

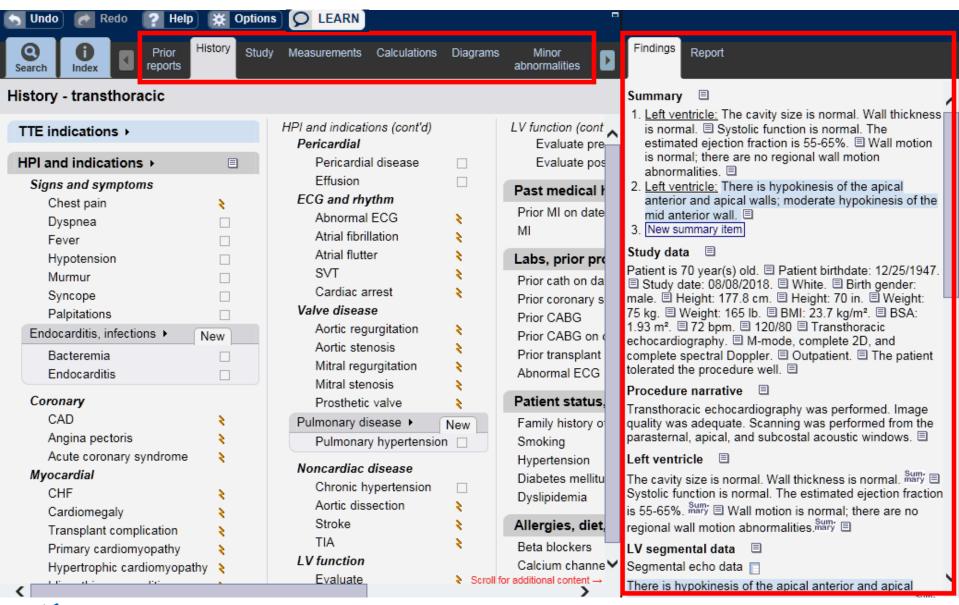
HEALTH INFORMATION TECHNOLOGY

Interface Overview All reporting modules

ACV 8.0

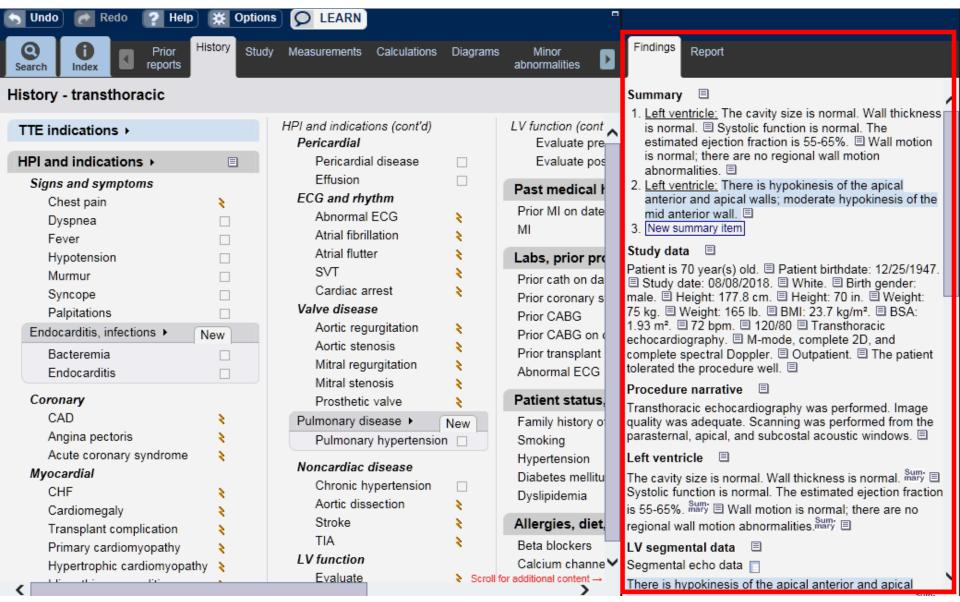
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The ASCEND reporting interface is split into two sides. The data entry tabs are shown on the left and recorded findings appear in the viewers on the right. The following examples use an echocardiography study, but the basic interface is the same for all of ASCEND's reporting modules. Let's start by considering the viewers on the right.



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The Findings viewer is a list of reported findings organized into anatomic and functional sections.



