Medsphere CareVue

2019.1.0 Release Notes

Contents

Release 2019.1.0 Enhancements **1**

Admission, Discharge, Transfer 1
Advanced Medication Reconciliation 1
BCMA 9
CareVue 10
CCDA 10
E-Prescribing (eRx) 11
Laboratory 14
Pharmacy 15
Radiology 16
Reports 17
Provide Patient Electronic Access 20
Electronic Referral Loops – Send Health Info 20
Clinical Information Reconciliation 20
Change of Delimited Data Export 21

Release 2019.1.0 Updates **24**

Advanced Medication Reconciliation 24
BCMA 24
CareVue 25
Clinical Dashboard 26
Clinical Messaging 26
Clinical Reminders 26
Consults 27
Enhanced PEHR 27
E-Prescribing (eRx) 27
FileMan 28
Flowsheets 28
Infrastructure 29
Interfaces 29
Laboratory 29
Pharmacy 30
Provider Dashboard 31
Radiology / MSCRA Processor 31
Reports 32

Figures

Figure 1: Physician Admission Reconciliation Session 1
Figure 2: Results of a right click on the Med Rec icon 2
Figure 3: Physician Admission Reconciliation session – No medications 2
Figure 4: Physician Discharge Reconciliation Session – No medications 2

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Figure 5: Med rec icon updates 2
Figure 6: New eRx and eRx icons 3
Figure 7: Release Hold icon 3
Figure 8: Admission Reconciliation with action message 3
Figure 9: Admission Medication Reconciliation note – Nursing 4
Figure 10: Physician Reconciliation – Home Medications 5
Figure 11: Admission Medication Reconciliation Note - Physician 5
Figure 12: MED REC RPT TIU NOTE TITLE XPAR 6
Figure 13: Discharge Report 7
Figure 14: Nurse Admission Reconciliation dialog 7
Figure 15: Physician Admission Reconciliation dialog 8
Figure 16: Discharge Reconciliation dialog 8
Figure 17: Discharge Medication Reconciliation Report 8
Figure 18: Discharge Medication Reconciliation Note 9
Figure 19: Formulary Alternative configuration 10
Figure 20: eRx renewal enable and disable options 12
Figure 21: eRx medications sent with magnifying glass icon called out 12
Figure 22: Notes on eRx-ordered drugs that were subsequently cancelled 13
Figure 23: DEA number displayed on an eRx 14
Figure 24: Updated large format for lab labels 15
Figure 25: 10 displayed account numbers in Pharmacy PuTTY 16
Figure 26: Configuring contrast media fields 17

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Release 2019.1.0 Enhancements

Admission, Discharge, Transfer

New XPAR: MSC SISI USE ACCOUNT NUMBER

A new MSC SISI USE ACCOUNT NUMBER XPAR controls whether differences in account number—in addition to date/time, location and patient class information—are honored when looking for potential duplicate visits. If the XPAR is set to NO, CareVue returns a duplicate visit error, which is found in the SISIADT EXCEPTION file. If the XPAR is set to YES, CareVue adds the new account number to the existing visit, creating a new and separate visit.

Required action: Determine whether the XPAR should be set to YES or NO for your facility and have the hospital CareVue system administrator set it accordingly. Test in your normal ADT registration workflow.

Related artifact: 22655

Advanced Medication Reconciliation

Users can save Medication Reconciliation Sessions before finalizing

Physicians can now save a medication reconciliation session prior to finalizing it, which allows multiple physicians to assist in completing the reconciliation. A user that attempts to close the session without saving is prompted to save changes. Also, the Sign dialog displays when there are new orders to sign.

The date/time and name of the last user to save a reconciliation session displays after right clicking the icon. In addition, the user that started the reconciliation and the last user who updated the reconciliation display at the bottom of the Reconciliation dialog.

Users can create only one admission and discharge med rec session per visit. While a user can still right click to open a session, if the session was previously started and saved but not finalized, the same session opens. Multiple transfer med rec sessions are still permitted.

Once a medication reconciliation session is finalized, it cannot be edited. Medication reconciliation cannot be performed on a discharged patient. A warning that the patient has been discharged from the selected visit displays upon selecting the Med Rec icon.

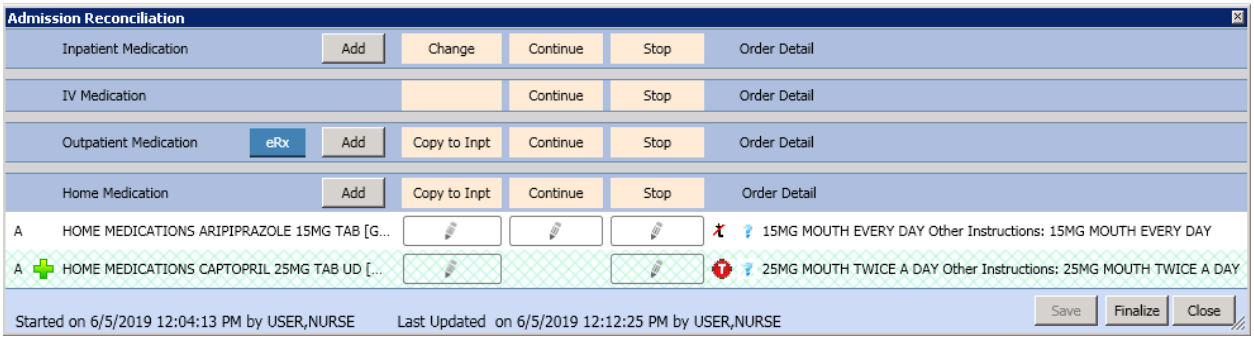

Figure 1: Physician Admission Reconciliation Session

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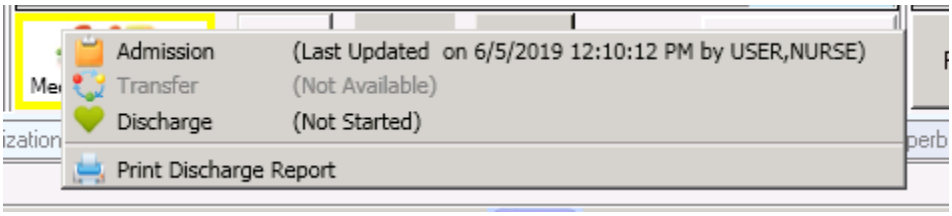

Figure 2: Results of a right click on the Med Rec icon

Document no Home/Outpatient medications

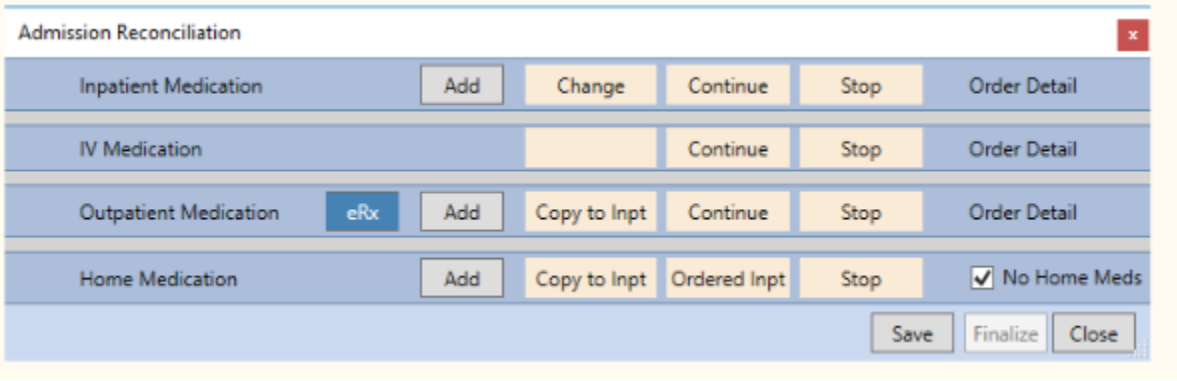

Figure 3: Physician Admission Reconciliation session – No medications

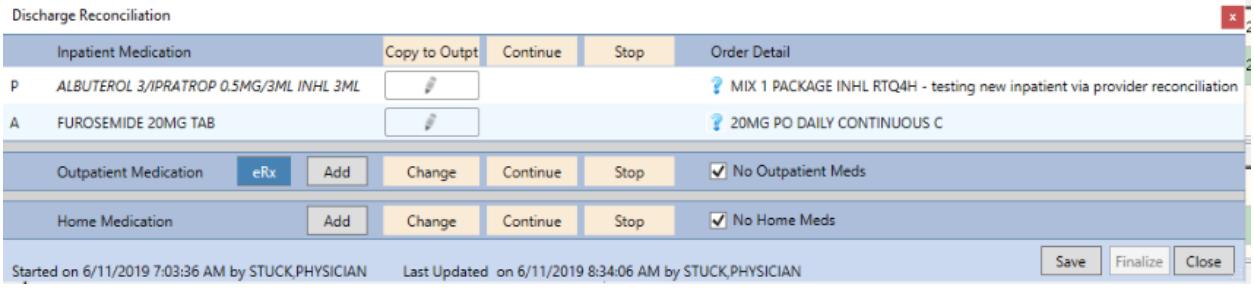

Figure 4: Physician Discharge Reconciliation Session – No medications

Icon Changes

The Taking and Not Taking icons are moved to the right of the columns for clearer viewing of nurse actions. In addition, the New Medication icon is moved to the left of order information.

Figure 5: Med rec icon updates

Outpatient eRx orders display with an eRx icon to differentiate these medications from other outpatient medications. Hover over this icon to display an eRx tooltip. If the eRx was added during the med rec session, the icon displays with a green plus sign and the hover display as New eRx.

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Figure 6: New eRx and eRx icons

A new Release Hold icon displays for any order that was released from hold within the Advanced Med Rec module and displays until the Release Hold order is signed.

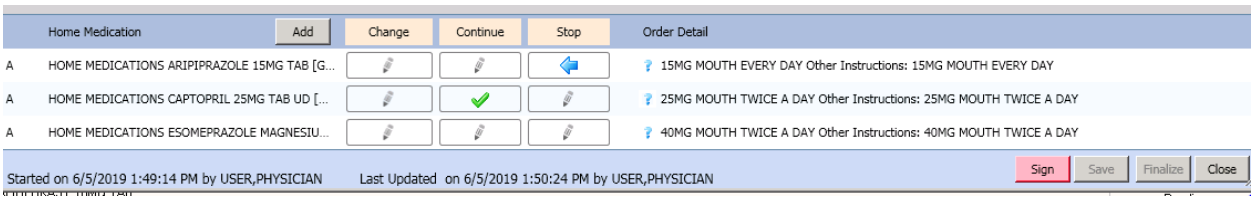


Figure 7: Release Hold icon

Hold Orders

For Discharge and Outpatient Medication Reconciliation dialogs, home and outpatient orders that were put on hold in CareVue must be released before any action can be taken in the Physician dialog for Advanced Med Rec. This ensures that the Hold reason on the report for that patient is accurate in the event the provider keeps the orders on hold after discharge.

