



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Electronic Health Record

(RPMS-EHR)

Setup Guide

Version 1.1 Patch 6 August 2010

Office of Information Technology (OIT) Division of Information Resource Management Albuquerque, New Mexico

Preface

This document provides a review of the new features for RPMS-EHR, Patch 6.

Table of Contents

1.0	INTRO	DUCTION 1	I
2.0 FIXES		LEMS IDENTIFIED WITH INTERIM SOLUTIONS AND TIMELINE FOR	2
	2.1	Medication Reconciliation Lists Using Outside Meds Component 2 2.1.1 Problem 2 2.1.2 Interim Solutions 2 2.1.3 Fix 2	2
	2.2	Auto-finish of renewed medications does not auto-discontinue the original order 2.2.1 Problem 2.2.2 Interim Solution 2.2.3 Fix	1 1
	2.3	Electronic button	5
	2.4	Infant Feeding and Reproductive History 6 2.4.1 Problem 2.4.2 Interim Solution 2.4.3 Fix	5
	2.5	Historical Services Narrative Display	7 7 7
	2.6	Family History Narrative Display 7 2.6.1 Problem 7 2.6.2 Interim Solution 7 2.6.3 Fix 8	7 7 7
	2.7	Patient Education Outcomes/Standards Display	3 3 3
	2.8	Order Detail and Order Summary on Outside Med Entries 8 2.8.1 Problem 2.8.2 Interim Solution 2.8.3 Fix	3 3 3
	2.9	Provider Narrative	9
3.0	SETU	P CHECKLIST)
	3.1	Preparation for EHR v1.1 p610 3.1.1 Add Users Needed as Signers on TIU Notes)

	3.2 3.3	Post Instal 3.3.1 3.3.2 3.3.3 3.3.4 3.3.5	Prepare Pharmacy Database for Use in Outside Meds Component Implementing Clinical Indicator for Medication Orders Sites with NO In-House Pharmacy Using Imaging Component n for TIU 1.0p1006 I Set-up for EHR v1.1 Patch 6 Add New Component to Vuecentric (EHR) Templates Medication Safety Enhancements Clean Up of Old Family History Data Review Change to Visit Dialog and Problem List components for Asthma Data Capture Review Changes to Problem List Display of Personal History	.18 .19 .20 .23 .23 .32 .33 .36
		3.3.6	Review Changes to Immunizations, Patient Education, Historical Services, TIU, and Reports	.38
	3.4	Post Instal	I Setup for TIU v1.0 Patch 1006	
4.0	FIXES	AND MO	DIFICATIONS	41
	4.1	Bug Fixes		41
	1. 1	4.1.1	Display Brief Visit	
		4.1.2	Fractional Quantities for Medication Quick Orders	
		4.1.3	Reminder Dialog for Skin Test	
		4.1.4	Adverse Reaction Parameter	
		4.1.5	Formatting Fix in TIU	
		4.1.6	Historical Immunization Entry	
		4.1.7	Reminders Prompts	.46
		4.1.8	Renewing Narcotics	.47
		4.1.9	Process Button and Chronic Status	.47
		4.1.10	Provider Narratives	.48
		4.1.11	Record Flags	.49
		4.1.12	Distorted Logon Window	
		4.1.13	Relocking Unlocked Visits	.53
		4.1.14	Order Comments	
		4.1.15	Recurring Lab Order Display	
	4.2		ients	
		4.2.1	Document Outside Medications	
		4.2.2	On Demand Drug Interaction Checker	
		4.2.3	Filter, Search, or Order Notes by Associated DX	
		4.2.4	Visit Summaries with Date Range	
		4.2.5	Infant Feeding Choice	
		4.2.6	Reproductive Factors	
		4.2.7	Clinical Indication for Medications	
		4.2.8	Radiology Report Annotation	
		4.2.9	Encounter Detail	
		4.2.10	Contraindications for Reminder Immunizations	
		4.2.11	VFC Prompt for Childhood Immunizations	
		4.2.12	Readiness to Learn for Education Topics	
		4.2.13	Asthma and Problem List.	
		4.2.14	Asthma and POV	
		4.2.15	Desktop Tools	.1ŏ

		4.2.16	Integrated Signature Tool Enhancement		
5.0		4.2.17	Message Logging		
5.0					
	5.1 5.2		NTROL Pharmacy File		
	5.2		TO RX DEF PT STATUS		
	5.4		Parameters		
		5.4.1	BEHORX PRINT LABEL		
		5.4.2 5.4.3	BEHORX PRINT SCRIPT BEHORX PRINT SCRIPT MAX		
		5.4.3 5.4.4	BEHORX SCRIPT CUSTOM FORMAT		
		5.4.5	BEHORX SCRIPT FOOTER		
		5.4.6	BEHORX SCRIPT FORMAT		
		5.4.7	BEHORX SCRIPT HEADER		
	5.5	5.4.8 Ordering	BEHORX PRINT DEFAULT an RX		
• •		Ŭ			
6.0			RY		
	6.1		ionship		
		6.1.1 6.1.2	Add Problem		
		6.1.3	Delete Condition		
	6.2		ion		
	6.3	Delete Re	lation	100	
7.0	IMAG	ING		101	
	74				
	7.1	File Stora	ge	101	
	7.1 7.2	Paramete	r Setup	102	
		Paramete 7.2.1	r Setup CIAOMAG IMAGING ENABLED	102	
		Paramete 7.2.1 7.2.2	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER		
	7.2	Paramete 7.2.1 7.2.2 7.2.3	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE	102 103 103 103	
		Paramete 7.2.1 7.2.2 7.2.3 Patient Ph	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE notographs	102 103 103 103 104	
	7.2 7.3	Paramete 7.2.1 7.2.2 7.2.3 Patient Ph Adding Ex	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE	102 103 103 103 104 107	
8.0	7.2 7.3 7.4 7.5	Paramete 7.2.1 7.2.2 7.2.3 Patient Pr Adding Ex Viewing th	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE notographs kternal Documentation	102 103 103 104 104 107 110	
8.0	7.2 7.3 7.4 7.5	Paramete 7.2.1 7.2.2 7.2.3 Patient Pr Adding Ex Viewing th PARAME	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE notographs kternal Documentation ne Images	102 103 103 103 104 107 110 112	
8.0	7.2 7.3 7.4 7.5 NEW 8.1 8.2	Paramete 7.2.1 7.2.2 7.2.3 Patient Ph Adding Ex Viewing th PARAME APSP AU CIANB AC	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE notographs ternal Documentation ne Images TERS TO RX DEF PT STATUS CTIVITY LOGGING	102 103 103 103 104 107 110 112 112 112	
8.0	 7.2 7.3 7.4 7.5 NEW 8.1 8.2 8.3 	Paramete 7.2.1 7.2.2 7.2.3 Patient Pr Adding Ex Viewing th PARAME APSP AU CIANB AC CIANB AC	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE notographs ternal Documentation ne Images TERS TO RX DEF PT STATUS CTIVITY LOGGING CTIVITY RETENTION	102 103 103 103 104 107 110 110 112 112 112 112	
8.0	7.2 7.3 7.4 7.5 NEW 8.1 8.2 8.3 8.4	Paramete 7.2.1 7.2.2 7.2.3 Patient Pr Adding Ex Viewing th PARAME APSP AU CIANB AC CIANB AC BEHOAR	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE notographs ternal Documentation te Images TERS TO RX DEF PT STATUS CTIVITY LOGGING CTIVITY RETENTION T AUTOSIGN	102 103 103 103 104 107 110 110 112 112 112 112 112	
8.0	 7.2 7.3 7.4 7.5 NEW 8.1 8.2 8.3 8.4 8.5 	Paramete 7.2.1 7.2.2 7.2.3 Patient Pr Adding Ex Viewing th PARAME APSP AU CIANB AC CIANB AC BEHOAR BEHOEN	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE notographs ternal Documentation ternal Documentation te Images TERS TO RX DEF PT STATUS CTIVITY LOGGING CTIVITY RETENTION T AUTOSIGN CX DETAIL REPORT	102 103 103 103 104 107 110 112 112 112 112 112 112 112 112	
8.0	7.2 7.3 7.4 7.5 NEW 8.1 8.2 8.3 8.4	Paramete 7.2.1 7.2.2 7.2.3 Patient Ph Adding Ex Viewing th PARAME APSP AU CIANB AC CIANB AC BEHOAR BEHOENG BEHOOR	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE notographs ternal Documentation te Images TERS TO RX DEF PT STATUS CTIVITY LOGGING CTIVITY RETENTION T AUTOSIGN	102 103 103 103 104 107 110 112 112 112 112 112 113 113	
8.0	7.2 7.3 7.4 7.5 NEW 8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8	Paramete 7.2.1 7.2.2 7.2.3 Patient Pr Adding Ex Viewing th PARAME APSP AU CIANB AC CIANB AC CIANB AC BEHOAR BEHOOR BEHOPTC BEHOPTC	r Setup CIAOMAG IMAGING ENABLED. CIAOMAG EXTERNAL VIEWER. CIAOMAG CAN CAPTURE notographs	102 103 103 103 103 104 107 110 110 112 112 112 113 113 113	
8.0	7.2 7.3 7.4 7.5 NEW 8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8 8.9	Paramete 7.2.1 7.2.2 7.2.3 Patient Pr Adding Ex Viewing th PARAME APSP AU CIANB AC CIANB AC CIANB AC BEHOAR BEHOPTC BEHOPTC BEHORX	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE notographs ternal Documentation ternal Documentation te Images TO RX DEF PT STATUS TO RX DEF PT STATUS CTIVITY LOGGING CTIVITY RETENTION T AUTOSIGN CX DETAIL REPORT PA CLINICAL INDICATOR CX IGNORE ALIASES CX REQUIRES HRN NONVA LABEL	102 103 103 103 103 104 107 110 110 112 112 112 112 113 113 113 113	
8.0	7.2 7.3 7.4 7.5 NEW 8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8 8.9 8.10	Paramete 7.2.1 7.2.2 7.2.3 Patient Ph Adding Ex Viewing th PARAME APSP AU CIANB AC CIANB AC CIANB AC BEHOAR BEHOENG BEHOPTO BEHOPTO BEHORX BEHORX	r Setup CIAOMAG IMAGING ENABLED. CIAOMAG EXTERNAL VIEWER. CIAOMAG CAN CAPTURE. notographs ternal Documentation he Images TERS TO RX DEF PT STATUS CTIVITY LOGGING CTIVITY RETENTION T AUTOSIGN. CX DETAIL REPORT PA CLINICAL INDICATOR CX IGNORE ALIASES CX REQUIRES HRN NONVA LABEL PRINT DEFAULT	102 103 103 103 103 103 103 107 110 110 112 112 112 113 113 113 113 113	
8.0	7.2 7.3 7.4 7.5 NEW 8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8 8.9	Paramete 7.2.1 7.2.2 7.2.3 Patient Pr Adding Ex Viewing th PARAME APSP AU CIANB AC CIANB AC CIANB AC BEHOAR BEHOEN BEHOPTO BEHOPTO BEHORX BEHORX BEHORX BEHORX	r Setup CIAOMAG IMAGING ENABLED CIAOMAG EXTERNAL VIEWER CIAOMAG CAN CAPTURE notographs ternal Documentation ternal Documentation te Images TO RX DEF PT STATUS TO RX DEF PT STATUS CTIVITY LOGGING CTIVITY RETENTION T AUTOSIGN CX DETAIL REPORT PA CLINICAL INDICATOR CX IGNORE ALIASES CX REQUIRES HRN NONVA LABEL	102 103 103 103 103 104 110 112 112 112 112 113 113 113 113 113 114	

	8.13 8.14 8.15 8.16 8.17 8.18 8.19 8.20 8.21 8.22	BEHORX PRINT SCRIPT MAX BEHORX SCRIPT CUSTOM FORMAT BEHORX SCRIPT HEADER BEHORX SCRIPT FORMAT BEHORX SCRIPT FOOTER BGO POV DEFAULT CHART BGO POV DEFAULT TELEPHONE CIAOMAG IMAGING ENABLED CIAOMAG CAN CAPTURE CIAOMAG EXTERNAL VIEWER	.114 .114 .114 .114 .115 .115 .115 .115
9.0		NDIX A	
	9.1 9.2 9.3	Overview of the Process Set-up Process	.117
10.0	APPE	NDIX B	122
	10.1 10.2	Removing Medications Object from Patient Wellness Handout Creating Patient Wellness Handout Reports	
11.0	APPE	NDIX C	128
	11.1 11.2 11.3	Create IHS Health Summary Determine Internal Entry Number Add Family History Health Summary Button	.129
12.0	CONT	ACT INFORMATION	131

1.0 Introduction

This document provides an overview of RPMS EHR 1.1 Patch 6 and assumes that the site has already completed the setup for RPMS EHR 1.1 and has loaded patches up to Patch 5.

PLEASE thoroughly review this manual, patch notes, and requirements

2.0 Problems Identified with Interim Solutions and Timeline for Fixes

The following problems were identified during EHRv1.1 Patch 6 testing. Problems, interim solutions and fixes are listed for your information.

2.1 Medication Reconciliation Lists Using Outside Meds Component

This section provides information about the problem, interim solution, and fix.

2.1.1 Problem

When users omit a dosage OR enter a non-standard dose, the resulting medication entry does not pass to the PCC V Medication file and will not display on the Patient Wellness Handout or Health Summaries.

The medication entry DOES display on the TIU Medication objects and DOES participate correctly in order checking

2.1.2 Interim Solutions

Use Case 1 OR Case 2, as shown below.

Case 1: Print the medication lists from the Medications tab. You will need to print the Outpatient Medications and the Outside Medications separately.

OR

Case 2: Use the PREVIEW/PRINT functionality in TIU to provide a list for your patients. You may use one of several TIU objects for display. See SET UP section 3.1.2.

Examples:

```
[ACTIVE MEDICATIONS |
|MEDS CHR,ACT,HOLD,EXP |
|MEDICATION RECONCILIATION |
```

Figure 2-1: Examples of interim solutions

You do not need a visit created nor do you need a note selected.

On Notes tab, click Template. Then right-click on desired template and select Preview/Print | Print.

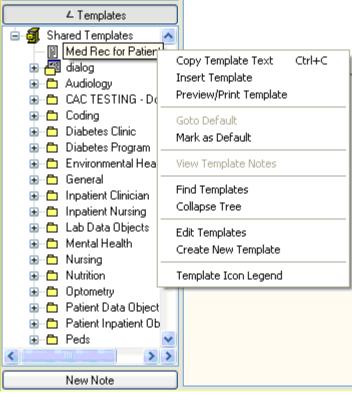


Figure 2-2: Options on right-click menu

After selecting the Print option, the output will occur.

Template: Med Rec for Patient	
Nedication list for: Control DOB: JUL 23,1987 Printed: JUN 21, 2010 14:52	Chart: 10-69-89
Allergies/Adverse Reactions on file Allergies Unknown	
Active Outpatient Medications (including Supplies): Active Outpatient Medications	Status
 ACETIC ACID/ALUMINUM SULFATE SOLN,OTIC IN AFFECTED BAR(S) 	ACTIVE
 ACYCLOVIR SOOMG TAB SOOMG BY MOUTH THREE TIMES A DAY IBUDROFEN 400MG TAB TAKE ONE (1) TABLET BY MOUTH FOUR TIMES A DAY IF MEDED FOR PAIN FOR PAIN CONTROL 	ACTIVE ACTIVE
4) OXYMETAZOLINE SOLM, SPRAY, MASAL TYPED IN ANOTHER DOSE INSTEAD OF USING AVAILABLE DOSE IN EACH NOSTRIL EVERY 8 HOURS	ACTIVE
Stay on Top	Print Close

Figure 2-3: Sample output

2.1.3 Fix

PCC will add lookups to include outside med entries that do not cross to V Med. This will be included in BJPC 2.0 patch 5 in development currently. A problem was

Setup Guide August 2010 Problems Identified with Interim Solutions and Timeline for Fixes

identified in the trigger to pass the information to V Medication in the PCC Link of the Pharmacy Patient file. This will be fixed in APSP 7.0 p1009 currently in beta testing.

2.2 Auto-finish of renewed medications does not autodiscontinue the original order

This section provides information about the problem, interim solution, and fix.

Note: This only affects sites that do not have an in-house pharmacy and choose to implement auto-finish via the Print button.

2.2.1 Problem

Renewed medications do not discontinue the original order when auto-finished. Furthermore, the original order that was renewed cannot be discontinued from the EHR Medication or Order tab.

2.2.2 Interim Solution

Discontinue is possible through the RPMS Pharmacy package. Alternately use the "change" function.

Note: Strongly consider delaying implementation of auto-finish until APSP 1009 is released which contains the fix for this problem. This patch will enter beta testing when EHRv1.1p6 is released and should be generally released in two months or less.

2.2.3 Fix

APSP 1009 (anticipated release 2 months or less after EHRv1.1 Patch 6 release) will fix this bug.

2.3 Electronic button

The Electronic button has been enabled on med order dialog when right-click dropdown menu is used for Change or Copy This section provides information about the problem, interim solution, and fix.

2.3.1 Problem

EHRv1.1 Patch 6 delivers some infrastructure in advance of e-Prescribing which will be delivered in EHRv1.1 Patch 8. The electronic button is visible and not active (subdued) appropriately when the Process function is accessed. A small bug is present in the software that exposes the electronic button when Change and Copy are selected through the right click drop down menu. Users who click "electronic" will see a "pharmacy" selection box. Users cannot utilize this functionality because the system is not yet set up for actual transmission of prescriptions.

Medication Order	
ALUMINUM SULFATE/CALCIUM ACETATE POWDER,TOP	Action
Dosage Complex	💿 None
Dosage Route Schedule	🔿 Change
CONTENT OF ONE PACKET TOPICAL BID PRN	🔿 Renew
CONTENT OF ONE PACKET ALUM	🔿 Refill
	O Hold
	O D/C
2 PACKETS IN 1 PINT WATER AND SOAK 2 TIMES A DAY FOR 2-3 DAYS	
Days Supply Qty (PA Refills Chronic Med	Details
30 6 0 Dispense as Written	
Pick Up	Skip
	Quit
	Gan
ALUMINUM SULFATE/CALCIUM ACETATE POWDER,TOP	
DISSOLVE CONTENT OF ONE PACKET TO AFFECTED AREA TWICE A DAY 2PACKETS IN 1 PINT WATER AND SOAK 2 TIMES A DAY FOR 2:3 DAYS]
Quantity: 6 Refills: 0 Chronic Med: NO Dispense as Written: NO	

Figure 2-4: Correct display with electronic visible but subdued

Medication Order			
ALUMINUM SULFATE/CALCIUM ACETATE POWDER,TO	IP		Change
Dosage Complex			
Dosage CONTENT OF ONE PACKET ALUM S04 & CA ACET PW CONTENT OF ONE PACKET ALUM S04 & CA ACET PW	Route TOPICAL TOPICAL	Schedule BID 8H AC AC&HS BEFORE LL	
		BID DAILY	~
Comments: 2 PACKETS IN 1 PINT WATER AND SOAK 2 TIMES A D/	AY FOR 2-3 DAYS		
Days Supply Qty (PA Refills 30 6 0 0 Pick Up Dinic Mail • Window		Chronic Med Dispense as Written	Priority ROUTINE 💌
ALUM S04 & CA ACET PWDR, PCKT DISSOLVE CONTENT OF ONE PACKET TO AFFECTED A I PINT WATER AND SOAK 2 TIMES A DAY FOR 23 DAY Quantity: 6 Refills: 0 Chronic Med: NO Dispense as Written:	/S	2 PACKETS IN	ADR's Accept Order Quit

Figure 2-5: Correct display with electronic removed from display when CHANGE selected

Setup Guide August 2010 Problems Identified with Interim Solutions and Timeline for Fixes

S Medication Order			
ALUMINUM SULFATE/CALCIUM ACETATE POWDER,TO)P		Change
Dosage Complex			
Dosage	Route	Schedule	
CONTENT OF ONE PACKET	TOPICAL	BID	PBN
CONTENT OF ONE PACKET ALUM S04 & CA ACET PW	TOPICAL	8H AC AC&HS BEFORE LU BID DAILY	
Comments: 2 PACKETS IN 1 PINT WATER AND SOAK 2 TIMES A D	AY FOR 2-3 DAYS		
Days Supply Qty (PA Refills 30 5 6 0 0 Pick Up O Clinic Mail Window Electronic		Chronic Med	Priority ROUTINE
ALUMINUM SULFATE/CALCIUM ACETATE POWDER, T DISSOLVE CONTENT OF ONE PACKET TO AFFECTED A 1 PINT WATER AND SOAK 2 TIMES A DAY FOR 2-3 DAY	AREA TWICE A DAY	2 PACKETS IN	ADR's
Quantity: 6 Refills: 0 Chronic Med: NO Dispense as Written	: NO		Cancel

Figure 2-6: Incorrect display with electronic button is active when Change or Copy is selected from right click dropdown menu

2.3.2 Interim Solution

Instruct users to ignore the electronic button. It is not set up for use, so users will be presented with blank pharmacy selection box and will be unable to proceed.

2.3.3 Fix

EHRv1.1 Patch 7 will correct the behavior on the right click dropdown menu. EHRv1.1 Patch 8 is scheduled to deliver e-Prescribing functionality.

2.4 Infant Feeding and Reproductive History

Clear is not working correctly on Infant Feeding and Reproductive History components.

This section provides information about the problem, interim solution, and fix.

2.4.1 Problem

The Clear function leaves the data visible on the Infant Feeding and Reproductive History dialogs. NO patient identifying data is present.

2.4.2 Interim Solution

Use the Clear & Lock function so the display is minimized.

2.4.3 Fix

The fix will come in a future EHR patch. This problem is in the queue and will most likely be corrected in EHR v1.1, patch 7 or 8.

2.5 Historical Services Narrative Display

This section provides information about the problem, interim solution, and fix.

2.5.1 Problem

The narrative on the EHR display does not wrap when the column width is deceased.

2.5.2 Interim Solution

Encourage the use of succinct narratives.

2.5.3 Fix

The fix will be in a future EHR patch. This fix is in the queue but is not scheduled for a specific patch at this time.

2.6 Family History Narrative Display

This section provides information about the problem, interim solution, and fix.

2.6.1 Problem

The narrative on the EHR display does not wrap when the column width is deceased.

2.6.2 Interim Solution

Encourage the use of succinct clinically relevant narratives.

2.6.3 Fix

The fix will be in a future EHR patch that will include wrapping for display and enhanced look-up/selection for conditions. This fix is in the queue but not scheduled for a specific patch at this time.

2.7 Patient Education Outcomes/Standards Display

This section provides information about the problem, interim solution, and fix.

2.7.1 Problem

The narrative does not wrap and impairs readability.

2.7.2 Interim Solution

None.

2.7.3 Fix

The fix will be in a future EHR patch that will include wrapping for display and enhanced look-up/selection for conditions. This fix is in the queue but not scheduled for a specific patch at this time.

2.8 Order Detail and Order Summary on Outside Med Entries

This section provides information about the problem, interim solution, and fix.

2.8.1 Problem

The visit context provider displays as "documented by" or order detail and "requested by" on order summary.

2.8.2 Interim Solution

None. The data stores properly in Order file; the display needs to be adjusted on the order detail. IHS Reports and EHR display fine.

2.8.3 Fix

The fix will be in a future EHR patch that will include an updated order detail display.

2.9 Provider Narrative

The Provider narrative is stored as text instead of a pointer field when entered through the Clinical Reminder dialog.

This section provides information about the problem, interim solution, and fix.

2.9.1 Problem

If the site has added ICD9 codes as FINDINGs or ADDITIONAL FINDINGs in clinical reminders, the provider narrative is being stored as text and not as a pointer field. This is causing data transmission errors for data going to the DATA WAREHOUSE.

2.9.2 Interim Solution

None.

2.9.3 Fix

This will be fixed in patch 7 and a clean-up utility run to change the entries to the correct pointer.

3.0 Setup Checklist

The information in this section shows the requirements prior to loading RPMS-EHR, Patch 6.

- VA Kernel v8.0 or later
- VA FileMan v22.0 or later
- Cache v5.0 or later
- EHR*1.1*5
- APSP*7.0*1008
- IHS PCC SUITE 2.0, patch 1,2, and 4

EHR Patch 6 provides fixes for the issues raised when IHS PCC SUITE 2.0 was installed in the PCC components of the EHR. This patch did not address the same issues in Reminders. Those will be addressed in a later patch.

The checklist provides guidance for preparation and set up – please refer to individual sections for each fix and enhancement for details.

3.1 Preparation for EHR v1.1 p6

The following are to be prepared for patch 6.

3.1.1 Add Users Needed as Signers on TIU Notes

ALL SITES users who will become additional signers on TIU notes must be assigned division sign on permissions for each division another user may select them as additional signers even if you have only 1 division.

- If you have users in Division A who need to be selected as additional signers for note in Division B, then that user needs sign on access to both division A and B.
- If you only have Division A, then the user needs to be assigned Division A to be selectable as an additional signer in Division A.

The provider list on the additional signer dialog currently is limited to active providers within the current division.

This change was needed to support future updates to the RPMS-EHR suite of application.

Description: Prepare list of users and their log on divisions using the General Fileman SEARCH option.

Who Should Perform?: CAC/Site Manager

Instructions:

```
Select FileMan (General) Option: s
    Search File Entries
 1
  2
    Statistics
CHOOSE 1-2: 1 Search File Entries
OUTPUT FROM WHAT FILE: NEW PERSON//
CHOOSE 1-4: 4 DISUSER
 -A- CONDITION: null
 -B- SEARCH FOR NEW PERSON FIELD:
IF: A// DISUSER NULL
STORE RESULTS OF SEARCH IN TEMPLATE:
SORT BY: NAME// SERVICE/SECTION
START WITH SERVICE/SECTION: FIRST//
 WITHIN SERVICE/SECTION, SORT BY: NAME
    1 NAME
    2 NAME COMPONENTS
CHOOSE 1-2: 1 NAME
 START WITH NAME: FIRST//
   WITHIN NAME, SORT BY:
FIRST PRINT FIELD: NAME; L15
    1 NAME
    2 NAME COMPONENTS
CHOOSE 1-2: 1 NAME
THEN PRINT FIELD: SERVICE/SECTION;L15
THEN PRINT FIELD: DIVISION (multiple)
 THEN PRINT DIVISION SUB-FIELD: DIVISION;L30
 THEN PRINT DIVISION SUB-FIELD:
THEN PRINT FIELD:
Heading (S/C): NEW PERSON SEARCH//
STORE PRINT LOGIC IN TEMPLATE:
DEVICE: Virtual
NEW PERSON SEARCH
                                         JUL 2,2010 12:15 PAGE 1
                                      DIVISION
NAME
       SERVICE/SECTION
_____
TEST, CHRISTINA ADMINISTRATION YAKAMA HEALTH CENTER IHS
                                                               WHITE SWAN
                                                   WAPATO
                                                   YAKAMA TRIBAL PROGRAMS
                                                                 WHITE SWAN
DENTAL CLINIC
TEST, MARY ADMINISTRATION YAKAMA HEALTH CENTER IHS
                                                             WHITE SWAN
```

Figure 3-1: Instructions for process

Add at the Select Division prompt in the Edit a User Menu:

-	
🖳 Cache TRM:4548 (ENSEMBLE) 🔲 🗖 🖾
File Edit Help	
Select NEW PERSON NAME:	RICHARDS,SUSAN SR Edit an Existing User
NAME: RICHARDS, SUSAN	Page 1 of 5
NAME RICHARDS, SUSAN	INITIAL: SR
TITLE:	NICK NAME:
SSN:	DOB:
DEGREE:	MAIL CODE:
DISUSER:	TERMINATION DATE:
Termination Reason:	
Select SECONDARY MENU OF Want to edit ACCESS CODE Want to edit VERIFY CODE	(Y/N): FILE MANAGER ACCESS CODE:
Select DIV	/TSTON:
	ECTION: MEDICAL STAFF
Exit Save Next Pa	age Refresh
Enter a command or '^' fo	ollowed by a caption to jump to a specific field.
Figure 3-2: Add at the Sele	ct Division prompt
J	

3.1.2 Prepare List of EHR GUI Templates

Description: Prepare list of EHR GUI Templates in use. You will want to perform all the EHR GUI changes at one time after the patch is loaded.

