

NIH Clinical Center CIO Newsletter

January 2007

13th Edition

This is the thirteenth 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, a PDF version is attached that can be printed. I look forward to receiving your comments or suggestions at:

CIOnewsletter@cc.nih.gov.

Topics of the Month

- CRIS Upgrade: Version 4.5
- Conversion of Hard-Copy Medical Record Forms
- CIO Remarks
- Type & Screen Order Change
- Security Update: New Blackberry Policy
- Micromedex Upgrade
- New Ambulatory Care Summary View
- Requesting Changes to Patients' Protocol Assignments in CRIS
- ProSolv Goes Live!
- User Training

CRIS Upgrade to Version 4.5:

The upgrade to CRIS from version 4.0 to 4.5 is scheduled for March 10, 2007. There will be some minor changes viewable after the upgrade and new functionality will be added after the activation through releases that occur every two weeks. The new options will not require additional classroom training. Information will be disseminated through Quick Updates and flyers sent directly to CRIS users.

Medical Record Forms Conversion:

As reported in previous editions, The Medical Record Committee, in conjunction with The MEC-IT Subcommittee, approved converting select manual medical record forms, currently used for clinical documentation, into the CRIS. Of the 50 manual medical record forms that will be phased out over the next year approximately 16 have already been reviewed, revised and/or implemented in CRIS. The new on-line forms will be used by clinical staff to enter and view patient information and to provide a more comprehensive electronic medical record.

Phase III and IV of the MRD Forms Project is currently underway with a review of numerous documents to include several progress type notes. For more information on the documents under review go to the CRIS Website at: <http://cris.cc.nih.gov>

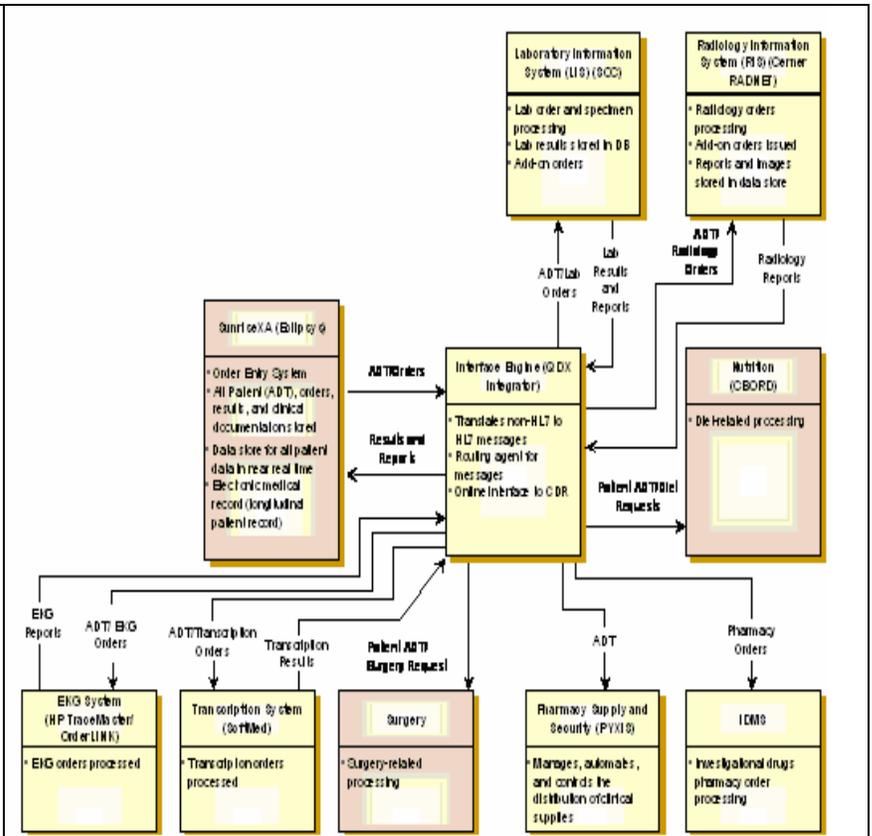
CIO Remarks:

The overarching principal of MIS, and now CRIS, is user access to patient care related data via one system. Appropriate members of the clinical staff enter orders, review patient demographics, review results, enter clinical documentation and review transcribed reports through CRIS. The use of powerful interfaces are the key components, which allow users central access to data from multiple sources. The NIH Clinical Center hosts numerous information systems that support individual departments and functions, many of which derive data from CRIS and provide data to CRIS through interfaces.

