Clinical Reminders

(PXRM)

Addendum to Installation Notes

Version 2.0 Patch 1002
September 2014

Office of Information Technology
Division of Information Technology
Albuquerque, New Mexico
Table of Contents

1.0 Introduction ......................................................................................................... 1
   1.1 Clinical Reminders Resources .................................................................. 1

2.0 What’s New ......................................................................................................... 3
   2.1 Retired Reminders ................................................................................... 3
   2.2 New Reminders ....................................................................................... 3
   2.3 Reminders with Logic Changes ............................................................... 5
   2.4 Updated Reminder Dialogs ...................................................................... 6
   2.5 New Dialogs (with Associated Reminder) ................................................ 6
   2.6 Standalone Dialogs .................................................................................. 8

3.0 Installation Checklist .......................................................................................... 9

4.0 Review National Reminder Definitions .............................................................. 11
   4.1 IHS-ACTIVITY SCREEN 2013 ............................................................... 11
   4.2 IHS-ALCOHOL SCREEN 2013 .............................................................. 11
   4.3 IHS-ALLERGY 2013 ............................................................................. 12
   4.4 IHS-ANTICOAG DURATION OF TX .................................................... 12
   4.5 IHS-ANTICOAG INR GOAL 2013 .......................................................... 12
   4.6 IHS-ANTICOAG THERAPY END DATE 2013 ....................................... 13
   4.7 IHS-ASTHMA ACTION PLAN 2013 ....................................................... 14
   4.8 IHS-ASTHMA CONTROL 2013 .............................................................. 14
   4.9 IHS-ASTHMA PRIM PROV 2013 ............................................................ 15
   4.10 IHS-ASTHMA RISK EXACERBATION 2013 ....................................... 16
   4.11 IHS-ASTHMA SEVERITY 2013 ............................................................. 17
   4.12 IHS-ASTHMA STEROIDS 2013 ............................................................ 17
   4.13 IHS-BLOOD PRESSURE 2013 ............................................................. 18
   4.14 IHS-CHLAMYDIA SCREEN 2013 .......................................................... 19
   4.15 IHS-COLON CANCER 2013 .................................................................. 19
   4.16 IHS-CVD 2013 ..................................................................................... 20
   4.17 IHS-DENTAL VISIT 2013 ..................................................................... 20
   4.18 IHS-DEPO PROVERA 2013 ................................................................. 21
   4.19 IHS-DEPRESSION SCREEN 2013 ....................................................... 22
   4.20 IHS-DIAB ACE/ARB 2013 ..................................................................... 22
   4.21 IHS-DIAB ANTPLT KNOWN CVD 2013 .............................................. 23
   4.22 IHS-DIAB ASPIRIN FEMALE 2013 ...................................................... 23
   4.23 IHS-DIAB ASPIRIN MALE 2013 ............................................................ 24
   4.24 IHS-DIAB BP CONTROL 2013 .............................................................. 25
   4.25 IHS-DIAB EYE EXAM 2013 ................................................................. 25
   4.26 IHS-DIAB FOOT EXAM 2013 ............................................................... 26
   4.27 IHS-DIAB HGBA1C 2013 ................................................................. 26
   4.28 IHS-DIAB HGBA1C CONTROL 2013 .................................................. 27
   4.29 IHS-DIAB NEPHRO SCR/MON 2013 ................................................... 28
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.30</td>
<td>IHS-DIABETES SCREENING 2013</td>
<td>29</td>
</tr>
<tr>
<td>4.31</td>
<td>IHS-DOMESTIC VIOLENCE 2013</td>
<td>29</td>
</tr>
<tr>
<td>4.32</td>
<td>IHS-EPSTD SCREENING 2013</td>
<td>30</td>
</tr>
<tr>
<td>4.33</td>
<td>IHS-FALL RISK SCREEN 2013</td>
<td>31</td>
</tr>
<tr>
<td>4.34</td>
<td>IHS-FUNCTIONAL ASSESSMENT 2013</td>
<td>31</td>
</tr>
<tr>
<td>4.35</td>
<td>IHS-HCT/HGB 2013</td>
<td>32</td>
</tr>
<tr>
<td>4.36</td>
<td>IHS-HEAD CIRCUMFERENCE 2013</td>
<td>32</td>
</tr>
<tr>
<td>4.37</td>
<td>IHS-HEARING TEST 2013</td>
<td>32</td>
</tr>
<tr>
<td>4.38</td>
<td>IHS-HEIGHT 2013</td>
<td>33</td>
</tr>
<tr>
<td>4.39</td>
<td>IHS-HEP A ADULT IMMUN 2013</td>
<td>34</td>
</tr>
<tr>
<td>4.40</td>
<td>IHS-HEP B ADULT IMMUN 2013</td>
<td>34</td>
</tr>
<tr>
<td>4.41</td>
<td>IHS-HIV SCREEN 2013</td>
<td>34</td>
</tr>
<tr>
<td>4.42</td>
<td>IHS-HPV IMMUN 2013</td>
<td>35</td>
</tr>
<tr>
<td>4.43</td>
<td>IHS-Immunization Forecast 2013</td>
<td>35</td>
</tr>
<tr>
<td>4.44</td>
<td>IHS-INFLUENZA IMMUN 2013</td>
<td>36</td>
</tr>
<tr>
<td>4.45</td>
<td>IHS-LIPID PROFILE FEMALE 2013</td>
<td>36</td>
</tr>
<tr>
<td>4.46</td>
<td>IHS-LIPID PROFILE MALE 2013</td>
<td>36</td>
</tr>
<tr>
<td>4.47</td>
<td>IHS-MAMMOGRAM 40-49 2013</td>
<td>37</td>
</tr>
<tr>
<td>4.48</td>
<td>IHS-MAMMOGRAM 50-74 2013</td>
<td>38</td>
</tr>
<tr>
<td>4.49</td>
<td>IHS- MAMMOGRAM 75-100 2013</td>
<td>39</td>
</tr>
<tr>
<td>4.50</td>
<td>IHS-MENINGITIS IMMUN 2013</td>
<td>40</td>
</tr>
<tr>
<td>4.51</td>
<td>IHS-NEWBORN HEARING 2013</td>
<td>40</td>
</tr>
<tr>
<td>4.52</td>
<td>IHS-NUTRITIONAL SCREENING 2013</td>
<td>41</td>
</tr>
<tr>
<td>4.53</td>
<td>IHS-OSTEOPOROSIS SCREEN 2013</td>
<td>41</td>
</tr>
<tr>
<td>4.54</td>
<td>IHS-PAP SMEAR 21-29Y 2013</td>
<td>42</td>
</tr>
<tr>
<td>4.55</td>
<td>IHS-PAP SMEAR 30-64Y 2013</td>
<td>42</td>
</tr>
<tr>
<td>4.56</td>
<td>IHS-PED DT IMMUN 2013</td>
<td>43</td>
</tr>
<tr>
<td>4.57</td>
<td>IHS-PED DTAP IMMUN 2013</td>
<td>43</td>
</tr>
<tr>
<td>4.58</td>
<td>IHS-PED FLU IMMUN 2013</td>
<td>44</td>
</tr>
<tr>
<td>4.59</td>
<td>IHS-PED HEPA IMMUN 2013</td>
<td>44</td>
</tr>
<tr>
<td>4.60</td>
<td>IHS-PED HEPB IMMUN 2013</td>
<td>45</td>
</tr>
<tr>
<td>4.61</td>
<td>IHS-PED HIBTITER IMMUN 2013</td>
<td>45</td>
</tr>
<tr>
<td>4.62</td>
<td>IHS-PED MMR IMMUN 2013</td>
<td>46</td>
</tr>
<tr>
<td>4.63</td>
<td>IHS-PED PEDVAXHIB IMMUN 2013</td>
<td>46</td>
</tr>
<tr>
<td>4.64</td>
<td>IHS-PED PNEUMOCOCCAL IMMUN 2013</td>
<td>47</td>
</tr>
<tr>
<td>4.65</td>
<td>IHS-PED ROTAVIRUS IMMUN 2013</td>
<td>47</td>
</tr>
<tr>
<td>4.66</td>
<td>IHS-PED VARICELLA IMMUN 2013</td>
<td>47</td>
</tr>
<tr>
<td>4.67</td>
<td>IHS-PNEUMOVAX IMMUN 2013</td>
<td>48</td>
</tr>
<tr>
<td>4.68</td>
<td>IHS-RUBELLA IMMUNITY 2013</td>
<td>48</td>
</tr>
<tr>
<td>4.69</td>
<td>IHS-SENIOR HEIGHT 2013</td>
<td>49</td>
</tr>
<tr>
<td>4.70</td>
<td>IHS-SENIOR VISION 2013</td>
<td>50</td>
</tr>
<tr>
<td>4.71</td>
<td>IHS-TDAP IMMUN 2013</td>
<td>50</td>
</tr>
<tr>
<td>4.72</td>
<td>IHS-TOBACCO SCREEN 2013</td>
<td>50</td>
</tr>
<tr>
<td>4.73</td>
<td>IHS-VISION EXAM 2013</td>
<td>51</td>
</tr>
<tr>
<td>4.74</td>
<td>IHS-WEIGHT 2013</td>
<td>51</td>
</tr>
</tbody>
</table>
4.75  IHS-ZOSTER IMMUN 2013 ................................................................. 52

5.0  National Reminder Dialogs ................................................................. 53

5.1  IHS-ACTIVITY SCREEN 2013 ......................................................... 53
5.2  IHS-ALCOHOL SCREEN 2013 .......................................................... 53
5.3  IHS-ALLERGY 2013 ........................................................................ 56
5.4  IHS-ANTICOAG 2013 ...................................................................... 57
5.5  IHS-ASTHMA CONTROL 2013 ........................................................ 59
5.6  IHS-ASTHMA ACTION PLAN 2013 .................................................. 59
5.7  IHS-ASTHMA PRIM PROV 2013, IHS-ASTHMA RISK EXACERBATI
    ON 2013, IHS-ASTHMA SEVERITY 2013 ........................................ 60
5.8  IHS-ASTHMA STEROID 2013 .......................................................... 62
5.9  IHS-BLOOD PRESSURE 2013 .......................................................... 63
5.10 IHS-CHLAMYDIA SCREEN 2013 ....................................................... 64
5.11 IHS-COLON CANCER 2013 ............................................................... 65
5.12 IHS-CVD 2013 ................................................................................ 66
5.13 IHS-DENTAL VISIT 2013 ................................................................. 68
5.14 IHS-DEPO PROVERA 2013 ............................................................... 69
5.15 IHS-DEPRESSION SCREENING 2013 .............................................. 71
5.16 IHS-DIAB ACE/ARB 2013 ................................................................. 72
5.17 IHS-DIAB ANTPTL KNOWN CVD 2013 .......................................... 73
5.18 IHS-DIAB ASPIRIN MALE 2013 ....................................................... 74
5.19 IHS-DIAB ASPIRIN FEMALE 2013 ................................................... 76
5.20 IHS-DIAB BP CONTROL 2013 .......................................................... 77
5.21 IHS-DIAB EYE EXAM 2013 ............................................................... 78
5.22 IHS-DIAB FOOT EXAM 2013 ............................................................ 79
5.23 IHS-DIAB HGBA1C 2013 ................................................................. 80
5.24 IHS-DIAB HGBA1C CONTROL 2013 .............................................. 81
5.25 IHS-DM (DIABETES) SCREENING 2013 ....................................... 82
5.26 IHS-DIAB NEPHRO SCR/MON 2013 .............................................. 82
5.27 IHS-DOMESTIC VIOLENCE 2013 .................................................... 84
5.28 IHS-EPSDT SCREENING 2013 ....................................................... 85
5.29 IHS-FALL RISK SCREEN 2013 ....................................................... 86
5.30 IHS-FUNCTIONAL ASSESSMENT 2013 .......................................... 87
5.31 IHS-HCT/HGB 2013 ...................................................................... 87
5.32 IHS-HEAD CIRCUMFERENCE 2013 .............................................. 88
5.33 IHS-HEARING TEST 2013 ............................................................... 89
5.34 IHS-HEIGHT 2013 ......................................................................... 89
5.35 IHS-HIV SCREEN 2013 ................................................................. 90
5.36 IHS-IMMUNIZATIONS 2013 ............................................................. 91
5.37 IHS-LIPID FEMALE 2013 ............................................................... 93
5.38 IHS-LIPID MALE 2013 ................................................................. 93
5.39 IHS-MAMMOGRAM 40 – 49 2013 .................................................. 94
5.40 IHS-MAMMOGRAM 50 – 74 2013 .................................................. 97
5.41 IHS-MAMMOGRAM 75 – 100 2013 ................................................ 98
5.42 IHS-NEWBORN HEARING 2013 .................................................... 99
Addendum to Installation Notes Table of Contents

September 2014

5.43 IHS-NUTRITIONAL SCREENING 2013 .............................................. 100
5.44 IHS-OSTEOPOROSIS SCREENING 2013 ........................................... 101
5.45 IHS-PAP TEST 21 – 29 2013 ............................................................ 102
5.46 IHS-PAP TEST 30 – 64 2013 ............................................................ 103
5.47 IHS-SENIOR HEIGHT 2013 ............................................................... 104
5.48 IHS-SENIOR VISION 2013 ................................................................. 105
5.49 IHS-TOBACCO SCREEN 2013 ........................................................ 106
5.50 IHS-WEIGHT 2013 ........................................................................... 108

6.0 Setup Quick Orders in Dialogs .......................................................... 110
  6.1 Lab Quick Orders ........................................................................... 110
  6.2 Medication Quick Orders ............................................................... 111
  6.3 Consult Quick Orders ..................................................................... 111
  6.4 Other Quick Orders ...................................................................... 111
  6.5 Order Sets .................................................................................... 111
  6.6 Menus .......................................................................................... 111

7.0 Setup TIU Objects in Dialogs .............................................................. 112

8.0 Setup Health Summary Objects ......................................................... 114
  8.1 ASTHMA TRIGGERS ..................................................................... 114
  8.2 LAST HF OCCUPATION ............................................................... 116
  8.3 PXRM DEPO PROVERA ................................................................. 117
  8.4 PWH MED REC FOR MTM ............................................................. 120

9.0 Remove Old Reminders from Exchange ........................................... 121

10.0 Dialog Preparation ........................................................................... 122

11.0 Install the KIDS Build ..................................................................... 125

12.0 Install the Reminder ......................................................................... 126
  12.1 Programmer Access ....................................................................... 126
  12.2 Installing the Reminder ................................................................. 127
  12.3 Taxonomy Error ............................................................................ 132
    12.3.1 Create the Taxonomy Manually .............................................. 132
    12.3.2 IHS-DEPO PROVERA ADMIN-2013 ...................................... 134

13.0 Install the Dialogs ............................................................................ 135
  13.1 Activate the Dialog ....................................................................... 136
    13.1.1 Reminder Dialog Management (DLG) ..................................... 136
    13.1.2 Dialog Does Not Link Automatically ...................................... 138

14.0 Dialog Parameter Changes ............................................................... 140
  14.1 Disable the Diagnoses Code for Historical Entries ......................... 140
  14.2 Editing Asthma Diagnosis Taxonomy Dialog .................................. 141

15.0 Review Reminder Terms .................................................................. 144

16.0 Manually Update Dialogs ............................................................... 147
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.0</td>
<td>EHR Reminder Configuration</td>
<td>148</td>
</tr>
<tr>
<td>18.0</td>
<td>Inactivate the Old Reminder and Dialog</td>
<td>151</td>
</tr>
<tr>
<td>19.0</td>
<td>Setup TIU Reminder Dialogs as Templates</td>
<td>154</td>
</tr>
<tr>
<td>19.1</td>
<td>IHS-ASBI BNI 2013</td>
<td>155</td>
</tr>
<tr>
<td>19.2</td>
<td>IHS-ASBI SCREENING 2012</td>
<td>157</td>
</tr>
<tr>
<td>19.3</td>
<td>IHS-ASTHMA INTAKE 2013</td>
<td>158</td>
</tr>
<tr>
<td>19.4</td>
<td>IHS-MED ED 2013</td>
<td>160</td>
</tr>
<tr>
<td>19.5</td>
<td>IHS-MED THERAPY MNGT</td>
<td>161</td>
</tr>
<tr>
<td>19.6</td>
<td>COMBINATION VACCINES</td>
<td>163</td>
</tr>
<tr>
<td>19.7</td>
<td>IHS-PHN HOSPITAL DC VISIT 2013</td>
<td>164</td>
</tr>
<tr>
<td>19.8</td>
<td>IHS-PHQ9 SCREEN 2013</td>
<td>169</td>
</tr>
<tr>
<td>19.9</td>
<td>IHS-SCREENING BUNDLE 2013</td>
<td>171</td>
</tr>
<tr>
<td>20.0</td>
<td>Reviewing the Reminder and Dialog</td>
<td>173</td>
</tr>
<tr>
<td>20.1</td>
<td>Reminder Test</td>
<td>173</td>
</tr>
<tr>
<td>20.2</td>
<td>View Reminders Due</td>
<td>177</td>
</tr>
<tr>
<td>20.3</td>
<td>View Reminders on Cover Sheet</td>
<td>177</td>
</tr>
<tr>
<td>20.4</td>
<td>View Reminders Icon</td>
<td>178</td>
</tr>
<tr>
<td>20.4.1</td>
<td>Clinical Maintenance</td>
<td>179</td>
</tr>
<tr>
<td>20.4.2</td>
<td>Do a Reminder Inquiry</td>
<td>179</td>
</tr>
<tr>
<td>20.4.3</td>
<td>Look at the Reminder Icons</td>
<td>182</td>
</tr>
<tr>
<td>20.5</td>
<td>View Reminders on the Health Summary</td>
<td>182</td>
</tr>
<tr>
<td>20.6</td>
<td>View Best Practice Prompts on Health Summary</td>
<td>183</td>
</tr>
<tr>
<td>Appendix A: Common Install Questions/Issues</td>
<td>187</td>
<td></td>
</tr>
<tr>
<td>A.1</td>
<td>All Immunization Reminders are Showing as DUE After Patch is Loaded</td>
<td>187</td>
</tr>
<tr>
<td>A.2</td>
<td>Programmer Access Message During Installation</td>
<td>187</td>
</tr>
<tr>
<td>A.3</td>
<td>Taxonomy Error Message During Installation</td>
<td>187</td>
</tr>
<tr>
<td>A.4</td>
<td>Error On Install From Exchange: EDUCATION TOPICS Entries</td>
<td>188</td>
</tr>
<tr>
<td>A.5</td>
<td>Error Encountered Installing IHS-Pneumovax Immun 2012 Dialog</td>
<td>189</td>
</tr>
<tr>
<td>A.6</td>
<td>After Installed in Reminder Exchange Findings Say None</td>
<td>195</td>
</tr>
<tr>
<td>A.7</td>
<td>The BPXRM Objects Do Not Work</td>
<td>196</td>
</tr>
<tr>
<td>A.7.1</td>
<td>The BPXRM LIPID PROFILE Object Foes Not Display the Last Lipid Profile Results</td>
<td>196</td>
</tr>
<tr>
<td>A.7.2</td>
<td>The BPXRM HGBA1C object is does not display the last lab data</td>
<td>201</td>
</tr>
<tr>
<td>A.8</td>
<td>Medication Reminders – Last Occurrence Date</td>
<td>204</td>
</tr>
<tr>
<td>A.9</td>
<td>Problems Getting Reminders Visible For Everyone</td>
<td>205</td>
</tr>
<tr>
<td>A.10</td>
<td>Reminder Due When it Should NOT Be Due</td>
<td>206</td>
</tr>
<tr>
<td>A.11</td>
<td>Access Violation Error When Processing Dialogs</td>
<td>207</td>
</tr>
<tr>
<td>Appendix B: National Reminders Summary</td>
<td>209</td>
<td></td>
</tr>
<tr>
<td>Appendix C: Reminder Taxonomies</td>
<td>219</td>
<td></td>
</tr>
<tr>
<td>C.1</td>
<td>IHS-ASTHMA 2007</td>
<td>219</td>
</tr>
<tr>
<td>C.2</td>
<td>IHS-BILATERAL MASTECTOMY 2008</td>
<td>219</td>
</tr>
<tr>
<td>C.3</td>
<td>Taxonomies for IHS-COLON CANCER 2009</td>
<td>219</td>
</tr>
</tbody>
</table>
C.4  IHS-COLONOSCOPY 2007 ................................................................. 219
C.4.1 IHS-COLONOCAL CANCER .............................................................. 220
C.4.2 IHS-SIGMOIDOSCOPY ................................................................ 220
C.4.3 IHS-DEPO PROVERA ADMIN-2013 .............................................. 220
C.4.4 IHS-DIABETES DX 2007 ............................................................... 220
C.4.5 IHS-DIABETES PROBLEMS ONLY .............................................. 221
C.4.6 IHS-DIABETIC NEPHROPATHY .................................................... 221
C.4.7 IHS-DIALYSIS .............................................................................. 221
C.4.8 IHS-FUNDOSCOPIC EYE CODES 2007 .......................................... 221
C.4.9 IHS-HYSTETRECTOMY 2009 ......................................................... 222
C.4.10 IHS-ISCHEMIC HEART DISEASE 2007 ...................................... 222
C.4.11 IHS-OSTEOPOROSIS DX .............................................................. 223
C.4.12 IHS-TB/POS PPD ...................................................................... 223

Appendix D: Reminder Terms .................................................................... 224
D.1 IHS-ACTIVITY LEVEL ....................................................................... 224
D.2 IHS-ASTHMA CONTROL ................................................................. 224
D.3 IHS-ACE/ARB .................................................................................. 224
D.4 IHS-ASPIRIN .................................................................................... 224
D.5 IHS-CLOPIDOGREL ............................................................. 224
D.6 IHS-DEPO PROVERA ORDERABLE ITEM ...................................... 225
D.7 IHS-DTAP IMMUNIZATION ............................................................. 225
D.8 IHS-DIAB NEPHROPATHY LABS .................................................... 225
D.9 IHS-DM BLOOD PRESSURE ........................................................... 225
D.10 IHS-EGFR ..................................................................................... 225
D.11 IHS-EXERCISE EDUCATION .......................................................... 225
D.12 IHS-FECAL OCCULT BLOOD ......................................................... 226
D.13 IHS-HEPADULT IMMUNIZATION .................................................. 226
D.14 IHS-HEBADULT IMMUNIZATION .................................................. 226
D.15 IHS-HPV IMMUNIZATION ............................................................. 226
D.16 IHS-HCT/HCB .............................................................................. 226
D.17 IHS-HEPA IMMUNIZATION ........................................................... 226
D.18 IHS-HEPB IMMUNIZATION ........................................................... 226
D.19 19 IHS-HGBA1C ......................................................................... 227
D.20 IHS-HGBA1C REEVALUATE .......................................................... 227
D.21 IHS-HIBTITER IMMUNIZATION ...................................................... 227
D.22 IHS-HIGH DIASTOLIC ................................................................. 227
D.23 IHS-HIGH BP 2007 ..................................................................... 227
D.24 IHS-INFLUENZA 2013 ................................................................... 228
D.25 IHS-LIPID LAB TESTS ................................................................. 228
D.26 IHS-MENINGITIS IMMUNE ............................................................ 228
D.27 IHS-MMR IMMUNIZATION ............................................................ 228
D.28 IHS-PED PNEUMOVAX IMMUNIZATION ..................................... 228
D.29 IHS-PED TD IMMUNIZATION ........................................................ 229
D.30 HS-PEDVAXHIB IMMUNIZATION .................................................. 229
D.31 IHS-PNEUMOVAX IMMUNIZATION .............................................. 229
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.32</td>
<td>IHS-POLIO IMMUNIZATION</td>
<td>229</td>
</tr>
<tr>
<td>D.33</td>
<td>IHS-ROTAVIRUS IMMUNIZATION</td>
<td>229</td>
</tr>
<tr>
<td>D.34</td>
<td>IHS-RUBELLA IMMUNIZATION</td>
<td>229</td>
</tr>
<tr>
<td>D.35</td>
<td>IHS-TD IMMUNIZATION</td>
<td>230</td>
</tr>
<tr>
<td>D.36</td>
<td>IHS-TDAP IMMUN</td>
<td>230</td>
</tr>
<tr>
<td>D.37</td>
<td>IHS-URINE ALBUMIN</td>
<td>230</td>
</tr>
<tr>
<td>D.38</td>
<td>IHS-VARICELLA IMMUNATION</td>
<td>230</td>
</tr>
<tr>
<td>D.39</td>
<td>IHS-ZOSTER IMMUNATION</td>
<td>230</td>
</tr>
<tr>
<td>E.1</td>
<td>Reminders Using Health Maintenance Reminder Computed Finding</td>
<td>231</td>
</tr>
<tr>
<td>E.2</td>
<td>Reminders Using PCC Best Practice Prompt Computed Finding</td>
<td>232</td>
</tr>
<tr>
<td>E.3</td>
<td>Reminders Using Immunization Forecast Computed Finding</td>
<td>232</td>
</tr>
<tr>
<td>E.4</td>
<td>Reminders Using Special Case Computed Findings</td>
<td>233</td>
</tr>
<tr>
<td>E.5</td>
<td>Computed Findings Entry Points</td>
<td>233</td>
</tr>
<tr>
<td>F.1</td>
<td>Reminder Parameters Summary</td>
<td>236</td>
</tr>
<tr>
<td>G.1</td>
<td>All RPMS Users</td>
<td>238</td>
</tr>
<tr>
<td>G.1.1</td>
<td>Access</td>
<td>238</td>
</tr>
<tr>
<td>G.1.2</td>
<td>Information Accessibility</td>
<td>239</td>
</tr>
<tr>
<td>G.1.3</td>
<td>Accountability</td>
<td>239</td>
</tr>
<tr>
<td>G.1.4</td>
<td>Confidentiality</td>
<td>240</td>
</tr>
<tr>
<td>G.1.5</td>
<td>Integrity</td>
<td>240</td>
</tr>
<tr>
<td>G.1.6</td>
<td>System Logon</td>
<td>240</td>
</tr>
<tr>
<td>G.1.7</td>
<td>Passwords</td>
<td>241</td>
</tr>
<tr>
<td>G.1.8</td>
<td>Backups</td>
<td>242</td>
</tr>
<tr>
<td>G.1.9</td>
<td>Reporting</td>
<td>242</td>
</tr>
<tr>
<td>G.1.10</td>
<td>Session Timeouts</td>
<td>242</td>
</tr>
<tr>
<td>G.1.11</td>
<td>Hardware</td>
<td>242</td>
</tr>
<tr>
<td>G.1.12</td>
<td>Awareness</td>
<td>243</td>
</tr>
<tr>
<td>G.1.13</td>
<td>Remote Access</td>
<td>243</td>
</tr>
<tr>
<td>G.2</td>
<td>RPMS Developers</td>
<td>244</td>
</tr>
<tr>
<td>G.3</td>
<td>Privileged Users</td>
<td>245</td>
</tr>
</tbody>
</table>

Contact Information

Addendum to Installation Notes
September 2014
Preface

This documentation applies to those reminders distributed in Version 2.0, Patch 1002 of Clinical Reminders.
1.0 Introduction

This guide was designed to supplement the patch installation notes and provide guidance in setting up the Clinical Reminders contained in the PXRM V2.0 1002 patch. We strongly recommend reviewing this entire document before installing and setting up the Clinical Reminders 1002 patch.

This guide is intended to be used by the following individuals who are responsible for installing, supporting, maintaining, and testing this package:

- Information Resources Management (IRM)
- Clinical Application Coordinator (CAC)

1.1 Clinical Reminders Resources

This guide is intended to be used by individuals who have previous experience with the Clinical Reminders. Additional and more comprehensive information related to Clinical Reminders can be found in the following locations:

PXRM 1008 installation notes, manuals, software can be downloaded here:

http://www.ihs.gov/RPMS/index.cfm?module=home&option=index

Reminder Managers Manual:

A comprehensive guide to the Clinical Reminders application can be downloaded here:


Reminder course materials:


Clinical Reminders Document Library:

Manuals, presentations, and other information related to Clinical Reminders can be downloaded here:


Clinical Reminders Office Hours:

Office hours are announced periodically on the EHR and Reminders Listservs.
Clinical Reminders Listserv:

Send a question to the EHR Reminders Listserv.

http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=159
2.0  **What’s New**

This section provides an overview of the major changes in the Clinical Reminders patch 1002.

There are 90 reminders/dialogs in this patch. The logic for some reminders has changed slightly. New dialogs have been developed. With the release of Version 2.0 of Clinical Reminders, the decision was made to release all the national reminders, make the needed changes for Meaningful Use, update a few of the reminders, and release them all with the year 2013 appended to them.

All reminders have been updated. These new reminders replace the reminders being used at the site and the old reminders should be in-activated in the reminder definition menu after you have installed and deployed the 2013 reminders.

2.1  **Retired Reminders**

The following four reminders are no longer being supported as national reminders:

- IHS-ANTICOAG CBC 2011
- IHS-ANTICOAG OCCULT BLOOD 2011
- IHS-ANTICOAG UA 2011
- IHS-PPD 2012

In addition, the following two reminders have been replaced by additional reminders:

- IHS-MAMMOGRAM 2011 has been replaced with IHS-MAMMOGRAM 40-49 2013, IHS-MAMMOGRAM 50-74 2013, and IHS-MAMMOGRAM 75-100 2013.
- IHS-PAP SMEAR 2011 has been replaced with IHS-PAP SMEAR 21-29Y 2013-2 and IHS-PAP SMEAR 30-64Y 2013-2.

