RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reminders
(PXRM)

Patch 1005 National Reminder Setup

Version 1.5
September 2008

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico
## DOCUMENT REVISION HISTORY

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<tr>
<td>11/5/05</td>
<td></td>
<td>Added information on the national reminders included in Patch 1003</td>
</tr>
<tr>
<td>3/15/07</td>
<td></td>
<td>Added the information about dialogs for the national reminders</td>
</tr>
<tr>
<td>12/20/07</td>
<td></td>
<td>Added more data for updates</td>
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1.0 Introduction

CACS and site managers should install the national reminders together.

National Clinical Reminders and dialogs are being released together in a patch to the clinical reminders package. Patch 1005 contains:

- All the immunization reminders and their associated dialogs. These reminders run with the immunization forecaster and the results should be identical. Giving the immunizations will resolve the reminder.

- The clinical reminders and their associated dialogs that are used in the HEALTH SUMMARY MAINTENANCE reminders. Converting them over to clinical reminders will make them available to clinicians who are using the electronic health record and not relying on paper.

Site managers and clinical applications coordinators will need to review the manual pxrm_010m.doc, Clinical Reminders Managers Manual, for information on reminder setup.

Sites need to review the list of reminders that are being sent in the patch. This list is in the next section and details what turns the reminder on and what turns it off.

*If a site does not use the reminder (i.e., the site does not have a MICROALBUMIN test), PLEASE do not add those reminders to the EHR because they will always show up as being due.*

The steps for setup of national clinical reminders are:

1. Install the KIDS build. This build will only put the reminders and the dialogs into the Reminder Exchange file.

2. The clinical coordinator should manually install the reminders which the site uses using REMINDER EXCHANGE. A site might need to manually create taxonomies if there are errors in the sites ICD9 file.

3. Map the local terms to the REMINDER TERM file. Failure to do this will result in MANY reminders being due all the time.

4. Review all the reminders and determine which ones should be activated at a site.

5. Use the options to setup the Electronic Health Record to display the reminders. Sites can choose to activate the reminders just for specific individuals during a testing phase.

6. *If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab.*

The main reminders menu is called:

REMINDER CONFIGURATION and is found on the
RPMS-EHR CONFIGURATION MENU (BEHOMENU)

All setup is done from this menu.

<table>
<thead>
<tr>
<th>Reminder Configuration</th>
</tr>
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<tbody>
<tr>
<td>CFM  Reminder Computed Finding Management ...</td>
</tr>
<tr>
<td>DEF  Reminder Definition Management ...</td>
</tr>
<tr>
<td>DLG  Reminder Dialog Management ...</td>
</tr>
<tr>
<td>EXC  Reminder Exchange</td>
</tr>
<tr>
<td>INF  Reminder Information Only Menu ...</td>
</tr>
<tr>
<td>PAR  Reminder Parameters ...</td>
</tr>
<tr>
<td>RPT  Reminder Reports ...</td>
</tr>
<tr>
<td>SPO  Reminder Sponsor Management ...</td>
</tr>
<tr>
<td>TAX  Reminder Taxonomy Management ...</td>
</tr>
<tr>
<td>TRM  Reminder Term Management ...</td>
</tr>
<tr>
<td>TST  Reminder Test</td>
</tr>
</tbody>
</table>
2.0 Reminder Definitions

Besides, installing reminders and doing the setup so they appear in the EHR, reminder testing means checking each reminder with several patients to see if the reminder is working correctly.

2.1 Reminder Definition Menu (DEF)

This menu lets view, edit, and copy reminders.

A site cannot edit national reminders; they will not show up on the list. However, they can be viewed using the option RI.

<table>
<thead>
<tr>
<th>Reminder Definition Management</th>
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<tbody>
<tr>
<td>CPY</td>
</tr>
<tr>
<td>EDT</td>
</tr>
<tr>
<td>INQ</td>
</tr>
<tr>
<td>LST</td>
</tr>
</tbody>
</table>

2.1.1 Inquire about Reminder Definitions (INQ)

Choose the reminder and display the data.

IHS-ALCOHOL SCREEN                 No.  38
--------------------------------------------
Print Name:                   Alcohol Screen
Class:                        NATIONAL
Sponsor:
Review Date:
Usage:                        CPRS, DATA EXTRACT, REPORTS
Related VA-* Reminder:
Reminder Dialog:              IHS-ALCOHOL SCREEN 2007
Priority:
Reminder Description:
   Patients are screened annually for alcohol use starting at age 13
Technical Description:
Edit History:
   Edit date: Apr 24, 2008@10:33:40   Edit by:    HAGER,MARY G
   Edit Comments: Exchange Install
Baseline Frequency:
Do In Advance Time Frame: Do if DUE within 3 months
Sex Specific: Ignore on N/A:
Frequency for Age Range: 1 year for ages 13Y to 110Y
Match Text: No Match Text:
Findings:
  Finding Item: IHS-ALCOHOL SCREEN (FI(1)=RT(43))
  Finding Type: REMINDER TERM
  Use in Resolution Logic: OR
  Found Text: Not Found Text:
  Finding Item: IHS-ALCOHOL SCREEN (FI(3)=RT(76))
  Finding Type: REMINDER TERM
  Use in Resolution Logic: OR
  Finding Item: ALCOHOL SCREENING (FI(4)=EX(34))
  Finding Type: EXAM
  Use in Resolution Logic: OR
  Finding Item: IHS-ALCOHOL SCREEN 2007 (FI(5)=TX(59))
  Finding Type: REMINDER TAXONOMY
  Use in Resolution Logic: OR
General Patient Cohort Found Text:
  REMINDER DUE Patient is over 13 AND no alcohol screening or alcohol related diagnosis in the past year
  REMINDER ON if due within 3 months
General Patient Cohort Not Found Text:
General Resolution Found Text:
General Resolution Not Found Text:
Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
  (SEX) &(AGE)
Expanded Patient Cohort Logic:
  (SEX) &(AGE)
Default RESOLUTION LOGIC defines findings that resolve the Reminder:
  FI(1)!FI(3)!FI(4)!FI(5)
Expanded Resolution Logic:
  FI(IHS-ALCOHOL SCREEN)!FI(IHS-ALCOHOL EDUCATION)!FI(ALCOHOL SCREENING)!
  FI(IHS-ALCOHOL SCREEN 2007)
Web Sites:

2.1.2 Copy Reminder Definition (CPY)
You can copy a national reminder and then edit that reminder. **You cannot edit a national reminder.** This allows you to change the ages, frequencies, or findings.

Select Reminder Definition Management Option: **cpy  Copy Reminder Definition**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>A</td>
<td>All reminder details</td>
</tr>
<tr>
<td>G</td>
<td>General</td>
</tr>
<tr>
<td>B</td>
<td>Baseline Frequency</td>
</tr>
<tr>
<td>F</td>
<td>Findings</td>
</tr>
<tr>
<td>L</td>
<td>Logic</td>
</tr>
<tr>
<td>D</td>
<td>Reminder Dialog</td>
</tr>
<tr>
<td>W</td>
<td>Web Addresses</td>
</tr>
</tbody>
</table>

Select section to edit:

**NAME:** ALCOHOL SCREEN/

**PRINT NAME:** Alcohol Screen/

**CLASS:** LOCAL/

**SPONSOR:**

**REVIEW DATE:**

**USAGE:** */

**RELATED REMINDER GUIDELINE:**

**INACTIVE FLAG:**

**REMINDER DESCRIPTION:**

Patients are screened annually for alcohol use starting at age 13

**Edit? NO/**

**TECHNICAL DESCRIPTION:**

No existing text

**Edit? NO/**

**PRIORITY:**

Baseline Frequency

**DO IN ADVANCE TIME FRAME:** 3M/

**SEX SPECIFIC:**

**IGNORE ON N/A:**

Baseline frequency age range set

Select **REMINDER FREQUENCY:** 1Y/

**REMINDER MINIMUM AGE:** 13Y/

**MAXIMUM AGE:** 110Y/
AGE MATCH TEXT:
   No existing text
   Edit? NO//
AGE NO MATCH TEXT:
   Patient not in age range for alcohol screening
   Edit? NO//R FREQUENCY: 1Y//

Findings:
Choose from:
RT      ALCOHOL SCREEN

Select FINDING:

Patient Cohort and Resolution Logic

CUSTOMIZED PATIENT COHORT LOGIC (OPTIONAL):

GENERAL PATIENT COHORT FOUND TEXT:
   No existing text
   Edit? NO//

GENERAL PATIENT COHORT NOT FOUND TEXT:
   No existing text
   Edit? NO//

CUSTOMIZED RESOLUTION LOGIC (OPTIONAL):

GENERAL RESOLUTION FOUND TEXT:
   No existing text
   Edit? NO//

GENERAL RESOLUTION NOT FOUND TEXT:
   Edit? NO//

Reminder Dialog
LINKED REMINDER DIALOG: <- No dialogs for now

Web Addresses for Reminder Information
Select URL:

2.2 National Reminder Definitions – Immunization Reminders

2.2.1 IMMUNIZATION FORECASTER
This reminder is only used to run the forecaster. This reminder MUST be NUMBER 1 in the GUI. This reminder does NOT have an associated dialog.

2.2.2 IHS-HEP A ADULT
Immunization for adults

Cohort: all adults 18 to 100, determined by computed finding to check immunization forecaster

Resolution: Determined by a Hep A immunization in the immunization file
2.2.3 IHS-HEP B ADULT
Immunization for adults
Cohort: all adults 18 to 100, determined by computed finding to check immunization forecaster
Resolution: Documentation of a Hep B immunization in the immunization file

2.2.4 IHS-HIGH RISK FLU 2007
Adult Immunization
Frequency Every year
Cohort: Patients with high risk taxonomy of diseases and determined by checking the immunization forecaster
Resolution: Documentation of immunization in the immunization file and not appearing in the due list in the immunization forecaster

2.2.5 IHS-HIGH RISK PNEUMO 2007
Adult Immunization
Frequency One time
Cohort: Patients with high risk taxonomy of diseases and determined by checking the immunization forecaster.
Resolution: Documentation of immunization in the immunization file and not appearing in the due list in the immunization forecaster.