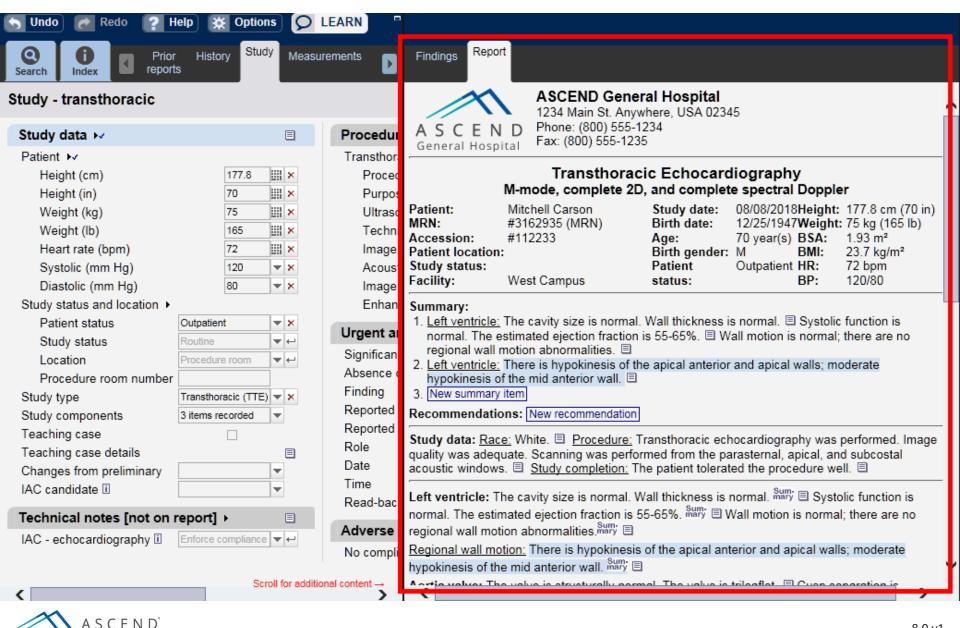


The *Findings viewer* also shows content as it is being entered into the system.

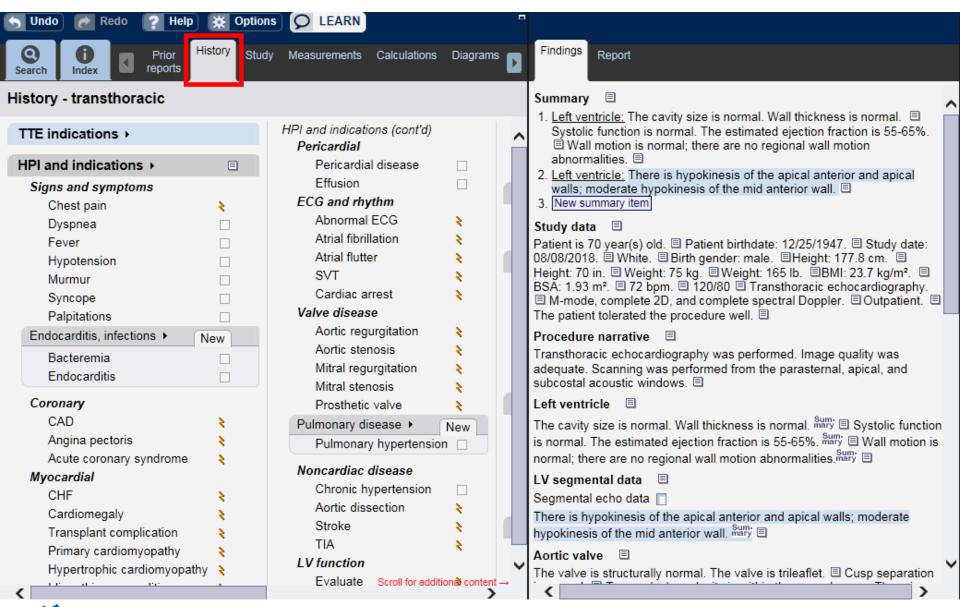
🕤 Undo) 🙋 Redo 📪 Help 🗱 Op	otions Q LEARN	•	
Search Index Prior Prior History	Study Measurements Calculations	Diagrams Minor Diagrams Diagrams	Findings Report
History - transthoracic			Summary
TTE indications >	HPI and indications (cont'd) Pericardial	LV function (cont Evaluate pre	 Left ventricle: The cavity size is normal. Wall thickness is normal.
HPI and indications →	Pericardial disease	Evaluate pos	is normal; there are no regional wall motion abnormalities. 国
Signs and symptoms Chest pain	Effusion <i>ECG and rhythm</i> Abnormal ECG Atrial fibrillation	Past medical H Prior MI on date MI	 Left ventricle: There is hypokinesis of the apical anterior and apical walls; moderate hypokinesis of the mid anterior wall. New summary item
Hypotension Murmur Syncope Palpitations Endocarditis, infections New Bacteremia Endocarditis	Atrial flutter SVT Cardiac arrest Valve disease Aortic regurgitation Aortic stenosis Mitral regurgitation	 Labs, prior pro Prior cath on da Prior coronary s Prior CABG Prior CABG on o Prior transplant Abnormal ECG 	Study data ■ Patient is 70 year(s) old. ■ Patient birthdate: 12/25/1947. ■ Study date: 08/08/2018. ■ White. ■ Birth gender: male. male. ■ Height: 177.8 cm. ■ Height: 70 in. ■ Weight: 75 kg. To graph: ■ To base in the state i
Coronary CAD Angina pectoris Acute coronary syndrome Myocardial CHF Cardiomegaly Transplant complication Primary cardiomyopathy Hypertrophic cardiomyopathy	Pulmonary hypertension Noncardiac disease Chronic hypertension Aortic dissection Stroke TIA LV function	 Patient status, Family history o Smoking Hypertension Diabetes mellitu Dyslipidemia Allergies, diet, Beta blockers Calcium channe 	Procedure narrative Image Transthoracic echocardiography was performed. Image quality was adequate. Scanning was performed from the parasternal, apical, and subcostal acoustic windows. Left ventricle The cavity size is normal. Wall thickness is normal. Systolic function is normal. The estimated ejection fraction is 55-65%. Marry Image UV segmental data Segmental echo data
<	Evaluate	Scroll for additional content →	There is hypokinesis of the apical anterior and apical



