



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Text Integration Utility**

(TIU)

## **User Manual**

Version 1.0  
November 2004

Information Technology Support Center  
Division of Information Resources  
Albuquerque, New Mexico

## Preface

The Text Integration Utility (TIU) component of the IHS Resource and Patient Management System (RPMS) provides Indian Health Service/Tribal/Urban (I/T/U) healthcare providers with the ability to create and manage documents associated with patient visits.

### **Scope of Manual**

This manual contains a description of the TIU package as well as detailed instructions for the use of all of the options associated with the TIU Menu for Clinicians (TIUC) and the TIU Menu for Medical Records (TIUM). A glossary, index, and appendices are located at the end of this manual and contain additional information and guidance for the user.

### **Audience**

Information in this manual is intended for Clinicians, Clinical Coordinators, MIS Managers, Medical Record Technicians, and Transcriptionists.

## Table of Contents

<b>1.0</b>	<b>INTRODUCTION.....</b>	<b>1</b>
1.1	Features and Benefits.....	1
1.2	General Implementation Guidelines.....	1
1.2.1	Planning your TIU Document Class/Title structure.....	2
1.2.2	Exported Document Classes.....	2
1.2.3	Fine-tuning your initial Document Definition Hierarchy.....	2
<b>2.0</b>	<b>USING THE TIU MENU FOR CLINICIANS.....</b>	<b>3</b>
2.1	Using the Enter/Edit Document Option .....	3
2.1.1	Creating Documents Associated with New Visits .....	3
2.1.2	Creating and Editing Documents Associated with Existing Visits....	7
2.2	Using the Edit/Update Visit Option.....	8
2.3	Using the TIU Help for Clinicians Menu .....	9
2.3.1	Using the Document Definitions (Clinician) Menu .....	9
2.3.2	Using the Fields Required for Dictation Option .....	15
2.3.3	Using the List of Active Document Titles Option .....	16
2.3.4	Using the Personal Preferences Option .....	17
2.4	Using the Individual Patient's Documents Option .....	20
2.5	Using the Multiple Patient Documents Option.....	22
2.6	Using the My Unsigned Documents Option .....	24
2.7	Using the Search by Patient and Title Option .....	25
2.8	Using the Transcribe Document Option .....	27
2.9	Using the TIU Reports Menu .....	29
2.9.1	Using the Individual Patient Discharge Summary Option.....	29
2.9.2	Using the Multiple Patient Discharge Summaries Option.....	31
2.9.3	Using the List Notes by Title Option.....	33
2.9.4	Using the Show Progress Notes across Patients Option .....	35
2.9.5	Using the Progress Notes Print Options Menu.....	37
2.9.6	Using the Review Progress Notes by Patient Option .....	40
<b>3.0</b>	<b>USING THE TIU MENU FOR MEDICAL RECORDS.....</b>	<b>43</b>
3.1	Using the Individual Patient Document Option.....	43
3.2	Using the List of Active Document Titles Option .....	45
3.3	Using the Multiple Patient Documents Option.....	46
3.4	Using the Print Documents Menu .....	48
3.4.1	Using the Discharge Summary Print Option.....	48
3.4.2	Using the Progress Note Print Option .....	49
3.4.3	Using the Clinical Document Print Option .....	50
3.5	Using the Awaiting Signature Listing Options .....	50
3.6	Using the Search for Selected Documents Options .....	51
3.7	Using the Statistical Reports Menu .....	53
3.7.1	Using the Author Line Count Statistics Report .....	54
3.7.2	Using the Dictation Line Count Statistics Report.....	55

3.7.3	Using the Service Line Count Statistics Report.....	56
3.7.4	Using the Transcriptionists Line Count Statistics Report.....	56
3.8	Using the TIU Maintenance Menu .....	57
3.8.1	Using the Document Definitions Manager Option .....	57
3.8.2	Using the TIU Alert Option .....	70
3.8.3	Using the TIU Parameters Menu.....	72
3.8.4	Using the TIU Template Mgmt Functions.....	79
3.8.5	Using the User Class Management Menu.....	81
3.9	Using the TIU Upload Menu.....	86
3.9.1	Using the Upload Documents Option .....	86
3.9.2	Using the Help for Upload Utility Options.....	86
3.9.3	Using the Display Upload Status Options .....	87
3.9.4	Using the Reset Upload to Restart Options .....	87
3.10	Using the View a User's Alerts Option .....	88
<b>4.0</b>	<b>USING THE CWAD DISPLAY OPTION .....</b>	<b>89</b>
<b>5.0</b>	<b>USING VIEW PATIENTS DOCUMENTS OPTION .....</b>	<b>91</b>
<b>6.0</b>	<b>GLOSSARY .....</b>	<b>93</b>
<b>7.0</b>	<b>APPENDIX A: COPY/MOVE FUNCTIONALITY.....</b>	<b>95</b>
7.1	Using the Copy Option.....	95
7.1.1	Assigning and Updating Item Parents .....	96
7.1.2	Checking Copies for Inherited Behavior.....	97
7.2	Using the Move Title Option.....	97
7.3	Using the Move Documents Option .....	99
7.4	Using the Update Documents Option.....	99
<b>8.0</b>	<b>APPENDIX B: TRY FUNCTIONALITY .....</b>	<b>101</b>
<b>9.0</b>	<b>INDEX .....</b>	<b>102</b>
<b>10.0</b>	<b>CONTACT INFORMATION.....</b>	<b>105</b>

## 1.0 Introduction

The Text Integration Utilities (TIU) component of the IHS Resource and Patient Management System (RPMS) simplifies the access and use of clinical documents for both clinical and administrative personnel, by standardizing the way clinical documents are managed. In connection with Authorization/Subscription Utility (ASU), a hospital can set up policies and practices for determining who is responsible or has the privilege for performing various actions on required documents.

### 1.1 Features and Benefits

- TIU includes a standardized user interface that allows you to enter, review, and sign Discharge Summaries, Progress Notes, and other clinical documents that might be set up locally for processing through TIU.
- TIU integrates documents within a single database. This action allows you to search for and retrieve clinical documents with efficiency. This functionality also enables other options, such as incomplete record tracking, quality management, and results reporting.
- TIU accepts document input from a variety of data capture methodologies. Those initially supported are transcription and direct entry. This application allows you to upload ASCII formatted documents into RPMS.
- TIU interfaces, as appropriate, with such applications as Patient Care Component (PCC), VA Health Summary, VA Problem List, VA Visit Tracking, and Incomplete Chart module of ADT.
- TIU allows you to improve the management of clinical documents through the Document Definition Hierarchy file structure. This structure enables you to define document elements and parameters, such as Shared Components, Site Definitions, and Boilerplate Text.

### 1.2 General Implementation Guidelines

Careful planning before a TIU installation can save headaches down the road. Primarily, you should keep the implementation as simple as possible. You do not have to do everything described in this manual before you can begin using the package. The exported file entries for Document Definitions, User Classes, and Business Rules might be sufficient to get you started while you gain experience on how to refine the basic Document hierarchy and User Class structures.

## 1.2.1 Planning your TIU Document Class/Title structure

An important feature of TIU is its improved searching and retrieving capabilities across documents. A meaningful grouping of Titles allows TIU to implement this improved search capability. You can group Titles into *Document Classes* according to site needs, such as service or product line. It is best to determine Document Classes before TIU implementation.

## 1.2.2 Exported Document Classes

TIU already includes the CWAD Titles as individual Document Classes in order for the CWAD alert system to work. The system automatically places the corresponding Titles under the appropriate Document Class.

TIU also includes the Historical Titles Document Class. Most sites have used such titles as General Notes and SOAP - General Notes. These Titles will not serve you well in TIU, as they do not contribute to meaningful sorting.

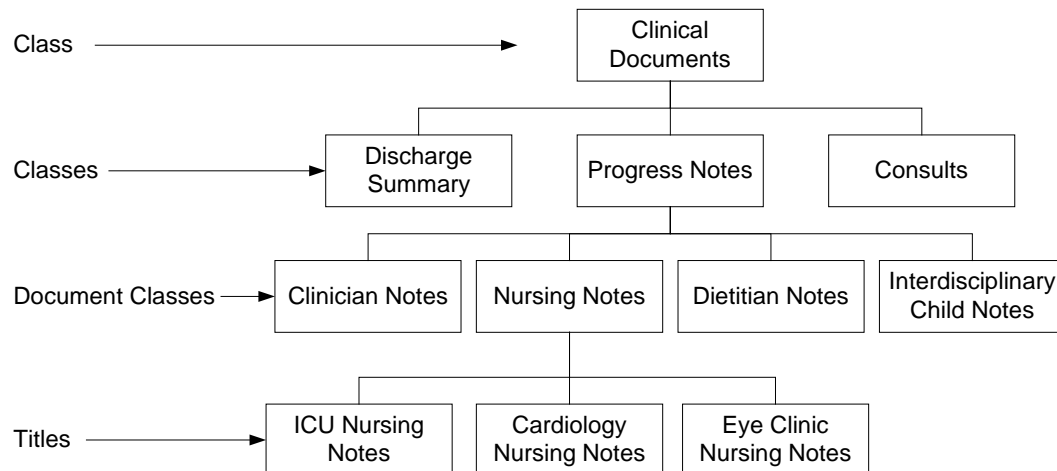


Figure 1-1: Document classes

## 1.2.3 Fine-tuning your initial Document Definition Hierarchy

After installing TIU, begin with just a few Titles under one Document Class. Once you have experience with these, you will be ready to expand your Document Hierarchy.

### 1.2.3.1 Inactivating a Title

When TIU is installed, Titles that were inactive are still inactive in; active Titles are still active. To be able to fine-tune Titles (change any parameters or characteristics) you must “inactivate” them. Do this through the option *Edit Document Definition*.

## 2.0 Using the TIU Menu for Clinicians

Options on the TIU Menu for Clinician's Menu allow staff to create, modify, review and sign documents associated with patient visits. The menu contains several functions that allow you to access patient visit documents in a variety of ways based on your immediate needs. Figure 2-1 displays the main TIU Clinician's Menu and the following sections describe the options available from this menu.

```

*****
*          INDIAN HEALTH SERVICE          *
*          TIU CLINICIAN'S MENU          *
*          VERSION 1.0, AUG 28,2003      *
*****

                                UNSPECIFIED HO

EED  Enter/edit Document
EUV  Edit/Update Visit
HLP  TIU Help for Clinicians ...
IPD  Individual Patient's Documents
MPD  Multiple Patient Documents
MYU  All MY UNSIGNED Documents
SPT  Search by Patient AND Title
TRD  Transcribe Document
TRM  TIU Reports Menu ...

Select TIU Menu for Clinicians Option:

```

Figure 2-1: Accessing the TIU Clinician's Menu options

## 2.1 Using the Enter/Edit Document Option

The Enter/Edit Document (EED) functionality allows you to create new documents or review, verify, reassign, or print existing documents associated with patient visits.

### 2.1.1 Creating Documents Associated with New Visits

Follow these steps to create patient documents associated with new visits:

1. Type EED at the "Select TIU Menu for Clinicians Option:" prompt to access the Enter/Edit Document options.
2. Type the appropriate patient name at the "Select Patient Name:" prompt. The system displays general information associated with the indicated patient. Review this information to verify the correct patient was selected.

3. If the site parameter Suppress Review Notes Prompt is set to *NO* and you have Suppress Review Notes Prompt set to *NO* under your Personal Preferences, you will be asked if you want to review previous notes on this patient. In this case, we are only interested in creating a new note, so type *NO* at the “Do you wish to see any of these notes?” prompt.
4. At the “Select Title:” prompt, enter the Title associated with the document you want to create. If you have a short list of commonly used titles set up under Personal Preferences, they will display.
5. The system displays existing visits as shown in Figure 2-2.

```

Personal CLINICAL DOCUMENTS Title List for USER, DEMO

  1  SCHOOL PHYSICAL NOTE
  2  ADVANCE DIRECTIVE
  3  CRISIS NOTE
  4  Other Title

TITLE:  (1-4): 1// 2  ADVANCE DIRECTIVE      TITLE      TITLE

The following VISITS are available:

1>  JUL 16, 1997@11:30  MH      AMBU  OPTOMETRY      DEMO, DOCTOR
2>  JUL 16, 1997@12:00  MH      AMBU  DENTAL         DEMO, DOCTOR
3>  JUL 16, 1997@12:44  MH      AMBU  GENERAL        DEMO, DOCTOR

CHOOSE 1-3, or
<V>IEW VISIT, or <N>EW VISIT:

```

Figure 2-2: Selecting a Patient Visit

6. Type *N* at the “View Visit or New Visit:” prompt to create a document associated with a new visit. The system displays available visit types, as shown in Figure 2-3.

```

<V>IEW VISIT, or <N>EW VISIT: N

Select one of the following:

  A      AMBULATORY
  I      IN-HOSPITAL
  T      TELEPHONE CALL
  C      CHART REVIEW
  E      EVENT

Service Category: C//

```

Figure 2-3: Selecting a Visit Type



7. Type the appropriate item at the “Service Category:” prompt. In most cases, you will be creating only Telephone Call or Chart Review visits. If the patient was checked in via the Scheduling software, the ambulatory visit should already exist. If you are adding daily inpatient progress notes and there is no In-Hospital visit yet for today, then use “T” to create your visit. Use Historical Event only when no other category applies.
8. Type the appropriate clinic name or ward (for inpatients) at the “Patient Location:” prompt. If you are creating an Event visit, you will be asked “Visit Facility:” instead.
9. Type the appropriate date and time at the “Visit Date & Time:” prompt.

**Note:** Enter the date followed by the @ symbol followed by the military time.

**Example:** 10/12/03@13:30 or use NOW, if appropriate

10. At the “Clinic Code:” prompt, type the code number associated with the visit purpose, such as Audiology, Cardiac, or Genetics.

**Note:** After you complete the Clinic Code entry, the system returns a message verifying that it has successfully created the new visit, and displays the information associated with that new visit.

11. If this is the correct visit, type YES at the “Correct Visit:” prompt, or type NO to select another one.
12. Only if you have the appropriate TIU key (TIUZPCC), will you see this next question. If you do and you want to enter additional data on the newly created visit, type YES at the “Want to Add data to this Visit?” prompt, or type NO to skip coding the visit. If you elect to add additional data on the newly created visit, the system drops you into PCC Data Entry in list manager, as shown in Figure 2-4. See the PCC manuals for instructions on coding visits in PCC.

```

PCC VISIT EDIT                      Nov 06, 2003 08:13:02          Page:    1 of    2

Patient Name:          DEMO, PATIENT
Chart #:               106733
Date of Birth:        AUG 15, 1968
Sex:                  M

<1> ===== VISIT FILE =====
VISIT/ADMIT DATE&TIME: NOV 06, 2003@08:00
DATE VISIT CREATED:   NOV 06, 2003
TYPE:                 IHS
PATIENT NAME:        DEMO, PATIENT
LOC. OF ENCOUNTER:   UNSPECIFIED HO
SERVICE CATEGORY:   CHART REVIEW
CLINIC:              GENERAL
DATE LAST MODIFIED:  NOV 06, 2003
HOSPITAL LOCATION:   GENERAL
CREATED BY USER:    DEMO, TRANSCRIPTIONIST
USER LAST UPDATE:    DEMO, TRANSCRIPTIONIST

```

```

- Prev Screen      Q Quit      ?? for More Actions
1  Add Provider    4  Add Measurement  7  Edit/Delete Item
2  Add Diagnosis   5  Add Skin Test    8  Edit Problem List
3  Add Procedure   6  Add Immunization 9  Other PCC Visit Items

Select Item(s): +//

```

Figure 2-4: Editing Visit Options

13. Once you exit the PCC coding OR you skip it altogether, you can then proceed with creating your TIU document.

```

DATE/TIME OF NOTE: 02/27/04@14:07//
AUTHOR OF NOTE: USER, DEMO//
SUBJECT (OPTIONAL description):

Calling text editor, please wait...

```

Figure 2-5: Confirming date and time

14. You will be asked to confirm both the Date/Time of the Note as well as the Author. If you set it up under your Personal Preferences, you will also be asked to enter a Subject. Then the screen editor will open. If you have a boilerplate defined for the document title, it will be preloaded for you, along with any patient data objects.

```

==[ WRAP ]==[ INSERT ]====< Patient: DEMO,PATIENT >====[ <PF1>H=Help ]===
Date: FEB 27, 2004

DEMO, PATIENT Age: 35 Date of Birth: JAN 25,1969
P O BOX 100
TAOS NEW MEXICO 87777
Home Phone:123-4567 (home)/555-8888 x123 (office)

Immunizations Due: No immunizations due.

Assessment:
Active Problems: None Found
Problem List Updates: None Found

Plan of Care:

Future Appt: None Found

<=====T=====T=====T=====T=====T=====T=====T=====T=====T>===

```

Figure 2-6: Editing Note Contents

15. At this point you are free to enter any additional information into the note. When you are done, press the PF1 key then E to exit and save.
16. At the “Save Change?” prompt, type YES to save your document. Type NO to delete it.

17. If saved, you will be asked to electronically sign the note. You must have an electronic signature set up under Tool Box to sign TIU documents. If you do not sign it, the note will trigger an alert reminding you that you have an unsigned note. It will also show up under the “All MY UNSIGNED Documents” report.

```
Save changes? YES//
Saving SCHOOL PHYSICAL NOTE with changes...

Enter your Current Signature Code:
< SCHOOL PHYSICAL NOTE SAVED - WITHOUT SIGNATURE >

Press RETURN to continue...
```

Figure 2-7: Saving your note

## 2.1.2 Creating and Editing Documents Associated with Existing Visits

Follow these steps to edit and view documents associated with existing patient visits:

1. Type EED at the “Select TIU Menu for Clinicians Option:” prompt to access the Enter/Edit Document options.
2. Type the appropriate patient name at the “Select Patient Name:” prompt.
3. At the “Select Title:” prompt, enter the Title associated with the document you want to create. This example shows the prompt if you do NOT have a short title list defined. The system displays existing visits as shown in Figure 2-8.

```
Select TITLE: ADVANCE DIRECTIVE          TITLE          TITLE

The following VISITS are available:

  1> JUL 16, 1997@11:30    MH    AMBU    OPTOMETRY    DEMO, DOCTOR
  2> JUL 16, 1997@12:00    MH    AMBU    DENTAL       DEMO, DOCTOR
  3> JUL 16, 1997@12:44    MH    AMBU    GENERAL      DEMO, DOCTOR

CHOOSE 1-3, or
<V>IEW VISIT, or <N>EW VISIT:
```

Figure 2-8: Selecting a Document Title

4. At the “View Visit or New Visit:” prompt, type the number associated with the visit to edit the visit document.

**Note:** Type V[#] to view the existing visit. For example, V3 will display the third visit.

5. Type YES at the “Correct Visit:” prompt to edit the displayed visit, or type NO to cancel.
6. Continue as you would if you created a new visit. See section 2.1.1 step 12.

## 2.2 Using the Edit/Update Visit Option

The Edit/Update Visit (EUV) functionality allows you to review and edit PCC patient visits. You must have the TIUZPCC key to see this on your menu. We strongly advise against allocating this key, except to staff who have been training in PCC Data Entry. Follow these steps to access the EUV options:

1. Type EUV at the “Select TIU Menu for Clinicians Option:” prompt to access the PCC Data Entry options.
2. Type the appropriate patient name at the “Select Patient Name:” prompt.
3. At the “Enter Visit Date:” prompt, enter the date associated with the patient visit you want to update. The system displays the PCC Data Entry Visit Update screen, as shown in Figure 2-9.

```

PCC DATA ENTRY VISIT UPDATE   Oct 15, 2003 12:51:52           Page:    1 of    1

Patient Name: DEMO, PATIENT   DOB: JUN 13, 1972   Sex: M   HRN: 104213
Visit Date:  Oct 12, 2003@10:30   Clinic:  URGENT CARE

1) Providers                15)Edema                    29)Skin Test w/Result
2) Blood Pressure           16)Presentation (OB)       30)Exam
3) Weight in LBs/OZs       17)Cervix Dilatation      31)Physical Therapy
4) Gram Weight              18)Effacement              32)Patient Education
5) Height in Inches         19)Station (Pregnancy)    33)Treatments Provided
6) Height (Centimeter)     20)Vision Corrected       34)Activity Time
7) Head Circumference      21)Vision Uncorrected     35)CPT Codes
8) Head Circ-Centimeter    22)Purpose of Visit       36)Visit Information
9) Temperature              23)Uncoded POV            37)Clinic
10)Pulse                    24)POV and Problem        38)Appointment Date/Time
11)Respiration              25)Operation/Procedures  39)Evaluation&Management
12)Fundal Height           26)Uncoded Procedure      40)Reproductive Factors
13)Fetal Heart Tones       27)Immunization           41)LMP
14)Abdominal Girth         28)Skin Test Placed       42)Other Item-Mnemonics

Enter ?? for more actions
AD  Add PCC Item            DV  Display Visit           HS  Health Summary
MD  Modify PCC Item        OT  Other Items              HI  Historical Data Entry
DE  Delete PCC Item        PL  Problem List Update     Q   Quit

Select Action: AD//

```

Figure 2-9: Editing Patient Visit Information

4. At the “Select Action:” prompt, type the abbreviation associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the PCC item you select.

Action	Description
Add PCC Item	This action allows you to add new information to any of the displayed categories, such as Providers, Purpose of Visit, or Appointment Date.

