CPRS GUI V.29 (PATCH# OR*3.0*306)

RELEASE NOTES

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Department of Veterans Affairs

Office of Information & Technology (OI&T)

Product Development (PD)

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Installation Requirements

Required Patches
Below is a list of patches that you must verify are properly installed on your system before OR*3.0*306 can be installed:

- GMPL*2*26
- GMPL*2*27
- GMPL*2*28
- GMPL*2*31
- GMPL*2*35
- GMPL*2*38
- GMPL*2*39
- GMTS*2.7*52
- GMTS*2.7*71
- ICD*18*6
- LEX*2*51
- LEX*2*58
- OR*3*181
- OR*3*204
- OR*3*294
- OR*3*331
- OR*3*340
- OR*3*347

Release Method

CPRS GUI v.29 is patch OR*3.0*306. It will be distributed in the bundle OR_GMPL_GMTS_29.KID, which contains the following:

- OR*3.0*306
- GMPL*2.0*36
- GMTS*2.7*86
- XU*8*609

For more information, please see the *CPRS GUI version 29 Installation Guide*.

Patient Safety Issues

- **PSPO 827, 1930: Free-Text Dosage Display in Patient Instructions/SIG (Remedy 278019, 222104, 234281, 283190, 312285, 369872, 427630, 439883, 451557, 605155)** – Previously, when a provider entered a free-text dosage rather than picking one from the drop-down list, the text displayed in the Patient Instructions/SIG and order details in CPRS. It was assumed that this might be dangerous as the patients could misunderstand the dose they were to take—especially if the dosage contained a concentration for a medication such as insulin.

  Resolution: CPRS developers corrected this problem.

- **PSPO 1777: Cytopathology Report that Printed with the Wrong Veterans (Remedy 417043)** – Previously, if the user was on a patient's record and had viewed a report and then processed an alert for a different veterans results and then tried to print the Most Recent report, CPRS printed the report incorrectly. The information was for the second patient while the header was for the first patient.

  Resolution: CPRS developers disabled printing from the Most Recent report, which should not have been allowed.

- **PSPO 2025: MHTC for Same Button_Associate Provider Decision** – When the workgroup reviewed the Primary Care button, it was decided that the Mental Health Treatment Coordinator and the Associate Provider should be on the button. But it was also felt that the location of the Associate Provider on the button could be confusing to providers and they might misinterpret what it meant.

  Resolution: Following the recommendation from the workgroup, CPRS developers changed the layout of the information on the button to be clearer, as follows:
  - Top line: Primary Care Team / Primary Care Provider / Associate Primary Care Provider (if assigned)
  - Second line (if patient is an inpatient): Inpatient Attending / Inpatient Provider
  - Third line: Mental Health Treatment Coordinator (if assigned)

- **PSPO 2053: Free-Text Results "Collide" When Graphing Multiple Lab Tests (Remedy 499883)** – Previously under a specific set of circumstances, it was possible for the lab test free-text result from one lab to incorrectly be displayed as the result in another lab. The following conditions were necessary to produce this error:
  - Multiple lab tests must be selected.
  - At least two of these lab tests must have values that are free-text.
  - The values must be different.
  - The graphs must be separate (Individual Graphs checked).
  - One of the lab tests with a free-text value must be the very top item in the Items list.

  Resolution: Developers corrected this issue. The entries should now read correctly.

- **PSPO 2087: Another Person Editing Orders (Remedy 516561)** – In CPRS 28, when a user entered an allergy from the Orders tab, CPRS locked ordering for the selected patient until the entire CPRS session was closed—even if the user changed patients in the original session, the lock remained until the session was completely closed. A user in a different session could not order anything on the locked patient until the first session was closed. This problem did not occur if the allergy was entered from the Cover Sheet, only from the Orders tab.

  Resolution: CPRS developers corrected this problem. The lock should be released as soon as the provider is done placing orders.

- **PSPO 2152: CPRS Allergy Issue - Observed entries set to default value MODERATE (Remedy 581482)** – Previously, CPRS Observed allergies defaulted to the Severity of Moderate. Because users could accept the default without making a conscious decision about severity, there could be a potential risk of using a medication that is listed with an existing Adverse Reaction (ADR)/Allergy, but with an unexpected level of reaction. This could delay treatment of lifesaving medication because the severity is rated higher than it should be, or it could cause the clinician to give a medication that causes a severe reaction when only a moderate reaction was expected.

  Resolution: Developers changed the default for all observed ADR/Allergy entries to be BLANK (NULL), and CPRS now requires the user to select an ADR severity (Mild/Moderate/Severe).