Who Should Perform?: CAC/Site Manager

Instructions:

- 1. Log into vcManager
- 2. Click on "Templates" tab.
- 3. Click on Associations. For better visibility collapse the tree by clicking on each sign.
- 4. This provides you a list of which EHR VueCentric templates are currently assigned to users.

🐉 VueCentric System Managemei	nt [127.0.0.1 - TRN]	
File Help		
About Object Registry Template Reg	istry Site Parameters Shutdown Monitor	
Templates: \$1612 %_HEADER_PRV %AIH PROV V11P1		Delete
%CLERKS %COLPHARM1 %DEFAULT	Template Associations	Rename
%EHRPST1 %INTERNET_LINKS %NONOTESNOTRIAGE %NOTIFICATIONSONLY		Сору
2NURSETAB_1SMH 2P5T2TEST 2PROVIDER 2PROVIDER EHRV11 W CC	XPROVIDERCAC XCLERKS XCDLPHARM1	Refresh
%PROVIDER08182008 %PROVIDERCAC %PROVIDERCAC	*2DEFAULT Group By	Defaults
*PROVIDERREVISION *PROVIDERTEST2	Croup By O C Template O Entity O C	Associations

Figure 3-3: Sample templates assigned to user

3.1.3 Prepare Pharmacy Database for Use in Outside Meds Component

Description: Review pharmacy database. Drugs must be marked as "non-VA" to be used. This is done in Drug Enter/Edit and populates field 8 in the Pharmacy Orderable Item file. Many sites have already done this.

Review: Review available "Statements/Explanation" selections delivered at package level and determine if site wants different selection list. Be aware if you override the Package Level parameters, you must recreate the list entirely – the system and division parameters override the package level and are not cumulative (ORDW NONVA REASON parameter).

Statement/Expl	lanation

- Outside medication not recommended by provider.
- Outside medication recommended by provider.
- Patient buys OTC/Herbal product without medical advice.

Medication prescribed by another provider.

Figure 3-4: Options for reason

Determine if site wants to change the title of the "Outside Medications" component (BEHORX NONVA LABEL parameter).

Who Should Perform?: Pharmacy AdPac.

Instructions:

1. Run the following search in Fileman. This will provide the site a list of Pharmacy Orderable Items that are active but not flagged as "non-VA".

```
Select FileMan (General) Option: 1 Search File Entries

OUTPUT FROM WHAT FILE: PHARMACY ORDERABLE ITEM//

-A- SEARCH FOR PHARMACY ORDERABLE ITEM FIELD: 8 NON-VA MED

-A- CONDITION: null

-B- SEARCH FOR PHARMACY ORDERABLE ITEM FIELD: .04 INACTIVE DATE

-B- CONDITION: null
```

Setup Guide August 2010

-C- SEARCH FOR PHARMACY ORDERABLE ITEM FIELD: IF: <mark>A&B</mark> NON-VA MED NULL and INACTIVE DATE NULL OR: STORE RESULTS OF SEARCH IN TEMPLATE: SORT BY: NUMBER// name START WITH NAME: FIRST// WITHIN NAME, SORT BY: FIRST PRINT FIELD: .01;L30 NAME THEN PRINT FIELD: .02;L15 DOSAGE FORM THEN PRINT FIELD: 8;15 NON-VA MED THEN PRINT FIELD: .04;112 INACTIVE DATE THEN PRINT FIELD: Heading (S/C): PHARMACY ORDERABLE ITEM SEARCH Replace STORE PRINT LOGIC IN TEMPLATE: DEVICE: **Virtual**

Figure 3-5: Beginning Instructions

Your list should like the following - Non-VA blank with NO inactive data

PHARMACY ORDERABLE ITEM SEARCH	MAY 20,2010	21:49	
NAME	NON-VA DOSAGE FORM	INACTIVE MED	DATE
ACETAMINOPHEN/OXYCODONE N/F ACYCLOVIR N/F ALBUTEROL/IPRATROPIUM ASPIRIN/OXYCODONE N/F BUDESONIDE/FORMOTEROL CARBAMAZEPINE N/F	TAB SUSP INHL, ORAL TAB INHL, ORAL CAP, SA		

Figure 3-6: Sample listing

2. Run the following report in Fileman. This will provide the site with a list of Pharmacy Orderable Items and what Generic Drugs are associated with each. The Pharmacy AdPac now has a cross reference to see which drugs the orderable items are tied to so they know which ones to edit.

```
VA FileMan 22.0

Select OPTION: pRINT FILE ENTRIES

OUTPUT FROM WHAT FILE: DRUG//

SORT BY: GENERIC NAME// PHARMACY ORDERABLE ITEM

START WITH PHARMACY ORDERABLE ITEM: FIRST//

WITHIN PHARMACY ORDERABLE ITEM, SORT BY:

FIRST PRINT FIELD: 2.1;L30 PHARMACY ORDERABLE ITEM

THEN PRINT FIELD: .01;30 GENERIC NAME

THEN PRINT FIELD:

Heading (S/C): DRUG LIST//

STORE PRINT LOGIC IN TEMPLATE:

DEVICE: CONSOLE Right Margin: 80//you can session log and open in excel

...SORRY, THIS MAY TAKE A FEW MOMENTS...

Your list should look like this
```

Setup Guide August 2010

DRUG LIST PHARMACY ORDERABLE ITEM	GENERIC NAME	MAY 20,2010	21:56	PAGE 1
70/30 INSULIN ABILIFY ABSORBASE ABSORBASE ACARBOSE ACARBOSE ACETAMINOPHEN ACETAMINOPHEN	INSULIN 70/30 ARIPIPRAZOLE 51 ABSORBASE OINT ABSORBASE OINT ACARBOSE 50MG ⁴ ACARBOSE 25MG ⁴ ZZACETAMINOPHEN	MG TABS ,120GM ,454GM TAB TAB N 325MG. TAB.		

Figure 3-7: Instructions

3. Review and mark active drugs as "Non-VA" that may be entered as Outside Medications. You need to do this for all of the drugs that you want to be selectable in the Outside Medications dialog. Many of the drugs you carry in house may also be ordered and filled outside. Keep this in mind when selecting which medications to mark as "Non-VA!"

```
RMTS
      Return Medication to Stock
DEE
      Drug Enter/Edit <- this menu
HS
      Health Summary
MEDP
      Medication Profile
Select PHARMACY REG TECH Option: dee Drug Enter/Edit
Select DRUG GENERIC NAME: ziprasidone 40
Lookup: DRUG GENERIC NAME
ZIPRASIDONE 40MG CAP
                            CN709
                                        N/F
                                                      00049-3970-60
...OK? Yes// (Yes) <<<this med
This entry is marked for the following PHARMACY packages: <- you can see NOT
                                                          marked as non VA
Outpatient
Unit Dose
GENERIC NAME: ZIPRASIDONE 40MG CAP Replace
VA CLASSIFICATION: CN709//
DEA, SPECIAL HDLG: 6P//
NATIONAL FORMULARY INDICATOR: YES
LOCAL NON-FORMULARY: N/F//
VISN NON-FORMULARY:
Select DRUG TEXT ENTRY:
Select FORMULARY ALTERNATIVE: OUETIAPINE FUMARATE 200 MG TAB
Select SYNONYM: GEODON//
SYNONYM: GEODON//
INTENDED USE: TRADE NAME//
NDC CODE: 00049-3970-60//
Select SYNONYM:
MESSAGE:
RESTRICTION:
FSN:
INACTIVE DATE:
WARNING LABEL:
ORDER UNIT: BT//
DISPENSE UNIT: CAP//
DISPENSE UNITS PER ORDER UNIT: 60//
DISPENSE UNIT NCPDP CODE:
NDC: 00049-3970-60//
PRICE PER ORDER UNIT: 178.50//
```

Setup Guide August 2010

LAST PRICE UPDATE: APR 24,2008@15:39:11// AWP PER ORDER UNIT: 394.3098// AWP PER DISP UNIT is 00006.571830 SOURCE OF SUPPLY: DISPENSING LOCATION: STORAGE LOCATION: PRICE PER DISPENSE UNIT: 2.975 points to ZIPRASIDONE HCL 40MG CAP in the National Drug file. This drug has already been matched and classified with the National Drug file. In addition, if the dosage form changes as a result of rematching, you will have to match/rematch to Orderable Item. Do you wish to match/rematch to NATIONAL DRUG file? No// (No) Just a reminder...you are editing ZIPRASIDONE 40MG CAP. Strength from National Drug File match => 40 MG Strength currently in the Drug File => 40 MG Strength => 40 Unit => MG POSSIBLE DOSAGES: DISPENSE UNITS PER DOSE: 1 DOSE: 40MG DISPENSE UNITS PER DOSE: 2 DOSE: 80MG PACKAGE: IO PACKAGE: IO LOCAL POSSIBLE DOSAGES: Do you want to edit the dosages? N// O This entry is marked for the following PHARMACY packages: Outpatient Unit Dose MARK THIS DRUG AND EDIT IT FOR: - Outpatient U - Unit Dose I – IV W - Ward Stock D - Drug Accountability C - Controlled Substances X - Non-VA Med A - ALL Enter your choice(s) separated by commas : X X - Non-VA Med ** You are NOW Marking/Unmarking for NON-VA MEDS. ** A Non-VA Med ITEM? No// Y (Yes) ** You are NOW in the ORDERABLE ITEM matching for the dispense drug. ** ZIPRASIDONE 40MG CAP is already matched to ZIPRASIDONE CAP, ORAL Do you want to match to a different Orderable Item? NO// Now check

Setup Guide August 2010

Figure 3-8: Further instructions

- 4. <u>OPTIONAL</u>: Create a TIU Template named MED REC FOR PATIENT and place in your Shared template folder If your users do not select a dose offered, type in a non standard dose or leave the dose blank, the Outside Med entry does not pass to PCC and create a V Medication entry. The Health Summary and Patient Wellness Handouts use V Medications only to compile the medication list. The PCC Link will be fixed in the upcoming Pharmacy patch APSP 7.0p1009 which is in testing now. Until that time the following is recommended:
 - Print patient med lists from the Meds tab (you will have to print Outpatient Medications and Outside Medications separately.
 - Create a TIU Template. The use can then right-click and select: Preview | Print without creating a visit or note.

Site who are 100% EHR:

- Copy/ Paste the following in a TIU template named MED REC FOR PATIENT
- Use one of the following objects:

```
ACTIVE MEDICATIONS |
MEDS CHR, ACT, HOLD, EXP |
MEDICATION RECONCILIATION |
```

Figure 3-9: Object selections

- Place it in the SHARED Template folder
- Train user to:

Open Shared Templates

Right-click and select Preview | Print

This uses TIU objects that non-redundantly aggregate V Medication and Pharmacy entries for a complete medication reconciliation list for your patients.

```
Make a simple TIU TEMPLATE. Name MED REC FOR PREVIEW/PRINT. Place in SHARED TIU FOLDER. Users can Right Click, Preview and Print.
```

OPTION 1: Using |MEDS CHR,ACT,HOLD,EXP-DETAILED| object

Figure 3-10: Beginning instructions

Below is a sample print out of the Medication List.

Patient: Test Patient T P DOB SEP 27,1982 Chart # 10-10-12 Printed: JUN 17, 2010 16:09 ALLERGIES - It is important to know what allergies and side effects you have to medicines or foods. Below is a list of allergies that we know of. Please tell us if there are any that we missed. ASPIRIN Active and Outpatient Medications (excluding Supplies): ATENOLOL 25MG TAB TAKE ONE (1) TABLET BY MOUTH DAILY ACTIVE CARVEDILOL 12.5 MG TAB TAKE ONE (1) TABLET BY MOUTH TWICE HOLD A DAY Reason for HOLD: INSUFFICIENT QTY IN STOCK RANITIDINE TAB (0) BY MOUTH TWICE A DAY ACTIVE

Figure 3-11: Sample print out

Below is a Medication List - Sample Template

Patient: |PATIENT NAME| DOB |PATIENT DATE OF BIRTH| Chart # |PATIENT HRCN| Printed: |NOW| ALLERGIES - It is important to know what allergies and side effects you have to medicines or foods. Below is a list of allergies that we know of. Please tell us if there are any that we missed. |ALLERGIES/ADR| |MEDS CHR,ACT,HOLD,EXP|

Figure 3-12: Sample template

• Alternately, print Outpatient Meds and Outside Meds from the Meds Tab (you must print each list separately)

Sites that have not completely deployed to EHR (use in Outpatient but ER and Inpatient still using paper)

• Consider holding off deployment of the use of "outside meds" until BJPC 2.0 Patch 5 is released with updated Health Summary and Patient Wellness Handout.

3.1.4 Implementing Clinical Indicator for Medication Orders

Description: Determine if your site will implement Clinical Indicator for Medication Orders.

Who Should Perform?: Clinic Leadership (Clinical Director, Pharmacy Chief or if no pharmacist on staff, consult Area Pharmacy personnel, in collaboration with HIM/BO, Providers, Quality Improvement/Risk Management)

Instructions:

- 1. CAC should review functionality.
- 2. Discuss pros/cons with clinical leadership, medical staff, and pharmacy.

3.1.5 Sites with NO In-House Pharmacy

The following applies to sites with NO In-house Pharmacy who plan to use autofinish functionality (ONLY for use with sites that do not have pharmacies).

Description: If you do not have an in-house pharmacy and plan to use auto-finish, determine list of providers who may auto-finish.

Who Should Perform?: Clinical Director.

Instructions:

- 1. This will be determined by credentials and workflow.
- 2. When configured, a pending medication order is auto-finished during the printing process.
- 3. This functionality is NOT for use at sites that have pharmacy in house.

Description: Determine if your state has specific requirements for prescriptions.

Who Should Perform?: Pharmacy Chief or if no pharmacist on staff, consult Area Pharmacy personnel.

Instructions:

- 1. If you currently use RPMS print formats for Rx printing from Orders tab, identify the header, footer, and body.
- 2. If the footer or header uses an field that displays patient address, you will need to edit the address print field for use from the Print Prescription button on the Medication component.

Description: Determine updates needed in pharmacy database and EHR quick orders

Who Should Perform?: Pharmacy package administrator, CAC

Instructions – most common problems below

- 1. Medications ordered without selecting from the available dosing options will not auto-finish.
 - a. Review pharmacy database to make sure all meds have proper dosages to minimize providers typing in a dose.
- 2. Mark drugs as Non-VA (X) if not done so already in Outside Medications set up.
- 3. Review quick orders.
 - a. If you change any doses on the pharmacy side, you MUST edit the quick orders and select a proper default dose. If the default dose no longer exists, it behaves like a dose that was manually entered.
 - **Note:** If you evaluate your pharmacy database and determine you need to perform significant database clean up to deploy Outside Meds and/or Auto-Finish, consider doing ALL the changes in the drug database necessary for e-Prescribing which will be released later in 2010 or early 2011. Pharmacists working on the e-Prescribing project and pharmacists assisting with database set ups are collaborating to create a guide which will be distributed through area Pharmacy Consultants when available.

3.1.6 Using Imaging Component

Determine if you will use the imaging component – for non-federal sites only who are not or do not plan to use Vista Imaging.

Description: If you do not use Vista Imaging AND are not a federal IHS site, determine if you will use the Imaging component.

Who Should Perform?: Clinical Leadership (non-federal sites only).

Instructions:

- 1. Review the documentation on the Imaging component.
- 2. Review security and business rules with HIM and IT security.
- 3. Develop policies and procedures.

3.2 Preparation for TIU 1.0p1006

Determine the TIU templates that contain the TUI object to replace.

Description: Find templates that contain the old Reproductive History TIU objects. You will need to replace these objects IMMEDIATELY after installing the patch. The new objects are:

REPRODUCTIVE HX2-BRIEF REPRODUCTIVE HX2-EXPANDED

BMI-UPDATED

Alternately you can remove, or replace with the LMP Brief, LMP Expanded, or Reproductive History All object prior to installation of TIUv1.0p1006. Be aware that Reproductive History All is a large object.

Who Should Perform?: CAC/Site manager.

Instructions:

Run a Fileman search for each of these four objects: This will return the name of the template that contains the object. If the template is part of a TIU Dialog Template, this <u>will not</u> tell you in what dialog it is contained.

```
REPRODUCTIVE HX-BRIEF
 REPRODUCTIVE HX-EXPANDED
 BMI
BMI WITH CAPTION
Select VA FileMan Option: search File Entries
OUTPUT FROM WHAT FILE: TIU TEMPLATE//
-A- SEARCH FOR TIU TEMPLATE FIELD: 2 BOILERPLATE TEXT (word-processing)
-A- CONDITION: contAINS
-A- CONTAINS: |REPRODUCTIVE HX-BRIEF|
-B- SEARCH FOR TIU TEMPLATE FIELD:
IF: A//
TIU TEMPLATE BOILERPLATE TEXT CONTAINS (case-insensitive) "|REPRODUCTIVE HX-BRIEF|"
STORE RESULTS OF SEARCH IN TEMPLATE:
SORT BY: NAME//
START WITH NAME: FIRST//
FIRST PRINT FIELD: .01 NAME
THEN PRINT FIELD:
Heading (S/C): TIU TEMPLATE SEARCH//
DEVICE: Console Right Margin: 80//
TIU TEMPLATE SEARCH
                                              MAY 17,2010 20:54
                                                                     PAGE 1
NAME
```

Setup Guide August 2010

ASTHMA Exacerbation ASTHMA Follow upl ASTHMA Initial Allergy screen BCHP Results Start

Figure 3-13: Instructions for search

3.3 Post Install Set-up for EHR v1.1 Patch 6

3.3.1 Add New Component to Vuecentric (EHR) Templates

The EHR v1.1 Patch 6 delivers 2 new components that need to be added to the VueCentric (EHR) Templates.

Change	RPMS	EHR	TIU	User
or Enhancement	Configuration	Configuration	Configuration	Training
Infant Feeding component	None	Add to all EHR VueCentric Templates using list generated in the preparation section	Optional: Add infant feeding object to TIT templates INFANT FEEDING	 Infant Feeding Choices is no longer in Personal Health drop down Captures infant feeding for each visit (V Infant Feeding) and should be updated regularly
Reproductive History	None	Add to all EHR VueCentric Templates using list generated in the preparation section	See TIU configuration	 Enhanced more intuitive and descriptive fields Now displays the data from the fields in PCC Post install routine migrated any updates to the reproductive factors using EHRv1.1 Patch 5
Family History	None	Add to all EHR VueCentric Templates using list generated in the preparation section Consider adding Health Summary button with report containing "Family Health History" (See APPENDIX C)	None	 Old family history data imports as a single relation called "UNKNOWN" with multiple conditions. Users need to properly enter family history (using ADD RELATION and assign conditions) for old entries. After this is done, DELETE RELATION for the "Unknown" relation that lists the old data. See screen shots below

Change	RPMS	EHR	TIU	User
or Enhancement	Configuration	Configuration	Configuration	Training
Notifications	None	 "Location" column was added and is very wide. To configure: Set column width to desired position Enter Design Mode Save the template Repeat for each VueCentric template in use 		
Allergy/ADR Verifier dialog removed	None	None	None	 Remove the EHR dialog until the enhancements for Certification and Meaningful use are incorporated and a new dialog is built. Current dialog does not allow for proper review, verification and documentation by pharmacists Pharmacists will still get notifications when Allergies are entered and need verification Notifications will NOT be actionable on the EHR side Notifications will drop off as the allergies/ADRs are verified in RPMS

Change	RPMS	EHR	TIU	User
or Enhancement	Configuration	Configuration	Configuration	Training
Desktop tools	None	Install on Desktop Properties	None	Review functionality with users
				eSig: new or change signature from EHR
				Clear and lock: when clicked, clears patient information and locks application
				Pharmacokinetic dosing calculator
				 Community Alerts Splash screen: First log in displays for user. On the fly access using Desktop menu option.

Instructions:

- 1. To add to Desktop Tools:
- 2. In Design Mode, go to Design | Layout Manager.
- 3. The Properties for Desktop dialog will display.

Properties for Desktop Property	Value
	IHSIEHR \$(USER.NAME)
FONT	MS Sans Serif
HEIGHT	765
HELPFILE	VIM.chm
ICON	
ICONS	
IMAGE	VueCentric.jpg
INFOCOLOR	
POPUPCOLOR	
POPUPCOLOR2	
PROGRESSCOLOR	
STATUSCOLOR	
WIDTH	1249
Customize Menus	- ~ <i>P ₹</i> 8 %
ОК	Cancel Apply

Figure 3-14: Properties for Desktop dialog

- 4. Click Properties and then use Customize Menus. The Properties for Desktop dialog will display with an expanded area on the far right.
- 5. To add an item click the + button and type in the name you wish to call the new item (for each of the items below).

Properties for Desktop				
Property	+ - 🛯 🎜 🖇 👇			
CAPTION	+ + +			
FONT	Menu Items			
HEIGHT	Restore Personal Settings Restore Defaults			
HELPFILE	Restore from Template			
	중 Patient 국 Details			
IMAGE	는			
INFOCOLOR	Calculator			
POPUPCOLOR	···· - 귀 Chat ···· 귀 Options			
POPUPCOLOR2	- Pt Refresh			
	🕀 Clear 🗙 Help			
PROGRESSCOLOR	Contents			
STATUSCOLOR	Help On			
WIDTH	break4 X About			
Customize Menus	(a) Dosing calculator			
	- (-) eSig			
Customize Menus Manages custom menu items.				
ОК	Cancel Apply			

Figure 3-15: Expanded area on far right of dialog

- 6. Use the Up, Down, Left and Right arrow to move the item to the menu location desired.
- 7. Click the "lightning bolt" button to set the action for the button. The application displays the eSig dialog. The action should be for the following:

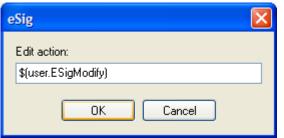


Figure 3-16: Action to use

8. Other actions that you can configure on the Desktop Properties Toolbar Menu:

Action Needed	eSig Action Text
Clear and lock	\$(patient.clear)\$(vim.lock)
Community alerts	\$(BEHCommunityInfo.CommunityInfo.DisplayAlert)
Dosing calculator	\$(BEHDosingCalc.DosingCalc.Execute)

Once that is done, close all dialogs and then go to Design Mode and select Required Services from the dropdown menu. Check the following Services: Community info, Dosing calculator..

9. Get of out Design Mode.

For Electronic Signature, the application displays the Change your Electronic Signature dialog.

Change your Electronic Signature	
Enter your current electronic signature:	OK
Enter your new electronic signature:	Cancel
Re-enter your new electronic signature:	

Figure 3-17: Sample Change your Electronic Signature dialog

For Clear and Lock, the application displays the Locked by dialog.

locked. To i click logout	esu Minimize
	to the
CIICK IOGOUC	to terminate.
Resume	Logout

Figure 3-18: Sample Locked by dialog

For Dosing Calculator, the application displays the Pharmacokinetic Dosing Calculator dialog.

Pharmacokinetic Dosing (Calculator 🛛 🛛
	~
Patient Demo, Fifties Fernon	e HRN 2757
Age 61 Weight (kg)	Sex Obese ○ Male ⊙ No ⊙ Female ○ Yes
HT (inch)	CRCL
Scr	Calculated Kd
Desired PEAK	Calculated Dose
Desired Interv (hr)	Calculated CPmin
Dosing Amikacin Gentamicin Tobramycin Vancomycin	Calculate Clear Copy
	<u>C</u> lose

Figure 3-19: Pharmacokinetic Dosing Calculator dialog

For Community Alerts, the application displays the iCare Community Alerts pop-up window.

		v 04, 200	19 to Dec 04, 200	9				0 🤊 🖻 🏦 📓 (30
co 1.	ommunity Alerts provide ommunity. The Alert ca CDC Nationally Notifia Suicidal Behavior Rela	ategories a able Infec	ire: tious Diseases (CE	ted to high-pro	MMUNITY AL		30 days and may affec	t other patients in your	
Co	ommunity	/ 7	Туре	/ v	Diagnosis	/ 7	Number of Cases 🛛 🗸	Most Recent Occurrence	
AP	ACHE		CDC NND		Diphtheria		1	Nov 19, 2009	

Figure 3-20: Sample iCare Community Alerts dialog

3.3.2	Medication Safety Enhancements
-------	--------------------------------

Change	RPMS Configuration	EHR	TIU	User
or Enhancement		Configuration	Configuration	Training
Medication Management component	 Add PSH OERR to your write orders list (either ORWDX WRITE ORDERS LIST or ORWOR WRITE ORDERS LIST. Set BEHORX NONVA LABEL to display site chosen label for "Outside Medications." Set ORDW NONVA REASON if site wants different selections for "Statement/Explanati ons." 	None	Consider uses for TIU Outside medications object	 "Outside meds" is not for the medications providers order and patients fill elsewhere "Outside meds" is to document medications that are ordered and filled outside of your facility AND OTC, herbal, supplements patients procure and take on their own Documenting outside meds can be done by nursing and pharmacy staff
Printing Med Rec list Interim solution until APSP 7.0p1009 and BJPC 2.0p5 released	Consider REMOVING Medications object from Patient Wellness Handout (see APPENDIX B)		Create TIU Template "MED REC FOR PATIENT"	 Outpatient Meds and Outside Meds from the Meds Tab (you must print each list separately) Alternately, Right Click on MED REC FOR PATIENT template and select Preview; then Print Template (without creating a note)
On demand drug checking	None (in addition to original order checking set up)	None	None	 When clicked, presents user with checks against all signed allergies and any meds in the outpatient, inpatient and outside meds components (including unsigned)

Change	RPMS Configuration	EHR	TIU	User
or Enhancement		Configuration	Configuration	Training
Integrated signature enhancement	None	None	None	 Train users to apply the integrated signature tool rather than right click to sign med orders
				Only the integrated signature tool

3.3.3 Clean Up of Old Family History Data

Problems flagged as Family History in the Problem List were migrated to the new Family History file structure. The data structure is significantly changed and offers enhanced capture of relation information.

Because the structure is very different, all problem entries (now called "conditions") were migrated on a single relation called "unknown."

- Users will have to use this "unknown" relation as a guide and manually enter the family history properly transcribing the relationship and condition information.
- After entry, the old data can be deleted by removing the entire relation of "unknown."
- DO NOT remove this relation until all data has been entered properly.

Earnily Hi	story List	Use Edit Rel	ation to dele	te, add, or edit a re	lative's conditio	n		Add Relation	dit Relation	Delete Flelatic
Relation	Name	Status	Age At Death	Cause of Death	Multiple Birth	Multiple Birth Type	Condition (ICD9)	Provider Nanative	Age at Diagnosis	Date Modified
UNKNOWN						2	V18.0	Family Hx Of Diabetes Mellitus - grandparents	Age	08/13/20
UNKNOWN							V17.3	Family Hx Of Heart Disease - grandparents	Age	08/13/20

Figure 3-21: Sample Family History component

Using the "old" data brought in as relation UNKNOWN, enter the relations and the conditions using the Add Relation button. The application will display the Family History dialog.

🔲 Family	/ History							
<u>B</u> elation: GRANDF/	ATHER		Name:	Save Cancel				
Stat <u>u</u> s:	~	Cause <u>o</u> f Death:						
Age at Dea								
Mulitple <u>B</u> ir		Multiple	e Birth Ty <u>p</u> e					
Cond <u>i</u> tions:	~			Add Edit Delete				
Condition (ICD9)	Provider Narrative		Age at Dia	agnosis				
V18.0	Diabetes mellitus							
V17.3	Heart Disease							

Figure 3-22: Sample Family History dialog

Click Save; the application adds the new history to the Family History component.

Earnily History List 💷 Use Edit Relation to delete, add, or edit a relative's condition Add Relation Edit Relation Delete Relation												
Relation	Name	Status	Age At Death	Cause of Death	Multiple Birth	Multiple Birth Type	Condition (ICD9)	Provider Nanative	Age at Diagnosis	Date Modified		
UNKNOWN	1	1					V18.0	Family Hx OI Diabetes Melitus - grandparents	Age	08/13/200		
UNKNOWN	1.	1		6	Y	_	V17.3	Family Hx Of Heart Disease - grandparents	Age	08/13/200		
GRANDFATHER							V18.0	Diabetes melitus		05/17/201		
GRANDFATHER							V17.3	Heat Disease		05/17/201		
GRANDMOTHER							V18.0	Diabetes Melitus		05/17/201		
GRANDMOTHER							V17.3	Heart Disease		05/17/201		

Figure 3-23: Updated Family History component

After you have properly entered the Relations, highlight the old data (UNKNOWN) and click the Delete Relation button.