2.2  **New Reminders**

All reminders have been updated in the description field, as well as the GENERAL PATIENT COHORT FOUND TEXT and the GENERAL PATIENT COHORT NOT FOUND TEXT fields, to include the reference information for the logic of each reminder. This was a requirement for Meaningful Use.

IHS-ACTIVITY SCREEN 2013
IHS-ALCOHOL SCREEN 2013
IHS_ALLERGY 2013
IHS-ANTICOAG DURATION OF TX 2013
IHS-ANTICOAG INR GOAL 2013
IHS-ANTICOAG THERAPY END DATE 2013
IHS-ASTHMA ACTION PLAN 2013
IHS-ASTHMA CONTROL 2013
IHS-ASTHMA PRIM PROV 2013
IHS-ASTHMA RISK EXACERBATION-2013
IHS-ASTHMA SEVERITY 2013
IHS-ASTHMA STEROID 2013
IHS-BLOOD PRESSURE 2013
IHS-CHLAMYDIA SCREEN 2013
IHS-COLON CANCER 2013
IHS-CVD 2013
IHS-DENTAL VISIT 2013
IHS-DEPO PROVERA 2013
IHS-DEPRESSION SCREEN 2013
IHS-DIAB ACE/ARB 2013
IHS-DIAB ASPIRIN FEMALE 2013
IHS-DIAB ASPIRIN MALE 2013
IHS-DIAB ANTPLT KNOWN CVD 2013
IHS-DIAB BP CONTROL 2013
IHS-DIAB EYE EXAM 2013
IHS-DIAB FOOT EXAM 2013
IHS-DIAB HGBA1C 2013
IHS-DIAB HGBA1C CONTROL 2013
IHS-DIAB NEPHRO SCR/MON 2013
IHS-DIABETES SCREENING 2013
IHS-DOMESTIC VIOLENCE 2013
IHS-EPSDT SCREENING 2013
IHS-FALL RISK SCREEN 2013
IHS-FUNCTIONAL ASSESSMENT 2013
IHS-HCT/HGB 2013
IHS-HEAD CIRCUMFERENCE 2013
IHS-HEARING TEST 2013
IHS-HEIGHT 2013
IHS-HEP A ADULT IMMUN 2013
IHS-HEP B ADULT IMMUN 2013
IHS-HIV SCREEN 2013
IHS-HPV IMMUN 2013
IHS-IMMUNIZATION FORECAST 2013
IHS-INFLUENZA IMMUN 2013
IHS-LIPID FEMALE 2013
IHS-LIPID MALE 2013
IHS-MAMMOGRAM 40-49 2013
IHS-MAMMOGRAM 50-74 2013
IHS-MAMMOGRAM 75-100 2013
IHS-MENINGITIS IMMUN 2013
IHS-NEWBORN HEARING 2013
IHS-NUTRITIONAL SCREENING 2013
2.3 Reminders with Logic Changes

IHS-COLON CANCER 2013

Upper age changed to 75 and barium enema removed from findings.

IHS-DEPO PROVERA 2013

J1050 was added to the taxonomy to resolve the reminder.

IHS-DIAB ASPIRIN FEMALE 2013

Age changed to 60-99.

IHS-DIAB ASPIRIN MALE

Age changed to 50-99

IHS-MAMMOGRAM 40-49 2013

Satisfied by mammogram or education
IHS-MAMMOGRAM 50-74 2013
Satisfied by mammogram

IHS-MAMMOGRAM 75-100 2013
Satisfied by mammogram or education

IHS-OSTEOPOROSIS SCREEN 2013
Patient female, 65 and older, and no osteoporosis screening documented. If osteoporosis or osteopenia, bone mineral density testing every two years.

IHS-PAP SMEAR 30-64Y 2013-2
Reminder frequency is set to 5 years so regardless of test(s) done will forecast a PAP due in five years. IF only a PAP test was done without HPV testing, the PAP test expires in three years and will be due.

IHS_PED PNEUMOCCAL IMMUN 2013
Upper age range changed to 5Y.

2.4 Updated Reminder Dialogs
Most dialog changes were minor and either corrected misspellings or added information on the evaluation of the reminder.

2.5 New Dialogs (with Associated Reminder)
IHS-ACTIVITY SCREEN 2013
IHS-ACTIVITY SCREEN 2013
IHS-ANTICOAG DURATION OF TX 2013
IHS-ANTICOAG INR GOAL 201
IHS-ANTICOAG THERAPY END DATE 2013
IHS-ASTHMA ACTION PLAN 2013
IHS-ASTHMA CONTROL 2013
IHS-ASTHMA PRIM PROV 2013
IHS-ASTHMA RISK EXACERBATION-2013
IHS-ASTHMA SEVERITY 2013
IHS-ASTHMA STEROID 2013
IHS-BLOOD PRESSURE 2013
IHS-CHLAMYDIA SCREEN 2013 IHS-COLON CANCER 2013-2
IHS-CVD 2013
IHS-DENTAL VISIT 2013
IHS-DEPO PROVERA 2013 IHS-DEPRESSION SCREEN 2013
IHS-DIAB ACE/ARB 2013
IHS-DIAB ASPIRIN FEMALE 2013
IHS-DIAB ASPIRIN MALE 2013
IHS-DIAB ANTPLT KNOWN CVD 2013
IHS-DIAB BP CONTROL 2013
IHS-DIAB EYE EXAM 2013
IHS-DIAB FOOT EXAM 2013
IHS-DIAB HGBA1C 2013
IHS-DIAB HGBA1C CONTROL 2013
IHS-DIAB NEPHRO SCR/MON 2013
IHS-DIABETES SCREENING 2013
IHS-DOMESTIC VIOLENCE 2013
IHS-EPSDT SCREENING 2013
IHS-FALL RISK SCREEN 2013
IHS-FUNCTIONAL ASSESSMENT 2013
IHS-HCT/HGB 2013
IHS-HEAD CIRCUMFERENCE 2013
IHS-HEARING TEST 2013
IHS-HEIGHT 2013
HS-HEP A ADULT IMMUN 2013
IHS-HEP B ADULT IMMUN 2013
IHS-HIV SCREEN 2013
IHS-HPV IMMUN 2013
IHS-IMMUNIZATION FORECAST 2013
IHS-INFLUENZA IMMUN 2013
IHS-LIPID FEMALE 2013
IHS-LIPID MALE 2013
IHS-MAMMOGRAM 40-49 2013
IHS-MAMMOGRAM 50-74 2013
IHS-MAMMOGRAM 75-100 2013
IHS-MENINGITIS IMMUN 2013
IHS-NEWBORN HEARING 2013
IHS-NUTRITIONAL SCREENING 2013
IHS-OSTEOPOROSIS SCREEN 2013
IHS-PAP SMEAR 21-29Y 2013-2
IHS-PAP SMEAR 30-64Y 2013-2
IHS-PED DT IMMUN 2013
IHS-PED DTAP IMMUN 2013
IHS-PED FLU IMMUN 2013
IHS-PED HEPA IMMUN 2013
IHS-PED HEPB IMMUN 2013
IHS-PED HIBTITER IMMUN 2013
IHS-PED MMR IMMUN 2013
IHS-PED PEDVAXHIB IMMUN 2013
IHS-PED PNEUMOCOCCAL IMMUN 2013
IHS-PED POLIO IMMUN 2013
IHS-PED ROTAVIRUS IMMUN 2013
IHS-PED VARICELLA IMMUN 2013
IHS-PNEUMOVAX IMMUN 2013
IHS-RUBELLA IMMUN 2013
IHS-SENIOR HEIGHT 2013
IHS-SENIOR VISION 2013
IHS-TD IMMUN 2013
IHS-TDAP IMMUN 2013
IHS-TOBACCO SCREEN 2013
IHS-VISION EXAM 2013
IHS-WEIGHT 2013
IHS-ZOSTER IMMUN 2013

2.6 Standalone Dialogs

This patch contains several standalone dialog templates. These items are attached to blank reminders for uploading purposes and are NOT intended to be added to the GUI reminders for evaluation.

• IHS-ASBI BNI 2013
• IHS-ASBI SCREENING 2013
• IHS-ASTHMA INTAKE 2013
• IHS-MED ED 2013
• IHS-MED THERAPY MNGT 2013
• IHS-PED KINRIX IMMUN 2013
• IHS-PED MMRV IMMUN 2013
• IHS-PED PEDIARIX IMMUN 2013
• IHS-PED TWINRIX IMMUN 2013
• IHS-PHN HOSP DC VISIT 2013
• IHS-PHQ9 SCREEN 2013
• IHS-SCREENING BUNDLE 2013
3.0 Installation Checklist

Review the patch notes and this guide. The following steps should be performed by the appropriate IRM or CAC staff in the order that it is presented.

1. Review the list of reminders to determine which ones you will install/activate at your site. Section 4.0 provides more information.

2. Setup Quick Orders. Section 6.0 provides more information.

3. Setup TIU Objects. Section 7.0 provides more information.

4. Setup HS Objects. Section 8.0 provides more information.

5. Remove Old Reminders from Reminder Exchange) Section 9.0 provides more information.

6. Dialog Preparation: If the site has made local changes to existing national dialogs, especially by adding ADDITIONAL FINDINGS to dialogs, there may be some problems. Follow the instructions in this guide to look for the additional findings and remove them before installing the reminder. You can add them back after installation. Section 10.0 provides more information.

7. Install the KIDS build by appropriate IRM personnel. Section 11.0 provides more information.

   Note: After the KIDS build has been installed, the computed findings that are used to check the immunization forecaster will not function properly until the new immunization reminders are installed through reminder exchange.

8. You must install the immunization reminders through exchange immediately if you have any immunization reminders deployed. You do not have to move these into production immediately but should replace your old immunization reminders with the new ones fairly soon.

9. Install the reminders in Reminder Exchange that will be used at the facility. Section 12.0 provides more information.

10. Setup the VA Health Summary Object for Depo Provera after the IHS-DEPO PROVERA reminder is installed and before the dialog is installed. Section 13.0 provides more information.

11. Install, link and enable the dialogs. Section 14.0 provides more information.

13. Review reminder terms and populate reminder terms that contain labs or drugs. Failure to do this will result in MANY reminders being due all the time. Section 16.0 provides more information.

14. If you removed additional findings in Step 5, then add them back in. Consider manually updating the dialogs. Section 16.0 provides information about manually updating the dialogs. NEVER use an additional finding that is used in any other reminder dialog. Only absolutely unique finding items may be used as additional findings. Section 17.0 provides more information.

15. Configure the Electronic Health Record to display the reminders. Sites may choose to activate the reminders just for specific individuals during a testing phase. If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab. Section 18.0 provides more information.

16. Inactivate Old Reminders. Section 19.0 provides more information.

17. Setup TIU Reminder Dialogs as Templates. Section 20.0 provides more information.

18. Review the installed reminders and dialogs. Section Appendix A: provides more information about common install questions/issues.
4.0 Review National Reminder Definitions

The following provides information about all the National Reminder Definitions.

4.1 IHS-ACTIVITY SCREEN 2013

APPLICABLE TO: Patients age 5 and older.

REMINDER DUE: If age 5 and older AND no activity health factor AND no exercise education documented in past year.

FREQUENCY: Annually.

RESOLUTION: Documentation of:

• Health Factor of Type: Inactive, Some Activity, Active, Very Active, AND
• Education topic HPDP-EXERCISE

BIBLIOGRAPHIC CITATION: Healthy People 2010, Physical Activity

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013

4.2 IHS-ALCOHOL SCREEN 2013

APPLICABLE TO: Patients age 13-99.

REMINDER DUE: Patient is aged 13-99 and has no alcohol screening (exam, measurement, health factor, POV) documented in the past year.

FREQUENCY: Annually.

RESOLUTION: This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder look up.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce 2013, Healthy People 2020 Substance Use.

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
4.3 IHS-ALLERGY 2013

APPLICABLE TO: Patients who do not have an allergy assessment in computer.

REMINDER DUE: Patients who do not have an allergy assessment in computer.

FREQUENCY: 1 month for ages 1 month to 115 years.

RESOLUTION: This reminder resolves when an allergy is added or an assessment is done.

4.4 IHS-ANTICOAG DURATION OF TX

APPLICABLE TO: Patients on Anticoagulation Therapy who do not have a Duration of Therapy documented in PCC.

REMINDER DUE: If patient is on Anticoagulation Therapy and no Duration of Anticoagulation Therapy is documented.

FREQUENCY: 1 day for all ages.

RESOLUTION: This reminder resolves when the duration of therapy is documented through PCC Data Entry using the mnemonic ACTH or via the EHR Anticoagulation tool. Once documented, the ANTICOAGULATION: DURATION OF ANTICOAG THERAPY Best Practice Prompt is no longer active and the reminder resolves.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf


- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.5 IHS-ANTICOAG INR GOAL 2013

APPLICABLE TO: Patients on Anticoagulation Therapy who do not have an INR goal documented in PCC.

REMINDER DUE: If a patient is on Anticoagulation Therapy and no INR goal is documented.
**FREQUENCY**: 1 day for all ages.

**RESOLUTION**: This reminder resolves when INR goal is documented through PCC Data Entry using the mnemonic ACTH or via EHR Anticoagulation tool. Once documented, the ANTICOAGULATION: INR GOAL Best Practice Prompt is no longer active and the reminder resolves.

Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

**BIBLIOGRAPHIC CITATION**: US American College of Chest Physicians:

- Antithrombotic Therapy and Prevention of Thrombosis Panel
- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.6 IHS-ANTICOAG THERAPY END DATE 2013

**APPLICABLE TO**: Patients on anticoagulation therapy whose therapy end date is in less than 45 days.

**REMINDER DUE**: If patient is on Anticoagulation Therapy, and therapy end date is less than 45 days. Consider reassessing your patient's continued need for Warfarin therapy, and extending the Duration of Anticoagulation Therapy if indicated.

**FREQUENCY**: 1 day for all ages.

**RESOLUTION**: This reminder resolves when ANTICOAGULATION THERAPY END DATE is documented through PCC Data Entry using the mnemonic ACTH OR via EHR Anticoagulation tool. Once documented, the Best Practice Prompt is no longer active, and the reminder resolves.

Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

**BIBLIOGRAPHIC CITATION**: US American College of Chest Physicians:

- Antithrombotic Therapy and Prevention of Thrombosis Panel
- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013
4.7  IHS-ASTHMA ACTION PLAN 2013

**APPLICABLE TO:** Patients with asthma who do not have a documented Action (Management) Plan in the past year.

**REMININDER DUE:** If patient has not had an Asthma Action Plan (Patient Ed ASM-SMP) documented in the past year, the Best Practice Prompt is only active when patient has an Asthma Severity Classification of:

- Persistent asthma, OR
- iCare Active Asthma tag, OR
- 3 instances of asthma as primary diagnosis in previous 6 months, OR
- Most recent asthma control of "very poorly controlled" or "not well controlled," OR
- Asthma exacerbation in the past year, OR
- One of more ER, OR
- Urgent Care visits in the past year with primary diagnosis of asthma

**FREQUENCY:** Annually

**RESOLUTION:** Documentation of an Asthma Action plan (Patient Ed ASM-SMP) will inactivate the ASTHMA ACTION PLAN Best Practice Prompt and resolve the reminder.

Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

Refer to the *iCare User Manual* for the logic for Asthma Tags: [http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi_022u.pdf](http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi_022u.pdf)

**BIBLIOGRAPHIC CITATION:** NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.8  IHS-ASTHMA CONTROL 2013

**APPLICABLE TO:** Patients with asthma who do not have a documented Asthma Control in the past year.
**REMINDER DUE:** If the patient has not had an asthma control documented (can be documented on Problem Edit when selecting as POV) in the past year.

The Best Practice Prompt is only active when patient has an Asthma Severity Classification of:

- Persistent asthma, OR
- iCare Active Asthma tag, OR
- 3 instances of asthma as primary diagnosis in previous 6 months

**FREQUENCY:** Annually.

**RESOLUTION:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

Refer to the *PCC Health Summary User Manuals* for the logic and RPMS taxonomies. Appendices start on page 123.

http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf

Refer to the *iCare User Manual* for the logic for Asthma Tags:

http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi_022u.pdf

**BIBLIOGRAPHIC CITATION:** NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.9 IHS-ASTHMA PRIM PROV 2013

**APPLICABLE TO:** Patients with asthma who do not have a documented Primary Care Provider.

**REMINDER DUE:** If a patient has asthma and does not have a documented Primary Care Provider.

The Best Practice Prompt is only active when patient has an Asthma Severity Classification of:

- Persistent asthma, OR
- iCare Active Asthma tag, OR
- 3 instances of asthma as primary diagnosis in previous 6 months

**FREQUENCY:** 1 day for all ages.
RESOLUTION: This reminder resolves when the PCC Best Practice Prompt is no longer active.

Refer to the PCC Health Summary User Manuals for the logic and RPMS taxonomies. Appendices start on page 123.
http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf

Refer to the iCare User Manual for the logic for Asthma Tags:
http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi_022u.pdf

BIBLIOGRAPHIC CITATION: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.10 IHS-ASTHMA RISK EXACERBATION 2013

This reminder uses a computed finding to get data from ASTHMA: INCREASED RISK FOR EXACERBATION best practice prompt. The reminder is due while the patient is at an increased risk for exacerbation, and will not resolve while the best practice prompt is active for the patient.

APPLICABLE TO: Patients with asthma and who have had an active Asthma Risk for Exacerbation Best Practice Prompt.

REMINDER DUE: patient has asthma and had an active Asthma Risk for Exacerbation Best Practice Prompt. Patients with increased risk for asthma exacerbation, defined as:

- Two or more ER, Urgent Care or inpatient visits in the last year (not on the same day) with a documented primary diagnosis of asthma; OR
- One prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ONLY asthma severity 1 (intermittent); OR
- Two prescriptions for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ANY asthma severity Classification of mild, moderate, or severe persistent; OR
- At least one ER, Urgent Care or inpatient visit in the last year with a documented primary diagnosis of asthma AND one prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year on a date at least 2 weeks (14 days) before or after the ER/UC/inpatient visit.
**FREQUENCY:** 1 day for all ages.

**RESOLUTION:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

**BIBLIOGRAPHIC CITATION:** NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.11 IHS-ASTHMA SEVERITY 2013

**APPLICABLE TO:** Patients with asthma do not have asthma severity documented on the problem list.

**REMINDER DUE:** If a patient does not have documented Asthma Severity Classification (on problem list). The Best Practice Prompt is only active when patient has an:

- iCare Active Asthma tag, OR
- 3 instances of asthma as primary diagnosis in previous 6 months

**FREQUENCY:** Annually.

**RESOLUTION:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

**BIBLIOGRAPHIC CITATION:** NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.12 IHS-ASTHMA STEROIDS 2013

**APPLICABLE TO:** A patient who uses inhaled corticosteroids, but has not had a prescription in the past 6 months.

**REMINDER DUE:** If patient does not have a prescription in the past 6 months for inhaled corticosteroids. Reminder will be due when the Best Practice Prompt is active.
FREQUENCY: 1 day for all ages.

RESOLUTION: This reminder uses a computed finding to receive data from PCC Best Practices.

Refer to the PCC Health Summary User Manuals for the logic and RPMS taxonomies. Appendices start on page 123.
http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf

Refer to the iCare User Manual for the logic for Asthma Tags:
http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi_022u.pdf

BIBLIOGRAPHIC CITATION: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013

4.13 IHS-BLOOD PRESSURE 2013

APPLICABLE TO: Patients age 2 and older. Hypertensive and diabetic patients are excluded from this reminder. This is a blood-pressure screening reminder for normal risk individuals.

REMINDER DUE: A patient who does not have hypertension or diabetes AND:

• Last BP was over 139 OR 89
• No BP recorded in past 1 year if over 21 OR
• If under 21 and last DBP 85-89
• No BP recorded in past 2 years if age 2-20

FREQUENCY:

• 1 year for ages 21Y to 110Y
• 2 years for ages 2Y to 20Y

RESOLUTION: Blood pressure at the recommended interval

BIBLIOGRAPHIC CITATION: Healthy People 2020 Heart Disease and Stroke:

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013
4.14 IHS-CHLAMYDIA SCREEN 2013

APPLICABLE TO: Female patients age 16-25

REMINDER DUE: If a female patient age 16-25 has had no chlamydia screening in the past year. The screening may be deferred if the patient is not engaged in sexual intercourse.

FREQUENCY: Annually for ages 16Y to 25Y.

RESOLUTION: This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder look up.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce 2008, Healthy People 2020, Sexually Transmitted Infections:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.15 IHS-COLON CANCER 2013

APPLICABLE TO: if age 51-75, with:

- No history of neoplasm of the colon
- No evidence of colonoscopy in past 9yrs 9mos
- No evidence of sigmoidoscopy or barium enema in past 4yrs 9mos

This differs from previously released reminder due to a software defect in the handling of rank frequency used in resolution logic.

REMINDER DUE: If no fecal test done in past year, REMINDER ON if due within 3 months.

FREQUENCY: Annually for ages 51Y to 75Y.

RESOLUTION:

- Fecal test resulted
- Colonoscopy done (status N/A for 9yrs, 3mos)
- Sigmoidoscopy or barium enema (status N/A for 4yrs, 9mos)
**BIBLIOGRAPHIC CITATION**: US Preventive Services Taskforce 2008, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.16 IHS-CVD 2013

**APPLICABLE TO**: Patients who have an iCare tag of CVD Risk, Known CVD, or Unknown Risk for CVD.

**REMINDER DUE**: Patients who have an iCare CVD tag. See Reminder Dialog and/or PCC Best Practice Prompts to see what iCare tag is assigned, and what is recommended for this patient.

**FREQUENCY**: 1 day for all ages

**RESOLUTION**: This reminder uses a computed finding to receive data from PCC Best Practices.

Refer to the [PCC Health Summary User Manuals](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf) for the logic. Appendices start on page 123.

Refer to the [iCare User Manual](http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi_022u.pdf) for the logic for CVD Tags:

**BIBLIOGRAPHIC CITATION**: Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (ATP III) 2004, Million Hearts, Healthy People 2020, Heart Disease and Stroke:

- Funding Source: Indian Health Service
- Release: 2013

### 4.17 IHS-DENTAL VISIT 2013

**APPLICABLE TO**: All patients, all ages.

**REMINDER DUE**: If no dental visit documented in past year, 3 months before due date.

**FREQUENCY**: Annually for ages 1Y to 100Y.

**RESOLUTION**: This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder lookup.
4.18 IHS-DEPO PROVERA 2013

APPLICABLE TO:

Warning: This order may be expired. If patient is no longer using Depo Provera, then discontinue the active or expired order to remove from cohort.

REMINDER DUE: If patient has an order that is not discontinued for Depo Provera, and it has been 10 weeks, but not greater than 13 weeks since the last injection (CPT code J1050).

Important: The standard administration schedule is every 12 weeks. If the patient is due soon, ensure that an appointment is schedule for their scheduled injection and/or follow local policy for timing of injections.

Important: Follow your site's policy and procedure for screening, assessment including UHCG screening and on time, late and restart administration of Depo Provera.

FREQUENCY: 91 days for all ages.

RESOLUTION: Check status of order. Reminder will be active for patients with expired orders. Follow site's policy and procedure for renewing orders.

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce 2008, Healthy People 2020, Family Planning:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013
4.19 IHS-DEPRESSION SCREEN 2013

APPLICABLE TO: All patients, starting at age 18 years.

REMINDER DUE: Patient is aged 18 and older, and has no depression screenings (exam, measurement, POV) or mood disorders documented in the past year.

FREQUENCY: Annually for ages 18Y to 110Y.

RESOLUTION: This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder look up.

BIBLIOGRAPHIC CITATION: Healthy People 2010 Mental Health and Mental Disorders:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.20 IHS-DIAB ACE/ARB 2013

Diabetic patients who have hypertension or nephropathy should be evaluated for the appropriateness an ACEI or ARB therapy unless they are allergic to both.

APPLICABLE TO:

- Patient has an active problem or diagnosis of diabetes, AND
- Either a diagnosis of nephropathy or hypertension or a UA/CR >30, AND
- Does not have an active, filled prescription for an ACEI or ARB, AND
- Does NOT have an active, filled prescription for an ACEI or ARB

Note: Patient is removed from cohort if documented allergy/ADR to both ACEI and ARB.

REMINDER DUE: If patient has an active problem or diagnosis of Diabetes AND either a diagnosis of nephropathy or hypertension or a UA/CR >30 and does not have an active, filled prescription for an ACEI or ARB.

FREQUENCY: Annually.

RESOLUTION: Reminder resolved by current prescription for ACEI or ARB, including outside medications.
**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2013, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.21 IHS-DIAB ANTPLT KNOWN CVD 2013

**APPLICABLE TO:** Diabetic patients with known cardiovascular disease. These patients should be evaluated for the appropriateness for antiplatelet therapy. Reminder checks medication listing to see if patient is on aspirin or clopidogrel.

**REMEMBER DUE:**

- If patient has an active problem or visit diagnosis of Diabetes in the past 3 years, **AND**
- An active problem or visit diagnosis of CVD, **AND**
- Not on warfarin therapy, **AND**
- No documented allergy to BOTH Aspirin and clopidogrel, **AND**
- No current and filled RX for aspirin or clopidogrel

**FREQUENCY:** Annually.

**RESOLUTION:** Reminder resolved by current prescription for ACEI or ARB, including outside medications.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

Developer: IHS Office of Information Technology

- Funding Source: Indian Health Service
- Release: 2013

### 4.22 IHS-DIAB ASPIRIN FEMALE 2013

Female diabetic patients over 60 years of age who have an additional risk for cardiovascular disease should be considered for Aspirin therapy. Clinical judgment should be exercised in determining appropriateness of therapy based on age and other risk factors such as bleeding risk.
**APPLICABLE TO:** Female patient over 60 years of age who has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years.

**REMINDER DUE:** If the patient is female, over 60 years of age, and has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years, AND:

- Is not on warfarin therapy, AND
- Has no documented allergy to aspirin, AND
- Has no current and filled RX for aspirin (clopidogrel will also resolve reminder)

**FREQUENCY:** Annually for ages 60Y to 99Y.

**RESOLUTION:** Current RX for aspirin. Clopidogrel will also resolve reminder.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.23 IHS-DIAB ASPIRIN MALE 2013

Male diabetic patients over 50 years of age who have an additional risk for cardiovascular disease should be considered for Aspirin therapy. Clinical judgment should be exercised in determining appropriateness of therapy based on age and other risk factors such as bleeding risk.

**APPLICABLE TO:** Male patient, over 50 years of age, who has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years.

**REMINDER DUE:** If the patient is male, over 50 years of age, and has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years, AND:

- Not on warfarin therapy, AND
- No documented allergy to aspirin, AND
- No current and filled RX for aspirin (clopidogrel will also resolve reminder)

**FREQUENCY:** Annually for ages 50Y to 99Y

**RESOLUTION:** Current RX for aspirin. Clopidogrel will also resolve reminder
4.24 IHS-DIAB BP CONTROL 2013

APPLICABLE TO: Patient who has:

- An active problem-diagnosis of Diabetes, OR
- A visit diagnosis of Diabetes in the past 3 years, AND
- No BP recorded in 3 months

REMINDER DUE: If SBP 130 or greater, OR DBP 80 or greater.

FREQUENCY: Every 3 months for all ages.

RESOLUTION: Blood pressure taken during the recommended interval.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.25 IHS-DIAB EYE EXAM 2013

APPLICABLE TO: Patients with:

- An active problem of diabetes, OR
- A visit diagnosis of diabetes in the past 3 years, AND
- No dilated eye exam in the past year

REMINDER DUE: If patient has:

- An active problem of diabetes, OR
- A visit diagnosis of diabetes in the past 3 years, AND
• No dilated eye exam in the past year

**FREQUENCY:** Annually for all ages.

**RESOLUTION:** Eye exam from the exam file or a CPT code for a fundoscopic eye exam documented.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013

### 4.26 IHS-DIAB FOOT EXAM 2013

**APPLICABLE TO:** Patients with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years.

**REMINDER DUE:** If patient has:

• An active problem of diabetes, OR
• A visit diagnosis of diabetes in the past 3 years, AND
• No diabetic foot exam in the past year

**FREQUENCY:** Annually for all ages.

**RESOLUTION:** Diabetic Foot Exam Code documented.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2013, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013

### 4.27 IHS-DIAB HGBA1C 2013

**APPLICABLE TO:** Patients with a diagnosis of Diabetes in the past 3 years, AND no HGBA1C in the last 6 months.
**REMINDER DUE:** If patient has a diagnosis of Diabetes in the past 3 years, AND no HGBA1C in the last 6 months.

**FREQUENCY:** 6 months for all ages.

**RESOLUTION:** HGBA1C lab result.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

**4.28 IHS-DIAB HGBA1C CONTROL 2013**

**APPLICABLE TO:** Patients with diabetes who have not had their A1C measured at least 2 times per year. Also, patients who are not meeting treatment goals or whose therapy has changed should have A1C quarterly.

**REMINDER DUE:**

- In 6 months if no A1C in past 6 months.
- In 3 months if the last A1C exceeds the site-defined threshold in the IHS-HGBA1C REEVALUATE term. Each site must edit this term and enter the threshold for this reminder. See instructions below.

**FREQUENCY:** Patients with diabetes should have their A1C measured at least 2 times per year. Patients who are not meeting treatment goals or whose therapy has changed should have A1C quarterly.

**RESOLUTION:** HGBA1C lab result.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

**IHS-HGBAIC REEVALUATE:**

NAME: IHS-HGBA1C REEVALUATE Replace
CLASS: VISN//
REVIEW DATE:
DESCRIPTION:
No existing text
Edit? NO/

Select FINDING ITEM: HEMOGLOBIN A1C// Enter your sites HGBA1C test name. If there are more than 1 HGBA1C lab tests setup at your site, you will need to set each one up.

