Consult/Request Tracking 3.0

Technical Manual

November 2024

Department of Veterans Affairs (VA)

Office of Information and Technology (OIT)

Revision History

NOTE: The revision history cycle begins once changes or enhancements are requested after the document has been baselined.

Date	Patch	Description	Author
11/2024	GMRC*3.0*189	Sections updated to include changes for patch GMRC*3.0*189. Updated Revision History, Table of Contents, New Features section.	
08/2024	GMRC*3.0*206	Updated for 508 compliance	CPRS Development Team
11/2023	GMRC*3.0*185	Document content transferred to latest OIT template. Sections updated to include changes for patch GMRC*3.0*185. Applied section numbering schema throughout for greater ease of reference. Converted 'computer screen' content to figures to comply with accessibility requirements and greater ease of reference. Updated Revision History, Table of Contents, index, section 5.35 Interfacility Consults When Used With Cerner-Converted Sites, and HL7 field descriptions. Redrew Figure 8-1: Consult Request Tracking File Diagram in Visio for greater clarity and maintainability.	
08/2023	GMRC*3.0*199	Updated for GMRC*3.0*199. Updated Figure 5-46: Running an IFC Possible Erroneous Comment Report. Added bulleted SCR and CSV descriptive text to section 5.31. Added section 5.31.1. Viewing the Possible Erroneous Comment Report in Excel.	
03/2023	GMRC*3.0*193	Updated for GMRC*3.0*193 Added IFC Possible Erroneous Comments Report to menu options on Table 5-1, Table 5-4, Table 7-1 Figure 7-4, and Figure 7-7.	

Date	Patch	Description	Author
01/ 2023	GMRC*3.0*184	Sections updated to include changes for patch GMRC*3.0*184. Updated Revision History, Table of Contents, Interfacility Consults When Used With Cerner Converted Sites section and HL7 field descriptions.	
04/2022	GMRC*3.0*186	Describes the new field to be displayed when editing or entering a community care consult service (Figure 5-10) Review and approval of changes in section 2 and Figure 5-10.	
09/2021	GMRC*3.0*176	Update for GMRC*3.0*176 Refer to section 5.39: On an incoming HL7 message from a Cerner-converted site, if the urgency code in ORC.7.6 is “S” (STAT), which gets converted to “N” (NEXT AVAILABLE”).	
05/ 2021	GMRC*3.0*84	NSR 20110210: Described GMRC*3.0*84 in section 2. Added information about Prosthetics Consult Updated to the list of consult notifications in section 7.6 to the deletion of notifications and the implementation and maintenance sections in Appendix A: Install, Planning, and Implementation Checklist. Added information about enabling the Prosthetics Consult Updated notification and deleted redundant information throughout.	
03/ 2021	GMRC*3.0*170	Replaced sentence in section 6.2 with: “**Error! Reference source not found.**.” Updated Title page, Revision History, Table of Contents, Index, and Footers (Title, ii, vi, 217, all)	
REDACTED	GMRC*3.0*145	Added section 2.2, which describes patch GMRC*3.0*145. Revised dates on Title page and footers	
REDACTED	GMRC*3.0*154	Section 5.35 and Appendix F	

Date	Patch	Description	Author
REDACTED	GMRC*3.0*88	Changes for Consults in v31b. Added an item to Figure 5-1 to Define FSC HCP Mail Group. Added notes in section 5 that update users can order tracking consults. Added a reference in Figure 7.16 to the GMRC FSC HCP SUPPORT EMAIL parameter. Provided a full definition in Table 14-11 of the GMRC FSC SUPPORT EMAIL PARAMETER. Listed in Table 9-1 the above parameter in an option list by options and display name.	
REDACTED	GMRC*3.0*139	Added to DST Consult handling in section 2.3 and section 14.20.	
REDACTED	GMRC*3.0*123	Added details for new patch in Table 14-7, section 14.3.3, section 14.4.3, and section 14.5.	
REDACTED	GMRC*3.0*124	Adds Decision Support Tool (DST) comment to a Consult when a Consult Order is signed and there is a DST comment listed in the Order. See section 14-20 and Table D-6.	
REDACTED	GMRC*3.0*112	Added details for new patch.	
REDACTED	GMRC*3.0*113	Added details for Cancelled To Discontinued Consults. See section 6.3.	
REDACTED	GMRC*3.0*110	Added text and new screen shot to show the new field “UCID Display” on the order detail. See section 5.34.	
REDACTED	GMRC*3.0*107	Added details for new GMRC Reports to support the ADMIN KEY consults for consults that are Administratively released by Policy.	
REDACTED	GMRC*3.0*99 and GMRC*3.0*106	Added features and setup for new logical link. See Table 14-3, Table 14-6, and section 14.4.2.	
REDACTED	GMRC*3.0*89	Added information related to new functionality: Consult Closure Tool, Secondary Printer option for SF 513, and printing age and cell phone number on SF 513.	
REDACTED	GMRC*3.0*83	Added information about the new MUMPS cross reference AG to be used only by the Scheduling Package.	

Date	Patch	Description	Author
REDACTED	GMRC*3.0*81	Changed Earliest Appropriate Date to Clinically Indicated Date. See section 5.12.	
REDACTED	GMRC*3.0*75	Added information on components of a bi-directional interface that will connect Consults and HCPS. Refer to Table 14-2, Table 14-5, and section 14.3.1.	
REDACTED	GMRC*3*73	ICD-10 Updates. Added info about changes made for the ICD-10 project.	
REDACTED	Clarified "Service Team to Notify" field in Add Consult Services option.	Refer to section 5.2 and Table 5-1.	
REDACTED	GMRC*3.0*76	Added notes that the Ordering Provider will NOT receive an alert; added note that the clinician who requested the order is notified electronically. Noted EARLIEST APPROPRIATE DATE will be used in place of DATE OF REQUEST.	
REDACTED	GMRC*3.0*74	Added Define Fee Services (GMRC FEE PARAM) option and GMRC FEE SERVICES parameter and supporting GMRCFP* routines.	
REDACTED	GMRC*3.0*71	Modified description for CONSULT/REQUEST UPDATED.	
REDACTED	Earliest Appropriate Date	Refer to section 5-12.	
REDACTED	GMRC*3.0*63	Modified report format.	
REDACTED	Patch 60	Performance Monitor Report. Refer to section 5-12, Figure 5-18, Figure 5-19, and Figure 5-20.	
	Patch 41	Performance Monitor	
	Include Patch 22		
	Include Patch 23		

Date	Patch	Description	Author
	Include Patch 17		
	Include Patch 21		
	Include Patch 15, 19, and 20		
	Include Patches 13, 14, 16, and 18		
	Add Patches 6 thru 8, 11, and 12		
	Include Patches 1 thru 5		
	Originally released		

Table of Contents

Revision History ii
List of Figures xi
List of Tables xiii
1. Introduction 1
1.1. Purpose of the Consult/Request Tracking Package 1
1.2. Scope of the Manual 1
1.3. Audience 1
2. New Features 2
2.1. GMRC*3.0*84 2
2.2. GMRC*3.0*145 2
2.3. GMRC*3.0*139 2
2.4. GMRC*3.0*184 2
2.5. GMRC*3.0*185 2
2.6. GMRC*3.0*189 3
3. Overview of Consults/Request Tracking 3
4. Package Orientation 5
5. Implementation and Maintenance 6
5.1. Install, Planning, and Implementation Checklist 6
5.2. Menu/Option Diagram 6
5.3. Define Service Hierarchy 7
5.4. Service Usage Definition 8
5.5. Determine Service Functionality 10
5.6. Set Up Consult Services (SS) 13
5.7. Healthcare Claims Processing System (HCPS), CCRA COMMUNITY CARE, and DOD TREATMENT Consult Service Set-up 21
5.8. Quick Orders 22
5.9. Service Consults Pending Resolution 25
5.10. Service User Management (SU) 26
5.11. Group Update (GU) 31
5.12. Consults Performance Monitor Report (PM) 34
5.13. Print Consults by Provider, Location, or Procedure (PL) 37
5.14. Print Test Page (TP) 38
5.15. Determine Users' Update Authority (UA) 39
5.16. Determine if User is Notification Recipient (UN) 39
5.17. Determine Notification Recipients for a Service (NR) 40
5.18. Test Default Reason for Request (TD) 41

5.19. List Consult Service Hierarchy (LH) ... 43
5.20. Copy Prosthetics Services (CP) ... 43
5.21. Consult Closure Tool (CCT) ... 45
5.21.1. Edit Configuration Component ... 45
5.22. Inquire Configuration Component ... 48
5.23. Run Configuration Component ... 48
5.23.1. Searching for Patient Consults / Appointments / Notes ... 49
5.23.2. Closing Out Consults ... 50
5.23.3. Printing/Updating the CPRS Team List ... 52
5.24. Duplicate Sub-Service (DS) ... 52
5.25. Define Fee Services (FS) ... 53
5.26. Inter-Facility Consults Reports ... 55
5.27. IFC Requests ... 55
5.28. Print IFC Requests ... 58
5.29. IFC Requests by Patient ... 59
5.30. IFC Requests by Remote Ordering Provider ... 60
5.31. IFC Possible Erroneous Comment Report ... 62
5.31.1. Viewing the Possible Erroneous Comment Report in Excel ... 63
5.32. ADMIN KEY Reports ... 64
5.33. Unique Consult ID (UCID) Conversion ... 64
5.34. Unique Consult ID (UCID) Display ... 64
5.35. Interfacility Consults When Used with Cerner Converted Sites ... 65
5.36. VDIF ... 65
5.37. MPI Patient Registration ... 65
5.38. Cerner Mail Groups ... 66
5.39. GMRC*3.0*176 ... 66
6. Cancelled to Discontinued Consults ... 67
6.1. Overview ... 67
6.2. Overnight Job ... 67
6.3. Update of the New Index During Installation of Patch GMRC*3.0*113 ... 68
6.4. Installation Background Job that Updates the Index ... 68
6.5. Editing the Entries in the New Parameter ... 68
7. Inter-Facility Consults Management Options ... 70
7.1. Test IFC Implementation ... 70
7.2. List Incomplete IFC Transactions ... 71
7.3. IFC Transaction Report ... 74
7.4. Locate IFC by Remote Consult Number ... 76
7.5. Monitor IFC Background Job Parameters ... 77

7.6. Notification Parameters ... 77
7.7. Consult Service Tracking ... 78
7.7.1. Functionality ... 78
7.8. Text Integration Utilities (TIU) Setup ... 79
7.8.1. Consults Resulting Process ... 79
7.8.2. Recommended Document Hierarchies ... 79
7.8.3. Advantages of Strategy A ... 80
7.8.4. Disadvantages of Strategy A ... 80
7.8.5. Advantages of Strategy B ... 80
7.8.6. Disadvantages of Strategy B ... 80
7.9. TIU Setup Options ... 81
7.9.1. TIU Define Consults ... 81
7.10. Create Document Definitions ... 82
7.11. TIU Maintenance ... 84
7.11.1. Correcting Misdirected Results ... 84
7.12. Medicine Interface ... 86
7.12.1. Procedure Setup ... 87
7.12.2. Linking Med Results to Procedure Request ... 89
7.12.3. Removing Medicine Results from a Request ... 89
7.13. Parameters ... 89
7.13.1. GMRC CONSULT LIST DAYS ... 89
7.13.2. GMRC FEE SERVICES ... 90
8. Files ... 91
8.1. File Globals ... 92
9. Exported Menus ... 94
10. Cross-References ... 97
11. Archiving and Purging ... 102
12. External Relations ... 103
12.1. Private DBIA Agreements ... 103
13. Internal Relations ... 105
13.1. Package-Wide Variables ... 105
14. Package Interface ... 106
14.1. HL7 Fields ... 106
14.2. Package Interface Notes ... 111
14.3. HL7 Protocols ... 112
14.3.1. Patch GMRC*3.0*75 ... 112
14.3.2. Patch GMRC*3.0*99 ... 113
14.3.3. Patch GMRC*3.0*123 ... 114

14.4. HL7 Application Parameters 114
14.4.1. Patch GMRC*3.0*75 114
14.4.2. Patch GMRC*3.0*99 115
14.4.3. Patch GMRC*3.0*123 115
14.5. HL7 Logical Link 115
14.6. HL7 Referral Messages 116
14.7. REF_I12 Message Definition Tables 118
14.7.1. REF_I12 MSH - Message Header Segment 118
14.8. REF_I13 Message Definition Tables 129
14.8.1. REF_I13 MSH - Message Header Segment 129
14.9. RRI_I13 Message Definition Tables 139
14.9.1. RRI_I13 MSH - Message Header Segment 139
14.10. REF_I14 Message Definition Tables 150
14.11. REF_IN Message Definition Tables 158
14.12. HL7 ACK Messages 161
14.13. HL 7 Mailbox 166
14.14. Order Event Messages 166
14.14.1. Front Door – Consults 167
14.15. Back Door Consults 168
14.16. Orderable Item Updates – Request Services 171
14.17. Orderable Item Updates - Procedures 172
14.18. Ordering Parameters 173
14.19. Procedure Calls 174
14.20. Auto-forwarding 175
15. How to Generate On-Line Documentation 176
15.1. Routines 176
15.2. Globals 176
15.2.1. Files 176
15.3. Menu/Options 176
15.4. XINDEX 176
16. Glossary 178
17. Appendix A: Install, Planning, and Implementation Checklist 180
18. Appendix B: Consult Tracking Worksheets 185
19. Appendix C: Request Services Distributed with Consults 189
20. Appendix D: Package Security 190
20.1. Service Update and Tracking Security 190
20.1.1. GMRC MGR Menu 192
20.1.2. GMRC GENERAL SERVICE USER Menu 192

20.1.3. GMRC PHARMACY USER Menu 192
20.1.4. GMRC SERVICE TRACKING Option 192
20.1.5. GMRC PHARMACY TPN CONSULTS Option 192
20.2. Security Keys 192
20.2.1. File Security 192
20.3. Service Update Tracking Security 193
20.3.1. GMRCACTM PHARMACY PKG MENU 193
20.4. Routine Descriptions 193
20.5. Routine Mapping 200
21. Appendix E: Algorithms 201
21.1. User Authority 201
22. Appendix F: "Converted" Facility Error Notifications 202

List of Figures

Figure 5-1: Service Usage 10
Figure 5-2: Set-Up Example 18
Figure 5-3: Set-Up Example (continued) 19
Figure 5-4: Set-Up Consult Services Group Example 20
Figure 5-5: Quick Order Example 22
Figure 5-6: Quick Order Example (continued) 23
Figure 5-7: Quick Order Example (continued) 24
Figure 5-8: Service Consults Pending Resolution Example 25
Figure 5-9: Notification Set-Up Example 27
Figure 5-10: Set-Up without Notification Example 27
Figure 5-11: Individual Set-Up Example 28
Figure 5-12: Individual with Privileges Set-Up Example 29
Figure 5-13: Team with Privileges Set-Up Example 30
Figure 5-14: Predefined Location-based Team Set-Up Example 30
Figure 5-15: Discontinued Service End-of-Year Consults Example 32
Figure 5-16: Discontinued Service End-of-Year Consults Example (continued) 33
Figure 5-17: Notification of Resolution Example 33
Figure 5-18: Consults Performance Monitor Report Example 34
Figure 5-19: Consults Performance Monitor Report Example(continued) 35
Figure 5-20: Delimited Consults Performance Monitor Report Example(continued) 36
Figure 5-21: EKG Consult Generation Example 37
Figure 5-22: EKG Consult Generation Example (continued) 38
Figure 5-23: Print Test Page Example 38
Figure 5-24: Determine Users' Update Authority Example 39

Figure 5-25: Determine if User is Notification Recipient Example 39
Figure 5-26: Determine Notification Recipients for a Service Example 40
Figure 5-27: Test Default Reason for Request – SS Option..... 42
Figure 5-28: Test Default Reason for Request – TD Option..... 42
Figure 5-29: List Consult Service Hierarchy 43
Figure 5-30: Copy Prosthetics Services Example 44
Figure 5-31: Edit Configuration Components Example 46
Figure 5-32: Run Configuration Component..... 48
Figure 5-33: Close-Out Example..... 50
Figure 5-34: Browse Switch Managers Screen Example 51
Figure 5-35: Printing/Updating the CPRS Team List Example 52
Figure 5-36: Printing/Updating the CPRS Team List Example 53
Figure 5-37: Define Fee Services Option Example 53
Figure 5-38: Deleting a Service Example 54
Figure 5-39: Save and Quit Example 54
Figure 5-40: Dental Consults Report Example 56
Figure 5-41: Status Change Example 57
Figure 5-42: Print IFC Requests Example..... 58
Figure 5-43: IFC Requests by Patient Example 59
Figure 5-44: Medical Consult Example..... 60
Figure 5-45: Medical Consult Example (continued)..... 61
Figure 5-46: Running an IFC Possible Erroneous Comment Report..... 62
Figure 5-47: IFC Possible Erroneous Comment Report Example 63
Figure 6-1: Editing Entries Example..... 68
Figure 7-1: Checking Setup Example..... 71
Figure 7-2: List Incomplete IFC Transactions Example..... 72
Figure 7-3: List Incomplete IFC Transactions Example (continued)..... 73
Figure 7-4: IFC Transaction Log 75
Figure 7-5: IFC Transaction Log (continued)..... 75
Figure 7-6: Locating IFC by Remote Consult Number..... 76
Figure 7-7: IFC background job parameters..... 77
Figure 7-8: Plan B Example 81
Figure 7-9: Creating Document Definitions 82
Figure 7-10: Creating Document Definitions (continued)..... 82
Figure 7-11: Creating Document Definitions (continued)..... 83
Figure 7-12: Creating Document Definitions (continued)..... 83
Figure 7-13: Creating Document Definitions (continued)..... 84
Figure 7-14: TIU Maintenance Example..... 85
Figure 7-15: TIU Maintenance Example (continued)..... 86
Figure 7-16: Procedure Setup Example 87
Figure 7-17: GMRC CONSULT LIST DAYS Example..... 90

Figure 8-1: Consult Request Tracking File Diagram 93
Figure 14-1: New, signed Referral for Non VA Care Radiology Example..... 127
Figure 14-2: New, signed Referral for Non VA Care Radiology Example (continued). 128
Figure 14-3: New, signed Referral for Non VA Care Dental Example 128
Figure 14-4: Receive Referral Example 137
Figure 14-5: Schedule Referral Example 137
Figure 14-6: Comment Referral Example..... 138
Figure 14-7: Complete Referral Example..... 138
Figure 14-8: Receive Referral Example 148
Figure 14-9: Schedule Referral Example 148
Figure 14-10: Comment Referral Example..... 149
Figure 14-11: Complete Referral Example..... 149
Figure 14-12: Cancel Referral Example 157
Figure 14-13: Discontinue Referral Example..... 157
Figure 14-14: HL7 ACK Message Table Headings 162
Figure 14-15: Consult Example - Pulmonary Consult at bedside to rule out pneumonia 167
Figure 14-16: Consult Example - EKG at Bedside 168
Figure 14-17: Consult Example – Family Counseling..... 168
Figure 14-18: Consult Example - Pulmonary Consult at Bedside to Rule Out Pneumonia 170
Figure 14-19: Orderable Item Updates Example..... 172
Figure 14-20: Orderable Item Updates – Procedures Example..... 173
Figure 14-21: Procedure Calls Example..... 174
Figure 14-22: Procedure Calls Example (continued)..... 174
Figure 14-23: Procedure Calls Example (continued)..... 175
Figure 21-1: The Select Consult Management Option 201

List of Tables

Table 5-1: Consult Management [GMRC MGR} Menu Options 6
Table 5-2: Service Functionality 11
Table 5-3: Supported Objects 41
Table 5-4: Inter-Facility Consults Report Descriptions 55
Table 7-1: Inter-Facility Consults Management Menu Options..... 70
Table 8-1: File Globals 92
Table 9-1: GMRC MCG Menu..... 94
Table 9-2: GMRC REPORTS Menu 94
Table 9-3: GMRC GENERAL SERVICE USER Menu..... 95

Table 9-4: GMRC PHARMACY USER Menu 95
Table 9-5: GMRC CONSULT CLOSURE TOOL Menu 95
Table 9-6: GMRC IFC MGMT Menu..... 96
Table 12-1: External Relations – Other VA Software 103
Table 12-2: External Relations – Other VA Software 103
Table 14-1: Private DBIA Agreements 106
Table 14-2: Patch GMRC*3.0*75 Protocol Description 112
Table 14-3: Patch GMRC*3.0*99 Protocol Description 113
Table 14-4: Patch GMRC*3.0*123 Protocol Description 114
Table 14-5: Patch GMRC*3.0*75 Application Parameters 115
Table 14-6: Patch GMRC*3.0*99 Application Parameters 115
Table 14-7: Patch GMRC*3.0*123 Application Parameters 115
Table 14-8: REF Message Standard Segments..... 116
Table 14-9: RRI Message Standard Segments..... 117
Table 14-10: REF_I12 Message Header Table..... 118
Table 14-11: REF_I12 RF1 - Referral Information Segment 119
Table 14-12: REF_I12 PRD - Provider Data Segment 120
Table 14-13: REF_I12 PID-Patient Id Segment 121
Table 14-14: REF_I12 DG1 - Diagnosis Segment 124
Table 14-15: REF_I12 OBR - Observation Request Segment 124
Table 14-16: REF_I12 PV1 – Patient Visit Segment 125
Table 14-17: REF_112 NTE – Notes and Comments Segment 126
Table 14-18: REF_I13 MSH - Message Header Segment 129
Table 14-19: REF_I13 RF1 – Referral Information Segment 130
Table 14-20: REF_I13 PRD - Provider Data Segment (Same for all message types). 131
Table 14-21: REF_I13 PID – Patient Id Segment generated by the VistA API (Same for all message types)..... 132
Table 14-22: REF_I13 DG1 – Diagnosis Segment (Same for all message types) 134
Table 14-23: REF_I13 OBR – Observation Request Segment (Same for all message types)..... 134
Table 14-24: REF_I13 PV1 - Patient Visit Segment (Same for all message types) 135
Table 14-25: REF_I13 NTE – Notes and Comments Segment 136
Table 14-26: RRI_I13 MSH - Message Header Segment Table 139
Table 14-27: RRI_I13 RF1 – Referral Information Segment 140
Table 14-28: RRI_I13 PRD - Provider Data Segment (Same for all message types).. 141
Table 14-29: RRI_I13 PID – Patient Id Segment (Same for all message types) 142
Table 14-30: RRI_I13 DG1 – Diagnosis Segment (Same for all message types) 144
Table 14-31: RRI_I13 OBR – Observation Request Segment (Same for all message types)..... 144
Table 14-32: RRI_I13 PV1 – Patient Visit Segment (Same for all message types)..... 145
Table 14-33: RRI_I13 NTE – Notes and Comments Segment 147

Table 14-34: REF_I14 MSH - Message Header Segment 150
Table 14-33: REF_I14 RF1 – Referral Information Segment 151
Table 14-36: REF_I14 PRD – Provider Data Segment (Same for all message types) 152
Table 14-37: REF_I14 PID – Patient Id Segment (Same for all message types) 153
Table 14-38: REF_I14 DG1 - Diagnosis Segment (Same for all message types) 154
Table 14-39: REF_I14 OBR – Observation Request Segment (Same for all message types) 155
Table 14-40: REF_14 PV1 – Patient Visit Segment (Same for all message types 155
Table 14-41: REF_I14 NTE – Notes and Comments Segment 156
Table 14-42: REF_IN1 Segment (Valid for all above REF messages) 158
Table 14-43: REF_IN3 Segment (Valid for all above REF messages) 160
Table 14-44: Standard ACK Message Segments 161
Table 14-45: ACK MSH - Message Header Segment 162
Table 14-46: ACK MSH - Message Header Segment 163
Table 14-47: ACK MSA - Message Acknowledgment Segment 164
Table 14-48: ACK ERR - Error Segment 164
Table 14-49: HL7 Table 0357 - Message Error Condition Codes 165
Table 14-50: MSA Message for NACK – Negative Application Acknowledgment Segment 166
Table 14-51: Front Door – Consults 167
Table 14-52: Back Door – Consults 169
Table 14-53: Orderable Item Updates – Request Services 171
Table 14-54: Orderable Item Updates - Procedures 172
Table 16-1: Glossary 178
Table 20-1: Package Security Options 190
Table 20-2: Consult Notifications Criteria 190
Table 20-3: Privileges 191
Table 20-4: Files 191
Table 20-5: Recommended FileMan Access Codes 192
Table 20-6: Routine Descriptions 193
Table 20-7: Routine Mapping 200
Table 22-1: Facility Error Notifications 202

1. Introduction

1.1. Purpose of the Consult/Request Tracking Package

The Consult/Request Tracking package (Consults) has been developed to improve the quality of patient care by providing an efficient mechanism for clinicians to order consults and requests using Computerized Patient Record System (CPRS) Order Entry, and to permit hospital services to track the progress of a consult order from the point of receipt through its final resolution.

