

THE INDIAN HEALTH SERVICE

# EHR Patch Updates

## Office Hours

EHRv1.1 p11



## What's new, What's changed

Superior Health Information Management  
Now and for the Future

IHS-Office of Information Technology  
EHR Program

# Office Hour Presenters

- **CDR Susan Pierce-Richards, ARNP, OIT EHR Project Lead**
- **CDR Mary Ann Niesen, PharmD, OIT Pharmacy Consultant**
- **Barbara Hess, DHA, OIT EHR Project analyst**

# Agenda

- **Introduction**
- **Presenters**
  - Office Hour Presenters have different specialties within the EHR system who will be responding to your questions
- **Questions/Answers**
  - Please do not put your phone “On Hold” during the conference call
  - “Raise your hand” through the Adobe Connect features provided
  - Please state your name/site
  - Please state your question clearly
  - Please keep background noise to a minimum to better hear the questions/answers

# Contents of Patch

- **Mega patch containing VA patches and IHS modifications up through the VA's CPRS v27**
- **New functionality**
- **Bug fixes**
- **Presented alphabetically by component**

# Dependencies

**Kernel Version 8.0 Patch 1017 which includes**

**xu\_\_0800.1017k**

**xt\_\_0730.1017k**

**di\_\_2200.1017k**

**xwb\_0110.1017k**

**xu\_\_0800va.1017k**

**Radiology Version 5.0 Patch 1003 including  
bra\_0500.1003k**

**Laboratory Version 5.2 Patch 1031**

**PIMS Version 5.3 Patch 1015**

**IHS PCC SUITE (BJPC) Version 2.0 Patch 8**

**ADVERSE REACTION TRACKING (GMRA)  
Version 4.0 Patch 1005**

**PROBLEM LIST (GMPL) Version 2.0 Patch  
1001**

**GEN. MED. REC. – VITALS (GMRV)  
Version 5.0 Patch 1001**

**CONSULT/REQUEST TRACKING (GMRC)  
Version 3.0 Patch 1003**

**AUTHORIZATION/SUBSCRIPTION (USR)  
Version 1.0 Patch 1004**

**TEXT INTEGRATION UTILITIES (TIU)  
Version 1.0 Patch 1010**

**CLINICAL REMINDERS (PXRМ) Version  
1.5 Patch 1009**

**IHS PHARMACY MODIFICATIONS (APSP)  
Version 7.0 Patch 1014**

**ELECTRONIC HEALTH RECORD (EHR)  
Version 1.1 Patch 10**

# Allergies

- Inactive signs/symptoms no longer selectable
- “Top 10” signs/symptoms are now displayed
- Synonyms for signs/symptoms now visible/searchable
- Reactivated allergies no longer require signature
- Imprecise dates for signs/symptoms now allowed

# Allergies

“Top 10” signs above line, alphabetical list below line. List is editable in RPMS GMRA package.

Synonyms will show “main” name in brackets. Hover text when line is too long for window.

Reaction  
Causative agent: COCOA  
Nature of Reaction: Drug, Food  
Event Code: FOOD ALLERGY  
Source of Information: PATIENT

Observed  
Observer: Niesen, Mary Ann  
Reaction Date/Time  
Severity

Signs/Symptoms  
Available  
NAUSEA AND VOMITING  
DROWSY  
NAUSEA AND VOMITING  
DIARRHEA  
URTICARIA  
INDIGESTION  
ANAPHYLAXIS  
CONSTIPATION

Selected  
NAUSEA AND VOMITING 2013

Imprecise Date  
Date/Time: 2013  
Source:

Comments

Current OK Cancel

Imprecise date can be year or month/year.

# Anticoag

- **New component**
- **Stores data in V Anticoagulation file**
- **Data stored participates in Anticoag Best Practice Prompts and corresponding EHR Reminders**

# Anticoag

**Add Anticoagulation Goal**

Warfarin indicated  Yes  No

INR Goal

Duration of Therapy

Start Date  to

Provider

Comment

**Add Anticoagulation Goal**

Warfarin indicated  Yes  No

INR Goal

Duration of Therapy

Start Date  to

Provider

Comment

**Add Anticoagulation Goal**

Warfarin indicated  Yes  No

INR Goal

Other

Duration of Therapy

Start Date  to

Provider

Comment

coagPHN eye glass New Tab1

**Anticoagulation**

Indication	Visit Date	INR Goal	Min	Max	Duration	Start Date	End Date	Facility	Entered Date	Category	Locked	Comment
YES	6/27/2012	2.0 - 3.0			3 MONTHS	6/27/2012	9/27/2012	DEMO HOSPITAL	6/27/2012	A	No	
YES	5/12/2010	2.0 - 3.0			12 MONTHS	5/12/2010	5/12/2011	DEMO HOSPITAL	5/12/2010	A	Yes	
YES	5/11/2010	2.0 - 3.0	2	3.5	12 MONTHS	5/11/2010	5/11/2011	DEMO HOSPITAL	5/11/2010	A	Yes	

# Anticoag Business Rules

- **1 Anticoag entry per visit allowed**
- **Edit only allowed in unlocked visit**
- **Delete not allowed until PCC updated for logical deletion**

# Consults

## New Parameter: ORWOR SHOW CONSULTS

Parameter set to “NO”:

- The list of consults is not initially displayed on the note title screen, regardless of whether there are pending consults the user is able to resolve. Clicking a Consults-class title will still display the list of unresolved consults, if any.

***This leave behavior the same as with EHRp10***

# Consults

## New Parameter: ORWOR SHOW CONSULTS

Parameter set to “YES”:

- If there are unresolved consults for the user, the user is presented directly with the note title screen with the list of unresolved consults displayed.
- If there are no unresolved consults for the user, the list of consults is not displayed on the note title screen. Clicking a Consults-class title will still display the list of consults.

***This changes the behavior and users will see the screens on the next slide***

# Consults

**New Parameter: ORWOR SHOW CONSULTS set to YES**

The screenshot displays a software interface with a 'Progress Note Properties' dialog box and an error message.

**Progress Note Properties**

Progress Note Title: GENERAL MEDICAL

GENERAL MEDICAL

ADIR <ADVANCE DIRECTIVE>  
ADULT <BH BIOPSYCHOSOCIAL - ADULT STANDARD>  
ADULT <BH BIOPSYCHOSOCIAL - ADULT TRADITIONAL>  
ADULT <BH BIOPSYCHOSOCIAL - ADULT WELLNESS>

Date/Time of Note: 13-May-2013 16:55

Author: Richards,Susan P

The following consults are currently awaiting resolution:

Consult Request Date	Service	Procedure	Status	Count
Sep 06,12 13:35	Behavioral Health		PENDING	0

**Not a consult title**

You currently have unresolved consults awaiting completion. The selected title cannot be used to complete consults. You must select a Consults title to complete a consult.

Answer "YES" to continue with this title and not complete a consult. Answer "NO" to select a different title.

Do you want to use this title and continue?

Yes No

# Consults

## Sub-Services

Now prevents a service from becoming a sub-service anywhere within its own hierarchy. This will prevent the endless looping issue.

## Reports

SH Service Consults Schedule-Management Report

LCR Consults Local Completion Rate

PM Consult Performance Monitor Report

## View Details

May view details using right click from notes

# Eyeglass Rx

- Entry of Eyeglass Rx
- Printing of Eyeglass Rx
- Health Summary object to display Eyeglass Rx *[delivered in BHSv1.0p7]*
- TIU object to display Eyeglass Rx *[delivered in TIUv1.0p1010]*

# Eyeglass Rx

**Eyeglass Prescription** [New RX] [Edit Current] [Delete] [Print]

	Sphere	Cylinder	Axis	Prism				Near Add
				H	H Dir	V	V Dir	
Right (OD)	-26.00	+4.00	120	13	BU	12.5	BD	1.25
Left (OS)	-14.00	+3.50	100	12	BI	14	BD	3.50

Full Time Use

Distance	Near	Right	Left
50	40	35	35

Instructions  
This is a test comment for this patient's prescription

**New RX**

**Eyeglass Prescription**

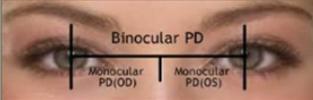
	Sphere	Cylinder	Axis	H	Prism		Near Add
					Base H	V	
Right (OD)	-4.00	-1.00	180	0.5	BD	1.0	2.00
Left (OS)	-3.00	-2.00	90	1.0	BU	1.5	1.00

