

**CPRS GUI v.30.B  
OR\*3.0\*350 AND ASSOCIATED PATCHES  
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

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### Required Patches

Below is a list of patches that you must verify are properly installed on your system before CPRS v30.b and its' associated patches can be installed:

- OR\*3\*121
- OR\*3\*157
- OR\*3\*311
- OR\*3\*312
- OR\*3\*317
- OR\*3\*318
- OR\*3\*322
- OR\*3\*341
- OR\*3\*348
- OR\*3\*349
- OR\*3\*356
- OR\*3\*363
- OR\*3\*366
- OR\*3\*374
- OR\*3\*385
- OR\*3\*388
- OR\*3\*394
- OR\*3\*418
- LEX\*2\*86
- GMPL\*2\*42
- GMPL\*2\*28
- GMPL\*2\*44
- PSJ\*5\*311
- TIU\*1\*211
- TIU\*1\*239
- XU\*8\*609
- GMRC\*3\*76
- GMRC\*3\*85
- GMTS\*2.7\*90
- GMTS\*2.7\*96

## Project Description

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The Computerized Patient Record System (CPRS) Graphical User Interface (GUI) v30.b is an enhancement release with modifications for Clinic Orders, Supply Orders, One-Step Clinic Admin, Consults Earliest Appropriate Date and Lab Display Status. In addition to these enhancements, software changes were made to correct several Patient Safety Issues (PSPOs), Section 508 issues, and additional miscellaneous defect fixes.

CPRS GUI v30.b consists of several host files, an updated CPRS GUI and several Help files (too many to list) which will be located in a single directory named HELP. The following is a list of the associated host files:

- TIU\_1\_268.KID which contains the TIU\*1\*268 patch
- GMPL\_2\_47.KID which contains the GMPL\*2\*47 patch
- GMPL\_2\_45.KID which contains the GMPL\*2\*45 patch
- YS\_501\_116.KID which contains the YS\*5.01\*116 patch
- MHA\_501\_116.ZIP which contains the Mental Health Assistant dll
- PSJ\_5\_307.KID which contains the PSJ\*5\*307 patch
- GMRV\_5\_28.KID which contains the GMRV\*5\*28 patch
- VITL5\_P28.ZIP which contains the Vitals dll
- XU8642.KID which contains the XU\*8\*642 patch
- XU\_8\_0\_P641.ZIP which contains the ePCS GUI tool (the VistA patch XU\*8\*641 is being released as an informational patch)
- GMRC\_30\_81.KID which contains the GMRC\*3\*81 patch
- GMTS\_27\_112.KID which contains the GMTS\*2.7\*112 patch
- OR\_30\_424.KID which contains the OR\*3\*424 patch
- OR\_30\_350.KID which contains the OR\*3\*350 patch
- OR\_30\_350.ZIP which contains the CPRS v30.b CPRSChart.exe, Vitals dll, Mental Health dll and the OrderCom dll.

## Patch Information

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- TIU\*1\*268 corrects an issue with who is allowed to print Work and/or Chart copies of Discharge Summaries as well as an additional signer issue.
- PSJ\*5\*307 supports the Clinic One-Step Orders and Clinic Infusion Orders for Inpatients.
- YS\*5.01\*116 and MHA\_501\_116.ZIP support the conversion of the dll to XE3.
- GMRV\*5\*28 and VITL5\_P28.ZIP support the conversion of the dll to XE3.
- XU\*8\*642 adds a timeout for the PKI Verify Service function.

- XU\_8\_0\_P641.ZIP supports the corrections to some issues with the ePCS GUI tool EPCSDATAENTRYFORPRESCRIBER.EXE
- GMPL\*2\*47 resolves a Remedy ticket related to reminder evaluation and rebuild the Reminders indices to clean up any outstanding Mapping Target references that were not deleted appropriately.
- GMPL\*2\*45 supports Problem List enhancements for NSR 20130312.
- GMRC\*3\*81 supports renaming EARLIEST APPROPRIATE DATE to CLINICALLY INDICATED DATE.
- GMTS\*2.7\*112 supports the CLINICALLY INDICATED DATE modifications as well as a minor clarification in the lab order status displays.
- OR\*3\*424 supports the overall CPRS v30.b functionality.

## **Release Method**

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The host files were created to control the phased implementation of CPRS V30.b at the Veterans Health Administration (VHA) facilities. These host files will need to be downloaded and installed according to the instructions that come with the patches and in the installation guide. Sites will be contacted about when to download the software that must be installed. To see the current status and target dates for Sites/VISN/Regions please refer to the following site:

### [V30.b Deployment Information](#)

Click on the Deployment folder. Then open the item "CPRS v30b Deployment Schedule".

