



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Practice Management Application Suite**

(BPRM)

## **Clinical Quality Measures Module User Manual**

Version 3.0 Patch 5  
March 2018

Office of Information Technology  
Division of Information Technology

# Table of Contents

<b>1.0</b>	<b>Introduction.....</b>	<b>1</b>
1.1	CQM Overview .....	1
1.2	The CQM Module .....	4
1.3	More Information.....	5
<b>2.0</b>	<b>System Navigation .....</b>	<b>6</b>
<b>3.0</b>	<b>CQM Module Operation.....</b>	<b>7</b>
3.1	CQM Ribbon.....	7
3.2	Measure Group.....	7
3.2.1	Report Command .....	8
3.2.2	EP Option .....	10
3.2.3	EH Option .....	14
3.3	Activity Group .....	16
3.3.1	Monitor .....	16
3.3.2	Manual Extract.....	18
3.3.3	Batch Extract .....	19
3.3.4	Patient Extract .....	19
<b>4.0</b>	<b>CQM Configuration.....</b>	<b>22</b>
4.1	CQM Extract .....	22
4.2	How to use the CQM Configuration Page.....	23
4.2.1	Adding Admission Orderable Items .....	23
4.2.2	Excluding Providers.....	24
<b>Appendix A:</b>	<b>Using the Reports Toolbar.....</b>	<b>26</b>
A.1	Previous and Next Buttons .....	26
A.2	Refresh Button.....	26
A.3	Page Selection Buttons .....	26
A.4	View Button .....	27
A.5	Print Button.....	27
A.6	Save Button .....	27
<b>Appendix B:</b>	<b>Patient Extract Quick Tips .....</b>	<b>28</b>
<b>Appendix C:</b>	<b>Rules of Behavior .....</b>	<b>30</b>
C.1	All RPMS Users .....	30
C.1.1	Access.....	30
C.1.2	Information Accessibility .....	31
C.1.3	Accountability .....	31
C.1.4	Confidentiality.....	32
C.1.5	Integrity.....	32
C.1.6	System Logon.....	32
C.1.7	Passwords.....	33
C.1.8	Backups.....	34

C.1.9 Reporting.....	34
C.1.10 Session Timeouts.....	34
C.1.11 Hardware.....	34
C.1.12 Awareness.....	35
C.1.13 Remote Access.....	35
C.2 RPMS Developers.....	36
C.3 Privileged Users.....	36
<b>Glossary.....</b>	<b>39</b>
<b>Acronym List.....</b>	<b>40</b>
<b>Contact Information.....</b>	<b>41</b>

## Preface

The Practice Management Application Suite (namespace BPRM) is a browser-enabled graphical user interface (GUI) for the Indian Health Service (IHS) Resource and Patient Management System (RPMS) applications.

BPRM provides for the entry of medical record information for new patients and editing the records of those already registered at a medical facility. The patient data managed with BPRM is crucial to the third-party billing and follow up patient care. Appropriate caution and checking should be employed to ensure that accurate data is entered into the system and, subsequently, transmitted to the National Patient Information Resource System and used by providers and staff.

## 1.0 Introduction

The Practice Management Application Suite (namespace: BPRM) represents a forward step in the streamlining of IHS record and patient management. Using a consistent GUI and module-based architecture, not only simplifies record and patient management, but also allows for future expansion of the scope and capabilities of the system.

This User Manual describes the use of the BPRM Clinical Quality Measures (CQM) module and related options in the Settings module. A separate user manual gives an overview of the BPRM application suite, and individual user manuals are available for the other modules in the suite.

### 1.1 CQM Overview

CQMs are a component of the Certified Electronic Health Record Technology (CEHRT) necessary for participating in the Meaningful Use (MU) incentive program. While the Performance Measures assess how the CEHRT is used, the CQMs measure the outcomes of patient care.

CQMs measure various aspects of clinical care including process and outcome measures. Centralization and maintenance of these measures is overseen by the National Quality Forum (NQF) who review each measure proposed to ensure it can be reliably measured and make a difference in health care.

There are many quality measures maintained by NQF and the Centers for Medicare and Medicaid Services (CMS) have selected 64 ambulatory and 44 inpatient measures for the 2014 CEHRT and Stage 2 MU.

This is an increase from Stage 1 MU. All 15 of the Eligible Hospital (EH) measures from Stage 1 and 32 out of the 44 Stage 1 Eligible Professional (EP) measures are included in the 2014 CEHRT.

In December 2012, the IHS Office of Information Technology (OIT) met with Subject Matter Experts and advisors to review the proposed CQMs selected by CMS and identify the measures that would:

- Reflect the services provided to the IHS patient populations.
- Be technically feasible to document and report on.
- Provide feedback on areas for improvement.

A total of 16 inpatient and 18 ambulatory (9 pediatric and 9 adult) measures were selected and are listed in Table 1-1 through Table 1-3.

Table 1-1: IHS-Selected EH CQMs

<b>CMS ID</b>	<b>Title</b>	<b>Domain</b>
32	ED-3-Median time from ED arrival to ED departure for discharged ED patients.	Care Coordination
104	Title: Stroke-2 Ischemic stroke – Discharged on anti-thrombotic therapy	Clinical Processes/ Effectiveness
71	Stroke-3 Ischemic stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter	Clinical Processes/ Effectiveness
91	Stroke-4 Ischemic stroke – Thrombolytic Therapy	Clinical Processes/ Effectiveness
72	Stroke-5 Ischemic stroke – Antithrombotic therapy by end of hospital day two	Clinical Processes/ Effectiveness
73	VTE-3 VTE Patients with Anticoagulation Overlap Therapy	Clinical Processes/ Effectiveness
60	AMI-7a- Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	Clinical Processes/ Effectiveness
30	AMI-10 Statin Prescribed at Discharge	Clinical Processes/ Effectiveness
9	Exclusive Breast Milk Feeding	Clinical Processes/ Effectiveness
31	EHDI-1a - Hearing screening prior to hospital discharge	Clinical Processes/ Effectiveness
107	Stroke-8 Ischemic or hemorrhagic stroke – Stroke education	Patient & Family Engagement
26	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Patient & Family Engagement
55	Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED arrival to ED departure for admitted ED patients	Patient & Family Engagement
111	ED-2 Emergency Department Throughput – admitted patients – Admit decision time to ED departure time for admitted patients	Patient & Family Engagement
110	VTE-5 VTE discharge instructions	Patient & Family Engagement
185	Healthy Term Newborn	Patient Safety

