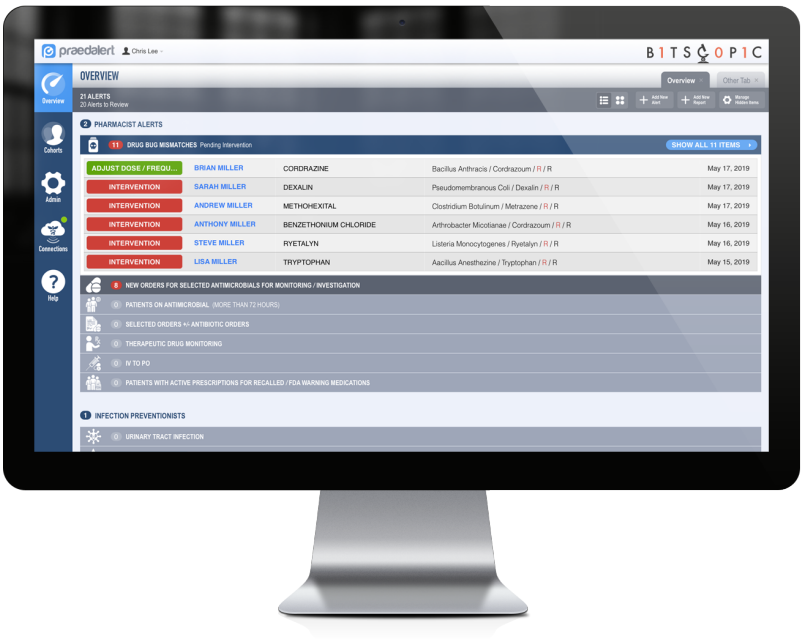
PRAEDIALERT

Clinical Surveillance and Predictive Alerting

Solution description

PraediAlert is a FDA registered (MDDS) clinical surveillance system that meets the surveillance, data analysis, and reporting needs of today's top tier hospitals. PraediAlert eliminates the labor-intensive, inexact process of piecing together and manually reviewing data from EHRs and other hospital information systems. Continuously monitoring disparate data, clinical surveillance systems analyze and track laboratory and microbiology results, pharmacy data, patient demographics, ADT data (admission, discharge, transfer), vital signs, radiological records, surgical recorees, clinical notes, and device data (i.e., central lines, ventilators, and Foley catheters). This allows clinicians to identify at-risk patients, prioritize care, improve clinical services, and reduce costs.



PraediAlert supports efficient, clinical workflow through customizable user interfaces, presenting the information needed by individual clinicians and teams according to their roles. Customizable reporting capabilities provide patient population views and trend data, helping to ensure that resources are targeted toward patient populations at risk for the outcomes of greatest importance. PraediAlert also facilitates state and federal regulatory reporting requirements.

Features

ALERTING SYSTEM

- Built-in alerts (e.g., Drug-bug mismatch, healthcare-acquired infections)
- Ad hoc alerts
- Ability to share alerts with other team members
- Customizable date ranges and other alert criteria

CLINICAL SURVEILLANCE WORKFLOW

- Allows infection preventionists to designate patients with documented healthcare-acquired infections (HAI)
- Allows pharmacists to document interventions in a given patient's drug therapy (i.e., dose change, drug change, etc)
- Allow infection preventionists and/or pharmacists to electronically report data to CDC/NHSN (e.g., healthcare-acquired infections, antimicrobial use) as well as reportable communicable diseases to state/county health departments

REPORT GENERATOR

- Built-in reports to assemble patients designated with healthcare-acquired infections into customizable line list/ chart/graph format (ie. statistical analyses of charts; run or control charts, bolding for significant increases)
- Built-in reports to collate drug therapy interventions into customizable line list/chart/graph format
- Data presented in customizable, downloadable line list and chart/ graph formats
- Ability to add external data into report (e.g., adding denominator data to change number of HAI into rates, hand hygiene)

Features in Detail

"BUILT-IN", AUTOMATED ALERTS TO PROVIDERS:

Infection Preventionists

I. Healthcare-acquired infection alerts (e.g., bloodstream infections [BSI], urinary tract infections [UTI], ventilator-associated events [VAE], Clostridium difficile [CDI])
II. Targeted organism alerts (e.g., multidrug resistant organisms [MDRO], Legionella, carbapenem resistant Enterobacteriaceae [CRE] organisms)

Antimicrobial Stewardship

I. Drug-bug mismatch alerts (i.e., active order for antibiotic that is not active against the organism(s) isolated in culture(s))
II. Broad-spectrum antibiotic order alerts (i.e., for prompt review and early intervention)
III. Therapeutic drug monitoring alerts (e.g., aminoglycoside/vancomycin serum concentration results)

ABILITY FOR USER TO CREATE THEIR OWN "AD HOC" ALERTS

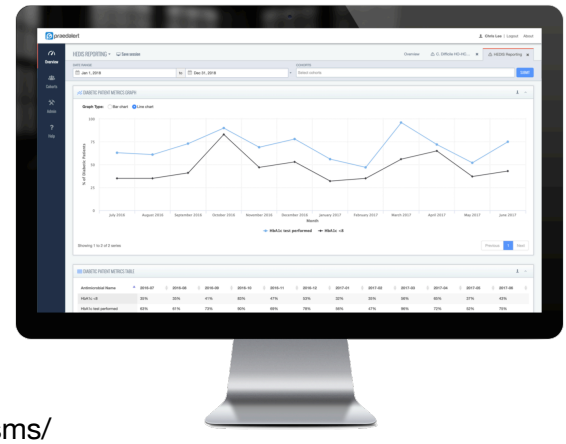
Infection Preventionists

I. Positive results for selected tests (e.g., MRSA screening)
II. Targeted organism alerts (e.g., vancomycin resistant enterococcus [VRE])
III. Identifying new patients during outbreak/cluster investigations (e.g., Strep Grp A infections)
IV. Identifying patients with reportable communicable diseases (built-in alert for this will be very difficult)

Antimicrobial Stewardship/Clinical Pharmacists

I. New orders for targeted medications (e.g., opioids, drug shortages, other "high alert" drugs)
II. Therapeutic drug monitoring (e.g., laboratory results for non-antibiotic drugs such as warfarin, heparin)

REPORTS



Infection Preventionists

I. Built-in reports for designated healthcare-acquired infections
II. Ad hoc reports (e.g., number of Legionella tests per month, other MDRO, patients with active orders for airborne, droplet, or contact precautions)

Antimicrobial Stewardship/Clinical Pharmacists

I. Antibiograms
   1. CLSI-recommended first-isolate methodology (user can also change this based on their needs)
   2. Customizable in date range, unit (or group of units), organisms/ antimicrobial agents selected
II. Antimicrobial usage
III. Interventions (i.e., cost savings, intervention types, broken down by pharmacist, etc)
IV. Identification of patient set for medication use reviews/evaluations for appropriate use/prescribing
V. Identification/Comparison of prescribing practices (prescriber detailing)

Quality Safety/Value

I. Assessment of potential risk/exposure in response to FDA warning of potential drug contamination (i.e., identifying patients with active prescriptions for the drug in question)
II. Assessment of outcome measures (e.g., HEDIS measure for diabetic patients and hemoglobin A1c testing)

Laboratory

I. Budget planning (e.g., number of PCR tests, blood cultures, Legionella tests, etc., performed over a given time frame)
II. Assessment of quality/value (i.e., number of Clostridium difficile tests that were submitted inappropriately or repetitively)

Administrative Executives

I. Access to view current reports of interest within organization at any time