Your site will be contacted prior to installation for point of contact names for those people who will get your site ready for the installation.

Sites will then be invited to attend a kickoff meeting and two or three other meetings for further instruction or training. CPRS Development team members are available during this time to take any questions you may have.

For more information, please see the *CPRS GUI version 30.B Installation Guide*.

## Change to How CPRS Locates Needed DLLs

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Some sites install CPRS on a shared network drive, while others use local machine installations. However, the other software, such as Vitals, Mental Health Assistant and OrderCom dynamic link libraries (DLLs) have always been required to reside on the local system. In order to allow sites with the infrastructure to support a network install of the DLLs, a modification was made to change how CPRS locates them. Previously, CPRS looked in the ...Vista\Common Files directory. Now, it will look in these following directories in the order listed below:

- Application directory: where CPRSChart.exe is installed.
- [Application directory]..\Common Files\; in the Common File directory under where CPRSChart.exe is installed.
- [Program Files]\Vista\Common Files
- Windows\system or windows\system32 (depending on the type of DLL)

This increases flexibility for test sites that are testing new versions of those DLLs. In the past, testing new DLLs could be difficult. Sites would have to rename the DLL or move them while testing. Testing in production could also be difficult because sites needed to have the correct versions for production.

With this change, sites can now place the DLLs in places where CPRS can find it, but not use the location where it should be for production—the common files folder.

## Patient Safety Issues

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- **PSPO 44 / 1495(PSI-03-043) - Clinic Orders.**  
Outpatient medication orders entered with DONE as a priority did not appear on the Meds tab in CPRS, were never sent to Outpatient Pharmacy and were missed in future order checks.  
Resolution: As part of the Clinic Orders changes, DONE was removed as a priority for Outpatient Medication orders and the One-Step Clinic Admin feature was created.
- **PSPO 218 / PSI-05-083 (Item #4 only)**  
Inpatient Medication orders only appear on the Order tab and not on the Meds tab or in BCMA.  
Resolution: this was occurring because the ability to select DONE as a priority existed for Inpatient Medications. The resolution required four changes. The final, fourth change, was to create the One-Step Clinic Admin feature.
- **PSPO 299 (PSI-06-038, Remedy Tickets 136027 and 180136 - CQ15144):** Non-VA meds show as active order on Inpatients. This could be confusing to nurses responsible for administering medications and to providers ordering medications.  
Resolution: Developers changed CPRS so that Non-VA Medications will not display on the active view on the Orders tab or on the Cover Sheet in the Active Medication section for inpatients. The current order view will continue to list Non-VA

Medications and order checks will continue to check orders against Non-VA medications.

- **PSPO 480 (PSI-07-027, Remedy 176676/215437/238394/335195/390473 - CQ 15547/CQ 20610/ CQ 15547):**

When the hold is removed from an order in CPRS, the status the order had when it was placed on hold is the same status that displays when the user attempts to sign the order. If the order is expired, this status is not updated and displayed to the user unless the user refreshes the screen. This is true for other actions such as pending to active.

Resolution:

When the hold is removed from an order in CPRS, the status the order had when it was placed on hold is the same status that displays when the user attempts to sign the order. If the order is expired, this status is not updated and displayed to the user unless the user refreshes the screen. This is true for other actions such as pending to active.

- **PSPO 1187 (Remedy 290535)**

Tubefeeding orders are confusing and not communicating issues to providers. So, they are difficult to get correct.

Resolution: Hover text was added, calculations were corrected to prevent entering something with over the maximum amount of fluids and the help text was updated to remove the unapproved abbreviations.

- **PSPO 1201 (Remedy 293275 - CQ 17910):**

When a provider processes an unsigned order alert, occasionally a blank Orders tab is presented, which may lead the provider to believe that no action is necessary. This happens because the unsigned order has lapsed by the time the alert is processed.

Resolution: Patch OR\*3\*280 (CPRS version 28) added functionality to remove the unsigned order alert when the referenced order is lapsed. OR\*3\*350 introduces the LAPSED UNSIGNED ORDER notification that when processed, will present the Orders tab to the provider showing which unsigned orders were lapsed.

This notification is exported with the following parameter values set at the package level:

ORB ARCHIVE PERIOD: 30 days

ORB DELETE MECHANISM: Individual Recipient

ORB FORWARD SUPERVISOR: 0 (never)

ORB FORWARD SURROGATES: 0 (never)

ORB PROCESSING FLAG: Disabled

ORB PROVIDER RECIPIENTS: OAPT (Ordering provider, Attending provider, Primary provider, and Team)

ORB URGENCY: High

- **PSPO 1267:**

When a provider orders a medication for an outpatient using the inpatient medication order dialog, the order appears on the Orders tab in the Outpatient Medications display group and on the Medications tab in the Inpatient section.

