

# **Computerized Patient Record System GUI v32b**

## **Release Notes**



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**Department of Veterans Affairs**

**Office of Information and Technology (OI&T)**

## Revision History

Date	Version/Patch	Change	Project Manager	Technical Writer
01/2024	OR*3.0*615	Added <a href="#">NSR 20080342</a> to the New Features list  Added <a href="#">HITPS 393</a> Patient Safety Issues	CPRS development team	CPRS development team

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# 1. Introduction

These Release Notes describe the new features and changes to the Computerized Patient Record System (CPRS) software that are a part of CPRS GUI version 32b (CPRS v32b), which includes both a GUI executable and an M patch, OR\*3.0\*405. Often, there are patches from other Vista packages that accompany a CPRS GUI release in support of the GUI contents or they may provide additional features seen in CPRS. Additional features will be covered in the patch descriptions of those patches.

CPRS GUI v32b includes new service requests (NSR), enhancements to existing features, and defect corrections. Projects include Indications, Vista Immunizations (VIMM), Prescriptions and Medication Orders, Critical High Order Check, etc.

Below is a list of all the applications involved in this project along with their patch numbers:

APPLICATION/VERSION	PATCH
KERNEL v8.0	XU*8.0*662
PHARMACY DATA MANAGEMENT v1.0	PSS*1.0*187
TEXT INTEGRATION UTILITIES v1.0	TIU*1.0*289
OUTPATIENT PHARMACY v7.0	PSO*7.0*441
CLINICAL REMINDERS v2.0	PXRM*2.0*65
ADVERSE REACTION TRACKING v4.0	GMRA*4.0*51
HEALTH SUMMARY v2.7	GMTS*2.7*115
PCE PATIENT CARE ENCOUNTER v1.0	PX*1.0*217
BAR CODE MEDICATION ADMINISTRATION v3.0	PSB*3.0*93
ORDER ENTRY/RESULTS REPORTING v3.0	OR*3.0*405
INPATIENT MEDICATIONS v5.0	PSJ*5.0*399
MENTAL HEALTH v5.01	YS*5.01*211

Patches XU\*8.0\*662 and PSS\*1.0\*187 are being released in their individual Kernel Installation and Distribution System (KIDS) Host files. The other patches (TIU\*1.0\*289, PSO\*7.0\*441, PXRM\*2.0\*65, GMRA\*4.0\*51, GMTS\*2.7\*115, PX\*1.0\*217, PSB\*3\*93, OR\*3.0\*405, PSJ\*5.0\*399, and YS\*5.01\*211) are being released in the KIDS multi-package build, CPRS V32B COMBINED BUILD 1.0.

## 2. Purpose

These release notes cover the changes to CPRS GUI v32b.

## 3. Audience

This document targets CPRS GUI v32b users and administrators. It applies to the changes made between this release and any previous release for this software.

## 4. This Release

The following sections provide a summary of the new features and functions, enhancements and modifications to the existing software, and any known issues for CPRS GUI v32b.

### 4.1. New Features and Functions Added

The following are the new features and functions added to the CPRS GUI v32b release.

#### 4.1.1. NSR 20060710 - Real-time notification of potentially missed order checks

Within the CPRS GUI, a provider is now notified of a real-time allergy data entry. The functionality notifies the provider if they select a drug ingredient as the reactant. They would then be alerted that there is a potential for missed cross-interaction order checks and give them the opportunity to either confirm their selection or choose from a different source file that would be able to appropriately generate the order check. This request is in response to a patient safety issue whereby order checks did not perform based on allergy information that is coded with a DRUG INGREDIENT and does not have drug class information available for cross-checking.

#### 4.1.2. NSR 20070506 – Clinic Orders: Outpatient Med Order Dialog, Remove "Clinic" pick-up

This request makes changes to the CPRS outpatient medication orders that will remove the “Clinic” pick up option. A post-install routine in the CPRS v32b installation will remove the “Clinic” value from all existing quick orders and will generate a message listing which quick orders were changed.

#### 4.1.3. NSR 20070920 - Button to Link No Assessment Warning to Allergy Assessment Screens

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This NSR adds a button to make it easier for providers to enter allergy information. When providers receive a warning about No Allergy Assessment while they enter prescription orders, the provider can select the “Perform Allergy Assessment” button to go to the Allergy Assessment screens. The “Perform Allergy Assessment” button displays in any Order Checks dialog while the patient’s status is “No Allergy Assessment” to allow (but not require) the user to immediately proceed to the Causative Agent Lookup window and initiate allergy entry. Work on this functionality also updated the form sequence and look and feel. Additionally, this change fixes an issue where the Prevent Med Perform Allergy assessment does not appear a second time, when canceling a previous order and attempting to place a new order. This change fixes patient safety item [HITPS 1538](#).

#### 4.1.4. NSR 20071211 - Change to Allergy/Pharmacy Packages

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This functionality reduces the potential for patient allergy information to be overlooked by nurses, pharmacists, and physicians by making updates to the Adverse Reaction Tracking and Pharmacy VistA packages. The updates are:

- Reduction in number of allergy alerts sent to providers during medication ordering.
- Elimination of some allergy alerts based on therapeutic class.
- Display of medication allergy alert as soon as user selects a medication.
  - Ability to enter a free-text Reason for Override and provide a selectable list of pre-defined, commonly used reasons for overriding a drug allergy.
  - Require a minimum of four characters in the override field to prevent entry of meaningless override reasons.
- Allow entry of a Local Comment for any remote allergies that are returned.
- Differentiate drug allergy order check results by presenting them in a separate dialog and by labeling or otherwise visually distinguishing them from other types of order check results.

#### 4.1.5. NSR 20080226 - D/C Order by Adverse Reaction

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This new functionality implements a request from Patient Care Services (including Pharmacy Benefits Management) to support the ability to input an Adverse Drug Reaction (ADR) when discontinuing a medication order due to the patient having an ADR to the medication. This improves the workflow for the provider as they no longer need to remember to enter the allergy after they have discontinued the medication. As always, if a provider doesn't feel an ADR is appropriate to record for permanent reference, the provider can elect to cancel the ADR window and not proceed. Users are now able to immediately enter an allergy/adverse drug reaction if discontinuing a medication.

