



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Practice Management Application Suite**

(BPRM)

## **Clinical Quality Measures Module User Manual**

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## Preface

The Practice Management Application Suite (BPRM) is a browser-enabled graphical user interface (GUI) for the Indian Health Service (IHS) Resource and Patient Management System (RPMS) applications.

BPRM provides for the entry of medical record information for new patients and editing the records of those already registered at a medical facility. The patient data managed with BPRM is crucial to the third-party billing and follow up patient care. Appropriate caution and checking should be employed to ensure that accurate data is entered into the system and, subsequently, transmitted to the National Patient Information Resource System and used by providers and staff.

## 1.0 Introduction

The Practice Management Application Suite (namespace: BPRM) represents a forward step in the streamlining of IHS record and patient management. Through the use of a consistent GUI and module-based architecture, it not only simplifies record and patient management, but also allows for future expansion of the scope and capabilities of the system.

This User Manual describes the use of the BPRM Clinical Quality Measures (CQM) module and related options in the Settings module. A separate user manual gives an overview of the BPRM application suite, and individual user manuals are available for the other modules in the suite.

### 1.1 CQM Overview

Clinical Quality Measures (CQMs) are a component of the Certified Electronic Health Record Technology (CEHRT) necessary for participating in the Meaningful Use incentive program. While the Performance Measures assess how the CEHRT is used, the CQMs measure the outcomes of patient care.

CQMs measure various aspects of clinical care including process and outcome measures. Centralization and maintenance of these measures is overseen by the National Quality Forum (NQF) who review each measure proposed to ensure it can be reliably measured and make a difference in health care.

There are many quality measures maintained by NQF and the Centers for Medicare and Medicaid Services (CMS) have selected 64 ambulatory and 44 inpatient measures for the 2014 CEHRT and Stage 2 Meaningful Use.

This is an increase from Stage 1 Meaningful Use. All 15 of the Eligible Hospital (EH) measures from Stage 1 and 32 out of the 44 Stage 1 Eligible Professional (EP) measures are included in the 2014 CEHRT.

In December 2012, the IHS Office of Information Technology (OIT) met with Subject Matter Experts and advisors to review the proposed CQMs selected by CMS and identify the measures that would:

- Reflect the services provided to the IHS patient populations;
- Be technically feasible to document and report on, and;
- Provide feedback on areas for improvement.

A total of 16 inpatient and 18 ambulatory (9 pediatric and 9 adult) measures were selected and are listed in Table 1-1 through Table 1-3.

Table 1-1: IHS-Selected EH CQMs

<b>CMS ID</b>	<b>Title</b>	<b>Domain</b>
32	ED-3-Median time from ED arrival to ED departure for discharged ED patients.	Care Coordination
104	Title: Stroke-2 Ischemic stroke – Discharged on anti-thrombotic therapy	Clinical Processes/ Effectiveness
71	Stroke-3 Ischemic stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter	Clinical Processes/ Effectiveness
91	Stroke-4 Ischemic stroke – Thrombolytic Therapy	Clinical Processes/ Effectiveness
72	Stroke-5 Ischemic stroke – Antithrombotic therapy by end of hospital day two	Clinical Processes/ Effectiveness
73	VTE-3 VTE Patients with Anticoagulation Overlap Therapy	Clinical Processes/ Effectiveness
60	AMI-7a- Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	Clinical Processes/ Effectiveness
30	AMI-10 Statin Prescribed at Discharge	Clinical Processes/ Effectiveness
9	Exclusive Breast Milk Feeding	Clinical Processes/ Effectiveness
31	EHDI-1a - Hearing screening prior to hospital discharge	Clinical Processes/ Effectiveness
107	Stroke-8 Ischemic or hemorrhagic stroke – Stroke education	Patient & Family Engagement
26	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Patient & Family Engagement
55	Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED arrival to ED departure for admitted ED patients	Patient & Family Engagement
111	ED-2 Emergency Department Throughput – admitted patients – Admit decision time to ED departure time for admitted patients	Patient & Family Engagement
110	VTE-5 VTE discharge instructions	Patient & Family Engagement
185	Healthy Term Newborn	Patient Safety

Table 1-2: IHS-Selected EP CQMs – Pediatric Measures

<b>CMS ID</b>	<b>Title</b>	<b>Domain</b>
146	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources
155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/Public Health

<b>CMS ID</b>	<b>Title</b>	<b>Domain</b>
153	Chlamydia Screening for Women	Population/Public Health
126	Use of Appropriate Medications for Asthma	Clinical Processes/Effectiveness
117	Childhood Immunization Status	Population/Public Health
154	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources
136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Processes/Effectiveness
2	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health
75	Children who have dental decay or cavities	Clinical Processes/Effectiveness

Table 1-3: IHS-Selected EP CQMs – Adult Measures

<b>CMS ID</b>	<b>Title</b>	<b>Domain</b>
165	Controlling High Blood Pressure	Clinical Processes/Effectiveness
156	Use of High-Risk Medications in the Elderly	Patient Safety
138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health
166	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources
2	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health
68	Documentation of Current Medications in the Medical Record	Patient Safety
69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health
50	Closing the referral loop: receipt of specialist report	Care Coordination
90	Functional status assessment for complex chronic conditions	Patient and Family Engagement

In 2014 all MU participants must report on their selected measures for any consecutive 90-day period coinciding with a calendar or fiscal quarter (October 1 to December 31, January 1 to March 31, April 1 to June 30, or July 1 to September 30), regardless of which stage they are in. During the subsequent years, providers must report on a period of a full year.

EPs must report on nine CQMs covering a minimum of three out of six domains while EHs must report on 16 CQMs covering a minimum of three out of six domains. Although there is not a core set of measures, CMS has recommended measures that are aligned with high priority health care improvement goals.

