NIH Clinical Center CIO Newsletter
August 2007
20th Edition

This is the twentieth 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

Topics of the Month

- CIO Remarks
- Emergency Power Test
- Radiology Update: MRI Order
- Protocol Attribution Update
- Medical Record Forms Conversion
- Holter Monitor Reports in CRIS
- Citrix Neighborhood Migration
- Security Update
- User Training

CIO Remarks

After sending last month's CIO newsletter, I received an email asking, ***"What is a CIO?"*** This is a great question in that the CIO position within the Clinical Center is relatively new. The following is a definition from http://searchcio.techtarget.com/gDefinition/0,294236,sid19_gci213620_alpC,00.html

> "Chief Information Officer (CIO) is a job title commonly given to the person in an enterprise responsible for the information technology and computer systems that support enterprise goals. As information technology and systems have become more important, the CIO has come to be viewed in many organizations as a key contributor in formulating strategic goals."

Here, in the CC, the CIO position is driven by the mission and vision of both the CC and the Department of Clinical Research Informatics. In particular, DCRI is committed to delivering secure, responsive, high-quality, customer-oriented information technology services and support that foster excellence in clinical care and biomedical research.

To meet this mission, the CIO is responsible for the **three main areas** listed below.

1. **CRIS Development and Support**

- Translate customer and organizational requirements into working components of our clinical information systems.

- Design systems that focus on the facilitation of clinical research workflow and seek opportunities to improve clinical processes while enhancing system functionality.
- Incorporate NIH, HHS, national data, decision support, and communication standards into system development to facilitate clinical care, system interoperability, and research.
- Support the translation of clinical research information needs into system requirements and support the functional testing of clinical applications to facilitate congruency with organizational work, user access and system design developments.
- Provide training and clinical support to system users, evaluate performance and effectiveness of system use, develop clinical research informatics training programs and foster collaboration to advance knowledge.

2. **Technical Infrastructure**

- Maintain a high availability of critical computer and networking systems and to provide prompt, courteous technical support in a cost effective and timely manner.
- Provide comprehensive critical computer and networking systems support that anticipates, meets, and exceeds our customer's service level agreements in a dynamic operational environment.
- Ensure computers, printers, and communication devices are available and managed effectively to support CC departments and CRIS.
- Support NIH clinical researchers and Clinical Center (CC) departments in achieving their goals by assisting them in all areas of software systems development, management and procurement.
- Develop, implement and maintain quality Clinical Applications that help promote patient care and research for the NIH.
- Provide for security and privacy for all sensitive information by ensuring the "Confidentiality, Integrity and Availability" for all NIH CC clinical systems.

3. **Customer Support (CRIS and Desktop)**

- Provide customer focused, quality IT services and technical support, which assists our customers in making the best use of the newest biomedical technologies and existing information technologies in support of their business function.
- Support development and implementation of CRIS applications through integrated testing, delivery of instruction and facilitation of customer utilization of applications to support the workflow of clinical research studies and care.

Emergency Power Test

An Emergency Power test is scheduled for **Saturday, September 15, 2007**. Users should shutdown their computers prior to the test.

Updates on scheduled CRIS downtime can be found at http://cris.cc.nih.gov

Radiology Update: MRI Exams

The Diagnostic Radiology Dept now requires an eGFR for all patients before they can receive an MRI with contrast. The eGFR may be performed up to one week preceding the scan in most outpatients and inpatients, without clinical suspicion of acute renal insufficiency or otherwise at risk. See http://www.fda.gov/cder/drug/InfoSheets/HCP/gcca_200705HCP.pdf .

Patients must have "normal" eGFR >60 to receive the standard doses of contrast for most MRI and MRA studies. Prescribers will be contacted by DRD if the radiologist reviews the eGFR result and the requested MR procedure and/or contrast dose needs to be modified.

The DRD reception desk continues to receive patients without available eGFR results. DLM will generate the eGFR automatically and display it with the results for adult patients when a Chem 20, Acute Care Panel or serum creatinine are ordered. The contrast MR cannot be done without the eGFR, and delays in obtaining lab results may cause patients to miss their MR appointments. Because of the high demand for MRI, DRD cannot guarantee another appointment the same day or the following day to make up for a lost appointment.

