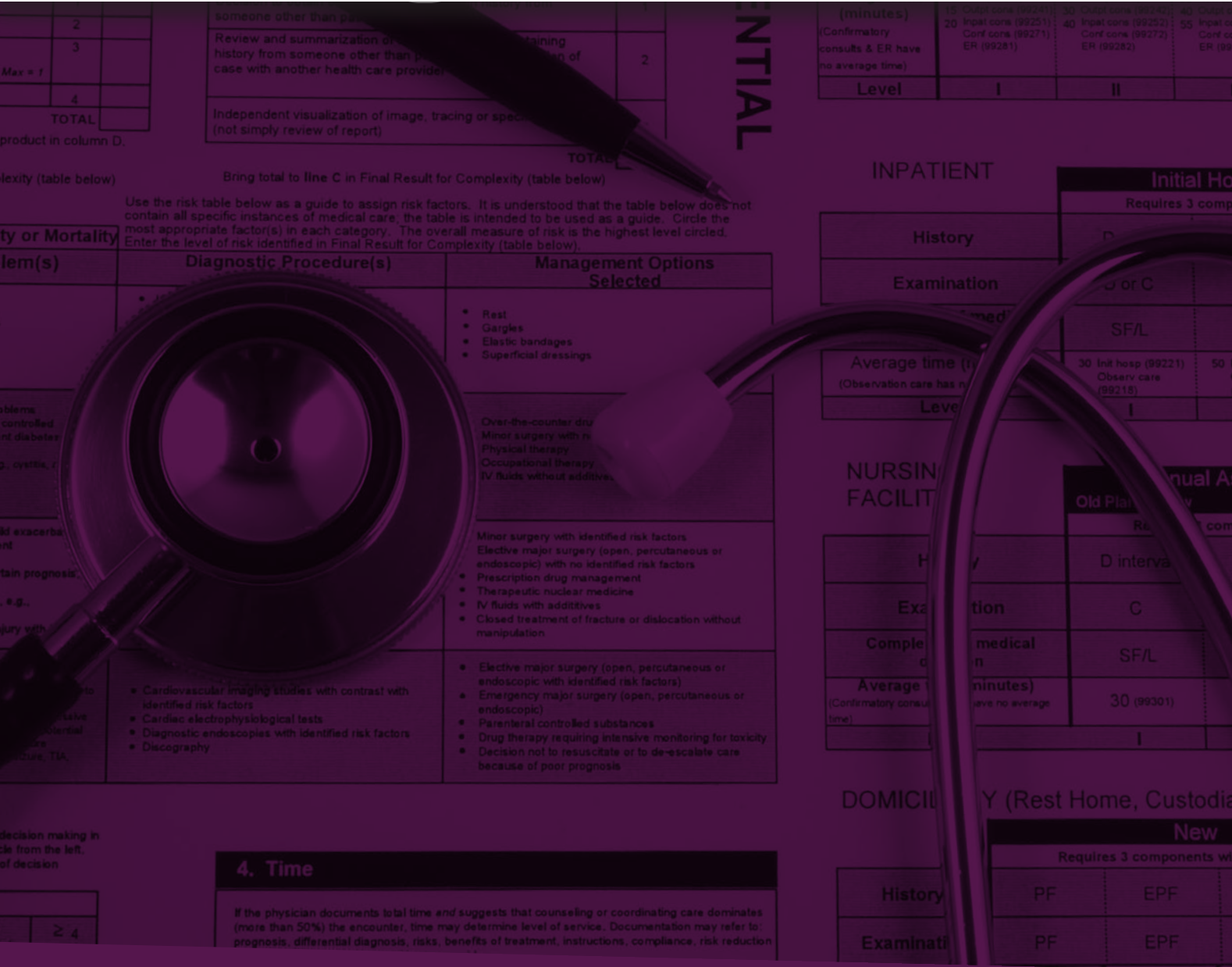


J A A R P R O G R A M M A

NEDERLANDS INSTITUUT VOOR ACUTE ZORG

2012



CRITICAL

someone other than patient or family member. Review and summarization of history from someone other than case with another health care provider. Independent visualization of image, tracing or specimen (not simply review of report).

Bring total to line C in Final Result for Complexity (table below)

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care, the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Enter the level of risk identified in Final Result for Complexity (table below).

Complexity or Mortality Item(s)	Diagnostic Procedure(s)	Management Options Selected
	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography 	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings
		<ul style="list-style-type: none"> Over-the-counter drug Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
		<ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
		<ul style="list-style-type: none"> Elective major surgery (open, percutaneous or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

4. Time

If the physician documents total time and suggests that counseling or coordinating care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction

INPATIENT

History

Examination

Average time (minutes)

Level

NURSING FACILITY

History

Examination

Complexity

Average time (minutes)

Level

DOMICILIARY (Rest Home, Custodial)

History

Examination

DINSDAG 13 MAART 2012

Infectiepreventie en infectiebehandeling voor verpleegkundigen

Dagvoorzitter: Dr. D.W. de Lange

09.00 uur

Ontvangst en inschrijving

09.30 uur

ISOLATIE OP DE IC: HOE, WAAROM EN HOE LANG?

