20			Suburb		Westville			
			13	01/01/20								
			14	01/01/20			State		8 (ACT)			
-			15	01/01/20			Postcode		2611			
				01/01/20				overnment Area	1234			
	11015 11						Phone		222661234			

56. HIE Extract

Select 56. HIE Extract and enter appropriate values for Facility, and From [Sepn Date] and To [Sepn Date] and then click Generate Report. Do not enter a value for ProvUnit.

This produces a set of 9 extract files with names in the format of – N999_snapepifim_20yymmdd N999_snapepis_20yymmdd N999_snaphac_20yymmdd N999_snaphase_20yymmdd N999_snapprov_20yymmdd N999_snaprehab_20yymmdd N999_snapstaff_20yymmdd N999_snapstime_20yymmdd

Where N999 is the facility number and 20yymmdd is the To [Sepn date].

The files are written to the folder which contains the RepDB.mdb file – typically the folder: c:\Snapshot, however, you can specify another folder which can even be on a computer other than the one SNAPshot is installed on.

57. AROC Extract

This report produces a fixed format ASCII file that comprises the version 3 AROC data set to be submitted to AROC. To create the AROC Inpatient Extract, press Shift-F8 whilst positioned on any of the data lists in SNAPshot. Select item 57. AROC Inpatient Extract from the list of extracts, enter your Facility Code and then press Generate Report. This produces a text file named "AROCFacilityNameYYYYMMDDV3.8x.txt" where facility-name is the name as entered in the Facility screen and YYYMMDD is today's date (the day the extract is created). Do not change the name of the file created by SNAPshot. Please note that 'from' and 'to' dates should not be selected when creating the AROC Inpatient Extract.

The AROC Inpatient Extract text file is written into the extract folder. The default location of the extract folder is c:\SnapExtract, however, you can specify another folder which can be on any computer including other than the one SNAPshot is installed (for further information please refer to either the SNAPshot V3.8 Manual or to 3.2.3 above).

The file can now be uploaded to AROC via AROC Online Services (AOS) – note that the extract contains 'client MRN' and 'date of birth', but does not include any other identifying data items.

s 🖬	NAPshot	3.80a - [Main: Pi	rovider Unit: I	PU1001; Facil	ity: X245]							💶 🗗 🗙
1	File Edit				2							_ # X
		Patient[20] (MRN)	1	Patient					Staff005 [וו		
	MBN	PatName	DOB 🔺	Episode	MBN	Surname	GivName	CareDate	Shift OoslD	Mins	1	
•	20000145		06/01/1934	Clinical Rehab/GEM		182 - A		88 		100	-	
	20000326		05/11/1916	AROCDatase								
_	20001278			PallCare							-	
-	20001777	Ingham,Jane	22/07/ 14/10 Snap R	enart								
-	20001784 20002695	Chappell,Chris Jensen,Kate	30/04.	cepore .						SUL 2		
-	20002833		02/09. Repo	ort DB: c:\SnapSH	not\RepDB.mdb					Compact		
-	20004223		11/03	1								
	20005249		16/01. Extract F	Folder: c:\SnapE>	dract							
	20005605		25/01									
	20005629		31/10. Repo			Selection	criteria					
	20006439	Nugent,Nora		LSP Change	^	Pr	ovUnit:		Class:			
	20006489		03/00. 20.1	Database Summar Staff Listing	y							
	20007462		15/04. 21	10 Most Common !	SNAP Classes		Facility: X2	45				
	20007612	Gurnev.Elsie	13/01. 22	ACAP MDS V2 Be	mont 1						-	
		Episode [1]	Sna	D								
	BegDate	CT ET EpisID	EndDa	£								
•	01/01/200	07 1 1 3	6	Data for 1					CStLukes2007080		-	
17					5 episodes for AR	JCEXt Written in	to: c:(Shapi	Extraction	CSELUKES2007080	JOV3.00.1X1		
				200								
						OK						
			100.7		acy	Care	Model:		Provider No.:			
	9	Staff[20] (StaffCod		FIM Listing (Extrac AN-SNAP HCP Su			-					
		taffName StaffID S		HIE Extract	mindly (Exided)	Po	stcode:		Resub Disk:			
-			11/01/2 57.7	AROC Inpatient Ex		Ward	/Team:		Data Coll. ID:			
				HACC MDS (Extra	ct)	ward.	-rount j		D'did Coll. 1D. [
	1002 F	Perry 3 C	01/01/2 59.1	PCOC Extract		Con	sultant:		Agency:			
	1003 F		01/01/2 HAC	C REPORTS								2
			01/01/2 71.1	HACC:Main interve		Lase M	anager:					
				HACC:Age group/	sex/minutes							
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58. HACC MDS [Extract]