The application confirms the delete process.



Figure 3-24: Delete Relation confirmation

Click Yes to confirmation the deletion (otherwise, click Cancel).

After using Yes, the correct family history will display.

Problem List Eamily Histor	and the second s	ly History Use Edit Rel	lation to dele	ite, add, or edit a re	lative's conditio	n		Add Relation	Edit Relation	elete Relation
Relation	Name	Status	Age At Death	Cause of Death	Multiple Birth	Multiple Birth Type	Condition (ICD9)	Provider Narrative	Age at Diagnosis	Date Modified
GRANDFATHER							V18.0	Diabetes mellitus		05/17/201
GRANDFATHER							V17.3	Heart Disease		05/17/201
GRANDMOTHER							V18.0	Diabetes Melitus		05/17/201
GRANDMOTHER							V17.3	Heart Disease		05/17/201

Figure 3-25: Correct family history data

Consider adding a Family History Health Summary button on your EHR toolbar to assist users clean up of "family history."



Figure 3-26: Family HX button on toolbar

Once open, the health summary will remain open to use as a guide while updating the Family History component. See APPENDIX C.

Relation	Name	Status	Age At Death	Cause of Death	Multiple Birth	Multiple Birth Co Type III	06/05/08	UNENGUN Status: None Family History of Intracrania Age Unknown	1 Hemorrhage (432.9); Age at Onset:
JNKNOWN INKNOWN						V	8	STRONG FAMILY HISTORY COLON P	OLYPS & CANCER (V60.09); Age at
INKNOWN						V	.3		NEURYSH (V19.8); Age at Onset: Age
JNKNOWN JNKNOWN						V	8.0	Unknown NO MI'5 (V68.89); Age at Onse	tt åde Unknown
INKNOWN			Family	History			×	POSITIVE BREAST CANCER (GMM)	(V16.3); Age at Onset: Age Unknown
						Seve 1	ancel	DM (V18.0); Age at Onset: Age	Unknown
c .	_	_	Belation		Name		*** END	CONFIDENTIAL PATIENT INFORMATION -	- 7/15/2010 4:49 PM [SPR] ******
					-				
POV	Histor		Statys:		Cause of Death	5			
ICD Pic	k Lists Displ	ay 🔽 Freq. F		-			<u></u>		
			Age at De	Nafr:					
_			Multple B		Multiple Birth Ty	2201	Font 9	÷	Print Close
_			Notable D	•	House Date 19	¥4.	-		
_			-			Add Edt			
_			Conditions	E		A00 200	Desgin		
			Condition (ICD9)	Provider Narrative	Age at D	Nagnosis			
_				-					
Show All									

Figure 3-27: Health Summary remaining open

3.3.4 Review Change to Visit Dialog and Problem List components for Asthma Data Capture

EHR v1.1 Patch 6 delivers enhancements to capture Asthma Control (Visit Diagnosis dialog) and Asthma Classification (Problem List dialog).

Change	RPMS	EHR	TIU	User
or Enhancement	Configuration	Configuration	Configuration	Training
Problem List – Asthma Classifications	Review BGP ASTHMA DXS taxonomy (you can use iCare)	None	None	Now available when a Problem of Asthma is entered or edited on the Problem List Also offered if "add to problem list" is selected on the Visit Diagnosis dialog
Visit Diagnosis – Asthma Control	Make sure your BGP ASTHMA DXS taxonomy is populated correctly (you can use iCare)	None	None	Offered when Asthma V POV is added/edited Displays the most recent and if unchanged, stores for today's visit Should be documented every time patient seen by provider for asthma

Change	RPMS	EHR	TIU	User
or Enhancement	Configuration	Configuration	Configuration	Training
Problem List - Now displays entries from "Personal History" File	None	None	None	 Users may not be aware that "personal history" is stored in file called "Personal History and is separate from the Problems flagged as Personal History in the Problem File These entries can now be Viewed on the problem list and will have Problem number
				>9000
				• May edit the ICD, Narrative, and date of onset
				You can delete these entries
				 Because they are not part of the Problem file, you cannot add notes or use as Visit Diagnoses

3.3.5 Review Changes to Problem List Display of Personal History

Entry from "Personal History file"

Note the entry from "Personal History file with an ID of 9001 is not editable.

Problem List Image All Problems Set as Today's POV Orders Medications Labs Services Reports CORA Consults Women's health Well Child											
ID	Provider Narrative	Status	Modified	Priority	Notes	0	Class	Onset	ICD	ICD Name	Classification
9001	none	Inactive	05/21/2010				Personal History		085.0		
9002	this is a test 123	Inactive	05/21/2010				Personal History	07/07/1909	V81.5		
9003	TESTING 123	Inactive	05/21/2010				Personal History	1990	V68.9		
WSP-1	ALLERGY	Inactive	05/21/2010				Personal History	01/21/2010	V14.7	HX-VACCINE ALLERGY	

Figure 3-28: First record of ID of 2001 is not editable

The WSP-1 entry in comparison was entered in the Problem List (note the proper Problem list ID of WSP-1) and was flagged as Personal History class.

Site can consider entering old Personal History data as Problems and marking as Personal History class so they will all display together as Inactive History.

🔲 Problem	Maintenance 🛛 🔀						
Pro <u>b</u> lem ID	9001 Priority 5 1 high Save Cancel						
<u>I</u> CD:	Leishmaniasis Visceral (kala-azar)						
	(NOTE: If the ICD is not selected it defaults to .9999 - Uncoded Diagnosis)						
<u>N</u> arrative	Test Personal History						
Date of <u>O</u> nset	1990 Status Active Problem Personal History Inactive Problem						

Figure 3-29: Entering old Personal History

Change	RPMS	EHR	TIU	User
or Enhancement	Configuration	Configuration	Configuration	Training
Allergy/ADR Verifier dialog removed	None	None	None	 Removed the EHR dialog until the enhancements for Certification and Meaningful use are incorporated and a new dialog is built. Current dialog does not allow for proper review, verification and documentation by pharmacists Pharmacists will still get notifications when Allergies are entered and need verification Notifications will NOT be actionable on the EHR side Notifications will drop off as the allergies/ADRs are verified in RPMS

Setup Checklist

Change	RPMS	EHR	TIU	User
or Enhancement	Configuration	Configuration	Configuration	Training
Immunizations – VFC eligibility	None	None	None	 Populates based on what is in the registration file for eligibility
Patient Ed - Readiness to learn prompt	None	None	None	 Readiness to learn is no longer a Health Factor Added prompt on Patient Education dialog
Historical Services - date required before search returns CPT codes	None	None	None	 A minor change to support Code Set Versioning a date is required before the search for CPT codes will return a selection list. The date is used to bring forward CPT codes that were active at the time the historical service was provided.
Visit Summary Brief	None	None	None	 Can view and print a range of Visit Summaries Can view Visit Summary on incomplete, locked visit
Radiology Report Annotation	None	None	None	 When a radiology report is present (Imaging Local or Imaging), user can right-click and make annotation Visible on report Note titled "Annotation" on Notes tab with
				Subject referencing date of radiology study
TIU – can now search by	None	None	None	In Custom View, users may search by Diagnosis
Diagnosis				 BOLDS the notes that have a POV with the diagnosis in the search
Notifications	None	See below	None	

Below are the instructions for the EHR configuration in the last row of the table above:

The "Location" column was added and is very wide. To configure, do the following:

- Set the column width to the desired position
- Enter Design Mode
- Save the template

• Repeat for each VueCentric template in use

3.4 Post Install Setup for TIU v1.0 Patch 1006

Change or Enhancement	RPMS Configuration	EHR Configuratio	TIU Configuration	User Training
Replacement objects	None	None	REPLACE the Reproductive History objects with the new objects REPRODUCTIVE HX2- BRIEF REPRODUCTIVE HX2- EXPANDED REPLACE the BMI objects with the new object BMI-UPDATED	
New objects			Review new objects and include where users wish (see patch notes for list)	New detailed med lists are designed for Pharmacists. New brief med lists are designed for Providers. New Last Med Class/Pharm PT objects will display meds on hold if it is the last one from that class in the system. The Last Med Class object skips hold meds.

4.0 **Fixes and Modifications**

This section provides information about bug fixes and enhancements.

4.1 Bug Fixes

See Patch notes for a complete list.

4.1.1 Display Brief Visit

This fix allows the user to select incomplete, locked visits and to display a brief visit summary.

RPMS EHR USER, DEMO								_ 🗆 ×
User Patient Tools Help Patient Chart Com								
Demo,Mother R 3423 02-Sep-1957 (52)	F	TEST CLINIC	08-May-2009 12:14	GREEN / Hager,Mary G	POC Lab Entry	Pharm Ed	2	Postings
			Ambulatory	<u> </u>				Ar
Available Reports	Visit Sur	mmary						
Health Summary								
Imaging (local only) Lab Status	VISIT	IEN: 231						
- Daily Order Summary	HRN: 3	SOUC 3423						
-Order Summary for a Date Ran	UTETT	ADMIT DATE TIME	VISI : MAY 08, 2009012	T FILE	T 1 1	· · · · c	. Ъ <i>Т</i>	
- Chart Copy Summary - Outpatient RX Profile	DATE	E VISIT CREATED:	MAY 08, 2009	TYPE: TRIBE-638 PROGRAM	Locked	visit from	n May	,
- Outpatient Encounter		IENT NAME: DEMO, VICE CATEGORY: A		LOC. OF ENCOUNTER: DEMO HOSPI CLINIC: ALCOHOL AND SUBSTANCE	oon still	coo cum	morry	
Visit Summary Visit Summary (Brief)	DEPH	ENDENT ENTRY COU		DATE LAST MODIFIED: MAY 08, 2	can still	see sum	mary	
Visit Summaries		STATUS: ADD PITAL LOCATION:	TEST CLINIC	WALK IN/APPT: APPOINTMENT CREATED BY USER: HAGER, MARY G				
	OPT	ION USED TO CREA	TE: SD IHS PCC LI	NK				
		T DATE&TIME: MAY PUTER GENERATED:		USER LAST UPDATE: USER,DEMO VCN: 5.1A				
	OLD,	/UNUSED UNIQUE V	ISIT ID: 35317300	00000231				
			FIED: MAY 08, 200 (DBID): 13752000					
		IT ID: 10MH-DEM						
			V PR	OVIDER				
		DER: USER,DEMO	010.14	PATIENT NAME: DEMO,MOTHER R				
		IT: MAY 08, 2009 OUNTER PROVIDER:		PRIMARY/SECONDARY: PRIMARY				
		.DISC.CODE (c): DER: USER,NURSE	100123	PATIENT NAME: DEMO,MOTHER R				
		IT: MAY 08, 2009	012:14	PRIMARY/SECONDARY: SECONDARY				
		OUNTER PROVIDER: .DISC.CODE (c):						
	Arr	.PISC.CODE (C):	101100					
					~~~~			
۲								
	age / W	eliness / Notes / Pro	blem/POV Services	Orders Medications Labs Reports	D/C Summ / Consults / Su	uicide Form / Test Compo	onents /	
🗿 Inbox - Micro 🔎 Cache TRM					hr_0110.10 🛃 Setting up			HR « 🗿 🏢
				en e m ( i e, e till ) vie i h i				

Figure 4-1: Visit is locked by summary is still visible

#### 4.1.2 Fractional Quantities for Medication Quick Orders

You could previously enter fractional units but it would not accept a leading zero. This has been fixed.

```
Medication: INSULIN

1 INSULIN 70/30 INSULIN NPH/REG 70/30 INJ

2 INSULIN GLARGINE INJ (non-formulary)

3 INSULIN LISPRO INJ

4 INSULIN NPH (HUMAN) INJ

5 INSULIN NPH/REG 70/30 INJ

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-5: 3 INSULIN LISPRO INJ
```

**Fixes and Modifications** 

Complex dose? NO// Dose: 0.5ML Route: PER NG // SQ SUBCUTANEOUS SQ Schedule: QAM QAMEVERY MORNING Cannot determine dispense drug - some defaults and order checks may not occur! Patient Instructions: FOR BLOOD SUGAR CONTROL Include Patient Instructions in Sig? YES// Chronic Med?// YES Dispense as Written?// YES

Figure 4-2: Example of Fractional Quantities for Medication Quick Order

### 4.1.3 Reminder Dialog for Skin Test

Pending is now included as a result for skin test that have just been placed.

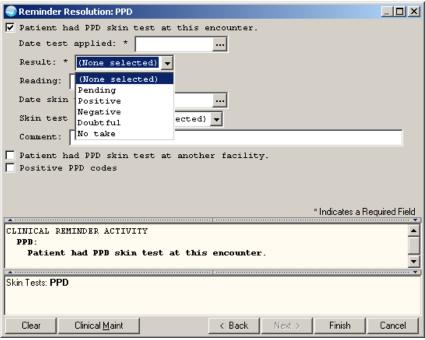


Figure 4-3: Pending is Now Selectable as a Result

Date of entry cannot be in the future.

• •	Se	pten	nber 9	9, 20	09 [	ÞÞ				OK
Sun	Mon	Tue	Wed	Thu	Fri	Sat	6		:00 :05	Cancel
		1	2	3	4	5	8		:10	
6	7	8	[9]	10	11	12	9 10		:15 :20	
13	14	15	16	17	18	19	11		:25 :30	
20	21	22	23	24	25	26	13		:35	
27	28	29	30				14 15		:40 :45	
							16	T	:50 :55	
Toda	au l						Now	і мі	idnight	

Figure 4-4: Future dates are grayed out

Date of reading will generate an error if a date prior to the date administered is selected.

Error	1	×I
8	Date read cannot be before date administered.	
	ОК	

Figure 4-5: Error message when read date is before entry date

#### 4.1.4 Adverse Reaction Parameter

Signing of adverse reactions is now determined by a parameter.

AUT	Automatic Signature of Adverse Reaction Data
ENT	Enable Adverse Reaction Data Entry
VER	Allow Adverse Reaction Verification

#### Figure 4-6: Adverse Reaction options

When you select the AUT (Automatic Signature of Adverse Reaction Data) option, you get the following:

```
Automatic Signature of Adverse Reaction Data

Force Automatic Signature of ADR entries 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]
```

Setup Guide August 2010 **Fixes and Modifications** 

Enter selection: 900 System DEMO.MEDSPHERE.COM
Setting Force automatic signature of ADR entries for system: DEMO.MEDSPHERE.COM
Automatic signature of ADR entries?: YES// ??
If yes, signature of any new or edited adverse reaction entries is forced
Upon context change. If no, the user may opt to sign changes at a later
Time.
Automatic signature of ADR entries?: YES//

Figure 4-7: Automatic Signature of Reaction Data parameter

Setting this to YES will force allergy signature to work as it did in the past.

#### 4.1.5 Formatting Fix in TIU

TIU had a problem in the EHR with word wrapping at 72 characters. This is now set to 80 characters. This used to cause some unusual wrapping of TIU objects.

Patent Chart       Connucleation         DemoMather H 2020 USER DEMO       Openant Mary G Ambudatory       Point Sep 0520059(11:6         Patent Chart       Sep 0520059(11:6       Point Sep 0520059(11:6       User DEMO       Openant Sep 0520059(11:6       USER DEMO       Openant Sep 0520059(11:6       USER DEMO       Openant Sep 0520059(21:01:01:01:01:01:01:01:01:01:01:01:01:01	RPMS EHR USER, DEMO										-	
DemoMother R 3k2     Dest CLINIC (USEP)0500     Dest CLINIC (USEP,DEMO     Dest CLINIC Ambulados     GREEN / Hager/Mary G Ambulados     PODE Lab Entry     Phorm Ed     Rel (Mar)     Rel (Mar)     Phorm Ed     Rel (Mar)     Rel (Mar)     Phorm Ed     Rel (Mar)     R	User Patient Tools Help											
322     102 methods     PULLab Lnivy     Phem Ed     22     1     A Andward       File View Action Option:     East 100 Signed Nate:     File View Action Option:     Sep 03 2009@11:16     User.Demo Option:       East 100 Signed Nate:     File View Action Option:     Sep 03 2009@11:16     User.Demo Option:       East 100 Signed Nate:     File View Action Option:     Sep 03 2009@11:16     User.Demo Option:       East 100 Signed Nate:     File View Action Option:     Sep 03 2009@11:16     User.Demo Option:       East 100 Signed Nate:     File View Action Option:     Sep 03 2009@11:16     User.Demo Option:       East 100 Signed Nate:     File View Action Option:     Sep 03 2009@11:16     User.Demo Option:       East 100 Signed Nate:     File View Action Option:     Sep 03 2009@11:16     User.Demo Option:       East 200 Signed Nate:     File View Action Option:     File View Action Option:     Sep 01:8 ArX Control Nate:     Sep 01:8 ArX Control Nate:       File View Action Option:     File View Action Option:     File View Action Option:     Sep 01:8 ArX Control Nate:     Sep 01:8 ArX Control Nate:     Sep 01:8 ArX Control Nate:       File View Action Option:     File View Action Action Acting:     Sep 01:8 ArX Control Nate:     Sep 01:8 ArX Control Nate:     Sep 01:8 ArX Control Nate:       File View Action Option:     File View Action ArX	Patient Chart Comm											
Last 100 Signed Notes     PC ACUTE CARE VISIT     Sep 03.2003@11:16     User.Demo     Change.       Image: Demonstration Progress     Image: Demonstration Progress     Image: Demonstration Progress     Demonstration Progres     Demonstration Progress     Demonstration P				GREEN / Hager, Mary	G		POC Lab Entry	Pharm Ed	8			osting: AF
Vet     EST CLUNC     Units       Vet     EST CLUNC     EST CLUNC       Vet     EST CLUNC     EST CLUNC <td< td=""><td>File View Action Options</td><td></td><td>"</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	File View Action Options		"									
Wit TEST CLINIC         Image: Source of the second secon	Last 100 Signed Notes	PC ACUTE CARE VIS	SIT			Sep 09,2009@1	1:16			User,D	emo Chan	nae l
A signed note:       Wn data available         When data available       CPTH - CPT-Hose Recent:         With output of the data available       CPTH - CPT-Hose Recent:         With output of the data available       Second 12/15/08         A Template:       Second 12/15/08         With output of the data available       Second 12/15/08         Second 11/13/08       Hinton 20/16         With output of the data available       Second 11/13/18         Second 11/13/08       Hinton 20/16         Second 11/13/08       Hinton 20/16         Wet output of the data available       Second 11/16         Second 11/13/08       Hinton 20/16         Second 11/13/08       Hinton 20/16         Secondat available<		Vst TEST CLINIC										
Sep 0108 PCA     CPH - CPT-Hosts Become       Aug 0308 PCA     CPH - Panaly Host PCT       Aug 0408 PCA     Point Development       Sugped In     So 07EL PID A/S       Dial Indication     CPH PID A/S       Sugped In     So 07EL PID A/S       Dial Indication     CPH PID A/S       Dial Indication     CPH PID A/S <td></td> <td>SH - Surgical H</td> <td>istory</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		SH - Surgical H	istory									
Mag 03.03 PCA       CPTH - or PT-Hose Decemt         With 17.00 PCA       CPTH - Panily History 00 Other Halignant Neoplars (V16.49);         V Tendetes       30.03 PCA         10.03.03 PCA       CPTH - Fanily History 00 Other Halignant Neoplars (V16.49);		No data avail	able									
COULD PATE     COUL												
Generation       12/15/08       Biology of VUULA/PRINEUM       1       S0 CTEL FMD         4. Templates       56006       12/15/08       EXAMPLE SERVIC W/SCOPE       1       S0 CTEL FMD       A/S         9/Templates       50018       11/10/08       HUMUNIZATION ADILIN, XACH ADD       1       S0 CTEL FMD       A/S         9011       9012       21/11/0/08       HIMUNIZATION ADILIN, XACH ADD       1       S0 CTEL FMD       A/S         9012       20/10/08       HIMUNIZATION ADILIN, XACH ADD       1       S0 CTEL FMD       A/S         9012       20/10/09/09       HIMUNIZATION ADILIN, XACH ADD       1       S0 CTEL FMD       A/S         9012       20/10/09       HIMUNIZATION ADILIN, XACH ADD       1       S0 CTEL FMD       A/S         9012       20/10/09       HIMUNIZATION ADILIN, XACH ADD       1       S0 CTEL FMD       A/S         9012       20/10/09       HIMUNIZATION ADILIN, XACH ADD       1       S0 CTEL FMD       A/S         1.AST CYSD       9912.3       30/16/09       PTICK/UTPATIENT VIST, EST       1       S0 CTEL FMD       A/S         1.AST CYSD       9212.3       30/16/09       PTICK/UTPATIENT VIST, EST       1       S0 CTEL FMD       A/S         1.AST CYSD       921												
ST452       12/17/08       EXH OF CENUX WSCOPE       1       SO CTL FRD       A/S         A Templates       59421       108/03/09       HIMURIZATION ADMIN       1       SO CTL FRD       A/S         90421       06/03/09       HIMURIZATION ADMIN       1       SO CTL FRD       A/S         90421       06/03/09       HIMURIZATION ADMIN       1       SO CTL FRD       A/S         90421       06/03/09       HIMURIZATION ADMIN       AUCHORACE       SO CTL FRD       A/S         90421       06/03/09       HIMURIZATION ADMIN       SO CTL FRD       A/S         90421       06/03/09       HIMURIZATION ADMIN       SO CTL FRD       A/S         90523       12/17/08       HER A VACCINE, ADUT IN       1       SO CTL FRD       A/S         90533       06/03/09       HIMURIZATION ADMIN, ACH ADUT       SO CTL FRD       A/S         90533       06/03/09       FRD A/ARC       SO CTL FRD       A/S         1400       00/03/09       FRD A/RAC       SO CTL FRD       A/S         9013       03/26/09       0FTLE/RD A/RAC       SO CTL FRD       A/S         1400       06/03/09       FRD A/RAC       SO CTL FRD       A/S         150       0726/09	Aug 03,09 PC A			NEUM								
4. Templates       76091       10/09/07       MANNOCAM, BOTH BEARSTS       1       30 CTLL FRD       A/3         91 Templates       9472       11/10/09       HUMUNITATION ADHIN       1       80 CTLL FRD       A/3         9472       0471       06/03/09       HIMUNITATION ADHIN       ACC       1       80 CTLL FRD       A/3         9472       06/03/09       HIMUNITATION ADHIN       ACC       1       80 CTLL FRD       A/3         9472       01/10/09       HUMUNITATION ADHIN       ACC       1       80 CTLL FRD       A/3         9472       01/10/09       HUMUNITATION ADHIN       ACC       1       80 CTLL FRD       A/3         9472       01/10/09       FILMANCALL       DOSS       00/10/10       HILL       80 CTLL FRD       A/3         9512       03/16/09       FILMANCALL       20058       1.00       31/11/10/10       HIMUNICALING       ACC         104/10       00/10/10       HILL       SUTURAL       1.00       1.00       1.00       ACC         104/10       00/10       JILLES       JILL       SUTURAL       1.00       30 CTLL FRD       A/3         104/10       Media Indication       Media Indicatindi       JILL       SUTURAL<												
90472 11/10/08 INTUNDIATION ADVIN, KACH ADD 1 SO CTEL FMD A/S 90472 11/10/08 INTUNDIATION ADVIN, KACH ADD 1 SO CTEL FMD A/S 90472 11/10/08 INTUNDIATION ADVIN, KACH ADD 1 SO CTEL FMD A/S 90422 12/17/08 HER A VACC, PED ADOL, 2 DOSE 1 SO CTEL FMD A/S 90533 06/03/09 HER A VACC, PED ADOL, 2 DOSE 1 SO CTEL FMD A/S 90533 06/03/09 HER A VACC, PED ADOL, 2 DOSE 1 SO CTEL FMD A/S 9512 03/18/09 OFFICE/OUTPATIENT VISIT, EST 1 SO CTEL FMD A/S 9512 03/18/09 OFFICE/OUTPATIENT VISIT, EST 1 SO CTEL FMD A/S 9512 03/18/09 OFFICE/OUTPATIENT VISIT, EST 1 SO CTEL FMD A/S 4206 08/03/09 HIC STRELK SYENHOENHEELE 1 SO CTEL FMD A/S 4206 08/03/09 FOAH DERSING (000 FIL VACCOMD FILLER 1 SO CTEL FMD A/S Hedd big chical indication Detaied Medd io Phammadint Did med objects LAB DBJECT Hed Resconcibation New med objects LAB DBJECT PHH P FAmaly History 0 f Other Haligmant Neoplasa (V16.49) - HAY 20, 2009 H - Famaly History 0 f Other Haligmant Neoplasa (V16.49); 572/2009 FC DIAMOSIS (V18.4); 05/20/2009 Family History 0 f Other Haligmant Neoplasa (V16.49); 572/2009 Family History 0 f O				STS	1							
y Templets seed Templets seed Templets Suggest Market State Suggest Market State State Suggest Market State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State	∠ Templates											
Sund Templates       00000       1000000000000000000000000000000000000	v Templates											
IUUBRECTS       90568 11/13/08 FUU VACCIME, 3 YES 4 >, IH       1 80 OTEL FMD A/S         Sugoalh       90588 11/13/08 FUU VACCIME, 3 YES 4 >, IH       1 80 OTEL FMD A/S         LAST LVS50       99212 03/16/09 OFFICS/OUTPATIENT VISIT, EST       1 80 OTEL FMD A/S         PEDAMAR       A420 6 90/03/09 FOICS/OUTPATIENT VISIT, EST       1 80 OTEL FMD A/S         A4215 03/03/09 ICC STREAMEDLE       1 80 OTEL FMD A/S         Medt buchical indication       Hecht buchical indication         UNBUDWI: Leptory, Unspecified (000.9) - DEC LS, 2008         STETER: PD FLAMONTS (VIS.4) - JAN 20, 2009         Did med objects       BOTELRS: (VIS.4) - JAN 20, 2009         LAS CO200       FSTER: Family History 0f Other Malignant Neoplace (VIG.49] - MAY 20, 2009         Med buches       FF - Famally History 10 Other Malignant Neoplace (VIG.49] - MAY 20, 2009         Med buches       05/20/2009 (VIS.0);         Chevel buches       05/20/2009 Foundly History 0f Other Malignant Neoplace (VIG.49);         Chevel buches       05/20/2009 Family History 0f Other Malignant Neoplace (VIG.49);         Chevel buches       Scatus         Last Fill       Scatus												
Sugoaha         99212 09/16/09 0FFICE/OUTPATIENT VISIT, EST 1 S0 CTEL FND A/S           LAST CVS0         99212 09/16/09 0FFICE/OUTPATIENT VISIT, EST 1 S0 CTEL FND A/S           FEDLADRA         A4206 06/03/09 FICE STURIES VISITE TO TAILENT VISIT, EST 1 S0 CTEL FND A/S           Meds by chical indication         Meds by chical indication           Meds by chical indication         Status           Dialed Meds for Phanmaint         Dialed Meds for Phanmaint           Dialed Meds for Phanmaint         Status           Dialed Meds for Phanmaint         Status           Meds by chical indication         NURNOWN: Leprosy, Unspecified (030.9) - DEC 15, 2008           Dialed Meds for Phanmaint         Status           Dialed Meds for Phanmaint         Status           Med Reconcibiation         Status           Med Reconcibiation         Status           New med objects         Dialogement           CPMHS Pain Agementint         Col/2000 P Table YIST (V16.4);           CPMHS Pain Agementint         OS/20/2009 Family History 0f Other Malignant Neoplasm (V16.49);           CPMHS Pain Agementint         Status           Comprehensive Diabeles Foot         Status           Meds Healt Healt Histoy         Status           Meds Healt Healt Histoy         Status	TIU OBJECTS											
A4206 0e/03/09 1 CC STRELE SYLHUEKANEDLE 1 SO CTEL FMD A/S         Iodaylowic         Meds bychnola indication         Meds bychnola indication         Meds bychnola indication         Did med bychcs         Did med bychcs         Boltzer         Did med bychcs         Did me	Surgical hx				1	SO CTRL FNI	D A/S					
TCOMPAND       A&215 03/03/09 FOAH DRESSING WOUND FILLER       1 SO CTRL FND A/S         Meds to chincia indication       Detailed Meds for Pharmacit       STSTER: DPC DIALNOSTS (V18.4) - JAH 28, 2009         Dotailed Meds for Pharmacit       STSTER: DPC DIALNOSTS (V18.4) - JAH 28, 2009         LAB DUBLCT       STSTER: Pacily History Of Other Malignant Meoplarm (V16.49) - MAY 20, 2009         Med Reconcilation       STSTER: Pacily History         Jat v200       TJ / 2/2/009 PPC DIALNOSTS (V18.4);         Outside Meds       O5/20/2009 Family History Of Other Malignant Neoplarm (V16.49);         CPMHS Pain Agement       D5/20/2009 Family History Of Other Malignant Neoplarm (V16.49);         CPMHS Pain Agement       D5/20/2009 Family History Of Other Malignant Neoplarm (V16.49);         Comprise Thirties       V         V Reminders       V	LAST CV350											
I odays orders       Meds by chinolaindication         Meds by chinolaindication       UNRNOWN: Leprosy, Unspecified (000.9) - DEC 15, 2008         Dotaled Meds to Phanmaits       SISTER: PLO DIALNOSIS [V18.4] - JAH 28, 2009         Dotaled Meds to Phanmaits       SISTER: PLO DIALNOSIS [V18.4] - JAH 28, 2009         Data de Meds to Phanmaits       SISTER: Factorial filling and the oplasma [V16.49] - MAY 20, 2009         Med Reconcilation       FH - Panaily History         Med Reconcilation       FH - Panaily History         New med objects       DI/26/2009 FD LALROSIS (U18.4);         Order dotiets       Of 20/26/2009 (V18.0);         Order dotiets       Of 20/26/2009 Family History of Other Malignant Neoplasm (V16.49);         CPMHS Pain Agreement       Competenting Dialeter Foot          Med Health History       Fill         Med Health History       Fill         Yearus       Last Fill         Yearus       Last Fill	PEDIARIX											
Medi with chincla indication     DUBGIDUMUS: Laproory, Durgacified (100,9) - DEC 15, 2008       Detaied Medis for Phannaciati     SISTER: PC DELADROSTS (VIA.4) - JAM 20, 2009       Did me dobjects     SISTER: PC DELADROSTS (VIA.4) - JAM 20, 2009       LAG DELECT     SISTER: Parally History 0f Other Halignant Neoplars [VI6.49] - MAY 20, 2009       Medi Reconcilation     FM - Panally History (Dispectified (100.9);       Medi Reconcilation     12/18/2008 Leprosy, Durgscified (100.9);       Dubied Medi     05/20/2009 (VIB.4);       Outside Medi     05/20/2009 Family History 0f Other Halignant Neoplars (VI6.49);       CPMHS Pain Agreement     05/20/2009 Family History 0f Other Halignant Neoplars (VI6.49);       Complementer Dubbeler Foot     Status Last Fill       Medi Healt Hitday     Faminders	🛭 Today's orders 🚽	A6215 03/03/09	FUAM DRESSING BOUND	RITTRN	T	SU CTRL FNI	0 A/S					
Detailed Medis for Pharmacist     STSTER: UpC DILLONDSTS (U10.4) - JAJ 20, 2009       Ubit med objects     SISTER: UpC DILLONDSTS (U10.4) - JAJ 20, 2009       Lob ObJECT     BABCINELIN: UVD.01 - HAY 20, 2009       Med Reconcidation     FH - Paality History Of Other Malignant Neoplasm [V16.49] - MAY 20, 2009       Ist cv200     L1/22/2009 EPC DILLONDSTS (V18.4);       Outside Medis     05/20/2009 (V18.0);       Outside Medis     05/20/2009 Faality History Of Other Malignant Neoplasm (V16.49);       Competentive Diabeter Fool     05/20/2009 Faality History Of Other Malignant Neoplasm (V16.49);       Competentive Diabeter Fool     V       Media Health History     V												
Idi medoject       BOTHER: (V18.0) - HAY 20, 2009         Lid DBLCT       SISTEP: Family History Of Other Malignant Neoplarm (V16.49) - MAY 20, 2009         Med Recordiation       H - Pamaly History         Med Recordiation       I1.2/15/2008 Leprosy, Unspecified (030.9);         Ultimed black       01/26/2008 PC DLAUDEST (V16.4);         Outside Medi       05/20/2009 (V18.0);         CPMHS Pain Ageement       05/20/2009 Family History of Other Malignant Neoplarm (V16.49);         Complementer Diabeter Foot       Status         Least Fill       Status         Medi Healt Hintoy       Faminders		UNKNOWN: Lepros	y, Unspecified [030.9]	- DEC 15, 2008								
LAB DELCT       SISTER: Family History Of Other Halignant Neoplarm [VI6.49] - MAY 20, 2009         Med Reconcilation       FM - Family History         Jake V200       FM - Family History         Jourde Medo       05/20/2009 FD DIAMOSTS (VI8.4);         Outside Medo       05/20/2009 FD DIAMOSTS (VI8.4);         Complementer Diabeter Foot I       05/20/2009 Family History Of Other Malignant Neoplarm (VI6.49);         Complementer Diabeter Foot I       Status         Medical Headh History       Family History Of Other Malignant Neoplarm (VI6.49);         Complementer Diabeter Foot I       Status         V Reminders       Medical Headh History				8, 2009								
McB Reconcision     FH - Pamily History       lst cv200     L2/15/2008 Leprosy, Unspecified (030.9);       Outside Medi     C1/25/2008 PC DLAUD0SIG (V10.4);       Octaide Medi     C5/20/2009 (V10.0);       CPMHS Pain Ageement     C5/20/2009 Pamily History Of Other Halignant Neoplasm (V16.49);       Comprehensive Dubbles Fool     Status       Medical Health Hitday     F       // Reminders     K												
hat cv200       FH - Panily History         New med objects       CJ1/22/2009 PBC DIAUNOSTS (V18.4);         Oluxide Meds       CJ2/2/2009 PBC DIAUNOSTS (V18.4);         Ocroshennive Diabeter Fool         Status         Lenders       V Reminders		SISTER: Family	History Of Other Malig	nant Neoplasm [V.	16.49]	- MAY 20, 3	2009					
B41CV200   12/15/2008 Leprosy, Duspectided (030.9); Outside Mdd [CPMHS Pain Ageement [CPMHS		FH - Remily Hig	tory									
New med objects 01/26/2009 PDC DLXDBSTS (V18.4); 05/20/2009 (V18.0); CPNHS Pain Agement Comprehensive Diabetes Foot I Medical Health History V Reminders				9);								
CPMIS Pain Agreement CPMIS Pain Agreement Comprehensive Diabetes Fool Medical Health Histoy												
CPNHS Pain Agreement     Status     Last Fill       Comprehensive Diabeter Foot     Medical Headh History       V Reminders     Image: Comprehensive Diabeter Foot		05/20/2009 (V18.0);										
Competensive Diabetes Foot I       Medical Health Hidoy       V Reminders		05/20/2009 Fami	ly History Of Other Ma									
Medical Health History				Status	Last F:							
V Reminders												
Ø Reminders												
	✓ Reminders	•										•
	Notifications Cover Sheet Triag	je Wellness Notes	Problem/POV Services	Orders Medications	Labs	Reports	0/C Summ Consults S	uicide Form Test Corr	ponents /	/		

