Office Hour Presenters

• CDR Susan Pierce-Richards, ARNP, OIT EHR Project Lead
• CDR Mary Ann Niesen, PharmD, OIT Pharmacy Consultant
• Barbara Hess, DHA, OIT EHR Project analyst
Agenda

• Introduction
• Presenters
  • Office Hour Presenters have different specialties within the EHR system who will be responding to your questions
• Questions/Answers
  • Please do not put your phone “On Hold” during the conference call
  • “Raise your hand” through the Adobe Connect features provided
  • Please state your name/site
  • Please state your question clearly
  • Please keep background noise to a minimum to better hear the questions/answers
Contents of Patch

• Mega patch containing VA patches and IHS modifications up through the VA’s CPRS v27
• New functionality
• Bug fixes
• Presented alphabetically by component
Dependencies

Kernel Version 8.0 Patch 1017 which includes
   xu__0800.1017k
   xt__0730.1017k
   di__2200.1017k
   xwb_0110.1017k
   xu__0800va.1017k

Radiology Version 5.0 Patch 1003 including
   bra_0500.1003k
Laboratory Version 5.2 Patch 1031
PIMS Version 5.3 Patch 1015
IHS PCC SUITE (BJPC) Version 2.0 Patch 8
ADVERSE REACTION TRACKING (GMRA) Version 4.0 Patch 1005

PROBLEM LIST (GMPL) Version 2.0 Patch 1001
GEN. MED. REC. – VITALS (GMRV) Version 5.0 Patch 1001
CONSULT/REQUEST TRACKING (GMRC) Version 3.0 Patch 1003
AUTHORIZATION/SUBSCRIPTION (USR) Version 1.0 Patch 1004
TEXT INTEGRATION UTILITIES (TIU) Version 1.0 Patch 1010
CLINICAL REMINDERS (PXRM) Version 1.5 Patch 1009
IHS PHARMACY MODIFICATIONS (APSP) Version 7.0 Patch 1014
ELECTRONIC HEALTH RECORD (EHR) Version 1.1 Patch 10
Allergies

• Inactive signs/symptoms no longer selectable
• “Top 10” signs/symptoms are now displayed
• Synonyms for signs/symptoms now visible/searchable
• Reactivated allergies no longer require signature
• Imprecise dates for signs/symptoms now allowed
Allergies

“Top 10” signs above line, alphabetical list below line. List is editable in RPMS GMRA package.

Synonyms will show “main” name in brackets. Hover text when line is too long for window.

Imprecise date can be year or month/year.
Anticoag

- New component
- Stores data in V Anticoagulation file
- Data stored participates in Anticoag Best Practice Prompts and corresponding EHR Reminders
Anticoag
Anticoag Business Rules

• 1 Anticoag entry per visit allowed
• Edit only allowed in unlocked visit
• Delete not allowed until PCC updated for logical deletion
Consults

New Parameter: ORWOR SHOW CONSULTS

Parameter set to “NO”:

- The list of consults is not initially displayed on the note title screen, regardless of whether there are pending consults the user is able to resolve. Clicking a Consults-class title will still display the list of unresolved consults, if any.

*This leave behavior the same as with EHRp10*
Consults

New Parameter: ORWOR SHOW CONSULTS

Parameter set to “YES”:

• If there are unresolved consults for the user, the user is presented directly with the note title screen with the list of unresolved consults displayed.

• If there are no unresolved consults for the user, the list of consults is not displayed on the note title screen. Clicking a Consults-class title will still display the list of consults.

This changes the behavior and users will see the screens on the next slide
New Parameter: ORWOR SHOW CONSULTS set to YES
Consults

Sub-Services
Now prevents a service from becoming a sub-service anywhere within its own hierarchy. This will prevent the endless looping issue.

Reports
SH Service Consults Schedule-Management Report
LCR Consults Local Completion Rate
PM Consult Performance Monitor Report

View Details
May view details using right click from notes
Eyeglass Rx

- Entry of Eyeglass Rx
- Printing of Eyeglass Rx
- Health Summary object to display Eyeglass Rx \[delivered \text{in } BHSv1.0p7\]
- TIU object to display Eyeglass Rx \[delivered \text{in } TIUv1.0p1010\]
Eyeglass Rx
Eyeglass Rx Business Rules

• 1 or more Eyeglasses are allowed per visit
• Edit and Delete are allowed in unlocked visit
Graphing

• Enhanced graphing has been incorporated in the lab and reports tabs. This graphing requires the clinical indexes which are part of PXRM 1009. Once EHR 11 is installed, the site should build all the PXRM clinical indexes for graphing to work appropriately.

