



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reminders

(PXRM)

Addendum to Installation Notes

Version 2.0 Patch 1002
September 2014

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

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Preface

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

1.0 Introduction

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

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

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

1.1 Clinical Reminders Resources

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

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

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

Reminder Managers Manual:

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

ftp://ftp.ihs.gov/pubs/EHR/Training/Guides/EHR%20Reminders/EHR_Reminders_Guide.doc

Reminder course materials:

<ftp://ftp.ihs.gov/pubs/EHR/Reminders/>

Clinical Reminders Document Library:

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

<ftp://ftp.ihs.gov/pubs/EHR/Training/Guides/EHR%20Reminders/>

Clinical Reminders Office Hours:

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

Clinical Reminders Listserv:

Send a question to the EHR Reminders Listserv.

http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=159

2.0 What's New

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

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

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

2.1 Retired Reminders

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

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

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

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

2.2 New Reminders

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

IHS-ACTIVITY SCREEN 2013
IHS-ALCOHOL SCREEN 2013
IHS_ALLERGY 2013
IHS-ANTICOAG DURATION OF TX 2013
IHS-ANTICOAG INR GOAL 2013

IHS-ANTICOAG THERAPY END DATE 2013
IHS-ASTHMA ACTION PLAN 2013
IHS-ASTHMA CONTROL 2013
IHS-ASTHMA PRIM PROV 2013
IHS-ASTHMA RISK EXACERBATION-2013
IHS-ASTHMA SEVERITY 2013
IHS-ASTHMA STEROID 2013
IHS-BLOOD PRESSURE 2013
IHS-CHLAMYDIA SCREEN 2013IHS-COLON CANCER 2013-2
IHS-CVD 2013
IHS-DENTAL VISIT 2013
IHS-DEPO PROVERA 2013IHS-DEPRESSION SCREEN 2013
IHS-DIAB ACE/ARB 2013
IHS-DIAB ASPIRIN FEMALE 2013
IHS-DIAB ASPIRIN MALE 2013
IHS-DIAB ANTPLT KNOWN CVD 2013
IHS-DIAB BP CONTROL 2013
IHS-DIAB EYE EXAM 2013
IHS-DIAB FOOT EXAM 2013
IHS-DIAB HGBA1C 2013
IHS-DIAB HGBA1C CONTROL 2013
IHS-DIAB NEPHRO SCR/MON 2013
IHS-DIABETES SCREENING 2013
IHS-DOMESTIC VIOLENCE 2013
IHS-EPSDT SCREENING 2013
IHS-FALL RISK SCREEN 2013
IHS-FUNCTIONAL ASSESSMENT 2013
IHS-HCT/HGB 2013
IHS-HEAD CIRCUMFERENCE 2013
IHS-HEARING TEST 2013
IHS-HEIGHT 2013
HS-HEP A ADULT IMMUN 2013
IHS-HEP B ADULT IMMUN 2013
IHS-HIV SCREEN 2013
IHS-HPV IMMUN 2013
IHS-IMMUNIZATION FORECAST 2013
IHS-INFLUENZA IMMUN 2013
IHS-LIPID FEMALE 2013
IHS-LIPID MALE 2013
IHS-MAMMOGRAM 40-49 2013
IHS-MAMMOGRAM 50-74 2013
IHS-MAMMOGRAM 75-100 2013
IHS-MENINGITIS IMMUN 2013
IHS-NEWBORN HEARING 2013
IHS-NUTRITIONAL SCREENING 2013

IHS-OSTEOPOROSIS SCREEN 2013
IHS-PAP SMEAR 21-29Y 2013-2
IHS-PAP SMEAR 30-64Y 2013-2
IHS-PED DT IMMUN 2013
IHS-PED DTAP IMMUN 2013
IHS-PED FLU IMMUN 2013
IHS-PED HEPA IMMUN 2013
IHS-PED HEPB IMMUN 2013
IHS-PED HIBTITER IMMUN 2013
IHS-PED MMR IMMUN 2013
IHS-PED PEDVAXHIB IMMUN 2013
IHS-PED PNEUMOCOCCAL IMMUN 2013
IHS-PED POLIO IMMUN 2013
IHS-PED ROTAVIRUS IMMUN 2013
IHS-PED VARICELLA IMMUN 2013
IHS-PNEUMOVAX IMMUN 2013
IHS-RUBELLA IMMUN 2013
IHS-SENIOR HEIGHT 2013
IHS-SENIOR VISION 2013
IHS-TD IMMUN 2013
IHS-TDAP IMMUN 2013
IHS-TOBACCO SCREEN 2013
IHS-VISION EXAM 2013
IHS-WEIGHT 2013
IHS-ZOSTER IMMUN 2012

2.3 Reminders with Logic Changes

IHS-COLON CANCER 2013

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

IHS-DEPO PROVERA 2013

J1050 was added to the taxonomy to resolve the reminder.

IHS-DIAB ASPIRIN FEMALE 2013

Age changed to 60-99.

IHS-DIAB ASPIRIN MALE

Age changed to 50-99

IHS-MAMMOGRAM 40-49 2013

Satisfied by mammogram or education

IHS-MAMMOGRAM 50-74 2013

Satisfied by mammogram

IHS-MAMMOGRAM 75-100 2013

Satisfied by mammogram or education

IHS-OSTEOPOROSIS SCREEN 2013

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

IHS-PAP SMEAR 30-64Y 2013-2

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

IHS_PED PNEUMOCOCCAL IMMUN 2013

Upper age range changed to 5Y.

2.4 Updated Reminder Dialogs

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

2.5 New Dialogs (with Associated Reminder)

IHS-ACTIVITY SCREEN 2013

IHS-ANTICOAG DURATION OF TX 2013

IHS-ANTICOAG INR GOAL 201

IHS-ANTICOAG THERAPY END DATE 2013

IHS-ASTHMA ACTION PLAN 2013

IHS-ASTHMA CONTROL 2013

IHS-ASTHMA PRIM PROV 2013

IHS-ASTHMA RISK EXACERBATION-2013

IHS-ASTHMA SEVERITY 2013

IHS-ASTHMA STEROID 2013

IHS-BLOOD PRESSURE 2013

IHS-CHLAMYDIA SCREEN 2013IHS-COLON CANCER 2013-2

IHS-CVD 2013

IHS-DENTAL VISIT 2013

IHS-DEPO PROVERA 2013IHS-DEPRESSION SCREEN 2013

IHS-DIAB ACE/ARB 2013

IHS-DIAB ASPIRIN FEMALE 2013

IHS-DIAB ASPIRIN MALE 2013
IHS-DIAB ANTPLT KNOWN CVD 2013
IHS-DIAB BP CONTROL 2013
IHS-DIAB EYE EXAM 2013
IHS-DIAB FOOT EXAM 2013
IHS-DIAB HGBA1C 2013
IHS-DIAB HGBA1C CONTROL 2013
IHS-DIAB NEPHRO SCR/MON 2013
IHS-DIABETES SCREENING 2013
IHS-DOMESTIC VIOLENCE 2013
IHS-EPSDT SCREENING 2013
IHS-FALL RISK SCREEN 2013
IHS-FUNCTIONAL ASSESSMENT 2013
IHS-HCT/HGB 2013
IHS-HEAD CIRCUMFERENCE 2013
IHS-HEARING TEST 2013
IHS-HEIGHT 2013
IHS-HEP A ADULT IMMUN 2013
IHS-HEP B ADULT IMMUN 2013
IHS-HIV SCREEN 2013
IHS-HPV IMMUN 2013
IHS-IMMUNIZATION FORECAST 2013
IHS-INFLUENZA IMMUN 2013
IHS-LIPID FEMALE 2013
IHS-LIPID MALE 2013
IHS-MAMMOGRAM 40-49 2013
IHS-MAMMOGRAM 50-74 2013
IHS-MAMMOGRAM 75-100 2013
IHS-MENINGITIS IMMUN 2013
IHS-NEWBORN HEARING 2013
IHS-NUTRITIONAL SCREENING 2013
IHS-OSTEOPOROSIS SCREEN 2013
IHS-PAP SMEAR 21-29Y 2013-2
IHS-PAP SMEAR 30-64Y 2013-2
IHS-PED DT IMMUN 2013
IHS-PED DTAP IMMUN 2013
IHS-PED FLU IMMUN 2013
IHS-PED HEPA IMMUN 2013
IHS-PED HEPB IMMUN 2013
IHS-PED HIBTITER IMMUN 2013
IHS-PED MMR IMMUN 2013
IHS-PED PEDVAXHIB IMMUN 2013
IHS-PED PNEUMOCOCCAL IMMUN 2013
IHS-PED POLIO IMMUN 2013
IHS-PED ROTAVIRUS IMMUN 2013

IHS-PED VARICELLA IMMUN 2013
IHS-PNEUMOVAX IMMUN 2013
IHS-RUBELLA IMMUN 2013
IHS-SENIOR HEIGHT 2013
IHS-SENIOR VISION 2013
IHS-TD IMMUN 2013
IHS-TDAP IMMUN 2013
IHS-TOBACCO SCREEN 2013
IHS-VISION EXAM 2013
IHS-WEIGHT 2013
IHS-ZOSTER IMMUN 2013

2.6 Standalone Dialogs

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

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

3.0 Installation Checklist

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

1. Review the list of reminders to determine which ones you will install/activate at your site. Section 4.0 provides more information.
2. Setup Quick Orders. Section 6.0 provides more information.
3. Setup TIU Objects. Section 7.0 provides more information.
4. Setup HS Objects. Section 8.0 provides more information.
5. Remove Old Reminders from Reminder Exchange) Section 9.0 provides more information.
6. Dialog Preparation: If the site has made local changes to existing national dialogs, especially by adding ADDITIONAL FINDINGS to dialogs, there may be some problems. Follow the instructions in this guide to look for the additional findings and remove them before installing the reminder. You can add them back after installation. Section 10.0 provides more information.
7. Install the KIDS build by appropriate IRМ personnel. Section 11.0 provides more information.

<p>Note: After the KIDS build has been installed, the computed findings that are used to check the immunization forecaster will not function properly until the new immunization reminders are installed through reminder exchange.</p>
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8. **You must install the immunization reminders through exchange immediately if you have any immunization reminders deployed.** You do not have to move these into production immediately but should replace your old immunization reminders with the new ones fairly soon.
9. Install the reminders in Reminder Exchange that will be used at the facility. Section 12.0 provides more information.
10. Setup the VA Health Summary Object for Depo Provera after the IHS-DEPO PROVERA reminder is installed and before the dialog is installed. Section 13.0 provides more information.
11. Install, link and enable the dialogs. Section 14.0 provides more information.
12. Edit the Dialog Parameters for IHS-ASTHMA 2007 taxonomy. Disable diagnosis codes for historical entries. Section 15.0 provides more information.

13. Review reminder terms and populate reminder terms that contain labs or drugs. Failure to do this will result in MANY reminders being due all the time. Section 16.0 provides more information.
14. If you removed additional findings in Step 5, then add them back in. Consider manually updating the dialogs. Section 16.0 provides information about manually updating the dialogs. NEVER use an additional finding that is used *in any other reminder dialog*. Only absolutely unique finding items may be used as additional findings. Section 17.0 provides more information.
15. Configure the Electronic Health Record to display the reminders. Sites may choose to activate the reminders just for specific individuals during a testing phase. If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab. Section 18.0 provides more information.
16. Inactivate Old Reminders. Section 19.0 provides more information.
17. Setup TIU Reminder Dialogs as Templates. Section 20.0 provides more information.
18. Review the installed reminders and dialogs. Section Appendix A: provides more information about common install questions/issues.

4.0 Review National Reminder Definitions

The following provides information about all the National Reminder Definitions.

4.1 IHS-ACTIVITY SCREEN 2013

APPLICABLE TO: Patients age 5 and older.

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

FREQUENCY: Annually.

RESOLUTION: Documentation of:

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

BIBLIOGRAPHIC CITATION: Healthy People 2010, Physical Activity

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

4.2 IHS-ALCOHOL SCREEN 2013

APPLICABLE TO: Patients age 13-99.

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

FREQUENCY: Annually.

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

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

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

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

- Release: 2013

4.3 IHS-ALLERGY 2013

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

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

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

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

4.4 IHS-ANTICOAG DURATION OF TX

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

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

FREQUENCY: 1 day for all ages.

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

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

BIBLIOGRAPHIC CITATION: US American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel.

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

4.5 IHS-ANTICOAG INR GOAL 2013

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

REMINDER DUE: If a patient is on Anticoagulation Therapy and no INR goal is documented.

FREQUENCY: 1 day for all ages.

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

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

BIBLIOGRAPHIC CITATION: US American College of Chest Physicians:

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

4.6 IHS-ANTICOAG THERAPY END DATE 2013

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

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

FREQUENCY: 1 day for all ages.

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

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

BIBLIOGRAPHIC CITATION: US American College of Chest Physicians:

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

4.7 IHS-ASTHMA ACTION PLAN 2013

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

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

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

FREQUENCY: Annually

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

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

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

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

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

4.8 IHS-ASTHMA CONTROL 2013

APPLICABLE TO: Patients with asthma who do not have a documented Asthma Control in the past year.

REMINDER DUE: If the patient has not had an asthma control documented (can be documented on Problem Edit when selecting as POV) in the past year.

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

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

FREQUENCY: Annually.

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

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

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

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

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

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

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

4.9 IHS-ASTHMA PRIM PROV 2013

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

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

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

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

FREQUENCY: 1 day for all ages.

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

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

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

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

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

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

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

4.10 IHS-ASTHMA RISK EXACERBATION 2013

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

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

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

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

FREQUENCY: 1 day for all ages.

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

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

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

4.11 IHS-ASTHMA SEVERITY 2013

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

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

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

FREQUENCY: Annually.

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

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

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

4.12 IHS-ASTHMA STEROIDS 2013

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

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

FREQUENCY: 1 day for all ages.

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

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

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

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

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

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

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

4.13 IHS-BLOOD PRESSURE 2013

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

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

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

FREQUENCY:

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

RESOLUTION: Blood pressure at the recommended interval

BIBLIOGRAPHIC CITATION: Healthy People 2020 Heart Disease and Stroke:

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

4.14 IHS-CHLAMYDIA SCREEN 2013

APPLICABLE TO: Female patients age 16-25

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

FREQUENCY: Annually for ages 16Y to 25Y.

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

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

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

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

4.15 IHS-COLON CANCER 2013

APPLICABLE TO: if age 51-75, with:

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

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

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

FREQUENCY: Annually for ages 51Y to 75Y.

RESOLUTION:

- Fecal test resulted
- Colonoscopy done (status N/A for 9yrs, 3mos)
- Sigmoidoscopy or barium enema (status N/A for 4yrs, 9mos)

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

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

4.16 IHS-CVD 2013

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

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

FREQUENCY: 1 day for all ages

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

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

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

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

- Funding Source: Indian Health Service
- Release: 2013

4.17 IHS-DENTAL VISIT 2013

APPLICABLE TO: All patients, all ages.

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

FREQUENCY: Annually for ages 1Y to 100Y.

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

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

BIBLIOGRAPHIC CITATION: Healthy People 2010, Oral Health.

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

4.18 IHS-DEPO PROVERA 2013

APPLICABLE TO:

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

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

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

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

FREQUENCY: 91 days for all ages.

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

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

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

4.19 IHS-DEPRESSION SCREEN 2013

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

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

FREQUENCY: Annually for ages 18Y to 110Y.

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

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

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

4.20 IHS-DIAB ACE/ARB 2013

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

APPLICABLE TO:

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

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

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

FREQUENCY: Annually.

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

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

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

4.21 IHS-DIAB ANTPLT KNOWN CVD 2013

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

REMINDER DUE:

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

FREQUENCY: Annually.

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

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

Developer: IHS Office of Information Technology

- Funding Source: Indian Health Service
- Release: 2013

4.22 IHS-DIAB ASPIRIN FEMALE 2013

Female diabetic patients over 60 years of age who have an additional risk for cardiovascular disease should be considered for Aspirin therapy. Clinical judgment should be exercised in determining appropriateness of therapy based on age and other risk factors such as bleeding risk.

APPLICABLE TO: Female patient over 60 years of age who has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years.

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

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

FREQUENCY: Annually for ages 60Y to 99Y.

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

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

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

4.23 IHS-DIAB ASPIRIN MALE 2013

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

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

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

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

FREQUENCY: Annually for ages 50Y to 99Y

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

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

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

4.24 IHS-DIAB BP CONTROL 2013

APPLICABLE TO: Patient who has:

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

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

FREQUENCY: Every 3 months for all ages.

RESOLUTION: Blood pressure taken during the recommended interval.

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

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

4.25 IHS-DIAB EYE EXAM 2013

APPLICABLE TO: Patients with:

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

REMINDER DUE: If patient has:

- An active problem of diabetes, OR
- A visit diagnosis of diabetes in the past 3 years, AND

- No dilated eye exam in the past year

FREQUENCY: Annually for all ages.

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

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

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

4.26 IHS-DIAB FOOT EXAM 2013

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

REMINDER DUE: If patient has:

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

FREQUENCY: Annually for all ages.

RESOLUTION: Diabetic Foot Exam Code documented.

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

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

4.27 IHS-DIAB HGBA1C 2013

APPLICABLE TO: Patients with a diagnosis of Diabetes in the past 3 years, AND no HGBA1C in the last 6 months.

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

FREQUENCY: 6 months for all ages.

RESOLUTION: HGBA1C lab result.

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

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

4.28 IHS-DIAB HGBA1C CONTROL 2013

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

REMINDER DUE:

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

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

RESOLUTION: HGBA1C lab result.

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

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

IHS-HGBA1C REEVALUATE:

NAME: IHS-HGBA1C REEVALUATE Replace
CLASS: VISN//

REVIEW DATE:

DESCRIPTION:

No existing text

Edit? NO//

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

FINDING ITEM: HEMOGLOBIN A1C//

EFFECTIVE PERIOD:

USE INACTIVE PROBLEMS:

WITHIN CATEGORY RANK:

EFFECTIVE DATE:

MH SCALE:

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

Enter the condition for each lab added

CONDITION CASE SENSITIVE:

RX TYPE:

4.29 IHS-DIAB NEPHRO SCR/MON 2013

APPLICABLE TO: Patients who have:

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

REMINDER DUE: If a patient has:

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

FREQUENCY: Annually for all ages.

RESOLUTION: Quantitative Urine Albumin (UACR) and eGFR lab result.

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

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

4.30 IHS-DIABETES SCREENING 2013

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

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

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

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

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

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

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

4.31 IHS-DOMESTIC VIOLENCE 2013

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

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

- Intimate Partner/Domestic Violence

FREQUENCY: Annually for ages 15Y to 100Y.

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

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

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

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

4.32 IHS-EPSTD SCREENING 2013

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

APPLICABLE TO: Patients age 0-20 yrs.

REMINDER DUE: Total of 5 times at scheduled intervals:

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

FREQUENCY: Annually for ages 1 day to 20 years.

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

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

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

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

4.33 IHS-FALL RISK SCREEN 2013

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

REMINDER DUE: 3 months before due date.

FREQUENCY: Annually for ages 65Y to 110Y.

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

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

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

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

4.34 IHS-FUNCTIONAL ASSESSMENT 2013

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

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

FREQUENCY: Annually for ages 55 years to 110 years.

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

BIBLIOGRAPHIC CITATION: Healthy People 2020, Older Adults 5:

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

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

4.35 IHS-HCT/HGB 2013

APPLICABLE TO: Patients age 12 months to 5 years.

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

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

RESOLUTION: HCT or HGB lab result.

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

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

4.36 IHS-HEAD CIRCUMFERENCE 2013

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

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

FREQUENCY: Head circumference measurements should be taken:

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

RESOLUTION: Vital measurement of head circumference documented.

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

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

4.37 IHS-HEARING TEST 2013

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

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

FREQUENCY: Once for ages 4 years and 7 years.

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

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

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

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

4.38 IHS-HEIGHT 2013

APPLICABLE TO: Patients age birth to 49 years.

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

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

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

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

RESOLUTION: Vital measurement of height documented.

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

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

4.39 IHS-HEP A ADULT IMMUN 2013

APPLICABLE TO: Patients 18 years and older.

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

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

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

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

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

4.40 IHS-HEP B ADULT IMMUN 2013

APPLICABLE TO: Patients 20 years and older.

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

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

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

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

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

4.41 IHS-HIV SCREEN 2013

APPLICABLE TO: Patients 13 to 64 years old with no problem or diagnosis of HIV, and no HIV screening ever done.

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

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

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

BIBLIOGRAPHIC CITATION: Healthy People 2020, Sexually Transmitted Infections:

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

4.42 IHS-HPV IMMUN 2013

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

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

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

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

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

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

4.43 IHS-Immunization Forecast 2013

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

REMINDER DUE: It is never due.

FREQUENCY: It is never due.

4.44 IHS-INFLUENZA IMMUN 2013

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

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

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

RESOLUTION: Flu Shot Immunization given.

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

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

4.45 IHS-LIPID PROFILE FEMALE 2013

APPLICABLE TO: Female age 45 years to 64 years.

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

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

RESOLUTION: Lipid profile lab result including and LDL.

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

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

4.46 IHS-LIPID PROFILE MALE 2013

APPLICABLE TO: Male age 35 years to 64 years.

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

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

RESOLUTION: Lipid profile lab result including and LDL.

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

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

4.47 IHS-MAMMOGRAM 40-49 2013

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

Routine Screening Mammogram recommendations:

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

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

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

FREQUENCY: Annually for ages 40 years to 49 years.

EXCLUDED: Patients who have had a bilateral mastectomy documented.

RESOLUTION: Patients ages 40 through 49 years with documentation of Women's Health-Mammogram patient education or Mammogram.

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

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

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

4.48 IHS-MAMMOGRAM 50-74 2013

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

Routine Screening Mammogram recommendations:

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

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

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

FREQUENCY: Annually for ages 50 years to 74 years.

EXCLUDED: Patients who have had a bilateral mastectomy documented.

RESOLUTION: Patients ages 50 through 74 years with documentation of Women's Health-Mammogram patient education or Mammogram.

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

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

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

4.49 IHS- MAMMOGRAM 75-100 2013

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

Routine Screening Mammogram recommendations:

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

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

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

FREQUENCY: Annually for ages 75 years to 100 years.

EXCLUDED: Patients who have had a bilateral mastectomy documented.

RESOLUTION: Patients ages 75 through 100 years with documentation of Women's Health-Mammogram patient education or Mammogram.

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

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

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

4.50 IHS-MENINGITIS IMMUN 2013

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

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

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

RESOLUTION: Meningitis Immunization given.

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

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

4.51 IHS-NEWBORN HEARING 2013

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

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

FREQUENCY: 99 years – Once for ages 1 day to 1 year.

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

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

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

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

4.52 IHS-NUTRITIONAL SCREENING 2013

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

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

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

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

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

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

4.53 IHS-OSTEOPOROSIS SCREEN 2013

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

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

FREQUENCY: Once for female patients ages 65 years to 110 years.

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

BIBLIOGRAPHIC CITATION: US Preventive Services Taskforce 2011:

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

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

4.54 IHS-PAP SMEAR 21-29Y 2013

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

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

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

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

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

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

4.55 IHS-PAP SMEAR 30-64Y 2013

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

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

FREQUENCY: Frequency is set to 5 years so regardless of test(s) done, the system will forecast a PAP due in 5 years. IF only a PAP test was done without HPV testing, the PAP test expires in 3 years and will be due.

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

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

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

4.56 IHS-PED DT IMMUN 2013

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

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

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

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

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

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

4.57 IHS-PED DTAP IMMUN 2013

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

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

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

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

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

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

4.58 IHS-PED FLU IMMUN 2013

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

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

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

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

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

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

4.59 IHS-PED HEPA IMMUN 2013

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

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

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

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

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

- Developer: IHS Office of Information Technology

- Funding Source: Indian Health Service
- Release: 2013

4.60 IHS-PED HEPB IMMUN 2013

APPLICABLE TO: Patients 2 days to 19 years.

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

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

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

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

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

4.61 IHS-PED HIBTITER IMMUN 2013

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

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

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

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

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

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

4.62 IHS-PED MMR IMMUN 2013

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

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

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

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

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

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

4.63 IHS-PED PEDVAXHIB IMMUN 2013

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

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

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

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

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

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

4.64 IHS-PED PNEUMOCOCCAL IMMUN 2013

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

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

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

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

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

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

4.65 IHS-PED ROTAVIRUS IMMUN 2013

APPLICABLE TO: Patients 6 weeks to 32 weeks old.

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

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

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

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

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

4.66 IHS-PED VARICELLA IMMUN 2013

APPLICABLE TO: Patient 12 months to 18 years old.

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

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

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

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

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

4.67 IHS-PNEUMOVAX IMMUN 2013

APPLICABLE TO: Patient 65 years or older.

REMINDER DUE: For patients 5 through 64 years:

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

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

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

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

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

4.68 IHS-RUBELLA IMMUNITY 2013

APPLICABLE TO: Patients who are:

- Not documented as immune

- With no documented Rubella immunization since age 1 year
- Born in 1957 or later and who are at least 18

REMINDER DUE: Patients who are:

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

FREQUENCY: Once for ages 18 years to 51 years.

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

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

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

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

4.69 IHS-SENIOR HEIGHT 2013

APPLICABLE TO: Patients age 50 years to 110 years.

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

FREQUENCY:

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

RESOLUTION: Height measurement resolves the reminder.

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

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

4.70 IHS-SENIOR VISION 2013

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

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

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

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

BIBLIOGRAPHIC CITATION: Healthy People 2020, Vision:

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

4.71 IHS-TDAP IMMUN 2013

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

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

FREQUENCY: 1 day for ages 7 years to 110 years

RESOLUTION: This reminder resolves when Tdap immunization is given.

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

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

4.72 IHS-TOBACCO SCREEN 2013

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

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

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

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

BIBLIOGRAPHIC CITATION: Healthy People 2020, Tobacco Use:

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

4.73 IHS-VISION EXAM 2013

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

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

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

RESOLUTION: This reminder resolves when vision exam is completed.

BIBLIOGRAPHIC CITATION: Healthy People 2020, Vision:

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

4.74 IHS-WEIGHT 2013

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

REMINDER DUE:

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

FREQUENCY:

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

RESOLUTION: This reminder resolves when weight is taken.

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

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

4.75 IHS-ZOSTER IMMUN 2013

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

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

FREQUENCY: Once for ages 60 years to 100 years.

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

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

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

5.0 National Reminder Dialogs

5.1 IHS-ACTIVITY SCREEN 2013

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

Figure 5-1: Activity Screen dialog

5.2 IHS-ALCOHOL SCREEN 2013

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

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

<http://www.ceasar-boston.org/clinicians/crafft.php>

AUDIT is documented as a measurement.

<http://www.ceasar-boston.org/clinicians/crafft.php>

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

Information about Alcohol Screening and Brief Intervention (ASBI) please refer the following resources:

<http://www.ihs.gov/NonMedicalPrograms/NC4/index.cfm?module=asbi>

Reminder Resolution: Alcohol Screen

- ☐ -- Alcohol Screening Exam --
(use to assess for hazardous alcohol use)
- ☐ -- CRAFT --
(use with ADOLESCENTS to assess for hazardous alcohol and other drug use disorders)
- ☐ -- AUDIT-C --
(use to assess for hazardous alcohol use)
- ☐ -- AUDIT --
(use to assess for hazardous alcohol use and alcohol dependence)
- ☒ -- CAGE --
(use to assess for alcohol dependence)

The CAGE assessment consists of asking the patient the following questions:

CAGE QUESTIONS

- ☐ Patient admits to having felt the need to cut down on drinking.
- ☐ Patient admits to feeling annoyed by other's criticism of drinking.
- ☐ Patient admits to feeling bad or guilty about drinking.
- ☐ Patient admits to having had an "eye opener" in the morning.

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
Alcohol Screen:

-- CAGE --

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-2: Alcohol Screen Start dialog

All of the screening tools contain an interview, patient education, and referrals.

Reminder Resolution: Alcohol Screen

☐ -- Alcohol Screening Exam --
(use to assess for hazardous alcohol use)

☐ -- CRAFT --
(use with ADOLESCENTS to assess for hazardous alcohol and other drug use disorders)

☒ -- AUDIT-C --
(use to assess for hazardous alcohol use)

1. How often do you have a drink containing alcohol?
* [dropdown]

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
* [dropdown]

3. How often do you have six or more drinks on one occasion?
* [dropdown]

==== AUDIT-C SCORING =====
Add the numerical value of each answer selected
to get your total score.

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
Alcohol Screen:

-- AUDIT-C --

Vital Measurements: AUDC

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-3: Alcohol Screen expanded

Reminder Resolution: Alcohol Screen

>65 >7 drinks/wk >1 drink/day

☐ Alcohol screening negative.

☐ Alcohol screening positive.

-- Interventions --

☐ -- Brief Negotiated Interview

☐ -- Patient education provided

☒ -- Referrals

☐ Order for Alcohol/Substance abuse evaluation consult

☐ per standing order

☐ per provider order

☐ per provider referral

☐ Order for Behavioral Health consult

☐ per standing order

☐ per provider order

☐ per provider referral

☐ CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Alcohol Screen:

-- Alcohol Screening Exam --

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-4: Alcohol Screen orders

5.3 IHS-ALLERGY 2013

Information only dialog.

Reminder Resolution: No Allergy Assessment

Reminder is showing as due if there is no allergy assessment or allergies entered for this patient. Use the cover sheet in the EHR and enter the patient's allergies.

* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-5: No Allergy Assessment dialog

5.4 IHS-ANTICOAG 2013

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

- DURATION OF TX 2013
- INR GOAL 2013
- THERAPY END DATE 2013

Reminder Resolution: Anticoag INR Goal

Anticoagulation therapy monitoring

-- INR Goal:
Enter using Anti-coagulation tool in EHR

-- Duration of Anti-Coagulation Therapy:
Enter using Anti-coagulation tool in EHR

-- Therapy end date:
Extend duration of therapy if indicated using Anti-coagulation tool in EHR

INR -Not Done-

☐ -- Order for INR

☐ per standing order

☐ per provider order

☐ per provider referral

☐ -- Education provided --

☐ CHECK HERE to add comments

* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-6: Anticoagulation dialog

5.5 IHS-ASTHMA CONTROL 2013

Reminder Resolution: Asthma Control

REMINDER ON : if patient has asthma and does not have Asthma Control documented in the past year . Asthma control should be documented at each asthma visit using the Reminder Dialog or when documenting POV on the Integrated Problem List.

CONTROL

☐ Asthma is well controlled.

☐ Asthma is not well controlled.

☐ Asthma is very poorly controlled.

* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-7: Asthma Control dialog

5.6 IHS-ASTHMA ACTION PLAN 2013

Asthma management documentation has been changed to use the Asthma Self Management Plan patient education topic.

Reminder Resolution: Asthma Action Plan

REMINDER DUE: if patient has asthma and does not have an Asthma Action (Self Management) Plan education topic (ASM-SMP) documented.

Asthma Action Plan can be printed through RPMS Patient Wellness Menu option AAP, Ad Hoc Health Summary (AAP) OR a Health Summary Button and document education topic below:

☐ Patient and/or family reviewed and discussed their asthma management plan.

* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-8: Reminders Resolution Asthma Action Plan

5.7 IHS-ASTHMA PRIM PROV 2013, IHS-ASTHMA RISK EXACERBATION 2013, IHS-ASTHMA SEVERITY 2013

These dialogs do not have any data entry. The user is instructed on what actions need to be taken in PCC or in other components in the EHR to resolve the reminder.