Reading Only    Distance Only    Full Time Use

Pupil Distance (PD)   Instructions   chars left: 200 of 240

Distance	Near	Right	Left
60	40	30	35

This is a test of the eyeglass component



Binocular PD  
Monocular PD(OD)   Monocular PD(OS)

[Save]   [Cancel]

**Eyeglass Prescription**

DEMO INDIAN HOSPITAL  
5300 HOMESTEAD  
ALBUQUERQUE OKLAHOMA 87110-1234

Patient: \_\_\_\_\_   Date: AUG 27, 2012 08:00  
Expiration: \_\_\_\_\_

SPHERE	CYL	AXIS	NEAR ADD	NEAR	PRISM HZ	PRISM VT	FRISM BASE
ODI -4.00	-1.00	180	2.00			.5SD	1.80
OSI -3.00	-2.00	90	1.00		1.5U		1.5BI

Pupil Distance

NEAR	DISTANCE	R PUPIL	L PUPIL
40	60	30	35

Instructions  
Reading Only  
This is a test of the eyeglass component  
Provider: Susan Pierce-Richards, ARNP  
Sig: \_\_\_\_\_

Font Size: 9   [Print]   [Close]

# Eyeglass Rx Business Rules

- **1 or more Eyeglasses are allowed per visit**
- **Edit and Delete are allowed in unlocked visit**

# Graphing

- **Enhanced graphing has been incorporated in the lab and reports tabs. This graphing requires the clinical indexes which are part of PXRM 1009. Once EHR 11 is installed, the site should build all the PXRM clinical indexes for graphing to work appropriately.**
- **Not all of the data sources that the VA graphs will be available at this time in the EHR. This is mainly due to differences between the two systems with different files and fields being utilized.**

# Graphing Set Up

- **Build Clinical Indexes**
  - This will enlarge your RPMS database
  - See PXRM 1.5 p1009 instructions on estimating global size of the indexes
  - See PXRM 1.5 p1009 instructions on building indexes
- ***Lab file must be indexed(PXRM Clinical Index)***  
in order for Graphing to be displayed
- **Additional indexes are required for additional graphing functionality**

# Graphing Set Up

## Add ORWG GRAPHING to the ORWRP REPORT LIST parameter

ORWRP REPORT LIST may be set for the following:

- 2 User      USR [choose from NEW PERSON]
- 3 Division   DIV [choose from INSTITUTION]
- 4 System     SYS [DEMO.MEDSPHERE.COM]
- 6 Package    PKG [ORDER ENTRY/RESULTS

REPORTING]

Enter selection:

**4 System** DEMO.MEDSPHERE.COM

----- Setting ORWRP REPORT LIST for System:

DEMO.MEDSPHERE.COM -----

Select Sequence: ?

Sequence Value

-----

- 5    ORRPW REPORT CATEGORIES
- 10   ORRP HEALTH SUMMARY
- 15   ORRP IMAGING
- 20   ORRP LAB STATUS
- 25   ORRP DAILY ORDER SUMMARY
- 30   ORRP ORDER SUM FOR A DATE RNG
- 35   ORRP CHART COPY SUMMARY
- 40   ORRP OUTPATIENT RX PROFILE
- 50   ORRPW DOD PCE OUTPT ENCOUNTER
- 55   BEHOEN VISIT SUMMARY1
- 60   BEHOEN VISIT SUMMARY2
- 90   **ORWG GRAPHING <<< add this one**
- 95   BGO EYERX <<< consider adding this one as well
- 100  BEHOVM VITALS CUMM

# Graphing Types

AVAILABLE	NOT AVAILABLE
ALLERGIES	ADMISSIONS
ANATOMIC PATHOLOGY	BLOOD BANK
BLOOD BANK LAB TEST	MEDICATION, BCMA (Not yet)
EXAMS	MENTAL HEALTH
HEALTH FACTORS	REGISTRATION OP/PROC
IMMUNIZATIONS	REGISTRATION DX
LAB TESTS	SURGERY
MEASUREMENTS	VISITS
MEDICATION, INPATIENT	
MEDICATION, OUTPATIENT	
MEDICATION, OUTSIDE	
MICROBIOLOGY	
NOTES	
ORDERS	
PATIENT EDUCATION	
PROCEDURES	
PROBLEMS	
PURPOSE OF VISIT	
RADIOLOGY EXAMS	
SKIN TESTS	

# What You See

Data element	How displayed
Admissions & Visits	Horizontal bar for duration of visit
Events (i.e.. BCMA admin, exams, etc)	Triangle shape on horizontal axis
Medication	Horizontal bar for duration from release date to end date -Outpatient meds: Med release date+total days supply=end date -Inpatient and Outside meds: if no stop date , graph will use current date *** system had no way of knowing whether patient actually took medications so exercise caution when interpreting relationships based on medication graphs***
Labs	Numeric results: Points on 2 axes (date/value) with lines connecting like items Non-numerical results: Points on horizontal axis. Does not connect like terms.
Vitals	Points on 2 axes. (date/value) with lines connecting like items.

# Additional Features

<b>Feature</b>	<b>Description</b>
Graph settings	<ul style="list-style-type: none"><li>- Default data displayed, display options (3D, dates, hints, etc), max graphs in display, max items, date range defaults for inpatient and outpatient</li><li>- May set personal default</li><li>- May set public default if you have permissions</li></ul>
Pre-defined views	<ul style="list-style-type: none"><li>- Created using Select Items and Define Views dialog</li><li>- May be private or public views</li><li>- Personal lab groups you have created</li></ul>
Display options	<ul style="list-style-type: none"><li>- Numerous: individual graphs, combined graphs for some data points, split views, 3D, zoom, etc</li></ul>
Copy/Paste/Print/Export options	<ul style="list-style-type: none"><li>- Export to Excel</li><li>- Print</li><li>- Copy/paste</li></ul>

# Start Graphing

## Viewing Graphs:

Reports: “Graphing (local only)”

\*\*\* CAC must place option

Lab: “Graph” under lab results

## Graph settings/definitions:

Reports: “Graphing (local only)”

\*\*\* CAC must place option

Lab: “Graph” under lab results

Tools: “Graph” tab

# Main Display (lab tab)

The screenshot displays the 'CPRS Graphing - Patient: Cprspatient\_Six' window. It features a split-pane layout. The top pane shows a bar chart of medication events from 1/94 to 1/07. The bottom pane shows a line graph of Potassium (serum) levels from 1/94 to 1/07, with a 'pending' value at 1/97. A legend identifies various medications and lab tests. The interface includes a left-hand menu for selecting views and items, and a bottom control bar with buttons for 'Split Views', 'Select/Define...', 'Settings...', and 'Close'.

**Annotations:**

- Items tab and Views Tab
- Definition of View
- Select for Individual Graphs
- Adjustable splitters to change pane size
- Legends
- Top Pane
- Date Range Selector
- Select to split view or deselect for single view
- Free-text displays automatically, pending items also display
- Settings Buttons to define Views and configure how
- Bottom pane (split)
- Comments display

# Main Display (reports tab)

Available Reports

- Clinical Reports
- Health Summary
- Imaging (local only)
- Lab Status
- Daily Order Summary
- Order Summary for ...
- Chart Copy Summary
- Outpatient RX Profile
- Outpatient Encounter
- Visit Summary
- Visit Summary (Brief)
- Graphing (local only)
- Eyeglass Prescription
- Measurements Current

Graphing (local only)

Select multiple items using Ctrl-click or Shift-click.

Individual Graphs

Items Views

Item	Type	View	Classi...
Hep B Adult	Immuniz...		
Influenza [Tiv], S...	Immuniz...		
Tdap	Immuniz...		
Chloride	Lab Tests		Lab - ...
Co2	Lab Tests		Lab - ...
Creatinine	Lab Tests		Lab - ...
Hemoglobin A1C	Lab Tests		Lab - ...
Potassium	Lab Tests		Lab - ...
Random Glucose	Lab Tests		Lab - ...
Sodium	Lab Tests		Lab - ...
Urea Nitrogen	Lab Tests		Lab - ...
Asqa	Measur...		
BP	Measur...		
Bmi	Measur...		
HT	Measur...		
O2	Measur...		
Pu	Measur...		
RS	Measur...		
TMP	Measur...		
WT	Measur...		
Acetaminophen ...	Medicat...		Drug - ...
Cefotaxime 1GM Inj	Medicat...		Drug - ...
Dextrose 5% In ...	Medicat...		Drug - ...
Albuterol Sulfate ...	Medicat...		Drug - ...
Clopidogrel 75M...	Medicat...		Drug - ...
Diphenhydramine...	Medicat...		Drug - ...
Hydrochlorothiaz...	Medicat...		Drug - ...