F	ile Edit											
_	Р	atient[20] (MRN	n	10	Patient				System [1]			
Т	MBN	PatName	DOB		Episode	Version	SysBeg SysEnd		0,000,000,000			
	20000145	Clarke,Libby	06/01/19	134	Clinical	▶ 3.80	01/01/1999 31/12/20	308				
	20000326	Kennedy,Martha	05/11/19	116	Rehab/GEM			-				
	20001278	Belmont,Rosemar	y 09/05/19	104	AROCD at ase							
	20001777	Ingham,Jane	22/07									
_	20001784	Chappell,Chris	14710	пар к	leport							
_	20002695	Jensen,Kate	30/04.	Benc	ort DB: c:\SnapSk	ot\BenDB mdb			Compa	et [
-	20004229 20004833	Aitchison,Jane Kellett,Joan	02/09.	поре	in DD. Je. sondpor	loca report.mab			Compa	Ct		
-	20004833	McCabe,Helen	16/01. E	xtract F	Folder: c:\SnapEx	tract						
-	20005245	Rossitor.Deidre	25/01		1							
	20005629	Shepard.Geraldin		Repo	orts		Selection criteria					
	20006439	Nugent,Nora	29/12		ACAP MDS V2 Re		ProvUnit:		Class:	-		
	20006489	Knowles,Kay	03/06		ACAP MDS V2 Re		- Hovoric J		Cidso.]			
	20007462	Owens,Jane	15/04.		Suspect Age (not " Cost Weight Repo		Facility:					
	20007612	Gurnev.Elsie	13/01.		Missing AROC Fiel		NDN [
-		Episode [1]			an a	5754126 4 242426	MRN:					
Т	BegDate	CT ET EpisID	EndDa		RACTS /RP Data (Extract		From (OOS Date) :		Con/after BegDate			
	01/01/2007		Ender		ACAT:AGS MDS (
		17 17 15		53.7	ACAT:MDS 2 (Extr	act)	To (OOS Date) :		Include no end date	boriginal Ori	gin)	
				54. F	FIM Listing (Extrac	t)	CaseType:					
					AN-SNAP HCP Su HIE Extract	mmary (Extract)	Cocorype. j					
					AROC Inpatient Ex	tract	Epis Type:		Health Fund:			
					HACC MDS (Extra		Care Model:		Hospital			
-	C1	((120) (C) ((C	1.1	59. F	PCOC Extract		Cale Model. J		Provider No.:			
1		aff[20] (StaffCo affName StaffID		LIAC	C REPORTS		Postcode:		Resub Disk: N			
	1000 Da		01/01/2		HACC:Main interve	en/00S/mins						
+		ckwood 2	01/01/2	72. ł	HACC:Age group/:	sex/minutes	Ward/Team:		Data Coll. ID:			
1	1001 Eok		01/01/2		HACC:Client/Coun		Consultant:		Agency:			
1	1003 Pa		01/01/2		HACC:Client/Indig HACC:Client/Bene		-		,			
1	1004 Bird	chall 5	01/01/2		HACC:Staff/00S/		Case Manager:			-		
		Cabe 6	01/01/2	77. ł	HACC:Staff/00S/	Minutes						
	1006 For		01/01/2	78.1	HACC:Staff/Client/	/00S/Main Int.	🗸 🔽 🗖 Patient p	bage throw	Generate Report Ex	át 🛛		
1		nitage 8	01/01/2	1751	and in the strike to							
-		over 9	01/01/2		UserDef	H	10.00 C		1011 : 01			
-		pinall 10 mpson 11	01/01/2000		Migrate	Add			16 Main St			
+	1010 Ha 1011 Bei		01/01/2000			Add						
+	1011 Bei 1012 Co:		01/01/2000			Sub	1077 A		Westville			
1		vlor 14	01/01/2000			State			8 (ACT)			
1	1014 Lvc		01/01/2000				code		2611			
			01/01/2000				l Government Area		1234			
				•		Pho	ne		222661234			

It is necessary to enter the appropriate data range (this is usually a three month period), a valid HACC Agency code (it is necessary to repeat the extract for each HACC funded program within each facility) and a Data Collection ID, as in the example above.

This produces a comma-separated value file named Agency_YYYQ.txt

Where Agency is the HACC Agency code associated with the facility (this must be associated with Staff in the facility via the Staff screen, and these staff must have a valid designation). YYYY is the year taken from the From [Sepn date] and Q is the quarter of the reporting period.

This report will only include occasions of service that have had a 'yes' to 'include in HACC MDS Extract' entered in the 'Episode' screen, and where the occasion of service has been provided by a staff member whose SNAPshot record contains a valid designation and HACC agency code.

The file is written to the folder which contains the RepDB.mdb file – typically the folder: c:\Snapshot, however, you can specify another folder which can even be on a computer other than the one SNAPshot is installed on.

