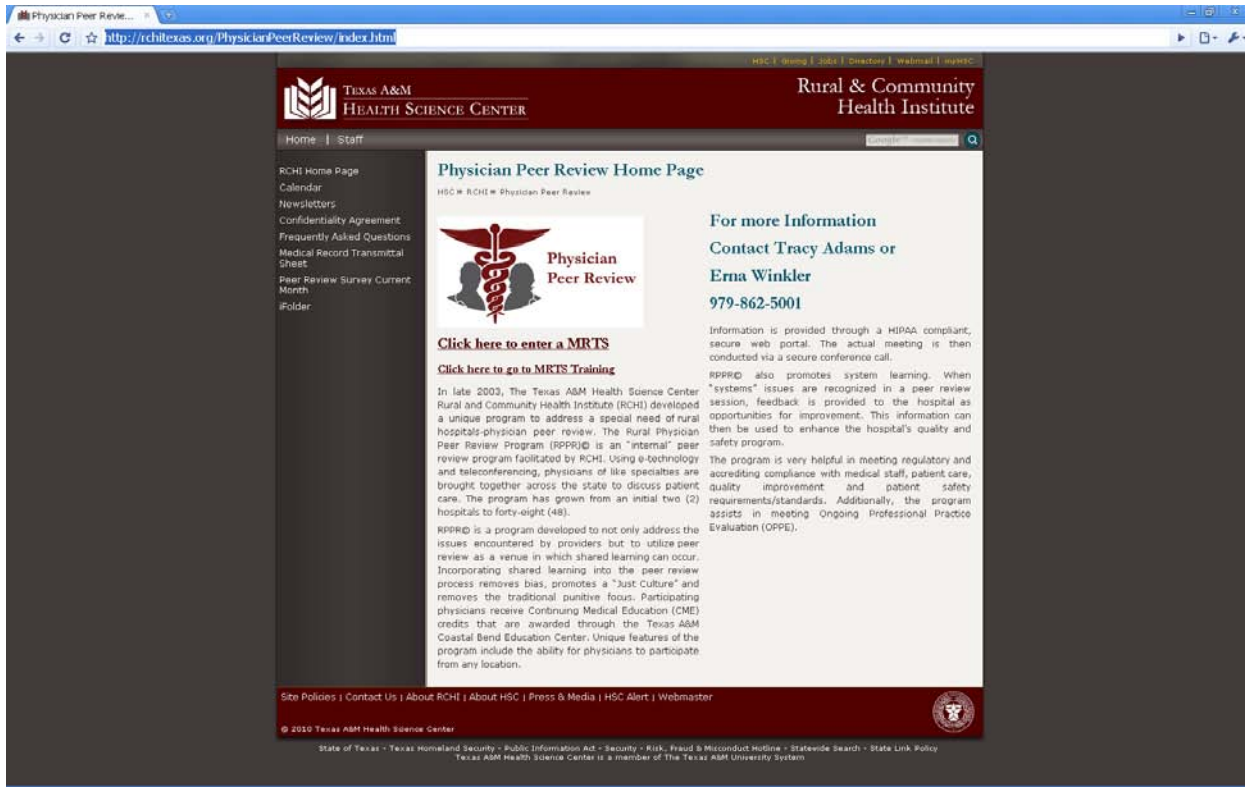
