



## RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **VA Clinical Reminders**

# (PXRM)

## **Addendum to Installation Notes**

Version 1.5 Patch 1008 July 2012

Office of Information Technology (OIT) Division of Information Resource Management Albuquerque, New Mexico

## **Document Revision History**

Date of Change	Location of Revision	Review
March 13, 2012	Chapter 20	Added sections 20.4, 20.5, 20.6
March 27, 2012	Throughout	Updated link to PCC Health Maintenance Reminder Manual
March 27, 2012	Section 20.10, 20.11, 2012	Added three new sections to the Common Install/Questions/Issues chapter
June 12, 1012	Section 17	Added fileman report instructions for active reminders

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## Preface

This documentation applies to those reminders distributed in patch 1008 of clinical reminders.

## 1.0 Introduction

This guide was designed to supplement the patch installation notes and provide guidance in setting up the Clinical Reminders contained in the PXRM 1008 patch. We strongly recommend reviewing this entire document before installing and setting up the Clinical Reminders 1008 patch.

This guide is intended to be used by the following individuals who are responsible for installing, supporting, maintaining, and testing this package:

- Information Resources Management (IRM)
- Clinical Application Coordinator (CAC)

## 1.1 Clinical Reminders Resources

This guide is intended to be used by individuals who have previous experience with the Clinical Reminders. Additional and more comprehensive information related to Clinical Reminders can be found in the following locations:

PXRM 1008 installation notes, manuals, software can be downloaded here: <a href="http://www.ihs.gov/RPMS/index.cfm?module=home&option=index">http://www.ihs.gov/RPMS/index.cfm?module=home&option=index</a>

Reminder Managers Manual

A comprehensive guide to the Clinical Reminders application can be downloaded here:

ftp://ftp.ihs.gov/pubs/EHR/Training/Guides/EHR%20Reminders/EHR\_Reminders\_G uide.doc

Reminder course materials ftp://ftp.ihs.gov/pubs/EHR/Reminders/

Clinical Reminders Document Library Manuals, presentations, and other information related to Clinical Reminders can be downloaded here: <u>ftp://ftp.ihs.gov/pubs/EHR/Training/Guides/EHR%20Reminders/</u>

Clinical Reminders Office Hours Office hours are announced periodically on the EHR and Reminders Listservs

Clinical Reminders Listserv Send a question to the EHR Reminders Listserv: <u>http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list\_id=159</u>

## 2.0 What's New

This section provides an overview of the major changes in the Clinical Reminders patch 1008.

There are 87 reminders/dialogs in this patch. The logic for some reminders changed significantly and other changed slightly. New dialogs have been developed. In order to make the transition as easy as possible for sites, it was decided to rename all the national reminders to append the year 2011 or 2012 on them.

All reminders have been updated. These new reminders replace the reminders being used at the site and the old reminders should be in-activated in the reminder definition menu after you have installed and deployed the 2011 and 2012 reminders.

## 2.1 Fixes

Reminder taxonomy fixes:

- Reminder picks up problems changed from inactive to active.
- Reminder filters out entered in error problems

Reminder filters out entered in error measurements.

Reminders that use drugs in their resolution logic will display the fill date as the last occurrence date.

Reminders that use Non VA Meds will display today's date as the last occurrence date.

Reminders that use drugs in their resolution logic will resolve correctly when the drug name uses mixed case (tall man).

## 2.2 Retired Reminders

- IHS-DIAB ASPIRIN 2009 reminder has been retired. It is being replaced by three reminders: IHS-DIAB ASPIRIN FEMALE 2011, IHS-DIAB ASPIRIN MALE 2011, IHS-DIAB ANTPLT KNOWN CVD 2011.
- IHS-DIAB MICROALBUMIN reminder is being retired and replaced with IHS-DIAB NEPHRO SCR/MON 2011 reminder.
- IHS-HIGH RISK FLU 2007 and IHS-HIGH RISK PNEUMO 2007 are being retired. The high risk forecasting is included in the new reminders for the pneumovax and influenza.

## 2.3 New Reminders

**IHS-ACTIVITY SCREEN 2011 IHS-ANTICOAG CBC 2011 IHS-ANTICOAG DURATION OF TX 2011 IHS-ANTICOAG INR GOAL 2011 IHS-ANTICOAG OCCULT BLOOD 2011 IHS-ANTICOAG THERAPY END DATE 2011 IHS-ANTICOAG UA 2011 IHS-CHLAMYDIA SCREEN 2011 IHS-CVD 2011 IHS-DEPO PROVERA 2012 IHS-DIAB ASPIRIN FEMALE 2011 IHS-DIAB ASPIRIN MALE 2011 IHS-DIAB ANTPLT KNOWN CVD 2012 IHS-DIAB BP CONTROL 2012 IHS-DIAB HGBA1C CONTROL 2012 IHS-DIAB NEPHRO SCR/MON 2012 IHS-FALL RISK SCREEN 2011 IHS-FUNCTIONAL ASSESSMENT 2011 IHS-HIV SCREEN 2012 IHS-NEWBORN HEARING 2011 IHS-NUTRITIONAL SCREENING 2012 IHS-RUBELLA IMMUN 2012 IHS-ZOSTER IMMUN 2012** 

## 2.4 Reminders with Logic Changes

IHS-DIAB ACE/ARB 2012 IHS-DIAB HGBA1C 2011 IHS-HPV IMMUN 2012 IHS-INFLUENZA IMMUN 2012 IHS-MAMMOGRAM 2011 IHS-MENINGITIS IMMUN 2012 IHS-PAP SMEAR 2011 IHS-PED ROTAVIRUS IMMUN 2012 IHS-PED POLIO IMMUN 2012 IHS-PED PEDVAXHIB IMMUN 2012 IHS-PED HIBTITER IMMUN 2012 IHS-PED HIBTITER IMMUN 2012 IHS-PNEUMOVAX IMMUN 2012 IHS-TDAP IMMUN 2012 IHS-TDAP IMMUN 2012

## 2.5 Reminders with Minor Updates

**IHS-ALCOHOL SCREEN 2012 IHS-ALLERGY 2012 IHS-ASTHMA CONTROL 2011 IHS-ASTHMA ACTION PLAN 2011 IHS-ASTHMA PRIM PROV 2012 IHS-ASTHMA RISK EXACERBATION 2011 IHS-ASTHMA SEVERITY 2012 IHS-ASTHMA STEROID 2012 IHS-BLOOD PRESSURE 2012 IHS-COLON CANCER 2012 IHS-DENTAL VISIT 2011 IHS-DEPRESSION SCREENING 2011 IHS-DIAB EYE EXAM 2011 IHS-DIAB FOOT EXAM 2011 IHS-DIABETES SCREENING 2011 IHS-DOMESTIC VIOLENCE 2012 IHS-EPSDT SCREENING 2012** IHS-HCT/HGB 2011 **IHS-HEAD CIRCUMFERENCE 2012 IHS-HEARING TEST 2011 IHS-HEIGHT 2012 IHS-HEP A ADULT IMMUN 2012 IHS-HEP B ADULT IMMUN 2012 IHS-IMMUNIZATION FORECAST 2011 IHS-LIPID FEMALE 2012 IHS-LIPID MALE 2012 IHS-OSTEOPOROSIS SCREENING 2011 IHS-PED DT IMMUN 2012 IHS-PED FLU IMMUN 2012 IHS-PED HEPA IMMUN 2012 IHS-PED HEPB IMMUN 2012 IHS-PED MMR IMMUN 2012 IHS-PED PNEUMOCOCCAL IMMUN 2012 IHS-PED VARICELLA IMMUN 2012** IHS-PPD 2012 **IHS-SENIOR HEIGHT 2011 IHS-SENIOR VISION 2011** IHS-TD IMMUN 2012 **IHS-TOBACCO SCREEN 2011 IHS-VISION 2011** 

## 2.6 Updated Reminder Dialogs

- ALL immunization dialogs have been updated to allow documentation that the vaccine was given "per provider order" "per standing order" or "per provider referral"
- Dialogs with major changes
  - IHS-ALCOHOL SCREEN 2012
  - IHS-ASTHMA CONTROL 2011
  - IHS-ASTHMA STEROID 2012
  - IHS-DEPRESSION SCREENING 2011
  - IHS-PPD 2012
  - IHS-TOBACCO SCREEN 2011
  - IHS-DIAB ACE/ARB 2012
  - IHS-MAMMOGRAM 2011
- Dialogs (in addition to Immunization dialogs) with minor changes
  - IHS-ASTHMA ACTION PLAN 2012
  - IHS-ASTHMA RISK EXACERBATION 2011
  - IHS-ASTHMA SEVERITY 2012
  - IHS-COLON CANCER 2012
  - IHS-DIABETES SCREENING 2011
  - IHS-LIPID FEMALE 2012
  - IHS-LIPID MALE 2012

## 2.7 New Dialogs (with Associated Reminder)

IHS-ACTIVITY SCREEN 2011 IHS-ANTICOAG CBC 2011 IHS-ANTICOAG DURATION OF TX 2012 IHS-ANTICOAG INR GOAL 2011 IHS-ANTICOAG OCCULT BLOOD 2011 IHS-ANTICOAG THERAPY END DATE 2011 IHS-ANTICOAG UA 2011 IHS-CHLAMYDIA SCREEN 2011 IHS-CHLAMYDIA SCREEN 2011 IHS-DEPO PROVERA 2012 IHS-DIAB ASPIRIN FEMALE 2011 IHS-DIAB ASPIRIN MALE 2011 IHS-DIAB ANTPLT KNOWN CVD 2012 IHS-DIAB BP CONTROL 2012 IHS-DIAB NEPHRO SCR/MON 2012 IHS-FALL RISK SCREEN 2011 IHS-FUNCTIONAL ASSESSMENT 2011 IHS-HIV SCREEN 2012 IHS-NEWBORN HEARING 2011 IHS-NUTRITIONAL SCREENING 2012 IHS-RUBELLA IMMUN 2012 IHS-ZOSTER IMMUN 2012

## 2.8 New Dialogs (Standalone Dialogs)

This patch contains several standalone dialog templates. These items are attached to blank reminders for uploading purposes and are NOT intended to be added to the GUI reminders for evaluation.

IHS-ASBI BNI 2011 IHS-ASBI SCREENING 2012 IHS-ASTHMA INTAKE 2012 IHS-MED ED 2011 IHS-MED THERAPY MNGT 2011 IHS-PED PEDIARIX IMMUN 2012 IHS-PHN HOSP DC VISIT 2011 IHS-PHQ9 SCREEN 2011 IHS-SCREENING BUNDLE 2011

## 3.0 Installation Checklist

Review the patch notes and this guide. The following steps should be performed by the appropriate IRM or CAC staff in the order that it is presented.

- 1. Review the list of reminders to determine which ones you will install/activate at your site. (Section 4.0)
- 2. Setup Quick Orders (Section 5.0).
- 3. Setup TIU Objects (Section 6.0).
- 4. Setup HS Objects (Section 7.0).
- 5. Remove Old Reminders from Reminder Exchange (Section 8.0).
- 6. Dialog Preparation: If the site has made local changes to existing national dialogs, especially by adding ADDITIONAL FINDINGS to dialogs, there might be some problems. Follow the instructions in this guide to look for the additional findings and remove them before installing the reminder. You can add them back after installation. (Section 9.0)
- 7. Install the KIDS build by appropriate IRM personnel. (Section 10.0)

**Note:** After the KIDS build has been installed, the computed findings that are used to check the immunization forecaster will not function properly until the new immunization reminders are installed through reminder exchange

- 8. You must install the immunization reminders through exchange immediately if you have any immunization reminders deployed. You do not have to move these into production immediately but should replace your old immunization reminders with the new ones fairly soon.
- 9. Install the reminders in Reminder Exchange that will be used at the facility. (Section 11.0)
- 10. Setup the VA Health Summary Object for Depo Provera after the IHS-DEPO PROVERA reminder is installed and before the dialog is installed. (Section 7.0)
- 11. Install, link and enable the dialogs. (Section 12.0)
- 12. Edit the Dialog Parameters for IHS-ASTHMA 2007 taxonomy. Disable diagnosis codes for historical entries. (Section 13.0)

- Review reminder terms and populate reminder terms that contain labs or drugs. Failure to do this will result in MANY reminders being due all the time. (Section 14.0)
- 14. If you removed additional findings in Step 5, then add them back in. Consider manually updating the dialogs. Refer to chapter 16. NEVER use an additional finding that is used *in any other reminder dialog*. Only absolutely unique finding items may be used as additional findings. (Section 15.0)
- 15. Configure the Electronic Health Record to display the reminders. Sites may choose to activate the reminders just for specific individuals during a testing phase. If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab. (Section16.0)
- 16. Inactivate Old Reminders (Section 17.0)
- 17. Setup TIU Reminder Dialogs as Templates (Section 18.0)
- 18. Review the installed reminders and dialogs (Section 19.0)

## 4.0 Review National Reminder Definitions

The following provides information about all the National Reminder Definitions.

#### 4.1.1 IHS-ACTIVITY SCREEN 2011

APPLICABLE TO: Patients age 5 and older

REMINDER DUE if age 5 and older and no activity health factor AND no exercise education documented in past year

FREQUENCY: Annually

**RESOLUTION:** Documentation of:

- Health factor of type: Inactive, Some Activity, Active, Very Active
- AND education topic HPDP-EXERCISE

### 4.1.2 IHS-ALCOHOL SCREEN 2012

APPLICABLE TO: Patients age 13 and older

REMINDER DUE: Patient is aged 13-110 and has no alcohol screening (exam, measurement, health factor, POV) documented in the past year.

FREQUENCY: Annually

RESOLUTION: This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder look up for Alcohol Use Screening.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

### 4.1.3 IHS-ALLERGY 2012

This reminder uses a computed finding to warn providers if the patient does not have an allergy assessment on file.

APPLICABLE TO: All patients

FREQUENCY: The reminder will check for an allergy assessment or adverse reaction every day.

RESOLUTION: documentation of an allergy assessment or adverse reaction

#### 4.1.4 IHS-ANTICOAG CBC 2011

APPLICABLE TO: Patients, all ages on anticoagulation therapy (patients with V Med entry in previous 120 days that has not been discontinued)

REMINDER DUE: if patient is on anticoagulation therapy and no CBC found in past 1 year.

FREQUENCY: Annually

RESOLUTION: This reminder resolves when the ANTICOAGULATION: SAFETY MEASURE: CBC Best Practice Prompt is no longer active. Once a CBC is done, the PCC Best Practice Prompt is no longer active and the reminder resolves.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

#### 4.1.5 IHS-ANTICOAG DURATION OF TX 2011

APPLICABLE TO: Patients, all ages on anticoagulation therapy (patients with V Med entry in previous 120 days that has not been discontinued)

REMINDER DUE: if patient is on anticoagulation therapy and no Duration of Anticoagulation Therapy is documented.

REMINDER ON: as needed.

RESOLUTION: This reminder resolves when the duration of therapy is documented through PCC Data Entry using the mnemonic ACTH. Once documented, the ANTICOAGULATION: DURATION OF ANTICOAG THERAPY Best Practice Prompt is no longer active and the reminder resolves.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

The duration of therapy is stored in the V ANTICOAGULATION file and entered in PCC and displayed on the anticoagulation patient care supplement of the health summary.

#### 4.1.6 IHS-ANTICOAG INR GOAL 2011

APPLICABLE TO: Patients, all ages on anticoagulation therapy (patients with V Med entry in previous 120 days that has not been discontinued)

REMINDER DUE: if patient is on anticoagulation therapy and no INR goal is recorded.

RESOLUTION: This reminder resolves when the INR goal is documented through PCC Data Entry using the mnemonic ACTH. Once the INR is documented, the ANTICOAGULATION: INR GOAL Best Practice Prompt is no longer active and the reminder resolves.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

### 4.1.7 IHS-ANTICOAG OCCULT BLOOD 2011

APPLICABLE TO: Patients, all ages on anticoagulation therapy (patients with V Med entry in previous 120 days that has not been discontinued)

REMINDER DUE: if patient is on anticoagulation therapy and no test for Fecal Occult Blood found in past 1 year.

REMINDER ON: as needed.

FREQUENCY: Annually

RESOLUTION: This reminder resolves when the ANTICOAGULATION: SAFETY MEASURE: FOBT Best Practice Prompt is no longer active. Once the FOBT is done, the Best Practice Prompt is no longer active and the reminder resolves.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

## 4.1.8 IHS-ANTICOAG THERAPY END DATE 2011

APPLICABLE TO: Patients, all ages on anticoagulation therapy (patients with V Med entry in previous 120 days that has not been discontinued)

REMINDER DUE: if patient is on anticoagulation therapy and therapy end date is in less than 45 days. Consider reassessing your patient's continued need for Warfarin therapy and extending the Duration of Anticoagulation Therapy if indicated.

REMINDER ON: as needed

RESOLUTION: This reminder resolves when the ANTICOAGULATION THERAPY END DATE is documented through PCC Data Entry using the mnemonic ACTH. Once documented, the Best Practice Prompt is no longer active and the reminder resolves.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

The therapy end date is store in the V Anticoagulation file and displayed on the Anticoagulation Patient Care supplement of the health summary.

#### 4.1.9 IHS-ANTICOAG UA 2011

APPLICABLE TO: Patients, all ages on anticoagulation therapy (patients with V Med entry in previous 120 days that has not been discontinued)

REMINDER DUE: if patient is on anticoagulation therapy and no urinalysis found in past 1 year. REMINDER ON: as needed.

RESOLUTION: Urinalysis lab result. This reminder resolves using the RPMS data found by the ANTICOAGULATION: SAFETY MEASURE: URINALYSIS Best Practice Prompt. When the UA is done, the Best Practice Prompt is no longer active and the reminder resolves.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

#### 4.1.10 IHS-ASTHMA CONTROL 2011

APPLICABLE TO: Patients with an active problem of asthma or visit diagnosis of asthma in past 2 years

REMINDER DUE if patient has not had an asthma control documented (can be documented on Visit Diagnosis of Asthma) in the past AND has asthma defined as:

- Severity of Mild, Moderate or Severe Persistent OR
- iCare active Asthma Tag [proposed or accepted] OR
- 3 instances of Asthma as primary dx in past 6 mo

FREQUENCY: Annually

RESOLUTION: Documentation of asthma control on the Visit Diagnosis component will inactivate ASTHMA CONTROL CLASSIFICATION Best Practice Prompt and resolve the reminder.

Refer to the PCC Health Summary User Manuals for the logic and RPMS taxonomies. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf

Refer to the iCare User manual for the logic for Asthma Tags: http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi\_022u.pdf

### 4.1.11 IHS-ASTHMA ACTION PLAN 2012

APPLICABLE TO: Patients with an active problem of asthma or visit diagnosis of asthma in past 2 years

REMINDER DUE if patient has not had an Asthma Action Plan (Patient Ed ASM-SMP) documented in the past AND has asthma defined as:

- Severity of Mild, Moderate or Severe Persistent OR
- iCare active Asthma Tag [proposed or accepted] OR
- 3 instances of Asthma as primary dx in past 6 mo OR
- Last documented Asthma Control was "not well controlled" or "very poorly controlled" OR
- Asthma exacerbation in past year OR
- One ER or Urgent care visit in past year with primary dx of Asthma.

#### FREQUENCY: Annually

RESOLUTION: Documentation of an Asthma Action plan (Patient Ed ASM-SMP) will inactivate the ASTHMA ACTION PLAN Best Practice Prompt and resolve the reminder.

Refer to the PCC Health Summary User Manuals for the logic and RPMS taxonomies. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf

Refer to the iCare User manual for the logic for Asthma Tags: <u>http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi\_022u.pdf</u>

### 4.1.12 IHS-ASTHMA PRIM PROV 2012

APPLICABLE TO: Patients with an active problem of asthma or visit diagnosis of asthma in past 2 years

REMINDER DUE if patient does not have a Designated Primary Care Provider documented AND has asthma defined as:

- Severity of Mild, Moderate or Severe Persistent OR
- iCare active Asthma Tag [proposed or accepted] OR
- 3 instances of Asthma as primary dx in past 6 mo

RESOLUTION: Documentation of a Designated Primary Care Provider in RPMS will inactivate the ASTHMA PRIMARY CARE PROVIDER Best Practice Prompt and resolve the reminder.

Refer to the PCC Health Summary User Manuals for the logic and RPMS taxonomies. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf

Refer to the iCare User manual for the logic for Asthma Tags: <u>http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi\_022u.pdf</u>

### 4.1.13 IHS-ASTHMA RISK EXACERBATION 2011

APPLICABLE TO: Patients with an active problem of asthma or visit diagnosis of asthma in past 2 years

REMINDER DUE if patient at increased risk for Asthma Exacerbation defined as:

- Two or more ER, Urgent Care or inpatient visits in past year with a documented primary diagnosis of asthma; OR
- One prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ONLY asthma severity 1 (intermittent); OR
- Two prescriptions for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ANY asthma severity 2, 3, or 4 (persistent); OR
- At least one ER, Urgent Care or inpatient visit in the last year with a documented primary diagnosis of asthma AND one prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year on a date at least 2 weeks (14 days) before or after the ER/UC/inpatient visit.

RESOLUTION: This reminder uses a computed finding to get data from ASTHMA: INCREASED RISK FOR EXACERBATION Best Practice prompt. The reminder is due while the patient is at an increased risk for exacerbation, and will not resolve while the best practice prompt is active for the patient.

Refer to the PCC Health Summary User Manuals for the logic and RPMS taxonomies. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf

Refer to the iCare User manual for the logic for Asthma Tags: http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi\_022u.pdf

## 4.1.14 IHS-ASTHMA SEVERITY 2012

APPLICABLE TO: Patients with an active problem of asthma or visit diagnosis of asthma in past 2 years

REMINDER DUE if patient does not have documented Asthma Severity Classification (on problem list) AND has Asthma defined as:

- iCare active Asthma Tag [proposed or accepted] OR
- 3 instances of Asthma as primary dx in past 6 mo

RESOLUTION: This reminder resolves when the ASTHMA SEVERITY CLASSIFICATION Best Practice Prompt is no longer active. Documenting the Asthma Severity Classification on the problem list will inactivate the ASTHMA SEVERITY CLASSIFICATION Best Practice prompt and resolve the reminder.

Refer to the PCC Health Summary User Manuals for the logic and RPMS taxonomies. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf

Refer to the iCare User manual for the logic for Asthma Tags: http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi\_022u.pdf

### 4.1.15 IHS-ASTHMA STEROIDS 2012

APPLICABLE TO: Patients with an active problem of asthma or visit diagnosis of asthma in past 2 years

REMINDER DUE if patient does not have a prescription in the past 6 months for inhaled corticosteroids AND has Asthma defined as:

- Severity of Mild, Moderate or Severe Persistent OR
- iCare active Asthma Tag [proposed or accepted] OR
- 3 instances of Asthma as primary dx in past 6 mo

RESOLUTION: This reminder resolves when the ASTHMA: ADD/INCREASE INHALED STEROIDS Best Practice Prompt is no longer active. A prescription for an inhaled steroid in will inactivate the Best Practice Prompt and resolve the reminder.

**Note**: The Best Practice Prompt will look for inhaled steroids that are listed in the BAT ASTHMA INHALED STEROIDS taxonomy. Please verify that the inhaled steroids that are dispensed at your facility are included in this taxonomy. Failure to do so will result in the best practice prompt and reminder being due, even though the patient has received a recent prescription for an inhaled steroid.

This taxonomy can be populated through iCare. To edit the taxonomy, the iCare user must possess the BGPZ TAXONOMY EDITOR key.

Login to iCare | Tools | Taxonomy Maintenance | View/Edit Taxonomy Entries | All Site Populated | Medication Taxonomy | BAT Asthma Inhaled Steroids | Add. Refer to the PCC Health Summary User Manuals for the logic and RPMS taxonomies. Appendices start on page 123. http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf

Refer to the iCare User manual for the logic for Asthma Tags: http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi\_022u.pdf

### 4.1.16 IHS-BLOOD PRESSURE 2012

APPLICABLE TO: Patients age 2 and older. Hypertensive and diabetic patients are excluded from this reminder. This is a blood pressure screening reminder for normal risk individuals.

REMINDER DUE: if patient does not have hypertension or diabetes AND

- Last BP was over 139 OR 89
- No BP recorded in past 1 year if over 21 OR if under 21 and last DBP 85-89
- No BP recorded in past 2 years if age 2-20

RESOLUTION: blood pressure at the recommended interval

### 4.1.17 IHS-CHLAMYDIA SCREEN 2011

APPLICABLE TO: Females aged 16-25

REMINDER DUE: if female patient 16-25 and no chlamydia screening in past year. May be deferred if patient is not engaged in sexual intercourse.

FREQUENCY: Annually

RESOLUTION: Resolved by a Chlamydia lab result, lab procedure, or diagnosis code. This reminder resolves using the RPMS data found by the CHLAMYDIA SCREENING Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

### 4.1.18 IHS-COLON CANCER 2012

REMINDER APPLICABLE if age 51-80

- and no history of neoplasm of the colon
- and no evidence of colonoscopy in past 9yrs 9mos
- and no evidence of sigmoidoscopy or barium enema in past 4yrs 9mos

REMINDER DUE if no Fecal test done in past year

#### REMINDER ON if due within 3 months

#### **RESOLUTION:**

- Fecal test resulted
- Colonoscopy done (status N/A for 9yrs 3mos)
- Sigmoidoscopy or barium enema (status N/A for 4yrs 9mos)

REMINDER TERM: IHS-FECAL OCCULT BLOOD will need to contain the names of the lab(s) that the site uses.

#### 4.1.19 IHS-CVD 2011

#### APPLICABLE TO: All patients

REMINDER APPLICABLE AND DUE: the patient has an iCare diagnostic tag of CVD risk, known CVD. See Reminder Dialog and/or PCC Best Practice Prompts to see what iCare tag is assigned and what is recommended for this patient.

NO RESOLUTION: This reminder uses a computed finding to determine if the patient has an iCare CVD diagnostic tag [proposed or accepted] and if so the reminder is applicable and due. The reminder does not resolve and is intended to alert the user to PCC best practice prompts that may be active for the patient.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

Refer to the iCare User manual for the logic for CVD Tags: http://www.ihs.gov/RPMS/PackageDocs/BQI/bqi\_022u.pdf

#### 4.1.20 IHS-DENTAL VISIT 2011

APPLICABLE TO: All patients, all ages

REMINDER DUE: If no dental visit documented in past year.

REMINDER ON: 3 months before due date.

FREQUENCY: Annually

RESOLUTION: This reminder resolves using the RPMS data found by the DENTAL EXAM Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

#### 4.1.21 IHS-DEPO PROVERA 2012

Note: \*\*\* You must install the reminder and dialog separately.

- 1. Install reminder first
- 2. Create VA Health Summary Object called |PXRM DEPO PROVERA|
- 3. Install dialog, link and activate

APPLICABLE TO: Women who have an order for medroxyprogesterone injection that is not discontinued.

Patient has order for Depo Provera (orderable item of medroxyprogesterone, inj) that is not discontinued.

\*\*\*This order may be expired\*\*\* If patient is no longer using Depo Provera, then discontinue the active or expired order to remove from cohort.

REMINDER DUE SOON (ON TIME for injection) if patient has order that is not discontinued for Depo Provera and it has been 10 weeks since the last injection (CPT code J1055)

\*\*\* The standard administration schedule is every 12 weeks. If patient is due soon, ensure that an appointment is schedule for their scheduled injection and/or follow local policy for timing of injections. \*\*\*

REMINDER DUE (OVERDUE for injection) if it has been more than 13 weeks longer since the last injection (CPT code J1055).

\*\*\* Check status of order. Reminder will be active for patients with expired orders. Follow site's policy and procedure for renewing orders \*\*\*

\*\*\* Follow your site's policy and procedure for screening, assessment including UHCG screening and on time, late and restart administration of Depo Provera \*\*\*

FREQUENCY: Every 13 weeks

RESOLUTION: Documentation of Depo-Provera administration (CPT code J1055) during the defined time interval.

REMINDER TERM: The reminder term IHS-DEPO PROVERA ORDERABLE ITEM as an orderable item will need to be populated at the site.

INSTALL NOTES:

(1) Install reminder first

(2) Create VA Health Summary Object |PXRM DEPO PROVERA|

(3) Install dialog, link and activate

#### 4.1.22 IHS-DEPRESSION SCREEN 2011

APPLICABLE TO: All patients, starting at age 18 years

REMINDER DUE: Patient is aged 18 and older and has no depression screening (exam, measurement, POV) or mood disorder documented in the past year.

FREQUENCY: Annually

RESOLUTION: This reminder resolves using the RPMS data found by the DEPRESSION SCREENING Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

### 4.1.23 IHS-DIAB ACE/ARB 2012

Diabetic patients who have hypertension or nephropathy should be on either an ACE inhibitor or an ARB unless they are allergic to both.

#### APPLICABLE TO:

- Patients with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years
- AND (either hypertension or nephropathy or UA/CR>30)
- AND NOT allergic to both ACEI and ARB

REMINDER DUE: if patient has an active problem or diagnosis of Diabetes AND either a diagnosis of nephropathy or hypertension or a UA/CR >30 and does not have an active, filled prescription for an ACEI or ARB.

EXCLUSION: patient removed from cohort if documented allergy/ADR to both ACEI and ARB  $% \mathcal{A}$ 

RESOLUTION: Reminder resolved by current prescription for ACEI or ARB, including outside medications

REMINDER TERMS: IHS-NEPHROPATHY needs to be populated with the lab(s) that the site uses for UA/CR. IHS-ACE/ARB needs to be populated with the medications that the site uses.

### 4.1.24 IHS-DIAB ANTIPLT KNOWN CVD 2012

Diabetic patients with known cardiovascular disease should be evaluated for the appropriateness for antiplatelet therapy. Reminder checks medication listing to see if patient is on aspirin or clopidogrel. The previous DIAB ASPIRIN reminder is being replaced with 3 reminders, for males, females and those with coronary vascular disease (CVD).

#### APPLICABLE TO:

- Patients with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years
- AND known CVD
- AND NOT on current anticoagulation therapy
- AND NOT allergic to both aspirin and clopidogrel

REMINDER DUE if has an active problem or visit diagnosis of Diabetes in the past 3 years and an active problem or visit diagnosis of CVD

#### AND

- Not on warfarin therapy
- No documented allergy to BOTH aspirin and clopidogrel AND
- No current and filled RX for aspirin or clopidogrel

RESOLUTION: current prescription for aspirin or clopidogrel, including outside medications

REMINDER TERMS: IHS-ASPIRIN, IHS-CLOPIDOGREL needs to be populated with the medications that that site uses for these items.

### 4.1.25 IHS-DIAB ASPIRIN FEMALE 2011

Female diabetic patients over 60 years of age who have an additional risk for cardiovascular disease should be considered for Aspirin therapy. Clinical judgment should be exercised in determining appropriateness of therapy based on age and other risk factors such as bleeding risk.

#### APPLICABLE TO:

• Female patients age over 60 with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years

- AND DO NOT have an active problem or visit diagnosis of CVD
- AND NOT on warfarin therapy
- AND NOT allergic to aspirin

REMINDER DUE if patient female, age over 60 and has an active problem diagnosis of Diabetes or visit diagnosis of Diabetes in the past 3 years

AND

- Not on warfarin therapy
- No documented allergy to aspirin
- No current and filled RX for aspirin (clopidogrel will also resolve reminder to avoid the patient being prescribed 2 antiplatelet agents inadvertently)

#### FREQUENCY: Annually

RESOLUTION: current prescription for aspirin or clopidogrel, including outside medications

REMINDER TERMS: IHS-ASPIRIN, IHS-CLOPIDOGREL need to be populated with the medications that that site uses for these items.

#### 4.1.26 IHS-DIAB ASPIRIN MALE 2011

Male diabetic patients over 50 years of age who have an additional risk for cardiovascular disease should be considered for Aspirin therapy. Clinical judgment should be exercised in determining appropriateness of therapy based on age and other risk factors such as bleeding risk.

#### APPLICABLE TO:

- Male patients age 50 and older with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years
- AND DO NOT have an active problem or visit diagnosis of IHD
- AND NOT on warfarin therapy
- AND NOT allergic to both aspirin and clopidogrel

REMINDER DUE if patient is male, age over 50 and has an active problem diagnosis of Diabetes or visit diagnosis of Diabetes in the past 3 years

#### AND

- Not on warfarin therapy
- No documented allergy to aspirin

• No current and filled RX for aspirin (clopidogrel will also resolve reminder to avoid the patient being prescribed 2 antiplatelet agents inadvertently)

FREQUENCY: Annually

RESOLUTION: current prescription for aspirin or clopidogrel, including outside medications

**REMINDER TERMS: IHS-ASPIRIN, IHS-CLOPIDOGREL** needs to be populated with the medications that that site uses for these items.

#### 4.1.27 IHS-DIAB BP CONTROL 2012

APPLICABLE TO: Patients with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years

REMINDER DUE if patient has an active problem diagnosis of Diabetes or visit diagnosis of Diabetes in the past 3 years AND no BP recorded in 3 months

REMINDER DUE next visit if systolic BP 130 or greater OR diastolic BP 80 or greater

FREQUENCY: Every 3 months or every visit if BP is elevated

**RESOLUTION:** blood pressure during the recommended interval.

#### 4.1.28 IHS-DIAB EYE EXAM 2011

APPLICABLE TO: Patients with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years

REMINDER DUE if patient has an active problem of Diabetes or visit diagnosis of Diabetes in the past 3 years AND no Dilated Eye exam in the past year

REMINDER ON if no Dilated Eye exam in the past year. REMINDER ON if due within 3 months

FREQUENCY: Annually

RESOLUTION: Eye exam from the exam file or a CPT code for a fundoscopic eye exam documented

### 4.1.29 IHS-DIAB FOOT EXAM 2011

APPLICABLE TO: Patients with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years

REMINDER DUE if patient has an active problem of Diabetes or visit diagnosis of Diabetes in the past 3 years AND no Diabetic foot exam in the past year

REMINDER ON if due within 3 months

FREQUENCY: Annually

RESOLUTION: Diabetic Foot Exam Code documented

#### 4.1.30 IHS-DIAB HGBA1C 2011

APPLICABLE TO: Patients with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years

REMINDER DUE if patient has an active problem diagnosis of Diabetes or visit diagnosis of Diabetes in the past 3 years AND no HGBA1C in the 6 months

FREQUENCY: Every 6 months

**RESOLUTION: HGBA1C lab result** 

REMINDER TERM: HGBA1C needs to be populated with the lab(s) that the site uses

#### 4.1.31 IHS-DIAB HGBA1C CONTROL 2012

Patients with diabetes should have their A1C measured at least twice per year. Patients who are not meeting treatment goals or whose therapy has changed should have A1C quarterly. This reminder is designed to be site dependent. Each facility will need to determine what the "threshold" will be to trigger a re-evaluation of the HgbA1c every 3 months

APPLICABLE TO: Patients with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years

REMINDER DUE in 6 months: If no A1C in past 6 months.

REMINDER DUE in 3 months: If last A1C exceeds site defined threshold in "IHS-HGBA1C REEVALUATE" term.

**RESOLUTION: HGBA1C lab result** 

REMINDER TERMS: IHS-HGBA1C needs to be populated with the lab(s) that the site uses. Sites will need to include the condition that will trigger this reminder for each lab entered.

NAME: IHS-HGBA1C REEVALUATE Replace

**Review National Reminder Definitions** 

CLASS: VISN// REVIEW DATE: DESCRIPTION: No existing text Edit? NO// Select FINDING ITEM: HEMOGLOBIN A1C// Enter your sites HGBA1C test name. If there are more than 1 HGBA1C lab tests setup at your site, you will need to set each one up. FINDING ITEM: HEMOGLOBIN A1C// EFFECTIVE PERIOD: USE INACTIVE PROBLEMS: WITHIN CATEGORY RANK: EFFECTIVE DATE: MH SCALE: CONDITION: I V>6.9// In this example: If the HGBA1C is greater than 6.9, it will be due in 3 months. This condition may be modified. Enter the condition for each lab added CONDITION CASE SENSITIVE: RX TYPE:

Figure 4-1: HGBAIC Reminder Term

### 4.1.32 IHS-DIAB NEPHRO SCR/MON 2012

The microalbumin test will no longer be a national reminder.

APPLICABLE TO: Patients with an active problem of diabetes or visit diagnosis of Diabetes in the past 3 years who are NOT on long term dialysis

REMINDER DUE if patient has an active problem diagnosis of Diabetes or visit diagnosis of Diabetes in the past 3 years

AND

- AND NOT long term dialysis
- AND no quant urine albumin(UACR)
- AND eGFR (eGFR requires a creatinine) in past year

FREQUENCY: Annually

RESOLUTION: Quantitative Urine Albumin (UACR) and eGFR lab result

REMINDER TERMS: IHS-URINE ALBUMIN and IHS-EGFR needs to be populated with the lab(s) that the site uses.

#### 4.1.33 IHS-DIABETES SCREENING 2011

APPLICABLE TO: Patients age 18 and older who do not have an active problem or visit diagnosis in past 3 years of diabetes

REMINDER DUE: Patient is aged 18 and older, without diagnosis of Diabetes on the problem list and no glucose screening test documented in the past 3 years.

FREQUENCY: Every 3 years

RESOLUTION: Resolved by a glucose lab result. This reminder resolves using the RPMS data found by the DIABETES SCREENING Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123 .<u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

#### 4.1.34 IHS-DOMESTIC VIOLENCE 2012

APPLICABLE TO: Females age 15 and older

REMINDER DUE: Patient is female, 15 or older and no documented Intimate Partner Violence exam in the past year.

REMINDER ON: 3 months before due date.

FREQUENCY: Annually

RESOLUTION: This reminder resolves using the RPMS data found by the DOMESTIC VIOLENCE/IPV SCREENING Health Maintenance Reminder look up.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

#### 4.1.35 IHS-EPSTD SCREENING 2012

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. EPSDT requires states to assess a child's health needs through initial and periodic evaluations to assure that health problems are diagnosed and treated early, before they become more complex and their treatment more costly.

APPLICABLE TO: Patients age 0-20 yrs.

REMINDER DUE: If pt. is 0-20 yrs. and no documented screening during the recommended screening interval.

FREQUENCY: EPSDT Screening is due 5 times at the following intervals:

- Age less than 1 year
- Age 1 through 4 years
- Age 5 through 11 years
- Age 12 through 17 years
- Age 18 through 20 years

RESOLUTION: This reminder resolves using the procedure (CPT) codes found by the EPSDT Screening Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

### 4.1.36 IHS-FALL RISK SCREEN 2011

APPLICABLE TO: Patients age 65 and older

REMINDER DUE: Patient is over 65 and no fall risk assessment done (Fall Risk exam, POV, injury code)

REMINDER ON: 3 months before due date.