59. PCOC Extract

This extract produces three fixed format ASCII files that comprise the Version 2 PCOC dataset to be submitted to PCOC. To create the PCOC Extract, press Shift-F8 whilst positioned on any of the data lists in SNAPshot. Select Extract 59 'PCOC Extract' from the list of extracts, enter your Facility Code and then press Generate Report. This will generate a message that reads: 'Data for XX episodes for PCOCExt written into: C:\SnapExtract\FacilityNamePhaseDDMMYYYY.txt.' However, please note that three files will be generated as follows:

- FacilityNamePatientDDMMYYYY.txt
- FacilityNameEpisodeDDMMYYYY.txt
- FacilityNamePhaseDDMMYYYY.txt

FacilityName is the name as entered in the Facility screen and DDMMYYYY is today's date (the day the extract is created). <u>Do not change the name of the file created by SNAPshot</u>.

Please note that 'from' and 'to' dates should not be selected when creating the PCOC Extract.

The PCOC Extract text file is written into the extract folder. The default location of the extract folder is c:\SnapExtract, however, you can specify another folder which can be on any computer including other than the one SNAPshot is installed (for further information please refer to either the SNAPshot V3.8 Manual or to 3.2.3 above). The file can now be emailed to PCOC at PCOC@uow.edu.au – note that the extract contains 'client MRN' and 'date of birth', but does not include any other identifying data items.

SNAPshot 3.80a - [Main: Provid	ler Unit: PU1001; Fac	ility: X245]					_ 0
File Edit							
Patient[20] (MRN)	Patient			Staff005 [0	1		
MRN PatName DOB		MRN Suma	me GivName CareDat			8	
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	1/1916 Rehab/GEM						
	AROCDatase						
20001777 Ingham,Jane 22/	17/	1					
20001784 Chappell,Chris 14/							
20002695 Jensen Kate 30/1)4						
20004229 Aitchison, Jane 02/1	9 Report DB: c:\Snap!	ihot\RepDB.mdb			Compact		
20004833 Kellett,Joan 11/1	13						
20005249 McCabe,Helen 16/1	1. Extract Folder: c:\Snapl	xtract					
20005605 Rossitor,Deidre 25/1	JI. Deserts	100 e.	election criteria				
20005629 Shepard,Geraldine 31/			accion ciliena	22			
20006439 Nugent,Nora 29/		<u>~</u>	ProvUnit:	Class:			
20006489 Knowles,Kay 03/1		ay		-			
20007462 Owens,Jane 15/	14. 21 10 Most Common	SNAP Classes	Facility: X245				
20007612 Gurnev Elsie 13/	1. 22 ΔΓΔΡ MDS V2 F	eport 1					
Episode [1]	23. 24. Snap					-	
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01/01/2007 1 1 3						-	
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	EX	r					
	51. 52.		OK)				
	53. ACAT.MD5 2 [5]			HUSDIG			
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1000 Daly 1 01/01			Ward/Team:	Data Coll. ID:			
1001 Lockwood 2 01/01							
1002 Perry 3 01/01	/2		Consultant:	Agency:		1	
1003 Page 4 01/01			Case Manager:				
1004 Birchall 5 01/01			case manager:				
1005 McCabe 6 01/01		/sex/minutes					
1006 Ford 7 01/01		ntry of birth	Patient page throw	Generate Repor	t Exit		
1007 Armitage 8 01/01	/2						
1008 Glover 9 01/01		1					
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HACC Reports