• Not all of the data sources that the VA graphs will be available at this time in the EHR. This is mainly due to differences between the two systems with different files and fields being utilized.
Graphing Set Up

• Build Clinical Indexes
  • This will enlarge your RPMS database
  • See PXRM 1.5 p1009 instructions on estimating global size of the indexes
  • See PXRM 1.5 p1009 instructions on building indexes

• Lab file must be indexed (PXRM Clinical Index) in order for Graphing to be displayed

• Additional indexes are required for additional graphing functionality
Graphing Set Up

Add ORWG GRAPHING to the ORWRP REPORT LIST parameter

ORWRP REPORT LIST may be set for the following:

2   User          USR    [choose from NEW PERSON]
3   Division      DIV    [choose from INSTITUTION]
4   System        SYS    [DEMO.MEDSPHERE.COM]
6   Package       PKG    [ORDER ENTRY/RESULTS REPORTING]

Enter selection:

4 System DEMO.MEDSPHERE.COM

----------- Setting ORWRP REPORT LIST for System:
DEMO.MEDSPHERE.COM -----------
Select Sequence: ?

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>ORRPW REPORT CATEGORIES</td>
</tr>
<tr>
<td>10</td>
<td>ORRP HEALTH SUMMARY</td>
</tr>
<tr>
<td>15</td>
<td>ORRP IMAGING</td>
</tr>
<tr>
<td>20</td>
<td>ORRP LAB STATUS</td>
</tr>
<tr>
<td>25</td>
<td>ORRP DAILY ORDER SUMMARY</td>
</tr>
<tr>
<td>30</td>
<td>ORRP ORDER SUM FOR A DATE RNG</td>
</tr>
<tr>
<td>35</td>
<td>ORRP CHART COPY SUMMARY</td>
</tr>
<tr>
<td>40</td>
<td>ORRP OUTPATIENT RX PROFILE</td>
</tr>
<tr>
<td>50</td>
<td>ORRPW DOD PCE OUTPT ENCOUNTER</td>
</tr>
<tr>
<td>55</td>
<td>BEHOEN VISIT SUMMARY1</td>
</tr>
<tr>
<td>60</td>
<td>BEHOEN VISIT SUMMARY2</td>
</tr>
<tr>
<td>90</td>
<td>ORWG GRAPHING &lt;&lt; add this one</td>
</tr>
<tr>
<td>95</td>
<td>BGO EYERX    &lt;&lt;&lt; consider adding this one as well</td>
</tr>
<tr>
<td>100</td>
<td>BEHOVM VITALS CUMM</td>
</tr>
</tbody>
</table>
# Graphing Types

<table>
<thead>
<tr>
<th>AVAILABLE</th>
<th>NOT AVAILABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGIES</td>
<td>ADMISSIONS</td>
</tr>
<tr>
<td>ANATOMIC PATHOLOGY</td>
<td>BLOOD BANK</td>
</tr>
<tr>
<td>BLOOD BANK LAB TEST</td>
<td>MEDICATION, BCMA (Not yet)</td>
</tr>
<tr>
<td>EXAMS</td>
<td>MENTAL HEALTH</td>
</tr>
<tr>
<td>HEALTH FACTORS</td>
<td>REGISTRATION OP/PROC</td>
</tr>
<tr>
<td>IMMUNIZATIONS</td>
<td>REGISTRATION DX</td>
</tr>
<tr>
<td>LAB TESTS</td>
<td>SURGERY</td>
</tr>
<tr>
<td>MEASUREMENTS</td>
<td>VISITS</td>
</tr>
<tr>
<td>MEDICATION, INPATIENT</td>
<td></td>
</tr>
<tr>
<td>MEDICATION, OUTPATIENT</td>
<td></td>
</tr>
<tr>
<td>MEDICATION, OUTSIDE</td>
<td></td>
</tr>
<tr>
<td>MICROBIOLOGY</td>
<td></td>
</tr>
<tr>
<td>NOTES</td>
<td></td>
</tr>
<tr>
<td>ORDERS</td>
<td></td>
</tr>
<tr>
<td>PATIENT EDUCATION</td>
<td></td>
</tr>
<tr>
<td>PROCEDURES</td>
<td></td>
</tr>
<tr>
<td>PROBLEMS</td>
<td></td>
</tr>
<tr>
<td>PURPOSE OF VISIT</td>
<td></td>
</tr>
<tr>
<td>RADIOLOGY EXAMS</td>
<td></td>
</tr>
<tr>
<td>SKIN TESTS</td>
<td></td>
</tr>
</tbody>
</table>
# What You See

