

Welch Allyn[®] Q-Tel[®] RMS

Q-Progress Integration Tool Kit

USER MANUAL

Manufactured by Welch Allyn, Inc., Skaneateles Falls, NY U.S.A.



CAUTION: *Federal law restricts this device to sale by or on the order of a physician.*

© 2019, Welch Allyn. All rights are reserved. This document contains confidential information that belongs to Welch Allyn, Inc. No part of this document may be transmitted, reproduced, used, or disclosed outside of the receiving organization without the express written consent of Welch Allyn, Inc. Welch Allyn is a registered trademark of Welch Allyn, Inc. S2, Quinton, Q-Exchange and Q-Tel are registered trademarks of Welch Allyn. Software: v5.0.1 2019-09

The information contained in this manual is subject to change without notice.
All changes will be in compliance with regulations governing manufacture of medical equipment.

For patent information, please visit www.welchallyn.com/patents

For information about any Welch Allyn product, visit: <https://www.welchallyn.com/en/about-us/locations.html>

Customer Service and Technical Support: <https://www.welchallyn.com/en/other/contact-us.html>
1.888.667.8272, tech.support@hillrom.com

REF 70-01409-01 Rev D
Revision date: 2019-09

901145 CARDIOPULMONARY REHABILITATION MANAGEMENT SYSTEM



Welch Allyn, Inc.
4341 State Street Road
Skaneateles Falls, NY 13153 USA

welchallyn.com

EC **REP** EU IMPORTER

Welch Allyn Limited
Navan Business Park, Dublin Road,
Navan, Co. Meath C15 AW22
Ireland

TABLE OF CONTENTS

OVERVIEW	5
INSTALLATION	7
OVERVIEW	7
SYSTEM REQUIREMENTS	7
SYSTEM PREPARATION AND Q-PROGRESS TEMPLATE INSTALLATION.....	7
USING Q-PROGRESS.....	9
Q-PROGRESS PATIENT SELECTION	9
Q-PROGRESS TOOLBAR MENU OPTIONS	9
Q-PROGRESS Q-TEL MACHINE NAME.....	10
Q-PROGRESS STORAGE DIRECTORY CONFIGURATION	11
Q-PROGRESS ON MULTIPLE WORKSTATIONS.....	11
Q-PROGRESS – WORKSHEET PROTECTION	11
Q-PROGRESS – DISPLAYING PATIENT REPORTS	12
Q-PROGRESS “COVER” WORKSHEET	12
Q-PROGRESS ITP FORMS	13
Q-PROGRESS CMS 700 AND 701 REPORTS (CMS-700 AND CMS-701 TABS).....	14
THE Q-PROGRESS PROGRAM ASSISTS THE USER WITH COMPLETION OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS-700 AND CMS-701) FORMS FOR REIMBURSEMENT.	14
Q-PROGRESS DISCHARGE REPORT (DISCHARGE TAB).....	14
THE Q-PROGRESS DISCHARGE SUMMARY REPORT FEATURES KEY PATIENT SESSION DATA INCLUDING:.....	14
Q-PROGRESS 36 VISIT REPORT (36 VISIT REPORT TAB).....	15
Q-PROGRESS BLOOD PRESSURE REPORT (BP REPORT TAB).....	15
Q-PROGRESS MEDICATION RECONCILIATION REPORT (MED REC TAB).....	15
Q-PROGRESS CRITICAL COMMENTS SUMMARY REPORT (CRITICAL COMMENTS TAB).....	15
Q-PROGRESS SUMMARY OUTCOMES REPORT (SUMMARY REPORT TAB).....	16
Q-PROGRESS PATIENT SESSION SUMMARY REPORT (SESSION DATA TAB)	16
Q-PROGRESS DUKE ACTIVITY STATUS INDEX (DUKE INDEX TAB)	16
Q-PROGRESS DARTMOUTH QUALITY OF LIFE INDEX (DARTMOUTH INDEX TAB)	17
Q-PROGRESS WEEKLY SUMMARY REPORT	17
AACVPR REGISTRY WORKSHEETS.....	17
PRINTING Q-PROGRESS WORKSHEETS.....	19
TROUBLESHOOTING.....	21
APPENDIX 1 – AACVPR DATA FIELD POPULATION.....	23
AACVPR PROGRAMS INTAKE.....	23