In CPRS, Allergy/Adverse Drug Reaction has been added to the list of Reasons for Discontinue to the Discontinue Order Dialog for medications. Additionally, there is a new dialog displaying current allergies of patient when a user selects Allergy/Adverse Drug Reaction as a Reason for Discontinue.

## 4.1.6. NSR 20081008 - CPRS Notification Alert Processing Improvement

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This functionality adds a new tab to the Patient Selection screen for review of Processed Alerts. Users may limit the number of processed alerts presented by selecting the number of alerts that should display or selecting a date range. Alerts can be grouped by Patient, Time, etc. for easy review. This change fixes patient safety items [HITPS 2096](#) and [HITPS 6443](#).

## 4.1.7. NSR 20090509 - Park-A-Prescription: Active Prescriptions Awaiting Patient Request to be Dispensed

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### COMING SOON

This NSR is not currently available; however, it will be available in the near future. Sites will be notified when this feature becomes available.

This request adds a new process to allow the Pharmacy Service to process a prescription request without an immediate accompanying requirement to dispense the prescription or be required to set a prescription fill date. This is intended to allow the patient to request the original fill for a prescription much like a refill. The scope of this request includes updates to VistA and CPRS displays of prescriptions to indicate a verified-but-never-dispensed prescription.

This change fixes patient safety item [HITPS 1046](#).

Details of this enhancement:

- A new parameter to enable or disable the “Park” functionality by division.
- A new pickup routing of “Park” is available when an outpatient medication order is created or modified.
- A finished medication order will display with an emulated status of “Active/Parked”.
- Parked orders are removed from the Pharmacy “Suspense” file and cannot be reprinted, like the current “Hold” functionality.
- When “Unparked” by Pharmacy, a refill is put in “Suspense” with the current date or the original fill date (if in the future), like the current “Unhold” functionality.
- Drugs can be set up to prevent parking.
  - A new DEA special handling code, (letter “D”) will be used to prevent users from using the parking option for prescriptions that include drugs with that classification.
  - Clozapine is automatically prevented from being Parked.

- Reports and activity log have been modified to display a status of Active/Parked.
- Parked prescription will not be sent to automated dispensing equipment or to Consolidated Mail Outpatient Pharmacy (CMOP).
- Works with mail-in barcode refill requests.
- Works with AudioCARE, AudioREFILL system.
- Will not work when processing internet and telephone refills.

#### **4.1.8. NSR 20090510 - VistA Evolution PCE: Enhance Identification and Function of National Health Factors, Exams, Treatments, and Education Topics**

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This request provides a mechanism to create and maintain standardized data elements in National Clinical Reminders that, under certain circumstances, could also be used by local facilities in local versions of national reminders or in local reminders when relevant. For national reminders to be more useful, flexible, identifiable, and available for data roll-up without local modification, Patient Care Encounter (PCE) functionality has been updated with additional fields, features, and reports.

Details of this enhancement:

- Show the most recent PCE data after the encounter form is closed or opened.
- Show the most recent PCE data when opening the encounter form.
- Limit Reminder dialog element and group setups to only allow one finding if any finding contains range and Unified Code for Units of Measure (UCUM).
- If Reminder Dialog element/group contains a finding with a range and UCUM defined, then the dialog will prompt for a magnitude value. Same for the encounter form.
- Save PCE for inpatient encounters to the current encounter.
- CPRS will no longer show the Inpatient encounter information for the initial admission encounter.
- When saving encounter data to VistA, if an error occurs, a message will appear in CPRS.
- Updates to PCE are no longer tasked out.
- Clinical Data Standardized:
  - Restrict Veterans Health Administration (VHA) sites from mapping local Health Factors, Exams, and Education topics to Systemized Nomenclature of Medicine - Clinical Terms (SNOMED CT) codes in VistA/CPRS.
  - Restrictions when users are setting up a Health Factor, Exam, and/or Education Topic in CPRS.
  - Restrict CPRS user data entry for measurements in Health Factors, Exams, and Education Topics.

#### **4.1.9. NSR 20100101 - Indication on all Prescriptions and Medication Orders**

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This request from Pharmacy Benefits Management (PBM) updates order screens to have a specific and unique method for recording the medication's indication. The justification for this request is the Joint Commission standard relating to medication management. Added is the requirement for clinicians to associate a medication indication with each order in CPRS, Inpatient Medications, IV Medications, and Outpatient Pharmacy. Indications can be entered for Non-VA medications and supply items but are not required. When copying or renewing an order, indications are retained.

This NSR also addresses a patient safety concern by showing a list of typical indications to guide ordering, which may help providers avoid selecting an incorrect medication. In PSS ORDERABLE ITEMS, pharmacy can enter the list of most common indications for a medication item. In CPRS, the most common indication is shown first, if available. There is a separation line from the most common indication and the rest of the indications listed in alphabetical order. Note that infusions may have multiple orderable items, and in this case the most common indication is not displayed.

Additionally, pharmacy data managers now have the option to default the appending of an indication to the medication Sig via PSS SYS EDIT. In CPRS and VistA, all entered indications will be displayed on screens and reports wherever the medication Sig is displayed. A new report is available for pharmacy, OR INDICATION USAGE REPORT, to show the number of times an indication is used, i.e., most common indication, other indication, or a free-text indication.

This change fixes patient safety item [HITPS 776](#).

#### **4.1.10. NSR 20100825 - Drug-Allergy Order Check Enhancements and Improved Detail**

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This NSR improves drug-allergy order checking, which now considers the nuances of allergies recorded to multi-ingredient products, even when the reaction is likely only caused by one of the components. Drug-allergy order checks show all ingredients and the drug class associated with the entry in the allergy file, so that the ordering clinician can make a better-informed decision of whether to continue the prescription/order being placed.

Details of this enhancement:

- Displays drug allergy order checks involving multi-ingredient products.
- Provides consistent allergy/ADR order check displays between CPRS and the VistA Inpatient Medications applications.

- Includes signs and symptoms from all facilities (current and others), using site names rather than “local” or “remote”.
- Displays severity for observed and historical reactions.
- Includes Bar Code Medication Administration (BCMA) display changes to make it consistent.