<table>
<thead>
<tr>
<th>Data element</th>
<th>How displayed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions &amp; Visits</td>
<td>Horizontal bar for duration of visit</td>
</tr>
<tr>
<td>Events (i.e.. BCMA admin, exams, etc)</td>
<td>Triangle shape on horizontal axis</td>
</tr>
</tbody>
</table>
| Medication                          | Horizontal bar for duration from release date to end date  
- Outpatient meds: Med release date+total days supply=end date  
- Inpatient and Outside meds: if no stop date , graph will use current date  
  *** system had no way of knowing whether patient actually took medications so exercise caution when interpreting relationships based on medication graphs*** |
| Labs                                | Numeric results: Points on 2 axes (date/value) with lines connecting like items  
Non-numerical results: Points on horizontal axis. Does not connect like terms.                                                                                                               |
| Vitals                              | Points on 2 axes. (date/value) with lines connecting like items.                                                                                                                                     |
### Additional Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
</table>
| Graph settings           | - Default data displayed, display options (3D, dates, hints, etc), max graphs in display, max items, date range defaults for inpatient and outpatient  
  - May set personal default  
  - May set public default if you have permissions |
| Pre-defined views        | - Created using Select Items and Define Views dialog  
  - May be private or public views  
  - Personal lab groups you have created |
| Display options          | - Numerous: individual graphs, combined graphs for some data points, split views, 3D, zoom, etc          |
| Copy/Paste/Print/Export  | - Export to Excel  
  - Print  
  - Copy/paste |

23
Start Graphing

Viewing Graphs:
  Reports: “Graphing (local only)”
  *** CAC must place option
  Lab: “Graph” under lab results

Graph settings/definitions:
  Reports: “Graphing (local only)”
  *** CAC must place option
  Lab: “Graph” under lab results
  Tools: “Graph” tab
Main Display (lab tab)
Main Display (reports tab)

<table>
<thead>
<tr>
<th>Available Reports</th>
<th>Graphing (local only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Select multiple items using Ctrl-click or Shift-click.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Type</th>
<th>View</th>
<th>Classi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep E Adult</td>
<td>Immuniz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza [TIV, S]</td>
<td>Immuniz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap</td>
<td>Immuniz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ChlO</td>
<td>Lab Tests</td>
<td>Lab</td>
<td></td>
</tr>
<tr>
<td>Co2</td>
<td>Lab Tests</td>
<td>Lab</td>
<td></td>
</tr>
<tr>
<td>Creatinine</td>
<td>Lab Tests</td>
<td>Lab</td>
<td></td>
</tr>
<tr>
<td>Hgb A1C</td>
<td>Lab Tests</td>
<td>Lab</td>
<td></td>
</tr>
<tr>
<td>Potassium</td>
<td>Lab Tests</td>
<td>Lab</td>
<td></td>
</tr>
<tr>
<td>Glucose</td>
<td>Lab Tests</td>
<td>Lab</td>
<td></td>
</tr>
<tr>
<td>Sodium</td>
<td>Lab Tests</td>
<td>Lab</td>
<td></td>
</tr>
<tr>
<td>Lcreatinine</td>
<td>Lab Tests</td>
<td>Lab</td>
<td></td>
</tr>
<tr>
<td>Albumin</td>
<td>Measur...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP</td>
<td>Measur...</td>
<td></td>
<td></td>
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<tr>
<td>Brri</td>
<td>Measur...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HT</td>
<td>Measur...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2</td>
<td>Measur...</td>
<td></td>
<td></td>
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<tr>
<td>Fu</td>
<td>Measur...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FS</td>
<td>Measur...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMP</td>
<td>Measur...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WT</td>
<td>Measur...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>Medicat...</td>
<td>Drug</td>
<td></td>
</tr>
<tr>
<td>Cefotaxime IM</td>
<td>Medicat...</td>
<td>Drug</td>
<td></td>
</tr>
<tr>
<td>Dextrose 5% In</td>
<td>Medicat...</td>
<td>Drug</td>
<td></td>
</tr>
<tr>
<td>Albuterol Sulfate</td>
<td>Medicat...</td>
<td>Drug</td>
<td></td>
</tr>
<tr>
<td>Clopidogrel 75M</td>
<td>Medicat...</td>
<td>Drug</td>
<td></td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>Medicat...</td>
<td>Drug</td>
<td></td>
</tr>
<tr>
<td>Hydrocortisone</td>
<td>Medicat...</td>
<td>Drug</td>
<td></td>
</tr>
</tbody>
</table>
Select/Define
Settings
Individual Graphs - Vitals
Single Graph - Vitals
Event Type Graph
Medication Graph
Split Views
IMO - Inpatient Meds for Outpatient