Split Views

Select/Define...

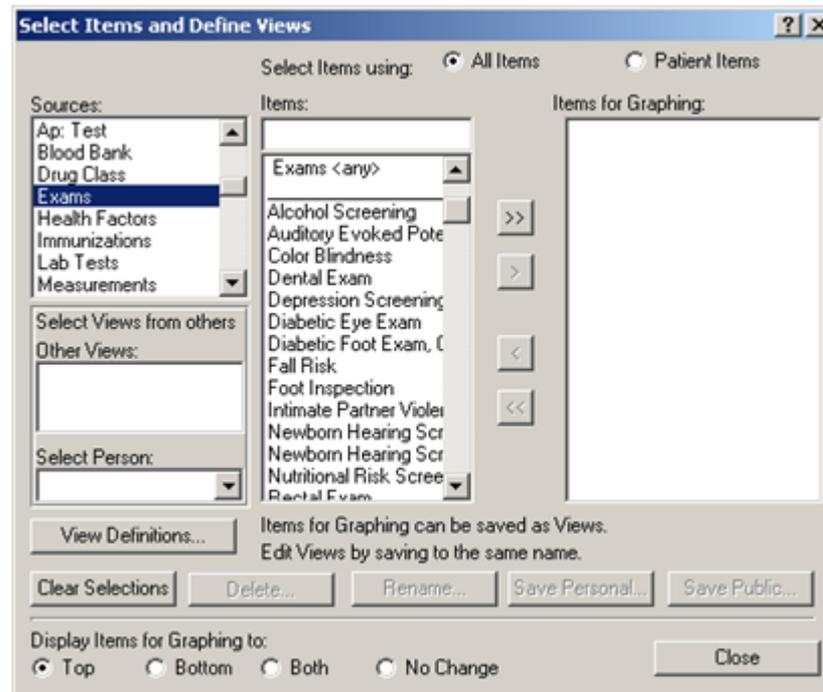
Settings...

Date Range

Date Range...

- Today
- One Week
- Two Weeks
- One Month
- Six Months
- One Year
- Two Years
- All Results
- T-400 to T

# Select/Define



# Settings

**Graph Settings** [?] [X]

Sources Displayed:

- Exams
- Health Factors
- Immunizations
- Lab Tests
- Measurements
- Medication, Bcma
- Medication, Inpatient
- Medication, Non-Va
- Medication, Outpatient
- Medicine
- Mental Health
- Microbiology
- Microbiology: Antibiotic
- Microbiology: Organism
- Microbiology: Specimen
- Microbiology: Test
- Notes

Options:

- 3D
- Clear Background
- Dates
- Fixed Date Range
- Gradient
- Hints
- Legend
- Lines
- Sort by Type
- Stay on Top
- Turbo
- Values
- Zoom, Horizontal
- Zoom, Vertical

Max Graphs in Display: 4 (1 to 20)

Minimum Graph Height: 90 (10 to 1000)

Max Items to Select: 100 (3 to 1000)

Outpatient Date Default: [Dropdown]

Inpatient Date Default: [Dropdown]

