

Vista Imaging at the Fort Defiance Indian Hospital



INTRODUCTION

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Title: Medical Records Technician
Specialty: Specialize in Lab File Process and Vista Document Scanning Coordinator

PURPOSE

This presentation is meant to provide you an overview on Vista Imaging, as used by the Fort Defiance Indian Hospital. I will provide a brief history on the training of staff and implementation of the software. I will also discuss issues addressed, overall processes today, and aspirations for the future.

AGENDA

- Background about Fort Defiance
- A BRIEF HISTORY OF VISTA IMAGING AT FORT DEFIANC INDIAN HEALTH SERVICE
- Vista Imaging – A process overview
- The 5 steps to Quality!
- Prescreening– A four step process
- Scanning Process
- 100% QUALITY ASSESSMENT
- Final Quality Assessment
- ERROR CORRECTION
- Effects on our Customers

Fort Defiance Community

Fort Defiance is a small community located on the Navajo Reservation. As of the year 2000 it is approximated that there are 4,061 people in and around the general area. 92.86% of the community are Native American. The median income for a family is Fort Defiance was estimated to be around \$35,448.

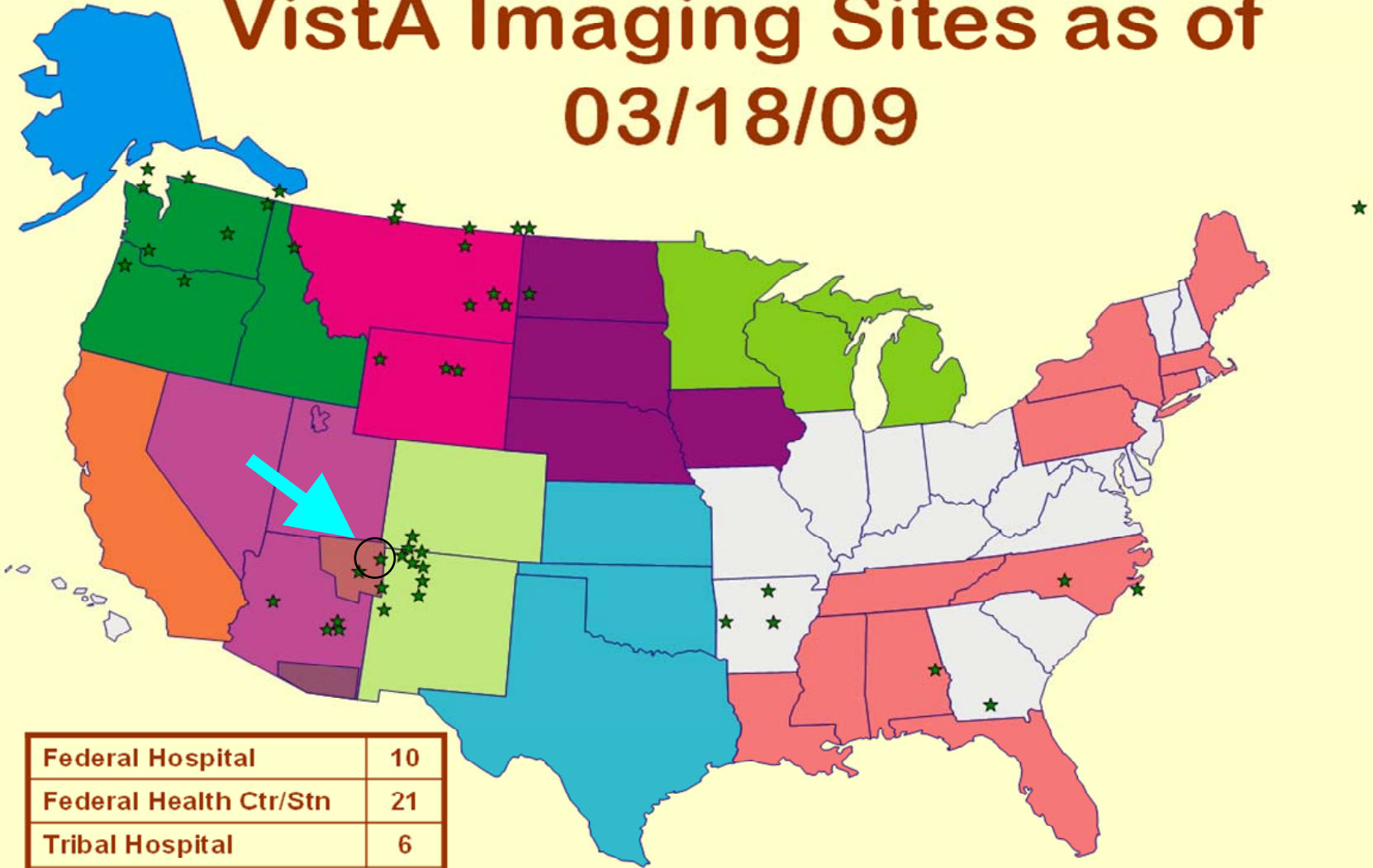
Fort Defiance Service Unit

Fort Defiance Service Unit is one of eight organizational and administrative units within the Navajo Area Indian health Services care system.

The new Fort Defiance hospital was constructed in 2002. It has a total of 50 inpatient beds.

**A BRIEF HISTORY OF VISTA
IMAGING AT FORT DEFIANCE
INDIAN HEALTH SERVICE**

VistA Imaging Sites as of 03/18/09



Federal Hospital	10
Federal Health Ctr/Stn	21
Tribal Hospital	6
Tribal Health Ctr/Stn	10

Vista Imaging “The Beginning”

Our team was first approached about the impending addition of the Vista Imaging Software in May 2007, during a monthly team meeting. Previously my coworker and I focused our attention on physical lab filing. Our team of 16 at the time did not comprehend what we were about to attempt. We only knew we would somehow make it work.

PREPARATION

Our team in preparation began discussions on how to meet the challenge of Vista scanning and physical lab file. Our team decided our best approach would be to massively cross-train. All file section technicians were cross trained in a multitude of duties so that when the need arose one could be added to or replace a needed employee at any given function.

PREPARATION (Cont.)

In addition to staff development, our IRM Department contacted another facility from Oregon that was already using Vista Equipment. This particular facility provided our facility with the model type and specifications of equipment needed. After receiving these specifications our IRM procured the needed equipment.

Time to train – Training Groups!

July 2007, VA sent a developer to help us implement the software into our network, and to train staff on its uses and maintenance. The training sessions were broken up into 2 groups. The first group was more concerned on training our IRM & technical staff.

Time to train – Training Groups

(Training Groups Cont.)

While the second group to be trained was the more focused on the end user processes.

The 5 team members chosen to operate the end user software were 2 lab filers, and 3 discharge analyzers. With 5 of us, we would be able to accommodate both inpatient and outpatient scanning needs.

Time to train – Training Week!

In August 2007 we were trained. At the end of the week we were provided a Competency test of 10 questions to answer and also required to physically prove our ability at our individual work stations.

Implementation

Vista Imaging was implemented August 10th of 2007. Initial documents were exclusively focused on the sent out Reference Labs Only. From here staff strengthened their scanning abilities. Through teamwork, IRM and end user staff worked together to resolve any issues and made it work.

Issues addressed

Some of the issues addressed were:

- How were we going to scan different documents?
- Where were we going to store the documents?

Issues addressed (Cont.)

- What were we going to do about mistakes?
- How were we going to track errors?
- Was scanning going to be centralized or decentralized?
- Would we send notifications? How?
- How were we going to handle lab file and Vista imaging?



**An Image has been
REMOVED from this
Patient's chart**

Image removed: _____
Chart Number: _____
Date placed in record: _____
Date removed: _____

Reason: _____

Chief of MIS/MIS designee signature:
_____ **Date:** _____

Currently our facility is moving very slowly in its approval of the documents to be scanned. Before an item is approved for scanning each document needs to be reviewed by the Medical Records Committee, HIM Director and end user Vista technicians to verify its feasibility.

Centralization

Our Vista Scanning activities remain centralized in Medical Records. This decision was made because equipment availability and staff were not currently available to accommodate decentralization.

Lab file of yester year

Beginning in 2005 the Medical Records Committee and our HIM Director work on auditing the Medical Records forms to remove redundancy, thus making lab filing more manageable. The lab breakdown count then was estimated to be near a thousand, on a daily basis.

Lab file of today

With the technological upgrades for the treatment rooms; today's lab file breakdown rarely breaks 200. With constant team work and increased use of the E.H.R. lab file is a shadow of problem it once was. Today our breakdown consists mainly of Send Out Reference Labs, Radiology Reports, and External Hospital Reports.

EFFECTS ON SCANNING TECHNICIAN

- Always busy
- Need for “Go to Person”
- Ergonomic Concerns
- Time constraints

SCHEDULING TIME FOR VISTA!

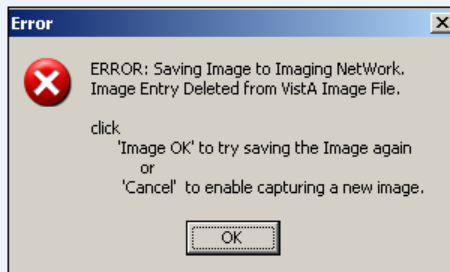
Currently this is our focus to accommodate our scanning needs.

Lab Filers

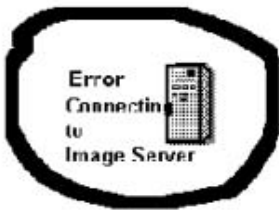
07:00 to 08:00	Morning Breakdown
08:00 to 1:00	Physical file
1:00 to 4:00	Vista Imaging
4:00 to 4:30	Clean up and Evening Breakdown

Our first real problem

From August 2007 to November 2007, we scanned documents into the E.H.R via Vista Imaging with little occurrence of problem. There was some problem with connectivity, but it was resolved.



Item	Note Title	Proc DT	# Img	Short Desc	Spec
1	SCANNED RADIOLOGY-XRAY	02/28/2008 00:01	1	SCANNED RADIOLOGY-XRAY	RAD
2	SCANNED RADIOLOGY-XRAY	02/28/2008 00:01	1	SCANNED RADIOLOGY-XRAY-Foot	RAD
3	SCANNED RADIOLOGY-XRAY	02/28/2008 00:01	1	SCANNED RADIOLOGY-XRAY	RAD
4	SCANNED RADIOLOGY-XRAY	02/26/2008 00:01	1	SCANNED RADIOLOGY-XRAY hand	RAD
5	SCANNED RADIOLOGY-XRAY	02/21/2008 00:01	1	SCANNED RADIOLOGY-XRAY/ Arm	RAD
6	SCANNED LAB RESULTS-OTHER	02/20/2008 00:01	1	SCANNED LAB RESULTS-OTHER oVA + PARASITE EXAM	LABI
7	SCANNED RADIOLOGY-XRAY	02/19/2008 13:10	1	SCANNED RADIOLOGY-XRAY RT WRIST	RAD
8	SCANNED RADIOLOGY-XRAY	02/14/2008 14:40	1	SCANNED RADIOLOGY-XRAY	RAD
9	SCANNED RADIOLOGY-XRAY	02/14/2008 00:01	1	SCANNED RADIOLOGY-XRAY hed	RAD
10	SCANNED RADIOLOGY-XRAY	02/14/2008 00:01	1	SCANNED RADIOLOGY-XRAY test run	RAD
11	SCANNED LAB RESULTS-OTHER	02/14/2008 00:01	1	SCANNED LAB RESULTS-OTHER scribble	LABI
12	SCANNED RADIOLOGY-XRAY	02/14/2008 00:01	1	SCANNED RADIOLOGY-XRAY	RAD
13	SCANNED LAB RESULTS-OTHER	01/25/2008 00:01	1	SCANNED LAB RESULTS-OTHER	LABI
14	EKG	01/24/2008 09:22	1	PROCEDURE RECORD/REPORT-EKG	CAR
15	SCANNED RADIOLOGY-XRAY	01/02/2008 00:01	1	SCANNED RADIOLOGY-XRAY neck	RAD
16	SCANNED LAB RESULTS-OTHER	10/12/2007 13:17	1	SCANNED LAB RESULTS-OTHER smile	LABI
17	ADDENDUM	08/17/2007 10:31	1	deletion	
18	REF LAB RESULTS-PAP SMEAR	08/10/2007 00:01	1	REF LAB RESULTS-PAP SMEAR	LABI
19	REF LAB RESULTS-PAP SMEAR	08/10/2007 00:01	1	SCANNED LAB RESULTS-PAP SMEAR	LABI
20	REF LAB RESULTS-PAP SMEAR	08/10/2007 00:01	1	SCANNED LAB RESULTS-PAP SMEAR	LABI
			1:25	Scanned Emergency Dept visit	EME
			1:11	Ped Urology Assoc Ltd. referral letter...	URC
			1:51	3 IMAGE	
			1:43	1 IMAGE	OPT
			1:01	1 REF LAB RESULTS-PATHOLOGY gallbladder	LABI
			1:01	1 SCANNED LAB RESULTS-PAP SMEAR	LABI
			1:01	1 SCANNED ADMINISTRATIVE NOTE	LABI
			1:27	1 SCANNED RADIOLOGY-MAMMOGRAPHY	RAD
			1:38	1 PROCEDURE RECORD/REPORT	RAD
			1:04	1 University medical Center Discharge Summary	
			01	3 MED GENERAL	
			08/08/2007 08:04	1 MED GENERAL1	EME
			08/06/2007 11:34	1 SCANNED LAB RESULTS-OTHER	LABI