71. HACC:Main Interven/OOS/Mins Report

Main InterventionClients SeenMinutes1Advocacy with other agency2452Bereavement support41513Bereavement counselling2914Allied health threnapy41765Assessment - allied health, 1 discipline41716Assessment - allied health, 2 or more disciplines51307Assessment - medical only41398Assessment - nursing only42119Assessment - multidisciplinary622010CasePlanning/CaseConference and Coordination29811Case Management39612Centre-based day care27613Counselling and support519214Diagnostic imaging ***312915Domestic assistance39816Group contact ***418617Home maintenance515218Home modification27819Information/support for family/carers39320Legal report/hearing ***284		
2Bereavement support41513Bereavement counselling2914Allied health therapy41765Assessment - allied health, 1 discipline41716Assessment - medical only41398Assessment - medical only42119Assessment - multidisciplinary622010CasePlanning/CaseConference and Coordination29811CasePlanning/CaseConference and Coordination29812Centre-based day care27613Counselling and support519214Diagnostic imaging ***39816Group contact ***418617Home modification27818Home modification27819Information/support for family/carers393	Clients Seen Minutes	
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3Bereavement counselling2914Allied health therapy41765Assessment - allied health, 1 discipline41716Assessment - allied health, 2 or more disciplines51307Assessment - medical only41398Assessment - medical only42119Assessment - multidisciplinary622010CasePlanning/CaseConference and Coordination29811CasePlanning/CaseConference and Coordination39612Centre-based day care27613Counselling and support519214Diagnostic imaging ***39816Group contact ***418617Home modification27818Home modification27819Information/support for family/carers393		
4Allied health therapy41765Assessment - allied health, 1 discipline41716Assessment - allied health, 2 or more disciplines51307Assessment - medical only41398Assessment - nursing only42119Assessment - multidisciplinary622010Case Planning/CaseConference and Coordination29811Case Management39612Centre-based day care27613Counselling and support519214Diagnostic imaging ***312915Domestic assistance39816Group contact ***418617Home modification27819Information/support for family/carers393		
6Assessment - allied health, 2 or more disciplines51307Assessment - medical only41398Assessment - nursing only42119Assessment - multidisciplinary622010CasePlanning/CaseConference and Coordination29811Case Planning/CaseConference and Coordination27612Centre-based day care27613Counselling and support519214Diagnostic imaging ***39816Group contact ***418617Home modification27819Information/support for family/carers393		
7 Assessment - medical only 4 139 8 Assessment - nursing only 4 211 9 Assessment - nursing only 6 220 10 CasePlanning/CaseConference and Coordination 2 98 11 CasePlanning/CaseConference and Coordination 2 98 12 Centre-based day care 2 76 13 Counselling and support 5 192 14 Diagnostic imaging *** 3 129 15 Domestic assistance 3 98 16 Group contact *** 4 186 17 Home modification 2 78 19 Information/support for family/carers 3 93	d health, 1 discipline 4 171	5 Assessment - allied health, 1 discipline
8 Assessment - nursing only 4 211 9 Assessment - multidisciplinary 6 220 10 CasePlanning/CaseConference and Coordination 2 98 11 Case Management 3 96 12 Centre-based day care 2 76 13 Counselling and support 5 192 14 Diagnostic imaging *** 3 129 15 Domestic assistance 3 98 16 Group contact *** 4 186 17 Home modification 2 78 19 Information/support for family/carers 3 93		
9 Assessment - multidisciplinary 6 220 10 CasePlanning/CaseConference and Coordination 2 98 11 Case Management 3 96 12 Centre-based day care 2 76 13 Counselling and support 5 192 14 Diagnostic imaging *** 3 98 15 Domestic assistance 3 98 16 Group contact *** 4 186 17 Home modification 2 78 18 Home modification 2 78 19 Information/support for family/carers 3 93		
10 CasePlanning/CaseConference and Coordination 2 98 11 Case Management 3 96 12 Centre-based day care 2 76 13 Counselling and support 5 192 14 Diagnostic maging *** 3 129 15 Domestic assistance 3 98 16 Group contact *** 4 186 17 Home modification 5 152 18 Home modification 2 78 19 Information/support for family/carers 3 93	sing only 4 211	8 Assessment - nursing only
11 Case Management39612 Centre-based day care27613 Counselling and support519214 Diagnostic imaging ***312915 Domestic assistance39816 Group contact ***418617 Home maintenance515218 Home modification27819 Information/support for family/carers393		
12 Centre-based day care 2 76 13 Counselling and support 5 192 14 Diagnostic imaging *** 3 129 15 Domestic assistance 3 98 16 Group contact *** 4 186 17 Home maintenance 5 152 18 Home modification 2 78 19 Information/support for family/carers 3 93		
13 Counselling and support519214 Diagnostic imaging ***312915 Domestic assistance39816 Group contact ***418617 Home maintenance515218 Home modification27819 Information/support for family/carers393		
14 Diagnostic Imaging ***312915 Domestic assistance39816 Group contact ***418617 Home maintenance515218 Home modification27819 Information/support for family/carers393		
15 Domestic assistance 3 98 16 Group contact*** 4 186 17 Home maintenance 5 152 18 Home modification 2 78 19 Information/support for family/carers 3 93		
16 Group contact *** 4 186 17 Home maintenance 5 152 18 Home modification 2 78 19 Information/support for family/carers 3 93		
17 Home maintenance 5 152 18 Home modification 2 78 19 Information/support for family/carers 3 93		
18 Home modification 2 78 19 Information/support for family/carers 3 93		
19 Information/support for family/carers 3 93		
I ZU Legarreport/nearing "" Z 84		
21 Meals 3 116		
21 Means 3 116 22 Medical treatment *** 2 71		
	21	
24 Medication prescription *** 3 102 25 Monitoring and surveillance 4 161		

This report shows the number of OOS and total minutes by main intervention code. This report will only include occasions of service that have had a 'yes' to 'include in HACC MDS Extract' entered in the 'Episode' screen.

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		HACC: Minut	tes by Age Group by Sex	
	Age Group	Sex	Minutes	
	36-64 65-79 80+	Female Female Female	676 1,148 2,023	_
	Total		3,847	

72. HACC: Age Group/Sex/Minutes Report

This report shows number of minutes by sex by age group for the following age group ranges: 0-14; 15-36; 36-64; 65-79; 80+. This report will only include occasions of service that have had a 'yes' to 'include in HACC MDS Extract' entered in the 'Episode' Screen.