Action	Description
Modify PCC Item	This action allows you to modify existing information in any of the displayed categories. Additionally, you can update test result information using this option.
Delete PCC Item	This action allows you to remove any values associated with the displayed items. Use the @ symbol at any prompt to delete the current value.
Display Visit	This action allows you to review information associated with the specific categories.
Other Items	This action allows you to access additional PCC+ items, such As Kilogram Weight, Eyeglass Prescription, And Blood Type.
Problem List Update	This action allows you to update the problem list by entering the location where a problem list update occurred and the date upon which it was updated.
Health Summary	This action allows you to review all captured information associated with the specified patient.
Historical Data Entry	This action allows you to review all captured medical history associated with the specified patient, including family history, personal history, and offspring history.
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

## 2.3 Using the TIU Help for Clinicians Menu

The TIU Help for Clinicians menu (HLP) offers a variety of ways for you to access and manage document definitions and personal preferences. Follow these steps to access the HLP options:

1. Type HLP at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Help for Clinicians Menu, as shown in Figure 2-10.

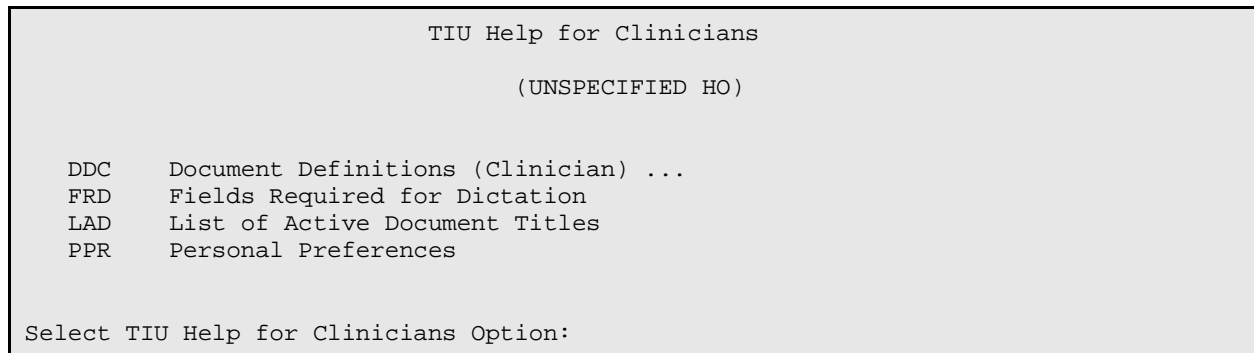


Figure 2-10: Accessing the TIU Help for Clinicians menu options

### 2.3.1 Using the Document Definitions (Clinician) Menu

The Document Definitions (DDC) functionality offers a variety of ways for you to access and manage document definitions. Follow these steps to access the DDC menu options:

1. Type HLP at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Help for Clinicians Menu.
2. Type DDC at the “Select TIU Help for Clinicians Option:” prompt to access the Document Definitions (Clinician) menu, as shown in Figure 2-11.

```

Document Definitions (Clinician)

(UNSPECIFIED HOSPITAL)

DDC1  Edit Document Definitions
DDC2  Sort Document Definitions
DDC3  View Objects
DDC4  List Membership by Class
DDC5  List Membership by User

Select Document Definitions (Clinician) Option:

```

Figure 2-11: Accessing the Document Definitions menu options

### 2.3.1.1 Using the Edit Document Definitions Option

The Edit Document Definitions (DDC1) functionality allows you to view and edit existing document definitions. Only if you are defined as the Owner of a document Class or Title, may you edit it. New Document Classes and Titles cannot be created here. See Section 3.8.1 for instructions on creating new entries. Follow these steps to access the DDC1 menu options:

1. Type DDC1 at the “Select Document Definitions (Clinician) Option:” prompt to access the Edit Document Definitions options, as shown in Figure 2-12.

```

Edit Document Definitions      Dec 01, 2003 11:19:21      Page: 1 of 1
                               BASICS

Name                           Type
1  CLINICAL DOCUMENTS          CL
2  +DISCHARGE SUMMARY          CL
3  +PROGRESS NOTE              CL
4  +ADDENDUM                   DC
5  CLINICAL PROCEDURES         CL

?Help  >ScrollingRight  PS/PL PrintScrn/List  +
Expand/Collapse           Detailed Display/Edit  Quit
Jump to Document Def      Try
Boilerplate Text          Find

Select Action: Quit//

```

Figure 2-12: Editing Document Definitions

2. At the “Select Action:” prompt, type the name associated of the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the document hierarchy item you select.

Action	Description
Expand/Collapse	This action allows you to expand or collapse entry hierarchy. You can expand any entry preceded by an addition symbol (+).
Jump to Document Def	This action allows you to select any document definition in the Clinical Document Hierarchy and expands the display to include the selected entry. You cannot jump to orphan documents or objects since they do not belong to the hierarchy. Additionally, you cannot jump to Shared Components since they might occur more than once in the hierarchy. This is a quick way to get several layers deep into the hierarchy in one step.
Boilerplate Text	This action allows you to view standard text associated with Titles and Components. Additionally, entry owners and individuals with access to the Manager menu can edit the boilerplate text.
Detailed Display/Edit	This action allows you to view and modify all aspects of the selected entry, such as Activity Status, Owner, and Print Name. Editing is limited if the entry is National. Additionally, you can view Shared Components with this action, but you can only edit them using the Sort action. Only entry owners and individuals with access to the Manager menu can perform edits.
Try	This action allows you to examine the selected entry for basic problems. Refer to Appendix B: Try Functionality for details about this action..
Find	This action allows you to search for text in a list of entries/information displayed. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

### 2.3.1.2 Using the Sort Document Definitions Option

The Sort Document Definitions (DDC2) functionality allows you to sort documents by various definition criteria. This functionality then allows you to view and edit those document definitions. Follow these steps to access the DDC2 option:

1. Type DDC2 at the “Select Document Definitions (Clinician) Option:” prompt to access the Sort Document Definitions options.
2. Type the letter associated with the sort option you want at the “Select Attribute: (T/O/S/U/P/A):” prompt. Available options include type, owner, and status.
3. The prompts associated with each sort option will vary based on the item you select. Complete the prompts as appropriate.

4. At the “Start with Document Definition:” prompt, enter the name of the document you want to begin with, or type FIRST to include all documents.
5. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Find	This action allows you to search for text in a list of entries/information displayed. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.
Change View	This action allows you to conduct a new search while remaining in the current module.
Boilerplate Text	This action allows you to view standard text associated with Titles and Components. Additionally, entry owners and individuals with access to the Manager menu can edit the boilerplate text.
Detailed Display/Edit	This action allows you to view and modify all aspects of the selected entry, such as Activity Status, Owner, and Print Name. Editing is limited if the entry is National. Additionally, you can view Shared Components with this action, but you can only edit them using the Sort action. Only entry owners and individuals with access to the Manager menu can perform edits.
Try	This action allows you to examine the selected entry for basic problems. Refer to Appendix B: Try Functionality for details about this action.
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

### 2.3.1.3 Using the View Objects Option

The View Objects (DDC3) functionality allows you to list patient/visit objects by various sort criteria. This functionality then allows you to view and edit these data objects. A patient/visit object, is a defined piece of code that when imbedded in a boilerplate or template will pull that particular piece of data into a patient’s document. Creating new3 objects is not allowed here. See section 3.8.1 for details. Follow these steps to access the DDC3 option:

1. Type DDC3 at the “Select Document Definitions (Clinician) Option:” prompt to access the View Objects options.
2. At the “Start Display with Object:” prompt, enter the name of the object you want to begin with, or type FIRST to include all objects. The system displays the all objects within the selection criteria you entered, as shown in Figure 2-13.

Objects	Dec 01, 2003 13:06:37	Page: 1 of 8
	Objects	



	Name	Status
1	ACTIVE MEDICATIONS	A
2	ACTIVE MEDS COMBINED	A
3	ACTIVE PROBLEMS	A
4	ALLERGIES/ADR	A
5	BMI	A
6	BMI WITH CAPTION	A
7	COMMUNITY	A
8	CURRENT ADDRESS	A
9	CURRENT ADMISSION	A
10	CURRENT DIET	A
+           ?Help   >ScrollRight   PS/PL PrintScrn/List   +/-           +		
	Find	Detailed Display/Edit   Quit
	Change View	
Select Action: Next Screen//		

Figure 2-13: Viewing Objects

- At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Find	This action allows you to search for text in a list of entries/information displayed. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.
Change View	This action allows you to conduct a new search while remaining in the current module.
Detailed Display/Edit	This action allows you to view and modify all aspects of the selected entry, such as Activity Status, Owner, and Print Name. Editing is limited if the entry is National. Additionally, you can view Shared Components with this action, but you can only edit them using the Sort action. Only entry owners and individuals with access to the Manager menu can perform edits.
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

#### 2.3.1.4 Using the List Membership by Class Option

The List Membership by Class (DDC4) functionality allows you to view all the current members of a selected User Class, add new members and delete inactive members. Follow these steps to access the DDC4 option:

- Type DDC4 at the “Select Document Definitions (Clinician) Option:” prompt to access the List Membership by Class options.

- At the “Select Class:” prompt, type the name of the appropriate User Class. The system displays the individuals assigned to the designated User Class, as shown in Figure 2-14.

User Class Members		Sep 19, 2003 09:36:43	Page: 1 of 1
		CLINICAL COORDINATORS	3 Members
Member		Effective	Expires
1	DEMO, DOCTOR	09/25/03	
2	DEMO, COORDINATOR	09/18/03	09/17/04
3	DEMO, PHYSICIAN	07/17/03	
+            + Next Screen   - Prev Screen   ?? More Actions            +			
Add		Remove	Change View
Edit		Schedule Changes	Quit
Select Action: Quit//			

Figure 2-14: Viewing Membership by User Class

- At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Add	This action allows you to add an individual to the selected User Class.
Edit	This action allows you to modify the details associated with the individuals assigned to the selected User Class.
Remove	This action allows you to remove an individual from the selected User Class.
Schedule Changes	This action allows you to schedule changes that effect the User Class membership and privileges.
Change View	This action allows you to conduct a new search while remaining in the current module.

### 2.3.1.5 Using the List Membership by User Option

To maintain accurate User Class membership, you should conduct periodic reviews of the personnel assigned to each class.

The List Membership by User (DDC5) functionality allows you to view User Class assignments for a specific individual. Follow these steps to access the DDC5 options:

- Type DDC5 at the “Select Document Definitions (Clinician) Option:” prompt to access the List Membership by Class options.

- At the “Select User:” prompt, type the name of the appropriate user. The system displays the User Classes to which that individual belongs, as shown in Figure 2-15.

Current User Classes		Sep 19, 2003 08:53:57 DEMO, DOCTOR	Page: 1 of 1 3 Classes
	User Class	Title	Effective Expires
1	Clinical Clerk		09/16/03
2	Medical Record Supervisor		09/16/03
3	Nurse		09/16/03
+      + Next Screen   - Prev Screen   ?? More Actions      +			
	Add	Remove	Quit
	Edit	Change View	
Select Action: Quit//			

Figure 2-15: Viewing Memberships by User

- At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Add	This action allows you to add a User Class assignment to the selected individual.
Edit	This action allows you to modify the User Class assignments of the selected individual.
Remove	This action allows you to remove a User Class assignment from the select individual.
Change View	This action allows you to conduct a new search while remaining in the current module.

### 2.3.2 Using the Fields Required for Dictation Option

The Fields Required for Dictation (FRD) functionality allows you to determine which fields are necessary to dictate each document. You cannot change field requirements from this location, but can only use this information for reference. Follow these steps to access the FRD option:

- Type FRD at the “TIU Help for Clinicians Option:” prompt to access the Fields Required for Dictation options.
- At the “Select Document Type:” prompt, type the name of the document you want to modify. The system displays the fields required for the associated document, as shown in Figure 2-16.

```

Select DOCUMENT TYPE: DISCHARGE SUMMARY          TITLE          TITLE
A Dictated DISCHARGE SUMMARY, requires the following:
  HRCN                      00-12-34
  ADMISSION DATE            03/30/93
  DICTATING PROVIDER        DOCTOR D. DEMO, M.D.
  DICTATION DATE            04/03/93
  ATTENDING PHYSICIAN       DOCTOR D. DEMO, M.D.
  STAT OR ROUTINE           PRIORITY

Do you want to get patient data? YES//

```

Figure 2-16: Viewing required fields associated with specific documents

- At the “Do you want to get Patient Data:” prompt, type YES to retrieve information about the patient that you must enter in the required fields, as shown in Figure 2-17.

```

Do you want to get patient data? YES//
Select PATIENT NAME: DEMO, PATIENT

<CW>  M 08-26-1974 701201480      MH 106733

The following ADMISSION(S) are available:
  1>  OCT 27, 2003@14:09      REFERRED FROM IHS CL      TO:  GMS
  2>  OCT 27, 2003@13:56      DIRECT                     TO:  GMS
CHOOSE 1-2: 2  OCT 27 2003@13:56

  Patient: DEMO, PATIENT          HRCN: 106733          Sex: MALE
  Ward: GMS                      Age: 29
  Att Phys: DEMO, DOCTOR          Prim Phys: DEMO, PHYSICIAN
  Adm Date: 10/27/03@13:56:37    Dis Date: 10/27/03
  Adm Dx: sick

Is this the CORRECT Visit? NO// YES

```

Figure 2-17: Viewing patient data related to required fields

- At the “Is this the Correct Visit?” prompt, type Yes to select his visit or No to cancel.

### 2.3.3 Using the List of Active Document Titles Option

The List of Active Document Titles (LAD) functionality allows you to view all documents currently set to an active status within the TIU document hierarchy. Follow these steps to access the LAD option:

- Type LAD at the “TIU Help for Clinicians Option:” prompt to access the List of Active Document Titles options. The system displays all active documents within the hierarchy, as shown in Figure 2-18.

```

Document Hierarchy          Dec 01, 2003 13:36:07          Page: 1 of 3
      CLINICAL DOCUMENTS HIERARCHY AT UNSPECIFIED HO

Document Title              Okay to Dictate

```

```

CLINICAL DOCUMENTS CLASS

ADDENDUM DOCUMENT CLASS
  ADDENDUM

DISCHARGE SUMMARY CLASS

DISCHARGE SUMMARIES DOCUMENT CLASS                YES
  DELETED DISCHARGE SUMMARY
  DISCHARGE SUMMARY                                YES

PROGRESS NOTE CLASS
  - Previous Screen  Q Quit  ?? for More Actions      +

Select Action:Next Screen//

```

Figure 2-18: Viewing Active Documents

### 2.3.4 Using the Personal Preferences Option

The Personal Preferences (PPR) functionality allows you to customize software to the individual user. This includes setting options for viewing sort order, and customizing a list of frequently used document Titles. Follow these steps to access the PPR option:

1. Type PPR at the “TIU Help for Clinicians Option:” prompt to access the Personal Preferences options.
2. At the “Enter Response:” prompt, enter either Personal Preferences or Document List Management. The following table describes the differences between the options. If you hold the TIUZPPR key, you may enter personal preferences and set up frequently used title lists for all users. If you do not hold the key, you can only define these for yourself.

Option	Description
Personal Preferences	Allows users to specify their preferences with respect to the behavior of the user-configurable features
Document List Management	Allows individual users to specify which titles they wish to choose from when asked to select from a given Class of TIU Documents (e.g., when selecting from the class Progress Notes, I'd like to see the Titles Lipid Clinic Note, History & Physical, Service Transfer Note, and Discharge Planning, in that order). Also allows the user to specify a default title for the selected Class.

Figure 2-19 displays an example of Adding/updating your personal preferences.

```

PERSONAL PREFERENCES

Select one of the following:

1      Personal Preferences
2      Document List Management

```

Enter response: 1 Personal Preferences

Enter/edit Personal Preferences for YOUR NAME AND TITLE  
...OK? Yes//

\*\*\* If you hold the TIUZPPR key, you can select to edit any TIU user's preferences. In that case, the previous prompt would be "Select TIU User:".

DEFAULT LOCATION:

This hospital location is presented to the user as the default location when the user enters outpatient TIU documents. The location must be an active Scheduling clinic.

REVIEW SCREEN SORT FIELD: status//

Specify the attribute by which the document list should be sorted.

Choose from:

P	patient
D	document type
R	reference date
S	status
C	completion date
A	author
E	expected cosigner

REVIEW SCREEN SORT ORDER: ascending//

Please specify the order in which you want the list sorted

Choose from:

A	ascending
D	descending

DISPLAY MENUS: YES//

This field determines whether the menus for document type, search category, etc. should be automatically displayed (at least until you get to know them better).

Choose from:

0	NO
1	YES

PATIENT SELECTION PREFERENCE: single//

This determines whether the user will be prompted to select one patient at a time, or with the OE/RR patient look-up, which allows selection of a list of patients for iterative processing.

Choose from:

S	single
M	multiple

ASK 'Save changes?' AFTER EDIT: YES//

This parameter enables or disables the prompt (Save changes? YES//) on exit from your editor. Enabling the prompt allows you to "abandon mistakes", and helps some users avoid the accidental storage (or potential loss) of data following editing of documents.

Choose from:

1	YES
0	NO

ASK SUBJECT FOR PROGRESS NOTES: YES//

Enter YES if you want to be prompted for a SUBJECT when entering or editing a Progress Note. Subject is a freetext, indexed field which may help you to find notes about a given topic, etc.

```

Choose from:
  1      YES
  0      NO

NUMBER OF NOTES ON REV SCREEN: 15//
  This determines the number of notes that will be included in your initial
  list when reviewing progress notes by patient.

SUPPRESS REVIEW NOTES PROMPT: NO//
  Allows user to specify whether to suppress the prompt to Review Existing
  Notes on entry of a Progress Note.  YES will SUPPRESS the prompt, while
  NO, or no entry will allow the site's default setting to take precedence
.

Choose from:
  1      YES
  0      NO

Select DAY OF WEEK:
  You may enter a new LOCATION BY DAY OF WEEK, if you wish
  This is the day of week on which the user expects to serve patients at a
  particular location.

Choose from:
  1      SUNDAY
  2      MONDAY
  3      TUESDAY
  4      WEDNESDAY
  5      THURSDAY
  6      FRIDAY
  7      SATURDAY

Select DAY OF WEEK: 2 (2  MONDAY)
  Are you adding 'MONDAY' as a new DAY OF WEEK (the 1ST for this TIU PERSONAL
  PREFERENCES)? No// Y (Yes)
  HOSPITAL LOCATION:
    This is the HOSPITAL LOCATION at which the user expects to see
    patient on the specified day of week.
Select DAY OF WEEK:

```

Figure 2-19: Example of Adding/Updating your personal preferences

Figure 2-20 displays an example of adding a personal document list:

```

                                PERSONAL PREFERENCES

Select one of the following:

  1      Personal Preferences
  2      Document List Management

Enter response: 2 Document List Management

                                --- Personal Document Lists ---

Use this option to maintain your personal list of frequently used
document titles.  You can enter up to 18 titles on your list.  In
the event you need to select a title not on your personal list,
that option will always be able to you.

```

```

Enter/edit Personal Document List for YOUR NAME
Add a new Personal Document List? YES//

**** If you hold the TIUZCMGR key, you can set up title lists for any TIU user.  In
that case, the previous prompt would be "Select TIU User:".

When selecting CLINICAL DOCUMENTS, which TITLES would you like to be
presented with initially?

Please do not enter more than 18 titles to your list!

Select TITLE: ADVANCE DIRECTIVE          TITLE          TITLE
Are you adding 'ADVANCE DIRECTIVE' as
a new PERSONAL DOCUMENT LIST (the 1ST for this TIU PERSONAL DOCUMENT TYPE LIST)?
No// Y (Yes)
SEQUENCE: 1
DISPLAY NAME:
Select TITLE: SCHOOL PHYSICAL NOTE          TITLE          TITLE
Are you adding 'SCHOOL PHYSICAL NOTE' as
a new PERSONAL DOCUMENT LIST (the 2ND for this TIU PERSONAL DOCUMENT TYPE LIST)?
No// Y (Yes)
SEQUENCE: 2
DISPLAY NAME: School Exams
Select TITLE:

Now, Specify the TITLE you'd like as your DEFAULT for CLINICAL DOCUMENTS

DEFAULT TITLE:

```

Figure 2-20: Example of adding a personal document list

Figure 2-21 displays an example of how this list of titles displays when creating a new document.

```

Personal CLINICAL DOCUMENTS Title List for YOUR NAME

1  ADVANCE DIRECTIVE
2  School Exams
3  Other Title

TITLE:  (1-3):

```

Figure 2-21: Example of how a list of titles displays when creating a new document

## 2.4 Using the Individual Patient's Documents Option

The Individual Patient's Documents (IPD) functionality allows you to review all completed documents associated with a specific patient in a given date range. Additionally, this functionality allows you to sort those documents by reference date or by visit date. Follow these steps to access the IPD option:

1. Type IPD at the "Select TIU Menu for Clinicians Option:" prompt to access the Individual Patient's Documents Options.



2. At the “List Text or Titles:” prompt, type the number associated with the display order you want to use. The following table describes the differences between the options.

Option	Description
List by Text	Displays actual document text for a series of documents. Use this function to quickly search a series of documents for a specific word or phrase, or to browse all documents associated with a patient.
List by Title	Displays document Titles, authors, and signature status for a series of documents. Use this function to quickly find a specific document.

3. At the “Sort by Visit Date or Reference Date:” prompt, type the number associated with the sort order you want to use. The following table describes the differences between the options.

Option	Description
Sort by Visit Date	Displays all documents associated within a specific range of visit or admission dates, regardless of the document entry dates.
Sort by Reference Date	Displays all documents entered into the system within a specific date range.

4. Type the appropriate patient name at the “Select Patient Name:” prompt.
5. Type the earliest date for which you want documents to display at the associated prompt.
6. Type the latest date for which you want documents to display at the associated prompt. The system displays all documents within the indicated interval in accordance with the List and Sort options you selected, as shown in Figure 2-22.

DocDt	VstDt	Typ	Document	Dx or Procedure	
1	10/27	10/2	E	CRISIS NOTE	
2	10/27	10/2	E	CRISIS NOTE	
3	10/27	10/27	H	Discharge Summary	
4	10/27	10/27	H	CLINICAL WARNING	
5	10/27	10/27	H	Discharge Summary	
6	10/28	10/27	H	CRISIS NOTE	
7	10/28	10/27	H	Adverse React/Allergy	
8	10/28	10/27	H	ADVANCE DIRECTIVE	
9	10/28	10/27	H	DELETED PROGRESS NOTE	

Documents by Visit Date Nov 06, 2003 10:06:53 Page: 1 of 1  
For DEMO, PATIENT from 5/10/03 to 11/6/03 9 documents

+ - Prev Screen Q Quit ?? More Actions +  
Add Document Make Addendum Browse  
Copy Sign/Cosign Detailed Display  
Edit Unsigned Doc. Find Print

Select Action:Next Screen//

Figure 2-22: Viewing Individual Patient's Documents search results

7. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the type of document you select.

