



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Electronic Health Record (RPMS-EHR)

Setup Guide Version 1.1 Patch 1 May 2008

Office of Information Technology (OIT)
Division of Information Resource Management
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TABLE OF CONTENTS

1.0	INTR	ODUCTION	1		
2.0	RPM:	S-EHR 1.1 PATCH 1 SETUP CHECKLIST	2		
3.0	ILLU	ILLUSTRATED FEATURES OF RPMS-EHR 1.1 PATCH 1			
	3.1 3.2 3.3	Canceling Orders through the Order Check Dialog Entry of Imprecise Date of Onset Default Problem List Filter	3		
	3.4	ICD Codes Captured for Lab Clinical Indicators	4		
	3.5	Adverse Reaction Data Entry			
		3.5.1 Implementing Adverse Reaction Data Entry			
		3.5.1.1 Disable Allergy Ordering and Display on the Orders Tab 3.5.1.2 Configure Permissions for Adverse Reaction Data Entry			
		3.5.1.2 Configure Permissions for Adverse Reaction Data Entry 3.5.1.3 Review Permissions for Adverse Reaction Verification 3.5.1.4 Mail Bulletin Setup	7		
		3.5.2 Overview of Adverse Reaction Data Entry			
		3.5.3 Entering Adverse Reactions from Adverse Reaction Componen			
		3.5.4 Verifying Adverse Reactions			
		3.5.5 Deleting Adverse Reactions 1			
		3.5.6 Entering No Known Allergies Assessments			
	3.6	Displaying Patient Record Flags			
	3.7	Maximum Allowable Days Supply Parameter			
4.0	3.8	New Vital Measurements			
4.0					
	4.1	Vital Measurements			
	4.2	Lab Result Viewer			
	4.3 4.4	Order Entry			
	4.4 4.5	Notifications			
	4.5 4.6	Patient Education			
	4.7	Patient Education			
	4.8	Problem List, Visit Diagnosis			
	4.9	Immunizations1			
	4.10	Visual Interface Manager1	9		
	4.11	Pharmacy Medication Counseling1			
	4.12	Medication Management and Order Entry2			
	4.13	Progress Notes			
	4.14	Report Options			
	4.15	ICD and Procedure Coding			
	4.16 4.17	Reminders			
	4.17 4.18	Consults			
	4.19	BGO Suite			
	_				
	4.20	Framework	22		

i

4.21	Historical Procedures	2
4.22	Quick Order Wizard	2
4.23	Dictation	2
4.24	Miscellaneous	2

1.0 Introduction

This document provides a brief overview of RPMS-EHR 1.1 **Patch 1** and assumes that the site has already completed the setup for RPMS-EHR 1.1.

Additional documentation, user, technical, and installation manuals are available on the RPMS-EHR Website.

- Setup of RPMS-EHR 1.1 is outlined the RPMS-EHR 1.1 New Features Setup Guide, Installation, User, Clinical, and CAC Manuals. These manuals can be downloaded from: http://www.ihs.gov/CIO/EHR/index.cfm?module=cac
- The RPMS Adverse Reaction Tracking manuals can be downloaded from: http://www.ihs.gov/Cio/RPMS/index.cfm?module=home&option=documents
- The Patient Record Flag Implementation Instructions are included in the PIMS0530.1007o.zip file. This can be downloaded from: ftp://ftp.ihs.gov/rpms/patches/

2.0 RPMS-EHR 1.1 Patch 1 Setup Checklist

The following steps are recommended after installing RPMS-EHR 1.1 Patch 1:

- ✓ PIMS 0530 1007 should be installed to enable entry of patient flags into RPMS.
- ✓ AUPN*99.1*18 should be installed. This enables imprecise date of onset for POV.
- ✓ AUPN*99.1*18 and BJPC*1*1 will be required to enter the new vital measurements.
- ✓ LR*5.2*1022 should be installed. This enables clinical indicator prompt for lab orders.
- ✓ Review settings for Maximum Allowable Days Supply parameter
- ✓ Adverse Reaction Entry:
 - o Train providers on coversheet adverse reaction data entry
 - o Educate providers that allergy ordering and display will no longer be available on the orders tab
 - o Train pharmacist (or whomever verifies your allergies currently) on adverse reaction verification
 - o Disable allergy ordering on Orders tab
 - o Disable allergy display on Orders tab.
 - o Verify that staff who enter/verify allergies have electronic signatures
 - o Configure permissions for adverse reaction data entry
 - o Review permissions for adverse reaction verification
 - o Review mail group membership