Unidirectional interfaces are used to send ADT and Orders to Ancillary Systems. For instance, diet orders and patient admissions, transfers and allergies are sent from SCM to CBORD when diet orders are placed and patient data is changed.

Bi-directional interfaces are used to support the flow of data between CRIS and the other Ancillary Systems. For the Radiology Information System (RIS) orders and patient data are sent from CRIS and results are reported back to CRIS.

We will continue to interface new, as well as existing ancillary systems with CRIS. Please review the **Prosolv Goes Live! Section** below to read about the latest system to be interfaced with CRIS.



Type & Screen Order Change:

There was a change to the Type & Screen Order and also to the order forms for Red and White Blood Cell Products the week of 1/9/07. A new field now automatically displays current type and screen results from the preceding 4 days when the order form is opened. Results dated beyond that point will not appear on the order form.

The advantages include immediate information when there is a current Type and Screen Result on the patient, its expiration, and the ABO/Rh Type and Antibody Screen status. It is hoped there will be a reduction in the number of duplicate orders for Type & Screen since immediate feedback will be provided if an order has been placed previously.

IMPORTANT: There is a processing delay between the time a sample for Type & Screen is sent to the lab and results are posted in CRIS. Prior to posting, new results will not appear on the order forms. When in doubt, or for a newly admitted patient, please remember to check for active Type & Screen Orders in CRIS, or contact DTM regarding the test status before requesting blood products.

Security Update: New Blackberry Policy

On Wednesday, January 17, 2007, NIH CIT pushed new security requirements to NIH Blackberry devices. These security enhancements require use of a password, with a minimum of six (6) characters, to access your Blackberry and implement an automatic timeout after 30 minutes of inactivity.

Since the new policy was pushed out, many staff members have reported they have been entering and reentering passwords continuously throughout the workday.

TIP: Check the timeout default (Security Timeout Option) on the Blackberry device to make sure it is set to the maximum 30 minutes allowed. Instructions are located at: http://kb.cit.nih.gov/ww2_record_cit.asp?id=4708

TIP: Consider disabling the feature “Lock Handheld upon Holstering” within the Security Option Settings. This feature allows a Blackberry user to set the device to lock when it is put into the holster, thus requiring the password to be entered when it is removed from the holster.

KEY STORE PASSWORD

Some blackberry users have contacted CIT regarding a “Key Store” password prompt. This password is unrelated to the security timeout on the device and is a separate password and function altogether. If you are having difficulty with this issue, it is best to contact the NIH Help Desk for assistance.

WHAT NEW POLICY?

If your Blackberry did not receive the new password policy, CIT is aware of the problem and is currently working on a resolution.

If you have any questions or need assistance, please contact the NIH Help Desk: <http://ithelpdesk.nih.gov/>. Click on “Submit Service Request” under the “Need Help?” Section or call 301-496-4357, 866-319-4357 (toll free) or 301-496-8294 (TTY).

Micromedex Upgrade:

The NIH Clinical Center is upgrading to the latest web-based version of Micromedex, which offers access to the most current drug information available. The clinical content will be the same, though the screen presentation will be changing slightly.

CRIS provides links to drug information topics within Micromedex via the “Item Info” button found on order entry screens. **Figures 1 and 2** below show how the new Micromedex information will appear.

