Pneumococcal Reminders and Women’s Health Taxonomy update
PXRM*2.0*36

INSTALLATION and SETUP GUIDE
February 2014

Product Development
Department of Veterans Affairs
Contents

Introduction ........................................................................................................................................... 3
  Related Documentation ..................................................................................................................... 7
  Web Sites ........................................................................................................................................... 7
Pre-Installation ...................................................................................................................................... 8
  Required Software for PXRM*2*36 ................................................................................................... 8
  Estimated Installation Time: 10-15 minutes .................................................................................... 8
Installation ........................................................................................................................................... 9
  1. Retrieve the host file containing from one of the following locations ........................................ 9
  2. Install the build first in a training or test account ................................................................. 9
  3. Load the distribution ................................................................................................................. 10
  4. Backup a Transport Global ..................................................................................................... 10
     a. Compare Transport Global to Current System ................................................................. 10
  5. Install the build ....................................................................................................................... 10
  6. Install File Print ...................................................................................................................... 10
  7. Build File Print ....................................................................................................................... 11
  8. Post-installation routines ....................................................................................................... 11
Post-Install Set-up Instructions ........................................................................................................ 12
Appendix A: Installation Example ..................................................................................................... 15
Acronyms ........................................................................................................................................... 17
Introduction

Description:
Pneumococcal vaccine-naïve persons. ACIP recommends that adults aged \( \geq 19 \) years with immunocompromising conditions, functional or anatomic asplenia, CSF leaks, or cochlear implants, and who have not previously received PCV13 or PPSV23, should receive a dose of PCV13 first, followed by a dose of PPSV23 at least 8 weeks later (Table). Subsequent doses of PPSV23 should follow current PPSV23 recommendations for adults at high risk.
Specifically, a second PPSV23 dose is recommended 5 years after the first PPSV23 dose for persons aged 19-64 years with functional or anatomic asplenia and for persons with immunocompromising conditions. Additionally, those who received PPSV23 before age 65 years for any indication should receive another dose of the vaccine at age 65 years, or later if at least 5 years have elapsed since their previous PPSV23 dose.

Previous vaccination with PPSV23. Adults aged \( \geq 19 \) years with immunocompromising conditions, functional or anatomic asplenia, CSF leaks, or cochlear implants, who previously have received \( \geq 1 \) doses of PPSV23 should be given a PCV13 dose \( \geq 1 \) year after the last PPSV23 dose was received. For those who require additional doses of PPSV23, the first such dose should be given no sooner than 8 weeks after PCV13 and at least 5 years after the most recent dose of PPSV23.

This patch does the following during installation:

1. Installation Routine:
   
   Rename PNEUMOVAX to PNEUMOVAX POLYSACCHARIDE PPSV23 (does not change the short name that displays in CPRS or on Health Summary).

   Rename the reminder term VA-HIGH RISK FOR PNEUMOCOCCAL DZ to VA-PNEUMOC DZ RISK – HIGH

2. Reminders:
   
   LONG TERM STEROID USE (LOCAL)
   VA-BL PNEUMOC RISK IMMUNOCOMPROMISED
   VA-PNEUMOCOCCAL IMMUNIZATION PPSV23
   VA-PNEUMOCOCCAL IMMUNIZATION PCV13
   VA-MHV PNEUMOVAX
   VA-BL PNEUMOC RECENT CHEMO/IMMUNOSUPPRESSION
   VA-OB PNEUMOCOCCAL PRIOR VACCINATIONS
VA-OB PNEUMOCOCCAL PPSV23 INDICATIONS
VA-OB ZOSTER VACCINE DATE
VA-OB PNEUMOCOCCAL PCV13 INDICATIONS

3. Dialogs
   VA-PNEUMOCOCCAL IMMUNIZATION PPSV23 PNEUMOVAX
   VA-PNEUMOCOCCAL IMMUNIZATION PCV13 PREVNAR

4. Taxonomies
   VA-PNEUMOC DZ RISK - HIGHEST/NOT IMMUNO COMP
   VA-PNEUMOC DZ RISK - IMMUNOCOMPROMISED
   VA-PNEUMOC DZ RISK - HIGH
   VA-PNEUMOC DZ RISK - CHEMOTHERAPY (includes drug classes and drugs)
   VA-CERVICAL CA/ABNORMAL PAP
   VA-MASTECTOMY
   VA-CERVICAL CANCER SCREEN
   VA-WH HYSTERECTOMY W/CERVIX REMOVED
   VA-WH PAP SMEAR SCREEN CODES

