



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Electronic Health Record

(EHR)

CIR Tool Addendum to User Manual

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Office of Information Technology Division of Information Technology

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Preface

The CIR Tool in the RPMS EHR has been redeveloped to meet criteria for the 2015 Edition certification.

1.0 Introduction

The CIR Tool is intended to allow providers and other clinical staff to reconcile information from other facilities or from the patient or caregiver to ensure all relevant information is available for the care of the patient.

2.0 CIR Tool Overview

Information used by the CIR Tool may be obtained from sources such as documents sent to your facility in the Consolidated Clinical Document Architecture (CCDA) format, or from a patient or caregiver interview, a medication list the patient or caregiver has, actual medication bottles, or any other source that can provide information regarding problems, adverse reactions, or medications.

In most cases, CCDAs received from external partners should be imported into the patient's IHS medical record. Follow the processes, procedures, and policies for document import. This section assumes the site has setup and configured the Veterans Health Information System and Technology Architecture (VistA) Imaging Capture tool (known as VIC) and knows how to use the tool. If the VIC setup and configuration is unknown, check with your site Information System Security Officer (ISSO), Health Information Management (HIM) personnel, Clinical Informaticist, or Clinical Application Coordinator (CAC) for more information. All images shown within this section are for illustration purposes and contain demo data only.

Note: Before proceeding make sure you have completed all the required training and that you understand your site's processes, procedures, or policies. If you do not know your site's processes, procedures, or policies regarding clinical information reconciliation, check with your ISSO, HIM personnel, Clinical Informaticist, or CAC before continuing. For more detailed information about the CIR tool, see the EHR User Manual or work with your site HIM personnel, Clinical Informaticist, or CAC. Questions or issues with the CIR tool should be directed to the CIR team

The main functionality of the CIR Tool includes:

- Display data from two or more sources in a manner that enables the user to view the data and its attributes, including the source and last modification date of the information,
- Allow the user to add or remove data to the Resource and Patient Management System (RPMS) from the outside source,
- Allow the user to review and validate the accuracy of a final set of data elements, and on confirmation update the patient's problem, adverse reaction, and medication lists.

3.0 CIR Tool Button Appearance

The CIR Tool is a button-style component suitable for adding to the header pane portion of the Electronic Health Record (EHR) graphical user interface (GUI) template that exists at most sites. There are no specific properties for the CIR Tool component.

3.1 CIR Tool Icon

The CIR Tool icon (Figure 3-1) is a circle of four arrows with the text **CIR** or a number. When a patient has not been selected, the icon will be green with the letters CIR in the center:



Figure 3-1: The CIR Tool icon appearance when no patient is selected

Once a patient has been selected, the icon will be green if the patient has no CCDA documents to reconcile or if no documents were received for the patient (see Figure 3-2). The number on the icon will represent the number of CCDA documents received:



Figure 3-2: The CIR Tool icon appearance for a patient with no CCDA documents to reconcile or no CCDA documents received

If the patient has CCDA documents that must be reconciled, the icon will be red and display the number of CCDA documents not reconciled (see Figure 3-3).



Figure 3-3: The CIR Tool icon appearance with 3 CCDA documents to reconcile

Hovering the mouse pointer over the CIR Tool icon displays the number of CCDA documents that have already been reconciled as well as the total number of documents (see Figure 3-4).



Figure 3-4: Hover text over the CIR Tool icon showing the number of reconciled and the total number of CCDA documents

4.0 CIR Tool Component Orientation

Launch the CIR Tool by clicking on the icon. The tool will launch in a pop-up window over the main EHR window (Figure 4-1). The tool has the following items which will be discussed in more detail in the following sections:

- Visit button
- CCDA Source
- Generated by CCDA pane
- Problems/Adverse Reactions/Medications tabs
- Reconciled Problems/Adverse Reactions/Medications pane
- Accept All button
- Cancel All button

The component will open with the **Reconciled** pane collapsed. The **Generated by CCDA** pane will be empty if the patient does not have any imported CCDA documents. The tabs default to **Problems**. The **Adverse Reactions** and **Medications** tabs will have asterisks until they are selected to review. The overall window and the various panes may be resized by dragging the edges or splitter bars to the desired size.

Column widths may also be resized and clicking a column header will sort by that column. Clicking again reverses the sort order. The various panes may be resized by dragging the splitter bar separating the panes. The sections immediately following provide an orientation to the component contents while additional sections further on in this document will walk through the actual reconciliation process.

0	CIR T	Tool - Demo,Pa	atientxa									_		×
١	/isit	CCDA Sou	urce		Ŷ						Acce	ept All	Car	ncel All
\odot	Gener	rated by CCDA												
Sele		Source			-	Encounter Date	Created	Class	Reconciled					Status
] (Community Heal	Ith and Hosp	oitals D	r Henry Seven	06/20/2015 to 06/22/2015	8/2/2020	CCDA	P(8/3/2020) A(8/3/2	2020) ; M(8/3/202	0)			
Prob	lems	*Adverse R	Reactions	*Medi	cations									
				RPN	IS				Clir	nical Document				
	Probl		Status		Onset	Last Date	Proble	m	Status	Onset	Source	Last Dat	te	Action
	anem		EPISODIC			8/2/2020								
+	Brady	/cardia	EPISODIC			8/2/2020								
ا	Recor	nciled Problem	15											

Figure 4-1: CIR Tool default view on launch for patient with CCDA documents

4.1 Visit Button

A visit context is required when a user reconciles the clinical information. The context may be set prior to opening the CIR Tool component, or the user may use the **Visit** button to set the visit context. The **Visit** button will only display if the visit context is not yet set. Clicking the **Visit** button opens the **Encounter Settings for Current Activities** dialog (Figure 4-2).

<se< th=""><th>lect a location be</th><th>elow.></th></se<>	lect a location be	elow.>
Encounter Location		
Appointments / Visits \ Hospital Admission	s New Visit	
Visit Location	<u> </u>	Date of Visit
1		Tuesday , August 4,2020 🗸
2013 DEMO HOSP PHARMACY	^	Time of Visit
LUE CLINIC HART REVIEW 2013 DH		9:23 AM 🚔
CLINIC DEMO-2		Type of Visit
CT SCAN DEMO CLINIC		Ambulatory ~
DEMO CLINIC DEMO PA	~	
L		Create a Visit Now
Encounter Providers		
All Providers		
DEMO, PROVIDER MN		
		,
DEMO,DOCTOR DEMO,LISA M RN		
DEMO, PROVIDER MN		
DEMO, USABILITY TWO		
		OK Cancel

Figure 4-2: Encounter Settings for Current Activities dialog

4.2 CCDA Source

The **CCDA Source** field is a combo box that displays the items listed in the parameter BEHOCIR SOURCES. While these are site specific, most sites will have entries such as **Patient History**, **Caregiver**, and **Patient Medication List** (Figure 4-3). These will be used when reconciling from a non-CCDA source. Once a source is selected, the source will populate the **Generated by CCDA** pane (Figure 4-4) and can be reconciled.

CCDA S	ource	
\smile		PATIENT HISTORY
Select	Sour	CAREGIVER
	Comr	PATIENT MEDICATION LIST

Figure 4-3: CCDA Source field with options

🔿 Gen	erated by CCDA					
Select	Source	Responsible Party	Encounter Date	Created	Class	Reconciled
	Community Health and Hospitals	Dr Henry Seven	06/20/2015 to 06/22/2015	8/2/2020	CCDA	P(8/3/2020) A(8/3/2020) ; M(8/3/2020)
~	PATIENT HISTORY	DEMO, PROVIDER MN	From August 04, 2020	8/4/2020		

Figure 4-4: Generated by CCDA pane with Patient History source

4.3 Generated by CCDA Pane

All received CCDA documents will display for the patient (Figure 4-5). Columns include Select, Source, Responsible Party, Encounter Date, Created, Class, Reconciled, and Status. Reconciled CCDAs will have data in the Reconciled column consisting of letters and dates. The letters P, A, and M represent Problems, Adverse Reactions, and Medications, respectively. The date in parentheses after the letter is the date that item was last reconciled.

You may sort the list by any of the available columns (except Responsible Party) by clicking on the column header. Clicking once sorts the list A to Z or low to high, while a second click sorts Z to A or high to low.

🔿 Gen	erated by CCDA						
Select	Source	Responsible Party	Encounter Date	Created	Class	Reconciled	Status
	Community Health and Hospitals	Dr Henry Seven	06/20/2015 to 06/22/2015	8/2/2020	CCDA	P(8/3/2020) A(8/3/2020) ; M(8/3/2020)	

Figure 4-5: A portion of the Generated by CCDA pane with a reconciled CCDA

You may view the CCDA in full, or one of its sections (Figure 4-6), by right-clicking the line item and selecting the appropriate option from the list. The list of sections will vary based on the document selected, as not all documents will contain all sections.

 Generated by CCDA 						
Select Source		Responsible Party				
Community Heal	alth and Hospitals Dr. Henny Seven 06/20/2015 to 06					
Problems *Adv	FULL CCDA					
		D ADVERSE REACT	IIONS			
Problem	MEDICATIONS					
+ Iron deficiency	PROBLEMS					
anemia	ENCOUNTERS					
+ Bradycardia	ADMISSION D	IAGNOSIS				
	Discharge Med	dications				
	IMMUNIZATIO	NS				
	RESULTS					
	VITAL SIGNS					
	SOCIAL HISTO	RY				
	PROCEDURES					
	FUNCTIONAL	STATUS				
	ASSESSMENTS	1				
	TREATMENT P	LAN				
	Goals Section					
	Health Concerns Section					
Reconciled Pr	REASON FOR	REFERRAL				
	MENTAL STATU	JS				
Problem	MEDICAL EQU	IPMENT				
Iron deficiency and	HOSPITAL DISC	CHARGE INSTRUC	TIONS			
Bradycardia	HOSPITAL COU	JRSE				
	Discharge Diag	gnosis				

Figure 4-6: A portion of the CIR Tool with the context menu for viewing a CCDA document

If you choose to see the full CCDA, the CCDA window opens with a title reflecting the information in the source column (Figure 4-7). This window shows the sections with check boxes on the left, and the CCDA document content on the right. There are **Preferences** and **Show All Sections** menu options.



Figure 4-7: The CCDA window

Clicking on any section link in the right pane (within the document content) will jump to that section.

You may adjust the display by unchecking the box in the left pane next to a section that you do not want to display (Figure 4-8). You may also move sections by dragging and dropping the section names in the left pane. As adjustments are made on the left, the content will change on the right.



Figure 4-8: CCDA window with sections unchecked and Medications being dragged to new location

If you prefer to have these preferences saved for viewing other CCDA documents, you may click the **Preferences** menu and select **Save** (Figure 4-9).

Note: Because different CCDA documents will have different sections included, the preferences may not be fully accurate for each and every CCDA document that is encountered.

CY		Commun	ity Health and Hospitals			
1 txa 02-5ab 10	N (30) N	Preferences	Show All Sections			
Save						
CIR	Reset to De	lauit	AND ADVERSE REACTIONS			
Source						

Figure 4-9: A portion of the CCDA window showing the Preferences Menu options

The Preferences option of Reset to Default (Figure 4-10) will clear the changes and remove the saved preferences. Selecting **Reset to Default** opens the **Reset Preferences** warning for confirmation. Click **Yes** to reset, or **No** to keep the existing preferences.

Reset Preferences	\times
Are you sure you wish to reset your CCDA display preferences?	
<u>Y</u> es <u>N</u> o	

Figure 4-10: The Reset Preferences confirmation window

Clicking **Show All Sections** will restore all sections to the display for the current display only.

If you select a single section to display, there are no preferences that may be set or saved. In the example below, the **Allergies and Adverse Reactions** section (Figure 4-11) was selected from the context menu.