The six domains include:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

## 1.2 The CQM Module

The CQM module of the BPRM Practice Management Application Suite is the clinical quality measures calculation and reporting tool for MU 2014 and beyond. The CQM module automatically extracts from the RPMS EHR individual patient data that is necessary for calculating the performance measures for selected CQMs. The extracted patient data resides within the eCQM engine and is used in the calculation of performance rates. The performance rates can be viewed in a summary and/or detailed report run by the CQM module. The performance rates can be reported to CMS in two ways: through the QualityNet web site by uploading the data in a specialized format called the Quality Reporting Document Architecture (QRDA) Category 1 and Category 3, which is created by the eCQM engine, or by attestation.

The CQM module uses "Admission Orderable Items" to compute eligible hospital measures. Admission Orderable Items are indicators that an inpatient admission has occurred.

The CQM module is composed of four parts: Data Extractor Service, Measure Computation Engine, Measure Database, and Reporting User Interface.

- Data Extractor Service: Extracts individual patient data from the RPMS EHR on the time schedule selected by the User.
- Measure Computation Engine: Computes the performance rates based on the logic requirements determined by CMS.
- Measure Database: This is where the extracted patient data is imported to.
- Reporting User Interface: Detailed or summary reports are run and exported through this interface. QRDA reports can also be downloaded here.

Figure 1-1 illustrates the relationship between these components.

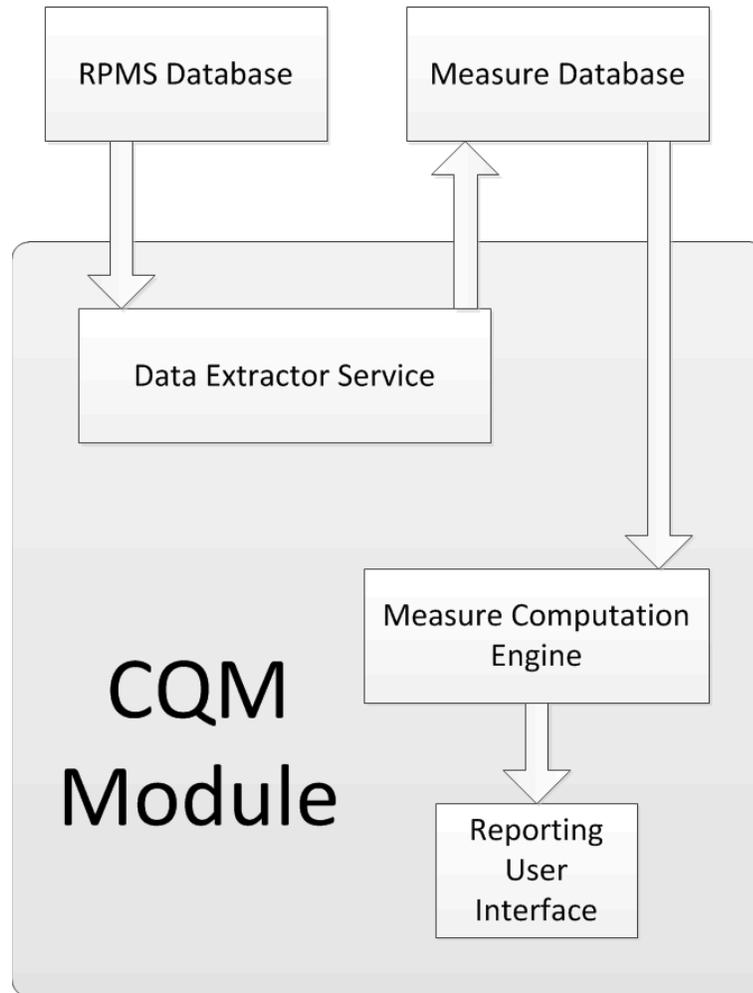


Figure 1-1: CQM Module diagram

**Note:** The CQM module utilizes historical data that is collected as it occurs. As a result, the initial reports and data exports will contain little, if any, usable information. Depending on the activity level at your facility, it may take several days for the necessary data to be gathered.

### 1.3 More Information

The following web sites provide additional CQM information:

- Centers for Medicare & Medicaid Services (CMS):  
[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014\\_ClinicalQualityMeasures.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html)

- Agency for Healthcare Research and Quality (AHRQ) United States Health Information Knowledgebase (USHIK): <http://ushik.ahrq.gov/mdr/portals/mu>
- U.S. National Library of Medicine Value Set Authority Center (VSAC): <https://vsac.nlm.nih.gov/>

## 2.0 System Navigation

The Practice Management Application Suite provides access to a vast array of RPMS information. Entering and accessing that information is done through a consistent interface, primarily the Application Toolbar, the Taskbar, and the Workspace. Refer to the *BPRM Application Overview User Manual* for information about using the BPRM interface.

**Note:** The GUI employed by this package shares most of its characteristics with those found in Microsoft® Windows 7 workstation applications including Microsoft Office 2007 and 2010. The terminology used to describe screen features and objects is significantly different from that used by earlier versions of Microsoft products. To minimize reader confusion over the long term, this manual uses the new terminology to describe these new GUI features.

## 3.0 CQM Module Operation

This section describes the features and functions of the BPRM CQM module.

### 3.1 CQM Ribbon

The CQM ribbon (Figure 3-1) at the top of the CQM module display provides quick access to several different functions.

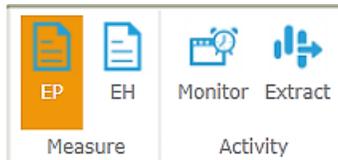


Figure 3-1: CQM ribbon

The CQM ribbon contains two sections:

- **Measure** section – Use the options in the **Measure** section to create a variety of reports showing clinical quality measures in place and the extent to which they are being performed.
- **Activity** section – Use the **Activity** section to monitor and extract information about clinical quality measure activities based on several different criteria.

Click a control on the CQM ribbon to access the associated option.

### 3.2 Measure Section

Use the **Measure** section of the CQM ribbon (Figure 3-2) to calculate the results of clinical quality measures for eligible professionals and hospitals.