5. Immunization: PNEUMOCOCCAL CONJUGATE PCV13
   No mnemonic is being sent out

6. Terms
   STEROIDS - PNEUMOCOCCAL DZ RISK (LOCAL)
   VA-PNEUMOC DZ RISK - CHEMO/ IMMUNOSUPP DRUGS
   VA-PNEUMOC DZ RISK - CHEMOTHERAPY
   VA-PNEUMOC DZ RISK - HIGH
   VA-PNEUMOC DZ RISK - HIGHEST/ NOT IMMUNO COMP
   VA-PNEUMOC DZ RISK - IMMUNOCOMPROMISED
   VA-PNEUMOC DZ RISK - LONG TERM STEROIDS
   VA-PNEUMOC PCV13 CONTRAINDICATION
   VA-PNEUMOC PCV13 DEFERRALS
   VA-PNEUMOC PCV13 DX INCORRECT
   VA-PNEUMOC PCV13 IMMUNIZATION
   VA-PNEUMOC PCV13 ORDER SUPPRESSION
   VA-PNEUMOC PCV13 ORDERS
   VA-PNEUMOC PPSV23 CONTRAINDICATIONS
   VA-PNEUMOC PPSV23 DEFERRALS
   VA-PNEUMOC PPSV23 IMMUNIZATION
   VA-PNEUMOC PPSV23 INCORRECT DIAGNOSIS
   VA-PNEUMOC PPSV23 ORDER SUPPRESSION
   VA-PNEUMOC PPSV23 ORDERS
How the reminders work:
1. Only see one reminder at a time – never both
2. Counts the number of PPSV23 doses given either by counting doses recorded or looking for a ‘SERIES’ marked as booster, 2, 3 or 4.
3. If the PCV13 immunization is needed, then the PPSV23 is NA.
4. If PCV13 is given, contraindicated or not indicated, then the PPSV23 reminder is applicable unless
   a. PCV13 was given in the past 8 weeks or
   b. The patient has already received PPSV23 and is not yet due again, or
   c. Has a contraindication/allergy recorded.
5. The PPSV23 reminder takes into account:
   a. Diagnoses that would require a 2nd dose after 5 years
   b. Age so that a dose is given after age 65
6. If PPSV23 has been given in the past year and the patient should get PCV13, the PCV13 reminder will not come due until one year after the most recent PPSV23
7. Logic for PPSV23:

Taxonomies that are used in the logic:
- IC: immunocompromised (HIV, renal failure, nephrotic syndrome, splenic dysfx, etc.
- Highest Risk= HstR: cochlear implant, CSF leak
- High Risk=HR - Other Diagnoses: (cardiac, pulmonary, smoking, liver disease)
- Chemo=CH : taxonomy and drugs
- LTS=Long term steroids

Included in the COHORT if:
1. (IC or HstR or CH or LTS) and either already got PCV13 but not in the past 8 weeks or has contraindication to PCV13
2. Other dx or age>64 and not IC/HstR/CH/LTS or has contraindication to PCV13

Baseline frequencies
1. >65  99Y
2. IC   5Y
3. HstR 99Y
4. HR  99Y
5. LTS  5Y
6. CH   5Y

<table>
<thead>
<tr>
<th>Function Findings 1,2,3,8</th>
<th>Frequency</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;age 65 and 2 or more doses*:</td>
<td>99Y</td>
<td>1</td>
</tr>
<tr>
<td>&gt;age 64 and 1 dose after age 64:</td>
<td>99Y</td>
<td>1</td>
</tr>
<tr>
<td>no dose &gt;64, IC/CH/LTS and no 2nd dose</td>
<td>5Y</td>
<td>2</td>
</tr>
<tr>
<td>&gt;age 64, IC/CH/LTS, has PCV13, no dose&gt;64</td>
<td>5Y</td>
<td>2</td>
</tr>
</tbody>
</table>

*2 doses are counted only if given more than 1460 days apart (4Y) or one
is marked as a booster dose.

For IC/CH/LTS: FF 1,2,3,8

    FF3 above can be explained this way - Patient is IC and has had a dose before age 65, needs a second dose 5 years later. FF(3) is true and the reminder is due 5Y after the recorded dose.

    If that second dose is given, then FF(1) takes over and the reminder is resolved (99Y).

