RESOURCE AND PATIENT MANAGEMENT SYSTEM

Prenatal Care Module

(BJPN)

Addendum to User Manual

Version 2.0 Patch 10
August 2018

Office of Information Technology
Division of Information Resource Management
Albuquerque, New Mexico

Table of Contents

1.0 Introduction 1
1.1 Background 1
1.2 Prenatal Care Module 1
2.0 System Navigation 3
2.1 Using Prenatal Care Module Features 3
2.1.1 Pregnancy Issues and Problems List 3
2.2 Using Prenatal TIU Objects 37
2.2.1 PIP Expanded-Current Pregnancy 37
2.2.2 PIP Expanded-Current Encounter 37
2.2.3 PIP Expanded-Most Recent Note 38
2.3 Using Prenatal Health Summary Objects 38
2.3.1 PIP Expanded-Pregnancy 38
2.3.2 PIP Expanded-Current Encounter 38
3.0 Package Management 39
3.1 Security Keys 39
3.2 Parameters 39
4.0 Package Operation 40
4.1 Installation 40
4.2 Giving Users Access to the PCM Components 40
4.3 Adding Prenatal Care Module Component to EHR 40
4.3.1 Accessing Design Mode 41
4.3.2 Layout Manager 42
Appendix A: Rules of Behavior 47
A.1 All RPMS Users 47
A.1.1 Access 47
A.1.2 Information Accessibility 48
A.1.3 Accountability 48
A.1.4 Confidentiality 49
A.1.5 Integrity 49
A.1.6 System Logon 49
A.1.7 Passwords 50
A.1.8 Backups 51
A.1.9 Reporting 51
A.1.10 Session Timeouts 51
A.1.11 Hardware 51
A.1.12 Awareness 52
A.1.13 Remote Access 52
A.2 RPMS Developers 53
A.3 Privileged Users 53

Glossary **56**
Acronym List **58**
Contact Information **59**

Preface

The purpose of this manual is to provide users with the information needed to use the Indian Health Service (IHS) Electronic Health Record (EHR) Prenatal Care Module (PCM) components which have been developed and released under the new BJPN namespace.

The PCM is composed of two Windows®-based Graphical User Interface (GUI) components within the EHR. The PCM allows users to manage prenatal problems and issues for a patient during pregnancy. The Pregnancy Issues and Problem List (PIP) component serves to maintain the list of issues and risks associated with both current and all pregnancies for providers to consider the prenatal issues associated with the pregnancy in the context of all similar problems.

1.0 Introduction

This manual contains reference information about the PCM views and step-by-step procedures to show users how to perform the activities supported by the component.

1.1 Background

The traditional EHR Problem List provides a concise inventory of a patient's medical conditions. The list keeps critical patient problem information "on the surface," where the problems can be reviewed quickly and easily. In addition, the list keeps diagnoses from getting lost in the record and makes it simple to evaluate a single diagnosis within the overall context of a patient's other active medical conditions. This problem list is the focal point of problem-oriented medical record keeping.

Past experiences suggest that it is useful to maintain a pregnancy-specific problem list that provides a focused summary of problems associated with a patient's pregnancy. This new pregnancy-specific problem list is referred to as the PIP. With the release of Version 2, users will be able to copy a prenatal problem to the EHR Integrated Problem List (IPL), and problems from the IPL can be copied to the PIP.

Aside from limiting its context to a single pregnancy, the PIP differs from the traditional problem list in two important ways:

1. Equal emphasis is given to documenting medical conditions and risk factors.
2. PIP entries have "scope;" namely, each entry is limited to the current pregnancy or to all pregnancies.

1.2 Prenatal Care Module

The PCM is intended to allow providers to see a pregnancy-specific problem list that provides a focused summary of problems associated with a single pregnancy.

The PCM can help IHS providers by:

- Providing a pregnancy-specific problem list to track problems and issues related to the current pregnancy or all pregnancies.
- Providing the ability for the provider to clarify the issue with provider text to be included with the Systematized Nomenclature of Medicine—Clinical Terms (SNOMED CT®) term associated with the problem.
- Providing the ability to enter care plans, patient goals, and visit instructions associated with the prenatal problem.
- Providing the ability to set the problem as today's Purpose of Visit (POV).
- Providing the ability to include the problem list and notes in a progress notes using Text Integration Utility (TIU) objects.

- Providing the ability to include the problem list and notes in a Health Summary (HS) using HS objects.

2.0 System Navigation

2.1 Using Prenatal Care Module Features

This section provides an overall look at the design and functions of the main screen elements of the PCM.

The core concept of the Prenatal Care Module Version 2.0 is the PIP. The PIP is a list of issues and problems associated with a patient's pregnancy that the user has added by selecting individual problems from the Pregnancy Problems Picklist (PPL) or by utilizing the SNOMED CT lookup utility. The PPL will present the user with a default set of common pregnancy issues and problems. The list is integrated with the Integrated Problem List (IPL) Pick List functionality. Pick lists marked as prenatal related will display in the PPL.

2.1.1 Pregnancy Issues and Problems List

The PIP component displays the list of issues and problems associated with a patient's pregnancy. This list is manageable by the user, allowing additions, edits, and deletions, as necessary.

Users who hold any of the ORES/ORELSE/PROVIDER keys are viewed as clinical users and have full access privileges to all problem list options. Users with the BGOZ PROBLEM LIST EDIT key can add to or edit the problem list. Users with the BGOZ VIEW ONLY key can view information but cannot edit data in this component.

The BJPN DISABLE PRENATAL EDITING parameter was included with the release of the Prenatal Care Module Version 1.0. Users, or users subscribed to a User Class entered into this parameter, will have view-only access to the PCM, regardless of the security keys they hold.

The **PIP** window (also known as the PIP component) has the following features:

- Option buttons by the PIP label determine which problem status (**Active**, **Inactive**, or **All**) displays in the (lower) grid.
- *The user **must** select a visit or visit context to access the edit functionality of the PIP*. PIP edit functionality consists of using the **Add**, **Edit**, **Delete**, **Set as Today's POV**, **Pick List**, and **Toggle** buttons.
- When in view-only mode, a visit or visit context is ***not*** required; however, only the **Problem Status** option buttons, the **Expand/Collapse All**, **Print**, as well as the **Notes for All Pregnancies** check box and **View Detail** option (available by right-clicking a problem in the PIP) will be accessible. All PIP edit functionality is disabled when in view-only mode.

2.1.1.1 About the PIP

The PIP displays the selected patient's pregnancy status and Definitive Estimated Date of Delivery (EDD) for context at the top of the component. The PIP entries are displayed in a grid format with columns for **Priority**, **PIP Status**, **Scope**, **Date of Onset**, **Modified** (Optional), **IPL Status**, **Provider Narrative**, **Last Goal**, **Last Care Plan**, **Last Visit Instruction**, **POV**, and **ICD**. Figure 2-1 depicts a sample PIP for a patient.

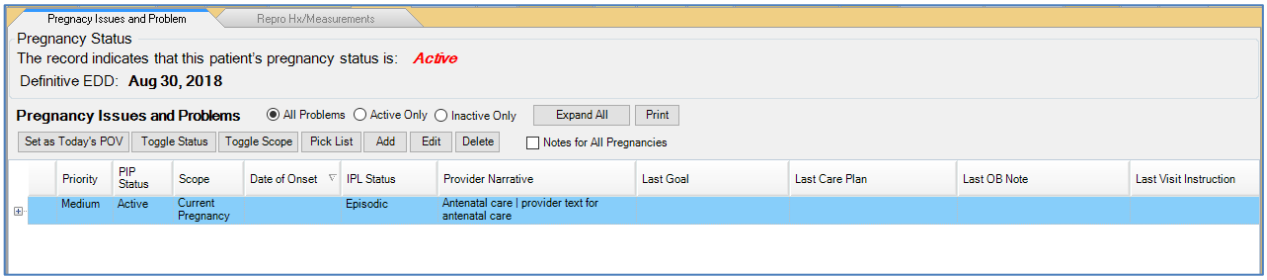

Figure 2-1: Sample **PIP** window

2.1.1.2 Problem Status

Select an option button next to the **Pregnancy Issues and Problems** label to select the appropriate problems by status to display in the PIP grid.

Figure 2-2: Status of Problem Lists

The **All Problems** option will display both active and inactive problems for the current patient.

Users can filter the list by selecting **Active Only** or **Inactive Only**. This means, for example, if **Active Only** is selected, only those problems with a status of Active will display in the PIP grid.

The **Status** field is editable when adding or editing a problem through the dialog or by clicking the **Toggle Status** button on the list for the selected problem(s).

2.1.1.3 Expand/Collapse All

Click the **Expand (Collapse) All** button to expand or collapse the PIP entries in the grid to show or hide the associated notes for the problem. This button changes from **Expand All** to **Collapse All**. This same functionality is available on the context menu.

2.1.1.4 Print

Click the **Print** button to print all problems currently listed in the PIP grid.

> **Note:** Print only works with local printers. EHR remote printers cannot print the graphics associated with the grid itself, only text.

Use the following steps to print selected problems on the patient's PIP:

1. Click the **Print** button to display the **Print Preview** dialog. Figure 2-3 shows a sample of a **Print Preview** dialog.

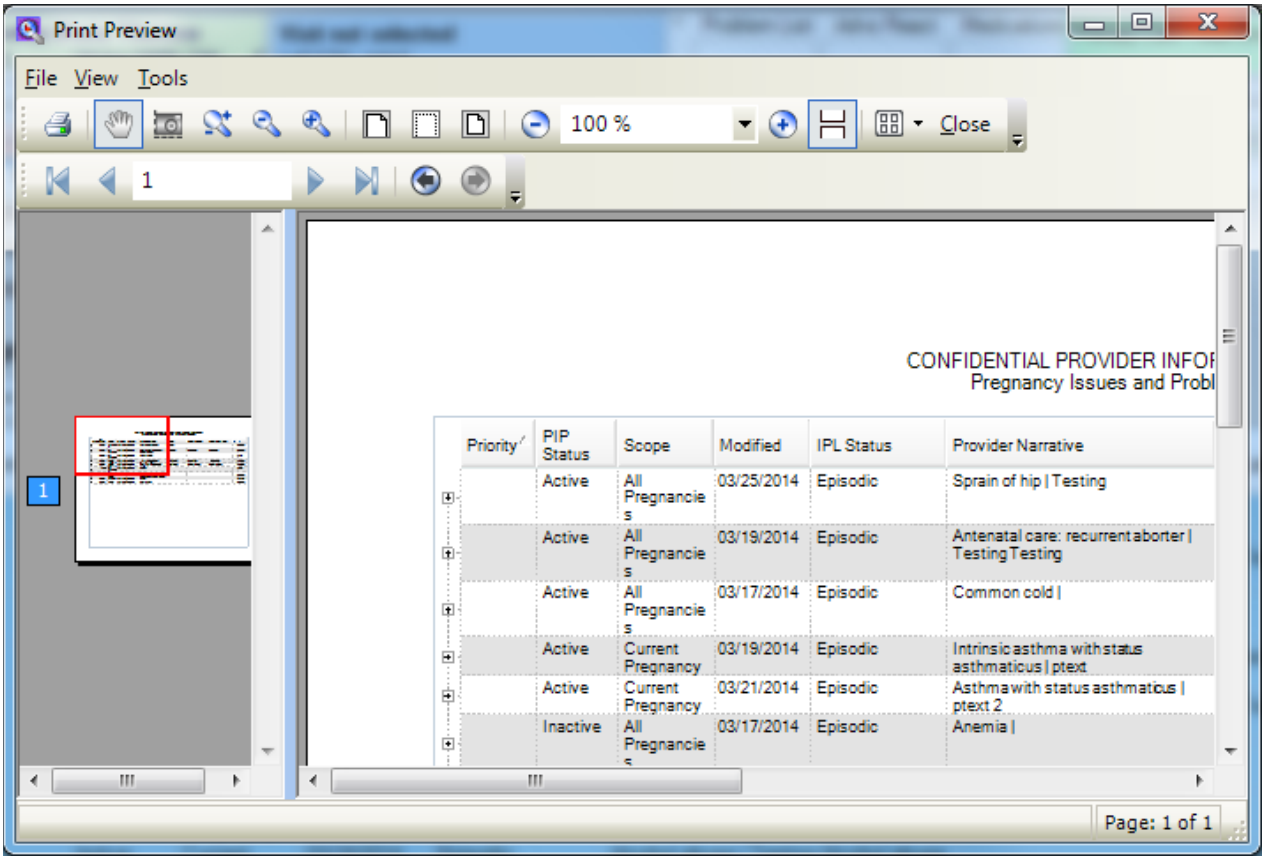

Figure 2-3: **Print Preview** dialog

2. Make any desired adjustments to the page layout and then print by selecting **File** | **Print** from the menu or clicking the **Print** button with the printer icon.

2.1.1.5 Set as Today's POV

For Prenatal 2.0, the **Set as Today's POV** button has been updated to use the same form launched by the EHR IPL **POV** button. All the same rules apply.

If the PIP is editable, users can select one or more problems to simultaneously update the problem's **Set as Today's POV** flag. This setting can also be updated via the **Edit Problem** dialog.

Use the **Set as Today's POV** button to associate active problems from the PIP component as the POV for the selected visits in the EHR Visit Diagnosis component. This same functionality is available on the context menu.

Use the following steps to set a problem as the POV for a visit:

1. To select all active problems, either click the **Set as Today's POV** button (or select the **Set as Today's POV** option on the context menu). Alternatively, select one problem in the grid and click the **Edit** button (or select the **Edit Problem** option on the context menu) to display the **Set as Today's POV/Update Problems** dialog for the selected active problems.

2. When done editing, click **Save**. Otherwise, click **Cancel** to cancel the update process.

   Figure 2-4 shows a sample **Set as Today's POV** display:

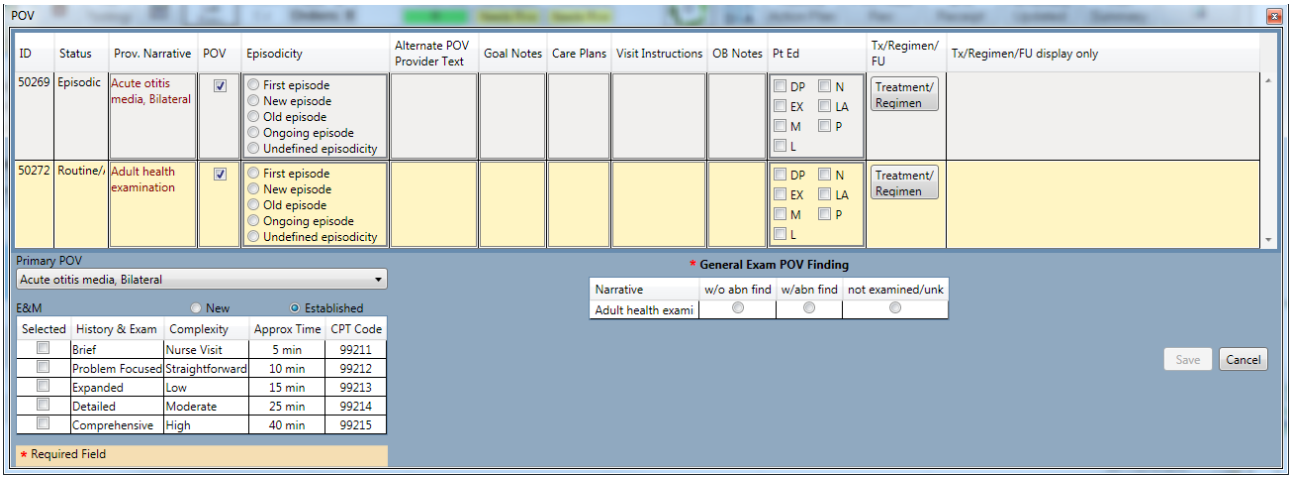

Figure 2-4: **Select POV's/Update Problems** dialog

2.1.1.6 Toggle Status

Click the **Toggle Status** button to toggle the problem status on selected entries in the **PIP** grid from Active to Inactive or vice versa. The same functionality is available on the context menu.

2.1.1.7 Toggle Scope

Click the **Toggle Scope** button to toggle the status on selected entries in the **Pregnancy Issues and Problems** grid from Current Pregnancy to Prior Pregnancy or vice versa. The same functionality is available on the context menu.

Attempting to switch from current to prior pregnancy may display a message indicating why it cannot be changed, as shown in Figure 2-5.

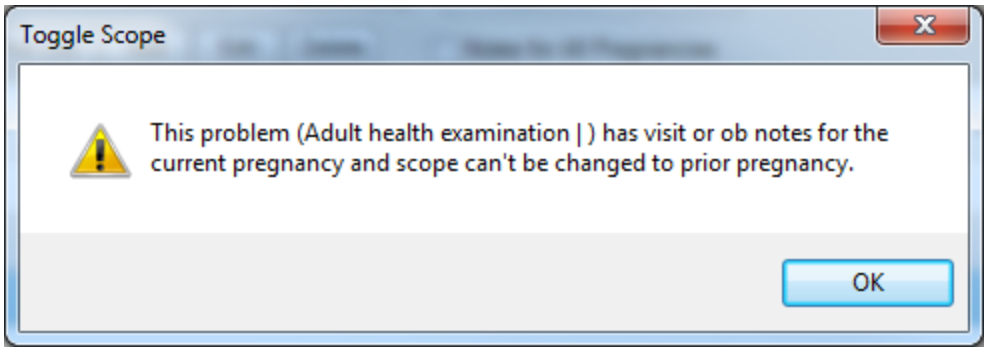

Figure 2-5: **Toggle Scope** pop-up: Cannot switch to prior pregnancy

2.1.1.8 Add Problem

The **Add Problem Information** dialog displays when the user clicks the **Add** button on the PIP, or when the user selects **Add Problem** from the context menu. The dialog allows users to set the attributes for the problem including IPL priority, Use as POV, primary, inpatient, PIP Priority, SNOMED CT term, IPL status, PIP status, scope, laterality*[*], provider text, qualifiers, asthma*, fracture healing *, Is Injury data, date of onset, goal notes, care plans, visit instructions, care planning activities.