3.0 Illustrated Features of RPMS-EHR 1.1 Patch 1

3.1 Canceling Orders through the Order Check Dialog

The order check dialog presented upon electronic signature now uses checkboxes to indicate which orders are to be cancelled. Check the order you want to delete and select the "Cancel Selected Order(s)" button, the application displays the Cancel Order information message:

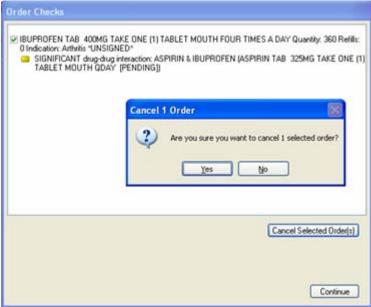


Figure 3-1: Sample Order Checks Dialog

3.2 Entry of Imprecise Date of Onset

Entry of an imprecise date of onset is now allowed when documenting a historical problem list, purpose of visit, or injury entry. AUPN Patch 18 is a pre-requisite for this feature.

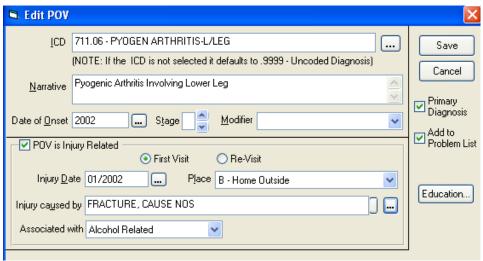


Figure 3-2: Sample of Imprecise Date for New POV

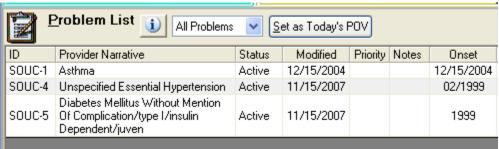


Figure 3-3: Sample of Imprecise Dates for Problem List Entries

3.3 Default Problem List Filter

The default problem list filter setting is retained when changing patients and restarting RPMS-EHR. This parameter can be modified by going to the RPMS-EHR Configuration Menu → Problem List Configuration (PLS) → Default filter for Problem List (FLT). Additionally, the default filter setting can now be set from the right-click menu:

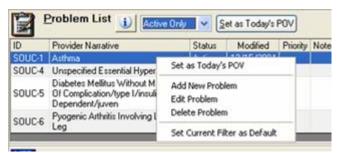


Figure 3-4: Options on Right-Click Menu for Problem List

3.4 ICD Codes Captured for Lab Clinical Indicators

RPMS-EHR version 1.1 allows entry of a clinical indication for lab orders. Lab Patch 22 is a pre-requisite for this feature.

4

Lab orders require a Clinical Indicator (similar to Radiology's "History and Reason for Exam"). Entry of clinical indication by the ordering provider has been a compliance requirement for a very long time, but this is the first time the EHR has complied with the requirement. Administration/Medical leadership needs to determine if this is going to be required of providers and to clearly communicate this decision to the provider.

The pick list is pulled from the current visit POV and active problem list with a provision for free-text entry. EHR 1.1 is assuming that you will be entering a Clinical Indicator for lab orders, so the lab quick orders will not auto accept.

New with RPMS-EHR 1.1 Patch 1:

ICD9 codes are now captured when selecting a clinical indicator for a lab test. The user can select from the pick list, or select "Other..." to lookup a new clinical indication and ICD9 code. In the future, the lab package will pass the ICD9 code to PCC and billing.