The *Report viewer* shows content as it will appear in the final report. The sentences that appear in the *Findings* viewer and Report viewer are the same and are editable, although the Report viewer also includes headings, tables, and measurements, while the Findings viewer does not.



The data entry forms appear on the left side of the interface and are organized into related groups called **Tabs**. The *History* tab is selected and displayed below.



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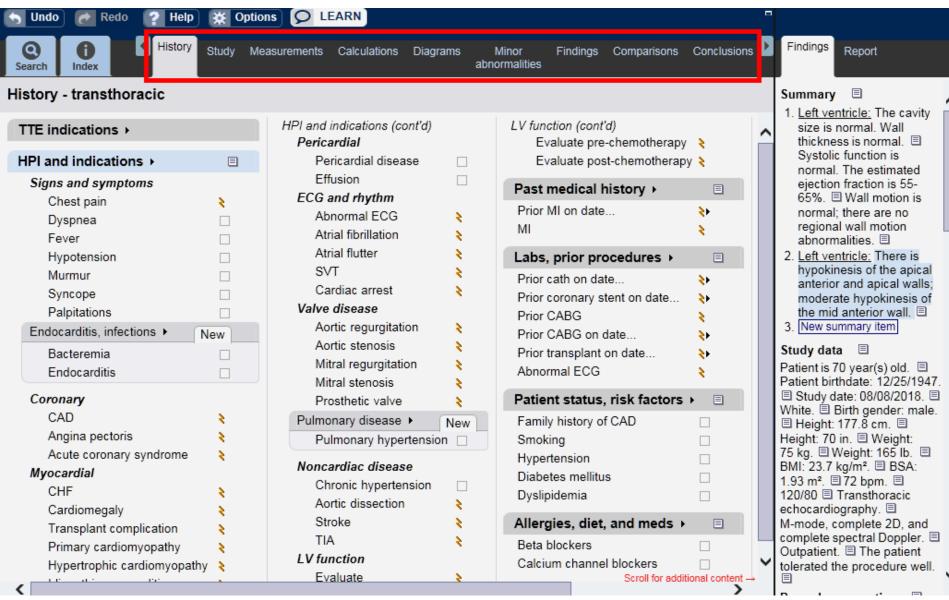
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Within the tabs, data can be entered into data entry fields that are directly on the tab, or additional content can be accessed by clicking on finding group headings. In this example, HPI and indications is a finding group heading. Clicking the heading opens all of the data entry forms and content associated with patient history.

