

NIH Clinical Center CIO Newsletter

March, 2010

52nd Edition

This is the fifty second 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 in CRIS Sunrise
 - Primary Provider Changes
 - OPUS – New Respiratory Therapy Application
 - New Order for Post Discharge Medical Care
- Security and Privacy
 - Email Reminders
 - Critical Security Updates
- Tips for Using CRIS Sunrise
 - Lab Order Forms
 - New Reference Handout
 - Temporary Location: Lab Label Printing
- CRIS Support
- Information Technology Center (ITC)

CIO Remarks

As of April 1, 2010 all CC Computer Operations are located in the current NIH Clinical Data Center. Over the last 3 months the CC migrated over 400 devices. I would like to thank John Kocher, Dempsey Dunn, Richard Walker, Jason Chan, Jon Thomasberg, Darrell Burnett, Nicole White and Judy Wight for managing both the Data Center and Network Migration over the last 6 months.

In addition a special thanks to Ray Bowen and John Kocher for overseeing the design and building of the Data Center, all of the CC DCRI staff for the hard work in the migrations, all the CC Departments for their cooperation with the migration. and the CC User and CRIS User Communities for all their patience during the process.

Old Data Center



New Data Center



Currently there are approximately 25 active projects being developed by the DCRI Staff. Below is a summary of the major projects being implemented over the next 12 months.

NIH Active Directory Migration	NIH AD Infrastructure change to consolidate all IC Child Domains into NIH Main Domain. This will result in the modification of all CC users, @2000 workstations and @400 servers into the NIH Domain from the CC Domain.
PIV Smart Card Reader	Implementation of Personal Identity Verification (PIV) card readers will help the Clinical Center meet the requirements mandated by the Homeland Security Presidential Directive 12 (HSPD-12). The directive specifically addresses potential problems with employees and contractors using insecure forms of identification to access information systems.
Electronic Critical Care Medicine Department	This will provide device interfaces from the Phillips hemodynamic monitoring system and ventilators to CRIS. Additionally, clinical documentation will be created so that all ICU patient data and assessments will be in CRIS.
LIS Upgrade	Upgrade LIS system to current version. Upgrade is necessary for Barcode project to provide statuses and collection date information to CRIS at time of collection. Project affects SoftLabMic, SoftBank, SoftPath and interfaces.
Link PDF Files within CRIS/SCM	Develop a repeatable process for bringing PDF files into SCM with future additions to be completed by SCRs using the repeatable process. The phases include link to results, link to documentation, and link to images.
Outpatient Pharmacy	The take-home pharmacy budget makes up approximately 60% of the total Pharmacy Department budget. Orders will be entered in CRIS and then sent to the Outpatient Pharmacy system where they will be processed by the Pharmacy Department and provided to the patients. All the data will interface with the DTI system. Procurement in process, 9 months implementation.
Barcode	<u>Lab Specimen Collection</u> Deploy Lab Specimen Collection across inpatient, outpatient and procedure areas. <u>Blood Components Infusion</u> Configure and deploy barcode system for blood component infusion for all clinical areas.
ProVation Endoscopy & Bronchoscopy System	Upgrade the ProVation Endoscopy Bronchoscopy System to include interfaces with CRIS/SCM for ADT, Orders, and Results and links to images.

Primary Provider Changes

On February 25th, ATV and CRIS were updated to contain the new MEC-approved designation of Primary Provider for the provider who is most intimately responsible for the patient's day-to-day care in their current visit. The role already included Junior and Senior members of the Credentialed medical staff, and was expanded to include Nurse Practitioners and Physician Assistants.

These updates may be made when requesting a new patient admission in ATV (where the new providers are now included under the Primary Provider pick list from the Admission Request), on the **Change Provider Assignment** service request in CRIS, as well as on the **Change Protocol Assignment** service request in CRIS (if the patient's protocol is also changing along with their care providers).

The screenshot shows a web interface with a yellow background. At the top, there is a text box for 'Primary Provider:' containing a description: 'The patient's Primary Provider is that member of the Staff who is to be the most intimately involved in the patient's day-to-day care. Junior and Senior Staff Physicians and Adjunct Staff NPs and PAs may be primary providers.' Below this is a 'Select Primary Provider:' dropdown menu with a red asterisk icon. A scrollable list of staff members is visible, including Abdalla, Adil A.; Abi-Jaoudeh, Nadine; Abuelgasim Ahmed, Khadega A.; Acevedo, Ana T.; Achebe, Ezinma; Ackerman, Hans C.; Acquavella Pesantes, Nicolas; Adams, David R.; Adams, Karen T.; and Adelberg, David E.