Reminder Resolution: Asthma Primary Provider

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

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

* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-9: Reminder Resolution Asthma Primary Provider

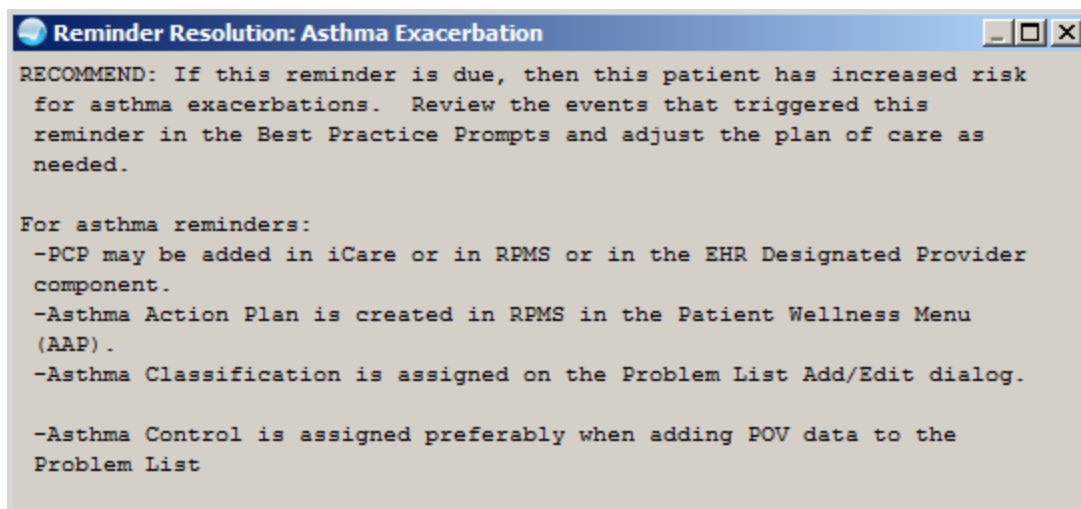


Figure 5-10: Reminder Resolution Asthma Exacerbation

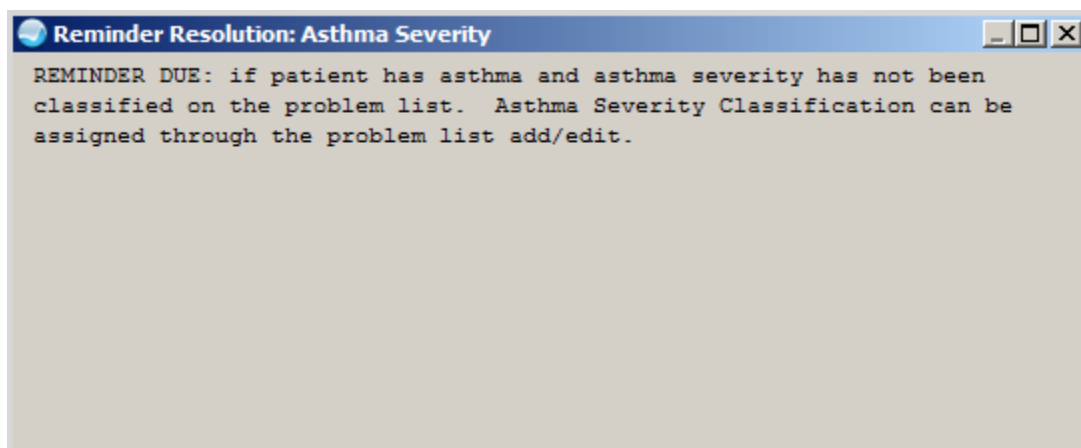


Figure 5-11: Reminder Resolution Asthma Severity

5.8 IHS-ASTHMA STEROID 2013

This dialog provides allows documentation of a steroid medication order. Sites need to make an order menu for Asthma Steroid Meds.

Reminder Resolution: Asthma-on steroids

REMINDER DUE if patient does not have a prescription in the past 6 months for inhaled corticosteroids AND has Asthma defined as:

- Severity of Mild, Moderate or Severe Persistent OR
- iCare active Asthma Tag OR
- 3 instances of Asthma as primary dx in past 6 mo

☒ Asthma medication ordered

- ☐ per standing order
- ☐ per provider order
- ☐ per provider referral

* Indicates a Required Field

Asthma-on steroids:
Asthma medication ordered

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-12: Asthma Steroids dialog

5.9 IHS-BLOOD PRESSURE 2013

This dialog allows documentation of the blood pressure.

Reminder Resolution: Blood Pressure

REMINDER ON: This is a blood pressure screening reminder.
Blood pressure should be taken every two years for children 2-20.
Yearly BP for those over 21 OR if last diastolic BP 85-89.
Blood pressure should be taken every visit if last systolic was >139 OR diastolic >89.
Last BP None found

☒ Check to record blood pressure.

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Blood Pressure:
Patient blood pressure recorded.
140/90

Vital Measurements: BP

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-13: Blood Pressure dialog

5.10 IHS-CHLAMYDIA SCREEN 2013

This dialog allows documentation of a chlamydia lab test order and patient education.

Reminder Resolution: Chlamydia Screening

REMINDER ON: Females 16-25 need yearly chlamydia screening.

☐ Deferred: Not sexually active

☒ Order for chlamydia laboratory test

☐ per standing order

☐ per provider order

☐ per provider referral

☒ Patient education provided:

☐ Women's Health-Tests education provided at this encounter

☒ Women's Health-Sexually Transmitted Infections education provided at this encounter.

 Level of Understanding: Good

 Education duration: 0

 Readiness to Learn: (None selected)

 Comment:

* Indicates a Required Field

Patient Educations: **WH-SEXUALLY TRANSMITTED INFECTIONS**

Vital Measurements: BP

Orders: **Chlamydia**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-14: Chlamydia Screen dialog

5.11 IHS-COLON CANCER 2013

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

Reminder Resolution: Colon Cancer

COLON CA TEST ORDERED TODAY

☐ Order for Fecal test for Colon Screening

- ☐ per standing order
- ☐ per provider order
- ☐ per provider referral

☐ Order for Colonoscopy

- ☐ per standing order
- ☐ per provider order
- ☐ per provider referral .

☒ Educated patient on importance of Colon cancer screening tests.

Level of Understanding: * Good

Education duration: 0

Readiness to Learn: (None selected)

Comment:

COLON CA TEST NOT ORDERED

☐ Fecal test cards previously ordered.

HISTORICAL DATA

* Indicates a Required Field

Patient Educations: **CA-TESTS**, WH-SEXUALLY TRANSMITTED INFECTIONS

Vital Measurements: BP

Orders: Chlamydia

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-15: Colon Cancer dialog

5.12 IHS-CVD 2013

The reminder is based on an iCare CVD diagnostic tag. The dialog contains the CVD-TP object, which displays active PCC Best Practice prompts for CVD and allows documentation of items that are needed to resolve the PCC Best Practice prompts.

Reminder Resolution: CVD Risk

Patient does not have an iCare Diagnostic Tag of CVD

Measurements

☐ Height:

☐ Weight:

☐ Blood Pressure:

Orders

☐ Order for EKG

☐ per standing order

☐ per provider order

☐ per provider referral

☐ Order for lipid profile

☐ per standing order

☐ per provider order

☐ per provider referral

Education

☐ Health Promotion Disease Prevention-Exercise education provided.

☐ * Indicates a Required Field

.....

.....

.....

Patient Educations: CA-TESTS, WH-SEXUALLY TRANSMITTED INFECTIONS

Vital Measurements: BP

Orders: Chlamydia

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-16: CVD dialog Part 1

Reminder Resolution: CVD Risk

Orders

☐ Order for EKG

☐ per standing order

☐ per provider order

☐ per provider referral

☐ Order for lipid profile

☐ per standing order

☐ per provider order

☐ per provider referral

Education

☐ Health Promotion Disease Prevention-Exercise education provided.

☐ Health Promotion Disease Prevention-Nutrition education provided.

Tobacco use and exposure

☐ -- Tobacco Use Assessment --

☐ -- Tobacco Exposure Assessment --

☐ <<< View Allergies, Medications and Problems >>>

* Indicates a Required Field

Patient Educations: CA-TESTS, WH-SEXUALLY TRANSMITTED INFECTIONS
Vital Measurements: BP
Orders: Chlamydia

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-17: CVD dialog Part 2

5.13 IHS-DENTAL VISIT 2013

The dental visit dialog allows documentation of a current or historical dental exam.

Reminder Resolution: Dental Visit

All patients should have a yearly dental visit.

☐ Patient had dental exam done at this encounter.

☒ Patient had dental exam done previously.

Exam Result: (None selected)

Date: * [] [] 2014 ...

Location: * []

Comment: []

* Indicates a Required Field

Patient had dental exam done previously.
Date: - Exact date is unknown

Patient Educations: CA-TESTS, WH-SEXUALLY TRANSMITTED INFECTIONS
Examinations: **DENTAL EXAM (Historical)**
Vital Measurements: BP
Orders: Chlamydia

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-18: Reminder Resolution Dental Visit dialog

5.14 IHS-DEPO PROVERA 2013

This is a new reminder dialog for documenting Depo Provera administration. The PXRМ DEPO PROVERA object displays the reminder information for this patient. The dialog includes a screening section and an assessment section as well as documentation of patient education and CPT for the administration of Depo Provera. It is important that sites review the documentation tool and copy/edit as needed to comply with their facility policies and procedures.

Reminder Resolution: Depo Provera

☒ CLICK to display reminder detail

CR - Reminders Due
Selected Clinical Reminders not due.

Last 2 WT: No WT Found

*** Future Appt: None Found ***

REMINDER DUE SOON = ON TIME -- Last injection was 10-13 weeks ago
--- Check order to verify it is active.
Reminder will be on if order is expired. If expired, follow local policy for renewing orders.
--- Follow local policy/protocol for UHCG testing.

REMINDER DUE NOW = LATE/OVERDUE -- Last injection was > 13 weeks ago
--- Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera.

INDICATIONS FOR PREGNANCY TEST (check local policies and procedures)

- Prior to initial injection
- Prior to first on time injection if initial injection was NOT during menses
- Late injections (> 13 weeks)
Local policy may require new order prior to administration of Depo Provera
- Signs and/or symptoms of pregnancy

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Depo Provera:
CLICK to display reminder detail

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-19: Depo Provera Dialog with Reminder detail

Reminder Resolution: Depo Provera

SCREENING:

-- Reports the following relative/absolute contraindications
(refer to provider for positive response)

*

- ☐ NONE
- ☐ Known hypersensitivity reaction to DMPA
- ☐ Known or suspected pregnancy
- ☐ Desire to become pregnant in next 1-2 years
- ☐ Undiagnosed abnormal vaginal bleeding
- ☐ Current DVT or PE
- ☐ Current anticoagulation therapy
- ☐ History of MI or CVA
- ☐ Uncontrolled hypertension (SBP over 160 or DBP over 110)
- ☐ Known or suspected breast cancer
- ☐ Liver disease
- ☐ Current aminoglutethimide therapy

-- Reports the following signs/symptoms
(refer to provider for positive response)

*

- ☐ NONE
- ☐ Sharp, sudden chest pain
- ☐ Hemoptysis
- ☐ Shortness of breath
- ☐ Sudden severe headache or dizziness
- ☐ Problems with speech, vision, numbness in arm/leg
- ☐ Severe pain and swelling in calf
- ☐ Unusually heavy vaginal bleeding

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Depo Provera:
CLICK to display reminder detail

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-20: Depo Provera dialog Screening section

5.15 IHS-DEPRESSION SCREENING 2013

This dialog allows documentation of depression screening exam and PHQ-2 score.

Reminder Resolution: Depression Screen

 PREVIOUS PHQ scores:
 PHQ2: Last 3 PHQ2: No PHQ2 Found
 Last 3 PHQ9: No PHQ9 Found

☐ -- PHQ2/Depression Screening Exam --

DEPRESSION SCREENING using PHQ-2:
 PHQ2 Copyright Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD is a trademark of Pfizer Inc.

Over the past 2 weeks, patient reports being bothered by the following:

1. Little interest or pleasure in doing things:
 Response: *
2. Feeling down, depressed or hopeless:
 Response: *

- Report total score 0-2-Normal/Negative
 - Report total score 3-6-Positive Screening *** Further assessment is indi

Enter Total Score for PHQ2 below:

*** Select Depression Screening Exam result below ***

☐ Score is 0-2, Depression screen exam is Negative
☐ Score is 3-6, Depression screen exam is Positive

* Indicates a Required Field

Depo Provera:
 CLICK to display reminder detail

SCREENING:

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-21: Depression Screen dialog

5.16 IHS-DIAB ACE/ARB 2013

This dialog allows documentation of an ACE/ARB medication order. Sites need to make an order menu for ACE/ARB.

Reminder Resolution: DM ACE/ARB

Patients with diabetes and hypertension or nephropathy should be considered for ACE Inhibitor or ARB therapy.

☒ Order for Ace/Arb medication

* Indicates a Required Field

SCREENING:

- Reports the following relative/absolute contraindications
- Reports the following signs/symptoms

Orders: **Allergy Cold Meds...**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-22: Diabetes ACE/ARB dialog

5.17 IHS-DIAB ANTPLT KNOWN CVD 2013

This dialog allows documentation of Aspirin or Clopidogrel orders.

Reminder Resolution: DM Anti platelet CVD

Patients with an active problem of diabetes or visit diagnosis in the past 3 years AND an active problem or diagnosis ever of CVD who are not on warfarin therapy should be considered for aspirin or clopidogrel therapy unless they have allergies to both medications.

☒ Order for Aspirin 81mg
☐ Order for Clopidogrel 75mg

* Indicates a Required Field

SCREENING:

- Reports the following relative/absolute contraindications
- Reports the following signs/symptoms

Orders: Allergy Cold Meds..., **Aspirin (EC) 81mg DAILY**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-23: Diabetes Anti-platelet Therapy dialog

5.18 IHS-DIAB ASPIRIN MALE 2013

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

Reminder Resolution: DM Aspirin Male

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

No Rx found for: ASPIRIN

☒ Order for Aspirin 81mg

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

DM Aspirin Male:

Order for Aspirin 81mg

Orders: **Aspirin (EC) 81mg DAILY**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-24: Reminder Resolution DM Aspirin Male

5.19 IHS-DIAB ASPIRIN FEMALE 2013

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

Reminder Resolution: DM Aspirin Female

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

No Rx found for: ASPIRIN

☒ Order for Aspirin 81mg

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

DM Aspirin Female:

Order for Aspirin 81mg

Orders: **Aspirin (EC) 81mg DAILY**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-25: Diabetic Aspirin Female dialog

5.20 IHS-DIAB BP CONTROL 2013

This dialog allows documentation of blood pressure.

Reminder Resolution: DM BP Control

Patients with diabetes need their BP monitored every 3 months. If the last SBP is 130 or greater or DBP is 80 or greater, BP needs to be monitored at every visit. Last BP: None found

☐ Check to record blood pressure.

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
DM Aspirin Male:
Order for Aspirin 81mg

Orders: Aspirin (EC) 81mg DAILY

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-26: Diabetes BP Control dialog

5.21 IHS-DIAB EYE EXAM 2013

This dialog allows documentation of fundoscopic eye exams.

Reminder Resolution: DM Eye Exam

Fundoscopic eye exams should be done yearly on patients with diabetes.
Last eye exam: None Found

☒ Patient had a dilated pupil eye exam at this encounter.
Result of Exam: * Normal/negative
Comment: Eye exam Normal

☒ Patient had a complete dilated pupil eye exam done previously
Exam Result: Normal/negative
Date: * March 27 2014
Location: *
Comment:

* Indicates a Required Field

DM Eye Exam:
Patient had a dilated pupil eye exam at this encounter.
Result of Exam: Normal/negative
Comment: Eye exam Normal

Examinations: **DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical)**
Orders: Aspirin (EC) 81mg DAILY

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-27: Diabetic Eye Exam dialog

5.22 IHS-DIAB FOOT EXAM 2013

This dialog allows documentation of foot exam and patient education.

Reminder Resolution: DM Foot Exam

Diabetic patients should have a complete diabetic foot exam done yearly.
This includes a visual exam, sensory exam, and pedal pulses.

Last foot exam: None Found

☒ Patient had a complete diabetic foot exam at this visit.

Exam Result: (None selected)

☐ Visual inspection of feet was done at this visit. Result:
☐ Normal ☐ Abnormal

☐ Patient's feet were examined for sensation. Type of exam:
☐ Monofilament ☐ Pinprick

☐ Pedal pulses were assessed. Results: ☐ Normal ☐ Abnormal

☐ Patient had a complete diabetic foot exam done previously.

☒ Patient was educated about diabetic foot care. Instruction was given
in how to examine the feet, the wearing of socks and shoes, signs of
problems and when to see a provider.

Level of Understanding: Good

Education duration: 0

Readiness to Learn: (None selected)

Comment:

* Indicates a Required Field

DM Foot Exam:
 Complete Diabetic foot exam
 Patient was educated about diabetic foot care. Instruction was given
 in how to examine the feet, the wearing of socks and shoes, signs

Patient Educations: DM-FOOT CARE AND EXAMINATIONS
 Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical), DIABETIC FOOT EXAM,
 COMPLETE
 Orders: Aspirin (EC) 81mg DAILY

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-28: Diabetic Foot Exam dialog

5.23 IHS-DIAB HGBA1C 2013

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

Reminder Resolution: DM HgbA1c

Hemoglobin A1c recommended every 6 months for patients with diabetes.

Last HEMOGLOBIN A1C 5.0 JUL 29, 2013@11:02

☒ Order for Hemoglobin A1c

☐ per standing order

☐ per provider order

☐ per provider referral

* Indicates a Required Field

DM HgbA1c:
Order for Hemoglobin A1c

Patient Educations: DM-FOOT CARE AND EXAMINATIONS
Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical), DIABETIC FOOT EXAM, COMPLETE
Orders: Aspirin (EC) 81mg DAILY, LRZM DIABETIC TESTS

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-29: Diabetic Hgba1c dialog

5.24 IHS-DIAB HGBA1C CONTROL 2013

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

Reminder Resolution: DM HgbA1C Control

Hemoglobin A1c recommended at least every 6 months. REMINDER DUE every 3 months if last Hemoglobin A1c is greater than a site determined value.

Last HEMOGLOBIN A1C 5.0 JUL 29, 2013@11:02

☒ Order for Hemoglobin A1c

☐ per standing order

☐ per provider order

☐ per provider referral

* Indicates a Required Field

DM HgbA1c:
Order for Hemoglobin A1c

Patient Educations: DM-FOOT CARE AND EXAMINATIONS
Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical), DIABETIC FOOT EXAM, COMPLETE
Orders: Aspirin (EC) 81mg DAILY, **LRZM DIABETIC TESTS**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-30: Diabetic Hgba1c Control dialog

5.25 IHS-DM (DIABETES) SCREENING 2013

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

Reminder Resolution: DM Screening

Patients over 18 with no diagnosis of diabetes, should be screened every 3 years.

Last 1 GLUCOSE: No Results Found

☒ Order for Glucose test

☐ per standing order

☐ per provider order

☐ per provider referral

* Indicates a Required Field

DM Screening:
Order for Glucose test

Patient Educations: DM-FOOT CARE AND EXAMINATIONS
Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical), DIABETIC FOOT EXAM, COMPLETE
Orders: Aspirin (EC) 81mg DAILY, LRZM DIABETIC TESTS

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-31: DM (Diabetes) Screening dialog

5.26 IHS-DIAB NEPHRO SCR/MON 2013

This dialog allows documentation of nephropathy lab test orders. Sites must make an order menu containing the nephropathy labs that are being used at the facility. The reminder is resolved by Urine albumin and eGFR. eGFR is calculated from creatinine.

Reminder Resolution: DM Nephropathy Screen

REMINDER DUE : Patient has active problem or visit diagnosis of Diabetes in past 3 years and NOT on long term dialysis AND no quantitative urine albumin(UACR) AND eGFR in past year.

☒ Order for Nephropathy tests

- ☐ per standing order
- ☐ per provider order
- ☐ per provider referral

* Indicates a Required Field

DM Nephropathy Screen:
Order for Nephropathy tests

DM Screening:
Order for Glucose test

Patient Educations: DM-FOOT CARE AND EXAMINATIONS
Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical), DIABETIC FOOT EXAM, COMPLETE
Orders: Aspirin (EC) 81mg DAILY, **LRZ Nephropathy**, LRZM DIABETIC TESTS

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-32: Diabetic Nephropathy dialog

5.27 IHS-DOMESTIC VIOLENCE 2013

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

Reminder Resolution: Domestic Violence

Last screening in computer: Date: May 03, 2013 Results: PRESENT

☒ Patient was screened for domestic violence at this visit.

Result of Exam: * Abnormal

Comment:

☒ Check to indicate education about domestic violence.

- ☐ DV-Prevention education provided at this encounter.
- ☐ DV-Literature provided at this encounter.
- ☐ DV-Safety education provided at this encounter.
- ☐ DV-Disease Process education provided at this encounter.
- ☐ DV-Treatment education provided at this encounter.
- ☐ DV-Stress management education provided at this encounter.

* Indicates a Required Field

Domestic Violence:
Patient was screened for domestic violence at this visit.
Result of Exam: Abnormal

Patient Educations: DM-FOOT CARE AND EXAMINATIONS
Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical), DIABETIC FOOT EXAM, COMPLETE, **INTIMATE PARTNER VIOLENCE**
Orders: Aspirin (EC) 81mg DAILY, LRZ Nephropathy, LRZM DIABETIC TESTS

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-33: Domestic Violence dialog

5.28 IHS-EPSDT SCREENING 2013

This is an information only dialog.

Reminder Resolution: EPSDT Evaluation

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

EPSDT Screening Definition (CPT codes):

- Age less than 1 year: New Patient 99381; Established Patient 99391
- Age 1 through 4 years: New Patient 99382; Established Patient 99392
- Age 5 through 11 years: New Patient 99383; Established Patient 99393
- Age 12 through 17 years: New Patient 99384; Established Patient 99394
- Age 18 through 20 years: New Patient 99385; Established Patient 99395

* Indicates a Required Field

Patient was screened for domestic violence at this visit.
Result of Exam: Abnormal

Patient educated about domestic violence.

Patient Educations: DM-FOOT CARE AND EXAMINATIONS
Examinations: DIABETIC EYE EXAM, DIABETIC EYE EXAM (Historical), DIABETIC FOOT EXAM, COMPLETE, INTIMATE PARTNER VIOLENCE
Orders: Aspirin (FC) 81mg DAILY, IRZ Nephropathy, IRZM DIABETIC TESTS

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-34: EPSDT dialog

5.29 IHS-FALL RISK SCREEN 2013

Resolution is Exam code.

Reminder Resolution: Fall Risk Screen

Patients over 65 should be assessed for fall risk on a yearly basis.

Last Fall Risk: None Found

☒ Patient was checked for fall risk at this encounter.

Result of Exam: * **Abnormal**

Comment:

☒ Patient had a fall risk exam done previously.

Exam Result: **Normal/negative**

Date: * **March** **10** **2014** ...

Location: *

Comment:

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Fall Risk Screen:

Patient was checked for fall risk at this encounter.

Result of Exam: **Abnormal**

Examinations: FALL RISK, FALL RISK (Historical)

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-35: Fall Risk dialog

5.30 IHS-FUNCTIONAL ASSESSMENT 2013

This is an information-only dialog.

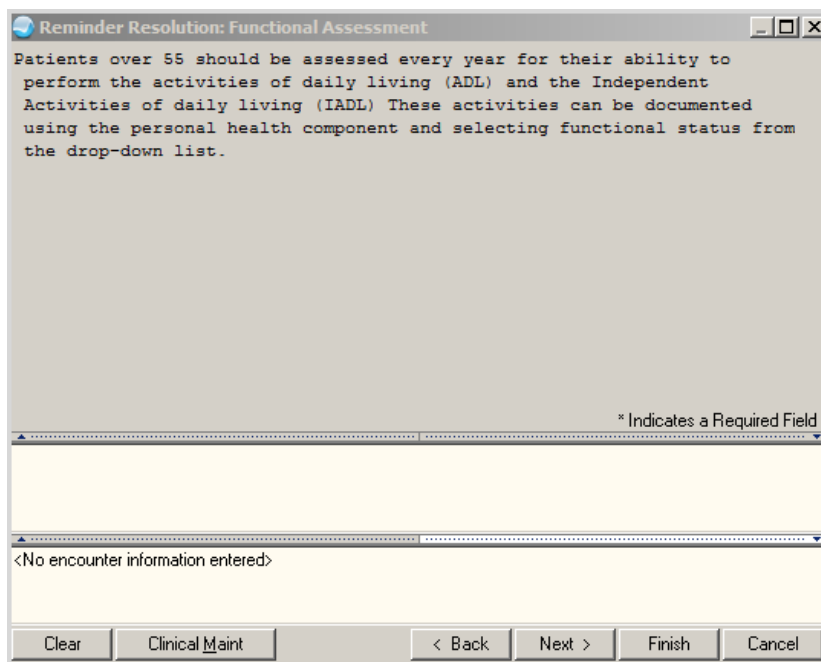


Figure 5-36: Functional Assessment dialog

5.31 IHS-HCT/HGB 2013

This dialog has been expanded to include documentation of implementation of quick order for HCT and HGB.

Figure 5-37: HGB/HCT dialog

5.32 IHS-HEAD CIRCUMFERENCE 2013

This dialog allows documentation of the head circumference.

Figure 5-38: Head Circumference dialog

5.33 IHS-HEARING TEST 2013

This dialog allows documentation of the hearing test.

Reminder Resolution: Hearing Test

Hearing test should be done at age 4.

☒ Check to record hearing test results. N - Normal

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Hearing Test:

Patient hearing screen recorded.

N

Vital Measurements: HE

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-39: Hearing Test dialog

5.34 IHS-HEIGHT 2013

This dialog allows resolution of the reminder by entry of height.

Reminder Resolution: Height

Last height recorded: None found

☒ Check to record patient's height IN

Comment:

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Height:

Pts height recorded.

Vital Measurements: HT

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-40: Height dialog

5.35 IHS-HIV SCREEN 2013

This dialog includes an order for HIV screening test to resolve the reminder and patient education documentation.

Reminder Resolution: HIV Screen

Patient is 13 or older and no HIV Screen on file.

☐ Order for HIV screening test

☐ per standing order

☐ per provider order

☐ per provider referral

☒ HIV-Test education provided at this encounter.

Level of Understanding: Good

Education duration: 0

Readiness to Learn: (None selected)

Comment:

* Indicates a Required Field

HIV Screen:

Educated patient about HIV screening.

Level of Understanding: Good

Patient Educations: HIV-TESTS

Vital Measurements: HT

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-41: HIV Screen dialog

5.36 IHS-IMMUNIZATIONS 2013

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

Reminder Resolution: IPV Immunization

Immunizations Due: HEP B PED (past due)
 DT-PEDS (past due)
 IPV (past due)
 MMR (past due)
 VARICELLA (past due)
 HEP A PED (past due)
 FLU-IIV3 (due)

☒ Check to document immunization information

☒ Patient received IPV immunization at this visit

☒ per standing order
☐ per provider order
☐ per provider referral .

Lot Number: * M1070

Imm Site: * Left thigh sq

Injection Volume: 0.50

Vacc Info Sheet Date: 08-Jan-2014 ...

VAC Eligibility: (None selected)

Admin Notes:

☐ Patient/family indicated IPV immunization was received at another facility.
☐ Patient/family refused IPV immunization at this visit.

☒ Check to document immunization education done at this visit.

☐ Vaccination literature given.
☐ Information given on benefits, side effects and post immunization care

* Indicates a Required Field

Immunization information:
 Patient received IPV immunization at this visit per standing order.
 Lot Number: M1070
 Imm Site: Left thigh sq

Immunizations: **IPV**
 Patient Educations: HIV-TESTS
 Vital Measurements: HT

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-42: Immunization Received at this Visit dialog

Reminder Resolution: IPV Immunization

Immunizations Due: HEP B PED (past due)
 DT-PEDS (past due)
 IPV (past due)
 MMR (past due)
 VARICELLA (past due)
 HEP A PED (past due)
 FLU-IIV3 (due)

☒ Check to document immunization information

☐ Patient received IPV immunization at this visit

- ☐ per standing order
- ☐ per provider order
- ☐ per provider referral.

☒ Patient/family indicated IPV immunization was received at another facility.

Date: * January 1 2014 ...

Location: * 2 Grey Hills Headstart

Comment:

☒ Patient/family refused IPV immunization at this visit.

Comment:

Reason for refusal: Refusal of treatment by patient

☒ Check to document immunization education done at this visit.

- ☐ Vaccination literature given.
- ☐ Information given on benefits, side effects and post immunization care
- ☐ Information on following the required schedule for vaccinations
- ☐ Education about importance of staying current on immunizations

* Indicates a Required Field

Immunizations: **IPV, IPV (Historical)**
 Patient Educations: HIV-TESTS
 Vital Measurements: HT

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-43: Immunization Received at Another Facility and Refused at this Visit dialog

5.37 IHS-LIPID FEMALE 2013

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

Reminder Resolution: Lipid Profile Female

Patient's last LIPID PROFILE was: |LAST LIPID PROFILE|

☒ Order for Lipid Profile

- ☒ per standing order
- ☐ per provider order
- ☐ per provider referral

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Lipid Profile Female:

Order for Lipid Profile per standing order

Orders: Lipid Profile

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-44: Lipid Female dialog

5.38 IHS-LIPID MALE 2013

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

Reminder Resolution: Lipid Profile Male

Patient's last LIPID PROFILE was: |LAST LIPID PROFILE|

☒ Order for Lipid Profile

☐ per standing order

☐ per provider order

☐ per provider referral

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Lipid Profile Male:

Order for Lipid Profile

Orders: Lipid Profile

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-45: Lipid Male dialog

5.39 IHS-MAMMOGRAM 40 – 49 2013

This dialog allows resolution by education or mammogram for ages 40-49. Dialog was updated to also include documentation of BIRAD category for historical mammograms. It also includes a quick order for mammogram.

Reminder Resolution: Mammogram 40-49

MAMMOGRAM ORDERED

☒ Order for Mammogram

- ☒ per standing order
- ☐ per provider order
- ☐ per provider referral

MAMMOGRAM NOT ORDERED TODAY

☐ SCHEDULED - Patient has mammogram scheduled already.

☐ REFERRAL DONE - Referral already given to patient at previous visit.

☐ EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

☐ HISTORICAL Screening Mammogram reported

☐ HISTORICAL Unilateral Diagnostic Mammogram reported

☐ HISTORICAL Bilateral Diagnostic Mammogram reported

☐ CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 40-49:
Order for Mammogram per standing order

Orders: **Bilateral Mammogram**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-46: Mammogram 40-49 Order dialog

Reminder Resolution: Mammogram 40-49

MAMMOGRAM ORDERED

☐ Order for Mammogram

- ☐ per standing order
- ☐ per provider order
- ☐ per provider referral

MAMMOGRAM NOT ORDERED TODAY

☒ SCHEDULED - Patient has mammogram scheduled already.

Comment:

☐ REFERRAL DONE - Referral already given to patient at previous visit.

☐ EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

☐ HISTORICAL Screening Mammogram reported

☐ HISTORICAL Unilateral Diagnostic Mammogram reported

☐ HISTORICAL Bilateral Diagnostic Mammogram reported

☐ CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 40-49:

SCHEDULED - Patient has mammogram scheduled already.

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-47: Mammogram Not Ordered dialog

Reminder Resolution: Mammogram 40-49
per provider referral

MAMMOGRAM NOT ORDERED TODAY

☐ SCHEDULED - Patient has mammogram scheduled already.

☐ REFERRAL DONE - Referral already given to patient at previous visit.

☐ EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

☒ HISTORICAL Screening Mammogram reported

Date: * January 3 2014

Location: * Other

Results and Source of info: * Per Patient-Needs Addl Imaging

☐ Per Report-No detectable malignancy

☐ Per Report-Needs Addl Imaging

☐ Per Report-No Interval Change

☐ Per Patient-Normal

☒ Per Patient-Needs Addl Imaging

☐ Per Patient-No Interval Change

☐ Per Patient-Results Unknown

☐ HISTORICAL Unilateral Diagnostic Mammogram reported

☐ HISTORICAL Bilateral Diagnostic Mammogram reported

☐ CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 40-49:

HISTORICAL Screening Mammogram reported

Date: January 3, 2014

Procedures: **MAMMOGRAM SCREENING (Historical)**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-48: Historical Mammogram Documentation

5.40 IHS-MAMMOGRAM 50 – 74 2013

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

Reminder Resolution: Mammogram 50-74

MAMMOGRAM ORDERED

☒ Order for Mammogram

☒ per standing order

☐ per provider order

☐ per provider referral

MAMMOGRAM NOT ORDERED TODAY

☐ SCHEDULED - Patient has mammogram scheduled already.

☐ REFERRAL DONE - Referral already given to patient at previous visit.

☐ EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

☐ HISTORICAL Screening Mammogram reported

☐ HISTORICAL Unilateral Diagnostic Mammogram reported

☐ HISTORICAL Bilateral Diagnostic Mammogram reported

☐ CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 50-74:
Order for Mammogram per standing order

Orders: Bilateral Mammogram

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-49: Mammogram 50-74 Order dialog

5.41 IHS-MAMMOGRAM 75 – 100 2013

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

Reminder Resolution: Mammogram 75-100

MAMMOGRAM ORDERED

☒ Order for Mammogram

☒ per standing order

☐ per provider order

☐ per provider referral

MAMMOGRAM NOT ORDERED TODAY

☐ SCHEDULED - Patient has mammogram scheduled already.

☐ REFERRAL DONE - Referral already given to patient at previous visit.

☐ EDUCATION - Discussed risks and benefits of mammography

HISTORICAL DATA

☐ HISTORICAL Screening Mammogram reported

☐ HISTORICAL Unilateral Diagnostic Mammogram reported

☐ HISTORICAL Bilateral Diagnostic Mammogram reported

☐ CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Mammogram 75-100:
Order for Mammogram per standing order

Orders: Bilateral Mammogram

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-50: Mammogram 50-74 Order dialog

5.42 IHS-NEWBORN HEARING 2013

Dialog allows documentation of newborn hearing. Vital Sign resolution must be documented in both ears.

Reminder Resolution: Newborn Hearing

All babies need to have a hearing screen done before they are one year of age. *** Both left and right side exams are REQUIRED ***

☒ New born hearing exam must be done for both left and right ears.

☒ Left side hearing exam:
Exam Result:
Comment:

☒ Right side hearing exam:
Exam Result:
Comment:

☒ Patient had newborn hearing exam done previously.