Table 1-2: IHS-Selected EP CQMs – Pediatric Measures

<b>CMS ID</b>	<b>Title</b>	<b>Domain</b>
146	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources
155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/Public Health

<b>CMS ID</b>	<b>Title</b>	<b>Domain</b>
153	Chlamydia Screening for Women	Population/Public Health
126	Use of Appropriate Medications for Asthma	Clinical Processes/Effectiveness
117	Childhood Immunization Status	Population/Public Health
154	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources
136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Processes/Effectiveness
2	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health
75	Children who have dental decay or cavities	Clinical Processes/Effectiveness

Table 1-3: IHS-Selected EP CQMs – Adult Measures

<b>CMS ID</b>	<b>Title</b>	<b>Domain</b>
165	Controlling High Blood Pressure	Clinical Processes/Effectiveness
156	Use of High-Risk Medications in the Elderly	Patient Safety
138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health
166	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources
2	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health
68	Documentation of Current Medications in the Medical Record	Patient Safety
69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health
50	Closing the referral loop: receipt of specialist report	Care Coordination
90	Functional status assessment for complex chronic conditions	Patient and Family Engagement

In 2014 all MU participants were required to report on their selected measures for any consecutive 90-day period coinciding with a calendar or fiscal quarter (October 1 to December 31, January 1 to March 31, April 1 to June 30, or July 1 to September 30), regardless of which stage they are in. During subsequent years, providers were required to report on a period of a full year.

EPs must report on nine CQMs covering a minimum of three out of six domains while EHs must report on 16 CQMs covering a minimum of three out of six domains. Although there is not a core set of measures, CMS has recommended measures that are aligned with high priority health care improvement goals. The six domains include:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

## 1.2 The CQM Module

The CQM module of the BPRM Practice Management Application Suite is the CQM calculation and reporting tool for MU 2014 and beyond. The CQM module automatically extracts from the RPMS Electronic Health Record (EHR) individual patient data that is necessary for calculating the performance measures for selected CQMs. The extracted patient data resides within the electronic Clinical Quality Measures (eCQM) engine and is used in the calculation of performance rates. The performance rates can be viewed in a summary and/or detailed report run by the CQM module. The performance rates can be reported to CMS in two ways: through the QualityNet web site by uploading the data in a specialized format called the Quality Reporting Document Architecture (QRDA) Category 1 and Category 3, which is created by the eCQM engine, or by attestation.

The CQM module uses Admission Orderable Items to compute eligible hospital measures. Admission Orderable Items are indicators that an inpatient admission has occurred.

The CQM module consists of four parts:

- **Data Extractor Service:** Extracts individual patient data from the RPMS EHR on the time schedule selected by the User.
- **Measure Computation Engine:** Computes the performance rates based on the logic requirements determined by CMS.
- **Measure Database:** This is the location to which the extracted patient data is imported.
- **Reporting User Interface:** Detailed or summary reports are run and exported through this interface. QRDA reports can also be downloaded here.

Figure 1-1 illustrates the relationship between these components.

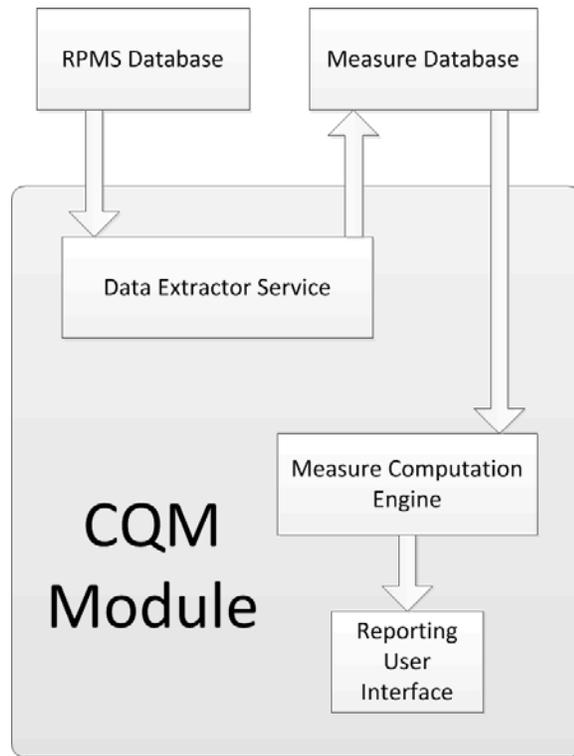


Figure 1-1: CQM Module diagram

**Note:** The CQM module uses historical data that is collected as it occurs. As a result, the initial reports and data exports will contain little, if any, usable information. Depending on the activity level at your facility, it may take several days for the necessary data to be gathered.

### 1.3 More Information

The following web sites provide additional CQM information:

- CMS:  
[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014\\_ClinicalQualityMeasures.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html)
- Agency for Healthcare Research and Quality United States Health Information Knowledgebase: <http://ushik.ahrq.gov/mdr/portals/mu>
- U.S. National Library of Medicine Value Set Authority Center: <https://vsac.nlm.nih.gov/>

## 2.0 System Navigation

The Practice Management Application Suite provides access to a vast array of RPMS information. Entering and accessing that information is done through a consistent interface, primarily the Application Toolbar, the Taskbar, and the Workspace. Refer to the BPRM Application Overview User Manual for information about using the BPRM interface.

**Note:** The GUI employed by this package shares most of its characteristics with those found in Microsoft® Windows 7 workstation applications including Microsoft Office 2007 and 2010. The terminology used to describe screen features and objects is significantly different from that used by earlier versions of Microsoft products. To minimize reader confusion over the long term, this manual uses the new terminology to describe these new GUI features.

## 3.0 CQM Module Operation

This section describes the features and functions of the BPRM CQM module.

### 3.1 CQM Ribbon

The CQM ribbon (Figure 3-1) at the top of the CQM module display provides quick access to several functions.