1.2. Scope of the Manual

This manual provides technical descriptions of Consults tracking routines, protocols, files, globals, options, security data, menu diagrams and any other information required to effectively set up and use the Consults package.
From time-to-time, improvements are made to the Consults package. The latest information about Consults, as well as the latest version of this manual, is posted on the Consults Web Page at: vista.med.va.gov/consults.

1.3. Audience

Information in this manual is technical in nature and is intended to be used by Veterans Affairs Medical Center (VAMC) Information Resource Management Service (IRMS) staff members and Clinical Application Coordinators (CAC's).

2. New Features

2.1. GMRC*3.0*84

This patch, part of the software release for CPRS graphical user interface (GUI) v32a, introduces the new PROSTHETICS CONSULT UPDATED notification. This notification will be generated whenever users add comments to or take the schedule action upon a prosthetics consult in CPRS GUI.

2.2. GMRC*3.0*145

This patch, part of the larger CPRS GUI v31 Mission Act release, assists with implementing the Decision Support Tool (DST) and Consult Toolbox (CTB) directly into CPRS GUI. Please consult the DST and CTB user manuals on the Veterans Health Information System and Technology Architecture (VistA) Document Library for detailed information regarding use of these features.

2.3. GMRC*3.0*139

This patch adds auto-forwarding functionality. When the DST transmits the auto-forward information to CPRS, the existing CPRS remote procedure call (RPC) process will detect the auto-forward request and forward the order to a new consult location, which is referenced in the REQUEST SERVICE file (#123.5).

2.4. GMRC*3.0*184

This patch adds functionality for IFC order communication between non-converted VistA sites and converted Cerner sites. Data required by Cerner are extracted from HL7 order messages and saved in the REQUEST/CONSULTATION file (#123) for later use, so VDIF (Veterans Data Integration and Federation) is no longer required to do so. PID and OBR segments are added to outgoing HL7 messages destined for Cerner populated per Cerner requirements. Cumulative comments are sent to converted sites except if the IFC is for Prosthetics.

2.5. GMRC*3.0*185

This patch loads data required by Cerner in PID and OBR segments for IFCs entered prior to the release of GMRC*3.0*184. It adds functionality for IFC order communication between non-converted VistA sites and converted Cerner sites. Prosthetics data required by Cerner are extracted from HL7 order messages and saved in the REQUEST/CONSULTATION file (#123) for later use, so VDIF (Veterans Data Integration and Federation) is no longer required to do so. Cumulative comments are sent to converted sites for 5 additional CPRS actions not included in patch 184. Finally, the VistA instance station number replaces the ORDERING FACILITY (field #.05 of file #123) in the outgoing OBR segment.

2.6. GMRC*3.0*189

This patch adds the following functionality for IFCs exchanged between non-converted VistA sites and Cerner:

- Recognizes when an IFC order sent by VistA to Cerner is received but not processed by Cerner, queues the order for re-transmission the next day by adding the order to the IFC MESSAGE LOG (file #123.6) with an error code 203 – Patient not in Cerner.
- For IFC orders incoming from Cerner to VistA, modifies the processing when the referenced patient is not found in the PATIENT file (#2) by calling the proxy add API introduced by DG*5.3*1096.
- Researching issues for IFCs between VistA and Cerner is hampered by the quick purging of HL7 records from VistA. GMRC*3*189 calls APIs to record HL7 messages for IFCs sent by Cerner to a non-converted VistA site or by VistA to Cerner in the HL7 message repository provided by EHM*1*10.
- Increases the size of the REMOTE CONSULT FILE ENTRY field (#.06) of the REQUEST/CONSULTATION file (#123) from 12 to 20 digits to handle longer Cerner order numbers expected in the future.Recognizes when a patient is missing from the converted VistA that corresponds to the Cerner ordering site and calls the proxy add API introduced by DG*5.3*1096.
- When a comment is entered on a consult post-complete, the patch changes the comment status sent in OBX-11 from Preliminary (P) to Changed (C).
- GMRC*3*154 introduced a mechanism for the IFC interface to proxy add a patient to Cerner before transmitting a new order. The proxy add API operates asynchronously in part with the update to the Treating Facility List being done after a return value is sent back to the calling routine. As a result, the new order messages cannot always be routed to Cerner after the API is called. GMRC*3*189 generates a 205 error (waiting for treating facility to update) and re-queues the new order for transmission the next time the Background Processor runs.
- When the proxy add process fails, patch GMRC*3*189 generates a Mailman message to the IFC PATIENT ERROR MESSAGES mail group.

3. Overview of Consults/Request Tracking

The Consults package provides an interface with CPRS Order Entry which permits clerks or clinicians to enter, edit, and review consults and requests within the CPRS package.

- Service/Specialty personnel targeted to receive consults may use this package to:

- Have consults or requests electronically relayed to them.
- Track the service/specialty's activity concerning the consult or request, from the time of its receipt to its final resolution.
- Associate Text Integration Utility (TIU) consult reports with the consult request.

When a consult or request is updated on-line to a "completed" or "discontinued" status by the specialty service personnel, the original clinician who requested the order is notified electronically of the order's resolution. The clinician may then use "View Alerts" or the Detailed Display option in either the Consults or CPRS packages to review any comments or results which may be associated with the order's resolution.

Note: When using the Group Update functionality, the Ordering Provider will NOT receive an alert when a consult or request is updated online to a "completed" or "discontinued" status. Functionality has been provided for IRMS/ADPAC personnel to set up and manage the consult service hierarchy.

A checklist is provided (in Appendix A of this manual) to help you install, plan, and implement the Consults package. Use the checklist in conjunction with the detailed information provided in the **Implementation and Maintenance** section of this manual.

4. Package Orientation

This technical manual provides IRMS/ADPAC personnel with technical descriptions of Consults routines, files, options, and other necessary information required to effectively implement and use the Consults package.

This manual should assist you in:

- Setting up a hierarchy of site-specific services/specialties.
- Setting up Notification users/teams related to a service, who will be notified when an order is released by CPRS order entry.
- Setting up tracking update capabilities for specific services/specialties to track the progress of ordered consults or procedures from receipt to their completion or discontinuance.
- Setting up procedures to be used in the resulting process for specified services.

Note: The primary care clinician and clinic clerk add, edit, discontinue, and sign capabilities for ordering consults or requests are provided through CPRS V. 1.0. See the CPRS Clinical Coordinator & User Manual for descriptions of how to use the CPRS options.

For package-specific user conventions, please refer to the Package Orientation section of the Consult/Request Tracking User Manual.

5. Implementation and Maintenance

5.1. Install, Planning, and Implementation Checklist

A checklist is provided to help you install, plan, and implement the Consults package (see Appendix A). Use the checklist in conjunction with the detailed information provided in this "Implementation and Maintenance" section.

5.2. Menu/Option Diagram

The tools required to implement and maintain the Consults package are found in the Consult Management [GMRC MGR] menu. Refer to Table 5-1, which lists and defines all of the options distributed with the Consults package

Table 5-1: Consult Management [GMRC MGR} Menu Options

Menu Option	Menu Option Description
RPT	Consult Tracking Reports ...
ST	Completion Time Statistics
PC	Service Consults Pending Resolution
CC	Service Consults Completed
CP	Service Consults Completed or Pending Resolution
IFC	IFC Requests
IP	IFC Requests By Patient
IR	IFC Requests by Remote Ordering Provider
NU	Service Consults with Consults Numbers
PI	Print IFC Requests
PL	Print Consults by Provider, Location, or Procedure
PM	Consult Performance Monitor Report
PR	Print Service Consults by Status
SC	Service Consults By Status
TS	Print Completion Time Statistics Report
SS	Set up Consult Services
SU	Service User Management
CS	Consult Service Tracking
RX	Pharmacy TPN Consults
TP	Print Test Page
GU	Group update of consult/procedure requests

Menu Option	Menu Option Description
UA	Determine users' update authority
UN	Determine if user is notification recipient
NR	Determine notification recipients for a service
TD	Test Default Reason for Request
LH	List Consult Service Hierarchy
PR	Setup procedures
CP	Copy Prosthetics services
CCT	Menu for Closure Tools…
EDT	Consult Closure Tool Edit Configuration
INQ	Consult Closure Tool Inquire Configuration
RUN	Consult Closure Tool Run Configuration
DS	Duplicate Sub-Service
FS	Define Fee Services
IFC	IFC Management Menu
TI	Test IFC implementation
LI	List incomplete IFC transactions
IFC	IFC Requests
TR	IFC Transaction Report
LK	Locate IFC by Remote Cslt #
BK	Monitor IFC background job parameters
EC	IFC Possible Erroneous Comment Report
IP	IFC Requests By Patient
IR	IFC Requests by Remote Ordering Provider
PI	Print IFC Requests

To get you started placing “CONSULT...” orders via CPRS, the option above which requires immediate attention is the Set up Consult Services (SS) option. Before setting up services, you should define your service hierarchy and determine service functionality.

5.3. Define Service Hierarchy

At this point the site must determine which services/specialties should be set up to receive consults and requests. Consults Tracking Service Worksheets, along with descriptions of the type of information that should be recorded in each field on the worksheets, are provided in Appendix B of this manual to assist you in this process.

The Request Services file (#123.5) is distributed with a small selection of services. The hierarchical relationships are not in place upon distribution. See Appendix C for an example of how these services could be related hierarchically to get you started. Appendix C will Illustrate the file's hierarchy capabilities (similar to the Option file (#19) hierarchy) with “ALL SERVICES” representing the top of the hierarchy.

Note: Due to the tight relationship between CPRS orderable items and this file, a service should NEVER be deleted at any point. The best recommendation would be to disable the service and remove it from the ALL SERVICE hierarchy.

The Service/Specialty hierarchy you define can be as complex as needed to meet service requirements at your site. To get started, you will probably want to specify a small subset of services/specialties and add to them over a period of time. "ALL SERVICES" needs to be the top entry in the hierarchy.

Note: “ALL SERVICES” should be the top hierarchy service. All Services should never be the sub-service of another service.

In order to build the service hierarchy, you will need to know how the service entry in the Request Services file (#123.5) is used. Some services will be used as a GROUPER ONLY and other services may be used for TRACKING ONLY. The SERVICE USAGE field is provided for you to differentiate the services in the hierarchy.

To see your site's hierarchy, use the List Consult Service Hierarchy [GMRC LIST HIERARCHY] option.

User Guidance: If your site is getting an allocation of partition space type of error when ALL SERVICES or another service is specified at the "Select Service/Specialty:" prompt, this is an indication that the hierarchy is set up wrong. This is typically caused by a service being made a sub-service of itself. A service being a sub-service of one of its own sub-services will also manifest this error.

5.4. Service Usage Definition

Whenever a value is defined for the SERVICE USAGE field in the Set up Consults Services [GMRC SETUP REQUEST SERVICES] option, the Service entry will NOT be selectable to send consults to in the CPRS ordering process. Instead, entries in this field reserve the service for special uses within the Consults flow of information.

Service Usages cause functioning as follows:

- UBLANKU: Permits consults and procedure requests to be sent to this service. A service may be reset to blank by entering an @ sign.
- UGROUPER ONLYU: Permits a service to be used for grouping other services together for review purposes, and aids in defining the service hierarchy (e.g., ALL SERVICES,

INPATIENT SERVICES, OUTSIDE SERVICES). During the order process, a user selecting a grouper only service will be shown the service hierarchy under that service grouper. A grouper only service should never be a service a consult is sent to.

- UTRACKING ONLYU: Permits a service to be defined in a hierarchy, but does not permit users ordering consults in CPRS to be able to see or select a service marked for TRACKING ONLY (e.g., Psychology may be defined with its Service Usage blank, and its sub-specialty multiple defined with services of which some or all may be TRACKING ONLY services. This hierarchy facilitates the situation when a service such as Psychology prefers a UcommonU location for all related consults to be sent to. A tracking user at the UcommonU location then "Forward(s)" the request to one of the TRACKING ONLY services for completion). These services are viewable and may be selected directly by Update users for that service.
- UDISABLEDU: Disabled services are not selectable for ordering or tracking. An example of a potential hierarchy a user would see when ? or ?? are entered at a "Select Service/Specialty: ALL SERVICES" prompt follows. It includes notations for Service Usage definition examples.

Refer to Figure 5-1.

Figure 5-1: Service Usage

	Select Service/Specialty: ??
GROUPER →	ALL SERVICES
GROUPER →	INPATIENT SERVICES
	PSYCHIATRY
GROUPER →	RMS
	OCCUPATIONAL THERAPY
	PHYSICAL THERAPY
	CORRECTIVE THERAPY
GROUPER →	MEDICINE
	CARDIOLOGY
TRACKING →	INVASIVE PROCEDURES
TRACKING →	ECHO
TRACKING →	PACEMAKER
	GASTROENTEROLOGY
	HEMATOLOGY
	PULMONARY
	RHEUMATOLOGY
	ENDOCRINOLOGY
	NEPHROLOGY
	INFECTIOUS DISEASE
	DERMATOLOGY
	NEUROLOGY
	GENERAL MEDICINE
	ONCOLOGY
	GETU
	RENAL
GROUPER →	PSYCHOLOGY
	SMOKING CESSATION
	FAMILY/MARRIAGE COUNSELING
	and so forth…

5.5. Determine Service Functionality

The primary option needed to set up your hierarchy of services is the Set up Consults Services (SS) option. This option updates the Request Services file (#123.5).

You can enable the following functionality, depending on how much information you define for each hospital service in the Request Services file (#123.5).

Functionality you define may vary by Service/Specialty. Also, functionality may or may not be inherited, depending on the setting of the PROCESS PARENTS FOR UPDATES (.07) and PROCESS PARENTS FOR NOTIFS (.08) fields. If a child service has a Yes in these fields, then

parents are checked for the appropriate actions. If all services are set to Yes, then all services are checked to the top of the service hierarchy. Alternately, some services can be marked Yes and others marked No. In this case the hierarchy is checked until a No is encountered.

Refer to Table 5-2. Two options provided in the Consult Management [GMRC MGR] menu option permit definition and maintenance of this functionality. All of the fields below may be updated using the Set Up Consult Services [GMRC SETUP REQUEST SERVICES] option. For ongoing maintenance of service users specified in 3 and 4 below, use the Service User Management [GMRC SERVICE USER MGMT] option.

Table 5-2: Service Functionality

Functionality Enabled	**Related Fields That May Be Completed**	**Related Fields That May be Completed**
Feature	Field #	Field Name
Ordering consults from the "ALL SERVICES" hierarchy in CPRS and Review of Consults via the Consults options distributed to users.	.01	NAME
	2	SERVICE USAGE
	10	SUB-SERVICE/SPECIALTY (multiple)
Automatic print of a Consultation Form (SF 513) at the service receiving the consult when CPRS order entry releases the order.	123.09	SERVICE PRINTER
Service/Specialty update of Consults activity with automatic notification to the requesting service and to the original requester of the order upon resolution.	.06	UNRESTRICTED ACCESS
	123.03	NOTIFY SERVICE ON DC
	123.04	SERVICE INDIVIDUAL TO NOTIFY
	123.08	SERVICE TEAM TO NOTIFY (multiple)
	123.1	UPDATE USERS W/O NOTIFICATIONS (multiple)
	123.3	UPDATE TEAMS W/O NOTIFICATIONS (multiple)

Functionality Enabled	Related Fields That May Be Completed	Related Fields That May be Completed
Service/Specialty update of Consults activity with automatic notification to the requesting service and to the original requester of the order upon resolution.	123.35	UPDATE USER CLASSES W/O NOTIFS (multiple)
Automatic notification to service individuals or teams when CPRS releases the order. Assuming these users have the "NEW SERVICE CONSULT" notification turned on.	123.08	SERVICE INDIVIDUAL TO NOTIFY
	123.1	SERVICE TEAM(S) TO NOTIFY (multiple)
	123.2	NOTIFICATION BY PATIENT LOCATION (multiple)
Ability to administratively complete consults, either singly or by date range.	123.33	ADMINISTRATIVE UPDATE USER (multiple)
	123.34	ADMINISTRATIVE UPDATE TEAM (multiple)
	123.5	SPECIAL UPDATES INDIVIDUAL
Ability to administratively complete consults, either singly or by date range.	123.33	ADMINISTRATIVE UPDATE USER (multiple)
	123.34	ADMINISTRATIVE UPDATE TEAM (multiple)
	123.5	SPECIAL UPDATES INDIVIDUAL
Inter-Facility Service Configuration.	123.5134	IFC ROUTING SITE
IFC REMOTE NAME		
IFC SENDING FACILITY		
IFC COORDINATOR		
Secondary Consult Service Printer for Consultation Form (SF 513)	689	SECONDARY PRINTER

5.6. Set Up Consult Services (SS)

The Set Up Consult Services command creates and maintains new records in the REQUEST SERVICES (#123.5) file. The following fields are involved:

- **SERVICE NAME:** This is the Name of a service or specialty which may receive consult/requests. This may also be a name which represents a group of services or specialties.
- **ABBREVIATED PRINT NAME:** This is a commonly known Abbreviation for this Service/Specialty. This name is used to build Consult Notifications and must be 7 characters or less in length.
- **INTERNAL NAME:** This is an alternate name for the service. This name does not appear on printouts or displays but can be used to access the service through the Setup Services (SS) option, or with FileMan.
- **SYNONYM:** Identifies the commonly known names and abbreviations for the Service named in the .01 Name field. Synonyms identified here are used in the look-up of services at “Select Service/Specialty:” prompts as well as during ordering in CPRS.
- **SERVICE USAGE:** Whenever a value is defined in the SERVICE USAGE field, the Service entry will NOT be selectable to send consults TO in the OE/RR ordering process. Service Usages cause functioning as follows:
    - **GROUPER ONLY:** Allows a service to be used for grouping other services together for review purposes, and aids in defining the service hierarchy (e.g., ALL SERVICES, INPATIENT SERVICES, OUTSIDE SERVICES). During the order process, a user selecting a grouper only service will be shown the service hierarchy under that service grouper. A Grouper ONLY service should never be a "TO" Service on a consult.
    - **TRACKING ONLY:** Allows a service to be defined in a hierarchy but will not allow users ordering consults in OE/RR to be able to see or select a service marked for TRACKING ONLY. (e.g., Psychology may be defined with its Service Usage blank, and its Sub-specialty multiple defined with services of which some or all may be "TRACKING ONLY" services. This hierarchy facilitates the situation when a service, such as Psychology, prefers a common location for all related consults to be sent to. A Tracking user at the common location then "Forwards" the request to one of the sub-service TRACKING ONLY services for completion.) Update users for the service can see and order directly to a tracking service.
    - **DISABLED:** Disabled services are not selectable for ordering or tracking. Existing requests for a disabled service may still be processed to completion.
    - **SERVICE PRINTER:** Allows the service/specialty to identify a device that will be used for printing Consult Forms (SF 513) 'automatically' at the service when the consult/request order is released by CPRS. If the device is not defined, the Consult Form will not print unless a default service copy device is defined for the

Consults package for the ordering location. The default service copy device parameter can be found by using the Print Parameters for Wards/Clinics [OR PARAM PRINTS (LOC)] option.

- **SECONDARY PRINTER:** Allows the service/specialty to identify a secondary printer device that will be used for printing Consult Forms (SF 513) at a second location when the consult/request order is released by CPRS and during any print request for SF 513.
- **NOTIFY SERVICE ON DC**: Controls when members configured to receive notifications for this service in the Consult hierarchy will be alerted to a consult being discontinued. This field can be set to ALWAYS, NEVER, or REQUESTOR ACTION. REQUESTOR ACTION stipulates notification only if the user discontinuing the consult is not an update user for the consulting service.
- **REPRINT 513 ON DC:** This field will determine if the SF 513 should reprint to the consulting service when a consult is discontinued. Again, the three choices are ALWAYS, NEVER, or REQUESTOR ACTION. REQUESTOR ACTION stipulates reprinting only if the user discontinuing the consult is not an update user for the consulting service.
- **PROVISIONAL DX PROMPT:** Used by CPRS to determine how to prompt for the provisional diagnosis when ordering consults for this service. If this field is set to OPTIONAL, the user will be prompted for the provisional diagnosis but may bypass answering the prompt. If the field is set to SUPPRESS, the user will not be presented with the provisional diagnosis prompt. If set to REQUIRED, the user must answer the prompt to continue placing the order.
- **PROVISIONAL DX INPUT:** Determines the method that CPRS uses to prompt the user for input of the provisional diagnosis when ordering a consult. If set to FREE TEXT, the user may type any text from 2-80 characters in length. If set to LEXICON, the user will be required to select a coded diagnosis from the Clinical Lexicon.
- **PREREQUISITE:** This word-processing field is utilized to communicate pre-requisite information to the ordering person prior to ordering a consult to this service. This field is presented to the ordering person upon selecting a Consult service and allows them to abort the ordering at that time if they choose. TIU objects may be embedded within this field which are resolved for the current patient during ordering. Any TIU objects must be contained within vertical bars (e.g. |BLOOD PRESSURE|).
- **DEFAULT REASON FOR REQUEST:** The default text used as the reason for request when ordering a consult for this service. This field allows a boilerplate of text to be imported into the reason for request when placing consult orders for this service. If the user places an order using a quick order having boilerplate text, that text supersedes any default text stored in this field. This field may contain any text including TIU objects. TIU Objects must be enclosed in vertical bars (e.g. |PATIENT NAME|).

- **RESTRICT DEFAULT REASON EDIT:** If a DEFAULT REASON FOR REQUEST exists for this service this field effects the ordering person's ability to edit the default reason while placing an order. This variable can be set to UNRESTRICTED, NO EDITING, or ASK ON EDIT ONLY. If the third value, ASK ON EDIT ONLY, is used, the user is only allowed to edit the default reason if the order is edited before releasing to the service.
- The following three fields are only filled in if this is an Inter-Facility consult. The first two are used if you are a requesting facility. The third, IFC SENDING FACILITY, is used if you are a consulting facility.
  - **IFC ROUTING SITE:** This field contains the VA facility that will perform consults requested for this service. When a consult for this service is ordered, it will automatically be routed to the VA facility in this field.
  - **IFC REMOTE NAME:** This field contains the name of the service that will be requested at the VAMC defined in the IFC ROUTING SITE field. Enter the name of the service exactly as it is named at the remote facility. If this name does not match the name of the service at the routing site, the request will fail to be filed at the remote site. This will delay or prohibit the performance and processing of this request.
  - **IFC SENDING FACILITY**: This is a multiple containing the facilities from which your site may receive Inter-Facility Consults for this consult. As with all IFC fields, they must be an exact match.

- **SERVICE INDIVIDUAL TO NOTIFY:** A user may be identified in this field as having primary responsibility for receiving consults and tracking them through to completion or discontinuance. This individual will receive a "NEW SERVICE CONSULT" notification type when a new order is released to the service through CPRS. The user must have the "NEW SERVICE CONSULT/REQUEST" notification type enabled.
- **SERVICE TEAM TO NOTIFY:** The name of the Service Team that is to receive notifications of actions taken on a consult. A team of users may be identified (from the OE/RR LIST file #100.21) who will receive a "NEW SERVICE CONSULT" notification when a new order is released to the service through OE/RR. The individuals on the teams must have the "NEW SERVICE CONSULT/REQUEST" notification type turned "ON". Team members will be able to perform update tracking capabilities.

  Note: The service team does not receive the CONSULT/REQUEST UPDATED notification if another member of that team or an update user is the user adding the comment. (Remedy Ticket 903302 pointed this out.)
- **NOTIFICATION BY PT LOCATION:** A ward location or hospital location which the service wishes to assign a service individual or team to. When a consult or request is ordered, notifications to the receiving service checks to see if the patient’s location is defined here. If defined, notifications are sent to an individual and/or members of a team specifically associated with this location.

- **PROCESS PARENTS FOR NOTIFS:** This field, if set to YES, causes the parent service of this service to be processed when determining notification recipients. The check is carried up the chain until ALL SERVICES is reached or until a service is marked NO.
- **UPDATE USERS W/O NOTIFICATIONS:** A list of individuals who can do update tracking, but who will not get a notification.
- **UPDATE TEAMS W/O NOTIFICATIONS:** A list of teams to be assigned update authority for this service. All clinicians in the teams have update authority no matter what patients are in the teams.
- **UPDATE USER CLASS W/O NOTIFS:** A list of user classes to be assigned update authority for this service. All persons assigned to the user classes included have update authority with the current service.
- **ADMINISTRATIVE UPDATE USER:** A list of the users for a service who can perform Administrative Completes (Completes without a note attached). Optionally, this individual can be set as a notification recipient.
- **ADMINISTRATIVE UPDATE TEAM:** This is a list that contains the names of team lists from the OE/RR LIST (#100.21) file. All provider/users of the teams will have administrative update authority for requests directed to this service and the teams can optionally be designated as notification recipients.
- **PROCESS PARENTS FOR UPDATES:** This field, if set to YES, will cause the parent services of this service to be screened to determine update authority for a given user. Hence, if an individual is set as an update user in a grouper service, this individual will have privileges for all sub-services that have this field set to YES.
- **SPECIAL UPDATES INDIVIDUAL:** This individual will have privileges to perform group status updates for this service or any of the entries in the SUB-SERVICE/ SPECIALTY field. It is recommended that this individual be a responsible service update user or a Clinical Application Coordinator. If given the option Group update of consult/procedure requests [GMRCSTSU], the user will be able to choose all requests within a date range that are pending, active or both and update the request to discontinued or complete. This will also update the related order in CPRS to the same status.
- **RESULT MGMT USER CLASS:** This field defines the Authorization/Subscription User Class that is permitted to disassociate a Medicine result from a Consult request. It is recommended that this function be restricted to a very select group of individuals.
- **UNRESTRICTED ACCESS:** This field, if set to yes will allow all users to perform the full range of update activities on consult or procedure requests directed to this service. If this field is set to yes, all other fields related to assignment of update users are ignored. The SERVICE INDIVIDUAL TO NOTIFY and the SERVICE TEAM(S) TO NOTIFY fields are still used to determine notification recipients for each individual service.
- **SUB-SERVICE/SPECIALTY:** This is the list of sub-service/specialties that are grouped under this Service. The sub-service/specialty entries must each be defined as entries in this file. There is no limit on how deep the hierarchy of services may be

defined. The only requirement is that the "ALL SERVICES" entry be at the top of the hierarchy. It is also highly recommended that a service be defined as the sub-service of only one entry in the hierarchy.