VIEW OF SERVER CONNECTION FAILURE IN DISPLAY

ALWAYS OPEN DISPLAY BEFORE BEGINNING THE SCANNING PROCESS TO MAKE SURE YOUR SERVER IS WORKING

ID# [FDH]SCANNED RADIOLOGY-XRAY
NOTE 02/28/2008

43 ID# 23507 [FDH]SCANNED RADIOLOGY-XRAY NOTE 02/28/2008

to

to

notepad history4 - Windows Picture and Fax Viewer

```
1:57 * ----- End Results ----- MAG3 TIU NEW
1:57 Filing the Images to TIU...
1:59 Images added to TIU OK
2:01 Connecting to Network Image Server...
2:05 * Failed to open security to: \\NAVFDHCLU2\IMAGE1$\FDH0\00\00\02\49\FDH00000024933.TIF
2:05 MagSecurity: FATAL: Unknown Error #: 1311 \\NAVFDHCLU2\IMAGE1$\FDH0\00\00\02\49\FDH00000024933.TIF
2:05 * ----- Image Security for Filename: \\NAVFDHCLU2\IMAGE1$\FDH0\00\00\02\49\FDH00000024933.TIF
2:05 * ----- \\Server\Share: \\NAVFDHCLU2\IMAGE1$
2:05 * ----- before OSConn... 3/27/2008 12:42:01 PM
2:05 * ----- UserName: 'D1\NAVFDHIU'
2:05 * ----- FATAL: Unknown Error #: 1311 \\NAVFDHCLU2\IMAGE1$\FDH0\00\00\02\49\FDH00000024933.TIF
2:05 * ----- after OSConn... 3/27/2008 12:42:05 PM
2:05 * ----- Disconnect Successful
2:05 ERROR: Saving Image to Imaging Network. Deleting Image Entry from Vista Image File...
2:10 ERROR: Saving Image to Imaging Network. Image Entry Deleted from Vista Image File. click 'Image OK' to try saving the Image e
2:10 Click 'Image OK' to save Image, or 'Cancel' to discard Image
2:12 STARTING: btrImageOKClick...
2:12 * Before OKtoSaveImageAsIs: btrImageOKClick
2:12 * MagFileObj FullFileName:
2:12 * - gbvar Format = .TIF
2:12 * - gbvar ScanMode= TWAIN
2:12 * - lbInputSourceDesc= TWAIN
2:12 * - lbFormatDesc= TIFF G4 FAX
2:12 * - saveformat= [262184]TIF_G4
2:12 * - compresstype= Group 4
2:12 * - filetype = [262184]262184
```

failed scan

```
11:31:40 * ----- End Results ----- MAG3 TIU NEW
11:31:40 Filing the Images to TIU...
11:31:42 Images added to TIU OK
11:31:44 Connecting to Network Image Server...
11:31:44 Notes saved to .txt file: \\NAVFDHCLU2\IMAGE1$\FDH0\00\00\02\49\FDH00000024981.TXT
11:31:44 Saving the captured file to the Image Server...
11:31:44 * Before SaveGear: NONImport - FileAndCopyImage
11:31:44 * MagFileObj FullFileName: \\NAVFDHCLU2\IMAGE1$\FDH0\00\00\02\49\FDH00000024981.TIF
11:31:44 * - gbvar Format = .TIF
11:31:44 * - gbvar ScanMode= TWAIN
11:31:44 * - lbInputSourceDesc= TWAIN
11:31:44 * - lbFormatDesc= TIFF G4 FAX
11:31:44 * - saveformat= [262184]TIF_G4
11:31:44 * - compresstype= Group 4
11:31:44 * - filetype = [262184]262184
11:31:44 * - scanbits= 1
11:31:44 * - bits/pixel 1
11:31:44 Captured File saved to Image Server.
11:31:44 Creating Abstract for image: FDH00000024981.TIF
11:31:44 * Before SaveGear: MakeABS
11:31:44 * MagFileObj FullFileName: \\NAVFDHCLU2\IMAGE1$\FDH0\00\00\02\49\FDH00000024981.TIF
11:31:44 * - gbvar Format = .TIF
11:31:44 * - gbvar ScanMode= TWAIN
11:31:44 * - lbInputSourceDesc= TWAIN
11:31:44 * - lbFormatDesc= TIFF G4 FAX
11:31:44 * - saveformat= [262184]TIF_G4
11:31:44 * - compresstype= Group 4
```

SUCCESSFUL SCAN



VISTA ERROR LOG

TIME	CHART#	WAS EMAILS SENT?	ERROR TYPE:	When did Vista come up?	CONTACT LIST:
					Ella Plainfeather
					Lionel Salabye
					Ida McVicker
					Blaine Segaye
					Request HelpDesk

Vista Imaging

A process overview

Purpose

Currently the purpose of Vista Imaging is to provide a functional tool, that will allow generated documents pertaining to patient activities to be electronically placed into the E.H.R.

Process steps for Vista Imaging

Five steps to quality!

Policies

Currently we use IHS guides for Vista Scanning including a local policy. On March 24, 2009 we were also given an E.H.R policy for Vista scanning from our I.H.S. CAC (Clinical Applications Coordinator).

Service Unit policy

**FT. DEFIANCE INDIAN HOSPITAL
FT. DEFIANCE, ARIZONA
HOSPITAL POLICY**

MANUAL : Administration		
SUBJECT: Uploading and Storing Digital Images in Vista Imaging		
EFFECTIVE:	REVISED DATE:	SUPERSEDES:
DISTRIBUTION:		

REFERENCES: HIPAA _____ 482.13 Patient Rights.

POLICY:

- The Indian Health Service Security Rules of Behavior, HIPAA and Privacy act apply to clinical images captured by digital cameras.
- You are responsible for images that you capture and import into the electronic health record.
- You can not import photos for any other person (if you take the picture you import it)
- Clinical photos must be taken on an Indian Health Service camera that has been approved by the Computer Support Team.
- You are responsible for uploading your clinical photos and that they must be immediately uploaded to Vista Imaging and subsequently deleted from the camera or memory card.
- Clinical images should not be transferred, copied or stored at any location except on the Vista Imaging Server.
- You can't manipulate, resize, print, or crop any images.

I. PROCEDURE:

- Create the patient identifier This will be a 3x 5 index card. Write the first initial and last initial of the patients name, their health record # and DOB.
- Place the patient identifier into the field of vision and take the picture (s)
- Some images may require zoom/macro. These must be taken using optical zoom, not digital zoom. The patient identification card may not fit into the field of vision in this case:
 1. Zoom out to include the pt identifier.
 2. Zoom in to take a close-up photo of the patient anatomy that needs to be photographed without the patient identifier

I.H.S policy

Scanning Outside Clinical Documents

PURPOSE: To establish policy, procedures and responsibilities for scanning outside clinical documents into the VistA Imaging program that can be accessed through the RPMS Electronic Health Record (EHR).

POLICY: The IHS is committed to creating an environment that promotes and fosters the use of the RPMS EHR by defining policies, objectives, and responsibilities for the scanning of documents related to patient care.

To establish policy and outline procedures for scanning of documents into the VistA Imaging program, it is important to define what documents will be scanned into VistA Imaging and how these documents will be indexed.

RESPONSIBILITIES:

The HIM Director or designee and the appropriate committee are responsible for approving all requests for document scanning and monitoring image quality. All staff members with scanning responsibilities are properly trained in Standard Operating Procedures (SOP) as they relate to scanning and in the use of scanning equipment.

Staff members scanning documents will ensure that the document is attached to the appropriate progress note title and patient, and that image quality meets necessary standards.

The HIM Director or designee will be responsible for tracking and monitoring quality/quantity of scanned documents into the EHR according to facility policy.

The HIM Director or designee will be the only facility staff member with the functionality to delete a scanned image. In the event a document is scanned to the incorrect chart, it will be reported to the HIM Director or designee. Errors noted by staff located outside of HIM, will be brought to the attention of the HIM Director or designee.

PROCEDURE:

- 1) Any document received by a scanning specialist will be checked against the list of approved documents for appropriateness and then scanned. *See below list of approved documents.*
- 2) If the scanning specialist encounters a document that is not listed on the approved scanning list or questions a document he/she receives, the form will be referred to the HIM Director or designee for a decision on whether the document is appropriate for scanning.
- 3) The computer downtime contingency plan should address when the RPMS EHR is unavailable for a considerable amount of time. Local policy will determine what is termed "a considerable amount of time." Documentation completed during the down time will be scanned into the record with a

The 5 steps to Quality!

Documents received from lab file breakdown

1. Prescreen – a four step process
2. Scan process
3. Quality Assessment
4. Breakdown for physical lab file

1. Documents received – a daily breakdown

Each day lab filers (Scanning Technicians) receive stacks of documents that need to be sorted. These documents are separated from refuse, physical lab only, and scannable stacks. Those items determined acceptable for scanning are then held for prescreening.

2. Prescreening– A four step process

1. Review the document for appropriateness and quality.
2. Determine 3 of 4 patient identifying criteria.
3. Determine the encounter date this item is to be attached to.
4. Review documents for blank pages.

STEP 1: Review the document for appropriateness and quality.

Currently we are only scanning the sent out reference labs, and radiology reports. As we progress in the future we will begin the formation of an **Approved Scanning List**

What is an Approved Scanning List?

Approved scanning lists will be maintained in a binder that will house examples of which items are approved for scanning and how items are to be properly scanned using Vista Imaging. This list will be referenced in the Scanning policy and kept next to the policy for accessibility.

What is an Approved Scanning List? (Cont.)

As of March 24, 2009 our team has received a policy from our local area CAC. This policy indicates a list of our approved external documents for scanning.

What if I cannot read the document?

According to policy a “better copy” will be requested from the originating source. If this is not possible, the image will be enhanced as best as possible with the tools available within Vista Imaging. If the document is illegible the document shall be stamped “Original Illegible” close to the area that is illegible.

SAMPLE:

ORIGINAL - ILLEGIBLE

STEP 2: Verifying document criteria

Currently we are using four criteria to verify documents. These four criteria are NAME, D.O.B, SSN, and CHART NUMBER.

Before any item is scanned, the scanning technician must verify three of the four criteria. If an item fails to meet these criteria, then the technician will verify with medical staff to ascertain document validity before processing.

Patient Tools Help Refresh Disp
Patient Chart Communication
Patient not selected
Notifications for All Patients
Patient Notification

Patient Selection

Patient Lists Patients Demographics

No Default
 Providers
 Teams
 Specialties
 Clinicians

Demo, Patient A
HRN: [redacted]
[redacted]
[redacted]

Patient Detail..

OK Cancel

Patient Detail

FORT DEFIANCE INDIAN HOSPITAL
AMBULATORY CARE RECORD BRIEF

MAR 24, 2009@16:03:22 Page: [redacted]
PATIENT: CHART #: [redacted]

COMPUTER FILE EST: AUG 26, 2004 (AMS) LAST EDIT: FEB 24, 2009 (RM)

OTHER NAME(S): [redacted]

SEX: FEMALE
BIRTHDAY: [redacted]
AGE: [redacted]

CLASS: INDIAN/ALASKA NATIVE
COMMUNITY: FT DEFIANCE
COUNTY: APACHE
CURRENT ADDRESS:
BOX

PHONE NUMBERS ---
HOME: () WORK: NONE
OTHER PHONE: ()
RACE:

NUMBER IN HOUSEHOLD: TOTAL HOUSEHOLD INCOME:

NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT : YES DATE : APR 25, 2006
ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED : YES

TRIBE: NAVAJO TRIBE OF AZ, NM AND UT INDIAN QUANTUM: FULL

Font Size: 9 Print... Close

We can easily verify patient information from E.H.R, by simply using the Ambulatory Care Record "Face Sheet".

Verifying documents (cont)

Any item verified that simply has misspelling of names, inverted numbering must be corrected before being scanned.

It is highly recommended that the technician obtain a corrected item from the generating facility instead of self correcting the item.

Sample:

~~Dimo, Patent~~ → R/M ^{3/30/09}

Demo, Patient

STEP 3: Encounter dates

For every item scanned, the day the patient was actually physically seen is entered as the Vista encounter date. This will help scanned documents match up with the encounter dates in the E.H.R

STEP 3: Encounter dates

In accordance with I.H.S policy any **outside** document received by a scanning technician will be checked against the I.H.S Approved Scanning List. If an item is not on the list it will be referred to the HIM Director for decision. The date the item is scanned will be used as the “Date of Service”.

Vista Imaging Capture : []

File Options Tools Configurations System Manager Image Help

Source: TWAIN Format: True Color JPG (24 bit) Association: TIU Saying: Single Mode: OnLine Other:

Blood transfusion Consent FD IHS 515 Prenatal visit Referral to Fort Defiance Outside Lab other ROI Referral Out Culposcopy Consent Transfer HRSA-351

outside lab pap smear Outside Lab Path P.H.N. Visit EKG C.T. Ultrasound X-ray (CR) Mammography Ref Lab Other Ref Lab Pap Smear

Select Patient

*Patient

Select Progress Note

*Note Title

Note-Status-Loc

*Note Date

*Doc/Image Date

*Origin VA

*Doc/Image Type

Specialty

Proc/Event

*Image Desc

Capture...

MultiPg Doc.

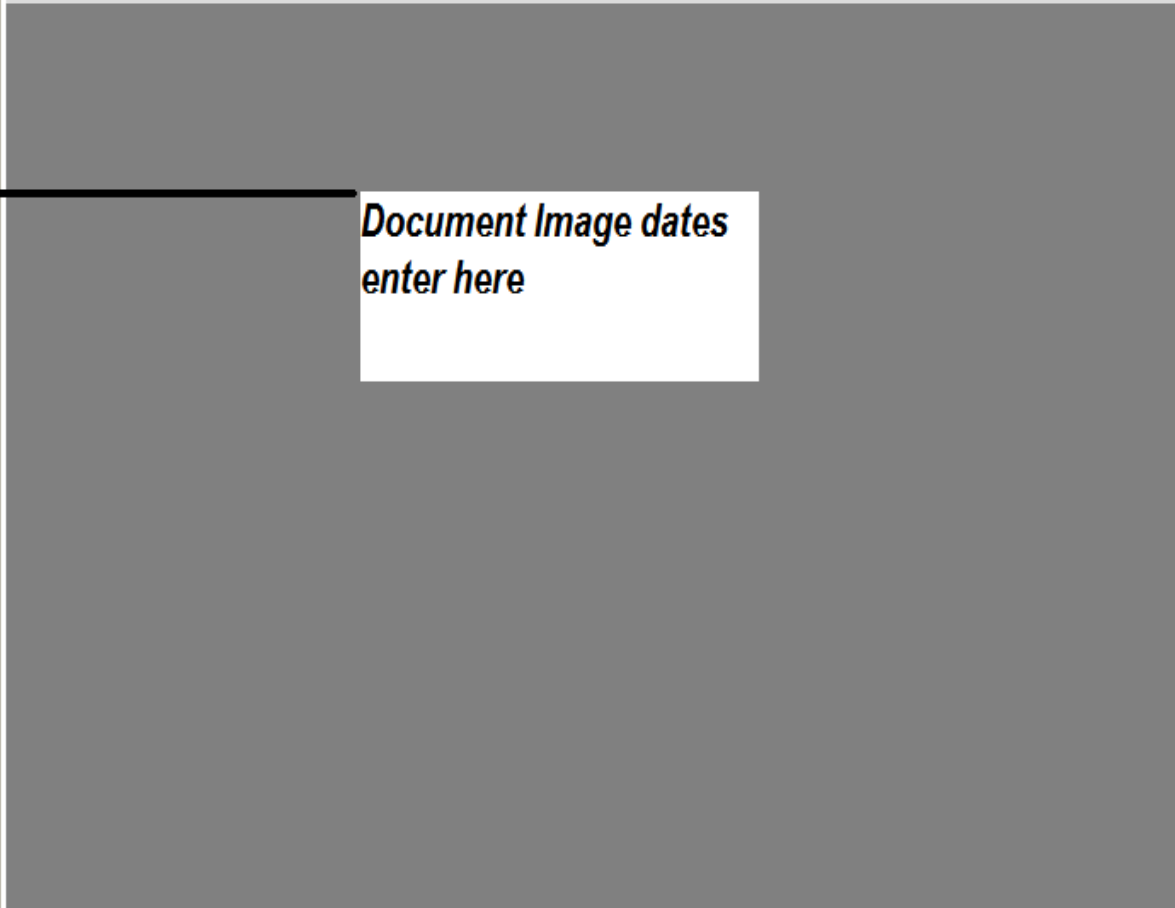
Image OK

Cancel

Bri 100 Con 100 Zoom 100 pg 0 of 0



viewing image :



Document Image dates enter here

STEP 4: What happens if I have a blank page?