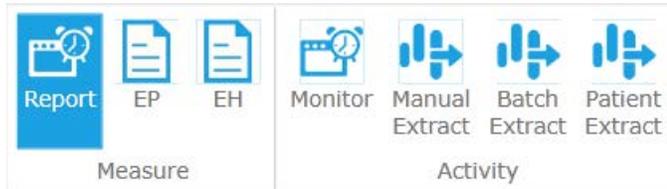


Figure 3-1: CQM ribbon

The CQM ribbon contains two groups:

- **Measure.** Use the **Measure** group to view scheduled reports or to create a variety of reports showing CQM in place and the extent to which they are being performed.
- **Activity.** Use the **Activity** group to monitor and extract information about CQM activities based on several different criteria.

Click a command on the CQM ribbon to launch the associated action.

### 3.2 Measure Group

Use the **Measure** group of the CQM ribbon (Figure 3-2) to calculate the results of CQM for eligible professionals and hospitals.

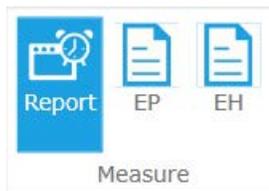


Figure 3-2: **Measure** group on the CQM ribbon

The **Measure** group includes three commands:

- **Report** – Click to view the status of a scheduled report and view report details prior to exporting. See Section 3.2.1.
- **EP** – Click to calculate the CQM for eligible professionals. These measures apply to providers, and primarily relate to outpatient services. See Section 3.2.2.

- **EH** – Click to calculate the CQM for eligible hospitals. These measures apply to facilities, and primarily relate to inpatient services. See Section 3.2.3.

### 3.2.1 Report Command

Click **Report** in the **Measures** group of the CQM ribbon to open the Report page (Figure 3-3). Use this to view the status of a scheduled report, when it was started, and when it ended. You can also view a summary or detail report and you can export/submit the report data. If a file or report no longer has value, it can be deleted.

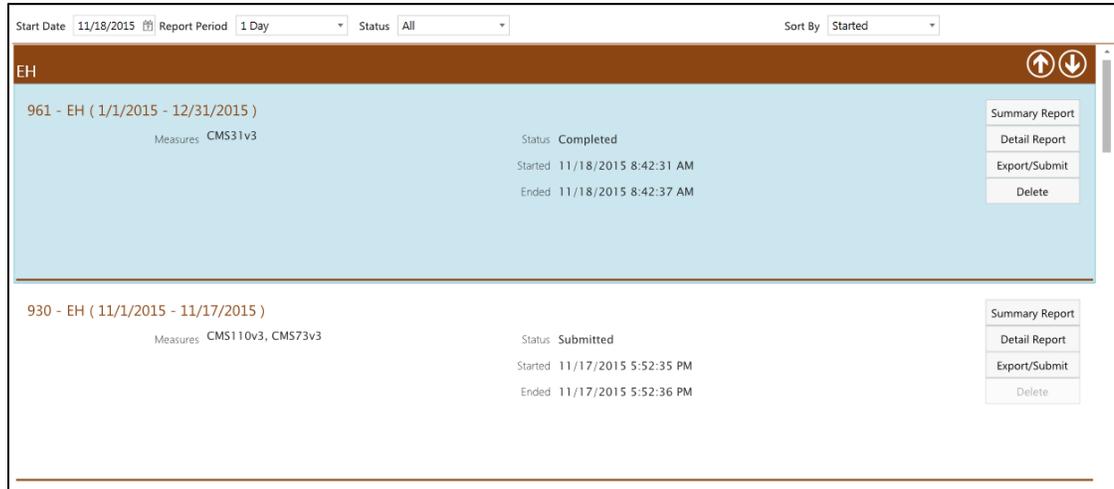


Figure 3-3: Report Options page

#### 3.2.1.1 Report Type

Choose a report type for each CQM report you generate:

- **Summary:** Choose the Summary report type to produce a summary report of the CQM being performed by the selected providers.
- **Detail:** Choose the Detail report type to produce a detailed report of the CQM being performed by the selected providers.

#### 3.2.1.2 Report Options

Choose a report type for each CQM report you generate:

**Export/Submit:** The CQM module reports on CQM in two formats:

- An XML (eXtensible Markup Language) data file which can be transmitted by uploading to the QualityNet web site.

**Note:** The ability to electronically transmit and upload XML data file is currently not operational and will be available in a future release.

- A text-based report which can be printed or saved in one of several formats.

### 3.2.1.3 Export/Submit

CQM data can be exported to a QRDA Category 3 file in an XML format, which can then be transmitted via email (or other yet-to-be-determined methods). Follow these steps to export and save the data in an XML format:

1. Select the Report Type, Reporting Period, Measures, and Providers for which you want to export data.
2. Click **Export/Submit**.
3. After the XML document is generated, click **Save As** to save the zip file.
4. Navigate to the folder where you want to save the zip file containing the XML document.
5. Click **Save**.

### 3.2.1.4 Print a Report

Follow these steps to print a CQM Summary or Detail report.

1. Select the **Report Type** by choosing **Summary Report** or **Detail Report**.
2. Review the report to ensure you're ready to print the report.
3. In the tool bar located at the top of the screen, select the printer icon (Figure 3-4).
4. Select **Print** from the pop-up window and choose the appropriate printer.
5. Select **Print** from the bottom of the screen to print the report.

**Clinical Quality Measures - Summary Report** Page 1

Indian Health Service eCOM V 1.0

**Eligible Provider: ADAMS, MATTHEW F ; ARSENEAULT, CHANDANA**

**MU Reporting Period: 1/1/2015 - 12/31/2015**

CMS ID	Title	# Den	# Num	Perf. Rate %	# Exclu	# Excep
CMS153v3	Chlamydia Screening for Women	0	0	0.00 %	0	
	Stratum 1: Patients age 16-20	0	0	0.00 %	0	
	Stratum 2: Patients age 21-24	0	0	0.00 %	0	

90 %

**Close**

Figure 3-4: Typical Summary report

**Note:** At the time of publication, the process for uploading CQM data to the QualityNet web site had not been determined. Contact the IHS OIT Help Desk for current information.

Before you can export the data or generate a report, it is necessary to first select the Report Type, Reporting Period, Measures, and Providers. The legend at the bottom of the Select Measures page shows how many measures and domains have been selected. A green check mark is displayed when the required CMS minimums have been met.