- **ADMINISTRATIVE:** This field, if set to yes, will allow requests placed to this service to be excluded from the Consults Performance Monitor report. When a request is directed to a service marked as administrative, the request itself is also marked as administrative. This is done via a Trigger cross-reference on the TO SERVICE field of file 123.

Refer to Figures 5-2 to 5-5, which furnish an example of the set-up of a new service, ARTHRITIS.

Figure 5-2: Set-Up Example

```
Select Consult Management Option: SS  Set up Consult Services
Select Service/Specialty:ARTHRITIS
  Are you adding 'ARTHRITIS' as a new REQUEST SERVICES (the 38TH)? No// Y
  (Yes)
SERVICE NAME: ARTHRITIS// <Enter>
ABBREVIATED PRINT NAME (Optional): ARTH
INTERNAL NAME: <Enter>
Select SYNONYM: AR
  Are you adding 'AR' as a new SYNONYM (the 1ST for this REQUEST SERVICES)? No//
 Y
  (Yes)
Select SYNONYM: <Enter>
SERVICE USAGE: ?
     Enter '1' if the service is Grouper Only, 2 if the service is to be used
     for TRACKING Only, and 9 to DISABLE the service.
     Choose from:
       1        GROUPER ONLY
       2        TRACKING ONLY
       9        DISABLED
SERVICE USAGE: 2  TRACKING ONLY
SERVICE PRINTER: LASER
     1   LASER        PRINTER ROOM LN11 12 PITCH     _LTA36:            P-LN03.1
2
     2   LASERJET 4SI        OVER THERE      _LTA318:            P-HPLASER-P12
     3   LASERJET COMPRESSED        NORTHWEST QUAD     _LTA318:            P-HPL
J3-COMPR. PORT MODE
CHOOSE 1-3: 1  LASER      PRINTER ROOM LN11 12 PITCH     _LTA36:            P-LN
03.12
SECONDARY PRINTER: <Enter>
NOTIFY SERVICE ON DC: <Enter>
REPRINT 513 ON DC: <Enter>
PROVISIONAL DX PROMPT: <Enter>
PROVISIONAL DX INPUT: <Enter>
PREREQUISITE:
  1> <Enter>
DEFAULT REASON FOR REQUEST:
  1> <Enter>
RESTRICT DEFAULT REASON EDIT: <Enter>

Inter-facility information
IFC ROUTING SITE: <Enter>
IFC REMOTE NAME: <Enter>
Select IFC SENDING FACILITY: <Enter>

SERVICE INDIVIDUAL TO NOTIFY: CPRSPROVIDER,ONE         OC          PHYSICIAN
Select SERVICE TEAM TO NOTIFY: <Enter>
Select NOTIFICATION BY PT LOCATION: <Enter>
PROCESS PARENTS FOR NOTIFS: <Enter>
Select UPDATE USERS W/O NOTIFICATIONS: CPRSSTUDENT,ONE    OC         MEDICAL
STUDENT III
  Are you adding CPRSSTUDENT,ONE as
    a new UPDATE USERS W/O NOTIFICATIONS (the 1ST for this REQUEST SERVICES)? No
// Y
```

Figure 5-3: Set-Up Example (continued)

```
  (Yes)
Select UPDATE TEAMS W/O NOTIFICATIONS: <Enter>
Select UPDATE USER CLASS W/O NOTIFS: ORTHOTIST/PROSTHETIST
  Are you adding 'ORTHOTIST/PROSTHETIST' as
    a new UPDATE USER CLASSES W/O NOTIFS (the 1ST for this REQUEST SERVICES)? No
// Y
  (Yes)
Select UPDATE USER CLASS W/O NOTIFS: RHEUMATOLOGIST
  Are you adding 'RHEUMATOLOGIST' as
    a new UPDATE USER CLASSES W/O NOTIFS (the 2ND for this REQUEST SERVICES)? No
// Y
  (Yes)
Select UPDATE USER CLASS W/O NOTIFS: <Enter>
Select ADMINISTRATIVE UPDATE USERS: CPRSTECHNICIAN,FOUR      FC    MEDICAL RECORD
TECHNICIAN
  Are you adding CPRSTECHNICIAN,FOUR' as
    a new ADMINISTRATIVE UPDATE USERS(the 1ST for this REQUEST SERVICES)? No
// Y
  (Yes)

Select NOTIFICATION RECIPIENT: <Enter>
Select ADMINISTRATIVE UPDATE USERS: <Enter>
Select ADMINISTRATIVE UPDATE TEAMS: <Enter>
PROCESS PARENTS FOR UPDATES: Y  YES
SPECIAL UPDATES INDIVIDUAL: CPRSPROVIDER,THREE     TC       CHIEF, MEDICAL SERVICE
RESULT MGMT USER CLASS: CHIEF, MIS
UNRESTRICTED ACCESS: N  NO
Select SUB-SERVICE/SPECIALTY: <Enter>
ADMINISTRATIVE:  ?
     ENTER 'YES' IF THIS SERVICE IS ADMINSTRATIVE IN NATURE.
     Choose from:
       0        NO
       1        YES

ADMINISTRATIVE: 0 No

Add/Edit Another Service? N// <Enter>

Select Consult Management Option:
```

Note: When you create a new service, it is not automatically linked into the Consults hierarchy. You must explicitly group each service under ALL SERVICES or under another service that in turn is grouped under ALL SERVICES. Until this is done, the new service is not visible in the service hierarchy and cannot be selected for any action.

Use the Set-Up Consult Services (SS) action to group services. Refer to Figure 5-4. In this example, the ARTHRITIS service is grouped under ALL SERVICES:

Figure 5-4: Set-Up Consult Services Group Example

```
Select Consult Management Option: SS  Set up Consult Services
SERVICE NAME: ALL SERVICES
ABBREVIATED PRINT NAME (Optional): <Enter>
Select SYNONYM: <Enter>
SERVICE USAGE: GROUPER ONLY//<Enter>
SERVICE PRINTER: <Enter>
SECONDARY PRINTER: <Enter>
NOTIFY SERVICE ON DC: <Enter>
REPRINT 513 ON DC: <Enter>
PROVISIONAL DX PROMPT: <Enter>
PROVISIONAL DX INPUT: <Enter>
PREREQUISITE:
  1> <Enter>
DEFAULT REASON FOR REQUEST:
  1> <Enter>
RESTRICT DEFAULT REASON EDIT: <Enter>

SERVICE INDIVIDUAL TO NOTIFY: <Enter>
Select SERVICE TEAM TO NOTIFY: <Enter>
Select NOTIFICATION BY PT LOCATION: <Enter>
PROCESS PARENTS FOR NOTIFS: <Enter>

Select UPDATE USERS W/O NOTIFICATIONS: <Enter>
Select UPDATE USER CLASS W/O NOTIFS: <Enter>
Select ADMINISTRATIVE UPDATE USER: <Enter>
Select ADMINISTRATIVE UPDATE USER: <Enter>
Select ADMINISTRATIVE UPDATE TEAM: <Enter>
PROCESS PARENTS FOR UPDATES: <Enter>

SPECIAL UPDATES INDIVIDUAL: <Enter>
UNRESTRICTED ACCESS: <Enter>
Select SUB-SERVICE/SPECIALTY: Oncology// ARTHRITIS
  Are you adding 'ARTHRITIS' as a new SUB-SERVICE (the 15TH for this REQUEST SER
VICES)? No// Y
  (Yes)
  MNEMONIC: <Enter>
Select SUB-SERVICE/SPECIALTY: <Enter>


Add/Edit Another Service?
```

5.7. Healthcare Claims Processing System (HCPS), CCRA COMMUNITY CARE, and DOD TREATMENT Consult Service Set-up

Use the following steps to send a consult to HCPS or to CCRA:

1. Select SS Set Up Consult Services.
2. Set up a new consult service that contains 'NON VA CARE HCPS' (e.g., NON VA CARE HCPS HEMODIALYSIS). Note that the service name must contain "NON VA CARE HCPS" as the prefix in order to be processed by HCPS. This naming convention was created to adhere to existing Non VA Care (NVC) naming and reporting standards. All NVC services begin with "NON VA CARE". "HCPS" was also added to identify the transactions that will be sent to HCPS. All services that are intended to be sent to HCPS must contain "HCPS" after "NON VA CARE" (e.g., NON VA CARE HCPS…). To send consults to CCRA, the consult service needs to begin with "COMMUNITY CARE-". This exact naming will allow the system to transfer community care consults to CCRA's HealthShare Referral Manager (HSRM) application. Similarly, for DOD, the service name needs to begin with "DOD TREATMENT".
3. When setting up a community care consult service, you will be prompted to enter a community care clinic to use when making an appointment. When editing or entering a community care consult service, you will be prompted with the following:

   SELECT HOSPITAL LOCATION NAME: This field is only displayed if the consult service is for a community care consult. If entering or editing a community care consult, select a community care clinic that will be used when scheduling appointments.
4. Associate the new consult service with the appropriate template.
5. When the template is selected from the Order a Consult screen, it will be routed to HCPS once filled out and accepted.

5.8. Quick Orders

1. Define the quick order with the Enter/edit quick orders option of the Order Menu Management menu.
2. Put the quick order on an order entry menu with the Enter/edit order menus option of the Order Menu Management menu.

Refer to Figures 5-5 to 5-7, which depict the set-up of a quick order called NUTRITION:

Figure 5-5: Quick Order Example

```
Select Order Menu Management Option: ?

   OI     Enter/edit orderable items
   PM     Enter/edit prompts
   GO     Enter/edit generic orders
   QO     Enter/edit quick orders
   ST     Enter/edit order sets
   AC     Enter/edit actions
   MN     Enter/edit order menus
   AO     Assign Primary Order Menu
   CP     Convert protocols
   SR     Search/replace components

Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.

Select Order Menu Management Option: QO  Enter/edit quick orders
Select QUICK ORDER NAME: NUTRITION
NAME: NUTRITION// <Enter>
DISPLAY TEXT: NUTRITION CONSULT
VERIFY ORDER:
DESCRIPTION:
  1>Nutrition Consult
  2><Enter>
EDIT Option: <Enter>

Consult to Service/Specialty: DIETARY
Reason for Request: . . .
  1> [ ]food preferences by pt request  [ ]nutrition assessment
  2> [ ]chewing/swallowing problems     [ ]nutrient intake study (calories)
  3> [ ]recommended oral supplements    [ ]recommended diet order
  4> [ ]malnutrition - diagnosis        [ ]NPO/clear liquids > 5 days
  5> [ ]initiate tube feeding           [ ]monitor tube feeding
  6> [ ]renal nutrition consult         [ ]diet intruction
  7> [ ]see MD re:patient               [ ]schedule to nutrition class
  8> [ ]10-1 referral                   [ ]outpatient nutrition education
  9>
 10>Present Diagnosis:
 11>Nutritionally relevant PMH/PSH:
 12>Current diet rx:
 13>Current albumin:            Date:
 14>Current weight (kg):        Date:
 15>H/O wt changes or problems with intake:
 16>
 17>            ****   Fill in this form before transmitting   ****
 18><Enter>
```

Figure 5-6: Quick Order Example (continued)

```
EDIT Option: <Enter>
Category: <Enter>
Urgency: <Enter>
Place of Consultation: <Enter>
Attention: <Enter>
Provisional Diagnosis: <Enter>

-------------------------------------------------------------------------------
Consult to Service/Specialty: DIETARY
          Reason for Request:  [ ]food preferences by pt request  [ ]n ...
-------------------------------------------------------------------------------

(P)lace, (E)dit, or (C)ancel this quick order? PLACE// <Enter>

Select QUICK ORDER NAME: <Enter>

Select Order Menu Management Option: MN  Enter/edit order menus
Select ORDER MENU: OR GMENU OTHER ORDERS
```

```
Menu Editor                    Mar 31, 1998 13:18:25          Page:    1 of    3
Menu: OR GMENU OTHER ORDERS                                     Column Width: 26
U 1                         2                         3                         4
|0  CONSULT...             30 PROCEDURE...
|   Family/Marriage Counsel
|
|
+
|
|
|
|
1
|
|
|
|
+
|
|
+         + Next Screen  - Prev Screen  ?? More Actions                     >>>
    Menu Items                Text or Header            Row

Add: me   Menu Items
ITEM: NU
```

```
     1   NUTRITION
     2   NURSING  OR GXNURS NURSING ITEM
CHOOSE 1-2: 1  NUTRITION
ROW: 3
COLUMN: 1
DISPLAY TEXT: Nutrition
MNEMONIC: NU
```

Figure 5-7: Quick Order Example (continued)

```
ITEM: <Enter>

Rebuilding menu display ...
```

```
Menu Editor                    Mar 31, 1998 13:20:13          Page:    1 of    3
Menu: OR GMENU OTHER ORDERS                                     Column Width: 26
U 1                          2                         3                         4
|0  CONSULT...              30 PROCEDURE...
|   Family/Marriage Counsel
|NU Nutrition
|
+
|
|
|
|
1
|
|
|
|
+
|
|
+         + Next Screen  - Prev Screen  ?? More Actions                    >>>
  Add ...             Edit ...            Assign to User(s)   Select New Menu
  Remove ...          Toggle Display      Order Dialogs ...   Quit
Select Action: Next Screen//
```

5.9. Service Consults Pending Resolution

The purpose of the Service Consults Pending Resolution option is to list the pending and active consults. Use it to stay informed about the overall status of consults for your service. Someone in each clinic or service should review this list daily to make sure that all consults are being attended to. Refer to Figure 5-8. In this example, the option is used to view pending and active Pulmonary consults.

Figure 5-8: Service Consults Pending Resolution Example

```
Select Consult Service Tracking Option: ?

   CS     Consult Service Tracking
   PC     Service Consults Pending Resolution
   ST     Completion Time Statistics

Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.

Select Consult Service Tracking Option: PC  Service Consults Pending Resolution
Select Service/Specialty: PULMONARY
```

```
UGMRC PENDING CONSULTS         Oct 08, 1997 08:16:39          Page:    1 of    2□U
SERVICE CONSULTS PENDING RESOLUTION
To Service:  PULMONARY
U Status      Last Action   Request Date  Patient Name         Pt Location      □U
Pending    ENTERED IN OE/RR  10/07/97 CPRSPATIENT,O. (0001)   PULMONARY CLINIC
Pending    ENTERED IN OE/RR  10/07/97 CPRSPATIENT,T. (0002)   PULMONARY CLINIC
Pending    ENTERED IN OE/RR  10/07/97 CPRSPATIENT,T. (0003)   PULMONARY CLINIC
Pending    ENTERED IN OE/RR  05/06/97 CPRSPATIENT,F. (0004)
Pending    COMPLETED         05/06/97 CPRSPATIENT,F. (0004)
Active     ENTERED IN OE/RR  09/04/97 CPRSPATIENT,F. (0005)   2B
Active     ENTERED IN OE/RR  08/21/97 CPRSPATIENT,S. (0006)   1A
Active     ENTERED IN OE/RR  08/21/97 CPRSPATIENT,S. (0007)   1A
Active     ENTERED IN OE/RR  08/21/97 CPRSPATIENT,E. (0008)   2B
Active     ENTERED IN OE/RR  07/21/97 CPRSPATIENT,N. (0009)   2B
Active     ENTERED IN OE/RR  07/16/97 CPRSPATIENT,R. (0010)   1A
Active     ENTERED IN OE/RR  05/21/97 CPRSPATIENT,E. (0008)   2B
Active     ENTERED IN OE/RR  05/21/97 CPRSPATIENT,S. (0007)   PULMONARY CLINIC
Active     ENTERED IN OE/RR  02/03/97 CPRSPATIENT,E. (0011)
Active     ENTERED IN OE/RR  02/03/97 CPRSPATIENT,E. (0011)
Active     ENTERED IN OE/RR  01/15/97 CPRSPATIENT,T. (0012)   1A
+         Enter ?? for more actions

Select Item(s): Next Screen//
```

5.10. Service User Management (SU)

This option is used to make the most needed changes after a service has been created. This option changes fields that are all in records in the REQUEST SERVICES (#123.5) file. They include the following:

- **SERVICE INDIVIDUAL TO NOTIFY:** An individual who will receive a default notification of any action taken on a consult.
- **SERVICE TEAM TO NOTIFY:** The name of the Service Team that is to receive notifications of any actions taken on a consult.

  Note: The service team does not receive the CONSULT/REQUEST UPDATED notification if another member of that team or an update user is the user adding the comment. (Remedy Ticket 903302 pointed this out.)
- **NOTIFICATION BY PT LOCATION:** The name of a hospital location that is to receive notifications of any actions taken on a consult.
- **UPDATE USERS W/O NOTIFICATIONS:** The name of an individual who can do update tracking, but who will not get a notification.
- **UPDATE TEAMS W/O NOTIFICATIONS:** A team list of users to be assigned update authority for this service.
- **UPDATE USER CLASS W/O NOTIFS:** A user class to be assigned update authority for this service.
- **ADMINISTRATIVE UPDATE USER:** An individual who can perform Administrative Completes (Completes without a note attached).
- **ADMINISTRATIVE UPDATE TEAM:** A team who can perform Administrative Completes (Completes without a note attached).
- **SPECIAL UPDATES INDIVIDUAL:** This is the individual who can perform special updates for this particular service.

In order for the Service users to actually receive a new consult notification, the users must have the notification “NEW SERVICE CONSULT/REQUEST” turned ON for their use. See the CPRS Clinical Coordinator & User Manual NOTIFICATION MGMT MENU option for more information on notifications and how to set them up.

Teams of users may be defined by an individual or team members with access to the “Team Management Menu” provided by CPRS. See the CPRS Clinical Coordinator & User Manual for more information on Team Management and its recommended menu access. It is important to know that team users are sent the notification regardless of any patients who may be defined in that team list.

An example of setting up notifications is shown on the next page.

Refer to Figure 5-9. In the following example no changes are made. The prompts in the Service User Management option are cycled through so the prompts are identifiable.

Figure 5-9: Notification Set-Up Example

```
Select OPTION NAME:    GMRC MGR        Consult Management      menu

Select Consult Management Option: SU  Service User Management

Select Service/Specialty: ARTHRITIS
SERVICE INDIVIDUAL TO NOTIFY: CPRSPROVIDER,FOUR//
Select SERVICE TEAM TO NOTIFY:
Select NOTIFICATION BY PT LOCATION:

Select UPDATE USERS W/O NOTIFICATIONS: SNOW,CHARLES R
         //
Select UPDATE TEAMS W/O NOTIFICATIONS:
Select UPDATE USER CLASS W/O NOTIFS:
Select ADMINISTRATIVE UPDATE USER:
Select ADMINISTRATIVE UPDATE TEAM:
SPECIAL UPDATES INDIVIDUAL:

Select Service/Specialty:
```

The individual and team names displayed are the current default values. In most cases they are the most recently used value for that prompt.

Refer to Figure 5-10. To set-up an individual to have update activities but receive no notification, do the following. This example sets up CPRSProvider, Three will have update privileges.

Figure 5-10: Set-Up without Notification Example

```
Select OPTION NAME:    GMRC MGR        Consult Management      menu

Select Consult Management Option: SU  Service User Management

Select Service/Specialty: MEDICINE
SERVICE INDIVIDUAL TO NOTIFY: CPRSPROVIDER,FOUR//
Select SERVICE TEAM TO NOTIFY:
Select NOTIFICATION BY PT LOCATION:

Select UPDATE USERS W/O NOTIFICATIONS: CPRSPROVIDER,ONE
         // ?
 Answer with UPDATE USERS W/O NOTIFICATIONS
Choose from:
   CPRSPROVIDER,SIX
   CPRSPROVIDER,SEVEN
   CPRSPROVIDER,FIVE
   CPRSPROVIDER,ONE

     You may enter a new UPDATE USERS W/O NOTIFICATIONS, if you wish
     Enter the name of individual who can do update tracking, but who will
     not get a notification.
 Answer with NEW PERSON NAME, or INITIAL, or SSN, or VERIFY CODE, or
     NICK NAME, or KEY DELEGATION LEVEL, or DEA#, or VA#, or
     SOCIAL WORKER ?, or POSITION/TITLE, or TRANSCRIPTIONIST ID, or
     ALIAS
 Do you want the entire 101-Entry NEW PERSON List? N  (No)
Select UPDATE USERS W/O NOTIFICATIONS: CPRSPROVIDER,ONE
         // CPRSPROVIDER,THREE         TC          CHIEF, MEDICAL SERVICE
  Are you adding 'CPRSPROVIDER,THREE' as
    a new UPDATE USERS W/O NOTIFICATIONS (the 5TH for this REQUEST SERVICES)? No
// Y
  (Yes) ??
Select UPDATE USERS W/O NOTIFICATIONS: CPRSPROVIDER,THREE
         // <Enter>
Select UPDATE TEAMS W/O NOTIFICATIONS:
Select UPDATE USER CLASS W/O NOTIFS:
Select ADMINISTRATIVE UPDATE USER:
Select ADMINISTRATIVE UPDATE TEAM:
SPECIAL UPDATES INDIVIDUAL:
Select Service/Specialty: <Enter>

Select Consult Management Option:
```

Sometimes it is necessary to administratively Complete (CT) consults that for one reason or another have not been resolved. To set up an individual who can complete other people's consults do the following. This example sets up Ben Casey as an administrative user who can complete any Medicine Consult without a signature. Refer to Figure 5-11.

Figure 5-11: Individual Set-Up Example

```
Select OPTION NAME:    GMRC MGR        Consult Management      menu

Select Consult Management Option: SU  Service User Management

Select Service/Specialty: MEDICINE
SERVICE INDIVIDUAL TO NOTIFY: CPRSPROVIDER,FOUR//
Select SERVICE TEAM TO NOTIFY:
Select NOTIFICATION BY PT LOCATION:

Select UPDATE USERS W/O NOTIFICATIONS: CPRSPROVIDER,ONE
         // ?
 Answer with UPDATE USERS W/O NOTIFICATIONS
Choose from:
   CPRSPROVIDER,SIX
   CPRSPROVIDER,SEVEN
   CPRSPROVIDER,FIVE
   CPRSPROVIDER,ONE

     You may enter a new UPDATE USERS W/O NOTIFICATIONS, if you wish
     Enter the name of individual who can do update tracking, but who will
     not get a notification.
 Answer with NEW PERSON NAME, or INITIAL, or SSN, or VERIFY CODE, or
     NICK NAME, or KEY DELEGATION LEVEL, or DEA#, or VA#, or
     SOCIAL WORKER ?, or POSITION/TITLE, or TRANSCRIPTIONIST ID, or
     ALIAS
 Do you want the entire 101-Entry NEW PERSON List? N  (No)
Select UPDATE USERS W/O NOTIFICATIONS: CPRSPROVIDER,ONE
         // CPRSPROVIDER,THREE         TC          CHIEF, MEDICAL SERVICE
  Are you adding 'CPRSPROVIDER,THREE' as
    a new UPDATE USERS W/O NOTIFICATIONS (the 5TH for this REQUEST SERVICES)? No
// Y
  (Yes) ??
Select UPDATE USERS W/O NOTIFICATIONS: CPRSPROVIDER,THREE
         // <Enter>
Select UPDATE TEAMS W/O NOTIFICATIONS:
Select UPDATE USER CLASS W/O NOTIFS:
Select ADMINISTRATIVE UPDATE USER:
Select ADMINISTRATIVE UPDATE TEAM:
SPECIAL UPDATES INDIVIDUAL:
Select Service/Specialty: <Enter>

Select Consult Management Option:
```

Providers in the following categories have the authority to complete a consult for a service by writing a TIU document or attaching a medicine result:

- SERVICE INDIVIDUAL TO NOTIFY
- SERVICE TEAM TO NOTIFY
- NOTIFICATION BY PT LOCATION
- NOTIFICATION BY PT LOCATION, INDIVIDUAL and/or TEAM
- UPDATE USERS W/O NOTIFICATIONS
- UPDATE TEAMS W/O NOTIFICATIONS

- UPDATE USER CLASS W/O NOTIFS

Administrative updates differ from other complete actions in that they do not require a TIU note. The intention is for consults that are not to be completed normally (i.e., pt no-show) to be taken off the books. In the GUI (Windows) interface, Administrative Complete has its own menu command under consults tracking. If the current user has these privileges, then the menu command is activated by the program. In the List Manager interface, there is only the Complete (CT) command. If a user has both regular completion privileges and Administrative Complete privileges, the program inquiries regarding which Complete to pursue. To set up an individual who has update privileges and receives "NEW SERVICE CONSULT/REQUEST" notifications do the following. This example sets up Dr. Maven to receive alerts when a consult comes to the Medicine clinic. Refer to Figure 5-12.

