

CIO Newsletter

May 2006

This is the fourth 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.

Topics of the Month

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Acting Chief Information Officer

After 4 years as Clinical Center CIO, Dr. Steve Rosenfeld left at the end of February to take the position of Chief Information Officer at Maine Health in Portland. In the interim, Dr. Jon W. McKeeby has been appointed Acting CIO for the Clinical Center.

Dr. McKeeby came to the Clinical Center in 1991 as a Computer Specialist in the Medical Record Department and transferred to the Information Systems Department in 1995, where he became a Systems Architect with wide-ranging systems analysis and implementation responsibilities. In 2005, Dr. McKeeby was appointed Deputy CIO for Technical Operations and was appointed Acting CIO in January 2006.

Dr. McKeeby obtained a BS in Computer Science from Hope College, an MS in Computer Science from Bowling Green State University and a D.Sc. in Computer Science from The George Washington University. In addition, Dr. McKeeby has served on the faculties of George Washington, Maryland and Kaplan Universities.

CIO Remarks

Please be aware that all patients who arrive at the Clinical Center for an inpatient admission, or who have never been previously registered as a patient, must check-in at the Admissions

Area on the first floor of the CRC before proceeding to a nursing unit, clinic or departmental care area (e.g. Radiology, Phlebotomy, Social Work, etc.). Staff in Admissions needs to confirm execution of required consents and other forms, as well as the appropriate designation of visits and entry of orders within CRIS. When patients bypass this process, it subsequently causes problems for them, as well as the caregivers providing service to those patients.

It is also very helpful, if you can remember to pre-admit all patients whenever possible, so that the necessary registration materials and consent forms can be prepared well in advance of the patient's arrival at the NIH.

CRIS Upgrade

CRIS was updated in January to a new software version that provides many new features, including:

- New clinical documentation tools, including structured notes and enhanced flowsheets. To learn more about clinical documentation, please visit the tutorial website at http://cris.cc.nih.gov/cristraining/CBT/clin_doc/index.html.
- Enhanced order screens that support multiple fields per row, which minimizes scrolling.
- New clinical summary screens that display information from multiple sections of the patient record, including clinical documentation and results.
- New clinical decision support opportunities, including the ability to incorporate rules and data within order forms.

CRIS staff members are now working with multiple Clinical Center Departments to identify opportunities to utilize these new capabilities. If you have suggestions or questions regarding CRIS functionality, please contact the CRIS Support Center either by phone at 496-8400, or by email at crishelp@mail.nih.gov.

Selecting Patients from Default Lists

Users need to be aware that CRIS will automatically point to the first patient listed on any default patient list selected whenever a user logs onto the system, or moves from list-to-list following logon. Therefore, please be very careful to note which patient is active upon login and be sure to select the specific patient from any list for whom you wish to enter orders or clinical documentation. The name of the current patient selected will always be displayed in the Information Bar at the top of each screen display in CRIS.

Order Revisions

Prescribers, and other staff performing order entry in CRIS, will notice a change in the format of choice lists used to select Transport Methods on various orders, including those for Radiology and Messenger/Escort. Most notably, the number prefix for each choice has been removed, which will not change the function of the orders involved. In addition, the Units of Measure in Pharmacy Orders have been rearranged to present a more logical and consistent appearance. DCRI staff has made every effort to correct all affected order sets to reflect

these changes. However, there were a large number involved and if any user notices a problem, please call DCRI so any needed corrections can be made promptly (301 496-8400).

Pharmacy Patient Tracker

The Pharmacy Department says they cannot imagine working without a custom application DCRI created two years ago and recently updated. DCRI member Kirit Raja developed a "Pharmacy Patient Tracker" application that benefits both patients and the Pharmacy.

The tracker lets patients know when their prescription order is ready, and enables Pharmacy staff to document wait time and reason for any delay. When patients come to the Pharmacy, they enter their name in a computer in the waiting area, and the tracker application automatically assigns them a prescription order number. When the order is ready, the pharmacist alerts the patient by clicking a call button in the application, which then displays the order number in the waiting area. The tracker application also has an option for people who want to leave the Pharmacy while their prescription is being filled. Those patients can make an additional entry to request a pager that will signal them when their order is ready. While the basic application has worked well over the past two years, DCRI staff has made it even more user-friendly by upgrading to touch screen functionality.

