

RESOURCE AND PATIENT MANAGEMENT SYSTEM

Electronic Health Record

(EHR)

Addendum to EHR User Manual

Version 1.1 Patch 38 July 2025

Office of Information Technology Division of Information Technology

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Preface

The following are Indian Health Service (IHS) components in the Resource and Patient Management (RPMS) Electronic Health Record (EHR).

- Activity Time
- Immunizations
- IPL
- Triage Summary

1.0 Activity Time

1.1 Activity Time Panel

The Activity Time panel refers to how much provider time was involved in providing and documenting the service or performing an activity. The activity is always recorded minutes. EHR calculates the total activity time for both the Encounter Time and Travel Time fields. Refer to the following figures:

- Figure 1-1: Activity Time Display in Small Pane–No Visit Selected
- Figure 1-2: Activity Time Display in Small Pane–Visit Selected
- Figure 1-3: Activity Time Normal View–No Visit Selected
- Figure 1-4: Activity Time Normal View–Visit Selected

If the area in EHR for the component's placement is small, the component will only display manual **Encounter Time** or **Travel Time** data entry fields.





Figure 1-1: Activity Time Display in Small Pane–No Visit Selected

Figure 1-2: Activity Time Display in Small Pane–Visit Selected



Figure 1-3: Activity Time Normal View-No Visit Selected



Figure 1-4: Activity Time Normal View–Visit Selected

1.2 Manual Data Entry

To add values to the **Activity Time** panel (Figure 1-5), you can do one of the following:

- Click in the **Encounter Time** or **Travel Time** fields and directly type the time spent.
- Click the **Up** and **Down** arrows to adjust the value up or down in one-minute increments.

Total time sums up entered time values from both **Encounter Time** and **Travel Time**.

Encounte	er Time	Travel Time	
4 0	⊡ →	15 📑	
		Cancel	OK
Total Time: 55 Minutes			v1.0.8935.22150

Figure 1-5: Manual Data Entry dialog

- 1. Select a **patient** and a **visit**.
- 2. Navigate to the Activity Time component.
- 3. Enter the **amount of time** in the **Encounter Time** field. The **Up** and **Down** arrows will change that value by + or 1.
- 4. Enter the **amount of time** in the **Travel Time** field. The **Up** and **Down** arrows will change that value by + or 1.
- 5. Click the **OK** button save the data or click the **Cancel** button to remove entered data.

1.3 Clock Data Entry

To add values to the **Activity Time** panel, you can either click in the **Encounter Time Clock** or **Travel Time Clock**.

Refer to the following figures:

- Figure 1-6: Single Click 1-Minute Increment
- Figure 1-7: Single Click in 1-Minute Increment–Then Double Click
- Figure 1-8: Single Click in 5-Minute Increment
- **Figure 1-9:** Single Click in 5-Minute Increment Then Double Click

You can select a specific minute or within a 5-minute increment to enter values. Total time sums up entered time values from both **Encounter Time** and **Travel Time**.



Figure 1-6: Single Click 1-Minute Increment



Figure 1-7: Single Click in 1-Minute Increment–Then Double Click



Figure 1-8: Single Click in 5-Minute Increment



Figure 1-9: Single Click in 5-Minute Increment Then Double Click

- 1. Select a **patient** and a **visit**.
- 2. Navigate to the Activity Time component.
- 3. Single-click the **Encounter Time** clock. The clock is partitioned into 5-minute increments and displays 1-minute increments on the outer circle of the clock. Example, 40 (5 min) or 38 (1 min).
- 4. Double-click in same area of **clock**. Time field is updated with an addition 60 minutes. Each double-click adds an additional 60 minutes.
- 5. Click the **OK** button to save data or click the **Cancel** button to remove entered data.

2.0 Immunizations

2.1 Introduction

The **Immunizations module (IMM)** (Figure 2-1 and Figure 2-2) enables the viewing, editing, and adding of immunization information for patients into the Resource and Patient Management System (RPMS). It requires that **Version 8.0** or later of the **RPMS Immunization** package be installed.

This component enables the provider to see immediately which vaccines the patient has received, and which ones are needed. This component has been extensively redesigned to improve user experience.

🔏 Immi	unizati	ion Rec	ord 🙃						State Immunizat	ion Profile	Immunizations from C	Jutside Sourc	es						
- · ·									Colore Internet		Updates: Arizona: Sep	03, 2024@0	9:11:57				Go	To Reconciliation	lefresh States
Forecast											L								
COV,NOS										Due 🔘	Contraindications							Add	Delete
FLU,NOS										Due 🔘	Source			Reacti	ion			Dat	te
Immunia	zation H	listory	0															Ac	tions +
Registr	у 🏹	cvx 🏹	Vaccine 🍸	Visit Date 😵	Age@Visit 🏹	Location	Reaction V	Volume 🏹	Inj. Site 🏾 🍸	Lot 🏹	Manufacturer 🛛 🏹	VIS Date 🏹	Administered By	Vaccine Eligibility 🏹	Ordered By 🍸	VIS Presented 🏹	Admin Date 🏹	Admin Notes	ŀ
RPMS	ONLY	30	HBIG	08/21/2024	23 yrs	2017 DEMO CLINIC TEHRC		0.05	Right Arm ID	BB123456	GLAXOSMITHKLINE	07/31/2024	STRUBLE, FAY	Not Eligible	STRUBLE, FAY	08/26/2024	08/26/2024		
RPMS	ONLY	114	Menactra	08/21/2024	23 yrs	2017 DEMO CLINIC TEHRC		0.5	Left Thigh IM	U5567CA (KIDS)	SANOFI PASTEUR	08/06/2021	STRUBLE, FAY	Not Eligible	STRUBLE, FAY	08/26/2024	08/26/2024		
RPMS	ONLY	217	COV,PfrAdo	07/29/2024	23 yrs	2017 DEMO CLINIC TEHRC		0.3	Right Thigh SQ	PFTRIS217	PFIZER, INC	12/08/2022	STRUBLE, FAY	Not Eligible	STRUBLE, FAY	07/29/2024	07/29/2024		1
RPMS	ONLY	33	PNEUMO-PS	07/08/2024	23 yrs	Other								Not Eligible			07/08/2024	Received from AZ Sta	ate Registry
RPMS	ONLY	88	FLU,NOS	04/24/2024	23 yrs	Walgreens								Not Eligible			04/24/2024		1
RPMS-	+AZ	186	FLU-ccl4	04/24/2024	23 yrs	Walgreens								Not Eligible			04/24/2024		
RPMS-	+AZ	141	FLU-IIV3	04/17/2024	23 yrs	Test								Not Eligible			04/17/2024		
RPMS-	+AZ	113	Td-ADULTpf	04/24/2020	19 yrs	2017 DEMO CLINIC TEHRC		0.5	Left Deltoid IM	XYZ321	SANOFI PASTEUR	04/11/2017	ALLEN, MIKE	Not Eligible			04/24/2020	Can you see this note	e?
RPMS+	•AZ	141	FLU-IIV3	12/08/2015	15 yrs	Sioux Falls Sanford								Am Indian/AK Native			12/08/2015		
RPMS-	+AZ	111	FLU-LAIV3	09/11/2012	12 yrs	St. Joe's		0									09/11/2012		
RPMS-	+AZ	62	HPV-4v	04/05/2012	11 yrs	2017 DEMO CLINIC TEHRC		0.5	Right Deltoid IM	1261AA	MERCK & CO.	05/03/2011	WHITEMOUSE, DAVID R	Am Indian/AK Native			04/05/2012		
RPMS-	+AZ	114	Menactra	04/05/2012	11 yrs	2017 DEMO CLINIC TEHRC		0.5	Right Deltoid IM	U4098AB	SANOFI PASTEUR	10/14/2011	WHITEMOUSE, DAVID R	Am Indian/AK Native			04/05/2012		
RPMS-	+AZ	115	Tdap	04/05/2012	11 yrs	2017 DEMO CLINIC TEHRC		0.5	Left Deltoid IM	AC52B065AA	GLAXOSMITHKLINE	11/18/2008	WHITEMOUSE, DAVID R	Am Indian/AK Native			04/05/2012		
RPMS-	+AZ	141	FLU-IIV3	10/07/2011	11 yrs	St. Joe's		0									10/07/2011		
RPMS	+AZ	18	RABIES, IM	04/28/2011	10 yrs	2017 DEMO CLINIC TEHRC													
RPMS-	+AZ	62	HPV-4v	11/30/2010	10 yrs	2017 DEMO CLINIC TEHRC		0.5	Right Deltoid IM	0766Z	MERCK & CO.	03/30/2010	SWENSON, MATT	Am Indian/AK Native			11/30/2010		-

Figure 2-1: Immunizations Record window No Reconciliation Needed

🔏 Immuniz	ation De	cord 🙃						State las	munication Dealle		Immunizatio	ns from Outsi	ide Sources						
Francis	auton rec							State III	munization Profile		Immunization Updates: Ari	s need attenti zona: Sep 01.	ion 2024@12:26:30					Go To Reconcilia	ion Refresh States
COVINOS									D	ue 🔿	<u> </u>								
FLUNOS									0	ue O	Contraindica	ions							Add Delete
70S-Sharr									-		Source				Reaction	н. — — — — — — — — — — — — — — — — — — —			Date
Loo ongix																			
Immunizatio	n History	0																	Actions +
Registry *	CVX Y	Vaccine 🛛 🕅	Visit Date V	Age@Visit 🏹	Location 🛛 🕅	Reaction 🏹	Volume 🏹	Inj. Site 🏾 🏹	Lot 🕅	Manufa	acturer 🏻 🍸	VIS Date 🏹	Administered By 🍸	Vaccine Eligibility 🏹	Ordered By 🍸	VIS Presented 🏹	Admin Date 🍸	Admin Notes	٧
RPMS ONL	Y 130	DTaP (KINRIX)	08/22/2024	62 yrs	2017 DEMO CLINIC TEHRC		0.5	Left Thigh IM	43HB3 (Kids)	GLAXO	OSMITHKLINE	07/24/2023	STRUBLE, FAY	Not Eligible	STRUBLE, FAY	08/22/2024	08/22/2024		
RPMS ONL	Y 130	IPV (KINRIX)	08/22/2024	62 yrs	2017 DEMO CLINIC TEHRC		0.5	Left Thigh IM	43HB3 (Kids)	GLAXO	OSMITHKLINE	07/24/2023	STRUBLE, FAY	Not Eligible	STRUBLE, FAY	08/22/2024	08/22/2024		
RPMS ONL	Y 20	DTaP	08/01/2024	62 yrs	Warm Springs Health Cent									Not Eligible			08/01/2024		
RPMS+AZ	33	PNEUMO-PS	06/17/2024	62 yrs	2017 DEMO CLINIC TEHRC		0.5	Left Thigh SQ				10/30/2019	STRUBLE, FAY	Not Eligible	STRUBLE, FAY	06/20/2024	06/20/2024		
RPMS+AZ	187	ZOS-Shgrx	04/09/2024	62 yrs	2017 DEMO CLINIC TEHRC		0.5	Left Thigh IM				02/04/2022	STRUBLE, FAY	Not Eligible	STRUBLE, FAY	04/11/2024	04/11/2024		
 AZ ONLY 	228	COV.ModTot	04/04/2024	62 yrs	OTHER		.25		MODSPI234									Moderna US, Inc	
RPMS+AZ	115	Tdap	04/04/2024	62 yrs	2017 DEMO CLINIC TEHRC		0.5	Left Thigh SQ	C5212BA (Kids)	SANO	FI PASTEUR	08/06/2021	STRUBLE, FAY	Not Eligible	STRUBLE, FAY	04/04/2024	04/04/2024		

Figure 2-2: Immunizations Record window with Reconciliation Needed

The **IMM** component continues with background features enabling RPMS to query the **State IIS** to retrieve and store IIS history and forecast data, making it available for any RPMS application. Potential settings for this capability may include:

• 2015 Certification requires that additional information received from a state registry be included and visible. This displays when the user clicks the **State Profile** button, and a site has established a state IIS connection.

- Querying the **State IIS** for all patients with an upcoming (e.g., next day) appointment.
- Querying the **State IIS** for a single patient upon check-in to a clinic.
- Querying the **State IIS** for a single patient on demand by the nurse or provider.

By comparing the local facility's immunization record and forecast with that from the state, users will have a more complete picture of the patient's immunization history, discover immunizations done elsewhere that should be added to the local record, and minimize the risk of over-immunization.

If the patient may have received immunizations at locations other than the local one, and the other location's system is set up for immunization exchange with one or more states, there may be information available in the State IIS that can be incorporated into the local RPMS system. This information can be viewed by accessing the **State Immunization Profile** drop-down menu. It displays the **State Immunization Exchanges** that are configured for the site and allows for additional information to be displayed and printed for the patient.

The **Immunization** component may be placed anywhere in the EHR. With the expanded functionality, it may need to be moved to a larger space in order to efficiently view and utilize all the functionality.

- Forecast pane (upper left)–Contains a list of immunizations that are Due or Past Due, as derived from the ICE Forecasting System. A user can enter a vaccine directly from this pane by double-clicking the row containing the vaccine name (refer to Section 2.4.1 for more information).
- Immunizations From Outside Sources pane (upper right)–Contains the Refresh States button that enables the user to display the latest information regarding outside vaccine sources (currently configured State Registries in RPMS), along with the date/time of the most recent query response from the state (refer to Section 2.2 for more information).
- **Contraindications pane**–Displays the patient's contraindications, such as a history of chicken pox or reactions to specific vaccines.
- **Immunization History pane**–Displays all immunizations that have been received from the state or entered into the RPMS. All columns can be sorted by left-clicking a column heading. If no vaccination information for a patient is present in RPMS, the grid is empty.

The **Immunization History** pane also allows the user to display a visit detail by right-clicking any item in the grid. Use this to display the **visit detail** for a selected record (refer to Section 2.9 for more information).

Note: This component can be configured so that a particular user or class, for example users assigned the **BGOZ VIEW ONLY** key, cannot add/edit the immunization record.

2.2 Immunizations From Outside Sources

The **Immunizations** module allows users to reconcile incoming vaccine state registry information that displays as **<State Only>**. These entries do not match up to any patient immunization record contained in EHR/RPMS.

The Immunizations From Outside Sources banner color (Figure 2-3) is orange and a message is presented in the text box, Immunizations need attention. The **Go to Reconciliation** button (Go To Reconciliation) is enabled.

Immunizations from Outside Sources	
Immunizations need attention Updates: Arizona: Aug 23, 2024@07:53:50	Go To Reconciliation

Figure 2-3: Immunizations From Outside Sources banner

1. User clicks the **Go to Reconciliation** button.

A new dialog opens called Immunization Reconciliation.

- The system displays a drop-down list that allows the user to manage all states at one time or manage them individually by selecting a state. This is only applicable if the site is configured with a connection to more than one IIS registry.
- The system displays the Add button disabled and the Edit button disabled.
- The Immunizations Reconciliation dialog (Figure 2-4) displays two tables.
 - The top table is all the **State-Only** vaccines that need to be reconciled.
 - The bottom table is all the **RPMS only** and **RPMS + <State>** entries in the **V Immunization** file, excluding entries where the visit is locked.

9													1753			×
mmunization Reco	nciliatio	n														
State Registries:	AZ		~	Add	Edit											
Vaccine	7	VX 🟹 Regis	try	T	Age@Visit 🏹 \	/isit Date 🟹 Admini	stered On	7	Dose	V N	lanufacturer	V	Lot Numbe	r V	Locati	on 🝸
FLU-IIV3	1	41 AZ O	NLY		8 yrs 1	0/29/2008									OTHE	2
FLU-IIV3	1	41 AZ O	NLY		9 yrs 1	0/02/2009									OTHE	2
Td-ADULT	9	AZO	NLY		19 yrs 0	4/24/2020							XYZ321		OTHE	2
RPMS Immuniza	tions				2					P		[✓ Filter	to ma	atch se	lection
RPMS Immuniza	tions	Registry	P	Age@Visit \	Visit Date 🗸	Administered Or 🏹	Dose V	Manufa	cturer	V	Lot Number 🏹	Location	✓ Filter	to ma	atch se	lection
RPMS Immuniza Vaccine V COV,PfrAdo	tions CVX V 217	Registry RPMS ONLY	T	Age@Visit \ 23 yrs	Visit Date V 07/29/2024	Administered Or V 07/29/2024	Dose 7	Manufae PFIZER,	cturer INC	V	Lot Number V PFTRIS217	Location 2017 DE	Filter	to ma	atch se	lection
RPMS Immuniza Vaccine V COV,PfrAdo DTaP	tions	Registry RPMS ONLY RPMS+AZ	P	Age@Visit S 23 yrs 3 mths	✓ Visit Date 07/29/2024 12/12/2000	Administered Or 77 07/29/2024	Dose V 0.3	Manufac PFIZER,	cturer INC	V	Lot Number V PFTRIS217	Location 2017 DE 2017 DE	Filter	to ma TEHRI TEHRI	atch se	lection
RPMS Immuniza Vaccine V COV,PfrAdo DTaP DTaP	tions CVX V 217 20 20	Registry RPMS ONLY RPMS+AZ RPMS+AZ	Ą	Age@Visit 5 23 yrs 3 mths 5 mths	Visit Date V 07/29/2024 12/12/2000 02/13/2001	Administered Or	Dose V 0.3	Manufar PFIZER,	cturer INC	V	Lot Number V PFTRIS217 U0320AB	Location 2017 DEI 2017 DEI 2017 DEI	Filter	to ma TEHRI TEHRI TEHRI	atch se	lection
RPMS Immuniza Vaccine V COV,PfrAdo DTaP DTaP DTaP DTaP	tions CVX V 217 20 20 20 20	Registry RPMS ONLY RPMS+AZ RPMS+AZ RPMS+AZ	Å	Age@Visit S 23 yrs 3 mths 5 mths 7 mths	Visit Date V 07/29/2024 12/12/2000 02/13/2001 04/16/2001	Administered Or	Dose ¥ 0.3	Manufad PFIZER,	cturer INC	V	Lot Number V PFTRIS217 U0320AB	Location 2017 DEI 2017 DEI 2017 DEI 2017 DEI	Filter	to ma TEHRI TEHRI TEHRI TEHRI	atch se	
RPMS Immuniza Vaccine V COV,PfrAdo DTaP DTaP DTaP DTaP	tions 217 20 20 20 20 20 20 20	Registry RPMS ONLY RPMS+AZ RPMS+AZ RPMS+AZ RPMS+AZ	Ţ	Age@Visit S 23 yrs 3 mths 5 mths 7 mths 13 mths	Visit Date V 07/29/2024 12/12/2000 02/13/2001 04/16/2001 10/16/2001	Administered Or 文 07/29/2024	Dose V 0.3	Manufac PFIZER,	cturer INC	V	Lot Number V PFTRIS217 U0320AB U0313AA	Location 2017 DE 2017 DE 2017 DE 2017 DE 2017 DE 2017 DE	Filter Filter O CLINIC MO CLINIC	TEHR TEHR TEHR TEHR	atch se	lection
RPMS Immuniza Vaccine V COV,PfrAdo DTaP DTaP DTaP DTaP DTaP DTaP	tions 217 20 20 20 20 20 20 20 20 20 20	Registry RPMS ONLY RPMS+AZ RPMS+AZ RPMS+AZ RPMS+AZ RPMS+AZ	T	Age@Visit S 23 yrs 3 mths 5 mths 7 mths 13 mths 57 mths 23 yrs	Visit Date V 07/29/2024 12/12/2000 02/13/2001 04/16/2001 10/16/2001 06/28/2005	Administered Or V 07/29/2024	Dose ¥ 0.3	Manufa PFIZER,	cturer INC	8	Lot Number V PFTRIS217 U0320AB U0313AA AC14A009BA	Location 2017 DE 2017 DE 2017 DE 2017 DE 2017 DE 2017 DE 2017 DE	Filter Filter O CLINIC O	to ma TEHR(TEHR) TEHR TEHR TEHR	c c c c c c c c c	lection
RPMS Immuniza Vaccine V COV,PfrAdo DTaP DTaP DTaP DTaP DTaP TaP DTaP FLU,NOS	tions 217 20 20 20 20 20 88 88	Registry RPMS ONLY RPMS+AZ RPMS+AZ RPMS+AZ RPMS+AZ RPMS+AZ RPMS-AZ	T	Age@Visit S 23 yrs 3 mths 5 mths 7 mths 13 mths 57 mths 23 yrs 38 mths	Visit Date V 07/29/2024 12/12/2000 02/13/2001 04/16/2001 10/16/2001 06/28/2005 04/24/2024	Administered Or 07/29/2024 04/24/2024	0.5	Manufa PFIZER,	cturer INC	7	Lot Number V PFTRIS217 U0320AB U0313AA AC14A009BA	Location 2017 DEI 2017 DEI 2017 DEI 2017 DEI 2017 DEI 2017 DEI Walgreet 2017 DEI		to ma TEHRI TEHRI TEHRI TEHRI TEHRI TEHRI	atch se c c c c c c c c	lection
RPMS Immuniza Vaccine V COV,PfrAdo DTaP DTaP DTaP DTaP DTaP DTaP TaP TaP TaP TaP TaP TaP TaP TaP DTaP D	tions 217 20 20 20 20 20 20 20 88 88 88 88	Registry RPMS ONLY RPMS+AZ RPMS+AZ RPMS+AZ RPMS+AZ RPMS-AZ RPMS-AZ RPMS-AZ	Ţ	Age@Visit 5 23 yrs 3 mths 5 mths 7 mths 13 mths 57 mths 23 yrs 38 mths 5 yrs	✓ Visit Date ♀ 07/29/2024 12/12/2000 02/13/2001 04/16/2001 04/16/2001 06/28/2005 04/24/2024 11/19/2003 10/27/2005	Administered Or 07/29/2024 04/24/2024	Dose 7 0.3	Manufa PFIZER,	cturer INC	8	Lot Number V PFTRIS217 U0320AB U0313AA AC14A009BA	Location 2017 DEI 2017 DEI 2017 DEI 2017 DEI 2017 DEI 2017 DEI 2017 DEI 2017 DEI 2017 DEI	Filter Filter O CLINIC MO CLINIC MO CLINIC MO CLINIC NO NO CLINIC NO NO	to ma TEHRI TEHRI TEHRI TEHRI TEHRI TEHRI TEHRI	etch se	lection

Figure 2-4: Immunization Reconciliation dialog

2.2.1 Add State Registry Vaccine as Historical Visit

- 1. Select a row from the State Registries table.
 - Multiple rows can be selected, to allow for batch entry of immunizations.
 - The system highlights the selected row orange identifying it as being selected by the user. If there are partially matching items in the RPMS table, the table will adjust (filter) and display potential matches or removes all entries from view.
 - The system enables the **Add** button.
- 2. Click the **Add** button (Figure 2-5).