Resolution: This issue is indirectly fixed by the redesign of clinic medications. When a provider uses the inpatient medication order dialog to order a medication for an outpatient, CPRS will prompt the provider to confirm that they intend to place a clinic medication order. If the provider proceeds, the resulting order will appear in the clinic medications display group on the Orders tab and in the Inpatient Medications section on the Medications tab.
- **PSPO 1604 (Remedy 366596/532291 – CQ20812):**

Users can create CPRS personal quick orders with a value for the Schedule field and a blank Dose field. When creating system-wide quick orders in VistA, the Schedule field cannot be filled unless a value is placed in the Dose field. This happens because the VistA Quick Order editor does not allow entry into a child item if the parent item is blank.

Resolution: Users should now be able to create Quick Orders that have a schedule, but no entry for the Dosage.
- **PSPO 1664 (Remedy: 385397 – CQ: 21245):**

Delayed Diet Orders Issue—A speech pathologist noticed during inpatient rounds that a delayed order of "soft + thins" diet was activated upon patient transfer. However, this patch was at risk of dyspepsia.

Resolution: CPRS now displays the active and delayed orders when a user goes to enter new diet orders.
- **PSPO 1913 and 2149 (Remedy 449620 and 580169):**

The user is able to create multiple sessions with patient context for each session when there should only be one CPRS with patient context.

Resolution: The code was modified to check if order sets, order dialogs or order action windows were modal, if so then we would allow CPRS to close the window and process the context request.
- **PSPO 2052 (Remedy 478854, 717451 - CQ 20900):**

When a patient requests a renewal for a non-renewable Schedule II controlled substance through the AudioCARE AudioRenewal module, an informational alert is generated that contains the drug name in the message. When processed, the alert simply disappears.

Resolution: The AudioRenewal alert was converted into an action alert to enable providers to deal with telephone refill requests that need provider interaction. When patients request a renewal of a nonrenewable prescription through AudioRenewal, the alert is sent to the provider who can then use the alert to go to the Orders tab and use the Copy to New Order feature if they want to continue the therapy.
- **PSPO 2165 (Remedy 354377 – CQ: 21260):**

Font Changes in CPRS GUI Note—When a boiler plated note title is used to enter a progress note, followed by the use of the right and left mouse buttons simultaneously and with the middle wheel to resize the text so that it zooms out to one letter per line.



When reported, these notes were not being saved, however when attempting to recreate this problem in CPRS GUIv29 the notes were consistently saved.

Resolution: This method to zoom the text is disabled in GUIv30.B.

- **PSPO 2221 (Remedy: 614497 – CQ: 21488):**

A provider was entering an inpatient medication order when CPRS had an abnormal termination. This set a patient lock for the record and the provider was not able to enter additional orders.

Resolution: Multiple potential lock issues were identified and have been addressed.

The lock and unlock code now falls inside of a Try/Finally statement which will force the unlock to fire when the code terminates.

- **PSPO 2334 (Remedy768368 - CQ 21056, CQ 19973):**

When a user processes a lab notification and proceeds to switch patients, the notification message text of the previous notification does not clear out in the header caption of the labs tab.

Resolution: The software has been corrected so that after lab notification processing and switching of patients, the previous lab notification text will be cleared out from the header caption display of the current patient's lab results.

## Known Issues

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Attached are the Known Issues approved by Test sites and the Office of Applied Informatics and Analytics.



CPRSV 30B  
Anamolies final 1.doc

## New Parameters

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- **OR LAB TAB DEFAULT REPORT**

This parameter enables sites to set a specific lab report that should display at the top of the Lab Results pane on the Labs tab.

- **OR REPORT DATE SELECT TYPE**

In the past, the Date Ranges for reports and labs displayed in a pane in the lower left area of the Reports and Labs tabs. If this parameter is set to “Yes”, the Date Ranges will display horizontally above the main pane using Radio Buttons. Users would then select the appropriate date range by selecting the corresponding radio button.

- **ORCDGMRC CLIN IND DATE DEFAULT**

This defines the default date value for the CLINICALLY INDICATED DATE (CID) field in consult and procedure orders. This date value can be TODAY or

greater and must be a relative date (e.g. "TODAY", T+7D, "T+2W"). Past dates and precise dates are not permitted. The date value may also be a null/empty date, which is set by deleting (via XPAR MENU TOOLS) the current value for the parameter (if one is set).

Any new orders in CPRS GUI and new quick orders will default to the parameter value. Any quick orders that currently have a default value for the CID will retain that value. If that quick order should reflect the parameter value, simply remove the current default value for the quick order and save the change. The quick order would then default to the parameter value.