The final step in the prescreening process is to review the document for blank pages. For legal reasons, any document that is found to have a blank page must be stamped **Intentionally Blank or Intentionally Left Blank**, in the event the document is required for court.

3. Scanning Process

3. Scanning Process

There are 12 general steps performed to correctly scan a document. We will discuss these steps with the help of the following. Images.

Patient Selection

Patient Lists

- No Default
- Providers
- Teams
- Specialties
- Clinics
- Wards
- Personal Lists
- All

Manage List...

Save Settings

Patients

Search: _____

	^
	≡
	v

Demographics

Patient Detail...

OK

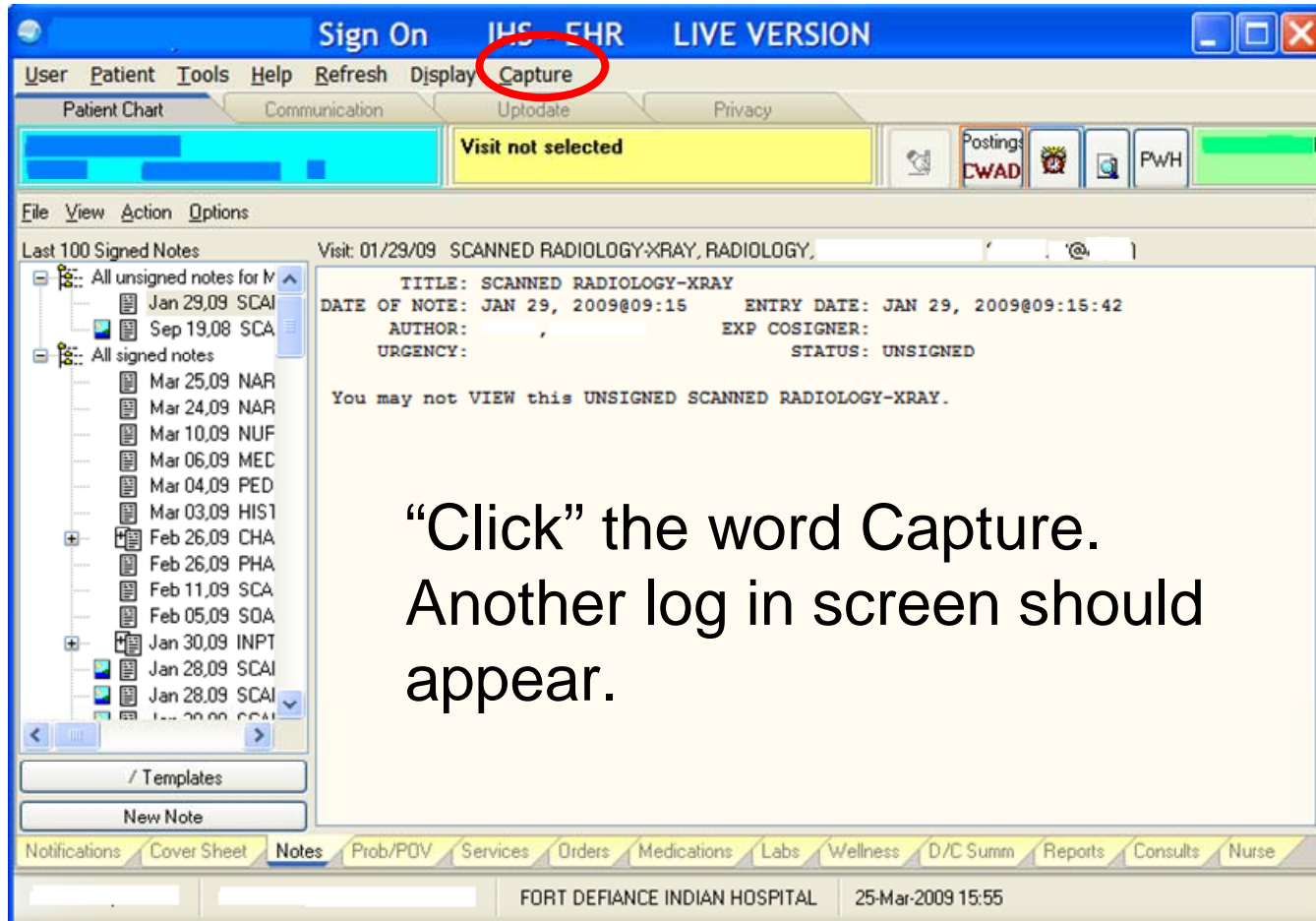
Cancel

Step 1: Open the E.H.R

The screenshot displays the IHS - EHR LIVE VERSION interface. The window title bar includes "Sign On", "IHS - EHR", and "LIVE VERSION". The menu bar contains "User", "Patient", "Tools", "Help", "Refresh", "Display", and "Capture". The "Patient Chart" tab is active, and a red oval highlights a blue bar in the patient information area. The "Visit not selected" message is visible in a yellow box. The main content area shows a list of "Last 100 Signed Notes" on the left and a detailed view of a note on the right. The note details include: TITLE: SCANNED RADIOLOGY-XRAY, DATE OF NOTE: JAN 29, 2009@09:15, ENTRY DATE: JAN 29, 2009@09:15:42, AUTHOR: , EXP COSIGNER: , URGENCY: , and STATUS: UNSIGNED. A message below the note states: "You may not VIEW this UNSIGNED SCANNED RADIOLOGY-XRAY." The bottom of the interface features a navigation bar with tabs for "Notifications", "Cover Sheet", "Notes", "Prob/POV", "Services", "Orders", "Medications", "Labs", "Wellness", "D/C Summ", "Reports", "Consults", and "Nurse". The status bar at the bottom indicates "FORT DEFIANCE INDIAN HOSPITAL" and the time "25-Mar-2009 15:55".

Step 1: Open the E.H.R to the corresponding patient. (This window should already be open from the prescreen process.)

Step 2: Open the Capture Window



The screenshot displays the IHS EHR software interface. The title bar reads "Sign On IHS EHR LIVE VERSION". The menu bar includes "User", "Patient", "Tools", "Help", "Refresh", "Display", and "Capture", with "Capture" circled in red. Below the menu bar, there are tabs for "Patient Chart", "Communication", "Update", and "Privacy". A yellow banner indicates "Visit not selected". The main content area shows a list of "Last 100 Signed Notes" on the left and a detailed view of a note on the right. The note details include: "TITLE: SCANNED RADIOLOGY-XRAY", "DATE OF NOTE: JAN 29, 2009@09:15", "ENTRY DATE: JAN 29, 2009@09:15:42", "AUTHOR:", "EXP COSIGNER:", "URGENCY:", and "STATUS: UNSIGNED". A message below the note states: "You may not VIEW this UNSIGNED SCANNED RADIOLOGY-XRAY." The bottom of the interface features a navigation bar with tabs for "Notifications", "Cover Sheet", "Notes", "Prob/POV", "Services", "Orders", "Medications", "Labs", "Wellness", "D/C Summ", "Reports", "Consults", and "Nurse". The status bar at the bottom indicates "FORT DEFIANCE INDIAN HOSPITAL" and "25-Mar-2009 15:55".

“Click” the word Capture.
Another log in screen should appear.

Step 3: Verify Correct Patient

The E.H.R will automatically update your Vista Capture Window. Before continuing verify the correct name is inserted.

Step 4: Choose Configuration

File Options Tools Configurations System Manager Image Help

Source: TWAIN Format: True Color JPG (24 bit) Association: TIU Saving: Single Mode: OnLine Other:

Blood transfusion Consent FD IHS 515 Prenatal visit Referral to Fort Defiance Outside Lab other ROI

Referral Out Culposcopy Consent Transfer HRSA-351 E.D. Visit outside lab pap smear Outside Lab Path P.H.N. Visit EKG

C.T. Ultrasound X-ray (CR) Mammography Ref Lab Other Ref Lab Pap Smear Ref Lab Path

*Patient

Select Progress Note

*Note Title

Note-Status-Loc

*Note Date

*Doc/Image Date *Origin VA

*Doc/Image Type

Specialty

Proc/Event

*Image Desc

Capture... MultiPg Doc

Image OK Cancel

Bri 100 Con 100 Zoom 100

pg 0 of 0

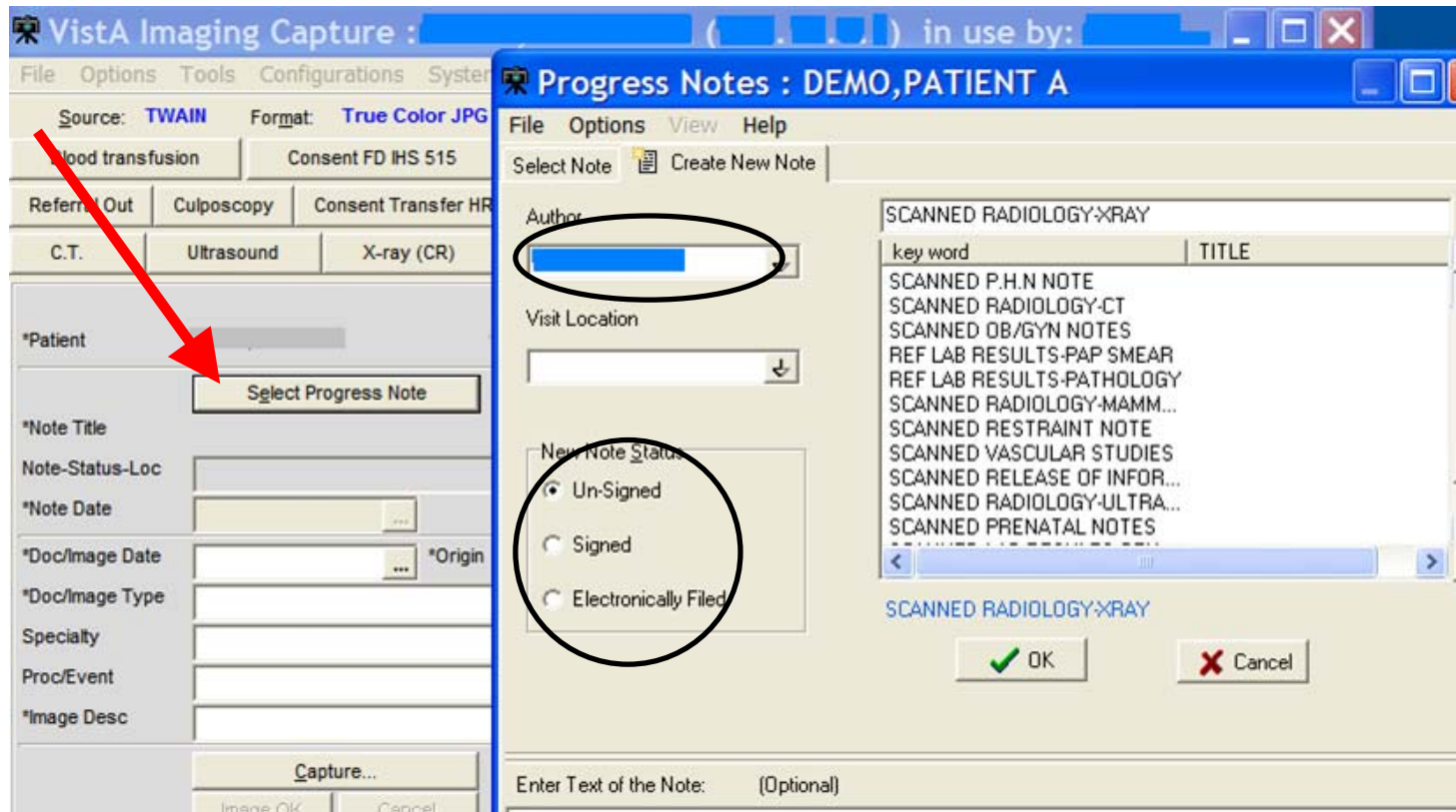
1-1

viewing image : #bits

Your IRM staff will be able to change the configuration buttons to match your document's needs. Carefully choose the corresponding tab.

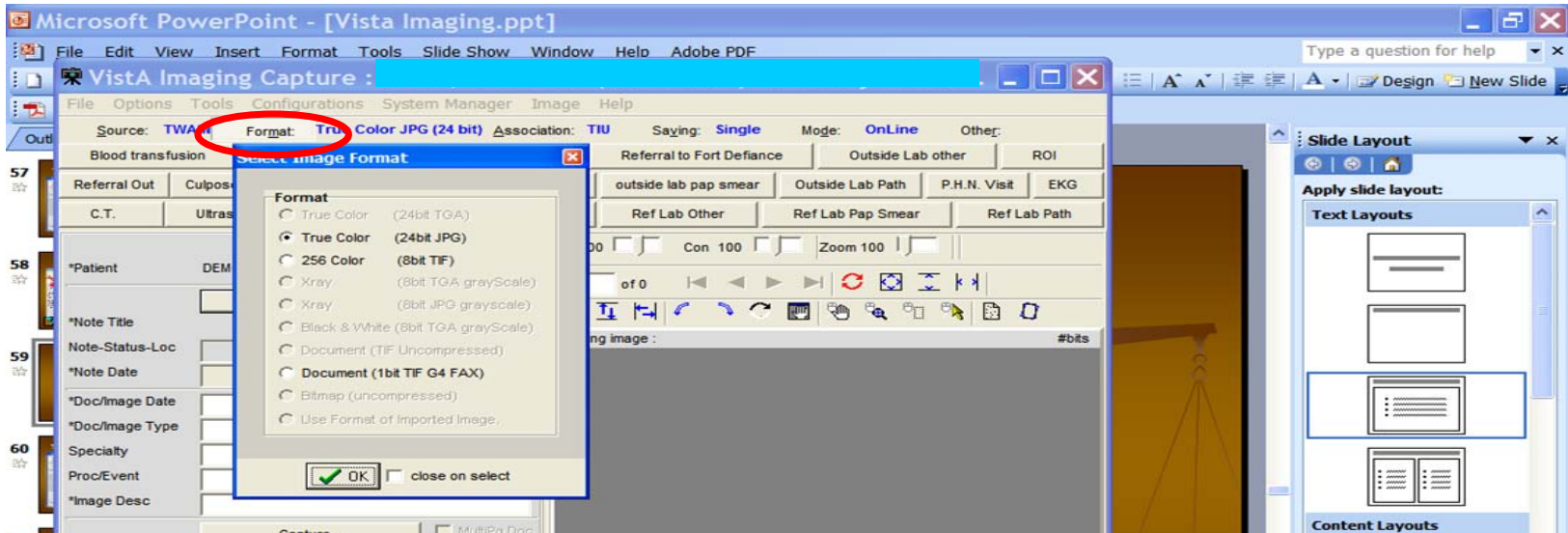
FDH Patient :

4.1 Notification window



By entering the Physician's name you can send notification's through E.H.R

4.2 Choosing your Format



Under the format tab you can choose your color settings.