The CRIS Care Providers view (under Patient Information) has also been updated with the new role of Primary Provider, which has replaced the Primary Physician.

Role	Provider	Phone	Status	Effective Date	Expiration Date	Entered Date	Org Unit	Discipline
Attending	Acevedo, Ana T (MD)		Active	03/10/2010		03/10/2010 20:47	Rehabilitation Medic...	Medical Staff
Primary Provider	Acevedo, Ana T (MD)		Active	03/10/2010		03/10/2010 20:47	Rehabilitation Medic...	Medical Staff

If you have any questions, feel free to contact the Medical Record Department (301-496-2292).

New Respiratory Therapy Application

On Monday, April 19, Respiratory Therapy will begin using a new application for clinical documentation called OPUS-RT (Outcomes & Performance Utilization System for Respiratory Therapy). In addition to standard documentation, OPUS will provide the ability for RT to track resource allocation and workload, supply and equipment usage, as well as treatment costs in support of the Data Transformation Initiative (DTI).

As a result of this implementation, several important changes will be made in CRIS that will affect RT orders and documentation:

1. Most RT Structured Note documents will be EXPIRED on April 19. This will effectively prevent new data entry for those notes within CRIS, but all previously charted documents will still be viewable. Any new documentation occurring after 4/19 will be interfaced to the “Documents” tab as free-text, read-only documents with (OPUS) as a suffix to the name. Note: **Six Minute Walk Test** and **Pulse Oximetry** documentation will also appear in the “Results” tab of CRIS so that trending analysis can continue.
2. The following documents will REMAIN in CRIS and will continue to be documented according to existing processes:
 - a. RT Indirect Calorimetry
 - b. RT Assessment FS
 - c. RT Invasive Ventilation
3. The **Respiratory Therapy Consult** order will be EXPIRED on April 19. It will be replaced with a new order called **Protocol Support**. To request service from RT, you may continue to search for the specific therapy within CRIS, e.g. Sputum Induction. If you cannot find the order you need, please contact the department at 301-496-0758 or page the therapist for your specific area via the page operator (301-496-1211).
4. All RT orders will remain open and active in CRIS until they are marked as completed in OPUS.

If you have any questions or concerns regarding these changes or the OPUS-RT application, please contact Ryan Kennedy at 301-402-4867 or the Respiratory Therapy department at 301-496-0758.

New Order for Post Discharge Medical Care

Beginning March 31st, there is a new order for post-Clinical Center medical care named "Discharge Care Order – Outside Medical Svc". It will be listed on the Order Browse under Social Work and can also be accessed by typing in "Discharge", "Order", "Resource Referral", or "Social Work" on the manual browse. Once entered, the order will print at the patient's assigned location on a specially designed form with NIH letterhead, patient name, patient address, and patient date of birth. It will have a signature line for the LIP's signature. The order can be used for either inpatients or outpatients who require additional care, services, or medical equipment from another health care provider or facility after leaving the clinical center. This order also replaces use of the Patient Transfer/Nursing Care Referral Form NIH-2358. LIP's are encouraged to use this new order in lieu of the Take Home Non-Medication order when setting up outside care, services, equipment, or supplies. Because other care providers require patient diagnoses with ICD codes and a National Provider Identifier (NPI) from the prescriber for reimbursement, these fields are required on the order form. The order should be entered as soon as the need for outside medical services is determined. For additional information, please contact your unit Social Worker or the Social Work office at 301-496-2381.

Email Reminders

The use of email in one's personal life and workplace has grown. It has become a predominant form of communication among businesses, including the Clinical Center. Here are a few things to keep in mind about email in the workplace:

Email is permanent - Deleting an informal communication like an email doesn't mean it is gone. It may still be recovered by the recipient or by the email systems of the sending or receiving organization. As noted in recent federal court cases, emails may be introduced into evidence. Many organizations outside of NIH are implementing software and other systems to ensure relevant email can be gathered and reviewed.