OVERVIEW

The Q-Progress Integration Toolkit contains worksheets that run with the Q-Tel RMS v5.0.1 Q-Progress application. These worksheets include Individualized Treatment Plans (ITPs) for tracking the progress of cardiac and pulmonary rehabilitation patients, customized blood pressure reports, medication reconciliation reports, and a 36-visit summary report, in addition to the standard Q-Progress reports. The toolkit also has the ability to track patient data that can be imported into the American Association of CardioVascular and Pulmonary Rehabilitation (AACVPR) Outcomes Registry¹.

The Q-Progress program is pre-installed on the Q-Tel RMS Main Tower. Q-Progress can also be installed and run from a desktop computer that meets the minimum system requirements and is connected to the same network as the Q-Tel RMS Main Tower. Q-Progress installed on a computer without Q-Tel RMS is referred to as a Q-Progress workstation system.

Q-Progress can be used to track and report outcome data over time for individual patients providing reporting capabilities for Q-Tel RMS using Microsoft Excel-based reports, charts and graphs. Q-Progress automatically generates pre-formatted reports and summaries for the Q-Tel RMS patient data.

Weekly Reports, Summary Reports, CMS 700 and 701 reimbursement forms, Duke and Dartmouth Quality of Life surveys, Individual Treatment Plans (ITPs), and Discharge Reports are all created by Q-Progress using an Excel workbook. Menus and toolbar buttons provide easy access to the features.

The Q-Progress Integration Toolkit includes several worksheets in which a portion of the data is auto populated from the Q-Tel RMS software. This is to help ensure the accuracy of the reports and reduce double-entry of data.

¹ Users must have an account with the AACVPR Registry in order to successfully upload patient data.

INSTALLATION

Overview

Q-Progress can be installed on any compatible turnkey or software only Q-Tel RMS tower or workstation. This section describes the requirements and installation procedure that are used to install the Q-Progress Integration Toolkit.

System Requirements

The Q-Progress workstation system requires:

- Microsoft Windows 10
- Q-Tel RMS Version 5.0.1 Q-Progress software
- Microsoft Excel 2019
- Network connection (if installing on workstations)
- Internet connection (optional, for transmitting data to the AACVPR Outcomes Registry)

System Preparation and Q-Progress Template Installation

To install the Q-Progress template:

- 1) Login to the computer using an account with Administrator privileges.
- 2) Close all applications that are currently open.
- 3) Insert the Q-Progress Integration Toolkit media. Open My Computer, select the media location, and double click on the Install.bat file.
- 4) The installer will prompt you to press any key to complete the installation.
- 5) Microsoft Excel will open upon completion of the installation and the Q-Progress cover page is presented.
 - a) If prompted, enable the Excel macros.
 - b) Select which worksheets are to be visible on each Q-Progress report using the checkboxes.
 - c) Enable the AACVPR Registry worksheets and edit AACVPR credentials (see note below).
- 6) Save your changes, by pressing Ctrl+S keys simultaneously.
 - a) If prompted about Compatibility Checker, uncheck the box “Check compatibility when saving this workbook”.

Note: The AACVPR Registry worksheets require an AACVPR Registry ID and Password, and an Authentication Code in order to send data to the AACVPR Outcomes Registry. Please contact AACVPR to obtain your AACVPR Registry credentials. Once you have your AACVPR Registry credentials, you may obtain an Authentication code by contacting Welch Allyn technical support and providing the last 6 digits of your AACVPR Registry. You may reach technical support by phone at 1.888.667.8272 (+1.414.354.1600), or email at mor_Tech.Support@WelchAllyn.com.



Warning: Possible misdiagnosis.

Q-Progress provides a reporting capability for the Q-Tel RMS. Q-Progress, however, is not a medical device. Diagnosis should be performed only with Q-Tel RMS data.

**Warning: Unintended impact to patient data.**

The template has built in functions and macros to ensure proper operation. Functions can be found from the Microsoft Excel formula bar. Individual cells which are populated through Q-Tel will show a formula in the entry field. Overwriting a cell's formula will cause it to no longer import its value from Q-Tel.