- If you use True Color JPG you can only scan color documents 1 page at a time.
- If you choose TGIF 4Fax then you are able to scan multi-page black and white documents.
- If you choose 265 Color you can scan multi-page color documents. (**Warning:** If scanning photographs use True Color JPG. 256 Color will give your photograph a water washed appearance.)

Step 5: Enter Document Dates

*Patient

Select Progress Note

*Note Title

Note-Status-Loc

*Note Date

*Doc/Image Date

*Doc/Image Type

Specialty

Proc/Event

*Image Desc

Capture...

Image OK

Cancel

MultiPg Doc.

viewing image : #bits

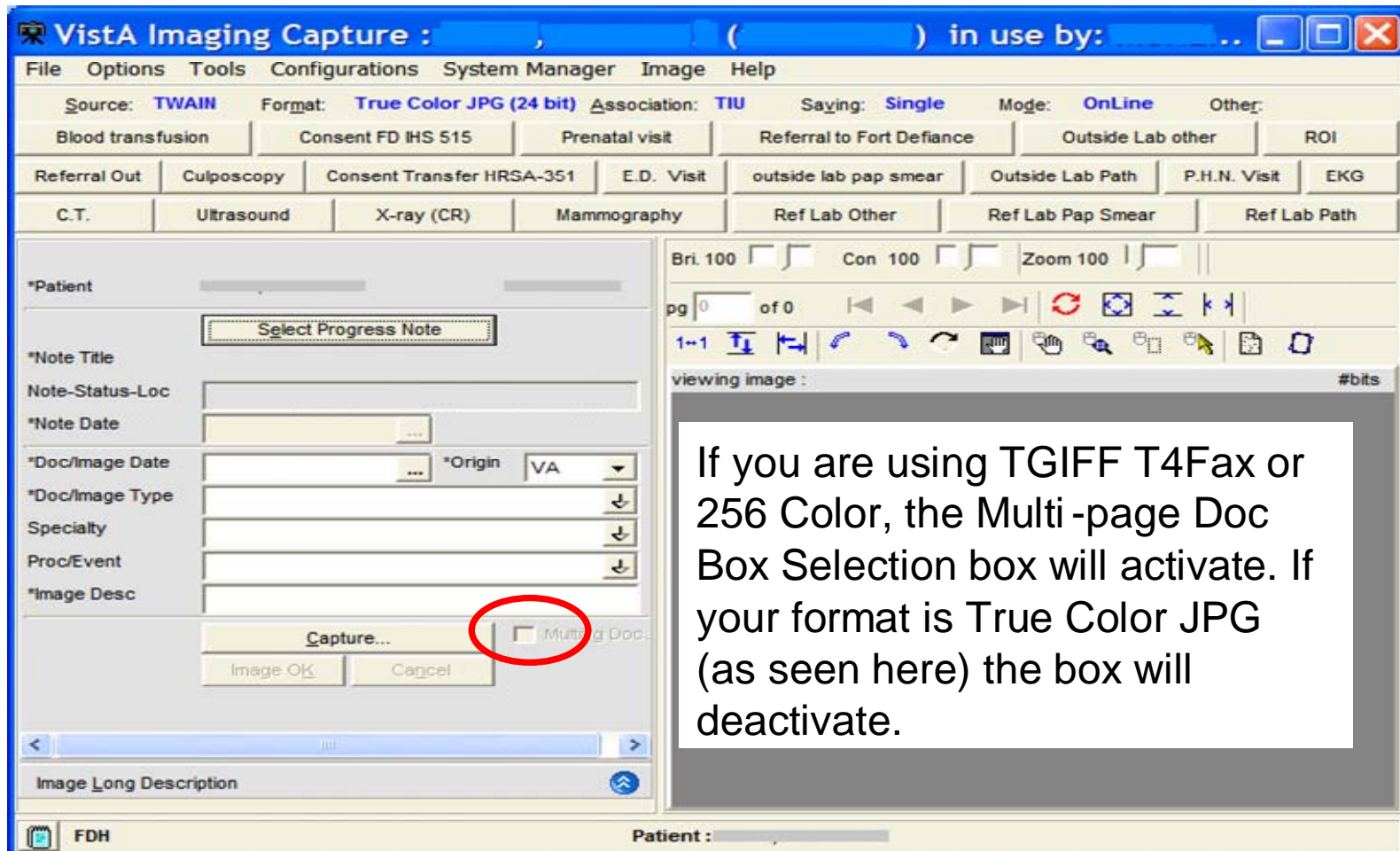
This is where you use the encounter dates! Both Doc/Image Date & Note date will match.

FDH Patient :

Step 6: Enter Brief Description

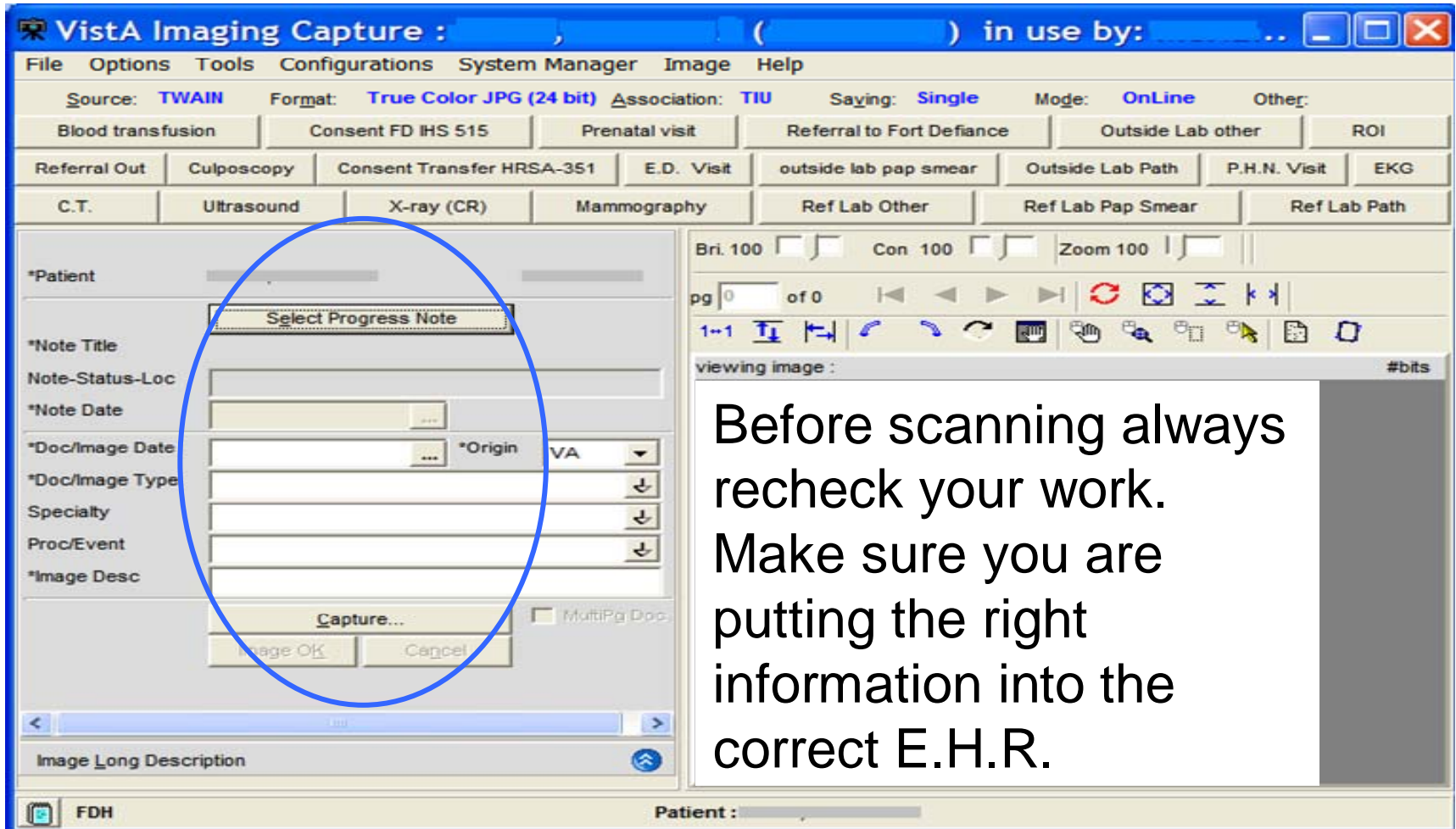
The note title that appears in the E.H.R will be generic. So I recommend entering some kind of identifier. When someone looks in Vista Display your Description will show.

Step 6: Multi-page Click Box



If you are using TGIFF T4Fax or 256 Color, the Multi-page Doc Box Selection box will activate. If your format is True Color JPG (as seen here) the box will deactivate.

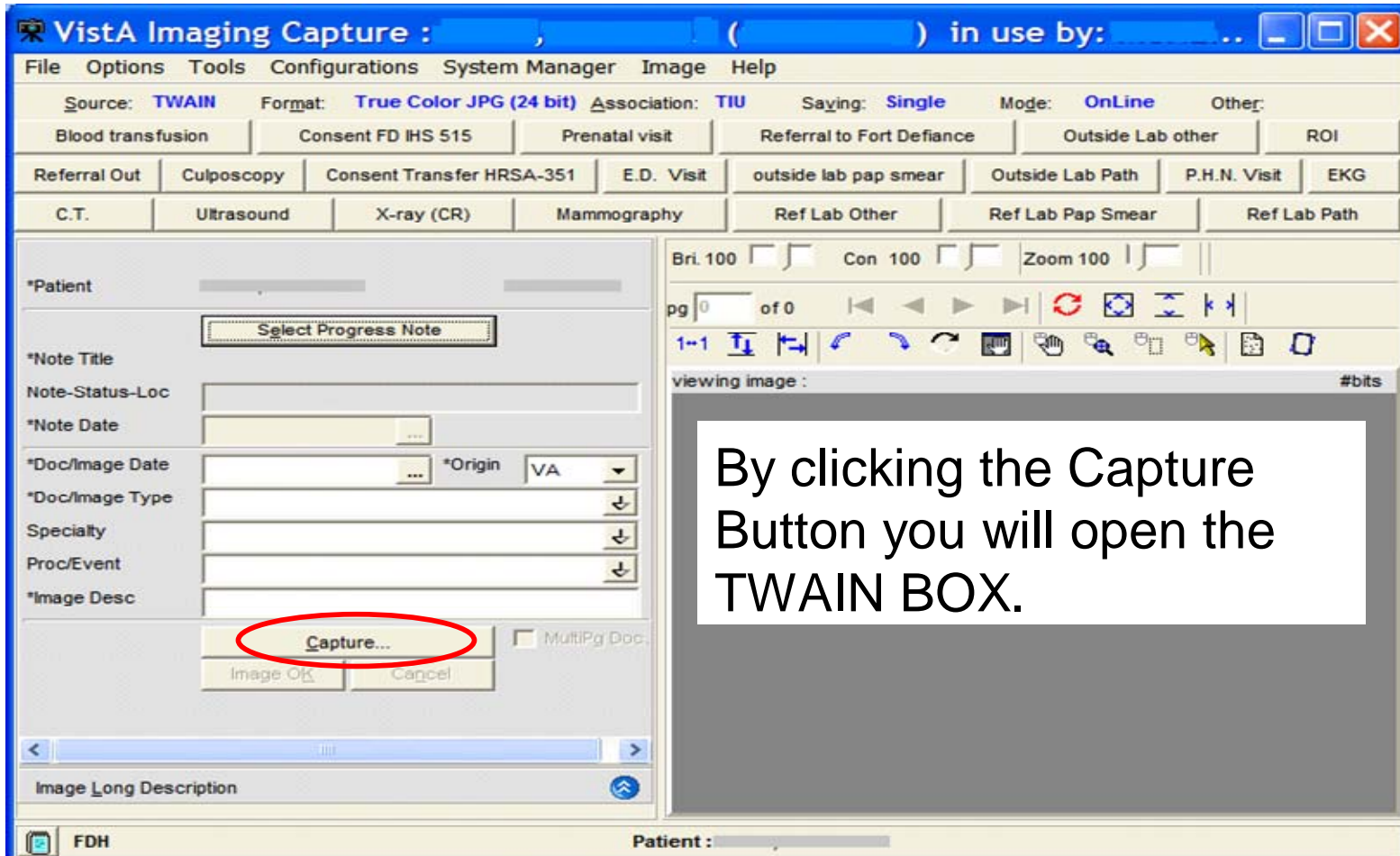
Step 7: Re-check your work!