Action	Description
Add Document	This action allows you to add a new document to the patient record.
Copy	This action allows you to copy documents from one patient record to another. Refer to Appendix A: Copy/Move Functionality for more details regarding this functionality.
Edit Unsigned Doc	This action allows you to modify the information associated with a specific document.
Make Addendum	This action allows you to add a free-text note to a specific document.
Sign/Cosign	This action allows you to enter an electronic signature on unsigned documents.
Find	This action allows you to search for text in a list of entries/information displayed. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.
Browse	This action allows you to review the content of a specific document.
Detailed Display	This action allows you to view all aspects of the selected entry, such as Activity Status, Owner, and Print Name.
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient’s phone number in the footer and are clearly marked, “Not for Medical Record”. Print work copies unless you are going to place the document in the patient file.

## 2.5 Using the Multiple Patient Documents Option

The Multiple Patient’s Documents (MPD) functionality allows you to review multiple documents based on various criteria, such as status, type, and category. Follow these steps to access the MPD option:

1. Type MPD at the “Select TIU Menu for Clinicians Option:” prompt to access the Multiple Patient’s Documents Options.
2. At the “Select Status:” prompt, type the value associated with the appropriate document status, such as Unsigned, Completed, Amended, Purged, Or Retracted. You may always select ALL.
3. At the “Select Clinical Document Type(s):” prompt, type the name of the class that you want to display, such as Progress Note, Discharge Summary, or Addendum. Again you can select ALL.
4. At the “Select Search Categories:” prompt, type the name of the category for which you want documents to display, such as Patient, Author, Or Subject.

**Note:** The prompts associated with each option will vary based on the search category you select. For example, when submitting an author search you must enter the author name, but when submitting a visit search, you must select the patient and visit.

5. Complete the prompts as appropriate to display the search results, as shown in Figure 2-23.

Patient	Document	Ref Date	Status
1 DEMO, P	#107642 CLINICAL WARNING	10/15/03	unsigned
2 TEST, P	#106823 ADVANCE DIRECTIVE	10/15/03	completed
3 TEST, P	#104616 CRISIS NOTE	10/14/03	unsigned

+ Next Screen	- Prev Screen	?? More Actions	+
Add Document	Detailed Display	Delete Document	
Edit	Browse	Interdiscipl'ry Note	
Make Addendum	Print	Expand/Collapse Entry	
(Link ...)	Identify Signers	Quit	
Sign/Cosign	Change View		

Select Action: Quit//

Figure 2-23: Viewing Multiple Patient Documents search results

6. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the document you select.

Action	Description
Add Document	This action allows you to add a new document to the patient record.
Edit	This action allows you to modify the information associated with a specific document.
Make Addendum	This action allows you to add a free-text note to a specific document.
(Link)	This action allows you to link documents to problems, visits, or other documents. Such associations permit a variety of clinically useful views of the online record. Not available at this time.
Sign/Cosign	This action allows you to enter an electronic signature on unsigned documents.
Detailed Display	This action allows you to view all aspects of the selected entry, such as Activity Status, Owner, and Print Name.
Browse	This action allows you to review the content of a specific document.

Action	Description
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.
Identify Signers	This action allows authorized users to identify additional concurrent signers for a document.
Delete Document	This action allows you to delete your unsigned documents.
Interdiscipl'ry Note	A universal action for operations on Interdisciplinary Notes. You should select a note before selecting this menu option. If the note selected is a parent note, the system will prompt you to enter a child of this note. If the note selected is an unattached child note, the system will prompt you to select the parent that goes with it
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

## 2.6 Using the My Unsigned Documents Option

The My Unsigned Documents (MYU) functionality allows you to review and complete any unsigned documents on which they are an expected signer. Follow these steps to access the MYU option:

1. Type MYU at the "Select TIU Menu for Clinicians Option:" prompt to access the My Unsigned Documents options, as shown in Figure 2-24.

Patient	Document	Ref Date	Status
1 DEMO, P	#104616 CRISIS NOTE	10/14/03	unsigned
2 DEMO, P	#106733 DELETED PROGRESS NOTE	10/03/03	unsigned
3 TEST, P	#106733 DELETED PROGRESS NOTE	10/03/03	unsigned
4 TEST, P	#106733 DELETED PROGRESS NOTE	10/03/03	unsigned

MY UNSIGNED Documents				Oct 15, 2003 16:01:37	Page: 1 of 1
by AUTHOR (TEST,DOCTOR) or EXPECTED COSIGNER				4 documents	
+      + Next Screen   - Prev Screen   ?? More Actions      +					
Add Document	Detailed Display	Delete Document			
Edit	Browse	Interdiscipl'ry Note			
Make Addendum	Print	Expand/Collapse Entry			
(Link ...)	Identify Signers	Quit			
Sign/Cosign	Change View				

Select Action: Quit//

Figure 2-24: Viewing Unsigned Documents search results

2. At the "Select Action:" prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the document you select.

Action	Description
Add Document	This action allows you to add a new document to the patient record.
Edit	This action allows you to modify the information associated with a specific document.
Make Addendum	This action allows you to add a free-text note to a specific document.
(Link)	This action allows you to link documents problems, visits, or other documents. Such associations permit a variety of clinically useful views of the online record. Not available at this time.
Sign/Cosign	This action allows you to enter an electronic signature on unsigned documents.
Detailed Display	This action allows you to view all aspects of the selected entry, such as Activity Status, Owner, and Print Name.
Browse	This action allows you to review the content of a specific document.
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.
Identify Signers	This action allows authorized users to identify additional concurrent signers for a document.
Change View	This action allows you to conduct a new search while remaining in the current module.
Delete Document	This action allows you to delete your unsigned documents.
Interdiscipl'ry Note	A universal action for operations on Interdisciplinary Notes. You should select a note before selecting this menu option. If the note selected is a parent note, the system will prompt you to enter a child of this note. If the note selected is an unattached child note, the system will prompt you to select the parent that goes with it
Expand/Collapse Entry	This action allows you to expand or collapse entry hierarchy. You can expand any entry preceded by an addition symbol (+).
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

## 2.7 Using the Search by Patient and Title Option

The Search by Patient and Title (SPT) functionality allows you to retrieve documents associated with a specific patient. Follow these steps to access the SPT option:

1. Type SPT at the "Select TIU Menu for Clinicians Option:" prompt to access the Search by Patient and Title Options.
2. Type the patient's name at the "Select Patient Name:" prompt.

3. At the “Please Select Progress Note Titles to Search For:” prompt, type the name of a Title associated with the documents you want to see at the “1)” prompt.
4. Press the Enter key to add a “2)” prompt and type another document Title. Repeat this process to add as many documents as necessary.
5. When you have added all the necessary Titles, press the Enter key at a blank number prompt.
6. Type the earliest date for which you want documents to display at the “Start Reference Date [Time]:” prompt.
7. Type the latest date for which you want documents to display at the “Ending Reference Date [Time]:” prompt. The system displays all the selected documents within the indicated time interval, as shown in Figure 2-25.

ALL Progress Notes		Oct 27, 2003 13:12:41	Page:	1 of 1
		by PATIENT from 01/01/90 to 10/27/03		1 documents
	Patient	Document	Ref Date	Status
1	DEMO, P	#106733 DELETED PROGRESS NOTE	10/03/03	unsigned
+            + Next Screen   - Prev Screen   ?? More Actions            +				
	Add Document	Sign/Cosign	Change View	
	Edit	Detailed Display	Copy	
	Make Addendum	Browse	Interdiscipl'ry Note	
	(Link ...)	Print	Quit	
Select Action: Quit//				

Figure 2-25: Viewing Patient and Title search results

8. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the document you select.

Action	Description
Add Document	This action allows you to add a new document to the patient record.
Edit	This action allows you to modify the information associated with a specific document.
Make Addendum	This action allows you to add a free-text note to a specific document.
(Link)	This action allows you to link documents to problems, visits, or other documents. Such associations permit a variety of clinically useful views of the online record. Not available at this time.
Sign/Cosign	This action allows you to enter an electronic signature on unsigned documents.
Detailed Display	This action allows you to view all aspects of the selected entry, such as Activity Status, Owner, and Print Name.

Action	Description
Browse	This action allows you to review the content of a specific document.
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.
Change View	This action allows you to conduct a new search while remaining in the current module.
Copy	This action allows you to copy documents from one patient record to another. Refer to Appendix A: Copy/Move Functionality for more details regarding this functionality.
Interdiscipl'ry Note	A universal action for operations on Interdisciplinary Notes. You should select a note before selecting this menu option. If the note selected is a parent note, the system will prompt you to enter a child of this note. If the note selected is an unattached child note, the system will prompt you to select the parent that goes with it
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

## 2.8 Using the Transcribe Document Option

The Transcribe Document (TRD) functionality allows you to create documents associated with existing patient visits for a clinician who has dictated the note. You must hold the TIUZTRANS key to act as a transcriptionist. Follow these steps to access the TRD option:

1. Type TRD at the "Select TIU Menu for Clinicians Option:" prompt to access the Search by Patient and Title Options.
2. Type the appropriate author name at the "Select Author:" prompt.
3. Type the appropriate patient name at the "Patient Name:" prompt.
4. At the "Select Title:" prompt, type the name of the document you want to create, such as Advance Directive, Crisis Note, or Discharge Summary. The system displays existing visits as shown in Figure 2-26.

Select TITLE: <b>ADVANCE DIRECTIVE</b>	TITLE	TITLE
The following VISITS are available:		
1> JUL 16, 1997@11:30	MH	AMBU OPTOMETRY DEMO, DOCTOR
2> JUL 16, 1997@12:00	MH	AMBU DENTAL DEMO, DOCTOR
3> JUL 16, 1997@12:44	MH	AMBU GENERAL DEMO, DOCTOR
CHOOSE 1-3, or		
<V>IEW VISIT, or <N>EW VISIT:		

Figure 2-26: Selecting a Document Title

5. Select the appropriate visit by typing the number associated with the visit at the “Choose:” prompt.

**Note:** You can also create a new visit by typing N, or view an existing visit by typing V. See Section 2.1.1 for details on creating a new visit.

6. At the “Correct Visit:” prompt, type YES to select the displayed visit, or type NO to select a new one.
7. Only if you have the appropriate TIU key (TIUZPCC), will you see this next question. If you do and you want to enter additional data on the newly created visit, type YES at the “Want to Add data to this Visit?” prompt, or type NO to skip coding the visit. If you elect to add additional data on the newly created visit, the system drops you into PCC Data Entry in list manager, as shown in Figure 2-4. See the PCC manuals for instructions on coding visits in PCC.
8. Once you exit the PCC coding OR you skip it altogether, you can then proceed with creating your TIU document.

```
DATE/TIME OF NOTE: 02/27/04@14:07//
AUTHOR OF NOTE: USER, DEMO//
SUBJECT (OPTIONAL description):

Calling text editor, please wait...
```

Figure 2-27: Confirming date and time of the note

9. You will be asked to confirm both the Date/Time of the Note as well as the Author. If you set it up under your Personal Preferences, you will also be asked to enter a Subject. Then the screen editor will open. If you have a boilerplate defined for the document title, it will be preloaded for you, along with any patient data objects.

```
==[ WRAP ]==[ INSERT ]====< Patient: DEMO,PATIENT >====[ <PF1>H=Help ]===
Date: FEB 27, 2004

DEMO, PATIENT Age: 35 Date of Birth: JAN 25,1969
P O BOX 100
TAOS NEW MEXICO 87777
Home Phone:123-4567 (home)/555-8888 x123 (office)

Immunizations Due: No immunizations due.

Assessment:
Active Problems: None Found
Problem List Updates: None Found

Plan of Care:

Future Appt: None Found

<=====T=====T=====T=====T=====T=====T=====T=====T=====T>=====
```

Figure 2-28: Editing Note Contents



10. At this point you are free to enter any additional information into the note. When you are done, press the PF1 key then E to exit and save.
11. At the “Save Change?” prompt, type YES to save your document. Type NO to delete it.
12. If saved, you will be asked to electronically sign the note. You must have an electronic signature set up under Tool Box to sign TIU documents. If you do not sign it, the note will trigger an alert reminding you that you have an unsigned note. It will also show up under the “All MY UNSIGNED Documents” report.

```
Save changes? YES//
Saving SCHOOL PHYSICAL NOTE with changes...

Saving SCHOOL PHYSICAL NOTE with changes...
You may not SIGN this UNSIGNED SCHOOL PHYSICAL NOTE.

Press RETURN to continue...
```

## 2.9 Using the TIU Reports Menu

The TIU Reports Menu (TRM) offers a variety of ways for you to access patient reports. Follow these steps to access the TRM options:

1. Type TRM at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Reports Menu, as show in Figure 2-29.

```

                                     TIU Reports Menu
                                     (UNSPECIFIED HO)

IDS   Individual Patient Discharge Summary
MDS   Multiple Patient Discharge Summaries
-----
LNT   List Notes By Title
NAP   Show Progress Notes Across Patients
PNP   Progress Notes Print Options ...
RPN   Review Progress Notes by Patient

Select TIU Reports Menu Option:
```

Figure 2-29: Accessing the TIU Reports Menu options

### 2.9.1 Using the Individual Patient Discharge Summary Option

The Individual Patient Discharge Summary (IDS) functionality allows you to view Discharge Summaries associated with patient admissions. Follow these steps to access the IDS option:

1. Type TRM at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Reports menu.

2. Type IDS at the “Select TIU Reports Menu Option:” prompt to access the Individual Patient Discharge Summary report.
3. Type the appropriate patient name at the “Patient Name:” prompt.
4. Type the earliest date for which you want documents to display at the “List Summaries Beginning:” prompt. The system displays general patient information and includes the dates of available summaries associated with the patient.
5. Type the latest date for which you want documents to display at the “Thru:” prompt. The system displays all available summaries within the indicated interval.
6. Type the number associated with the appropriate summary at the “Choose One or More Summaries:” prompt. The system displays the Discharge Summary information, as shown in Figure 2-30.

```

Browse Document          Oct 27, 2003 14:18:24          Page:    1 of    1
                        Discharge Summary

DEMO,PATIENT    #106733          MALE  DOB: AUG 26, 1974 (29 YRS)

  DICT DATE: OCT 27, 2003          ENTRY DATE: OCT 27, 2003@14:10:38
  DICTATED BY: DEMO, TRANSCRIP    ATTENDING: DEMO, DOCTOR

      URGENCY: routine              STATUS: COMPLETED

Inpt: 10/27/03-??          admt by DEMO, ADMIT          Dx:
-----
PATIENT DISCHARGE SUMMARY INFORMATION

/es/ TRANSCRIP DEMO

Signed: 10/27/2003 14:10

+          + Next Screen  - Prev Screen  ?? More actions          +
  Find          Sign/Cosign          (Link ...)
  Print         Copy          (Encounter Edit)
  Edit         Identify Signers    (Interdiscipl'ry Note)
  Make Addendum      Delete          Quit

Select Action: Quit//

```

Figure 2-30: Viewing an Individual Patient Discharge Summary report

7. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Find	This action allows you to search for text in a list of entries/information displayed. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.

Action	Description
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.
Edit	This action allows you to modify the information associated with a specific document.
Make Addendum	This action allows you to add a free-text note to a specific document.
Sign/Cosign	This action allows you to enter an electronic signature on unsigned documents.
Copy	This action allows you to copy documents from one patient record to another. Refer to Appendix A: Copy/Move Functionality for more details regarding this functionality.
Identify Signers	This action allows authorized users to identify additional concurrent signers for a document.
Delete	This action allows you to delete your unsigned documents.
(Link)	This action allows you to link documents to problems, visits, or other documents. Such associations permit a variety of clinically useful views of the online record. Not available at this time.
(Encounter Edit)	Access to PCE data entry coding. Not available at IHS sites.
Interdiscipl'ry Note	A universal action for operations on Interdisciplinary Notes. You should select a note before selecting this menu option. If the note selected is a parent note, the system will prompt you to enter a child of this note. If the note selected is an unattached child note, the system will prompt you to select the parent that goes with it
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

## 2.9.2 Using the Multiple Patient Discharge Summaries Option

The Multiple Patient's Discharge Summaries (MDS) functionality allows you to review multiple Discharge Summaries based on various criteria, such as Status, Type, and Category. Follow these steps to access the MDS option:

1. Type TRM at the "Select TIU Menu for Clinicians Option:" prompt to access the TIU Reports menu.
2. Type MDS at the "Select TIU Reports Menu Option:" prompt to access the Multiple Patient Discharge Summary report.
3. At the "Select Status:" prompt, type the value associated with those documents you want to review, such as Unsigned, Completed, Amended, Purged, Or Retracted. You may also type "ALL".
4. At the "Select Search Categories:" prompt, type the name of the category for which you want documents to display, such as Patient, Author, Or Subject.

**Note:** The prompts associated with each option will vary based on the search category you select. For example, when submitting an author search you must enter the author name, but when submitting a visit search, you must select the patient and visit.

5. Type the earliest date for which you want documents to display at the “Start Discharge Date [Time]:” prompt.
6. Type the latest date for which you want documents to display at the “Ending Discharge Date [Time]:” prompt. The system displays all available summaries within the indicated interval, as shown in Figure 2-31.

Patient	Document	Ref Date	Status
1 DEMO,P	#106733 Discharge Summary	10/27/03	completed
2 DEMO,P	#106733 Discharge Summary	10/27/03	completed

ALL Disch Summaries Oct 27, 2003 14:35:38 Page: 1 of 1  
by ALL CATEGORIES from 09/27/03 to 10/27/03 2 documents

+ + Next Screen - Prev Screen ?? More Actions

Add Document	Detailed Display	Delete Document
Edit	Browse	(Interdiscipl'ry Note)
Make Addendum	Print	Expand/Collapse Entry
(Link ...)	Identify Signers	Quit
Sign/Cosign	Change View	

Select Action: Quit//

Figure 2-31: Viewing a Multiple Patient Discharge Summary report

7. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the document you select.

Action	Description
Add Document	This action allows you to add a new document to the patient record.
Edit	This action allows you to modify the information associated with a specific document.
Make Addendum	This action allows you to add a free-text note to a specific document.
(Link)	This action allows you to link documents to problems, visits, or other documents. Such associations permit a variety of clinically useful views of the online record. Not available at this time.
Sign/Cosign	This action allows you to enter an electronic signature on unsigned documents.
Detailed Display	This action allows you to view all aspects of the selected entry, such as Activity Status, Owner, and Print Name.
Browse	This action allows you to review the content of a specific document.

Action	Description
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.
Identify Signers	T This action allows authorized users to identify additional concurrent signers for a document.
Change View	This action allows you to conduct a new search while remaining in the current module.
Delete Document	This action allows you to delete your unsigned documents.
Interdiscipl'ry Note	A universal action for operations on Interdisciplinary Notes. You should select a note before selecting this menu option. If the note selected is a parent note, the system will prompt you to enter a child of this note. If the note selected is an unattached child note, the system will prompt you to select the parent that goes with it
Expand/Collapse	This action allows you to expand or collapse entry hierarchy. You can expand any entry preceded by an addition symbol (+).
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

### 2.9.3 Using the List Notes by Title Option

The List Notes by Title (LNT) functionality allows you to list documents based on Note Title and interval. Follow these steps to access the LNT option:

1. Type TRM at the "Select TIU Menu for Clinicians Option:" prompt to access the TIU Reports menu.
2. Type LNT at the "Select TIU Reports Menu Option:" prompt to access the List Notes by Title report.
3. At the "Please Select Progress Note Titles to Search For:" prompt, type the name of a Title associated with the documents you want to see at the "1)" prompt.
4. Press the Enter key to add a "2)" prompt and type another document Title. Repeat this process to add as many documents as necessary.
5. When you have added all the necessary Titles, press the Enter key at a blank number prompt.
6. Type the earliest date for which you want documents to display at the "Start Reference Date [Time]:" prompt.
7. Type the latest date for which you want documents to display at the "Ending Reference Date [Time]:" prompt. The system displays all documents within the indicated interval, as shown in Figure 2-32.

Patient	Document	Ref Date	Status
1 DEMO, P	#106733 DELETED PROGRESS NOTE	10/03/03	completed
2 DEMO, P	#106733 DELETED PROGRESS NOTE	10/03/03	completed
3 DEMO, L	#106733 DELETED PROGRESS NOTE	10/03/03	completed
4 DEMO ,B	#104616 CRISIS NOTE	10/14/03	completed

Progress Notes by Title      Oct 27, 2003 14:55:47      Page: 1 of 1  
from 01/01/90 to 10/27/03      4 documents

+      + Next Screen   - Prev Screen   ?? More Actions

Add Document	Sign/Cosign	Change View
Edit	Detailed Display	Copy
Make Addendum	Browse	Interdiscipl'ry Note
(Link ...)	Print	Quit

Select Action: Quit//

Figure 2-32: Viewing List Notes by Title search results

8. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the document you select.

Action	Description
Add Document	This action allows you to add a new document to the patient record.
Edit	This action allows you to modify the information associated with a specific document.
Make Addendum	This action allows you to add a free-text note to a specific document.
(Link)	This action allows you to link documents to problems, visits, or other documents. Such associations permit a variety of clinically useful views of the online record. Not available at this time.
Sign/Cosign	This action allows you to enter an electronic signature on unsigned documents.
Detailed Display	This action allows you to view all aspects of the selected entry, such as activity status, owner, and print name.
Browse	This action allows you to review the content of a specific document.
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.
Change View	This action allows you to conduct a new search while remaining in the current module.
Copy	This action allows you to copy documents from one patient record to another. Refer to Appendix A: Copy/Move Functionality for more details regarding this functionality.