- **OR MOB DLL VERSION**

This parameter is used to store the current server version of the CPRS Med Order Button (MOB) DLL. This value is used to check against a user's client version.

- **ORPARAM OVER DATELINE**

This is a switch that the CPRS GUI will use to enable specific logic for sites that are over the international date line

- **YS MHA\_A DLL NAME**

This parameter is used to specify the name to use for the YS\_MHA\_A DLL.

## New Functionality

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- **Clinic Orders (NSR 20080335: Clinic Orders - Phase 1 of NSR 20070506)**—The Clinic Orders project enhances existing Inpatient Medications for Outpatient (IMO) features in CPRS and adds to existing functionality. The Inpatient Medications for Outpatient features will use the new designation of Clinic Orders. These enhancements and new features will enable providers to order medications and document them in clinic settings.

Changes in CPRS will include:

- Addition of the following to the national version of the Write Orders pane:
  - Clinic Medications
  - Clinic Infusions
  - One Step Clinic Med Admin
- Note:** This is for the national Write Orders parameter that CPRS distributes. Many sites have changed the Write Orders Pane to use their own items and will have to add these items or similar items.
- Enhancements to the Clinic Orders display group
- Removal of the Clinic option under the Pick Up field in the Order dialog
- Removal of the Done selection from the Priority field in the Order dialog
- The one-time administration of a medication
- A prompt for the user to indicate if they are writing clinic order when they choose a clinic location and either an inpatient medication or infusion medication
- Properly triggered the Flagged Orderable Item Alert/Notification for clinic medication orders
- A new dialog for writing Clinic medication orders
- A warning for providers when selecting a past date for writing clinic med orders
- **Lab Status/Display of Lab Tests (NSR 20070438)**—This project involves changes to the display of lab tests to better show the status of laboratory tests:
  - New Parameters:
    - A parameter called OR REPORT DATE SELECT TYPE has been added to determine if radio buttons, rather than the normal listing of dates the left side should be used.
    - A parameter called OR LAB TAB DEFAULT REPORT now controls which lab report will be at the top of the list in the Lab Results pane.
  - Reports added or changed on the Labs tab:
    - Pending Lab Orders
    - Lab Overview (Collected Specimens)
    - Lab Orders (All) (replaces Lab Status)
  - On the Reports tab, the Lab Orders report changed to Lab Orders (All).
  - A details pane was added to the reports on the Labs tab.
  - The Lab Orders (All) report now has a detailed display.
  - Pending Orders also displays details in a bottom pane when the item is highlighted.

- CPRS added the ability to use radio buttons to select a date range instead of a list in the left pane. The intent was to make it look more similar to VistaWeb's interface.
- On the Reports tab, the Lab Orders (All) detailed display also now shows the results from completed lab orders, the performing sites added, and the order details.
- **Camp LeJeune Indicator (NSR 20120809)**—CPRS will make changes to accommodate Section 102 of the Camp LeJeune Legislation relating to military personnel that were stationed at Camp LeJeune from Jan. 1, 1957 thru Dec. 31, 1987. Military personnel and family members stationed at Camp LeJeune during those periods may be eligible for Medical care that is associated to illnesses identified in the Legislation. The CPRS changes will not be visible until additional patches are released.
- **Changes for 508 Compliance for Individuals with Vision Impairment**—The 508 office reviewed CPRS and changes have been made to improve CPRS compliance with their findings to make CPRS more usable for users with vision impairments.
- **NSR 20130312 (GMPL\*\*45).**  
 This NSR makes two minimal modifications that remove two significant barriers to the effective clinical use of the Problem List, in general. The issues to be corrected are major contributors to clinicians carrying around their own problem lists in progress notes, a practice which has been widely criticized as a patient safety issue. Both the block and the size limit on Problem List annotations are universally unpopular with clinical users. The two modifications are:
  - Removal of the block on one clinician editing or deleting a Problem List comment entered by another. The current situation poses a potential patient safety risk whereby invalid comments remaining on a problem list entry can mislead clinicians by displaying information that is no longer valid. This may include such things as obsolete data, care plans/intentions that are no longer applicable. As a historical note, this block is a VA creation, was not part of the original design, and does not exist in the IHS version.
  - Increasing the length of the comment field from 60 characters to 200. The original length is an artifact of 1980's disk space, and was never intended to remain at that size.
- **Changes to Consults related to Earliest Date field (GMRC\*3\*81 and GMTS\*2.7\*112)**  
 A request has been made to rename a field in the CONSULTS/REQUEST TRACKING package (GMRC) and in the Computerized Patient Record System (CPRS) Consult Order Dialog from 'Earliest Appropriate Date' (EAD) to 'Clinically Indicated Date' (CID). This is being done to support new Veterans Access, Control, and Accountability Act (VACAA) guidelines for measuring wait times. The following details the changes:
  - a) The new and edit/resubmit order processes for both consult and procedure orders, the SF-513 display and print, and the Consults tab detail display are all updated to use the CID nomenclature.

