

NIH Clinical Center CIO Newsletter

December, 2010

61st Edition

This is the sixty first edition of a monthly broadcast email to the CRIS user community about CRIS capabilities and issues. In addition to the text version in this email, I've attached a PDF version that can be printed. I look forward to receiving your comments or suggestions at CIOnewsletter@cc.nih.gov. In addition, valuable information can be accessed at the CRIS and DCRI websites: <http://cris.cc.nih.gov>, <http://www.cc.nih.gov/dcri>.

Topics of the Month

- New in CRIS Sunrise
 - POIS Project Complete
 - Changes to VAD Documentation
 - Electronic Documentation in the ICU
 - Updated I&O Flowsheet Coming
- Privacy and Security
 - Phishing Attacks at NIH
- Tip for Using CRIS Sunrise
 - Ordering Labs Efficiently
 - Continuous IV Documentation
- CRIS Education
 - Advanced CRIS Training Class
 - CRIS Booth

POIS Project Complete

The PeriOperative Information System (POIS) project team is happy to announce that on November 29, 2010, the anesthesia care providers resumed use of POIS to enter their clinical documentation. Anesthesia documentation from POIS is transferred to CRIS and joins the nursing documentation in the Documents tab. This is the final phase of the lengthy POIS implementation project and builds on the nursing documentation phase that went live last December. This project allows the Department of Perioperative Medicine to have all their clinical documentation electronic within one application and all care providers to have access through CRIS. In the event of POIS downtimes, documentation can be found on paper in the patient's chart.

Changes to VAD Documentation

In order to decrease the overall size of the flowsheet the number of rows found in each parameter has been decreased. Insertion, removal, and repair documentation has been moved to a structured note, titled Central VAD insertion/removal/repair. NIH inserted peripheral and central VAD parameters have multiple catheter selections. This allows CRIS users to view multiple catheters patients may have in the clinical summary. We hope these changes which will be made during the second week in January will make documentation faster and less cumbersome.

Electronic Documentation in the ICU to Begin on January 25

For the past few years, a project has been underway to replace the current fold-out paper flowsheet in the ICU. The final phase of that effort is due to be completed on January 25, after which time, all ICU documentation will take place in CRIS Sunrise.

In anticipation of that activation, the current *Critical Care Nursing Assessment* flowsheet will be expired on January 18 and replaced with 2 new flowsheets: **CC Invasive Ventilation** and **CC Assessment** (includes Vital Signs). To help expedite documentation, those new flowsheets will include some interfaced observations from the Philips bedside monitors and selected RT ventilators and cardiac output devices. Electronic documentation in the ICU will also commence on the existing **Intake & Output** and **VAD Observations** flowsheets.

Additionally, a new Clinical Data Viewer (**CDV**) tab will be available in CRIS Sunrise to help concatenate data from multiple sources, similar to the current paper flowsheet. In its initial implementation, the CDV will be specific to patients in the ICU and will only display limited information for patients outside that unit. Additional information on that tab will be forthcoming in future newsletters.

Any questions, concerns, or suggestions can be directed to the project manager, Ryan Kennedy (kennedyr@cc.nih.gov) at 301-402-4867.

Updated Intake and Output Flowsheet

The Intake & Output flowsheet will be updated in Mid-January. This is the first update to the flowsheet since CRIS went live in August 2004. Some new features will be available to all the units, and other features are ICU specific.

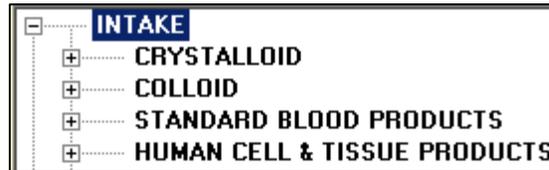
Hourly Time Columns will Auto-generate_–

04 Intake and Output Flowsheet, From 11/28/2010 to 12/02/2010										Save	Cancel
	12/02/2010 6:00 Daily	12/02/2010 7:00	12/02/2010 8:00	12/02/2010 9:00	12/02/2010 10:00	12/02/2010 11:00	12/02/2010 14:00 Shift	12/03/2010 6:00 Daily			
Grand Total											
Intake											
Output											
Net											
24 Hr.											