☒ Left side exam:
Exam Result:
Date: *
Location: *
Comment:

☒ Right side exam:
Exam Result:
Date: *
Location: *
Comment:

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
Newborn Hearing:
Patient had newborn hearing exam done at this encounter.
Left side hearing exam:

Examinations: **NEWBORN HEARING SCREEN (LEFT), NEWBORN HEARING SCREEN (LEFT) (Historical), NEWBORN HEARING SCREEN (RIGHT), NEWBORN HEARING SCREEN (RIGHT) (Historical)**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-51: Newborn Hearing dialog

5.43 IHS-NUTRITIONAL SCREENING 2013

This is an information only dialog.

Reminder Resolution: Nutritional Screening

Patient is 70 or older and does not have a nutritional screen in PCC in the last 2 years. Nutritional screenings are entered through PCC using the NRS mnemonic.

* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-52: Nutrition Screening dialog

5.44 IHS-OSTEOPOROSIS SCREENING 2013

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

Reminder Resolution: Osteoporosis Screening

BONE DENSITY TEST ORDERED

☒ Bone density test ordered today

☐ per standing order

☐ per provider order

☐ per provider referral .

 -Patient educated on follow through.

☒ Educated patient on importance of osteoporosis screening tests.

Level of Understanding: *

Education duration:

Readiness to Learn:

Comment:

BONE DENSITY TEST NOT ORDERED

☐ Bone density test previously ordered.

HISTORICAL DATA

☒ Historical dexascan (axial) reported.

Date: *

Location: *

Results and Source of info: *

☒ CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Osteoporosis Screening:

Bone density test ordered today .

-Patient educated on follow through.

Procedures: **DXA BONE DENSITY AXIAL (Historical)**

Patient Educations: **WH-OSTEOPOROSIS**

Orders: **Dexascan**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-53: Osteoporosis Screen dialog

5.45 IHS-PAP TEST 21 – 29 2013

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

Note: Documenting a subtotal hysterectomy with cervix retained does not remove the patient from the reminder cohort.

Reminder Resolution: Pap Test 21-29Y

Age 21-29, normal risk, recommend Pap every 3 years

☒ PAP ORDER TODAY

☐ Order for Pap test only

☐ per standing order

☐ per provider order

☐ per provider referral

☒ Order for Pap test and STD Testing

☐ per standing order

☐ per provider order

☐ per provider referral

☐ PAP NOT ORDERED TODAY

☒ ENTER HISTORICAL PAP or HYSTERECTOMY

☐ Historical Pap reported.

☐ Historical Hysterectomy Reported.

☒ CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Pap Test 21-29Y:

Order for Pap test and STD Testing

Orders: PAP

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-54: PAP Test 21 – 29 Years dialog

5.46 IHS-PAP TEST 30 – 64 2013

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

Note: Documenting a subtotal hysterectomy with cervix retained does not remove the patient from the reminder cohort.

Reminder Resolution: Pap test 30-64Y

 Age 30-64, normal risk, recommend PAP + HPV every 5 years
 OR PAP every 3 years

☒ PAP ORDER FOR TODAY

☐ Order for PAP and HPV testing
 ☐ per standing order
 ☐ per provider order
 ☐ per provider referral
☒ Order for PAP, HPV and STD Testing
 ☐ per standing order
 ☐ per provider order
 ☐ per provider referral

☐ PAP NOT ORDERED TODAY

☒ ENTER HISTORICAL PAP or HYSTERECTOMY

☐ Historical Pap reported.
☐ Historical Hysterectomy Reported.

☒ CHECK HERE to add comments

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
 Pap test 30-64Y:
 Order for PAP, HPV and STD Testing

Orders: LRZSET PAP

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-55: PAP Test 30 – 64 Years dialog

5.47 IHS-SENIOR HEIGHT 2013

This dialog allows documentation of height.

Reminder Resolution: Senior Height

Patients over 50 should have their height measured every 2 years. Those over 65 should have their height measured yearly.
Last Height: None found

☒ Check to record patient's height 66 IN ▾

Comment:

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY
Senior Height:
Pts height recorded.
66 in (167.64 cm)

Vital Measurements: HT

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-56: Senior Height

5.48 IHS-SENIOR VISION 2013

Resolution by Vital Sign.

Reminder Resolution: Senior Vision

Pts 65+ years should have their vision checked every 2 years. Enter vision using the following format: right eye/left eye

- Example - 20/30 means 20/20 Right, 20/30 Left
- Example - 40 means 20/40 Right, no measurement for Left
- Example - /50 means 20/50 Left, no measurement for Right

☒ Corrected vision exam was done at this visit.

☒ Uncorrected vision exam was done at this visit.

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Senior Vision:

- Corrected vision exam was done at this visit.
- Uncorrected vision exam was done at this visit.

Vital Measurements: **VC**

Vital Measurements: **VU**

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-57: Senior Vision

5.49 IHS-TOBACCO SCREEN 2013

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

The top level has use assessment and exposure assessment.

Reminder Resolution: Tobacco Screen

---- TOBACCO HEALTH FACTORS ----

No Tobacco health factors.

☒ -- Tobacco Use Assessment --

☐ Patient has never smoked or used smokeless tobacco.

☐ Ceremonial tobacco use only.

☐ Current or former smoker; never used smokeless tobacco.

☐ Current or former smokeless tobacco user; never smoked.

☐ Current or former smoker and smokeless tobacco user.

☒ -- Tobacco Exposure Assessment --

☐ Smoke free home.

☐ Smoker in home.

☐ Patient is exposed to smoke at work or outside home.

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Tobacco Screen:

--- Tobacco Use Assessment ---

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-58: Tobacco Screen Upper Level

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

Note: Selecting the group “Current or former smoker, never used smokeless tobacco,” stores the “Never used smokeless tobacco” health factor. The user then selects the smoking health factor.

Reminder Resolution: Tobacco Screen

---- TOBACCO HEALTH FACTORS ----
 No Tobacco health factors.

☒ -- Tobacco Use Assessment --

- ☐ Patient has never smoked or used smokeless tobacco.
- ☐ Ceremonial tobacco use only.
- ☒ Current or former smoker; never used smokeless tobacco.
- ☐ -- Patient currently smokes every day.
- ☐ -- Patient currently smokes <10 cigarettes per day.
- ☐ -- Patient currently smokes >10 cigarettes per day.
- ☒ -- Patient currently smokes some days, but not every day.

- ☐ Tobacco Use-Quit education provided at this encounter.
- ☐ Tobacco Use-Help line education provided at this encounter.
- ☐ Tobacco Use-Complications education provided at this encounter.
- ☐ Tobacco Use-Literature education provided at this encounter.
- ☐ Order for tobacco cessation consult
 - ☐ per standing order
 - ☐ per provider order
 - ☐ per provider referral

- ☐ -- Patient quit smoking < 6 months ago
- ☐ -- Patient quit smoking over 6 months ago.
- ☐ Current or former smokeless tobacco user; never smoked.
- ☐ Current or former smoker and smokeless tobacco user.

☒ -- Tobacco Exposure Assessment --

- ☐ Smoke free home.
- ☐ Smoker in home.
- ☐ Patient is exposed to smoke at work or outside home.

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Tobacco Screen:

-- Tobacco Use Assessment --

Current or former smoker; never used smokeless tobacco.

-- Patient currently smokes some days but not every day

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-59: Tobacco Screen Details

5.50 IHS-WEIGHT 2013

The dialog allows documentation of weight.

Reminder Resolution: Weight

Weight should be recorded on a regular basis: Last 2 WT: No WT Found

☒ Check to record patient weight. LB

* Indicates a Required Field

CLINICAL REMINDER ACTIVITY

Weight:
Patient weight recorded.

Vital Measurements: WT

Clear Clinical Maint < Back Next > Finish Cancel

Figure 5-60: Weight dialog

6.0 Setup Quick Orders in Dialogs

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

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

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

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

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

6.1 Lab Quick Orders

LRZ CBC
LRZ CHLAMYDIA
LRZ GLUCOSE
LRZ HGB
LRZ HGBA1C
LRZ HIV SCREENING
LRZ INR
LRZ LIPID PROFILE
LRZ OCCULT BLOOD
LRZ PAP
LRZ URINALYSIS

LRZ URINE HCG

6.2 Medication Quick Orders

PSOZ ASPIRIN (EC) 81MG DAILY
PSOZ DEPO PROVERA 150MG IM
PSOZ CLOPIDOGREL 75MG DAILY

6.3 Consult Quick Orders

GMRCZ BH CONSULT
GMRCZ COLONOSCOPY
GMRCZ MAMMOGRAM
GMRCZ MENTAL HEALTH
GMRCZ TOBACCO CESSATION

6.4 Other Quick Orders

ORZ EKG
ORZ DEXASCAN
RAZ BILATERAL MAMMOGRAM

6.5 Order Sets

LRZSET PAP: Order set with Pap lab tests

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

6.6 Menus

PSOZM ACE/ARBS: order menu with ACE/ARB medications
PSOZM ASTHMA STEROIDS: order menu with Asthma Steroid medications

7.0 Setup TIU Objects in Dialogs

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

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

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

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

ACTIVE MEDICATIONS
ACTIVE PROBLEMS
ALLERGIES/ADR
BPXRM ALCOHOL SCREEN
BPXRM BP
BPXRM CAGE TEST
BPXRM DENTAL EXAM
BPXRM DEPRESSION SCREEN
BPXRM DIABETIC EYE
BPXRM FALL RISK
BPXRM FOOT EXAM
BPXRM HEAD CIRCUMFERENCE
BPXRM HEIGHT
BPXRM HGB AND HCT
BPXRM HGBA1C
BPXRM INTIMATE PARTNER VIOLENCE
BPXRM LAST 2 WEIGHTS
BPXRM LAST ASPIRIN
BPXRM LAST PHQ2
BPXRM LAST PHQ9
BPXRM MAMMOGRAM
BPXRM UPDATED TOBACCO
CVD TP
LAST AUDIT 3*
LAST AUDITC 3*
LAST BPF*
LAST CRAFFT 3*
LAST LAB INR 3*
LAST LIPID PROFILE*

TODAY'S LABS

V CHIEF COMPLAINT

V MEASUREMENT

*Objects that must be created locally.

8.0 Setup Health Summary Objects

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

8.1 ASTHMA TRIGGERS

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

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

Select RPMS-EHR Configuration Master Menu Option: | TIU Configuration Option | IHS TIU Menu for Medical Records ... | Select TIU Maintenance Menu | DDM Document | Definitions (Manager) ... | DDM6 Create TIU/Health Summary Objects.

TIU Object Name	Health Summary Type
1 BH MEASUREMENT	BEHAVIORAL HEALTH FLOWSHEET
2 PWH MED REC FOR MTM	PWH MED REC FOR MTM
3 PXRM DEPO PROVERA	PXRM DEPO PROVERA
4 REMINDERS SUMMARY	REMINDERS SUMMARY
4 TIU TPBN FUTURE APPTS	TIU TPBN FUTURE APPTS


```

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

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

Enter a New TIU OBJECT NAME: ASTHMA TRIGGERS
Object Name: ASTHMA TRIGGERS
Is this correct? YES// YES
Use a pre-existing Health Summary Object? NO// NO
Checking ASTHMA TRIGGERS3 (TIU) with Health Summary...
Creating Health Summary Object 'ASTHMA TRIGGERS (TIU)'

Select Health Summary Type: ASTHMA TRIGGERS

Are you adding 'ASTHMA TRIGGERS' as
a new HEALTH SUMMARY TYPE (the 35th)?  No// YES
NAME: ASTHMA TRIGGERS//
TITLE:
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:
SUPPRESS SENSITIVE PRINT DATA:
LOCK:
Do you wish to copy COMPONENTS from an existing Health Summary Type? YES//
NO
Select COMPONENT: SHF PCE HEALTH FACTORS SELECTED
SUMMARY ORDER: 5// 5
OCCURRENCE LIMIT: 1
TIME LIMIT:
HEADER NAME: Health Factor Select Replace

```

```

No selection items chosen.

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

Select SELECTION ITEM: ASTHMA TRIGGERS

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

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

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

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

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

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

Suppress Components without Data? N// NO

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

Create a TIU Object named: ASTHMA TRIGGERS

Ok? YES//YES

TIU Object created successfully.

    TIU Object Name                      Health Summary Type
1    ASTHMA TRIGGERS                     ASTHMA TRIGGERS
2    BH MEASUREMENT                     BEHAVIORAL HEALTH FLOWSHEET
3    PWH MED REC FOR MTM                 PWH MED REC FOR MTM
4    PXRМ DEPO PROVERA                   PXRМ DEPO PROVERA
5    REMINDERS SUMMARY                   REMINDERS SUMMARY
6    TIU TPBN FUTURE APPTS               TIU TPBN FUTURE APPTS

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

Figure 8-1; Creating Asthma Triggers Health Summary Objects

```

HS OBJECT DISPLAY                      Feb 13, 2012 13:08:29          Page:    1 of
1
                                     Detailed Display for ASTHMA TRIGGERS

                                     HS Object: ASTHMA TRIGGERS (TIU)
Health Summary Type: ASTHMA TRIGGERS
Report Period:
Creator: JOHNSON,CAROLYN J

                                     HS Object

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

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

```

Figure 8-2: Asthma Triggers Health Summary Object Display

```

Type Name:  ASTHMA TRIGGERS
Title:
Owner:
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:
SUPPRESS SENSITIVE PRINT DATA:

Abb  Ord   Component Name      Max    Hos  ICD  Pro  CPT
Occ  Time Loc  Text  Nar  Mod  Selection
-----
-
SHF   5    Health Factor Select 1
                                     ASTHMA
TRIGGERS

```

Figure 8-3: Asthma Triggers Health Summary Type

8.2 LAST HF OCCUPATION

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

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

```

HS OBJECT DISPLAY                      Feb 13, 2012 13:33:18          Page:    1 of
1
                                     Detailed Display for LAST HF OCCUPATION

                                     HS Object: LAST HF OCCUPATION (TIU)

```

```

Health Summary Type: LAST HF OCCUPATION
Report Period:
Creator: JOHNSON,CAROLYN J

HS Object

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

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

```

Figure 8-4: Detailed Display for LAST HF OCCUPATION

```

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

Abb  Ord      Component Name      Max      Hos  ICD   Pro   CPT
Selection      Occ  Time  Loc  Text  Nar  Mod
-----
SHF   5      Health Factor Select 1
                                           OCCUPATION

```

Figure 8-5: LAST HF OCCUPATION

8.3 PXRМ DEPO PROVERA

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

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

```

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

Enter a New TIU OBJECT NAME: PXRМ DEPO PROVERA

Object Name: PXRМ DEPO PROVERA

Is this correct? YES// YES

Use a pre-existing Health Summary Object? NO// NO

Checking PXRМ DEPO PROVERA (TIU) with Health Summary...

```

```
Creating Health Summary Object 'PXRМ DEPO PROVERA (TIU)'  
  
  Select Health Summary Type: PXRМ DEPO PROVERA  
  
Are you adding 'PXRМ DEPO PROVERA' as  
  a new HEALTH SUMMARY TYPE (the 43th)?   No// YES  
NAME: PXRМ DEPO PROVERA//  
TITLE: Depo Provera  
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:  
SUPPRESS SENSITIVE PRINT DATA:  
LOCK:  
OWNER: USER,DEMO//  
  
Do you wish to copy COMPONENTS from an existing Health Summary Type?  
YES// NO  
Select COMPONENT: CLINICAL REMINDERS BRIEF  
SUMMARY ORDER: 5// 5  
HEADER NAME: Reminders Brief//  
  
No selection items chosen.  
  
Select new items one at a time in the sequence you want them  
displayed.  
You may select any number of items.  
  
Select SELECTION ITEM: IHS-DEPO  
  
      Searching for a CLINICAL REMINDER/MAINTENANCE, (pointed-to by  
SELECTION ITE  
M)  
  
      Searching for a CLINICAL REMINDER/MAINTENANCE  
IHS-DEPO PROVERA 2011      VISN  
      ...OK? Yes// YES  
Are you adding 'IHS-DEPO PROVERA 2011' as  
  a new SELECTION ITEM (the 1ST for this STRUCTURE)? No// Y  
Select SELECTION ITEM:  
Select COMPONENT:  
  
Do you wish to review the Summary Type structure before continuing?  
NO// NO  
Please hold on while I resequence the summary order.  
  
Do you want to overwrite the TIME LIMITS in the Health  
Summary Type 'PXRМ DEPO PROVERA'?  N// NO  
Print standard Health Summary Header with the Object?  N// NO  
  
Partial Header:  
  Print Report Date?  N// NO  
  Print Confidentiality Banner?  N// NO  
  Print Report Header?  N// NO  
  Print the standard Component Header?  YES// NO  
  Use report time/occurence limits?  N// NO
```

```

Underline Component Header?  N// NO
Add a Blank Line after the Component Header?  N// NO
Print the date a patient was deceased?  N// NO

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

Suppress Components without Data?  N// NO

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

Create a TIU Object named: PXRМ DEPO PROVERA

Ok? YES//

TIU Object created successfully.

Enter RETURN to continue...

```

Figure 8-6: Reminder in TIU Object

```

Detailed Display for PXRМ DEPO PROVERA

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

      HS Object

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

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

```

Figure 8-7: PXRМ Depo Provera Object Summary

```

Type Name:  PXRМ DEPO PROVERA
Title:
Owner:  JOHNSON,CAROLYN J
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:
SUPPRESS SENSITIVE PRINT DATA:

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

```

CMB	5	Reminder Brief	IHS-DEPO
PROV			
ERA	2011		

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

8.4 PWH MED REC FOR MTM

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

HS Object: PWH MED REC FOR MTM (TIU)	
Health Summary Type: PWH MED REC FOR MTM	
Report Period:	
HS Object	
Print Label: NO	Print Report Date and Time: NO
Print Blank Line after Label: NO	Print Confidentiality Banner: NO
Customized Header: YES	Print Report Date and Time: NO
Suppress Components w/o Data: NO	Print Component Header: NO
Print Deceased Information: NO	Print Time-Occurrence Limits: NO
National Object: NO	Underline Component Header: NO
	Blank Line After Header: NO
Enter ?? for more actions	
Edit HS Object	Inquire about a HS Type
Change HS Type	Edit HS Type
Select Action: Quit//	

Figure 8-9: PWH MED REC Object Summary

Type Name: PWH MED REC								
Title: PWH MED REC								
Owner: HESS, BARBARA								
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA: no								
SUPPRESS SENSITIVE PRINT DATA:								
Abb	Ord	Component Name	Max		Hos	ICD	Pro	CPT
Selection			Occ	Time	Loc	Text	Nar	Mod

-								
PWS	5	Handout Selected						
MEDICATION RE								
CONCILIATION								

Figure 8-10: PWH MED REC Health Summary Type

9.0 Remove Old Reminders from Exchange

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

+	Entry	Source	Date Packed
31	IHS-COLON CANCER 2007	HAGER@DEMO HOSPITA	
	08/28/2008@11:42:51		
32	IHS-COLON CANCER 2010	HAGER@DEMO HOSPITA	
	02/04/2010@10:19:27		
33	IHS-DENTAL VISIT	HAGER@DEMO HOSPITA	
	02/04/2010@10:19:41		
34	IHS-DEPRESSION SCREEN 2008	HAGER@DEMO HOSPITA	
	05/22/2009@10:03:29		
35	IHS-DEPRESSION SCREEN 2009	HAGER@DEMO HOSPITA	
	02/04/2010@10:19:56		
36	IHS-DIAB ACE/ARB 2007	HAGER@DEMO HOSPITA	
	08/28/2008@11:43:30		
37	IHS-DIAB ASPIRIN 2009	HAGER@DEMO HOSPITA	
	02/04/2010@10:20:10		
38	IHS-DIAB EYE EXAM 2007	HAGER@DEMO HOSPITA	
	08/28/2008@11:44:46		
39	IHS-DIAB HGBA1C 2007	HAGER@DEMO HOSPITA	
	08/28/2008@11:45:18		
40	IHS-DIAB MICROALBUMIN 2007	HAGER@DEMO HOSPITA	
	08/28/2008@11:45:38		
	CFE Create Exchange File Entry	IH	Installation
	History		
CHF	Create Host File	LHF	Load Host File
CMM	Create MailMan Message	LMM	Load MailMan Message
DFE	Delete Exchange File Entry	LR	List Reminder Definitions
IFE	Install Exchange File Entry	RI	Reminder Definition Inquir
	Select Action: Next Screen//	DFE	
	Select Entry(s): (1-10): 31-40		Enter the number(s) of the reminder(s)
	that you wish to delete. You may		Enter a number, a list, or a range e.g.,
	1,3,5 or 2-4,8.		

Figure 9-1: Removing Old Reminders from Exchange

10.0 Dialog Preparation

The following describes Dialog Preparation.

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

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

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

```
IM INFLUENZA WHOLE
V04.8
5 MATCHES FOUND
```

Figure 10-1: FileMan Search

```
BEH>REM>DLG>DLG ... CV (change view) to Element or Group (depending on
whether the component with the additional finding is an element of a group)
Dialog List                               Apr 11, 2012 14:01:32           Page: 39 of
47
DIALOG VIEW (DIALOG ELEMENTS)

+Item Dialog Name                        Dialog type
Status
609 IM INFLUENZA DONE                   Dialog Element
610 IM INSTRUCTIONS                     Dialog Element
611 IM IPV DONE                         Dialog Element
612 IM IPV NOT DONE                     Dialog Element
613 IM MMR DONE                         Dialog Element
614 IM MMR NOT DONE                     Dialog Element
615 IM PED CONTRAINDICATION SCREEN      Dialog Element
616 IM PEDIARIX DONE                   Dialog Element
617 IM PEDIARIX NOT DONE                Dialog Element
618 IM PNEUMO CRITERIA2                 Dialog Element
619 IM PNEUMO CRITERIA3                 Dialog Element
620 IM PNEUMO-PS CONTRAINDICATION       Dialog Element
621 IM PNEUMO-PS CRITERIA1              Dialog Element
622 IM PNEUMOVACCINE NOT DONE           Dialog Element
623 IM VARICELLA DONE                   Dialog Element
624 IM VARICELLA NOT DONE               Dialog Element
+      + Next Screen  - Prev Screen  ?? More Actions
>>>
AD  Add                      CV  Change View          INQ Inquiry/Print
CO  Copy Dialog              PT  List/Print All         QU  Quit
Select Item: Next Screen//609 <<< select the dialog element to edit
Dialog Name:  IM INFLUENZA DONE

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

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

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

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

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

Select ADDITIONAL FINDINGS:^ <enter>
```

Figure 10-2: Removal of Additional Findings

11.0 Install the KIDS Build

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

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

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

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

12.0 Install the Reminder

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

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

12.1 Programmer Access

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

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

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

ComponentFile	Entry	Category	Exists
V79.1			X
MEASUREMENT TYPE			
	AUDT		X
	CRFT		X
	AUDC		X
ORDER DIALOG			
	GMRCZ MENTAL HEALTH		
	GMRCZ BH CONSULT		
REMINDER COMPUTED FINDINGS			
2	IHS-ALCOHOL 2009		X
TIU TEMPLATE FIELD			
3	ASBI NOTE INSTRUCTIONS		X

+ Next Screen - Prev Screen ?? More Actions
 IA Install all Components IS Install Selected Component
 Select Action: Next Screen// |

Figure 12-1: Reminder Components in Exchange

If there are new computed findings and the Clinical Applications Coordinator does not have @ access, follow these steps to complete the installation.

Ask the site manager or other personnel who has Programmer Access to log in under their credentials, navigate to the Reminder Exchange and use Install Selected (IS) and install the new Computed Findings following the instructions in the next section.

NEVER OVERWRITE A ROUTINE! After the Computed Findings are installed, the Clinical Applications Coordinator may then install the new reminders.

Reminders with Computed Findings:

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

12.2 Installing the Reminder

1. Select Reminder Exchange from the Reminder Configuration menu. You will be presented with a list of packed reminders that reside in the RPMS file system.

advsprmsdev01.sandpore.com - Cache Telnet
 Clinical Reminder Exchange Mar 07, 2014 09:49:04 Page: 1 of 10
 Exchange File Entries.

Item	Entry	Source	Date Packed
1	IHS-ACTIVITY SCREEN 2013	USER@DEMO HOSPITA	02/27/2014@10:08
2	IHS-ALCOHOL SCREEN 2013	USER@DEMO HOSPITA	02/27/2014@10:08
3	IHS-ALLERGY 2013	USER@DEMO HOSPITA	02/27/2014@10:09
4	IHS-ANTICOAG DURATION OF TX 2013	USER@DEMO HOSPITA	02/27/2014@10:09
5	IHS-ANTICOAG INR GOAL 2013	USER@DEMO HOSPITA	02/27/2014@10:09
6	IHS-ANTICOAG THERAPY END DATE 2013	USER@DEMO HOSPITA	02/27/2014@10:10
7	IHS-ASBI BNI 2013	USER@DEMO HOSPITA	02/27/2014@10:10
8	IHS-ASBI SCREENING 2013	USER@DEMO HOSPITA	02/27/2014@10:10

+ Next Screen - Prev Screen ?? More Actions

CFE	Create Exchange File Entry	IH	Installation History
CHF	Create Host File	LHF	Load Host File
CMM	Create MailMan Message	LMM	Load MailMan Message
DFE	Delete Exchange File Entry	LR	List Reminder Definitions
IFE	Install Exchange File Entry	RI	Reminder Definition Inquiry

Select Action: Next Screen//

Figure 12-2: List of Reminders in Reminder Exchange

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

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

Figure 12-3: Further Instructions

2. Select IFE – Install Exchange File Entry to install the reminder.
3. Enter the number of the reminder to install.

advsprmsdev01.sandpore.com - Cache Telnet
 Clinical Reminder Exchange Mar 07, 2014 09:49:04 Page: 1 of 1
 Exchange File Entries.

Item	Entry	Source	Date Packed
1	IHS-ACTIVITY SCREEN 2013	USER@DEMO HOSPITA	02/27/2014@
2	IHS-ALCOHOL SCREEN 2013	USER@DEMO HOSPITA	02/27/2014@
3	IHS-ALLERGY 2013	USER@DEMO HOSPITA	02/27/2014@
4	IHS-ANTICOAG DURATION OF TX 2013	USER@DEMO HOSPITA	02/27/2014@
5	IHS-ANTICOAG INR GOAL 2013	USER@DEMO HOSPITA	02/27/2014@
6	IHS-ANTICOAG THERAPY END DATE 2013	USER@DEMO HOSPITA	02/27/2014@
7	IHS-ASBI BNI 2013	USER@DEMO HOSPITA	02/27/2014@
8	IHS-ASBI SCREENING 2013	USER@DEMO HOSPITA	02/27/2014@

+ Next Screen - Prev Screen ?? More Actions

CFE	Create Exchange File Entry	IH	Installation History
CHF	Create Host File	LHF	Load Host File
CMM	Create MailMan Message	LMM	Load MailMan Message
DFE	Delete Exchange File Entry	LR	List Reminder Definitions
IFE	Install Exchange File Entry	RI	Reminder Definition Inquiry

Select Action: Next Screen// IFE Install Exchange File Entry
 Select Entry(s): (1-8): 2

Figure 12-4: Installing Reminders

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

```

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

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

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

Keywords:
No keywords given

Components:

EDUCATION TOPICS
    HPDP-EXERCISE                                X

HEALTH FACTORS
    ACTIVITY LEVEL                                X
    INACTIVE                                       X
    SOME ACTIVITY                                X
    ACTIVE                                         X
    VERY ACTIVE                                   X

REMINDER TERM
    1  IHS-ACTIVITY LEVEL                        X
    2  IHS-EXERCISE EDUCATION                    X

REMINDER DEFINITION
    3  IHS-ACTIVITY SCREEN 2013                  X

REMINDER DIALOG
    4  IHS-ACTIVITY SCREEN 2013                  X

```

Figure 12-5: Sample Exchange File Components Window

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

Users will notice that for each item in the reminder, a check is now made and displayed to indicate if the item in exchange matches the item in the file. Users are not asked about the elements if there is a match. This will make the installation much slower.

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

If there is not a match, the application will ask what you want to do about all the elements in this reminder. If the item exists on your system, the default will be to skip installing it again. If it is new, the default is to install it.

- Select the component you want to install (#2).
- Take the default.

```

REMINDER COMPUTED FINDINGS entry IHS-DEPRESSION 2009 is NEW,
what do you want to do?

    Select one of the following:

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

Enter response: I//

```

Figure 12-6: Remaining Instructions

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

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

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

- REMINDER DIALOG entry named PXRМ PED READY TO LEARN already exists and the packed component is identical, skipping.
- REMINDER DIALOG entry named ED HPDP-EXERCISE already exists and the packed component is identical, skipping.
- REMINDER DIALOG entry named GP ACTIVITY ED already exists and the packed component is identical, skipping.
- REMINDER DIALOG entry named HF ACTIVITY INACTIVE already exists and the packed component is identical, skipping.

If it is not identical, the application will ask you want to do about all the elements in this reminder. If it is new, the default is to install it.

Take all the defaults as you load the reminder unless you have loaded a previous version of reminders. If you have loaded a previous version of the reminders, always re-install the reminder definition itself but not any of the other elements.

Caution: Never overwrite a routine!

```

Routine BPXRMPCC already EXISTS, <NEVER overwrite a routine through the
exchange!
but packed routine is different, what do you want to do?

Select one of the following:

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

Enter response: S// < SKIP DO NOT REINSTALL THIS ENTRY. Never overwrite the
routine!

REMINDER COMPUTED FINDINGS entry IHS-DEPRESSION 2009 is NEW,
what do you want to do?

Select one of the following:

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

Enter response: I// Take the default. If this is a new component, it will
default to "install".

TIU TEMPLATE FIELD entry IHS ADDL SIGN already EXISTS,
what do you want to do?

Select one of the following:

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

Enter response: S// Take the default. If this is a new component, it will
default to "install".

REMINDER DEFINITION entry IHS-DEPRESSION SCREEN 2011 already EXISTS,
what do you want to do?

