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Preface

Due to the recent COVID-19 pandemic, the Indian Health Service (IHS) Office of Information Technology (OIT) is providing an urgent, rapid patch release for the LR namespace, the RPMS Laboratory Information System: LR*5.2*1045.

This software release is required due to the recent availability of a standardized testing platform and test method. The standardized testing is the Abbott ID NOW and the ID NOW COVID-19. The test platform and kits are being provided to 250 Indian Health Service sites to expedite testing capabilities for rural healthcare facilities and improve testing turnaround times for COVID-19.

LR*5.2*1045 includes two atomic test entries and a cosmic test panel in the RPMS VA FileMan test library, File 60 LABORATORY TEST. These are specifically intended for the Abbott ID NOW COVID-19 test system. LR*5.2*1045 also includes an entry in the IHS LAB CPT CODE file for the new COVID-19 test panel with the correct CPT/HCPCS codes.

There are a few easy activation steps for both the atomic and cosmic files. Please read through this guide and review the LR*5.2*1045 Patch Release and KIDS notes, if available. The new COVID-19 test will not work until activated.

Note: As with other RPMS laboratory test file additions, local testing should be completed and documented prior to making available for local test ordering and resulting.
1.0 IHS Lab Version & Patch Report

The Lab Version & Patch Report Option was added to the IHS Lab Main Support Menu (BLRMENU). The report allows the Laboratorian to display the site’s Lab Version number and latest patch.

1.1 LVP IHS Lab Version & Patch Report

The LVP option is available on the BLRMENU as shown in Figure 1-1.
1.2 IHS Lab Version & Patch Report for LR*5.2*1045

When the LVP option is selected, the report will look similar to Figure 1-2.
2.0 LS Link Transaction Processor Status

The **Link Transaction Processor Status** option was added to the **IHS Lab Main Support Menu** (**BLRMENU**). This option allows the user to determine whether the processor that passes data from the Transaction Log to PCC is currently running and whether there are any delays in the transmission of data.

2.1 LS Option Link Transaction Processor Status

The **LS** option is available on the **BLRMENU** as shown in Figure 2-1.

<table>
<thead>
<tr>
<th>LR</th>
<th>Laboratory DHCP Menu ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS</td>
<td>Link Transaction Processor Status</td>
</tr>
<tr>
<td>7421</td>
<td>Will restart the 7421 label routine if turned off.</td>
</tr>
<tr>
<td>INQ</td>
<td>Inquire into the IHS LAB Transaction Log</td>
</tr>
<tr>
<td>CPT</td>
<td>Enter/edit IHS Lab CPT File</td>
</tr>
<tr>
<td>STP</td>
<td>Stop/restart Lab to PCC Transaction Processor</td>
</tr>
<tr>
<td>PAMG</td>
<td>Edit IHS Lab Parameters and/or Mail Groups ...</td>
</tr>
<tr>
<td>LVP</td>
<td>IHS Lab Version &amp; Patch Report</td>
</tr>
</tbody>
</table>

Figure 2-1: Shorten BLR Menu – LS option for PCC LINKER

2.2 Monitoring the Link Transaction Processor Status

Installation of laboratory patches often requires the processor to be turned off. To assure the PCC Linker was turned on, post installation of the patch, Laboratorians should check the PCC Linker using the **LS Link Transaction Processor Status** option.

The **Currently processing day** should match the current date.

The **LS** option is available on the **BLRMENU** as shown in Figure 2-2.

<table>
<thead>
<tr>
<th>DEMO HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processor Status</td>
</tr>
<tr>
<td>APR 13, 2020@10:40:05</td>
</tr>
</tbody>
</table>

Currently processing day APR 13, 2020

<table>
<thead>
<tr>
<th>Event</th>
<th>Entry # in Queue</th>
<th>Sequence #</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Entry Assigned</td>
<td>28</td>
<td>193</td>
<td>79,770</td>
<td>04/13/2020</td>
</tr>
<tr>
<td>Last Entry Processed</td>
<td>28</td>
<td>193</td>
<td>79,770</td>
<td>04/13/2020</td>
</tr>
</tbody>
</table>

Figure 2-2: Processor Status example
2.3 Link Transaction Processor Status – HALTED

Installation of Laboratory patches often requires the processor to be turned off. Occasionally the PCC Linker will not be turned back on after the patch is installed.

The Processor Status displays **Halted by user** when the PCC Linker is not restarted. Figure 2-3 provides an example of the Processor Status showing the Halted by user; notice the **Currently processing day** does not match the current date.

<table>
<thead>
<tr>
<th>Event</th>
<th>Entry # in Queue</th>
<th>Sequence #</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Entry Assigned</td>
<td>10</td>
<td>1</td>
<td>2,358</td>
<td>04/09/2020</td>
</tr>
<tr>
<td>Last Entry Processed</td>
<td>10</td>
<td>1</td>
<td>2,358</td>
<td>04/09/2020</td>
</tr>
</tbody>
</table>

Figure 2-3: Example of HALTED Lab processor

2.4 Restart Lab to PCC Transaction Processor

Laboratories are able to restart the PCC Linker using the **STP Stop/restart Lab to PCC Transaction Processor** option.

To restart the PCC Linker, select the **STP** option, type your institution name at the “BLR MASTER CONTROL SITE” prompt, and type **NO** at the “STOP PROCESSOR” prompt.

Figure 2-4 displays an example of restarting the PCC Linker.

**Important**: It is recommended to check, again, the status of the Link Transaction Processor Status after restarting the PCC Linker.
| Select IHS Lab Main Support Menu Option: STP Stop/restart Lab to PCC Transaction Processor |
| Select BLR MASTER CONTROL SITE: DEMO HOSPITAL |
| STOP PROCESSOR: YES// NO |

Figure 2-4: Shorten BLR Menu – Restart PCC Linker
3.0 **Laboratory Test for COVID-19 (Abbott ID NOW)**

With the installation of LR*5.2*1045, the pre-built COVID-19 atomic tests and the COVID-19 test panel for immediate test ordering and reporting will be available. Test files should only be used for the Abbott ID NOW COVID-19 test method.

The Lab atomic tests include appropriate LOINC entry and the IHS LAB CPT CODE file definition for CPT/HCPCS pointers.

**Important:** To complete the setup of the test after the installation is complete, the following steps *must* be performed in RPMS VA FileMan, File 60.

See Figure 3-1 for an example of adding both the appropriate **Institution** and **Accession Area** fields.

![Figure 3-1: RPMS VA FileMan, File 60](image)

**Note:** Test the new COVID-19 test panel in RPMS/EHR for quality assurance *prior* to making available for computer provider order entry or point-of-care utilization.

If RPMS/EHR is a multi-divisional configuration, the same fields will need to be defined as applicable.
3.1 INQUIRE to File 60: COVID-19 Lab Tests

