

NIH Clinical Center CIO Newsletter

March 2009

40th Edition

This is the fortieth 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/dcrl>.

Topics of the Month

- CIO Remarks
- Barcode Identification System
- New CRIS Documents
- Appointment & Protocol Tabs
- Omnicell Replaces Pyxis
- Take Home Medication Ordering Changes
- Privacy & Security
- Training

CIO Remarks

During the next month or so, you will receive various communications from the CC Privacy Officer and Information Systems Security Officer regarding mandatory Computer Security and Privacy Awareness Training. And, while we are all very busy, it is very important that CC staff be conscientious in completing the training.

Why is the training important?

An increase in Federal requirements requires NIH to implement and maintain mandatory privacy awareness and computer security training, to foster the adoption of policy to protect personally identifiable information, and to be more proactive with programs for all staff. A failure to establish and maintain strong privacy programs (to include training) could have a significant impact on NIH, to include:

- Embarrassment for the agency as well as civil remedies,
- Loss of confidence in agency's ability to protect personal information,
- Potential loss of identity for those whose records have been compromised,
- Financial ramifications for those affected, and
- Criminal penalties for those who willfully violate the Privacy Act.

Strong support for this mandatory training is vital to be in compliance with Federal requirements *and* to ensure all NIH employees are educated on the importance of privacy issues.

Barcode ID System Serves Patient Care Mission

The latest of the Clinical Center efforts to deliver top-tier patient care will use barcode technology for consistent positive patient identification.

Beginning March 30, 2009, each inpatient wristband features two readable codes: one linear barcode and a two-dimensional barcode. Beginning in the fall of 2009, barcodes will initially be used to enhance specimen collection activity, with plans to integrate them into blood and medication administration processes in the next year. "Our primary goal is a reduction in adverse events associated with misidentification of patients," said Laura Lee special assistant to the deputy director for clinical care and leader of the barcode project.

This first phase of the initiative introduces the new wristbands and patient labels. The blue plastic addressograph plates will no longer be produced. The next step will be to introduce an outpatient wallet identification card with patient picture and bar code.

Before phase two begins next fall, each inpatient unit and the phlebotomy department will be outfitted with a portable workstation with a scanner and a printer. The nurse or technician will scan the barcode on his own badge to identify who is collecting the sample. Then he or she scans the patient's wristband and the necessary labels print immediately at the patient's bedside. The staff member collects the sample and scans the patient's wristband again to complete the process. Documentation of the specimen collection automatically uploads to the Clinical Research Information System through the Laboratory Informatics System.

Elizabeth McNamara of the Laboratory for Informatics Development is working with the Department of Clinical Research Informatics as the barcode project manager; Cheryl Clarke, chief medical technologist in the Department of Laboratory Medicine's hematology service, is the clinical project coordinator. The Barcode Implementation Workgroup has been working on the project for a year, collaborating across departments such as admissions, nursing, laboratory medicine, and transfusion medicine to assure that the initiative comes to fruition as seamlessly as possible.

New CRIS Documents

During March a Mental Status exam was added to the Progress Note – Standard SOAP. If you wish to add it to your template, use the Modify Template button to save it to your template. The following new notes were also added:

- Outpatient First Registration Progress Notes
- First Registration Report – Tissue Sample
- Progress Note – Cardiology SOAP
- Progress Note – Cardiology Free Text

On April 1st, each consult service will have a follow up note in CRIS. These will be found under Consults on the Document Browse. On the Documents tab, they will be found under Prescribers.