A red dialog message with an asterisk linking the message to the medication order notifies the user that action must be taken. The user can place the medication on hold again, if desired, and select an appropriate reason for the hold to display on the Discharge Reconciliation report for that patient.

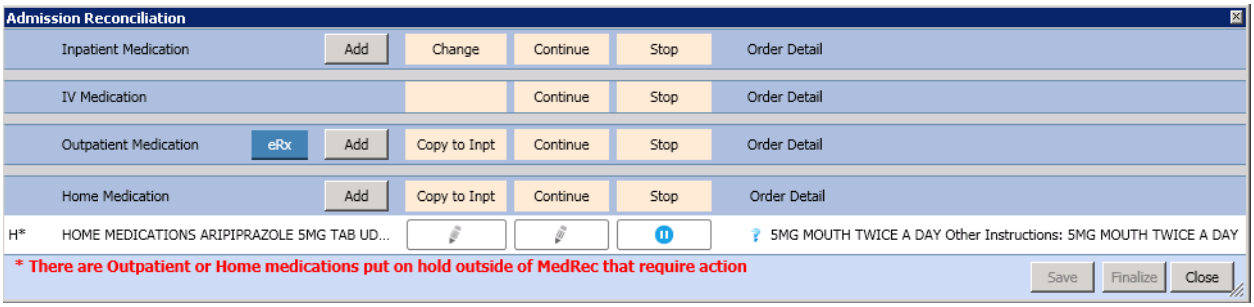


Figure 8: Admission Reconciliation with action message

Other Workflow Changes

If a provider enters a new order in the Advanced Med Rec module, it is assumed that order is to be continued, so no pencil displays under this column. The user needs to take no further action for this order to be marked as Continue on Med Rec reports. Other actions can be taken on the order if desired.

Required action: Test in your normal medication reconciliation workflow.

Related artifact: 21771

Admission and Transfer Medication Reconciliation Reports display in Notes tab

The Admission and Transfer Medication Reconciliation actions now display on the Notes tab when the medication reconciliation session is finalized. The completed date/time and the user completing the med rec session display at the bottom of the note. In addition, the note is auto-signed by the system to enable importation into the PEHR.

Create note titles in the TIU document definition hierarchy and configure the MED REC RPT TIU NOTE TITLE XPAR so the document appears in Notes. The MED REC RPT TIU NOTE TITLE XPAR is updated to include Admission, Transfer and Outpatient Med Rec functionality.

> **Note:** If this XPAR was previously set up to create a Discharge note, reset the MED REC RPT TIU NOTE TITLE XPAR configuration.

Admission Med Rec Note

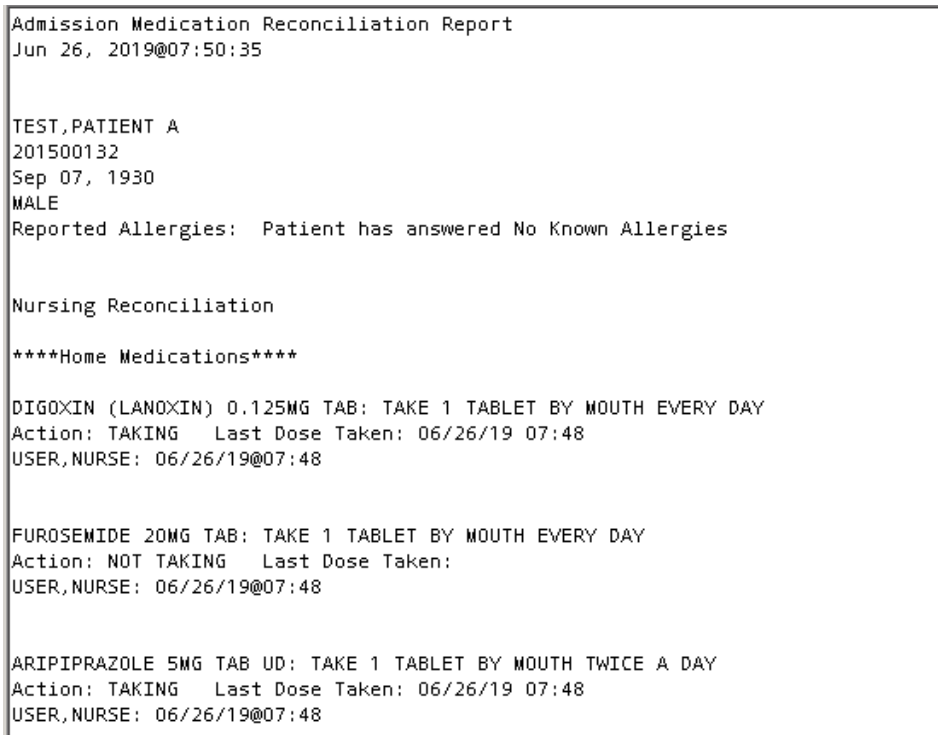
The Nursing section of the Admission Med Rec report only displays Home medications and associated comments if action has been taken on the Home med and the nursing Med Rec is Saved. If the No Home Medications flag was set by the nurse, this displays on the report. If no nursing medication reconciliation was performed, the Nursing section does not display at all.

The Physician section of the report displays all Home, Inpatient and IV Medications, associated comments and hold reasons, if applicable. The last action taken and the name of the user who took that action on the medication order displays for each entry. If no action was taken, No Action displays in the Last Action field.

Transfer Med Rec Note

The Nursing section of the Transfer Med Rec Report displays all Inpatient and IV Medications if the Nursing Med Rec session was saved. If no action was taken on a medication, there is no data in the Taking or Last Dose Taken field. If no nursing medication reconciliation was performed, the Nursing section does not display at all.

The Physician section of the report display all Home, Inpatient and IV Medications, associated comments and Hold reasons, if applicable. The last action taken and the name of the user who took that action on the medication order displays for each entry. If no action was taken, No Action displays in the Last Action field.



```
Admission Medication Reconciliation Report
Jun 26, 2019@07:50:35


TEST,PATIENT A
201500132
Sep 07, 1930
MALE
Reported Allergies:  Patient has answered No Known Allergies


Nursing Reconciliation

****Home Medications****

DIGOXIN (LANOXIN) 0.125MG TAB: TAKE 1 TABLET BY MOUTH EVERY DAY
Action: TAKING   Last Dose Taken: 06/26/19 07:48
USER,NURSE: 06/26/19@07:48


FUROSEMIDE 20MG TAB: TAKE 1 TABLET BY MOUTH EVERY DAY
Action: NOT TAKING   Last Dose Taken:
USER,NURSE: 06/26/19@07:48


ARIPIPRAZOLE 5MG TAB UD: TAKE 1 TABLET BY MOUTH TWICE A DAY
Action: TAKING   Last Dose Taken: 06/26/19 07:48
USER,NURSE: 06/26/19@07:48
```

Figure 9: Admission Medication Reconciliation note – Nursing

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```
Physician Reconciliation

****Home Medications****

DIGOXIN (LANOXIN) 0.125MG TAB: TAKE 1 TABLET BY MOUTH EVERY DAY
Action Taken: CHANGE
USER,PHYSICIAN: 06/26/19@07:49


FUROSEMIDE 20MG TAB: TAKE 1 TABLET BY MOUTH EVERY DAY
Action Taken: CHANGE
USER,PHYSICIAN: 06/26/19@07:49


ARIPIPRAZOLE 5MG TAB UD: TAKE 1 TABLET BY MOUTH TWICE A DAY
Action Taken: HOLD
Hold while admitted
USER,PHYSICIAN: 06/26/19@07:49
```

Figure 10: Physician Reconciliation – Home Medications

```
****Inpatient Medications****

DIGOXIN (LANOXIN) 0.125MG TAB UD: TAKE 0.125MG ORAL DAILY
New medication added
Action Taken: ADD
USER,PHYSICIAN: 06/26/19@07:49


FUROSEMIDE 20MG TAB: TAKE 20MG ORAL DAILY
New medication added
Action Taken: ADD
USER,PHYSICIAN: 06/26/19@07:49


CAPTOPRIL 25MG TAB UD: TAKE 12.5MG ORAL DAILY
New medication added
Action Taken: ADD
USER,PHYSICIAN: 06/26/19@07:50



Date Finalized: 06/26/19@07:50 by USER,PHYSICIAN (M.D.)