**Warning: Unintended impact to patient data.**

Entering data in the wrong cells, changing or deleting any pre-programmed formulas could result in delayed or mistreatment. Please refer to the Q-Tel user manual for proper use and additional cautions and warnings regarding the Q-Tel RMS and Q-Progress reporting tool.

**Caution: Possible missing data.**

The Q-Progress reporting application provides the user with comprehensive reports for up to a total of 36 sessions. A new program must be started when the number of sessions will exceed 36 to ensure accurate report results.

USING Q-PROGRESS

This section describes how the worksheets are used. To begin using Q-Progress, double-click the Q-Progress desktop icon.

Q-Progress Patient Selection

All patients in the Q-Tel RMS database can be displayed for selection. Checkboxes allow the user to choose patient records for an action. The search functions can also be used to limit the patient list.

To select all patients:

1. Enable the **Show All Patients** checkbox in the Q-Progress main menu
2. Select the **Yes** button to dismiss the warning message
3. Select the **Search Patients** button and the list of patients will be displayed

To utilize the search functions:










- Enter the patient's **last name** and/or the patient's medical records number (**MRN**) and then select the **Search Patients** button, or
- Disable the **Ignore** checkbox next to *Completion Date* to Enter a date range for program **Completion Date** to and then select the **Search Patients** button to display all patients that completed their program within the range, or
- Disable the **Ignore** checkbox next to *Last Session Date* to enter a date range for **Last Session Date** and then select the **Search Patients** button to display all patients that had their last session within the range.

Q-Progress Toolbar Menu Options

Q-Progress features a series of top-level menu items containing related menus.

<i>Menu</i>	<i>Sub Menu</i>	<i>Description</i>
<i>File</i>	Close	Closes the Q-Progress application.
<i>Patients</i>	Generate Report	Generates a summary report for the currently selected patient.
	Weekly Summaries	Generates printed weekly summary report for checked patients.
	Update Excel Files	Automatically updates with the most recent data available for all checked patients.
	Find	Locates a specific patient in the displayed patient list.
	Check All	Enables checkboxes for all displayed patients.
	Uncheck All	Disables checkboxes for all displayed patients.
<i>View</i>	Options	Displays the Options dialog for Q-Progress to specify the Storage Directory location for storing the Excel files generated by Q-Progress and the layout of the patient names in the patient index.
		Displays the Options dialog for Q-Progress to specify the layout of the patient names in the patient index.
<i>Help</i>	Technical Support	Displays contact information for Technical Support
	About	Display information about the application
<i>Q-Tel Machine Name</i>		Utilized for Q-Progress workstations only. Sets the Q-Tel RMS Main Tower that a remote workstation is networked to.

Q-Progress provides quick access to commonly used functionality through toolbar icons.

<i>Icon</i>	Description
	Generate Patient Report
	Generate Weekly Summaries
	Update Patient Excel Files
	Find Patient
	Quick Find Input Box (within the listed patients)
	Display Options (Storage directory and Name format)
	Display Help Contents (opens Adobe Reader)
	Set Q-Tel Machine Name (Remote Q-Progress only)
	Current Q-Tel Database Machine Name

Q-Progress Q-Tel Machine Name

Q-Progress must know the location of the Q-Tel RMS Main Tower that is being accessed to retrieve patient data. If Q-Progress is running on the Q-Tel RMS Main Tower, the database is on the same machine and it is designated as (local). However, if the Q-Tel RMS Main Tower is on the network, remote from the Q-Progress workstation, then you must specify the machine name of the Q-Tel RMS Main Tower.

For installations with multiple Q-Tel RMS Main Towers you can access patient data on any Q-Tel RMS Main Tower from the Q-Progress workstation by changing the machine name that is used by Q-Progress.

To change the connection to the Q-Tel RMS database:

1. Select **Q-Tel Machine Name** from the menu bar or click on the **Set Q-Tel Machine Name** icon on the toolbar. The **Q-Tel machine name** dialog box displays.
2. Enter the machine name of the Q-Tel RMS Main Tower and click **OK**.

After changing the machine name, you can run Q-Progress on your PC workstation over the network, even though the data resides on the Q-Tel RMS. Please observe the following caution.