- **PSPO 2318: Order Check in CPRS after Signature from Second Monitor Displays on Primary Monitor instead of Second Monitor (Remedy 752717)** – On systems using two monitors to display applications, there was a problem where the signature form and order check dialog displayed correctly on the primary monitor, but on the secondary monitor, the order check dialog did not display.

  Resolution: Developers corrected this problem and any affected dialogs should display correctly on the primary and secondary monitors.

Known Issues

- **Cleveland Reports Discontinuing Existing Orders Creates Duplicate Order with Right-click Sign Option in CPRS Orders Tab (CQ 21308)** – A provider stated she noticed when discontinuing existing orders (i.e., meds, labs) the discontinue order view is duplicated. This anomaly occurs when the user highlights the unsigned discontinued order and uses the right mouse click feature to sign or uses the Sign selected… menu option from the Action menu on the toolbar. It does not occur upon selecting a new patient or refreshing patient information.

  Workaround: Clinicians continue with discontinue process. Order does discontinue.

  Comments: The provider stated it was by no means aggravating to see duplicate orders but believed it was important to report.

- **Loma Linda Reports Unsigned Order Alert Doesn't Fire If User Aborts before Entering PIV PIN Number (CQ 21289)**

  Workaround: None

  Comments: The alert will be generated by the ORMTIME process in the background if it fails to generate under this scenario. It is recommended that to increase the frequency of the ORMTIME RUN job (to run less than every 15 minutes).

- **Font Size Issues:**
  - Wichita reports no changes to default font, but font size of lab increases (CQ 21285)
  - Kansas City reports that font size can be changed in CPRS but on the labs tab it does not change lab values display (CQ 21280)

  Kansas City and Wichita reported that the CPRS Labs tab does not respect the CPRS font display setting. The CPRS font display was set to size 12 and the details of the lab were displayed at 8. When changing the font size in CPRS the lab tab information does not respect the font.

  Workaround: None

  Comments: Anomaly will be addressed in CPRS v30.

- **Cleveland Reports that View Icon Legend Displays Error Message (CQ 21241)** – Cleveland reported that when trying to view the Icon Legend from the View menu of the Notes tab, CPRS displayed the following error message: "Error reading fraImgText.BorderStyle: Property BorderStyle does not exist." After some research, it was discovered that this error message also occurs on the Consults, Surgery, and D/C Summary tabs as well.

  Workaround: None

  Comments: Due to the low impact and severity of this issue, it will be resolved in CPRS v30.

- **Users Can Enter and Order a Schedule 1 Controlled Substance (CQ21405)** – Customer Product Support was able to enter, via CPRS and digitally sign a Schedule 1 controlled substance. In addition, they were able to use Outpatient Pharmacy to finish and dispense the medication. Schedule 1 includes investigational controlled substances and illegal controlled substances. EPCS regulations for PRESCRIBING do not allow an electronic Rx for a Schedule I product.

  Workaround: None

  Comments: Due to the low impact and severity of this issue, it will be resolved in CPRS v30. Documents reflect Schedule 2-5 drugs can be utilized with ePCS. In addition, Per DEA, there are no Schedule 1 drugs that can be prescribed electronically or via paper unless they are strictly study drugs.

New Parameters

- **OR DEA PIV LINK MSG**: This parameter enables sites to customize the text that displays on a dialog when the user is not allowed to place orders for controlled substances, but they believe that they should be allowed. The site can put text into this parameter to display to the user.

- **ORCDGMRC EARLIEST DATE DEFAULT:** At the request of test sites, this parameter was created to enable sites to set a default date for the Earliest Available Date field in the consult request dialog. The default can be left blank to force the provider to answer, set to today, or set as a future relative amount of time (T+30). When OR*3.0*306 is installed, a post installation routine will set the default to TODAY. Sites can delete the value or set a new one using XPAR MENU TOOLS.

  Note: The post install routine does NOT change the default Earliest Available Date value in quick orders. It does check which quick orders have a value defined and send a list of those quick orders to the person who installs patch OR*3.0*306. The installer must then forward the MailMan message to the person who can check the value in the quick order and delete the value defined there to make it use what is in the parameter, leave the value as defined in the quick order, or change the value in the quick order.

- **ORQQPL SUPPRESS CODES:** The purpose of this parameter is to hide the SNOMED and ICD-9-CM codes from displaying in CPRS when defining a problem. If the CPRS coordinator selects YES, the codes will not display when searching for a term.

Parameter Changes

- **OR USE MH DLL:** CPRS no longer uses the parameter OR USE MH DLL.

