

NIH Clinical Center CIO Newsletter

June, 2010

55th Edition

This is the fifty fifth 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
- CRIS Sundown Debut
- CRIS Downtime Procedures
- New in CRIS Sunrise
 - New Research, Blood Order Form
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 - Criteria Based Lists for Prescribers
 - Updates to Appointments Tab
 - STAT Antibiotic Task Documentation
- Security and Privacy
 - Protecting Patient Privacy
- CRIS Training
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CIO Remarks

CRIS Sunrise provides integrated management of the NIH Clinical Center's patient care, research, and resource unitization data.

CRIS Sunrise:

- Improves the quality and efficiency of patient care, clinical research, planning, and hospital operations.
- Provides a standard format for data collection for patient care and research.
- Includes integrated protocol-based scheduling, order entry, data collection, and charting systems.
- Supplies the information infrastructure to support the intramural clinical research program, patient care services, and efficient hospital management.

- Provides the foundation for an electronic medical record.
- Incorporates security protocols to protect patient confidentiality. provides a standards-based interface which allows for appropriate data retrieval for independent information systems.

It is important to understand that

- CRIS Sunrise is a Medical Device
- Training (in class or online training) is just the beginning.
- The more time you invest in learning CRIS, the better it will serve you.

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.

CRIS Sundown Debut

Over the weekend of June 19/20, DCRI migrated CRIS-related data to a new Storage Area Network (SAN). As mentioned previously, a SAN is a specialized network of disks that provides access to fast and reliable electronic storage space. We use a SAN to store CRIS data because it supplies not only fast disk access and backup capability, but also because it provides dependability for this critical application. The current SAN was old and beginning to experience hardware failure; the new SAN we moved to over the weekend provides more current technology and stability for this critical application. We sincerely appreciate your continued patience and support as we upgrade this vital equipment.

Based on feedback we received during the down, we are pleased to report that CRIS Sundown was well received. We did have some printing issues at the beginning and during the down; DCRI will work in the coming weeks to correct this issue for the future.

CRIS Downtime Procedures

The revised CRIS downtime policy and resource handouts can be found on the CRIS website at <http://cris.cc.nih.gov/procedures/downtime.html>

We welcome feedback on how we can improve our communication about upcoming downtimes. Please send feedback to Susy Postal at spostal@cc.nih.gov

New Research, Blood Order Form

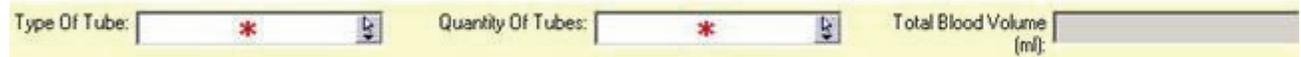
Beginning July 6th, the **Research, Blood** order will be enhanced to provide better definition and tracking of specimen tubes used for research draws. This includes designating specific tube types by means of the order for any of 9 tube types (Light Blue, Red, Red/Yellow SST, Black/Blue, ACD - Yellow, NaHeparin - Green, LiHeparin - Green, Light Lavender, Gray) as part of the research order in the CRIS. In addition, a label enhancement has been made for research bloods in that, the **Tube Type** will now be indicated on the Care Fusion Bar Code Label noted in the **Test Code** area.

For other tube types and/or for syringes, use the specific tube type “Other” (MSC) and/or “Syringe” (SYR) and provide specific collection requirements in the Special Instructions field. Using either of these options will also require specifically designating the number of tubes and/or syringes requested which then will generate the appropriate number of specific bar code labels (ie MSC and/or SYR) via CareFusion.

With this enhancement the tube type is now a required field on the form, along with a field which allows designating the exact number of each tube type. Each of the designated tube types will generate a distinct test code which is then sent to the CareFusion system, so that the tubes drawn into Light Blue tubes (BLU) will have labels that are distinct from those drawn into red top tubes (RED), etc. Furthermore the number of tubes which are ordered for each tube type will generate that number of individual specific bar code labels in the CareFusion system, with an ascending order designation similar to the serial test system (e.g. BLU01, BLU02, BLU03, etc.). Additionally, the Total Volume of Blood field has been replaced by a Volume of Blood Per Tube. Total Volume of Blood will be electronically calculated based on the number of tubes and the tube sizes.