🔿 Gen	erat	ed by C	CDA			
Select	So	urce			Responsible Party	Encounter Date
✓		mmunity	Haalt		Dr. Hoppy Soyon	05/20/2015 +0 0
~	PAT	IENT HI		FULL CCDA	ND ADVERSE REACTION	
Problen	ns	*Adve		ALLEINOILS AI	-	

Figure 4-11: Selecting the Allergies and Adverse Reactions section only

Community Health and Hospitals ITO.315_b1_toc_inp_ds_r21_sample1 test data Patient:	>				
Other Names: Date of Birth: Date of Birth: Sex: Female Race: White, White European Ethnicity: Not Hispanic or Latino Preferred Language: English, US Visit Date: June 20, 2015 to June 22, 2015 Visit Location: ALLERGIES AND ADVERSE REACTIONS Substance Reaction Severity Status Ampicillin Hives Moderate Active Penicillin G benzathine Hives Moderate Active Dr Henry Seven; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Mary McDonald; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Document ID: CIRI_3 2.16.840.1.113883.19.5.99999.1	170.315_b1_toc_inp_d	ls_r21_samp	ole1 test dat	а	
Visit Location: ALLERGIES AND ADVERSE REACTIONS Substance Reaction Severity Status Ampicillin Hives Moderate Active Penicillin G benzathine Hives Moderate Active Care Team Dr Henry Seven; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Mary McDonald; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Document ID: CIRI_3 2.16.840.1.113883.19.5.99999.1	Other Names: Date of Birth:	Race: Ethnic	ity: Not Hispanio	c or Latino	
ALLERGIES AND ADVERSE REACTIONS Substance Reaction Severity Status Ampicillin Hives Moderate Active Penicillin G benzathine Hives Moderate Active Care Team Dr Henry Seven; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Mary McDonald; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Document ID: CIRI_3 2.16.840.1.113883.19.5.99999.1		22, 2015			
SubstanceReactionSeverityStatusAmpicillinHivesModerateActivePenicillin G benzathineHivesModerateActiveCare TeamDr Henry Seven; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002Mary McDonald; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002Document ID: CIRI_3 2.16.840.1.113883.19.5.99999.1		ACTIONS			
Ampicillin Hives Moderate Active Penicillin G benzathine Hives Moderate Active Care Team Dr Henry Seven; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Mary McDonald; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Document ID: CIRI_3 2.16.840.1.113883.19.5.99999.1			Coverity	Chature	_
Care Team Dr Henry Seven; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Mary McDonald; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Document ID: CIRI_3 2.16.840.1.113883.19.5.99999.1					
Dr Henry Seven; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Mary McDonald; 1002 Healthcare Dr, Beaverton, OR 97266; +1(555)-555-1002 Document ID: CIRI_3 2.16.840.1.113883.19.5.99999.1	Penicillin G benzathine	Hives	Moderate	Active	
	Dr Henry Seven; 1002 Healthcar Mary McDonald; 1002 Healthcare Document ID: CIRI_3 2.16.840.1	Dr, Beaverton, O	R 97266; +1(555)		

Figure 4-12: The CCDA window displaying the Allergies and Adverse Reactions section only

4.4 Problems/Adverse Reactions/Medications Tabs

The middle section of the CIR Tool window contains three tabs with two panes. The first tab is **Problems**, the second is **Adverse Reactions**, and the third is **Medications**.

On the left side, the data stored in the local RPMS database displays. On the right side, the data from the currently highlighted CCDA document (in the Generated by CCDA pane) displays. This pane has a **Set All Reviewed** button when data is present.

Clicking an item highlights a related item on the other and in the **Reconciled** pane at the bottom, so long as the system has appropriate data to match. The items will match as follows:

- Problems will match if the problem names are identical or the SNOMED CT codes match.
- Adverse Reactions will match if the first word of the causative agent names match.

• Medications will match if the code system and codes match (usually the RxNorm code system), or if the medication names are identical (including spaces).

You may control-click to remove the highlighting (Figure 4-13). The columns present will depend on the tab selected. You may sort the lists by any of the columns by clicking on the column header. Clicking once will sort A to Z or low to high, while clicking a second time will sort Z to a or high to low.

🔘 CIR T	Tool - Demo,	,Patientxa									_		Х
CDA Sou	urce		¥							Acce	pt All	Ca	ncel All
Gener	rated by CCI	DA											
Select S	Source		Responsible Party	Encounter Date		Created C	lass	Reconciled					Status
✓ 0	Community H	ealth and Hospitals	Dr Henry Seven	06/20/2015 to 06/22/2	015	8/2/2020 C	CDA F	P(8/3/2020)	A(8/3/2020);	M(8/3/2020)			
<	_				_	_	_	_	_	_	_	_	2
roblems	s *Adverse		edications								_		
		RF	MS		L				Clinical Docu	ment	Set	All Rev	iewed
Prob		Status	Onset	Last Date		Problem		Statu		Source		ate	Actio
+ Iron c anem	deficiency nia	EPISODIC		8/2/2020	·	+ Essential hypertens	ion	Active	10/05/20	15 Dr Henr			
+ Brady	/cardia	EPISODIC		8/2/2020		+ Severe Hypothyre	oidism	Active	12/31/20	06 Dr Henr			
					Ī	+ Chronic re renal tran	jectio	n of Active	12/31/20	06 Dr Henr			
					ŀ	+ Iron defici anemia	iency	Active	06/20/20	15 Dr Henr			٢
						+ Interstitial		Active	06/20/20	15 Dr Henr			
					Γ								
Recor	nciled Proble	ems											
								Add	Problem	Accept Prob	lems	Ca	ancel
Problem			Status		Onse	et			Actior	1			
Iron defic	ciency anemia	3	Episodic						RPMS:	Reviewed, No	Action		~
Bradycard	dia		Episodic						RPMS:	Reviewed. No	Action		~

Figure 4-13: The CIR Tool window showing highlighting or related items

Each tab and source will be reviewed separately, as described in the following sections on how to reconcile the clinical information. Each line item in the **Clinical Document** pane (Figure 4-14) will get an eye icon or a check mark in the **Action** column once it has been clicked on or has an action taken on it.

			C	inical Documen	t Set All F	Set All Reviewed		
		Problem	Status	Onset	Source Last Date	Actio		
	+	Essential hypertension	Active	10/05/2015	Dr Henr			
	+	Severe Hypothyroidism	Active	12/31/2006	Dr Henr			
	+	Chronic rejection of renal transplant	Active	12/31/2006	Dr Henr			
	+	Iron deficiency anemia	Active	06/20/2015	Dr Henr	1		
	+	Interstitial pneumonia	Active	06/20/2015	Dr Henr	0		

Figure 4-14: A portion of the CIR Tool Clinical Document pane of the Problems tab with Action column icons

Hovering over the icon will show additional information about the action taken (Figure 4-15).

		Clini	cal Documer	nt	Set All Reviewed		
	Problem	Status	Onset	Sourc	Last Date	Action	
+	Essential hypertension	Active	10/05/2015	Dr He		~	
+	Severe Hypothyroidism	Active	12/31/2006	Dr He			
	Chronic rejection of renal transplant	Active	12/31/2006	Dr He		۲	
+	Iron deficiency anemia	Active	06/20/2015	Dr He		×	
+	Interstitial pneumonia	Active	06/20/2 Do	Not /	Add: Redund	ant	

Figure 4-15: The Clinical Document pane content with hover text for action

The **Source** column may contain more information than is visible (Figure 4-16). The field does not wrap to preserve space, though you may hover the mouse over the field to see the full information.

		CI	inical Docume	Reviewed	
	Problem	Status	Onset	SourceLast Date	Action
+	Essential hypertension	Active	10/05/2015	Dr Her	O
Γ	Severe	Active	12/31/2006	Dr Her	
+	Hypothyroidi sm		Dr Henry S	Seven	٢
	Changin	Antina	10/01/0000	Dallar	

Figure 4-16: The Clinical Document pane with source hover text

Once information has had an action taken it will display in the **Reconciled Pane** described below.

4.5 Reconciled Problems/Adverse Reactions/Medications Pane

This section displays the information that has been reconciled for the selected tab in the middle portion of the CIR Tool (Figure 4-17). The columns in this pane will vary depending on the active tab in the middle section. The data from the RPMS pane will populate this section by default. The information from the **Clinical Document** pane will display once an action has been taken on it. Information added manually will also display in this section.

Reconciled Problems	Reconciled Problems										
Add Problem Accept Problems C											
Problem	Status	Onset	Action								
Iron deficiency anemia	Episodic		RPMS: Reviewed, No Action CCDA: Do Not Add, Redundant								
Bradycardia	Episodic		RPMS: Reviewed, No Action								
Low back pain	Loading		RPMS: Add								
Essential hypertension	Chronic	10/05/2015	CCDA: Add								

Figure 4-17: The reconciled Problems pane of the CIR Tool

4.6 Accept All Button

Once the clinical information for **Problems**, **Adverse Reactions**, and **Medications** has been reviewed and reconciled, you may use the **Accept All** button to close out the session and save the information (Figure 4-18). This will be discussed in detail in the following sections.

CIR Tool -	· Demo,Patientxa		_		х		
CCDA Source	Ý		Accept All	Can	cel All		
Generated by CCDA							

Figure 4-18: A portion of the CIR Tool with the Accept All button

4.7 Cancel All Button

The **Cancel All** button may be used to reset the CIR Tool information to the default state (Figure 4-19). This will remove all the actions that have been taken on the **Clinical Document** or **RPMS** pane lists except for the default **RPMS: Reviewed, No Action** that is applied to all the existing RPMS data.



Figure 4-19: A portion of the CIR Tool with the Cancel All button

5.0 Reconcile Clinical Information

Any EHR user with sufficient clinical knowledge may reconcile clinical information; check your site's policies for specifics on who should be performing clinical reconciliation and when clinical reconciliation should be done.

To start, select a patient, then either open the CIR Tool and set a visit context using the **Visit** button, or set a visit context using the Visit box and open the CIR Tool. Select a source by either clicking on a CCDA document, or by selecting one of the sources in the CCDA Source field. Deselect an item by double clicking on it. While you may reconcile more than one document in a session, each document must be reconciled separately.

Once a source is selected, you may begin to reconcile the problems, adverse reactions, and medications. If a CCDA document is selected, the problems, adverse reactions, and medications from that document populate the **Clinical Document** pane for the appropriate tab in the middle section. For a non-CCDA source such as a medication list or caregiver, the RPMS information is populated but the remaining information must be manually entered if the data is needed in the RPMS database (see sections 5.1.3.1, 5.2.3.1, 5.2.7.1 and 5.2.7.2 for information on manual entry through the CIR Tool). For the purposes of this manual, it will be assumed from here on out that a CCDA document is selected.

The default selection is the **Problems** tab, though you may reconcile just one type of clinical data or reconcile data from one or more tabs in any order. For the purposes of this manual, the tabs will be reconciled in order of **Problems**, **Adverse Reactions**, and **Medications**. The tabs that have not been accessed will have an asterisk on the tab. Once the tab has been selected, the asterisk will disappear regardless of whether any actions were taken on the data in the tab.

The **Reconciled Problems** at the bottom (Figure 5-1) will open once a source is selected and be populated with the problems from the local RPMS database by default, with the action column reading **RPMS: Reviewed, No Action**.

