

NIH Clinical Center CIO Newsletter

July 2009

44th Edition

This is the forty-fourth 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

- CIO Remarks
- New CRIS Logon Process Coming
- Suggestion Box Update
- Releasing Hold Orders in CRIS
- Privacy & Security
- Progress Note Changes
- Patient Header Addition
- CRIS Training & User Support

CIO Remarks

The Department of Clinical Research Informatics (DCRI) and the Medical Record Department (MRD) invite you to attend an informational session about the use of a new secure email service. Effective September, 2009 a new service will be available for NIH health care providers and other authorized NIH staff to electronically communicate in a secure manner with patients. The session will include a review of the new secure email policy, a demonstration of the medical secure email system, and an overview of the process for subscribing to the service.

The session will take place at 12 p.m. in the Lipsett Amphitheater in Building 10 on Tuesday, August 18. All are welcome to attend to learn more about this important new service.

New CRIS Logon Process Coming

In September 2009, the Department of Clinical Research Informatics (DCRI) plans to implement new software that will affect the way **ALL** Clinical Research Information System (CRIS) users access/log into CRIS. The new way to log into CRIS(SCM) will be by using one's NIH domain user name and password.

On the patient care unit SCD and WOW machines, users will access CRIS(SCM) by simply selecting the CRIS icon and signing on to the Sunrise screen with their NIH domain user name and password. On the Sunrays, users will first sign into Citrix and then into CRIS(SCM) using their NIH domain user name and password both times.

To access CRIS(SCM) via Citrix/CC Casper (<https://cccasper.cc.nih.gov>), one must log into Citrix/CC Casper first and then select the CRIS icon to launch the CRIS application. The CRIS Access Only link will no longer display on the Citrix/CC Casper home site.

In summary:

1. To access CRIS(SCM), you will have ONLY ONE user name and password, your NIH domain username and password.
2. You will need to log into Citrix/ CC Casper **first** before you can access CRIS(SCM).

Preparation for implementation

How to best prepare for the implementation of the new software which is called Eclipsys Security Services (ESS):

1. Register now for the IForgotMyPassword program. SCM (CRIS) users will access and sign into CRIS by using their NIH User Name and Password after ESS is installed. It is important that CRIS users prepare for the upcoming ESS by registering now for the I Forgot My Password service through CIT at <https://iforgotmypassword.nih.gov/aims/ps/>. Registering will allow you 24/7 capability to reset your NIH network account password (which will be needed to access CRIS!) and unlock your account yourself without having to contact the CIT helpdesk. Register now so that you can gain access if you forget your password or become locked out of your NIH network account. Additional information about the I Forgot My Password program can be found <http://datacenter.cit.nih.gov/interface/interface236/iforgotmypw.html> or [I Forgot My Password program](#)
2. All workstations will need to be registered prior to implementation of this software. DCRI is in the process of registering workstations now. After implementation if you find that your workstation is not registered, you may call CRIS Support at 301 496-8400 and provide them with your workstation name. To determine the name of your workstation, please see the link [How to Locate a Workstation Name](#).
3. There are some users that currently have a CRIS user name that differs from their NIH domain username. Please be aware that once the new software is implemented, users will NO longer use their current CRIS Sunrise username (or CRIS Sunrise password) to log on to CRIS.

Feel free to contact Judy Wight at wightj@cc.nih.gov with any questions or concerns.

Suggestion Box Update

The Department of Clinical Research Informatics (DCRI) deployed the new CRIS-Sunrise Suggestion Box feature on June 24, 2009, and is pleased to announce that it has yielded a myriad of helpful suggestions from the user community.

DCRI had a special collaborative meeting on July 7, 2009 to review the suggestion box comments we had received, evaluate each suggestion for implementation feasibility, and identify the appropriate next steps involved in facilitating the change process. If a suggestion was determined to not be feasible at this time, DCRI explored if other referral options exist in order to present these ideas as possible future enhancements to be considered to the CRIS. DCRI has continued to evaluate each suggestion received on an on-going basis to determine if the request can be implemented to enhance the users experience with CRIS-Sunrise.