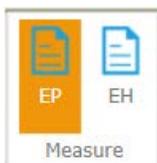


Figure 3-2: **Measure** section of the CQM ribbon

The **Measure** section provides these two options:

- **EP** option – Use this option to calculate the clinical quality measures for eligible professionals. These measures apply to providers, and primarily relate to outpatient services. See Section 3.3 for more information about the **EP** option.
- **EH** option – Use this option to calculate the clinical quality measures for eligible hospitals. These measures apply to facilities, and primarily relate to inpatient services. See Section 3.4 for more information about the **EH** option.

### 3.3 EP Option

Click the **EP** option in the **Measures** section of the CQM ribbon to open the **EP** option page (Figure 3-3). Use this option to calculate clinical quality measure results for eligible providers and to produce a report showing the results. These measures apply to providers, and primarily relate to outpatient services.

**Calculate Measure Results**

Report Type: [Dropdown] Reporting Period: [Dropdown]

Select Measures:  Adult (A)  Pediatric (P) Select CMS Domain: [Dropdown]

Select All	CMS ID	A/P	Title	Domain
<input type="checkbox"/>	CMS155v2	P	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population / Public Health
<input type="checkbox"/>	CMS166v3	A	Use of Imaging Studies for Low Back Pain	Efficient Use Of Healthcare Resources
<input type="checkbox"/>	CMS156v2	A	Use of High-Risk Medications in the Elderly	Patient Safety
<input type="checkbox"/>	CMS126v2	P	Use of Appropriate Medications for Asthma	Clinical Process / Effectiveness

Selected Measures: 0 Domains: 0 CMS Requirement Measures: 9 Domains: 3

**Providers**

Select All:   
 HESTIA, AMANDA

Select one or more Providers. Export CAT3 View Report

Figure 3-3: EP option - **Calculate Measure Results** page

The options available on the **Calculate Measure Results** page for the **EP** option are described in Sections 3.3.1.1 through 3.3.4.2. You must specify each of the parameters shown in order to generate a CQM report.

Also be aware that you must select a minimum of nine measures and three domains. The legend at the bottom of the **Select Measures** section shows you how many measures and domains have been selected, and a green check mark is displayed when the required minimums have been met.

#### 3.3.1.1 Report Type

Choose a report type for each CQM report you generate:

- **Summary** – Choose the **Summary** report type to produce a summary report of the clinical quality measures being performed by the selected providers.
- **Detail** – Choose the **Detail** report type to produce a detailed report of the clinical quality measures being performed by the selected providers.

#### 3.3.1.2 Reporting Period

Choose one of these reporting periods for each CQM report you generate:

- **Today**

- **Fiscal Quarter** (you will be prompted to specify the Quarter and Year)
- **Calendar Quarter** (you will be prompted to specify the Quarter and Year)
- **Any 90 Days** (you will be prompted to specify the Start Date)
- **Fiscal Year** (you will be prompted to specify the Year)
- **Calendar Year** (you will be prompted to specify the Year)
- **User Defined** (you will be prompted to specify the Start and End dates of the desired reporting period)

### 3.3.2 Select Measures Section

Use the **Select Measures** section (Figure 3-4) to specify which measures will be exported or included in the report. The CMS guidelines for the required number of measures and domains to be included in the report are displayed at the bottom of the **Select Measures** section.

Select All	CMS ID	A/P	Title	Domain
<input type="checkbox"/>	CMS117v2	P	Childhood Immunization Status	Population / Public Health
<input type="checkbox"/>	CMS126v2	P	Use of Appropriate Medications for Asthma	Clinical Process / Effectiveness
<input type="checkbox"/>	CMS136v3	P	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process / Effectiveness
<input type="checkbox"/>	CMS138v2	A	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population / Public Health
<input checked="" type="checkbox"/>	CMS146v2	P	Appropriate Testing for Children with Pharyngitis	Efficient Use Of Healthcare Resources
<input checked="" type="checkbox"/>	CMS153v2	P	Chlamydia Screening for Women	Population / Public Health
<input checked="" type="checkbox"/>	CMS154v2	P	Appropriate Treatment for Children with Upper	Efficient Use Of Healthcare Resources

Selected Measures: 13 Domains: 6 ✓ CMS Requirement Measures: 9 Domains: 3

Figure 3-4: **Select Measures** section

There are several ways to select one or more measures to be included when calculating clinical quality measures for a facility. Use the following options to filter the list and make it easier to select specific measures.

- **Adult** – Select the Adult option to list all of the Adult measures in the clinical quality measures calculations. You can then select the desired measures from the list displayed.
- **Pediatric** – Select the Pediatric option to list all of the Pediatric measures in clinical quality measures the calculations. You can then select the desired measures from the list displayed.
- **Select CMS Domain** – Click this option and then select one or more of the available domains to be included in the clinical quality measures calculations:
  - Population/Public Health

- Clinical Process/Effectiveness
- Efficient Use Of Healthcare Resources
- Patient Safety
- Care Coordination
- Patient And Family Engagement
- **Select All** – Select this option to include all of the displayed clinical quality measures in the calculations.

### 3.3.2.1 Sorting the Measures

The listing of clinical quality measures can be sorted in a variety of ways. Click the heading at the top of each column in the display to sort the listing by that column. Click the small arrow icon to the right of the heading to toggle the sorting between ascending and descending order. You can sort by these criteria:

- CMS ID
- A/P
- Title
- Domain

### 3.3.3 Providers Section

Use the **Providers** section (Figure 3-5) to select the provider(s) you want included in the clinical quality measures report.