Figure 4-8: New line formatting

#### 4.1.6 Historical Immunization Entry

Historical immunizations used to store the person who documented the immunization as the provider of the immunization. Now the field is marked as DOCUMENTED BY and will be stored as the USER LAST UPDATE.

🐂 Add Hist	orical Immunization		×
⊻accine	MENINGOCOCCAL	-	OK.
Documented By	DEMO,DOCTOR	1	Cancel
E⊻ent Date			
Location			C Current
	<ul> <li>IHS/Tribal Facility</li> <li>Other</li> </ul>		<ul> <li>Historical</li> <li>Refusal</li> </ul>

Figure 4-9: Add Historical Immunization dialog

The second field now is Documented by, as shown in the visit detail below.

🌏 Appointment/Visit Detail	
VISIT IEN: 375	
IRN: SOUC 64565	
	IT FILE
/ISIT/ADMIT DATE&TIME: MAR 09, 2009@12	2:00
DATE VISIT CREATED: SEP 09, 2009	
•	LOC. OF ENCOUNTER: ANCHORAGE-STATE
SERVICE CATEGORY: EVENT (HISTORICAL) DATE LAST MODIFIED: SEP 09, 2009	
CREATED BY USER: USER,DEMO	OPTION USED TO CREATE: CIAV VUECENTRIC
USER LAST UPDATE: USER, DEMO	COMPUTER GENERATED: DEMO HOSPITAL
OLD/UNUSED UNIQUE VISIT ID: 35317300	00000375
DATE/TIME LAST MODIFIED: SEP 09, 200	09011:27:25
NDW UNIQUE VISIT ID (DBID): 13752000	
OUTSIDE LOCATION: tucson	VISIT ID: 10TV-DEM
V IMM	JNIZATION
IMMUNIZATION: MENINGOCOCCAL	PATIENT NAME: TEST, PATIENT F
VISIT: MAR 09, 2009012:00	VOLUME: O
EVENT DATE AND TIME: MAR 09, 2009	USER LAST UPDATE: USER, DEMO
<u> </u>	
Font 9 🛨	Print Close
7126. · · · · · · · · · · · · · · · · · · ·	

Figure 4-10: Sample Visit Detail

The Visit Detail shows "User Last Updated" as the "Documented By" user.

#### 4.1.7 Reminders Prompts

The Reminders prompts on DX were not working properly. If you added a taxonomy in a reminder dialog, it was not storing properly or adding it to the problem list.

Reminder Resolution: PPD						
Patient had PPD skin test a Patient had PPD skin test a Positive PPD codes						
🔽 IHS-TB/POS PPD						
Selectable Diagnoses: *	Primary Tuberculous C	omplex, Unspecified 🖵				
Primary Diagnosis Com Add to Problem List	-	Complex, Bacteriol				
☐ IHS-TB/POS PPD (HISTORIC	Primary Tuberculous	Complex, Bacteriol Complex, Tubercle F				
	Primary Tuberculous	Complex, Tubercle F Complex, Tubercle F				
		Complex, Tubercle H y In Primary Progres				
	0K	Cancel				
CLINICAL REMINDER ACTIVITY PPD:						
Positive PPD codes IHS-TB/POS PPD						
Diagnoses: PRIMARY TUBERCULOUS	6 COMPLEX, UNSPECIFIEI	D EXAMINATION (Primary)				
Clear Clinical <u>M</u> aint	< Back No	ext > Finish Cancel				

Figure 4-11: Taxonomy Reminder element

The diagnosis is added to the problem list and as the Primary Visit DX.



Figure 4-12: Sample Problem List and Visit Diagnosis

### 4.1.8 Renewing Narcotics

Using the right-click menu allowed narcotics to add refills while using the Medication process button did not. Now they both do not allow refill or renewals.

Jnable t	to Renew Order	
•	OXYCODONE/ACETAMINOPHEN 5/325MS TAB** TAKE ONE (1) TABLET MOUTH EVERY 12 HOURS TO RELIEVE PAIN MCD QuanRey: 4 Refils: 0 Dispense as Written: NO Indication: Neck Pain	
	- cannot be changed.	l
	Reason: Non-Renewable Drug Narcotic.	l
	OK	

Figure 4-13: Error message on renewing narcotics

#### 4.1.9 Process Button and Chronic Status

The application activates the Chronic status when renewing medications through the Process button.

Damp, Malfred II 3423 S2 Sep 1997 (52) F	Thirds at set Order			Plante.		-	
File View Action	O'Lou Differen Tall		Adam	-			
Autor Deb Omeric Deb 190 dans	n Tonge Carples		C five				1
Actor Overs		744	Prin or Renal		etti fist	Parente A	
DIALOTAN KING T		100	* C Rell	144,211	1975 C	00032040	
ENVIRONE HALF		101-10CPB	- C that				
Fig TAKE ONE IT ID		12124	CDE	7Aq211	3 1384	USEA 20HO	
<ul> <li>LISINGPHIL 20HS TAI Sig TAKE ONE (1) TA</li> </ul>	- Ov	1284	-1 1 ac	25-Mar 2003	0. 170	HILLING MAL	1
BM/ASTATAS 2045 1	18- L			2049-202	Mr. de		
CALDUM SOME (CV)	SHO PARAMETER			27.4+ 200	ivied v	vas hronio	g ai
Sig Take ONE (1) Ta			-23		1	is activa	
Seg TAKE ONE IT TO	iiii)			TH# DTD	outton	is activa	teo
Sig TALE ONE (1) TA		all more than the second secon	Dome Hel	100 4 - 200			
<ul> <li>RUIDIETINE 1945 TO San TAKE ONE IT I TO</li> </ul>	ATTA .	Herman States	P Deserve et .	Dire.200			
TIMUATATIN 2000 1	AT L C The C Med & Minder C Th	10.00	Fater	1 Mig 211			
Sig take over price	RITE		0.4	T. Contraction			1
Sig TAKE ONE (1) TA	BLCT N			10Ma-2013	3 100	UNDADEMO	
NCOTNE ACO SYM	CITALOPHAM TAB 40MG	-	and the second second	and a state of the	28	Lindard .	
ALBUTEROL SYRLP	CALL ONE HILP (1/2) TABLET HOL/TH Guardy, 15 Fields, 3 Oxona Hied, VES.		ADR1		Date:		
MOUTH THREE TIME					Alber	-	
15M, 6046/40/7			1		Actes		
VITAMIN E 100U CIP	NAME AND POST OFFICE ADDRESS OF TAXABLE PARTY.				Autor		

Figure 4-14: Chronic check box activates on renewal of medication

The renewed medication displays with a Chronic status.

<b>emo,M</b> 423	other R 02-	TEST CLINIC         09-Sep-2009 11:16         GREEN / Hager,Mary G           Sep-1957 (52)         F         USER,DEMO         Ambulatory		POC Lat	Entry	Pharm E	Ed	ð		istin AF
le ⊻iew	Action									
ictive ()		✓ 🛅 🎒 🤣 🕂 🚺 nic Only 180 days Print Process New Check Outpatien	t Medicatio	ns •						
Action	Chronic	Dutpatient Medications	Status	Issued	Last Filled	Expires	Refills Remaining	Rx#	Provider	7
enew	×	CITALOPRAM 40MG TAB Qty: 15 for 30 days Sig: TAKE ONE-HALF (1/2) TABLET MOUTH EVERY DAY	Active	20-Mar-2	08-Jun-2	21-Mar-2	2	182	USER,DEMO	
	∢	SIMVASTATIN 20MG TAB** Qty 90 for 90 days Sig: TAKE ONE (1) TABLET MOUTH AT BEDTIME	Active	26-Aug-2009	27-Aug-2009	27-Aug-2010	3	194A	USER,DEMO	
	×	LISINOPRIL 20MG TAB** Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET MOUTH EVERY DAY TAKE FOR BLOOD PRESSURE	Discontinued	23-Feb-2009	23-Feb-2009	25-Mar-2009	0	179	USER,DEMO	
	×	SIMVASTATIN 20MG TAB** Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET MOUTH AT BEDTIME	Discontinued	23-Feb-2009	23-Feb-2009	25-Mar-2009	0	177	USER,DEMO	
	∢	CALCIUM 500MG (DYST SHELL) TAB_ Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET MOUTH TWICE A DAY	Discontinued	18-Mar-2009	18-Mar-2009	17-Apr-2009	0	181	USER,DEMO	
	×	LISINOPRIL 20MG TAB** Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET MOUTH EVERY DAY TAKE FOR BLOOD PRESSURE	Discontinued	26-Mar-2009	26-Mar-2009	27-Mar-2010	2	179A	USER,DEMO	
	×	SIMVASTATIN 20MG TAB™ Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET MOUTH AT BEDTIME	Expired	26-Mar-2009	26-Mar-2009	25-Apr-2009	0	177A	USER,DEMO	
	×	FLUOXETINE 10MG TAB** Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET MOUTH EVERY MORNING	Expired	21-May-2009	08Jun-2009	20-Jun-2009	0	188	USER,DEMO	
	×	SIMVASTATIN 20MG TAB** Qiy: 90 for 90 days Sig: TAKE ONE (1) TABLET MOUTH AT BEDTIME	Discontinued	03-Aug-2009	03-Aug-2009	04-Aug-2010	3	194	USER,DEMO	
		DILTIAZEM 30MG TAB Qty: 90 for 30 days Sig: TAKE ONE (1) TABLET MOUTH THREE TIMES A DAY	Hold	27-Mar-2009		28-Mar-2010	3	185	USER,DEMO	
		NICRTINIC ACID 500MG SB CAP. Riv: 30 for 30 days			~·· ~~					
Acti	on	WHATEVER						Status	Start D	ate
		ALBUTEROL SYRUP MOUTH THREE TIMES A DAY						Active		
		IBUPROFEN 100MG/5ML SUSP, ORAL 2.5 ML (50MG) MOUTH Outside medication recommended by provider.						Active		
		VITAMIN E 1001U CAP 100UNT MOUTH AT BEDTIME Outside medication not recommended by provider.						Active		

Figure 4-15: Renewed medication

#### 4.1.10 Provider Narratives

Provider narratives are now truncated at 160 characters.

Narrativ	re Too Long 🛛 🛛 🕅
?	Narrative is longer than the allowable field length of 160 characters.
~	Do you want to truncate it to 160 characters?
	Yes No

Figure 4-16: Information Message when provider narrative is greater than 160 characters

#### 4.1.11 Record Flags

Inactive record flags should not appear in the popup when POPUPFLAG is TRUE.

A patient has both active and inactive patient record flags as in the example below with an active flag for DRUG STUDY and an inactive PAIN CONTRACT flag.

Ele Edit Help						
	LAG ASSIGNMENT		16, 2009 15:03:46	Page:	1 of	1
atient:	DEMO, MOTHER R	(00-34-23)		DOB: 09/02/57		
Flag		Assigned	Approved By	Review Date	Active	Local
PAIN	CONTRACT	03/16/09	HAGER, MARY G	N/A	NO	YES
2 DRUG S	STUDY	09/16/09	HAGER, MARY G	09/16/10	YES	YES
10 Color	Enter ?? for	more action		a Baaigamant		
A Displ AF Assig	Enter ?? for ct Patient lay Assignment gn Flag ction:Quit//		EF Edit Fla	g Assignment ssignment Owner	ship	
DA Displ AF Assig	ct Patient lay Assignment gn Flag		EF Edit Fla		ship	_

The pop-up is set to True for this component.

Properties for Crises/Warnings/Alerts/Directives					
Property	Value				
ТОР	0				
LEFT	526				
HEIGHT	36				
WIDTH	49				
ALIGN	Right 💌				
ANCHORS	Left; Right; Bottom				
COLOR					
ALLOWPRINT	False				
POPUPFLAGS	True				
POPUPFLAGS If true, any record flags are shown as a	popup.				
ОК	Cancel Apply				

Figure 4-18: Property POPUPFLAGS is set to True

When this patient is selected, only the active flag should appear in the popup.

Record Flags	
Patient:	DEMO,MOTHER R
Flag Name: Flag Type: Assignment Status: Initial Assigned Date: Approved by: Next Review Date: Owner Site: Originating Site:	DRUG STUDY CLINICAL ACTIVE SEP 16, 2009@15:03:23 HAGER,MARY G SEP 16, 2010 DEMO HOSPITAL DEMO HOSPITAL
Assignment Narratives:	
THIS IS A TEST OF AN ACT:	IVE FLAG
T Font Size: 9€	Close

Figure 4-19: Active flag is pop-up

This should match what is seen in the component itself for patient postings

Allergies	Severity	Signs / Symptoms	
Penicillin Codeine		Hives Nausea,Vomiting	
irisis Notes, Warning N DRUG STUDY	lotes, Directives, Record Fla	ags 16-Sep-2009 15:03	

Figure 4-20: Active flag in patient postings

## 4.1.12 Distorted Logon Window

Sites can now set this manually. The user needs to have access to the Server, not the Client. The user needs to log into the bin folder on the SERVER where the EHR files are stored when they are loaded.

The vcIniConfig utility MUST be run in the application repository. This means that the VueCentric administrator must log into the Windows Server where the application repository resides and launch the vcIniConfig utility. For patch 6 that means the VC administrator would log into the server (using RDP or sitting at the actual server), navigate to the application repository (c:\ehr\bin) and double-click on vcIniConfig.exe.

📴 distorted.doc - Microsoft Word	
Elle Edit View Insert Format Iools Table Window Help	Type a question for help $\checkmark$ X
🗄 🗋 🧀 🛃 🚑   🛃 🛝   🌮 🎎   🐰 🖦 🎕 🟈   🥙 - 🔍 -   🧶 🗦 💷 📷 🎫 🚮 🗔 🖷 100% - 💿   🕮 Read 🥊 Normal - Times New Roman	
••••••••••••••••••••••••••••••••••••••	7 ·
Image: Second and Second	• •
Page 1 Sec 1 1/3 At 1" Ln 1 Col 1 REC TRK EXT OVR 📶	1.

Figure 4-21: vcIniConfig file

After launching vcIniConfig, click on the Sign-on Dialog tab and adjust the settings. Clicking on the Dialog/Size control will display help text on the available values. If you want to resize the dialog, select Reminder and then click on Preview. Resize the dialog to the desired size and then close the dialog by clicking on the X. When your changes are completed click the OK button. This will save your settings to the vcBroker.ini file and update the VueCentric.ini file so that the new broker settings will be brought down to the client machine.

Your configuration information is about to be updated. Please review the settings below to insure that they are con Then click DK to complete the changes. Updater Sign-on Dialog Server List Source Folder: c:\VueCentric\EHR\bin
Source Folder: c:\VueCentric\EHR\bin
Target Folder: %ProgramFiles%\VueCentric\EHR\
Run: vim.exe /caption="RPMS EHR"
This tab displays user-configurable settings from the VueCentric.ini file that control the update process.
Reset All Reset OK

Figure 4-22: VcIniConfig file

Select the sign-on tab and adjust the settings.

EHR Configuration		X
Your configuration information Then click OK to complete the	is about to be updated. Please revie <del>w</del> the setting e changes.	is below to insure that they are correct.
Updater	Sign-on Dialog Server List	i   .
Dialog Size: Auto Position: Center Caption: RPMS-EHR Logon	Intro Text       Alignment:       Center       ▼       Background Color:       ▼       Font:       System (10 pt)	Graphic File: vcBroker.jpg Proportional Stretch Center Transparent
☐ Allow user preferences This tab displays settings th	at control the appearance of the sign-on dialog.	Preview
Reset All Rese	t	ОК

Figure 4-23: Logon Screen Settings

Review the settings and then save them so they will be brought down to all users as they logon.

#### 4.1.13 Relocking Unlocked Visits

The parameter to unlock a visit now has another field so that the visit will again be locked after a time interval.

```
Temporarily Override Visit Lock for User
Select NEW PERSON NAME: USER, DEMO DU DOCTOR
---- Setting Use to override visit lock for a user. for User: USER, DEMO ----
Select Visit to unlock: `410 9-23-2009@10:01:00 DEMO, INFANT DEMO HOSPIT
AL AMBULATORY ALCOHOL AND SUBSTANCE
Are you adding 3090923.1001 as a new Visit to unlock? Yes// YES
Visit to unlock: 3090923.1001// 9-23-2009@10:01:00 DEMO, INFANT DEMO HO
SPITAL AMBULATORY ALCOHOL AND SUBSTANCE 3090923.1001
Date override expires: T+2
```

Figure 4-24: Setting overrides date

#### 4.1.14 Order Comments

The user can no longer add Order Comments from the Action menu.

This is a change in VA software - from VA documentation:

The purpose of the order comments field was ambiguous to End Users and was used for various purposes. Based on the recommendation of the CPRS Clinical

Workgroup, the "Order Comments" function was disabled and the order comments field locked out.

## 4.1.15 Recurring Lab Order Display

The child pending labs now display on recurring Lab Order display

Previously, only the parent lab was displayed on the Order tab. Once the first child lab in a set of recurring labs was accessioned, the parent lab became active and the pending child labs could only be viewed by clicking on the order to review the order detail resulting in duplicate ordering. Now all child labs are visible.

Service	Order	Duration	Provider	Nurse	Clerk	Chart	Status
Lab	+ALDOLASE Q227 BLOOD SP DAILY Indication: CEPHALEXIN ALLERGY	Start: 07/22/10 Stop: 08/20/10	Richard				pending
Lab	ALDOLASE Q227 BLOOD SP LB #2620	Start: 07/22/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #3272	Start: 07/23/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #3415	Start: 07/24/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #4549	Start: 07/25/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #5361	Start: 07/26/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #5362	Start: 07/27/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #5645	Start: 07/28/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #7862	Start: 07/29/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #9978	Start: 07/30/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #10483	Start: 07/31/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #10740	Start: 08/01/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #10844	Start: 08/02/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #12381	Start: 08/03/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #13194	Start: 08/04/10	Richards,S				pending
Lab	ALDOLASE Q227 BLOOD SP LB #13216	Start: 08/05/10	Richards,S				pending
1.46	ALDOLACE, 0007 0L000, CDL0 #10070	Cherk 00/00/10	Distante C				Part and Part of Part

Figure 4-5: Pending child lab display

## 4.2 Enhancements

Patch 6 has added functionality. Below is information on how to use this new functionality. Prescription faxing and printing is in its own section.

#### 4.2.1 Document Outside Medications

Medications that are not dispensed at the site can now be added. These can include over the counter medications or medications prescribed by an outside physician. The pharmacy data management menu has the options to setup a medication as a non-VA med. Any medication with this designation can be used as an outside med. TIU objects for outside meds are in TIUv1.0 patch 1006 which was released at the same time as EHRv1.1 Patch 6.

```
CHOOSE 1-3: 1 HYDROCHLOROTHIAZIDE 25MG TAB** CV701 -47975
00172-2083-80 DEMO PHARMACY
```

Setup Guide August 2010 **Fixes and Modifications** 

```
This entry is marked for the following PHARMACY packages:
 Outpatient
 Unit Dose
Non-VA Med
GENERIC NAME: HYDROCHLOROTHIAZIDE 25MG TAB** Replace
VA CLASSIFICATION: CV701//
DEA, SPECIAL HDLG: 6//
NATIONAL FORMULARY INDICATOR: YES
LOCAL NON-FORMULARY:
VISN NON-FORMULARY:
Select DRUG TEXT ENTRY:
Select FORMULARY ALTERNATIVE:
Select SYNONYM: 000172208380//
  SYNONYM: 000172208380//
 INTENDED USE: DRUG ACCOUNTABILITY//
 NDC CODE: 000172-2083-80//
Select SYNONYM:
MESSAGE:
RESTRICTION:
FSN:
INACTIVE DATE:
WARNING LABEL: 7,11//
ORDER UNIT: BT//
DISPENSE UNIT: TAB//
DISPENSE UNITS PER ORDER UNIT: 1000//
NDC: 00172-2083-80//
PRICE PER ORDER UNIT: 5.64//
LAST PRICE UPDATE:
AWP PER ORDER UNIT: 79.25//
AWP PER DISP UNIT is 00000.079250
SOURCE OF SUPPLY:
```

Figure 4-25: Beginning Instructions

The instructions continue below.

```
DISPENSING LOCATION:
STORAGE LOCATION:
PRICE PER DISPENSE UNIT: 0.006
     points to HYDROCHLOROTHIAZIDE 25MG TAB in the National Drug file.
This drug has already been matched and classified with the National Drug
file. In addition, if the dosage form changes as a result of rematching,
you will have to match/rematch to Orderable Item.
Do you wish to match/rematch to NATIONAL DRUG file? No//
                                                               (No)
Just a reminder...you are editing HYDROCHLOROTHIAZIDE 25MG TAB**.
Strength from National Drug File match => 25
                                                   MG
Strength currently in the Drug File => 25
                                                   MG
Strength => 25 Unit => MG
POSSIBLE DOSAGES:
  DISPENSE UNITS PER DOSE:1DOSE:25MGDISPENSE UNITS PER DOSE:2DOSE:50MGDISPENSE UNITS PER DOSE:0.5DOSE:12.5MG
                                                               PACKAGE: IO
                                                               PACKAGE: IO
                                                               PACKAGE: IO
LOCAL POSSIBLE DOSAGES:
Do you want to edit the dosages? N// O
```

**Fixes and Modifications** 

```
This entry is marked for the following PHARMACY packages:
 Outpatient
Unit Dose
Non-VA Med
MARK THIS DRUG AND EDIT IT FOR:
0 - Outpatient
U - Unit Dose
I – IV
W - Ward Stock
C - Controlled Substances
X - Non-VA Med
Enter your choice(s) separated by commas : X
                                      X - Non-VA Med
** You are NOW Marking/Unmarking for NON-VA MEDS. **
A Non-VA Med ITEM? Yes//
                       (Yes)
** You are NOW in the ORDERABLE ITEM matching for the dispense drug. **
HYDROCHLOROTHIAZIDE 25MG TAB** is already matched to
    HYDROCHLOROTHIAZIDE TAB
Do you want to match to a different Orderable Item? NO//
```

Figure 4-26: Drug marked as non-VA medication

#### 4.2.1.1 Ordering

This concerns adding Outside meds dialog to the main ordering menu. The generic dialog for outside meds is PSH OERR. Add this to either your main menu if you are using the parameter ORWDX WRITE ORDERS MENU.

file Edit	TRM:3388 (CACHE)									- 8
	Editor	Se	o 09.	2009	12:43:29		Page:	1 c	f	3
enu: 1	ORZM MAIN MEN		,				Columr		lth:	80
	GMRAOR ALLERG LR OTHER LAB ' RA OERR EXAM PSO OERR PSJ OR PAT OE PSJI OR PAT OE PSJI OR PAT F. OR GXTEXT TEX' LRZM LAB ORDE: RAZM RADIOLOG' PSOZM OUTPT M. GMRCZM CONSUL' ORZM ADMISSION PSH OERR	LUID OE P ONLY ORDER AS Z DDS PS								
		reen - Prev Edit		i	Assign to	User(s)	Select	New		>>>
	ove t Action: Next	Toggle Dis	olay	(	Order Dia	logs				

If the site has setup the ORWOR WRITE ORDERS LIST parameter for its main menu, then add PSH OERR to a sequence number in this list.