If the PIP is editable, problems can be added to the list in a variety of ways. From the PIP, click the **Add** button or select **Add Problem** from the context menu to display the **Add Problem** dialog. Problems can also be added using the **Pick List** button. Once the user updates and saves the entry, the problem will be added to the PIP and display in the list.

Add a problem to the PIP if an issue is considered important enough to document as an ongoing issue.

> **Warning**:Notes are saved when the user clicks **OK** on the **CVG** form, not via the **Add Problem Save** button.

Figure 2-6 shows a sample **Add Problem Dialog** form.

[*] depends on the problem selected

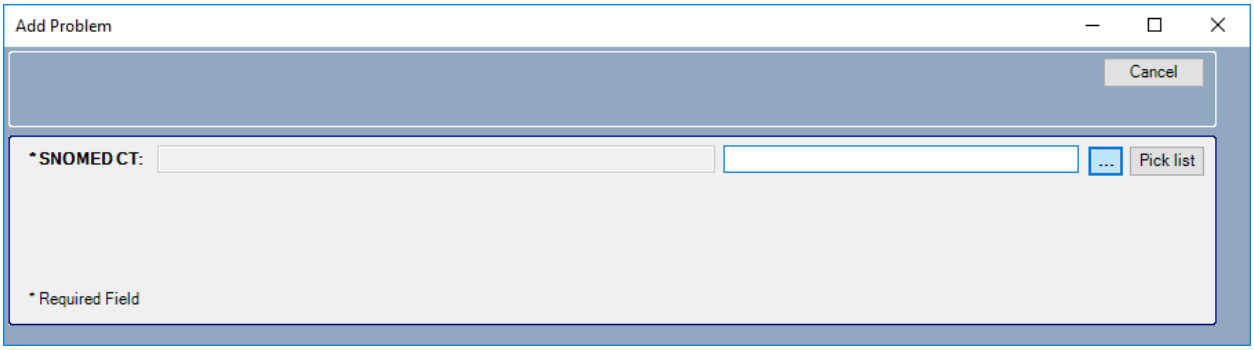

Figure 2-6: **Add Problem** dialog (before SNOMED CT selection)

Follow these steps to add a new problem to a patient's PIP:

1. Click **Add** (or select the **Add Problem** option on the context menu) to display the **Add Problem** dialog.

2. For the required **SNOMED CT** field, either type in the SNOMED CT value for the problem (if known), or click the ellipsis button (...) to utilize the **SNOMED CT Lookup** dialog, or click the **Pick List** button to select the appropriate entry.

   Selecting a problem via SNOMED CT and the Pick List can cause one of the following special case message boxes to display:

   a. **Problem exists in IPL and PIP** window (Figure 2-7): The problem selected already exists on the PIP and was loaded into an edit screen. This window only displays for five seconds before automatically closing.

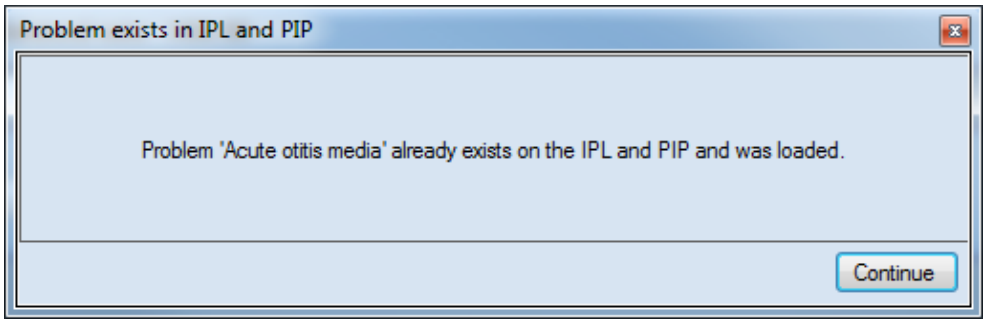

Figure 2-7: **Problem exists in IPL and PIP** pop-up

   b. **Add Problem – Problem exists in IPL** window (Figure 2-8): The problem selected already exists in the IPL. The user needs to confirm if it is acceptable to add the problem to the PIP. Click **OK** to accept.

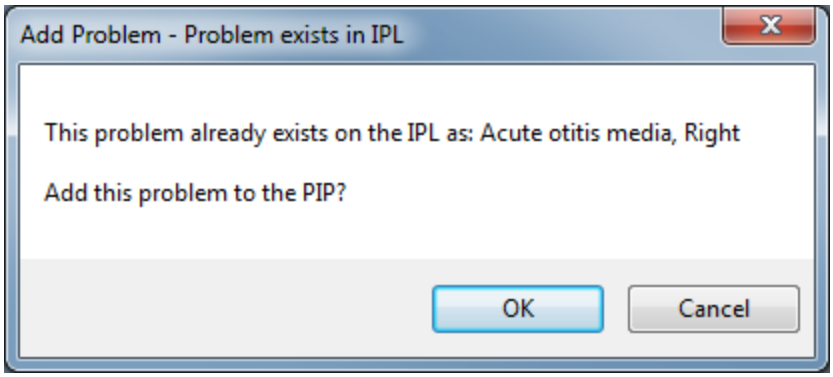

Figure 2-8: Add Problem – Problem exists in IPL pop-up

c. **PIP Problem Matching** dialog (Figure 2-9): The selected problem has found one or more possible matches to an existing PIP and/or IPL problem. The user is presented with a list of options. The **Add as new PIP problem** option will always be first. Up to three matching problems (laterality representing left, right, and bilateral) may display with the option to either edit the existing problem or add to PIP if found on the IPL.

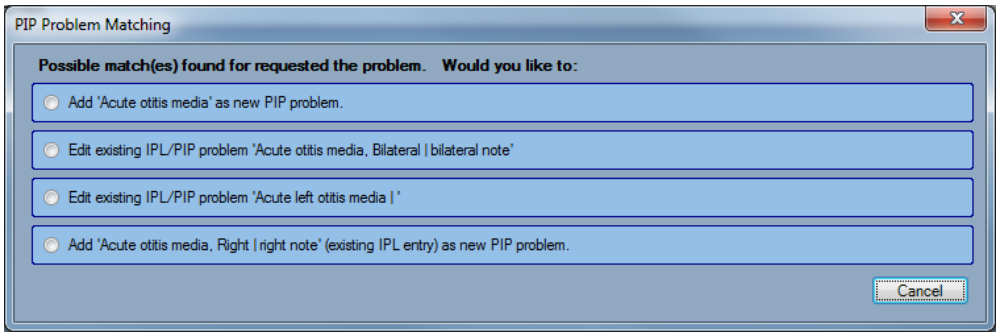

Figure 2-9: **PIP Problem Matching** dialog – add or edit existing problem

d. **PIP Problem Matching** dialog (Figure 2-10): The selected problem has found an existing problem with the laterality not set (Unspecified). The user is presented with the option to either add the problem as a new PIP problem or replace the existing problem (with no laterality selected) and edit.

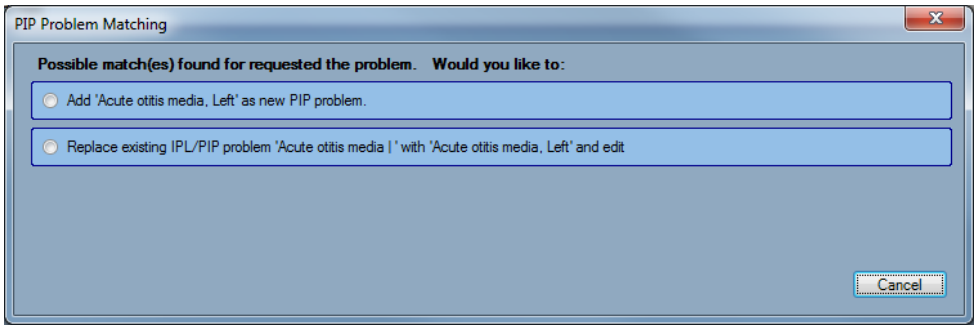

Figure 2-10: **PIP Problem matching** dialog – add or replace problem

3. If desired, select IPL Priority for the problem.

4. If necessary, select the **Use as POV** check box to mark this as the purpose of visit. Once the **Use as POV** check box is selected, the **Primary** check box displays as an option (see Figure 2-12); select if desired.

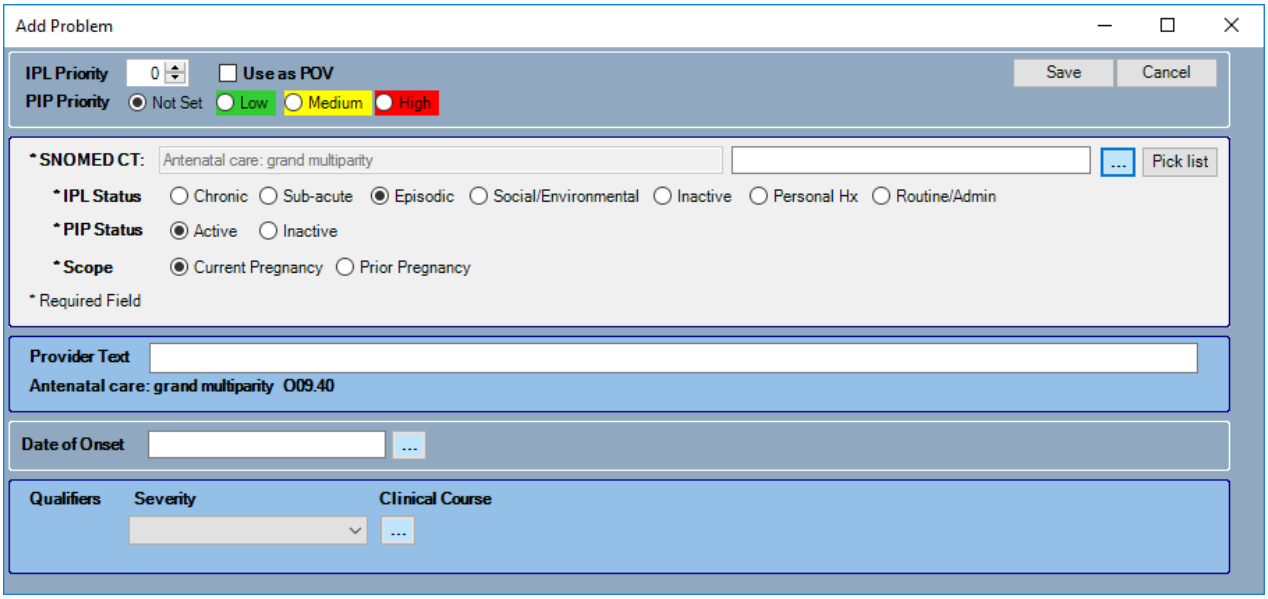

Figure 2-11: **Add Problem** dialog – POV

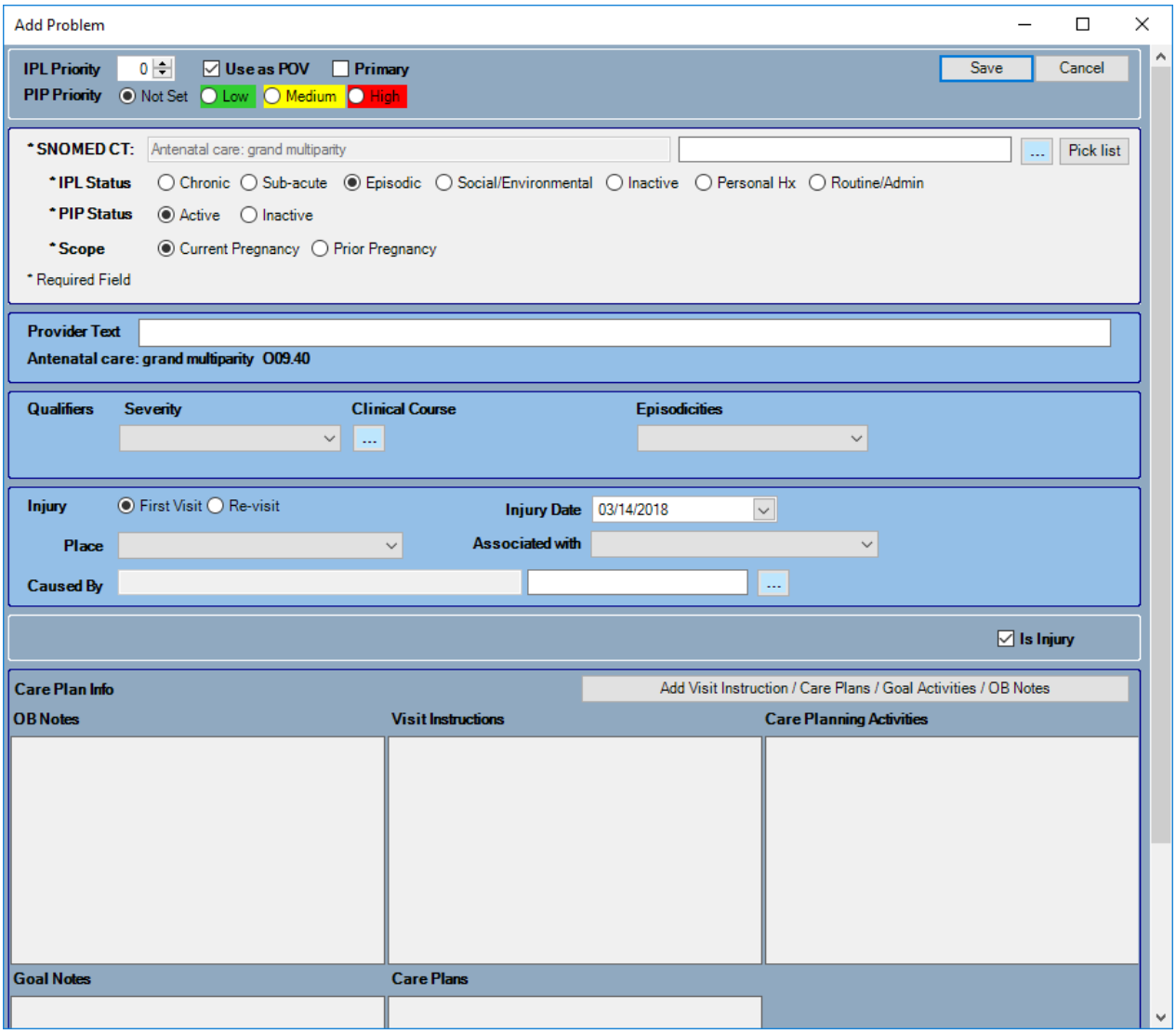

Figure 2-12: **Add Problem** dialog – **Use as POV** and **Is Injury** check boxes selected

> **Note:** If an inpatient visit is selected, the **Use as POV** and **Primary** check boxes are replaced with the **Use for Inpatient** check box.