### 3.2.2 EP Option

Click **EP** in the **Measures** group of the CQM ribbon to open the EP option page (Figure 3-5). Use this option to calculate CQM results for eligible providers and to produce a report showing the results. These measures apply to providers, and primarily relate to outpatient services.

**Calculate Measure Results**

Reporting Period: Fiscal Quarter | Select Quarter: | Select Year: |

Select Measures:  Adult (A)  Pediatric (P) | Select CMS Domain: |

Select All	CMS ID	A/P	Title	Domain
<input type="checkbox"/>	CMS117v3	P	Childhood Immunization Status	Population Public Health
<input type="checkbox"/>	CMS126v3	P	Use of Appropriate Medications for Asthma	Clinical Process Effectiveness
<input type="checkbox"/>	CMS136v4	P	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process Effectiveness
<input type="checkbox"/>	CMS138v3	A	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population Public Health
<input type="checkbox"/>	CMS146v3	P	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources

Selected Measures: 0 Domains: 0 | CMS Requirement Measures: 9 Domains: 3

**Providers**

Select All

- RUSLAVAGE, MICHELLE A
- SWICK, ANDREW C MD
- CRUZ, GREGORY M
- HOOSAVA, HESHAM DO

Select one or more Providers. | Schedule Report

Figure 3-5: EP option, **Calculate Measure Results** page

The options available on the Calculate Measure Results page for the EP option are described in Sections 3.2.2.1 and 3.2.2.2. You must specify each of the parameters shown to generate a CQM report.

Also, be aware that you must select a minimum of nine measures and three domains. The legend at the bottom of the Select Measures pane shows you how many measures and domains have been selected, and a green check mark is displayed when the required minimums have been met.

### 3.2.2.1 Reporting Period

Choose a reporting period for each CQM report you generate:

- **Today:** (defaults to today's date)
- **Fiscal Quarter:** (you will be prompted to specify the Quarter and Year)
- **Calendar Quarter:** (you will be prompted to specify the Quarter and Year)
- **Any 90 Days:** (you will be prompted to specify the Start Date)
- **Fiscal Year:** (you will be prompted to specify the Year)
- **Calendar Year:** (you will be prompted to specify the Year)

- **User Defined:** (you will be prompted to specify the Start and End dates of the desired reporting period)

### 3.2.2.2 Reporting Period (parameters)

You'll be prompted to provide details based on the Reporting Period selected. For example, if **Fiscal Quarter** is selected, you'll be prompted to specify which quarter (Q1, Q2, etc.). If **Any 90 Days** is selected, you'll be prompted to enter a start date.

### 3.2.2.3 Select Measures pane

Use the **Select Measures** pane (Figure 3-6) to specify which measures will be exported or included in the report. The CMS guidelines for the required number of measures and domains to be included in the report are displayed at the bottom of the **Select Measures** pane.

Select All	CMS ID	A/P	Title	Domain
<input checked="" type="checkbox"/>	CMS117v3	P	Childhood Immunization Status	Clinical Process Effectiveness
<input checked="" type="checkbox"/>	CMS126v3	P	Use of Appropriate Medications for Asthma	Clinical Process Effectiveness
<input checked="" type="checkbox"/>	CMS136v4	P	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Patient and Family Engagement
<input checked="" type="checkbox"/>	CMS138v3	A	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Patient and Family Engagement
<input checked="" type="checkbox"/>	CMS146v3	P	Appropriate Testing for Children with Pharyngitis	Clinical Process Effectiveness
<input checked="" type="checkbox"/>	CMS153v3	P	Chlamydia Screening for Women	Population Public Health
<input checked="" type="checkbox"/>	CMS154v3	P	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Clinical Process Effectiveness
<input checked="" type="checkbox"/>	CMS155v3	P	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Patient and Family Engagement

Selected Measures: 9 Domains: 4 ✓ CMS Requirement Measures: 9 Domains: 3

Figure 3-6: **Select Measures** pane

There are several ways to select one or more measures to be included when calculating CQM for a facility. Use the following options to filter the list and make it easier to select specific measures:

- **Adult:** Select **Adult** to list all the Adult measures in the CQM calculations. You can then select the desired measures from the list displayed.
- **Pediatric:** Select **Pediatric** to list all the Pediatric measures in CQM the calculations. You can then select the desired measures from the list displayed.
- **Select CMS Domain:** Select one or more of the available domains to be included in the CQM calculations:
  - **Population/Public Health**
  - **Clinical Process/Effectiveness**
  - **Efficient Use of Healthcare Resources**

- **Patient Safety**
- **Care Coordination**
- **Patient and Family Engagement**
- **Select All:** Select this option to include all the displayed CQM in the calculations.

### 3.2.2.4 Sorting the Measures

The CQM list can be sorted in a variety of ways:

- Click the heading at the top of each column in the display to sort the listing by that column.
- Click the small arrow icon to the right of the heading to toggle the sorting between ascending and descending order.

You can sort by these criteria:

- CMS ID
- A/P (Adult/Pediatric)
- Title
- Domain

### 3.2.2.5 Providers Pane

Use the **Providers** pane (Figure 3-7) to select the providers to include in the CQM report.



Figure 3-7: **Providers** pane

The list of available providers is generated automatically based on provider activity detected when individual patient data is extracted from the RPMS EHR. See Section 4.2.2 for information about excluding providers from this list.

### 3.2.3 EH Option

Click **EH** in the **Measures** pane of the CQM ribbon to open the EH option page (Figure 3-8). Use this to calculate CQM results for eligible hospitals (and other facilities) and to produce reports showing the results. Although like the EP option described in Section 3.2.1, these measures apply to facilities, and primarily relate to inpatient services.

Also, be aware that you must select a minimum of sixteen measures and three domains to meet the CMS guidelines. The legend at the bottom of the Select Measures pane shows you how many measures and domains have been selected, and a green check mark is displayed when the required minimums have been met.