3													1	_		×
mmunization Re	econcilia	tion														
Add Edi	lit															
Vaccine	A	CVX S	Registry		Y Age@Visit	t 🕅 Visit Date	X Administered	Dn S	Dose	V Manufactu	rer	V Lot	Numb	ber 🔻	Locatio	n V
FLU-IIV3		141	AZ ONLY		9 mts	01/05/200	06			1		U17	764AA	4	OTHER	
RPMS Immuni	izations						* Excl	ides locally-	administe	red immunization	s from lo	cked visits	Filte	er to mi	atch sel	ectio
RPMS Immunia	izations						* Excl	ides locally-	administe	red immunization	s from lo	cked visits] Filte	er to mi	atch sel	ectio
RPMS Immunia	izations T	CVX ¥	Registry	A	Age@Visit ¥	Visit Date V	* Excl Administered On	ides locally-	administe	red immunization	s from lo	cked visits	Filte	er to mi	atch sel	ectic
RPMS Immuni: Vaccine HEP 8 PED	izations V	CVX ¥	Registry RPMS+AZ	A	Age@Visit 🏹 1 mth	Visit Date 7 05/21/2005	* Excl	ides locally-	administe se V 1	red immunization Aanufacturer	s from lo	cked visits	Filte	er to mi Location Mid Dak	atch sel n k Med C	ectio
RPMS Immuni Vaccine HEP 8 PED BOTULINUM	izations V	CVX Y 8 27	Registry RPMS+AZ RPMS+AZ	A	Age@Visit V 1 mth 16 yrs	Visit Date V 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	ides locally-	administe se V I	red immunization Aanufacturer	s from lo	cked visits	Filte	er to mi Location Mid Dak Adak M	atch sel n k Med C ledical C	ectic V enter
RPMS Immuniz Vaccine HEP B PED BOTULINUM	izations V	CVX ¥ 8 27	Registry RPMS+AZ RPMS+AZ	Ą	Age@Visit ¥ 1 mth 16 yrs	Visit Date 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	ides locally-	administe se 🏹 I	red immunization Aanufacturer	s from lo	cked visits	Filte	er to ma Location Mid Dak Adak M	atch sel n k Med C ledical C	ecti S ente
RPMS Immuni: Vaccine HEP B PED BOTULINUM	izations T	cvx 😵 8 27	Registry RPMS+AZ RPMS+AZ	Å	Age@Visit V 1 mth 16 yrs	Visit Date 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	Ides locally-	administe se V I	red immunization Nanufacturer	s from lo	cked visits	Filte	er to mi Location Mid Dak Adak Mi	atch sel n k Med C ledical C	ecti S ente ente
RPMS Immuni: Vaccine HEP 8 PED BOTULINUM	zations	cvx ¥ 8 27	Registry RPMS+AZ RPMS+AZ	Å	Age@Visit 😵 1 mth 16 yrs	Visit Date V 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	Ides locally-	administe se V I	red immunization Manufacturer	s from lo	cked visits	Filte	er to mi Location Mid Dak Adak M	atch sel n k Med C ledical C	ect
RPMS Immuniz Vaccine HEP 8 PED BOTULINUM	zations	CVX ¥ 8 27	Registry RPMS+AZ RPMS+AZ	Å	Age@Visit ♥ 1 mth 16 yrs	Visit Date V 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	vdes locally-	administa se V I	red immunization	s from lo	cked visits	Filte	er to mi Location Mid Dak Adak Mi	atch sel n k Med C ledical C	ection
RPMS Immuni: Vaccine HEP 8 PED BOTULINUM	izations T	CVX ¥ 8 27	Registry RPMS+AZ RPMS+AZ	Å	Age@Visit 😵 1 mth 16 yrs	Visit Date V 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	vides locally-	administa se V I	red immunization	s from lo	cked visits	Filte	er to mi Location Mid Dak Adak Mi	atch sel n k Med C ledical C	ecti S ente
RPMS Immuniz Veccine HEP 8 PED BOTULINUM	zations V	CVX ¥ 8 27	Registry RPMS+AZ RPMS+AZ	Å	Age@Visit ₹ 1 mth 16 yrs	Visit Date V 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	V Dos	administe	red immunization	s from loo	cked visits	Filte	er to ma Locatior Mid Dak Adak Mi	atch sel n k Med C ledical C	ecti ente ente
RPMS Immuniz Vaccine HEP 8 PED BOTULINUM	zations	CVX 7 8 27	Registry RPMS+AZ RPMS+AZ	Å	Age@Visit 🖓 1 mth 16 yrs	Visit Date V 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	rides locally-	administe	red immunization	s from lo	cked visits	Filte	er to mi Locatior Mid Dak Adak Mi	atch sel n k Med C ledical C	ecti ente
RPMS Immuniz Vaccine HEP 8 PED BOTULINUM	izations Y	CVX ¥ 8 27	Registry RPMS+AZ RPMS+AZ	Å	Age@Visit 😵 1 mth 16 yrs	Visit Date V 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	vdes locally-	administe	rred Immunization	s from lo	Lot Number	Filte	er to mi Location Mid Dak Adak Mi	atch sel n k Med C ledical C	ection
RPMS Immuni: Vaccine HEP 8 PED BOTULINUM	izations Y	CVX ¥ 8 27	Registry RPMS+AZ RPMS+AZ	Å	Age@Visit 🖓 1 mth 16 yrs	Visit Date V 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	V Do	administe	red immunization	s from lo	cked visits	Filte	er to mi Location Mid Dak Adak M	atch sel n k Med C ledical C	ecti ente
RPMS Immuniz Vaccine HEP 8 PED BOTULINUM	zations Y	CVX ¥ 8 27	Registry RPMS+AZ RPMS+AZ RPMS+AZ	Å	Age@Visit ¥ 1 mth 16 yrs	Visit Date V 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	V Dos	administe	red immunization	s from lo	cked visits	Filte	er to mi Location Mid Dak Adak M	atch sel n k Med C ledical C	ection ente ente
RPMS Immuniz Vaccine HEP 8 PED BOTULINUM	izations T	CVX ¥ 8 27	Registry RPMS+AZ RPMS+AZ	Å	Age⊕Visit ♥ 1 mth 16 yrs	Visit Date V 05/21/2005 04/13/2022	* Excl Administered On 04/13/2022	V Dos	administa se V	red immunization Aanufacturer	s from lo	cked visits	Filte	er to mi Location Mid Dak Adak M	atch sel n k Med C ledical C	ecti ente ente

Figure 2-5: Immunization Reconciliation dialog Add Button enabled

The system opens the **Add External Immunization to Patient Chart** dialog (Figure 2-6 and Figure 2-7) prepopulated with data from State record. In lower right of dialog (if you selected more than one vaccine to add) you will see that it is displaying the first of two vaccines to be reconciled.

3. Review the content and click the **OK** button.

Click the **Skip** button IF multiple vaccines were selected to be added, but the user decides to ignore a vaccine.

×
el

Figure 2-6: Add External Immunization dialog For Single Vaccine Add

Add Historical I	nmunization	OK
Vaccine FLU	I-IIV3	Skip
Documented By	STRUBLE	Cancel All
Event Date	04/17/2024 12:00 AM	
Location	OTHER	
Lot		
Injection Site		
Volume		
Admin Notes	Received from AZ State Registry query response on Sep 03, 2024@09:11:57	

Figure 2-7: Add External Immunization dialog for Multiple Vaccines Add

- To cancel the single or multiple adds, select the **Cancel** or **Cancel All** buttons.
- After all vaccines that were selected have been added, the State Registries table will remove those entries and add them to the RPMS table on the main **Immunization Reconciliation** dialog.
- On the main **Immunization Reconciliation** dialog, the user must click **OK** to finalize saved changes or the Cancel button to undo saved changes.

If the user selects the **Cancel** button, the system displays the **Cancel Reconciliation** dialog (Figure 2-8) with the following message:

"Are you sure you wish to cancel reconciliations in progress? # unsaved actions will be undone. (Where # is the number of unsaved actions.)"

Cancel reconciliation?	\times
Are you sure you wish to cancel the reconciliation in progress? 1 unsaved actions will be undone.	
Yes No	

Figure 2-8: Cancel Confirmation dialog

If the user selects the **Yes** button, the **Immunization Reconciliation** dialog will close and return the user to the main Immunization module. The Immunization history table will now display those vaccines as **RPMS+<State>**.

2.2.2 Edit Existing EHR Immunization Entry with State Registry Vaccine

- 1. Select a row from the **State Registries** table.
 - The system enables the **Add** button.
 - The system highlights the selected row orange identifying it as being selected by the user. If there are partially matching items in the RPMS table, the table will adjust (filter) and display potential matches or removes all entries from view.
- 2. Select a row to update from the **RPMS Immunization** table.
 - The system enables the edit button (Figure 2-9).

9															-		×
Immunizat	tion Reconcilia	ation															
Add	Edit																
Vaccine	2	CVX S	Registry		Y Age@	Visit 🝸	Visit Date	Administered	On	Y	Dose 🕅	Manufacturer		V Lot Nu	mber	V Locat	ion 🍸
FLU-IIV3		141	AZ ONLY		9 mts		01/05/200	6						U1764	4A	OTHE	R
PDMS Im	munizations									selle- a das					ltar to	match r	
	and a second		1						oues io				- III			indicen p	
Vaccine	Y	CVX 🛛	Registry	7	Age@Visi	t 🛛 Vis	it Date 🝸	Administered On	V	Dose 5	Mar	ufacturer	V L	ot Number 🍸	Loca	tion	T
HEP B PED)	8	RPMS+AZ		1 mth	05	/21/2005								Mid	Dak Med	Center
BOTULINU	IM	27	RPMS+AZ		16 yrs	04	/13/2022	04/13/2022							Adak	Medical	Center

Figure 2-9: Immunization Reconciliation dialog Edit Button Enabled

- 3. Click the **Edit** button.
 - The system opens the Integrate External Immunization Into Existing Record dialog (Figure 2-10), which is pre-populated with data from the RPMS record. The top of the dialog will display the difference between the State entry and the RPMS entry if the vaccine does not match.
 - If the **Event** date does not match it will show the **RPMS Event** date and **State Registry Event** date in the event date section of the dialog.
 - The system displays two option buttons, **RPMS** and the **Value**. This is the default but can be changed to the **External** option button and the **State Value**. The user needs to determine whether RPMS or External is the correct value to set and save the record.

Edit Historical Im	mun	ization			OK
RP	MS	HEP B F	ED	۲	Cance
Exter	mal	FLU-IIV	3	0	
Documented By	ST	RUBLE			
Event Data		RPMS		۲	
Event Date		External	01/05/2006	0	
Location	Mi	d Dak M	ed Center		
Lot					
Injection Site					
Volume					
Admin Notes	Re qu 20	ceived fr ery resp 24@10:4	om AZ State Reg onse on Sep 04, 16:08.	istry	

Figure 2-10: Integrated External Immunization dialog

- 4. Review the **content** and make any appropriate changes (for example, if the option button default is not the desired value).
- 5. Click **OK**.
 - If the user wants to cancel the edit, click **Cancel**.
 - After the vaccine that was selected has been edited, the **State Registries** table will remove that entry and add that entry to the RPMS table on the main **Immunization Reconciliation** dialog.
 - On the main **Immunization Reconciliation** dialog, the user must click **OK** to finalize saved changes or **Cancel** to undo saved changes.
 - If **Cancel** is clicked, the system displays a **Cancel Reconciliation** confirmation dialog (Figure 2-11) with a message describing the number of unsaved actions that will be undone.

Cancel reconciliation?	×
Are you sure you wish to cancel the reconciliation in progress? 1 unsaved actions will be undone.	
Yes No	

Figure 2-11: Cancel Reconciliation confirmation dialog

• If the user clicks the **OK** button, the **Immunization Reconciliation** dialog will close and return the user to the main **Immunization** module. The **Immunization History** table will now display those vaccines as **RPMS+<State>**.

2.3 Customizing the Immunization History Display

The **Immunizations** module allows users or sites to customize the **Immunization History** grid to improve usability. All changes will persist for a user but will not affect other users and can be removed later if desired without loss of data.

2.3.1 Sorting

- Each column can be sorted in multiple ways, as follows:
- Left-clicking sorts by age in the Age at Visit column.
- Left-clicking again reverses that sort.
- Left-clicking a third time returns the column to its original order.

Clicking the small **Funnel** icon (\square) at the top of any column displays a check-box list of all items in the column. A check box can be selected so only those data display. The **Small Funnel** icon (\square) turns color to show that a filter is enabled (Figure 2-12).

ine Visit Date V Age@Vis	it V	Immunization	History 🕜			
Select All	*	Registry 🕅	Vaccine 🍸	Visit Date 🏹	Age@Visit 🏹	Location
5 mths		RPMS ONLY	DTaP	10/16/2001	13 mths	2017 DEMO CL
🛅 7 mths		RPMS ONLY	ACTHIB	10/16/2001	13 mths	2017 DEMO CL
🔲 13 mths	-	RPMS ONLY	MMR	10/16/2001	13 mths	2017 DEMO CL
27 mths		RPMS ONLY	IPV	10/16/2001	13 mths	2017 DEMO CL
33 mths		RPMS ONLY	PCV-7	10/16/2001	13 mths	2017 DEMO CL
C 38 mths	н	RPMS ONLY	VARICELLA	10/16/2001	13 mths	2017 DEMO CL
С 57 mths 5 утз						

Figure 2-12: Selecting Just 13-Month-Old display example

2.3.2 Columns

When the component is installed, there are 17 columns initially displayed in the **Immunization History**. Some users may need to see all 17, but others may determine that not all columns are needed for their use. Columns can be hidden if desired, but the data is not removed, and this will not affect any other users.

To hide a column right-click any column header. Be aware that left-clicking a column sorts it. Right-click displays the list of all the columns that can be hidden.

Note: Some columns, such as CVX Code, Vaccine, Registry, and Date, do not appear on this list and cannot be hidden.

All columns selected with check marks will display. If a user does not want to see a particular column, such as manufacturer or volume, they can clear that check box and the column will no longer display (Figure 2-13) in their personal EHR. This setting will persist for future logins for that provider. Any of these check boxes can be cleared.

Note: To restore the original 17 columns, simply click **Restore Defaults**.

Hiding some columns may improve the display for the user, as follows:

	tion Rec	ord O						Citata Immuniani	ine Profile	Immunizations from	Outside Source	65				
g mining in Lo	aonnee							State ininunza		Updates: Arizona: Se	p 03, 2024@0	9:11:57		Go To	Reconciliation	Refresh St
orecast																
COV,NOS									Due 🔾	Contraindications					Add	d Del
FLU,NOS									Due 🔾	Source				Reaction		Date
										000100				The Control of Control		Dette
Immunization	History	0														Actions
Registry S	CVX Y	Vaccine 9	Visit Date	Age@Visit Y	Location	P Reaction P	Volume V	Ini Site Y	Lot Y	Manufacturer 9	VIS Date V	Administered By	Y Admin Date	Admin Notes	Y	
RPMS ONLY	30	HBIG	08/21/2024	23 vrs	2017 DEMO CLINIC TEHRC		0.05	Right Arm ID	BB123456	GLAXOSMITHKLINE	07/31/2024	STRUBLE	08/26/2024			-
RPMS ONLY	114	Menactra	08/21/2024	23 yrs	2017 DEMO CLINIC TEHRC		0.5	Left Thigh IM	U5567CA (KIDS)	SANOFI PASTEUR	08/06/2021	STRUBLE	08/26/2024			
RPMS ONLY	217	COV Pfråde	07/29/2024	23 yrs	2017 DEMO CLINIC TEHRC		0.3	Right Thigh SQ	PETRIS217	PEIZER INC	12/08/2022	STRUBLE	07/29/2024			
RPMS ONLY	33	PNEUMO-PS	07/08/2024	23 vrs	Other								07/08/2024	Received from &7 State Registry query response on &ug 26	2024@08/29:03	
RPMS ONLY	88	FLU NOS	04/24/2024	23 vrs	Walgreens								04/24/2024			
RPMS+AZ	186	FLU-col4	04/24/2024	23 yrs	Walgreens								04/24/2024			
RPMS+AZ	141	FLU-IIV3	04/17/2024	23 yrs	Test								04/17/2024			
RPMS+AZ	113	Td-ADULTpf	04/24/2020	19 yrs	2017 DEMO CLINIC TEHRC		0.5	Left Deltoid IM	XYZ321	SANOFI PASTEUR	04/11/2017	ALLEN	04/24/2020	Can you see this note?		
RPMS+AZ	141	FLU-IV3	12/08/2015	15 vrs	Sioux Falls Sanford								12/08/2015			
RPMS+AZ	111	FLU-LAIV3	09/11/2012	12 vrs	St. Joe's		0						09/11/2012			
RPMS+AZ	62	HPV-4v	04/05/2012	11 yrs	2017 DEMO CLINIC TEHRC		0.5	Right Deltoid IM	1261AA	MERCK & CO.	05/03/2011	WHITEMOUSE	04/05/2012			
RPMS+AZ	114	Menactra	04/05/2012	11 vrs	2017 DEMO CLINIC TEHRC		0.5	Right Deltoid IM	U409BAB	SANOFI PASTEUR	10/14/2011	WHITEMOUSE	04/05/2012			
RPMS+AZ	115	Tdap	04/05/2012	11 vrs	2017 DEMO CLINIC TEHRC		0.5	Left Deltoid IM	AC52B065AA	GLAXOSMITHKLINE	11/18/2008	WHITEMOUSE	04/05/2012			
RPMS+AZ	141	FLU-IIV3	10/07/2011	11 yrs	St. Joe's		0						10/07/2011			
RPMS+AZ	18	RABIES IM	04/28/2011	10 vrs	2017 DEMO CLINIC TEHRC											
RPMS+AZ	62	HPV-4v	11/30/2010	10 yrs	2017 DEMO CLINIC TEHRC		0.5	Right Deltoid IM	0766Z	MERCK & CO.	03/30/2010	SWENSON	11/30/2010			
0040.47	141	FLU-IV3	11/22/2010	10 vm	Childrens Speciality Clinic - Sanfe	ed.	0						11/22/2010			

Figure 2-13: Immunization History Display with Less Columns

2.3.3 Group By

By left-clicking any column header and dragging the column up into the **Information History** label area, the following message appears:

"Drag a header here and drop it to group by that column"

The user releases the left-click and the **Immunization History Table** is now grouped by that column (Figure 2-14), already expanded with the data rows. This can be done for multiple columns. Clicking the **X** in each item will remove it from the grouping.

× Imm	unization Re	ecord n						State h	mmunization Profil		unizations from Outs	ide Sources			
Ennorth								- Jane 1		Upda	ites: Arizona: Sep 03	2024@09:11:57			Go To Reconciliation Refresh States
COMMO	e														
000.000	9									Cont	raindications				Add Delete
FLU,NO	5									Sou	rce			Reaction	Date
		and the second second	1												(tree])
Grouped	by: Vaco	ne •	Location	1	1. OL		57 0				12	57 100 0 1 57		R	Actions V
	Hegistry	A CAX	Vaccine	Visit Date V	ADelli visit A	Location	A Reaction A	Volume 1	f Inj. Site	4 Lot	V Manufacturer	VIS Date V	Administered By	Y Admin Date Y Admin Notes	V
ACTI	11B														1
-	2017 DEMO CL	INIC TEHP	IC												-
	RPMS+AZ	48	ACTHIB	10/16/2001	13 mths	2017 DEMO CLINIC TEHRC				UA530AA					
	RPMS+AZ	48	ACTHIB	04/16/2001	7 mths	2017 DEMO CLINIC TEHRC									
	RPMS+AZ	48	ACTHIB	02/13/2001	5 mths	2017 DEMO CLINIC TEHRC									
	RPMS+AZ	48	ACTHIB	12/12/2000	3 mths	2017 DEMO CLINIC TEHRC									1.11
. COV	PfrAdo														
	2017 DEMO CLI	INIC TEHP	IC												
	RPMS ON	LY 217	COV,PfrAdo	07/29/2024	23 yrs	2017 DEMO CLINIC TEHRC		0.3	Right Thigh SC	PFTRIS217	PFIZER, INC	12/08/2022	STRUBLE	07/29/2024	
A DTaf															
~	2017 DEMO CLI	INIC TEHP	IC												
	RPMS+AZ	20	DTaP	06/28/2005	57 mths	2017 DEMO CLINIC TEHRC		0.5	Right Thigh IM	AC14A009BA		07/30/2001	LANGERCOCK		
	RPMS+AZ	20	DTaP	10/16/2001	13 mths	2017 DEMO CLINIC TEHRC				U0313AA					
	RPMS+AZ	20	DTaP	04/16/2001	7 mths	2017 DEMO CLINIC TEHRC									
	PPMS_A7	20	DT ₂ P	02/13/2001	5 mile	2017 DEMO CLINIC TEHRC				10320AR					•

Figure 2-14: Immunization History Grouped window

2.3.4 Rearranging Columns

Columns can be rearranged for a particular user (Figure 2-15). A user may want to move registry information to the far right and display vaccines or dates on the left. To do this, simply grab the column by left-clicking, and drag it to the desired location. Again, this does not affect any other users' displays.

Vaccine 💡	Visit Date 🏹	Admin Date 🏹	Age@Visit 🏹
COV,Jsn	05/07/2021	05/07/2021	20 yrs
COV,ModBbv	12/27/2022	12/27/2022	22 yrs
COV,Pfr	01/31/2023	02/07/2023	22 yrs
DTaP	12/12/2000		3 mths
DTaP	02/13/2001		5 mths
DTaP	04/16/2001		7 mths
DTaP	10/16/2001		13 mths
DTaP	06/28/2005		57 mths
FLU,NOS	11/19/2003		38 mths
FLU,NOS	10/27/2005		5 yrs
FLU-IIV3	10/29/2008		8 yrs
FLU-IIV3	10/02/2009		9 yrs
FLU-IIV3	11/22/2010	11/22/2010	10 yrs

	~	<u> </u>	– .	
Figure	2-15:	Columns	Rearranged	example
		•••••		

2.4 Selecting a Vaccine

When selecting a vaccine, there are two options:

- Selecting Items From the Forecaster Pane–Section 2.4.1 (Sorting)
- Selecting a Vaccine Not in Forecast Pane–Section 2.4.2 (Columns)

2.4.1 Selecting Items from the Forecaster Pane

To select from **Forecaster** pane, double-click the name of the vaccine and the **Vaccine Search** dialog displays with the vaccine information pre-populated.

The selection list on the **Vaccine Search** dialog (Figure 2-16) is initially populated by default with Show only active vaccines with a Lot number. This can be changed, if desired, by selecting the **Show All Active Vaccines** or **Show All Vaccines** option buttons (a new column to the far left in the records table displays whether the vaccine is active or inactive).

Vaccine Search	h		-		×
Search Criteria					ĸ
Q FLU				Car	ncel
O Show	all act	ive vaccines			
 Show 	only a	ctive vaccines with a Lot number			
Show	all va	teines			
Select one of the	follow	ing records			
Short Name (IHS)	CVX	Immunization			
FLU-IIV4	158	INFLUENZA, Injectable, Quadrivalent			
FLU-PEDIV4	161	INFLUENZA, injectable, quadrivalent, preservative fro	ee, pedi	atric	

Figure 2-16: Vaccine Search dialog

Note: Only Lot Numbers designated to the facility to which the user is logged on display for selection.

Highlight the **correct entry** and click **OK**. This brings you to the **Add a Vaccine** field (refer to **Selecting a Vaccine** for more information).

2.4.2 Selecting a Vaccine Not in Forecast Pane

To add an immunization not displayed in the Forecast Pane, do the following:

- 1. Click the Actions drop-down list on the far right-side of the Immunization History pane.
- 2. Click **Add** from this list.
- 3. Search for the **vaccine**. The search value can either be the first few letters (not case sensitive) of an immunization name or the **CVX** code.
- 4. To select an entry, double-click the vaccine name, or highlight it and click OK. (Otherwise, click Cancel.)