• Order unit dose type medications for outpatient admin
• Injections for outpatient admin (not new)
• Orders tab display – oral meds, IM/SC injections
  • Service is “Clinic Orders”
• Orders tab display – IV’s
  • Service is “Infusions” (future patch this will be “Clinic Orders”)
• Med tab display:
  • Oral, injections, IV’s – “Inpatient”
Issues with IMO

- The intention of IMO is to process these medications from the Inpatient Pharmacy packages, so outpatient only sites would need to begin using the IV and UD pharmacy packages in order to use IMO. The inpatient sites might need to alter workload and workflow.

- BCMA for IMO: in the VA system IMO has sometimes caused problems with BCMA (not in use extensively in IHS yet but coming) when the patient is being admitted, and may require major workflow changes to use BCMA for outpatients not being admitted.
IMO - Inpatient Meds for Outpatient Set Up

Clinic Setup

Each clinic location needs to be defined as a site for IMO. Setup this field in Fileman.

Select OPTION: 1 ENTER OR EDIT FILE ENTRIES
Select HOSPITAL LOCATION NAME: EMERGENCY ROOM
ADMINISTER INPATIENT MEDS?: YES/
IMO - Inpatient Meds for Outpatient Set Up

Clinic Definition using Fileman

The clinic definition file 53.46 must be populated with the clinic name, as well as if IMO orders should be AUTO-DC’d and/or sent to BCMA.

**INPUT TO WHAT FILE:** PHARMACY SYSTEM// 53.46  CLINIC DEFINITION (1 entry)

**EDIT WHICH FIELD:** ALL//

Select CLINIC DEFINITION: EMERGENCY ROOM
CLINIC: EMERGENCY ROOM//
NUMBER OF DAYS UNTIL STOP:
AUTO-DC IMO ORDERS: YES
SEND TO BCMA?:

37
IMO - Inpatient Meds for Outpatient Set Up

Clinic Definition using Pharmacy

Alternately, this can be accomplished using the Unit Dose Medications menu. Navigate to Unit Dose Medications > Supervisor’s Menu > PARameters Edit Menu > Clinic Definition

Select PARameters Edit Menu Option: Clinic Definition
Select CLINIC: ADULT WALKIN
NUMBER OF DAYS UNTIL STOP: 1//
AUTO-DC IMO ORDERS: NO//
SEND TO BCMA?:
Select CLINIC:
IMO - Inpatient Meds for Outpatient Set Up

**Display Group**

ORWOR CATEGORY SEQUENCE may be set for the following:

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>System [DEMO.MEDSPHERE.COM]</td>
</tr>
<tr>
<td>10</td>
<td>Package [ORDER ENTRY/RESULTS REPORTING]</td>
</tr>
</tbody>
</table>

Enter selection: 8 System DEMO.MEDSPHERE.COM

Enter selection: **8 System**

Setting ORWOR CATEGORY SEQUENCE for Package: ORDER ENTRY/RESULTS REPORTING

Select Sequence: ?