FINDING ITEM: HEMOGLOBIN A1C/
EFFECTIVE PERIOD:
USE INACTIVE PROBLEMS:
WITHIN CATEGORY RANK:
EFFECTIVE DATE:
MH SCALE:

CONDITION: I V>6.9// In this example: If the HGBA1C is greater than 6.9, it will be due in 3 months. This condition may be modified.

Enter the condition for each lab added

CONDITION CASE SENSITIVE:
RX TYPE:

4.29 IHS-DIAB NEPHRO SCR/MON 2013

APPLICABLE TO: Patients who have:

- An active problem diagnosis of diabetes, OR
- A Visit diagnosis of Diabetes in the past 3 years, AND
- NOT on long term dialysis, AND
- No quant urine albumin(UACR), AND
- eGFR (eGFR requires a creatinine) in past year

REMEMBER DUE: If a patient has:

- An active problem diagnosis of diabetes, OR
- A Visit diagnosis of Diabetes in the past 3 years, AND
- NOT on long term dialysis, AND
- No quant urine albumin(UACR), AND
- eGFR (eGFR requires a creatinine) in past year

FREQUENCY: Annually for all ages.
RESOLUTION: Quantitative Urine Albumin (UACR) and eGFR lab result.

BIBLIOGRAPHIC CITATION: American Diabetes Association
Recommendations 2013, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013

4.30 IHS-DIABETES SCREENING 2013

APPLICABLE TO: Patients age 18 and older who do not have an active problem or visit diagnosis of diabetes in past 3 years.

REMINDER DUE: Patient is aged 18 and older, without diagnosis of diabetes on the problem list, and no glucose screening test documented in the past 3 years.

FREQUENCY: 3 years for ages 18Y to 100Y.

RESOLUTION: This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Healthy People 2020, Diabetes.

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf

4.31 IHS-DOMESTIC VIOLENCE 2013

APPLICABLE TO: Women patients over the age of 15 should be screened yearly for domestic violence.

REMINDER DUE: If the female patient is aged 15 and older, and NO Exam code of:

• Intimate Partner/Domestic Violence

FREQUENCY: Annually for ages 15Y to 100Y.
RESOLUTION: This reminder resolves using a computed finding to receive data from PCC Health Maintenance Reminder.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Injury and Violence Prevention 39:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf

4.32 IHS-EPSTD SCREENING 2013

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. EPSDT requires states to assess a child's health needs through initial and periodic evaluations to assure that health problems are diagnosed and treated early, before they become more complex and their treatment more costly.

APPLICABLE TO: Patients age 0-20 yrs.

REMINDER DUE: Total of 5 times at scheduled intervals:

- Age less than 1 yr: New Pt code 99381, Established pt 99391
- Age 1-4 yr: New Pt code 99382, Established pt 99392
- Age 5-11 yr: New Pt code 99383, Established pt 99393
- Age 12-17 yr: New Pt code 99384, Established pt 99394
- Age 18-20 yr: New Pt code 99385, Established pt 99395

FREQUENCY: Annually for ages 1 day to 20 years.

RESOLUTION: This reminder uses a computed finding to receive data from PCC Health Maintenance Reminder.

BIBLIOGRAPHIC CITATION: Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013
Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

### 4.33 IHS-FALL RISK SCREEN 2013

**APPLICABLE TO:** Patients over 65 and no fall risk assessment done (Fall Risk exam, POV, injury code).

**REMINDER DUE:** 3 months before due date.

**FREQUENCY:** Annually for ages 65Y to 110Y.

**RESOLUTION:** This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder look up.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Injury and Violence Prevention 23-2:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

### 4.34 IHS-FUNCTIONAL ASSESSMENT 2013

**APPLICABLE TO:** Annual assessment of ADL and IADLs for those over 55.

**REMINDER DUE:** Patients over 55 who do NOT have at least one of the V elder care for ADL data entered, AND at least one IADL field is entered.

**FREQUENCY:** Annually for ages 55 years to 110 years.

**RESOLUTION:** This reminder uses a computed finding to get data from PCC Health Maintenance Reminder.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Older Adults 5:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)
4.35  **IHS-HCT/HGB 2013**

**APPLICABLE TO:** Patients age 12 months to 5 years.

**REMINDER DUE:** Patients age 12 months to 5 years and no HCT or HGB in past 3 years.

**FREQUENCY:** 3 years for ages 12 months to 5 years.

**RESOLUTION:** HCT or HGB lab result.

**BIBLIOGRAPHIC CITATION:** American Academy of Pediatrics Screening Recommendations, Healthy People 2020, Nutrition and Weight Status:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

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4.36  **IHS-HEAD CIRCUMFERENCE 2013**

**APPLICABLE TO:** Patients from 2 months until age 6 months, and then patients from 6 months until 3 years.

**REMINDER DUE:** Every 2 months until age 6 months, and then every 6 months until 3 years.

**FREQUENCY:** Head circumference measurements should be taken:

- Every 2 months for ages 1 day to 6 months
- Every 6 months for ages 7 months to 3 years

**RESOLUTION:** Vital measurement of head circumference documented.

**BIBLIOGRAPHIC CITATION:** American Academy of Pediatrics Screening Recommendations, Healthy People 2020, Nutrition and Weight Status:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

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4.37  **IHS-HEARING TEST 2013**

**APPLICABLE TO:** Patient between the ages of 4 years and 7 years, and NO ICD code (V72.11,V71.19) OR Measurement, HEARING or AUDIOMETRY OR CPT code: 92553,92552,92555,92556.
REMINDER DUE: Patient is between the ages of 4 years and 7 years, and NO ICD code (V72.11,V71.19) OR Measurement, HEARING or AUDIOMETRY OR CPT code: 92553,92552,92555,92556.

FREQUENCY: Once for ages 4 years and 7 years.

RESOLUTION: This reminder resolves with documentation of a hearing exam code 17 found by the HEARING TEST Health Maintenance Reminder.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Hearing and Other Sensory or Communication Disorders:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

4.38 IHS-HEIGHT 2013

APPLICABLE TO: Patients age birth to 49 years.

REMINDER DUE: Every 2 months until age 6 months, then:

- Every 6 months until age 35 months
- Every year from 3 years to 18 years
- Every 5 years from 19 years to 49 years

FREQUENCY: Every 2 months until age 6 months, then:

- Every 6 months until age 35 months
- Every year from 3 years to 18 years
- Every 5 years from 19 years to 49 years

RESOLUTION: Vital measurement of height documented.

BIBLIOGRAPHIC CITATION: American Academy of Pediatrics Screening Recommendations, Healthy People 2020, Nutrition and Weight Status:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013
4.39  IHS-HEP A ADULT IMMUN 2013

APPLICABLE TO:  Patients 18 years and older.

REMINDER DUE:  If patient is 18 years or older, AND Immunization forecaster indicates Hep A is due.

FREQUENCY:  1 day for ages 18 years to 100 years.

RESOLUTION:  This reminder uses a computed finding to search the IMM/Serve database and determine if the immunization is due and given.

BIBLIOGRAPHIC CITATION:  Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

- Developer:  IHS Office of Information Technology
- Funding Source:  Indian Health Service
- Release:  2013

4.40  IHS-HEP B ADULT IMMUN 2013

APPLICABLE TO:  Patients 20 years and older.

REMINDER DUE:  If patient is 20 years or older, AND Immunization forecaster indicates Hep B is due.

FREQUENCY:  1 day for ages 20 years to 100 years.

RESOLUTION:  This reminder uses a computed finding to search the IMM/Serve database and determine if the immunization is due and given.

BIBLIOGRAPHIC CITATION:  Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

- Developer:  IHS Office of Information Technology
- Funding Source:  Indian Health Service
- Release:  2013

4.41  IHS-HIV SCREEN 2013

APPLICABLE TO:  Patients 13 to 64 years old with no problem or diagnosis of HIV, and no HIV screening ever done.
**REMINDER DUE**: If patient is 13 to 64 years with no problem or diagnosis of HIV, and no HIV screening has ever been done.

**FREQUENCY**: 99 years – Once for ages 13 years to 64 years.

**RESOLUTION**: This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder lookup.

**BIBLIOGRAPHIC CITATION**: Healthy People 2020, Sexually Transmitted Infections:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

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### 4.42 IHS-HPV IMMUN 2013

**APPLICABLE TO**: Patient 11 to 26 years old, AND Immunization forecaster indicates HPV is due

**REMINDER DUE**: If patient is 11 to 26 years old, AND Immunization forecaster indicates HPV is due.

**FREQUENCY**: 1 day for ages 11 to 26 years old.

**RESOLUTION**: This reminder uses a computed finding to determine if the immunization is due and given.

**BIBLIOGRAPHIC CITATION**: Healthy People 2020, Immunization and Infectious Disease, Sexually Transmitted Infection; ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster).

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

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### 4.43 IHS-Immunization Forecast 2013

This reminder forces the forecaster to run before viewing a patient’s reminders. This ensures that the most current immunization forecast is displayed in the reminders. The immunization forecast reminder should always be the first item on the Cover Sheet Reminder List in EHR. Section 17.0 provides more information.

**REMINDER DUE**: It is never due.
FREQUENCY: It is never due.

4.44 IHS-INFLUENZA IMMUN 2013

APPLICABLE TO: Patients 18 years or older, AND Immunization forecaster indicates Influenza is due.

REMINDER DUE: If patient is 18 years or older, AND Immunization forecaster indicates Influenza is due.

FREQUENCY: 1 day for ages 18 years to 99 years.

RESOLUTION: Flu Shot Immunization given.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.45 IHS-LIPID PROFILE FEMALE 2013

APPLICABLE TO: Female age 45 years to 64 years.

REMINDER DUE: If female age 45 years to 64 years and no lipid profile in the past 5 years, if diabetic of any age and no lipid profile in 1 year.

FREQUENCY: 5 years for ages 45 years to 64 years.

RESOLUTION: Lipid profile lab result including and LDL.

BIBLIOGRAPHIC CITATION: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, Heart Disease and Stroke, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.46 IHS-LIPID PROFILE MALE 2013

APPLICABLE TO: Male age 35 years to 64 years.

Addendum to Installation Notes
Review National Reminder Definitions
September 2014

36
REMINDER DUE:  If male age 35 years to 64 years and no lipid profile in the past 5 years, if diabetic of any age and no lipid profile in 1 year.

FREQUENCY:  5 years for ages 35 years to 64 years.

RESOLUTION:  Lipid profile lab result including and LDL.

BIBLIOGRAPHIC CITATION:  American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, Heart Disease and Stroke, IHS Division of Diabetes Treatment and Prevention.

- Developer:  IHS Office of Information Technology
- Funding Source:  Indian Health Service
- Release:  2013

### 4.47 IHS-MAMMOGRAM 40-49 2013

APPLICABLE TO:  Mammography is recommended in women from ages 50 through 74. Mammography should be discussed with patients from 40 through 49 and 75 through 100, with screening performed based on clinical judgment.

Routine Screening Mammogram recommendations:

- US Preventive Services Taskforce:
  - Recommends screening mammograms every 2 years from age 50 through 74
  - Recommends against routine screening in women aged 40 through 49
- American College of Obstetrics and Gynecology:
  - Recommends screening mammograms every 1 to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
  - Provider should discuss with patients whether mammography should be continued for ages 75 through 100
- American Cancer Society:
  - Recommends screening mammograms yearly starting at age 40, as long as a woman is in good health

Clinicians should discuss the benefits and risks of mammography with patients aged 40 through 49, and for 75 through 100, and screen based on clinical judgment.

REMINDER DUE:  Women aged 40 through 49 years who have not had Women’s Health Mammogram education or mammogram documented in the past year.

FREQUENCY:  Annually for ages 40 years to 49 years.

EXCLUDED:  Patients who have had a bilateral mastectomy documented.
**RESOLUTION:** Patients ages 40 through 49 years with documentation of Women’s Health-Mammogram patient education or Mammogram.

**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce 2009, American College of Obstetricians and Gynecologists 2011, American Cancer Society 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

**4.48 IHS-MAMMOGRAM 50-74 2013**

**APPLICABLE TO:** Mammography is recommended in women from ages 50 through 74. Mammography should be discussed with patients from 40 through 49 and 75 through 100, with screening performed based on clinical judgment.

Routine Screening Mammogram recommendations:

- **US Preventive Services Taskforce:**
  - Recommends screening mammograms every 2 years from age 50 through 74
  - Recommends against routine screening in women aged 40 through 49
- **American College of Obstetrics and Gynecology:**
  - Recommends screening mammograms every 1 to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
  - Provider should discuss with patients whether mammography should be continued for ages 75 through 100
- **American Cancer Society:**
  - Recommends screening mammograms yearly starting at age 40, as long as a women is in good health

Clinicians should discuss the benefits and risks of mammography with patients aged 40 through 49, and for 75 through 100, and screen based on clinical judgment.

**REMARKER DUE:** Women aged 50 through 74 years who have not had Women’s Health Mammogram education or mammogram documented in the past year.

**FREQUENCY:** Annually for ages 50 years to 74 years.

**EXCLUDED:** Patients who have had a bilateral mastectomy documented.
**RESOLUTION:** Patients ages 50 through 74 years with documentation of Women’s Health-Mammogram patient education or Mammogram.

**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce 2009, American College of Obstetricians and Gynecologists 2011, American Cancer Society 2012, Healthy People 2020, Cancer:

- **Developer:** IHS Office of Information Technology
- **Funding Source:** Indian Health Service
- **Release:** 2013

Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/ bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

### 4.49 IHS- MAMMOGRAM 75-100 2013

**APPLICABLE TO:** Mammography is recommended in women from ages 50 through 74. Mammography should be discussed with patients from 40 through 49 and 75 through 100, with screening performed based on clinical judgment.

Routine Screening Mammogram recommendations:

- **US Preventive Services Taskforce:**
  - Recommends screening mammograms every 2 years from age 50 through 74
  - Recommends against routine screening in women aged 40 through 49

- **American College of Obstetrics and Gynecology:**
  - Recommends screening mammograms every 1 to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
  - Provider should discuss with patients whether mammography should be continued for ages 75 through 100

- **American Cancer Society:**
  - Recommends screening mammograms yearly starting at age 40, as long as a women is in good health

Clinicians should discuss the benefits and risks of mammography with patients aged 40 through 49, and for 75 through 100, and screen based on clinical judgment.

**REMINDER DUE:** Women aged 75 through 100 years who have not had Women’s Health Mammogram education or mammogram documented in the past year.

**FREQUENCY:** Annually for ages 75 years to 100 years.

**EXCLUDED:** Patients who have had a bilateral mastectomy documented.
**RESOLUTION**: Patients ages 75 through 100 years with documentation of Women’s Health-Mammogram patient education or Mammogram.

**BIBLIOGRAPHIC CITATION**: US Preventive Services Taskforce 2009, American College of Obstetricians and Gynecologists 2011, American Cancer Society 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

### 4.50 IHS-MENINGITIS IMMUN 2013

**APPLICABLE TO**: Patients age 11 years to 18 years, AND Immunization forecaster indicated Meningitis is due.

**REMIINDER DUE**: If age 11 years to 18 years, AND Immunization forecaster indicated Meningitis is due.

**FREQUENCY**: 1 day for ages 11 years to 18 years.

**RESOLUTION**: Meningitis Immunization given.

**BIBLIOGRAPHIC CITATION**: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.51 IHS-NEWBORN HEARING 2013

**APPLICABLE TO**: Patients between 0 and 12 months, and no newborn hearing screening is found.

**REMIINDER DUE**: If patient is between 0 and 12 months, and no newborn hearing screening is found. (If documenting exam, requires documenting Newborn Hearing Exam for both ears).

**FREQUENCY**: 99 years – Once for ages 1 day to 1 year.
**RESOLUTION**: This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder lookup.

**BIBLIOGRAPHIC CITATION**: Healthy People 2020, Hearing and Other Communication Disorders:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

### 4.52 IHS-NUTRITIONAL SCREENING 2013

**APPLICABLE TO**: Patients are 70 or older, and no Nutritional Risk Screening has been done in past year.

**REMINDER DUE**: If patient is 70 or older, and no Nutritional Risk Screening has been done in past year.

**FREQUENCY**: 1 day for ages 70 years to 100 years.

**RESOLUTION**: Nutritional Risk Screening is entered in PCC Data Entry using the NRS mnemonic.

**BIBLIOGRAPHIC CITATION**: Healthy People 2020, Nutrition and Weight Status:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.53 IHS-OSTEOPOROSIS SCREEN 2013

**APPLICABLE TO**: Female patients, 65 and older, with no osteoporosis screening documents.

**REMINDER DUE**: For female patients, 65 and older, with no osteoporosis screening documents. IF osteoporosis or osteopenia, bone mineral density testing should be done every 2 years.

**FREQUENCY**: Once for female patients ages 65 years to 110 years.
RESOLUTION: This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder look up.

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce 2011:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)

4.54 IHS-PAP SMEAR 21-29Y 2013

APPLICABLE TO: Normal risk women every 3 years between the ages of 21 and 29.

REMINDER DUE: For female patients with intact cervix ages 21 to 29 years if no PAP test in past 3 years.

FREQUENCY: 3 years for ages 21 years to 29 years.

RESOLUTION: This reminder resolves using the RPMS data found by the PAP SMEAR Health Maintenance Reminder for Pap Smear.

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce, American Cancer Society Cervical Cancer Screening recommendations 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.55 IHS-PAP SMEAR 30-64Y 2013

APPLICABLE TO: Female patients with intact cervix ages 30 years to 64 years if no PAP test in past 3 years, OR if no PAP test AND HPV test documented in past 5 years.

REMINDER DUE: For female patients with intact cervix ages 21 to 29 years if no PAP test in past 3 years.

FREQUENCY: Frequency is set to 5 years so regardless of test(s) done, the system will forecast a PAP due in 5 years. IF only a PAP test was done without HPV testing, the PAP test expires in 3 years and will be due.
RESOLUTION: This reminder resolves using the RPMS data found by the PAP SMEAR Health Maintenance Reminder for Pap Smear.

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce, American Cancer Society Cervical Cancer Screening recommendations 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.56 IHS-PED DT IMMUN 2013

APPLICABLE TO: Patients at least 6 weeks old, and less than 7 years old.

REMINDER DUE: If patient is at least 6 weeks old, and less than 7 years old, AND Immunization forecaster indicates DT is due.

FREQUENCY: 1 day for ages 1 month to 6 years.

RESOLUTION: This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practice Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.57 IHS-PED DTAP IMMUN 2013

APPLICABLE TO: Patients at least 6 weeks old, and less than 7 years old.

REMINDER DUE: If patient is at least 6 weeks old, and less than 7 years old, AND Immunization forecaster indicates DTaP is due.

FREQUENCY: 1 day for ages 1 month to 6 years.

RESOLUTION: This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.
**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practice Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

**4.58 IHS-PED FLU IMMUN 2013**

**APPLICABLE TO:** Patients 6 month old through 17 years old.

**REMINDER DUE:** If patient is 6 month old through 17 years old, and NOT allergic to eggs, AND Immunization forecaster indicates Influenza is due.

**FREQUENCY:** 1 day for ages 6 months to 17 years.

**RESOLUTION:** This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practice Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

**4.59 IHS-PED HEPA IMMUN 2013**

**APPLICABLE TO:** Patients 12 months and less than 18 years.

**REMINDER DUE:** If patient is 12 months and less than 18 years, AND Immunization forecaster indicates Hep A is due.

**FREQUENCY:** 1 day for ages 1 year to less than 18 years.

**RESOLUTION:** This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013

4.60 IHS-PED HEPB IMMUN 2013

APPLICABLE TO: Patients 2 days to 19 years.

REMINDER DUE: If patient is 2 days to 19 years, AND Immunization forecaster indicates Hep B is due.

FREQUENCY: 1 day for ages 2 days to 19 years.

RESOLUTION: This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013

4.61 IHS-PED HIBTITER IMMUN 2013

APPLICABLE TO: Patients at least 6 weeks and less than 5 years old, AND Immunization forecaster indicates HIB is due.

REMINDER DUE: If patient is at least 6 weeks and less than 5 years old, AND Immunization forecaster indicates HIB is due.

FREQUENCY: 1 day for ages 1 month to 5 years.

RESOLUTION: This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013
4.62 IHS-PED MMR IMMUN 2013

**APPLICABLE TO:** Patients 12 months to 18 years, AND Immunization forecaster indicates MMR is due.

**REMinDER DUE:** If patient is 12 months to 18 years, AND Immunization forecaster indicates MMR is due.

**FREQUENCY:** 1 day for ages 12 months to 18 years.

**RESOLUTION:** This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.63 IHS-PED PEDVAXHIB IMMUN 2013

**APPLICABLE TO:** Patients 6 weeks to 59 months, AND immunization forecaster indicates Pedvaxhib is due.

**REMinDER DUE:** If patient 6 weeks to 59 months AND immunization forecaster indicates Pedvaxhib is due.

**FREQUENCY:** 1 day for ages 1 month to 5 years.

**RESOLUTION:** This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013
4.64 IHS-PED PNEUMOCOCCAL IMMUN 2013

APPLICABLE TO: Patients between 6 weeks and 59 months, AND immunization forecaster indicates pediatric pneumococcal is due.

REMINDER DUE: If patient between 6 weeks and 59 months, AND immunization forecaster indicates pediatric pneumococcal is due.

FREQUENCY: 1 day for ages 1 month to 5 years.

RESOLUTION: This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.65 IHS-PED ROTAVIRUS IMMUN 2013

APPLICABLE TO: Patients 6 weeks to 32 weeks old.

REMINDER DUE: If patient is 6 weeks to 32 weeks old, AND Immunization forecaster indicates Rotavirus is due.

FREQUENCY: 1 day for ages 1 month to 9 months.

RESOLUTION: This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.66 IHS-PED VARICELLA IMMUN 2013

APPLICABLE TO: Patient 12 months to 18 years old.
**REMINDER DUE:** If patient is 12 months to 18 years old, AND Immunization forecaster indicates Varicella is due.

**FREQUENCY:** 1 day for ages 12 months to 18 years.

**RESOLUTION:** This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.67 IHS-PNEUMOVAX IMMUN 2013

**APPLICABLE TO:** Patient 65 years or older.

**REMINDER DUE:** For patients 5 through 64 years:

- Immunization forecaster is set to forecast for 5 through 64 years, OR
- The immunization forecaster is set to forecast 5 through 64 year olds who have had 2 visits in the past 3 years for high-risk medical condition.

**FREQUENCY:** 1 day for ages 5 years to 99 years.

**RESOLUTION:** This reminder uses a computed finding to search the IMM/Serve database to determine if the immunization is due, and is given.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

### 4.68 IHS-RUBELLA IMMUNITY 2013

**APPLICABLE TO:** Patients who are:

- Not documented as immune
• With no documented Rubella immunization since age 1 year
• Born in 1957 or later and who are at least 18

**REMINDER DUE:** Patients who are:

• Not documented as immune
• With no documented Rubella immunization since age 1 year
• Born in 1957 or later and who are at least 18

**FREQUENCY:** Once for ages 18 years to 51 years.

**FREQUENCY:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practices Recommendations (maintained by Immunization Forecaster):

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013

Refer to the *PCC Health Summary User Manuals* for the logic. Appendices start on page 123. [http://www.ihs.gov/RPMS/PacketDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PacketDocs/BJPC/bjpc0200.07u_apch.pdf)

### 4.69 IHS-SENIOR HEIGHT 2013

**APPLICABLE TO:** Patients age 50 years to 110 years.

**REMINDER DUE:** Every 2 years from age 50 years to 64 years, and every 1 year for 65 years to 110 years.

**FREQUENCY:**

• 1 year for ages 65 years to 110 years
• 2 years for ages 50 years to 64 years

**RESOLUTION:** Height measurement resolves the reminder.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Nutrition and Weight Status:

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013
4.70  IHS-SENIOR VISION 2013

APPLICABLE TO:  Patient over 65 and no vision screening (measurement, CPT, or ICD).

REMINDER DUE:  Patient over 65 and no vision screening (measurement, CPT, or ICD).

FREQUENCY:  2 years for ages 65 years to 110 years.

RESOLUTION:  This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder lookup.

BIBLIOGRAPHIC CITATION:  Healthy People 2020, Vision:

- Developer:  IHS Office of Information Technology
- Funding Source:  Indian Health Service
- Release:  2013

4.71  IHS-TDAP IMMUN 2013

APPLICABLE TO:  Patient age 7 and older AND Immunization forecaster indicates Tdap is due.

REMINDER DUE:  If patient age 7 and older AND Immunization forecaster indicates Tdap is due.

FREQUENCY:  1 day for ages 7 years to 110 years

RESOLUTION:  This reminder resolves when Tdap immunization is given.

BIBLIOGRAPHIC CITATION:  Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practice Recommendations (maintained by Immunization Forecaster):

- Developer:  IHS Office of Information Technology
- Funding Source:  Indian Health Service
- Release:  2013

4.72  IHS-TOBACCO SCREEN 2013

APPLICABLE TO:  All patients and no tobacco screening, diagnosis or counseling (health factor, CPT or POV/Problem) documented in the past year.
RESOLUTION: All patients and no tobacco screening, diagnosis, or counseling (health factor, CPT or POV/Problem) documented in the past year.

FREQUENCY: 1 year for ages 1 day to 110 years.

RESOLUTION: This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder look up.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Tobacco Use:
- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.73 IHS-VISION EXAM 2013

APPLICABLE TO: Patients between 7 years and 9 years who have had no vision exam.

REMINDER DUE: If patient is between 7 years and 9 years, and no vision exam has been documented.

FREQUENCY: 99 years – Once for ages 7 years to 9 years.

RESOLUTION: This reminder resolves when vision exam is completed.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Vision:
- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2013

4.74 IHS-WEIGHT 2013

APPLICABLE TO: Patients 1 day old to 110 years old.

REMINDER DUE:
- Every visit if under 6 months old
- Every 2 months for ages 6 months through 11 months
- Every 3 months for ages 1 year through 5 years
- Every 6 months starting at age 6 years

FREQUENCY:
• 1 day for ages 1 day to 5 months
• Every 2 months for ages 6 months through 11 months
• Every 3 months for ages 1 year through 5 years
• Every 6 months starting at age 6 years to 110 years

RESOLUTION: This reminder resolves when weight is taken.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Nutrition and Weight Status.

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013

4.75 IHS-ZOSTER IMMUN 2013

APPLICABLE TO: Patients 60 years or older and Immunization Forecaster indicates Zoster Vaccine is due.

REMINDER DUE: If patient is 60 years or older, AND the Immunization Forecaster indicates the Zoster Vaccine is due.

FREQUENCY: Once for ages 60 years to 100 years.

RESOLUTION: This reminder resolves when the Zoster Vaccine is given.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Immunization and Infectious Disease, ACIP Advisory Committee on Immunization Practice Recommendations (maintained by Immunization Forecaster):

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2013
5.0 National Reminder Dialogs

5.1 IHS-ACTIVITY SCREEN 2013

Activity screen is new. This dialog allows the reminder to be resolved by entering a health factor AND patient education.

Figure 5-1: Activity Screen dialog

5.2 IHS-ALCOHOL SCREEN 2013

The alcohol screen includes use guidance and ability to document the following: Alcohol Screening Exam, CRAFFT, AUDIT-C, AUDIT, CAGE, and Brief Negotiated Interview.

CRAFFT is a copyrighted tool. You CANNOT change the dialog in any way or this violates copyright. CRAFFT is documented as a measurement.

http://www.ceasar-boston.org/clinicians/crafft.php
AUDIT is documented as a measurement.
http://www.ceasar-boston.org/clinicians/crafft.php

AUDIT-C is documented as a measurement. See ASBI guide below.

Information about Alcohol Screening and Brief Intervention (ASBI) please refer the following resources:
http://www.ihs.gov/NonMedicalPrograms/NC4/index.cfm?module=asbi

Figure 5-2: Alcohol Screen Start dialog

All of the screening tools contain an interview, patient education, and referrals.
Figure 5-3: Alcohol Screen expanded
5.3 IHS-ALLERGY 2013

Information only dialog.
5.4 IHS-ANTICOAG 2013

All of the ANTICOAG dialogs use the same dialog which contains information on where to enter the data to resolve the reminder.

- DURATION OF TX 2013
- INR GOAL 2013
- THERAPY END DATE 2013
Figure 5-6: Anticoagulation dialog
5.5 IHS-ASTHMA CONTROL 2013

Figure 5-7: Asthma Control dialog

5.6 IHS-ASTHMA ACTION PLAN 2013

Asthma management documentation has been changed to use the Asthma Self Management Plan patient education topic.
5.7 IHS-ASTHMA PRIM PROV 2013, IHS-ASTHMA RISK EXACERBATION 2013, IHS-ASTHMA SEVERITY 2013

These dialogs do not have any data entry. The user is instructed on what actions need to be taken in PCC or in other components in the EHR to resolve the reminder.
Figure 5-9: Reminder Resolution Asthma Primary Provider

REMINDER DUE: if patient has asthma and does not have a designated primary care provider.

Patients with asthma should have a designated primary care provider. PCP may be added through iCare, RPM Scheduling, PCC, or Designated Specialty Prov. Mgt. System, or EHR primary care component.