FREQUENCY: Annually

RESOLUTION: This reminder resolves using the RPMS data found by the FALL RISK ASSESSMENT Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

## 4.1.37 IHS-FUNCTIONAL ASSESSMENT 2011

APPLICABLE TO: Patients age 55 and older

REMINDER DUE: Patient is over 55 without documentation of any ADL or IADL data in the past year (documented in Functional Status in Personal Health).

REMINDER ON: 3 months before due date.

FREQUENCY: Annually

RESOLUTION: This reminder resolves using the RPMS data found by the FUNCTIONAL ASSESSMENT Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

#### 4.1.38 IHS-HCT/HGB 2011

Children should have a screening HCT or HGB at approximately age 12 months and 4 years of age.

APPLICABLE TO: Patients age 12 months to 5 years

REMINDER DUE if age 12 months to 5 years and no HCT or HGB in past 3 years.

REMINDER ON if over 12 months and due within 3 months.

FREQUENCY: Every 3 years

RESOLUTION: HCT or HGB lab result

REMINDER TERM: IHS-HCT/HGB needs to be populated with the lab(s) that the site uses.

#### 4.1.39 IHS-HEAD CIRCUMFERENCE 2012

APPLICABLE TO: Patients birth to 3 years

REMINDER DUE Reminder due every 2 mos until age 6 mos, and then every 6 mos until 3 Y

REMINDER ON if due within 7 days

RESOLUTION: Vital measurement of head circumference documented

4.1.40 IHS-HEARING TEST 2011

APPLICABLE TO: Patients age 4 to 7 years

REMINDER DUE: hearing test should be done once for ages 4 to 7 years

RESOLUTION: This reminder resolves with documentation of a hearing exam code 17 found by the HEARING TEST Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

#### 4.1.41 IHS-HEIGHT 2012

APPLICABLE TO: Patients age birth to 49 years
REMINDER DUE: age birth -49 years height is due

- every 2 months until age 6 month,
- every 6 months from age 7 to 35 months,
- every year from age 3 to 18 years,
- every 5 years from 19 to 49 years

REMINDER ON If due within 7 days

**RESOLUTION:** Vital measurement of height documented

# 4.1.42 IHS-HIV SCREEN 2012

APPLICABLE TO: Ages 13-64 and no diagnosis of HIV

REMINDER DUE: If patient is 13 to 64, not diagnosed with HIV, and no HIV screening has been done.

RESOLUTION: Resolved with HIV screening lab test, procedure, or diagnosis. This reminder resolves using the RPMS data found by the HIV SCREENING Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

# 4.1.43 IHS-IMMUNIZATION FORECAST 2011

This reminder forces the forecaster to run before viewing a patient's reminders. This ensures that the most current immunization forecast is displayed in the reminders. The immunization forecast reminder should always be the first item on the Cover Sheet Reminder List in EHR. Refer to EHR Configuration section of this manual.

FREQUENCY: It is never due.

# 4.1.44 IHS-LIPID FEMALE 2012

#### APPLICABLE TO:

- Female patients age 45 to 64 years who do not have an active problem or visit diagnosis of diabetes in the past 3 years
- All ages if patient has an active problem or visit diagnosis of diabetes in the past 3 years

REMINDER DUE if female age 45 to 64 and no lipid profile in past 5 years if diabetic of any age and no lipid profile in 1 year

REMINDER ON if due within 3 months

FREQUENCY: Every 5 years. Every year if diabetic.

RESOLUTION: Lipid profile lab result including and LDL

REMINDER TERM: IHS-LIPID LAB TEST needs to be populated with the lab(s) that the site uses to document a lipid profile. Use individual tests, not a profile since a profile does not have results. Recommend using LDL and Direct LDL to resolve reminder.

# 4.1.45 IHS-LIPID MALE 2012

APPLICABLE TO:

- Male patients age 45 to 64 years who do not have an active problem or visit diagnosis of diabetes in the past 3 years
- All ages if patient has an active problem or visit diagnosis of diabetes in the past 3 years

REMINDER DUE if male age 35 to 64 and no lipid profile in past 5 years if diabetic of any age and no lipid profile in 1 year

REMINDER ON if due within 3 months

FREQUENCY: Every 5 years. Every year if diabetic.

**RESOLUTION:** Lipid profile lab result including and LDL

REMINDER TERM: IHS-LIPID LAB TEST needs to be populated with the lab(s) that the site uses to document a lipid profile. Use individual tests, not a panel since a panel does not have results. Recommend using LDL and Direct LDL to resolve reminder.

# 4.1.46 IHS-MAMMOGRAM 2011

APPLICABLE TO: Mammography is recommended in women from ages 50-74. Mammography should be discussed with patients from 40-49 and 75 and older and screening performed based on clinical judgment.

Routine Screening Mammogram recommendations (2011)

- US Preventive Services Taskforce: Recommends screening mammograms every 2 years from age 50-74. Recommends against routine screening in women aged 40-49.
- American College of Obstetrics and Gynecology: Recommends screening mammograms every 1-2 years for women aged 40-49 and yearly for women aged 50-74. Provider should discuss with patients whether mammography should be continued for ages 75 and older.

• American Cancer Society: Recommends screening mammograms yearly starting at age 40 as long as a women is in good health.

Clinicians should discuss the benefits and risks of mammography with patients aged 40-49 and 75 or older and screen based on clinical judgment.

#### REMINDER DUE:

Women aged 50-74 who have not had a mammogram documented in past year.

Women aged 40-49 and 75-99 who have not had Women's Health-Mammogram education or mammogram documented in the past year.

EXCLUDED: Patients who have had a bilateral mastectomy documented [in PCC using SHX mnemonic which stores an ICD procedure code for bilateral mastectomy].

#### **RESOLUTION:**

Ages 40-49 and 75-99: Documentation of Women's Health-Mammogram patient education or Mammogram

Ages 40-99: Mammogram

This reminder resolves using the RPMS data found by the MAMMOGRAM Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

# 4.1.47 IHS-NEWBORN HEARING SCREEN 2011

APPLICABLE TO: Patients age 0-12 months

REMINDER DUE: if patient is between 0 and 12 months and no newborn hearing screening is found (if documenting exam, requires documenting Newborn Hearing Exam for BOTH ears).

FREQUENCY: Once

RESOLUTION: This reminder resolves using the RPMS data found by the NEWBORN HEARING SCREENING Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123 .<u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

# 4.1.48 IHS-NUTRITIONAL SCREENING 2012

APPLICABLE TO: Patients age 70 and older

REMINDER DUE if patient is 70 or older and no Nutritional Risk Screening has been done in past year.

FREQUENCY: Annually

RESOLUTION: Nutritional Risk Screening is entered in PCC Data Entry using the NRS mnemonic.

### 4.1.49 IHS-OSTEOPOROSIS SCREEN 2011

APPLICABLE TO: Women 65 and older who do not have dx of osteopenia/osteoporosis, every 2 years

REMINDER DUE: Patient female, 65 and older without documented history of osteoporosis and no osteoporosis screening documented in past 2 years.

RESOLUTION: This reminder resolves using the RPMS data found by the OSTEOPOROSIS Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

### 4.1.50 IHS-PPD 2012

APPLICABLE TO: Patients age 4 years to 17 years

REMINDER DUE: Every 7 years for patients without a documented history or current diagnosis of tuberculosis at age 4 years and 11 years with no documented PPD. This reminder will continue to appear for patients through age 18, until the test is documented.

FREQUENCY: Two times; Once at age 4 years and once at age 11 years.

RESOLUTION: Documentation of a skin test in the computer

#### 4.1.51 IHS-PAP SMEAR 2011

APPLICABLE TO: Patients age 21 to 65 years who have no history of hysterectomy

REMINDER DUE: For female patients with intact cervix

- Ages 21-29 if no Pap test documented in past 2 years
- Ages 30-64 if no Pap test documented in past 3 years

REMINDER ON: 3 months before due date

RESOLUTION: This reminder resolves using the RPMS data found by the PAP SMEAR Health Maintenance Reminder for Pap Smear.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

#### 4.1.52 IHS-RUBELLA IMMUNITY 2012

APPLICABLE TO: Patients 18-51

REMINDER DUE for Patients who are not documented as immune or with no documented Rubella immunization since age 1 year: Born in 1957 or later who are at least 18.

FREQUENCY: Once

RESOLUTION: This reminder resolves when the RUBELLA IMMUNIZATION Best Practice Prompt is no longer active. Documentation of Rubella immunization or immunity will inactivate the Best Practice Prompt and the reminder resolves.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

### 4.1.53 IHS-SENIOR HEIGHT 2011

APPLICABLE TO: Patients age 50 and older

#### REMINDER DUE

- every 2 years from age 50-64
- every 1 year age 65 and older

REMINDER ON if due within 3 months

**RESOLUTION:** Vital Measurement of height documented

#### 4.1.54 IHS-SENIOR VISION 2011

APPLICABLE TO: patients age 65 and older

REMINDER DUE: Patient over 65 and no vision screening (measurement, CPT, ICD)

REMINDER ON: 3 months before due date.

FREQUENCY: Annually

RESOLUTION: This reminder resolves using the RPMS data found by the VISUAL ACUITY EXAM Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

#### 4.1.55 IHS-TOBACCO SCREEN 2011

APPLICABLE TO: All patients, all ages

REMINDER DUE: All patients and no tobacco screening, diagnosis or counseling (heath factor, CPT or POV/Problem) documented in the past year.

REMINDER ON: 3 months before due date.

FREQUENCY: Annually

RESOLUTION: This reminder resolves using the RPMS data found by the TOBACCO USE SCREENING Health Maintenance Reminder.

Refer to the PCC Health Summary User Manuals for the logic. Appendices start on page 123. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

#### 4.1.56 IHS-VISION EXAM 2011

APPLICABLE TO: Patients age 7 to 9 years

REMINDER DUE if patient is between 7 and 9 and no vision exam has been recorded

FREQUENCY: Once

**RESOLUTION:** Documentation of vision exam codes

#### 4.1.57 IHS-WEIGHT 2012

APPLICABLE TO: All patients, all ages.

#### REMINDER DUE

- every visit if under 6 months,
- every 2 months for ages 6 through 11 months
- every 3 months for ages 1 through 5 years
- every 6 months starting at age 6

REMINDER ON if due within 7 days.

RESOLUTION: Vital measurement for weight documented

# 4.2 Immunization Reminders

All immunizations in reminder definitions work the same way:

- 1. A computed finding will check the immunization forecaster.
- 2. Sites must install the 2012 Immunization Reminders from the Reminder Exchange onto their RPMS for the computed findings to work properly.
- 3. Sites must also verify that the Immunization Reminder Terms are populated properly. Some immunization package (BI namespace) patches deliver new vaccines and the existing Reminder Terms are not updated automatically.
- 4. The forecaster returns whether or not the reminder is due by checking the age, sex, date last immunization given and the schedule for childhood immunizations in the Immunization Package. It is not forecasted if there is a contraindication documented for the vaccine.
- 5. Resolution is documentation of the appropriate immunization or contraindication to the vaccine in the immunization package.

IMMUNIZATION	APPLICABLE TO	REMINDER DUE
IHS-HPV IMMUN 2012	11yrs-26yrs	REMINDER DUE if patient 11 to 26 years old AND Immunization forecaster indicates HPV is due. If male has had initial dose, 2nd and 3rd doses will be forecast by Immunization Forecaster
IHS-HEP A ADULT IMMUN 2012	18yrs and older	REMINDER DUE if patient 18 or older AND Immunization forecaster indicates Hep B is due
IHS-HEP B ADULT IMMUN 2012	20yrs and older	REMINDER DUE if patient 20 or older AND Immunization forecaster indicates Hep A is due
IHS-INFLUENZA IMMUN 2012	18yrs and older and no egg allergy	REMINDER DUE if patient age 18 or older AND NOT allergic to eggs AND Immunization forecaster indicated Flu is due
IHS-MENINGITIS IMMUN 2012	11yr-18yr	REMINDER DUE if age 11 to 18 years AND Immunization forecaster indicated MCV4 is due
IHS-PED DT IMMUN 2012	1m*-6yrs	REMINDER DUE if patient at least 6 weeks and < 7 years old AND Immunization forecaster indicates DT is due ***for patients unable to receive pertussis vaccine***
IHS-PED DTAP IMMUN 2012	1m*-6yrs	REMINDER DUE if patient at least 6 weeks and < 7 years old AND Immunization forecaster indicates DTaP is due
IHS-PED FLU IMMUN 2012	6mo-17Y and no egg allergy	REMINDER DUE if age 6 months to 17 years AND NOT allergic to eggs AND Immunization forecaster indicated Flu is due
IHS-PED HEPA IMMUN 2012	12mos-17yrs	REMINDER DUE if patient 12 mos and < 18 years old AND Immunization forecaster indicates Hep A is due
IHS-PED HEPB IMMUN 2012	2d-19yrs	REMINDER DUE if patient is 2 days to 19 years old AND Immunization forecaster indicates Hep B is due

Addendum to Installation Notes July 2012

**Review National Reminder Definitions** 

IHS-PED HIBTITER 2012	1m*-59mos	REMINDER DUE if patient at least 6 weeks and < 5 years old AND Immunization forecaster indicates HIB is due
IHS-PED MMR IMMUN 2012	12m-18yrs	REMINDER DUE if patient 12 months to 18 years AND Immunization forecaster indicates MMR is due
IHS-PED PEDVAXHIB 2012	1m*-59mos	REMINDER DUE if patient 6 weeks to 59 months AND immunization forecaster indicates Pedvaxhib is due.
IHS-PED PNEUMOCOCCAL 2012	1m*-59mos	REMINDER DUE if patient 6 weeks to 59 months old AND Immunization forecaster indicates Pneumococcal is due
IHS-PED POLIO IMMUN 2012	1m*-18yrs	REMINDER DUE if patient between 6 weeks and 18 yrs of age AND Immunization forecaster indicates IPV is due
IHS-PED ROTAVIRUS 2012	1m*-32wks	REMINDER DUE if patient is 6 to 32 weeks old AND Immunization forecaster indicates Rotavirus is due
IHS-PED VARICELLA 2012	12mos-18yrs	REMINDER DUE if patient is 12 months to 18 years old AND
IHS-PNEUMOVAX IMMUN 2012	5yrs-64 yrs, and >65yrs	REMINDER DUE if patient 65 or older AND Immunization forecaster indicates Pneumovax is due REMINDER DUE for patients 5-64 and older AND Immunization forecaster is set to forecast for 5-64 or if the immunization forecaster is set to forecast 5-64 year olds who have had two visits in the past 3 years for high risk medical condition.
IHS-TD IMMUN 2012	7 and older	REMINDER DUE if patient age 7 and older AND Immunization forecaster indicates Tetanus vaccine is due
IHS-TDAP IMMUN 2012	7 and older	REMINDER DUE if patient age 7 and older AND Immunization forecaster indicates Tdap is due
IHS-ZOSTER IMMUN 2012	60 and older	REMINDER DUE if patient age 60 and older AND Immunization forecaster indicates Zoster vaccine is due

# 4.3 National Reminder Dialogs

# 4.3.1 IHS-ACTIVITY SCREEN 2011

Activity screen is new. This dialog allows the reminder to be resolved by entering a health factor AND patient education.

9	Reminder Resolution: Activity Screen					
	Activity Level Assessment	-				
	C Very Active - engages in 300 min (5 hrs) or more of physical activity per week					
	Active - engages in 150-299 min (2.5-5hrs) of physical					
	activity per week.					
	Comment:					
	igcap Some Activity - engages in < 150 min (< 2.5 hours per week) o	f				
	physical activity per week.					
	C Inactive - engages in little or no physical activity.					
•	Image: Second state of the second state of					
	Health Promotion Disease Prevention-Exercise education provid	ed.				
	Level of Understanding: Good					
	* Indicates a Rec	uired Field				
CL	INICAL REMINDER ACTIVITY					
j	Activity Screen:					
	Activity Level Assessment	-				
Patient Educations: HPDP-EXEBCISE						
He	alth Factors: ACTIVE					
	Clear Clinical Maint < Back Next > Finish	Cancel				

Figure 4-2: Activity Screen dialog

# 4.3.2 IHS-ALCOHOL SCREEN 2012

The alcohol screen includes use guidance and ability to document the following: Alcohol Screening Exam, CRAFFT, AUDIT-C, AUDIT, CAGE, and Brief Negotiated Interview.

CRAFFT is a copyrighted tool. You CANNOT change the dialog in any way or this violates copyright. CRAFFT is documented as a measurement. http://www.ceasar-boston.org/clinicians/crafft.php

AUDIT is documented as a measurement. http://www.ceasar-boston.org/clinicians/crafft.php

AUDIT-C is documented as a measurement. See ASBI guide below.

Information about Alcohol Screening and Brief Intervention (ASBI) please refer the following resources:

http://www.ihs.gov/NonMedicalPrograms/NC4/index.cfm?module=asbi

Reminder Resolution: Alcohol Screen	
ALCOHOL SCREENING EXAM	
(use to assess for hazardous alcohol use)	
CRAFFT	
(use with ADOLESCENTS to assess for hazardous alcohol and other drug use disorders)	
(use to assess for hazardous alcohol use)	
AUDIT	
(use to assess for hazardous alcohol use	
and alcohol dependence)	
C CAGE	
(use to assess for alcohol dependence)	
* Indicates	a Required Field
	<b>•</b>
<no encounter="" entered="" information=""></no>	
Clear Clinical <u>Maint</u> < Back Next > Finish	Cancel

Figure 4-3: Alcohol Screen Start dialog

All of the screening tools now contain an interview, patient education and referrals.

	Reminder Resolution: Alcohol Screen	
	Did the patient answer "YES" to any questions in Part A?	
	Interventions	
	AUDIT-C (use to assess for hazardous alcohol use) AUDIT (use to assess for hazardous alcohol use and alcohol dependence) CAGE (use to assess for alcohol dependence)	
CL3 3	INICAL REMINDER ACTIVITY Alcohol Screen: CRAFFT gnoses: SCREENING FOR ALCOHOLISM	
	Clear Clinical Maint < Back Next > Finish C	ancel

Figure 4-4: Alcohol Screen expanded

Reminder Resolution: Alcohol Screen	_ 🗆 🗙
<ul> <li>("anything else" includes illegal drugs, over the counter and prescription drugs, and thinks that you sniff or "huff")</li> <li> Did the patient answer "YES" to any questions in Part A?</li> <li> Interventions</li> </ul>	
<ul> <li> Brief Negotiated Interview</li> <li> Patient education provided</li> <li> Referrals</li> </ul>	
<ul> <li>Ordered Alcohol/Substance abuse eval consult</li> <li>C per standing order</li> <li>C per provider order</li> <li>C per provider referral</li> <li>Ordered Behavioral Health consult</li> <li>C per standing order</li> <li>C per provider order</li> <li>C per provider order</li> <li>C per provider referral</li> </ul>	t
	* Indicates a Required Field
CRAFFT Referrals Diagnoses: SCREENING FOR ALCOHOLISM	
Clear Clinical <u>Maint</u> < Back Next >	Finish Cancel

Figure 4-5: Alcohol Screen Orders

# 4.3.3 IHS-ALLERGY 2012

Information only dialog

🌏 Reminder	r Resolution: No Alle	rgy Assessn	ient				
Reminder i entered f patient's	s showing as due or this patient. allergies.	if there Use the	is no cover	allergy sheet i	assessin the El	ment or al HR and ent	lergies er the
1			•••••			* Indicates a F	Required Field
<no encounte<="" td=""><td>r information entered&gt;</td><td></td><td></td><td></td><td></td><td></td><td>••••••••</td></no>	r information entered>						••••••••
Clear	Clinical <u>M</u> aint		< E	lack	Next >	Finish	Cancel

Figure 4-6: No Allergy Assessment dialog

#### 4.3.4 IHS-ANTICOAG

This is a new dialog. All of the ANTICOAG dialogs use the same dialog which contains orders for CBC, urinalysis, and fecal occult blood as well as information on where to enter the other data to resolve the reminder.

- CBC 2011
- DURATION OF TX 2011
- INR GOAL 2011
- OCCULT BLOOD 2011
- THERAPY END DATE 2011
- UA 2011

Anticoagu INR Er Durs	ation therapy monitoring Goal: nter using PCC Data Entry mnemonic ACTH ation of Anti-Coagulation Therapy:
Er	ater using PCC Data Entry mnemonic ACTH
Ther Ex P(	rapy end date: «tend duration of therapy if indicated using CC Data Entry mnemonic ACTH
INR:	1.1
	Indered TNR
Č č	per standing order
C C	per provider order
0	per provider referral
□ o	rdered CBC
O	per standing order
0	per provider order
0	per provider referral
🗖 o	rdered Fecal Occult Blood test
0	per standing order
0	per provider order
0	per provider referral
□ 0	rdered Urinalysis
0	per standing order
0	per provider order
0	per provider referral
🔽 E	ducation provided
	nticoagulation-Medication education provided at this encounter. nticoagulation-Nutrition education provided at this encounter. nticoagulation-Follow up education provided at this encounter.

Figure 4-7: Anticoagulation dialog

# 4.3.5 IHS-ASTHMA CONTROL 2011

This dialog allows resolution of the asthma control reminder. EHR patch 10 will introduce the ability to document asthma control, asthma purpose of visit, and add

asthma as an active problem. The dialog is being delivered but cannot be used for entry until EHR patch 10 is released. Sites will then need to remove the DO NOT USE UNTIL EHR PATCH 10 warning.

🥏 Reminder Resolution: Asthma Control 📃 🗖 🗙
REMINDER ON : if patient has asthma and does not have Asthma Control documented in the past year . Asthma control should be documented at each asthma visit using the Reminder Dialog or Visit Diagnosis dialog. DO NOT USE UNTIL EHR PATCH 10
Asthma is well controlled. Comment:     Asthma is not well controlled.     Asthma is very poorly controlled.
✓ ASTHMA DIAGNOSIS ✓ TODAYS POV
Selectable Diagnoses: * Extrinsic Asthma, Unspecified (493.00) 💌
Primary Diagnosis Comment:
🗹 Add to Problem List
* Indicates a Required Field
Asthma Control:
Asthma is well controlled.
TODAYS POV
Selectable Diagnoses: Extrinsic Asthma, Unspecified (493.00)
Primary Diagnosis
Add to Problem List
Clear Clinical Maint < Back Next > Finish Cancel

Figure 4-8: Asthma Control dialog

# 4.3.6 IHS-ASTHMA ACTION PLAN 2011

Asthma management documentation has been changed to use the Asthma Self-Management Plan patient education topic.

🧟 Reminder Resolution: Asthma Action Plan 📃 📃 🗙
REMINDER DUE: if patient has asthma and does not have an Asthma
Action (Self Management) Fian education topic (ASM-SMF) documented.
Menu option AAP. Ad Hoc Health Summary (AAP) OR a Health Summary
Button and document education topic below:
Patient and/or family reviewed and discussed their asthma management
plan.
× Indicators a Required Field
Chara Climical Maria

Figure 4-9: Reminders Resolution Asthma Action Plan window

# 4.3.7 IHS-ASTHMA PRIM PROV 2012, IHS-ASTHMA RISK EXACERBATION 2011, IHS-ASTHMA SEVERITY 2012

These dialogs do not have any data entry. The user is instructed on what actions need to be taken in PCC or in other components in the EHR to resolve the reminder



Figure 4-10: Reminder Resolution Asthma Primary Provider



Figure 4-11: Reminder Resolution Asthma Exacerbation



Figure 4-12: Reminder Resolution Asthma Severity

# 4.3.8 IHS-ASTHMA STEROID 2012

This dialog provides allows documentation of a steroid medication order. Sites need to make an order menu for Asthma Steroid Meds.

🕘 Reminder Resolution: Asthma-on steroids 📃 🗖 🗙
REMINDER DUE if patient does not have a prescription in
the past 6 months for inhaled corticosteroids AND has Asthma defined
as:
- Severity of Mild, Moderate or Severe Persistent OR
- Itare active Asthma lag OK - 3 instances of Asthma as primary dy in past 6 mo
Asthma medication ordered
C per standing order
C per provider order
C per provider referral
Indicates a Required Field
Asthma-on steroids:
Astama medication ordered
Clear Clinical <u>M</u> aint

Figure 4-13: Asthma Steroids dialog

# 4.3.9 IHS-BLOOD PRESSURE 2012

This dialog allows documentation of the blood pressure.

Reminder Resolution: Blood Pressure
Blood pressure should be taken every two years for children 2-20 Yearly BP on those over 21 OR if last DBP 85-89. blood pressure should be taken every visit if pt has hypertension AND last BP was >139 OR >89. Last BP 130/80 (Jan 28, 2011@17:18) Check to record blood pressure. 140/90
* Indicates a Required Field
CLINICAL REMINDER ACTIVITY Blood Pressure: Patient blood pressure recorded. 140/90 Vital Measurements: BP
Clear         Clinical Maint         < Back         Next >         Finish         Cancel

Figure 4-14: Blood Pressure dialog

# 4.3.10 IHS-CHLAMYDIA SCREEN 2011

This dialog allows documentation of a chlamydia lab test order and patient education.

🥑 Reminder Resolution: Chlamydia Screening 📃 🗖 🗙				
REMINDER ON: Females 16-25 need yearly chlamydia screening.				
Deferred: Not sexually active				
🔽 Ordered chlamydia laboratory test				
C per standing order				
C per provider order				
C per provider referral				
✓ Patient education provided:				
Women's Health-Tests education provided at this encounter				
Vomen's Health-Sexually Transmitted Infections education provided				
at this encounter.				
Level of Understanding: Good				
Education duration: 0 📥				
Readiness to Learn: (None selected)				
* Indicates a Required Field				
Chlamydia Screening:				
Ordered chlamydia laboratory test				
Patient education provided:				
Patient Educations: WH-SEXUALLY TRANSMITTED INFECTIONS				
Orders: CHLAMYDIA				
Clear         Clinical Maint         < Back         Next >         Finish         Cancel				

Figure 4-15: Chlamydia Screen dialog

# 4.3.11 IHS-COLON CANCER 2012

This dialog allows documentation of colon cancer screening and education. The dialog has been expanded to include documentation of implementation of standing order.

Reminder Resolution: Colon Cancer				
COLON CA TEST ORDERED TODAY				
Fecal test for Colon Cancer screening ordered today.				
C per standing order				
C per provider order				
C per provider referral				
Colonoscopy ordered today. Patient educated on importance of follow through.				
C per standing order				
C per provider order				
C per provider referral				
Educated patient on importance of Colon cancer screening tests.				
Level of Understanding: * Good				
Education duration: 0				
Comment:				
COLON CA TEST NOT ORDERED				
Fecal test cards previously ordered.				
CHISTODICAL DATA				
historical colonscopy reported.				
CHECK HERE to add comments				
* Indicates a Bequired Field				
CLINICAL REMINDER ACTIVITY				
Loion Lancer:				
Level of Understanding: Good				
Patient Educations: CA TESTS				
Clear Clinical <u>M</u> aint < Back Next > Finish Cancel				

Figure 4-16: Colon Cancer dialog

#### 4.3.12 IHS-CVD 2011

The reminder is based on an iCare CVD diagnostic tag. The dialog contains the CVD-TP object which displays active PCC Best Practice prompts for CVD and allows documentation of items that are needed to resolve the PCC Best Practice prompts.

Reminder Resolution: CVD Risk	X
Patient's active iCare Diagnostic Tag is CVD Highest Risk	
High BP: At least 2 recent BP values for this patient were greater than (>) 130/80. Consider more aggressive anti hypertensive therapy.	
High LDL: On JUL 7,2011, patient's LDL was 200. Patient is not documented as	
currently on a statin medication. Consider prescribing a statin medication or another lipid lowering agent, if not contraindicated.	
No EKG: Patient has no documented EKG ever. EKG should be ordered.	
No Recent Exercise Education: Discuss and document exercise education with	
this patient.	
Measurements	
Height:	
Blood Pressure:	
- biod Fressure.	
Urders	
Urdered KKG	
C	
* Indicates a Required Fig	
	-
<ivo encounter="" entered="" information=""></ivo>	
Clear Clinical <u>M</u> aint < Back Next > Finish Cancel	

Figure 4-17: CVD dialog Part 1

Remino	ler Resolution: CVD R	lisk				
	Weight:					
	Blood Pressure:					
	ders					
	Ordered EKG					
	C nor standir	a order				
	C per provide	r order				
	C per provide	r referral				
	Ordered lipid p	rofile				
	<i>c</i>					
	• per standir	g order				
	C per provide	r order				
	v per provide	L LELELLAL				
Ed	ucation					
	Health Promotion	n Disease Pre	vention-E:	(ercise ed)	ucation	
	Health Promotion	n Disease Pre	vention-Nu	utrition e	ducation	
	provided.					
Tobac	cco use and expos	ure				
	Tobacco Use .	Assessment				
	Tobacco expo	sure assessme	nt			
□ <<	< View Allergies,	. Medications	and Probl	lems >>>		•
<b></b>			• • • • • • • • • • • • • • • • • • • •		* Indicates a F	Required Field
	ter information entered		•			•••••
No encour	iter information entered/					
Clear	Clinical <u>M</u> aint		< Back	Next >	Finish	Cancel

Figure 4-18: CVD dialog Part 2

# 4.3.13 IHS-DENTAL VISIT 2011

The dental visit dialog allows documentation of a current or historical dental exam.

Reminder Resolution: Dental Visit
All patients should have a yearly dental visit.  Check below to document that the patient has seen a dentist in the last year.  Patient had a dental exam done outside this facility in the last year.  Exam Result: (None selected)
Location:
* Indicates a Required Field CLINICAL REMINDER ACTIVITY Dental Visit: Patient had a dental exam done outside this facility in the last year.
Examinations: DENTAL EXAM (Historical) Clear Clinical Maint < Back Next > Finish Cancel

Figure 4-19: Reminder Resolution Dental Visit dialog

### 4.3.14 IHS-DEPO PROVERA 2012

This is a new reminder dialog for documenting Depo Provera administration. The PXRM DEPO PROVERA object displays the reminder information for this patient. The dialog includes a screening section and an assessment section as well as documentation of patient education and CPT for the administration of Depo Provera. It is important that sites review the documentation tool and copy/edit as needed to comply with their facility policies and procedures.

<pre>CLICK to display reminder detail Depo Provera N/A 02/14/2012 Resolution: Last done 02/14/2012 02/14/2012 Encounter Procedure: J1055-HEDRXYPROGESTER ACETATE INJ Last 2 WT: 166.80 lb [75.73 kg] (Apr 23, 2004012:50) 166.00 lb [75.36 kg] (Apr 21, 2004015:00) **** Future Appt: None Found *** PEHINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders Follow local policy/protocol for UHCC testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was &gt; 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCC testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to first on time injection if initial injection was NOT during menses Last injections (&gt; 13 weeks) Local policy may require new order prior to     administration of Depo Provera Signs and/or symptoms of pregnancy </pre>	😞 Reminder Resolution: Depo Provera 📃 🗖 🗙
Depo Provera N/A 02/14/2012 Resolution: Last done 02/14/2012 02/14/2012 Encounter Procedure: J1055-MEDEXYPROCESTER ACETATE INJ Last 2 WT: 166.80 lb [75.73 kg] (Apr 23, 2004@12:50) 166.00 lb [75.36 kg] (Apr 21, 2004@15:00) **** Future Appt: None Found *** REMINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders. Follow local policy/protocol for UHCC testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCC testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Sigms and/or symptoms of pregnancy Medicates a Required Field Mego Provera: CLICK to display reminder detail	▼ CLICK to display reminder detail
02/14/2012 Resolution: Last done 02/14/2012 02/14/2012 Encounter Procedure: J1055-HEDEXYPROGESTER ACETATE INJ Last 2 WT: 166.80 lb [75.73 kg] (Åpr 23, 2004@12:50) 166.00 lb [75.36 kg] (Åpr 21, 2004@15:00) *** Future Appt: None Found *** REHINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders. Follow local policy/protocol for UHCG testing. REHINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PRECNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during may require new order prior to administration of Depo Provera Signs and/or symptoms of prequancy *Indicates a Required Field Mego Provera: CLICK to display reminder detail	Depo Provera N/A
Resolution: Last done 02/14/2012 02/14/2012 Encounter Procedure: J1055-MEDEXYPROGESTER ACETATE INJ Last 2 WT: 166.80 lb [75.73 kg] (Apr 23, 2004@12:50) 166.00 lb [75.36 kg] (Apr 21, 2004@15:00) **** Future Appt: None Found *** REMINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders. Follow local policy/protocol for UHCC testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCC testing and obtaining order to continue Depo Provera. INDICATIONS FOR PRECNANCY TEST (check local policies and procedures) Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Sigms and/or symptoms of pregnancy * Indicates a Required Field Pepo Provera: CLICK to display reminder detail	02/14/2012
02/14/2012 Encounter Procedure: J1055-MEDEXYPROGESTER ACETATE INJ Last 2 WT: 166.80 lb (75.73 kg) (Apr 23, 2004@12:50) 166.00 lb (75.36 kg) (Apr 21, 2004@15:00) **** Future Appt: None Found *** REMINDER DUE SOON = ON TIME Last injection vas 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for remewing orders. Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PRECNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during memses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy *Indicates a Required Field Depo Provera: CLICK to display reminder detail	Resolution: Last done 02/14/2012
Last 2 WT: 166.80 lb [75.73 kg] (Åpr 23, 2004@12:50) 166.00 lb [75.36 kg] (Åpr 21, 2004@15:00) **** Future Appt: None Found *** REMINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders. Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PRECNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Last injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy * Indicates a Required Field	02/14/2012 Encounter Procedure: J1055-MEDRXYPROGESTER ACETATE INJ
Last 2 WT: 166.80 lb [75.73 kg] (Apr 23, 2004@12:50) 166.00 lb [75.36 kg] (Apr 21, 2004@15:00) **** Future Appt: None Found *** FRMINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders. Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection Prior to initial injection if initial injection was NOT during menses Last injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy * Indicates a Required Field	
Last 2 WT: 166.80 lb (75.73 kg) (Apr 23, 2004@12:50) 166.00 lb (75.36 kg) (Apr 21, 2004@15:00) *** Future Appt: None Found *** REMINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders. Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Signs and/or symptoms of pregnancy *Indicates a Required Field Bepo Provera: CLICK to display reminder detail	
Last 2 WT: 166.80 lb (75.73 kg) (Apr 23, 2004@12:50) 166.00 lb (75.36 kg) (Apr 21, 2004@15:00) **** Future Appt: None Found *** REMINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders. Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy * Indicates a Required Field Bepo Provera: CLICK to display reminder detail	
<pre>166.00 lb [75.36 kg] (Apr 21, 2004@15:00) **** Future Appt: None Found ***  REMINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was &gt; 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (&gt; 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy  Menote the detail  Depo Provera: CLICK to display reminder detail  Clar Claiped Maint ( Back Next ) Furth Cancel</pre>	Last 2 WT: 166.80 lb [75.73 kg] (Apr 23, 2004@12:50)
<pre>**** Future Appt: None Found **** REMINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was &gt; 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PRECNANCY TEST (check local policies and procedures) Prior to initial injection Prior to initial injection Prior to initial injection if initial injection was NOT during menses Late injections (&gt; 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy */ */Indicates a Required Field Depo Provera: CLICK to display reminder detail </pre>	166.00 1b [75.36 kg] (Apr 21, 2004@15:00)
<pre>REMINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was &gt; 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PRECNANCY TEST (check local policies and procedures) Prior to initial injection Prior to initial injection if initial injection was NOT during menses Late injections (&gt; 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy */ Bepo Provera: CLICK to display reminder detail </pre>	
REMINDER DUE SOON = ON TIME Last injection was 10-13 weeks ago Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders. Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PERCHANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy * Indicates a Required Field Bepo Provera: CLICK to display reminder detail	*** Future Appt: None Found ***
<pre> Check order to verify it is active. Reminder will be on if order is expired. If expired, follow local policy for renewing orders.  Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was &gt; 13 weeks ago  Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PRECNANCY TEST (check local policies and procedures)  Prior to initial injection was NOT during menses  Late injections (&gt; 13 weeks) Local policy may require new order prior to administration of Depo Provera  Signs and/or symptoms of pregnancy *Indicates a Required Field Depo Provera: CLICK to display reminder detail</pre>	DEMINDED DUE SOON = ON TIME Lest injection was 10-12 weeks are
Reminder will be on if order is expired. If expired, follow local policy for renewing orders. Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy *Indicates a Required Field Depo Provera: CLICK to display reminder detail	Check order to verify it is active.
If expired, follow local policy for renewing orders. Follow local policy/protocol for UHCG testing. REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy Mepo Provera: CLICK to display reminder detail	Reminder will be on if order is expired.
Follow local policy/protocol for UHCG testing.  REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera.  INDICATIONS FOR PRECNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy  Manual Andrew Statement (Chick to display reminder detail	If expired, follow local policy for renewing orders.
REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy Mendicates a Required Field Depo Provera: CLICK to display reminder detail	Follow local policy/protocol for UHCG testing.
REMINDER DUE NOW = LATE/OVERDUE Last injection was > 13 weeks ago Follow local policy/protocol for assessment/consultation, UHCG testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy Mendicates a Required Field Bepo Provera: CLICK to display reminder detail	
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testing and obtaining order to continue Depo Provera. INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy *Indicates a Required Field Bepo Provera: CLICK to display reminder detail	Follow local policy/protocol for assessment/consultation, UHCG
INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy *Indicates a Required Field Bepo Provera: CLICK to display reminder detail	testing and obtaining order to continue Depo Provera.
INDICATIONS FOR PREGNANCY TEST (check local policies and procedures) Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy * Indicates a Required Field * Indicates a Required Field Depo Provera: CLICK to display reminder detail	
Prior to initial injection Prior to first on time injection if initial injection was NOT during menses Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy Imdicates a Required Field Bepo Provera: CLICK to display reminder detail Clear Clinical Maint ( Sack Newt ) Firith Carcel	INDICATIONS FOR PREGNANCY TEST (check local policies and procedures)
<pre>vas NOT during menses  Late injections (&gt; 13 weeks) Local policy may require new order prior to administration of Depo Provera  Signs and/or symptoms of pregnancy I Depo Provera: CLICK to display reminder detail Clear Clinical Maint ( Back Newt ) Finith Cancel</pre>	Prior to initial injection Drior to first on time injection if initial injection
Late injections (> 13 weeks) Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy I Indicates a Required Field * Indicates a Required Field Depo Provera: CLICK to display reminder detail	was NOT during menses
Local policy may require new order prior to administration of Depo Provera Signs and/or symptoms of pregnancy * Indicates a Required Field * Indicates a Required Field Depo Provera: CLICK to display reminder detail	Late injections (> 13 weeks)
administration of Depo Provera Signs and/or symptoms of pregnancy * Indicates a Required Field Depo Provera: CLICK to display reminder detail	Local policy may require new order prior to
Signs and/or symptoms of pregnancy  * Indicates a Required Field  Depo Provera: CLICK to display reminder detail	administration of Depo Provera
Indicates a Required Field      Depo Provera:     CLICK to display reminder detail      Clear     Clinical Maint	Signs and/or symptoms of pregnancy
Depo Provera:       CLICK to display reminder detail	× Indicates a Beguired Field
Depo Provera: CLICK to display reminder detail	
Depo Provera: CLICK to display reminder detail	
CLICK to display reminder detail	Depo Provera:
Clear Clinical Maint Cancel	CLICK to display reminder detail
Clear Clinical Maint Cancel	
Clear Clinical Maint / Cancel	
Clear Clinical Maint / Cancel	
Clear Clinical Maint Z Back Nevt > Einich Cancel	
Clear Clinical Maint Z Back Next S Finish Cancel	
Citra Cimica Maint Caricer	Clear Clinical Maint < Back Next > Finish Cancel

Figure 4-20: Depo Provera dialog with Reminder Detail

🗢 Reminder Resolution: Depo Provera 📃 📃	IX			
CLICK to display reminder detail				
DEPO PROVERA EVALUATION: ABBOTT, MARY SUE FEB 3,1984				
02/14/12 10:59				
SUBJECTIVE				
Chief Complaint: No Chief Complaint.				
Years/Months using DMPA				
Date of last DMPA injection:				
O N/A				
C 10-13 wks (on time)				
C >13 weeks (late)				
SCREENING:				
Reports the following relative/absolute contraindications				
(refer to provider for positive response) *				
NONE				
Known hypsensitivity reaction to DMPA				
Known or suspected pregnancy				
Desire to become pregnant in next 1-2 years				
🗌 Undiagnosed abnormal vaginal bleeding				
Current DVT or PE				
Current anticoagulation therapy				
History of MI or CVA				
Uncontrolled hypertension (SBP over 160 or DBP over 110)				
Known or suspected breast cancer				
Liver disease				
Current aminoglutethimide therapy				
× Indicator a Pequired I	▶ ïold			
Dena Deavana	-			
bepo Frovera.				
DEPO PROVERA EVALUATION: ABBOTT, MARY SUE FEB 3, 1984				
02/14/12 10:59				
SUBJECTIVE				
Chief Complaint: No Chief Complaint.	-			

Figure 4-21: Depo Provera dialog Screening section



Figure 4-22: Depo Provera dialog Order and Education sections

# 4.3.15 IHS-DEPRESSION SCREENING 2011

This dialog allows documentation of depression screening exam and PHQ-2 score.