Patient List Orders Results Patient Info Summary Documents Flowsheets Clinical Summary Signout Report Appointments Protocol Info

Patient Name: NIHCCTEST, PATIENTE EEE
 MRN: 44-87-81-3
 DOB: 10/10/2000

Protocols:

Active Protocols
 Inactive Protocols
 All Protocols

Type	Code	Status	PI	Onset	Resolved	Recruitment	Protocol Status
Protocol	00-AR-0222	Active	PI: Goldbach-Mansky	2/20/2009	1/1/1900	Active Accrual	Participants currently recruited/enrolled
Protocol	05-AT-0047	Active	PI: Quon	2/5/2009	1/1/1900	Active Followup	Completed Study; data analyses ongoing
Protocol	06-C-0233	Removed	PI: Widemann	1/16/2009	2/2/2009 10:00 PM	Active Accrual	Participants currently recruited/enrolled
Protocol	07-C-0027	Active	PI: Walsh	2/5/2009	1/1/1900	Active Followup	Clinical hold/Recruitment or enrollment suspended
Visit Reason	91-CC-0117	Active	PI: Alter	2/18/2009	1/1/1900	Active Accrual	Participants currently recruited/enrolled

Protocol Description: Studies of the Pathogenesis and Natural History of Arthritis and Related Conditions

Item Details	Protocol Links
Protocol Consents	http://www.cc.nih.gov/protocolconsents/cgi/visitProtocol.pl?00-AR-0222+http://clinicalstudies.info.nih.gov/cgi/detail.cgi+A_2000-AR-0222.html
Protocol Details	http://clinicalstudies.info.nih.gov/cgi/detail.cgi?A_2000-AR-0222.html
PubMed	http://www.ncbi.nlm.nih.gov/sites/entrez?filters=&orig_db=PubMed&db=pubmed&cmd=Search&term=10555018
PubMed	http://www.ncbi.nlm.nih.gov/sites/entrez?filters=&orig_db=PubMed&db=pubmed&cmd=Search&term=2596570
PubMed	http://www.ncbi.nlm.nih.gov/sites/entrez?filters=&orig_db=PubMed&db=pubmed&cmd=Search&term=9856493

Get Links

Omniceil Automated Dispensing Cabinet (ADC) Switchover

As mentioned in the last CIO Newsletter, we will be switching to Omnicell medication ADCs. Configuration and testing is proceeding on schedule to start activation on Monday, April 6th.

A pilot of the Pyxis to Omnicell switchover will take place on 1SW and OP3 on April 6th. All systems will be monitored for two days. On April 8th, if all monitoring is satisfactory, we will begin the rollout of the remainder of the cabinets. The rollout to the patient care units should be complete by Friday April, 17. So, before April 6, if you are a licensed independent practitioner (LIP), please try to discontinue all medication orders that are no longer needed.

Please remember that all Pyxis discrepancies should be resolved prior to the cabinet rollout. The roll out dates will be sent to the Nurse Managers as they are finalized. Please remember to use the Omnicell Super users on your unit as your first resource for questions after go-live.

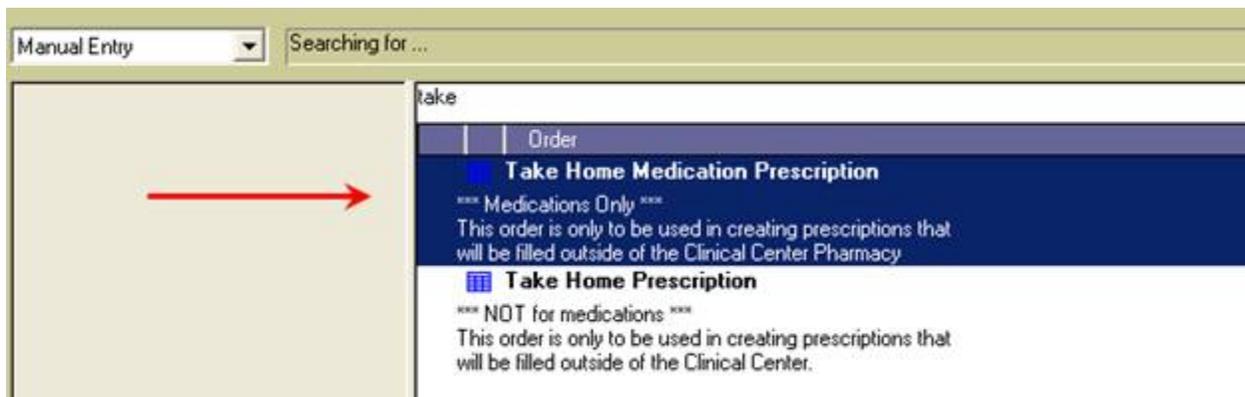
A plan is being finalized for pharmacists to DC/Reorder those medication orders entered before March 25 (when the Omnicell interface was activated) for those drugs that are normally stored in the ADC (e.g. controlled substances). These orders will need to be countersigned by LIPs.