    If the patient turns 65, then FF(8) is true and the reminder is due again 5Y after the last dose. Once that dose after age 65 is given, then FF(2) takes over and the reminder is resolved (99Y).

<table>
<thead>
<tr>
<th>Function Findings 2,4,6</th>
<th>Frequency</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 &gt;age 64 and 1 dose after age 64:</td>
<td>99Y</td>
<td>1</td>
</tr>
<tr>
<td>4 &gt;age 64, dosed &lt;65, no dose&gt;64, not IC/CH</td>
<td>5Y</td>
<td>2</td>
</tr>
<tr>
<td>6 (HR or Other dx) not IC/CH and &lt;age 65:</td>
<td>99Y</td>
<td>3</td>
</tr>
</tbody>
</table>

For not IC/CH/LTS: FF 6,4

    Baseline dose due for HR and HstR, FF6 sets for patients <age 65 who are not IC/CH/LTS. Once they turn 65, then FF4 is applicable and the reminder is due 5 years after the prior dose. Once a dose is given after age 65, then FF2 is applicable and any dose after age 65 will resolve.

Resolution: PPSV23 or deferral or an order

**Function Findings 5, 7, 10, 16, 17, 18, 19, 20**

    FF5 provides a message about the need for an additional dose after age 65 if the patient's most recent dose was prior to age 65 for non-IC/CH/LTS patients.

    FF7 provides a message about the need for an additional dose after age 65 for IC/CH/LTS patients who have already gotten PCV13.

    FF10 assesses the last 2 doses of pneumococcal vaccine to be sure that they were more than 4 years apart

    FF16, 17, 18 and 19 look at finding 16 and evaluate to see if it is an ICD code, an outpatient drug or a non-intravitreal administration of a chemotherapy drug.
FF20 provides a message if PCV13 is needed. This is just in case someone looks at this reminder to see why it is NOT due.

Long Term steroids is set up in a local reminder term and a local reminder in order to allow sites to modify this option. This was done since there is not a clear consensus on how to best identify these patients or to define long term steroid use and pharmacy practices in how the day’s supply is recorded may vary.

Map local dosage formulations to the reminder term: STEROIDS - PNEUMOCOCCAL DZ RISK (see post install instructions).

Once those are mapped, a reminder LONG TERM STEROID USE evaluates the recent fills of steroid to identify patients with long term use. This reminder defines long term use as:

a. any fill that is marked with a day’s supply of >70 days
b. or 3 recent fills each with a day’s supply of >21 days.

The CDC Guidance on the amount of steroid use that causes a level of immunosuppression sufficient to warrant pneumococcal immunization is two weeks on every-day dosing of corticosteroids of at least 20 mg/day or 2 mg/kg/day. However, higher thresholds were chosen for these reminders because there were many false positives included in the reminder cohort logic when looking for shorter durations or fewer fills. Patients who received one or 2 recent tapers of steroids that were of short duration (7-14 days) were identified and included incorrectly in the cohort if only one fill was used because even though the patient got only a limited duration of steroid, the day’s supply was marked as 30 days.

Local sites can modify this reminder or map some other entry to the term that is used in the pneumococcal reminder logic if needed. This reminder is used in the term: VA-PNEUMOC DZ RISK - LONG TERM STEROIDS.
Pre-Installation

**Required Software for PXRM*2*36**

<table>
<thead>
<tr>
<th>Package/Patch</th>
<th>Namespace</th>
<th>Version</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Reminders</td>
<td>PXRM</td>
<td>2.0</td>
<td>Fully patched</td>
</tr>
<tr>
<td>Health Summary</td>
<td>GMTS</td>
<td>2.7</td>
<td>Fully patched</td>
</tr>
<tr>
<td>Kernel</td>
<td>XU</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>NATIONAL DRUG FILE</td>
<td>PSN</td>
<td>4.0</td>
<td>Fully patched</td>
</tr>
<tr>
<td>Pharmacy Data Management</td>
<td>PSS</td>
<td>1.0</td>
<td>Fully patched</td>
</tr>
<tr>
<td>Outpatient Pharmacy</td>
<td>PSO</td>
<td>7.0</td>
<td>Fully patched</td>
</tr>
<tr>
<td>VA FileMan</td>
<td>DI</td>
<td>22</td>
<td>Fully patched</td>
</tr>
</tbody>
</table>

**Related Documentation**

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Documentation File name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Installation and Setup Guide</td>
<td>PXRM_2_0_36_IG.PDF</td>
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</tbody>
</table>