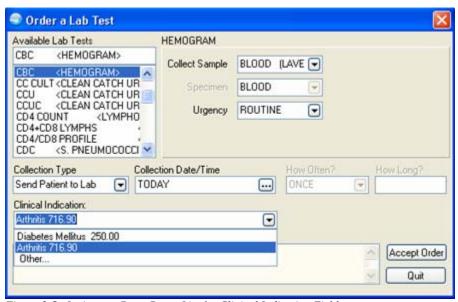


Figure 3-5: Options on Drop-Down List for Clinical Indication Field

3.5 Adverse Reaction Data Entry

This is a new component that may be invoked from the adverse reaction cover sheet popup menu. It permits authorized users to enter, edit, and verify adverse reaction information into RPMS-EHR. The data is stored and managed through the RPMS Adverse Reaction Tracking application.

3.5.1 Implementing Adverse Reaction Data Entry

• Train providers on coversheet adverse reaction data entry

- Educate providers that allergy ordering and display will no longer be available on the Orders tab
- Train pharmacist (or whomever currently verifies your allergies) on adverse reaction verification
- Disable allergy ordering on Orders tab
- Disable allergy display on Orders tab
- Verify that staff who enter allergies have electronic signatures
- Configure permissions for adverse reaction data entry
- Review permissions for adverse reaction verification
- Review mail group membership

3.5.1.1 Disable Allergy Ordering and Display on the Orders Tab

Important:

The intent of the Adverse Reaction Tracking System is to eliminate the paradigm of "ordering" allergies.

Allergies that are entered via the Cover Sheet will not display on the orders list. Sites that chose to implement the Adverse Reaction Tracking System should take the allergy order off the Orders tab and disable the display of allergies on the Orders tab.

3.5.1.1.1 Disable Allergy Ordering on the Orders Tab

Allergy Ordering can be disabled by removing the GMAOR ALLERGY ENTER/EDIT order from the Write Orders list. This needs to be done for all users. Complete instructions on configuring the Write Orders List are available in the CAC Setup Guide.

3.5.1.1.2 Disable Allergy Display on the Orders Tab

You can disable allergies from displaying on the Orders tab by following the instructions below. Have your SITE MANAGER do this, because it needs to be done in Fileman. Be very careful.

There is a file called DISPLAY GROUP. There is an entry in this file called ALL SERVICES (This works just like the ALL SERVICES in consults). Remove ALLERGIES from the MEMBER field of this file:

It should be number 12 on your system.

```
NAME: ALL SERVICES//
Select MEMBER: SUPPLIES/DEVICES// ?
Answer with MEMBER, or SEQUENCE
Do you want the entire 12-Entry MEMBER List? Y (Yes)
Choose from:
1 PHARMACY
2 LABORATORY
3 IMAGING
4 DIETETICS
```

6

5	CONSULTS	
6	VITALS/MEASUREMENTS	
7	NURSING	
8	SURGERY	
9	M.A.S.	
10	OTHER HOSPITAL SERVICES	
11	PROVEDURES	
12	ALLERGIES	←This one
13	SUPPLIES/DEVICES	

3.5.1.2 Configure Permissions for Adverse Reaction Data Entry

Adverse Reaction Data Entry is configured by going to the RPMS-EHR Configuration Menu → Adverse Reaction Tracking Configuration (ART) → Enable Adverse Reaction Data Entry (ENT).

DEMO HOSPITAL		RPMS-EHR Management
	Enable	Adverse Reaction Data Entry
Allow entry of adverse	reactio	on data may be set for the following:
100 User	USR	[choose from NEW PERSON]
200 Class	CLS	[choose from USR CLASS]
800 Division	DIV	[DEMO HOSPITAL]
900 System	SYS	[DEMO.MEDSPHERE.COM]
Enter selection:		

Figure 3-6: Adverse Reaction Data Entry

3.5.1.3 Review Permissions for Adverse Reaction Verification

This option allows those with the GMRA ALLERGY-VERIFY key to verify the correctness of data entered by the clinical users into the Adverse Reaction Tracking System. Verification might be important in observed instances of adverse drug reactions where a Quality Assurance (QA) investigation may be conducted. It is recommended that all adverse reactions are verified.

Verifiers can be clinical pharmacists or other clinical personnel. Usually the pharmacist or designated verifier will already have the existing security keys needed to allow verification.