🕤 Undo 📝 Redo 🤶 Help	X Options	Q LEARN						
Search Index Prior reports	listory Study	Measurements	Calculations	Diagrams	Þ	Findings Report		
History - transthoracic						Summary 🗉		
TTE indications >		HPI and indicati Pericardial Pericardia			^	Systolic function is r	normal. 1	e is normal. Wall thickness is normal.
HPI and indications		1 onourdie	1000000			2 I.a There	×	nesis of the apical anterior and apical of the mid anterior wall. 🗏
History source Signs, symptoms	Chart and patier	it 🔻 🗗	Cardiac fun Resulting		se (c	*	Ţ	nt birthdate: 12/25/1947. 🗉 Study date:
Asymptomatic			Valve disea	se 🕨		New		nder: male. 🗉 Height: 177.8 cm. 🔳
Pain, discomfort ► Severity Location	New Moderate		Severity Syndrome	9			t t	■Weight: 165 lb. ■BMI: 23.7 kg/m². ■ /80 ■ Transthoracic echocardiography. mplete spectral Doppler. ■Outpatient. ■ re well. ■
Symptom Peripheral vascular ► Other signs and symptoms ► Cardiac/respiratory	Pain		Pericardial o Syndrome Vascular dis Hypertensio	e sease ► on, renal dise			Ļ	was performed. Image quality was ed from the parasternal, apical, and
Rhythm/ECG ► Congenital HD ► 1° syndrome	New Complex conger		Endocarditis Pulmonary o Systemic dis Neoplastic o	disease ► sease ► disease ►	•			ickness is normal. ^{Sum} :
CAD, ACS, MI ►	New		Trauma/inju Coding and		•			
Syndrome Cardiac function, disease ► Syndrome	CAD New Congestive hear	▼ ← t fai ▼ ←	ooung and	Indications				l anterior and apical walls; moderate all. ^{Sumy} 🗉
<							>	The valve is trileaflet. 🗏 Cusp separation
				>		<		>
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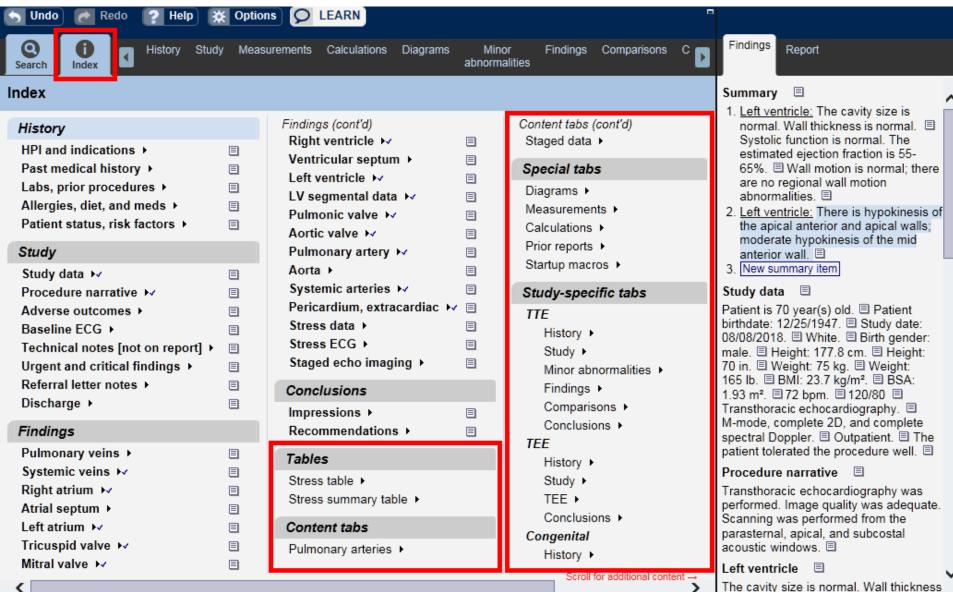
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Tab sets are a group of tabs that represent the work flow for the selected study. The example shown below is the tab set for a complete transthoracic echo study.



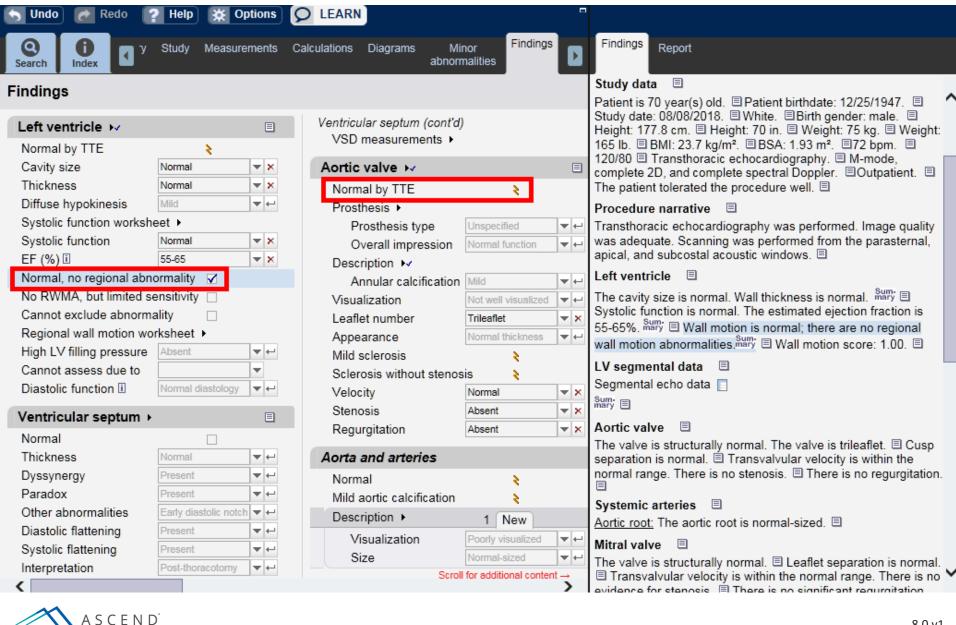
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The *Index* tab is a special tab that gives access to all of the content within the reporting interface, in addition to the major tabs for the different study types.