Caution: Possible improper system performance.


No more than two (2) concurrent users should use Q-Progress while patients are being actively monitored on the Q-Tel RMS. A heavier user load can impact the ECG trace display performance of the Q-Tel RMS.

DO NOT use Q-Progress during a Q-Tel RMS Main Tower back-up or restore.

Q-Progress Storage Directory Configuration

Q-Progress creates patient reports using Microsoft Excel. The Excel workbooks are approximately 4 MB in size. The default storage location is the C: drive.

To change the location of the storage directory:

1. Double-click on the **Q-Progress** desktop icon to open the program
2. Select **View → Options** from the Q-Progress menu bar. The Options dialog box displays.
3. Click the ... (ellipses) button  at the right of the directory window to browse to the new location. When you have made the change click **OK**. Store Q-Progress reports to a folder, not the top-level drive.



Caution: Possible missing data.

Q-Progress reports are included in the Q-Tel RMS backup only if they are stored to the default location on the Q-Tel RMS Main Tower. The user must manually change the location via *View → Options* to **C:\QtelDataCenter\QProgressCSVData** in order to be backed up.

Q-Progress on Multiple Workstations

When running Q-Progress on multiple workstations, set the storage directory on all Q-Progress workstations to a shared network drive. This ensures that all Q-Progress users access the same Q-Progress report.

To set a shared network drive:

1. Map a network drive to a drive or folder one level above the folder where you want to store the Q-Progress Excel files.
2. In Q-Progress select the network folder where you want to store your Q-Progress Excel files (see Q-Progress Storage Directory Configuration).

Q-Progress – Worksheet Protection

Each patient report is an individual tab within a Microsoft Excel workbook. The cells on each tab contain formulas that refer to the data stored in a hidden tab of the workbook.

For this reason, cells with formulas and calculations are protected and data cannot be manually entered. However, the user has the option to remove worksheet protection by selecting “Unprotect Sheet” in the Excel program Review Menu.



Caution: Possible improper system performance.

When worksheet protection has been removed, do not type data into a cell or manually change the contents of a cell unless you want to permanently override the displayed data on that patient’s report.

Changing the contents of cells that contain formulas removes the built-in formulas. For example, if you display data for a user-selected session (e.g. Discharge Summary Report or Patient Summary Report) and you overwrite the cell formula in a cell that pertains to the session information, that change is permanent, and the cell contents no longer update based on changing the user-selected session cells. To restore the file, delete the patient Excel file and regenerate it using Q-Progress. By running the report from Q-Progress, you will rebuild the report from the Excel template, and it will regenerate the report formulas, as well as the patient data.

Q-Progress – Displaying Patient Reports

To display a patient report:

1. From the main Q-Progress screen, display the patient list and then click on the patient name. The system displays the list of programs for that patient.
2. Double-click on the program to open the Q-Progress report.



Caution: Possible improper system performance.

You must allow the report to fully generate before you click a cell on a report page, switch report pages, or select a different patient. If the report generation is interrupted, the report will not generate correctly.



Caution: Possible improper system performance.

Close any open Q-Progress report before generating another Q-Progress report. Only one Q-Progress report should be open at a time.

The Q-Progress Report includes:

- Cover Page
- CMS 700 and CMS 701 Reimbursement Forms
- Cardiac ITP
- Pulmonary ITP
- 36 Visit Report
- Blood Pressure Report
- Med Rec Report
- Discharge Summary with Graphical Trend Charts
- Patient Summary Report
- Critical Comments Report
- Session Data
- Duke Activity Status Index
- Dartmouth Quality of Life Index
- AACVPR Registry Data (Intake, Discharge and Follow-Up)

Q-Progress “Cover” Worksheet

The Cover worksheet allows the user to select which Q-Progress worksheets to display. Changes made will be used as the default setting for each new created patient report.

For example, if your site typically runs Cardiac patients, you can uncheck the “Pulmonary ITP” checkbox to disable and hide the tabs. Any of the tabs below can be enabled or disabled by checkbox at any time.