Action	Description
Interdiscipl'ry Note	A universal action for operations on Interdisciplinary Notes. You should select a note before selecting this menu option. If the note selected is a parent note, the system will prompt you to enter a child of this note. If the note selected is an unattached child note, the system will prompt you to select the parent that goes with it
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

## 2.9.4 Using the Show Progress Notes across Patients Option

The Show Progress Notes across Patients (NAP) functionality allows you to review Progress Notes based on various criteria, such as Status, Type, and Category. Follow these steps to access the NAP option:

1. Type TRM at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Reports menu.
2. Type NAP at the “Select TIU Reports Menu Option:” prompt to access the Show Progress Notes across Patients report.
3. At the “Select Status:” prompt, type the value associated with those documents you want to review, such as Unsigned, Completed, Amended, Purged, Or Retracted. You can always type “ALL”.
4. At the “Select Type:” prompt, type the Document Class name associated with those documents you want to review, such as Advance Directive, Crisis, or Clinical Warning. You can also type “ALL”.
5. At the “Select Search Categories:” prompt, type the name of the category for which you want documents to display, such as Patient, Author, Or Subject.

**Note:** The prompts associated with each option will vary based on the search category you select. For example, when submitting an author search you must enter the author name, but when submitting a visit search, you must select the patient and visit.

6. Type the earliest date for which you want documents to display at the “Start Reference Date [Time]:” prompt.
7. Type the latest date for which you want documents to display at the “Ending Reference Date [Time]:” prompt. The system displays all notes within the indicated interval, as shown in Figure 2-33.

ALL Progress Notes		Oct 27, 2003 15:06:20	Page:	1 of 1
by AUTHOR (DEMO, AUTHOR)		from 01/01/90 to 10/27/0	4 documents	
Patient	Document	Ref Date	Status	
1 DEMO, P	#106733 CRISIS NOTE	10/27/03	completed	
2 DEMO, P	#106733 CRISIS NOTE	10/27/03	completed	





Action	Description
Expand/Collapse	This action allows you to expand or collapse entry hierarchy. You can expand any entry preceded by an addition symbol (+).
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

## 2.9.5 Using the Progress Notes Print Options Menu

The Progress Notes Print Options Menu (PNP) offers a variety of ways for you to print patient reports. Follow these steps to access the PNP options:

1. Type TRM at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Reports Menu.
2. Type PNP at the “Select TIU Reports Menu Option:” prompt to access the Progress Notes Print Options Menu, as shown in Figure 2-34.

```

Progress Notes Print Options
(UNSPECIFIED HO)

PNPA  Author- Print Progress Notes
PNPL  Location- Print Progress Notes
PNPT  Patient- Print Progress Notes
PNPW  Ward- Print Progress Notes

Select Progress Notes Print Options Option:

```

Figure 2-34: Accessing the Progress Notes Print Options menu

### 2.9.5.1 Using the Author – Print Progress Notes Option

The Author – Print Progress Notes (PNPA) functionality allows you to print all notes associated with a specific author. Follow these steps to access the PNPA option:

1. Type TRM at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Reports menu.
2. Type PNP at the “Select TIU Reports Menu Option:” prompt to access the Progress Notes Print Options menu.
3. Type PNPA at the “Select Progress Notes Print Option:” prompt to access the Author – Print Progress Notes options.
4. Type the appropriate author name at the “Author:” prompt. The system indicates the date range for which documents created by that author are available.
5. Type the earliest date for which you want documents to display at the “Print Notes Beginning:” prompt.

6. Type the latest date for which you want documents to display at the “Thru:” prompt. The system the number of notes available within the indicated interval.
7. Type either WORK or CHART at the “Do You Want Work Copies or Chart Copies?” prompt.

**Note:** Work copies include the patient’s phone number in the footer and are clearly marked, “Not for Medical Record”. Print work copies unless you are going to place the document in the patient file.

8. Type the name of the printer to which you want to print at the “Device:” prompt.

### 2.9.5.2 Using the Location – Print Progress Notes option

The Location – Print Progress Notes (PNPL) functionality allows you to print all notes associated with a specific location. Follow these steps to access the PNPL option:

1. Type TRM at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Reports menu.
2. Type PNP at the “Select TIU Reports Menu Option:” prompt to access the Progress Notes Print Options menu.
3. Type PNPL at the “Select Progress Notes Print Option:” prompt to access the Location – Print Progress Notes options.
4. Type the appropriate location name at the “Hospital Location Name:” prompt. The system indicates the date range for which documents created by that location are available.
5. Type the earliest date for which you want documents to display at the “Print Notes Beginning:” prompt.
6. Type the latest date for which you want documents to display at the “Thru:” prompt. The system indicates the number of notes available within the indicated interval.
7. Type either WORK or CHART at the “Do You Want Work Copies or Chart Copies?” prompt.

**Note:** Work copies include the patient’s phone number in the footer and are clearly marked, “Not for Medical Record”. Print work copies unless you are going to place the document in the patient file.

8. Type the name of the printer to which you want to print at the “Device:” prompt.

### 2.9.5.3 Using the Patient – Print Progress Notes option

The Patient – Print Progress Notes (PNPT) functionality allows you to print all notes associated with a specific location. Follow these steps to access the PNPT option:

1. Type TRM at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Reports menu.
2. Type PNP at the “Select TIU Reports Menu Option:” prompt to access the Progress Notes Print Options menu.
3. Type PNPT at the “Select Progress Notes Print Option:” prompt to access the Patient – Print Progress Notes options.
4. Type the appropriate patient name at the “Select Patient Name:” prompt. The system indicates the date range for which documents associated with that patient are available.
5. Type the earliest date for which you want documents to display at the “Print Notes Beginning:” prompt.
6. Type the latest date for which you want documents to display at the “Thru:” prompt. The system the number of notes available within the indicated interval.
7. Type either WORK or CHART at the “Do You Want Work Copies or Chart Copies?” prompt.

<p><b>Note:</b> Work copies include the patient’s phone number in the footer and are clearly marked, “Not for Medical Record”. Print work copies unless you are going to place the document in the patient file.</p>
--

8. Type the name of the printer to which you want to print at the “Device:” prompt.

### 2.9.5.4 Using the Ward – Print Progress Notes option

The Ward – Print Progress Notes (PNPW) functionality allows you to print all notes associated with a specific location. Follow these steps to access the PNPW option:

1. Type TRM at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Reports menu.
2. Type PNP at the “Select TIU Reports Menu Option:” prompt to access the Progress Notes Print Options menu.
3. Type PNPW at the “Select Progress Notes Print Option:” prompt to access the Ward – Print Progress Notes options.
4. Type the appropriate location name at the “Select Ward Location:” prompt. The system indicates the date range for which documents created by that ward are available.

5. Type the earliest date for which you want documents to display at the “Print Notes Beginning:” prompt.
6. Type the latest date for which you want documents to display at the “Thru:” prompt. The system the number of notes available within the indicated interval.
7. Type either WORK or CHART at the “Do You Want Work Copies or Chart Copies?” prompt.

**Note:** Work copies include the patient’s phone number in the footer and are clearly marked, “Not for Medical Record”. Print work copies unless you are going to place the document in the patient file.

8. Type the name of the printer to which you want to print at the “Device:” prompt.

### 2.9.6 Using the Review Progress Notes by Patient Option

The Review Progress Notes by Patient (RPN) functionality allows you to review Progress Notes based on patient name. Follow these steps to access the RPN option:

1. Type TRM at the “Select TIU Menu for Clinicians Option:” prompt to access the TIU Reports menu.
2. Type RPN at the “Select TIU Reports Menu Option:” prompt to access the Review Progress Notes by Patient report.
3. Type the appropriate patient name at the “Select Patient Name:” prompt. The system indicates the date range for which documents associated with that patient are available
4. Type the earliest date for which you want documents to display at the “List Notes Beginning:” prompt.
5. Type the latest date for which you want documents to display at the “Thru:” prompt.
6. Type the number associated with the appropriate documents at the “Choose One or More Notes:” prompt. The system displays the associated notes, as shown in Figure 2-35.

```

Browse Document          Oct 27, 2003 15:56:43          Page:    1 of    1
                        CRISIS NOTE

DEMO,P          #106733          MALE DOB: AUG 26, 1974 (29 YRS)

DATE OF NOTE: OCT 27, 2003@13:39          ENTRY DATE: OCT 27, 2003@13:39:27
AUTHOR: DEMO,DOCTOR          EXP COSIGNER:

URGENCY:          STATUS: COMPLETED

Visit: Oct 02, 2003@12:00  EVENT (HISTORICAL) at UNSPECIFIED HO -
Chart #106733

```

```

-----
Description of crisis note.

/es/ DEMO TRANSCRIPTIONIST

Signed: 10/27/2003 13:39

+      + Next Screen  - Prev Screen  ?? More actions      +
  Find      Sign/Cosign      (Link ...)
  Print     Copy             (Encounter Edit)
  Edit     Identify Signers  Interdiscipl'ry Note
  Make Addendum  Delete             Quit

Select Action: Quit//

```

Figure 2-35: Viewing a Progress Notes by Patient report

7. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the document you select.

Action	Description
Find	This action allows you to search for text in a list of entries/information displayed. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, “Not for Medical Record”. Print work copies unless you are going to place the document in the patient file.
Edit	This action allows you to modify the information associated with a specific document.
Make Addendum	This action allows you to add a free-text note to a specific document.
Sign/Cosign	This action allows you to enter an electronic signature on unsigned documents.
Copy	This action allows you to copy documents from one patient record to another. Refer to Appendix A: Copy/Move Functionality for more details regarding this functionality.
Identify Signers	This action allows authorized users to identify additional concurrent signers for a document.
Delete	This action allows you to delete your unsigned documents.
(Link)	This action allows you to link documents to problems, visits, or other documents. Such associations permit a variety of clinically useful views of the online record. Not available at this time.
Encounter Edit	Access to PCE data entry coding. Not used by IHS sites.

---

<b>Action</b>	<b>Description</b>
Interdiscipl'ry Note	A universal action for operations on Interdisciplinary Notes. You should select a note before selecting this menu option. If the note selected is a parent note, the system will prompt you to enter a child of this note. If the note selected is an unattached child note, the system will prompt you to select the parent that goes with it
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

### 3.0 Using the TIU Menu for Medical Records

Options on the TIU Medical Records Menu apply to two sets of users. The TMM - TIU Maintenance Menu is used by your TIU applications coordinator. It contains options for updating various parameters, for managing the Document Definition hierarchy and for managing User Classes and Business Rules. The rest of the options are used by Medical Records staff when a facility uploads documents from a dictation system. It also contains options to perform certain actions such as retracting documents entered in error, reassigning documents to a different patient or visit and amending a signed document.

Figure 3-1 displays the main TIU Medical Records Menu and the following sections describe the options available from this menu.

```

*          INDIAN HEALTH SERVICE          *
*          TIU MEDICAL RECORDS MENU      *
*          VERSION 1.0, AUG 28,2003      *
*****

                                UNSPECIFIED HO

IPD   Individual Patient Document
LAD   List of Active Document Titles
MPD   Multiple Patient Documents
PDM   Print Documents Menu ...
SIG   Awaiting Signature Listing
SSD   Search for Selected Documents
STR   Statistical Reports ...
TMM   TIU Maintenance Menu ...
UPL   TIU Upload Menu ...
VUA   View a User's Alerts

Select TIU Menu for Medical Records Option:

```

Figure 3-1: Accessing the TIU Medical Records Menu options

#### 3.1 Using the Individual Patient Document Option

The Individual Patient Document (IPD) functionality allows Medical Records to review and edit patient documents as necessary. Follow these steps to access the RPN options:

1. Type IPD at the “Select TIU Menu for Medical Records Option:” prompt to access the Individual Patient Document options.
2. Type the appropriate patient name at the “Select Patient Name:” prompt. The system displays general data regarding the patient and indicates the date range through which associated documents are available.

3. Type the earliest date for which you want documents to display at the “List Documents Beginning:” prompt.
4. Type the latest date for which you want documents to display at the “Thru:” prompt. The system displays the documents within the indicated interval.
5. Type the number associated with the appropriate document at the “Choose One or More Documents:” prompt. The system displays the related document information, as shown in Figure 3-2.

```

Browse Document          Oct 28, 2003 12:09:21          Page:    1 of    1
                        CRISIS NOTE

DEMO, P                #106733                MALE  DOB: AUG 26, 1974 (29 YRS)

DATE OF NOTE: OCT 27, 2003@13:39          ENTRY DATE: OCT 27, 2003@13:39:27
AUTHOR: DEMO, AUTHOR                      EXP COSIGNER:

URGENCY:                                STATUS: COMPLETED

Visit: Oct 02, 2003@12:00  EVENT (HISTORICAL) at UNSPECIFIED HO -
Chart #106733
-----
Crisis note details display here.

/es/ DEMO, AUTHOR

Signed: 10/27/2003 13:39

+          - Prev Screen  Q Quit  ?? More actions          +
Detailed Display          Incomplete Chart Update          Print
Edit                     Reassign                          Amend
Verify/Unverify          On Chart                          Delete

Select Action:Next Screen//

```

Figure 3-2: Viewing Individual Patient Document search results

6. At the “Select Action:” prompt, type the name of the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Detailed Display	This action allows you to view all aspects of the selected entry, such as Activity Status, Owner, and Print Name.
Edit	This action allows you to modify the information associated with a specific document.



Action	Description
Verify/Unverify	This action allows you to review uploaded documents. Once the document is checked to make sure it is linked to the correct patient and visit and the expected signors are defined, Medical Records staff can mark the it as verified. Verification is a quality assurance step done before allowing Clinicians to view and sign report. <b>Note:</b> To Unverify a document, select the previously verified document and type VERIFY at the "Select Actions:" prompt. The system will indicate that the document is already Verified and prompt you to Unverify the document.
Incomplete Chart Update	This action drops you into the Incomplete Chart Tracking module of ADT. It allows you to update dictation and signature deficiencies without having to leave the TIU menu.
Reassign	This action allows you to transfer an incorrectly assigned document to another patient and visit.
On Chart	This action allows you to mark the document as "Signed on Chart". This is used if electronic signatures are not being used at your facility.
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.
Amend	This action allows you to amend a document as necessary. A document status of Amended indicates that though the document is complete, Privacy Act issues have required an amendment.
Delete	This action allows you to delete unsigned documents uploaded or entered in error.

### 3.2 Using the List of Active Document Titles Option

The List of Active Document Titles (LAD) functionality allows you to review all document Titles that are currently available within the system. Follow these steps to access the LAD options:

1. Type LAD at the "Select TIU Menu for Medical Records Option:" prompt display all document Titles that are currently available within the system, as shown in Figure 3-3.

Document Hierarchy	Oct 28, 2003 13:32:49	Page: 1 of 3
CLINICAL DOCUMENTS HIERARCHY AT UNSPECIFIED HO		
Document Title	Okay to Dictate	
CLINICAL DOCUMENTS CLASS		
ADDENDUM DOCUMENT CLASS	No	
ADDENDUM	No	
DISCHARGE SUMMARY CLASS		

```

DISCHARGE SUMMARIES DOCUMENT CLASS                YES
  DELETED DISCHARGE SUMMARY
  DISCHARGE SUMMARY                                YES

PROGRESS NOTE CLASS

+          - Previous Screen  Q Quit  ?? for More Actions          +
Select Action:Next Screen//

```

Figure 3-3: Viewing Active Document Titles

### 3.3 Using the Multiple Patient Documents Option

The Multiple Patient's Documents (MPD) functionality allows Medical Records staff to review multiple documents based on various criteria, such as Status, Type, and Category. Follow these steps to access the MPD option:

1. Type MPD at the "Select TIU Menu for Medical Records Option:" prompt to access the Multiple Patient's Documents Options.
2. At the "Select Status:" prompt, type the value associated with the appropriate document, such as Unverified, Unsigned, Uncosigned, Amended, Or Retracted.
3. At the "Select Clinical Document Type(s):" prompt, type the Class name of the clinical documents that you want to display, such as Progress Note or Discharge Summary.
4. Type the earliest date for which you want documents to display at the "Start Entry Date [Time]:" prompt.
5. Type the latest date for which you want documents to display at the "Ending Entry Date [Time]:" prompt. The system displays the documents within the indicated interval, as shown in Figure 3-4.

```

ALL Documents                Oct 28, 2003 13:42:57                Page: 1 of 1
                             from 10/21/03 to 10/28/03                4 documents

Patient                        Document                        Admitted  Disch'd
1  DEMO, P  #106733  DELETED PROGRESS NOTE  10/27/03
2  DEMO, P  #106733  ADVANCE DIRECTIVE      10/27/03
3  DEMO, P  #106733  Adverse React/Allergy  10/27/03
4  DEMO, P  #106733  CRISIS NOTE            10/27/03

+          - Prev Screen  Q Quit  ?? More Actions          +
  Find          Send Back          Print
  Edit          Reassign          Amend Document
  Verify/Unverify  On Chart          Delete Document
  Browse        Detailed Display    Change View

```

Select Action:Next Screen//

Figure 3-4: Viewing Multiple Patient Documents search results

6. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the document you select.

Action	Description
Find	Allows users to search list of Documents for a text string (word, phrase, or partial word) from current position to the end of the list. Upon reaching the end of the last page of the list, the user will be asked whether to continue the search from the beginning of the list through the origin of the search. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.
Edit	This action allows you to modify the information associated with a specific document.
Verify/Unverify	This action allows you to review uploaded documents. Once the document is checked to make sure it is linked to the correct patient and visit and the expected signors are defined, Medical Records staff can mark the it as verified. Verification is a quality assurance step done before allowing Clinicians to view and sign report.
Browse	This action allows you to review the content of a specific document.
Send Back	Allows Medical Record Technicians or MIS Managers to send a Document back to transcription for editing, provided that it has not yet been signed. The status of the Document is changed to "unreleased" and clinicians and Medical Records personnel are prevented from viewing it until the modifications have been made, and the Document has been re-released. Interdisciplinary entries must be detached before they can be sent back.
Reassign	Allows authorized users to reassign Documents which have been inappropriately assigned to a given patient or the wrong admission/visit. Authorized users can also reassign a signed Original or Addendum, promote an Addendum as an Original, or "swap" the Addendum and the Original. Interdisciplinary entries must be detached before they can be reassigned.
On Chart	This action allows you to mark the document as “Signed on Chart”. Additionally, you can edit marked signatures. <b>NOTE:</b> This step is NECESSARY when the provider elects to sign the chart copy of the document, rather than entering his/her electronic signature on-line.
Detailed Display	Displays the all of the details concerning the selected document's history, including audit trail and reassignment history, in addition to the narrative body of the document.

Action	Description
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.
Amend Document	This action allows you to amend a document as necessary. A document status of Amended indicates that though the document is complete, Privacy Act issues have required an amendment.
Delete Document	This action allows you to delete unsigned documents uploaded or entered in error. Allows authorized users (as defined by your local business rules in ASU) to delete a completed document at the patient's request, per the Privacy Act.
Change View	This action allows you to conduct a new search while remaining in the current module.

### 3.4 Using the Print Documents Menu

The Print Documents Menu (PDM) offers a variety of ways for Medical Records to print batches of patient documents. Follow these steps to access the PDM options:

1. Type PDM at the "Select TIU Menu for Medial Records Option:" prompt to access the Print Documents Menu options, as shown in Figure 3-5.

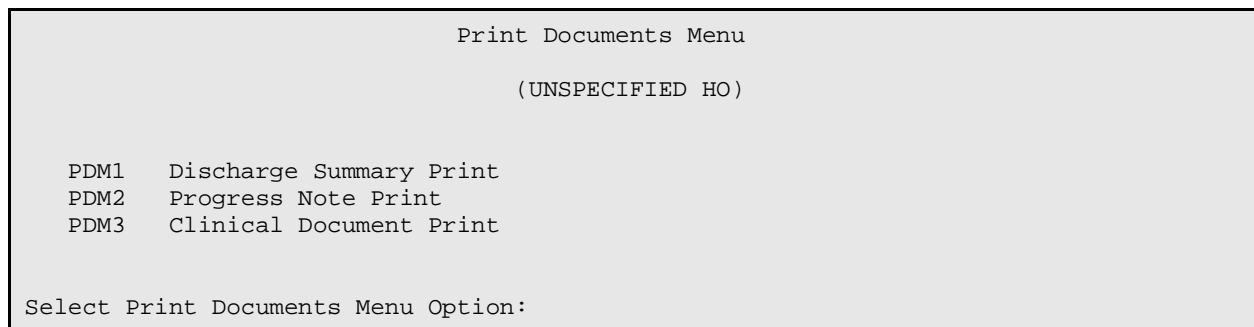


Figure 3-5: Accessing the Print Documents Menu options

#### 3.4.1 Using the Discharge Summary Print Option

The Discharge Summary Print (PDM1) functionality allows you to print Discharge Summaries associated with a specific patient visit. Follow these steps to access the PDM1 option.

1. Type PDM at the "Select TIU for Medial Records Option:" prompt to access the TIU Print Documents menu.
2. Type PDM1 at the "Select Print Documents Menu Option:" prompt to access the Discharge Summary Print options.

3. Type the appropriate patient name at the “Select Patient Name:” prompt. The system indicates the date range for which documents associated with that patient are available.
4. Type the earliest date for which you want documents to display at the “List Summaries Beginning:” prompt.
5. Type the latest date for which you want documents to display at the “Thru:” prompt. The system the number of notes available within the indicated interval.
6. Type the number associated with the appropriate documents at the “Choose One or More Summaries:” prompt.
7. Type either WORK or CHART at the “Do You Want Work Copies or Chart Copies?” prompt.

**Note:** Work copies include the patient’s phone number in the footer and are clearly marked, “Not for Medical Record”. Print work copies unless you are going to place the document in the patient file.

8. Type the name of the printer to which you want to print at the “Device:” prompt.

### 3.4.2 Using the Progress Note Print Option

The Progress Note Print (PDM2) functionality allows you to print Progress Notes associated with a specific patient visit. Follow these steps to access the PDM2 option.

1. Type PDM at the “Select TIU for Medial Records Option:” prompt to access the TIU Print Documents menu.
2. Type PDM2 at the “Select Print Documents Menu Option:” prompt to access the Progress Note Print options.
3. Type the appropriate patient name at the “Select Patient Name:” prompt. The system indicates the date range for which documents associated with that patient are available.
4. Type the earliest date for which you want documents to display at the “List Summaries Beginning:” prompt.
5. Type the latest date for which you want documents to display at the “Thru:” prompt. The system the number of notes available within the indicated interval.
6. Type the number associated with the appropriate documents at the “Choose One or More Notes:” prompt.
7. Type either WORK or CHART at the “Do You Want Work Copies or Chart Copies?” prompt.