Signed: 06/26/2019 07:50
```

Figure 11: Admission Medication Reconciliation Note - Physician

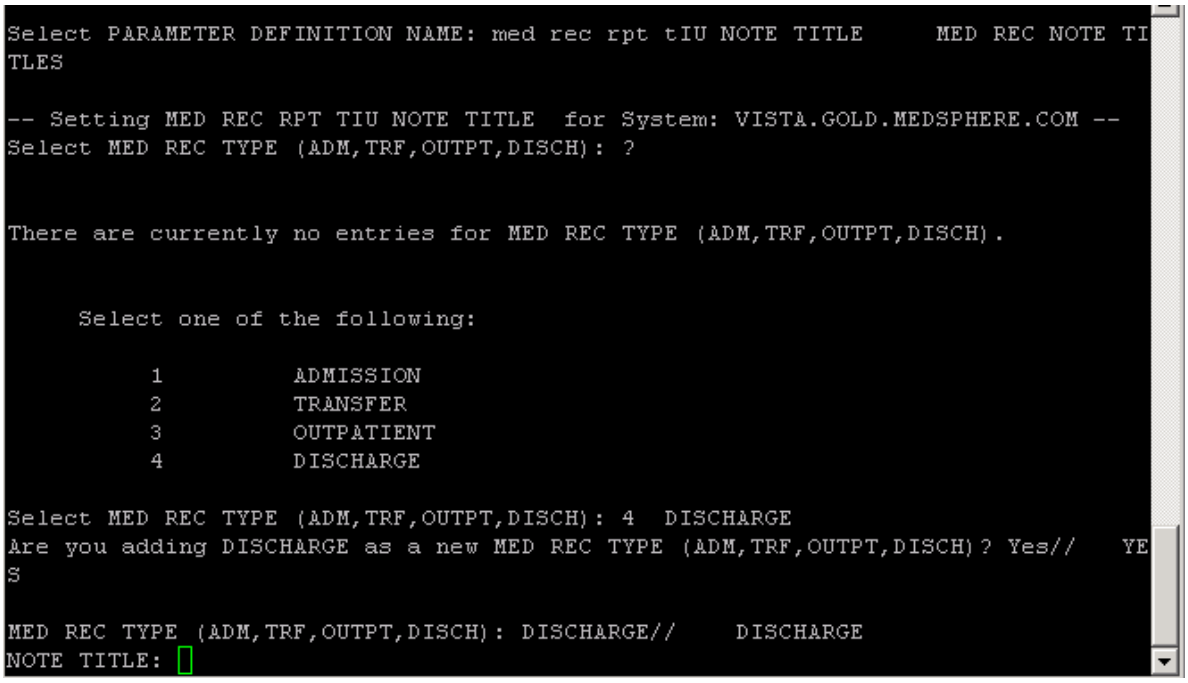


Figure 12: MED REC RPT TIU NOTE TITLE XPAR

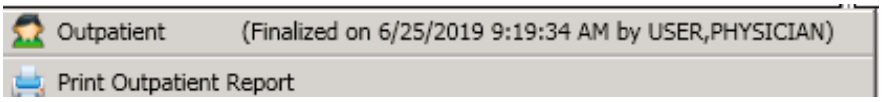
Required action: Test in your normal Admission and Transfer Medication Reconciliation workflow.

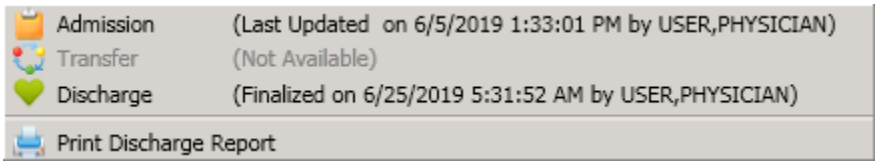
Related artifacts: 22329 and 22805

Outpatient Medication Reconciliation reports display in the Notes tab

The Outpatient Medication Reconciliation report now displays on the Notes tab each time a provider finalizes an outpatient medication reconciliation. Create a note title in the TIU Document Definition Hierarchy and configure the MED REC RPT TIU NOTE TITLE XPAR so the document appears in Notes. The completed date/time and the user completing the outpatient med rec display at the bottom of the report. Also, CareVue auto-signs the note to enable importation into the PEHR.

In addition, the outpatient Menu to Print report is now the Print Outpatient Report. The inpatient Menu to Print report is the Print Discharge Report.





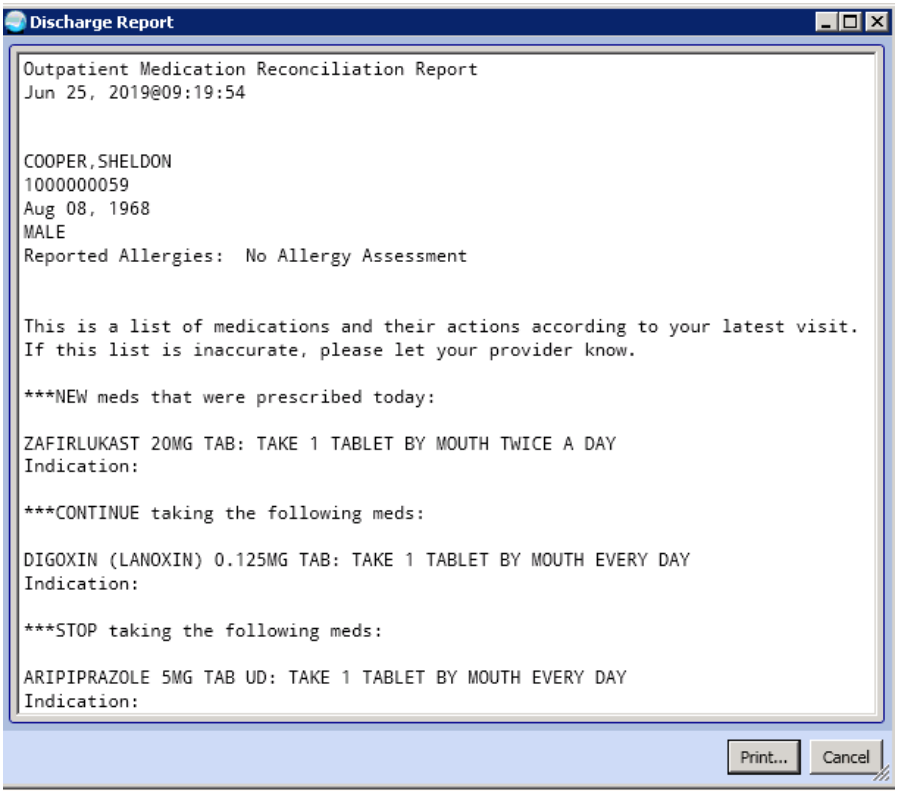


Figure 13: Discharge Report

Required action: Test in your normal outpatient medication reconciliation workflow.

Related artifact: 22474

Users can indicate no Home and/or Outpatient medications

The nurse or physician user of the Advanced Medication Reconciliation module can now indicate in the Admission Medication Reconciliation dialogs that the patient has no Home Medications. The user can also indicate that there are no Home Medications or Outpatient Medications on the Discharge Medication Reconciliation dialog. These checkboxes indicating no prescribed meds only appear when there are no home and/or outpatient medications on the patient chart.

This information also prints on the Admission and Discharge Medication Reconciliation Notes, as well as the Discharge Medication Reconciliation Report.

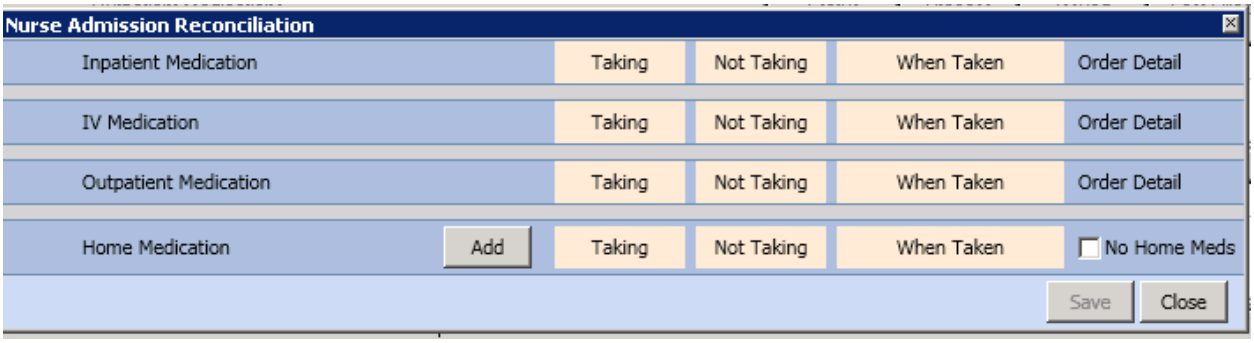


Figure 14: Nurse Admission Reconciliation dialog

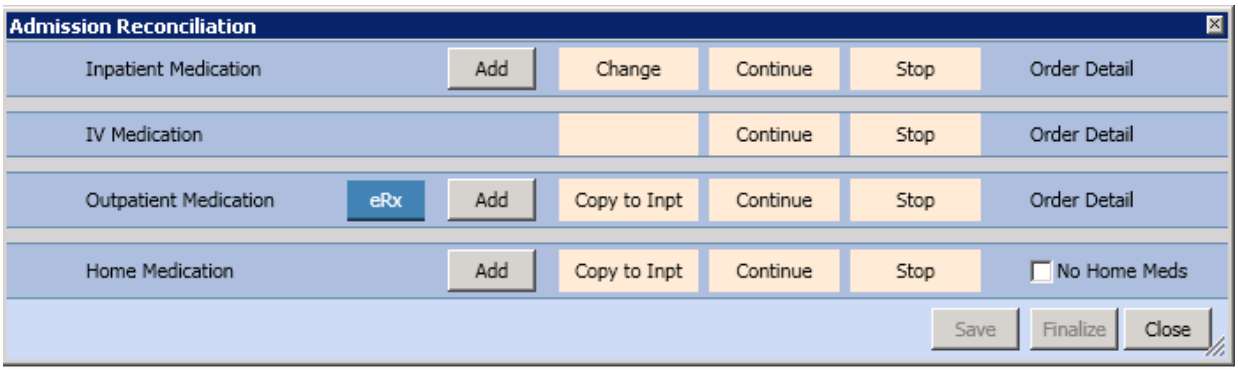


Figure 15: Physician Admission Reconciliation dialog

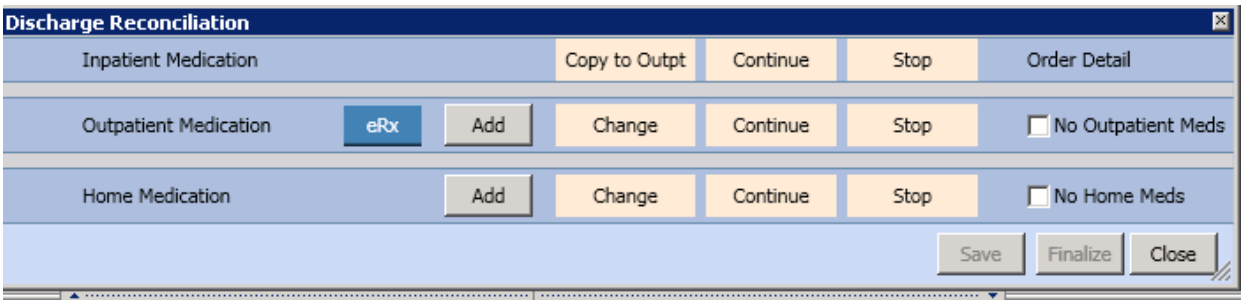


Figure 16: Discharge Reconciliation dialog

```
Discharge Medication Reconciliation Report
Jun 26, 2019@08:32:47


JONAS,MUREPAA
201510201
Sep 18, 1976
MALE
Reported Allergies:  BACTRIM, PENICILLIN, RASPBERRIES, SULFA DRUGS


This is a list of medications and their actions according to your latest visit.
If this list is inaccurate, please let your provider know.