- **ORWOR PKI SITE:** This feature for this parameter has been changed to a file entry to activate the electronic prescription of controlled substances. The parameter was previously only used in a pilot program in conjunction with the ORWOR PKI USE parameter to activate digital signature process for schedule 2 and 2n controlled substances in CPRS.

  The new menu option enables the electronic prescriptions of outpatient controlled substance medication orders for the entire site.

- **ORWOR PKI USER:** This feature for this parameter has been changed to a file entry to activate the electronic prescription of controlled substances. The parameter was previously only used in a pilot program in conjunction with the ORWOR PKI SITE parameter to activate digital signature process for schedule 2 and 2n controlled substances in CPRS.

  This new menu options enables electronic prescriptions of outpatient controlled substance orders for individual users.

New Functionality

NSR 20070510, NSR 20070525: SNOMED CT Conversion for the Problems Tab

To help clinicians locate the correct term to identify the patient's condition, CPRS is now using SNOMED Concept Terms (SNOMED CT) on the Problem List and Encounter form. SNOMED CT is a classification system that uses terms originally created by the College of American Pathologists (CAP), so it was created by physicians for physicians. Using SNOMED CT should make it easier for clinicians to identify the correct term rather than having to search through ICD codes, which function as billing codes for insurance purposes.

While this change should make it easier for clinicians to find the problems they want, it will take some adjustments on the part of clinicians. If clinicians normally enter an ICD-9-CM code, they will no longer find a code using this method. Clinicians need to enter a term to search for.

The new search is found on the Problem List Lexicon Search dialog and the Lookup Diagnosis dialog on the Encounter form and anywhere else where the same lookup dialogs are used, such as for the provisional diagnosis on the Consults tab.

Problems Tab Changes

On the Problems tab, there can be up to a three-tiered process to identify a term that most closely identifies the patient's condition.

- Initially, the user can search for the patient's problem by entering a term to bring up a selection of SNOMED CT terms.

- If users do not find the item in the results from the first search, CPRS has added an Extend Search button. The Extend Search button goes to the SNOMED clinical hierarchy to find additional terms, including terms that may not currently be mapped to ICD-9-CM codes (799.9 codes).

- If a sufficiently descriptive term is still not found, users can also type in a free-text entry. Coordinators will have reports to track free-text entries and ensure that they get resolved.

However, even after extending the search, the item may not be found and a request for a new term may be needed.

Two bulletins were created to one, inform coordinators that a new term was requested, and two, to let them know if a code is selected for a code that is not mapped to an appropriate ICD-9-CM code, but has a 799.9 code instead.

799.9 Codes

It is possible to select a code that maps to a 799 ICD-9-CM code 9 (Other unknown and unspecified cause of morbidity or mortality). If the user selects a term that is not mapped to a code and would need a 799.9 code, a dialog warns the user that the code will not be available for selection on the Encounter form and that it will be sent for review to see if the selected term should be mapped. The user can then either select the term or choose to cancel the selection and begin searching again.

If the user selects the 799.9 term, CPRS sends a mapping request to have the term mapped to an appropriate ICD-9-CM code. When the code is appropriately mapped, the problem will automatically be updated to the new correct code in CPRS.

Terms Not Defined as SNOMED Terms

A user might enter as term that does not map to a SNOMED CT term in the Problem List subset. If CPRS searches for the term and does not find it, the Extend Search button is available, which extends the search to the SNOMED CT clinical findings hierarchy. If the user extends the search and no term is found again, CPRS displays a dialog informing the user that no term was found. The user can then choose to redo the search by entering a new search term or to request that a new SNOMED term be created for what the user entered.

If the user chooses to request a new term, a request bulletin will be sent to the site's local review team. If that team concurs that a new term should be created, they can initiate an NTRT request to add a new SNOMED term to the subset based on what the user entered. If a new SNOMED term is created, it will NOT automatically update when the term is created.

Encounter Forms Changes

When the user selects the Other Diagnosis… button on the Encounter form's Diagnosis tab, the Lookup Diagnosis dialog searches for problems using what the user has entered to find the SNOMED terms. However, the Encounter form diagnoses must have an associated ICD code. Currently, the code comes from the ICD-9-CM clinical subset of terms. If the original search does not find the term, the Lookup Diagnosis dialog also has an Extend Search button. Because it must have an ICD-9-CM code, the extended search on this dialog goes to the ICD-9-CM subset of terms. However all codes returned from the extended search will have an associated code—even if that code is a 799.9 code that is unmapped.