Important: Do not set this parameter for all users—adverse reactions should be verified by a pharmacist or other designated verifying staff.

Adverse Reaction Verification is configured by going to the RPMS-EHR Configuration Menu \rightarrow Adverse Reaction Tracking Configuration (ART) \rightarrow Allow Adverse Reaction Verification (VER).

DEMO HOSPITAL RPMS-EHR Management Allow Adverse Reaction Verification	Version 1.1
GMRA-ALLERGY VERIFY Key Management	
Select a user for key assignment: user,n USER,NURSE NU	NURSE
This user does not currently have the GMRA-ALLERGY VERIFY key. Do you wish to assign this key to the selected user? $lacktb{N}$	

Figure 3-7: Assigning Adverse Reaction Verify Permission

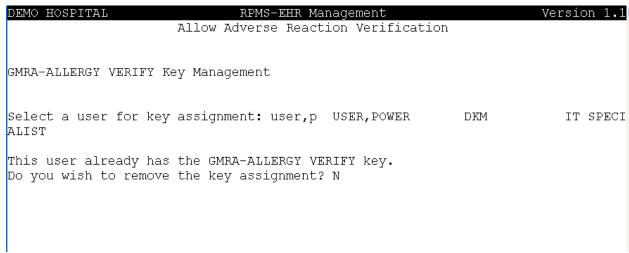


Figure 3-8: Removing Adverse Reaction Verify Permission

3.5.1.4 Mail Bulletin Setup

Automated mail bulletins will be sent to the ART verifiers when an allergy/adverse reaction has been entered and signed (completed) by a user. Review the membership of the following mail groups to ensure that the verifiers are included:

GMRA VERIFY DRUG ALLERGY GMRA VERIFY FOOD ALLERGY GMRA VERIFY OTHER ALLERGY

3.5.2 Overview of Adverse Reaction Data Entry

RPMS-EHR displays the patient's adverse reactions on the Adverse Reactions component. This is usually located on the Cover Sheet tab. If patients have causative agents listed in this pane, RPMS-EHR also displays the letter **A** (for allergies) on the Patient Postings button. To view more information about allergies or adverse reactions associated with the causative agents listed in the Adverse Reactions pane, click the causative agent in which you are interested. RPMS-EHR then displays a comprehensive listing of the details associated with this causative agent.

From the Adverse Reactions Component you can also:

- Enter new adverse reactions
- Edit existing adverse reactions
- Providers can delete their own *unsigned* adverse reactions which have been entered in error
- Enter no-known-allergies (NKA) assessments

3.5.3 Entering Adverse Reactions from Adverse Reaction Component

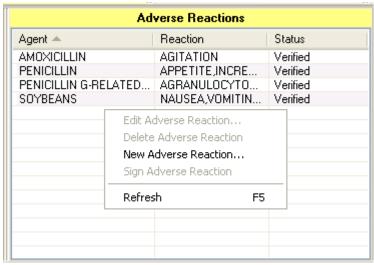


Figure 3-9: Entering a New Adverse Reaction Through the Right-Click Menu

- 1. Move your mouse arrow to a location anywhere within the Adverse Reactions component.
- 2. Right-click to display a pop-up menu.
- 3. From this menu, select New Adverse Reaction. RPMS-EHR displays the Causative Agent Lookup dialog.
- 4. Type the first three characters (minimum) of the causative agent's name and click Search.
- 5. The RPMS-EHR displays a list of possible matches.

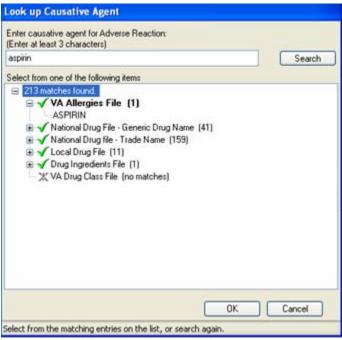


Figure 3-10: Look up Causative Agent Dialog

- 6. If the causative agent you typed matches an agent that is currently available, select the agent. (Click + to expand a heading.)
 - If the causative agent you typed does not match, you can enter a new causative agent and click Search again.
- 7. When a match is found, click OK and then click YES to confirm it.