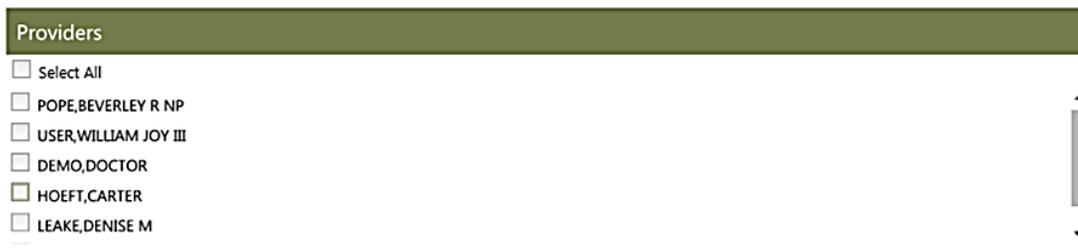


Figure 3-5: **Providers** section

The list of available providers is generated automatically based on provider activity detected when individual patient data is extracted from the RPMS EHR.

See Section 4.1.1.2 for information about excluding providers from this list.

### 3.3.4 Exporting Data and Generating Reports

The CQM module reports on Clinical Quality Measures in two formats: An XML data file which can be transmitted by uploading to the QualityNet web site or as a text-based report which can be printed or saved in one of several different formats.

**Note:** At the time of publication, the process for uploading CQM data to the QualityNet web site had not been determined. Contact the IHS OIT Help Desk for current information.

Before you can export the data or generate a report, it is necessary to first select the Report Type, Reporting Period, Measures, and Providers. Also be aware that you must select a minimum of nine measures and three domains to meet the CMS guidelines. The legend at the bottom of the Select Measures section shows you how many measures and domains have been selected, and a green check mark is displayed when the required minimums have been met.

#### 3.3.4.1 Export CAT3

CQM data can be exported to a QRDA Category 3 file in an XML format, which can then be transmitted via email (or other yet-to-be-determined methods). Follow these steps to export and save the data in an XML format:

1. Select the **Report Type**, **Reporting Period**, **Measures**, and **Providers** for which you want to export data and then click **Export CAT3**.
2. After the XML document is generated, click **Save** to save the file.
3. Click **OK** in the **File Download – Security Warning** dialog to confirm that you want to save the exported data.
4. Navigate to the folder where you want to save the XML document and then click **Save**.

#### 3.3.4.2 View Report

After selecting the Report Type, Reporting Period, Measures, and Providers, click **View Report** to see the CQM data presented in a report format. As with other BPRM reports, use the toolbar at the top of the report to navigate to other pages of the report, print the report, or save it in one of several formats. See Appendix A for more information about using the Reports toolbar. Figure 3-6 shows a typical Eligible Provider Clinical Quality Measures summary report.

Eligible Provider Clinical Quality Measures

1 of 2 pages

**Clinical Quality Measures - Summary Report** Page 1

Indian Health Service eCQM V 1.0

**Eligible Provider: POPE,BEVERLEY R NP ; USER,WILLIAM JOY III ;  
DEMO,DOCTOR ; HOEFT,CARTER ; LEAKE,DENISE M ; HISTIA,AMANDA**

**MU Reporting Period: 9/2/2014 - 9/2/2014**

CMS ID	Title	# Den	# Num	Perf. Rate %	# Exclu	# Excep
117	Childhood Immunization Status	0	0	0.00 %		
126	Use of Appropriate Medications for Asthma	0	0	0.00 %	0	
	Stratum 1: Patients age 5-11	0	0	0.00 %	0	
	Stratum 2: Patients age 12-18	0	0	0.00 %	0	
	Stratum 3: Patients age 19-50	0	0	0.00 %	0	
	Stratum 4: Patients age 51-64	0	0	0.00 %	0	
136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication					
	Population Criteria 1	0	0	0.00 %	0	
	Population Criteria 2	0	0	0.00 %	0	
138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0	0	0.00 %		0
146	Appropriate Testing for Children with Pharyngitis	0	0	0.00 %	0	
153	Chlamydia Screening for Women	0	0	0.00 %	0	
	Stratum 1: Patients age 16-20	0	0	0.00 %	0	
	Stratum 2: Patients age 21-24	0	0	0.00 %	0	
154	Appropriate Treatment for Children with Inner	0	0	0.00 %	0	

90 %

Close

Figure 3-6: Typical Eligible Provider Clinical Quality Measures report

### 3.4 EH Option

Click the **EH** option in the **Measures** section of the CQM ribbon to open the **EH** option page (Figure 3-7). Use this option to calculate clinical quality measure results for eligible hospitals (and other facilities) and to produce reports showing the results. Although similar to the **EP** option described in Section 3.3, these measures apply to facilities, and primarily relate to inpatient services.

Also be aware that you must select a minimum of sixteen measures and three domains to meet the CMS guidelines. The legend at the bottom of **the Select Measures** section shows you how many measures and domains have been selected, and a green check mark is displayed when the required minimums have been met.

**Calculate Measure Results**

Report Type: [Dropdown] Reporting Period: [Dropdown]

Select Measures [Select CMS Domain]

Select All	CMS ID	Title	Domain
<input type="checkbox"/>	CMS104v2	Discharged on Antithrombotic Therapy	Clinical Process / Effectiveness
<input type="checkbox"/>	CMS107v2	Stroke Education	Patient And Family Engagement
<input type="checkbox"/>	CMS110v2	Venous Thromboembolism Discharge Instructions	Patient And Family Engagement
<input type="checkbox"/>	CMS111v2	Median Admit Decision Time to ED Departure Time for Admitted Patients	Patient And Family Engagement
<input type="checkbox"/>	CMS185v2	Healthy Term Newborn	Patient Safety
<input type="checkbox"/>	CMS26v1	Home Management Plan of Care (HMPC) Document Given to Patient/ Caregiver	Patient And Family Engagement
<input type="checkbox"/>	CMS30v3	Statin Prescribed at Discharge	Clinical Process / Effectiveness
<input type="checkbox"/>	CMS31v2	Hearing Screening Prior To Hospital Discharge (EHD1-1a)	Clinical Process / Effectiveness
<input type="checkbox"/>	CMS32v3	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Care Coordination
<input type="checkbox"/>	CMS55v2	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Patient And Family Engagement
<input type="checkbox"/>	CMS60v2	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Clinical Process / Effectiveness

Selected Measures: 0 Domains: 0 CMS Requirement Measures: 16 Domains: 3

Export CAT3 View Report

Figure 3-7: EH option - Calculate Measure Results page

### 3.4.1.1 Report Type

Use the **Report Type** field to specify the type of CQM report to generate. Choose from these report types:

- **Summary** – Choose the **Summary** report type to produce a summary report of the clinical quality measures being done by the selected providers.
- **Detail** – Choose the **Detail** report type to produce a detailed report of the clinical quality measures being done by the selected providers.