Cache TRM:33	88 (CACHE)	×
File Edit Help		
	s set for 'Package' may be replaced if ORDER ENTRY/RESULTS REPORTING	
is instal	led in this account.	
Setting	ORWOR WRITE ORDERS LIST for Package: ORDER ENTRY/RESULTS REPORTING	
Select Se	quence: ?	
Sequence	Value	
20	GMRAOR ALLERGY ENTER/EDIT	
30	FHW1	
52	PSJ OR PAT OE	
53	PSH OERR	
55	PSO OERR	
58	PSJI OR PAT FLUID OE	
60	LR OTHER LAB TESTS	
70	RA OERR EXAM	
80	GMRCOR CONSULT	
85	GMRCOR REQUEST	
90	GMRVOR	
99	OR GXTEXT WORD PROCESSING ORDER	
Select Se	quence:	Ţ
		_

Figure 4-28: ORWOR WRITE ORDERS LIST parameter

This is the outside meds dialog.

If a user does not select a dose from the list, types in a non standard dose OR leaves the dose blank, the medication will not pass to the V Medication file in PCC. This entry WILL order check and WILL appear in med lists in TIU, however these entries will not appear in the Health Summary and the Patient Wellness handout until this is fixed in the BJPC v2.0 Patch 5 currently in development. Recommend either of the 2 methods below to produce a medication reconciliation list:

- Right click, preview and print a TIU template using one of the updated TIU (see set up instructions section 3.1.3)
- Print Outpatient Meds and Outside Meds from the Meds Tab (you must print each list separately)

The explanation field is controlled by a parameter.

CETAZOLAMIDE TAB			Change
Dosage		Route	Schedule
		ORAL	QID F PR
250MG 500MG	03 06	ORAL.	018H 024H 02H-WHILE AWAKE 038H 048H 048H 04H-WHILE AWAKE 06H 06H-WHILE AWAKE 06H 06H-WHILE AWAKE 072H 08H 0AM 0AM 0AM 0AM 0AM 010 W/FODD
omments:			
Outside medication n Outside medication re Patient buys OTC/He	ot recommended by provider. commended by provider. rbal product without medical advice. d by another provider.		
Start Date:			
ETAZOLAMIDE TAB KE BY MOUTH 4 TIME	IS A DAY QID		Accept Order

Figure 4-29: Outside meds dialog

On the Medications tab you will see two screens and possibly three (if the patient is an inpatient). On the Medications tab, click in the Outside Meds group box to add/edit DC outside medications.

				Returning	Rell Provide
iction.	Outside Medications	Status			Stat Dole
Action	Inpatient Medications DILTIAZEM TAB	Status	d		Stop Date
Action		Status Non-Venile Non-Venile			Stop Date 13Nov-2004 13Nov-2004
Action	DILTIAZEM TAB Give: 60MG PO TID MAALOX SUSP.ORAL	Non-Verify			13-Nov-2004

Figure 4-30: Sample Medications window with three group boxes

#### 4.2.1.2 Parameters

Below are various parameters associated with medications.

#### 4.2.1.2.1 BEHORX NONVA LABEL

This parameter is set to Outside Meds for the name of this component.

```
BEHORX NONVA LABEL may be set for the following:

800 Division DIV [DEMO HOSPITAL]

900 System SYS [DEMO.MEDSPHERE.COM]

Enter selection: 900 System DEMO.MEDSPHERE.COM

------ Setting BEHORX NONVA LABEL for System: DEMO.MEDSPHERE.COM ------

Label: Outside Meds//
```

Figure 4-31: Setting BEHORX NONVA LABEL to Outside Meds

#### 4.2.1.2.2 ORWD NONVA REASON

Other reasons for giving an outside med can be added.

```
--- Setting ORWD NONVA REASON for Package: ORDER ENTRY/RESULTS REPORTING ---
Select Sequence: ?
Sequence Value
```

Setup Guide August 2010 **Fixes and Modifications** 

Outside medication not recommended by provider.
 Outside medication recommended by provider.
 Patient buys OTC/Herbal product without medical advice.
 Medication prescribed by another provider.

Figure 4-32: Adding other reasons for Outside Meds

#### 4.2.1.2.3 ORWDX NEW MED

This sets up what appears in the GUI. If the Outside Med item isn't setup, it will not display in the GUI.

Figure 4-33: Set up for Outside Meds

#### 4.2.2 On Demand Drug Interaction Checker

The Medication window contains a Yellow CHECK button. Click this button to invoke the order checker at any time.

Lctive O		🖌 🛄 nic Only 999 days	🕣 Print	Process	+ New	Check	Ou	tpatient Med	lications	•			
Action	Chronic		Outpatien	t Medications			Status	Issued	Last Filled	Expire	s Refills Remaining	Rx#	Provider
	<ul> <li>Image: A second s</li></ul>	ACETAMINOPHEN 32 Sig: TAKE ONE (1) TA FOR PAIN			6 HOURS IF I	NEEDED	Expired	29-May-2008	29-May-2008	28-Jun-2	008 0	3498129	SMITH,CARL R
		IOHEXOL 755MG/ML Sig: INJECT 10 BY M	INJ Qty: 10 fc 🤶 OUTH QD	Order Checks						Lag-2	:008 0	3498141	SALMON, PHILLIP
		METFORMIN 500MG ⁻ Sig: TAKE ONE (1) T/ DIABETES		Duplicate drug TAKE ONE TA				ACETAMINOPH PAIN [UNRELI		G ul-2	2009 2	3498142	SALMON, PHILLIF
			•	SIGNIFICANT TAB 325MG [UNRELEASE	TAKË ONË T.	eraction: ACET. ABLET BY MO	AMINOPHEN : UTH BEFORE	& ASPIRIN (ACE LUNCH FOR P/	TAMINOPHEN AIN				
								& ASPIRIN (ASF TABLET DAILY					
Ac	tion											Sta	rt Date

Figure 4-34: Order Checks pop-up on Medications window

#### 4.2.3 Filter, Search, or Order Notes by Associated DX

Notes can now be search on the POV attached to that visit. The notes will appear in BOLD text for easy viewing. Select the View drop-down on the Notes tab and select Custom View.

itatus	Max Number to Return
Signed documents (all) Unsigned documents Uncosigned documents Signed documents/author Signed documents/date range	100
uthor:	Beginning Date
eter,Shirley	
Teter,Shirley Thead,Bobbie L Thead,Tina M. Thomas,Angela L Thomas,Dale	Ending Date
Note Tree View Sort Order C Chronological Reverse chronological	Sort Note List Sort Order C Ascending C Descending
Group By:	Sort By:
Search Where: Subject Ti Contains: One of CA	

Figure 4-35: Custom search of TIU notes by POV Diagnosis

On the List Selected Documents, select the Diagnosis check box and then enter the DX you want to search for in the lower text box. For example if you specified the DX to be Diabetes and clicked OK, then the particular notes will display.

In the following screen capture, items that are bolded have a POV of diabetes.

	Demo,Mother R 3423 02/Sep-1957 (52) F	USER, DEMO	09-Sep-2009 11:16 Ambulatory	GREEN / Hager.May G	POC Lab Entry	Pharm Ed	Ø	3	-	Postings AF
-	File View Action Options									
	Last 100 Signed Notes		Visit: 08/03/09 PC	ACUTE CARE VISIT, TEST CLINIC, DEMO L	SER (Aug 03,09@13:51)					
	Image: Constraint of the	D CARE VISIT, TEST CLIN ICS CONSULT, TEST CARE VISIT, TEST CLIN TE CARE VISIT, TEST CLIN TE CARE VISIT, TEST TE CARE VISIT, TEST TE CARE VISIT, TEST CLINE VISIT, TEST CARE VISIT, TEST CARE VISIT, TEST CLIN CARE VISIT, TEST CLIN	U DATE OF NOTE: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY: UPCENCY:	UNER, DEMO DIAL STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS STATUS	UUS: COMPLETED I Dupples): LOUTH EVERY E03 LOUTH EVERY E03 LOUTH EVERY E03 ADLET POUTH ATTE HOUTH TWICE A E03 THREE TIMES A HOLE E EVERY DAY TO E03 I NOUTH EVERY E033 UUTH THREE ATTE	IRED VIT VIT IRED J. IRED IRED				
	- E Sep 25,08 PC ACU	TE CARE VISIT, TES	IBUDDOFEN 100	MG/SHL SUSP, ORAL (0) 2.5 ML (5)						1.1
	×1		LISINOPRIL 20	HG TAB** TAKE ONE (1) TABLET HOT	TH EVERY DAY ACTI	IV R				-
181	/ Templates		Diagnoses: DIABET	TES (Primary) P.A. PED/ADOL, 2 DOSE						4115

Figure 4-36: Items having a POV of diabetes

#### 4.2.4 Visit Summaries with Date Range

A new report similar to the other visit summaries has been created with the addition of time variables. You may need to add this to your report list parameter.

On the RPMS-EHR Configuration Master Menu, choose the RPT (Report Configuration) option. The application displays another set of options.

```
FMT Print Formats
HSM Health Summary Configuration ...
PAR Report Parameters ...
SYS System Display Parameters
USR User Display Parameters
```

Figure 4-37: New set of Options

Select SYS (System Display Parameters) option.

)EMO HOSPITAL	RPMS-EHR Mai	
	System Display	Parameters
GUI Reports - System fo	or System: DEMO.MED	SPHERE.COM
List of reports	5	ORRPW REPORT CATEGORIES
-	10	ORRP HEALTH SUMMARY
	15	ORRP IMAGING
	20	ORRP LAB STATUS
	25	ORRP DAILY ORDER SUMMARY
	30	ORRP ORDER SUM FOR A DATE RNG
	35	ORRP CHART COPY SUMMARY
	40	ORRP OUTPATIENT RX PROFILE
	50	ORRPW DOD PCE OUTPT ENCOUNTER
	55	BEHOEN VISIT SUMMARY1
	60	BEHOEN VISIT SUMMARY2
	65	BEHOEN VISIT SUMMARIES
List of lab reports		

Figure 4-38: List of System Report Parameters

If BEHOEN VISIT SUMMARIES is NOT there, add a new sequence number and then add this report.

There are now 3 reports

- BEHOEN VISIT SUMMARY1
- BEHOEN VISIT SUMMARY2
- BEHOEN VISIT SUMMARIES

Log off the EHR and then logon again.

After selecting the report, select the Date Range.

	Reports Page
Available Reports	CLINIC: 14 MENTAL HEALTH LOC. OF ENCOUNTER: WWH
■-Clinical Reports ■-Health Summary —Imaging (local only)	VISIT/ADMIT DATE&TIME: 05-Now-2009 15:23 ENCOUNTER PROVIDER(s): GARCIA, RYAN(P)
Visit Summaries Visit Summary Visit Summary (Brief)	PROGRESS NOTES
E-Prescribing Receipt	BH PSYCHIATRIC PROGRESS NOTE
	AUTHOR: GARCIA,RYAN SIGNED BY: GARCIA,RYAN SIGNED BY: GARCIA,RYAN
	Visit Diagnosis
	Bipolar I Disorder, Single Manic Episode, Mild;
	Functional Status
	testing ehr bh notes crossing to the backend
	Treatment Plan:
	Medication Prescription and Monitoring:
	Modality and Frequency of Treatment:
Date Range	Results of Clinical Tests and Standardized Testing:
loday Ine Week Back Iwo Weeks Back	HISTORY BH MEASUREMENT PHO2 PHO9 DEP CRAFFT
Dne Month Back Six Months Back Dne Year Back	
13-May-2010 to 10-May-2010	Symptoms:

Figure 4-39: Visit Summary by Dates report

#### 4.2.5 Infant Feeding Choice

Infant feeding has been removed from the Personal History component and become stand alone. The dialog will only be active if the child age is 5 or younger.

	Delete	Add/Update De Feeding History	Infant Feeding
		Entry Date	Feeding Choice
FORMULA ONLY 12/01/2009 1	15:12	05/11/2010 15:12	1/2 & 1/2 BREAST AND FORMULA
	12:06	12/01/2009 12:06	FORMULA ONLY

Figure 4-40: Sample active Infant Feeding component

After you click Add/Update, the Infant Feeding Choice dialog displays.

🖣, Infant Feeding Choice	×
Exclusive Breastfeeding Mostly Breastfeeding	ОК
☐ 1/2 Breast & 1/2 Formula ☐ Mostly Formula ☐ Formula Only	Cancel

Figure 4-41: Infant Feeding Choice dialog

### 4.2.6 Reproductive Factors

The Reproductive Factors component only applies to female patients. This window displays the reproductive history of the patient.

Last Menstrual Period			
amily Planning Method	DUCATI	ON ONLY Date I	Begun
Total # of Pregnancies	1	Spontaneous Abortions (Misca	uniage) 0
Full Term	0	Induced Ab	ortions 1
Premature	0	E	ctopic 0
Multiple Births	0		
Living Children	0		
Pregnant		Estimated Due Date	2
		by LMP	

Figure 4-42: Sample Reproductive Factors component

Data can be updated as needed.

After clicking Add or Edit, the application displays the Update Reproductive Factors dialog.

Last Menstrual Period 02/25/1998 Earnily Planning Method Barrier Methods Date Begun 1988	OK Cancel
Iotal # of Pregnancies       2       ★       Spontaneous Abortions (Miscarriage)       0       2         Eull Term       0       ★       Induced Abortions       0       2         Premature       0       ★       Ectopic       0       2         Multiple Births       2       ★       4       4       4         Living Children       2       ★       4       4       4	
Pregnant     Estimated Due Date     by LMP     by Ultrasound     by Clinical Parameters	

Figure 4-43: Sample Update Reproductive Factors dialog

Items divided into categories of every visit questions. Data changed with each pregnancy will reflect the current pregnancy data.

#### 4.2.7 Clinical Indication for Medications

A new Parameter BEHOORPA has been added to control the display of the Clinical Indication for both labs and medications. Right now, LAB and OUTPATIENT PHARMACY are the only packages it is designed to work with.

Figure 4-44: Parameter for Clinical Indication

As with the clinical indication for labs, the default list will be the patient's problem list.

The selection of Other will open up a dialog to select any ICD9 code. This code will then be the default for any other meds or labs ordered during this ordering session

Medication Order			×
SIMVASTATIN TAB			Change
Develue Country			
Dosage Complex	Deute	Calvadada	
Dosage 20MG	Route ORAL	Chedule	
10MG 0.68	ORAL	Q3H	
20MG 1.05		Q4H	
40MG 0.063 80MG 0.126		Q6H Q8H	
		QAM .	
2ND LINE AFTER LOV		QHS	
Comments:			
			<u> </u>
			-
			_
Days Supply Qty (TAB) Refills C	linical Indication	Chronic Med	Priority
30 + 30 + 0 +	•	👝 Dispense as	ROUTINE 🚽
	Asthma 493.21	Written	
Pick Up C Clinic C Mail C Window C Electro	BIPOLAR I DISORDER, SINGLE		
	Other		
SIMVASTATIN TAB 20MG	_		ADR's
TAKE ONE (1) TABLET MOUTH AT BEDTIME Quantity: 30 Refills: 0 Chronic Med: NO Dispen			
			Accept Order
			 Quit
			Gran

Figure 4-45: Clinical Indication added to outpatient medication dialog

If you select the Other option on the drop-down list, the application displays the Other Clinical Indication dialog.

Other Clinical Indication
Enter symptom or diagnosis. Click Search to find a code, or OK to leave as uncoded. hypertension Search
Hypertension * (ICD-9-CM 401.9) Ocular Hypertension * (ICD-9-CM 365.04) Hypertension, Portal * (ICD-9-CM 572.3) Systolic hypertension (ICD-9-CM 401.9) Essential Hypertension (ICD-9-CM 401.9) Hypertension, Goldblatt (ICD-9-CM 440.1) Gestational Hypertension (ICD-9-CM 642.30) Screening for Hypertension (ICD-9-CM 401.1) Benign essential hypertension (ICD-9-CM 401.1) Malignant essential hypertension (ICD-9-CM 401.0) Unspecified secondary hypertension (ICD-9-CM 405.99) Malignant renovascular hypertension (ICD-9-CM 405.01)
OK Cancel

Figure 4-46: Generic ICD9 lookup for clinical indication

### 4.2.8 Radiology Report Annotation

Radiology reports that appear on the reports tab can now be annotated by a clinician.

When a report is available, right click on the report in the list, not in the text and then select annotate.

Print Copy Data From Table Select All From Table	
Annotate	

Figure 4-47: Annotate option on right-click menu

The Annotation of dialog displays.

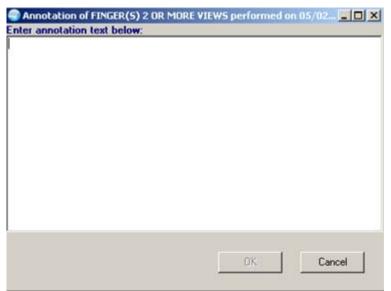


Figure 4-48: Annotation dialog

After saving the annotation, it will appear with the report.

Repo	ght periapical pulmonary linear and nodular like calcific densities
	nsistent with granulomatous residual and minimal focal fibrosis. Wild
	tasia of the thoracic aorta and mild left ventricular dilitation are
	entified. Osteoporotic thoracic spine with hypertrophic anterior endplate
	ipping noted. Otherwise, unremarkable chest.
Anno	tation
	TITLE: ANNOTATION
DA	TE OF NOTE: JUL 16, 2008@15:20:25 ENTRY DATE: JUL 16, 2008@15:20:42
	AUTHOR: TETER, SHIRLEY EXP COSIGNER:
	URGENCY: STATUS: UNSIGNED
	SUBJECT: Annotation of CHEST 2 VIEWS PAGLAT performed on 10/07/1999 11:51
Th	ere was 3 views that took place
	lity: DEMO INDIAN HOSPITAL

Figure 4-49: Annotation text in report

It also appears as a note on the notes tab that will need to be signed by the provider. The title of this note is ANNOTATION.

emo,Female A 1334 10 Aug 1976 (33) F	TEST CLINIC USER.DEMO	10 Sep 2009 09:34 Ambulatory	GREEN / Hager, Mary G	POC Lab Entry	Pharm Ed	资	-	Poste
e View Action Options								
st 100 Signed Notes Vi	et 09/10/09 ANNOTATIO	N, TEST CLINIC, DEMO	USER (Sep 10.09@10.19)				 	
Sep 10,09 ANNOT  All signed notes  Aug 25,09 PC ACU  D C 15,08 PC ACU  May 11 06 PC ACU	AUTHOR: USER_DI URGENCY: SUBJECT: Annotat	. 2009810:19:24 EMO EX	NMTHY DATE: SEP 10, 2009E16 9 COSTORNE: 9 TATUS: UNISCORE INER PALLAT performed on OI I concur that the patient	0/10/2009 10:14				
/ Tengdates News Note					New Notific	sting		

Figure 4-50: Annotation notes

### 4.2.9 Encounter Detail

Right-clicking on an encounter in the encounter component will now allow you to view the data on the visit.

The visits detail is determined by a parameter.

Figure 4-51: Setting the parameter

Right-click on the visit and select Visit Detail.

01 (	GENERAL 05-May-2010 10:10 · DEMO.(	DOCTOR
ncounter Location ppointments / Visits Hos	pital Admissions New Visit	
Location	Date/Time	Туре
01 Visit Detail	05-May-2010 10:10	AMBULATORY
oviders for this Encounter		
oviders for this Encounter		
roviders for this Encounter		
ncounter Providers roviders for this Encounter DEMO, DICTOR		
oviders for this Encounter		

Figure 4-52: Visit Detail option on right-click menu

The application displays the Visit Detail report.

Visit Detail	
	ORDERS
	<page 1=""></page>
ORDER #: 262	STATUS: ACTIVE
START: Aug 27, 2009	STAIOS: ACTIVE STOP: Aug 04, 2010
LISINOPRIL TAB 10MG	
TAKE ONE (1) TABLET MOUTH EVERY 24 H	OURS TAKE FOR BLOOD PRESSURE
Quantity: 90 Refills: 3 Dispense as	Written: NO Indication: Dm Type 2 Uncntrld
VISIT IEN: 355	
HRN: SOUC 3423	
. –	SIT FILE
VISIT/ADMIT DATE«TIME: AUG 27, 20090	
	TYPE: IHS
PATIENT NAME: DEMO,MOTHER R	LOC. OF ENCOUNTER: DEMO HOSPITAL CLINIC: ALCOHOL AND SUBSTANCE
SERVICE CATEGORY: AMBULATORY DEPENDENT ENTRY COUNT: 1	
MFI STATUS: ADD	HOSPITAL LOCATION: TEST CLINIC
CREATED BY USER: HAGER, MARY G	HOSTINE BOCKTION. TEST CHINIC
OPTION USED TO CREATE: PSO LM BACK	DOOR ORDERS
PROTOCOL: IHS PS HOOK	USER LAST UPDATE: HAGER, MARY G
	,
4	F
Font 9	Print Close
Size:	

Figure 4-53: Sample Visit Detail report

#### 4.2.10 Contraindications for Reminder Immunizations

There is a prompt that can be added to reminder elements for immunizations that is called PXRM REACTION. If a site chooses to add this element, they can document any reactions to an immunization. However, IHS stores these in a separate file.

The solution was to also add the prompt PXRM CONTRAINDICATION.

Then if a reaction is entered, a prompt will appear asking if you wish to enter this reaction as a contraindication.

First, you need to add the prompts to the elements by editing the element and adding both the PXRM REACTION and PXRM CONTRAINDICATION prompts.

Cache TRM:1700 (CACH	E)							- 8
jie Edit Help Violog Edit Ti	~±	Sep 09,	2000 1	2.11.22		Dogo.	1 of	2
	st		2009 1	2:11:22		Page:	I UI	2
DIALOG GROUP NAME: GRP PEDVAXHIB Sequence Dialoq Details							Dico	abled
sequence	Dialog Decai	15					DIDO	abreu
5	Dialog eleme	nt• TM PRD	VAYHTR	DONE				
5	Resolution:							
	Finding type							
	Finding item			тм(127)	1			
	Additional p				1			
	naaroronar p		RM IMM					
			RM VOLU					
		PXI	RM IMM	VIS DAT	E			
		PXI	RM REAC	TION				
		PXI	RM COMM	ENT				
		PXI	RM CONT	RAINDIC	ATED			
10	Dialog eleme	nt: IM PED	VAXHIB	DONE EL	SEWHER	RE		
	Resolution:	DONE ELSEWI	HERE (H	ISTORIC.	AL)			
	Finding type	: IMMUNIZA:	FION					
	xt Screen -							>>>
Copy Dial	.og Group D Display D	P Progre:	ss Note	Text	ED	Edit/Delete	Group	
D Detailed	Display D	T <u>D</u> ialog	Text		QU	Quit		
elect Sequenc	ce: Next Scree	n//						

Figure 4-54: Reminder with new prompts

Below is a Reminder Resolution screen.

Reminde	r Resolution: Pedv	axhib				<u>_ D ×</u>
Immunizati	MMR HEP A	( past due) ( past due) PED ( past - G-CV4 ( due) nization info				
Lot Imm Inje Vaco Reac Comm	Site: * (None ection Volume: : Info Sheet Dat etion: (None se	e selected) v selected) v 0.50 v e: 18-Sep-20	]	t this end	counter	
Pati and Pati	ontraindicated: ent/family indi ther facility. ent/family refu o document immu	sed pedvaxhił	) immuniza	tion at th	nis visit.	at
Pedvaxhi	REMINDER ACTIVI ib: ization informa		• • • • • • • • • • • • • • • • • • • •		* Indicates a F	Required Field
Clear	Clinical <u>M</u> aint		< Back	Next >	Finish	Cancel

Figure 4-55: Reminder Resolution screen

Reminder with reaction and contraindication prompts is shown below.

Reminder Resolution: Pedvaxhib							
Immunizations Due: IPV ( past due) MMR ( past due) HEP A PED ( past due) MENING-CV4 ( due) V Check to document immunization information	-						
✓ Patient received pedvaxhib immunization at this encounter Lot Number: * 0001H ▼ Imm Site: * Left thigh sq ▼							
Injection Volume: 0.50 🛫 Vacc Info Sheet Date: 18-Sep-2008 Reaction: Convulsions 💌 Comment:	_						
Contraindics Confirm							
Patient/family another facil: Patient/family Do you wish to add this reaction as a contraindication?							
Check to document Yes No							
× Indicates a Required Field							
CLINICAL REMINDER ACTIVITY Pedvaxhib: Immunization information							
	Cancel						

Figure 4-56: Reminder with dialog to add reaction as a contraindication

Below shows where the contraindication is stored and the reaction is listed with the immunizations.

Co	ntraindic	ation				POC Lab E	ntry	Pharm Ed	Ø	9		Posting
d a	_			<u> </u>	_	Contraind	ications				Add	Delete
2	Reaction	n 🔪				VARICELLA PEDVAXHIB	Hx of Chiel Convulsion	en Pox 11-Mar- 09-Sep-	2000 2009			- Constanting
		tter Profile	Case Data	<b>_</b>						Add	Edit	Delete
	Vaccine	Visit Date	Age@Visit	Location		Reaction	Volume	Inj. Site	Lot		Date	Admini 🔺
	DT-PEDS	06/29/2009		DEMO HO		~	.5	Left Deltoid IM	U0296AC	05/1	7/2007	USER.
2 12 12	IPV (PEDIARIX)	07/29/1998		Best Pedia								
i Edit Delete	IPV (PEDIARIX)	10/04/1998		DEMO HO		_	.5	Left Thigh IM		12/0	1/1996	HAGEI
	IPV (PEDIARIX) PEDVAXHIB	06/01/1999		Avis Pedia Best Pedia								
06 F4	PEDVAXHIB	10/04/1998		DEMD HO			.5	<b>Bight Thigh IM</b>	0001H	07/0	1/1995	HACEL
ent 2006 GI	ACTHIB (DTP-HIB-HE)	02/03/2000		DEMO HO			0.5	Right Thigh IM	000111		1/2000	
ations 2006 GI	PEDVAXHIB	09/09/2009	11 yrs	DEMO HO		Convulsions	0.5	Left Thigh SQ	0001H		8/2008	
2006 GI	HEP B PED (PEDIARI)			Best Pedia		Correlation	0.0	Lon might ora	000111	0001	072000	O'O'C'T'.
Hand Smoke 2006 Gt	HEP B PED (PEDIARD		5 mths	DEMO HO	SPITAL		.5	Left Thigh IM		12/0	1/1996	HAGEI -
iterature 2006 GI ations 2006 GI		2 1 12 12 12 12 12 12 12 12 12 12 12 12	- 87 h				1. 10					•
ion 2006 GI	🔪 Skin Test H	listory Print Reco	ord							Add	Edit	Delete
	Visit Date Skin Tes	t Location	Age@Visit	Result	Reading	Read Date	Reading Provider	Administered B	y Other	Location	1	
	05/22/2006 PPD	DEMO HOSPITAL	8 yrs	Pending				HAGER, MARY	'G			
Edit Delete	05/22/2006 PPD	DEMO HOSPITAL	8 yrs	Pending				HAGER,MARY	í G			
Comme L/NEGATIVE												
LINEGATIVE												

Figure 4-57: Contraindication and Reaction locations

### 4.2.11 VFC Prompt for Childhood Immunizations

Immunizations for children under the age of 19 will now have an extra prompt to add the VFC eligibility.