This change addressed issue [HITPS 796](#).

#### **4.1.11. NSR 20101203 - Critical/High Order Check Display**

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This NSR makes changes to the existing CPRS order check application. In the past, there has been confusion among clinicians about which order checks require justification and have higher priority over others. To remove confusion, the CPRS Order Check screen has been updated to enhance clinician understanding of order checks. Clinicians will move through a list of orders on the left side. The right side shows the checks associated with the selected order and has a field for the reason for override.

The screen now groups each degree of order checks (regular/low-risk and critical/high-risk) and displays individual justification prompts for each order check that requires a physician override. This forces the provider to be aware of all order checks, with priority given to critical/high-risk order checks and requires the provider to independently enter a justification for each order check before the order can become active.

Other enhancements to the order check screen include:

- Standardization to resemble the allergy check screen more closely.
- Narrative instructions on how to use the interface.
- Legend that is 508-compliant to describe the status of each order and make it clear when an order will be canceled.
- “Cancel Checked Order(s)” button added for easier cancellation of a group of selected orders.

This change fixes patient safety items [HITPS 202](#) and [HITPS 1422](#).

#### **4.1.12. NSR 20111006 - Prevent Confusion Over CPRS Status Display of Orders and Available Actions**

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This NSR resolves several patient safety issues related to the status display of orders and the order actions available. There is considerable confusion over the status display of orders and available actions on the CPRS Meds and Orders tab displays. New functionality improves

consistency in use of the terms Discontinue/Cancel, standardizes functionality between the Meds and Orders tabs, and addresses status display issues for unsigned orders.

Details of this enhancement:

- The status display has been changed to dispel the confusion of when an order is discontinued or cancelled.
- When an order is discontinued or cancelled, there is now consistent interface and common language describing the action that can be taken.
- In the instance of an order or orders of unsigned status, the allowed action should be “Cancel Unsigned Order”. The follow-up dialog box is now titled “Cancel Order.”
- If one or more orders with a status other than “Unsigned” is selected, the allowed action is now “Discontinue.” The follow-up dialog box is now titled “Discontinue Order.”
- If orders with a mix of unsigned and other order statuses are selected, the allowed action is “Discontinue/Cancel Orders.” The follow-up dialog box is now titled “Discontinue/Cancel Orders.”
- When cancelling a discontinued order, a warning message is now displayed that marks discontinued orders that have been cancelled with leading asterisks in the popup dialog window.
- When in the dialog window and an order is selected, the detail of the order is displayed in the right windowpane.

This change fixes patient safety items [HITPS 972](#), [HITPS 985](#), [HITPS 933](#), [HITPS 1241](#), and [HITPS 1330](#).

#### **4.1.13. NSR 20120101 – Limiting Additional Signers List**

This NSR was originally released as part of CPRS GUI v32a (OR\*3.0\*539). An issue was identified where members of user classes added to the OR CPRS USER CLASS EXCLUDE, were no longer allowed to author a progress note. The feature has been modified in CPRS GUI v32b such that users excluded via the parameter are still allowed to author progress notes.

#### **4.1.14. NSR 20130903 - VistA Immunization Enhancements**

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This request is to support the delivery of standard, interoperable immunization data for exchange with other organizations, such as the Department of Defense and Centers for Disease Control. Additionally, this NSR adds important functionality to improve vaccination administration (including a series of immunizations), vaccination documentation (including precaution/contraindication/refusals), provider immunizations reminders, and supply/lot management.

Details of this enhancement:

- Immunization Lot information must be entered prior to performing an immunization – required for selection.
- New Immunization/Skin Test screen and form to determine if a reading needs to be documented.
- Numerous data fields captured for an immunization.
- Automatically add Current Procedural Terminology (CPT) / International Classification of Diseases 10th Revision (ICD10) codes to complete an encounter.
- Immunizations from the coversheet.
  - Files Encounter information.
  - Creates corresponding notes.
- Reminder dialogs used for documenting immunizations (national immunization reminders will be updated at v32b install; local Reminders need checking).
- A conversion routine runs to update local Reminders dialogs, sites will need to review these dialogs for any corrections and for possible reformatting.
- Encounter form used for documenting/correcting immunizations/skin tests.
- Reminder dialogs determine initial state of the Immunization form based on the Resolution Type field: Administered, Historical, Contraindication/Precaution, or Refusal.
- Prohibit the entry of an immunization date/time in the future.
- Allows sites to define which Reminders can show at the top of the Immunization/Skin Test form for quick data entry.
- Allows site to restrict documenting an immunization administration to Reminder dialogs.
- Can send a “low stock” message to a mail group when the active inventory for an immunization is low.

#### **4.1.15. NSR 20141111 - Filter Provider Drop-Down List**

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This new functionality helps prevent the selection of an incorrect provider from the provider drop-down list and prevents problems by filtering the provider drop-down. To appear on the list, the user must be a clinical user of the medical record. In addition, the drop-down eliminates users that should only have view capability, billing or administrative access, or visitor access. These filters help prevent the problem and therefore also prevent delays of care or release of inappropriate information.

#### **4.1.16. NSR 20170302 - Allow Ability to Edit Attributes when Renewing a Medication Order**

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This NSR provides the ability to edit the quantity and days' supply fields on an outpatient medication renewal screen during the renewal process.

#### **4.1.17. NSR 20170512 - Change Non-VA Medication Order Dialog to Allow Complex Medication Orders**

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The Non-VA Medication screen now gives a provider the opportunity to document a complex medication (for example, when a patient is taking the same medication but at different doses on different days or different doses at different times in one day).

Details of this enhancement:

- Allows management of Instructions for Use for Non-VA Complex Medication sigs.
- Enables Complex sig functionality for Outpatient Medications to capture variations in medication schedules.
  - Option for documenting Complex Medications.
  - Accurately document how patient takes Non-VA medications.
  - Add the medication to the Non-VA Service section for the patient in the Orders tab and Meds tab.
  - Sign Non-VA medication entries with a complex sig.
  - In VistA backdoor, Non-VA Medications with complex sig instructions are displayed in the patient's medication profile.