Figure 3-2 displays a Laboratory Test inquiry.

```
VA FileMan Version 22.0

Enter or Edit File Entries
Print File Entries
Search File Entries
Modify File Attributes
Inquire to File Entries

Select VA FileMan Option: INquire to File Entries

OUTPUT FROM WHAT FILE: LABORATORY TEST//
Select LABORATORY TEST NAME: COVID-19 (Abbott ID NOW)
ANOTHER ONE: _COVID-19(Abbott ID NOW)
ANOTHER ONE: _PROCEDURAL CONTROL
ANOTHER ONE:
STANDARD CAPTIONED OUTPUT? Yes//   (Yes)
Include COMPUTED fields:  (N/Y/R/B): NO// BOTH Computed Fields and Record Number
(INEN)
DISPLAY AUDIT TRAIL? No//   NO

LABTEST IEN: 2001553  NAME: COVID-19 (Abbott ID NOW)
  TYPE: BOTH
  SUBSCRIPT: CHEM, HEM, TOX, SER, RIA, ETC.
  UNIQUE ACCESSION #: YES
  HIGHEST URGENCY ALLOWED: ASAP
  FORCED URGENCY: ASAP
  COMBINE TEST DURING ORDER: NO
  NUMBER: 1
  LAB TEST: _COVID-19(Abbott ID NOW)
  COLLECTION SAMPLE: SWAB-COVID19
  CONTAINER (c): SWAB
  SYNONYM: CORONAVIRUS
  SYNONYM: ABBOTT ID NOW
  SYNONYM: COVID19
  INSTITUTION:
  SITE NOTES DATE: APR 08, 2020
  NOTE:   LAB TEST CREATED IN LAB PATCH 1045, APRIL 2020

LABTEST IEN: 2001554  NAME: _COVID-19(Abbott ID NOW)
  TYPE: OUTPUT (CAN BE DISPLAYED)
  SUBSCRIPT: CHEM, HEM, TOX, SER, RIA, ETC.
  Enter RETURN to continue or '^' to exit:
  LOCATION (DATA NAME): CH;12570001;1
  FIELD: DD(63.04,12570001,
  HIGHEST URGENCY ALLOWED: ASAP
  FORCED URGENCY: ASAP
  COMBINE TEST DURING ORDER: NO
  NUMBER: 2
  LAB TEST: _COVID-19(Abbott ID NOW)
  COLLECTION SAMPLE: SWAB-COVID19
  CONTAINER (c): SWAB
  SYNONYM: CORONAVIRUS
  SYNONYM: ABBOTT ID NOW
  SYNONYM: COVID19
  INSTITUTION:
  SITE NOTES DATE: APR 08, 2020
  NOTE:   LAB TEST CREATED IN LAB PATCH 1045, APRIL 2020

QUALITATIVE VALUES: P
QUALITATIVE VALUES: p
QUALITATIVE VALUES: POSITIVE
QUALITATIVE VALUES: positive
COLLECTION SAMPLE: SWAB-COVID19
```
CONTAINER (c): SWAB
INSTITUTION:          ACCESSION AREA:
SITE NOTES DATE: APR 08, 2020
NOTE:     LAB TEST CREATED IN LAB PATCH 1045, APRIL 2020
INPUT TRANSFORM (c): P:COVID-19 POSITIVE;N:COVID-19 Negative;
DATA TYPE (c): SET
LABTEST IEN: 2001555                    NAME: _PROCEDURAL CONTROL
   TYPE: OUTPUT (CAN BE DISPLAYED)
   SUBSCRIPT: CHEM, HEM, TOX, SER, RIA, ETC.
   LOCATION (DATA NAME): CH;12570002;1   FIELD: DD(63.04,12570002,
Enter RETURN to continue or '^' to exit:
   HIGHEST URGENCY ALLOWED: ASAP         REQUIRED TEST: YES
   PRINT NAME: Procedural QC    DATA NAME: PROCCONT
SITE/SPECIMEN: NASOPHARYNGEAL MUCUS
COLLECTION SAMPLE: SWAB-COVID19
CONTAINER (c): SWAB
INSTITUTION:          ACCESSION AREA:
SITE NOTES DATE: APR 08, 2020
NOTE:     LAB TEST CREATED IN LAB PATCH 1045, APRIL 2020
INPUT TRANSFORM (c): V:Valid;         DATA TYPE (c): SET

Select LABORATORY TEST NAME:

Figure 3-2: Laboratory Test inquiry

3.2 Review the ACCESSION File

Determine which Accession area entry will be used for the COVID-19 Lab Tests. Access VA FileMan and review the Accession entries before adding to the new COVID-19 Lab Tests as shown in Figure 3-3.

VA FileMan Version 22.0
Enter or Edit File Entries
Print File Entries
Search File Entries
Modify File Attributes
Inquire to File Entries

Select VA FileMan Option: ENTER or Edit File Entries

INPUT TO WHAT FILE: LABORATORY TEST// ACCESSION
  1     ACCESSION          (56 entries)
  2     ACCESSION TEST GROUP    (1 entry)
CHOOSE 1-2:  1     ACCESSION          (56 entries)
EDIT WHICH FIELD: ALL//

Select ACCESSION AREA: ?
Answer with ACCESSION AREA, or UID, or HOST UID
Do you want the entire 56-Entry ACCESSION List? Y (Yes)
Choose from:
  BLOOD BANK
  CHEMISTRY
  COAGULATION
  HEMATOLOGY
  MANUAL TESTING
  MICROBIOLOGY
  PHARM POCT
3.3 Add INSTITUTION and ACCESSION to COVID-19 Tests

Figure 3-4 displays how to add Institution and Accession to lab tests.

VA FileMan Version 22.0

Enter or Edit File Entries
Print File Entries
Search File Entries
Modify File Attributes
Inquire to File Entries

Select VA FileMan <TEST ACCOUNT> Option: ENTER or Edit File Entries

INPUT TO WHAT FILE: ACCESSION// 60 LABORATORY TEST (3438 entries)
EDIT WHICH FIELD: ALL// ACCESSION

1  ACCESSION AREA (multiple)
2  ACCESSION WKLD CODE (multiple)

CHOOSE 1-2: 1  ACCESSION AREA (multiple)
EDIT WHICH ACCESSION AREA SUB-FIELD: ALL//
THEN EDIT FIELD:

Select LABORATORY TEST NAME: COVID-19 (Abbott ID NOW)
Select INSTITUTION: DEMO HOSPITAL
INSTITUTION: DEMO HOSPITAL//
ACCESSION AREA: ?

You can not select an accession area designated Work Area only.
Answer with ACCESSION AREA, or UID, or HOST UID
Do you want the entire ACCESSION List? Y (Yes)
Choose from:
BLOOD BANK
CHEMISTRY
COAGULATION
HEMATOLOGY
MANUAL TESTING
MICROBIOLOGY
PHARM POCT
POINT OF CARE
SENDOUTS
STATE LAB ODH
URINALYSIS
ZZAZ STATELAB
ZZCH MANUAL TESTING

ACCESSION AREA: CHEMISTRY
Select LABORATORY TEST NAME: _COVID-19(Abbott ID NOW)
Select INSTITUTION: DEMO HOSPITAL
    INSTITUTION: DEMO HOSPITAL//
    ACCESSION AREA: CHEMISTRY
Select LABORATORY TEST NAME: _PROCEDURAL CONTROL
Select INSTITUTION: DEMO HOSPITAL
    INSTITUTION: DEMO HOSPITAL//
    ACCESSION AREA: CHEMISTRY
Select LABORATORY TEST NAME:

Figure 3-4: Adding Institution and Accession to lab tests

3.4 INQUIRE to File 60: Ready for Use – COVID-19 Tests

Figure 3-5 displays how to review the added Institution and Accession.

VA FileMan Version 22.0
    Enter or Edit File Entries
    Print File Entries
    Search File Entries
    Modify File Attributes
    Inquire to File Entries

Select VA FileMan Option: INquire to File Entries

OUTPUT FROM WHAT FILE: LABORATORY TEST//
Select LABORATORY TEST NAME: COVID-19 (Abbott ID NOW)
ANOTHER ONE: _COVID-19(Abbott ID NOW)
ANOTHER ONE: _PROCEDURAL CONTROL
ANOTHER ONE:
STANDARD CAPTIONED OUTPUT? Yes//   (Yes)
Include COMPUTED fields: (N/Y/R/B): NO// BOTH Computed Fields and Record Number
   (IEN)
DISPLAY AUDIT TRAIL? No//   NO

LABTEST IEN: 2001553                    NAME: COVID-19 (Abbott ID NOW)
    TYPE: BOTH
    SUBSCRIPT: CHEM, HEM, TOX, SER, RIA, ETC.
    UNIQUE ACCESSION #: YES
    HIGHEST URGENCY ALLOWED: ASAP
    FORCED URGENCY: ASAP
    COMBINE TEST DURING ORDER: NO
    NUMBER: 1
    NUMBER: 2
    COLLECTION SAMPLE: SWAB-COVID19
    CONTAINER (c): SWAB
    SYNONYM: CORONAVIRUS
    SYNONYM: ABBOTT ID NOW
    SYNONYM: COVID19
    INSTITUTION: DEMO HOSPITAL
    SITE NOTES DATE: APR 08, 2020
    NOTE: LAB TEST CREATED IN LAB PATCH 1045, APRIL 2020
Figure 3-5: Review the added Institution and Accession
4.0 Data Names for COVID-19 Lab Tests

Each individual test (atomic) in the LABORATORY TEST file requires a Data Name entry in file #60. Each test that will have results associated with it must have a data name created. The LAB DATA file is where results are stored in the Laboratory package for report retrieval.

With the installation of LR*5.2*1045, two new Data Names for the COVID-19 lab tests will be added post-installation of the patch. The new Data Names are COVID19 ABBOTT ID NOW and PROCEDURAL CONTROL.

4.1 Data Names Included in Lab Patch – Review by MODify

Figure 4-1 displays data names as new entries.

<table>
<thead>
<tr>
<th>LR</th>
<th>Laboratory DHCP Menu ...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supervisor menu ...</td>
</tr>
<tr>
<td></td>
<td>Lab liaison menu ...</td>
</tr>
<tr>
<td>ANT</td>
<td>Add a new internal name for an antibiotic</td>
</tr>
<tr>
<td>BCF</td>
<td>Lab Bar Code Label Formatter</td>
</tr>
<tr>
<td>BCZ</td>
<td>Lab Zebra Label Utility</td>
</tr>
<tr>
<td>DATA</td>
<td>Add a new data name</td>
</tr>
<tr>
<td>HDR</td>
<td>Recover/Transmit Lab HDR Result Messages</td>
</tr>
<tr>
<td>MOD</td>
<td>Modify an existing data name</td>
</tr>
<tr>
<td>SMGR</td>
<td>Lab Shipping Management Menu ...</td>
</tr>
</tbody>
</table>

Select Supervisor menu Option: MOD  Modify an existing data name

This option allows modifying an existing data name.