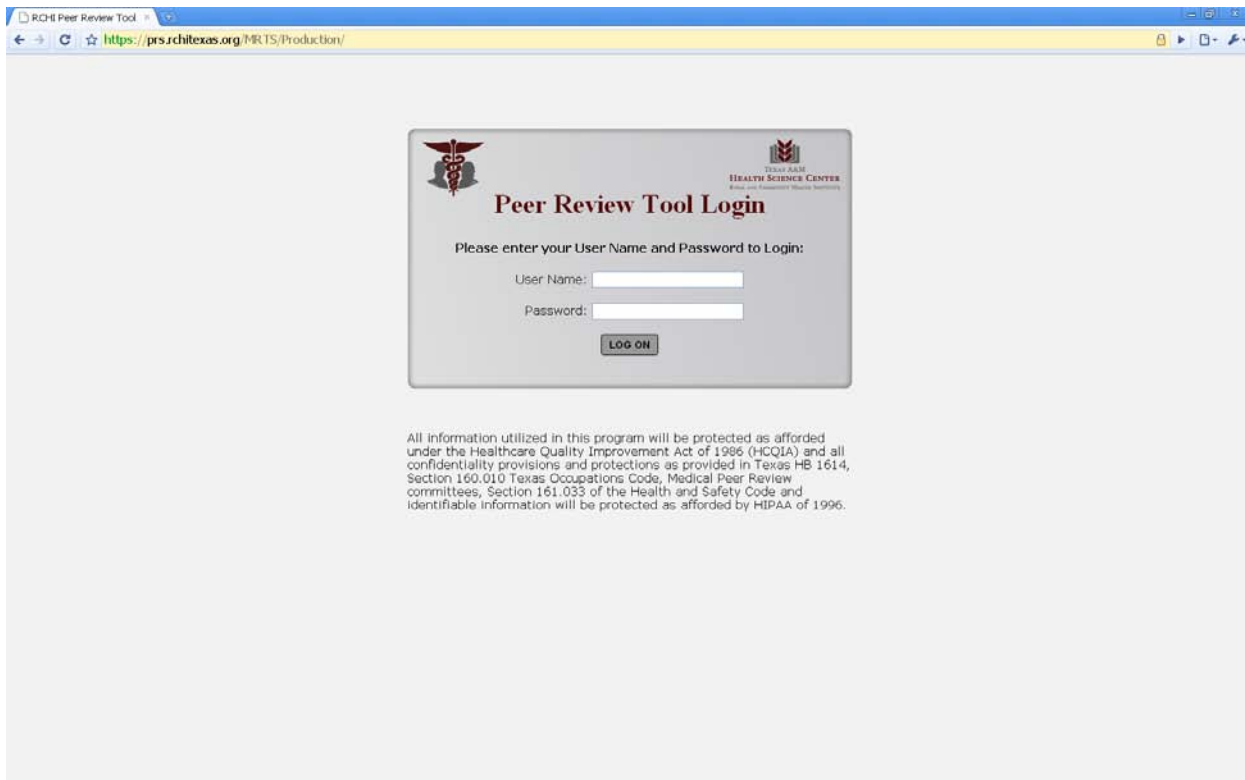