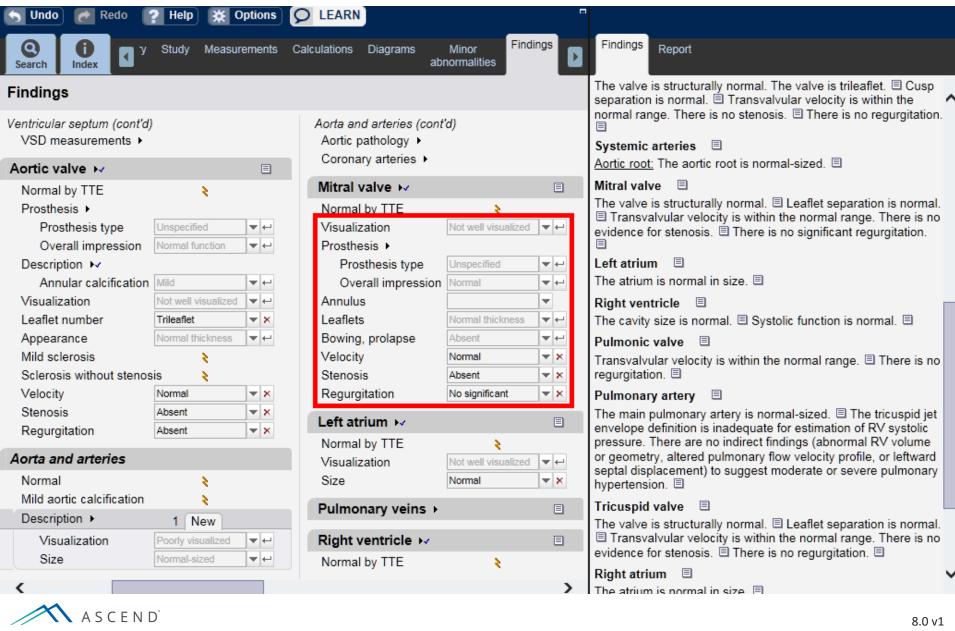




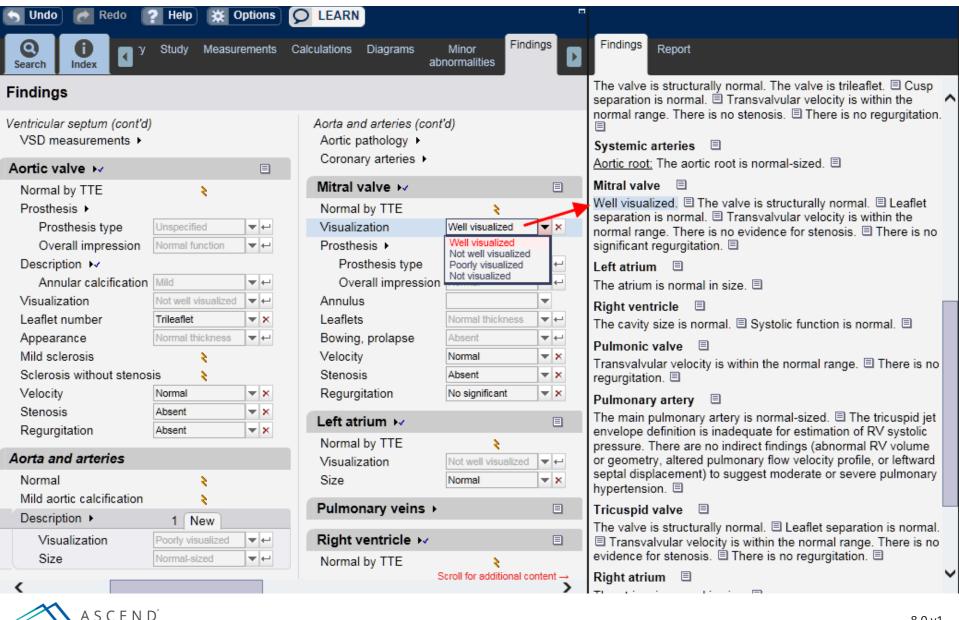
Study findings can be entered through the data entry forms located in each tab by selecting items from a combination of **pick lists**, **checkboxes**, or **quick report macros**. **Quick report macros** are indicated by a lightning bolt icon.



Pick lists allow the entry of single or multiple findings into the report. They are designated with a down arrow after the text field. Below is an example of a column of pick lists.



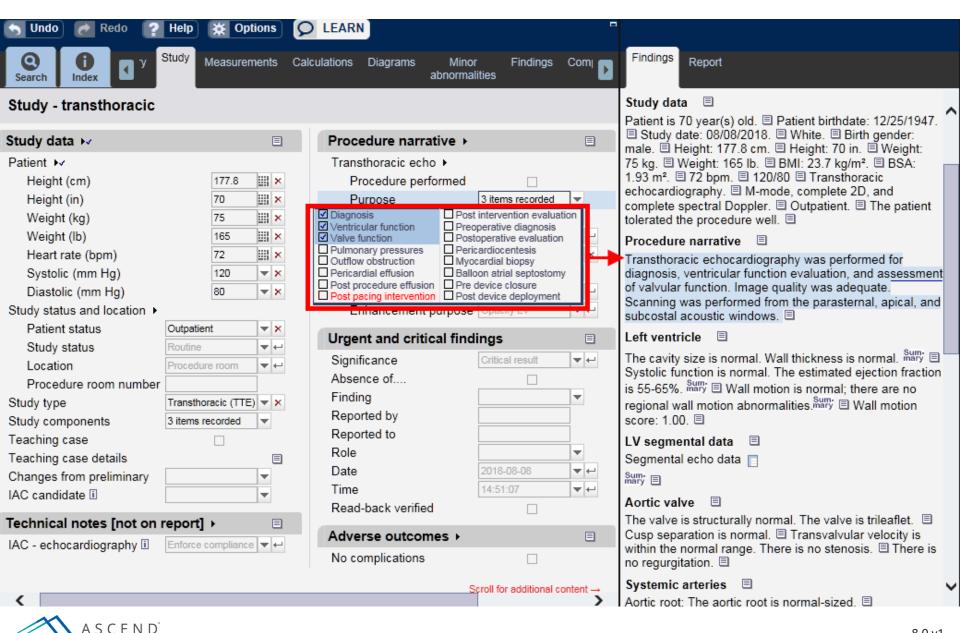
Statements can be inserted into the report by selecting a single finding from a pick list.