This brings the user to the **Add a Vaccine** field (refer to Section 2.4 for more information).

Note: If you select an Inactive Vaccine, it will be marked as a historical vaccination entry.

2.5 Adding an Immunization

Select an immunization as detailed in Section 2.3.

If you choose to add an immunization for which the patient has a related contraindication, the application displays an alert (Figure 2-17) and asks if you want to continue.



Figure 2-17: Contraindication Exist Alert dialog

The following option buttons address information about these functions:

- Current (Section 2.5.1)
- Historical (Section 2.5.2)
- Not Done (Section 2.5.3)

2.5.1 Current

There are several fields in the Add Vaccine dialog (Figure 2-18).

Add Vaccine		×
Vaccine COV	ID-19 vaccine, vector-nr, rS-Ad26, PF, 0.5 mL	OK
Ordered By	DEMO,DOC TWO	Cancer
Administered By	DEMO,DOCTOR	Current Historical Not Done
Lo	*	
Injection Site	~	
Volume	e 0.50 🛉 ml Given 02/15/2023 01:12 PM	
Vac Info Shee	05/05/2022	
VIS Presented	02/14/2023 01:12 PM	
Vac. Eligibility	·	
Admin Note:	;	

Figure 2-18: Add Vaccine dialog

The **Ordered By** field is defaulted with a provider assigned to the visit. The system first looks at the primary provider for the visit, and if they hold both **Provider** and **ORES** keys, defaults that user as the ordering provider.

If that user does not, it will then evaluate if the logged-in user is a visit provider with both keys. If user does not, the system will assign **Ordered By** the visit provider sequenced in the **Encounter Component**, as long as those providers hold both keys.

Users can change the **Ordered By** fields by clicking the **Magnifying Glass** icon (). The **Ordered By** search only returns values for users that hold both the **Provider** key and the **ORES** key.

The Administered By field defaults with the logged-in user and can be changed by clicking the Magnifying Glass icon (\square).

1. In the **Lot** field, select the applicable lot and manufacturer from the drop-down menu.

Note: Only **Lot Numbers** designated to the facility to which the user is logged on display for selection.

- 2. Select the Injection Site from the drop-down list.
 - For common vaccines, the application automatically loads default values for the **Volume** and **Vaccine Information Sheet**. The **VIS Presented** date defaults to the date of this visit. You can change any of these fields.

Note: If you select an expired lot number, a warning message is displayed in bold red lettering above the **Lot** field.

- The **Given** field contains the exact date and time that the immunization was administered. The default is the current date and time.
- If you counseled the patient/family about the immunization, select the **Patient/Family Counseled** check box. Once saved, the EHR populates the **Vaccinations** component and the **Education** component with a record.
- **Optional**. In the **Vac. Eligibility** field, users may click to select an applicable vaccination eligibility from the drop-down menu.
- 3. In the Admin Notes field, type any applicable notes.
- 4. When the Add Immunization dialog is complete, click OK to add the vaccination to the Immunization History field. (Otherwise, click Cancel.)

Note: The **OK** button will be disabled until all required fields have been completed. There is a mouse-over tool tip letting the user know which fields must be completed.

2.5.2 Historical

Historical immunizations are those that were given in the past and typically would be for an outside facility or place. Adding a historic immunization causes a historic visit to be created that cannot be billed or exported.

Note: You can add a historical record by not selecting a visit and clicking the Add button on the Vaccinations group box. The Add Historical Immunization dialog displays.

To add a historical record:

1. Select the **Historical** option button () on the **Add Immunization** dialog to display the **Add Historical Immunization** dialog (Figure 2-19).

Add Vaccine			×
Vaccine DTAP		Q,	OK
			Cancel
Documented By	DEMO,DOCTOR	Q,	
Event Date	8		O Current
Location		Q	 Historical Not Done
	IHS/Tribal Facility Other		0,000
Admin Notes			

Figure 2-19: Add Historical Immunization dialog

- 2. Manually enter the **event date** (must be historical) or click the **calendar**.
- 3. Populate the Location field.
 - If the location is an official IHS facility, select the IHS/Tribal Facility option button (HS/Tribal Facility).
 - You can select the location from the **Lookup Location** dialog (Figure 2-20) by clicking the **Magnifying Glass** icon (()) and entering the first few letters of the location.

Lookup Location	-		×
Search by Name		0	К
	Search	Can	cel
Location			
ALBUQ AO			^
ALBUQ AO			
ALBUQ AREA A/SA PROGRAM			
ALBUQ SC-HC			
ALBUQ.SC-HS			
ALBUQUERQ HO			
ALBUQUERQUE ADMINISTRATION			
ALBUQUERQUE HOSPITAL			

Figure 2-20: Lookup Location dialog

- If the location is not an official IHS facility, select the **Other** option button. Enter the non-official location (for example, **Dr. Name Example**).
- 4. In the Admin Notes field, type any notes, as needed.
- 5. When the Add Historical Immunization dialog is complete, click OK to add the historic vaccination to the Immunization History Table. (Otherwise, click Cancel.)

Note: The **OK** button will be disabled until all required fields have been completed. There is a mouse-over tool tip letting the user know which fields must be completed.

2.5.3 Not Done

1. If an immunization is not done or is refused, select the **Not Done** option button (Not Done) on the **Add Vaccine** dialog (Figure 2-21).



Figure 2-21: Add Historical Immunization dialog

2. Select the **date** of this event and a reason from the drop-down list.

3. Click **OK** when the dialog is complete. This adds an **Immunization Refusal Record** to the **Immunization History** field, as well as adding a **Refusal to the Personal Health** component. (Otherwise, click **Cancel**.)

Note: The **OK** button will be disabled until all required fields have been completed. There is a mouse-over tool tip letting the user know which fields must be completed.

2.6 Editing a Vaccination

Make sure a visit is selected. Follow these steps to edit a vaccination:

1. Highlight a vaccination record on the Immunization History grid that you want to edit.

Note: Vaccinations can only be edited until the visit is locked.

2. Select **Edit** from the **Actions** drop-down list at the top right of the **Immunization History Table** or highlight and right-click the immunization to edit. The **Edit Immunization** dialog (Figure 2-22) displays.

If the visit is locked, the **Edit** option will be grayed out and cannot be selected. The existing information about the selected record displays.

🕘 Edit Immunizi	ation	×
Vaccine COV,J	sn Q.	OK
Ordered By	DEMO,DOC TWO	Cancel
Administered By	DEMO,DOCTOR	Current Historical
Lot	489301 Johnson and Johnson 05/01/2022 *	Not Done
Injection Site	Left Thigh IM v	
Volume	0.5 🙀 mi Given 03/11/2023 10:32 AM 🛅	
Vac Info Sheet	05/05/2022	
VIS Presented	03/11/2023	
Vac. Eligibility	Unknown *	
Admin Notes		
Reaction	None	
Dose Override	Invalid - Expired v	

Figure 2-22: Edit Immunization dialog

Note: You can edit the **Dose Override** field only if you have been assigned the **BIZ EDIT PATIENTS** security key.

The **Dose Override** field affects the forecasting. It ignores invalid doses and counts forced, valid doses. The field is used to force a dose as valid (if given a day or so early but will not affect school) or invalid (due to expired vaccine, and so on).

3. Enter a **reaction** by selecting from the drop-down list (Figure 2-23) for the **Reaction** field.

None
Anaphylaxis or Collapse
Arthritis or Arthralgias
Convulsions
Fever>104
Lethargy
Swelling>4cm

Figure 2-23: Reactions in drop-down list

If one of the following is selected, then a corresponding contraindication is automatically added.

- Anaphylaxis
- Convulsions
- Lethargy
- Fever >104

Otherwise, you are asked if it should be added as a contraindication for the patient (Figure 2-24). If you answer yes, a contraindication of **Other Allergy** is added.

Save to Contraindications?		×
Do you wish to save the reaction of 'Sw patient?	elling>4cm' as a contraind	ication for the
	Yes	No

Figure 2-24: Information Message when Saving Refusal

- 4. Click Yes to save the reaction as a contraindication. (Otherwise, click No.)
- 5. When the **Edit Immunization** dialog is complete, click **OK** to change the information about the selected record. (Otherwise, click **Cancel**.)

2.6.1 Deleting a Vaccination

Follow these steps to delete a vaccination:

1. Highlight a vaccination record in the Immunization History that you want to delete.

Immunizations can only be deleted by the individual who entered them. Otherwise, the following message (Figure 2-25) displays:



Figure 2-25: Cannot Delete Vaccination warning message



2. Right-click and select **Delete Immunization** or select **Delete** from the drop-down **Actions** menu at the far right of the **Immunization History** field. This displays the **Remove Immunization?** warning message (Figure 2-26).

Remove Immunization			×
Are you sure you want to	delete the MMR I	mmunization?	
	Yes	No	

Figure 2-26: Remove Immunization information message

3. Click **Yes** to remove the immunization from the **Immunization History** grid. (Otherwise, click **No**.)

2.7 Action Items

This section provides information about the selections on the **Actions** drop-down menu (Figure 2-27) located at the far right of the **Immunization History** field.

	Actions -
Ordere	Add
	Edit
	Delete
-	Print Record
	Due Letter
	Profile
	Case Data



Important: The **Case Data** option only displays in the Action drop-down list if the user holds the appropriate **BIZ Manager** key.

For Add, Edit, and Delete, refer to the following topics:

- Adding an Immunization (Section 2.5)
- Editing a Vaccination (Section 2.6)
- Deleting a Vaccination (Section 2.6.1)

Note: For **Actions List** selections with pop-up windows, you can change the font size of the text displayed in this pop-up by adjusting the size in the **Font Size** field (enter manually or use the **Up** and **Down** arrows). This does not change the size of the text on the output (when you print).

2.7.1 Print Record

1. Select **Print Record** from the **Action** list (or by right-clicking anywhere in the **Immunization History Table**) to display/print the **Official Immunization Record** information (Figure 2-28) for the current patient.

Print Record					2		×
I	OFFICIAL IMMUNIZA Indian Health : P. O. Box : Lower Brule, SI	ION RECORD ervice 48 57548					^
15-Feb-2023	Date	of Birth: 29-Oct-2017 (5 #: 440302	i yra)				
CHILD DEMO FRONT ST. BOZEMAN, MT 98765							
Our records show that	CHILD has receive	i the following:					
Immunization	Date Received	Location					
DTAP DTAP DTAP DTAP DTAP	26-Jul-2018 15-Nov-2018 09-Jun-2020 01-Aug-2022	Claremore Hospita Claremore Hospita Walmart Walgreens					
IPV	26-Jul-2018 15-Nov-2018	Clare Claremore Hospita					
POLIO, NOS	01-Aug-2022	Walreens					
HIB, NOS ACTHIB FEDVAXHIB (COMVAX)	01-Aug-2022 01-Aug-2022 01-Aug-2022	Walgreens Walgreens Walgreens					
HBIG	01-Aug-2022	Walgreens					
HEP B PED HEP B PED (COMVAX) HEP B PED	01-Aug-2022 01-Aug-2022 15-Feb-2023	Walgreens Walgreens 2017 Demo Clinic					
MMR	26-May-2020	2017 Demo Clinic					
VARICELLA	01-Aug-2022	Walgreens					
FLU-ccI4	01-Aug-2022	Wlagreens					
PNEUMO-PS PCV-13	27-Jun-2022 01-Aug-2022	2017 Demo Clinic Wlagreens					
Font 9 🔹					Print	C	lose

Figure 2-28: Official Immunization Record

Note: The **Print Record** button requires that a letter template has been selected (in RPMS).

2. Click **Print** to choose a printer and to output the (entire) contents of this pop-up to the specified printer.

Users are able to highlight and copy selected text and then paste it into any freetext field within the EHR or into another application (like **MS Word**).

Note: The **Print** button may not appear. It depends on how your application is configured.

3. Click **Close** to dismiss the pop-up.

2.7.2 Due Letter

Select **Due Letter** from the **Action** list, or by right-clicking anywhere in the **Immunization History Table**, to display/print the **Immunizations Due Letter** information (Figure 2-29) for the current patient.

The **Due Letter** selection requires that a letter template has been selected (in RPMS).

Due Letter INDIAN HEALTH SERVICE LOWER BRULE CLINIC P.O. BOX 248 LOWER BRULE, SD 57548 11-Mar-2023 Date of Birth: 29-Mar-1968 (54 yrs) Chart#: 680329 Parent/Guardian of CHILD DEMO PARSIFAL ST NE ALBUQUERQUE, NM 87112 Dear Parent or Guardian: Your child, ROWENA, is due for the following immunizations. Idap HEP B FLU ZOS-Shgrx Please call 473-5526 for an appointments. If your child received immunizations recently and our records do not reflect this, please let us know. Sincerely, Public Health Nursing

Figure 2-29: Due Letter example

2.7.3 Profile

1. Select **Profile** from the **Action** drop-down list (or on the right-click menu) in the **Immunization History Table** to display/print the **Immunization Profile** dialog (Figure 2-30). This provides information about the patient's immunization profile.

Note: This selection requires that the **Forecaster** is installed, and the immunization site parameters must be configured to point to the **Forecaster**.

```
Immunization Profile
Patient: CHILD DEMO
                                      DOB: 29-Mar-1968 (54 yrs)
HLN ICE Forecaster v1.37.2 for: 03/11/2023 (run: 03/11/2023 @ 11:06)
 - IMM HISTORY EVALUATION -----
 Date
         CVX Vaccine (combo)
                                             Status - Reason
                   -----
    ---- ---
                                              -----
08/01/2021 207 COV,Mod VALID
09/04/2021 207 COV,Mod VALID
10/07/2021 207 COV,Mod VALID
03/11/2023 212 COV,Jan INVALI
                                            INVALID: Reason not given
-- FORECAST -----
DUE:
 | Vaccine
                Status
                                 Earliest
                                                Recommended Overdue

        I Tdap
        Due now
        03/29/1975
        03/29/1975
        03/29/1975

        I HEP B,NOS
        Due now
        03/29/1987
        03/29/1987
        NO DATE

                                                                 03/29/1975
 | MMR * Series assumed completed.
| FLU,NOS Due now 07/01/2022 07/01/2022 NO DATE
| ZOS-Shgrx Due now 03/29/2018 03/29/2018 NO DATE
FUTURE:
 | Vaccine
                Status
                                 Earliest
                                                  Recommended Overdue
 | FNEUMO,NOS Due in future NO DAIE 03/29/2033 NO DAIE
                                                                   -----
 | COV, NOS
                  * Contraindicated due to patient history.
COMPLETE:
 | Vaccine
              Status
   ----- -----
 | None
HIGH RISK:
 | Vaccine
              Status
 | None
```

Figure 2-30: Immunization Profile Information

2. Click **Print** to choose a printer and to output the (entire) contents of this pop-up to the specified printer. The pop-up has a right-click menu where you can copy selected text and paste it into any free-text field within the EHR or into another application (like MS Word).

Note: The **Print** button may not appear. It depends on how your application is configured.

3. Click **Close** to dismiss the pop-up.

2.7.4 Case Data

1. Select **Case Data** from the **Actions** drop-down list or from the right-click menu in the **Immunization History** field to view/edit the **Immunization Register** data for the patient. The **Edit Patient Case Data** dialog (Figure 2-31) displays.
| Edit Patient Case Data | 1 | × |
|---|-------------------|----------|
| Case Manager | | OK |
| Parent/Guardian | | Cancel |
| Other Info | | |
| | | |
| Register 🖲 Ac | tive 🔾 Inactive | |
| Register Ac | Inactive Reason | Ŭ |
| Register Ac Inactive Date Move | d To/Tx Elsewhere | <u>.</u> |
| Register Ac Inactive Date Move Forecast Influ/Pneumo | d To/Tx Elsewhere |] |

Figure 2-31: Edit Patient Case Data

2.7.4.1 Register Active/Inactive (Option Buttons)

This indicates the status of the patient in the **Immunization Register**. Since the **Immunization Register** is a very actively managed register and reports only those patients that have an **ACTIVE** status, the panel is used to case manage the **Immunization Register**.

All children from birth to 36 months that live in **Government Performance and Results Act of 1993 (GPRA)** communities are automatically **ACTIVE**. On review of children, some are changed to **INACTIVE** if they fit the **MOGE (Moved or Going Elsewhere)** criteria.

When you choose to change to **INACTIVE** status, you must justify or explain why. In the **Moved To/Elsewhere** field, indicate where the patient went, such as El Rio Clinic for example. The **Inactive Date** (Figure 2-32) is very important because the child is included in all reports up to that inactive date. Since children and their parents do not report that they have moved away (they just stop coming to the clinic), this function gives those producing **GPRA** reports a way to have a more accurate denominator when tracking.

Edit Patient Case Data			×
Case Manager Parent/Guardian Other Info Register O Activ	ve 🖲 Inactive		OK Cancel
Inactive Date 03/22/2023	Inactive Reason		~
Forecast Influ/Pneumo Mother's HBsAG Status		•]

Figure 2-32: Inactive Date Group Box fields

If a name is included in the **Parent/Guardian** field, that information is included in the reminder letters.

The **Other** Info field is where the **Case Manager** can enter anything that might be valuable.

- 1. Populate the **remaining field** by selecting from the **drop-down** lists.
- 2. Click **OK** to update the **Immunization Register** with the entered data. (Otherwise, click **Cancel**.)

2.8 Contraindications Group Box

If the patient has had a contraindication or refusal to an immunization, it can be recorded with the corresponding reason being specified. Any contraindications entered for the patient are displayed in the **Immunization** component, and you are alerted if the associated vaccine is subsequently selected.

2.8.1 Adding a Contraindication

Make sure a visit is selected. To add patient contraindications, follow these steps:

1. Click Add on the Contraindications group box (or select Add Contraindication on the right-click menu) to display the Enter Patient Contraindication dialog (Figure 2-33).

🥥 Enter	×			
Vaccine		Q	Add	
Contrain	dication Reason		Cancel	
Fever>10	04F			
Lethargy	/Hypotonic Episode			
Anaphyla	axis			
Convulsi	on			
Immune	Deficiency			
Neomyci	in Allergy			
Other Al	lergy			
Hx of Ch	icken Pox			
Immune				
Carrier				
Positive 7	TB Skin Test			
GBS				
Anaphyla	actic Egg Allergy			

Figure 2-33: Enter Patient Contraindication dialog

- 2. Click the Magnifying Glass icon () at the end of the Vaccine field to display the Vaccine Selection dialog. Here you select a vaccine (refer to Section 2.4 for more information). The selected vaccine displays in the Vaccine field of the Enter Patient Contraindication dialog.
- 3. Click **Yes** to continue on the **Enter Patient Contraindication** dialog. (Otherwise, click **No**.)
- 4. Select the **Contraindication Reason**.
- 5. When the Enter Patient Contraindication dialog is complete, click Add to add the contraindication to the Contraindication panel. (Otherwise, click Cancel.)

The contraindication displays in the **Contraindications** group box and in the patient's **Official Immunization Record**.

2.9 Displaying Visit Detail

The Immunization component has the Display Visit Detail option on the right-click menu.

1. Select any **immunization record** on the **Immunization History Table** and select **Visit Detail**. The **Visit Detail** dialog (Figure 2-34) displays.



Figure 2-34: Visit Detail example

2. Click **Print** to choose a printer and to output the (entire) contents of the **Visit Detail** to the specified printer. Be aware that the **Print** button may not be there. It is according to how each application is configured.

Note: You can change the font size of the text displayed in the Visit Detail dialog by adjusting the size in the Font Size field (enter manually or use the Up and Down arrows). This does not change the size of the text on the output (when you print).

The **Visit Detail** has a right-click menu where you can copy selected text and paste it into any free-text field within the EHR or into another application (like **MS Word**).

3. Click **Close** to dismiss the **Visit Detail** dialog.

2.10 Web Reference

If the user selects and highlights any entry in the Immunization History Table

(Figure 2-35) and clicks the **Information** button (**D**) found at the very top of the **Immunization Record** (above the **Forecast** pane) or selects the **Web Reference** option by right-clicking the item. This will take the user to a website for the topic associated with the selected record. The **Search Term** field will be pre-populated with the selected vaccine.

Immunization History									
Registry 🍸	Vaco	ine *	🛛 Visit Date 🏹	Age@Visit 🏆	Location *	Reaction 🏆			
RPMS ONLY	DT-F	EDS	02/01/2023	25 mths	2017 Demo Clinic Tehra				
RPMS ONLY	RPMS ONLY MMR		02/01/2022	13 mths	2017 DEMO CLINIC TEHRA				
RPMS ONLY	PCV	-13	07/01/2022	18 mths	2017 DEMO CLINIC TEHRA				
Web Refere	nce S	earch				×			
Reference	Site	DynaM	led	~					
Search To	erm	MMR				Search			

Figure 2-35: Immunization History Table

If there are no immunization records present or if no record is selected, clicking the **Information** button (()) or selecting the **Web Reference** option on the right-click menu displays the **Web Reference Search** dialog (Figure 2-36).

Web Reference S	arch	\times
Reference Site	~	
Search Term		Search

Figure 2-36: Web Reference Search dialog

Select a **Reference Site**, if needed. The default is the **DynaMed** website. After entering a search term and clicking **Search**, the selected website for the specified term appears.

You can change to another website by selecting from the **Reference Site** drop-down list.

3.0 Integrated Problem List (IPL)

The Integrated Problem List (IPL) enables the convenient viewing of Problem List data on a main display, including:

- Status
- Onset Date
- Priority
- Provider Narrative
- Comments
- If the problem was added to the patient's personal history
- If the problem is pregnancy related
- If the problem was used for an inpatient
- ICD code

3.1 Orientation

At the top of the **Problem List** window of the **IPL** component (Figure 3-1) are the following features:

- Buttons
- Tabs
- Columns

Surgical Hx		Pt Goals		AMI		Anticoag		Eyeglass		St	ioke .			4.1
						6	Updati	e POVs Get SCT P	ck List	POV	A	bb	Edit	Delete
	Commen	ts							Freq PH	tx PIP	IP PO	V NR	ICD	
									1				H66.93	
	Sugernx	Surgica nx	Suglea nx Proses	Sugica nx Proces	Sugica nx Pribaas 2011	Surpce nx Pr uses Ant	Surpice nx Pricose 2011 2010000	Sugica nx Priside Ann Annos	Surpce nx Prices Ant Anteces Expedients	Sugical his Priceau Ani Anno gi Cycejass Cycejass Cycejass Get SCT Pek List	Surpice nx Process 200 ED Update POVs Get SCT Pick Liet POV Comments Freq. PHx PIP 1	Surpice nx Prisos Am Antony Cyclepsis Store	Sugical his Priceage Store Sto	Surpice nx Prisos Ann Annous Cyclepsis Store Store Add Edit Update POVs Get SCT Pick List POV Add Edit Comments Freq Pick PIP IP POV NR ICD 166 53

Figure 3-1: IPL Problem List main window

3.1.1 Features

• Asterisk-An asterisk in the Provider Narrative column (Figure 3-2) indicates problems that are not SNOMED encoded. Since all new entries must be SNOMED coded, these asterisks are not common and will only display with older entries. As these legacy entries are updated to SNOMED, the asterisks will disappear.