Figure 5-12: Individual with Privileges Set-Up Example

```
Select OPTION NAME: GMRC MGR          Consult Management      menu

Select Consult Management Option: SU  Service User Management

Select Service/Specialty: MEDICINE

SERVICE INDIVIDUAL TO NOTIFY: CPRSPROVIDER,ELEVEN// CPRSPROVIDER,TEN         TC
    PHYSICIAN
Select SERVICE TEAM TO NOTIFY: <Enter>
Select NOTIFICATION BY PT LOCATION: <Enter>

Select UPDATE USERS W/O NOTIFICATIONS: CPRSPROVIDER,ONE
         // <Enter>
Select UPDATE TEAMS W/O NOTIFICATIONS: <Enter>
Select UPDATE USER CLASS W/O NOTIFS: <Enter>
Select ADMINISTRATIVE UPDATE USER: CPRSPROVIDER,FIVE
         // <Enter>
  ADMINISTRATIVE UPDATE USER: CPRSPROVIDER,FIVE// <Enter>
  NOTIFICATION RECIPIENT: <Enter>
Select ADMINISTRATIVE UPDATE USER: <Enter>
Select ADMINISTRATIVE UPDATE TEAM: <Enter>
SPECIAL UPDATES INDIVIDUAL: CPRSPROVIDER,FIVE// <Enter>

Select Service/Specialty:
```

To set up a predefined team of clinicians for a service that has update privileges and receives NEW SERVICE CONSULT/REQUEST notifications do the following. In this example, to set up the Gold team to receive notifications do the following: (Team set up is discussed in the CPRS Clinical Coordinator & User Manual.) Refer to Figure 5-13.

Figure 5-13: Team with Privileges Set-Up Example

```
Select OPTION NAME: GMRC MGR          Consult Management      menu

Select Consult Management Option: SU  Service User Management

SERVICE INDIVIDUAL TO NOTIFY: CPRSPROVIDER,ELEVEN// <Enter>
Select SERVICE TEAM TO NOTIFY: GOLD
Select NOTIFICATION BY PT LOCATION: <Enter>

Select UPDATE USERS W/O NOTIFICATIONS: SNOW,CHARLES R
         // <Enter>
Select UPDATE TEAMS W/O NOTIFICATIONS: <Enter>
Select UPDATE USER CLASS W/O NOTIFS: <Enter>
Select ADMINISTRATIVE UPDATE USER: CPRSPROVIDER,FIVE
         // <Enter>
  ADMINISTRATIVE UPDATE USER: CPRSPROVIDER,FIVE// <Enter>
  NOTIFICATION RECIPIENT: <Enter>
Select ADMINISTRATIVE UPDATE USER: <Enter>
Select ADMINISTRATIVE UPDATE TEAM: <Enter>
SPECIAL UPDATES INDIVIDUAL: CPRSPROVIDER,FIVE// <Enter>


Select Service/Specialty:
```

To set up individuals and a predefined team associated with a hospital ward location that have update activities and receives “NEW SERVICE CONSULT/REQUEST” notifications: (In this example we set up ward 2B Medical to receive notifications, along with Dr. Snow and the Green team. Team set up is discussed in the CPRS Clinical Coordinator & User Manual.) The users entered in the NOTIFICATION BY LOCATION sub-fields will ONLY be notified if the requesting location for the consult matches the location for which they are entered here. So, in the case of the following example CPRSPROVIDER,ONE would only be notified for consults coming from 2B MED. Refer to Figure 5-14.

Figure 5-14: Predefined Location-based Team Set-Up Example

```
Select Consult Management Option: SU  Service User Management

Select Service/Specialty: MEDICINE
SERVICE INDIVIDUAL TO NOTIFY: CPRSPROVIDER,ELEVEN// <Enter>
Select SERVICE TEAM TO NOTIFY: <Enter>
Select NOTIFICATION BY PT LOCATION: 1A// 2B

     Searching for a Enter Ward Location
     1   2B  2B
     2   2B MED  2B MED
CHOOSE 1-2: 2  2B MED
  INDIVIDUAL TO NOTIFY: CPRSPROVIDER,ONE         OC          PHYSICIAN
  TEAM TO NOTIFY: GREEN
Select NOTIFICATION BY PT LOCATION: <Enter>
Select UPDATE USERS W/O NOTIFICATIONS: CPRSPROVIDER,ONE
         // <Enter>
Select UPDATE TEAMS W/O NOTIFICATIONS: <Enter>
Select UPDATE USER CLASS W/O NOTIFS: <Enter>
Select ADMINISTRATIVE UPDATE USER: CPRSPROVIDER,FIVE
         // <Enter>
  ADMINISTRATIVE UPDATE USER: CPRSPROVIDER,FIVE// <Enter>
  NOTIFICATION RECIPIENT: <Enter>
Select ADMINISTRATIVE UPDATE USER: <Enter>
Select ADMINISTRATIVE UPDATE TEAM: <Enter>
SPECIAL UPDATES INDIVIDUAL: CPRSPROVIDER,FIVE// <Enter>

Select Service/Specialty:
```

5.11. Group Update (GU)

A Group Update can only be performed by an individual who has been set as the Special Updates Individual with the Set Up Consult Service (SS) or Service User Management (SU) option of the Consult Management (GMRC MGR) menu. This option should be exercised with great care because it can affect a large number of consults.

Refer to Figures 5-15 and 5-16. In this example, all consults before the first of the year that are not complete are discontinued for a specific service:

Figure 5-15: Discontinued Service End-of-Year Consults Example

```
Select Consult Management Option: gu  Group update of consult/procedure requests

Select Service/Specialty: ALL SERVICES// CARD
     1   CARDIOLOGY
     2   CARDIOLOGY (SOUTH)       TRACKING ONLY
CHOOSE 1-2: 1  CARDIOLOGY

The first order in Consults has an entry date of MAR 28,1992

Update Status Start Date:  MAR 28,1992// <Enter>  (MAR 28, 1992)
Update Status Stop Date:  DEC 31, 2000  (DEC 31, 2000)

                  1 = Pending
                  2 = Active
                  3 = Scheduled
                  4 = All

    Enter any combination of numbers separated
    by a comma or hyphen:  (1-4): 4

If orders in the date range still have the selected status, this option
will change their status in consults, and update the order.

You may change the status to COMPLETE or DISCONTINUED.

Change their status to: DIS  Discontinued

Enter the Comment to be applied to all selected Consults
  1>Discontinue old consults ref.
  2>
EDIT Option:

Records will be updated for:
-------------------------------------------------------------------------------
          Service: CARDIOLOGY
        Beginning: Mar 28, 1992
           Ending: Dec 31, 2000
           Update: Active, Pending, and Scheduled  Consults
               To: DISCONTINUED
   Update Comment:
Discontinue old consults ref.
-------------------------------------------------------------------------------

Is this correct? NO// Y  YES

Searching database for entries matching search criteria
.............................

     Select one of the following:

          1         Print report only
          2         Print report & update records
          3         Quit

Choose the method to handle the report: 2  Print report & update records

The device selected will print a list of entries from file 123 that will be
updated to DISCONTINUED.
```

Figure 5-16: Discontinued Service End-of-Year Consults Example (continued)

```
If you choose to update records, the update of the consult entries will take
place upon completion of the report.

It is highly advised that a printer be selected!
Select device for report: WORK  PRINTER ROOM

Do you want your output QUEUED? NO// <Enter>   (NO)


     Select one of the following:

          Y         To Update
          N         To Quit without Updating

Enter update status : Y  To Update


Select Consult Management Option:
```

Note: When using the Group Update functionality, the Ordering Provider will NOT receive an alert when a consult or request is updated online to a “completed” or “discontinued” status by the specialty service personnel. The original clinical who requested the order is notified electronically of the order’s resolution.
Refer to Figure 5-17.

Figure 5-17: Notification of Resolution Example

```
Consult Tracking Reports
The Consult Tracking Reports [GMRC REPORTS] option provides eight on-screen
reports. They are:

Completion Time Statistics (ST) for QA and others interested in volume and service
turn-around times.
Service Consults Pending Resolution (PC) helps users track individual consults.
Service Consults Completed (CC) for management and others interested in volume.
Service Consults Completed or Pending Resolution (CP) for clerical staff and
others interested in pending consults.
Service Consults by Status either with or without Consults Numbers (NU and SC).
Print Consults by Provider, Location, or Procedure (PL).
Print Completion Time Statistics (TS, same as ST for printed output).
Print Service Consults by Status (PR, same as SC for printed output).
The Service Consults Pending Resolution [GMRC RPT PENDING CONSULTS] option may be
added to a service user's primary or secondary option menu. See the
Consult/Request Tracking User Manual for details related to this option. This
option is also contained on the Consult Service Tracking and Pharmacy TPN Consults
menus.
```

5.12. Consults Performance Monitor Report (PM)

This report was added with Consults patch GMRC*3*41 to satisfy performance monitor reporting requirements of the Veterans Integrated Service Network (VISN) Support Services Center (VSSC). For FY08, the VHA Deputy Undersecretary for Health for Operations and Management has published updates to the monitor definitions, and patch GMRC*3.0*60 implements those updates.

- This report comes in two forms, a summary report for local use in tracking performance and a delimited report for use with spreadsheets software. The report will now have the following exclusions: Prosthetics consults, consults with a status of Cancelled or Discontinued, Administrative consults, and Inpatient consults.
- The ability to mark a service as administrative (via the Setup Services option) is new in patch GMRC*3.0*60. This new capability is an attempt to further refine the process of measuring the completion rate performance.
- With Patch GMRC*3.0*81, developers changed the report to use CLINICALLY INDICATED DATE in place of EARLIEST APPROPRIATE DATE.
- In the following example a Summary report is printed for the Cardiology service for the third quarter of FY05:

Refer to Figures 5-18 and 5-19.

Figure 5-18: Consults Performance Monitor Report Example

```
Select Consult Tracking Reports Option: ?

   ST     Completion Time Statistics
   PC     Service Consults Pending Resolution
   SH     Service Consults Schedule-Management Report
   CC     Service Consults Completed
   CP     Service Consults Completed or Pending Resolution
   IFC    IFC Requests
   IP     IFC Requests By Patient
   IR     IFC Requests by Remote Ordering Provider
   NU     Service Consults with Consults Numbers
   PI     Print IFC Requests
   PL     Print Consults by Provider, Location, or Procedure
   PM     Consult Performance Monitor Report
   PR     Print Service Consults by Status
   SC     Service Consults By Status
   TS     Print Completion Time Statistics Report

Select Consult Tracking Reports Option:   PM  Consult Performance Monitor Report
Select Service/Specialty: CARDIOLOGY
Ensure you are providing fiscal year, NOT calendar year.
Current Fiscal Year (i.e. 2008): 2005
For which quarter are you running the report: first, second, third or fourth?
Enter a number 1 - 4:  (1-4): 3

     Select one of the following:

          S         Summary
          D         Delimited

What type of report: S  Summary

DEVICE: HOME// <Enter>  HOME
Run Date: Jun 03, 2008@08:01:51                                        Page: 1
-------------------------------------------------------------------------------
```

Figure 5-19: Consults Performance Monitor Report Example(continued)

```
                  Consult/Request Performance Monitor - 2QFY05
                Fiscal Quarter Dates: Jan 01, 2005 - Mar 31, 2005
              30 Days Before Start/End: Dec 02, 2004 - Mar 01, 2005
              60 Days Before Start/End: Nov 02, 2004 - Jan 30, 2005

...EXCUSE ME, JUST A MOMENT PLEASE...

SERVICE: CARDIOLOGY
                                                      WITHIN       IFC      IFC
                                                      FACILITY     SENT     REC'D
All Requests in 30 Days Before Start/End of Qtr:        1           0        0
All Requests in 60 Days Before Start/End of Qtr:        1           0        0
Complete with Results in 30 Days of Request:            0           0        0
Complete with Results 31-60 Days of Request:            0           0        0
All Requests Created 60 Days Before Qtr Start:        228           1       15
All Requests Pending 60 Days Before Qtr Start:         79           0        7
Percent Complete w/Results in 30 Days of Request:       0.00%       N / A    N / A
Percent Complete w/Results 31-60 Days of Request:       0.00%       N / A    N / A
Percent Still Pending Created Before Qtr Start:        34.65%       0.00%   46.67%

Resubmitted requests are evaluated based on the original Date of Request.

The following are excluded from this report:
 -Requests sent to test patients.
 -Requests not marked as Outpatient in the REQUEST/CONSULTATION file.
 -Services flagged as part of the interface between Consults/Request Tracking
  and Prosthetics.
 -Administrative requests flagged via the Administrative fields in the
  REQUEST SERVICES and REQUEST/CONSULTATION files. This is not retroactive
  and only applies to services/requests leveraging the Administrative-flagging
  capability included in GMRC*3.0*60, available on or about June 2008.
 -The report utilizes the CLINICALLY INDICATED DATE field from the
  REQUEST/CONSULTATION file to determine request totals for a given Date range.
  This is true even for requests that have been re-submitted using the
  Edit/Resubmit functionality.
```

Refer to Figure 5-20. In this example a Delimited report is generated covering the Medicine grouper for second quarter, FY 2005 (setting the columns to 256 will prevent values from wrapping to the next line).

Figure 5-20: Delimited Consults Performance Monitor Report Example(continued)

```
DEVICE: HOME// ;256;  HOME

Run Date: Jun 03, 2008@08:02:59                                        Page: 1

                  Consult/Request Performance Monitor - 2QFY05
                Fiscal Quarter Dates: Jan 01, 2005 - Mar 31, 2005
               30 Days Before Start/End: Dec 02, 2004 - Mar 01, 2005
               60 Days Before Start/End: Nov 02, 2004 - Jan 30, 2005

...EXCUSE ME, HOLD ON...

Svc;30DayRng;60DayRng;CmpIn30;Cmp31-
60;B4Qtr;PndB4Qtr;%Cmp30;%Cmp60;%UnRsB4Qtr;IS30Rng;IS60Rng;ISCmp30;ISCmp31-
60;ISB4Qtr;ISPndB4Qtr;%ISCmp30;%ISCmp60;%ISUnRsB4Qtr;IR30Rng;IR60Rng;IRCmp30;IRCmp
31-60;IRB4Qtr;IRPndB4Qtr;%IRCmp30;%IRCmp60;%IRUnRsB4Qtr
MEDICINE;0;0;0;0;13;0;N/A;N/A;0.00;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;0;0;N/A;N/A;N/A
;
CARDIOLOGY;1;1;0;0;229;80;0.00;0.00;34.93;0;0;0;0;1;0;N/A;N/A;0.00;0;0;0;0;15;7;N/
A;N/A;46.67;
GASTROENTEROLOGY;1;1;0;0;26;9;0.00;0.00;34.62;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;1;1;
N/A;N/A;100.00;
MEDICINE,SOUTH;0;0;0;0;5;2;N/A;N/A;40.00;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;0;0;N/A;N
/A;N/A;
CS CARDIOLOGY
(SOUTH);0;0;0;0;10;5;N/A;N/A;50.00;0;0;0;0;2;2;N/A;N/A;100.00;0;0;0;0;0;0;N/A;N/A;
N/A;
PULMONARY
(SOUTH);0;0;0;0;9;5;N/A;N/A;55.56;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;0;0;N/A;N/A;N/A;
MENTAL HEALTH
SERVICES;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;0;0;N/A;N/A;N/A;
PSYCHIATRY;0;0;0;0;13;10;N/A;N/A;76.92;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;0;0;N/A;N/A
;N/A;
FAMILY MARRIAGE
COUNSELING;0;0;0;0;4;1;N/A;N/A;25.00;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;0;0;N/A;N/A;N
/A;
PSYCHOLOGY;0;0;0;0;2;2;N/A;N/A;100.00;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;0;0;N/A;N/A;
N/A;
PSYCHOLOGY -
BOISE;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;4;3;N/A;N/A;75.00;0;0;0;0;0;0;N/A;N/A;N/A;
PULMONARY;0;0;0;0;101;27;N/A;N/A;26.73;0;0;0;0;0;0;N/A;N/A;N/A;0;0;0;0;1;1;N/A;N/A
;100.00;
GROUPER:MEDICINE;2;2;0;0;412;141;0.00;0.00;34.22;0;0;0;0;7;5;N/A;N/A;71.43;0;0;0;0
;17;9;N/A;N/A;52.94;

Resubmitted requests are evaluated based on the original Date of Request.

The following are excluded from this report:
 -Requests sent to test patients.
 -Requests not marked as Outpatient in the REQUEST/CONSULTATION file.
 -Services flagged as part of the interface between Consults/Request Tracking
  and Prosthetics.
-Administrative requests flagged via the Administrative fields in the
 REQUEST SERVICES and REQUEST/CONSULTATION files. This is not retroactive
 and only applies to services/requests leveraging the Administrative-flagging
 capability included in GMRC^3.0^60, available on or about June 2008.
```

5.13. Print Consults by Provider, Location, or Procedure (PL)

This provides three different reports under one menu option [GMRC PRINT BY SEARCH]. The option asks for search criteria: Sending Provider, Location, or Procedure. You can further limit the search by entering a date range and CPRS status. The option also prompts for report format. The report format can be one of the following:

- 80 column standard print [STANDARD].
- 132 column standard print.
- Table without headers (export to another application).

Refer to Figures 5-21 and 5-22. In this example, a list of EKG consults is generated.

Figure 5-21: EKG Consult Generation Example

```
Select Consult Tracking Reports Option: ?

   ST     Completion Time Statistics
   PC     Service Consults Pending Resolution
   CC     Service Consults Completed
   CP     Service Consults Completed or Pending Resolution
   IFC    Inter-Facility Consult Requests
   NU     Service Consults with Consults Numbers
   PL     Print Consults by Provider, Location, or Procedure
   PR     Print Service Consults by Status
   SC     Service Consults By Status
   TS     Print Completion Time Statistics Report

Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.

Select Consult Tracking Reports Option: PL  Print Consults by Provider, Location
, or Procedure
Enter Search criteria:

                  1 = Sending Provider
                  2 = Location
                  3 = Procedure

Search criteria:  (1-3): 1// 3

Enter 'YES' if you want all PROCEDURES? NO// <Enter>

ENTER PROCEDURE: EKG
     1   EKG - BOISE
     2   EKG  ELECTROCARDIOGRAM
CHOOSE 1-2: 2  ELECTROCARDIOGRAM
ENTER PROCEDURE: <Enter>

Please select an output format from the following:

1 -  80 column standard print [STANDARD]
2 - 132 column standard print
3 - Table without headers (export to another application)

Enter response: 1// 1  80 column
Display sort sequence & page breaks between sub-totals? YES//
List From Starting Date (ALL): T-30// T-60  (NOV 09, 2001)
List To This Ending Date: (NOW) <Enter>
Only Display Consults With Status of: All Status's// <Enter>
```

Figure 5-22: EKG Consult Generation Example (continued)

```
DEVICE: HOME//   ANYWHERE    Right Margin: 80// <Enter>
```

```
U      PROCEDURE:  ELECTROCARDIOGRAM          Jan 08, 2002 9:44:39 am  Page 1  .
CONSULTS GENERATED BY PROCEDURES(S), FOR SPECIFIED DATE(S)
FROM: Nov 09, 2001   TO: Jan 08, 2002

CONSULT  REQ DATE PROCEDURE          PATIENT NAME        SSN  TO SERVICE      ST
-------------------------------------------------------------------------------
2189     11/21/01 ELECTROCARDIOGRA CPRSPATIENT,THIRTEEN  0013 CARDIOLOGY      c
2211     11/21/01 ELECTROCARDIOGRA CPRSPATIENT,THIRTEEN  0013 CARDIOLOGY      dc
2208     11/21/01 ELECTROCARDIOGRA CPRSPATIENT,THIRTEEN  0013 CARDIOLOGY      c
2209     11/21/01 ELECTROCARDIOGRA CPRSPATIENT,THIRTEEN  0013 CARDIOLOGY      c
2210     11/21/01 ELECTROCARDIOGRA CPRSPATIENT,FOURTEEN  0014 CARDIOLOGY      c
2212     11/22/01 ELECTROCARDIOGRA CPRSPATIENT,THIRTEEN  0013 CARDIOLOGY      c
2213     11/22/01 ELECTROCARDIOGRA CPRSPATIENT,THIRTEEN  0013 CARDIOLOGY      c
2224     11/27/01 ELECTROCARDIOGRA CPRSPATIENT,FIFTEEN   0015 CARDIOLOGY      p
2225     11/27/01 ELECTROCARDIOGRA CPRSPATIENT,FIFTEEN   0015 CARDIOLOGY      p
2226     11/28/01 ELECTROCARDIOGRA CPRSPATIENT,SIXTEEN   0016 CARDIOLOGY      a
9881     12/3/01  ELECTROCARDIOGRA CPRSPATIENT,THIRTEEN  0013 CARDIOLOGY      c
9895     12/5/01  ELECTROCARDIOGRA CPRSPATIENT,THIRTEEN  0013 CARDIOLOGY      p
9896     12/5/01  ELECTROCARDIOGRA CPRSPATIENT,THIRTEEN  0013 CARDIOLOGY      p
9902     12/17/01 ELECTROCARDIOGRA CPRSPATIENT,SEVENTEEN 0017 CARDIOLOGY      c
9903     12/17/01 ELECTROCARDIOGRA CPRSPATIENT,SEVENTEEN 0017 CARDIOLOGY      p
9905     12/17/01 ELECTROCARDIOGRA CPRSPATIENT,SEVENTEEN 0017 CARDIOLOGY      p

Enter RETURN to continue or '^' to exit:
```

5.14. Print Test Page (TP)

Sometimes the pagination on SF 513 is correct on some printers but incorrect on others. The Print Test Page command is provided for diagnosing incorrectly paginated SF 513s. Instructions for correcting this situation are printed with the test page. Bring the test page to IRM for resolution of the problem.

Refer to Figure 5-23. In this example, we run the Print Test Page option on a specified printer.

Figure 5-23: Print Test Page Example

```
Select Consult Management Option: TP  Print Test Page

Print consults printer setup page.

DEVICE: HOME// LAZER  PRINTER ROOM LN11 12 PITCH    Right Margin: 80//

Do you want your output QUEUED? NO// <Enter>  (NO)

Select Consult Management Option:
```

5.15. Determine Users' Update Authority (UA)

Sometimes it is necessary to quickly check on the authority of a service user. The Determine Users' Update Authority option of the Consults Management menu does this.
Refer to Figure 5-24. In this example, the authority for Dr. Snow is checked for the Cardiology service:

Figure 5-24: Determine Users' Update Authority Example

```
Select Consult Management Option: UA  Determine users' update authority

This option will allow you to check a user's update authority for any given
service in the consults hierarchy.  If the PROCESS PARENTS FOR UPDATES field
is set to YES, all ancestors of the selected service will be checked.
The type of update authority and the service to which they are assigned will
be displayed.


Select Consult Service: CARDIOLOGY
Choose user to check for update status: SNOW  SNOW,CHARLES R.       CA
     MD Surgeon

This user is an update user for: CARDIOLOGY
via the UPDATE USERS W/O NOTIFICATIONS field.




Select Consult Service:
```

5.16. Determine if User is Notification Recipient (UN)

Sometimes it is necessary to quickly check a user's notification status for a service. The Determine if User is Notification Recipient option of the Consults Management menu accomplishes this.

Refer to Figure 5-25: In the following example CPRSPROVIDER,ONE notification status is checked for the Podiatry Clinic.

Figure 5-25: Determine if User is Notification Recipient Example

```
Select Consult Management Option: UN  Determine if user is notification recipient

This option will list how a given user became a notification recipient
for a selected consult service. If the PROCESS PARENTS FOR NOTIFS field is
set to YES, all the parents of the service will also be processed to
determine if the user is a recipient via that service.


Select Consult Service: POD  FOOT CLINIC
Choose notification recipient: CPRSPROVIDER  CPRSPROVIDER,ONE    OC        PHYSICI
AN

This user is a notification recipients for FOOT CLINIC



Select Consult Service:
```

5.17. Determine Notification Recipients for a Service (NR)

Occasionally it is necessary to see the entire list of notification recipients for a service. The Determine Notification Recipients for a Service option of the Consults Management menu performs the function.