### 3.4.1.2 Reporting Period

Use the **Reporting Period** field to specify the reporting period for each CQM report. Choose from these reporting periods:

- **Today**
- **Fiscal Quarter** (you will be prompted to specify the Quarter and Year)
- **Calendar Quarter** (you will be prompted to specify the Quarter and Year)
- **Any 90 Days** (you will be prompted to specify the Start Date)
- **Fiscal Year** (you will be prompted to specify the Year)
- **Calendar Year** (you will be prompted to specify the Year)
- **User Defined** (you will be prompted to specify the Start and End dates of the desired reporting period)

### 3.4.2 Select Measures Section

Use the **Select Measures** section (Figure 3-8) to specify which measures will be exported or included in the report. The CMS guidelines for the required number of measures and domains to be included in the report are displayed at the bottom of the **Select Measures** section.

Select Measures			Select CMS Domain
<input type="checkbox"/> Select All	CMS ID	Title	Domain
<input type="checkbox"/>	CMS91v3	Thrombolytic Therapy	Clinical Process / Effectiveness
<input type="checkbox"/>	CMS107v2	Stroke Education	Patient And Family Engagement
<input type="checkbox"/>	CMS30v3	Statin Prescribed at Discharge	Clinical Process / Effectiveness
<input type="checkbox"/>	CMS32v3	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Care Coordination
<input type="checkbox"/>	CMS55v2	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Patient And Family Engagement
<input type="checkbox"/>	CMS111v2	Median Admit Decision Time to ED Departure Time for Admitted Patients	Patient And Family Engagement
<input type="checkbox"/>	CMS26v1	Home Management Plan of Care (HMPC) Document Given to Patient/ Caregiver	Patient And Family Engagement
<input type="checkbox"/>	CMS31v2	Hearing Screening Prior To Hospital Discharge (EHDI-1a)	Clinical Process / Effectiveness
<input type="checkbox"/>	CMS185v2	Healthy Term Newborn	Patient Safety
<input type="checkbox"/>	CMS60v2	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Clinical Process / Effectiveness
<input type="checkbox"/>	CMS9v2	Exclusive Breast Milk Feeding	Clinical Process / Effectiveness

Selected Measures: 0 Domains: 0 CMS Requirement Measures: 16 Domains: 3

Figure 3-8: EH Option – **Select Measures** section

There are several ways to select one or more measures to be included when calculating clinical quality measures for a facility. Use the following options to filter the list and make it easier to select specific measures.

#### 3.4.2.1 Select CMS Domain

Use the **Select CMS Domain** option to group and view each of the available clinical quality measures by the domain criteria:

- Clinical Process/Effectiveness
- Patient and Family Engagement
- Patient Safety
- Care Coordination

Select one or more of these choices to display only the selected criteria.

#### 3.4.2.2 Sorting the Measures

The listing of clinical quality measures can be sorted in several of ways. Click the heading at the top of each column in the display to sort the listing by that column. Click the small arrow icon to the right of the heading to toggle the sorting between ascending and descending order. You can sort by these criteria:

- CMS ID
- Title
- Domain

### 3.4.3 Exporting Data and Generating Reports

The CQM module reports on Clinical Quality Measures in two formats: An XML data file which can be transmitted by uploading to the QualityNet web site or as a text-based report which can be printed or saved in one of several different formats.

**Note:** At the time of publication, the process for uploading CQM data to the QualityNet web site had not been determined. Contact the IHS OIT Help Desk for current information.

Before you can export the data or generate a report, it is necessary to first select the Report Type, Reporting Period, Measures, and Providers. The legend at the bottom of the **Select Measures** section shows you how many measures and domains have been selected, and a green check mark is displayed when the required CMS minimums have been met.

#### 3.4.3.1 Export CAT3

CQM data can be exported to a QRDA Category 3 file in an XML format, which can then be transmitted via email (or other yet-to-be-determined methods). Follow these steps to export and save the data in an XML format:

1. Select the **Report Type, Reporting Period, Measures, and Providers** for which you want to export data and then click **Export CAT3**.
2. After the XML document is generated, click **Save** to save the file.
3. Click **OK** in the **File Download – Security Warning** dialog to confirm that you want to save the exported data.
4. Navigate to the folder where you want to save the XML document and then click **Save**.

#### 3.4.3.2 View Report

After selecting the Report Type, Reporting Period, Measures, and Providers, click **View Report** to see the CQM data presented in a report format. As with other BPRM reports, use the toolbar at the top of the report to navigate to other pages of the report, print the report, or save it in one of several formats. See Appendix A for more information about using the Reports toolbar. Figure 3-9 shows an example of a typical Eligible Hospital Clinical Quality Measures report.