Select one of the following:

      C      Create a new entry by copying to a new name
      I      Install or Overwrite the current entry
      Q      Quit the install

```

```

S          Skip, do not install this entry

Enter response: S// If you have loaded a previous version of the reminders
before, install/overwrite the reminder definition. If this is the first
time you have loaded this reminder, accept the default of I to install.

```

Figure 12-7: Example of Reminder Installation

7. If you are installing the Depo Provera Reminder, create the PXRМ Depo Provera health summary object, as described in [Setup Health Summary Objects](#).
8. Proceed to the next section to install the dialogs.

12.3 Taxonomy Error

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

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

```

The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=1^1
MSG("DIERR",1)=701
MSG("DIERR",1,"PARAM",0)=3
MSG("DIERR",1,"PARAM",3)=403.9
MSG("DIERR",1,"PARAM","FIELD")=.01
MSG("DIERR",1,"PARAM","FILE")=811.23102
MSG("DIERR",1,"TEXT",1)=The value '403.9 ' for field SELECTABLE DIAGNOSIS
in SELECTABLE DIAGNOSIS SUB-FIELD in file REMINDER TAXONOMY is not valid.
MSG("DIERR","E",701,1)=

REMINDER TAXONOMY entry IHS-HYPERTENSION 2007 did not get installed!
Examine the above error message for the reason.

```

Figure 12-8: Taxonomy error example

12.3.1 Create the Taxonomy Manually

1. Write down the exact name of the taxonomy that displayed in the error.
2. Finish the installation of the reminder.
3. Create the taxonomy: Reminder Configuration Menu | Reminder Taxonomy Management | Edit Taxonomy Item.

Note: Enter the EXACT name of the taxonomy from the error.

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

```

Select Reminder Taxonomy: IHS-HYPERTENSION 2007
Are you adding IHS-HYPERTENSION 2007' as a new REMINDER TAXONOMY? No//YES
NAME: IHS-HYPERTENSION 2007 Replace
BRIEF DESCRIPTION:
CLASS: LOCAL//
SPONSOR:
REVIEW DATE:
PATIENT DATA SOURCE: //EN,PL <---
USE INACTIVE PROBLEMS:
INACTIVE FLAG:
ICD0 Range of Coded Values
Select ICD0 LOW CODED VALUE:
ICD9 Range of Coded Values
Select ICD9 LOW CODED VALUE: // 401.0 <---
ICD9 LOW CODED VALUE: //401.0
ICD9 HIGH CODED VALUE: // 405.99 <---
Select ICD9 LOW CODED VALUE:
CPT Range of Coded Values
Select CPT LOW CODED VALUE:

```

Figure 12-9: Adding a Taxonomy

5. Return to Reminder Exchange and reinstall the reminder.
6. Accept all of the defaults. When finished, all of the items should have an X in the Exists column, including the taxonomy and the reminder definition.

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

Figure 12-10: Sample Exchange File Components Window Showing X in Exists Column

12.3.2 IHS-DEPO PROVERA ADMIN-2013

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

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

```
Select Reminder Taxonomy:      IHS-DEPO PROVERA ADMIN-2013      LOCAL
      ...OK? Yes//      (Yes)

General Taxonomy Data
NAME: IHS-DEPO PROVERA ADMIN-2013  Replace
BRIEF DESCRIPTION:

CLASS: LOCAL//
SPONSOR:

REVIEW DATE:

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

ICD0 Range of Coded Values
Select ICD0 LOW CODE:

ICD9 Range of Coded Values
Select ICD9 LOW CODE:

CPT Range of Coded Values
Select CPT LOW CODE: J1050// @      ☐ DELETE IT HERE
      SURE YOU WANT TO DELETE THE ENTIRE 'J1050' CPT LOW CODE? Y  (Yes)
Select CPT LOW CODE: J1055//
```

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

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

13.0 Install the Dialogs

This section provides information regarding the installation of dialogs.

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

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

1. In reminder exchange, after installing the reminder, you will be presented with the Dialog Components screen.
2. Choose IA: Install ALL.
3. One of the prompts asks which reminder to attach to the dialog.
4. The dialogs and the reminders have the same name, so they can be easily linked.
5. After installing, make sure that there is an X under the Exists column on the screen.

Dialog Components			Feb 06, 2012 18:07:32	Page:	1 of	1
Packed reminder dialog: IHS-BLOOD PRESSURE 2011						
Item	Seq.	Dialog Findings	Type	Exists		
1		IHS-BLOOD PRESSURE 2011	dialog			
2	1	HD BLOOD PRESSURE Finding: *NONE*	element			
3	5	VM BLOOD PRESSURE	element			

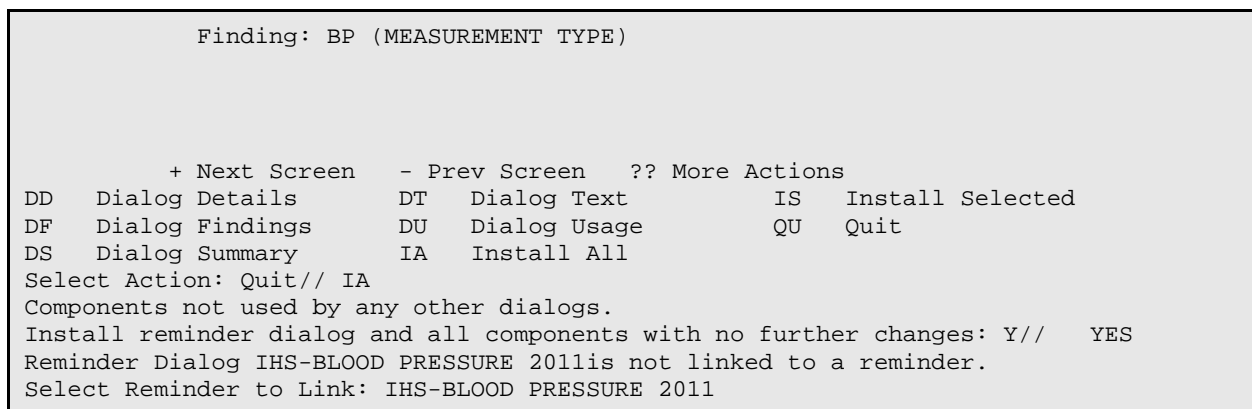


Figure 13-1: Sample Dialog Components Window

13.1 Activate the Dialog

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

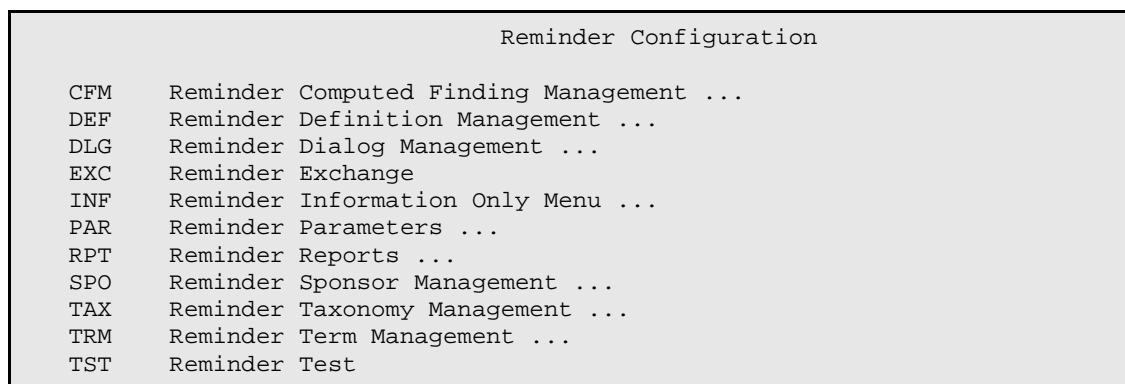


Figure 13-2: Options on Reminder Configuration Menu

Use the DLG option to access the options on the Reminder Dialog Management menu.

13.1.1 Reminder Dialog Management (DLG)

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

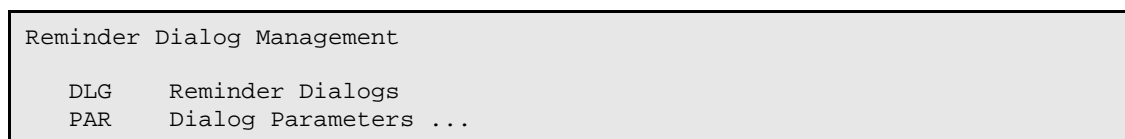


Figure 13-3: Options on the Reminder Dialog Management Menu

2. Use the DLG option to access the options on the Reminder Dialog Management menu.

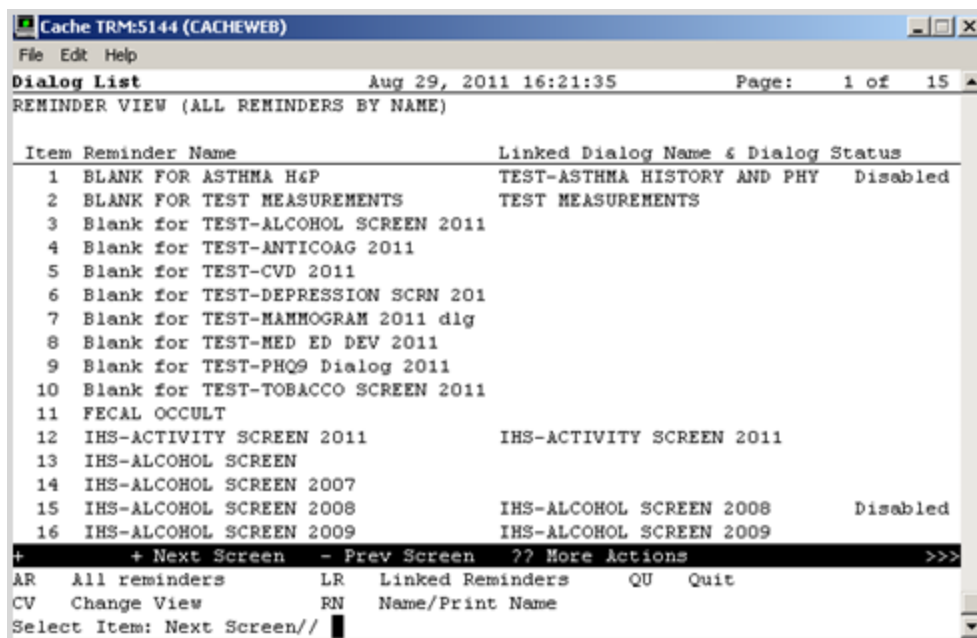


Figure 13-4: Sample Reminder View window

3. Choose CV and then choose D for dialogs.

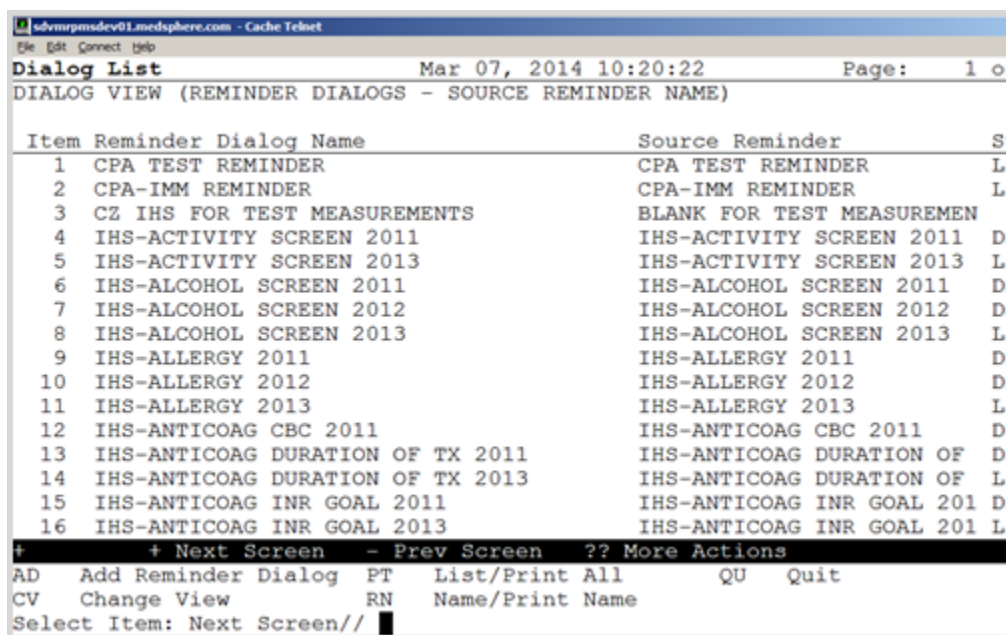


Figure 13-5: Sample dialog View Window

4. Select the number of the item you want to edit.

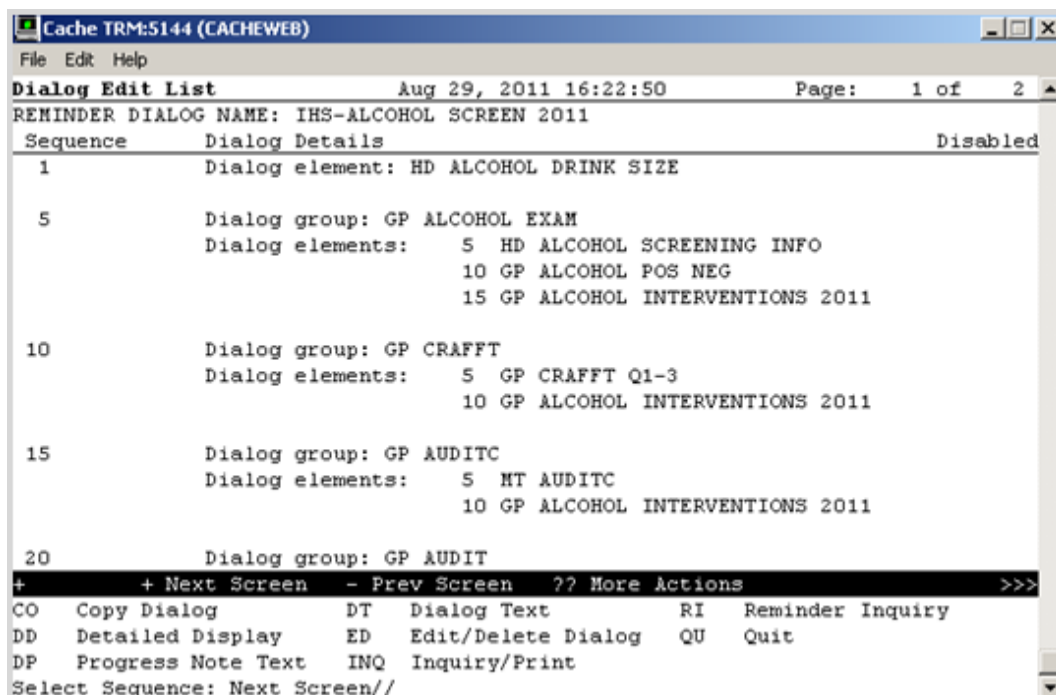


Figure 13-6: Dialog Edit List Window

5. Select the dialog. It will say Disabled instead of Linked.

6. Choose ED (Edit/Delete Dialog).

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

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

8. Type ^ to quit editing.

The dialog now says Linked.

13.1.2 Dialog Does Not Link Automatically

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

REMINDER VIEW (ALL REMINDERS BY NAME)		
Item	Reminder Name	Linked Dialog Name & Dialog Status
8	IHS-ANTICOAG DURATION OF TX 2011	IHS-ANTICOAG DURATION OF TX
9	IHS-ANTICOAG INR GOAL 2011	IHS-ANTICOAG INR GOAL 2011
10	IHS-ANTICOAG OCCULT BLOOD 2011	IHS-ANTICOAG OCCULT BLOOD 2
11	IHS-ANTICOAG THERAPY END DATE 2011	IHS-ANTICOAG THERAPY END DA
12	IHS-ANTICOAG UA 2011	IHS-ANTICOAG UA 2011
13	IHS-ASBI BNI 2011	IHS-ASBI BNI 2011

```

14  IHS-ASBI SCREENING 2011          IHS-ASBI SCREENING 2011
15  IHS-ASTHMA ACTION PLAN 2011

16  IHS-ASTHMA CONTROL 2009
+      + Next Screen  - Prev Screen  ?? More Actions      >>>
AR  All reminders      LR  Linked Reminders      QU  Quit
CV  Change View        RN  Name/Print Name
Select Item: Next Screen//15

REMINDER NAME: IHS-ASTHMA ACTION PLAN 2011
Item Dialog Name          Latest Update          Linked Reminders

Other dialogs generated from this reminder:

1  IHS-ASTHMA ACTION PLAN 2011          *NONE*

      + Next Screen  - Prev Screen  ?? More Actions      >>>
AD  Autogenerate Dialog          QU  Quit
LR  Link Reminder
Select Item: Quit// LR

REMINDER NAME: IHS-ASTHMA ACTION PLAN 2011
LINKED REMINDER DIALOG: IHS-ASTHMA ACTION PLAN 2011

Dialog Selection List      Feb 13, 2012 18:12:01      Page: 1 of 1
REMINDER NAME: IHS-ASTHMA ACTION PLAN 2011
Item Dialog Name          Latest Update          Linked Reminders

This reminder is linked to dialog:

1  IHS-ASTHMA ACTION PLAN 2011          IHS-ASTHMA ACTION PLAN

      + Next Screen  - Prev Screen  ?? More Actions      >>>
AD  Autogenerate Dialog          QU  Quit
LR  Link Reminder
Select Item: Quit//

```

Figure 13-7: Reminder Dialog – Linking Dialog to the Reminder

14.0 Dialog Parameter Changes

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

14.1 Disable the Diagnoses Code for Historical Entries

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

```

General Finding Type Parameters

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

Select Dialog Parameters Option: TYP

Finding Type Parameters

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

+ Next Screen  - Prev Screen  ?? More Actions      >>>
PT  List/Print All      QU  Quit
Select Item: Quit// 8

FINDING TYPE PARAMETER NAME: POV - Diagnosis (Taxonomy)

Resolution Status      Prefix//Suffix & Prompts/Values/Actions
Status
1 DONE AT ENCOUNTER      Diagnosis recorded at encounter/
Enabled
                          /.
                          1] PXRМ PRIMARY DIAGNOSIS
                          2] PXRМ COMMENT
                          3] PXRМ ADD TO PROBLEM LIST

2 DONE ELSEWHERE (HISTORICAL)History of Diagnosis/
Enabled
                          /.
                          1] PXRМ VISIT DATE
  
```

```

2] PXRМ OUTSIDE LOCATION
3] PXRМ COMMENT
4] PXRМ PRIMARY DIAGNOSIS
5] PXRМ ADD TO PROBLEM LIST

+ Next Screen  - Prev Screen  ?? More Actions      >>>
INQ Inquiry/Print      QU      Quit

Select number of Resolution Status to Edit: Quit//2  <==Edit number 2 and
disable DONE ELSEWHERE

ED - EDIT FINDING TYPE PARAMETER

FINDING TYPE PARAMETER NAME: POV - Diagnosis (Taxonomy)
RESOLUTION STATUS : DONE ELSEWHERE (HISTORICAL)

DISABLE RESOLUTION STATUS: DISABLED <==

DISABLE RESOLUTION STATUS: DISABLED
PREFIX TEXT: History of Diagnosis  Replace  ^<== "uphat" to quit

```

Figure 14-1: Beginning Instructions

```

FINDING TYPE PARAMETER NAME: POV - Diagnosis (Taxonomy)

Resolution Status      Prefix//Suffix & Prompts/Values/Actions
Status
1 DONE AT ENCOUNTER    Diagnosis recorded at encounter/
Enabled

/.
1] PXRМ PRIMARY DIAGNOSIS
2] PXRМ COMMENT
3] PXRМ ADD TO PROBLEM LIST

2 DONE ELSEWHERE (HISTORICAL)History of Diagnosis/      Disabled
/.
1] PXRМ VISIT DATE
2] PXRМ OUTSIDE LOCATION
3] PXRМ COMMENT
4] PXRМ PRIMARY DIAGNOSIS
5] PXRМ ADD TO PROBLEM LIST

+ Next Screen  - Prev Screen  ?? More Actions
>>>
INQ Inquiry/Print      QU      Quit
Select number of Resolution Status to Edit: Quit//

```

Figure 14-2: Example of Disabling the Diagnosis Code for Historical Entries

14.2 Editing Asthma Diagnosis Taxonomy Dialog

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

General Finding Type Parameters

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

Select Dialog Parameters Option: TAX

Taxonomy Dialog

Item Reminder Taxonomy

1 IHS-ALCOHOL SCREEN
 2 IHS-ALCOHOL SCREEN 2007
 3 IHS-ASTHMA 2007 <-- this one
 4 IHS-BARIUM ENEMA
 5 IHS-BILATERAL MASTECTOMY 2008
 6 IHS-COLONOSCOPY
 7 IHS-COLONOSCOPY 2007
 8 IHS-COLORECTAL CANCER
 9 IHS-DEPO PROVERA
 10 IHS-DEPOPROVERA CODES
 11 IHS-DEPRESSION CODES 2007
 12 IHS-DEPRESSION SCREEN
 13 IHS-DIABETES DX
 14 IHS-DIABETES DX 2007
 15 IHS-DIABETES PROBLEMS ONLY
 16 IHS-DIABETIC NEPHROPATHY
 + + Next Screen - Prev Screen ?? More Actions

>>>

PT List/Print All QU Quit

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

TAXONOMY NAME: IHS-ASTHMA 2007

Taxonomy Dialog

1 IHS-ASTHMA 2007
 1.1 IHS-ASTHMA 2007
 Selectable codes: 493.00 EXTRINSIC ASTHMA, UNSPECIFIED
 493.01 EXTRINSIC ASTHMA WITH STATUS
 ASTHMATICUS 493.02 EXTRINSIC ASTHMA, WITH (ACUTE)
 EXACERBAT 493.10 INTRINSIC ASTHMA, UNSPECIFIED
 493.11 INTRINSIC ASTHMA WITH STATUS
 ASTHMATICUS 493.12 INTRINSIC ASTHMA, WITH (ACUTE)
 EXACERBAT 493.20 CHRONIC OBSTRUCTIVE ASTHMA,
 UNSPECIFIED 493.21 CHRONIC OBSTRUCTIVE ASTHMA, WITH
 STATUS A 493.22 CHRONIC OBSTRUCTIVE ASTHMA, WITH
 (ACUTE) 493.81 EXERCISE INDUCED BRONCHOSPASM
 493.82 COUGH VARIANT ASTHMA
 493.90 ASTHMA, UNSPECIFIED
 493.91 ASTHMA, UNSPECIFIED TYPE, WITH
 STATUS AS 493.92 ASTHMA, UNSPECIFIED, WITH (ACUTE)
 EXACER

```
+          + Next Screen  - Prev Screen  ?? More Actions
>>>
ED  Edit          INQ  Inquiry/Print      QU  Quit
Select Action: Next Screen// ED  <-edit

Dialog Text Fields
DIALOG HEADER TEXT: ASTHMA DIAGNOSIS  <--Type in "Asthma Diagnosis"
CURRENT VISIT DX DIALOG HDR: //Today's Purpose of Visit:<--Type "Today's
Purpose of Visit
HISTORICAL VISIT DX DIALOG HDR: DIALOG HEADER TEXT:
      Replace  ^  <--uphat to exit
```

Figure 14-3: Editing the Asthma 2007 Dialog Header

15.0 Review Reminder Terms

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

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

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

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

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

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

Reminder Term Management			
CPY	Copy Reminder Term		
EDT	Reminder Term Edit		
INQ	Inquire about Reminder Term		
Select Reminder Term Management Option: INQ			
Inquire about Reminder Term			
Select Reminder Term: IHS-HGBA1C			
1	IHS-HGBA1C	VISN	
2	IHS-HGBA1C REEVALUATE		VISN

```

CHOOSE 1-2: 1  IHS-HGBA1C      VISN
DEVICE:  VIRTUAL TERMINAL      Right Margin: 80//

-----
-
IHS-HGBA1C
-----
-
Class: VISN
Sponsor:
Date Created:
Review Date:
Description:
The lab tests at a site that are the hemoglobin A1c test
Edit History:
Edit Date: NOV 11,2004 11:50 Edit By: HAGER,MARY G
Edit Comments:
Findings: <- The finding may be blank. Follow the instructions to enter the
items that are being used by your site.

```

Figure 15-1: Beginning Instructions

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

```

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

Select Reminder Term Management Option EDT

Select Reminder Term:      IHS-HGBA1C      VISN
                        ...OK? Yes//      (Yes)

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

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

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

You may enter a new FINDINGS, if you wish
Enter one of the following:
DR.EntryName to select a DRUG
ED.EntryName to select a EDUCATION TOPIC
EX.EntryName to select a EXAM
HF.EntryName to select a HEALTH FACTOR
IM.EntryName to select a IMMUNIZATION
LT.EntryName to select a LABORATORY TEST
MT.EntryName to select a MEASUREMENT TYPE

```

```

OI.EntryName to select a ORDERABLE ITEM
RP.EntryName to select a RADIOLOGY PROCEDURE
CF.EntryName to select a REMINDER COMPUTED FINDING
TX.EntryName to select a REMINDER TAXONOMY
ST.EntryName to select a SKIN TEST
DC.EntryName to select a VA DRUG CLASS
DG.EntryName to select a VA GENERIC
VM.EntryName to select a VITAL MEASUREMENT

```

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

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

However, if you know the file the entry should be in, then you can speed processing by using the following syntax to select an entry:

```

<Prefix>.<entry name>
or
<Message>.<entry name>
or
<File Name>.<entry name>

```

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

```
Select FINDING ITEM: HGBA1C// LT.HGBA1C
```

```

    Searching for a LABORATORY TEST, (pointed-to by FINDING ITEM)
HGBA1C

```

```
...OK? Yes// YES
```

```
FINDING ITEM: HGBA1C//
```

```
EFFECTIVE PERIOD:
```

```
USE INACTIVE PROBLEMS:
```

```
WITHIN CATEGORY RANK:
```

```
EFFECTIVE DATE:
```

```
MH SCALE:
```

```
CONDITION:
```

```
CONDITION CASE SENSITIVE:
```

```
RX TYPE:
```

```
Select FINDING ITEM:
```

```
Input your edit comments.
```

```
Edit? NO//
```

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

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

16.0 Manually Update Dialogs

This section describes manually updating dialogs.

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

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

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

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

17.0 EHR Reminder Configuration

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

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

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

1. From EHR, click the reminder clock (🕒).
2. Select Action | Edit Cover Sheet Reminder List. Reminders can be edited for the System, Division, Service, Location, User Class or User.

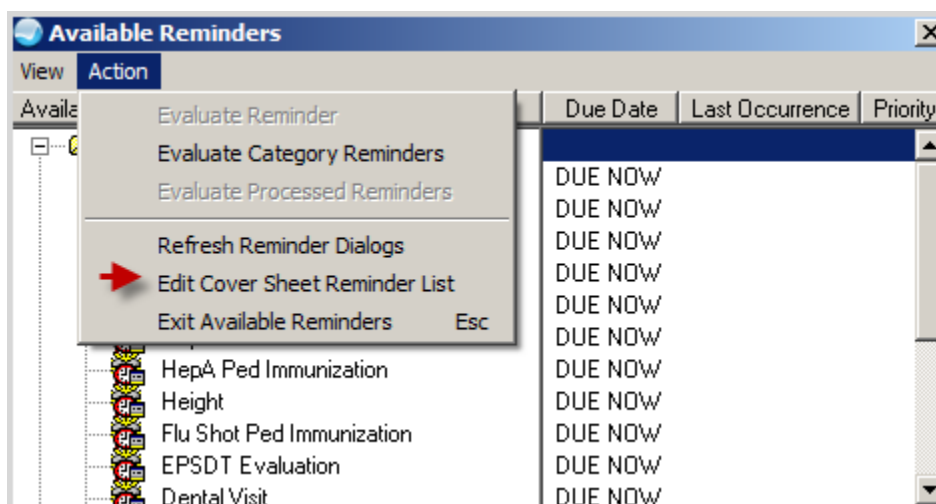


Figure 17-1: Reminder Configuration

Note: Sites can choose to activate the reminders for specific users during a testing phase.

3. Remove old reminders from the System Level once they are ready to deploy the new reminders across the facility. Double-click the old reminders listed in the bottom-right pane to remove it from the cover sheet list.
4. Select the reminders with the date 2011 from the Available Reminders & Categories column.
5. Double-click to add them to the System Level Reminders column.

Note: The IHS-IMMUNIZATION FORECAST 2013 reminder must be at the top of the list.

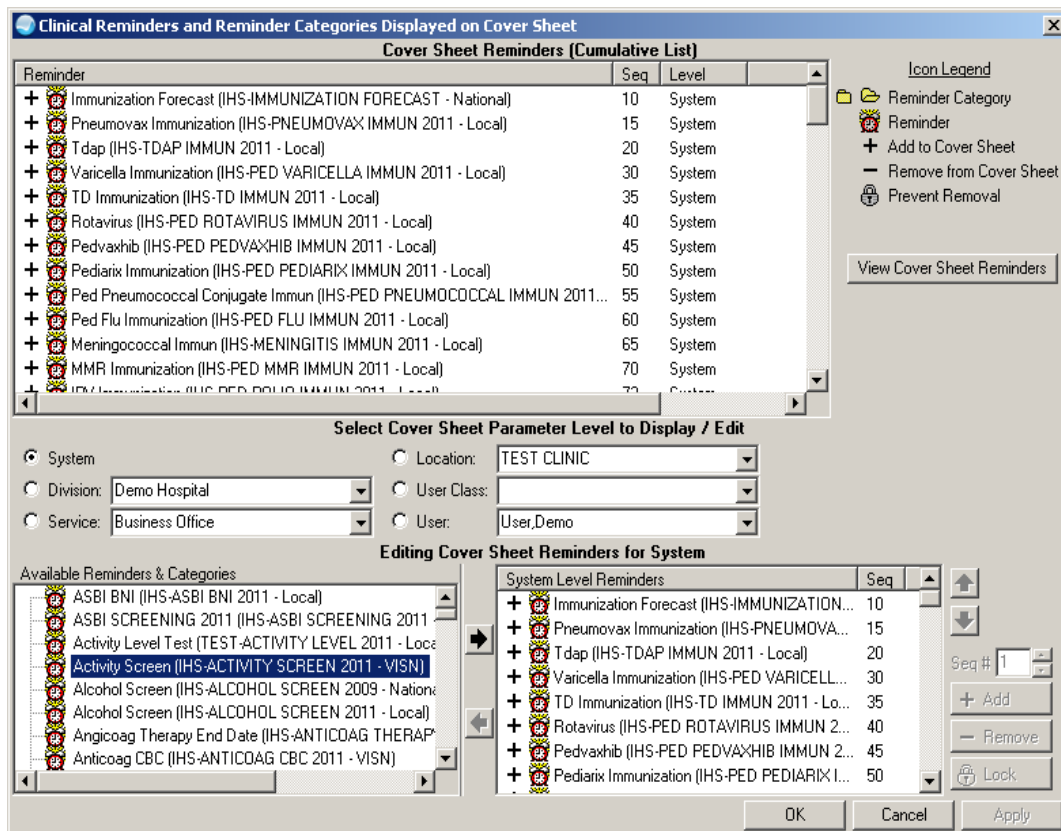


Figure 17-2: Clinical Reminders and Reminder Categories Displayed on Cover Sheet window

Note: The following dialogs were not intended to be setup as reminders. Do not link these dialogs to their reminder. The reminder is a blank reminder that was used as a vehicle to import/export the dialog. Follow the instructions in the TIU Reminder Dialogs Section to set these up as templates instead of Reminders.

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

18.0 Inactivate the Old Reminder and Dialog

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

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

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

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

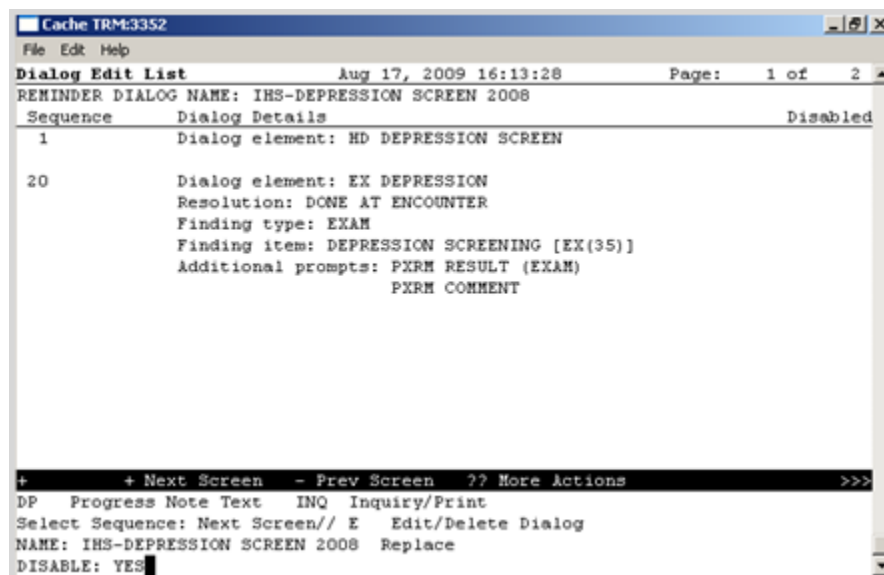


Figure 18-1: Dialog Edit List Window

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

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

DEMO INDIAN HOSPITAL 1.1	RPMS-EHR Management Reminder Definition Management	Version
CPY Copy Reminder Definition EDT Add/Edit Reminder Definition INQ Inquire about Reminder Definition LST List Reminder Definitions RA Activate/Inactivate Reminders <--		
Select Reminder Definition Management Option: RA		
elect REMINDER DEFINITION NAME: IHS-ASTHMA CONTROL		

```

1   IHS-ASTHMA CONTROL 2009      NATIONAL
2   IHS-ASTHMA CONTROL 2011      NATIONAL
CHOOSE 1-2: 1   IHS-ASTHMA CONTROL 2009      NATIONAL
INACTIVE FLAG: I

```

Figure 18-2: Inactivating the Old Reminder and Dialog

3. You may want to print a FileMan report that lists all of your Active Reminder Definitions:

```

Generate a list of Active Clinical Reminders in Fileman
Select Search Template System Option: fgen  FileMan (General)
1  Enter or Edit File Entries
2  Print File Entries
3  Search File Entries
4  Inquire to File Entries
Select FileMan (General) Option: 3

```

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

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

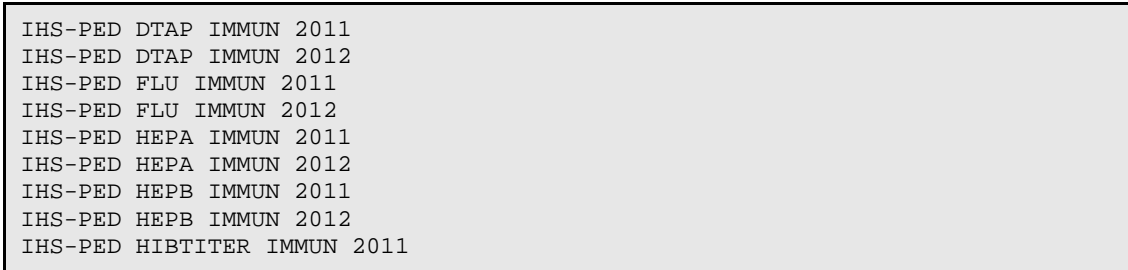
Prompt	User entry
OUTPUT FROM WHAT FILE: REPRODUCTIVE FACTORS//	REMINDER DEFINITION
-A- SEARCH FOR REMINDER DEFINITION FIELD:	1.6
-A- CONDITION:	Null
-B- SEARCH FOR REMINDER DEFINITION FIELD:	<enter>
IF: A// INACTIVE FLAG NULL	<enter>
STORE RESULTS OF SEARCH IN TEMPLATE:	<enter>
SORT BY: NAME//	<enter>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

Your list will look similar to this:

```

Active Reminders   JUN 12,2012  13:06    PAGE 9
INACTIVE NAME                                           FLAG
-----
IHS-PED DT IMMUN 2012
IHS-PED DTAP IMMUN 2008

```



IHS-PED	DTAP	IMMUN	2011
IHS-PED	DTAP	IMMUN	2012
IHS-PED	FLU	IMMUN	2011
IHS-PED	FLU	IMMUN	2012
IHS-PED	HEPA	IMMUN	2011
IHS-PED	HEPA	IMMUN	2012
IHS-PED	HEPB	IMMUN	2011
IHS-PED	HEPB	IMMUN	2012
IHS-PED	HIBTITER	IMMUN	2011

Figure 18-4: Active Reminders List from FileMan

19.0 Setup TIU Reminder Dialogs as Templates

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

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

1. Select the menu options: RPMS-EHR Configuration Master Menu Option | TIU Parameters ... | Reminder Dialogs Allowed as Templates.
2. Add the Dialogs to the TIU parameter TIU TEMPLATE REMINDER DIALOGS.