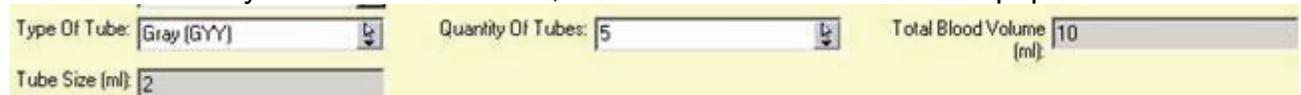
Please note the following changes that will be made on the new **Research, Blood** test.

The form will open in this fashion.



Type Of Tube: * Quantity Of Tubes: * Total Blood Volume (ml):

If the user selects a tube type with only one size, that size will be defaulted, and once the Quantity of Tubes is selected, the total Blood Volume will be populated.



Type Of Tube: Gray (GYY) Quantity Of Tubes: 5 Total Blood Volume (ml): 10
Tube Size (ml): 2

If the user selects a tube type with multiple sizes, they can select from an appropriate dropdown which contains the valid sizes for that tube type, and once they selected the Quantity of Tubes, the Total Blood Volume will be populated.

Type Of Tube:	NaHeparin Green (GRN)	Quantity Of Tubes:	5	Total Blood Volume (ml):	0
Tube Size (ml):	*				
Alternate Printing Note:	2 6 10	printing will occur at the patient's registered clinic/unit location at the time the specimen is due to be drawn. If and label printing to occur elsewhere, indicate location in the field below.			

This information for Tube Size will cross over to CareFusion in the Special Instructions to properly identify the specific tube type. Continue to use Special Instructions field to provide additional information, i.e., collection, storage, or transport information.

On July 6th, when the new version of Research, Blood is activated in Production, the existing Research, Blood order will be renamed to Research, Blood Old. Because it exists in many order sets, it will still exist there until the order sets are all updated. Some will be updated now, and others will wait for the introduction of the Research, Blood Serial order since that order will have time points for collection.

Please refer to DLM Website <http://intranet.cc.nih.gov/dlm/index.html> for further instruction on **Research, Blood** test in CRIS.

Please contact one of the following individuals listed below if you need more information.

CRIS Support Center	(301)496-8400
Helen Mayberry, Nursing	(301)435-5038
Kathy Feigenbaum, Nursing	(301)451-1655
Seth Carlson, DCRI	(301)594-7491
Chung-Hee Row, DLM	(301)402-3420

How to Enter and View Annotations in CRIS

Prescribers now have the ability to add a comment to a result. The new annotations feature allows prescribers to add a free text comment to a result or order in the Result tab. Annotations do not eliminate or replace the need to enter an order; annotations are just informational.

Note: Only prescribers are able to enter annotations; however, all CRIS users are able to view annotations entered by the prescribers. Annotations can only be entered or viewed from the **Results** tab.

A handout with steps on how to add an annotation to a result can be found on the CRIS webpage → Reference Handouts → Results → How to enter Annotations.
http://cris.cc.nih.gov/cristraining/documents/how_to_enter_annotations.pdf

Criteria Based List – Prescribers Only

When Prescribers log onto CRIS, they now have the ability to filter patients by selecting one of these new lists:

1. Patients where I am the Primary Provider
2. Discharged Patients last 7 days- Any Role
3. My Discharged Patients last 7 days- Attending Role
4. My Discharged Patients last 7 days- Primary Role

These lists were developed to help facilitate Prescribers locating their patients as these criteria based lists pull patients that they have had a role:

- Any role –includes ordering
- Attending Role
- Primary Role

Updates to Appointments tab in CRIS

The screenshot shows the CRIS interface for a patient named NICHOLETT, PATIENT, A. The patient's MRN is 99-99-99-9 and their DOB is 10/10/2001. The interface includes tabs for Patient List, Orders, Results, Patient Info, Summary, Documents, Flashcards, Clinical Summary, Signout Report, Appointments, Protocol Info, EBP Initials, and Media View. The Appointments tab is active, showing a list of future and past appointments. The 'Future Appointments' section is currently empty. The 'Past Appointments' section contains a table with columns for Appt Time, Clinic, Protocol, Task, Type, Contact, and Duration. The 'Protocol' column is highlighted in red for the first appointment, indicating a terminated protocol.