**Web Sites**

<table>
<thead>
<tr>
<th>Site</th>
<th>URL</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Clinical Reminders site</td>
<td><a href="http://vista.med.va.gov/reminders">http://vista.med.va.gov/reminders</a></td>
<td>Contains manuals, PowerPoint presentations, and other information about Clinical Reminders</td>
</tr>
<tr>
<td>National Clinical Reminders Committee</td>
<td><a href="http://vaww.portal.va.gov/sites/ncrc%5Cpublic/default.aspx">http://vaww.portal.va.gov/sites/ncrc\public/default.aspx</a></td>
<td>This committee directs the development of new and revised national reminders</td>
</tr>
</tbody>
</table>

1. Rename any local health factors to prevent duplicates
   These are the names of the HF's being exported with this patch

   PNEUMOCOCCAL PCV13 DX INCORRECT
   PNEUMOCOCCAL PCV13 VACCINE CONTRAINID
   PNEUMOCOCCAL PCV13 VACCINE PRECAUTION
   REFUSED PNEUMOC VACCINE PCV13
   PNEUMOCOCCAL PPSV23 DX INCORRECT
   PNEUMOCOCCAL PPSV23 VACCINE CONTRAINID
   PNEUMOCOCCAL PPSV23 VACCINE PRECAUTION
   REFUSED PNEUMOC VACCINE PPSV23
Installation

This patch can be installed with users on the system, but it should be done during non-peak hours. Estimated Installation Time: 10-15 minutes

The installation needs to be done by a person with DUZ(0) set to "@." 

NOTE: We recommend that a Clinical Reminders Manager or CAC be present during the install, so that if questions occur during the install of Reminder Exchange entries, a knowledgeable person can respond to them.

1. Retrieve the host file from one of the following locations (with the ASCII file type):

<table>
<thead>
<tr>
<th>Location</th>
<th>Redacted 1</th>
<th>Redacted 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>REDACTED</td>
<td>REDACTED</td>
</tr>
<tr>
<td>Hines</td>
<td>REDACTED</td>
<td>REDACTED</td>
</tr>
<tr>
<td>Salt Lake City</td>
<td>REDACTED</td>
<td>REDACTED</td>
</tr>
</tbody>
</table>

2. Install the patch first in a training or test account.

Installing in a non-production environment will give you time to get familiar with new functionality and complete the setup for reminders and dialogs prior to installing the software in production.

3. Load the distribution.

In programmer mode type, D ^XUP, select the Kernel Installation & Distribution System menu (XPD MAIN), then the Installation option, and then the option LOAD a Distribution. Enter your directory name.KID at the Host File prompt.

Example

```
Select Installation <TEST ACCOUNT> Option: 1  Load a Distribution
Enter a Host File:

KIDS Distribution saved on Oct 01, 2013@13:29:56
Comment: Pneumococcal vaccine update

Loading Distribution...

Build PXRM*2.0*36 has an Environmental Check Routine
Want to RUN the Environment Check Routine? YES// YES
PXRM*2.0*36
Will first run the Environment Check Routine, PXRMP36I

The environment check was successful, this build can be installed.
Use INSTALL NAME: PXRM*2.0*36 to install this Distribution.
```

From the Installation menu, you may elect to use the following options:
4. **Backup a Transport Global**  
This option will create a backup message of any routines exported with the patch. It will NOT back up any other changes such as DDs or templates.

a. **Compare Transport Global to Current System**  
This option will allow you to view all changes that will be made when the patch is installed. It compares all components of the patch (routines, DDs, templates, etc.).

5. **Install the build.**  
From the Installation menu on the Kernel Installation and Distribution System (KIDS) menu, run the option Install Package(s). Select the build PXRM*2.0*36 and proceed with the install. If you have problems with the installation, log a Remedy ticket and/or call the National Help Desk to report the problem.

```
Select Installation & Distribution System Option: Installation  
Select Installation Option: INSTALL PACKAGE(S)  
Select INSTALL NAME: PXRM*2.0*36
```

Answer "NO" to the following prompt:

```
Want KIDS to INHIBIT LOGONs during install? NO//NO
```

**NOTE: DO NOT QUEUE THE INSTALLATION,** because this installation asks questions requiring responses and queuing will stop the installation. A Reminders Manager or CAC should be present to respond to these.