Select CHEM, HEM, TOX, RIA, SER, etc. SUB-FIELD: COVID19 ABBOTT ID NOW

Data Name: COVID19 ABBOTT ID NOW   Subfield #: 2907703   Type: SET OF CODES
P  -  COVID-19 POSITIVE
N  -  COVID-19 Negative

Do you wish to modify this data name? No//
This option will add a new data name to the lab package.

AND

Select Lab liaison menu Option: MOD  Modify an existing data name

This option allows modifying an existing data name.

Select CHEM, HEM, TOX, RIA, SER, etc. SUB-FIELD: PROCEDURAL CONTROL

Data Name: PROCEDURAL CONTROL   Subfield #: 2907704   Type: SET OF CODES
V  -  Valid

Do you wish to modify this data name? No// (No)
This option will add a new data name to the lab package.
5.0 Collection Sample for COVID-19 Lab Test

The COLLECTION SAMPLE file (#62) contains all information specific for the collection sample requirements for a particular laboratory. Each collection sample entry is defined in this file, and the site-specific information contained includes the default type of specimen and type of collection, and tube top color.

With the installation of LR*5.2*1045, a new entry to the COLLECTION SAMPLE file named SWAB-COVID19 will be added to the file and to the COVID-19 Laboratory Tests.

5.1 Collection Sample Named SWAB-COVID19

Figure 5-1 displays a collection sample named SWAB-COVID19.

```
VA FileMan Version 22.0

Enter or Edit File Entries
Print File Entries
Search File Entries
Modify File Attributes
Inquire to File Entries

Select VA FileMan Option: INquire to File Entries

OUTPUT FROM WHAT FILE: V LAB// COLLECTION SAMPLE (167 entries)
Select COLLECTION SAMPLE NAME: SWAB-COVID19    NASOPHARYNGEAL MUCUS
SWAB
ANOTHER ONE:
STANDARD CAPTIONED OUTPUT? Yes// (Yes)
Include COMPUTED fields: (N/Y/R/B): NO// BOTH Computed Fields and Record Number (IEN)

NUMBER: 214                             NAME: SWAB-COVID19
DEFAULT SPECIMEN: NASOPHARYNGEAL MUCUS
TUBE TOP COLOR: SWAB

Select COLLECTION SAMPLE NAME:
```

Figure 5-1: Collection Sample named SWAB-COVID19
6.0 **IHS LAB CPT CODE for COVID-19 Lab Test**

To capture the CPT DATA to pass from the Laboratory Package to the Patient Care Component (PCC), an entry must exist in the IHS LAB CPT CODE file for each billable lab test associated with the lab order. The entry must identify the associated panel or test.

With the installation of LR*5.2*1045, a new entry to the IHS LAB CPT CODE file, will be added for the orderable Lab Test named **COVID-19** (Abbott ID NOW).

6.1 **CPT CODES Added for COVID-19 (Abbott ID NOW)**

Figure 6-1 displays the IHS LAB CPT CODE file as an added entry.

```
VA FileMan Version 22.0

Enter or Edit File Entries
Print File Entries
Search File Entries
Modify File Attributes
Inquire to File Entries

Select VA FileMan <TEST ACCOUNT> Option: INquire to File Entries

OUTPUT FROM WHAT FILE: COLLECTION SAMPLE// IHS LAB CPT CODE
Select IHS LAB CPT CODE NAME: COVID-19 (ABBOTT ID NOW)
ANOTHER ONE:
STANDARD CAPTIONED OUTPUT? Yes// (Yes)
Include COMPUTED fields: (N/Y/R/B): NO// BOTH Computed Fields and Record Number (IEN)

NUMBER: 1397 NAME: COVID-19 (ABBOTT ID NOW)
LAB SECTION: COVID CREATE DATE: APR 07, 2020@09:06:29
DATE/TIME ACTIVE: APR 07, 2020@09:06:31
PANEL/TEST: COVID-19 (Abbott ID NOW)
CPT CODE: 87635
CPT CODE: U0002

Select IHS LAB CPT CODE NAME:
```

Figure 6-1: IHS LAB CPT CODE file added entry
7.0 Testing the New Lab Test

To confirm that all results posted on EHR correctly with all information relating to units, reference ranges, or abnormal flags, the best practice is to test the new Lab Test by ordering and resulting before adding to the Electronic Health Record (EHR) Lab Menu. The information below provides the outline of how to order, accession, and result within the RPMS Lab Package.

RPMS Lab Package: ORDER & ACCESSION Using Multipurpose Accessioning

LABORATORY DHCP MENU

Accessioning menu

1. Select LABORATORY TEST NAME.
2. Select PATIENT NAME.
3. Select PATIENT LOCATION.
4. Select PROVIDER.
5. Select NATURE OF ORDER/CHANGE.
6. Add COLLECTION DATE/TIME: NOW.
7. Select SNOMED CODE or Add CLINICAL INDICATION.
8. Capture/write down accession number to be resulted.

RPMS Lab Package: RESULT/ VERIFY Using Enter/Verify/Modify Data (Manual)

LABORATORY DHCP MENU

Process data in lab menu

1. EM Enter/verify/modify data (manual).
2. Verify by: 1// Accession Number.
3. Select ACCESSION ________ (type Accession number).
4. ENTER RESULTS.
5. Approve for release by entering your initials: **.
RPMS Lab Package: REVIEW RESULTS Using INTERIM REPORT and EHR LAB TAB

LABORATORY DHCP MENU

Results menu

1. INTERIM REPORT
2. Select PATIENT NAME
3. DATE TO START WITH: Today
4. DATE TO END: T-7
5. PRINT or DISPLAY results

ELECTRONIC HEALTH RECORD

1. PATIENT NAME
2. LAB TAB review results

### 7.1 RPMS Lab Package: ORDER & ACCESSION

**Multipurpose accessioning** is a menu under the Laboratory Menu that can be used to order and accession a test within the RPMS Laboratory Package. Figure 7-1 displays a typical script for a Multipurpose accessioning session.

<table>
<thead>
<tr>
<th>Laboratory DHCP Menu</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Phlebotomy menu ...</td>
<td></td>
</tr>
<tr>
<td>2 Accessioning menu ...</td>
<td></td>
</tr>
<tr>
<td>3 Process data in lab menu ...</td>
<td></td>
</tr>
<tr>
<td>4 Quality control menu ...</td>
<td></td>
</tr>
<tr>
<td>5 Results menu ...</td>
<td></td>
</tr>
<tr>
<td>6 Information-help menu ...</td>
<td></td>
</tr>
<tr>
<td>10 Microbiology menu ...</td>
<td></td>
</tr>
<tr>
<td>11 Supervisor menu ...</td>
<td></td>
</tr>
<tr>
<td>BLR IHS Lab Main Support Menu ...</td>
<td></td>
</tr>
</tbody>
</table>

Select Laboratory DHCP Menu Option: 2 Accessioning menu

<table>
<thead>
<tr>
<th>RSM</th>
<th>Reprint Shipping Manifest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessioning tests ordered by provider order entry</td>
<td></td>
</tr>
<tr>
<td>Accessioning, standard (Microbiology)</td>
<td></td>
</tr>
<tr>
<td>Add tests to a given accession.</td>
<td></td>
</tr>
<tr>
<td>Bypass normal data entry</td>
<td></td>
</tr>
<tr>
<td>Delete entire order or individual tests</td>
<td></td>
</tr>
<tr>
<td>Delete test from an accession</td>
<td></td>
</tr>
<tr>
<td>Fast lab test order (IMMEDIATE COLLECT)</td>
<td></td>
</tr>
<tr>
<td>Fast lab test order (ROUTINE)</td>
<td></td>
</tr>
<tr>
<td>Fast lab test order (SEND PATIENT)</td>
<td></td>
</tr>
<tr>
<td>Inquiry to LAB TEST file</td>
<td></td>
</tr>
<tr>
<td>Lab add test(s) to an existing order</td>
<td></td>
</tr>
</tbody>
</table>
Lab orders by collection type
Lookup accession
Manually accession QC, Environmental, etc.
Merge Accessions
Multipurpose accessioning
Order/test status

