RESOURCE AND PATIENT MANAGEMENT SYSTEM

Consolidated-Clinical Document Architecture

(BCCD)

Addendum to User Manual

Version 1.0 Patch 7
November 2017

Office of Information Technology
Division of Information Technology
# Table of Contents

1.0 Introduction .......................................................................................................................... 1  
  1.1 Summary of Changes ............................................................................................................ 1  
      1.1.1 Patch 7 ....................................................................................................................... 1  

2.0 User Manual Updates ............................................................................................................ 3  
  2.1 Section 2.1 ......................................................................................................................... 3  
  2.2 Section 3.1 ......................................................................................................................... 3  
      2.2.1 Edit CCDA Site Parameters ....................................................................................... 3  
      2.2.2 Edit CCDA Clinical Site Parameters .......................................................................... 5  
  2.3 Section 4.3 ......................................................................................................................... 6  
      2.3.1 Manually Regenerating CCDA Documents for a Specified Date Range .................... 6  
  2.4 Section 6.0 ......................................................................................................................... 7  
      2.4.1 Plan of Care .................................................................................................................. 7  
      2.4.2 Reason for Visit ........................................................................................................... 7  

Contact Information .................................................................................................................. 8
Preface

This document outlines changes associated with Consolidated Clinical Data Architecture (CCDA) BCCD v1.0, p7. It is submitted as a supplement to the CCDA BCCD v1.0 package. The specifications within this document serve as a guide for staff who produce Consolidated Clinical Document (CCD) documents and extracts on selected patients and patient visit. The scope of this document is limited to CCDA BCCD v1.0 p7 and assumes that the site has already loaded patches up through EHR p13.

Please review these changes and add a copy of them to any printed documentation your site may be using for CCDA BCCD v1.0.
1.0 Introduction

1.1 Summary of Changes

1.1.1 Patch 7

BCCD v1.0 p7 delivers the following updates:

- The EDIT option has been split into two options with different security keys. One option contains site parameters and the other contains clinical parameters. (CR 06407)

- The CCDA purge task deletes old records that were successfully transmitted but does not delete old records that errored out. This patch adds a new option to the CCDA menu that enables the user to purge old error records. (CR 05243)

- This patch adds help text for Discharge Planner in the BCCD MESSAGE TYPE file. (CR 04937)

- The Reason for Visit section has been updated to include the chief complaint. The Reason for Visit section has been added to the Transitions of Care (ToC) document. (CR 05539)

- The Social History extract logic has been updated to get the data for the most recent visit when there are multiple visits on the same day. (CR 06446)

- In-house consultations, which had previously been removed from the document, have been restored. The display of in-house consultations has been modified to improve readability. (CR 06195)

- Documents received from external sources may include the visit date in a different location than documents generated by IHS. When the IHS CCDA stylesheet was used to render an external document into a human-readable web page, the visit date may not have been in the expected location and would not have been displayed. The stylesheet has been updated to handle visit dates that appear in other locations in the document. (CR 06155)

- This patch fixes an issue with the Plan of Care extract that would result in a <SUBSCRIPT> error. (CR 08163)

- The direct email address has been added to the coded (XML) part of the document. The email address belongs in the healthcare facility section. However, the CCDA standard does not allow an email address in this section, so the value is encoded in a comment in the document. (CR 08764)
• This patch adds a new menu option, DAT, which allows a user to queue HIE uploads for visits in a given date range. Normally, this is not necessary. This option is intended for a specific site where an issue resulted in months of visits not being uploaded to HIE. It is expected that this option will need to be run only in exceptional circumstances. (CR 09443)
2.0 User Manual Updates

2.1 Section 2.1
The CCDA menu now comprises the following options:

- Edit CCDA Site Parameters [BCCD EDIT SITE PARAMETERS]
- Edit CCDA Clinical Site Parameters [BCCD EDIT CLINICAL PARAMETERS]
- Generate CCD for a single patient [BCCD CCDGENONE]
- Generate CCD documents for all patients in RPMS [BCCD CCDALLGEN]
- Generate CCDA documents for a specified date range [BCCD GEN CCDA DATE RANGE]
- Manage CCDA transmissions [BCCD CCDA MGR]
- View and Purge Error Documents [BCCD ERROR PURGE]

2.2 Section 3.1
The RPMS option Edit CCDA Site Parameters [BCCD EDIT SITE PARAMETERS] has been divided into two options with different security keys.

2.2.1 Edit CCDA Site Parameters
The option Edit CCDA Site Parameters [BCCD EDIT SITE PARAMETERS] allows site managers to configure site-specific CCDA parameters at installation time and modify them if necessary. Note that this menu option is locked by security key XUMGR, which site managers already have.

The following four parameters can be edited using this option:

1. TIME TO RUN NIGHTLY TASK
2. DAYS KEEP TRANSMISSION ENTRIES
3. REPOSITORY LOCATION
4. ENABLED
The first prompt is “TIME TO RUN NIGHTLY TASK” and there is no default value. If the RPMS site is not a part of the IHS HIE at this time, then skip the “TIME TO RUN NIGHTLY TASK” prompt. If the RPMS site is a part of the IHS HIE and the site manager has been provided with the location of the off-site CCDA repository, then enter the time when the site wants CCDA documents to be generated and transmitted on a nightly basis. It is recommended to enter a time outside of the regular business hours to minimize impact on the end users. The “TIME TO RUN NIGHTLY TASK” prompt accepts time values in all valid FileMan formats, e.g., 15:34 or 03:34PM.