2.2.6 IHS-HPV IMMUNIZATION
Childhood and young adult immunization
Cohort – Determined by computed finding to check immunization forecaster; females only; ages 11 to 26
Resolution – Documentation of immunization in the immunization file

2.2.7 IHS-INFLUENZA IMMUNIZATION 2007
Yearly immunization for adults over 50
Frequency: yearly
Cohort: (1) Adult over 50 Determined by computed finding to check immunization forecaster.

Resolution: Documentation of an immunization in the immunization file

2.2.8 IHS- MENINGITIS IMMUNIZATION
One time immunization for those over 11

Cohort: Children and young adults over 11 and up to 25 determined by computed finding to check immunization forecaster.

Resolution: Documentation of an immunization in the immunization file

2.2.9 IHS-PED DT IMMUNIZATION
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: 6 months to 7 years

Resolution: Documentation of immunization in the immunization file

2.2.10 IHS-PED DTAP IMMUN
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: 6 weeks to 7 years

Resolution: Documentation of immunization in the immunization file

2.2.11 IHS-PED FLU 2007
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: 6m to 59 months

Resolution: Documentation of immunization in the immunization file

2.2.12 IHS-PED HEPA IMMUN
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: 24m to 18 years

Resolution: Documentation of immunization in the immunization file
2.2.13 IHS-PED HEPB IMMUN
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: Birth to 18 years

Resolution: Documentation of immunization in the immunization file

2.2.14 IHS-PED HIBTITER IMMUN
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: 6 weeks to 59 months. Use this or the PEDVAXHIB

Resolution: Documentation of immunization in the immunization file

2.2.15 IHS-PED MMR IMMUN
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: 12 mos to 18 years

Resolution: Documentation of immunization in the immunization file

2.2.16 IHS PED-PEDVAXHIB
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: 6 weeks to 59 months. Use this or the HIBTITER

Resolution: Documentation of immunization in the immunization file

2.2.17 IHS-PED PNEUMOCOCCAL CONJUGATE
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: 2 months to 60 months

Resolution: Documentation of immunization in the immunization file

2.2.18 IHS-PED POLIO IMMUN
Childhood immunization for IPV
Cohort: Determined by computed finding to check immunization forecaster, ages: 6 weeks to 10 years

Resolution: Documentation of immunization in the immunization file

2.2.19 IHS-PED ROTAVIRUS
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: 2mos to 14mos

Resolution: Documentation of immunization in the immunization file

2.2.20 IHS-PED VARICELLA IMMUN
Childhood immunization

Cohort: Determined by computed finding to check immunization forecaster, ages: 12 month to 18 years

Resolution: Documentation of immunization in the immunization file

2.2.21 IHS-PNEUMOVAX IMMUNIZATION
Immunization for the elderly

Cohort: Determined by computed finding to check immunization forecaster, ages: >65

Resolution: Documentation of immunization in the immunization file and not appearing in the due list in the immunization forecaster

2.2.22 IHS-TD IMMUNIZATION
Adult immunization

Frequency: Every 10 years

Cohort: Determined by computed finding to check immunization forecaster, ages 10 to 100

Resolution: Documentation of immunization in the immunization file and not appearing in the due list in the immunization forecaster.
2.3 National Reminders – Health Maintenance Reminders

2.3.1 IHS-ALCOHOL SCREEN 2007
Alcohol screening is done yearly. Users document the CAGE test health factors on the wellness tab of the EHR to indicate the screening was performed.

Frequency: Yearly

Cohort: Any person aged 13 and older

Resolved by: A reminder term consisting of the 4 health factors for the Cage test

Any one of those 4 health factors documented in the last year will turn the reminder off

A DX that indicates alcohol screening was done

Education codes that document alcohol education was done

Alcohol exam code

2.3.2 IHS-ALLERGY
Reminder checks to see if an allergy assessment has been done.

Frequency: Yearly

Cohort: Everyone

Resolved by an entry into the adverse tracking file or the allergy assessment file for this patient

2.3.3 IHS-ASTHMA PLAN
For patients with asthma, an active asthma plan should be documented in the asthma registry.

Frequency: Plan must be documented in the last 12 months

Cohort: Patients have a diagnosis using the ICD9 codes found in the reminder taxonomy for asthma

Resolution: A computed finding searching the asthma registry to see if a plan has been documented
2.3.4 IHS-ASTHMA PRIM PROV
Patients with asthma need a designated primary care provider

Frequency – one time Cohort: Patients have a diagnosis using the ICD9 codes found in the reminder taxonomy for asthma

Resolution: A computed finding searching to find a documented designated primary care provider

2.3.5 IHS-ASTHMA SEVERITY
Patient with asthma who are being seen frequently in clinic or and have respiratory difficulties should have their severity documented in the asthma registry

Cohort: Patients have a diagnosis using the ICD9 codes found in the reminder taxonomy for asthma

Resolution: This reminder is used in conjunction with the asthma management system. Taxonomies must be setup for the asthma package

If the severity of asthma has not been documented in PCC and this patient has had 3 or more asthma visits in the past 6 months or has a brochodilator/bronchodialtor inflammatory index of >.33 then the reminder will be due.

2.3.6 IHS-ASTHMA STEROIDS
Reminder checks for patients with asthma, respiratory difficulties and persistent severity who are not on steroids. Those patients can benefit from inhaled steroids.

Cohort: Patients have a diagnosis using the ICD9 codes found in the reminder taxonomy for asthma

Resolution: This reminder is used in conjunction with the asthma tracking package

Taxonomies must be setup in the asthma package:

1. If patient is on register and has a mild persistent, moderate persistent, or severe persistent severity documented and is not on inhaled steroids
2. If patient has had 4 or more fills of asthma medication which includes at least 1 bronchodilator and the bronchodilator/bronchiodilator inflammatory index >.
3. If patient has had 3 or more asthma visits in the past 6 months

2.3.7 IHS-BLOOD PRESSURE
Blood pressure needs to be checked regularly. If a patient has a BP > 139/89, it needs to be checked on every visit.
Frequency: Every 2 years from 2 until 21
Every year over 21
Every six months for patients with diabetes
Every visit if last SBP > 139 or DBP > 89

Cohort: Patients with a DX of hypertension are excluded unless they have diagnosis of Diabetes, then reminder is still due every 6 months.

Resolution: Blood pressure reading in the time allowed

2.3.8 IHS-COLON CANCER 2007
Patients need to be checked for colon cancer after the age of 50.

Frequency: Every 1 year if the result is from a fecal occult blood test
Every 5 years for a flexible sigmoidoscopy or a contrast barium enema
Every 10 years for a colonoscopy

Cohort: People over 50 unless they have a diagnosis of colon cancer

Resolution: Fecal occult blood test, sigmoidoscopy, barium enema or colonoscopy

2.3.9 IHS-DEPRESSION SCREEN 2007
This reminder is yearly for anyone over the age of 18, or any patient with diabetes or heart disease.

Frequency: Yearly

Cohort: Patients over 18; diagnosis of diabetes or heart disease

Resolution: ICD9 code for depression screen or Depression exam code or a refusal of the exam

2.3.10 IHS-DIAB ACE/ARB 2007
Patients with diabetes should be on an ACE or an ARB to help prevent heart disease

Frequency – Yearly

Cohort: Pts with DX of diabetes in the last 2 years

Resolution: Active prescription for an ACE or an ARB or allergy to both ACE and ARB medications

2.3.11 IHS-DIAB ASPIRIN 2007
Patients with diabetes should be on aspirin to help prevent heart disease
Cohort: Pts with DX of diabetes in the last 2 years
Resolution: Active prescription for aspirin or allergy to aspirin

2.3.12 IHS-DIAB DENTAL EXAM 2007
Patients with diabetes need a yearly dental exam

Frequency – yearly

Cohort: Pts with Dx of diabetes in the last 2 years.
Resolution: Dental Exam recorded from the exam file or ADA codes from dental taxonomy. The codes are taken from the APCH DM ADA EXAMS taxonomy.

2.3.13 IHS-DIAB EYE EXAM 2007
Patients with diabetes need a yearly dilated pupil eye exam every year to prevent retinopathy

Frequency: Yearly

Cohort: Pts with Dx of diabetes in the last 2 years
Resolution: Eye exam from the exam file or a CPT code for a fundoscopic eye exam

2.3.14 IHS-DIAB FOOT EXAM 2007
Patients with diabetes need to have their feet checked every year to prevent neuropathy

Frequency – yearly

Cohort: Pts with DX of diabetes in the last 2 years
Resolution: Diabetic foot exam from the exam file

2.3.15 IHS- DIAB HGBA1C 2007
Patients with diabetes needs a yearly lab HGBA1c to help keep their diabetes under control and prevent long term complications

Frequency – yearly

Cohort: Pts with DX of diabetes in the last 2 years
Resolution: Lab result for HgbA1c
2.3.16  IHS-DIAB MICROALBUMIN 2007
Patients with diabetes need urine microalbumin yearly to help prevent nephropathy
Frequency – yearly
Cohort: Pts with DX of diabetes in the last 2 years
Resolution: Lab test for microalbumin or Taxonomy for diabetic nephropathy

2.3.17  IHS-DOMESTIC VIOLENCE 2007
If a site wishes to turn this on, be aware that it will show up most women
Frequency: Yearly
Cohort: All women 15 to 40
Resolution: Documentation of domestic violence exam or domestic violence education codes or a refusal of the exam

2.3.18  IHS-HCT/HCT
Hematocrit or hemoglobin is checked at ages 1 and 4
Frequency – Every 3 years for ages 12mos to 5 years
Cohort: all children
Resolution: Lab results for HCT or HGB

2.3.19  IHS-HEAD CIRCUMFERENCE
Head circumference is checked with decreasing frequency in infants and children for growth and for diagnosis of hydrocephaly
Frequency:
  2 months for ages 1D to 6M
  6 months for ages 6M to 27M
Cohort: everyone in age group
Resolution: Vital measurement of head circumference documented

2.3.20  IHS-HEARING TEST
All children need a hearing test at age 4 before going to school
Frequency – One time at age 4 to 5
Cohort – all children between 4 and 5

Resolution - Measurement result for hearing test documented in computer

2.3.21 IHS-HEIGHT

Height is checked in decreasing frequency on infants and children to determine growth patterns.