---

**A good time to check and remove “Allergies” as if you see it. We no longer “order” allergies**
IMO - Inpatient Meds for Outpatient

<table>
<thead>
<tr>
<th>Service</th>
<th>Order</th>
<th>Duration</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Orders</td>
<td>IBUPROFEN TAB 800MG PO ONCE</td>
<td>Start: 09/18/12 15:00</td>
<td>Richards,S</td>
</tr>
<tr>
<td>Clinic Orders</td>
<td>ACETAMINOPHEN TAB 650MG PO ONCE</td>
<td>Start: 09/18/12 15:00</td>
<td>Richards,S</td>
</tr>
<tr>
<td>Consults</td>
<td>Social Services Cons Consultant's Choice</td>
<td>Start: 09/06/12 13:29</td>
<td>Richards,S</td>
</tr>
<tr>
<td>Consults</td>
<td>Behavioral Health Cons Bedside</td>
<td>Start: 09/06/12 13:35</td>
<td>Richards,S</td>
</tr>
</tbody>
</table>
Measurements

• Documentation of Qualifiers
• Documentation of O₂ flow rate and concentration
Measurements

Enter measurement then right click to bring up qualifier entry.
Notes

Actions Prevented on Note When Viewed from Consults Tab

- If a user was viewing a note on the Consults tab, CPRS did not allow any action to be taken on it from the Notes tab. Now, actions on the Notes tab will be prevented only if the note is actually being edited on the Consults tab. The reverse scenario was already working correctly.

TIU Parameter For More than One Discharge Summary Now Respected

- The TIU document parameter allowing or disallowing more than one note per visit was not being respected for documents in the Discharge Summary class on this tab. Until this version, only one document of the DISCHARGE SUMMARY class was allowed per admission, regardless of the value of the document parameter.

Progress note text search

- This feature searches the current list of notes to find all notes that contain the exact text that a user enters and then displays those notes in the tree view of the Notes tab.
- Available in the “View” menu
Notifications

Flagged OIs

Requires appropriate “Flagged OI...” notification checked (enabled) for the user

• ORB OI EXPIRING – INPT PR – Flag Items for INPT EXPIRING Prov Recip
• ORB OI EXPIRING – OUTPT PR – Flag Items for OUTPT EXPIRING Prov Recip
• ORB OI ORDERED – INPT PR – Flag Items for INPT ORDER Providr Recip
• ORB OI ORDERED – OUTPT PR – Flag Items for OUTPT ORDER Providr Recip
• ORB OI RESULTS – INPT PR – Flag Items for INPT RESULT Provid Recip
• ORB OI RESULTS – OUTPT PR – Flag Items for OUTPT RESULT Provid Recip

Medications Expiring – Inpatient

Requires “Medications Expiring – Inpt” notification checked (enabled) for the user
Renamed from “MEDICATIONS EXPIRING”

Medications Expiring – Outpatient

Requires “Medications Expiring – Outpt” notification checked (enabled) for the user

Important: Be aware that if the MEDICATIONS EXPIRING – OUTPT notification is turned on, there is the potential for a significant increase in the number of alerts generated.

Thoroughly examine the parameters that control the generation of this notification using the NOTIFICATION MGMT MENU options Enable/Disable Notifications, Set Default Recipient(s) for Notifications, and Set Provider Recipients for Notifications.

Anatomic Pathology Results

Requires set up of Anatomic Pathology package
Requires the user has “Anatomic Pathology Results” notification checked (enabled) for the user
Orders - General

New Features:

- OR Drug Order Cancelled bulletin
- If an order is unreleased and cancelled, it will no longer require d/c reason
- “One time” schedules no longer display on schedule selection for inpatient complex orders
- OR DC REASON LIST parameter enables CAC to sequence the list of d/c reasons that appear in EHR
- Reason for Flag displays when processing alert
- Reason for Flag field changed from free text to drop down with free text allowed that displays the standard reasons defined in OR FLAGGED ORD REASONS parameter
Orders - General

Fixes:
• Flagged order for clarification alerts fixed, not sending additional notifications
• Date range for orders corrected
• TIU objects used in Order Text field now wrap correctly
• Custom orders view now opens with current view settings shown
• Selected orders no longer deselect when right clicking an unselected order
• Leading zeros are now accepted in Orders and Quick Orders
• OR LAPSE ORDERS and OR LAPSE ORDERS DFLT parameters allow site to set unsigned orders to “lapsed” status after a site defined period of time
• Discontinued orders now respect the value for “Include in active orders” set in the Nature of Order file
Orders - Delayed

- Users can no longer simultaneously process patient’s movement and orders.
- When patient is discharged and all existing delayed events are cancelled, the system cancels the child orders as well.
- Child orders of complex orders now have location assigned.
Orders - Inpatient