The following summary represents a brief break down of the types of categories that DCRI has received for the 71 total suggestions to date:

Further Education and Training provided: 9 CRIS users
Request Submitted for DCRI Change Management Approval: 6
Immediate Fixes provided: 5
Suggestions that were already on the DCRI "To-Do List": 4
System Enhancement Requests submitted to Vendor: 6
Referrals to other areas for analysis (Medical Records, Remedy, CIT, etc.): 24
Suggestions not presently feasible: 4
Further Analysis/Evaluation still pending: 13

DCRI would like to remind CRIS users that the Suggestion Box is not continuously monitored and all immediate needs or any patient care safety related issues should be reported to the CRIS User Support line at 301-496-8400. The intent of the Suggestion Box is to provide a mechanism for CRIS users to suggest ways to enhance their experience with the system.

Thanks for helping to make CRIS better!

Releasing Hold Orders In CRIS

Today there is a new alert in CRIS to improve patient safety by implementing Clinical Center policy M04-. This alert will notify users if the orders they are attempting to release are over a year old. In that case, the order will have to be discontinued and a new order placed to ensure that the orders are still clinically valid.

From [M041\(rev.\)](#) Medical Orders in the Clinical Center

“Duration of Orders

The following specifies the allowable timeframes to place orders, as well as timeframes for discontinuing orders that have not been executed within the acceptable periods for completion:

1. Orders for diagnostic and therapeutic clinical services including, but not limited to, Imaging Sciences, Laboratory Medicine, Rehabilitation Medicine, Respiratory Therapy, Nutrition, Transfusion Medicine, and Social Work, may be placed for future execution up to one year in advance of the order entry date in CRIS. Medication orders may be placed for execution up to 90 days in advance of the order entry date in CRIS. “

The alert will display as seen below:

Alert Detail - DCRITEST, INPAT3 NMN - CBC + Diff

Alert Summary

Acknowledged	Viewed	Alert	Priority	Type	Comment	Scope
✓	✓	Orders Cannot be Released	HIGH	WARNING		Chart

Alert:

Message:

This order is greater than a year old and cannot be released. Please discontinue this order and re-enter if desired.

Per Clinical Center policy (M04-1), an order placed on hold **cannot be released from hold more than a year** after the date for which they were placed.

Acknowledgement Comment:

Acknowledge when seen

Alert 1 of 1

To continue with the CBC + Diff unchanged click Proceed.

To return to the CBC + Diff and discard alerts click Go Back.

Privacy & Security

The DCRI Security and Privacy team welcomes Victoria Ames, new Alternate ISSO. Vicky started on July 19th. Her primary responsibility will be the FISMA certification & accreditation (CA) program for all CC IT systems. She will be located at Dem 2, Suite 950. Vicky holds the Certified Information Systems Security Professional (CISSP) and SANS GIAC Security Essentials Certification (GSEC) certifications. Her most recent IT security background includes performing vulnerability assessments and penetration testing for PatchAdvisor, Inc., and developing the technical security architecture and CA program as the ISSO for NIH ORS. Vicky brings experience in network and system security from several organizations, further expanding the Security and Privacy team's ability to advise and support CC and DCRI technical staff on security issues

Reporting IT Equipment Loss.