Reminder Resolution: Depression Screen				
	<b>_</b>			
PREVIOUS PHQ scores:				
PHQ2: Last 3 PHQ2: No PHQ2 Found				
Last 3 PHQ9: No PHQ9 Found				
DEPRESSION SCREENING using PHQ-2:				
PHQ2 Copyright Pfizer Inc. All rights reserved. Reproduced with	1			
permission. PRIME-MD is a trademark of Pfizer Inc.				
Over the past 2 weeks, patient reports being bothered by the				
1. Little interest or pleasure in doing things:				
Response: *				
<ol><li>Feeling down, depressed or hopeless:</li></ol>				
Response: *				
- Report total score 0-2-Normal/Negative - Report total score 3-6-Positive Screening *** Further assessment	is ir			
•				
* Indicates a Req	uired Field			
CLINICAL DEMINDED ACTIVITY				
Depression Screen:	=			
Vital Measurements: PHQ2				
Clear         Clinical Maint         < Back         Next >         Finish	Cancel			

Figure 4-23: Depression screen dialog

# 4.3.16 IHS-DIAB ACE/ARB 2012

This dialog allows documentation of an ACE/ARB medication order. Sites need to make an order menu for ACE/ARB.



Figure 4-24: Diabetes ACE/ARB dialog

# 4.3.17 IHS-DIAB ANTPLT KNOWN CVD 2012

This dialog allows documentation of Aspirin or Clopidogrel orders.



Figure 4-25: Diabetes Anti-platelet Therapy dialog

# 4.3.18 IHS-DIAB ASPIRIN (MALE/FEMALE) 2011

This dialog allows documentation of an aspirin order.

Reminder Resolution	ution: DM Aspirin				_ 🗆 🗙
Patients with a appropriateness	diagnosis of diak of aspirin thers	etes should be apy.	considere	d for the	
No Rx found for: Aspirin 81mg O per star O per prot O per prot	ASPIRIN ordered dding order rider order rider referral				
				* Indicates a R	equired Field
<no encounter="" informa<="" td=""><td>tion entered&gt;</td><td></td><td></td><td></td><td>••••••</td></no>	tion entered>				••••••
Clear Clini	cal <u>M</u> aint	< Back	Next >	Finish	Cancel

Figure 4-26: Diabetic Aspirin dialog

# 4.3.19 IHS-DIAB BP CONTROL 2012

This dialog allows documentation of blood pressure.



Figure 4-27: Diabetes BP Control dialog

# 4.3.20 IHS-DIAB EYE EXAM 2011

This dialog allows documentation of fundoscopic eye exams.



Figure 4-28: Diabetic Eye Exam dialog

# 4.3.21 IHS-DIAB FOOT EXAM 2011

This dialog has been enhanced and allows documentation of foot exam and patient education.

Reminder Resolution: DM Foot Exam
Diabetic patients should have a complete diabetic foot exam done
yearly. This includes a visual exam, sensory exam, and pedal pulses.
Lest foot even: None Kound
Patient had a complete diabetic foot even at this visit
From Decult: (How extends
KAM Result. (None selected)
Visual inspection of feet was done at this visit.
Result: C Normal C Abnormal
Patient's feet were examined for sensation.
Type of exam: 🔲 Monofilament 🗖 Pinprick
Pedal pulses were accessed.
Results: C Normal C Abnormal
Patient had a complete diabetic foot exam done previously.
Patient was educated about diabetic foot care. Instruction was
given in how to exam the feet, the wearing of socks and shoes,
signs of problems and when to see a provider.
* Indicates a Required Field
DM Foot Even:
Complete Diabetic foot exam
Examinations: DIABETIC FOOT EXAM, COMPLETE
Clear         Clinical Maint         < Back         Next >         Finish         Cancel

Figure 4-29: Diabetic Foot Exam dialog

### 4.3.22 IHS-DIAB HGBA1C and IHS-DIAB HGBA1C CONTROL 2012

This dialog has been expanded to include documentation of implementation of standing order.

Reminder Resolution: DM HgbA1c		
HGBA1C recommended every 6 months for	or patients with diabetes.	
Last HgbAlc: Last HEMOGLOBIN AlC Hemoglobin Alc ordered: C per standing order C per provider order C per provider referral	6.1 AUG 23, 2010@08:58	
	* Indicates a Bequi	red Field
		······ •
CLINICAL REMINDER ACTIVITY		▲
DM HgbAlc:		
Hemoglobin Alc ordered:		-
<b></b>		•••••
Orders: HgbA1c		
Clear Clinical <u>M</u> aint	<pre> &lt; Back Next &gt; Finish C</pre>	ancel

Figure 4-30: Diabetic Hgba1c dialog

#### 4.3.23 IHS-DIABETES SCREENING 2011

This dialog has been expanded to include documentation of implementation of standing order.

Reminder Resolution: Diabetes Screer	ing			
Patients over 18 with no diagnosi 3 years. Glucose test ordered: C per standing order C per provider order C per provider referral	s of diabet	es, should b	e screened	every
			* Indicates a R	equired Field
<no encounter="" entered="" information=""></no>				
Clear Clinical <u>M</u> aint	< Bac	k Next>	Finish	Cancel

Figure 4-31: Diabetes Screening dialog

# 4.3.24 IHS-DIAB NEPHRO SCR/MON 2012

The Microalbumin reminder has been retired and replaced with this reminder and dialog. This dialog allows documentation of nephropathy lab test orders. Sites need to make an order menu which contains the nephropathy labs that are being used at the

facility. The reminder is resolved by Urine albumin and eGFR. eGFR is calculated from creatinine.

Reminder Resolution: DM Nephropathy Sci	'een				
REMINDER DUE Diabetes DX in past 3 ye no quant urine albumin(UACR) AND eC Nephropathy tests ordered: O per standing order O per provider order O per provider referral	ears and NG	) long tern year.	n dialysis	AND	
			* Indicates a F	Required Field	
CLINICAL DEMINDED ACTIVITY					
DM Nephropathy Screen:				-	
Nephropathy tests ordered:					
Orders: Diabetic Nephropathy Tests					
Clear Clinical <u>M</u> aint	< Back	Next >	Finish	Cancel	

Figure 4-32: Diabetic Nephropathy dialog

# 4.3.25 IHS-DOMESTIC VIOLENCE 2012

This dialog allows documentation of domestic violence screening exam and education.



Figure 4-33: Domestic Violence dialog

# 4.3.26 IHS-EPSDT SCREENING 2012

This is an information only dialog.

Reminder Resolution: EPSDT Evaluation					
The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. It is designed to improve the health of low-income children. EPSDT requires states to assess a child's health needs through initial and periodic evaluations to assure that health problems are diagnosed and treated early, before they become more complex and their treatment more costly.					
<ul> <li>EPSDT Screening Definition (CPT codes):</li> <li>Age less than 1 year: New Patient 99381; Established Patient 99391</li> <li>Age 1 through 4 years: New Patient 99382; Established Patient 99392</li> <li>Age 5 through 11 years: New Patient 99383; Established Patient 99393</li> <li>Age 12 through 17 years: New Patient 99384; Established Patient 99394</li> <li>Age 18 through 20 years: New Patient 99385; Established Patient 99395</li> </ul>					
* Indicates a Required Field					
No encounter information entered>					
Clear         Clinical Maint         < Back         Next >         Finish         Cancel					

Figure 4-34: EPSDT dialog

# 4.3.27 IHS-FALL RISK SCREEN 2011

Resolution is Exam code.

Reminder Resolution: Fall Risk Screen				
Patients over 65 should be assessed for fall risk on a yearly basis Last Fall Risk: None Found				
✓ Patient was checked for fall risk at this encounter.				
Result of Exam: * (None selected)				
Comment:				
Patient had a fall risk exam done previously.				
* Indicates a Required Field				
CLINICAL REMINDER ACTIVITY				
Fall Risk Screen:				
Examinations: FALL RISK				

Figure 4-35: Fall risk dialog

# 4.3.28 IHS-FUNCTIONAL ASSESSMENT 2011

This is an information only dialog.

Reminder Resolution: Functional Assessment					
Patients over 55 should be assessed every year for their ability to perform the activities of daily living (ADL) and the Independent Activities of Daily living (IADL)					
These activities can be documented using the personal health comonent and selcting functional status from the drop-down list.					
* Indicates a Required Field					
<no encounter="" entered="" information=""></no>					
Clear         Clinical Maint         < Back         Next >         Finish         Cancel					

Figure 4-36: Functional Assessment dialog

# 4.3.29 IHS-HCT/HGB 2011

This dialog has been expanded to include documentation of implementation of standing order.

🌏 Reminde	r Resolution: HCT/	HGB				
Children : months au ✓ Hemoglo C p C p C p	should have a s nd 4 years of a bin and hematoo er standing ord er provider ord er provider ref	creening HCT ge. mit ordered: er er erral	or HGB at	approximat	tely age l	2
CLINICAL HCT/HGB Hemog	REMINDER ACTIVI : lobin and hemat	TY ocrit ordered			* Indicates a	Required Field
Orders: HGB	Outpt	-				
Clear	Clinical <u>M</u> aint		< Back	Next >	Finish	Cancel

Figure 4-37: HGB/HCT dialog

# 4.3.30 IHS-HEAD CIRCUMFERENCE 2012

This dialog allows documentation of the head circumference.

🔵 Reminder Resolution: Head Circumference
Last head circumference was: None found
Check to document head circumference
* Indicates a Required Field
CLINICAL REMINDER ACTIVITY
Head Circumference:
Patient head circumference recorded.

Figure 4-38: Head Circumference dialog

# 4.3.31 IHS-HEARING TEST 2011

This dialog allows documentation of the hearing test.

Reminder Resolution: Hearing Test	
Hearing test should be done at age 4.	
Check to record hearing test results.	A - Abnormal N - Normal
	* Indicates a Required Field
CLINICAL REMINDER ACTIVITY Hearing Test: Patient hearing screen recorded.	
Vital Measurements: HE	
Clear Clinical <u>M</u> aint	< Back Next > Finish Cancel

Figure 4-39: Hearing Test dialog

# 4.3.32 IHS-HEIGHT 2012

This dialog allows resolution of the reminder by entry of height.

Reminder Resolution: Height	
Last height recorded: 66.00 in [167.64 cm]	
Check to record patient's height	
Comment:	
·	
× Indica	tes a Required Field
CLINICAL REMINDER ACTIVITY Height: Pts height recorded.	
Vital Measurements: HT	
Clear Clinical <u>M</u> aint < Back Next > Fini	ish Cancel

Figure 4-40: Height dialog

# 4.3.33 IHS-HIV SCREEN 2012

This is new dialog includes an order for HIV screening test to resolve the reminder and patient education documentation.

I Reminder	Resolution: HIV	Screen				
Patient is	13 or older a	and no HIV Scr	een on fi	le. Remind	er is base	d on a
PCC data o	collecton rout	ine.				
Ordered	HIV screening	test				
O pe:	r standing or	ler				
C per	r provider or	ler				
C pe:	r provider re	ferral				
HIV-Test	education pr	ovided at this	s encounte	r.		
Level of	Understandin	g: Good		•		
Educatio	n duration:	0 🌩				
Readines	s to Learn:	(None selecte	ed) 🔽			
Comment:		, 				
	1					
					* Indicates a R	equired Field
			•   •••••			•
HIV Scree	en:					
Educated patient about HIV screening.						
Level of Understanding: Good						
						•••••
Clear	Clinical Maint		< Back	Next >	Finish	Cancel
		DULU DOODITU	LAGE LOOP	0 4 7 0 4		

Figure 4-41: HIV Screen dialog

# 4.3.34 IHS-IMMUNIZATIONS

All the immunizations use the same type of dialog. Only one will be displayed here but they should all be essentially the same. Users can document an immunization given during the visit, at a previous visit or a refusal. Education can also be documented. This dialog has been expanded to include documentation of implementation of standing order.
🥏 Reminder Resolution: IPY Immunization 📃 🗖 🗙
Immunizations Due: HEP B PED ( past due)
DTaP ( past due)
HIB,NOS ( past due)
IPV ( past due)
PCV-13 ( past due)
FLU-TIV ( past due)
Check to document immunization information
Patient received IPV immunization at this visit received per standing order
O per provider order
C ner provider referral.
Lot Number: * 1233
Imm Site: * Left thigh im
Injection Volume: 0.50 🗲
Vacc Info Sheet Date: 01-Jan-2000
Comment:
<ul> <li>Patient/family indicated IPV immunization was received at another facility.</li> <li>Patient/family refused ipv immunization at this visit.</li> </ul>
Check to document immunization education done at this visit.
Vaccination literature given. Information given on benefits, side effects and post immunization care Information on following the required schedule for vaccinations
Repeation on forrowing the required schedule for vaccinations
* Indicates a Required Field
IPV Immunization: Immunization information: Patient received IPV immunization at this visit per standing order.
Immunizations: IFY
Clear         Clinical Maint         < Back         Next >         Finish         Cancel

Figure 4-42: Immunization received at this visit-dialog

🗬 Reminder Resolution: IPY Immunization 📃 🗖 🗙
Immunizations Due: HEP B PED ( past due)
DTaP ( past due)
HIB,NOS ( past due)
IFV ( past que) DCV-12 ( post que)
FLU-TIV ( past due)
Check to document immunization information
Patient received IPV immunization at this visit
© per standing order
C per provider order
C per provider referral .
Patient/family indicated IPV immunization was received at another
facility.
Date: * January v 1 v 2011
Location: 2 Crey Hills Headstart
Comment:
Patient/family refused ipv immunization at this visit.
Comment:
Reason for refusal: * Declined service
Check to document immunization education done at this visit.
Vaccination literature given.
Information given on benefits, side effects and post immunization
care
Information on following the required schedule for vaccinations
* Indicates a Required Field
IPV Immunization:
Immunization information:
Patient/family indicated IPV immunization was received at another
Immunizations: IPV, IPV (Historical)
Clear Clinical Maint < Back Next > Finish Cancel

Figure 4-43: Immunization received at another facility and refused at this visit dialog

#### 4.3.35 IHS-LIPID FEMALE/MALE 2012

This dialog has been expanded to include documentation of implementation of standing order.

Reminder Resolution: Lipid Profile Female				
Patient's last LIPID PROFILE was: LIP Lipid Profile Ordered: C per standing order C per provider order C per provider referral	PID PROFILE	DEMO -1	Not Done-	
			* Indicates a R	equired Field
CLINICAL REMINDER ACTIVITY Lipid Profile Female: Lipid Profile Ordered: Orders: Lipid Panel				
Clear Clinical <u>M</u> aint	< Back	Next >	Finish	Cancel

Figure 4-44: Lipid dialog

### 4.3.36 IHS-MAMMOGRAM 2011

This dialog allows resolution by order of mammogram for ages 50-74, education or mammogram for ages 40-49 or aged 75 and older. Dialog was updated to also include documentation of BIRAD category for historical mammograms.

🥥 Reminder Resolu	tion: Mam	mogram				
MAMMOGRAM ORDER	ED					
Mammogram ord	ered:					
• per star	nding ord	ler				
C per prov	vider ord	ler				
C per prov	vider ref	erral				
MAMMOGRAM NOT O	RDERED TO	DDAY				
SCHEDULED - P	atient ha	as mammogram	scheduled	already.		
T REFERRAL DONE	- Referm	ral already g	given to pa	atient at	previous v	visit.
EDUCATION - D	iscussed	risks and be	enefits of	mammograp	hy	
HISTORICAL DATA						
HISTORICAL Se	reening 1	Mammogram rep	orted			
HISTORICAL Un	ilateral	Diagnostic M	lammogram 1	reported		
HISTORICAL Bi	lateral I	Diagnostic Ma	unnogram re	eported		
CHECK HERE to	add comm	ents				
-						
					× Indiantaa n E	
-			• • • • • • • • • • • • • • • • • • • •		mulcales a F	
Mammogram:	aa					F
Mammogram or	aerea: pe	er standing d	rder			l lu
						/
Clear Clinic	al Maint		< Back	Next >	Finish	Cancel
	_					

Figure 4-45: Mammogram order dialog

🥏 Reminder Resolution: Mammogram 📃 🗖 🗙
MAMMOGRAM ORDERED
Mammogram ordered:
© per standing order
C per provider order
C per provider referral
MAMMOGRAM NOT ORDERED TODAY
🔽 SCHEDULED - Patient has mammogram scheduled already.
Comment:
REFERRAL DONE - Referral already given to patient at previous visit. EDUCATION - Discussed risks and benefits of mammography
HISTORICAL DATA
HISTORICAL Screening Mammogram reported
HISTORICAL Unilateral Diagnostic Mammogram reported
HISTORICAL Bilateral Diagnostic Mammogram reported
CHECK HERE to add comments
XI. John Dawie J. Fill
Mammogram: SCHEDVLED - Patient has mammogram scheduled already.
Clear Clinical Maint < Back Next > Finish Cancel

Figure 4-46: Mammogram not ordered dialog

Reminde	r Resolution: Mam	mogram				
MAMMOGRA	M ORDERED					<b>_</b>
Mammog	ram ordered:					
l © p	er standing ord	ler				
	er provider ord	ler				
	er provider ref	terral				
MAMMOGRA	M NOT ORDERED T	ODAY				
SCHEDU	LED - Patient h	as mammogram	scheduled	already.		
REFERR.	AL DONE - Refer	ral already g	iven to pa	atient at	previous v	visit.
EDUCAT	ION - Discussed	risks and be	nefits of	mammograp	hy	
HISTORIC.	AL DATA					
HISTOR	ICAL Screening 1	Mammogram rep	orted			
Date:	* January 🗨	3 💌 2012 🔆				
Locati	on: * Other			•		
Result	s and Source of	info: * Per	report BI	-RADS 0		
🔽 Per	report BI-RADS	0				
🗌 🗌 Per	report BI-RADS	1				
🗌 🗌 Per	report BI-RADS	2				
🗌 🗖 Per	report BI-RADS	3				
🗌 🗌 Per	report BI-RADS	4				
🗌 🗌 Per	report BI-RADS	5				
🗌 🗖 Per	patient-Normal					
🗌 🗌 Per	patient-Needs a	addl imaging				
🗌 🗌 Per	patient-No inte	erval change				
🗌 🗌 Per	patient-Results	s unknown				
HISTOR	ICAL Unilateral	Diagnostic M	ammogram :	reported		
HISTOD	TCDI. Rilataral I	Diamostic Ma	mmogram r	enorted		
<u> </u>					* Indicates a F	ے۔ equired Field
Mammoor	am:					-
HI STO	RICAL Screening	Mammogram re	ported			
Date	e: January 3, 2) ation: Other	012				•
Clear	Clinical Maint		< Back	Next >	Finish	Cancel

Figure 4-47: Historical Mammogram Documentation

## 4.3.37 IHS-NEWBORN HEARING 2011

New dialog allows documentation of newborn hearing. Vital Sign resolution-must be documented in both ears.

🥏 Reminder Resolution: Newborn Hearing 📃 🗆 🗙
All babies need to have a hearing screen done before they are one year of age. *** Both left and right side exams are REQUIRED ***
▶ New born hearing exam must be done for both left and right ears.
C Left side hearing exam: C Right side hearing exam:
Patient had newborn hearing exam done previously.
* Indicates a Required Field
Newborn Hearing:
Patient had newborn hearing exam done at this encounter.
< No encounter information entered>
Clear Clinical <u>M</u> aint < Back Next > Finish Cancel

Figure 4-48: Newborn Hearing dialog

#### 4.3.38 IHS-NUTRITIONAL SCREENING 2012

This is a new information only dialog.

Reminder Resolution: Nutritional Screening	
Patient is 70 or older and does not have a nutritional screen in PCU the last 2 years. Nutritional screenings are entered through PCC us the NRS mnemonic.	C in sing
^ Indicates a Heo	quired Field
<no encounter="" entered="" information=""></no>	
Clear Clinical Maint < Back Next > Finish	Cancel

Figure 4-49: Nutrition Screening dialog

## 4.3.39 IHS-OSTEOPOROSIS SCREENING 2011

This dialog has been expanded to include documentation of implementation of standing order. If your site receives reports of osteoporosis screening studies other than Dexascan, copy the dialog element and populate with the appropriate CPT (consult coding staff) and add to the historical data section of the dialog.

Reminder Resolution: Osteoporosis Screening
Women over 65 should be screened anually by a bone density test by CT, ultrasound, SEXA,DXA or special screening BONE DENSITY TEST ORDERED
Bone density test ordered today. O per standing order O per provider order
C per provider referral Patient educated on follow through.
Educated patient on importance of osteoporosis screening tests.
Level of Understanding: * Good
Education duration: 0 📥
Comment:
BONE DENSITY TEST NOT ORDERED
Bone density test previously ordered.
HISTORICAL DATA
Historical dexascan (axial) reported.
Date: * 🗾 🚽 2011 🕂
Location: *
Besults and Source of info: *
× Indicates a Bequired Field
CLINICAL REMINDER ACTIVITY
Bone density test ordered today. Patient educated on follow
through.
Educated patient on importance of osteoporosis screening tests.
Clear Clinical <u>Maint</u> < Back Next > Finish Cancel

Figure 4-50: Osteoporosis Screen dialog

#### 4.3.40 IHS-PAP 2011

Reminder Dialog allows documentation of order for Pap with or without STD testing, documentation that a Pap was not ordered and historical entry of Pap and Hysterectomy. Note that documenting a subtotal hysterectomy with cervix retained does not remove the patient from the reminder cohort.

Reminder Resolution: Pap Smear	
PAP ORDERED TODAY	<b>_</b>
C Ordered Pap test and STD Testing.	
C per standing order	
C per provider order	
C per provider referral	
C Ordered Pap test only.	
O per standing order	
O per provider order	
C per provider referral	
PAP NOT ORDERED TODAY	
Pap not done today.	
HISTORICAL DATA	
Historical Pap reported.	
Historical Hysterectomy Reported.	
C Hysterectomy, abdominal OVARIES REMOVED	
C Hysterectomy, abdominal OVARIES RETAINED	
C Hysterectomy, vaginal OVARIES REMOVED	
C Hysterectomy, vaginal OVARIES RETAINED	
C Hysterectomy, subtotal abdominal CERVIX RETAINED * Indicates	a Beguired Field
No appounter information entered	····· ·
No encounter information entereu>	
Clear Clinical <u>M</u> aint < Back Next > Finish	Cancel

Figure 4-51: Pap Smear dialog

## 4.3.41 IHS-SENIOR HEIGHT 2011

This dialog allows documentation of height.

Reminder Resolution: Senior Height
Patients over 50 should have their height check every 2 years. Those over 65 should have their height measured yearly.
Check to record patient's height IN 💌
Comment:
* Indicates a Required Field
CLINICAL REMINDER ACTIVITY Senior Height: Pts height recorded.
Vital Measurements: HT
Clear         Clinical Maint         < Back         Next >         Finish         Cancel

Figure 4-52: Senior Height

## 4.3.42 IHS-SENIOR VISION

Resolution by Vital Sign

Reminder Resolution: Senior Vision
Enter vision using the following format: right eye/left eye
Example - 20/30 means 20/20 Right, 20/30 Left
Example - 40 means 20/40 Right, no measurement for Left
Example - /50 means 20/50 Left, no meausurement for Right Corrected vision exam was done at this visit.
▼ Uncorrected vision exam was done at this visit.
* Indicates a Required Field
CLINICAL REMINDER ACTIVITY
Senior Vision:
Corrected vision exam was done at this visit. Uncorrected vision exam was done at this visit.
Vital Measurements: VC
Clear         Clinical Maint         < Back         Next >         Finish         Cancel

Figure 4-53: Senior Vision

### 4.3.43 IHS-TOBACCO SCREEN 2011

Tobacco screen dialog has been updated to include recent Tobacco Health Factors. The dialog is designed to capture both Smoking and Smokeless and offers appropriate education based on health factor selected.

The top level has use assessment and exposure assessment.

Reminder Resolution: Tobacco Screen							
TOBACCO HEALTH FACTORS							
SHF - Health Factor Select No data available for TOBACCO ✓ Tobacco Use Assessment <ul> <li>Patient has never smoked or used smokeless tobacco.</li> <li>Ceremonial tobacco use only.</li> <li>Current or former smoker; never used smokeless tobacco.</li> <li>Current or former smokeless tobacco user; never smoked.</li> <li>Current or former smokeless tobacco user; never smoked.</li> <li>Current or former smoker and smokeless tobacco user.</li> </ul> <li>✓ Tobacco exposure assessment <ul> <li>Smoke free home.</li> <li>Smoker in home.</li> <li>Patient is exposed to smoke at work or outside home.</li> </ul></li>							
▲	* Indicates a Required Field						
CLINICAL REMINDER ACTIVITY							
Tobacco Screen:							
Tobacco Vse Assessment	•						
<no encounter="" entered="" information=""></no>							
Clear Clinical <u>M</u> aint < Ba	ck Next > Finish Cancel						

Figure 4-54: Tobacco Screen Upper Level

The second level documents tobacco screening for current tobacco users. The amount of tobacco use documented, education documented and orders for referrals also documented. Note that selecting the group "current and former smoker, never used smokeless tobacco" stores "never used smokeless tobacco" health factor. The user then selects the smoking health factor.

😞 Reminder Resolution: Tobacco Screen						
TOBACCO HEALTH FACTORS						
<pre> TOBACCO HEALTH FACTORS SMOKEN FREE HOME - Sep 19, 2008 NEVER USED SMOKELESS TOBACCO - Oct 05, 2008 NEVER USED SMOKELESS TOBACCO - Oct 05, 2008 NEVER SMORED - Oct 05, 2008</pre>						
* Indicates a Required	Field					
CLINICAL REMINDER ACTIVITY	••••• 🔻					
Tobacco Screen:						
Tobacco Vse Assessment						
Current or former smoker; never used smokeless tobacco.						
Detions currently grokes some days, but not every day						
Fatient currently smokes some days, but not every day.						
Health Factors: CURRENT SMOKER, SOME DAY, NEVER USED SMOKELESS TOBACCO	****					
Clear     Clinical Maint     < Back						

Figure 4-55: Tobacco Screen details

#### 4.3.44 IHS-WEIGHT 2012

The dialog allows documentation of weight.

Reminder Resolution: Weight
Weight should be recorded on a regular basis Last 2 WT: 150.00 lb [68.10 kg] (Aug 23, 2010@10:39) 140.00 lb [63.56 kg] (May 04, 2010@14:59) Check to record patient weight.
* Indicates a Required Field
CLINICAL REMINDER ACTIVITY Weight: Patient weight recorded.
Vital Measurements: WT
Clear Clinical <u>Maint</u> < Back Next > Finish Cancel

Figure 4-56: Weight dialog

# 5.0 Setup Quick Orders in Dialogs

The following is information about Step 2: Setup Quick Orders in Dialogs.

Several of the dialogs prompt the user to order items. When you are installing the dialogs, the computer will ask you to replace the "quick order" that comes in the reminder with one at your site unless you have a quick order with the same name. Make sure you have quick orders for these items already created, or a list of your local quick orders, when you load the reminder.

You can replace any quick order with a menu on install. For instance, if you want to have a small menu so the provider can choose between Screening and Diagnostic Mammograms, you could create a menu called ORZM MAMMOGRAM FOR REMINDERS and place both options on the menu. You could do this also with Dexascan – if you want to offer your clinicians DXA or SXA for example you could create a menu called ORZM BONE DENSITY TESTS FOR REMINDERS and place the options on the menu. When you install the dialog, if you do not have the exact quick order name you will be offered a choice to replace it with your local quick order or menu.

A quick order might be substituted for another type of quick order, depending on the sites' processes and capabilities. For example, if your site does not do DEXA on site but refers them out to another facility, the quick order for a DEXASCAN (ORZ DEXASCAN) can be substituted with a consult quick order (GMRCZ DEXASACAN).

If not, you can choose to either exit installing the dialog or just not install that dialog element. If your site does not do mammograms, for example, that might be the correct choice.

Lab Quick Orders

LRZ CBC LRZ CHLAMYDIA LRZ GLUCOSE LRZ HGB LRZ HGBA1C LRZ HIV SCREENING LRZ INR LRZ LIPID PROFILE LRZ OCCULT BLOOD LRZ PAP LRZ URINALYSIS LRZ URINE HCG Medication Quick Orders

PSOZ ASPIRIN (EC) 81MG DAILY PSOZ DEPO PROVERA 150MG IM PSOZ CLOPIDOGREL 75MG DAILY

Consult Quick Orders

GMRCZ BH CONSULT GMRCZ COLONOSCOPY GMRCZ MAMMOGRAM GMRCZ MENTAL HEALTH GMRCZ TOBACCO CESSATION

Other Quick Orders

ORZ EKG ORZ DEXASCAN RAZ BILATERAL MAMMOGRAM

Order Sets

LRZSET PAP: Order set with Pap lab tests

LRZSET DIAB NEPHRO: This order set should contain orders for UA/CR and whatever test that your facility uses that calculates the eGFR (consult lab). Some facilities use the BMP or CMP which have the eGFR in the panel.

Menus:

PSOZM ACE/ARBS: order menu with ACE/ARB medications PSOZM ASTHMA STEROIDS: order menu with Asthma Steroid medications

# 6.0 Setup TIU Objects in Dialogs

The following is information about Step 3: Setup TIU Objects in Dialogs.

TIU template fields will automatically be installed when the reminder is loaded from reminder exchange. However, objects will not. You need to make sure that the objects listed below are on your system and active. Many of these objects are stock objects that were installed during a TIU patches or will be in TIU 1009 patch. Check with your site manager to ensure that you have TIUv1.5p1009 installed at your site. After that patch is installed, create the missing objects\*. Make sure to name them exactly as you see here.

**ACTIVE MEDICATIONS** ACTIVE PROBLEMS ALLERGIES/ADR BPXRM ALCOHOL SCREEN **BPXRM BP** BPXRM CAGE TEST **BPXRM DENTAL EXAM** BPXRM DEPRESSION SCREEN **BPXRM DIABETIC EYE BPXRM FALL RISK BPXRM FOOT EXAM** BPXRM HEAD CIRCUMFERENCE **BPXRM HEIGHT BPXRM HGB AND HCT BPXRM HGBA1C** BPXRM INTIMATE PARTNER VIOLENCE **BPXRM LAST 2 WEIGHTS** BPXRM LAST ASPIRIN **BPXRM LAST PHQ2 BPXRM LAST PHQ9 BPXRM MAMMOGRAM BPXRM UPDATED TOBACCO** CVD TP LAST AUDIT 3\* LAST AUDITC 3\* LAST BPF\* LAST CRAFFT 3\* LAST LAB INR 3\* LAST LIPID PROFILE\* **TODAY'S LABS** V CHIEF COMPLAINT V MEASUREMENT

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\*Objects which need to be created locally.

# 7.0 Setup Health Summary Objects

The following is information about Step 4: Setup Health Summary Objects. It describes the setup for the health summary objects that are used by the reminder dialogs.

## 7.1 ASTHMA TRIGGERS

The ASTHMA TRIGGERS health summary object is displayed in the ASTHMA INTAKE DIALOG ONLY. This object displays the last occurrence of each asthma trigger health factor.

This object contains the PCE HEALTH FACTOR SELECTED component with the ASTHMA TRIGGERS component selection.

Select RPMS-EHR Configuration Master Menu Option: | TIU Configuration Option | HIS TIU Menu for Medical Records ... | Select TIU Maintenance Menu | DDM Document | Definitions (Manager) ... | DDM6 Create TIU/Health Summary Objects.

```
TIU Object Name
                                      Health Summary Type
    BH MEASUREMENT
                                      BEHAVIORAL HEALTH FLOWSHEET
1
2
    PWH MED REC FOR MTM
                                      PWH MED REC FOR MTM
3
    PXRM DEPO PROVERA
                                     PXRM DEPO PROVERA
4
  REMINDERS SUMMARY
                                     REMINDERS SUMMARY
4
    TIU TPBN FUTURE APPTS
                                     TIU TPBN FUTURE APPTS
       Enter ?? for more actions
    Create New TIU Object
                                           Find
    Detailed Display/Edit TIU Object
                                          Detailed Display/Edit HS Object
    Quit
                   --- Create TIU/Health Summary Object ---
Enter a New TIU OBJECT NAME: ASTHMA TRIGGERS
Object Name: ASTHMA TRIGGERS
Is this correct? YES// YES
Use a pre-existing Health Summary Object? NO// NO
Checking ASTHMA TRIGGERS3 (TIU) with Health Summary ...
Creating Health Summary Object 'ASTHMA TRIGGERS (TIU)'
 Select Health Summary Type: ASTHMA TRIGGERS
Are you adding 'ASTHMA TRIGGERS' as
   a new HEALTH SUMMARY TYPE (the 35th)? No// YES
NAME: ASTHMA TRIGGERS//
TITLE:
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:
SUPPRESS SENSITIVE PRINT DATA:
LOCK:
Do you wish to copy COMPONENTS from an existing Health Summary Type? YES// NO
Select COMPONENT: SHF PCE HEALTH FACTORS SELECTED
SUMMARY ORDER: 5// 5
OCCURRENCE LIMIT: 1
TIME LIMIT:
```

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HEADER NAME: Health Factor Select Replace No selection items chosen. Select new items one at a time in the sequence you want them displayed. You may select any number of items. Select SELECTION ITEM: ASTHMA TRIGGERS Searching for a HEALTH FACTOR, (pointed-to by SELECTION ITEM) Searching for a HEALTH FACTOR ASTHMA TRIGGERS ASTHMA TRIGGERS ...OK? Yes// YES Are you adding 'ASTHMA TRIGGERS' as a new SELECTION ITEM (the 1ST for this STR UCTURE)? No// YES Select SELECTION ITEM: Select COMPONENT: Do you wish to review the Summary Type structure before continuing? NO// NO Please hold on while I resequence the summary order. Do you want to overwrite the TIME LIMITS in the Health Summary Type 'ASTHMA TRIGGERS3'? N// NO Print standard Health Summary Header with the Object?  $\,$  N// NO  $\,$ Partial Header: Print Report Date? N// NO Print Confidentiality Banner? N// NO Print Report Header? N// NO Print the standard Component Header? Y// NO Print the date a patient was deceased? N// NO Print a LABEL before the Health Summary Object? N// NO Suppress Components without Data? N// NO OBJECT DESCRIPTION: No existing text Edit? NO// NO Create a TIU Object named: ASTHMA TRIGGERS Ok? YES//YES TIU Object created successfully. TIU Object Name Health Summary Type ASTHMA TRIGGERS 1 ASTHMA TRIGGERS BH MEASUREMENT 2 BEHAVIORAL HEALTH FLOWSHEET 3 PWH MED REC FOR MTM PWH MED REC FOR MTM 4 PXRM DEPO PROVERA PXRM DEPO PROVERA REMINDERS SUMMARY REMINDERS SUMMARY 5 6 TIU TPBN FUTURE APPTS TIU TPBN FUTURE APPTS Enter ?? for more actions Create New TIU Object Find Detailed Display/Edit TIU Object Detailed Display/Edit HS Object Quit

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Select Action: Quit// Detailed Display

#### Figure 7-1: Creating Asthma Triggers Health Summary Objects

HS OBJECT DISPLAY Feb 13, 2012 13:08:29 1 of 1 Page: Detailed Display for ASTHMA TRIGGERS HS Object: ASTHMA TRIGGERS (TIU) Health Summary Type: ASTHMA TRIGGERS Report Period: Creator: JOHNSON, CAROLYN J HS Object Print Label: NO Print Blank Line after Label: NO Customized Header: YES Suppress Components w/o Data: NO Print Deceased Information: NO National Object: NO Print Report Date and Time: NO Print Confidentiality Banner: NO Print Report Date and Time: NO Print Confidentiality Banner: NO Print Component Header: NO Print Time-Occurrence Limits: NO Underline Component Header: NO Blank Line After Header: NO Blank Line After Header: NO Enter ?? for more actions Edit HS Object Inquire about a HS Type Change HS Type Edit HS Type Select Action: Quit// Inquire about a HS Type Select Health Summary Type: ASTHMA TRIGGERS

Figure 7-2: Asthma Triggers Health Summary Object Display

Type Name: ASTHMA TRIGGERS Title: Owner: SUPPRESS PRINT OF COMPONENTS WITHOUT DATA: SUPPRESS SENSITIVE PRINT DATA: Abb Ord Component Name Occ Time Loc Text Nar Mod Selection SHF 5 Health Factor Select 1 SHF 5 Health Factor Select 1

Figure 7-3: Asthma Triggers Health Summary Type

# 7.2 LAST HF OCCUPATION

This health summary object is displayed in the PHN dialog. This object displays the last occurrence of each Occupation health factor.