🔾 CIR Tool - Demo,Pati										- 0	X
CCDA Source		×							Acce	pt All C	ancel All
Generated by CCDA											
Select Source		Responsible F	Party Encount	ter Date		Created	Class	Reconciled			Statu
Community Health	and Hospitals	Dr Henry Seve	en 06/20/2	015 to 0	6/22/201	5 8/2/2020	CCDA	P(8/3/2020)	A(8/3/2020)	; M(8/3/2020)	
Problems *Adverse Rea	actions *Me	dications	_	_	_		_				
	RPMS							Clinical Do	cument	Set All Re	viewed
Problem	Status	Onset	Last Date		Pro	blem	Statu	ıs Onset	Source	Last Date	Actio
+ Iron deficiency anemia			8/2/2020		+	ential ertension	Activ	e 10/05/	2015 Dr Hen	r	
+ Bradycardia	EPISODIC		8/2/2020	_	+ Sev	ere oothyroidism	Activ	e 12/31/	2006 Dr Hen	r	
					+ Of I	onic rejectio		e 12/31/	2006 Dr Hen	r	
					+	n deficiency mia	Activ	e 06/20/	2015 Dr Hen	r	
					+	erstitial eumonia	Activ	e 06/20/	2015 Dr Hen	r	
Reconciled Problems											
							Add Pro	oblem /	Accept Prob	lems (Cancel
Problem	St	atus			Onset			A	ction		
Iron deficiency anemia	Ep	isodic						RF	PMS: Reviewe	d, No Action	
non denciency anenna											

Figure 5-1: CIR Tool with CCDA document selected showing Problems reconciliation

5.1 Reconcile Problems

The **Problems** tab (Figure 5-2) will be selected by default when the CIR Tool opens. It contains two panes: **RPMS** and **Clinical Document**. The **RPMS** pane contains the information from the Integrated Problem List (IPL) and has the columns **Problem**, **Status**, **Onset**, and **Last Date**. The **Clinical Document** pane contains the problem information from the selected CCDA document and has columns **Problem**, **Status**, **Onset**, **Source**, **Last Date**, and **Action**. The data in each pane may be sorted by any column as described in Section 4.4 above.

Clicking a problem in either pane highlights any matching item in the other pane, and in the **Reconciled Problems** pane at the bottom of the CIR Tool window. A match for a problem is an item where the problem text or the associated Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) code match. Keep in mind that if the lists are long, the highlighted item in the other list may be out of sight. Scroll through the lists as needed to see if there are matching items. You may controlclick to remove the highlighting.

+ Bradycardia SUB-ACUTE 8/2/2020 + Es	Clinical Docum Set All Reviewed Problem Status Onset Source Last Da Action Set Sential Active 10/05/ Dr Heni
+ Bradycardia SUB-ACUTE 8/2/2020 + Es	
+ h	ssential Active 10/05/ Dr Heni
	vpertension 2015
+ Idenciency	Severe Active 12/31/ Dr Heni Hypothyroidism 2006
+ re	Chronic Active 12/31/ Dr Heni ejection of 2006 enal transplant
	ron deficiency Active 06/20/ Dr Heni inemia 2015
+	nterstitial Active 06/20/ Dr Heni oneumonia 2015

Figure 5-2: Problems tab with matching line items highlighted

Click the plus sign (+) next to any given problem in either pane to see the details of the problem (Figure 5-3). The details may contain information such as SNOMED CT or ICD-10 codes and terms, status, date of last edit, and source. Click a second time to close the details.

Problems	*Adverse Rea	actions *I	Medications								
		RPN	15				Clinical Document Set All Re			Reviewed	
Probler	n	Status	Onset	Last Date		Problem	Status	Onset	Source	Last Date	Action
- Iron def	iciency anemia	EPISODIC		8/2/2020	-	Iron deficiency anemia	Active	06/20/201 5	Dr Hen		0
Problem ID:TST-1Problem:Iron deficiency anemiaMapped ICD:D50.9Status:EPISODICDescription:Iron deficiency anemiaLast Edit:8/2/2020Concept Code:87522002Desc Code:145104011											
+ Bradyca	rdia	EPISODIC		8/2/2020					1	1	
					1	Interstitial	Active	06/20/201	Dr Hen		

Figure 5-3: A portion of the CIR Tool is shown with problem details showing

Right-click a problem to see the actions available. Right-click actions are described for the RPMS pane and the **Clinical Document** pane below.

5.1.1 RPMS Problems

For RPMS problems, right-click actions include the following (Figure 5-4):

- Change
- Reviewed, No Action
- View Details

• Entered in Error

Ī	Pro	blems	*Adverse	e Reactions	*Medications					
	RPMS									
Γ		Probler	n	Status	Onset	Last Date				
	+	Severe hypothy	/roic	CHRONIC 02/16/2000 Change Reviewed, No Action View Details		8/6/2020				
	+	Iron def anemia supplen	on i			8/6/2020				
				rror						

Figure 5-4: A portion of the CIR Tool with right-click actions for RPMS problems

5.1.1.1 Change

Selecting **Change** opens the **Reconcile RPMS Problem** window (Figure 5-5). Here, you may edit the problem as needed.

Reconcile RPMS	Problem		x
Problem ID T	ST-40 Priority 999	egnancy Related 📃 Use as POV	Save Cancel
* SNOMED CT	Type II diabetes mellitus uncontrolled		Get SCT Pick list
* Status	O Chronic O Sub-acute	O Social/Environmental O Inactiv	re 🔿 Personal ł
* Required Field	i i i i i i i i i i i i i i i i i i i		
Provider Text			
	Type II diabetes mellitus uncontrolled E11	.65	
	Severity:	Clinical Course	
Qualifiers	Severity	Clinical Course	
	~		
Date of Onset			
Comments			Add Delete
# Narrativ	e		Date Author

Figure 5-5: Reconcile RPMS Problems window

Once the needed changes have been made, click **Save** to save the changes to the **Reconciled Problems** pane (Figure 5-6). The changes will not be saved to the IPL until the session is finalized as described in Section 6.0.

5.1.1.2 Reviewed, No Action

Selecting **Reviewed**, **No Action** marks the item in the **Reconcile Problems** list. For ease of documentation, this action is the default for all RPMS problems, so you only need to manually select it if some other action was selected first and you want to go back to the **Reviewed**, **No Action** option.

Reconciled Pro	Reconciled Problems										
		Add I	Problem Accept Problems	Cancel							
Problem	Status	Onset	Action								
Acute-on-chronic renal failure	Episodic		RPMS: Reviewed, N	lo Action \land							
Acuto on chronic	Epicodic		DDMS: Doviewed N	lo Action							

Figure 5-6: The Reconciled Problems section with action RPMS: Reviewed, No Action

5.1.1.3 View Details

Selecting **View Details** opens a new window where the problem details are listed (Figure 5-7). If there is a matching problem in the **Clinical Document** pane, the details for that problem will also be shown.

Details					_		×
Patient: Den	no,Patient HR#: 111						
	RPMS			Clinical Do	cumen	rt	
	Details		Problem	Details			
Asthmajtest	Problem ID: Problem: Mapped ICD: Status: Description:	J45.909 CHRONIC Asthma 12/22/2014 195967001	Asthma	Problem ID: Problem: Status: Symptom: Onset: Active Perio Concept Code Code System: Source:	/ / / / / / / / / / / / / / / / / / /	09/19/2 1959670 SNOMED	2017 2017 001 CT
					ОК	(Cancel

Figure 5-7: Details window with RPMS problem and corresponding Clinical Document problem

You may right-click the problem to see all the same actions as on the main window except View Details (Figure 5-8).

Oetails							
Patient: Demo,Patient	Patient: Demo,Patient HR#: 111						
RPMS							
Problem	Details						
Essential hypertension Change Reviewed, N Entered In Er	o Action	TST-14 Essential hypertension I10. CHRONIC Essential hypertension 8/11/2018 59621000 99042012					

Figure 5-8: Right-click actions for RPMS problem details

5.1.1.4 Entered In Error

Selecting **Entered In Error** opens the **Delete RPMS Problem** window (Figure 5-9). You may select the appropriate reason or type in another, then click **OK**.

Note: Problems may not be deleted if used for any visit as Purpose of Visit (POV), or they contain Visit Instructions, Care Planning, or Goals.

🥣 Delete RPMS Problem	×
Reason for deleting the problem?	
Type II diabetes mellitus uncontrolled	
O Duplicate	
O Entered in Error	ОК
O Other	Cancel

Figure 5-9: Delete RPMS Problem window

The problem will display in the **Reconciled Problems** pane with an action of **RPMS: Entered In Error**. This change will not be saved to the IPL until the session is finalized as described in Section 6.0.

5.1.2 Clinical Document Problems

For Clinical Document problems (Figure 5-10), actions include:

• Add

- Do Not Add, Redundant
- Do Not Add, Not Clinically Significant
- View Details

Clinical Document Set All F										
	Problem	Status	Onset	Source	Last Date	Action				
+	Essential hypertension	Active	10/05/2015	Dr Her		٥	^			
+	Sm Chr Do	dd o Not Add, Re o Not Add, No ew Details		ignifica	nt					
+										
	Iron	Active	06/20/2015	Dr Her			\sim			

Figure 5-10: A portion of the CIR Tool with right-click actions for Clinical Document problems

If there are any unreviewed problems, the **Set All Reviewed** button is visible. Clicking this button sets all the clinical document problems to reviewed but will not assign an action to them.

5.1.2.1 Add

Selecting **Add** opens the **Add CCDA Problem** window (Figure 5-11). The available information will be pre-populated. You may fill in additional fields as needed and click **Save**.

Add CCDA Pro	blem								x
Problem ID	- Priority	•		Pregn	ancy Related 📃	Use as POV		Save	Cancel
* SNOMED O	T Interstitial pr	eumonia						Get SCT	Pick list
* State	IS	○ Sub-acute	O Episodic	O Soc	ial/Environmental	O Inactive	O Personal H:	x 🔿 Routine	e/Admin
* Required Fi	eld								
Provider Text									
	Interstitial pn	eumonia J84.	9			_			
	Severity:				Clinical Course				
Qualifiers	Severity				Clinical Course	-			
		Ŷ							
Date of Onset	06/20/2015								
Comments								Add	Delete
# Narr	ative						Date	Author	
This	problem was reco	onciled from CCD	A 08/06/2020 :	submitte	d by Dr Henry Seve	in.	08/06/2020	DEMO, PROVI	DER MN

Figure 5-11: Add CCDA Problem window

If a problem with the same SNOMED CT concept ID is already present in RPMS, the following error message (Figure 5-12 displays:

Ouplicate SNOMED Concept Error	-		×
Unable to use this SNOMED Concept. The following existing problem already has the same SNOMED Concept that ID: 50526 - Type II diabetes mellitus uncontrolled; SNOMED ConceptID: 443694000	you are	trying t	o use.
OK			

Figure 5-12: Duplicate SNOMED Concept Error

In this case, you should select action **Do Not Add, Redundant** as shown in Section 5.1.2.2.

5.1.2.2 Do Not Add, Redundant

Selecting **Do Not Add, Redundant** adds a check mark in the **Clinical Document** pane (Figure 5-13) and marks the problem in the **Reconciled Problems** pane (Figure 5-14).

Clinical Document Set All Reviewed								
	Problem	Status	Onset	Sourc	Last Date	Action		
+	Essential hypertension	Active	10/05/2015	Dr He			^	
+	Severe Hypothyroidism	Active	12/31/2006	Dr He		1		
	Chronic	Activo	12/21/2006	Dr Ho				

Figure 5-13: Clinical Document pane with check in Action column for Severe Hypothyroidism

Reconciled Problems					
		Add	Problem	Accept Problems	Cancel
Problem	Status		Onset	Action	
Severe hypothyroidism		02/16/2000 RPMS: Reviewed, No Action Do Not Add, Redundant			

Figure 5-14: Reconciled Problems pane with action CCDA: Do Not Add, Redundant

5.1.2.3 Do Not Add, Not Clinically Significant

Selecting **Do Not Add, Not Clinically Significant** adds a check mark in the **Clinical Document** pane (Figure 5-15) and marks the problem in the **Reconciled Problems** pane (Figure 5-16).

			Cli	nical Documen	t	Set All R	leviewed	ł
		Problem anemia	Status	Onset	Sourc	Last Date	Action	~
	+	Interstitial pneumonia	Active	06/20/2015	Dr He		1	
Г				40.04.0000				

Figure 5-15: Clinical Document pane with check in Action column for Interstitial pneumonia

Reconciled Problems						
		Add F	Problem	Accept Problems	Cancel	
Problem	Statu	s	Onset	Action		
Interstitial pneumonia			06/20/2015	RPMS: Reviewed, No Action CC Do not add, not clinically signific		

Figure 5-16: Reconciled Problems pane with CCDA: Do not add, not clinically significant

5.1.2.4 View Details

Selecting **View Details** opens a new window (Figure 5-17) where the problem details are listed. If there is a matching problem in the RPMS pane, the details for that problem will also be shown.