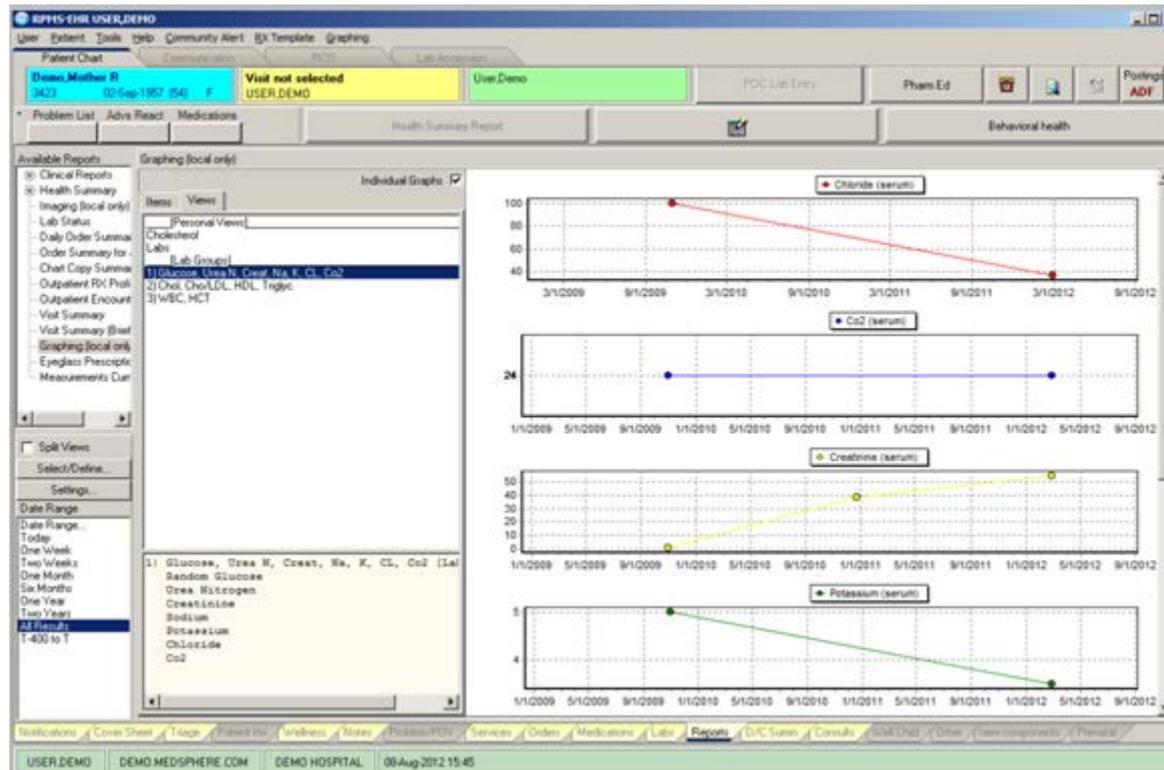
Show Defaults: Personal Public

Save as Default: Personal Public

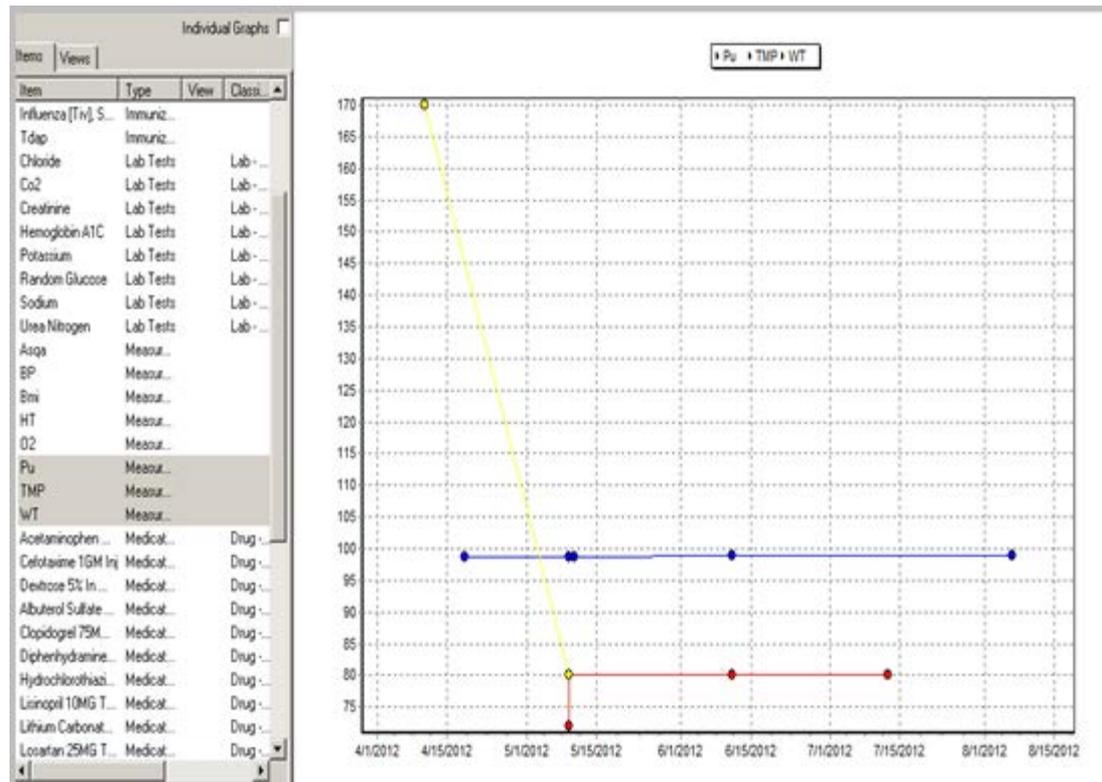
All Clear

Close

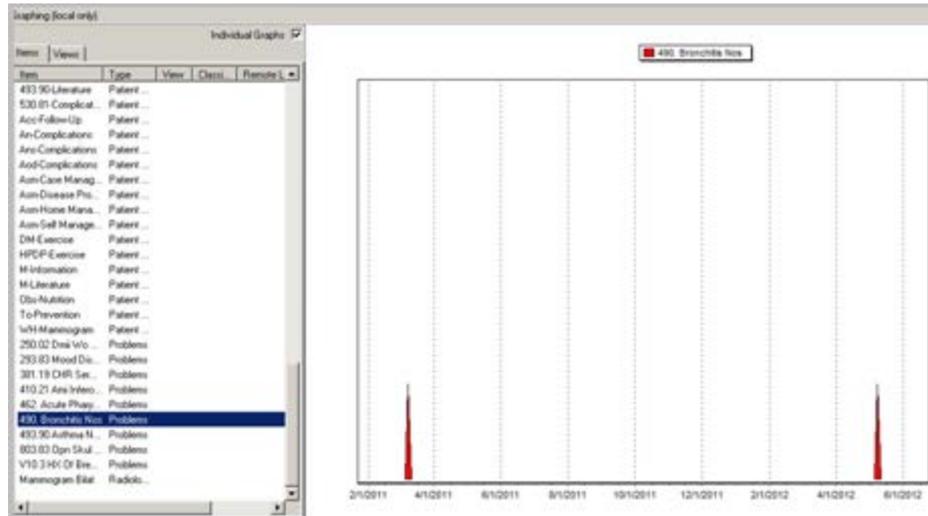
# Individual Graphs - Vitals



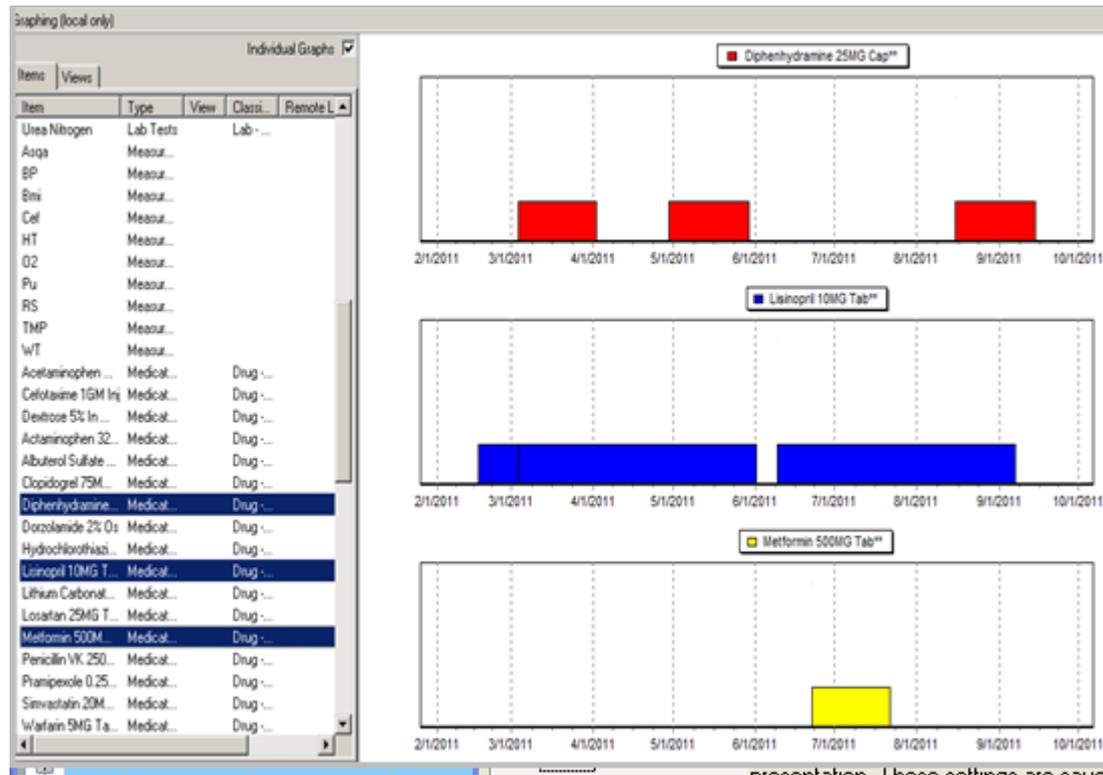
# Single Graph - Vitals



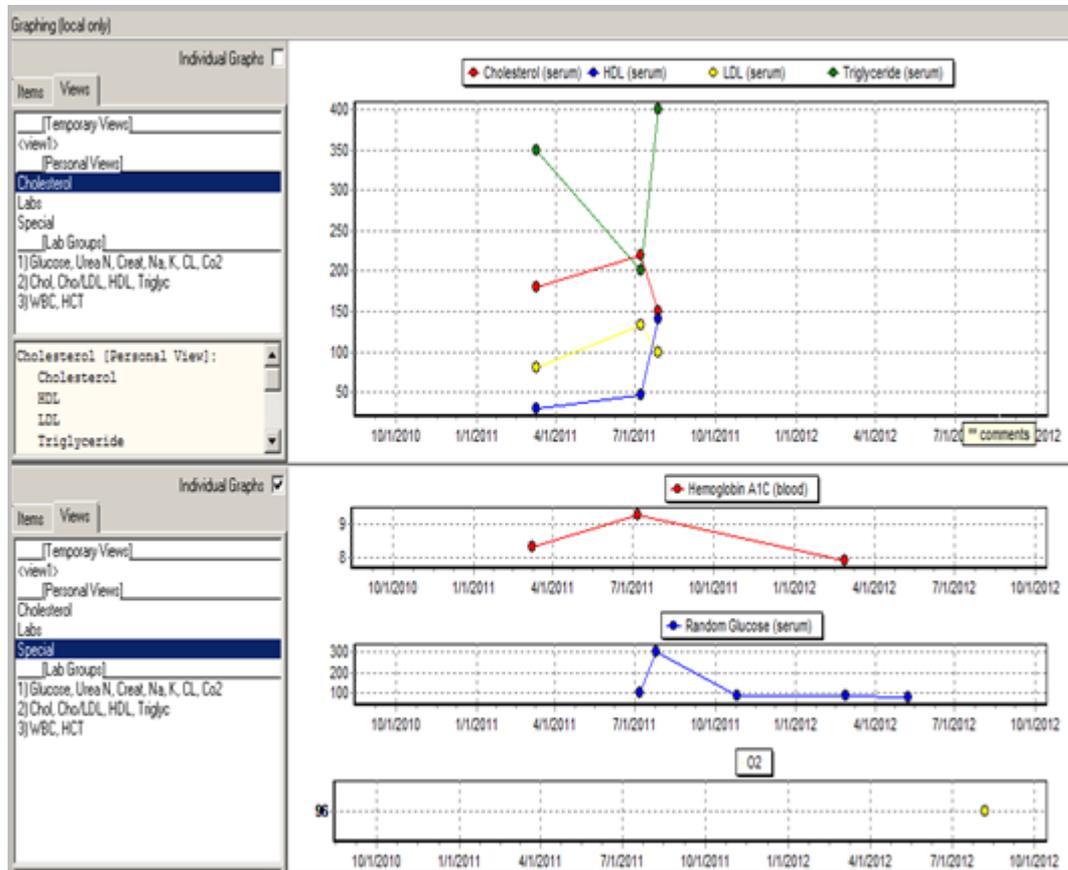
# Event Type Graph



# Medication Graph



# Split Views



# IMO - Inpatient Meds for Outpatient

- Order unit dose type medications for outpatient admin
- Injections for outpatient admin (not new)
- Orders tab display – oral meds, IM/SC injections
  - Service is “Clinic Orders”
- Orders tab display – IV’s
  - Service is “Infusions” (future patch this will be “Clinic Orders”)
- Med tab display:
  - Oral, injections, IV’s – “Inpatient”

# Issues with IMO

- The intention of IMO is to process these medications from the Inpatient Pharmacy packages, so outpatient only sites would need to begin using the IV and UD pharmacy packages in order to use IMO. The inpatient sites might need to alter workload and workflow.
- BCMA for IMO: in the VA system IMO has sometimes caused problems with BCMA (not in use extensively in IHS yet but coming) when the patient is being admitted, and may require major workflow changes to use BCMA for outpatients not being admitted.