This object contains the PCE HEALTH FACTOR SELECTED component with the OCCUPATION component selection.

HS OBJECT DISPLAY Feb 13, 2012 13:33:18 Page: 1 of 1 Detailed Display for LAST HF OCCUPATION

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HS Object: LAST HF OCCUPATION (TIU) Health Summary Type: LAST HF OCCUPATION Report Period: Creator: JOHNSON,CAROLYN J HS Object Print Label: NO Print Blank Line after Label: NO Print Blank Line after Label: NO Customized Header: YES Suppress Components w/o Data: NO Print Deceased Information: NO Print Deceased Information: NO National Object: NO Enter ?? for more actions Edit HS Object Change HS Type Select Action: Quit//

Figure 7-4: Detailed Display for LAST HF OCCUPATION

Type Name: LAST HF OCCUPATION Title: Owner: JOHNSON, CAROLYN J SUPPRESS PRINT OF COMPONENTS WITHOUT DATA: SUPPRESS SENSITIVE PRINT DATA: Max Hos ICD Pro CPT Abb Ord Component Name Occ Time Loc Text Nar Mod Selection SHF 5 Health Factor Select 1 OCCUPATION

Figure 7-5: LAST HF OCCUPTION

## 7.3 PXRM DEPO PROVERA

This object is displayed in the DEPO PROVERA dialog. The PXRM DEPO PROVERA health summary object uses the IHS-DEPO PROVERA 2011 reminder.

**Note:** *You need to install the reminder first so that it is there before you can create this object to be used in the dialog* 

```
--- Create TIU/Health Summary Object ---
Enter a New TIU OBJECT NAME: PXRM DEPO PROVERA
Object Name: PXRM DEPO PROVERA
Is this correct? YES// YES
Use a pre-existing Health Summary Object? NO// NO
Checking PXRM DEPO PROVERA (TIU) with Health Summary...
```

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Creating Health Summary Object 'PXRM DEPO PROVERA (TIU)' Select Health Summary Type: PXRM DEPO PROVERA Are you adding 'PXRM DEPO PROVERA' as a new HEALTH SUMMARY TYPE (the 43th)? No// YES NAME: PXRM DEPO PROVERA// TITLE: Depo Provera SUPPRESS PRINT OF COMPONENTS WITHOUT DATA: SUPPRESS SENSITIVE PRINT DATA: LOCK: OWNER: USER, DEMO// Do you wish to copy COMPONENTS from an existing Health Summary Type? YES// NO Select COMPONENT: CLINICAL REMINDERS BRIEF SUMMARY ORDER: 5// 5 HEADER NAME: Reminders Brief// No selection items chosen. Select new items one at a time in the sequence you want them displayed. You may select any number of items. Select SELECTION ITEM: IHS-DEPO Searching for a CLINICAL REMINDER/MAINTENANCE, (pointed-to by SELECTION ITE M) Searching for a CLINICAL REMINDER/MAINTENANCE IHS-DEPO PROVERA 2011 VISN ...OK? Yes// YES Are you adding 'IHS-DEPO PROVERA 2011' as a new SELECTION ITEM (the 1ST for this STRUCTURE)? No// Y Select SELECTION ITEM: Select COMPONENT: Do you wish to review the Summary Type structure before continuing? NO// NO Please hold on while I resequence the summary order. Do you want to overwrite the TIME LIMITS in the Health Summary Type 'PXRM DEPO PROVERA'? N// NO Print standard Health Summary Header with the Object? N// NO Partial Header: Print Report Date? N// NO Print Confidentiality Banner? N// NO Print Report Header? N// NO Print the standard Component Header? YES// NO Use report time/occurence limits? N// NO Underline Component Header? N// NO Add a Blank Line after the Component Header? N// NO Print the date a patient was deceased?  $\,$  N// NO  $\,$ Print a LABEL before the Health Summary Object? N// NO Suppress Components without Data? N// NO OBJECT DESCRIPTION: No existing text

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```
Edit? NO//NO
Create a TIU Object named: PXRM DEPO PROVERA
Ok? YES//
TIU Object created successfully.
Enter RETURN to continue...
```

Figure 7-6: Reminder in TIU object

Detailed Display for PXRM DEPO PROVER	A						
HS Object: PXRM DEPO PROVERA (TIU) Health Summary Type: PXRM DEPO PROVERA Report Period: Creator: JOHNSON,CAROLYN J							
HS C	Dbject						
Print Label: NO Print Blank Line after Label: NO Customized Header: YES Suppress Components w/o Data: NO Print Deceased Information: NO National Object: NO	Print Report Date and Time: Print Confidentiality Banner: Print Report Date and Time: Print Component Header: Print Time-Occurrence Limits: Underline Component Header: Blank Line After Header:	NO NO NO NO NO NO					
Enter ?? for more actions Edit HS Object Change HS Type Select Action: Quit//	Inquire about a HS Type Edit HS Type						

Figure 7-7: PXRM Depo Provera Object Summary

Тур	Type Name: PXRM DEPO PROVERA Title:								
	Owner: JOHNSON, CAROLYN J								
SUPPR	ESS PRI	NT OF COMPONENTS WITHO	DUT DA	ATA:					
SUPPR	ESS SEN	SITIVE PRINT DATA:							
			Max		Hos	ICD	Pro	CPT	
Abb	Ord	Component Name	0cc	Time	Loc	Text	Nar	Mod	Selection
		Deminden Dedef							
CMB	5	Reminder Brief							
	0.1.1								THS-DEPO PROV
ERA 2	011								

Figure 7-8: PXRM Depo Provera Health Summary Type Summary

# 7.4 PWH MED REC FOR MTM

This object is displayed in the MED THERAPY MGT DIALOG ONLY. This object contains 1 health summary component, the PATIENT WELLNESS HANDOUT with the MEDICATION RECONCILIATION component selection.

Addendum to Installation Notes July 2012 HS Object: PWH MED REC FOR MTM (TIU) Health Summary Type: PWH MED REC FOR MTM Report Period: HS Object Print Label: NO Print Blank Line after Label: NO Customized Header: YES Suppress Components w/o Data: NO Print Deceased Information: NO National Object: NO Enter ?? for more actions Edit HS Object Change HS Type Select Action: Quit//



Type SUPPR SUPPR	Name: ESS PRI ESS SEN	PWH MED REC Title: PWH MED REC Owner: HESS,BARBARA NT OF COMPONENTS WITHO SITIVE PRINT DATA:	UT DA	TA: n	0				
Abb	Ord	Component Name	Max Occ	Time	Hos Loc	ICD Text	Pro Nar	CPT Mod	Selection
PWS	5	Handout Selected							MEDICATION RE
CONCI	CONCILIATION								

Figure 7-10: PWH MED REC Health Summary Type

# 8.0 Remove Old Reminders From Exchange

The following is information about Step 5: Remove Older Reminders From Exchange.

Follow these instructions to remove the old reminders from displaying in the Reminder Exchange. It does not inactivate the reminders from your system. There are 87 new reminders and it is recommended that you clear the old National Reminders (IHS prefix, no year appended OR 2007, 2008, 2009, 2010 appended) out of exchange prior to installing the patch.

+	Entry	Sourc	e	Date Packed
31 IHS-	COLON CANCER 2007	HAGER@DEM	O HOSPITA	08/28/2008@11:42:51
32 IHS-	COLON CANCER 2010	HAGER@DEN	O HOSPITA	02/04/2010@10:19:27
33 IHS-	DENTAL VISIT	HAGER@DEN	IO HOSPITA	02/04/2010@10:19:41
34 IHS-	DEPRESSION SCREEN 2008	HAGER@DEN	IO HOSPITA	05/22/2009@10:03:29
35 IHS-	DEPRESSION SCREEN 2009	HAGER@DEN	IO HOSPITA	02/04/2010@10:19:56
36 IHS-	DIAB ACE/ARB 2007	HAGER@DEN	IO HOSPITA	08/28/2008@11:43:30
37 IHS-	DIAB ASPIRIN 2009	HAGER@DEN	IO HOSPITA	02/04/2010@10:20:10
38 IHS-	DIAB EYE EXAM 2007	HAGER@DEN	IO HOSPITA	08/28/2008@11:44:46
39 IHS-	DIAB HGBA1C 2007	HAGER@DEN	IO HOSPITA	08/28/2008@11:45:18
40 IHS-	DIAB MICROALBUMIN 2007	HAGER@DEN	IO HOSPITA	08/28/2008@11:45:38CFE
Create Exc	hange File Entry	IH Inst	allation Hist	ory
CHF Creat	e Host File	LHF	Load Host Fi	le
CMM Creat	e MailMan Message	LMM	Load MailMan	Message
DFE Delet	e Exchange File Entry	LR	List Reminde	r Definitions
IFE Insta	ll Exchange File Entry	RI	Reminder Def	inition Inquiry
Select Act	ion: Next Screen//	DFE		
Select Ent	ry(s): (1-10): 31-40	Enter th	e number(s) o	f the reminder(s) that you
wish to de	lete. You may Enter a nu	umber, a li	st, or a rang	e e.g., 1,3,5 or 2-4,8.

Figure 8-1: Removing Old Reminders from Exchange

# 9.0 Dialog Preparation

The following is information about Step 6: Dialog Preparation.

If your site has NOT made any changes to the existing national dialogs, skip to the next section.

If your site has made local changes to existing national dialogs, especially by adding ADDITIONAL FINDINGS to dialogs, there might be some problems. Print the following Fileman search to look for these findings. Remove them from the elements before installing the reminder. You can add them back after installation.

```
Select OPTION: 3 SEARCH FILE ENTRIES
OUTPUT FROM WHAT FILE: PACKAGE// REMINDER DIALOG (330 entries)
-A- SEARCH FOR REMINDER DIALOG FIELD: ADDITIONAL FINDINGS (multiple)
-A- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD: ?
Answer with ADDITIONAL FINDINGS SUB-FIELD NUMBER, or LABEL:
.01 ADDITIONAL FINDINGS
-A- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD: .01
ADDITIONAL FINDINGS
-A- CONDITION: 'NULL <- "not null"
-B- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD:
-B- SEARCH FOR REMINDER DIALOG FIELD:
IF: A// REMINDER DIALOG ADDITIONAL FINDINGS NOT NULL
DO YOU WANT THIS SEARCH SPECIFICATION TO BE CONSIDERED TRUE FOR CONDITION -A-
1) WHEN AT LEAST ONE OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFIES IT
2) WHEN ALL OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFY IT
3) WHEN ALL OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFY IT,
OR WHEN THERE ARE NO 'ADDITIONAL FINDINGS' MULTIPLES
CHOOSE 1-3: 1// 1
STORE RESULTS OF SEARCH IN TEMPLATE:
SORT BY: NAME//
START WITH NAME: FIRST//
FIRST PRINT FIELD: NAME
THEN PRINT FIELD: ADDITIONAL FINDINGS (multiple)
THEN PRINT ADDITIONAL FINDINGS SUB-FIELD: .01 ADDITIONAL FINDINGS
THEN PRINT ADDITIONAL FINDINGS SUB-FIE
THEN PRINT FIELD:
Heading (S/C): REMINDER DIALOG SEARCH Replace
DEVICE: CONSOLE Right Margin: 80//
REMINDER DIALOG SEARCH MAY 19,2009 14:00 PAGE 1
NAME
ADDITIONAL FINDINGS
EX DEPRESSION
V79.0
IM INFLUENZA DONE
V04.8
IM INFLUENZA NASAL
V04.8
IM INFLUENZA SPLIT
V04.8
IM INFLUENZA WHOLE
V04.8
5 MATCHES FOUND
```

Figure 9-1: Fileman search

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**Dialog Preparation** 

BEH>REM>DLG>DLG ... CV (change view) to Element or Group (depending on whether the component with the additional finding is an element of a group) Apr 11, 2012 14:01:32 Dialog List Page: 39 of 47 DIALOG VIEW (DIALOG ELEMENTS) +Item Dialog Name Dialog type Status Dialog Element 609 IM INFLUENZA DONE IM INSTRUCTIONS 610 Dialog Element 611 IM IPV DONE Dialog Element 612 IM IPV NOT DONE Dialog Element 613 IM MMR DONE Dialog Element 614 IM MMR NOT DONE Dialog Element 615 IM PED CONTRAINDICATION SCREEN Dialog Element 616 IM PEDIARIX DONE Dialog Element 617 IM PEDIARIX NOT DONE Dialog Element 618 IM PNEUMO CRITERIA2 619 IM PNEUMO CRITERIA3 620 IM PNEUMO CRITERIA3 Dialog Element Dialog Element 620IM PNEUMO-PS CONTRAINDICATIONDialog Element621IM PNEUMO-PS CRITERIA1Dialog Element 622 IM PNEUMOVACCINE NOT DONE
623 IM VARICELLA DONE
624 IM VARICELLA NOT DONE Dialog Element Dialog Element Dialog Element + Next Screen - Prev Screen ?? More Actions + >>> CVChange ViewINQInquiry/PrintogPTList/Print AllQUQuit AD Add CO Copy Dialog Select Item: Next Screen//609 <<< select the dialog element to edit Dialog Name: IM INFLUENZA DONE CURRENT DIALOG ELEMENT/GROUP NAME: IM INFLUENZA DONE Used by: GRP FLU SHOT (Dialog Group) NAME: IM INFLUENZA DONE// DISABLE: CLASS: LOCAL// SPONSOR: REVIEW DATE: RESOLUTION TYPE: DONE AT ENCOUNTER// ORDERABLE ITEM: FINDING ITEM: INFLUENZA [TIV], SEASONAL, INJ// DIALOG/PROGRESS NOTE TEXT: Influenza immunization was administered today. Edit? NO// ALTERNATE PROGRESS NOTE TEXT: No existing text Edit? NO// EXCLUDE FROM PROGRESS NOTE: SUPPRESS CHECKBOX: Select ADDITIONAL FINDINGS: V04.8// @ SURE YOU WANT TO DELETE? Y Select ADDITIONAL FINDINGS: ? <<< check for any more additional findings. Here there are none. You may enter a new ADDITIONAL FINDINGS, if you wish Enter additional finding items for this dialog element. Enter one of the following: ED.EntryName to select a EDUCATION TOPICS IM.EntryName to select a IMMUNIZATIONS ST.EntryName to select a SKIN TEST EX.EntryName to select a EXAM HF.EntryName to select a HEALTH FACTORS CPT.EntryName to select a PROCEDURE

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**Dialog Preparation** 

ICD9.EntryName to select a ICD9 DIAGNOSIS VM.EntryName to select a VITAL TYPE Q.EntryName to select a ORDER DIALOG MT.EntryName to select a MEASUREMENT To see the entries in any particular file type <Prefix.?> Select ADDITIONAL FINDINGS:^ <enter>

Figure 9-2: Removal of additional findings

# 10.0 Install the KIDS Build

The following is information about Step 7: Install the KIDS Build.

Installation of PXRM 1008 should be done by the appropriate IRM personnel using the instructions in the patch notes.

Installation of patch 1008 will put the reminders into the REMINDER EXCHANGE file. It does NOT install them. The new reminders will not work until they are installed and activated.

**Note:** After the KIDS build has been installed, the computed findings that are used to check the immunization forecaster will not function properly until the new immunization reminders are installed through reminder exchange.

You must install the immunization reminders through exchange immediately if you have any immunization reminders deployed. You do not have to move these into production immediately but should replace your old immunization reminders with the new ones in the near future. The look up to the immunization forecaster will work in your old reminders but much of the cohort logic has been updated in the newest set of reminders.

# 11.0 Install the Reminder

The following is information about Step 8: Install the Reminder.

Follow these instructions to install the national reminders. The Clinical Application Coordinator or other designated person should then install them using REMINDER EXCHANGE.

**Note:** Once the patch has been installed, the immunization reminders will not function properly until they are installed through exchange.

# 11.1 Programmer Access

Programmer access is required to install the reminders that contain a new computed finding.

If you do not have programmer access (@ level fileman access) you will see the following message when you are installing reminders that contain a new computed finding:

```
Only programmers can install routines.
Only programmers can install Reminder Computed Findings.
```

If there are no *new* computed findings packed in the reminder then ignore the message and continue through the installation process. If the computed finding was previously installed there will be an X under the column "Exists" on the right of the Reminder Computed Finding in the Reminder Exchange.

-									
🛄 Cao	:he TRM:3312 (ENSEMBLE)								×
File E	dit Help								
Excha	nge File Components	Feb 09, 2	012 1	6:56:44		Page:	4 of	7	~
+	ComponeFile Entry				0	ategory	Ex	ists	-
	V79.1							X	
WEACH									
MEADU	AUDT							v	
	CDFT							n v	
	NUDC							n v	
	XODC							~	
ORDER	DIALOG								
	GMRCZ MENTAL HEALTH								
	GMRCZ BH CONSULT								
REMIN	DER COMPUTED FINDINGS							_	
2	IHS-ALCOHOL 2009							х	
TIU T	EMPLATE FIELD								
3	ASBI NOTE INSTRUCTIONS							Х	
+	+ Next Screen - P	rev Screen	22	More Ac	tions				
IA	Install all Components	_	IS	Install	Selected	l Componen	it		_
Selec	t Action: Next Screen//								
									$\sim$

Figure 11-1: Reminder Components in Exchange

If there are new computed findings and the Clinical Applications Coordinator does not have @ access, follow these steps to complete the installation.

Ask the site manager or other personnel who has Programmer Access to log in under their credentials, navigate to the Reminder Exchange and use IS "Install Selected" and install the new Computed Findings following the instructions in the next section. *NEVER OVERWRITE A ROUTINE!* After the Computed Findings are installed, the Clinical Applications Coordinator may then install the new reminders.

Reminders with New Computed Findings:

IHS-DIAB ANTIPLT KNOWN CVD 2011 IHS-DIAB ASPIRIN FEMALE 2011 IHS-DIAB ASPIRIN MALE 2011 IHS-ANTICOAG CBC 2011 IHS-ANTICOAG DURATION OF TX 2011 IHS-ANTICOAG THERAPY END DATE 2011 IHS-ANTICOAG OCCULT BLOOD 2011 IHS-ANTICOAG UA 2011 IHS-ANTICOAG INR GOAL 2011 IHS-ANTICOAG THERAPY END DATE 2011 IHS-CHLAMYDIA SCREEN 2011 IHS-FALL RISK SCREEN 2011 IHS-FALL RISK SCREEN 2011 IHS-NEWBORN HEARING SCREEN 2011 IHS-NUTRITIONAL SCREENING 2011 IHS-RUBELLA 2011 IHS-ZOSTER IMMUN 2011

## 11.2 Installing the Reminder

1. Select Reminder Exchange from the Reminder Configuration menu. You will be presented with a list of packed reminders that reside in the RPMS file system.

Clinical Reminder Exchange Jan 18, 2012 10:06:40							
Exchange File Entries.							
Entry	Source	e	Date Packed				
1 IHS-ACTIVITY SCREEN 2011	USER@DEMO	HOSPITA	01/13/2012@09:00:36				
2 IHS-ALCOHOL SCREEN 2011	USER@DEMO	HOSPITA	01/13/2012@09:01:11				
3 IHS-ALLERGY 2011	USER@DEMO	HOSPITA	01/13/2012@09:01:34				
4 IHS-ANTICOAG CBC 2011	USER@DEMO	HOSPITA	01/13/2012@09:01:51				
5 IHS-ANTICOAG DURATION OF TX	USER@DEMO	HOSPITA	01/13/2012@09:02:07				
6 IHS-ANTICOAG INR GOAL 2011	USER@DEMO	HOSPITA	01/13/2012@09:02:30				
7 IHS-ANTICOAG OCCULT BLOOD 2	USER@DEMO	HOSPITA	01/13/2012@09:03				
8 IHS-ANTICOAG THERAPY END DA	USER@DEMO	HOSPITA	01/13/2012@09:03:20				
9 IHS-ANTICOAG UA 2011	USER@DEMO	HOSPITA	01/13/2012@09:03:35				
10 IHS-ASBI BNI 2011	USER@DEMO	HOSPITA	01/13/2012@09:03:56				
+ Next Screen - Prev Screen ??	More Actio	ons					
CFE Create Exchange File Entry	IH	Installation H	istory				
CHF Create Host File	LHF	Load Host File					
CMM Create MailMan Message	LMM	Load MailMan M	essage				
DFE Delete Exchange File Entry	LR	List Reminder	Definitions				
IFE Install Exchange File Entry	RI	Reminder Defin	ition Inquiry				
Select Action: Next Screen//							

Figure 11-2: List of Reminders in Reminder Exchange

**Tip**: Use the up/down arrows to scroll through the list. If you are searching for a specific reminder, use the command SL to search for the reminder name

Select Action: Next Screen// SL Search for: //DEPRESSION

#### Figure 11-3: Further instructions

- 2. Select IFE Install Exchange File Entry to install the reminder.
- 3. Enter the number of the reminder to install.

```
Clinical Reminder Exchange Jan 18, 2012 10:06:40
Exchange File Entries.

Entry Source Date Packed

1 IHS-ACTIVITY SCREEN 2011 USER@DEMO HOSPITA 01/13/2012@09:00:36

2 IHS-ALCOHOL SCREEN 2011 USER@DEMO HOSPITA 01/13/2012@09:01:11
```

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3	IHS-ALLERGY 2011	USER@DEMO	HOSPITA	01/13/2012@09:01:34			
4	IHS-ANTICOAG CBC 2011	USER@DEMO	HOSPITA	01/13/2012@09:01:51			
5	IHS-ANTICOAG DURATION OF TX	USER@DEMO	HOSPITA	01/13/2012@09:02:07			
6	IHS-ANTICOAG INR GOAL 2011	USER@DEMO	HOSPITA	01/13/2012@09:02:30			
7	IHS-ANTICOAG OCCULT BLOOD 2	USER@DEMO	HOSPITA	01/13/2012@09:03			
8	IHS-ANTICOAG THERAPY END DA	USER@DEMO	HOSPITA	01/13/2012@09:03:20			
9	IHS-ANTICOAG UA 2011	USER@DEMO	HOSPITA	01/13/2012@09:03:35			
10	IHS-ASBI BNI 2011	USER@DEMO	HOSPITA	01/13/2012@09:03:56			
+ Nex	t Screen - Prev Screen ??	More Acti	ons				
CFE	Create Exchange File Entry	IH	Installation H	istory			
CHF	Create Host File	LHF	Load Host File				
CMM	Create MailMan Message	LMM	Load MailMan Me	essage			
DFE 1	Delete Exchange File Entry	LR	List Reminder 1	Definitions			
IFE	Install Exchange File Entry	RI	Reminder Defin:	ition Inquiry			
Select Action: Next Screen// IFE Install Exchange File Entry							
Selec	Select Entry(s): (1-10): 25 enter the number that you wish to install						

Figure 11-4: Installing Reminders

4. Use the up and down arrows to view the individual components of the reminder. Before starting an installation, you should examine the list of components in the packed reminder and determine which ones already exist on your system. You should decide what to do with each component and have a plan of action before proceeding with the installation.

ComponeFileEntryCategoryReminder:IHS-DEPRESSION SCREEN 2011Source:USER,DEMO at DEMO HOSPITALDatePacked:01/13/2012@09:10:18	Exists
Description: Yearly screening for depression starting at age 18.	
Keywords: No keywords given	
Components:	
ROUTINE 1 BPXRMPCC	х
EXAM DEPRESSION SCREENING	Х
MEASUREMENT TYPE PHQ2	х
REMINDER COMPUTED FINDINGS 2 IHS-DEPRESSION 2009	
TIU TEMPLATE FIELD 3 IHS ADDL SIGN 4 GEN TEXT BOX LONG4 5 IHS PHQ9 ANSWERS 6 WSP PHQ2 SCORING	X X X X
REMINDER DEFINITION	

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```
7 IHS-DEPRESSION SCREEN 2011 X
REMINDER DIALOG
8 IHS-DEPRESSION SCREEN 2011 X
```

Figure 11-5: Sample Exchange File Components window

- 5. INSTALL COMPUTED FINDING ONLY There are two choices, IA or IS. Choose IS to install selected components. During installation, the application will ask what you want to do about all the elements in this reminder. If the item exists on your system, the default will be to skip installing it again. If it is new, the default is to install it.
  - Select the component you want to install (#2)
  - Take the default

```
REMINDER COMPUTED FINDINGS entry IHS-DEPRESSION 2009 is NEW,
what do you want to do?
Select one of the following:
C Create a new entry by copying to a new name
I Install or Overwrite the current entry
Q Quit the install
S Skip, do not install this entry
Enter response: I//
```

Figure 11-6: Remaining Instructions

- 6. INSTALL REMINDER AND DIALOG There are two choices, IA or IS. Choose IA to install all components. During installation, the application will ask you want to do about all the elements in this reminder. If the item exists on your system, the default will be to skip installing it again. If it is new, the default is to install it.
  - Take all the defaults as you load the reminder unless you have loaded a previous version of reminders. If you've loaded a previous version of the reminders always re-install the reminder definition itself but not any of the other elements.

Caution: Never overwrite a routine!

```
Routine BPXRMPCC already EXISTS, <NEVER overwrite a routine through the exchange!
but packed routine is different, what do you want to do?
Select one of the following:
C Create a new entry by copying to a new name
I Install or Overwrite the current entry
Q Quit the install
S Skip, do not install this entry
```

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Enter response: S// < SKIP DO NOT REINSTALL THIS ENTRY. Never overwrite the routine! REMINDER COMPUTED FINDINGS entry IHS-DEPRESSION 2009 is NEW, what do you want to do? Select one of the following: С Create a new entry by copying to a new name Install or Overwrite the current entry Ι Quit the install 0 Skip, do not install this entry S Enter response: I// Take the default. If this is a new component, it will default to "install". If you've installed this reminder before, it will default to SKIP. TIU TEMPLATE FIELD entry IHS ADDL SIGN already EXISTS, what do you want to do? Select one of the following: Create a new entry by copying to a new name С Т Install or Overwrite the current entry Q Quit the install Skip, do not install this entry S Enter response: S// Take the default. If this is a new component, it will default to "install". If you've installed this reminder before, it will default to SKIP TIU TEMPLATE FIELD entry GEN TEXT BOX LONG4 already EXISTS, what do you want to do? Select one of the following: С Create a new entry by copying to a new name I Install or Overwrite the current entry Q Quit the install Skip, do not install this entry S Enter response: S// Take the default. If this is a new component, it will default to "install". If you've installed this reminder before, it will default to SKIP TIU TEMPLATE FIELD entry IHS PHQ9 ANSWERS already EXISTS, what do you want to do? Select one of the following: C Create a new entry by copying to a new name Install or Overwrite the current entry Т Quit the install Q S Skip, do not install this entry Enter response: S// Take the default. If this is a new component, it will default to "install". If you've installed this reminder before, it will default to SKIP TIU TEMPLATE FIELD entry WSP PHQ2 SCORING already EXISTS, what do you want to do? Select one of the following:

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```
С
                  Create a new entry by copying to a new name
          Т
                   Install or Overwrite the current entry
          Q
                   Quit the install
                   Skip, do not install this entry
          S
Enter response: S// Enter response: S// Take the default. If this is a new
component, it will default to "install". If you've installed this reminder before,
it will default to SKIP
REMINDER DEFINITION entry IHS-DEPRESSION SCREEN 2011 already EXISTS,
what do you want to do?
     Select one of the following:
                  Create a new entry by copying to a new name
          С
          I
                  Install or Overwrite the current entry
          Q
                   Quit the install
          S
                   Skip, do not install this entry
Enter response: S// If you have loaded a previous version of the reminders before,
install/overwrite the reminder definition . If this is the first time you have
loaded this reminder, accept the default of I to install.
```

Figure 11-7: Example of reminder installation

- 7. If you are installing the Depo Provera Reminder, create the PXRM Depo Provera health summary object as described in Chapter 7.
- 8. Proceed to the next section to install the dialogs.

#### 11.3 Taxonomy Error

A taxonomy is a selection of ICD0, ICD9, or CPT codes. The user inputs them from the starting code to the ending code. One taxonomy can have multiple selection lists of codes. There is a secondary file that stores every entry between the starting and ending codes. Therefore an error in any code in the interval could cause the install to fail. If a site has two entries of the same code or the computer cannot tell the difference between two codes, the install will fail.

This section describes an error that may occur during install and how to fix the error by manually creating the taxonomy and re-installing the reminder.

```
The update failed, UPDATE^DIE returned the following error message:

MSG("DIERR")=1^1

MSG("DIERR",1)=701

MSG("DIERR",1,"PARAM",0)=3

MSG("DIERR",1,"PARAM",3)=403.9

MSG("DIERR",1,"PARAM","FIELD")=.01

MSG("DIERR",1,"PARAM","FILE")=811.23102

MSG("DIERR",1,"TEXT",1)=The value '403.9 ' for field SELECTABLE DIAGNOSIS in SEL

ECTABLE DIAGNOSIS SUB-FIELD in file REMINDER TAXONOMY is not valid.

MSG("DIERR","E",701,1)=

REMINDER TAXONOMY entry IHS-HYPERTENSION 2007 did not get installed!
```

```
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```

Install the Reminder

Examine the above error message for the reason.

Figure 11-8: Taxonomy Error Example

#### 11.3.1 Create the Taxonomy Manually

- 1. Write down the *exact name* of the taxonomy that displayed in the error.
- 2. Finish the installation of the reminder
- 3. Create the taxonomy: Reminder Configuration Menu | Reminder Taxonomy Management | Edit Taxonomy Item
- 4. NOTE: Enter the EXACT name of the taxonomy from the error.
- 5. Use the descriptions of the taxonomies found in the Taxonomy section (appendix) of this manual to enter all the groupings of ICD0, ICD9, and/or CPT codes that apply to this taxonomy. For a single entry, the low value and the high value are the same entry. For ranges, enter the lowest entry in the range and then the highest. The computer will add all codes in that range.

```
Select Reminder Taxonomy: IHS-HYPERTENSION 2007
 Are you adding IHS-HYPERTENSION 2007' as a new REMINDER TAXONOMY? No//YES
NAME: IHS-HYPERTENSION 2007 Replace
BRIEF DESCRIPTION:
CLASS: LOCAL//
SPONSOR:
REVIEW DATE:
PATIENT DATA SOURCE: //EN,PL <---
USE INACTIVE PROBLEMS:
INACTIVE FLAG:
ICD0 Range of Coded Values
Select ICD0 LOW CODED VALUE:
ICD9 Range of Coded Values
Select ICD9 LOW CODED VALUE: // 401.0 <---
  ICD9 LOW CODED VALUE: //401.0
  ICD9 HIGH CODED VALUE: // 405.99 <---
Select ICD9 LOW CODED VALUE:
CPT Range of Coded Values
Select CPT LOW CODED VALUE:
```

Figure 11-9: Adding a Taxonomy

6. Return to Reminder Exchange and reinstall the reminder. Accept all of the defaults! When finished, all of the items should have an X in the Exists column, including the taxonomy and the reminder definition.

ComponeFile Entry	Category Exists	
MEASUREMENT TYPE BP	х	
REMINDER TAXONOMY 1 IHS-HYPERTENSION 2007	X	

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2 IHS-DIABETES DX 2007	Х
REMINDER TERM	37
4 IHS-HIGH BP 2007	X X
REMINDER DEFINITION 5 IHS-BLOOD PRESSURE 2011	x
REMINDER DIALOG + + Next Screen - Prev Screen ?? More Actions IA Install all Components IS Install Selected Component Select Action: Next Screen//	

Figure 11-10: Sample Exchange File Components Window Showing X in Exists Column

## 12.0 Install the Dialogs

The following information is about Step 9: Install the Dialogs.

Note:	The following dialogs were not intended to be setup as reminders. Do not link these dialogs to their reminder. The reminder is a blank reminder that was used as a vehicle to import/export the dialog. You do NOT need to install the reminder. You can use IS to install selected, and install only the dialog. Follow the instructions in the TIU Reminder Dialogs Section to set these up as templates instead of Reminders.			
IHS-A	SBI BNI 2011			
IHS-ASBI SCREENING 2011				
IHS-A	IHS-ASTHMA INTAKE 2011			

IHS-MED ED 2011

**IHS-MED THERAPY MNGT 2011** 

IHS-PED PEDIARIX IMMUN 2011

IHS-PHN HOSP DC VISIT 2011

IHS-PHQ9 SCREEN 2011

**IHS-SCREENING BUNDLE 2011** 

- 1. In reminder exchange, after installing the reminder, you will be presented with the Dialog Components screen.
- 2. Choose IA: Install ALL.
- 3. One of the prompts will ask you which reminder to attach the dialog.
- 4. The dialogs and the reminders have the same name so they can be easily linked.
- 5. After installing, make sure that there is an X under the Exists column on the screen

```
Dialog ComponentsFeb 06, 2012 18:07:32Page:1 of1Packed reminder dialog:IHS-BLOOD PRESSURE 2011TypeExistsItem Seq.Dialog FindingsTypeExists1IHS-BLOOD PRESSURE 2011dialog
```

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2 1 HD BLOOD PRESSURE element Finding: \*NONE\* 5 VM BLOOD PRESSURE element 3 Finding: BP (MEASUREMENT TYPE) + Next Screen - Prev Screen ?? More Actions DDDialog DetailsDTDialog TextISInstall SelectedDFDialog FindingsDUDialog UsageQUQuitDSDialog SummaryIAInstall All Select Action: Quit// IA Components not used by any other dialogs. Install reminder dialog and all components with no further changes: Y// YES Reminder Dialog IHS-BLOOD PRESSURE 2011is not linked to a reminder. Select Reminder to Link: IHS-BLOOD PRESSURE 2011

Figure 12-1: Sample Dialog Components window

#### 12.1 Activate the Dialog

All dialogs are inactive if they are loaded from reminder exchange. This section describes how to activate the dialog so that they are visible within the EHR.

		Reminder Configuration
CFM	Reminder	Computed Finding Management
DEF	Reminder	Definition Management
DLG	Reminder	Dialog Management
EXC	Reminder	Exchange
INF	Reminder	Information Only Menu
PAR	Reminder	Parameters
RPT	Reminder	Reports
SPO	Reminder	Sponsor Management
TAX	Reminder	Taxonomy Management
TRM	Reminder	Term Management
TST	Reminder	Test

Figure 12-2: Options on Reminder Configuration menu

Use the DLG option to access the options on the Reminder Dialog Management menu.

#### 12.1.1 Reminder Dialog Management (DLG)

Select Reminder Dialog Management from the Reminder Configuration Menu.

Reminder Dialog Management DLG Reminder Dialogs PAR Dialog Parameters ... Figure 12-3: Options on the Reminder Dialog Management menu

Use the DLG option to access the options on the Reminder Dialog Management menu.

Cac	he TRM:5144 (CACHEWEB)				_ 🗆 🗵
File E	dit Help				
Dialo	g List Aug 29, 20	11 16:21:35	Page:	1 of	15 🔺
REMIN	DER VIEW (ALL REMINDERS BY NAME)				
Item	Reminder Name	Linked Dialog N	lame & Dialog	Status	
1	BLANK FOR ASTHMA H&P	TEST-ASTHMA HIS	TORY AND PHY	Disa	oled
2	BLANK FOR TEST MEASUREMENTS	TEST MEASUREMEN	ITS		
3	Blank for TEST-ALCOHOL SCREEN 2011				
4	Blank for TEST-ANTICOAG 2011				
5	Blank for TEST-CVD 2011				
6	Blank for TEST-DEPRESSION SCRN 201				
7	Blank for TEST-MAMMOGRAM 2011 dlg				
8	Blank for TEST-MED ED DEV 2011				
9	Blank for TEST-PHQ9 Dialog 2011				
10	Blank for TEST-TOBACCO SCREEN 2011				
11	FECAL OCCULT				
12	IHS-ACTIVITY SCREEN 2011	IHS-ACTIVITY SC	REEN 2011		
13	IHS-ALCOHOL SCREEN				
14	IHS-ALCOHOL SCREEN 2007				
15	IHS-ALCOHOL SCREEN 2008	IHS-ALCOHOL SCR	EEN 2008	Disa	oled
16	IHS-ALCOHOL SCREEN 2009	IHS-ALCOHOL SCR	EEN 2009		
+	+ Next Screen - Prev Screen	?? More Action	ເຮ		>>>
AR	All reminders LR Linked Rem	minders QU	Quit		
CV	Change View RN Name/Prin	t Name			
Selec	t Item: Next Screen//				<b>-</b>

Figure 12-4: Sample Reminder View window

Choose CV and then choose D for dialogs.

Cache TRM:5144 (CACHEWEB)					
File Edit Help					
Dialog List Aug 29, 2011 16	:20:14 Page: 3	of 12 🔺			
DIALOG VIEW (REMINDER DIALOGS - SOURCE REMIND)	ER NAME)				
+Item Reminder Dialog Name	Source Reminder	Status			
33 IHS-DENTAL VISIT	IHS-DENTAL VISIT	Linked			
34 IHS-DENTAL VISIT 2011	IHS-DENTAL VISIT 2011	Linked			
35 IHS-DEPO PROVERA 2011	IHS-DEPO PROVERA 2011	Linked			
36 IHS-DEPRESSION SCREEN 2007	IHS-DEPRESSION SCREEN 200	Disabled			
37 IHS-DEPRESSION SCREEN 2008	IHS-DEPRESSION SCREEN 200	Linked			
38 IHS-DEPRESSION SCREEN 2011	IHS-DEPRESSION SCREEN 201	Linked			
39 IHS-DIAB ACE/ARB 2007	IHS-DIAB ACE/ARB 2007	Linked			
40 IHS-DIAB ACE/ARB 2011	IHS-DIAB ACE/ARB 2011	Linked			
41 IHS-DIAB ANTPLT KNOWN CVD 2011	IHS-DIAB ANTPLT KNOWN CVD	Linked			
42 IHS-DIAB ASPIRIN	IHS-DIAB ASPIRIN	Linked			
43 IHS-DIAB ASPIRIN 2007	IHS-DIAB ASPIRIN 2007	Linked			
44 IHS-DIAB ASPIRIN 2009	IHS-DIAB ASPIRIN 2009	Linked			
45 IHS-DIAB ASPIRIN FEMALE 2011	IHS-DIAB ASPIRIN FEMALE 2	Linked			
46 IHS-DIAB ASPIRIN MALE 2011	IHS-DIAB ASPIRIN MALE 201	Linked			
47 IHS-DIAB BP CONTROL 2011	IHS-DIAB BP CONTROL 2011	Linked			
48 IHS-DIAB DENTAL EXAM	IHS-DIAB DENTAL EXAM	Disabled			
+ + Next Screen - Prev Screen ?? 1	More Actions	>>>			
AD Add Reminder Dialog PT List/Print All	QU Quit				
CV Change View RN Name/Print Name	e				
Select Item: Next Screen//		-			

Figure 12-5: Sample Dialog View window

Choose the number of the item you want to edit.