Details				-	_		×
Patient: Demo,	Patient HR#: 111						
	RPMS			Clinical Docun	nent		
Problem	Details		Problem	Details			
Asthma testing	Problem ID: Problem:	12/22/201	Asthma	Problem ID: Problem: Status: Symptom: Onset: Active Period: Concept Code: Code System: Source:	09/2 09/2 1959 SNOM	ma ve 18/20 18/20 18/20 16700 16D C	014 014 01
				C	Ж	Ca	ancel

Figure 5-17: Details window for Clinical Document problem and corresponding RPMS problem

You may right-click the problem to see all the same actions as on the main window (Figure 5-18) except View Details.

		Clinical Document									
1	Problem	ProblemDetails									
	Asthma	Problem ID: PB39483937N Problem: Asthma Status: Active Symptom: Asthma Onset: 09/28/2014 Active Period: 09/28/2014 Concept Code: 195967001 Code System: SNOMED CT Source: Indian Health Service BCCD - L Add									
		Do Not Add, Redundant									
		Do Not Add, Not Clinically Significant									

Figure 5-18: Right-click menu for Clinical Document problem

5.1.3 Review the Reconciled Problems

Once all the problems have been reconciled, you may review the items and the actions taken in the Reconciled Problems pane (Figure 5-19) at the bottom of the main CIR Tool window. Each item from RPMS and each item from the clinical document that had an action taken on it will be listed, along with the status, onset date, and action.

Reconciled Problems												
			Add Problem Accept Problems Cancel									
Problem	Status	Onset	Action									
Diabetes mellitus type 2 without retinopathy	Chronic		RPMS: Reviewed, No Action CCDA: Do Not Add, Redundant									
Adult health examination	Episodic		RPMS: Reviewed, No Action CCDA: Do not add, not clinically significant									
Dependence on walking stick	Chronic	10/02/2012	RPMS: Reviewed, No Action CCDA: Add									
Diabetic hyperosmolar non-ketotic state	Episodic		RPMS: Reviewed, No Action									

Figure 5-19: Reconciled Problems pane with actions taken on each item

5.1.3.1 Add Problem

If needed, you may add a completely new problem from this section by selecting the **Add Problem** button. Clicking this button opens the **Add problem** window (Figure 5-20). You may search for a SNOMED CT and complete the remaining information as usual.

	x
-56 Pregnancy Related Use as POV	Save Cancel
	Get SCT Pick list
	56 Pregnancy Related Use as POV

Figure 5-20: The CIR Tool Add Problem window

There is the same check for duplicate SNOMED CT codes using this option as when using the **Add** action on a **Clinical Document** problem in the **Problems** tab.

5.1.3.2 Accept Problems

Until the reconciled problems are accepted, no changes are made to the record. To accept all the reconciled problem information and not the adverse reaction and medication information, click **Accept Problems**. If you reconciled or will reconcile other items, use the **Accept All** button (see Section 6.1) after all reconciliation has been completed.

If the **Accept Problems** button is used but not all problems have been reviewed, the **Unreviewed items** warning displays (Figure 5-21).

Unreviewed items	\times
Not all Problems from the document have been reviewed Do you wish to continue anyway?	
Yes No	

Figure 5-21: The Unreviewed items warning

Click Yes to continue anyway, or No to go back and review the remaining problems.

If there are no unreviewed problems or if you choose **Yes** on the **Unreviewed items** warning, the **Review/Sign Changes** window (Figure 5-22) displays. The reconciled items will display along with any other items needing signature.

Review/Sign Changes for Demo,Patientxs	
Signature will be applied to checked items All Orders Except Controlled Substance Orders	
CIR Reconciled Problems	
Severe hypothyroidism: RPMS: Reviewed, No.	Action LCCDA: Do Not
✓ Iron deficiency anemia: RPMS: Reviewed, No.	
Interstitial pneumonia: RPMS: Reviewed, No A	ction ULDA: Do not ac
<	>
Electronic Signature Code:	
Don't S	ign Cancel

Figure 5-22: Review/Sign Changes for Reconciled Problems

Enter your electronic signature and click **Sign**. The CIR Tool information for Problems will reset and the CCDA document will reflect the reconciliation type and date.

5.1.3.3 Cancel

If you do not want to complete the reconciliation of the problems, or if you want to undo your changes for the problems only, click the **Cancel** button. There is no confirmation of this action; clicking **Cancel** will remove all the previously selected actions for the Problems immediately. If you want to reset the entire CIR Tool, use the **Cancel All** button instead.

5.2 Reconcile Adverse Reactions

To reconcile the Adverse Reactions, click the **Adverse Reactions** tab. Like the **Problems** tab, this tab contains two panes: **RPMS** and **Clinical Document**. The **RPMS** pane will show the adverse reactions recorded in the RPMS Adverse Reactions package (and not reactions documented in the problem list). It has columns **Causative Agent, Event, Symptoms, Status**, and **Last Date**. The **Clinical Document** pane contains the adverse reaction information from the selected CCDA document and has columns **Causative Agent, Event, Symptom, Status, Source, Last Date**, and **Action**. The data in each pane may be sorted by any column as described in Section 4.4.

Clicking an adverse reaction in either pane will highlight any matching item in the other pane (Figure 5-23), and in the **Reconciled Adverse Reactions** pane at the bottom of the CIR Tool window. A match for an adverse reaction is when the first word in the causative agent field matches. Keep in mind that if the lists are long, the highlighted item in the other list may be out of sight. Scroll through the lists as needed to see if there are matching items. You may control-click to remove the highlighting.

Pr	oblems	Adverse I	Reactions	*Medication	s		_							
RPMS						Clinical Document Set All Reviewe								
	Causati	/e Agent	Event	Symptoms	Status	Last Date		Causative Agent	Event	Symptom	Status	Source	Last Date	Action
4	PENICILI		ALLERGY TO SUBSTANCE 419199007	RASH	ACTIVE	8/6/2020	+		Propensity to adverse reaction to drug	Hives	Active	Dr Henry S	05/01/1980	
								benzathine	Propensity to adverse reaction to drug	Hives	Active	Dr Henry S	05/01/1980	٢

Figure 5-23: Adverse Reactions tab with matching line items highlighted

Click the plus sign (+) next to any given adverse reaction in either pane to see the details of the adverse reaction. The details may contain information such as causative agent, event type, symptoms, drug or drug class, ingredients, source, documentation date, and last modification date. Click a second time to close the details.

Pro	roblems Adverse Reactions *Medications													
	RPMS					Clinical Document Set All Revi						Reviewe	d	
	Causative Agent	Event	Symptoms	Status	Last Date		Causative Ag	Event	Sympto	Statu	Source	Last Date	Action	
-		ALLERGY TO SUBSTANCE 419199007	RASH	ACTIVE	8/6/2020	+		adverse reaction to drug		e		80		^
E	Causative Agent: PENICILLIN Event: ALLERGY TO SUBSTANCE 419199007 Signs/Symptoms: RASH Drug Classes: PENICILLIN-G RELATED PENICILLIN					-	benzathine	Propensity to adverse reaction to drug	Hives	Activ e	Dr Henr	05/01/19 80	٢	
002205	ingredients: priginated: priginated Date: /erified: /erified By: /bserved/Historic Source: .ast Modified:	18 07:32:56 y DEMO,PRO		Causative A Reaction: Severity: Drug Code: Drug Code S Code System Code System	5ystem Nam n: n Name:	Hi Ac Mo 79 e: Rx 41 2. SN	ves tive derat 80 Norm 95110 16.84 OMED-	:e)03 40.1.1:	benzat 13883.6					
							ffective T Source:	Time:		/01/1 Henr	1980 'y Seve	en		

Figure 5-24: Adverse Reactions tab with details showing

Right-click an adverse reaction for the context menu actions available. Context menu actions are described for the **RPMS** pane and the **Clinical Document** pane in the sections below.

5.2.1 RPMS Adverse Reactions

For RPMS adverse reactions, context menu actions include (Figure 5-25):

- Change
- RPMS: Reviewed, No Action
- Entered in Error
- Inactivate or Reactivate
- View Details

If the adverse reaction is currently active, the **Inactivate option** displays. If the adverse reaction is currently inactive, the **Reactivate** option will display.

Problems	Adverse	Reactions	*Me	dications			
			R	PMS			
Causat	tive Agent	Event			Symptoms	Status	Last Date
+ PENICI	LLIN	ALLERGY TO 419199007	D SUBS	STANCE	RASH	ACTIVE	8/6/2020
				Change RPMS: R Entered Inactivat View De	e	o Action	•

Figure 5-25: Adverse Reactions tab with right-click actions for RPMS pane

5.2.1.1 Change

Selecting **Change** opens the **Edit Adverse Reaction** window (Figure 5-26). Here you may change the event code, source of information, add signs/symptoms, and source of a sign/symptom, and add comments. You may not change the causative agent, remove the originally documented signs/symptoms, or adjust the date/time of the original signs/symptoms.

🥑 Edit Adverse Reacti	on				_		×
Causative Agent:	PENICILLIN						
 National Drug f PENICILLIN 	ile - Generic Dru PROBENECID	: (41)					<
Nature of Reaction:				Drug			~
Event Code:				ALLERGY TO) SUBSTA	NCE	v
Source of Information:				FAMILY			Ŷ
Available ANXIETY ITCHING,WATERING HYPOTENSION DROWSINESS NAUSEA,VOMITING DIARRHEA HIVES	EYES	 	Selected RASH Jan	0001 FAMILY			
		Source:					~
Imprecise Date		Date/Time:	08/07/202	0 18:34			
Comments:							
					OK	Car	ncel

Figure 5-26: The Edit Adverse Reaction window of the CIR Tool
Once the needed changes have been made, click **Save** to save the changes to the **Reconciled Adverse Reactions** pane. The changes will not be saved to the **Adverse Reactions** component until the session is finalized as described in Section 6.0.

5.2.1.2 RPMS: Reviewed, No Action

Selecting **RPMS: Reviewed, No Action** marks the item in the **Reconciled Adverse Reactions** pane (Figure 5-27). For ease of documentation, this action is the default for all RPMS adverse reactions, so you only need to manually select it if some other action was selected first and you want to go back to the **RPMS: Reviewed, No Action** option.

Reconciled Adverse Reactions									
		Add All	ergy	Acce	pt Adverse Reactions	Cancel			
Causative Agent	Event		Sympto	ms	Action				
PENICILLIN	ALLERGY TO SUBSTANCE 4191	99007	RASH		RPMS: Reviewed, No Actio	on			
						.d			

Figure 5-27: Reconciled Adverse Reactions pane with item marked RPMS: Reviewed, No Action

5.2.1.3 Entered in Error

Selecting **Entered in Error** opens the **Entered in Error** window (Figure 5-28). Enter a reason and click **OK** to logically delete the entry: the entry will still exist in the system but will be marked as entered in error, will not show in the patient chart, and will not be used in order checks. It can still be found in the RPMS system for audit and legal purposes.

×
ОК
Cancel

Figure 5-28: The Entered in Error window for Adverse Reactions

The adverse reaction displays in the **Reconciled Adverse Reactions** pane (Figure 5-27) with an action of **RPMS: Entered In Error**. This change will not be saved to the Adverse Reactions component until the session is finalized as described in Section 6.0.

5.2.1.4 Inactivate

Selecting **Inactivate** opens secondary options of **No Longer Allergic** and **Reaction is Tolerable** (Figure 5-29). Selecting one of these options will mark the adverse reaction as inactive with the selected reason. These adverse reactions will be available to view in the patient chart but will not be used in order checks.