* Indicates a Required Field

<No encounter information entered>
5.8 IHS-ASTHMA STEROID 2013

This dialog provides allows documentation of a steroid medication order. Sites need to make an order menu for Asthma Steroid Meds.
5.9 **IHS-BLOOD PRESSURE 2013**

This dialog allows documentation of the blood pressure.
5.10  **IHS-CHLAMYDIA SCREEN 2013**

This dialog allows documentation of a chlamydia lab test order and patient education.
5.11 IHS-COLON CANCER 2013

This dialog allows documentation of colon cancer screening and education. The dialog has been expanded to include documentation of implementation of quick orders for colonoscopy or fecal occult blood testing.
5.12  IHS-CVD 2013

The reminder is based on an iCare CVD diagnostic tag. The dialog contains the CVD-TP object, which displays active PCC Best Practice prompts for CVD and allows documentation of items that are needed to resolve the PCC Best Practice prompts.
Figure 5-16: CVD dialog Part 1
5.13 **IHS-DENTAL VISIT 2013**

The dental visit dialog allows documentation of a current or historical dental exam.
5.14 IHS-DEPO PROVERA 2013

This is a new reminder dialog for documenting Depo Provera administration. The PXRM DEPO PROVERA object displays the reminder information for this patient. The dialog includes a screening section and an assessment section as well as documentation of patient education and CPT for the administration of Depo Provera. It is important that sites review the documentation tool and copy/edit as needed to comply with their facility policies and procedures.
Figure 5-19: Depo Provera Dialog with Reminder detail
5.15 IHS-DEPRESSION SCREENING 2013

This dialog allows documentation of depression screening exam and PHQ-2 score.
5.16 IHS-DIAB ACE/ARB 2013

This dialog allows documentation of an ACE/ARB medication order. Sites need to make an order menu for ACE/ARB.
Figure 5-22: Diabetes ACE/ARB dialog

5.17 IHS-DIAB ANTPLT KNOWN CVD 2013

This dialog allows documentation of Aspirin or Clopidogrel orders.
Figure 5-23: Diabetes Anti-platelet Therapy dialog

5.18 IHS-DIAB ASPIRIN MALE 2013

This dialog allows documentation of an aspirin order for a male.
Figure 5-24: Reminder Resolution DM Aspirin Male

Patients with a diagnosis of diabetes should be considered for the appropriateness of aspirin therapy.

No Rx found for: ASPIRIN

Order for Aspirin 81mg

* Indicates a Required Field

Orders: Aspirin (EC) 81mg DAILY
5.19 IHS-DIAB ASPIRIN FEMALE 2013

This dialog allows documentation of an aspirin order for a female.

Figure 5-25: Diabetic Aspirin Female dialog
5.20 IHS-DIAB BP CONTROL 2013

This dialog allows documentation of blood pressure.

Figure 5-26: Diabetes BP Control dialog
5.21 IHS-DIAB EYE EXAM 2013

This dialog allows documentation of fundoscopic eye exams.

![Diabetic Eye Exam dialog](image)

Figure 5-27: Diabetic Eye Exam dialog
5.22 IHS-DIAB FOOT EXAM 2013

This dialog allows documentation of foot exam and patient education.

![Figure 5-28: Diabetic Foot Exam dialog](image)

Figure 5-28: Diabetic Foot Exam dialog
5.23 IHS-DIAB HGBA1C 2013

This dialog includes documentation of implementation of quick order for HgbA1c.

Figure 5-29: Diabetic Hgba1c dialog
5.24  IHS-DIAB HGBA1C CONTROL 2013

This dialog includes documentation of implementation of quick order for HgbA1c.

Figure 5-30: Diabetic Hgba1c Control dialog
5.25 IHS-DM (DIABETES) SCREENING 2013

This dialog includes documentation of a quick order for glucose testing.

![DM Screening Reminder Resolution](image)

Figure 5-31: DM (Diabetes) Screening dialog

5.26 IHS-DIAB NEPHRO SCR/MON 2013

This dialog allows documentation of nephropathy lab test orders. Sites must make an order menu containing the nephropathy labs that are being used at the facility. The reminder is resolved by Urine albumin and eGFR. eGFR is calculated from creatinine.
Figure 5-32: Diabetic Nephropathy dialog
5.27  **IHS-DOMESTIC VIOLENCE 2013**

This dialog allows documentation of domestic violence screening exam and education.

![Figure 5-33: Domestic Violence dialog](image)

"Indicates a Required Field

**Patient Education:** UM-FOOT CARE AND EXAMINATIONS
Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (HbA1c), DIABETIC FOOT EXAM.
COMPLETE, INTIMATE PARTNER VIOLENCE
Orders: Aspirin (EC) 81 mg DAILY, LIRZ Nephropathy, LIRZ DIABETIC TESTS

Figure 5-33: Domestic Violence dialog
5.28 IHS-EPSDT SCREENING 2013

This is an information only dialog.

Figure 5-34: EPSDT dialog
5.29  IHS-FALL RISK SCREEN 2013

Resolution is Exam code.

Figure 5-35: Fall Risk dialog
5.30 IHS-FUNCTIONAL ASSESSMENT 2013

This is an information-only dialog.

![Functional Assessment dialog](image)

Figure 5-36: Functional Assessment dialog

5.31 IHS-HCT/HGB 2013

This dialog has been expanded to include documentation of implementation of quick order for HCT and HGB.
5.32 IHS-HEAD CIRCUMFERENCE 2013

This dialog allows documentation of the head circumference.
5.33  IHS-HEARING TEST 2013
This dialog allows documentation of the hearing test.

![Hearing Test dialog]

Figure 5-39: Hearing Test dialog

5.34  IHS-HEIGHT 2013
This dialog allows resolution of the reminder by entry of height.
5.35 IHS-HIV SCREEN 2013

This dialog includes an order for HIV screening test to resolve the reminder and patient education documentation.
5.36  IHS-IMMUNIZATIONS 2013

All the immunizations use the same type of dialog. Two will be displayed here, but they should all be essentially the same. Users can document an immunization given during the visit, at a previous visit, or a refusal. Education can also be documented. This dialog has been expanded to include documentation of immunization administration.

Figure 5-42: Immunization Received at this Visit dialog
Figure 5-43: Immunization Received at Another Facility and Refused at this Visit dialog
5.37 IHS-LIPID FEMALE 2013

This dialog has been expanded to include documentation of implementation of quick order for lipid testing.

![Lipid Female dialog]

Figure 5-44: Lipid Female dialog

5.38 IHS-LIPID MALE 2013

This dialog has been expanded to include documentation of implementation of quick order for lipid-level testing.
5.39 IHS-MAMMOGRAM 40 – 49 2013

This dialog allows resolution by education or mammogram for ages 40-49. Dialog was updated to also include documentation of BIRAD category for historical mammograms. It also includes a quick order for mammogram.
Figure 5-46: Mammogram 40-49 Order dialog
Figure 5-47: Mammogram Not Ordered dialog
5.40  **IHS-MAMMOGRAM 50 – 74 2013**

This dialog allows resolution by education or mammogram for ages 50-74. Dialog was updated to also include documentation of BIRAD category for historical mammograms. Only one dialog will be shown. See Figure 40 - Figure 49 for others.
5.41 IHS-MAMMOGRAM 75 – 100 2013

This dialog allows resolution by education or mammogram for ages 75-100. Dialog was updated to also include documentation of BIRAD category for historical mammograms. Only one dialog will be shown. See Figure 40 - Figure 49 for others.
5.42 **IHS-NEWBORN HEARING 2013**

Dialog allows documentation of newborn hearing. Vital Sign resolution must be documented in both ears.
5.43 **IHS-NUTRITIONAL SCREENING 2013**

This is an information only dialog.
5.44  **IHS-OSTEOPOROSIS SCREENING 2013**

This dialog includes documentation of implementation of quick order for a Dexascan. If your site receives reports of osteoporosis screening studies other than Dexascan, copy the dialog element and populate with the appropriate CPT (consult coding staff) and add to the historical data section of the dialog.
Figure 5-53: Osteoporosis Screen dialog

5.45 IHS-PAP TEST 21 – 29 2013

Reminder dialog allows documentation of order for Pap for ages 21 through 29 with or without STD testing, documentation that a Pap was not ordered, and historical entry of Pap and Hysterectomy.

**Note:** Documenting a subtotal hysterectomy with cervix retained does not remove the patient from the reminder cohort.
5.46 **IHS-PAP TEST 30 – 64 2013**

Reminder dialog allows documentation of order for Pap for ages 30 through 64 with or without STD testing, documentation that a Pap was not ordered, and historical entry of Pap and Hysterectomy.

**Note:** Documenting a subtotal hysterectomy with cervix retained does not remove the patient from the reminder cohort.
5.47 IHS-SENIOR HEIGHT 2013

This dialog allows documentation of height.
**5.48 IHS-SENIOR VISION 2013**

Resolution by Vital Sign.
5.49  IHS-TOBACCO SCREEN 2013

Tobacco screen dialog has been updated to include recent Tobacco Health Factors. The dialog is designed to capture both Smoking and Smokeless and offers appropriate education based on health factor selected.

The top level has use assessment and exposure assessment.
The second-level documents tobacco screening for current tobacco users. The amount of tobacco use documented, education documented and orders for referrals also documented.

**Note:** Selecting the group “Current or former smoker, never used smokeless tobacco,” stores the “Never used smokeless tobacco” health factor. The user then selects the smoking health factor.
Figure 5-59: Tobacco Screen Details

5.50 IHS-WEIGHT 2013

The dialog allows documentation of weight.
Figure 5-60: Weight dialog
6.0 Setup Quick Orders in Dialogs

The following provides information about setting up Quick Orders in the dialogs. Sites that have been using Clinical Reminders 1.5 with patch 1008 will have already done this step. There are no new Quick Orders in version 2.0 patch 1002.

Several of the dialogs prompt the user to order items. When you are installing the dialogs, the system asks if you want to replace the Quick Order that comes in the reminder with one being used at your site (unless you have a Quick Order with the same name). Make sure you have Quick Orders for these items already created, or a list of your local Quick Orders, when you load the reminder.

You can replace any Quick Order with a menu on install. For instance, if you want to have a small menu so the provider can choose between Screening and Diagnostic Mammograms, you could create a menu called ORZM MAMMOGRAM FOR REMINDERS and place both options on the menu. You could do this also with Dexascan – if you want to offer your clinicians DXA or SXA for example, you could create a menu called ORZM BONE DENSITY TESTS FOR REMINDERS and place the options on the menu. When you install the dialog, if you do not have the exact Quick Order name you will be offered a choice to replace it with your local Quick Order or menu.

A Quick Order might be substituted for another type of Quick Order, depending on the sites’ processes and capabilities. For example, if your site does not do DEXA on site, but refers them out to another facility, the Quick Order for a DEXASCAN (ORZ DEXASCAN) can be substituted with a consult quick order (GMRCZ DEXASACAN).

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, for example, that might be the correct choice.

6.1 Lab Quick Orders

LRZ CBC
LRZ CHLAMYDIA
LRZ GLUCOSE
LRZ HGB
LRZ HGBA1C
LRZ HIV SCREENING
LRZ INR
LRZ LIPID PROFILE
LRZ OCCULT BLOOD
LRZ PAP
LRZ URINALYSIS
6.2  Medication Quick Orders
PSOZ ASPIRIN (EC) 81MG DAILY
PSOZ DEPO PROVERA 150MG IM
PSOZ CLOPIDOGREL 75MG DAILY

6.3  Consult Quick Orders
GMRCZ BH CONSULT
GMRCZ COLONOSCOPY
GMRCZ MAMMOGRAM
GMRCZ MENTAL HEALTH
GMRCZ TOBACCO CESSATION

6.4  Other Quick Orders
ORZ EKG
ORZ DEXASCAN
RAZ BILATERAL MAMMOGRAM

6.5  Order Sets
LRZSET PAP: Order set with Pap lab tests
LRZSET DIAB NEPHRO: This order set should contain orders for UA/CR and whatever test that your facility uses that calculates the eGFR (consult lab). Some facilities use the BMP or CMP, which have the eGFR in the panel.

6.6  Menus
PSOZM ACE/ARBS: order menu with ACE/ARB medications
PSOZM ASTHMA STEROIDS: order menu with Asthma Steroid medications
7.0 Setup TIU Objects in Dialogs

The following information explains how to set up TIU Objects in dialogs.

TIU template fields are automatically installed when the reminder is loaded from reminder exchange. However, objects will not. You must make sure that the objects listed below are on your system and active.

Many of these objects are stock objects that were installed during a TIU patches or will be in the TIU 1009 patch. Check with your site manager to ensure that you have TIUv1.5p1009 installed at your site. After that patch is installed, create the missing objects*.

**Important:** Make sure to name them exactly as you see here.

- ACTIVE MEDICATIONS
- ACTIVE PROBLEMS
- ALLERGIES/ADR
- BPXRM ALCOHOL SCREEN
- BPXRM BP
- BPXRM CAGE TEST
- BPXRM DENTAL EXAM
- BPXRM DEPRESSION SCREEN
- BPXRM DIABETIC EYE
- BPXRM FALL RISK
- BPXRM FOOT EXAM
- BPXRM HEAD CIRCUMFERENCE
- BPXRM HEIGHT
- BPXRM HGB AND HCT
- BPXRM HGBA1C
- BPXRM INTIMATE PARTNER VIOLENCE
- BPXRM LAST 2 WEIGHTS
- BPXRM LAST ASPIRIN
- BPXRM LAST PHQ2
- BPXRM LAST PHQ9
- BPXRM MAMMOGRAM
- BPXRM UPDATED TOBACCO
- CVD TP
- LAST AUDIT 3*
- LAST AUDITC 3*
- LAST BPF*
- LAST CRAFFT 3*
- LAST LAB INR 3*
- LAST LIPID PROFILE*
TODAY'S LABS
V CHIEF COMPLAINT
V MEASUREMENT
*Objects that must be created locally.
8.0 Setup Health Summary Objects

The following describes how to set up health summary objects. It describes the set up procedure for the health summary objects that are used by the reminder dialogs.

8.1 ASTHMA TRIGGERS

The ASTHMA TRIGGERS health summary object is displayed in the ASTHMA INTAKE DIALOG ONLY. This object displays the last occurrence of each asthma trigger health factor.

This object contains the PCE HEALTH FACTOR SELECTED component with the ASTHMA TRIGGERS component selection.

Select RPMS-EHR Configuration Master Menu Option: | TIU Configuration Option | IHS TIU Menu for Medical Records ... | Select TIU Maintenance Menu | DDM Document | Definitions (Manager) ... | DDM6 Create TIU/Health Summary Objects.
No selection items chosen.

Select new items one at a time in the sequence you want them displayed. You may select any number of items.

Select SELECTION ITEM: ASTHMA TRIGGERS

Searching for a HEALTH FACTOR, (pointed-to by SELECTION ITEM)

Searching for a HEALTH FACTOR
ASTHMA TRIGGERS      ASTHMA TRIGGERS
...OK? Yes// YES
Are you adding 'ASTHMA TRIGGERS' as a new SELECTION ITEM (the 1ST for this STR UCTURE)? No// YES
Select SELECTION ITEM:
Select COMPONENT:

Do you wish to review the Summary Type structure before continuing? NO// NO
Please hold on while I resequence the summary order.

Do you want to overwrite the TIME LIMITS in the Health Summary Type 'ASTHMA TRIGGERS3'? N// NO
Print standard Health Summary Header with the Object? N// NO

Partial Header:
Print Report Date? N// NO
Print Confidentiality Banner? N// NO
Print Report Header? N// NO
Print the standard Component Header? Y// NO
Print the date a patient was deceased? N// NO

Print a LABEL before the Health Summary Object? N// NO

Suppress Components without Data? N// NO

OBJECT DESCRIPTION:
No existing text
Edit? NO// NO

Create a TIU Object named: ASTHMA TRIGGERS

Ok? YES//YES

TIU Object created successfully.

<table>
<thead>
<tr>
<th>TIU Object Name</th>
<th>Health Summary Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  ASTHMA TRIGGERS</td>
<td>ASTHMA TRIGGERS</td>
</tr>
<tr>
<td>2  BH MEASUREMENT</td>
<td>BEHAVIORAL HEALTH FLOWSHEET</td>
</tr>
<tr>
<td>3  PWH MED REC FOR MTM</td>
<td>PWH MED REC FOR MTM</td>
</tr>
<tr>
<td>4  PXRM DEPO PROVERA</td>
<td>PXRM DEPO PROVERA</td>
</tr>
<tr>
<td>5  REMINDERS SUMMARY</td>
<td>REMINDERS SUMMARY</td>
</tr>
<tr>
<td>6  TIU TPBN FUTURE APPTS</td>
<td>TIU TPBN FUTURE APPTS</td>
</tr>
</tbody>
</table>

Enter ?? for more actions
Create New TIU Object    Find
Detailed Display/Edit TIU Object Detailed Display/Edit HS Object
Quit
Select Action: Quit// Detailed Display

Figure 8-1; Creating Asthma Triggers Health Summary Objects
**8.2 LAST HF OCCUPATION**

This health summary object is displayed in the PHN dialog. This object displays the last occurrence of each Occupation health factor.

This object contains the PCE HEALTH FACTOR SELECTED component with the OCCUPATION component selection.
Health Summary Type: LAST HF OCCUPATION
Report Period:
Creator: JOHNSON,CAROLYN J

HS Object

Print Label: NO  Print Report Date and Time: NO
Print Blank Line after Label: NO  Print Confidentiality Banner: NO
Customized Header: YES  Print Report Date and Time: NO
Suppress Components w/o Data: NO  Print Component Header: NO
Print Deceased Information: NO  Print Time-Occurrence Limits: NO
National Object: NO  Underline Component Header: NO
Blank Line After Header: NO

Enter ?? for more actions
Edit HS Object
Change HS Type
Select Action: Quit/

Figure 8-4: Detailed Display for LAST HF OCCUPATION

Type Name: LAST HF OCCUPATION
Title:
Owner: JOHNSON,CAROLYN J
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:
SUPPRESS SENSITIVE PRINT DATA:

Max  Hos  ICD  Pro  CPT
Abb Ord Component Name  Occ  Time  Loc  Text  Nar  Mod

Selection

SHF  5  Health Factor Select 1

Figure 8-5: LAST HF OCCUPATION

8.3 PXRM DEPO PROVERA

This object is displayed in the DEPO PROVERA dialog. The PXRM DEPO PROVERA health summary object uses the IHS-DEPO PROVERA 2011 reminder.

Note: You need to install the reminder first so that it is there before you can create this object to be used in the dialog.

--- Create TIU/Health Summary Object ---

Enter a New TIU OBJECT NAME: PXRM DEPO PROVERA
Object Name: PXRM DEPO PROVERA
Is this correct? YES// YES
Use a pre-existing Health Summary Object? NO// NO
Checking PXRM DEPO PROVERA (TIU) with Health Summary...
Creating Health Summary Object 'PXRM DEPO PROVERA (TIU)'

Select Health Summary Type: PXRM DEPO PROVERA

Are you adding 'PXRM DEPO PROVERA' as a new HEALTH SUMMARY TYPE (the 43th)?  No// YES
NAME: PXRM DEPO PROVERA/
TITLE: Depo Provera
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:
SUPPRESS SENSITIVE PRINT DATA:
LOCK:
OWNER: USER,DEMO/

Do you wish to copy COMPONENTS from an existing Health Summary Type? YES// NO
Select COMPONENT: CLINICAL REMINDERS BRIEF
SUMMARY ORDER: 5// 5
HEADER NAME: Reminders Brief/

No selection items chosen.

Select new items one at a time in the sequence you want them displayed.
You may select any number of items.

Select SELECTION ITEM: IHS-DEPO

Searching for a CLINICAL REMINDER/MAINTENANCE, (pointed-to by SELECTION ITE M)

Searching for a CLINICAL REMINDER/MAINTENANCE
IHS-DEPO PROVERA 2011 VISN
...OK? Yes// YES
Are you adding 'IHS-DEPO PROVERA 2011' as a new SELECTION ITEM (the 1ST for this STRUCTURE)? No// Y
Select SELECTION ITEM:
Select COMPONENT:

Do you wish to review the Summary Type structure before continuing? NO// NO
Please hold on while I resequence the summary order.

Do you want to overwrite the TIME LIMITS in the Health Summary Type 'PXRM DEPO PROVERA'? N// NO
Print standard Health Summary Header with the Object? N// NO

Partial Header:
Print Report Date? N// NO
Print Confidentiality Banner? N// NO
Print Report Header? N// NO
Print the standard Component Header? YES// NO
Use report time/occurrence limits? N// NO
Underline Component Header?  N// NO
Add a Blank Line after the Component Header?  N// NO
Print the date a patient was deceased?  N// NO
Print a LABEL before the Health Summary Object?  N// NO
Suppress Components without Data?  N// NO

OBJECT DESCRIPTION:
No existing text
Edit? NO//NO

Create a TIU Object named: PXRM DEPO PROVERA
Ok? YES/

TIU Object created successfully.
Enter RETURN to continue...

Figure 8-6: Reminder in TIU Object

Detailed Display for PXRM DEPO PROVERA

HS Object: PXRM DEPO PROVERA (TIU)
Health Summary Type: PXRM DEPO PROVERA
Report Period:
Creator: JOHNSON,CAROLYN J

HS Object
Print Label: NO         Print Report Date and Time: NO
Print Blank Line after Label: NO         Print Confidentiality Banner: NO
Customized Header: YES        Print Report Date and Time: NO
Suppress Components w/o Data: NO         Print Component Header: NO
Print Deceased Information: NO          Print Time-Occurrence Limits: NO
National Object: NO         Underline Component Header: NO
          Blank Line After Header: NO

Enter ?? for more actions
Edit HS Object                          Inquire about a HS Type
Change HS Type                          Edit HS Type
Select Action: Quit//

Figure 8-7: PXRM Depo Provera Object Summary

Type Name:  PXRM DEPO PROVERA
Title:
Owner:  JOHNSON,CAROLYN J
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:
SUPPRESS SENSITIVE PRINT DATA:
Abb   Ord    Component Name        Occ  Time  Loc  Text  Nar  Mod
Selection
---------------------------------------------------------------------------
8.4 PWH MED REC FOR MTM

This object is displayed in the MED THERAPY MGT DIALOG ONLY. This object contains one health-summary component, the PATIENT WELLNESS HANDOUT with the MEDICATION RECONCILIATION component selection.

Figure 8-8: PXRM Depo Provera Health Summary Type Summary

CMB 5 Reminder Brief IHS-DEPO
PROV
ERA 2011

Figure 8-9: PWH MED REC Object Summary

Figure 8-10: PWH MED REC Health Summary Type
9.0 Remove Old Reminders from Exchange

Follow these instructions to remove the old reminders from displaying in the Reminder Exchange. It does not inactivate the reminders from your system. There are 90 new reminders and it is recommended that you clear the old National Reminders (IHS prefix, no year appended OR 2007, 2008, 2009, 2010, 2011, 2012 appended) out of exchange prior to installing the patch.

<table>
<thead>
<tr>
<th>Entry</th>
<th>Source</th>
<th>Date Packed</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>IHS-COLON CANCER 2007</td>
<td>08/28/2008@11:42:51</td>
</tr>
<tr>
<td>32</td>
<td>IHS-COLON CANCER 2010</td>
<td>02/04/2010@10:19:27</td>
</tr>
<tr>
<td>33</td>
<td>IHS-DENTAL VISIT</td>
<td>02/04/2010@10:19:41</td>
</tr>
<tr>
<td>34</td>
<td>IHS-DEPRESSION SCREEN 2008</td>
<td>05/22/2009@10:03:29</td>
</tr>
<tr>
<td>35</td>
<td>IHS-DEPRESSION SCREEN 2009</td>
<td>02/04/2010@10:19:56</td>
</tr>
<tr>
<td>36</td>
<td>IHS-DIAB ACE/ARB 2007</td>
<td>08/28/2008@11:43:30</td>
</tr>
<tr>
<td>37</td>
<td>IHS-DIAB ASPIRIN 2009</td>
<td>02/04/2010@10:20:10</td>
</tr>
<tr>
<td>38</td>
<td>IHS-DIAB EYE EXAM 2007</td>
<td>08/28/2008@11:44:46</td>
</tr>
<tr>
<td>39</td>
<td>IHS-DIAB HGBA1C 2007</td>
<td>08/28/2008@11:45:18</td>
</tr>
<tr>
<td>40</td>
<td>IHS-DIAB MICROALBUMIN 2007</td>
<td>08/28/2008@11:45:38CFE</td>
</tr>
</tbody>
</table>

Figure 9-1: Removing Old Reminders from Exchange
10.0 Dialog Preparation

The following describes Dialog Preparation.

Important: If your site has NOT made any changes to the existing national dialogs, skip to the next section.

If your site has made local changes to existing national dialogs, especially by adding ADDITIONAL FINDINGS to dialogs, there might be some problems. Print the following FileMan search to look for these findings. Remove them from the elements before installing the reminder. You can add them back after installation.

```
Select OPTION: 3 SEARCH FILE ENTRIES
OUTPUT FROM WHAT FILE: PACKAGE// REMINDER DIALOG (330 entries)
-A- SEARCH FOR REMINDER DIALOG FIELD: ADDITIONAL FINDINGS (multiple)
-A- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD: ?
Answer with ADDITIONAL FINDINGS SUB-FIELD NUMBER, or LABEL:
 .01 ADDITIONAL FINDINGS
-A- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD: .01
ADDITIONAL FINDINGS
-A- CONDITION: 'NULL <- "not null"
-B- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD:
-B- SEARCH FOR REMINDER DIALOG FIELD:
IF: A// REMINDER DIALOG ADDITIONAL FINDINGS NOT NULL
DO YOU WANT THIS SEARCH SPECIFICATION TO BE CONSIDERED TRUE FOR CONDITION - A-
1) WHEN AT LEAST ONE OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFIES IT
2) WHEN ALL OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFY IT
3) WHEN ALL OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFY IT, OR WHEN THERE ARE NO 'ADDITIONAL FINDINGS' MULTIPLES
CHOOSE 1-3: 1// 1
STORE RESULTS OF SEARCH IN TEMPLATE:
SORT BY: NAME//
START WITH NAME: FIRST//
FIRST PRINT FIELD: NAME
THEN PRINT FIELD: ADDITIONAL FINDINGS (multiple)
THEN PRINT ADDITIONAL FINDINGS SUB-FIELD: .01 ADDITIONAL FINDINGS
THEN PRINT ADDITIONAL FINDINGS SUB-FIELD:
THEN PRINT FIELD:
Heading (S/C): REMINDER DIALOG SEARCH Replace
DEVICE: CONSOLE Right Margin: 80//
REMINDER DIALOG SEARCH MAY 19,2009 14:00 PAGE 1
NAME
ADDITIONAL FINDINGS
--------------------------------------------------------------------
EX DEPRESSION
V79.0
IM INFLUENZA DONE
V04.8
IM INFLUENZA NASAL
V04.8
IM INFLUENZA SPLIT
V04.8
```
Figure 10-1: FileMan Search

BEH>REM>DLG>DLG ... CV (change view) to Element or Group (depending on whether the component with the additional finding is an element of a group)

Dialog List  Apr 11, 2012 14:01:32  Page:  39 of 47
DIALOG VIEW (DIALOG ELEMENTS)

+ Item   Dialog Name               Dialog type
Status
609  IM INFLUENZA DONE           Dialog Element
610  IM INSTRUCTIONS             Dialog Element
611  IM IPV DONE                 Dialog Element
612  IM IPV NOT DONE             Dialog Element
613  IM MMR DONE                 Dialog Element
614  IM MMR NOT DONE             Dialog Element
615  IM PED CONTRAINDICATION SCREEN Dialog Element
616  IM PEDIARIX DONE            Dialog Element
617  IM PEDIARIX NOT DONE        Dialog Element
618  IM PNEUMO CRITERIA2         Dialog Element
619  IM PNEUMO CRITERIA3         Dialog Element
620  IM PNEUMO-PS CONTRAINDICATION Dialog Element
621  IM PNEUMO-PS CRITERIA1      Dialog Element
622  IM PNEUMOVACCINE NOT DONE   Dialog Element
623  IM VARICELLA DONE           Dialog Element
624  IM VARICELLA NOT DONE       Dialog Element

+ Next Screen   - Prev Screen   ?? More Actions

>>> 
AD   Add                  CV   Change View          INQ  Inquiry/Print
CO   Copy Dialog          PT   List/Print All       QU   Quit
Select Item: Next Screen//609 <<< select the dialog element to edit
Dialog Name: IM INFLUENZA DONE

CURRENT DIALOG ELEMENT/GROUP NAME: IM INFLUENZA DONE
Used by: GRP FLU SHOT (Dialog Group)

NAME: IM INFLUENZA DONE//
DISABLE:
CLASS: LOCAL//
SPONSOR:
REVIEW DATE:
RESOLUTION TYPE: DONE AT ENCOUNTER//
ORDERABLE ITEM:
FINDING ITEM: INFLUENZA [TIV], SEASONAL, INJ//
DIALOG/PROGRESS NOTE TEXT:
Influenza immunization was administered today.

Edit? NO//
ALTERNATE PROGRESS NOTE TEXT:
No existing text
Edit? NO//
EXCLUDE FROM PROGRESS NOTE:
SUPPRESS CHECKBOX:
Select ADDITIONAL FINDINGS: V04.8// @
SURE YOU WANT TO DELETE? Y

123
Select ADDITIONAL FINDINGS: ? <<< check for any more additional findings. Here there are none.
You may enter a new ADDITIONAL FINDINGS, if you wish
Enter additional finding items for this dialog element.
Enter one of the following:
ED.EntryName to select a EDUCATION TOPICS
IM.EntryName to select a IMMUNIZATIONS
ST.EntryName to select a SKIN TEST
EX.EntryName to select a EXAM
HF.EntryName to select a HEALTH FACTORS
CPT.EntryName to select a PROCEDURE
ICD9.EntryName to select a ICD9 DIAGNOSIS
VM.EntryName to select a VITAL TYPE
Q.EntryName to select a ORDER DIALOG
MT.EntryName to select a MEASUREMENT

To see the entries in any particular file type <Prefix.?>

Select ADDITIONAL FINDINGS:^ <enter>

Figure 10-2: Removal of Additional Findings
11.0 Install the KIDS Build

Installation of PXRM 1002 should be done by the appropriate IRM personnel using the instructions in the patch notes.