Provider Narrative
*SURGERY LARM SVH-DEBRIDEMENT
*MDH, 10/8-10/8, DR. VAN ERT, ASSUALT
*VISION LOSS AND PTOSIS - R EYE, FROM MVA 3/95
*LEFT ARM AMPUTATION HX
*trauma
*right hand fracture

Figure 3-2: Problems Not SNOMED Encoded window

• Map Source–Briefly rest the mouse pointer over the code in the ICD column to view a window of the map source advice (Figure 3-3), based on the SNOMED CT code.



Figure 3-3: Map Source window

- **Buttons Disabled**—For problems with a non-coded **SNOMED** code, the **Edit** and **POV (Purpose of Visit)** buttons are disabled.
- Viewing Problem Details–Double-click anywhere in a line item to view the **Problem Details** window (Figure 3-4).

Problem Details	-		×
			^
PROBLEM DATA			
ID: 11			
Problem: Ganglion/syno	vial cyst -	ankle/fo	oot
- Mapped ICD: ZZZ.999			
# Previous value: M67.479			
# Edited: 04/04/2019 by:	ĻT4	MMY	
- Status: INACTIVE			
- Date of Onset: UNKNOWN			
- Date Entered: NOV 16, 201	5		
- Recorded By: ,C	ODY R		
- Last Modified: NOV 16, 201	5@15:39:	27	
- Modified User: ,C	ODY R		
- Concept CT: 287033009			
- Desc CT: 426540018			
Additional ICD Codes			
POV VISITS			
NOV 16. 2015@14:15			~

Figure 3-4: Problem Details window

• **Right-Click Menu**-Right-click anywhere on a diagnosis line to open the **Right-Click** menu (Figure 3-5).

Add	
Edit	
Delete	
Update POVs	
Get SCT	
PickList	
POV	
Change Statuses	•
Mark as Non-Redisclosable	:
Change Onset Date	
Add Comment	

Figure 3-5: Right-Click menu

- Add: To add a problem, refer to Section 3.8.1 for details.
- Edit: To edit an existing problem. Opens the Edit Problem dialog. Refer to Section 3.8.2 for details.
- **Delete:** To delete the selected problem. Refer to Section 3.8.4 for details.
- Update POVs: To update a POV. Refer to Section 3.4 for details.
- Get SCT: To update a historical ICD 9 entry. Opens the SNOMED CT Lookup dialog. Refer to Section 3.3 for details.
- **PickList:** Click the **Pick List** button to select **SNOMED CT** descriptions by defined pick lists. Refer to Section 3.5 for details.
- POV: To flag an outpatient problem as POV and to flag an inpatient problem as used for inpatient. This allows a provider to add visit, care plan, or goal activity data. Refer to Section 3.4 for details.
- Change Statuses: To change the status of an entry, select Change Statuses to display the list of available statuses.
 - Chronic
 - Episodic
 - Sub-acute
 - Personal History
 - Inactive
 - Social/Env
 - Routine/Admin

- Mark as Non-Redisclosable: Places check in NR column and identifies information not to be disclosed to another site or provider without patient permission.
- Change Onset Date: Allows the Onset Date to be changed.
- Add Comment: Refer to Section 3.8.2.1 for more information.

3.1.2 Buttons

A row of buttons (Figure 3-6) are located at the top of the IPL window.

blegsdet Pobles Lat Expan Al	E	Ü	Update POWs	Gersch	Fick List	POV	Edit	Delete

Figure 3-6: IPL Window Buttons

- **Expand All/Collapse All button:** Enables the user to expand or collapse all problems to view the care planning activity. Refer to Section 3.9 for details.
- Ed button (^[E]): Click this button for a direct link to MedlinePlus. Refer to Section 3.6 for details.
- Clinical Decision Support button (^[1]): Click this button to display the Web Reference Search dialog (Figure 3-7). Select the reference site you want to view from the drop-down list and click Search. Refer to Section 3.7 for details.

Web Reference	Search		×
Reference Site Search Term	DynaMed DynaMed JAMA Medline CDC FamilyDoctor.org Google	Search	

Figure 3-7: Web Reference Search dialog

- Update POVs: Updates any changes made to IPL POV list.
- Get SCT button: Click this button to look up the SNOMED CT code for an entry uncoded in SNOMED.
- **Pick List button:** Click this button to select **SNOMED CT** descriptions by defined pick lists.
- **POV button:** Click this button to mark the problem as the purpose of visit and to add visit, care plan, or goal activity data.
- Add button: Click this button to add a problem. Refer to Section 3.8.1 for details.

- Edit button: Click this button to edit an existing problem. Refer to Section 3.8.2 for details.
- **Delete button:** Click this button to delete a selected problem. Refer to Section 3.8.4 for details.

3.1.3 Tabs

Select a **tab** (Figure 3-8) to filter the problem list(s) associated with that status.



Figure 3-8: IPL Tabs

Note: Most tabs only display when information is included under that topic.

- **Core Problems**–(Can be configured to display several status at the same time)
- Sub-acute
- Chronic
- Personal Hx
- Episodic
- Routine/Administrative
- Inactive

3.1.4 Columns



Figure 3-9: IPL Columns

Columns on the main display window (Figure 3-9 and Figure 3-10) can be sorted by clicking the column heading, added or removed by the user, made wider or narrower by dragging the column heading and set as personal setting.

R		ALS CC / PR	IOBS M	EDS YLABS VREPORTS VORDERS VWELLNESS	MMUNIZATIONS POV SUPERBILL MOTES MORE YOOA	LS VEYE CARE YPOP YANK	y cer	MI (ST	ROKE	IPL	PT Reterrals	•
In	tegrated Prot	xem List Ex	and All		6	Update POVs Get SCT	Pick Li	st PC	N	Add	Edit	Delete
	Core Problem	Chronic	Episod	lic Inactive								
	-> Status	Onset Date	Priority	Provider Narrative	Comments	Fre	a PH	x PIP	IP	POV	ICD	
	Chronic			Pain at rest due to peripheral vascular disease pain	adding a comment :		5				173.9 R52	-
	+ Episodic	03/21/2016		Chart evaluation by healthcare professional			5				Z02.9	
	Episodic			Fracture dislocation of foot joint							ZZZ 999	
	Episodic			Secondary hypertension			2				115.9	
	Episodic			Elevated blood-pressure reading without diagnosis of hypertension							R03.0	
	Episodic			Essential hypertension complicating AND/OR reason for care during puerperium							O10.03	
-	Requires upda	te to SNOMED	ст									_
1	🕻 Visit D	iagnosis	8	Update POVs								

Figure 3-10: IPL Columns window

Right-clicking any column header displays the list of available columns (Figure 3-11) that can be displayed.

	Visible Columns
~	Onset Date
~	Comments
~	Freq
~	PHx
~	PIP
~	IP
~	POV
~	ICD
	Show All Columns
	Save Settings
	Restore Defaults

Figure 3-11: Available Columns

• **Plus Sign:** Clicking this sign (Figure 3-12), which only displays when care planning has been added to a problem, opens the **Care Planning** information. Refer to Section 3.9 for details on using this feature.

Co	re Problem	s Episod	lic So	ocial / Environmental	Routine / Admin	Inactive	
	Status	Onset Date	Priority	Provider Narrative	Comme		
+	Episodic			Allergy to animal dance	ler		
	Episodic			Allergy to eggs			
	Episodic			Diabetes mellitus type			

Figure 3-12: Plus Sign in IPL column

Clicking the **PRVs** button (Figure 3-13) displays the provider list (Figure 3-14) for this entry.

- F	Problem Info		Visit Info		
PRVs	Goal Notes	Patient Instructions/Care Plan	Visit Instructions	Care Plan Activities	
1	Test goal note for troubleshooting Chart Review			E	
	Modified by: DARIUS, VINCENT 02/15/2024				
	< >				

Figure 3-13: PRVs button

Provider List	-		×
	CENT		
			-
OK	Ca	ncel	

Figure 3-14: Provider List dialog

- Status Column: Contains one of the following statuses, as selected by the user.
 - Chronic
 - Sub-acute
 - Episodic
 - Social/Env
 - Inactive
 - Personal
 - Routine/Administrative
- **Onset Date Column:** Contains the date of the problem's onset, as input by the user (optional).
- **Priority Column:** Contains the priority level, as set by the user.
- **Provider Narrative Column:** Contains any data input by the user in the **Provider Text** field.
- **Comments Column:** Shows any comments typed by the user.
- Freq Column: Displays the frequency or number of times this problem has been used for this patient.
- **PHx Column:** A check mark in the **PHx** column indicates if the **Personal History** option was selected and the problem was added to the patient's personal history.
- **PIP Column:** A check mark in the **PIP (Pregnancy Issues and Problems)** column indicates if the **Pregnancy Related** option was selected.
- **IP Column:** A check mark in the **IP** column indicates if the **Use for Inpatient** option was selected.
- **POV Column:** If the problem is used as **POV (purpose of visit)** by clicking **Save as POV**, a red check mark displays in the **POV** column.
- ICD Column: Indicates the mapped ICD code from the selected SNOMED term.

3.1.5 Problem Details Window

You can double-click anywhere in the **IPL** window to open the **Problem Details** dialog for the selected problem (Figure 3-15). This dialog is informational only and provides problem data.

🌍 Problem Details	_ 🗆 🗡							
PROBLEM DATA								
ID: 5								
Problem: Cardiomyopathy this is the provider text								
- Mapped ICD: 425.4								
- Status: SOCIAL								
# Previous value: SUB-ACUTE								
# Changed: 08/20/2013 by: USER,DEMO								
# Previous value: EPISODIC								
# Changed: 08/19/2013 by: USER,DEMO								
- Date of Onset: JUL 01, 2013								
- Date Entered: AUG 19, 2013								
- Recorded By: USER, DEMO								
- Last Modified: SEP 03, 2013@08:14:57								
- Modified User: USER,DEMO								
- Concept CT: 85898001								
- Desc CT: 142397010								
QUALIFIERS								
Clinical course								
Subacute								
Subacute								
Chronic								
Chronic								
POV VISITS								
AUG 19, 2013@07:50	•							

Figure 3-15: Problem Details window

3.2 Tabs

Tabs display based on the status of the patient's existing problems (Figure 3-16). For example, if a problem of **Sub-acute** exists in the problem list, then the **Sub-acute** tab displays. The two exceptions are **Core Problems** and **Inactive**. Those tabs always display.

RP	MS-EHR P19 USER,DE	10											_ 0
User	Patient Refresh Data	Tools I	Help eSig Clear	Clear a	and Lock Cor	mmunity Alerts Dosing C	alculator PCP Rx Pri	nt Templates					
	PRIVACY	NOTIF	ICATIONS	PATI	ENT CHART	RESOURCE	S Refer	at: View	Lab Accession				
	Jennifer					EMERGENCY			07-Apr-2016 05:27	Primary Care Team I	Jnassigned		
1920	12 05Jun-1988 (2	(7) F				USER,DEMU	Deutine I		Ambulatory			1.1	
* Pr	oblem List	0	CIC		T ÉI	8	A	21	Pharm Ed	POC Lab Entry	AMI	2	<u></u>
REVIE	W VITALS CC / F	ROBS	MEDS LABS	REPOR		RS WELLNESS (IM		SUPERBILL	NOTES MORE	GOALS EYE CAR	E PCP Anticoag		
Integr	rated Problem List	xpand All							3	Update POVs Ge	t SCT Pick List	POV Add	Edit Delete
Con	e Problems Sub-ac	ute C	hronic Person	al Hx	Episodic	Social / Environmental	Routine / Admin	Eye Related	Inactive				
1	Status	Priority	Provider Narrativ	e									
	Routine/Admin Pain at rest due to peripheral vascular dis			disease pain									
	Routine/Admin Chart evaluation by healthcare profession			sional									
+	Episodic	1	Fracture dislocat	ion of fo	ot joint								
	Personal Hx		A/N care of 2nd p	pregnan	cy								
	Sub-acute		Elevated blood-p hypertension	ressure	reading with	out diagnosis of							
	Chronic		Essential hyperte	ension									
	Chronic		Hypertensive he	art disea	se with conge	estive heart failure							
	Social/Environmental		Glaucoma assoc	iated wit	th vascular di	sorder							
	Episodic		Acquired stenosi	s of nas	olacrimal duc	t, Right							
	Episodic		Acute asthma										
	Episodic		Articular gout										
	Chronic	2	Chronic kidney d	lisease d	due to hyperte	ension							
	Episodic		Fever with chills										
	Routine/Admin		Adult health exar	mination	i,								

Figure 3-16: Complete List of IPL Tabs

3.2.1.1 Core Tab

User has the ability to customize the **Core** tab by selecting what status they want to see. Right-click the **Core** tab to view the **Customization** menu (Figure 3-17). For the **EYE DX** to display on a separate tab, the site CAC must enable this parameter: **BGO IPL EYE DX**.

Core Settings
Core problems
Chronic
Episodic
Eye Dx
Personal Hx
🔲 Routine / Admin
🔲 Social / Env
🔽 Sub-acute
Recent Inpatient
Additional Tabs
Eye Dx
Save Settings
Restore Defaults

Figure 3-17: Core Settings List dialog

3.2.1.2 Column Setting Box

Right-clicking the **orange box** on the **Core Problems** tab (Figure 3-18) displays the **Orange Box Column Settings** dialog (Figure 3-19).

Co	Core Problems								
	Status								
4	Chronic								
	Chronic								
	Chronic								
	Chronic								
	Chronic								
	Chronic								

Figure 3-18: Core Problems tab Orange Box dialog

	Visible Columns
✓	Onset Date
✓	Comments
✓	Freq
✓	PHx
✓	PIP
✓	IP
✓	POV
✓	ICD
	Show All Columns
	Save Settings
	Restore Defaults

Figure 3-19: Orange Box Column Settings dialog

The **Column Settings** dialog enables users to customize the columns along the column bar. These settings apply to all tabs and remain in effect after the user logs off.

3.3 Using the Get SCT Button

Important: The Get SCT button is no longer maintained.

These instructions are for the **Get SCT** button on the main window to update a historical ICD 9 entry that does not have a SNOMED term. For most patients this will NOT apply and this section will not be used. The **Get SCT** button only becomes active when an entry in the problem list has an asterisk.

```
Note: A visit must be selected.
```

Note: Problems that do not contain a **SNOMED CT** term are shown preceded by an asterisk (*).

1	Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	POV	ICD
+	Chronic		*Mild Or Unspecified Pre-eclampsia, Antepartum						642.43
+	Chronic		*Routine Postpartum Follow-up						V24.2
	Chronic		*Pain In Joint Involving Ankle And Foot					1	719.47
+	Chronic		*Diabetes With Ketoacidosis, Type I [juvenile Type], Not Stated As Uncontrolled					1	250.11
+	Chronic		*Hypertensive Heart And Chronic Kidney Disease. Malignant, Without Heart Failure						404.00
+	Episodic	05/26/2013	Depressive disorder pregnancy related						311.

Figure 3-20: Problem List with Get SCT Button Active dialog

Note: Figure 3-20 is an old screenshot used to show entries that are not SNOMED coded showing the asterisk in the **Provider Narrative** column.

In the ICD 9 to SNOMED CT Lookup dialog (Figure 3-21), the ICD9 code for the problem shows in the ICD 9 Value field with the related SNOMED concepts listed below.

- 1. Click the **Expand** button () next to the problem name to expand the section and view the list of synonyms associated with that problem.
- 2. Click the **Collapse** button (**E**) to compress the list.

If needed:

- a. Type a new ICD number in the ICD 9 Value field.
- b. In **Subset**, select one or multiple **subset lists** to search.
- c. In **Search Date**, leave the current date default, or click the drop-down arrow to open a calendar where you can select a new date.
- d. Click Find. The SNOMED Concept list refreshes with your findings.

🖳 SNOMED CT Lookup					×
File Grid					
Diagnosis Lookup:	O Synonym	Show Parent/Child relationship	Search Date:	07/23/202	4 🗸
Maximum Results : O 25 💿 50 O 100	○ 200 ○ ALL	Disable autocomplete			Expand All
Search:			IHS S	NOMED	ALL SNOMED
Use # to lookup by SNOMED CT I Use ? to lookup which SNOMED C	D (SCTID). Ts can map to an ICI	Example: #123456 D10. Example: ?D50			
- Subset					
Subset					
Abnormal Findings Administrative					
Adverse Reactions Asthma					
Behavioral Health COVID-19 Related					
Cardiology Case Management					
				Select	Cancel

Figure 3-21: ICD 9 to SNOMED CT Lookup dialog

3. Select the **SNOMED CT** line item you want to use, then click **Select**. The problem updates with the asterisk (*) removed from the problem list, the **ICD** code in the **ICD** column updates with your selection, and the **Get SCT** button is no longer active for this problem.

3.4 Using the POV Button

These instructions are for the **POV** button on the main window to store the **SNOMED CT** code for an outpatient visit or inpatient discharge diagnosis marked as Primary.

Note: An unlocked visit must be selected.

From the main window, select one or more **problem-line items**, then click the **POV** button. The **POV** dialog (Figure 3-22) opens, which shows the selected problems.

• A red triangle in the upper-right corner of a column (as in Goal Notes below) indicates there are multiple entries. Click in the column to expand and view the entries.

Note: In instances where there is no existing primary **POV** and the **POV** check box was not selected, the problem is automatically made a primary **POV** (not secondary **POV**).

PO	1												×
I) Stat	s Prov. Narrative	POV E	pisodicity	Alternate POV Provider Text	Goal Notes	Care Plans	Visit Instructions	Pt Ed	Tx/Regimen/ FU	Tx/Regimen/FU display only		
9	29 Chro	nic Diabetes melliti type 1		First episode New episode Old episode Ongoing episode Undefined episodicity	,	Goal note here. Another goal note.	Type care plan note here.	Type visit instruction here.	DP N EX LA MED P	Treatment/ Regimen	Given a Visit Instruction : T) Had Exercise education Dialysis access maintenance Follow-up 2 weeks	/pe visit inst	4
													Ŧ
P	imary P	v											
Γ	ead scre	ning			-								
E	ъм		C New	Ectablic	hed			Comprehension Level	600D		ส		
ľ	Selected	History & Exam	Complexity	Approx Time CPT	r Code			Langth (Mandara)	20		fam.	Consul	
ſ		Brief	Nurse Visit	5 min	99211			Length (Minutes)	50		Save	Cancer	
l		Problem Focused	Straightforwa	rd 10 min	99212			Readiness to Learn	RECEPTIVE		·		
	N	Expanded	Low	15 min	99213								
		Detailed	Moderate	25 min	99214								
L		Comprehensive	High	40 min	99215								

Figure 3-22: POV dialog

3.4.1 POV Dialog Columns Right-Click Menu

The following columns on the POV dialog have a right-click menu:

- Alternate POV Provider Text
- Goal Notes
- Care Plans
- Visit Instructions
- 1. Right-click in a column to view the right-click menu (Figure 3-23) with following options:

Note: Only the available options for a particular column are active in the right-click menu, depending on the column selected. Various examples are provided below.

0	Add
0	Replace
1	Sign
-	Inactivate
0	Delete

Figure 3-23: POV Right-Click Menu

• Add: The Add dialog (Figure 3-24) opens for the column selected. Type the appropriate text and click OK. The text shows in the column.

Goal Note x	
Type provider text here.	
OK Cancel	

Figure 3-24: Add dialog

• **Replace:** The **Replace** function is used to edit existing text. The **Replace** dialog (Figure 3-25) shows the original text opens.

Replace Provider Text		×
Text	Replacing Text	
flu shot and tdap given	flu shot and tdap given	
ОК	Cancel	

Figure 3-25: Replace dialog

- 2. Select the **text** to make it editable and surrounded by a box.
- 3. Type the **replacement text** in the **Replacing Text** field and click **OK**. The edited text displays.
 - Sign: The Review/Sign dialog (Figure 3-26) opens with a list of the items you added for you to sign. Type your electronic signature, and then click OK.

Review/Sign Changes for		
Signature will be applied to checked iter All Orders Except Controlled Substance	ns Orders	
ProblemList Visit Instruction		
✓ Lesting		
Electronic Signature Code:		

	Sign	Cancel

Figure 3-26: Review/Sign Changes dialog

- **Inactivate:** This functionality is intended to inactivate the existing goal or care plan and initiate a new one (Figure 3-27). Use this if you want to retain the information for future reference. It will not be seen in the general IPL display but can be displayed on an **RPMS** report.
- 4. Type a **comment**, and then click **Yes**.



Figure 3-27: Inactivate Item dialog

• **Delete:** The **Delete Confirm** dialog (Figure 3-28 and Figure 3-29) for the column you are in opens to confirm your deletion. A different dialog displays depending on whether the entry has been signed or not.



Figure 3-28: Delete Confirm dialog for Unsigned Entry



Figure 3-29: Delete Confirm Dialog for Signed Entry

3.4.2 POV Dialog Columns and Fields

3.4.2.1 ID Column

The **ID** column shows a system-generated ID.

3.4.2.2 Status Column

The Status column shows the selected status for the problem.

3.4.2.3 Prov. (Provider) Narrative Column

The **Prov. (Provider) Narrative** column contains **SNOMED** concept description and provider text.

3.4.2.4 POV or INPT Column

The next column either shows a **POV** or **INPT** column with a check box to indicate if the problem is **POV** or for an inpatient. Clear the check box if you no longer want to set the problem as **POV** or use for inpatient.

Note: The POV check box can only be selected if a SNOMED CT code has been applied to the problem.

3.4.2.5 Episodicity Column

The **Episodicity** column contains the following option buttons. Select or clear them as applicable:

- First episode
- New episode
- Old episode
- Ongoing episode
- Undefined episodicity

3.4.2.6 Alternate POV Provider Text Column

Add any free-text information in the Alternate POV Provider Text field by selecting Add from the right-click menu. The Provider Text dialog (Figure 3-30) opens:

Provider Text	×
Type provider text here.	
OK Cancel	

Figure 3-30: Provider Text dialog

- 1. Type the **provider text** to include more detail regarding the problem for **TODAYS ENCOUNTER** only. So, the provider text here is stored only to the **Provider Text** for the **Visit Diagnosis** provider narrative.
- 2. Click OK.
- 3. If any provider text already exists, click **Replace...** (it will be active) in the rightclick menu. The **Provider Text** dialog with the existing text and replacing text fields opens. Refer to Section 3.4.1 for additional information.
- 4. Type the new provider text in the Replacing Text field.
- 5. Click **OK**. Your change displays in the **Prov. Text** column.

3.4.2.7 Goal Notes Column

The **Goal Notes** column contains goals set for the patient to improve the problem, for example to reduce their cholesterol. You can add a **Goal Note** by selecting **Add** from the right-click menu. The **Goal Note** dialog (Figure 3-31) opens.

• Click the **Template** button (^[]]) to select a **template**, if needed.

Templates must first be created on the **Notes** tab. These can be folders or individual templates. For the templates to display when the **TREG Template** button is selected, the templates must first be added by the site CAC using the **BGO IPL GOAL TEMPLATE** parameter

Goal Notes	
Work out weekly	

Figure 3-31: Highlighted Goal Note Ready to Replace or Delete

• You can also type over an existing **Goal Note** by clicking in (or selecting) the **text** and making your changes.

3.4.2.8 Care Plans Column

The **Care Plans** column contains instructions for the patient, for example, walk three times per week, and so on. You can add a **Care Plan** by selecting **Add** from the right-click menu. The **Care Plan** dialog opens.

Click the **Template** button () to select a template, if needed. Templates must first be created on the **Notes** tab. These can be folders or individual templates. For the templates to display when the **TREG Template** button is selected, the templates must first be added by the site CAC using the **BGO IPL CARE TEMPLATE** parameter.