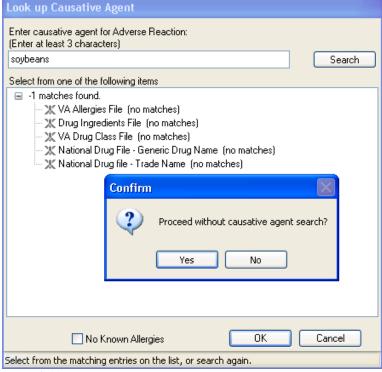
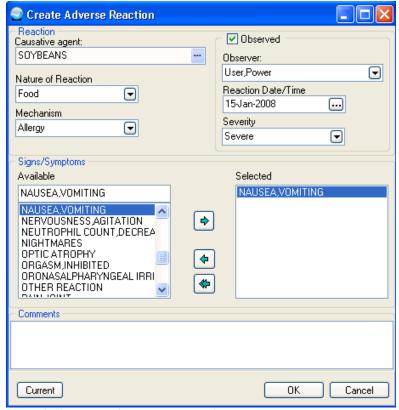


Figure 3-11: Entering a New Causative Agent



8. The Create Adverse Reaction dialog displays.

Figure 3-12: Create Adverse Reaction Dialog

Note: You can view a patient's current adverse reactions by clicking the Current button.

- 9. If you are entering an observed allergy, click the Observed check box to indicate observed adverse reactions.
 - Use the Reaction Date/Time and Severity check boxes to select a reaction date, time, and severity.
- 10. Select the Nature of Reaction from the drop-down list (Drug, Food, Other, Drug/Food, Drug/Other, Food/Other).
- 11. Using the Signs/Symptoms group box, select one or more signs or symptoms. The signs and symptoms you select appear in the Selected Symptoms pane. If you mistakenly enter a sign or symptom but have not yet accepted it by clicking OK, select the symptom in the Selected Symptoms pane and click the left-pointing arrow button.
- 12. Type comments for the adverse reaction in the Comments box.
- 13. Click OK. The RPMS-EHR displays the newly entered causative agent in the Adverse Reactions component. If you click on the causative agent, the RPMS-EHR displays all of the information you just entered about the associated adverse reaction.

14. In the RPMS-EHR, select the integrated signature tool to sign the adverse reaction. The RPMS-EHR also displays the letter A (for allergies) on the Postings button.

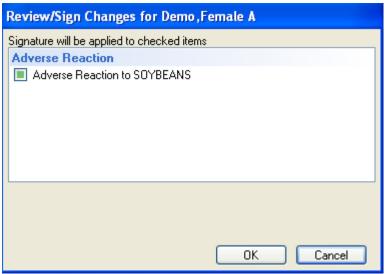


Figure 3-13: Sample Review/Sign Changes Dialog



Figure 3-14: Sample Posting Button

15. If the signer has permission to verify, then signing the adverse reaction will automatically verify. If the signer does not hold the verifier key, the adverse reaction will be display throughout EHR as unverified.

Important:

The new adverse reaction must be signed in order to be available for display throughout the RPMS-EHR. The providers can delete their own *unsigned* adverse reactions that were entered in error.

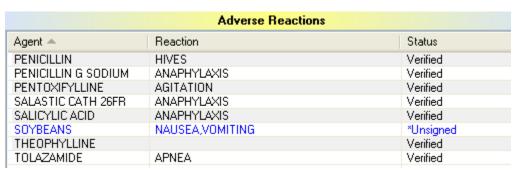


Figure 3-15: Sample Adverse Reactions

3.5.4 Verifying Adverse Reactions

This option allows a designated verifier to verify the correctness of data entered by the clinical users into the Adverse Reaction Tracking System. Verification might be

12

important in observed instances of adverse drug reactions where a Quality Assurance (QA) investigation might be conducted. It is recommended that all adverse reactions are verified.

There are two steps: (1) signing the entry and (2) verifying the entry. Only those with the appropriate security key can verify. If you have verification permissions and you enter an adverse reaction, signing it also verifies it. Otherwise, signing it just releases it for verification.