Consults and Procedures

Because some sites can set their Consults and Procedures to require a provisional diagnosis from the Lexicon search, the SNOMED codes can also be seen on the Other Diagnosis search on these tabs as well. As with the Encounter form in current CPRS, mapping to a code means that the consult or procedure must have an ICD-9-CM code. You cannot request a New SNOMED term from the consults and procedures.

New Parameter to Show or Hide Codes

With these changes, developers also added a new parameter that will suppress the display of the SNOMED and ICD codes: ORQQPL SUPPRESS CODES. When the user sets this parameter to Yes, CPRS does not display SNOMED, ICD, and even CPT codes.

Reporting Capabilities

Two reports were created in the VistA Problem List package to track New Term Rapid Turnaround (NTRT) requests and 799.9 entries for problems and Encounter form data.
   o   Problem List NTRT Follow-Up Report (GMPL NTRT F/U RPT)
   o   Problem List Freetext Follow-Up Report (GMPL FREETEXT F/U REPORT)

Mental Health Treatment Coordinator on the Primary Care Team Button

CPRS now displays the Mental Health Treatment Coordinator (MHTC) on the Primary Care Team button. If assigned in Primary Care Management Module (PCMM), the MHTC will now display on the Primary Care Team button, in the detailed display when the button is selected, and on the patient demographic information under the Primary Care Team information and also listed under Mental Health Treatment Coordinator.

The location of the MHTC may be slightly different based on what other roles are assigned in PCMM. For example, because Associate Provider is only for inpatients, there should be a difference between inpatients and outpatients. For inpatients, if all roles are assigned in PCMM, the MHTC is on the third line of the Primary Care Team button, but if the patient is an outpatient, the MHTC will probably display on the second row of the Primary Care Team button.

DEA ePrescription for Outpatient Controlled Substance Medications

To comply with Drug Enforcement Agency (DEA) policy on electronic medication ordering, CPRS now requires a provider ordering outpatient controlled substances to use his or her Personal Identification Verification (PIV) card that contains a certificate that must be verified when attempting to sign the order for the medication. The PIV card is obtained at your site and the certificate should be installed by someone at your site also.

Developers changed the various signature dialogs in CPRS to separate the outpatient controlled substances from the other medications ordered. When outpatient controlled substance orders need to be signed, the dialog will also have the name and DEA number of the provider signing the orders.

When providers sign the outpatient controlled substance orders, they are agreeing to the following notice:

> **By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.**

The two-factor authentication refers to the use of the PIV card, certificate, and personal identification number (PIN) when signing an outpatient controlled substance order.

For electronically ordered outpatient controlled substances, CPRS will require the user to individually select each item to sign by checking the boxes in front of the orders. Also, above the controlled substances list are the words "Smart Card Required" to tell the user that they need a PIV card to sign the orders.

With the new implementation in CPRS, sites can specify for which pharmacy controlled substance schedules the provider can write orders.

Defects Fixes

- **Problem List - SC vs. NSC vs. Unknown (Remedy 69944)** – There was an inconsistency between the designation of service connection and treatment factors on the Problems Tab and the signature dialogs. On the Problems tab, the user was presented with a single check box to indicate Yes or No. If left blank, CPRS interpreted the blank as a No. On the signature dialogs, however, the same information had two check boxes, one for Yes and one for No. If neither was checked, CPRS interpreted this as Unknown.

  Resolution: CPRS developers changed the Problems tab so that it now has two check boxes for Yes and No and the system will now accept a blank entry for both as Unknown.

- **Details of Old Orders (Remedy 70892)**

  Resolution: CPRS developers corrected this problem.

- **Problem Field Not Being Saved when Problem Entered in PCE Encounter Form (Remedy 130522)** – Previously, when a user selected a diagnosis on the Encounter form's Diagnosis tab and checked the box to add it to the Problem List, it appeared to add correctly in CPRS, but when checked in VistA, it did not save in the PROBLEM file.

  Resolution: CPRS developers corrected this problem. The diagnosis saves in CPRS and to the PROBLEM file.

- **ORWCH BOUNDS Question (Remedy 266396)** – Previously, some dialogs were not saving their position nor size in the ORWCH BOUNDS parameter as they should. Therefore, when changing the size of a dialog and them closing the session and reopening, the dialog returned to its default size.

  Resolution: CPRS developers corrected the problem and the dialogs should appropriately retain their size from session to session in CPRS.

- **Quick Order Quantity Quandary with Decimal Point (Remedy 276744)** – When the user entered a quick order with a fractional value and Auto-verify was set to YES, CPRS gave an Invalid Integer Error.

  Resolution: CPRS developers corrected this problem and fractional values can be entered.