# IMO - Inpatient Meds for Outpatient Set Up

## **Clinic Setup**

Each clinic location needs to be defined as a site for IMO.  
Setup this field in Fileman.

Select OPTION: 1 ENTER OR EDIT FILE ENTRIES

Select HOSPITAL LOCATION NAME: EMERGENCY ROOM

ADMINISTER INPATIENT MEDS?: YES//

# IMO - Inpatient Meds for Outpatient Set Up

## **Clinic Definition using Fileman**

The clinic definition file 53.46 must be populated with the clinic name, as well as if IMO orders should be AUTO-DC'd and/or sent to BCMA.

INPUT TO WHAT FILE: PHARMACY SYSTEM// 53.46 CLINIC  
DEFINITION (1 entry)

EDIT WHICH FIELD: ALL//

Select CLINIC DEFINITION: EMERGENCY ROOM

CLINIC: EMERGENCY ROOM//

NUMBER OF DAYS UNTIL STOP:

***AUTO-DC IMO ORDERS: YES***

SEND TO BCMA?:

# IMO - Inpatient Meds for Outpatient Set Up

## **Clinic Definition using Pharmacy**

Alternately, this can be accomplished using the Unit Dose Medications menu. Navigate to Unit Dose Medications > Supervisor's Menu > PARameters Edit Menu > Clinic Definition

```
Select PARameters Edit Menu Option:  Clinic Definition
Select CLINIC:      ADULT WALKIN
NUMBER OF DAYS UNTIL STOP: 1//
AUTO-DC IMO ORDERS: NO//
SEND TO BCMA?:
Select CLINIC:
```

# IMO - Inpatient Meds for Outpatient Set Up

## Display Group

ORWOR CATEGORY SEQUENCE may be set for the following:

8 System SYS [DEMO.MEDSPHERE.COM]

10 Package PKG [ORDER ENTRY/RESULTS REPORTING]

Enter selection: 8 System DEMO.MEDSPHERE.COM

Enter selection: **8 System**

Setting ORWOR CATEGORY SEQUENCE for Package: ORDER ENTRY/RESULTS REPORTING

Select Sequence: ?

Sequence Value

-----

10	M.A.S.
30	VITALS/MEASUREMENTS
35	ACTIVITY
40	NURSING
50	DIETETICS
60	IV MEDICATIONS
65	OUTPATIENT MEDICATIONS
<b>70</b>	<b>INPATIENT MEDICATIONS</b>
72	NON-VA MEDICATIONS
75	LABORATORY
80	IMAGING
90	CONSULTS
120	OTHER HOSPITAL SERVICES

Select Sequence: 71

Are you adding 71 as a new Sequence? Yes// YES

Sequence: 71// 71

Display Group: **CLINIC ORDERS**

**\*\*\* A good time to check and remove "Allergies" as if you see it. We no longer "order" allergies \*\*\***

# IMO - Inpatient Meds for Outpatient

Service	Order	Duration	Provider
Clinic Orders	IBUPROFEN TAB 800MG PO ONCE	Start: 09/18/12 15:00	Richards,S
Clinic Orders	ACETAMINOPHEN TAB 650MG PO ONCE	Start: 09/18/12 15:00	Richards,S
Consults	Social Services Cons Consultant's Choice	Start: 09/06/12 13:29	Richards,S
Consults	Behavioral Health Cons Bedside	Start: 09/06/12 13:35	Richards,S

# Measurements

- **Documentation of Qualifiers**
- **Documentation of O<sub>2</sub> flow rate and concentration**

# Measurements

Enter measurement then right click to bring up qualifier entry.

The image displays six overlapping dialog boxes, each representing a different measurement type. Each dialog box has a title bar and several input fields. The 'Selected' field at the bottom of each dialog shows the combination of values entered in the other fields.

- O2 Saturation Qualifiers:** Flow Rate: (l/min) 2.0; O2 Concentration: (%); Method: NASAL CANNULA; Selected: (empty)
- Blood Pressure Qualifiers:** Location: R Arm; Method: Cuff; Position: Sitting; Cuff Size: LG Adult; Selected: R Arm, Cuff, Sitting, LG Adult
- Fetal Heart Tones Qualifiers:** Site: Fetus 2; Selected: Fetus 2
- Temperature Qualifiers:** Location: Oral; Selected: Oral
- Pulse Qualifiers:** Location: Apical; Method: Auscultate; Position: Lying; Site: (empty); Selected: Apical, Auscultate, Lying
- Weight Qualifiers:** Method: (empty); Position: Standing; Quality: (empty); Selected: Standing

# Notes

## Actions Prevented on Note When Viewed from Consults Tab

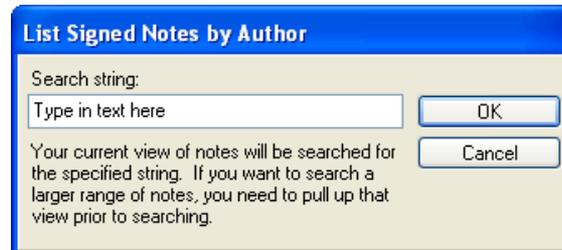
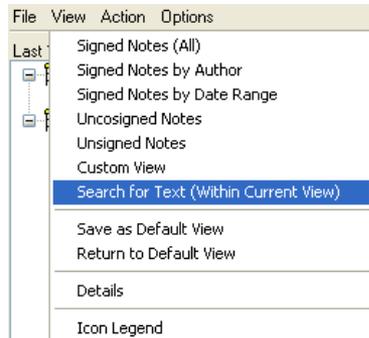
- If a user was viewing a note on the Consults tab, CPRS did not allow any action to be taken on it from the Notes tab. Now, actions on the Notes tab will be prevented only if the note is actually being edited on the Consults tab. The reverse scenario was already working correctly.

## TIU Parameter For More than One Discharge Summary Now Respected

- The TIU document parameter allowing or disallowing more than one note per visit was not being respected for documents in the Discharge Summary class on this tab. Until this version, only one document of the DISCHARGE SUMMARY class was allowed per admission, regardless of the value of the document parameter.

## Progress note text search

- This feature searches the current list of notes to find all notes that contain the exact text that a user enters and then displays those notes in the tree view of the Notes tab.
- Available in the “View” menu



# Notifications

## Flagged OIs

***Requires appropriate “Flagged OI...” notification checked (enabled) for the user***

- ORB OI EXPIRING – INPT PR – Flag Items for INPT EXPIRING Prov Recip
- ORB OI EXPIRING – OUTPT PR – Flag Items for OUTPT EXPIRING Prov Recip
- ORB OI ORDERED – INPT PR – Flag Items for INPT ORDER Providr Recip
- ORB OI ORDERED – OUTPT PR – Flag Items for OUTPT ORDER Providr Recip
- ORB OI RESULTS – INPT PR – Flag Items for INPT RESULT Provid Recip
- ORB OI RESULTS – OUTPT PR – Flag Items for OUTPT RESULT Provid Recip

## Medications Expiring – Inpatient

***Requires “Medications Expiring – Inpt” notification checked (enabled) for the user***

Renamed from “MEDICATIONS EXPIRING”

## Medications Expiring – Outpatient

***Requires “Medications Expiring – Outpt” notification checked (enabled) for the user***

Important: Be aware that if the MEDICATIONS EXPIRING – OUTPT notification is turned on, there is the potential for a significant increase in the number of alerts generated.