Select Accessioning menu Option: MULTipurpose accessioning

WANT TO ENTER COLLECTION TIMES? YES//
Select ACCESSION TEST GROUP:
Select one or more tests from which you will be generating your entries.
Select LABORATORY TEST NAME: COVID-19 (Abbott ID NOW)
Is SWAB-COVID19 SWAB the correct sample to collect? Y//
Same specimen/source for the rest of the order? No// (No)
Select LABORATORY TEST NAME:

Select Patient Name: DEMO, ALISTER LANE
DEMO, ALISTER LANE M 05-20-1980 XXX-XX-4693 TST 124625

Select one of the following:
LC LAB COLLECT (INPATIENTS-MORN. DRAW)
SP SEND PATIENT
WC WARD/CLINIC COLLECT
I Immed COLLECT

Specimen collected how? : SP// SEND PATIENT
PATIENT LOCATION: LAB
PROVIDER: DEMO, PROVIDER
LAB Order number: 554
For COVID-19 (Abbott ID NOW)
Other tests? N//
Nature of Order/Change: POLICY//
You have just selected the following tests for DEMO, ALISTER LANE 124625 entry no. Test Sample
1 COVID-19 (Abbott ID NOW) SWAB-COVID19 NASOPHARYNGEAL MUCUS

All satisfactory? Yes// (Yes)
LAB Order number: 554

Collection Date @Time: NOW (APR 14, 2020@13:01:49)
For Test: COVID-19 (Abbott ID NOW) SWAB-COVID19 NASOPHARYNGEAL MUCUS
Enter Order Comment: TESTING MULTIPURPOSE ACCESSIONING (~TESTING MULTIPURPOSE ACC ESSIONING)
OK? Yes// (Yes)

BLR SNOMED SELECT Apr 14, 2020 13:02:08 Page: 1 of 1
Select an appropriate SNOMED code from the Patient's 16 Problems.

<table>
<thead>
<tr>
<th>SNOMED</th>
<th>SNOMED DESCRIPTION</th>
<th>ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) 418928016</td>
<td>Well woman health examination</td>
<td>ZZZ.999</td>
</tr>
<tr>
<td>2) 418926017</td>
<td>Well man health examination</td>
<td>ZZZ.999</td>
</tr>
<tr>
<td>3) 2472274014</td>
<td>Well child visit</td>
<td>ZZZ.999</td>
</tr>
<tr>
<td>4) 674991000124</td>
<td>Stress fracture of right radius</td>
<td>ZZZ.999</td>
</tr>
<tr>
<td>5) 642100011911</td>
<td>Compression fracture of thoracic vertebra, nontrau</td>
<td>ZZZ.999</td>
</tr>
<tr>
<td>6) 650100011911</td>
<td>Compression fracture of lumbosacral vertebra, nont</td>
<td>ZZZ.999</td>
</tr>
<tr>
<td>7) 318474013</td>
<td>Closed compression fracture sacrum</td>
<td>ZZZ.999</td>
</tr>
</tbody>
</table>
8) 420087013  Burst fracture of thoracic vertebra  ZZZ.999
9) 420098014  Burst fracture of lumbar vertebra  ZZZ.999
10) 301485011  Asthma  J45.909
11) 406636013  Anemia  D64.9
12) 208625010  Mammographic breast mass  R92.8
13) 41990019  Headache  ZZZ.999
14) 197761014  Type 2 diabetes mellitus  E11.9
15) 95910010  Joint pain  M25.50
16) 398001015  Sore throat symptom  J02.9

Select SNOMED Number or Other Action
Select Action: NEXT SCREEN  S  Select SNOMED Number or Other Action

ACCESSION:  CH 0414 7  <1001050007>
COVID-19 (Abbott ID NOW)  SWAB-COVID19  NASOPHARYNGEAL MUCUS

Select Patient Name:

Figure 7-1: Example of Multipurpose Accessioning

7.2 RPMS Lab Package: RESULT/VERIFY

Verifying the laboratory accession is Resulting the laboratory accession. The following script (Figure 7-2) provides steps to VERIFY a lab test within the RPMS Laboratory Package.

Laboratory DHCP Menu

1  Phlebotomy menu ...
2  Accessioning menu ...
3  Process data in lab menu ...
4  Quality control menu ...
5  Results menu ...
6  Information-help menu ...
10  Microbiology menu ...
11  Supervisor menu ...
BLR  IHS Lab Main Support Menu ...

Select Laboratory DHCP Menu Option: 3  Process data in lab menu

EA  Enter/verify data (auto instrument)
EL  Enter/verify data (Load list)
EM  Enter/verify/modify data (manual)
EW  Enter/verify data (Work list)
GA  Group verify (EA, EL, EW)
MP  Misc. Processing Menu ...
  Fast Bypass Data Entry/Verify
  Lookup accession
  Order/test status
  Print a load/work list
  Std/QC/Reps Manual Workload count
  Unload Load/Work List

Select Process data in lab menu Option: EM  Enter/verify/modify data (manual)

Do you want to review the data before and after you edit? YES/
Do you wish to see all previously verified results? NO/

Select one of the following:
<table>
<thead>
<tr>
<th>1</th>
<th>Accession Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Unique Identifier (UID)</td>
</tr>
</tbody>
</table>

Verify by: 1/ Accession Number
Select Accession: CH 7
CHEMISTRY (APR 14, 2020) 3
Select Referring Laboratory: DEMO HOSPITAL/
DEMO, ALISTER LANE 124625 LOC: GENERAL

Sample: SWAB-COVID19
Specimen: NASOPHARYNGEAL MUCUS
1 COVID-19 (Abbott ID NOW)
  Test ordered ASAP

DEMO, ALISTER LANE HRCN: 124625 LOC: GENERAL
Pat Info: Sex: MALE Age: 39yr as of Apr 14, 2020
Provider: DEMO, PROVIDER Voice pager:
  Phone: Digital pager:
ACCESSION: CH 0414 7 04/14 1301d
  Test ordered ASAP
COMMENTS: ~For Test: COVID-19 (Abbott ID NOW)
COMMENTS: ~TESTING MULTIPURPOSE ACCESSIONING
  _COVID-19(Abbott ID NOW) //P COVID-19 POSITIVE CRITICAL !
  _PROCEDURAL CONTROL //V Valid
Select COMMENT: ~TESTING MULTIPURPOSE ACCESSIONING //
  COMMENT: ~TESTING MULTIPURPOSE ACCESSIONING Replace
Select COMMENT:

DEMO, ALISTER LANE HRCN: 124625 LOC: GENERAL
Pat Info: Sex: MALE Age: 39yr as of Apr 14, 2020
Provider: DEMO, PROVIDER Voice pager:
  Phone: Digital pager:
ACCESSION: CH 0414 3 04/14 1301d
  Test ordered ASAP
  _COVID-19(Abbott ID NOW) COVID-19 POSITIVE A*
CRITICAL !
  _PROCEDURAL CONTROL Valid
COMMENTS: ~For Test: COVID-19 (Abbott ID NOW)
COMMENTS: ~TESTING MULTIPURPOSE ACCESSIONING

SELECT ('E' to Edit, 'C' for Comments, 'W' Workload):
Approve for release by entering your initials: **
LAST IN WORK LIST

Figure 7-2: Example of verifying laboratory results

7.3 RPMS Lab Package: INTERIM REPORT – Results

After verifying/resulting the lab tests, the laboratory results will be available on the INTERIM REPORT and the Electronic Health Record Lab Tab. Review the results.
Figure 7-3 displays an example of Interim Report lab results.

Laboratory DHCP Menu

1      Phlebotomy menu ...
2      Accessioning menu ...
3      Process data in lab menu ...
4      Quality control menu ...
5      Results menu ...
6      Information-help menu ...
10     Microbiology menu ...
11     Supervisor menu ...
BLR    IHS Lab Main Support Menu ...