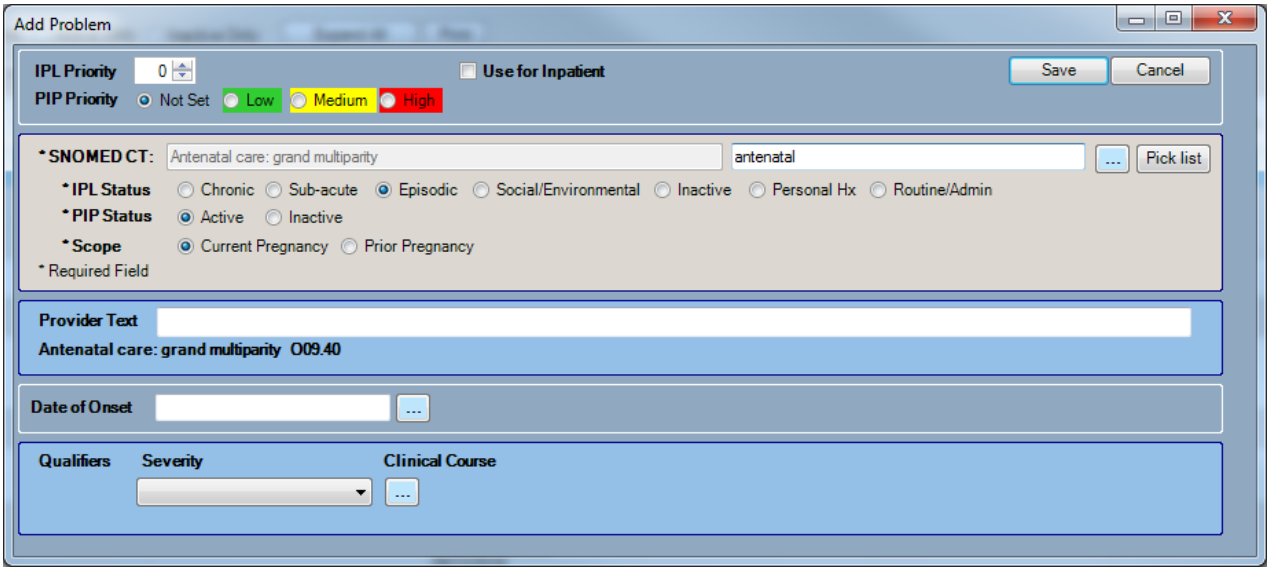

Figure 2-13: **Add Problem** dialog – inpatient visit

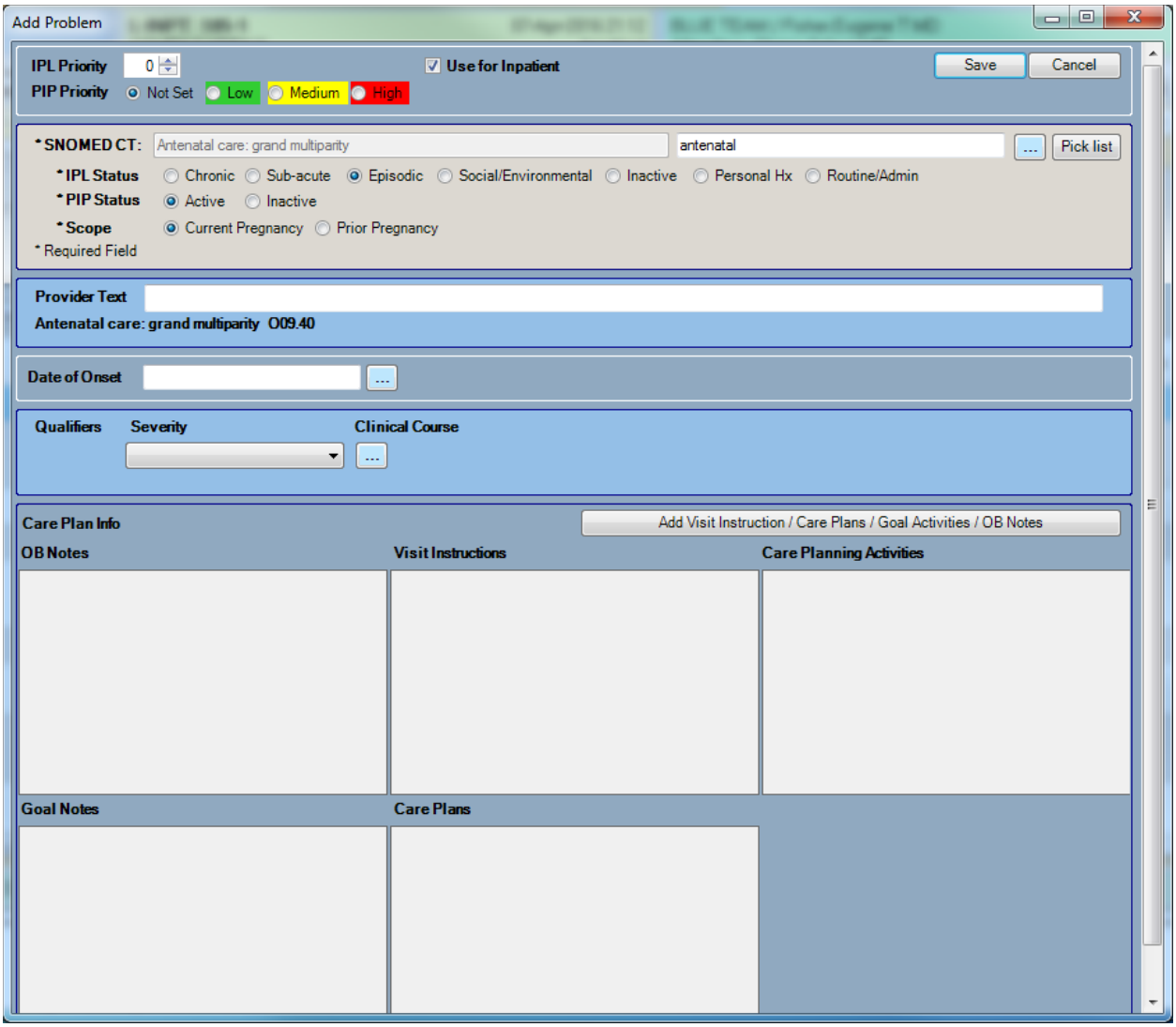

Figure 2-14: **Add Problem** dialog – **Use for Inpatient** check box selected

Selecting either the **Use as POV** check box or the **Use as Inpatient** check box will make the **Care Plan Info** section visible.

5. If desired, select **PIP Priority** for the problem.
6. Click the appropriate option button for the **IPL Status**. **Episodic** is pre-selected as the default for a new problem.
7. Click the appropriate option button for the **PIP Status**. **Active** is pre-selected as the default for a new problem.
8. Click the appropriate option button for the **Scope**. **Current Pregnancy** is pre-selected as the default for a new problem.

9. Problems (with the **Use as POV** check box selected) with laterality information will display a new section called **Laterality** with option buttons for **Left**, **Right**, **Bilateral**, and **Unspecified**. The problem's laterality option button will be selected. This is for display ***only***. If the laterality needs to be changed, the problem will have to be selected from either the SNOMED CT search or the **Pick List** and replaced.

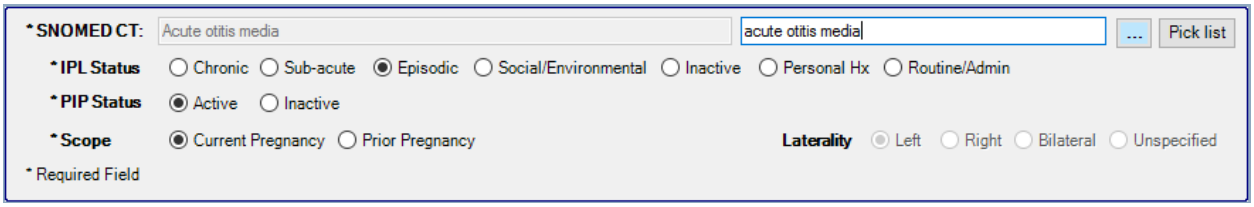

Figure 2-15: Laterality information displayed

A problem with a laterality value of **Unspecified** prompts an additional check when the user clicks the **Save** button. Setting the laterality value to **Left**, **Right** or **Bilateral** is preferred. If laterality is left as **Unspecified**, any future editing of this problem will cause the same prompt to display after clicking **Save**.

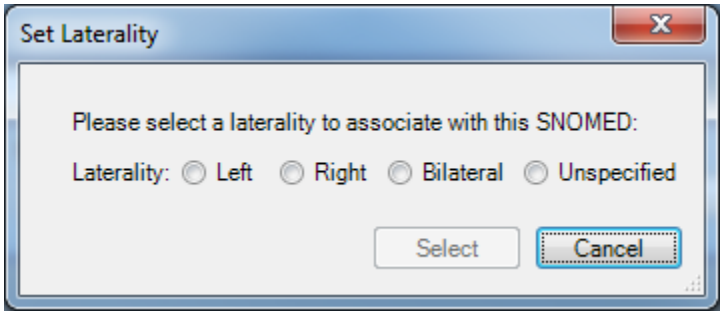

Figure 2-16: **Set Laterality** window

10. If desired, enter a 60-character (maximum) value in the **Provider Text** field.

11. If desired, select the **Date of Onset**.

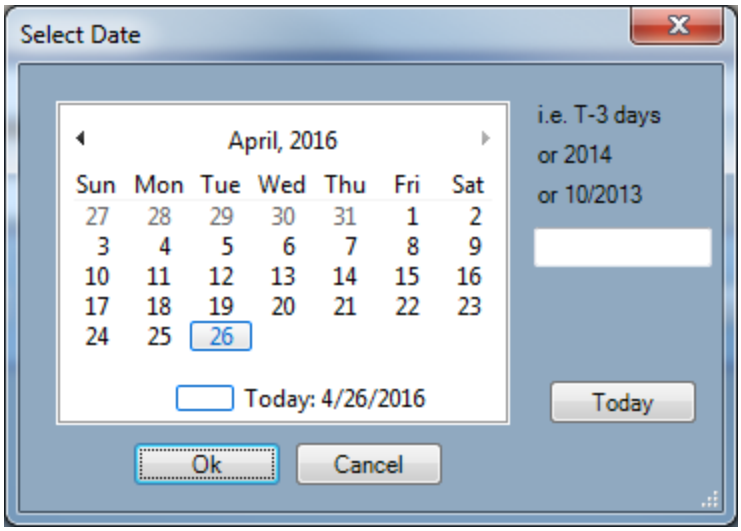

Figure 2-17: **Select Date** dialog

12. If desired, update the **Qualifiers** section.

    a. Certain SNOMED CT terms, such as Adult health examination, require **General Exam POV finding** information to be collected. The **Save** button is disabled until the user selects a finding.

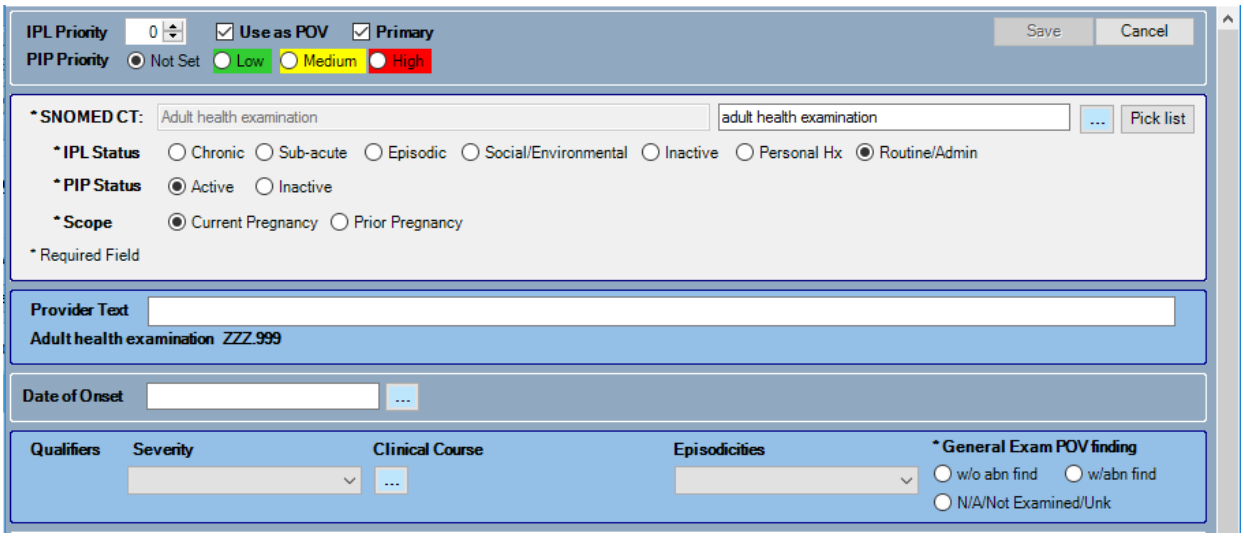

Figure 2-18: **General Exam POV finding** section

13. If selected problem is asthma related, the **Asthma** section (Figure 2-19) will be visible and can be updated.

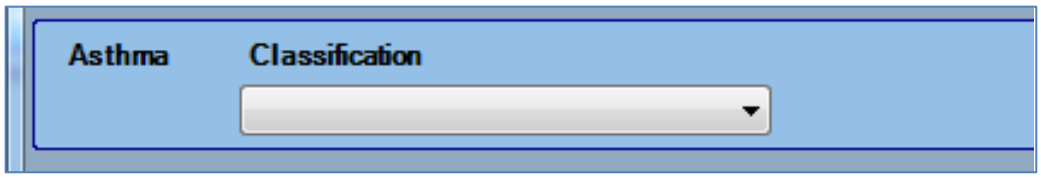

Figure 2-19: **Asthma** section

14. If desired, enter injury data by checking the **Is Injury** check box. The **Injury** group box will display and can be populated.

Figure 2-20: **Injury** section

15. If selected the problem, such as Stress fracture of left ulna, is fracture-healing related, the **Fracture Healing** section will be visible and can be updated.

Figure 2-21: **Fracture Healing** section

16. If desired, Care Plan Information can be updated via **Add Visit Instruction / Care Plans / Goal Activities / OB Notes** buttons or context menu options on the **OB Notes**, **Goal Notes**, **Care Plans**, and **Visit Instructions** grids. Using the **Care Plans/Visit Instruction/Goal Activities/OB Notes** form, will *1*) save the currently selected problem on the **Add Problem** form and *2)* save any data entered on the form.

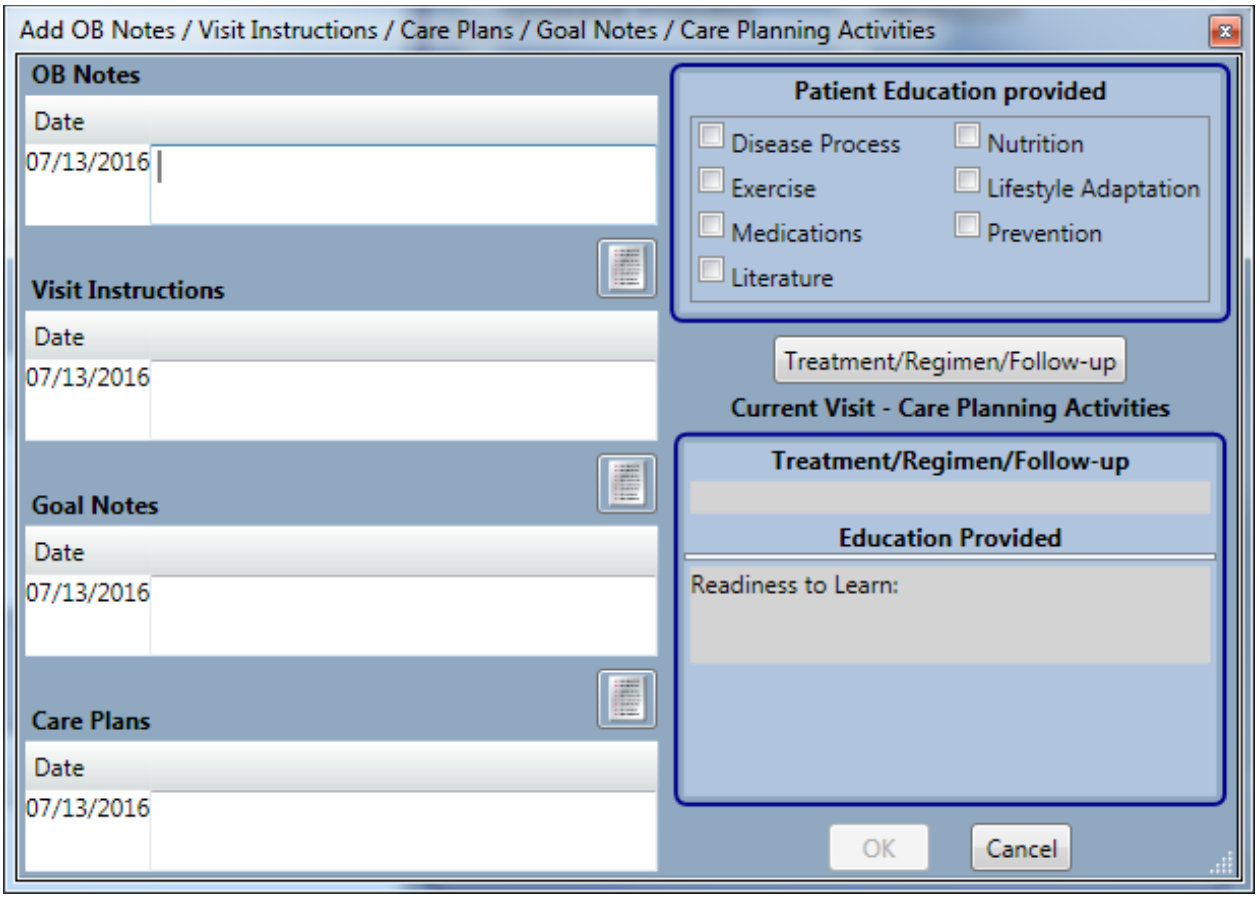

Figure 2-22: **Add OB Notes / Visit Instruction / Care Plans / Goal Notes / Care Planning Activities** form

17. When the **Add Problem** dialog is complete, either click **Save** to file the problem information into RPMS or click **Cancel** to quit without saving.

2.1.1.9 Edit Problem

The **Edit Problem** dialog displays when the user clicks the **Edit** button on the PIP or when the **Edit Problem** is selected from the context menu. The dialog allows users to set the attributes for the problem including IPL priority, Use as POV, primary, inpatient, PIP Priority, SNOMED CT term, IPL status, PIP status, scope, laterality*, provider text, qualifiers, asthma*, fracture healing*, injury data, date of onset, goal notes, care plans, visit instructions, and care-planning activities.

The **Edit Problem** dialog allows users to update current information for problems already located on the PIP.

* Depends on the problem selected

Warning: Notes are saved when the user clicks **OK** on the **CVG** form, not via the **Edit Problem Save** button.

Figure 2-23 shows a sample **Edit Problem** dialog form.