Adverse reactions can be signed/verified using the integrated signature tool. Verifiers will be prompted to sign the adverse reaction when changing patients.

Verifiers will be prompted to verify any unverified adverse reactions for all patients who have unverified reactions.

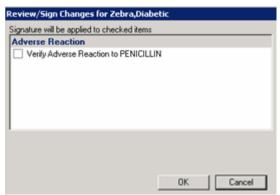


Figure 3-16: Sample Authorized Verifier Prompted to Verify Adverse Reaction

3.5.5 Deleting Adverse Reactions

Once an adverse reaction has been signed, it cannot be deleted through the RPMS-EHR. Sites should continue to use their locally developed processes to notify the pharmacy staff to remove allergies entered in error.

Providers can only delete their own *unsigned* adverse reactions which have been entered in error. Right-click on the allergy and select the "Delete Adverse Reaction" option. The system will not allow deleting **verified** adverse reactions.

Below shows the right-click menu options on the Adverse Reactions component.

13

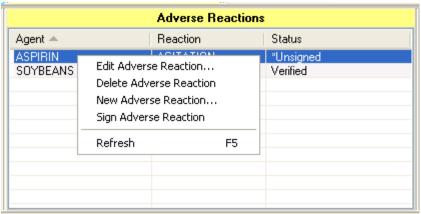


Figure 3-17: Right-Click Menu Options Showing Delete Option



Figure 3-18: Right-Click Menu for Adverse Reactions with No Delete Option

The right-click menu allows deleting (only) of unsigned reactions.

3.5.6 Entering No Known Allergies Assessments

You can enter no-known-allergies (NKA) assessments for patients who have no active allergies by right-clicking on the Adverse Reactions component and selecting New Adverse Reaction. On the Lookup Causative Agent dialog, check the "No Known Allergies" checkbox.

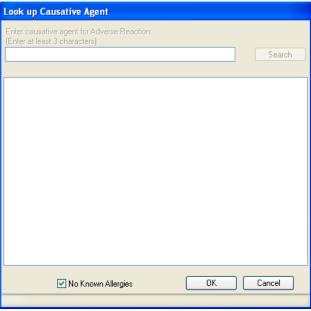


Figure 3-19: Documenting No Known Allergy Assessments

3.6 Displaying Patient Record Flags

Patient Record Flags are now displayed in the Patient Postings button AF and the Crisis Alert component. (The letter F signifies a flag.)

Patient Record Flags alert the staff of patients whose behavior or characteristics might pose a threat either to the safety of the employee, the safety of other patients, or compromise the delivery of quality healthcare. Site may create local flags or use national flags.

Patient Record Flags can be entered and managed through the RPMS Patient Record Flag menu options. These are available with PIMS patch 1007.

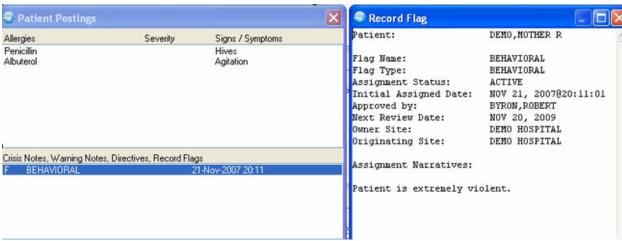


Figure 3-20: Detailed Display of a Patient Record Flag from the Patient Postings

Postings

3.7 Maximum Allowable Days Supply Parameter

The Maximum Allowable Days Supply parameter controls the upper limit for days supply of a dispensed medication. Previously, sites could dispense up to a 90 days supply. In RPMS-EHR 1.1 Patch 1, the maximum allowable days supply can be set between 90-365 days. This parameter can be modified by going to the RPMS-EHR Configuration Menu → Medication Management Menu (MED) → Maximum Allowable Days Supply (MAX).

3.8 New Vital Measurements

Several new vital measurements have been added AUPN*99.1*18 and AUM (future patch) will be required to enter the new vital measurements.

