

AVA

What trainees need to know

First, read the user manual!

FAQ:

1. How do I analyze my data?

You need to obtain a data extract ("Full data extract") and download it into Excel. Then by using the autofilter tool you can select any combination of data by selecting the appropriate choices in 1 or more columns to provide endless choice of data filtering, eg. Left carotid endarterectomy in females

2. Why do I see other people's patients in the admission search window?

This is by design so that in a public hospital where multiple consultants operate on the same patient or where the patient has multiple admissions, then these patients can be searched. No operation or discharge details will be visible for patients that you have not operated upon

3. Why do I see other people's patients in the discharge search window?

This will occur if patients at your hospital have admission details entered with no operation details. I will delete these orphaned admissions eventually, so these should disappear. If you want them deleted immediately, please request this.

4. How do I edit discharge data already saved?

Find the relevant patient discharge in the Discharge search window, edit the data, then resave.

5. How do I discharge a patient?

If you cannot discharge the patient, the reasons are; The specific and /or general complications on the operation data window have not been entered, or another surgeon has operated on this patient during the admission and has not entered the specific and / or general complications for their operation (you will need to get them to do so). If a previous admission has not had a discharge entered then this will need to be completed before the current admission can be discharged

6. How do I get a new password?

If you have forgotten your password, go to the login screen and after entering your ID, click on the link "forgotten password"

7. How do I get rid of a duplicate operation?

Duplicate operations occur because the "Save" button is clicked before the application has processed the last data entry. If you wait a few secs before saving, you can prevent this unless there is a very slow internet connection. Please inform me if you want these deleted immediately, but I will delete them eventually.

8. I have entered endovascular data but how do I get rid of these windows so I can start the endovascular data entry process anew?

If you click on the "Endovascular" box, there is a clear area above the available choices. If you click on this area, the endovascular windows already open will close and you can restart

9. I have made an error with the patient's name or date of birth...how do I edit this?

You can edit all fields in the application **EXCEPT the UR number**. Just change the information and resave. The only field that cannot be changed is the UR number. If this is the issue, then you will need to send a request for me to delete this admission and you will need to re-enter it

10. I can't see any arterial options in the operation data window. How do I get these to appear?

If you have not entered all 5 risk factor selections in the admission window, then you will only be able to enter Venous and Other categories. To see the Arterial and Renal access options, all 5 risk factors need to be entered. With the new "rapid entry" operation option, you will not be able to enter these unless all 5 risk factors are entered. You will only be able to select the "Original AVA" option for venous or other categories. If you want to enter other arterial ops in the original AVA option, then all 5 risk factors will need to be entered.

11. Why can't I log in despite entering my ID and password correctly?

You will not be able to enter data if "pop-ups" are disabled in your browser. You can enable pop-ups under the "Tools" button in your browser

12. How do I add a hospital to my list?

You will need to contact the ANZSVS secretariat (ANZSVS@surgeons.org) with your username and the name and address of your extra hospital(s). This is to preserve privacy as I am not privy to the identity of any user.

13. Why does the number of aortic cases in the report not tally with my actual numbers?

This is because the "Emergency" categories do not include the "Semi-urgent" patients, i.e. the reports reflect just the elective and emergency categories.

14. Why can't I save an operation?

The usual cause is because you have entered duplicate item numbers. I have tried to describe all duplicate situations (eg. right and left), but if you still enter duplicates then you won't be able to save the operation

15. How do I enter an operation after the patient has been discharged? (you will not see the usual "enter new operation" link in the admission window).

You will need to go to the discharge page and search for this patient's discharge. Once you have opened the discharge page, there is the facility to add another operation, but the date of operation must fall within the admission period for this patient. If another surgeon has also operated on this patient but has discharged him/her before you have added your operation that admission, you will not be able to find the discharge to enable you to enter another op for privacy reasons (the only way you can enter an operation after discharge is via the link on the discharge window for that patient). You will need to delete the discharge date, which will enable you to enter your operation. You will then need to discharge the patient again.