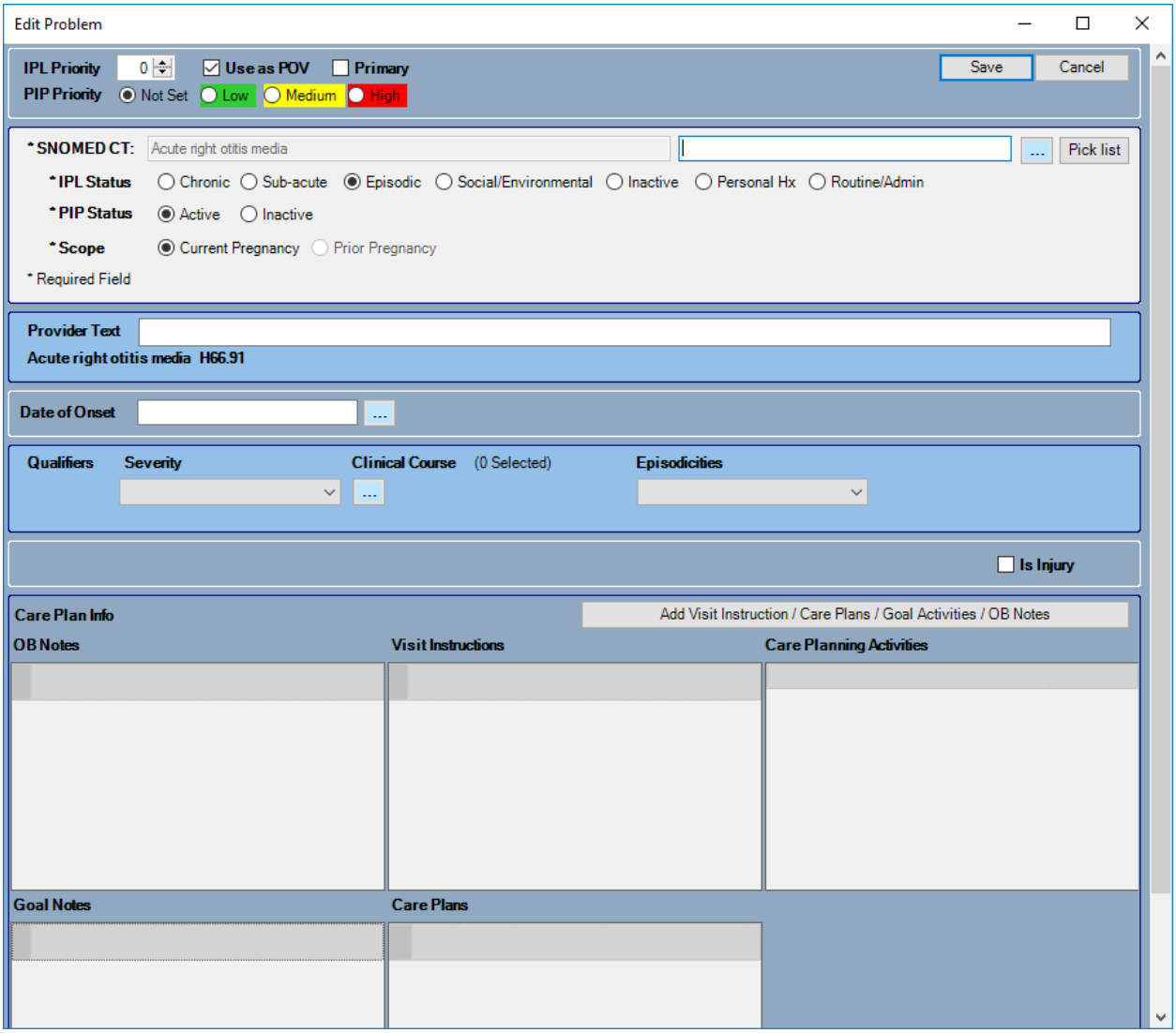

Figure 2-23: **Edit Problem** dialog

Use the following steps to modify current information on the PIP.

1. Select a problem in the **PIP** grid.
2. Click **Edit** (or select the **Edit Problem** option on the context menu) to display the **Edit Problem** dialog for the selected problem.

3. For the required **SNOMED** field, either type in the SNOMED CT value for the problem (if known), or click the ellipses button (...)to utilize the **SNOMED CT Lookup** dialog, or click the **Pick List** button to select the appropriate entry.

   Selecting a problem via SNOMED CT and the Pick List can cause one of the following special case message boxes to display.

   a. **Problem exists in IPL and PIP** pop-up (Figure 2-24): The problem selected already exists on the PIP and was loaded into an edit screen. This window only displays for five seconds before automatically closing.

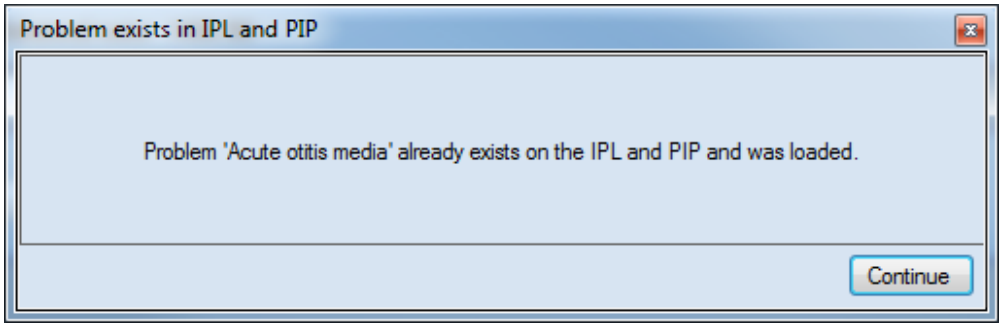

Figure 2-24: **Problem exists in IPL and PIP** pop-up

   b. **Add Problem – Problem exists in IPL** pop-up (Figure 2-25): The problem selected already exists in the IPL. The user needs to confirm if it is acceptable to add the problem to the PIP. Click **OK** to accept.

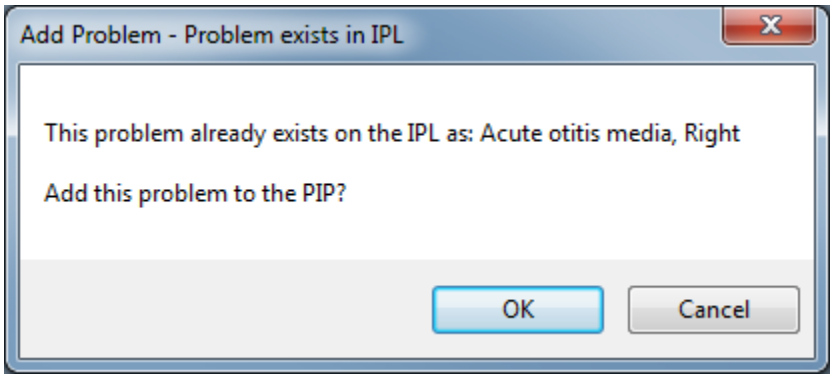

Figure 2-25: **Add Problem – Problem exists in the IPL** pop-up

   c. **PIP Problem Matching** dialog (Figure 2-26): The selected problem has found possible matches to one or more existing PIP and/or IPL problem(s). The user will be presented with a list of options. The first option will always be to add the new problem to the PIP. Up to three matching problems (laterality representing left, right, and bilateral) may display with the option to either edit the existing problem or add to PIP if found on the IPL.

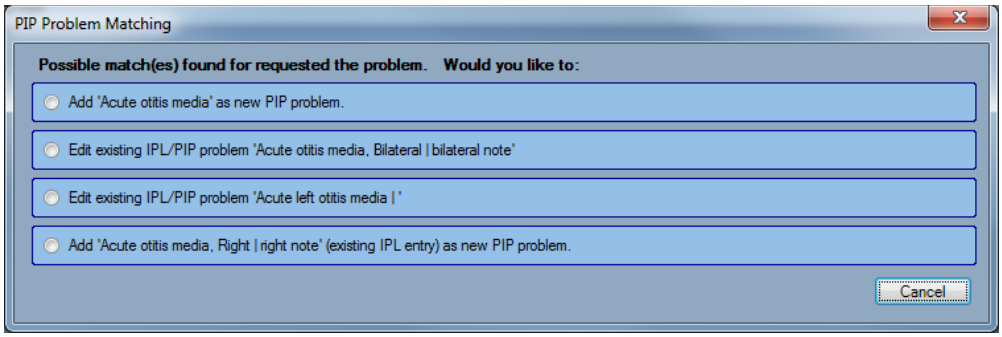

Figure 2-26: **PIP Problem Matching** window – existing problems found

d. **PIP Problem Matching** dialog (Figure 2-27): The selected problem has found an existing problem with the laterality not set (Unspecified). The user will be presented with the option to either add the problem as a new PIP problem or replace the existing problem (with no laterality selected) and edit.

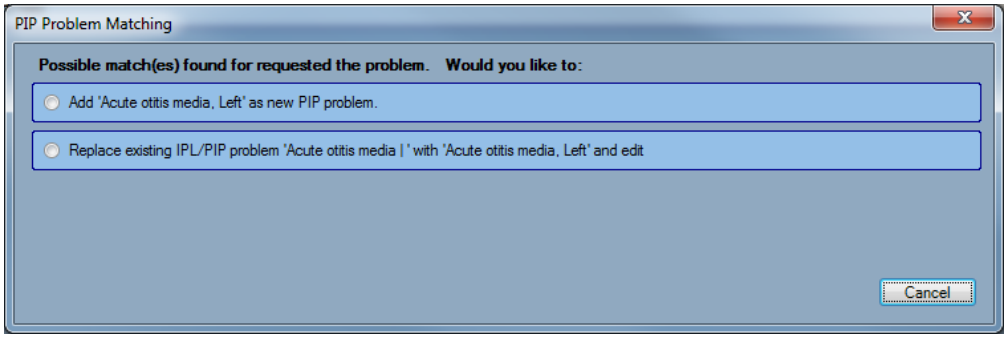

Figure 2-27: PIP Problem Matching dialog – existing problem found

e. **Edit Problem – Problem exists in IPL and PIP** message (Figure 2-28): A matching problem with equivalent laterality was found on the PIP. This problem already exists on the IPL and PIP and can't be changed.

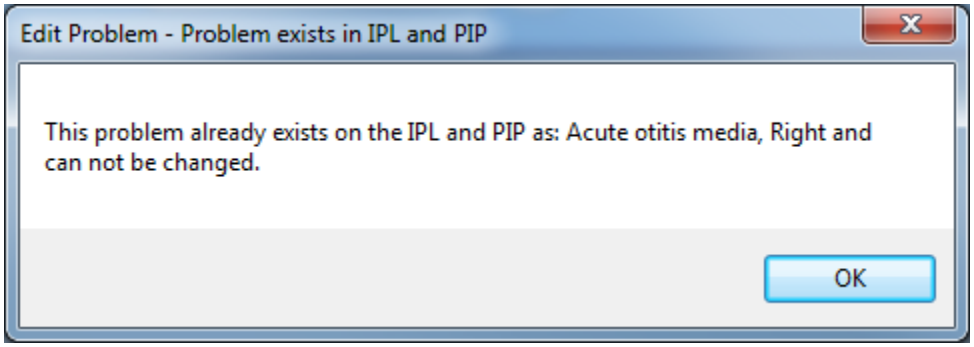

Figure 2-28: **Edit Problem – Problem exists in IPL and PIP** message

4. If desired, select **IPL Priority** for a problem.

5. If desired, select the **Use as POV** check box to mark this as purpose of visit.

Once the **Use as POV** check box is selected, the **Primary** check box becomes an option. Check if desired.

If an inpatient visit is selected, the **Use as POV** and **Primary** check boxes are replaced with the **Use for Inpatient** check box.

Selecting either **Use as POV** or **Use as Inpatient** check box will make **Care Plan Info** section visible.

6. If desired, select the appropriate **PIP Priority** option button for a problem.
7. Select the appropriate option button for the **IPL Status**. **Episodic** is pre-selected as the default for a new problem.
8. Select the appropriate option button for the **PIP Status**. **Active** is pre-selected as the default for a new problem.
9. Select the appropriate option button for the **Scope**. **Current Pregnancy** is pre-selected as the default for a new problem.
10. If desired, enter a 60-character (maximum) value in the **Provider Text** field.
11. If desired, select the **Date of Onset**.

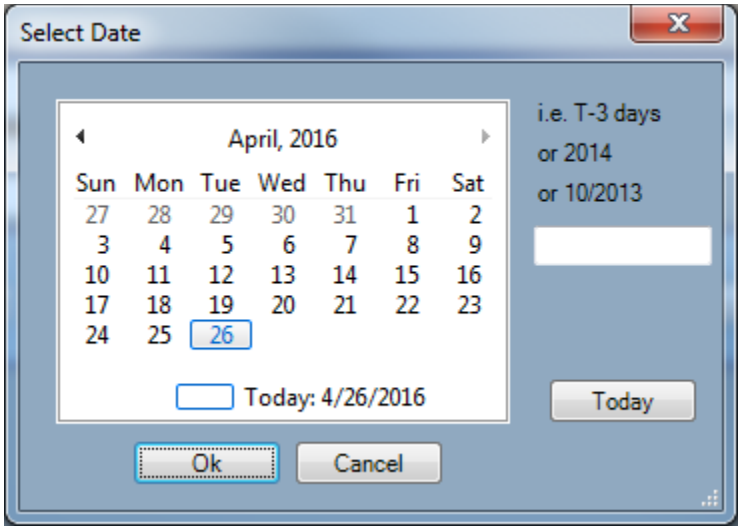

Figure 2-29: **Select Date** window

12. If desired, update the **Qualifiers** section.
    a. Certain SNOMED CT terms, such as Adult health examination, require **General Exam POV finding** information to be collected. The **Save** button is disabled until the user selects a finding.

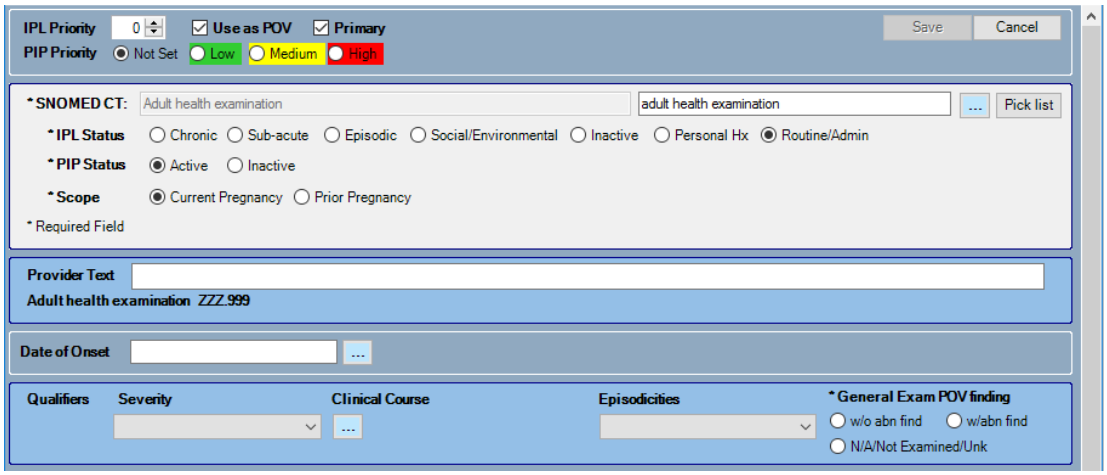

Figure 2-30: Adult health examination in the **SNOMED CT** field

13. If selected problem is Asthma related, the **Asthma** section will be visible and can be updated.

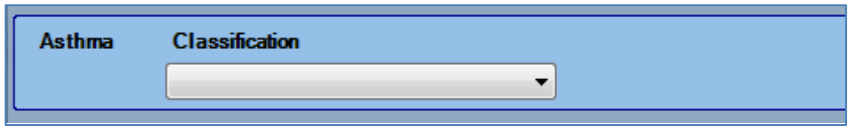

Figure 2-31: **Asthma** section

14. If desired, the user can enter injury data by selecting the **Is Injury** check box. The injury will display and can be populated.

Figure 2-32: **Injury** section

15. If selected a problem, such as Stress fracture of left ulna, is Fracture Healing related, the **Fracture Healing** section will be visible and can be updated.

Figure 2-33: Fracture Healing

16. If desired, Care Plan Information can be updated via **Add Visit Instruction / Care Plans / Goal Activities / OB Notes** button or context menu options on the **OB Notes**, **Goal Notes**, **Care Plans**, and **Visit Instructions** grids.

Using the **Add OB Notes / Visit Instruction / Care Plans / Goal Notes / Care Planning Activities** dialog will save any data entered when the user clicks the **OK** button.