🛄 Cache TRM:5144 (CACHEWEB	)	_ 🗆 🗡
File Edit Help		
Dialog Edit List	Aug 29, 2011 16:22:50 Page: 1	of 2 🔺
REMINDER DIALOG NAME: 1	HS-ALCOHOL SCREEN 2011	
Sequence Dialog I	Details	Disabled
1 Dialog e	element: HD ALCOHOL DRINK SIZE	
5 Dialog g	group: GP ALCOHOL EXAM	
Dialog e	elements: 5 HD ALCOHOL SCREENING INFO	
	10 GP ALCOHOL POS NEG	
	15 GP ALCOHOL INTERVENTIONS 2011	
10 Dialog g	group: GP CRAFFT	
Dialog e	elements: 5 GP CRAFFT Q1-3	
	10 GP ALCOHOL INTERVENTIONS 2011	
15 Dialog g	group: GP AUDITC	
Dialog e	elements: 5 MT AUDITC	
	10 GP ALCOHOL INTERVENTIONS 2011	
20 Dialog g	group: GP AUDIT	
+ + Next Screem	n - Prev Screen ?? More Actions	>>>
CO Copy Dialog	DT Dialog Text RI Reminder Inquir	У
DD Detailed Display	ED Edit/Delete Dialog QU Quit	
DP Progress Note Text	: INQ Inquiry/Print	
Select Sequence: Next S	Screen//	-

Figure 12-6: Sample Dialog Edit List window

- 1. Select the dialog. It will say Disabled instead of Linked.
- 2. Choose ED (Edit/Delete Dialog).
- 3. The second prompt will have: DISABLE: DISABLED IN EXCHANGE Replace.
- 4. Enter @ to delete this and say YES when it asks SURE YOU WANT TO DELETE?
- 5. Type ^ to quit editing.
- 6. The dialog should now say Linked.

#### 12.1.2 Dialog Doesn't Link Automatically

Follow these steps if you do not see a dialog name under Linked Dialog Name and Dialog status.:

```
REMINDER VIEW (ALL REMINDERS BY NAME)

Item Reminder Name

8 IHS-ANTICOAG DURATION OF TX 2011 IHS-ANTICOAG DURATION OF TX

9 IHS-ANTICOAG INR GOAL 2011 IHS-ANTICOAG INR GOAL 2011

10 IHS-ANTICOAG OCCULT BLOOD 2011 IHS-ANTICOAG OCCULT BLOOD 2

11 IHS-ANTICOAG THERAPY END DATE 2011 IHS-ANTICOAG THERAPY END DA

12 IHS-ANTICOAG UA 2011 IHS-ANTICOAG UA 2011

13 IHS-ASBI BNI 2011 IHS-ASBI BNI 2011
```

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14 IHS-ASBI SCREENING 2011 IHS-ASBI SCREENING 2011 15 IHS-ASTHMA ACTION PLAN 2011 16 IHS-ASTHMA CONTROL 2009 + Next Screen - Prev Screen ?? More Actions + >>> ARAll remindersLRLinked RemindersQUQuitCVChange ViewRNName/Print Name Select Item: Next Screen//15 REMINDER NAME: IHS-ASTHMA ACTION PLAN 2011 Latest Update Linked Reminders Item Dialog Name Other dialogs generated from this reminder: 1 IHS-ASTHMA ACTION PLAN 2011 \*NONE\* + Next Screen - Prev Screen ?? More Actions AD Autogenerate Dialog QU Quit LR Link Reminder >>> Select Item: Quit// LR REMINDER NAME: IHS-ASTHMA ACTION PLAN 2011 LINKED REMINDER DIALOG: IHS-ASTHMA ACTION PLAN 2011 Dialog Selection List Feb 13, 2012 18:12:01 Page: 1 of 1 REMINDER NAME: IHS-ASTHMA ACTION PLAN 2011 Item Dialog Name Latest Update Linked Reminders This reminder is linked to dialog: 1 IHS-ASTHMA ACTION PLAN 2011 IHS-ASTHMA ACTION PLAN + Next Screen - Prev Screen ?? More Actions >>> AD Autogenerate Dialog QU Quit LR Link Reminder Select Item: Quit//

Figure 12-7: Reminder Dialog – Linking dialog to the reminder

## **13.0** Dialog Parameter Changes

The following describes Step 10: Dialog Parameter Changes. It describes two modifications to the dialog parameters that must be made after installing the dialogs in this patch.

#### 13.1 Disable the Diagnoses Code for Historical Entries

Reminder Configuration | Reminder Dialog Management | Dialog Parameters | General Finding Type Parameters

```
General Finding Type Parameters
        Health Factor Resolutions
  HFR
  ITM Finding Item Parameters
  RES Reminder Resolution Statuses
  TAX Taxonomy Dialog Parameters
  TYP General Finding Type Parameters
Select Dialog Parameters Option: TYP
Finding Type Parameters
 Item Finding Type Parameter
  1 ASTHMA CONTROL
  2 PROCEDURE (CPT)
  3 EDUCATION TOPIC
  4 EXAM
  5 HEALTH FACTOR
  6 IMMUNIZATION
  7 ORDERABLE ITEM8 DIAGNOSIS (POV)
                          Select 8
  9 REFUSAL TYPE
  10 SKIN TEST
  11 VITAL MEASUREMENT
+ Next Screen - Prev Screen ?? More Actions
                                                                >>>
PT List/Print All QU Quit
Select Item: Quit// 8
FINDING TYPE PARAMETER NAME: POV - Diagnosis (Taxonomy)
                           Prefix//Suffix & Prompts/Values/Actions Status
 Resolution Status
1 DONE AT ENCOUNTER
                           Diagnosis recorded at encounter/ Enabled
                            1.
                            1] PXRM PRIMARY DIAGNOSIS
                            2] PXRM COMMENT
                            3] PXRM ADD TO PROBLEM LIST
2 DONE ELSEWHERE (HISTORICAL) History of Diagnosis/
                                                                    Enabled
                            1.
                            1] PXRM VISIT DATE
                            2] PXRM OUTSIDE LOCATION
                            3] PXRM COMMENT
                            4] PXRM PRIMARY DIAGNOSIS
```

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**Dialog Parameter Changes** 

5] PXRM ADD TO PROBLEM LIST
+ Next Screen - Prev Screen ?? More Actions >>>
INQ Inquiry/Print QU Quit
Select number of Resolution Status to Edit: Quit//2 <==Edit number 2 and disable
DONE ELSEWHERE
ED - EDIT FINDING TYPE PARAMETER
FINDING TYPE PARAMETER NAME: POV - Diagnosis (Taxonomy)
RESOLUTION STATUS : DONE ELSEWHERE (HISTORICAL)
DISABLE RESOLUTION STATUS: DISABLED <==
DISABLE RESOLUTION STATUS: DISABLED
PREFIX TEXT: History of Diagnosis Replace ^<== "uphat" to quit</pre>

Figure 13-1: Beginning instructions

```
FINDING TYPE PARAMETER NAME: POV - Diagnosis (Taxonomy)
 Resolution Status
                           Prefix//Suffix & Prompts/Values/Actions Status
1 DONE AT ENCOUNTER
                          Diagnosis recorded at encounter/ Enabled
                           1.
                           1] PXRM PRIMARY DIAGNOSIS
                           2] PXRM COMMENT
                           3] PXRM ADD TO PROBLEM LIST
2 DONE ELSEWHERE (HISTORICAL)History of Diagnosis/
                                                                    Disabled 🗌
                            1.
                           1] PXRM VISIT DATE
                           2] PXRM OUTSIDE LOCATION
                           3] PXRM COMMENT
                           4] PXRM PRIMARY DIAGNOSIS
                           5] PXRM ADD TO PROBLEM LIST
         + Next Screen - Prev Screen ?? More Actions
                                                                         >>>
INQ Inquiry/Print QU Quit
Select number of Resolution Status to Edit: Quit//
```

Figure 13-2: Example of Disabling the Diagnosis Code for Historical Entries

## 13.2 Editing Asthma Diagnosis Taxonomy Dialog

Reminder Configuration | Reminder Dialog Management | Dialog Parameters | General Finding Type Parameters

General Finding Type Parameters HFR Health Factor Resolutions ITM Finding Item Parameters

Addendum to Installation Notes July 2012 **Dialog Parameter Changes** 

RES Reminder Resolution Statuses Taxonomy Dialog Parameters TAX TYP General Finding Type Parameters Select Dialog Parameters Option: TAX Taxonomy Dialog Item Reminder Taxonomy 1 IHS-ALCOHOL SCREEN 2 IHS-ALCOHOL SCREEN 2007 3 IHS-ASTHMA 2007 <-- this one 4 IHS-BARIUM ENEMA 5 IHS-BILATERAL MASTECTOMY 2008 6 IHS-COLONOSCOPY 7 IHS-COLONOSCOPY 2007 8 IHS-COLORECTAL CANCER 9 IHS-DEPO PROVERA 10 IHS-DEPOPROVERA CODES 11 IHS-DEPRESSION CODES 2007 12 IHS-DEPRESSION SCREEN 13 IHS-DIABETES DX 14 IHS-DIABETES DX 2007 15 IHS-DIABETES PROBLEMS ONLY 16 IHS-DIABETIC NEPHROPATHY + Next Screen - Prev Screen ?? More Actions >>> PT List/Print All QU Quit Select Item: Next Screen//3 <--Enter the # for IHS-ASTHMA 2007 TAXONOMY NAME: IHS-ASTHMA 2007 Taxonomy Dialog IHS-ASTHMA 2007 1 1.1 IHS-ASTHMA 2007 Selectable codes: 493.00 EXTRINSIC ASTHMA, UNSPECIFIED 493.01 EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS 493.02 EXTRINSIC ASTHMA, WITH (ACUTE) EXACERBAT 493.10 INTRINSIC ASTHMA, UNSPECIFIED 493.11 INTRINSIC ASTHMA WITH STATUS ASTHMATICUS 493.12 INTRINSIC ASTHMA, WITH (ACUTE) EXACERBAT 493.20 CHRONIC OBSTRUCTIVE ASTHMA, UNSPECIFIED 493.21 CHRONIC OBSTRUCTIVE ASTHMA, WITH STATUS A 493.22 CHRONIC OBSTRUCTIVE ASTHMA, WITH (ACUTE) 493.81 EXERCISE INDUCED BRONCHOSPASM 493.82 COUGH VARIANT ASTHMA 493.90 ASTHMA, UNSPECIFIED 493.91 ASTHMA, UNSPECIFIED TYPE, WITH STATUS AS 493.92 ASTHMA, UNSPECIFIED, WITH (ACUTE) EXACER + Next Screen - Prev Screen ?? More Actions >>> ED Edit INQ Inquiry/Print QU Quit Select Action: Next Screen// ED <-edit Dialog Text Fields DIALOG HEADER TEXT: ASTHMA DIAGNOSIS <---Type in "Asthma Diagnosis" CURRENT VISIT DX DIALOG HDR: //Today's Purpose of Visit: <-- Type"Today's Purpose of Visit HISTORICAL VISIT DX DIALOG HDR: DIALOG HEADER TEXT: Replace ^ <--uphat to exit

Figure 13-3: Editing the Asthma 2007 Dialog Header

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## 14.0 Review Reminder Terms

The following is information about Step 11: Review Reminder Terms. It describes how to review and populate reminder terms.

Reminder terms that are education topics, exams, health factors or VA drug classes are installed automatically when the build is installed and do not need to be edited. Reminder terms that are laboratory tests or individual drugs need to be edited by the site. Since each site has different lab tests or drugs, these terms come empty and therefore, reminders will not resolve until they are populated.

The following are reminder terms that need to be checked in PXRM 1.5p1008. If you used OVERWRITE when installing the term, you may have overwritten a term that you had previously populated. Please refer to the Appendix for a detailed list of all reminder terms and their contents.

IHS-ASPIRIN IHS-DEPO PROVERA IHS-DEPO PROVERA ORDERABLE ITEM IHS-DIAB NEPHROPATHY LABS IHS-EGFR IHS-FECAL OCCULT BLOOD IHS-HGBA1C IHS-HGBA1C REEVALUATE IHS-HGBA1C REEVALUATE IHS-LIPID LAB TESTS IHS-MAMMOGRAM TERMS IHS-PAP SMEAR IHS-CLOPIDOGREL IHS-URINE ALBUMIN

- 1. Reminder Configuration Menu | Reminder Term Management | Inquire about Reminder Term menu option.
- 2. Review the term first using the "Inquire about Reminder Term" menu option.

```
Reminder Term Management

CPY Copy Reminder Term

EDT Reminder Term Edit

INQ Inquire about Reminder Term

Select Reminder Term Management Option: INQ

Inquire about Reminder Term

Select Reminder Term: IHS-HGBAlc

1 IHS-HGBALC VISN
```

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**Review Reminder Terms** 

2 IHS-HGBA1C REEVALUATE VISN CHOOSE 1-2: 1 IHS-HGBA1C VISN DEVICE: VIRTUAL TERMINAL Right Margin: 80// \_\_\_\_\_ IHS-HGBA1C Class: VISN Sponsor: Date Created: Review Date: Description: The lab tests at a site that are the hemoglobin Alc test Edit History: Edit Date: NOV 11,2004 11:50 Edit By: HAGER, MARY G Edit Comments: Findings: <- The finding may be blank. Follow the instructions to enter the items that are being used by your site.

Figure 14-1: Beginning instructions

3. Edit the Reminder: Select "Reminder Term Edit" from the Reminder Term Management Menu

```
СРҮ
       Copy Reminder Term
EDT
       Reminder Term Edit
INO
       Inquire about Reminder Term
Select Reminder Term Management Option EDT
Select Reminder Term:
                       IHS-HGBA1C VISN
        ...OK? Yes// (Yes)
NAME: IHS-HGBA1C//
CLASS: VISN//
REVIEW DATE:
DESCRIPTION:
The lab tests at a site that are the hemoglobin Alc test
 Edit? NO//
Select FINDING ITEM: // ??
   Choose from:
   HGBA1C
   HGB A1C (REF)
   HGB A1C (WWH)
        You may enter a new FINDINGS, if you wish
        Enter one of the following:
          DR.EntryName to select a DRUG
          ED.EntryName to select a EDUCATION TOPIC
          EX.EntryName to select a EXAM
          HF.EntryName to select a HEALTH FACTOR
          IM.EntryName to select a IMMUNIZATION
          LT.EntryName to select a LABORATORY TEST
          MT.EntryName to select a MEASUREMENT TYPE
          OI.EntryName to select a ORDERABLE ITEM
```

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**Review Reminder Terms** 

RP.EntryName to select a RADIOLOGY PROCEDURE CF.EntryName to select a REMINDER COMPUTED FINDING TX.EntryName to select a REMINDER TAXONOMY ST.EntryName to select a SKIN TEST DC.EntryName to select a VA DRUG CLASS DG.EntryName to select a VA GENERIC VM.EntryName to select a VITAL MEASUREMENT To see the entries in any particular file type <Prefix.?> If you simply enter a name then the system will search each of the above files for the name you have entered. If a match is found the system will ask you if it is the entry that you desire. However, if you know the file the entry should be in, then you can speed processing by using the following syntax to select an entry: <Prefix>.<entry name> or <Message>.<entry name> or <File Name>.<entry name> Also, you do NOT need to enter the entire file name or message to direct the look up. Using the first few characters will suffice. Select FINDING ITEM: HGBA1C// LT.HGBA1C Searching for a LABORATORY TEST, (pointed-to by FINDING ITEM) HGBA1C ... OK? Yes// YES FINDING ITEM: HGBA1C// EFFECTIVE PERIOD: USE INACTIVE PROBLEMS: WITHIN CATEGORY RANK: EFFECTIVE DATE: MH SCALE: CONDITION: CONDITION CASE SENSITIVE: RX TYPE: Select FINDING ITEM: Input your edit comments. Edit? NO//

Figure 14-2: Adding a lab test to a lab reminder term

**Important**: If there is more than one test that will satisfy the reminder, enter each one!

# 15.0 Manually Update Dialogs

The following is information about Step 12: Manually Update Dialogs

If your site has NOT made any changes to the existing national dialogs, skip to the next section.

If you removed additional findings in Step 5, then you might want to add them back in. Consider manually updating the dialogs. If you've modified a dialog, installation of a new dialog element/group with the same name from the exchange will overwrite:

- a. any populated field resolution, finding item, dialog text, etc.
- b. blank fields do not overwrite anything and will not remove additional findings if you added them previously. This can cause errors on install and/or require manual updating.

# **16.0 EHR Reminder Configuration**

The following is information about Step 13: EHR Reminder Configuration

It describes how to configure the Electronic Health Record to display the reminders. Sites can choose to activate the reminders just for specific users during a testing phase. If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab.

This section describes how to remove the old reminders from the EHR and add the new ones. If your site does not use the reminder, then do not add the reminder to EHR because it will always show up as due.

Follow these steps to remove the old reminders from the display:

- 1. From EHR, click on the reminder clock
- 2. Select Action | Edit Cover Sheet Reminder List. Reminders can be edited for the System, Division, Service, Location, User Class or User. Sites can choose to activate the reminders for specific users during a testing phase.
- 3. Sites should remove old reminders from the System Level once they are ready to deploy the new reminders across the facility. Double click on the old reminder(s) listed in the bottom right pane to remove it from the cover sheet list.
- 4. Select the reminders with the date 2011 from the "Available Reminders & Categories" column and double click to add them to the System Level Reminders column.

**Note:** The IHS-IMMUNIZATION FORECAST 2011 reminder must be at the top of the list.



Figure 16-1: Clinical Reminders and Reminder Categories displays on Cover Sheet window

Note:	The following dialogs were not intended to be setup as reminders. Do not link these dialogs to their reminder. The reminder is a blank reminder that was used as a vehicle to import/export the dialog. Follow the instructions in the TIU Reminder Dialogs Section to set these up as templates instead of Reminders.
IHS-A	SBI BNI 2011
IHS-A	SBI SCREENING 2011
IHS-A	STHMA INTAKE 2011
IHS-M	1ED ED 2011
IHS-M	IED THERAPY MNGT 2011
IHS-P	ED PEDIARIX IMMUN 2011
IHS-P	HN HOSP DC VISIT 2011
IHS-P	HQ9 SCREEN 2011

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**IHS-SCREENING BUNDLE 2011** 

## **17.0** Inactivate the Old Reminder and Dialog

The following is information about Step 14: Inactivate the Old Reminder and Dialog

When the new reminders are active, inactivate the old dialogs and all the old reminders:

1. Inactivate the dialog through the Reminder Dialog menu option:

Reminder Dialog Management | Reminder Dialogs | Select Reminder # | Select Dialog # | Edit/Delete Dialog | Enter YES at the DISABLED prompt.



Figure 17-1: Dialog Edit List window

2. Use the Activate/Inactivate Reminders Menu Option to inactivate the Reminder:

RPMS-EHR Configuration Master Menu Option | Reminder Managers Menu Option | Reminder Definition Management | Activate/Inactivate Reminders

```
DEMO INDIAN HOSPITAL
                             RPMS-EHR Management
                                                               Version 1.1
                        Reminder Definition Management
  CPY Copy Reminder Definition
  EDT Add/Edit Reminder Definition
  INQ Inquire about Reminder Definition
  LST
        List Reminder Definitions
        Activate/Inactivate Reminders <--
  RA
Select Reminder Definition Management Option: RA
elect REMINDER DEFINITION NAME: IHS-ASTHMA CONTROL
    1
       IHS-ASTHMA CONTROL 2009
                                     NATIONAL
```

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Inactivate the Old Reminder and Dialog

```
2 IHS-ASTHMA CONTROL 2011 NATIONAL
CHOOSE 1-2: 1 IHS-ASTHMA CONTROL 2009 NATIONAL
INACTIVE FLAG: I
```

Figure 17-2: Inactivating the Old Reminder and Dialog

3. You may wish to print a fileman report that lists all of your Active Reminder Definitions:

**Generate a list of Active Clinical Reminders in Fileman** Select Search Template System Option: fgen FileMan (General)

- 1 Enter or Edit File Entries
- 2 Print File Entries
- **3** Search File Entries
- 4 Inquire to File Entries

Select FileMan (General) Option: 3

Prompt	User entry
OUTPUT FROM WHAT FILE: REPRODUCTIVE FACTORS//	REMINDER DEFINITION
-A- SEARCH FOR REMINDER DEFINITION FIELD:	1.6
-A- CONDITION:	Null
-B- SEARCH FOR REMINDER DEFINITION FIELD:	<enter></enter>
IF: A// INACTIVE FLAG NULL	<enter></enter>
STORE RESULTS OF SEARCH IN TEMPLATE:	<enter></enter>
SORT BY: NAME//	<enter></enter>
START WITH NAME: FIRST//	<enter></enter>
FIRST PRINT FIELD:	.01;L50
THEN PRINT FIELD:	1.6;L10
Heading (S/C): REMINDER DEFINITION SEARCH Replace	<enter> With Active Reminders</enter>
Replace	<enter></enter>
STORE PRINT LOGIC IN TEMPLATE:	<enter></enter>
DEVICE: CONSOLE Right Margin: 80//	<enter> (to scroll on screen</enter>
	0;80;99999 (if you want have session log on )

Figure 17-3: Generate list of Active Reminders in Fileman

Your list will look similar to the	is:	
Active Reminders	JUN 12,2012 13:06	PAGE 9
	INACTIV	/E
NAME	FLAG	
IHS-PED DT IMMUN 2012		
IHS-PED DTAP IMMUN 2008		
IHS-PED DTAP IMMUN 2011		
IHS-PED DTAP IMMUN 2012		
IHS-PED FLU IMMUN 2011		
IHS-PED FLU IMMUN 2012		
IHS-PED HEPA IMMUN 2011		
IHS-PED HEPA IMMUN 2012		
IHS-PED HEPB IMMUN 2011		
IHS-PED HEPB IMMUN 2012		
<b>IHS-PED HIBTITER IMMUN 2</b>	011	

Figure 17-4: Active Reminders list from Fileman

#### **18.0** Setup TIU Reminder Dialogs as Templates

The following is information about Step 15:

Setup TIU Reminder Dialogs as Templates. Several TIU reminder dialogs were included in this build. Sites can create these as TIU templates using the following instructions.

- 1. Select the menu options: RPMS-EHR Configuration Master Menu Option | TIU Parameters ... | Reminder Dialogs Allowed as Templates
- 2. Add the Dialogs to the TIU parameter TIU TEMPLATE REMINDER DIALOGS

TIU TEMPLATE REMINDER DIALOGS may be set for the following: 1UserUSR[choose from NEW PERSON]3ServiceSRV[choose from SERVICE/SECTION]4DivisionDIV[choose from INSTITUTION]5SystemSYS[DEMO.MEDSPHERE.COM] Enter selection: 5 System DEMO.MEDSPHERE.COM --- Setting TIU TEMPLATE REMINDER DIALOGS for System: DEMO.MEDSPHERE.COM ---Select Display Sequence: ? Display Sequence Value \_\_\_\_\_ \_\_\_\_ 1 561 IHS-ALLERGY 2011 2 3 IHS-PED PEDIARIX IMMUN 4 TEST VITAL 5 LOCAL EKG б TEST GROUP ORDERS 7 TIU-ASTHMA DOCUMENTATION 8 IHS-ASBI BNI 2011 10 IHS-ASBI SCREENING 2011 11 12 IHS-ASTHMA INTAKE 2011 13 IHS-MED ED 2011 14 IHS-MED THERAPY MGNT 2011 Select Display Sequence: 15 Are you adding 15 as a new Display Sequence? Yes// YES Display Sequence: 15// 15 Clinical Reminder Dialog: IHS-PHQ9 SCREEN 2011 reminder dialog LOCAL ...OK? Yes// (Yes) Select Display Sequence: 16 Are you adding 16 as a new Display Sequence? Yes// YES Display Sequence: 16// 16 Clinical Reminder Dialog: IHS-SCREENING BUNDLE 2011 reminder dialog LO CAL ...OK? Yes// (Yes)

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Setup TIU Reminder Dialogs as Templates

#### Select Display Sequence:

Figure 18-1: Adding Reminder Dialogs to Templates

- 3. In the Template Editor on the Notes Tab in TIU, you can set these templates up as Reminder templates.
- 4. Create a New Template and name it.

Select the type to be Reminder Dialog from the dropdown

5. Select the dialog to attach from the other drop down menu:

Template Editor		_ O ×
Edit Action Tools Shared Templates	Personal Templates	New Template Personal Template Properties News Pt/D0 Survey
Document Titles     Consult Reasons for Request	Asthina Intake ASBI Screening ASBI BNI	Template Type: Reminder Dialog  Reminder The PHQ3 Screen 2011 Active Active CDialog
		Ichary     If Hide Rems     In Templates     Index Drayer     Index     Index Drayer     Index Drayer     Index Drayer
	ana baawa, baawa,	
Egit Shared Template:	F Show Template Notes	OK Cancel Apply

Figure 18-2: Attaching a dialog to a template

6. Click Apply to save your template It can now be used in any way that you normally use a TIU template.

#### 18.1 IHS-ASBI BNI 2011

Alcohol documentation which includes CPT coding and education codes.

Last 3 CRFT: No CRFT Found	Reminder Dialog Template: ASBI-BNI			
Last 3 CRFT: No CRFT Found ****** http://host.acep.org.tmp3.secure-xp.net/sbi/dialogue.htm1#06 ************************************	No menoviemento	<u> </u>		
http://host.acep.org.tmp3.secure-xp.net/sbi/dialogue.htmlf06 INFORMATIONAL ONLY  1. Review results of screen with patient. 2. Ask patient to describe what risk level they thought they were. 3. Compare their perception with normal and abnormal alcohol use patterns  Patient notes current consequences of drinking are:  Patient notes current consequences of drinking are:  * Indicates a Required Field  * Indicates a Required Field  Diagnoses: SCREENING FOR ALCOHOLISM Patient Educations: AOD-ALCOHOL SCREENING AND BRIEF INTERVENTION  Finish Cancel	Last 3 CRFT: No CRFT Found	-		
http://host.acep.org.tmp3.secure-xp.net/sbi/dialogue.html#06 INFORMATIONAL ONLY 1. Review results of screen with patient. 2. Ask patient to describe what risk level they thought they were. 3. Compare their perception with normal and abnormal alcohol use patterns INFORMATIONAL ONLY Patient notes current consequences of drinking are: 	***************************************	*****		
INFORMATIONAL ONLY  1. Review results of screen with patient. 2. Ask patient to describe what risk level they thought they were. 3. Compare their perception with normal and abnormal alcohol use patterns  Patient notes current consequences of drinking are:	http://host.acep.org.tmp3.secure-xp.net/sbi/dialogue.html#06			
	**************************************	****		
2. Ask patient to describe what risk level they thought they were. 3. Compare their perception with normal and abnormal alcohol use patterns Patient notes current consequences of drinking are: 	INFORMATIONAL ONLY 1. Review results of screen with natient.			
3. Compare their perception with normal and abnormal alcohol use patterns  Patient notes current consequences of drinking are:  Patient notes current consequences of drinking are:  Patient notes current consequences of drinking are:  Patient Screen Scree	2. Ask patient to describe what risk level they thought they were.			
Patient notes current consequences of drinking are:	3. Compare their perception with normal and abnormal alcohol use p	atterns		
Patient notes current consequences of drinking are:	*****			
Patient notes current consequences of drinking are: * Indicates a Required Field * Indicates a Required Field Diagnoses: SCREENING FOR ALCOHOLISM Patient Educations: AOD-ALCOHOL SCREENING AND BRIEF INTERVENTION Finish Cancel				
Indicates a Required Field      Indicates a Required Fiel	Patient notes current consequences of drinking are:			
Indicates a Required Field      Indicates a Required Fiel				
Indicates a Required Field      Indicates a Required Fiel				
Indicates a Required Field     Indicates a Required Field      Diagnoses: SCREENING FOR ALCOHOLISM Patient Educations: AOD-ALCOHOL SCREENING AND BRIEF INTERVENTION      Finish Cancel				
Indicates a Required Field      Indicates a Required Fiel		<u> </u>		
* Indicates a Required Field  Totagnoses: SCREENING FOR ALCOHOLISM Patient Educations: AOD-ALCOHOL SCREENING AND BRIEF INTERVENTION  Finish Cancel				
Diagnoses: SCREENING FOR ALCOHOLISM Patient Educations: AOD-ALCOHOL SCREENING AND BRIEF INTERVENTION	* Indicates a He	equired Field		
Diagnoses: SCREENING FOR ALCOHOLISM Patient Educations: AOD-ALCOHOL SCREENING AND BRIEF INTERVENTION Finish Cancel				
Diagnoses: SCREENING FOR ALCOHOLISM Patient Educations: AOD-ALCOHOL SCREENING AND BRIEF INTERVENTION Finish Cancel				
Diagnoses: SCREENING FOR ALCOHOLISM Patient Educations: AOD-ALCOHOL SCREENING AND BRIEF INTERVENTION Finish Cancel		•		
Patient Educations: AOD-ALCOHOL SCREENING AND BRIEF INTERVENTION Finish Cancel				
Finish Cancel	Patient Educations: AOD-ALCOHOL SCREENING AND BRIEF INTERVENTION			
Finish Cancel				
	- Finish	Cancel		

Figure 18-3: ABSI Documentation Part 1



Figure 18-4: ABSI Documentation tool Part 2

## 18.2 IHS-ASBI SCREENING 2012

Alcohol Screening dialog tool with 3 different types of screening

Reminder Resolution: ASBO Screening dialog only STANDARD DRINK (from www.cdc.gov) In the United States, a standard drink is any drink that contains 0.6 ounces (13.7 grams or 1.2 tablespoons) of pure alcohol or approximately: 12 ounces of regular beer or wine cooler 8 ounces of malt liquor 5 ounces of wine 1.5 ounces of 80 proof distilled spirits (example: gin, rum, vodka, whiskey) \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Last 3 AUDT: No AUDT Found Last 3 AUDC: No AUDC Found Last 3 CRFT: No CRFT Found -- AUDIT-C --(use to assess for hazardous alcohol use) -- AUDIT --(use to assess for hazardous alcohol use and alcohol dependence) -- CRAFFT --(use with ADOLESCENTS to assess for hazardous alcohol and other drug use disorders) \* Indicates a Required Field Clear Clinical <u>M</u>aint < Back Next > Finish Cancel

Figure 18-5: Alcohol ASBI Screening Tool

#### 18.3 IHS-ASTHMA INTAKE 2012

Asthma Intake tool for asthma data. Allows for input of vital signs, triggers and symptom history.



Figure 18-6: Asthma Intake Part 1

Reminder Res	solution: Asthma Intake dialog only 📃 🗖 🗙				
	Risk =====				
# oral	. steroid courses past year?				
	○ 0 ○ 1 • 2 or more */**				
🔽 As	sthma Triggers				
*** 3/	thme Triggers are sumulative only ADD if reports new triggers				
No	data available for ASTHMA TRIGGERS				
	Air Pollutants				
i i i	Animal				
Ξ.	Change in weather				
Ē	Cockroaches				
Ē	Exercise				
Γ	Menses				
	Mold				
	Pollen				
	Strong emotional expression				
	Tobacco smoke				
	Viral infection				
	Other trigger				
🔽 То	obacco use and exposure assessment				
	Tobacco Use Assessment				
	Tobacco Exposure Assessment				
•	l l l l				
	* Indicates a Required Field				
<b>^</b>					
Asthma Inta	ke dialog only:				
Measurements: HC:10.00 (25.40 cm)					
Best Peak Flow: None found					
Asthma Questionnaire					
Cur	rent symptoms: NONE				
Clear	Clinical Maint Coursel				

Figure 18-7: Asthma Intake Part 2

#### 18.4 IHS-MED ED 2011

Medication counseling dialog template



Figure 18-8: Med Education Dialog

## 18.5 IHS-MED THERAPY MNGT 2011

Dialog for documentation of medication management therapy including a patient wellness handout. Sites need a health summary object called PWH MED REC FOR MTM to load this dialog. Includes action plan, documentation of education and the CPT codes for this activity.

Reminder Dialog Template: MED THERAPY	
Medication Action Plan for DEMO,FATHER Thank you for taking the time to meet with me today about your medicines. The main points of our discussion are:	<u> </u>
The Medication Action Plan has steps you should take to help get the most benefit from your medicines and help solve problems we talked about during your review. The Personal Medication List will help you to keep track of your medicines and to take them the right way. Please take your Medication Action Plan and Personal Medication List with you to each appointment with your doctor, and ask your doctor and pharmacist to check and update them at your regular visits, and if you are admitted to the hospital. If you have any questions or concerns about this letter, the Medication Action Plan, or Personal Medication List, please call	- -
× Indicates a Be	ouired Field
A maddes of reconstruction entered>	
Finish	Cancel

Figure 18-9: Medication Therapy part 1

Reminder Dialog Template: MED THERAPY
Directions: TAKE ONE (1) CAPSULE MOUTH THREE TIMES A DAY
4. VITAMIN & HOOLO CAP Directions: TAKE ONE (1) CAPSULE MOUTH AT BEDTIME
******** END CONFIDENTIAL PATIENT INFORMATION [DU] Aug 30, 2011 ********
Level of Understanding: Good 🗸
Education duration: 0
Comment:
Additional Information:
Follow up:
Services Provided
99605 - MTM Initial 15 minutes, New Patient
99605 - MTM Initial 15 minutes, Established Patient 99607 - MTM additional 15 minutes
* Indicates a Required Field
******** END CONFIDENTIAL PATIENT INFORMATION [DV] Aug 30, 2011 ********
Procedures: MTMS BY PHARM NP 15 MIN
Patient Educations: M-FOLLOW-UP, M-INFORMATION
Finish Lancel

Figure 18-10: Medication Management part 2

#### 18.6 IHS-PED PEDIARIX IMMUN 2012

This dialog is used to document the immunization. It is not intended to be used in a reminder for forecasting information. Please refer to the reminder for each individual component of this vaccine for forecasting information.



Figure 18-11: Pediarix documentation

# 18.7 IHS-PHN HOSPITAL DC VISIT 2011

This dialog allows documentation of PHN Hospital discharge visit information. This extensive template allows for documentation of Occupational Health Factors, tobacco, alcohol, depression, IPV screening, functional status, and visit SOAP information.