Select All	CMS ID	Title	Domain
<input type="checkbox"/>	CMS104v3	Discharged on Antithrombotic Therapy	Clinical Process Effectiveness
<input type="checkbox"/>	CMS107v3	Stroke Education	Patient and Family Engagement
<input type="checkbox"/>	CMS110v3	Venous Thromboembolism Discharge Instructions	Clinical Process Effectiveness
<input type="checkbox"/>	CMS111v3	Median Admit Decision Time to ED Departure Time for Admitted Patients	Clinical Process Effectiveness
<input type="checkbox"/>	CMS185v3	Healthy Term Newborn	Population Public Health
<input type="checkbox"/>	CMS26v2	Home Management Plan of Care (HMPC) Document Given to Patient/ Caregiver	Efficient Use of Healthcare Resources
<input type="checkbox"/>	CMS30v4	Statin Prescribed at Discharge	Efficient Use of Healthcare Resources
<input type="checkbox"/>	CMS31v3	Hearing Screening Prior To Hospital Discharge	Patient Safety
<input type="checkbox"/>	CMS32v4	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Population Public Health
<input type="checkbox"/>	CMS55v3	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Population Public Health
<input type="checkbox"/>	CMS60v3	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Clinical Process Effectiveness

Selected Measures: 0 Domains: 0      CMS Requirement Measures: 16 Domains: 3

Schedule Report

Figure 3-8: EH option - **Calculate Measure Results** page

#### 3.2.3.1 Reporting Period

Use the **Reporting Period** field to specify the reporting period for each CQM report. Choose from these reporting periods:

- Today
- Fiscal Quarter (you will be prompted to specify the Quarter and Year)
- Calendar Quarter (you will be prompted to specify the Quarter and Year)
- Any 90 Days (you will be prompted to specify the Start Date)
- Fiscal Year (you will be prompted to specify the Year)

- Calendar Year (you will be prompted to specify the Year)
- User Defined (you will be prompted to specify the Start and End dates of the desired reporting period)

### 3.2.3.2 Select Measures Pane

Use the **Select Measures** pane (Figure 3-9) to specify which measures will be exported or included in the report. The CMS guidelines for the required number of measures and domains to be included in the report are displayed at the bottom of the **Select Measures** pane.

Select All	CMS ID	Title	Domain
<input type="checkbox"/>	CMS104v3	Discharged on Antithrombotic Therapy	Clinical Process Effectiveness
<input type="checkbox"/>	CMS107v3	Stroke Education	Patient and Family Engagement
<input type="checkbox"/>	CMS110v3	Venous Thromboembolism Discharge Instructions	Clinical Process Effectiveness
<input type="checkbox"/>	CMS111v3	Median Admit Decision Time to ED Departure Time for Admitted Patients	Clinical Process Effectiveness
<input type="checkbox"/>	CMS185v3	Healthy Term Newborn	Population Public Health
<input type="checkbox"/>	CMS26v2	Home Management Plan of Care (HMPC) Document Given to Patient/ Caregiver	Efficient Use of Healthcare Resources
<input type="checkbox"/>	CMS30v4	Statin Prescribed at Discharge	Efficient Use of Healthcare Resources
<input type="checkbox"/>	CMS31v3	Hearing Screening Prior To Hospital Discharge	Patient Safety
<input type="checkbox"/>	CMS32v4	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Population Public Health
<input type="checkbox"/>	CMS55v3	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Population Public Health
<input type="checkbox"/>	CMS60v3	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Clinical Process Effectiveness

Selected Measures: 0 Domains: 0 CMS Requirement Measures: 16 Domains: 3

Select one or more Measures. Schedule Report

Figure 3-9: EH Option: **Select Measures** pane

There are several ways to select one or more measures to be included when calculating CQM for a facility. Use the following options to filter the list and make it easier to select specific measures.

#### 3.2.3.2.1 Select CMS Domain

Click **Select CMS Domain** to group and view each of the available CQM by the domain criteria:

- Clinical Process/Effectiveness
- Patient and Family Engagement
- Patient Safety
- Care Coordination

Select one or more of these choices to display only the selected criteria.

### 3.2.3.2.2 Sort the Measures

The listing of CQM can be sorted in several of ways. Click the heading at the top of each column in the display to sort the listing by that column. Click the small arrow icon to the right of the heading to toggle the sorting between ascending and descending order. You can sort by these criteria:

- CMS ID
- Title
- Domain

## 3.3 Activity Group

Use the **Activity** group of the CQM ribbon (Figure 3-10) to monitor CQM activity.

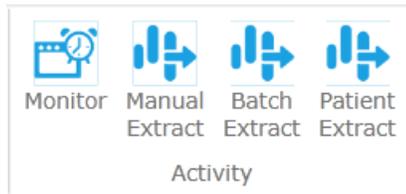


Figure 3-10: **Activity** group of the CQM ribbon

The Activity group provides four options:

- **Monitor:** See Section 3.3.1.
- **Manual Extract:** See Section 3.3.2.
- **Batch Extract:** See Section 3.3.3.
- **Patient Extract:** See Section 3.3.4

### 3.3.1 Monitor

Select **Monitor** in the **Activity** group of the CQM ribbon to open the CQM **Activity** listing. This listing is primarily intended for troubleshooting and monitoring CQM activity at a facility.

Activity ID	Start Date	End Date	Extract Period	Status	Total Patients	Failed Patients	Error
activities/8353	12/08/2015 01:00 AM	12/08/2015 01:01 AM	12/6/2015 - 12/6/2015	Completed	No Patients Found	None	

Figure 3-11: Typical Activity listing

The listing includes this information about each activity:

- Activity ID
- Start Date
- End Date
- Extract Period
- Status
- Total Patients
- Failed Patients
- Error

The list can be filtered based on criteria established with the options described in Sections 3.3.1.1 through 3.3.1.3.

### **3.3.1.1 Activity Period**

Select one of the options in the **Activity Period** field to filter the list:

- **Today**
- **Last 7 Days**
- **Last 14 Days**

### **3.3.1.2 Status**

Select one of these options in the **Status** field to filter the list:

- **All**
- **Working**
- **Failed**
- **Completed**

### **3.3.1.3 Sort By**

Select one of these options in the **Sort By** field to filter the list:

- **Date Ascending**
- **Date Descending**

### 3.3.2 Manual Extract

Manual Extract allows CQM data relating to one or more specific patients to be extracted. Select **Extract** in the **Activity** group of the CQM ribbon to open the **CQM Manual Extract** page. Figure 3-12 shows an example of this page.

