

NIH Clinical Center CIO Newsletter

July, 2010

56th Edition

This is the fifty sixth 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/dcric>.

Topics of the Month

- CIO Remarks
- Security and Privacy
 - Smartphones & IPads
- New in CRIS Sunrise
 - Progress Note – Standard SOAP Addition
 - Nutrition Notes Use IDNT Standard Language
- Tips for Using CRIS Sunrise
 - Discharge Care Order/Medications
 - CRIS Printing from Citrix
 - CRIS Help
 - Becoming a CRIS User
- CRIS Training
 - Focus Groups

CIO Remarks – Protocol Attribution

Protocol attribution is the process that aligns medical orders and Clinical Center services to a research protocol. All patients must be admitted to the Clinical Center under a protocol that specifies the patient's program of care for the research in which they are enrolled. In addition, accurate assignment of patients to protocols also helps Clinical Center Administration to plan resources to meet the requirements from the Institutes. As new protocols are approved by the Institute Review Boards, a new series of services are being introduced for each patient. Likewise, as protocols are terminated a series of services are no longer required.

How does the Clinical Center track service to our patients by protocol? There is a required protocol attribution field located at the top of almost every order form in CRIS. To save time and effort, while still maintaining order accuracy, logic has been incorporated within the order forms to pre-fill this field for you whenever practical. For example, the protocol

attributions field will be pre-filled if the patient is on only one active protocol, or if the protocol of the order set matches one of a patient's multiple active protocols.

In CRIS, protocols in which the patient is participating are listed as Health Issues under the Patient Info tab. The protocol for which the patient was admitted or is being seen in clinic is listed as the Visit Reason.

In order to facilitate correct protocol attribution, here are some items to always keep in mind when working with your patient records in CRIS:

1. Verify from the Patient Info Tab that a patient's Health Issues list includes the protocol(s) for which you are seeing the patient.
2. Confirm that the Visit Reason (aka, primary protocol) is correct for the patient's current visit.
3. Submit a Change Protocol Assignment order in CRIS to update a patient's protocol(s) and Visit Reason, if needed
4. Forward all completed protocol consent forms to Medical Records
5. Review the protocol attribution material on the CRIS site (<http://cris.cc.nih.gov>) under Reference Handouts → Order Entry.

CRIS Sunrise is **Your** system, please use **Your** voice to identify improvement opportunities. Please feel free to email me at CIOnewsletter@cc.nih.gov with any suggestions or comments.

Security and Privacy Reminders - Smartphones & iPads

Smartphones and iPads are some of the hottest IT devices on the market, providing technology at one's fingertips when away from the office. At the same time, these devices do not yet meet requirements for encryption and security management of devices that store or transmit sensitive government information. In an effort to proceed with caution, meet security requirements and protect the privacy of individuals whose data may be stored on the smartphones and iPads in use at NIH, the CC and NIH OD have instituted additional rules that are important to share with CC staff.

In April, Dr Gallin provided guidance on how the CC will evaluate requests for new technologies, specifically iPhones and iPads. Given the technical and budget considerations, he asked that any requests for these devices should be sent to him by CC department heads with an appropriate justification, rationale for use and status of equipment funds.

In May, Jack Jones, NIH CIO, provided further direction to IC Chief Information Officers regarding the purchase of iPads. "Our office has received a number of inquiries about the process for purchasing iPads and what rules and restrictions may apply. For

the present time, we believe the best way to handle requests for iPads at NIH is to treat them as PDAs, so that our current policies for PDAs apply (see "Policy and Procedures for Acquiring and Managing Personal Digital Assistants" at <http://ocio.nih.gov/policy/NIHPDA2.pdf>.) This would require ICs who are considering purchasing iPads to submit an IC-approved justification to my office prior to acquisition. This process would remain in place until we could sufficiently ensure that the iPad poses no threats to the NIH network and it can be adequately supported, and would allow the purchase of a limited number of iPads for testing purposes. We ask that you limit the number of iPads purchased for your IC for testing, and that they not be connected to NIH networks unless the connection has also been approved as part of the current PDA exception process (pdaexceptions@mail.nih.gov).

Also, please note that iPads are considered mobile devices and must be used in accordance with the NIH Mobile Device Policy at http://ocio.nih.gov/nihsecurity/NIH_Mobile_Device_Security_Policy.doc. Our current information indicates that the security provisions that were recently put in place for the iPhone support will also apply to the iPad. As was done with the iPhones, once testing has been completed, all iPads will need to be brought into compliance with the NIH Mobile Device Policy."

