

IHS RPMS Certification and Meaningful Use, and What's New

Howard Hays, MD, MSPH
RPMS Investment Manager, IHS OIT
VistA Community Meeting
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Topics

- RPMS Certification and Meaningful Use
- RPMS Development in 2010

Meaningful Use of Electronic Health Records

The American Recovery and Reinvestment Act of 2009 (ARRA – aka Recovery Act) authorizes the Centers for Medicare & Medicaid Services (CMS) to provide substantial reimbursement incentives for eligible professionals and hospitals who are successful in becoming “meaningful users” of certified electronic health record (EHR) technology.

Real Life Example of Meaningful Use



Pumpkin

Meaningful Use of a Pumpkin

Certification & Meaningful Use

- Certification and Meaningful Use are two different things
 - Certification attests to the functions and capabilities of the EHR system
 - Meaningful Use attests to whether the system is actually being implemented and used
- A facility can install and run an EHR system without having “meaningful use” of the system

RPMS ARRA Activities

- Focused on Certification and Meaningful Use in order to enable OIT's customers to take advantage of CMS incentives starting in 2011
- Certification:
 - Re-Certification of Ambulatory EHR in 2010
 - Certification of Inpatient EHR in 2010
- Meaningful Use:
 - Accelerated deployment activities to optimize:
 - Inpatient pharmacy package configuration and use
 - Laboratory package and Reference Lab Interface
 - Outpatient pharmacy package
 - Inpatient nursing processes and Bar Code Medication Administration
 - VistA Imaging – scanning, clinical images, PACS

Congressional Requirements for Meaningful Use

1. Use a **Certified** Electronic Health Record (EHR) in a **Meaningful** way.
2. Use an EHR that can **exchange information** with other systems electronically.
3. Submit reports to CMS that include **performance measures** proving meaningful use.

These requirements were published for public comment. **IHS submitted its comments on March 15, 2010.**

Meaningful Use Timeline

- Meaningful Use occurs in three stages, with Stage 1 starting in 2011
 - New rules will be published in 2013 and 2015 (Stages 2 and 3) – each stage will be more comprehensive
- Focus areas for each stage
 - Stage 1: Data capture and sharing
 - Stage 2: Advanced clinical processes*
 - Stage 3: Improved outcomes*

* Requirements for Stages 2 and 3 will be defined in future CMS rulemaking.

Meaningful Use Timeline

- The later the start, the more requirements needed to meet in a shorter period of time

Stage of Meaningful Use Criteria by Payment Year					
1st Payment Year	Payment Year				
	2011	2012	2013	2014	2015+
2011	Stage 1	Stage 1	Stage 2	Stage 2	Stage 3
2012		Stage 1	Stage 1	Stage 2	Stage 3
2013			Stage 1	Stage 2	Stage 3
2014				Stage 1	Stage 3
2015					Stage 3

NOTE: The number of payment years available and the last payment year that can be the first payment year for a provider or hospital varies between the EHR incentive programs.

CMS Incentive Programs

CMS Incentive Programs

- Both Medicare and Medicaid will provide financial incentives for meeting Meaningful Use
 - Medicare incentives run 2011-2015.
 - Medicaid 2011-2021. However, states are not required to participate in the program. If they do not participate, providers in the state will not receive incentive payments.
 - Medicare will impose penalties beginning in 2015 for NOT meeting Meaningful Use.

CMS Incentive Programs (cont'd)

- **Exception:** The **first year** of the **Medicaid** incentives only require adopting, implementing, or upgrading to certified EHR technology and **do not require** the achievement of meaningful use. All other years require demonstration of meaningful use.

CMS Incentive Programs (cont'd)

- Provider incentive programs run on a calendar year and hospitals run on a federal fiscal year
- To take maximum advantage of the incentives:
 - Providers need to be ready by January 1, 2011
 - Hospitals need to be ready by October 1, 2010
- Providers may qualify for Medicare or Medicaid incentives, not both
 - Providers may make a one-time change prior to 2015
- Subsection D/Acute Care hospitals may qualify for both incentive programs
- Critical Access Hospitals only qualify for the Medicare incentive program

Criteria for Providers

MEDICARE	MEDICAID
<p>Non-hospital based* physicians, defined as any of the following:</p> <ul style="list-style-type: none">• Doctor of Medicine or Osteopathy• Doctor of Dental Surgery or Medicine• Doctor of Podiatric Medicine• Doctor of Optometry• Chiropractor	<p>Non-hospital based* providers defined as any of the following EXCEPT for any provider shown below that practices predominantly† in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC):</p> <ul style="list-style-type: none">• Physicians• Dentists• Certified Nurse-midwives• Nurse Practitioners• Physician Assistants who are practicing in FQHCs or RHCs led by a physician assistant <p>† When the clinic location for over 50% of total patient encounters over a period of 6 months occurs at an FQHC or RHC</p>
<p>* A <u>hospital based physician/provider</u> is defined as furnishing 90% or more of their covered professional services in a hospital setting (inpatient or emergency room). CMS determines this by the Place of Service (POS) codes on physician claims. If they are POS codes 21 or 23, the provider is considered a hospital based provider.</p>	

Additional Medicaid Provider Eligibility Criteria

- Medicaid patient volume requirements

Entity	Minimum 90-day Medicaid Patient Volume Threshold	Or the Medicaid Eligible Provider practices predominately in an FQHC or RHC- 30% “Needy individuals” patient volume threshold
Physicians	30%	Or the Medicaid Eligible Provider practices predominately in an FQHC or RHC- 30% “Needy individuals” patient volume threshold
Pediatricians	20%	
Dentists	30%	
Certified Nurse Midwives	30%	
Physician Assistants (when practicing at an FQHC/RHC led by a physician assistant)	30%	
Nurse Practitioner	30%	
Acute care hospital	10%	
Children’s hospitals	None	

Additional Medicaid Provider Eligibility Criteria (cont'd)

- **Additional information on patient volume requirements**

Medicaid Patient Volume Requirements	
Provider Type	Patient Volume Requirement
<ul style="list-style-type: none"> • Non-hospital based physicians, dentists, certified nurse midwives, nurse practitioners • PAs practicing at an Federally Qualified Health Center/Rural Health Clinic led by a PA) 	<ul style="list-style-type: none"> • $\geq 30\%$ of all patient encounters attributable to Medicaid over any continuous 90-day period in the most recent calendar year prior to reporting • $\geq 20\%$ for pediatricians
<ul style="list-style-type: none"> • Any of the above practicing predominantly in an Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) (when the FQHC/RHC is the clinical location for over 50% of total encounters for 6 months in the most recent CY) 	<ul style="list-style-type: none"> • $\geq 30\%$ of all patient encounters attributable to “needy individuals” over any continuous 90-day period in the most recent calendar year prior to reporting <ul style="list-style-type: none"> • “Needy individuals” include: Medicaid or CHIP enrollees, patients furnished uncompensated care by the provider, or furnished services at no cost or on a sliding scale.

Criteria for Eligible Hospitals

MEDICARE	MEDICAID
<ul style="list-style-type: none"> • Subsection (d) hospitals that either receive reimbursement for services under Medicare Fee-for-Service (FFS) program or are affiliated with a qualifying Medicare Advantage (MA) organization <ul style="list-style-type: none"> • Includes inpatient, acute care hospitals in the State of Maryland • Excludes psychiatric, rehabilitation, long term care, children's, and cancer hospitals • Critical access hospitals (CAHs) <ul style="list-style-type: none"> • A facility that has been certified as a critical access hospital under section 1820(c) of the Social Security Act 	<ul style="list-style-type: none"> • Acute care hospitals <ul style="list-style-type: none"> • A health care facility where the average length of patient stay is 25 days or fewer AND has a CMS Certification Number (CCN) in the range of 0001-0879 <ul style="list-style-type: none"> • Includes short-term general hospitals and the 11 cancer hospitals in the U.S. • Children's hospitals <ul style="list-style-type: none"> • Must have a CCN in the range of 3300-3399 • Predominantly treats individuals under 21 years of age
<ul style="list-style-type: none"> • Patient volume requirements: None 	<ul style="list-style-type: none"> • Patient volume requirements <ul style="list-style-type: none"> • Acute care hospitals <ul style="list-style-type: none"> • $\geq 10\%$ of all patient encounters attributable to Medicaid over any continuous 90-day period in the most recent calendar year prior to reporting • Children's hospitals: None

Incentives Summary

	MEDICARE		MEDICAID	
	Eligible Providers	Hospitals	Eligible Providers	Hospitals
Incentives Start	CY 2011	FY 2011	2011	2011
Incentives End	CY 2016 (max. 5 years)	FY 2015 (max. 4 years)	2021 (max. 6 years, must start by 2016)	2021 (max. 6 years, must start by 2016)
Incentive Amount	Up to \$44,000 total per provider; based on % Medicare claims	Varies, depending on % Medicare inpatient bed days. CAHs paid based on EHR costs and % Medicare inpatient bed days	Up to \$63,750 total per provider; based on 85% of EHR costs	Varies, depending on % Medicaid inpatient bed days
Reimbursement Reduced	CY 2015	FY 2015	No penalties	No penalties

Stage 1 Meaningful Use Standards and Measures (for 2011-12)

- Functional and Interoperability Measures
- Clinical Quality Measures

Measuring Performance (cont'd)

- **All or Nothing Approach**

- Providers and hospitals must report on all measures and meet any stated targets in order to achieve Meaningful Use
- Measures must be reported on **ALL patients**, not just Medicare and Medicaid

- **Reporting Periods for Measures**

- 1st year: Continuous 90-day period
- All other years: Entire year

Functional and Interoperability Measures

Functional & Interoperability Measures Summary

- Ambulatory (Providers)
 - 25 measures
 - 8 measures require “Yes” or “No” answer
 - 17 measures require numerator and denominator
 - Most measures have established targets that **must** be met
- Inpatient (Hospitals)
 - 23 measures
 - 10 measures require “Yes” or “No” answer
 - 13 measures require numerator and denominator
 - Most measures have established targets that **must** be met

Functional & Interoperability

Measures

- Computerized Provider Order Entry
 - Ambulatory – at least 80% of all orders must be entered directly into EHR by the provider
 - Inpatient – at least 10% of all orders must be entered directly into EHR by the provider
- Drug-drug, Drug-allergy, drug-formulary checks
 - All sites must implement these features of EHR
- Problem Lists
 - At least 80% of patients (inpatient and outpatient) must have a current Problem List (or notation of no problems)

Functional & Interoperability Measures (cont'd)

- Electronic Prescribing
 - At least 80% of prescriptions must be entered and transmitted electronically
- Medication Lists
 - At least 80% of inpatient and outpatients must have a medication list documented in the EHR (or notation of no medications)
- Documentation of Allergies
 - At least 80% of inpatients and outpatients must have drug allergies documented in the EHR (or notation of no allergies)

Functional & Interoperability Measures (cont'd)