Instructions for MRTS Production Login

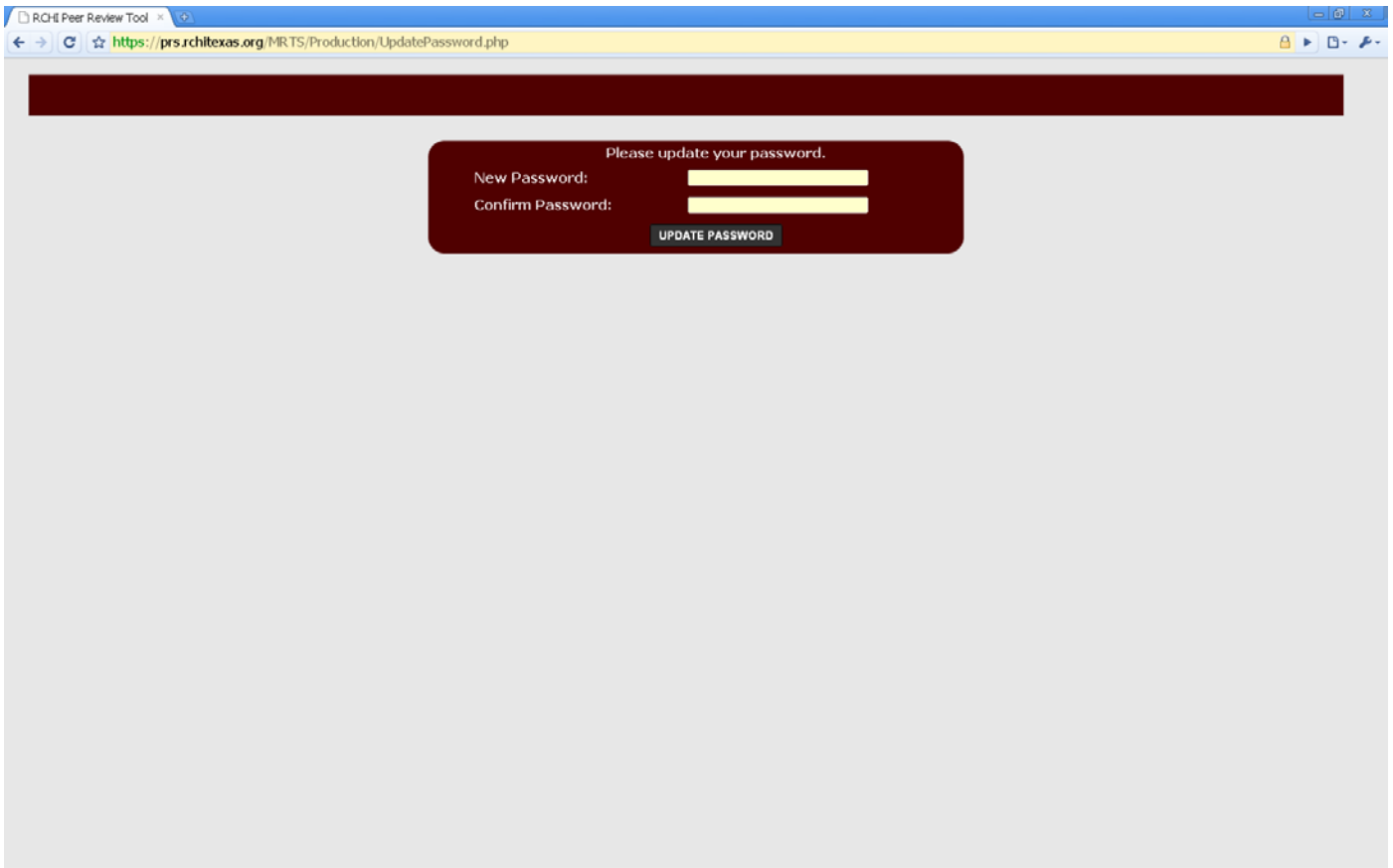
1. Go to <http://rchitexas.org/PhysicianPeerReview/index.html> and click on Click here to enter a MRTS



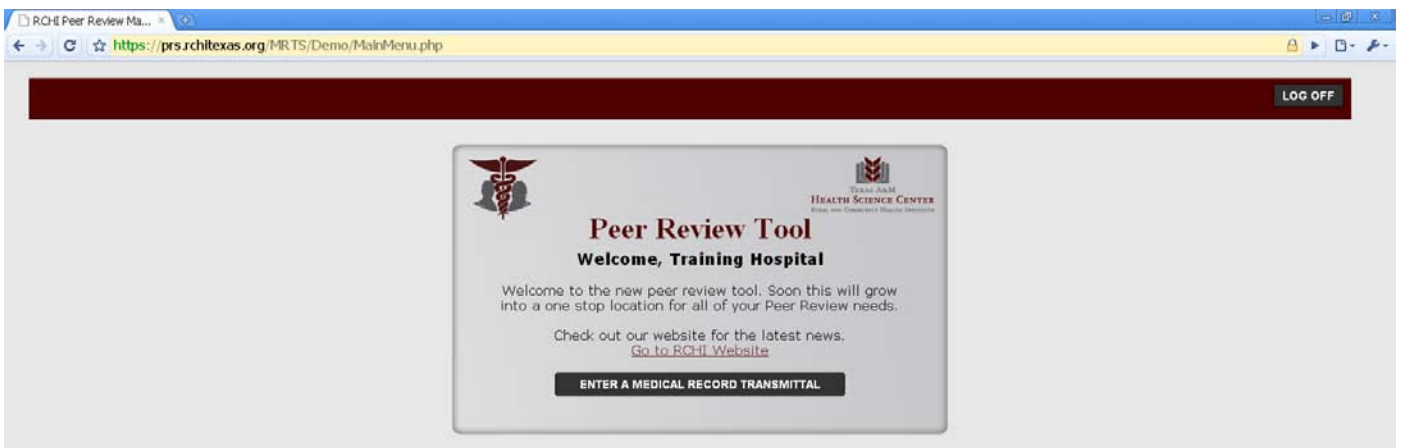
2. You will be taken to a login screen for the tool



3. Enter your username and password (as provided in emails both user name and password are case sensitive)
4. The first time you log in you will be required to update your password.