```

TIU TEMPLATE REMINDER DIALOGS may be set for the following:

1  User          USR    [choose from NEW PERSON]
3  Service       SRV    [choose from SERVICE/SECTION]
4  Division      DIV    [choose from INSTITUTION]
5  System        SYS    [DEMO.MEDSPHERE.COM]

Enter selection: 5  System  DEMO.MEDSPHERE.COM

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

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

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

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

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

Display Sequence: 16//      16
Clinical Reminder Dialog: IHS-SCREENING BUNDLE 2013      reminder dialog
LO

```



Figure 19-1: Adding Reminder Dialogs to Templates

In the Template Editor on the Notes Tab in TIU, you can set these templates up as Reminder templates.

3. Create a New Template and name it.
4. Select the type to be Reminder Dialog from the drop-down menu.
5. Select the dialog to attach from the other drop-down menu:

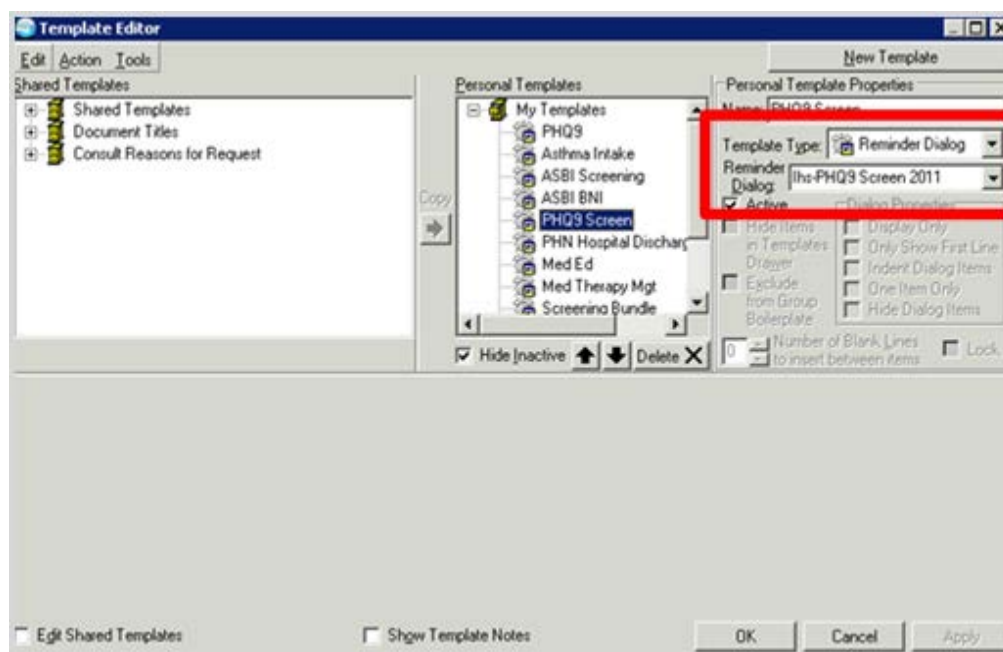


Figure 19-2: Attaching a dialog to a Template

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

19.1 IHS-ASBI BNI 2013

Alcohol documentation which includes CPT coding and education codes:

Reminder Dialog Template: ASBI-BNI

Last 3 CRFT: No CRFT Found

<http://host.acep.org.tmp3.secure-xp.net/sbi/dialogue.html#06>

INFORMATIONAL ONLY

1. Review results of screen with patient.
2. Ask patient to describe what risk level they thought they were.
3. Compare their perception with normal and abnormal alcohol use patterns

Patient notes current consequences of drinking are:

* Indicates a Required Field

Diagnoses: **SCREENING FOR ALCOHOLISM**

Patient Educations: **ADD-ALCOHOL SCREENING AND BRIEF INTERVENTION**

Finish Cancel

Figure 19-3: ABSI Documentation Part 1

Reminder Dialog Template: ASBI-BNI

☒ -- Visit Services Documentation
 Patient record indicates the following insurance coverage:
 MEDICAID #120002010

☒ Commercial Insurance Codes

☒ CPT 99408
 Alcohol and/or substance (other than tobacco) abuse structured screening (e.g. AUDIT, DAST), and brief intervention (SBI) services, 15-30 minutes.

☐ CPT 99409
 Alcohol and/or substance (other than tobacco) abuse structured screening (e.g. AUDIT, DAST), and brief intervention (SBI) services, greater than 30 minutes.

☐ Medicare Codes

☐ Medicaid Codes

☒ -- Patient education provided

☐ AOD-Complications

☐ AOD-Cultural/Spiritual Aspects of Health

☐ AOD-Disease Process

☐ AOD-Follow up

☐ AOD-Health Promotion, Disease Prevention

☐ AOD-Help Line

☐ AOD-Information and Referral

☐ AOD-Injuries

☐ AOD-Lifestyle Adaptations

☐ AOD-Medications

* Indicates a Required Field

Diagnoses: **SCREENING FOR ALCOHOLISM**

Procedures: **AUDIT/DAST 15-30 MIN**

Finish Cancel

Figure 19-4: ABSI Documentation Tool Part 2

19.2 IHS-ASBI SCREENING 2012

Alcohol Screening dialog tool with 3 different types of screening:

Reminder Resolution: ASBO Screening dialog only

STANDARD DRINK (from www.cdc.gov)
 In the United States, a standard drink is any drink that contains 0.6 ounces (13.7 grams or 1.2 tablespoons) of pure alcohol or approximately:

- 12 ounces of regular beer or wine cooler
- 8 ounces of malt liquor
- 5 ounces of wine
- 1.5 ounces of 80 proof distilled spirits (example: gin, rum, vodka, whiskey)

Last 3 AUDT: No AUDT Found

Last 3 AUDC: No AUDC Found

Last 3 CRFT: No CRFT Found

☐ -- AUDIT-C --
 (use to assess for hazardous alcohol use)

☐ -- AUDIT --
 (use to assess for hazardous alcohol use and alcohol dependence)

☐ -- CRAFFT --
 (use with ADOLESCENTS to assess for hazardous alcohol and other drug use disorders)

* Indicates a Required Field

Clear Clinical Maint < Back Next > Finish Cancel

Figure 19-5: Alcohol ASBI Screening Tool

19.3 IHS-ASTHMA INTAKE 2013

Asthma Intake tool for asthma data. Allows for input of vital signs, triggers and symptom history:

Reminder Resolution: Asthma Intake dialog only

☒ -- Measurements: HC:10.00 (25.40 cm)
Best Peak Flow: None found

☐ Best Peak Flow:
☐ Peak flow today:
☐ Asthma days missed work
(number of days missed work or school in past 2 weeks)
☐ Asthma symptom free days
(number of days in the past 2 weeks had NO asthma symptoms)
☐ Temp:
☐ Pulse:
☐ Resp:
☐ Blood Pressure:
☐ -- Weight:
☐ -- Height:

☒ Asthma Questionnaire
Current symptoms: ☒ NONE

===== ASSESSMENT OF CONTROL =====
Do you check peak flows at home? ☒ Yes ☐ No ☐ Unknown
Average peak flows past 2-4 weeks ☒ N/A
-- % of Best Peak Flow: >80% predicted/personal best
-- Daytime symptoms: > 2 days/wk but not throughout day *
-- Nighttime symptoms: 2 night/mo or less
-- Short acting beta agonist (not incl. prevention of EIB)
> 2 days/wk but not throughout day *
-- Interferes w/normal activity:
some limitation *

===== Risk =====
oral steroid courses past year? ☐ 0 ☐ 1 ☒ 2 or more */**

* Indicates a Required Field

Asthma Intake dialog only:
-- Measurements: HC:10.00 (25.40 cm)
Best Peak Flow: None found
Asthma Questionnaire
Current symptoms: NONE

Clear Clinical Maint < Back Next > Finish Cancel

Figure 19-6: Asthma Intake Part 1

Reminder Resolution: Asthma Intake dialog only

==== Risk ====

oral steroid courses past year?

☐ 0 ☐ 1 ☒ 2 or more */**

☒ -- Asthma Triggers

*** Asthma Triggers are cumulative only ADD if reports new triggers
No data available for ASTHMA TRIGGERS

☐ Air Pollutants

☐ Animal

☐ Change in weather

☐ Cockroaches

☐ Exercise

☐ Menses

☐ Mold

☐ Pollen

☐ Strong emotional expression

☐ Tobacco smoke

☐ Viral infection

☐ Other trigger

☒ -- Tobacco use and exposure assessment

☐ -- Tobacco Use Assessment --

☐ -- Tobacco Exposure Assessment --

* Indicates a Required Field

Asthma Intake dialog only:

-- Measurements: HC:10.00 (25.40 cm)
Best Peak Flow: None found

Asthma Questionnaire

Current symptoms: NONE

Clear Clinical Maint < Back Next > Finish Cancel

Figure 19-7: Asthma Intake Part 2

19.4 IHS-MED ED 2013

Medication counseling dialog template:

Reminder Dialog Template: MED EDUCATION

Medication Counseling provided to patient, family or proxy

☒ -- Medication counseling (V65.49)

☐ Medications-Information education provided.

☐ Medications-Literature education provided.

☐ Medications-Follow up education provided.

☐ Medications-Drug Interaction education provided.

☒ -- Medication counseling by proxy (V65.19)

☐ Medications-Medications Dispensed to Proxy education provided.

* Indicates a Required Field

-- Medication counseling by proxy

Diagnoses: OTHER PERSON CONSULTING ON BEHALF OF ANOTHER PERSON, OTHER SPECIFIED COUNSELING

Finish Cancel

Figure 19-8: Med Education dialog

19.5 IHS-MED THERAPY MNGT

This dialog is for documenting medication management therapy including a patient wellness handout. Sites need a health summary object called PWH MED REC FOR MTM to load this dialog. This includes an action plan, documentation of education, and the CPT codes for this activity.

Reminder Dialog Template: MED THERAPY

Medication Action Plan for DEMO,FATHER
Thank you for taking the time to meet with me today about your medicines. The main points of our discussion are:

The Medication Action Plan has steps you should take to help get the most benefit from your medicines and help solve problems we talked about during your review. The Personal Medication List will help you to keep track of your medicines and to take them the right way. Please take your Medication Action Plan and Personal Medication List with you to each appointment with your doctor, and ask your doctor and pharmacist to check and update them at your regular visits, and if you are admitted to the hospital.

If you have any questions or concerns about this letter, the Medication Action Plan, or Personal Medication List, please call [REDACTED].

* Indicates a Required Field

<No encounter information entered>

Finish Cancel

Figure 19-9: Medication Therapy Part 1

Reminder Dialog Template: MED THERAPY

Directions: TAKE ONE (1) CAPSULE MOUTH THREE TIMES A DAY

4. VITAMIN E 100IU CAP
Directions: TAKE ONE (1) CAPSULE MOUTH AT BEDTIME

***** END CONFIDENTIAL PATIENT INFORMATION [DU] Aug 30, 2011 *****

Level of Understanding:

Education duration:

Comment:

☐ -- Additional Information:

☐ -- Follow up:

-- Services Provided --

- ☒ 99605 - MTM Initial 15 minutes, New Patient
- ☐ 99605 - MTM Initial 15 minutes, Established Patient
- ☐ 99607 - MTM additional 15 minutes

* Indicates a Required Field

***** END CONFIDENTIAL PATIENT INFORMATION [DU] Aug 30, 2011 *****

Procedures: **MTMS BY PHARM NP 15 MIN**
Patient Educations: **M-FOLLOW-UP, M-INFORMATION**

Figure 19-10: Medication Management Part 2

19.6 COMBINATION VACCINES

IHS-PED KINRIX IMMUN 2013

IHS-PED PEDIARIX IMMUN2013

IHS-PED MMRV IMMUN 2013

IHS-PED TWINRIX IMMUN 2013

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

Reminder Dialog Template: New pediarix

Pediarix dialog may be used to document immunizations
 Immunizations Due: Tdap (past due)
 FLU-TIV (due)

☒ Check to document immunization information.

☒ Patient received Pediarix immunizaion at this visit.
☐ per standing order
☐ per provider order
☐ per provider referral

Lot Number: * (None selected)
 Imm Site: * (None selected)
 Injection Volume: 0.50
 Vacc Info Sheet Date: 18-Sep-2008
 Comment:

☐ Patient/family indicated Pediarix immunization was received at another facility.
☐ Patient/family refused Pediarix immunization at this time.

☐ Check to document immunization education done at this visit.
 * Indicates a Required Field

Injection Volume: 0.5
Vacc Info Sheet Date: September 18, 2008

Immunizations: DTaP-Hep B-IPV

Finish Cancel

Figure 19-11: Pediarix Documentation

19.7 IHS-PHN HOSPITAL DC VISIT 2013

This dialog allows documentation of PHN Hospital discharge visit information. This extensive template allows for documentation of Occupational Health Factors, tobacco, alcohol, depression, IPV screening, functional status, and visit SOAP information.

Reminder Resolution: PHN Hosp DC dialog only

Enter the following in EHR prior to using dialog
-- Chief Complaint
-- Vital signs
-- Activity time
-- Functional assessment if 55 or older (in "Personal Health")
-- Any refusals (in "Personal Health")
-- POV for visit

☒ -----
PUBLIC HEALTH NURSING FOLLOW UP

*☐ HOME ☐ OFFICE ☐ OTHER (specify) visit
with
ABEITA, JILLIAN ROSE, FEMALE, 71 yrs old

Referral received: ...
From:
☐ Hospital discharge
☐ Hospital discharge after readmission
☐ Obstetrical ward and related to

Family present during visit? ☐ Yes ☐ No

SUBJECTIVE
No Chief Complaint.

***** Indicates a Required Field

PHN Hosp DC dialog only:

PUBLIC HEALTH NURSING FOLLOW UP

visit with
ABEITA JILLIAN ROSE FEMALE 71 yrs old

Clear Clinical Maint < Back Next > Finish Cancel

Figure 19-12: PHN Hospital DC Visit Documentation

Reminder Resolution: PHN Hosp DC dialog only

SUBJECTIVE
No Chief Complaint.

Screening
Alcohol screening:
- None Found
- Last 3 AUDC: No AUDC Found
- Last 3 CRFT: No CRFT Found
Tobacco use/Exposure
-
NEVER USED SMOKELESS TOBACCO - Aug 21, 2001
NEVER SMOKED - Aug 21, 2001
Depression screening:
- Date: Dec 13, 2011 Results: PRESENT
- Last PHQ2:
Last 3 PHQ2: 2 (Dec 15, 2011@08:33:54)
3 (Dec 13, 2011@20:09:01)
Intimate partner violence screening:
- None Found
Occupation health factor:
- No OCCUPATION health factors found for patient

☒ <<< Click here to update screening
☐ <<< Click here to enter new Alcohol Screening
☐ <<< Click here to enter new Tobacco Screening
☐ <<< Click here to enter new Depression Screening
☐ <<< Click here to enter new Intimate Violence Partner Screening
☐ <<< Click here to enter new Occupation Health Factor

OBJECTIVE

PHN Hosp DC dialog only:

PUBLIC HEALTH NURSING FOLLOW UP
 visit with
BRETTA JULIAN ROSE FEMALE 71 yrs old

Clear Clinical Maint < Back Next > Finish Cancel

* Indicates a Required Field

Figure 19-13: Screening Section of the dialog

Reminder Resolution: PHN Hosp DC dialog only

☒ **OBJECTIVE**

Patient is Alert and Orientated to

Cooperative with care? ☐ Yes ☐ No

Appetite ☐ Good ☐ Fair ☐ Poor

Adequate food *☐ is ☐ is not available

Personal Hygiene :

☐ Kept-clean grooming/clothing noted

☐ Unkept-poor grooming/malodor noted

Ambulation:

☐ Independent

☐ Dependent on cane

☐ Dependent on walker

☐ Dependent on wheelchair

☐ Confined to bed

Mucous Membranes : ☐ moist ☐ dry

Skin :

Lungs : bilaterally

Heart : Regular Rate and Rhythm

Peripheral pulses : x 4 extremities

Edema : none noted x 4 extremities

* Indicates a Required Field

PHN Hosp DC dialog only:

PUBLIC HEALTH NURSING FOLLOW UP

visit with

BREITA JILLIAN ROSE FEMALE 21 yrs old

Clear Clinical Maint < Back Next > Finish Cancel

Figure 19-14: Objective Section of the dialog

Reminder Resolution: PHN Hosp DC dialog only

☒ ASSESSMENT

1) HTN [P]

PHN Assessment/Nursing Diagnosis :

Modern conveniences in home (check all that apply):

- ☒ Electricity
- ☒ Plumbing
- ☐ Heating
- ☐ Home Phone
- ☐ Air conditioning
- ☐ Stove
- ☐ Refrigerator
- ☐ Dishwasher
- ☐ Microwave
- ☐ Computer
- ☐ Cell phone

Home Risk Assessment

☐ Home environment - Safe without risk factors

☒ Home environment - the following risk factors were noted:

- * ☐ Unkept-unclean environment
- ☐ Steps that are steep
- ☐ Steps without handrails

* Indicates a Required Field

PHN Hosp DC dialog only:

ASSESSMENT

Clear Clinical Maint < Back Next > Finish Cancel

Figure 19-15: Assessment Section of the dialog

Reminder Resolution: PHN Hosp DC dialog only

PLAN OF CARE

Short term goal: ☐ compliance with plan of care and follow up

Long term goal: ☐ optimal level of health

Plan of care: referral made to

- ☐ None
- ☐ Primary Care Provider
- ☐ Mental Health
- ☐ Behavioral Health
- ☐ Social Services
- ☐ Nicotine Dependence Program
- ☐ Adult Social Services
- ☐ Child Protective Services
- ☐ Police
- ☐ Other

PHN Follow up: PHN home visit PHN

☐ --- Discharge plan review

☐ --- Education provided

☐ --- Activity Time ---

Activity time:

Travel time:

* Indicates a Required Field

PHN Hosp DC dialog only:

ASSESSMENT

Clear Clinical Maint < Back Next > Finish Cancel

Figure 19-16: Plan of Care

19.8 IHS-PHQ9 SCREEN 2013

Input dialog to store results of PHQ9 screening tool. This includes a risk assessment and follow-up actions.

Reminder Dialog Template: PHQ9

PREVIOUS PHQ scores:
PHQ2: Last 3 PHQ2: 4 (Apr 15, 2011@08:58:24)
Last 3 PHQ9: No PHQ9 Found

-- PHQ9 Assessment --

☒ PHQ9 Copyright Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD is a trademark of Pfizer Inc.

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

1. Little interest or pleasure in doing things
Response: *
2. Feeling low, depressed, hopeless
Response: *
3. Trouble falling or staying asleep, or sleeping too much
Response: *
4. Feeling tired or having little energy
Response: *
5. Poor appetite or overeating
Response: *

* Indicates a Required Field

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

<No encounter information entered>

Finish Cancel

Figure 19-17: PHQ9 Part 1

Reminder Dialog Template: PHQ9

not anxious/aggitataed and is accepting of help.
=====

☒ Risk Assessment

☒ -Referred to Behavioral Health for assessment
[Empty text box]

☐ -HIGH risk:

☐ - MODERATE risk:

☐ - LOW risk:

----- PHQ Scoring -----
(copyright 3CMtm, September 20098 from www.depression-primaryca

PHQ9 Score	Provisional dx	Treatment Recommendations
5-9	Mininal symptoms*	Support, educate to call if wor return 1 month

* Indicates a Required Field

-Referred to Behavioral Health for assessment

Vital Measurements: PHQ9
Orders: Behavioral Health Consult

Finish Cancel

Figure 19-18: PHQ9 Part 2

19.9 IHS-SCREENING BUNDLE 2013

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

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

- IPV /Domestic Violence Screening

Refer to the individual screening dialogs in this section of the guide for details.

Reminder Resolution: Screening bundle dialog only

Measurements

- ☐ -- Blood Pressure
- ☐ -- Weight:
- ☐ -- Height:

- ☐ -- Tobacco Use Screening
- ☐ -- Activity Level Assessment
- ☐ -- Alcohol screening
- ☐ -- Depression screening
- ☐ -- Intimate partner violence screening
- ☐ -- Colon cancer screening

* Indicates a Required Field

Clear Clinical Maint < Back Next > Finish Cancel

Figure 19-19: Screening Bundle

20.0 Reviewing the Reminder and Dialog

This section describes how to review the reminder and dialog.

20.1 Reminder Test

Refer to *RPMS Clinical Reminders Managers Manual Setup and Maintenance Guide* for instructions on testing reminders.

1. Select Reminder Test (TST) from the Reminder Configuration menu.
2. Enter a patient name and the reminder.
3. Use the scroll bar to scroll backwards and view the data.

This is an example of a reminder test for IHS-ALCOHOL SCREEN 2013. This reminder is due for this patient. The elements of the FIEVAL array are:

```
FIEVAL(1)=1
FIEVAL(1,1)=1
FIEVAL(1,1,"CSUB","VALUE")=NORMAL/NEGATIVE
FIEVAL(1,1,"DATE")=3130725
FIEVAL(1,1,"TEXT")=Exam: ALCOHOL SCREENING
FIEVAL(1,1,"VALUE")=NORMAL/NEGATIVE
FIEVAL(1,"CSUB","VALUE")=NORMAL/NEGATIVE
FIEVAL(1,"DATE")=3130725
FIEVAL(1,"FILE NUMBER")=811.4
FIEVAL(1,"FINDING")=31;PXRMD(811.4,
FIEVAL(1,"TEXT")=Exam: ALCOHOL SCREENING
FIEVAL(1,"VALUE")=NORMAL/NEGATIVE
FIEVAL("AGE")=1
FIEVAL("AGE",1)=1
FIEVAL("DFN")=5
FIEVAL("EVAL DATE/TIME")=3140307
FIEVAL("PATIENT AGE")=56
FIEVAL("SEX")=1
```

The elements of the ^TMP(PXRМID,\$J) array are:

```
^TMP(PXRМID,$J,157,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)^(1)&(1)
^TMP(PXRМID,$J,157,"REMINDER NAME")=Alcohol Screen
^TMP(PXRМID,$J,157,"RESOLUTION LOGIC")=1^(0)!FI(1)^(0)!1
^TMP(PXRМID,$J,157,"zFREQARNG")=1Y^13Y^99Y
```

The elements of the ^TMP("PXRHM",\$J) array are:

```
^TMP("PXRHM",$J,157,"Alcohol Screen")=RESOLVED^3140725^3130725
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",1)=Frequency: Due every 1 year for ages 13Y to 99Y.
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",2)=REMINDER DUE: Patient is aged 13-99 and has no alcohol screening
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",3)=(exam, measurement, health factor, POV) documented in the past year.
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",4)=
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",5)=***This reminder resolves using the RPMS data found by the PCC Health
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",6)=Maintenance Reminder look up***
```

```

^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",7)=
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",8)=
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",9)=
=====
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",10)=      Reference:  US Preventive Ser
vices Taskforce 2013,
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",11)=      Healthy People 2020 Substance
  Use
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",12)=
=====
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",13)=
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",14)=Resolution: Last done 07/25/2013
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",15)= Computed Finding: IHS-ALCOHOL 20
09
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",16)= 07/25/2013 value - NORMAL/NEGAT
IVE; Exam: ALCOHOL SCREENING
^TMP("PXRHM",$J,157,"Alcohol Screen","TXT",17)=

```

Formatted Output:

```

--STATUS-- --DUE DATE-- --LAST DONE--

Alcohol Screen          RESOLVED    07/25/2014    07/25/2013

```

Frequency: Due every 1 year for ages 13Y to 99Y.

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

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

```

=====
Reference:  US Preventive Services Taskforce 2013,
Healthy People 2020 Substance Use
=====

```

```

Resolution: Last done 07/25/2013
Computed Finding: IHS-ALCOHOL 2009
07/25/2013 value - NORMAL/NEGATIVE; Exam: ALCOHOL SCREENING

```

Figure 20-1: Reminder Test Output

This is an example of a reminder test for the IHS-LIPID FEMALE reminder. The patient has diabetes and therefore should have a lipid done yearly.

```

Enter date for reminder evaluation: Mar 07, 2014// (MAR 07, 2014)

Display all term findings? N// YES

The elements of the FIEVAL array are:
FIEVAL(1)=0
FIEVAL(2)=1
FIEVAL(2,1)=1
FIEVAL(2,1,"CODEP")=8723
FIEVAL(2,1,"CONDITION")=1
FIEVAL(2,1,"CSUB","DATE ENTERED")=3120302
FIEVAL(2,1,"CSUB","DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,1,"CSUB","PRIORITY")=C

```

```

FIEVAL(2,1,"CSUB","PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,1,"CSUB","STATUS")=A
FIEVAL(2,1,"DAS")=292
FIEVAL(2,1,"DATE")=3140307
FIEVAL(2,1,"DATE ENTERED")=3120302
FIEVAL(2,1,"DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,1,"FILE NUMBER")=9000011
FIEVAL(2,1,"FILE SPECIFIC")=A^C^ICD9
FIEVAL(2,1,"FINDING")=71;PXD(811.2,
FIEVAL(2,1,"PRIORITY")=C
FIEVAL(2,1,"PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,1,"STATUS")=A
FIEVAL(2,"CODEP")=8723
FIEVAL(2,"CONDITION")=1
FIEVAL(2,"CSUB","DATE ENTERED")=3120302
FIEVAL(2,"CSUB","DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,"CSUB","PRIORITY")=C
FIEVAL(2,"CSUB","PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,"CSUB","STATUS")=A
FIEVAL(2,"DAS")=292
FIEVAL(2,"DATE")=3140307
FIEVAL(2,"DATE ENTERED")=3120302
FIEVAL(2,"DATE LAST MODIFIED")=3131125.130808
FIEVAL(2,"FILE NUMBER")=9000011
FIEVAL(2,"FILE SPECIFIC")=A^C^ICD9
FIEVAL(2,"FINDING")=71;PXD(811.2,
FIEVAL(2,"PRIORITY")=C
FIEVAL(2,"PROVIDER NARRATIVE")=Diabetic retinopathy |
FIEVAL(2,"STATUS")=A
FIEVAL("AGE")=1
FIEVAL("DFN")=5
FIEVAL("EVAL DATE/TIME")=3140307
FIEVAL("PATIENT AGE")=56
FIEVAL("SEX")=1

Term findings:

The elements of the ^TMP(PXRМID,$J) array are:
^TMP(PXRМID,$J,188,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)!FI(2)^(1)&(1)!1
^TMP(PXRМID,$J,188,"REMINDER NAME")=Lipid Profile Female
^TMP(PXRМID,$J,188,"RESOLUTION LOGIC")=0^(0)!FI(1)^(0)!0
^TMP(PXRМID,$J,188,"WARNING","NOFI",61)=Warning no findings items in
reminder te
rm IHS-LIPID LAB TESTS
^TMP(PXRМID,$J,188,"zFREQARNG")=1Y^^

The elements of the ^TMP("PXRHM",$J) array are:
^TMP("PXRHM",$J,188,"Lipid Profile Female")=DUE NOW^DUE NOW^unknown
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",1)=Frequency: Due every 1
year
for all ages.
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",2)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",3)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",4)=REMINDER DUE if female
age 4
5 to 64 and no lipid profile in past
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",5)=5 years, if diabetic of
any
age and no lipid profile in 1 year.
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",6)=

```

```

^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",7)= REMINDER ON if due
within 3
months
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",8)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",9)=
=====
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",10)=      Reference:
American Di
abetes Association Recommendations 2013,
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",11)=      Million Hearts,
Healthy
People 2020, Diabetes, Heart Disease
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",12)=      and Stroke, IHS
Divisio
n of Diabetes Treatment and Prevention.
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",13)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",14)=
=====
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",15)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",16)=
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",17)=Cohort:
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",18)= Problem Diagnosis:
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",19)= 03/07/2014 250.50
DMII OP
HTH NT ST UNCNTRL Priority: CHRONIC
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",20)= Status: CHRONIC
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",21)= Prov. Narr. -
|9093013
^TMP("PXRHM",$J,188,"Lipid Profile Female","TXT",22)=

Formatted Output:

                                --STATUS-- --DUE DATE--  --LAST DONE--

Lipid Profile Female                DUE NOW      DUE NOW      unknown

Frequency: Due every 1 year for all ages.

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

REMINDER ON if due within 3 months

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

Cohort:
Problem Diagnosis:
03/07/2014 250.50 DMII OPHTH NT ST UNCNTRL Priority: CHRONIC
Status: CHRONIC
Prov. Narr. - |9093013

```

Figure 20-2: Reminder Test Output

20.2 View Reminders Due

Users will generally report when a reminder is due and should not be. However, they are less likely to notice and report when a reminder is not due but it should be, or not applicable when it should be.

The CAC must test for this specifically or risk deploying a reminder system that will omit patients erroneously. Doing so results in missed opportunities to screen, monitor, and identify interventions for high risk patients.

Do the following:

1. Log on to the RPMS-EHR application. If you have installed any new reminders/dialogs, you must log off, and then log back on again.
2. Pick a patient who would have one of the reminders applicable and due.
 - The reminder alarm clock should be RED for someone with a reminder due
 - If you click on the alarm clock, you should see a list of reminders due
 - Right-click on the reminder due and review any of the options in the drop-down menu
3. Pick a patient who would have one of the reminders applicable, but not due.
 - The reminder alarm clock should be BLUE for someone with a reminder resolved
4. Pick a patient who would not have one of the reminders applicable.
 - The reminder clock should be WHITE for someone with a reminder that is not applicable to them
 - Be sure to check all the reminders before adding them to the system level

20.3 View Reminders on Cover Sheet

The following shows Reminders that are Due Now or Due Soon on Cover Sheet.

Reminders	
Reminder ▲	Date
P-HgbA1c	DUE NOW
Tetanus Shot	DUE NOW

Figure 20-3: Reminders on Cover Sheet

20.4 View Reminders Icon

The reminder icon is an alarm clock.



Figure 20-4: Reminder icon

The clock appears red if reminders are due, and blue if there is nothing due. Clicking the clock displays when reminders are due, and when it was last done.

1. Click the Reminder icon (in the toolbar) to open up the list of items to view.

Available Reminders			
View Action			
Available Reminders	Due Date	Last Occurrence	Priority
Due			
Height	08/20/2009	08/20/2008	
HepA Ped Immunization	DUE NOW		
IPV Immunization	DUE NOW		
Lipid Profile Female	DUE NOW		
MMR Immunization	DUE NOW	08/20/2008	
Weight	02/19/2009	08/20/2008	
TD Immunization	DUE NOW		
Varicella Immunization	DUE NOW		
Asthma Management Plan	DUE NOW		
Asthma Primary Provider	DUE NOW		
Asthma Severity	DUE NOW		
Asthma-on steroids	DUE NOW		
Asthma Control	DUE NOW		
DM Dental Exam	DUE NOW		
EPSDT Evaluation	DUE NOW		
Dental Visit	DUE NOW		
Applicable			
Not Applicable			
All Evaluated			
Other Categories			

Figure 20-5: Sample of Available Reminders

2. Right-click any item in the list and a selection of items from which to choose appears.

20.4.1 Clinical Maintenance

The Clinical Maintenance dialog shows why the reminder is due. For the new reminders with computed findings, it will display only the item returned in the PCC reminder call.

The clinical maintenance displays in two places:

1. Right-click the reminder and select Clinical Maintenance.
2. While processing the reminder dialog, select the Clinical Maintenance button from the bottom of the screen.

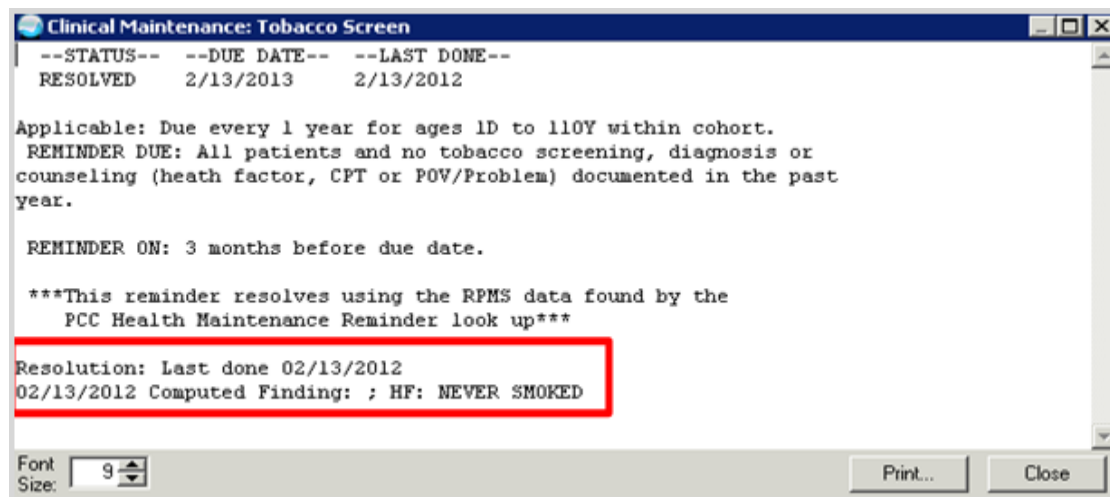


Figure 20-6: Clinical Maintenance Window

20.4.2 Do a Reminder Inquiry

A reminder inquiry displays the reminder logic. Reminder Inquiry data can be displayed by right clicking on the reminder and selecting Reminder Inquiry.

IHS-EPSTD SCREENING 2013		No. 179

-		
Print Name:	EPSTD Evaluation	
Class:	NATIONAL	
Sponsor:		
Review Date:		

```

Rescission Date:

Usage:                      CPRS, DATA EXTRACT, REPORTS

Related VA-* Reminder:

Reminder Dialog:            IHS-EPSDT SCREENING 2013

Priority:

Description:
  Reminder for a preventive medicine evaluation for those under 20

  REMINDER DUE: Total of 5 times at scheduled intervals: Age less than 1
yr:
  New Pt code 99381, Established pt 99391 Age 1-4 yr: New Pt code 99382,
  Established pt 99392 Age 5-11 yr: New Pt code 99383, Established pt 99393
  Age 12-17 yr: New Pt code 99384, Established pt 99394 Age 18-20 yr: New
Pt
  code 99385, Established pt 99395

  REMINDER ON: 3 months before due

=====
  Bibliographic citation:  Early Periodic Screening, Diagnosis,
  and Treatment (EPSDT) Program
  Developer:  IHS Office of Information Technology
  Funding Source:  Indian Health Service
  Release:  2013
=====

Technical Description:
  This reminder uses a computed finding to get data from PCC Health
  Maintenance Reminder to resolve the reminder.