🐂 Add Immunization	2
Vaccine INFLUENZA, SPLIT (INCL. PURIFIED	ОК
Administered By DEMO, DOCTOR	Cancel
Lot U1108AA	<u> </u>
Injection Site Left Thigh IM	Current
Volume 5 ml Vac. Info. Sheet 07/16/20 Given 11/16/2009 2:09 PM	C Refined
Given Transcos 2.05 Fin Counsell	led by Provider
VFC Eligibility Unknown Not Eligible Medicaid Uninsured Am Indian/AK Native Federally Qualified	
State-specific Elig Local-specific Elig	

Figure 4-58: Add Immunization dialog for child

### 4.2.12 Readiness to Learn for Education Topics

Readiness to learn has moved to a field in the patient education file.

This prompt is now added to the education component with the list of choices available in the drop-down box.

🖑 Add Patient Edu	cation Event	×
Education Topic	yperactivity Disorder-Growth And Development	Add
<u>Type</u> of Training Comprehension Level	Individual C Group	Cancel
Length	15 (min)	Historical
Co <u>m</u> ment Provided <u>B</u> y	USER,DEMO	Display Outcome & Standard
Readiness to Learn	EAGER TO LEARN	Patient's Learning Health Factors
Status/Outcome -	DISTRACTION EAGER TO LEARN INTOXICATION NOT READY PAIN RECEPTIVE SEVERITY OF ILLNESS	

Figure 4-59: Readiness to Learn field on Add Patient Education Event dialog

The Education component now has the Readiness to Learn column in the grid.

Visit Date 7	Education Topic	Congrehension	Readness To Learn	Statut	Objectives	Comment	Provider
07/28/2008	Diabetes I/juv Not Uncontri-Anatomy And Physiology 2006	600D					RICHARDS SUS
07/28/2008	Diabetes I/juy Not Uncontri/Disease Process 2006	600D					RICHARDS.SUS
12/23/1996	Ob/gm-Postpartum Exam 2005	GROUPINO ASSESSMENT					FORD MIKE
09/24/1996	Prenatal-Labor Precautions 2005						CLELAND RICH
09/09/1996	W1Diet 2005	GOOD					SMITH MONICA
09/09/1996	W1Exercise 2005	G000					SMITH, MONICA"
08/15/1996	W1Diet 2005	6000					LEE AMANDA K.

Figure 4-60: Education component

### 4.2.13 Asthma and Problem List

Asthma classification is now a field in the problem list file for those diagnoses that are asthma related by taxonomy definition. In the EHR a column has been added to the problem list for the asthma classification.

10	Provider Nanative	Status	Modiled Priority Notes	Class	Inset ICC	ICD Name	Classificat
-	Diabetes With Other Specified		research in sector in the sector		1000	and the contract	
W/W-5	Manifectations, Type I [swenile Type], Uncontrol	Active	00/20/2000		29	UNCONT	e
WW-2	Leptospicosis, Unopeoified	Active	08/29/2008	06/	28/2008 10	9 LEPTOSPIROSIS NO	

Figure 4-61: Problem List component

When a problem is entered that belongs to the asthma taxonomy, a prompt appears for the user to add the asthma classification.

Problem	Maintenance			×
Pro <u>b</u> lem ID	WW- 3 Priority	1 · high 5 · low	Save	Cancel
ICD:	Extrinsic Asthma, Unspecified			
	(NOTE: If the ICD is not selected	ed it defaults to .99	199 - Uncoded D	(iagnosis)
<u>N</u> arrative	Extrinsic Asthma, Unspecified			*
				<b>*</b>
Date of <u>O</u> nset		Status • Active Problem	em C Persor	nal History
Classification	-	C Inactive Pro	blem	
Note (3-60 c	INTERMITTENT MILD PERSISTENT			
	MODERATE PERSISTENT			*
				w.

Figure 4-62: New asthma diagnosis with classification field

If the classification needs to be changed, the problem should be edited, and because it is an asthma diagnosis the classification field will appear with the current classification as the default. A different classification can be selected and saved as an update to the problem.

### 4.2.14 Asthma and POV

When an asthma POV is selected, a field for the asthma control will now appear. The patient's last recorded asthma control will pre-populate the field and can be edited.

When an asthma POV is selected using a pick list or an historical DX, the POV will need to be edited to change or record the asthma control. If the box to add the POV to the problem list is clicked, the asthma classification box will also appear.

🛋 Add POV f	or Current Visit	×
ICD	Extrinsic Asthma, Unspecified	Save
	(NOTE: If the ICD is not selected it defaults to .9999 - Uncoded Diagnosis)	Cancel
<u>N</u> arrative	Extrinsic Asthma, Unspecified	Cancel
	<u> </u>	Primary Diagnosis
Date of <u>O</u> nset	<u>M</u> odifier	- Add to
	POV is Injury Related Asthma Control	Problem List
	WELL CONTROLLED NOT WELL CONTROLLED	
	VERY POORLY CONTROLLED	Education
	C First Visit C Re-Visit	
Injury <u>D</u> al	e Place 💌	
Injury caused b		
Associated w	th	
		1

Figure 4-63: Asthma POV with the asthma control field

The Visit Diagnosis component has changed.

🍪 Visit Die	gnosis	1							Add	Edt Delete
Provider Narrative	ICD	ICD Name	Priority	Cause	Injury Date	Injury Cause	Injury Place	Modifier	Onset Date	Asthma Control
astima	493.00	EXTRINSIC ASTHMA, UNSPECIFIED	Primary		1.122					WELL CONTROLLED

Figure 4-64: Asthma Control is added to the Visit Diagnosis component

#### 4.2.15 Desktop Tools

This section explains the setup for eSig tool and Dosing calculator.

#### 4.2.15.1 eSig Tool

Follow these steps to setup the eSig Tool. This tool will allow you to change your electronic signature within the RPMS-EHR application.

- 1. In Design Mode, access Design | Layout Manager.
- 2. Click Properties and then Customize Menus.
- 3. To add an item, click the + button and then type in the name you want, such as eSig.

Properties for Desktop		
Property	+ - 🛯 🍠 🔒 🔍	<b>†</b>
CAPTION	+++	
FONT	Menu Items	
HEIGHT	Restore Personal Settings     Kestore Defaults	^
HELPFILE	Restore from Template	
ICON	국 Patient - 국 Details	
ICONS		
IMAGE	는	
INFOCOLOR		
POPUPCOLOR	ି କି Chat କି Options	
	유 Pt Refresh ① Clear	
POPUPCOLOR2	🕀 Clear 🗙 Help	
PROGRESSCOLOR	Contents	=
STATUSCOLOR	Help On	
WIDTH	About	
Customize Menus		
	() eSig	~
Customize Menus		
Manages custom menu items.		
ОК	Cancel Apply	

Figure 4-65: Location of the eSig

- 4. Use the Up, Down, Left, and Right arrow to move the item to the menu location you want.
- 5. Click the Lightning Bolt button to set the action for the eSig. Enter \$(user.ESigModify) in the Edit action field.

eSig	×
Edit action:	
\$(user.ESigModify)	
OK Cancel	

Figure 4-66: Entering data in Edit action field

6. Get out of Design Mode. When you click the eSig item, the application will display the Change your Electronic Signature dialog.

Change your Electronic Signature	9	
Enter your current electronic signature:	[	OK
Enter your new electronic signature:		Cancel
Re-enter your new electronic signature:		

Figure 4-67: Change your Electronic Signature dialog

#### 4.2.15.2 Dosing Calculator

Follow these steps to setup the Dosing Calculator.

- 1. In Design Mode, access Design | Layout Manager.
- 2. Click Properties and then Customize Menus.
- 3. To add an item, click the + button and then type in the name you want, such as Dosing Calculator.
- 4. Use the Up, Down, Left, and Right arrow to move the item to the menu location you want.
- 5. Click the Lightning Bolt button to set the action for the Dosing Calculator. The action should be \$(BEHDosingCalc.DosingCalc.Execute).

Properties for Desktop Property	+- 😋 🌶 🖗 🔍 🕇
CAPTION	+++
FONT	Menu Items
HEIGHT	Dosing calculator
HELPFILE	Edit action:
ICON	\$(BEHDosingCalc.DosingCalc.Execute)
ICONS	OK Cancel
IMAGE	
INFOCOLOR	Calculator
POPUPCOLOR	
POPUPCOLOR2	다. 국 Options 국 Pt Refresh 국 Clear
PROGRESSCOLOR	Clear Kelp
STATUSCOLOR	
WIDTH	Help On
Customize Menus	About
	- Dosing calculator
<b>Customize Menus</b> Manages custom menu items.	

Figure 4-68: Adding the action to the new item

- 6. After you click OK on the Dosing calculator dialog, close all dialogs and then go to Design | Required Services. Check the Dosing Calc check box.
- 7. Get out of Design Mode and the Dosing Calculator should work.

Pharmacokinetic Dosing (	Calculator 🛛 🛛
	<u></u>
Patient Demo, Fifties Femore	e HRN 2757
Age 61 Weight (kg)	Sex Obese ○ Male ③ Female ○ No ○ Yes CRCL
HT (inch) Scr Desired PEAK	Calculated Kd
Desired Interv (hr)	Calculated CPmin
<ul> <li>Amikacin</li> <li>Gentamicin</li> <li>Tobramycin</li> <li>Vancomycin</li> </ul>	Clear Clear Copy
	<u>C</u> lose

Figure 4-69: Sample Dosing Calculator

### 4.2.16 Integrated Signature Tool Enhancement

Electronic Signature Service: Non-order signature items (allergy/adverse reactions) are now processed first in case they affect order checks.

If the user applies a signature using the integrated signature tool, the allergy entry will be processed then order checking run again.

Review/Sign Changes for Demo,Fifties Femone
Signature will be applied to checked items Adverse Reaction Adverse Reaction to DOXYCYCLINE Orders - V DOXYCYCLINE TAB 100MG TAKE ONE (1) TABLET BY MOUTH TWI
Electronic Signature Code:

Figure 4-70: Review/Sign Changes dialog

Below is the Order Checks.

Order Checks
<ul> <li>DOXYCYCLINE TAB 100MG TAKE ONE (1) TABLET BY MOUTH TWICE A DAY UNTIL ALL TAKEN FOR INFECTION - TAKE WITH FOOD AND WATER Quantity: 20 Refills: 0 Dispense as Written: NO Indication: TETANUS-DIPHTHERIA [TD] [DT] *UNSIGNED*</li> <li>Previous adverse reaction to: DOXYCYCLINE</li> <li>SIGNIFICANT drug-drug interaction: DOXYCYCLINE &amp; MAGNESIUM (MULTIVITS,MINS,&amp;FOLIC ACID 1MG TAB TAKE 1 TABLET BY MOUTH ONCE DAILY FOR VITAMINS [ACTIVE]]</li> <li>SIGNIFICANT drug-drug interaction: DOXYCYCLINE &amp; MAGNESIUM (MULTIVITS,MINS,&amp;FOLIC ACID 1MG TAB TAKE 1 TABLET BY MOUTH ONCE DAILY FOR VITAMINS [ACTIVE]]</li> <li>SIGNIFICANT drug-drug interaction: DOXYCYCLINE &amp; MAGNESIUM (MULTIVITS,MINS,&amp;FOLIC ACID 1MG TAB TAKE 1 TABLET BY MOUTH ONCE DAILY FOR VITAMINS [PENDING]]</li> </ul>
Cancel Selected Order(s) Enter justification for overriding critical order checks:
Continue

Figure 4-71: Sample order checks

User now has option to discontinue medication by selecting the medication and clicking the Cancel Selected Order(s) button.

#### 4.2.17 Message Logging

This feature allows the Medsphere broker to log all messaging activities for a session in the CIA ACTIVITY LOG file. To activate this feature, use the XPAR EDIT PARAMETER menu option and select the CIANB ACTIVITY LOGGING parameter. You can set this parameter at the system, division, or user level. When prompted for an application, enter CIAV VUECENTRIC. This is the application context for the EHR. Activate activity logging by responding YES to the prompt that follows.

```
Select OPTION NAME: XPAR EDIT PARAMETER
Edit Parameter Values
                          --- Edit Parameter Values ---
Select PARAMETER DEFINITION NAME: CIANB ACTIVITY LOGGING
                                                               Enable logging of
session activities
CIANB ACTIVITY LOGGING may be set for the following:
     100 UserUSR[choose from NEW PERSON]200 DivisionDIV[DEMO HOSPITAL]400 SystemSYS[DEMO.CIAINFORMATICS.COM]
Enter selection: 400 System DEMO.CIAINFORMATICS.COM
---- Setting CIANB ACTIVITY LOGGING for System: DEMO.CIAINFORMATICS.COM ----
Select Application: CIAV VUECENTRIC
                                            VueCentric
Are you adding CIAV VUECENTRIC as a new Application? Yes//
                                                                 YES
Application: CIAV VUECENTRIC// CIAV VUECENTRIC
Enable activity logging: YES
```

Figure 4-72: Instructions for message logging

Once activated, every session that logs in will have its activity logged in detail. The entries are indexed by session id and several other fields. You can use FileMan to view the contents (don't use ENTER/EDIT or you may cause an active session to hang while trying to write to the log).

```
Select OPTION: INQUIRE TO FILE ENTRIES

OUTPUT FROM WHAT FILE: CIA ACTIVITY LOG//

Select CIA ACTIVITY LOG SESSION ID: 833

ANOTHER ONE:

STANDARD CAPTIONED OUTPUT? Yes// (Yes)

Include COMPUTED fields: (N/Y/R/B): NO// - No record number (IEN), no Computed

Fields

SESSION ID: 833 USER: USER, POWER

WORKSTATION ID: vm-xppro-cchit LOGIN TIME: JAN 24, 2008@15:06:56

LOGOUT TIME: JAN 24, 2008@15:07:53 DIVISION: DEMO HOSPITAL

DATE/TIME: JAN 24, 2008@15:06:57 TYPE: EVENT

NAME: LOGIN

LOG:
```

Setup Guide August 2010 **Fixes and Modifications** 

```
833<sup>vm</sup>-xppro-cchit<sup>CIAV</sup> VUECENTRIC<sup>2779</sup><sup>USER</sup>, POWER<sup>61019</sup>, 54416<sup>1820</sup>
DATE/TIME: JAN 24, 2008@15:07
                                   TYPE: RPC
  NAME: CIANBRPC DIVGET
 LOG:
 Return Data:
 3987
 3987^DEMO HOSPITAL^808701
DATE/TIME: JAN 24, 2008@15:07
                                       TYPE: RPC
 NAME: CIAVMRPC INIT
 LOG:
 P1 = 1.7.5.1
 Return Data:
 0
 1
```

Figure 4-73: Continuation of instruction

Note that this file will get big fast, so it should not be turned on for very long. This file is also purged by the task called CIANB NIGHTLY TASK. The retention period is controlled by the CIANB ACTIVITY RETENTION parameter.

# 5.0 Pharmacy Auto-finish

Patch 6 allows sites auto-finish prescriptions as they are printed. This functionality is only to be used at facilities that do not have an on-site pharmacy. Auto finish is tied to the BEHORX PRINT SCRIPT parameter and if set to SINGLE or MULTIPAGE will auto-finish any pending prescriptions selected when printed. **DO NOT USE** if you have in house pharmacy!

The OUTPATIENT SITE FILE set up must be reviewed. This file is part of the general pharmacy package set up, so if you are currently using RPMS Pharmacy, the file is already present. Review the fields highlighted.

Use the Outpatient Pharmacy Manager [PSO MANAGER] menu to setup this file.

A sample setup is below. The CPRS ordering institution is required.

OUTPUT FROM WHAT FILE: OUTPATIENT SITE/ Select OUTPATIENT SITE NAME: DEMO PH. ANOTHER ONE: STANDARD CAPTIONED OUTPUT? Yes// (Yes Include COMPUTED fields: (N/Y/R/B): NO Fields	ARMACY 1946
MAILING FRANK ZIP+4 CODE: 46240 MAILING FRANK CITY: INDIANAPOLIS LABEL/PROFILE MONITOR MAX: 1000 VERIFICATION: YES RENEWING RX'S ALLOWED: YES AUTO SUSPEND: NO PROFILE WITH NEW PRESCRIPTIONS: NO REFILL INACTIVE DRUG RXS: NO PASS MEDS ON PROFILE: YES	PHONE NUMBER: 555-1212 SITE NUMBER: 1946 MAILING FRANK STATE: INDIANA BARCODES ON ACTION PROFILES: NO EDIT DRUG: NO PASS MEDS CANCEL: YES SHALL COMPUTER ASSIGN RX #S: YES CANCEL DRUG IN SAME CLASS: NO ASK METHOD OF PICKUP: YES PROFILE `SORT BY' DEFAULT: DATE DRUG CHECK FOR CLERK: YES MULTI RX REQUEST FORM: NO SCREEN PROFILES: YES HOLD FUNCTION?: YES SLAVED LABEL PRINTING: NO NEW LABEL STOCK: NO NARCOTIC LOWER BOUND: 100 PRESCRIPTION # LOWER BOUND: 100
Enter RETURN to continue or '^' to exit LAST PRESCRIPTION # ISSUED: 206 RELATED INSTITUTION: DEMO HOSPITAL CPRS ORDERING INSTITUTION: DEMO HOSPITA *SITE DEA NUMBER: BC6112623	IB SERVICE/SECTION: PHARMACY SERVICE

Figure 5-1: Sample instructions

### 5.1 APSP CONTROL Pharmacy File

Use the APSP IHS CONTROL (IHS Pharmacy Site Parameters) menu option to REVIEW the setup of this file. A sample is below. The default patient status and pharmacy visit location are the fields that are used for the auto-finishing of prescriptions.

Select APSP CONTROL PHARMACY SYSTEM: DEMO PHARMACY PHARMACY SYSTEM: DEMO PHARMACY// DEFAULT PATIENT STATUS: OUTPATIENT// LABEL WIDTH: PRINTABLE LINES: SKIP LINES BEGINNING: SKIP LINES END: MAIL/WINDOW OPTION: ASK MAIL/WINDOW// NUMBER OF LABELS TO SKIP: LEFT MARGIN TAB: EXPIRATION DATE: SUMMARY LABELS: DON'T PRINT// COMPRESSED LEFT MARGIN: COMPRESSED LABEL WIDTH: 48// PCC RUNNING: YES// PREPACK PRINTABLE LINES: 9// PREPACK SKIP LINES BEGINNING: 1// PREPACK SKIP LINES END: 2// PREPACK LABELS TO SKIP: 0// PREPACK LEFT MARGIN: PREPACK LABEL WIDTH: 34// UNIT DOSE PRINTABLE LINES: UNIT DOSE SKIP LINES BEGINNING: UNIT DOSE SKIP LINES END: UNIT DOSE LABELS TO SKIP: UNIT DOSE LEFT MARGIN: UNIT DOSE LABEL WIDTH: UNIT DOSE LABELS TWO ACROSS: UNIT DOSE 2ND LEFT MARGIN: PREPACK LABEL LINE 1: NAME: CHART# Replace REPIACE PREPACK LABEL LINE 2: DATE: MD: Replace USING PREPACK SYSTEM: YES// SUMMARY LABEL COPIES: 1// MANUFACTURER/LOT#/EXP: DON'T ASK OR DISPLAY MAN DATA 11 DEFAULT OTHER LOCATION: ALASKA NATIVE MEDICAL CENTER 11 SHOW PATIENT STATUS FIELD: YES// RX BILL DEFAULT STATUS: MANUAL BILL// SHOW RX BILL & INSURER FIELDS: NO// SIGNATURE LABEL: N// PASS DATA TO POS: NO// SHOW NDC: SHOW AWP PER DISPENSE UNIT: SHOW AAC PER DISPENSE UNIT: DISPLAY NDC ON LABEL: SHOW TRIPLICATE #: Replace EXT INTERFACE CALL LOGIC: D EP^BZSPLINK/ SHOW CHRONIC MED PROMPT: SHOW WITHOUT A DEFAULT// AUTORELEASE RX:// PAPERLESS REFILL: VA LASER LABEL: YES//

Setup Guide August 2010 Pharmacy Auto-finish

PHARMACY VISIT LOCATION: PHARMACY//
SHOW DI ON LASER REFILL LABEL:
SHOW CASH DUE PROMPT:
EXT INTERFACE HAS DRUG LOGIC: ;S X=''\$D(^BZSPDRUG(\$P(\$G(^PSRX(RX,0)),U,6)))

Figure 5-2: Sample Instructions

## 5.2 Review Addresses

Make sure that the sites address is correct in the Institution file (file 4).

Check the INSTITUION FILE Select INSTITUTION NAME: DEMO HOSPITAL INDIANA INDIANA 35 IN 1946 NAME: DEMO HOSPITAL STATE: INDIANA STREET ADDR. 1: 8100 RED BUD CT CITY: NEWBURGH ZIP: 47630 STATION NUMBER: 1946 CODING SYSTEM: VASTANUM ID: 1946

Figure 5-3: Address in Institution file

Check that the sites address is correct in the Location file (file 9999999.06).

OUTPUT FROM WHAT FILE: L				
Select LOCATION NAME: DI	EMO HOSPITAL	INDIANA	INDIANA	35
	IN	1946		
NAME: DEMO HOSPITAL	SHORT NAME	: SO CTRL FND		
AREA: INDIANA		SERVICE UNIT: I	NDIANA	
CODE: 35		ABBRV:	SOUC	
ASUFAC INDEX: 222235	MAILIN	G ADDRESS-STREE	r: 8100 red	
BUD CT				
MAILING ADDRESS-CITY:	MAILING A	DDRESS-STATE:		
NEWBURGH		INDIANA		
MAILING ADDRESS-ZIP: 4	7630 FACILITY I	OCATION CODE: 1	34	
MODIFIED DATE: DEC 28,		DIANA		
PSEUDO PREFIX: ALA		IQUE RPMS DB ID	: 13752	
	01	1002 10100 00 10	10/01	

Figure 5-4: Address in Location file

## 5.3 APSP AUTO RX DEF PT STATUS

APSP AUTO RX DEF PT STATUS is a back up parameter in case site has not set the RX PATIENT STATUS FILE.

#### Figure 5-5: Instruction for process

### 5.4 BEHORX Parameters

These new parameters are part of patch 6. Set them up using the General Parameters Tools menu options.

### 5.4.1 BEHORX PRINT LABEL

Set this parameter to YES if you want to manually print a label.

```
BEHORX PRINT LABEL may be set for the following:

800 Division DIV [DEMO HOSPITAL]

900 System SYS [DEMO.MEDSPHERE.COM]

Enter selection: 900 System DEMO.MEDSPHERE.COM

------ Setting BEHORX PRINT LABEL for System: DEMO.MEDSPHERE.COM ------

Enable Print Label Feature: YES
```

Figure 5-6: Instructions for process

### 5.4.2 BEHORX PRINT SCRIPT

Set this parameter to YES if you wish to manually print prescriptions. Any prescriptions printed will auto-finish. ONLY for use at sites that do not have in house pharmacy. This parameter allows you to print multiple prescriptions on the same page or one RX per page. The one per page format works best for faxing. The multiple RX per page creates better formatting for paper prescriptions.

```
BEHORX PRINT SCRIPT may be set for the following:

800 Division DIV [DEMO HOSPITAL]

900 System SYS [DEMO.MEDSPHERE.COM]

Enter selection: 900 System DEMO.MEDSPHERE.COM

------ Setting BEHORX PRINT SCRIPT for System: DEMO.MEDSPHERE.COM ------

Enable Print Script Feature: SINGLE PAGE// ?

Controls the availability of the Print Rx print feature within EHR.

Select one of the following:

0 DISABLED

1 MULTIPAGE + prints widows format

2 SINGLE PAGE + prints text format (see BEHORX SCRIPT CUSTOM

FORMAT)

Enable Print Script Feature: SINGLE PAGE//
```

```
Figure 5-7: Instructions for process
```

#### 5.4.3 BEHORX PRINT SCRIPT MAX

Set this up with the maximum # of scripts per page. If MULTIPAGE was selected, this parameter allows a site to determine the maximum # of scripts to be on one page.

BEHORX PRINT SCRIPT MAX may be set for the following: 100 User USR [choose from NEW PERSON] 500 Class CLS [choose from USR CLASS] 800 Division DIV [DEMO HOSPITAL] 900 System SYS [DEMO.MEDSPHERE.COM] Enter selection: 900 System DEMO.MEDSPHERE.COM ----- Setting BEHORX PRINT SCRIPT MAX for System: DEMO.MEDSPHERE.COM ------Value: 5//

Figure 5-8: Instructions for process

### 5.4.4 BEHORX SCRIPT CUSTOM FORMAT

This is a custom prescription format.

BEHORX SCRIPT CUSTOM FORMAT may be set for the system level
BEHORX SCRIPT CUSTOM FORMAT Custom Prescription Format
--- Setting BEHORX SCRIPT CUSTOM FORMAT for System: TEST-HC.PRT.IHS.GOV --Value: D FAXRX~APSPELRX//
M code to generate a prescription format. Specifying a routine
in this parameter will supersede the use of OE/RR Print Formats
Use @ at the prompt to remove the M code and then set up the BEHORX SCRIPT HEADER,
BEHORX SCRIPT FORMAT, BEHORX SCRIPT FOOTER with the OE/RR Print Formats you wish to
use

Figure 5-9: Instruction for process

### 5.4.5 BEHORX SCRIPT FOOTER

This is the prescription footer. It is the format used to print the footer of the prescription for the hospital.

```
BEHORX SCRIPT FOOTER may be set for the system level
BEHORX SCRIPT FOOTER Prescription Footer
----- Setting BEHORX SCRIPT FOOTER for System: YAKIMA-HC.PRT.IHS.GOV ------
PRESCRIPTION FOOTER: CHART COPY FOOTER//
```

```
Figure 5-10: Instructions for process
```

#### 5.4.6 BEHORX SCRIPT FORMAT

This is the prescription format. It is the format used when printing the body of a prescription for the hospital.

BEHORX SCRIPT FORMAT may be set for the system level BEHORX SCRIPT FORMAT Prescription Format ----- Setting BEHORX SCRIPT FORMAT for System: YAKIMA-HC.PRT.IHS.GOV -----PRESCRIPTION FORMAT: PHARM WORK BODY//

Figure 5-11: Instructions for process

### 5.4.7 BEHORX SCRIPT HEADER

This is the prescription header. It is the format used to print the header of the prescription for the hospital.

BEHORX SCRIPT HEADER may be set for the system level BEHORX SCRIPT HEADER Prescription Header ----- Setting BEHORX SCRIPT HEADER for System: YAKIMA-HC.PRT.IHS.GOV -----PRESCRIPTION HEADER: OUTSIDE RX HEADER//

Figure 5-12: Instructions for process

### 5.4.8 BEHORX PRINT DEFAULT

Use this parameter to set up the default printer. Some sites use special paper for printing prescriptions so a default printer can be selected for the printing. A different default printer can be selected for each type of report. Also, this parameter is configurable by location so that individual clinics can have their own printers since one printer per facility would not be practical.

```
Select PARAMETER DEFINITION NAME: behorx print defAULT Default Printer for M
ed Print Action
BEHORX PRINT DEFAULT may be set for the following:
700 Location LOC [choose from HOSPITAL LOCATION]
800 Division DIV [DEMO HOSPITAL]
900 System SYS [DEMO.MEDSPHERE.COM]
Enter selection: 900 System DEMO.MEDSPHERE.COM
------ Setting BEHORX PRINT DEFAULT for System: DEMO.MEDSPHERE.COM ------
Select Report Type: ?
There are currently no entries for Report Type.
Select one of the following:
```

Pharmacy Auto-finish

```
0 Brief

1 Detailed

2 Prescription

3 Sample Label

Select Report Type: 2 Prescription

Are you adding Prescription as a new Report Type? Yes// YES

Report Type: Prescription// Prescription

Default Printer:
```

Figure 5-13: Instructions for process

## 5.5 Ordering an RX

Ordering can be done from either the Orders component or the Medications component.