Select Laboratory DHCP Menu Option: 5  Results menu

Interim report
Interim report by provider
Interim report for chosen tests
Interim report for selected tests as ordered
Interim reports by location (manual queue)
Interim reports for 1 location (manual queue)
Interim reports for 1 provider (manual queue)
Order/test status
Print a full patient summary
Review by order number

Select Results menu Option: INTERIM
1    Interim report
2    Interim report by provider
3    Interim report for chosen tests

CHOOSE 1-7: 1  Interim report

Select Patient Name:
DEMO, ALISTER LANE                  <A>   M 05-20-1980 XXX-XX-4693   TST
124625

Date to START with: TODAY//  (APR 14, 2020)
Date to END  with: T-7//  (APR 07, 2020)
DEVICE: HOME//   Virtual
Printed at:                                                          page 1

DR SMITH LABORATORY DIRECTOR
90001 1ST AVE WASHINGTON, NM 87000

DEMO, ALISTER LANE                            Date/Time Printed:
04/14/20@15:59                                    04/14/20@15:55
HRCH:124625   SEX:M DOB:May 20, 19XX             LOC:LAB
Accession [UID]: CH 0414 7 [1001050007]          Provider: DEMO, PROVIDER
Lab Arrival
Date/Time:04/14/20@15:55
Specimen: NASOPHARYNGEAL MUCUS
Spec Collect
Date/Time:04/14/20@15:55

Test name       Result Flg units        Ref. range   Site  Result Dt/Time
COVID RESULT    COVID-19 POSITIVE A*        Ref: Negative [2906]
04/14/20@15:58
Eval: A Negative Result does not rule out co-infections with other
Eval: pathogens.
Procedural QC    Valid                   [2906] 04/14/20@15:58

===========================================================================
KEY: A=Abnormal   L=Abnormal Low   H=Abnormal High   *=Critical
TR=Therapeutic

![Example of INTERIM REPORT Lab Results](image)

7.4 Electronic Health Record: LAB Tab – Results

Figure 7-4 displays an example of Electronic Health Record Lab Results.

![Example of Electronic Health Record Lab results](image)
8.0 **Review DATA for LOINC and CPT CODES**

Confirming all laboratory data passes to Patient Care Component (PCC), Laboratorians should review the data using the INQ Inquire into the **IHS LAB Transaction Log** option.

For the PCC to accept **CPT DATA** that is passed from the Laboratory Package, an entry must exist in the **IHS LAB CPT CODE file** for each billable lab test associated with the lab order. The entry must identify the associated panel or test.

For the PCC to accept **LOINC DATA** that is passed from the Laboratory Package, an entry must exist in the Site/Specimen for the result-able laboratory test that contains the result.

Other entries in the **IHS LAB TRANSACTION LOG LIST** to review are **PANEL/TEST POINTER, STATUS FLAG** as **RESULTED**, and **RESULT** fields.

Follow the steps below to review laboratory data using INQ:

1. **INQ Inquire into the IHS LAB Transaction Log.**
   - Select **IHS LAB TRANSACTION LOG SEQUENCE NUMBER:**
     - **CH 0414 7**
       - 1  CH 0414 7  211 *(This is the Panel Test)*
       - 2  CH 0414 7  212 *(This is the First Atomic Test in the Panel)*
       - 3  CH 0414 7  213 *(This is the Second Atomic Test in the Pane)*

8.1 **INQ Inquire Into the IHS LAB Transaction Log**

The INQ option (Figure 8-1) is available on the **BLRMENU**.

<table>
<thead>
<tr>
<th>LR</th>
<th>Laboratory DHCP Menu ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS</td>
<td>Link Transaction Processor Status</td>
</tr>
<tr>
<td>7421</td>
<td>Will restart the 7421 label routine if turned off.</td>
</tr>
<tr>
<td><strong>INQ</strong></td>
<td>Inquire into the IHS LAB Transaction Log</td>
</tr>
<tr>
<td>CPT</td>
<td>Enter/edit IHS Lab CPT File</td>
</tr>
<tr>
<td>STP</td>
<td>Stop/restart Lab to PCC Transaction Processor</td>
</tr>
<tr>
<td>PAMG</td>
<td>Edit IHS Lab Parameters and/or Mail Groups ...</td>
</tr>
<tr>
<td>LVP</td>
<td>IHS Lab Version &amp; Patch Report</td>
</tr>
</tbody>
</table>

*Figure 8-1: Shorten BLR Menu – INQ option review lab data*
8.2 Reviewing Laboratory Data Using INQ

Figure 8-2 displays how to review laboratory data using the INQ option.

---

**LR** Laboratory DHCP Menu ...
  IHS Lab Main Support Menu
  INQ Inquire into the IHS LAB Transaction Log

Select IHS Lab Main Support Menu <TEST ACCOUNT> Option: INQ Inquire into the IHS LAB Transaction Log

Select IHS LAB TRANSACTION LOG SEQUENCE NUMBER: CH 0414 7
  1 CH 0414 7 211
  2 CH 0414 7 212
  3 CH 0414 7 213

CHOOSE 1-3: 1 211

---

**DEVICE:** Virtual
IHS LAB TRANSACTION LOG LIST APR 14,2020 19:49 PAGE 1

<table>
<thead>
<tr>
<th>SEQUENCE NUMBER: 211</th>
<th>LRFILE: 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT POINTER VALUE: 11189</td>
<td></td>
</tr>
<tr>
<td>PANEL/TEST POINTER: COVID-19 (Abbott ID NOW)</td>
<td></td>
</tr>
<tr>
<td>LAB MODULE: GENERAL</td>
<td></td>
</tr>
<tr>
<td>DUZ(2): 2906</td>
<td></td>
</tr>
<tr>
<td>I/O CATEGORY: IN PATIENT</td>
<td></td>
</tr>
<tr>
<td>STATUS FLAG: RESULTED</td>
<td></td>
</tr>
<tr>
<td>ENTRY DATE/TIME: APR 14, 2020@15:55:42</td>
<td></td>
</tr>
<tr>
<td>ASSOCIATED V FILE: V LAB</td>
<td></td>
</tr>
<tr>
<td>IEN OF V FILE ENTRY: 4294095</td>
<td></td>
</tr>
<tr>
<td>CLINIC STOP CODE POINTER: LABORATORY SERVICES</td>
<td></td>
</tr>
<tr>
<td>CPT LAB CODE POINTER: COVID-19 (ABBOTT ID NOW)</td>
<td></td>
</tr>
<tr>
<td>BILLING CPT STRING: 87635</td>
<td></td>
</tr>
<tr>
<td>CLINICAL INDICATOR: 301485011</td>
<td></td>
</tr>
<tr>
<td>ORDER DATE: APR 14, 2020@15:55:21</td>
<td></td>
</tr>
<tr>
<td>ORDER SEQUENCE NUMBER: 1</td>
<td></td>
</tr>
<tr>
<td>ORDER NUMBER: 668</td>
<td></td>
</tr>
<tr>
<td>ORDERING PROVIDER POINTER: DEMO,PROVIDER</td>
<td></td>
</tr>
<tr>
<td>ORDERING LOCATION POINTER: LAB OIT (HOSP)</td>
<td></td>
</tr>
<tr>
<td>COLLECTION DATE/TIME: APR 14, 2020@15:55:21</td>
<td></td>
</tr>
<tr>
<td>ACCESSION NUMBER: CH 0414 7</td>
<td></td>
</tr>
<tr>
<td>COLLECTION SAMPLE POINTER: SWAB-COVID19</td>
<td></td>
</tr>
<tr>
<td>COMPLETE DATE: APR 14, 2020@15:58:09</td>
<td></td>
</tr>
<tr>
<td>PROVIDER NARRATIVE: Asthma</td>
<td></td>
</tr>
<tr>
<td>SNOMED: 301485011</td>
<td></td>
</tr>
<tr>
<td>ICD: J45.909</td>
<td></td>
</tr>
<tr>
<td>SITE/SPECIMEN POINTER: NASOPHARYNGEAL MUCUS</td>
<td></td>
</tr>
</tbody>
</table>

Select IHS LAB TRANSACTION LOG SEQUENCE NUMBER: CH 0414 7
  1 CH 0414 7 211
  2 CH 0414 7 212
  3 CH 0414 7 213

CHOOSE 1-3: 2 212

---

**DEVICE:** Virtual
IHS LAB TRANSACTION LOG LIST APR 14,2020 19:49 PAGE 1

<table>
<thead>
<tr>
<th>SEQUENCE NUMBER: 212</th>
<th>LRFILE: 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT POINTER VALUE: 11189</td>
<td></td>
</tr>
<tr>
<td>PANEL/TEST POINTER: COVID-19 (Abbott ID NOW)</td>
<td></td>
</tr>
<tr>
<td>LAB MODULE: GENERAL</td>
<td></td>
</tr>
<tr>
<td>DUZ(2): 2906</td>
<td></td>
</tr>
<tr>
<td>I/O CATEGORY: IN PATIENT</td>
<td></td>
</tr>
<tr>
<td>PARENT POINTER: 211</td>
<td></td>
</tr>
</tbody>
</table>
STATUS FLAG: RESULTED
ENTRY DATE/TIME: APR 14, 2020@15:55:42
ASSOCIATED V FILE: V LAB
IEN OF V FILE ENTRY: 4294096
CLINIC STOP CODE POINTER: LABORATORY SERVICES
ORDER DATE: APR 14, 2020@15:55:21
ORDER NUMBER: 668
ORDERING PROVIDER POINTER: DEMO, PROVIDER
ORDERING LOCATION POINTER: LAB OIT (HOSP)
COLLECTION DATE/TIME: APR 14, 2020@15:55:21
ACCESSION NUMBER: CH 0414 7
COLLECTION SAMPLE POINTER: SWAB-COVID19
COMPLETE DATE: APR 14, 2020@15:58:09
LOINC CODE: 94534
RESULT: P
RESULT N/A FLAG: A*
SITE/SPECIMEN POINTER: NASOPHARYNGEAL MUCUS
VERIFIER POINTER: DEMO, PROVIDER
REFERENCE LOW: Negative
COMMENTS: ~For Test: COVID-19 (Abbott ID NOW)
COMMENTS: ~TESTING MULTIPURPOSE ACCESSIONING