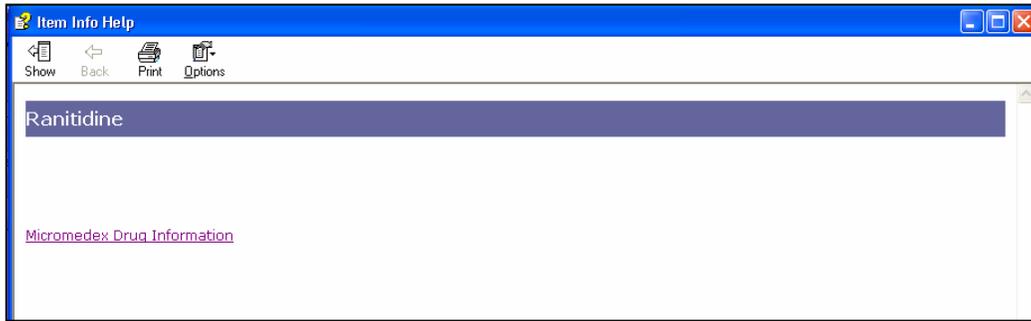


Figure 1: Display of Item Info window for Ranitidine with the new link to Micromedex after selecting the "Item Info" button.

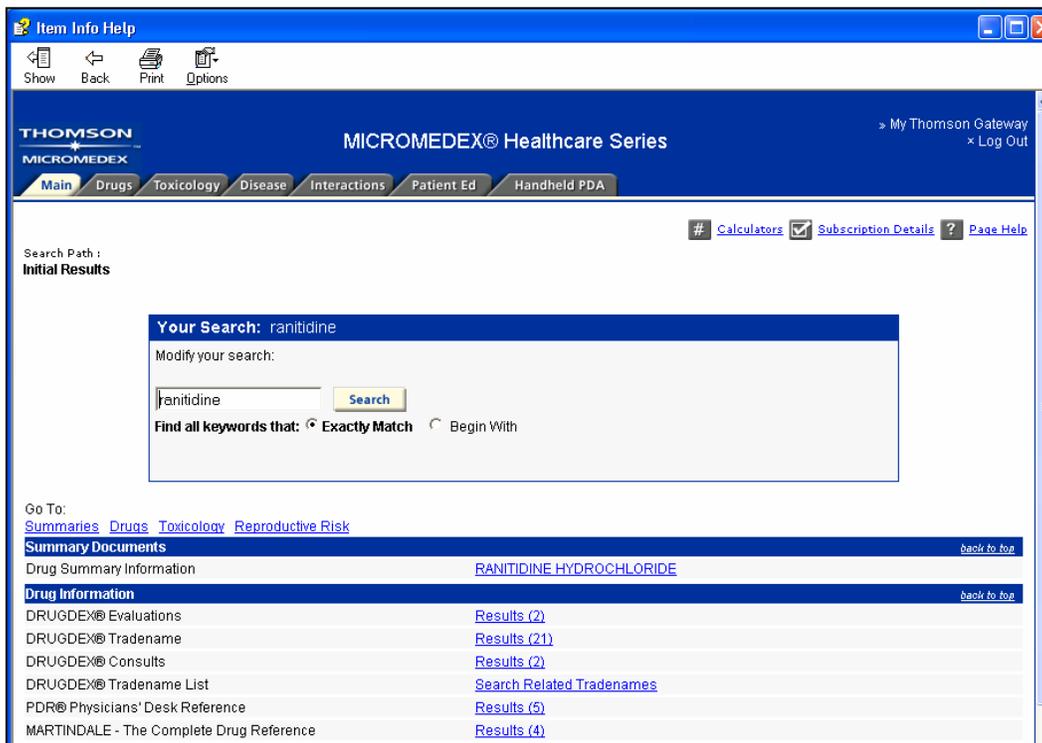


Figure 2: The new Micromedex display in the Item Info window after selecting the Micromedex link.

Drug information will appear in a user-friendly display, which shows the categorical matches by each available database, and also allows the flexibility to jump to other clinical Micromedex tools. An index of all Micromedex topics can be viewed at any time by selecting the Show/Hide button in the upper left corner of the window.

New Ambulatory Care View on the CRIS Clinical Summary:

A new **Ambulatory Care View** on the **Clinical Summary** tab was developed in CRIS and released on November 6, 2006. This view includes quick access to allergies, medications/herbals, and the patient problem list.