#### **4.1.18. NSR 20080342 – Allow Ability for User to Clear Their Own Patient Locks**

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Although the original request was to allow a user to clear locks, the final requirements were to enhance the lock message. This NSR enhances the lock message displayed when CPRS is unable to lock a patient record with a lock already in place. The lock message now contains details on the user that locked the patient record and the date/time in which the lock was placed. This change fixes patient safety item [HITPS 393](#).

#### **4.1.19. Access to Prescription Drug Monitor Program Functionality**

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This feature is a follow-on from the CPRS Mission Act release that added new functionality to support the Prescription Drug Monitor Program (PDMP). Users now can add a PDMP Button to a Reminder Dialog Template. This is an optional feature, for sites that prefer to use their own

Reminder dialog template for PDMP, instead of, or in addition to, using the PDMP button on the CPRS ribbon bar.

## **4.2. Patient Safety Issues**

### **4.2.1. HITPS 202 - Critical Order Check Window presenting data poorly**

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Changes for this patient safety item are included in [NSR 20101203](#).

### **4.2.2. HITPS 419 - Add Titration Functionality to CPRS in Response to (HITPS-0419)**

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This change adds titration functionality to CPRS. In CPRS, users can now mark a complex outpatient medication order with a “then” conjunction as a titration. When an outpatient order is marked as titration, it will indicate that on the Orders and Meds tabs. When copying a titration order, it will repeat the titration instructions. When renewing a titration order, only the maintenance portion of the prescription will be renewed. When placing an order for a controlled substance (Class III, IV, or V) that is marked for titration, the user will not be allowed to add refills.

### **4.2.3. HITPS 776 PSPO 908 - Provider selected wrong medication due to single spacing of the medication list**

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Changes for this patient safety item are included in [NSR 20100101](#).

### **4.2.4. HITPS 793 PSPO 928 - A patient with active PRN orders for two medications that look and sound alike can possibly receive the wrong medication**

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Changes for this patient safety item are included in [NSR 20100101](#).

### **4.2.5. HITPS 796 - Surrogates accumulate many notifications**

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Changes for this patient safety item are included in [NSR 20081008](#).

### **4.2.6. HITPS 972 - Resident interpreted “cancelled” status as a cancelled active medication order**

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Changes for this patient safety item are included in [NSR 20111006](#).

#### **4.2.7. HITPS 985 - Radiology/Imaging test was inadvertently performed on a patient when CPRS Imaging Order should have been discontinued**

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Changes for this patient safety item are included in [NSR 20111006](#).

#### **4.2.8. HITPS 1046 - Outpatient Medications HOLD status confusing to patients and providers**

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Changes for this patient safety item are included in [NSR 20090509](#).

#### **4.2.9. HITPS 1330 - CPRS is displaying an dc order - when you detail display - it shows the original order instead of the actual order that is discontinued**

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Changes for this patient safety item are included in [NSR 20111006](#).

#### **4.2.10. HITPS 1422 - 2 Critical drug order checks but only one comment allowed**

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Changes for this patient safety item are included in [NSR 20101203](#).

#### **4.2.11. HITPS 1538 - Hard stop on order entries for patients without allergy assessment**

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Changes for this patient safety item are included in [NSR 20070920](#).

#### **4.2.12. HITPS 1566 - Free-text results collide when graphing multiple lab tests**

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A physician reported a graph of laboratory results being displayed 'backwards' in the Lab Tab, with the wrong date associated with the displayed result. This occurs for graphs showing results over all historical years or a year-period greater than one. This issue is fixed as part of CPRS v32b.

#### **4.2.13. HITPS 1603 - 'Split' TIU template field can cause unexpected behavior.**

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#### **4.2.14. HITPS 1963 - Unauthorized provider who attempted to order Clozapine bypassed alert and assumed the medication had been ordered**

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Added a clearer message that informs the provider that the order will not be entered and what action should be taken (this should include a parameter that allows customization by the site) as well as an action button to allow the user to enter a Consult (site parameter).

#### **4.2.15. HITPS - 2013 Non-VA Meds not released appropriately (see Defect I3413770FY17)**

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#### **4.2.16. HITPS 2096 - CPRS Alert Review - Physicians May Be Losing Alerts Requiring Action**

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Changes for this patient safety item are included in [NSR 20081008](#).

#### **4.2.17. HITPS 2123 - Providers can back-date the "Effective Date/Time" for a diet order causing a patient to be on a diet they shouldn't be on**

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This item addresses an issue where a patient may receive an incorrect diet order. For Computation sites, a back-dated order was not sent to the interface so the patient continues to receive a diet they should not. That "diet" may be a "Nothing By Mouth" (NPO) diet, and if a patient should be on NPO it may be because of swallowing problems, prep for surgery, etc. After this fix, providers will no longer be allowed to back-date a diet order.

**4.2.18. HITPS 2470 INC0063186 - \*\*Patient Safety Issue: COMPLETED consult alert in CPRS only displays "Significant Findings: \*\*Yes\*\*", does NOT display actual significant findings!**

**4.2.19. HITPS 6443 - Action alerts instead of Informational for flag Notifications: Flagged OI Expiring and Flagged OI Order-Output**

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Changes for this patient safety item are included in [NSR 20081008](#).

**4.2.20. HITPS - 6472 - Ticket INC3435911 - VBECS update adds or removes modifiers requested by provider during the ordering process of blood products.**

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**4.2.21. HITPS - 8857 Diet Order Patient Safety Issue with order display inconsistency vs order details**

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This item addresses an issue where a diet order for tube feeding. Diet order example below where it looks like the first character is being cut off from “12hrs” to “2hrs”, and “Free” to “ree” in the order display, but the order details is correct.

**4.2.22. HITPS 393 – Locked Patient Records Prevent Pharmacy from Filling Prescriptions**

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Changes for this patient safety item are included in [NSR 20080342](#).