Baseline Frequency:

  Do In Advance Time Frame:  Do if DUE within 3 months
  Sex Specific:
  Ignore on N/A:
  Frequency for Age Range:  1 year for ages 1D to 20Y
  Match Text:
  No Match Text:

Findings:

  ---- Begin: IHS-EPSDT 2009 (FI(1)=CF(39)) -----
  -
  Finding Type: REMINDER COMPUTED FINDING
  Use in Resolution Logic: OR
  ---- End: IHS-EPSDT 2009 -----
  -

General Patient Cohort Found Text:

```

Reminder for a preventive medicine evaluation for those
under 20

REMINDER DUE: Total of 5 times at scheduled intervals: Age
less than 1 yr: New Pt code 99381, Established pt 99391
Age 1-4 yr: New Pt code 99382, Established pt 99392 Age 5-11 yr:
New Pt code 99383, Established pt 99393 Age 12-17 yr:
New Pt code 99384, Established pt 99394 Age 18-20 yr:
New Pt code 99385, Established pt 99395

REMINDER ON: 3 months before

=====

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

=====

General Patient Cohort Not Found Text:

Reminder for a preventive medicine evaluation for those
under 20

REMINDER DUE: Total of 5 times at scheduled intervals: Age
less than 1 yr: New Pt code 99381, Established pt 99391
Age 1-4 yr: New Pt code 99382, Established pt 99392 Age 5-11 yr:
New Pt code 99383, Established pt 99393 Age 12-17 yr:
New Pt code 99384, Established pt 99394 Age 18-20 yr:
New Pt code 99385, Established pt 99395

REMINDER ON: 3 months before

=====

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

=====

Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
(SEX)&(AGE)

Expanded Patient Cohort Logic:
(SEX)&(AGE)

Default RESOLUTION LOGIC defines findings that resolve the Reminder:
FI(1)

Expanded Resolution Logic:
FI(IHS-EPSDT 2009)

Web Sites:

Web Site URL: <http://mchb.hrsa.gov/epsdt/>
Web Site Title: EPSDT Information
Description:

Figure 20-7: Reminder Inquiry of a Reminder

20.4.3 Look at the Reminder Icons

Below explains the various Reminder icons.



Figure 20-8: Reminders tab on Icon Legend window

20.5 View Reminders on the Health Summary

You can also view the Reminders in a Health Summary on the Reports tab. Users can either create a VA Health Summary type for reminders or the VA Health Summary components that already exist can be added to the Ad Hoc report.

Once created the summary type is added using the parameter ORWRP HEALTH SUMMARY LIST.

If you have already added reminders to health summaries, these will need to be updated by removing the old reminders and adding in the ones that came with this patch.

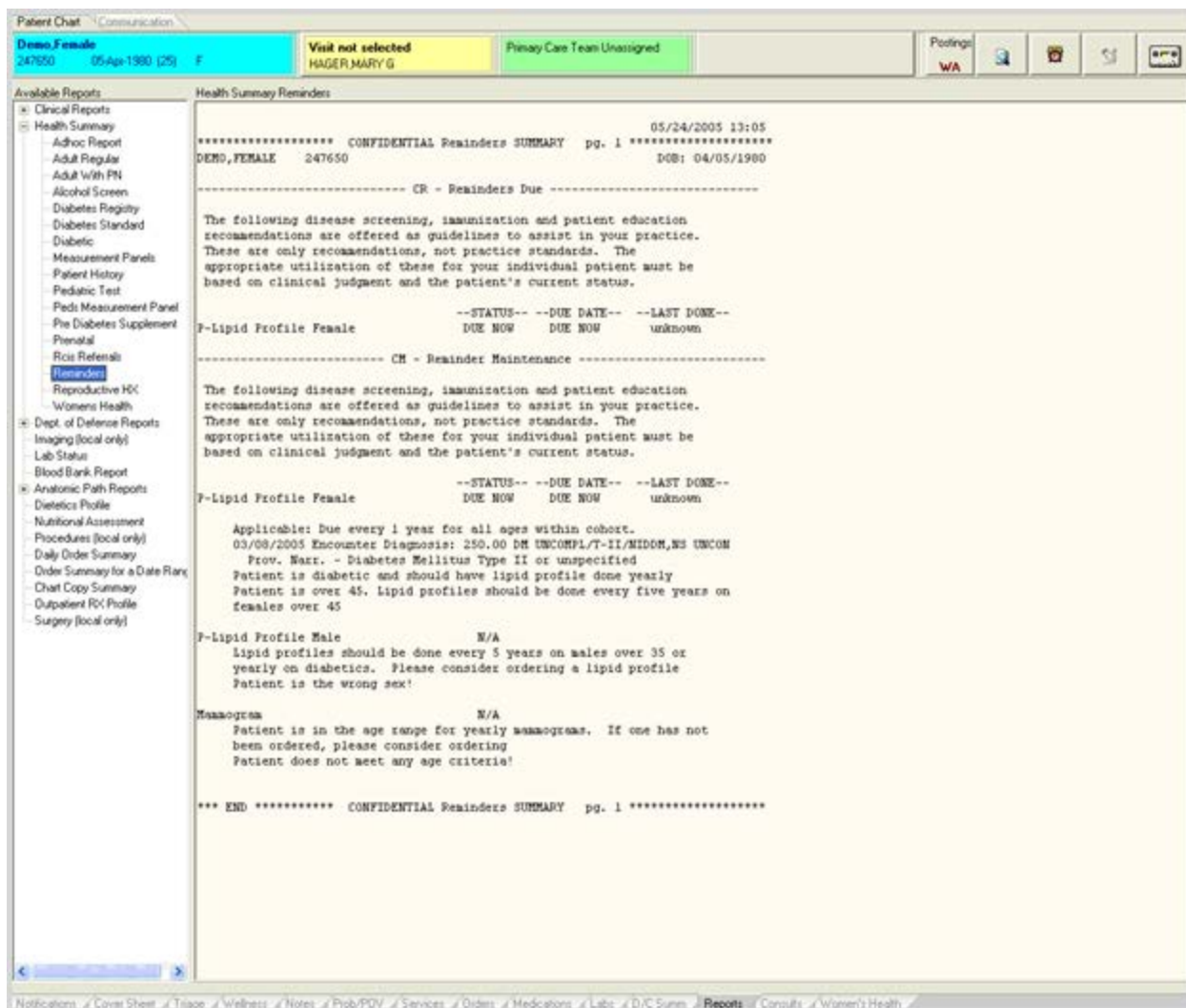


Figure 20-9: Health Summary Reminders on Report tab

20.6 View Best Practice Prompts on Health Summary

Definitions for the Best Practice Prompts are available in the iCare glossary or in the PCC Health Summary Manual:

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

- **iCare:** The Best Practice Prompt tab in iCare displays a list of best practices that are recommended for specific patient.
- **Health Summary:** The Best Practice Prompt Component displays a list of Best Practices recommended for a specific patient. This section describes how to create/modify health summary to display the Best Practice Prompts.

1. If the Best Practice Prompts do not display on the health summary, you can use the Create/Modify Health Summary Type Menu option to add the Best Practice Prompts to the summary. Alternately, create a small health summary with only Best Practice Prompts and make this available to your users using a Health Summary Button on the Toolbar in EHR.

RPMS EHR Configuration Master Menu | Report Configuration | Health Summary Configuration | IHS Health Summary Configuration | Create/Modify Health Summary Type.

```

Health Summary: TEST
-----
STRUCTURE:
Select HEALTH SUMMARY TYPE NAME:    TEST
NAME: TEST//
LOCK://
STRUCTURE:
Order Component                      Max occ Time Alternate Title

GENERAL:
Clinic Displayed on outpatient components:
ICD Text Display:
Provider Narrative Displayed:
Display Provider Initials in Outpatient components:
Provider Initials displayed on Medication components:

MEASUREMENT PANELS:
<none>

LAB TEST PANELS:
+          Enter ?? for more actions

MS  Modify Structure      FS  Flow Sheets          GI  General Info
MP  Mod Meas Panel        HF  Health Factors       HS  Sample Health Summary
LP  Lab Panel             PC  Provider Class Scrn  Q   Quit
HM  Health Main Remind    CS  Clinic Screen
BP  Best Practice Prompt  SP  Supplements

Select Action: +// MS    Modify Structure

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

Select SUMMARY ORDER: 10
  STRUCTURE COMPONENT NAME: Best PRACTICE PROMPTS
  COMPONENT NAME: BEST PRACTICE PROMPTS//
  ALTERNATE TITLE:
Select SUMMARY ORDER:

```

Figure 20-10:. Adding Best Practice Prompts to the Health Summary

2. Add the individual Best Practices to the Best Practice component that you just added using BP Best Practice Prompt menu option:

```

Health Summary: TEST
-----

```

```

STRUCTURE:
Order Component                               Max occ Time Alternate Title

GENERAL:
Clinic Displayed on outpatient components:
ICD Text Display:
Provider Narrative Displayed:
Display Provider Initials in Outpatient components:
Provider Initials displayed on Medication components:

MEASUREMENT PANELS:
<none>

LAB TEST PANELS:
+          Enter ?? for more actions
MS  Modify Structure      FS  Flow Sheets          GI  General Info
MP  Mod Meas Panel       HF  Health Factors      HS  Sample Health Summary
LP  Lab Panel            PC  Provider Class Scrn  Q   Quit
HM  Health Main Remind   CS  Clinic Screen
BP  Best Practice Prompt SP  Supplements

Select Action: +// BP
Health Summary: TEST

Note: any Best Practice Prompt flagged as inactive will not display
      on the summary even though you selected it for display. The
      Best Practice Prompt must be activated. Any Best Practice Prompts
      with (DEL) should be removed as they are no longer used.

Currently defined BEST PRACTICE PROMPTS on the TEST summary type

      SEQ  Best Practice Prompts                                Category/Group
      -----

Other BEST PRACTICE PROMPTS not yet selected that can be
added to this summary type:
      HEARING INQUIRY                                           ELDER
      STRABISMUS/AMBLYOPIA SCREEN                             PEDIATRIC
      ASTHMA: ADD/INCREASE INHALED STEROIDS                   ASTHMA
+          Enter ?? for more actions
AR  Add Best Practice Prompt      RG  Remove Group of Best Pract Prompts
RI  Remove Best Practice Prompt   HS  Sample Health Summary
AG  Add Group of Best Pract Prompts  Q   Quit
Select Action:+// AG

Select the Category/Group of Best Practice Prompts to ADD:

```

Figure 20-11: Add the individual Best Practices to the Best Practice component

3. Add the following Best Practice Prompts Groups:

- Asthma
- CVD Related
- Anticoagulation

4. Add the Rubella best practice prompt:

```

SEQ Best Practice Prompts
Category/Group
-----

Other BEST PRACTICE PROMPTS not yet selected that can be
added to this summary type:
    HEARING INQUIRY                                ELDER
    STRABISMUS/AMBLYOPIA SCREEN                     PEDIATRIC
    ASTHMA: ADD/INCREASE INHALED STEROIDS            ASTHMA
+      Enter ?? for more actions
AR  Add Best Practice Prompt          RG  Remove Group of Best Pract
Prompts
RI  Remove Best Practice Prompt       HS  Sample Health Summary
AG  Add Group of Best Pract Prompts    Q   Quit

Select Action: +// AR  Add Best Practice Prompt

Enter the sequence number to put this Best Practice Prompt and then enter
the prompt by name.

Select BEST PRACTICE PROMPT ORDER: 20
BEST PRACTICE PROMPT ORDER BEST PRACTICE PROMPT: rubella

```

Figure 20-12: Adding the Rubella Best Practice Prompt

Appendix A: Common Install Questions/Issues

This section describes common install issues, questions, and solutions.

A.1 All Immunization Reminders are Showing as DUE After Patch is Loaded

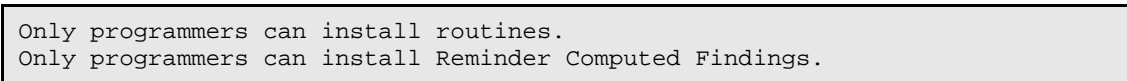
After the KIDS build has been installed, the computed findings that are used to check the immunization forecaster will not function properly until the new immunization reminders are installed through reminder exchange.

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

A.2 Programmer Access Message During Installation

Programmer access is required to install the reminders that contain a new computed finding.

If you do not have programmer access (@ fileman access) you will see the following message when you are installing reminders that contain a new computed finding:



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

Figure A-1: Messages

If there are no new computed findings packed in the reminder then ignore the message and continue through the installation process. If the computed finding was previously installed there will be an X under the column Exists on the right of the Reminder Computed Finding in the Reminder Exchange. Section 12.1 provides a detailed instructions.

A.3 Taxonomy Error Message During Installation

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

To resolve this issue, create the template manually using the detailed instructions in Section 12.3 of this manual.

A.4 Error On Install From Exchange: EDUCATION TOPICS Entries

```
The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=2
MSG("DIERR",1,"PARAM",1)=FP-Depot Medroxyprogesterone Injections
MSG("DIERR",1,"PARAM","FILE")=9999999.09
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) 'FP-Depot
Medroxyprogesterone Injections'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)=ED.FP-Depot Medroxyprogesterone Injections
MSG("DIERR",2,"PARAM","FIELD")=15
MSG("DIERR",2,"PARAM","FILE")=801.41
MSG("DIERR",2,"TEXT",1)=The value 'ED.FP-Depot Medroxyprogesterone
Injections' f
or field FINDING ITEM in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=
REMINDER DIALOG entry ED FP-DEPO did not get installed!
Examine the above error message for the reason

Warning there are 2 EDUCATION TOPICS entries with the name FP-Depot
Medroxyprogesterone Injections Install reminder dialog and all components
with no further changes:NO//NO
```

Figure A-2: Error Example

This error occurs when you have two Patient Education Topics with the same name (the system tells you which one has a duplicate). Most systems have a few of these so you may encounter this error.

FIX:

Your site manager must change the name of one of the EDUCATION topics (FileMan edit access is necessary). You can simply append the name with a number or letter.

Important! Make sure you do not change the name of the ACTIVE Pt Ed topic!

After your site manager has edited the entry, reinstall the reminder.

```
^VA FileMan

Enter or Edit File Entries
Print File Entries
Search File Entries
```

```

Modify File Attributes
Inquire to File Entries
Utility Functions ...
Data Dictionary Utilities ...
Transfer Entries
Other Options ...

Select VA FileMan Option:

Select VA FileMan Option: enter or Edit File Entries

INPUT TO WHAT FILE: EDUCATION TOPICS//
EDIT WHICH FIELD: ALL//

Select EDUCATION TOPICS NAME: FP-DEPO
1. FP-DEPOT MEDROXYPROGESTERONE INJECTIONS      FP-DPO
2. FP-Depot Medroxy progesterone Injections FP-FPO

CHOOSE 1-2:

Select EDUCATION TOPICS NAME:      FP-Depot Medrocyprogesterone Injections
FP-DPO
NAME: FP-Depot Medrocyprogesterone Injections      Replace
INACTIVE FLAG: INACTIVE <--This topic is inactive.

Select EDUCATION TOPICS NAME:      FP-Depot Medroxyprogesterone Injections
FP-DPO
NAME: FP-Depot Medroxyprogesterone Injections      Replace:Injections With
Injections OLD
INACTIVE FLAG: INACTIVE^  uphat out to quit

Select EDUCATION TOPICS NAME:      FP-Depot Medroxyprogesterone Injections
OLD

```

Figure A-3: Instructions

Reinstall the reminder dialog and the error will be gone.

A.5 Error Encountered Installing IHS-Pneumovax Immun 2012 Dialog

This error has occurred at multiple sites. It is not common, but if you encounter it, follow the steps in the next section.

ERROR ENCOUNTERED:

```

Dialog Components          Oct 01, 2008 09:20:39          Page:    1 of
3
Packed reminder dialog: IHS-PNEUMOVAX IMMUN 2011

The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=1
MSG("DIERR",1,"PARAM",1)='90764
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) '90764'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)='90764
MSG("DIERR",2,"PARAM","FIELD")=.01
MSG("DIERR",2,"PARAM","FILE")=801.4118
MSG("DIERR",2,"TEXT",1)=The value '90764' for field ADDITIONAL FINDINGS in
ADDITIONAL FINDINGS SUB-FIELD in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=

REMINDER DIALOG entry IM PNEUMO-PS2 DONE 2011 did not get installed!
Examine the above error message for the reason.
Dialog Components          Mar 13, 2012 16:24:24          Page:    1

```

Figure A-4: Error Encountered

FIX:

1. Manually create IM-PNEUMOVAX-2 DONE dialog element
2. Reinstall the dialog and replace the element with the IM-PNEUMOVAX-2 DONE element you created in the previous step.

RPMS-EHR Configuration Master Menu

```

ART    Adverse Reaction Tracking Configuration ...
CCX    Chief Complaint Configuration ...
CON    Consult Tracking Configuration ...
EDU    Patient Education Configuration ...
ENC    Encounter Context Configuration ...
EXM    Exam Configuration ...
HFA    Health Factor Configuration ...
IMM    Immunization Configuration ...
LAB    Lab Configuration ...
MED    Medication Management Configuration ...
NOT    Notification Configuration ...
ORD    Order Entry Configuration ...
PAT    Patient Context Configuration ...
PHX    Personal Health Hx Configuration ...
PLS    Problem List Configuration ...
POV    POV Configuration ...
PRC    Procedure Configuration ...
REM    Reminder Configuration ...
RPT    Report Configuration ...
SPL    Spellchecking Configuration ...

```

```

TIU    TIU Configuration ...
VIT    Vital Measurement Configuration ...

```

```

Select RPMS-EHR Configuration Master Menu Option: Reminder Configuration
YAKAMA HEALTH CENTER IHS      RPMS-EHR Management
Version 1.1

```

Reminder Configuration

```

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

```

```

Select Reminder Configuration Option: DLG
YAKAMA HEALTH CENTER IHS      RPMS-EHR Management      Version
1.1

```

Reminder Dialog Management

```

DLG    Reminder Dialogs
PAR    Dialog Parameters ...

```

```

Select Reminder Dialog Management Option: DLG

```

```

REMINDER VIEW (ALL REMINDERS BY NAME)

```

```

REMINDER VIEW (ALL REMINDERS BY NAME)

```

+Item	Reminder Name	Linked Dialog Name & Dialog Status
126	IHS-PED ROTAVIRUS IMMUN 2008	IHS-PED ROTAVIRUS IMMUN 200
127	IHS-PED ROTAVIRUS IMMUN 2011	IHS-PED ROTAVIRUS IMMUN 201
128	IHS-PED TD IMMUNIZATION	WS-PED GROUP
129	IHS-PED VARICELLA IMMUN	WS-PED GROUP
130	IHS-PED VARICELLA IMMUN 2008	IHS-PED VARICELLA IMMUN 200
Disabled		
131	IHS-PED VARICELLA IMMUN 2011	IHS-PED VARICELLA IMMUN 201
132	IHS-PNEUMOVAX IMMUN 2008	IHS-PNEUMOVAX IMMUN 2008
Disabled		
133	IHS-PNEUMOVAX IMMUN 2011	IHS-PNEUMOVAX IMMUN 2011
134	IHS-PNEUMOVAX IMMUNIZATION	WS-ADULT IMM GRP
135	IHS-PPD	IHS-PPD
136	IHS-RUBELLA IMMUNITY 2011	IHS-RUBELLA IMMUNITY 2011
137	IHS-SENIOR HEIGHT	IHS-SENIOR HEIGHT
Disabled		
138	IHS-SENIOR HEIGHT 2011	IHS-SENIOR HEIGHT 2011
139	IHS-SENIOR VISION 2009	IHS-SENIOR VISION 2009
Disabled		
140	IHS-SENIOR VISION 2011	IHS-SENIOR VISION 2011
141	IHS-TD IMMUN 2008	IHS-TD IMMUN 2008
Disabled		

```

+          + Next Screen  - Prev Screen  ?? More Actions
>>>
AR  All reminders          LR   Linked Reminders      QU   Quit
CV  Change View           RN   Name/Print Name
Select Item: Next Screen// CV

      Select one of the following:

          D      Reminder Dialogs
          E      Dialog Elements
          F      Forced Values
          G      Dialog Groups
          P      Additional Prompts
          R      Reminders
          RG     Result Group (Mental Health)
          RE     Result Element (Mental Health)

TYPE OF VIEW: R// E

Dialog List                      Jul 29, 2008 08:38:47          Page: 1 of
26
DIALOG VIEW (DIALOG ELEMENTS)

Item Dialog Name                  Dialog type              Status
1  CPT 92002                      Dialog Element
2  CPT 92004                      Dialog Element
3  CPT 92012                      Dialog Element
4  CPT 92014                      Dialog Element
5  CPT 92015                      Dialog Element
6  CPT 92250                      Dialog Element
7  CPT 99202                      Dialog Element
8  CPT 99203                      Dialog Element
9  CPT 99204                      Dialog Element
10 CPT 99205                      Dialog Element
11 CPT 99212                      Dialog Element
12 CPT 99213                      Dialog Element
13 CPT 99214                      Dialog Element
14 CPT 99215                      Dialog Element
15 CPT BREAST PELVIC G0101        Dialog Element
16 CPT COLONOSCOPY               Dialog Element
+          + Next Screen  - Prev Screen  ?? More Actions
>>>
AD  Add                          CV   Change View          INQ  Inquiry/Print
CO  Copy Dialog                 PT   List/Print All        QU   Quit
Select Item: Next Screen// AD

Select DIALOG to add: IM PNEUMOVAX-2 DONE  <- use this name
Are you adding IM PNEUMO-PS2 DONE as
a new REMINDER DIALOG (the 490TH)? No// YES
Not used by any other dialog

NAME: IM PNEUMOVAX-2 DONE//
DISABLE:
CLASS: L
SPONSOR:
REVIEW DATE:
RESOLUTION TYPE: DONE AT ENCOUNTER
...OK? Yes// YES

ORDERABLE ITEM:

```

```

FINDING ITEM: IM.PNEUMO
  1  PNEUMOCOCCAL      PNEUMO-PS      33
  2  PNEUMOCOCCAL CONJUGATE      PNEUM-CONJ      100
  3  PNEUMOCOCCAL, NOS      PNEUMOCOCC      109
CHOOSE 1-3: 1
DIALOG/PROGRESS NOTE TEXT:
  No existing text
  Edit? NO// YES

=[ WRAP ]=[ INSERT ]====< DIALOG/PROGRESS NOTE TEXT >====[ <PF1>H=Help
]=
Patient received pneumo-ps at this encounter{FLD:IHS PXRМ STANDING ORDER}.

When you are done typing, exit by selecting
The F1(function key) plus the letter E:

F1 E

<=====T=====T=====T=====T=====T=====T=====T=====
ALTERNATE PROGRESS NOTE TEXT:
  No existing text
  Edit? NO//
EXCLUDE FROM PROGRESS NOTE:
SUPPRESS CHECKBOX:
Select ADDITIONAL FINDINGS: ICD9.V03.82

      Searching for a ICD9 DIAGNOSIS, (pointed-to by ADDITIONAL FINDINGS)

      Searching for a ICD9 DIAGNOSIS
V03.82  V03.82      VACC FOR STREPTOCOCCUS PNEUMON
      ...OK? Yes// YES
Select ADDITIONAL FINDINGS:

Select SEQUENCE: 1
  ADDITIONAL PROMPT/FORCED VALUE: PXRМ LOT NUMBER      prompt      NATIONAL
      ...OK? Yes/ YES

  OVERRIDE PROMPT CAPTION:
  START NEW LINE: YES
  EXCLUDE FROM PN TEXT:
  REQUIRED: YES
Select SEQUENCE: 2
  ADDITIONAL PROMPT/FORCED VALUE: PXRМ IMM SITE      prompt      NATIONAL
      ...OK? Yes// YES

  OVERRIDE PROMPT CAPTION:
  START NEW LINE: YES
  EXCLUDE FROM PN TEXT:
  REQUIRED: YES
Select SEQUENCE: 3
  ADDITIONAL PROMPT/FORCED VALUE: PXRМ VOLUME      prompt      NATIONAL
      ...OK? Yes/ YES

  OVERRIDE PROMPT CAPTION:
  START NEW LINE: YES
  EXCLUDE FROM PN TEXT:
  REQUIRED:
Select SEQUENCE: 4

```

```

    ADDITIONAL PROMPT/FORCED VALUE: PXRМ IMM VIS DATE      prompt
NATIONAL
    ...OK? Yes// YES

    OVERRIDE PROMPT CAPTION:
    START NEW LINE: YES
    EXCLUDE FROM PN TEXT:
    REQUIRED:
Select SEQUENCE: 5
    ADDITIONAL PROMPT/FORCED VALUE: PXRМ COMMENT      prompt      NATIONAL
    ...OK? Yes// YES

    OVERRIDE PROMPT CAPTION:
    START NEW LINE: YES
    EXCLUDE FROM PN TEXT:
    REQUIRED:
Select SEQUENCE:
Input your edit comments.
Edit? NO//

NOW go to the Exchange and install the reminder and dialog again.  After
the Error in the dialog installation:

Install reminder dialog and all components with no further changes:Y// YES
The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=1
MSG("DIERR",1,"PARAM",1)='90764
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) '90764'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)='90764
MSG("DIERR",2,"PARAM","FIELD")=.01
MSG("DIERR",2,"PARAM","FILE")=801.4118
MSG("DIERR",2,"TEXT",1)=The value '90764' for field ADDITIONAL FINDINGS in
ADDI
TIONAL FINDINGS SUB-FIELD in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=

REMINDER DIALOG entry IM PNEUMO-PS2 DONE 2011 did not get installed!
Examine the above error message for the reason.
COMPONENT DIALOG entry IM PNEUMO-PS2 DONE 2011 does not exist.

    Select one of the following:

        D      Delete (from the reminder/dialog)
        P      Replace (in the reminder/dialog) with an existing entry
        Q      Quit the install