Refer to Figure 5-26. In the following example, notification recipients are listed for the Medicine service:

Figure 5-26: Determine Notification Recipients for a Service Example

```
Select Consult Management Option: NR  Determine notification recipients for a se
rvice
Select Service: MEDICINE
```

```
UConsult Notif Recipients      May 10, 2000 19:46:44          Page:    1 of    1
Notification Recipients for: MEDICINE

U Notification Recipient           Service
CPRSPROVIDER,TWELVE               MEDICINE
CPRSPROVIDER,FOUR                 MEDICINE
CPRSPROVIDER,ONE                  MEDICINE
CPRSPROVIDER,NINE                 MEDICINE
CPRSPROVIDER,THIRTEEN             MEDICINE
CPRSPROVIDERR,FOURTEEN            MEDICINE
CPRSPROVIDER,FIFTEEN              MEDICINE
CPRSPROVIDER,SIXTEEN              MEDICINE
CPRSPROVIDER,SEVENTEEN            MEDICINE
CPRSPROVIDER,EIGHTEEN             MEDICINE
CPRSPROVIDER,NINETEEN             MEDICINE

          Enter ?? for more actions
SS   Select new Service
Select Item(s): Quit//
```

5.18. Test Default Reason for Request (TD)

The Test Default Reason for Request option of the Consults Management menu is provided so that the boilerplate entered in the default reason for request can be tested. It is important to test this boilerplate, especially if it contains TIU objects (TIU objects are contained in vertical bars as such: |PATIENT NAME|.)

Refer to Table 5-3. TIU can vary from site to site. There are only a certain number of objects that are common to all sites—these are the Supported Objects. The following table contains a list of these objects.

Table 5-3: Supported Objects

Object Name	Object Name
ACTIVE MEDICATIONS	PATIENT HEIGHT
ACTIVE MEDICATIONS	PATIENT NAME
ACTIVE MEDS COMBINED	PATIENT RACE
ALLERGIES/ADR	PATIENT RELIGION
BLOOD PRESSURE	PATIENT SEX
CURRENT ADMISSION	PATIENT SSN
DETAILED ACTIVE MEDS	PATIENT WEIGHT
DETAILED RECENT MEDS	PULSE
NOW	RECENT MEDICATIONS
PAIN	RECENT MEDS COMBINED
PATIENT AGE	RESPIRATION
PATIENT DATE OF BIRTH	TEMPERATURE
PATIENT DATE OF DEATH+ Status	TODAY'S DATE

Further information about objects can be obtained at the following VA intranet address: **REDACTED**.

Refer to Figure 5-27. In the following example, we first use the SS option to enter a default reason for request as such.

Figure 5-27: Test Default Reason for Request – SS Option

```
. . .
DEFAULT REASON FOR REQUEST:
  1>|PATIENT NAME| is a |PATIENT AGE| y/o |PATIENT RACE| |PATIENT SEX|
  2>currently taking |ACTIVE MEDICATIONS|
  3>
  4>
  5>Allergies:
  6>|ALLERGIES/ADR|
  7>
  8>Latest BP: |BLOOD PRESSURE|
  9>
 10>Patient to be seen for full cardiac evaluation.
EDIT Option: <Enter>
. . .
```

Next, use the TD option to check this for a specific patient. Refer to Figure 5-28.

Figure 5-28: Test Default Reason for Request – TD Option

```
Select Consult Management Option: TD  Test Default Reason for Request
Test default for service or procedure? ?

Enter a code from the list.

     Select one of the following:

          S         service
          P         procedure

Test default for service or procedure? Service
Select Service: CARDIOLOGY
Select PATIENT: CPRSPATIENT,EIGHTEEN   CPRSPATIENT,EIGHTEEN   5-19-46    000180018
YES     SC VETERAN
Enrollment Priority:            Category: IN PROCESS    End Date:

Gathering Allergy Data..
```

```
UDefault Reason for Request    May 10, 2000 20:15:56          Page:    1 of    1
Service: CARDIOLOGY
Patient: CPRSPATIENT,EIGHTEEN
U
CPRSPATIENT,EIGHTEEN is a 53 y/o BLACK, NOT OF HISPANIC ORIGIN MALE
currently taking Active Inpatient Medications (excluding Supplies):

     Pending Inpatient Medications                          Status
=========================================================================
1)   WARFARIN TAB  10MG PO PRN                              PENDING


Allergies:
BEEF

Latest BP: Blood Pressure: 130/80/100 (06/02/1999 13:17)

Patient to be seen for full cardiac evaluation.

          Enter ?? for more actions
SS   Select new service   SP   Select new patient
Select Item(s): Quit//
```

5.19. List Consult Service Hierarchy (LH)

This option of the Consults Management menu gives a complete list of the Consult Service Hierarchy as it currently exists. All services, including disabled ones, are listed with their current status. At the end of the hierarchy listing, it will show any services that are not part of the hierarchy.

Refer to Figure 5-29. In this example we start to list the service hierarchy from our test account on the computer screen:

Figure 5-29: List Consult Service Hierarchy

```
Select Consult Management Option: LH  List Consult Service Hierarchy
DEVICE: HOME// <Enter>  VAX
```

```
Consult Hierarchy list                                        Page: 1
-------------------------------------------------------------------------------
ALL SERVICES  (Grouper Only)
  ARTHRITIS  (Tracking Only)
  <CONTACT LENS REQUEST>  <Disabled>
  <EYEGLASS REQUEST>  <Disabled>
  FOOT CLINIC  (Tracking Only)
  GASTROENTEROLOGY
  GERIATRICS
  <HEMATOLOGY>  <Disabled>
  <HOME OXYGEN REQUEST>  <Disabled>
  HYPERTENSION
  MARCIA'S SPECIALTY
  MEDICINE  (Grouper Only)
    CARDIOLOGY
    GASTROENTEROLOGY
    PULMONARY
  MEDICINE VISN
    MEDICINE (EAST)
    MEDICINE,SOUTH
      CARDIOLOGY (SOUTH)

     Press RETURN to continue, ^ to exit:
```

5.20. Copy Prosthetics Services (CP)

The Copy Prosthetics Services option of the Consult Management menu is provided to assist you in configuring the prosthetics services at your medical center. . . .
The four (4) nationally exported services for Prosthetics include:

- PROSTHETICS REQUEST
- EYEGLASS REQUEST
- CONTACT LENS REQUEST
- HOME OXYGEN REQUEST

The basis of the interface between Consult/Request Tracking and Prosthetics is the name of the Consult service being requested. When a request for a consult is ordered, if the name of the service requested is one of the nationally exported services, the order will be filed in the

Prosthetics package as well as Consult/Request Tracking. Since the name of the service is critical to the stability of the interface, the name of each of the above services will not be editable.

Each of the services have several other fields defined based on requirements of the interface. The fields that are restricted are:

- (#.01) NAME
- (#1.01) PROVISIONAL DX PROMPT
- (#1.02) PROVISIONAL DX INPUT
- (#124) DEFAULT REASON FOR REQUEST

When a request is copied, all these fields remain intact so that a request to that service is processed by the Prosthetics Package.

Refer to Figure 5-30. In the following example, the Copy Prosthetics action is used to create an Eyeglass Request service with the location name “Provo” appended to it. To be useful, the following additional actions should be taken:

1. Use the Setup Service (SS) action to place the service in the hierarchy.
2. Use the Setup Service (SS) action to activate the service.

Figure 5-30: Copy Prosthetics Services Example

```
Select Consult Management Option: CP  Copy Prosthetics services

Select the Prosthetics Service to clone: Eyeglass Request       DISABLED

Enter text to append to national service name: Provo
The new service name will be:
     EYEGLASS REQUEST - Provo

Is this OK? Y  YES

EYEGLASS REQUEST - Provo created

The new Service is currently DISABLED. To activate this service for use in
the Prosthetics interface, you MUST use the Setup Consult Services option
and delete the DISABLED flag from the SERVICE USAGE field.

Select Consult Management Option:
```

5.21. Consult Closure Tool (CCT)

The Consult Closure Tool provides options to identify consult requests that are incorrectly left in Pending status and efficiently closes out those consults. Search parameters can be configured in the tool, providing a list that allows you to close out consults by attaching a relevant note within the tool. There are also options to export the search results from the tool to a printable format and update a team list in CPRS.

The VistA Consult Closure tool consists of three components:

- Edit Configuration: Enables the user to configure the tool to identify pending consults based on search parameters, including clinics, orders, consult services, and procedures. The user also selects relevant note titles to use in closing pending consults. One or more valid configurations must be created prior to using the Run Configuration option.
- Inquire Configuration: Enables the user to print and view the configuration to ensure that it is set up properly.
- Run Configuration: Enables the user to select eligible note titles to close an open consult, perform the closure action, and/or create team lists that are viewable in CPRS.

The Consult Closure Tool is located in the GMRC MGR menu. This menu is normally allocated to IRMS/ADPAC personnel.

1. Navigate to the GMRC MGR menu option.
2. Type “CCT” to open the Menu for Closure Tools.

The following options appear:

- EDT Consult Closure Tool Edit Configuration
- NQ Consult Closure Tool Inquire Configuration
- RUN Consult Closure Tool Run Configuration

5.21.1. Edit Configuration Component

The first step is to set up the configuration(s) using the Consult Closure Tool Edit Configuration menu option.

The key points when setting up a Consult Closure configuration include:

- The Config Name is free text. It is strongly suggested that simple names be used for the configurations and that they closely match existing consult service naming conventions.
- Configurations may contain Clinical Procedure requests, as well as specific consult orderable items, in addition to standard consult services. For example, one configuration for PULMLAB might encompass Pulmonary Function Test Request Consults, CP

Pulmonary Function Test Procedure Requests, and specific orderable items for Pulmonary Sleep Studies.

- In order to view the team lists that can be generated out of this tool in CPRS, team lists must be created in VistA prior to using this tool. It is strongly suggested that a naming convention be established prior to creating the first configuration. For example, begin the team list name with "CONSULT_REPORT_" with the specific configuration name following. In this way, all of the team 's patient lists created within this tool are in sequence when browsed for on the CPRS Patient Selection screen in the Patient List pane.
- In the Configuration Editor screen, each of the four “Consults –“ fields are optional, but at least one of the four must be filled in to run the configuration. All four of the options allow for multiple selections. The search operates as a Boolean “AND” search for the entries into these fields. Therefore, each additional entry narrows your search because a consult request must meet all of the entries.

Note: Wildcard selection (ABC*) or exclusion (-ABC*) can be used in the editor in all of the entry fields. For example, all note titles beginning with ABC would be selected by entering ABC*. To exclude all note titles beginning with ABC, enter –ABC*.

The key components of the editor are shown in Figure 5-31, below.

Figure 5-31: Edit Configuration Components Example .

```
*************** Consult Closure Tool Configuration Editor *****************
-------------------------------------------------------------------------------
 Config Name: UNIT TEST    Days Cons->Appt: 365   Inactive:
 CPRS Team:   TEAM CLOSURE           Days Appt->Note: 365NO

 Consults - Service:                    Consults - Procedure:
 MEDICAL SERVICE OTHER                  CATHETERIZATION
 PULMONARY IFC DENVER

 Consults - Order Item:                  Consults - Clinical Procedure:


 Clinics:  - and/or -  Stop Code: 706   Note Titles:
 CHY UROL MCPEAK                        10-10ED EMERGENCY DEPARTMENT NOTE
_____________________________________________________________________________
COMMAND:                                     Press <PF1>H for help  Insert
```

To create or edit a Consult Closure configuration:

1. In the GMRC MGR menu, type "CCT" and then press Enter to open the Menu for Closure Tools.
2. Type "EDT" and then press Enter.
3. At the initial Consult Closure Tool Edit Configuration prompt, enter the new or existing configuration name. For a new configuration, type “Yes” when asked if you want to add this as a new consult configuration.

4. Press Enter. The Configuration Editor screen opens with the **Config Name** field highlighted and editable.
5. In the **Days Cons -> Apt** field, enter the maximum number of days between the date of the consult entry and the clinic appointment. The tool will search for pending consults that fall within this time period. A shorter interval will make the tool run faster.
6. In the **CPRS Team** field, enter the name of the CPRS team that will be populated when this configuration is run. The team must already exist.
7. In the **Days Appt -> Note** field, enter the maximum number of days between the clinic appointment date and the date of the eligible note that can be associated with the consult in the Run Configuration option.
8. In the Inactive field, enter NO (the default option) to make this configuration active. If a configuration is marked inactive, it is not selectable when running the Consult Closure Tool. It is still selectable in the Edit and Inquire options.
9. (optional) In the **Consults - Service** field, enter the name(s) of the consult service(s) to be used as search parameters.
10. (optional) In the **Consults - Procedure** field, enter the Procedure(s) to be used as search parameters. The Consults-Procedure field is for Medicine package procedure requests that do not use the Clinical Procedure (CP) interface.
11. (optional) In the **Consults – Order Item** field, enter specific orderable item(s) to be used as search parameters.
12. (optional) In the Consults – Clinical Procedure field, enter the Clinical Procedure(s) to be used as search parameters.
13. In the **Clinics** field, enter the Clinics to be used as search parameters. In lieu of entering individual clinics, you can enter the relevant **Stop Code**(s) to capture all associated clinics if they have already been correctly mapped in VistA. Adding more clinics broadens your search (operating as a Boolean "OR"), as the patient only has to be associated with one of them for their consult request to be returned when running the configuration.
14. In the **Note Titles** field, enter all eligible note titles to be associated with pending consults during Run Configuration. Define an appropriately comprehensive set of note titles, but be aware that an overly broad list might result in a higher likelihood of incorrect association with a pending consult. This step is key as it allows non-consult class TIU documents that have been completed subsequent to a consult request to be associated with the consult, thus converting that pending consult's status to Completed.
15. Press <PF1>E to save and exit. This returns you to the CCT menu. For a complete list of help options, press <PF1>H.

If the configuration is incomplete, you are notified when saving the configuration. Once the search configuration is completed, you are able to run a report using the Run Configuration option.

5.22. Inquire Configuration Component

Once a configuration is created, it can be viewed and printed using the Consult Closure Tool Inquire Configuration menu option. This option is useful for verifying that the configuration is set up properly. At the Menu for Closure Tools, type "INQ" to view the configuration information.

5.23. Run Configuration Component

Use the Consult Closure Tool Run Configuration menu option to implement the search for pending consults. When you are done using the Run Configuration, press <PF1>E to return to the CCT menu. Refer to Figure 5-32.

Figure 5-32: Run Configuration Component

```
Select CONSULT CONFIGURATION: UNIT TEST//   `

Select a consult date range
Monthly,  Quarterly,  Semi-Annually,  Yearly,  Fiscal Yearly,  User Selectable
Select date range: U// USER SELECTABLE

Enter beginning and ending dates for the desired time period:

Beginning Date: 01/01/2017//10/1/2010  (OCT 01, 2010)
Ending Date:    01/31/2017//  (JAN 31, 2017)

Range selected: 10/01/2010 to 01/31/2017

Select an appointment status for the report

  1 - Seen in clinic
  0 - Not seen in clinic

Select APPOINTMENT STATUS: 1// 0  Not seen in clinic

Select a note status for the report

  1 - Has a note
  0 - Does not have a note

Select NOTE STATUS: 1//   Has a note

Interactive consult update: Yes// YES
```

5.23.1. Searching for Patient Consults / Appointments / Notes

To run a configuration:

1. In the GMRC MGR menu, type "CCT" and then press Enter to open the Menu for Closure Tools.
2. On the CCT menu screen, type “RUN” and then press Enter.
3. At the “Select CONSULT CONFIGURATION:” prompt, enter the name of the configuration to be run and then press Enter. This prompt defaults to your last selection, allowing you to just press Enter to access the last run configuration.
4. At the “Select date range:” prompt, select a consult request date range. Type the first letter of the desired range (e.g., "M" for monthly). The default range is “U” for User Selectable. Note: The larger the selected date range, the longer the Consult Closure Tool takes to run.
5. If you selected User Selectable, enter the desired date range at the “Beginning date:” and “Ending date:” prompts. The default dates are the beginning and ending day of the previous month.
6. At the “Select APPOINTMENT STATUS:” prompt, choose consult requests for which the patients have been seen or not seen in a clinic (the clinic list or stop code was delineated in the Configuration Editor). The default option is “Seen in clinic.”
7. At the “Select NOTE STATUS:” prompt, choose consult requests that have an eligible note or no eligible note. The default option is “Has a note.” This is the standard selection for completing consults with an encounter for which a note has been written. Most commonly, this involves a non-consult class note title being selected for the care documentation.

If you selected “Has a note,” then the “Interactive consult update:” prompt displays. The default response is Yes. Select Yes to interactively view the pending consults and the notes specified in the configuration, and optionally complete each consult by selecting a note to associate with it. More information is provided in the Closing Out Consults section below. Select No to print a report of the pending consults and notes and/or update the CPRS team list associated with the selected configuration. The default selection when selecting No is to both print and update the CPRS team list.

If "Does not have a note" is selected, you have the option to print a report of the pending consults and notes and/or update the CPRS team list associated with the selected configuration.

5.23.2. Closing Out Consults

If you selected Yes at the “Interactive consult update:” prompt while running the configuration, then you can use the Closure Tool to review and close out pending consults. The tool will search for patient consults, appointments, and notes. This might take some time (possibly up to 20 minutes) depending on the search criteria specified in the configuration and the date range. When the search is complete, the number of patients, consults, and notes is displayed.

The Consult Closure Tool has identified the following meeting your selected criteria:

- Patients: 6
- Consults: 6
- Notes: 9

Press RETURN to continue.

Press Enter to see the first patient’s Consult Narrative. The patients’ Consult Narrative screens appear in alphabetical order by patient last name:

Refer to Figure 5-33

Figure 5-33: Close-Out Example

```
Consult closure for patient: CPRSPatient,One (M9668) 09/25/1933
MEDICAL SERVICE OTHER (p) 11/12/2010
                    Consult Narrative (1 of 3)
Current PC Provider:   CPRSProvider,One
Current PC Team:       TEAM GLY 1
Current Pat. Status:   Outpatient
Primary Eligibility:   NSC(VERIFIED)
Patient Type:          NSC VETERAN
OEF/OIF:               NO

Order Information
To Service:            MEDICAL SERVICE OTHER
From Service:          C SURGERY
Requesting Provider:   CPRSProvider,Two
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Today
Clinically Ind. Date:
Orderable Item:        MEDICAL SERVICE OTHER
Consult:               Consult Request
Provisional Diagnosis: medical care/ management of DM
Reason For Request:
management of DM, medical clearance for possible laparotomy in am
Col>   Use <PF1>S to Switch between views of the consult and progress note(s)
Use R to Return to the previously viewed consult or progress note(s)
Col> 1 |Press <PF1>H for help| Line>      20 of 38   Screen>       1 of 2
```

Patient and consult information is displayed first, followed by the consult and/or notes associated with the patient. You can scroll through the text by using the arrow and page up/down keys.

The Consult Narrative appears first for each patient. To toggle to the eligible notes on the BROWSE SWITCH MANAGER, select Num-Lock/S or <PF1>S. This opens the BROWSE SWITCH MANAGER screen, where you can view the notes available to close out the consult.

Refer to Figure 5-34.

Figure 5-34: Browse Switch Managers Screen Example

```
                            BROWSE SWITCH MANAGER



   Choose from:
   2            Note 01: 10-10ED EMERGENCY DEPARTMENT NOTE

Select CURRENT LIST:





                            BROWSE SWITCH MANAGER
```

The BROWSE SWITCH MANAGER screen displays the eligible notes selected in the Configuration Editor. Selecting a note displays the contents of the note. When viewing the selected note, press <PF1>S to return to the list of notes on the BROWSE SWITCH MANAGER screen. After you have reviewed the consult and the identified notes and are ready to close the consult or move on to the next patient, press Num-Lock/E or <PF1>E to exit the current screen. This opens the Consult closure screen.

Note: The notes on the BROWSE SWITCH MANAGER screen are displayed in reverse chronological order, grouped by note title. If there are multiple available and relevant note titles for a given patient within each of the note title groups, then the oldest note appears at the bottom. However, the note at the bottom of the list is only the oldest for that note title group and might not be the oldest note of all note titles (that is, closest in time to the date of the pending consult itself) that are available for that patient.

Consult closure for patient: CPRSPatient,One 09/25/1933
MEDICAL SERVICE OTHER (p) 11/12/2010

Select the note to close the consult

0 - Do not close the consult
1 - Note 01: 10-10ED EMERGENCY DEPARTMENT NOTE
2 - Redisplay the consult/progress note(s)
^ - Exit the Consult Closure Tool

Select NOTE TO CLOSE CONSULT: 2//.

In the Consult closure screen (pictured above), you can select from the following options: a) Do not close the consult, b) Close the consult with one of the identified notes, c) Return to the consult/note display screen for further review, or d) Exit the Consult Closure Tool. If you select option a), then no action is taken on the consult and the tool automatically displays the next consult. If you select option b), then the tool closes the consult with the selected note and automatically displays the next patient's Consult Narrative. This process continues until all consults are processed or you exit the Consult Closure Tool.

5.23.3. Printing/Updating the CPRS Team List

If you selected No at the "Interactive consult update" prompt in Run Configuration, then you can print a consult/note report list and/or update the CPRS team list associated with the selected configuration. The default is to both print the report and update the team list.

Refer to Figure 5-35.

Figure 5-35: Printing/Updating the CPRS Team List Example

```
Select the output type for the report

  1 - Print report
  2 - Team update

Select OUTPUT TYPE: 1,2//

Delimited output: No//   NO

This report requires a 132 column output device
DEVICE: HOME// ;;9999999  HOME  (CRT)    Right Margin: 80//
```

For the Print option, the report may be printed in a human readable format (the default No option) or a carat ("^") delimited format for import into another program (such as an Excel spreadsheet). The report requires a 132-column output device.

For the Team update option, the selected configuration updates the CPRS patient team list associated with it. When run, any pre-existing patients on the list are removed and replaced with the newly-identified patients. The user running the Consult Closure Tool and the users associated with the team list will receive alerts when the team update has completed.

5.24. Duplicate Sub-Service (DS)

The Duplicate Sub-Service option of the Consult Management menu is provided to assist you in debugging your service hierarchy. It displays services that are listed as a sub-service of more than one service. Having a service as a sub-service of more than one service has several undesirable effects. These include:

1. Reports that span more than one level of the hierarchy inaccurately report statistics.
2. Notification recipients may be inaccurately determined.

Refer to Figure 5-36.

Figure 5-36: Printing/Updating the CPRS Team List Example

```
Select Consult Management Option: DS  Duplicate Sub-Service
Service GASTROENTEROLOGY is a sub service of:
   ALL SERVICES
   MEDICINE

There is 1 service that is a sub-service for more than one service.

Select Consult Management Option:
```

5.25. Define Fee Services (FS)

The Define Fee Services option of the Consult Management menu is provided to assist you in modifying the list of services defined as being fee basis services in the GMRC FEE SERVICES system parameter.

In the following example, we begin with an empty list of services. Refer to Figure 5-37.

Figure 5-37: Define Fee Services Option Example

```
Edit Fee Services            Mar 01, 2012@15:39:09          Page:    0 of    0
Services defined in GMRC FEE SERVICES system parameter
as fee-basis services.

          + Next Screen  - Prev Screen  ?? More Actions
     Add                        Save
     Remove                     Quit
Select Action:Quit//
```

We then add a service (leaving the "REQUEST SERVICES SERVICE NAME" prompt blank will cancel the entry).

```
Edit Fee Services            Mar 01, 2012@15:39:09          Page:    0 of    0
Services defined in GMRC FEE SERVICES system parameter
as fee-basis services.





          + Next Screen  - Prev Screen  ?? More Actions
     Add                        Save
     Remove                     Quit
Select Action:Quit//a   Add
Select REQUEST SERVICES SERVICE NAME: NON-VA GasTROENTEROLOGY
```

☞ **NOTE: Although trackers and groupers may be available when selecting services to add to the list, they should not be added. Only actual services should be included in this list.**

```
Edit Fee Services            Mar 01, 2012@15:44:50          Page:    1 of    1
Services defined in GMRC FEE SERVICES system parameter
as fee-basis services.

1    NON-VA GASTROENTEROLOGY




          **GASTROENTEROLOGY ADDED**
     Add                        Save
     Remove                     Quit
Select Action:Quit//
```

Refer to Figure 5-38. Now, starting with a list of a few services, we delete a service.

Figure 5-38: Deleting a Service Example

```
Edit Fee Services             Mar 01, 2012@15:44:50          Page:    1 of    1
Services defined in GMRC FEE SERVICES system parameter
as fee-basis services.

1    NON-VA GASTROENTEROLOGY
2    NON-VA CARDIOLOGY
3    NON-VA PHYSICAL THERAPY

          + Next Screen  - Prev Screen  ?? More Actions
     Add                        Save
     Remove                     Quit
Select Action:Quit// r   Remove
Select service by number in list above:  (1-4): 2
```

```
Edit Fee Services             Mar 01, 2012@15:44:50          Page:    1 of    1
Services defined in GMRC FEE SERVICES system parameter
as fee-basis services.

1    NON-VA GASTROENTEROLOGY
2    NON-VA PHYSICAL THERAPY


          **CARDIOLOGY REMOVED**
     Add                        Save
     Remove                     Quit
Select Action:Quit// r   Remove
```

Finally, we save our list and quit. Refer to Figure 5-39.

