

CIO Newsletter

October 2006

This is the tenth 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
- Automatic Calculation of Tablets/Capsules for Drug Orders
- ADT Go-Live
- Signing Medical Orders
- Manual Documentation Forms Moving to CRIS
- New Interdisciplinary Clinical Summaries
- Surgical Information System: Scheduling
- Text Paging on 102 Pagers
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CIO Remarks

Staff of the Department of Clinical Research and Informatics is dedicated to the mission of the NIH Clinical Center. The DCRI staff is divided into multiple teams, which provide an array of services to support the Technical Architecture of CRIS and its many clinical applications. In addition, DCRI staff support users from across the NIH who depend on CRIS to conduct research and patient care. The functional areas supporting technical infrastructure, which are managed by Joyce Yarrington (Deputy CIO), are addressed below.

Chief of Technical Operations: Jim Pitts

The Chief provides support similar to that of a chief of staff in monitoring and running day-to-day operations of staff at the personnel level and serves as a facilitator, mentor, and assistant to the Section Team Leaders. Also helps to develop and execute training plans as well as assist the Deputy CIO with the status of ongoing projects.

Networking: Joyce Yarrington

The Network Team operates in a very dynamic environment and provides comprehensive support to anticipate, meet, and exceed customer's requirements. The Networking Team is responsible for DCRI network connectivity from the CC edge router interface right to the wall plate of each user within the CC.

Systems Administration and Data Center Manager: John Kocher

The Server Team enhances productivity at the CC by providing reliable access and prompt support of computer systems and their associated applications. Server team members maintain several hundred servers and other pieces of computer related equipment in the CC Datacenter. Services and systems supported include basic network services (such as email and file sharing), remote access, SunRay access, CITRIX, NUTRITION, PHARMACY, CRIS and related ancillary systems.

Clinical Applications, Administration and Interfaces: Tony Barnes

The Clinical Applications Administration/Interface Team is comprised of staff that design and implement new clinical applications and interfaces, while maintaining existing clinical applications and interfaces, which include CRIS/SCM, LIS, EKG, MIS, as well as the interfaces between CRIS/SCM and LIS, EKG, RIS and Softmed.

Custom Applications and Databases: Steve Bergstrom

The Custom Applications and Databases Team supports the database servers and develops custom applications for users. This team supports multiple departmental databases and applications, including procurement, design, development, implementation and maintenance of the application.

Systems Monitoring: Pam Carter

The Systems Monitoring Team ensures the consistent, reliable availability of critical computer and networking systems by monitoring all operational clinical systems. Team members provide 24/7 technical user support and communicates with users regarding any CRIS system interruptions.

User Support Team: Bertram Brown

The User Support Team provides customer focused IT services and technical support to users. Each CC Department has an assigned specialist to support department users. In addition, team members support the standard clinical desktop, the ITC, Patient PCs, the Duke Room as well as many other areas and projects.

Automatic Calculation of Tablets/Capsules for Drug Orders

Starting Wednesday evening, November 1, CRIS will automatically calculate the number of tablets or capsules when a dose is entered for these dosage forms. Once calculated, the '# of Tabs/Caps' field can only be changed by changing the dose.

Capsules can only be ordered in whole units. Partial tablets are allowed for certain tablet dosage forms. You will receive a warning message if you enter a dose that results in a partial dosage form and that particular item can't be broken. To correct this, please change the dose, until you no longer receive the message. If CRIS won't accept a particular dose from a particular dosage form, then you should either change to a different strength or to a different dosage formulation (e.g., tablet to liquid), if available.

CRIS will also alert you if you enter a dose that exceeds a maximum allowable number of tablets or capsules. To correct this, please change the dose.

If you have problems entering an order, please call:

- Outpatient Pharmacy (301-496-2866) for Take-home medications orders

Unit Dose Pharmacy (301-496-1914) for Inpatient orders, or for Take-home orders when the Outpatient Pharmacy is closed

ADT Go-Live

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 [November](#). 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.

Signing Medical Orders

On October 4th, CRIS users started receiving a system alert that provides notification if they have any unsigned orders that are greater than 72 hours old. According to Medical Administrative Policy M04-1 "Medical Orders in the Clinical Center" <http://internal.cc.nih.gov/policies/PDF/M04-1.pdf>, any orders entered in CRIS on behalf of a prescriber, must be countersigned by the ordering clinician within **72 hours** of order entry.

