

# CIO Newsletter

July 2006

This is the sixth edition of a monthly broadcast email to the CRIS user community about CRIS capabilities and issues. In addition to the text version in this email, I've attached a PDF version that can be printed. I look forward to receiving your comments or suggestions at [CIOnewsletter@cc.nih](mailto:CIOnewsletter@cc.nih).

## Topics of the Month

- CIO Remarks
- ADT Functionality In CRIS
- Electronic Prescription Blank
- SunRay Terminal Update
- Submitting OR and Off-Site Anesthesia Requests
- Lab Test Guide
- Security and Confidentiality
- CRIS User Training

## CIO Remarks

Most changes to CRIS are scheduled on a bi-weekly basis known as “releases.” The scheduled release cycle ensures that all changes follow a controlled and documented process. Between the time that a request is initially submitted to the Department of Clinical Research Informatics (DCRI) and the time that it appears in CRIS, every change is individually analyzed, approved, and developed. Following development, changes undergo at least 2 or 3 types of testing before they are ultimately built and validated in our “production” environment, where CRIS users can find them.

Since the original implementation of CRIS two years ago, there have been 42 scheduled releases, usually consisting of around 35-45 changes each. In fact, in just the past six months, there have been 641 changes implemented in these releases. The vast majority of these changes (42%) were requested by the Pharmacy department, with many others coming from Nursing and Laboratory Medicine. About a quarter of the requested changes come from PI's requesting new or updated protocol order sets. Changes to order sets are some the most common requests that are made for CRIS, followed by clinical documentation, orderables, reports, and other “behind the scenes” changes that help CRIS to run as efficiently and effectively as possible.

Requests for changes in CRIS can be made through one of several available means. In general, most departmental requests for changes to orderable items (such as forms and fields) are submitted through specific individuals or committees, e.g., NIS for Nursing requests. In all cases, requested changes must have departmental, PI, or other appropriate approval before they can be built in CRIS. A form for requesting changes to protocols or other aspects of CRIS can be downloaded from the CRIS web site (<http://cris.cc.nih.gov/changes/orderset.html>) and

submitted in person or via campus mail to the DCRI offices, located in Building 10, Room 1C290. Please contact the CRIS Support Center (496-8400) if you have any questions about requesting changes in CRIS.

## **ADT Functionality In CRIS**

Patient admission, discharge, transfer and registration (ADT) functionality will be moved off the old MIS and onto a new application within CRIS and will “Go Live” in early August. The changeover will greatly improve systems capability to support all the various admission and registration processes within the Clinical Center. This is another step in the gradual shutdown of MIS, as the last utilized functionality of the outdated mainframe is migrated to newer systems.

ADT will be implemented within the Sunrise Clinical Manager (SCM), where patient demographics will be maintained in a Basic Registration Module. New orders have been built for admitting patients to specific protocols, admitting OMS patients, retiring and inactivating patients, and other necessary ADT functionality. This will be the first phase of the ADT project, with a second phase planned to replace the current ATV website functionality within Sunrise Clinical Manager.

## **Electronic Prescription Blank**

A medication order form is available in CRIS for creating prescriptions for take-home medications to be filled by pharmacies outside the Clinical Center. To find the form, type “Take Home”, “Outside Pharmacy”, “Prescription Blank”, “RX Blank”, or “Script” in the order entry window. After submitting the order(s), retrieve the printout, sign it, and give it to the patient to take to their community pharmacy. The use of this form is encouraged for all non-protocol related medications to help reduce CC medication costs.

## **SunRay Terminal Update**

The software on the SunRay terminals, located in the CC nursing stations, was recently upgraded. Providers using CRIS should now see greatly improved scrolling on the Orders, Results, and other tabs.

## **Submitting OR and Off-Site Anesthesia Requests**

The CRIS OR and Off-Site Anesthesia Requests were replaced by the secure website component of POIS called SISWeb on June 5<sup>th</sup>. Implementation has gone well but we know there are still some requestors who are unaware of the change. DASS has trained many requestors over the past 6 weeks, including the new clinical fellows with surgical privileges who arrived this month. If you are a clinician who requests for a surgeon or off-site anesthesia procedure and haven’t picked up your code, please contact Nova Little at 301-454-9404. After completing brief training and mapping in the system, you will receive a user ID and Password for submitting OR and Off-Site Anesthesia requests.

## Lab Test Guide

An online application has made a dramatic difference for the Department of Laboratory Medicine, the Department of Transfusion Medicine, and the NIH health-care professionals who use their services.

DCRI created an online Lab Test Guide. The guide is a reference resource that contains information about hundreds of lab tests performed by, or through, the departments of laboratory medicine and transfusion medicine. For example, when physicians, nurses or researchers need information on collection requirements for a particular test, or the reference interval and interpretation for a test, or what the turn-around time will be, they consult the guide.

For years, the guide was a booklet that was printed annually and distributed throughout the Clinical Center. Switching to an online system has made a difference in terms of convenience, access, efficiency, and timeliness of information.

For instance:

- Test information, which changes frequently, can be updated quickly and easily.
- CC health-care workers with access to a computer have access to the real-time lab test information. Workers no longer have to share, track down, or carry around the paper version of the guide.
- The online guide provides several ways workers can search for a test—by the name of the test, or code, or by a synonym, which eliminates guesswork and speed up the process.
- With information easily available online, people no longer have to call the lab for simple questions, freeing up time for all parties involved.