Figure 5-39: Save and Quit Example

```
Edit Fee Services             Mar 01, 2012@15:44:50          Page:    1 of    1
Services defined in GMRC FEE SERVICES system parameter
as fee-basis services.

1    NON-VA GASTROENTEROLOGY
2    NON-VA PHYSICAL THERAPY


          + Next Screen  - Prev Screen  ?? More Actions
     Add                        Save
     Remove                     Quit
Select Action:Quit// s   Save
```

```
Edit Fee Services             Mar 01, 2012@15:44:50          Page:    1 of    1
Services defined in GMRC FEE SERVICES system parameter
as fee-basis services.

1    NON-VA GASTROENTEROLOGY
2    NON-VA PHYSICAL THERAPY

          **CURRENT LIST SAVED**
     Add                        Save
     Remove                     Quit
Select Action:Quit// q   Quit
```

Note: The list must be saved for changes to take effect. If the user quits without saving, he or she will be prompted to save changes before quitting.

5.26. Inter-Facility Consults Reports

The Inter-Facility Consults reports are available on the Consult Tracking Reports menu [GMRC REPORTS] and the IFC Management Menu [GMRC IFC MGMT]. Currently four Inter-Facility Consults reports show up on this menu. Refer to Table 5-4.

Table 5-4: Inter-Facility Consults Report Descriptions

Report Synonym	Report Name	Option Name
IFC	IFC Requests	[GMRC IFC RPT CONSULTS]
IP	IFC Requests by Patient	[GMRC IFC RPT CONSULTS BY PT]
PI	Print IFC Requests	[GMRC IFC PRINT RPT NUMBERED]
IR	IFC Requests by Remote Ordering Provider	[GMRC IFC RPT CONSULTS BY REMPR]
EC	IFC Possible Erroneous Comment Report	[GMRC IFC ERR COMM RPT]

IFC Requests (IFC) provides detailed information regarding inter-facility consults. The Inter-Facility Consult Requests (PI) is the same report formatted for a printer.

The IFC Request by Patient (IP) is similar to option Consult Service Tracking, except only displays inter-facility consults as a requesting or consulting facility.

The IFC Requests by Remote Ordering Provider (IR) provides detailed information regarding inter-facility consults by remote ordering provider for consulting sites to utilize. The display is similar to the IFC/PI options.

5.27. IFC Requests

This report provides such information as:

- Total Requests to Service
- Total Requests Scheduled to Service
- Total Requests Completed to Service
- Mean Days Completed to Service

This report provides information for both requesting and consulting facilities. In the following example depicted in Figure 5-40, we examine all Dental consults we originate as a requesting facility.

Figure 5-40: Dental Consults Report Example

```
Select IFC Management Menu Option: IFC Inter-Facility Consult Requests
Are you the Requesting site or the Consulting site:  (R/C): R  REQUESTING
Only Display Consults With Status of: All Status's// ?
Enter a code from the list.

     Select one of the following:

          al        All Status's
          ap        All Pending
          dc        Discont.
          c         Completed
          p         Pending
          a         Active
          s         Scheduled
          pr        Incomplete
          x         Cancelled

Only Display Consults With Status of: All Status's// <Enter>  All Status's
Select Service/Specialty: DENTAL
List From Starting Date: ALL DATES// <Enter>
...SORRY, LET ME THINK ABOUT THAT A MOMENT...
```

```
Inter-facility Consults       Feb 07, 2002@11:06:22          Page:    1 of    1.
IFC Requests: Requesting Site
Service: DENTAL
From: ALL   To: JAN 31,2002
U Status      Last Action      Request Date  Patient Name      Pt Location      .
                  IF Consult/Request By Status - Requesting Site
                           FROM: ALL   TO: JAN 31,2002

SERVICE: DENTAL
Discont.   DISCONTINUED        10/18/01 CPRSPATIENT,N. (0019)   2B MED
Discont.   DISCONTINUED        10/18/01 CPRSPATIENT,T. (0020)   1A(1&2)
Completed  ADDENDUM ADDED TO   10/23/01 CPRSPATIENT,N. (0019)   2B MED
Pending    CPRS RELEASED ORDER 12/20/01 CPRSPATIENT,T. (0020)   1A(1&2)
Pending    CPRS RELEASED ORDER 12/03/01 CPRSPATIENT,T. (0020)   1A(1&2)
Pending    CPRS RELEASED ORDER 11/30/01 CPRSPATIENT,T. (0021)   OUTHOUSE
Pending    CPRS RELEASED ORDER 11/13/01 CPRSPATIENT,T. (0022)   2B MED
Pending    CPRS RELEASED ORDER 10/18/01 CPRSPATIENT,N. (0019)   2B MED
Pending    CPRS RELEASED ORDER 10/03/01 CPRSPATIENT,T. (0020)   1A(1&2)
Pending    CPRS RELEASED ORDER 10/02/01 CPRSPATIENT,T. (0020)   2B MED
Pending    ADDED COMMENT       10/01/01 CPRSPATIENT,T. (0020)   2B MED
+         Enter ?? for more actions                                        >>>
     Service                   Number on/off            Description of Data
     Status                    Print List
Select Item(s): Next Screen//
```

There are additional fields that are not visible on an 80-column screen such as the screen in the example. They can be viewed by using the Shift to View Right action (>). Using the Shift to View Left (<) action restores the screen. If the report is for a consulting site, then the additional fields are: Routing Facility, Days Diff, and Red Date. If the report is for a requesting site, then the additional fields are Routing Facility and Days Diff.

There are five actions you can do besides the default actions (like Next Screen, Previous Screen, Quit, >, <, …). These include the following:

- **Change Service:** Change Service action allows you to re-display the report for a different service.
- **Number on/off:** Number on/off action changes the format of the report to include the consult number. To do this, it preserves the other columns but makes them narrower.
- **Description of Data:** Description of Data action gives a detailed description for applicable data columns.
- **Status:** Status action allows you to change which statuses are displayed in the report. In the following example the statuses displayed are changed from All Statuses to just the Pending, Active, and Scheduled consults.
- **Print List:** Displays the print list.

Refer to Figure 5-41.

Figure 5-41: Status Change Example

```
Select Item(s): Next Screen// ST   Status
Only Display Consults With Status of: All Status's// P  Pending
Another Status to display: A  Active
Another Status to display: S  Scheduled
Another Status to display: <Enter>
...SORRY, THIS MAY TAKE A FEW MOMENTS...
UInter-facility Consults       Feb 07, 2002@11:06:22          Page:    1 of    2
IFC Requests: Requesting Site
Service: DENTAL
From: ALL   To: FEB 7,2002
U Status      Last Action      Request Date  Patient Name      Pt Location     .
                  IF Consult/Request By Status - Requesting Site
                           FROM: ALL   TO: FEB 7,2002

SERVICE: DENTAL
Pending    CPRS RELEASED ORDER 12/20/01 CPRSPATIENT,T. (0020)   1A(1&2)
Pending    CPRS RELEASED ORDER 12/03/01 CPRSPATIENT,T. (0020)   1A(1&2)
Pending    CPRS RELEASED ORDER 11/30/01 CPRSPATIENT,T. (0021)   OUTHOUSE
Pending    CPRS RELEASED ORDER 11/13/01 CPRSPATIENT,T. (0022)   2B MED
Pending    CPRS RELEASED ORDER 10/18/01 CPRSPATIENT,N. (0019)   2B MED
Pending    CPRS RELEASED ORDER 10/03/01 CPRSPATIENT,T. (0020)   1A(1&2)
Pending    CPRS RELEASED ORDER 10/02/01 CPRSPATIENT,T. (0020)   2B MED
Pending    ADDED COMMENT       10/01/01 CPRSPATIENT,T. (0020)   2B MED
Pending    CPRS RELEASED ORDER 09/27/01 CPRSPATIENT,T. (0020)   2B MED
Pending    EDIT/RESUBMITTED    09/13/01 CPRSPATIENT,T. (0020)   2B MED
Active     DISASSOCIATE RESULT 11/05/01 CPRSPATIENT,T. (0023)   2B MED
+         Enter ?? for more actions                                      >>>
     Service                   Number on/off            Description of Data
     Status                    Print List
Select Item(s): Next Screen//
```

5.28. Print IFC Requests

The Print IFC Requests (PI) is the same report as the IFC Requests (IFC) except that it formats the report so you can send it to a printer device.

Refer to Figure 5-42, which lists all active requests for the Dental service. Note only two consults are displayed.

Figure 5-42: Print IFC Requests Example

```
Select Consult Tracking Reports Option: PI  Print IFC Requests
Are you the Requesting site or the Consulting site:  (R/C): R  REQUESTING
Only Display Consults With Status of: All Status's// A  Active
Another Status to display: <Enter>
Select Service/Specialty: DENTAL
List From Starting Date: ALL DATES//
Want to view a description of the data for this report now? NO// <Enter>

This print out is 132 columns wide.
DEVICE: HOME// <Enter>  ANYWHERE    Right Margin: 80// <Enter>
                  IF Consult/Request By Status - Requesting Site
                           FROM: ALL   TO: FEB 7,2002

   Number St   Last Action         Req Dt   Patient Name            Patient Loca
tion               Routing Facility        Days Diff

SERVICE: DENTAL
     2085 a    DISASSOCIATE RESULT 11/05/01 CPRSPATIENT,T. (0023)   2B MED
                   BOISE                     2
     2045 a    RECEIVED            10/17/01 CPRSPATIENT,N. (0019)   2B MED
                   BOISE                     N/A
Total Requests Active:                                        2
Total Requests Pending Resolution:                            2
Total Requests To Service @ BOISE:                            2
Mean Days Completed To Service @ BOISE:                       2
Mean Days Completed To Service:                               2
Total Requests To Service:                                    2

Press <ENTER> To Continue:
```

5.29. IFC Requests by Patient

The IFC Requests by Patient (IP) report is the same as the Consult Service Tracking (CS) option, except that it only displays inter-facility consults. As such, once it has been invoked, all actions normally available to you in the Consult Service Tracking option are usable.

Refer to Figure 5-43.

Figure 5-43: IFC Requests by Patient Example

```
Select Consult Tracking Reports Option: IP  IFC Requests By Patient
Are you the Requesting site or the Consulting site:  (R/C): R  REQUESTING
Select Patient: CPRSPATIENT,NINETEEN  CPRSPATIENT,NINETEEN  2-2-35  000190019  YES
    SC VETERAN

Select Service/Specialty: ALL SERVICES// <Enter>  GROUPER ONLY
List From Starting Date: ALL DATES// <Enter>
```

```
UIFC Requests: Requesting Site Feb 07, 2002@11:23:36          Page:    1 of    1
CPRSPATIENT,NINETEEN   000-19-0019                     FEB 2,1935 (67)   <CA>
                                                                  Wt.(lb): 180
U    Requested  St     No.   Consult/Procedure Request                        .
1   01/10/02  p      9927  DERMATOLOGY - Boise Cons
2   01/09/02  p      9923  DERMATOLOGY Cons
3   10/25/01  a      2061  EKG - BOISE CARDIOLOGY (SOUTH) Proc
4   10/23/01  c      2058  DENTAL Cons
5   10/18/01  dc     2051  DENTAL Cons
6   10/18/01  p      2050  DENTAL Cons
7   10/17/01  a      2045  DENTAL Cons





          Enter ?? for more actions
SP Select Patient   FR Forward          CT Complete/Update  RT Results Display
CV Change View ...  CX Cancel (Deny)    MA Make Addendum    PF Print Form 513
RC Receive          DC Discontinue      SF Sig Findings     RM Remove Med Rslt
SC Schedule         CM Add Comment      DD Detailed Display ER Edit/Resubmit
Select: Quit//
```

5.30. IFC Requests by Remote Ordering Provider

If you need to determine the status of consults at your facility ordered from a certain provider at another facility, then you can use the IFC Requests by Remote Ordering Provider option.

When using this option, you must specify the name of the provider exactly at the prompt. If you enter a question mark, a screened list of ordering providers is displayed.

Refer to Figures 5-44 and 5-45. In this example we look at the Medicine consults from a provider at Boise:

Figure 5-44: Medical Consult Example

```
Select IFC Management Menu Option: IR  IFC Requests by Remote Ordering Provider
Select Requesting site: BOISE
     1   BOISE                 ID  VAMC      531
     2   BOISE                 ID  RO        347
     3   BOISE                 ID  M&ROC     447
     4   BOISE                 ID  CHEP      932
CHOOSE 1-4: 1  BOISE           ID  VAMC      531

   Enter the ENTIRE name in proper CASE, exactly as it
   appears in the list (including any credentials).
   Use copy/paste to avoid typing errors.
   NO partial matches are done.
   Enter ? to display a list of possible entries.
Select Remote Ordering Provider: ?

CPRSPROVIDER,TWENTY
CPRSPROVIDER,NINE
CPRSPROVIDER,TWENTYONE
CPRSPROVIDER,TWENTYTWO
CPRSPROVIDER,TWENTYTHREE
CPRSPROVIDER,TWENTYFOUR
CPRSPROVIDER,TWENTYFIVE
CPRSPROVIDER,TWENTYSIX
CPRSPROVIDER,TWENTYSEVEN
CPRSPROVIDER,TWENTYEIGHT

Enter RETURN or '^' to exit: <Enter>

   Enter the ENTIRE name in proper CASE, exactly as it
   appears in the list (including any credentials).
   Use copy/paste to avoid typing errors.
   NO partial matches are done.
   Enter ? to display a list of possible entries.
Select Remote Ordering Provider: CPRSPROVIDER,TWENTYFOUR
Only Display Consults With Status of: All Status's// <Enter>
Select Service/Specialty: MEDICINE
List From Starting Date: ALL DATES// <Enter>
...SORRY, LET ME PUT YOU ON 'HOLD' FOR A SECOND...
```

Figure 5-45: Medical Consult Example (continued)

```
UInter-facility Consults       Feb 21, 2002@09:16:26          Page:    1 of    2
IFC Requests: Consulting Site
Service: MEDICINE
From: ALL   To: FEB 21,2002
U Status      Last Action      Request Date  Patient Name      Pt Location     .U
                  IF Consult/Request By Status - Consulting Site
                            FROM: ALL   TO: FEB 21,2002
Routing Facility - BOISE
Remote Ordering Provider - CPRSPROVIDER,TWENTYFOUR

                               GROUPER: MEDICINE

                     GROUPER: CARDIOLOGY  in Group: MEDICINE

          GROUPER: CARDIOLOGY Totals:
Total Requests To Grouper CARDIOLOGY:      0

SERVICE: EYE CLINIC in Group: MEDICINE
Pending    FWD TO REMOTE SERVI 01/07/02 CPRSPATIENT,T. (0020)          BOISE
Pending    REMOTE REQUEST RECE 12/21/01 CPRSPATIENT,N. (0019)        2B MED
+         Enter ?? for more actions                                        >>>
     Service                   Number on/off            Description of Data
     Status                    Print List
Select Item(s): Next Screen// Select Item(s): Quit//
```

There are three other fields that are not visible on an 80-column screen such as the screen in the example. They include Routing Facility, Days Diff, and Rec Date. They can be viewed by using the Shift to View Right action (>). Using the Shift to View Left (<) action restores the screen.

There are five actions you can do besides the default actions (like Next Screen, Previous Screen, Quit, >, <, …). These include the following:

- **Change Service:** Change Service action allows you to re-display the report for a different service.
- **Number on/off:** Number on/off action changes the format of the report to include the consult number. To do this, it preserves the other columns but makes them narrower.
- **Description of Data:** Description of Data action gives a detailed description for applicable data columns.
- **Status:** Status action allows you to change which statuses are displayed in the report. In the following example the statuses displayed are changed from All Statuses to just the Pending, Active, and Scheduled consults.
- **Print List:** Displays the print list.

5.31. IFC Possible Erroneous Comment Report

The IFC Possible Erroneous Comment Report (EC) provides a list of patient files with erroneous verbiage on IFC referral comments. Refer to Figure 5-46, which depicts an example of a user running the report.

Note: A Help Desk ticket will be required to remove the "Erroneous Comment(s)".

Figure 5-46: Running an IFC Possible Erroneous Comment Report

```
Select OPTION NAME: IFC MANAGEMENT MENU  GMRC IFC MGMT     IFC Management Menu


   TI     Test IFC implementation
   LI     List incomplete IFC transactions
   IFC    IFC Requests
   TR     IFC Transaction Report
   LK     Locate IFC by Remote Cslt #
   BK     Monitor IFC background job parameters
   EC     IFC Possible Erroneous Comment Report
   EP     Edit IFC Processing Parameters
   IP     IFC Requests By Patient
   IR     IFC Requests by Remote Ordering Provider
   MP     Configure test account patients for IFC
   PI     Print IFC Requests


Select IFC Management Menu Option: EC IFC Possible Erroneous Comments Report

   SCR    IFC Possible Erroneous Comments Report
   CSV    IFC Possible Erroneous Comments Report - Delimited

Select IFC Possible Erroneous Comments Reports Option:
```

- **SCR** displays the report on screen. This option is designed for screen view and print.
- **CSV** displays the report on screen in a pipe-delimited format.

The user can press Return/Enter to accept the default date.
OR
The user can enter the desired beginning date.

- **Note**: The larger the selected time range the longer the report takes. It is not recommended to use large time ranges.
- **Note**: The total count found is at the top of the report and each instance found is numbered.

Refer to Figure 5-47.

Figure 5-47: IFC Possible Erroneous Comment Report Example

```
-------------------------------------------------------------------------------
IFC Possible Erroneous Comments Report       Mar 20, 2023@08:41:30        Page: 1
-------------------------------------------------------------------------------
                        Total IFC Activities to Review: 3

*******************************************************************************
No automated modification will be made to inter-facility consults that are
identified with possible erroneous comments at this time.
*******************************************************************************
|
===============================================================================
Possible Erroneous Comment: 1/3

Consult #: xxxxxxx
Patient name:                                       SSN:
Receiving Site: FAYETTEVILLE NC                     Remote Consult #: 4187132
Activity #:6                                        Action: COMPLETE/UPDATE
TIU Document #: 41319349

Date/Time/Zone       Responsible Person             Entered By
-------------------------------------------------------------------------------
01/31/23 15:26 EST   DOCONE,CPRS                    DOCONE,CPRS

Consent obtained for Tele-oncology. Please schedule this Veteran for a CVT
with a NTO provider for ongoing evaluation and treatment.

===============================================================================
Possible Erroneous Comment: 2/3

Consult #: xxxxxxx
Patient name:                                       SSN:
Receiving Site: FAYETTEVILLE NC                     Remote Consult #: 4188936
Activity #:7                                        Action: COMPLETE/UPDATE
TIU Document #: 41353647

Date/Time/Zone       Responsible Person             Entered By
-------------------------------------------------------------------------------
02/02/23 17:33 EST   DOCONE,CPRS                    DOCONE,CPRS

Consent obtained for Tele-oncology. Please schedule this Veteran for a CVT
with a NTO provider for ongoing evaluation and treatment.

===============================================================================
Possible Erroneous Comment: 3/3

Consult #: xxxxxxx
Patient name:                                       SSN:
Receiving Site: FAYETTEVILLE NC                     Remote Consult #: 4188460
Activity #:5                                        Action: COMPLETE/UPDATE
TIU Document #: 41353448

Date/Time/Zone       Responsible Person             Entered By
-------------------------------------------------------------------------------
02/02/23 17:11 EST   DOCTWO,CPRS                    DOCTWO,CPRS

Reviewed by Oncology. Please consent to NTO and forward to heme.
===============================================================================
                                 End of Report
```

5.31.1. Viewing the Possible Erroneous Comment Report in Excel

To view the Possible Erroneous Comment Report in Excel:

1. The user must modify their terminal settings. Adjust the terminal settings to allow output to be as wide as possible (999 or max allowed characters).

2. Copy and paste the report into a text editor (word, notepad, etc...) or output the report to a log .txt file.
3. Combine all wrapped text lines into one field.
4. Save the file.
5. Open the file in Excel.
6. Select Delimited with Headers, and then click Next>.
7. Select Other, enter | in the text field, and then click Next>.
8. Locate the Data Preview box, select all text, and then click Finish.
9. Manipulate the columns for display/wrap as desired.

5.32. ADMIN KEY Reports

A new GRMC Patch for "Admin Key Reporting" has been created to generate three (3) new GRMC Reports.

- GMRC RPT ADMIN RELEASE CONSULT
- GMRC RPT ADMIN REL CONS USER
- GMRC RPT ADMIN REL CONS GROUPR

The details for the Admin Key that has been created include the new Admin key for services that contain "-DS" or "-Admin" in the service name. A new VistA index has been created to capture this information. It is sorted by a FileMan date and then an internal Consult IEN.

An example of the GMRC RPT ADMIN RELEASE CONSULT report access is shown below:

5.33. Unique Consult ID (UCID) Conversion

Patch GMRC*3.0*110 has a post-install routine that does the following:

1. Reads the Station ID, extracts the first three characters (STA3N), and then updates the GMRC UNIQUE CONSULT SITE ID with this STA3N.
2. Finds all consult records in file #123 (REQUEST/CONSULTATION) that have an existing UCID, starting with 01/01/2018 and going forward, and changes the first three characters of that UCID to the ID constructed in step 1 above.

5.34. Unique Consult ID (UCID) Display

Patch GMRC*3.0*110: When a user clicks on a Consult Order on the CPRS Orders tab, and right-clicks to show the Order Details, the display will now show the Unique Consult ID (UCID) which is in file #123 (REQUEST/CONSULTATION) in field #80 (UNIQUE CONSULT ID). The UCID is a tracking number used by Community Care.

5.35. Interfacility Consults When Used with Cerner Converted Sites

The release of GMRC*3.0*154 adds three new components to the Interfacility Consults (IFC) system.

1. VDIF (Veterans Data Integration and Federation) integration
2. MPI Patient Registration
3. Cerner Mail Groups

5.36. VDIF

When a facility has been "converted" to Cerner, it will be necessary for the Interfacility Consults (IFC) system to recognize that the HL7 message should no longer be routed to the VistA instance but should be routed to the VDIF (Veterans Data Integration and Federation) router. If the status of the treating facility is "converted", the system will reference the Parameter GMRC IFC REGIONAL ROUTER file (#8989.5). This Parameter contains the Logical Link (GMRC IFC1 – GMRC IFC6) used to connect to one of the six VDIF (Veteran Data Integration and Federation) Regional Routers. The Logical Link will be substituted in the HL7 message in order to route the message to Cerner, rather than the VistA instance.

5.37. MPI Patient Registration

Nonconverted VistA to Nonconverted VistA

If the patient is not registered at the treating facility, MPI will not return the patient's identifier and the Proxy Add Patient API (part of MPIF*1.0*73) will be initiated to add the patient to the facility. Once the patient is registered at the treating facility, a 201 error code is logged in the IFC Message Log (file #123.6). The IFC background job will read this message and resend the consult order as long as the message is at least one hour old.

Nonconverted VistA to Converted VistA (Cerner)

When placing a new InterFacility Consult order, the Master Patient Index is queried to determine if the patient is registered at the treating facility, if the treating facility has been converted to Cerner, and if the patient is registered in the Cerner Millennium system. If the patient is registered at the treating facility and the facility has been converted, MPI will return the patient's identifier. This will include the assigning authority, assigning facility, and the converted status of "C" for the facility (e.g.,"1234^PI^USVHA^668^C"). If the patient is also registered in the Cerner Millennium system, MPI will return another patient identifier that contains the EDIPI with the assigning facility of 200CRNR (e.g., "109867654^PI^USVHA^200CRNR^A"). If MPI does not return the two identifiers, the Proxy Add Patient API (part of MPIF*1.0*73) will be initiated to add the patient to the treating facility and Cerner Millennium. Once the patient is registered at the treating facility, a 201 error code is logged in the IFC Message Log (file #123.6). The IFC background job will read this message and resend the consult order as long as the message is at least one hour old.

NOTE: There may be an instance where MPI fails to register the patient. This will not generate a 201 negative acknowledgement and therefore will not send any notifications to the mail groups. If the new consult order does not appear in Cerner within two hours, perform the following steps.

1. Check with MPI and retrigger the add
2. Replay the consult message from VDIF

5.38. Cerner Mail Groups

A “converted” facility is not able to process HL7 application negative acknowledgement (NAK) in the same manner as a “nonconverted” facility. Due to this technical limitation, four new mail groups (file #3.8) have been created to notify subscribers of application negative acknowledgements.

- GMRC CRNR IFC ERRORS
- GMRC CRNR IFC CLIN ERRORS
- GMRC CRNR IFC TECH ERRORS
- GMRC TIER II CRNR IFC ERROR

Data validation of a HL7 message is performed at the receiving facility. During the validation process, the MSH-8 segment of the HL7 message is examined to determine the origin of the message. If a HL7 message contains an MSH-8 segment of “CRNR”, the message originated from a “converted” facility. When the receiving facility fails to process the HL7 message, an application negative acknowledgement (NACK) is generated with a specific error code. NAKs generated by a “converted” facility HL7 message, initiate MailMan to notify one or more of the new mail groups listed above.

Note: Refer to Appendix E for list of mail group notifications based on error code.