Installation of patch 1002 will put the reminders into the REMINDER EXCHANGE file. It does NOT install them. The new reminders will not work until they are installed and activated.

**Note:** After the KIDS build has been installed, the computed findings that are used to check the immunization forecaster will not function properly until the new immunization reminders are installed through reminder exchange.

You must install the immunization reminders through exchange immediately if you have any immunization reminders deployed. You do not have to move these into production immediately but should replace your old immunization reminders with the new ones in the near future. The look up to the immunization forecaster will work in your old reminders but much of the cohort logic has been updated in the newest set of reminders.
12.0 Install the Reminder

Follow these instructions to install the national reminders. The Clinical Application Coordinator or other designated person should then install them using REMINDER EXCHANGE.

**Note:** Once the patch has been installed, the immunization reminders will not function properly until they are installed through exchange.

12.1 Programmer Access

Programmer access is required to install the reminders that contain a new computed finding. If you do not have programmer access (@ level FileMan access) you will see the following message when you are installing reminders that contain a new computed finding:

```
Only programmers can install routines
Only programmers can install Reminder Computed Findings
```

If there are no new computed findings packed in the reminder then ignore the message and continue through the installation process. If the computed finding was previously installed there will be an X under the column Exists on the right of the Reminder Computed Finding in the Reminder Exchange.

![Figure 12-1: Reminder Components in Exchange](image-url)
If there are new computed findings and the Clinical Applications Coordinator does not have @ access, follow these steps to complete the installation.

Ask the site manager or other personnel who has Programmer Access to log in under their credentials, navigate to the Reminder Exchange and use Install Selected (IS) and install the new Computed Findings following the instructions in the next section. **NEVER OVERWRITE A ROUTINE!** After the Computed Findings are installed, the Clinical Applications Coordinator may then install the new reminders.

Reminders with Computed Findings:

IHS-DIAB ANTIPLT KNOWN CVD 2013  
IHS-DIAB ASPIRIN FEMALE 2013  
IHS-DIAB ASPIRIN MALE 2013  
IHS-ANTICOAG DURATION OF TX 2013  
IHS-ANTICOAG THERAPY END DATE 2013  
IHS-ANTICOAG INR GOAL 2013  
IHS-ANTICOAG THERAPY END DATE 2013  
IHS-CHLAMYDIA SCREEN 2013  
IHS-CVD 2013  
IHS-FALL RISK SCREEN 2013  
IHS-HIV SCREEN 2013  
IHS-NEWBORN HEARING SCREEN 2013  
IHS-NUTRITIONAL SCREENING 2013  
IHS-RUBELLA 2013  
IHS-ZOSTER IMMUN 2013

### 12.2 Installing the Reminder

1. Select Reminder Exchange from the Reminder Configuration menu. You will be presented with a list of packed reminders that reside in the RPMS file system.
Figure 12-2: List of Reminders in Reminder Exchange

Tip: Use the up/down arrows to scroll through the list. If you are searching for a specific reminder, use the command SL to search for the reminder name.

Select Action: Next Screen// SL
Search for: //DEPRESSION

Figure 12-3: Further Instructions

2. Select IFE – Install Exchange File Entry to install the reminder.

3. Enter the number of the reminder to install.

Figure 12-4: Installing Reminders
4. Use the Up and Down arrows to view the individual components of the reminder. Before starting an installation, you should examine the list of components in the packed reminder and determine which ones already exist on your system. You should decide what to do with each component and have a plan of action before proceeding with the installation.

| Reminder:    | IHS-ACTIVITY SCREEN 2013 |
| Source:      | USER, DEMO at DEMO HOSPITAL |
| Date Packed: | 02/27/2014@10:08 |
| Package Version: | 2.0 |

Description:
REMINDER DUE if age 5 and older AND no activity health factor AND no exercise education documented in past year

---

Bibliographic citation: Healthy People 2010, Physical Activity
Developer: IHS Office of Information Technology
Funding Source: Indian Health Service
Release: 2013

Keywords:
No keywords given

Components:

**EDUCATION TOPICS**
- HPDP-EXERCISE

**HEALTH FACTORS**
- ACTIVITY LEVEL
  - INACTIVE
  - SOME ACTIVITY
  - ACTIVE
  - VERY ACTIVE

**REMINDER TERM**
1. IHS-ACTIVITY LEVEL
2. IHS-EXERCISE EDUCATION

**REMINDER DEFINITION**
3. IHS-ACTIVITY SCREEN 2013

**REMINDER DIALOG**
4. IHS-ACTIVITY SCREEN 2013

Figure 12-5: Sample Exchange File Components Window

5. INSTALL COMPUTED FINDING ONLY - There are two choices, IA or IS. Choose IS to install selected components.

Users will notice that for each item in the reminder, a check is now made and displayed to indicate if the item in exchange matches the item in the file. Users are not asked about the elements if there is a match. This will make the installation much slower.
• REMINDER TERM entry named IHS-ACTIVITY LEVEL already exists and the packed component is identical, skipping.

• REMINDER TERM entry named IHS-EXERCISE EDUCATION already exists and the packed component is identical, skipping.

• REMINDER DEFINITION entry named IHS-ACTIVITY SCREEN 2013 already exists and the packed component is identical, skipping.

If there is not a match, the application will ask 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.

a. Select the component you want to install (#2).

b. Take the default.

REMINDER COMPUTED FINDINGS entry IHS-DEPRESSION 2009 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//

Figure 12-6: Remaining Instructions

6. INSTALL REMINDER AND DIALOG – There are two choices, IA or IS. Choose IA to install all components.

During installation, a routine will compare the checksum of the item on your system to the one in exchange. If they are identical it will not update the item on your database.

Install the reminder dialog and all components with no further changes: Y// YES:

• REMINDER DIALOG entry named PXRM PED READY TO LEARN already exists and the packed component is identical, skipping.

• REMINDER DIALOG entry named ED HPDP-EXERCISE already exists and the packed component is identical, skipping.

• REMINDER DIALOG entry named GP ACTIVITY ED already exists and the packed component is identical, skipping.

• REMINDER DIALOG entry named HF ACTIVITY INACTIVE already exists and the packed component is identical, skipping.

If it is not identical, the application will ask you want to do about all the elements in this reminder. 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. If you have loaded a previous version of the reminders, always re-install the reminder definition itself but not any of the other elements.

**Caution:** Never overwrite a routine!

Routine BPXRMPCC already EXISTS, \(<\text{NEVER overwrite a routine through the exchange!}\) but packed routine is different, 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// < SKIP DO NOT REINSTALL THIS ENTRY. Never overwrite the routine!

REMINDER COMPUTED FINDINGS entry IHS-DEPRESSION 2009 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// Take the default. If this is a new component, it will default to “install”.

TIU TEMPLATE FIELD entry IHS ADDL SIGN 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// Take the default. If this is a new component, it will default to “install”.

REMINDER DEFINITION entry IHS-DEPRESSION SCREEN 2011 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
7. If you are installing the Depo Provera Reminder, create the PXRM Depo Provera health summary object, as described in Setup Health Summary Objects.

8. Proceed to the next section to install the dialogs.

12.3 Taxonomy Error

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.

This section describes an error that may occur during install and how to fix the error by manually creating the taxonomy and re-installing the reminder.

```
The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=1^1
MSG("DIERR",1)=701
MSG("DIERR",1,"PARAM",0)=3
MSG("DIERR",1,"PARAM",3)=403.9
MSG("DIERR",1,"PARAM","FIELD")=.01
MSG("DIERR",1,"PARAM","FILE")=811.23102
MSG("DIERR",1,"TEXT",1)=The value '403.9 ' for field SELECTABLE DIAGNOSIS in SELECTABLE DIAGNOSIS SUB-FIELD in file REMINDER TAXONOMY is not valid.
MSG("DIERR","E",701,1)=
REMINDER TAXONOMY entry IHS-HYPERTENSION 2007 did not get installed!
Examine the above error message for the reason.
```

12.3.1 Create the Taxonomy Manually

1. Write down the exact name of the taxonomy that displayed in the error.

2. Finish the installation of the reminder.

3. Create the taxonomy: Reminder Configuration Menu | Reminder Taxonomy Management | Edit Taxonomy Item.

   **Note:** Enter the EXACT name of the taxonomy from the error.
4. Use the descriptions of the taxonomies found in Section Appendix C of this manual to enter all the groupings of ICD0, ICD9, and/or CPT codes that apply to this taxonomy. For a single entry, the low value and the high value are the same entry. For ranges, enter the lowest entry in the range and then the highest. The computer will add all codes in that range.

Select Reminder Taxonomy: **IHS-HYPERTENSION 2007**
- Are you adding IHS-HYPERTENSION 2007 as a new REMINDER TAXONOMY? No//YES
- NAME: IHS-HYPERTENSION 2007 Replace
- BRIEF DESCRIPTION:
- 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: // 401.0 <---
  - ICD9 LOW CODED VALUE: //401.0
  - ICD9 HIGH CODED VALUE: //405.99 <---
- Select ICD9 LOW CODED VALUE:
- CPT Range of Coded Values
- Select CPT LOW CODED VALUE:

Figure 12-9: Adding a Taxonomy

5. Return to Reminder Exchange and reinstall the reminder.

6. Accept all of the defaults. When finished, all of the items should have an X in the Exists column, including the taxonomy and the reminder definition.

<table>
<thead>
<tr>
<th>ComponeFile</th>
<th>Entry</th>
<th>Category</th>
<th>Exists</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASUREMENT TYPE</td>
<td>BP</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>REMINDER TAXONOMY</td>
<td>1 IHS-HYPERTENSION 2007</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>2 IHS-DIABETES DX 2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REMINDER TERM</td>
<td>3 IHS-HIGH DIASTOLIC</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>4 IHS-HIGH BP 2007</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>REMINDER DEFINITION</td>
<td>5 IHS-BLOOD PRESSURE 2011</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>REMINDER DIALOG</td>
<td>+ Next Screen - Prev Screen ?? More Actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IA</td>
<td>Install all Components</td>
<td>IS</td>
<td>Install Selected Component</td>
</tr>
<tr>
<td>Select Action: Next Screen //</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 12-10: Sample Exchange File Components Window Showing X in Exists Column
12.3.2 IHS-DEPO PROVERA ADMIN-2013

This taxonomy has been expanded to include the CPT code J1050. However, on your database, there are 2 J1050 codes. During the reminder installation, it often happens that the first item it finds is installed in this taxonomy, which is the inactive one. As a result, you must edit this taxonomy to ensure the correct item is installed on your system.

1. Using the menus in 11.3 delete the J1050 value in the taxonomy.

   Select Reminder Taxonomy: IHS-DEPO PROVERA ADMIN-2013 LOCAL
   ...OK? Yes// (Yes)
   General Taxonomy Data
   NAME: IHS-DEPO PROVERA ADMIN-2013 Replace BRIEF DESCRIPTION:
   CLASS: LOCAL// SPONSOR:
   REVIEW DATE:
   PATIENT DATA SOURCE: EN,IN// USE INACTIVE PROBLEMS: INACTIVE FLAG:
   ICD0 Range of Coded Values
   Select ICDO LOW CODE:
   ICD9 Range of Coded Values
   Select ICD9 LOW CODE:
   CPT Range of Coded Values
   Select CPT LOW CODE: J1050// □ DELETE IT HERE
   SURE YOU WANT TO DELETE THE ENTIRE 'J1050' CPT LOW CODE? Y (Yes)
   Select CPT LOW CODE: J1055//

2. Re-enter J1050. This should install the active one.

   Select CPT LOW CODE: J1055// J1050
   Are you adding 'J1050' as a new CPT LOW CODE (the 2ND for this REMINDER TAXONO
   MY)? No// Y (Yes)
   CPT HIGH CODE: J1050
13.0 Install the Dialogs

This section provides information regarding the installation of dialogs.

**Note:** The following dialogs were not intended to be set up as reminders. Do not link these dialogs to their reminder. The reminder is a blank reminder that was used as a vehicle to import/export the dialog. You do NOT need to install the reminder. You can use IS to install selected, and install only the dialog. Follow the instructions in the TIU Reminder Dialogs Section to set these up as templates instead of Reminders.

IHS-ASBI BNI 2013  
IHS-ASBI SCREENING 2013  
IHS-ASTHMA INTAKE 2013  
IHS-MED ED 2013  
IHS-MED THERAPY MNGT 2013  
IHS-PED KINRIX IMMUN 2013  
IHS-PED MMRV IMMUN 2013  
IHS-PED PEDIARIX IMMUN 2013  
IHS-PED TWINRIX IMMUN 2013  
IHS-PHN HOSP DC VISIT 2013  
IHS-PHQ9 SCREEN 2013  
IHS-SCREENING BUNDLE 2013

1. In reminder exchange, after installing the reminder, you will be presented with the Dialog Components screen.

2. Choose IA: Install ALL.

3. One of the prompts asks which reminder to attach to the dialog.

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

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

All dialogs are inactive if they are loaded from reminder exchange. This section describes how to activate the dialog so that they are visible within the EHR.

Figure 13-1: Sample Dialog Components Window

13.1.1 Reminder Dialog Management (DLG)

1. Select Reminder Dialog Management from the Reminder Configuration Menu.

Figure 13-3: Options on the Reminder Dialog Management Menu

2. Use the DLG option to access the options on the Reminder Dialog Management menu.
3. Choose CV and then choose D for dialogs.

4. Select the number of the item you want to edit.
5. Select the dialog. It will say Disabled instead of Linked.


   The second prompt will have: DISABLE: DISABLED IN EXCHANGE Replace.

7. Enter @ to delete this and type YES when it asks SURE YOU WANT TO DELETE?

8. Type ^ to quit editing.

   The dialog now says Linked.

13.1.2 Dialog Does Not Link Automatically

Perform these steps if you do not see a dialog name under Linked Dialog Name and Dialog status:

<table>
<thead>
<tr>
<th>Item</th>
<th>Reminder Name</th>
<th>Linked Dialog Name &amp; Dialog Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>IHS-ANTICOAG DURATION OF TX 2011</td>
<td>IHS-ANTICOAG DURATION OF TX</td>
</tr>
<tr>
<td>9</td>
<td>IHS-ANTICOAG INR GOAL 2011</td>
<td>IHS-ANTICOAG INR GOAL 2011</td>
</tr>
<tr>
<td>10</td>
<td>IHS-ANTICOAG OCCULT BLOOD 2011</td>
<td>IHS-ANTICOAG OCCULT BLOOD 2</td>
</tr>
<tr>
<td>11</td>
<td>IHS-ANTICOAG THERAPY END DATE 2011</td>
<td>IHS-ANTICOAG THERAPY END DA</td>
</tr>
<tr>
<td>12</td>
<td>IHS-ANTICOAG UA 2011</td>
<td>IHS-ANTICOAG UA 2011</td>
</tr>
<tr>
<td>13</td>
<td>IHS-ASBI BNI 2011</td>
<td>IHS-ASBI BNI 2011</td>
</tr>
</tbody>
</table>
Figure 13-7: Reminder Dialog – Linking Dialog to the Reminder
14.0 Dialog Parameter Changes

This section details Dialog Parameter Changes. It describes two modifications to the dialog parameters that must be made after installing the dialogs in this patch.

14.1 Disable the Diagnoses Code for Historical Entries

Reminder Configuration | Reminder Dialog Management | Dialog Parameters |
General Finding Type Parameters:

| HFR | Health Factor Resolutions |
| ITM | Finding Item Parameters |
| RES | Reminder Resolution Statuses |
| TAX | Taxonomy Dialog Parameters |
| TYP | General Finding Type Parameters |

Select Dialog Parameters Option: TYP

Finding Type Parameters

Item Finding Type Parameter
1. ASTHMA CONTROL
2. PROCEDURE (CPT)
3. EDUCATION TOPIC
4. EXAM
5. HEALTH FACTOR
6. IMMUNIZATION
7. ORDERABLE ITEM
8. DIAGNOSIS (POV) 
9. REFUSAL TYPE
10. SKIN TEST
11. VITAL MEASUREMENT

Select Item: Quit //  8

FINDING TYPE PARAMETER NAME: POV - Diagnosis (Taxonomy)

Resolution Status Prefix//Suffix & Prompts/Values/Actions
1. DONE AT ENCOUNTER Diagnosis recorded at encounter/ Enabled
   .
   1] PXRM PRIMARY DIAGNOSIS
   2] PXRM COMMENT
   3] PXRM ADD TO PROBLEM LIST
2. DONE ELSEWHERE (HISTORICAL)History of Diagnosis/ Enabled
   .
   1] PXRM VISIT DATE
14.2 Editing Asthma Diagnosis Taxonomy Dialog

Reminder Configuration | Reminder Dialog Management | Dialog Parameters | General Finding Type Parameters:
General Finding Type Parameters

- HFR  Health Factor Resolutions
- ITM  Finding Item Parameters
- RES  Reminder Resolution Statuses
- TAX  Taxonomy Dialog Parameters
- TYP  General Finding Type Parameters

Select Dialog Parameters Option: TAX

Taxonomy Dialog

Item Reminder Taxonomy

1  IHS-ALCOHOL SCREEN
2  IHS-ALCOHOL SCREEN 2007
3  IHS-ASTHMA 2007 <-- this one
4  IHS-BARIUM ENEMA
5  IHS-BILATERAL MASTECTOMY 2008
6  IHS-COLONOSCOPY
7  IHS-COLONOSCOPY 2007
8  IHS-COLORECTAL CANCER
9  IHS-DEPO PROVERA
10  IHS-DEPOPROVERA CODES
11  IHS-DEPRESSION CODES 2007
12  IHS-DEPRESSION SCREEN
13  IHS-DIABETES DX
14  IHS-DIABETIC NEPHROPATHY

Next Screen  Prev Screen  More Actions

PT  List/Print All  QU  Quit

Select Item: Next Screen//3  <--Enter the # for IHS-ASTHMA 2007

TAXONOMY NAME: IHS-ASTHMA 2007

Taxonomy Dialog

1  IHS-ASTHMA 2007
1.1  IHS-ASTHMA 2007

Selectable codes: 493.00 EXTRINSIC ASTHMA, UNSPECIFIED
493.01 EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
493.02 EXTRINSIC ASTHMA, WITH (ACUTE) EXACERBAT
493.10 INTRINSIC ASTHMA, UNSPECIFIED
493.11 INTRINSIC ASTHMA WITH STATUS ASTHMATICUS
493.12 INTRINSIC ASTHMA, WITH (ACUTE) EXACERBAT
493.20 CHRONIC OBSTRUCTIVE ASTHMA,
UNSPECIFIED
493.21 CHRONIC OBSTRUCTIVE ASTHMA,WITH STATUS A
493.22 CHRONIC OBSTRUCTIVE ASTHMA, WITH (ACUTE)
(ACUTE)
493.81 EXERCISE INDUCED BRONCHOSPASM
493.82 COUGH VARIANT ASTHMA
493.90 ASTHMA, UNSPECIFIED
493.91 ASTHMA, UNSPECIFIED TYPE, WITH STATUS AS
493.92 ASTHMA, UNSPECIFIED, WITH (ACUTE) EXACER
Figure 14-3: Editing the Asthma 2007 Dialog Header
15.0 **Review Reminder Terms**

This section details information about reviewing reminder terms. It describes how to review and populate reminder terms.

Reminder terms that are education topics, exams, health factors or VA drug classes are installed automatically when the build is installed and do not need to be edited. Reminder terms that are laboratory tests or individual drugs need to be edited by the site. Since each site has different lab tests or drugs, these terms come empty and therefore, reminders will not resolve until they are populated.

The following are reminder terms that must be checked in PXRM 2.0p1002. If you used OVERWRITE when installing the term, you may have overwritten a term that you had previously populated. Section Appendix D: provides a detailed list of all reminder terms and their contents.

**IHS-ASPIRIN**<br>**IHS-DEPO PROVERA**<br>**IHS-DEPO PROVERA ORDERABLE ITEM**<br>**IHS-DIAB NEPHROPATHY LABS**<br>**IHS-EGFR**<br>**IHS-FECAL OCCULT BLOOD**<br>**IHS-HGBA1C**<br>**IHS-HGBA1C REEVALUATE**<br>**IHS-LIPID LAB TESTS**<br>**IHS-MAMMOGRAM TERMS**<br>**IHS-PAP SMEAR**<br>**IHS-CLOPIDOGREL**<br>**IHS-URINE ALBUMIN**

Reminder Configuration Menu | Reminder Term Management | Inquire about Reminder Term menu option.

Review the term first using the Inquire about Reminder Term menu option.

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

Select Reminder Term Management Option: INQ

Inquire about Reminder Term

Select Reminder Term: IHS-HGBA1c

1. IHS-HGBA1C VISN
2. IHS-HGBA1C REEVALUATE VISN
Choose 1-2: 1 IHS-HGBA1C VISN
Device: VIRTUAL TERMINAL Right Margin: 80/

---------------------------------------------------------------------------

IHS-HGBA1C
---------------------------------------------------------------------------

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 finding may be blank. Follow the instructions to enter the
items that are being used by your site.

Figure 15-1: Beginning Instructions

1. Edit the Reminder: Select Reminder Term Edit from the Reminder Term
Management Menu.

CPY Copy Reminder Term
EDT Reminder Term Edit
INQ Inquire about Reminder Term

Select Reminder Term Management Option EDT

Select Reminder Term: IHS-HGBA1C VISN ...

OK? Yes// (Yes)

NAME: IHS-HGBA1C//
CLASS: VISN//
REVIEW DATE:
DESCRIPTION:
The lab tests at a site that are the hemoglobin A1c test

Edit? NO//
Select FINDING ITEM:  // ??

Choose from:
HGBA1C
HGB A1C (REF)
HGB A1C (WWH)

You may enter a new FINDINGS, if you wish
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
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

To see the entries in any particular file type <Prefix.?>

If you simply enter a name then the system will search each of
the above files for the name you have entered. If a match is
found the system will ask you if it is the entry that you desire.

However, if you know the file the entry should be in, then you can
speed processing by using the following syntax to select an entry:
   <Prefix>.<entry name>
or
   <Message>.<entry name>
or
   <File Name>.<entry name>

Also, you do NOT need to enter the entire file name or message
to direct the look up. Using the first few characters will suffice.

Select FINDING ITEM: HGBA1C// LT.HGBA1C

   Searching for a LABORATORY TEST, (pointed-to by FINDING ITEM)
   HGBA1C
   ...OK? Yes// YES
   FINDING ITEM: HGBA1C//
   EFFECTIVE PERIOD:
   USE INACTIVE PROBLEMS:
   WITHIN CATEGORY RANK:
   EFFECTIVE DATE:
   MH SCALE:
   CONDITION:
   CONDITION CASE SENSITIVE:
   RX TYPE:
   Select FINDING ITEM:
   Input your edit comments.
   Edit? NO//

Figure 15-2: Adding a Lab Test to a Lab Reminder Term

**Important**: If there is more than one test that will satisfy the
reminder, enter each one!
16.0 Manually Update Dialogs

This section describes manually updating dialogs.

**IMPORTANT!** Reminders have been changed to NOT allow the adding of any ICD code as a finding. Purpose of Visit (POVs) must be attached to Problems with the release of EHR patch 13, and as a result, the finding type of ICD has been removed from the reminder dialog file.

If you removed additional findings in previously, then you must add them back in. Consider manually updating the dialogs. If you have modified a dialog, installation of a new dialog element/group with the same name from the exchange will overwrite any of the following:

- Populated Field Resolution
- Finding Item
- Dialog Text, etc.

Blank fields do not overwrite anything and will not remove additional findings if you added them previously. This can cause errors on install and/or require manual updating.
17.0 EHR Reminder Configuration

This section describes how to configure the Electronic Health Record to display the reminders. Sites can choose to activate the reminders just for specific users during a testing phase. If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab.

This section describes how to remove the old reminders from the EHR and add the new ones. If your site does not use the reminder, then do not add the reminder to EHR because it will always show up as due.

Follow these steps to remove the old reminders from the display:

1. From EHR, click the reminder clock ( ).
2. Select Action | Edit Cover Sheet Reminder List. Reminders can be edited for the System, Division, Service, Location, User Class or User.
3. Remove old reminders from the System Level once they are ready to deploy the new reminders across the facility. Double-click the old reminders listed in the bottom-right pane to remove it from the cover sheet list.
4. Select the reminders with the date 2011 from the Available Reminders & Categories column.
5. Double-click to add them to the System Level Reminders column.
Note: The IHS-IMMUNIZATION FORECAST 2013 reminder must be at the top of the list.

Figure 17-2: Clinical Reminders and Reminder Categories Displayed on Cover Sheet window
Note: The following dialogs were not intended to be setup as reminders. Do not link these dialogs to their reminder. The reminder is a blank reminder that was used as a vehicle to import/export the dialog. Follow the instructions in the TIU Reminder Dialogs Section to set these up as templates instead of Reminders.

IHS-ASBI BNI 2013
IHS-ASBI SCREENING 2013
IHS-ASTHMA INTAKE 2013
IHS-MED ED 2013
IHS-MED THERAPY MNGT 2013
IHS-PED KINRIX IMMUN 2013
IHS-PED MMRV IMMUN 2013
IHS-PED PEDIARIX IMMUN 2013
IHS-PED TWINRIX IMMUN 2013
IHS-PHN HOSP DC VISIT 2013
IHS-PHQ9 SCREEN 2013
IHS-SCREENING BUNDLE 2013
18.0 Inactivate the Old Reminder and Dialog

The following is information about Step 14: Inactivate the Old Reminder and Dialog

When the new reminders are active, inactivate the old dialogs and all the old reminders:

1. Inactivate the dialog through the Reminder Dialog menu option:

   Reminder Dialog Management | Reminder Dialogs | Select Reminder # | Select Dialog # | Edit/Delete Dialog | Enter YES at the DISABLED prompt.

![Figure 18-1: Dialog Edit List Window](image)

2. Use the Activate/Inactivate Reminders Menu Option to inactivate the Reminder:

   RPMS-EHR Configuration Master Menu Option | Reminder Managers Menu Option | Reminder Definition Management | Activate/Inactivate Reminders

```
DEMO INDIAN HOSPITAL          RPMS-EHR Management                Version 1.1
Reminder Definition Management

CPY    Copy Reminder Definition
EDT    Add/Edit Reminder Definition
INQ    Inquire about Reminder Definition
LST    List Reminder Definitions
**RA** Activate/Inactivate Reminders **<--**

Select Reminder Definition Management Option: RA

elect REMINDER DEFINITION NAME: IHS-ASTHMA CONTROL
```
3. You may want to print a FileMan report that lists all of your Active Reminder Definitions:

**Figure 18-3: Generate list of Active Reminders in FileMan**

The table below describes the prompts and what the user should enter.

<table>
<thead>
<tr>
<th>Prompt</th>
<th>User entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPUT FROM WHAT FILE: REPRODUCTIVE FACTORS//</td>
<td>REMINDER DEFINITION</td>
</tr>
<tr>
<td>-A- SEARCH FOR REMINDER DEFINITION FIELD:</td>
<td>1.6</td>
</tr>
<tr>
<td>-A- CONDITION:</td>
<td>Null</td>
</tr>
<tr>
<td>-B- SEARCH FOR REMINDER DEFINITION FIELD:</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>IF: A// INACTIVE FLAG NULL</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>STORE RESULTS OF SEARCH IN TEMPLATE:</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>SORT BY: NAME//</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>START WITH NAME: FIRST//</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>FIRST PRINT FIELD:</td>
<td>.01;L50</td>
</tr>
<tr>
<td>THEN PRINT FIELD:</td>
<td>1.6;L10</td>
</tr>
<tr>
<td>Heading (S/C): REMINDER DEFINITION SEARCH Replace</td>
<td>Replace &lt;enter&gt; With Active Reminders</td>
</tr>
<tr>
<td>Replace</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>STORE PRINT LOGIC IN TEMPLATE:</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>DEVICE: CONSOLE Right Margin: 80//</td>
<td>&lt;enter&gt; (to scroll on screen 0;80;99999 (if you want have session log on )</td>
</tr>
</tbody>
</table>

Your list will look similar to this:

```
Active Reminders JUN 12,2012 13:06 PAGE 9
INACTIVE NAME
IHS-PED DT IMMUN 2012
IHS-PED DTAP IMMUN 2008
```
IHS-PED DTAP IMMUN 2011
IHS-PED DTAP IMMUN 2012
IHS-PED FLU IMMUN 2011
IHS-PED FLU IMMUN 2012
IHS-PED HEPA IMMUN 2011
IHS-PED HEPA IMMUN 2012
IHS-PED HEPB IMMUN 2011
IHS-PED HEPB IMMUN 2012
IHS-PED HIBTITER IMMUN 2011

Figure 18-4: Active Reminders List from FileMan
19.0 Setup TIU Reminder Dialogs as Templates

This section describes how to set up TIU reminder dialogs as templates. Several TIU reminder dialogs were included in this build. Sites can create these as TIU templates using the following instructions.

If you are currently using reminder templates, you will want to change them for the new ones with the 2013 date.