Frequency: 2 months for ages 7D to 6M
6 months for ages 6M to 18M
1 year for ages 2Y to 18Y
Every 5 years for adult up to 50

Cohort: Everyone in age range

Resolution: Measurement result for height documented in computer

2.3.22 IHS-LIPID FEMALE

Frequency: Every 5 years
Every year if pt is diabetic

Cohort: Females 45 to 64 or females with diabetes

Resolution: Lab test for lipid profile including an LDL

2.3.23 IHS-LIPID MALE

Frequency: Every 5 years
Every year if diabetic

Cohort: Males 35 to 64 or males with diabetes

Resolution: Lab test for lipid profile including an LDL

2.3.24 IHS-MAMMOGRAM 2007

Mammograms done yearly on women to screen for breast cancer

Frequency - Yearly

Cohort: Women ages 50 to 70 unless they have had a bi-lateral mastectomy

Resolution: Radiology test results for mammogram
CPT codes for mammogram studies
Computed finding checking women’s health package for results
Refusal satisfies for one year
2.3.25  IHS-PAP SMEAR 2007
Pap smears done every 3 years on women to screen for cervical cancer
Frequency – Every 3 years
Cohort: Women 18 to 70 unless hysterectomy is documented
Resolution: CPT codes for pap smear
   Pap smear if it’s a lab result
   Computed finding to check women’s health for pap smear
   Refusal satisfies for 1 year

2.3.26  IHS-PPD
Tuberculosis test
Frequency: 7 years for ages 4 years to 12 years
Cohort: All children in that age range
Resolution: Documentation of a skin test in the computer

2.3.27  IHS-SENIOR HEIGHT
Seniors checked for height deceases due to osteoporosis
Frequency: yearly
Cohort: People 50 and older
   Every 2 years for ages 50 to 65.
   Yearly for those over 65
Resolution:  Documentation of measurement in the computer

2.3.28  IHS-TOBACCO SCREEN 2007
Yearly screening test for tobacco use
Frequency: yearly
Cohort: Those people 5 and older
Resolution: Documentation of health factors to determine smoking status
   Or documentation of education topics relating to tobacco use
   Or diagnosis relating to tobacco use
2.3.29 IHS-VISION EXAM
Childhood vision exam at age 7
Frequency – once
Cohort: Children ages 7 to 9
Resolution: Documentation of a visual screen (vital measurement) in the computer

2.3.30 IHS-WEIGHT
Weight is checked with deceasing frequency in children and adult.
In children it is a measure for growth and development
Frequency: 1 year for those 16 and older
       6 months for ages 6Y to 16Y
       3 months for ages 1Y to 6Y
       2 months for ages 6M to 12M
       7 days for ages 1D to 6M
Cohort: Everyone
Resolution: Documentation of weight in the computer
3.0 Reminder Taxonomy Management (TAX)

A site might need to make its own taxonomy if the import does not work.

A taxonomy is a selection of ICD0, ICD9, or CPT codes. The user inputs them from the starting code to the ending code. One taxonomy can have multiple selection lists of codes. There is a secondary file that stores every entry between the starting and ending codes. Therefore an error in any code in the interval could cause the install to fail. If a site has two entries of the same code or the computer cannot tell the difference between two codes, the install will fail.

3.1 Inquire about Taxonomy Item (INQ)

Below is the list for diabetes:

| NUMBER: 48
| IHS-DIABETES DX
| Brief Description: Codes for diabetes
| Class: NATIONAL
| Sponsor:
| Review Date:
| Edit History: Edit Date: SEPTEMBER 17, 2005 09:27 Edit By: HAGER,MARY G, Edit Comment: Exchange Install
| Patient Data Source: EN,PL
| Use Inactive Problems:
| ICD9 Codes:
| Range 250.00-250.90
| Code | ICD Diagnoses
| ---- | ---------------
| 250.00 | DM UNCOMPL/T-II/NIDDM,NS UNCON |
| 250.01 | DM UNCOMPL/T-I/IDDM,NS UNCONT |
| 250.02 | DM UNCOMPL/T-II/NIDDM,UNCONTR |
| 250.03 | DM UNCOMP T-I/IDDM,UNCONTR |
| 250.10 | DM KETOACI/T-II/NIDDM,NS UNCON |
3.2 Edit Taxonomy Item (EDT)

Choose edit to build a taxonomy.

NAME: IHS-PAP/
BRIEF DESCRIPTION: Codes for Pap Smears Replace

CLASS: LOCAL/
SPONSOR:
REVIEW DATE:

PATIENT DATA SOURCE: EN/
This is a list of comma separated patient data sources. You may use any combination of valid entries. Valid entries are:
IN - inpatient from PTF
INDXLS - inpatient DXLS diagnosis only
INPR - inpatient primary diagnosis only
EN - encounter PCE data
ENPR - encounter PCE data primary diagnosis only
PL - Problem List
RA - radiology CPT only

USE INACTIVE PROBLEMS:
INACTIVE FLAG:

ICD0 Range of Coded Values
Select ICD0 LOW CODED VALUE: 91.46/
  ICD0 LOW CODED VALUE: 91.46/
  ICD0 HIGH CODED VALUE: 91.46/
Select ICD0 LOW CODED VALUE:

ICD9 Range of Coded Values
Select ICD9 LOW CODED VALUE: V76.2/
  ICD9 LOW CODED VALUE: V76.2/
  ICD9 HIGH CODED VALUE: V76.2/
Select ICD9 LOW CODED VALUE:

CPT Range of Coded Values <- Multiple sets of CPT codes
Select CPT LOW CODED VALUE: Q0091/
  Answer with CPT RANGE OF CODED VALUES CPT LOW CODED VALUE
Choose from:
  88141
  Q0091
  88174

3.3 Taxonomies Used in Reminders

A reminder can use codes as part of the:

Cohort: diabetes codes for reminders due only for diabetics

Resolution: CPT codes to document a mammogram

Clinical reminders set up taxonomies to contain these codes. The taxonomies are part of the national reminders patches, but occasionally a taxonomy might not load because of a problem with the ICD9 file at a site.

If a site needs to create a taxonomy because of a problem with their ICD9 file, the list includes codes for immunizations.

3.3.1 Example

Start in the Reminder Manager menu. Choose Reminder Taxonomy Management (TAX)
Choose Reminder Taxonomy Management (TAX) on the Reminder Configuration screen.

Reminder Taxonomy Management

| CPY | Copy Taxonomy Item |
| EDT | Edit Taxonomy Item  |
| INQ | Inquire about Taxonomy Item |

Choose Edit Taxonomy Item (EDT) on the Reminder Taxonomy Management screen.

General Taxonomy Data
NAME: IHS-MAMMOGRAM
BRIEF DESCRIPTION: Mammogram codes
CLASS: VISN
SPONSOR:
REVIEW DATE:
PATIENT DATA SOURCE: EN, PL
USE INACTIVE PROBLEMS:
INACTIVE FLAG:

ICD0 Range of Coded Values
Select ICD0 LOW CODED VALUE: 87.36
ICD0 HIGH CODED VALUE: 87.36
Select ICD0 LOW CODED VALUE: 87.37
ICD0 HIGH CODED VALUE: 87.37
If low and high are the same, one code is Stored

Select ICD9 LOW CODED VALUE: V76.11
ICD9 HIGH CODED VALUE: V76.12
Select ICD9 LOW CODED VALUE:

Select CPT LOW CODED VALUE: 76090
CPT HIGH CODED VALUE: 76092

3.3.2 IHS-ALCOHOL SCREEN 2007

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### 3.3.4 IHS-BLOOD PRESSURE

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### 3.3.5 IHS-COLON CANCER 2007

This reminder has multiple taxonomies.