Reminder Resolution: PHN Hosp DC dialog only ٠ Enter the following in EHR prior to using dialog -- Chief Complaint -- Vital signs -- Activity time -- Functional assessment if 55 or older (in "Personal Health") -- Any refusals (in "Personal Health") -- POV for visit ····· PUBLIC HEALTH NURSING FOLLOW UP \*C HOME C OFFICE C OTHER (specify) visit with ABEITA, JILLIAN ROSE, FEMALE, 71 yrs old Referral received: ----From: C Hospital discharge C Hospital discharge after readmission C Obstetrical ward and related to Family present during visit? C Yes C No SUBJECTIVE No Chief Complaint. • . <sup>•</sup> Indicates a Required Field PHN Hosp DC dialog only: \_\_\_\_\_ PUBLIC HEALTH NURSING FOLLOW UP visit with ABRITA IILLIAN ROSE FEMALE 71 vrs old **\*** ..... Clear Clinical <u>M</u>aint Finish Cancel

Figure 18-12: PHN Hospital DC Visit Documentation

🌏 Reminde	r Resolution: PHN H	losp DC dialog o	nly			
SU	BJECTIVE					
No	Chief Complaint.					
	Screening					
Alc	ohol screening:					
- 1	None Found					
- :	Last 3 AUDC: No	AUDC Found				
- :	Last 3 CRFT: No	CRFT Found				
Tob	acco use/Exposui	ce				
-						
NEVE	R USED SMOKELESS	3 TOBACCO - A	ug 21, 200	1		
NEVE	R SMOKED - Aug 2	21, 2001				
Dep	ression screenim	nd:				
- 1	Date: Dec 13, 20	)ll Results:	PRESENT			
- :	Last PHQ2:					
Last	3 PHQ2: 2 (Dec	- 15, 2011@08	:33:54)			
	3 (Dec	- 13, 2011@20	:09:01)			
Int	imate partner vi	iolence scree	ning:			
- 1	None Found					
0cc	upation health :	factor:				
1	No OCCUPATION he	ealth factors	found for	patient		
	<d click="" here="" t<="" th=""><th>o update scr</th><th>eening</th><th></th><th></th><th></th></d>	o update scr	eening			
	📃 <<< Click h	ere to enter	new Alcoh	ol Screeni	ng	
	🔲 Kanala Click h	ere to enter	new Tobac	co Screeni	ng	
	🔲 <<< Click h	ere to enter	new Depre	ssion Scre	ening	
	🔽 <<< Click h	ere to enter	new Intim	ate Violen	ce Partner	
	Screening					
		ere to enter	new Occup	ation Healt	th Factor	
	סרידדיס			,	—	
<u> </u>						
					* Indicates a Re	equired Field
PHN Hos	o DC dialog only	r:				_
					-	
1	PUBLIC HEALTH N	RSING FOLLOW	UP			
	visit with					-
	ARETTA .TTLLT	IN ROSE FEMA	LR 71 vrs	h lo		
Clear	Clinical Maint		< Back	Next >	Finish	Cancel

Figure 18-13: Screening section of the dialog

🌏 Ren	ninder Resolution: PHN Hosp D	C dialog only				
<u> </u>		-			<b>_</b>	
	OBJECTIVE					
	-					
	Patient is Alert and Or Cooperative with care?	ientated to O Yes O No		•		
	Appetite C Good C Fair	C Poor				
	Adequate food $*\mathbb{C}$ is	C is not availab	le			
	Personal Hygiene : C Kempt-clean groomi	ng/clothing noted				
	C Unkempt-poor groom	ning/malodor noted				
	Ambulation:					
	C Independent					
	C Dependent on cane					
	C Dependent on walks	er Ishoir				
	C Confined to hed	chair				
	· contined to bed					
	Mucous Membranes : C mo	oist C dry				
	Skin : warm, dry, intac	t 💌				
	Lungs : clear to auscul	tatior 🔻 bilater	ally .	-		
	Heart : Regular Rate an	d Rhythm	<b>▼</b>			
	Edema : none noteć v x	4 extremities V	emicres_			
_						
4					►	
		••••••		* Indicates a F	Required Field	
PHN	Hosp DC dialog only:					
PUBLIC HEALTH NURSING FOLLOW UP						
visit with						
	ARETTA .TTLI.TAN RO	SR FRMALR 71 vrs	5 nld		<u> </u>	
Cle	ar Clinical <u>M</u> aint	< Back	Next >	Finish	Cancel	

Figure 18-14: Objective section of the dialog

Reminde	er Resolution: PHN	Hosp DC dialog	only			
Image:						
ASS	ESSMENT					-
1)	HTN [P]					
PHN	Assessment/Num	sing Diagnos	15 :			
Mod	lern convenience	es in home (c	heck all	that apply	y):	
	Electricity					
	✓ Plumbing					
	Heating					
	Home Phone					
	Air conditio	ning				
	Stove					
	Refrigerator					
	Dishwasher					
	Microwave					
	Computer					
	Cell phone					
Hon	e Risk Assessme	ent				
0	Home environmen	nt - Safe wit	hout risk	factors		
Home environment - the following risk factors were noted:						
	*					
	🗌 Unkempt-u	nclean envir	onment			
	🗌 Steps tha	t are steep				
	🗌 Steps wit	hout handrai	ls			
•						
			• • • • • • • • • • • • • • • • • • • •	• •	Indicates a H	equired Field
PHN Hos	p DC dialog onl	L <b>y</b> :				
	ASSESSMENT					-
Clear	Clinical Maint	1	< Back	Next >	Finish	Cancel

Figure 18-15: Assessment section of the dialog
Reminder Resolution: PHN Hosp DC dialo	ig only			
PLAN OF CARE				–
Short term goal: 🔘 complianc	e with plan	n of care	and follo	ասթ
Long term goal: C optimal le	evel of heal	lth		
Plan of care: referral made of None Primary Care Provider Mental Health Social Services Nicotine Dependence Pr Adult Social Services Child Protective Servi Other	cogram .ces			
DURI Rollow www. DURI kore	minit DDN			_
Discharge plan review	VISIC PRN			
Education provided				
Activity Time				
Activity time:				
Travel time:				الح
		X	'Indicates a F	
PHN Hosp DC dialog only:				
ASSESSMENT				<u> </u>
Clear Clinical <u>M</u> aint	< Back	Next >	Finish	Cancel

Figure 18-16: Plan of Care

### 18.8 IHS-PHQ9 SCREEN 2011

Input dialog to store results of PHQ9 screening tool. Includes a risk assessment and follow up actions.

```
Reminder Dialog Template: PHQ9
                                                                  _ 🗆 🗡
PREVIOUS PHQ scores:
PHQ2: Last 3 PHQ2: 4 (Apr 15, 2011@08:58:24)
Last 3 PHQ9: No PHQ9 Found
 -- PHQ9 Assessment --
  PHQ9 Copyright Pfizer Inc. All rights reserved. Reproduced
     with
       permission. PRIME-MD is a trademark of Pfizer Inc.
     ASK PATIENT: Over the LAST 2 WEEKS, how often have you been
    bothered by any of the following problems?
     1. Little interest or pleasure in doing things
        Response: *
                                               -
     2. Feeling low, depressed, hopeless
        Response: *
                                                 -
     3. Trouble falling or staying asleep, or sleeping too much
        Response: *
                                               -
     4. Feeling tired or having little energy
        Response: *
                                                -
     5. Poor appetite or overeating
        Dacnonca
                  *
                                                 Ψİ
                                                      * Indicates a Required Field
        ------
                                                                       ٠
9. Thoughts that you would be better off dead, or of
   hurting yourself in some other way
                                                                       Ŧ
<No encounter information entered>
                                                         Finish
                                                                  Cancel
```

Figure 18-17: PHQ9 part 1

Reminder Di	log Template: PHQ9		
	not anxious/aggitataed and is accepting	of help.	-
<b>v</b>			
	Risk Assessment		
	<ul> <li>-Referred to Behavioral Health for s</li> </ul>	assessment	
	C -HIGH risk:		
	C - MODERATE risk:		
	C - LOW risk:		
	PHQ Scoring		
0	opyright 3CMtm, September 20098 from www.	.depression-pr	imaryca
p) c	Q9 Provisional dx Treatment H	Recommendation	s
	016		
5	9 Mininal symptoms* Support, ed return 1 md	ducate to call onth	if wor
•			
-		* Indicates a Re	equired Field
-Referred	to Rehavioral Wealth for assessment		<b>_</b>
			H
Vital Measurement Orders: <b>Behavior</b>	: PHQ9 al Health Consult		
		Finish	Cancel

Figure 18-18: PHQ9 part 2

### 18.9 IHS-SCREENING BUNDLE 2011

This dialog was combines the ability to resolve six screening reminders at the same time: Tobacco Use, Activity Level, Alcohol, Depression, Colon Cancer, and IPV /Domestic Violence Screening. Refer to the individual screening dialogs in this section of the guide for details.

🕘 Rem	ninder Resolution: Screening bundle diale	og only			
Me	asurements				
	Blood Pressure				
	Weight:				
! 😐	Height:				
• 🗆	Tobacco Use Screening				
	Activity Level Assessment				
	Alcohol screening				
	Depression screening				
' ¦ :	Intimate partner violence scr	reening			
	Colon cancer screening				
·				* Indicates a	Required Field
I.					
,					ſ
	4				
Clea	ar Clinical <u>M</u> aint	< Back	Next >	Finish	Cancel

Figure 18-19: Screening Bundle

### **19.0** Reviewing the Reminder and Dialog

The following is information about Step 16: Reviewing the Reminder and Dialog.

### 19.1 Reminder Test

Refer to RPMS Clinical Reminders Managers Manual Setup and Maintenance guide for instructions on testing reminders.

- 1. Select Reminder Test (TST) from the Reminder Configuration menu.
- 2. Enter a patient name and the reminder.
- 3. Use the scroll bar to scroll backwards and view the data.

This is an example of a reminder test for IHS-ALCOHOL SCREEN 2011. This reminder is due for this patient.

```
DEMO INDIAN HOSPITAL
                              RPMS-EHR Management
                                                                      Version 1.1
                                 Reminder Test
Select Patient:
 DEMO, ALLERGY CHARLES
                                     <A> M 11-02-1969 XXX-XX-5701 WW 104836
Select Reminder: IHS-ALCOHOL SCREEN 2011
                                              NATIONAL
The elements of the FIEV array are:
FIEV(1)=1
FIEV(1, "DATE")=3110812
FIEV(1, "FINDING") = 31; PXRMD(811.4,
FIEV(1, "SOURCE")=IHS-ALCOHOL 2009
FIEV(1,"TEXT")=Exam: ALCOHOL SCREENING
FIEV(1, "VALUE") =NORMAL/NEGATIVE
FIEV("AGE",1)=1
FIEV("DFN")=23059
FIEV("PATIENT AGE")=42
The elements of the ^TMP(PXRMID,$J) array are:
^TMP(PXRMID, $J, 157, "AGE11A")=1
^TMP(PXRMID,$J,157,"CF ")=08/12/2011 Computed Finding: ; value - NORMAL/NEGATIVE
; Exam: ALCOHOL SCREENING
^TMP(PXRMID,$J,157,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)^(1)&(1)
^TMP(PXRMID,$J,157,"PCL_FOUNDB") = REMINDER DUE: Patient is aged 13-110 and has n
o alcohol screening
^TMP(PXRMID,$J,157,"PCL_FOUNDC")= (exam, measurement, health factor, POV) docume
nted in the past year.
^TMP(PXRMID, $J, 157, "PCL_FOUNDD") =
^TMP(PXRMID,$J,157,"PCL_FOUNDE")= ***This reminder resolves using the RPMS data
found by the
^TMP(PXRMID,$J,157,"PCL_FOUNDF")= PCC Health Maintenance Reminder look up***
^TMP(PXRMID,$J,157,"REMINDER NAME")=Alcohol Screen
^TMP(PXRMID,$J,157,"RESOLUTION LOGIC")=1^(0)!FI(1)^(0)!1
^TMP(PXRMID,$J,157,"zFREQARNG")=Due every 1 year for ages 13Y to 99Y
The elements of the ^TMP("PXRHM", $J) array are:
^TMP("PXRHM",$J,157,"Alcohol Screen")=RESOLVED^3120812^3110812
```

Addendum to Installation Notes July 2012

Reviewing the Reminder and Dialog

^TMP("PXRHM",\$J,157,"Alcohol Screen","TXT",1)= ^TMP("PXRHM",\$J,157,"Alcohol Screen","TXT",2)=Applicable: Due every 1 year for a ges 13Y to 99Y within cohort. ^TMP("PXRHM",\$J,157,"Alcohol Screen","TXT",3)= REMINDER DUE: Patient is aged 13-110 and has no alcohol screening ^TMP("PXRHM",\$J,157,"Alcohol Screen","TXT",4)= (exam, measurement, health factor , POV) documented in the past year. ^TMP("PXRHM",\$J,157,"Alcohol Screen","TXT",5)= ^TMP("PXRHM",\$J,157,"Alcohol Screen","TXT",6)= \*\*\*This reminder resolves using t he RPMS data found by the ^TMP("PXRHM",\$J,157,"Alcohol Screen","TXT",7)= PCC Health Maintenance Remind er look up\*\*\* ^TMP("PXRHM",\$J,157,"Alcohol Screen","TXT",8)= ^TMP("PXRHM",\$J,157,"Alcohol Screen","TXT",9)=Resolution: Last done 08/12/2011 ^TMP("PXRHM",\$J,157,"Alcohol Screen","TXT",10)=08/12/2011 Computed Finding: ; va lue - NORMAL/NEGATIVE; Exam: ALCOHOL

Figure 19-1: Reminder Test Output

This is an example of a reminder test for the IHS-LIPID FEMALE reminder. The patient has diabetes and therefore should have a lipid done yearly.

```
The elements of the ^TMP(PXRMID,$J) array are:
^TMP(PXRMID,$J,2,"FINDING 2_FOUNDB")=Patient is diabetic and should have lipid
profile done yearly
^TMP(PXRMID, $J, 2, "ICD9VPOV 250.00", "CODE")=250.00
^TMP(PXRMID,$J,2,"ICD9VPOV 250.00","DATE")=3050308.141159
^TMP(PXRMID,$J,2,"ICD9VPOV 250.00","DIAG")=DM UNCOMPL/T-II/NIDDM,NS UNCON
^TMP(PXRMID,$J,2,"ICD9VPOV 250.00","PN")=Diabetes Mellitus Type II or unspecified
^TMP(PXRMID,$J,2,"LAB LIP.PAN")=08/01/2003 Laboratory test: LIP.PAN; value - SEE
SEPARATEREPORT.
^TMP(PXRMID,$J,2,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)!FI(2)^(1)&(1)!1
^TMP(PXRMID,$J,2,"REMINDER NAME")=P-Lipid Profile Female
^TMP(PXRMID, $, 2, "RESOLUTION LOGIC")=1^(0)!FI(1)^(0)!1
^TMP(PXRMID,$J,2,"zFREQARNG")=Due every 1 year for all ages
The elements of the ^TMP("PXRHM",$J) array are:
^TMP("PXRHM",$J,2,"P-Lipid Profile Female")=DUE NOW^3040801.09241^3030801.09241
^TMP("PXRHM",$J,2,"P-Lipid Profile Female","TXT",1)=
^TMP("PXRHM",$J,2,"P-Lipid Profile Female","TXT",2)=Applicable: Due every 1 year
for all ages within cohort.
^TMP("PXRHM",$J,2,"P-Lipid Profile Female","TXT",3)=03/08/2005 Encounter Diagnosis:
250.00 DM UNCOMPL/T-II/NIDDM,NS UNCON
^TMP("PXRHM",$J,2,"P-Lipid Profile Female","TXT",4)= Prov. Narr. - Diabetes
Mellitus Type II or unspecified
^TMP("PXRHM",$J,2,"P-Lipid Profile Female","TXT",5)=Patient is diabetic and should
have lipid profile done yearly
^TMP("PXRHM",$J,2,"P-Lipid Profile Female","TXT",6)=
^TMP("PXRHM",$J,2,"P-Lipid Profile Female","TXT",7)=Resolution: Last done 08/01/2003
^TMP("PXRHM",$J,2,"P-Lipid Profile Female","TXT",8)=Reminder Term: IHS-LIPID LAB
TESTS
^TMP("PXRHM",$J,2,"P-Lipid Profile Female","TXT",9)=08/01/2003 Laboratory test:
LIP.PAN; value - SEESEPARATEREPORT.
```

Figure 19-2: Reminder Test Output

### 19.2 View Reminders Due

Users will report when a reminder is due and should not be. They are less likely to notice and report when a reminder is not due when it should be or not applicable when it should be. The Clinical Applications Coordinator must test for this specifically or risk deploying a reminder system that will omit patients erroneously. This results in missed opportunities to screen, monitor and identify interventions for high risk patients.

Follow these steps:

- 1. Log into the RPMS-EHR application. If you've installed any new reminders/dialogs, you will need to log off and then log back on again.
- 2. Pick a patient who would have one of the reminders applicable and due.
  - a. The reminder alarm clock should be RED in someone with a reminder due.
  - b. If you click on the alarm clock, you should see a list of reminders due.
  - c. Right-click on the reminder due and review any of the options in the dropdown menu
- 3. Pick a patient who would have one of the reminders applicable but not due
  - a. The reminder alarm clock should be BLUE in someone with a reminder resolved
- 4. Pick a patient who would not have one of the reminders applicable
  - a. The reminder clock should be WHITE in someone for whom the reminder is not applicable
  - b. Be sure to check all the reminders before adding them to the system level.

### 19.3 View Reminders on Cover Sheet

Below shows Reminders that are "Due Now" or "Due Soon" on Cover Sheet.

Remi	nders
Reminder 🔺	Date
P-HgbA1c	DUE NOW
Tetanus Shot	DUE NOW

Figure 19-3: Sample Reminders on Cover Sheet

### 19.4 View Reminders Icon

The reminder icon is an alarm clock. The clock appears red if reminders are due and blue if there is nothing due. Clicking on the clock displays when reminders are due and when it was last done.

Test,Patient F TE 64565 02-Sep-1999 (9) F USI	<b>ST CLINIC</b> ER,DEMO	17-Aug-2009 15:57 Ambulatory	Prima	ry Care Team Unassig	gned	Pharm Ed	Visit Summ	iary 🦉	ă	<b>Q</b>	2	Posti A
Problem List				Advers	e Reactio	ns			4	lerts	_	
Problem A Date			Agent	▲	Reaction			No	o Crisis	Alerts Fou	und	_
Iron Deficiency Anemia 21 Jun-2000			VALIUN	4	ANXIETY							
Rapid Weight Gain - Overf 21-Jun-2000											_	
			•									
14 P - 2		 []		. · ·			1	VP- 11			_	_
Medications				Heminders				Vital M	leasu	rements		
No Medications Found		Reminder 🔺		Date			Vital		Value			Date
		Asthma Control		DUE NOW			IMP		98.81	- (37.11 C	J	20
		Asthma Managemer	nt Pian	DUE NOW			PU		90 /m	nin 		20.
		Asthma Frimary From	vider	DUE NOW			02		22 / 11	nin		20.
		Asthma sevency		DUENOW			DD		1207	70 mmHa		20.
		Dental Visit		DUENOW			HT		20.47	in 152 cm	a	20.
		DM Dental Exam		DUENOW			WT		176.3	17 lb (80 k	, n	20.
		EPSDT Evaluation		DUE NOW			BMI		295.8	6	<b>b</b> )	20.
		Height		20-Aug-2009 13:26			BMI%		100.2	( ) (		20.
		HepA Ped Immuniza	ation	DUE NOW			PA		2	-		20
		IPV Immunization		DUE NOW			VU		20/20	)		20.
		Lipid Profile Female		DUE NOW								
		MMR Immunization		DUE NOW								
		TD Immunization		DUE NOW								
		Varicella Immunizati	on	DUE NOW								
Status Inpatient/Outpatient	1	Weight		19-Feb-2009 13:26								
Lab Order	s		[]			Appoint	nents and Vi	sits				_
Lab Order 🔺 Status	Date	•		Appointment/Visit		Date 🔻	,	Status				ŀ
HGB BLOOD SP ONCE Indication: Iron Defic COMP	LETE 22-M	1ay-2009 09:35		TEST CLINIC		17-Aug	2009 15:57	AMBULA	ATORY	,		
				Unknown		01-Jul-2	2009 12:00	EVENT (	(HISTO	RICAL)		
				TEST CLINIC		17-Jun	2009 13:09	AMBULA	ATORY	, ``		
				TEST CLINIC		01-Jun-	2009 13:45	AMBULA	ATORY	,		
				TEST CLINIC		22-May	-2009 09:33	AMBULA	ATORY	,		
				TEST CLINIC		20-May	2009 17:07	AMBULA	ATORY	,		
				TEST CLINIC		21-Apr-	2009 11:27	AMBULA	ATORY	,		
				TEST CLINIC		12-Jan	2009 10:00	AMBULA	ATORY			
				TEST CLINIC		05-Nov	2008 13:24	AMBULA	ATORY			
				TEST CLINIC		03-Nov	2008 12:00	AMBULA	ATORY			_
				E TERRET PERMIT		25.000	. /1018/11:46	AMBI II 4	аннву			
				TEST CLINIC		20 Aug	2000 11.40	111000	TODI			

Figure 19-4: View of RPMS-EHR application

Click on the reminder icon (in the toolbar) to open up the list of items to view.

Available Reminders	×
View Action	
Available Reminders	Due Date Last Occurrence Priority
⊫ 🔁 Due	
🛛 🥁 Height	08/20/2009 08/20/2008
🛛 🚰 HepA Ped Immunization	DUE NOW
🛛 🚰 IPV Immunization	DUE NOW
🛛 🚰 Lipid Profile Female	DUE NOW
MMR Immunization	DUE NOW 08/20/2008
🚽 🦰 Weight	02/19/2009 08/20/2008
TD Immunization	DUE NOW
🛛 🚰 Varicella Immunization	DUE NOW
🛛 🥁 Asthma Management Plan	DUE NOW
🛛 🚰 Asthma Primary Provider	DUE NOW
🛛 🥁 Asthma Severity	DUE NOW
🛛 🚰 Asthma-on steroids	DUE NOW
- 🚰 Asthma Control	DUE NOW
🛛 🧑 DM Dental Exam	DUE NOW
EPSDT Evaluation	DUE NOW
🔤 🚰 Dental Visit	DUE NOW
🕂 🗁 Applicable	
🗄 🗂 Not Applicable	
📺 🗂 🛅 All Evaluated	
⊞… 🖻 Other Categories	

Figure 19-5: Sample of Available Reminders

Right-click on any item in the list and there will be a selection of items from which to choose.

#### 19.4.1 Clinical Maintenance

The Clinical Maintenance dialog shows why the reminder is due. For the new reminders with computed findings, it will display only the item returned in the PCC reminder call.

The clinical maintenance displays in two places:

- 1. Right click on the reminder and select Clinical Maintenance
- 2. While processing the reminder dialog select Clinical Maintenance button from the bottom of the screen

-	Clinical Maintenance: Tobacco Screen	_ 🗆 🗙
·	STATUSDUE DATELAST DONE	*
;	RESOLVED 2/13/2013 2/13/2012	
•	Applicable: Due every 1 year for ages 1D to 110Y within cohort. REMINDER DUE: All patients and no tobacco screening, diagnosis or counseling (heath factor, CPT or POV/Problem) documented in the past year.	
•	REMINDER ON: 3 months before due date.	
	***This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder look up***	
3	Resolution: Last done 02/13/2012 02/13/2012 Computed Finding: ; HF: NEVER SMOKED	
4		-
1	Font 9 Print	Close

Figure 19-6: Sample Clinical Maintenance window

### 19.4.2 Do a Reminder Inquiry

A reminder inquiry displays the reminder logic. Reminder Inquiry data can be displayed by right clicking on the reminder and selecting Reminder Inquiry.

```
IHS-EPSDT SCREENING 2011
                                  No. 179
                             EPSDT Evaluation
Print Name:
                             NATIONAL
Class:
Sponsor:
Review Date:
Usage:
                         CPRS, DATA EXTRACT, REPORTS
Related VA-* Reminder:
Reminder Dialog:
                            IHS-EPSDT SCREENING 2011
Priority:
Reminder Description:
   Reminder for a preventative medicine evaluation for those under 20
Technical Description:
   This reminder uses a computed finding to get data from PCC Health
    Maintenance Reminder to resolve the reminder.
Edit History:
    Edit date: Jan 19, 2012@16:02:33 Edit by: JOHNSON, CAROLYN J
    Edit Comments: Exchange Install
```

```
Baseline Frequency:
      Do In Advance Time Frame: Do if DUE within 3 months
                 Sex Specific:
                 Ignore on N/A:
       Frequency for Age Range: 1 year for ages 1D to 20Y
                    Match Text:
                 No Match Text:
Findings:
                 Finding Item: IHS-EPSDT 2009 (FI(1)=CF(39))
                 Finding Type: REMINDER COMPUTED FINDING
      Use in Resolution Logic: OR
General Patient Cohort Found Text:
     EPSDT Screening Definition (uses Health Maintenance Reminder logic)
     - Procedures (CPT Codes): V CPT
       - Age less than 1 year: New Patient 99381;
            Established Patient 99391
       - Age 1 through 4 years: New Patient 99382;
           Established Patient 99392
       - Age 5 through 11 years: New Patient 99383;
           Established Patient 99393
       - Age 12 through 17 years: New Patient 99384;
           Established Patient 99394
       - Age 18 through 20 years: New Patient 99385;
            Established Patient
     ***This reminder resolves using the RPMS data found by the
         PCC Health Maintenance Reminder look up***
General Patient Cohort Not Found Text:
General Resolution Found Text:
General Resolution Not Found Text:
Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
     (SEX)&(AGE)
Expanded Patient Cohort Logic:
     (SEX)&(AGE)
Default RESOLUTION LOGIC defines findings that resolve the Reminder:
    FI(1)
Expanded Resolution Logic:
    FI(IHS-EPSDT 2009)
Web Sites:
Web Site URL:
http://mchb.hrsa.gov/epsdt/
```

Figure 19-7: Reminder Inquiry of a Reminder

#### 19.4.3 Look at the Reminder Icons

Below explains the various Reminder icons.



Figure 19-8: Reminders tab on Icon Legend window

### 19.5 View Reminders on the Health Summary

You can also view the Reminders in a Health Summary on the Reports tab. Users can either create a VA Health Summary type for reminders or the VA Health Summary components that already exist can be added to the Ad Hoc report.

Once created the summary type is added using the parameter ORWRP HEALTH SUMMARY LIST.

If you have already added reminders to health summaries, these will need to be updated by removing the old reminders and adding in the ones that came with this patch.

Patient Chart Communication									
Demo,Female		Visit not selected	Primary Care Team Unassigned		Postings		**	0-6	[ara]
247650 05-Apr-1980 (25)	F	HAGER, MARY G			WA	9	<u>10</u>	24	لتعتقبا
Available Beports	Health Summary Ber	minders							
Clinical Reports									
😑 Health Summary			05/24	/2005 13:05					
-Adhoc Report	********	****** CONFIDENTIAL Remind	ers SUMMARY pg. 1 ********	*******					
Adult Regular	DEMO, FEMALE	247650	DOB:	04/05/1980					
Adult With PN		CR - Remin	ders Due						
Diabetes Benistru			acto pac						
- Diabetes Standard	The following	y disease screening, immuni	zation and patient education						
Diabetic	recommendatio	ons are offered as guidelin	es to assist in your practic	e.					
- Measurement Panels	These are onl	ly recommendations, not pra	ctice standards. The	_					
- Patient History	hased on clin	nical judgment and the nati	ent's current status	e					
- Pediatric Test	bubed on erm	ficar judgmente and one pate	che b carrene bedeub.						
- Peds Measurement Panel		ST	ATUSDUE DATELAST	DONE					
Pre Diabetes Supplement	P-Lipid Profil	te Female DUE	NOU DUE NOU unkno	wn					
Bois Beferrals		CW Desinder	Vointonongo						
Reminders		Ch - Reminder	haincenance						
- Reproductive HX	The following	y disease screening, immuni	zation and patient education						
Womens Health	recommendatio	ons are offered as guidelin	es to assist in your practic	e.					
Dept. of Defense Reports	These are onl	y recommendations, not pra	ctice standards. The						
Imaging (local only)	appropriate u	itilization of these for you	ur individual patient must b ent's current status	e					
Eab Status Plead Park Parat	bused on erm	ficar jaugmene and one pace	che 5 currene Sedeus.						
Anatomic Path Benorts		ST	ATUSDUE DATELAST	DONE					
Dietetics Profile	P-Lipid Profil	ie Female DUE	NOU DUE NOU unkno	wn					
Nutritional Assessment	inplicabl	let Due every 1 year for al	l ages within cohort						
Procedures (local only)	03/08/200	)5 Encounter Diagnosis: 250	.00 DM UNCOMPL/T-II/NIDDM.NS	UNCON					
- Daily Order Summary	Prov. N	Jarr Diabetes Mellitus T	ype II or unspecified						
Check Crew Commany for a Date Hang	Patient i	is diabetic and should have	lipid profile done yearly						
- Outpatient BX Profile	Patient 1 females o	is over 45. Lipid profiles :	should be done every five ye	ars on					
Surgery (local only)	Lemares 0	JVEL 4J							
	P-Lipid Profil	le Male N	/A						
	Lipid pro	ofiles should be done every	5 years on males over 35 or						
	yearly on	1 diabetics. Please consid	er ordering a lipid profile						
	ratient 1	to the wrong sex:							
	Mammogram	N	/A						
	Patient i	is in the age range for yea	rly mammograms. If one has	not					
	been orde	ered, please consider order	ing						
	Patient d	ioes not meet any age crite	ria:						
	*** END ******	****** CONFIDENTIAL Remind	ers SUMMARY pg. 1 ********	******					
	1								
Notifications Cover Sheet Tria	an Autoliness (N	otes Prob/POV Services Orde	re Medications Labs D/C Summ	Benorte Consulte Women's Health					

Figure 19-9: Sample Health Summary Reminders on Report tab

### 19.6 View Best Practice Prompts on Health Summary

Definitions for the Best Practice Prompts are available in the iCare glossary or in the PCC Health Summary Manual:

http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf

**iCare**: The Best Practice Prompt tab in iCare displays a list of best practices that are recommended for specific patient.

**Health Summary**: The Best Practice Prompt Component displays a list of Best Practices recommended for a specific patient. This section describes how to create/modify health summary to display the Best Practice Prompts.

1. If the Best Practice Prompts do not display on the health summary, you can use the Create/Modify Health Summary Type Menu option to add the Best Practice Prompts to the summary. Alternately, create a small health summary with only Best Practice Prompts and make this available to your users using a Health Summary Button on the Toolbar in EHR.

RPMS EHR Configuration Master Menu | Report Configuration | Health Summary Configuration | IHS Health Summary Configuration | Create/Modify Health Summary Type

Health Summary: TEST STRUCTURE: Select HEALTH SUMMARY TYPE NAME: TEST NAME: TEST// LOCK:// STRUCTURE: Order Component Max occ Time Alternate Title GENERAL: Clinic Displayed on outpatient components: ICD Text Display: Provider Narrative Displayed: Display Provider Initials in Outpatient components: Provider Initials displayed on Medication components: MEASUREMENT PANELS: <none> LAB TEST PANELS: + Enter ?? for more actions MSModify StructureFSFlow SheetsGIGeneral InfoMPMod Meas PanelHFHealth FactorsHSSample Health SummaryLPLab PanelPCProvider Class ScrnQQuitHMHealth Main RemindCSClinic ScreenV BP Best Practice Prompt SP Supplements Select Action: +// MS Modify Structure You can add a new component by entering a new order number and component name. То remove a component from this summary type select the component by name or order and then enter an '@'. Select SUMMARY ORDER: 10 STRUCTURE COMPONENT NAME: Best PRACTICE PROMPTS COMPONENT NAME: BEST PRACTICE PROMPTS// ALTERNATE TITLE: Select SUMMARY ORDER:

Figure 19-10: Adding Best Practice Prompts to the Health Summary

Add the individual Best Practices to the Best Practice component that you just added using BP Best Practice Prompt menu option:

Health Summary: TEST STRUCTURE: Order Component Max occ Time Alternate Title GENERAL: Clinic Displayed on outpatient components: ICD Text Display: Provider Narrative Displayed: Display Provider Initials in Outpatient components: Provider Initials displayed on Medication components: MEASUREMENT PANELS: <none> LAB TEST PANELS: + Enter ?? for more actions MSModify StructureFSFlow SheetsGIGeneral InfoMPMod Meas PanelHFHealth FactorsHSSample Health SummaryLPLab PanelPCProvider Class ScrnQQuit HMHealth Main RemindCSClinic ScreenBPBest Practice PromptSPSupplements Select Action: +// BP Health Summary: TEST Note: any Best Practice Prompt flagged as inactive will not display on the summary even though you selected it for display. The Best Practice Prompt must be activated. Any Best Practice Prompts with (DEL) should be removed as they are no longer used. Currently defined BEST PRACTICE PROMPTS on the TEST summary type SEQ Best Practice Prompts Category/Group \_\_\_\_\_ \_\_\_\_\_ Other BEST PRACTICE PROMPTS not yet selected that can be added to this summary type: HEARING INQUIRY ELDER STRABISMUS/AMBLYOPIA SCREEN PEDIATRIC ASTHMA: ADD/INCREASE INHALED STEROIDS ASTHMA Enter ?? for more actions + ARAdd Best Practice PromptRGRemove Group of Best Pract PromptsRIRemove Best Practice PromptHSSample Health SummaryAGAdd Group of Best Pract PromptsQQuit Select Action:+// AG Select the Category/Group of Best Practice Prompts to ADD:

Figure 19-11: Adding Best Practice Prompts to the Health Summary

Add the following Best Practice Prompts Groups:

- Asthma
- CVD Related

• Anticoagulation

Add the Rubella best practice prompt:

SEQ Best Practice Prompts Category/Group \_\_\_\_\_ \_\_\_\_\_ Other BEST PRACTICE PROMPTS not yet selected that can be added to this summary type: HEARING INQUIRY ELDER STRABISMUS/AMBLYOPIA SCREEN PEDIATRIC ASTHMA: ADD/INCREASE INHALED STEROIDS ASTHMA Enter ?? for more actions + AR Add Best Practice Prompt RG Remove Group of Best Pract Prompts ARAdd Best Practice PromptRGRemove Group of Best IRIRemove Best Practice PromptHSSample Health Summary AG Add Group of Best Pract Prompts Q Quit Select Action:+// AR Add Best Practice Prompt Enter the sequence number to put this Best Practice Prompt and then enter the prompt by name. Select BEST PRACTICE PROMPT ORDER: 20 BEST PRACTICE PROMPT ORDER BEST PRACTICE PROMPT: rubella

Figure 19-12: Adding the Rubella best practice prompt

### Appendix A: Common Install Questions/Issues

This section describes common install issues, questions, and solutions.

# A.1 All of my immunization reminders are showing as DUE after I loaded the patch.

After the KIDS build has been installed, the computed findings that are used to check the immunization forecaster will not function properly until the new immunization reminders are installed through reminder exchange.

You must install the immunization reminders through exchange immediately if you have any immunization reminders deployed. You do not need to move these into production immediately but should eventually replace your old immunization reminders with the new ones

### A.2 Programmer access message during installation

Programmer access is required to install the reminders that contain a new computed finding.

If you do not have programmer access (@ fileman access) you will see the following message when you are installing reminders that contain a new computed finding:

Only programmers can install routines. Only programmers can install Reminder Computed Findings.

#### Figure A- 1: Messages

If there are no new computed findings packed in the reminder then ignore the message and continue through the installation process. If the computed finding was previously installed there will be an X under the column "Exists" on the right of the Reminder Computed Finding in the Reminder Exchange. Detailed instructions are available in Section 11.1 of this guide.

### A.3 Taxonomy error message during installation

A taxonomy is a selection of ICD0, ICD9, or CPT codes. The user inputs them from the starting code to the ending code. One taxonomy can have multiple selection lists of codes. There is a secondary file that stores every entry between the starting and ending codes. Therefore an error in any code in the interval could cause the install to fail. If a site has two entries of the same code or the computer cannot tell the difference between two codes, the install will fail.

To resolve this issue, create the template manually using the detailed instructions in Section 11.3 of this manual.

### A.4 Error On Install From Exchange: EDUCATION TOPICS Entries

```
The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=2
MSG("DIERR",1,"PARAM",1)=FP-Depot Medroxyprogesterone Injections
MSG("DIERR",1,"PARAM","FILE")=9999999.09
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) 'FP-Depot
Medroxyprogesterone Injections'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)=ED.FP-Depot Medroxyprogesterone Injections
MSG("DIERR",2,"PARAM","FIELD")=15
MSG("DIERR",2,"PARAM","FILE")=801.41
MSG("DIERR",2,"TEXT",1)=The value 'ED.FP-Depot Medroxyprogesterone Injections' f
or field FINDING ITEM in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=
REMINDER DIALOG entry ED FP-DEPO did not get installed!
Examine the above error message for the reason
Warning there are 2 EDUCATION TOPICS entries with the name FP-Depot
Medroxyprogesterone Injections Install reminder dialog and all components with no
further changes:NO//NO
```

Figure A- 2: Error example

This error occurs when you have 2 Patient Education Topics with the same name (the system tells you which one has a duplicate). Most systems have a few of these so you may encounter this error.

**FIX**: Your site manager (you will need fileman edit access) needs to change the name of one of the EDUCATION topics. You can simply append the name with a number or letter. Make sure you do not change the name of the ACTIVE Pt Ed topic! After your site manager has edited the entry, reinstall the reminder.

```
^VA Fileman
```

```
Enter or Edit File Entries

Print File Entries

Search File Entries

Modify File Attributes

Inquire to File Entries

Utility Functions ...

Data Dictionary Utilities ...

Transfer Entries

Other Options ...

Select VA FileMan Option:

Entries
```

```
INPUT TO WHAT FILE: EDUCATION TOPICS//
EDIT WHICH FIELD: ALL//
Select EDUCATION TOPICS NAME: FP-DEPO
1. FP-DEPOT MEDROXYPROGESTERONE INJECTIONS
                                          FP-DPO
2. FP-Depot Medroxy progesterone Injections FP-FPO
CHOOSE 1-2:
Select EDUCATION TOPICS NAME:
                                FP-Depot Medrocyprogesterone Injections FP-DPO
NAME: FP-Depot Medrocyprogesterone Injections
                                                Replace
INACTIVE FLAG: INACTIVE <--This topic is inactive.
Select EDUCATION TOPICS NAME:
                               FP-Depot Medroxyprogesterone Injections FP-DPO
NAME: FP-Depot Medroxyprogesterone Injections Replace: Injections With Injections
OL D
INACTIVE FLAG: INACTIVE' uphat out to quit
Select EDUCATION TOPICS NAME: FP-Depot Medroxyprogesterone Injections OLD
```

Figure A- 3: Instructions

Reinstall the reminder dialog and the error will be gone.

### A.5 Error Encountered Installing IHS-Pneumovax Immun 2012 Dialog

This error has occurred at a couple of sites – it is not common but if you encounter it, follow the steps in the next section.

#### ERROR ENCOUNTERED:

```
Dialog Components
                               Oct 01, 2008 09:20:39
                                                               Page:
                                                                        1 of
                                                                                3
Packed reminder dialog: IHS-PNEUMOVAX IMMUN 2011
The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR") = 2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=1
MSG("DIERR", 1, "PARAM", 1) = 90764
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) '`90764'.
MSG("DIERR",2)=701
MSG("DIERR", 2, "PARAM", 0) = 3
MSG("DIERR",2,"PARAM",3)=`90764
MSG("DIERR",2,"PARAM","FIELD")=.01
MSG("DIERR",2,"PARAM","FILE")=801.4118
MSG("DIERR",2,"TEXT",1)=The value '`90764' for field ADDITIONAL FINDINGS in ADDI
TIONAL FINDINGS SUB-FIELD in file REMINDER DIALOG is not valid.
```

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```
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=
REMINDER DIALOG entry IM PNEUMO-PS2 DONE 2011 did not get installed!
Examine the above error message for the reason.
Dialog Components Mar 13, 2012 16:24:24 Page: 1
```

Figure A- 4: Error encountered

#### FIX

- 1. Manually create IM-PNEUMOVAX-2 DONE dialog element
- 2. Reinstall the dialog and replace the element with the IM-PNEUMOVAX-2 DONE element you created in the previous step.