Appt Time	Clinic	Protocol	Task	Type	Contact	Duration
11/17/2006 17:00	PROCEDURE SERVICE	06-C-0118	CC-NU DESENSITIZATION 25W	Walk In: KEPT	Mara Vecchio RN 25WDH SCHED...	240 Min
10/30/2006 10:20	DIAGNOSTIC RADIOLOGY	93-I-0119	CC-DR CT CHEST	Scheduled: NEW	CAS Office Rovella Hyman	20 Min
10/30/2006 09:00	CLINICAL INVESTIGATION CLINIC	02-B-0178	I-CI CLINICAL INVESTIGATION F...	Scheduled: KEPT	Black, Stephanie CSA	30 Min
10/30/2006 09:00	CLINICAL INVESTIGATION CLINIC	93-I-0119	I-CI CLINICAL INVESTIGATION F...	Scheduled: Departed	Black, Stephanie CSA	30 Min
10/30/2006 07:30	DAY HOSPITAL- PEDIATRICS IN...	93-I-0119	LVS PROCEDURE/RECOVERY IN...	Scheduled: KEPT	INWDH Ric Runnels RSA	240 Min
10/30/2006 07:00	INPATIENT UNIT	93-I-0119	MEDICAL RECORD INW	Walk In: KEPT	Admissions Robin King	60 Min
09/27/2006 14:30	ENT CONSULT CLINIC	93-I-0119	DC-OD ENT CONSULT F/U P OPS	Scheduled: KEPT	McFadden, Michelle L CSA OPS	30 Min
09/27/2006 09:40	DIAGNOSTIC RADIOLOGY	93-I-0119	CC-DR CT NECK	Scheduled: NEW		20 Min
09/25/2006 14:30	ENT CONSULT CLINIC	93-I-0119	DC-OD ENT CONSULT F/U P OPS	Add-On (Imaging): KEPT	McFadden, Michelle L CSA OPS	30 Min

Several improvements have been made to the Appointments tab to improve usability:

1. A Protocol column has now been added, which contains the attributed protocol for this appointment. Any protocol study which has been terminated will be displayed in Red, indicating that follow-up is necessary. To designate a new protocol for the appointment(s), contact the scheduler who scheduled the original appointment, and they can update the protocol. If the correct protocol is not included in the patient's CRIS record, enter a **Change Protocol Assignment** request in CRIS, and send the signed protocol consent to the Medical Record Department. For questions about this process contact the Medical Record department at 301-496-2292.
2. Every column can be sorted by clicking on the column header.

3. A filter has been added to display all appointments, or to exclude the canceled appointments.

If you have suggestions for improvements in the tab, or questions about its use, contact Seth Carlson (scarlson@cc.nih.gov) or Lincoln Farnum (lfarnum@cc.nih.gov).

STAT Antibiotic Task Documentation

Nursing is now required to enter the **actual date and time** of administration of the first dose of IV antibiotics when that first dose is ordered as **STAT**. If the first dose is documented as given more than an hour after the order was placed, nursing will be required to enter a reason for the dose being given late.

Protecting Patient Privacy

Last month, we shared good computer practices that can help to protect sensitive CC data from cyber criminals. This month, we will cover additional steps employees can take to keep CC patient information confidential and private.

- The hospital's version of "the golden rule" - **Treat patient information as if it were your own**. Don't discuss diagnosis or patients in public areas; especially elevators, hallways and cafeterias that are used by patients, their visitors and families.
- Protect documents and printouts containing CC patient information from unauthorized access. Make sure that fax machines, pneumatic tubes, copiers and printers used for communication of patient information are located in secure areas. When sending records with patients to radiology, surgery or diagnostic testing areas, they must be transported in blue pouches provided by Medical Records Dept which are zipped shut and secured with a plastic lock.
- Don't share your password to CRIS or any other system with others. Log out of CRIS when you are finished working in a patient's record. Stay alert for unauthorized or unknown persons near CRIS computers and printers.

If you have questions or additional suggestions related to privacy, we would like to hear from you. Contact the CC Privacy Officer by emailing smartin@cc.nih.gov

CRIS Training Course- Worklist Manager

Beginning in July, the training team will be offering a CRIS Worklist Manager course for users who would like instruction and hands-on practice on how to document, view and edit tasks through the use of the Worklist Manager in CRIS-Sunrise. Presently the course exists as part of Clinical Documentation with Medication Charting training but to meet CRIS user's needs, we have created a separate course that solely focuses on worklist manager training **A prerequisite of this course is the completion of the Introduction to CRIS session.**

Review of the appropriate computer based training module is recommended. All CRIS Web Based Training modules are located on the CRIS website at <http://cris.cc.nih.gov/cristraining/cbt.html>. Sign up for the Worklist Manager course on the CIT website.