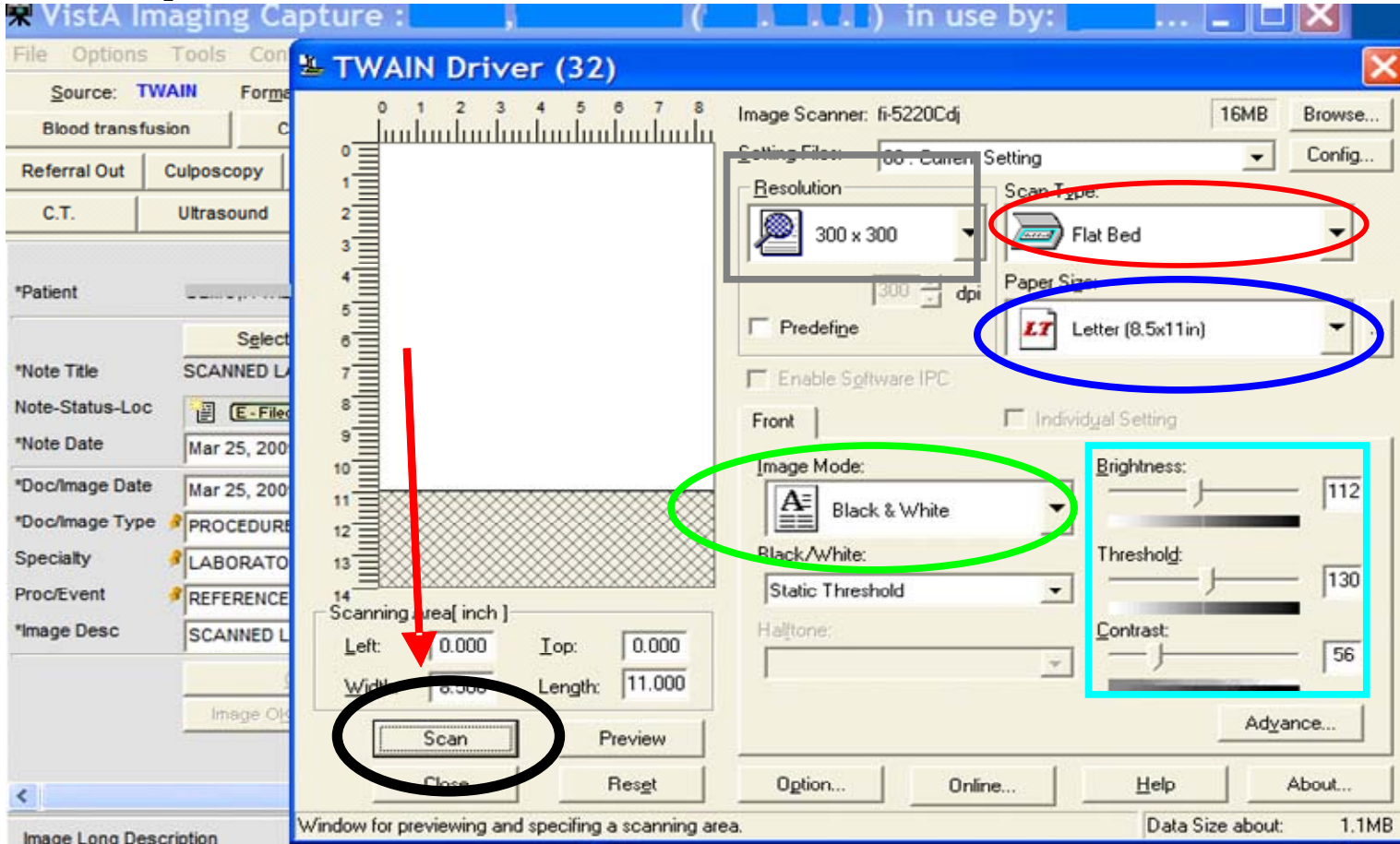
The screenshot shows the VistA Imaging Capture application window. The title bar reads "VistA Imaging Capture : () in use by: ..". The menu bar includes "File", "Options", "Tools", "Configurations", "System Manager", "Image", and "Help". The interface features a grid of buttons for various medical procedures, including "Blood transfusion", "Consent FD IHS 515", "Prenatal visit", "Referral to Fort Defiance", "Outside Lab other", "ROI", "Referral Out", "Culposcopy", "Consent Transfer HRSA-351", "E.D. Visit", "outside lab pap smear", "Outside Lab Path", "P.H.N. Visit", "EKG", "C.T.", "Ultrasound", "X-ray (CR)", "Mammography", "Ref Lab Other", "Ref Lab Pap Smear", and "Ref Lab Path". Below this grid is a form with fields for patient information, note title, date, and image type. A blue circle highlights the "Select Progress Note" button. To the right of the form is a toolbar with icons for image viewing and navigation. The bottom status bar shows "FDH" and "Patient :".

Before scanning always recheck your work. Make sure you are putting the right information into the correct E.H.R.

Step 8: Capture button



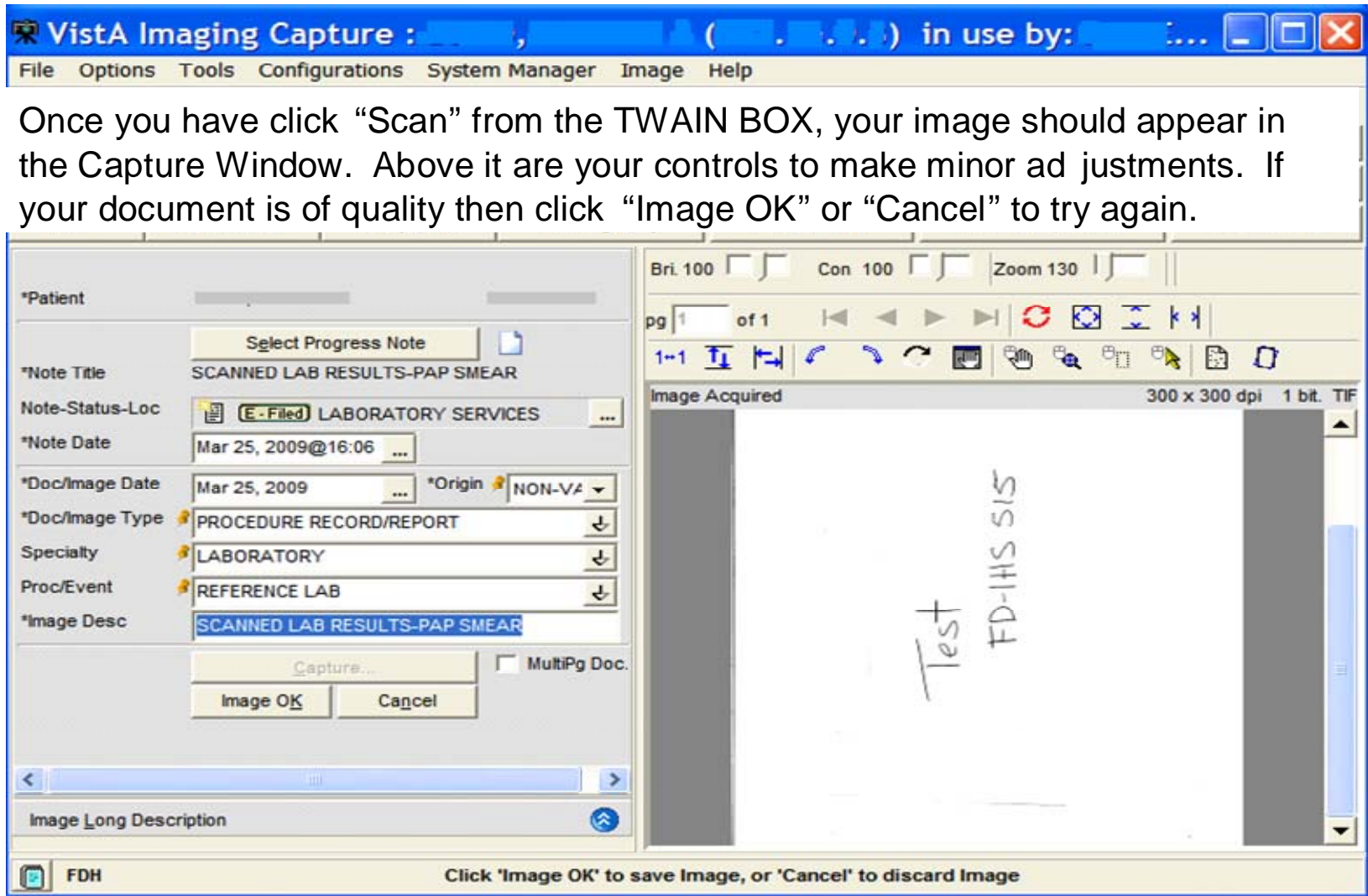
Step 9 & 10: Twain Window



The TWAIN BOX allows you to choose your document color contrast, brightness, and threshold. This is also where you choose your load source and paper size. Resolution should **always** be 300X300.

Step 11&12: The Capture Window

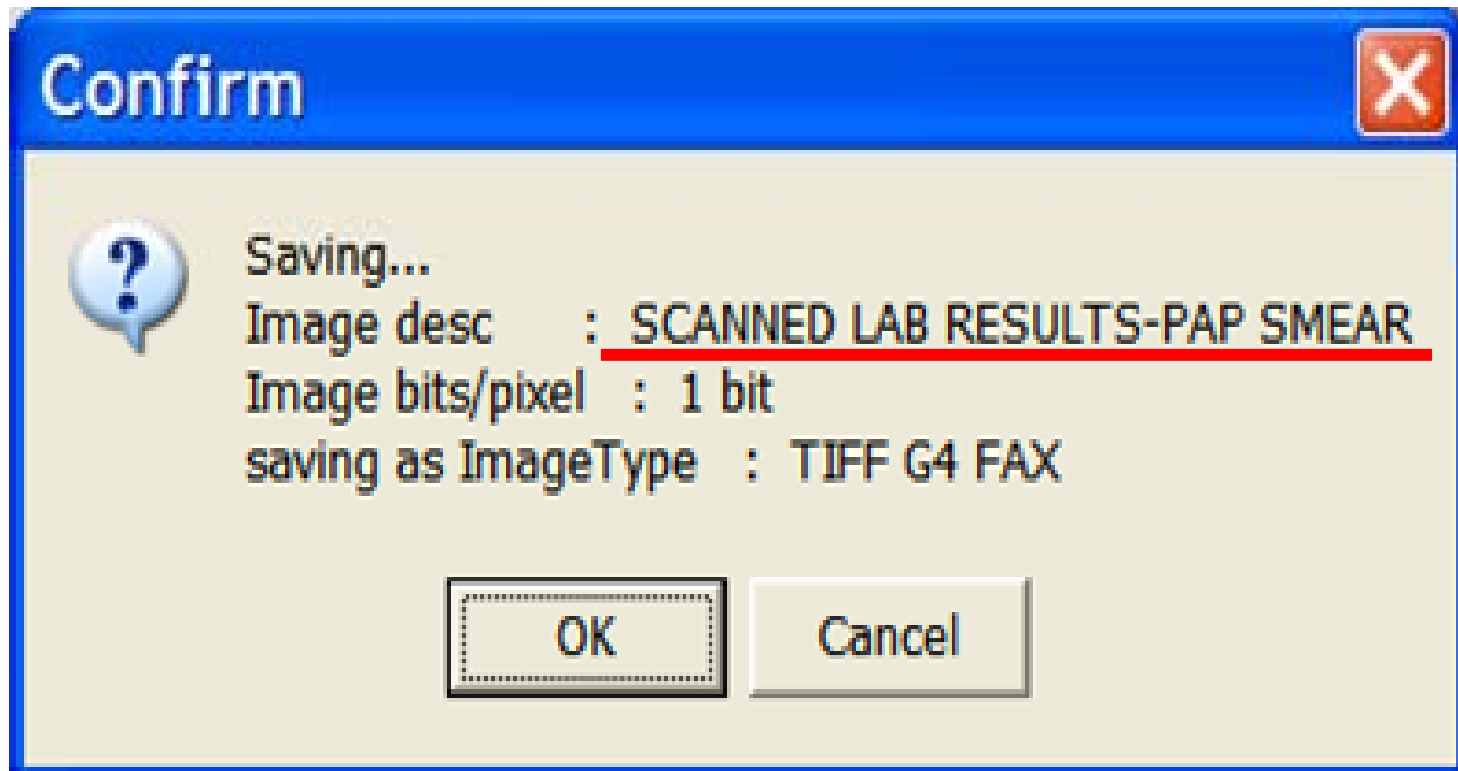
Once you have click “Scan” from the TWAIN BOX, your image should appear in the Capture Window. Above it are your controls to make minor ad justments. If your document is of quality then click “Image OK” or “Cancel” to try again.



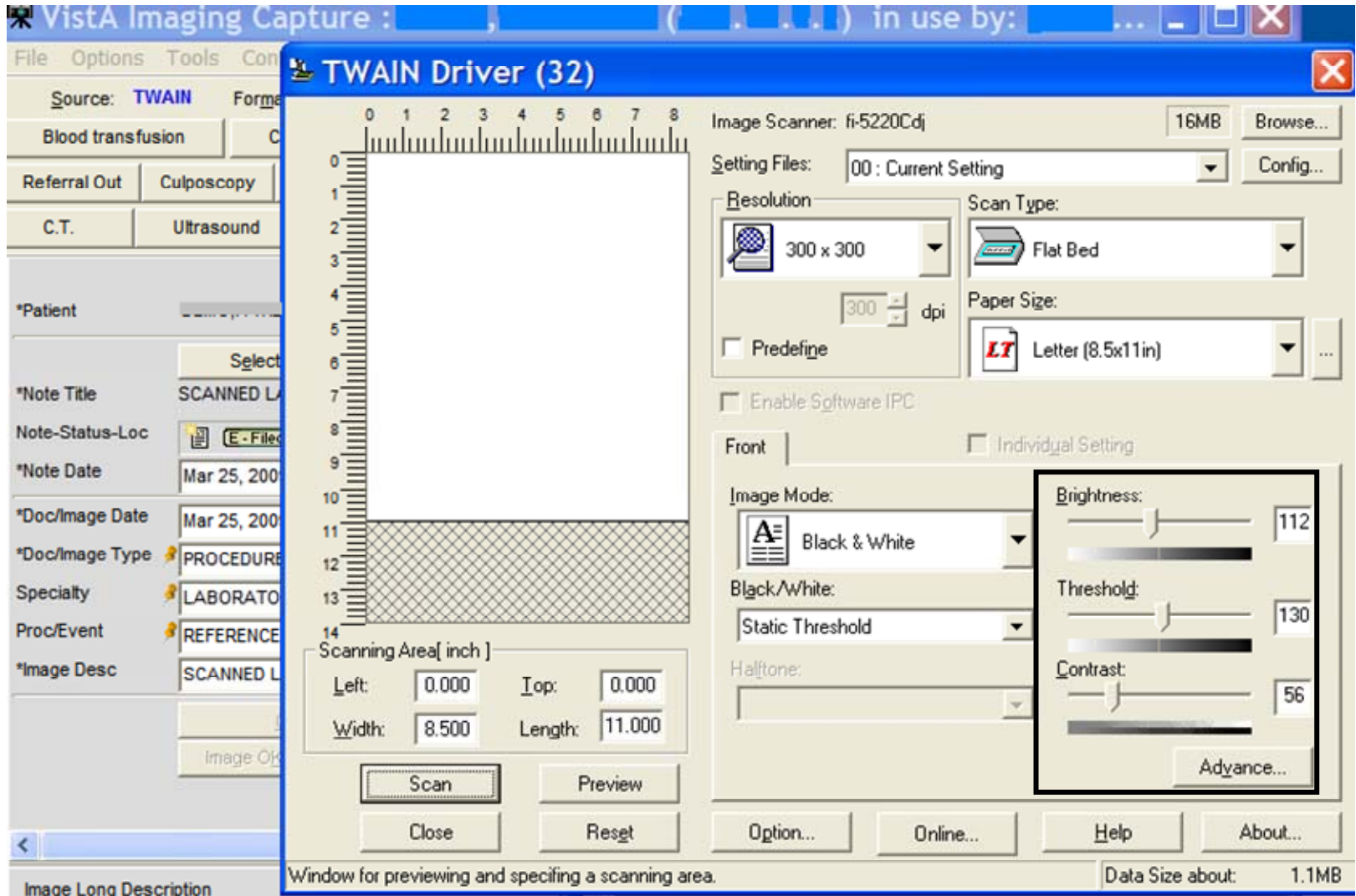
Accepting an image

If the image that you have scanned is adequate for use in the E.H.R, click “Image OK.” Then affirm the following confirmation message. However, if there is something wrong with the image, the technician will have to click “Cancel.” The technician will have to capture the image again, and make adjustments from the TWAIN window.