1. Select the menu options: RPMS-EHR Configuration Master Menu Option | TIU Parameters ... | Reminder Dialogs Allowed as Templates.

2. Add the Dialogs to the TIU parameter TIU TEMPLATE REMINDER DIALOGS.

<table>
<thead>
<tr>
<th>TIU TEMPLATE REMINDER DIALOGS may be set for the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 User USR [choose from NEW PERSON]</td>
</tr>
<tr>
<td>3 Service SRV [choose from SERVICE/SECTION]</td>
</tr>
<tr>
<td>4 Division DIV [choose from INSTITUTION]</td>
</tr>
<tr>
<td>5 System SYS DEMO.MEDSPHERE.COM</td>
</tr>
</tbody>
</table>

Enter selection: 5 System DEMO.MEDSPHERE.COM

-- Setting TIU TEMPLATE REMINDER DIALOGS for System: DEMO.MEDSPHERE.COM --
Select Display Sequence: ?

<table>
<thead>
<tr>
<th>Display Sequence</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>IHS-ALLERGY 2011</td>
</tr>
<tr>
<td>3</td>
<td>IHS-PED PEDIARIX IMMUN</td>
</tr>
<tr>
<td>4</td>
<td>TEST VITAL</td>
</tr>
<tr>
<td>5</td>
<td>LOCAL EKG</td>
</tr>
<tr>
<td>6</td>
<td>TEST</td>
</tr>
<tr>
<td>7</td>
<td>GROUP ORDERS</td>
</tr>
<tr>
<td>8</td>
<td>TIU-ASTHMA DOCUMENTATION</td>
</tr>
<tr>
<td>10</td>
<td>IHS-ASBI BNI 2013</td>
</tr>
<tr>
<td>11</td>
<td>IHS-ASBI SCREENING 2013</td>
</tr>
<tr>
<td>12</td>
<td>IHS-ASTHMA INTAKE 2013</td>
</tr>
<tr>
<td>13</td>
<td>IHS-MED ED 2011</td>
</tr>
<tr>
<td>14</td>
<td>IHS-MED THERAPY MGNT 2013</td>
</tr>
</tbody>
</table>

Select Display Sequence: 15
Are you adding 15 as a new Display Sequence? Yes// YES

Display Sequence: 15// 15
Clinical Reminder Dialog: IHS-PHQ9 SCREEN 2013 reminder dialog LOCAL
...OK? Yes// (Yes)

Select Display Sequence: 16
Are you adding 16 as a new Display Sequence? Yes// YES

Display Sequence: 16// 16
Clinical Reminder Dialog: IHS-SCREENING BUNDLE 2013 reminder dialog LO
In the Template Editor on the Notes Tab in TIU, you can set these templates up as Reminder templates.

3. Create a New Template and name it.

4. Select the type to be Reminder Dialog from the drop-down menu.

5. Select the dialog to attach from the other drop-down menu:

6. Click Apply to save your template. It can now be used in any way that you normally use a TIU template.

19.1 IHS-ASBI BNI 2013

Alcohol documentation which includes CPT coding and education codes:
Figure 19-3: ABSI Documentation Part 1
19.2 IHS-ASBI SCREENING 2012

Alcohol Screening dialog tool with 3 different types of screening:
19.3 IHS-ASTHMA INTAKE 2013

Asthma Intake tool for asthma data. Allows for input of vital signs, triggers and symptom history:
Figure 19-6: Asthma Intake Part 1
Figure 19-7: Asthma Intake Part 2

19.4 IHS-MED ED 2013

Medication counseling dialog template:
19.5 IHS-MED THERAPY MNGT

This dialog is for documenting medication management therapy including a patient wellness handout. Sites need a health summary object called PWH MED REC FOR MTM to load this dialog. This includes an action plan, documentation of education, and the CPT codes for this activity.
Figure 19-9: Medication Therapy Part 1
19.6 COMBINATION VACCINES

IHS-PED KINRIX IMMUN 2013

IHS-PED PEDIARIX IMMUN2013

IHS-PED MMRV IMMUN 2013

IHS-PED TWINRIX IMMUN 2013

These dialogs are used to document the immunization. They are not intended to be used in a reminder for forecasting information. Refer to the reminder for each individual component of this vaccine for forecasting information. The forecaster will show the individual immunizations but after giving the combination vaccine, all immunizations in the combined vaccine should be resolved.
Figure 19-11: Pediarix Documentation

19.7 IHS-PHN HOSPITAL DC VISIT 2013

This dialog allows documentation of PHN Hospital discharge visit information. This extensive template allows for documentation of Occupational Health Factors, tobacco, alcohol, depression, IPV screening, functional status, and visit SOAP information.
Figure 19-12: PHN Hospital DC Visit Documentation
Figure 19-13: Screening Section of the dialog
Figure 19-14: Objective Section of the dialog
Figure 19-15: Assessment Section of the dialog
19.8  **IHS-PHQ9 SCREEN 2013**

Input dialog to store results of PHQ9 screening tool. This includes a risk assessment and follow-up actions.
**Figure 19-17: PHQ9 Part 1**

[Image of PHQ9 assessment form]

--- PHQ9 Assessment --

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**ASK PATIENT:** Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
   Response: *

2. Feeling low, depressed, hopeless
   Response: *

3. Trouble falling or staying asleep, or sleeping too much
   Response: *

4. Feeling tired or having little energy
   Response: *

5. Poor appetite or overeating
   Response: *

9. Thoughts that you would be better off dead, or of hurting yourself in some other way

<No encounter information entered>
19.9 IHS-SCREENING BUNDLE 2013

This dialog was combines the ability to resolve six screening reminders at the same time:

- Tobacco Use
- Activity Level
- Alcohol, Depression
- Colon Cancer

Figure 19-18: PHQ9 Part 2
• IPV/Domestic Violence Screening

Refer to the individual screening dialogs in this section of the guide for details.

Figure 19-19: Screening Bundle
20.0 Reviewing the Reminder and Dialog

This section describes how to review the reminder and dialog.

20.1 Reminder Test

Refer to RPMS Clinical Reminders Managers Manual Setup and Maintenance Guide for instructions on testing reminders.

1. Select Reminder Test (TST) from the Reminder Configuration menu.
2. Enter a patient name and the reminder.
3. Use the scroll bar to scroll backwards and view the data.

This is an example of a reminder test for IHS-ALCOHOL SCREEN 2013. This reminder is due for this patient. The elements of the FIEVAL array are:

```
FIEVAL(1)=1
FIEVAL(1,1)=1
FIEVAL(1,1,"CSUB","VALUE")=NORMAL/NEGATIVE
FIEVAL(1,1,"DATE")=3130725
FIEVAL(1,1,"TEXT")=Exam: ALCOHOL SCREENING
FIEVAL(1,1,"VALUE")=NORMAL/NEGATIVE
FIEVAL(1,"CSUB","VALUE")=NORMAL/NEGATIVE
FIEVAL(1,"DATE")=3130725
FIEVAL(1,"FILE NUMBER")=811.4
FIEVAL(1,"FINDING")=31;PXRMD(811.4,
FIEVAL(1,"TEXT")=Exam: ALCOHOL SCREENING
FIEVAL(1,"VALUE")=NORMAL/NEGATIVE
FIEVAL("AGE")=1
FIEVAL("AGE",1)=1
FIEVAL("DFN")=5
FIEVAL("EVAL DATE/TIME")=3140307
FIEVAL("PATIENT AGE")=56
FIEVAL("SEX")=1

The elements of the ^TMP(PXRMID,$J) array are:
^TMP(PXRMID,$J,157,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)^1&1
^TMP(PXRMID,$J,157,"REMINDER NAME")=Alcohol Screen
^TMP(PXRMID,$J,157,"RESOLUTION LOGIC")=1^(0)!FI(1)^1
^TMP(PXRMID,$J,157,"zFREQARNG")=1Y^13Y^99Y

The elements of the ^TMP("PXRHM",$J) array are:
^TMP("PXRHM",$J,157,"Alcohol Screen")=RESOLVED^3140725^3130725
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",1)=Frequency: Due every 1 year for age 13-99 years
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",2)=REMENT DUE: Patient is aged 13-99 and has no alcohol screening
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",4)=
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",5)=***This reminder resolves using the RPMS data found by the PCC Health
```
Addendum to Installation Notes
Reviewing the Reminder and Dialog
September 2014

This is an example of a reminder test for the IHS-LIPID FEMALE reminder. The patient has diabetes and therefore should have a lipid done yearly.

```
Enter date for reminder evaluation: Mar 07, 2014// (MAR 07, 2014)
Display all term findings? N// YES

The elements of the FIEVAL array are:
FIEVAL(1)=0
FIEVAL(2)=1
FIEVAL(2,1)=1
FIEVAL(2,1,"CODEP")=8723
FIEVAL(2,1,"CONDITION")=1
FIEVAL(2,1,"CSUB","DATE_ENTERED")=3120302
FIEVAL(2,1,"CSUB","DATE_LAST_MODIFIED")=3131125.130808
FIEVAL(2,1,"CSUB","PRIORITY")=C
```
Term findings:

The elements of the ^TMP(PXRMID,$J) array are:
^TMP(PXRMID,$J,188,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)!FI(2)^{(1)}&(1)!1
^TMP(PXRMID,$J,188,"REMINDER NAME")=Lipid Profile Female
^TMP(PXRMID,$J,188,"RESOLUTION LOGIC")=0^(0)!FI(1)^{(0)}!0
^TMP(PXRMID,$J,188,"WARNING","NOFI",61)=Warning no findings items in reminder te
rm IHS-LIPID LAB TESTS
^TMP(PXRMID,$J,188,"zFREQARNG")=1Y^^

The elements of the ^TMP("PXRHM",$J) array are:
^TMP("PXRHM",$J,188,"Lipid Profile Female")=DUE NOW^DUE NOW^unknown
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",1)=Frequency: Due every 1 year
for all ages.
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",2)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",3)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",4)=REMINDER DUE if female age 4
5 to 64 and no lipid profile in past
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",5)=5 years, if diabetic of any
age and no lipid profile in 1 year.
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",6)=

FIEVAL(2,1,"CSUB","PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,1,"CSUB","STATUS")=A
FIEVAL(2,1,"DAS")=292
FIEVAL(2,1,"DATE")=3140307
FIEVAL(2,1,"DATE ENTERED")=3120302
FIEVAL(2,1,"DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,1,"FILE NUMBER")=9000011
FIEVAL(2,1,"FILE SPECIFIC")=A^C^ICD9
FIEVAL(2,1,"FINDING")=71;PXD(811.2,
FIEVAL(2,1,"PRIORITY")=C
FIEVAL(2,1,"PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,1,"STATUS")=A
FIEVAL(2,"CODEP")=8723
FIEVAL(2,"CONDITION")=1
FIEVAL(2,"CSUB","DATE ENTERED")=3120302
FIEVAL(2,"CSUB","DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,"CSUB","PRIORITY")=C
FIEVAL(2,"CSUB","PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,"CSUB","STATUS")=A
FIEVAL(2,"DAS")=292
FIEVAL(2,"DATE")=3140307
FIEVAL(2,"DATE ENTERED")=3120302
FIEVAL(2,"DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,"FILE NUMBER")=9000011
FIEVAL(2,"FILE SPECIFIC")=A^C^ICD9
FIEVAL(2,"FINDING")=71;PXD(811.2,
FIEVAL(2,"PRIORITY")=C
FIEVAL(2,"PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,"STATUS")=A
FIEVAL(2,1,"AGE")=1
FIEVAL(2,1,"DFN")=5
FIEVAL(2,1,"EVAL DATE/TIME")=3140307
FIEVAL(2,1,"PATIENT AGE")=56
FIEVAL(2,1,"SEX")=1

Addendum to Installation Notes Reviewing the Reminder and Dialog September 2014
^TMP("PXRHM","$J,188,"Lipid Profile Female","TXT",7) = REMINDER ON if due within 3 months
^TMP("PXRHM","$J,188,"Lipid Profile Female","TXT",8) =
^TMP("PXRHM","$J,188,"Lipid Profile Female","TXT",9) =

Reference: American Diabetes Association Recommendations 2013,
Million Hearts, Healthy People 2020, Diabetes, Heart Disease and Stroke, IHS Division of Diabetes Treatment and Prevention.

Cohort:
Problem Diagnosis:
03/07/2014 250.50 DMII OPHTH NT ST UNCNTRL Priority: CHRONIC
Status: CHRONIC
Prov. Narr. - |9093013

Formatted Output:

---STATUS-- --DUE DATE-- --LAST DONE--
Lipid Profile Female DUE NOW DUE NOW unknown

Frequency: Due every 1 year for all ages.

REMINDER DUE if female age 45 to 64 and no lipid profile in past 5 years, if diabetic of any age and no lipid profile in 1 year.

REMINDER ON if due within 3 months

Reference: American Diabetes Association Recommendations 2013, Million Hearts, Healthy People 2020, Diabetes, Heart Disease and Stroke, IHS Division of Diabetes Treatment and Prevention.

Cohort:
Problem Diagnosis:
03/07/2014 250.50 DMII OPHTH NT ST UNCNTRL Priority: CHRONIC
Status: CHRONIC
Prov. Narr. - |9093013

Figure 20-2: Reminder Test Output
20.2 View Reminders Due

Users will generally report when a reminder is due and should not be. However, they are less likely to notice and report when a reminder is not due but it should be, or not applicable when it should be.

The CAC must test for this specifically or risk deploying a reminder system that will omit patients erroneously. Doing so results in missed opportunities to screen, monitor, and identify interventions for high risk patients.

Do the following:

1. Log on to the RPMS-EHR application. If you have installed any new reminders/dialogs, you must log off, and then log back on again.

2. Pick a patient who would have one of the reminders applicable and due.
   - The reminder alarm clock should be RED for 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. Pick a patient who would have one of the reminders applicable, but not due.
   - The reminder alarm clock should be BLUE for someone with a reminder resolved

4. Pick a patient who would not have one of the reminders applicable.
   - The reminder clock should be WHITE for someone with a reminder that is not applicable to them
   - Be sure to check all the reminders before adding them to the system level

20.3 View Reminders on Cover Sheet

The following shows Reminders that are Due Now or Due Soon on Cover Sheet.
20.4 View Reminders Icon

The reminder icon is an alarm clock.

The clock appears red if reminders are due, and blue if there is nothing due. Clicking the clock displays when reminders are due, and when it was last done.

1. Click the Reminder icon (in the toolbar) to open up the list of items to view.
2. Right-click any item in the list and a selection of items from which to choose appears.

20.4.1 Clinical Maintenance

The Clinical Maintenance dialog shows why the reminder is due. For the new reminders with computed findings, it will display only the item returned in the PCC reminder call.

The clinical maintenance displays in two places:

1. Right-click the reminder and select Clinical Maintenance.

2. While processing the reminder dialog, select the Clinical Maintenance button from the bottom of the screen.

![Clinical Maintenance Window](image)

Figure 20-6: Clinical Maintenance Window

20.4.2 Do a Reminder Inquiry

A reminder inquiry displays the reminder logic. Reminder Inquiry data can be displayed by right clicking on the reminder and selecting Reminder Inquiry.

<table>
<thead>
<tr>
<th>IHS-EPSDT SCREENING 2013</th>
<th>No. 179</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Print Name:</td>
<td>EPSDT Evaluation</td>
</tr>
<tr>
<td>Class:</td>
<td>NATIONAL</td>
</tr>
<tr>
<td>Sponsor:</td>
<td></td>
</tr>
<tr>
<td>Review Date:</td>
<td></td>
</tr>
</tbody>
</table>
Rescission Date:

Usage: CPRS, DATA EXTRACT, REPORTS

Related VA-* Reminder:

Reminder Dialog: IHS-EPSDT SCREENING 2013

Priority:

Description:
Reminder for a preventive medicine evaluation for those under 20

REMINDER DUE: Total of 5 times at scheduled intervals: Age less than 1 yr:
New Pt code 99381, Established pt 99391 Age 1-4 yr: New Pt code 99382,
Established pt 99392 Age 5-11 yr: New Pt code 99383, Established pt 99393
Age 12-17 yr: New Pt code 99384, Established pt 99394 Age 18-20 yr: New
Pt code 99385, Established pt 99395

REMINDER ON: 3 months before due

======================================================================
Bibliographic citation: Early Periodic Screening, Diagnosis,
and Treatment (EPSDT) Program
Developer: IHS Office of Information Technology
Funding Source: Indian Health Service
Release: 2013

======================================================================

Technical Description:
This reminder uses a computed finding to get data from PCC Health
Maintenance Reminder to resolve the reminder.

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 1D to 20Y
Match Text: No Match Text:

Findings:

---- Begin: IHS-EPSDT 2009 (FI(1)=CF(39)) -------------------------------

Finding Type: REMINDER COMPUTED FINDING
Use in Resolution Logic: OR

---- End: IHS-EPSDT 2009 ------------------------------------------------

General Patient Cohort Found Text:
Reminder for a preventive medicine evaluation for those under 20


REMINDER ON: 3 months before

Reference: Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

General Patient Cohort Not Found Text:

Reminder for a preventive medicine evaluation for those under 20


REMINDER ON: 3 months before

Reference: Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

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)

Expanded Resolution Logic: FI(IHS-EPSDT 2009)

Web Sites:

Web Site URL: http://mchb.hrsa.gov/epsdt/
Web Site Title: EPSDT Information

Description:

Figure 20-7: Reminder Inquiry of a Reminder
20.4.3 Look at the Reminder Icons

Below explains the various Reminder icons.

![Reminder Icons](image)

Figure 20-8: Reminders tab on Icon Legend window

20.5 View Reminders on the Health Summary

You can also view the Reminders in a Health Summary on the Reports tab. Users can either create a VA Health Summary type for reminders or the VA Health Summary components that already exist can be added to the Ad Hoc report.

Once created the summary type is added using the parameter ORWRP HEALTH SUMMARY LIST.

If you have already added reminders to health summaries, these will need to be updated by removing the old reminders and adding in the ones that came with this patch.
20.6 View Best Practice Prompts on Health Summary

Definitions for the Best Practice Prompts are available in the iCare glossary or in the PCC Health Summary Manual:

http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf

- **iCare**: The Best Practice Prompt tab in iCare displays a list of best practices that are recommended for specific patient.

- **Health Summary**: The Best Practice Prompt Component displays a list of Best Practices recommended for a specific patient. This section describes how to create/modify health summary to display the Best Practice Prompts.
1. If the Best Practice Prompts do not display on the health summary, you can use the Create/Modify Health Summary Type Menu option to add the Best Practice Prompts to the summary. Alternately, create a small health summary with only Best Practice Prompts and make this available to your users using a Health Summary Button on the Toolbar in EHR.

RPMS EHR Configuration Master Menu | Report Configuration | Health Summary Configuration | IHS Health Summary Configuration | Create/Modify Health Summary Type.

<table>
<thead>
<tr>
<th>Health Summary: TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRUCTURE:</td>
</tr>
<tr>
<td>Select HEALTH SUMMARY TYPE NAME: TEST</td>
</tr>
<tr>
<td>NAME: TEST//</td>
</tr>
<tr>
<td>LOCK://</td>
</tr>
<tr>
<td>STRUCTURE:</td>
</tr>
<tr>
<td>Order Component</td>
</tr>
<tr>
<td>Max occ Time Alternate Title</td>
</tr>
</tbody>
</table>

GENERAL:
Clinic Displayed on outpatient components:
ICD Text Display:
Provider Narrative Displayed:
Display Provider Initials in Outpatient components:
Provider Initials displayed on Medication components:

MEASUREMENT PANELS:
<none>

LAB TEST PANELS:
+ Enter ?? for more actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS Modify Structure</td>
<td>Modify the structure of the summary.</td>
</tr>
<tr>
<td>FS Flow Sheets</td>
<td>Flow Sheets</td>
</tr>
<tr>
<td>GI General Info</td>
<td>General Information</td>
</tr>
<tr>
<td>HF Health Factors</td>
<td>Health Factors</td>
</tr>
<tr>
<td>HS Sample Health Summary</td>
<td>Sample Health Summary</td>
</tr>
<tr>
<td>PC Provider Class Scrn</td>
<td>Provider Class Screen</td>
</tr>
<tr>
<td>Q Quit</td>
<td>Quit the summary type.</td>
</tr>
<tr>
<td>CS Clinic Screen</td>
<td>Display the Clinic Screen.</td>
</tr>
<tr>
<td>BP Best Practice Prompt</td>
<td>Show Best Practice Prompts</td>
</tr>
<tr>
<td>SP Supplements</td>
<td>Display Supplements</td>
</tr>
</tbody>
</table>

Select Action: +// MS Modify Structure

You can add a new component by entering a new order number and component name. To remove a component from this summary type select the component by name or order and then enter an '@'.

Select SUMMARY ORDER: 10
STRUCTURE COMPONENT NAME: Best PRACTICE PROMPTS
COMPONENT NAME: BEST PRACTICE PROMPTS/
ALTERNATE TITLE:
Select SUMMARY ORDER:

Figure 20-10: Adding Best Practice Prompts to the Health Summary

2. Add the individual Best Practices to the Best Practice component that you just added using BP Best Practice Prompt menu option:

<table>
<thead>
<tr>
<th>Health Summary: TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRUCTURE:</td>
</tr>
<tr>
<td>Select HEALTH SUMMARY TYPE NAME: TEST</td>
</tr>
<tr>
<td>NAME: TEST//</td>
</tr>
<tr>
<td>LOCK://</td>
</tr>
<tr>
<td>STRUCTURE:</td>
</tr>
<tr>
<td>Order Component</td>
</tr>
<tr>
<td>Max occ Time Alternate Title</td>
</tr>
</tbody>
</table>

GENERAL:
Clinic Displayed on outpatient components:
ICD Text Display:
Provider Narrative Displayed:
Display Provider Initials in Outpatient components:
Provider Initials displayed on Medication components:

MEASUREMENT PANELS:
<none>

LAB TEST PANELS:
+ Enter ?? for more actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS Modify Structure</td>
<td>Modify the structure of the summary.</td>
</tr>
<tr>
<td>FS Flow Sheets</td>
<td>Flow Sheets</td>
</tr>
<tr>
<td>GI General Info</td>
<td>General Information</td>
</tr>
<tr>
<td>HF Health Factors</td>
<td>Health Factors</td>
</tr>
<tr>
<td>HS Sample Health Summary</td>
<td>Sample Health Summary</td>
</tr>
<tr>
<td>PC Provider Class Scrn</td>
<td>Provider Class Screen</td>
</tr>
<tr>
<td>Q Quit</td>
<td>Quit the summary type.</td>
</tr>
<tr>
<td>CS Clinic Screen</td>
<td>Display the Clinic Screen.</td>
</tr>
<tr>
<td>BP Best Practice Prompt</td>
<td>Show Best Practice Prompts</td>
</tr>
<tr>
<td>SP Supplements</td>
<td>Display Supplements</td>
</tr>
</tbody>
</table>

Select Action: +// MS Modify Structure

You can add a new component by entering a new order number and component name. To remove a component from this summary type select the component by name or order and then enter an '@'.

Select SUMMARY ORDER: 10
STRUCTURE COMPONENT NAME: Best PRACTICE PROMPTS
COMPONENT NAME: BEST PRACTICE PROMPTS/
ALTERNATE TITLE:
Select SUMMARY ORDER:
3. Add the following Best Practice Prompts Groups:
   - Asthma
   - CVD Related
   - Anticoagulation

4. Add the Rubella best practice prompt:
SEQ  Best Practice Prompts
Category/Group

Other BEST PRACTICE PROMPTS not yet selected that can be added to this summary type:
- HEARING INQUIRY  ELDER
- STRABISMUS/AMBLYOPIA SCREEN  PEDIATRIC
- ASTHMA: ADD/INCREASE INHALED STEROIDS  ASTHMA

+ Enter ?? for more actions
AR  Add Best Practice Prompt  RG  Remove Group of Best Pract Prompts
RI  Remove Best Practice Prompt  HS  Sample Health Summary
AG  Add Group of Best Pract Prompts  Q  Quit

Select Action: +// AR  Add Best Practice Prompt

Enter the sequence number to put this Best Practice Prompt and then enter the prompt by name.

Select BEST PRACTICE PROMPT ORDER: 20
BEST PRACTICE PROMPT ORDER BEST PRACTICE PROMPT: rubella

Figure 20-12: Adding the Rubella Best Practice Prompt
Appendix A: Common Install Questions/Issues

This section describes common install issues, questions, and solutions.

A.1 All Immunization Reminders are Showing as DUE After Patch is Loaded

After the KIDS build has been installed, the computed findings that are used to check the immunization forecaster will not function properly until the new immunization reminders are installed through reminder exchange.

You must install the immunization reminders through exchange immediately if you have any immunization reminders deployed. You do not need to move these into production immediately but should eventually replace your old immunization reminders with the new ones.

A.2 Programmer Access Message During Installation

Programmer access is required to install the reminders that contain a new computed finding.

If you do not have programmer access (@ fileman access) you will see the following message when you are installing reminders that contain a new computed finding:

Only programmers can install routines.
Only programmers can install Reminder Computed Findings.

Figure A-1: Messages

If there are no new computed findings packed in the reminder then ignore the message and continue through the installation process. If the computed finding was previously installed there will be an X under the column Exists on the right of the Reminder Computed Finding in the Reminder Exchange. Section 12.1 provides a detailed instructions.

A.3 Taxonomy Error Message During Installation

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.
To resolve this issue, create the template manually using the detailed instructions in Section 12.3 of this manual.

### A.4 Error On Install From Exchange: EDUCATION TOPICS Entries

The update failed, UPDATE^DIE returned the following error message:

```
MSG("DIERR")=2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=2
MSG("DIERR",1,"PARAM",1)=FP-Depot Medroxyprogesterone Injections
MSG("DIERR",1,"PARAM","FILE")=9999999.09
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) 'FP-Depot Medroxyprogesterone Injections'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)=ED.FP-Depot Medroxyprogesterone Injections
MSG("DIERR",2,"PARAM","FIELD")=15
MSG("DIERR",2,"PARAM","FILE")=801.41
MSG("DIERR",2,"TEXT",1)=The value 'ED.FP-Depot Medroxyprogesterone Injections' for field FINDING ITEM in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=
REMINDER DIALOG entry ED FP-DEPO did not get installed!
Examine the above error message for the reason
Warning there are 2 EDUCATION TOPICS entries with the name FP-Depot Medroxyprogesterone Injections Install reminder dialog and all components with no further changes:NO//NO
```

**Figure A-2: Error Example**

This error occurs when you have two Patient Education Topics with the same name (the system tells you which one has a duplicate). Most systems have a few of these so you may encounter this error.

**FIX:**

Your site manager must change the name of one of the EDUCATION topics (FileMan edit access is necessary). You can simply append the name with a number or letter.

**Important!** Make sure you do not change the name of the ACTIVE Pt Ed topic!

After your site manager has edited the entry, reinstall the reminder.

```
^VA FileMan
Enter or Edit File Entries
Print File Entries
Search File Entries
```
Modify File Attributes
Inquire to File Entries
Utility Functions ...
Data Dictionary Utilities ...
Transfer Entries
Other Options ...

Select VA FileMan Option:

Select VA FileMan Option: enter or Edit File Entries

INPUT TO WHAT FILE: EDUCATION TOPICS//
EDIT WHICH FIELD: ALL//

Select EDUCATION TOPICS NAME: FP-DEPO
1. FP-DEPOT MEDROXYPROGESTERONE INJECTIONS       FP-DPO
2. FP-Depot Medroxy progesterone Injections FP-FPO

CHOOSE 1-2:

Select EDUCATION TOPICS NAME: FP-Depot Medroxyprogesterone Injections
NAME: FP-Depot Medroxyprogesterone Injections Replace
INACTIVE FLAG: INACTIVE <-- This topic is inactive.

Select EDUCATION TOPICS NAME: FP-Depot Medroxyprogesterone Injections
NAME: FP-Depot Medroxyprogesterone Injections Replace: Injections With
Injections OLD
INACTIVE FLAG: INACTIVE^ uphat out to quit

Figure A-3: Instructions

Reinstall the reminder dialog and the error will be gone.

A.5 Error Encountered Installing IHS-Pneumovax Immun 2012 Dialog

This error has occurred at multiple sites. It is not common, but if you encounter it, follow the steps in the next section.
ERROR ENCOUNTERED:

Packed reminder dialog: IHS-PNEUMOVAX IMMUN 2011

The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=1
MSG("DIERR",1,"PARAM",1)=`90764
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) '90764'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)=`90764
MSG("DIERR",2,"PARAM","FIELD")=.01
MSG("DIERR",2,"PARAM","FILE")=801.4118
MSG("DIERR",2,"TEXT",1)=The value '90764' for field ADDITIONAL FINDINGS in ADDITIONAL FINDINGS SUB-FIELD in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=

REMINDER DIALOG entry IM PNEUMO-PS2 DONE 2011 did not get installed!
Examine the above error message for the reason.