16. I have entered an admission but not an operation. How do I enter subsequent data at a later date for this admission?

Go to the "Admission search" window and enter the UR or name to locate the admission. Click on the UR to open the previously entered admission and proceed with data entry. If a patient has not been discharged you will not be able to enter a new admission

17. I cannot see just my cases when I produce the "Admissions without operations" report

Because the consultant ID is only entered when an operation is added, there is no way the application can identify you. All admissions without operations will be produced for the hospitals at which you work

18. Are all types of endoleaks an endoluminal complication after EVAR?

Yes, they are entered under Endoluminal complications (Device) as well as in the Operation window under Specific complications if still present at discharge.

19. After entering 2 assistants in the assistant fields, upon re-opening the application later the 2 assistants appear in reversed order. Why is this?

This is by design and does not affect the logbook report as both assistants are registered as "Assistant".

Unit Audit

This activity is easily done by printing off both the Operation Compact and Operation complication Compact reports for the period required. The "Compact" refers to the format of the report into an A4 size page when downloaded and printed in Excel. These are then distributed to the unit members where the cases are discussed. Any data entry errors can be identified at these meetings and they can be corrected in the AVA. A useful hint for 6 monthly audits is that trainees should describe the course to death in the Discharge Comments window if the patient dies....this way this data is there when the time for audit arises and there is no need to chase up patient records.

Special trainee login if assisting in private with a non-participating surgeon

Trainees and Registrars-New Logbook report and data extract:

From now on you will be able to generate logbook reports and data extracts for all cases performed or assisted at (first or second assistant) both in public and private hospitals. Your cases will also be counted as you being the primary surgeon when both you and your consultant or fellow trainee perform significant portions of the operation (co-surgeon menu options). Also, if your consultant in private does not participate in the AVA, you will now be able to capture these cases where you assist them.

The current practice of logging in as the generic data entry person will still be required for all public unit data. The username and password will need to be obtained from the incumbent trainee in the unit BEFORE you start. You will also need to obtain the list of the unit consultant's numbers (usernames) so that their cases can be allocated correctly under the "Consultant" field. If you do not assist outside the public unit, logbook reports and data extracts must be generated as the data entry person too. Only discharged patients are accepted by the Board in the logbook data extract.

New extra login for logbook generation: From now there will be a new login specifically tailored for your allocated public hospital if you assist a non-compliant surgeon in private and you need to enter these patients yourself. You will need to identify yourself and remain with your choice for the entire duration of your rotation that year (as in the public hospital). The categories include Trainee1 and 2; Registrar 1-4. **This specific login will only be required in two instances; 1. For entering cases yourself in a private hospital where the consultant you assist does not participate in the AVA (only a few anticipated), 2. When you need to generate a logbook report and data extract and you also work outside the public unit (this is for all your patients -in public and private).**

Obtaining a specific trainee login:

This will be provided by contacting me on (barryb2@optusnet.com.au) or via the "request assistance" box in the AVA or on 0413597363. You will need to identify your public hospital as well as the private hospital(s) at which you will be assisting. You will receive a specific username and a password. The private hospital(s) linked to your public hospital will only contain 1 entry for the Consultant field..."non-compliant surgeon" and you need to enter the patient data yourself in that situation. The participating consultants who enter their own data need to be informed what trainee identity they need to enter for you as the assistant (Trainee1 etc.).

How to generate a logbook report:

Once logged in as described above, click the "Reports" icon and select "Logbook Report". Select the Date periods

that apply to your term, your trainee identity AS WELL AS THE HOSPITAL(S) REQUIRED. Please note that due to the extensive data that has to be acquired if > 1 hospital is included in the search, the time taken to produce this report can be up to 10 minutes so do another task while the report is running. The report can be printed or exported as a PDF or Excel file for transmission.

How to generate a data extract:

Once logged in appropriately, click the Data Extract icon. Select the "Logbook Data Extract" and there will be 2 options depending on how you have logged in. If as the data entry person who has no external assisting hospital, then select the date periods, trainee identity and select the "Remove consultant" checkbox. If more than 1 hospital has been allocated to your data entry login, then do NOT select a hospital as all will be included in the extract. If you have logged in as the new Trainee login above, then the only difference is that there is no "Remove consultant" checkbox. Once the extract has been generated, export it to Excel (click on the save/export icon, which will display the file type options). De-identify this Excel file by deleting the patient names and UR numbers prior to transmission for privacy reasons. Only discharged patients will appear in the logbook data extract.