- Recording Demographic Information
 - At least 80% of inpatients and outpatients have specific demographic information recorded in RPMS
- Recording Vital Measurements
 - At least 80% of inpatients and outpatients age 2 and older have vital measurements recorded in EHR, including growth charts for children
- Recording Smoking Status
 - At least 80% of inpatients and outpatients age 13 and older have their smoking status recorded in the EHR

Functional & Interoperability Measures (cont'd)

- Incorporate lab test results into EHR
 - At least 50% of all lab tests have their results recorded in the EHR
- Generate lists of patients with specific conditions
 - Generate at least one report from the EHR listing patients with a specific condition
- Ability to report on Meaningful Use quality measures
 - 2011 – manual submission of data to CMS
 - 2012 – electronic submission of data to CMS

Functional & Interoperability Measures (cont'd)

- Send reminders to patients for preventive/follow-up care, per patient preference (internet or non-internet)
 - Each eligible provider must send reminders to at least 50% of their outpatients age 50 and older
- Clinical decision support rules
 - Implement at least 5 clinical decision support rules that are linked to the clinical quality measures
- Electronic insurance verification
 - At least 80% of outpatients and inpatients have insurance eligibility checked electronically
- Electronic claims submission
 - At least 80% of insurance claims are filed electronically

Functional & Interoperability Measures (cont'd)

- Provide information to patients
 - At least 80% of outpatients and inpatients who request electronic copies of health records receive them within 48 hours
 - At least 80% of discharged patients are provided electronic copies of procedure reports and discharge instructions upon request
- Provide patients timely access to health information
 - At least 10% of patients can get electronic access to lab results, problem, medication and allergy lists within 96 hours after they are available to the provider (e.g. Personal Health Record)
- Clinical summaries of office visits
 - Clinical summaries are provided for at least 80% of office visits

Functional & Interoperability Measures (cont'd)

- Ability to exchange data with other systems
 - Perform a test of system's ability to exchange key clinical information electronically, such as problem and medication list, diagnostic test results
- Medication Reconciliation
 - Perform medication reconciliation for at least 80% of inpatient/outpatient encounters and transitions of care
- Summary of care record
 - Provide a summary of care for at least 80% of inpatient / outpatient referrals and transitions of care
 - Includes key information about the patient, such as diagnostic test results, problem and medication list

Functional & Interoperability Measures (cont'd)

- Immunization Registries
 - Perform test of system's ability to transmit immunization information to registries
- Reportable Lab Results
 - Perform test of system's ability to send reportable lab results to public health agencies (hospitals only)
- Surveillance Data
 - Perform test of system's ability to electronically send "syndromic surveillance data" to public health agencies
- Privacy and Security
 - Conduct a security risk analysis of EHR system

Clinical Quality Measures

Clinical Quality Measures Summary

- Providers in ambulatory settings will report on two measure groups
 - 3 core measures
 - 3-5 measures according to provider's specialty
- Hospital measures
 - Required to report on 35 Medicare measures
 - For Medicaid, hospitals have the option to report on 8 alternative Medicaid measures if the 35 measures do not apply to their patient population

RPMS/EHR Development in 2010

- Well Child GUI components – improved growth charts, anticipatory guidance, education, and ASQ developmental screening (released)
- Group encounter documentation – for BH, CDE, others
- Nursing Flow Sheets – customizable capture and display of vitals, I/O, assessments, and other documentation for Inpatient, ED, day surgery, etc.
- Prenatal Care Module – ACOG-like prenatal forms in EHR, with persistence of data to next pregnancy
- Dashboard functions for Emergency Departments, Urgent Care, busy clinical settings

RPMS/EHR Development in 2010

- Outside Medications – Document meds prescribed elsewhere so they participate in medication lists and order checks
- Electronic Prescribing – electronically send prescription orders to commercial pharmacies via Surescripts/RxHub network
- COTS Pharmacy interface – use eRx messages to communicate directly with a local COTS pharmacy system such as QS1.
- Multiple Drug File support
- GUI development in Pharmacy applications
- Enhancements to TIU documentation functions

RPMS/EHR Development in 2010

- Care Management Event Tracking (CMET) – structured process for follow-up of pap smears, mammograms, etc. (initially WH oriented)
- Behavioral Health System v4.0 – new GUI
- New National Reminders & Reminder Dialogs
- Groundwork for web-based EHR interface
- Enhancements/simplification for small site deployment of EHR
- Enhancements to Scheduling GUI application
- GUI development in Patient Registration, ADT packages
- Enhancements to 3rd Party Billing, Accounts Receivable
- Any additional development required for Certification and Meaningful Use

RPMS Well Child Module

- Released as part of PCC+ (VEN) application
 - Do NOT need to be running PCC+ to use in EHR
- EHR & freestanding GUI
- Well Child Knowledgebase
 - Database of thousands of pediatric guidelines and reminders
 - Locally customizable display
- Developmental Screening
 - Ages & Stages Questionnaire
- Pediatric Education documentation
- New printable Growth Charts

Well Child Module

File Help

171971 OWLE, STEVE Clinic: GENERAL
 FEMALE DOB: 10/23/2003 Date: 10/9/2008
 12:00:00 AM

Exit Find Patient About

Reminder List Patient Education Pediatric Growth Charts Ages and Stages (ASQ)

Well Child Reminders
 Male: 5 years and 0 months Mother: PATTERSON, KAREN L.

- AGE-SPECIFIC EXAMS**
 - 1. Teeth, caries
 - 2. Signs of possible abuse/neglect
- GENERAL HEALTH SCREEN**
 - 1. BP
 - 2. Vision
 - 3. Hearing
 - 4. UA
- PT ED - FAMILY RELATIONSHIPS**
 - 1. Spend time playing together, encourage play with children
- PT ED - HEALTHY HABITS**
 - 1. Ensure adequate sleep (10/30/08)
 - 2. Limit TV, computer, video time
 - 3. Promote physical activity, age appropriate
- PT ED - INJURY AND ILLNESS PRE**
 - 1. Use belt-positioning booster seat in back seat (10/9/08)
 - 2. NEVER put booster seat in front seat with air bag (10/30/08)

Ages & Stages Questionnaire (ASQ)

Status
 Message: New results can be entered and you can view past results (Gestational age is 41 weeks)

Date	ASQ (months)	Communication	Gross Motor	Fine Motor	Problem Solving	Personal Social
10/09/2008	60	25 (31.7)	45 (32.7)	30 (30.5)	40 (30.1)	35 (39.5)
10/02/2008	60	30 (31.7)	35 (32.7)	40 (30.5)	30 (30.1)	50 (39.5)
11/29/2005	60	40 (31.7)	40 (32.7)	40 (30.5)	40 (30.1)	40 (39.5)

Patient: HARDMAN, ELEANOR
 DOB: 7/24/1997
 Sex: Female

Page 1/2

PCC+ Child Growth Chart Printed 11/12/2008 08:11

New Features in EHR v1.1p6

iCare & EHR Community Alerts

- Anonymous
- Related to Community of Residence
- 30 days
- Splash Screen at first login of the day
- Ready Access from many views: Opening View; Panel View; Patient Record
- User-defined display

COMMUNITY ALERTS					
Community Alerts provide deidentified visit data related to high-profile diagnoses that occurred within the past 30 days and may affect other patients in your community. The Alert categories are:					
1. CDC Nationally Notifiable Infectious Diseases (CDC NND)					
2. Suicidal Behavior Related Incidents					
Community	Type	Diagnosis	Number of Cases	Most Recent Occurrence	
32-HHRRD ACR	CDC NND	Chlamydia		1 Jul 01, 2009	
		Measles		2 Jun 29, 2009	
		Q Fever		2 Jun 29, 2009	
		Toxic Shock Syndrome, Non-Step		1 Jun 26, 2009	
		West Nile Virus		2 Jun 25, 2009	
BIG COVE	Suicidal Behavior	Completion		1 Jun 14, 2009	
BIRDTOWN	CDC NND	Botulism, foodborne		1 Jul 01, 2009	
		Gonorrhea		1 Jun 14, 2009	
BRYSON CITY	Suicidal Behavior	Completion		1 Jun 11, 2009	
GEORGIA UNK	CDC NND	Measles		1 Jul 01, 2009	
PAINTTOWN		Chlamydia		1 Jun 13, 2009	
ROBBINSVILLE		Syphilis, Primary		1 Jun 29, 2009	

Community Alerts in EHR

COMMUNITY ALERTS

Community Alerts provide deidentified visit data related to high-profile diagnoses that occurred within the past 30 days and may affect other patients in your community. The Alert categories are:

1. CDC Nationally Notifiable Infectious Diseases (CDC NND)
2. Suicidal Behavior Related Incidents

	Community	Type	Diagnosis	Cases in Past 30 Days	Most Recent Occurrence
▶	HARRAH	Public Health	ILI	1	APR 20,2010
*					

Close

New Meds component

- Outpatient meds
- Inpatient meds
- “Outside meds”
 - Documentation of OTC meds, supplements
 - Documentation of meds ordered by outside providers
- “Print Prescription” that auto-finishes and prints pending prescription
 - optional with parameters, only recommended at sites with NO pharmacy until ePrescribing is released
- “Clinical Indication” on med order dialog
 - optional with parameter
- On demand drug checker

IHS•EHR RICHARDS,SUSAN P Albuquerque Indian Health Center (Provider)

User Patient Tools Pt Refresh Clear Help

Patient Chart Communication RPMS Request for EHR/RPMS updates

Demo, Thirties Femone 19186 15-Jun-1978 (31) F DEMO CLINIC 10-Mar-2010 20:46 Vogelsang, Glenn D DR PT Wellness Handout POC Lab Entry Postings DM Health Summary Visit Summary Brief

Privacy Notifications New Patient Data Labs Consults Reports

Nurse Triage
 Nurse Vital Entry
 Nurse Health Factors / Exams
 Patient Ed / Immunizations

Provider Encounter
 Chief Complaint and Vitals
 Recent Clinic Encounters
 Problem List/PDQ
 Chronic Med List
 Orders (Lab/Rad/Med)
 Exams/Patient Education
 Notes
 Evaluation and Management

Clinical Websites
 Up-to-Date
 ASU Pharmacy Formulary
 Immunization Handouts
 NM Motor Vehicle Forms
 ASU Patient Education
 EPSS Tool
 IHS Patient Chart-Citrix
 CHD Risk Calculator