- **Cannot Do Chart Check on DC'd Entered in Error Orders (Remedy 325209)** – Previously, CPRS would allow verification of discontinued orders, but it did now allow 24-hour chart check.

  Resolution: CPRS developers corrected this problem.

- **Rx Patient Status Field Works Erratically (Remedy 328643)**

  Resolution: CPRS developers made some corrections to the file to make it function correctly.

- **Attempting to Copy to a New Order Resulting in a GUI Error (Remedy 334617)** – When attempting an action on an order with more than 9 actions, the user would get an error that read, "*NUMBER*' is not a valid integer" (where *NUMBER* was something like 12621991).

  Resolution: CPRS developers corrected the problem.

- **Lab Urgency Is Saving Invalid (Remedy 360890)**

  Resolution: CPRS developers corrected this problem.

- **Complex Dose Different than Single Dose (Remedy 385673)** – Previously, the dosage for a simple versus complex order for the same medication could results in getting a different dosage. For example, the simple dose might be a 40 mg tablet, which the complex might use an 80 mg tablet and use half-tablets for part of the complex dose.

  Resolution: Developers corrected this problem. If the single tablet is better, that dose will be used.

- **Error Local Dosage Field Translation (Remedy 396719)** – Previously, the translation for free-text dosages was not working correctly. Although the title of the Remedy ticket says "Local Dosage", the problem was with free-text dosages.

  Resolution: CPRS developers changed the translation so that instead of 1.2 being put in the instructions as "1.2 tablets", it will now read "one and 0.2 tablets". This is the correct translation.

- **Double-Clicking an Order via the Order Menu Will Create Two Order Dialogs (Remedy 429709)** – Previously, rapidly double-clicking on an order menu item could bring up multiple dialogs. In the reported case, double-clicking on an inpatient medications item instead brought up two outpatient medication dialogs.

  Resolution: CPRS developers corrected this problem.

- **Wrong Location Dialog Box Displays when a Provider Tries to Renew (Remedy 437940)**

  Resolution: CPRS developers corrected this problem. The correct dialog now displays.

- **User Is Being Prompted to Sign DC'd Order that Was Cancelled (Remedy 444275)** – Previously, cancelling orders caused problems with both order checks and the signature dialog.

  Resolution: CPRS developers corrected this problem. If you cancel an order on the signature dialog the order checks will update and the order will no longer display again to be signed on the signature dialog after it has been cancelled.

- **Cannot Focus a Disabled or Invisible Window Error Msg Appears when Clicking on an Appt on the Cover Sheet (Remedy 478780)**

  Resolution: CPRS developers corrected this problem.

- **Force CPRS to Always Use MH DLL to Resolve Reminders (Remedy 483700)** – Previously, sites could set this parameter to either use or not use the Mental Health Dynamic Link Library (MH DLL) to process reminders.

  Resolution: CPRS developers have removed the OR USE MH DLL parameter and ORQQPXRM MHDLLDMS remote procedure call. CPRS will now only use the MH DLLs when processing a mental health test in a reminder dialog. If the DLLs are not available, the mental health test cannot be completed.

- **RDI Currently Uses a Truncated, 10-Digit Version of the ICN in Its Calls to HDR (Remedy 486375)**

  Resolution: CPRS developers changed Remote Data Interoperability to use the full identifier rather than a truncated one.

- **Note Label Disappearing (Remedy 486635)** – Previously, the line that displays how many notes have been entered for the patient disappeared when the user selected the New Note button.

  Resolution: CPRS developers corrected this problem. The number of notes for the patient will display above the Notes tree view display.

- **Cannot Edit Notes for Reminder Dialogs (Remedy 486696)** – Previously, users were unable to edit notes for reminder dialogs using the template editor. When importing a Clinical Reminder Dialog Template into Shared Templates the Show Template Notes did not display.

  Resolution: CPRS developers corrected this problem.

- **CPRSUpdate.exe does not work in Windows 7 (540049)**

  Resolution: CPRS has changed CPRSUpdate.exe to work in the Windows 7 environment.

- **Windows 7, MS Office 2010 Spell Check Not Working (Remedy 608146)**

  Resolution: CPRS developers corrected the problem and the spell check should function correctly.

- **CPRS Help Files Can't Be Viewed in Window 7 Client (Remedy 622789)** — With the installation of Windows 7 and its accompanying changes, the help files that used the .hlp format will no longer be viewable unless the user downloads a fix from Microsoft.

  Resolution: CPRS now uses Help in a Hypertext Markup Language (HTML) format that will work with Windows 7.