

## TOP 11 HINTS TO MAKE YOUR MEDICAL DATA ENTRY COUNT!

[Contact Species360 Support](#)

These hints are not designed to show you navigation for data entry into ZIMS. They are intended to help you avoid things that waste your time, duplicate other data entry, or negatively impact the Global Medical Resources.

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### 11 Anesthesia and Fatal Complications

☺ DO: When an animal is immobilized and then euthanized during the anesthesia event for reasons NOT related to the anesthesia event itself, Complications should be marked if they occurred prior to the euthanasia (None, Minor or Major).

☹ DO NOT: Mark Complications as Fatal if the animal is euthanized during the anesthesia event for reasons NOT related to the anesthesia event itself.

WHY? Fatal Complications is meant to capture anesthesia events where the animal died during the event **because** of the anesthesia protocol chosen (drugs and doses). It is a means to assess the risk of death posed by a specific protocol. Marking animals as having Fatal Complications when the cause of death is euthanasia not related to the anesthesia event will artificially inflate the apparent risk of death for a protocol.

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### 10 Non-Anesthetic Drugs Administered During an Anesthesia Event

☺ DO: Enter all anesthetic drugs into the Drug Information grid and all non-anesthetic drugs into the Additional & Non-Anesthesia Drugs grid in the Drugs Given tab in the Anesthesia module.

☹ DO NOT: Enter any non-anesthetic drugs into the Drug Information grid.

WHY? The anesthesia module has two separate grids for entry of drug information. The upper grid (Drugs Administered) is designed for the anesthesia related drug entries. Drugs entered into this grid are **not** considered to be prescriptions by the system and are hidden within the anesthesia record. The lower grid (Additional & Non-Anesthesia Drugs) entries are classified as prescription records. Lower grid records show in the dashboard and are found when you search prescription records. If a drug is entered into the upper grid you will need to search the anesthesia records to find it. For example, if you vaccinate an animal during anesthesia and you want the system to classify that drug entry as a prescription and display the vaccine in the dashboard, it must be entered into the Additional & Non-Anesthesia Drugs grid.

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### 9 Unnecessary Entries in the Dictionaries

☺ DO: Be careful with adding items to the dictionaries. When adding a new active ingredient use the International Nonproprietary Name (INN). When adding a formulation that is not a standard commercial drug preparation (i.e. a compounded drug), whether created by a pharmacy or by you, mark it as compounded. Before adding active ingredients to the treatment dictionary make sure you are certain that it is not already in the system as a global entry.

☹ DO NOT: Add unnecessary or duplicate items to the dictionaries.

WHY? The dictionaries are part of the ZIMS shared global resources and improper entries have a possible negative effect on global prescription and anesthesia records. For example, if you add a new commercial formulation to the treatment dictionary other institutions can make use of that entry in their records. If you make an error in the entry and the other institution does not catch it, then the error impacts their records also. Adding duplicate formulations to the treatment dictionary just makes the “pick lists” longer. If treatment items are entered into the incorrect category it is not helpful in building the global drug extracts resource.

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### 8 Generic Versus Brand Name

☺ DO: Use the brand name and generic formulations of drugs (ie: Baytril 22.7mg tablet, Enrofloxacin 100mg/ml, or Enrofloxacin 22.7mg tablet)

☹ DO NOT: Use the unformulated drug name (ie: enrofloxacin)

WHY? Brand names and drug formulations decrease data entry effort for prescription records. ZIMS will also “learn” which drug formulations you use most often and those formulations will be listed higher in the type-ahead search fields during data entry.

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## 7 Prescriptions for Multiple Years

- ☺ DO: Write prescriptions with a duration of one year or less.
- ☹ DO NOT: Write prescriptions for multiple years.

WHY? ZIMS does not support Until Further Notice (UFN) as a prescription duration. This is because it can too easily create poor data quality if not often reviewed and the prescription terminated when appropriate. If not terminated the treatment would continue (in the records) distorting prescription and treatment records. The “end of prescription” calendar reminder and the “clone prescription” functions mean that writing a prescription for shorter periods of time is not costly in terms of data entry. Some institutions have implemented an internal policy that prescriptions will not exceed 90 or 180 days, giving the staff the opportunity to review prescriptions on a regular basis to determine whether they should be continued without change, discontinued, or continued with a different dose. Best practices suggest that veterinarians should assess animals with active prescriptions at least annually.