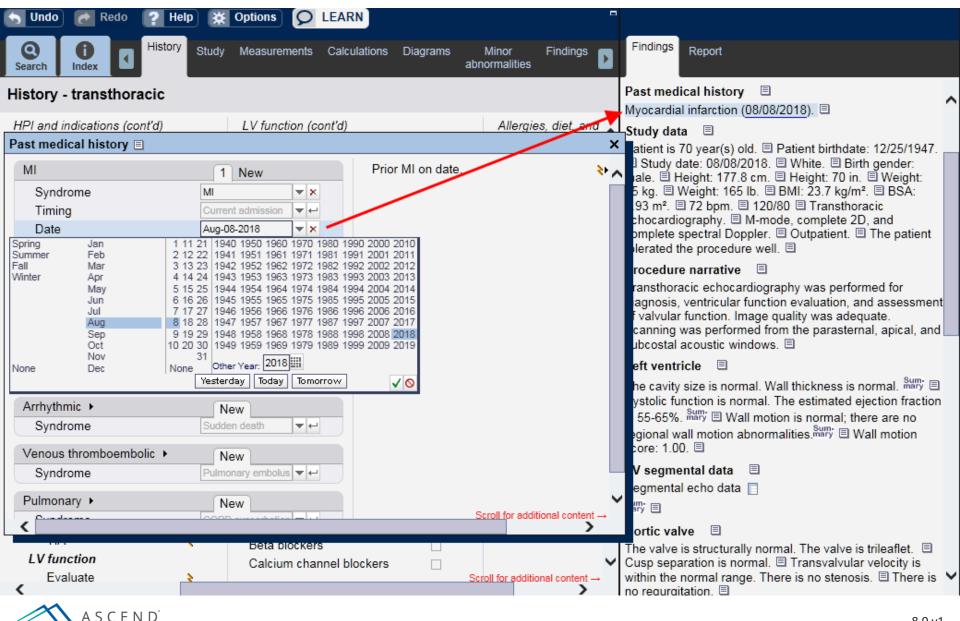
Default entries for pick lists appear as grayed text. A default entry can be recorded with a single click by using the *Return/Enter* icon next to the downward-facing arrow. When a selection is made, this icon becomes a *Delete* icon which, when clicked, removes the corresponding statement from the report.

			-	
🕤 Undo 📝 Redo 🥤	PHelp X Options	Q LEARN		
Q Index Y	Study Measurements	Calculations Diagrams ab	Minor phormalities	Findings Report
Findings				The valve is structurally normal. The valve is trileaflet.
Ventricular septum (cont'd))	Aorta and arteries (con	ťd)	normal range. There is no stenosis.
VSD measurements <		Aortic pathology >		Systemic arteries 🗏
Aortic valve 🐱		Coronary arteries >		Aortic root: The aortic root is normal-sized. 🗉
Normal by TTE	\$	Mitral valve 🐱	≡	Mitral valve 🗏
Prosthesis +	•	Normal by TTE	8	Well visualized. The valve is structurally normal. Leaflet
Prosthesis type	Unspecified 🗸 🗸	Visualization	Well visualized 💌 🗙	separation is normal. I Transvalvular velocity is within the normal range. There is no evidence for stenosis. I There is no
Overall impression	Normal function	Prosthesis >		significant regurgitation.
Description 😽		Prosthesis type	Unspecified 🔻 🕂	Left atrium
Annular calcification	Mild 🔻 🖵	Overall impression	Normal 🔻 🛏	The atrium is normal in size. 🗏
Visualization	Not well visualized 🔻 🛏	Annulus	•	Right ventricle
Leaflet number	Trileaflet 💌 🗙	Leaflets	Normal thickness 🔻 🛏	The cavity size is normal. E Systolic function is normal.
Appearance	Normal thickness 🔻 🕂	Bowing, prolapse	Absent 🗸 🕂	Pulmonic valve
Mild sclerosis	8	Velocity	Normal 💌 🗙	Transvalvular velocity is within the normal range.
Sclerosis without stenos	is 👌	Stenosis	Absent 💌 🗙	regurgitation.
Velocity	Normal 💌 🗙	Regurgitation	No significant 💌 🗙	Pulmonary artery 🗏
Stenosis	Absent 💌 🗙	Left atrium 😽	∃	The main pulmonary artery is normal-sized. 🗉 The tricuspid jet
Regurgitation	Absent 💌 🗙	Normal by TTE		envelope definition is inadequate for estimation of RV systolic
Aorta and arteries		Visualization	Not well visualized 🔻 🛏	pressure. There are no indirect findings (abnormal RV volume or geometry, altered pulmonary flow velocity profile, or leftward
Normal	×	Size	Normal	septal displacement) to suggest moderate or severe pulmonary
Mild aortic calcification	2	0126	Normal Y X	hypertension. 🗉
Description +	1 New	Pulmonary veins >		Tricuspid valve 🗏
Visualization	Poorly visualized	Right ventricle 😽		The valve is structurally normal. E Leaflet separation is normal.
Size	Normal-sized	-		□ Transvalvular velocity is within the normal range. There is no evidence for stenosis. □ There is no regurgitation. □
		Normal by TTE	Scroll for additional content →	Right atrium
<			>	
) [*]			8.0 v1