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### IHS-COLONOSCOPY 2007

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### IHS-FECAL OCCULT LAB TEST

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### 3.3.6 IHS-DEPRESSION SCREEN 2007

#### IHS-DEPRESSION SCREEN HI

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</table>

### IHS-DIABETES DX 2007

<table>
<thead>
<tr>
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<th>ICD9 Range</th>
<th>ICD0 Range</th>
<th>CPT Range</th>
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<tbody>
<tr>
<td>IHS-DIABETES DX 2007</td>
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</table>
IHS-DIABETES DX 2007
250.00   250.93

IHS-ISCHEMIC HEART DISEASE 2007

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<th>CPT RANGE</th>
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</table>

3.3.7 ALL DIABETES REMINDERS

IHS-DIAB ACE/ARB 2007
IHS-DIAB ASPIRIN 2007
IHS-DIAB DENTAL EXAM 2007
IHS-DIAB EYE EXAM 2007
IHS-DIAB FOOT EXAM 2007
IHS-DIAB HGBA1C 2007
IHS-DIAB MICROALBUMIN 2007

IHS-DIABETES DX 2007

<table>
<thead>
<tr>
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<th>CPT RANGE</th>
</tr>
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<tbody>
<tr>
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</table>

3.3.8 IHS-DIAB EYE EXAM 2007

IHS-FUNDOSCOPIC EYE CODES 2007

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3.3.9 IHS-DIAB DENTAL EXAM 2007

IHS-DENTAL CODE

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3.3.10 IHS-DIAB MICROALBUMIN
IHS-DIABETIC NEPHROPATHY

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<tbody>
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IHS-END STAGE RENAL DISEASE

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<tr>
<td>585.5</td>
<td>585.6</td>
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<td>V45.1</td>
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3.3.11 IHS-DOMESTIC VIOLENCE 2007
IHS-DOMESTIC VIOLENCE 2007

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</thead>
<tbody>
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3.3.12 IHS-HIGH RISK FLU 2007

We STRONGLY recommend that the site create this taxonomy first.

Make sure it is named IHS-HIGH RISK FLU 2007

<table>
<thead>
<tr>
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</table>
3.3.13 **IHS-HIGH RISK PNEUMO 2007**

We STRONGLY recommend that the site create this taxonomy first.

Make sure it is named IHS-HIGH RISK PNEUMO 2007

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3.3.14 **IHS-MAMMOGRAM 2007**

**IHS-MAMMOGRAM 2007**

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### IHS-BILATERAL MASTECTOMY

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<td>85.42     85.42     19180     19180</td>
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<td>85.44     85.44     19200     19200</td>
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### 3.3.15 IHS-PAP SMEAR 2007

#### IHS-PAP

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<td>HIGH</td>
<td>LOW</td>
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<tr>
<td>V76.2      V76.2     91.46    91.46      88141     88167</td>
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<tr>
<td>V76.49     V76.49                        Q0091     Q0091</td>
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### 3.3.16 IHS-PPD

#### IHS-TB/POS PPD

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<th>CPT RANGE</th>
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### 3.3.17 IHS-TOBACCO SCREEN 2007

**IHS-TOBACCO USE 2007**

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<th>CPT RANGE</th>
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<td>V15.82</td>
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</table>
4.0 Reminder Term Management (TRM)

Reminder terms are very similar to taxonomies except that they involve other files such as drugs, labs, exams, immunizations, etc. The reminder terms for immunizations are populated, but a site might need to add other immunizations, if necessary, when using immunizations that are not standard.

<table>
<thead>
<tr>
<th>Reminder Term Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPY Copy Reminder Term</td>
</tr>
<tr>
<td>EDT Reminder Term Edit</td>
</tr>
<tr>
<td>INQ Inquire about Reminder Term</td>
</tr>
</tbody>
</table>

4.1 Inquire about Reminder Term (INQ)

Review the term first.

REMEMDER TERM INQUIRY September 18, 2005 2:17:20 pm
Page 1
-------------------------------------------------------------------------------
IHS-HGBA1C                                                     No.67
----------------------------------------------------------------------------
Class:                  VISN   
Sponsor: 
Date Created: 
Review Date: 
Description: The lab tests at a site that are the hemoglobin A1c test
Edit History: Edit Date: NOV 11,2004  11:50       Edit By: HAGER,MARY G
Edit Comments:
Findings: <- The findings will be blank

4.2 Reminder Term Edit (EDT)

Select Reminder Term Management Option: te Reminder Term Edit

Select Reminder Term: IHS-HIBTITER IMMUNIZATION VISN
...OK? Yes// (Yes)

NAME: IHS-HIBTITER IMMUNIZATION//
CLASS: VISN//
REVIEW DATE:
DESCRIPTION: Hibtiter from the vaccination file

Edit? NO//

Select FINDING ITEM: IM.HIB
**** ENTER THE NAME OF THE IMMUNIZATION THAT IS A HIBTITER AT YOUR SITE ****
The choices for reminder terms are:

You may enter a new FINDINGS, if you wish
Enter a new finding item
Enter one of the following:
  DR.EntryName to select a DRUG
  ED.EntryName to select a EDUCATION TOPIC
  EX.EntryName to select an EXAM
  HF.EntryName to select a HEALTH FACTOR
  IM.EntryName to select an IMMUNIZATION
  LT.EntryName to select a LABORATORY TEST
  MT.EntryName to select a MEASUREMENT TYPE
  OI.EntryName to select an ORDERABLE ITEM
  RP.EntryName to select a RADIOLOGY PROCEDURE
  CF.EntryName to select a REMINDER COMPUTED FINDING
  TX.EntryName to select a REMINDER TAXONOMY
  ST.EntryName to select a SKIN TEST
  DC.EntryName to select a VA DRUG CLASS
  DG.EntryName to select a VA GENERIC
  VM.EntryName to select a VITAL MEASUREMENT
  MEA.EntryName to select a MEASUREMENT TYPE

Important: If there is more than one test that will satisfy the reminder, enter each one!!!

<table>
<thead>
<tr>
<th>FINDING ITEM: HIB, NOS//</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVE PERIOD:</td>
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<tr>
<td>USE INACTIVE PROBLEMS:</td>
</tr>
<tr>
<td>WITHIN CATEGORY RANK:</td>
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<tr>
<td>EFFECTIVE DATE:</td>
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<tr>
<td>MH SCALE:</td>
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<tr>
<td>RX TYPE:</td>
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<tr>
<td>Select FINDING ITEM:</td>
</tr>
<tr>
<td>Input your edit comments.</td>
</tr>
<tr>
<td>Edit? NO//</td>
</tr>
</tbody>
</table>

4.3 Reminder Terms in National Reminders

Reminder terms can map to several files in RPMS. In many cases, the term can be created and sent nationally since each site will have the indicated items. An example is Health Factors, where each Indian Health facility has the same health factors.

However for some items, such as lab tests and drugs, each site can have different tests because there is no national standard. Sites therefore must MAP their local lab tests to the reminder terms. Below is a listing of the reminders terms sent in patch 1005 that need to be mapped and an example of how to do the mapping.

4.3.1 IHS-ALCOHOL EDUCATION

Used in the IHS ALCOHOL SCREEN 2007 reminder
Review Date:
Description:

CD-COMPLICATIONS
CD-DIET
CD-DISEASE PROCESS
CD-NUTRITION
CD-PATIENT LITERATURE
CD-PREVENTION
CD-EXERCISE
CD-FOLLOW-UP
CD-MEDICATIONS
AOD-COMPLICATIONS
AOD-CONTINUUM OF CARE
AOD-CULTURAL/SPRITUAL ASPECTS OF HEALTH
AOD-DISEASE PROCESS
AOD-EXERCISE
AOD-PATIENT INFORMATION LITERATURE
AOD-LIFESTYLE ADAPTATIONS
AOD-MEDICATIONS
AOD-MEDICAL NUTRITION THERAPY
AOD-NUTRITION
AOD-PREVENTION
.. AOD-PLACEMENT
AOD-SCREENING
AOD-STRESS MANAGEMENT
AOD-TESTS
AOD-WELLNESS
CD-HOME MANAGEMENT
CD-LIFESTYLE ADAPTATIONS
CD-SCREENING
CD-STRESS MANAGEMENT
CD-TESTS

Findings:

Enter any additional or local education topics your site uses to satisfy alcohol education.

4.3.2 IHS-ALCOHOL SCREEN
Used in the IHS ALCOHOL SCREEN 2007 reminder

NAME: IHS-ALCOHOL SCREEN//
CLASS: VISN//
REVIEW DATE:
DESCRIPTION:
   No existing text
   Edit? NO//
Findings;;;
   Choose from:
   CAGE 0/4
   CAGE 1/4
   CAGE 2/4
   CAGE 3/4
   CAGE 4/4
4.3.3  **IHS-ASPIRIN**

Used in the IHS DIAB ASPIRIN 2007 reminder

Sites should feel free to enter the whole generic drug of aspirin if they prefer. This would eliminate entering each drug individually.

```
Class:         VISN
Date Created:  
Sponsor:      
Review Date:   
Description:   
Findings:      ASPIRIN 81 MG TAB
                ASPIRIN 81 MG TAB CHEWABLE
Enter the names of the aspirin products that would satisfy the reminder or Use the generic drug term for aspirin to include all aspirin types
```

4.3.4  **IHS-ACE/ARB**

Used in the IHS DIAB ACE/ARB 2007 REMINDER

Sites should feel free to add any different drugs they want, or they can delete the drug classes and enter individual drugs or the VA generic drug if desired.

```
NAME: IHS-ACE/ARB//
CLASS: VISN//
REVIEW DATE: 
DESCRIPTION: 
Groupings of ace/arb drugs
  Edit? NO//
Select FINDING ITEM: CV805// ?
  CV805
  CV800
```

4.3.5  **IHS-DOMESTIC VIOLENCE EDUCATION**

Used in the IHS DOMESTIC VIOLENCE 2007 reminder

```
Class:         VISN
Date Created:  
Sponsor:      
Review Date:   
Description:   
Findings: 
V-DISEASE PROCESS
DV-FOLLOW-UP
DV-PATIENT LITERATURE
DV-PREVENTION
DV-SAFETY & INJURY PREVENTION
DV-TREATMENT
DV-PSYCHOTHERAPY
Enter the names of the education topics your site uses in domestic violence education
```
4.3.6  IHS-FECAL OCCULT BLOOD
Used in the IHS-COLON CANCER 2007 reminder

NAME: IHS-FECAL OCCULT BLOOD  Replace
CLASS: VISN//
REVIEW DATE:
DESCRIPTION:
   No existing text
   Edit? NO//
Select FINDING ITEM: ?