- | | |
|-----------------------|-------------------|
| • CMS-700 and CMS-701 | • Duke Index |
| • Cardiac ITP | • Dartmouth Index |
| • Pulmonary ITP | • 36 Visit |
| • AACVPR Registry | • BP Report |
| | • Med Rec |

Q-Progress ITP Forms

The Q-Progress reporting application provides the user with Cardiac and Pulmonary Individualized Treatment Plan (ITP) reports, required by The Centers for Medicare and Medicaid Services (CMS) and AAVCPR for program reporting. The purpose of this document is to support physician involvement in the patient's plan of care to be reviewed every 30 days until discharge from the rehabilitation program.

The Q-Progress ITP reports provide 6 tabs each to be completed by the rehab staff for both cardiac and pulmonary patients. ITP Reassessment worksheet pages 1, 2 and 3 include a **Copy to Next Sheet** button to copy data from the prior worksheet to pages 2, 3 and 4 to reduce the need for redundant data entry.

Each ITP tab covers patient assessment to include the following:

CARDIAC ITP Components

- **Exercise Assessment, Plan, Reassessment, Discharge and Follow-up**
 - Goals, Interventions, and Education
- **Nutrition Assessment, Plan, Reassessment, Discharge and Follow-up**
 - Goals, Interventions, and Education
- **Weight Management Assessment, Plan, Reassessment, Discharge and Follow-up**
 - Goals, Interventions, and Education
- **Lipid Management Assessment, Plan, Reassessment, Discharge and Follow-up**
 - Goals, Interventions, and Education
- **Psychosocial Assessment, Plan, Reassessment, Discharge and Follow-up**
 - Goals, Interventions, and Education
- **Diabetes Assessment, Plan, Reassessment, Discharge and Follow-up**
 - Goals, Interventions, and Education
- **Other Core Component Assessments, Plans, Reassessments, Discharge and Follow-up as appropriate** (Hypertension and Tobacco)
 - Goals, Interventions, and Education
- **Adverse Events**

PULMONARY ITP COMPONENTS

- **Exercise Assessment, Plan, Reassessment, Discharge and Follow-up**
 - Goals, Interventions, and Education
- **Oxygen (O2) Assessment, Use and Titration Plan, Reassessment, Discharge and Follow-up**
 - Goals, Interventions, and Education
- **Psychosocial Assessment, Plan, Reassessment, Discharge and Follow-up**
 - Goals, Interventions, and Education
- **Nutrition Assessment, Plan, Reassessment, Discharge and Follow-up**
 - Goals, Interventions, and Education
- **Other Core Component Assessments, Plans, Reassessments, Discharge and Follow-up as appropriate** (Medication, Management of Chronic Lung Disease, and Tobacco)
 - Goals, Interventions, and Education
- **Adverse Events**

Individualized Treatment Plans (ITPs) consist of the following pages:

- Initial Assessment: Completed when a patient starts the program and intended to report the initial assessment values. This page includes a signature line for staff approval.
- Reassessment 1: A 30-day follow up to the initial assessment that includes a signature line for staff approval.
- Reassessment 2: A 60-day follow up to the 30-day reassessment 1 that includes a signature line for staff approval.
- Reassessment 3: A 90-day follow up to the 60-day reassessment 2 that includes a signature line for staff approval.
- Reassessment 4: A 120-day follow up to the 90-day assessment that includes a signature line for staff approval.
- Discharge: A final follow-up to the 120-day assessment that includes a signature line for staff approval.
- Follow-up: A final follow up to the previous discharge assessment, with a duration determined by the facility, that includes a signature line for staff approval.

The worksheets include:

- | | |
|----------------------------|----------------------------|
| • Cardiac – Initial | • Pulmonary- Initial |
| • Cardiac – Reassessment 1 | • Pulmonary Reassessment 1 |
| • Cardiac- Reassessment 2 | • Pulmonary Reassessment 2 |
| • Cardiac- Reassessment 3 | • Pulmonary Reassessment 3 |
| • Cardiac- Reassessment 4 | • Pulmonary Reassessment 4 |
| • Cardiac – Discharge | • Pulmonary – Discharge |
| • Cardiac- Follow-up | • Pulmonary – Follow-up |

NOTE: The Risk Factor checkboxes on the ITP Discharge tabs always reflect the values from Q-Tel RMS. Changes to these values must be entered at Q-Tel RMS. Manual changes to those checkboxes in the worksheets will be overridden the next time Q-Progress is run.