This application has solved several problems. It helps protect patient privacy by using numbers to identify an order rather than calling out a patient's name. It's a convenience factor for patients because they don't have to stay in the waiting room to find out when their order is ready. And, it helps the Pharmacy improve service because any wait time that is more than 15 minutes is documented with an explanation in the tracker.

Security Training

All Clinical Center employees have an element of their job that requires them to have annual IT security awareness training.

In order comply with the Federal requirements for minimum security controls, the NIH *Information Security Awareness and Training Policy* applies to all users of information systems who support the operations and assets of the NIH; this includes employees, contractors, students, guest researchers, visitors, and others who may need access to NIH information systems and applications.

Clinical Center users need be aware of Federal information security requirements and guidelines in order to protect sensitive information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction. The Security Awareness Training program at the Clinical Center consists of an initial information security awareness course followed by annual reviews. Annual reviews must be completed by the end of June. The Clinical Center must report the status of its training to NIH, who in turns has to report the collective numbers to HHS. This number helps determine the IT Security Scorecard on how the agency is doing that is then presented Congress.

Clinical Center users authorized to remotely access the NIH or Clinical Center network must also complete the one-time training: Securing Remote Computers.

All of the training can be accessed through - <http://irtsectraining.nih.gov/>

NIH personnel (including contractors) who do not comply with the prescribed *Information Security Awareness and Training Policy* are subject to penalties that can be imposed under existing policy and regulations, including: official written reprimands; suspension of system privileges; temporary suspension from duty; removal from current position; termination of employment; and even criminal prosecution. NIH will enforce the use of penalties against any individual who willfully violates any NIH or federal system security (and related) policy, as appropriate.

Access to Transcribed Clinical Reports

Users can review transcribed clinical reports (including Histories & Physicals, Operations and Discharge Summaries), which were previously available only in hard copy, directly in CRIS. Such reports can be found under the “Documents” tab and are easily located by changing the “Display Format” at the bottom left of the tab to “Summary”. Each report will appear under the section titled, “Transcribed Reports”. To assure that you access the correct report, confirm that you have entered the correct dates in the “Since” and “To” date filters. Note that reports having orders associated with them, including consults, EMG, EEG, Rehabilitation Medicine, etc., will appear under the “Results” tab. Questions about report types, content, date ranges and navigation should be addressed to Michele Hendery (301 402-3299).

Prescriber Phone Numbers in CRIS

Contact information for prescribers, including physicians, dentists, nurse practitioners and physician assistants, has been added to CRIS and appears, both, with the Care Provider data listed on the Patient Info tab, as well as on order requisitions that serve as a notification mechanism in certain departments. This information is collected and maintained by the Office of Credentialing Services, which provides ongoing updates to DCRI for inclusion in CRIS. If you discover that your contact information is inaccurate or incomplete, please contact Credentialing Services to have the necessary changes made (301 496-5937).

CRIS User Training

The Department of Clinical Research Informatics will provide CRIS training for new physicians arriving late June and early July 2006. **Registration for these and all other CRIS classes are available on-line through the CIT Training website: <http://training.cit.nih.gov/>.** For questions registration, please contact the **CIT Help Desk at 301-594-6248** or the **CRIS Support Center at 301-496-8400**.

Please complete all paperwork and authorization for new physicians through the Office of Credentialing Services (301 496-5937) in advance to make sure a CRIS access code will be provided at the end of training. Access forms are available on the CRIS website at: <http://cris.cc.nih.gov/>.

User Survey

In January we applied a major update to the Clinical Research Information System. We are interested in comparing the usefulness of these system improvements with the prior version of CRIS. You can help us collect the necessary information by answering a questionnaire

evaluating how useful the current system is in supporting patient care.

Your participation is voluntary and there are no right or wrong answers. Please respond with your honest feelings and/or perceptions. We suggest completing the questionnaire at work in one uninterrupted session if possible. It should take less than 10 minutes to complete the 21 survey items, which should be submitted no later than **June 9, 2006**. Return of the completed questionnaire will indicate your informed consent to participate in this evaluation. All responses submitted through the web are anonymous and confidential. Any questions or problems, please contact Charlotte Seckman at cseckman@nih.gov.

Thanks in advance. Your input will help us best support your work at NIH.