Thoroughly examine the parameters that control the generation of this notification using the NOTIFICATION MGMT MENU options Enable/Disable Notifications, Set Default Recipient(s) for Notifications, and Set Provider Recipients for Notifications.

## Anatomic Pathology Results

***Requires set up of Anatomic Pathology package***

***Requires the user has “Anatomic Pathology Results” notification checked (enabled) for the user***

# Orders - General

## **New Features:**

- OR Drug Order Cancelled bulletin
- If an order is unreleased and cancelled, it will no longer require d/c reason
- “One time” schedules no longer display on schedule selection for inpatient complex orders
- OR DC REASON LIST parameter enables CAC to sequence the list of d/c reasons that appear in EHR
- Reason for Flag displays when processing alert
- Reason for Flag field changed from free text to drop down with free text allowed that displays the standard reasons defined in OR FLAGGED ORD REASONS parameter

# Orders - General

## **Fixes:**

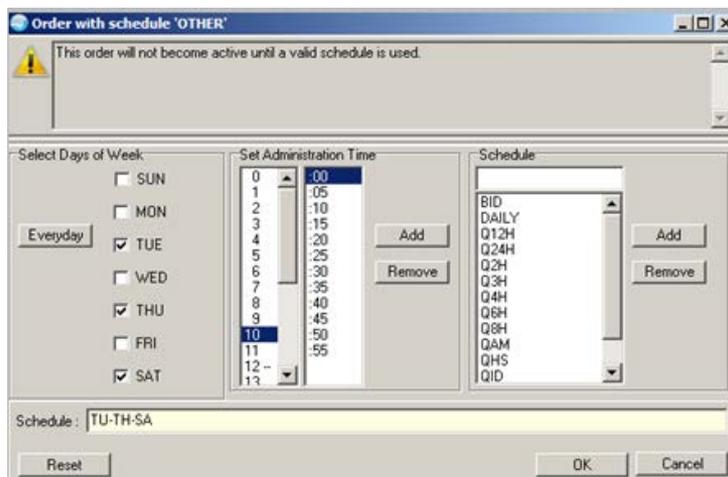
- Flagged order for clarification alerts fixed, not sending additional notifications
- Date range for orders corrected
- TIU objects used in Order Text field now wrap correctly
- Custom orders view now opens with current view settings shown
- Selected orders no longer deselect when right clicking an unselected order
- Leading zeros are now accepted in Orders and Quick Orders
- OR LAPSE ORDERS and OR LAPSE ORDERS DFLT *parameters* allow site to set unsigned orders to “lapsed” status after a site defined period of time
- Discontinued orders now respect the value for “Include in active orders” set in the Nature of Order file

# Orders - Delayed

- Users can no longer simultaneously process patient's movement and orders.
- When patient is discharged and all existing delayed events are cancelled, the system cancels the child orders as well.
- Child orders of complex orders now have location assigned.

# Orders - Inpatient

- Instead of creating new orders for renewals, the system will extend the stop date of the order. The renewal date will continue to display on the orders tab and the original start date is available in the Detailed Display report.
- Schedules: free text is no longer allowed.
- Schedule of “Other” allows creation of non standard schedule.
- OR ADMIN TYPE HELP TEXT *parameter* enables site to enter text that displays as a tool tip on the Order dialog box’s Dosage tab and in Information box on the complex tab.



# Orders - Inpatient

- Administration times are now visible when ordering meds so that providers can see when the meds will be given on a particular unit.
- Complex Orders have the admin times in each line of the order.

Medication Order

AVALIDE TAB

Change

Dosage Complex

Dosage	Route	Schedule (Day-Of-Week)
1 TABLET AVALIDE 150MG/12.5MG TAB	ORAL	QDAY
1 TABLET AVALIDE 150MG/12.5MG TAB	ORAL	Q48H
2 TABLETS AVALIDE 150MG/12.5MG TAB	ORAL	Q4H
		Q4H-WHILE AWAKE
		Q6H
		Q6H-WHILE AWAKE
		Q72H
		QAM
		QAM (INSULIN)
		QDAY
		PRN

Comments:

Expected First Dose: TOMORROW 15-May-2013@09:00 am

Priority ROUTINE

Give Additional Dose Now

Admin. Time: 0900

Users may use the "Day-Of-Week" link or the "other" schedule to build either:

1. A schedule with non-standard administration time(s)
- OR
2. A schedule that applies only to certain day(s) of the week with
  - a. standard administration times
  - OR
  - b. non-standard administration times

ADR's

Accept Order

Quit

Medication Order

AZITHROMYCIN TAB

Change

Insert Row Remove Row

Dosage Complex

Dosage	Route	Schedule	Duration	AdmTimes	then/and
500MG	ORAL	QDAY	1 DAY	0900	THEN
250MG	ORAL	QDAY	4 DAYS	0900	

Comments:

Expected First Dose: TOMORROW 15-May-2013@09:00 am

Priority ROUTINE

Give Additional Dose Now

Administration Time Information

The Administration Times for this dose are:

0900

Users may use the "Day-Of-Week" link or the "other" schedule to build either:

1. A schedule with non-standard administration time(s)
- OR
2. A schedule that applies only to certain day(s) of the week with
  - a. standard administration times
  - OR
  - b. non-standard administration times

OK

AZITHROMYCIN TAB

500MG PO QDAY FOR 1 DAY THEN 250MG PO QDAY FOR 4 DAYS

ADR's

Accept Order

Quit

# Orders - Inpatient

- **Verbal orders:**
  - Developers changed the EHR so that the original unsigned verbal order remains visible to the ordering provider when the order is edited in backdoor pharmacy while in an active status.
  - The action by the pharmacist creates a new order that should display on the Active orders display in the EHR.
  - The original order should remain on the Unsigned orders display in the EHR.

# Orders - Infusion

- Name changed to “Infusion”
- Significant changes to Dialog



**Infusion Order**

Solutions	Additives	Solution/Additive*	Volume/Strength*
CIPROFLOXACIN/DEXTROSE INJ.S			
CLINDAMYCIN/DEXTROSE INJ.SOL			
Dextrose 10% in Water INJ.SOLN			
DEXTROSE 5% IN 0.225% NS-1000			
DEXTROSE 5% IN 0.45% NS-1000 ML			
DEXTROSE 5% IN 0.9% NS-500 ML			
DEXTROSE 5% IN 0.9% NS-1000 ML			
DEXTROSE 5% IN LACTATED RING			
DEXTROSE 5% IN NS WITH 20MEQ			
DEXTROSE 5% IN WATER-100 ML			
DFXTRNSF 5% IN WATER-1000 ML			

Route\* [ ] Type\* (IV Type Help) Schedule\* [ ] PRN [ ] Infusion Rate (ml/hr) [ ]

Priority\* [ ROUTINE ] Duration or Total Volume (Optional) [ ] [ ]

\* Indicates a Required Field

Accept Order [ ] Quit [ ]

**Infusion Order**

Solutions	Additives	Solution/Additive*	Volume/Strength*
TRACURIUM	<ATRACURI	DEXTROSE 5% IN 0.9% NS-1000 ML INJ.SOLN	1000 ML
UNASYN	<AMPICILLI	POTASSIUM CHLORIDE INJ.SOLN	20 MEQ
VANCOBIN	<VANCOMY	PYRIDOXINE INJ.SOLN	5 MG
VANCOMYCIN INJ			
VERSED	<MIDAZOLA		
VISTIDE	<CIDOFVIF		
VITAMIN B6	<PYRIDOXI		
VITAMIN K	<PHYTONAI		
ZDFRAN	<ONDANSE		
ZOSYN	<PIPERACL		

Route\* (Expanded Med Route List) [ INTRAVENOUS ] Type\* (IV Type Help) Schedule\* [ ] PRN [ ] Infusion Rate (ml/hr)\* [ ]

Duration or Total Volume (Optional) [ ] [ ]

\* Indicates a Required Field

POTASSIUM CHLORIDE INJ.SOLN 20 MEQ, PYRIDOXINE INJ.SOLN 5 MG in  
DEXTROSE 5% IN 0.9% NS-1000 ML INJ.SOLN 1000 ml

Accept Order [ ] Quit [ ]

# Orders - Infusion Quick Orders

## New fields for IV quick orders

Select QUICK ORDER NAME: **PSJIV TEST INFUSION**

TYPE OF QUICK ORDER: **IV MEDICATIONS**

NAME: PSJIV TEST INFUSION//

DISPLAY TEXT: **Test IV quick order**

VERIFY ORDER:

DESCRIPTION:

No existing text

Edit? NO//

ENTRY ACTION:

Type: ?