Figure A-4: Error Encountered

FIX:

1. Manually create IM-PNEUMOVAX-2 DONE dialog element

2. Reinstall the dialog and replace the element with the IM-PNEUMOVAX-2 DONE element you created in the previous step.

RPMS-EHR Configuration Master Menu

ART Adverse Reaction Tracking Configuration ...
CCX Chief Complaint Configuration ...
CON Consult Tracking Configuration ...
EDU Patient Education Configuration ...
ENC Encounter Context Configuration ...
EXM Exam Configuration ...
HFA Health Factor Configuration ...
IMM Immunization Configuration ...
LAB Lab Configuration ...
MED Medication Management Configuration ...
NOT Notification Configuration ...
ORD Order Entry Configuration ...
PAT Patient Context Configuration ...
PHX Personal Health Hx Configuration ...
PLS Problem List Configuration ...
POV POV Configuration ...
PRC Procedure Configuration ...
REM Reminder Configuration ...
RPT Report Configuration ...
SPL Spellchecking Configuration ...
Select Reminder Configuration Option: DLG
YAKAMA HEALTH CENTER IHS RPMS-EHR Management Version 1.1
Reminder Dialog Management

<table>
<thead>
<tr>
<th>Item</th>
<th>Reminder Name</th>
<th>Linked Dialog Name &amp; Dialog Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>126</td>
<td>IHS-PED ROTAVIRUS IMMUN 2008</td>
<td>IHS-PED ROTAVIRUS IMMUN 200</td>
</tr>
<tr>
<td>127</td>
<td>IHS-PED ROTAVIRUS IMMUN 2011</td>
<td>IHS-PED ROTAVIRUS IMMUN 201</td>
</tr>
<tr>
<td>128</td>
<td>IHS-PED TD IMMUNIZATION</td>
<td>WS-PED GROUP</td>
</tr>
<tr>
<td>129</td>
<td>IHS-PED VARICELLA IMMUN</td>
<td>WS-PED GROUP</td>
</tr>
<tr>
<td>130</td>
<td>IHS-PED VARICELLA IMMUN 2008</td>
<td>IHS-PED VARICELLA IMMUN 200</td>
</tr>
<tr>
<td></td>
<td>Disabled</td>
<td></td>
</tr>
<tr>
<td>131</td>
<td>IHS-PED VARICELLA IMMUN 2011</td>
<td>IHS-PED VARICELLA IMMUN 201</td>
</tr>
<tr>
<td>132</td>
<td>IHS-PNEUMOVAX IMMUN 2008</td>
<td>IHS-PNEUMOVAX IMMUN 2008</td>
</tr>
<tr>
<td></td>
<td>Disabled</td>
<td></td>
</tr>
<tr>
<td>133</td>
<td>IHS-PNEUMOVAX IMMUN 2011</td>
<td>IHS-PNEUMOVAX IMMUN 2011</td>
</tr>
<tr>
<td>134</td>
<td>IHS-PNEUMOVAX IMMUNIZATION</td>
<td>WS-ADULT IMM GRP</td>
</tr>
<tr>
<td>135</td>
<td>IHS-PPD</td>
<td>IHS-PPD</td>
</tr>
<tr>
<td>136</td>
<td>IHS-RUBELLA IMMUNITY 2011</td>
<td>IHS-RUBELLA IMMUNITY 2011</td>
</tr>
<tr>
<td>137</td>
<td>IHS-SENIOR HEIGHT</td>
<td>IHS-SENIOR HEIGHT</td>
</tr>
<tr>
<td></td>
<td>Disabled</td>
<td></td>
</tr>
<tr>
<td>138</td>
<td>IHS-SENIOR HEIGHT 2011</td>
<td>IHS-SENIOR HEIGHT 2011</td>
</tr>
<tr>
<td>139</td>
<td>IHS-SENIOR VISION 2009</td>
<td>IHS-SENIOR VISION 2009</td>
</tr>
<tr>
<td></td>
<td>Disabled</td>
<td></td>
</tr>
<tr>
<td>140</td>
<td>IHS-SENIOR VISION 2011</td>
<td>IHS-SENIOR VISION 2011</td>
</tr>
<tr>
<td>141</td>
<td>IHS-TD IMMUN 2008</td>
<td>IHS-TD IMMUN 2008</td>
</tr>
</tbody>
</table>

REMINDER VIEW (ALL REMINDERS BY NAME)
## Addendum to Installation Notes
### September 2014

**Clinical Reminders (PXRM) Version 2.0 Patch 1002**

+ Next Screen - Prev Screen ?? More Actions

AR  All reminders  LR  Linked Reminders  QU  Quit
CV  Change View  RN  Name/Print Name

Select Item: Next Screen// CV

Select one of the following:

- D  Reminder Dialogs
- E  Dialog Elements
- F  Forced Values
- G  Dialog Groups
- P  Additional Prompts
- R  Reminders
- RG  Result Group (Mental Health)
- RE  Result Element (Mental Health)

**TYPE OF VIEW:** R// E

**Dialog List**  Jul 29, 2008 08:38:47  Page: 1 of 26

**DIALOG VIEW (DIALOG ELEMENTS)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Dialog Name</th>
<th>Dialog type</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CPT 92002</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>CPT 92004</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>CPT 92012</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>CPT 92014</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>CPT 92015</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>CPT 92250</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>CPT 99202</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>CPT 99203</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>CPT 99204</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>CPT 99205</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>CPT 99212</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>CPT 99213</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>CPT 99214</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>CPT 99215</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>CPT BREAST PELVIC G0101</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>CPT COLONOSCOPY</td>
<td>Dialog Element</td>
<td></td>
</tr>
</tbody>
</table>

+ Next Screen - Prev Screen ?? More Actions

AD  Add  CV  Change View  INQ  Inquiry/Print
CO  Copy Dialog  PT  List/Print All  QU  Quit

Select Item: Next Screen//AD

Select DIALOG to add: **IM PNEUMOVAX-2 DONE**  <- use this name

Are you adding **IM PNEUMO-PS2 DONE** as
a new REMINDER DIALOG (the 490TH)? No// YES

Not used by any other dialog

NAME: **IM PNEUMOVAX-2 DONE**/
DISABLE:
CLASS: L
SPONSOR:
REVIEW DATE:
RESOLUTION TYPE: DONE AT ENCOUNTER
...OK? Yes// YES

ORDERABLE ITEM:
FINDING ITEM: IM.PNEUMO
1 PNEUMOCOCCAL  PNEUMO-PS   33
2 PNEUMOCOCCAL CONJUGATE  PNEUM-CONJ  100
3 PNEUMOCOCCAL, NOS  PNEUMOCOCC  109

CHOOSE 1-3: 1

DIALOG/PROGRESS NOTE TEXT:
No existing text
Edit? NO// YES

Patient received pneumo-ps at this encounter (FLD: IHS PXRM STANDING ORDER).

When you are done typing, exit by selecting
The F1 (function key) plus the letter E:

F1 E

ALTERNATE PROGRESS NOTE TEXT:
No existing text
Edit? NO//
EXCLUDE FROM PROGRESS NOTE:
SUPPRESS CHECKBOX:
Select ADDITIONAL FINDINGS: ICD9.V03.82

Searching for a ICD9 DIAGNOSIS, (pointed-to by ADDITIONAL FINDINGS)

V03.82 V03.82 VACC FOR STREPTOCOCCUS PNEUMON
...OK? Yes// YES

Select ADDITIONAL FINDINGS:

Select SEQUENCE: 1
ADDITIONAL PROMPT/FORCED VALUE: PXRM LOT NUMBER prompt NATIONAL
...OK? Yes// YES

OVERWRITE PROMPT CAPTION:
START NEW LINE: YES
EXCLUDE FROM PN TEXT:
REQUIRED: YES

Select SEQUENCE: 2
ADDITIONAL PROMPT/FORCED VALUE: PXRM IMM SITE prompt NATIONAL
...OK? Yes// YES

OVERWRITE PROMPT CAPTION:
START NEW LINE: YES
EXCLUDE FROM PN TEXT:
REQUIRED: YES

Select SEQUENCE: 3
ADDITIONAL PROMPT/FORCED VALUE: PXRM VOLUME prompt NATIONAL
...OK? Yes// YES

OVERWRITE PROMPT CAPTION:
START NEW LINE: YES
EXCLUDE FROM PN TEXT:
REQUIRED: YES

Select SEQUENCE: 4
ADDITIONAL PROMPT/FORCED VALUE: PXRM IMM VIS DATE prompt
NATIONAL
...OK? Yes// YES

OVERRIDE PROMPT CAPTION:
START NEW LINE: YES
EXCLUDE FROM PN TEXT:
REQUIRED:
Select SEQUENCE: 5
ADDITIONAL PROMPT/FORCED VALUE: PXRM COMMENT prompt NATIONAL
...OK? Yes// YES

OVERRIDE PROMPT CAPTION:
START NEW LINE: YES
EXCLUDE FROM PN TEXT:
REQUIRED:
Select SEQUENCE:
Input your edit comments.
Edit? NO/

NOW go to the Exchange and install the reminder and dialog again. After
the Error in the dialog installation:

Install reminder dialog and all components with no further changes:Y// YES
The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=1
MSG("DIERR",1,"PARAM","1")=`90764
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) `90764'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)=`90764
MSG("DIERR",2,"PARAM","FIELD")=.01
MSG("DIERR",2,"PARAM","FILE")=801.4118
MSG("DIERR",2,"TEXT",1)=The value `90764' for field ADDITIONAL FINDINGS in
ADDITIONAL FINDINGS SUB-FIELD in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=

REMINDER DIALOG entry IM PNEUMO-PS2 DONE 2011 did not get installed!
Examine the above error message for the reason.
COMPONENT DIALOG entry IM PNEUMO-PS2 DONE 2011 does not exist.

Select one of the following:

D  Delete (from the reminder/dialog)
P  Replace (in the reminder/dialog) with an existing entry
Q  Quit the install

Enter response: P
Select REMINDER DIALOG NAME: IM PNEUMOVAX-2 DONE
...OK? Yes// YES
A.6 After Installed in Reminder Exchange Findings Say None

It can be confusing when you first look at your dialog definitions. Here is an example where the dialog definition looks like the finding items did not load correctly. In the exchange file, it looks like the finding did not load. This is because some components of dialogs do not have findings and this is expected. (Refer to second screen shot).

In the example above, you will notice that the Groups (under Type) do not have findings. This is expected. If you actually navigate to the Group Edit screen and look at the detail of the Group (see below), you will see that each element in the group has an appropriate finding.
A.7 The BPXRM Objects Do Not Work

A.7.1 The BPXRM LIPID PROFILE Object Foes Not Display the Last Lipid Profile Results

The BPXRM LIPID PROFILE object is not working and will be fixed in a future TIU patch. In the meantime you can create another object and use it in the dialog.

1. Create a new object containing your site’s LIPID PROFILE by copying the LAST LAB PANEL (SAMPLE) object.

Instructions:

<table>
<thead>
<tr>
<th>(DEMO INDIAN HOSPITAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDM1</td>
</tr>
<tr>
<td>DDM2</td>
</tr>
<tr>
<td>DDM3</td>
</tr>
</tbody>
</table>
**DDM4**  Create Objects  
**DDM5**  List Object Descriptions  
**DDM6**  Create TIU/Health Summary Objects  
**DDM7**  Title Headers/Footers  

Select Document Definitions (Manager) Option: **DDM4**  
Create Objects  

(DEMO INDIAN HOSPITAL)  

START DISPLAY WITH OBJECT: FIRST/\  

Objects  

<table>
<thead>
<tr>
<th>Status</th>
</tr>
</thead>
</table>
| ACTIVE MEDICATIONS | A  
| ACTIVE MEDS COMBINED | A  
| ACTIVE MEDS IN AND OUT | A  
| ACTIVE MEDS INPATIENT | A  
| ACTIVE MEDS ONE LIST | A  
| ACTIVE MEDS OUTPATIENT | A  
| ACTIVE PROBLEMS | A  
| ACTIVE PROBLEMS W/O DATES | A  
| ADDRESS-ONE LINE | A  
| ADMITTING DX | A  
| ADMITTING PROVIDER | A  
| ALLERGIES/ADR | A  
| ASTHMA CONTROLLER MEDS | A  
| ASTHMA REGISTRY | A  

?Help  >ScrollRight  PS/PL PrintScrn/List  +/-  >>>  
Find  Detailed Display/Edit  Copy/Move  
Change View  Try  Quit  
Create  Owner  

Select Action: Next Screen/ Find  
Search for://LAST LAB PANEL (SAMPLE)  

Objects  

<table>
<thead>
<tr>
<th>Status</th>
</tr>
</thead>
</table>
| LAST LAB INR 3 | A  
| LAST LAB PANEL (CHEM PANEL) | A  
| LAST LAB PANEL (SAMPLE) | I  
| LAST LAB PANEL LIPID | A  
| LAST LAB TEST (BRIEF) | I  
| LAST LAB TEST (NO CAP) | I  
| LAST LAB TEST (SAMPLE) | I  
| LAST LAB TEST DATE (SAMPLE) | I  
| LAST MAMM | A  
| LAST MEASUREMENT LIST | A  
| LAST MEASUREMENT LIST | A  
| LAST MED (SAMPLE) | I  
| LAST MED CLASS (SAMPLE) | I  
| LAST MED CLASS/PHARM PT (SAMPLE) | I  

...searching for 'LAST LAB PANEL (sample'  

Stop Here? Yes//
Select Action: Next Screen// COPY

Select Entry to Copy: (109-122): 111 enter the number of the LAST LAB PANEL (SAMPLE). Yours may be different.

Copy into (different) Name: LAST LAB PANEL (SAMPLE)
Replace SAMPLE with LIPID PROFILE
Replace
LAST LAB PANEL (LIPID PROFILE)

OBJECT copied into File Entry #665
Press RETURN to continue or '^' or '^^' to exit:
  Feb 14, 2012 15:38:44          Page:    8 of   21
Objects

+  Status
111  LAST LAB PANEL (LIPID PROFILE)                                I
112  LAST LAB PANEL (SAMPLE)                                       I
113  LAST LAB PANEL LIPID                                          A
114  LAST LAB TEST (BRIEF)                                         I
115  LAST LAB TEST (NO CAP)                                        I
116  LAST LAB TEST (SAMPLE)                                        I
117  LAST LAB TEST DATE (SAMPLE)                                   I
118  LAST MAMM                                                      A
119  LAST MEASUREMENT LIST                                         A
120  LAST MEASUREMENT LIST                                         A
121  LAST MED (SAMPLE)                                             I
122  LAST MED CLASS (SAMPLE)                                       I
123  LAST MED CLASS/PHARM PT (SAMPLE)                              I
124  LAST PAIN                                                      A
+         ?Help   >ScrollRight   PS/PL PrintScrn/List   +/-             >>>
Find                      Detailed Display/Edit     Copy/Move
Change View               Try                       Quit
Create                    Owner

Select Action: Next Screen// DETAILED
Select Entry: (111-124): 111
Object LAST LAB PANEL (LIPID PROFILE)

Basics
Name:   LAST LAB PANEL (LIPID PROFILE)
Abbreviation: 
Print Name: 
Type:   OBJECT
IFN:   665
National
Standard:   NO
Status:   INACTIVE
Owner:   CLINICAL COORDINATOR

Technical Fields
Object Method:  S X=%%LABPANL^BTIUPCC(DFN,"LAB PANEL NAME")

Description
? Help       +, - Next, Previous Screen     PS/PL
Basics               Find
Technical Fields     Delete
Try                  Quit

Select Action: Quit// TECHNICAL FIELDS

OBJECT METHOD:  S X=%%LABPANL^BTIUPCC(DFN,"LAB PANEL NAME")
Replace LAB PANEL NAME With LIPID PANEL

Replace the words LAB PANEL NAME with the exact name of the LIPID PANEL that is being used at the facility.

Select Action: Quit// BASICS

NAME: LAST LAB PANEL (LIPID PROFILE) Replace
ABBREVIATION:
PRINT NAME:
CLASS OWNER: CLINICAL COORDINATOR Replace
STATUS: (A/I): INACTIVE// A <--now activate the object

2. Edit the dialog and replace the BPXRM LIPID PROFILE with the object that you created in step 1, above.

Use the Reminder Dialogs Menu Option to make these changes: Reminder Configuration | Reminder Dialog Management Menu | Reminder Dialogs.

Instructions:

REMINDER VIEW (ALL REMINDERS BY NAME)

<table>
<thead>
<tr>
<th>Item</th>
<th>Reminder Name</th>
<th>Linked Dialog Name &amp; Dialog Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AAO NURSE SCREENING BUNDLE 6.2009</td>
<td>IHS-ACTIVITY SCREEN 2011</td>
</tr>
<tr>
<td>2</td>
<td>IHS-ACTIVITY SCREEN 2011</td>
<td>IHS-ACTIVITY SCREEN 2011</td>
</tr>
<tr>
<td>3</td>
<td>IHS-ALCOHOL SCREEN 2007</td>
<td>IHS-ALCOHOL SCREEN 2011</td>
</tr>
<tr>
<td>4</td>
<td>IHS-ALCOHOL SCREEN 2011</td>
<td>IHS-ALCOHOL SCREEN 2011</td>
</tr>
<tr>
<td>5</td>
<td>IHS-ALLERGY</td>
<td>IHS-ALLERGY 2011</td>
</tr>
<tr>
<td>6</td>
<td>IHS-ALLERGY 2011</td>
<td>IHS-ALLERGY 2011</td>
</tr>
<tr>
<td>7</td>
<td>IHS-ANTICOAG CBC 2011</td>
<td>IHS-ANTICOAG CBC 2011</td>
</tr>
<tr>
<td>8</td>
<td>IHS-ANTICOAG DURATION OF TX 2011</td>
<td>IHS-ANTICOAG DURATION OF TX</td>
</tr>
<tr>
<td>9</td>
<td>IHS-ANTICOAG INR GOAL 2011</td>
<td>IHS-ANTICOAG INR GOAL 2011</td>
</tr>
<tr>
<td>10</td>
<td>IHS-ANTICOAG OCCULT BLOOD 2011</td>
<td>IHS-ANTICOAG OCCULT BLOOD 2</td>
</tr>
<tr>
<td>11</td>
<td>IHS-ANTICOAG THERAPY END DATE 2011</td>
<td>IHS-ANTICOAG THERAPY END DATE</td>
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<tr>
<td>12</td>
<td>IHS-ANTICOAG UA 2011</td>
<td>IHS-ANTICOAG UA 2011</td>
</tr>
<tr>
<td>13</td>
<td>IHS-ASBI BNI 2011</td>
<td>IHS-ASBI BNI 2011</td>
</tr>
<tr>
<td></td>
<td>Disabled</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>IHS-ASBI SCREENING 2011</td>
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</tr>
<tr>
<td>15</td>
<td>IHS-ASTHMA ACTION PLAN 2011</td>
<td>IHS-ASTHMA ACTION PLAN 2011</td>
</tr>
<tr>
<td>16</td>
<td>IHS-ASTHMA CONTROL 2009</td>
<td></td>
</tr>
</tbody>
</table>

+ Next Screen  - Prev Screen  ?? More Actions >>>
AR All reminders LR Linked Reminders QU Quit
CV Change View RN Name/Print Name

Select Item: Next Screen// CV
Select one of the following:

D Reminder Dialogs
E Dialog Elements
F Forced Values
G Dialog Groups
P Additional Prompts
R Reminders
RG Result Group (Mental Health)
RE Result Element (Mental Health)

TYPE OF VIEW: R// E
DIALOG VIEW (DIALOG ELEMENTS)

<table>
<thead>
<tr>
<th>+Item Dialog Name</th>
<th>Dialog type</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>7  ASBI CPT COMM INS 30 MIN</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>8  ASBI CPT MEDICAID</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>9  ASBI CPT MEDICAID 15 MIN</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>10 ASBI CPT MEDICARE 15-30 MIN</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>11 ASBI CPT MEDICARE 30 MIN</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>12 ASBI ED AOD-COMPLICATIONS</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>13 ASBI ED AOD-CULTURAL/SPRIT</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>14 ASBI ED AOD-DISEASE PROCESS</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>15 ASBI ED AOD-FOLLOWUP</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>16 ASBI ED AOD-HEALTH PROMOTION DISEASE PR</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>17 ASBI ED AOD-HELP LINE</td>
<td>Dialog Element</td>
<td></td>
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<tr>
<td>18 ASBI ED AOD-INFORMATION AND REFERRAL</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>19 ASBI ED AOD-INJURIES</td>
<td>Dialog Element</td>
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<tr>
<td>20 ASBI ED AOD-LIFESTYLE ADAPTATIONS</td>
<td>Dialog Element</td>
<td></td>
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<tr>
<td>21 ASBI ED AOD-MEDICATIONS</td>
<td>Dialog Element</td>
<td></td>
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<tr>
<td>22 ASBI ED AOD-NUTRITION</td>
<td>Dialog Element</td>
<td></td>
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</tbody>
</table>

+ Next Screen - Prev Screen ?? More Actions

CO Copy Dialog   PT List/Print All   QU Quit

Select Item: Next Screen// SL SL

Search for: HD LIPID

Stop Here: YES HD LIPID should be highlighted at the top of the screen:

DIALOG VIEW (DIALOG ELEMENTS)

<table>
<thead>
<tr>
<th>+Item Dialog Name</th>
<th>Dialog type</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>278 HD MAMMO ALREADY SCHEDULED</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>279 HD MAMMO REFERRAL DONE</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>280 HD MAMMOGRAM EDUCATION</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>281 HD MED COUNSELING INFO</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>282 HD MED PROBLEM LIST</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>283 HD MENINGITIS TEXT</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>284 HD MMR TEXT</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>285 HD MTM ADDL INFO</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>286 HD MTM FOLLOW UP</td>
<td>Dialog Element</td>
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<tr>
<td>287 HD NEPHRO SCREEN</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>288 HD NEWBORN HEARING</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>289 HD OSTEOPOOROSIS SCREENING</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>290 HD PAP NOT DONE TEXT</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>291 HD PED FLU</td>
<td>Dialog Element</td>
<td></td>
</tr>
<tr>
<td>292 HD PEDAL PULSES</td>
<td>Dialog Element</td>
<td></td>
</tr>
</tbody>
</table>

+ Next Screen - Prev Screen ?? More Actions

AD Add   CV Change View   INQ Inquiry/Print

CO Copy Dialog   PT List/Print All   QU Quit

Select Item: Next Screen// 277 (enter the number of the HD LIPID element. In this example, it is number 277. Yours may be different.)

CURRENT DIALOG ELEMENT/GROUP NAME: HD LIPID

Used by: IHS-LIPID FEMALE 2011 (Reminder Dialog)
         IHS-LIPID MALE 2011 (Reminder Dialog)

NAME: HD LIPID/
DISABLE:
CLASS: VISN/
SPONSOR:
REVIEW DATE:
RESOLUTION TYPE:
ORDERABLE ITEM:
FINDING ITEM:
DIALOG/PROGRESS NOTE TEXT:
Patient's last LIPID PROFILE was:
|BPXRM LIPID PROFILE|

Edit? NO// y

==[ WRAP ]==[ INSERT ]======< DIALOG/PROGRESS NOTE TEXT >====[ Patient's last LIPID PROFILE was:
|BPXRM LIPID PROFILE| replace BPXRM LIPID PROFILE with the name of the object that you created. Select F1 key and E key to exit and save the changes

<======T======T======T======T======T======T======T======T======T

ALTERNATE PROGRESS NOTE TEXT:
No existing text
Edit? NO// ^ uphat to exit

Log out of EHR and log in again. Test the object by processing the IHS-LIPID dialog(s) on a patient who has a recent lipid profile result. Confirm that you can see the last lipid profile results.

A.7.2 The BPXRM HGBA1C object is does not display the last lab data

This might occur with any of the BPXRM (lab test) objects. This object needs to contain the name of the HGBA1C lab test that is being used at your facility. This example describes how to map the HGBA1C lab test that is used at the facility to the BPXRM HGBA1C object.

1. Go to DDM4 in your TIU menu: RPMS-EHR Configuration Master Menu | TIU Configuration | TIU Menu For Medical Records | TIU Maintenance Menu | Document Definitions (Manager).

Instructions:

( DEMO INDIAN HOSPITAL )

DDM1 Edit Document Definitions
DDM2 Sort Document Definitions
DDM3 Create Document Definitions
DDM4 Create Objects
DDM5 List Object Descriptions
DDM6 Create TIU/Health Summary Objects
DDM7 Title Headers/Footers

Select Document Definitions (Manager) Option: DDM4
Create Objects
### Object BPXRM HGBA1C

#### Basics

- **Name:** BPXRM HGBA1C
- **Abbreviation:**
- **Print Name:**
- **Type:** OBJECT
- **IFN:** 49
- **National Standard:** NO
- **Status:** ACTIVE
- **Owner:** CLINICAL COORDINATOR

#### Technical Fields

- **Object Method:** `S X=$SSLAB^BTIUPCC(+$G(DFN),"HGBA1C")`

#### Description

- **Select Action:** Next Screen/BASICS **go to Basics to inactivate the object so you can edit it.**

Edit Owner and Status only; Entry not Inactive

**CLASS OWNER:** CLINICAL COORDINATOR **Replace**

**STATUS:** (A/I): ACTIVE// I **Inactivate the entry so you can edit it.**
Object BPXRM HGBA1C

Basics
Name: BPXRM HGBA1C
Abbreviation: 
Print Name: 
Type: OBJECT
IFN: 49
National
Standard: NO
Status: INACTIVE Must be inactive
Owner: CLINICAL COORDINATOR

Technical Fields
Object Method: S X=${$SLAB}^BTIUPCC(+$G(DFN),"HGBA1C")

Description
+ ? Help +, - Next, Previous Screen PS/PL
Basics Find Description Edit
Technical Fields Delete
Try Quit
Select Action: Next Screen// technical <-edit the technical field to replace HGBA1C with the exact name of the test that is used by your facility

OBJECT METHOD: S X=${$SLAB}^BTIUPCC(+$G(DFN),"HGBA1C")

Replace HGBA1C With HGB A1C (use the exact name of the HGBA1C test that is in use at your facility)

Detailed Display Feb 14, 2012 15:07:14 Page: 1 of 2
Object BPXRM HGBA1C

Basics
Name: BPXRM HGBA1C
Abbreviation: 
Print Name: 
Type: OBJECT
IFN: 49
National
Standard: NO
Status: INACTIVE
Owner: CLINICAL COORDINATOR

Technical Fields
Object Method: S X=${$SLAB}^BTIUPCC(+$G(DFN),"HGB A1C") double check the name of the test

Description
+ ? Help +, - Next, Previous Screen PS/PL
Basics Find Description Edit
Technical Fields Delete
Try Quit
Select Action: Next Screen//Basics now go back into Basics to activate the object.
A.8 Medication Reminders – Last Occurrence Date

Reminders that use medications in the resolution logic: DM-ASPIRIN, DM-ACE/ARB, DM-ANTIPLATLET CVD use the last fill date as the LAST OCCURRENCE DATE.

Figure A-8: Example of DM Aspirin Reminder Filled on 2/2/2012
If the medication is an OUTSIDE MEDICATION, it will display today’s date as the LAST OCCURRENCE DATE. In the example below, the Outside Med was documented last month. Outside Meds do not have an associated fill date. The reminder uses TODAY’S date as the LAST OCCURRENCE DATE. In this example, today is 2/14/2012.

![Figure A-9: Example of Outside Med Displayed on 2/14/2012](image)

### A.9 Problems Getting Reminders Visible For Everyone

If you have reminders showing up for most users but not for others, the culprit is likely in the parameters. Usually it means that the NEW parameter is set to YES for system, but NO at a lower level, such as class or user.

Entering parameters is easiest from the RPMS-EHR Master Configuration menu | REM Reminder Configuration | PAR Reminder Parameters Menu | New Reminder Parameters.

**Instructions:**

<table>
<thead>
<tr>
<th>NEW New Reminder Parameters (ORQQPX NEW REMINDER PARAMS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use New Reminder Parameters may be set for the following:</td>
</tr>
<tr>
<td>1 User USR [choose from NEW PERSON]</td>
</tr>
<tr>
<td>2 Service SRV [choose from SERVICE/SECTION]</td>
</tr>
<tr>
<td>3 Division DIV [DEMO INDIAN HOSPITAL]</td>
</tr>
<tr>
<td>4 System SYS [DEMO.OKLAHOMA.IHS.GOV]</td>
</tr>
<tr>
<td>5 Package PKG [ORDER ENTRY/RESULTS REPORTING]</td>
</tr>
</tbody>
</table>

Enter selection: RICHARDS, SUSAN P

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Instance</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>USR: RICHARDS,SUSAN P</td>
<td>1</td>
<td>NO if this were set to no, like here, this user would only see what was set up in the cover sheet reminder list (CVR above) and not what was set up in the GUI reminder configuration. To remove, edit the parameter and @ at the prompt so the value is empty</td>
</tr>
<tr>
<td>SYS: YAKIMA-HC.PRT.IHS.GOV</td>
<td>1</td>
<td>YES</td>
</tr>
</tbody>
</table>
**A.10 Reminder Due When it Should NOT Be Due**

This can happen if the reminder uses Health Maintenance Reminder (HMR) or Best Practice Prompts (HMR) in their resolution logic and the lab test or medications that are needed to resolve the HMR or BPP are not members of the RPMS taxonomy.

**Examples:**

My patient has a recent chlamydia test, but the IHS-CHLAMYDIA reminder shows as due.

My patient has a recent prescription for asthma inhaled steroid, but the IHS-ASTHMA STEROIDS reminder shows as due. My patient’s [best practice/hmr] reminder shows as due when it should not be due.

These reminders use the data found by the Health Maintenance Reminder or Best Practice to determine if they are due or not. You’ll need to look at the logic that the HMR or BPP uses. Confirm that the drug or lab that is being used to resolve the reminder is a member of the HMR or BPP taxonomy. HMR/BPP RPMS taxonomies can be edited using iCare or CRS.

