

sālar

DRIVING DOCUMENTATION FORWARD



TeamNotes

THE MOST FLEXIBLE clinical documentation platform

WEB-BASED and sits on top of any EMR

INTEGRATED CDI workflow and CHARGE CAPTURE



MAKE IT POSSIBLE for clinicians to customize note templates



PROMPT CLINICIANS with suggested ICD-10 codes and CDI clarifications



ENHANCE the quality and accuracy of documentation



CAPTURE structured data from notes



AUTOMATE patient-handoff



www.SALARINC.com



ABOUT SALAR

Salar, Inc. is a leading provider of clinical documentation, charge capture and CDI solutions for hospitals and inpatient healthcare facilities preparing for the ICD-10 transition. Its web-based, mobile platform integrates with any core EMR and makes it possible for any medical specialty to customize note templates and capture structured clinical data for quality reporting. Documentation, charge capture and coding become more accurate when clinicians are given the right tools upfront at the point of documentation. For more information, please visit: www.salarinc.com

“The implementation process was very smooth. Each service went live in two days. We have complete elimination of dictation and transcription costs.”

Jasen Gundersen, MD, MBA, FHM
Former Division Chief, Hospital Medicine
UMass Memorial Medical Center

“Salar’s implementation was a snap, and our physicians love using TeamNotes. The ability to capture hospital and practice billing codes right in the documentation is tremendously valuable.”

Bridget Ojeda
IT Project Manager
Bryan Health System

“The embedded decision support will facilitate ICD-10 compliant documentation and advance our Clinical Documentation Improvement efforts.”

Don Levick
Chief Medical Information Officer
Lehigh Valley Health Network



What TeamNotes Provides

COMPLEMENTS EXISTING IT INFRASTRUCTURE

Bolt on to MEDITECH, Siemens, Cerner, McKesson and other core hospital information systems.



FLEXIBLE NOTE DESIGN

Design your own specialty notes, or select from our library. Modify notes rapidly as requirements and measurements evolve.



INCREASED USER EFFICIENCY

Auto-populate notes with labs, pharmacy, allergies, vitals, rad reports and nursing assessments. Build macros for canned text. Carry-forward prior documentation intelligently to further enhance efficiency.



COORDINATED CARE

Let entire care teams jointly-author notes. Automate patient handoff. Export structured H&Ps and discharge summaries to primary care providers and consultants.



RETURN ON YOUR INVESTMENT

Start capturing a charge for every service documented. Assure more accurate inpatient coding with more comprehensive documentation. And stop paying for transcription and retrospective CDI programs!



DRIVES FRONT-END COMPLIANCE

Prompt clinicians up-front for greater specificity around diagnoses, quality indicators and billing and compliance needs. Achieve MU requirements. Map codified, reconciled problem lists to suggested ICD-10 codes.



GO LIVE IN FOUR MONTHS

Select and customize notes from our library and start recouping your investment right away.

TeamNotes Features

	TEAMNOTES BASIC for Clinical Documentation	TEAMNOTES CODED for Clinical Documentation Improvement (ICD-10 solution)	TEAMNOTES SUITE for Clinical Documentation Improvement and Charge Capture
Customizable Note Design and Deployment Tools	✓	✓	✓
Access to Salar’s Customer Template Library	✓	✓	✓
Interfaced Clinical Results	✓	✓	✓
Intelligent Carry Forward	✓	✓	✓
Care Team Workflows	✓	✓	✓
Macros	✓	✓	✓
Exportable Notes	✓	✓	✓
Patient-centric, Codified Problem Lists	✓	✓	✓
Patient Handoff	✓	✓	✓
ICD-10 Selection		✓	✓
Front-end Computer-Assisted Documentation Improvement		✓	✓
TeamQuery for CDI Specialists and Coders			✓
TAP Charge Capture			✓
E&M Advisor			✓
PQRS			✓
TAP Billing Reports			✓

www.salarinc.com

Martinez, Jennifer

ED HISTORY & PHYSICAL

Patient Name	Date / Time	Admit Date	Room	Attending MD
Martinez, Jennifer	10/01/2013 15:20	10/01/2013		Todd Smith, MD

Acct # 778660964 MRN 967385998r DOB 04/29/1944 Age 69 Sex F

Chief Complaint
Left lower lobe chest pain

Referred / Sent by
Nursing Home **PHM** Health Care Center
Other:

Brought by
EMS Private Car Other:

Reviewed Nurses / EMS Notes Yes No

HPI

Onset: 3; days
Context: Onset at rest
Timing: Worse: Progressive
Quality: Sharp
Location: Left lower lobe
Associated Signs / Symptoms: GENERAL: Fever; RESP: Cough
Other Comment: Per the patient she had been feeling poorly x 1 4/10, sharp, non-radiating worse with inspiration. Patient denies states that she discussed her early symptoms with her PCP. Dr. mildly improved and then worsened and after being evaluated by

Past Medical/Surgical History None / Negative
Stage I hypertension, NIDDM, appendectomy

Medications
Continue These Home Medications
Lisinopril 10 mg

Management of: Hypertension Status: Continue
Management of: NIDDM Status: Continue

Problem List

- Left lower lobe, community acquired pneumonia J18.9 Pneumonia, unspecified organism
Assessment and Plan
Culture negative. Blood and sputum cultures collected in the ER. NS@100cc/hr. Levaquin 750mg by mouth daily, incentive spirometry at bedside. Oxygen for sats greater than 92%. Albuterol 2.5mg hand held nebulizers 4x daily and PRN dyspnea. Acetaminophen 650mg by mouth every 4 hours as needed for pain and fevers. Guaifenesin 10 ml by mouth every 4 hours as needed for cough. DVT prophylaxis with dalteparin 5,000u SQ daily.
Onset Date: 09/24/2013 Present on Admit: YES Status: New Last modified: 10/01/2013 By: Smith, Todd
- Leukocytosis D72.829 Elevated white blood cell count, unspecified
Assessment and Plan
Onset Date: Unknown Present on Admit: YES Status: New Last modified: 10/01/2013 By: Smith, Todd

Transfer of Care
Patient transferred to: Hospital Medicine on: 10/01/2013 at: 17:16

Communication
Primary Care MD: Brian D. Smith, MD Phone #: 410-327-8750 Forward Note Yes
Referring MD: Brian D. Smith, MD Phone #: Forward Note Yes

16 Electronically Signed by Todd Smith, MD at 10/01/2013, 6:00 PM
10/01/2013
Attending Physician Signature

ED HISTORY & PHYSICAL

Physical Exam
GENERAL: No apparent distress
HEENT: Pupils equal, round, react to light and accommodation
NECK: No thyromegaly or thyroid nodules
RESPIRATORY: Ronchi in the left base and decreased throughout with mild expiratory wheezing
CARDIOVASCULAR: Regular rate rhythm
ABDOMEN: Nonreactive bowel sounds; Non-tender, no masses, not distended, no rebound, no guarding
SKIN: No rash, no jaundice
NEUROLOGIC: No gross deficits; Cranial nerves intact; Sensation equal and bilaterally symmetric in upper/lower

Comments:
Click for Stem Diagram

Metabolics

Name	Units	Range	10/01/17:00	Name	Units	Range	10/01/17:00
SODIUM BLOOD	mmol/L	136-145	144	GLUCOSE RANDOM BLOOD	mg/dL	70-99	85

CBC/DIFF

Name	Units	Range	10/01/17:00	Name	Units	Range	10/01/17:00
WBC	mm ³	4.8-10.8	14.4	PLATELETS	mm ³	150-400	150

Laboratory Studies

Name	Units	Range	10/01/17:00	Name	Units	Range	10/01/17:00
SODIUM BLOOD	mmol/L	136-145	144	GLUCOSE RANDOM BLOOD	mg/dL	70-99	85
POTASSIUM BLOOD	mmol/L	3.5-5.3	4.3	BLOOD UREA NITROGEN	mg/dL	7-23	SA
CHLORIDE BLOOD	mmol/L	97-119	107	CREATININE	mg/dL	0.80-1.30	2.3
CARBON DIOXIDE	mmol/L	24-32	28	CALCIUM BLOOD	mg/dL	8.7-10.7	9.8

Reports
THE CHEST X-RAY, APICAL OR LATERAL
10/01/2013 15:24:15 10/01/17:13

PLEASE OUT ABOVE SERIAL FOLLOWING:
DRUG RESISTANT TUBERCULOSIS
STAT CXR FOR TUBERCULOSIS
Sample view of the chest:
C00881200: 5/19/09