Confirmation: Your last chance



If there is a problem with the image



100% QUALITY ASSESSMENT

100% QUALITY ASSESSMENT

Each technician is responsible for performing a 100% Quality Assessment of each document scanned, as soon as each document is saved in the Vista/E.H.R system. There are 2 general steps Scanning Technicians take to Quality Assess their product.

Step 1: Toggle to the E.H.R window and refresh the patient's record

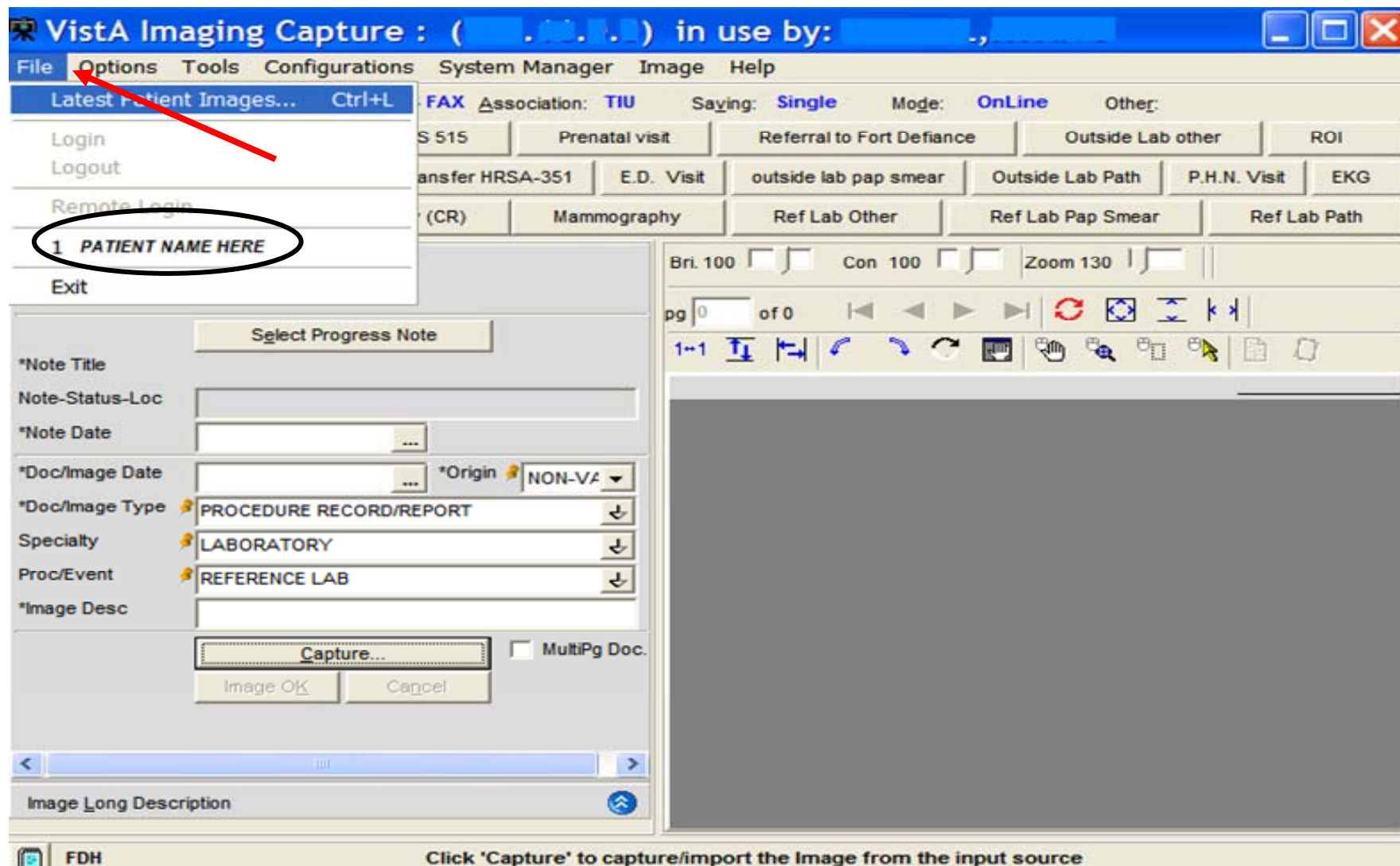
The screenshot displays the IHS - EHR LIVE VERSION interface. The top menu bar includes 'Sign On', 'IHS - EHR', and 'LIVE VERSION'. Below this, a secondary menu bar contains 'User', 'Patient', 'Tools', 'Help', 'Refresh', 'Display', and 'Capture'. The 'Refresh' button is circled in red. The main window is divided into several sections: a top bar with 'Patient Chart', 'Communication', 'Uptodate', and 'Privacy'; a central area with a 'Visit not selected' message; and a bottom section with a list of notes and a detailed view of a note. The note view shows the following details:

Visit: 01/29/09 SCANNED RADIOLOGY-XRAY, RADIOLOGY,
TITLE: SCANNED RADIOLOGY-XRAY
DATE OF NOTE: JAN 29, 2009@09:15 ENTRY DATE: JAN 29, 2009@09:15:42
AUTHOR: EXP COSIGNER:
URGENCY: STATUS: UNSIGNED

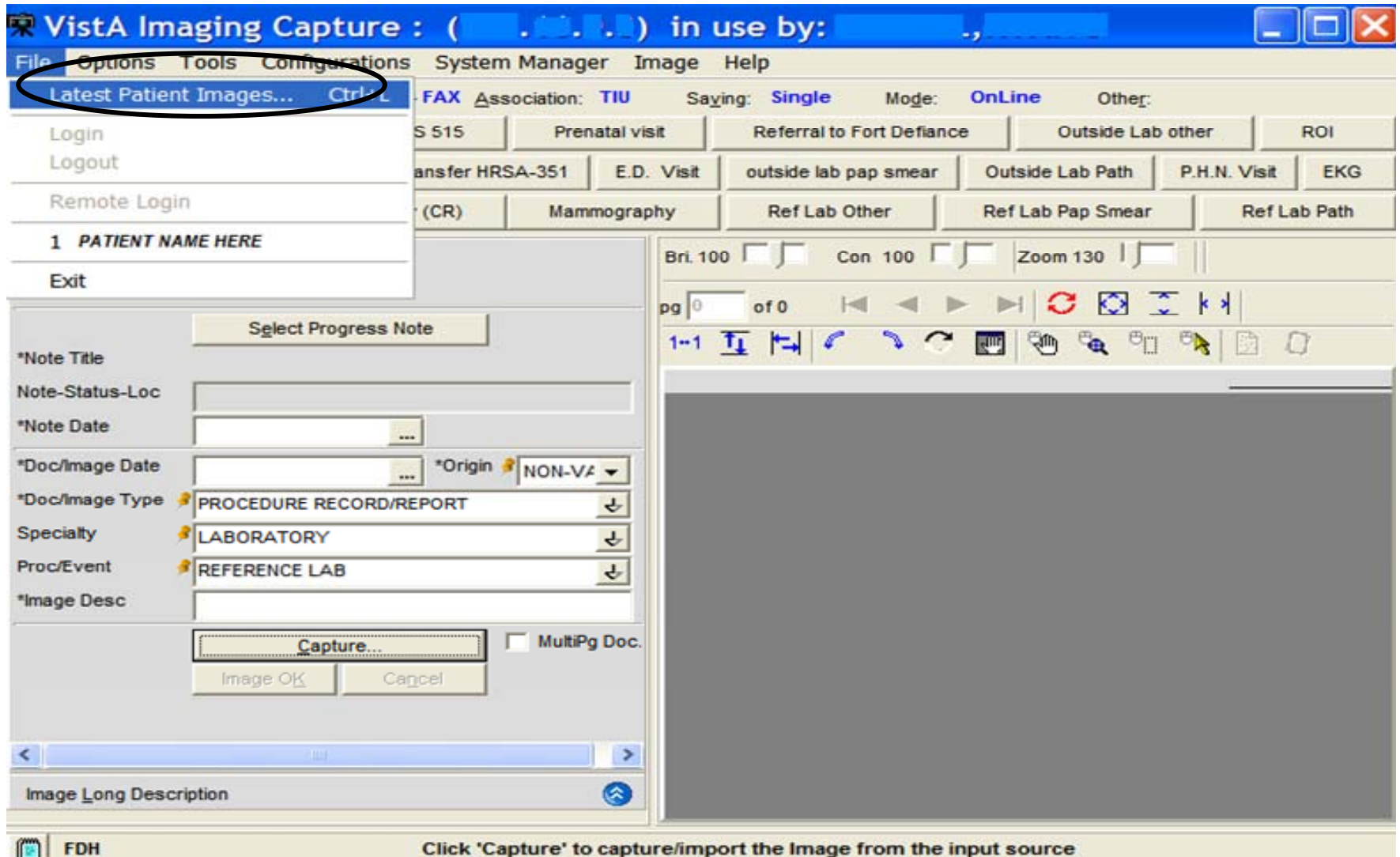
You may not VIEW this UNSIGNED SCANNED RADIOLOGY-XRAY.

The bottom status bar displays 'FORT DEFIANCE INDIAN HOSPITAL' and '25-Mar-2009 15:55'.

Step 2: From the Vista Window click File, and Select patient's name



Step 3: After selecting the patient's name click "Latest Patient Images"

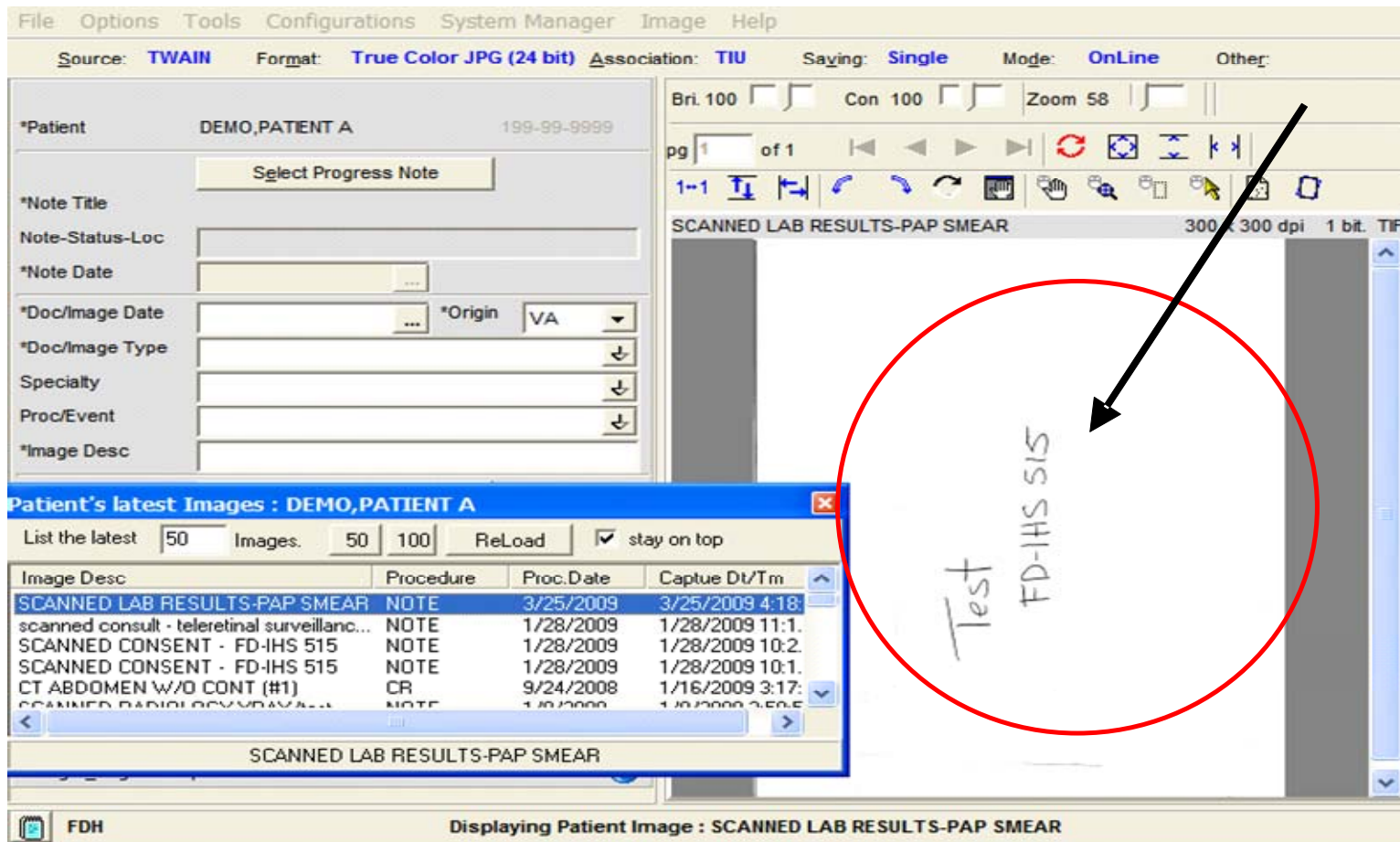


Step 4: From the Display window select the Image that you need to assess.

The screenshot displays a medical software interface. On the left, a form contains patient information and document details. The 'Doc/Image Type' is 'PROCEDURE RECORD/REPORT', 'Specialty' is 'LABORATORY', and 'Proc/Event' is 'REFERENCE LAB'. The 'Doc/Image Date' is 3/25/2009, and the 'Origin' is 'NON-VF'. A 'Select Progress Note' button is visible. The main window shows a scanned image titled 'SCANNED LAB RESULTS-PAP SMEAR' with a resolution of 300 x 300 dpi and 1 bit. The image contains handwritten text 'IHS SIS'. Below the image, a 'Patient's latest Images' window lists recent scans. The first entry is highlighted in blue.