### 4.3. Defect Tracking System Items

1. I16009412FY17 - Old Date Time Wanted included in VistA Blood Establishment Computer Software (VBECS) Order.  
**Problem:** On Aug 3, 2017 a provider entered a request for TAS, 1- PIT, 4- RBC, and 2- FFP. The associated order number is for a request that was done in 2013. How does this happen?? The patient has since been discharged and did not need anything at this time. He did have surgery in 2013.  
**Resolution:** The problem is that the old date/time wanted was copied over from the original VBECS component order. A change has been made in CPRS v32 so that if a blood component order is copied and the date/time wanted is in the past, the date/time wanted will be “blanked out” which will force the order dialog to open, and the provider will be required to enter the appropriate date/time wanted.
2. I6466595FY16 - Selecting encounter in CPRS, edit, and problem selecting diagnosis.  
**Problem:** Have a user at St. Cloud who selects encounter form in CPRS, edits it, brings up the problem list up, and selects a diagnosis. The search box comes up but the problem that they selected does not have a check mark in it and another problem has the check mark in it.  
**Resolution:** The problem was caused by a component in the CPRS GUI that was causing some unintended scrolling. This has been corrected.
3. I6276207FY16 - Notifications do not clear until someone goes into the system and clears it.  
I16764627FY18 - Duplicate  
**Problem:** Notifications are not automatically clearing when processed. The problem specifically dealt with alerts for unsigned notes that were renewed after the note was signed.  
**Resolution:** The CPRS GUI was modified in order to deal with renewed alerts on notes that were already signed.
4. I9259852FY16 - TIU Template Field, CPRS GUI adding code that causes problems.  
**Problem:** When using Reminder Exchange, an error would occur when trying to install a new Reminder Element. If this Reminder Element contained a Template Field that included a control character an Index Missing error would occur.  
**Resolution:** The CPRS GUI was modified to prevent control characters from being present in single line edit box template fields.
5. I10142391FY16 - OERR Orders Tab: Expiring Med Alert  
**Problem:** When providers get view alerts for expiring medications, this will include one-time meds. The provider will take action on the non-one-time meds, but the view alert will remain until manually removed by selecting File-->remove current notification.

Since one-time orders should not trigger this view alert, can the alert be removed automatically when all other non-one-time meds are addressed?

**Resolution:** The software has been modified so that inpatient medications with one-time schedules are not taken into account before deciding to delete the MEDICATIONS EXPIRING - INPT notification.

6. I10133526FY16 - Medication nearing expiration issue.

**Problem:** The process for deleting this MEDICATIONS EXPIRING - INPT notification is not evaluating only inpatient medication orders. It is also taking outpatient prescriptions into account. The notification remains if a patient also has an expiring outpatient med and will not be deleted until that med is renewed, changed, or discontinued.

**Resolution:** The software has been modified so that outpatient meds are not taken into account before deciding to delete the MEDICATIONS EXPIRING - INPT notification.

7. I7546770FY16 CPRS - problem with displaying orders

**Problem:** When reviewing orders on the CPRS orders tab, auto-dc release event orders may not show, based on previous view.

**Resolution:** The CPRS GUI has been modified to properly display auto-dc release event orders in all cases.

8. R11575957FY17 TIU TEMPLATE EDITOR ISSUE - END USERS ARE ABLE TO “SORT” THE SHARED TEMPLATES DRAWER

**Problem:** The issue is that regular end users are able to go into the template editor, open up the Shared Templates folder and go to Action and “Sort”. Even with their limited ability of highlighting “My Templates” and “Options” | “Edit Templates”, if they move over to the Shared Templates window, open up the folder and then click on “Action” the “Sort” button is active. What is odd is that the “Sort” button for “My Templates” appears to never be active, but it should be.

Having end users have the “blanket” ability to Sort the Shared Templates drawer at the root level has caused issues. We have a huge number of templates in Shared, some are archived in folders, others are stand alone and in some cases some folders and stand-alone templates are positioned at the top of the Shared Templates drawer (out of alphabetical order), specifically because these are ones that end users use frequently. If an end user inadvertently sorts the folder, then everything falls in line alphabetically and we have to go back in and re-establish the folder the way it was previously. It should be set just like the TIU TEMPLATE FIELD EDITOR CLASSES, limiting that ability to only those who possess the user class established by the local sites.

**Resolution:** Modified the CPRS GUI so that someone who does not have CLINICAL COORDINATOR user class cannot sort the Shared Templates.

9. R7092191FY16 - Non-VA Meds marked as released when they weren't.

I13413770FY17 - Non-VA Meds not releasing properly.

**Problem:** When entering non-VA meds, it is possible for these meds to go into a sort of “limbo” state where they will not show as available for signature when refreshing the patient, selecting a new patient, or closing CPRS.

**Resolution:** The CPRS GUI has been modified to not mark the Non-VA meds as released until they are truly released.

10.I10034909FY16 - undefined error TRAY+6^ORMBLDFH

**Problem:** The VistA dietetics (Nutrition and Food Services) package does not allow the creation of late tray outpatient meals with no time selected. CPRS GUI is allowing this, and the orders are creating errors later in life cycle of the order.

**Resolution:** Modified the CPRS GUI to remove the check for outpatient that allowed the user to bypass the time selection.

11.I16790944FY18 - CPRS issue

**Problem:** If the user attempts to write a complex Clozapine order that includes a free text dose, the system will not return the correct default value for the day supply. While unit testing, it was also discovered that the “And” Conjunction is (in certain cases) is causing the system to return a Quantity of 0 (even though there IS enough information to calculate quantity). VistA was adding the durations of the doses connected by the “And” conjunction while the GUI was selecting the larger of the 2 durations. If this second issue was not fixed, it would become much more apparent after this ticket's fix is put into place. To avoid the perception that we are introducing a new bug, and because they are in the same PSO name space, I'm going to treat them as the same Bug and fix both issues.

**Resolution:** If a “free text” dose is used in a Clozapine complex order, the system will now search all drugs associated with the orderable item. If the search finds that at least one Clozapine drug is associated with the Orderable Item, it will return the Default days supply for Clozapine (default will vary from patient to patient, but should be either 7, 14, or 28 day supply). Also modified the VistA code that calculates Quantity to handle “And” conjunctions properly.

12.I11551298FY17 - Transfer to Outpatient for Backdoor Orders Dosage Issue

**Problem:** Local dosages might not display as defaults when using the CPRS Transfer to Outpatient option. This issue occurs when the order was entered through the VistA backdoor order entry option PSJ OE. (The issue does not occur for orders entered through CPRS.) If more than one dosage is defined for an orderable item, healthcare personnel must then spend time researching the prescription in order to determine the proper dosage.

