NIH Clinical Center CIO Newsletter

February 2007

14th Edition

This is the fourteenth 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
- CRIS Upgrade: Version 4.5
- Medication Management Changes
- Medical Record Forms Conversion
- Suspend/Unsuspend Order Functionality in CRIS
- Security Update
- User Training

CIO Remarks

The Clinical Research Information System (CRIS) touches virtually everyone at the Clinical Center in one-way, or another. Whether to capture patient care documentation, retrieve data or analyze trends, we all want access to appropriate systems and the information they contain to assist in completing our work and achieving NIH's mission.

As users have become more facile with CRIS, they demand more from the system – which is a good thing. The comfort level our users have reached with CRIS has been rewarding to watch and the interdisciplinary initiatives underway to improve our computer systems and their functionality are increasing daily. For example, we are all very excited by the prospect of implementing a new pharmacy module within CRIS. With an ever-vigilant eye on patient safety, this new functionality has the potential to make a significant impact as we automate manual processes and begin to take advantage of clinical decision support tools.

DCRI's focus over the next year will be to further establish CRIS as the central one-stop shop for all clinical data, while making the system increasingly user-friendly. The ultimate goal is to achieve a fully functional, comprehensive electronic patient record. A true electronic medical record will require much work in development of reliable interfaces necessary to transfer data from outside CRIS. In addition, all current manual forms must be redesigned and implemented in CRIS. This enhanced functionality will support more efficient workflow processes and provide links from CRIS to allow easy access to frequently used references and resources. And, we will strive to provide users a reliable secure network architecture that is accessible at all times, both on-site and off, while adhering to appropriate industry standards for security and integrity.

The challenge for DCRI will be to continue implementing new systems while upgrading current systems, thus increasing functionality and streamlining processes. And accomplish everything within an environment stressing cost containment and cost reduction. We can be sure of one thing this year: progress.

CRIS Upgrade: Version 4.5

An upgrade to the CRIS system is scheduled for Saturday March 10th. The primary focus for this upgrade is to provide improved configuration that will result in a more efficient system. The system enhancements involved will be mainly "behind the scenes". From the user's perspective, few changes will be obvious. We will be sending out flyers to identify new features available after the upgrade, none of which will require additional classroom training for users. We are excited about some of the new functionality contained in this upgrade and look forward to hearing from you as you become familiar with its operation.

Unfortunately, there will be a significant downtime for this upgrade, so please be prepared. Communications from our department will be coming out via e-mail according to the downtime policy to assist in your preparations. The downtime is scheduled to begin at 2:30am on March 10^{th} and continue until approximately 5pm. We will have support staff in house around the clock for a number of days after the upgrade to answer any questions or resolve any issues. Thank you in advance for your support and patience as we continue to strive towards our mission to deliver secure, responsive, high-quality, customer-oriented information technology services and support that foster clinical care and research.

As always, we look forward to working with you to assess how CRIS can better meet your needs now and in the future.

Medication Management Changes

New Default Times Display

On February 19th, DCRI staff implemented a new feature on all medication orders in CRIS. A new "Default Times:" information field appears just below the Frequency selection found on each order form. This field contains the expected times that tasks will be scheduled on the medication worklist for the order being entered, based on both the order Frequency and Priority/Start Time selected.

Please be aware that administration schedules are standardized throughout the hospital (e.g., "twice daily" occurs at 0800 and 1800), but various desired schedules can be created with the appropriate Frequency and Priority/Start Time selections. In certain instances no specific time can be determined during order entry (for example, with event-based "on call" orders). In other cases, the schedule will be based on a specific schedule entered via the <User Schedule> frequency option. Several combinations of order Frequency and Priority/Start Time choices will result in the appearance of additional information windows - these are intended to help inform the provider of the expected task schedule effects of the selections made.

Always be sure to review information on the Worklist Manager or Task Viewer Displays to determine documented and pending medication tasks for each patient. It is hoped that including default administration times information on order forms will help facilitate the

medication order entry process.

New Alerts to Support Order Management

On February 21st, an alert will display when users attempt to enter active orders (i.e. using Today Outpt/Current Inpt or Take Home Medication session types) on a patient who is in the ADMIS location. These are patients who are not yet admitted into either an inpatient or outpatient area and should only have orders entered using the session type of Future Outpt/Pre-Admit. Additionally the order session type will now default to Future Outpt/Pre-Admit for patients in this ADMIS location.

Another alert will display when a user attempts to release hold orders on a patient who is in the ADMIS location. These patients have not yet been admitted and should not have active orders. If orders are released with the patient in the ADMIS location, they become active and will auto-discontinue at the time of admission and will need to be reordered.

One additional alert that users may see will display when attempting to release hold orders on a patient's closed (DSC) visit. This should not happen and the alert will stop the user from doing this. All orders should be released in the patient's current, open visit (ADM).

Please call the CRIS Support Center at 301-496-8400 with any questions regarding the above.