Please remember that only government furnished devices (GFE) are permitted to access NIH resources. Personal smartphones and PDAs are prohibited.

Please contact Vicky Ames from the CC ISSO team at amesv@cc.ni.gov or by phone at 301-594-9745 for assistance to complete the PDA exception process for purchasing iPads.

Progress Note – Standard SOAP Addition

From a suggestion that came to DCRI via the CRIS Suggestion Box, a set of Outpatient Visit Labs has been added to the Progress Note – Standard SOAP for those of you who may need a little more time to discuss the patient with attendings or consultants before writing your note. This Outpatient Visit Labs section will display results for the last week. Use the Modify Template button at the top of the note template to unselect Labs and select Outpatient Visit Labs. The Labs section displays results for the last two days only.

Nutrition Notes Use IDNT Standard Language

The dietitians have been using the International Dietetics & Nutritional Terminology (IDNT) in their goals and plans for sometime. Now the IDNT language has been added as selectable items to their Nutrition Assessment and Plan, Nutrition Notes, and TPN/TF Nutrition Recommendations. Use of the IDNT language will allow more precise research relating nutrition diagnoses and interventions to specific patient populations and/or research protocols.

Discharge Care Order – Medications

The Discharge Care Order is NOT for medications. This goes against CC safety policies & practices.

1. When an outside agency is providing the medication – only 1 order:

- a) Enter a medication order for an IV med in the Take Home Session selecting “Not Required For Study” – which ensures the blue prescription printout.
- b) In the text box in the order call “**Admin. Instructions**” write in line care instructions (flushes, dressing changes, etc.) and any other infusion related home care instructions (e.g. frequency of care). When the prescription prints out – official blue paper in pharmacy – the instructions will also print out on the script.
- c) If home infusion is the only need, there is NO need to enter a Discharge Care order. Whoever is making the arrangements need only fax the blue script to the home care agency together with whatever other documents are typically needed to set up care.

2. If NIH is providing the medication for home infusion (not recommended since we are not a homecare company) – still need 2 orders:

- a) The medication order is entered in the appropriate manner to be filled by the CC Pharmacy Department.
- b) Since home care is also needed, the prescriber should enter the Discharge Care Order to indicate line care instructions as noted above, identifying the medication to be infused and explicitly stating that the med is being provided by NIH.

CRIS Printing from CITRIX

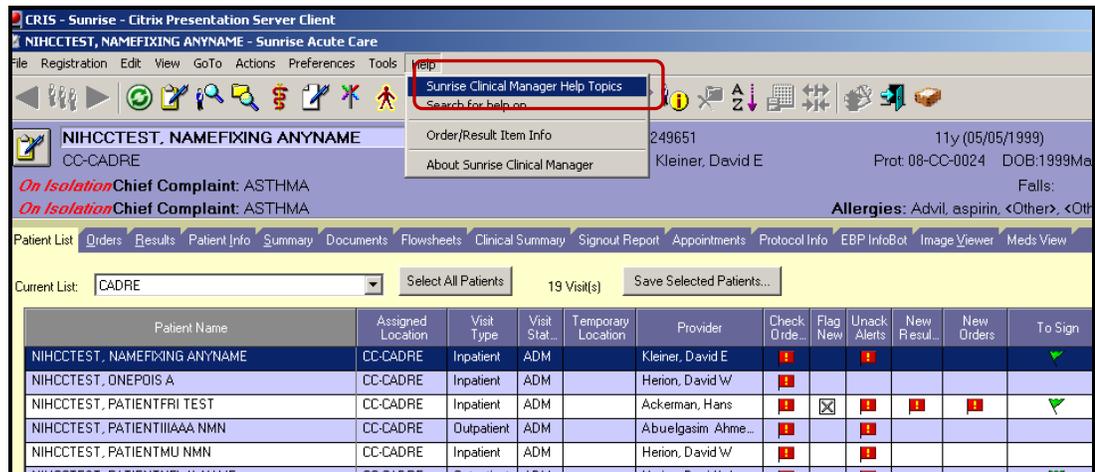
When a user connects to CRIS Sunrise through Citrix using the cccasper portal (<https://cccasper.cc.nih.gov>), the user's default desktop printer should map with their connection. This will allow the user to print from CRIS Sunrise using their default printer. Instructions on how to print from CRIS via Citrix can be found at the following URL:

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

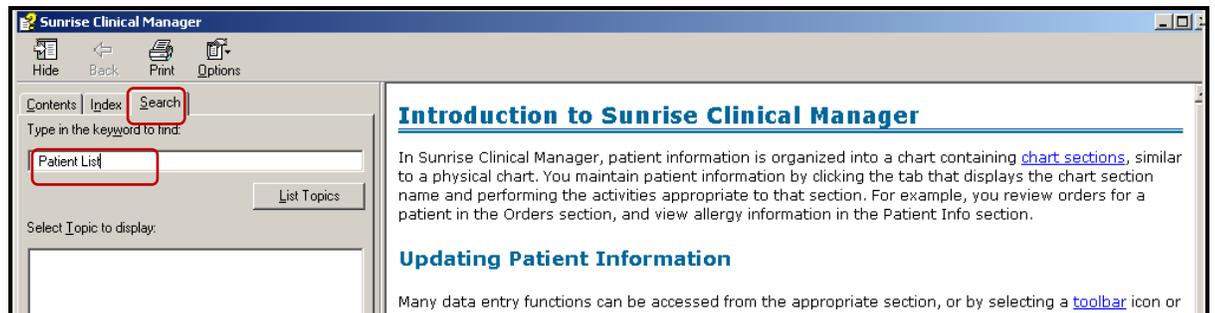
CRIS Help

With the recent influx of new staff, we would like to highlight different HELP options available.

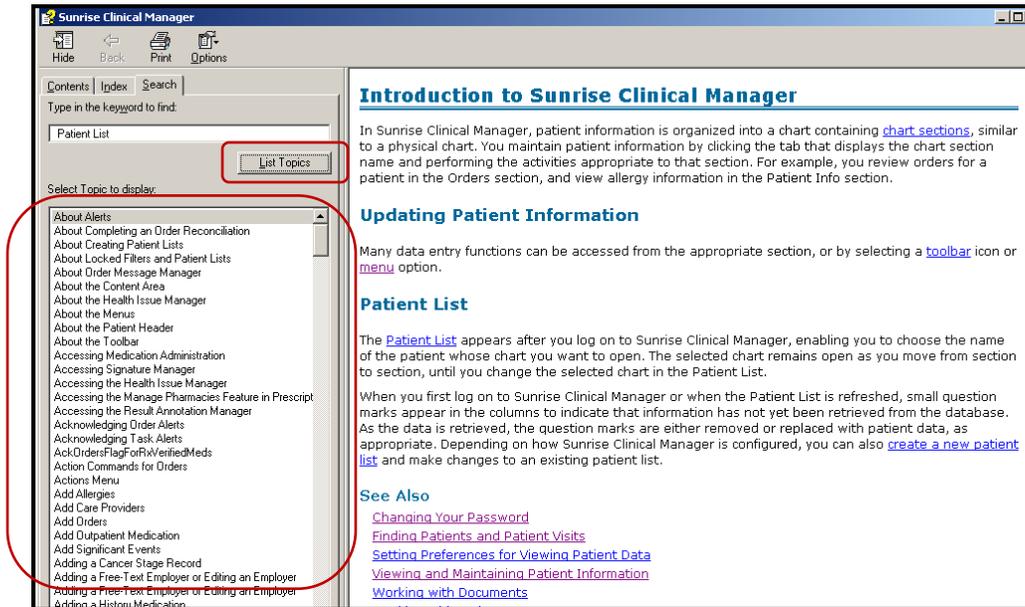
1. Within CRIS: On the menu bar, select Help→Sunrise Clinical Manager Help Topics.



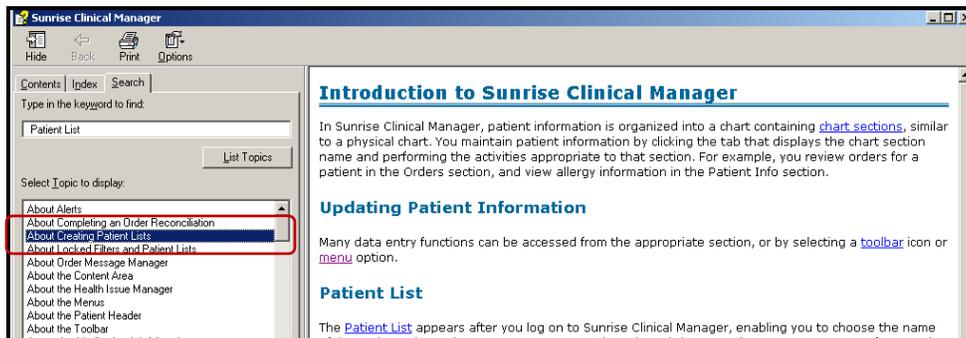
The **Help** feature displays. Select the **Search** tab and type in the topic you are interested in.