Chronic Med List Provider Encounter

File View Action

Active Only Chronic Only 180 days Print... New... Check OTC/Non-IHS Meds

Action	Chronic	Outpatient Medications	Status	Issued	Last Filled	Expires	Refills Remaining	Rx #	Provider
✓		ACETAMINOPHEN/CODEINE 300/30MG TAB Qty: 5 for 28 days Sig: TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY IF NEEDED FOR PAIN	Active	19-Feb-2010	19-Feb-2010	22-Aug-2010	5	1381424	RICHARDS,SUSA...
✓		LEVOTHYROXINE 0.2MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR THYROID	Active	01-Mar-2010	01-Mar-2010	02-Mar-2011	11	X1381...	RICHARDS,SUSA...
✓		MEDROXYPROGESTERONE 150MG/ML INJ (DRX) Qty: 1 for 1 days Sig: INJECT 150MG INTRAMUSCULARLY (IM) Q10-13WK	Active						DS,SUSA...
✓		METHADONE 5MG TAB Qty: 84 for 28 days Sig: TAKE ONE (1) TABLET BY MOUTH THREE TIMES A DAY	Active	19-Feb-2010	19-Mar-2010	22-Aug-2010	2	13814...	RICHARDS,SUSA...
✓		METHADONE 5MG TAB Qty: 84 for 28 days Sig: TAKE ONE (1) TABLET BY MOUTH THREE TIMES A DAY	Active	19-Feb-2010	19-Feb-2010	20-Feb-2011	11	X1381...	RICHARDS,SUSA...
✓		METHADONE 5MG TAB Qty: 84 for 28 days Sig: TAKE ONE (1) TABLET BY MOUTH THREE TIMES A DAY	Active	01-Mar-2010	01-Mar-2010	02-Mar-2011	2	X1381...	RICHARDS,SUSA...
✓		SIMVASTATIN 20MG TAB Qty: 15 for 30 days Sig: TAKE ONE-HALF (1/2) TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL	Active	17-Nov-2009	17-Nov-2009	18-Nov-2010	5	X1381...	RICHARDS,SUSA...
✓		SIMVASTATIN 20MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL	Active	17-Nov-2009	17-Nov-2009	18-Nov-2010	5	X1381...	SHUSTER,MICHA...
✓		ACCU-CHEK TEST STRIPS *AVIVA* (DRX) Qty: 100 for 30 days Sig: USE FOR BLOOD TEST AS DIRECTED FOR DIABETES	Discontinued	19-Feb-2010	19-Feb-2010	20-Feb-2011	5	X1381...	RICHARDS,SUSA...
✓		ACCU-CHEK TEST STRIPS *AVIVA* (DRX) Qty: 100 for 30 days Sig: USE FOR BLOOD TEST AS DIRECTED FOR DIABETES	Discontinued	21-Dec-2009	21-Dec-2009	22-Dec-2010	5	1381367	RICHARDS,SUSA...
✓		ACCU-CHEK TEST STRIPS *AVIVA* (DRX) Qty: 100 for 30 days Sig: USE FOR BLOOD TEST AS DIRECTED FOR DIABETES	Expired	07-Oct-2008	07-Oct-2008	08-Oct-2009	5	13353...	VOGELSANG,GLE...

OTC & Non-IHS Meds

Action	OTC&Non-IHS Meds	Status	Start Date
	ACETAMINOPHEN/CODEINE 300/30MG TAB 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS Outside medication recommended by provider.		
	ATORVASTATIN 10MG TAB N/F 10MG BY MOUTH ONCE DAILY		
	CETIRIZINE HCL 10MG TAB N/F 20MG BY MOUTH ONCE DAILY		
	ACETAMINOPHEN/CODEINE 300/30MG TAB 1-2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS Outside medication recommended by provider.	continued	

RICHARDS,SUSAN P YAKIMA-HC.PRT.IHS.GOV YAKAMA HEALTH CENTER IHS

In house ordered meds

OTC & meds ordered by outside providers

Clicking on either component OR selecting dropdown activates section

Document Outside Medications

EE 0.03/LEVONORGESTREL 0.15MG N/F TAB Change

Dosage	Route	Schedule
1 TABLET SEASONALE TAB N/F	ORAL	QDAY <input type="checkbox"/> PRN
1 TABLET SEASONALE TAB N/F NF	ORAL	Q3-4H Q3-6H Q34H Q3H Q46H Q48H Q4H Q5H Q5M Q68H Q6H Q72H Q812H Q8H QAM QBID QDAY QHS

Comments:

Statement/Explanation

Outside medication not recommended by provider.
 Outside medication recommended by provider.
 Patient buys OTC/Herbal product without medical advice.
 Medication prescribed by another provider.
 OTC/OTC/OTC REASON: not cumulative, add at risk level

Start Date: 01-Mar-2009 ...

SEASONALE TAB N/F
 TAKE ONE (1) TABLET BY MOUTH ONCE DAILY QDAY Start Date: 01-Mar-2009
 Medication prescribed by another provider.

Accept Order Cancel

- NEW button brings up non-VA flagged meds for selection as “OutsideMeds”
- Option to add start date and add additional explanation.
- “Statement/Explanation” is customizable by parameter

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User: Patient Tools Pt.Refresh Clear Help

Patient Chart Communication RPMS Request for EHR/RPMS updates

Demo,Thirties Femone 19186 15Jun-1978 (31) F **DEMO CLINIC** 10-Mar-2010 20:46 Vogelsang,Glenn D DR

PT Wellness Handout POC Lab Entry Postings A DM Health Summary Visit Summary Brief

Privacy Notifications New Patient Data Labs Consults Reports

Nurse Triage Nurse Vital Entry Nurse Health Factors / Exams Patient Ed / Immunizations

Chronic Med List File View Action

Active Only Chronic Only 180 days Print... New... Check

Action	Chronic	Outpatient Medications	Status	Issued	Last Filled	Expires	Refills Remaining	Rx #	Provider
		MORPHINE SULFATE 10MG/ML INJ (ORX) Qty: 0.5 Sig: INJECT 5MG SC IM IV ONCE	Pending						
		ERYTHROMYCIN (E.E.S.) 400MG/5ML SUSP Qty: 200 Sig: SHAKE WELL AND TAKE 3ML BY MOUTH 4 TIMES A DAY WITH FOOD FOR 10 DAYS UNTIL ALL TAKEN FOR INFECTION	Pending						
	✓	SIMVASTATIN 20MG TAB Qty: 15 for 30 days Sig: TAKE ONE-HALF (1/2) TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL	Active	17-Nov-2009	17-Nov-2009	18-Nov-2010	5	X1381...	RICHARDS,SUSA...
	✓	SIMVASTATIN 20MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL							SHUSTER,MICHA...
		LEVOTHYROXINE 0.2MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR THYROID							RICHARDS,SUSA...
	✓	METHADONE 5MG TAB Qty: 84 for 28 days Sig: TAKE ONE (1) TABLET BY MOUTH THREE TIMES A DAY							RICHARDS,SUSA...
	✓	LEVOTHYROXINE 0.2MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR THYROID							RICHARDS,SUSA...
	✓	ACETAMINOPHEN/CODEINE 300/30MG TAB Qty: 5 for 28 days Sig: TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY IF NEEDED FOR PAIN							RICHARDS,SUSA...
		OTC&Non-IHS Meds							
New		Outside Med DIGOXIN TAB 0.125MG TAKE ONE (1) TABLET BY MOUTH ONCE DAILY							
New		Outside Med LITHIUM N/F TAB.SA 300MG TAKE TWO (2) TABLETS BY MOUTH							
		ACETAMINOPHEN/CODEINE 300/30MG TAB 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS Outside medication recommend							
		ATORVASTATIN 10MG TAB N/F 10MG BY MOUTH ONCE DAILY							
		CETIRIZINE HCL 10MG TAB N/F 20MG BY MOUTH ONCE DAILY	Active						
		ACETAMINOPHEN/CODEINE 300/30MG TAB 1-2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS Outside medication recommended by provider.	Discontinued						

Order Checks

- CRITICAL drug-drug interaction: ATORVASTATIN CALCIUM & ERYTHROMYCIN (Outside Med ATORVASTATIN N/F TAB 10MG TAKE ONE (1) TABLET BY MOUTH ONCE DAILY [ACTIVE])
- CRITICAL drug-drug interaction: ATORVASTATIN CALCIUM & ERYTHROMYCIN (Outside Med ATORVASTATIN N/F TAB 20MG TAKE ONE (1) TABLET BY MOUTH ONCE DAILY [UNRELEASED])
- CRITICAL drug-drug interaction: DIGITALIS & ERYTHROMYCIN (ERYTHROMYCIN SUSP 400MG/5ML SHAKE WELL AND TAKE 3ML BY MOUTH 4 TIMES A DAY WITH FOOD FOR 10 DAYS UNTIL ALL TAKEN FOR INFECTION [PENDING])
- CRITICAL drug-drug interaction: DIGITALIS & ERYTHROMYCIN (Outside Med DIGOXIN TAB 0.125MG TAKE ONE (1) TABLET BY MOUTH ONCE DAILY [UNRELEASED])
- CRITICAL drug-drug interaction: ERYTHROMYCIN & SIMVASTATIN (ERYTHROMYCIN SUSP 400MG/5ML SHAKE WELL AND TAKE 3ML BY MOUTH 4 TIMES A DAY WITH FOOD FOR 10 DAYS UNTIL ALL TAKEN FOR INFECTION [PENDING])
- CRITICAL drug-drug interaction: ERYTHROMYCIN & SIMVASTATIN (SIMVASTATIN TAB 20MG TAKE ONE (1) TABLET BY MOUTH EVERY EVENING FOR

RICHARDS,SUSAN P YAKIMA-HC.PRT.IHS.GOV YAKAMA HEALTH CENTER IHS

- On demand drug checker includes pending and unsigned entries in all meds sections

Auto-Finish

- Currently ONLY for sites without in-house pharmacy
- Improved configurability will be delivered with ePrescribing
- Auto finish tied to “print prescription” button
- Pending prescriptions finish when printed
- When set to “multipage” prints Windows-formatted prescription and site can configure how many rx’s per page
- When set to “single” prints text format
 - Delivered format can be removed and over-ridden by RPMS print formats
 - 3 parameters set using Header, Body and Footer
 - Will be used by sites whose states require special formats (and these sites can utilize the print formats already in created)

Parameter allows/exposes Prescription option

Chronic Med List Provider Encounte

File View Action

Active Only Chronic Only 180 days Print... Process... New... Check **Outpatient Medications**

Action	Chronic	Outpatient Medications	Status	Issued	Last Filled	Expires	Refills Remaining	Rx #	Provider
		GRISE Sig: FOOD	Expired	18-Dec-2009	18-Dec-2009	17-Jan-2010	0	X1381...	RICHARDS,SUSA...
	✓	DOXA Sig: OD PRESSURE	Expired	13-Nov-2008	18-Dec-2009	14-Nov-2009	2	X1381...	RICHARDS,SUSA...
	✓	FLUO Sig: DAY	Discontinued	18-Dec-2009	28-Jan-2010	19-Dec-2010	5	1381385	RICHARDS,SUSA...
	✓	LORA Sig: ENERGY SYMPTOMS	Active	10-Mar-2010	10-Mar-2010	11-Mar-2011	11	X1381...	RICHARDS,SUSA...
	✓	TRIA Sig: DAY	Active	18-Dec-2009	28-Jan-2010	19-Dec-2010	5	X1381...	RICHARDS,SUSA...
		CARBAMIDE PEROXIDE 6.5% OTIC Qty: 15 Sig: PLACE 1 DROP IN AFFECTED EAR(S) TWICE A DAY FOR EAR WAX	Pending						