Medical Record Forms Conversion

Two NCI forms were implemented in **CRIS** on February 23, 2007. The <u>Tumor Measurements</u> and Response and the <u>Tumor Measurements/ RECIST Criteria</u> are now available under the Flowsheet Tab using the Flowsheet Selection ellipsis button to add the form to the patient chart (see instructions below). These flowsheets will only be available to add to patients in the Oncology inpatient/outpatient units (3NE, 3NW, 3SES, 3SEN, OP12, OP13 and OP3).

Form Name	Where to find in CRIS		
Tumor Measurements and Response	 Select patient and go to the Flowsheet Tab To activate the desired flow sheet, select the ellipsis button. 		
OR			
	Flowsheet Selection: Ellipsis button		
Tumor Measurements/ RECIST Criteria	CRC-1SE Flowsheet Interdisciplinary Problems		
	 The Search Flowsheet dialog box displays. 		
	 Type the first few letters of the flow sheet you are looking for and a list will display with all flow sheets that begin with those letters. For example: To find the Tumor Measurements and Response type "Tum" When you see the desired flowsheet, highlight it and click OK. 		
	 This will activate the flow sheet and add it to the list in 		

Form Name	Where to find in CRIS	
	the Flowsheet Selection summary box on the bottom left. The selected flowsheet is now active for the patient. Note: If the patient transfers to another location, their flowsheet(s) will transfer with them	

Contact Arlene Berman (Tumor Measurements/RECIST Criteria) or Peggy Shovlin (Tumor Measurements and Response) for information about the content of the forms. Call CRIS Support (301-496-8400) for technical assistance.

Suspend/Unsuspend Order Functionality in CRIS

CRIS offers Suspend/Unsuspend order function for use when patients are going on pass, or are being transferred to another unit for care (e.g., ICU, OR). All orders are to be suspended when the patient begins a pass, with the prescriber specifying in the pass order what is to be unsuspended upon the patient's return. In the event of transfer, all orders are to be suspended, pending review by the receiving unit's care team. Upon review, orders to be continued in the new care setting can be unsuspended, while orders no longer appropriate for the patient can be discontinued.

Suspend/Unsuspend should not be used for management of individual orders. Suspending individual orders may cause potential confusion about a patient's current treatment, and can lead to inadvertent unsuspension following a patient's transfer or return from pass. For example, medication orders that are not currently appropriate for a patient should be discontinued, rather than suspended. If the medication is needed again, the Reorder function can be employed to recreate the order details of the original request. Please call the CRIS Support Center at 301-496-8400 for any questions about the Suspend/Unsuspend process.

Security Update

The Office of Management and Budget (OMB) has recently issued Memorandum 06-16 (M-06-16) Protection of Sensitive Agency Information. The memo requires that agencies "encrypt all data on mobile computers/devices which carry agency data".

To support this requirement, the Department of Health and Human Services (HHS) has purchased PointSec for PC with Media Encryption (PointSec) from PointSec Technologies for implementation by OPDIVs. OPDIVs are required to implement PointSec on all Government issued Windows based laptop computers. The process to install PointSec can take up to eight hours to complete.

The DCRI User Support Team has been tasked with implementing PointSec within the Clinical Center so that we can be compliant with this directive. If you have a government issued laptop, you must contact your user support person by March 1, 2007 so that the laptop can be scheduled for software installation. As there are many laptops in the Clinical Center, it is important to get your schedule request in early so that we can meet the March 31, 2007

deadline imposed on us by OMB.

Please direct any security questions to the CC Information Systems Security Officer, John Franco; Phone: 301-496-6745; Cell: 240-476-4121.

User Training

Additional CRIS Prescriber Classes are offered during the summer to accommodate incoming fellows. New physicians and other new prescribers should complete all paperwork and authorization requirements in advance of CRIS training through the Office of Credentialing Services (301-496-5937) to ensure availability of a CRIS access code at the completion of training. Clinical Directors, Department Heads and Credentialing Coordinators will be receiving an email shortly with additional details.

When scheduling CRIS training for new hires, please go to the CIT training website (http://training.cit.nih.gov) and register for the CRIS Prescriber Training OR the Open Course: Open Course: O

Name of Course	Date	Time
Prescriber Training	June 25, 2007	1p-4p
Prescriber Training	June 28, 2007	9a-12n
Prescriber Training	June 29, 2007	1p-4p
Prescriber Training	July 2, 2007	1p-4p
Open Course: Prescriber	July 3, 2007	9a-12n
Training Section		
Prescriber Training	July 5, 2007	1p-4p
Prescriber Training	July 6, 2007	1p-4p
Prescriber Training	July 9, 2007	1p-4p
Prescriber Training	July 13, 2007	1p-4p

Course descriptions, their dates and times offered are listed on the CIT training website. For additional assistance, contact the CIT Help Desk at 301-594-6248 or call CRIS Support at 301-496-8400.