You may still create individually timed columns as before. If any of the hourly time columns are not documented, they will eventually disappear from the screen. If you wish to stop the hourly columns from generating, select the “Save Options” tab from the left hand side of the flowsheet display. Then select “STOP” from the bottom of the dropdown list under Auto Generated Columns:

New INTAKE Features

Human Cell & Tissue Products were added to separate Standard Blood and Human Cell & Tissue Products.



Drip (Adult and Pediatric) parameters have been added for use by the ICU only at the present time.

Updated Content

Pharmacy, nutrition, transfusion medicine as well as nursing were consulted to make sure the content on the I&O flowsheet reflects current products and practices. Modifications were made in several of the Intake, Output and Net categories.

Attention: Recent Flurry of Phishing Attacks at NIH!

Phishing attackers use email or malicious websites to solicit personal information by posing as a trustworthy organization. Can you recognize these attacks?

Adopt the practice of examining all email messages with a suspicious eye. Take a moment to review characteristics of messages that alone—or in combination—should make you raise your guard. Then, take a look at a recent phishing

message received by thousands of NIH staff. Several of the “red flags” are highlighted.



Here’s a list of observations that should make you STOP and THINK:

- Unsolicited email—especially if the message urges you to open an attachment and/or click on a link to a website.
- Though “appearing” to be sent from a legitimate source (e.g., from a bank, Help Desk, FBI, even HHS), the message requests you to provide personal or financial information, e.g., account information.
- Errors in spelling, grammar and format.
- Website URLs that don’t match the email, e.g., it looks legitimate but it’s a variation of the spelling or it lists a different domain (such as .com or .net when it should be a .gov). If the URL is not spelled out, you can hover your mouse over a link to check the address [Note: Any address can be spoofed or faked, but this is still a piece of evidence to examine].
- Urgency—the message indicates that your response is extremely time-sensitive and failure to act quickly will lead to dire consequences.
- The message relates to current events or certain times of the year.
 - Attackers take advantage of natural disasters, epidemics or health scares, political elections, economic concerns (e.g., “IRS scams”) and holidays.
 - Currently, because of a concern for malicious cyber activity related to the WikiLeaks controversy, US-CERT warns users NOT to visit any of the WikiLeaks websites and to exercise caution in handling any email with a subject line related to WikiLeaks.



Take a look at a recent Phishing Attack at NIH: NIH users received various versions of emails claiming to be from an NIH employee, encouraging users to supply their account information. This phishing attempt lured the recipient to follow a link to a site which requested the user’s id and password, presumably to increase the size of their mailbox. Once discovered, NIH CIT blocked access to the target site, but a number of NIH staff, clicked on the link before the block was in place.

Here is one version of the message:

Sent: Tuesday, November 30, 2010 3:55 AM
Subject: VALIDATION OF ACCOUNT

This message is from your helpdesk to all webmail/mail users, please be inform that we are doing our monthly upgrade/maintenance of accounts.
Your Webmail Quota Has Exceeded The Set Quota/Limit Which Is

20GB.

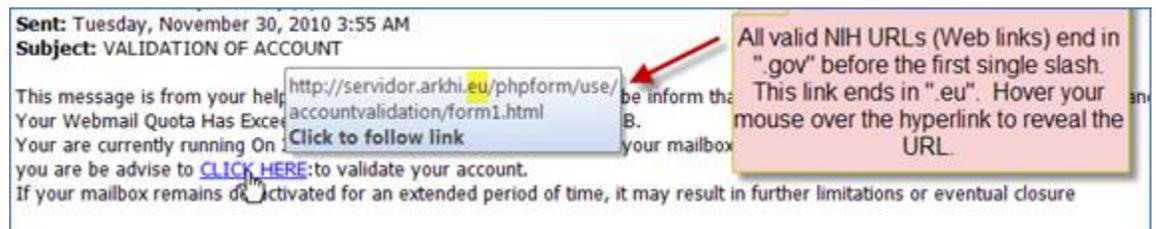
You are currently running On 23GB due to hidden files and folder On your mailbox.

you are be advise to [CLICK HERE](#):to validate your account.