	Pro	blems	Adver	rse Reac	tions	Medication	IS	
r						RPMS		
: Only		Causat	tive Ag	Event		Symptoms	Status	Last Date
ORVA:	+	CODEII		DRUG ALLERG 4160980		Change RDMS: Revi	ewed. No Act	tion
iig: TAK RAPEFF		PEANU BUTTE UNII:		FOOD ALLERG 4142850		Entered in Reactivate		
Nol	Longer Allergic					Inactivate		•
Reaction is Tolerable					View Detail	s		
	(.)	Pacano	ilad A	duorro P	oactio			

Figure 5-29: Adverse Reactions tab with the right-click menu for RPMS pane

The adverse reaction displays in the **Reconciled Adverse Reactions** pane with an action of **RPMS: Inactivate Reaction is Tolerable** or **RPMS: Inactivate No Longer Allergic** depending on the reason selected. This change will not be saved to the **Adverse Reactions** component until the session is finalized as described in section 6.0.

5.2.1.5 Reactivate

Selecting **Reactivate** will mark the item in the **Reconciled Adverse Reactions** list and reactivate the item.

The adverse reaction will display in the **Reconciled Adverse Reactions** pane (Figure 5-30) with an action of **RPMS: Reactivate**. This change will not be saved to the **Adverse Reactions** component until the session is finalized as described in section 6.0.

Reconciled Adverse Reactions									
		Add Allergy	Accept Adverse Reactions	Cancel					
Causative Agent	Event	Symptoms	Action						
PENICILLIN	ALLERGY TO SUBSTANCE (6374)	RASH, HIVES	RPMS: Reactiva	ite					

Figure 5-30: Reconciled Adverse Reactions line item with action RPMS: Reactivate

5.2.1.6 View Details

Selecting **View Details** opens a new window (Figure 5-31) where the adverse reaction details are listed. If there is a matching adverse reaction in the **Clinical Document** pane, the details for that adverse reaction will also be shown.

🥥 Details				-		×
Patient: Demo,	Patientxs HR#: 500020					
	RPMS			Clinical Document		
Causative Ager	ntDetails		Causative Agent	Details		
PENICILLIN	Causative Agent: Event: Signs/Symptoms: Drug Classes: Ingredients: Originated: Originated Date: Verified: Verified By: Observed/Historical: Source: Last Modified:	PENICILLIN ALLERGY TO SUBST, RASH PENICILLIN-G REL, PENICILLIN; RXNOI DEMO,PROVIDER MN Aug 06, 2020@07: Yes Date: Aug 06 DEMO,PROVIDER MN Historical FAMILY AUG 06, 2020@07:		Causative Agent: Reaction: Status: Severity: Drug Code: Drug Code System Name: Code System: Code System: Code System Name: Effective Time: Source:	Penicill Hives Active Moderate 7980 RxNorm 41951100 2.16.840 SNOMED-C 05/01/19 Dr Henry	3 .1.11 T 80

Figure 5-31: The Details window for Adverse Reactions with matching causative agents

You may right-click the adverse reaction to see all the same actions as on the main window (Figure 5-32) except View Details.

			RPMS							
Causative AgentDetails										
PENICILL	IN	Causative Agent:	PENICII ALLERG							
		Reviewed, No Action	RASH PENICII PENICII DEMO,PH							
	Inactiv	d in Error ate	Aug 06 Yes Dat DEMO,PI							
		Observed/Historica								

Figure 5-32: Right-click actions on adverse reaction Details window in CIR Tool

5.2.2 Clinical Document Adverse Reactions

For Clinical Document adverse reactions (Figure 5-33), actions include:

- Add
- CCDA: Do not add, redundant
- CCDA: Do not add, not clinically significant
- View Details

				Clin	ical Docu	ment		Set All Re	viewed
	c	ausativ	ve Age	Event	Symptor	Status	Source	Last Date	Action
+	Ampicillin +		in	Propensity to adverse reaction to drug	Hives	Active	Dr Henr	05/01/19 80	
+	1	enicillin enzathi		Propensity to adverse reaction to	Hives	Active	Dr Henr	05/01/19 80	0
			Add						
				A: Do not add A: Do not add / Details			ignificar	nt	

Figure 5-33: Right-click actions on adverse reaction Details window in CIR Tool

If there are any unreviewed adverse reactions, the **Set All Reviewed** button is visible. Clicking this button will set all the clinical document adverse reactions to reviewed but will not assign an action to them.

5.2.2.1 Add

Selecting **Add** allows you to add the item to the adverse reactions in RPMS (Figure 5-34).

If one or more symptoms from the Clinical Document cannot be matched to the symptoms in RPMS, the **Pick Symptom Translations** window displays.

Pick Symptom Translations	×
PENICILLIN G POTASSIUM:	~
	Accept Cancel

Figure 5-34: Pick Symptoms Translations dialog

Click the down arrow to see the list of available symptoms. Select the best match or select **No Equivalent** or **Not Applicable** if there is not a direct match (Figure 5-35).

Pick Symp	otom Translations	×							
PENICILLI	PENICILLIN G POTASSIUM:								
	No Equivalent or Not Applicable	^							
	ANXIETY	- I							
	ITCHING,WATERING EYES								
	HYPOTENSION								
	DROWSINESS								
	NAUSEA, VOMITING								
	DIARRHEA								
	HIVES								
	DRY MOUTH								
	ANAPHYLAXIS								
	RASH								
	A FIB-FLUTTER								
	ABDOMINAL BLOATING	_	_						
	ABDOMINAL CRAMPS								
	ABDOMINAL DISCOMFORT	\sim							

Figure 5-35: Pick Symptom Translations options

Once a selection has been made, click the **Accept** button.

If there is a match to the RPMS symptoms or if you click **Accept** on the **Pick Symptom Translations** dialog, the **Add Adverse Reaction** window (Figure 5-36) opens. The available information will be pre-populated, and the source will be **EXTERNAL SOURCE**. You may fill in additional fields as needed and click **OK**.

Add Adverse React	ion				_		Х
Causative Agent:	AMPICILLIN					S	Search
AMPICILLIN A National Drug f	ile - Generic Dru /PROBENECID /SULBACTAM	(36)	/DAG				~
Nature of Reaction:				Drug			~
Event Code:							~
Source of Information:	1			EXTERNA	AL SOURCE		~
Signs/Symptoms Available ANXIETY ITCHING,WATERING HYPOTENSION DROWSINESS NAUSEA,VOMITING DIARRHEA HIVES	EYES	 	Selected HIVES May	γ 1, 1980 E	XTERNAL SC	DURCE	
		Source:	EXTERNAL	SOURCE			~
Imprecise Date		Date/Time:	05/01/198	0 00:00			
Comments:							
					OK	Ca	ncel

Figure 5-36: The Add Adverse Reaction window of the CIR Tool

If an adverse reaction is already documented for the selected causative agent, the following error message displays (Figure 5-37):



Figure 5-37: The CIR - Unable to Save Allergy/Reaction warning

In this case, you should select the action **CCDA: Do not add, redundant** as shown below.

After adding the information and clicking **OK**, the adverse reaction displays in the **Reconciled Adverse Reactions** pane with an action of **CCDA: Add**. This change will not be saved to the **Adverse Reactions** component until the session is finalized as described in Section 6.0.

5.2.2.2 CCDA: Do Not Add, Redundant

Selecting CCDA: Do not add, redundant adds a check mark in the Clinical Document pane and marks the adverse reaction in the Reconciled Adverse Reactions pane (Figure 5-38 and Figure 5-39).

Clinical Document										
	Causative A	Event	Sympto	Status	Source	Last D	Action			
+	Ampicillin	Propensity to adverse reaction to drug	Hives	Active	Dr Her	05/01 /1980	*			
+		Propensity to adverse reaction to drug	Hives	Active	Dr Her	05/01 /1980	*			



Reconciled Adverse Reactions									
		Add Allergy	Accept Adver	se Reactions	Cancel				
Causative Agent	Event	Symp	toms	Action					
ASPIRIN RELATED MEDICATIONS	DRUG ALLERGY 416098002	ANXIE	ΞŢΥ	RPMS: Rev Action	iewed, No				
CODEINE	DRUG ALLERGY 416098002	NAUS	EA, ANXIETY	RPMS: Rev Action CO Add, Redu	DA: Do Not				
				00146.0					

Figure 5-39: Reconciled Adverse Reactions pane with action CCDA: Do not add, redundant

5.2.2.3 CCDA: Do not add, not clinically significant

Selecting CCDA: Do not add, not clinically significant adds a check mark in the Clinical Document pane (Figure 5-40) and marks the reaction in the Reconciled Adverse Reactions pane (Figure 5-41).

Clinical Document												
	Causative A	Event	Sympto	Status	Source	Last D	Action					
+	Ampicillin	Propensity to adverse reaction to drug		Active	Dr Her	05/01 /1980	~					
+		Propensity to adverse reaction to drug		Active	Dr Her	05/01 /1980	~					



Reconciled Adverse Reactions											
		Add Allergy	Accept Adv	erse Reactions	Cancel						
Causative Agent	Event	Sj	ymptoms	Action							
RASPBERRIES	Food alle (disorder)		ACE FLUSHED	RPMS: Revi Action CC not add, no clinically sig	DA: Do ot						

Figure 5-41: Reconciled Adverse Reactions pane with CCDA: Do not add, not clinically significant

5.2.2.4 View Details

Selecting **View Details** opens a new window (Figure 5-42) where the adverse reaction details are listed. If there is a matching adverse reaction in the RPMS pane, the details for that adverse reaction will also be shown.

Oetails				_	
Patient: Demo,Patie	entxs HR#: 500020				
	RPMS			Clinical Document	
Causative Agent De	etails		Causative Agent	Details	
	Causative Agent: Event: Signs/Symptoms: Drug Classes: Ingredients: Originated: Originated Date: Verified By: Observed/Historical: Source: Last Modified:	PENICILLIN ALLERGY TO SUBST RASH PENICILLIN-G REL PENICILLIN; RXNOI DEMO,PROVIDER MN Aug 06, 2020@07:: Yes Date: Aug 06 DEMO,PROVIDER MN Historical FAMILY AUG 06, 2020@07::		Causative Agent: Reaction: Status: Severity: Drug Code: Drug Code System Name: Code System: Code System: Code System Name: Effective Time: Source:	Penicillin G Hives Active Moderate 7980 RxNorm 419511003 2.16.840.1.11 SNOMED-CT 05/01/1980 Dr Henry Seve

Figure 5-42: Details window for adverse reaction from Clinical Document pane and matching RPMS item

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You may right-click the **Adverse Reaction** to see all the same actions as on the main window (Figure 5-43) except for View Details.

_		Clinical Docume	ent			
Causative Ag	gent	Details				
Penicillin G b	enzathine	Causative Agent: Reaction:	Penicillin G be Hives			
	Ac CC	ld CDA: Do not add, redundant				
CCDA: Do not add, not clinically significant						



5.2.3 Review the Reconciled Items

Once all the adverse reactions have been reconciled, you may review the items and the actions taken in the **Reconciled Adverse Reactions** pane at the bottom of the main CIR Tool window (Figure 5-44). Each item from RPMS and each item from the clinical document that had an action taken on it will be listed, along with the **Event** type and **Symptoms**.

Reconciled Adverse Reactions											
		Add Allergy	Accept Adv	erse Reactions	Cancel						
Causative Agent	Event		Symptoms	Action							
PENICILLIN	ALLERGY TO SUBSTANCE	419199007	RASH	RPMS: Reviewed, N	No Action						
AMPICILLIN	PROPENSITY TO ADVERS DRUG(0)	E REACTIONS TO	HIVES	CCDA: Add							
Penicillin G benzathine	Propensity to adverse rea	action to drug	Hives	RPMS: Reviewed, I CCDA: Do Not Add							

Figure 5-44: Reconciled Adverse Reactions pane with actions taken on each item

5.2.3.1 Add Allergy

If needed, you may add a completely new allergy or adverse reaction from this section by clicking the **Add Allergy** button. Clicking this button opens the **Add Adverse Reaction** window (Figure 5-45). You may search for a Causative Agent and complete the remaining information as usual.