"There are no Home medications"
USER,PHYSICIAN: 06/26/19@08:32


"There are no Outpatient medications"
USER,PHYSICIAN: 06/26/19@08:32
```

Figure 17: Discharge Medication Reconciliation Report

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```
 LOCAL TITLE: DISCHARGE MED REC
DATE OF NOTE: JUN 26,2019@08:32:42   ENTRY DATE: JUN 26,2019@08:32:42
      AUTHOR: USER,MEDREC          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Discharge Medication Reconciliation Report
Jun 26, 2019@08:32:42


JONAS,MUREPAA
201510201
Sep 18, 1976
MALE
Reported Allergies:  BACTRIM, PENICILLIN, RASPBERRIES, SULFA DRUGS


This is a list of medications and their actions according to your latest visit.
If this list is inaccurate, please let your provider know.

"There are no Home medications"
USER,PHYSICIAN: 06/26/19@08:32


"There are no Outpatient medications"
USER,PHYSICIAN: 06/26/19@08:32



Date Finalized: 06/26/19@08:32 by USER,PHYSICIAN (M.D.)
```

Figure 18: Discharge Medication Reconciliation Note

Required action: Test by performing admission medication reconciliation on a patient with no home medication and discharge or outpatient med rec for a patient with no home and/or outpatient medications.

Related artifact: 22491

Security key prevents users from finalizing Med Rec session

A new MSCZ MED REC NO FINALIZE security key, when assigned to an Advanced Med Rec module user, prevents that user from finalizing a session while preserving the ability to SAVE Med Rec actions. Assign this key to any Med Rec user whose work requires final review by a provider.

Required action: Test by assigning the MSCZ MED REC NO FINALIZE security key to a user, then open the Med Rec module when logged on to CareVue as that user. Ensure that the user can save the Med Rec session but cannot finalize.

Related artifact: 22574

BCMA

New parameter controls how long doses show after expiration

A new PSB ADMIN AFTER STOP TIME parameter allows users to determine the number of HOURS after the stop date of any order that medication doses continue to display on the BCMA Due List. This parameter impacts unit dose, IV piggyback and IV orders.

Required action: Test in your normal BCMA administration workflow.

Related artifact: 22539

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CareVue

Ability to display formulary alternatives upon transferring non-formulary medications to inpatient

When a user transfers either a non-formulary home or non-formulary outpatient medication to inpatient status, the Formulary Alternative dialog now displays a formulary alternative if configured for that medication. The dialog displays upon either selecting a new dose or selecting Accept from the Order dialog.

Configure a formulary alternative using the Drug Enter Edit menu. Assign the formulary alternative chosen to the Unit Dose package.

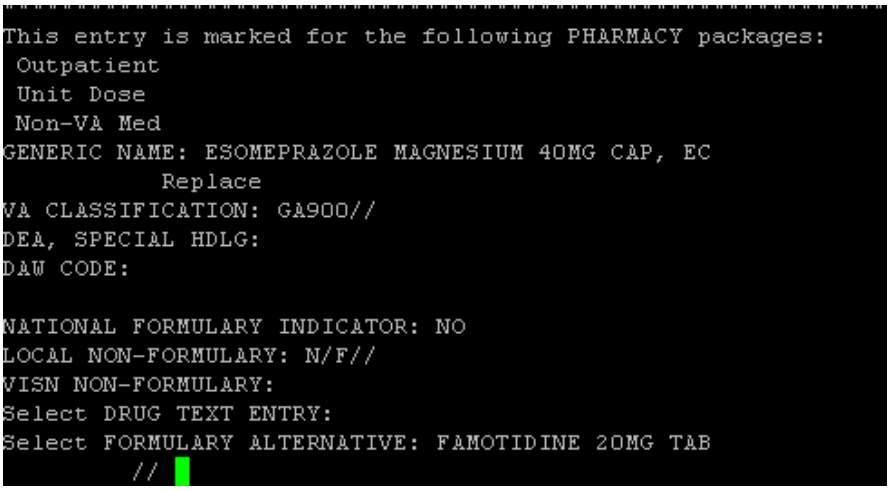

Figure 19: Formulary Alternative configuration

Required action: Configure a non-formulary medication with a formulary alternative. Ensure that the formulary alternative is assigned to the Unit Dose package. Test using the non-formulary medication to order home and outpatient medications, and then transfer them to inpatient status.

Related artifact: 19897

CCDA

CCDA Auto-Importer now automatically saves a copy to the patient chart

When a user creates a CCDA using the CareVue CCDA button and either saves it or sends it to the patient portal or via direct messaging, CareVue makes an entry in the IMAGE file and saves a copy of the CCDA to the patient chart. This file is accessible as a structured document via the CareVue View Images command.

The CCDA Auto-Importer released with CareVue version 2018.1 uploads CCDAs to the patient portal after inpatients are discharged. As initially implemented, the Auto-Importer sent the CCDA to the patient portal but did not save a duplicate copy to the patient chart. The CCDA Auto-Importer now saves a copy of the CCDA to the patient chart, just like using the CCDA button.

Required action: Test in your normal CCDA generation and patient discharge processes.

If you have not yet deployed the CCDA Auto-Importer and would like to do so, please contact the Customer Success team.

Related artifact: 22702

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Create CCDA IMPORTER CONTROL PURGE utility

A MSC CCDA IMPORTER PURGE menu option improves the efficiency of the CCDA Auto Importer. Use TaskMan to enable the MSC CCDA IMPORTER PURGE option by scheduling it to run at desired intervals. Use FileMan to configure the purge control by editing the CCDA IMPORTER ENV CONFIG file.

A new IMPORTER CONTROL PURGE DELAY field is added to CCDA IMPORTER ENV CONFIG. The value entered in this field determines how many days after a file has been imported (or excluded from import) an entry should remain in the CCDA IMPORTER CONTROL file. The default setting is seven (7), i.e., seven (7) days after a CCDA has been imported into the Patient Portal, the corresponding entry is deleted from the CCDA IMPORTER CONTROL file. To retain indefinitely the entries from the CCDA IMPORTER CONTROL file, set the value for IMPORTER CONTROL PURGE DELAY to zero (0).

Background: Users can configure the CCDA Auto Importer process to automatically create a CCDA for each inpatient discharge that is automatically imported into the Patient Portal. Contact Medsphere Customer Success if your site is not yet using the CCDA Auto Importer and would like to.

The CCDA Auto Importer is controlled by a file of entries to process. Over time, this CCDA IMPORTER CONTROL file accumulates one entry for every discharge. Every time the CCDA AUTO IMPORTER runs, the entire file is scanned. Excluded entries in the file show as “ready to be processed” and could potentially and unintentionally be imported into the Patient Portal if exclusion logic changes. Use of the MSC CCDA IMPORTER PURGE option prevents this by purging entries that are intentionally excluded from importation into the Patient Portal.

Using the MSC CCDA IMPORTER PURGE can also improve the efficiency of the CCDA Auto Importer because, with purging, the CCDA IMPORTER CONTROL file grows each time a patient is discharged.

Required action: Test in your normal patient discharge process.

Related artifact: 22707

CCDA icon in CareVue now less sensitive

Previously, the CCDA button in CareVue often displayed a menu when the cursor simply passed over it, requiring the user to close the unwanted menu. Now the button behaves like others in CareVue, requiring the user to click on the button to display the menu.

The CCDA button icon has also changed to this:

Required action: Mouse over the CCDA button in CareVue. Confirm that it does not open a menu. Click on the button and open the menu to confirm.

Related artifact: 22761

E-Prescribing (eRx)

Sites can enable and disable the eRx renewal button

A new MSC ERX DISABLE RENEWALS parameter enables sites using eRx to disable the eRx renewal button in CareVue. The parameter default is 0, which enables the renewal button. Set the parameter to 1 to disable the renewal button. Option 2, TEST PTS ONLY, has not yet been implemented.

```
Select PARAMETER DEFINITION NAME:     MSC ERX DISABLE RENEWALS    Disable the eRx
Renewals button

--- Setting MSC ERX DISABLE RENEWALS  for System: VISTA.GOLD.MEDSPHERE.COM ---
Value: ?

Enter a code from the list.

     Select one of the following:

          0          ENABLED
          1          DISABLED
          2          TEST PTS ONLY
```

Figure 20: eRx renewal enable and disable options

Required action: Test by setting this parameter and viewing the eRx renewal icon on the MEDS tab in CareVue.

Related artifact: 21465

New functionality enables cancelling an eRx

An eRx user can now cancel a transmitted eRx by selecting the magnifying glass next to the medication to view the detailed history of that prescription. The user then selects the "Notify pharmacy: Cancel previously authorized refills" button and a request is sent to the pharmacy to cancel the prescription. A message below the button shows that the cancelation request was successfully transmitted to the pharmacy. Any response from the pharmacy is displayed in the Cancel Detail section of the page.