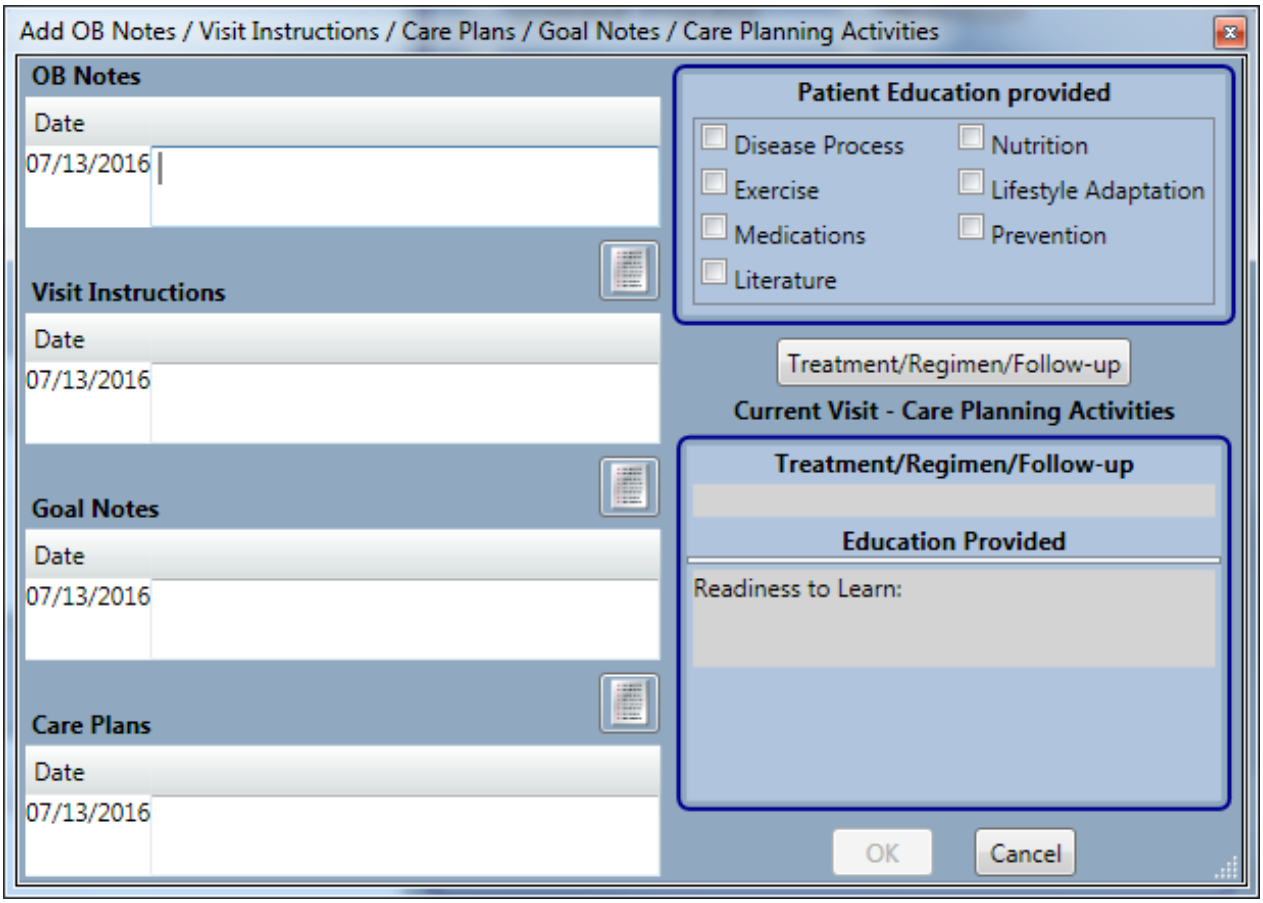

Figure 2-34: **Add OB Notes / Visit Instructions / Care Plans / Goal Notes / Care Planning Activities** dialog

17. After correcting any information about the problem (including adding or deleting a note), click **Save** (on the **Edit Problem** dialog) to display the corrected information in the **PIP** grid or click **Cancel** to quit without saving.

2.1.1.10 Delete Problem

If the PIP is editable, users can delete problems from the list in a variety of ways. Unselecting an entry in the PPL will delete the item from the PIP list. Alternatively, from the PIP, clicking the **Delete** button or selecting **Delete Problem** from the context menu will delete the problem from the PIP. Once the entry is deleted, the problem will be removed from the PIP and will no longer appear in the list.

Use the following steps to remove a problem on a patient's PIP:

1. Select the problem in the Pregnancy Issues and Problems List.

2. Click the **Delete** button (or select the **Delete Problem** option on the context menu).

   a. If the selected problem has any care plan or visit data or is marked as POV and the status is ***not*** inactive, the message shown in Figure 2-35 will display.

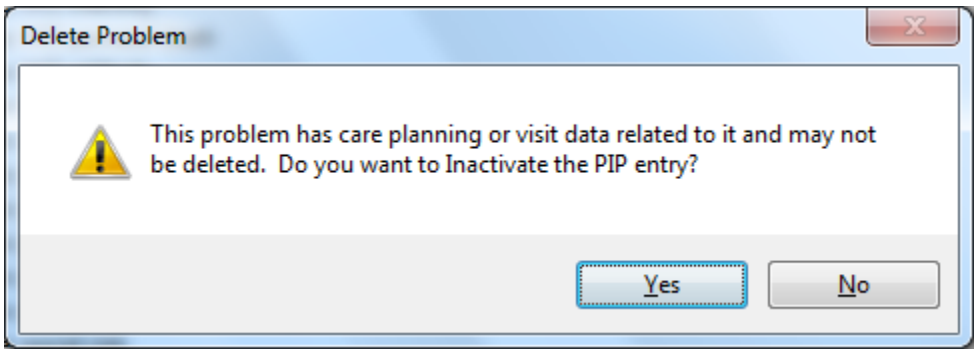

Figure 2-35: **Delete Problem** pop-up – Inactivate PIP entry

Click **Yes** to inactivate the problem on the Pregnancy Issues and Problems List. (Otherwise, click **No**.)

   b. If the selected problem has any care plan or visit data or marked as POV and status is inactive, the message in Figure 2-36 will display.

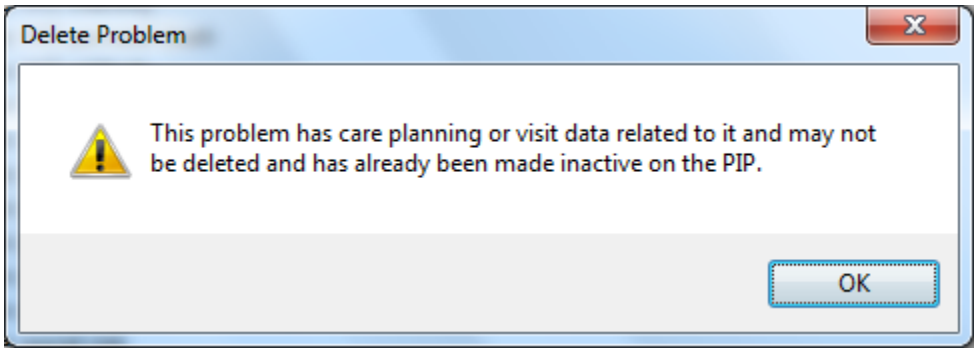

Figure 2-36: **Delete Problem** pop-up – PIP entry may not be deleted

Click **OK** to close the pop-up.

   c. If the selected problem has no care plan or visit data, the message in Figure 2-37 will display.

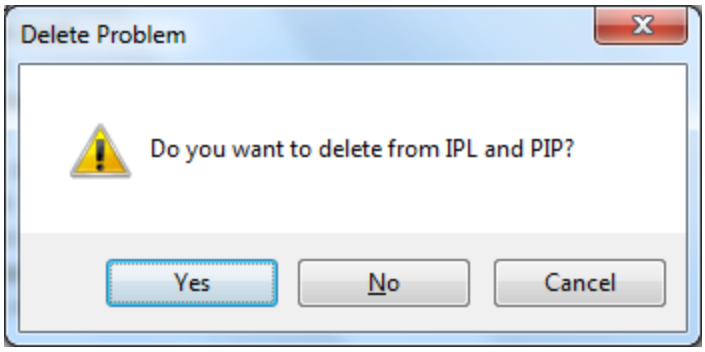

Figure 2-37: **Delete Problem** pop-up – delete from IPL and PIP

- Click **Cancel** to prevent deleting from either the Pregnancy Issues and Problems List or on the IPL.
- Click **No** to delete the problem on the Pregnancy Issues and Problems List and ***not*** on the IPL.
- Click **Yes** to delete the problem on the Pregnancy Issues and Problems List and on the IPL and will display the **Delete Reason** dialog (Figure 2-38).

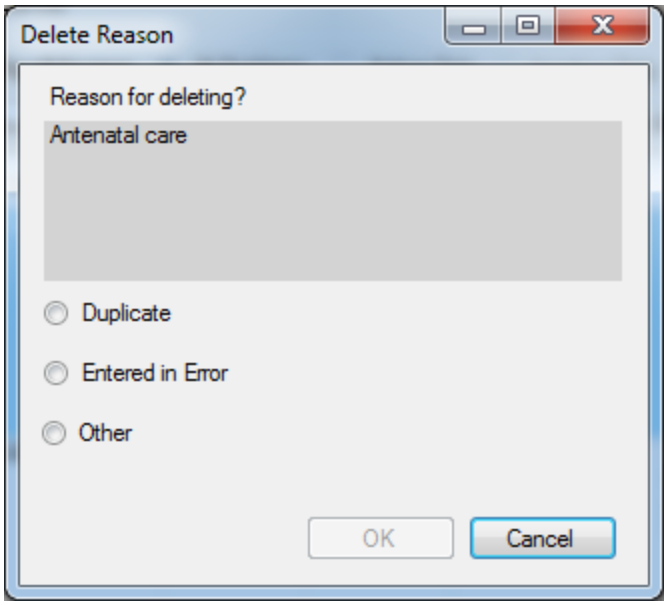

Figure 2-38: **Delete Reason** dialog

Enter a reason for deleting. Click **OK** to delete the problem from the Pregnancy Issues and Problems List. (Otherwise, click **Cancel**.)

3. If the selected problem has notes, the **Delete** button is disabled.
4. If this is the correct problem, enter a reason for deleting. Click **OK** to delete the problem from the PIP. Otherwise, click **Cancel** to cancel the delete action.

2.1.1.11 Notes for All Pregnancies

By default, only the notes for the current pregnancy are displayed on the PIP. To display all notes for all pregnancies, check the **Notes for All Pregnancies** option. Notes are defined as being from the current pregnancy if their date of entry falls between the Definitive EDD minus 280 days and Definitive EDD plus the number of days specified in the BJPN POST DEDD DAYS parameter.

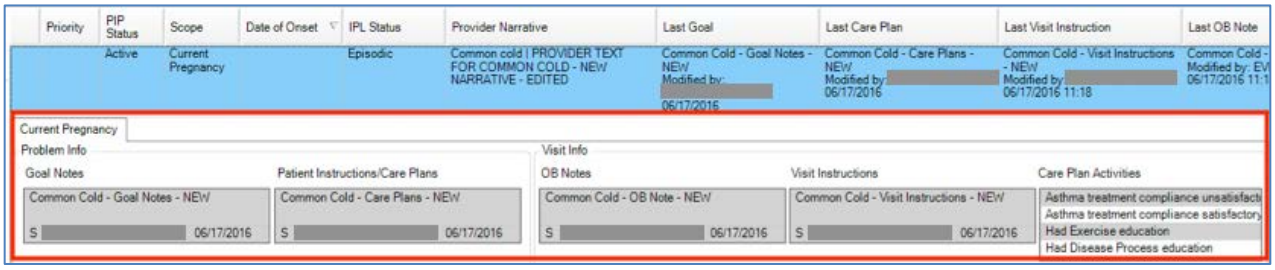

Figure 2-39: Sample Pregnancy Issues and Problems List – Current pregnancy notes

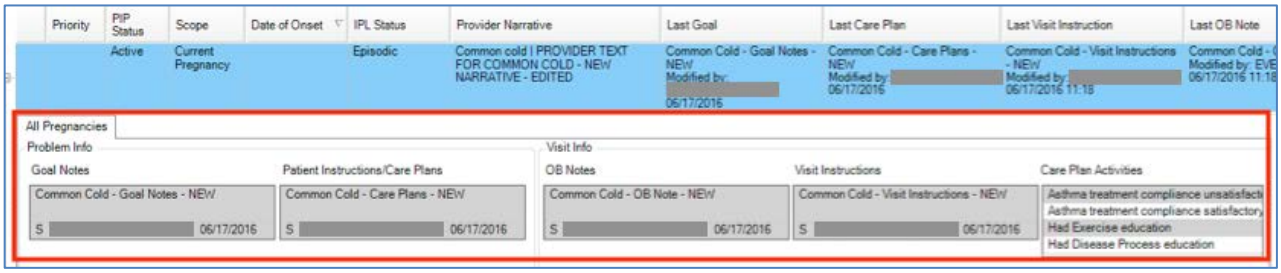

Figure 2-40: Sample Pregnancy Issues and Problems List – All pregnancies notes

2.1.1.12 Context Menu

The context menu displays when the user right-clicks the mouse on the PIP. This menu allows users to access PIP functionality that is also available from the buttons on the component itself.

Figure 2-41 shows the contents of the context menu.

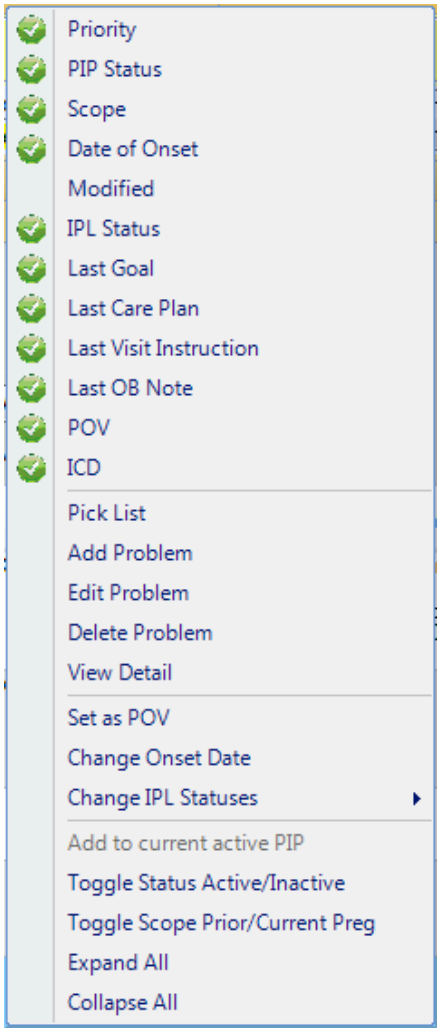

Figure 2-41: Context menu

2.1.1.13 Pick List

Click the **Pick List** button to open the **Prenatal Pick List** form. The same functionality is available on the context menu. The Pick List displays in a checked-list format and displays the SNOMED CT terms available to add as entries in the PIP. The box on the left displays the available pick lists to choose, while the box on the right displays the SNOMED CT terms available for each pick list.

Users can display each category as needed and sort by frequency. Additionally, the users can utilize the scroll bars to move up or down to view the various items in the category or check **Show All** to disable the pick list selection and display all SNOMED CT terms for selection and inclusion in the PIP. The SNOMED CT terms displayed using this method is the comprehensive list of terms available to prenatal as provided by Subject Matter Experts (SMEs).

Select problems to add to the PIP. Some problems require selecting a laterality value (using the list to the left of the check box) before the save buttons (**Save as Problem** and **Save as Problem and POV**) are enabled.

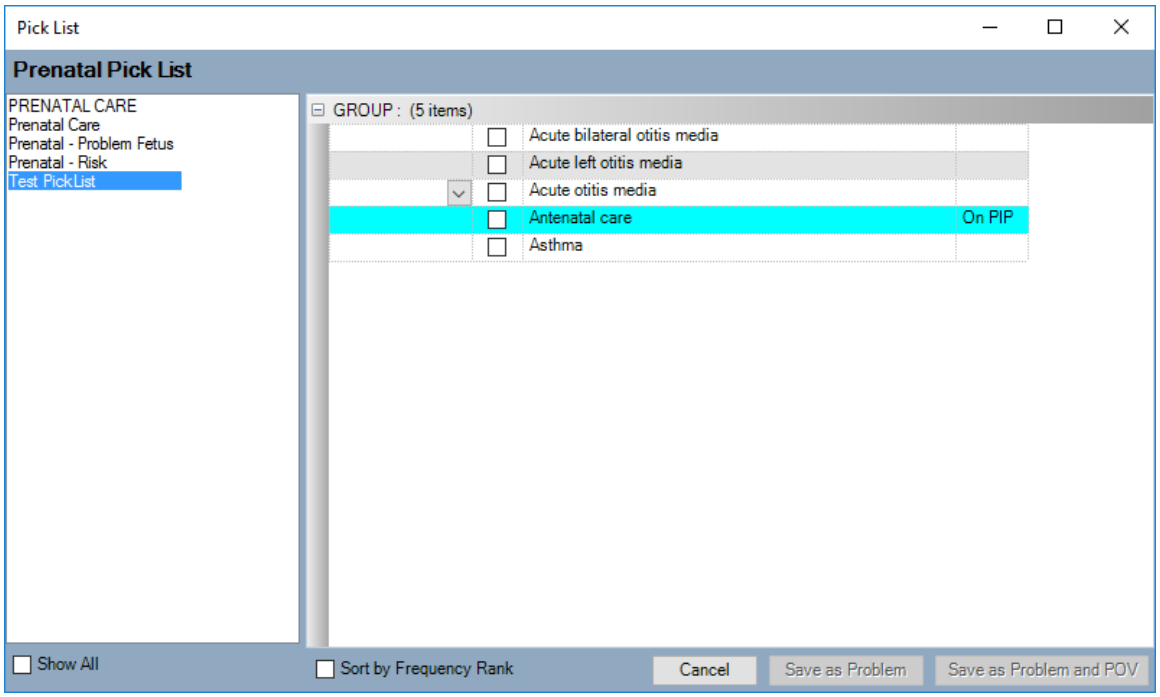

Figure 2-42: **Pick List** dialog

a. Rows highlighted in blue already have problems on the PIP, which is also indicated by **On PIP** in last column.

b. View additional details by hovering over problem. Using the example in Figure 2-43, **(48) H66.90 Acute otitis media Admin** is read as:

- (48) – the number of times this problem has been selected from pick list; used by **Sort by Frequency Rank**
- H66.90 – ICD value
- Acute otitis media – problem name
- Admin – Default Status as defined by Pick List

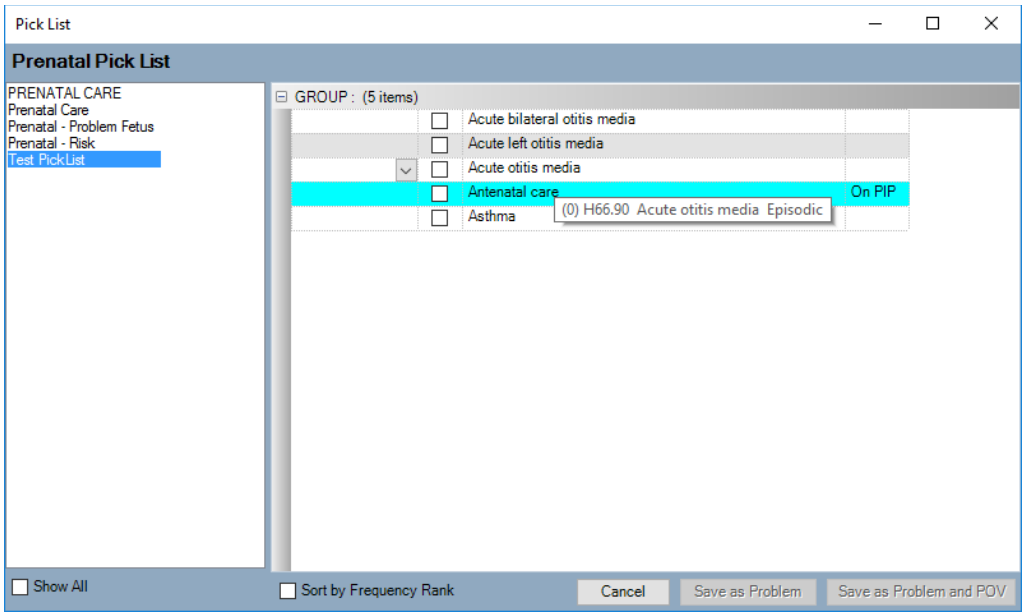

Figure 2-43: **Pick List** dialog – view additional details by hovering over problem

The **Save as Problem** button will launch a **PIP Add** or **Edit** form for each checked problem. See Sections 2.1.1.8 and 2.1.1.9 for details.