- Ankle blood pressure.
- Four new screening tools were added to the RPMS VMEASUREMENTS file to capture results of brief standardized assessment instruments. These new measurements are: PHQ2 (brief depression screening), PHQ9 (depression screening), AUDIT (alcohol use screening), CRAFFT (alcohol use screening for adolescents).
- The ability to add and display values for Ages and Stages Questionnaire (ASQ) screening is now offered. There are five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. ASQ is a proprietary tool which should only be used by sites that have licensed it from Brookes Publishing. A GUI component for printing of ASQ questionnaires and entering results is planned for a future RPMS PCC+ (VEN) release.

4.0 Additional Features

4.1 Vital Measurements

The service-, location-, and class-level settings for the BEHOVM TEMPLATE, BEHOVM DEFAULT UNITS and BEHOVM VITAL LIST parameters are now honored.

When the Vital Measurement Entry component is present in the environment and the Enter Vitals button is clicked from the vitals graphing dialog, the data entry form is now presented as a modal dialog.

Future Dates can no longer be selected.

Limit decimal places to 4 digits for vital types displayed on the triage component.

4.2 Lab Result Viewer

Current test selection is now preserved when changing the date range.

4.3 Order Entry

Stop and stop times are now handled correctly in restraint orders (inpatient).

Refreshing the order list now works correctly.

When using a quick med order with complex as the default, the drop-down list of the dosage combo box is now properly initialized.

Clicking the No button on the Formulary Alternatives dialog now closes the form.

Fixed problem with dosage routes and administration schedules not being properly validated for medication orders.

Order check dialogs now use colored icons to represent severity levels.

Order Menu Style parameter now honored. Order mnemonics are now correctly suppressed.

Order menu caption colors now reflect system settings. Previously the caption color scheme could render the caption text unreadable.

Clinical indicator narrative for lab orders is now correctly limited to a maximum of 80 characters in length.

4.4 Patient/Encounter Selection

Encounter selection dialog now correctly highlights the current user in the Provider list.

The default date range on the patient selection dialog is preserved when the user logs out/in.

Patient Selection - Printing a patient detail report from the patient selection dialog on a patient other than the active patient no longer displays a header for the wrong patient.

4.5 Notifications

Notifications of the type "Completed consult available for additional signatures" are now handled correctly.

4.6 Patient Education

Learning factors now correctly appear in the Add Patient Education dialog.

The picklist query function now produces the correct results.

Pick List Queries - Pick list query dialogs now preserve date settings after a lookup operation on other search criteria.

Fixed spurious error message stating that an active visit was not selected when attempting to edit an existing entry.

Fixed run-time error on Education Topic Selection dialog when clicking on blank area of POV list box under Disease & Topic Entry.

4.7 Patient Education

Removed Education topic from Refusal tabs. All patient education refusals must be entered through the patient education data entry dialog to ensure capture of all relevant data.

Pt education for immunizations administered to pts under 8 years of age will be automatically recorded when the immunization is entered.

4.8 Problem List, Visit Diagnosis

The ability to select multiple entries has been restored.

Date of Onset is now carried over when copying a problem entry to the visit diagnosis.

The Change Primary Provider dialog is now presented when adding a POV from either of these components.

Fixed problem with some ICD9 codes changing to .9999 after editing an existing problem.

CPRS Problem List - This component is removed in this release because it is no longer supported. Any references to this component in existing templates are replaced by the RPMS problem list component.

The problem list component now restores the default filter setting when changing patients. Also, the default filter setting may now be set from the popup menu.

Alternate shading of grid rows now works correctly when a filter is applied to the problem list.

Fixed bug where an ID already in use error occurred when saving an edit where the same problem sequence number appeared in a problem from another medical center division.

4.9 Immunizations

The lookup facility location when creating a historical entry now works correctly when Enter key is pressed.

Adding an immunization to an existing historical visit now works correctly.

Pt education for immunizations administered to pts under 8 years of age will be automatically recorded when the immunization is entered.

CPT administration codes are now correct for administrations administered to children less than 8 years.

CPT code for syringe now generated for all injectable vaccinations.

4.10 Visual Interface Manager

The splitter pane controls are now properly resized when the application window is maximized and restored.