• Instead of creating new orders for renewals, the system will extend the stop date of the order. The renewal date will continue to display on the orders tab and the original start date is available in the Detailed Display report.
• Schedules: free text is no longer allowed.
• Schedule of “Other” allows creation of non standard schedule.
• OR ADMIN TYPE HELP TEXT parameter enables site to enter text that displays as a tool tip on the Order dialog box’s Dosage tab and in Information box on the complex tab.
Orders - Inpatient

- Administration times are now visible when ordering meds so that providers can see when the meds will be given on a particular unit.
- Complex Orders have the admin times in each line of the order.
Orders - Inpatient

• Verbal orders:
  • Developers changed the EHR so that the original unsigned verbal order remains visible to the ordering provider when the order is edited in backdoor pharmacy while in an active status.
  • The action by the pharmacist creates a new order that should display on the Active orders display in the EHR.
  • The original order should remain on the Unsigned orders display in the EHR.
Orders - Infusion

- Name changed to “Infusion”
- Significant changes to Dialog
Orders - Infusion Quick Orders

New fields for IV quick orders

Select QUICK ORDER NAME: **PSJIV TEST INFUSION**
TYPE OF QUICK ORDER: **IV MEDICATIONS**
NAME: **PSJIV TEST INFUSION**
DISPLAY TEXT: **Test IV quick order**
VERIFY ORDER:
DESCRIPTION:
   No existing text
   Edit? NO/
ENTRY ACTION:
Type: ?
Choose from:
   C         Continuous
   I         Intermittent
Enter the infusion type for this order.

**Type: Continuous**
Solution: **NORMAL SALINE ??**
Enter a base solution for this order.
Solution: **NS20K**
   SODIUM CHLORIDE 0.9%/20 MEQ KCL-1000ML INJ,SOLN
Additive:
Route: **IV INTRAVENOUS**
Infusion Rate (ml/hr): 50

Enter the length of administrative time or total volume for IV fluid order followed by ML or CC for milliliters, L for liters, D for days, H for hours to set limitation. (Examples: 1500ML, 1000CC, 1L, 3D, or 72H)
This field is optional a value does not need to be entered.
**Limitation: [you can put 3D or 1000ML for example]**
Priority: ROUTINE/
Provider Comments:
   No existing text
   Edit? No/ (No)
------------------------------------------------------------------
Type: Continuous
Solution: **SODIUM CHLORIDE 0.9%/20 MEQ KCL-1000ML INJ,SOLN 1000 ml**
Route: **INTRAVENOUS**
Infusion Rate (ml/hr): 50 ml/hr
Priority: ROUTINE
------------------------------------------------------------------
Orders - Outpatient

- Delivered Clozapine requirements that do not apply to IHS
Orders - Outside

• Electronic signature is no longer required when discontinuing Non-VA (Outside) meds

• Non-VA meds may be used for Quick Orders using “Type of Quick Order” Non-VA Medications
Orders - Lab

• When discontinuing a complex order, provider must now sign all or none of the child orders after discontinue action.
Utilities

- **Orderable item validation utility**

  *CPRS Manager menu > CPRS Configuration (IRM) option > CPRS Clean-up utilities option > OI Orderable Items Records Validation [ORE ORDERABLE ITEMS VALIDATION]*

  - This utility will scan the ORDERABLE ITEM FILE record by record. This utility determines the following about the current ORDERABLE ITEM FILE record being processed:
    - Is the ID field null?
    - Is the source record IEN stored in the ID field null?
    - Is the source record package code stored in the ID field null?
    - Is the data stored in the ID field properly formatted?
    - Is the source record package code part of the current interface specification?
    - Is there a matching source record?
    - Is it currently flagged as active?

  - A temporary global is built tracking all of the above for a detailed report. Only an ORDERABLE ITEM FILE record passing all tests modified. At this point it will be flagged as inactive effective immediately.