Print Outpatient Medications

Report Format
 Brief Detailed Prescription Label

Inclusion Criteria
 Active Only Chronic Only Selected Only

Print... Cancel

Action	OTC&Non-IHS Meds	Status	Start Date

Auto-finished Rx# starts with "x"

Chronic Med List

File View Action

Active Only Chronic Only 180 days Print... Process... New... Check Outpatient Medications

Action	Chronic	Outpatient Medications	Status	Issued	Last Filled	Expires	Refills Remaining	Rx #	
	✓	LORATADINE 10MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS	Active	10-Mar-2010	10-Mar-2010			X1381484	RICH
	✓	TRIAMCINOLONE 0.1% CREAM 80GM Qty: 80 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY	Active	18-Dec-2009	28-Jan-2010	19-Dec-2010	5	X1381386	RICH
	✓	FLUOCINONIDE 0.05% OINT 60G Qty: 60 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY	Discontinued	18-Dec-2009	28-Jan-2010	19-Dec-2010	5	1381385	RICH
		GRISEOFULVIN ULTRAMICROSIZE 125MG TAB Qty: 112 for 28 days Sig: TAKE TWO (2) TABLETS BY MOUTH TWICE A DAY FOR INFECTION - TAKE WITH FOOD OR MILK	Expired	18-Dec-2009	18-Dec-2009	17-Jan-2010	0	X1381365	RICH
	✓	DOXAZOSIN 2MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH ONCE DAILY	Expired	13-Nov-2009	18-Dec-2009	14-Nov-2009	2	X1381364	RICH

Demo, Fifties Femone (2757)
DOB: 08-Dec-1948 Sex: F
Phone:

YAKAMA HEALTH CENTER IHS
401 BUSTER ROAD 401 BUSTER ROAD
TOPPENISH, WASHINGTON 98948

Adverse Reactions: PENICILLIN; ACTOS (EDEMA); CITRUS (RASH); FELODIPINE
(EDEMA; AGRANULOCYTOSIS); SIMVASTATIN; CODEINE (RASH); EGGS (AGRANULOCYTOSIS);
IBUPROFEN (AGITATION)

Prescription

ATORVASTATIN 10MG TAB N/F
Sig: TAKE ONE TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL - TO BE FILLED AT AN
OUTSIDE PHARMACY
Quantity: 30 Refills: 5
Indication: DIABETES MELLITUS TYPE 2 (250.00)

- “Multipage” view

Phone:
Fax:

Printed 10-Mar-2010 21:48
Page 1

YAKAMA HEALTH CENTER IHS
401 BUSTER ROAD
TOPPENISH, WASHINGTON 98948
(509)865-2102

Rx for: DEMO, THIRTIES FEMTHREE 14004
400 OSBORNE RD

OLDS, WASHINGTON 98948

LORATADINE 10MG TAB
Also known as: CLARITIN

Pharmacy may choose strength(s) of drug to meet requirements of directions.

TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR ALLERGY SYMPTOMS

Dispense: 30 TABLET Pharmacy to adjust qty for # of days.
Days Supply: 30
Refill(s): 11
Issue Date: MAR 10, 2010
Indicator: ADHD (314.01)
DOB: MAR 02, 1975

Signed: /ES/RICHARDS, SUSAN P

- “Single” view

Enhanced integrated signature tool

- Enhancement to improve safety unsigned allergy/ADR entries
- If user activates the integrated signature tool and there are both non-orders (allergy/ADR entries) and orders for signature the tool signs the non-orders first, then runs order checking again
- Must train users that right clicking to sign med orders by-passes this safety mechanism

Enter Penicillin allergy, Order penicillin – order check stops if use integrated signature. See on order check, runs order check again after “signing” allergy and before releasing

Adverse Reactions		
Agent ▲	Reaction	Status
PENICILLIN	ANAPHYLAXIS	*Unsigned

Order Checks

PENICILLIN TAB 500MG TAKE ONE (1) TABLET BY MOUTH TWICE A DAY UNTIL ALL TAKEN FOR INFECTION Quantity: 20 Refills: 0 Dispense as Written: NO Indication: Streptococcal sore throat *UNSIGNED*

Previous adverse reaction to: PENICILLIN

Option to cancel →

Enter justification for overriding critical order checks:

Review/Sign Changes for Demo, Thirties Femtvo

Signature will be applied to checked items

Adverse Reaction

Adverse Reaction to PENICILLIN

Orders -

PENICILLIN TAB 500MG TAKE ONE (1) TABLET BY MOUTH TWICE

Electronic Signature Code:

Medication Order [Close]

CITALOPRAM TAB [Change]

Dosage Complex

Dosage	Route	Schedule
20MG	ORAL	QDAY <input type="checkbox"/> PRN
10MG 0.0355	ORAL	Q72H
20MG 0.071		Q812H
40MG 0.046		Q8H
60MG 0.069		QAM
		QBID
		QDAY
		Q12H

Comments:

Days Supply: 30 Qty (TA...): 30 Refills: 2

Clinical Indication: **DEPRESSION 296.30**

Chronic Med Dispense as Written

Priority: ROUTINE

Pick Up: Clinic Mail Window

CITALOPRAM TAB 20MG
 TAKE ONE (1) TABLET BY MOUTH ONCE DAILY
 Quantity: 30 Refills: 2 Chronic Med: YES Dispense as Written: NO Indication: DEPRESSION

[ADR's] [Accept Order] [Quit]

- Like the lab clinical indication, med order clinical indication offers POV's for current visit, Problem list, ability to search or enter text

New TIU objects – sorted by DX

Chronic Kidney Disease, Stage IV (severe)		Status	Last Fill
		Refills	Expiration
1)	ERYTHROMYCIN (E.E.S.) 200MG/5ML SUSP Qty: 200 for 10 days Sig: SHAKE WELL AND TAKE 5ML BY MOUTH 4 TIMES A DAY WITH FOOD FOR 10 DAYS	EXPIRED Refills: 0	Last:01-26-10 Expr:01-08-10
DIABETES MELLITUS TYPE 2 Medications		Status	Last Fill
		Refills	Expiration
1)	ATORVASTATIN 10MG TAB N/F Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL - TO BE FILLED AT AN OUTSIDE PHARMACY	ACTIVE Refills: 5	Last:03-10-10 Expr:03-11-11
2)	LISINOPRIL 10MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE Refills: 5	Last:03-10-10 Expr:03-11-11
3)	SIMVASTATIN 80MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL	ACTIVE Refills: 5	Last:03-10-10 Expr:03-11-11

Detailed meds – Pharmacist view

Template: TIU1006 med new

DETAILED MEDS FOR PHARMACIST
Active and Outpatient Medications (excluding Supplies):

RX No	Status	Last Fill
	Refills	Expiration
1) X1381397 ACETAMINOPHEN/CODEINE 300/30MG TAB Qty: 12 for 3 days Sig: TAKE 1-2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS IF NEEDED FOR PAIN Clinical Indication: ANEMIA Fills: Feb 18, 2010	ACTIVE Refills: 0	Last:02-18-10 Expr:03-20-10
2) 127668 ACETAMINOPHEN/CODEINE 300/30MG TAB Qty: 12 Sig: TAKE 1-2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS IF NEEDED FOR PAIN Fills: Dec 22, 1992	PENDING Refills: 11	
3) 1323699A ASPIRIN EC 81MG TAB (C) Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR HEART Fills: May 18, 2009 Past Fills: Sep 24, 2008 Aug 27, 2008 Jul 30, 2008 Jun 30, 2008 May 30, 2008 Apr 22, 2008 Mar 18, 2008 Feb 20, 2008 Jan 17, 2008	ACTIVE Refills: 11	Last:05-18-09 Expr:05-19-10
4) X1381481 ATORVASTATIN 10MG TAB N/F (C) Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL - TO BE FILLED AT AN OUTSIDE PHARMACY Clinical Indication: DIABETES MELLITUS TYPE 2 Fills: Mar 10, 2010	ACTIVE Refills: 5	Last:03-10-10 Expr:03-11-11
5) 2 DOCUSATE SODIUM 100MG CAP (O) Sig: 100MG BY MOUTH TWICE A DAY Fills: Jun 06, 1989	ACTIVE	
6) 1381380 ERYTHROMYCIN (E.E.S.) 200MG/5ML SUSP Qty: 200 for 10 days Sig: SHAKE WELL AND TAKE 5ML BY MOUTH 4 TIMES A DAY WITH FOOD FOR 10 DAYS Clinical Indication: Chronic Kidney	EXPIRED Refills: 0	Last:01-26-10 Expr:01-08-10

Stay on Top

Print Close

Medication reconciliation

Template: TIU1006 med new

MEDICATION RECONCILIATION

		Status	Last Fill
ACTIVE Outpatient Medications		Refills	Expiration
1)	TRIAMCINOLONE 0.1% CREAM 80GM Qty: 80 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY	ACTIVE Refills: 5	Last:01-28-10 Expr:12-19-10
DISCONTINUED Outpatient Medications		Status	Last Fill
		Refills	Expiration
1)	FLUCINONIDE 0.05% OINT 60G Qty: 60 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY	DISCONTINUED Refills: 5	Last:01-28-10 Expr:12-19-10
EXPIRED Outpatient Medications		Status	Last Fill
		Refills	Expiration
1)	DOXAZOSIN 2MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	EXPIRED Refills: 2	Last:12-18-09 Expr:11-14-09
2)	ERYTHROMYCIN 2% GEL 30GM, TOP Qty: 30 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY AFTER WASHING	EXPIRED Refills: 3	Last:11-13-08 Expr:11-14-09
3)	GRISEOFULVIN ULTRAMICROSIZED 125MG TAB Qty: 112 for 28 days Sig: TAKE TWO (2) TABLETS BY MOUTH TWICE A DAY FOR INFECTION - TAKE WITH FOOD OR MILK	EXPIRED Refills: 0	Last:12-18-09 Expr:01-17-10

5 Total Medications

Stay on Top

Print Close

Brief and expanded view:

Parameter to set limit for expired med display

Template: TIU1006 med parameter

MEDS CHR,ACT,HOLD,EXP
Active and Outpatient Medications (excluding Supplies):

DOXAZOSIN 2MG TAB (C) TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE EXPIRED

ERYTHROMYCIN 2% GEL 30GM, TOP (C) APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY AFTER WASHING EXPIRED

FLUOCINONIDE 0.05% OINT 60G (C) APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY DISCONTINUED

GRISEOFULVIN ULTRAMICROSIZE 125MG TAB TAKE TWO (2) TABLETS BY MOUTH TWICE A DAY FOR INFECTION - TAKE WITH FOOD OR MILK EXPIRED