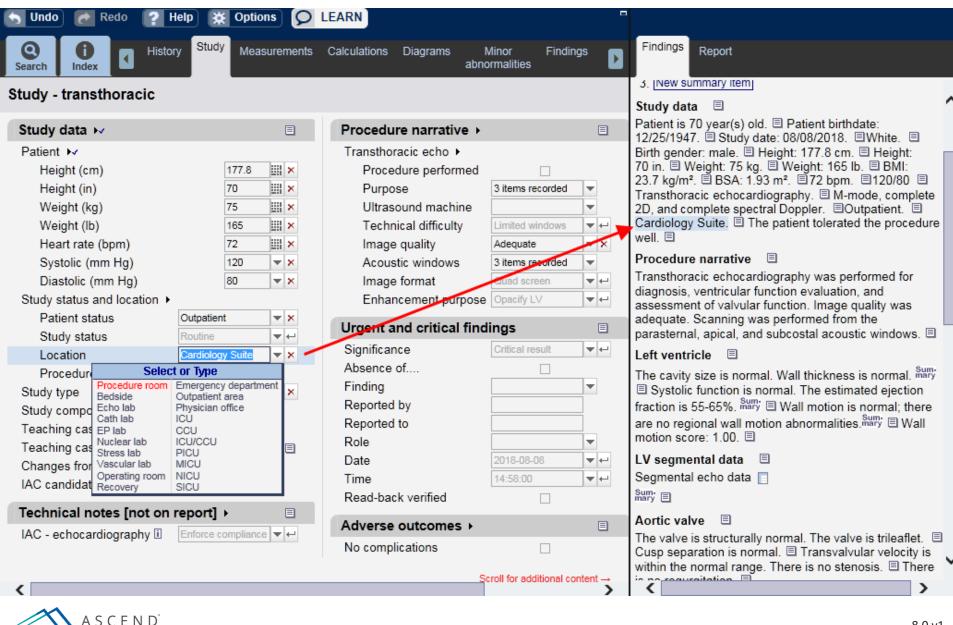
Multi select pick lists are used to select more than one item to create a sentence.



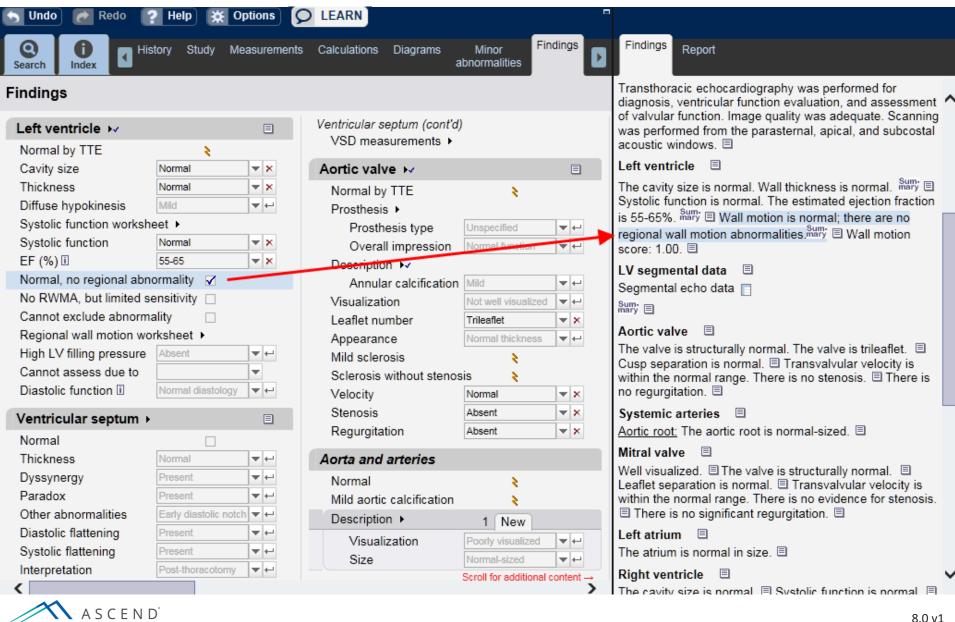
Special controls in some pick lists let support the entry of date and/or time. They can be used to enter imprecise dates such as 2018, summer of 2018, and August 2018, or exact dates such as 08/08/2018.