  - The flagging of records in the ORDERABLE ITEM FILE # 101.43 without matching source records as inactive will prevent CPRS GUI from presenting them to the user as valid orderable items.
Utilities

• Lapsed order search
  
  "CPRS Manager Menu > CPRS Configuration (Clin Coordinator) option > LO Lapsed Order Search [OR LAPSED ORDERS]"

• Order Check Override Reason Report
  
  "CPRS Manager Menu > CPRS Configuration (Clin Coordinator) option > Order Checking Management Menu > Order Check Override Reason Report [ORK ORD CHK OVERRIDE REPORT]"
Utilities

• **Menu Management:**
  • Order menus can no longer be deleted, only inactivated
  • New options
    
    *CPRS Manager Menu > CPRS Configuration (Clinical coordinator) option*

    CS – Review Quick Orders for Inactive ICD9 Codes

    • This option may be run at any time to produce a report of Consult or Procedure quick orders that have a provisional diagnosis code that has been inactivated or will be inactivated in the future.

    • IHS in general does not make diagnoses required for consults and it does not do real procedure ordering.
Utilities

CPRS Manager Menu > CPRS Configuration (Clinical coordinator) option
MR – Medication Quick Order Report
• This option generates two Quick Order (QO) reports to assist in the evaluation of Med QOs that may need to be updated to accommodate the three new fields exported in CPRS GUI v27: Route, IV Type and Schedule.
• One report lists Med QOs that are contained in another entry such as an order menu, order set or reminder dialog. The other report lists Med QOs that are stand alone and are not included in another entry. These reports will be sent to you via Mailman.
Utilities

_CPRS Manager Menu > CPRS Configuration (Clinical coordinator) option_

CV – Convert IV Inpatient QO to Infusion QO

- This conversion utility enables users to convert IV quick orders set-up as Inpatient quick orders to Infusion quick orders. For each quick order, the conversion utility asks a series of questions to populate the minimum prompts needed to convert the quick order. Once the conversion is done, the user is placed into the Infusion quick order editor to add any values to the additional fields in the Infusion quick order, if needed.

- Possible conflicts at the time of conversion are displayed before entering the editor. An example of a conflict may be that the user should review the strength associated with the additive in the editor.
Orders - Radiology

- Reason for study field is new and required
- Clinical History field is now optional
Patient Ed

- You may now resize the pick list window
- Refusal tab updated
Patient Record Flags

• Create new note titles under the Patient Record Flag Cat II Document Class and update your flag description by populating each with the associated note title (See TIU 1010 instructions).

• Now you will be prompted in the EHR to associate any TIU Note in the Patient Record Flag Cat I and II document classes with a Patient Record Flag action.
Patient Record Flags

• Associating a note with a Patient Record Flag Action
• Each Patient Record Flag may have one note
Patient Record Flags

- Notes linked to flags are now available for display and will display if clicked.
Patient Record Flags

- Category 1 Flags appear in ORANGE and flash.
PHN - Level of Intervention

- Stores data in V PHN file

*Business rule:* Only 1 entry per visit
Quick Notes

• IF you have a consult that may be resulted and you select a quick note with an associated title, a selection window will appear.

• IF there is not a consult available OR you do not select a consult you will be asked if you wish to continue.
Refusals

- “Refusals” may now be entered for CPT codes
- “Refusals” are stored in the “Patient Refusals for Service/NMI” file which stores service types that were not provided to the patient and the following reasons why they were not provided:
  - DECLINED SERVICE;
  - NOT MEDICALLY INDICATED;
  - NO RESPONSE TO FOLLOWUP;
  - PROVIDER DISCONTINUED;
  - UNABLE TO SCREEN;
- These reasons are now exposed everywhere refusals are documented
Rx Print Templates

• Several Rx Print template fields added, some removed
  • Can pull in division address, city, state, zip, phone
  • Many other additions
• New “sample” formats delivered
  • Sites may want to export, save, and backup current templates.
  • If current templates use a field that is no longer available or has been renamed, that field will simply be removed from the template.
  • Sites may wish to review current templates against the full list of template changes prior to loading EHR p11.
• New print template categories to encompass Control categories III to V (abbreviated C35).
  • Order for Signature and Prescription
  • New parameter BEHORX PRINT QUEUE C35 CONTROLS whether the CIII-V “Order for Signature” automatically populates the “Print Queue” (depends on site policy).
Services

• Modifiers now use VA modifier file post code set versioning

• Historical Services – Surgical filter now only includes the items in the APCH HS MAJOR PROCEDURE CPTS taxonomies that is used for the IHS Health Summary Surgical History display
  • This is site editable in the IHS Health Summary Maintenance menu