• You can also type over an existing **Care Plan** by clicking in (or selecting) the **text** and making your changes.

3.4.2.9 Visit Instructions Column

The Visit Instructions column contains patient visit instructions for the selected visit. You can add a Visit Instruction by selecting Add from the right-click menu. The Visit Instruction dialog opens.

Click the **Template** button () to select a template, if needed. Templates must first be created on the **Notes** tab. These can be folders or individual templates. For the templates to display when the **Template** button is selected, the templates must first be added by the site CAC using the **BGO IPL VISIT TEMPLATE** parameter.

• You can also type over an existing **Visit Instruction** by selecting the text and making any changes.

3.4.2.10 Pt Ed (Patient Education) Column

The **Pt Ed (Patient Education)** column contains the following subtopic check-boxes. Select one or more, as applicable:

- DP (Disease Process)
- EX (Exercise)

- MED (Medication)
- N (Nutrition)
- LA (Lifestyle Adaptation)
- P (Prevention)

When a **Pt Ed** check box is selected, the following fields appear below the column. Select the applicable item from the drop-down list or type in the field, as applicable:

• Comprehension Level:

- Poor
- Fair
- Good
- Group-No Assessment
- Refused
- Length (minutes): Type the length of the education in minutes.
- Readiness to Learn:
 - Distraction
 - Eager to Learn
 - Intoxication
 - Not Ready
 - Pain
 - Receptive
 - Severity of Illness
 - Unreceptive

3.4.2.11 Tx/Regimen/FU Column

The Tx/Regimen/FU column contains the Treatment/Regimen button.

- Click the Treatment/Regimen button (Regimen) to open the Treatment/Regimen dialog (Figure 3-32)
- 2. Click the **Expand** button (E) next to the applicable list heading to view the options.



Figure 3-32: Treatment/Regimen dialog with Follow Up Expanded

- 3. Select one or more check boxes to indicate the **Treatment** or **Regimen** for the patient.
- 4. Click **OK**. The **Tx/Regimen/FU Display Only** column updates with your selection.

3.4.2.12 Tx/Regimen/FU Display Only Column

The Tx/Regimen/FU Display-Only column shows the Visit Instructions, Patient Education, and Tx/Regimen/FU information. For example:

• Given a Visit Instruction: Exercise three times per week, had Disease Process education, Follow-up: arranged. `

If data is added to any of these items, for example, an additional **Patient Education** is selected, the **Tx/Regimen/FU Display Only** column updates with the new data.

3.4.2.13 Primary POV

- 1. Highlight the **POV** that you want to make the **Primary** from the IPL list.
- 2. Right click-and select **Edit** (Figure 3-33).

+	Episodic	Allergy to animal dander
	Episodic	Allergy to eggs
-	Chronic	Diabetes mellitus type 1
		Integrated Problem Maintenance - Edit Problem
		Problem ID DB-23 Priority Pregnancy Related Use as POV Save Cancel
		* SNOMED CT Diabetes mellitus type 1 Get SCT Pick list
		Chronic O Sub-acute O Episodic O Social/Environmental O Inactive O Personal Hx Status Routine/Admin Required Field
		Provider Text
		Diabetes mellitus type 1 E10.9
		Date of Onset
		Qualifiers Severity: Clinical Course
		Severity Clinical Course
-		
Re	quires update to SNOM	

Figure 3-33: EDIT Problem dialog

- 3. Select the Use as POV checkbox (Figure 3-34).
- 4. Click Use as Primary that only displays when the problem is used as POV.



Figure 3-34: Select the Use as POV checkbox

The problem will now be saved as **Primary** in the **Visit Diagnosis** display (Figure 3-35).

🗱 Visit Diagnosis 🔝 👔 Update POVs								
POV Provider Narrative	SNOMED CT	ICD	Priority A	Asthma Control	Cause			
Diabetes mellitus type 1	Type 1 diabetes mellitus	E10.9	Primary					
Asthma	Asthma	J45.909	Secondary	NONE RECORDED				
Allergy to animal dander	Allergy to animal dander	ZZZ.99 9	Secondary					
1								

Figure 3-35: Visit Diagnosis display

3.4.2.14 E&M (Evaluation and Management) Table

The E&M (Evaluation and Management) table (Figure 3-36) contains all CPT codes defined for the visit type defined by the E&M component. The user is able to select the Evaluation and Management code for the visit within the Select PVs/Update Problems dialog. The list changes the CPT code displayed depending on which option button is selected, New or Established.

E&M		New	🔘 Est	ablished
Selected History & Exam		Complexity	Approx Time	CPT Code
	Problem Focused	Straightforward	10 min	99201
	Expanded	Straightforward	20 min	99202
V	Detailed	Low	30 min	99203
	Comprehensive	Moderate	45 min	99204
	Comprehensive	High	60 min	99205
* Require	d Field			

Figure 3-36: E&M table

- 1. Click **Save**. A red check-mark appears in the **POV** column of the **IPL** main window, and the **eSig tool** button may be clicked to sign.
 - The **Problem List** window updates with your changes. If an outpatient, the **POV** shows in the **Visit Diagnosis** component.
 - If you click **Cancel**, the **Rollback Operations Already Executed** dialog (Figure 3-37) opens. If needed, select the **Rollback** check box to indicate that a care planning instruction was created. Click **OK**.

Rollbac	k Operations already executed 📃 🛛 🗙
Rollback	Operations
L	Created a goal note.
ঘ	Created a goal note.
N	Created a care planning instruction.
	OK Cancel

Figure 3-37: Rollback Operation Already Executed dialog

3.5 Using the PickList Button

These instructions are for the **PickList** button on the main window to update a **PickList**. Refer to Section 3.8.1 or Section 3.8.2 information on using the **PickList** button from the **Add Problem** or **Edit Problem** dialogs.

Note: If the **PickList** button is clicked from the main **IPL** window, more than one item from a PickList can be selected. In the **Edit an Integrated Problem List** window, only one item from the PickList can be selected.

The **PickList** button opens the **PickList** dialog where the user can choose **SNOMED CT** descriptions by defined picklists. **PickList** entries may include associated qualifiers.

Note: The **PickList** button is enabled, and picklists can be managed if no visit is selected.

3.5.1 Selecting Problems from a PickList

To select problems from a defined **PickList**, follow the steps below:

1. Click the **PickList** button from the **IPL** main window or from the **Add Problem** or **Edit Problem** dialogs. The **PickList Selection** dialog (Figure 3-38) opens.



Figure 3-38: PickList Selection dialog

3.5.1.1 In the PickList Column

- 1. Select a PickList.
- 2. Scroll **up** or **down** to view the entire list, if needed.
- 3. Select the **Show All** check box at the lower left to view any picklists for which the logged-in user is not manager or owner. Users who hold the **BGOZ CAC** key can view and edit all picklists.

- Picklists with **light-blue shading** indicate an existing problem for the patient. Only new data related to the problem will be saved.
- Both the **Save as Problem** and the **Save as Problem and POV** buttons are active for these picklists if the picklist was stored with the **May Store as POVs** during configuration in managing the picklist.
- The following message (Figure 3-39) appears when the cursor is rested on picklists with **light blue shading**.

Concept ID match found in Problem List			×	
Diabetes mellitus type 1 - already exists in the Problem List with description - Diabetes mellitus type 1				
Do you want to change the problem description to - Diabetes mellitus type 1 ?				

Figure 3-39: Concept ID Match Found in Problem List dialog

• Picklists with **white shading** indicate new problems for the patient and are saved as such.

3.5.1.2 In the SNOMED Desc Column

- The **SNOMED Description** column refreshes with the items related to the picklists you selected in the **PickList** column.
- Problems with **light blue shading** in the **SNOMED CT Desc** column indicate existing problems for the patient. If selected, only new data related to the problem will be saved.
- Both the **Save as Problem** and the **Save as Problem and POV** buttons are active for these picklists if the picklist was stored with the **May Store as POVs** during configuration in managing the picklist.
- An Item already in Problem List (Save will Edit problem) message appears when the cursor is rested on picklists with light blue shading.
- Problems with **white shading** indicate new problems for the patient and are saved as such.

Note: Both the picklists and their items are in alphabetical order. The top-right corner of the dialog indicates the number of **SNOMED CT** descriptions associated with the selected picklist.

- Click the Save as Problem or Save as Problem and POV button, as applicable.
- If the **Save as Problem** button is clicked, new picklist items display as newly added problems and **Chart Review** is triggered. The picklist does not add the problem again for a problem that is a duplicate and already on the patient's problem list; only edits to the problem are retained.

• If the **Save as Problem and POV** button is clicked, the **POV** dialog opens. See Section 3.4 for details on completing this dialog.

3.5.2 Managing PickLists

You can manage picklists by performing the following steps for the associated problems.

Important: To manage picklists, users must hold the **BGOZ CAC** key.

1. Click the Manage PickLists button from the PickList Selection dialog box. The Manage Quick Picks dialog (Figure 3-40) opens.

List	Audiolog	JY *		Synchronized National Picklist Audiology				Edit PickLis	
how [Deleted								
kList It	ems								
Freq	Group	SNOMED Desc	Preferred Te	rm	Status	SNOMED Concept ID	SNOMED Desc ID		Add
0		Abscess of left external ear	Abscess of	left external ear		1088771000119	3717451013	^	Delete
0		Acute transudative otitis media	Acute trans	udative otitis media		35183001	58706010		Restore
0		Acute vestibular neuronitis	Acute vestil	oular neuronitis		194356004	299168017		Group
0		Adult hearing test	Adult hearing	ng test		405282002	2157103017		Status
0		Asymmetrical sensorineural hearing loss	Asymmetric	al sensorineural hearing loss		428887009	2692342018		50005
0		Auditory/vestibular test done	Auditory/ve	stibular test done		164747003	256280014		Merge
0		Autoimmune sensorineural hearing loss	Autoimmur	e sensorineural hearing loss		428470000	2692590014		Query
0		Benign paroxysmal positional vertigo	Benign pare	oxysmal positional vertigo		111541001	178784013		Query
0		Central positional vertigo	Central pos	itional vertigo		95815000	158693015		Import
0		Cholesteatoma	Cholesteato	oma		363668000	484950018		Evport
0		Chronic serous otitis media	Chronic ser	ous otitis media		81564005	135302019		Export
0		Conductive hearing loss	Conductive	hearing loss		44057004	73470015		Default Statuses
0		Eustachian tube disorder	Eustachian	tube disorder		69494008	115458018		7 5
0		Explosive acoustic trauma to ear	Explosive ad	coustic trauma to ear		43251000	72162012	~	Zero Freq

Figure 3-40: Manage Quick Picks dialog

- 2. From the **PickList** drop-down menu, select a **picklist** to manage. The **PickList Items** list refreshes showing the problems associated with that picklist.
- 3. Select a **problem** or select **multiple problems** by clicking the problem while holding down the **Ctrl** key. The problem displays highlighted in orange.
- 4. Click any of the following **buttons** to perform the necessary actions.

3.5.2.1 Synchronize

1. From the **PickList** drop-down menu (Figure 3-41), select a **picklist** to manage. The **PickList Items** list refreshes showing the problems associated with that picklist.

Manage Q	luick Picks			
PickList	Audiology *	Synchronized National Picklist	Audiology ~	Edit PickList

Figure 3-41: Synchronize Quick Picks Problems dialog

2. From the drop-down menu **Synchronized National PickList** (Figure 3-42), select a **DTS PICK Subset** to link with the **Local PickList**.

The system displays the message dialog Change Linked National PickList.

Change linked national picklist								
Picklist "Audiology *" will no longer receive updates from: Audiology								
It will instead receive updates from: ENT - Ear								
Continue?								
Yes No								

Figure 3-42: Change Linked National PickList dialog

- Click No to close the dialog and change the existing linked DTS Subset.
- Click Yes to update the Local PickList to sync and link with the new DTS Subset.

3.5.2.2 Add

1. Click the Add button from the Manage Quick Picks dialog. The SNOMED CT Lookup dialog (Figure 3-43) opens.

🖳 SNOM	IED CT Lo	okup									×
File Grid											
Diagnosis Maximum	Lookup: Results :	 Fully specified 25 	ecified name 50 🔿 100	O Synonym	Sho	ow Parent/Child relationsh] Disable autocomplete	ip Searcl	n Date:	07/23/202	24 Expa	→ and All
Search:								IHS S	NOMED	ALL SM	OMED
	Use # to Use ? to	lookup by SN lookup which	OMED CT ID SNOMED C) (SCTID). Ts can map to an	ICD10.	Example: #123456 Example: ?D50					
- Subset	t										
Subset											
Abnormal Administra	Findings		^								
Asthma	reactions										
Behaviora COVID-19	al Health 9 Related										
Cardiology Case Man	y nagement		~								
									Salact		Cancel
									Jelect		Cancel

Figure 3-43: SNOMED CT Lookup dialog

- 2. In the **Diagnosis Lookup** section, select either the **Fully Specified Name** or **Synonym** option button.
 - Fully specified name returns a collapsed list of **SNOMED CT** terms. Click the **Expand** button () next to the term to expand and view the child entries.
 - Synonym returns the full list of **SNOMED CT** terms.
- 3. In **Maximum Results**, click one of the following option buttons to limit the number of results (or click **ALL**):
 - 25
 - 50
 - 100
 - 200
 - ALL
- 4. In **Search**, type the term by which you want to search.
- 5. In **Subset**, you can select a subset in which to search, if needed.
- 6. In **Search Date**, the field defaults to the current date. Click the drop-down **arrow** to open the calendar and select a different date to search, if needed.
- 7. Click either the IHS SNOMED or ALL SNOMED button. The list of SNOMED CT terms is populated.

- 8. Select a **problem** from the list and then click **Select**. Your selection appears in the **PickList Items** of the **Manage Quick Picks** dialog (Figure 3-44).
 - The **SNOMED Term** column displays the description of the selected **SNOMED** (for example, the **Fully-specified name** or the **Synonym**).
 - When an item is added to the **PickList**, the values stored are **SNOMED Concept ID** and **Description ID** of the **Fully-specified name**, if the **Preferred Term** is selected. If a **Synonym** is selected, the **SNOMED Concept ID** of the **Fully-specified name**, and the **Description ID** of the **Synonym** are stored.
 - The **Descriptor** field stores the **SNOMED** term preferred or synonym, depending on what was selected from the **Apelon** tool.

List Audiology *	Syr	nchronized	National Picklist	Audiology			v	Edit Pick
how Deleted								
kList Items			**		_			
NOMED Desc	Preferred Term	Status	SNOMED Concept ID	SNOMED Desc ID	Added	Deleted		Add
bscess of left external ear	Abscess of left external ear		10887710001191	3717451013	•		< _	Delete
cute transudative otitis media	Acute transudative otitis media		35183001	58706010				Restore
cute vestibular neuronitis	Acute vestibular neuronitis		194356004	299168017				Group
dult hearing test	Adult hearing test		405282002	2157103017		•		Status
symmetrical sensorineural hearing loss	Asymmetrical sensorineural hearing loss		428887009	2692342018				Status
uditory/vestibular test done	Auditory/vestibular test done		164747003	256280014				Merge
utoimmune sensorineural hearing loss	Autoimmune sensorineural hearing loss		428470000	2692590014				Queor
enign paroxysmal positional vertigo	Benign paroxysmal positional vertigo		111541001	178784013				Query
entral positional vertigo	Central positional vertigo		95815000	158693015				Import
nolesteatoma	Cholesteatoma		363668000	484950018			F	Export
hronic serous otitis media	Chronic serous otitis media		81564005	135302019				export
onductive hearing loss	Conductive hearing loss		44057004	73470015			D	efault Status
ustachian tube disorder	Eustachian tube disorder		69494008	115458018			-	7
plosive acoustic trauma to ear	Explosive acoustic trauma to ear		43251000	72162012				Zero Freq

Figure 3-44: Locally Added SNOMED CT Not Found in DTS PICK Subset

- 9. The locally added **SNOMED CT** code will display in the table with the **Local PickList** values.
- 10. Scroll to the right using the horizonal scrollbar to view the column **Added** showing that the newly entered **SNOMED CT** has been added.

The system displays a mouse-over tip on the column heading that states:

"A dot in this column indicates that the code is present in the Local PickList but is not present in the synchronized National PickList."

3.5.2.3 Delete

1. When clicking the **Delete** button from the **Manage Quick Picks** dialog for a locally added **SNOMED CT** code. The **Delete Items** confirmation message (Figure 3-45) appears.



Figure 3-45: Delete PickList Item confirmation message

- The **SNOMED CT** will be deleted and is removed from the **Local PickList** and display.
- 2. When clicking the **Delete** button from the **Manage Quick Picks** dialog for a **DTS PickList Subset SNOMED CT** code (Figure 3-46), the **Delete Items** confirmation message appears.
 - The **SNOMED CT** will be deleted and is removed from the **Local PickList** and display.
 - If the user selects the check box **Show Deleted** the **SNOMED CT** appears back in the table.
- 3. Scroll to the right using the horizonal scrollbar to view the column **Deleted** showing the newly entered **SNOMED CT** has been added.

kList Audiology *	Syn	chronized	National Picklist	Audiology			v	Edit PickLi
Show Deleted								
ckList Items								
NOMED Desc	Preferred Term	Status	SNOMED Concept ID	SNOMED Desc ID	Added	Deleted		Add
bscess of left external ear	Abscess of left external ear		1088771000119	3717451013	•	^		Delete
cute transudative otitis media	Acute transudative otitis media		35183001	58706010				Restore
cute vestibular neuronitis	Acute vestibular neuronitis		194356004	299168017				Group
dult hearing test	Adult hearing test		405282002	2157103017		•		Status
symmetrical sensorineural hearing loss	Asymmetrical sensorineural hearing loss		428887009	2692342018				Status
uditory/vestibular test done	Auditory/vestibular test done		164747003	256280014				Merge
utoimmune sensorineural hearing loss	Autoimmune sensorineural hearing loss		428470000	2692590014				Quent
enign paroxysmal positional vertigo	Benign paroxysmal positional vertigo		111541001	178784013				Query
entral positional vertigo	Central positional vertigo		95815000	158693015				Import
holesteatoma	Cholesteatoma		363668000	484950018				Europe
hronic serous otitis media	Chronic serous otitis media		81564005	135302019				Export
onductive hearing loss	Conductive hearing loss		44057004	73470015			Defa	ault Statuse
ustachian tube disorder	Eustachian tube disorder		69494008	115458018				
xplosive acoustic trauma to ear	Explosive acoustic trauma to ear		43251000	72162012		6		ero Freq

Figure 3-46: Displaying of DTS PICK Subset deleted SNOMED CT

• The system will display a mouse-over tip on the column heading **Deleted** that states:

"A dot in this column indicates that the code is present synchronized **National PickList** but has been removed from the **Local** PickList."

3.5.2.4 Restore

- 1. Select the check box **Show Deleted** the **SNOMED CT**.
- 2. Select a **row** from the table with a dot in the **Deleted** column. The **Restore** button is enabled (Figure 3-47).

Manag	Manage Quick Picks										
PickLis	st A	udiology *		Syn	chronized	National Picklist	Audiology			~	Edit PickList
🗸 Sho	w Del	eted									
PickLi	st Item	15									
oup	s	SNOMED Desc	Preferred Term		Status	SNOMED Concept ID	SNOMED Desc	Added	Deleted		Add
	4	Abscess of left external ear	Abscess of left externa	l ear		10887710001191	3717451013	•		^	Delete
	ļ	Acute transudative otitis media	Acute transudative oti	tis media		35183001	58706010				Restore
	4	Acute vestibular neuronitis	Acute vestibular neuro	nitis		194356004	299168017				Group
	4	Adult hearing test	Adult hearing test			405282002	2157103017		•		Status
	1	Asymmetrical sensorineural hearing loss	Asymmetrical sensorin	eural hearing loss		428887009	2692342018				510103
	ļ	Auditory/vestibular test done	Auditory/vestibular tes	t done		164747003	256280014				Merge
	4	Autoimmune sensorineural hearing loss	Autoimmune sensorine	eural hearing loss		428470000	2692590014				Query
	E	Benign paroxysmal positional vertigo	Benign paroxysmal po	sitional vertigo		111541001	178784013				Query
	E	Bilateral deafness	Bilateral deafness			162344009	253163012				Import
	E	Bilateral hearing loss	Bilateral hearing loss			95820000	158700015	•			Export
	0	Central positional vertigo	Central positional verti	igo		95815000	158693015				Export
	0	Cholesteatoma	Cholesteatoma			363668000	484950018				Default Statuses
	0	Chronic serous otitis media	Chronic serous otitis m	nedia		81564005	135302019				Zeen Free
	0	Conductive hearing loss	Conductive hearing los	55		44057004	73470015				Zero Freq
<			• • • • • • •			60.00.000	********		>		Exit

Figure 3-47: Selected and Restored SNOMED CT from DTS Subset

- 3. Click the **Restore** button.
 - The **SNOMED CT** is visible in the **Local PickList** table without a dot in the deleted column, the code has been restored into the **Local PickList** (Figure 3-48).

kList	Audiology *	Syn	Synchronized National Picklist Audiology					* Edit PickL
Show (Deleted							
ickList h	tems		_		_			
oup	SNOMED Desc	Preferred Term	Status	SNOMED Concept ID	SNOMED Desc ID	Added	Deleted	Add
	Abscess of left external ear	Abscess of left external ear		1088771000119	3717451013	٠	~	Delete
	Acute transudative otitis media	Acute transudative otitis media		35183001	58706010			Restore
	Acute vestibular neuronitis	Acute vestibular neuronitis		194356004	299168017			Group
	Adult hearing test	Adult hearing test		405282002	2157103017			Statur
	Asymmetrical sensorineural hearing loss	Asymmetrical sensorineural hearing loss		428887009	2692342018			518105
	Auditory/vestibular test done	Auditory/vestibular test done		164747003	256280014			Merge
	Autoimmune sensorineural hearing loss	Autoimmune sensorineural hearing loss		428470000	2692590014			Over
	Benign paroxysmal positional vertigo	Benign paroxysmal positional vertigo		111541001	178784013			Query
	Bilateral deafness	Bilateral deafness		162344009	253163012			Import
	Bilateral hearing loss	Bilateral hearing loss		95820000	158700015	•		Event
	Central positional vertigo	Central positional vertigo		95815000	158693015			Export
	Cholesteatoma	Cholesteatoma		363668000	484950018			Default Statuses
	Chronic serous otitis media	Chronic serous otitis media		81564005	135302019			7
	Conductive hearing loss	Conductive hearing loss		44057004	73470015			Zero Freq
1		· · · · · · ·			********			Exit

Figure 3-48: DTS Subset SNOMED CT Restore to Local PickList

3.5.2.5 Changing Group

1. Click the Group button from the Manage Quick Picks dialog. The Change the Group for 3 (or number selected) PickList Item(s) dialog (Figure 3-49) opens.

Change	the Group for 3 PickList it	em(s))
Group	Gastrointestina		Save
Group	Customesting		Cancel

Figure 3-49: Change the Group dialog

- 2. In **Group**, select the group to which you want to move the item from the dropdown menu.
- 3. Click **Save** to save the new group.

3.5.2.6 Changing Status

1. Click the Status button from the Manage Quick Picks dialog. The Change the Status for 1 (or number selected) PickList Item(s) dialog (Figure 3-50) opens.