If a similar problem is already found in the IPL or PIP, the user will be prompted to clarify if the new problem should be added or use an existing problem. A similar prompt is used in the IPL.

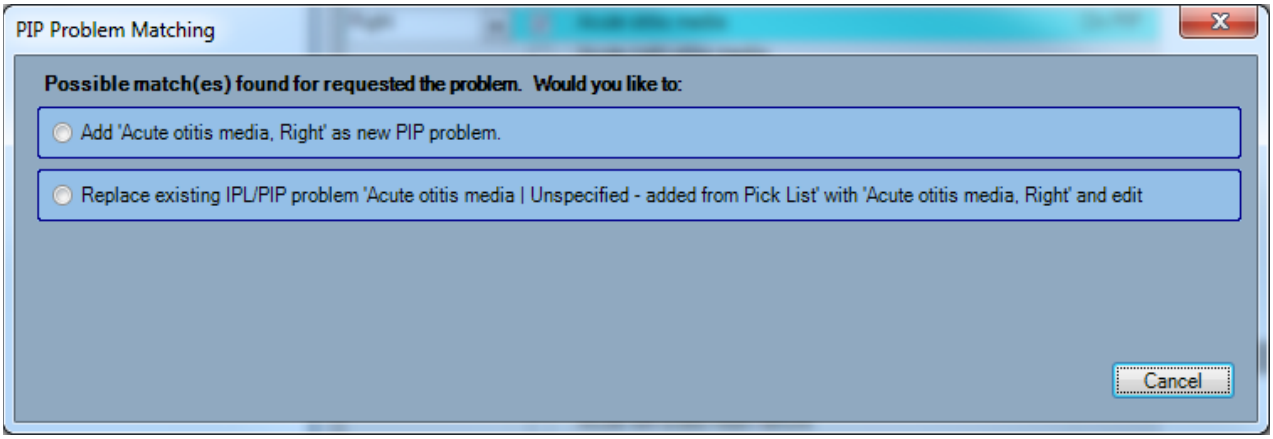

Figure 2-44: **PIP Problem Matching** dialog

Default status: Some problems will prompt for a clarification on which status to use (Figure 2-45). A similar prompt is used in the IPL.

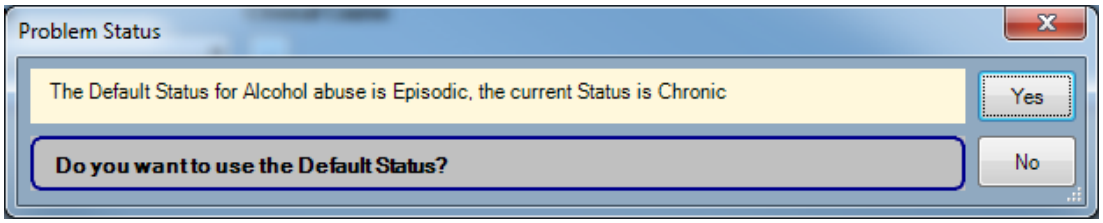

Figure 2-45: Default status confirmation prompt

Click the **Save as Problem and POV** button to add the selected problems to the PIP and launch the POV form. See Section 2.1.1.5 for additional information.

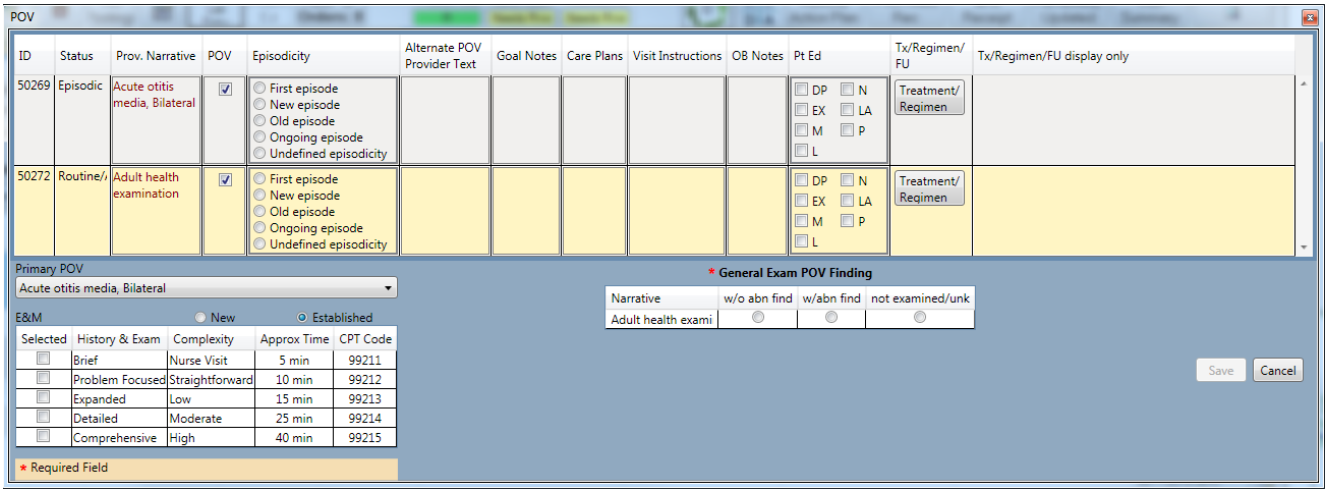

Figure 2-46: Sample POV form

If a similar problem is already found in the IPL or PIP (Figure 2-44), the user is prompted to clarify if the new problem should be added or use an existing problem. A similar prompt is used in the IPL.

2.1.1.14 View Detail

The **View Detail** option displays full details for the selected problem and includes a history of all changes.

Use the following steps to view the **Problem Detail** dialog for a problem on the PIP:

1. On the context menu, select **View Detail** to display the **Problem Detail** dialog (adjust the font size as needed).

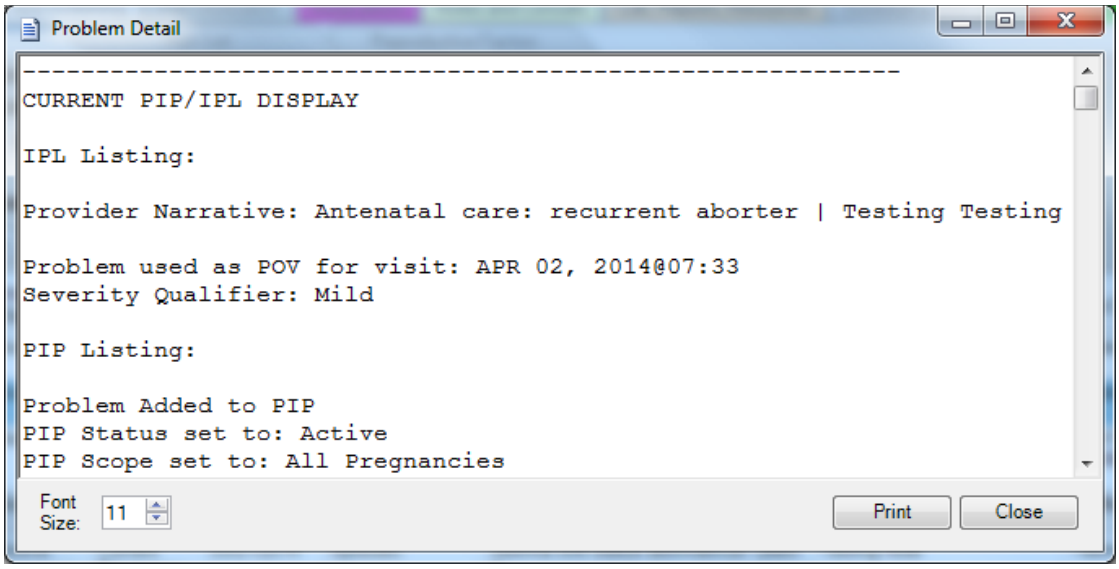

Figure 2-47: **Problem Detail** dialog

2. Click **Print** to print or click **Close** to exit.
3. On the **Printer Selection** dialog, do the following:
   - Set the number of copies to print by selecting the appropriate value in the **Copies** field.
   - Select the **Save as your default printer** check box to set the selected printer as the default printer.
   - Print the detail by either selecting a local printer by clicking once on a printer name to select it and then click **OK**. Alternatively, print by double-clicking on a printer name.

   Figure 2-48 shows the **Printer Selection** dialog.

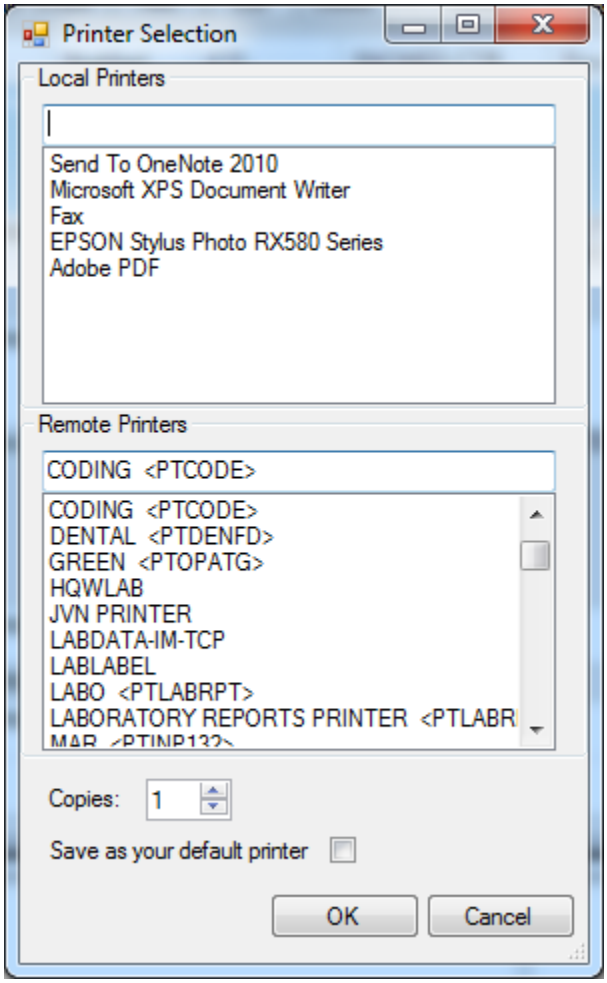

Figure 2-48: **Printer Selection** dialog

4. Make any adjustments to the page layout and then print by selecting **File** | **Print** from the menu or click the **Print** icon.

   Figure 2-49 shows the **Print Preview** dialog.

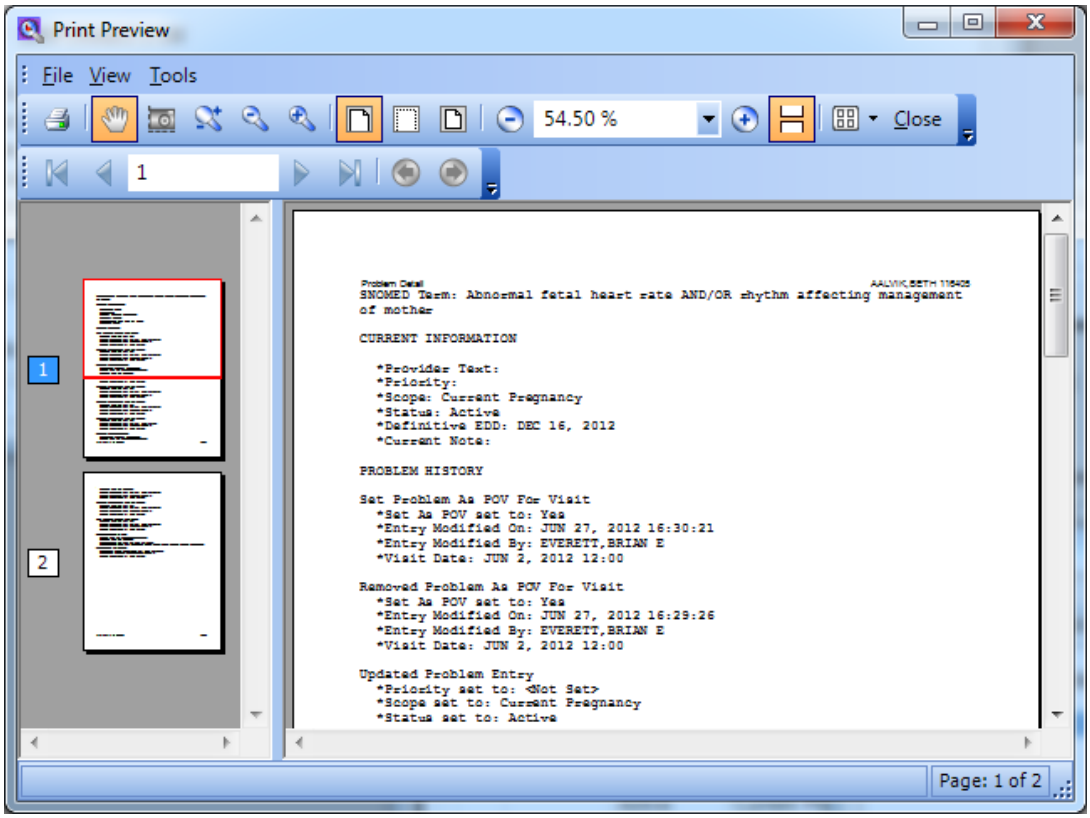

Figure 2-49: **Print Preview** dialog

5. To print the detail, select a remote printer by clicking once on a printer name and then clicking **OK** or by double-clicking on a printer name.

6. Click **Close** on the **Print Preview** dialog to finish.

2.1.1.15 Change Onset Date

The **Change Onset Date** option is available on the context menu only. Use this option to update a single problem with a new Date of Onset using the Select Date dialog (Figure 2-50).

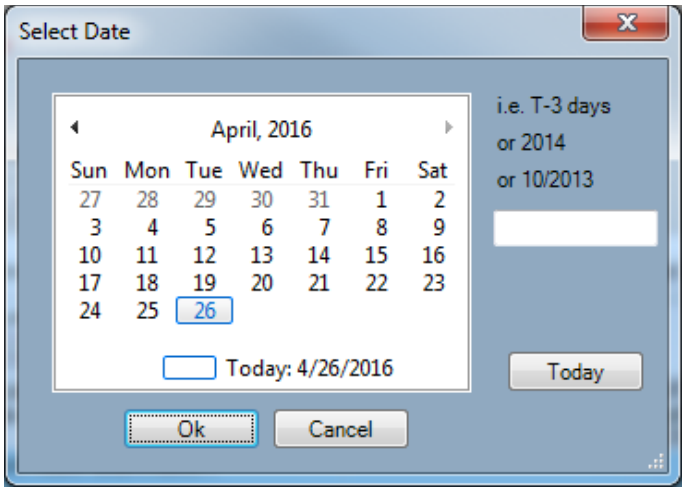

Figure 2-50: **Select Date** dialog

2.1.1.16 Change IPL Statuses

The **Change IPL Statuses** option is available on the context menu only. This option has the same function as **IPL Change Statuses** context menu option. Multiple problems will be updated to the selected IPL status.

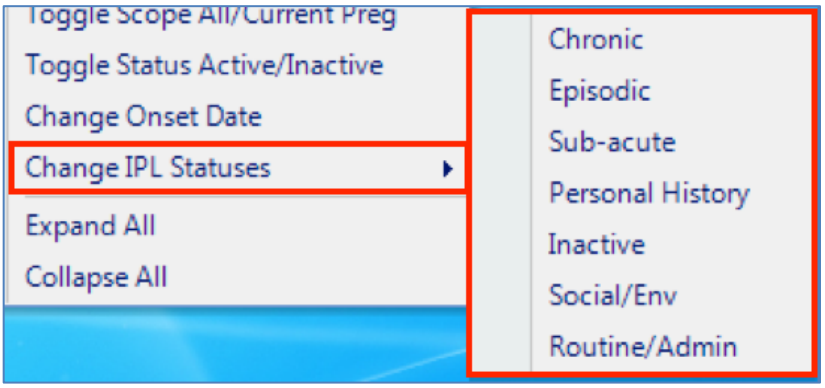

Figure 2-51: **Change IPL Statuses** menu option

2.1.1.17 Closing the PIP (Close PIP button)

The **Close PIP** button is available after a current pregnancy has been changed to **NO** in Reproductive Factors. Clicking the **Close PIP** button changes all problems to PIP Status of Inactive and Scope to Prior Pregnancy and closes the PIP.