5. Once you login you will be taken to the Main menu for the tool (this screen shot is from the training site)



- Click on Enter a Medical Record Transmittal and you will be taken to the data entry page (this screen shot is from the training site)

Medical Record Transmittal Sheet MAIN MENU LOG OFF

***All required fields are marked with an asterisk and/or a slightly darker background.**

Review Category: * Inpatient * Outpatient/Ambulatory * (ED, Outpatient surgical procedures and observation)

Review Type: * Participating Hospital

Facility Name: * City Name (Participating Facility 3)

Facility Contact Name: Please Choose One: Add a contact

Physician Name: Please choose a Physician: Enter a New Physician Find a Physician

Facility Medical Record Number: *

Age of Patient: * *To enter an infant birth date you my enter a 'D' for Days, 'M' for new born or 'M' for Months. No space is allowed between the numbers and letter. For example, if an is 17 days old you would enter 17D

Gender of Patient: Male: Female:

Race of Patient: Please chose the Patient's Race:

Please Enter an ICD Code: *

You must click the **SAVE THIS DIAGNOSIS** button after each entry for the diagnosis to be saved.

Start typing in the box below and a list of suggested codes will appear.

SAVE THIS DIAGNOSIS

Diagnosis Type	Code or Description	Action
No Diagnosis information entered. Please make a selection from above.		

Patient Source: * Please Choose a Patient Source:

Arrival Date and Time(include ED time): * Arrival Date: MM/DD/YYYY Arrival Time:

Discharge Date and Time: * Discharge Date: MM/DD/YYYY Discharge Time:

Length of Stay: * This field is a calculated field and is calculated in hours if less than 24 hours and days if more than 24 hours.

Committee: * Please select a committee: Any unanticipated death Apparent delay in diagnosis or treatment

- Enter all of the pertinent information (required fields are noted by an asterisk and a slightly darker background) and click the Submit Medical Record Transmittal button.

Diagnosis Type	Code or Description	Action
No Diagnosis information entered. Please make a selection from above.		

Patient Source: *

Arrival Date and Time(include ED time): *

Discharge Date and Time: *

Length of Stay: * This field is a calculated field and is calculated in hours if less than 24 hours and days if more than 24 hours.

Committee: *

Reason for Peer Review: * Any unanticipated death
 Apparent delay in diagnosis or treatment
 Communication issue
 Completeness of documentation
 Disagreement in care issue
 Discharge against medical advice
 Equipment malfunction/issue
 Ethics issue
 Other (established medical staff criteria, etc.)
 Patient complaint, validated by a senior leader (medical/nursing staff or administration)
 Policies/Rules issue
 Reappointment assessment (maximum 3 records/appointee per credentialing period)
 Referral by a medical staff member
 Unplanned readmission within 30 days
 Unplanned return to ED within 72 hours
 Unplanned return to surgery within 7 days

Please select all that apply.

Reference Materials:
 (policies, procedures, etc.)

Additional Information:

Specific Committee Question: *

SUBMIT MEDICAL RECORD TRANSMITTAL

8. If you have successfully submitted a MRTS you will see the following screen. To enter another MRTS simply click the Enter A New Transmittal Sheet button

[MAIN MENU](#) [LOG OFF](#)

You have successfully submitted a Transmittal:

9. **DO NOT** print the MRTS, this will go directly into our database and we will match your MRTS with your medical record number once we receive the actual record.
10. If you have any questions please contact Tracy Adams (tadams@tamhsc.edu) or Amy Carroll (carroll@tamhsc.edu)