4.11 Pharmacy Medication Counseling

When the time edit box receives input focus, any existing value is selected so that any typing will completely overwrite it.

4.12 Medication Management and Order Entry

Column settings that are saved by the user are now preserved across workstations.

Changing the chronic medication status of an unsigned medication order now works correctly.

Fixed bug in process medications dialog where some dialog elements appeared to be enabled, but were not.

Fixed bug where attempting to discontinue an expired script generated an error.

4.13 Progress Notes

Printing multiple copies of a progress note to an RPMS printer now works correctly. Previously, only one copy was printed regardless of how many were requested.

Removed close window button from title bar of reminder and template dialogs to prevent inadvertent closure and loss of data.

4.14 Report Options

Changing start and stop dates for reports now works correctly.

Fixed incorrect provider list in brief visit summary report.

Fixed truncation of long chief complaint entries in visit summary report.

4.15 ICD and Procedure Coding

The BGO E&M SUPPRESS ER CODES parameter setting is now honored.

The BGO ENABLE CHARGEMASTER ENTRY menu option has been disabled in this release and should not be used. This feature will be more fully implemented in a future release.

ICD Picklist - Management dialog now correctly adds a duplicate entry after prompting the user for confirmation.

CPT codes for immunizations and skin tests are now correctly populated.

CPT administration codes are now correct for administrations administered to children less than 8 years.

CPT code for syringe now generated for all injectable vaccinations.

E&M Coding - Replaced proprietary icon.

Pick Lists - Management dialogs for each pick list type (CPT, ICD, and patient education) had a bug where the pick list drop-down list did not get updated after deleting all pick lists and then cancelling the dialog asking if the user wants to add a new pick list. Subsequently selecting one of these entries from the drop-down list would generate an error.

4.16 Reminders

Comments entered in the comments field of a patient education reminder dialog are now properly stored.

In reminder dialogs that use the date combo, the values for the month and day portions are now correctly initialized.

The calendar control in a reminder dialog now initializes to the correct year when the Today button is clicked.

Populating a skin test result from a reminder dialog now works correctly.

Unit conversions are now handled properly in reminder dialogs when the default units have been overridden by parameter.

Reminder dialogs now correctly restrict lot numbers to only those that are active and appropriate for the selected vaccine.

Fixed access violation error that occurred when a reminder dialog generated an order request and no encounter context was set.

Imbedded prompts in dialog text associated with a reminder now correctly populate the note text when using the Next/Previous buttons.

Fixed occasional access violations when using the Next/Previous buttons to process multiple reminders.

4.17 Chief Complaint

Chief complaint entries can now be made on in-hospital visits.

4.18 Consults

Fixed access violation upon selecting Edit/Resubmit menu option.

4.19 BGO Suite

Standard keyboard shortcuts for the clipboard are now honored in all word-processing fields.

4.20 Framework

Case-sensitive verify code support has been added to this release. This feature will rely on a future Kernel patch and will be controlled by a parameter.

Password prompts now use a more secure technique to prevent possible compromise by password skimming software.

Fixed problem with "error accessing the OLE registry" error that can be seen when the user does not have registry write permissions and multiple versions of the EHR application exist on the same workstation.

4.21 Historical Procedures

Errors encountered when adding and deleting ICD procedures have been remedied.

Automatic refresh logic has been corrected.

Fixed <UNDEFINED>ARRAY+13^BGOVCPT error seen with certain view filters (e.g., Surgical).

4.22 Quick Order Wizard

Medication order dialogs now display correctly.

Editing an order dialog with a null patient context no longer produces an error message regarding order checking availability.

4.23 Dictation

Option BEHODC BATCH NOTE UPLOAD had an incorrect entry point. This has been corrected.

Option CIAOTIU BATCH NOTE UPLOAD has been removed in this release. It has been replaced by BEHODC BATCH NOTE UPLOAD.

4.24 Miscellaneous

Visit Creation - Fixed bug where visits created for hospital locations used the default institution rather than the institution associated with the location.

Personal Health - Exam lookup for refusals no longer shows inactive exams