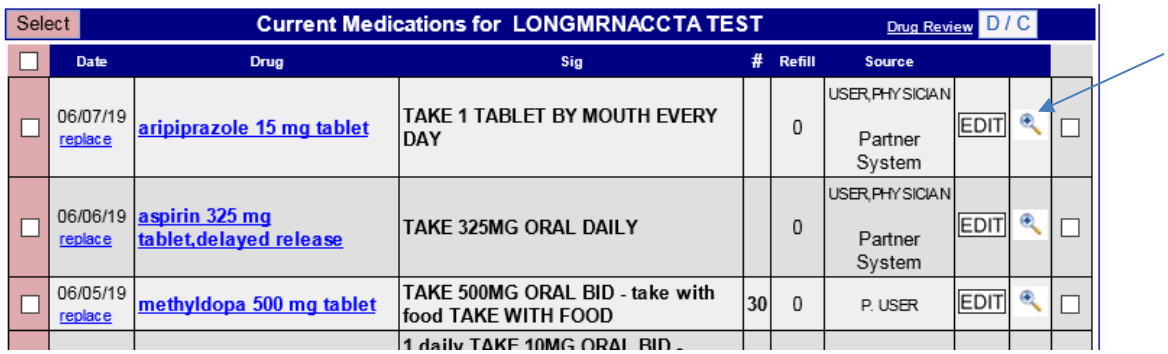

Figure 21: eRx medications sent with magnifying glass icon called out

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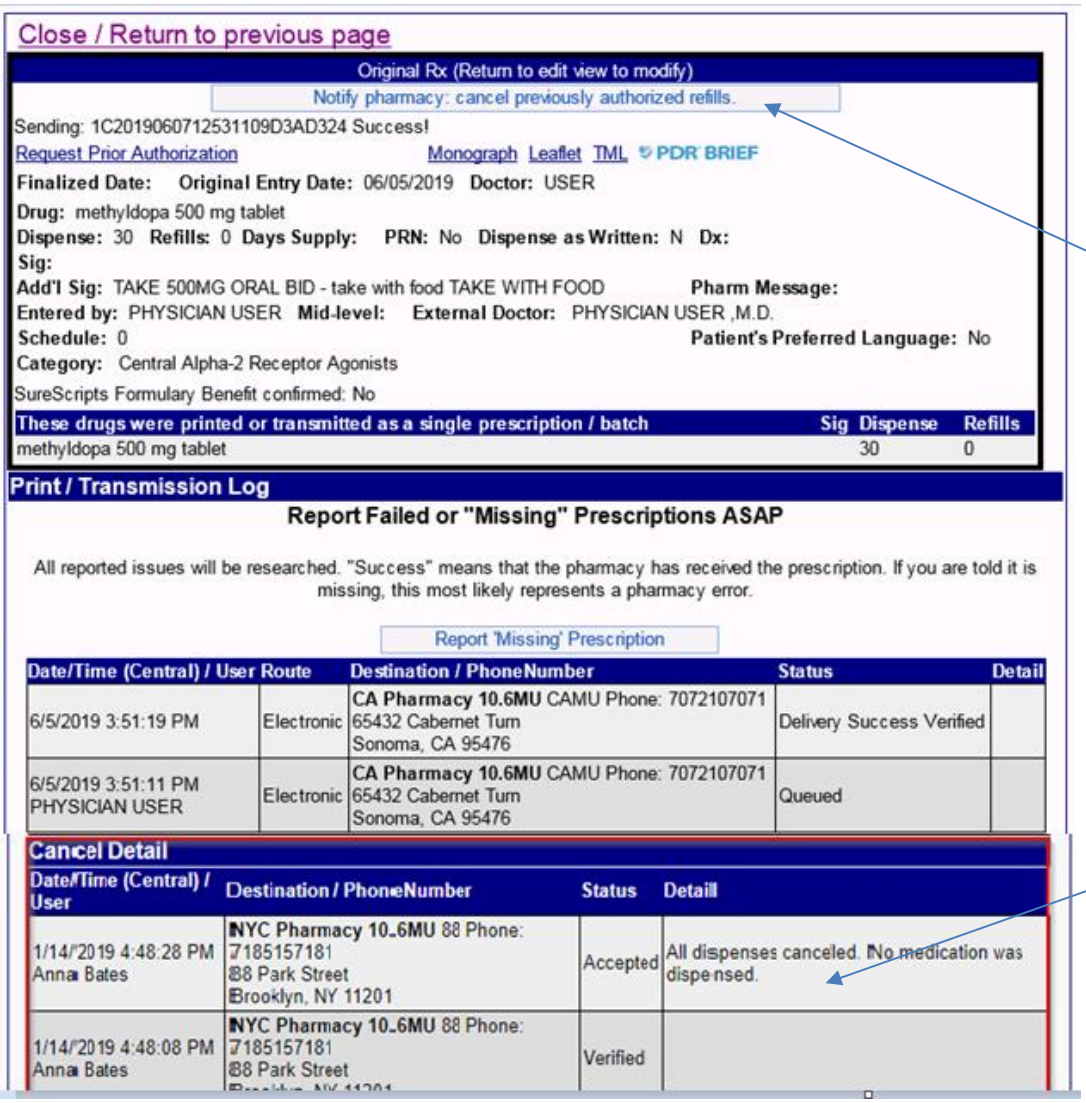

Figure 22: Notes on eRx-ordered drugs that were subsequently cancelled

Required action: Test by sending a prescription to a local pharmacy and then cancelling that prescription. Confirm that correct notation displays. Ask the pharmacy to confirm that the message was received and verify that cancel details display this information.

Related artifact: 22449

Allergies with an ampersand process normally in eRx

Allergies that include an ampersand (&) no longer cause the eRx module to error because & is converted to the word AND in CareVue.

Required action: Test by opening eRx on a patient with an allergy containing an ampersand (e.g., FD&C Blue Dye #2) and verifying that eRx opens with no error.

Related artifact: 22512

DEA numbers now sent to NewCrop for eRx inclusion

With this release, a number entered in the DEA field of a mid-level provider configuration is sent to NewCrop to be displayed on an eRx written by that provider.

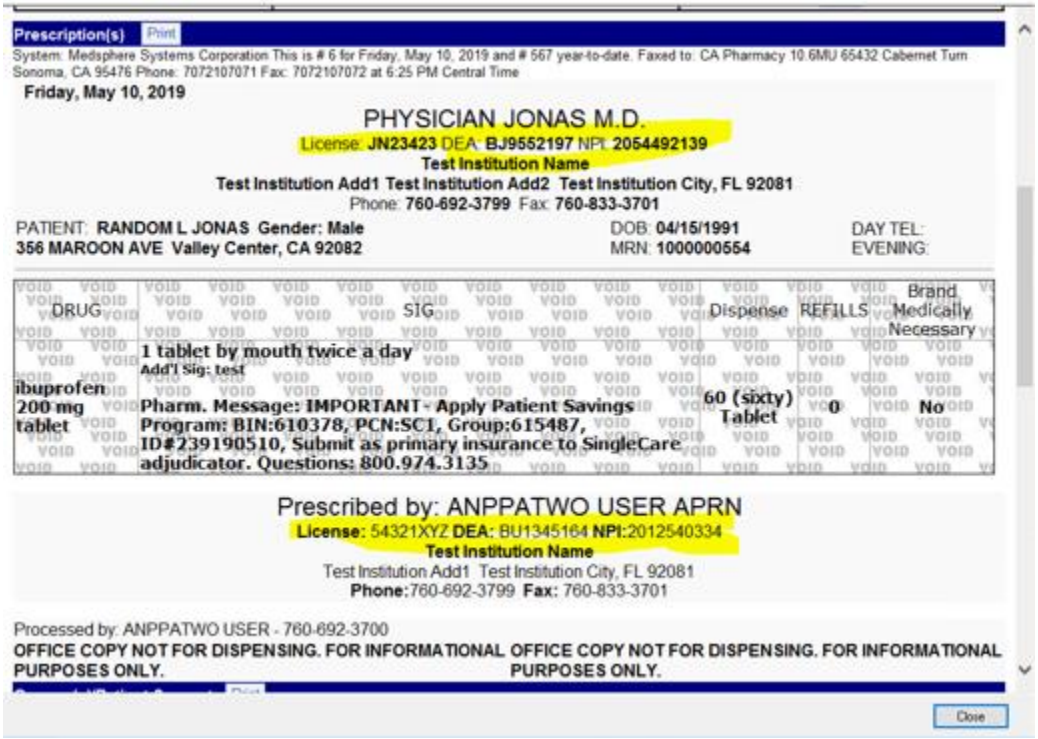

Figure 23: DEA number displayed on an eRx

Required action: Test by logging into eRx and transmitting a prescription as a mid-level provider with a DEA number configured in the PSO Provider Edit parameter.

Related artifact: 22535

Laboratory

Updated lab label format includes more information

A new MSC LR LABEL REVISED FORMAT parameter, when set to YES, updates the large format of lab labels to include a smaller barcode, the patient DOB and gender, the physician's name and the collection date/time. The small label format includes the patient DOB and gender.

Figure 24: Updated large format for lab labels

Required action: Test by setting the MSC LR LABEL REVISED FORMAT parameter to YES, the ALTERNATE LABEL ENTRY field to EN, and the ALTERNATE LABEL ROUTINE field to MSCLRLBL. Print lab labels using any lab label device and confirm that the updated information displays.

Related artifact: 20637

Pharmacy

Pharmacy PuTTY displays only 10 account numbers during Manual Pharmacy Charge Waste

Pharmacy application users are required to select account numbers when using the Manual Charge or Manual Pharmacy Waste functions. With this release, Pharmacy only displays the first 10 outpatient account numbers at a time in reverse chronological order so the user can avoid having to scroll back up to see the most recent account number. Press Enter to see later account numbers, if needed.

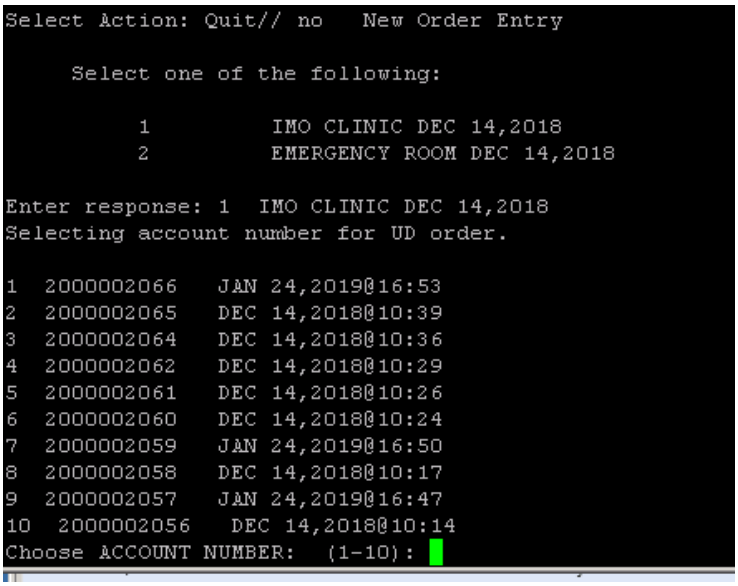

Figure 25: 10 displayed account numbers in Pharmacy PuTTY

Required action: Test using the Manual Charge and Marginal Pharmacy Waste functions in Pharmacy PuTTY on patients with multiple visits.

Related artifact: 22566

Radiology

Radiology Contrast fields can be configured to display or not display

Radiology application users can now use the Procedure Enter/Edit option to Configure Contrast fields to display or not display during exam processing in the MSCRA Processor, Case Number Edit, and Status Tracking menu options. If any of these fields are configured to display (YES) or the field is left blank, a second configuration determines whether the information is required (Y) or not required (N).