Dhr. J. Hopman, arts-microbioloog, UMC St Radboud, Nijmegen

10.00 uur

CONSEQUENTIES VAN TOENEMENDE MULTIRESSISTENTE INFECTIES (ESBL)

Dr. J.W. Mouton, arts-microbioloog, UMC St Radboud, Nijmegen

10.30 uur

Pauze

10.50 uur

HANDHYGIËNE, WAAROM?

Dhr. F.L.A. Loeffen, adviseur-infectiepreventie, UMC St Radboud, Nijmegen

11.20 uur

TIPS AND TRICKS BIJ KWEKEN

Dr. D.W. de Lange, intensivist, Universitair Medisch Centrum, Utrecht

11.55 uur

INFECTIES BIJ DE IMMUNGECOMPROMITEERDE PATIËNT

Dr. F. van de Veerdonk, onderzoeker/internist-infectioloog,
UMC St Radboud, Nijmegen

12.30 uur

Lunchpauze

13.20 uur

PREVENTIE VAN PNEUMONIE

Prof. dr. M.J.M Bonten, arts-microbioloog, Universitair Medisch Centrum, Utrecht

13.55 uur

PREVENTIE VAN LIJNSEPSIS

Dr. A.R.H. van Zanten, internist-intensivist, Ziekenhuis Gelderse Vallei, Ede

14.30 uur

Pauze

15.00 uur

ANTIBIOTICA VOOR VERPLEEGKUNDIGEN

Dr. D.W. de Lange, intensivist, Universitair Medisch Centrum, Utrecht

15.45 uur

Afsluiting

OPTIONEEL

Na afloop van deze scholingsdag heeft u 2 weken de mogelijkheid om online op www.nivaz.nl een examen te maken. Als u geslaagd bent krijgt u hiervoor een extra certificaat toegestuurd.

SPREKERS

Prof. dr. M.J.M Bonten, arts-microbioloog, Universitair Medisch Centrum, Utrecht

Dhr. J. Hopman, arts-microbioloog, UMC St Radboud, Nijmegen

Dr. D.W. de Lange, intensivist, Universitair Medisch Centrum, Utrecht

Dhr. F.L.A. Loeffen, adviseur-infectiepreventie, UMC St Radboud, Nijmegen

Dr. J.W. Mouton, arts-microbioloog, UMC St Radboud, Nijmegen

Dr. F. van de Veerdonk, onderzoeker/internist-infectioloog, UMC St Radboud, Nijmegen

Dr. A.R.H. van Zanten, internist-intensivist, Ziekenhuis Gelderse Vallei, Ede

Amount and/or Complexity of Data Reviewed

For each category of reviewed data identified, circle the number in the points column. Total the points.

Amount and/or Complexity of Data Reviewed	
Reviewed Data	Points
Order of clinical lab tests	1
Order of tests in the radiology section of CPT	1
Review of tests in the medicine section of CPT	1
Discussion of tests with referring physician	1
Decision to obtain history from someone other than patient	1
Review and summarization of history from someone other than patient or inclusion of case with another health care provider	2
Independent visualization of image, tracing or specimen (not simply review of report)	
TOTAL	

Bring total to line C in Final Result for Complexity (table below)

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not list all specific instances of medical care; the table is intended to be used as a guide. Circle the appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Use level of risk identified in Final Result for Complexity (table below).

Diagnostic Procedure(s)	Management Options Selected
	<ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings
	<ul style="list-style-type: none"> Over-the-counter drug Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
	<ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Diagnostic electrophysiological tests Diagnostic endoscopies with identified risk factors Fluorography 	<ul style="list-style-type: none"> Elective major surgery (open, percutaneous or endoscopic with identified risk factors) Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

CONFIDENTIAL

History	PP ER: 1
Examination	PP ER: 1
Complexity of medical decision	SE ER: 1
Average Time (minutes) (Confirmatory consults & ER have no average time)	10 New (99) 15 Outpt (99) 20 Inpat (99) Conf (99) ER (99)
Level	1

INPATIENT

History
Examination
Average time (minutes) (Observation care has no average time)
Level

NURSING FACILITY

History
Examination
Complexity of medical decision
Average Time (minutes) (Confirmatory consults & ER have no average time)

DOMICILIARY

History

INSCHRIJVEN OP WWW.NIVAZ.NL

4. Time

If the physician documents total time and suggests that counseling or coordinating care dominates the visit (CPT 99.21-99.23), then use the time to determine level of service. Documentation must refer