b) The REQUEST/CONSULTATION file (#123) data dictionary is being updated. The EARLIEST DATE field (#17) will be renamed to CLINICALLY INDICATED DATE.

c) The EARLIEST DATE field, more commonly referred to as Earliest Appropriate Date, was released with GMRC\*3.0\*66 as part of CPRS GUI v28 and was first used in a production environment (test site) beginning August 4th, 2010. Upon release of this GMRC patch, the EARLIEST DATE field will be renamed to CLINICALLY INDICATED DATE and all consult orders will carry that field name. For a given VistA system, the time period for which the field was referred to as EARLIEST DATE begins with the installation of GMRC\*3.0\*66 and ends with the installation of GMRC\*3.0\*81. Defect Fixes

## Defect Repairs

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- **Problem:** It is possible to create non-VA medication quick orders with complex dosages even though the Document Herbal/OTC/Non-VA Medications dialog in the Computerized Patient Record System Graphical User Interface (CPRS GUI) does not handle complex quick orders.

Resolution: The ability to create non-VA medication quick order dialogs with complex dosages is now removed. During the post-install, a report will be generated listing all non-VA medication quick order dialogs with complex dosages. Sites may edit these order dialogs to remove the complex dosages at their discretion.

- **Problem:** Two issues were identified with the printing of reports released with Computerized Patient Record System (CPRS) version 29:
  - a. When printing any of the electronic Prescribing for Controlled Substances (ePCS) reports installed with patch OR\*3\*218 to a printer, blank pages are randomly inserted in the reports. The quick order reports released with patch OR\*3\*366 also exhibit this problem.
  - b. Sites find it difficult to identify the users on the Provider Incomplete Configuration Report who need immediate assistance versus those who do not (for example, differentiating between physicians and nurse practitioner).

Resolution: The issues are corrected as follows:

- a. All of the reports are corrected to no longer insert blank pages.
  - b. Providers' title will now appear on the Provider Incomplete Configuration Report to assist sites in determining which users they need to take action on.
- **Problem:** CPRS version 27 introduced a problem with the Order Details dialog box when viewing a complex inpatient medication order. The dialog box did not show the order's schedule.

Resolution: The code is modified to properly display the order's schedule for complex inpatient medication orders.

- **Remedy 69384 (CQ 21459):** When a user entered a note for a different author (e.g., a transcriptionist), the user entering the note could select Signed on Chart and sign the note, which was not correct. This action created an alert for the author to sign, but the author was not able to take action on it.

Resolution: Now, the user entering the note is not able to sign it, but an alert will be sent to the provider who should sign the note.

- **Remedy 174830 (CQ 21435):** Long delay with no hourglass with "all signed notes" view.

Resolution: Developers increased the speed with which the information is displayed.

- **Remedy 181466 (CQ 21263):** When adding an addendum to a note, CPRS was making the cosigner of the original note, the cosigner of the addendum as well.

Resolution: With CPRS v.30.B, the cosigner of the addendum is not assigned by default.

- **Remedy 274701 (CQ 21433):** Should Review/Sign Changes follow parameter UNSIGNED ORDERS VIEW ON EXIT? Review/Sign Changes under the File menu doesn't display previous session orders and nor are they displayed during the processing of the notifications after clicking on Next.

Resolution: The items should now display under the correct categories when the user selects Review/Sign Changes.

- **Remedy 358459 (CQ 21259):** CPRS becomes unresponsive when trying to edit the Common List for Medication ordering.

- **Remedy 366596, 532291:** Required Value for Dose Field in System-Wide Quick Orders

- **Remedy 388190 (CQ 21252):** Issue with sorting of consult service list. The list was sorting correctly—items with extra text were sorting ahead of items without extra text.

Resolution: The list should now be sorted alphabetically.

- **Remedy 449476 (CQ 20018):** Word wrapping for SIG column needs update to add carriage return when printing space is less than 10 characters.

Resolution: Developers corrected this problem and the SIG text should now be correct and should not have codes for word or line wrapping, for example.

- **Remedy 481233 (CQ 21246):** Change button loses position with dual monitors. If you expand your display greater than the width of your main display, the change button will overwrite information.

Resolution: Developers corrected the problem and the change button show now display correctly.

- **Remedy 481460 (CQ 20813):** (Part one) System-wide quick orders with a blank value for the SCHEDULE field are not allowed. (Part two) AND/THEN value can't be deleted in complex system-wide quick orders.