The online Lab Test Guide provides users “one-stop shopping” of sorts and has numerous features the print version could not offer.

- Historical reference ranges from 1979 to the present are also available online. The reference range is a statistical interval for what is considered the “normal” range for a test. Easy access to the historical reference range is valuable to researchers following patients’ long term.
- A power-point presentation explains specimen collection instructions, including all exceptions to the rule for rare tests.
- A special page provides details on the order in which tubes of blood should be drawn, collection tube types and test tube codes, complete with color pictures of tubes.
- Each test has its own page with detailed information and a color picture of collection tube to be used.
- Order forms and result recording forms for when the hospital information system is down are available online and can be printed out in the nursing units and outpatient clinics.

DCRI employee Richard Farina, [rfarina@cc.nih.gov](mailto:rfarina@cc.nih.gov) worked with the Department of Laboratory Medicine to design the application. Ann Sheridan and Alba Murphy in DLM are the system administrators. “It’s made it easier for us in the lab,” Sheridan says. “What we have in our test guide, in terms of content, presentation, and technology, is far ahead of many other hospitals.”

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**Test Guide** >> LABORATORY MEDICINE  
TRANSFUSION MEDICINE

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**ALPHABETICAL TEST LIST**

Number of Tests: 846

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Test	Test Code	Synonyms	Service
<b>1</b>			
<a href="#">11-Desoxycortisol</a>	FDOC	Compound S, 11-Deoxycortisol	Mayo Medical Labs
<a href="#">17-Hydroxy Steroids, 24h Urine</a>	17OH	17-OH, 17OH, 17-Hydroxy Corticosteroids	Chemistry
<a href="#">^ Back to top</a>			
<b>2</b>			
<a href="#">21-Hydroxylase Antibody</a>	21OH1, 21OK1	Anti-Adrenal 21 OH	Mayo Medical Labs
<b>5</b>			
<a href="#">5-Nucleotidase</a>	5NT		Mayo Medical Labs
<a href="#">5-Hydroxyindolacetic Acid</a>	HIAA	5HIAA	Mayo Medical Labs
<b>A</b>			
<a href="#">Acetaminophen</a>	ACM2	Tylenol	Mayo Medical Labs

Done Internet

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**Test Guide** >> LABORATORY MEDICINE  
TRANSFUSION MEDICINE

**LAB TEST INFORMATION**

**Test Description**

**Test Name:** Acetaminophen

**LIS Test Code:** ACM2

**Synonyms:** Tylenol

**Department:** Laboratory Medicine


**Lab Area:** Mayo Medical Labs

**Telephone:** 301-496-5972

**TAT:** 2-3 days

**Specimen Collection**

**Container:** Red (Plastic)



**Delivery Instructions:** Send specimen to 2C324 or Tube Station 321

**Specimen Type:** Blood

**Sample Volume:** 2.0 mL

**Expected Values/Results**

**Ranges and Interpretation:** **Acetaminophen mg/L** (SI: mcmol/L = 6.62 x mg/L)  
Performed at Mayo Medical Labs, Rochester MN  
Effective 31 May95 - present:  
Therapeutic <50 mg/L  
Toxic >=120 mg/L  
Half-life <4 hours  
Toxic half-life >4 hours  
The toxic level is dependent on half-life. When the half-life is 4 hours, hepatotoxicity generally is not seen until the concentration is greater or equal to 120 mg/L. The level at which toxicity occurs decreases with increasing half-lives until it is encountered at values as low as 50 mg/L when the half-life reaches 12 hours.

**Alert Limits:** >= 120 mg/L

**Additional Test Information**

**Comments:**

**Methodology:** Immunoassay

**Cautions:**

**Archived Ranges:** [Historical Reference Ranges](#)

## Security and Confidentiality

Is that data on your laptop secured? Are you storing any patient or sensitive information on that portable device (blackberry, thumb drive – CD, Floppy, etc)? What would happen if that device were stolen? We all know what happened when the VA Administration employee brought work home and his laptop was stolen. Are we at NIH exposed to the same thing?

NIH is in the process of complying with the OMB M-06-16 on the protection of sensitive information.

Some of the items that are being looked at are encryption for all laptop and portable devices and strong user authentication for accessing sensitive data remotely.

Please remember that it is all of our responsibility to protect that information that has been entrusted to us.

## CRIS User Training

The Department of Clinical Research Informatics now offers a **CRIS Open Course** option for all new staff. This class can be selected as an alternative to the other course listings. Four different sections will be held during a single three-hour time period. Staff should attend the specific section that is required for their particular job responsibilities. The four **CRIS Open Course** sections are: Introduction to CRIS, CRIS Prescriber Training, CRIS Non-Prescriber Order Entry, and CRIS Clinical Documentation. Staff should register for **only one section** on a single date or time. **CRIS Open Courses** begin on July 20, 2006 and will be offered bimonthly.

Registration for all CRIS classes is available on-line through the CIT Training website: <http://training.cit.nih.gov/>. For questions regarding registration, please contact the CIT Help Desk at (301) 594-6248 or CRIS Support at (301) 496-8400.

New physicians and other prescribers should complete all paperwork and authorization requirements in advance of training through the Office of Credentialing Services (301 496-5937) in advance to ensure timely availability of a CRIS access code. Nurses and other clinical staff must complete the CRIS Access form available on the CRIS website at: <http://cris.cc.nih.gov/> in order to receive a CRIS access code.