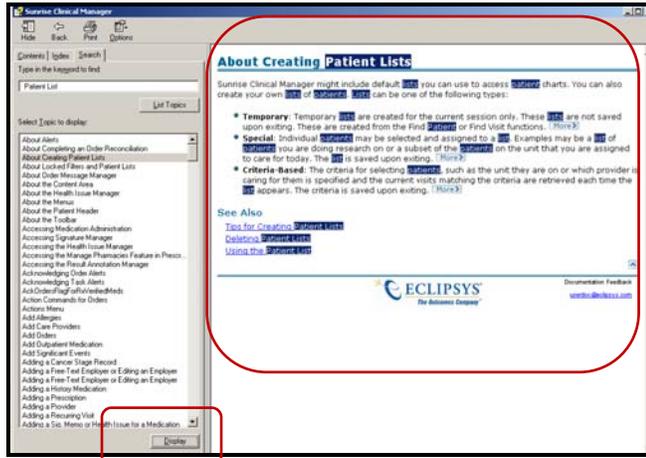
Click **List Topics**. A list of topics displays in the **Select Topic to display** window.



Select the desired topic in the **Select Topic to display** window.



Select **Display**. Information about the desired topic displays on the right side of the screen.



2. Outside of CRIS Sunrise:

- a. 1) There are reference materials located on the CRIS website:
http://cris.cc.nih.gov/cristraining/training_materials.html
- b. The CRIS User Manual:
http://cris.cc.nih.gov/procedures/cris_user_manual.html

Need Help Becoming a CRIS User?

Steps to Become a CRIS User and Other Helpful Hints:

- Submit a completed CRIS Access Request Form to the Department of Clinical Research Informatics (DCRI). Form submission in advance of attending training is preferred. This form can be found at <http://cris.cc.nih.gov/accounts/pdf/CARF3.pdf>.
 - Complete NIH Security Awareness training (see <http://irtsectraining.nih.gov/>).
 - Register for CRIS training at <http://training.cit.nih.gov/courselisting.aspx?Sort=Category> if not already done so. Need help with determining what CRIS class you need? Go to the following URL:
<http://cris.cc.nih.gov/cristraining/classes.html>
 - Complete appropriate CRIS training as determined by your role at NIH.
 - Sign the Confidentiality Agreement form.
 - Pick up your CRIS Access Instruction Letter.
- Note: Don't forget to bring: your CRIS folder, your class certificate(s), your Confidentiality Agreement, and NIH ID badge/ or photo ID at that time).

- Access to CRIS may be obtained through an internet browser using the following url: <https://cccasper.cc.nih.gov>. You may need to have your computer support staff download and install the latest Citrix client on your workstation if not already done so. For instructions see:
<https://cccasper.cc.nih.gov/Citrix/AccessPlatform/site/clients.htm>
- Computer workstations must be registered in the CRIS database. Call 301-496-8400 to register, if not registered yet.
- An NIH domain user name and password (also used to access NIH email and ITAS) is needed to log into CRIS.
- Inform DCRI of name and/or job changes (i.e. to a different Institute or IC) by submitting a CRIS Access Request form. On the form select the **Modify Current Access** radio button. Select the appropriate reason – either **name change** or **access privilege change**. <http://cris.cc.nih.gov/accounts/pdf/CARF3.pdf>
- To reset your NIH domain password at any given time: Register for the **IForgotMyPassWord** program at: <https://iforgotmypassword.nih.gov/aims/ps/>. Contact the NIH Help Desk at 301 496-4357 for further assistance.

CRIS Training – Focus Groups

During July, the training team had the opportunity to conduct two multidisciplinary focus groups to obtain feedback from CRIS users on ways to improve the CRIS training program. Great suggestions were offered by the 25 participants on areas of content, modalities, effectiveness, and overall training program. The Training Team will be reviewing the suggestions and developing a plan to revise the CRIS courses in the near future.