**Note:** Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.

8. Type the name of the printer to which you want to print at the "Device:" prompt.

### 3.4.3 Using the Clinical Document Print Option

The Clinical Document (PDM3) functionality allows you to print clinical documents associated with a specific patient visit. Follow these steps to access the PDM3 option.

1. Type PDM at the "Select TIU for Medial Records Option:" prompt to access the TIU Print Documents menu.
2. Type PDM3 at the "Select Print Documents Menu Option:" prompt to access the Clinical Document Print options.
3. Type the appropriate patient name at the "Select Patient Name:" prompt. The system indicates the date range for which documents associated with that patient are available.
4. Type the earliest date for which you want documents to display at the "List Summaries Beginning:" prompt.
5. Type the latest date for which you want documents to display at the "Thru:" prompt. The system the number of notes available within the indicated interval.
6. Type the number associated with the appropriate documents at the "Choose One or More Documents:" prompt.
7. Type either WORK or CHART at the "Do You Want Work Copies or Chart Copies?" prompt.

**Note:** Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.

8. Type the name of the printer to which you want to print at the "Device:" prompt.

### 3.5 Using the Awaiting Signature Listing Options

The Awaiting Signature Listing (SIG) functionality allows you to review and complete any incomplete charts. Follow these steps to access the SIG option.

1. Type SIG at the "Select TIU for Medial Records Option:" prompt to access the Awaiting Signature option.
2. Type the appropriate provider name at the "Select Provider Name:" prompt.

DOCUMENT STATUS REPORT		Mar 04, 2004 15:23:54		Page: 1 of 1	
Provider	Patient	Dschgd	Deficiency	Status	
1	DOC,A	12345 TEST	2/16/03	SIGN OP RE	DS-COMPLETED 12/16
2	DIC,A	234 DEMO,P	2/18/03	SIGN NARR	IP-UNSIGNED

Enter ?? for more actions

Edit Incomplete Chart      Print Chart Copy      Reset Listing

Select Action: Next Screen//

- The report shows the current pending deficiencies in the Incomplete Chart module and compares them against the status of the document in TIU. If the document has been signed or dictated, then the corresponding deficiency can be marked as resolved. Instead of jumping back to the ADT Menu, you can update the deficiency here by typing “Edit” for “Edit Incomplete Chart”.
- For this report to work, the corresponding Document Title must be linked with the chart deficiency. Use the ECD – Edit Chart Deficiency option in ADT to make the links. Here is an example:

```
Select CHART DEFICIENCY NAME:      SIGN NARR SUMMARY
NAME: SIGN NARR SUMMARY//
SYNONYM: NSS//
ACTIVE/INACTIVE: ACTIVE//
GROUPING: SIGNATURE//
TIU DOCUMENT LINK: DISCHARGE SUMMARIES//
```

### 3.6 Using the Search for Selected Documents Options

The Search for Selected Documents (SSD) functionality allows you to retrieve multiple documents based on various criteria, such as Status, Type, and Category. Follow these steps to access the SSD option:

- Type SSD at the “Select TIU for Medial Records Option:” prompt to access the Search for Selected Documents option.
- At the “Select Status:” prompt, type the value associated with those documents you want to review, such as Unverified, Unsigned, Completed, Amended, Or Retracted.
- At the “Select Clinical Document Type(s):” prompt, type the Class name of the clinical documents that you want to display, such as Progress Note Or Discharge Summary.
- At the “Select Search Categories:” prompt, type the name of the category for which you want documents to display, such as Patient, Author, Or Subject.

5. The prompts associated with each option will vary based on the search category you select. For example, when submitting an author search you must enter the author name, but when submitting a visit search, you must select the patient and visit. Complete the prompts as appropriate.
6. Type the earliest date for which you want documents to display at associated prompt.
7. Type the latest date for which you want documents to display at the associated prompt. The system displays all available summaries within the indicated interval, as shown in Figure 3-6.

Patient		Document	Admitted	Disch'd
1	DEMO, P #106733	DELETED PROGRESS NOTE	10/27/03	
2	DEMO, P #106733	ADVANCE DIRECTIVE	10/27/03	
3	DEMO, P #106733	Adverse React/Allergy	10/27/03	
4	DEMO, P #106733	CRISIS NOTE	10/27/03	

ALL Documents Oct 28, 2003 13:42:57 Page: 1 of 1  
from 10/21/03 to 10/28/03 4 documents

+ - Prev Screen Q Quit ?? More Actions

Find	Send Back	Print
Edit	Reassign	Amend Document
Verify/Unverify	On Chart	Delete Document
Browse	Detailed Display	Change View

Select Action: Next Screen//

Figure 3-6: Viewing Search for Selected Document search results

8. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the document you select.

Action	Description
Find	Allows users to search list of Documents for a text string (word, phrase, or partial word) from current position to the end of the list. Upon reaching the end of the last page of the list, the user will be asked whether to continue the search from the beginning of the list through the origin of the search. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.
Edit	This action allows you to modify the information associated with a specific document.



Action	Description
Verify/Unverify	This action allows you to review uploaded documents. Once the document is checked to make sure it is linked to the correct patient and visit and the expected signors are defined, Medical Records staff can mark the it as verified. Verification is a quality assurance step done before allowing Clinicians to view and sign report.
Browse	This action allows you to review the content of a specific document.
Send Back	Allows Medical Record Technicians or MIS Managers to send a Document back to transcription for editing, provided that it has not yet been signed. The status of the Document is changed to "unreleased" and clinicians and Medical Records personnel are prevented from viewing it until the modifications have been made, and the Document has been re-released. Interdisciplinary entries must be detached before they can be sent back.
Reassign	Allows authorized users to reassign Documents which have been inappropriately assigned to a given patient or the wrong admission/visit. Authorized users can also reassign a signed Original or Addendum, promote an Addendum as an Original, or "swap" the Addendum and the Original. Interdisciplinary entries must be detached before they can be reassigned.
On Chart	This action allows you to mark the document as "Signed on Chart". Additionally, you can edit marked signatures. <b>NOTE:</b> This step is NECESSARY when the provider elects to sign the chart copy of the document, rather than entering his/her electronic signature on-line.
Detailed Display	Displays the all of the details concerning the selected document's history, including audit trail and reassignment history, in addition to the narrative body of the document.
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.
Amend Document	This action allows you to amend a document as necessary. A document status of Amended indicates that though the document is complete, Privacy Act issues have required an amendment.
Delete Document	This action allows you to delete unsigned documents uploaded or entered in error. Allows authorized users (as defined by your local business rules in ASU) to delete a completed document at the patient's request, per the Privacy Act.
Change View	This action allows you to conduct a new search while remaining in the current module.

### 3.7 Using the Statistical Reports Menu

The Statistical Reports Menu (STR) offers a variety of ways for Medical Records staff to access statistical reports. Follow these steps to access the STR options:

1. Type STR at the "Select TIU Menu for Medical Records Option:" prompt to access the Statistical Reports menu, as show in Figure 3-7.

```

                                Statistical Reports
                                (UNSPECIFIED HO)

AUT   AUTHOR Line Count Statistics
DTS   Dictation Timeliness Statistics
SER   SERVICE Line Count Statistics
TRA   TRANSCRIPTIONIST Line Count Statistics

Select Statistical Reports Option:

```

Figure 3-7: Accessing the Statistical Reports menu options

### 3.7.1 Using the Author Line Count Statistics Report

The Author Line Count Statistics (AUT) functionality This action allows you to print a report detailing discharge statistics by author and includes reference date, patient, and Transcriptionists information. Follow these steps to access the AUT option.

1. Type **STR** at the “Select TIU Menu for Medical Records Option:” prompt to access the Statistical Reports menu.
2. Type **AUT** at the “Select Statistical Reports Option:” prompt.
3. Type the earliest date for which you want documents to display at the “Start with Reference Date:” prompt.
4. Type the latest date for which you want documents to display at the “Go to Reference Date:” prompt.
5. Type the name of the appropriate printer at the “Device” prompt.

```

DISCHARGE SUMMARY Line Count Statistics by AUTHOR
                                NOV 25,2003  15:40    PAGE 1
Author      Line
Count      Ref Date      Patient      Disch-Dict      Dict-Transcr      Transcr-Sign
Sign-Cosign
-----
DEMO,A      1   OCT 27,2003  DEMO,P        0              0              Discharge
              0   OCT 27,2003  DEMO,P        0              0
DISCHARGE SUMMARY Line Count Statistics by AUTHOR
                                NOV 25,2003  15:40    PAGE 2
Author      Line
Count      Ref Date      Patient      Disch-Dict      Dict-Transcr      Transcr-Sign
Sign-Cosign
-----

```

Discharge	---	---	---
---			
SUBTOTAL	1	0	0
0			
SUBCOUNT	2	2	2
0			
SUBMEAN	0.50	---	---
---			
DISCHARGE SUMMARY Line Count Statistics by AUTHOR			
		NOV 25,2003 15:40	PAGE 3
Line	Author	Count	Ref Date
Sign-Cosign	Patient	Disch-Dict	Dict-Transcr
		Transcr-Sign	
-----			
TOTAL		1	0
0			0
COUNT		2	2
0			2
MEAN		0.50	---
---			---

Figure 3-8: Viewing an Author Line Count Statistics report

### 3.7.2 Using the Dictation Line Count Statistics Report

The Dictation Line Count Statistics (DTS) functionality allows you to print a report detailing dictation statistics by service and provider. Follow these steps to access the AUT option.

1. Type STR at the “Select TIU Menu for Medical Records Option:” prompt to access the Statistical Reports menu.
2. Type DTS at the “Select Statistical Reports Option:” prompt.
3. At the “Select Report:” prompt, enter the number associated with the display order you want to use. The following table describes the differences between the options.

Option	Description
Discharge Summary Dictations	This option sorts discharge dictations by service, and provider. Includes the number of discharge dictations that are complete, as well as those that were late or on time. Additionally, the report includes grand totals for all services and indicates the percentages of dictations that were late or on time.
Operative Report Dictations	This option sorts operative dictations by service, and provider. Includes the number of operative dictations that are complete, as well as those that were late or on time. Additionally, the report includes grand totals for all services and indicates the percentages of dictations that were late or on time.

4. Type the earliest date for which you want documents to display at the associated prompt.
5. Type the latest date for which you want documents to display at the associated prompt.
6. Type the name of the appropriate printer at the “Device” prompt.

### 3.7.3 Using the Service Line Count Statistics Report

The Service Line Count Statistics (SER) functionality This action allows you to print a report detailing discharge statistics by service and includes reference date, patient, and Transcriptionists information. Follow these steps to access the SER option.

1. Type STR at the “Select TIU Menu for Medical Records Option:” prompt to access the Statistical Reports menu.
2. Type SER at the “Select Statistical Reports Option:” prompt.
3. Type the earliest date for which you want documents to display at the “Start with Reference Date:” prompt.
4. Type the latest date for which you want documents to display at the “Go to Reference Date:” prompt.
5. Type the name of the appropriate printer at the “Device” prompt.

### 3.7.4 Using the Transcriptionists Line Count Statistics Report

The Transcriptionists Line Count Statistics (TRA) functionality allows you to print a report detailing discharge statistics by Transcriptions and includes reference date, and patient information. Follow these steps to access the TRA option.

1. Type STR at the “Select TIU Menu for Medical Records Option:” prompt to access the Statistical Reports menu.
2. Type TRA at the “Select Statistical Reports Option:” prompt.
3. Type the earliest date for which you want documents to display at the “Start with Reference Date:” prompt.
4. Type the latest date for which you want documents to display at the “Go to Reference Date:” prompt.
5. Type the name of the appropriate printer at the “Device” prompt.

## 3.8 Using the TIU Maintenance Menu

The TIU Maintenance Menu (TMM) offers a variety of ways for you to access and manage document definitions, user classes, business rules and system parameters. Access to this menu is restricted to the TIU application coordinator and site manager. This menu is also documented in the TIU Technical Manual.

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu options, as shown in Figure 3-9.

```
TIU Maintenance Menu
(UNSPECIFIED HO)

DDM Document Definitions (Manager) ...
TAT TIU Alert Tools
TPM TIU Parameters Menu ...
TTM TIU Template Mgmt Functions ...
UCM User Class Management Menu ...

Select TIU Maintenance Menu Option:
```

Figure 3-9: Accessing the TIU Maintenance Menu options

### 3.8.1 Using the Document Definitions Manager Option

The Document Definitions Manager (DDM) functionality offers a variety of ways for you to access and manage your Document Definition Hierarchy. It contains options not found on the DDC – Document Definitions (Clinicians) Menu, such as the ability to create new Document Classes and Titles.

TIU uses a document storage database called the Document Definition hierarchy. This hierarchy provides the building blocks for Text Integration Utilities (TIU). It allows documents (Titles) to inherit characteristics of the higher levels, Class and Document Class, such as signature requirements and print characteristics. This structure, while complex to set up, creates the capability for better integration, shared use of boilerplate text, components, and objects, and a more manageable organization of documents. End users (clinical, administrative, and MIS staff) need not be aware of the hierarchy. They work at the Title level with the actual documents.

Plan the Document Definition Hierarchy your site or service will use before implementation of TIU. This step is critical to the organization of existing and future documents in each site’s implementation of TIU. Sit down with hospital staff from relevant services or product lines to create a paper list of these document classes before you enter them with this option.

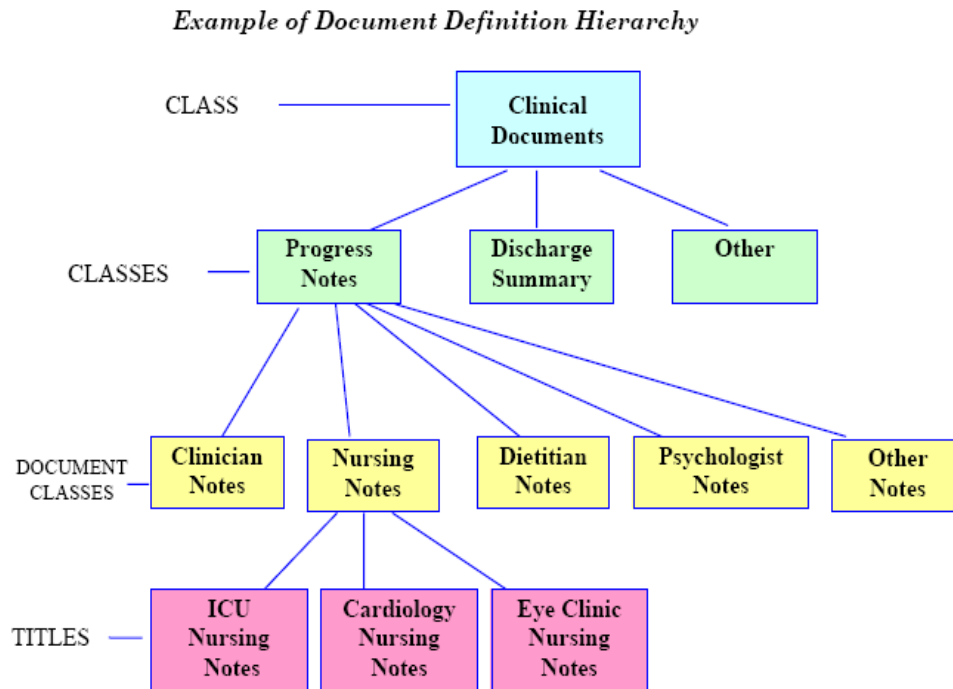


Figure 3-10: Example of Document Definition Hierarchy

### Exported Classes

The top of the Document Definition Hierarchy is CLINICAL DOCUMENTS. All other Classes and Document Classes must be defined under it. The two main Classes are PROGRESS NOTES and DISCHARGE SUMMARIES. They correspond to the two tabs on the EHR GUI screen. As such, all Document Classes and Titles you will create, need to be defined under these two Classes. An additional Class called ADDENDUM is also exported with TIU. It is a specialized Class and must NOT be modified at the site. Other applications may define Classes at the second level.

### Exported Document Classes

Basic CWAD Titles have already been established under individual Document Classes in order for the CWAD alert system to work. You may add new CWAD titles as long as you define them under the appropriate CWAD Document Class. All of these Document Classes are stored under the Progress Notes Class. CWAD stands for 4 specialized document classes: C = Crisis Notes, W = Clinical Warnings, A = Allergies/Adverse Reactions, and D = Advance Directives. If a patient has any of these documents on file, the corresponding letter will display every time the patient is selected.

TEST,EILEEN TIU                      <CAD> F 01-01-1969 222-45-6666    THC 12345

Follow these steps to access the DDM options:

1. Type DDM at the “Select TIU Maintenance Menu Option:” prompt to access the Document Definitions Manager options, as shown in Figure 3-11.

```

Document Definitions (Manager)

(UNSPECIFIED HO)

DDM1  Edit Document Definitions
DDM2  Sort Document Definitions
DDM3  Create Document Definitions
DDM4  Create Objects
DDM5  List Object Descriptions
DDM6  Create TIU/Health Summary Objects

Select Document Definitions (Manager) Option:

```

Figure 3-11: Accessing the Document Definitions Manager menu options

### 3.8.1.1 Using the Edit Document Definitions Option

The Edit Document Definitions (DDM1) functionality allows you to view and edit existing document definitions. Follow these steps to access the DDM1 option:

1. Type DDM1 at the “Select Document Definitions (Manager) Option:” prompt to display the Edit Document Definitions options, as shown in Figure 3-12.

```

Edit Document Definitions      Oct 28, 2003 15:07:59      Page: 1 of 1
                               BASICS

Name                           Type
1  CLINICAL DOCUMENTS          CL
2  +DISCHARGE SUMMARY          CL
3  +PROGRESS NOTE              CL
4  +ADDENDUM                   DC
5  CLINICAL PROCEDURES         CL

+      ?Help  >ScrollRight  PS/PL PrintScrn/List  +/-
Expand/Collapse      Detailed Display/Edit  Items: Seq Mnem MenuTxt
Jump to Document Def  Status                  Delete
Boilerplate Text     Name/Owner/PrintName    Copy/Move

Select Action: Quit//

```

Figure 3-12: Editing Document Definitions

2. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Expand/Collapse	This action allows you to expand or collapse entry hierarchy. You can expand any entry preceded by an addition symbol (+).
Jump to Document Def	This action allows you to find any document definition in the Clinical Document Hierarchy and expands the display to include the selected entry. You cannot jump to orphan documents or objects since they do not belong to the hierarchy. Additionally, you cannot jump to Shared Components since they might occur more than once in the hierarchy. This is a quick way to get several layers deep into the hierarchy in one step.
Boilerplate Text	Applies to Titles and Components only. Displays boilerplate text of entry. If entry is a Title, also displays boilerplate text of any Components. Permits user to edit boilerplate text. Managers (persons with Manager menu) need not own the entry in order to edit its boilerplate text.
Detailed Display/Edit	This action allows you to view and modify all aspects of the selected entry, such as Activity Status, Owner, and Print Name. Editing is limited if the entry is National. Additionally, you can view Shared Components with this action, but you can only edit them using the Sort action. Only entry owners and individuals with access to the Manager menu can perform edits. For details on the TRY function under this one, see Appendix B.
Status	This action allows you to modify the status of an entry. When using the Edit, Sort, or Create Document options, the system first prompts you to select the status as Inactive, Test, or Active and then prompts you to select a specific entry. For entries that are Type Classes or Document Classes, the entry status changes to the status that you indicate in the first prompt. When you select an Inactive status, the descendents of the parent document are also set to inactive. For entries that are Type Titles or Components, the entry status changes to the status that you indicate in the first prompt. <b>Note:</b> Shared Components do not have an associated status and remain unchanged.
Name/Owner/Print Name	This action allows you to modify the most commonly modified document attributes of Name, Owner, and Print Name.
Items: Seq Mnem MenuTxt	This action allows you to review and edit the sequence mnemonic and menu text associated with a specific item. You can only edit Inactive Titles or Components. Additionally, you can only edit entries that have an Owner and National items only allow limited editing. Entry owners and individuals with access to the Manager menu can edit items.
Delete	This action allows you to delete entries to the Document Definition file 8925. You cannot delete entries that are currently in use by documents. Additionally, you can only delete Inactive entries, and only the owner of an entry can delete it. You cannot delete National Entries or Shared Components.



Action	Description
Copy/Move	<p>Copy/Move is a very powerful action and should be used with great care. It is accessible only through the Document Definitions (Manager) menu. Like other actions on the Manager menu, it disregards ownership. Users are expected to move only titles or documents for which they are responsible.</p> <p>Under the action Copy/Move, users may choose MT to MOVE TITLE, MD to MOVE DOCUMENTS, C to COPY, or U to UPDATE DOCUMENTS:</p> <p>MT: A Title may be moved to a different Document Class, for example, when hospital services are reorganized. Documents defined by the title are then updated with the new PARENT DOCUMENT TYPE (field # .04).</p> <p>MD: ALL documents defined by a given title may be moved to another title, for example, when a little-used title is eliminated in favor of a broader title.</p> <p>C: Titles, components, and objects may be copied, for example, when jump-starting a new Document Definition by copying and then editing the copy. Title and component copies may be placed under the same parent as the original, placed under a new parent, or left as orphans.</p> <p>U: Documents defined by a particular title are updated with the correct PARENT DOCUMENT TYPE (field # .04).</p> <p>When Moving or Copying a title, users must be aware that changing positions in the hierarchy gives an entry NEW INHERITED behavior. Accordingly, some moves may not be appropriate. It is the user's responsibility to determine whether or not a given action is appropriate.</p> <p>For more details on how Copy/Move works, see Appendix A in this manual.</p>

### 3.8.1.2 Using the Sort Document Definitions Option

The Sort Document Definitions (DDM2) functionality allows you to sort documents by various definition criteria. This functionality then allows you to view and edit those document definitions. Follow these steps to access the DDM2 option:

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type DDM at the “Select TIU Maintenance Menu Option:” prompt to access the Document Definitions Manager options.
3. Type DDM2 at the “Select Document Definitions (Manager) Option:” prompt to display the Sort Document Definitions options.