Q-Progress CMS 700 and 701 Reports (CMS-700 and CMS-701 tabs)

The Q-Progress program assists the user with completion of the Centers for Medicare and Medicaid Services (CMS-700 and CMS-701) forms for reimbursement.

Q-Progress Discharge Report (Discharge tab)

The Q-Progress Discharge Summary Report features key patient session data including:

- | | |
|-------------------------------|---|
| • Patient demographic data | • Summary notes |
| • Up to 30 Medications | • Discharge plan |
| • Risk factors | • Case Manager signature line and date |
| • Drug abuse | • Customizable trend graphs with parameter selections for comparison* |
| • Allergies | ○ Rest |
| • Education classes attended | ○ Exercise |
| • Session summary information | ○ Rest and Exercise |
| • Patient Goals | |
| ○ Met, not met, in progress | |

*The Discharge summary must be opened in Q-Progress and not Microsoft Excel to automatically enable macros for the trend graphs.

Q-Progress 36 Visit Report (36 Visit Report tab)

The Q-Progress reporting application provides the user with a comprehensive report listing completed sessions with the date and session number up to a total of 36. This report is auto populated with clinical data from the Q-Tel RMS. The clinical data that auto populates is as follows:

- The patient's Weight
- Resting Heart Rate
- Resting Blood Pressure
- Maximum Exercise Heart Rate
- Maximum Exercise Blood Pressure
- Average Exercise SpO2
- Recovery Heart Rate
- Recovery Blood Pressure

The bottom portion of the report provides Minimum, Average, and Maximum values for completed sessions, an area for comments, and a Rehab Staff signature line and date.

Q-Progress Blood Pressure Report (BP Report tab)

The Q-Progress reporting application provides the user with a graphical trend report of blood pressures recorded for each session, up to a total of 36. The clinical data that auto populates is as follows:

- Resting Blood Pressure
- Maximum Exercise Blood Pressure
- Recovery Blood Pressure

The bottom portion of the report provides a Rehab Staff signature line and date.

Q-Progress Medication Reconciliation Report (Med Rec tab)

The Q-Progress reporting application provides the user with a comprehensive report of all medications, up to a total of 30. The medication data that auto populates is as follows:

- Medication Name
- Medication Dosage and Unit
- Medication Frequency
- Method of Administration
- Medication Start Date (Reconciled Date)
- Medication Stop Date

The bottom portion of the report provides an area for comments, a Rehab Staff signature line and date.

Note: if the Medication Reconciled (or Start) date is missing, the "Stopped" date will appear as the initial (Reconciled) date.

Q-Progress Critical Comments Summary Report (Critical Comments tab)

The Critical Comments report reflects all critical comments recording in Q-Tel RMS during the rehab sessions. The first section of the report displays the following information

- Patient demographics
- Up to a total of 30 Medications with dosage, frequency, method, start date and stop date
- Up to a total of 10 Patient Goals

The next portion of the report lists critical comments with the session number and date entered at Q-Tel RMS for up to 36 sessions.

Q-Progress Summary Outcomes Report (Summary Report tab)

The Q-Progress program automatically generates the Patient Summary Report with session data for sessions 1, 18, and 36 by default and is dependent on Q-Tel RMS headings. The first section includes the following:

- Patient demographics and program information
- Up to a total of 30 Medications with dosage, frequency, method, start date and stop date

The Report Ranges determine information in the following section of the report for Resting, Exercise and Recovery data and Quality of Life Surveys listed comparing each of 3 sessions with a percent of change.

The user can change the session numbers in the cells to display different sessions for comparison.

The bottom portion of the report provides an area for comments, a Case Manager signature line and date.

Q-Progress Patient Session Summary Report (Session Data tab)

The Patient Session Summary includes data for all available sessions, up to 36. The top section of the report includes

- Patient demographics
- Up to a total of 30 Medications with dosage, frequency, method, start date and stop date
- Up to a total of 10 Patient Goals

The subsequent sections include an abbreviated header with session number and date to include resting information, exercise information, recovery information, patient comments and clinical comments. A maximum of the first ten exercise modalities are included in this report.