Select IHS LAB TRANSACTION LOG SEQUENCE NUMBER: CH 0414 7
1  CH 0414 7  211
2  CH 0414 7  212
3  CH 0414 7  213
CHOOSE 1-3: 3  213

DEVICE: Virtual
IHS LAB TRANSACTION LOG LIST
APR 14, 2020  19:49
---------------------------------------------------------------------------
SEQUENCE NUMBER: 213
PATIENT POINTER VALUE: 11189
LAB MODULE: GENERAL
I/O CATEGORY: IN PATIENT
STATUS FLAG: RESULTED
ENTRY DATE/TIME: APR 14, 2020@15:55:42
ASSOCIATED V FILE: V LAB
IEN OF V FILE ENTRY: 4294097
CLINIC STOP CODE POINTER: LABORATORY SERVICES
ORDER DATE: APR 14, 2020@15:55:21
ORDER NUMBER: 668
ORDERING PROVIDER POINTER: DEMO, PROVIDER
ORDERING LOCATION POINTER: LAB OIT (HOSP)
COLLECTION DATE/TIME: APR 14, 2020@15:55:21
ACCESSION NUMBER: CH 0414 7
COLLECTION SAMPLE POINTER: SWAB-COVID19
COMPLETE DATE: APR 14, 2020@15:58:09
RESULT: V
SITE/SPECIMEN POINTER: NASOPHARYNGEAL MUCUS
VERIFIER POINTER: DEMO, PROVIDER
COMMENTS: ~For Test: COVID-19 (Abbott ID NOW)
COMMENTS: ~TESTING MULTIPURPOSE ACCESSIONING

Select IHS LAB TRANSACTION LOG SEQUENCE NUMBER:

Figure 8-2: INQ for LAB DATA REVIEW
9.0 **EHR Lab Menu: Quick Order and Order Menu**

To make the Laboratory Test(s) available for Order, create the Lab Quick Order and add the Lab Quick Order to the EHR lab menu.

**Note:** Not all users will have access to the EHR Order Management menu. Work with your local CAC if additional assistance is needed for access issues, order menu names, and conventions.

9.1 **Create Lab Quick Order**

Figure 9-1 is an example of creating a Lab Quick Order.

---

**Order Menu Management**

- OI: Manage orderable items ...
- PM: Enter/edit prompts
- GO: Enter/edit generic orders
- QO: Enter/edit quick orders
- QU: Edit personal quick orders by user
- ST: Enter/edit order sets
- AC: Enter/edit actions
- MN: Enter/edit order menus
- AO: Assign Primary Order Menu
- CP: Convert protocols
- SR: Search/replace components
- LM: List Primary Order Menus
- DS: Disable/Enable order dialogs
- CS: Review Quick Orders for Inactive ICD9 Codes
- MR: Medication Quick Order Report
- CV: Convert IV Inpatient QO to Infusion QO

Select Order Menu Management Option: QO Enter/edit quick orders

Select QUICK ORDER NAME: LRZ COVID-19 ABBOTT ID NOW

Are you adding 'LRZ COVID-19 ABBOTT ID NOW' as a new ORDER DIALOG? No// Y (Yes)

**TYPE OF QUICK ORDER:** LAB LABORATORY

**NAME:** LRZ COVID-19 ABBOTT ID NOW Replace

**DISPLAY TEXT:** COVID19 (Abbott ID NOW)

**VERIFY ORDER:** Y YES

**DESCRIPTION:** No existing text

**Edit?** NO//

**ENTRY ACTION:**

Lab Test: COVID-19 (ABBOTT ID NOW) COVID-19 (Abbott ID NOW)

SEND TO LAB - Means the patient is ambulatory and will be sent to the Laboratory draw room to have blood drawn.

WARD COLLECT - Means that either the physician or a nurse will be collecting the sample on the ward.

LAB BLOOD TEAM - Means the phlebotomist from Lab will draw the blood on the ward. This method is limited to laboratory defined collection times.
**9.2 Review Lab Quick Order**

Figure 9-2 displays an example of an Electronic Health Record Lab QUICK ORDER.
9.3 Naming Lab Quick Orders – Best Practice

Figure 9-3 displays an example of Lab QUICK ORDER naming.
Select QUICK ORDER NAME:

Figure 9-3: Example of Lab QUICK ORDER naming

9.4 Add Lab Quick Order to ORDER Menu

**Important:** When adding the Lab Quick Order to the EHR Lab Menu, the lab test is ready for active order.

Figure 9-4 displays an example of adding the Lab Quick Order to the EHR Lab Menu.

Order Menu Management

- OI  Manage orderable items ...
- PM  Enter/edit prompts
- GO  Enter/edit generic orders
- QO  Enter/edit quick orders
- QU  Edit personal quick orders by user
- ST  Enter/edit order sets
- AC  Enter/edit actions
- MN  Enter/edit order menus
- AO  Assign Primary Order Menu
- CP  Convert protocols
- SR  Search/replace components
- LM  List Primary Order Menus
- DS  Disable/Enable order dialogs
- CS  Review Quick Orders for Inactive ICD9 Codes
- MR  Medication Quick Order Report
- CV  Convert IV Inpatient QO to Infusion QO

Select Order Menu Management Option: MN  Enter/edit order menus

Select ORDER MENU: LRZM

1  LRZM CMBA Lab Orders
2  LRZM CQM LABS
3  LRZM ER DEPART
4  LRZM LAB INPT
5  LRZM LAB MENU

Press <RETURN> to see more, '^' to exit this list, OR

Menu Editor       Apr 14, 2020 19:51:28       Page: 1 of 3
Menu: LRZM CMBA Lab Orders   Column Width: 44

1                   2
|     INPATIENT WARD                          Glucose RAPID
|     BMP NEW                                     |
| +     GLUCOSE (R)                             Diabetes/Lipid Order Set (R)
| |     CBC W/AUTO DIFF                        STD Order Set (R)
| |     HGB A1c(R)                        |
| |     RPR with Reflex(R)                     AEROBIC CULTURE OIT
| |     HCG (R)                                |
| 1     Ammonia                              Glucose (Ser.Plas.bLD)
| |     BMP (R)                              |
| |     CMP (R)                              |
| |     CRP                                  Other Laboratory Tests...
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipase</td>
<td>General Sendout</td>
</tr>
<tr>
<td>LIPID PANEL (R)</td>
<td>PKU State Lab</td>
</tr>
<tr>
<td>Ferritin</td>
<td></td>
</tr>
<tr>
<td>PSA SERUM (R)</td>
<td></td>
</tr>
</tbody>
</table>

**Add** ... **Edit** ... **Assign to User(s)** **Select New Menu**

**Remove** ... **Toggle Display** **Order Dialogs** ...

Select Action: Next Screen// ADD Add ... **Menu Items**

Add: M Menu Items

**ITEM:** LRZ COVID

1 LRZ COVID-19 ABBOTT ID NOW
2 LRZ COVID19 QUEST
3 LRZ COVID19 STATE LAB

CHOOSE 1-4: 1 LRZ COVID-19 ABBOTT ID NOW

**Row:** 2
**Column:** 2
**DISPLAY TEXT:**

**MNEMONIC:**

**ITEM:**

Menu Editor Apr 14, 2020 19:51:54 Page: 1 of 3

Menu: LRZM CMBA Lab Orders

<table>
<thead>
<tr>
<th>Column Width: 44</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

**+** GLUCOSE (R) Diabetes/Lipid Order Set (R)

**CBC W/AUTO DIFF**

**HGB A1c(R)**

**RPR with Reflex(R)** AEROBIC CULTURE OIT

**HCG (R)**

1 Ammonia Glucose (Ser.Plas.bLD)

2 BMP (R)

3 CMP (R)

4 CRP Other Laboratory Tests...

<table>
<thead>
<tr>
<th>Lipase</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LIPID PANEL (R)</td>
<td>General Sendout</td>
</tr>
<tr>
<td>Ferritin</td>
<td>PKU State Lab</td>
</tr>
<tr>
<td>PSA SERUM (R)</td>
<td></td>
</tr>
</tbody>
</table>

**+** Next Screen - Prev Screen ?? More Actions

**Add** ... **Edit** ... **Assign to User(s)** **Select New Menu**

**Remove** ... **Toggle Display** **Order Dialogs** ...

Select Action: Next Screen// TOG **Toggle** Display

Menu Editor Apr 14, 2020 19:52:01 Page: 1 of 3

Menu: LRZM CMBA Lab Orders

<table>
<thead>
<tr>
<th>Column Width: 44</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th></th>
</tr>
</thead>
</table>

| **+** LRZ CMBA GLUCOSE(R) ORZ CMBA DM LIPID |
| LRZ CMBA CBC (R) |
| LRZ CMBA HGB A1c (R) |
| LRZ CMBA RPR w/rfx (R) LRZ AEROBIC CULTURE (INHOUSE) |
| LRZ CMBA HCG (GIS) |
| LRZ CMBA AMMONIA LRZ GLUCOSE (SER, PLAS, BL D) |
Figure 9-4: Example of adding the Lab Quick Order to EHR Lab Menu

9.5 Review Lab Test Added to ORDER Menu

Figure 9-5 displays an example of an Electronic Health Record Lab MENU.