Choose from:

C Continuous

I Intermittent

Enter the infusion type for this order.

**Type: Continuous**

Solution: NORMAL SALINE ??

Enter a base solution for this order.

Solution: NS20K SODIUM CHLORIDE 0.9%/20 MEQ KCL-1000ML  
INJ,SOLN

Additive:

Route: IV INTRAVENOUS IV

**Infusion Rate (ml/hr): 50**

Enter the length of administrative time or total volume for IV fluid order followed by ML or CC for milliliters, L for liters, D for days, H for hours to set limitation. (Examples: 1500ML, 1000CC, 1L, 3D, or 72H)

This field is optional a value does not need to be entered.

**Limitation: [you can put 3D or 1000ML for example]**

Priority: ROUTINE//

Provider Comments:

No existing text

Edit? No// (No)

-----  
Type: Continuous

Solutions: SODIUM CHLORIDE 0.9%/20 MEQ KCL-1000ML  
INJ,SOLN 1000 ml

Route: INTRAVENOUS

Infusion Rate (ml/hr): 50 ml/hr

Priority: ROUTINE  
-----

# Orders - Outpatient

- Delivered Clozapine requirements that *do not apply* to IHS

# Orders - Outside

- **Electronic signature is no longer required when discontinuing Non-VA (Outside) meds**
- **Non-VA meds may be used for Quick Orders using “Type of Quick Order” Non-VA Medications**

# Orders - Lab

- **When discontinuing a complex order, provider must now sign all or none of the child orders after discontinue action.**

# Utilities

- **Orderable item validation utility**

*CPRS Manager menu > CPRS Configuration (IRM) option > CPRS Clean-up utilities option > OI Orderable Items Records Validation [ORE ORDERABLE ITEMS VALIDATION]*

- This utility will scan the ORDERABLE ITEM FILE record by record. This utility determines the following about the current ORDERABLE ITEM FILE record being processed:
  - Is the ID field null?
  - Is the source record IEN stored in the ID field null?
  - Is the source record package code stored in the ID field null?
  - Is the data stored in the ID field properly formatted?
  - Is the source record package code part of the current interface specification?
  - Is there a matching source record?
  - Is it currently flagged as active?
- A temporary global is built tracking all of the above for a detailed report. Only an ORDERABLE ITEM FILE record passing all tests modified. At this point it will be flagged as inactive effective immediately.
- The flagging of records in the ORDERABLE ITEM FILE # 101.43 without matching source records as inactive will prevent CPRS GUI from presenting them to the user as valid orderable items.

# Utilities

- **Lapsed order search**  
*CPRS Manager Menu > CPRS Configuration (Clin Coordinator) option > LO Lapsed Order Search [OR LAPSED ORDERS]*
- **Order Check Override Reason Report**  
*CPRS Manager Menu > CPRS Configuration (Clin Coordinator) option > Order Checking Management Menu > Order Check Override Reason Report [ORK ORD CHK OVERRIDE REPORT]*

# Utilities

- **Menu Management:**
  - Order menus can no longer be deleted, only inactivated
  - New options
    - CPRS Manager Menu > CPRS Configuration (Clinical coordinator) option*
    - CS – Review Quick Orders for Inactive ICD9 Codes**
      - This option may be run at any time to produce a report of Consult or Procedure quick orders that have a provisional diagnosis code that has been inactivated or will be inactivated in the future.
      - IHS in general does not make diagnoses required for consults and it does not do real procedure ordering.

# Utilities

*CPRS Manager Menu > CPRS Configuration (Clinical coordinator)  
option*

## MR – Medication Quick Order Report

- This option generates two Quick Order (QO) reports to assist in the evaluation of Med QOs that may need to be updated to accommodate the three new fields exported in CPRS GUI v27: Route, IV Type and Schedule.
- One report lists Med QOs that are contained in another entry such as an order menu, order set or reminder dialog. The other report lists Med QOs that are stand alone and are not included in another entry. These reports will be sent to you via Mailman.

# Utilities

*CPRS Manager Menu > CPRS Configuration (Clinical coordinator)  
option*

**CV – Convert IV Inpatient QO to Infusion QO**

- This conversion utility enables users to convert IV quick orders set-up as Inpatient quick orders to Infusion quick orders. For each quick order, the conversion utility asks a series of questions to populate the minimum prompts needed to convert the quick order. Once the conversion is done, the user is placed into the Infusion quick order editor to add any values to the additional fields in the Infusion quick order, if needed.
- Possible conflicts at the time of conversion are displayed before entering the editor. An example of a conflict may be that the user should review the strength associated with the additive in the editor.

# Orders - Radiology

- Reason for study field is new and required
- Clinical History field is now optional

**Order an Imaging Procedure**

Imaging Type: GENERAL RADIOLOGY

Imaging Procedure: ABDOMEN-KUB

Reason for Study (REQUIRED - 64 characters maximum): pain in abdomen

Clinical History (Optional): Has had pain with nausea for 2 weeks

Requested Date: TODAY | Urgency: ROUTINE | Transport: WHEELCHAIR | PreOp Scheduled: ...

Category: INPATIENT | Submit To: X-RAY | Isolation:

Available Modifiers: BILATERAL EXAM, LEFT, OPERATING ROOM, PORTABLE EXAM, RIGHT

Selected Modifiers: (Empty)

Remove

Exams Over the Last 7 Days: (Empty)

ABDOMEN-KUB

Accept Order | Quit

# Patient Ed

- You may now resize the pick list window
- Refusal tab updated

# Patient Record Flags

- **Create new note titles under the Patient Record Flag Cat II Document Class and update your flag description by populating each with the associated note title (See TIU 1010 instructions).**
- **Now you will be prompted in the EHR to associate any TIU Note in the Patient Record Flag Cat I and II document classes with a Patient Record Flag action.**

# Patient Record Flags

- Associating a note with a Patient Record Flag Action
- Each Patient Record Flag may have one note

Progress Note Properties

Progress Note Title: PATIENT <PATIENT RECORD FLAG CATEGORY II - RESEARCH ST  
PATIENT <PATIENT RECORD FLAG CATEGORY II - INFECTIOUS  
PATIENT <PATIENT RECORD FLAG CATEGORY II - RESEARCH  
PATIENT <PATIENT RECORD FLAG CATEGORY II - RISK, FALL>  
PATIENT <PATIENT RECORD FLAG CATEGORY II - RISK, WANC  
PATIENT RECORD FLAG CATEGORY II - INFECTIOUS DISEASE  
PATIENT RECORD FLAG CATEGORY II - RESEARCH STUDY  
PATIENT RECORD FLAG CATEGORY II - RISK, FALL

Date/Time of Note: 08-Aug-2012 14:38 ...

Author: User, Demo

Which Patient Record Flag Action should this Note be linked to?

Flag	Date	Action	Note
DRUG STUDY	JUN 09, 2009@13:04:34	NEW ASSIGNMENT	No

# Patient Record Flags

- Notes linked to flags are now available for display and will display if clicked.

The screenshot shows a window titled "Patient Record Flags" with a "Category I Flags" section that is empty. The "Category II Flags" section contains a single entry, "DRUG STUDY", which is highlighted. Below this, the details for the "DRUG STUDY" flag are displayed:

Flag Name: DRUG STUDY  
Assignment Narrative: THIS IS A TEST OF AN ACTIVE FLAG  
Flag Type: CLINICAL  
Flag Category: II (LOCAL)  
Assignment Status: Active  
Initial Assigned Date: SEP 16, 2009@15:03:23  
Approved by: RAGER, MARY G  
Next Review Date: SEP 16, 2010  
Owner Site: DEMO HOSPITAL (DEMO HOSPITAL)  
Originating Site: DEMO HOSPITAL (DEMO HOSPITAL)

Below the details is a table of "Signed, Linked Notes of Title: PATIENT RECORD FLAG CATEGORY II - RESEARCH STUDY":

Date	Action	Author
AUG 03, 2012@17:35	NEW ASSIGNMENT	USER, DEMO
MAR 20, 2012@09:28	CONTINUE	USER, DEMO

A "Close" button is located at the bottom right of the window.

# Patient Record Flags

- Category 1 Flags appear in ORANGE and flash.