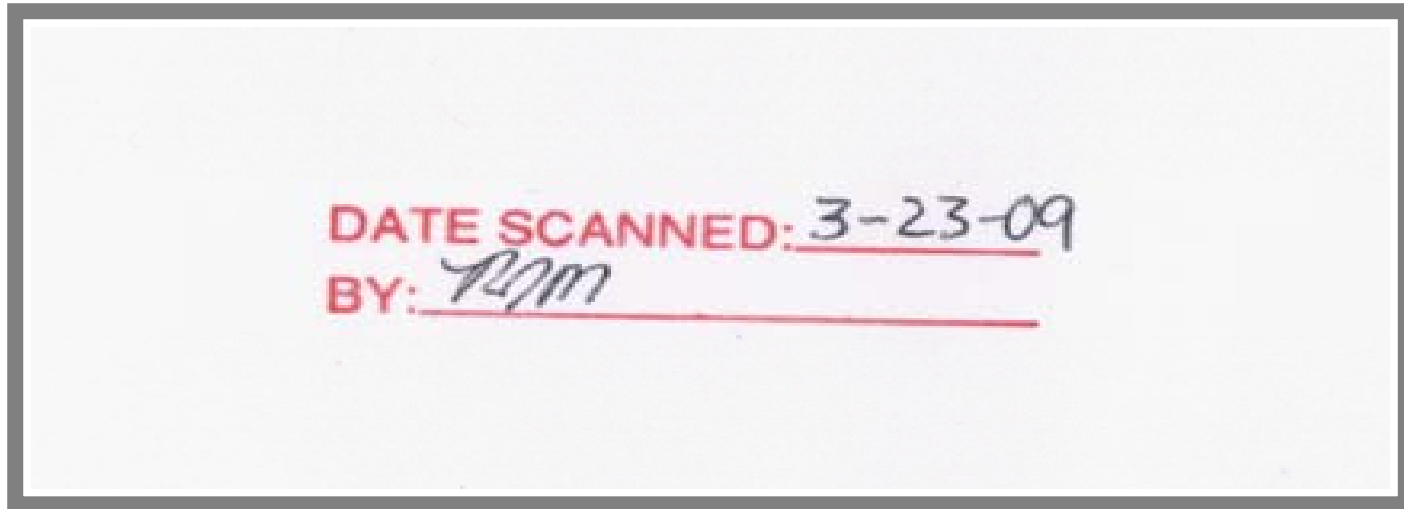
Image Desc	Procedure	Proc.Date	Capture Dt/Tm
SCANNED LAB RESULTS-PAP SMEAR	NOTE	3/25/2009	3/25/2009 4:18:...
scanned consult - teleretinal surveillanc...	NOTE	1/28/2009	1/28/2009 11:1...
SCANNED CONSENT - FD-IHS 515	NOTE	1/28/2009	1/28/2009 10:2...
SCANNED CONSENT - FD-IHS 515	NOTE	1/28/2009	1/28/2009 10:1...
CT ABDOMEN W/O CONT (#1)	CR	9/24/2008	1/16/2009 3:17:...
SCANNED RADIOLOGY-XRAY/test	NOTE	1/9/2009	1/9/2009 2:50:5...
SCANNED FORMS- IHS/JVN NATIO...	NOTE	1/8/2009	1/8/2009 11:55:...
Scanned Emergency Dept visit test	NOTE	1/8/2009	1/8/2009 11:47:...
SCANNED RADIOLOGY-MAMMOGR...	NOTE	1/5/2009	1/6/2009 2:22:1...
SCANNED RADIOLOGY-XRAY// CHE...	NOTE	1/5/2009	1/5/2009 3:47:3...
OUTSIDE LAB RESULTS-PATHOLOGY	NOTE	10/1/2008	10/1/2008 8:29:...
SCANNED LAB RESULTS-PAP SMEAR	NOTE	9/30/2008	9/30/2008 2:26:...
SCANNED RADIOLOGY-XRAY test	NOTE	9/19/2008	9/25/2008 9:28:...

Step 5: Quality Assess the Image from Capture Window.



Signing your work.

Once a document is confirmed “acceptable” the scanning Technician will stamp, initial, and date each document scanned.



Final Quality Assessment

Quality assurance policy

We have a second party check one out of every ten documents for quality before approving it for physical filing. Each document's chart number, documents image number, date entered, and date of Q/A are noted on a Quality Assessment Log. If an item fails this Quality Assessment, then we take corrective actions.

Second Quality Assessment Corrective Actions

Corrective action includes stopping all processes and contacting the HIM Director or designee. A larger sample is taken to ensure quality. The Deletion and documentation procedures are followed.

Steps to Quality: How we perform the Second Quality Assessment

Step 1: Verify Identifying criteria

The screenshot shows an EHR interface with a 'Patient Selection' window and a 'Patient Detail' window. The 'Patient Selection' window has a 'Patient Lists' section with radio buttons for 'No Default', 'Providers', 'Teams', and 'Specialties'. The 'Patients' list is empty. The 'Demographics' section shows 'Demo, Patient A' with an 'HRN:' field and a 'Patient Detail...' button. The 'Patient Detail' window displays the following information:

FORT DEFIANCE INDIAN HOSPITAL
AMBULATORY CARE RECORD BRIEF

MAR 24, 2009@16:03:22 Page: :

PATIENT: CHART #:

COMPUTER FILE EST: AUG 26, 2004(AMS) LAST EDIT: FEB 24, 2009 (RM

OTHER NAME (S) :

CLASS: INDIAN/ALASKA NATIVE SEX: FEMALE
COMMUNITY: FT DEFIANCE BIRTHDAY:
COUNTY: APACHE AGE:
CURRENT ADDRESS:
BOX

PHONE NUMBERS ---
HOME: () WORK: NONE
OTHER PHONE: ()
RACE:
NUMBER IN HOUSEHOLD: TOTAL HOUSEHOLD INCOME:

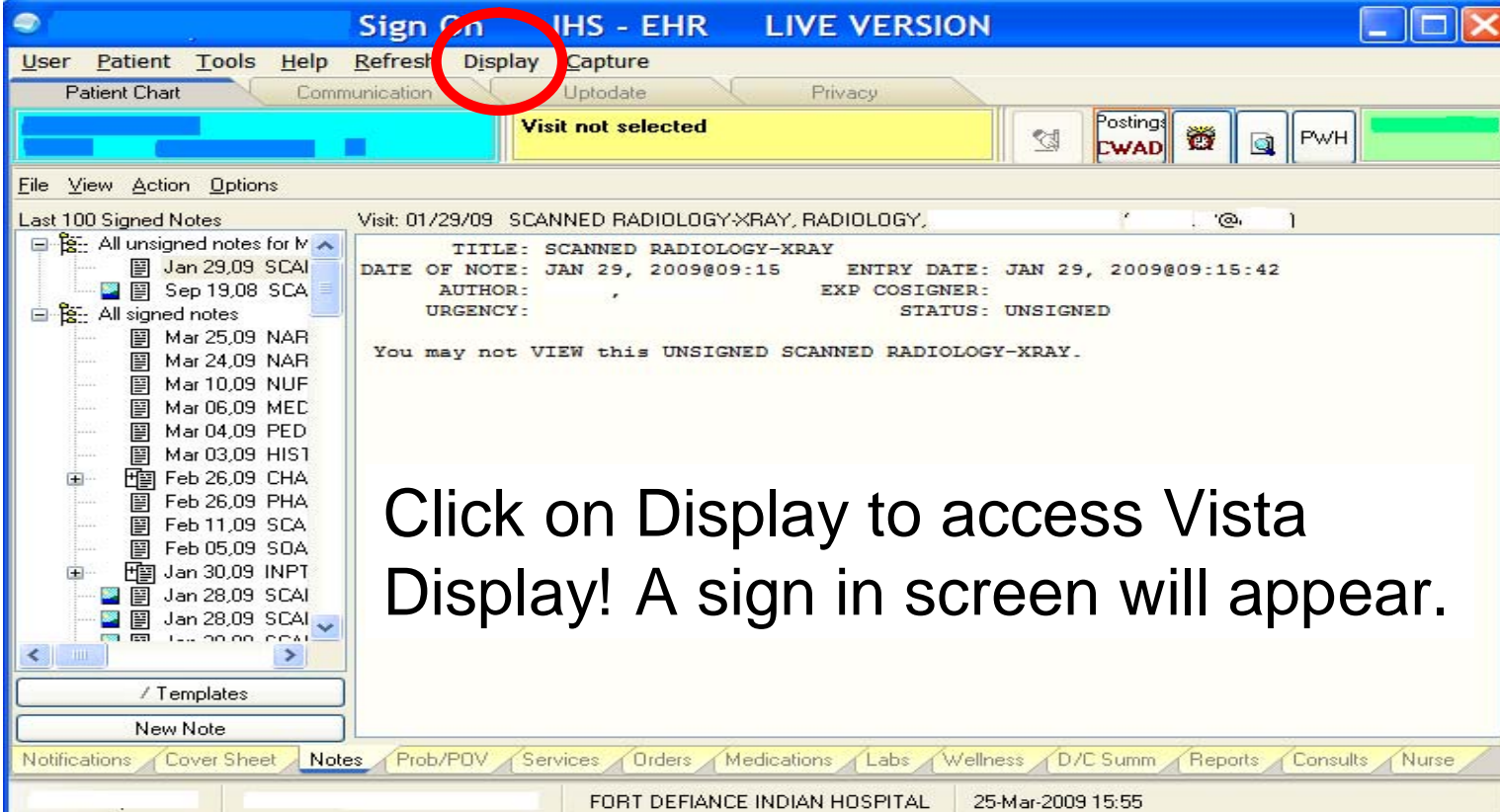
NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT : YES DATE : APR 25, 2006
ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED : YES

TRIBE: NAVAJO TRIBE OF AZ, NM AND UT INDIAN QUANTUM: FULL

Font Size: 9 Print... Close

Once again we verify the 3 of 4 Patient Identifying Criteria”

Step 2: Open Vista Display



The screenshot shows a software window titled "Sign On IHS - EHR LIVE VERSION". The menu bar includes "User", "Patient", "Tools", "Help", "Refresh", "Display", and "Capture". The "Display" menu item is circled in red. Below the menu bar, there are tabs for "Patient Chart", "Communication", "Uptodate", and "Privacy". A yellow banner displays "Visit not selected". To the right of the banner are icons for "Postings", "CWAD", and "PWH". The main content area is divided into a left sidebar and a main pane. The sidebar, titled "Last 100 Signed Notes", lists various notes with dates and initials. The main pane shows a note titled "SCANNED RADIOLOGY-XRAY" with details: "DATE OF NOTE: JAN 29, 2009@09:15", "ENTRY DATE: JAN 29, 2009@09:15:42", "AUTHOR:", "EXP COSIGNER:", "URGENCY:", and "STATUS: UNSIGNED". Below this information, a message reads: "You may not VIEW this UNSIGNED SCANNED RADIOLOGY-XRAY." At the bottom of the window, there is a navigation bar with tabs for "Notifications", "Cover Sheet", "Notes", "Prob/POV", "Services", "Orders", "Medications", "Labs", "Wellness", "D/C Summ", "Reports", "Consults", and "Nurse". The status bar at the very bottom shows "FORT DEFIANCE INDIAN HOSPITAL" and the date/time "25-Mar-2009 15:55".

Click on Display to access Vista Display! A sign in screen will appear.

Step 3: Choose your document

The screenshot shows the 'Image List' application window. The menu bar includes 'File', 'Options', 'Tools', and 'Help'. The toolbar contains various icons, with a printer icon circled in red. Below the toolbar, there are filter buttons: 'Clinical All', 'Admin All', 'EKG', 'All Growth', 'All', 'Adv Directives', 'Clin 2 yr', 'Admin All', 'Clin All', and 'Rad All'. The status bar indicates '64 of 70 Images match Filter: " Clinical All "'.

Note Ti...	Proc DT	Short Desc	Cap Dt	Cap by	Image ID
REF L...	03/25/2009...	SCANNED LAB RESULTS-PAP SMEAR	03/25/2009 16:18:35	MCNEAL,RYAN J	1075514
SCAN...	01/28/2009...	scanned consult - teleretinal surveillance report	01/28/2009 11:10:09	MCNEAL,RYAN J	851885
SCAN...	01/28/2009...	SCANNED CONSENT - FD-IHS 515	01/28/2009 10:20:32	MCNEAL,RYAN J	851696

URGENCY: STATUS: COMPLETED

Vista Imaging - Scanned Document

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

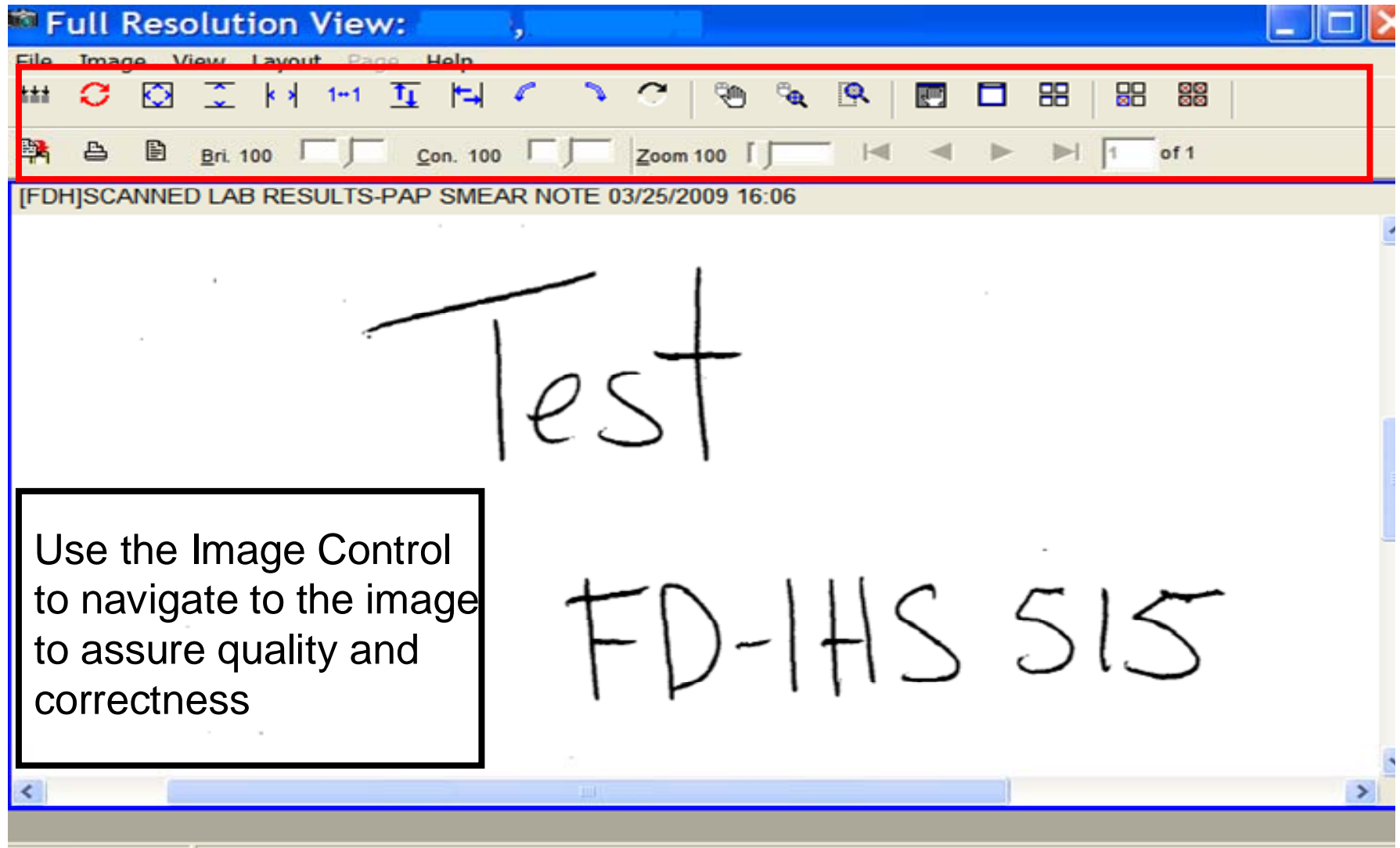
Administrative Closure: 03/25/2009
by: [REDACTED]
MEDICAL RECORDS TECHNICIAN