Enter the name of the lab test that is used for fecal occult blood testing.

4.3.7  IHS-HCT/HGB
Used in the IHS-HCT/HGB reminder

Class:         VISN
Date Created:
Sponsor:
Review Date:
Description:
Findings:      HEMOGLOBIN (FI(1)=LT(3))
               HCT (VENOUS) (FI(2)=LT(4))
Enter the names of the HGB and HCT test(s) used at the site to satisfy the
reminder

4.3.8  IHS-HGBA1C
Used in the IHS-DIAB HGBA1C 2007 reminder

Class:         VISN
Date Created:
Sponsor:
Review Date:
Description:   The lab tests at a site
               that are the hemoglobin A1C test
Findings:      HEMOGLOBIN A1C (FI(1)=LT(97))
Enter the name of the HGBA1C test used at the site

4.3.9  IHS-LIPID LAB TESTS
Used in the IHS-LIPID FEMALE and IHS-LIPID MALE reminders

Class:         VISN
Date Created:
Sponsor:
Review Date:
Description:
Findings:      CHOLESTEROL (FI(1)=LT(183))
               LIPID PANEL (FI(2)=LT(999068))
               LIPID PANEL W/ LDL-D (FI(3)=LT(9999059))
               LDL CHOLESTEROL (FI(4)=LT(901))
Enter the name of the lipid tests that will satisfy this reminder. There
will probably be several tests included here. The list above is an example
4.3.10  **IHS-MAMMOGRAM TERMS**  
Used in the IHS-MAMMOGRAM 2007 reminder

- **Class:** VISN  
- **Date Created:**  
- **Sponsor:**  
- **Review Date:**  
- **Description:**  
- **Findings:** MAMMOGRAM BILAT (FI(1)=RP(436))  
  SCREENING MAMMOGRAM (FI(2)=RP(657))  
  MAMMOGRAM UNILAT (FI(3)=RP(435))  

Enter the names of the radiology exams that will satisfy the mammogram reminder.

4.3.11  **IHS-MICROALBUMIN**  
Used in the IHS-DIAB MICROALBUMIN 2007 reminder

- **Class:** VISN  
- **Date Created:**  
- **Sponsor:**  
- **Review Date:**  
- **Description:** The lab tests used at a site to resolve the microalbumin reminder  
- **Findings:** PROTEIN (URINE) (FI(1)=LT(149))  
  MICRO-ALBUMIN (FI(2)=LT(9003))

If the site does a microalbumin, enter the lab tests. DO NOT add this reminder to the list in the GUI or inactivate this reminder IF the site does not have a microalbumin test.

4.3.12  **IHS-PAP SMEAR**  
Used in the IHS-PAP SMEAR 2007 reminder

- **Class:** VISN  
- **Date Created:**  
- **Sponsor:**  
- **Review Date:**  
- **Description:**  
- **Findings:** Only enter a finding here if the site has defined pap smear as a lab test

4.3.13  **IHS-TOBACCO SCREEN EDUCATION TOPICS**  
Used in the IHS-TOBACCO SCREEN 2007 reminder

NAME: IHS-TOBACCO SCREEN EDUCATION TOPICS Replace  
CLASS: LOCAL//  
REVIEW DATE:  
DESCRIPTION: Tobacco screening education topics

Edit? NO//  
Select FINDING ITEM: Choose from:
4.3.14  IHS-TOBACCO SCREEN HF 2007

Used in the IHS-TOBACCO SCREEN 2007 reminder

NAME: IHS-TOBACCO SCREEN HEALTH FACTORS  Replace
CLASS: LOCAL//
REVIEW DATE:
DESCRIPTION:
All health factors and education topics that encompass a tobacco screen

Edit? NO//
Select FINDING ITEM: CESSATION-SMOKELESS// ?
Answer with FINDINGS FINDING ITEM
Do you want the entire 11-Entry FINDINGS List? Y  (Yes)
Choose from:
CEREMONIAL USE
SMOKER IN HOME
SMOKE FREE HOME
CURRENT SMOKER & SMOKELESS
CESSATION-SMOKELESS
CESSATION-SMOKER
NON-TOBACCO USER
CURRENT SMOKER
EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE
CURRENT SMOKELESS
PREVIOUS SMOKER
PREVIOUS SMOKELESS
5.0 Reminder Exchange

The instructions below are on how to install the national reminders. Installation of patch 1005 will put the reminders into the REMINDER EXCHANGE file. The clinical application coordinator should then install them using REMINDER EXCHANGE.

5.1 Install the Reminder

Start in the Reminder Configuration menu. Choose Reminder Exchange (EXC)

```
Figure 5-1: Sample Clinical Reminder Exchange

The reminder should be visible in exchange. Use IFE – Install Exchange File Entry. Enter the number of the DTAP IMMUNIZATION to install.

Select Action: (IFE/DFE/IH): IFE/
```
Two choices, IA or IS. Choose IA to install all components.

As you install, you will be asked what you want to do about all the elements in this reminder. If the item exists on your system, the default will be to skip installing it again. If it is new, the default is to install it.

Take all the defaults as you load the reminder unless you have loaded a previous version of reminders. Then, always re-install the reminder itself.

EXAMPLE: Computed finding already exists on the system.

COMPUTED FINDING entry IHS-DTAP already EXISTS, what do you want to do?

Select one of the following:

C Create a new entry by copying to a new name
I Install or Overwrite the current entry
Q Quit the install
S Skip, do not install this entry

Enter response: S//

EXAMPLE: NEW REMINDER TERM

REMINDER TERM entry IHS-DTAP IMMUN is NEW, what do you want to do?

Select one of the following:

C Create a new entry by copying to a new name
I Install or Overwrite the current entry
Q Quit the install
S Skip, do not install this entry

Enter response: I//
5.2 Install the Dialog

The second part is to install the dialog pieces. At the top left, the computer tells you that you are looking at the Dialog Components. Choose IA: Install ALL.

![Figure 5-3: Sample Dialog Components Screen](image)

One of the prompts will often ask you which reminder to which to attach the dialog.

The dialogs and the reminders have the same name so they can be easily linked.

After installing, make sure that there is an X under the Exists column on the screen.

5.3 Objects in the Dialog

Several of the imported dialogs have TIU objects in them to display data to the users.

These have been included in TIU patch 1003. If this patch is not loaded, the install will ask you for the names of your local objects to replace the ones in the national reminder. Make sure that this patch is installed before you load the reminders. The objects included are:

```
BPXRM ALCOHOL SCREEN  A
BPXRM BP                A
BPXRM CAGE TEST         A
BPXRM DENTAL EXAM       A
BPXRM DEPRESSION SCREEN A
BPXRM DIABETIC EYE      A
BPXRM FOOT EXAM         A
BPXRM HEAD CIRCUMFERENCE A
BPXRM HEIGHT            A
BPXRM HGB AND HCT       A
```
The site will need to create the following MEDICATION objects to use the dialogs for Diabetes reminders. If you do not have these objects, you will need someone with programmer access to use the Copy Function in TIU objects to create these objects.

LAST MED CLASS ACEI (Use the copy function for LAB MED CLASS (SAMPLE) then replace “DRUG CLASS” with CV800

LAST MED CLASS ARB (Use the copy function for LAB MED CLASS (SAMPLE), then replace the “DRUG CLASS” with CV850

LAST ASPIRIN (Use the copy function for LAB MED (SAMPLE), then replace the “DRUG NAME” with ASPRIN.

Don’t forget to make the object ACTIVE before you use it.

5.4 Quick Orders in Dialogs

Several of the dialogs allow the user to order a lab test, one orders a medication and one orders a mammogram. When you are installing the dialogs, the computer will ask you to replace the “quick order” that comes in the reminder with one at your site unless you have a quick order with the same name. Make sure you have quick orders for these items already created when you load the reminder.

If not, you can choose to either exit installing the dialog or just not install that dialog element. If your site does not do mammograms, that would be the correct choice.

The quick orders included in this build:

<table>
<thead>
<tr>
<th>LRZ LIPID PROFILE</th>
<th>LRZ HGB&amp;HCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LRZ HGBA1C</td>
<td>LRZ MICROALBUMIN</td>
</tr>
<tr>
<td>RAZ MAMMOGRAM</td>
<td>PSOZ ASPIRIN (EC) 81MG DAILY</td>
</tr>
<tr>
<td>GMRAOR ALLERGY ENTER/EDIT</td>
<td></td>
</tr>
<tr>
<td>ORZ EYE APPOINTMENT</td>
<td></td>
</tr>
<tr>
<td>GMRCZ TOBACCO CESSATION</td>
<td></td>
</tr>
</tbody>
</table>

5.5 Activate the dialog

All dialogs are inactive if they are loaded in reminder exchange.
It is important to remember to activate the dialog before using it in the EHR.

Reminder Configuration

| CFM | Reminder Computed Finding Management ...
| DEF | Reminder Definition Management ...
| DLG | Reminder Dialog Management ...
| EXC | Reminder Exchange
| INF | Reminder Information Only Menu ...
| PAR | Reminder Parameters ...
| RPT | Reminder Reports ...
| SPO | Reminder Sponsor Management ...
| TAX | Reminder Taxonomy Management ...
| TRM | Reminder Term Management ...
| TST | Reminder Test

5.5.1 Reminder Dialog Management (DLG)

The Reminder Dialog Management options are:

Reminder Dialog Management

| DLG | Reminder Dialogs
| PAR | Dialog Parameters ...

5.5.2 Reminder Dialogs (DLG)

Choose CV and then Choose D for dialogs
Choose the number of the item you wish to edit.

1. Select the dialog. It will say Disabled instead of Linked.
2. Choose ED (Edit/Delete Dialog).
3. The second prompt will have: DISABLE: DISABLED IN EXCHANGE Replace.
4. Enter @ to delete this and say YES when it asks SURE YOU WANT TO DELETE?