TRIAMCINOLONE 0.1% CREAM 80GM (C) APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY ACTIVE

MEDS CHR,ACT,HOLD,EXP
Active and Outpatient Medications (excluding Supplies):

		Status	Last Fill
		Refills	Expiration
1)	DOXAZOSIN 2MG TAB (C) Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	EXPIRED Refills: 2	Last:12-18-09 Expr:11-14-09
2)	ERYTHROMYCIN 2% GEL 30GM, TOP (C) Qty: 30 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY AFTER WASHING	EXPIRED Refills: 3	Last:11-13-08 Expr:11-14-09
3)	FLUOCINONIDE 0.05% OINT 60G (C) Qty: 60 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY Clinical Indication: DEPRESSION	DISCONTINUED Refills: 5	Last:01-28-10 Expr:12-19-10
4)	GRISEOFULVIN ULTRAMICROSIZE 125MG TAB Qty: 112 for 28 days Sig: TAKE TWO (2) TABLETS BY MOUTH TWICE A DAY FOR INFECTION - TAKE WITH FOOD OR MILK Clinical Indication: TELEPHONE CALL	EXPIRED Refills: 0	Last:12-18-09 Expr:01-17-10
5)	TRIAMCINOLONE 0.1% CREAM 80GM (C) Qty: 80 for 30 days Sig: APPLY A SMALL AMOUNT TO AFFECTED AREA TWICE A DAY Clinical Indication: DEPRESSION	ACTIVE Refills: 5	Last:01-28-10 Expr:12-19-10

Stay on Top

Print Close

Search for Note by Diagnosis

List Selected Documents

Status: Signed document, Unsigned document, Uncollected document, Signed document, Signed document

Author: User,Power, User,Power, Valley,Adam, Vanderknapp,B, Vanderknapp,M, Vanderknapp,F

Note Tree View: Sort Order: Chronological, Reverse

Group By:

Search: Where: Contains:

File View Action Options

All Signed Notes

- All signed notes
 - Nov 07,07 GENERAL V
 - Nov 07,07 NOTE WITH
 - Oct 19,07 NOTE WITH BOIL
 - Apr 07,04 VISIT NOTE, **N
 - Apr 07,04 ADVANCE DIREC
 - Apr 07,04 ADVANCE DIREC

All signed notes where DIAGNOSIS contains "250.00"

Date	Title	Author	Location
Nov 07,07	GENERAL VISIT	User,Power	ADULT CARDIOLOGY
Nov 07,07	NOTE WITH BOILERPLATE	User,Power	ADULT WALKIN

TITLE: GENERAL VISIT
DATE OF NOTE: NOV 07, 2007@11:36 ENTRY DATE: NOV 07, 2007@11:36:58
AUTHOR: USER,POWER EXP COSIGNER:
URGENCY: STATUS: COMPLETED

TEST

/es/ POWER USER

Signed: 11/07/2007 11:38

/ Templates
New Note

Clear Sort/Group/Search OK Cancel

Annotating Reports (Radiology)

File View Action Options

All Sites Available Reports Radiology Report [From: Nov 04,1997 to Nov 28,2007] Max/site:10

Exam Date/Time	Procedure Name	Report Status	CPT Code	[+]
09/18/2003 15:53	KNEE 2 VIEWS	No Report	73560	
09/16/2003 11:00	CHEST 2 VIEWS PA&LAT	VERIFIED	71020	[+]
08/31/2003 15:59	KNEE 2 VIEWS	VERIFIED	73560	[+]
08/25/2003 19:48	KNEE 2 VIEWS	VERIFIED	73560	[+]
08/11/2003 10:17	KNEE 2 VIEWS	VERIFIED	73560	[+]
07/17/2003 14:06	KNFF 2 VIEWS	No Report	73560	

Exam Date/Time
09/16/2003 11:00

Procedure Name
CHEST 2 VIEWS PA&LAT

Clinical History
R/O ACTIVE TB FOR NURSING HOME

Impression
MILD HYPERINFLATION OF THE LUNG FIELDS. NO EVIDENCE OF ACTIVE TUBERCULOSIS.

Report
CHEST The heart and pulmonary vasculature are normal. No acute infiltrate or pleural effusion. There is small hyperinflation of the lung fields. Bony thorax is normal as visualized.


Annotation

TITLE: ANNOTATION
DATE OF NOTE: NOV 28, 2007@11:40:14 ENTRY DATE: NOV 28, 2007@11:43:22
AUTHOR: USER,POWER EXP COSIGNER:
URGENCY: STATUS: UNSIGNED
SUBJECT: Annotation of CHEST 2 VIEWS PA&LAT performed on 09/16/2003 11:00

This is a sample annotation of a chest film.

Facility: DEMO HOSPITAL

Date Range
Date Range...
Today
One Week Back
Two Weeks Back
One Month Back
Six Months Back
One Year Back
T-7 to T
04-Nov-1997 to 28-Nov-2007



Reproductive factors

Reproductive Factors [Add] [Edit]

Update Reproductive Factors [Close]

Last Menstrual Period: 07/12/2002 [...]

Family Planning Method: Surgical Sterilization [v] Date Begun: 08/27/1998 [...]

Total # of Pregnancies: 4 [up/down] Spontaneous Abortions (Miscarriage): 0 [up/down]

Full Term: 3 [up/down] Induced Abortions: 0 [up/down]

Premature: 0 [up/down] Ectopic: 0 [up/down]

Multiple Births: 0 [up/down]

Living Children: 3 [up/down]

Pregnant

Estimated Due Date

by LMP: [] [...]

by Ultrasound: [] [...]

by Clinical Parameters: [] [...]

[OK] [Cancel]

Family History

Problem List Family History

Family History List Use Edit Relation

Relation	Name	Status
NATURAL MOTHER	Nancy	LIVING
NATURAL MOTHER	Nancy	LIVING
BROTHER		
NATURAL BROTHER		DECEASED

Family History ✕

Relation:

Status:

Age at Death:

Multiple Birth:

Conditions:

Condition (ICD9)	Provider Narrative
V18.0	Type 2 DM
V17.3	MI

Family History (ICD) ✕

Family Health ICD:

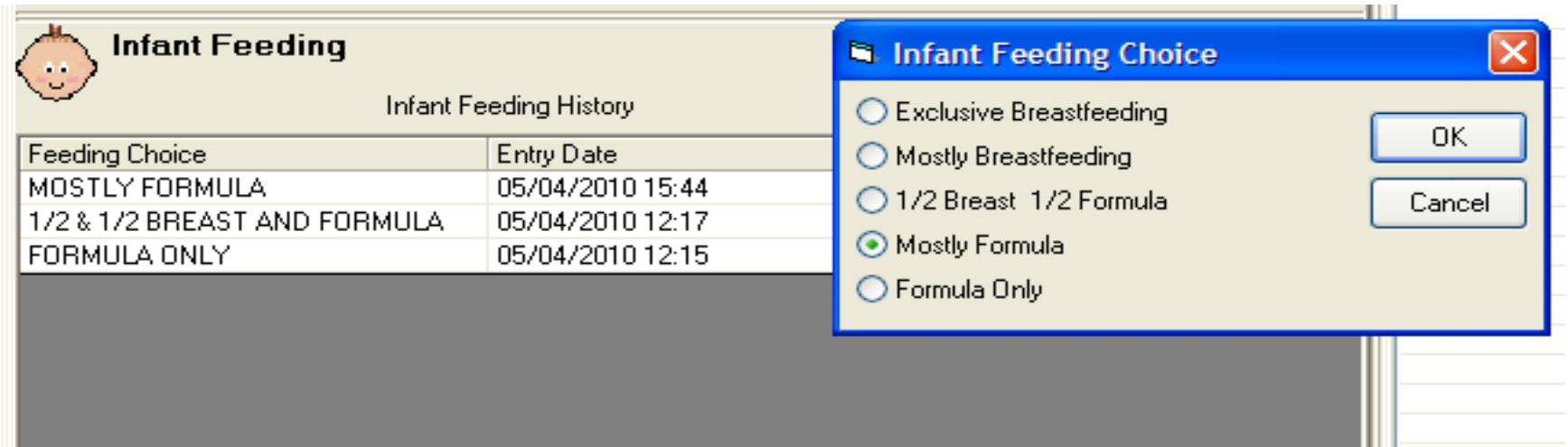
Code	Description
V19.6	Family History Of Allergic Disorders
V18.2	Family History Of Anemia
V17.7	Family History Of Arthritis
V17.5	Family History Of Asthma
V19.0	Family History Of Blindness Or Visual Loss
V19.5	Family History Of Congenital Anomalies
V19.7	Family History Of Consanguinity
V19.2	Family History Of Deafness Or Hearing Loss
V18.0	Family History Of Diabetes Mellitus
V18.8	Family History Of Infectious And Parasitic Diseases
V17.3	Family History Of Ischemic Heart Disease
V16.6	Family History Of Leukemia
V16.3	Family History Of Malignant Neoplasm Of Breast
V16.0	Family History Of Malignant Neoplasm Of Gastrointestinal Tract
V16.40	Family History Of Malignant Neoplasm Of Genital Organ, Unspecified
V16.51	Family History Of Malignant Neoplasm Of Kidney
V16.2	Family History Of Malignant Neoplasm Of Other Respiratory And Intrathoracic Organs
V16.59	Family History Of Malignant Neoplasm Of Other Urinary Organs
V16.41	Family History Of Malignant Neoplasm Of Ovary

Copy Description to Narrative

Narrative:

Age at Diagnosis:

Infant Feeding



The image shows a software interface for infant feeding. On the left is a window titled "Infant Feeding" with a baby icon and a table of "Infant Feeding History". On the right is a modal dialog box titled "Infant Feeding Choice" with radio button options for feeding types and "OK" and "Cancel" buttons.

Feeding Choice	Entry Date
MOSTLY FORMULA	05/04/2010 15:44
1/2 & 1/2 BREAST AND FORMULA	05/04/2010 12:17
FORMULA ONLY	05/04/2010 12:15

Infant Feeding Choice

- Exclusive Breastfeeding
- Mostly Breastfeeding
- 1/2 Breast 1/2 Formula
- Mostly Formula
- Formula Only

Buttons: OK, Cancel

Asthma Classification and Control

Problem Maintenance

Problem ID: YAK-30 Priority: 1 - high / 5 - low Save Cancel

ICD: Asthma, Unspecified
(NOTE: If the ICD is not selected it defaults to .9999 - Uncoded Diagnosis)

Narrative: asthma

Date of Onset: 05/10/2008

Classification: **MILD PERSISTENT**

Note (3-60 c):

Status: Active Problem Personal History
 Inactive Problem

- Prompt to add Asthma Classification on Problem List dialog

Add POV for Current Visit

ICD: Asthma, Unspecified
(NOTE: If the ICD is not selected it defaults to .9999 - Uncoded Diagnosis)

Narrative: asthma

Date of Onset: Modifier: **WELL CONTROLLED**

POV is Injury Related Asthma Control: **WELL CONTROLLED**

Primary Diagnosis Add to Problem List

First Visit Re-Visit

Injury Date: Place: Injury caused by: Associated with:

Save Cancel Education...