1. Review the Logic Detail for the health maintenance reminder or best practice prompt logic in one of the following locations:
   - Appendix of this guide (or current version).
     [http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf](http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf)
   - iCare: Click on the glossary button and select Reminders Glossary (health summary reminders) or Best Practice Prompts Glossary

2. Confirm that the lab test/medication/etc. item that the reminder is looking at is a member of the taxonomy.

**Example:**

The CHLAMYDIA Health Maintenance Reminder uses the BGP CHLAMYDIA TESTS taxonomy to look for the chlamydia test(s) that is being used by your facility.

**Instructions:**

```
LOGIC DETAIL: (from iCare Glossary or Health Summary User Manual Appendix)

Chlamydia Test Definition:
- Procedures (CPT Codes): V CPT 86631, 86632, 87110, 87270, 87320, 87490-87492, 87810 [BGP CHLAMYDIA CPTS]
- LOINC Codes: V Lab as predefined in [BGP CHLAMYDIA LOINC CODES]
- Site Defined Lab Tests: V Lab site-defined tests in [BGP CHLAMYDIA TESTS TAX]

<-- The lab test used at your facility must be a member of this taxonomy
```
3. This taxonomy can be populated with the appropriate labs/drugs through iCare or Clinical Reporting System (CRS).

**iCare:**

To edit the taxonomy, the iCare user must possess the BGPZ TAXONOMY EDITOR key. Add the test being used at your facility.

Login to iCare | Tools | Taxonomy Maintenance | View/Edit Taxonomy Entries | All Site Populated | Lab Tests | BGP Chlamydia Tests | add the chlamydia lab test(s) that are ordered at your facility.

**CRS:**

To edit the taxonomy, you must possess the appropriate security keys and menu options or ask the appropriate staff to edit the taxonomy.

CRS Main Menu | System Setup | Taxonomy Setup | Taxonomy Setup-All CRS Reports | Select a Taxonomy | add the chlamydia lab test(s) that are ordered at your facility

**Why is the Due Date Tomorrow?**

![Available Reminders](image)

Figure A-10: Reminder Due Date

The reminder is due to check tomorrow to see if the immunization is due. This is the case for all immunization reminders; several of the anti-coagulation and asthma reminders, and CVD reminder.

**A.11 Access Violation Error When Processing Dialogs**

An Access Violation Error occurs if you are processing a dialog and you select the Clinical Maintenance Button from within the dialog. When you exit/save the dialog, you will receive this error message:
Figure A-11: Access Violation Error

This is a known issue that will be fixed in a future RPMS-EHR patch. If you receive this error, log out of RPMS-EHR and log back on again. We recommend that you do not use the CLINICAL MAINTENANCE button when processing dialogs. Instead, right-click on a reminder or reminder dialog and select Clinical Maintenance.
# Appendix B: National Reminders Summary

The following table is the up-to-date list of currently released EHR (Clinical) Reminders with a list of taxonomies, terms, computed findings (CF’s), Quick Orders, and Objects in each reminder dialog.

*Reminder Taxonomy Descriptions: Section Appendix C: provides more information.

**RPMS Taxonomy Descriptions: These taxonomies are used by the PCC Health Maintenance Reminders and Best Practice Prompts. A description of these taxonomies can be found in the *PCC Health Summary Manual*.

http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf

<table>
<thead>
<tr>
<th>Reminder</th>
<th>Reminder Taxonomies* RPMS taxonomies**</th>
<th>Reminder Terms</th>
<th>CFs</th>
<th>Quick Orders</th>
<th>Objects</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS- ACTIVITY SCREEN 2013</td>
<td>IHS-ACTIVITY LEVEL</td>
<td></td>
<td></td>
<td>LAST AUDIT 3</td>
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</tr>
<tr>
<td></td>
<td>IHS-EXERCISE EDUCATION</td>
<td></td>
<td></td>
<td>LAST AUDITC 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LAST CRAFFT 3</td>
<td></td>
</tr>
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<td></td>
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<td></td>
<td>V INSURANCE</td>
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</tr>
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<td>RPMS taxonomies</td>
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<td>V MEASUREMENT</td>
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<td>LAST BPF</td>
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<td></td>
<td></td>
<td></td>
<td>BPXRM UPDATED</td>
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<td></td>
<td>TOBACCO</td>
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<tr>
<td>IHS-ANTICOAG DURATION OF TX 2013</td>
<td>RPMS taxonomies</td>
<td></td>
<td>IHS-INR DURATION</td>
<td>IMMUNIZATIONS DUE</td>
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<td>IHS-WARFARIN PT</td>
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Addendum to Installation Notes
September 2014

National Reminders Summary

209
<table>
<thead>
<tr>
<th>Reminder</th>
<th>Reminder Taxonomies*</th>
<th>Reminder Terms</th>
<th>CFs</th>
<th>Quick Orders</th>
<th>Objects</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS-ANTICOAG INR GOAL 2013</td>
<td>RPMS taxonomies</td>
<td></td>
<td>IHS-ANTICOAG INR GOAL IHS-WARFARIN PT</td>
<td>BPXRM LAST PHQ2 BPXRM LAST PHQ9, PATIENT NAME, PATIENT SEX, PATIENT AGE-DETAINED, BPXRM ALCOHOL SCREEN, LAST AUDIT C 3, LAST CRAFFT 3, BPXRM UPDATED TOBACCO, BPXRM DEPRESSION SCREEN, BPXRM INTIMATE PARTNER VIOLENCE, LAST HF OCCUPATION, V MEASUREMENT, V POV MULTI LINE, V ACTIVITY TIME, V TRAVEL TIME, V TOTAL TIME,</td>
<td></td>
</tr>
<tr>
<td>IHS-ANTICOAG THERAPY END DATE 2013</td>
<td>RPMS taxonomies</td>
<td></td>
<td>IHS-ANTICOAG END IHS-WARFARIN PT</td>
<td>BPXRM LAST PHQ2 BPXRM LAST PHQ9, BPXRM INTIMATE PARTNER VIOLENCE, BPXRM UPDATED TOBACCO</td>
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<td>Reminder Terms</td>
<td>CFs</td>
<td>Quick Orders</td>
<td>Objects</td>
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Appendix C: Reminder Taxonomies

The following provides information about reminder taxonomies released in previous patches as well as updated and new Reminder Taxonomies of PXRM 1008 that will be installed through the exchange.

If this is the first time you have installed this category of reminder (example: Asthma) then the Reminder Taxonomy will be installed through the exchange.

C.1 IHS-ASTHMA 2007

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Figure C-1: IHS-ASTHMA 2007

C.2 IHS-BILATERAL MASTECTOMY 2008

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Figure C-2: IHS-BILATERAL MASTECTOMY 2008

C.3 Taxonomies for IHS-COLON CANCER 2009

The following provides information the various taxonomies for colon cancer.

C.4 IHS-COLONOSCOPY 2007

<table>
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<tr>
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C.4.1 IHS-COLORECTAL CANCER

<table>
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C.4.2 IHS-SIGMOIDOSCOPY

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C.4.3 IHS-DEPO PROVERA ADMIN-2013

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C.4.4 IHS-DIABETES DX 2007

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<td>EN, PL</td>
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Figure C-7: IHS-DIABETES DX 2007

C.4.5 IHS-DIABETES PROBLEMS ONLY

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Figure C-8: Diabetes Problems Only

C.4.6 IHS-DIABETIC NEPHROPATHY

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Figure C-9: Diabetic Nephropathy Codes

C.4.7 IHS-DIALYSIS

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Figure C-10: Dialysis Codes

C.4.8 IHS-FUNDOSCOPIC EYE CODES 2007

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</table>

Figure 4.9 Fundoscopic Eye Codes

22.1.15 IHS-HYPERTENSION 2007

Addendum to Installation Notes
September 2014
Reminder Taxonomies
221
**C.4.9 IHS-HYSTERECTOMY 2009**

Patient Data Source:
- EN, PL

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**C.4.10 IHS-ISCHEMIC HEART DISEASE 2007**

Patient Data Source:
- EN, PL

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**Addendum to Installation Notes**

September 2014

Reminder Taxonomies

222
C.4.11 IHS-OSTEOPOROSIS DX

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Figure C-14: Osteoporosis Codes

C.4.12 IHS-TB/POS PPD

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<td>795.5</td>
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</table>

Figure C-15: Positive TB Codes
Appendix D: Reminder Terms

D.1 IHS-ACTIVITY LEVEL

<table>
<thead>
<tr>
<th>CLASS: VISN</th>
<th>FINDING ITEM:</th>
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<tbody>
<tr>
<td>ACTIVE (FI(1)=HF(74))</td>
<td></td>
</tr>
<tr>
<td>INACTIVE (FI(2)=HF(72))</td>
<td></td>
</tr>
<tr>
<td>SOME ACTIVITY (FI(3)=HF(73))</td>
<td></td>
</tr>
<tr>
<td>VERY ACTIVE (FI(4)=HF(75))</td>
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</table>

Figure D-1: Used in IHS-ACTIVITY SCREEN Reminder

D.2 IHS-ASTHMA CONTROL

<table>
<thead>
<tr>
<th>CLASS: VISN</th>
<th>FINDING ITEM:</th>
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</thead>
<tbody>
<tr>
<td>WELL CONTROLLED (FI(1)=ASM(1))</td>
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</tr>
<tr>
<td>NOT WELL CONTROLLED (FI(2)=ASM(2))</td>
<td></td>
</tr>
<tr>
<td>VERY POORLY CONTROLLED (FI(3)=ASM(3))</td>
<td></td>
</tr>
</tbody>
</table>

Figure D-2: Used in IHS-ASTHMA CONTROL Reminder

D.3 IHS-ACE/ARB

<table>
<thead>
<tr>
<th>CLASS: VISN</th>
<th>DESCRIPTION: Groupings of ace/arb drugs</th>
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</thead>
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<tr>
<td>FINDING ITEM: CV800</td>
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</tr>
<tr>
<td>FINDING ITEM: CV805</td>
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</tr>
</tbody>
</table>

Figure D-3: Used in IHS-DIAB ACE/ARB Reminder

D.4 IHS-ASPIRIN

| CLASS: VISN | FINDING ITEM: ASPIRIN |

Figure D-4: Used in IHS-DIAB ANTIPLT KNOWN CVD 2013, IHS-DIAB ASPIRIN FEMALE 2013, IHS-DIAB ASPIRIN MALE 2013 Reminders

D.5 IHS-CLOPIDOGREL

| CLASS:VISN | FINDING ITEM: CLOPIDOGREL (FI(1)=DG(3467)) |

Figure D-5: Used in IHS-DIAB ANTIPLT KNOWN CVD 2013, IHS-DIAB ASPIRIN FEMALE 2013, IHS-DIAB ASPIRIN MALE 2013 Reminders
D.6  IHS-DEPO PROVERA ORDERABLE ITEM

CLASS: VISN
FINDING ITEM: MEDROXYPROGESTERONE (FI(1)=DG(194))

Figure D-6: Used in IHS-DEPO PROVERA 2013 Reminder

D.7  IHS-DTAP IMMUNIZATION

CLASS: VISN
DESCRIPTION: DTaP immunization from the immunization file
FINDING ITEM: DTAP

Figure D-7: Used in IHS-PED DTAP IMMUNE 2013 Reminder

D.8  IHS-DIAB NEPHROPATHY LABS

CLASS: VISN
FINDING ITEM:

Figure D-8: Used in IHS-DIAB ACE/ARB 2013 Reminder

D.9  IHS-DM BLOOD PRESSURE

CLASS: VISN
NAME: IHS-DM BLOOD PRESSURE
FINDING ITEM: BP
  CONDITION: I ($P(V,"/",1)>129)!($P("/",2)>79)

Figure D-9: Used in IHS-DIAB BP CONTROL 2013 Reminder

D.10 IHS-EGFR

CLASS: VISN
FINDING ITEM:

Figure D-10: Used in IHS-DIAB NEPHRO SCR/MON 2013 Reminder

D.11 IHS-EXERCISE EDUCATION

CLASS: VISN
FINDING ITEM: HPDP-EXERCISE

Figure D-11: Used in IHS-ACTIVITY SCREEN 2013 Reminder
D.12 IHS-FECAL OCCULT BLOOD

CLASS: VISN
FINDING ITEM:

Figure D-12: IHS-Fecal Occult Blood Information

D.13 IHS-HEPADULT IMMUNIZATION

CLASS: VISN
FINDING ITEM: HEP A, ADULT

Figure D-13: Used in IHS-HEP A ADULT IMMUN 2013 Reminder

D.14 IHS-HEBADULT IMMUNIZATION

CLASS: VISN
FINDING ITEM: HEP B, ADULT

Figure D-14: Used in IHS-HEP B ADULT IMMUN 2013

D.15 IHS-HPV IMMUNIZATION

CLASS: LOCAL
FINDING ITEM: HPV QUADRIVALENT
FINDING ITEM: HPV, bivalent

Figure D-15: Used in IHS-HPV IMMUNIZATION 2013 Reminder

D.16 IHS-HCT/HCB

CLASS: VISN
FINDING ITEM:

Figure D-16: Used in IHS-HCG/HCT 2013 Reminder

D.17 IHS-HEPA IMMUNIZATION

CLASS: VISN
FINDING ITEM: HEP A, PED/ADOL, 2 DOSE
FINDING ITEM: HEP A, PEDIATRIC, NOS
CLASS: VISN

Figure D-17: Used in IHS-PED HEPA IMMUNE 2013 Reminder

D.18 IHS-HEPB IMMUNIZATION

CLASS: VISN
DESCRIPTION: Hep B vaccine from immunization file
FINDING ITEM: HEP B, ADOLESCENT OR PEDIATRIC

Figure D-18: Used in IHS-PED HEPB IMMUNE 2013 Reminder

D.19  19IHS-HGBA1C

CLASS: VISN
DESCRIPTION: The lab tests at a site that are the hemoglobin A1c test
FINDING ITEM:

Figure D-19: Used in IHS-DIAB HGBA1C 2013, IHS-DIAB HGBA1C CONTROL 2013 Reminders

D.20  IHS-HGBA1C REEVALUATE

CLASS: VISN
FINDING ITEM: HEMOGLOBIN A1C (FI(1)=LT(97))
CONDITION: I V>6.9
Condition: Enter the threshold for every lab added. By default the threshold is set to 6.9. I V>6.9 will make the reminder due every 3 months if the HEMOGLOBIN A1C is above 6.9.

Figure D-20: Used in IHS-DIAB HGBA1C CONTROL 2013 Reminder

D.21  IHS-HIBTITER IMMUNIZATION

CLASS: VISN
DESCRIPTION: Hibtiter from the vaccination file
FINDING ITEM: HIB (HBOC)
FINDING ITEM: HIB, NOS

Figure D-21: Used in IHS-PED HIBTITER IMMUNE 2013 Reminder

D.22  IHS-HIGH DIASTOLIC

CLASS: LOCAL
FINDING ITEM: BP
EFFECTIVE PERIOD: 1Y
CONDITION: I ($P(V,"/",2)>84)&($P(V,"/",2)<90)

Figure D-22: Used in IHS-BLOOD PRESSURE 2013 Reminder

D.23  IHS-HIGH BP 2007

NAME: IHS-HIGH BP 2007
FINDING ITEM: BP
CONDITION: I ($P(V,"/",1)>139)!($P(V,"/",2)>89)

Figure D-23: Used in IHS-BLOOD PRESSURE 2013 Reminder
D.24 IHS-INFLUENZA 2013

<table>
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<tr>
<td>INFLUENZA, SPLIT [TIVhx] (INCL PURIFIED)</td>
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</tr>
<tr>
<td>INFLUENZA, Intranasal, Trivalent</td>
<td></td>
</tr>
<tr>
<td>INFLUENZA, WHOLE</td>
<td></td>
</tr>
<tr>
<td>INFLUENZA [TIV], SEASONAL, INJ</td>
<td></td>
</tr>
<tr>
<td>Influenza, seasonal, injectable, preservative free, trivalent</td>
<td></td>
</tr>
<tr>
<td>INFLUENZA, HIGH DOSE SEASONAL</td>
<td></td>
</tr>
<tr>
<td>INFLUENZA, INTRADERMAL</td>
<td></td>
</tr>
<tr>
<td>INFLUENZA, Injectable, Quadrivalent</td>
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</tr>
<tr>
<td>INFLUENZA, INJECTABLE, QUAD, PF</td>
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</tr>
<tr>
<td>INFLUENZA, INJECTABLE, MDCK, PF</td>
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</tr>
<tr>
<td>INFLUENZA NASAL, UNSPECIFIED</td>
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<tr>
<td>INFLUENZA, INJECTABLE, RECOMB, PF</td>
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Figure D-24: Used in IHS-INFLUENZA IMMUNIZATION 2013 Reminder

D.25 IHS-LIPID LAB TESTS

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Figure D-25: Used in IHS-LIPID FEMALE 2013 and IHS-LIPID MALE 2013 Reminders

D.26 IHS-MENINGITIS IMMUNE

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<td>MENINGOCOCCAL C CONJUGATE</td>
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<tr>
<td>MENINGOCOCCAL</td>
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Figure D-26: Used in IHS-MENINGITIS IMMUNIZATION 2013 Reminder

D.27 IHS-MMR IMMUNIZATOIN

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Figure D-27: Used in IHS-PED MMR IMMUNE 2013 Reminder

D.28 IHS-PED PNEUMOVAX IMMUNIZATION

<table>
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Figure D-28: Used in IHS-PED PNEUMOCOCCAL IMMUN 2013 Reminder
D.29  IHS-PED TD IMMUNIZATION

CLASS: LOCAL
NAME: IHS-PED TD IMMUNIZATION
FINDING ITEM: DT (PEDIATRIC)

Figure D-29: Used in IHS-PED DT IMMUNIZATION 2013 Reminder

D.30  HS-PEDVAXHIB IMMUNIZATION

CLASS: VISN
FINDING ITEM: HIB (PRP-OMP)
FINDING ITEM: HIB, NOS

Figure D-30: Used in IHS-PEDVAXHIB IMMUN 2013 Reminder

D.31  IHS-PNEUMOVAX IMMUNIZATION

CLASS: VISN
FINDING ITEM: PNEUMOCOCCAL

Figure D-31: Used in IHS-PNEUMOVAX IMMUN 2013 Reminder

D.32  IHS-POLIO IMMUNIZATION

CLASS: LOCAL
NAME: IHS-POLIO IMMUNIZATION
FINDING ITEM: IPV

Figure D-32: Used in IHS-PED POLIO IMMUN 2013 Reminder

D.33  IHS-ROTAVIRUS IMMUNIZATION

CLASS: LOCAL
NAME: IHS-ROTAVIRUS IMMUNIZATION DATE CREATED: DEC 07, 2007
FINDING ITEM: ROTAVIRUS TETRAVALENT
FINDING ITEM: ROTAVIRUS, MONOVALENT
FINDING ITEM: ROTAVIRUS, NOS
FINDING ITEM: ROTAVIRUS, PENTAVALENT

Figure D-33: Used in IHS-PED ROTAVIRUS 2013 immunization Reminder

D.34  IHS-RUBELLA IMMUNIZATION

CLASS: VISN
FINDING ITEM: RUBELLA (FI(1)=IM(114))

Figure D-34: Used in IHS-RUBELLA 2013 Reminder
D.35 IHS-TD IMMUNIZATION

CLASS: VISN
NAME: IHS-TD IMMUNIZATION
FINDING ITEM: TD (ADULT)

Figure D-35: Used in IHS-TD IMMUNIZATION 2013 Reminder

D.36 IHS-TDAP IMMUN

CLASS: VISN
NAME: IHS-TDAP IMMUNE
FINDING ITEM: Tdap

Figure D-36: Used in IHS TDAP IMMUNE 2013 Reminder

D.37 IHS-URINE ALBUMIN

CLASS: VISN
FINDING ITEM:

Figure D-37: Used in IHS-DIAB NEPHRO SCR/MON 2013 Reminder

D.38 IHS-VARICELLA IMMUNIZATION

CLASS: VISN
DESCRIPTION: Varicella immunization terms from the immunization file
FINDING ITEM: VARICELLA

Figure D-38: Used in IHS-PED VARICELLA IMMUNE 2013 Reminder

D.39 IHS-ZOSTER IMMUNIZATION

CLASS: VISN
FINDING ITEM: ZOSTER (FI(1)=IM(227))

Figure D-39: Used in IHS-ZOSTER IMMUN 2013 Reminder
Appendix E: Reminders Using Computed Findings

Reminders use computed findings to return the following types of data from RPMS:

- Health Maintenance Reminders
- Best Practice Prompts
- Immunization Forecast
- Special cases

### E.1 Reminders Using Health Maintenance Reminder Computed Finding

The computed findings from these reminders will return the finding from Health Maintenance Reminders resolution – refer to Section 4.0 for resolution logic. The cohort and the frequency are configured within the EHR Reminder.

IHS-ALCOHOL SCREEN 2013
IHS-CHLAMYDIA SCREEN 2013
IHS-DENTAL VISIT 2013
IHS-DEPRESSION SCREENING 2013
IHS-DIABETES SCREENING 2013
IHS-DOMESTIC VIOLENCE 2013
IHS-EPSDT SCREENING 2013
IHS-FALL RISK SCREEN 2013
IHS-FUNCTIONAL ASSESSMENT 2013
IHS-HEAD CIRCUMFERENCE 2013
IHS-HIV SCREEN 2013
IHS-MAMMOGRAM 40-49 2013
IHS-MAMMOGRAM 50-74 2013
IHS-MAMMOGRAM 75-100 2013
IHS-NEWBORN HEARING 2013
IHS-NUTRITIONAL SCREENING 2013
IHS-OSTEOPOROSIS SCREENING 2013
IHS-PAP SMEAR 2 21-29Y 2013
IHS-PAP SMEAR 20-64Y 2013
IHS-SENIOR VISION 2013
IHS-TOBACCO SCREEN 2013
E.2 Reminders Using PCC Best Practice Prompt Computed Finding

The computed findings from these reminders will return whether the Best Practice Prompt for the patient is active. If it is active, the reminder is due. Section 4.0 provides information about resolution logic. The cohort and the frequency are configured within the EHR Reminder.

IHS-ANTICOAG DURATION OF TX 2013
IHS-ANTICOAG INR GOAL 2013

IHS-ANTICOAG THERAPY END DATE 2013

IHS-ASTHMA CONTROL 2013
IHS-ASTHMA ACTION PLAN 2013
IHS-ASTHMA PRIM PROV 2013
IHS-ASTHMA RISK EXACERBATION 2013
IHS-ASTHMA SEVERITY 2013
IHS-ASTHMA STEROID 2013

E.3 Reminders Using Immunization Forecast Computed Finding

The computed findings from these reminders return whether an immunization is due or not due. They are used in resolution logic to resolve reminder.

IHS-HEP A ADULT IMMUN 2013
IHS-HEP B ADULT IMMUN 2013
IHS-HPV IMMUN 2013
IHS-INFLUENZA IMMUN 2013
IHS-MENINGITIS IMMUN 2013
IHS-PED DT IMMUN 2013
IHS-PED DTAP IMMUN 2013
IHS-PED FLU IMMUN 2013
IHS-PED HEPA IMMUN 2013
IHS-PED HEPB IMMUN 2013
IHS-PED HIBTITER IMMUN 2013
IHS-PED MMR IMMUN 2013
IHS-PED PEDVAXHIB IMMUN 2013
IHS-PED PNEUMOCOCCAL IMMUN 2013
IHS-PED POLIO IMMUN 2013
IHS-PED ROTAVIRUS IMMUN 2013
IHS-PED VARICELLA IMMUN 2013
IHS-PNEUMOVAX IMMUN 2013
IHS-TD IMMUN 2013
E.4 Reminders Using Special Case Computed Findings

IHS-IMMUNIZATION FORECASTER 2013
IHS-CVD2013
IHS-ALLERGY 2013

- IHS-CVD 2013 Reminder: Uses a computed finding to return the CVD iCare tag. If the patient has an iCare CVD diagnostic tag, the reminder is applicable and due. If not it is not applicable. This reminder does not resolve (it will never be blue).

- IHS-Allergy 2013 Reminder: is applicable and due if no allergy assessment has ever been done. Removed from cohort once an allergy assessment or no known allergies is documented in the allergy/adverse reaction component. This reminder does not resolve (it will never be blue).

- IHS-Immunization forecaster 2013 Reminder is a placeholder. It is always applicable and never due.

E.5 Computed Findings Entry Points

<table>
<thead>
<tr>
<th>Name</th>
<th>Routine</th>
<th>Entry Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS-ALCOHOL 2009</td>
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<td>AL堂ASP</td>
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## Appendix F: Reminder Parameters Summary

This section describes the locations of the menu options that are used when configuring reminders. Reminders may be configured in three different menu options:

- **REM Reminder Managers Menu** ... [PXRM MANAGERS MENU]
- **CP CPRS Reminder Configuration** [PXRM CPRS CONFIGURATION]
- **XX General Parameter Tools** ... [XPAR MENU TOOLS]

This table describes the menu paths for each parameter:

<table>
<thead>
<tr>
<th>Name</th>
<th>RPMS-EHR Master Menu</th>
<th>CPRS Config Menu</th>
<th>XX Menu</th>
<th>What Does It Do?</th>
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<tr>
<td>Reminder GUI Resolution Active</td>
<td>REM</td>
<td>PAR</td>
<td>ACT</td>
<td>RA</td>
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<tr>
<td>Add/Edit Reminder Categories</td>
<td>REM</td>
<td>PAR</td>
<td>CAT</td>
<td>CA</td>
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<td>Allow EHR Configuration in GUI</td>
<td>REM</td>
<td>PAR</td>
<td>CFG</td>
<td>PXRM EHR CONFIGURATION</td>
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<tr>
<td>EHR Cover Sheet Reminder List</td>
<td>REM</td>
<td>PAR</td>
<td>CVR</td>
<td>CS</td>
</tr>
<tr>
<td>EHR Lookup Categories</td>
<td>REM</td>
<td>PAR</td>
<td>LKP</td>
<td>CL</td>
</tr>
<tr>
<td>Default Outside Location</td>
<td>REM</td>
<td>PAR</td>
<td>LOC</td>
<td>OL</td>
</tr>
<tr>
<td>Name</td>
<td>RPMS-EHR Master Menu</td>
<td>CPRS Config Menu</td>
<td>XX Menu</td>
<td>What Does It Do?</td>
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<td>--------------------------</td>
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<td>REM</td>
<td>PAR</td>
<td>NEW</td>
<td>NP</td>
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<td>Progress Note Headers</td>
<td>REM</td>
<td>PAR</td>
<td>PNH</td>
<td>PN</td>
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<tr>
<td>Position Reminder Text at Cursor</td>
<td>REM</td>
<td>PAR</td>
<td>POS</td>
<td>PT</td>
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<td>New Cover Sheet Reminders Parameter</td>
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<td></td>
<td></td>
<td>ORQQPX COVER SHEET REMINDERS</td>
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<td>PAR</td>
<td>REM</td>
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</table>
Appendix G: Rules of Behavior

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

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

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

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

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

G.1 All RPMS Users

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

G.1.1 Access

RPMS users shall

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

RPMS users shall not

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

G.1.2 Information Accessibility
RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

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

G.1.3 Accountability
RPMS users shall
• Behave in an ethical, technically proficient, informed, and trustworthy manner.
• Log out of the system whenever they leave the vicinity of their personal computers (PCs).
• Be alert to threats and vulnerabilities in the security of the system.
• Report all security incidents to their local Information System Security Officer (ISSO)
• Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
• Protect all sensitive data entrusted to them as part of their government employment.
• Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.
G.1.4 Confidentiality

RPMS users shall

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

RPMS users shall not

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

G.1.5 Integrity

RPMS users shall

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

RPMS users shall not

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

G.1.6 System Logon

RPMS users shall

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

G.1.7 Passwords
RPMS users shall
• Change passwords a minimum of every 90 days.
• Create passwords with a minimum of eight characters.
• If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
• Change vendor-supplied passwords immediately.
• Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
• Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
• Keep user identifications (IDs) and passwords confidential.

RPMS users shall not
• Use common words found in any dictionary as a password.
• Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user’s name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
• Share passwords/IDs with anyone or accept the use of another’s password/ID, even if offered.
• Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
• Post passwords.
• Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
• Give a password out over the phone.
G.1.8 Backups
RPMS users shall
- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

G.1.9 Reporting
RPMS users shall
- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not
- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

G.1.10 Session Timeouts
RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

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

G.1.11 Hardware
RPMS users shall
- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment.
RPMS users shall not

- Eat or drink near system equipment.

G.1.12 Awareness

RPMS users shall

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

G.1.13 Remote Access

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

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

Remote RPMS users shall

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

Remote RPMS users shall not

- Disable any encryption established for network, internet, and Web browser communications.
G.2 RPMS Developers

RPMS developers shall

• Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.

• Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.

• Only access information or code within the namespaces for which they have been assigned as part of their duties.

• Remember that all RPMS code is the property of the U.S. Government, not the developer.

• Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.

• Observe separation of duties policies and procedures to the fullest extent possible.

• Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer’s initials, date of change, and reason for the change.

• Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.

• Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.

• Document and implement security processes whenever available.

RPMS developers shall not

• Write any code that adversely impacts RPMS, such as backdoor access, “Easter eggs,” time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.

• Grant any user or system administrator access to RPMS unless proper documentation is provided.

• Release any sensitive agency or patient information.
G.3 Privileged Users

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

Privileged RPMS users shall

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

• Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.

• Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator’s database.

• Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

• Access any files, records, systems, etc., that are not explicitly needed to perform their duties

• Grant any user or system administrator access to RPMS unless proper documentation is provided.

• Release any sensitive agency or patient information.
Contact Information

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

Phone:  (888) 830-7280 (toll free)
Web: http://www.ihs.gov/helpdesk/
Email: support@ihs.gov