We continue to monitor the effectiveness of this alert and hope to see the number of unsigned orders at a minimal level. As a follow up to the alert message, there are plans to implement email notifications to prescribers who continue to have unsigned orders in the system. The technical details of this are being worked out and there will be more information forthcoming.

Orders may be signed using the **Signature Manager** icon in the CRIS tool bar. This tool enables clinicians to quickly review and sign **all orders** on **all patients** currently awaiting signature. Complete instructions regarding this process may be obtained through the CRIS website: <http://cris.cc.nih.gov/prescribers/signature.html>

If prescribers have any questions regarding the orders signature process or believe that orders have been erroneously entered under their name, please contact the Medical Record Department on 301-496-2271.

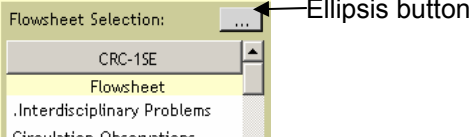
Manual Documentation Forms Moving to CRIS

The **Medical Record Committee** in conjunction with the **MEC-IT Subcommittee** has approved converting *select* manual medical record forms currently used for clinical documentation into the CRIS. There are approximately 50 manual medical record forms that will be phased out over the next year as they are reviewed, revised, and implemented in the CRIS clinical documentation. These new on-line forms will be used by clinical staff to enter and view patient information providing for a more comprehensive electronic patient medical record.

The implementation strategy is to complete the conversion process in several phases. The slow release of new on-line forms will allow the key users to become accustomed to documenting in CRIS. The project team will work closely with the end users (ICs and the Medical Record Committee) to identify specific requirements prior to the system configuration for each form. For more information on all the Phases go to the CRIS Website at: <http://cris.cc.nih.gov>

Phase II of the MRD Forms to CRIS begins November 14, 2006

All users of the forms listed below should discontinue using the paper form and begin documenting in the CRIS. The Medical Record Department will review any of these manual forms received after **November 14, 2006** and contact users of the forms to provide further education/training as necessary to transition documentation to CRIS.

Form Name	Where to find in CRIS
<p>Restraint Log Medical/Surgical & ICU (NIH-2580)</p> <p>Name in CRIS: <i>Restraint Log - Medical/Surgical & ICU</i></p>	<ul style="list-style-type: none"> ○ Select patient and go to the FLWSHEET Tab ○ If a flow sheet is active for a patient's location, it will automatically display in the Flow sheet Selection summary box on the bottom left. ○ If you do not see the desired flow sheet, you must activate it. ○ To activate a flow sheet, select the ellipsis button. <div style="text-align: center;">  </div> <ul style="list-style-type: none"> ○ The Search Flow sheet 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 the Restraint/Seclusion Log type "res" ○ When you see the desired flow sheet, highlight it and click OK. ○ This will activate the flow sheet and add it to the list in the Flow sheet Selection summary box on the bottom left. ○ The selected flow sheet is now active for the patient. ○ Note: <i>If the patient transfers to another location, their flow sheet(s) will transfer with them</i>
<p>Behavioral Health Restraint and Seclusion Log (NIH-2580-1)</p> <p>Name in CRIS: <i>Restraint/Seclusion Log-Behavioral Health.</i></p>	<p>See Instructions above</p> <p>Note: <i>This form will only be available for Behavioral Health areas to select.</i></p>

Form Name	Where to find in CRIS
<p>Critical Care Nursing Assessment Sheet (NIH-2841)</p>	<ul style="list-style-type: none"> ○ Select patient and go to the FLWSHEET Tab ○ Select the Critical Care Nursing Assessment from the Flow sheet Selection summary box on the bottom left <div data-bbox="911 317 1214 569" style="text-align: center;"> </div> <ul style="list-style-type: none"> ○ If you do not see the desired flow sheet, you must activate it. See instructions above.

If you are not familiar with how to use the documentation features in CRIS there are several learning options:

1. Review the CRIS Clinical Documentation web-based training module at <http://cris.cc.nih.gov/cristraining/cbt.html>
2. Register for a CRIS Clinical Documentation Course at <http://training.cit.nih.gov/courselst.asp?lname=cris>
3. Review Chapters 9 and 10 of the CRIS User Manual at http://cris.cc.nih.gov/procedures/cris_user_manual.html
4. Contact **CRIS Support** at 301-496-8400.