If your mailbox remains de-activated for an extended period of time, it may result in further limitations or eventual closure

Red Flags users might have noticed:

- The NIH IT Service Desk would NEVER ASK you for your computer or email password by email for ANY REASON.
- Legitimate NIH emails will never ask you to click on an agency link that is not a ".gov" site to supply/validate account information. If a user had hovered their mouse over the link (without clicking), they would have seen an unfamiliar link with a destination in Europe. See the image below:



- If a website is asking you to enter sensitive information, the site address should begin with "https:" - the "s" at the end is for "secure". Under any circumstances, do not enter NIH password or login information unless the secure site also ends in ".gov" (before the first single "/").
- This email appeared to come from an NIH employee from a particular IC so it should be suspicious because an employee (especially from a different IC) would not be responsible for maintaining quotas for your mailbox. Notice that there is also no signature line for this sender to provide further identification.
- You are asked to "validate account information" – this is the big flag of someone trying to steal your account information. NIH personnel will never ask you to validate or update account information by email.
- The message suggests urgency, i.e., do this "now" or you could experience "further limitations and eventual closure".
- Incorrect grammar and spelling. If it looks fishy, it's probably *phish*.

How can you protect yourself from phishing attempts?

- If you recognize a phishing email—just delete it.

- If an unknown individual claims to be from a legitimate organization, try to verify the identity directly with the organization. Don't use links from the email to "look-up" contact information.
- Don't reveal any personal information or information about your organization, unless you are certain of a person's authority to have the information.
- If you receive an email that you're unsure of, please contact the [NIH IT Service Desk](#) or your [Information Systems Security Officer](#) (ISSO).
- Continue to educate yourself on the tactics that authors of phishing emails use. There are lots of resources available to you, including:
 - "Avoiding Social Engineering and Phishing Attacks" at <http://www.us-cert.gov/cas/tips/ST04-014.html>
 - "How to recognize phishing e-mails or links" at <http://www.microsoft.com/protect/fraud/phishing/symptoms.aspx>.
 - The [MAILFRONTIER™ Field Guide to Phishing™](#) describes different types of phishing attacks and how to recognize them.

Most Efficient Way to Order Lab Tests

When placing laboratory orders in CRIS, in order to collect the minimum volume of blood possible, to maximize testing efficiency and to minimize the possibility of missing desired tests, it is extremely important to place all orders in CRIS under one submission. If more tests are being requested in addition to those on a Protocol Order Set, when the requests from the Order Set have been completed, immediately add any additional requests before selecting "submit" in CRIS. If you believe that too many labels have been generated for a particular draw, the most appropriate action is to discontinue/cancel and reorder the entire order. This will insure that excess blood collection and duplicate testing does not occur.

Continuous IV Documentation on the Worklist Manager

Some patients are being discharged with an active IV order and without documentation on the worklist to note that the IV was stopped. Example: medications that are administered over time: IV's, TPN, drips, PCA, etc. Continuous tasks appear as a solid cyan colored bar starting on the request or start date of the order. The solid cyan bar continues to show either until the stop after date/time, until the order is discontinued, or for the time in advance that tasks are generated if there is no stop date/time.

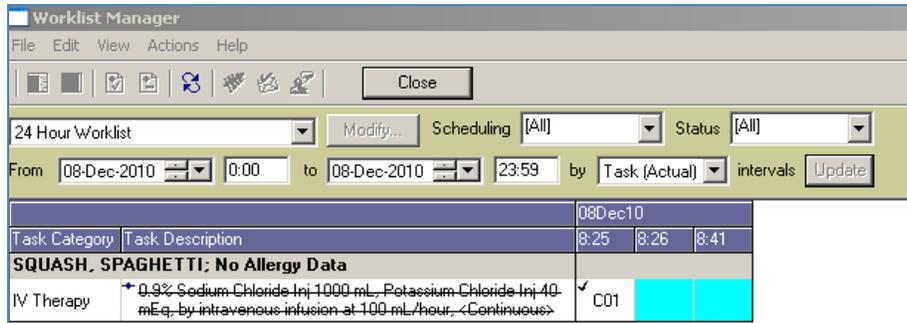
When you mark a continuous task as done, the bar disappears up to the documented time, and a Performed icon appears in that time cell.

If the order is still active, the cyan blue bar continues. Because the medication is administered over time, the time that the infusion is discontinued must also be

documented. This time must coincide with the time the order is discontinued, either automatically or manually. If not, the task is never complete.