4. Type the letter associated with the sort option you want at the “Select Attribute: (T/O/S/U/P/A):” prompt. Available options include type, owner, and status.

**Note:** The prompts associated with each sort option will vary based on the item you select.

5. Complete the prompts as appropriate.
6. At the “Start with Document Definition:” prompt, enter the name of the document you want to begin with, or type **FIRST** to include all documents.
7. At the “Go to Document Definition:” prompt, enter the name of the document you want to end with, or type **LAST** to include all documents. The system displays all documents within the parameters you indicated, as shown in Figure 3-13.

Name	Type
1 CRISIS NOTE	TL
2 CRISIS NOTE	DC
3 CURRENT ADDRESS	O
4 CURRENT ADMISSION	O
5 CURRENT DIET	O

ALL Document Definitions      Dec 04, 2003 14:00:33      Page: 1 of 9  
 ALL Entries, from CRIS to LAST

+      ?Help      >ScrollRight      PS/PL PrintScrn/List      +/-      +  
 Find      Boilerplate Text      Name/Owner/PrintName...  
 Change View...      Detailed Display/Edit      Delete  
 Create      Status...      Copy

Select Action: Next Screen//

Figure 3-13: Viewing Document Definitions

8. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Find	This action allows you to search for text in a list of entries/information displayed. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.
Change View	This action allows you to conduct a new search while remaining in the current module.
Create	This action allows you to create a new document definition.
Boilerplate Text	Applies to Titles and Components only. Displays boilerplate text of entry. If entry is a Title, also displays boilerplate text of any Components. Permits user to edit boilerplate text. Managers (persons with Manager menu) need not own the entry in order to edit its boilerplate text.

Action	Description
Detailed Display/Edit	<p>This action allows you to view and modify all aspects of the selected entry, such as Activity Status, Owner, and Print Name.</p> <p>Editing is limited if the entry is National. Additionally, you can view Shared Components with this action, but you can only edit them using the Sort action.</p> <p>Only entry owners and individuals with access to the Manager menu can perform edits.</p>
Status	<p>This action allows you to modify the status of an entry. When using the Edit, Sort, or Create Document options, the system first prompts you to select the status as Inactive, Test, or Active and then prompts you to select a specific entry.</p> <p>For entries that are Type Classes or Document Classes, the entry status changes to the status that you indicate in the first prompt. When you select an Inactive status, the descendents of the parent document are also set to inactive.</p> <p>For entries that are Type Titles or Components, the entry status changes to the status that you indicate in the first prompt.</p> <p><b>Note:</b> Shared Components do not have an associated status and remain unchanged.</p>
Name/Owner/Print Name	<p>This action allows you to modify the most commonly modified document attributes of Name, Owner, and Print Name.</p>
Delete	<p>This action allows you to delete entries to the Document Definition file 8925. You cannot delete entries that are currently in use by documents. Additionally, you can only delete Inactive entries, and only the owner of an entry can delete it.</p> <p>You cannot delete National Entries or Shared Components.</p>

Action	Description
Copy	<p>Copy/Move is a very powerful action and should be used with great care. It is accessible only through the Document Definitions (Manager) menu. Like other actions on the Manager menu, it disregards ownership. Users are expected to move only titles or documents for which they are responsible.</p> <p>Under the action Copy/Move, users may choose MT to MOVE TITLE, MD to MOVE DOCUMENTS, C to COPY, or U to UPDATE DOCUMENTS:</p> <p>MT: A Title may be moved to a different Document Class, for example, when hospital services are reorganized. Documents defined by the title are then updated with the new PARENT DOCUMENT TYPE (field # .04).</p> <p>MD: ALL documents defined by a given title may be moved to another title, for example, when a little-used title is eliminated in favor of a broader title.</p> <p>C: Titles, components, and objects may be copied, for example, when jump-starting a new Document Definition by copying and then editing the copy. Title and component copies may be placed under the same parent as the original, placed under a new parent, or left as orphans.</p> <p>U: Documents defined by a particular title are updated with the correct PARENT DOCUMENT TYPE (field # .04).</p> <p>When Moving or Copying a title, users must be aware that changing positions in the hierarchy gives an entry NEW INHERITED behavior. Accordingly, some moves may not be appropriate. It is the user's responsibility to determine whether or not a given action is appropriate.</p> <p>For more details on how Copy/Move works, see Appendix A in this manual.</p>

### 3.8.1.3 Using the Create Document Definitions Option

The Create Document Definitions (DDM3) functionality allows you to create new document definitions. This is the only place where you can create NEW Classes, Document Classes and Titles. Follow these steps to access the DDM3 option:

**Note:** Create Document Definitions does not allow the creation of Objects: Use Create Objects to create objects.

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type DDM at the “Select TIU Maintenance Menu Option:” prompt to access the Document Definitions Manager options.

3. Type DDM3 at the “Select Document Definitions (Manager) Option:” prompt to display the Create Document Definitions options, as shown in Figure 3-14.

Create Document Definitions		Nov 03, 2003 09:23:15	Page: 1 of 1
BASICS			
	Name	Type	
1	<b>CLINICAL DOCUMENTS</b>	<b>CL</b>	
2	DISCHARGE SUMMARY	CL	
3	PROGRESS NOTE	CL	
4	ADDENDUM	DC	
5	CLINICAL PROCEDURES	CL	
+ New You, Please Enter '?NEW' for Help			
	Class/DocumentClass	Next Level	Detailed Display/Edit
	(Title)	Restart	Status...
	(Component)	Boilerplate Text	Delete
Select Action: Next Level//.			

Figure 3-14: Creating Document Definitions

4. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Class/Document Class	This action allows you to create a new class or document class and place it under the bolded entry. You can only select this option when the bolded entry is Type Class.
(Title)	This action allows you to create a new Title and place it under the bolded entry. You can only select this option when the bolded entry is Type Document Class.
(Component)	This action allows you to create a new Component and place it under the bolded entry. You can only select this option when the bolded entry is Type Title. Additionally, the Title must be Inactive before you can create Components under it. <b>Note:</b> You can create Subcomponents by selecting Detailed Display for the parent Component and using the Items option.
Next Level	This action allows you to navigate down the document hierarchy by selecting an item under the highlighted entry. The selected item becomes the current position, as indicated in <b>bold</b> . <b>Note:</b> Next Level differs from Expand/Collapse. Although both actions do expand the selected entry, Next Level also changes your current position in the hierarchy and limits future expansion of items of that entry.
Restart	This action allows you to return to the original display, with Clinical Documents bolded as the current position in the hierarchy.

Action	Description
Boilerplate Text	Applies to Titles and Components only. Displays boilerplate text of entry. If entry is a Title, also displays boilerplate text of any Components. Permits user to edit boilerplate text. Managers (persons with Manager menu) need not own the entry in order to edit its boilerplate text.
Detailed Display/Edit	This action allows you to view and modify all aspects of the selected entry, such as Activity Status, Owner, and Print Name. Editing is limited if the entry is National. Additionally, you can view Shared Components with this action, but you can only edit them using the Sort action. Only entry owners and individuals with access to the Manager menu can perform edits.
Status	This action allows you to modify the status of an entry. When using the Edit, Sort, or Create Document options, the system first prompts you to select the status as Inactive, Test, or Active and then prompts you to select a specific entry. For entries that are Type Classes or Document Classes, the entry status changes to the status that you indicate in the first prompt. When you select an Inactive status, the descendents of the parent document are also set to inactive. For entries that are Type Titles or Components, the entry status changes to the status that you indicate in the first prompt. <b>Note:</b> Shared Components do not have an associated status and remain unchanged.
Delete	This action allows you to delete entries to the Document Definition file 8925. You cannot delete entries that are currently in use by documents. Additionally, you can only delete Inactive entries, and only the owner of an entry can delete it. You cannot delete National Entries or Shared Components.

**Important:** You cannot select actions when they are enclosed in parentheses.

#### 3.8.1.4 Using the Create Objects Option

The Create Objects (DDM4) functionality allows you to create and modify objects associated with document definitions. Objects are defined names associated with M code to add patient and visit data to your note, on-the-fly, either when first creating a document or in EHR GUI by dragging the object into your note. Follow these steps to access the DDM4 option:

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type DDM at the “Select TIU Maintenance Menu Option:” prompt to access the Document Definitions Manager options.
3. Type DDM4 at the “Select Document Definitions (Manager) Option:” prompt.
4. At the “Start Display with Object:” prompt, enter the name of the document you want to begin with, or type FIRST to include all documents.

5. At the “Go to Document Definition:” prompt, enter the name of the document you want to end with, or type LAST to include all documents. The Create Objects options displays, as shown in Figure 3-15.

Objects		Nov 03, 2003 11:29:16	Page: 1 of 8
		Objects	
			Status
1	ACTIVE MEDICATIONS		A
2	ACTIVE MEDS COMBINED		A
3	ACTIVE PROBLEMS		A
4	ALLERGIES/ADR		A
5	BMI		A
6	BMI WITH CAPTION		A
7	COMMUNITY		A
8	CURRENT ADDRESS		A
9	CURRENT ADMISSION		A
10	CURRENT DIET		A
11	DATE LAST NOTE (SAMPLE)		I
12	DETAILED ACTIVE MEDS		A
+      ?Help    >ScrollRight    PS/PL PrintScrn/List    +/-      +			
Find		Detailed Display/Edit	Copy/Move
Change View		Try	Quit
Create		Owner	
Select Action: Next Screen//			

Figure 3-15: Creating Objects

6. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Find	Finds text in list of entries/information displayed. Action searches all pages of list/information, but cannot 'see' the expansion for unexpanded entries in the Edit Document Definitions Option. Can be a quick way to get to the right page. Enter F.
Change View	This action allows you to conduct a new search while remaining in the current module.
Create	This action allows you to create either objects or non-object document definitions. <b>Note:</b> Object entries must have an uppercase name, which differs from all other object names, abbreviations, and print names. After you create a non-object entry, you must explicitly add that entry as an Item to a parent in the hierarchy before you can use it.

Action	Description
Detailed Display/Edit	This action allows you to view and modify all aspects of the selected entry, such as Status, Owner, and Object Method. Editing is limited if the entry is National. Additionally, you can view Shared Components with this action, but you can only edit them using the Sort action. Only entry owners and individuals with access to the Manager menu can perform edits.
Try	TRY examines selected entry for basic problems. For objects, TRY checks object Name, Abbreviation and Print Name to make sure they are not ambiguous. That is, it makes sure the utility can decide which object to invoke when given the Name, Abbreviation, or Print Name and that it does not get the wrong object. TRY checks that the object has an Object Method, but does NOT check that the Object Method functions correctly.
Owner	This action allows you to select multiple entries and edit Owner, Personal and/or Class. To change from Personal to Class Owner or vice versa, you must delete the unwanted entry and the system will prompt you for the other.
Copy/Move	Copy/Move is a very powerful action and should be used with great care. You can use Copy to create local objects based on "sample" objects sent with the package. "Sample" objects need the name of specific, local items in order to work.  For example, LAST LAB TEST (SAMPLE) is distributed with TIU. In order to have a lab object for a hematocrit result, you create a new object using copy; call it LAST HCT and change the Object Method from <code>S X=\$\$SLAB^BTIUPCC(DFN,"LAB TEST NAME")</code> to <code>S X=\$\$SLAB^BTIUPCC(DFN,"HCT")</code> or <code>S X=\$\$SLAB^BTIUPCC(DFN,"HEMATOCRIT")</code> depending on the exact name for the lab test used at your facility.
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

### 3.8.1.5 Using the List Object Descriptions Option

The List Object Descriptions (DDM5) functionality allows you to review descriptions of the nationally distributed objects. Each description includes the Object Method (M code) as well as a description as to how the object is to be used and the format of the resulting answer. Follow these steps to access the DDM5 option:

1. Type TMM at the "Select TIU Menu for Medical Records Option:" prompt to access the TIU Maintenance Menu.
2. Type DDM at the "Select TIU Maintenance Menu Option:" prompt to access the Document Definitions Manager options.



- Type DDM5 at the “Select Document Definitions (Manager) Option:” prompt to display object descriptions, as shown in Figure 3-16.

Object Name	Status	Owner
1 ACTIVE MEDICATIONS Method: S X=\$\$LIST^TIULMED(DFN,"^TMP("TIUMED",\$J),1) Returns list of patient's active medications, sorted alphabetically.	ACTIVE	CLINICAL COORDINATOR
2 ACTIVE MEDS COMBINED Method: S X=\$\$LIST^TIULMED(DFN,"^TMP("TIUMED",\$J),1,0,0,1) Returns list of active medications for a patient, sorted alphabetically, one line per medication.	ACTIVE	CLINICAL COORDINATOR
3 ACTIVE PROBLEMS Method: S X=\$\$PROBLEM^BTIUPCC1(+\$G(DFN),"A","^TMP("BTIULO",\$J)) Lists a patient's active problems as of the date the note was made. Includes the caption "Active Problems: " so you do not need to add a separate caption to the boilerplate or template.	ACTIVE	CLINICAL COORDINATOR

+ Enter ?? for more actions +

Select Action:Next Screen//

Figure 3-16: Viewing Object Descriptions

### 3.8.1.6 Using the Create TIU Health Summary Objects Option

The Create TIU Health Summary Objects Option (DDM6) functionality allows you to create new TIU Health Summaries Objects. For detailed description of this new functionality, see Appendix B – Creating an Object in the VA Technical Manual (TIUTM.pdf). Follow these steps to access the DDM6 option:

- Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
- Type DDM at the “Select TIU Maintenance Menu Option:” prompt to access the Document Definitions Manager options.
- Type DDM6 at the “Select Document Definitions (Manager) Option:” prompt to display the Create TIU Health Summary options, as shown in Figure 3-17.

TIU Object Name	Health Summary Type
1 TIU TPBN FUTURE APPTS	TIU TPBN FUTURE APPTS

+ Enter ?? for more actions +

Create New TIU Object	Find
Detailed Display/Edit TIU Object	Detailed Display/Edit HS Object
Quit	

```
Select Action: Quit//
```

Figure 3-17: Accessing the TIU Health Summary options

- At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Create New TIU Object	This action creates a new TIU Health Summary Object in the TIU Document Definition file and establishes a pointer to the HS Object.
Detailed Display/Edit TIU Object	The Detailed Display/Edit TIU Object allows you to view and make adjustments to a TIU Health Summary Object.
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.
Find	This action allows you to quickly locate a TIU Health Summary Object. If there are more than 14 TIU HS Object names in the TIU Document Definition file, then you can use this action to quickly locate the name you want to examine or modify.
Detailed Display/Edit HS Object	This action provides a detailed display of the contents of the Health Summary Object file for this TIU HS Object.

### 3.8.2 Using the TIU Alert Option

Starting with VA patch TIU\*1\*158, there is a new option in the TIU Management Menu that allows refresh and manipulation of TIU alerts, especially with respect to signatures. These tools are designed to assist application coordinators and other users with TIU management responsibilities, to help control the backlog of unsigned notes. It accomplishes this by providing flexible control over alert generation. For more details, please read Chapter 15 – TIU ALERT TOOLS in the VA User Manual (TIUUM.pdf).

Follow these steps to access the TAT option:

- Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
- Type TAT at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Alert option.
- At the “Select Document Status:” prompt, type the value associated with those documents you want to select, such as Unsigned, Uncosigned Or Unverified.

4. At the “Select Search Categories:” prompt, type the name of the person category for which you want documents selected such as author, dictator, or attending physician.
5. At the “Select New Person:” prompt, type the name of the individual associated with the documents you want to select.
6. Type the earliest date for which you want documents at the “Start Reference Date [Time]:” prompt.
7. Type the latest date for which you want documents to display at the “Ending Reference Date [Time]:” prompt. The system displays all available summaries within the indicated interval, as shown in Figure 3-18.

TIU Alert Tools		Nov 03, 2003 14:17:58		Page: 1 of 1	
UNSIGNED Documents				3 Documents	
by (AUTHOR)					
for (DEMO,AUTHOR) from 10/27/03 to 11/03/03					
Patient	Document	Ref Date	Status		
1 DEMO,P	106733 ADVERSE REACT/ALLERGY	10/28/03	unsigned		
2 DEMO,P	106733 ADVANCE DIRECTIVE	10/28/03	unsigned		
3 DEMO,P	106733 DELETED PROGRESS NOTE	10/28/03	unsigned		
+ Enter ?? for more actions					
Browse		Edit			
Change View		Identify Signers			
Combo Alert(s)		Resend Alert(s)			
Delete Alert(s)		Third Party Alert(s)			
Detailed Display					
Select Action: Quit//					

Figure 3-18: Viewing TIU Alert selection results

8. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the document you select.

Action	Description
Browse	This action allows you to review the content of a specific document.
Change View	This action allows you to conduct a new search while remaining in the current module.
Combo Alert(s)	This action allows you to send alerts to expected signers and third parties
Delete Alert(s)	This action allows you to delete alerts associated with a document.
Detailed Display	This action allows you to view all aspects of the selected entry, such as Activity Status, Owner, and Print Name.
Edit	This action allows you to modify the selected document (if authorized).

Action	Description
Identify Signers	This action allows you to indicate individuals who are responsible for signing the displayed document.
Resend Alert(s)	This action allows you resend alerts to expected signers.
Third Party Alert(s)	This action allows you to send alerts to one or more third parties.

### 3.8.3 Using the TIU Parameters Menu

The TIU Parameters Menu (TPM) functionality offers a variety of ways for you to access and manage parameter settings. More details are available in the IHS TIU Technical Manual under Implementation & Maintenance. Follow these steps to access the TPM option:

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type TPM at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Parameters Menu, as shown in Figure 3-19.

```

                                TIU Parameters Menu
                                (UNSPECIFIED HO)

TPM1  Basic TIU Parameters
TPM2  Modify Upload Parameters
TPM3  Document Parameter Edit
TPM4  Progress Notes Batch Print Locations
TPM5  Division - Progress Notes Print Params

Select TIU Parameters Menu Option:

```

Figure 3-19: Accessing the TIU Parameters Menu options

#### 3.8.3.1 Using the Basic TIU Parameters Option

The Basic TIU Parameters (TPM1) functionality allows you to enter the basic or general parameters that govern the behavior of TIU. Follow these steps to access the TPM1 option:

1. Type TIUM at the “Select IHS Core Options:” prompt to access the TIU Clinician’s Menu.
2. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
3. Type TPM at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Parameters menu.

4. Type TPM1 at the “Select TIU Parameters Menu Option:” prompt to access the Basic TIU Parameters option.
5. Type the appropriate institution name at the “Select Institution:” prompt.
6. Type YES at the “Enable Electronic Signature:” prompt to activate the electronic signature Component of TIU for the designated institution. If you do not want to enable electronic signature, type NO and make the necessary provisions for capturing written signatures on chart copies of TIU documents and to have Medical Records staff mark each document as “Signed On Chart”.
7. Type the appropriate date at the “Enable Notifications Date:” prompt. This date indicates when the system will begin sending signature notifications.
8. At the “Grace Period for Signature:” prompt, type the number of days following transcription or hand entry before an author or expected cosigner is notified of a deficiency. If no grace period is entered, clinicians are not notified of overdue signatures.
9. At the “Future Appointment Range:” prompt, type the number of days that determine how far in advance a future appointment may be selected when entering a document for outpatient care. Allowable values range from 1 to 180 days, defaulting to 1 day..
10. At the “Characters Per Line:” prompt, enter the number you want to use as a divisor in determining line counts of transcribed documents.
11. At the “Optimize List Building for:” prompt, indicate whether you want to optimize the list for either performance or security. The following table describes the differences between these options.

Item	Description
Performance	When a performance-optimized system creates a list, the system bypasses business rules so even notes the user cannot view are listed.
Security	When a security-optimized system creates a list, the system excludes any documents you are not authorized to view.

12. At the “Suppress Review Notes:” prompt, type YES to suppress the prompt, which asks if you want to see available Progress Notes before entering a new note. Type NO, if you want the system to display this prompt. If you answer NO here, each user may override it under Personal Preferences.
13. At the “Default Primary Provider:” prompt, type 0, 1, or 2 to indicate how the system should prompt for provider information. The following table details the differences between these options.

Item	Description
0	The system does not prompt you to enter a primary provider for a stand-alone encounter.

Item	Description
1	The system prompts you to enter the default provider for the given location associated with a stand-alone encounter.
2	The system prompts you to enter the default author, if the author is a provider. If the author is not a provider, the prompt has no default.

- At the “Blank Character String:” prompt, type the string of characters used by Transcriptionists to represent a blank when he or she in the dictation cannot understand a word or phrase and cannot therefore include the information in the transcript. Example: @@@

### 3.8.3.2 Using the Modify Upload Parameters Option

The Modify Upload Parameters (TPM2) functionality allows you to define and modify parameters for the batch upload of documents into RPMS. See section 2.6.3 of the IHS TIU Technical Manual for details on implementing the upload function at your facility. Follow these steps to access the TPM2 option:

- Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
- Type TPM at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Parameters menu.
- Type TPM2 at the “Select TIU Parameters Menu Option:” prompt to access the Modify Upload Parameters option.
- Type the appropriate institution name at the “Select Institution:” prompt.
- At the “ASCII Upload Source:” prompt, indicate the source from which you will upload documents. The following table details the different source options.

<b>Note:</b> This only applies when the ASCII upload protocol is used.
--

Item	Description
Host	Indicates to the upload processor that the source of the data is an ASCII host file.
Remote	Indicates to the upload processor that the data is an ASCII stream coming from a terminal emulator on a remote computer.

- At the “Upload Header Format:” prompt, indicated whether you will be uploading captioned or delimited string formats for the header of each document.
- At the “Record Header Signal:” prompt, indicate the text tag you will use to signal to the upload process that it has encountered a new document record header. This can be as simple as a three-letter acronym.
- At the “Begin Report Text Signal:” prompt, indicate the text tag you will use to signal to the upload processor that it has fully read the fixed-field header for a given report record, and that the body of the narrative report follows.