	HACC: Number of Clients I	by Country of Birth		
Country Name	e	Number of Clients	Percent	
1101 Austr 2102 Engla		15 1	75.00 % 5.00 %	
2303 Fran		1	5.00 %	
3213 Yugo	slavia, Federal Republic of	1	5.00 %	
	a (excludes SARs and Taiwan Province)	1	5.00 %	
	ed States of America	1	5.00 %	
Total	I	20		

73. HACC:Client/Country of Birth Report

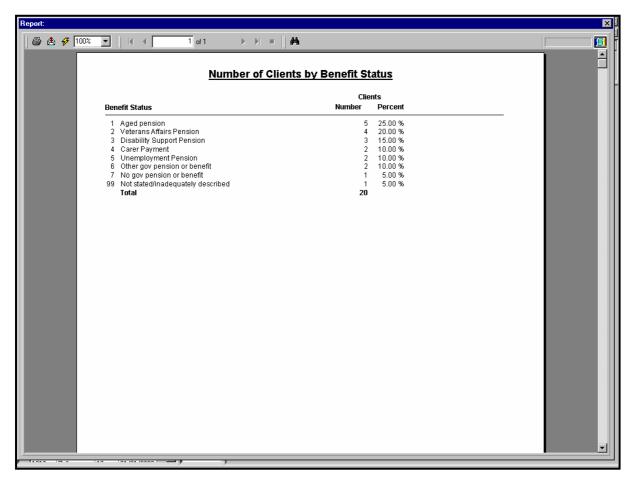
This report shows the number of client episodes and percentage by country of birth.

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🖄 🜮 100% 🔽 🗍 K 🖪 🗍	1 of 1 → → = 🛛 🐴	
<u>Number (</u> Indigenous Status	of Clients by Indigenous Status by Main Inter Main Intervention	r venti Client Number Pe
 TSI/not Aboria Origin TSI/not Aborig Origin 	 Advocacy with other agency Bereavement support Bereavement counselling Assessment - allied health, 1 discipline Assessment - allied health, 2 or more disciplines Assessment - medical only Assessment - multidisciplinary Case Management Counselling and support Diagnostic imaging *** Domestic assistance Group contact *** Home maintenance Home modification Information/support for family/carers Legal report/hearing *** Medicat treatment *** Medication dispensing, administration or supervision Medication gainy and surveillance Nonitoring and surveillance Nursing - technical intervention not elsewhere specified Other food services Pationt duration 	3 3. 1 1. 1 4. 5 5. 8 8. 2 2. 6 6. 1 3 3. 5 5. 4 3. 3 3. 2 2. 1 1. 3 3. 2 1. 3 3. 2 1. 3 3. 2 1. 3 3. 3 5. 1 1. 3 3. 5 5. 1 1. 3 5. 5 5. 1 1. 3 5. 5 5. 1 1. 3 5. 5 5. 1 1. 5 5. 5 5. 5 5. 5 5. 5 5. 5

74. HACC:Client/IndigStat/Main Intervention Report

This report shows the number of OOS and percentage by main intervention and indigenous status (codes 1 to 3 only).

75. HACC:Client/Benefit Status Report



This report shows the number of client episodes and percentage by benefit status.

	<u>oc</u>	OS by Staff Member by Main Intervention		
Staff Member	г	Main Intervention	005	Minutes
1004	Whelan	Advocacy with other agency ***	2	98
1004	Whelan	Assessment - allied health, 1 discipline	3	78
1004	Whelan	Assessment - allied health, 2 or more disciplines	1	20
1004	Whelan	Counselling and support	1	59
1004	Whelan	Diagnostic imaging ***	1	37
1004	Whelan	Home modification	2	71
1004	Whelan	Meals	1	23
1004	Whelan	Medical treatment ***	1	57
1004	Whelan	Medication dispensing, administration or supervision	1	60
1004	Whelan	Nursing - technical intervention not elsewhere specified	1	23
1004	Whelan	Other food services	1	51
1004	Whelan	Patient education	2	81
1004	Whelan	Personal Care Including Assist With Persoanl Care	1	42
1004	Whelan	Provision of linen	1	51
1004	Whelan	Referral to other agency ***	1	55
1005	Perry	Advocacy with other agency ***	2	95
1005	Perny	Allied health therapy	2	92
1005	Perry	Assessment - allied health, 1 discipline	1	28
1005	Perry	Assessment - medical only	1	46
1005	Perry	Centre-based day care	1	59
1005	Perný	Counselling and support	1	58
1005	Perry	Domestic assistance	1	59
1005	Perny	Group contact ***	1	58
1005	Perry	Home maintenance	1	23
1005	Perry	Home modification	1	51
1005	Perrv	Medication dispensing, administration or supervision	1	37
1005	Perry	Nursing - technical intervention not elsewhere specified	1	57
1005	Perry	Pathology testing ***	1	35
1005	Perry	Patient education	1	25
1005	Perry	Personal Care Including Assist With Persoanl Care	1	24
1005	Perry	Provision of aids or appliances	1	56
1005	Perry	Social support	1	56
1005	Perry	Transport	1	59
1006	Chivers	Advocacy with other agency ***	1	53
1006	Chivers	Allied health therapy	1	31
1006	Chivers	Assessment - allied health, 1 discipline	1	25
1006	Chivers	Assessment - allied health, 2 or more disciplines	3	138
1006	Chivers	Assessment - medical only	1	20
1006	Chivers	Assessment - multidisciplinary	2	102
1006	Chivers	Bereavement counselling	2	97

76. HACC:Staff/OOS/Main Intervention Report

This report shows the number of OOS and minutes by main intervention by staff member. This report will only include occasions of service that have had a 'yes' to 'include in HACC MDS Extract' entered in the 'Episode' screen.