Configurable Contrast fields include the following:

- Contrast Media Name
- Dose Administered (Contrast), Including Date/Administering Person
- Needle Gauge
- Route of Administration
- Site of Administration
- Flow Rate

```
Option entry to test:    RA PROCEDURE     Procedure Enter/Edit

Select RAD/NUC MED PROCEDURES NAME: ct
     1   ct abcess drainage simple surg comp  CT ABCESS DRAINAGE SIMPLE SURG COM
P                                                (CT   Detailed) CPT:10060
     2   ct abcess drainage sub q surg comp  CT ABCESS DRAINAGE SUB Q SURG COMP
                                                 (CT   Inactive) CPT:10061
     3   ct abcess/drng comp  CT ABCESS/DRNG COMP     (CT   Detailed) CPT:76380
     4   ct abdomen w&w/o cont  CT ABDOMEN W&W/O CONT  (CT   Detailed) CPT:74170
     5   ct abdomen w/cont  CT ABDOMEN W/CONT         (CT   Detailed) CPT:74160
Press <Enter> to see more, '^' to exit this list,  OR
CHOOSE 1-5: 5  CT ABDOMEN W/CONT                     (CT   Detailed) CPT:74160
TYPE OF IMAGING: CT SCAN//
TYPE OF PROCEDURE: DETAILED//
CONTRAST MEDIA USED: Yes//
CM ASK CONTRAST MEDIA NAME?: ASK CONTRAST MEDIA NAME
        // y  ASK CONTRAST MEDIA NAME
CM REQ CONTRAST MEDIA NAME?: REQUIRE CONTRAST MEDIA NAME
        // ??
   N:DO NOT REQUIRE CONTRAST MEDIA NAME
   Y:REQUIRE CONTRAST MEDIA NAME = Make CONTRAST MEDIA NAME a required field
   during CONTRAST MEDIA documentation in the Exam Update processes.

     Choose from:
       Y        REQUIRE CONTRAST MEDIA NAME
       N        DO NOT REQUIRE CONTRAST MEDIA NAME
CM REQ CONTRAST MEDIA NAME?: REQUIRE CONTRAST MEDIA NAME
        //
CM ASK DOSE ADMINISTERED?: ASK DOSE ADMINISTERED//
CM REQ DOSE ADMINISTERED?: REQUIRE DOSE ADMINISTERED
        //
CM ASK ROUTE OF ADMIN?: DO NOT ASK ROUTE OF ADMINISTRATION
        //
CM ASK SITE OF ADMIN?: ASK SITE OF ADMINISTRATION
        //
CM REQ SITE OF ADMIN?:
CM SUPPRESS NEEDLE GAUGE PRMPT:
CM REQ NEEDLE GAUGE?:
CM SUPPRESS FLOW RATE PROMPT:
CM REQ FLOW RATE?:
```

Figure 26: Configuring contrast media fields

Required action: Test by configuring the above fields and processing exams within the MSCRA Processor, Status Tracking, and Case Number Edit menu options.

Related artifact: 22553

Reports

Updated report menu for 2019 Promoting Interoperability reporting

Several changes have been made to the reports for the Promoting Interoperability (formerly Meaningful Use) program.

Details of the objectives for 2019 can be found at this URL: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EH_Medicare_2019.pdf

This change better aligns menu items with revised names used in the Promoting Interoperability program.

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OLD MU MEASURE NAME	NEW PI MEASURE NAME	CAREVUE (PUTTY) REPORT FOR 2019
Electronic Prescribing	Electronic Prescribing	Electronic Prescribing (eRx) MU REPORT
Patient Electronic Access (also known as "View, Download, Transmit")	Provide Patients Electronic Access to Their Health Information	Provide Patient Electronic Access
Patient Specific Education	This measure has been removed	Removed
Secure Messaging	This measure has been removed	Removed
Health Information Exchange (Summary of Care)	Support Electronic Referral Loops by Sending Health Information	Electronic Referral Loops - Send Health Info
Clinical Information Reconciliation	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Pending Further Development – Exclusion is available for 2019 reporting.
Receive and Incorporate		

Table 1: Old and new measure names

To access the reports for 2019 Eligible Hospital Promoting Interoperability measures, use "TEST AN OPTION" and select MSCRU MAIN MENU:

```
Option entry to test: mscru main MENU       Meaningful Use Performance
Measure Reporting
                          **********************************
                          **    MSC REPORTING SYSTEM      **
                          **********************************
                                    Version 1.0

                                  GENERAL HOSPITAL

   OBJ     Meaningful Use (MU) Objective Reports ...
   CQM     Meaningful Use Performance Measure Reporting ...
```

Select OBJ for objectives:

```
Select Meaningful Use Performance Measure Reporting MUNEXT Option: o
Meaningful
 Use (MU) Objective Reports

   EH      MU Eligible Hospital/CAH ...
   EP      MU Eligible Provider/Clinician ...
```

Select EH for Eligible Hospital/CAH reports:

```
Select Meaningful Use (MU) Objective Reports MUNEXT Option: eh
```

```
   1      2014 Reporting Year - EH/CAH Stage 2 ...
   2      2015 Reporting Year - EH/CAH Modified Stage 2 ...
   3      2016 Reporting Year - EH/CAH Modified Stage 2 ...
   4      2017 Reporting Year - EH/CAH Modified Stage 2 ...
   5      2017 Reporting Year - EH/CAH Stage 3 ...
   6      2019 Reporting Year - EH/CAH Stage 3 ...
```

Select option 6 for the 2019 reporting year. Previous menu options are available to run reports for previous years.

```
Select MU Eligible Hospital/CAH MUNEXT Option: 6  2019 Reporting Year -
EH/CAH Stage 3

   1      Electronic Prescribing (eRx) MU REPORT
   2      V/D/T Monitor
   3      Electronic Referral Loops ? Send Health Info
   4      Clinical Information Reconciliation

Select 2019 Reporting Year - EH/CAH Stage 3 MUNEXT Option: 1  Electronic
Prescribing (eRx) MU REPORT
Enter starting date:  1/1/19  (JAN 01, 2019)
Enter ending date: t  (MAR 28, 2019)
Do you want ALL institutions to appear on this report? Y// ES
Do you want to exclude additional locations ? N// O
Do you want to include additional locations ? N// O

     Select one of the following:

          S         Summary (Summary Percentages Only)
          D         Detailed (Pts meeting criteria w/o documentation)

Select report: S// s  Summary (Summary Percentages Only)

     Select one of the following:

          P         Standard Printed Output
          D         Delimited Output

Select report output type: P//   Standard Printed Output
DEVICE: HOME//   TELNET
                                                  Jun 30, 2019        PAGE 1
 e-Prescribing - Summary Totals Report
Selected Admission Date Range: 1/1/19 to 3/28/19
Multi-divisional preferences : ALL
Hospital location preferences : SPECIFIED
```

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ePRESCRIBING	NUMERATOR	DENOMINATOR	%
TOTAL Non-Controlled:	119	167	71%
Controlled Substances:	0	1	0%
TOTAL Incl. Controlled:	119	168	71%

As shown above, the e-Prescribing report is unchanged from prior years. Hospitals may report on non-controlled substances only or include non-controlled plus controlled substances at their discretion. Both percentages are provided.

Provide Patient Electronic Access

This PI Objective is based on the upload of CCDA files to the Patient Portal within 36 hours of discharge. The measure to count is the measure labeled VDT Available.

Provide Patient Electronic Access - Summary Totals Jun 30, 2019 PAGE 1
Selected Discharge Date Range : 1/1/19 to 6/30/19
Multi-divisional preferences : ALL
Hospital location preferences : SPECIFIED

VIEW DOWNLOAD TRANSMIT	NUMERATOR	%	NO	%	DENOMINATOR
VDT Available	134	61%	85	39%	219
VDT Accessed	4	2%	215	98%	219

Electronic Referral Loops – Send Health Info

This report provides the data needed for the PI measure named Support Electronic Referral Loops by Sending Health Information. This measure is part of the PI objective named Health Information Exchange. This measure is just a new name for the Modified Stage 2 MU measure that was commonly referred to as Summary of Care.

The report shows two calculations: One for printed summary of care and one for electronically transmitted summary of care documents. The E TRANS SUMMARY OF CARE measure is the correct one to use, as printed copies of the CCDA do not satisfy this objective.

Elec Referral Loops - Send Health Info Summary Totals Jun 30, 2019 PAGE 1
Selected Discharge Date Range : 1/1/19 to 6/30/19
Multi-divisional preferences : ALL
Hospital location preferences : SPECIFIED

TRANSMIT SOC	NUMERATOR	%	NO	%	DENOMINATOR
SUMMARY OF CARE PROVIDED	7	18%	33	83%	40
E TRANS SUMMARY OF CARE	5	13%	35	88%	40

Clinical Information Reconciliation

This report is not used at this time. A future version of this report will be modified to comply with the new PI measure Support Electronic Referral Loops by Receiving and Incorporating Health Information. For the

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2019 reporting year, an exclusion is available for this measure.

Change of Delimited Data Export

For users who wish to import data into a spreadsheet or analysis program, the delimited data export option is refined for greater ease. The change affects only Detailed reports, and only the Delimited output option.

The new delimited output format:

1. Provides several lines of information at the top of the report showing the report name, run date, reporting period and other parameters
2. Always provides column names for the data as a single line, immediately preceding the rows of data
3. Contains one row per record of the report
4. Uses the "^" character as the field separator

Sample output:

```
   1      Electronic Prescribing (eRx) MU REPORT
   2      Provide Patient Electronic Access
   3      Electronic Referral Loops - Send Health Info
   4      Clinical Information Reconciliation


Select 2019 Reporting Year - EH/CAH Stage 3 MUNEXT Option: 3  Electronic
Referral Loops - Send Health Info
Enter starting date:  1/1/17  (JAN 01, 2017)
Enter ending date: T  (JUL 02, 2019)
Do you want ALL institutions to appear on this report? Y// ES
Do you want to exclude additional locations ? N// O
Do you want to include additional locations ? N// O
    Select one of the following:

          S         Summary (Summary Percentages Only)
          D         Detailed (Pts meeting criteria w/o documentation)

Select report: S// Detailed (Pts meeting criteria w/o documentation)

     Select one of the following:

          P         Standard Printed Output
          D         Delimited Output

Select report output type: P// Delimited Output
DEVICE: HOME//   TELNET

Elec Referral Loops - Send Health Info Detailed Report
Run Date: Jul 02, 2019
Selected Discharge Date Range : 1/1/17 to 7/2/19
```

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```
Multi-divisional preferences  : ALL
Hospital location preferences : SPECIFIED