Figure 3-50: Change the Status dialog

2. In the Status drop-down (Figure 3-51), select a status to assign:

Sub-acute 🔹
Chronic
Sub-acute
Episodic
Social/Environmental
Inactive
Personal Hx
Routine/Admin

Figure 3-51: Status Drop-Down list

- Chronic
- Sub-acute
- Episodic
- Social/Environmental
- Inactive
- Personal Hx
- Routine/Admin
- 3. Click Save.

3.5.2.7 Merging

1. Click the Merge button from the Manage Quick Picks dialog. The Merge PickList dialog (Figure 3-52) opens.

Merge Pi	ckList	
NOTE:	Will merge PickList items from one PickList to another PickList.	Merge
From	Gastrointestinal 🔹	Cancel
То	Respiratory	

Figure 3-52: Merge PickList dialog

- 2. In **From**, select the picklist to merge the item or items from.
- 3. In **To**, select the picklist to merge the item or items to.
- 4. Click Merge. The Merged PickList message (Figure 3-53) appears.

Merged PickList	x
Merged PickList: Nursing * items into PickList: Respir	atory
ОК	

Figure 3-53: Merged PickList message dialog

3.5.2.8 Querying

1. Click the **Query** button from the **Manage Quick Picks** dialog. The **Query for PickList Items** dialog (Figure 3-54) opens.

Query for PickList Items						
Target PickList	Gastrointestinal 🗸	Query				
From Date	02/26/2020 To Date 02/25/2021	Cancel				
Hosp. Location	EMERGENCY					
Clinic	GASTROENTEROLOGY-HEPATOLOGY					
Provider	DEMO,DOCTOR					
Prov. Class	GASTROENTEROLOGIST					
Max Hits	500					

Figure 3-54: Query for PickList Items dialog

- 2. In Target PickList, select a picklist to query from the drop-down menu.
- 3. In **From Date**, click the **Ellipsis** button (💷) to select a date from the calendar.
- 4. In **To Date**, click the **Ellipsis** button () to select a date from the calendar.

Note: The From and To date defaults to the current date.

5. In Hosp. Location, click the Ellipsis button ()) to select a location. The Select a Location dialog (Figure 3-55) opens.

Select a Location		×
Search Criteria		OK
EMERGENCY	Search	
		Cancel
ASSISTANT		
AUDIOLOGY		
CASE MANAGEMENT	E	
CASSIE GUTZMER		
CHART REVIEW		
CHESLEY NEW		
DEMO	_	
DENTAL	_	
DRAGO NEW		
DRAKE	_	
EMERGENCY		
EMPLOYEE HEALTH	_	
ERPENBACH	_	
FAMILY PLANNING	_	
	_	
CENERAL NEW		
HERRMANN NEW	_	
IMMUNIZATION	_	
INACTIVE		
INACTIVE		
INACTIVE		
	_	

Figure 3-55: Select a Location dialog

- 6. In **Search Value** begin typing the first few letters of the location name. The list refreshes with your location.
- 7. Click to select the location, and then click **OK**. Your selection is populated in the **Hosp. Location** field.
- 8. In Clinic, click the Ellipsis button ()) to select a clinic. The Select a Clinic dialog (Figure 3-56) opens.

Select a Clinic		×
Search Criteria		ОК
GASTROENTEROLOGY-HEPATOLOGY Sear	ch	
		Cancel
EVENING		
FAMILY PLANNING		
FAMILY PRACTICE		
FETAL ALCOHOL SYNDROME		
FOLLOW-UP LETTER		
GASTROENTEROLOGY-HEPATOLOGY		
GENERAL		
GENERAL PREVENTIVE		
GENETICS		
GROUPED SERVICES		
GYNECOLOGY		
HEALTH AIDE CLINIC		
HEALTH PROMOTION DISEASE PREVE		
HIGH RISK	=	
HOME BASED CARE		
HOME CARE		
HOMELESS		
HYPERTENSIVE		
IMMUNIZATION		
INFANT STIMULATION		
INFUSION CLINIC		
INTERNAL MEDICINE		
LABOR AND DELIVERY		
LABORATORY SERVICES		

Figure 3-56: Select a Clinic dialog

- 9. In **Search Value**, begin typing the first few letters of the clinic name. The list refreshes with your clinic.
- 10. Click to select the **clinic**, and then click **OK**. Your selection is populated in the **Clinic** field.
- 11. In **Provider**, click the **Ellipsis** button () to select a provider. The **Select a Provider** dialog (Figure 3-57) opens.



Figure 3-57: Select a Provider dialog

- 12. In **Search Value** begin typing the first few letters of the **provider name**. The list refreshes with providers.
- 13. Click to select the **provider**, and then click **OK**. Your selection is populated in the **Provider** field.
- 14. In **Prov. Class**, click the **Ellipsis** button () to select a provider class. The **Select a Provider Class** dialog (Figure 3-58) opens.

Select a Provider Class		×
Search Criteria		ОК
GASTROENTEROLOGIST	Search	
C.		Cancel
EITNESS SDECIALIST		
GASTROENTEROLOGIST		
HEALTH AIDE		
HEALTH EDUCATOR		
HEALTH PROMOTION DISEASE PREVE		
HEALTH RECORDS		
HEPATOLOGIST		
IN SCHOOL THERAPIST		
INTERNAL MEDICINE		
INTERNAL MEDICINE CONTRACT		
LABORATORY DIRECTOR		
LABORATORY TECHNICIAN		
LICENSED CLINICAL SOCIAL WORK		
LICENSED MEDICAL SOCIAL WORKER	_	
LICENSED PRACTICAL NURSE		
LICENSED PROFESSIONAL COUNSLR		
MASSAGE THERAPIST	E	
MD		
MEDICAL ASSISTANT		
MEDICAL ASSISTANT		
MEDICAL SOCIAL WORKER		
MEDICAL SOCIAL WORKER	-	
MEDICAL STUDENT		

Figure 3-58: Select a Provider Class dialog

- 15. In **Search Value** begin typing the first few letters of the provider's class. The list refreshes with provider classes.
- 16. Click to select the **Provider Class**, and then click **OK**. Your selection is populated in the **Prov. Class** field.
- 17. In **Max hits**, **500** is the default. Type a **number of hits** to return (Figure 3-59) if you want to change the number of hits returned.



Figure 3-59: Max Hits field

18. Click **OK** on the **Query for PickList Items** dialog. An information message (Figure 3-60) appears, showing the number of returned records.



Figure 3-60: Query PickLists Finished information message

3.5.2.9 Importing

1. Click the **Import** button from the **Manage Quick Picks** dialog. The **Import SNOMED PickLists** dialog (Figure 3-61) opens.

Import SNO	MED PickLists				×
Look in:	ibraries		~	G 🤌 🖻 🛄	•
Quick access	Doc Libr	cuments rary	1	Music Library	
Desktop	Libr	tures rary		Videos Library	
Libraries					
This PC					
۲					
Network	File name:			~	Open
	Files of type:	SNOMED Pick Lit	sts (*.zgp)	~	Cancel

Figure 3-61: Import SNOMED PickLists dialog

- 2. In Look in, select a location from which to import.
- 3. Locate the file you want to import. The Files of Type list defaults to SNOMED PickLists (*zgp).
- 4. Click **Open**. Your file is imported.

3.5.2.10 Exporting

1. Click the **Export** button from the **Manage Quick Picks** dialog. The **Save As** dialog (Figure 3-62) opens.



Figure 3-62: Save As (Export PickList) dialog

2. Select a location to save, type a file name, and then click Save. Your SNOMED picklist is saved as .zgp file type, ready for exporting.

3.5.2.11 Default Statuses

1. Click the **Default Statuses** button from the **Manage Quick Picks** dialog (Figure 3-40). The **Default the status of all items** dialog appears (Figure 3-63).





2. Click **Yes** to reset the status of all the items for the particular picklist. Click **No** to return to the **Manage Quick Picks** dialog (Figure 3-40).

3.5.2.12 Marking Zero Freq(uency)

- 1. Click the Zero Freq button from the Manage Quick Picks dialog. A frequency of zero (0) is assigned to the picklist item.
- 2. Click Exit to close the Manage Quick Picks dialog (Figure 3-40).

3.5.3 Edit PickList Button

From the **Manage Quick Picks** dialog, click the **Edit PickList** button to add, edit, delete, or import a subset to an existing picklist.

1. Click the Edit PickList button (Edit PickList). The Edit PickList dialog (Figure 3-64) opens.

Manage	Quick Picks	5 Edit PickList							
PickList	Administrative	PickList	Hosp. Location	Clinic	Provider	Class	Owner		Add
PickList	Items	PRENATAL PROBLEM FETUS						^	Edit
		PRENATAL PROBLEM PREGNANCY							Edit
Free	Group	PRENATAL RISK							Delete
0		Preventive Care							Evit
0		Problem List - Social Env							
0		Radiology	RADIOLOGY	RADIOLOGY			LAURA L		
0		Respiratory							Import
0		Rheumatology							Subset
0		SDOH Problem All					KATHI JO		
0		Social Services							
0		Social Services Long							
0		Urology/Nephrology							
0		Urology/Nephrology Long							
0		WH - Family Planning							
0		WH - General							
0		WH - Pap Results							
0		WH - Pelvic Pain							
0		Women's Wellness		GENERAL			LAURA L		
a statement of the statement	10	All and a second s						V	

Figure 3-64: Edit PickList dialog

2. Select a **PickList** from the list and click one of the following buttons.

3.5.3.1 Add Button

1. Click Add from the Manage PickLists dialog. The Add PickList dialog (Figure 3-65) opens.

Add PickList		
PickList Name	New PickList	Save
Hosp. Location	LABORATORY	Cancel
Clinic	CHRONIC DISEASE	
Provider	DEMO,DOCTOR	
Prov. Class	GASTROENTEROLOGIST	
SNOMED Subfile		
	May store selections as POVs	
	Prenatal PickList	
Managers Add		
Delete		

Figure 3-65: Add PickList dialog

- 2. In PickList Name, type a name for the picklist.
- 3. In Hosp. Location, click the Ellipsis button ()) to select a location. The Select a Location dialog (Figure 3-66) opens.

Select a Location		×
Search Criteria		ОК
	Search	
1 Central Cent		Cancel
Jeanette		
KERR		
LABORATORY		
LACAYO		
LOWER BRULE		
MAMMOGRAPHY		
MAMMOGRAPHY-AA MOBILE		
MED/SURG		
MICHAEL THRASHER		
NURSING		
NUTRITIONIST		
OBSTETRICS		
OPTOMETRY		
PEDIATRIC	=	
PETERS		
PHARMACY		
PHN CASE MGMT		
PHN CLINIC VISIT		
DHN ED CLASS		
PHN HOME CARE		
PHN HOMELESS		
PHN IM OFFICE		
PHN IM OUTSIDE	Ψ.	

Figure 3-66: Select a Location dialog

- 4. In **Search Value**, begin typing the first few letters of the location name. The list refreshes with your location.
- 5. Click to select the **location**, then click **OK**. Your selection is populated in the **Hosp. Location** field.
- 6. In **Clinic**, click the **Ellipsis** button ()) to select a clinic. The **Lookup Clinic** dialog (Figure 3-67) opens.



Figure 3-67: Lookup Clinic dialog

- a. In **Search Value**, begin typing the first few letters of the clinic name. The list refreshes with your clinic.
- b. Click to select the **clinic**, and then click **OK**. Your selection is populated in the **Clinic** field.
- 7. In **Provider**, click the **Ellipsis** button ()) to select a provider. The **Lookup Provider** dialog (Figure 3-68) opens.

Select a Provider		x
Search Criteria		ОК
DEMO,DOCTOR	Search	
		Cancel
DEMO, DOC TWO	*	
DEMO, DOCTOR		
DEMO, PROVIDER MN		
DEMO, PROVIDER NOSPIMN		
DURAN, WILLIAM		
EPCS, ADMIN USER	_	
EPCS,NURSE EPCSCPA		
EPCS, PHARMACIST CHANGEABLE		
EPCS, PHARMACIST EPCSP		
EPCS, PHARMACIST PSDRPH	=	
EPCS, PHARMACIST PSDRPH-TWO		
EPCS, PROVIDER EDNSCII-V		
EPCS, PROVIDER EDNSCIII-V		
EPCS, PROVIDER EDNSCIV-V		
EPCS, PROVIDER EDSCII-V		
EPCS, PROVIDER EDSCIII-V		
EPCS, PROVIDER EDSCIV-V		
EPCS, PROVIDER ENDSNC		
EPCS, PROVIDER EPCSCP		
EPCS, PROVIDER EPCSPAA		
EPCS, PROVIDER EPCSPPA		
EPCS, PROVIDER MA-EPCSCP		
EPCS, PROVIDER MA-EPCSPPA		
EPCS.PROVIDER NEDNSCII-V	*	

Figure 3-68: Lookup Provider dialog

- a. In **Search Value** begin typing the first few letters of the provider name. The list refreshes with providers.
- b. Click to select the **provider**, and then click **OK**. Your selection is populated in the **Provider** field.
- 8. In **Prov. Class**, click the **Ellipsis** button () to select a provider class. The **Lookup Provider Class** dialog (Figure 3-69) opens.



Figure 3-69: Lookup Provider Class dialog

- a. In **Search Value** begin typing the first few letters of the provider's class. The list refreshes with provider classes.
- b. Click to select the **provider class**, and then click **OK**. Your selection is populated in the **Prov. Class** field.
- 9. The **SNOMED Subfile** field (Figure 3-70) is not editable, but shows the file that the list is based from. For example, if a subset was imported, that subset shows in the **SNOMED Subfile** field.



Figure 3-70: SNOMED Subfile field

The **Managers** section (Figure 3-71) is inactive until a picklist is created and edited. Refer to Section 3.5.3.2.

Add	Managers	
Delete	Add	
	Delete	

Figure 3-71: Managers Section dialog

- If applicable, select the May store selections as POVs check box. The problems in the picklist can be saved as POV and this enables the Save as Problem and POV button on the PickList Selection dialog. See Section 3.5.1 above.
- If applicable, select the **Prenatal PickList** check box.

10. Click Save. Your entries show in the Manage PickLists dialog.

3.5.3.2 Edit Button

1. Click to select a **picklist** to edit from the **Manage PickList** dialog. The **Edit PickList** dialog (Figure 3-72) opens.

Edit PickList		
PickList Name	Abnormal Findings *	Save
Hosp. Location	TEST CLINIC	Cancel
Clinic	DIABETIC	
Provider	TEST,NURSE	
Prov. Class	CLINIC RN	
SNOMED Subfile	PICK Abnormal Findings	
	 May store selections as POVs Prenatal PickList 	
Managers USER,D	EMO	1
Add		
Delete		

Figure 3-72: Edit PickList dialog

- 2. Make any necessary changes to the **Edit PickList** dialog entries. Refer to Section 3.5.3.1 above for details on completing the fields.
- 3. If applicable, click the Add button in the Managers section to add a PickList manager. The Select a Manager dialog (Figure 3-73) opens.



Figure 3-73: Select a Manager dialog

- 4. In **Search Criteria**, begin typing the first few letters of the person's name. The list refreshes with your selection.
- 5. Select the name, then click OK. The Managers field populates with your entry.
- 6. Click Save on the Edit PickList dialog.

3.5.3.3 Delete Button

- 1. Select a **picklist** to delete.
- 2. Click the **Delete** button. A **Delete PickList** information message (Figure 3-74) appears.



Figure 3-74: Delete PickList Information Message

3. Click **Yes** to delete the list, or **No** to cancel. If **Yes**, the picklist is deleted from the list.

3.5.3.3.1 Import Subset Button

1. Select a **picklist**, then click the **Import Subset** button. The **Import Subset** dialog (Figure 3-75) opens.

Import Subset		
Subset	PICK Gastrointestinal 🔹	Import
New Subset Name	Internal Gastrointestinal	Cancel

Figure 3-75: Import Subset dialog

- 2. In **Subset**, select a subset to import from the drop-down menu. The **New Subset** Name field populates with your selection.
- 3. Click Import.
- 4. Click Exit to exit the Manage PickLists dialog.

3.5.4 Updating a PickList

There is an option available to authorized individuals to update all Pick Lists (Figure 3-76) with statuses defaulted for SNOMED terms DTS.

Edit PickList
Add
Delete
Group
Status
Merge
Query
Import
Export
Default Statuses
Zero Freq
Exit

Figure 3-76: Updating a PickList Drop-Down List

3.6 Using the Education Information Button

The **Education Information** search enables you to look up information on a highlighted problem.

If an active visit is not selected when the **Education Information** button is clicked, the following message (Figure 3-77) appears.



Figure 3-77: Active Visit Not Selected Information Message

- Click **Yes** to select an active visit.
- If No is clicked, MedlinePlus opens, but the Add Patient Education Event dialog does not open.

The search depends on whether any records are present or not.

- Condition 1: If there are records present, select one and click the Education Information button (^[6]) to go to the MedlinePlus Reference website (Figure 3-79) for the topic associated with the selected record.
- Condition 2: If there are no records present or no record is selected, click the

Education Information button (^[6]) to display the **Web Reference Search** dialog (Figure 3-78).

١	Web Reference	Search		×
	Reference Site	DynaMed ~		
	Search Term	DYSLIPIDEMIA	Search	

Figure 3-78: Web Reference Search dialog

Select a **Reference Site**, if needed. The default is the **ClinicalKey** site. After entering a term and clicking **Search**, you are taken to the selected website (example Figure 3-79) for the specified term.

Note: The Add Patient Education Event dialog also opens when the Education Information button is clicked. Patient education is tracked for Meaningful Use. Therefore, the Add Patient Education Event dialog should be completed.



Figure 3-79: MedlinePlus website

3.7 Using the Clinical Decision Support Button

The **Clinical Decision Support** search depends on whether any records are present or not.

• Condition 1: If there are records present, select one and click the Clinical

Decision Support button (¹¹⁾). The **Web Reference Search** dialog (Figure 3-80) displays. The default is the **DynaMed** website (Figure 3-82) for the topic associated with the selected record.

Condition 2: If there are no records present or no record is selected, click the Clinical Decision Support button (¹⁾) to display the Web Reference Search dialog (Figure 3-80).

Note: You will also see this dialog if your site is not licensed for **DynaMed**.

Web Reference	Search	×
Reference Site	DynaMed 🗸	
Search Term	DYSLIPIDEMIA	Search

Figure 3-80: Web Reference Search dialog

There is a drop-down list (Figure 3-81) to select a different Reference Site if needed. The default is the **DynaMed** website (Figure 3-82).

Web Reference	Search		Х
Reference Site Search Term	DynaMed DynaMed JAMA Medline CDC FamilyDoctor.org Google	Search	

Figure 3-81: Reference Site drop-down list

After entering a term and clicking **Search**, you are taken to the selected website (Figure 3-82) for the specified term.

(c) D https	://www.dynamed.co	m/results?q=/ D = 🔒 C	DynaMed	×				- × 6 0 0 0
DynaMe	eď						Abdominal pa	in 🔞 🔍
Specialties ~	Drugs A-Z	Drug Interactions	Calculators	About	Mobile			
SEARCH RESUL Abdomi All (2089)	nal pain	l (1)						
CONDITION Functional at	I Abdominal F odominal pain is e	Pain in Children episodic or continuous at	odominal pain for	≥ 2 months	without struct	ural or biochemical	cause.	=
APPROACH TO Chronic Al Chronic, loca	PATIENT bdominal Wal	II Pain Iperficial tenderness, whi	ch may be due to	abdominal c	utaneous ner	ve entrapment sync	frome.	=
								Feedback

Figure 3-82: DynaMed website example

You can change to another website by selecting from the **Reference Site** drop-down list (Figure 3-81). The drop-down list for the **Reference Site** field on the **Web Reference Search** dialog can be configured.

3.8 Completing IPL Tasks

Tasks can be completed in the **Integrated Problem List** module by clicking the **Add**, **Edit**, or **Delete** buttons from the main window.

3.8.1 Adding a Problem

To add a problem to a patient record, complete the following steps:

1. On the main **IPL** window, click the **Add** button. The **Add Problem** dialog (Figure 3-83) opens.

Integrated Problem Maintenance	- Add Problem	×
Problem ID SOUC-33	Pregnancy Related 📕 Use as POV	Save Cancel
* SNOMED CT * Required Field		Get SCT Pick list
Provider Text		

Figure 3-83: Initial Add Problem dialog

Note: A visit is not required to view the IPL details. However, a visit must be selected to enable the **Add** button.

Note: The Problem ID field is system populated.

- 2. Select the **Pregnancy Related** check box, if applicable. The **Pregnancy Related** check box is only available for female patients.
- 3. Select the Use for Inpatient check box, if applicable. The Use for Inpatient check box is only available for inpatients.
- 4. Select the Use as POV check box, if applicable. The POV check box is available only for outpatients.

Note: If Use as POV is selected, and if any fields have been changed or added, an information message appears advising the user that the problem has been stored, if new, or updated, if edited. The problem is stored as **Reviewed and Updated** in the V **Reviewed/Updated** file and a red check mark appears in the **POV** column of the **IPL** main window. Inactive problems may be **POV**.

5. Populate the **SNOMED CT** field using one of the following methods.

3.8.1.1 SNOMED CT Field

- 1. Type a term in the **SNOMED CT** field, and then press Enter or click the **Ellipsis** button (...). The **SNOMED CT Lookup** dialog opens with your term populated in the **Search** field and a list of **IHS SNOMED** terms.
- 2. If you want to search all **SNOMED** terms, in the initial **Add Problem** dialog, leave the **SNOMED CT** field blank and click the **Ellipsis** button (....). The **SNOMED CT Lookup** dialog (Figure 3-84) opens.

💀 SNOMED CT Lookup			×
File Grid			
Pile Grid Diagnosis Lookup: Fully specified name Maximum Results: 25 50 100 Search: Use # to lookup by SNOMED CT II Use ? to lookup by SNOMED CT II Use ? to lookup which SNOMED C Subset Abnormal Findings Administrative Adverse Reactions Asthma Audiology Behavioral Heath COVID-19 Related Cardiology Case Management 	Synonym Show Parent/C 200 ALL Disable a (SCTID). Example (SCTID). Example	Child relationship Search Da utocomplete #123456 : ?D50	tte: 07/23/2024 Expand All IHS SNOMED ALL SNOMED
			Select Cancel

Figure 3-84: SNOMED CT Lookup dialog

- 3. In the **SNOMED CT Lookup** dialog, in the **Diagnosis Lookup** section, select either the **Fully-specified name** or **Synonym** option button.
 - Fully specified name returns a collapsed list of **SNOMED CT** terms. Click the **Expand** button () next to the term to expand and view the child entries.
 - Synonym returns the full list of SNOMED CT terms.
 - Show Parent/Child Relationships displays detail of value to coders.
 - **Disable Autocomplete** disables autocompletion of entries.
- 4. In **Maximum Results**, click one of the following option buttons to limit the number of results (or click **ALL**):
 - 25

- 50
- 100
- 200
- ALL
- 5. In **Search**, type the term to search for.
- 6. In **Subset**, you can select a subset to search for, if needed.
- 7. In **Search Date**, the field defaults to the current date. Click the **drop-down arrow** to open the calendar and select a different date to search, if needed.
- 8. Click either the IHS SNOMED or ALL SNOMED button. The list of SNOMED CT terms is populated.
- 9. Select and highlight a term, and then click the **Select** button. The **SNOMED CT** field of the **Add Problem** dialog refreshes with the **SNOMED CT** term you selected.