**Installation Example**  
See [Appendix A](#).

6. **Install File Print**  
Use the KIDS Install File Print option to print out the results of the installation process. You can select the multi-package build or any of the individual builds included in the multi-package build.

```
Select Utilities Option: Install File Print  
Select INSTALL NAME: PXRM*2.0*36
```
7. **Build File Print**
   Use the KIDS Build File Print option to print out the build components.

   Select Utilities Option: Build File Print
   Select BUILD NAME: PXRM*2.0*36
   DEVICE: HOME//

8. **Post-installation routines**
   After successful installation, the following init routines may be deleted:

   PXRMP36E
   PXRMP36I
Post-Install Set-up Instructions

1. Mapping drug dose findings for steroids
   Map to this term:  STEROIDS - PNEUMOCOCCAL DZ RISK

   Description:
   Include any drug/dose that indicates a high enough steroid dose that when
given over a period of weeks/months would cause immunosuppression to a
degree that put the patient at risk for pneumococcal disease.

   Example: to include steroids at a dose equivalent to 5mg of prednisone,
   include at least the following.

   DR.PREDNISONE 10MG TAB    DR.PREDNISONE 20MG TAB
   DR.PREDNISONE 50MG TAB    DR.DEXAMETHASONE 2MG TAB
   DR.DEXAMETHASONE 4MG TAB   DR.DEXAMETHASONE 1MG TAB
   DR.DEXAMETHASONE 1.5MG TAB DR.DEXAMETHASONE 0.75MG TAB
   DR.PREDNISONE 5MG TAB

2. Map your local pneumovax PPSV23 immunization types to:
   VA-PNEUMOC PPSV23 IMMUNIZATION

   Map your local Prevnar immunization types to:
   VA-PNEUMOC PCV13 IMMUNIZATION

3. Map your local orderable items for immunizations if you want the active/pending order to resolve the
   reminder: (optional)

   VA-PNEUMOC PCV13 ORDERS
   VA-PNEUMOC PPSV23 ORDERS

4. Map any CURRENT SMOKER health factors to:
   VA-PNEUMOC DZ RISK – HIGH
   Add a begin date to these health factors so that the reminder looks back only a moderate amount of
time for an entry.  E.g. T-1Y

5. Map immunizations for Zoster to the term:
   VA-ZOSTER IMMUNIZATION
   Set BEGINNING DATE/TIME to T-28D
6. Consider mapping the lab test eGFR into the reminder term VA-PNEUMOC DZ RISK - IMMUNOCOMPROMISED.
   A condition should be set on this lab test. The VHA Clinical Guidance Statement includes those with Chronic Kidney Disease (CKD) of stages III-V in this cohort. We recommend that an eGFR of <40 rather than <60 be used since transient decreases of eGFR <60 may occur with acute illness or use of contrast dye and not be indicative actual CKD stage III or higher.

   I +V\["<"\]&\(V\=">60")
   Set the field USE STATUS/COND IN SEARCH to YES.

7. The order option in the dialog can be suppressed for specific user classes or for everyone using the reminder terms:
   VA-PNEUMOC PCV13 ORDER SUPPRESSION
   VA-PNEUMOC PPSV23 ORDER SUPPRESSION

   a) To suppress for specific user classes, in the above Terms configure the VA-ASU USER CLASS computed finding and DELETE the VA-AGE finding. NOTE: If the Age finding is not deleted, the user class settings will not work.

   VA-ASU USER CLASS
   Enter the user class in the Computed Finding Parameter field that should NOT see the option to order the pneumococcal vaccines.
   If more than one user class is needed, add additional findings of the CF VA-ASU USER CLASS for each one as needed.

   b) To suppress for EVERYONE, in the above TERMS DELETE the VA-ASU USER CLASS finding and edit the VA-AGE computed finding.

   VA-AGE
   To suppress the order from being seen by ANYONE, delete the Condition within the VA-AGE computed finding.

8. If the order option is available, please attach an order dialog or an order menu to the finding items.
   OI PNEUMOC PCV13 OUTPT SHORT
   OI PNEUMOC PPSV23 OUTPT

9. 2 Template fields are used for Lot #s and expiration dates. They are exported as EDIT BOXES, for free text entry. Sites may choose to change the TYPE to a COMBO box and then populate the template fields with local lot #s and expiration dates.