This is for outpatient meds only.

Medication Order				X
LOSARTAN TAB				Change
Dosage Complex				
Dosage		Route	Schedule	
50MG		ORAL	QDAY	PBN
25MG 50MG	0.498 0.499	ORAL	Q72H Q812H	<u>~</u>
100MG	0.449		Q8H	
			QAM QBID	-
			QDAY	<b>v</b>
Comments: Parameter is set to include	comments in sig			×
Days Supply Qty (TA 30 30 Pick Up Clinic O Mail O W	5 CIABETES N	tion 🛛 🗹	Chronic Med Dispense as Written	Priority ROUTINE 🗨
FOR BLOOD PRESSU	RE			
include comments in sig	Y MOUTH ONCE DAILY FOR BI nic Med: YES Dispense as Writt			ADR's ACCept Order Quit

Figure 5-14: Medication Order

After completing and saving, sign the order.

On the Meds tab, select the pending items from the list and then click on the Print button. Depending on the parameters setup, you will see radio buttons for label and prescription. Choose Prescription.

Report For		Prescripti	on C Label
Inclusion C	riteria		
Active	Only 🗖 C	hronic Only	Selected Only

Figure 5-15: Sample pop-up

When you click the Print button, the Print Setup dialog displays.

Print Setup		? ×
Printer		
<u>N</u> ame:	HP OfficeJet K60	Properties
Status:	Ready	
Type:	HP OfficeJet K60	
Where:	DOT4_001	
Comment:		
Paper		Orientation
Size:	Letter	Portrait
<u>S</u> ource:	Automatically Select	A O L <u>a</u> ndscape
Net <u>w</u> ork.		OK Cancel

Figure 5-16: Selection of network printer

Select the printer if a default printer has not been defined. This should be a NETWORK printer so that the formatting is more defined. The prescription will now become an active prescription once the printing of the prescription has occurred



Figure 5-17: Prescription detail

Below an example of a prescription if BEHORX PRINT SCRIPT is set to SINGLE. (Notice that the comments are included as MD comments.)

DEMO HOSPITAL 8100 RED BUD CT NEWBURGH, INDIANA 47630 Rx for: SMILEY,FACE 49392 302 Elm St Tuba City, ARIZONA Tuba G1 SIMVASTATIN 20MG TAB** Also known as: ZOCOR Pharmacy may choose strength(s) of drug to meet requirements of directions. TAKE ONE (1) TABLET MOUTH AT BEDTIME TAKE WITH FOOD Dispense: 30 TAB Pharmacy to adjust qty for # of days. Days Supply: 30 Refili(s): 10 Insue Date: AUG 27, 2009 Indicator: ATRIAL FIBRILLATION (427.31) DOB: OCT 30, 1976 MD Comments: Take with food Signed: /ES/USER,DEMO DU6709

Figure 5-18: Output for Single

Below is an example of a prescription if BEHORX PRINT SCRIPT is set to MULTIPAGE.

Ø

Demo,Fifties Femone (2757) DOB: 08-Dec-1948 Sex: F Phone: YAKAMA HEALTH CENTER IHS 401 BUSTER ROAD 401 BUSTER ROAD TOPPENISH, WASHINGTON 98948

Adverse Reactions: PENICILLIN; ACTOS (EDEMA); CITRUS (RASH); FELODIPINE (EDEMA;AGRANULOCYTOSIS); SIMVASTATIN; CODEINE (RASH); EGGS (AGRANULOCYTOSIS); IBUPROFEN (AGITATION)

Prescription

SIMVASTATIN 80MG TAB Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL Quantity: 30 Refills: 5 Indication: DIABETES MELLITUS TYPE 2 (250.00)

> Phone: Fax:

Printed 10-Mar-2010 21:51 Page 1

Figure 5-19: Output is multipage

# 6.0 Family History

The new family history component is designed for the family history redesign that was part of PCC. This component will need to be added to the VueCentric templates that are used at sites.



Figure 6-1: Sample Family History component

### 6.1 Add Relationship

Click the Add Relation button on the Family History component to access the Family History dialog.

Belation:			Name:	Save Cancel
Stat <u>u</u> s:		Cause	of Death:	
Age at De	ath:			<u>م</u>
Mulitple <u>B</u> i		Multipl	e Birth Type	<u>ب</u> د
Conditions				Add Edit Delete
Condition (CD9)	Provider Narrative		Age at Dia	agnosis

Figure 6-2: Family History form

There is a drop-down list from which to select the type of relationship, a name field, and then data for whether this person is living or deceased, the cause of death and multiple birth information.

#### 6.1.1 Add Problem

When a relationship is added, there is an Add button on this dialog to add a problem. Only one problem can be added at a time.

	Family	History (ICD)	×
Ē	amily He	alth ICD:	
	Code	Description	•
I	V16.0	Family History Of Malignant Neoplasm Of Gastrointestinal Tract	
I	V16.1	Family History Of Malignant Neoplasm Of Trachea, Bronchus, And Lung	
	V16.2	Family History Of Malignant Neoplasm Of Other Respiratory And Intrathoracic Organs	
I	V16.3	Family History Of Malignant Neoplasm Of Breast	
I	V16.40	Family History Of Malignant Neoplasm Of Genital Organ, Unspecified	
I	V16.41	Family History Of Malignant Neoplasm Of Ovary	
I	V16.42	Family History Of Malignant Neoplasm Of Prostate	
I	V16.43	Family History Of Malignant Neoplasm Of Testis	
I	V16.49	Family History Of Other Malignant Neoplasm	
I	V16.51	Family History Of Malignant Neoplasm Of Kidney	
I	V16.52	Family History Of Malignant Neoplasm, Bladder	
I	V16.59	Family History Of Malignant Neoplasm Of Other Urinary Organs	
I	V16.6	Family History Of Leukemia	
I	V16.7	Family History Of Other Lymphatic And Hematopoietic Neoplasms	
I	V16.8	Family History Of Other Specified Malignant Neoplasm	
I	V16.9	Family History Of Unspecified Malignant Neoplasm	
I	V17.0	Family History Of Psychiatric Condition	
I	V17.1	Family History Of Stroke (cerebrovascular)	
I	V17.2	Family History Of Other Neurological Diseases	-
ĥ	Copy	Description to Narrative	_
ŝ			
	arrative:		_
ľ			*
ŕ	lge at Di		ancel

Figure 6-3: Sample Family History (ICD)

On the Family History (ICD) dialog, select the ICD code, enter the Narrative, and enter the Age at Diagnosis. Notice that if you check the Copy Description to Narrative check box, the Description of the ICD code will populate the Narrative field.

After you click Save, below is a populated Family History form.

Family History	×
Belation:	Name: Save Cancel
Status: DECEASED	Cause of Death:
Age at Death: At age 50-59	×
Mulitple <u>B</u> irth:	Multiple Birth Type:
Conditions:	Add Edit Delete
Condition (ICD9) Provider Narrative	Age at Diagnosis
V16.6 Leukemia	At age 30-39

Figure 6-4: Populated Family History form

#### 6.1.2 Add Second History

To add a second family history diagnosis for a patient, you select the relationship, highlight it, and then click Add. In the example below, Fred was selected and the Add button in the family history button was clicked. The dialog appeared.

You then click Add in the conditions area to add another family history item.

🔲 Family	/ History			
<u>R</u> elation: AUNT			<u>N</u> ame:	Save Cancel
Stat <u>u</u> s: DECEASE	:D 💌	Cause Pneur	<u>o</u> f Death: nonia	
Age at Dea At age 40-				~
Mulitple <u>B</u> ir	Multiple Birth Ty <u>p</u> e:			
NO	~			~
Conditions:				Add Edit Delete
Condition (ICD9)	Provider Narrative		Age at Dia	agnosis
V16.6	Leukemia		At age 20	-29
V16.3	Breast Cancer			

Figure 6-5: Updated Family History form

There will be two entries for the Aunt in the Family History List grid.

Eamly P	fetory List	Use Edit Fielatio	on to dele	te, add, or edit a relati	ve's condition			Add Relation	di Ridation	Telete Fielation
Relation	Name	Status	Age At Death	Cause of Death	Multiple Birth	Multiple Birth Type	Condition (ICD9)	Provider Nanative	Age al Diagnosis	Date Modified
AUNT		DECEASED	1		NO		V16.6	Family History Of	At age 30-39	05/11/2010
AUNT		DECEASED			ND		V16.3	Bleast Canceli		05/11/2010

Figure 6-6: Updated Family History List grid

#### 6.1.3 Delete Condition

In the Condition group box, highlight the condition you want to delete and then click the Delete button. The application displays the "Delete Family?" information message asking if you if you are sure you want to delete the condition. Click Yes to delete (otherwise, click No.)

### 6.2 Edit Relation

You can edit the relationship on the Family History List grid. Select a record you want to edit and then click the Edit Relation button.

🔲 Family	History			
<u>R</u> elation:		•	<u>N</u> ame:	Save Cancel
Stat <u>u</u> s: DECEASE	D 🗸	Cause	<u>o</u> f Death:	<u></u>
Age at Dea	ıth:			~
Mulitple <u>B</u> irl	th:	Multiple	e Birth Type	
Cond <u>i</u> tions:				Add Edit Delete
Condition (ICD9)	Provider Narrative		Age at Dia	gnosis
V16.6 V16.3	Leukemia Breast Cancer		At age 20-2	29

Figure 6-7: Editing a Relationship

The ICD9 code can be edited by highlighting it and clicking Edit. This will edit the family history item for this relationship and overwrite the existing one.

### 6.3 Delete Relation

Highlight a relation you want to delete and then the Delete Relation button on the Family History List grid. The application displays the "Delete Relation?" information message.

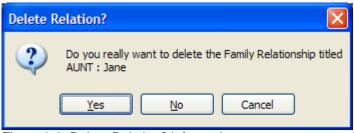


Figure 6-8: Delete Relation? information message

# 7.0 Imaging

While many sites are using Vista Imaging for image storage and retrieval, a low tech imaging component has been added to patch 6. This new capability is NOT intended for any radiology imaging, EKG strips, etc. It is only for notes and/or patient pictures.

Sites that are using Vista Imaging should continue to use that application for storage of images.

The approved imaging solution for Indian Health Service facilities, whether for scanned documents, photographs, radiographs, or other images, is Vista Imaging. However, some non-IHS users of RPMS have requested simplified image viewing capabilities limited to scanned documents and other non-diagnostic images. EHR v1.1. patch 6 delivers a "low tech" image viewer that can be configured to display documents and other images stored in a network folder. This component is not designed for use with radiographs, electrocardiograms, and any other diagnostic image, and it is <u>not</u> been approved by IHS Health Information Management or Information Security for use in Federal IHS facilities.

# 7.1 File Storage

When a site decides to storage images, one of the concerns is the amount of space needed for images. Images can take a lot of space and so the site managers need to determine if there is enough room for images to be stored and then where the images will be stored. Sites need to keep check on this space to see if more is needed.

The site manager will need the MAG SYSTEM key to setup the network location for the images. The menu MAG SYS MENU has an option on it to Enter/Edit Network Location. This location has to be open for adding new documents.

```
MAG SYS MENU
                 Imaging System Manager Menu
  DS
          Define Imaging Site Parameters
   IX
          Image Index Conversion Menu ...
   ΙW
          Edit Image WRITE LOCATION only.
   ਆਜ
          Enter/Edit Background Processor Workstation File
  NT
          Enter/Edit Network Location
  LS
          Edit Network Location STATUS
   PUR
          Edit Imaging Purge Parameters
          Ad hoc Enterprise Site Report
          Copy Routines to DICOM Gateway
          Imaging Database Integrity Checker Menu ...
```

Figure 7-1: MAG SYS MENU options

When you use the NT option, the prompts are:

HASH Select Imaging System Manager Menu Option: nt Enter/Edit Network Location Select NETWORK LOCATION: ? Answer with NETWORK LOCATION, or PHYSICAL REFERENCE, or STORAGE TYPE: DEMO C:\WEBDAV\ You may enter a new NETWORK LOCATION, if you wish Answer must be 3-30 characters in length. Select NETWORK LOCATION: DEMO C:\WEBDAV\ NETWORK LOCATION: DEMO// STORAGE TYPE: MAGNETIC// OPERATIONAL STATUS: On-Line// PHYSICAL REFERENCE: C:\WEBDAV\// HASH SUBDIRECTORY: YES// DEMO C:\WEBDAV\ Select NETWORK LOCATION: NETWORK LOCATION: DEMO// STORAGE TYPE: MAGNETIC// ?? This field describes the media type of this network location. It should be MAGNETIC for a magnetic disk server. Jukeboxes should be WORM-DG for Data General Jukeboxes under Open Netware or WORM-PDT for Pegasus Jukeboxes or WORM-OTG for OTG Disk Extender. WORM-DG and WORM-PDT are for backward compatibility only. Note: WORM stands for Write Once, Read Many The GCC type refers to the Generic Carbon Copy (GCC) utility implemented by the Health Eligibility Center application. Choose from: MAG MAGNETIC WORM-DG WORM-DG WORM-PDT WORM-PDT READ/WRITE RW WORM-OTG WORM-OTG MUSE-EKG EKG EXPORT GCC DGM DIAGRAM STORAGE TYPE: MAGNETIC// OPERATIONAL STATUS: On-Line// PHYSICAL REFERENCE: https://demo.medsphere.com/webdav/ SUBDIRECTORY: YES// HASH SUBDIRECTORY: YES// ?? Control whether subdirectory should be hashed. Choose from: Y YES HASH SUBDIRECTORY: YES// Select NETWORK LOCATION:

Figure 7-2: Instructions for NT option

For the Normal PHYSICAL REFERENCE, see below:

https://demo.medsphere.com/webdav/

### 7.2 Parameter Setup

There are several new parameters that must be setup to turn on imaging.

#### 7.2.1 CIAOMAG IMAGING ENABLED

This is the Enable Imaging Support parameter. It controls whether imaging support is activated in the graphical user interface.

This can be setup by individual user if desired. This parameter turns imaging on.

CIAOMAG IMAGING ENABLED may be set for the following: 100 User USR [choose from NEW PERSON] 800 Division DIV [DEMO HOSPITAL] 900 System SYS [DEMO.MEDSPHERE.COM] Enter selection: 900 System DEMO.MEDSPHERE.COM ----- Setting CIAOMAG IMAGING ENABLED for System: DEMO.MEDSPHERE.COM ------Enable Imaging Support: YES//

Figure 7-3: Instructions for parameter

#### 7.2.2 CIAOMAG EXTERNAL VIEWER

This is the Enable Imaging Support parameter. It controls whether imaging support is activated in the graphical interface.

This can be setup by individual user if desired. This parameter turns imaging on.

```
CIAOMAG EXTERNAL VIEWER may be set for the following:

100 User USR [choose from NEW PERSON]

800 Division DIV [DEMO HOSPITAL]

900 System SYS [DEMO.MEDSPHERE.COM]

Enter selection: 900 System DEMO.MEDSPHERE.COM

----- Setting CIAOMAG EXTERNAL VIEWER for System: DEMO.MEDSPHERE.COM ------

Enable external viewer?: YES/
```

Figure 7-4: Instructions for parameter

#### 7.2.3 CIAOMAG CAN CAPTURE

This is the Can Capture Images parameter. If this parameter is set to YES, user can capture and store external images. If set to NO, the ability to capture images is determined by VistA Imaging settings.

CIAOMAG CAN CAPTURE may be set for the following:

```
100 UserUSR[choose from NEW PERSON]800 DivisionDIV[DEMO HOSPITAL]900 SystemSYS[DEMO.MEDSPHERE.COM]Enter selection: 900SystemDEMO.MEDSPHERE.COM
```

Setup Guide August 2010 ----- Setting CIAOMAG CAN CAPTURE for System: DEMO.MEDSPHERE.COM ------Can capture external images?: YES// ??

Figure 7-5: Instructions for parameter

# 7.3 Patient Photographs

Add the patient photograph component to the EHR.

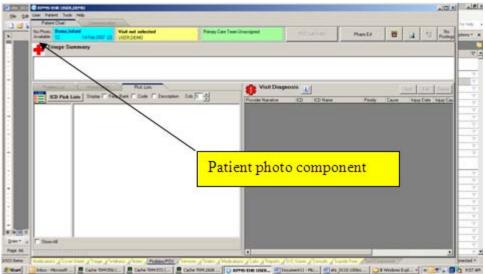


Figure 7-6: EHR with Photograph component added

Right-click on the Patient Photo component and select the Add Image option.

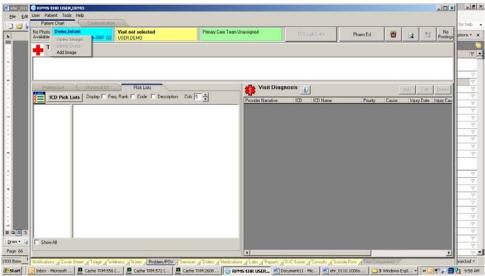


Figure 7-7: Patient Photograph component with Add Image

Add image view appears for user to find the image on the server.

Patient Photo	ero unicita			.elle
nage Parameters	_	Image Source: N	in Image Selected	_
Date Taken		- 53		
Dyangton			and a model and a damaged	
International and the second second	Save Faster Proto			
Patient Photo				
Delete files after successful	i mpot			-
mage Folder	and the	Search	for document	
Look in: Documents	4 2 0	12 DE -	for document	
DirectDeposit.pdf	Document1.bf	201		
	2 million (1997)			
•	*			
State States	State Street			
-	- Block -			
Error - 16 Apr 2009.bmp	Error One - 15 Apr			
	2009.bmp			
Company of the local division of the local d	and the second			
1000	6			
	a la			
and the second s	A CA			
Error Two - 15 Apr 2009.bmp	DMG_2224.3PG	226		
	·			
		No Image		

Figure 7-8: Document upload dialog

Double click on the correct photograph and wait until it is uploaded.

If the photographs were first stored in an open folder that anyone can see, you may want to delete the file after a successful upload. That option is a checkbox in the dialog.

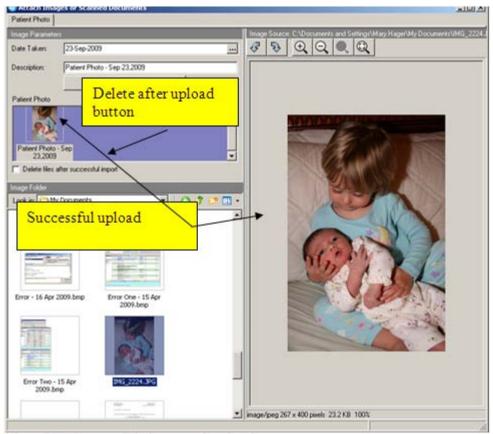


Figure 7-9: Successful photograph upload

Once the photograph is uploaded, you can edit the date taken and then click on the Save Patient Photo. The application displays the Capture Complete information message.

Capture Complete	×
image Saved.	
Import More Images	Done

Figure 7-10: Capture Complete information message

Then click Done.

## 7.4 Adding External Documentation

Documents can also be added to notes. These can be documents that the patient has signed or documents from outside sources. To attach these documents, the user will need to start a new note. Sites may select to create new note titles for these documents or they can use any current titles.

Write the note or have a TIU Template to place some data into the note.

Then right click and the last item on the list is to Attach Image.

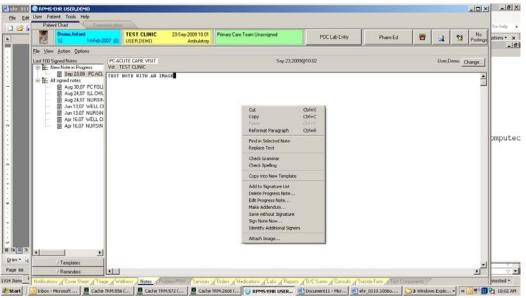


Figure 7-11: Selecting option to add image

The document dialog will appear and will show that it is being attached to a note.

Again, if the document was stored in an open directory, sites can choose to delete the document once it has been uploaded. This dialog will allow the user to search for the document to upload.

Document	eu bocumenes	۵ البالغ
Image Parameters		Image Source: No Image Selected
Date/Time: Sep 23,200	9	<i>5</i> 3 <b>9 9 9 9</b>
	CARE VISIT	
	Save Attachments	
Image		
Delete	button	
Delete files after successfu	limport	
Image Folder		
Look in: C My Documents	· · · · · · · · · · · · · · · · · · ·	
		Document search
VueVista	WebE×	
	-	
	<u> </u>	
.66	2008udsManual.pdf	
<u>_</u>	<u>.</u>	J
	· · ·	No Image

Figure 7-12: Image dialog open for document search

Double click on the document you wish to upload and wait for the upload to finish.

Then select Save Attachments.

Attach Insages or 5	ic arrest Decements :		and the second	1.63
Dessert				-
Inter Town	1288	3000		
December 1978	CUTE CARE WIT		teed Acould	_
_	Save Attachments		Descriptions (1996) (2007) (2007) Complete law (1997) (2007) Complete law (	
			Annue Radium 10786/1230 AMAS	
			And States (1997) (1997)	
PERCENT CARL	1		Page 10	
VILT Dates the after same		•	Sign Freed (1988 Trade of March 19 Autom Baltiments) Scientific All Andreas (All Andreas All Andreas A	
age f dite			2014 N 1	
ant a COM-Second	erts I	Successful uplo	ad	
23	20			
-				
National	week.			
-				
1000				
	1	-		
	2000 alt Parcel of			
-				
-	<b>13</b> .	21 image NK 1700 x 2200 peaks 2	8798 814	

Figure 7-13: Successful upload

If successful the following message will appear. If this is the only document for this note, select Done. Otherwise, other documents can be uploaded to this note.

Capture Complete	×
image Saved.	
Import More Images	Done

Figure 7-14: Successful storage message

Sign the note. Once signed, images may no longer be attached unless an addendum is written.

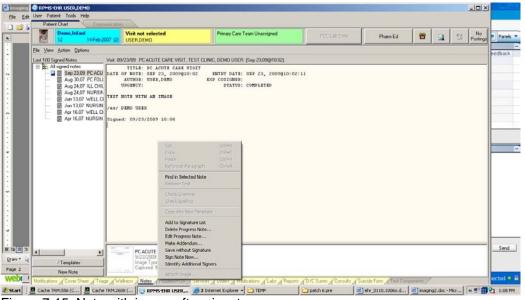


Figure 7-15: Note with image after signature

#### 7.5 Viewing the Images

When a user selects a patient with documents attached to the notes, there will be an additional icon in the document list to alert the user to an attached image.

When the note is selected the image will appear in a thumbnail form at the bottom of the note.

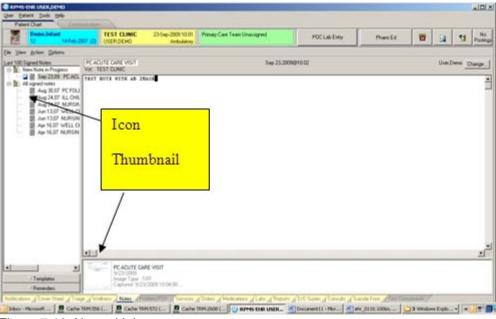


Figure 7-16: Note with image

Click on the thumbnail image and a viewer will appear to read the attached note.

If the external viewer icon was enabled, the user can use that viewer to read the note as well.

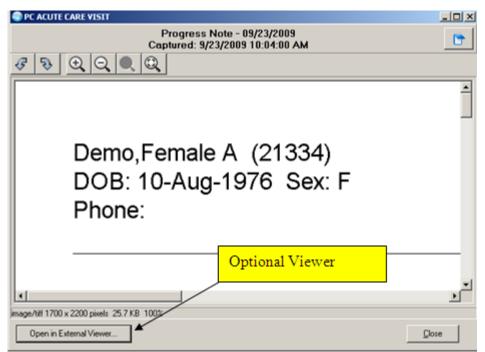


Figure 7-17: Location of Open in External viewer

After you click the optional view, you get the following:

ZZT00007.TEFF - Windows Picture and Fax Viewer					
	Deniz, Female A. (21334) DOB: 10-Aug-1970; Sex: F Phone.	NEWBUR	DEMO HOSPITAL BIOD RED BUD CT GH, INDIANA 47630		
	Adverse Reactions TETRACYCLINE (RASH)				
	Pre	scription			
	Sig. TAKE ONE TABLE Quarter	NE 10NG TAB" T MOUTH EVERY MORNING 30 Refile: 0 Asthma (483.21)			
	Information When done viewing, dol.*Doc	' to delete temporary file from	X) File system.		
		None Pro For	nd 17 dep-2009 12 02 Pege 1		
00 × 4	- ID A A A S S A	8 2 2 🔪 🗆 🔳	A 💷 🗙 🍇 🖻	H 11 10	
🐮 Start 🗌 🥘 Inbox - Microso 📃 Cache TBM:55 🛛 💻 Cache TBM:55	7 📃 Cache TRM:26 🛛 😈 RPMS-EHR US	E Document11	a) etv_0110.1006	3 Windows Ez	0007.TIF_ * 🥑 🖤 📆 21 10:05 AM
Figure 7-18: Note in exte	ernal view				

# 8.0 New Parameters

This section addresses new parameters.

# 8.1 APSP AUTO RX DEF PT STATUS

This parameter is only used at sites with NO in-house pharmacy that use auto-finish. The APSP AUTO RX DEF PT STATUS parameter is a back-up parameter in case the site has not set the RX PATIENT STATUS FILE.

Figure 8-1: Instructions for parameter

# 8.2 CIANB ACTIVITY LOGGING

This parameter is used to enable logging of session activities.

If activated, results in logging session activities such as remote procedure calls and events to the CIA ACTIVITY LOG file. Activating this feature may have significant adverse impact on application performance and disk usage.

This can be set for User Division and System levels.

## 8.3 CIANB ACTIVITY RETENTION

This parameter is used to specify the retention periods for logged activities. This controls how long entries in the CIA ACTIVITY LOG file are retained. The Retention Period is in days.

## 8.4 BEHOART AUTOSIGN

This parameter forces automatic signature for ADR entries.

If set to Yes, the signature of any new or edited adverse reaction entries is forced upon context change. If No, the user can opt to sign changes at a later time. This parameter is set at User, Class, Division and System levels.

## 8.5 BEHOENCX DETAIL REPORT

This parameter provides the Visit Detail report – the M code to generate a visits detail report. This is attached to visits in the encounter selection component. Right-click on a visit to get the visit details. This parameter is set at User, Service, Division and System levels.

## 8.6 BEHOORPA CLINICAL INDICATOR

This parameter enables the Clinical Indicator field. It controls which order entry dialogs present a clinical indicator field. At the present time, this is used for Lab and Pharmacy packages. This parameter is set at the Division and System levels.

# 8.7 BEHOPTCX IGNORE ALIASES

This parameter is used to ignore aliases in the patient lookup. If it is set to Yes, any aliases encountered in the primary index of the patient file are ignored. This parameter is set at the Division and System levels.

# 8.8 BEHOPTCX REQUIRES HRN

This parameters forces the selected to have an HRN. This parameter controls whether a patient must have an assigned health record number to be selectable within the EHR. This parameter is set at System level.

# 8.9 BEHORX NONVA LABEL

This parameter is used with the Label to describe NonVA Meds. The value will be used to label the dropdown button and column heading that represent NonVA Meds in the Medication component. This parameter is set at System level.

# 8.10 BEHORX PRINT DEFAULT

This parameter sets the Default Printer for Med Print Action. The Default printer for the selected report type. Report types: 0:Brief; 1:Detailed; 2:Prescription; 3:Sample Label. This parameter is set at System level.

### 8.11 BEHORX PRINT LABEL

This parameter sets the Enable Print Label Feature. It controls the availability of the Print Rx print feature within EHR. This parameter is set at Division and System level.