5. Then you can use the ^ to quit editing. The dialog should now say Linked.

### 5.5.3 Dialog Doesn’t Link Automatically

If you see a NONE under the source reminder after uploading from reminder exchange, follow these steps

1. Enter the number of the reminder to edit
2. Type E to edit the reminder at the “Select Item” prompt (as shown below).

```
Select Sequence: Next Screen// e   Edit/Delete Dialog
NAME: IHS-ALCOHOL SCREEN//
```
3. Remove the DISABLE data (as shown below)

```
DISABLE: DISABLED IN EXCHANGE  Replace @
SURE YOU WANT TO DELETE? Yes
```
4. Enter the Source Reminder – Reminders and dialogs have the same name (as shown here).

```
CLASS: LOCAL//
SPONSOR: 
REVIEW DATE: 
SOURCE REMINDER: IHS-ALCOHOL SCREEN
```
6.0 National Reminder Dialogs

6.1 Immunization Dialogs

The dialogs for all the immunizations are the same, the only difference being the name of the immunization. The example below is what you should see if using an immunization dialog.

This is the standard dialog. The first check box is to document the immunization.

The second checkbox is to document education done during this visit.

![Image of Immunization Dialog]

* Indicates a Required Field

Figure 6-1: Sample Reminder Resolution - Check the Second Checkbox

The first dialog shows the prompts for documenting an immunization done at the site (shown below).
The second dialog is for documenting an immunization done at somewhere else (shown below).
Figure 6-3: Sample Reminder Resolution Screen Showing Documenting Somewhere Else
The third dialog is for a refusal (shown below).

![Reminder Resolution Screen showing a Refusal]

### 6.2 Alcohol Screen

The alcohol dialog has room for the CAGE test, the screening Exam, Alcohol education, or a refusal (shown below).
6.3 Allergy Reminder

The allergy reminder only displays if a person has not had an allergy assessment done. The dialog informs users to enter the allergy and/or assessment.
6.4 Asthma Reminder(s)

All asthma reminders are resulted in the asthma package. The reminder dialog is only for information about what caused the reminder to appear.
6.5 Vital Sign Dialogs

The vital sign dialogs are essentially all the same. The dialogs are for blood pressure, head circumference, hearing test, height, senior height, vision and weight.

The blood pressure reminder can be resulted by entering a BP (as shown below).

![Reminder Resolution: Blood Pressure]

Figure 6-8: Sample Blood Pressure Reminder Resolution

6.6 Diabetic – Ace Inhibitors

This is information only. A site could easily ADD a quick order menu of medications that could be ordered while in this dialog. It will be up to the site to create this menu since every site has different medications on its formulary.
6.7 Diabetic – Aspirin

This dialog is attached to a quick order for aspirin. The medication can be ordered after clicking Finish on the dialog. Below is an example of a medication quick order.

Figure 6-9: Sample Reminder Resolution for DM ACE/ARB

Figure 6-10: Sample Medication Quick Order
6.8 Exams

The exam dialogs are depression screen, intimate partner violence, diabetic dental, diabetic foot exam and diabetic eye exam.

These exam dialogs are the same. The exam is documented as either done at this encounter or done elsewhere.
6.9 Lab Dialogs

Lab dialogs are for lipid, hgb&hct, hgba1c and microalbumin. They are all the same. The dialog is attached to a quick order for the lab test which can be ordered when the FINISH button is pressed.
6.10 Colon Cancer

This is an information-only dialog informs the user how to resolve this reminder.
6.11 Mammogram

The mammogram dialog does contain a quick order to order the mammogram. If the site does not order mammograms in the computer, this element should be deleted or removed (shown below).
6.12 Pap Smear

The pap smear dialog is information only telling the user how to resolve the reminder.

![Sample Reminder Resolution for Pap Smear](image)

*Figure 6-17: Sample Reminder Resolution for Pap Smear*
6.13  PPD

![Sample Reminder Resolution for PPD](image)

6.14  Tobacco Screen

The tobacco screen contains data about the patient, the environment, and education that was done about smoking cessation (shown below).
**Reminder Resolution: Tobacco Screen**

Tobacco screening should be done yearly.

Last tobacco screen: Last TOBACCO H7: CESSATION-SMOKER - Jul 15, 2008

**Tobacco use screen**

- Patient reports no history ever of tobacco use.
- Patient reports current or history of tobacco use
  - Patient uses tobacco currently
    - Patient is a current smoker
    - Patient currently uses smokeless tobacco
    - Patient currently is a smoker & uses smokeless tobacco.
  - Patient quit using tobacco < 6mos ago
    - Patient has stopped smoking in the last 6 mos
    - Patient has stopped using smokeless tobacco in the last 6 mos.
  - Patient quit using tobacco products > 6 mos ago
    - Patient stopped smoking over 6 mos ago.
    - Patient stopped using smokeless tobacco over 6 mos ago.
    - Tobacco cessation Education and Interventions

- Tobacco in environment.
  - Patient lives in a smoke free home
  - Smoker in home
  - Patient is exposed to smoke in work environment.

* Indicates a Required Field

**CLINICAL REMINDER ACTIVITY**

- Tobacco Screen:
  - Tobacco use screen
  - Patient reports current or history of tobacco use

<No encounter information entered>

Clear  Clinical Maint  < Back  Next >  Finish  Cancel

*Figure 6-19: Sample Reminder Resolution Screen for Tobacco Screening*
7.0  **EHR Reminder Configuration**

On the main menu, choose PAR – Reminder Parameters

```
Reminder Configuration

CFM  Reminder Computed Finding Management ...
DEF  Reminder Definition Management ...
DLG  Reminder Dialog Management ...
EXC  Reminder Exchange
INF  Reminder Information Only Menu ...
PAR  Reminder Parameters ...
RPT  Reminder Reports ...
SPO  Reminder Sponsor Management ...
TAX  Reminder Taxonomy Management ...
TRM  Reminder Term Management ...
TST  Reminder Test
```

The Reminder Parameters options display.

```
Reminder Parameters

ACT  Reminder GUI Resolution Active
CAT  Add/Edit Reminder Categories
CFG  Allow EHR Configuration in GUI
CVR  EHR Cover Sheet Reminder List
LKP  EHR Lookup Categories
LOC  Default Outside Location
NEW  New Reminder Parameters
PNH  Progress Note Headers
POS  Position Reminder Text at Cursor
```

7.1  **Activate Reminders (ACT)**

Use the **ACT** option (Reminder GUI Resolution Active). This can be set by the user, so set this parameter for the CAC to YES (shown below).

```
Reminders Active may be set for the following:

1  User    USR    [choose from NEW PERSON]
2  Service SRV    [choose from SERVICE/SECTION]
3  Division DIV    [DEMO HOSPITAL]
4  System  SYS    [DEMO.CIINFORMATICS.COM]

Enter selection: 1 User  NEW PERSON
Select NEW PERSON NAME: HAGER,MARY G  MGH  CLINICAL COORDINATOR
```

7.2  **Setup Who can Configure Reminders in the GUI**

Under the Reminder Parameters menu is CFG (Allow EHR Configuration in GUI). This parameter determines who has access to the GUI setup.
Allow EHR Configuration in GUI

Can configure reminders within GUI may be set for the following:

100 User         USR    [choose from NEW PERSON]
200 Class        CLS    [choose from USR CLASS]
300 Division     DIV    [DEMO HOSPITAL]
400 System       SYS    [DEMO.MEDSPHERE.COM]

Enter selection: 200 Class USR CLASS
Select USR CLASS NAME: CLINICAL COORDINATOR

Setting Can configure reminders within GUI for Class: CLINICAL COORDINATOR
Can configure reminders within GUI: YES

7.3 Cover Sheet Reminders

Use the CVR option (EHR Cover Sheet Reminder List) to start up the reminders just made. Again, set them up for just the CAC or selected providers. Always make the IMMUNIZATION FORECASTER the first entry.

Select the Reminder Parameters Option: CVR EHR Cover Sheet Reminder List

EHR Cover Sheet Reminder List

Clinical Reminders for Search may be set for the following:

1 User         USR    [choose from NEW PERSON]
2 Location     LOC    [choose from HOSPITAL LOCATION]
3 Service      SRV    [choose from SERVICE/SECTION]
4 Division     DIV    [DEMO HOSPITAL]
5 System       SYS    [DEMO.CIAINFORMATICS.COM]
6 Package      PKG    [ORDER ENTRY/RESULTS REPORTING]

Enter selection: 1 User NEW PERSON
Select NEW PERSON NAME: HAGER,MARY

------- Setting Clinical Reminders for Search for User: HAGER,MARY G -------
Select Display Sequence: 1
Are you adding 1 as a new Display Sequence? Yes// YES

Display Sequence: 1// 1
Clinical Reminder: IHS-IMMUNIZATION FORECAST <- Always first
Select Display Sequence: 2
Are you adding 2 as a new Display Sequence? Yes// YES

Display Sequence: 2// 2
Clinical Reminder: TEST LIPID MALE LOCAL
Select Display Sequence: 3
Are you adding 3 as a new Display Sequence? Yes// YES

Display Sequence: 3// 3
Clinical Reminder: IHS-TOBACCO SCREEN LOCAL
NOTE: After testing, you can activate the reminders for the system level.