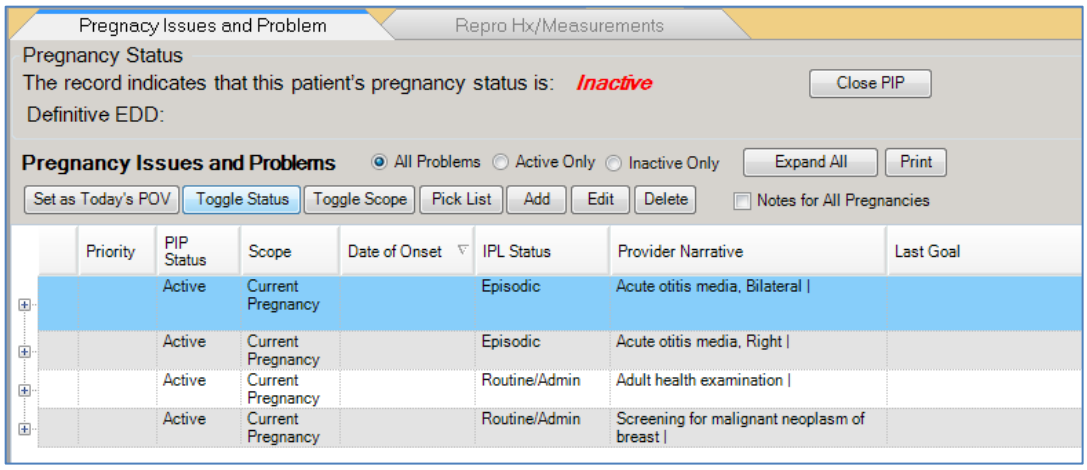

Figure 2-52: **Close PIP** button available

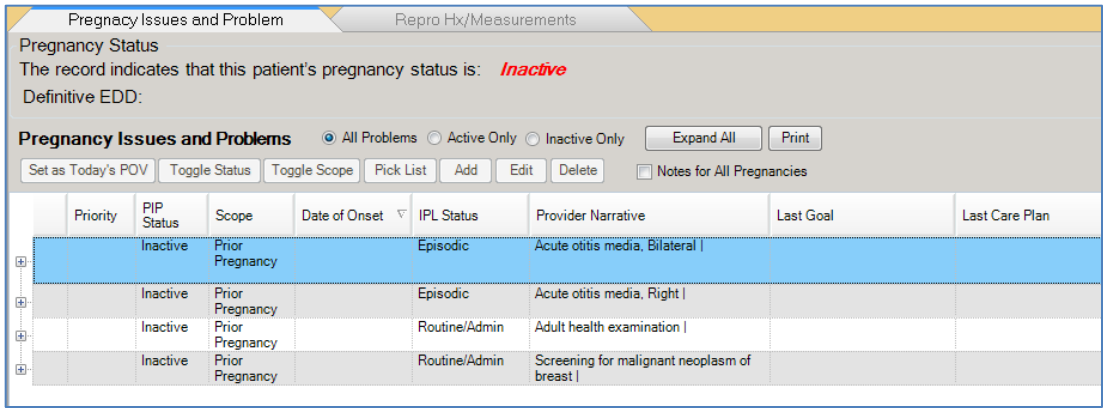

Figure 2-53: After clicking **Close PIP** button

2.1.1.18 Create New PIP

The **Create New PIP** button is available after the patient's Definitive Estimated Due Date (DEDD) is changed in Reproductive Factors. Click this button if this ***is*** a new pregnancy. All problems will be changed to PIP Status of Inactive and Scope to Prior Pregnancy.

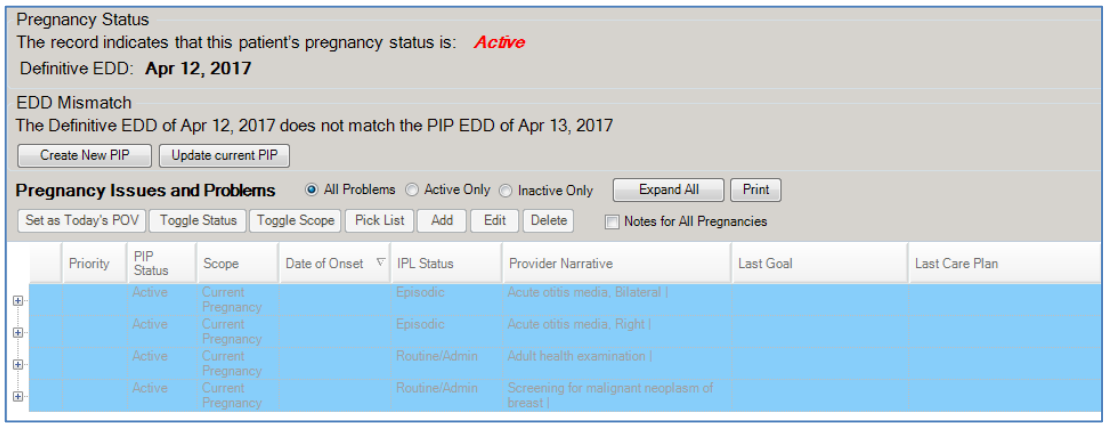

Figure 2-54: Create New PIP button available

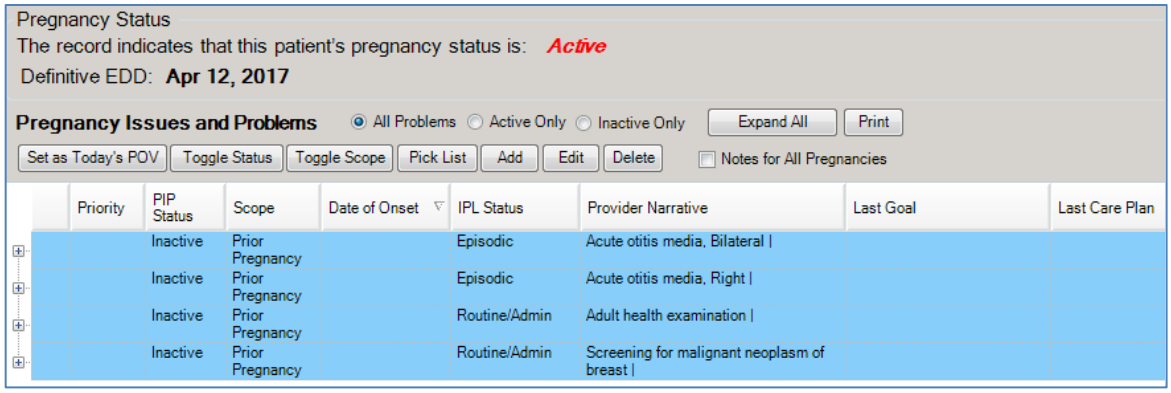

Figure 2-55: After clicking **Create New PIP** button

2.1.1.19 Update current PIP

The **Update current PIP** button is available after the patient's Definitive EDD is changed in Reproductive Factors. Click this button if this ***is not*** a new pregnancy and the Definitive EDD had to be adjusted.

Figure 2-56: Update current PIP button available

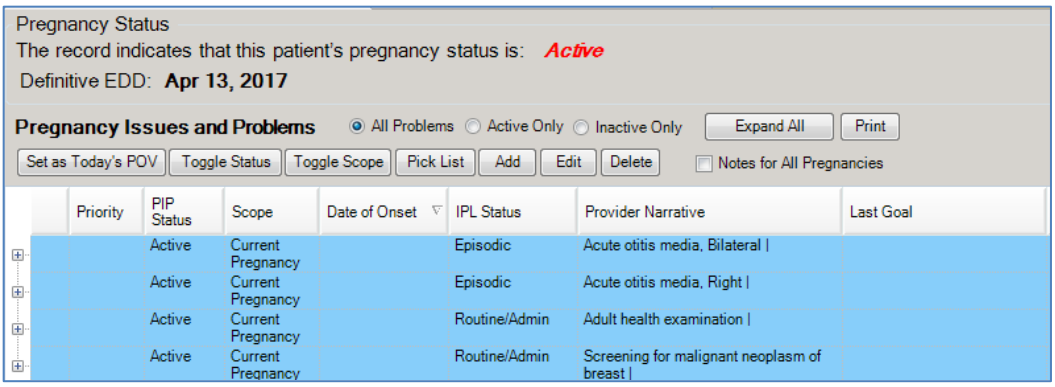

Figure 2-57: After clicking Update current PIP button

2.2 Using Prenatal TIU Objects

The following TIU objects have been created and are available to include in progress notes to document prenatal patient issues.

2.2.1 PIP Expanded-Current Pregnancy

The first TIU object displays all problems contained on the *current display* of the PIP and the associated Provider Narrative (date added), and Notes in reverse chronological order for each item in list with date of entry.

Format:

1) Provider Narrative (date added), Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2) Provider Narrative (date added), Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2.2.2 PIP Expanded-Current Encounter

The second TIU object displays all problems contained on the *current display* of the PIP (**All Pregnancies** and **Current Pregnancy** problems) with the associated Provider Narrative (date added) and Notes entered this visit.

Format:

1) Provider Narrative (date added), Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2) Provider Narrative (date added), Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2.2.3 PIP Expanded-Most Recent Note

The third TIU object displays all problems contained on the *current display* of the PIP with the associated Provider Narrative (date added) and the most recent Note for each problem for current pregnancy (**All Pregnancies** and **Current Pregnancy** problems).

Format:

1) Provider Narrative (date added), Author of note, Date of note: Note content
   Author of note, Date of note: Note content
2) Provider Narrative (date added), Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2.3 Using Prenatal Health Summary Objects

The following Health Summary (HS) objects have been created and are available to include in Health Summaries to document prenatal patient issues.

2.3.1 PIP Expanded-Pregnancy

The first HS object displays all problems contained on the current display of the PIP List with the associated Provider Narrative (date added) and Notes listed in reverse chronological order for each item with date of entry.

Format:

1) Provider Narrative (date added), Author of note, Date of note: Note content
   Author of note, Date of note: Note content
2) Provider Narrative (date added), Author of note, Date of note: Note content
   Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2.3.2 PIP Expanded-Current Encounter

The second HS object displays all problems on the *current display* of the PIP with the associated Provider Narrative (date added) and Notes entered for today's encounter.

Format:

1) Provider Narrative (date added), Author of note, Date of note: Note content
   Author of note, Date of note: Note content
2) Provider Narrative (date added), Author of note, Date of note: Note content
   Author of note, Date of note: Note content

3.0 Package Management

The Prenatal Care Module Version 2.0 package requires minimal package management, primarily related to access and package parameters.

3.1 Security Keys

The following security keys have been implemented with Prenatal Version 2.0 package which can be managed from the standard RPMS menu options.

Table 3-1: Security key names and descriptions

Key Name	Description
ORES, ORELSE, BGOZ PROBLEM LIST EDIT, PROVIDER	Users holding one or more of these keys will be granted full edit privileges to the PCM.
BGOZ VIEW ONLY	This key should be assigned to the person who has **View Only** permission to the PCM. This overrules any other edit security key.

3.2 Parameters

There are two XPAR parameters delivered with the Prenatal Version 2.0 package that can be managed from the standard RPMS menu options.

Table 3-2: XPAR parameters

Parameter	Value Type	Precedence	Description
BJPN DISABLE PRENATAL EDITING	Boolean	User, Class	Users or users assigned to User Classes entered in this parameter will be excluded from using the PCM, regardless of their assigned security keys.
BJPN POST DEDD DAYS	Numeric	System	The number of days after a patient's definitive estimated date of delivery in which they can still make changes to their prenatal problem list.

4.0 Package Operation

4.1 Installation

Please refer to the installation manual for installation of the package. This is Prenatal Care Module Version 2.0 (BJPN). The software is intended to bring the features of the Prenatal Care Module to the EHR.

4.2 Giving Users Access to the PCM Components

For users to access the PCM components, their user definition must be modified. Any user needing access to the PCM components must be assigned both the **BMXRPC** and **BJPNRPC** options as secondary menu options in their RPMS user profile. Failure to do so will result in a screen similar to the following figure when attempting to access the prenatal components.

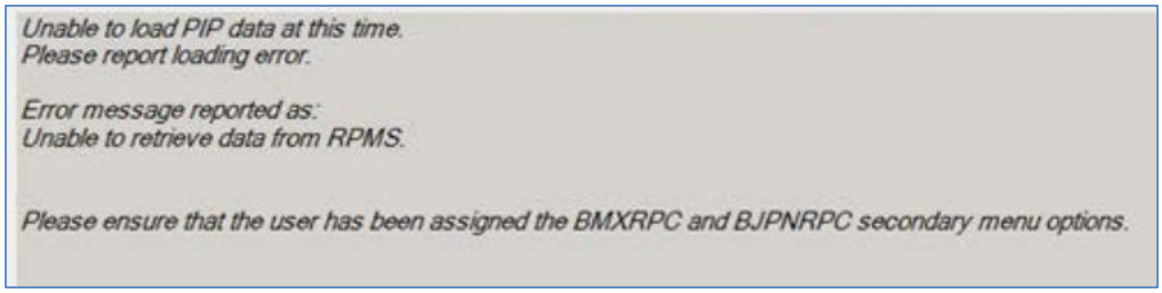

Figure 4-1: Error message that displays if user does not have proper access to PCM

4.3 Adding Prenatal Care Module Component to EHR

After installing the Prenatal Module Version 2.0 build, there will be two objects available in the EHR object repository. These components are added to the EHR framework like any other object.

The two new prenatal objects are:

- Pregnancy Issues and Problems List
- Prenatal Pick List

It is recommended, but not required, that a new tab be added to EHR which contains both of the new prenatal components. While not required, it might also be convenient to add the Reproductive Factors component to the new tab as well. Since the Reproductive Factors information is so closely tied to the Prenatal information, it might be helpful to have quick access across each of the components.

The following figure shows a new tab configured to display the Prenatal components, as well as, the existing Reproductive Factors component:

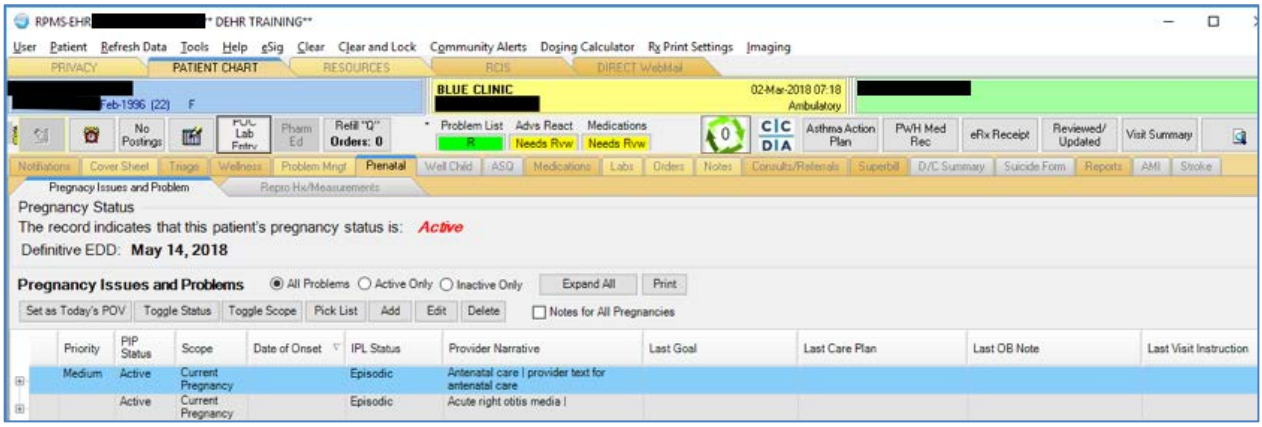

Figure 4-2: Sample Prenatal tab layout

4.3.1 Accessing Design Mode

The following steps describe how to add the prenatal components to EHR.

1. Start the EHR application.
2. Right-click on the top window bar to display a context menu and select **Design Mode**.

   Figure 4-3 shows the contents of the context menu.

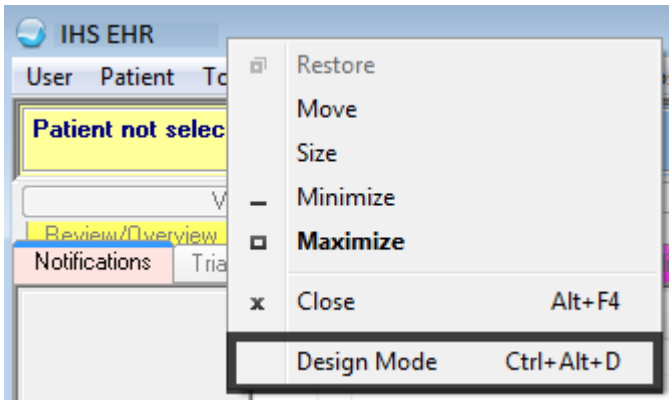

Figure 4-3: Location of **Design Mode** option in EHR

3. After selecting **Design Mode**, the **Design** menu becomes available.

   Figure 4-4 shows the available menu options.