```
RPMS-EHR Configuration Master Menu
  ART
         Adverse Reaction Tracking Configuration ...
         Chief Complaint Configuration ...
  CCX
         Consult Tracking Configuration ...
  CON
         Patient Education Configuration ...
  EDU
         Encounter Context Configuration ...
  ENC
         Exam Configuration ...
  EXM
         Health Factor Configuration ...
  HFA
  IMM
         Immunization Configuration ...
         Lab Configuration ...
  LAB
  MED
         Medication Management Configuration ...
  NOT
         Notification Configuration ...
  ORD
         Order Entry Configuration ...
         Patient Context Configuration ...
  PAT
  рнх
         Personal Health Hx Configuration ...
  PLS
         Problem List Configuration ...
  POV
         POV Configuration ...
         Procedure Configuration ...
  PRC
  REM Reminder Configuration ...
  RPT Report Configuration ...
  SPL Spellchecking Configuration ...
  TTU
         TIU Configuration ...
  VIT Vital Measurement Configuration ...
Select RPMS-EHR Configuration Master Menu Option: Reminder Configuration
YAKAMA HEALTH CENTER IHS RPMS-EHR Management
                                                                  Version 1.1
                           Reminder Configuration
  CFM
         Reminder Computed Finding Management ...
  DEF
         Reminder Definition Management ...
         Reminder Dialog Management ...
  DLG
         Reminder Exchange
  EXC
         Reminder Information Only Menu ...
  INF
  PAR
         Reminder Parameters ...
         Reminder Reports ...
  RPT
  SPO Reminder Sponsor Management ...
  TAX Reminder Taxonomy Management ...
  TRM
         Reminder Term Management ...
  TST
         Reminder Test
```

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Select Reminder Configuration Option: DLG YAKAMA HEALTH CENTER IHS RPMS-EHR Management Version 1.1 Reminder Dialog Management DLG Reminder Dialogs PAR Dialog Parameters ... Select Reminder Dialog Management Option: DLG REMINDER VIEW (ALL REMINDERS BY NAME) REMINDER VIEW (ALL REMINDERS BY NAME) +Item Reminder NameLinked Dialog Name & Dialog S126IHS-PED ROTAVIRUS IMMUN 2008IHS-PED ROTAVIRUS IMMUN 201127IHS-PED ROTAVIRUS IMMUN 2011IHS-PED ROTAVIRUS IMMUN 201128IHS-PED TD IMMUNIZATIONWS-PED GROUP129IHS-PED VARICELLA IMMUNWS-PED GROUP130IHS-PED VARICELLA IMMUN 2008IHS-PED VARICELLA IMMUN 201131IHS-PED VARICELLA IMMUN 2011IHS-PED VARICELLA IMMUN 201132IHS-PNEUMOVAX IMMUN 2011IHS-PED VARICELLA IMMUN 201133IHS-PNEUMOVAX IMMUN 2011IHS-PNEUMOVAX IMMUN 2011134IHS-PNEUMOVAX IMMUNIZATIONWS-ADULT IMM GRP135IHS-PPDIHS-PPD136IHS-RUBELLA IMMUNITY 2011IHS-SENIOR HEIGHT138IHS-SENIOR HEIGHT 2011IHS-SENIOR HEIGHT 2011139IHS-SENIOR VISION 2009IHS-SENIOR VISION 2019140IHS-SENIOR VISION 2011IHS-SENIOR VISION 2011141IHS-TD IMMUN 2008IHS-TD IMMUN 2008++ Next Screen - Prev Screen ?? More ActionsARAll remindersLRLinked RemindersQUQUQuit +Item Reminder Name Linked Dialog Name & Dialog Status Disabled Disabled Disabled Disabled Disabled >>> ARAll remindersLRLinked RemindersQUQuitCVChange ViewRNName/Print Name Select Item: Next Screen// CV Select one of the following: Reminder Dialogs D Е Dialog Elements F Forced Values Dialog Groups G Ρ Additional Prompts Reminders Result Group (Mental Health) R RG RE Result Element (Mental Health) TYPE OF VIEW: R// E Jul 29, 2008 08:38:47 Page: 1 of Dialog List 26 DIALOG VIEW (DIALOG ELEMENTS) Dialog type Item Dialog Name Status 1 CPT 92002 Dialog Element 2 CPT 92004 Dialog Element 3 CPT 92012 Dialog Element 4 CPT 92014 Dialog Element 5 CPT 92015 Dialog Element

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6 CPT 92250 Dialog Element 7 CPT 99202 Dialog Element 8 CPT 99203 Dialog Element 9 CPT 99204 Dialog Element 10 CPT 99205 Dialog Element 11 CPT 99212 Dialog Element 12 CPT 99213 Dialog Element 13 CPT 99214 Dialog Element 14 CPT 99215 Dialog Element 15 CPT BREAST PELVIC G0101 Dialog Element 16 CPT COLONOSCOPY Dialog Element + Next Screen - Prev Screen ?? More Actions + >>> ADAddCVChange ViewINQInquiry/PrintCOCopy DialogPTList/Print AllQUQuit Select Item: Next Screen//AD Select DIALOG to add: IM PNEUMOVAX-2 DONE <- use this name Are you adding IM PNEUMO-PS2 DONE as a new REMINDER DIALOG (the 490TH)? No// YES Not used by any other dialog NAME: IM PNEUMOVAX-2 DONE// DISABLE: CLASS: L SPONSOR: REVIEW DATE: RESOLUTION TYPE: DONE AT ENCOUNTER ... OK? Yes// YES ORDERABLE ITEM: FINDING ITEM: IM.PNEUMO 1 PNEUMOCOCCAL PNEUMO-PS 33 2 PNEUMOCOCCAL CONJUGATE PNEUM-CONJ 100 3 PNEUMOCOCCAL, NOS PNEUMOCOCC 109 CHOOSE 1-3: 1 DIALOG/PROGRESS NOTE TEXT: No existing text Edit? NO// YES ==[ WRAP ]==[ INSERT ]=====< DIALOG/PROGRESS NOTE TEXT >====[ <PF1>H=Help ]==== Patient received pneumo-ps at this encounter {FLD: IHS PXRM STANDING ORDER }. When you are done typing, exit by selecting The F1(function key) plus the letter E: F1 E ALTERNATE PROGRESS NOTE TEXT: No existing text Edit? NO// EXCLUDE FROM PROGRESS NOTE: SUPPRESS CHECKBOX: Select ADDITIONAL FINDINGS: ICD9.V03.82 Searching for a ICD9 DIAGNOSIS, (pointed-to by ADDITIONAL FINDINGS) Searching for a ICD9 DIAGNOSIS

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V03.82 V03.82 VACC FOR STREPTOCOCCUS PNEUMON ... OK? Yes// YES Select ADDITIONAL FINDINGS: Select SEQUENCE: 1 ADDITIONAL PROMPT/FORCED VALUE: PXRM LOT NUMBER prompt NATIONAL ...OK? Yes/ YES OVERRIDE PROMPT CAPTION: START NEW LINE: YES EXCLUDE FROM PN TEXT: REQUIRED: YES Select SEQUENCE: 2 ADDITIONAL PROMPT/FORCED VALUE: PXRM IMM SITE prompt NATIONAL ...OK? Yes// YES OVERRIDE PROMPT CAPTION: START NEW LINE: YES EXCLUDE FROM PN TEXT: REQUIRED: YES Select SEQUENCE: 3 ADDITIONAL PROMPT/FORCED VALUE: PXRM VOLUME prompt NATIONAL ...OK? Yes/ YES OVERRIDE PROMPT CAPTION: START NEW LINE: YES EXCLUDE FROM PN TEXT: REQUIRED: Select SEQUENCE: 4 ADDITIONAL PROMPT/FORCED VALUE: PXRM IMM VIS DATE prompt NATIONAL ...OK? Yes// YES OVERRIDE PROMPT CAPTION: START NEW LINE: YES EXCLUDE FROM PN TEXT: REOUIRED: Select SEQUENCE: 5 ADDITIONAL PROMPT/FORCED VALUE: PXRM COMMENT prompt NATIONAL ...OK? Yes// YES OVERRIDE PROMPT CAPTION: START NEW LINE: YES EXCLUDE FROM PN TEXT: **REOUIRED:** Select SEQUENCE: Input your edit comments. Edit? NO// NOW go to the Exchange and install the reminder and dialog again. After the Error in the dialog installation: Install reminder dialog and all components with no further changes:Y// YES The update failed, UPDATE^DIE returned the following error message:  $MSG("DIERR") = 2^2$ MSG("DIERR",1)=299 MSG("DIERR",1,"PARAM",0)=1 MSG("DIERR",1,"PARAM",1)=`90764 MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) '`90764'. MSG("DIERR",2)=701 MSG("DIERR",2,"PARAM",0)=3

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```
MSG("DIERR", 2, "PARAM", 3) = `90764
MSG("DIERR",2,"PARAM","FIELD")=.01
MSG("DIERR",2,"PARAM","FILE")=801.4118
MSG("DIERR",2,"TEXT",1)=The value '`90764' for field ADDITIONAL FINDINGS in ADDI
TIONAL FINDINGS SUB-FIELD in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=
REMINDER DIALOG entry IM PNEUMO-PS2 DONE 2011 did not get installed!
Examine the above error message for the reason.
COMPONENT DIALOG entry IM PNEUMO-PS2 DONE 2011 does not exist.
     Select one of the following:
          D
                   Delete (from the reminder/dialog)
          Р
                   Replace (in the reminder/dialog) with an existing entry
          Q
                    Quit the install
Enter response: P
Select REMINDER DIALOG NAME: IM PNEUMOVAX-2 DONE
         ...OK? Yes// YES
Reminder Dialog IHS-PNEUMOVAX IMMUN 2011 is not linked to a reminder.
Select Reminder to Link: IHS-PNEUMOVAX IMMUN 2011
```

Figure A- 5: Instructions

### A.6 When I Look At the Dialog After I Installed It In Reminder Exchange, the Findings Say "None"

It can be confusing when you first look at your dialog definitions. Here is an example where the dialog definition looks like the finding items did not load correctly. In the exchange file, it looks like the finding did not load. This is because some components of dialogs do not have findings and this is expected. (See second screen shot).

E Laptop.STE	TNVTPlus										<b>.</b> 7	X
Session Edit Vie	w <u>C</u> ommands	Script Help	Carl and Carl									
	91 81 B											
Dialog	Compo	onents		Oct 01, 2008 1	4:06:25		Page	e:	1 o	f	4	^
Packed	remir	nder dialog	: IHS-TO	BACCO SCREEN 2	007							
Item	Seq.	Dialog Fin	dings					Туре		Exist	ts	
1		IHS-TOBACC	O SCREEN	2007				dialo	g	X		
2	1	HD TOBACCO						eleme	nt	X		
		Finding: *	NONE*									
3	5	GRP TOBACC	O SCREEN	1				group	)	X		
		Finding: *	NONE*									
4	5.5	HF LIFETI	ME NON-S	MOKER OTHER				eleme	nt	X		
		Finding:	NON-TOBE	ICCO USER (HEAL	TH FACTOR	)				X		
5	5.10	GRP CURRE	NT/PREVI	OUS SMOKING				group	)	X		
		Finding:	*NONE*									
6	5.10.	.5 GRP CURR	ENT SMOK	ER				group	)	X		
		Finding:	*NONE*									
7	5.10.	.5.1 HF CUR	RENT SMC	KER				eleme	nt	X		
		Finding:	CURRENT	SMOKER (HEALTH	FACTOR)					X		
+	+	Next Scree	n - Pr	ev Screen ??	More Act	ions						
DD D	ialog	Details	DT	Dialog Text	I	S In	stall	Selec	ted			
DF D	ialog	Findings	DU	Dialog Usage	Q	U Qu	it					
DS D	ialog	Summary	IA	Install All								
Select	Actic	on: Next Sc	reen//									
										N	M	~

Figure A- 6: Sample List of Findings

In the example above, you'll notice that the Groups (under Type) do not have findings. This is expected. If you actually navigate to the Group Edit screen and look at the detail of the Group (see below), you'll see that each element in the group has an appropriate finding.

File 8	Edit Help										
Dialo	g Edit	List	Oct	01,	2008	14:19:2	27	Page:	1	of	2 ^
DIAL( Sequ	G GROUI	P NAME: GRP C Dialog De	URRENT SM tails	OKER						Disab	led
1		Dialog el Resolutio Finding t Finding i Additiona	ement: HF n: OTHER ype: HEAL tem: CURR 1 prompts	CUR TH F. ENT : PX	RENT S ACTOR SMOKEN	SMOKER R [HF(2) MMENT	1				
2		Dialog el Resolutio Finding t Finding i Additiona	ement: HF n: OTHER ype: HEAL tem: CURR 1 prompts	CUR TH F. ENT : PX	RENT S ACTOR SMOKEI RM COI	SMOKELES LESS [HE AMENT	55 7 (3) ]				
3		Dialog el Resolutio Finding t	ement: HF n: OTHER ype: HEAL	CUR TH F.	RENT S	SMOKER &	SMOKE	LESS OTHER			
+	+	Next Screen	- Prev	Scre	en	?? More	Action	15			>>>
CO DD Selea	Copy D: Detaile t Seque	ialog Group ed Display ence: Next Sc	DP Pr DT Di reen//	ogre alog	ss Not Text	te Text	ED QU	Edit/Delete Quit	Gro	up	

Figure A- 7: The Group Edit screen

### A.7 The BPXRM objects do not work

## A.7.1 The BPXRM LIPID PROFILE object does not display the last lipid profile results.

The BPXRM LIPID PROFILE object it not working and will be fixed in a future TIU patch. In the meantime you can create another object and use it in the dialog.

- 1. Create a new object which contains your site's LIPID PROFILE by copying the LAST LAB PANEL (SAMPLE) object.
- 2. Edit the dialog: replace the BPXRM LIPID PROFILE with the object that you created in step 1.

Step 1: Create a new object which contains your site's LIPID PROFILE by copying the LAST LAB PANEL (SAMPLE) object.

RPMS-EHR Configuration Master Menu | TIU Configuration | TIU Menu For Medical Records | TIU Maintenance Menu | Document Definitions (Manager) | Document Definitions (Manager)

(DEMO INDIAN HOSPITAL) DDM1 Edit Document Definitions DDM2 Sort Document Definitions Create Document Definitions DDM3 Create Objects DDM4 DDM5 List Object Descriptions DDM6 Create TIU/Health Summary Objects Title Headers/Footers DDM7 Select Document Definitions (Manager) Option: DDM4 Create Objects (DEMO INDIAN HOSPITAL) START DISPLAY WITH OBJECT: FIRST// Objects Status 1 ACTIVE MEDICATIONS А 2 ACTIVE MEDS COMBINED Α 3 ACTIVE MEDS IN AND OUT Α ACTIVE MEDS INPATIENT 4 Α 5 ACTIVE MEDS ONE LIST Α ACTIVE MEDS OUTPATIENT 6 Α 7 ACTIVE PROBLEMS А 8 ACTIVE PROBLEMS W/O DATES Α 9 ADDRESS-ONE LINE Α 10 ADMITTING DX Α 11 ADMITTING PROVIDER Α 12 ALLERGIES/ADR Α 13 ASTHMA CONTROLLER MEDS Α ASTHMA REGISTRY 14 А ?Help >ScrollRight PS/PL PrintScrn/List + +/->>> Find Detailed Display/Edit Copy/Move Change View Try Quit Create Owner Select Action: Next Screen/ Find Search for://LAST LAB PANEL (SAMPLE) Objects Status 109 LAST LAB INR 3 Α 110 LAST LAB PANEL (CHEM PANEL) Α LAST LAB PANEL (SAMPLE) 111 Ι 112 LAST LAB PANEL LIPID Α 113 LAST LAB TEST (BRIEF) Ι LAST LAB TEST (NO CAP) 114 Т LAST LAB TEST (SAMPLE) 115 Т 116 LAST LAB TEST DATE (SAMPLE) Т 117 LAST MAMM Α 118 LAST MEASUREMENT LIST Α 119 LAST MEASURMENT LIST Α 120 LAST MED (SAMPLE) Ι

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```
121
      LAST MED CLASS (SAMPLE)
                                                                 Т
122 LAST MED CLASS/PHARM PT (SAMPLE)
                                                                Ι
+
         ?Help >ScrollRight PS/PL PrintScrn/List +/-
                                                                         >>>
... searching for 'LAST LAB PANEL (sample'
Stop Here? Yes//
Select Action: Next Screen// COPY
Select Entry to Copy: (109-122):111 enter the number of the LAST LAB PANEL (SAMPLE)
. Yours may be different.
Copy into (different) Name: LAST LAB PANEL (SAMPLE)
 Replace SAMPLE With LIPID PROFILE
Replace
  LAST LAB PANEL (LIPID PROFILE)
OBJECT copied into File Entry #665
Press RETURN to continue or '^' or '^' to exit:
 Feb 14, 2012 15:38:44 Page: 8 of
                                               21
                                Objects
+
                                                              Status
      LAST LAB PANEL (LIPID PROFILE)
111
                                                                 Ι
112
      LAST LAB PANEL (SAMPLE)
                                                                 Ι
113
      LAST LAB PANEL LIPID
                                                                 Α
114 LAST LAB TEST (BRIEF)
                                                                 Т
115 LAST LAB TEST (NO CAP)
                                                                 Т
116 LAST LAB TEST (SAMPLE)
                                                                 Ι
117 LAST LAB TEST DATE (SAMPLE)
                                                                 Т
118 LAST MAMM
                                                                 Α
119 LAST MEASUREMENT LIST
                                                                 Α
120 LAST MEASURMENT LIST
                                                                 Α
121 LAST MED (SAMPLE)
                                                                 Ι
122 LAST MED CLASS (SAMPLE)
                                                                 Т
123 LAST MED CLASS/PHARM PT (SAMPLE)
                                                                 Ι
     LAST PAIN
124
                                                                 Α
      ?Help >ScrollRight PS/PL PrintScrn/List
                                                     +/-
+
                                                                         >>>
                             Detailed Display/Edit Copy/Move
    Find
    Change View
                             Try
                                                      Quit
    Create
                             Owner
Select Action: Next Screen// DETAILED
Select Entry: (111-124): 111
Object LAST LAB PANEL (LIPID PROFILE)
  Basics
          Name: LAST LAB PANEL (LIPID PROFILE)
   Abbreviation:
     Print Name:
                 OBJECT
          Type:
                 665
            IFN:
       National
       Standard: NO
         Status:
                  INACTIVE
          Owner: CLINICAL COORDINATOR
 Technical Fields
      Object Method: S X=$$LABPANL^BTIUPCC(DFN, "LAB PANEL NAME")
  Description
         ? Help +, - Next, Previous Screen PS/PL
```

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Basics Find Description Edit Technical Fields Delete Trv Quit Select Action: Quit// TECHNICAL FIELDS OBJECT METHOD: S X=\$\$LABPANL^BTIUPCC(DFN, "LAB PANEL NAME") Replace LAB PANEL NAME With LIPID PANEL Replace the words LAB PANEL NAME with the exact name of the LIPID PANEL that is being used at the facility. Select Action: Quit// BASICS NAME: LAST LAB PANEL (LIPID PROFILE) Replace ABBREVIATION: PRINT NAME: CLASS OWNER: CLINICAL COORDINATOR Replace STATUS: (A/I): INACTIVE// A <--now activate the object

Figure A- 8: Instructions

Step 2: Edit the dialog: replace the BPXRM LIPID PROFILE with the object that you created in step 1.

Use the Reminder Dialogs Menu Option to make these changes: Reminder Configuration | Reminder Dialog Management Menu | Reminder Dialogs

```
REMINDER VIEW (ALL REMINDERS BY NAME)
 Item Reminder Name
                                                    Linked Dialog Name & Dialog Status
   1 AAO NURSE SCREENING BUNDLE 6.2009
    2 IHS-ACTIVITY SCREEN 2011 IHS-ACTIVITY SCREEN 2011
   3 IHS-ALCOHOL SCREEN 2007
4 IHS-ALCOHOL SCREEN 2011
                                                  IHS-ALCOHOL SCREEN 2011
    5 IHS-ALLERGY
  5IHS-ALLERGY6IHS-ALLERGY 2011IHS-ALLERGY 20117IHS-ANTICOAG CBC 2011IHS-ANTICOAG CBC 20118IHS-ANTICOAG DURATION OF TX 2011IHS-ANTICOAG DURATION OF TX9IHS-ANTICOAG INR GOAL 2011IHS-ANTICOAG INR GOAL 201110IHS-ANTICOAG OCCULT BLOOD 2011IHS-ANTICOAG OCCULT BLOOD 2
   11 IHS-ANTICOAG THERAPY END DATE 2011 IHS-ANTICOAG THERAPY END DA
  1111111111111111111112IHS-ANTICOAG UA 2011IHS-ANTICOAG UA 201113IHS-ASBI BNI 2011IHS-ASBI BNI 201114IHS-ASBI SCREENING 2011
                                                                                            Disabled
  14IHS-ASBI SCREENING 201115IHS-ASTHMA ACTION PLAN 2011IHS-ASTHMA ACTION PLAN 2011
  16 IHS-ASTHMA CONTROL 2009
        + Next Screen - Prev Screen ?? More Actions
                                                                                                    >>>
ARAll remindersLRLinked RemindersQUQuitCVChange ViewRNName/Print Name
Select Item: Next Screen// CV
Select one of the following:
                    Reminder Dialogs
             D
                Reminder D
Dialog Elements
         Е
                  Forced Values
Dialog Groups
             F
             G
             Ρ
                        Additional Prompts
             R
                        Reminders
             RG
                     Result Group (Mental Health)
```

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RE Result Element (Mental Health) TYPE OF VIEW: R// E DIALOG VIEW (DIALOG ELEMENTS) Dialog type +Item Dialog Name Status 7 ASBI CPT COMM INS 30 MIN Dialog Element 8ASBI CPT MEDICAIDDialog Element9ASBI CPT MEDICAID 15 MINDialog Element10ASBI CPT MEDICARE 15-30 MINDialog Element11ASBI CPT MEDICARE 30 MINDialog Element12ASBI ED AOD-COMPLICATIONSDialog Element13ASBI ED AOD-CULTURAL/SPIRITDialog Element14ASBI ED AOD-DISEASE PROCESSDialog Element15ASBI ED AOD-FOLLOWUPDialog Element 16 ASBI ED AOD-HEALTH PROMOTION DISEASE PR Dialog Element 17 ASBI ED AOD-HELP LINE Dialog Element 18 ASBI ED AOD-INFORMATION AND REFERRAL Dialog Element Dialog Element 19 ASBI ED AOD-INJURIES 
 20
 ASBI ED AOD-LIFESTYLE ADAPTATIONS
 Dialog Element

 21
 ASBI ED AOD-MEDICATIONS
 Dialog Element

 22
 ASBI ED AOD-NUTRITION
 Dialog Element
 22 ASBI ED AOD-NUTRITION Dialog Element + + Next Screen - Prev Screen ?? More Actions Copy Dialog PT List/Print All QU Quit CO Select Item: Next Screen// SL SL Search for: HD LIPID Stop Here: YES HD LIPID should be highlighted at the top of the screen: DIALOG VIEW (DIALOG ELEMENTS) Dialog type +Item Dialog Name Status 277 HD LIPID Dialog Element 278 HD MAMMO ALREADY SCHEDULED Dialog Element 279 HD MAMMO REFERRAL DONE Dialog Element 280 HD MAMMOGRAM EDUCATION
281 HD MED COUNSELING INFO
282 HD MED PROBLEM LIST
283 HD MENINGITIS TEXT Dialog Element Dialog Element Dialog Element Dialog Element 284 HD MMR TEXT Dialog Element 285 HD MTM ADDL INFO Dialog Element 286 HD MTM FOLLOW UP Dialog Element 287 HD NEPHRO SCREEN Dialog Element 289HD OSTEOPOROSIS SCREENINGDialog Element290HD PAP NOT DONE TEXTDialog Element291HD PEP TYDialog Element 291 HD PED FLU Dialog Element 292 HD PEDAL PULSES Dialog Element + + Next Screen - Prev Screen ?? More Actions Add CV Change View INQ Inquiry/Print og PT List/Print All QU Quit AD CO Copy Dialog Select Item: Next Screen// 277 (enter the number of the HD LIPID element . In this example, it is number 277. Yours may be different.) CURRENT DIALOG ELEMENT/GROUP NAME: HD LIPID Used by: IHS-LIPID FEMALE 2011 (Reminder Dialog) IHS-LIPID MALE 2011 (Reminder Dialog) NAME: HD LIPID// DISABLE:

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CLASS: VISN// SPONSOR: **REVIEW DATE: RESOLUTION TYPE:** ORDERABLE ITEM: FINDING ITEM: DIALOG/PROGRESS NOTE TEXT: Patient's last LIPID PROFILE was: |BPXRM LIPID PROFILE| Edit? NO// y ==[ WRAP ]==[ INSERT ]=====< DIALOG/PROGRESS NOTE TEXT >===[ Patient's last LIPID PROFILE was: BPXRM LIPID PROFILE replace BPXRM LIPID PROFILE with the name of the object that you created. Select F1 key and E key to exit and save the changes ALTERNATE PROGRESS NOTE TEXT: No existing text Edit? NO// ^ uphat to exit

Figure A- 9: Instructions

Log out of EHR and log in again. Test the object by processing the IHS-LIPID dialog(s) on a patient who has a recent lipid profile result. Confirm that you can see the last lipid profile results.

#### A.7.2 The BPXRM HGBA1C object is does not display the last lab data.

This might occur with any of the BPXRM (lab test) objects. This object needs to contain the name of the HGBA1C lab test that is being used at your facility. This example describes how to map the HGBA1C lab test that is used at the facility to the BPXRM HGBA1C object.

1. Go to DDM4 in your TIU menu: RPMS-EHR Configuration Master Menu | TIU Configuration | TIU Menu For Medical Records | TIU Maintenance Menu | Document Definitions (Manager)

```
(DEMO INDIAN HOSPITAL)
DDM1 Edit Document Definitions
DDM2 Sort Document Definitions
DDM3 Create Document Definitions
DDM4 Create Objects
DDM5 List Object Descriptions
DDM6 Create TIU/Health Summary Objects
DDM7 Title Headers/Footers
Select Document Definitions (Manager) Option: DDM4
Create Objects
```

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(DEMO INDIAN HOSPITAL) START DISPLAY WITH OBJECT: FIRST// Oct 29, 2008 17:34:35 Page: 3 of 27 Objects Objects Status 29 BPXRM DIABETIC EYE Α BPXRM FOOT EXAM 30 Α 31 BPXRM HEAD CIRCUMFERENCE Α BPXRM HEIGHT 32 А 33 BPXRM HGB AND HCT Α BPXRM HGBA1C 34 А 35 BPXRM INTIMATE PARTNER VIOLENCE Α 36 BPXRM LIPID PROFILE Α BPXRM MAMMOGRAM 37 Α BPXRM TOBACCO SCREEN 38 Α CHIEF COMPLAINT TODAY 39 А 40 COMMUNITY Α 41 CONTRACEPTION-BRIEF Α CONTRACEPTION-EXPANDED 42 А ?Help >ScrollRight PS/PL PrintScrn/List +/->>> + Detailed Display/Edit Copy/Move Find Change View Trv Quit Create Owner Select Action: Next Screen// DET Select Entry: (29-42): 36 Enter the number of the BPXRM HGBA1C from above. Yours may be different. Object BPXRM HGBA1C Basics Name: BPXRM HGBA1C Abbreviation: Print Name: Type: OBJECT IFN: 49 National Standard: NO Status: ACTIVE Owner: CLINICAL COORDINATOR Technical Fields Object Method: S X=\$\$SLAB^BTIUPCC(+\$G(DFN), "HGBA1C") Description ? Help +, - Next, Previous Screen PS/PL + Basics Find Description Edit Technical Fields Delete Quit Try Select Action: Next Screen/BASICS go to Basics to inactivate the object so you can edit it. Edit Owner and Status only; Entry not Inactive CLASS OWNER: CLINICAL COORDINATOR Replace STATUS: (A/I): ACTIVE// I Inactivate the entry so you can edit it.

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Object BPXRM HGBA1C Basics Name: BPXRM HGBA1C Abbreviation: Print Name: Type: OBJECT IFN: 49 National Standard: NO Status: INACTIVE Must be inactive Owner: CLINICAL COORDINATOR Technical Fields Object Method: S X=\$\$SLAB^BTIUPCC(+\$G(DFN), "HGBA1C") Description ? Help +, - Next, Previous Screen PS/PL + Basics Description Edit Find Technical Fields Delete Try Quit Select Action: Next Screen// technical <-edit the technical field to replace HGBA1C with the exact name of the test that is used by your facility OBJECT METHOD: S X=\$\$SLAB^BTIUPCC(+\$G(DFN), "HGBA1C") Replace HGBA1C With HGB A1C (use the exact name of the HGBA1C test that is in use at your facility Feb 14, 2012 15:07:14 Page: 1 of 2 Detailed Display Object BPXRM HGBA1C Basics Name: BPXRM HGBA1C Abbreviation: Print Name: Type: OBJECT IFN: 49 National Standard: NO Status: INACTIVE Owner: CLINICAL COORDINATOR Technical Fields Object Method: S X=\$\$SLAB^BTIUPCC(+\$G(DFN), "HGB A1C") double check the name of the test Description ? Help +, - Next, Previous Screen PS/PL + Basics Find Description Edit Technical Fields Delete Quit Try Select Action: Next Screen//Basics now go back into Basics to activate the object. NAME: BPXRM HGBA1C//

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```
ABBREVIATION:
PRINT NAME:
CLASS OWNER: CLINICAL COORDINATOR Replace
STATUS: (A/I): INACTIVE// ACTIVE
Object BPXRM HGBA1C
 Basics
          Name: BPXRM HGBA1C
   Abbreviation:
    Print Name:
         Type: OBJECT
           IFN: 49
      National
      Standard: NO
        Status: ACTIVE
         Owner: CLINICAL COORDINATOR
 Technical Fields
      Object Method: S X=$$SLAB^BTIUPCC(+$G(DFN), "HGB A1C")
 Description
     ? Help +, - Next, Previous Screen PS/PL
+
    Technical Fields Delet
                                                Description Edit
                          Delete
Select Action: Next Screen//Q
```

Figure A- 10: Instructions

### A.8 Medication Reminders - Last Occurrence Date

Reminders that use medications in the resolution logic: DM-ASPIRIN, DM-ACE/ARB, DM-ANTIPLATLET CVD use the last fill date as the LAST OCCURRENCE DATE.

View Action		
Available Reminders	Due Date Last Occurren	ce Priority
SUSANS BP TEST		
- 💏 CVD Risk	DUE NOW	
Chlamydia Screening		
Colon Cancer	DUE NOW	
C DM ACE/ARB		
DM Anti platelet CVD		
2 DM Aspirin Female	02/02/2018 02/02/2012	
DM Aspirin Male		
A DM BP Control		
DM Eve Exam	DUE NOW	
DM East Exam	DUENOW	
	Del location	_

Figure A- 11: Example of a DM Aspirin reminder that was last filled on 2/2/2012

If the medication is an OUTSIDE MEDICATION, it will display today's date as the LAST OCCURRENCE DATE. In the example below, the Outside Med was documented last month. Outside Meds do not have an associated fill date. The

reminder uses TODAY'S date as the LAST OCCURRENCE DATE. In this example, today is 2/14/2012.

Available Reminders	×
View Action	
Available Reminders	Due Date Last Occurrence Priority
— SUSANS BP TEST	
- 🦝 CVD Risk	DUE NOW
- Chlamydia Screening	
Colon Cancer	DUE NOW
- CA DM ACE/ARB	
- C DM Anti platelet CVD	
DM Aspirin Female	
28 DM Aspirin Male	02/14/2013 02/14/2012
Control 200 BP Control	05/05/2001 05/04/2001
- 🚟 DM Eye Exam	DUE NOW
- 💏 DM Foot Exam	DUE NOW
•	

Figure A- 12: Example of an Outside Med displayed on 2/14/201

### A.9 Problems Getting Reminders Visible For Everyone

If you have reminders showing up for most users but not for others, the culprit is likely in the parameters. Usually it means that the NEW parameter is set to YES for system but NO at a lower level, such as class or user. Entering parameters is easiest from the RPMS-EHR Master Configuration menu | REM Reminder Configuration | PAR Reminder Parameters Menu | New Reminder Parameters:

```
NEW
           New Reminder Parameters
                                            (OROOPX NEW REMINDER PARAMS)
Use New Reminder Parameters may be set for the following:
     1UserUSR[choose from NEW PERSON]2ServiceSRV[choose from SERVICE/SECTION]3DivisionDIV[DEMO INDIAN HOSPITAL]4SystemSYS[DEMO.OKLAHOMA.IHS.GOV]5PackagePKG[ORDER ENTRY/RESULTS REPORTING]
Enter selection: RICHARDS, SUSAN P
                                  Instance Value
Parameter
 _____
USR: RICHARDS, SUSAN P
                                1
                                                       NO if this were set to no, like
here, this user would only see what was set up in the cover sheet reminder list (CVR
above) and not what was set up in the GUI reminder configuration. To remove, edit
the parameter and @ at the prompt so the value is empty
SYS: YAKIMA-HC.PRT.IHS.GOV
                                                         YES
                                  1
```



### A.10 Reminder is Due When it Shouldn't be Due

This can happen if the reminder uses Health Maintenance Reminder (HMR) or Best Practice Prompts (HMR) in their resolution logic and the lab test or medications that are needed to resolve the HMR or BPP are not members of the RPMS taxonomy.

Examples:

My patient has a recent chlamydia test, but the IHS-CHLAMYDIA reminder shows as due.

My patient has a recent prescription for asthma inhaled steroid, but the IHS-ASTHMA STEROIDS reminder shows as due. My patient's [best practice/hmr] reminder shows as due when it should not be due.

These reminders use the data found by the Health Maintenance Reminder or Best Practice to determine if they are due or not. You'll need to look at the logic that the HMR or BPP uses. Confirm that the drug or lab that is being used to resolve the reminder is a member of the HMR or BPP taxonomy. HMR/BPP RPMS taxonomies can be edited using iCare or CRS.

- 1. Review the Logic Detail for the health maintenance reminder or best practice prompt logic in one of the following locations:
  - Appendix of this guide (or current version). http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf
  - iCare: Click on the glossary button and select Reminders Glossary (health summary reminders) or Best Practice Prompts Glossary
- 2. Confirm that the lab test/ medication/ etc. item that the reminder is looking at is a member of the taxonomy.

Example- The CHLAMYDIA Health Maintenance Reminder uses the BGP CHLAMYDIA TESTS taxonomy to look for the chlamydia test(s) that is being used by your facility

```
LOGIC DETAIL: (from iCare Glossary or Health Summary User Manual Appendix)

Chlamydia Test Definition:

- Procedures (CPT Codes): V CPT 86631, 86632, 87110, 87270,

87320,87490-87492, 87810 [BGP CHLAMYDIA CPTS]

- LOINC Codes: V Lab as predefined in [BGP CHLAMYDIA LOINC CODES]

- Site Defined Lab Tests: V Lab site-defined tests in [BGP CHLAMYDIA

TESTS TAX]<-- The lab test used at your facility must be a member of this taxonomy
```

Figure A- 14: Instructions

3. This taxonomy can be populated with the appropriate labs/drugs through iCare or Clinical Reporting System (CRS).
iCare:

To edit the taxonomy, the iCare user must possess the BGPZ TAXONOMY EDITOR key. Add the test(s) that is being used at your facility.

Login to iCare | Tools | Taxonomy Maintenance | View/Edit Taxonomy Entries | All Site Populated | Lab Tests | BGP Chlamydia Tests | add the chlamydia lab test(s) that are ordered at your facility.

CRS:

To edit the taxonomy ; you must posses the appropriate security keys and menu options or ask the appropriate staff to edit the taxonomy.

CRS Main Menu | System Setup | Taxonomy Setup | Taxonomy Setup-All CRS Reports | Select a Taxonomy | add the chlamydia lab test(s) that are ordered at your facility

#### A.11 Why is the Due Date Tomorrow?

🌏 Available	Reminders			×
View Action				
Available Ren	ninders	Due Date	Last Occurrence	Priority
	Meningococcal Immun Newborn Hearing	03/28/2012	03/27/2012	<b>_</b>
l di	No Allergy Assessment Nutritional Screening	04/26/2012	03/27/2012	

Figure A- 15: Reminder Due Date

The reminder is due to check tomorrow to see if the immunization is due. This is the case for all immunization reminders; several of the anti-coagulation and asthma reminders, and CVD reminder.

## A.12 Access Violation Error When Processing Dialogs

An Access Violation Error occurs if you are processing a dialog and you select the Clinical Maintenance Button from within the dialog. When you exit/save the dialog, you will receive this error message:



Figure A- 16: Access Violation Error

This is a known issue that will be fixed in a future RPMS-EHR patch. If you receive this error, logout of RPMS-EHR and back in again. We recommend that you do not use the CLINICAL MAINTENANCE button when processing dialogs. Instead, rightclick on a reminder or reminder dialog and select Clinical Maintenance.

# **Appendix B: National Reminders Summary**

The following table is the up-to-date list of currently released EHR (Clinical) Reminders with a list of taxonomies, terms, computed findings (CF's), Quick Orders, and Objects in each reminder dialog.

\*Reminder Taxonomy Descriptions: Refer to Appendix C.