Figure 3-12: **CQM Manual Extract** page

Follow these steps to display and select from a list of patients for which to manually extract CQM data:

1. Select a **Start Date** and an **End Date** later than the **Start Date**.
2. Click **Search Active Patients**. A listing of patients who have visited the facility within the selected date range is displayed.
3. Select one or more patients from the list.
4. Click **Start Activity** to extract the CQM data for the selected patient(s). This process may take a few minutes to run depending on the number of patients selected.
5. Once the process is complete, **Activity Status** will display the results of the manual extract.

### 3.3.3 Batch Extract

**Batch Extract** provides a way to extract historical CQM data relating to one or more specific patients. Click **Batch Extract** in the **Activity** group of the CQM ribbon to open the Batch Extract page. Figure 3-13 shows an example of this page.

Figure 3-13: **CQM Batch Extract** page

Follow these steps to extract patient visit data to build a CQM database:

1. Select an **Extract From** and an **Extract To** date. The **Extract To** date must be after the **Extract From** date.
2. Select a **Daily Start** and a **Daily End** time. The batch extract will run daily during this period.
3. Click **Schedule**. CQM visit data will be extracted based on the date/time parameters established during the initial setup.
4. Refer to the **Activity Status** field to view whether the Batch Extract is listing or extracting patients. Whether the Batch Extract Completed, Failed, or was discontinued.
5. If during the extract process the user chooses to cancel the extract, then an Activity Status of Discontinued is returned and the user must schedule a new Batch Extract to continue.

### 3.3.4 Patient Extract

**Patient Extract** provides a way to generate a QRDA CAT-1 data file in the 2014 XML format. Click **Patient Extract** in the **Activity** group of the CQM ribbon to open the Patient Extract page. Figure 3-14 shows an example of this page.

Report EP EH Monitor Manual Extract Batch Extract Patient Extract

Measure Activity

## QRDA CAT1 Extract

Reporting Period

Select Provider

**Schedule Export**

### Export Status

Started On	1/19/2018 2:38 PM	Status	Completed
Export From	01/01/2018	Export To	12/31/2018
Exported Patients	0	Completed On	1/19/2018 2:38 PM
Provider		Reason	

Figure 3-14: CQM Patient Extract page

Follow these steps to schedule a QRDA CAT1 Extract:

1. Select a **Reporting Period**:

- **Today**: Displays the word **Today** in the **Reporting Period** field.
- **Fiscal Quarter**: Displays:
  - The words **Fiscal Quarter** in the **Reporting Period** field.
  - The **Select Quarter** field.
  - The **Select Year** field.
- **Calendar Quarter**: Displays:
  - The words **Calendar Quarter** in the **Reporting Period** field.
  - The **Select Quarter** field.
  - The **Select Year** field.
- **Any 90 Days**: Displays:
  - The words **Any 90 Days** in the **Reporting Period** field.
  - The **Start Date** field.
- **Fiscal Year**: Displays:
  - The words **Fiscal Year** in the **Reporting Period** field.
  - The **Select Year** field.
- **Calendar Year**: Displays:
  - The words **Calendar Year** in the **Reporting Period** field.
  - The **Select Year** field.

- **User Defined:** Displays:
    - The words **User Defined** in the **Reporting Period** field.
    - The **Start Date** field.
    - The **End Date** field.
2. Depending on the fields displayed, do one or more of the following:
    - At the **Select Quarter** field, choose one of the following:
      - **Q1** to select the first quarter.
      - **Q2** to select the second quarter.
      - **Q3** to select the third quarter.
      - **Q4** to select the fourth quarter.
    - At the **Select Year** field, choose one of the displayed years.
    - At the **Start Date** field, type the starting month, day, and year or select using the calendar date picker.
    - At the **End Date** field, type the ending month, day, and year or select using the calendar date picker. The **End Date** must be after the **Start Date**.
  3. If appropriate:
    - a. Select the **Select Provider** check box to display the **Provider** search field.
    - b. Do one of the following:
      - Type the first few letters of the provider's name in the **Provider** search field.
      - Type “\*.” (an asterisk followed by a period) to retrieve all providers.
    - c. Click **Search Provider** to display matching results.
    - d. When the correct **Provider** is displayed, click to highlight that provider's name.
  4. Click **Schedule Report** to start the extract. Once the extract's status is Complete and the number of exported patients is greater than 0 the **Download** button becomes available.
  5. Click **Download** to save the extracted data.

## 4.0 CQM Configuration

Unlike the other modules in BPRM, the Settings module does not directly control or modify patient records. Instead, it controls a variety of application settings for other modules, allowing such things as available appointment types, employer names, insurers, and clinics to be changed or added. Changes made to the Settings module are typically done by a Supervisor or Site Manager. In most cases, once these settings have been established, they will rarely need to be changed.

To open the Settings module, click **Settings** in the taskbar (Figure 4-1).

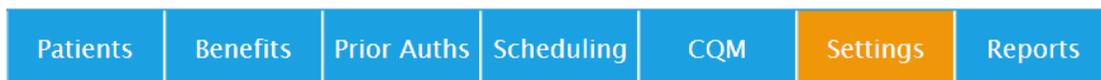


Figure 4-1: Taskbar

The selection pane on the left side of the Settings module displays a list of available options. The information displayed on the right side of the screen varies, depending on the option chosen.

### 4.1 CQM Extract

Click **CQM** in the selection pane of the Settings module to see the CQM Extract page (Figure 4-2).

**Note:** The CQM Extract will begin once the CQM Batch Extract process has completed building the CQM database. Creation of the CQM database may take several days or weeks. Once it's complete, then the CQM Extract will run on a nightly basis to populate the CQM database with the previous days visit data.

CQM Extract	
CQM Extract Enabled	Extract Time 1:00 AM
Data Entry Grace Period 1 Days	
Admission Order Dialog(s)	
Name	
	ORZ GXMOVE ADMIT PATIENT
Excluded Providers	
Name	NPI

Figure 4-2: CQM Extract page

Use the **CQM Extract** page of the Settings module to:

- View Admission Orderable Items, which are items that indicate the admission of a patient to a local inpatient or observation unit
- Specify Providers for whom data will be excluded from the export process

Click **Edit** in the upper right corner of the **CQM Extract** page to open the **CQM Configuration** page to enable editing of the Admission Orderable Item(s) and Provider lists. Figure 4-3 shows an example of the **CQM Configuration** page.