**Resolution:** Modify routine ORMPS1 to correctly set the Local Possible Dosage into the Order (#100) file when filing backdoor Inpatient Medications orders. This modification allows the local dosage to appear as a default when invoking the CPRS Transfer to Outpatient option. The change affects orders placed after patch install. The issue remains for orders placed previously to patch install.

13. R10248420FY16 - Clozapine Days Supply Issue

**Problem:** If the user attempts to write a complex Clozapine order, the days supply text field becomes un-editable. This was occurring because the complex dose was entering the single dose logic under false pretenses

**Resolution:** Updated the GUI code (FODmeds.pas) to check which tab is currently selected prior to going through the single dose logic. This then allows the field to be editable and also allows it to calculate and populate days supply based on the selected durations.

14. R18028257FY18 - VBECS orders problem

**Problem:** When a lab or VBECS order is placed for a division that is not listed as an immediate collection division, the CPRS GUI returns an “index out of bounds” error.

**Resolution:** While nothing being returned from the server is a valid return, the GUI had to be updated to handle this correctly. All logic was already there however there were no safeguards for a “blank” return.

15. R19047817FY18 - Delayed orders designated as Immediate Collect do not print

**Problem:** When a lab order is entered as an event delayed order, then manually released, the lab order is not printing at the time of manual release.

**Resolution:** Routine ORWDX has been modified to appropriately print the lab orders that are manually released from a delayed status.

16. I19075037FY18 - VBECS QUICK ORDER INAPPROPRIATE PROMPT FOR T&S

**Problem:** When requesting a blood components order via quick order in CPRS on the VBECS/Blood Products form, if the Type & Screen order was entered more than 3 days ago (this number will vary according to the Vista parameter ORWDXVB VBECS TNS CHECK), even if the specimen collected is still valid, the VBECS form will prompt for a new Type & Screen order.

**Resolution:** The GUI code that checks to make sure a valid specimen is available was fixed to refer to the specimen even if the Type & Screen order that requested the specimen was entered more than (ORWDXVB VBECS TNS CHECK) days ago.

17. R9119851FY16 - SALEM: OERR - Orders Tab: VBECS LC order with NOW time

I9677456FY16 (duplicate)

**Problem:** When creating a “Lab Collect” blood bank order for an inpatient, if the user manually enters a collection date+time (e.g., “NOW”), that date+time is not being verified against the available lab collection times. Also, the manually entered value is being stored in the order (not converted to a date+time).

**Resolution:** In the blood bank form, during the validation step performed when the user clicks “Accept Order”, the manually entered date+time is checked against available lab collection times. The value is also converted to a date+time.

18. I7304146FY16 -- Expired Type and Screen Orders Issue

**Problem:** An expired Type and Screen should not be associated with a VBECS order. However, this can erroneously occur. An expired order is one which is outside the date range determined by the parameter that defines how long Type and Screen orders can be used for VBECS component orders. An expired Type and Screen could be associated with a VBECS order if the “Date/Time Wanted” for the order is more than three days (or however the associated parameter is defined) in the future.

**Resolution:** Modify the CPRS logic to evaluate the T&S parameter against the “Date and Time Wanted”.

19. INC0063186 - A COMPLETED consult alert in CPRS only displays “Significant Findings: \*\*Yes\*\*”, it does NOT display actual significant findings

**Problem:** When completing a consult alert in CPRS, the information that is displayed is only the summary of the Consult Alert indicating that significant findings were “Yes”. What should be displayed is the detailed information, including the comment for the significant findings.

**Resolution:** The GUI was updated so that when significant findings were found, the detailed information was displayed, not the summary.

20. INC3435911 - New VBECS update adds or removes modifiers requested by provider during the ordering process of blood products.

**Problem:** When multiple blood products ordered, modifiers were either added or removed unnecessarily. Two separate issues are reported during blood component (VBECS) ordering in CPRS:

1) Modifiers that are placed on some but not all blood components ordered. Before the Order is accepted, if one of the blood components is removed so that it may be re-ordered without the modifier, the remaining blood components that originally had a modifier(s) are erroneously removed as well.

2) Modifiers are placed on some but not all blood components ordered. Before the Order is accepted, the order summary appears correct. However, after eSig, the order now erroneously reflects modifiers on ALL the blood components.

**Resolution:** Modified the CPRS Graphical User Interface (fODDBank.pas) to retain the modifiers when Remove is pressed.

21. INC3998447 - Component orders attaching themselves to previous Blood Bank specimens in VBECS despite orders NOT being accessioned in VISTA

**Problem:** Expired lab Type and Screen specimens are tied to future blood component orders. These are not expired on the order entry date but will be expired for the date that the blood component order is requested.

**Resolution:** If a Blood Product was not selected first, and type and screen selected, information from previous order was not reset. They are being reset now.

22. VBECS Issue #740140 Expired VBECS Component orders still active in CPRS

**Problem:** VBECS component orders that are not associated with a Type & Screen, and which are not filled, and expire are still not on the Incomplete Test Status report for

Blood Bank. In CPRS, these component orders have a status of active and VBECS child shows expired, but the Lab child shows active.

**Resolution:** The code in CPRS that updates Expired VBECS orders was changed to check all child orders and make the appropriate status update when an order expires.

23. INC9855034 CPRS Template Field Error-Template field for Calendar

**Problem:** If CPRS is run prior to midnight, it will cache the current date and will still be using after midnight.

**Resolution:** The current date is no longer cached. The current date is always requested from the server.

24. INC11378087 Rejected VBECS Order Displays Incorrect User on Lab Child Order

INC13157399 (duplicate)

**Problem:** VistA option “Order/test status” (LROS) is not displaying the name of the user who rejected an order in VBECS. Instead, it shows the “canceled by” user as the user who last started the VBECS-OERR HL7 logical link in VistA.

**Resolution:** Modify routine ORMVBEC to store the information regarding the user who rejected the order in VBECS on the Lab child order as is done for the parent order and the VBECS child order.

25. INC11420967 CPRS “Give additional dose now” warning presenting twice

**Problem:** When creating a Medication Quick Order with “Give additional dose NOW?” set to “YES” and placing that on a menu, the provider is presented with a warning TWO TIMES and must select “OK” twice.