PATIENT NAME^MED RECORD #^ADMIT DT^SOC TRANSMIT DT^SOC CREATED^SOC
TRANSMITTED
JONAS,MSCIAA^1000000128^8/18/16@16:40^^N^N
JONAS,MEDSHH^1000000190^9/14/16@09:08^^N^N
JONAS,MEDRECKK^1000000224^10/28/16@13:37^^N^N
JONAS,RANDOM B^1000000246^1/5/17@11:46^^Y^N
JONAS,MEDSLL^1000000200^1/30/17@16:26^^N^N
JONAS,MSCIAA^1000000128^1/30/17@16:52^^N^N
JONAS,RANDOM A^1000000168^2/6/17@17:34^^Y^N
IMMUNIZATION,ADULT B^1000000277^2/14/17@13:41^^N^N
HOLMAN,RUSSELL C^1000000311^5/17/17@12:43^^N^N
QRDATEST,VTEONE^1000000340^6/15/17@07:49^^N^N
JONAS,MEDSMM^1000000344^6/19/17@16:17^^N^N
QRDACMS,VTE^1000000362^6/21/17@10:30^^N^N
JONAS,SOCAA I^1000000394^6/29/17@09:00^7/7/17@14:00^Y^Y
JONAS,SOCBB O^1000000395^6/30/17@08:15^7/10/17@16:30^Y^Y
EHSUMMERS,ALLAN^1000000438^8/4/17@11:00^^N^N
DANIELS,TRACY^1000000448^8/10/17@10:30^^N^N
POTTER,DIANNE^1000000449^8/10/17@10:11^^N^N
OWENS,KATRINA^1000000450^8/10/17@11:00^^N^N
SUMMERS,ALLAN^1000000451^8/10/17@11:30^^N^N
MACK,ADA^1000000452^8/10/17@11:35^^N^N
DANIELS,TRACY^1000000448^8/13/17@08:30^^N^N
POTTER,DIANNE^1000000449^8/13/17@08:45^^N^N
OWENS,KATRINA^1000000450^8/13/17@09:00^^N^N
EDWARDS,ANTHONY^1000000453^8/13/17@18:00^^N^N
HALL,BRUCE^1000000454^8/13/17@19:05^^N^N
STEELE,DEBRA^1000000455^8/13/17@20:00^^N^N
SUMMERS,ALLAN^1000000451^8/13/17@18:45^^N^N
PRICE,DEBRA^1000000459^8/15/17@15:00^^N^N
```

Due to the length of the data elements included in some delimited output, this option works best when printing to the Host File System (HFS) to save a text file. To print to the screen in PuTTY, specify a very wide column width to avoid line breaks.

For example, the report below specifies 200 columns before a line break, by using the line

```
DEVICE: HOME// 0;200;99999
     Select one of the following:

          S         Summary (Summary Percentages Only)
          D         Detailed (Pts meeting criteria w/o documentation)

Select report: S// d  Detailed (Pts meeting criteria w/o documentation)
```

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```
     Select one of the following:

          P         Standard Printed Output
          D         Delimited Output

Select report output type: P// Delimited Output
DEVICE: HOME// 0;200;99999  TELNET

e-Prescribing - Prescription Details
Run Date & Time: Jul 02, 2019@10:30
Selected Admission Date Range: 1/1/17 to 7/2/19
Multi-divisional preferences : ALL
Hospital location preferences : SPECIFIED

PATIENT NAME^Ordering Provider^MRN^Prescription Date^Prescription #^Item
Ordered^eTransmit(Y/N)^Controlled Substance
CMSED,STROKEADULTNB^USER,PHYSICIAN^1000000191^Apr 04,
2017@07:33:03^NC661^ABACAVIR SULFATE 300MG TAB^Y^N
CMSED,STROKEADULTNB^USER,PHYSICIAN^1000000191^Apr 04,
2017@07:33:03^NC662^ACETAMINOPHEN 325MG TAB^Y^N
CMSED,STROKEADULTNB^USER,PHYSICIAN^1000000191^Apr 04,
2017@07:39:31^NC663^AMOXICILLIN 500MG CAP^Y^N
JONAS,ERXRENFF^NICKLAS,FLOYD^1000000352^Jun 21,
2017@10:01:06^NC725^ATOMOXETINE 40MG CAP^Y^N
JONAS,ERXRENFF^NICKLAS,FLOYD^1000000352^Jun 21, 2017@10:01:06^NC726^ERLOTINIB
150MG TAB^Y^N
JONAS,ERXRENFF^NICKLAS,FLOYD^1000000352^Jun 21,
2017@10:01:06^NC727^FEXOFENADINE HCL 60MG TAB^Y^N
JONAS,ERXRENGG^JONAS,PHYSICIAN^1000000353^Jun 21,
2017@09:50:26^NC718^LORATADINE 10MG TAB UD^Y^N
```

Related artifact: 22626

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Release 2019.1.0 Updates

Advanced Medication Reconciliation

Comments entered via Adv Med Rec display in CareVue

Comments entered using the Home Medication dialog in the Advanced Medication Reconciliation module now display in CareVue.

Required action: Test by adding new home medications with comments using the Advanced Medication Reconciliation module. Verify that the comments display in CareVue on the Orders and Meds tabs.

Related artifact: 22470

Security key prevents users from finalizing Med Rec session

A new MSCZ MED REC NO FINALIZE security key, when assigned to an Advanced Med Rec module user, prevents that user from finalizing a session while preserving the ability to SAVE Med Rec actions. Assign this key to any Med Rec user whose work requires final review by a provider.

Required action: Test by assigning the MSCZ MED REC NO FINALIZE security key to a user, then open the Med Rec module when logged on to CareVue as that user. Ensure that the user can save the Med Rec session but cannot finalize.

Related artifact: 22574

BCMA

Undo Given option credits correctly when more than one unit per dose

When completing the Undo Given option for unit dose medications, the quantity in the credit message now matches the quantity in the original charge message.

Required action: For systems utilizing charge on administration, use BCMA to administer a unit dose medication that requires a quantity greater than one tablet to satisfy the dose. Validate that the charge message contains the correct number of units. Mark the administration as Undo Given and confirm that the credit message contains the correct number of units.

Related artifact: 22547

Unable to Scan Summary report reflects scanned synonym

The BCMA Unable to Scan Summary report now includes scans from the Pharmacy Synonym file in addition to the drug IEN.

Required action: Test in your normal BCMA reports workflow.

Related artifact: 22595

CPRS Med Order button does not document previous orderable

Orders placed using the BCMA CPRS Med Order button no longer document administration of a previous orderable.

Required action: Test in your normal BCMA CPRS Med Order button workflow.

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Related artifact: 22861

CareVue

Medication orders transfer correctly

Medication orders in CareVue no longer disappear when an error occurs while transferring inpatient medications to outpatient.

Required action: Test by using CareVue to add several inpatient medications to the patient record. Transfer those orders to outpatient and confirm that no error occurs and that all patient orders are displayed.

Related artifact: 22451

Diagnosis and Primary boxes update on PROBLEM LIST for delayed orders

When users enter delayed orders for an ADT event and choose an Other problem, the diagnosis and primary check marks now update properly without error.

Required action: Write delayed transfer orders, including one that incorporates the MSC OR GTX PROBLEM prompt. When selecting a problem, choose the Other problem option, then search for a new problem and sign the order. Using an ADT interface, transfer the patient to a new location. Confirm that the problem displays on the Problems List and the diagnosis displays in the diagnosis (Purpose of Visit) tab as the primary diagnosis. Also confirm that no error is recorded in the PuTTY Error Trap.

Related artifact: 22634

Problem prompt on a delayed transfer order functions correctly

Users no longer see a MUMPS error when using the Problem prompt feature on an ADT “Transfer to location” delayed order.

Required action: Transfer an inpatient to an inpatient location using a delayed order with the Problem prompt. Choose Other and search for a new problem, then sign the order. Using the ADT interface, transfer the patient to the new location. Confirm that the problem displays on the Problem List and there is no error in the error trap.

Related artifact: 22636

Contraindication identifies INFLUENZA, INJECTABLE, QUADRIVALENT

The CareVue Influenza Seasonal Reminder now correctly resolves when a specific influenza contraindication is selected.

Required action: On a patient with the clinical reminder called “Influenza vaccination (seasonal)" due, add an "influenza, injectable, quadrivalent, contains preservative" contraindication for this immunization. Return to and refresh the coversheet reminders. Confirm that the reminder now resolves with this immunization.

Related artifact: 22775

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Clinical Dashboard

Abnormal Vital Signs indicator triggers for non-age specific abnormal blood pressures

For facilities not using the Age-Specific Vital Signs feature, documenting an abnormal blood pressure reading now triggers an indicator in the Abnormal Vital Signs column on the Clinical Dashboard.

Required action: There is no required action for facilities using the Age-Specific Vital Signs feature. Facilities that are not using this functionality should test in your normal vital signs entry workflow. Verify that an abnormal blood pressure reading, according to facility parameters, triggers the indicator to display in the Abnormal Vital Signs column on the Clinical Dashboard.

Related artifact: 22722

Clinical Messaging

Clinical Messaging now accommodates longer messages

Previously, the CareVue Clinical Messaging application limited the user to a message body length of 1,000 characters, or 1 kB of data. Clinical Messaging now allows approximately 8 MB of data in the message body. The message body plus attachments cannot exceed 20 MB.

Required action: Test in your normal clinical messaging workflow.

Related artifact: 22508

Clinical Reminders

CareVue now enables more accurate clinical reminder calculations

CareVue Clinical Reminders can be set to resolve based on user actions performed for a visit.

Previously, resolution logic looked at the first date of the visit rather than the date of the clinical action performed. This matters when a visit is more than one day and becomes significant for longer visits.

Example:

- A reminder is set to resolve based on an immunization performed in the previous 6 months.
- A long-term care patient has a visit of longer than 6 months.
- The patient is immunized on a date that is more than 6 months after the start of the visit.

Prior to this release, the immunization would not resolve the reminder because it would be treated as if it had occurred on day one of the visit, over six months before it happened.

Now, the Reminders module calculates reminder due dates based on the actual date of the clinical action performed. This affects the following types of reminder resolution actions:

ACTION	FILE
Exams	V EXAM
Immunization	V IMMUNIZATION
Patient Education	V PATIENT ED
Skin Test	V SKIN TEST

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Health Factors	V HEALTH FACTOR

Table 1: Reminder resolution actions and files

Additionally, if a clinical reminder is resolved by an immunization, the Reminders module no longer resolves the reminder if the immunization is marked as deleted.

This artifact affects the behavior of two clinical reminders: MSC INFLUENCA IMM and MSC PNEUMOCOCCAL (see artifact 21893)

Required action: Test in your normal clinical reminders workflow.