Think before you send – Ask yourself if the communication contains sensitive information or patient identifiable information before you hit the "send" button. If it does, use secure email that encrypts the message before sending it.

If the message includes sensitive or otherwise proprietary information about NIH that could lead to harm or embarrassment to the organization, don't send by email. Confidential communications should be approved and distributed following practices established by your department.

Critical Security Update for CC Computers and Laptops

Microsoft released a critical patch (MS 10-002) to resolve several vulnerabilities reported in Internet Explorer (IE) in January 2010. The DCRI systems administrator and desktop support teams applied the patch to all CC servers and most workstations to protect our environment. 95% of the workstations have been patched. The remaining workstations include computers that are used by staff at home or when traveling. We need your help to apply the patch following the instructions below.

If you have a government computer at home that has not been used for awhile, please turn it on and log onto the NIH Network using the NIH VPN for a few hours. The CC Update Server in the Data Center monitors computers on the network. If the server detects a computer that has not been updated, it will “push” the patch and other updates to your computer over the NIH Network. If you use CC Casper and Webmail to remotely access the Clinical Center IT resources, your machine will not receive updates from the update server. Please call the Systems Monitoring Team at 301-496-7525 and let them know your computer needs the critical patch. Your local desktop support person will contact you to make arrangements for you to bring your government computer in for updates. Thank you in advance for your cooperation to keep our environment safe.

New Reference Handout

A reference handout was developed due to recent and increased inquiries on the following subject matter:

Linking Serum Drug Monitoring documentation with Results

It and other useful handouts can be found on the CRIS webpage →
Reference Handouts

Lab Order Forms

The **Special Instructions** field of the Lab Order form is used to communicate additional information pertaining to that Lab order. For example, mail-in instruction, serial collection time points, and processing instructions. This field is NOT to be used to request additional laboratory tests. Additional lab requests that are discovered embedded in an order will not be processed until an appropriate CRIS order is placed by a clinician.

Temporary Location, SCM Printing & Lab Labels

Assigning a patient to a temporary location does not influence where the lab label(s) prints. The Temporary Location effects *only* where the paper requisition prints (SCM Printing, such as Research Bloods) and has NO effect on where the lab label prints from the Laboratory Information System. Therefore, if you want lab labels to print at the temporary location or at another desired area, you must designate that specific location in the lab label collection field upon order entry. If you leave the lab label collection field blank, the label prints out at the patient's registered location.

Note for units using Barcoding (CareFusion) (5NW, 5SW, 7SW, and OPPS): The above instructions related to lab labels does not apply to you. CareFusion lab label printing occurs because of an action on the CareFusion PDA (device) rather than an automatic printing on the day the order becomes active. Lab orders cross over to CareFusion on the day they are specified (or become active) and within a 4-hour time period. If the date is a future date and/or outside the 4-hour time period, the label(s) cannot be generated."

In summary, the location selected in the **Specimen Collection/Label Printing Site** field on the order form *is* the primary driver for the lab label printing location. If your patient care unit is live with barcoding and you are able to scan your patient's barcoded wristband or wallet card, you should be able to access and print lab labels *wherever* the patient is located. Research requisitions will print at the temporary location.

CRIS Support

Have you ever wondered who you are talking to when you call CRIS Support 301 496-8400? Would you like to meet the beating pulse of the CRIS Support Center when you initially call? Introducing Harvey McDonald and Sandra Rodgers, DCRI's first responders during the week when users call CRIS Support for any Technical or Clinical needs. If they do not know the answer, they will direct your request to the appropriate resource. We are happy to have them on the team!



Information Technology Center (ITC)

The Clinical Center Information Technology Center (ITC) provides NIH Clinical Center employees with the latest technologies supporting clinical research and patient care. The center was developed to provide Clinical Center employees with sophisticated computing resources. The ITC, located on the basement level of the Clinical Center (B1S235), is equipped with computers, color printers, poster printers, scanning devices, slide makers, and other equipment. An ITC staff member is available to answer questions and assist with projects. The ITC, along with the User Resource Center (URC) and the Scientific Computing Resource Center (SCRC), provides most of the specialized computing needs for Clinical Center employees.

The hours of the ITC are Monday, Wednesday, Thursday, Friday 10 am – 2pm; Tuesday 11 am – 3pm