**Resolution:** The extra warning, triggered as a side effect of activating the quick order, has been suppressed.

26. INC14093517 Laboratory Quick Order Display Issue

**Problem:** When a Lab test is selected in the Add New Orders (or similar) CPRS ordering menu, any Lab orderable item which is defined as “quick order only” and that collates after the selected test within the next 44 sequences will display in the “Order a Lab test” dialog. The selected Lab test orderable item should display regardless of whether it is defined as “quick order only”. But no other Lab tests should display if defined as quick order only. This issue does not occur if the user scrolls backward or forward past 44 sequences.

**Resolution:** Add logic to routine ORWDX so that if subsequent Lab test orderable items are defined as “quick order only”, the tests do not display in the “Order a Lab test” dialog.

27. INC19422036 Since CPRS 32A was installed, users reported the Lab quick orders requiring specimen input, the specimen pop up box appears 4 times.

**Problem:** Since CPRS 32A was installed, users reported that with Lab quick orders requiring specimen input, the specimen pop up box appears 4 times. When ordering from the generic lab order menu, the specimen box appears twice.

**Resolution:** Modified order dialog GUI code to prevent specimen box appearing multiple times.

28. INC10288037 Default procedure quantity ignored on CPRS encounter form

**Problem:** When a default quantity greater than 1 is defined for a procedure on the encounter form, and that procedure is selected in the CPRS GUI, the default is ignored, and the quantity reverts back to 1. This effects units in the billing of the patient.

**Resolution:** CPRS encounter form now pulls in the default procedure quantity.

29. OR NATURE DEFAULT Parameter Default Causing Issues.

**Problem:** Patch OR\*3\*539 (CPRS v32A) released a new parameter, OR NATURE DEFAULT, which was used to determine the default option selected for the Nature of Order, when an ORELSE key holder is releasing an order in CPRS. This caused problems for facilities who wanted users that held both ORELSE and PROVIDER to have a default nature of order of POLICY.

**Resolution:** After review with the sites, the decision was to a) release patch OR\*3\*571 with a temporary fix that will allow sites to run a nightly task that will set the OR NATURE DEFAULT parameter to POLICY for users who hold both the ORELSE and PROVIDER keys if the site wishes to have a default; b) in this patch (OR\*3\*405) remove the functionality to allow sites to set the default Nature of Order prompt. The NSR (20120601) that requested this change will have to be revisited at a later date.

30. INC19285357, INC11887436, INC19446620, INC19360675, INC19329592, INC19366752, INC19403415, INC19469828, INC19473374, INC19482188, INC19565743, INC19704953, INC19717553, INC19740942, INC19769285, INC19770575, INC19921988, INC20160077, INC20443354, INC20763967, INC22430037, INC22887163, INC22887255, INC22888400 Access Violation.

**Resolution:** Several different access violations were fixed.

## 4.4. Known Issues

- VIMM

- **Resolve button for refusal**

**Problem:** When the user enters refusal for a vaccine from a Reminder dialog, enters the appropriate information, saves, and exits the dialog. And then reenters the dialog, the text on the button returns to the original text, not the Refusal/Deferral text.

**Workaround:** The development team was unable to reproduce this issue, so no workaround is given, but it is noted here so that sites are aware of the possible issue.

- **VIMM clicking Administered will make Imm Eval Status section behave incorrectly**

**Problem:** Selecting the Administered radio button causes Imm Eval Status section to not respond correctly.

**Workaround:** Either do administered from Imm Eval Status or press the Clear button on the VIMM form.

- **VIMM - Ordering and Encounter Provider Don't Require User to Have Person Class**

**Problem:** When editing a V Immunization record in backdoor PCE, it doesn't accept the previously entered Ordering or Encounter Provider (it returns "???" when you hit Enter, to accept the previously entered value). This happens, because the user did not have an active person class at the time of the encounter.

**Workaround:** Add a person class, so that they have an active person class on the encounter date (you might need to back date the effective date).

- **VIMM - Issue Editing Old Immunization for an Inpatient When Lot is Not Active**

**Problem:** When editing an old immunization record for an inpatient in CPRS, and the lot number is not active anymore, the form either doesn't load, or it loads, but the previously entered lot number doesn't pre-populate and can't be selected.

**Workaround:** Edit the record in backdoor PCE.

- **Reminders:**

- **When Adding Branching Logic Replacement Item Always Appears**

**Problem:** When adding branching logic to an element I noticed the Replacement Item always appears even if I don't select the option "Replace".

**Workaround:** None.

- **Editing Group from Reminder Dialog vs Editing Group from Group View**

**Problem:** Editing a Group from a Reminder Dialog, it does not list if the Group is used elsewhere.

**Workaround:** Switch to Group View.

- **Inquiring to a Dialog Group in VistA Does Not Do a Correct Print Out**

**Problem:** Inquiring to a dialog group in VistA does not do a correct print out

**Workaround:** You can view the group in VistA.

- **Order Checks: Allergy Order Checks Not Occurring Immediately on Infusion Orders with the Addition of Each Additive/Solution**

**Problem:** For infusion order, the allergy check is not immediately occurring when each additive or solution is added, but the checks are occurring when the order is signed.

**Workaround:** The allergy checks occur when the order is signed.

- **Alerts: The Forwarded By hover hint may not display all text.**

**Problem:** For alerts, the hover hint in the Forwarded By column may not display all text, can be truncated.

**Workaround:** None

- **Order Checks:** Using the Hidden Action OCI in VistA Does Not Display Override Information

**Problem:** The override information is not displaying when using the OCI action in VistA.

**Workaround:** Use the Order Details to see the override information.

- **Procedures:** Procedure Order May Receive an EStringListError List index out of bounds (-1) error

**Problem:** When using the Procedure Order Dialog, after pressing the Accept Order button, you will sometimes get an EStringListError List index out of bounds (-1) error.

**Workaround:** There is no work around to prevent this, but it is recommended that after getting this error that you do not create another procedure order without first closing the procedure order dialog and reopening it.