- Prompts to add Asthma Control when POV for asthma selected

Desktop tools

Change your Electronic Signature

Enter your current electronic signature:

Enter your new electronic signature:

Re-enter your new electronic signature:

Pharmacokinetic Dosing Calculator

Patient **Demo, Fifties Femone** HRN **2757**

Age Sex Male Female Obese No Yes

Weight (kg) HT (inch) CRCL

Scr Calculated Kd

Desired PEAK Calculated Dose

Desired Interv (hr) Calculated CPmin

Dosing

Amikacin Gentamicin Tobramycin Vancomycin

More to Come in EHR

- EHR v1.1 patch 7
 - Reminder dialog prompts for additional measurements (Behavioral Health, Asthma, OB type measures)
 - “Quick Notes”
 - Provider friendly updates to Med Order dialog to support e-Prescribing
 - Ability to move “outside meds” to inpatient or outpatient meds
 - Entry of historical measurements

Still More to Come in EHR

- EHR v1.1 patch 8 – C/MU Enhancements
- e-Prescribing
- Group visit/note entry
- Nursing Flow Sheets
- Prenatal Care Module

E-Prescribing

- RPMS certified for e-prescribing in 2008 but did not release
- Re-developing due to change in interface engine
- For 2010 adding Formulary capability (required for C&MU)
- Future development to include Med History
- Tribal programs will need direct agreement with SureScripts/RxHub

RPMS Group Notes Application

- Adapted from VA Group Notes and similar to Group entry in Behavioral Health
- Ad hoc or standing groups
- Enter all visit data (including notes) for entire group at once
- Add individual data (additional notes, measurements, etc.) for specific members

Group Notes

Use this button to select a note title.

Use this button to enter group encounter information.

Group Notes in use by: USER,DEMO
File Action Tools Help
Provider: BYRON,ROBERT Location: CHART REVIEW Date: 12/7/2009 4:35 AM
For All Patients Note Change Note Encounter Data Edit Encounter Data Sign Note Save without Sig

DEMO.BOY
Progress note: content shared by all patients:
Date: DEC 07, 2009
DEMO,BOY Age: 11 Date of Birth: APR 16,1998
3433 SMITH ST
OKLAHOMA CITY OKLAHOMA 32245
Home Phone: 212 554-9878 (home)
Visit Measurements:
Assessment:
Plan of Care:

DEMO.FATHER
Progress note: content for individual patient:
Date: DEC 07, 2009
DEMO,BOY Age: 11 Date of Birth: APR 16,1998
3433 SMITH ST
OKLAHOMA CITY OKLAHOMA 32245
Home Phone: 212 554-9878 (home)
Visit Measurements:
Assessment:
Encounter Data for:

When finished with common data, select a single patient to enter individual data for.

Group Encounter Data appears in this pane.

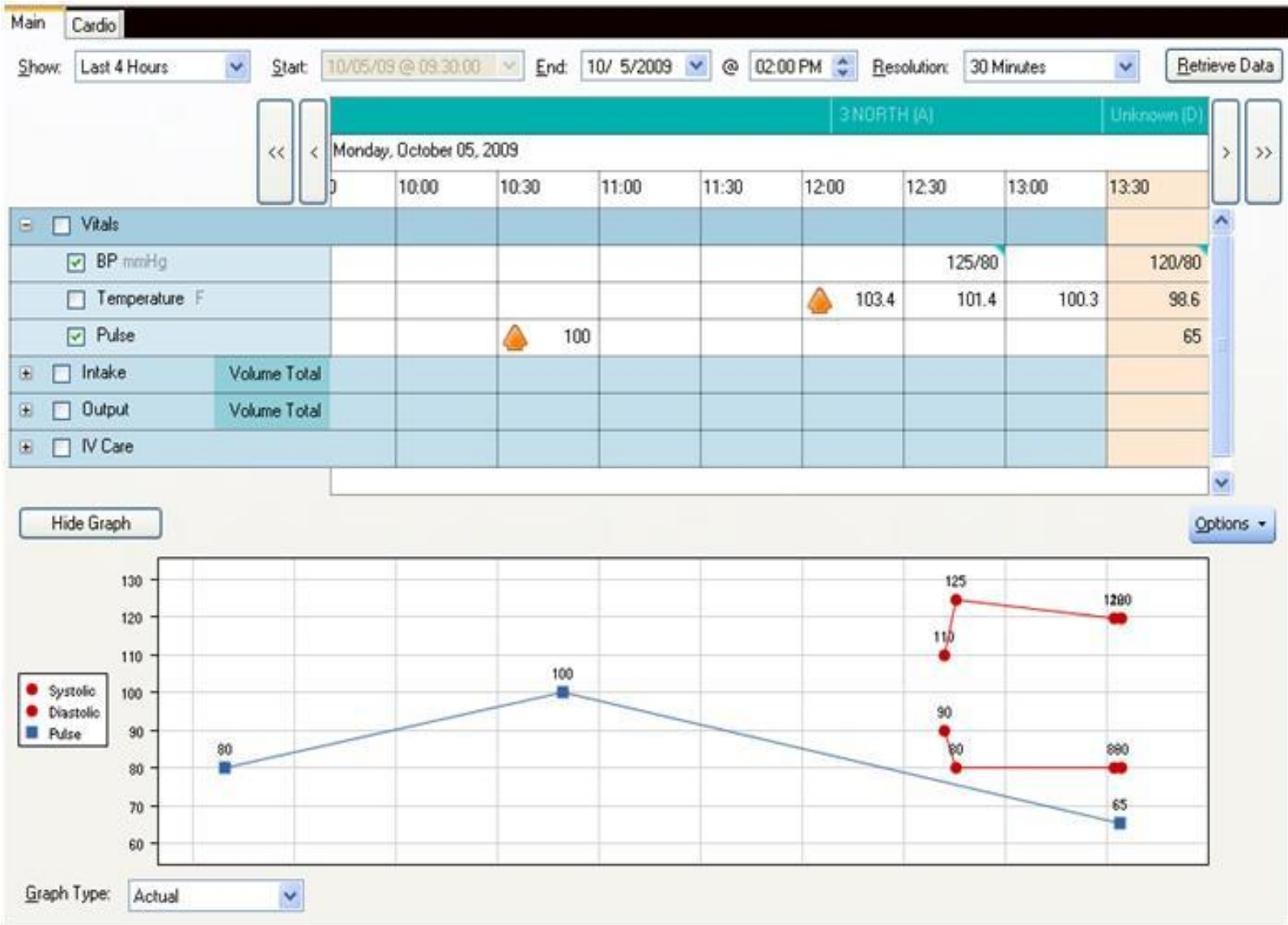
Templates

Patient Selection Start New Group Notes Exit Group Notes

EHR Nursing Flow Sheets

- Intended principally for Inpatient, but can be used in ED, Day Surgery, Observation, etc.
- Entry of Vital Signs, Input/Output, other assessments.
- Customizable view, including graphing, that is compressible or expandable across time.
- Overlapping graph capability – I/O, BP, diuretic administration, etc.

Nursing Flow Sheet Component



Prenatal Care Module (VEN 2.7)

- Data collection and entry for:
 - First Prenatal Visit
 - Interim Prenatal Visits
 - Postpartum Visit
- Flowchart presentation where appropriate
- Data carries over to future pregnancies
- PCM is being redesigned for better compatibility with EHR Nursing Flow Sheets component

iCare and CMET

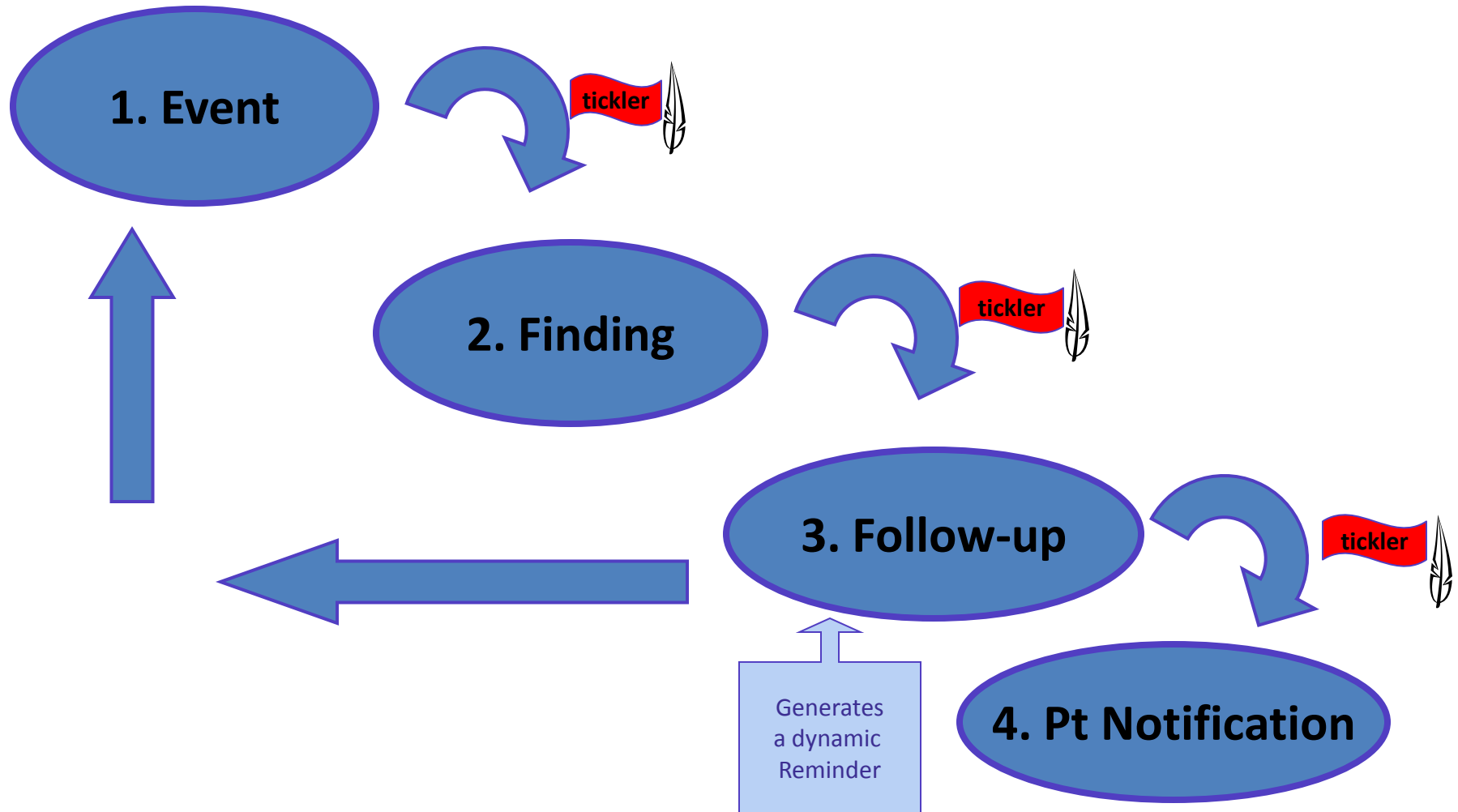
Care Management Event Tracking (CMET)

- Track and manage screening events by retrieving information from the database and presenting it in a useable way
- Minimize the “fall through the cracks” syndrome common in many clinical practices
- Minimize or eliminate the need for duplicative entries into RPMS
- Replaces tracking functions of Women’s Health package
- Delivered in iCare v2.1 and subsequently in EHR

How does it work?