Eligible Hospital Clinical Quality Measures

1 of 2 pages

Clinical Quality Measures - Summary Report Page 1

Indian Health Service eCQM V 1.0

Eligible Hospital: 2013 DEMO HOSPITAL

MU Reporting Period: 9/2/2014 - 9/2/2014

CMS ID	Title	# Den	# Num	Perf. Rate %	# Exclu	# Excep
104	Discharged on Antithrombotic Therapy	0	0	0.00 %	0	0
107	Stroke Education	0	0	0.00 %	0	0
110	Venous Thromboembolism Discharge Instructions	0	0	0.00 %		
111	Median Admit Decision Time to ED Departure Time for Admitted Patients			0.0 min		
	Stratum 1 - all patients seen in the ED and admitted as an inpatient			0.0 min		
	Stratum 2 - all patients seen in the ED and admitted as an inpatient who do not have a diagnosis consistent with psychiatric/mental health disorders			0.0 min		
	Stratum 3 - all patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders			0.0 min		
185	Healthy Term Newborn	0	0	0.00 %	0	0
26	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	0	0	0.00 %	0	0
30	Statin Prescribed at Discharge	0	0	0.00 %	0	0
31	Hearing Screening Prior To Hospital Discharge	0	0	0.00 %	0	0

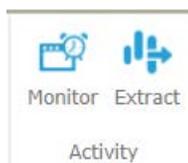
90 %

Close

Figure 3-9: Typical Eligible Hospital Clinical Quality Measures report

### 3.5 Activity Section

Use the Activity section of the CQM ribbon (Figure 3-10) to monitor CQM activity.

Figure 3-10: **Monitor** section of the CQM ribbon

The **Activity** section provides these two options:

- **Monitor** option – See Section 3.6 for more information about the **Monitor** option.
- **Extract** option – See Section 3.7 for more information about the **Extract** option.

## 3.6 Monitor Option

Click the **Monitor** option in the **Activity** section of the CQM ribbon to open the CQM Activity listing. This listing is primarily intended for troubleshooting and monitoring clinical quality measures activity at a facility.

Activity ID	Start Date	End Date	Status	Activity Type	Activity Detail
10dc4586-85ed-443d-bbbb-fb2fb12c0f2d	05/30/2014 03:20 PM	05/30/2014 03:20 PM	Complete	Patient Extract	
cac68947-e088-4eb6-a900-71338af8dc3d	05/30/2014 03:20 PM	05/30/2014 03:20 PM	Complete	Patient Import	
47246fb0-4b2e-49bc-ae12-e298633cf816	05/30/2014 07:15 PM	05/30/2014 07:15 PM	Complete	Patient Extract	
57c4563d-c571-4e0b-b5b5-527689edb62b	05/30/2014 07:15 PM	05/30/2014 07:15 PM	Complete	Patient Import	
99df010e-5590-4741-8cd3-049756af12a9	05/31/2014 07:15 PM	05/31/2014 07:15 PM	Complete	Patient Extract	No Patients Found.
53240196-1a6d-455e-b5d6-1b17bbe18a31	06/01/2014 07:15 PM	06/01/2014 07:15 PM	Complete	Patient Extract	No Patients Found.
73ab64fd-dcda-4c2b-b75d-d7150c9fd6f2	06/02/2014 07:15 PM	06/02/2014 07:15 PM	Complete	Patient Extract	
eda6fbc1-ab74-4783-a362-51637e5699e4	06/02/2014 07:15 PM	06/02/2014 07:15 PM	Complete	Patient Import	
594e144f-6cc4-415d-9136-ec22aa4a5566	06/03/2014 07:15 PM	06/03/2014 07:15 PM	Complete	Patient Extract	No Patients Found.
3ae1f41-3e1a-4c90-8d90-0ef3260128c0	06/04/2014 07:15 PM	06/04/2014 07:16 PM	Complete	Patient Extract	
c3dc7bca-3c81-483d-b03d-5b6d629f04aa	06/04/2014 07:16 PM	06/04/2014 07:16 PM	Complete	Patient Import	
5ccb67b-3d96-4a24-8cc9-caf1cb158250	06/05/2014 07:15 PM	06/05/2014 07:16 PM	Complete	Patient Extract	No Patients Found.
21d51f62-c053-4f53-a382-eb5573b19827	06/06/2014 07:15 PM	06/06/2014 07:16 PM	Complete	Patient Extract	No Patients Found.
81877cdb-08d4-4e94-8b8c-bb934670ce60	06/07/2014 07:15 PM	06/07/2014 07:16 PM	Complete	Patient Extract	No Patients Found.
cb12925d-06c9-4c4b-8fa6-5d4da8dc6482	06/08/2014 07:15 PM	06/08/2014 07:16 PM	Complete	Patient Extract	No Patients Found.

Figure 3-11: Typical Activity listing

The listing includes this information about each activity:

- **Activity ID**
- **Start Date**
- **End Date**
- **Status**
- **Activity Type**
- **Activity Detail**

The listing can be filtered based on criteria established with the options described in Sections 3.6.1 through 3.6.4.

### 3.6.1 Activity Period

Select one of these options in the **Activity Period** list box to select from these filter criteria:

- Today
- Last 7 Days
- Last 14 Days

### 3.6.2 Status

Select one of these options in the **Status** list box to select from these filter criteria:

- All
- Pending
- Error
- Complete

### 3.6.3 Type

Select one of these options in the **Type** list box to select from these filter criteria:

- All
- Patient Extract
- Patient Import
- Results Extract
- Measure Computation

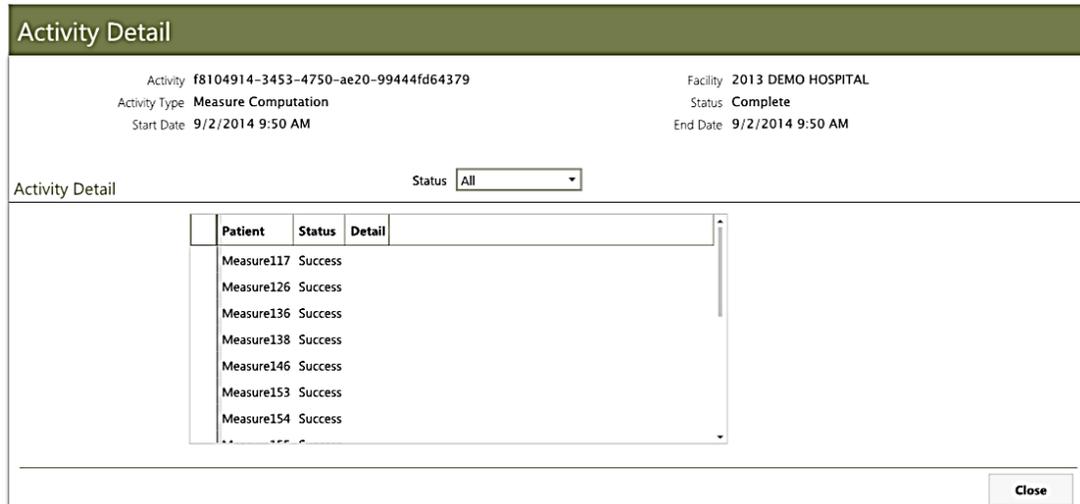
### 3.6.4 Sort By

Select one of these options in the **Sort By** list box to select from these filter criteria:

- Date Ascending
- Date Descending

### 3.6.5 Viewing Activity Details

Right-click any of the listed activities in the main **Monitor** option display and select **View Detail** to see additional details about that activity. Figure 3-12 shows an example of a typical **Activity Detail** display.



The screenshot shows a window titled "Activity Detail" with a dark green header. Below the header, activity information is displayed in two columns. The left column contains: Activity ID (f8104914-3453-4750-ae20-99444fd64379), Activity Type (Measure Computation), and Start Date (9/2/2014 9:50 AM). The right column contains: Facility (2013 DEMO HOSPITAL), Status (Complete), and End Date (9/2/2014 9:50 AM). Below this information is a "Status" dropdown menu set to "All". The main area of the window contains a table with three columns: "Patient", "Status", and "Detail". The table lists several measures, all with a "Success" status. A "Close" button is located in the bottom right corner of the window.

Patient	Status	Detail
	Success	Measure117
	Success	Measure126
	Success	Measure136
	Success	Measure138
	Success	Measure146
	Success	Measure153
	Success	Measure154

Figure 3-12: **Activity Detail** display

Use the **Status** list box to filter the view based on these criteria:

- All
- Warning
- Error
- Success

## 3.7 Extract Option

The Extract option allows you to extract CQM data relating to one or more specific patients. Click the **Extract** option in the **Activity** section of the CQM ribbon to open the **CQM Manual Extract** page. Figure 3-13 shows an example of this page.

Figure 3-13: **CQM Manual Extract** page

Follow these steps to display and select from a list of patients for which to manually extract CQM data:

1. Select a **Start Date** and an **End Date** later than the **Start Date**.
2. Click **Search Active Patients**. A listing of patients who have visited the facility within the selected date range is displayed.
3. Select one or more patients from the listing displayed.
4. Click **Start Activity** to extract the CQM data for the selected patient(s). This process may take a few minutes to run depending on the number of patients selected.
5. Once the process is complete, the Activity Status will display the results of the manual extract.

## 4.0 CQM Configuration

Unlike the other modules in BPRM, the **Settings** module does not directly control or modify patient records. Instead, it controls a variety of application settings for other modules, allowing such things as available appointment types, employer names, insurers, and clinics to be changed or added. Changes made within the Setting module are typically done by a Supervisor or Site Manager. In most cases, once these settings have been established, they will rarely need to be changed.

**Note:** The options available in the **Settings** module may vary for different users, depending on the RPMS functionality enabled at your site and the access permissions granted to each user.

Open the **Settings** module by clicking **Settings** in the Taskbar, as shown in Figure 4-1.



Figure 4-1: Taskbar with **Settings** module highlighted

The selection pane on the left side of the **Settings** module displays a list of available options. The information displayed on the right side of the screen varies, depending on the option chosen.

### 4.1 CQM Export

Click **CQM** in the selection pane of the **Settings** module to see the **CQM Export** page. Figure 4-2 shows an example of the **Settings** module with the CQM Export page displayed.



Figure 4-2: **CQM Export** page

Use the **CQM Export** page of the **Settings** module to:

- View Admission Orderable Items, which are items that indicate the admission of a patient to a local inpatient or observation unit
- Specify Providers for whom data will be excluded from the export process

Click **Edit** in the upper right corner of the **CQM Export** page to open the **CQM Configuration** page to enable editing of the **Admission Orderable Item(s)** and **Provider** lists. Figure 4-3 shows an example of the CQM Configuration page.

**CQM Configuration**

Enable CQM Export  Frequency: Every 24 Hours Export Time: 1:15 PM

Note: Add all of the Orderable Items for the site/facility that represent the admission of a patient to a local inpatient or observation unit.

**Admission Orderable Item(s)**

Name
Admit Patient <a href="#">Remove</a>

Warning: The setting below exclude the providers for whom data is exported each night. If there are no entries, the system will export information for all providers for whom there is relevant data. Use this setting with caution and review periodically.

Exclude Providers

**Provider** Select Provider  Select Provider from

Name	NPI
JONES, KENNETH M MD	<a href="#">Remove</a>

Save Cancel

Figure 4-3: **CQM Configuration** page

#### 4.1.1 Using the CQM Configuration Page

Select the **Enable CQM Export** check box to enable the CQM export process.

Use the **Frequency** list box to specify how often the CQM export process will take place, and use the **Export Time** option to specify the time of day the CQM export will take place. It is recommended that the CQM export be performed when activity on your application server is at a minimum.