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## 6 Confusing Amount Administered with Dose Amount

- ☺ DO: Calculate your dose on the amount of ACTIVE ingredient in the product.
- ☹ DO NOT: Confuse the volume administered with the dose.

WHY? If used improperly, this has a negative impact on the global drug usage extract resource. This resource assumes that the dose amount field contains the amount of active ingredient given to the animal(s). It may also appear as if you have significantly over or under dosed your patient. For example, you are using an Ivermectin product that has 18.7 mg of Ivermectin per gram of paste. If your treatment goal is an 18.7 mg dose you would administer 1 gram of the paste. If you wrote it as a 1 gram dose of Ivermectin, you would be giving 50 times more than planned.

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## 5 Including Rarely Used Tests in Test Panels

- ☺ DO: Include only tests that are commonly run or will have results obtained when creating your Test Panels.
- ☹ DO NOT: Include rarely used tests or tests that may not give results in your Test Panels.

WHY? This impacts your data entry effort and creates suspect results. Test records without results are considered “pending test results” by the system (the test was ordered, but no results obtained yet). If you want the system to track those tests that are actually still pending, then you cannot leave tests in the system that will never have a result entered. You must delete those tests. For example, you have a hematology test panel that contains both an automated hematocrit test and a manual hematocrit test. The manual test is run only when the automated test gives a result that is considered suspect.

You will need to delete the unused manual hematocrit tests for most of the entries, or abandon the “pending” test functionality that is built into the system.

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#### 4 Using Procedure Records for Scheduling

☺ DO: Use the Calendar module to schedule medical tasks.

☹ DO NOT: Use the Procedure records for scheduling.

WHY? This negatively impacts your data entry effort. Using the calendar has many advantages. You can include other Staff in scheduled medical procedures and the task will show in their calendar. You can easily drag and drop to reschedule. It is easier to tell what has been done (Mark as Complete) and what still needs to be done.

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#### 3 Multiple Individual Treatments versus Group Treatments

☺ DO: Understand the difference between multiple individual treatments (example - four birds each getting 25 mg. of a drug) and group (multiple animal IDs) treatment (example – four birds splitting 25 mg of a drug).

☹ DO NOT: Confuse multiple individual treatments with group/flock/herd treatments.

WHY? If used incorrectly, this has a negative impact in the global drug usage resource. For Quick Prescriptions and multiple individual treatments (4 birds each getting their own dose), the batch functionality is available to save data entry time. In Full Prescriptions the Multiple Animal IDs option (4 birds splitting one dose in water or feed) is available.

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#### 2 Creating Duplicate Samples

☺ DO: When requesting multiple Tests for a Sample, enter the Sample once and use the Request Test button repeatedly.

☹ DO NOT: Create Duplicate Samples for multiple Tests.

WHY? This impacts your data entry effort. If you collect a Sample and send Subsamples to different labs you do not need to create a new Sample for each lab. Instead, enter the Sample once and use the Request Test button repeatedly. ZIMS will automatically create a Subsample for each lab. If there is a problem, use “Create Subsample” button to manually create a Subsample. There are many advantages to this approach. There is less data entry because you only enter the main Sample information once (animal, date, time, Sample type, source, etc.). It improves data consistency as it is easy to make a data entry error when entering the same information multiple times. There is less

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repetition in the dashboard because a Sample with multiple Subsamples only counts as one record in the dashboard.

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### 1 Filling Your Diagnosis & Procedure Records Module with Minor Procedures

☺ DO: Record only significant diagnosis and procedures into the Diagnosis and Procedures module.

☹ DO NOT: Fill your Diagnosis & Procedures records module with minor procedures.

WHY? This impacts your data entry and data retrieval effort. Historically (in MedARKS), the quickest method to get a medical history summary for an animal was to view the list of Diagnosis records. As a consequence, many institutions started recording every minor procedure – blood sample collection, vaccinations, anesthesia – in the Diagnosis records. The new dashboard view and functionality eliminates this need. For example, there is no need to enter both an Anesthesia record and a Procedure record that says “Anesthesia”. Filling up the Diagnosis & Procedures module with records of low significance makes the significant information hard to find.

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