If you have questions about this project, please contact Tina Patel (301-402-7064, patelj@mail.nih.gov) or Barry Goldspiel (301-496-5869, bgoldspiel@nih.gov) in the Pharmacy.

Tamper-Proof Prescriptions Update

Take Home Medication Prescription

Effective April 1, 2009, all Take Home medication orders should be entered using the Formulary and Non-formulary order form pathways. The “**Take Home Medication Prescription**” Blank order form (see picture below) will no longer be available for use.



The **Take Home Prescription** Blank will still be available for placing **Non-Medication** Take Home Orders. This Blank should not be used to prescribe medications. The Take Home Prescription Blank orders will print in the current CRIS location of the Patient.

Review of Take Home Medication Prescriptions to be filled outside of NIH:

All take-home medication prescriptions written as ‘Not Required for Study (NRFS)’ under the “Take Home” session type will print on tamper-resistant paper in the Outpatient Pharmacy with the exception of the Cardozo Clinic.

THINGS TO REMEMBER!

‘Take Home’ session type:

On the ‘Order Entry Worksheet’ make sure you are in the “Take Home” session type.



Placing Medication Orders:

When ordering a medication to be filled at an outside pharmacy:

- Select the Take Home Medications session type.
- Enter drug formulary name and select ‘Not Required for Study (NRFS)’.
- If the drug is a non-formulary item, select the ‘Non Formulary’ order form -then select ‘Not Required for Study (NRFS).’
- All ‘Not Required for Study (NRFS)’prescriptions will print in the Pharmacy on tamper resistant prescription paper with the exception of the Cardozo Clinic.
- Please note, that all controlled substances will be filled by NIH pharmacy including NRFS orders. If a schedule II controlled medication is ordered, a signed order requisition form must be sent to pharmacy before the medication is released to the patient.

Placing Non-Medication Orders:

When ordering a **Non-medication** item such as labs or diabetic supplies to be filled outside of the NIH:

- Under the Take Home Session type, use the 'Take Home Prescription' order form
- These will print at a printer in the patient location in CRIS.

To re-print at the current prescriber location please refer to the CRIS Website Resource Handouts: Printing a Universal Order Requisition on Demand located at the following URL http://cris.cc.nih.gov/cristraining/documents/Printing_a_Universal_Order_Requisition.pdf

If you have any questions please contact CRIS Support at 301 496-8400 and they will direct you to the proper resources.

Privacy & Security

All NIH staff with Active Directory accounts must satisfy annual information security training requirements by June 1, 2009. Training is available at <http://irtsectraining.nih.gov>

If you have completed the entire information security course in the past, you only need to take the 2009 Refresher course. If you are a new employee, you will need to take the Information Security Awareness course. Staff members who take the Full Course in 2009 will automatically receive credit for the Refresher. If you telework and access the NIH using a VPN or Citrix, you will need to take the Securing Remote Computers course.

Users requiring technical support should contact the NIH Help Desk at <http://support.nih.gov>

If you have questions about the Information Security Awareness Program for the Clinical Center, please contact Sue Martin at 301-496-4240 or smartin@cc.nih.gov

Training

At the CRIS Booth, held outside the 2nd floor cafeteria on March 3rd, over 25 CRIS users stopped by to ask questions and provide feedback. This outreach focused on Progress Notes as a result of the recent mandate that all progress note documentation be completed in CRIS effective March 1st, 2009.

Given the increasing volume and added categories of progress notes, DCRI, in conjunction with the Medical Records Department, continues to provide in-service training to those that expressed interest in learning or having a refresher on how to document progress notes.

Reference hands-outs are available on the CRIS website: <http://cris.cc.nih.gov>