#### 4.1.1.1 Adding Admission Orderable Items

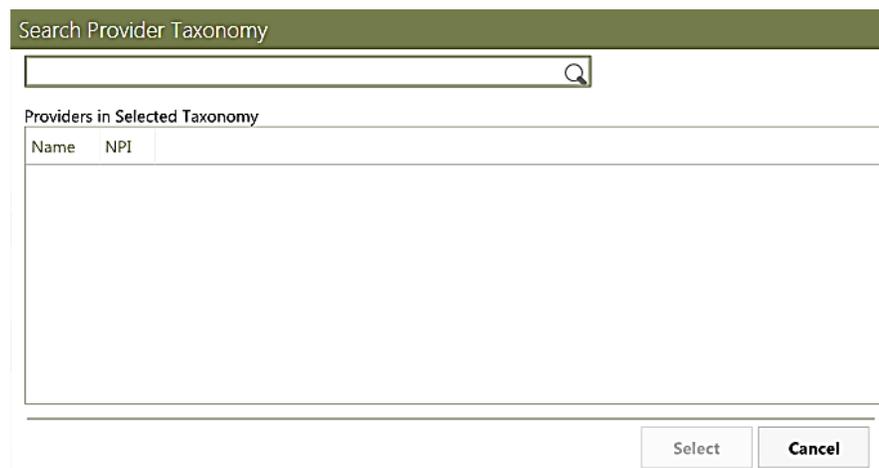
Admission Orderable Items are site/facility-defined items that prompt a patient admission. Type the first few letters of the Orderable Item into the search box on the right side of the display, then add the item to the list of Admission Orderable Items by clicking on the item name. You can also enter two question marks (??) to view a list of all available items.

#### 4.1.1.2 Excluding Providers

You can exclude specific providers from CQM calculations and reports by adding them to the Providers list on the **CQM Configuration** page.

Select the **Exclude Providers** check box and then type the first few letters of the Provider name into the search box on the right side of the display. This will cause a list of provider names matching the search criteria to be displayed. You can also type two question marks (??) to view a list of all providers. Add the item to the list of excluded providers by clicking on the provider name.

Alternatively, you can click **Taxonomy** to select one or more providers based on their taxonomy. Click **Taxonomy** on the right side of the display to open the **Search Provider Taxonomy** dialog shown in Figure 4-4.



Providers in Selected Taxonomy	
Name	NPI

Figure 4-4: **Search Provider Taxonomy** dialog

Type the first few letters of the taxonomy name into the search box at the top of the dialog and select the desired taxonomy from the list displayed. Once it has been selected, all the providers included under that taxonomy grouping are listed.

Figure 4-5 shows an example of using the **Search Provider Taxonomy** dialog to find and exclude all of the providers included in the Blue Team group.

Search Provider Taxonomy

BLUE TEAM

Providers in Selected Taxonomy

Name	NPI
THOMSON, DENISE M	1487675617
FISHER, EUGENE T MD	1437289782
MORRIS, JOHN DARREL MD	1902902026

Select Cancel

Figure 4-5: **Search Provider Taxonomy** dialog - Blue Team listed

Click **Select** to add all of the providers listed to the provider exclusion list or click **Cancel** to cancel the operation and close the **Search Provider Taxonomy** dialog.

Once you have completed the changes on the CQM Configuration form, click **Save** to confirm your changes or Click **Cancel** to discard the changes and return to the previous screen.

## Appendix A: Using the Reports Toolbar

### A.1 Reports Toolbar

Regardless of the report type, the top of each report page includes the Reports Toolbar (Figure A-1), which provides a variety of tools for handling and manipulating reports.

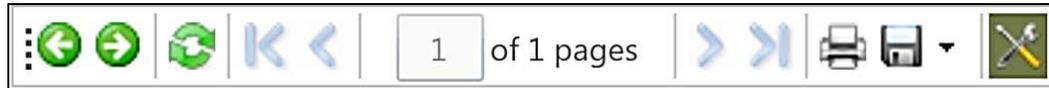


Figure A-1: Reports Toolbar

#### A.1.1 Previous/Next Buttons

After having generated more than one report of a specific type, use the Previous/Next buttons (Figure A-2) to “page” through each of the previously-viewed reports.



Figure A-2: Previous/Next buttons

#### A.1.2 Refresh Button

Use the Refresh button (Figure A-3) to refresh a report.



Figure A-3: Refresh button

The Refresh button is useful for ensuring a specific report contains the latest up-to-the-minute patient information.

#### A.1.3 Page Selection Buttons

Use the Page Selection buttons (Figure A-4) to navigate through multi-page reports.

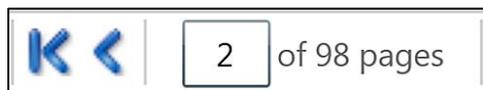


Figure A-4: Page Selection buttons

Type a specific page number into the text field to jump quickly to that page.

### A.1.4 Print Button

Use the Print button (Figure A-5) to print the currently-displayed report.



Figure A-5: Print button

Clicking this button displays a standard print dialog, which allows choosing the printer to use, as well as the page range and the number of copies of the report to print.

### A.1.5 Save Button

Click the Save button (Figure A-6) to save the report in a variety of file formats.



Figure A-6: Save button

The following file formats are supported:

- Acrobat (PDF)
- CSV (comma delimited)
- Excel 97-2003
- TIFF

## Appendix B: Rules of Behavior

The Resource and Patient Management system (RPMS) 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.

### B.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).

#### B.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.

### B.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.

### B.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.

#### B.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.

#### B.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.

### B.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).

### B.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.

### B.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.

### B.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.

### B.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 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.

### B.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.

### B.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.

### B.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.

## B.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.

## B.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

## **Admission Orderable Items**

Site/facility-defined items that indicate a patient admission.

## **Clinical Quality Measures**

Tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals and critical access hospitals (CAHs).

## **Meaningful Use**

The use of certified electronic health record (EHR) technology to:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and family
- Improve care coordination, and population and public health
- Maintain privacy and security of patient health information

## Acronym List

Acronym	Definition
AHRQ	Agency for Healthcare Research and Quality
BPRM	Practice Management Application Suite
CEHRT	Certified Electronic Health Record Technology
CMS	Centers for Medicare and Medicaid Services
CQM	Clinical Quality Measures
EH	Eligible Hospital
EHR	Electronic Health Records
EP	Eligible Professional
GUI	Graphical User Interface
IHS	Indian Health Service
MU	Meaningful Use
NQF	National Quality Forum
OIT	Office of Information Technology
RPMS	Resource and Patient Management System
USHIK	United States Health Information Knowledgebase
VSAC	U.S. National Library of Medicine Value Set Authority Center

## 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/>

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