If you attempt to assign the same **SNOMED CT** code as an existing problem, the **Duplicate SNOMED CT Code** error message (Figure 3-85) displays.

I	Error	
	Unable to use this SNOMed ConceptID: The following existing problem already has the same SNOMed ConceptID that ID:267-Moderate bipolar I disorder, single manic episode; Snomed Concept ID: 28884001	you are trying to use::
	ОК	

Figure 3-85: Duplicate SNOMED CT Code error message

10. Click **OK** and select a different **SNOMED CT** code from the **SNOMED CT Lookup** dialog.

3.8.1.2 Get SCT Button

Click the Get SCT button to open the ICD 9 to SNOMED CT Lookup dialog.

3.8.1.3 Pick List Button

1. Click the **Pick List** button to open the **Pick List** dialog. Refer to Section 3.5 for details on completing this dialog.

After you populate the **SNOMED CT** code, the **Add Problem** dialog (Figure 3-86) expands with additional fields.

Integrated Proble	em Maintenance -	Add Problem						
Problem ID D	B-30 Priority	2 🖶	✓ Use	as POV 🔲 Prim	ary		Save	Cancel
* SNOMED CT * Status * Required Field	Exacerbation of a Chronic O Sub	sthma -acute 〇 Episodic 〇 S	ocial/Envi	ronmental 🔿 Ina	active 🔿 Pe	rsonal Hx	Get SCT	Pick list ne/Admin
Provider Text	Type provider tex	t here.		с	hars left: 36	0		
	Exacerbation of	asthma Type provide	er text her	e. J45.901				
Date of Onset	02/26/2021							
Qualifiers	Severity: Modera Severity Moderate to seve	ite to severe Clinica Clinica	l Course	Episodicities New episode		.)		
Asthma	Classification	Contr	ol					
	SEVERE PERSISTE	NT -		-				
							🗌 İs	Injury
Comments						(Add	Delete
Narrative					Date		Author	
Type revelant	comments here.				02/26/2	021		
Type revelant	comments here.				02/26/2	2021		
Care Plan Info				Add Visit	Instruction	/ Care Pla	ns / Goal	Activities
Goal	Notes	Care Plans		Visit Instruct	tions	Care Pl	anning A	ctivities
U Type comme	nts here.	U Type comments here.		U Type comment here.	ts	Given a V Had Prev	isit Instru ention ed	ction : Typ ucation
		-	-					

Figure 3-86: Expanded Add Problem dialog with Asthma

- 2. In **Priority**, use the **Up** and **Down** arrows to select a priority level.
 - For pregnant patients, the **Pregnancy Related** check box is auto-selected if a problem was created in the **Prenatal** component and saved as **POV**. A red check-mark appears in the **PIP** column of the **IPL** main window in these cases.
 - If primary problem, select the **Primary** check box.

Note: The **Primary** check box is only visible if the **POV** has been completed. Refer to Section 3.4 for details.

- 3. In **Status**, click the **Applicable** option button:
 - Chronic
 - Sub-acute
 - Episodic
 - Social/Environmental
 - Inactive
 - Personal Hx

Note: Chart Review is triggered if you are editing a problem in IPL and the Status of a problem is changed and saved.

4. In **Provider Text**, type any **applicable text**. (Optional, 60-character limit.)

Note: You can briefly rest your mouse pointer over this field to view an information pop-up.

- 5. In Severity, select one or more of the following:
 - Fatal
 - Life Threatening
 - Mild
 - Mild to Moderate
 - Moderate
 - Moderate to Severe
 - Severe
- 6. Click the Clinical Course Ellipsis button () to populate the Clinical Course field. The Select Clinical Courses dialog (Figure 3-87) opens.



Figure 3-87: Select Clinical Courses dialog

a. Select one or more **courses**.

b. Click Save. The Clinical Course field updates with your selections.

Note: If you selected an **Asthma Subset** or the mapped ICD is in the **Asthma taxonomy**, the **Asthma Classification** drop-down menu appears below the **Qualifiers** section.

- 7. In **Episodicities**, select one of the following from the drop-down menu:
 - First episode
 - New episode
 - Old episode
 - Ongoing episode
 - Undefined episodicity
- 8. Select the applicable Asthma Classification from the drop-down menu.

Note: The Asthma Classification drop-down menu only appears if an Asthma Subset is selected or the mapped ICD is in the Asthma taxonomy, AND the Use as POV check box was selected.

Note: Only one Asthma Control entry is allowed per visit.

9. In the **Date of Onset** field (optional), type a **date** in **xx/xx/xxxx** format or click the **Ellipsis** button (...). The **Select Date** dialog (Figure 3-88) opens. Do one of the following:



Figure 3-88: Select Date dialog

a. Select a date from the calendar, and then click **OK**. The date selected populates in the **Date of Onset** field.

- b. Click the **Now** button, then click **OK**. The **Date of Onset** populates with today's date.
- c. In the blank field, type **T-X**, with **X** indicating number of days passed. The **Date of Onset** populates with the current date minus the number of days indicated.
- 10. If applicable, select the **Is Injury** check box. The **Injury** section (Figure 3-89) opens in the **Add Problem** (or **Edit Problem**) dialog.

Note: The Use as POV check box must be selected for the Is Injury check box to appear. If the problem ICD code points to an injury taxonomy or if an injury-related SNOMED CT is selected, the Is Injury check box is automatically selected and the Injury section expands when the Use as POV check box is selected.

Injury	First Visit ORe-visit	Injury Date	02/26/2021	
Place	HUNTING/FISHING	Associated with	HOSPITAL ACQUIRED	•
Caused by	ACCIDENTAL DISCHARGE OF MACH ENCOUNTER	INE GUN, SUBSEQUENT		
j.				✓ Is Injury

Figure 3-89: Injury Section dialog

- a. Select either the First Visit or Re-Visit option button, as applicable.
- b. In Injury Date, the date defaults to the current date. Click the Ellipsis button (i) to open the calendar and select a new date or type a new date in the field.
- c. In Place, select a location for where the injury occurred:
 - Home–Inside
 - Home–Outside
 - Farm
 - School
 - Industrial Premises
 - Recreational Area
 - Street/Highway
 - Public Building
 - Resident Institution
 - Hunting/Fishing
 - Other

- Unknown
- d. In Associated With, select one of the following from the drop-down menu:
 - Hospital Acquired
 - Alcohol Related
 - Battered Child
 - Employment Related
 - Domestic Violence Related
 - Drug Related
- e. To populate the **Cause by** field, type an injury term in the field, and then click the **Ellipsis** button (...). The **Injury Causes** dialog (Figure 3-90) opens, showing only **E Coded** items.

njury Causes		
Search Value	Fall	Search
Select from on	e of the following items	
Code	Description	
W18.2XXS	FALL IN (INTO) SHOWER OR EMPTY BATHTUB, SEQUELA	•
V93.32XD	FALL ON BOARD FISHING BOAT, SUBSEQUENT ENCOUNTER	
W09.1XXD	FALL FROM PLAYGROUND SWING, SUBSEQUENT ENCOUNTER	
W09.2XXD	FALL ON OR FROM JUNGLE GYM, SUBSEQUENT ENCOUNTER	
W10.1XXA	FALL (ON)(FROM) SIDEWALK CURB, INITIAL ENCOUNTER	
W10.8XXS	FALL (ON) (FROM) OTHER STAIRS AND STEPS, SEQUELA	
V00.141A	FALL FROM SCOOTER (NONMOTORIZED), INITIAL ENCOUNTER	
V93.41XS	STRUCK BY FALLING OBJECT ON PASSENGER SHIP, SEQUELA	
W09.0XXA	FALL ON OR FROM PLAYGROUND SLIDE, INITIAL ENCOUNTER	
		OK Cance

Figure 3-90: Injury Causes with E Codes dialog

- f. In Lookup Option, click either the Lexicon or ICD option button.
- g. In **Search** value, type a different search value if your initial search did not return the applicable injury item, and then click **Search**. The returned results list shows a list of **E** Code items with their description.
- h. In the returned results list, select the **applicable item**, then click **OK**. Your selection shows in **Caused By** in the **Injury** section.
- 11. Type a comment in the Comments section, if needed.

- 12. If the Use as POV check box was selected, the Add Visit/Care Plan/Goal Activities button is active. To add data, click the Add Visit/Care Plan/Goal Activities button. The Add Visit Instructions/Care Plan Activities dialog opens. Refer to Section 3.10 for instructions on how to complete this dialog.
 - Entries in this section preceded by an S indicate the Goal Note, Care Plan, or Visit Instructions have been signed. Entries preceded by a U indicate the entry is unsigned.
- 13. Click Save in the top-right of the Add Problem dialog. Your data is saved to the Integrated Problem List grid.

Note: Selecting the Use as POV check box (outpatients only) also saves (stores) the problem in the V Reviewed/Updated file.

3.8.2 Editing a Problem

To edit a problem, follow these steps:

- 1. Select a visit.
- 2. Select a **problem** from the **Problem List** on the main **IPL** window.

Note: A visit and a problem must be selected in order for the **Edit** button to become active.

3. Click the Edit button. The Edit Problem dialog (Figure 3-91) opens.

ntegrated Proble	em Maintenance - Edit Problem	
Problem ID 50	DUC-5 Priority 🔽 🛨 🏳 Pregnancy Related 🔽 Use as POV 🔽 Primary	Save Cancel
* SNOMED CT	Laceration - injury	Get SCT Pick list
* Status	Chronic C Sub-acute C Episodic C Social/Environmental C Inactive C Pers	onal Hx
* Required Field		
Provider Text		
	Laceration - injury 879.8	
Qualifiers	Severity: Moderate Clinical Course	
	Severity Clinical Course	
	Moderate -	
Injury	C First Visit C Re-visit Injury Date 07/2015	
Place		
Caused by		
		رك
		✓ Is Injury
Comments		Add Delete
Narrative	Date	Author
Care Plan Info	Add Visit Instruction / Ca	re Plans / Goal Activities
Goal	Notes Care Plans Visit Instructions Car	e Planning Activities
	v v	

Figure 3-91: Integrated Problem List Maintenance – Edit Problem dialog

Note: Users can enter an imprecise date for the Injury Date via PCC Data Entry Staff menu. The imprecise date displays as just the month and year. Once an imprecise date is entered, the user cannot change it.

Important: If the problem currently exists in the patient's **Problem List**, the problem will open in the **Add/Edit** dialog.

4. Edit fields as applicable. Refer to Section 3.8.1 for instructions on completing the fields.

Note: A **SNOMED CT** code must be selected to save your changes.

5. In the **Comments** section, **add** or **delete** comments.

3.8.2.1 To Add Comments

1. Click the Add button. The Add Comment dialog (Figure 3-92) opens.



Figure 3-92: Add Comment dialog

- 2. In the Comment field, type a comment of 3-160 characters.
- 3. Click **Save**. Your comment appears in the **Comments** section (Figure 3-93), with a number automatically assigned and shown in the # column, your comment in the **Narrative** column, the date entered in the **Date** column, and the logged in user name in the **Author** column.

Comments		Add Delete
Narrative	Date	Author
Type comments here.	11/11/2013	USER, DEMO
Add another comment.	11/11/2013	USER, DEMO



3.8.3 To Delete Comments

- 1. Select one or more comments you want to delete. The line items are highlighted and the **Delete** button becomes active.
- 2. Click the **Delete** button. The following message (Figure 3-94) appears:



Figure 3-94: Delete Comment Confirmation Message

- 3. Click Yes. Your comment no longer appears in the list.
- 4. Click Save in the top-right of the Add Problem dialog.

Note: Clicking the Use as POV check box (outpatients only) also saves (stores) the problem in the V Reviewed/Updated file. If data in any fields has been updated, a message displays warning that the problem has been stored if new or updated if edited.

Note: When editing a problem, clicking **Save** or selecting the **Use as POV** check box saves (stores) the problem only if any fields have been changed.

3.8.3.1 Problem Status

The status stored for a new problem, or edited inactive problem, shall be inherited from default status for the selected **SNOMED** term set in **Digital Terminal Status (DTS)**.

For an **Active** problem, a dialog (Figure 3-95) displays telling the user what the default status is. The user can click **Yes** to approve or **No** if the user does not approve. The system will store the **SNOMED** term without changing the problem status.

Problen Status	_ 🗆 ×
The Default Status for Hypertensive heart disease with congestive heart failure is Chronic, the current Status is Episodic	Yes
(Do you want to use the Default Status?	No

Figure 3-95: Problem Status dialog

3.8.4 Deleting a Problem

Only the Chief MIS or author can delete a problem.

- The visit must be unlocked.
- Problems with any Goal Notes, Care Plan, Visit Instructions, or Treatment/Regimen entries may not be deleted. However, they can be inactivated. Refer to Section 3.4.1 details.
- Problems cannot be deleted if marked as Use as POV or Use as Inpatient.
- Problems may be deleted by one of the following methods:
 - Right-clicking the line-item and then selecting **Delete** from the right-click menu.
 - Selecting the line item and then clicking the **Delete** button on the main window.

The problem is cleared from the Integrated Problem List grid

3.9 Care Planning Feature

Clicking the **Expand All** button (^{Expand All}) on the main **Integrated Problem List** window shows the following **Care Planning** information.

Note: The **Expand All** button changes to **Collapse All** if the **Care Plan** information is already expanded (Figure 3-96).

	Status	Onset Date Priority	Provider Narrative		Comm	nents	1			PHx	PIP	IP	POV	ICD	
-	Episodic	10/20/2014	Prenatal examination and	d care of mother						1	1	1	2	V22.1	-
	Latest	All Active													
	mail	Problem Info					Visit Info								
	PRVS	Goal Notes	Patient Ins	structions/Care Plan	2	-	Visit Instructions		Care Plan Activities			-			
		2	3			- 11	1		Given a Visit Instruction : 1 Given a Visit Instruction : 12						
		Modified by: USER DEMO	11/04/2014 Modified B	W USER DEMO	11/04/2014		Modified by: USER DEMO	11/04/2014	Given a Visit Instruction : VI123						
							1		junere necheseden. m						
							Modified by: USER.DEMO	11/03/2014				-			
							12								
						-1	Modified by: USER.DEMO	11/03/2014				-			

Figure 3-96: Expanded Care Plan dialog

- Goal Notes with a status for each date entered.
- Patient Instructions/Care Plan with a status for each date entered.
- Visit Instructions for each visit.
- Care plan activities for each visit.
- Whether any of the items above were modified, and if so, by whom and when (date/time).

3.9.1 Latest Tab

On the Latest tab (Figure 3-97) of the Care Plan (displays when the Plus or Expand All is selected), the most recent active planning entries (all entries for most recent date for goal), patient instructions, last visit for visit instructions, and care planning activities are shown.

- Episod	c Diabetic ren	al disease					250.40 271.4 583.81
Late	st All Active All Active			Visit Info			
PRVs	Goal Notes GN1 Modified by: USER.DEMO 10/31/2014	Patient Instructions/Care Plan	_ <	Visit Instructions New VI Modified by: USER.DEMO 10/31/2014	Care Plan Activities [Given a Visit Instruction : New VI		
			2			2	

Figure 3-97: Latest Care Plan dialog

3.9.1.1 Selecting a Provider View Using the PRVs Button

1. Click the **PRVs** button to select a provider for which to view data. The **Provider** List dialog (Figure 3-98) opens.

Provider List	- - X
USER,DEMO Susie Que Dr Frankenstein Joyce, James	
]	OK Cancel

Figure 3-98: Provider List dialog

2. Select the check boxes to choose one or more **providers**, and then click **OK**. The **Provider List Results** dialog (Figure 3-99) displays.

A new tab is created for each provider selected. The new tab name is the provider name and enables easy viewing of that provider's entries for the patient and problems in the **Goal Notes**, **Care Plan**, **Visit Instructions**, and **Services**.

Status Onset Date Provid	er Narrative Com	nments	PHx	PIP I
Chronic 12/15/2004 *Asthr Latest All Active USER,DEMO	Susie Que			Ш
Problem Info Goal Notes	Patient Instructions/Care Plan	Visit Info Visit Instructions Services		-
THIS IS ARTIFICIAL DATA. Patient needs to gain 15lbs in weight. Modified by: USER.DEMO 0	SI04/2013 Nodified by: USER.DEMO 06/04	VIABETES Modified by: USER.DEMO)5/21/2013	×

Figure 3-99: Provider List Results dialog

3.9.2 All Active Tab

On the All Active tab (Figure 3-100), all active care planning activities are shown.

Charles the first of the first	i carator	rijopanij i una la une promaen text					460.4
Latest All Active							
Problem Info					- Visit Info		
b		c		-	Visit Instructions	Care Plan Activities	
Modified by: USER, DEMO	08/28/2014	Modified by: USER, DEMO	08/28/2014		Mark Prenatal Object PIP All Notes: No Active	Given a Visit Instruction : Mark Prenatal Object PIP A	
adding yet another goal #6		instructions		1-0	Object PIP Current Notes: No Active Problems for	Given a Visit Instruction : vi 1	
Modified by: USER, DEMO	08/22/2013	Modified by: USER.DEMO	09/11/2013		Current Pregnanacy Prenatal Object PIP Latest Visit Note: Could not find Prenatal Visit Prenatal	Given a Visit instruction : sdfsdf	
another goal #5		patient instructions/care plan notes			Object PIP Latest Visit: Could not find Prenatal Visit: Prenatal Object POVS/Last Note: No Active	Given a Visit Instruction : add a Visit MES	
Modified by: USER, DEMO	08/22/2013	Modified by: USER.DEMO	08/20/2013		Problems for Current Pregnanacy Prenatal	a second s	
goal notes		I am testing to see if this window aut	omatically		for Current Pregnanacy		

Figure 3-100: All Active Care Plans

Addendum to EHR User Manual July 2025

Integrated Problem List (IPL)

3.9.3 Adding, Replacing, Inactivating, and Deleting in Care Planning

This functionality is intended to inactivate the existing goal or care plan and initiate a new one. Use this if you want to retain the information for future reference. It will not be seen in the general IPL display but can be displayed on an RPMS report.

For example, a patient with PCOS who has a goal of getting pregnant, the care plan is very specific around fertility and medications safe during conception/pregnancy. After the pregnancy, her goal may change to managing hirsutism and metabolic effects of PCOS, and contraception. You would then inactivate the plan and write a new one (you may want to see the old care plan notes if she wants to try to conceive again).

Important:

Add, Replace/Edit, Inactivate, and Delete are actionable for Goal Notes and Care Plans.

Only Add and Delete are actionable for Visit Instructions.

User is not allowed to inactivate a visit instruction.

Only the Chief MIS and the owner of the note can delete.

The following columns have a right-click menu (Figure 3-101):

- Goal Notes
- Care Plans
- Visit Instructions

Right-click in the column to view the following options:

Note: Only the available options for a particular column are active in the right-click menu, depending on the column selected. Various examples are provided below.

0	Add
Ø	Replace/Edit
1	Sign
-	Inactivate
8	Delete

Figure 3-101: POV Right-Click Menu

• Add: The Add dialog (Figure 3-102) opens. Type the text and click OK. The text shows in the column.

Provider Tex	t	×				
Type provider text here.						
. We be used and a set						
ОК	Cancel					

Figure 3-102: Add dialog

• **Replace:** The **Replace** function is used to edit existing text. A dialog (Figure 3-103) showing the original text opens. Type the edited text in the **Replacing Text** field and click **OK**. The edited text displays.

Provider Text	×
Text	Replacing Text
Right through the middle of the palm	Right through the left side of the palm
OK Cancel	

Figure 3-103: Replacing Text field

• Sign: The Review/Sign dialog (Figure 3-104) opens with a list of the items you added for you to sign. Type your electronic signature, and then click OK.

Review/Sign Changes for Demo,Boy
Signature will be applied to checked items
BEHIPLCare Plan Instruction
✓ Type Care Plan example.
BEHIPLGoal Note
✓ goal note
Electronic Signature Code:
хихихих
If processing Surescripts, signature will be applied after action selected. Sign Cancel

Figure 3-104: Review/Sign Changes for Patient Name for POV

• **Inactivate:** This functionality is intended to inactivate the existing goal or care plan and initiate a new one (Figure 3-105). Use this if you want to retain the information for future reference. It will not be seen in the general **IPL** display but can be displayed on an **RPMS** report. Type a comment, and then click **Yes**.

Inactivate Goal Note?	_ 🗆 X
Are you sure that you wish to Inactivate ?	
Healed and usable within 2 weeks.	
Comment	Yes
Type a comment here.	Cancel

Figure 3-105: Inactivate Item dialog

• Delete: The Delete dialog (Figure 3-106) opens to confirm your deletion. Click OK.

×
ОК
Cancel

Figure 3-106: Delete Confirm dialog (signed entry)

Note: This is a logical delete. The record is deleted, but the comment is retained in the file in FileMan for future reference.

This is a **normal** delete.

The **Delete** dialog below (Figure 3-107) appears when the instruction is unsigned. It removes the information entirely from the record, and the information is not retained in the file in **FileMan**.



Figure 3-107: Care Plan Normal Delete dialog (unsigned)

1. Add any free-text information in the **Prov. (Provider) Text** field by selecting **Add** from the right-click menu. The **Provider Text** dialog (Figure 3-108) opens:

Provider Text		×
Type provi	der text here.	
OK	Cancel	
UK	Cancer	

Figure 3-108: Provider Text dialog

- a. Type provider text to include more detail regarding the problem for **TODAYS ENCOUNTER** only. The provider text here is stored only to the **Provider Text** for the **Visit Diagnosis** provider narrative.
- b. Click OK.

If **Provider Text** already exists, the **Replace** item will be active in the rightclick menu. The **Provider Text** dialog with (existing) **Text** and **Replacing Text** fields opens:

- c. Type the **new provider text** in the **Replacing Text** field.
- d. Click OK. Your change shows in the Prov. Text column.
- The Goal Notes column contains goals set for the patient to improve the problem, for example to reduce their cholesterol. You can add a Goal Note by selecting Add from the right-click menu. The Goal Note dialog (Figure 3-109) opens.
 - Click the **Template** button () to select a template, if needed.


Figure 3-109 Goal Notes dialog with Templates Menu dialog

- You can also type over an existing **Goal Note** by clicking in (or selecting) the text and making your changes.
- The **Care Plans** column contains instructions for the patient, for example, walk three times per week, and so on. You can add a **Care Plan** by selecting **Add** from the right-click menu. The **Care Plan** dialog opens.
- Click the **Template** button () to select a template, if needed.
- You can also type over an existing **Care Plan** by clicking in (or selecting) the text and making your changes.

Important:

Add, Replace/Edit, Inactivate, and Delete are actionable for Goal Notes and Care Plans.

Only Add and Delete are actionable for Visit Instructions.

User is not allowed to inactivate a visit instruction.

Only the Chief MIS and the owner of the note can delete.

3.10 Adding Visit Instructions/Goal Notes/Care Plan Activities

When adding or editing a problem if the Use as POV check box is selected, the Add Visit/Care Plans/Goal Activities button (Figure 3-110) is enabled for adding, inactivating, or deleting visit instructions, goals, or Care Plan information. Refer to Section 3.4 for additional information.