Figure 4-3: **CQM Configuration** page

## 4.2 How to use the CQM Configuration Page

1. Select **Enable CQM Extract** to enable the CQM extract process.
2. Set **Extract Time** to specify the time of day the CQM extract will take place. It is recommended that the CQM extract be performed when activity on your application server is at a minimum.

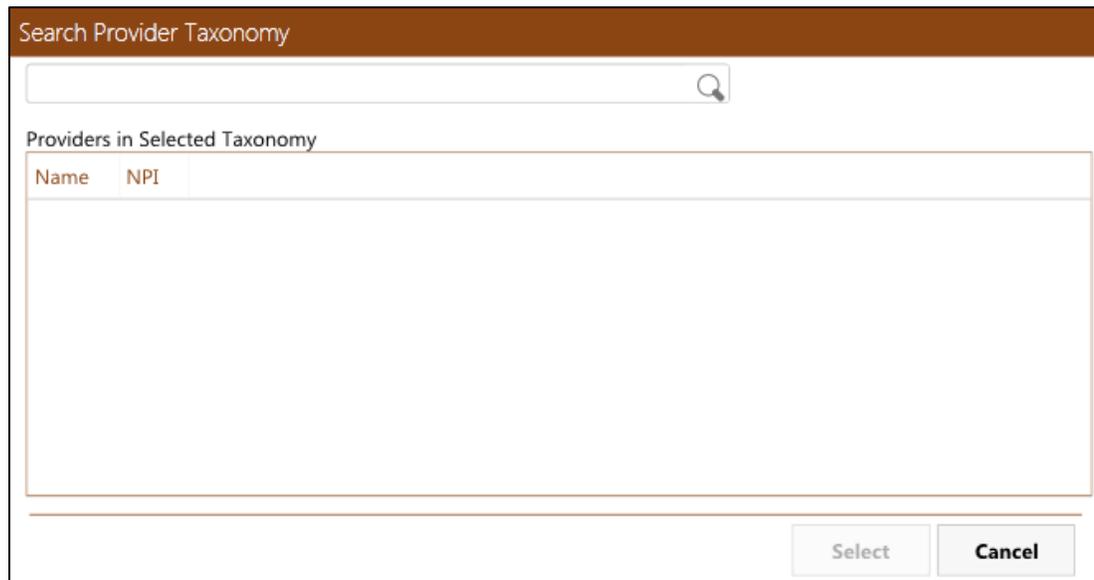
### 4.2.1 Adding Admission Orderable Items

Admission Orderable Items are site/facility-defined items that prompt a patient admission. Type the first few letters of the Orderable Item into the search box on the right side of the display, then add the item to the list of Admission Orderable Items by clicking on the item name. Type two question marks (??) to view a list of all available items.

## 4.2.2 Excluding Providers

To exclude specific providers from CQM calculations and reports, add them to the Providers list on the **CQM Configuration** page:

1. Select **Exclude Providers**.
2. Type the first few letters of the Provider name into the search box on the right side of the display. This will cause a list of provider names matching the search criteria to be displayed. Type two question marks (??) to view a list of all providers.
3. Click the provider name to add the item to the list of excluded providers.
  - Alternatively, click **Taxonomy** to select one or more providers based on their taxonomy.
  - Click **Taxonomy** on the right side of the display to open the **Search Provider Taxonomy** dialog shown in Figure 4-4.



The image shows a dialog box titled "Search Provider Taxonomy". At the top, there is a search input field with a magnifying glass icon. Below the search field is a table titled "Providers in Selected Taxonomy". The table has two columns: "Name" and "NPI". The table is currently empty. At the bottom right of the dialog, there are two buttons: "Select" and "Cancel".

Figure 4-4: **Search Provider Taxonomy** dialog

4. Type the first few letters of the taxonomy name into the search box at the top of the dialog and select the desired taxonomy from the list displayed. Once it has been selected, all the providers included under that taxonomy grouping are listed.

Figure 4-5 shows an example of using the **Search Provider Taxonomy** dialog to find and exclude all the providers included in the **BLUE TEAM** group.

Search Provider Taxonomy

BLUE TEAM

Providers in Selected Taxonomy

Name	NPI
THOMSON, DENISE M	1487675617
FISHER, EUGENE T MD	1437289782
MORRIS, JOHN DARREL MD	1902902026

Select Cancel

Figure 4-5: **Search Provider Taxonomy** dialog - **BLUE TEAM** listed

5. Click **Select** to add all the providers listed to the provider exclusion list.
6. Click **Cancel** to cancel the operation and close the **Search Provider Taxonomy** dialog.
7. Click **Save** to confirm the changes or click **Cancel** to discard the changes and return to the previous screen.

## Appendix A: Using the Reports Toolbar

Regardless of the report type, the top of each report page includes the Reports Toolbar (Figure A-1), which provides a variety of tools for handling and manipulating reports.

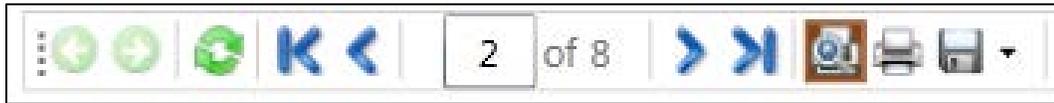


Figure A-1: Reports Toolbar

### A.1 Previous and Next Buttons

After having generated more than one report of a specific type, use the Previous and Next buttons (Figure A-2) to page through each of the previously-viewed reports.



Figure A-2: Previous and Next buttons

### A.2 Refresh Button

Use the Refresh button (Figure A-3) to refresh a report.



Figure A-3: Refresh button

The Refresh button is useful for ensuring a specific report contains the latest up-to-the-minute patient information.

### A.3 Page Selection Buttons

Use the Page Selection buttons (Figure A-4) to navigate through multi-page reports.

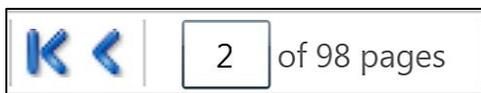


Figure A-4: Page Selection buttons

Type a specific page number into the text field to jump quickly to that page.

## A.4 View Button

Use the View button (Figure A-5) to switch between Interactive View and Print Preview.



Figure A-5: View button

## A.5 Print Button

Use the Print button (Figure A-6) to print the currently-displayed report.