Enter response: P
Select REMINDER DIALOG NAME: IM PNEUMOVAX-2 DONE
    ...OK? Yes// YES

```

Reminder Dialog IHS-PNEUMOVAX IMMUN 2011 is not linked to a reminder.
 Select Reminder to Link: **IHS-PNEUMOVAX IMMUN 2011**

Figure A-5: Instructions

A.6 After Installed in Reminder Exchange Findings Say None

It can be confusing when you first look at your dialog definitions. Here is an example where the dialog definition looks like the finding items did not load correctly. In the exchange file, it looks like the finding did not load. This is because some components of dialogs do not have findings and this is expected. (Refer to second screen shot).

Item	Seq.	Dialog Findings	Type	Exists
1		IHS-TOBACCO SCREEN 2007	dialog	X
2	1	HD TOBACCO Finding: *NONE*	element	X
3	5	GRP TOBACCO SCREEN Finding: *NONE*	group	X
4	5.5	HF LIFETIME NON-SMOKER OTHER Finding: NON-TOBACCO USER (HEALTH FACTOR)	element	X
5	5.10	GRP CURRENT/PREVIOUS SMOKING Finding: *NONE*	group	X
6	5.10.5	GRP CURRENT SMOKER Finding: *NONE*	group	X
7	5.10.5.1	HF CURRENT SMOKER Finding: CURRENT SMOKER (HEALTH FACTOR)	element	X

+ Next Screen - Prev Screen ?? More Actions
 DD Dialog Details DT Dialog Text IS Install Selected
 DF Dialog Findings DU Dialog Usage QU Quit
 DS Dialog Summary IA Install All
 Select Action: Next Screen//

Figure A-6: List of Findings

In the example above, you will notice that the Groups (under Type) do not have findings. This is expected. If you actually navigate to the Group Edit screen and look at the detail of the Group (see below), you will see that each element in the group has an appropriate finding.

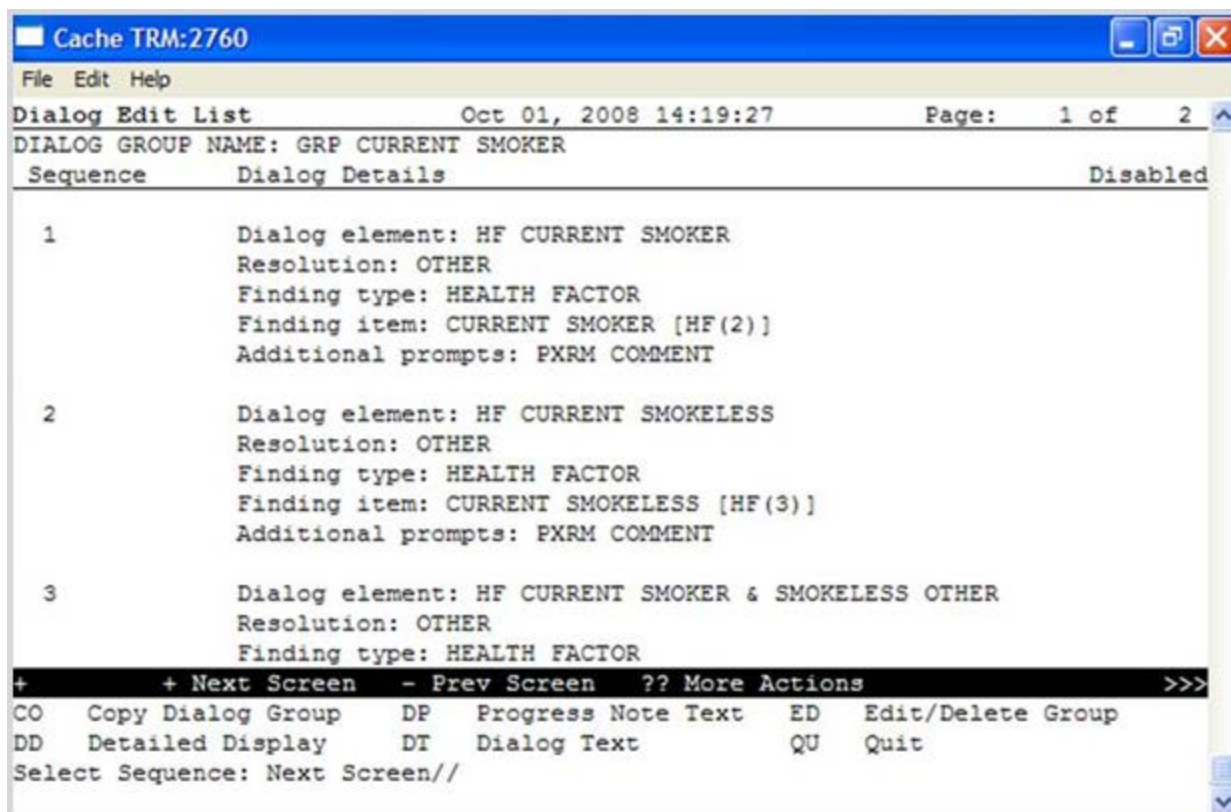


Figure A-7: Group Edit Screen

A.7 The BPXRМ Objects Do Not Work

A.7.1 The BPXRМ LIPID PROFILE Object Foes Not Display the Last Lipid Profile Results

The BPXRМ LIPID PROFILE object is not working and will be fixed in a future TIU patch. In the meantime you can create another object and use it in the dialog.

1. Create a new object containing your site's LIPID PROFILE by copying the LAST LAB PANEL (SAMPLE) object.

RPMS-EHR Configuration Master Menu | TIU Configuration | TIU Menu For Medical Records | TIU Maintenance Menu | Document Definitions (Manager) | Document Definitions (Manager)

Instructions:

(DEMO INDIAN HOSPITAL)

DDM1	Edit Document Definitions
DDM2	Sort Document Definitions
DDM3	Create Document Definitions

DDM4 Create Objects

DDM5 List Object Descriptions
 DDM6 Create TIU/Health Summary Objects
 DDM7 Title Headers/Footers

Select Document Definitions (Manager) Option: **DDM4**
 Create Objects

(DEMO INDIAN HOSPITAL)

START DISPLAY WITH OBJECT: FIRST//

Objects

		Status
1	ACTIVE MEDICATIONS	A
2	ACTIVE MEDS COMBINED	A
3	ACTIVE MEDS IN AND OUT	A
4	ACTIVE MEDS INPATIENT	A
5	ACTIVE MEDS ONE LIST	A
6	ACTIVE MEDS OUTPATIENT	A
7	ACTIVE PROBLEMS	A
8	ACTIVE PROBLEMS W/O DATES	A
9	ADDRESS-ONE LINE	A
10	ADMITTING DX	A
11	ADMITTING PROVIDER	A
12	ALLERGIES/ADR	A
13	ASTHMA CONTROLLER MEDS	A
14	ASTHMA REGISTRY	A
+	?Help >ScrollRight PS/PL PrintScrn/List +/- >>>	
	Find Detailed Display/Edit Copy/Move	
	Change View Try Quit	
	Create Owner	

Select Action: Next Screen/ **Find**
 Search for://**LAST LAB PANEL (SAMPLE)**

Objects

		Status
+		
109	LAST LAB INR 3	A
110	LAST LAB PANEL (CHEM PANEL)	A
111	LAST LAB PANEL (SAMPLE)	I
112	LAST LAB PANEL LIPID	A
113	LAST LAB TEST (BRIEF)	I
114	LAST LAB TEST (NO CAP)	I
115	LAST LAB TEST (SAMPLE)	I
116	LAST LAB TEST DATE (SAMPLE)	I
117	LAST MAMM	A
118	LAST MEASUREMENT LIST	A
119	LAST MEASUREMENT LIST	A
120	LAST MED (SAMPLE)	I
121	LAST MED CLASS (SAMPLE)	I
122	LAST MED CLASS/PHARM PT (SAMPLE)	I
+	?Help >ScrollRight PS/PL PrintScrn/List +/- >>>	
	...searching for 'LAST LAB PANEL (sample)'	

Stop Here? Yes//

Select Action: Next Screen// COPY

Select Entry to Copy: (109-122): 111 enter the number of the LAST LAB PANEL (SAMPLE) . Yours may be different.

Copy into (different) Name: LAST LAB PANEL (SAMPLE)

Replace SAMPLE With LIPID PROFILE

Replace

LAST LAB PANEL (LIPID PROFILE)

OBJECT copied into File Entry #665

Press RETURN to continue or '^' or '^ ^' to exit:

Feb 14, 2012 15:38:44

Page: 8 of 21

Objects

		Status
+		
111	LAST LAB PANEL (LIPID PROFILE)	I
112	LAST LAB PANEL (SAMPLE)	I
113	LAST LAB PANEL LIPID	A
114	LAST LAB TEST (BRIEF)	I
115	LAST LAB TEST (NO CAP)	I
116	LAST LAB TEST (SAMPLE)	I
117	LAST LAB TEST DATE (SAMPLE)	I
118	LAST MAMM	A
119	LAST MEASUREMENT LIST	A
120	LAST MEASUREMENT LIST	A
121	LAST MED (SAMPLE)	I
122	LAST MED CLASS (SAMPLE)	I
123	LAST MED CLASS/PHARM PT (SAMPLE)	I
124	LAST PAIN	A
+	?Help >ScrollRight PS/PL PrintScrn/List +/- >>>	
	Find Detailed Display/Edit Copy/Move	
	Change View Try Quit	
	Create Owner	

Select Action: Next Screen// DETAILED

Select Entry: (111-124): 111

Object LAST LAB PANEL (LIPID PROFILE)

Basics

Name: LAST LAB PANEL (LIPID PROFILE)
 Abbreviation:
 Print Name:
 Type: OBJECT
 IFN: 665
 National
 Standard: NO
 Status: INACTIVE
 Owner: CLINICAL COORDINATOR

Technical Fields

Object Method: S X=\$\$LABPANL^BTIUPCC(DFN,"LAB PANEL NAME")

Description

? Help +, - Next, Previous Screen PS/PL
 Basics Find Description Edit
 Technical Fields Delete
 Try Quit

Select Action: Quit// TECHNICAL FIELDS

OBJECT METHOD: S X=\$\$LABPANL^BTIUPCC(DFN,"LAB PANEL NAME")

Replace LAB PANEL NAME With LIPID PANEL

Replace the words LAB PANEL NAME with the exact name of the LIPID PANEL that is being used at the facility.

Select Action: Quit// **BASICS**

NAME: LAST LAB PANEL (LIPID PROFILE) Replace

ABBREVIATION:

PRINT NAME:

CLASS OWNER: CLINICAL COORDINATOR Replace

STATUS: (A/I): INACTIVE// **A** **<--now activate the object**

2. Edit the dialog and replace the BPXRM LIPID PROFILE with the object that you created in step 1, above.

Use the Reminder Dialogs Menu Option to make these changes: Reminder Configuration | Reminder Dialog Management Menu | Reminder Dialogs.

Instructions:

REMINDER VIEW (ALL REMINDERS BY NAME)

Item	Reminder Name	Linked Dialog Name & Dialog Status
1	AAO NURSE SCREENING BUNDLE 6.2009	
2	IHS-ACTIVITY SCREEN 2011	IHS-ACTIVITY SCREEN 2011
3	IHS-ALCOHOL SCREEN 2007	
4	IHS-ALCOHOL SCREEN 2011	IHS-ALCOHOL SCREEN 2011
5	IHS-ALLERGY	
6	IHS-ALLERGY 2011	IHS-ALLERGY 2011
7	IHS-ANTICOAG CBC 2011	IHS-ANTICOAG CBC 2011
8	IHS-ANTICOAG DURATION OF TX 2011	IHS-ANTICOAG DURATION OF TX
9	IHS-ANTICOAG INR GOAL 2011	IHS-ANTICOAG INR GOAL 2011
10	IHS-ANTICOAG OCCULT BLOOD 2011	IHS-ANTICOAG OCCULT BLOOD 2
11	IHS-ANTICOAG THERAPY END DATE 2011	IHS-ANTICOAG THERAPY END DA
12	IHS-ANTICOAG UA 2011	IHS-ANTICOAG UA 2011
13	IHS-ASBI BNI 2011	IHS-ASBI BNI 2011

Disabled

14	IHS-ASBI SCREENING 2011	
15	IHS-ASTHMA ACTION PLAN 2011	IHS-ASTHMA ACTION PLAN 2011
16	IHS-ASTHMA CONTROL 2009	

+ + Next Screen - Prev Screen ?? More Actions >>>

AR All reminders LR Linked Reminders QU Quit

CV Change View RN Name/Print Name

Select Item: Next Screen// **CV**

Select one of the following:

D	Reminder Dialogs
E	Dialog Elements
F	Forced Values
G	Dialog Groups
P	Additional Prompts
R	Reminders
RG	Result Group (Mental Health)
RE	Result Element (Mental Health)

TYPE OF VIEW: R// **E**

DIALOG VIEW (DIALOG ELEMENTS)

+Item	Dialog Name	Dialog type	Status
7	ASBI CPT COMM INS 30 MIN	Dialog Element	
8	ASBI CPT MEDICAID	Dialog Element	
9	ASBI CPT MEDICAID 15 MIN	Dialog Element	
10	ASBI CPT MEDICARE 15-30 MIN	Dialog Element	
11	ASBI CPT MEDICARE 30 MIN	Dialog Element	
12	ASBI ED AOD-COMPLICATIONS	Dialog Element	
13	ASBI ED AOD-CULTURAL/SPIRIT	Dialog Element	
14	ASBI ED AOD-DISEASE PROCESS	Dialog Element	
15	ASBI ED AOD-FOLLOWUP	Dialog Element	
16	ASBI ED AOD-HEALTH PROMOTION DISEASE PR	Dialog Element	
17	ASBI ED AOD-HELP LINE	Dialog Element	
18	ASBI ED AOD-INFORMATION AND REFERRAL	Dialog Element	
19	ASBI ED AOD-INJURIES	Dialog Element	
20	ASBI ED AOD-LIFESTYLE ADAPTATIONS	Dialog Element	
21	ASBI ED AOD-MEDICATIONS	Dialog Element	
22	ASBI ED AOD-NUTRITION	Dialog Element	

+ + Next Screen - Prev Screen ?? More Actions
 CO Copy Dialog PT List/Print All QU Quit
 Select Item: Next Screen// SL SL

Search for: HD LIPID

Stop Here: YES HD LIPID should be highlighted at the top of the screen:

DIALOG VIEW (DIALOG ELEMENTS)

+Item	Dialog Name	Dialog type	Status
277	HD LIPID	Dialog Element	
278	HD MAMMO ALREADY SCHEDULED	Dialog Element	
279	HD MAMMO REFERRAL DONE	Dialog Element	
280	HD MAMMOGRAM EDUCATION	Dialog Element	
281	HD MED COUNSELING INFO	Dialog Element	
282	HD MED PROBLEM LIST	Dialog Element	
283	HD MENINGITIS TEXT	Dialog Element	
284	HD MMR TEXT	Dialog Element	
285	HD MTM ADDL INFO	Dialog Element	
286	HD MTM FOLLOW UP	Dialog Element	
287	HD NEPHRO SCREEN	Dialog Element	
288	HD NEWBORN HEARING	Dialog Element	
289	HD OSTEOPOROSIS SCREENING	Dialog Element	
290	HD PAP NOT DONE TEXT	Dialog Element	
291	HD PED FLU	Dialog Element	
292	HD PEDAL PULSES	Dialog Element	

+ + Next Screen - Prev Screen ?? More Actions
 AD Add CV Change View INQ Inquiry/Print
 CO Copy Dialog PT List/Print All QU Quit

Select Item: Next Screen// 277 (enter the number of the HD LIPID element . In this example, it is number 277. Yours may be different.)

CURRENT DIALOG ELEMENT/GROUP NAME: HD LIPID

Used by: IHS-LIPID FEMALE 2011 (Reminder Dialog)
 IHS-LIPID MALE 2011 (Reminder Dialog)

NAME: HD LIPID//

DISABLE:

CLASS: VISN//

SPONSOR:

```

REVIEW DATE:
RESOLUTION TYPE:
ORDERABLE ITEM:
FINDING ITEM:
DIALOG/PROGRESS NOTE TEXT:
Patient's last LIPID PROFILE was:
|BPXRМ LIPID PROFILE|

Edit? NO// y

==[ WRAP ]==[ INSERT ]=====< DIALOG/PROGRESS NOTE TEXT >====[ Patient's
last LIPID PROFILE was:
|BPXRМ LIPID PROFILE| replace BPXRМ LIPID PROFILE with the name of
the object that you created. Select F1 key and E key to exit and save the
changes

<=====T=====T=====T=====T=====T=====T=====T=====

ALTERNATE PROGRESS NOTE TEXT:
No existing text
Edit? NO// ^ uphat to exit

```

Log out of EHR and log in again. Test the object by processing the IHS-LIPID dialog(s) on a patient who has a recent lipid profile result. Confirm that you can see the last lipid profile results.

A.7.2 The BPXRМ HGBA1C object is does not display the last lab data

This might occur with any of the BPXRМ (lab test) objects. This object needs to contain the name of the HGBA1C lab test that is being used at your facility. This example describes how to map the HGBA1C lab test that is used at the facility to the BPXRМ HGBA1C object.

1. Go to DDM4 in your TIU menu: RPMS-EHR Configuration Master Menu | TIU Configuration | TIU Menu For Medical Records | TIU Maintenance Menu | Document Definitions (Manager).

Instructions:

```

(DЕMO INDIAN HOSPITAL)

DDM1  Edit Document Definitions
DDM2  Sort Document Definitions
DDM3  Create Document Definitions
DDM4  Create Objects
DDM5  List Object Descriptions
DDM6  Create TIU/Health Summary Objects
DDM7  Title Headers/Headers

Select Document Definitions (Manager) Option: DDM4
Create Objects

```

```

(DMO INDIAN HOSPITAL)

START DISPLAY WITH OBJECT: FIRST//

Objects                               Oct 29, 2008 17:34:35      Page:    3 of    27
                                   Objects

+                                     Status
29    BPXRM DIABETIC EYE                A
30    BPXRM FOOT EXAM                   A
31    BPXRM HEAD CIRCUMFERENCE          A
32    BPXRM HEIGHT                      A
33    BPXRM HGB AND HCT                 A
34    BPXRM HGBA1C                      A
35    BPXRM INTIMATE PARTNER VIOLENCE    A
36    BPXRM LIPID PROFILE                A
37    BPXRM MAMMOGRAM                   A
38    BPXRM TOBACCO SCREEN              A
39    CHIEF COMPLAINT TODAY             A
40    COMMUNITY                         A
41    CONTRACEPTION-BRIEF               A
42    CONTRACEPTION-EXPANDED            A
+      ?Help    >ScrollRight    PS/PL PrintScrn/List    +/-    >>>
      Find      Detailed Display/Edit    Copy/Move
      Change View    Try    Quit
      Create        Owner

Select Action: Next Screen// DET
Select Entry: (29-42): 36 Enter the number of the BPXRM HGBA1C from
above. Yours may be different.

Object BPXRM HGBA1C

  Basics
    Name:    BPXRM HGBA1C
  Abbreviation:
  Print Name:
    Type:    OBJECT
    IFN:     49
  National
  Standard:  NO
  Status:    ACTIVE
  Owner:     CLINICAL COORDINATOR

  Technical Fields
    Object Method:  S X=$$SLAB^BTIUPCC(+$(DFN),"HGBA1C")

  Description
+      ? Help      +, - Next, Previous Screen    PS/PL
    Basics        Find      Description Edit
    Technical Fields    Delete
    Try            Quit

Select Action: Next Screen/BASICS go to Basics to inactivate the object so
you can edit it.

  Edit Owner and Status only; Entry not Inactive
  CLASS OWNER: CLINICAL COORDINATOR Replace
  STATUS: (A/I): ACTIVE// I Inactivate the entry so you can edit it.

```

```

Object BPXRM HGBA1C

Basics
    Name:      BPXRM HGBA1C
    Abbreviation:
    Print Name:
    Type:      OBJECT
    IFN:       49
    National
    Standard:  NO
    Status:    INACTIVE      Must be inactive
    Owner:     CLINICAL COORDINATOR

Technical Fields
    Object Method:  S X=$$SLAB^BTIUPCC(+$(DFN),"HGBA1C")

Description
+   ? Help      +, - Next, Previous Screen    PS/PL
    Basics      Find                          Description Edit
    Technical Fields      Delete
    Try           Quit
Select Action: Next Screen// technical <-edit the technical field to
replace HGBA1C with the exact name of the test that is used by your facility

OBJECT METHOD:  S X=$$SLAB^BTIUPCC(+$(DFN),"HGBA1C")

Replace HGBA1C With HGB A1C (use the exact name of the HGBA1C test that
is in use at your facility)

Detailed Display                      Feb 14, 2012 15:07:14      Page: 1 of 2
                                      Object BPXRM HGBA1C

Basics
    Name:      BPXRM HGBA1C
    Abbreviation:
    Print Name:
    Type:      OBJECT
    IFN:       49
    National
    Standard:  NO
    Status:    INACTIVE
    Owner:     CLINICAL COORDINATOR

Technical Fields
    Object Method:  S X=$$SLAB^BTIUPCC(+$(DFN),"HGB A1C") double check
the name of the test

Description
+   ? Help      +, - Next, Previous Screen    PS/PL
    Basics      Find                          Description Edit
    Technical Fields      Delete
    Try           Quit
Select Action: Next Screen//Basics now go back into Basics to activate the
object.

```

```

NAME: BPXRМ HGBA1C//
ABBREVIATION:
PRINT NAME:
CLASS OWNER: CLINICAL COORDINATOR  Replace

STATUS: (A/I): INACTIVE//  ACTIVE

Object BPXRМ HGBA1C

  Basics
    Name:      BPXRМ HGBA1C
    Abbreviation:
    Print Name:
    Type:      OBJECT
    IFN:       49
    National
    Standard:  NO
    Status:    ACTIVE
    Owner:     CLINICAL COORDINATOR

  Technical Fields
    Object Method:  S X=$$SLAB^BTIUPCC(+$G(DFN),"HGB A1C")

  Description
+   ? Help      +, - Next, Previous Screen  PS/PL
    Basics      Find                        Description Edit
    Technical Fields  Delete
    Try           Quit
Select Action: Next Screen//Q

```

A.8 Medication Reminders – Last Occurrence Date

Reminders that use medications in the resolution logic: DM-ASPIRIN, DM-ACE/ARB, DM-ANTIPLATLET CVD use the last fill date as the LAST OCCURRENCE DATE.

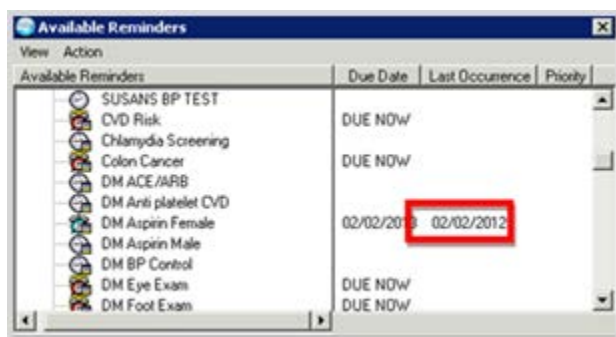


Figure A-8: Example of DM Aspirin Reminder Filled on 2/2/2012

If the medication is an OUTSIDE MEDICATION, it will display today's date as the LAST OCCURRENCE DATE. In the example below, the Outside Med was documented last month. Outside Meds do not have an associated fill date. The reminder uses TODAY'S date as the LAST OCCURRENCE DATE. In this example, today is 2/14/2012.

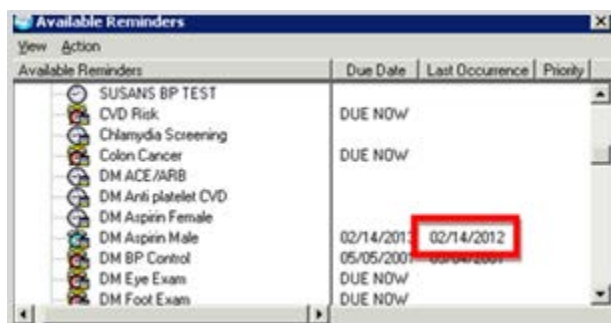


Figure A-9: Example of Outside Med Displayed on 2/14/2012

A.9 Problems Getting Reminders Visible For Everyone

If you have reminders showing up for most users but not for others, the culprit is likely in the parameters. Usually it means that the NEW parameter is set to YES for system, but NO at a lower level, such as class or user.

Entering parameters is easiest from the RPMS-EHR Master Configuration menu | REM Reminder Configuration | PAR Reminder Parameters Menu | New Reminder Parameters.

Instructions:

NEW New Reminder Parameters (ORQQPX NEW REMINDER PARAMS)

Use New Reminder Parameters may be set for the following:

1	User	USR	[choose from NEW PERSON]
2	Service	SRV	[choose from SERVICE/SECTION]
3	Division	DIV	[DEMO INDIAN HOSPITAL]
4	System	SYS	[DEMO.OKLAHOMA.IHS.GOV]
5	Package	PKG	[ORDER ENTRY/RESULTS REPORTING]

Enter selection: RICHARDS, SUSAN P

Parameter	Instance	Value
USR: RICHARDS,SUSAN P	1	NO if this were set to no, like here, this user would only see what was set up in the cover sheet reminder list (CVR above) and not what was set up in the GUI reminder configuration. To remove, edit the parameter and @ at the prompt so the value is empty
SYS: YAKIMA-HC.PRT.IHS.GOV	1	YES

A.10 Reminder Due When it Should NOT Be Due

This can happen if the reminder uses Health Maintenance Reminder (HMR) or Best Practice Prompts (HMR) in their resolution logic and the lab test or medications that are needed to resolve the HMR or BPP are not members of the RPMS taxonomy.

Examples:

My patient has a recent chlamydia test, but the IHS-CHLAMYDIA reminder shows as due.

My patient has a recent prescription for asthma inhaled steroid, but the IHS-ASTHMA STEROIDS reminder shows as due. My patient's [best practice/hmr] reminder shows as due when it should not be due.

These reminders use the data found by the Health Maintenance Reminder or Best Practice to determine if they are due or not. You'll need to look at the logic that the HMR or BPP uses. Confirm that the drug or lab that is being used to resolve the reminder is a member of the HMR or BPP taxonomy. HMR/BPP RPMS taxonomies can be edited using iCare or CRS.

1. Review the Logic Detail for the health maintenance reminder or best practice prompt logic in one of the following locations:
 - Appendix of this guide (or current version).
http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u_apch.pdf
 - iCare: Click on the glossary button and select Reminders Glossary (health summary reminders) or Best Practice Prompts Glossary
2. Confirm that the lab test/ medication/ etc. item that the reminder is looking at is a member of the taxonomy.

Example:

The CHLAMYDIA Health Maintenance Reminder uses the BGP CHLAMYDIA TESTS taxonomy to look for the chlamydia test(s) that is being used by your facility.

Instructions:

LOGIC DETAIL: (from iCare Glossary or Health Summary User Manual Appendix)

Chlamydia Test Definition:

- Procedures (CPT Codes): V CPT 86631, 86632, 87110, 87270, 87320, 87490-87492, 87810 [BGP CHLAMYDIA CPTS]
- LOINC Codes: V Lab as predefined in [BGP CHLAMYDIA LOINC CODES]
- Site Defined Lab Tests: V Lab site-defined tests in [BGP CHLAMYDIA TESTS TAX] <-- The lab test used at your facility must be a member of this taxonomy

- This taxonomy can be populated with the appropriate labs/drugs through iCare or Clinical Reporting System (CRS).

iCare:

To edit the taxonomy, the iCare user must possess the BGPZ TAXONOMY EDITOR key. Add the test being used at your facility.

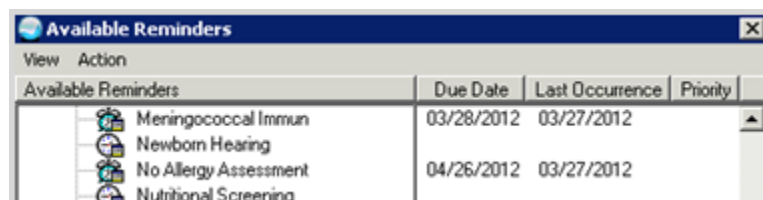
Login to iCare | Tools | Taxonomy Maintenance | View/Edit Taxonomy Entries | All Site Populated | Lab Tests | BGP Chlamydia Tests | add the chlamydia lab test(s) that are ordered at your facility.

CRS:

To edit the taxonomy, you must possess the appropriate security keys and menu options or ask the appropriate staff to edit the taxonomy.

CRS Main Menu | System Setup | Taxonomy Setup | Taxonomy Setup-All CRS Reports | Select a Taxonomy | add the chlamydia lab test(s) that are ordered at your facility

Why is the Due Date Tomorrow?



View	Action	Available Reminders	Due Date	Last Occurrence	Priority
		Meningococcal Immun	03/28/2012	03/27/2012	
		Newborn Hearing			
		No Allergy Assessment	04/26/2012	03/27/2012	
		Nutritional Screening			

Figure A-10: Reminder Due Date

The reminder is due to check tomorrow to see if the immunization is due. This is the case for all immunization reminders; several of the anti-coagulation and asthma reminders, and CVD reminder.

A.11 Access Violation Error When Processing Dialogs

An Access Violation Error occurs if you are processing a dialog and you select the Clinical Maintenance Button from within the dialog. When you exit/save the dialog, you will receive this error message:

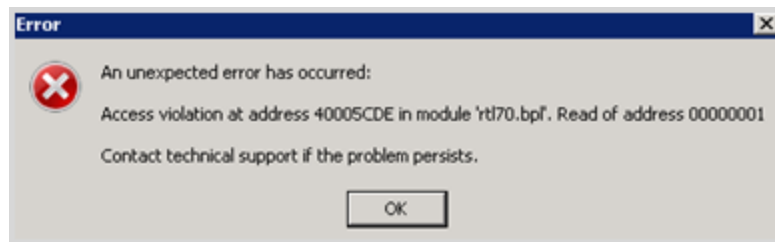


Figure A-11: Access Violation Error

This is a known issue that will be fixed in a future RPMS-EHR patch. If you receive this error, log out of RPMS-EHR and log back on again. We recommend that you do not use the CLINICAL MAINTENANCE button when processing dialogs. Instead, right-click on a reminder or reminder dialog and select Clinical Maintenance.

Appendix B: National Reminders Summary

The following table is the up-to-date list of currently released EHR (Clinical) Reminders with a list of taxonomies, terms, computed findings (CF's), Quick Orders, and Objects in each reminder dialog.

*Reminder Taxonomy Descriptions: Section Appendix C: provides more information.

**RPMS Taxonomy Descriptions: These taxonomies are used by the PCC Health Maintenance Reminders and Best Practice Prompts. A description of these taxonomies can be found in the *PCC Health Summary Manual*.

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

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS- ACTIVITY SCREEN 2013		IHS- ACTIVITY LEVEL IHS- EXERCISE EDUCATION			LAST AUDIT 3 LAST AUDITC 3 LAST CRAFFT 3 V INSURANCE
IHS- ALCOHOL SCREEN 2013	RPMS taxonomies		IHS-ALCOHOL 2009		LAST AUDIT 3 LAST AUDITC 3 LAST CRAFFT 3
IHS- ALLERGY 2013			PCALLERGY		V MEASUREMENT LAST BPF BPXRM UPDATED TOBACCO
IHS- ANTICOAG DURATION OF TX 2013	RPMS taxonomies		IHS-INR DURATION IHS-WARFARIN PT		IMMUNIZATIONS DUE

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-ANTICOAG INR GOAL 2013	RPMS taxonomies		IHS-ANTICOAG INR GOAL IHS-WARFARIN PT		BPXRM LAST PHQ2 BPXRM LAST PHQ9, PATIENT NAME, PATIENT SEX, PATIENT AGE-DETAILED, BPXRM ALCOHOL SCREEN, LAST AUDIT C 3, LAST CRAFFT 3, BPXRM UPDATED TOBACCO, BPXRM DEPRESSION SCREEN, BPXRM INTIMATE PARTNER VIOLENCE, LAST HF OCCUPATION, V MEASUREMENT, V POV MULTI LINE, V ACTIVITY TIME, V TRAVEL TIME, V TOTAL TIME,
IHS-ANTICOAG THERAPY END DATE 2013	RPMS taxonomies		IHS-ANTICOAG END IHS-WARFARIN PT		BPXRM LAST PHQ2 BPXRM LAST PHQ9, BPXRM INTIMATE PARTNER VIOLENCE,, BPXRM UPDATED TOBACCO
IHS-ASTHMA CONTROL 2013	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA CONTROL		
IHS-ASTHMA ACTION PLAN 2013	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA PLAN		
IHS-ASTHMA PRIM PROV 2013	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA PRIMARY		

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-ASTHMA RISK EXACERBATION 2013	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA EXACERBATION		
IHS-ASTHMA SEVERITY 2013	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA SEVERITY		
IHS-ASTHMA STEROIDS 2013	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA STEROIDS		
IHS-ASTHMA INTAKE (DIALOG ONLY)					
IHS-BLOOD PRESSURE 2013	IHS-HYPERTENSION 2007 IHS-DIABETES DX 2007	IHS-HIGH DIASTOLIC IHS-HIGH BP 2007			
IHS-CHL0041MY DIA SCREEN 2013	RPMS taxonomies		IHS-CHLAMYDIA		
IHS-COLON CANCER 2013	IHS-SIGMOIDOSCOPY IHS-COLONOSCOPY 2007 IHS-FECAL OCCULT LAB TEST IHS-COLORECTAL CANCER	IHS-FECAL OCCULT BLOOD			
IHS-CVD 2013	RPMS taxonomies		IHS-CVD RISK		
IHS-DENTAL VISIT 2013			IHS-DENTAL 2009		
IHS-DEPO PROVERA 2013	IHS-DEPO PROVERA ADMINI-2013	IHS-DEPO PROVERA ORDERABLE ITEM			

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-DEPRESSION SCREEN 2013	RPMS taxonomies		IHS-DEPRESSION 2009		
IHS-DIABACE/ARB 2013	IHS-DIABETES DX 2007 IHS-HYPERTENSION 2007 IHS-DIABETIC NEPHROPATHY	IHS-DIABNEPHROPATHY LABS IHS-ACE/ARBS	IHS-ALLERGY ACE/ARBS		
IHS-DIABASPIRIN FEMALE 2013	IHS-DIABETES DX 2007 IHS-ISCHEMIC HEART DISEASE 2007	IHS-ASPIRIN IHS-CLOPIDOGREL	IHS-ALLERGY ASPIRIN 2009 IHS-ALLERGY CLOPIDOGREL IHS-WARFARIN PT		
IHS-DIABASPIRIN MALE 2013	IHS-DIABETES DX 2007 IHS-ISCHEMIC HEART DISEASE 2007	IHS IHS-ASPIRIN IHS-CLOPIDOGREL	IHS-ALLERGY ASPIRIN 2009 IHS-ALLERGY CLOPIDOGREL IHS-WARFARIN PT		
IHS-DIABANTPLT KNOWN CVD 2013	IHS-ISCHEMIC HEART DISEASE 2007 IHS-DIABETES DX 2007	IHS IHS-ASPIRIN IHS-CLOPIDOGREL	IHS-ALLERGY ASPIRIN 2009 IHS-ALLERGY CLOPIDOGREL IHS-WARFARIN PT		
IHS-DIABEYE EXAM 2013	IHS-DIABETES DX 2007 IHS-FUNDOSCOPIC EYE CODES 2007				
IHS-DIABFOOT EXAM 2013	IHS-DIABETES DX 2007				
IHS-DIABHGBA1C 2013	IHS-DIABETES DX 2007	IHS-HGBA1C			

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-DIAB HGBA1C CONTROL 2013	IHS-DIABETES DX 2007	IHS- HGBA1C IHS- HGBA1C REEVALUAT E			
IHS-DIAB NEPHRO SCR/MON 2013	IHS-DIABETES DX 2007 IHS-DIALYSIS	IHS-URINE ALBUMIN IHS-EGFR			
IHS- DIABETES SCREENING 2013	IHS-DIABETES PROBLEMS ONLY		IHS-DIABETES 2009		
IHS- DOMESTIC VIOLENCE 2013	RPMS taxonomies		IHS-IPVS 2009		
IHS-EPSTD SCREENING 2013	RPMS taxonomies		IHS-EPSTD 2009		
IHS- FUNCTIONA L ASSESSMEN T 2013			IHS-FUNCTION 2009		
IHS-FALL RISK 2013			IHS-FALL RISK		
IHS- HCT/HGB 2013		IHS- HCT/HGB			
IHS-HEAD CIRCUMFER ENCE 2013			IHS-HEAD CIRCUMFEREN CE		
IHS- HEARING TEST 2013	RPMS taxonomies		IHS-HEARING 2009		
IHS-HEIGHT 2013					
IHS-HEP A ADULT 2013	***forecaster***	IHS- HEPADULT IMMUNIZATI ON	IHS-HEPA ADULT		
IHS-HEP B ADULT 2013	***forecaster***	IHS- HEBADULT IMMUNIZATI ON	IHS-HEPB ADULT		

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-HPV IMMUNIZATION 2013	***forecaster***	IHS-HPV IMMUNIZATION	IHS-HPV		
IHS-HIV SCREEN 2013	IHS-HIV DX		IHS-HIV		
IHS-IMMUNIZATION FORECAST 2013	***forecaster***		IHS-IMM FORECAST		
IHS-INFLUENZA IMMUNIZATION 2013	***forecaster***	IHS-INFLUENZA 2007	IHS-FLU IHS-ALLERGY EGG		
IHS-LIPID FEMALE 2013	IHS-DIABETES DX 2007	IHS-LIPID LAB TESTS			
IHS-LIPID MALE 2013	IHS-DIABETES DX 2007	IHS-LIPID LAB TESTS			
IHS-MAMMOGRAM 40-49 2013	IHS-BILATERAL MASTECTOMY 2008 RPMS taxonomies		IHS-MAMMOGRAM 2009		
IHS-MAMMOGRAM 50-74 2013	IHS-BILATERAL MASTECTOMY 2008 RPMS taxonomies		IHS-MAMMOGRAM 2009		
IHS_MAMMOGRAM 75-100 2013	IHS-BILATERAL MASTECTOMY 2008 RPMS taxonomies		IHS-MAMMOGRAM 2009		
IHS-MENINGITIS IMMUNIZATION 2013	***forecaster***	IHS-MENINGITIS IMMUNE	IHS-MENINGITIS		
IHS-NEWBORN HEARING 2013			IHS-NEWBORN HEARING		
IHS-NUTRITIONAL SCREENING 2013			IHS-NUTRITION		

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-OSTEOPOROSIS SCREEN 2013	IHS-OSTEOPOROSIS DX RPMS taxonomies		IHS-OSTEO 2009		
IHS-PAP SMEAR 21-29Y 2013-2	IHS-HYSTERECTOMY 2009 RPMS taxonomies		IHS-PAP 2009		
IHS-PAP SMEAR 30-64Y 2013-2	IHS-HYSTERECTOMY 2009 RPMS taxonomies		IHS-PAP 2009		
IHS-PED DT IMMUNIZATION 2013	***forecaster***	IHS-PED TD IMMUNIZATION	IHS-TDPEDS		
IHS-PED DTAP IMMUNE 2013	***forecaster***	IHS-DTAP IMMUNIZATION	IHS-DTAP		
IHS-PED FLU IMMUN 2013	***forecaster***	IHS-INFLUENZA 2007	IHS-FLU IHS-ALLERGY EGG		
IHS-PED HEPA IMMUNE 2013	***forecaster***	IHS-HEPA IMMUNIZATION	IHS-HEPA		
IHS-PED HEPB IMMUNE 2013	***forecaster***	IHS-HEPB IMMUNIZATION	IHS-HEPB		
IHS-PED HIBTITER IMMUNE 2013	***forecaster***	IHS-HIBTITER IMMUNIZATION	IHS-HIB		
IHS-PED MMR IMMUNE 2013	***forecaster***	IHS-MMR IMMUNIZATION	IHS-MMR		
IHS-PED PNEUMOCOCCAL CONJUGATE 2013	***forecaster***	IHS-PED PNEUMOVAX IMMUNIZATION	IHS-PNEUPED		

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-PED POLIO IMMUNE 2013	***forecaster***	IHS-POLIO IMMUNIZATI ON	IHS-POLIO		
IHS-PED ROTAVIRUS 2013	***forecaster***	IHS-ROTAVIRUS IMMUNIZATI ON	IHS-ROTA		
IHS-PED VARICELLA IMMUNE 2013	***forecaster***	IHS-VARICELLA IMMUNIZATI ON	IHS-VARICELLA		
IHS-PEDVAXHIB 2013	***forecaster***	IHS-PEDVAXHIB IMMUNIZATI ON	IHS-PEDVAXHIB		
IHS-PNEUMOVAX IMMUN 2013	***forecaster***	IHS-PNEUMOVAX IMMUNIZATI ON	IHS-PNEUMO		
IHS-RUBELLA IMMUN 2013	RPMS taxonomies	IHS-RUBELLA IMMUNIZATI ON	IHS-RUBELLA		
IHS-SENIOR HEIGHT 2013					
IHS-SENIOR VISION 2013			IHS-VISION 2009		
IHS-TD IMMUNIZATI ON 2013	***forecaster***	IHS-TD IMMUNIZATI ON	IHS-TD		
IHS-TDAP IMMUNE 2013	***forecaster***	IHS-TDAP IMMUNE	IHS-TDAP		
IHS-TOBACCO SCREEN 2013	RPMS taxonomies		IHS-TOBACCO 2009		
IHS-VISION EXAM-2013			IHS-VISION 2009		
IHS-WEIGHT 2013					
IHS-ZOSTER IMMUNE 2013	***forecaster***	IHS-ZOSTER IMMUNIZATI ON	IHS-ZOSTER		

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
DIALOG ONLY					
IHS-ASBI BNI 2013					
IHS-ASBI SCREENING 2013					
IHS-ASTHMA INTAKE 2013					
IHS-MED THERAPY MNGT 2013					
IHS-PED KINRIX IMMUN 2013					
IHS_PED MMRV IMMUN 2013					
IHS-PED PEDIARIX IMMUN 2012					
IHS_PED TWINRIX IMMUN 2013					

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-PHN HOSPITAL DC VISIT- 2013					BPXRM LAST PHQ2 BPXRM LAST PHQ9, PATIENT NAME, PATIENT SEX, PATIENT AGE- DETAILED, BPXRM ALCOHOL SCREEN, LAST AUDIT C 3, LAST CRAFFT 3, BPXRM UPDATED TOBACCO, BPXRM DEPRESSION SCREEN, BPXRM INTIMATE PARTNER VIOLENCE, LAST HF OCCUPATION, V MEASUREMENT, V POV MULTI LINE, V ACTIVITY TIME, V TRAVEL TIME, V TOTAL TIME,
IHS-PHQ9 SCREEN 2013					BPXRM LAST PHQ2 BPXRM LAST PHQ9
IHS- SCREENING BUNDLE 2013					BPXRM LAST PHQ2 BPXRM LAST PHQ9, BPXRM INTIMATE PARTNER VIOLENCE,, BPXRM UPDATED TOBACCO

Appendix C: Reminder Taxonomies

The following provides information about reminder taxonomies released in previous patches as well as updated and new Reminder Taxonomies of PXRМ 1008 that will be installed through the exchange.

If this is the first time you have installed this category of reminder (example: Asthma) then the Reminder Taxonomy will be installed through the exchange.

C.1 IHS-ASTHMA 2007

Code Sets:		ICD0 RANGE		CPT RANGE	
ICD9 RANGE		LOW	HIGH	LOW	HIGH
LOW	HIGH				
493.00	493.92				

Figure C-1: IHS-ASTHMA 2007

C.2 IHS-BILATERAL MASTECTOMY 2008

Patient Data Source:					
EN,PL,IN					
Code Sets:					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
		85.42	85.42		
		85.44	85.44		

Figure C-2: IHS-BILATERAL MASTECTOMY 2008

C.3 Taxonomies for IHS-COLON CANCER 2009

The following provides information the various taxonomies for colon cancer.

C.4 IHS-COLONOSCOPY 2007

Patient Data Source:					
EN,PL,IN					
Code Sets:					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
		45.22	45.22	45355	45355
		45.23	45.23	45378	45387
		45.25	45.25	G0105	G0105
		76.51	76.51	G0121	G0121
				44388	44394
				44397	44397
				44394	44394

45391 45391

Figure C-3: IHS-COLONOSCOPY 2007

C.4.1 IHS-COLORECTAL CANCER

Patient Data Source: EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH

153.0	153.9			44150	44153
154.0	154.1			44155	44156
197.5	197.5			44210	44212
V10.05	V10.05				

Figure C-4: IHS-COLORECTAL CANCER

C.4.2 IHS-SIGMOIDOSCOPY

Patient Data Source: EN,PL,IN					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH

-					
		45.24	45.24	45330	45345
		45.42	45.42	G0104	G010

Figure C-5: IHS-SIGMOIDOSCOPY

C.4.3 IHS-DEPO PROVERA ADMIN-2013

Patient Data Source: EN					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH

-					
				J1055	J1055
				J1050	J1050

Figure C-6: IHS-DEPO PROVERA ADMINISTRATION

C.4.4 IHS-DIABETES DX 2007

Patient Data Source: EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	

LOW	HIGH	LOW	HIGH	LOW	HIGH
250.00	250.93				

Figure C-7: IHS-DIABETES DX 2007

C.4.5 IHS-DIABETES PROBLEMS ONLY

Patient Data Source:					
PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
250.00	250.93				

Figure C-8: Diabetes Problems Only

C.4.6 IHS-DIABETIC NEPHROPATHY

Patient Data Source:					
EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
250.40	250.43				

Figure C-9: Diabetic Nephropathy Codes

C.4.7 IHS-DIALYSIS

Patient Data Source:					
EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
V45.1	V45.12			90963	90966
				90967	90970

Figure C-10: Dialysis Codes

C.4.8 IHS-FUNDOSCOPIC EYE CODES 2007

Patient Data Source:					
EN					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
V72.0	V72.0			92012	92012
				92014	92015
				92002	92002
				92004	92004
				92250	92250
Figure 4.9 Fundoscopic Eye Codes					
22.1.15 IHS-HYPERTENSION 2007					
Patient Data Source:					

EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
401.0	405.99				

Figure C-11: Hypertension Codes

C.4.9 IHS-HYSTERECTOMY 2009

Patient Data Source: EN,PL,IN					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
		68.4	68.9	51925	51925
				56308	56308
				58150	58150
				58152	58152
				58200	58200
				58552	58554
				58953	58954
				59525	59525
				58951	58951
				58550	58550
				58205	58205
				58210	58210
				58240	58240
				58260	58260
				58262	58265
				58267	58267
				58270	58270
				58275	58275
				58280	58280
				58285	58285
				58290	58294
				58548	58548
				58570	58570
				59135	59135

Figure C-12: Hysterectomy Codes

C.4.10 IHS-ISCHEMIC HEART DISEASE 2007

Patient Data Source: EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
410.0	412.				
414.0	414.9				
428.0	428.9				
429.2	429.2				

Figure C-13: Ischemic Heart Disease Codes

C.4.11 IHS-OSTEOPOROSIS DX

Patient Data Source:					
EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
733.00	733.99				

Figure C-14: Osteoporosis Codes

C.4.12 IHS-TB/POS PPD

Patient Data Source:					
EN,PL					
ICD9 RANGE		ICD0 RANGE		CPT RANGE	
LOW	HIGH	LOW	HIGH	LOW	HIGH
010.00	018.90				
795.5	795.5				
795.51	795.51				
795.5	795.52				

Figure C-15: Positive TB Codes

Appendix D: Reminder Terms

D.1 IHS-ACTIVITY LEVEL