9. At the “End of Message Signal:” prompt, indicate the text tag you will use to signal the upload processor that the entire file or stream has been transmitted without difficulty and it needs to read no more lines of data.
10. Type YES at the “Run Upload Filer in Foreground:” prompt to run the process in the foreground; type NO to run the process in the background as a task.
11. At the “Select Alert Recipient:” prompt, indicate the name of the person you want to receive upload error notifications. This individual will receive notifications when a document cannot be filed or located, or has missing fields.
12. Type the path and file name of the file that the upload process should look for at the “Upload File Directory:” prompt.
13. Enter the directory in which the upload process should store completed files at the “Archive File Directory:” prompt.
14. Type the file name at the “Upload File Name:” prompt.
15. At the “Document Definition:” prompt, type the name of the appropriate document.
16. Type an appropriate abbreviation at the “Abbreviation:” prompt.
17. At the “Laygo Allowed?” prompt, indicate whether the system can create a new entry in the target file for documents defined by this definition.

### **3.8.3.3 Using the Document Parameter Edit Options**

The Document Parameter Edit (TPM3) functionality allows you to enter parameters that apply to specific Classes, Document Classes or Titles. Follow these steps to access the TPM3 option:

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type TPM at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Parameters menu.
3. Type TPM3 at the “Select TIU Parameters Menu Option:” prompt to access the Document Parameter Edit option.
4. At the “Document Definition:” prompt, type the name of the Class, Document Class or Title, such as Crisis Note or Discharge Summary.
5. At the “Require Release:” prompt, type YES to require the individual entering a document to release the document from a draft state upon exit from the entry and editing processes.

6. At the “Require MAS Verification:” prompt, indicate when verification by Medical Records staff is required. The following table details the available options.

Item	Description
0	No verification required.
1	Always require verification.
2	Require verification for uploads only.
3	Require verification for direct entries only.

7. At the “Require Author to Sign:” prompt, type YES or NO depending on the following criteria:

This field indicates whether or not the author should sign the document before the expected cosigner.

If parameter is set to NO, only the expected cosigner is alerted for signature. Although the unsigned document appears in the author's unsigned list, and he is ALLOWED to sign it, his signature is not REQUIRED.

If set to YES, then the author is alerted for signature, and if the expected cosigner should attempt to sign the document first, he is informed that the author has not yet signed.

8. At the “Routine Print Event(s):” prompt, indicate at what stage (before signature) you want the document to print, if any: upon release, upon verification, or both.
9. At the “STAT Print Event(s):” prompt, indicate at what stage (before signature) you want the document to print, if any: upon release, upon verification, or both.
10. At the “Manual Print after Entry:” prompt, type YES to have user prompted to print a copy on exit from their preferred editor.
11. At the “Allow Chart Print Outside MAS:” prompt, type YES to allow non-Medical Records staff you to print either work or chart copies. Type NO to limit chart copies to Medical Records only.
12. At the “Allow > 1 Records Per Visit:” prompt, type YES to allow users to create a given document more than once per visit, such as multiple Progress Notes for a single Hospitalization. Type NO to limit you to creating only one document to only once per visit, such as a Discharge Summary.
13. At the “Enable IRT Interface:” prompt, leave blank. This parameter is not used by IHS. Interface with IHS Incomplete Chart module is automatic, if the appropriate chart deficiencies are linked to TIU titles.



14. At the “Suppress DX/CPT on Entry:” prompt, type YES to suppress system prompts for diagnosis and procedure information after signing or editing an outpatient document. Type NO to receive these prompts. The answer to this question does not affect how TIU in List Manager runs in IHS, as we are linked to PCC and not the VA PCE coding.
15. At the “Force Response to Exposures:” prompt, leave blank as IHS does not use this field.
16. At the “Ask DX/CPT on all Opt Visits:” prompt, leave blank as IHS uses PCC to code visits and not.
17. At the “Send Alerts on Addenda:” prompt, type YES to have authors and cosigners of a document receive an informational alert when other persons add addenda. Type NO to suppress alerts.
18. At the “Order ID Entries by Title:” prompt, type YES to display and print parent and child documents alphabetically by Title. Type NO to display and print these documents by date.
19. At the “Send Alerts on New ID Entry:” prompt, type YES to enable the system to alert the signer or cosigner of an interdisciplinary parent note that a new entry has been added to the note. Type NO to disable this alert.
20. At the “Send Cosignature Alert:” prompt, type 0 to enable the system to alert the cosigner only after the author has signed a document. Type 1 to enable the system to alert the cosigner immediately.
21. At the “Editor Set-Up Code:” prompt, enter M code which is executed prior to invoking the user's preferred editor. It ordinarily sets local variables, which are then used in the editor's header, etc. This is needed only if your facility is not using one of the standard Kernel editors.
22. At the “Select Filing Error Alert Recipients:” prompt, you can indicate the individuals who will receive alerts from the upload filer process when a document of the given type cannot be filed or located, or has a missing field. These are Medical Records staff members who process and verify uploaded documents.
23. At the “Select Users Requiring Cosignature:” prompt, type the names of user classes that require cosignature for documents. For instance, students, interns, and LPN classes might be identified as requiring a cosignature for Progress Notes.
24. At the “Select Division:” prompt, type the name of any facility for which you wish to have the separate printers set up to receive documents as they are signed. May be independently defined for each facility within your organization. You will then be asked for the Chart Copy Printer and the Stat Chart Copy Printer.

### 3.8.3.4 Using the Progress Notes Batch Print Locations Option

The Progress Notes Batch Print Locations (TMP4) functionality allows you to set hospital locations for the TIU PRINT PN LOC ( and TIU PRINT PN WARD options. When you do not enter locations in this file, they are not available from these options. Follow these steps to access the TPM4 option:

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type TPM at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Parameters menu.
3. Type TPM4 at the “Select TIU Parameters Menu Option:” prompt to access the Progress Note Batch Print Locations option.
4. Type the appropriate clinic or ward name at the “Select Clinic or Ward:” prompt.
5. Confirm the entry by typing YES at the “Are You Adding [Clinic Name] as a New TIU Print Parameters (the nth)?” prompt.
6. Type the appropriate printer name at the “Progress Notes Default Printer:” prompt. This sets the default printer for Progress Notes; however, you can override this default at the time a job is printed.
7. At the “Exclude from PN Batch Print:” prompt, type YES to exclude the Progress Notes for this location from the Progress Notes Outpatient Batch Print Job. Do this if you want to print the Chart copies of the notes for this location in the clinic, and not in the file room.

### 3.8.3.5 Using the Division – Progress Notes Print Parameters Option

The Division – Progress Notes Print Parameters (TPM5) functionality allows you to set print parameters such as, custom headers and footers. The TIU PRINT PN BATCH INTERACTIVE and TIU PRINT PN BATCH SCHEDULED options use these parameters. Follow these steps to access the TPM5 option:

<p><b>Note:</b> If there are no TIU Division Parameters and your site has an Integration Name, the system will use the Integration Name.</p>
--

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type TPM at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Parameters menu.
3. Type TPM5 at the “Select TIU Parameters Menu Option:” prompt to access the Division – Progress Notes Print Parameters option.

4. Type the appropriate division name at the “Select Division for PNs Outpatient Batch Print:” prompt.
5. Confirm the entry by typing YES at the “Are You Adding [Clinic Name] as a New TIU Division Print Parameters (the nth)?” prompt.
6. At the “Location to Print on Footer:” prompt, type the name of the division, as it should display on the footer of Progress Notes and forms printed using the terminal digit outpatient sort.
7. Type the appropriate printer name at the “Progress Notes Batch Printer:” prompt. This sets the default printer for Progress Notes; however, you can override this default at the time a job is printed.
8. At the “Select Division for PNs Outpatient Batch Print:” prompt, type the appropriate division.

### 3.8.4 Using the TIU Template Mgmt Functions

The TIU Template Mgmt Functions (TTM) functionality allows you to delete templates associated with terminated users. Follow these steps to access the TTM option:

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type TTM at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Template Mgmt options, as shown in Figure 3-20.

```
1      Delete TIU templates for selected user.
2      Edit auto template cleanup parameter.
3      Delete templates for ALL terminated you.

Select TIU Template Mgmt Functions Option:
```

Figure 3-20: Accessing the TIU Template Management functions

#### 3.8.4.1 Deleting TIU Templates for Selected User

The Delete TIU Templates for Selected User (1) functionality allows you to manually delete templates associated with a specific user. Follow these steps to access this option:

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type TTM at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Template Management Functions options.

3. Type 1 at the “Select TIU Template Management Functions Option:” prompt to access the Delete TIU Templates for Selected User option.
4. Type the appropriate user name at the “Enter/Select user for whom templates will be deleted:” prompt.
5. Confirm the template deletion by typing YES at the “Delete all non-shared templates for user [User Name]:” prompt.

#### **3.8.4.2 Editing Auto Template Cleanup Parameter**

The Edit Auto Template Cleanup Parameter (2) functionality allows you to enable the system to automatically delete non-shared TIU templates whenever a user is terminated. Follow these steps to access this functionality:

1. Type TIUM at the “Select IHS Core Options:” prompt to access the TIU Clinician’s Menu.
2. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
3. Type TTM at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Template Management Functions options.
4. Type 2 at the “Select TIU Template Management Functions Option:” prompt to access the Edit Auto Template Cleanup Parameter option. The system displays the items upon which auto cleanup termination can be set.
5. Type the number corresponding to the appropriate item at the “Enter Selection:” prompt.
6. At the “Value:” prompt, type Y to enable the system to automatically delete any non-shared templates associated with a specific user when that user is terminated.

#### **3.8.4.3 Deleting Templates for All Terminated Users**

The Delete Templates for All Terminated Users (3) functionality allows you manually delete non-shared TIU templates for all terminated users. Follow these steps to access this functionality:

1. Type TIUM at the “Select IHS Core Options:” prompt to access the TIU Clinician’s Menu.
2. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
3. Type TTM at the “Select TIU Maintenance Menu Option:” prompt to access the TIU Template Management Functions options. The system displays the items upon which auto cleanup termination can be set.

4. Type 3 at the “Select TIU Template Management Functions Option:” prompt to access the Delete Templates for All Terminated Users option.
5. Type YES at the “Delete All Non-Shared Templates for All Terminated You prompt to enable the system to clean out all templates associated with terminated you.

### 3.8.5 Using the User Class Management Menu

The User Class Management Menu (UCM) functionality allows you to create and maintain User Classes and business rules. See more details in the IHS Technical Manual, section 2.9 – Authorization/Subscription Utility and the ASU Clinical Coordinator Manual. Follow these steps to access the UCM option:

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type UCM at the “Select TIU Maintenance Menu Option:” prompt to access the User Class Management Menu, as shown in Figure 3-21.

```

                                User Class Management Menu
                                (UNSPECIFIED HO)

UCM1  User Class Definition
UCM2  List Membership by User
UCM3  List Membership by Class
UCM4  Manage Business Rules

Select User Class Management Menu Option:
```

Figure 3-21: Accessing the User Class Management Menu options

#### 3.8.5.1 Using the User Class Definition Option

The User Class Definition (UCM1) functionality allows you to manually create additional User Classes that represent specific job functions at your facility. Follow these steps to access the UCM1 option:

1. Type TMM at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type UCM at the “Select TIU Maintenance Menu Option:” prompt to access the User Class Management Menu.
3. Type UCM1 at the “Select User Class Management Menu Option:” prompt to access the User Class Definition option.
4. At the “Select User Class Status:” prompt, type the name of the User Class you want to display, such as Active, Inactive, or All User Classes.

5. At the “Start with Class:” prompt, type the name of the User Class you want to begin with.
6. At the “End with Class:” prompt, type the name of the User Class you want to end with. The system displays the selected User Classes as shown in Figure 2-29.

User Classes		Mar 04, 1997 08:49:29	Page: 1 of 39
ALL USER CLASSES		578 Classes	
Class Name	Abbrev	Status	
ADP Coordinator	ADPAC	Inactive	
Acting Assistant Director	AAD	Active	
Acting Chief	AC	Active	
Acting Director	AD	Inactive	
Addiction Medicine	ADDICT	Active	
Adolescent Medicine Internist	ADOLMD	Active	
Allergist	ALLRG	Active	
+ Allergy & Immunology	ADR	Active	
Allergy & Immunology: Clinical & Laboratory	ALLCL	Active	
Ancillary Testing	AT	Active	
+ Next Screen - Previous Screen ?? More Actions Find Expand/Collapse Tree Change View Create a Class List Members Quit Edit User Class			
Select Action: Next Screen//			

Figure 3-22: Viewing Available User Classes

7. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Find	This action allows you to search for text in a list of entries/information displayed. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.
Create a Class	This action allows you to create a new User Class.
Edit User Class	This action allows you to modify a User Class.
Expand/Collapse Tree	This action allows you to expand or collapse entry hierarchy. You can expand any entry preceded by an addition symbol (+).
List Members	This action allows you to review and edit membership details associated with individuals assigned to a specific User Class.
Change View	This action allows you to conduct a new search while remaining in the current module.

### 3.8.5.2 Using the List Membership by User Option

The List Membership by User (UCM2) functionality allows you to review and modify all User Classes to which a specific individual belongs. Follow these steps to access the UCM2 option:

**Note:** To maintain accurate User Class membership, you should conduct periodic reviews of the personnel assigned to each class.

1. Type UCM2 at the “Select User Class Management Menu Option:” prompt to access the List Membership by User option.
2. At the “Select User:” prompt, type the name of the appropriate user. The system displays the User Classes to which that individual belongs, as shown in Figure 3-23.

Current User Classes		Sep 19, 2003 08:53:57	Page: 1 of 1
		DEMO, NURSE	3 Classes
User Class	Title	Effective	Expires
1	Clinical Clerk	09/16/03	
2	Medical Record Supervisor	09/16/03	
3	Nurse	09/16/03	
+ Next Screen - Prev Screen ?? More Actions			
Add	Remove	Quit	
Edit	Change View		
Select Action: Quit//			

Figure 3-23: Viewing Memberships by User

3. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Add	This action allows you to assign a new User Class to the individual.
Edit	This action allows you to modify the details associated with a User Class.
Remove	This action allows you to remove the association between the individual and a User Class.
Change View	This action allows you to conduct a new search while remaining in the current module.

### 3.8.5.3 Using the List Membership by Class Option

The List Membership by Class (UCM3) functionality allows you to review all individuals assigned to a specific User Class. Follow these steps to access the UCM3 option:

1. Type UCM3 at the “Select User Class Management Menu Option:” prompt to access the List Membership by Class option.
2. At the “Select Class:” prompt, type the name of the appropriate User Class. The system displays the individuals assigned to the designated User Class, as shown in Figure 3-24.

User Class Members		Sep 19, 2003 09:36:43	Page: 1 of 1
		CLINICAL COORDINATORS	3 Members
Member		Effective	Expires
1	DEMO, NURSE	09/25/03	
2	DEMO, DOCTOR	09/18/03	09/17/04
3	DEMO, CLERK	07/17/03	
+            + Next Screen   - Prev Screen   ?? More Actions            +			
	Add	Remove	Change View
	Edit	Schedule Changes	Quit
Select Action: Quit//			

Figure 3-24: Viewing Membership by User Class

3. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Add	This action allows you assign a new member to the User Class
Edit	This action allows you to modify the details associated with the individual's User Class membership.
Remove	This action allows you to remove a member from the User Class.
Schedule Changes	This action allows you to schedule changes that effect the User Class membership and privileges.
Change View	This action allows you to conduct a new search while remaining in the current module.

### 3.8.5.4 Using the Manage Business Rules Option

The Manage Business Rules (UCM4) functionality allows you to create and review business rules based on Document Definitions, User Class, or User Role. Follow these steps to access the UCM4 option:



1. Type UCM4 at the “Select User Class Management Menu Option:” prompt to access the Manage Business Rules option.
2. At the “Select Search Category:” prompt, type the name of the category for which you want documents to display, such as Document Definition, User Class, or User Role.

**Note:** The prompts associated with each option will vary based on the search category you select. For example, when submitting a document definition search you must enter the document name, but when submitting a user role search, you must select the user role type.

3. Complete the prompts as appropriate to display the search results, as shown in Figure 3-25

```
ASU Rule Browser           Dec 04, 2003 15:04:39           Page:    1 of    1
                               List Business Rules by USER CLASS           3 Rules
                               for CLINICAL COORDINATOR
-----
1  A DELETED (CLASS) CLINICAL DOCUMENT may BE DELETED by a CLINICAL
   COORDINATOR
2  An AMENDED (DOCUMENT CLASS) ADVANCE DIRECTIVE may BE EDITED by a
   CLINICAL COORDINATOR an AUTHOR/DICTATOR
3  An UNSIGNED (CLASS) PROGRESS NOTE may BE EDITED by a CLINICAL
   COORDINATOR

+      + Next Screen  - Prev Screen  ?? More Actions      +
  Find      Edit Rule      Change View
  Add Rule  Delete Rule    Quit
Select Action: Quit//
```

Figure 3-25: Viewing Business Rules by User Class

4. At the “Select Action:” prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below will vary based on the item you select.

Action	Description
Find	This action allows you to search for text in a list of entries/information displayed. <b>Note:</b> This functionality searches all pages of list/information, but does not include unexpanded entries.
Edit Rule	This action allows you to modify a business rule.
Change View	This action allows you to conduct a new search while remaining in the current module.
Add Rule	This action allows you to add a new business rule.
Delete Rule	This action allows you to delete an existing business rule.

Action	Description
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.

### 3.9 Using the TIU Upload Menu

This menu allows you to manually upload a batch of dictated documents, review the status of the background job that automatically uploads documents, review the heading setup for document classes or titles designed for uploading. See the IHS TIU Technical Manual for details so setting up your system to upload dictated documents.

1. Type UPL at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu options, as shown in Figure 3-26.

```

TIU Upload Menu
(UNSPECIFIED HO)

UPL1 Upload Documents
UPL2 Help for Upload Utility
UPL3 Display Upload Status
UPL4 Reset Upload to Restart

Select TIU Upload Menu Option:

```

Figure 3-26: Accessing the TIU Upload Menu options

#### 3.9.1 Using the Upload Documents Option

The Upload Documents (UPL1) functionality allows you to manually upload transcribed ASCII documents either from a remote computer or on the host system. Use this option only when your automatic background job is not running correctly. Follow these steps to access the UPL1 option:

1. Type UPL at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type UPL1 at the “Select TIU Upload Menu Option:” prompt to access the Upload Documents options.

#### 3.9.2 Using the Help for Upload Utility Options

The Help for Upload Utility (UPL2) functionality allows you to review information about header formats for dictated documents that are transcribed and uploaded remotely. You can also review “blank” character, major delimiter, and end of message signal information as defined by your site. Follow these steps to access the UPL2 option:

1. Type UPL at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type UPL2 at the “Select TIU Upload Menu Option:” prompt to access the Help for Upload Utility options.
3. Type the appropriate document name at the “Select Document Definition:” prompt.

### 3.9.3 Using the Display Upload Status Options

The Display Upload Status (UPL3) functionality allows you to review details about the most recent uploaded file, as well as the last time the system scanned for a new TIU file. Follow these steps to access the UPL2 option:

1. Type UPL at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type UPL3 at the “Select TIU Upload Menu Option:” prompt to access the Help for Display Upload Status options. The system displays the status of the last file upload, as shown in Figure 3-27.

```
**STATUS OF TIU UPLOAD**  
  
LAST FILE UPLOADED INTO RPMS:    NO FILES UPLOADED  
  
LAST SCAN FOR NEW TIU FILE:      NO LAST SCAN FOUND  
  
Press RETURN to continue:
```

Figure 3-27: Viewing Upload Status display

### 3.9.4 Using the Reset Upload to Restart Options

The Reset Upload to Restart Options (UPL4) functionality allows you to reset the upload options to the default settings. Follow these steps to access the UPL4 option:

1. Type UPL at the “Select TIU Menu for Medical Records Option:” prompt to access the TIU Maintenance Menu.
2. Type UPL4 at the “Select TIU Upload Menu Option:” prompt to access the Reset Upload to Restart options.
3. Type YES at the “Okay to Reset Upload Status?” prompt to reset the status, or type NO to cancel.

### 3.10 Using the View a User's Alerts Option

The View a User's Alert (VUA) functionality allows you to review current alerts associated with a specific individual. You can use this functionality to view the backlog of unsigned documents. Follow these steps to access the VUA option:

1. Type TIUM at the "Select IHS Core Options:" prompt to access the TIU Clinician's Menu.
2. Type VUA at the "Select TIU Menu for Medical Records Option:" prompt to access the View a User's Alerts options.
3. Type the appropriate user name at the "Select New Person:" prompt. The system displays the current alerts associated with the designated user, as shown in Figure 3-28.

```
3 alerts found for DEMO,USER:
1 DEMO,P (106733): UNSIGNED Adverse React/Allergy available for SIGNATURE.
2 DEMO,P (106733): UNSIGNED ADVANCE DIRECTIVE available for SIGNATURE.
3 DEMO,P (106733): UNSIGNED DELETED PROGRESS NOTE available for SIGNATURE.
Press RETURN to continue:
```

Figure 3-28: Viewing User Alerts

## 4.0 Using the CWAD Display Option

CWAD Display (BTIU CWAD DISPLAY) is one of 2 menu options distributed that need to be placed on other menus. The fact that a patient has at least one CWAD style document shows up every time the patient is selected. This option needs to be easy to access any time a patient is selected. We suggest placing it on the XUCOMMAND Menu (where MailMan and Halt live). You must have VA Health Summary installed for this CWAD Display to work, as it uses a health summary format to display these specialized notes.