### 8.12 BEHORX PRINT SCRIPT

This parameter sets the Enable Print Script Feature. It controls the availability of the Print Rx print feature within EHR. This parameter is set at Division and System level. The choices are Disable, Single Page and Multipage.

### 8.13 BEHORX PRINT SCRIPT MAX

This parameter sets the Maximum # of scripts per page. It controls the maximum number of prescriptions that may be printed on a single page. This parameter is set at the User, Class, Division, and System levels.

# 8.14 BEHORX SCRIPT CUSTOM FORMAT

This parameters provides the M code to generate a prescription format. Specifying a routine in this parameter will supersede the use of OE/RR Print Formats defined in the other BEHORX SCRIPT parameters.

## 8.15 BEHORX SCRIPT HEADER

This parameters sets the format used to print the header of the prescription form for the hospital.

## 8.16 BEHORX SCRIPT FORMAT

This parameter sets the format used when printing the body of a prescription form for the hospital.

# 8.17 BEHORX SCRIPT FOOTER

This parameter sets the format used to print the footer of the prescription for the hospital.

#### 8.18 BGO POV DEFAULT CHART

This parameter is used to select the default POV for chart reviews. It is set at Division and System levels. The default is V68.9.

## 8.19 BGO POV DEFAULT TELEPHONE

This parameter is used to select the default POV for telephone visits. It is set at Division and System levels. The default is V65.9.

### 8.20 CIAOMAG IMAGING ENABLED

This parameter is used to turn on the image viewer and capture of images for photographs and documents.

### 8.21 CIAOMAG CAN CAPTURE

This parameter is used to turn on the ability to capture and upload images. It can be setup by user if desired

## 8.22 CIAOMAG EXTERNAL VIEWER

This parameter allows sites to use an external viewer to view the document images.

# 9.0 Appendix A

Sample Process to capture Outside Meds that are not yet been entered in the Drug Database

This appendix describes how to capture Outside Meds that are not yet been entered in the Drug Database. This is a sample process and set-up.

Until the enhanced Medication Reconciliation functionality is delivered in EHRv1.1p7 which contains a queue for medications entered with incomplete information (no matching in drug database, patient does not know med, etc), sites need to consider a solid process for alerting a responsible individual to ensure that these missing drugs are entered into the database and subsequently in the Outside Meds component so that they will participate in order checking properly.

I thank Tulalip for recommending the process below and offer the process as a viable work around. Sites can consider making multiple "outside med" entries available because duplicates will cause "duplicate order" dialogs when entering/signing meds; however, sites do not want these entries on the chart for a long period of time so creating a single Outside Med Miscellaneous entry may be sufficient.

Entering and reconciling Outside Meds that are not present in the drug selection list when the nurse or provider documents information.

#### 9.1 Overview of the Process

- 1. Click on Outside Medications
- 2. Click "Add" button
- 3. Select "Outside Med Miscellaneous"
- 4. Enter drug information in Dosage (drug, dose/dosage form) route and schedule if known and Accept Order

***because the actual drug is not in the system yet, the drug itself will not participate in order checks***

- 5. Designated pharmacist (or designee at sites without pharmacist) receives notification that and Outside Med Miscellaneous med has been entered
- 6. Pharmacist (or designee at sites without pharmacist) enters the drug in the database (make sure and mark as non-VA)

- 7. Pharmacist (or designee at sites without pharmacist) corrects the Outside Medications (uses NEW to enter the drug, then Delete the "Outside Med Miscellaneous" entry marking as "duplicate."
- 8. Delete notification

#### 9.2 Set-up

- Pharmacy supervisor (or clinical director if no site with no pharmacy): Identify designated "New Drug Pharmacist" or designee of site with no pharmacy. Assign 1 pharmacist (or designee) who is responsible for entering new drugs into the system.
- 2. New drug pharmacist (or designee): Create the following "drug" using Drug Enter/Edit menu in the pharmacy package.

```
Name: Outside Med Miscellaneous
Mark as "X" Non-VA ONLY
Dosage form: Miscellaneous
Local possible dose: "Enter drug and dose if known in Dosage
```

Figure 9-1: Procedure instructions

3. CAC: Set the FLAGGED OI ORDER – OUTPT notification to mandatory for the designated "New Drug Pharmacist."

```
RPMS-EHR Master Configuration Menu>NOT>PRC
                                 Enable/Disable Notifications
Processing Flag may be set for the following:
      1UserUSR[choose from NEW PERSON]2Team (OE/RR)OTL[choose from OE/RR LIST]3ServiceSRV[choose from SERVICE/SECTION]4LocationLOC[choose from HOSPITAL LOCATION]5DivisionDIV[choose from INSTITUTION]6SystemSYS[DEMO-HO.BEM.IHS.GOV]7PackagePKG[ORDER ENTRY/RESULTS REPORTING]
Enter selection: 1 User NEW PERSON
Select NEW PERSON NAME: Richards, Su RICHARDS, SUSAN
                                                                           SR
  ------ Setting Processing Flag for User: RICHARDS,SUSAN --------
Select Notification: FLAGGED OI ORDER - OUTPT
Are you adding FLAGGED OI ORDER - OUTPT as a new Notification? Yes//
                                                                                          YES
Notification: FLAGGED OI ORDER - OUTPT// FLAGGED OI ORDER - OUTPT
                                                                                         FLAGGED OI
 ORDER - OUTPT
Value: ?
Code indicating processing flag for the entity and notification.
      Select one of the following:
             М
                         Mandatory
             Ε
                         Enabled
                         Disabled
             D
```

Value: Mandatory

Figure 9-2: Procedure instructions

4. CAC: Set the notification for Flag Orderable Item (outpatient, order) at the User level for the designated "New drug pharmacist" or designee.

```
RPMS-EHR Master Configuration Menu>NOT>FLG
                  Flag ORDERABLE ITEMS to send Notifications
1. Flag INPATIENT orders/results/expiring orders.
2. Flag OUTPATIENT orders/results/expiring orders.
3. Flag Lab tests for Threshold Exceeded alerts.
Select "1" to flag INPT orders/results, "2" to flag OUTPT orders/results, "3" to
 set Lab Thresholds: 2
             Flag OUTPATIENT orderable items to send Notifications
1. Flag Outpatient ORDERS.
2. Flag Outpatient RESULTS.
3. Flag Outpatient EXPIRING orders.
Select "1" to flag outpt ORDERS, "2" to flag outpt RESULTS, "3" to flag outpt EX
PIRING orders: 1
Flag Items to Send OUTPT ORDER Notifs may be set for the following:
        UserUSR[choose from NEW PERSON]Team (OE/RR)OTL[choose from OE/RR LIST]DeviceDEV[choose from DEVICE]
     1
        User
     2
        Device
     3
Enter selection: 1 User NEW PERSON
Select NEW PERSON NAME: RICHARDS, SUSAN
                                               SR
-- Setting Flag Items to Send OUTPT ORDER Notifs for User: RICHARDS, SUSAN --
Select Orderable Item: OUTSIDE MED MISCELLANEOUS
Are you adding OUTSIDE MED MISCELLANEOUS as a new Orderable Item? Yes// y YES
Orderable Item: OUTSIDE MED MISCELLANEOUS // OUTSIDE MED MISCELLANEOUS
Send alert for ALL outpatients?: YES
```

Figure 9-3: Procedure instructions

#### 9.3 Process

Follow these steps:

- 1. Entry of Outside Medications not currently in database (by nurse or provider).
  - Click on Outside Medications section of Meds tab. Either click NEW button or right click and select NEW MEDICIATION.
  - Search for and select OUTSIDE MED MISCELLANEOUS.

S Document Outside Medications	$\mathbf{X}$
OUTSIDE MED MISCELLANEOUS	
(No quick orders available)	
OUTSIDE MED MISCELLANEOUS OUTSIDE OTO MEDICATION #1 MISCELLANEOUS Figure 9-4: Search for Outside Med Miscellaneous	

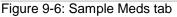
- Enter drug info in DOSAGE along with any other known info
- Enter drug info in DOSAGE along with any other known info, click ACCEPT and click SIGN tool button.

Document Outside Medications		
OUTSIDE MED MISCELLANEOUS		Change
Dosage	Route	Schedule
Geodon unsure of dose	PO	BID PRN
Enter drug and dose if known in Dosage OUTSIDE MED MISCELLANEOUS		BID DAILY FR FR-SA MO MO-FR MO-TU-TH-FR-SA-SUN MO-TU-TH-SA-SU MO-TU-WE-TR-SU MO-TU-WE-TH-FR-SU MO-TU-WE-TH-FR-SU MO-TU-WE-TH-SA-SU MO-WE-FR MO-WE-FR-SU MO-WE-FR-SU MO-WE-TH-SA-SU MON
Comments:		<ul> <li></li> <li></li> </ul>
Statement/Explanation		
Outside medication not recommended by provider.		
Outside medication recommended by provider.     Patient buys OTC/Herbal product without medical advice.		
<ul> <li>Patient buys of Cherabar product without medical advice.</li> <li>Medication prescribed by another provider.</li> </ul>		
Start Date:		
OUTSIDE MED MISCELLANEOUS USE GEODON UNSURE OF DOSE PO TWICE A DAY BID Medication prescribed by another provider.		Accept Order

Figure 9-5: Entering drug information

• This is what the Med tab shows – the "medication" is "Outside Med Miscellaneous" – the Geodon won't order check until the pharmacist (or designee) adds to database and updates the entry

ile <u>V</u> iew <u>A</u> ction						cide Form	Well Child	(
E 🖌 🖌	-							
Active Only Chronic O	nly 180 days 🛛 🗃	+ New	Check	Non-Y	YIHC Meds	•		
Action Chronic	Outpatient Medications	Status	Issued	Last Filled	Expires	Refills Remaining	Rx#	Provider
Action		Non-YIHC Meds				S	tatus	Start Date
	SIDE MED MISCELLANEOUS ODON UNSURE OF DOSE TWICE	A DAY Medication pre	scribed by anot	ner provider.		A	ctive	



- This is what the designated "New Drug Pharmacist" (or designee) receives in Notifications
- Double click on the notification and click the "View Patient" button

ications	/isit Requirements Notes Meds orders Labs Consults D/C Summ Reports Suicide Form Well Child		
	1 Patient Location Notification	Delivered	Sent/Forwarded By 🔥
	I (JB) Order placed: OUTSIDE MED MISCELLANEOUS 07/01	01-Jul-2010 12:45	RICHARDS,SUSAN
	GA) Order placed: OUTSIDE MED MISCELLANEOUS 07/01	01-Jul-2010 11:47	RICHARDS, SUSAN
	(GA) Order placed: OUTSIDE MED MISCELLANEOUS 07/01	01-Jul-2010 11:51	RICHARDS, SUSAN
	escription for CAISO	28-May-2010 08:25	RICHARDS, SUSAN
	scription for CAISO	28-May-2010 08:25	RICHARDS, SUSAN
	Subject: [JB] Order placed: OUTSIDE MED MISCELLANEOUS 07/01	24-May-2010 22:31	RICHARDS,SUSAN
	From: BICHARDS,SUSAN prescription for AG On: 01-Jul-2010 12:45 prescription for AG	19-May-2010 17:43	RICHARDS, SUSAN
	rescription for AGNE	19-May-2010 17:43	RICHARDS, SUSAN
	Select an action for this information-only alert:	19-May-2010 17:45	RICHARDS, SUSAN
gend	prescription for AG	19-May-2010 17:45	RICHARDS, SUSAN
Priority	Delete Skip Cancel Delete All Skip Alk View Patient rescription for AGNE	19-May-2010 17:45	RICHARDS, SUSAN
🖉 Low	prescription for AG	19-May-2010 17:45	RICHARDS, SUSAN
🛛 🖂 Medii	e-Prescribe Failure:Unable to generate NITROGLYCERIN prescription f	28-May-2010 11:17	RICHARDS, SUSAN

Figure 9-7: Clicking the View Patient button

- 2. Pharmacist (or designee) notified of new Outside Med Miscellaneous entry and updates Drug Database.
  - Reviews info provided on Outside Medications "Outside Med Miscellaneous" entry
  - Enters new drug in database
- 3. Pharmacist (or designee) updates "Outside Medications" list.
  - Now enter the Outside Medications into the patient's med list using NEW

Notifications Visit Hequirements Notes Meds orders Labs Consults U/L Su	Document Outside Medications		×
Ele View Action	ZIPRASIDONE CAP, ORAL		Change
Active Only Chronic Only 180 days Print New Check Action Chronic Outpatient Medications	Dosage		Schedule
	unknown dose 20MG NF 2,528 40MG NF 5,056	ORAL	BID PRN BID DAILY FR
Action Non OUTSIDE MED MISCELLANEOUS GEDDON UNSURE OF DOSE TWICE A DAY Medication prescribed by another pr			HH FRISA MO-FR MO-TH MO-TH MO-TU-TH-FR-SA-SUN MO-TU-VAE-TR-SU MO-TU-VAE-TH-FR-SU MO-TU-VAE-TH-FR-SU MO-VAE-FR MO-VAE-FR-SU MO-VAE-TH-SA-SU MO-VAE-TH-SA-SU MO-VAE-TH-SA-SU MO-VAE-TH-SA-SU
RICHARDS,SUSAN DEMO-HO.BEM.IHS.GOV DEMO HOSPITAL	Comments:		~
	Statement/Explanation Dutide medication not recommended by provider. Dutide medication not recommended by provider. Patient buye DTC/Herbal product without medical advice. Medication prescribed by another provider. Start Date:		Accept Drder
·	TAKE UNKNOWN DOSE BY MOUTH TWICE A DAY BID Medication prescribed by another provider.		Quit

Figure 9-8: Entering Non-Y1HC Med using NEW

• Discontinue the "Outside Med Miscellaneous" and mark as Duplicate entry

		🗣 Discontinue / Cancel Order 🌙 📑 🛛	
Action	Non-YIHC Meds	The following order will be discontinued:	Start Date
New	Outside Med ZIPRASIDONE CAP.ORAL TAKE UNKNOWN DOSE BY MOUTH TWICE A DAY Medication prescribed by another provider.	Outside Med OUTSIDE MED MISCELLANEOUS USE GEODON UNSURE OF DOSE PO TWICE A DAY Medication prescribed by	
	OUTSIDE MED MISCELLANEOUS GEODON UNSURE OF DOSE TWICE A DAY Medication prescribed by another provider.	another provider.	
		Select a reason: Duplicate Order Requesting Physician Cancelled	
RICHARDS,SUS	AN DEMO-HO.BEM.IHS.GOV DEMO HOSPITAL 01Jul/201013:13	Diboolete Griffer OK Cancel	

Figure 9-9: Marking as Duplicate Entry

- Click the Signature tool and OK
- Now you have the corrected entry on the med list. This one WILL order check.

ile ⊻ew Action										
Active Only Chronic Only 180 days Print New Check Non-YIHC Meds										
ction Chronic		Outpatient Medications		Status	Issued	Last Filled	Expires	Refills Remaining	Rx #	Provider
			N. 4400 L							1
Action ZIPRASIDIONE	CAP OBAI		Non-YIHC Meds						itatus	Start Dat
ZIPRASIDONE		A DAY Medication prescribed							itatus	Start Dat
ZIPRASIDONE		A DAY Medication prescribed								Start Dat
ZIPRASIDONE		A DAY Medication prescribed								Start Dat

Figure 9-10: This one will order check

# 10.0 Appendix B

This appendix contains information about the Patient Wellness Handout.

#### 10.1 Removing Medications Object from Patient Wellness Handout

The patient wellness handout is configurable and sites may configure additional handouts as they desire. The menu is available on the IHS Health Summary Maintenance Menu. The APCH PWH Menu also allows sites to set the default PWH for a site.

More info can be found here:

http://www.ihs.gov/RPMS/PackageDocs/bjpc/bjpc0200.02u_apch.pdf

If you want to make additional PWH available on either the reports tab or health summary buttons on the toolbar, create VA Health Summary reports using the PWH Selected component.

Choose the Patient Wellness Handout Menu - Option name: APCH PWH MENU

Generate a Patient Wellness Handout DWH DEF Update Default PWH for a Site AAP Print Asthma Action Plan MPWT Create/Modify Patient Wellness Type Select Patient Wellness Handout Menu Option: MPWT Create/Modify Patient Wellness Type This option will allow you to create a new or modify an existing Patient Wellness Handout type. Select HEALTH SUMMARY PWH TYPE NAME: Adult REGULAR NAME: ADULT REGULAR// LOCK: APCHZMGR// Create/Modify PWH Type Jul 15, 2010 12:52:41 Page: 1 of 2 Patient Wellness Handout: ADULT REGULAR STRUCTURE: Order Component 10 HEIGHT/WEIGHT/BMI 20 MEDICATIONS (ACTIVE AND RECENTLY EXPIRED) 30 BLOOD PRESSURE HIV SCREENING 40 50 ALLERGIES Source for Allergy component: FROM BOTH ALLERGY TRACKING AND PROBLEM LIST 60 IMMUNIZATIONS RECEIVED 70 IMMUNIZATIONS DUE 75 CHOLESTEROL 80 DIABETES CARE CANCER SCREENING 85 90 QUALITY OF CARE TRANSPARENCY REPORT CARD

+ Enter ?? for more actions MS Modify Structure PH Print Handout DH Display Handout Q Quit Select Action:+//MS Modify Structure

Figure 10-1: Procedure instructions

You can add a new component by entering a new order number and component name. To remove a component from this PWH type select the component by name or order and then enter an '@'.

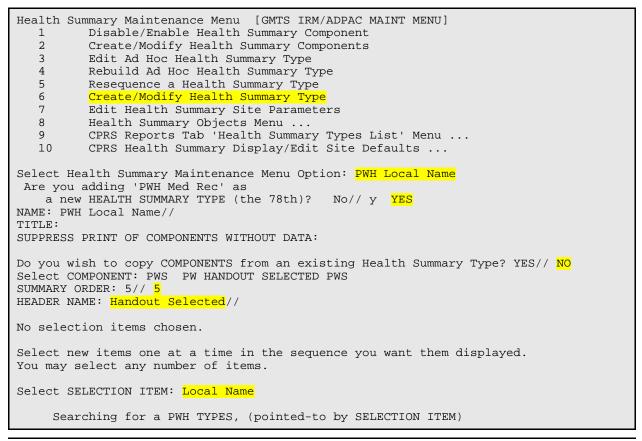
```
Select SUMMARY ORDER: 120// 20 MEDICATIONS (ACTIVE AND RECENTLY EXPIRED)
SUMMARY ORDER: 20// @
SURE YOU WANT TO DELETE THE ENTIRE '20' SUMMARY ORDER? Y (Yes)
Select SUMMARY ORDER:
```

Figure 10-2: Procedure instructions

#### 10.2 Creating Patient Wellness Handout Reports

The following describes how to create Patient Wellness Handout report in the VA Health Summary package for display on the Health Summary buttons in the EHR.

1. Create a VA Health Summary using PWS selecting the Patient Wellness Handout you want.



Setup Guide August 2010 Searching for a PWH TYPES LOCAL NAME ...OK? Yes// <mark>y</mark> (Yes) Are you adding `LOCAL NAME' as a new SELECTION ITEM (the 1ST for this STRUCTURE)? No// y (Yes) Select SELECTION ITEM

Figure 10-3: Procedure instructions

2. Find record number in Fileman.

```
Search File Entries
   1
          Print File Entries
   2
   3
          Inquire to File Entries
   4
          Statistics
   5
          List File Attributes
Select FileMan (General) Option: inquire to File Entries
OUTPUT FROM WHAT FILE: VA HEALTH SUMMARY TYPE//
Select VA HEALTH SUMMARY TYPE NAME:
                                     PWH Local Name
ANOTHER ONE:
STANDARD CAPTIONED OUTPUT? Yes// (Yes)
Include COMPUTED fields: (N/Y/R/B): NO// BOTH Computed Fields and Record Number
 (IEN)
NUMBER: 80
                                       NAME: PWH Local Name
 OWNER: RICHARDS, SUSAN P
SUMMARY ORDER: 5
                                       COMPONENT NAME: PW HANDOUT SELECTED
 HEADER NAME: Handout Selected
SELECTION ITEM: LOCAL NAME
 TIMESTAMP: 61759,54656
Select VA HEALTH SUMMARY TYPE NAME:
```

Figure 10-4: Procedure instructions

3. Configure Health Summary button in the EHR in Design Mode.

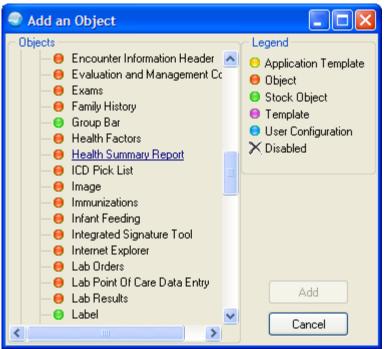


Figure 10-5: Add an Object in Design Mode

Add the Health Summary Report to the toolbar. Right-click and select PROPERTIES.

Properties for Health Summary Report						
Property	Value					
ТОР	0					
LEFT	523					
HEIGHT	58					
WIDTH	259					
ALIGN	All	~				
ANCHORS	🔽 Top; Left; Right;	Bottom 🗸				
GLYPH						
CAPTION	Local Name					
LAYOUT	Image appears on the	e left. 💌				
ASYNCHRONOUS	🗹 True					
ENCOUNTERREQUIRED	🔲 False					
REFRESHOPTION	If a report is displayed on receipt of a refresh 💌					
REPORT	1^80	enter				
TITLE		1^record number				
REFRESHOPTION						
Controls behavior upon receipt of a refresh request.						
OK Cancel Apply						

Figure 10-6: Properties for Health Summary Report dialog

• Enter a Title and Caption

Then enter REPORT using 1^{report} number (the one you retrieved from the Fileman Inquire look up).

- Save the template
- Now click the PWH Med Rec button to display the selected Patient Wellness Handout you configured. You can do this with more than one PWH. Repeat the instructions and configure separate Health Summary buttons for each.

Local Name

Figure 10-7: New button on toolbar

The following shows a sample output for the process.

🗢 Local Name 🔶 🔲 🗖 💽	K
07/15/2010 13:16 ************************************	^
PWS - Handout Selected PWS - Handout Selected	
HRN: HRN: RED LAKE HOSPITAL EXTENDED CARE FACILITY SOMEWHERE, MINNESOTA 56671 555-555-4413	
Thank you for choosing RED LAKE HOSPITAL. This handout is a new way for you and your doctor to look at your health.	
ALLERGIES - It is important to know what allergies and side effects you have to medicines or foods. Below is a list of allergies that we know of. Please tell us if there are any that we missed.	
Allergies - No allergies are on file. Please tell us if there are any that we missed.	
IMMUNIZATION (shot) RECORD - It is important to keep track of your immunizations. You received the following immunization(s):	
DTaP on 22-May-2000 DTaP on 16-Oct-2000	~
Font 9 Close	]

Figure 10-8: Sample output

# 11.0 Appendix C

This appendix describes adding the Family History Health Summary button.

#### 11.1 Create IHS Health Summary

On the Health Summary Maintenance Menu, using MS – Create/Modify Health Summary Type [APCHSTED].

```
Select HEALTH SUMMARY TYPE NAME: Family History
Are you adding 'Family History' as
a new HEALTH SUMMARY TYPE (the 29TH)? No// Y (Yes)
NAME: Family History//
LOCK:
```

Figure 11-1: Procedure instructions

The instructions continue after this screen capture.

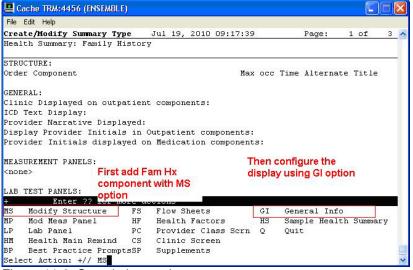


Figure 11-2: Sample instructions

Use the option MS – Modify Structure to add a Family Health History component.

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: 5
STRUCTURE COMPONENT NAME: FamILY HEALTH HISTORY
COMPONENT NAME: FAMILY HEALTH HISTORY//
ALTERNATE TITLE:
Select SUMMARY ORDER:
CONFIGURE display
```

Select Action: +// GI General Info CLINIC DISPLAYED: ICD TEXT DISPLAYED: N NONE PROVIDER NARRATIVE DISPLAYED: Y YES DISPLAY PROVIDER INITIALS: DISPLAY PROV INITIALS W/MEDS: DISPLAY COMMENTS W/LAB:

Figure 11-3: Procedure instructions

## 11.2 Determine Internal Entry Number

Use the following to determine the Internal Entry Number of the newly created report.

```
FileMan (General) [AKMOFMAN]
          Enter or Edit File Entries
   1
   2
          Print File Entries
   3
          Search File Entries
          Inquire to File Entries
Select FileMan (General) Option: inquire to File Entries
OUTPUT FROM WHAT FILE: VOLUME SET// Health Summary Type
                                           (29 entries)
Select HEALTH SUMMARY TYPE NAME: Family History
ANOTHER ONE:
STANDARD CAPTIONED OUTPUT? Yes//
                                    (<mark>Yes</mark>)
Include COMPUTED fields: (N/Y/R/B): NO// BOTH Computed Fields and Record Number
 (IEN)
NUMBER: 40
                                         NAME: Family History
SUMMARY ORDER: 5
                                         COMPONENT NAME: FAMILY HEALTH HISTORY
  ICD TEXT DISPLAYED: NONE
                                         PROVIDER NARRATIVE DISPLAYED: YES
```

Figure 11-4: Procedure instructions

## 11.3 Add Family History Health Summary Button

Use the following to add/configure the Family History Health Summary button.

- 1. In DESIGN MODE, add a HEALTH SUMMARY REPORT.
- 2. Right click PROPERTIES.
- 3. Align LEFT.
- 4. Anchor TOP, BOTTOM.
- 5. Caption = Family History
- 6. Title = Family History
- 7. Report =  $IHS^{40}$
- 8. Click Apply and click OK

9. DESIGN – Save Template as [your local template name]

Repeat for each EHR GUI template you want to add button.

Family History	Properties for Health Summary	Report	No
mily History	Property	Value	Postings
orts Sui	ТОР	0	
	LEFT	523	
	HEIGHT	58	
	WIDTH	103	Recent
	ALIGN	Left	Collec
	ANCHORS	🔽 Top; Bottom 🔽	Dat
	GLYPH		
	CAPTION	Family History	
	LAYOUT	Image appears on the left.	
	ASYNCHRONOUS	✓ True	
	ENCOUNTERREQUIRED	False	
	REFRESHOPTION	If a report is displayed on receipt of a refresh 💌	
	REPORT	IHS^40	
	TITLE	Family History	
	ОК	Cancel Apply	

Figure 11-5: Window in Design Mode

Now, users can go to the Family History tab, make EHR small and click on Family History. This sits on top and they can use that as a guide when entering the migrated data. After entering it all, they can then remove the "unknown"

	Canada Maria		Family P Une Edit Flok		Care of Deale		Make Set Condu	FARLIS REALTR RISTINS Dets Least Roof Relation/Datased/Datasets DEVIDION TRADEW Linear New Pauly Ristory of Distantenial Realsthage (422-91) Age at Onsets And Datasets
	LMENDWN UNENDWN UNENDWN UNENDWN UNENDWN				y History		V13.8 V68.89 V16.3 V16.0	175000 FAMILY NITTHEY COLM POLYS - CARDE (V00,00) App et Operst Ap Common PATHEN SIDE ALE DI UT SHAIR AREUNING (V10,0) App et Doreth App Datacom BO ET ( V00,00) App et Doret App Channes POITTYE BEART CARDES (000 (V10,0) App et Doret) App Univers
-	el Icona		cal Do Rey 🗐 Tres, P	Briden Statur Age #D	3	tion Covery/Deat		10 (713-0)) Age 40 Gueris Age Unionen *** EDE CONFIDENTIAL FATHERT ENFORMATION 7/13/2018 4149 FM [159] ******
-				Ecologica	د به به	Hudgan Dam Ty	2 [AH] [2   [200	
	F Shee Ad	1.11	MARCENT)	ACDIN				

Figure 11-6: Family History that sits on top of the EHR

# **12.0 Contact Information**

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (505) 248-4371 or (888) 830-7280 (toll free)

**Fax:** (505) 248-4363

Web: http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm

Email: <u>support@ihs.gov</u>