The screenshot displays the Sunrise Clinical Manager interface for patient NIHCCTEST, PATIENTBP MIS. The patient's information includes age (27y), gender (Female), and DOB (1980Jan01). The 'Clinical Summary' tab is selected, and the 'View' dropdown is set to 'Ambulatory Care View'. The interface shows three main sections: Allergies, Medications-Herbals on Admit-Encounter, and Problems.

Allergen	Type	Reaction	Description	Value	Last Date
acetaminophen	Drug	Diarrhea		Digoxin .125mg, Daily in AM; IM; This...	11/17/2006 13:37
codeine	Drug	Dizziness			11/17/2006 13:37
terfenadine derivatives	Drug Category	Chills	test-description		
Latex or rubber	Environmental	Bleeding risk	Test		
Other	Other	Bleeding risk	test		
BHT	Food	Anaphylaxis			
Dairy	Food	Diarrhea			
Chocolate	Food	Facial swelling			
Wheat	Food	Skin redness			
Red dye	Food	Bleeding risk	test		

Item	Value	Last Date
1st ADL/ADL Problem:	test	07/24/2006 21:49
	Ongoing	05/24/2006 11:15
1st Cardiovascular Problem	test	05/19/2006 10:10
	Identified	05/19/2006 10:10
	Ongoing	05/19/2006 10:14
2nd Spiritual Problem	test	05/19/2006 10:10
	Identified	05/19/2006 10:10

Figure 1: Clinical Summary Tab – Ambulatory Care View

Several Clinical Summary views already exist in CRIS to provide quick access to information about patients. These include:

- Ambulatory Care View
 - This is a **New** view illustrated above. Main feature is quick access to allergies, medications/herbals, and the patient problem list.
- Interdisciplinary Care View
 - Main feature is the Patient Problem List and discipline specific documentation.
- Nursing View
 - Includes Allergies, Significant Events, Patient Fall Risk Level, I&O totals, Comments, Current Vital Signs and a Vital Signs Graph.
- Nutrition View
 - Includes Nutrition documents and other critical patient information.
- Pre-Procedure View
 - The purpose of this view is to provide procedure areas with a single page, quick overview of the patient's documentation and critical information relative to their current status. Also includes quick access to allergies, lab results, vital signs, documentation on venous access devices, and orders.
- Prescriber View
 - Contains critical patient information and graphic display of vital signs and lab work.
- Respiratory Care View
 - Includes Respiratory documents and other critical patient information.
- Social Work View
 - Includes Social Work documents and other critical patient information.

To access any of these “views” in CRIS:

- Select your patient
- Click on the Clinical Summary Tab
- Find the View option on the left of the screen
- Click on the down arrow to show the View menu items
- Select the view you want to display
- The overall Date/Time Interval for how patient information displays is pre-defined based on the view you are using. To change the Date/Time Interval, use the down arrow in the second View field to select a different time interval from the displayed list.

For more information on how to use the Clinical Summary Tab see Chapter 9, View User Documentation of the CRIS User Manual at:

http://cris.cc.nih.gov/procedures/cris_user_manual.html

Requesting Changes to Patients’ Protocol Assignments in CRIS

Patients’ active protocol assignments, a historical record of their protocol assignments, and the status of corresponding protocol consent documents can be found in the **Health Issues** section of the **Patient Info** tab in CRIS.

There is currently a mechanism available in CRIS for authorized users to enter a protocol change service requisition. While this doesn’t immediately update the protocol(s), it does

The screenshot shows the 'Order Entry Worksheet' window for a patient named 'AAAANIHFAPATIENT, DEFAULT'. The interface includes fields for 'Allergies' (No active allergies on record), 'Requested By' (Me/Other), 'Date', 'Time', 'Session Type' (Today Outpt/Current Inpt), and 'Reason'. A tree view on the left shows protocol categories like 'CC', 'NCCAM', 'NEI', 'NHGRI', 'NHLBI', 'NIA', 'NIAAA', 'NIAID', and 'NIAMS'. The main area displays a list of protocol assignments with descriptions, such as 'CC: Change Protocol Assignment' and 'NCCAM: Change Protocol Assignment'. A right-hand sidebar contains buttons for 'Add...', 'View...', 'Item Info...', 'Message...', 'Edit...', 'Delete', 'Copy...', 'Add Specimen...', 'Indication...', and 'Mark as Done'. At the bottom are 'Submit', 'Hide Worksheet', 'Cancel', and 'Help' buttons.

immediately generate a service request in the Medical Record Department indicating that an action is required to update the patient’s protocol assignment(s).