- Extensive Data Mining for defined procedures or events
- 1) Queued items for staff to evaluate
- 2) Decision made to track or not
- 3) Follow up needed - when
- 4) Notification of Patient

CMET Workflow



CMET Workflow

- Site sets up 'ticklers'
- Data mining generates queue of Events
- Users work the list to determine which of the events will be accepted as a CMET and then tracked
- Ticklers are displayed when
 - Findings have not been entered into the CMET
 - Follow up has not been entered into the CMET
 - Pt Notification has not been entered into the CMET
- CMET Reminders are generated by the third step (Follow up) of the CMET
- CMET Reminders are displayed on the Health Summary along with Health Maintenance Reminders

CMET Main View Queued Events

File Edit View Tools Window Help Quick Patient Search:

Panel List Flag List Community Alerts **CMET**

New Open Delete Repopulate Modify Share

Panel Name Panel Description

<3yrs	
2-3 visits last year	
assigned patients	■■■■■■■■■■, tom
Asthma	accept and proposed
Asthma >29 Accepted	
Asthma All >18y	
CMET Tracked Events Patients - 1/25/2010 2:10:42 PM	Selected patients pan created on 1/25/2010
CMET Tracked Events Patients - 1/25/2010 2:11:08 PM	Selected patients pan created on 1/25/2010
CMET Tracked Events Patients - 3/5/2010 4:45:02 PM	Selected patients pan created on 3/5/2010
Community Alerts Patient Detail - 10/28/2009 4:16:19 PM	Selected patients pan created on 10/28/2009
Community Alerts Patient Detail - 11/2/2009 4:16:04 PM	Selected patients pan created on 11/2/2009
cvd test default layout	
Deceased >49	
F>18 w/Asthma + CVD risk	
Filter test	
general clinic - 3 visits	last year

Panel Description

Filters

Category:

CERVICAL
 COLON
 SKELETAL

Status:

Time Frame:

Community:

By Taxonomy
 By Name

Save current settings to User Preferences?

Track Don't Track Pend Batch Process Create Panel

Queued Events last retrieved as of: Mar 22, 2010 09:17 AM

Category	Patient Name	HRN	Sex	Age	DOB	Designated PCP	Community
CERVICAL		114731-DEMO 114732-POHS	F	19 YRS	Mar 02, 1991		PONEMAH
		101022-DEMO	F	81 YRS	Aug 28, 1928		RED LAKE
COLON		100741-DEMO	F	61 YRS	Jan 30, 1949		RED LAKE
		100815-DEMO	F	86 YRS	May 16, 1923		RED LAKE
		100741-DEMO	F	61 YRS	Jan 30, 1949		RED LAKE
		115929-DEMO	M	29 YRS	Jun 25, 1980		BEMIDJI
		23232-DEMO	M	32 YRS	Jun 15, 1977		CHEROKEE HEIGHT
		123453-DEMO	M	30 YRS	Dec 16, 1979		PASCUA PUEBLO

Selected Rows: 1 Visible Rows: 19 Total Rows: 19 Ready. Selected Rows: 1 Visible Rows: 8 Total Rows: 8

Patient Demographics

HRN: Sex: FEMALE Age: 51 YRS DOB:

1 - Event

Event: MAMMOGRAM SCREENING **State:** **Comment:**
Event Date: MAR 5, 2008 **Tracked By:** ACORD,ARLIS L
Category: BREAST **Tracked Date:** FEB 2, 2010 14:56:42 **Close Reason:**
Preceding Event: NONE **Event History:** [View](#)

2 - Findings

Findings Due By: **Result:** MAR 5, 2008 **Follow-up Recommended?**

Add (F2) Delete (Del)

Date	Result	Interpretation	Comment	Last Edited	Last Edited By
Feb 10, 2010	BI-RAD CATEGORY 1 - N...	Normal		Feb 10, 2010	SQUIRES,SKIP
Feb 25, 2010	BI-RAD CATEGORY 3 - P...				
Mar 08, 2010	BI-RAD CATEGORY 3 - P...	Abnormal		Mar 08, 2010	SQUIRES,SKIP

3 - Follow-ups

Follow-up Decision Due By:

Add (F2) Delete (Del)

Event	Date Due	Comment
MAMMOGRAM SCREENING	Mar 05, 2010	
BREAST MRI	Mar 31, 2010	
BREAST AUGMENTATION	Mar 16, 2010	

4 - Patient Notifications

Notification Due By:

Add (F2) Delete (Del)

Date	Method	Comment
Feb 10, 2010	COMMUNITY HEALTH REP	
Mar 16, 2010	EMAIL	

CMET Audit History

File Edit Tools




Date/Time Modified	Modified By	Field	Entry	New Value	Previous Value
Apr 29, 2010 12:02 PM	EVERETT,BRIAN E	Event Comment		Decided to track event for the comment field. More information added to the Event Comment field.	Decided to track event for the comment field
Apr 29, 2010 12:02 PM	EVERETT,BRIAN E	Notification Due By			MAY 6,2010
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Follow-ups - Comment	1	Follow-up Comment placed here.	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Follow-ups - Date Due	1	APR 1,2011 00:00	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Follow-ups - Entered By	1	EVERETT,BRIAN E	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Follow-ups - Date Entered	1	APR 29,2010 12:01:01	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Follow-ups - Event	1	MAMMOGRAM SCREENING	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Last Modified Date/Time		APR 29,2010 12:01:01	APR 29,2010 12:01
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Findings - Comment	1	Findings comment placed here.	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Findings - Follow-Up Needed?	1	Yes	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Findings - Entered By	1	EVERETT,BRIAN E	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Findings - Entered Date/Time	1	APR 29,2010 12:01	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Findings - Interpretation	1	Normal	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Findings - Result	1	BI-RAD CATEGORY 1 - NEGATIVE	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Follow-up Recommended?		Yes	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Notification Due By		MAY 6,2010	
Apr 29, 2010 12:01 PM	EVERETT,BRIAN E	Follow-up Decision Due By		MAY 6,2010	
Apr 29, 2010 11:55 AM	ANDERSON,RONALD	Last Modified By		ANDERSON,RONALD	
Apr 29, 2010 11:55 AM	ANDERSON,RONALD	Last Modified Date/Time		APR 29,2010 11:55:46	
Apr 29, 2010 11:55 AM	ANDERSON,RONALD	Findings Due By		APR 29,2010	
Apr 29, 2010 11:55 AM	ANDERSON,RONALD	Event Tracked By		ANDERSON,RONALD	
Apr 29, 2010 11:55 AM	ANDERSON,RONALD	Event Tracked Date/Time		APR 29,2010 11:55:46	
Apr 29, 2010 11:55 AM	ANDERSON,RONALD	Event State		OPEN	
Apr 29, 2010 11:55 AM	ANDERSON,RONALD	Event Comment		Decided to track event for the comment field	Decided that we may want to revisit whether to track this event or not.
Apr 29, 2010 11:55 AM	ANDERSON,RONALD	Status		TRACKED	PENDING
Apr 29, 2010 11:48 AM	EVERETT,BRIAN E	Event Comment		Decided that we may want to revisit whether to track this event or not.	Decided not to track this event.
Apr 29, 2010 11:48 AM	EVERETT,BRIAN E	Status		PENDING	NOT TRACKED
Apr 29, 2010 11:31 AM	CHAN,AUDREY	Event Comment		Decided not to track this event.	
Apr 29, 2010 11:31 AM	CHAN,AUDREY	Status		NOT TRACKED	PENDING
Apr 29, 2010 09:09 AM	Initial job	Status		PENDING	
Apr 29, 2010 09:09 AM	Initial job	Date/Time Identified		APR 29,2010 09:09:34	

CMET Patient View Past Events


Name: [REDACTED]

HRNs: 100815-DEMO **Community:** [REDACTED]
Address: [REDACTED]

SSN: XXXXX-9211 **Phone:** [REDACTED] 

Sex: F **Work Ph.:** [REDACTED]

Age: 86 YRS **Alt. Phone:** [REDACTED]






DOB: [REDACTED] 16, 1923 **DPCP:** [REDACTED] 

Allergies:
SELENIUM SULFIDE

Barriers to Learning:
Apr 09, 2005 COGNITIVE IMPAIRMENT

-

Past Events last retrieved as of: Mar 22, 2010 09:32 AM

Category / ▾	Event Name ▾	Event Date ▾	Result ▾
BREAST	MAMMOGRAM DX BILATERAL	Nov 03, 2009	
COLON	COLONOSCOPY	Jan 06, 2010	
	FECAL OCCULT BLOOD TEST (FOBT)	Jun 10, 2008	

EHR Clinical Reminders

Reminders v1.5 p1007

- New reminders that correspond to those delivered in PCC Health Maintenance reminders
- Simplifies resolution logic for many of the reminders
 - Similar to immunization reminder findings
 - Single resolution logic (numerator): returns the finding from the PCC Health Maintenance reminder
 - When PCC HMR logic updates, automatically updates in corresponding EHR reminder
- Delivers enhanced Reminder Dialogs for Pap, Mammogram, Colon Cancer, Osteoporosis screening
- Delivers “Reminders” for Asthma Best Practice Prompts
 - EHR side reminder is “due” when the Best Practice Prompt is activated on the Health Summary

Reminders with simplified logic

- Alcohol screening
- Domestic Violence
- Depression Screening
- Hearing screening
- Mammogram
- Pap Smear
- Senior Vision
- Tobacco Screening

New reminders

- Asthma (correspond to the best practice prompts)
 - Control
 - Action plan
 - Primary care provider
 - Risk for exacerbation
 - Severity
 - Steroids
- Dental visit
- Diabetes screening
- EPSDT Evaluation
- Functional assessment
- Osteoporosis screening

New dialog format for:

Pap, Mammogram, Colon Cancer, Osteoporosis reminders

Reminder Resolution: Pap Smear

PAP ORDERED TODAY

Click here to order Pap and STD testing.

Click here to order Pap only.

PAP NOT ORDERED TODAY

Pap not done today.

HISTORICAL DATA

Historical Pap reported.

Historical Hysterectomy Reported.

