



Partnering with you to help reduce financial losses from malpractice claims by integrating clinical knowledge with technology at the point of care

The Sullivan Group has partnered with Picis, Inc., to build TSG's patented **RSQ™** (Risk Mitigation, Patient Safety and Quality Care) content into an EMR Risk Mitigation Module (RMM).

The RMM helps to facilitate clinicians determining rapid diagnosis of high-risk medical conditions and assists the practitioner to create a defensible medical record. The bottom line is that the patient is the big winner while the RMM provides the hospital organization with a tangible return on investment.

The RMM contains over 20 different features, all immediately

available at the point of care. The RMM virtually eliminates the need for individual PDAs or reference books.

The RMM uses subtle visual highlights and access to information rather than pop-ups or hard stops in order to maximize effectiveness for the clinician while minimizing practitioner interruptions. The result is a high level of documentation compliance and support for the clinician to help improve clinical practice, reduce medical errors, help improve patient safety and reduce exposure to medical malpractice litigation.

F E A T U R E S

Highlights risk, safety and quality data elements

Embedded evidence-based and best practice content

Vital sign functionality

Clinical decision support

Interactive Differential Diagnosis and Quick Consult

Important notifications with visual cues

Seconds-to-minutes emergencies

Trending analysis

B E N E F I T S

Research demonstrates this results in the highest level of documentation compliance

Helps clinicians improve clinical practice and patient outcomes
View clinical content while documenting

Helps clinicians to show dramatic reduction in medical errors and related morbidity and mortality

Risk stratification strategies, scoring systems, protocols are all immediately available

Direct access to differential diagnosis (DDx) Medical resources at the point of care

Enhances team communication
Helps give clinicians information they need to address potential life-threatening conditions

Expedites clinician triage management of high-risk patients in the emergency care setting

Displays evaluation of data trends that may not be readily apparent to the clinician
Helps provide information so clinicians can better address potential life-threatening conditions

HISTORY OF PRESENT ILLNESS
Chest Pain Resource

RESOURCE LIST:
For all High Risk Complaints

KEY INFORMATION:
When and where you need it in the work flow

CHIEF COMPLAINT
 Chest pain
 AICD event

HIGH RISK INDICATORS:
Red changes to green when addressed

HISTORIAN

LOCATION
 Location
 No localizing symptoms
 Unable to localize
 Generalized
 Localized

Radiation:
 Radiation
 Change in locations

Change in location
 Chest to back
 Upper back to lower back
 Chest to Abdomen

3.7 Chest Pain: Movement of Pain

Movement of pain from chest or back to the abdomen or low back suggests possible progression of a thoracic aortic dissection from the proximal to the distal aorta.

- Consider
- Look at positive

3.2 Thoracic Aortic Dissection: Classification
The anatomic classification of aortic dissection is relevant not only to diagnosis, but also to therapy. There are two accepted systems of classification.

The DeBakey System
The DeBakey system divides aortic dissection into three types.

Type I	Dissecting descending
Type II	Dissecting ascending
Type III	Dissecting also proximal
Type IIIA	Dissecting ascending
Type IIIB	Dissecting descending

The Stanford System
In the Stanford System, Type A and Type B are the two types.

Stanford Type A	Classic aortic dissection that connects the ascending aorta to the descending aorta.
Stanford Type B	Dissection that is limited to the descending aorta distal to the subclavian artery.

100.63 Thoracic Aortic Dissection – Quick Consult

TAD Illustration

Thoracic Aortic Dissection

- Stanford classification
- DeBakey classification

The diagram illustrates the Stanford and DeBakey classifications of Thoracic Aortic Dissection (TAD). It shows a cross-section of the aorta with layers: Tunica adventitia, Tunica intima, Tunica media, and Lumen. A lesion is shown in the Tunica intima. Stanford Type A (Proximal) involves the ascending aorta. Stanford Type B (Distal) involves the descending aorta distal to the left subclavian artery. DeBakey Classification Types I and II correspond to Stanford Type A, and DeBakey Classification Type III corresponds to Stanford Type B.