The **Change Protocol Assignment** service requisition may be utilized to add a patient to a protocol, remove a patient from a protocol, and/or change a patient’s primary protocol assignment (the protocol associated with orders NOT on a specific protocol order set).

Effective **January 29, 2007**, access to this CRIS service requisition will be expanded to all CRIS users.

Any questions regarding this service requisition, specific training needs related to utilizing this service requisition and/or questions related to patients’ protocol assignments in CRIS may be directed to **Tricia Coffey** in the **Medical Record Department** (301-496-2292).

ProSolv Goes Live!

A new interface between **ProSolv** (NHLBI: Cardiology Branch) and CRIS was activated on **Tuesday, January 23, 2007**. This enhancement will allow some exercise study results to be viewed under the **Results Tab** in CRIS. The interface is a continuation of an ongoing effort in DCRI to automatically bring additional data from other clinical systems into CRIS.

Results for the following study (performed by NHLBI) will be available in CRIS as an Exercise Report once the study has been analyzed: **Supine Bike Stress Test Treadmill Stress Test (ETT)**.

Please be aware that starting on January 23, 2007 there will be a new order in CRIS called **Supine Bike Stress Test**. When placing an order for a Stress Echocardiogram, a **Supine Bike Stress Test** must also be ordered so that results from both studies will appear in CRIS. The **Cardiology Stress Tests Order Set** may be used to order both studies at the same time.

Synonyms for **Supine Bike Stress Test**:

- Bike Stress Test, Supine
- Bicycle Stress Test
- Stress Test, Supine Bike

Synonyms for **Cardiology Stress Tests** (set):

- Echo & Bike Stress Tests
- Stress Tests, Cardiology
- Supine Bike & Stress Echo Tests

NHLBI will submit new **Supine Bike Stress Test** Orders for all Stress Echocardiogram Orders that were placed prior to January 23, 2007 and scheduled after that date. To aid in this process, please do not enter any additional future orders dated after January 22 until the new order form is available.

If you have any questions about the new orders or ProSolv, please contact Mr. Kevin Smith in the **Cardiology Branch at (301) 496-6239**. If you have any issues with the interface, please contact the **CRIS Support Desk at 301-496-8400**.

User Training:

Saving Trees with Dual Monitor Technology for CRIS training

New technology has arrived in the DCRI classroom! The training center is now equipped with dual monitors which allow students the ability to view practice exercise instructions on a monitor instead of using bulky notebooks during CRIS training classes. These improvements also allow CRIS instructors to make timely updates to training materials, reduce printing, and save trees.

CRIS Training for Spring Semester 2007

The **NEW Spring 2007 CRIS Training** Schedule will be available on-line starting in February and runs through July 13, 2007. New staff can enroll for CRIS training through the CIT training website (<http://training.cit.nih.gov>).

Summer Fellow Training

Additional CRIS Prescriber Classes are offered during the summer to accommodate incoming fellows. New physicians and other new prescribers should complete all paperwork and authorization requirements in advance of CRIS training through the Office of Credentialing Services (301 496-5937) to ensure availability of a CRIS access code at the completion of training. When scheduling CRIS training for new hires, please go to the CIT training website (<http://training.cit.nih.gov>) and sign up for the CRIS Prescriber Course or an Open Course.

Course descriptions, their dates and times offered are listed at the CIT training website. Call CRIS Support at 301-496-8400 or contact CIT Help Desk at 301-594-6248 to register or ask questions about what CRIS classes to take.