Add Adverse Reaction			_		×
Causative Agent:				S	earch
Nature of Reaction:					v
Event Code:					Ÿ
Source of Information:					Ŷ
Signs/Symptoms Available	Selected				
Source	s -				~
Imprecise Date Date/Time	04/23/202	0 18:01			
Comments:					
			OK	Car	ncel

Figure 5-45: The CIR Tool Add Adverse Reaction window

There is the same check for duplicate causative agents using this option as when using the **Add** action on a Clinical Document adverse reaction in the **Adverse Reactions** tab.

5.2.3.2 Accept Adverse Reactions

Until the reconciled adverse reactions are accepted, no changes are made to the record. To accept all the reconciled adverse reaction information and not the problem and medication information, click **Accept Adverse Reactions**. If you reconciled or will reconcile other items, use the **Accept All** button (see Section 6.1) after all reconciliation has been completed.

If the **Accept Adverse Reactions** button is used, but not all adverse reactions have been reviewed, the **Unreviewed items** warning (Figure 5-46) displays.



Figure 5-46: Unreviewed items warning for Adverse Reactions

Click **Yes** to continue anyway, or **No** to go back and review the remaining adverse reactions.

If there are no unreviewed adverse reactions or if you choose **Yes** on the **Unreviewed items** warning, the order check system will run against the patient's medications. If there are potential issues, the **Adverse Reaction Order Checking – Source: IHS** window (Figure 5-47) displays.



Figure 5-47: Adverse Reaction order Checking - Source: IHS window

If there are no potential issues or if you click the **OK** button on the warning, the **Review/Sign Changes** window (Figure 5-48) displays. The reconciled items will display along with any other items needing signature.

Review/Sign Changes for Demo,Patientxs									
Signature will be applied to checked items All Orders Except Controlled Substance Orders									
CIR Adverse Reaction Reconciliation PENICILLIN: RPMS: Reviewed, No Action AMPICILLIN: CCDA: Add Penicillin G benzathine: RPMS: Reviewed, No Action CODEINE: RPMS: Add 	CCDA: Do Not.								
<	>								
Electronic Signature Code: ********* Sign	Cancel								

Figure 5-48: The Review/Sign Changes window with the CIR Adverse Reaction Reconciliation items

Enter your electronic signature and click **Sign**. The CIR Tool information for Adverse Reactions will reset and the CCDA document will reflect the reconciliation type and date.

5.2.3.3 Cancel

If you do not want to complete the reconciliation of the adverse reactions, or if you want to undo your changes for the adverse reactions only, click the **Cancel** button. There is no confirmation of this action. Clicking **Cancel** removes all the previously selected actions for Adverse Reactions immediately. If you want to reset the entire CIR Tool, use the **Cancel All** button instead.

5.3 Reconcile Medications

To reconcile the Medications, click the **Medications** tab. Like the **Problems** and **Adverse Reactions** tabs, this tab contains the **RPMS** pane and the **Clinical Document** pane. The **RPMS** pane displays the medications recorded in the RPMS Pharmacy package. It has the columns **Type**, **Medication**, **Description**, **Status**, and **Last Date**. The Clinical Document pane contains the medication information from the selected CCDA document and has columns **Medication**, **Description**, **Status**, **Source**, **Last Date**, and **Action**. The data in each pane may be sorted by any column as described in Section 4.4.

Clicking a medication in either pane will highlight any matching item in the other pane, and in the **Reconciled Medications** pane (Figure 5-49) at the bottom of the CIR Tool window. A match for a medication is when the code system and code match exactly, or if the name of the medications match exactly (case-insensitive, but matching does include spaces so that 500mg and 500 mg are considered different). Keep in mind that if the lists are long, the highlighted item in the other list may be out of sight. Scroll through the lists as needed to see if there are matching items. You may control-click to remove the highlighting.

*P	'n	oblem	s *Adver	se Reactions	Medio	ations										
	RPMS									Clini	cal Docu	ment	Set All R	eviewed	d .	
Г		Type	Medication	Description		Status	Last Date			Medication	Description	Status	Source	Last Date	Action	
		OP /	AMOXAPINE	TAKE ONE TAB	LET BY	PENDING	8/9/2020	\wedge		AMOXAPINE	25 MG	Active	Test Do	6/10/2014		\sim
		2	25 MG	MOUTH THREE	E			_	+	25 MG	TABLET,				0	
		1	ABLET	TIMES A DAY F	OR					TABLET	ORAL					
				DEPRESSION						ACDIDINI 300	300 MG	Active	Test Do	6/10/2014		-

Figure 5-49: Medications tab with matching line items highlighted

Click the plus sign (+) next to any given medication in either pane to see the details of the medication (Figure 5-50). The details may contain information such as schedule, route, sig, code and code system, quantity, refills, status, and start date. Click a second time to close the details.

*Problem	Problems *Adverse Reactions Medications												
		RPMS				Clinical Docume Set All Reviewed							
Туре	Nedication	Descripti	Status	Status Last Date			Medication	Descript	Status	Sourc	Last Date	Action	
	RANESP 0.5 /IG/ML	INJECT 1 ML	ACTIVE	8/6/2020	^		ARANESP 0.5 MG/ML		Active	Dr He	6/20/2015	٥	
							Medicatior Sig: Status:	ON	ANESP CE A I tive		MG/ML		
Prescr Sig: Days S Quanti Last F Refill	Prescription #: 1500335 Prescriber: DEMO,PROVIDER MN Sig: INJECT 1 ML UNDER Days Supply: 28 Quantity: 4 Last Filled: 8/6/20 Refills Remaining: 0							Dr IN ed: 6/ e: 6/	1241 Henry TRAVE 20/20 20/20 29/20	NOUS 15 15	/en		
Pharma Start Stop D Status	Filled: 8/6/20 (Window) r Pharmacist: DEMO, PROVIDER MN Start Date: 8/6/20 Stop Date: 9/3/20 Status: ACTIVE RXNorm Code: 731241						TYLENOL 500MG	AS NEEDED		Dr He	6/20/2015		

Figure 5-50: A portion of the CIR Tool is shown with medication details showing

Right-click a medication to see the actions available. Right-click actions are described in the following sections.

5.3.1 RPMS Medications

For RPMS medications, right-click actions (Figure 5-51) include:

- Change
- Discontinue
- Reviewed
- No Action
- Renew
- View Details

*Problems *Adverse React						ons	Medications	;			
						RP	MS				
TypeMedication							cription	s	itatus		Last
+	OP		ANESP UTION				CT 1 ML DER THE SKIN	Α	CTIVE		8/6/
		INJ	ECTION		Char	nae					
	OP					- C	ue			G	8/9/
+					Revie	ewed, No Action					
	Renew									┝	
View					View	Det	ails				
										1	



5.3.1.1 Change

Selecting **Change** opens the **Edit Medication** window (Figure 5-52). In this window, you may change all fields except the medication.

•		_	ΟX
ARANESP 0.5 MG/ML INJ,SOLN			Change
Dosage Complex			
Dosage	Route	Schedule	
1 ML			PRN
1 ML	SUBCUTANEOUS	3XW 5XD	^
	INTRAVIOSCOLAR	AC	
		AC&HS	
			~
Patient Instructions Days Supply Qty (ML) Refills Clinical Indica	tion	Chronic Med	Priority
	cy anemia on iron supplement	D50.9 V Dispense as Written	ROUTINE ~
Pick Up ● Clinic ○ Mail ○ Window ○ Outside Pharmacy - eRx	Outside Pharmacy - Print		
,	- ,		
Notes to Pharmacist:			
ARANESP 0.5 MG/ML SOLUTION FOR INJECTION SYRINGE			ADR's
INJECT 1 ML WEEKLY			
Quantity: 0 Days Supply: 28 Refills: 0 Chronic Medication: No	O Dispense as Written: YES Indi	cation: Iron deficiency	Accept Order
anemia on iron supplement			Cancel

Figure 5-52: The CIR Tool Edit Medication window with prepopulated information

The CIR Tool medication order dialogs will contain the same validations for doses, quantities, and other required fields as occurs with medication ordering outside of the CIR Tool.

Once the needed changes have been made, click **Accept Order** to save the changes to the **Reconciled Medications** pane. The order is created and will be presented for signature when the session is finalized as described in Section 6.0.

5.3.1.2 Discontinue

Selecting **Discontinue** opens the **Discontinue/Cancel Orders** window (Figure 5-53). This window shows the selected order information at the top, and potential reasons at the bottom. You may select an appropriate reason and then click **OK** to discontinue the order.

Discontinue / Cancel Orders	_		×						
The following order(s) will be disconti	nued:								
Order									
ARANESP 0.5 MG/ML SOLUTION FOR IN	IECTION SYR	INGE							
Quantity: 4 Days: 28 Refills: 0 Chronic Med: NO Dispense as Written: NO Indication: D50.9~Iron deficiency anemia on iron supplement									
Select a reason:									
Discontinued by Requesting Physician									
Duplicate Order									
Entered in error									
Incorrect/Obsolete test requested									
Obsolete Order	OK		Cancel						
Treatment Complete			Juncer						

Figure 5-53: The CIR Tool Discontinue/Cancel Orders window with order details and reason selection

Once the appropriate reason is selected, click **OK** to save the changes to the **Reconciled Medications** pane. The changes will not be saved to the Medications component until the session is finalized as described in Section 6.0.

5.3.1.3 Reviewed, No Action

Selecting **Reviewed**, **No Action** marks the item in the **Reconciled Medications** pane (Figure 5-54). For ease of documentation, this action is the default for all RPMS medications, so you only need to select it if some other action was selected first and the user wants to go back to the **Reviewed**, **No Action** option.

Reconciled Medications						
w Outside Medication New Outpatient Medication Accept Meds Cancel						
Medication		Description	Status	Actio	n	
ARANESP 0.5 MG/ML SOLUTION FOR INJECTION SYRINGE		INJECT 1 ML UNDER THE	ACTIVE	RPMS	Reviewed, No	

Figure 5-54: Reconciled Medications in the CIR Tool with Aspirin marked RPMS: Reviewed, No Action

5.3.1.4 Renew

Selecting **Renew** allows you to renew a medication order in the same manner as may be done in the **Medication Management** component. If the medication is ineligible to be renewed (e.g., the order is in a pending state or is an outside medication) the **Unable to Renew Order** warning displays (Figure 5-55).

Unable to Renew Order	×
Outside Med TYLENOL TAB 500 TAKE ONE (1) TABLET BY MOUTH Medication prescribed by another provider.	
- cannot be changed.	
Reason: This order may not be renewed: Invalid Package Reference	
ОК	

Figure 5-55: Unable to Renew Order warning

Selecting **Renew** on an eligible medication triggers the Order Checking system, and if an issue exists the **Order Checking – Source** window displays (Figure 5-56. If the reaction is serious, you may need to type in an override reason.

Order Checking - Source: Veterans Health Administration	on —		×
Previous adverse reaction to: PENICILLIN-G RELATED PENIC (0/0/19) Src: FAMILY	CILLINS: (LOCAL)R	eac: RASH	
[Accept Order	Cancel Or	der

Figure 5-56: Order Checking – Source window

To cancel the renewal, click **Cancel Order**. To continue to renew the medication, click **Accept Order**. If there are no order checking issues or if you click the **Accept Order** button, the **Renew Order** window (Figure 5-57) opens. You may adjust the number of refills and pick up location but may not edit any other field using the renew function.

🥣 Renew Order		_	
FERROUS SULFATE 325MG TAB			Change
Dosage Complex			
Dosage	Route	Schedule	
325MG		PC	PRN
325MG	ORAL PO	ON CALL	
650MG	ORAL	ONCE	
		ONHA	
		PC	
		DIANR	
	nical Indication on deficiency anemia on iron su	pplement D50.9 V Dispense as Written	Priority ROUTINE
Clinic O Mail O Window O Outside Pharm	nacy - eRx 🔿 Outside Pharmac	y - Print	
Notes to Pharmacist:			
FERROUS SULFATE 325MG TAB			ADR's
TAKE ONE (1) TABLET AFTER MEALS WITH FOOD Quantity: 90 Days Supply: 30 Refills: 0 Chronic Me anemia on iron supplement		en: YES Indication: Iron deficiency	Renew
anemia or non supprenent			Cancel

Figure 5-57: The CIR Tool Renew Order window with the Refills and Pick Up fields active

Once the information is correct, click **Renew** to save the changes to the **Reconciled Medications** pane. The changes will not be saved to the Medications component until the session is finalized as described in Section 6.0.