There seems to be some confusion on what steps must be taken in the event of lost or stolen IT equipment. Hopefully this article will shed some light on what actions must be taken by the user of the device. These steps are taken from the NIH Initial Configuration Policy – http://ocio.nih.gov/nihsecurity/NIH_Initial_Security_Configuration_Policy.doc, and the CC Issuance and Management of PDAs and Cell Phones <http://internal.cc.nih.gov/AdminPolicies/pdf/Issuance%20and%20Management%20of%20PDAs%20and%20Cell%20Phones%204-28-09.pdf>

The policies states that once you discover a piece of NIH-issued IT equipment is missing, whether it's lost or stolen – you must notify the NIH Help desk **within one hour** at 301-496-4357 – that is a 24x7 phone number. You must also notify your supervisor or contracting official, CC ISSO (NIHCCISSO@nih.gov) and your AO. Additionally, if you suspect that the device was stolen – you must notify the police. If it was on campus – the NIH Police can be reached at 301 496-2387, after hours 301 496-5685. If it occurred off campus, call the local police and ask for a copy of the police report – you will need that when you fill out the report for property. When you talk to the NIH Help desk, inform them if there was personally identifiable information (PII) or sensitive NIH data on the device.

After the device has been reported to the NIH help desk you need to contact your department's property person and your AO so the device can be removed from inventory. You will need submit HHS Form 342 "Report of Survey" which is available from your AO who will help you fill it out. The HHS 342 along with a copy of the Police Report must be submitted to the Clinical Center Property Section. Once both are received, the lost/stolen device will be removed from the department active inventory. The HHS 342 "Report of Survey" will not be accepted without the Police Report. At a later date the HHS 342 "Report of Survey" will be submitted to the CC Board of Survey for a disposition hearing surrounding the circumstances regarding the lost/stolen property.

If the device was a blackberry or cell phone, you also have the responsibility to call the service provider and have the service suspended because it was lost or stolen. Those numbers are:

Sprint – 888-788-4727

Verizon 800-922-0204

T-Mobile 800-375-1126

AT&T 800-331-0500

You must also notify the DCRI Blackberry POC at ccblackberryrequest@mail.nih.gov

Your department will be responsible for the replacement cost for the new Blackberry and cell phone.

To help you with this process, NIH has created wallet size cards that you can carry that contain some of the steps. Those cards will be distributed to those with Blackberries, PDA and laptops.

Progress Note Changes

There are several changes happening this week with Documents. If you are using the **Progress Note – Standard SOAP** for outpatients, you can now select the Modify Template button at the top of the document screen and add a section that will pull in Outpatient/Take Home Medications. These will be the active medications ordered in a Take Home Order Session in the last year.

The **Outpatient First Registration Progress Notes** has a slight makeover with Clinical Diagnoses and Current Medications renamed with consecutive numbers to produce a list in the final document. In addition the size of each Clinical Diagnosis box has been tripled. Four observations – Visit Date, Assessment, Plan, and Follow Up Appointment – are now mandatory in keeping with MRD policy. Under Tests/Procedures there is a new option to select a statement that “No tests or procedures were performed during this visit.”

After last week’s upgrade, we have the option to reduce some of the white space in the documents. The Outpatient First Registration Progress Notes is one of the first documents to be modified in this way.

Patient Header Addition

The right side of the Patient Header will now display the patient’s level of risk for falls and the date the risk was last assessed by a nurse.

9y1m (06/07/2000) Male
Prot: 91-CC-0117 DOB:2000Jun07
Falls: **Low Risk** (08/04/2009)

Training Update

1. Secure Electronic Communication Update

Coming Soon:

In the near future, patients or a legally authorized representative of a patient may request to communicate with their health care provider/other authorized NIH staff via secure email. To support this activity, there will be a policy, procedure, and process in place for the sharing of Personally Identifiable Information (PII) via secure email. The goal of secure electronic mail (email) communication between NIH Health Care Providers and Patient will be to assist staff with communication in a secure manner. Once implemented, Medical Secure Email will be the only approved method of communicating electronically with your patient.

The Medical Records Department (MRD) will have access to viewing all and any messages. Clinically relevant information contained in the email messages will become part of the patient's medical record.

More details will be communicated when they become available.