The Patient Session Summary report does not include the following:

- Text data entered in the Rest workload field in Q-Tel RMS
- An RPE value entered for Recovery in Q-Tel RMS

Note: The user can edit data from Q-Tel RMS in this page. Changes will not be reflected in the Q-Tel RMS database and it is strongly recommended to use Charting and Editing tools within Q-Tel RMS for any needed change to ensure data integrity.

Q-Progress Duke Activity Status Index (Duke Index tab)

The Duke Activity Status Index (DASI) can be used to track activity. The Q-Progress program automatically scores the test and displays result in the Summary Report. This report includes the patient name and Medical Record Number (MRN) with results for session numbers 1, 18, and 36.

The Duke score and Functional Capacity in METS are calculated at the bottom of the page.

Q-Progress Dartmouth Quality of Life Index (Dartmouth Index tab)

The Dartmouth Quality of Life Index can be used to track quality of life (QOL). The Q-Progress program automatically scores the test and displays results in the Summary Report. This report includes the patient name and Medical Record Number (MRN) with results for session numbers 1, 18, and 36.

The Dartmouth score is calculated at the bottom of the page.

Q-Progress Weekly Summary Report

To generate weekly summary reports:

1. In the patient list menu, check the boxes corresponding to patients you want to include in the report
2. Select **Patients** → **Weekly Summaries** from the toolbar menu to open the Summary Report Options
3. Choose **Default** for the three most recent sessions or **Custom** to enter a range of sessions, then OK

AACVPR Registry Worksheets

The Q-Progress AACVPR Registry worksheets gather some information from the Q-Tel RMS application and allow manual entry of fields tracked via the AACVPR Cardiac and Pulmonary Outcomes Registry. The data collected on these worksheets can be sent directly to the AACVPR Registry from both the AACVPR Discharge and the AACVPR Follow-up worksheets.

To enable (display) the worksheets you will need:

- 1) Your AACVPR Registry ID & password. These credentials are provided by AACVPR.
- 2) Your authentication code. This can be obtained by contacting Welch Allyn Technical Support and providing them with the last 6 digits of your registry ID.

Population of data via Q-Tel RMS:

Some of the data in the AACVPR Registry worksheets is populated from Q-Tel RMS via Q-Progress and some fields can be populated from Q-Exchange (optional). Some data, such as patient name and MRN can only be entered or edited on the Intake sheet. Please see Appendix 1 for the list of fields automatically populated. For data to be populated from Q-Exchange, the appropriate fields must be completed in Q-Tel RMS and the Q-Exchange data that includes patient demographics and session data needs to be exported. Please consult the Q-Tel RMS User Manual for details on exporting Q-Exchange data.

Using the AACVPR Registry worksheets

The AACVPR Registry worksheets consist of the following:

AACVPR Program Intake: Use this sheet to fill in the fields that describe the patient when they started their rehabilitation. Some of the data will be populated from data in the Q-Tel RMS program. If this data is incorrect, it is best to update the appropriate fields in Q-Tel RMS so the worksheets will be consistent with Q-Tel RMS.

Some data, such as patient name and MRN can only be entered/edited on the Intake sheet. The same applies to units of measurement for anthropometric data, lipids/glucose and functional assessments. Please make sure the data you are entering corresponds with the units shown.

AACVPR Program Discharge: Use this sheet to fill in the fields that describe the patient upon discharge from the program. Similar to the intake worksheet, some of the data will be populated from data in Q-Tel RMS.

AACVPR Program Follow-up: Use this sheet to fill in the fields that indicate the patient's condition during a follow-up visit. The fields on this page are not populated with clinical data because Q-Tel RMS does not track follow-up visits.

The AACVPR Discharge and AACVPR Follow-up worksheets include a button to send the data directly to the registry. For this action to be successful, the workstation needs to be connected to the Internet, and the AACVPR credentials must be correct. Update your AACVPR credentials on the "Cover" worksheet.