Resolution: For Part 1, developers made sure that user can create quick orders that do not have a schedule defined. This quick order will then open as prompt the user for a schedule. For Part 2, developers corrected the problem. Users can delete both And and Then conjunctions when creating complex quick orders.

- Remedy 882041/892823 (CQ 21507): When the Duplicate VA Numbers report is queued, the error <UNDEFINED>DUPVAQ+16~ORDEA01A \*DISINC is generated and the report does not generate.

Resolution: The code that queues the report is modified to properly save the DISINC variable.

- **Remedy 69312/423142: Supply Orders:** This modification was to correct issues with the previously released Supply Order dialog. Specifically, to allow non-providers to order supplies.
- **Remedy 487187 (TIU\*1\*268):** Work Chart Issue: When CPRS v28 (OR\*3.0\*280) was released, it modified the ability to print Chart Copies of Discharge Summaries. This modification has caused the parameter "ALLOW CHART PRINT OUTSIDE MAS" to not be honored properly and users were being provided an opportunity to print a Chart Copy when they should not have been.

Resolution: Modifications to TIUSRVA are being made, as well as the new TIU CAN PRINT WORK/CHART COPY remote procedure (RPC) call being introduced to provide proper control of the ability to print Work and Chart Copies of Discharge Summaries. CPRS v30 (OR\*3.0\*350) will complete this solution by implementing the new RPC to be used in the controlling of the appropriate authorization to the ability to print Work and/or Chart Copies of Discharge Summary via the CPRS GUI.

- **Remedy 337461 (TIU\*1\*268):** Additional Signer prompting for a cosigner when set as a surrogate. Additional signer prompting for a cosigner when set as a surrogate. When a user who requires a cosigner is defined as a surrogate for an additional signer of a document the user cannot sign it using CPRS and receives the message "You must name a cosigner before signing this document." In roll/scroll this message is not encountered and a surrogate for an additional signer can sign it.

Resolution: Modify the RPC TIU Authorization routine (TIUSRVA) to check if the user is a surrogate for an additional signer and if so allow processing to continue and not encounter the error message.

- **Remedy 280989:** When a provider uses the inpatient medications order dialog to order a medication for an outpatient, the resulting order is displayed in the outpatient medications display group on the orders tab and in the inpatient section on the Medications tab.

Resolution: This issue is indirectly fixed by the redesign of clinic medications. When a provider uses the inpatient medication order dialog to order a medication for an outpatient, CPRS will prompt the provider to confirm that they intend to place a clinic medication order. If the provider proceeds, the resulting order will appear in the clinic medications display group on the Orders tab and in the Inpatient Medications section on the Medications tab.

- **Remedy: 418697:** When writing an order for a recall appointment a user with the ORES key would correctly be prompted about the missing date/time. However if the user had either the ORELSE key or the OREMAS key they would not receive the prompt and later when the order was saved would receive an M Error.

Resolution: To correct this issue an additional check was put in for the change and copy actions. This check will verify that a location exist and time has been selected. If not the user will see the correct prompt.

- **Remedy 237478:** When completing/updating a consult the user tries to write a second note via the notes tab. The second note is completed and signed and the user tries to return to the original consult note. When attempting to save the consult note they receive the save error.

Resolution: This issue is caused because CPRS is only designed to handle one note Edit at a time. Code has been added that will inform the user of this fact just as it does on the notes tab.

- **Remedy 276632:** A provider was trying to change the preexisting comments for an outpatient medication and did not uncheck the patient instruction box. The user must remember to uncheck the patient instruction box or the providers previous comments show up in the current script along with the new comments.

Resolution: The patient instruction label has been modified to now read "Patient Instructions - A check in this box below WILL INCLUDE the patient instructions in this order." A hint was added to the patient instruction check box that states "A check in this box WILL INCLUDE the patient instructions in this order."

- **Remedy 70157:** Currently, the CPRS IV (Infusion) ordering dialog allows for the selection of the same item multiple times.

Resolution: The dialog was modified to prevent selection of the same additive multiple times.

- **Remedy: 337933:** When creating quick orders via the GUI there was no way to save the order with the "Give additional dose now" check box checked.

Resolution: When the quick order is saved via the GUI the check box will have its state saved.

- **Remedy 279302:** When placing an infusion order the Duration of Total Volume list box does not enforce unique entries before auto selecting. The selection box contains both Days and Doses and when a provider types in "D" it will select the first "D" word in the list. In this case Days would be auto selected.

Resolution: To correct this the auto complete functionality needed to be rewritten to now take in unique matches before selecting from the list.