Figure 9-5: Example of Electronic Health Record Lab menu
10.0 EHR POINT OF CARE Lab Entry Button

To allow the POINT OF CARE lab test(s) available for the EHR POC Lab Entry button, the POINT OF CARE lab test(s) is required to be added to the BLR BEHO POC CONTROL file within VA FILEMAN.

The BLR BEHO POC CONTROL NAME is the INSTITUTION name for your facility. When adding the POINT OF CARE lab test to the EHR POC Lab Entry button for multiple divisions, select the appropriate BLR BEHO POC CONTROL NAME (INSTITUTION) and add the POINT OF CARE lab test as needed.

After adding the POINT OF CARE lab test(s) to the BLR BEHO POC CONTROL NAME, process the order on the EHR POC Lab Entry Button on the GUI. Then save and review the Laboratory Results on the EHR LAB tab.

**Important:** When adding the POINT OF CARE Lab Test(s) to the EHR POC Lab Entry button, the Point of Care Test is ready for active ordering and resulting.

10.1 Adding to BLR BEHO POC CONTROL File

Figure 10-1 displays a multi-division example of how to add to the BLR BEHO POC CONTROL file.
<table>
<thead>
<tr>
<th>Select LAB TEST: COVID-19 (Abbott ID NOW)</th>
<th>Are you adding 'COVID-19 (Abbott ID NOW)' as a new LAB TEST (the 23RD for this BLR BEHO POC CONTROL)? No// Y (Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select RESTRICT TO LOCATION:</td>
<td></td>
</tr>
<tr>
<td>Select RESTRICT TO USER:</td>
<td></td>
</tr>
<tr>
<td>Select LAB TEST:</td>
<td></td>
</tr>
<tr>
<td>Select AVAILABLE LAB DESCRIPTIONS: PNAR//</td>
<td></td>
</tr>
<tr>
<td>Select BLR BEHO POC CONTROL NAME: DEMO CLINIC ONE ENFORCE RESTRICT TO LOCATION: NO// ENFORCE RESTRICT TO USER: NO//</td>
<td></td>
</tr>
<tr>
<td>Select LAB TEST: COVID-19 (Abbott ID NOW)</td>
<td>Are you adding 'COVID-19 (Abbott ID NOW)' as a new LAB TEST (the 23RD for this BLR BEHO POC CONTROL)? No// Y (Yes)</td>
</tr>
<tr>
<td>Select RESTRICT TO LOCATION:</td>
<td></td>
</tr>
<tr>
<td>Select RESTRICT TO USER:</td>
<td></td>
</tr>
<tr>
<td>Select LAB TEST:</td>
<td></td>
</tr>
<tr>
<td>Select AVAILABLE LAB DESCRIPTIONS: PNAR//</td>
<td></td>
</tr>
<tr>
<td>Select BLR BEHO POC CONTROL NAME: DEMO CLINIC TWO ENFORCE RESTRICT TO LOCATION: NO// ENFORCE RESTRICT TO USER: NO//</td>
<td></td>
</tr>
<tr>
<td>Select LAB TEST: COVID-19 (Abbott ID NOW)</td>
<td>Are you adding 'COVID-19 (Abbott ID NOW)' as a new LAB TEST (the 23RD for this BLR BEHO POC CONTROL)? No// Y (Yes)</td>
</tr>
<tr>
<td>Select RESTRICT TO LOCATION:</td>
<td></td>
</tr>
<tr>
<td>Select RESTRICT TO USER:</td>
<td></td>
</tr>
<tr>
<td>Select LAB TEST:</td>
<td></td>
</tr>
<tr>
<td>Select AVAILABLE LAB DESCRIPTIONS: PNAR//</td>
<td></td>
</tr>
</tbody>
</table>

Figure 10-1: Adding to BLR BEHO POC CONTROL file – multi-division example
10.2 Using the EHR POC Lab Entry Button

Figure 10-2 displays an example of an Electronic Health Record POC Lab Entry button.

![Example of Electronic Health Record POC Lab Entry button](image)

Figure 10-2: Example of Electronic Health Record POC Lab Entry button
10.3 Resulting the Point of Care Lab Test

Figure 10-3 displays an example of RESULTING the POINT OF CARE.

10.4 Review the Point of Care Lab Results

Figure 10-4 displays an example of EHR POINT OF CARE results.
11.0 Qualitative Critical Alert Flag – Optional

The Qualitative Critical Alert flag was included in Lab Patch LR*5.2*1041. Turning on the Qualitative Critical Alert parameter must be a local decision and be included in local policy pertaining to CRITICAL LABORATORY RESULTS reporting.

11.1 File 60 – Site/Specimen Field

To accommodate qualitative values, the free-text QUALITATIVE VALUES field was created under the Site/Specimen field in File 60. The field is a multiple, which means it can hold many values.

**Note:** The logic of the routine that determines a qualitative flag requires the result must match, exactly, what is entered into the QUALITATIVE VALUES field. For example, the laboratory test named _COVID-19_ (Abbott ID NOW) has the following entries for the QUALITATIVE VALUES field: P, p, POSITIVE, positive.

Figure 11-1 displays the Qualitative Value entries for _COVID-19_ (Abbott ID NOW).

```
Select SITE/SPECIMEN: NASOPHARYNGEAL MUCUS
SITE/SPECIMEN: NASOPHARYNGEAL MUCUS//
REFERENCE LOW: "Negative"//
REFERENCE HIGH: CRITICAL LOW: CRITICAL HIGH: INTERPRETATION:
A Negative Result does not rule out co-infections with other pathogens.
Edit? NO//
UNITS:
TYPE OF DELTA CHECK:
LOINC CODE: 94534-5//
Select SPECIMEN CPT:
Select QUALITATIVE VALUES: positive//
Answer with QUALITATIVE VALUES
Choose from:
P POSITIVE
p positive
You may enter a new QUALITATIVE VALUES, if you wish
Answer must be 1-40 characters in length.

Select QUALITATIVE VALUES: positive//
Select SITE/SPECIMEN:
```

Figure 11-1: Qualitative Values entries display
11.2 Qualitative Critical Alert Flag Display

Figure 11-2 displays an example of the Qualitative Critical Alert flag when the parameter is turned on.

**Note:** The A* flag indicates CRITICAL!

![Figure 11-2: Example of Qualitative Critical Alert Flag](image)

11.3 EHR Lab Results – Critical Qualitative Result Flag

Figure 11-3 displays an example of the results of COVID-19 POSITIVE result showing a Qualitative Critical Alert flag when the parameter is turned on.

**Note:** A* flag indicates a Qualitative Critical Alert.

![Figure 11-3: Example of Electronic Health Record Lab results](image)
11.4 BLR QUALITATIVE ALERT Parameter Set-up

The **BLR QUALITATIVE ALERT** parameter menu option was added to the **IHS Lab Main Support Menu (BLRMENU)**. To access the **BLR QUALITATIVE ALERT** parameter, the following menu options must be selected:

- LR Laboratory DHCP Menu
- IHS Lab Main Support Menu
- PAMG Edit IHS Lab Parameters and/or Mail Groups
- Edit RPMS Lab Parameters
- Edit BLR QUALITATIVE ALERT parameter

Turning on the **Qualitative Critical Alert** parameter (Figure 11-4) is as follows:

<table>
<thead>
<tr>
<th>LR</th>
<th>Laboratory DHCP Menu ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS Lab Main Support Menu</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LS</th>
<th>Link Transaction Processor Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>7421</td>
<td>Will restart the 7421 label routine if turned off.</td>
</tr>
<tr>
<td>INQ</td>
<td>Inquire into the IHS LAB Transaction Log</td>
</tr>
<tr>
<td>CPT</td>
<td>Enter/edit IHS Lab CPT File</td>
</tr>
<tr>
<td>STP</td>
<td>Stop/restart Lab to PCC Transaction Processor</td>
</tr>
<tr>
<td>PAMG</td>
<td>Edit IHS Lab Parameters and/or Mail Groups ...</td>
</tr>
<tr>
<td>LVP</td>
<td>IHS Lab Version &amp; Patch Report</td>
</tr>
<tr>
<td>POC</td>
<td>Edit BLR AGE DETAIL Parameter</td>
</tr>
</tbody>
</table>

Select IHS Lab Main Support Menu Option:

PAMG Edit IHS Lab Parameters and/or Mail Groups ...