		>i = [] #4		
	<u>005 ar</u>	nd Minutes by Staff M	<u>lember</u>	
Staff Mem	ber	005	Minutes	
1004 1005 1006 1007 1008 1009 1010 1011 Total	Whelan Perry Chivers Lowe Barton Wheeler Birchall Woodford	20 20 16 10 6 4 2 98	806 918 814 541 318 225 143 82 3,847	

This report shows number of OOS and minutes by staff member. This report will only include occasions of service that have had a 'yes' to 'include in HACC MDS Extract' entered in the 'Episode' screen.

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/				1	
		0	OS hu Main Interventi	on by Client by Staff Member	
		<u>U</u>	<u>us ny main intervent</u>	on by chent by Stan Member	
	Staff M	ember	Patient Name	Main Intervention	oos
	1004	Whelan	Anderson Deidre	Meals	1
	1004	Whelan	Armitage Jane	Case Management	1
	1004	Whelan	Armitage Margaret	Personal Care Including Assist With Personal Ca	1
	1004	Whelan	Barker Melinda	Patient education	1
	1004	Whelan	Chappell Gillian	Domestic assistance	1
	1004	Whelan	Clements Sandra	Nursing - technical intervention not elsewhere s	
	1004	Whelan	Collins Martha	Telephone contact ***	1
	1004	Whelan	Connor Gerry	Assessment - allied health, 1 discipline	1
	1004	Whelan	Cox Rosemary	Domestic assistance	1
	1004	Whelan	Davies Melinda	Wound management	1
	1004	Whelan	Dunn Beryl	Assessment - medical only	1
	1004	Whelan	Freeman Chris	Advocacy with other agency	1
	1004	Whelan	Handley Joan	Pathology testing ***	1
	1004	Whelan	Jackson Florence	Provision of aids or appliances	1
	1004	Whelan	Jensen Beryl	Case Management	1
	1004	Whelan	Remington Alice	Assessment - multidisciplinary	1
	1004	Whelan	Rossitor Lena	Bereavement counselling	1
	1004	Whelan	Selleck Betty	Patient education	1
	1004	Whelan	Soul Rosalind	Group contact ***	1
	1004	Whelan	Mokers Margaret	Assessment - allied health, 2 or more disciplines	1
	1005	Perry	Anderson Deidre	Case Management	1
	1005	Perry	Armitage Jane	Medication prescription ***	1
	1005	Perry	Armitage Margaret	Case Management	1
	1005	Perry	Barker Melinda	Information/support for family/carers	1
	1005	Perry	Chappell Gillian	Group contact ***	1
	1005	Perry	Clements Sandra	Meals	1
	1005	Perry	Collins Martha	Diagnostic imaging ***	1
	1005	Perry	Connor Gerry	Case Management	1
	1005	Perry	Cox Rosemary	Social support	1
	1005	Репту	Davies Melinda	Information/support for family/carers	1
	1005	Perry	Dunn Beryl	Nursing - technical intervention not elsewhere s	1
	1005	Репту	Freeman Chris	Home modification	1
	1005	Репту	Handley Joan	Home maintenance	i
	1005	Репту	Jackson Florence	Other food services	1
	1005	Репту	Jensen Beryl	Counselling and support	
	1005	Репту	Remington Alice	Pathology testing ***	1
	1005	n	Durahan Land	national advication	

78. HACC:Staff/Client/OOS/Main Intervention Report

This report shows number of OOS by main intervention by client by staff member. This report will only include occasions of service that have had a 'yes' to 'include in HACC MDS Extract' entered in the 'Episode' screen.

79. HACC:Client/Referral Source Report

Number of Clients by	v Source of Re	eferral	
Source of Referral	Clie Number		
	7	35.00%	_
2 Family, significant other, friend	1	35.00%	
3 GP/medical practitioner - community based	1	5.00%	
 4 Specialist aged or disability assess team/service (eg. AC 	CAT 1	5.00%	
5 Comprehensive HACC assessment authority	1	5.00%	
6 Community nursing service	1	5.00%	
7 Hospital (public)	1	5.00%	
8 Psychiatric/mental health service or facility	1	5.00%	
10 Palliative care facility/hospice	1	5.00%	
12 Aboriginal health service	1	5.00%	
14 Other community-based government medical/health serv	vic 2	10.00%	
22 Other	1	5.00%	
99 Not stated / inadequately described	1	5.00%	
Total	20	5.00%	

This report shows number of client episodes and percentage by source of referral.