Figure A-6: Print button

Click this button to display a standard print dialog, which allows choosing the printer to use, as well as the page range and the number of copies of the report to print.

## A.6 Save Button

Click the Save button (Figure A-7) to save the report in a variety of file formats.



Figure A-7: Save button

The following file formats are supported:

- Acrobat (PDF)
- CSV (comma delimited)
- Excel 97-2003
- TIFF

## Appendix B: Patient Extract Quick Tips

- Only one extraction can be run at a time.
- The DOWNLOAD button is only available if extraction STATUS equals COMPLETE and if the number of Exported Patients is greater than zero.
- The Export Status panel is not dynamic; the screen must be refreshed for the status to change. To do this, select another activity such as Batch Extract and then return to Patient Extract.
- Once the extraction is complete, the file must be downloaded. Scheduling a new extract will overwrite the results of a previous extract.
- Provider Search hover covers the Search Provider button partially but still can be clicked. To close the hover, press **Tab**.

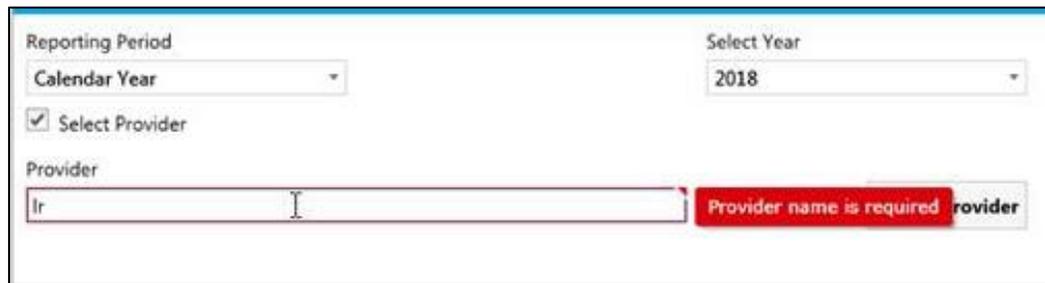


Figure B-1: Reporting Period panel

- Type \*. (an asterisk followed by a period) in the **Provider** field to display all the providers available.
- The workstation must have a minimum display resolution of 1200x800, otherwise, the Export Panel will be partially hidden when there is a provider search. There is no scroll bar.

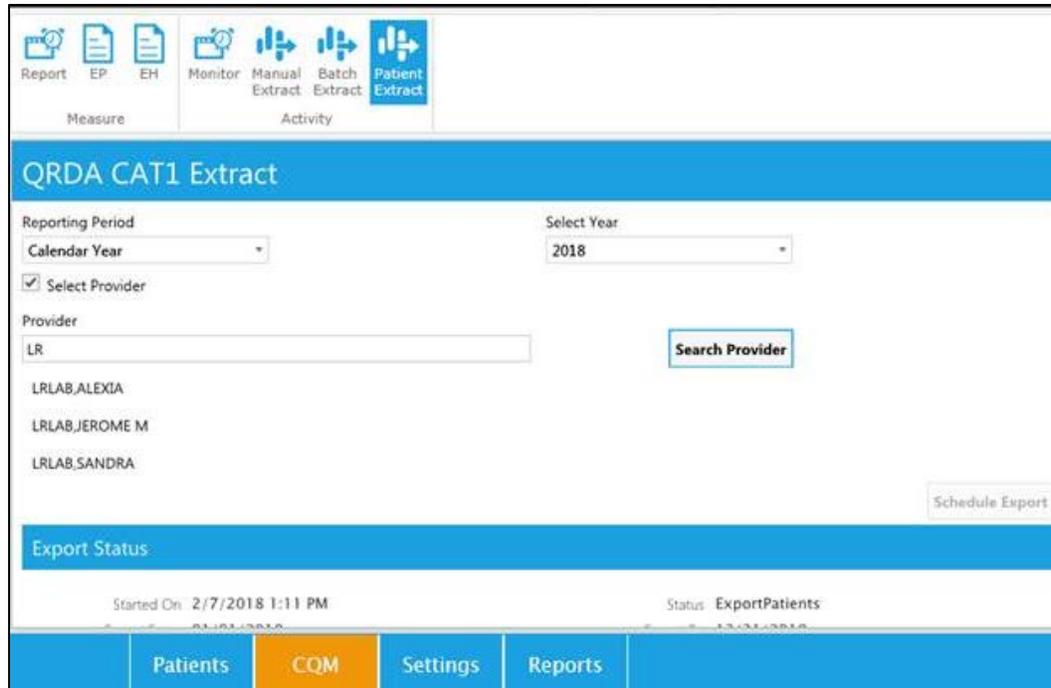


Figure B-2: QRDA CAT1 Extract

- The XML filename format is: #\_First three letters of LName\_First three letters of FName\_IEN (Internal Patient ID)

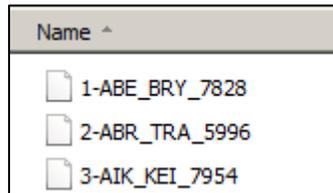


Figure B-3: Sample filenames

## Appendix C: 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.

### C.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).

#### C.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.

### C.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.

### C.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.

### C.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.

### C.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.

### C.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).

### C.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.

### C.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.

### C.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.

### C.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.

### C.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.

### C.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.

### C.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.

## C.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.

## C.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.

## Glossary

### **Admission Orderable Items**

Site- or facility-defined items that indicate a patient admission.

### **Clinical Quality Measures**

Tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals, and critical access hospitals.

### **Meaningful Use**

The use of CEHRT to:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and family
- Improve care coordination, and population and public health
- Maintain privacy and security of patient health information

## Acronym List

Acronym	Meaning
CEHRT	Certified Electronic Health Record Technology
CMS	Centers for Medicare and Medicaid Services
CQM	Clinical Quality Measures
eCQM	electronic Clinical Quality Measures
ED	Emergency Department
EH	Eligible Hospital
EHR	Electronic Health Records
EP	Eligible Professional
GUI	Graphical User Interface
IHS	Indian Health Service
MU	Meaningful Use
NQF	National Quality Forum
OIT	Office of Information Technology
QRDA	Quality Reporting Document Architecture
RPMS	Resource and Patient Management System
XML	eXtensible Markup Language

## 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](mailto:support@ihs.gov)