- **Remedy 469465:** When viewing the notes while they are sorted by title the user was trying to add an interdisciplinary note to an actual note (right pane of notes tab) and not the interdisciplinary group (left pane of notes tab).

Resolution: The condition that was used to determine if the actions should show was not fired when the selecting an item from the note pane (right). The logic has been moved into its own method so that it can be called from both panes as needed.



- **Remedy 70106:** When an orderable item (lab) is set as "QuickOrder restricted" it is being restricted from both Labs and quick-order.

Resolution: An update was made to the orderable items RPC to now check if the dialog is a quick order or not. Using this information the return list can now filter appropriately.

- **Remedy 217354:** When a service is set up as a tracking only service a user without the proper rights is able to make a quick order as a finding item. This is inconsistent with the way that it works directly through consults.

Resolution: When making a consult quick order, check if the service is set to grouping. If so, then stop and display the error. If it is marked as tracking then check if the user has the correct rights (user level) and if so, then continue, else halt and display message.

- **Remedy 70680:** On the orders tab if the custom view is changed to "only list placed During time period" then only active orders for that time period are displayed. However, if "auto d/c release events" view is then used only the ones that fall in the time period used from the prior view are displayed.

Resolution: The dates used to filter the results should be cleared when using the "AutoDC/Release Event Orders" view.

- **Remedy 1089151:** The medication reconciliation tool (part of Health Summary) does not include non-VA medications for inpatients. This was the result of code changes for patient safety issue PSI-06-038/PSPO 299 to remove non-VA medications from the Active Medications section on the cover sheet for inpatients.

Resolution: The code was further modified to return non-VA medications when called by the medication reconciliation tool only; the coversheet will continue to filter out non-VA medications for inpatients.

- **Remedy 67690/69154/343735/70508:** Outpatient medication orders entered in CPRS using the Priority of DONE do not appear on the meds tab. This is because they are considered to be already completed.

Resolution: DONE is being removed as a priority. Providers are being encouraged to use the new feature for One-Step Clinic Admin orders that will ensure orders are in Pharmacy as well as CPRS.

- **Remedy 172679:** The root problem is with the fact that IMO was never intended to handle an Inpatient.

Resolution: Clinic Orders (the replacement for IMO) will handle clinic orders for Inpatient as well as Outpatients. This is done in conjunction with the changes already released in Inpatient Medications.

- **Remedy 202393:** Flagging an unreleased Inpatient Medications order was causing an issue because the flag information was not appearing in Pharmacy.

Resolution: The flag is now passed to Pharmacy so they can display it.

- **Remedy 470004:** On the Notes tab within Options you can configure a document list preference. But, when you try to choose a title from the Document Class of Discharge Summary and then "Save Changes", it doesn't work the way it does when you set note titles at the Progress Note Document Class. When you go into create a New Summary, the title you chose within the options does not appear at the top of my list of discharge summary notes.

Resolution: Corrected display of discharge summary notes.

- **Remedy 583696:** For each subsequent diet order placed, the order dialog box continues to shrink. When entering a diet order on an inpatient, the Diet Order box appears fairly normal, e.g., they can see the entire order box (Accept Order/Quit). But then with each subsequent order the box shrinks.

Resolution: Sizing of box has been modified to remain consistent.

- **Remedy 901156:** The problem with trailing spaces had been corrected previously for simple orders. However, complex orders had not been addressed. The issue being that trailing spaces on drug names were causing the drug name to be appended incorrectly.

Resolution: Drug names with trailing spaces no longer cause the drug name to be appended incorrectly to the dosage text.

- **Remedy 910219:** When renewing Inpatient Medications orders, there could be an issue with receiving an 'invalid integer' error.

Resolution: When renewing an order an error could occur that would prevent that action from happening in the CPRS GUI. This has been corrected to ensure that when the referencing the number of days it uses a default of 0 instead of experiencing an invalid integer error.

- **SDM I6220103FY16:** When editing a completed note encounter and adding the previous primary diagnosis to the Problem List, the newly added SNOMED/ICD-10 primary diagnosis is not saved in CPRS & PCE and the previous ICD-10 diagnosis is removed from the encounter. This resulted in errors and potentially lost workload/VERA if the encounters are not corrected. This applies only to diagnoses that are NOT initially added to the Problem List and that are added later.

Resolution: This is corrected so that the newly added diagnoses are saved appropriately in CPRS and PCE when editing a completed note encounter.

- **Remedy ticket #1066799 (GMPL\*2\*47):** An undefined error was generated during reminder evaluation. The error was occurring because the Mapping Targets node Clinical Reminders Index entry was still present even though the data in Mapping Targets node for the corresponding Problem List entry did not have any data in it. This was occurring because Mapping Targets codes were being stored and deleted with direct sets and kills so the cross-reference on Mapping Targets was not being fired. The solution involves changing the Problem List code to use FileMan to store and delete Mapping Targets codes ensuring the cross-reference is fired.