The second prompt is “DAYS KEEP TRANSMISSION ENTRIES” and it is set to 30 days by default. The default value can vary between 7 and 9999 days. The higher the number, the more disk space the intermediate compile structures created by the CCDA application will consume as described in Section 3.3 of this installation guide. On the other hand, if the default value is set too low, the compile data may be purged too soon and will not be available to facilitate debugging should any problems arise. If the site manager is not sure what value to enter, accept the default value of 30 days.

The third prompt is “REPOSITORY LOCATION” and there is no default value. If the RPMS site is not a part of the IHS HIE at this time, then skip the REPOSITORY LOCATION prompt. If the RPMS site is a part of the IHS HIE and the site manager has been provided with the location of the off-site CCDA repository, then enter that location at the REPOSITORY LOCATION prompt exactly as it was provided to the site manager. When a value is entered for both the “REPOSITORY LOCATION” and the “TIME TO RUN NIGHTLY TASK” prompts, the system will check whether the CCDA database has enough disk space to accommodate the process of generating CCDA documents for all patients in the system. An error message will be displayed if there is not enough disk space. If not enough disk space error message displays, allocate more disk space and try again.

The fourth prompt is “ENABLED” and the default value is NO. This NO value controls whether CCDA documents are generated when CCDA is running. Change this value to YES.

Figure 2-1 contains a screen capture of a typical setup session.
Select CCDA Menu Option: EDIT  Edit CCDA Site Parameters
Now editing CCDA parameters:

TIME TO RUN NIGHTLY TASK: 01:00

Now editing CCD (Summarization of Episode Note)-specific parameters:

DAYS KEEP TRANSMISSION ENTRIES: 30/
REPOSITORY LOCATION:
http://sample.ihs.gov:19090/PatientRecordReceiverService/PatientRecordReceiverService
ENABLED: YES//YES

Figure 2-1: Setting up CCDA Site Parameters

2.2.2 Edit CCDA Clinical Site Parameters

The option Edit CCDA Clinical Site Parameters [BCCD EDIT CLINICAL PARAMETERS] allows clinicians to configure site-specific clinical CCDA parameters at installation time and modify them if necessary. Note that this menu option is locked by security key BCCDZCLIN, which must be assigned before the option may be used.

The following three parameters can be edited using this option:

1.  ADD SOCIAL ENVIRONMENT PROB
2.  ADD INACTIVE PERS HISTORY PROB
3.  DISCHARGE PLANNER PROV TYPE

The first prompt is “ADD SOCIAL ENVIRONMENT PROB”, which is set to NO by default. This NO value determines whether social environment problems will be included in Clinical Summary documents for the site. All other document types will always display the social environment problems.

The second prompt is “ADD INACTIVE PERS HISTORY PROB”, which is set to NO by default. This NO value specifies whether inactive personal problems are included in Clinical Summary documents for site. All other document types will always display the inactive personal history problem.

The third prompt is “DISCHARGE PLANNER PROV TYPE”, which has no default value. This parameter specifies the BDP DESG SPECIALTY PROVIDER type to be extracted and displayed as the discharge planner on an inpatient CCDA document.

Figure 2-2 contains a screen capture of a typical setup session.
Select CCDA Menu Option: CLIN  Edit CCDA Clinical Site Parameters

NOW EDITING CCDA CLINICAL PARAMETERS:

ADD SOCIAL ENVIRONMENT PROB: YES/
ADD INACTIVE PERS HISTORY PROB: YES/
DISCHARGE PLANNER PROV TYPE: SECONDARY PROVIDER/

Figure 2-2: Setting up CCDA Clinical Site Parameters

2.3  Section 4.3

There is now a third type of manual document generation under 4.0 Package Operation.

2.3.1  Manually Regenerating CCDA Documents for a Specified Date Range

If the RPMS site is a part of the IHS HIE, then, on rare occasions, the Help Desk may ask the Site Manager to regenerate CCDA documents for all visits updated in a specified date range. When this happens, select the Generate CCD documents for a specified date range [BCCD GEN CCD DATE RANGE] option in the CCDA Menu [BCCD Menu]. The application will ask the user for the start date/time and end date/time for the range. The application will then check whether the date range will result in an excessive number of documents generated. If the number of documents would exceed the maximum number allowed, the system will display the message shown in Figure 2-3.

Select CCDA Menu <TEST ACCOUNT> Option: DAT  Generate CCD documents for a specified date range

This option uploads CCDA documents for a given date/time range. It should be used only when instructed to by the support team.

START DATE/TIME:  1/01/2017@2100  (JAN 01, 2017@21:00)
END DATE/TIME:  11/01/2017@2100  (NOV 01, 2017@21:00)

Identifying visits... The selected date range will result in too many documents.
Please enter a smaller range.

Figure 2-3: Generate CCD documents for a specified date range option when selected range is too big

If the number of documents is within the allowed limit, the system will queue the document requests and display the message shown in Figure 2-4.
Select CCDA Menu <TEST ACCOUNT> Option: DAT Generate CCD documents for a specified date range

This option uploads CCDA documents for a given date/time range. It should be used only when instructed to by the support team.

START DATE/TIME: 1/01/2017@2100 (JAN 01, 2017@21:00)
END DATE/TIME: 11/01/2017@2100 (NOV 01, 2017@21:00)

Identifying visits...
100 visits queued.

Figure 2-4: Generate CCD documents for a specified date range option when selected range is sufficiently small

2.4 Section 6.0

2.4.1 Plan of Care

The Plan of Care section now includes In-house Consultations.

2.4.2 Reason for Visit

The Reason for Visit section now includes the chief complaint. The Reason for Visit section has been added to the Transitions of Care (ToC) document.
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:** [http://www.ihs.gov/helpdesk/](http://www.ihs.gov/helpdesk/)
**Email:** support@ihs.gov