New Interdisciplinary Clinical Summaries

NEW Pre-Procedure View in CRIS

A new **Pre-Procedure View** on the **Clinical Summary** tab was developed in **CRIS** and released on October 3, 2006. The purpose of this view is to provide procedure areas with a single page, quick overview of the patient's documentation and critical information relative to their current status. This view includes quick access to allergies, lab results, vital signs, documentation on venous access devices, and orders.

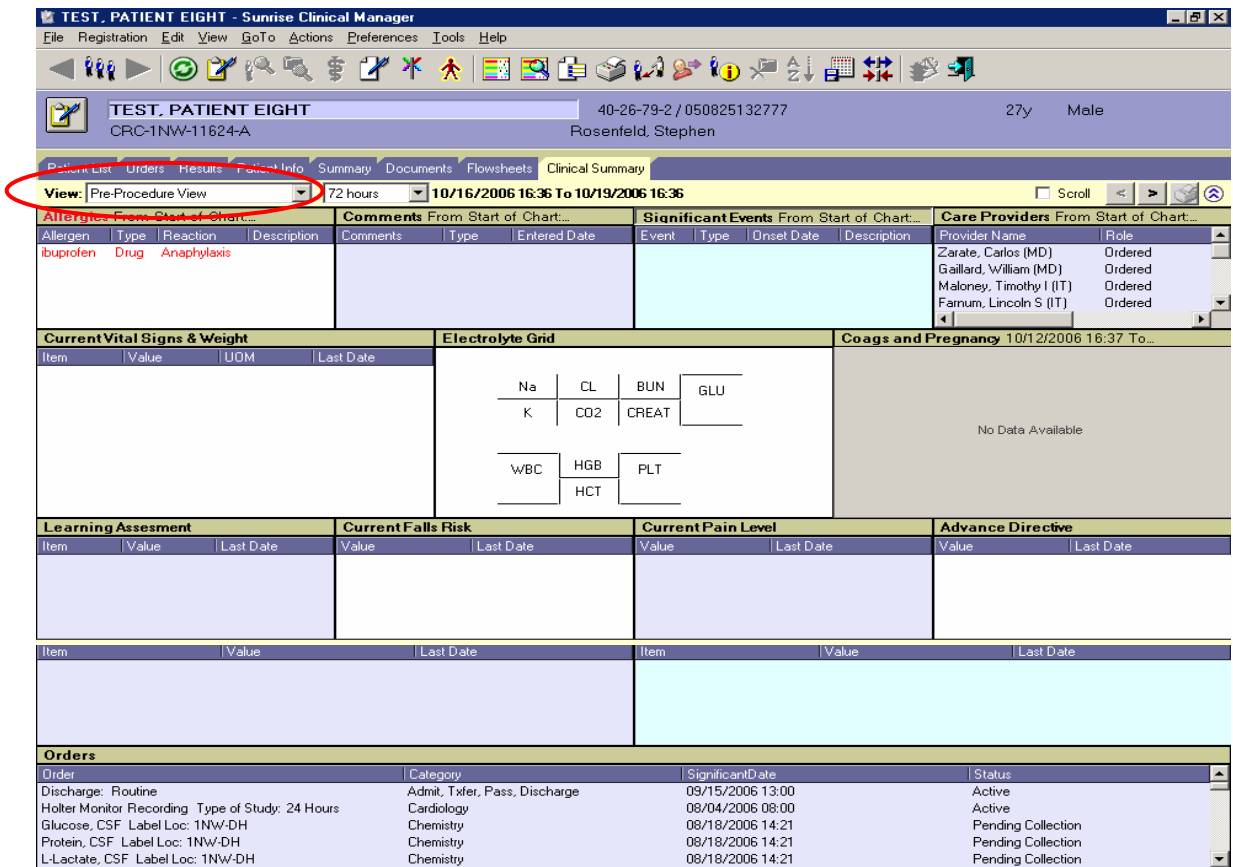


Figure 1: Pre-Procedure View

Clinical Summary Views in CRIS

Did you know there are several **Clinical Summary** views in **CRIS** that provide quick access to information about your patients? These include:

- **Interdisciplinary Care View**
 - This is a **New** view. Main feature is the **Patient Problem List** and discipline specific documentation.
- **Nursing View**
 - Includes Allergies, Significant Events, Patient Falls Risk Level, I&O totals, Comments, Current Vital Signs and a Vital Signs Graph.
- **Nutrition View**
 - Nutrition documents and other critical patient information.
- **Pre-Procedure View**
 - This is a **New** view. See details above.
- **Prescriber View**
 - Contains critical patient information and graphic display of vital signs and lab work.
- **Respiratory Care View**
 - Respiratory documents and other critical patient information.
- **Social Work View**
 - Social Work documents and other critical patient information.