   IM PCV13 LOT# EXP DATE
   IM PPSV23 LOT# EXP DATE

   Changing the type is done in CPRS under Template Editor on the Notes Tab.
Appendix A: Installation Example

Select Installation <TEST ACCOUNT> Option: 6 Install Package(s)

Select INSTALL NAME: pxrm*2.0*36  11/15/13@08:50:05

   => Pneumoccocal vaccine update ;Created on Nov 14, 2013@14:24:03

This Distribution was loaded on Nov 15, 2013@08:50:05 with header of

   Pneumoccocal vaccine update ;Created on Nov 14, 2013@14:24:03

   It consisted of the following Install(s):

       PXRM*2.0*36

Checking Install for Package PXRM*2.0*36

Will first run the Environment Check Routine, PXRMP36I

The environment check was successful, this build can be installed.

Install Questions for PXRM*2.0*36

Incoming Files:

   811.8 REMINDER EXCHANGE (including data)

Note: You already have the 'REMINDER EXCHANGE' File.

I will OVERWRITE your data with mine.

Want KIDS to INHIBIT LOGONs during the install? NO//

Want to DISABLE Scheduled Options, Menu Options, and Protocols? NO//

Enter the Device you want to print the Install messages.

You can queue the install by enter a 'Q' at the device prompt.

Enter a '^' to abort the install.

DEVICE: HOME// TELNET PORT
Install Started for PXRM*2.0*36 :

    Nov 15, 2013@08:51:31

Build Distribution Date: Nov 14, 2013

Installing Routines:

    Nov 15, 2013@08:51:31

Running Pre-Install Routine: PRE^PXRMP36I

DISABLE options.

DISABLE protocols.

Checking for entries that need renamed.

Installing Data Dictionaries:

    Nov 15, 2013@08:51:31

Installing Data:

    Nov 15, 2013@08:51:32

Running Post-Install Routine: POST^PXRMP36I

ENABLE options.

ENABLE protocols.

There are 3 Reminder Exchange entries to be installed.

1. Installing Reminder Exchange entry VA-PNEUMOCOCCAL REMINDERS
2. Installing Reminder Exchange entry PATCH 36 WH TAXONOMIES (5)
3. Installing Reminder Exchange entry VA-PATCH 36 POST COMPONENTS

Updating Routine file...

Updating KIDS files...

PXRM*2.0*36 Installed.

    Nov 15, 2013@08:52:33

Not a production UCI

PXRM*2.0*36 Installed.
### Acronyms

The OIT Master Glossary is available at

[http://vaww.oed.wss.va.gov/process/Library/master_glossary/masterglossary.htm](http://vaww.oed.wss.va.gov/process/Library/master_glossary/masterglossary.htm)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASU</td>
<td>Authorization/Subscription Utility</td>
</tr>
<tr>
<td>Clin4</td>
<td>National Customer Support team that supports Clinical Reminders</td>
</tr>
<tr>
<td>CPRS</td>
<td>Computerized Patient Record System</td>
</tr>
<tr>
<td>DBA</td>
<td>Database Administration</td>
</tr>
<tr>
<td>DG</td>
<td>Registration and Enrollment Package namespace</td>
</tr>
<tr>
<td>ESM</td>
<td>Enterprise Systems Management (ESM)</td>
</tr>
<tr>
<td>FIM</td>
<td>Functional Independence Measure</td>
</tr>
<tr>
<td>GMTS</td>
<td>Health Summary namespace (also HSUM)</td>
</tr>
<tr>
<td>GUI</td>
<td>Graphic User Interface</td>
</tr>
<tr>
<td>HRMH/HRMHP</td>
<td>High Risk Mental Health Patient</td>
</tr>
<tr>
<td>IAB</td>
<td>Initial Assessment &amp; Briefing</td>
</tr>
<tr>
<td>ICD-10</td>
<td>International Classification of Diseases, 10th Edition</td>
</tr>
<tr>
<td>ICR</td>
<td>Internal Control Number</td>
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<td>IOC</td>
<td>Initial Operating Capabilities</td>
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<td>LSSD</td>
<td>Last Service Separation Date</td>
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<td>Mental Health</td>
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<td>Mental Health Treatment Coordinator</td>
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<td>Office of Health Information</td>
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<td>OI</td>
<td>Office of Information</td>
</tr>
<tr>
<td>OIF/OEF</td>
<td>Operation Iraqi Freedom/Operation Enduring Freedom</td>
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<td>ORR</td>
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<td>Patient Information Management System</td>
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<tr>
<td>PMAS</td>
<td>Program Management Accountability System</td>
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<tr>
<td>Term</td>
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