Below is a sample setup:

<table>
<thead>
<tr>
<th>Display Sequence</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IHS-IMMUNIZATION FORECAST &lt;- THIS MUST BE NUMBER 1</td>
</tr>
<tr>
<td>8</td>
<td>IHS-PED DTAP IMMUN</td>
</tr>
<tr>
<td>9</td>
<td>IHS-PED HEPA IMMUN</td>
</tr>
<tr>
<td>10</td>
<td>IHS-PED HEPB IMMUN</td>
</tr>
<tr>
<td>11</td>
<td>IHS-PED HIBTITER IMMUN</td>
</tr>
<tr>
<td>12</td>
<td>IHS-PED MMR IMMUN</td>
</tr>
<tr>
<td>13</td>
<td>IHS-PED PNEUMOVAX IMMUNIZATION</td>
</tr>
<tr>
<td>14</td>
<td>IHS-PED POLIO IMMUN</td>
</tr>
<tr>
<td>15</td>
<td>IHS-PED TD IMMUNIZATION</td>
</tr>
<tr>
<td>16</td>
<td>IHS-PED VARICELLA IMMUN</td>
</tr>
<tr>
<td>17</td>
<td>IHS-INFLUENZA IMMUNATION</td>
</tr>
<tr>
<td>18</td>
<td>IHS-PNEUMOVAX IMMUNATION</td>
</tr>
<tr>
<td>19</td>
<td>IHS-TD IMMUNIZATION</td>
</tr>
<tr>
<td>30</td>
<td>IHS-HEP A ADULT</td>
</tr>
<tr>
<td>31</td>
<td>IHS-HEP B ADULT</td>
</tr>
</tbody>
</table>

The alternate way is to use the GUI setup which you can do after you have setup at least one reminder as written above. Find a patient who has this reminder due.

Then the X will disappear from the reminders icon and you can click on the icon.

The Action menu at the top brings up a menu.

One choice is to edit the cover sheet reminders.
The bottom left group box (Available Reminders & Categories) is a list of available reminders.

Bottom right group box is what has been selected for the chosen selection. The chosen selection is in the radio buttons in the middle of the dialog. The upper section (Cover Sheet Reminders (Cumulative List)) is which reminders would appear for the user logged in.

Reminders are added by using the arrows at the bottom. This parameter is cumulative and the user will see all reminders for the system+division+location+user, etc.
8.0 Reminder Test

A site can test the reminder by entering a patient and a reminder and looking at the output. Choose Reminder Test (TST).

Select the patient. Then select the Reminder to test.

The data stream that returns is not pretty but the data is valuable.

- The **bolded lines** are the most important. The number one (1) says that this patient is a candidate for this reminder.
- The second bolded line has a 1 if the reminder is not due and a 0 if it is due.

Another example is below. The patient has diabetes and therefore should have a lipid done yearly.

<table>
<thead>
<tr>
<th>The elements of the ^TMP(PXRMID,$J) array are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>^TMP(PXRMID,$J,2,&quot;FINDING 2_FOUNDB&quot;)=Patient is diabetic and should have lipid profile done yearly</td>
</tr>
<tr>
<td>^TMP(PXRMID,$J,2,&quot;ICD9VPOV 250.00&quot;,&quot;CODE&quot;)=250.00</td>
</tr>
<tr>
<td>^TMP(PXRMID,$J,2,&quot;ICD9VPOV 250.00&quot;,&quot;DATE&quot;)=3050308.141159</td>
</tr>
<tr>
<td>^TMP(PXRMID,$J,2,&quot;ICD9VPOV 250.00&quot;,&quot;DIAG&quot;)=DM UNCOMPL/T-II/NIDDM,NS UNCON</td>
</tr>
<tr>
<td>^TMP(PXRMID,$J,2,&quot;ICD9VPOV 250.00&quot;,&quot;PN&quot;)=Diabetes Mellitus Type II or unspecified</td>
</tr>
<tr>
<td>^TMP(PXRMID,$J,2,&quot;LAB LIP.PAN&quot;)=08/01/2003 Laboratory test: LIP.PAN; value - SEE SEPARATEREPORT.</td>
</tr>
<tr>
<td>^TMP(PXRMID,$J,2,&quot;PATIENT COHORT LOGIC&quot;)=1^^(SEX)&amp;(AGE)!FI(2)^(1)&amp;(1)!.</td>
</tr>
<tr>
<td>^TMP(PXRMID,$J,2,&quot;REMINER NAME&quot;)=P-Lipid Profile Female</td>
</tr>
<tr>
<td>^TMP(PXRMID,$J,2,&quot;RESOLUTION LOGIC&quot;)=1^(0)!FI(1)^(0)!1</td>
</tr>
<tr>
<td>^TMP(PXRMID,$J,2,&quot;zFREQARNG&quot;)=Due every 1 year for all ages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The elements of the ^TMP(&quot;PXRHM&quot;,$J) array are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>^TMP(&quot;PXRHM&quot;,$J,2,&quot;P-Lipid Profile Female&quot;)=DUE NOW^3040801.09241^3030801.09241</td>
</tr>
<tr>
<td>^TMP(&quot;PXRHM&quot;,$J,2,&quot;P-Lipid Profile Female&quot;,&quot;TXT&quot;,1)=Applicable: Due every 1 year for all ages within cohort.</td>
</tr>
<tr>
<td>^TMP(&quot;PXRHM&quot;,$J,2,&quot;P-Lipid Profile Female&quot;,&quot;TXT&quot;,2)=</td>
</tr>
<tr>
<td>^TMP(&quot;PXRHM&quot;,$J,2,&quot;P-Lipid Profile Female&quot;,&quot;TXT&quot;,3)=Prov. Narr. - Diabetes Mellitus Type II or unspecified</td>
</tr>
<tr>
<td>^TMP(&quot;PXRHM&quot;,$J,2,&quot;P-Lipid Profile Female&quot;,&quot;TXT&quot;,4)=</td>
</tr>
<tr>
<td>^TMP(&quot;PXRHM&quot;,$J,2,&quot;P-Lipid Profile Female&quot;,&quot;TXT&quot;,5)=</td>
</tr>
<tr>
<td>^TMP(&quot;PXRHM&quot;,$J,2,&quot;P-Lipid Profile Female&quot;,&quot;TXT&quot;,6)=</td>
</tr>
<tr>
<td>^TMP(&quot;PXRHM&quot;,$J,2,&quot;P-Lipid Profile Female&quot;,&quot;TXT&quot;,7)=</td>
</tr>
</tbody>
</table>
9.0 Reminders Due

1. Log into the EHR. If you were already logged on, you will need to log off and then log back on again.

2. Pick a patient who would have one of the reminders due.

   The reminder alarm clock should be RED in someone with a reminder due.

   If you click on the alarm clock, you should see a list of reminders due.

   Right-click on the reminder due and review any of the options in the drop-down menu

3. Be sure to check all the reminders before adding them to the system level.

9.1 Reminders on Cover Sheet

Figure 9-1: Sample Cover Sheet in GUI
9.2 Reminder Icon

The reminder icon is an alarm clock. The clock appears red if reminders are due and blue if there is nothing due. This displays when a reminder is due and when it was last done.

Click on the reminder icon to open up the list of items to view.

Right-click on any item in the list and there will be a selection of items from which to choose. This list is explained below.

9.2.1 Clinical Maintenance

The Clinical Maintenance dialog shows why the reminder is due.

*Figure 9-2: Sample Clinical Maintenance Dialog*
9.2.2 Evaluate the Reminder Again
This is generally only done after something has been added to PCC and the user wishes to see if it resolved the reminder

9.2.3 Bring up Reference Material
A Website can be added to a reminder. Clicking on the reference material will link to the associated website

9.2.4 Do a Reminder Inquiry

Figure 9-3: Sample Reminder Inquiry for Hep B adult IMM
9.2.5  Look at the Reminder Icons

![Icon Legend]

Figure 9-4: Reminders Tab on Icon Legend Dialog

9.3  Reminders in Health Summary

You can also view the Reminders in Health summary on the Reports tab.

Users can either create a VA Health Summary type for reminders as below, or the VA Health Summary components that already exist can be added to the Ad Hoc report.

Sites will need to have installed the HEALTH SUMMARY COMPONENTS (BHS) package before they can use VA Health Summary. Once created the summary type is added using the parameter ORWRP HEALTH SUMMARY LIST.
Figure 9-5: Sample Health Summary Reminders on Reports Tab
10.0 Reminder Resolution

Reminders can be resolved using a progress note.

The author starts the note in the usual way but if reminders are due there is a reminder drawer that can be opened. Reminders with dialogs have a little note icon next to the alarm clock.

![Sample Reminders Drawer on Notes Window](image)

Click on the reminder to be resolved.

Notice that below the reminder dialog is a record of what is being entered into the progress note and what is going to PCC.
The Clinical Reminder Activity field shows the data going to progress note.

The Health Factors field is the data going to the PCC.

Click finish to put data into the progress note and sign as usual. Most reminders resolve immediately but medications and POVs are cached and will not resolve for 24hrs. Allergies must be verified first.
11.0 Taxonomy Error Example

This section describes an error on install and how to fix the error.

11.1 Fixing the Error

This section describes how to create the taxonomy manually and how to install the reminder manually.

11.1.1 Create the Taxonomy Manually

1. Find the name of the taxonomy:

![Figure 11-1: Options on the Reminder Manager Menu]

Use the main Reminder Menu, and choose RX Reminder Exchange.
Search the list until you find the reminder that had the error. Then, choose IFE (Install Exchange File Entry). In the above error, it was the IHS influenza immunization.
You will see the name of the taxonomy. If it was not installed there will NOT be an X in the Exists column. The example above does have the taxonomy, but if it did not, use the taxonomy option to create the taxonomy.