Add Visit Instructions / Care Plans / Goal Notes / Care Pla	anning Activities				
Visit Instructions	Patient Education provided				
Date 10/31/2013 FUNCTIONAL ASSESSMENT	Disease Process Nutrition Exercise Uifestyle Adaptation Medications Prevention				
Goal Notes	Comprehension Level				
Date	Length 30 (min)				
10/31/2013 Type Goal Notes here.	Readiness to Learn EAGER TO LEARN				
Care Plans	Treatment/Regimen/Follow-up				
Date	content tisk core training rearrans				
10/31/2013 Type Care Plan notes here.	Treatment/Regimen/Follow-up				
	Follow-up 1 day Follow-up 4-6 months				
	Education Provided				
	Had DISEASE PROCESS Education.				
	Length: 30 mins Readiness to Learn: EAGER TO LEARN				
	OK Cancel				

Figure 3-110: Add Visit Instructions/Care Plan/Goal Notes/Care Planning Activities dialog

- 1. In the Visit Instructions, Goal Notes, or Care Plans sections:
 - a. In the Visit Instructions, Goal Notes, or Care Plans field, type a free-text

comment, or click the **Template** button () to select a template. The **Templates List** (Figure 3-111) opens.

Templates
E PRENATAL
E GENERAL
ENCOUNTER
URGENT CARE COMMON
Functional Assessment
Medication Management
ARANESP INJECTION PROTOCOL
Sample template
Cancel

Figure 3-111: Templates List

- b. Select a **template**. The template window opens.
 - Your selected template name appears in the Visit Instructions, Goal Notes, or Care Plans fields, as selected.

Note: You can also click the **Preview** button to view how the template will appear. The **Medication Management** template in the **Visit Instructions** is shown as an example, below (Figure 3-112).

Integrated Problem List (IPL)



Figure 3-112: Medication Management Template dialog

- c. Make any necessary changes and click **OK**.
 - Repeat Steps 1 and 2 above. for the other fields, as needed.
- 2. In the Patient Education Provided section, complete the following:
 - a. Select one or more of the **Education** check boxes.
 - b. In **Comprehension Level**, select one of the following from the drop-down menu:
 - Poor
 - Fair
 - Good
 - Group-No Assessment
 - Refused
 - c. In Length, type the length in minutes.
 - d. In **Readiness to Learn**, select one of the following from the drop-down menu:

- Distraction
- Eager to Learn
- Intoxication
- Not Ready
- Pain
- Receptive
- Severity of Illness
- Unreceptive

Your selections show in the Education Provided section.

 If treatment, regimen, or follow-up is needed, click the Treatment/Regimen/Follow-up button. The Treatment/Regimen dialog (Figure 3-113) opens.

Treatment/Regimen	-		×
 Anticoag DVT Prevention Asthma Behavioral Health Case Management Controlled Substance Dialysis Disposition Follow Up Massage Therapy Nursing Palliative Care Rehab Services SDOH Intervention Substance Abuse Tobacco Weight Management 			
		ОК	Cancel

Figure 3-113: Treatment/Regimen dialog

a. Click the **small arrow** next to an item in the list to expand the list.

Note: The Treatment/Regimen dialog contains multiple TREG pick lists, organized alphabetically.

- b. Select one or more treatment, regimen, or follow-up items.
- c. Click **OK**. Your selections show in the **Treatment/Regimen/Follow-up** section.
- 4. Click **OK**. The **Review/Sign Changes for Patient Name** dialog (Figure 3-114) opens, showing a list of the items you added or changed. Sign by adding your **Electronic Signature**.

Note: Click Cancel from the Add Visit Instructions/Care Plan/Goal Notes/Care Planning Activities dialog or the Review/Sign Changes dialog to delete your changes.

Review/Sign Changes for Demo,Bo	γ γ
Signature will be applied to checked iter	ms
BEHIPL Goal Notes	
 Exercise three times per week. 	
Electronic Signature Code: Image: second s	Sign Cancel

Figure 3-114: Review/Sign Changes for Patient Name dialog

Refer to Section 3.9 for adding, editing, and replacing instructions. The Add/Edit window for IPL contains the same functionality.

Important:

Add, Replace/Edit, Inactivate, and Delete are actionable for Goal Notes and Care Plans.

Only Add and Delete are actionable for Visit Instructions.

User is not allowed to inactivate a visit instruction.

Only the Chief MIS and the owner of the note can delete.

4.0 Triage Summary

The **Triage Summary** (Figure 4-1) displays PCC data and orders entered for the chosen visit. It does NOT display POVs and procedures. Its primary purpose is to provide clinicians with the necessary information to determine the **POV**, **E&M code**, and **help** in displaying information for note writing.

Important: This is a view only component. There is nothing that users can enter.

Triage Summary									
	Туре	Result							
Education	Completed	ABNG-HELP LINE	^						
Exams	Completed	FALL RISK							
Health Factors	Completed	YES							
Orders	Chemistry:	BNP-PRO RED/SERUM SP ONCE Indication: Asthma-chronic obstruct pulmonary dis *UNSIGNED*	i -						
Orders	Consults:	CASE MANAGER Cons Consultant's Choice Indication: Allergic asthma caused by Dermatophagoid *UNSIGNED*	č						
Orders	Nursing:	>> EKG							
		EKG now *UNSIGNED*							
Orders	Outpt. Meds:	LISINOPRIL TAB 2.5MG	~						

Figure 4-1: Triage Summary Panel example

4.1 Right Click Menu

The Triage Summary component has a right-click menu (Figure 4-2).



Figure 4-2: Triage Summary Right-Click Menu

The **Copy to Clipboard** option copies all of the text in the triage summary component. Users can then paste this information into a free-text field within the EHR or into another application (like MS Word).

Follow these steps to use the **Print** option:

1. Select **Print** on the right-click menu to display the **Nursing Summary** pop-up (Figure 4-3).

-		_
Nursing Summary	>	<
Chief Complaint		~
STRUBLE	1) Patient complains ofDiarrhea, Dizziness, Moderate Dizziness for 2 Days.	
STRUBLE	2) Patient reportsleg pain.	
STRUBLE	3) Patient requestsConsult.	
STRUBLE	4) SHOW BILL THE MONEYDIZZINESS.	
STRUBLE	5) Patient complains of Chest congestion.	
STRUBLE	6) Patient reportsleg pain.	
STRUBLE	7) Patient requestsMedical Supply.	
Vitals		
HT:	60 in 152.4 cm	
WT:	160 lb 72.57 kg	
BMI:	31.25	
BP:	175/50 mmHg	
TMP:	98.6 F 37 C	
PU:	80 /min	
RS:	10 /min	
02:	97 %	
Skin Tests		
Given	TETANUS	
Education		
Completed	ABNG-HELP LINE	
Exams		
Completed	FALL RISK	
Health Factors		
Completed	YES	
Orders		
Chemistry:	BNP-PRO RED/SERUM SP ONCE Indication: Asthma-chronic obstructive pulmonary dis *UNSIGNED*	
Orders		
Consults:	CASE MANAGER Cons Consultant's Choice Indication: Allergic asthma caused by Dermatophagoid *UNSIGNED*	
Orders		
Nursing:	>> EKG	
	EKG now *UNSIGNED*	
Orders		
Outpt. Meds:	LISINOPRIL TAB 2.5MG	
-	TAKE ONE (1) TABLET BY MOUTH DAILY	
	Quantity: 30 Tablet Days: 30 Refills: 11 *Chronic Med: YES Dispense as Written: NO Indication: Asthma-chronic	
obstructive pulmona	ry dis *UNSIGNED*	
	QUINAPRIL TAB 10MG	
	TAKE TWO (2) TABLETS BY MOUTH DAILY	
	Quantity: 60 Tablet Days: 30 Refills: 11 *Chronic Med: YES Dispense as Written: NO Indication: Asthma-chronic	
obstructive pulmona	ry dis *UNSIGNED*	
		~
Font 9 🜩	Print Close	
Size:		1

Figure 4-3: Sample Nursing Summary Pop-up

- If needed, adjust the font size in the **Font Size** field. This adjusts the size of the text on the pop-up (but does not change the font size on the output, when printing).
- If needed, print the information by clicking **Print** to display the **Printer Selection** dialog box. Select a printer on which to output the text of the **Nursing Summary**.
- 2. Click **Close** to dismiss the pop-up.

Appendix A BGO Picklist Update Option Description

In this patch, a feature is delivered to assist in managing and updating synchronized national IPL PickLists, while giving flexibility on management of local modifications made to these lists.

A.1 Central PickLists

Central PickLists are picklists the national DTS team provides for IPL use in EHR-RPMS.

Periodically, DTS delivers updates to these **Central PickLists**. Changes might include adding new items, inactivating items, delivering new SNOMED subsets, or inactivating entire SNOMED subsets. In order to incorporate these updates, an option called **BGO PICKLIST UPDATE** must be completed in RPMS.

Prior to EHR patch 38, if a user ran the **BGO PICKLIST UPDATE** option in RPMS to update these central picklists, the update would over-ride any local modifications that had been made to the lists.

For example, a facility may have chosen to import a **Central PickList** using the **Import Subsets** button option from the **Edit Picklist** dialog (Figure A-1). Figure A-2 shows the drop-down menu that displays when the **Import Subset** option is selected.

Edit PickList							
PickList	Hosp. Location	Clinic	Provider	Class	Owner		Add
Nursing *					HESS, BARBARA	^	Edit
Abnormal Findings							Edit
ABNORMAL FINDINGS							Delete
Administrative							Evit
Adverse Reactions					STRUBLE, FAY		Exit
Audiology							
Behavioral Health							Import
Behavioral Health Long							Subset
BH-Social Family Issues							
BH-SUD							
Cardiology							

Figure A-1: Edit Picklist dialog with Import Subset button

Figure A-2 shows the **SNOMED Subset Options** drop-down menu that displays when the **Import Subset** option is selected.

Import Subset								
Subset	✓ Imp	ort						
New Colored News	PICK Abnormal Findings	\sim						
New Subset Name	PICK Administrative							
	PICK Adverse Reactions							
	PICK Audiology		IOH					
	PICK BH-SUD							
	PICK BH-Social Family Issues							
	PICK Behavioral Health							
	PICK Behavioral Health Long		STRU					
	PICK COVID-19 Related							
	PICK Cardiology							
	PICK Case Management							
	PICK Complimentary Medicine							

Figure A-2: Drop-Down Menu of SNOMED Subset Options for Use as Picklists

Once imported, the users may have chosen to remove several items that are not commonly used at their facility and add other items to meet local needs. If the user then subsequently used the **BGO PICKLIST UPDATE** option in RPMS a few months later when a new DTS update was delivered, that action would update the central picklist, but remove the local modifications that had been made.

This new feature in EHRp38 is meant to give the user the benefit of receiving automatic updates from DTS in these situations while also being able to review and keep local modifications intact for a nationally synchronized and locally modified picklist.

Before running the **BGO PICKLIST UPDATE**, it is important to understand what has been done locally for current picklists and what the update will do in order to reach the desired outcome.

A.1.1 Suggested Approach

After the EHRp38 installation, review the picklists in the EHR GUI.

• A new field will display in the Manage Quick Picks dialog called Synchronized National PickList.

- If a picklist name is displayed there, the picklist is synchronized to the **Central/National PickList** (Figure A-3) and will receive the updates when the **BGO PICKLIST UPDATE** option is run.
- If nothing is displayed in the **Synchronized National PickList** field, then the picklist is considered **local only** and will not receive automatic updates when the **BGO PICKLIST UPDATE** option is run.

Ma	Manage Quick Picks								
Pie	kList	kList Abnormal Findings Synchronized National Picklist Abnormal Findings							
Show Deleted									
Pi	ickList It	ems							
	Freq	Group	SNOMED Desc		Preferred Term		Add		
	0		10g monofilament sensation L foot abnormal		10g monofilament sensatic ^		Delete		
Ľ	0		10g monofilament sensation R foot abnormal		10g monofilament sensatio	_	Restore		
	0		Abnormal arterial blood gas		Arterial blood gas outside		Group		
	0		Abnormal blood pressure	Abnormal blood pressure		Status			
	0		Abnormal bowel sounds		Abnormal bowel sounds		510105		
	0		Abnormal breath sounds		Abnormal breath sounds		Merge		
	0		Abnormal cervical Papanicolaou smear		Abnormal cervical Papanic		Query		
	0		Abnormal cervical Papanicolaou smear with positive hu	iman papillomavirus deoxyribonucleic a	cid test Abnormal cervical Papanic		Query		
	0		Abnormal cervical smear		Abnormal cervical smear		Import		
	0		Abnormal complexion		Abnormal complexion		Export		
	0		Abnormal defecation		Abnormal defecation		caport		
	0		Abnormal developmental screening		Abnormal developmental :	Def	ault Statuses		
	0		Abnormal fetal heart rate		Abnormal fetal heart rate		Zero Ereg		
I.	0		Abnormal fetal presentation		Abnormal fetal presentatic 🗸		zero meg		
	<				>		Exit		

Figure A-3: Picklist that is Synchronized to a National PickList example

• If a picklist is not synchronized to a **National PickList**, it can be synchronized at any time by choosing an option from the **Synchronized National PickList** drop-down menu.

Note: If the user chooses to synchronize an existing local list to a **National PickList**, all codes from that national list will be added to the local list. If a code already exists, it will not duplicate it. The list can then be further customized as desired locally.

- The user can view the additions and deletions that result from synchronization, running the **BGO PICKLIST UPDATE** option, and/or local manual manipulations, by viewing the **Added** and **Deleted** columns of the presented list.
- To view the **Deleted** column, ensure the **Show Deleted** checkbox is selected in the upper left-hand corner.

Show E	eleted							
Freq	Group	SNOMED Desc	Preferred Term	Status	SNOMED Concept ID	SNOMED Desc	Added	Deleted
0		Abdominal pain	Abdominal pain		21522001	36112013		•
0		Abnormal sexual function	Abnormal sexual function		56925008	94664018		
0		Accidental excessive dose of vaccine administered	Accidental excessive dose of vaccin-		788095009	3778869010	•	
0		Accidental injury of intestine during surgical procedure	Accidental injury of intestine during		1162578008	4590231010		
0		Accidental lithium and/or lithium compound overdose	Accidental lithium and/or lithium cc		1162818005	4591615018		
0		Accidental valproate overdose	Accidental valproate overdose		1162805002	4591513017		
0		Accidental vitamin D and/or vitamin D derivative overdose	Accidental vitamin D and/or vitamir		1162824004	4591627015		

Figure A-4: Picklist Showing Items that were Added and Deleted example

• Once all picklists have been reviewed for their synchronization status, the user can move to the **BGO PICKLIST UPDATE** option in RPMS.

Note: This is not an option that is on a standard menu. It must be added to the appropriate users as a secondary menu option.

• When a user navigates to the **BGO PICKLIST UPDATE** option (Figure A-5), the first prompt will read:

```
Update SNOMED Picklists
Would you like to sync with DTS SUBSETS Automatically (all locally added
SNOMED CT will be deleted)
Enter Y or N? No//
```

Figure A-5: BGO PICKLIST UPDATE option

Note: The default is **NO** and what will likely be chosen most of the time.

If you enter **YES** (there will be a confirmation prompt), then all **Local PickLists** that are synced/linked with a **DTS** subset will be updated to only contain linked **DTS Subset SNOMED CT** codes. No local modification will remain.

Local Picklists with no linked **DTS** subset will remain untouched even if this synchronization option is run.

- Once a selection is chosen, the system will create a temporary file to hold the comparison information between the Local PickList (BGO SNOMED **Preferences** file) and **DTS Subsets** to find any discrepancies and report this to the user and allows them to decide what action should be taken for each discrepancy. The system messages to the screen this process is running.
- The system displays the results field and the action options (Figure A-6) that can be used.

```
Interactive Picklist Update
Creating a Temp Comparison File with
DTS.....
```

BGO Picklist Update Option Description

```
Results:
Found in DTS - Local PickList does not contain the DTS Subset SNOMED CT
entry
Actions: Add or Ignore (Logical delete)
Found in DTS* - Local PickList does contain the DTS Subset SNOMED CT entry
but is already logically deleted. (Ignored thru previous BGO PICKLIS UPDATE
process or deleted in EHR)
Actions: Add or Ignore (Logical delete)
Found Locally - Not found in DTS was added locally to the Local PickList
Actions: Keep or Remove (System delete)
Found Locally* - Linked DTS Subset no longer exists
Actions: Keep or Remove (System delete)
```

Figure A-6: Results Field and the Action Options example

• The user is then presented with this prompt to be able to view the results:

```
Select a SUBSET or A for all: //
```

- A single or double **question mark (??)** at this prompt will show all the subsets in the queue for assistance in selecting individual lists as needed.
- 1. To begin, select A for All.

The system presents a ListMan screen with:

- The Header Name BGO PICKLIST UPDATE.
- **Date/Time** the process ran.
- Page X of X number of screen pages (15 entries per screen).
- DTS SUBSET/Local PickList Name (subheader).

In the example below (Figure A-7), the DTS SUBSET name is PICK Abnormal Finding, and the Local PickList name is Abnormal Findings.

If there is no link to a DTS Subset, there will be an **asterisk** (*) in the first space instead of the name of the **DTS Subset**, */Abnormal Findings would indicate no linked **DTS Subset** for this list.

BGO	PICKLIST UPDA	TE Jan 24, 2025 15:27:26	Page: 1	of 1
PIC	K Abnormal Fin	dings/Abnormal Findings		
	SNOMED CT	Preferred Term	Results	Actions
1	1290960005	Plain X-ray of chest abnormal	Found in DTS	Add or
2	168582005	Plain X-ray lumbar/sacral spi. abnorma	Found Locally	Keep or
3	168734001	Standard chest X-ray abnormal	Found Locally	Keep or

Figure A-7: ListMan View of Picklist Update Results example

The screen contains the following columns to aid in managing PickLists:

- SNOMED CT
- Preferred Term

- Results
- Action/Change
- Status

Note: The user will need to use the arrow keys to view all of the columns

2. View Figure A-8 after using **Arrow** key to scroll right:

BGO	PICKLIST UPD	ATE	Jan 2	24. 2025	15:39	:51	Page:	1 of	1
PIC	K Abnormal Fi	ndings/A	bnormal Fir	ndings					
	Preferred Ter	r m			Result	ts	Actions,	/Change	Status
	Plain X-ray (of chest	abnormal		Found	in DTS	Add or 1	Ignore	A
	Plain X-ray	lumbar/s	acral spi.	abnorma	Found	Locally	Keep or	Remove	K
	Standard ches	st X-ray	abnormal		Found	Locally	Keep or	Remove	K
<	<< Enter (?? for m	ore actions	;					
AD	Add	K	Кеер	NS	New	SUBSET			
IG	Ignore	R	Remove	AP	Apply	v Changes			
PR	Print	S	Save	EX	Exit	· -			
sel	ect Action:Qu	it//							

Figure A-8: Picklist Update Column Options example

At this point the user can work through all of the picklists in the queue and take action on each entry as desired, **Add**, **Ignore**, **Keep**, or **Remove**.

Note: Local PickLists with no linked DTS Subset will be presented in the resulting queue of picklists at the top for review each time a new DTS Update is available. The user must review and confirm if the items there should be kept or removed, as they were not compared to DTS Updates as part of this process because these lists are not linked/synced to anything. The system gives the user the chance to review the completely local lists for accuracy. At this time, there is no way to skip over the completely local lists in the queue.

- When one picklist in the queue is complete, continuing to press **Enter** will take the user to the next picklist.
- **Quit** will take the user to the next picklist in the queue.
- **Ex** for **Exit** will exit the process entirely.
- S for Save will save the actions.

Note: Save often. It is possible to exit the list without saving accidentally with no confirmation/warning.

- If the user does not make it through the entire queue in one session, the work is saved (as long as the **Save** option has been used).
- When ready to work on the queue again, enter the **BGO PICKLIST UPDATE** option again.

```
Note: Once you have done any work on at least one SNOMED
CT entry in any Local PickList by performing an action
and saving the work, the initial compare process will not
run again unless asked to.
```

Users will see the following prompt.

```
Do you want to view already saved items? Yes//
```

• The default is **Yes**. Choose this if you want to keep the changes that have already been made and continue working through the queue. This will be the most common option. You will be taken back to the top of the queue and may enter through the work already done. Alternatively, you can note which picklist you were working on when you left and when you return, select that specific picklist at the prompt:

```
Select a SUBSET or A for all: //
```

• If, for some reason, you want to erase the work already done, you can select **No** at the prompt. You will then be presented with a confirmation prompt.

Please confirm as all previously saved changes will be lost.?//

• To continue, you can force the comparison to run again and a new temporary file will be created. You will be presented with the list as if it were the first time you ran the update.

A.1.2 Apply Changes

- Using **Apply Changes** at the end of the queue will apply all saved changes.
- When a new **DTS Update** comes out, the process will be repeated.

Important:When you have finished working through the queue, you will need to select **Apply Changes** (Figure A-9) to save and finalize all of your work.

If accessing via the menu options within the picklist review screens, the option is not available unless you've addressed all lists in the queue – you will see the message:

Apply Changes is not applicable until all entries are managed.

Apply Changes can also be accessed if a selection is not chosen at the **Select a SUBSET** prompt (enter through this prompt and then the save and print options are shown) as seen in Figure A-10.

If Apply Changes is selected as in Figure A-10, there is no indication to the user that it actually applied, but it did. If you use Apply Changes in this manner, before the entire list has been managed, it will apply and push out all saved changes you made to the picklists presented to the users in the EHR GUI. Your work so far is effectively delivered to the EHR GUI. However, for the update user accessing the queue of lists through **BGO PICKLIST UPDATE**, you will notice that after Apply Changes has been used, entering the **BGO PICKLIST UPDATE** option again will prompt a new temporary comparison file to be generated. When reviewing the queue at that point, you will see changes you made prior to using the **Apply Changes** option that involved the **Remove** or **Add** actions to items on the picklists will be reflected in the lists presented in the queue.

However, you will also notice that **Keep** or **Ignore** actions that were taken and saved prior to Apply Changes in this scenario will be presented to the person running the **BGO PICKLIST UPDATE** again.

Using Apply Changes in this manner is a way to push updates out to users for picklists before the entire queue is complete, but you will want to understand that Keep or Ignore selections you made previously will be re-presented to you and can be skipped over if you note which lists you have already reviewed and go straight to the particular picklist you are ready to work on next.

+	Enter ?	?? for	more actions		>>>
AD	Add	K	Кеер	NS New SUBSET	
IG	Ignore	R	Remove	AP Apply Changes	
PR	Print	S	Save	EX EXIT	
App	ly changes is ck enter key t	not ap to cont	plicable until inue: //	all entries are managed.	

Figure A-9: Showing Apply Changes Option from List Manager and Message it is Not Available example

select a SUBSET or A for all: //
Select one of the following:
S Save changes A Apply changes P Print changes E Exit
Do you want to Save/Apply changes: //

Figure A-10: Showing Apply Changes Option example from Select a SUBSET prompt

A.2 Tips and Tricks

- You may want to print the lists to aid in tracking in a future release.
- Complete one update fully before the next DTS Update is loaded.

Appendix B 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 website: <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.

B.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).

B.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.

B.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.

B.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.

B.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.

B.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.

B.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).

B.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.

B.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.

B.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.

B.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.

B.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.

B.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.

B.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.

B.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.

B.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall:

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords and delete or reassign related active and backup files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Shall follow industry best standards for systems they are assigned to and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not:

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Contact Information

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

Phone: (888) 830-7280 (toll free)

Web: <u>https://www.ihs.gov/itsupport/</u>

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