

Case Lists

The BMC2 Coordinating Center will post the case list to the <u>BMC2</u> website under the reports section on March 15, 2023. This list will contain the BMC2 DC ID#s, BMC2 procedure ID#s, DOB, Gender, admission date, procedure date, DC date, and vessel location. Coordinators will be required to upload the redacted documentation for a maximum of 6 cases. **The VS Case File Upload Deadline is 4/14/2023.**

To retrieve your case list:

- Sign in to the <u>BMC2</u> website using Chrome, Firefox, or Microsoft Edge. Do not use Internet Explorer. You cannot access your case list if you sign into the website using Internet Explorer.
- Click on the **Downloads** link under the **Main Menu** on the left side of the screen.
- Click on your site number.
- Click on **reports.**
- Click on the vsurg_peer-review link.
- Click on the **2023** folder.
- Download the Excel spreadsheet t.
- Review the list of cases.

If a coordinator cannot retrieve the required documentation for the assigned cases, they must contact the Coordinating Center to request a "replacement" case assignment. If you have questions or need assistance, please contact the Coordinating Center at (734) 328-4267.

Required Documentation

Each assigned case should include the documentation listed below. Combine the documents into **one PDF file.** Name each file using **BMC2_VS_[the Discharge ID#].pdf.** For example, if the DC ID# is 1234567. You will name the file BMC2_VS_1234567.

- ED physician H&P.
- □ VS consults or VS H&P.
- Admit date and time. (If the patient came through the ED, send the date and time the patient arrived to the ED).
- □ Discharge date.
- □ Administration of pre-procedure Heparin.
- Administration of pre-procedure antiplatelet therapy.
 (If a physician documents that Heparin and/or an antiplatelet was given pre-procedure, you do not need to include the nursing documentation to show that the medication was given).
- Operative report.
- □ Incision time.
- Documentation of intra-operative imaging assessment (If angio is performed intra-op, the results may be in a separate report).
- Post-op imaging report that was performed before discharge from the hospital. (Send at least one of the following):

🗆 CTA

- □ Ultrasound (ABI/TBI and/or Arterial duplex)
- 🗆 MRA/MRI
- □ 30-Day follow-up note.



File Redaction

The process for obtaining and redacting files will vary by site, depending on the protocols and procedures in place. If you are unfamiliar with your site's protocols, BMC2 recommends contacting your Health Information Management (HIM) or Medical Records department for assistance. If you have questions regarding the redaction of a piece of information, contact the <u>Coordinating Center</u> for clarification. Please read the redaction guidelines carefully. Failure to follow these guidelines could result in a deduction of P4P points.

Information to redact:

- PHI: Patient Name, MRN, SSN, address, full-face photograph, etc.
- Geographic areas smaller than a state (city, township, street name, etc.)
- Encounter number, FIN number, insurance plan
- References to the hospital or location of the procedure (hospital name, address, zip code, site logo)
- Operator information or referring physician
- All employee names
- All phone numbers and fax numbers
- Any information that could allow a reviewer to identify the patient, the hospital, or the physician

Do not redact the patient's DOB unless the patient is over 89 years old. **Do not** redact the date of service listed on the document.

Methods for redacting information

HIM/Medical Records Departments

The HIM/Med Records Departments at some sites will gather and redact the required information; however, **the** coordinator is responsible for communicating the information to redact to the HIM/Med Records Department.

- Coordinators are responsible for verifying that all necessary fields have been removed
- Coordinators are still required to upload documents following the guidelines given by BMC2

Adobe Acrobat Pro

Adobe Acrobat Pro has an easy-to-use redaction feature for redacting PDF information. We find this is the **best method** of ensuring that the reviewer cannot see the redacted information.

Using Adobe Acrobat Pro for Redaction:

- Sign in to your EMR
- Epic users go to page 5 for instructions on remotely redacting a pdf.
- Cerner users go to page 9 for instructions on remotely redacting a pdf.

Manual Redaction:

- Whiteout tape/rollers (Next best method if Adobe Acrobat Pro is not accessible).
- Black marker (Sharpie, Magnum, Flipchart, etc.) You must copy the documents after redacting the information with a black marker before scanning the documents so that information will not show through the marker. The coordinating center will return the documents to the coordinator for correction, and P4P points will be deducted if the information shows through the black marker.

Whatever method you use for redaction, please have a co-worker double-check your redaction before uploading your file.



Uploading Case Files

After you have gathered and redacted the necessary case documentation and converted the documents to a pdf, the next step is to upload the files to the <u>BMC2 Peer Review Uploader</u> website. Uploading all documentation to the BMC2 Peer Review Uploader website is required. Notify the BMC2 Coordinating center via email when all files are uploaded.

The coordinating center staff will review the documents for completeness after they are submitted.

Uploading Case Files to the BMC2 Peer Review Uploader Website

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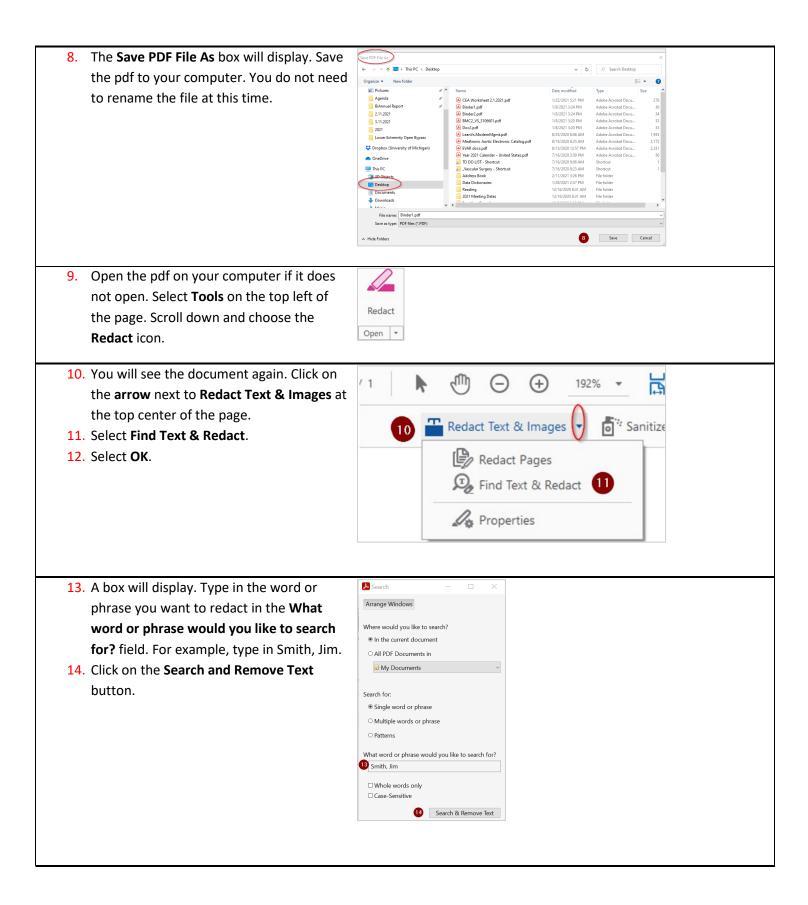
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How to remotely redact a pdf for Epic users

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