The screenshot shows a window titled "Patient Record Flags". The window is divided into several sections:

- Category I Flags:** A yellow header bar containing the text "BEHAVIORAL".
- Category II Flags:** An empty section below the Category I flags.
- Flag Details:** A text area containing the following information:
  - Flag Name: BEHAVIORAL
  - Assignment Narrative: Patient has exhibited violent behavior
  - Flag Type: BEHAVIORAL
  - Flag Category: I (NATIONAL)
  - Assignment Status: Active
  - Initial Assigned Date: AUG 08, 2012@11:52:34
  - Approved by: USER, DEMO
  - Next Review Date: AUG 08, 2014
  - Owner Site: DEMO HOSPITAL (DEMO HOSPITAL)
  - Originating Site: DEMO HOSPITAL (DEMO HOSPITAL)
- Signed, Linked Notes of Title:** A table with three columns: Date, Action, and Author. The table is currently empty.
- Close:** A button at the bottom right of the window.

# PHN - Level of Intervention

- Stores data in V PHN file

*Business rule: Only 1 entry per visit*

**Add Intervention**

Event Date: 8/6/2012 11:13:00 AM

Level of Intervention:
 

- Primary
- Secondary
- Tertiary

Type of Decision:
 

- None
- Straightforward
- Low complexity
- Moderate Complexity
- High Complexity

Psychosocial/enviro

NSG DX

Long Term Goals

Short Term Goals

Save

Cancel

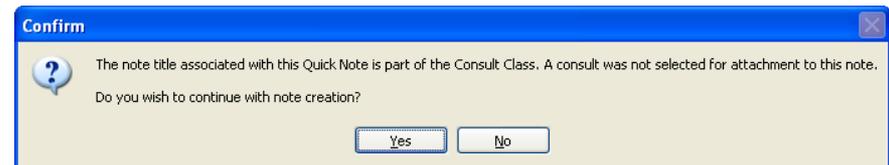
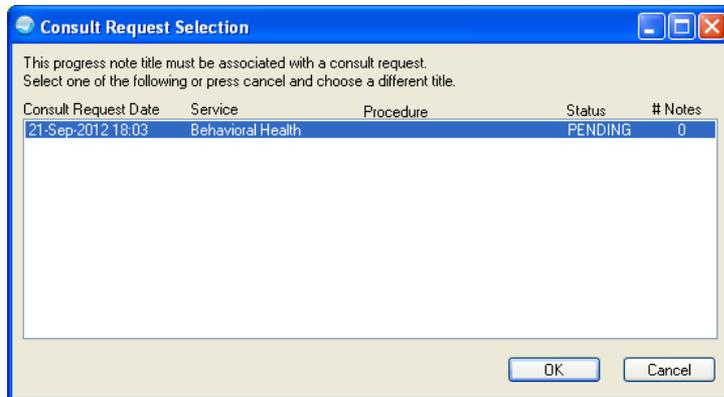
POV | Historical Dx | Asthma Action Plan | Anticoag | Eyeglass

**Level of Intervention** This visit has an entry

Visit	Level Of Intervention	Type Decision Making	Psycho/Social/Environ	NSG DX-1-200	Long Term Goals	Short Term Goals
5/13/2013	SECONDARY	LOW COMPLEXITY	This is a test	This is another test	This is yet another test	This is once again yet another test
9/24/2012	PRIMARY	STRAIGHTFORWARD	test	dfsadfs	fdsafds	DFSAFDAS
9/6/2012	PRIMARY	STRAIGHTFORWARD	ewqrewq	reqrewq	erwqrewq	rewqrewq

# Quick Notes

- IF you have a consult that may be resulted and you select a quick note with an associated title, a selection window will appear.
- IF there is not a consult available OR you do not select a consult you will be asked if you wish to continue.



# Refusals

- “Refusals” may now be entered for CPT codes
- “Refusals” are stored in the “Patient Refusals for Service/NMI” file which stores service types that were not provided to the patient and the following reasons why they were not provided:

DECLINED SERVICE;

NOT MEDICALLY INDICATED;

NO RESPONSE TO FOLLOWUP;

PROVIDER DISCONTINUED;

UNABLE TO SCREEN;

- These reasons are now exposed everywhere refusals are documented

The screenshot shows a dialog box titled "Enter Service Not Provided / Refusal". It features a "Refusal Type" section with a list of checkboxes: CPT, Measurement, EKG (checked), Medication/Drug, Exam, PAP Smear, Immunization, Radiology Exam, Lab, and Skin Test. Below this is an "Add" button and a "Cancel" button. The "EKG" field is populated with "EKG". The "Reason" dropdown menu is open, showing options: "(None selected)", "Declined service", "Not medically indicated", "No response to followup", "Provider discontinued", and "Unable to screen". The "Date Refused" and "Comment" fields are also visible.

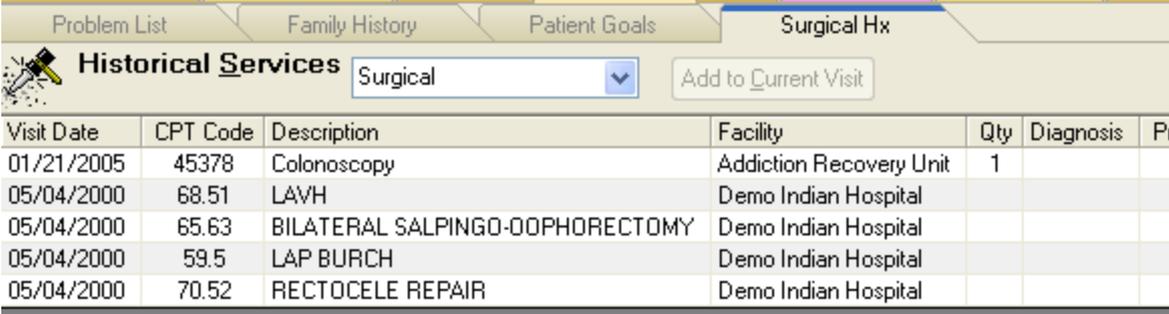
The screenshot shows a dialog box titled "Document an Exam". The "Exam" field is populated with "DENTAL EXAM". The "Reason" dropdown menu is open, showing the same options as the previous dialog: "(None selected)", "Declined service", "Not medically indicated", "No response to followup", "Provider discontinued", and "Unable to screen". The "Comment" field is empty. The "Provider" field is also empty. On the right side, there are "Add" and "Cancel" buttons, and radio buttons for "Current", "Historical", and "Not Done".

# Rx Print Templates

- **Several Rx Print template fields added, some removed**
  - Can pull in division address, city, state, zip, phone
  - Many other additions
- **New “sample” formats delivered**
  - Sites may want to export, save, and backup current templates.
  - If current templates use a field that is no longer available or has been renamed, that field will simply be removed from the template.
  - Sites may wish to review current templates against the full list of template changes prior to loading EHR p11.
- **New print template categories to encompass Control categories III to V (abbreviated C35).**
  - Order for Signature and Prescription
  - New parameter BEHORX PRINT QUEUE C35 CONTROLS whether the CIII-V “Order for Signature” automatically populates the “Print Queue” (depends on site policy).

# Services

- Modifiers now use VA modifier file post code set versioning
- Historical Services – Surgical filter now only includes the items in the APCH HS MAJOR PROCEDURE CPTS taxonomies that is used for the IHS Health Summary Surgical History display
  - This is site editable in the IHS Health Summary Maintenance menu



The screenshot shows a web interface for 'Historical Services'. At the top, there are tabs for 'Problem List', 'Family History', 'Patient Goals', and 'Surgical Hx'. Below the tabs, the title 'Historical Services' is displayed next to a 'Surgical' filter dropdown and an 'Add to Current Visit' button. The main content is a table with the following columns: Visit Date, CPT Code, Description, Facility, Qty, Diagnosis, and Pr.

Visit Date	CPT Code	Description	Facility	Qty	Diagnosis	Pr
01/21/2005	45378	Colonoscopy	Addiction Recovery Unit	1		
05/04/2000	68.51	LAVH	Demo Indian Hospital			
05/04/2000	65.63	BILATERAL SALPINGO-OOPHORECTOMY	Demo Indian Hospital			
05/04/2000	59.5	LAP BURCH	Demo Indian Hospital			
05/04/2000	70.52	RECTOCELE REPAIR	Demo Indian Hospital			