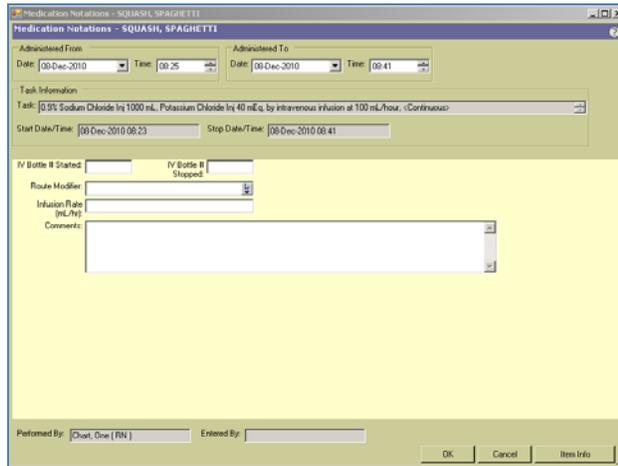
How to document an IV or infusion has been discontinued:

1. Verify that the order to discontinue the IV has been entered in CRIS.
2. Select the **Worklist Manager**.
3. Select the last cyan time cell for the desired IV.
4. Right click and select Mark as Done.

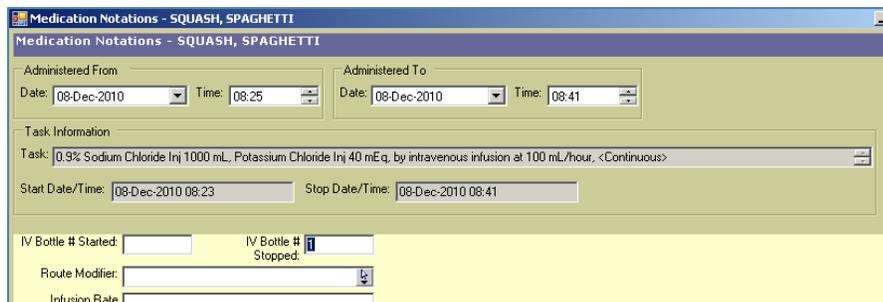


The **Medications Notations** dialog window will display.

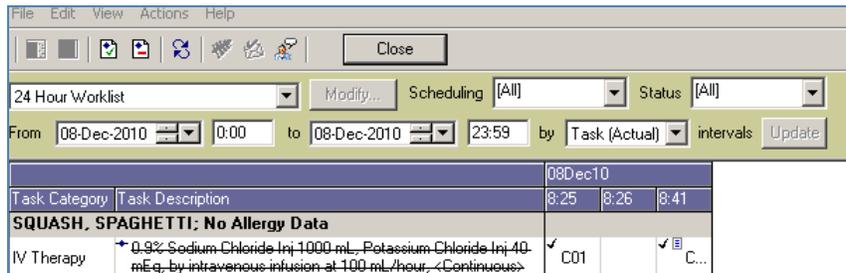
5. Change the time in the **Administered To** field to the actual time the IV was stopped.ime.



6. Complete the **IV Bottle # Stopped** field. Complete the remaining appropriate fields.



7. Click **OK**.
8. Notice the cyan bar no longer displays.



Advanced CRIS Training Class – Beyond the Basics

DCRI will begin offering an Advanced CRIS Training course. This optional class is designed for current CRIS users and will provide an opportunity to learn additional CRIS skills, reinforce current knowledge, and offer hands on practice. Core as well as optional topics will be included in a didactic classroom setting. Users will learn how to customize views (preference filters), create patient lists, print reports, and document in the Signature Manager. Participants will explore some of the expansive system capabilities of CRIS.

The first class offering is scheduled for January 10, 2010 from 1p-3p. Register at <http://training.cit.nih.gov/>.

CRIS Booth

Thanks to those who stopped by the CRIS Booth on December 8th. This event provided users an opportunity to ask questions and find out 'what's new' with CRIS. Topics focused on the copy forward and modify template as it relates to documenting medications/herbals and provided barcoding update.

For more details, see:

http://cris.cc.nih.gov/cristraining/documents/Medications_Herbal_Admit_Encounter.pdf

http://cris.cc.nih.gov/cristraining/documents/barcode_print_labels_pair_pda_printer.pdf