5.3.1.5 View Details

Selecting **View Details** opens a new window (Figure 5-58) where the medication details are listed. If there is a matching medication in the **Clinical Document** pane, the details for that medication will also be shown.

Details					_		Х
Patient: Demo,Patient	xs HR#: 500020						
	RPMS			Clinical Docume	nt		
Medication ARANESP 0.5 MG/ML I	Prescriber: Sig: Days Supply: Quantity: Last Filled: Refills Remaining: Filled: Pharmacist: Start Date:	1500335 DEM0,PROVIDER MN INJECT 1 ML UNDER THI 28 4 8/6/20 8/6/20 08/6/20 (Window) relea DEM0,PROVIDER MN 8/6/20	ARANESP 0.5 MG/ML	Details Medication: Sig: Status: Code: Source: Route: Last Filled: Start Date: Stop Date:	731241 Dr Her INTRAV	WEEK Sev ENOUS 015 015	
	Stop Date: Status: RXNorm Code:	9/3/20 ACTIVE 731241					

Figure 5-58: Details window for medications in CIR Tool

You may right-click the adverse reaction to see all the same actions as on the main window except View Details (Figure 5-59).

RPMS					
Medication		Details			
ARANESP 0.5 M	G/ML I	Prescription #: Prescriber: Sig: Days Supply: Quantity:	1500335 DEMO,PROVIDER MN INJECT 1 ML UNDE 28 4		
	Dis Rev	ange continue riewed, No Action new	8/6/20 0 8/6/20 (Window) DEMO,PROVIDER MN 8/6/20 9/3/20 ACTIVE 731241		

Figure 5-59: Right-click actions on medication Details window in CIR Tool

5.3.2 Clinical Document Medications

For Clinical Document medications, right-click actions include (Figure 5-60):

- Add Outside
- Add OP
- Do Not Add, Discontinued
- Do Not Add, Redundant
- View Details

			Clinica	al Docume	ent	Set All	Revie	wed
	Medicati	on	Description	Status	Source	Last Dat	te	Action
+	ARANESP	0.5	ONCE A	Active	Dr Her	6/20/20	15	٢
+	Add to Outside Medications Add as Outpatient Medication Do Not Add, Discontinued Do Not Add, Redundant View Details						5	

Figure 5-60: A portion of the CIR Tool with right-click actions for Clinical Document medications

If there are any unreviewed medications, the **Set All Reviewed** button is visible. Clicking this button sets all the clinical document medications to reviewed but does not assign an action to them.

5.3.2.1 Add to Outside Medications

Selecting **Add to Outside Medications** allows you to document a medication in the EHR without creating an order to be filled by a pharmacy. This selection will trigger the polypharmacy order check and displays the warning (Figure 5-61) if the patient exceeds the locally set number of medications.

Order Checks	Х
Potential polypharmacy - patient currently receiving 18 medications.	
ОК	

Figure 5-61: Order Checks polypharmacy warning

If there is no polypharmacy warning or if you click **OK** on the warning, there may be an additional warning (Figure 5-62) if the medication cannot be matched to an active entry in the RPMS Drug file.



Figure 5-62: Select medication warning

Click **OK** to continue. The **Search Medications** window (Figure 5-63) opens with the medication name already populated.

Search Medications	—		\times
ASPIRIN 300 MG TABLET			
		C)k

Figure 5-63: Search Medications window

You may need to adjust the search text to find the appropriate medication. If the medication is not present in the drug file, you should exit the process and contact your pharmacy informaticist or person who maintains the drug file. If the medication is in the drug file, select it to continue.

If the medication was able to be matched or you manually selected a medication, the **Add Non-VA Medication** window (Figure 5-64) opens. Only the medication is required here, but you should add as much detail as is available.

Add Non-VA Medication			– 🗆 X	
ARANESP 0.5 MG/ML SOLUTION FOR INJECTI	ON SYRINGE		Change	
Dosage	Route		Schedule	
	SUBCUTANEOUS	5		N
1 ML	SUBCUTANEOU	S	3XW	
	INTRAMUSCULA	AR	5XD	
	INTRAVENOUS		AC	
			AC&HS	
Comments:				4
Comments:				
Statement/Explanation		Hom	e Medication List Source	
Outside medication not recommended by	v provider.	0	Patient ^	•
Outside medication recommended by pro	ovider.		A list the patient may have	
Patient buvs OTC/Herbal product without	medical advice.	01	Medications themselves	
Medication prescribed by another provid	er.	· · ·	Friend	
			amily member	
		<u> </u>	Medical record	
			Patient's pharmacy	
		0	Patients primary care physician \lor	'
Medication Reason:				
Location of Medication				
○ Home ○ Hospital ○ Other				
Start Date: Last Dose Tak	en:			
ARANESP 0.5 MG/ML SOLUTION FOR INJECT	TION SYRINGE		Accept Order	•
INJECT UNDER THE SKIN			Cancel	

Figure 5-64: The CIR Tool Add Non-VA Medication window

The CIR Tool medication order dialogs contain the same validations for doses, quantities, and other required fields as occurs with medication ordering outside of the CIR Tool.

After adding the information and clicking **Accept Order**, additional order check information may display if applicable. The added medication displays in the **Reconciled Medications** pane with an action of **CCDA: Add Outside**. The order is created and will be presented for signature when the session is finalized as described in Section 6.0.

5.3.2.2 Add as Outpatient Medication

Selecting **Add as Outpatient Medication** allows you to create a medication order in the EHR that will ultimately be filled by a pharmacy. This selection will trigger the order checks and medication look ups as describe in Section 5.2.6.1.

Once any warnings are handled or if no warnings were given, the **Add Outpatient Medication** window (Figure 5-65) opens with as much information filled in as possible. The order must be completed in the same way an order would be completed outside the CIR Tool.

Add Outpatient Medication		_	
ARANESP 0.5 MG/ML SOLUTION FOR INJECTIO	ON SYRINGE		Change
Dosage Complex			
Dosage	Route	Schedule	
	SUBCUTANEOUS		PRN
1 ML	SUBCUTANEOUS	3XW	~
	INTRAMUSCULAR	5XD	
	INTRAVENOUS	AC	
		AC&HS	
		NCH2 (SSI)	~
Patient Instructions Days Supply Quantity Refills O O O O O O O O O O O O O O O O O O	· · ·	Chronic Med Dispense as Written ide Pharmacy - Print	Priority ROUTINE ~
ARANESP 0.5 MG/ML SOLUTION FOR INJECT INJECT UNDER THE SKIN Quantity: 0 Days Supply: 0 Refills: 0 Chronic N		as Written: NO	ADR's Accept Order Cancel

Figure 5-65: The CIR Tool Add Outpatient Medication window

The **CIR Tool Medication Order** dialogs contain the same validations for doses, quantities, and other required fields as occurs with medication ordering outside of the CIR Tool.

After adding the information and clicking **Accept Order**, the medication will display in the **Reconciled Medications** pane with an action of **CCDA: Add Outpatient**. The order is created and will be presented for signature when the session is finalized as described in Section 6.0.

5.3.2.3 Do Not Add, Discontinued

Selecting **Do Not Add**, **Discontinued** adds a check mark in the **Clinical Document** pane (Figure 5-66) and marks the medication in the **Reconciled Medications** pane (Figure 5-67).

Clinical Document Set All Reviewed						
	Medication	Description	Status	Source	Last Date	Action
+	ARANESP 0.5 MG/ML	ONCE A WEEK	Active	Dr Hen	6/20/2015	
+	TYLENOL 500MG	AS NEEDED	Active	Dr Hen	6/20/2015	1

Figure 5-66	: Clinical Document	nane with chec	k mark in /	Action column
i igui e e ee	. Omnour Doounnent	pune with one		

Reconciled Medications							
lication	New Ou	tpatient Me	dicatio	n	Accept Meds	Cancel	
Medicati	on	Description	Status	Actio	n		
TYLENOL	500MG	AS NEEDED	Active		S: Reviewed, No A ot Add, Discontin		$\hat{}$

Figure 5-67: Reconciled Medications pane with action CCDA: Do Not Add, Discontinued

5.3.2.4 Do Not Add, Redundant

Selecting **Do Not Add, Redundant** marks the medication (Figure 5-68 and Figure 5-69) in the **Reconciled Medications** at the bottom.

Clinical Document Set All Reviewed				iewed			
Γ		Medication	Description	Status	Source	Last Date	Action
	+	ARANESP 0.5 MG/ML	ONCE A WEEK	Active	Dr Heni	6/20/2015	×
	+	TYLENOL 500MG	AS NEEDED	Active	Dr Heni	6/20/2015	

Figure 5-68: Clinical Document pane with check mark in Action column

Reconciled Medications						
side Medication	New Outpatient	Medicatio	on	Accept Meds	Cancel	
Medication	Description	Status A	ction	,		
ARANESP 0.5 MG/N	IL ONCE A WEEK			Reviewed, No Actio Add, Redundant	on CCDA:	< >

Figure 5-69: Reconciled Medications section showing action CCDA: Do Not Add, Redundant

5.3.2.5 View Details

Selecting **View Details** opens a new window where the medications details are listed. If there is a matching medication in the RPMS pane (Figure 5-70), the details for that medication will also be shown.

Oetails					-		Х
Patient: Demo,Patien	txs HR#: 500020						
RPMS				Clinical Docume	nt		
Medication	Details		Medication	Details			
ARANESP 0.5 MG/ML	Prescription #: Prescriber: Sig: Days Supply: Quantity: Last Filled: Refills Remaining: Filled: Pharmacist: Start Date: Start Date: Status: RXNorm Code:	1500335 DEMO,PROVIDER MN INJECT 1 ML UNDER TH 28 4 8/6/20 0 8/6/20 (Window) relea DEMO,PROVIDER MN 8/6/20 9/3/20 ACTIVE 731241		Medication: Sig: Status: Code: Source: Route: Last Filled: Start Date: Stop Date:	ARANESP ONCE A 1 Active 731241 Dr Henr: INTRAVE 6/20/20 6/20/20 6/29/20	WEEK y Sev NOUS 15 15	

Figure 5-70: Details window for medications in CIR Tool

You may right-click the medication to see all the same actions as on the main window except for View Details (Figure 5-71).

Clinical Document							
Medication	ı	Details					
ARANESP 0	.5 MG/ML	Medication: Sig:	ARANESP 0.5 MG/ ONCE A WEEK	ML			
	Ad	dd to Outside Medi					
	Add as Outpatient Medication						
Do Not Add, Discontinued							
Do Not Add, Redundant							

Figure 5-71: Right-click actions on medication Details window in CIR Tool

5.3.3 Review the Reconciled Items

Once all the medications have been reconciled, you may review the items and the actions taken in the **Reconciled Medications** pane (Figure 5-72) at the bottom of the main CIR Tool window. Each item from RPMS and each item from the clinical document that had an action taken on it will be listed, along with the **Description** and **Status**.

Reconciled Medications					
New Outside Me	New Outside Medication New Outpatient Medication		Accept Meds Cancel		
Medication	Description	Status	Action		
ARANESP 0.5 MG/ML SOLUTION FOR INJECTION SYRINGE	INJECT 1 ML UNDER THE SKIN WEEKLY	ACTIVE	RPMS: Reviewed, No Action		
CEPHALEXIN 500MG CAP*	TAKE ONE CAPSULE BY MOUTH EVERY 6 HOURS	PENDING	RPMS: Reviewed, No Action		
ARANESP 0.5 MG/ML	ONCE A WEEK	Active	RPMS: Reviewed, No Action CCDA: Do Not Add, Redundant		
TYLENOL 500 MG TABLET	TAKE ONE (1) TABLET BY MOUTH	PENDING	CCDA: Add Outside		
CEPHALEXIN 500MG CAP, ORAL	TAKE ONE (1) CAPSULE BY MOUTH THREE TIMES A DAY	PENDING	RPMS: Changed		

Figure 5-72: The Reconciled Medications section of the CIR Tool with various actions listed

5.3.3.1 New Outside Medication

If needed, you may add a completely new Outside medication from this section by clicking the **New Outside Medication** button. Clicking this button opens a blank **Add Non-VA Medication** window (Figure 5-73). You may search for a medication and complete the remaining information as usual.