CHECK HERE to add comments

* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Delivers field requested ability to document historical data

New dialog format for:

Pap, Mammogram, Colon Cancer, Osteoporosis reminders

Reminder Resolution: Pap Smear

PAP ORDERED TODAY

Click here to order Pap and STD testing.

Click here to order Pap only.

PAP NOT ORDERED TODAY

Pap not done today.

HISTORICAL DATA

Historical Pap reported.

Historical Hysterectomy Reported.

Hysterectomy, abdominal OVARIES REMOVED

January 1, 2010

Toppenish Community Hospital

Abdominal hyst with ovaries removed

Hysterectomy, abdominal OVARIES RETAINED

Hysterectomy, vaginal OVARIES REMOVED

Hysterectomy, vaginal OVARIES RETAINED

Hysterectomy, subtotal abdominal CERVIX RETAINED

CHECK HERE to add comments

* Indicates a Required Field

***** CLINICAL REMINDERS ACTIVITY *****

Pap Smear:

Abdominal Hysterectomy with Salpingoopherectomy

Date: January 1, 2010

Location: Toppenish Community Hospital

Comment: Abdominal hyst with ovaries removed

Procedures: TOTAL HYSTERECTOMY (Historical)

Clear Clinical Maint < Back Next > Finish Cancel

Data returned for reminders with new resolution logic

Clinical Maintenance: Alcohol Screen

--STATUS--	--DUE DATE--	--LAST DONE--
DUE NOW	8/4/2009	8/4/2008

Applicable: Due every 1 year for ages 13Y to 99Y within cohort.
REMINDER DUE: Patient is in the age range of 13-110 and does NOT have V exam 35 or behavioral health module Alcohol Screening OR
Measurements: V Measurement (PCC and BH) AUDC AUDT, CRFT OR Health factor with alcohol/Drug Catetogy (CAGE) OR ICD codes: V POV V79.1 OR Behavioral health module diagnosis (POV) 29.1 OR Patient education topics AOD-SCR or CD-SCR

REMINDER ON: if due within 3 mos

Resolution: Last done 08/04/2008
08/04/2008 Computed Finding: ; value - NORMAL/NEGATIVE; Exam: ALCOHOL SCREENING

Font Size: 9

Print... Close

Returns what the HMR logic returns

Asthma reminder on when Best Practice prompt active

The image shows a screenshot of a clinical reminder system. On the left is a sidebar titled "Available Reminders" with a tree view. The "Due" folder is expanded, showing a list of reminders: Alcohol Screen, Mammogram, Dental Visit, DM Eye Exam, Alcohol Screen, Asthma Management Plan, and Asthma-on steroids. Below this are "Applicable" and "All Evaluated" folders. The main window is titled "Clinical Maintenance: Asthma-on steroids" and contains the following text:

--STATUS--	--DUE DATE--	--LAST DONE--
DUE NOW	DUE NOW	unknown

Applicable: Due every 1 day for all ages within cohort.
03/22/2010 Problem Diagnosis: 493.90 ASTHMA, UNSPECIFIED
Prov. Narr. - Asthma/COPD

REMINDER ON: Patients with asthma who do not have a prescription in the past 6 months for inhaled corticosteroids. Asthma defined as:

1. any Asthma Severity ever of 2, 3 or 4; OR
2. iCare active Asthma tag; OR
3. at least 3 instances of asthma primary diagnosis in the past 6 months.

Inhaled Corticosteroids:

- Site defined Medications: V Medications in BAT ASTHMA INHALED STEROIDS taxonomy
- NDC (National Drug Codes: V Medications as predefined in BAT ASTHMA INHLD STEROIDS NDC taxonomy

REMINDER ON: as needed
Checked asthma management system to see if du

Font Size: 9

Print... Close

Uses Best Practices prompt logic Active if active on Health Summary

Asthma dialog format

Reminder Resolution: Asthma-on steroids

REMINDER DUE if asthma severity > 1 OR iCare active asthma tag OR OR
patient has had 3 or more asthma visits in the past 6 months AND patient
does not have a prescription in the past 6mos for inhaled
corticosteroids

RECOMMEND adding or increasing this patient's inhaled corticosteroids.

* Indicates a Required Field

<No encounter information entered>

Clear Clinical Maint < Back Next > Finish Cancel

Dialog returns text from Health Summary
Best Practice prompt

Pharmacy–Related Development

- EHR v1.1 p6
 - Outside Meds
 - On-demand Order Checks
 - Prescription Auto-Finish
- Support for Multiple Drug Files
- COTS-RPMS Pharmacy Interface (eRx)
- E-Prescribing
- Pharmacy GUI interface
- Pharmacy Reports GUI

RPMS-COTS Rx “Interface”

- E-Prescribing messages do not need to go to SureScripts to be useful
- E-Rx enabled COTS applications should be able to communicate directly with RPMS
- Documentation to develop such communication has been developed
- Testing of the documentation is in planning stages at Sault Ste Marie (QS-1 customer)

Multiple Drug Files

- Many RPMS facilities require multiple drug files
 - Multi-divisional sites with separate pharmacies
 - Beneficiary/non-beneficiary treatment
- Multiple Drug File capability development under way in RPMS
 - Requirements complete – in Design phase
 - Development should be complete this summer

Pharmacy GUI Development

- Absence of GUI has been frustrating for many pharmacists
- Current activity to develop GUI for various workflows:
 - Direct pharmacy order entry (from paper)
 - Finishing provider-entered orders
 - Pending order queue
 - Refills (including Audiocare)
 - Allergy entry, Allergy verification
- Pharmacy reports (multiple)
- Inpatient GUI functions will follow

Pharmacy GUI

Patient Profile - PETERSON, JOHN

Close Photo Order Review DC Hold Flag

PETERSON, JOHN
MRN: 111112008
Age/Sex: 2/2/1980 - 28 Yrs (Male)

Acct #: 200111111 Attending: SMITH, SUSAN MD Ht: 157.48 cm BSA: 1.77 m2
Unit: 2 NORTH Room-Bed: 3N3

Allergies/ADRs: CORN; CYCLOSPORINE; LACTOSE
Diagnosis/Conditions: CHF

Medication	Dose-Route-Freq	Instructions
Active (6)		
CEFAZOLIN in DEXTROSE 5% 100 ML	1 GM Q8H	
DOCUSATE CA CAP, ORAL	240MG PO BID	
MEPERIDINE INJ, SOLN	75MG/1ML IV AS NEEDED PRN	
NITROGLYCERIN TAB, SUBLINGUAL	0.4MG SL PRN AS NEEDED PRN	
POTASSIUM CHLORIDE C A in LACTATED RINGERS 1000 ML	40 MEQ 125 mL	
VANCOMYCIN[V1] [GEQ: VAN... 1000 MG in DEXTROSE 5%[CC...	1 GM Q8H	
Pending (1)		
Non-Verified (0)		
Discontinued (0)		

Single Medication Order Entry - Peterson, John

Prescriber: SMITH, SUSAN MD Quick Order: Order Type: Single Med

Medication: NIFEDIPINE 30 MG SA TAB Ordered As: < NIFEDIPINE (Procardia XL) TAB, SA > Source: Written

Dose: 30 MG Units/Dose: 1 Route: ORAL Frequency: DAILY Priority: Continuous Default

Comments/Instructions/Indications: Administration Times: 09 Duration: Start: 10/13/2008 07:58 Stop: 11/11/2008 24:00

Display in BCMA

Expected First Dose: 10/13/2008 09:00 Now Pre-exchange Doses: 1 Printer: Printer A

Detail Cancel Save and add next order Save and return to profile

RPMS Practice Management Suite

- Patient Registration
- Patient Information Management System (PIMS)
 - Scheduling
 - Admission/Discharge/Transfer
 - Sensitive Patient Tracking
- Third Party Billing
- Accounts Receivable
- Pharmacy Point of Sale
- Contract Health Services / Referred Care Information System

Patient Registration GUI



New Patient...

Edit Existing Patient...

Add/Edit Registration Data

Activity Reports ▾

Data Quality Reports ▾

Reports

User Preferences

View Notifications...

Tools

Patient Registration Help

About Patient Registration

Help

Patient Worksp...

SMITH,JACOB SCOTT
123352-CI;123351-CH;123353-URA
Sex:M
DOB:Mar 2, 1940

Name: SMITH,JACOB SCOTT Edit

HRNs: 123352-CI 123351-CH 123353-URA	Community: ANDREWS	CHS Eligibility:
SSN: XXX-XX-8296	Address: STAR ROUTE, BOX 51 ANDREWS,NORTH CAROLINA 28901	Alt. Resources: YES NM Medicaid
Sex: M	Phone: 555-555-9532	Veteran: NO
Age: 70 YRS	Work Ph.:	Classification/Beneficiary: INDIAN/ALASKA NATIVE
DOB: Mar 02, 1940	Alt. Phone:	Additional Demographics

- Demographics
- Alt. Resources
- Reg Notes
- Reports
- Referrals
- Misc.

Patient Demographics (Last Updated March 15, 2010) Edit

Street Address [1]: STAR ROUTE, BOX 51	Phone [1]: 555-222-4567 CELL
Street Address [2]:	Phone [2]: 324-555-2323 FAX
Street Address [3]:	Phone [3]:
City: MORGANTOWN	Location of Home: SECOND WHITE HOUSE ON LEFT
State: GEORGIA	Employer Name: COOPERS GARAGE
Zipcode: 30560	Spouse's Emp. Name: WASHINGTON ELEM
Current Community: ANDREWS	

Emergency Contact

Name: JOE SMITH	Street Address: 35 OAK STREET
Phone Number: 673-488-1543	PHOENIX, AZ 22222
Relationship: BROTHER	

- Home
 - Patient Workspace**
 - Reports
- »

New Patient...

Edit Existing Patient...

Add/Edit Registration Data

Activity Reports

Data Quality Reports

User Preferences

View Notifications...

Patient Registration Help

About Patient Registration

Patient Worksp...

SMITH, JACOB SCOTT
123352-CI; 123351-
CH; 123353-URA
Sex: M
DOB: Mar 2, 1940

Name: SMITH

HRNs: 123352
123351
123353

SSN: XXX-XX-XXXX

Sex: M

Age: 70 YR

DOB: Mar 02, 1940

Demographics

Patient Demographics

Street Address

Street Address

Street Address

Zip

Current Community

Emergency Contact

Phone Number

Relationship

Patient Demographics

Street Address:

41 JOE OWL DRIVE

Phone:

City:

MORGANTOWN

State:

GEORGIA

Zipcode:

30560-2234

Current Community:

Location of Home:

Employer Name:

COOPERS GARAGE

Spouse's Employer Name:

WASHINGTON ELEM

Emergency Contact

Emergency Contact Name:

JOE SMITH

Phone:

673-488-1543

Street Address:

35 OAK STREET

Relationship:

BROTHER

City:

PHOENIX

State:

ARIZONA

Zipcode:

22222-____

Save

Cancel

DISCUSSION