Related artifact: 22611

Consults

Partial Results status displays for uncompleted consults

When a user attaches a signed note but does not complete the related consult, CareVue now correctly displays the consult status as PARTIAL RESULTS.

Required action: Attach a signed note to an uncompleted consult. Confirm the correct status displays.

Related artifacts: 22659

Enhanced PEHR

Fix for Mumps error encountered on all ePEHRs for a given user

This artifact addresses a situation where an appropriately credentialed user was previously unable to run an ePEHR for any patient.

Required action: Verify that all users who previously were unable to run an ePEHR for any patient can now successfully generate the report.

Related artifacts: 22785, 22569, 22556

Support added for medications with No Fixed Admin Times

The Enhanced PEHR module now supports medications in the MAH section with non-numeric schedules, e.g., those with odd schedules or no fixed admin times.

Required action: Run the ePEHR for patients with medications that have no fixed admin time to confirm that the report completes correctly.

Related artifacts: 22689

E-Prescribing (eRx)

eRx Renewals with carat process correctly in CareVue

Renewal requests that contain data with a caret (^) no longer cause errors with the eRx Renewals component in CareVue.

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Required action: Test in your normal eRx Renewals processing workflow.

Related artifact: 22840

FileMan

Scheduling an option to print to an HFS device on GT.M works correctly

When using Schedule/Unschedule Options [XUTM SCHEDULE] to print to an HFS device on a GT.M system, the print job responds accordingly and no longer displays a "Status Notes: rescheduled for busy device" message.

Required action: Test in your normal printing process to an HFS device using the XUTM SCHEDULE option.

Related artifact: 22288

Flowsheets

IV Lock indicator now displays on Clinical Flowsheets

An IV Lock message now displays in the Flowsheets time cell when an IV site is converted to IV lock.

Required action: Test in your normal Flowsheets IV site and infusion workflow.

Related artifact: 22562

Entered in error Indicator added to Flowsheets' IV Maint/Rate/Site Assessment row

A red triangle is added to the upper left corner of the Clinical Flowsheet's IV Maint/Rate/Site Assessment row time cell when an IV site or fluid start is documented as entered in error and removed from Flowsheets. Entries marked as entered in error are now removed immediately from Flowsheets. A hover-over feature in the cell with the triangle allows users to view the entry that was marked entered in error.

Required action: Test in your normal IV Flowsheets workflow.

Related artifact: 22563

IV Maint/Rate/Site Assessment Enhancements

When an additional IV fluid/medication infusion is added to an existing IV site, the IV site start documentation marker no longer moves to the date/time in Flowsheets the new IV fluid was started. The IV site assessment for a new infusion start now displays in the IV Site row time cell instead of the infusion Start cell.

Required action: Test in your normal IV infusion workflow in Flowsheets.

Related artifact: 22678

Seclusion-Restraints dialog comments available in hover-over information

Free text documentation entered in the Notes field of the Seclusion/Restraints dialog now also appears in the Flowsheets cell hover-over information. It is also visible in the Notes field when the dialog is re-opened.

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Required action: Test in your normal seclusion / restraints workflows.

Suggested additional testing: Add free text comments to the Seclusion/Restraints dialog in the Notes field and save. Confirm free text documentation displays in the Flowsheets cell hover-over and is visible in the Notes field when the documentation dialog is re-opened.

Related artifact: 22872

Infrastructure

Messaging improved for users with DISUSER designation when attempting PuTTY login

When users with a DISUSER system designation in the New Person file attempt to log in to PuTTY, instead of an error, a message displays stating that user does not have access.

Required action: Test in your normal login process.

Related artifact: 22605

Interfaces

Visit selection logic updated for transcription and lab interfaces

Transcription and lab interfaces enable patient record notes. Every note must have an associated visit.

The logic for selecting a visit to associate with a newly created note is updated as follows:

1. If there is an account number in PID.18, the code looks up the most recent visit for that account number and associates the note with that visit.
2. If there is no account number in PID.18 or the account number fails, the code looks at the time in PV1.44 or OBR.7 and finds the most recent visit for that account number.

New XPARS define the default transcription user and default transcription title

While the lab interface uses INTERFACE,LAB as a default user name and MICROBIOLOGY RESULT as a default note title, the transcription interface now uses the values in the following XPARS:

1. MSC TRANSCRIPTION USER includes the name of the default user.
2. MSC TRANS DEFAULT TITLE includes the name of the default note title.

Required action: For clients using the transcription and/or lab interfaces, process data to create default transcription and/or lab notes. In the CareVue Notes tab, use the Custom View option to group notes in the tree by visit date. Confirm that each note is associated with the correct inpatient or outpatient visit.

Related artifacts: 22630

Laboratory

MSC LAB CHARGE POINT parameter set to Result charges correctly

When the MSC LAB CHARGE POINT parameter is set to RESULT, CareVue lab correctly generates charges on Result, not Accession.

Required action: Test in your normal lab charge workflow.

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Related artifact: 22402

Lab tests with asterisks cancel correctly

Previously, CareVue Lab generated an error when users canceled a lab test with an asterisk in the Result field using the Enter/verify/modify data (manual) option. This issue is fixed and the error no longer displays.

Required action: Test in your normal lab test cancellation workflow.

Related artifact: 22622

Lab collection label batch print displays the right provider

The lab collection label batch print function now displays the correct provider for each patient.

Required action: Test in your normal lab collection label batch print process.

Related artifact: 22637

Pharmacy

The MSC ADM BCMA report filters correctly

The MSC ADM BCMA report now only displays inpatient ADM dispenses when the report is filtered for an inpatient location. Outpatient ADM dispenses now correctly display on the report when no location filter is selected. In addition, the ADM location name for every ADM dispense or override displays on the report.

Required action: Test by creating inpatient and outpatient ADM dispenses and administered medications via BCMA, then run the MSC ADM BCMA report. Confirm that inpatient and outpatient dispenses display only with correct filtering.

Related artifact: 22641

Users can make changes to active IV orders in Pharmacy PuTTY sessions

Making changes to active IV orders in the Pharmacy application no longer generates errors or terminates the session.

Required action: Test in your normal Pharmacy workflow.

Suggested additional testing: Edit the Other Print Info field for an active IV order in PuTTY Pharmacy and then type a caret (^) in the Beyond Use Days field. Verify that no error occurs.

Related artifact: 22676

Administration schedule displays in PuTTY Pharmacy

The administration schedule now displays as expected on the main profile screen in PuTTY Pharmacy for IV piggyback orders.

Required action: Test in your normal IV piggyback order process.

Related artifact: 22679

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PuTTY Pharmacy accepts deletions of order dose/volume calculations

Users can successfully delete Dose/Volume calculations from orders while processing in PuTTY Pharmacy.

Required action: Test in your normal Pharmacy order verification process for orders with a Dose/Volume calculation.

Related artifact: 22719

Pharmacy verification queue stores non-numeric values in the date field

Previously, some dates were stored as non-numeric values, causing the Pharmacy verification queue in PuTTY to freeze. The cross reference of the PHARMACY PATIENT file is now modified to force a numeric date.

Required action: This update cannot be tested directly. The change prevents future occurrences of the cross reference using non-numeric values. Verify that pharmacists can use the NON-VERIFIED / PENDING ORDERS option [PSJU VBW] normally.

Related artifact: 22817

Dose/Volume calculations correctly absent on certain IV orders

Dose/Volume calculations no longer appear on orders that have more than one additive or that include a solution.

Required action: Test in your normal Pharmacy order verification process for orders with more than one additive or with a solution.

Related artifact: 22851

Provider Dashboard

Med Rec icon color in Dashboard updates to match icon color in Patient Chart

When a user starts medication reconciliation, the Med Rec icon color on the Provider Dashboard changes from red to yellow, matching the color of the Med Rec icon in the Patient Chart.

Required action: For users of Advanced Med Rec and the Provider Dashboard, admit a test patient and verify that the Provider Dashboard shows a red indicator in the Med Rec column. Start the medication reconciliation but do not complete it. Confirm that the Med Rec icon on the Provider Dashboard updates to yellow.

Related artifacts: 22848

Radiology / MSCRA Processor

CPT Modifier field displays in MSCRA PROCESSOR

The CPT Modifier field is now available for use in the MSCRA PROCESSOR.

Required action: Test in normal status update workflow for the MSCRA PROCESSOR.

Related artifact: 22446

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Radiology interface sends correct code and segment

The Radiology interface now correctly sends the XO code in the ORC.1 segment when radiology exam status is updated to EXAMINED.

Required action: Test in your normal radiology exam status update workflow.

Related artifact: 22609

New parameter enables sending extended radiology order number

A new MSC RAD INCLUDE ORDER NUM parameter, when set to YES, sends an extended radiology order number in the OBR-2 segment of order and results messages. This extended number consists of the order number followed by the accession number.

Required action: Test in your normal radiology order workflow.

Related artifact: 22619

MSCRA PROCESSOR correctly displays exams when sorting by room/bed

Duplicate exams no longer display in the MSCRA PROCESSOR when sorting by room/bed after ordering an exam for a patient that is not admitted and then admitting that patient.

Required action: Test by ordering an exam for a patient that has not been admitted, admitting that patient, then sorting the MSCRA PROCESSOR by room/bed. Confirm that no duplicate exams display in the MSCRA PROCESSOR.

Related artifact: 22677

MSCRA Processor works correctly when a user cancels an exam in UNKNOWN status

The MSCRA Processor PuTTY screen no longer goes blank and freezes when users cancel radiology exams in UNKNOWN status.

Required action: Test by processing exams via the MSCRA Processor just to the point where a case number is assigned; close PuTTY, leaving the exam in UNKNOWN status. Log back into PuTTY and cancel the UNKNOWN exam. Confirm that the MSCRA Processor functions correctly.

Related artifact: 22786

Reports

ED Dashboard mid-level time assignment now captured as provider time in report

The ED Dashboard report “Registration to Provider time” now captures mid-level provider assignment times as provider times.

Required action: Test in your normal emergency department workflow. Users with ED report access should run the “Registration to Provider time” report and verify that mid-level provider assignment times are captured as provider times.

Related artifact: 22494

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Lab Accession Worksheet functions correctly after patient merge

The Lab Accession Worksheet no longer displays an error after merging a patient with an accessioned lab order to a patient with a resulted lab order.

Required action: Test in your normal patient merge process and Lab Accession Worksheet reporting workflow.

Related artifact: 22647

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