80. HACC:Client/Cessation Reason Report

	Number of Clients by Main F			_
Main Reason	for Cessation	Clie Number	nts Percent	
1 Client no	longer needs assistance from agency.	3	15.00%	
	oved to residential, institutional or supported acc	3	15.00%	
	eeds increased - other service provider required.	2	10.00%	
	terminated due to budget/staffing constraints.	2	10.00%	
	terminated due to Occ Health & Safety (OHS) rea	2	10.00%	
	oved out of area	2	10.00%	
7 Client die		2	10.00%	
	rminated service	2	10.00%	
9 Other 89 Not state	d/inadequately described	1	5.00% 5.00%	
99 Not state	dinadequalely described	20	5.00%	

This report shows number of client episodes and percentage by main reason for cessation of service.

		Clie	ents	
Carer Status	Age Group	Number	Percent	
1 Co-resident carer	36-64	1	5.00 %	
	65-79 80+	4 6	20.00 % 30.00 %	
2 Non-resident carer	36-64	2	10.00 %	
	65-79	2	10.00 %	
9 Not stated/inadequately described	80+ 80+	3 2	15.00 % 10.00 %	
Total	00+	20	10.00 %	
Total		20		

81. HACC:Client/CarerResid/AgeGroup Report

This report shows number of client episodes and percentage by age group by care status.

82. HACC:Client/Accom Setting Report

	commodatio	rseung	
Accommodation Setting	Clie Number	ents Percent	
1 Private residence - owned/purchasing	9	47.37%	
2 Private residence - private rental	1	5.26%	
3 Private residence - public rental	1	5.26%	
4 Private residence - mobile home	1	5.26%	
5 Independent living unit within a retirement village	1	5.26%	
6 Boarding house/private hotel	1	5.26%	
7 Short term crisis, emergency fac (eg night shelters, refuges)	1	5.26%	
8 Domestic-scale supported living facility	2	10.53%	
14 Temporary shelter within an Aboriginal Community	1	5.26%	
99 Not stated / inadequately described	1	5.26%	
Total	19		
			_
			_

This report shows number of client episodes and percentage by accommodation setting.

 ▼ 4 4 1	of1	
	Number of HACC Episodes / Clients	
Number of Episode	20	
Number of Clients:	20	

83. HACC:Number of Episodes/Clients Report

The report shows the total number of HACC episodes and clients.

84. HACC: Agency/Staff/OOS/Main Int

Sele	ction Criteria:	Agency I	by Staff Member by Main Infervention			
	Agency by Staff Member by Main Intervention Selection Criteria:					
Agency	Staff Member		Main Intervention	005	Minutes	
12345						
12345	1004	Birchall	Allied health therapy	1	47	
12345	1004	Birchall	Assessment - allied health, 1 discipline	2	88	
12345	1004	Birchall	Assessment - allied health, 2 or more disciplines	2	48	
12345	1004	Birchall	Assessment - multidisciplinary	1	37	
12345	1004	Birchall	Bereavement counselling	1	35	
12345	1004	Birchall	Case Management	1	32	
12345	1004	Birchall	Diagnostic imaging ***	1	39	
12345	1004	Birchall	Domestic assistance	1	48	
12345	1004	Birchall	Home maintenance	1	25	
12345	1004	Birchall	Legal report/hearing ***	1	32	
12345	1004	Birchall	Medication dispensing, administration or supervision	1	44	
12345	1004	Birchall	Nursing - technical intervention not elsewhere specifie	1	51	
12345	1004	Birchall	Pathology testing ***	1	32	
12345	1004	Birchall	Patient education	1	40	
12345	1004	Birchall	Respite care	1	59	
12345	1004	Birchall	Telephone contact ***	1	60	
12345	1004	Birchall	Transport	1	33	
12345	1005	McCabe	Allied health therapy	1	26	
12345	1005	McCabe	Assessment - allied health, 1 discipline	1	60	
12345	1005	McCabe	Assessment - allied health, 2 or more disciplines	1	27	
12345	1005	McCabe	Assessment - medical only	2	51	
12345	1005	McCabe	Bereavement support	2	54	
12345	1005	McCabe	Case Management	1	21	
12345	1005	McCabe	Diagnostic imaging ***	1	56	
12345	1005	McCabe	Domestic assistance	1	26	
12345	1005	McCabe	Home maintenance	1	50	
12345	1005	McCabe	Medication dispensing, administration or supervision	3	132	
12345	1005	McCabe	Monitoring and surveillance	ĭ	54	
12345	1005	McCabe	Nursing - technical intervention not elsewhere specifie	1	27	
12345	1005	McCabe	Other food services	1	57	
12345	1005	McCabe	Provision of linen	1	55	
12345	1005	McCabe	Referral to other agency	1	31	
12345	1006	Ford	Allied health therapy		60	

The report shows the HACC interventions by HACC agency code. It is possible to limit the report to a time period, this would be useful if you wish to ensure that all occasions of service for a collection period had been entered. The agency code is shown as blank for those OOS for episodes identified as HACC eligible but which don't have a corresponding HACC agency code in the staff record – it is important to assign the appropriate agency code to ensure that these records will be included in the HACC extract.