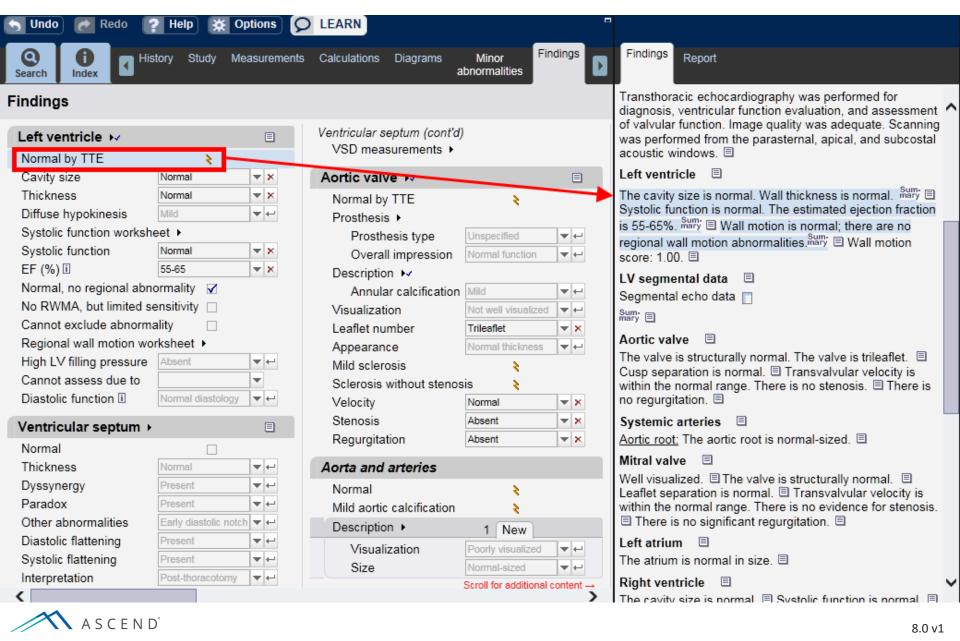
Select or Type pick lists support the ability to choose an item from a list or to add a new item via the text field. In the example shown below, *Cardiology Suite* was typed in the text field to specify the study location.



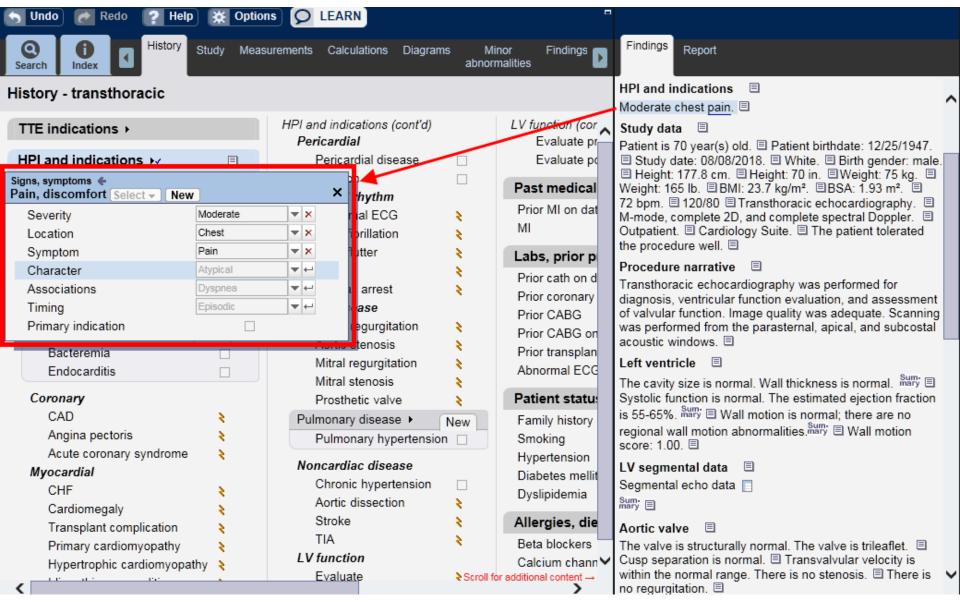
Checkboxes are used to toggle the inclusion/removal of a single finding in the report. *Normal, no regional abnormality* is an example of a finding that can be recorded with a checkbox. When this checkbox is unchecked, the corresponding statement is removed from the report.



Quick report macros can be configured to record multiple findings with a single click. When clicked, the *Normal by TTE* quick report macro records all of the normal statements highlighted in blue in the *Findings viewer* in the example below.



The *Findings viewer* and *Report viewer* support bidirectional communication with the data entry forms on the tabs. Clicking on a finding in either of the viewers automatically syncs to and displays the form through which it was entered.







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