Additional details can be found in the following documents: The Department of Veterans Affairs Electronic Health Record Modernization (EHRM) Interfacility Consults (IFC) Interface Control Document (ICD), and the Cerner Design Summary for Inter-Facility Consults. These two documents are stored on a site maintained by Cerner Corporation.

5.39. GMRC*3.0*176

The release of GMRC*3.0*176 contains one modified routine, GMRCIACT, in the Interfacility Consults (IFC) system. The modification is as follows:

- When an Urgency of "Urgent" is picked in Cerner, ORC7.6 in the HL7 message contains an urgency code which is mapped to an entry in the PROTOCOL file (#101). When the field is equal to "S" meaning "STAT", this patch will change the urgency text to "NEXT AVAILABLE”.

6. Cancelled to Discontinued Consults

6.1. Overview

A new patch has been created that has several components as follows:

- A new option, GMRC CHANGE STATUS X TO DC. This is not a user option; it is only present to facilitate the overnight job that converts consults from “Cancelled” to “Discontinued”.
- A new multi-valued parameter, CSLT CANCELLED TO DISCONTINUED, that contains three fields as follows:
    - Is the overnight cancelled to discontinued job active?
    - How many days back to start with?
    - How many days back to end with?
- A new index called “ASTATUS” on file #123 (REQUEST/CONSULTATION), field #40 (REQUEST PROCESSING ACTIVITY), sub-fields #.01 (DATE/TIME OF ACTION) and #1 (ACTIVITY).
- A new entry in file #19.2 (OPTION SCHEDULING), GMRC CHANGE STATUS X TO DC, which causes an overnight job to run which discontinues any consults that were cancelled within the day range specified in the second bullet in this list.
- A new menu option, GMRC CX TO DC PARAMETER EDIT, which allows a user to edit the parameter outlined in the second bullet in this list.

There are no new roll and scroll or GUI screens associated with this patch, but FileMan may be used as outlined below.

6.2. Overnight Job

The GMRC CHANGE STATUS X TO DC overnight job is executed by TaskMan according to the schedule referred to in the OPTION SCHEDULING file as outlined in 4. Above. It uses the new index referred to in 3 above to find consults that were cancelled in the date range (T-“days back to start with”) to (T-“days back to end with”), this processing being in reverse chronological order. Each consult fitting the parameter criteria is evaluated as to whether the consult was resubmitted and then cancelled again on a later date. If there is no later cancellation date, the consult is discontinued. Note that the overnight job is disabled when the patch is installed – the Is the overnight cancelled to discontinued job active? Parameter is set to NO.

A temporary file is used to log any consults that have been discontinued. The temporary file is set to be purged after 60 days.

6.3. Update of the New Index During Installation of Patch GMRC*3.0*113

The new ASTATUS index is created during the installation of the patch. During a post-install process, it is necessary to add to the index all existing consult records in file #123. In a production environment this could go into the millions. It is not advisable to do this in the foreground during the patch installation, so the job of doing this is transferred into the background using TaskMan.

The background job will pause periodically to avoid consuming system resources. The pause interval is set to 50,000 and resumes processing after a pause of 1800 (30 minutes).

6.4. Installation Background Job that Updates the Index

During the installation of the patch, a background job will be started to set up entries in the new ASTATUS index, and installation will complete within a few seconds. A message will be output as follows:

Post-install queued as task #nnnnnnnn where nnnnnnnn is the TaskMan job and will be something like this: 270120.

This job can be stopped if necessary, using the TaskMan User option. It can then be restarted by re-installing the patch. The job will the n continue where it left off.

6.5. Editing the Entries in the New Parameter

Refer to Figure 6-1, which shows how the values in the new multi-valued parameter, CSLT CANCELLED TO DISCONTINUED, can be edited by the new function GMRC CX TO DC PARAMETER EDIT.

Figure 6-1: Editing Entries Example

```
VISTAS1:VISTA>D ^XUP

Setting up programmer environment
This is a TEST account.

Terminal Type set to: C-VT320

You have 10 new messages.
Select OPTION NAME: GMRC CX TO DC PARAMETER EDIT       GMRC CX TO DC
PARAMETER EDIT
GMRC CX TO DC PARAMETER EDIT

Update the three fields in the CSLT CANCELLED TO DISCONTINUED parameter

Is the overnight cancelled to discontinued job active? YES//
How many days back to start with:   (1-99999):31// 91
How many days back to end with:   (60-999999): 365// 180
```

NOTE: After installation of the patch or when the job is set to run with the parameter, “Is the overnight cancelled to discontinued job active?”, the “How many days back to start with” parameter should be set to nine (9).

7. Inter-Facility Consults Management Options

The Inter-Facility Consults Options [GMRC IFC MGMT] menu is part of the Consults Management [GMRC MGR] menu. Refer to Table 7-1, which lists the menu options available to the user.

Table 7-1: Inter-Facility Consults Management Menu Options

Synonym	Name	Command
TI	Test IFC implementation	[GMRC IFC TEST SETUP]
LI	List incomplete IFC transactions	[GMRC IFC INC TRANS]
IFC	Inter-Facility Consult Requests	[GMRC IFC RPT CONSULTS]
TR	IFC Transaction Report	[GMRC IFC TRANS]
LK	Locate IFC by Remote Cslt #	[GMRC IFC REMOTE NUMBER]
BK	Monitor IFC background job parameters	[GMRC IFC BKG PARAM MON]
EC	IFC Possible Erroneous Comment Report	
IP	Inter-facility Consult Requests By Patient	[GMRC IFC RPT CONSULTS BY PT]
IR	IFC Requests by Remote Ordering Provider	[GMRC IFC RPT CONSULTS BY REMPR]
PI	Print Inter-facility Consult Requests	[GMRC IFC PRINT RPT NUMBERED]

Inter-Facility Consult Requests (IFC), Inter-Facility Consult Requests by Patient (IP), Print Inter-Facility Consult Requests (PI), and IFC Requests by Remote Ordering Provider (IR) are covered under the Inter-Facility Consults Reports section above.

7.1. Test IFC Implementation

Refer to Figure 7-1, which shows how to use the Test IFC Implementation option to check the setup of a procedure or consult service.

Figure 7-1: Checking Setup Example

```
Select IFC Management Menu Option: TI  Test IFC implementation

     Select one of the following:

          P         procedure
          C         consult service

Would you like to test a procedure or consult service: procedure


Select the GMRC Procedure that you'd like to test: EKG
     1   EKG - BOISE
     2   EKG  ELECTROCARDIOGRAM
CHOOSE 1-2: 1  EKG - BOISE

   attempting to connect to remote system...


There is an implementation problem. The remote site indicated:
     Multiple services matched to procedure


Would you like to test another implementation?
```

The following are the five most common errors that may be indicated with this option:

- 301 – Service not matched to receiving facility. You need to coordinate with the consulting facility. The consulting facility needs to use the Setup Service (SS) option to make sure your facility is correctly listed in the IFC SENDING FACILITY field.
- 401 – Procedure not matched to receiving facility. You need to coordinate with the consulting facility. The consulting facility needs to use the Setup Procedure (PR) option to make sure your facility is correctly listed in the IFC SENDING FACILITY field.
- 501 – Error in procedure name. Could not find a matching procedure at the consulting facility. You probably need to verify the spelling and use the Setup Procedure (PR) option to make sure the IFC REMOTE PROCEDURE NAME is correct in your Procedure file (#123.3).
- 601 – Multiple services matched to procedure. At the consulting facility, the RELATED SERVICES multiple must only contain a single value.
- 701 – Error in Service name. Could not find a matching service at the consulting facility. You probably need to verify the spelling and use the Setup Service (SS) option to make sure the IFC REMOTE NAME is correct in your Request Services (#123.5).

Note: Any error occurring within the VistA HL7 messaging system is also indicated in this option.

7.2. List Incomplete IFC Transactions

GMRC IFC INC TRANS is a tool for reviewing incomplete Inter-Facility Consult (IFC) Transactions. With this option you can retransmit an action that is not yet resolved.

This option can accept the following inputs when selecting a consult request:

- Consult Number
- Patient Name
- Service Name
- A question mark to see a screened list of consults with incomplete activities

Refer to Figures 7-2 and 7-3. The following screen capture error is inspected and a retransmit if performed.

Figure 7-2: List Incomplete IFC Transactions Example

```
Select IFC Management Menu Option: LI  List incomplete IFC transactions
Select a consult request: ?
 Answer with REQUEST/CONSULTATION NUMBER, or FILE ENTRY DATE, or
     PATIENT NAME, or TO SERVICE, or FROM, or DATE OF REQUEST, or
     CPRS STATUS, or SENDING PROVIDER, or ASSOCIATED RESULTS
 Do you want the entire REQUEST/CONSULTATION List? n  (No)

Type in the number, date of request or patient name.

Select a consult request:CPRSPATIENT,TWENTY  CPRSPATIENT,TWENTY 12-31-51 000200020
       SC VETERAN
```

```
UIncomplete IFC Transactions   Feb 07, 2002@12:10:05          Page:    1 of    1
Incomplete transaction(s) for consult#: 9907
U                                                                              .
An error occurred transmitting the following inter-facility consult
activity to BOISE:

Consult #: 9907
Remote Consult #:
Patient Name: CPRSPATIENT,TWENTY
To Service: DENTAL


Activity #: 1
Activity                Date/Time/Zone      Responsible Person  Entered By
 CPRS RELEASED ORDER    12/20/01 10:41      CPRSUSER,TWO        CPRSUSER,TWO

The error was: Error in Service name


          Enter ?? for more actions
SC Select new Consult                  CM Mark transaction complete
RT Retransmit an IFC activity
Select action: Quit// RT   Retransmit an IFC activity
```

Figure 7-3: List Incomplete IFC Transactions Example (continued)

```
Select an activity number:  1
You have selected the following activity:
CPRS RELEASED ORDER entered Dec 20, 2001@10:41:08

Are you sure you want to retransmit this activity?Y  YES
```

```
UIncomplete IFC Transactions   Feb 07, 2002@12:10:05          Page:    1 of    1
Incomplete transaction(s) for consult#: 9907
U                                                                              .
An error occurred transmitting the following inter-facility consult
activity to BOISE:

Consult #: 9907
Remote Consult #:
Patient Name: CPRSPATIENT,TWENTY
To Service: DENTAL


Activity #: 1
Activity                 Date/Time/Zone      Responsible Person  Entered By
 CPRS RELEASED ORDER     12/20/01 10:41      CPRSUSER,TWO        CPRSUSER,TWO

The error was: Error in Service name


          Enter ?? for more actions
SC Select new Consult                    CM Mark transaction complete
RT Retransmit an IFC activity
Select action: Quit//
```

7.3. IFC Transaction Report

This option lists the current contents of the IFC Message Log (#123.6) for one or all consults. This log is used by the Inter-Facility Consults software to ensure transmission of Inter-Facility Consult requests. The IFC background job checks this log and takes appropriate action on requests that have not yet successfully completed.

Old transactions are discarded by the software. You can control this function by using the Edit Parameter Values [XPAR EDIT PARAMETER] option, set the GMRC RETAIN IFC ACTIVITY DAYS parameter to a number between 7 and 180. If this parameter is not set, completed transactions will be retained for 7 days. The higher the number set in this parameter the more disk space will be used by the IFC MESSAGE LOG file. See the section on Error Handling below for more complete details.

At the "Select Consult/Request Number:" prompt, you may enter any one of the following:

- ALL to list all entries.
- The consult number to list that single consult.
- The patient name to select a consult from the consults on file for that patient.
- The to or from service to select a consult from the consults to or from that service.
- The date of request to select a consult originated on that date.
- The CPRS status, such as PENDING or PARTIAL RESULTS, to select a consult with that status.
- The sending provider to select a consult originated by that provider.

Refer to Figures 7-4 and 7-5 on the following page, which list all entries in the IFC Transaction Log.

Figure 7-4: IFC Transaction Log

```
Select IFC Management Menu Option: ?

   TI     Test IFC implementation
   LI     List incomplete IFC transactions
   IFC    IFC Requests
   TR     IFC Transaction Report
   LK     Locate IFC by Remote Cslt #
   BK     Monitor IFC background job parameters
   EC     IFC Possible Erroneous Comments Report
   IP     IFC Requests By Patient
   IR     IFC Requests by Remote Ordering Provider
   PI     Print IFC Requests

Select IFC Management Menu Option: TR  IFC Transaction Report

NOTE: Successful transactions are deleted after one week.

Select Consult/Request Number: ALL// ?
Answer with REQUEST/CONSULTATION NUMBER, or FILE ENTRY DATE, or
     PATIENT NAME, or TO SERVICE, or FROM, or DATE OF REQUEST, or
     CPRS STATUS, or SENDING PROVIDER, or ASSOCIATED RESULTS
 Do you want the entire 2033-Entry REQUEST/CONSULTATION List?
Select Consult/Request Number: ALL// <Enter>
List From Starting Date: ALL DATES// <Enter>
View by (C)onsult, (D)ate, (A)ctivity, or (M)essage Status: Consult// <Enter>
```

```
IFC Transactions              Jan 31, 2002@07:56:59          Page:    1 of    3
Transaction(s) for consult#: ALL
U Consult     Entry Date/Time    Activity                HL7 Message Status    .
2206         11/21/01 15:47     CPRS RELEASED ORDER     ERROR
2219         11/26/01 16:06     CPRS RELEASED ORDER     ERROR
2229         11/29/01 09:35     CPRS RELEASED ORDER     ERROR
9907         12/20/01 10:41     CPRS RELEASED ORDER     ERROR
9919         01/29/02 12:12     SIG FINDING UPDATE      SUCCESSFULLY COMPLETED
9919         01/29/02 12:15     SIG FINDING UPDATE      SUCCESSFULLY COMPLETED
9921         01/09/02 09:53     FORWARDED FROM          AWAITING APPLICATION ACK
9937         01/17/02 12:34     CANCELLED               SUCCESSFULLY COMPLETED
9937         01/17/02 14:30     CANCELLED               SUCCESSFULLY COMPLETED
9937         01/17/02 14:54     CANCELLED               SUCCESSFULLY COMPLETED
9937         01/17/02 15:09     CANCELLED               SUCCESSFULLY COMPLETED
9937         01/17/02 15:45     CANCELLED               SUCCESSFULLY COMPLETED
9937         01/17/02 16:05     CANCELLED               SUCCESSFULLY COMPLETED
9940         01/23/02 16:01     COMPLETE/UPDATE         SUCCESSFULLY COMPLETED
9940         01/23/02 16:07     INCOMPLETE RPT          SUCCESSFULLY COMPLETED
9940         01/23/02 16:24     DISASSOCIATE RESULT     SUCCESSFULLY COMPLETED
9940         01/23/02 16:25     DISASSOCIATE RESULT     SUCCESSFULLY COMPLETED
+          Enter ?? for more actions                                        >>>
SC Select new Consult     DD Detailed Display
PL Print List             CV Change View
Select action:Next Screen// DD
```

Figure 7-5: IFC Transaction Log (continued)

```
Select a Consult number from the display:  (1-9999999): 2206
```

```
UIFC Transactions              Mar 14, 2002@16:38:17          Page:    1 of    1.
Detailed Display
Consult#: 2206
U                                                                              .
ENTRY DATE/TIME: NOV 21, 2001@15:47:53
FACILITY: BOISE
MESSAGE #: 66036920
ACTIVITY #: 1
INCOMPLETE: YES
TRANS. ATTEMPTS: 1
ERROR: Service not matched to receiving facility



           Enter ?? for more actions                                        >>>
SC Select new Consult     DD Detailed Display
PL Print List             CV Change View
Select action:Quit//
```

7.4. Locate IFC by Remote Consult Number

This option is designed to assist consulting facilities with consult inquiries from requesting facilities. E.g., “Do you have the consult with Boise number 845?” All other reports are based on the local consult number. When a call is made from a requesting facility for information on the status of a consult, they are not likely to have the consulting facility’s number—only their own number for that consult. This option gets around that problem by keying on the original consult number.

Refer to Figure 7-6. In this example, a CAC at Salt Lake assists a Physician at Boise in looking up Boise consult number 845:

Figure 7-6: Locating IFC by Remote Consult Number

```
Select IFC Management Menu Option: ?

   TI     Test IFC implementation
   LI     List incomplete IFC transactions
   IFC    IFC Requests
   TR     IFC Transaction Report
   LK     Locate IFC by Remote Cslt #
   BK     Monitor IFC background job parameters
   EC     IFC Possible Erroneous Comments Report
   IP     IFC Requests By Patient
   IR     IFC Requests by Remote Ordering Provider
   PI     Print IFC Requests
Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.
```

```
Select IFC Management Menu Option: LK  Locate IFC by Remote Cslt #
Choose the facility to which the remote entry belongs: ?
 Answer with INSTITUTION NAME, or STATUS, or STATION NUMBER, or
     OFFICIAL VA NAME, or CURRENT LOCATION, or NAME (CHANGED FROM)
 Do you want the entire INSTITUTION List? N  (No)

Choose the facility to which the remote entry belongs: BOISE
     1   BOISE                 ID  VAMC      531
     2   BOISE                 ID  RO        347
     3   BOISE                 ID  M&ROC     447
     4   BOISE                 ID  CHEP      932
CHOOSE 1-4: 1  BOISE           ID  VAMC      531
Select the Remote Consult Entry #:  (1-9999999): 845

     Select one of the following:

          B         brief
          D         detailed

Display type: B// <Enter> detailed
```

```
UConsult Detailed Display      Jan 31, 2002@08:20:11          Page:    1 of    5
CPRSPATIENT,THIRTEEN   000-13-0013                          DEC 9,1950 (51)
Consult No.: 9943                                            Wt.(lb): No Entry
U                                                                              .
Current Pat. Status:   Outpatient

Order Information
To Service:            PLASTIC SURGERY
From Service:
Requesting Provider:
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Orderable Item:
Consult:               Consult Request
Reason For Request:
Can surgery correct this patients aging process??

Inter-facility Information
+         Enter ?? for more actions

Select Action:Next Screen//
```

7.5. Monitor IFC Background Job Parameters

This option lists the current state of parameters covering the IFC background jobs. It also gives an alternate method of changing these parameters. E.G., If the running of the IFC Background job should be delayed for any reason (e.g. to install a GMRC patch or system maintenance), it may be delayed by using the Edit background job start parameter action and setting the start time parameter to a date/time in the future.

Refer to Figure 7-7. In this example, we view the IFC background job parameters.

Figure 7-7: IFC background job parameters

```
Select IFC Management Menu Option: BK  Monitor IFC background job parameters
```

```
URL Refresh background parameter list                                    .

IFC Background Parameters     Mar 14, 2002@16:27:11          Page:    1 of    1
Inter-facility Consults background job parameter display
U                                                                        .

The IFC background job last started:     Mar 14, 2002@15:48:57
The IFC background job last finished:    Mar 14, 2002@15:48:57

The IFC background job is on schedule or is
running.

It may be delayed by editing the start time
to a future date/time using the Edit start
time action.




          Enter ?? for more actions
ES Edit background job start parameter
RL Refresh background parameter list
Select action:Quit//
```

7.6. Notification Parameters

There are five (5) Consults notifications:

- #23: CONSULT/REQUEST RESOLUTION
- #27: NEW SERVICE CONSULT/REQUEST
- #30: CONSULT/REQUEST CANCEL/HOLD
- #63: CONSULT/REQUEST UPDATED
- #89: PROSTHETICS CONSULT UPDATED

Any user who wants to receive these notifications must have the notifications enabled for themselves. To turn on these notifications, use the Enable/Disable Notifications option of the NOTIFICATION MGMT MENU, ORB NOT MGR MENU.

Note: Unless Consult notifications are set to mandatory, individual users may use the Enable/Disable My Notifications option of the Notifications Management Menu to individually disable the notifications they do not want to receive.

Also, the deletion parameter for these notifications is set to Individual Recipient. This means that when an individual reviews one of these notifications, the notification is deleted for only that individual. This parameter may be set to All Recipients, in which case a notification is deleted for all recipients when any one of them reviews it.

To change the deletion parameter for any of the Consults notifications, use the Set Deletion Parameters for Notifications option of the Notification Mgmt Menu.

7.7. Consult Service Tracking

7.7.1. Functionality

The Consult Service Tracking (GMRC SERVICE TRACKING) option is a generic "User" option that:

- Provides a "by patient" lookup of consults and procedure requests which is similar to CPRS's "by patient" lookup of orders.
- Provides a "by Service" lookup of consults and procedure requests. Users may select a service/specialty at any level in the hierarchy of services defined by IRMS/ADPAC personnel.

Note: The Consults "Select Service (SS)" action lumps all consult and procedure request orders under a Display Group called "CONSULT..." The only way for users to breakdown these orders by request service is to use the "Select Service (SS)" action provided by this option.

Displays a review screen of consults/requests in sequence by inverted "order released date/time" (most recent consults first).

Includes the Service's "Last Activity" update and the updated CPRS status for each consult/request displayed.

Provides basic "Select Action:" prompt capabilities which parallel CPRS actions. Exactly which actions are displayed depends on the privileges accorded to the person using the system. Privileged actions such as Complete (CT), Cancel (DY), Discontinue (DC), Forward (FR), Receive (RC), Schedule (SC), Significant Findings (SF), and Make Addendum (MA) are not displayed if the user cannot perform them.

To determine whether a user can perform privileged actions or not, Consults checks the following fields from the Requests Services (#123.5) file:

- Service Individual to Notify—123.08
- Service Team(s) to Notify—123.08

- Update Users W/O Notifications—123.1
- Update Teams W/O Notifications—123.3
- Administrative update users—123.33
- Administrative update teams—123.34

7.8. Text Integration Utilities (TIU) Setup

The Text Integration Utilities package is essential for completing consults under V. 3.0. It gives you several benefits not previously available. Among them are the ability to use boilerplate for selected consult types and the ability to file results in the TIU data base.

In this section we first review the process of Consults resulting. Then we present two different document definition hierarchies that may be used for Consults results. Finally, we present the TIU options you need to set up the TIU part of Consults Resulting.

7.8.1. Consults Resulting Process

The diagram, Consults Resulting Process, shows the consults process with emphasis on the resulting phase. To complete a consult, three things must happen:

- An authorized user must select the complete action.
- The results must be entered or uploaded.
- The results must be signed (and, if appropriate, cosigned).

If TIU's upload utility is used, the use of the complete action may be bypassed. TIU generates a notification permitting the responsible person to sign the results and complete the consult.

If the end-user is to enter the results, either the complete action prompts for results, or the results may be entered through TIU directly. If the results are entered through TIU, the user is prompted to link the TIU document with a consult request. In doing this, TIU lists consults that are available for resulting. The parameter GMRC CONSULT LIST DAYS controls how many days back TIU searches for qualifying consults. (The package default for this parameter is 365 days.)

Once these three things are accomplished, the consult is marked as complete and TIU files the results. Also, a chart copy of the completed consult may be printed.

Your site may choose to result consults by use of Progress Notes. In this case the resulting user sees essentially the same prompts, but the results entered are visible both as a consult result and in the Progress Notes system.

7.8.2. Recommended Document Hierarchies

You should have TIU already set up on your system and be familiar with the Text Integration Utilities (TIU) Implementation Guide.

We present here two document hierarchies found useful by hospitals in the VHA system. Strategy A creates Consults as an independent class under Clinical Documents. Strategy B creates Consults as a document class under Progress Notes.

7.8.3. Advantages of Strategy A

- Provides a CLEAR separation of Consults from Progress Notes and minimizes the number of choices for the end-user.
- Simple, with few concerns for maintainability (e.g., no question as to whether heritable methods and properties of Progress Notes were appropriately overridden, etc.).

7.8.4. Disadvantages of Strategy A

- Not necessarily consistent with the way providers have been documenting their Consult Results in the past. (i.e., if they have been using PN titles to "result" consults and referring to the notes on the SF 513's in the past, this will be a departure from that practice).
- Limits flexibility of access to the information. (i.e., if set-up this way, they may only access the data through Integrated Document Management options on the TIU-side, and through the Consults tab of the CPRS chart).

7.8.5. Advantages of Strategy B

- Consistent with the way many providers have been documenting their Consult Results in the past. (i.e., if they have been using PN titles to "result" consults, they may continue to do so, with the results showing up on both the 509 and SF 513).
- Enhances flexibility of access to the information. (i.e., if set-up this way, they may access the data through any option on the TIU side, as well as through EITHER the Consults or Progress Notes tabs of the CPRS chart).

7.8.6. Disadvantages of Strategy B

- Does NOT Provide a CLEAR separation of Consults from Progress Notes and may offer too many choices for the end-user.
- Complex, with some concerns for maintainability (e.g., if printing or filing appear incorrect, may result from heritable methods and properties of Progress Notes not being appropriately overridden, etc.).

You need to plan the set-up of the Document Definition Hierarchy in some detail, including the titles you want to use at your site, before proceeding with the TIU DEFINE CONSULTS option. The worksheet included in Appendix A of the Text Integration Utilities (TIU) Implementation Guide may prove useful in this process.

The option TIU DEFINE CONSULTS, exported with TIU*1*4, is used to select one or the other of these strategies and set them up at your hospital.