\*\*RPMS Taxonomy Descriptions: These taxonomies are used by the PCC Health Maintenance Reminders and Best Practice Prompts. A description of these taxonomies can be found in the PCC Health Summary manual. <u>http://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.07u\_apch.pdf</u>

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS- ACTIVITY SCREEN 2011		IHS- ACTIVITY LEVEL IHS- EXERCISE EDUCATION			LAST AUDIT 3 LAST AUDITC 3 LAST CRAFFT 3 V INSURANCE
IHS- ALCOHOL SCREEN 2012	RPMS taxonomies		IHS-ALCOHOL 2009		LAST AUDIT 3 LAST AUDITC 3 LAST CRAFFT 3
IHS- ALLERGY 2012			PCALLERGY		V MEASUREMENT LAST BPF BPXRM UPDATED TOBACCO
IHS- ANTICOAG CBC 2011	RPMS taxonomies		IHS-ANTICOAG CBC IHS-WARFARIN PT		PATIENT NAME PWH MED REC FOR MTM
IHS- ANTICOAG DURATION OF TX 2011	RPMS taxonomies		IHS-INR DURATION IHS-WARFARIN PT		IMMUNIZATIONS DUE

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS- ANTICOAG INR GOAL 2011	RPMS taxonomies		IHS-ANTICOAG INR GOAL IHS-WARFARIN PT		BPXRM LAST PHQ2 BPXRM LAST PHQ9, PATIENT NAME, PATIENT SEX, PATIENT AGE- DETAILED, BPXRM ALCOHOL SCREEN, LAST AUDIT C 3, LAST CRAFFT 3, BPXRM UPDATED TOBACCO, BPXRM UPDATED TOBACCO, BPXRM DEPRESSION SCREEN, BPXRM INTIMATE PARTNER VIOLENCE, LAST HF OCCUPATION, V MEASUREMENT, V POV MULTI LINE, V ACTIVITY TIME, V TRAVEL TIME, V TOTAL TIME,
IHS- ANTICOAG OCCULT BLOOD 2011	RPMS taxonomies		IHS-ANTICOAG FOBT IHS-WARFARIN PT		BPXRM LAST PHQ2 BPXRM LAST PHQ9
IHS- ANTICOAG THERAPY END DATE 2011	RPMS taxonomies		IHS-ANTICOAG END IHS-WARFARIN PT		BPXRM LAST PHQ2 BPXRM LAST PHQ9, BPXRM INTIMATE PARTNER VIOLENCE,, BPXRM UPDATED TOBACCO
IHS- ANTICOAG UA 2011	RPMS taxonomies		IHS-ANTICOAG URINE IHS-WARFARIN PT		
IHS-ASTHMA CONTROL 2011	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA CONTROL		

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-ASTHMA ACTION PLAN 2012	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA PLAN		
IHS-ASTHMA PRIM PROV 2012	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA PRIMARY		
IHS-ASTHMA RISK EXACERBAT ION 2011	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA EXACERBATIO N		
IHS-ASTHMA SEVERITY 2012	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA SEVERITY		
IHS-ASTHMA STEROIDS 2012	IHS-ASTHMA 2007 RPMS taxonomies		IHS-ASTHMA STEROIDS		
IHS-ASTHMA INTAKE (DIALOG ONLY)					
IHS-BLOOD PRESSURE 2012	IHS- HYPERTENSIO N 2007 IHS-DIABETES DX 2007	IHS-HIGH DIASTOLIC IHS-HIGH BP 2007			
IHS- CHL0041MY DIA SCREEN 2011	RPMS taxonomies		IHS- CHLAMYDIA		
IHS-COLON CANCER 2012	IHS- SIGMOIDOSCO PY IHS- COLONOSCOP Y 2007 IHS-FECAL OCCULT LAB TEST IHS-BARIUM EMEMA IHS- COLORECTAL CANCER	IHS-FECAL OCCULT BLOOD			

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-CVD 2011	RPMS taxonomies		IHS-CVD RISK		
IHS-DENTAL VISIT 2011			IHS-DENTAL 2009		
IHS-DEPO PROVERA 2012	IHS-DEPO PROVERA ADMINISTRATI ON	IHS-DEPO PROVERA ORDERABL E ITEM			
IHS- DEPRESSIO N SCREEN 2011	RPMS taxonomies		IHS- DEPRESSION 2009		
IHS-DIAB ACE/ARB 2012	IHS-DIABETES DX 2007 IHS- HYPERTENSIO N 2007 IHS-DIABETIC NEPHROPATH Y	IHS-DIAB NEPHROPA THY LABS IHS- ACE/ARBS	IHS-ALLERGY ACE/ARBS		
IHS-DIAB ASPIRIN FEMALE 2011	IHS-DIABETES DX 2007 IHS-ISCHEMIC HEART DISEASE 2007	ihs-Aspirin ihs- clopidogr el	IHS-ALLERGY ASPIRIN 2009 IHS-ALLERGY CLOPIDOGREL IHS-WARFARIN PT		
IHS-DIAB ASPIRIN MALE 2011	IHS-DIABETES DX 2007 IHS-ISCHEMIC HEART DISEASE 2007	IHS IHS- ASPIRIN IHS- CLOPIDOGR EL	IHS-ALLERGY ASPIRIN 2009 IHS-ALLERGY CLOPIDOGREL IHS-WARFARIN PT		
IHS-DIAB ANTPLT KNOWN CVD 2012	IHS-ISCHEMIC HEART DISEASE 2007 IHS-DIABETES DX 2007	ihs ihs- Aspirin ihs- Clopidogr L	IHS-ALLERGY ASPIRIN 2009 IHS-ALLERGY CLOPIDOGREL IHS-WARFARIN PT		
IHS-DIAB EYE EXAM 2011	IHS-DIABETES DX 2007 IHS- FUNDOSCOPIC EYE CODES 2007				

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-DIAB FOOT EXAM 2011	IHS-DIABETES DX 2007				
IHS-DIAB HGBA1C 2011	IHS-DIABETES DX 2007	IHS- HGBA1C			
IHS-DIAB HGBA1C CONTROL 2012	IHS-DIABETES DX 2007	IHS- HGBA1C IHS- HGBA1C REEVALUAT E			
IHS-DIAB NEPHRO SCR/MON 2012	IHS-DIABETES DX 2007 IHS-DIALYSIS	IHS-URINE ALBUMIN IHS-EGFR			
IHS- DIABETES SCREENING 2011	IHS-DIABETES PROBLEMS ONLY		IHS-DIABETES 2009		
IHS- DOMESTIC VIOLENCE 2012	RPMS taxonomies		IHS-IPVS 2009		
IHS-EPSTD SCREENING 2012	RPMS taxonomies		IHS-EPSDT 2009		
IHS- FUNCTIONA L ASSESSME NT 2011			IHS-FUNCTION 2009		
IHS-FALL RISK 2011			IHS-FALL RISK		
IHS- HCT/HGB 2011		IHS- HCT/HGB			
IHS-HEAD CIRCUMFER ENCE 2012			IHS-HEAD CIRCUMFEREN CE		
IHS- HEARING TEST 2011	RPMS taxonomies		IHS-HEARING 2009		
IHS-HEIGHT 2012					

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-HEP A ADULT 2012	***forecaster***	IHS- HEPADULT IMMUNIZATI ON	IHS-HEPA ADULT		
IHS-HEP B ADULT 2011	***forecaster***	IHS- HEBADULT IMMUNIZATI ON	IHS-HEPB ADULT		
IHS-HPV IMMUNIZATI ON 2012	***forecaster***	IHS-HPV IMMUNIZATI ON	IHS-HPV		
IHS-HIV SCREEN 2012	IHS-HIV DX		IHS-HIV		
IHS- IMMUNIZATI ON FORECAST 2011	***forecaster***		IHS-IMM FORECAST		
IHS- INFLUENZA IMMUNIZATI ON 2011	***forecaster***	IHS- INFLUENZA 2007	IHS-FLU IHS-ALLERGY EGG		
IHS-LIPID FEMALE 2012	IHS-DIABETES DX 2007	IHS-LIPID LAB TESTS			
IHS-LIPID MALE 2012	IHS-DIABETES DX 2007	IHS-LIPID LAB TESTS			
IHS- MAMMOGRA M 2011	IHS-BILATERAL MASTECTOMY 2008 RPMS taxonomies		IHS- MAMMOGRAM 2009		
IHS- MENINGITIS IMMUNIZATI ON 2012	***forecaster***	IHS- MENINGITIS IMMUNE	IHS- MENINGITIS		
IHS- NEWBORN HEAIRNG 2011			IHS-NEWBORN HEARING		
IHS- NUTRITIONA L SCREENING 2012			IHS-NUTRITION		

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS- OSTEOPOR OSIS SCREEN 2011	IHS- OSTEOPOROSI S DX RPMS taxonomies		IHS-OSTEO 2009		
IHS-PAP SMEAR 2011	IHS- HYSTERECTO MY 2009 RPMS taxonomies		IHS-PAP 2009		
IHS-PED DT IMMUNIZATI ON 2012	***forecaster***	IHS-PED TD IMMUNIZATI ON	IHS-TDPEDS		
IHS-PED DTAP IMMUNE 2012	***forecaster***	IHS-DTAP IMMUNIZATI ON	IHS-DTAP		
IHS-PED FLU IMMUN 2012	***forecaster***	IHS- INFLUENZA 2007	IHS-FLU IHS-ALLERGY EGG		
IHS-PED HEPA IMMUNE 2012	***forecaster***	IHS-HEPA IMMUNIZATI ON	IHS-HEPA		
IHS-PED HEPB IMMUNE 2012	***forecaster***	IHS-HEPB IMMUNIZATI ON	IHS-HEPB		
IHS-PED HIBTITER IMMUNE 2012	***forecaster***	IHS- HIBTITER IMMUNIZATI ON	IHS-HIB		
IHS-PED MMR IMMUNE 2012	***forecaster***	IHS-MMR IMMUNIZATI ON	IHS-MMR		
IHS-PED PNEUMOCO CCAL CONJUGATE 2012	***forecaster***	IHS-PED PNEUMOVA X IMMUNIZATI ON	IHS-PNEUPED		
IHS-PED POLIO IMMUNE 2012	***forecaster***	IHS-POLIO IMMUNIZATI ON	IHS-POLIO		

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	Reminder Terms CFs		Objects
IHS-PED ROTAVIRUS 2012	***forecaster***	IHS- ROTAVIRUS IMMUNIZATI ON	IHS-ROTA		
IHS-PED VARICELLA IMMUNE 2012	***forecaster***	IHS- VARICELLA IMMUNIZATI ON	IHS- VARICELLA		
IHS- PEDVAXHIB 2012	***forecaster***	IHS- PEDVAXHIB IMMUNIZATI ON	IHS- PEDVAXHIB		
IHS- PNEUMOVA X IMMUN 2012	***forecaster***	IHS- PNEUMOVA X IMMUNIZATI ON	IHS-PNEUMO		
IHS-PPD 2012	IHS-TB/POS PPD 2011				
IHS- RUBELLA IMMUN 2012	RPMS taxonomies	IHS- RUBELLA IMMUNIZATI ON	IHS-RUBELLA		
IHS-SENIOR HEIGHT 2011					
IHS-SENIOR VISION 2011			IHS-VISION 2009		
IHS-TD IMMUNIZATI ON 2012	***forecaster***	IHS-TD IMMUNIZATI ON	IHS-TD		
IHS-TDAP IMMUNE 2012	***forecaster***	IHS-TDAP IMMUNE	IHS-TDAP		
IHS- TOBACCO SCREEN 2011	RPMS taxonomies		IHS-TOBACCO 2009		
IHS-VISION EXAM			IHS-VISION 2009		
IHS-WEIGHT 2012					
IHS-ZOSTER IMMUNE 2012 DIALOG ONLY	***forecaster***	IHS-ZOSTER IMMUNIZATI ON	IHS-ZOSTER		

Reminder	Reminder Taxonomies* RPMS taxonomies**	Reminder Terms	CFs	Quick Orders	Objects
IHS-ASBI BNI 2011					
IHS-ASBI SCREENING 2012					
IHS-ASTHMA INTAKE 2012					
IHS-MED THERAPY MNGT 2011					
IHS-PED PEDIARIX IMMUN 2012					
IHS-PHN HOSPITAL DC VISIT					BPXRM LAST PHQ2 BPXRM LAST PHQ9, PATIENT NAME, PATIENT AGE- DETAILED, BPXRM ALCOHOL SCREEN, LAST AUDIT C 3, LAST CRAFFT 3, BPXRM UPDATED TOBACCO, BPXRM DEPRESSION SCREEN, BPXRM INTIMATE PARTNER VIOLENCE, LAST HF OCCUPATION, V MEASUREMENT, V POV MULTI LINE, V ACTIVITY TIME, V TRAVEL TIME, V TOTAL TIME,
IHS-PHQ9 SCREEN 2011					BPXRM LAST PHQ2 BPXRM LAST PHQ9
IHS- SCREENING BUNDLE 2011					BPXRM LAST PHQ2 BPXRM LAST PHQ9, BPXRM INTIMATE PARTNER VIOLENCE,, BPXRM UPDATED TOBACCO

National Reminders Summary

## **Appendix C: Reminder Taxonomies**

The following provides information about reminder taxonomies released in previous patches as well as updated and new Reminder Taxonomies of PXRM 1008 that will be installed through the exchange.

If this is the first time you have installed this category of reminder (example: Asthma) then the Reminder Taxonomy will be installed through the exchange.

## C.1 IHS-ASTHMA 2007

Code	Sets	:					
ICD9	RANG	E	ICI	00 RA	ANGE	CPT	RANGE
LOW		HIGH	LOI	1	HIGH	LOW	HIGH
493.0	0	493.92					

Figure C- 1: IHS-ASTHMA 2007

# C.2 IHS-BILATERAL MASTECTOMY 2008

Patient Data Source: EN,PL,IN				
Code Sets: ICD9 RANGE LOW HIGH	ICD0 RA LOW 85.42 85.44	ANGE HIGH 85.42 85.44	CPT RA LOW	NGE HIGH

Figure C- 2: C.2IHS-BILATERAL MASTECTOMY 2008

#### C.3 Taxonomies for IHS-COLON CANCER 2009

The following provides information the various taxonomies for colon cancer.

#### C.3.1 IHS-BARIUM ENEMA

Patient Data Source: EN,PL,IN				
Code Sets: ICD9 RANGE LOW HIGH	ICDO RA LOW	NGE HIGH	CPT RA LOW 74270 G0106 G0120	NGE HIGH 74280 G0106 G0120

#### Figure C- 3: IHS-BARIUM ENEMA

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#### C.3.2 IHS-COLONOSCOPY 2007

Patient Data Source: EN,PL,IN		
Code Sets:		
ICD9 RANGE	ICD0 RANGE	CPT RANGE
LOW HIGH	LOW HIGH	LOW HIGH
	45.22 45.22	45355 45355
	45.23 45.23	45378 45387
	45.25 45.25	G0105 G0105
	76.51 76.51	G0121 G0121
		44388 44394
		44397 44397
		44394 44394
		45391 45391

Figure C- 4: IHS-COLONOSCOPY 2007

#### C.3.3 IHS-COLORECTAL CANCER

Patient D EN,P	ata Source: L		
ICD9 RANG LOW	E HIGH	ICDO RANGE LOW HIGH	CPT RANGE LOW HIGH
153.0 154.0 197.5 V10.05	153.9 154.1 197.5 V10.05		44150 44153 44155 44156 44210 44212

Figure C- 5: IHS-COLORECTAL CANCER

#### C.3.4 IHS-SIGMOIDOSCOPY

Patient Data Source: EN,PL,IN				
ICD9 RANGE	ICD0 RAN	IGE	CPT RA	ANGE
LOW HIGH	LOW	HIGH	LOW	HIGH
	45.24	45.24	45330	45345
	45.42	45.42	G0104	G010

```
Figure C- 6: IHS-SIGMOIDOSCOPY
```

#### C.3.5 IHS-DEPO PROVERA ADMINISTRATION

Patie	nt Data Source:				
	EN				
ICD9	RANGE	ICD0 RANG	E	CPT RAN	IGE
LOW	HIGH	LOW	HIGH	LOW	HIGH
				J1055	J1055

Figure C- 7: IHS-DEPO PROVERA ADMINISTRATION

#### C.3.6 IHS-DIABETES DX 2007

Patient Data Source: EN,PL				
ICD9 RANGE	ICD0 RAI	NGE	CPT R	ANGE
LOW HIGH 250.00 250.93	LOW	HIGH	LOW	HIGH

Figure C- 8: IHS-DIABETES DX 2007

#### C.3.7 IHS-DIABETES PROBLEMS ONLY

Patient PL	Data Source:				
ICD9 RA	NGE	ICD0 RAM	NGE	CPT R	ANGE
LOW	HIGH	LOW	HIGH	LOW	HIGH
250.00	250.93				

Figure C- 9: Diabetes Problems Only

#### C.3.8 IHS-DIABETIC NEPHROPATHY

Patient Data Source: EN,PL				
ICD9 RANGE LOW HIGH 250.40 250.43	ICD0 RAN LOW	GE HIGH	CPT R. LOW	ANGE HIGH

Figure C- 10: Diabetic Nephropathy Codes

#### C.3.9 IHS-DIALYSIS

Patient Data Source: EN,PL			
ICD9 RANGE LOW HIGH V45.1 V45.12	ICD0 RANGE LOW HIGH	CPT RANGE LOW HIGH 90963 90966 90967 90970	

Figure C- 11: Dialysis Codes

#### C.3.10 IHS-FUNDOSCOPIC EYE CODES 2007

Patient Data Source: EN		
ICD9 RANGE LOW HIGH V72.0 V72.0	ICDO RANGE LOW HIGH	CPT RANGE LOW HIGH 92012 92012 92014 92015 92002 92002 92004 92004 92250 92250
Figure 4.9 Fundoscopic 22.1.15 IHS-HYPERTENS Patient Data Source: EN,PL	: Eye Codes SION 2007	
ICD9 RANGE LOW HIGH 401.0 405.99	ICDO RANGE LOW HIGH	CPT RANGE LOW HIGH

Figure C- 12: Hypertension Codes

#### C.3.11 IHS-HYSTERECTOMY 2009

Patient Data Source: EN,PL,IN				
ICD9 RANGE	ICD0 RAI	NGE	CPT RAN	GE
LOW HIGH	LOW	HIGH	LOW	HIGH
	68.4	68.9	51925	51925
			56308	56308
			58150	58150
			58152	58152
			58200	58200
			58552	58554
			58953	58954
			59525	59525
			58951	58951
			58550	58550
			58205	58205
			58210	58210
			58240	58240
			58260	58260
			58262	58265

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58267	58267	
58270	58270	
58275	58275	
58280	58280	
58285	58285	
58290	58294	
58548	58548	
58570	58570	
59135	59135	

Figure C- 13: Hysterectomy Codes

#### C.3.12 IHS-ISCHEMIC HEART DISEASE 2007

Patient EN	Data Source: ,PL				
ICD9 RA	NGE	ICD0 RA	NGE	CPT RA	ANGE
LOW	HIGH	LOW	HIGH	LOW	HIGH
410.0	412.				
414.0	414.9				
428.0	428.9				
429.2	429.2				

Figure C- 14: Ischemic Heart Disease Codes

#### C.3.13 IHS-OSTEOPOROSIS DX

Patient Data Source: EN,PL ICD9 RANGE ICD0 RANGE CPT RANGE LOW HIGH LOW HIGH 733.00 733.99

Figure C- 15: Osteoporosis Codes

#### C.3.14 IHS-TB/POS PPD 2011

Patient EN	Data Source: ,PL				
ICD9 RA	NGE	ICD0 RAN	IGE	CPT RA	ANGE
LOW	HIGH	LOW	HIGH	LOW	HIGH
010.00	018.90				
795.5	795.5				
795.51	795.51				
795.5	795.52				

Figure C- 16: Positive TB Codes

# Appendix D: Reminder Terms

## D.1 IHS-ACTIVITY LEVEL

```
CLASS: VISN
FINDING ITEM:
ACTIVE (FI(1)=HF(74))
INACTIVE (FI(2)=HF(72))
SOME ACTIVITY (FI(3)=HF(73))
VERY ACTIVE (FI(4)=HF(75))
```

Figure D- 1: Used in the IHS-ACTIVITY SCREEN 2011 reminder

## D.2 IHS-ASTHMA CONTROL

```
CLASS: VISN
FINDING ITEM:
WELL CONTROLLED (FI(1)=ASM(1))
NOT WELL CONTROLLED (FI(2)=ASM(2))
VERY POORLY CONTROLLED (FI(3)=ASM(3))
```

Figure D- 2: Used in the IHS-ASTHMA CONTROL 2011 reminder

# D.3 IHS-ACE/ARB

```
CLASS: VISN
DESCRIPTION: Groupings of ace/arb drugs
FINDING ITEM: CV800
FINDING ITEM: CV805
```

Figure D- 3: Used in the IHS-DIAB ACE/ARB 2011 reminder.

## D.4 IHS-ASPIRIN

```
CLASS: VISN
FINDING ITEM: ASPIRIN
```

Figure D- 4: Used in the IHS-DIAB ANTIPLT KNOWN CVD 2011, IHS-DIAB ASPIRIN FEMALE 2011, IHS-DIAB ASPIRIN MALE 2011 reminders

## D.5 IHS-CLOPIDOGREL

CLASS:VISN

FINDING ITEM: CLOPIDOGREL (FI(1)=DG(3467))

Figure D- 5: Used in the IHS-DIAB ANTIPLT KNOWN CVD 2011, IHS-DIAB ASPIRIN FEMALE 2011, IHS-DIAB ASPIRIN MALE 2011 reminders

## D.6 23.6 IHS-DEPO PROVERA ORDERABLE ITEM

```
CLASS:VISN
```

FINDING ITEM: MEDROXYPROGESTERONE (FI(1)=DG(194))

Figure D- 6: Used in the IHS-DEPO PROVERA 2011 reminder

# D.7 IHS-DTAP IMMUNIZATION

```
CLASS: VISN
DESCRIPTION: DTaP immunization from the immunization file
FINDING ITEM: DTAP
```

Figure D-7: Used in the IHS-PED DTAP IMMUNE 2011 reminder.

## D.8 IHS-DIAB NEPHROPATHY LABS

CLASS:VISN FINDING ITEM:

Figure D- 8: Used in the IHS-DIAB ACE/ARB 2011 reminder

# D.9 IHS-DM BLOOD PRESSURE

```
CLASS: VISN
NAME: IHS-DM BLOOD PRESSURE
FINDING ITEM: BP
CONDITION: I ($P(V,"/",1)>129)!($P(V,"/",2)>79)
```

Figure D- 9: Used in the IHS-DIAB BP CONTROL 2011 reminder

## D.10 IHS-EGFR

CLASS: VISN FINDING ITEM:

Figure D- 10: Used in the IHS-DIAB NEPHRO SCR/MON 2011 reminder.

## D.11 IHS-EXERCISE EDUCATION

```
CLASS: VISN
FINDING ITEM: HPDP-EXERCISE
```

#### Figure D- 11: Used in the IHS-ACTIVITY SCREEN 2011 reminder

## D.12 IHS-FECAL OCCULT BLOOD

CLASS: VISN FINDING ITEM:

Figure D- 12: Information

## D.13 IHS-HEPADULT IMMUNIZATION

```
CLASS: VISN
FINDING ITEM: HEP A, ADULT
```

Figure D- 13: Used in the IHS-HEP A ADULT IMMUN 2011 reminder

## D.14 IHS-HEBADULT IMMUNIZATION

```
CLASS: VISN
FINDING ITEM: HEP B,ADULT
```

Figure D- 14: Used in the IHS-HEP B ADULT IMMUN 2011

#### D.15 IHS-HPV IMMUNIZATION

```
CLASS: LOCAL
FINDING ITEM: HPV QUADRIVALENT
FINDING ITEM: HPV, bivalent
```

Figure D- 15: Used in the IHS-HPV IMMUNIZATION 2011 reminder

## D.16 IHS-HCT/HCB

CLASS: VISN FINDING ITEM:

Figure D- 16: Used in the IHS-HCG/HCT 2011 reminder

#### D.17 IHS-HEPA IMMUNIZATION

```
CLASS: VISN
FINDING ITEM: HEP A, PED/ADOL, 2 DOSE
FINDING ITEM: HEP A, PEDIATRIC, NOS
CLASS: VISN
```

Figure D- 17: Used in the IHS-PED HEPA IMMUNE 2011 reminder

#### D.18 IHS-HEPB IMMUNIZATION

```
CLASS: VISN
DESCRIPTION: Hep B vaccine from immunization file
```

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FINDING ITEM: HEP B, ADOLESCENT OR PEDIATRIC

Figure D- 18: Used in the IHS-PED HEPB IMMUNE 2011 reminder

# D.19 19IHS-HGBA1C

CLASS: VISN DESCRIPTION: The lab tests at a site that are the hemoglobin Alc test FINDING ITEM:

Figure D- 19: Used in the IHS-DIAB HGBA1C 2011, IHS-DIAB HGBA1C CONTROL 2011 reminders

## D.20 IHS-HGBA1C REEVALUATE

```
CLASS: VISN
FINDING ITEM: HEMOGLOBIN A1C (FI(1)=LT(97))
CONDITION: I V>6.9
Condition: Enter the threshold for every lab added. By default the threshold is set
to 6.9. I V>6.9 will make the reminder due every 3 months if the HEMOGLOBIN A1C is
above 6.9.
```

Figure D- 20: Used in the IHS-DIAB HGBA1C CONTROL 2011 reminder

## D.21 IHS-HIBTITER IMMUNIZATION

```
CLASS: VISN
DESCRIPTION: Hibtiter from the vaccination file
FINDING ITEM: HIB (HBOC)
FINDING ITEM: HIB, NOS
```

Figure D- 21: Used in the IHS-PED HIBTITER IMMUNE 2011 reminder

# D.22 IHS-HIGH DIASTOLIC

```
CLASS: LOCAL
FINDING ITEM: BP
EFFECTIVE PERIOD: 1Y
CONDITION: I ($P(V,"/",2)>84)&($P(V,"/",2)<90)
```

Figure D- 22: Used in the IHS-BLOOD PRESSURE 2011 reminder

## D.23 IHS-HIGH BP 2007

```
NAME: IHS-HIGH BP 2007
FINDING ITEM: BP
CONDITION: I ($P(V,"/",1)>139)!($P(V,"/",2)>89)
```

Figure D- 23: Used in the IHS-BLOOD PRESSURE 2011 reminder

```
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```

## D.24 IHS-INFLUENZA 2011

CLASS:LOCAL	
FINDING ITEM:	INFLUENZA, NOS
FINDING ITEM:	INFLUENZA, SPLIT [TIVhx] (INCL PURIFIED)
FINDING ITEM:	INFLUENZA, INTRANASAL
FINDING ITEM:	INFLUENZA, WHOLE
FINDING ITEM:	INFLUENZA [TIV], SEASONAL, INJ
FINDING ITEM:	INFLUENZA [TIVpf], SEASONAL INJ, P FREE
FINDING ITEM:	INFLUENZA, HIGH DOSE SEASONAL

Figure D- 24: Used in the IHS-INFLUENZA IMMUNIZATION 2011 reminder

# D.25 IHS-LIPID LAB TESTS

CLASS: VISN FINDING ITEM:

Figure D- 25: Used in the IHS-LIPID FEMALE 2011 and IHS-LIPID MALE 2011 reminders

## D.26 IHS-MENINGITIS IMMUNE

```
CLASS: VISN
FINDING ITEM: MENINGOCOCCAL, NOS
FINDING ITEM: MENINGOCOCCAL C CONJUGATE
FINDING ITEM: MENINGOCOCCAL
FINDING ITEM: MENINGOCOCCAL A,C,Y,W-135 DIPHTHERIA CONJ
```

Figure D- 26: Used in the IHS-MENINGITIS IMMUNIZATION 2011 reminder

# D.27 IHS-MMR IMMUNIZATOIN

```
CLASS: VISN
DESCRIPTION: MMR vaccinations from the immunization file
FINDING ITEM: MMR
```

Figure D- 27: Used in the IHS-PED MMR IMMUNE 2011 reminder

## D.28 IHS-PED PNEUMOVAX IMMUNIZATION

```
CLASS: LOCAL
FINDING ITEM: Pneumococcal, PCV-7
FINDING ITEM: Pneumococcal, PCV-13
```

#### Figure D- 28: Used in the IHS-PED PNEUMOCOCCAL IMMUN 2011 reminder

## D.29 IHS-PED TD IMMUNIZATION

```
CLASS: LOCAL
NAME: IHS-PED TD IMMUNIZATION
FINDING ITEM: DT (PEDIATRIC)
```

Figure D- 29: Used in the IHS-PED DT IMMUNIZATION 2011 reminder

# D.30 HS-PEDVAXHIB IMMUNIZATION

```
CLASS: VISN
FINDING ITEM: HIB (PRP-OMP)
FINDING ITEM: HIB, NOS
```

Figure D- 30: Used in the IHS-PED PEDVAXHIB IMMUN 2011 reminder

#### D.31 IHS-PNEUMOVAX IMMUNIZATION

```
CLASS: VISN
FINDING ITEM: PNEUMOCOCCAL
```

Figure D- 31: Used in the IHS-PNEUMOVAX IMMUN 2011 reminder

#### D.32 IHS-POLIO IMMUNIZATION

```
CLASS: LOCAL
NAME: IHS-POLIO IMMUNIZATION
FINDING ITEM: IPV
```

Figure D- 32: Used in the IHS-PED POLIO IMMUN 2011 reminder

## D.33 IHS-ROTAVIRUS IMMUNIZATION

CLASS: LOCAL NAME: IHS-ROTAVIRUS IMMUNIZATION FINDING ITEM: ROTAVIRUS TETRAVALENT FINDING ITEM: ROTAVIRUS, MONOVALENT FINDING ITEM: ROTAVIRUS, NOS FINDING ITEM: ROTAVIRUS, PENTAVALENT

Figure D- 33: Used in the IHS-PED ROTAVIRUS 2011 immunization reminder

# D.34 IHS-RUBELLA IMMUNIZATION

```
CLASS: VISN
FINDING ITEM:: RUBELLA (FI(1)=IM(114))
```

Figure D- 34: Used in the IHS-RUBELLA 2011 reminder

```
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```

# D.35 IHS-TD IMMUNIZATION

```
CLASS: VISN
NAME: IHS-TD IMMUNIZATION
FINDING ITEM: TD (ADULT)
```

Figure D- 35: Used in the IHS-TD IMMUNIZATION 2011 reminder

# D.36 IHS-TDAP IMMUN

CLASS: VISN NAME: IHS-TDAP IMMUNE FINDING ITEM: Tdap

Figure D- 36: Used in the IHS TDAP IMMUNE 2011 reminder

## D.37 IHS-URINE ALBUMIN

CLASS: VISN FINDING ITEM:

Figure D- 37: Used in the IHS-DIAB NEPHRO SCR/MON 2011 reminder

## D.38 IHS-VARICELLA IMMUNIZATION

```
CLASS: VISN
DESCRIPTION: Varicella immunization terms from the immunization file
FINDING ITEM: VARICELLA
```

Figure D- 38: Used in the IHS-PED VARICELLA IMMUNE 2011 reminder

## D.39 IHS-ZOSTER IMMUNIZATION

```
CLASS: VISN
FINDING ITEM: ZOSTER (FI(1)=IM(227))
```

Figure D- 39: Used in the IHS-ZOSTER IMMUN 2011 reminder

# **Appendix E: Reminders Using Computed Findings**

Reminders use computed findings to return the following types of data from RPMS:

- Health Maintenance Reminders
- Best Practice Prompts
- Immunization Forecast
- Special cases

#### E.1 Reminders Using Health Maintenance Reminder Computed Finding

The computed findings from these reminders will return the finding from Health Maintenance Reminders resolution – see Chapter 4 for resolution logic. The cohort and the frequency are configured within the EHR Reminder.

**IHS-ALCOHOL SCREEN 2012 IHS-CHLAMYDIA SCREEN 2011 IHS-DENTAL VISIT 2011 IHS-DEPRESSION SCREENING 2011 IHS-DIABETES SCREENING 2011 IHS-DOMESTIC VIOLENCE 2012 IHS-EPSDT SCREENING 2012 IHS-FALL RISK SCREEN 2011 IHS-FUNCTIONAL ASSESSMENT 2011 IHS-HEAD CIRCUMFERENCE 2012 IHS-HIV SCREEN 2012 IHS-MAMMOGRAM 2011 IHS-NEWBORN HEARING 2011 IHS-NUTRITIONAL SCREENING 2012 IHS-OSTEOPOROSIS SCREENING 2011 IHS-PAP SMEAR 2011 IHS-SENIOR VISION 2011 IHS-TOBACCO SCREEN 2011** 

#### E.2 Reminders Using PCC Best Practice Prompt Computed Finding

The computed findings from these reminders will return whether the Best Practice Prompt for the patient is active. If it is active, the reminder is due. See Chapter 4 for resolution logic. The cohort and the frequency are configured within the EHR Reminder. IHS-ANTICOAG CBC 2011 IHS-ANTICOAG DURATION OF TX 2011 IHS-ANTICOAG INR GOAL 2011 IHS-ANTICOAG OCCULT BLOOD 2011 IHS-ANTICOAG THERAPY END DATE 2011 IHS-ANTICOAG UA 2011 IHS-ASTHMA CONTROL 2011 IHS-ASTHMA ACTION PLAN 2012 IHS-ASTHMA PRIM PROV 2012 IHS-ASTHMA RISK EXACERBATION 2011 IHS-ASTHMA SEVERITY 2012 IHS-ASTHMA STEROID 2012

#### E.3 Reminders Using Immunization Forecast Computed Finding

The computed findings from these reminders return whether an immunization is due or not due. They are used in resolution logic to resolve reminder.

**IHS-HEP A ADULT IMMUN 2012 IHS-HEP B ADULT IMMUN 2012 IHS-HPV IMMUN 2012 IHS-INFLUENZA IMMUN 2012 IHS-MENINGITIS IMMUN 2012 IHS-PED DT IMMUN 2012 IHS-PED DTAP IMMUN 2012 IHS-PED FLU IMMUN 2012 IHS-PED HEPA IMMUN 2012 IHS-PED HEPB IMMUN 2012 IHS-PED HIBTITER IMMUN 2012 IHS-PED MMR IMMUN 2012 IHS-PED PEDVAXHIB IMMUN 2012 IHS-PED PNEUMOCOCCAL IMMUN 2012 IHS-PED POLIO IMMUN 2012 IHS-PED ROTAVIRUS IMMUN 2012 IHS-PED VARICELLA IMMUN 2012 IHS-PNEUMOVAX IMMUN 2012** IHS-TD IMMUN 2012 **IHS-TDAP IMMUN 2012 IHS-ZOSTER IMMUN 2012** 

#### E.4 Reminders Using Special Case Computed Findings

IHS-IMMUNIZATION FORECASTER 2011 IHS-CVD2011

#### IHS-ALLERGY 2012

IHS-CVD 2011 Reminder: Uses a computed finding to return the CVD iCare tag. If the patient has an iCare CVD diagnostic tag, the reminder is applicable and due. If not it is not applicable. This reminder does not resolve (It will never be blue).

IHS-Allergy 2012 Reminder: is applicable and due if no allergy assessment has ever been done. Removed from cohort once an allergy assessment or no known allergies is documented in the allergy/adverse reaction component. This reminder does not resolve (it will never be blue).

IHS-Immunization forecaster 2011 Reminder: is a placeholder. It is always applicable and never due.

Name	Routine	Entry Points
IHS-ALCOHOL 2009	BPXRMPCC	ALCOHOL
IHS-ALLERGY ASPIRIN 2009	BPXRMALL	ALLASP
IHS-ALLERGY ACE/ARBS	BPXRMAL1	AAREM
IHS-ALLERGY EGG	BPXRMALL	ALLEGG
IHS-ALLERGY PLAVIX	BPXRMALL	ALLCLOP
IHS-ANTICOAG CBC	BPXRMTP	AACPT
IHS-ANTICOAG END	BPXRMTP	INREND
IHS-ANTICOAG FOBT	BPXRMTP	ACFOBT
IHS-ANTICOAG URINE	BPXRMTP	ACURIN
IHS-ASTHMA CONTROL	BPXRMASM	CONTROL
IHS-ASTHMA EXACERBATION	BPXRMASM	RISK
IHS-ASTHMA PLAN	BPXRMASM	PLAN
IHS-ASTHMA PRIMARY	BXPRMASM	PRIMARY
IHS-ASTHMA SEVERITY	BPXRMASM	SEVERITY
IHS-ASTHMA STEROIDS	BPXRMASM	STEROID
IHS-BLOOD PRESSURE 2011	BPXRMPCC	DENTAL
IHS-CHLAMYDIA	BPXRMPC1	CHYLAMYDI
IHS-CVD RISK	BPXRMTP	CVD
IHS-DENTAL 2009	BPXRMPCC	DENTAL
IHS-DEPRESSION 2009	BPXRMPCC	DEPRESS
IHS-DIAB ASPIRIN 2009	BPXRMALL	ALLASP

#### E.5 Computed Findings Entry Points

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**Reminders Using Computed Findings** 

Name	Routine	Entry Points	
IHS-DIABETES 2009	BPXMRPCC	DIABETES	
IHS-DTAP	BPXRMMM	DTAP	
IHS-EPDST 2009	BPXRMPCC	EPSDT	
IHS-FALL RISK	BPXRMPC1	FALL	
IHS-FLU	BPXRMIM1	FLU	
IHS-FUNCTION 2009	BPXRMPCC	FUNCTION	
IHS-HEARING 2009	BPXMRPCC	HEAR	
IHS-HEPA	BPXRMIM1	НЕРА	
IHS-HEPA ADULT	BPXRMIM1	HEPADULT	
IHS-HEPB	BPXRMIM1	НЕРВ	
IHS-HEPB ADULT	BPXRMIM1	HEPBADULT	
IHS-HIB	BPXRMIMM	HIB	
IHS-HIV	BPXRMPC1	HIV	
IHS-HPV	BPXRMIM3	HPV	
IHS-INR DURATION	BPXRMTP	INRDUR	
IHS-INR GOAL	BPXRMTP	INRGOAL	
IHS-IPVS 2009	BPXRMPCC	IPVS	
IHS-MAMMOGRAM 2009	BPXRMPCC	MAMMO	
IHS-MENINGITIS	BPXRMIM1	MENING	
IHS-MMR	BPXRMIMM	MMR	
IHS-NEWBORN HEARING	BPXMRPC1	NBHS	
IHS-NUTRITION	BPXRMPC1	NUTR	
IHS-OSTEO 2009	BPXRMPCC	OSTEO	
IHS-PAP 2009	BPXRMPCC	PAP	
IHS-PEDVAXHIB	BPXRMIMM	PEDIAVAC	
IHS-PNEUMO	BPXRMIM1	PNEUMO	
IHS-PNEUPED	BPXRMIM1	PNEUPED	
IHS-POLIO	BPXRMIMM	POLIO	
IHS-ROTA	BPXRMIM3	ROTA	
IHS-RUBELLA	BPXRMPC1	RUB	
IHS-TD	BPXRMIM1	TD	
IHS-TDAP	BPXRMIM1	TDAP	
IHS-TDPEDS	BPXRMIM1	TDPED	
IHS-TOBACCO 2009	BPXRMPCC	TOBACCO	
IHS-VARICELLA	BPXRMIMM	VARI	
IHS-VISION 2009	BPXRMPCC	VISION	

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Reminders Using Computed Findings

Name	Routine	Entry Points
IHS-WARFARIN PT	BPXRMTP	WAR
IHS-ZOSTER	BPXRMIM3	ZOSTER

## **Appendix F: Reminder Parameter Summary**

This section describes the locations of the menu options that are used when configuring reminders. Reminders maybe configured in three different menu options:

- REM Reminder Managers Menu ... [PXRM MANAGERS MENU]
- CP CPRS Reminder Configuration [PXRM CPRS CONFIGURATION]
- XX General Parameter Tools ... [XPAR MENU TOOLS]

This table describes the menu paths for each parameter

Name	RPMS-EHR Master menu	CPRS config menu	XX menu	What does it do?
Reminder GUI Resolution Active	REM   PAR   ACT	RA	PXRM GUI REMINDERS ACTIVE	Activates reminder system in EHR
Add/Edit Reminder Categories	REM   PAR  CAT	CA		Creates a folder with selected reminders to hang under "other"
Allow EHR Configuration in GUI	REM   PAR   CFG		PXRM EHR CONFIGURATION	Gives permission to use GUI configuration dialog. Restrict to user or CAC user class
EHR Cover Sheet Reminder List	REM   PAR   CVR	CS	ORQQPX SEARCH ITEMS	The "old" way of setting up GUI view. Must set prior to activation and before setting new parameter
EHR Lookup Categories	REM   PAR   LKP	CL	PXRM CPRS LOOKUP CATEGORIES	Sets up the categories (folders) under "other" in GUI
Default Outside Location	REM   PAR   LOC	OL	ORQQPX DEFAULT LOCATIONS	Can set defaults for the PXRM OUTSIDE LOCATION prompt used in dialogs
New Reminder Parameters	REM   PAR   NEW	NP	ORQQPX NEW REMINDER PARAMS	After reminders are activated, set NEW so EHR displays configuration done on GUI set up instead of Cover Sheet reminder list
Progress Note Headers	REM   PAR   PNH	PN	PXRM PROGRESS NOTE HEADERS	Can change the text in progress note. Delivered as "Clinical reminder activity"

Name	RPMS-EHR Master menu	CPRS config menu	XX menu	What does it do?
Position Reminder Text at Cursor	REM   PAR   POS	PT	ORQQPX REMINDER TEXT AT CURSOR	Puts reminder text at cursor rather than bottom of note
New Cover Sheet Reminders Parameter			ORQQPX COVER SHEET REMINDERS	This just lists an RPMS view of what is configured from the GUI dialog. You will not alter this parameter from the RPMS side.
			ORQQPX REMINDER FOLDERS	This will tell you what folders your users have set for view DANEO: Due, Applicable, Not Applicable, All Evaluated, Other
Reminder Dialogs Allowed as Templates	TIU   PAR   REM		TIU TEMPLATE REMINDER DIALOGS	Once set, will allow dialog to be used in TIU template editor to create a reminder dialog template

# **Contact Information**

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (505) 248-4371 or (888) 830-7280 (toll free)

**Fax:** (505) 248-4363

Web: http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm

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