Troubleshooting

If, on opening up the main screen and logging on, you do not see any data, you will need to re-set which Facility and Provider unit SNAPshot should be focusing on. To do this, simply highlight Facility and then click on Reset (this button can be found in the middle of the right hand window), now highlight ProvUnit and click Reset again. At this point your data should 'magically' reappear. [If you have more than one Facility or Provider Unit as shown in the example below, you will need to select the appropriate one in the top right hand window]

Resetting the Facility

🚰 SNAPshot 3.80a - [Main: Provider Unit: D2	00HS; Facilit	y: D	213]					
🍯 File Edit								
Patient[0] (MRN)	Patient				Facility [9]			
MRN PatName DOB	Episode		Facility Name	AltFacility	EpisPrefix	DefCaseType	DefEpisType	DefCareMode
	Clinical		C202 St Mark's	C202	1			
	Rehab/GEM			D200	1			
	AROCDatase - PallCare -			D213	1			
	PCOC -			K751	1	1	1	1
	Maint/RUG			N204	1			
	MH L			X123	1			
	AdultHoNOS			X245	1	2	4	1
	AdultLSP		X318 St Mary's	X318	1			
	AdultMHI	•						
	ChildMH 💾 💾							
	SnapClass PrivRehab	Sav	e Can Add Del Grou	Beset 07/08/20	07 1			
	Staff r							
	WardTeam				Facility			
	Members .		Field	Value				
	Epi00S		Facility	D213				
	Staff00S		Name	St Rose's				
	GenTime		Alternate Facility Code	D213				
	Path		Episode ID Prefix	1				
	Imag		Default Case Type					
	Drug		Default Episode Type					
	Equip AdminStatus		Default Care Model					
	HACCMDS		Default Mental Health Servic	e				
	ACATIAGSIM		Default Assessment Type					
	ACATMDS2		Default HACC Eligible					
Staff[0] (StaffCode)	PatCIARR		Default Service delivery settir	ng				
	EpiCIARR		Default Funding source	0 (11) 0				
	DVAAss(MDS		Default AN-Snap version	2 (AN-Snap 2)				
	DVARev(MD:	_	Key					
	System							
	ProvUnit							
	Facility							
	Epi90Day UserTable							

Once the Facility has been reset, the Facility wide data items will be visible.

Resetting the Provider Unit

MRN PatName DOB MRN PatName DOB Provider Provider Name B208 Health Service B208 Health Service PatLand D200 Health Service PatLand N204 Health Service PatLand Path Service Pattant N204 Health Service Pattant N204 Health Service Pattant N204 Health Service Pattant Pattant Pattant N204 Health Service Pattant Pattant Pattant Service Pattant Service Pattant Service Pattant Pattant Pattant Service	Patient[0] (MRN)	Patient	ProvUnit (9)	
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PalCare PoliCare Namt/RUG Maint/RUG Ma				
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AdultHoNC PU1001 Eastern Health Service AdultHoNC AdultHoNC AdultHoNC PU1002 Western Health Service PU1002 Western Health Service AdultHoNC Adult Service ChildMH X123 Health Service Staff Save Can WardTeam Fried Value Provider Unit D200Health Service StaffOD StaffODS GenTime Path Imag Drag Equip AdminStatu HACCMOS ACATIAGSIM ACATIAGSIM Path EpiCAFR EpiCLARR EpiCLARR EpiCLARR EpiCLARR EpiCLARR EpiCLARR System Provider		Maint/RUG		
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ProvUnit				
		Facility		
Epi90Day				

Once the provider Unit has been reset the data sets under that provider unit will be visible.

Data Quality

There are a number of standard reports that can be run to assist facilities to ensure that the data entered is of a high standard.

- Report 10. 90 Day Review this report shows those patients who have an open with a length of stay of more than 90 days.
- Report 20. Database Summary this provides a count of the different records held in the database as well as MRNs of those records which appear to be incomplete – greater than 90 days or missing an end date; Patient details without any episode data; those records where the DOBs are the same (the majority of these will be simply people who share a birth date, however it may highlight instances where two medical record numbers have been issued to the same patient); those records with the same MRN but with different DOBs (which could be the result of a clerical error on data entry); and a list of Ungroupable episodes. Prior to running this report you should first bulk group all the records in the database, as this will ensure that the report reflects the current data.
- Report 26. Suspect age (not 14-100) Report this shows those patients where their age at the time of the episode was younger than 14 or older than 100, whilst it is possible that this is correct it may highlight records that have an incorrect DOB.