2. Documents Tab – Use Filters to Locate Documents

There is a new reference handout to assist with navigating the **Documents Tab** and locating documents using filter settings. See **How to Locate and Preview Documents** at http://cris.cc.nih.gov/cristraining/documents/Locate_Preview_Documents.pdf

In addition, DCRI nurse analysts conducted informal training rounds on patient care areas beginning July 17th for approximately two weeks.

3. Prescriber CRIS Online Training

Credentialed Prescribers have two options for completing CRIS training. They may train online OR attend an instructor led live class in the DCRI classroom.

- For online training, please see:
http://cris.cc.nih.gov/prescribers/CRIS_Training_Instructions_Prescriber_Online_3_31_08_Final.pdf

Online CRIS training may be completed prior to the prescriber entering on duty at NIH. Email instructions are sent to prescribers explaining the online training process.

- For instructor led live training classes, please register for the CRIS Open Class #283/Prescriber Section at:
<http://training.cit.nih.gov/coursepicfull.asp?cnumber=283&term=09S>

4. Entering Orders for Specimens for OP Phlebotomy Draw

Just a reminder about the process for OP Phlebotomy lab draws.

- All specimen collection orders scheduled for OP Phlebotomy draw must be entered in CRIS using the **Future Output/Preadmit** session type. This places the order in a hold status for activation and the order can then be released at a future time and/or date when the order is to be carried out.
- The **Reason** field must include the date of visit. This field communicates when and which orders are to be released.
- The **Specimen Collection/Label Printing Site** field should be left *blank*.

See below example:

The screenshot shows the 'Order Entry Worksheet' for patient NIHCCTEST, PATIENTEE AAE. The session type is 'Future Output/Pre-Admit'. The 'Reason' field is highlighted with a red box and contains the text 'Draw on 8/20/09 Visit'. The 'Allergies' field lists: Drug: 5-HTP, acetaminophen, Arthrotec, aspirin; Food: Alcohol, Wine, Cheese, Coffee, Nuts Tree and Peanut. The 'Requested By' field is set to 'Me'. The 'Date' field is set to 8/20/09. The 'Time' field is empty. The 'Manual Entry' dropdown is set to 'Manual Entry'. The 'Searching for...' field is empty. The 'Order' list shows 'CBC' with a cost of 0.00. The 'CBC' order is expanded, showing the following options:

- CBC + Diff
Please order only one diff per day.
- CBC + Diff, Pheresis Bag
- CBC + WBC Differential Count (CBC + Diff)
Please order only one diff per day.
- CBC_ (CBC + Diff, Pheresis Bag)

The 'Draw on 8/20/09 Visit' checkbox is checked. The 'Submit Order(s) for NIHCCTEST, PATIENTEE AAE...' button is visible at the bottom.

CBC - NIHCTEST, PATIENTBMC MIS

Order: CBC Order ID: 001292YXL

Requested By: Briguglio, Claudia Template Name:

Messages: This test does not include a Differential.

Allocate Order to Protocol: *

Conditional Order: Max # of activations:

Requested Collection Priority: Routine Reason for STAT or Priority Request:

Collect Specimen On: 07/14/2009

Requested Result Priority: Routine (4 hours)

Alternate Printing Note: Specimen collection and label printing will occur at the patient's registered clinic/unit location

Specimen Collection/Label Printing Site: *Leave this field blank.*

Blinded:

Special Instructions:

5. Printer Selection

In response to one of the DCRI suggestion box requests, the printers have been slightly renamed.

When selecting a printer with a single digit number (1-9), add a space before the number. For example, when choosing the OP 3 unit printer, type 'OP', then hit the space bar, followed by the single digit printer number, '3'. This takes the user immediately to the OP 3 Unit Printer.

For selecting printers with a two digit number (10-99), type 'OP10' (*without* adding a space between OP and the two digit number). This takes the user immediately to the OP10 Unit Printer.

For questions, feel free to call CRIS Support 301-496-8400.