Information should only be transmitted to the Registry at Discharge, and then again at Follow-Up. Any transmission to the registry includes all information contained in the AACVPR tabs. (So if you don't send it at Discharge, you can complete all three tabs at Follow-Up, and then send the data once.) After you press the "Send" button, progress and the success of the transmission are displayed.

Note: Demographic data on the AACVPR Discharge and AACVPR Follow-up worksheets for the patient will reflect the data on the AACVPR Intake worksheet and can only be updated on the AACVPR Intake worksheet.

PRINTING Q-PROGRESS WORKSHEETS

Each individual worksheet can be printed using standard Microsoft Excel print functions. Excel includes a “print preview” feature to help you gage how the printed worksheets are to appear when printed. Please be sure to install the appropriate print drivers and print a few initial reports to ensure that the reports print as intended.

Prior to printing, we recommend saving the worksheet. Only one worksheet should be printed at a time.

TROUBLESHOOTING

This section describes resolutions to common issues.

Problem	Possible Solution/Explanation
A “Compatibility Checker” popup is seen when opening the Q-Progress worksheets.	Depending on the version of Excel used, some compatibility notices may appear when saving the template or patient report. Provided you continue using the same (or a newer) version of Excel, you can disable Compatibility Checker.
User is prompted with, “Do you want to replace the contents of the destination cells?” message.	While updating a report from the Q-Progress utility, this message may appear. Answer Yes to ensure the latest patient information is included in the Excel report.
Error message received when attempting to send data to the registry.	Check that internet connection is available and AACVPR Registry credentials are correct.
Data in worksheet is not being updated with current Q-Tel RMS information.	Check that the cell where the data is expected to be updated contains a formula and that the formula was not overwritten.
Risk Factors checkboxes overwrite user selections when re-opened in the Q-Progress worksheet.	The Risk Factors checkboxes will always update to reflect the data in the Q-Tel RMS application. Make changes to these values in Q-Tel RMS.

APPENDIX 1 – AACVPR DATA FIELD POPULATION

The following tables list fields that automatically populate from Q-Progress or Q-Exchange.

AACVPR Programs Intake

Demographics	
Patient Last Name	Q-Progress
DOB	Q-Progress
Gender	Q-Progress
Zip Code	Q-Exchange
Primary Physician	Q-Progress
MRN	Q-Progress
Race	Q-Exchange
Specialist Physician	Q-Progress
Primary Insurance	Q-Exchange
Secondary Insurance	Q-Exchange
Medical History	
Hyperlipidemia	Q-Progress
Hypertension	Q-Progress
Diabetes	Q-Progress
Program Intake	
Enrollment Date	Q-Progress
Prescribed Sessions	Q-Progress
AACVPR Risk Category	Q-Progress
Clinical Outcomes	
Lipids Date	Q-Exchange
Total	Q-Exchange
TG	Q-Exchange
HDL	Q-Exchange
LDL	Q-Exchange
FBG	Q-Exchange
A1C	Q-Exchange
Systolic	Q-Progress
Diastolic	Q-Progress
Weight	Q-Progress
Height	Q-Progress
Tobacco Use Status	
Use	Q-Exchange
Quit Date	Q-Exchange
Average Packs Per Day	Q-Exchange
Years	Q-Exchange
Physical Activity	
Exercise Minutes/Day	Q-Exchange
Exercise Days/Week	Q-Exchange

Demographic data on the AACVPR Discharge and AACVPR Follow-up worksheets for the patient will reflect the data on the AACVPR Intake worksheet and can only be updated on the AACVPR Intake worksheet.

AACVPR Programs Discharge

Demographics	
Specialist Physician	Intake
Program Discharge	
Sessions Completed	Q-Progress
ECG Monitored Sessions	Q-Progress
Clinical Outcomes	
Lipids Date	Q-Exchange
Total	Q-Exchange
TG	Q-Exchange
HDL	Q-Exchange
LDL	Q-Exchange
Systolic	Q-Progress
Diastolic	Q-Progress
Weight	Q-Progress
Height	Intake

Hospital Readmission data is carried from the AACVPR Discharge worksheet to the AACVPR Follow-up worksheet.

AACVPR Programs Follow-up

Demographics	
Specialist Physician	Intake
Hospital Readmission	
Type, Date, and Days	Discharge