<table>
<thead>
<tr>
<th>DEMO HOSPITAL</th>
<th>RPMS Lab</th>
<th>Time: 1:59 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 04/13/20</td>
<td>Parameters/Mail Groups</td>
<td>BLRPAMGE</td>
</tr>
</tbody>
</table>

1. Edit RPMS Lab Parameters ...
2. RPMS Lab Parameter's Description ...
3. Edit RPMS Lab Mail Groups ...
4. Mail Group's Description ...

Select: (1-4): 1

<table>
<thead>
<tr>
<th>DEMO HOSPITAL</th>
<th>RPMS Lab</th>
<th>Time: 1:59 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 04/13/20</td>
<td>Parameters</td>
<td>BLRPAMGE</td>
</tr>
</tbody>
</table>

1. Edit BLR CC DATA parameter
2. Edit BLR AGE DETAIL parameter
3. Edit BLR EMERGENCY ALERT parameter
4. Edit BLR COLL DT PCC VISIT CREATION parameter
5. Edit BLR DOB ONLY parameter
6. Edit BLR LAB RESULTS CHANGED NOTIFY parameter
7. Edit BLR QUALITATIVE ALERT parameter
8. Edit BLR DAYS TO ACCESSION parameter
9. Edit BLR PT CONFIRM parameter
Select: (1-9): 7

DEMO HOSPITAL
Date: 04/13/20
IHS Laboratory
Time: 2:38 PM
BLR QUALITATIVE ALERT Parameter
BLREMERA
Modify Value

---------------------------------------------------------------------------

BLR QUALITATIVE ALERT (YES/NO)? NO//YES

BLR QUALITATIVE ALERT Parameter is currently YES

Press RETURN Key:

Figure 11-4: Shorten BLR Menu – Turning on the Qualitative Alert Parameter
12.0 Critical Value Flagged Patient Special Report

The reports for CRITICAL VALUE FLAGGED TESTS can be generated for the “positive” lab tests for the COVID-19 (Abbott ID NOW) when the Qualitative Alert parameter is turned on.

**Note:** The Critical Value Flagged Tests report can be used for other critical lab results as well.

12.1 Generate Critical Value Flagged Special Report

The menu selection for the SPECIAL REPORT for SEARCHING FOR CRITICAL FLAGS is available on the Supervisor menu. The following menu options must be selected to generate the special report.

- LR Laboratory DHCP Menu
- Supervisor menu
- Supervisor reports
- Search for critical value flagged tests

Figure 12-1 displays how to generate reports for Critical value flagged tests.

```
LR    Laboratory DHCP Menu ...
Supervisor menu ...

PURR    PURGE OLD ORDERS & ACCESSIONS Reports ...
        Add/edit QC name &/or edit test means
        Inquiry to LAB TEST file
        Lab interface menu ...
        Lab liaison menu ...
        Lab statistics menu ...
        Purge old orders & accessions
        Supervisor reports ...

Select Supervisor menu Option: SUPERvisor reports

        Audit of deleted/edited comments
        Changes in verified lab data
        Count accessioned tests
        Search for abnormal and critical flagged tests
        Search for critical value flagged tests
        Search for high/low values of a test
        Summary list (extended supervisors')
        Summary list (supervisors')
        Supervisor's report

Select Supervisor reports Option: SEARCH

1    Search for abnormal and critical flagged tests
2    Search for critical value flagged tests
3    Search for high/low values of a test

CHOOSE 1-3: 2  Search for critical value flagged tests
Date to START with: TODAY//  (APR 09, 2020)
Date to END  with: T-1//-1  (APR 08, 2020)
```
Select one of the following:

Y  YES
N  NO

Do you want to select accession areas (YES or NO) : NO/

Select one of the following:

P  PATIENT
L  LOCATION

Sort by PATIENT or by LOCATION: P/ PATIENT
Select PATIENT NAME: All/
Select LOCATION: All/
DEVICE: HOME// print to a printer

Figure 12-1: Search for critical value flagged tests display

12.2 Special Report for Critical Flagged Values

An example of the Special report example for Critical value flagged tests is as follows:

| DR. DEMO PROVIDER, LABORATORY DIRECTOR |
| 5600 Fishers Ln, Rockville MD 20857  |
| SPECIAL REPORT: SEARCHING FOR CRITICAL FLAGS | Pg 1 |
| For date range: 04/08/2020 to 04/09/2020 |
| Print Date: 04/09/2020 |

DEMO, ALISTER LANE 124625 GEN CH 20 1 04/08/2020 13:49
NASOPHARYNGEAL MUCUS
COMMENT(S): ~For Test: COVID-19 (Abbott ID NOW)
~TEST

DEMO, DEBBIE ?? LABD POCT 20 2 04/09/2020 13:31
NASOPHARYNGEAL MUCUS
COMMENT(S):
CONTINUED NEXT PAGE

DR. DEMO PROVIDER, LABORATORY DIRECTOR
5600 Fishers Ln, Rockville MD 20857
SPECIAL REPORT: SEARCHING FOR CRITICAL FLAGS | Pg 2 |
For date range: 04/08/2020 to 04/09/2020 |
Print Date: 04/09/2020 |

DEMO, DEBBIE ?? LABD POCT 20 2 04/09/2020 13:31
COMMENT(S): ~For Test: COVID-19 (Abbott ID NOW)
~TEST #1
FOR 2013 DEMO CLINIC MULTI-DIVISIONAL

DEMO, HANNA 133671 DC1 CH 20 5 04/08/2020 17:00
NASOPHARYNGEAL MUCUS
Figure 12-2: Special report for Critical value flagged tests example
Appendix A: Laboratory Test Check List

The following is a laboratory test check list:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Complete</th>
</tr>
</thead>
</table>
| 1.   | Know your Institution name. Accession Review | Consider the satellite clinics for the Multi-division facilities.  
See Section 3.2 | ☐ |
| 2.   | Add Institution and Accession to all lab tests | Add INSTITUTION  
Add ACCESSION  
Multi-division, add appropriate Institution and accession  
See Section 3.3 | ☐ |
| 3.   | LOINC Codes | Review INQ Inquire into the IHS LAB Transaction Log.  
See Section 8.2 | ☐ |
| 4.   | CPT Codes | Review INQ Inquire into the IHS LAB Transaction Log.  
See Section 8.2 | ☐ |
| 5.   | Test | Order/Accession/Result and Review lab results  
See Section 7.0 | ☐ |
| 6.   | Document | Per local policy, document with laboratory director/medical staff approval deemed ready to go live | ☐ |
| 7.   | EHR Lab menu | Create Quick Order  
Add Quick Order to EHR lab menu  
See Sections 9.1 and 9.4 | ☐ |
| 8.   | EHR POC button | OPTIONAL: Add Point of Care lab test to the BLR BEHO POC CONTROL file  
See Section 10.1 | ☐ |
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 Web site: https://home.ihs.gov/security/index.cfm.

**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 ROB 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.
# Acronym List

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Term Meaning</th>
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<tbody>
<tr>
<td>CAC</td>
<td>Clinical Application Coordinator</td>
</tr>
<tr>
<td>CISO</td>
<td>Chief Information Security Officer</td>
</tr>
<tr>
<td>CPT</td>
<td>Current Procedural Terminology</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>GUI</td>
<td>Graphical User Interface</td>
</tr>
<tr>
<td>HCPCS</td>
<td>Healthcare Common Procedure Coding System</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>IHS</td>
<td>Indian Health Service</td>
</tr>
<tr>
<td>ISSO</td>
<td>Information System Security Officer</td>
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<tr>
<td>PCC</td>
<td>Patient Care Component</td>
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<tr>
<td>POC</td>
<td>Point of Care</td>
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<td>ROB</td>
<td>Rules of Behavior</td>
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<tr>
<td>RPMS</td>
<td>Resource and Patient Management System</td>
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<tr>
<td>VPN</td>
<td>Virtual Private Network</td>
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Contact Information

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

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