** END REPORT Mar 30, 2009 10:17:37 am **

64 ID# [FDH]SCANNED LAB RESULTS-PAP SMEAR NOTE 03/25/2009 16:06

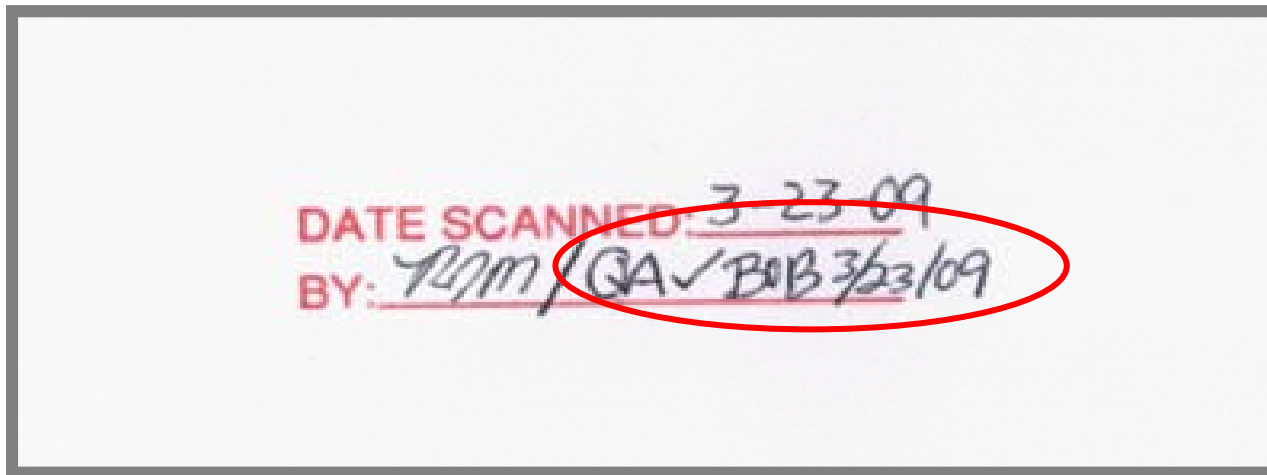
By clicking on the coinciding line you can open the image that you need to Quality Assess. **Capture Date**, **Image ID** are used on the Quality Assessment Log.

Step 4: Vista display window



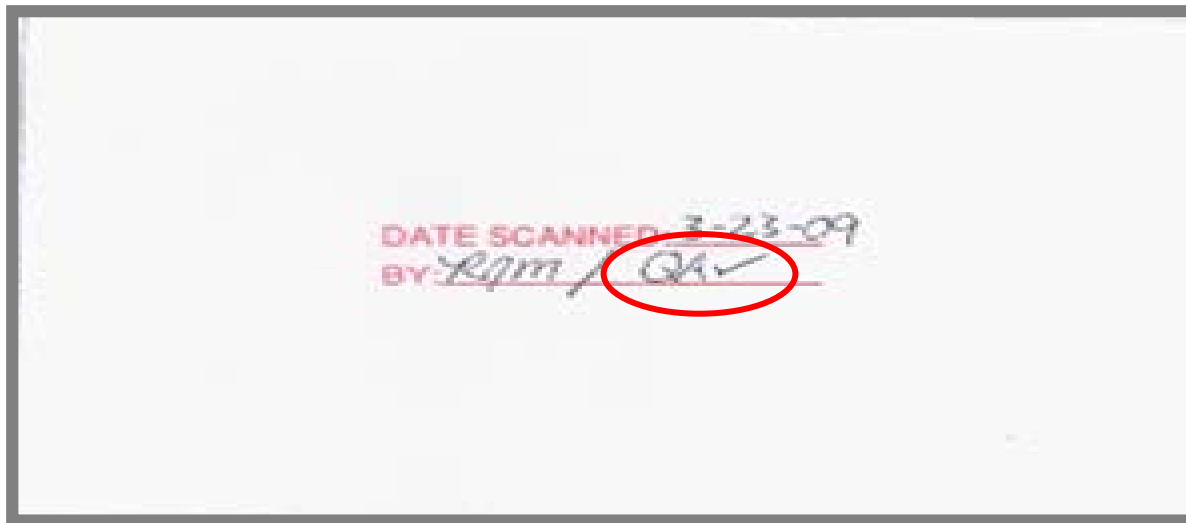
Approval

When an item is approved for physical filing the qualifying technician will initial and date, next to the scanning technician as shown below.



Approval (Cont.)

For those documents that were not part of the 1 of 10 sample, the qualifying technician will notate Q/A, as seen below.



Sample quality assessment sheet

Microsoft Excel - Quality Assurance LOG.xls

Next Previous Zoom Print... Setup... Margins Page Break Preview Close Help

QUALITY ASSESSMENT LOG

PATEINT CHART #	DOC IMAGE #	DATE ENTERED	DATE OF Q/A	PASS Y/N	COMMENTS:

QUALITY ASSESSMENT LOG

PATEINT CHART #	DOC IMAGE #	DATE ENTERED	DATE OF Q/A	PASS Y/N	COMMENTS:

Preview: Page 1 of 1

NUM

start Outlook Today -... Microsoft Powe... My Documents deletion page.d... Microsoft Excel ... 1:45 PM

ERROR CORRECTION

WHAT WE DO WITH ERRORS

Currently our Service Unit policy & the I.H.S policy state that if any error is discovered the Scanning Technician will cease processes. The HIM Director or designee will be contacted immediately. The HIM Director or Designee will complete a **Deletion Page** noting the Image ID, Health Record number, and when the document was placed in the Electronic Health Record.

Sample: Error sheet

deletion page.doc (Preview) - Microsoft Word


File Edit View Insert Format Tools Table Window Help Adobe PDF Acrobat Comments

Type a question for help

62%

Close

1 2 3 4 5 6 7



**An Image has been
REMOVED from this
Patient's chart**

Image removed: _____
Chart Number: _____
Date placed in record: _____
Date removed: _____

Reason: _____

Chief of MIS/MIS designee signature:
_____ Date: _____

Page 1 Sec 1 1/1 At 1" Ln 1 Col 2 REC TRK EXT OVR

start Outlook Today - ... Microsoft PowerP... My Documents deletion page.doc... 1:43 PM

Step 1: Complete Error Deletion page

Note Ti...	Proc DT	Short Desc	Cap Dt	Cap by	Image ID
REF L...	03/25/2009...	SCANNED LAB RESULTS-PAP SMEAR	03/25/2009 16:18:35	MCNEAL,RYAN J	1075514
SCAN...	01/28/2009...	scanned consult - teleretinal surveillance report	01/28/2009 11:10:09	MCNEAL,RYAN J	851885
SCAN...	01/28/2009...	SCANNED CONSENT - FD-IHS 515	01/28/2009 10:20:32	MCNEAL,RYAN J	851696



**An Image has been
REMOVED from this
Patient's chart**

Image removed: _____
Chart Number: _____
Date placed in record: _____
Date removed: _____

Reason: _____

Chief of MIS/MIS designee signature: _____
Date: _____

Step 2: Print Offending Image

1 Print icon in the toolbar

2 CLINICIAN AGREEMENT FOR DOWNLOADED IMAGES dialog box

3 CLINICIAN AGREEMENT FOR DOWNLOADED IMAGES dialog box

4 Electronic Signature Dialog box

5 Print dialog box

CLINICIAN AGREEMENT FOR DOWNLOADED IMAGES

Images are made available only for the following purposes. Select one:

- Clinical care for the patient whose images are being downloaded
- Clinical care for other VA patients
- For use in approved research by VA staff
- For approved teaching purposes by VA staff
- For use in approved VA publications
- Authorized Release of Medical Records or Health Information. (ROI)

OK Cancel Help Agreement

CLINICIAN AGREEMENT FOR DOWNLOADED IMAGES

Agreement

All uses pose potential violations of patient privacy.

It is absolutely required that all users with download capability personally inspect each downloaded image.

For technical reasons, related to the image capture process, some of the images contain patient identification data which must be manually removed.

Each image downloaded is tracked and audited by the Imaging System.

The images are not to be distributed outside the VA, or used for any other purposes than listed on the next page.

The downloading user is specifically responsible for protection of these images.

OK Cancel

Electronic Signature Dialog

Electronic Signature is required to enable Print and Copy functions.

Enter Electronic Signature

OK Cancel

Print

Printer

Name: \\navfdh-ps1\PFDMR4 Properties...

Status: Toner low: 0 documents waiting

Type: HP LaserJet P4010_P4510 Series PCL 6

Where: Medical Records Coder Area

Comment: IP 172.16.5.61

Print range

All

Pages from: 1 to: 1

Selection

Copies

Number of copies: 1

OK Cancel

D-

Step 3: Delete the offending Image

The screenshot illustrates the process of deleting an image in a medical software application. The main window is titled "Full Resolution View:" and has a menu bar with "File", "Image", "View", "Layout", "Page", and "Help". The "File" menu is open, and the "Image Delete..." option is highlighted with a red circle and a blue box labeled "1".

The "Image Delete" dialog box is open, showing a list of image entries. The selected entry is "FDH]SCANNED LAB RESULTS-PAP SMEAR NOTE 03/25/2009 16:06", which is highlighted with a blue box labeled "2".

The "Image Delete" dialog also displays a list of metadata for the selected image:

Image ID#:	1075514
Format:	DOCUMENT
Extension:	TIF
Patient:	[REDACTED]
Desc:	SCANNED LAB RESULTS-PAP SMEAR
Procedure:	NOTE
Date:	MAR 25, 2009@16:06
Class:	CLIN
Package:	NOTE
Type:	PROCEDURE RECORD/REPORT
Proc/Event:	REFERENCE LAB
Spec/SubSpec:	LABORATORY
Origin:	NON-VA
Captured on:	MAR 25, 2009@16:18:35
by:	MCNEAL, RYAN J
Image was attached Same Day as Note was Electron:	
Document Creation Date: MAR 25, 2009	

Below the metadata, there is a green box labeled "3" containing the text "Delete this Image from Patient Record ?". Below this text is a "Reason for Deletion:" dropdown menu with the following options:

- Corrupt Image
- Low Quality Image
- Wrong Case/Exam/Accession number
- Wrong Note title
- Wrong Patient

The "Confirm" dialog box is open, showing the message "Image Entry deleted: 1075514" and an "OK" button. The "Confirm" dialog is highlighted with a blue box labeled "3".

Step 4: Addendum Note

The screenshot displays the EHR interface for MCNEAL, RYAN J's Sign On. The top navigation bar includes 'User', 'Patient', 'Tools', 'Help', 'Refresh', 'Display', and 'Capture'. Below this, there are tabs for 'Patient Chart', 'Communication', 'Uptodate', and 'Privacy'. The patient information bar shows '999999', '03-Nov-2003 (5)', and 'F'. A yellow banner indicates 'Visit not selected'. The main menu includes 'File', 'View', 'Action', and 'Options'. The 'File' menu is open, showing options like 'New Progress Note...', 'Make Addendum...', 'Add New Entry to Interdisciplinary Note', 'Attach to Interdisciplinary Note', 'Detach from Interdisciplinary Note', 'Change Title...', 'Reload Boilerplate Text', 'Add to Signature List', 'Delete Progress Note...', 'Edit Progress Note...', 'Save without Signature', 'Sign Note Now...', and 'Identify Additional Signers'. The 'Make Addendum...' option is highlighted with a blue box and a '1' in a light blue box. An 'Electronic Signature Dialog' box is overlaid on the right, with the text 'Electronic Signature is required to enable Print and Copy functions.' and a text input field labeled 'Enter Electronic Signature'. Below the input field are 'OK' and 'Cancel' buttons. The 'Cancel' button is highlighted with a blue box and a '2' in a light blue box. The bottom of the interface shows a navigation bar with tabs for 'Notifications', 'Cover Sheet', 'Notes', 'Prob/POV', 'Services', 'Orders', 'Medications', 'Labs', 'Wellness', 'D/C Summ', 'Reports', and 'Consults'. The status bar at the bottom displays 'MCNEAL, RYAN J', 'F-DEFIANCE-HO.NAV.IHS.GOV', and 'FORT DEFIANCE INDIAN HOSPITAL'.

Step 5: Note Retraction

The screenshot displays the EHR interface for patient 999999 on 03-Nov-2003. A context menu is open over a note, with the 'Delete Progress Note...' option highlighted. An 'Electronic Signature Dialog' box is overlaid on the right, containing the text: 'Electronic Signature is required to enable Print and Copy functions.' Below this text is a text input field labeled 'Enter Electronic Signature' and two buttons: 'OK' and 'Cancel'. The background interface includes a menu bar with 'User', 'Patient', 'Tools', 'Help', 'Refresh', 'Display', and 'Capture'. Below the menu bar are tabs for 'Patient Chart', 'Communication', 'Uptodate', and 'Privacy'. A status bar shows 'Visit not selected' and various icons. The main content area shows a list of notes, with the selected note titled 'DIODOLOGY XRAY RADIOLOGY-2008 RATHER, ELLA' and marked as 'UNSIGNED'. At the bottom, there are tabs for 'Notifications', 'Cover Sheet', 'Notes', 'Prob/POV', 'Services', 'Orders', 'Medications', 'Labs', 'Wellness', 'D/C Summ', 'Reports', 'Consults', and 'Nurs'.

Only the HIM Director has the option to retract a note from view in the Electronic Health Record!

Step 5: Update the Retraction Log

The Retraction Log is maintained by the HIM Director. The Deletion Page and the printout of the removed document will be stapled together, then placed in the binder.

Effects on Direct Customers

- CODING
- BILLING
- PHYSICIANS

Contact Information

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