- **Park-a-Prescription**

- **Park (PK) selection during label prompt issue**

**Problem:** When using PP to pull from suspense and at the label prompt, you select PK, nothing happens as PK cannot be selected on Suspended Rx, but there should be a message something to say Park not allowed on a Suspended Rx.

**Workaround:** Park-a-Prescription should not be enabled until issues identified in testing are corrected and all consuming applications are ready for this functionality.

- **Issue tracker 512 - Park should not be available at label prompt in option PSO INTERNET REFILLS**

**Problem:** When using option PSO INTERNET REFILLS, if you choose the option Queue at the “Will these refills be Queued or Suspended ? S//” prompt the “Label:” prompt will include the option to park...which should not be allowed in that option.

**Workaround:** Park-a-Prescription should not be enabled until issues identified in testing are corrected and all consuming applications are ready for this functionality.

- **Park Status to work with Essential Medication List for Review**

**Problem:** Originally, refilling a titration order was not allowed. One way to refill using the Automate Internet Refill option was corrected, but there may be other ways to unpark that needs to be corrected.

**Workaround:** Park-a-Prescription should not be enabled until issues identified in testing are corrected and all consuming applications are ready for this functionality.

- **Essential Medication List for Review to differentiate ACTIVE from ACTIVE/PARK**

**Problem:** Essential Medication List for Review does not differentiate between ACTIVE and ACTIVE/PARK

**Workaround:** Park-a-Prescription should not be enabled until issues identified in testing are corrected and all consuming applications are ready for this functionality.

- **General Usability**

- **Issues with 14-point Font**  
**Problem:** Several problems have been reported with using 14-point font in CPRS.  
**Workaround:** If this occurs, users can either increase their screen resolution or change to 12-point font.
  - **Scaling Issue: Non-VA Meds Order Screen Does Not Display Quit Button**  
**Problem:** Some dialogs in CPRS may have display issues when the screen scaling is set to 150% or higher.  
**Workaround:** If this issue occurs, change scaling to 100% or 125%.
  - **Move Shared Template Buttons:**  
**Problem:** In the CPRS GUI Template Editor, certain combinations of computer display settings and CPRS font size may obscure the Up and Down arrows for moving shared templates up/down in the template hierarchy.  
**Workaround:** If you experience this issue, try changing the font size in CPRS GUI to a smaller or larger font.
- **Allergies:**
    - **Two Orders Display on Profile But Only One of the Report**  
**Problem:** When entering a new allergy, two orders show up as on the profile, but the report showed only one.  
**Workaround:** None.
    - **Critical High Order causing an Access Violation on patients with no allergies**  
**Problem:** When an order check came back on a patient and the user tried to select the button to enter an allergy, it caused an access violation.  
**Workaround:** The button was disabled so that the access violation does not occur. The Order Check still takes place on signature.
  - **Indications**
    - **In the GUI the Indication text to the right of the cursor disappears during editing**  
**Problem:** When the user enters Indication and in order to edit the indication text, she/he
      - places the cursor inside the current text
      - and presses any key
the text to the right of the cursor disappears  
**Workaround:** None.
    - **Indication Report Utility Is Displaying Personal QO when They Should Be Excluded**  
**Problem:** The utility is showing personal quick orders when I select the prompt “ALL (excluding personal quick order)”.  
**Workaround:** None.

## 5. New Parameters

CPRS v32b has several new parameters.

## 5.1. CPRS Parameters

- **ORB DAYS FOR PROCESSED ALERTS:** This parameter specifies the maximum number of days of alert data to display when viewing processed alerts in CPRS GUI. Allowable values are from zero up to 30 days. This parameter may be set by individual users from within CPRS GUI. It corresponds to the "Show Log Data for (days)" field of the Processed Alert Preferences window. That window is opened by the Processed Alert Settings button found on the Notifications tab of the Options Window (Tools > Options > Notifications).
- **ORB MAX PROCESSED ALERTS:** This parameter specifies the maximum number of individual alerts to display when viewing processed alerts in CPRS GUI. This parameter may be set by individual users from within CPRS GUI. It corresponds to the "Max # of records to show" field of the Processed Alert Preferences window. That window is opened by the Processed Alert Settings button found on the Notifications tab of the Options window (Tools > Options > Notifications).
- **OR CPRS CLOZAPINE CUSTOM MSG:** This is the custom message text for both new and existing CLOZAPINE orders and for providers missing the YSCL AUTHORIZED security key and missing a DEA#.
- **OR IMM CONTACT INFORMATION:** This parameter let sites define the contact information that will appear in the no active immunization message in CPRS.
- **OR IMM REMINDER DIALOG:** This parameter controls which administration immunization entry can only be documented through a Reminder Dialog.
- **OR IMM COVERSHEET DIAGNOSIS:** This parameter let sites marked location where the CPRS coversheet immunization should mark a diagnosis as a primary diagnosis.
- **OR IMMUNIZATION DOCUMENT TITLE:** This parameter allows site to define which note title should be used when generating a note from the Immunization CoverSheet Pane.
- **OR RTN PROCESSED ALERTS:** Controls if processed alerts are populated on the processed alert tab on the CPRS patient selection screen.
- **OR VIMM IMM REMINDERS:** This parameter is used to select the reminder definition to evaluate when entering data for an immunization.
- **OR VIMM SKIN REMINDERS:** This parameter is used to select the reminder definition to evaluate when entering data for a skin test.
- **OR VIMM USE ICE:** This parameter is used to select if the ICE decision support display or the Clinical Reminder decision support display is shown when entering data for an immunization.

## 6. Modified Parameters

CPRS v32b has modified an existing parameter.

- **ORWCV1 COVERSHEET LIST:** This parameter allows a custom view of the Cover sheet in the CPRS GUI.

- **ORWDPS ROUTING DEFAULT:** This will be the default value for Pickup in the Outpatient Medications GUI ordering dialog. Clinic was removed and Park was added.

## 7. Product Documentation

The following documents apply to this release:

- *CPRS User Guide: GUI Version*
- *CPRS Technical Manual: GUI Version*
- *CPRS GUI v32b Release Notes* (this document)
- *CPRS GUI v32b Deployment, Installation, Back Out and Roll Back Guide*
- *CPRS Set Up and Configuration Guide*
- Online Help System