To access any of these “views” in CRIS:

- Select your patient
- Click on the **Clinical Summary Tab**
- Find the **View** option on the left of the screen
- Click on the down arrow to show the **View** menu items
- Select the view you want to display
- The overall **Date/Time Interval** for how patient information displays is pre-defined based on the view you are using. To change the **Date/Time Interval**, use the down arrow in the second **View** field to select a different time interval from the displayed list.

For more information on how to use the *Clinical Summary* tab see **Chapter 9 View User Documentation** of the **CRIS User Manual** at:

http://cris.cc.nih.gov/procedures/cris_user_manual.html

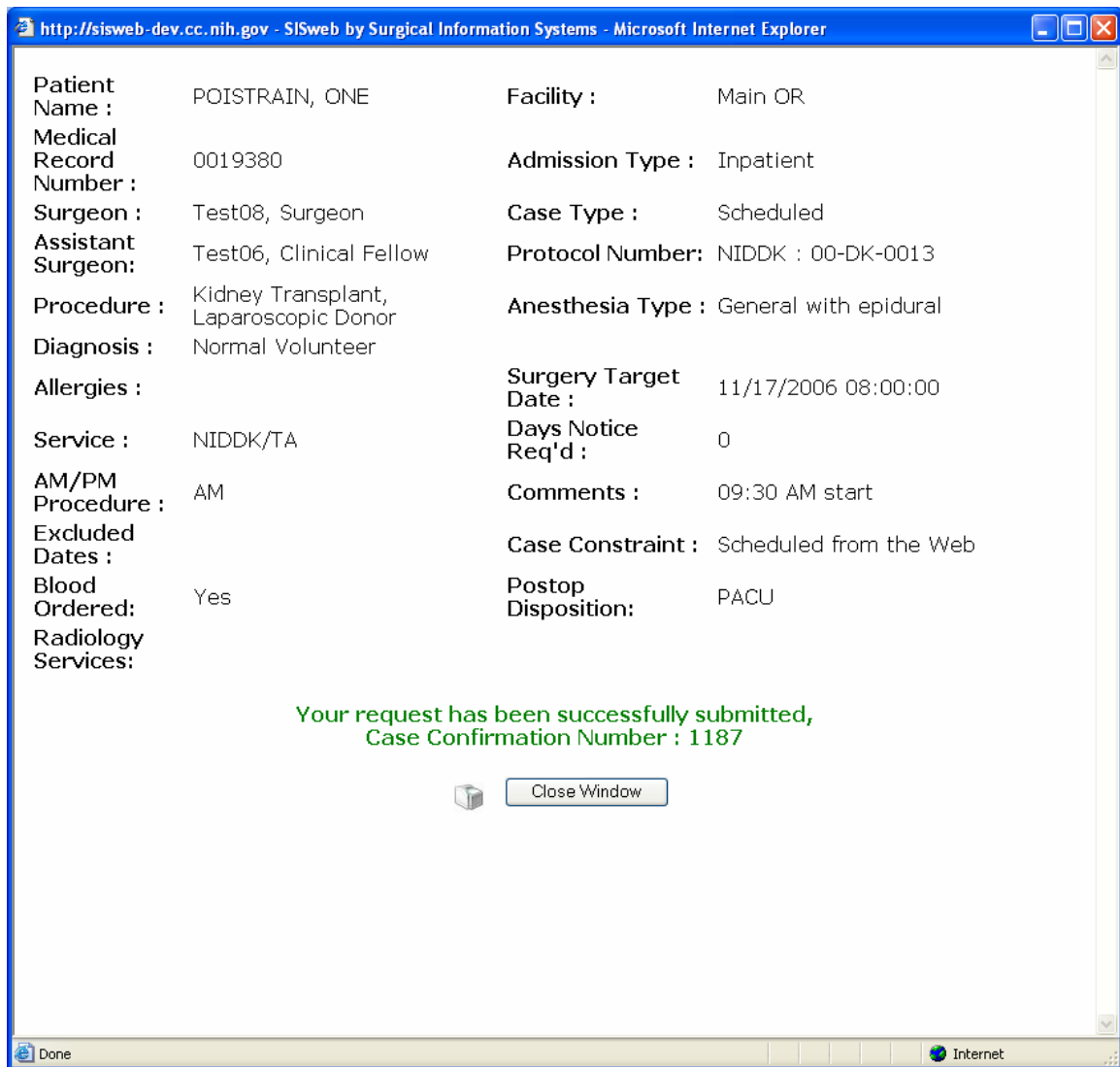
Information on the **Interdisciplinary Care View** can be found at:

<http://cris.cc.nih.gov/cristraining/iptm.html>

Surgical Information System: Scheduling

ATTENTION SISWEB USERS: When submitting a request to schedule surgery time, or off-site anesthesia time, please pay attention to the following fields on the Request Case Summary page BEFORE you click on “Submit.”

1. Check the “Surgery Target Date” field displays the intended procedure date. The system will default to the current date. Click on the calendar to the right to select the intended procedure date.
2. There has been confusion about the “Postop Disposition” field. This field should indicate where the patient would go for immediate postoperative monitoring.
 - Outpatients are prepared for surgery by the PACU staff and will return there for monitoring before discharge: Select PACU as the Postop Disposition.
 - Inpatients will require monitoring until recovered from anesthesia. ICU or PACU staff, depending on the patient’s medical condition at the time of surgery, will perform monitoring: Select ICU or PACU as the Postop Disposition.
 - Inpatients scheduled for local anesthesia, administered by their surgeon, may return to their Patient Care Unit without monitoring by the PACU staff: Select Patient Care Unit as the Postop Disposition.
3. Please write down the Case Confirmation Number after you submit the request. It is displayed at the bottom of the Case Confirmation Screen. If desired, you may print a copy of the screen to your local printer by clicking on the printer icon before closing. The Case Confirmation Number is a 4-digit number, which is unique to the care event that you requested. The OR may ask for the Case Confirmation Number when you call with questions. This unique number will enable the OR Scheduler to pull up the correct procedure in the system.



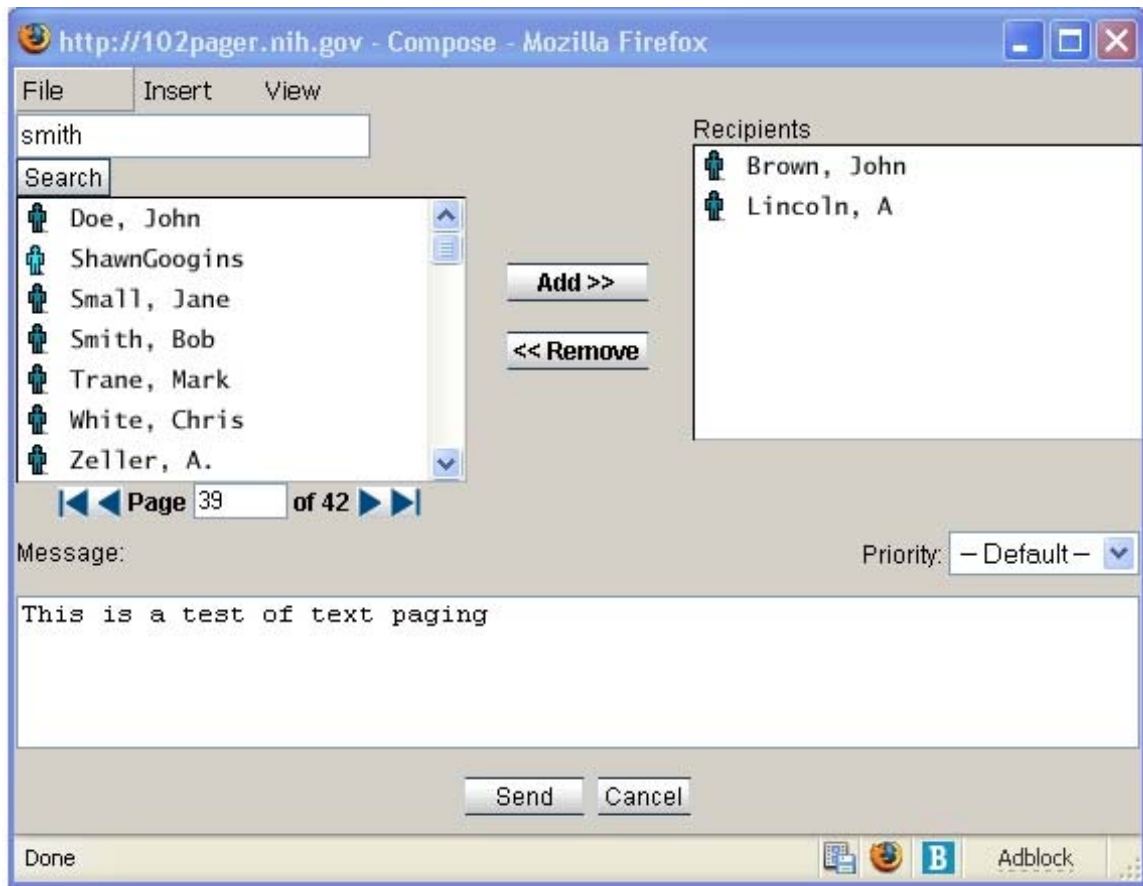
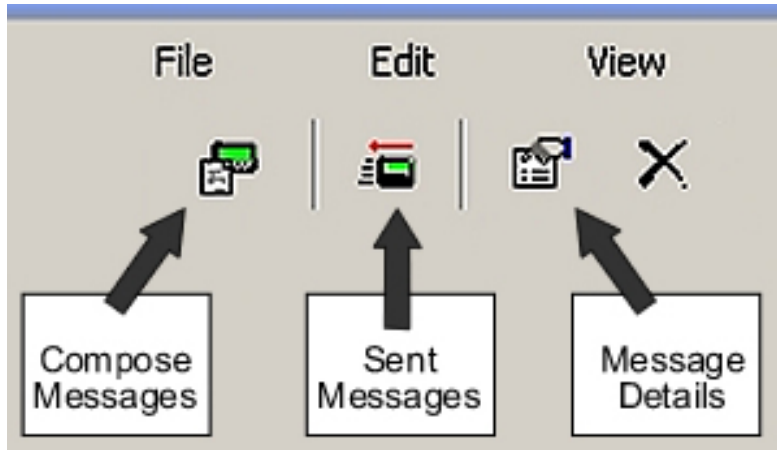
Text Paging on the 102 Pager Network