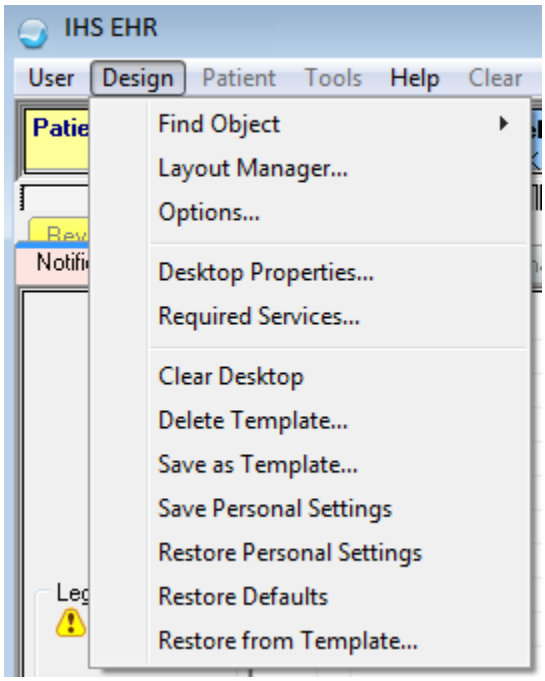

Figure 4-4: Design menu options

4.3.2 Layout Manager

Select the **Layout Manager** option in the **Design** menu to edit from one location. Determine where to put the Prenatal Components.

Figure 4-5 shows the EHR **Layout Manager** window.

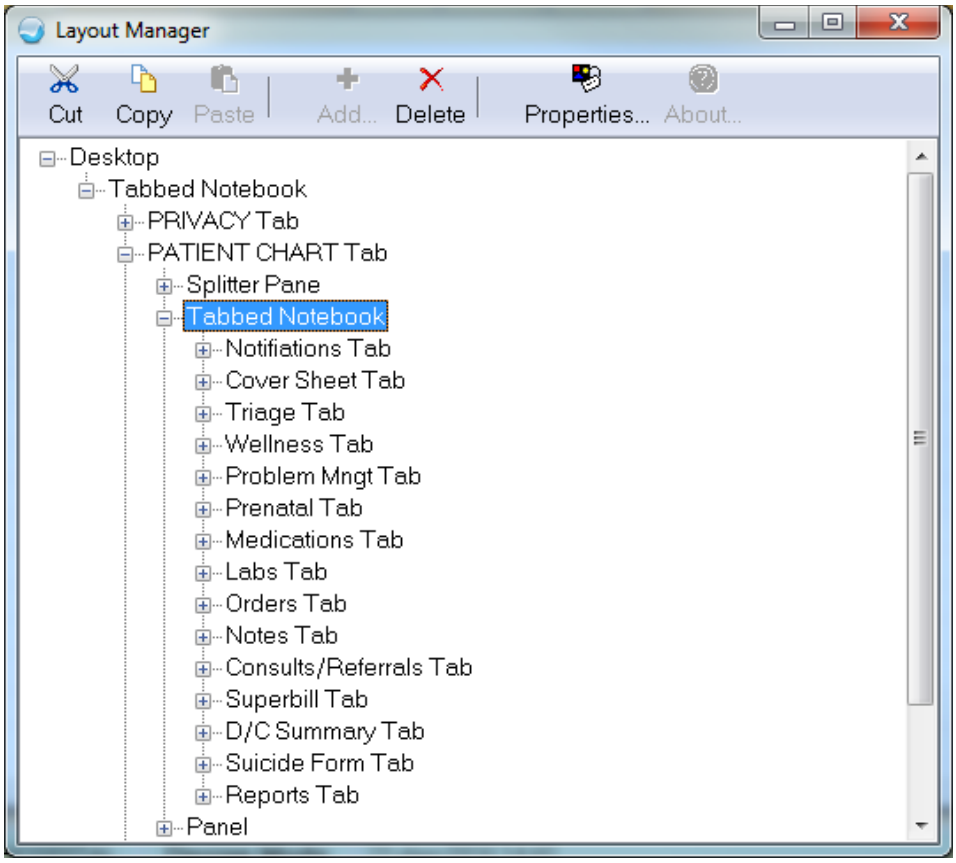

Figure 4-5: EHR **Layout Manager** window

1. Click on the **Properties** icon to access the properties for the Tabbed Notebook.

   Figure 4-6 displays the **Properties for Tabbed Notebook** window.

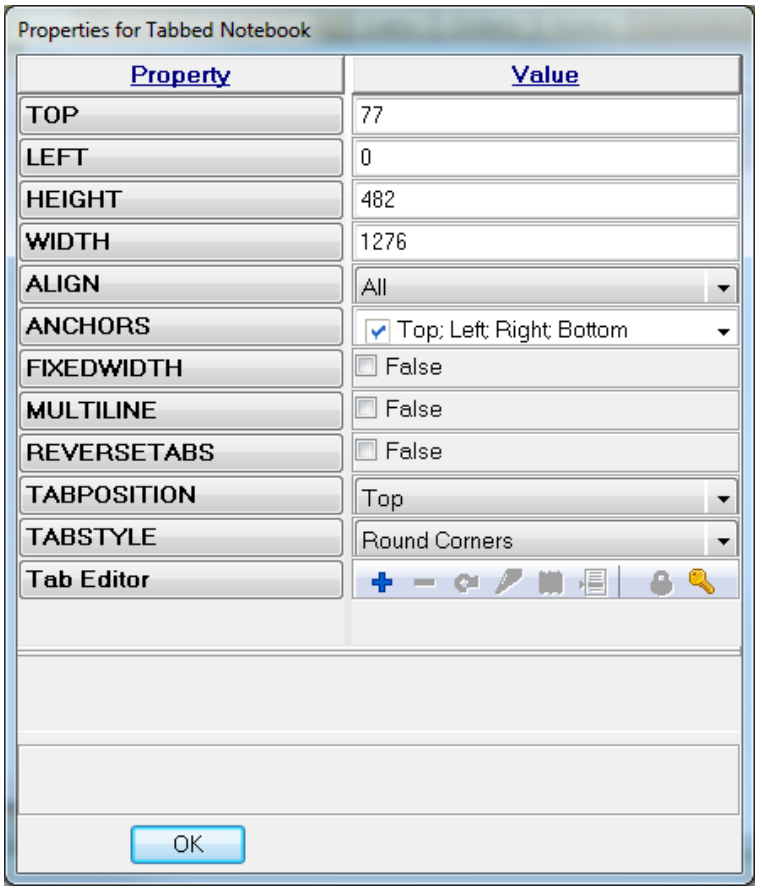

Figure 4-6: Sample **Properties for Tabbed Notebook** window

2. Click the plus (+) icon on the **Properties of Tabbed Notebook** window to access the **Add an Object** dialog.

   Figure 4-7 displays the **Add an Object** dialog.

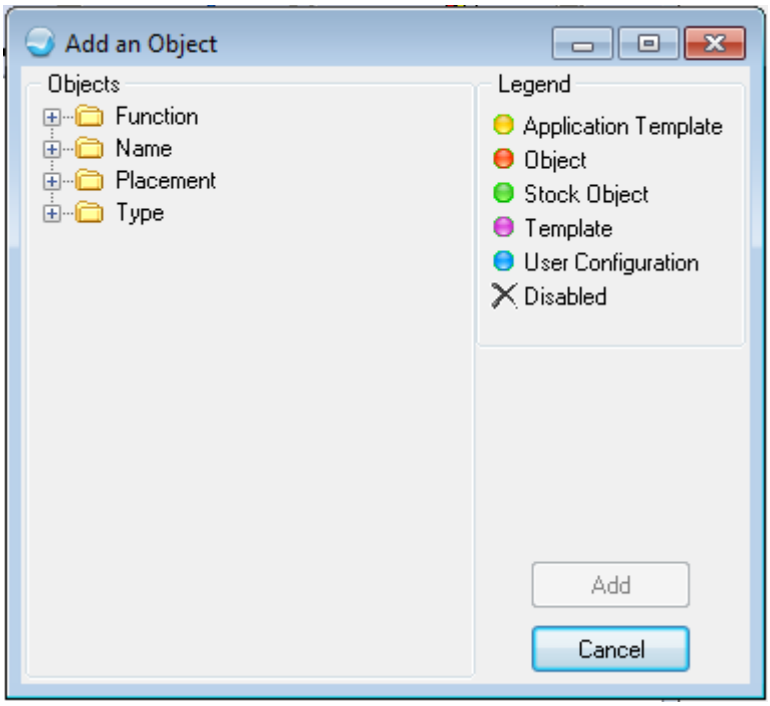

Figure 4-7: **Add an Object** dialog

3. Click the **Name** folder to expand it and display a listing of the objects.

   Figure 4-8 displays the expanded list of objects.

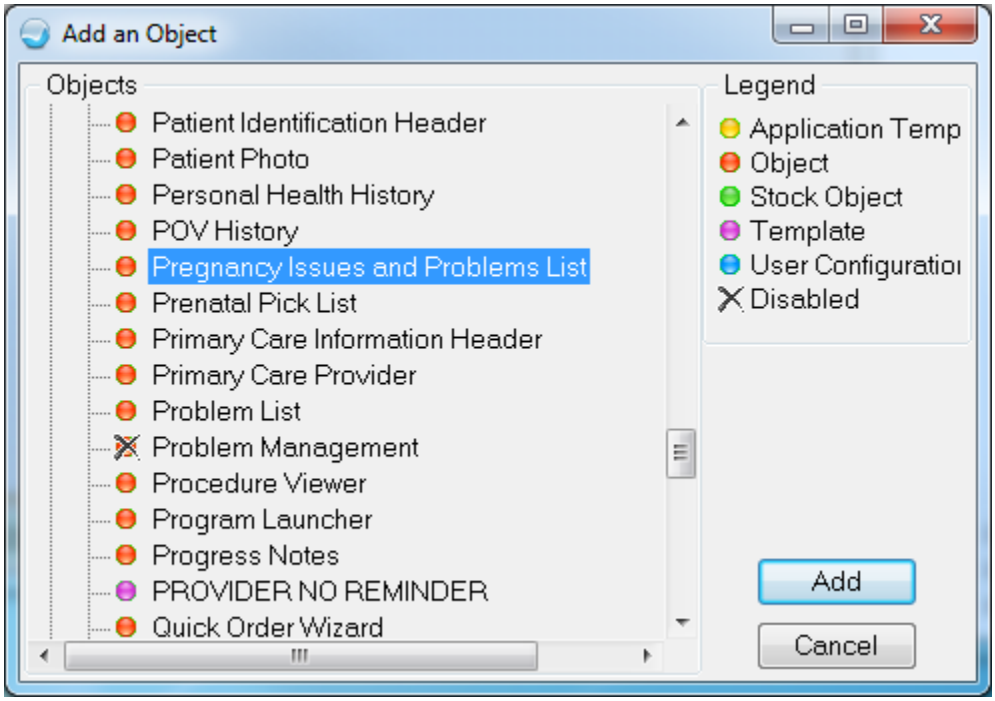

Figure 4-8: **Add an Object** dialog – expanded Objects list

4. From the list, select the **Pregnancy Issues and Problems List** object and click **Add**.

5. When complete, save the template and log out of the EHR and then log back into EHR.

   Figure 4-9 shows a sample PCM layout.

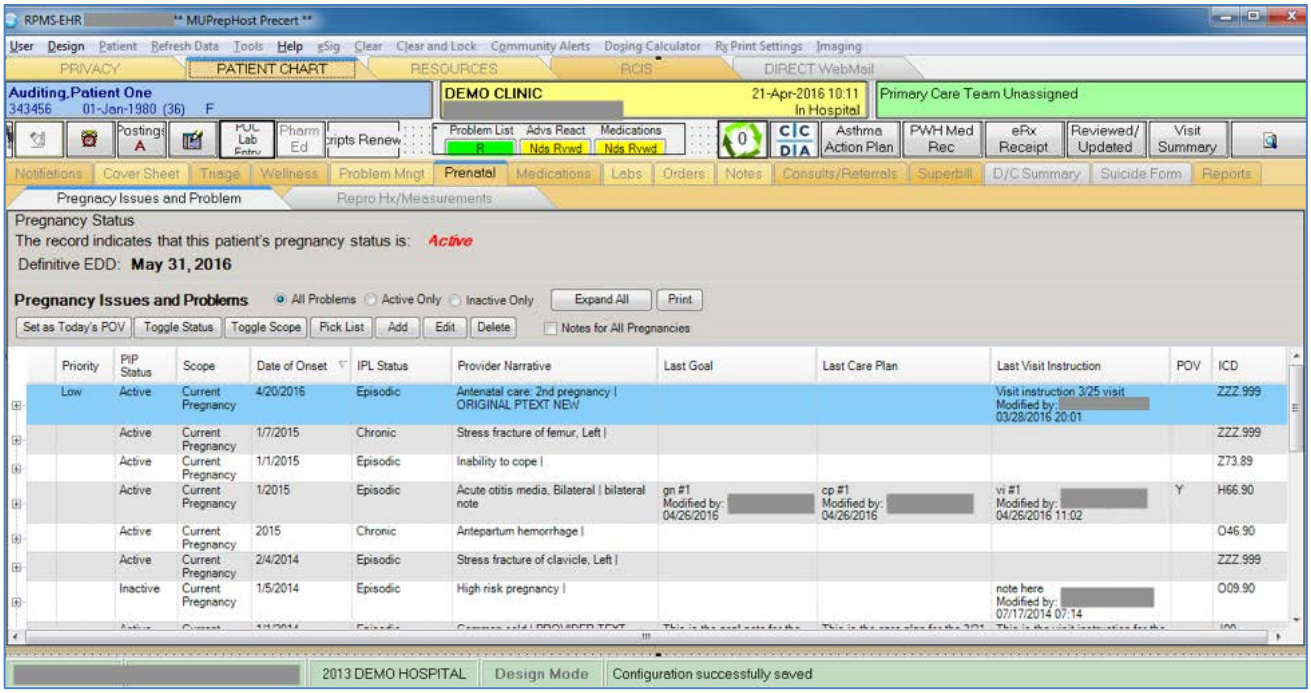

Figure 4-9: Sample layout for **Prenatal** tab

Appendix A: Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is ***FOR OFFICIAL USE ONLY***. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (RoB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general RoB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS Web site: http://security.ihs.gov/.

The RoB listed in the following sections are specific to RPMS.

A.1 All RPMS Users

In addition to these rules, each application may include additional RoBs that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

A.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.

- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

A.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

A.1.3 Accountability

RPMS users shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO).
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

A.1.4 Confidentiality

RPMS users shall

- Be aware of the sensitivity of electronic and hard copy information, and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

A.1.5 Integrity

RPMS users shall

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager’s written permission and without scanning it for viruses first.

A.1.6 System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.

- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

A.1.7 Passwords

RPMS users shall

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
- Give a password out over the phone.

A.1.8 Backups

RPMS users shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

A.1.9 Reporting

RPMS users shall

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

A.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than five minutes of inactivity.

RPMS users shall

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

A.1.11 Hardware

RPMS users shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not

- Eat or drink near system equipment.

A.1.12 Awareness

RPMS users shall

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

A.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not

- Disable any encryption established for network, internet, and Web browser communications.

A.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

A.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and backup files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Glossary

Pregnancy Issues and Problems List (PIP)

New functionality created in the BJPN namespace to implement pregnancy problem tracking for SNOMED CT terms.

Pregnancy Issues and Problems Pick List (PIPPL)

New functionality created in the BJPN namespace to implement pregnancy problem tracking for SNOMED CT terms. This module enables user selection of SNOMED CT terms to add to the PIP module.

Pregnancy Problems Pick List (PPL)

New functionality created in the BJPN namespace to implement pregnancy problem tracking for SNOMED CT terms. This module enables user selection of SNOMED CT terms to add to the PIP module.

Electronic Health Record (EHR)

An application used by medical organizations to track patient medical records and care.

ICD Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease (ICD) codes are an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedures, and reasons for contact with HCPs. IHS currently uses ICD-9 for coding.

Microsoft® (MS)

Software company that develops and distributes the Visual Studio® (VS) tool used to develop the Prenatal application.

Office of Information Technology (OIT)

The organization within IHS that is responsible for developing and maintaining RPMS and related IT functions.

Purpose of Visit (POV)

In RPMS, ICD codes and narrative describing the patient's purpose of visit (POV) are documented in PCC V POV.

Resource and Patient Management System (RPMS)

A series of integrated software components that includes clinical, administrative, and financial functions.

RPMS Patient Care Component (PCC)

Refers to functions within RPMS as a clinical data repository, storing visit-related data about a patient.

Software Quality Assurance (SQA)

The office within OIT responsible for ensuring that the system conforms to RPMS Programming Standards and Conventions (SAC).

Text Integration Utility (TIU)

Refers to functions within RPMS used to store long blocks of text in the medical record.

Visual Studio® (VS)

Microsoft software development tool and integrated development environment (IDE) used to develop the Prenatal application.

Acronym List

Acronym	Term Definition
APCD	PCC Data Entry
API	Application Programmer Interface
BJPC	Namespace for IHS PCC Suite
BJPN	Namespace for Prenatal files and routines
BMX	BMXNET
DI	VA FileMan
DLL	Dynamic Link Library
EHR	Electronic Health Record
GUI	Graphical User Interface
HS	Health Summary
IEN	Internal Entry Number
IHS	Indian Health Service
KIDS	Kernel Installation and Distribution System
MS	Microsoft®
OIT	Office of the Information and Technology
OS	Operating System
PC	Personal Computer
PCM	Prenatal Care Module
PIP	Pregnancy Issues and Problems
POV	Purpose of Visit
RPC	Remote Procedure Call
RPMS	Resource and Patient Management System
SAC	Standards and Conventions
SNOMED CT®	Systematized Nomenclature of Medicine—Clinical Terms
TIU	Text Integration Utility
UI	User Interface
VA	Veteran's Administration
VS	Visual Studio
XB	IHS/VA Utilities
XU	VA KERNEL

Contact Information

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

Phone: (888) 830-7280 (toll free)

Web: https://www.ihs.gov/helpdesk/

Email: support@ihs.gov