Resolution: This patch resolves this issue and rebuilds the Reminders indices to clean up any outstanding Mapping Target cross-references that didn't get deleted appropriately.

- **Problem:** When editing a SCT problem that is mapped to a single ICD-9 diagnosis code using the Problem List Mgt Menu option in VistA and changing the diagnosis to a SCT term that is mapped to multiple ICD-9 diagnosis codes, it was discovered that the secondary mapped ICD-9 diagnosis code was not being saved appropriately. There was a bug in the code and it was being truncated. This is however functioning correctly in the CPRS GUI.

Resolution: corrected in GMPL\*2\*47.

- **Problem (GMPL\*2\*47):** When removing a problem mapped to multiple ICD-9 diagnosis codes and where the PRIORITY field is undefined, the corresponding entries in the Clinical Reminders Index are also removed but this was not occurring for Mapping Targets.

Resolution: The solution to this was to add a new compound cross-reference, ACRMTA, on all the fields that are subscripts in Mapping Targets Index entries that are above the Mapping Targets multiple. These fields are: Date Last Modified, Status, Priority, and Condition. Now when any of these fields are changed the Mapping Targets entry will be properly updated.

**Problem (GMPL\*2\*47):** When utilizing the following menu option #6 in the Problem List Mgt Menu, "Replace Removed Problem(s) on Patient's List", the process will hang and be stuck in an infinite loop, causing the user to be stuck in this menu option.

Resolution: This has been addressed so this no longer occurs.

- **Problem (GMPL\*2\*45):** The ability to add duplicate problems when creating/editing a user selection list in VistA.

Resolution: This is resolved so that duplicate problems can no longer be added to a selection list category. When attempting to do so, the user will be presented with a warning message and prompt to enter another search term to be added.

- **Problem (GMPL\*2\*45):** NTRT requests/bulletins for unmapped problems are generated to the Standards and Terminology Systems (STS) team incorrectly.

Resolution: When ICD-10 implementation becomes active, there is no longer a need to generate these bulletins as the STS team will no longer be responsible to map between SNOMED CT (SCT) and ICD-10 diagnoses. These bulletins will be disabled when a user selects a SCT term that is mapped to R69 by default. However these bulletins will continue to be enabled for unmapped problems that contain a SCT and 799.9 pairing.

- **Problem (GMPL\*2\*45):** When utilizing the Lexicon search within the following areas of the Problem List Manager interface: addition of a new problem, modification of an existing problem, & addition of a problem onto a user selection list; CT

designation ID's are either missing or being returned incorrectly for certain concepts(particularly "Fatigue (SCT 84229001)").

Resolution: This has been resolved so that the correct designation ID's are being returned for the corresponding concepts.

- **Problem (GMPL\*2\*45):** An <UNDEFINED>NEW+28^GMPLSAVE \*GMPSYN("S") error would occur when adding a SCT/ICD-10 diagnosis to the Problem List via Encounter form dialog.

Resolution: This error has been corrected.

- **Remedy 1115226 (GMRC\*3\*81):** Sites are occasionally renaming the "CARE COORDINATION HOME TELEHEALTH SCREENING" Consult service which breaks the ability for a site to enroll/activate/inactivate patients for home telehealth.

Resolution: The INPUT TEMPLATE, GMRC SETUP REQUEST SERVICE has been modified to prevent the CARE COORDINATION HOME TELEHEALTH SCREENING consult service name from being edited. All other fields for that service should remain available for edit.

- **Problem (OR\*3\*424):** When the pointer reference between an order in CPRS and Pharmacy is missing, an undefined error will occur in the All Medications report on the Reports tab.

Resolution: The code that creates the All Medications report was changed so that the missing reference between CPRS and Pharmacy will not cause the report to generate an error.

- **Problem (OR\*3\*424):** For pharmacy orderable items that contain patient instructions, when creating a quick order for SUPPLIES/DEVICES, CPRS will ignore an answer of "NO" to the prompt "Include Patient Instructions in Sig?" and will include the default patient instructions when processing that quick order.

Resolution: CPRS will no longer populate the patient instructions in this scenario.

- **Problem (OR\*3\*424):** If the user selects a clinic whose unit dose medications clinic definition attribute "SEND TO BCMA" is set to "NO", during One Step Clinic Administration, a server error is generated.

Resolution: Clinics whose unit dose medications clinic definition attribute "SEND TO BCMA" set to "No" are no longer selectable for the One Step Clinic Administration process.