Did you know that you could send text pages on the 102 pagers system through an easy to use web interface without the installation of any software? Instead of dialing 102 on an NIH phone, or by dialing 1-800-NIH-BEEP, set your web browser to <http://102pager.nih.gov>.

This site can be accessed only from within the NIH network. If you are not on the NIH network you can access the system via a VPN or other remote connection. The web interface works in either Internet Explorer or Firefox browsers so either a MAC or a PC can access it. Make sure you set your browser to allow pop-ups from the site.

To send a text message click on the compose icon (see image below) and a compose window will pop up. If you know the 5 digit PIN number of the person you want to page, enter that number in the window above the search button and hit search. This will search the database and confirm the presence of this PIN in the system. You may also search by name. Once the search is completed, select the PIN or NAME in the search window on the left and select the Add button to add the page recipient to the Recipients window on the right. You may enter multiple recipients. Enter the text that you would like the individual(s) to receive, and then

select the send button. The message will be queued and sent and the results will be listed in the message log.



Details about the individual sent messages can be reviewed in the message log. Text messages should be limited to 80 characters.

*Note that escalated messages, address books, and sending messages to other devices besides the 102 pagers are not currently supported on this version of the web interface. A software upgrade and added features are currently being pursued. First time users of this web interface may need to enter just the server name as 102pager.nih.gov in a popup dialog box.

Nutrition Call Center

The Clinical Center Nutrition Department implemented a new phone system on Wednesday, October 11, 2006. All services will remain the same for patients, nursing, physicians and staff. However, when dialing the Patient Room Service Number, all calls will immediately be answered and placed in a Queue for immediate assistance. With the new phone solution, Nutrition will be able to capture metrics on number of calls, wait times, and various other important measures to help analyze and evaluate our efficiency. All calls are now monitored for quality and training purposes.

Room Service Hours (301-451-3663):	6:30am – 7:00pm
Room Service food item offerings:	Hot food until 6:30pm, Cold food between 6:30pm-7:00pm
Dedicated Nursing Lines (staff only):	301-496-2390 (nursing only), 301-496-0241 (nursing only)
Kitchen Supervisor (tray delivery, bag meals, floor stock):	301-480-6825 (nursing only)