```
CLASS: VISON
FINDING ITEM:
ACTIVE (FI(1)=HF(74))
INACTIVE (FI(2)=HF(72))
SOME ACTIVITY (FI(3)=HF(73))
VERY ACTIVE (FI(4)=HF(75))
```

Figure D-1: Used in IHS-ACTIVITY SCREEN Reminder

D.2 IHS-ASTHMA CONTROL

```
CLASS: VISON
FINDING ITEM:
WELL CONTROLLED (FI(1)=ASM(1))
NOT WELL CONTROLLED (FI(2)=ASM(2))
VERY POORLY CONTROLLED (FI(3)=ASM(3))
```

Figure D-2: Used in IHS-ASTHMA CONTROL Reminder

D.3 IHS-ACE/ARB

```
CLASS: VISON
DESCRIPTION: Groupings of ace/arb drugs
FINDING ITEM: CV800
FINDING ITEM: CV805
```

Figure D-3: Used in IHS-DIAB ACE/ARB Reminder

D.4 IHS-ASPIRIN

```
CLASS: VISON
FINDING ITEM: ASPIRIN
```

Figure D-4: Used in IHS-DIAB ANTIPLT KNOWN CVD 2013, IHS-DIAB ASPIRIN FEMALE 2013, IHS-DIAB ASPIRIN MALE 2013 Reminders

D.5 IHS-CLOPIDOGREL

```
CLASS: VISON
FINDING ITEM: CLOPIDOGREL (FI(1)=DG(3467))
```

Figure D-5: Used in IHS-DIAB ANTIPLT KNOWN CVD 2013, IHS-DIAB ASPIRIN FEMALE 2013, IHS-DIAB ASPIRIN MALE 2013 Reminders

D.6 IHS-DEPO PROVERA ORDERABLE ITEM

```
CLASS:VISN  
FINDING ITEM: MEDROXYPROGESTERONE (FI(1)=DG(194))
```

Figure D-6: Used in IHS-DEPO PROVERA 2013 Reminder

D.7 IHS-DTAP IMMUNIZATION

```
CLASS: VISN  
DESCRIPTION: DTaP immunization from the immunization file  
FINDING ITEM: DTAP
```

Figure D-7: Used in IHS-PED DTAP IMMUNE 2013 Reminder

D.8 IHS-DIAB NEPHROPATHY LABS

```
CLASS:VISN  
FINDING ITEM:
```

Figure D-8: Used in IHS-DIAB ACE/ARB 2013 Reminder

D.9 IHS-DM BLOOD PRESSURE

```
CLASS: VISN  
NAME: IHS-DM BLOOD PRESSURE  
FINDING ITEM: BP  
CONDITION: I ($P(V,"/",1)>129)!($P(V,"/",2)>79)
```

Figure D-9: Used in IHS-DIAB BP CONTROL 2013 Reminder

D.10 IHS-EGFR

```
CLASS: VISN  
FINDING ITEM:
```

Figure D-10: Used in IHS-DIAB NEPHRO SCR/MON 2013 Reminder

D.11 IHS-EXERCISE EDUCATION

```
CLASS: VISN  
FINDING ITEM: HPDP-EXERCISE
```

Figure D-11: Used in IHS-ACTIVITY SCREEN 2013 Reminder

D.12 IHS-FECAL OCCULT BLOOD

CLASS: VISN
FINDING ITEM:

Figure D-12: IHS-Fecal Occult Blood Information

D.13 IHS-HEPADULT IMMUNIZATION

CLASS: VISN
FINDING ITEM: HEP A, ADULT

Figure D-13: Used in IHS-HEP A ADULT IMMUN 2013 Reminder

D.14 IHS-HEBADULT IMMUNIZATION

CLASS: VISN
FINDING ITEM: HEP B, ADULT

Figure D-14: Used in IHS-HEP B ADULT IMMUN 2013

D.15 IHS-HPV IMMUNIZATION

CLASS: LOCAL
FINDING ITEM: HPV QUADRIVALENT
FINDING ITEM: HPV, bivalent

Figure D-15: Used in IHS-HPV IMMUNIZATION 2013 Reminder

D.16 IHS-HCT/HCB

CLASS: VISN
FINDING ITEM:

Figure D-16: Used in IHS-HCG/HCT 2013 Reminder

D.17 IHS-HEPA IMMUNIZATION

CLASS: VISN
FINDING ITEM: HEP A, PED/ADOL, 2 DOSE
FINDING ITEM: HEP A, PEDIATRIC, NOS
CLASS: VISN

Figure D-17: Used in IHS-PED HEPA IMMUNE 2013 Reminder

D.18 IHS-HEPB IMMUNIZATION

CLASS: VISN
DESCRIPTION: Hep B vaccine from immunization file

```
FINDING ITEM: HEP B, ADOLESCENT OR PEDIATRIC
```

Figure D-18: Used in IHS-PED HEPB IMMUNE 2013 Reminder

D.19 19IHS-HGBA1C

```
CLASS: VISA
DESCRIPTION: The lab tests at a site that are the hemoglobin A1c test
FINDING ITEM:
```

Figure D-19: Used in IHS-DIAB HGBA1C 2013, IHS-DIAB HGBA1C CONTROL 2013 Reminders

D.20 IHS-HGBA1C REEVALUATE

```
CLASS: VISA
FINDING ITEM: HEMOGLOBIN A1C (FI(1)=LT(97))
CONDITION: I V>6.9
Condition: Enter the threshold for every lab added. By default the
threshold is set to 6.9. I V>6.9 will make the reminder due every 3
months if the HEMOGLOBIN A1C is above 6.9.
```

Figure D-20: Used in IHS-DIAB HGBA1C CONTROL 2013 Reminder

D.21 IHS-HIBTITER IMMUNIZATION

```
CLASS: VISA
DESCRIPTION: Hibtiter from the vaccination file
FINDING ITEM: HIB (HBOC)
FINDING ITEM: HIB, NOS
```

Figure D-21: Used in IHS-PED HIBTITER IMMUNE 2013 Reminder

D.22 IHS-HIGH DIASTOLIC

```
CLASS: LOCAL
FINDING ITEM: BP
EFFECTIVE PERIOD: 1Y
CONDITION: I ($P(V,"/",2)>84)&($P(V,"/",2)<90)
```

Figure D-22: Used in IHS-BLOOD PRESSURE 2013 Reminder

D.23 IHS-HIGH BP 2007

```
NAME: IHS-HIGH BP 2007
FINDING ITEM: BP
CONDITION: I ($P(V,"/",1)>139)!($P(V,"/",2)>89)
```

Figure D-23: Used in IHS-BLOOD PRESSURE 2013 Reminder

D.24 IHS-INFLUENZA 2013

```
FINDING ITEM: INFLUENZA, NOS
FINDING ITEM: INFLUENZA, SPLIT [TIVhx] (INCL PURIFIED)
FINDING ITEM: INFLUENZA, Intranasal, Trivalent
FINDING ITEM: INFLUENZA, WHOLE
FINDING ITEM: INFLUENZA [TIV], SEASONAL, INJ
FINDING ITEM: Influenza, seasonal, injectable, preservative free, trivalent
FINDING ITEM: INFLUENZA, HIGH DOSE SEASONAL
FINDING ITEM: INFLUENZA, INTRADERMAL
FINDING ITEM: INFLUENZA, Injectable, Quadravalent
FINDING ITEM: INFLUENZA, INJECTABLE, QUAD, PF
FINDING ITEM: INFLUENZA, INJECTABLE, MDCK, PF
FINDING ITEM: INFLUENZA NASAL, UNSPECIFIED
FINDING ITEM: INFLUENZA, INJECTABLE, RECOMB, PF
```

Figure D-24: Used in IHS-INFLUENZA IMMUNIZATION 2013 Reminder

D.25 IHS-LIPID LAB TESTS

```
CLASS: VISA
FINDING ITEM:
```

Figure D-25: Used in IHS-LIPID FEMALE 2013 and IHS-LIPID MALE 2013 Reminders

D.26 IHS-MENINGITIS IMMUNE

```
CLASS: VISA
FINDING ITEM: MENINGOCOCCAL, NOS
FINDING ITEM: MENINGOCOCCAL C CONJUGATE
FINDING ITEM: MENINGOCOCCAL
FINDING ITEM: MENINGOCOCCAL A,C,Y,W-135 DIPHTHERIA CONJ
```

Figure D-26: Used in IHS-MENINGITIS IMMUNIZATION 2013 Reminder

D.27 IHS-MMR IMMUNIZATION

```
CLASS: VISA
DESCRIPTION: MMR vaccinations from the immunization file
FINDING ITEM: MMR
```

Figure D-27: Used in IHS-PED MMR IMMUNE 2013 Reminder

D.28 IHS-PED PNEUMOVAX IMMUNIZATION

```
CLASS: LOCAL
FINDING ITEM: Pneumococcal, PCV-7
FINDING ITEM: Pneumococcal, PCV-13
```

Figure D-28: Used in IHS-PED PNEUMOCOCCAL IMMUN 2013 Reminder

D.29 IHS-PED TD IMMUNIZATION

```
CLASS: LOCAL  
NAME: IHS-PED TD IMMUNIZATION  
FINDING ITEM: DT (PEDIATRIC)
```

Figure D-29: Used in IHS-PED DT IMMUNIZATION 2013 Reminder

D.30 HS-PEDVAXHIB IMMUNIZATION

```
CLASS: VISA  
FINDING ITEM: HIB (PRP-OMP)  
FINDING ITEM: HIB, NOS
```

Figure D-30: Used in IHS-PED PEDVAXHIB IMMUN 2013 Reminder

D.31 IHS-PNEUMOVAX IMMUNIZATION

```
CLASS: VISA  
FINDING ITEM: PNEUMOCOCCAL
```

Figure D-31: Used in IHS-PNEUMOVAX IMMUN 2013 Reminder

D.32 IHS-POLIO IMMUNIZATION

```
CLASS: LOCAL  
NAME: IHS-POLIO IMMUNIZATION  
FINDING ITEM: IPV
```

Figure D-32: Used in IHS-PED POLIO IMMUN 2013 Reminder

D.33 IHS-ROTAVIRUS IMMUNIZATION

```
CLASS: LOCAL  
NAME: IHS-ROTAVIRUS IMMUNIZATION          DATE CREATED: DEC 07, 2007  
FINDING ITEM: ROTAVIRUS TETRAVALENT  
FINDING ITEM: ROTAVIRUS, MONOVALENT  
FINDING ITEM: ROTAVIRUS, NOS  
FINDING ITEM: ROTAVIRUS, PENTAVALENT
```

Figure D-33: Used in IHS-PED ROTAVIRUS 2013 immunization Reminder

D.34 IHS-RUBELLA IMMUNIZATION

```
CLASS: VISA  
FINDING ITEM: RUBELLA (FI(1)=IM(114))
```

Figure D-34: Used in IHS-RUBELLA 2013 Reminder

D.35 IHS-TD IMMUNIZATION

```
CLASS: VISA  
NAME: IHS-TD IMMUNIZATION  
FINDING ITEM: TD (ADULT)
```

Figure D-35: Used in IHS-TD IMMUNIZATION 2013 Reminder

D.36 IHS-TDAP IMMUN

```
CLASS: VISA  
NAME: IHS-TDAP IMMUNE  
FINDING ITEM: Tdap
```

Figure D-36: Used in IHS TDAP IMMUNE 2013 Reminder

D.37 IHS-URINE ALBUMIN

```
CLASS: VISA  
FINDING ITEM:
```

Figure D-37: Used in IHS-DIAB NEPHRO SCR/MON 2013 Reminder

D.38 IHS-VARICELLA IMMUNIZATION

```
CLASS: VISA  
DESCRIPTION: Varicella immunization terms from the immunization file  
FINDING ITEM: VARICELLA
```

Figure D-38: Used in IHS-PED VARICELLA IMMUNE 2013 Reminder

D.39 IHS-ZOSTER IMMUNIZATION

```
CLASS: VISA  
FINDING ITEM: ZOSTER (FI(1)=IM(227))
```

Figure D-39: Used in IHS-ZOSTER IMMUN 2013 Reminder

Appendix E: Reminders Using Computed Findings

Reminders use computed findings to return the following types of data from RPMS:

- Health Maintenance Reminders
- Best Practice Prompts
- Immunization Forecast
- Special cases

E.1 Reminders Using Health Maintenance Reminder Computed Finding

The computed findings from these reminders will return the finding from Health Maintenance Reminders resolution – refer to Section 4.0 for resolution logic. The cohort and the frequency are configured within the EHR Reminder.

IHS-ALCOHOL SCREEN 2013
IHS-CHLAMYDIA SCREEN 2013
IHS-DENTAL VISIT 2013
IHS-DEPRESSION SCREENING 2013
IHS-DIABETES SCREENING 2013
IHS-DOMESTIC VIOLENCE 2013
IHS-EPSDT SCREENING 2013
IHS-FALL RISK SCREEN 2013
IHS-FUNCTIONAL ASSESSMENT 2013
IHS-HEAD CIRCUMFERENCE 2013
IHS-HIV SCREEN 2013
IHS-MAMMOGRAM 40-49 2013
IHS-MAMMOGRAM 50-74 2013
IHS-MAMMOGRAM 75-100 2013
IHS-NEWBORN HEARING 2013
IHS-NUTRITIONAL SCREENING 2013
IHS-OSTEOPOROSIS SCREENING 2013
IHS-PAP SMEAR 2 21-29Y 2013
IHS-PAP SMEAR 20-64Y 2013
IHS-SENIOR VISION 2013
IHS-TOBACCO SCREEN 2013

E.2 Reminders Using PCC Best Practice Prompt Computed Finding

The computed findings from these reminders will return whether the Best Practice Prompt for the patient is active. If it is active, the reminder is due. Section 4.0 provides information about resolution logic. The cohort and the frequency are configured within the EHR Reminder.

IHS-ANTICOAG DURATION OF TX 2013

IHS-ANTICOAG INR GOAL 2013

IHS-ANTICOAG THERAPY END DATE 2013

IHS-ASTHMA CONTROL 2013

IHS-ASTHMA ACTION PLAN 2013

IHS-ASTHMA PRIM PROV 2013

IHS-ASTHMA RISK EXACERBATION 2013

IHS-ASTHMA SEVERITY 2013

IHS-ASTHMA STEROID 2013

E.3 Reminders Using Immunization Forecast Computed Finding

The computed findings from these reminders return whether an immunization is due or not due. They are used in resolution logic to resolve reminder.

IHS-HEP A ADULT IMMUN 2013

IHS-HEP B ADULT IMMUN 2013

IHS-HPV IMMUN 2013

IHS-INFLUENZA IMMUN 2013

IHS-MENINGITIS IMMUN 2013

IHS-PED DT IMMUN 2013

IHS-PED DTAP IMMUN 2013

IHS-PED FLU IMMUN 2013

IHS-PED HEPA IMMUN 2013

IHS-PED HEPB IMMUN 2013

IHS-PED HIBTITER IMMUN 2013

IHS-PED MMR IMMUN 2013

IHS-PED PEDVAXHIB IMMUN 2013

IHS-PED PNEUMOCOCCAL IMMUN 2013

IHS-PED POLIO IMMUN 2013

IHS-PED ROTAVIRUS IMMUN 2013

IHS-PED VARICELLA IMMUN 2013

IHS-PNEUMOVAX IMMUN 2013

IHS-TD IMMUN 2013

IHS-TDAP IMMUN 2013
IHS-ZOSTER IMMUN 2013

E.4 Reminders Using Special Case Computed Findings

IHS-IMMUNIZATION FORECASTER 2013
IHS-CVD2013
IHS-ALLERGY 2013

- IHS-CVD 2013 Reminder: Uses a computed finding to return the CVD iCare tag. If the patient has an iCare CVD diagnostic tag, the reminder is applicable and due. If not it is not applicable. This reminder does not resolve (it will never be blue).
- IHS-Allergy 2013 Reminder: is applicable and due if no allergy assessment has ever been done. Removed from cohort once an allergy assessment or no known allergies is documented in the allergy/adverse reaction component. This reminder does not resolve (it will never be blue).
- IHS-Immunization forecaster 2013 Reminder is a placeholder. It is always applicable and never due.

E.5 Computed Findings Entry Points

Name	Routine	Entry Points
IHS-ALCOHOL 2009	BPXRMPCC	ALCOHOL
IHS-ALLERGY ASPIRIN 2009	BPXRMALL	ALLASP
IHS-ALLERGY ACE/ARBS	BPXRMAL1	AAREM
IHS-ALLERGY EGG	BPXRMALL	ALLEGG
IHS-ALLERGY PLAVIX	BPXRMALL	ALLCLOP
IHS-ANTICOAG END	BPXRMTTP	INREND
IHS-ASTHMA CONTROL	BPXRMAASM	CONTROL
IHS-ASTHMA EXACERBATION	BPXRMAASM	RISK
IHS-ASTHMA PLAN 2012	BPXRMAASM	PLAN
IHS-ASTHMA PRIMARY 2012	BXPRMAASM	PRIMARY
IHS-ASTHMA SEVERITY 2012	BPXRMAASM	SEVERITY
IHS-ASTHMA STEROIDS	BPXRMAASM	STEROID
IHS-BLOOD PRESSURE 2011	BPXRMPCC	DENTAL
IHS-CHLAMYDIA	BPXRMPCC1	CHYLAMYDI
IHS-CVD RISK	BPXRMTTP	CVD

Name	Routine	Entry Points
IHS-DENTAL 2009	BPXRMPCC	DENTAL
IHS-DEPRESSION 2009	BPXRMPCC	DEPRESS
IHS-DIAB ASPIRIN 2009	BPXRMALL	ALLASP
IHS-DIABETES 2009	BPXMRPCC	DIABETES
IHS-DTAP	BPXRMMM	DTAP
IHS-EPDST 2009	BPXRMPCC	EPSDT
IHS-FALL RISK	BPXRMPCC1	FALL
IHS-FLU	BPXRMIM1	FLU
IHS-FUNCTION 2009	BPXRMPCC	FUNCTION
IHS-HEARING 2009	BPXMRPCC	HEAR
IHS-HEPA	BPXRMIM1	HEPA
IHS-HEPA ADULT	BPXRMIM1	HEPADULT
IHS-HEPB	BPXRMIM1	HEPB
IHS-HEPB ADULT	BPXRMIM1	HEPBADULT
IHS-HIB	BPXRMIMM	HIB
IHS-HIV	BPXRMPCC1	HIV
IHS-HPV	BPXRMIM3	HPV
IHS-INR DURATION	BPXRMTTP	INRDUR
IHS-INR GOAL	BPXRMTTP	INRGOAL
IHS-IPVS 2009	BPXRMPCC	IPVS
IHS-MAMMOGRAM 2009	BPXRMPCC	MAMMO
IHS-MENINGITIS	BPXRMIM1	MENING
IHS-MMR	BPXRMIMM	MMR
IHS-NEWBORN HEARING	BPXRMPCC1	NBHS
IHS-NUTRITION	BPXRMPCC1	NUTR
IHS-OSTEO 2009	BPXRMPCC	OSTEO
IHS-PAP 2009	BPXRMPCC	PAP
IHS-PEDVAXHIB	BPXRMIMM	PEDIAVAC
IHS-PNEUMO	BPXRMIM1	PNEUMO
IHS-PNEUPED	BPXRMIM1	PNEUPED
IHS-POLIO	BPXRMIMM	POLIO
IHS-ROTA	BPXRMIM3	ROTA
IHS-RUBELLA	BPXRMPCC1	RUB
IHS-TD	BPXRMIM1	TD
IHS-TDAP	BPXRMIM1	TDAP
IHS-TDPEDS	BPXRMIM1	TDPED

Name	Routine	Entry Points
IHS-TOBACCO 2009	BPXRMPCC	TOBACCO
IHS-VARICELLA	BPXRMIMM	VARI
IHS-VISION 2009	BPXRMPCC	VISION
IHS-WARFARIN PT	BPXRMTP	WAR
IHS-ZOSTER	BPXRMIM3	ZOSTER

Appendix F: Reminder Parameters Summary

This section describes the locations of the menu options that are used when configuring reminders. Reminders maybe configured in three different menu options:

- REM Reminder Managers Menu ... [PXRМ MANAGERS MENU]
- CP CPRS Reminder Configuration [PXRМ CPRS CONFIGURATION]
- XX General Parameter Tools ... [XPAR MENU TOOLS]

This table describes the menu paths for each parameter:

Name	RPMS-EHR Master Menu	CPRS Config Menu	XX Menu	What Does It Do?
Reminder GUI Resolution Active	REM PAR ACT	RA	PXRМ GUI REMINDERS ACTIVE	Activates reminder system in EHR
Add/Edit Reminder Categories	REM PAR CAT	CA		Creates a folder with selected reminders to hang under "other"
Allow EHR Configuration in GUI	REM PAR CFG		PXRМ EHR CONFIGURATION	Gives permission to use GUI configuration dialog. Restrict to user or CAC user class
EHR Cover Sheet Reminder List	REM PAR CVR	CS	ORQQPX SEARCH ITEMS	The "old" way of setting up GUI view. Must set prior to activation and before setting new parameter
EHR Lookup Categories	REM PAR LKP	CL	PXRМ CPRS LOOKUP CATEGORIES	Sets up the categories (folders) under "other" in GUI
Default Outside Location	REM PAR LOC	OL	ORQQPX DEFAULT LOCATIONS	Can set defaults for the PXRМ OUTSIDE LOCATION prompt used in dialogs

Name	RPMS-EHR Master Menu	CPRS Config Menu	XX Menu	What Does It Do?
New Reminder Parameters	REM PAR NEW	NP	ORQQPX NEW REMINDER PARAMS	After reminders are activated, set NEW so EHR displays configuration done on GUI set up instead of Cover Sheet reminder list
Progress Note Headers	REM PAR PNH	PN	PXRМ PROGRESS NOTE HEADERS	Can change the text in progress note. Delivered as "Clinical reminder activity"
Position Reminder Text at Cursor	REM PAR POS	PT	ORQQPX REMINDER TEXT AT CURSOR	Puts reminder text at cursor rather than bottom of note
New Cover Sheet Reminders Parameter			ORQQPX COVER SHEET REMINDERS	This just lists an RPMS view of what is configured from the GUI dialog. You will not alter this parameter from the RPMS side.
			ORQQPX REMINDER FOLDERS	This will tell you what folders your users have set for view DANEO: Due, Applicable, Not Applicable, All Evaluated, Other
Reminder Dialogs Allowed as Templates	TIU PAR REM		TIU TEMPLATE REMINDER DIALOGS	Once set, will allow dialog to be used in TIU template editor to create a reminder dialog template

Appendix G: Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is **FOR OFFICIAL USE ONLY**. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (RoB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS Web site: <http://security.ihs.gov/>.

The ROB listed in the following sections are specific to RPMS.

G.1 All RPMS Users

In addition to these rules, each application may include additional RoBs that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

G.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.

- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

G.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

G.1.3 Accountability

RPMS users shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO)
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

G.1.4 Confidentiality

RPMS users shall

- Be aware of the sensitivity of electronic and hard copy information, and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

G.1.5 Integrity

RPMS users shall

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

G.1.6 System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.

- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

G.1.7 Passwords

RPMS users shall

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
- Give a password out over the phone.

G.1.8 Backups

RPMS users shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

G.1.9 Reporting

RPMS users shall

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

G.1.10 Session Timeouts

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

RPMS users shall

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

G.1.11 Hardware

RPMS users shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not

- Eat or drink near system equipment.

G.1.12 Awareness

RPMS users shall

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

G.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not

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

G.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

G.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.

- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and backup files.
- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Contact Information

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

Phone: (888) 830-7280 (toll free)

Web: <http://www.ihs.gov/helpdesk/>

Email: support@ihs.gov