2. Use the taxonomy option to create the taxonomy.
   
   A. Return to the main menu and use TXM (Reminder Taxonomy Management). Choose TE (Edit Taxonomy Item).

   TL     List Taxonomy Definitions
   TI     Inquire about Taxonomy Item
   TE     Edit Taxonomy Item
   TC     Copy Taxonomy Item

   B. Enter the name of the taxonomy you found from reminder exchange.

   **NOTE:** Make sure the name is identical to the one in reminder exchange.

   NAME: IHS-HIGH RISK FOR FLU/PNEUMONIA Replace
   BRIEF DESCRIPTION: Flu/pneumonia risk codes Replace

   CLASS: LOCAL//
   SPONSOR:
   REVIEW DATE:

   PATIENT DATA SOURCE: EN,PL//
   USE INACTIVE PROBLEMS:
   INACTIVE FLAG:

   ICD0 Range of Coded Values
   Select ICD0 LOW CODED VALUE:

   ICD9 Range of Coded Values
   Select ICD9 LOW CODED VALUE: V08.//
   ICD9 LOW CODED VALUE: V08.//
   ICD9 HIGH CODED VALUE: V08.//
   Select ICD9 LOW CODED VALUE:

   CPT Range of Coded Values
   Select CPT LOW CODED VALUE:

   C. Use the descriptions of the taxonomies found in the document entitled “Taxonomies” to enter all the grouping of ICD0, ICD9, and/or CPT codes that apply to this taxonomy.

   D. For a single entry, the low value and the high value are the same entry.

   D. For ranges, enter the lowest entry in the range and then the highest. The computer will all codes in that range.

11.1.2 Install the Reminder a Second Time

1. Return to Reminder Exchange.

   Go back into reminder exchange and again find the reminder.
2. Choose IFE to install the reminder.

Choose IA (Install all Components).
• If the component already exists, the default will be to skip. If you created the taxonomy correctly and it has the same name as the one in the install file, it should now be set to SKIP.

• If the component does not exist, the default will be to install.

**TAKE ALL THE DEFAULTS.**

Routine BPXRMIIM1 already EXISTS, what do you want to do?

Select one of the following:

C Create a new entry by copying to a new name
I Install or Overwrite the current entry
Q Quit the install
S Skip, do not install this entry

Enter response: S//

When finished, all of the items should have an X in the Exists column, including the reminder definition itself.

![Figure 11-6: Sample Exchange File Components Window Showing X in Exists Column](image)
12.0 Adding a Refusal or other Findings

Refusals can now be used to turn off a reminder for a period of time.

Refusals were added to the following reminders:

- Pap Smear
- Mammogram
- Depression Screening
- Intimate Partner Violence Screening

Refusals can be added to other reminders. This was not done nationally because sites might be using different immunizations, lab tests, or education topics defined in the reminder terms and it would be unknown at a national level which one to use for the refusal.

12.1 Copy the reminder to Keep Changes from Being Overwritten

Choose the DEF – Reminder Definition Menu on the Reminder Configuration menu.

The Reminder Definition Management options display.

Choose CPY (Copy Reminder Definition)

Select the reminder item to copy: IHS-INFLUENZA IMMUNIZATION NATIONAL

PLEASE ENTER A UNIQUE NAME: LOCAL INFLUENZA IMMUNIZATION

The original reminder IHS-INFLUENZA IMMUNIZATION has been copied into LOCAL INFLUENZA IMMUNIZATION.
Do you want to edit it now? Y

12.2 Edit the Reminder

Select one of the following:

A All reminder details
G General
B Baseline Frequency
F Findings
L Logic
D Reminder Dialog
W Web Addresses

Select section to edit: F (Finding)

- You can change the age ranges by editing the B (Baseline Frequency)
- You can edit the name by editing the G (General) findings
- Add finding by using F (Finding)
- Change the reminder dialog it points to by using D (Reminder Dialog)

12.3 Add a Finding (Refusal)

Enter a finding item in the format: Prefix.Name

Enter one of the following:

DR.EntryName to select a DRUG
ED.EntryName to select a EDUCATION TOPIC
EX.EntryName to select a EXAM
HF.EntryName to select a HEALTH FACTOR
IM.EntryName to select a IMMUNIZATION
LT.EntryName to select a LABORATORY TEST
MT.EntryName to select a MEASUREMENT TYPE
OI.EntryName to select a ORDERABLE ITEM
RP.EntryName to select a RADIOLOGY PROCEDURE
CF.EntryName to select a REMINDER COMPUTED FINDING
TX.EntryName to select a REMINDER TAXONOMY
RT.EntryName to select a REMINDER TERM
ST.EntryName to select a SKIN TEST
DC.EntryName to select a VA DRUG CLASS
DG.EntryName to select a VA GENERIC
VM.EntryName to select a VITAL MEASUREMENT
REF.EntryName to select a REFUSAL TYPE

To add a Refusal finding, in this case an immunization, enter the following:

REF.IMMUNIZATION

The types of refusal are:

EDUCATION TOPICS
EKG
EXAM
IMMUNIZATION
LAB
Select FINDING: REF.IMMUNIZATION

Searching for a REFUSAL TYPE, (pointed-to by FINDING ITEM)

Searching for a REFUSAL TYPE

IMMUNIZATION  OK? Yes//

Are you adding 'IMMUNIZATION' as a new FINDINGS (the 3RD for this REMINDER DEFINITION)? No// Yes

FINDING ITEM: IMMUNIZATION//
MINIMUM AGE: 
MAXIMUM AGE: 
REMINDER FREQUENCY: 
RANK FREQUENCY: 
USE IN RESOLUTION LOGIC: OR <- Important
  1 OR
  2 OR NOT
Choose 1-2: 1 OR
USE IN PATIENT COHORT LOGIC: 
EFFECTIVE PERIOD: 1Y
EFFECTIVE DATE: 
CONDITION: I V="INFLUENZA,NOS" <- Very Important
FOUND TEXT: 
  No existing text 
  Edit? NO//
NOT FOUND TEXT: 
  No existing text 
  Edit? NO//

Notice that this refusal is good for 1 year and that under the condition, you need to specify which immunization is being refused. If your site uses more than one type of flu immunization, you might need to enter more than one refusal or be sure that the staff all uses the same one when they document a refusal.

12.4 Dialog Link

When the reminder was copied, it will still link to the same dialog as the old reminder.

If you change or make a new dialog, use D to link to a different dialog.

Select one of the following:
A  All reminder details
G  General
B  Baseline Frequency
F  Findings
Note: Must be added here and in the dialog management, links go both ways.
13.0 Appendix A: Rules of Behavior

The information in this required section was written by the IHS. It does not contain any information about the functionality of the software.

13.1 All RPMS User

In addition to these rules, each application may include additional RoBs, which may be defined within the individual application’s documentation (e.g., PCC, Dental, Pharmacy).

13.1.1 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 non-public agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions Indian Health Manual Chapter 6 OMS Limited Personal Use of Information Technology Resources TN 03-05," August 6, 2003.

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 your 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 job or by divulging information to anyone not authorized to know that information

13.1.2 Logging On To The System

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 5 successive failed login attempts within a specified time period (e.g., one hour).

13.1.3 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.

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 function 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.
• Behave in an ethical, technically proficient, informed, and trustworthy manner.
• Logout of the system whenever they leave the vicinity of their PC.
• 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.
• Shall abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior and IT information processes

13.1.4 Accountability
Users Shall:
• Behave in an ethical, technically proficient, informed, and trustworthy manner.
• Logout of the system whenever they leave the vicinity of their PC.
• 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.

• Shall abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior and IT information processes.

13.1.5 Confidentiality

Users Shall:

• Be aware of the sensitivity of electronic and hardcopy information, and protect it accordingly.

• Store hardcopy 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 HIPAA regulations to ensure patient confidentiality

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

13.1.6 Integrity

Users Shall:

• Protect your system 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.

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 your manager’s written permission and without scanning it for viruses first

13.1.7 Passwords

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 password immediately if password has been seen, guessed or otherwise compromised; and report the compromise or suspected compromise to your ISSO.
• Keep user identifications (ID) and passwords confidential

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 8 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.

13.1.8 Backups

Users Shall:

<table>
<thead>
<tr>
<th>Patch 1005 National Reminders</th>
<th>Appendix A</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2008</td>
<td></td>
</tr>
</tbody>
</table>
• 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

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 your manager’s written permission and without scanning it for viruses first.

13.1.9 Reporting

Users Shall:

• Contact and inform your ISSO that you have identified an IT security incident and you will begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
• Report security incidents as detailed in IHS SOP 05-03, Incident Handling Guide

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.

13.1.10 Session Time Outs

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

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 your screen after some period of inactivity.

Users Shall Not:

• 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 your screen after some period of inactivity.
13.1.11 Hardware

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.

Users Shall Not:

- Do not eat or drink near system equipment.

13.1.12 Awareness

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.

13.1.13 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 non-recovery of temporary files created in processing sensitive data, virus protection, intrusion detection, and provides physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote Users Shall:

- Remotely access RPMS through a virtual private network (VPN) when ever possible. Use of direct dial in access must be justified and approved in writing.
Remote Users Shall Not:

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

### 13.2 RPMS Developers

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.
- Shall not access live production systems without obtaining appropriate written access, shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Shall observe separation of duties policies and procedures to the fullest extent possible.
- Shall 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.
- Shall use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Shall follow industry best standards for systems they are assigned to develop or maintain; abide by all Department and Agency policies and procedures.
- Shall document and implement security processes whenever available

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.
- Not release any sensitive agency or patient information.
13.3 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 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, 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; abide by all Department and Agency policies and procedures

Privileged 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.

• Not release any sensitive agency or patient information.
14.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk by:

Phone: (505) 248-4371 or
       (888) 830-7280
Fax: (505) 248-4199
Web: http://www.ihs.gov/GeneralWeb/HealthCenter/Helpdesk/index.cfm
Email: support@ihs.gov