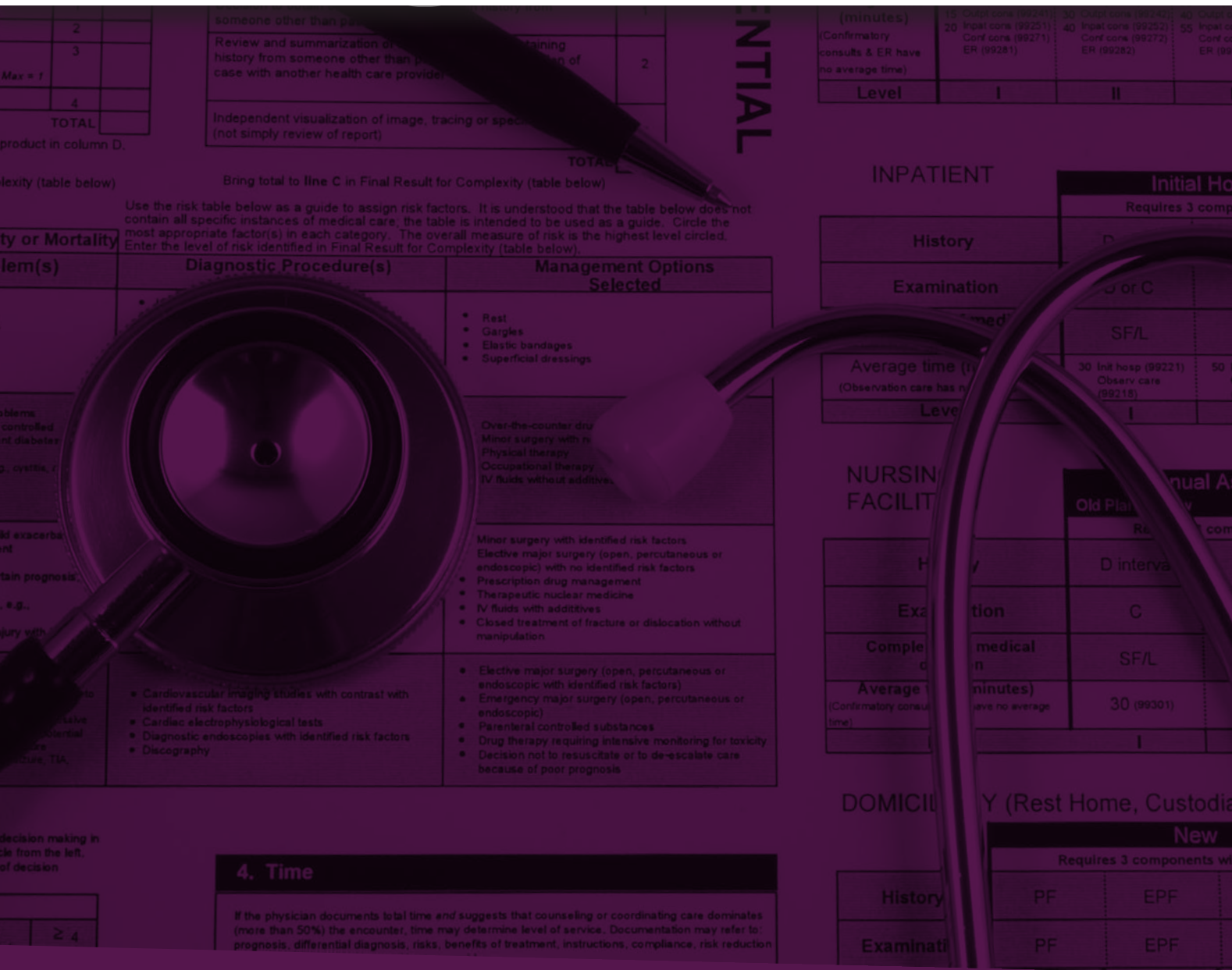


J A A R P R O G R A M M A

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

Initial History
 Examination
 Average time (minutes)
 Level

NURSING FACILITY

History
 Examination
 Completion
 Average time (minutes)

DOMICILIARY (Rest Home, Custodial)

History
 Examination

Voorkomen van lange termijnconsequenties

Dagvoorzitter: Drs. D.H.T. Tjan

09.00 uur

Ontvangst en inschrijving

09.30 uur

INTENSIVE CARE ERVARINGEN: PERSOONLIJK PERSPECTIEF

Mevr. I. Nutma-Bade, ervaringsdeskundige

10.00 uur

OPTIMALISEREN VAN DE VOEDINGSTOESTAND TIJDENS EN NA IC-OPNAME

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

10.30 uur

CHRONIFICERING VAN PIJN

Prof. dr. G.J. Scheffer, anesthesioloog-intensivist, UMC St Radboud, Nijmegen

11.00 uur

Pauze

11.20 uur

VROEGE MOBILISATIE

Dr. L.M.A. Heunks, longarts-intensivist, UMC St Radboud, Nijmegen

11.55 uur

PTSS; PSYCHOLOGISCHE CONSEQUENTIES BIJ PATIËNT EN FAMILIE

Drs. D.H.T. Tjan, anesthesioloog-intensivist, Ziekenhuis Gelderse Vallei, Ede

12.30 uur

Lunchpauze

13.20 uur

LUCHTWEG ZORG EN MANAGEMENT VAN CANULES

Dr. B.G. Fikkers, intensivist, UMC St Radboud, Nijmegen

13.50 uur

DELIER

Drs. M.H.W.A. van den Boogaard, verpleegkundig onderzoeker, UMC St Radboud, Nijmegen

14.30 uur

Pauze

14.50 uur

DE NAZORG POLIKLINIEK VAN DE INTENSIVE CARE: DE ROL VAN DE VERPLEEGKUNDIGE

Drs. M. Bouw, IC-verpleegkundige, Ziekenhuis Gelderse Vallei, Ede

15.30 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

Drs. M.H.W.A. van den Boogaard, *verpleegkundig onderzoeker, UMC St Radboud, Nijmegen*

Drs. M. Bouw, *IC-verpleegkundige, Ziekenhuis Gelderse Vallei, Ede*

Dr. B.G. Fikkers, *intensivist, UMC St Radboud, Nijmegen*

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Mevr. I. Nutma-Bade, *ervaringsdeskundige*

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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 drugs 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	SP 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 more than 50% of the time, then the physician must determine level of service. Documentation must refer