DRD recommends that clinical staff contact patients ahead of time with these new instructions:

1. Patients with appointments between 7-10AM should have labs drawn ahead of time at the CC, within one week before the MR scan, or bring outside official lab results with them at the time of their appointments.

2. Patients with appointment after 10AM should come in about 2 hours early to allow enough time for DLM to obtain samples and run the required lab tests. *NOTE*: *Be sure to order a STAT creatinine, acute care panel or Chem 20.*

For questions or clarification about this request, **Bonnie Damaska** lead technologist in MRI can be reached at **301-402-6278**, or alternatively **Judy McCullough**, DRD tech at **301-402-6228.**

Protocol Attribution

Protocol attribution was implemented for CRIS orders on **Tuesday, August 14, 2007**. Remarkably, the CRIS Support Center received a total of only 8 calls regarding protocol attribution in the first 48 hours of use. This suggests that the process, once learned, is fairly straightforward, and that our Clinical Center providers understand the importance of attributing orders to the correct study protocol in our specialized research environment. 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 Training Materials -> Order Entry.

Everyone's cooperation with this new aspect of order entry is greatly appreciated. Additional questions may be directed to the CRIS Support Center at 301-496-8400.

Medical Record Forms Conversion

The **final phase** of the Medical Records Forms Project has been completed with implementation of several new forms in CRIS.

- **Behavioral Health Pass Checklist** – This form is now incorporated into the existing **Pass Note** that can be found by selecting the Enter Documents Icon and from within the document browse. Information is entered using this form and can be printed to obtain a patients signature.

How to Print On Pass Report for Patient Signature
After documenting Pass Note:
1. Click Save
2. Go to Documents Tab
3. Highlight Pass Note
4. Click on printer icon [icon] on tool bar
5. Click Nursing under Reports Category
6. Highlight On-Pass Documentation Checklist
7. Click Preview
8. Click printer icon [icon] on preview screen to print On-Pass Documentation Checklist.

- **Colposcopic Examination Form** – This structure note contains the ability to document using a graphic representation of the colposcopic exam and will be available in September.

- **Nuclear Cardiac Perfusion Study/Stress Test Record** –This form will be available in early September as a structured note. Primary users will be NHLBI.

- **Bronchoscopy Report** – The paper form will no longer be available and Softmed will be used to complete this report. Medical Records with work with the appropriate areas during the transition of the paper form to Softmed. For questions about this form contact Tricia Coffey at 301-496-2292.

Call **CRIS Support (301-496-8400)** for technical assistance. Information about the documents implemented in CRIS or under review is on the CRIS Website at: http://cris.cc.nih.gov

Holter Monitor Reports in CRIS

On **July 31, 2007**, Holter Monitor (ambulatory ECG) reports were added to the SoftMed system and are now included in the interface to CRIS. This follows cardiac echo, treadmill exercise, and pulmonary function testing as reports from NHLBI staff that can now be obtained in CRIS.

Citrix Neighborhood Migration

The Clinical Center (CC) Citrix migration to CC Casper has been going well this month. As a reminder, the way you will access CC Citrix applications will be through a web browser (URL: https://cccasper.cc.nih.gov) instead of the Citrix Program Neighborhood. Thus far, the following applications have been migrated:

- Nutrition (CBORD, NDS-R, ProNutra & NUTR-Reports)
- Lab (SoftLabMic, SoftBank, SoftPath)

The next applications to be migrated in late August and September are as follows:

- eSphere
- SCM/CRIS
- Published Desktop

If you have any questions or concerns, please contact **Judy Wight** (email: wightj@cc.nih.gov) or **CRIS Support Center** at **301-496-8400** for assistance.
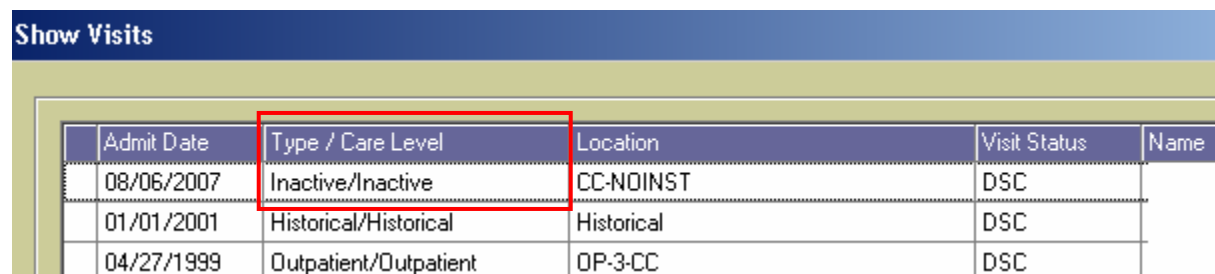
Security Update

PASSWORD CHANGES

To be in compliance with the HHS IT Security requirements, you will be asked to update your CRIS password in 90 days instead of 180 days. This update will be phased in over the next few weeks. If you have any questions concerning this change in process, please call **CRIS Support at (301) 496-8400**

User Training

Inactivated Patients in CRIS

You may find patients in CRIS that have been inactivated (assigned to No Institute). Inactive is one Type/ Care Level in CRIS, which is defined as:

- Always in location of **MEDRC** (Medical Records Department)
- **This Visit** type is for a patient who is not assigned to a protocol and has not been active at NIH for at least a year.

Admit Date	Type / Care Level	Location	Visit Status	Name
08/06/2007	Inactive/Inactive	CC-NOINST	DSC	
01/01/2001	Historical/Historical	Historical	DSC	
04/27/1999	Outpatient/Outpatient	OP-3-CC	DSC	

The way to distinguish these patients is that their **Visit Reason** will read **NOPROTOCOL** and their most recent visit in **Visit History** will be the **Inactive** type.

Also **NOINST** will display in the patient's header for the protocol.
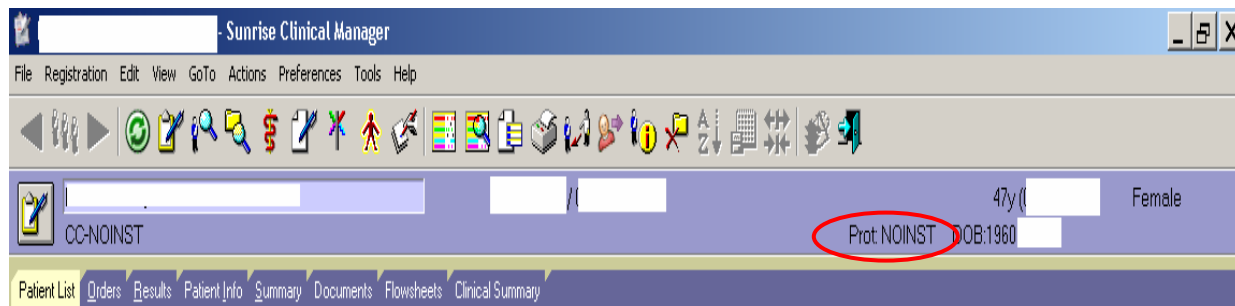
The Medical Record Department (MRD) is inactivating patients whose visit reason protocol has become terminated. Part of this process is that their Outpatient visit is discharged (DSC) and they have no open visit.

In order to reactivate this patient, users will have to submit an ATV for a new Outpatient admission with the current visit reason protocol, which they are being seen on. Admissions will then reactivate these patients. If you have any questions concerning inactivated patients feel free to contact **Debbie Roszell in MRD at (301)496-2292.**

Venous Access Device (VAD) Observation Flowsheet

A new flowsheet has been developed and will be available in CRIS the week of **August 27, 2007**. The **VAD Observation** flowsheet facilitates documentation of four parameters:

- Outside Facility Peripheral VAD Insertion
- NIH Inserted Peripheral VAD
- Outside Facility Central VAD Insertion
- NIH Inserted Central VAD

New enhancements and features can be seen in the new flowsheet. To learn more, go to the CRIS website and select Training Materials → VAD Observations Flowsheet http://cris.cc.nih.gov/cristraining/training_materials.html**.**

This flowsheet is currently available for practice in the CRIS Practice Environment.