1. At the "Select Patient Name:" prompt, type in the patient's name or chart number.
2. At the "Select patient warning(s) to display:" prompt, select all that apply.

```
Select PATIENT NAME: TEST

TEST,PATIENT TIU          <CAD>  F 01-25-1969 222-45-6666   THC 12345

** Current Patient:  TEST,EILEEN TIU
    (1 note )    C: 12/24/03 07:20
    (1 note )    D: 07/17/03 14:14
                  A: Known allergies

Select patient warning(s) to display: CDA//

Enter:
  C    for Crisis Notes
  W    for Clinical Warnings
  A    for Allergies
  D    for Directive Notes
  CWAD for all 4 patient warnings

or any combination of C, W, A, and D without commas.
```

Figure 4-1: Using the CWAD display option

3. Figure 4-2 shows an example of a CWAD display.

```
03/05/2004 10:41
***** CONFIDENTIAL PATIENT WARNINGS SUMMARY *****
TEST,PATIENT TIU    123454          DOB: 01/01/1969
----- CN - Crisis Notes -----

12/24/2003 07:20    Title:  CRISIS NOTE - VIOLENCE
Prone to violent outbursts

Signed by:  /es/  DOC,A
           12/24/2003 07:30

----- ADR - Adv React/Allerg -----

ALLERGY/ADVERSE REACTION (AR)

Drug:
UNKNOWN:          ASPIRIN 325MG TAB (AV/Historical)
Date/Time:        07/03/1999
```

```
Originator: DOC,A
Date/Time: 12/16/2003 14:42

SULFAMETHOXAZOLE/TRIMETHOPRIM (V/Historical)
RASH

Originator: PHARMACIST,B
Date/Time: 01/28/2004 12:57

----- CD - Advance Directive -----

07/17/2003 14:14      Title:  ADVANCE DIRECTIVE
Patient requests no extraordinary measures to be used.  See signed document in
patient's paper chart.

Signed by:  /es/  DOC,A
           07/17/2003 14:17
```

Figure 4-2: Example of the CWAD display

## 5.0 USING VIEW PATIENTS DOCUMENTS OPTION

This is the second of the TIU options to be placed on menus outside the TIU menu structure. It allows non-TIU users to view signed clinical notes. Place it on any local clinician menu used at your facility. It operates the same as the MPD – Multiple Patient Documents option on the TIUC Menu. The exception is that all add, edit, sign and delete functions have been removed.

1. Type VPD or whatever mnemonic was used to place this on your clinician's menu.
2. At the "Select Status:" prompt, type the value associated with the appropriate document status, such as Unsigned, Completed, Amended, Purged, Or Retracted. You can also select ALL.
3. At the "Select Clinical Document Type(s):" prompt, type the name of the class that you want to display, such as Progress Note, Discharge Summary, or Addendum. You can also select ALL.
4. At the "Select Search Categories:" prompt, type the name of the category for which you want documents to display, such as Patient, Author, Or Subject.
5. Complete the prompts as appropriate to display the search results, as shown in Figure 5-1.

Patient		Document	Ref Date	Status
1	DEMO, P	#107642 CLINICAL WARNING	10/15/03	unsigned
2	TEST, P	#106823 ADVANCE DIRECTIVE	10/15/03	completed
3	TEST, P	#104616 CRISIS NOTE	10/14/03	unsigned

ALL Documents Oct 15, 2003 15:30:29 Page: 1 of 1  
by ALL CATEGORIES from 10/08/03 to 10/15/03 3 documents

+ Next Screen - Prev Screen ?? More Actions  
Find Browse Change View  
Detailed Display Print Quit  
Select Action: Quit//

Figure 5-1: View Patient Documents search results

6. At the "Select Action:" prompt, type the name associated with the action you want to perform. The following table describes the available actions.

**Note:** The prompts associated with each option indicated below may vary based on the document you select.

<b>Action</b>	<b>Description</b>
Find	Allows users to search list of Documents for a text string (word, phrase, or partial word) from current position to the end of the list. Upon reaching the end of the last page of the list, the user will be asked whether to continue the search from the beginning of the list through the origin of the search.
Detailed Display	Displays the all of the details concerning the selected document's history, including audit trail and reassignment history, in addition to the narrative body of the document.
Browse	Allows users to browse through Documents from the Review Screen. In addition to scrolling sequentially through the selected documents and their addenda, the user may Search for a particular word or phrase, or Print draft copies to a selected device.
Print	This action allows you to print work or chart copies of a specific document. Work copies include the patient's phone number in the footer and are clearly marked, "Not for Medical Record". Print work copies unless you are going to place the document in the patient file.
Change View	Allows users to modify the list of reports by signature status, review screen and dictation date range without exiting the review screen.
Quit	Returns you to previous prompts in various ways, depending on where you are within the program.



## 6.0 Glossary

### **Action**

A functional process that an individual uses in the ASU computer program, such as Edit, Complete Or Delete. An action is also called a protocol.

### **Authorization**

Access to perform a function within the ASU computer program, such as Edit, Complete Or Delete.

### **Business Rules**

Definitions that restrict access to certain functions by determining which User Class/subclass can perform specific functions within documents.

### **Discharge Summary**

A formal synopsis of a patient's medical care during a single hospitalization, including tests procedures, and conclusions.

### **Document Class**

Groups of similar document that store behavior derived from business rules.

### **Document Definition**

Distinctions that allow you to specify the type of document in business rules. These definitions include document status, such as Unsigned, Signed, and Completed.

### **Hierarchy**

An organization structure in which items are ranked with each level subordinate to the one above.

### **Progress Notes**

A series of notes tracking a patient's progress during treatment.

### **Subclasses**

Groups defined by personnel job function to designate access to documentation functions such as Editing, Completing, or Deleting.

The most specific level of grouping within ASU.

### **TIU**

Text Integration Utilities, a RPMS document management application.

**User Class**

Groups defined by personnel job functions used to designate access to documentation functions such as Editing, Completing, or Deleting.

The most general level of grouping within ASU.

**User Role**

Specific functions assigned to an individual on a case-by-case basis, such as Author, Signer, Or Editor.

## 7.0 Appendix A: Copy/Move Functionality

Copy/Move is a very powerful action that you should use with great care. It is accessible only through the Document Definitions (Manager) menu. Like other actions on the Manager menu, it disregards ownership. You should move only Titles or documents for which you are responsible.

Under the action Copy/Move, you can choose to Move Title, Move Documents, Copy, or Update Documents.

- **Move Title (MT):** This action allows you to move a Title to a different Document Class. The system updates the Parent Document Type (field # .04) for documents defined by the moved Title.
- **Move Documents (MD):** This action allows you to move all documents defined by a given Title to another Title
- **Copy (C):** This action allows you to copy and then edit Titles, Components, and objects. You can place Title and Component copies under the same parent as the original, under a new parent, or leave them as orphans.
- **Update Documents (U):** This action allows you to update documents defined by a particular Title with the correct PARENT DOCUMENT TYPE (field # .04).

**Important:** When Moving or Copying a Title, be aware that changing positions in the hierarchy gives an entry new inherited behavior. Accordingly, some moves might not be appropriate. It is the user's responsibility to determine whether a given move is appropriate.

### 7.1 Using the Copy Option

The Copy option allows you to copy information from an existing entry, into a new entry. The new entry name must be different from the name of the existing entry.

Once you select an existing entry and name the new entry appropriately, the system creates the new entry with the chosen name and copies the fields in the Document Definition File 8925.1 into the new entry. The system handles certain fields and Components differently in terms of what information it copies. The following table describes these items and how the system handles them.

Item	Description
EMPTY FIELDS	When the original entry has empty fields, the system copies them as empty and NOT as inherited.
STATUS FIELD	When the original entry has a Status of Active or Test, the system copies the entry, but the copy has a Status of Inactive.
NATIONAL STANDARD FIELD	When the original is National Standard, the system copies the entry, but the copy is not National Standard.

Item	Description
SHARED FIELD	When a Component is Shared, the system copies the Component, but the copy is not Shared. When the Component has Subcomponents, the system creates new Subcomponents that are not shared and adds them to the copy.
ITEMS FIELD	When the original entry has items, the system prompts the user for new item names, creates the entries for the items, and adds the items to the copy.
SHARED ITEMS	When a Nonshared entry has a Shared item, the system does NOT copy the Shared item but merely adds the Shared item to the copy.

### 7.1.1 Assigning and Updating Item Parents

You can copy Titles and Components from the Edit Option or the Sort Option. When you copy an entry under the Edit option, the system prompts you to select a parent to associate with the copy. The system then adds the copy to the indicated parent. When you elect not to choose a parent, the system leaves the copy as an orphan. The following list includes details you should consider when copying entries to new parents.

- When you are copying a Title, then the parent to which you add the copy must be in the hierarchy and must be a document class.
- When you are copying a Component, then the parent to which you add the copy must be in the hierarchy and must be a Title or a Component.
- The parent must be Inactive and cannot be National Standard or Shared.
- When you copy using the Sort option instead of the Edit option, then the Title or Component copies are left as orphans.
- Although orphan Titles or Components will not appear in the Document Definition hierarchy, they can be still be added to a parent through both the Sort and the Edit options by selecting the Items action for the parent, then selecting the Add/Create option, and then selecting the orphan item.
- You can copy Objects from either the Sort Option or the Create Objects Option.
- The system does not copy Object Abbreviation or Print Name, because they must be different from those of the original.
- When the user does not have programmer access, the system does not copy the Object Method because it is an M field.
- Since even inactive objects affect the Document Definition Try option for Titles whose boilerplate text contains the object, you should not copy or create objects without good reason.
- You should thoroughly test all copied items before activating them.

### 7.1.2 Checking Copies for Inherited Behavior

When you have given copied Titles or Components a new parent, you should thoroughly check the copied item before activating the Title, since their inherited behavior can change. You should check Document Definition attributes of the entry (including Upload characteristics), TIU Document Parameters, and Business Rules. You should also consider inherited as well as explicit values. Additionally, you should also check any other implicit behavior, whether local or national, that applies to the entry.

**Note:** The copy action leaves the parent Title of the copy Component inactive. It is the user's responsibility to test the new parent Title and then reactivate it so it is available to you for entering documents.

There is no harm in copying a Title to any Document Class in the hierarchy as long as the copy is not activated because the copy will have no associated documents; however, there is no reason to expect that such copies will function at all, much less function properly. The user should ensure either that they function properly in every way, or delete such copies from the Document Definition file.

**Note:** Although you can use the Copy option to change the behavior of an entry (i.e. change the copy and inactivate the original), it is better to use the Edit or Move option and not clutter up the file with inactive entries. You can edit most behavior and move Titles even when the entry is In Use by documents.

## 7.2 Using the Move Title Option

The Move Title option allows you to move Titles between Document Classes within the same class. You can only access the Move Title option from the Edit option because it involves only entries in the Document Definition hierarchy. The following list details the system placed restrictions within the Move Title option. These restrictions prevent moves between Document Classes with very different behavior; however, hierarchies vary from site to site and some structures will still permit risky moves.

- This option does not include functionality to move classes, document classes.
- This option does not include functionality to move Components. However, you can accomplish this by deleting the Component as an item from its parent and adding it as an item to a new parent.
- This option does not include functionality to move National Standard Titles.
- This option does not include functionality to move Titles that are not in the Document Definition Hierarchy.
- This option does not include functionality to move Titles between Classes

- This option does not include functionality to move Faulty Titles
- This option does not include functionality to move Titles to Faulty Document Classes
- This option does not include functionality to perform moves which result in Faulty Titles. For example, the Title “Nurse Note” inherits its Print Method from the Document Class “Night Nurse Document Class”. Suppose the Document Class “Day Nurse” has no Print Method, which would not be considered a fault since the Titles under the Document Class could all have their own Print Methods. If you moved “Nurse Note” from the “Night Nurse” Document Class to the “Day Nurse” Document Class, the “Nurse Note” Title would lack a Print Method and become Faulty because documents using the Title will not print. In this case, you must first give the “Nurse Note” Title its own Print Method, and then move the Title.

### 7.2.1.1 Additional Considerations Associated with the Move Title Option

The following list includes details you should consider when moving Titles.

- Moving a Title automatically inactivates it; therefore, managers should move Titles only during off-peak hours.
- After you inactivate a Title and move it under a new Document Class, the Move Title option attempts to update the Parent Document Type field (#.04) for existing documents of the Title. This can take awhile if there are many documents to update. When the action is finished, the Title is still Inactive.
- If the system fails to update the Document Class of specific documents, you must update them later, using the Update Documents option.
- Since the Title has changed position within the hierarchy, its behavior might have changed. It is the user's responsibility to thoroughly check its new behavior, and then to reactivate it so it is available for entering new documents.
- The Try action checks that fields exist, but does not check whether they function properly. Therefore, the option might state that an entry is fine when it still does not function. For example, the Try option might quit without continuing on to let the user enter a trial document. In such a case, check the Title's Document Definition Fields against a different Title that does work.

### 7.2.1.2 Possible Consequences of Moves between Very Different Document Classes

Some behaviors are explicit because they are determined by parameters or Business Rules. Others behaviors are implicit. For example, a Consult document is linked to a request when it is created, while a Progress Note document is not. These differences mean that one document can belong to a given cross reference or have a certain field, while another lacks the field and is not in the cross reference. You should consider these implicit and explicit behaviors when performing moves between very different document classes.

Except for updating the Parent Document Type field (#.04) for documents of a Title, the Copy/Move option moves the entry as is, making no attempt to ensure that it functions correctly in its new position. It is the user's responsibility to determine whether a move is reasonable, and to make all necessary changes to documents, Document Definitions, Business Rules, and parameters.

**Note:** This does not mean that all moves are dangerous; however, the more the difference in behavior and the greater the number of documents a Title has the greater the risk.

- Moves might take awhile if a Title has many documents. In the meantime, existing documents might not function properly, and you might not be able to enter given Titles.

## 7.3 Using the Move Documents Option

The Move Documents option allows you to select an old Title and a new Title. The action then attempts to move ALL the documents of the old Title to the new Title. After a document is moved, its Parent Document Type is updated as necessary. When some documents are not available for move/update, they can be moved later using the same action. The old Title is inactivated while documents are moved, and left inactive until you reactivate it.

The behavior of documents is determined by their Title. Therefore, moving documents from one Title to another can affect their behavior. You should make sure the behavior of the target Title is appropriate before moving any documents.

## 7.4 Using the Update Documents Option

The Update Documents option updates every document defined by a certain Title to the correct Parent Document Type. It can be run multiple times if necessary and entails no risk.

You might have to run Update Documents following a Move Title action. Although the Move Title functionality attempts to update documents defined by the moved Title, giving them the correct new Parent Document Type, if a document is not available, then the Move Title option will leave that document with the old Parent Document Type.



## 8.0 Appendix B: Try Functionality

The Try option allows you to examine the selected entry for basic problems. For Titles and Components with boilerplate text, this includes checking any embedded objects to make sure they are embedded correctly.

When the entry is a Title and has no problems, you can test the boilerplate text by choosing a patient and entering a document using the entry.

TRY does NOT require any particular Status for the Title, since documents entered during the trial are deleted immediately after the trial. During the trial, objects will function even if inactive in order to permit testing of objects. Since the trial document does show up on Unsigned lists during the time it is being edited, you should select TEST PATIENTS ONLY.

If TRY is selected from the Boilerplate Text Screen, TRY shows which objects are badly embedded and why. Checks include whether the object as written exists in the file, whether it is active, whether it is split between lines, and whether the object as written is ambiguous as to which object is intended. If entry is OK, you can enter a trial document.

For objects, TRY checks object Name, Abbreviation and Print Name to make sure they are not ambiguous. That is, it makes sure the utility can decide which object to invoke when given the Name, Abbreviation, or Print Name and that it does not get the wrong object. TRY checks that the object has an Object Method, but does NOT check that the Object Method functions correctly.

For classes, document classes and Components, TRY checks for general completeness and correctness.

## 9.0 Index

---

### A

#### Action

Add · 14  
 Add Document · 22  
 Add PCC Item · 8  
 Add Rule · 87  
 Amend · 46  
 Boilerplate Text · 11  
 Browse · 23  
 Change View · 12  
 Class/Document Class · 66  
 Combo Alerts · 73  
 Component · 66  
 Copy · 22  
 Create · 64  
 Create a Class · 83  
 Create New TIU Object · 71  
 Delete Alerts · 73  
 Delete Document · 24  
 Delete PCC Item · 8  
 Delete Rule · 87  
 Detailed Display/Edit · 11  
 Detailed Display/Edit HS Object · 71  
 Detailed Display/Edit TIU Object · 71  
 Display Visit · 9  
 Edit · 14  
 Edit Rule · 87  
 Edit Unsigned Doc · 22  
 Edit User Class · 84  
 Encounter Edit · 32  
 Expand/Collapse · 11  
 Find · 11  
 Health Summary · 9  
 Historical Data Entry · 9  
 Identify Signers · 24  
 Incomplete Chart Update · 46  
 Interdisciplinary Note · 25  
 Items Seq Mnem MenuTxt · 61  
 Jump to Document Def · 11  
 Link · 24  
 List Members · 84  
 Make Addendum · 22  
 Modify PCC Item · 8  
 Name/Owner/Print Name · 61  
 Next Level · 66  
 On Chart · 46  
 Other Items · 9  
 Owner · 69  
 Print · 23  
 Problem List Update · 9  
 Quit · 9  
 Reassign · 46  
 Remove · 14  
 Resend Alerts · 73  
 Restart · 67

Schedule Changes · 14  
 Send Back · 48  
 Sign/Cosign · 22  
 Status · 61  
 Third Party Alerts · 73  
 Title · 66  
 Try · 11  
 Verify/Unverify · 46

#### Alerts

Creating · 72  
 Viewing · 89

---

### B

#### Business Rules

Creating · 86  
 Managing · 44  
 Reviewing · 86

---

### C

Copy · 22, 96  
 CWAD · 2

---

### D

#### Document Classes

Planning · 2

#### Document Definition Hierarchy · 2

Managing · 44  
 Viewing · 16

#### Document Definitions

Creating · 65  
 Editing · 10, 60  
 Managing · 58  
 Sorting · 11, 62

#### Document Dictation

Dictation Line Count Statistics · 56  
 Required Fields · 15

#### Document Parameters

Managing · 58  
 Modifying · 44, 77  
 Requiring MAS Verification · 77

---

### E

#### Entering

Dates · 5  
 Times · 5

---

**H**

Health Summaries  
 Creating · 70

---

**I**

Implementation  
 Guidelines · 1  
 Preparation · 1

---

**N**

Notifications  
 Managing · 58

---

**O**

## Objects

Creating · 65, 67  
 Modifying · 67  
 Viewing · 12, 69

## Options

AUT · 55  
 DDC · 9  
 DDC1 · 10  
 DDC2 · 11  
 DDC3 · 12  
 DDC4 · 13  
 DDC5 · 14  
 DDM · 58  
 DDM1 · 60  
 DDM2 · 62  
 DDM3 · 65  
 DDM4 · 67  
 DDM5 · 69  
 DDM6 · 70  
 Delete Templates for All Terminated Users · 82  
 Deleting TIU Templates for the Selected User · 81  
 Discharge Summary Dictations · 56  
 Document List Management · 17  
 DTS · 56  
 Edit Auto Template Cleanup · 81  
 EED · 3, 7  
 EUV · 7  
 FRD · 15  
 HLP · 9  
 Host · 76  
 IDS · 30  
 IPD · 21, 44  
 LAD · 16, 46  
 List by Text · 21  
 List by Title · 21  
 LNT · 34  
 MDS · 32  
 Move Documents · 100  
 Move Title · 98

MPD · 23, 47  
 MYU · 25  
 NAP · 36  
 Operative Report Dictations · 57  
 PDM · 49  
 PDM1 · 50  
 PDM2 · 50  
 PDM3 · 51  
 Performance · 75  
 Personal Preferences · 17  
 PMP · 38  
 PNPA · 38  
 PNPL · 39  
 PNPT · 40  
 PNPW · 40  
 PPR · 17  
 Remote · 76  
 RPN · 41  
 Security · 75  
 SER · 57  
 SIG · 52  
 Sort by Reference Date · 21  
 Sort by Visit Date · 21  
 SPT · 26  
 SSD · 53  
 STR · 55  
 TAT · 72  
 TMM · 58  
 TPM · 73  
 TPM1 · 74  
 TPM2 · 75  
 TPM3 · 77  
 TPM4 · 79  
 TPM5 · 80  
 TRA · 57  
 TRD · 28  
 TRM · 30  
 TTM · 80  
 UCM · 82  
 UCM1 · 82  
 UCM2 · 84  
 UCM3 · 85  
 UCM4 · 86  
 Update Documents · 100  
 UPL · 87  
 UPL1 · 87  
 UPL2 · 88  
 UPL3 · 88  
 UPL4 · 88  
 VUA · 89

---

**P**

## Patient Reports

Accessing · 30  
 Discharge Summaries · 30, 32  
 Printing · 38  
 Printing by Author · 38  
 Printing by Location · 39, 40  
 Printing by Ward · 40  
 Progress Notes · 36

## Patient Visit Documents

- Accessing · 3
- Creating · 3, 28
- Editing · 44
- Printing · 38, 49
- Printing by Author · 38
- Printing by Location · 39, 40
- Printing by Ward · 40
- Reviewing · 41
- Reviewing Multiple Documents · 47
- Reviewing Unsigned Documents · 52
- Searching · 26, 53
- Signing · 25
- Sorting · 21
- Viewing · 21, 34, 44
- Viewing Multiple Documents · 23

## Personal Preferences · 17

## Printing

- Chart Copy · 50
- Clinical Documents · 51
- Discharge Summaries · 50
- Progress Notes · 50
- Work Copy · 50

## Progress Notes

- Reviewing · 41

---

**S**

## Statistical Reports · 55

- Author Line Count Statistics · 55
- Dictation Line Count Statistics · 56
- Service Line Count Statistics · 57
- Transcriptionists Line Count Statistics · 57

## System Parameters

- Accessing · 73
- Basic · 74
- Batch Print Locations · 79

- Blank Character String · 75
- Default Primary Provider · 75
- Managing · 58, 73
- Modifying · 44
- Progress Notes · 80
- Uploading · 75

---

**T**

## Templates

- Deleting · 81, 82
- Managing · 80

## Text Integration Utilities

- About · 1
- Benefits · 1
- Features · 1
- Menu for Medical Records · 44

## Title Structure · 1

- Modifying · 2
- Viewing · 46

## Try · 11, 12, 101

---

**U**

## Uploading Files · 75

- Display Status · 88
- Help · 88
- Perform · 87
- Reset Options · 88

## User Class

- Creating · 82
- Managing · 44, 82
- Modify by User · 84
- Review by Class · 85

## 10.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

**Phone:** (505) 248-4371 or (888) 830-7280 (toll free)

**Fax:** (505) 248-4363

**Web:** <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

**Email:** [support@ihs.gov](mailto:support@ihs.gov)