Add Non-VA Medication			_		×
				Cł	nange
			Pt Wt on 4/14/2	015 150	b (68 kg)
Dosage	Route		Schedule		
					PRN
			3XW		~
			5XD		
			AC		
			AC&HS		
					~
Comments:					
Statement/Explanation		Hom	ne Medication Lis	st Source	
Outside medication not recommended by	v provider.	O Patient ^			
Outside medication recommended by pro	ovider.	\bigcirc A list the patient may have			
Patient buvs OTC/Herbal product without	t medical advice.	01	Medications ther	nselves	
Medication prescribed by another provid	er.	0	Friend		
		0	Family member		
		 Medical record 			
		 Patient's pharmacy 			
		0	Patients primary	care physi	ician 🗸
Medication Reason:					
Location of Medication					
O Home O Hospital O Other					
Start Date: Last Dose Tak	en:				
				Accept	Order
				Car	ncel

Figure 5-73: The CIR Tool Add Non-VA Medication window

The CIR Tool medication order dialogs contain the same validations for doses, quantities, and other required fields as occurs with medication ordering outside of the CIR Tool.

5.3.3.2 New Outpatient Medication

If needed, you may add a completely new Outpatient medication from this section by clicking the **New Outpatient Medication** button. Clicking this button opens a blank **Add Outpatient Medication** window (Figure 5-74). You may search for a medication and complete the remaining information as usual.

Add Outpatient Medication		_		×
			Cha	inge
		Pt Wt on 4/14/2		_
Dosage Complex	-			
Dosage	Route	Schedule		PRN
		3XW		
		5XD		
		AC		
		AC&HS		
				\sim
Patient Instructions Days Supply Qty (TAB) Refills	Clinical Indication	Chronic Med Dispense as	Priority	~
Pick Up		Written	✓ Disch Medi	arge cation
Notes to Pharmacist:				
Quantity: 0 Days Supply: 0 Refills: 0 Chronic	Medication: NO Dispen	se as Written: NO	ADR	
			Accept (Canc	

Figure 5-74: The CIR Tool Add Outpatient Medication window

The CIR Tool medication order dialogs contain the same validations for doses, quantities, and other required fields as occurs with medication ordering outside of the CIR Tool.

5.3.3.3 Accept Meds

Until the reconciled medications are accepted, the changes are not finalized to the record. To accept all the reconciled medication information and not the problem and adverse reaction information, click **Accept Meds**. If you reconciled or will reconcile other items, use the **Accept All** button (see Section 6.1) after all reconciliation has been completed.

When the **Accept** button is used but not all medications have been reviewed, the **Unreviewed items** warning (Figure 5-75) displays.



Figure 5-75: Unreviewed items warning for Medications

Click **Yes** to continue anyway, or **No** to go back and review the remaining medications.

If there are no unreviewed medications or if you choose **Yes** on the **Unreviewed items** warning, the **Review/Sign Changes** window (Figure 5-76) displays. The reconciled items display along with any other items needing signature.

Review/Sign Changes for Demo,Patientxs					
Signature will be applied to checked items All Orders Except Controlled Substance Orders					
CIR Reconciled Medications ✓ ARANESP 0.5 MG/ML SOLUTION FOR INJECTION SYRINGE: RPM ✓ CEPHALEXIN 500MG CAP*: RPMS: Discontinued ✓ FERROUS SULFATE 325MG TAB : RPMS: Renew ✓ ARANESP 0.5 MG/ML: RPMS: Reviewed, No Action CCDA: Do Not ✓ TYLENOL 500 MG TABLET: CCDA: Add Outside Orders - Reconciled Medications ✓ Discontinue CEPHALEXIN 500MG CAP, ORAL 500MG TAKE ONE (1) ✓ FERROUS SULFATE 325MG TAB TAKE ONE (1) TABLET AFTER M ■ TYLENOL 500 MG TABLET TAKE ONE (1) TABLET BY MOUTH Pati					
< >>					
Electronic Signature Code:					
Sign Cancel					

Figure 5-76: Review/Sign Changes with the CIR Reconciled Medications and Orders

Enter your electronic signature and click **Sign**. The CIR Tool information for Medications resets and the CCDA document reflects the reconciliation type and date.

5.3.3.4 Cancel

If you do not want to complete the reconciliation of the medications, or if you want to undo your changes for the medications only, click the **Cancel** button. There is no confirmation of this action. Clicking **Cancel** removes all the previously selected actions for medications immediately. If you want to reset the entire CIR Tool, use the **Cancel All** button instead.

6.0 Finalize the Reconciliation

6.1 Accept All

If you reconciled items in more than one tab, use the **Accept All** button when you are finished to finalize the session and sign the information and orders.

If you click **Accept All** and there is data on other tabs that has not been reviewed, the **Not all sections are reviewed** warning (Figure 6-1) displays.



Figure 6-1: Not all sections are reviewed warning

Click **Yes** to continue with accepting only the reconciled data or click **No** to reconcile other data on other tabs.

If all data was reviewed or if you click **Yes** on the **Not all sections reviewed** warning, the Order Check system will fire. If any issues are found, the **Adverse Reaction Order Checking – Source** window (Figure 6-2) displays.

Adverse Reaction Order Checking - Source: IHS	_		<
Duplicate order: Outside Med ARANESP 0.5 MG/ML INJ, ML UNDER THE SKIN 3 TIMES A WEEK Medication presc provider. Medication Location: HOME Home Medication	ribed by ano	ther	~
Duplicate order: ARANESP 0.5 MG/ML INJ,SOLN 500 IN SKIN 3 TIMES A WEEK [UNRELEASED]	JECT 1 ML UN	NDER THE	
Duplicate order: ARANESP 0.5 MG/ML INJ,SOLN 500 IN SKIN 3 TIMES A WEEK [UNRELEASED]	JECT 1 ML UN	NDER THE	
Previous adverse reaction to: PENICILLIN-G RELATED PEI Reac: RASH (0/0/19) Src: FAMILY (CEPHALEXIN 500MG C ONE (1) CAPSULE BY MOUTH EVERY 6 HOURS [PENDIN	AP,ORAL 50		
Duplicate order: ARANESP 0.5 MG/ML INJ,SOLN 500 IN SKIN 3 TIMES A WEEK [UNRELEASED]	JECT 1 ML UN	NDER THE	
Duplicate order: ARANESP 0.5 MG/ML INJ,SOLN 500 IN SKIN 3 TIMES A WEEK [UNRELEASED]	JECT 1 ML UN	NDER THE	
Duplicate order: Outside Med ARANESP 0.5 MG/ML INJ, ML UNDER THE SKIN 3 TIMES A WEEK Medication presc provider. Medication Location: HOME Home Medication	ribed by ano	ther	~
	ОК	Cancel	

Figure 6-2: The Adverse Reaction Order Checking – Source window

Click **OK** to continue or **Cancel** to return to the CIR Tool. If you click **OK**, the **Review/Sign Changes** window (Figure 6-3) displays. The reconciled items display along with any other items needing signature.

Review/Sign Changes for Demo, Patientxs
Signature will be applied to checked items All Orders Except Controlled Substance Orders
 CIR Adverse Reaction Reconciliation PENICILLIN: RPMS: Reviewed, No Action Ampicillin: CCDA: Do not add, not clinically significant Penicillin G benzathine: RPMS: Reviewed, No Action CCDA: Do Not. CIR Reconciled Medications ARANESP 0.5 MG/ML SOLUTION FOR INJECTION SYRINGE: RPM CEPHALEXIN 500MG CAP*: RPMS: Reviewed, No Action ARANESP 0.5 MG/ML: RPMS: Reviewed, No Action CCDA: Do Not TYLENOL 500 MG TABLET: CCDA: Add Outside CIR Reconciled Problems Severe hypothyroidism: RPMS: Reviewed, No Action CCDA: Do Not / Iron deficiency anemia: RPMS: Reviewed, No Action CCDA: Do Not / Essential hypertension: CCDA: Add
< >
Electronic Signature Code:
Sign Cancel

Figure 6-3: The Review/Sign Changes window with the reconciled items and their actions

The CIR Tool information resets and each reconciled CCDA document will reflect the reconciliation type and date (Figure 6-4).

Generated by CCDA								
	Select	Source	Responsible Party	Encounter Date	Created	Class	Reconciled	Status
	✓	Community Health and Hospitals	Dr Henry Seven	06/20/2015 to 06/22/2015	8/6/2020	CCDA	P(8/9/2020) A(8/9/2020) ; M(8/9/2020)	

Figure 6-4: Generated by CCDA pane with reconciled CCDA

6.2 Cancel All

If you do not want to complete the reconciliation, or if you want to undo all your changes so far, click the **Cancel All** button. The **Remove All Reconciliation Changes** warning (Figure 6-5) displays.

Remove All Reconciliation Changes				
Clicking OK will reset all reconciled chang defaults.	ges for this patient t	o the session		
	ОК	Cancel		

Figure 6-5: The Remove All Reconciliation Changes warning

Clicking **Cancel** will return you to the CIR Tool with the existing changes intact. Clicking **OK** will remove all of the previously selected actions for **Problems**, **Adverse Reactions**, and **Medications**.

Appendix A 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: <u>https://home.ihs.gov/security/index.cfmhttp://security.ihs.gov/</u>.

Note: Users must be logged on to the IHS D1 Intranet to access these documents.

The ROB listed in the following sections are specific to RPMS.

A.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).

A.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.

A.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.

A.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.

A.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.

A.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.

A.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).

A.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.

A.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.

A.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.

A.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.

A.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.

A.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.

A.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.

A.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.

A.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

CIR Tool

The EHR component used to reconcile a patient's problems, adverse reactions, and medications from outside sources.

Clinical Informaticist

A person who works in Clinical Informatics, a discipline of managing and utilizing patient health information to improve health care. Clinical Informaticist is a general term, and specific disciplines may use more specific terms such as Nurse Informaticist or Pharmacy Informaticist.

Clinical Information Reconciliation

In the context of Electronic Health Records, the ability to review information from a patient's medication list, allergies and intolerances list, and problem list, by comparing the information from at least two sources side by side, create a single list for each type, and review and validate the final set of data to incorporate into the record.

Non-VA Medications

Also known as Outside Medications, this is the mechanism for a user to document a patient's herbal, over the counter, and home medications that are not prescribed or managed by the site's providers.

Outpatient Medications

Medications primarily meant to be dispensed or administered to patients who are not admitted to a hospital unit or ward. For RPMS, the Pharmacy package that manages these types of medications for patients.

Outside Medications

See Non-VA Medications.

Acronym List

Acronym	Meaning				
CAC	Clinical Application Coordinator				
CCDA	Consolidated Clinical Document Architecture				
CIR	Clinical Information Reconciliation				
CISO	Chief Information Security Officer				
EHR	Electronic Health Record				
GUI	Graphical User Interface				
HHS	U.S. Department of Health and Human Services				
HIM	Health Information Management				
HIPAA	Health Information Portability and Accountability Act				
ID	Identification				
IHS	Indian Health Service				
IPL	Integrated Problem List				
ISSO	Information System Security Officer				
IT	Information Technology				
ONC	Office of the National Coordinator				
PC	Personal Computer				
POV	Purpose of Visit				
ROB	Rules of Behavior				
RPMS	Resource and Patient Management System				
SAC	Standards and Conventions				
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms				
VA	Department of Veterans Affairs				
VIC	VistA Imaging Capture				
VistA	Veterans' Health Information Systems and Technology Architecture				
VPN	Virtual Private Network				

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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