7.9. TIU Setup Options

7.9.1. TIU Define Consults

This option is exported with TIU*1*4. Once you have decided which Document Definition strategy to use, run the TIU DEFINE CONSULTS option. This option must be run before Consults may be completed using TIU documents.

Refer to Figure 7-8. In the following example we elect Plan B from the discussion on the preceding pages.

Figure 7-8: Plan B Example

```
Select OPTION NAME: TIU DEFINE CONSULTS          Define CONSULTS for
TIU/CT Interface
Define CONSULTS for TIU/CT Interface

I'm going to create a new Document Definition for CONSULTS now.

GREAT! A new Document Definition has been created for CONSULTS.
Next, you need to decide whether you want CONSULTS to be set up
as a separate CLASS (comparable to DISCHARGE SUMMARY or PROGRESS
NOTES), or whether you want CONSULTS defined as a DOCUMENT CLASS
under PROGRESS NOTES. The benefits of each strategy are outlined
in the POST-INSTALLATION instructions for this patch.

NOTE: If you're not yet CERTAIN which strategy you want your site
to adopt, then quit here, and get consensus first (it's easier to
get permission than forgiveness, in this case)!

    Select one of the following:

         CL        Class
         DC        Document Class

Define CONSULTS as a CLASS or DOCUMENT CLASS: DC  Document Class

Okay, you've indicated that you want to make CONSULTS a Document Class.

 Okay to continue? NO// YES

FANTASTIC! Your NEW DOCUMENT CLASS CONSULTS will now be added under
the PROGRESS NOTES Class...

Okay, I'm done...Please finish your implementation of CONSULTS by adding
any Titles as appropriate using the Create Document Definitions Option
under the TIUF DOCUMENT DEFINITION MGR Menu, as described in Step #3 of
the Post-Installation Instructions.

Press RETURN to continue...
```

7.10. Create Document Definitions

After TIU DEFINE CONSULTS has been run, you need to enter the rest of the TIU hierarchy. You should have planned this out in detail according to instructions given in the Text Integration Utility (TIU) Implementation Guide. The Create Document Definitions option permits you to enter this hierarchy.

Refer to Figures 7-9 to 7-13. In the following example, a document title CARDIOLOGY CONSULT is added to the TIU document hierarchy.

Figure 7-9: Creating Document Definitions

```
Select OPTION NAME: TIU IRM MAINTENANCE MENU          TIU Maintenance Menu
menu

Select TIU Maintenance Menu Option: ?

   1      TIU Parameters Menu ...
   2      Document Definitions (Manager) ...
   3      User Class Management ...

Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.

Select TIU Maintenance Menu Option: 2  Document Definitions (Manager)

                   --- Manager Document Definition Menu ---

Select Document Definitions (Manager) Option: ?

   1      Edit Document Definitions
   2      Sort Document Definitions
   3      Create Document Definitions
   4      Create Objects

Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.


Select Document Definitions (Manager) Option: 3  Create Document Definitions....
.....
```

Figure 7-10: Creating Document Definitions (continued)

```
Create Document Definitions   Jan 15, 1998 14:07:53          Page:    1 of    1
                                     BASICS

U       Name                                                              Type
1      CLINICAL DOCUMENTS                                                 CL
2        DISCHARGE SUMMARY                                                CL
3        PROGRESS NOTES                                                   CL
4        ADDENDUM                                                         DC
5        OLD CONSULTS                                                     CL
6        PHYSICAL THERAPY NOTES                                           CL
7        TEST CLASS                                                       CL
8        TEST NOTES                                                       CL

          New Users, Please Enter '?NEW' for Help                          >>>
     Class/DocumentClass       Next Level                Detailed Display/Edit
     (Title)                   Restart                   Status...
     (Component)               Boilerplate Text          Delete
Select Action: Next Level// <Enter> Next Level
```

Figure 7-11: Creating Document Definitions (continued)

```
 Select PROGRESS NOTES Item (Line 3-11): 11

UCreate Document Definitions   Jan 15, 1998 14:16:16          Page:    1 of    1
                                     BASICS

U+      Name                                                                Type
2        PROGRESS NOTES                                                    CL
3          CONSULTS                                                        DC
4            MEDICINE CONSULTS                                             TL
5            SURGERY CONSULTS                                              TL
6            NEUROLOGY CONSULTS                                            TL
7            PULMONARY CONSULTS                                            TL

          ?Help   >ScrollRight   PS/PL PrintScrn/List   +/-                >>>
     (Class/DocumentClass)     Next Level                Detailed Display/Edit
     Title                     Restart                   Status...
     (Component)               Boilerplate Text          Delete
Select Action: Title//  <Enter>  Title

 Enter the Name of a new CONSULTS: CARDIOLOGY CONSULTS
CLASS OWNER: CLINICAL COORDINATOR  Replace  <Enter>
STATUS: (A/I/T): INACTIVE// A  ACTIVE
SEQUENCE: 8
MENU TEXT: Cardiology Consults//

 Entry Created

 If you wish, you may enter another CONSULTS: <Enter>
```

Figure 7-12: Creating Document Definitions (continued)

```
 Select PROGRESS NOTES Item (Line 3-11): 11

UCreate Document Definitions   Jan 15, 1998 14:16:16          Page:    1 of    1
                                     BASICS

U+      Name                                                                Type
2        PROGRESS NOTES                                                    CL
3          CONSULTS                                                        DC
4            MEDICINE CONSULTS                                             TL
5            SURGERY CONSULTS                                              TL
6            NEUROLOGY CONSULTS                                            TL
7            PULMONARY CONSULTS                                            TL

          ?Help   >ScrollRight   PS/PL PrintScrn/List   +/-                >>>
     (Class/DocumentClass)     Next Level                Detailed Display/Edit
     Title                     Restart                   Status...
     (Component)               Boilerplate Text          Delete
Select Action: Title//  <Enter>  Title

 Enter the Name of a new CONSULTS: CARDIOLOGY CONSULTS
CLASS OWNER: CLINICAL COORDINATOR  Replace  <Enter>
STATUS: (A/I/T): INACTIVE// A  ACTIVE
SEQUENCE: 8
MENU TEXT: Cardiology Consults//

 Entry Created

 If you wish, you may enter another CONSULTS: <Enter>
```

Figure 7-13: Creating Document Definitions (continued)

```
UCreate Document Definitions   Jan 15, 1998 14:20:59          Page:    1 of    1
                                     BASICS

U+      Name                                                                 Type
2        PROGRESS NOTES                                                     CL
3          CONSULTS                                                         DC
4            MEDICINE CONSULTS                                              TL
5            SURGERY CONSULTS                                               TL
6            NEUROLOGY CONSULTS                                             TL
7            PULMONARY CONSULTS                                             TL
8            CARDIOLOGY CONSULTS                                            TL

          ?Help   >ScrollRight   PS/PL PrintScrn/List   +/-                 >>>
     (Class/DocumentClass)     Next Level                Detailed Display/Edit
     Title                     Restart                   Status...
     (Component)               Boilerplate Text          Delete
Select Action: Title//
```

7.11. TIU Maintenance

7.11.1. Correcting Misdirected Results

Occasionally, a consult result is linked to the wrong consult. If this is detected prior to signature, it is possible for the author of a consult result to re-direct the record to a different consult request by any of several methods:

1. Through the Link to Request action, when processing the alert for the unsigned Consult Result.
2. Through the Individual Patient Document option.
3. You may choose the Link action from the All My Unsigned Documents Option.
4. From the CPRS Chart.

There are examples of the above four methods in the Consult/Request Tracking User Manual.

Following signature, such corrections can only be made by those persons who are granted permission to do so under the Authorization/ Subscription Utility (ASU). Information on how to make this kind of correction is shown in Figures 7-14 and 7-15.

Figure 7-14: TIU Maintenance Example

```
                          --- MIS Managers Menu ---

   1      Individual Patient Document
   2      Multiple Patient Documents
   3      Print Document Menu ...
   4      Search for Selected Documents
   5      Statistical Reports ...

Select Text Integration Utilities (MIS Manager) Option: 3
    1    Search for Selected Documents
    2    Statistical Reports
CHOOSE 1-2: 1  Search for Selected Documents

Select Status: UNVERIFIED// COM   completed

Select CLINICAL DOCUMENTS Type(s): Discharge Summaries// ALL
         Discharge Summaries  Progress Notes  Addendum  Consults

Select SEARCH CATEGORIES: AUTHOR// PAT   Patient
Select PATIENT:    CPRSPATIENT,TWENTYFOUR         01-01-67     000-24-0024P
ACTIVE DUTY

                        A: Known allergies

 Start Reference Date [Time]: T-7//    (JAN 20, 1998)
Ending Reference Date [Time]: NOW//    (JAN 27, 1998@14:20)

Searching for the documents.
Clinical Documents            Jan 27, 1998 14:07:13          Page:    1 of    1
    by PATIENT (CPRSPATIENT,TWENTYFOUR) from 01/20/98 to    1 documents
U     Patient                Document                        Ref Date  Status
1    CPRSPATIENT,T(W0024) PULMONARY CONSULT                 01/26/98  completed


          + Next Screen  - Prev Screen  ?? More Actions                  >>>
     Find                      Delete Document          Browse
     On Chart                  Reassign                 Print
     Edit                      Link with Request        Change View
     Verify/Unverify           Send Back                Quit
     Amend Document            Detailed Display
Select Action: Quit// L   Link with Request
```

Figure 7-15: TIU Maintenance Example (continued)

```
You must link your Result to a Consult Request...

The following CONSULT REQUEST(S) are available:
   1>  JAN 23, 1998@11:14  759     PULMONARY
   2>  JAN 23, 1998@11:14  760     PULMONARY
CHOOSE 1-2: 2  760

Refreshing the list.
```

```
UClinical Documents            Jan 27, 1998 14:07:13          Page:    1 of    1
    by PATIENT (CPRSPATIENT,TWENTYFOUR ) from 01/20/98 to    1 documents
U     Patient                Document                        Ref Date  Status
1    CPRSPATIENT,T.(W0024) PULMONARY CONSULT               01/26/98  completed


          ** Item 1 Reassigned. **                                          >>>
     Find                      Delete Document          Browse
     On Chart                  Reassign                 Print
     Edit                      Link with Request        Change View
     Verify/Unverify           Send Back                Quit
     Amend Document            Detailed Display
Select Action: Quit// <Enter>
```

7.12. Medicine Interface

The Procedures module of Consult/Request Tracking has been enhanced. The two major enhancements are:

1. A complete change to the method of creating and activating procedures for use in CPRS and Consult/Request Tracking is introduced including a new file to store the procedures data.
2. The ability to link results stored in the VistA Medicine package to a procedure request has been re-established.

7.12.1. Procedure Setup

Warning: The GMRC PROCEDURES (#123.3) file should NOT be edited via VA FileMan. The interface between CPRS and Consult/Request Tracking depends on the use of the Setup procedures [GMRC PROCEDURE SETUP] option.

Refer to Figure 7-16.

Figure 7-16: Procedure Setup Example

```
Select Consult Management Option: PR Setup procedures
Select Procedure:GI ENDOSCOPIC
Are you adding 'GI ENDOSCOPIC' as a new GMRC PROCEDURE (the 39TH)? No// Y
(Yes)
NAME: GI ENDOSCOPIC// <Enter>
The new procedure will not be orderable unless the INACTIVE flag is deleted.
INACTIVE: YES// N <Enter> NO
Select SYNONYM: GIENDO
INTERNAL NAME: <Enter>
Are you adding 'GIENDO' as a new SYNONYM (the 1ST for this GMRC PROCEDURE)? No
// Y
(Yes)
SYNONYM: GIENDO// <Enter>
Select SYNONYM: <Enter>
Select RELATED SERVICES: GASTROENTEROLOGY
Are you adding 'GASTROENTEROLOGY' as
a new RELATED SERVICES (the 1ST for this GMRC PROCEDURE)? No// Y (Yes)
Select RELATED SERVICES: <Enter>
TYPE OF PROCEDURE: GI ENDO
1 GI ENDOSCOPIC GIENDO GI ENDOSCOPIC
2 GI ENDOSCOPIC GI ENDOSCOPIC
CHOOSE 1-2: 1 GIENDO GI ENDOSCOPIC

PREREQUISITE:
1><Enter>
PROVISIONAL DX PROMPT: ?
Enter a code to indicate the type of input allowed by CPRS when entering a
provisional diagnosis
Choose from:
O OPTIONAL
R REQUIRED
S SUPPRESS
PROVISIONAL DX PROMPT: R REQUIRED
PROVISIONAL DX INPUT: ?
Enter a code to indicate the type of input allowed by CPRS when entering a
provisional diagnosis
Choose from:
F FREE TEXT
L LEXICON
PROVISIONAL DX INPUT: L LEXICON
DEFAULT REASON FOR REQUEST:
1><Enter>
RESTRICT DEFAULT REASON EDIT: <Enter>

Inter-facility information:
IFC ROUTING SITE: <Enter>
IFC REMOTE PROC NAME: <Enter>
Select IFC SENDING FACILITY: <Enter>

Orderable Item Updated

Select Consult Management Option:
```

- **INTERNAL NAME** in an alternate name for the service. This name does not appear on printouts or displays but can be used to access the service through the Setup Services (SS) option, or with FileMan.

- **RELATED SERVICES:** The RELATED SERVICES field in the procedure setup indicates which services from the Consult hierarchy will receive and process procedures of this type. If more than one related service is entered in this field the ordering person will have to choose which service to direct the procedure to. The users that will be notified and the users allowed to update procedure requests of this type are determined by the receiving service.
- **TYPE OF PROCEDURE:** The TYPE OF PROCEDURE field in the procedure setup essentially turns on the interface to the Medicine package for this type of procedure. The field is a pointer to the PROCEDURE/SUBSPECIALTY (#697.2) file in the Medicine package. If this field is not set, no medicine procedure results may be linked to this type of procedure request.
- **PROVISIONAL DX PROMPT:** Used by CPRS to determine how to prompt for the provisional diagnosis when ordering this procedure. If this field is set to OPTIONAL, the user will be prompted for the provisional diagnosis but may bypass answering the prompt. If the field is set to SUPPRESS, the user will not be presented with the provisional diagnosis prompt. If set to REQUIRED, the user must answer the prompt to continue placing the order.
- **PROVISIONAL DX INPUT:** Determines the method that CPRS uses to prompt the user for input of the provisional diagnosis when ordering this procedure. If set to FREE TEXT, the user may type any text from 2-80 characters in length. If set to LEXICON, the user will be required to select a coded diagnosis from the Clinical Lexicon.
- **PREREQUISITE:** This word-processing field is utilized to communicate pre-requisite information to the ordering person prior to ordering this procedure. This field is presented to the ordering person upon selecting a procedure and allows them to abort the ordering at that time if they choose. TIU objects may be embedded within this field which are resolved for the current patient during ordering. Any TIU objects must be contained within vertical bars (e.g. |BLOOD PRESSURE|).
- **DEFAULT REASON FOR REQUEST:** The default text used as the reason for request when ordering this procedure. This field allows a boilerplate of text to be imported into the reason for request when placing orders for this procedure. If the user places an order using a quick order having boilerplate text, that text supersedes any default text stored in this field. This field may contain any text including TIU objects. TIU Objects must be enclosed in vertical bars (e.g. |PATIENT NAME|).
- **RESTRICT DEFAULT REASON EDIT:** If a DEFAULT REASON FOR REQUEST exists for this service this field effects the ordering person's ability to edit the default reason while placing an order. This variable can be set to UNRESTRICTED, NO EDITING, or ASK ON EDIT ONLY. If the third value, ASK ON EDIT ONLY, is used, the user is only allowed to edit the default reason if the order is edited before releasing to the service.
- **IFC ROUTING SITE:** This field contains the VA facility that will perform consults requested for this service. When a consult for this service is ordered, it will automatically be routed to the VA facility in this field.

- **IFC REMOTE NAME:** This field contains the name of the service that will be requested at the VAMC defined in the IFC ROUTING SITE field. Enter the name of the service exactly as it is named at the remote facility. If this name does not match the name of the service at the routing site, the request will fail to be filed at the remote site. This will delay or prohibit the performance and processing of this request.
- **IFC SENDING FACILITY:** This is a multiple containing the facilities from which your site may receive Inter-Facility Consults for this consult. As with all IFC fields, they must be an exact match.

7.12.2. Linking Med Results to Procedure Request

In the Consult Service Tracking option and in CPRS list manager Consults tab, medicine results can be associated with the procedure request by using the complete/update action. If the selected item is a procedure and is configured for medicine resulting, users will be given the option of attaching medicine procedure result and/or writing a TIU document. In the CPRS GUI, associating medicine procedure results will be done via a separate menu item on the Action Menu of the Consults tab

7.12.3. Removing Medicine Results from a Request

This action provides a mechanism to disassociate a medicine result from a request that was linked by mistake. The ability to take this action is controlled by membership in a USR USER CLASS. A new field was exported for the REQUEST SERVICES (#123.5). Field (#1.06) RESULT MGMT USER CLASS is a pointer to the USR USER CLASS (#8930) file and the appropriate user class of individuals who may take this action should be listed here. It is recommended that the user class entered here be in line with the business rule involving the LINK action as it pertains to TIU documents.

The action to disassociate a medicine result is provided through an action on the Consult Service Tracking option or the Consults tab of CPRS list manager and CPRS GUI.

7.13. Parameters

There are two parameters associated with the Consults package:

- GMRC CONSULT LIST DAYS
- GMRC FEE SERVICES.

7.13.1. GMRC CONSULT LIST DAYS

The GMRC CONSULT LIST DAYS parameter controls the number of days TIU searches for consults that can be associated with a TIU note.

When completing consults from the notes tab, after selecting a title, you are given a list of consults to which the note may be linked. This list is limited to consults entered in the last 365 days by default. The parameter “GMRC CONSULT LIST DAYS” allows sites to vary this value. The default parameter “PKG” is set to 365 days.

Refer to Figure 7-17. The following example shows setting this parameter for a division (in a multi-divisional medical center) to 180 days:

Figure 7-17: GMRC CONSULT LIST DAYS Example

```
XPAR EDIT PARAMETER Edit Parameter Values action
Edit Parameter Values
--- Edit Parameter Values ---

Select PARAMETER DEFINITION NAME: GMRC CONSULT LIST DAYS CONSULT LIST DAYS

GMRC CONSULT LIST DAYS may be set for the following:

6 Division DIV [choose from INSTITUTION]
7 System SYS [DEVCUR.ISC-SLC.VA.GOV]
9 Package PKG [CONSULT/REQUEST TRACKING]

 Select INSTITUTION NAME: SALT
1 SALT LAKE CITY 660
2 SALT LAKE OEX UT ISC 5000
CHOOSE 1-2: 2 SALT LAKE OEX UT ISC 5000

-------- Setting GMRC CONSULT LIST DAYS for Division: SALT LAKE OEX --------
Days: 180

GMRC CONSULT LIST DAYS may be set for the following:

6 Division DIV [choose from INSTITUTION]
7 System SYS [DEVCUR.ISC-SLC.VA.GOV]
9 Package PKG [CONSULT/REQUEST TRACKING]

Enter selection:
```

7.13.2. GMRC FEE SERVICES

The GMRC FEE SERVICES parameter controls which services (from the REQUEST SERVICES (#123.5) file) are defined as fee basis services.

When a commercial-off-the-shelf (COTS) fee basis system, such as Fee Basis Claims System (FBCS) or Healthcare Claims Processing System (HCPS), accesses a list of consults, it will use this parameter to limit its search to consults with fee basis services.

The list of consult services is stored internally as a word-processing field consisting of the IENs for FEE Basis or NON –VA Care Consults stored in the REQUEST SERVICES (#123.5) file. This list can be modified using the Define Fee Services [GMRC FEE PARAM] option under the GMRC MGR menu.

Note: This parameter cannot be edited via the XPAR menu. It should only be edited using the Define Fee Services [GMRC FEE PARAM] option under the GMRC MGR menu.

8. Files

*** Request/Consultation (#123)**

This file contains consult and request orders originating primarily via the CPRS process. Once the order exists in this file, receiving service users perform update activities. An audit trail of the update activities is maintained in this file.

*** Request Action Types (#123.1)**

This file identifies the action types that may be used by a service to track activity related to a consult or request.

*** GMRC Procedures (#123.3)**

This file identifies procedures that may be ordered and processed in CPRS.
File 123.3 must NOT be edited via VA FileMan. The interface between CPRS and Consult/Request Tracking depends on the use of the Setup procedures [GMRC PROCEDURE SETUP] option.

*** Request Services (#123.5)**

This file permits Services and Specialties to be grouped in a hierarchy representing the site's available services. This grouping capability may be used with Review screens to filter out consults to a service, sub service, specialty, or sub-specialty of consults/requests.
The main entry in this file is the "ALL SERVICES" entry. Other entries should be subordinate in the hierarchy.
The "ALL SERVICES" entry is used to display the hierarchy of the hospital services when the Clinician ordering the consult is prompted for "Select Service/Specialty:" to send the consult to.

*** IFC Message Log (#123.6)**

This is a log used by the Inter-Facility Consults software to ensure transmission of Inter-Facility Consult requests. The IFC background job checks this log and takes appropriate action on requests that have not yet successfully completed.

8.1. File Globals

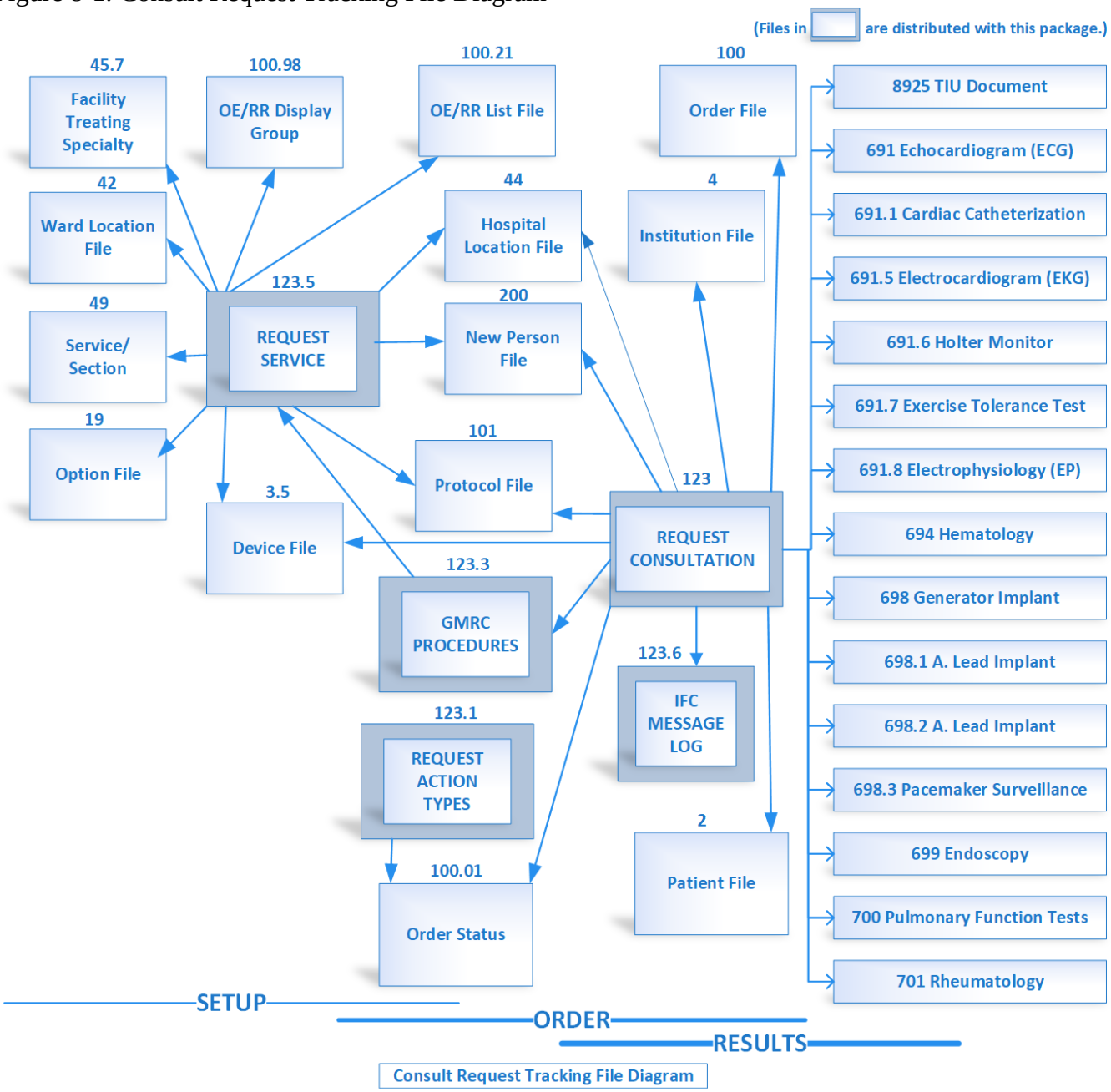
Refer to Table 8-1. The following is a listing of the files contained in the Consults package. Listed for each file are its file number, name, global location, and an indicator as to whether or not data comes with the file.

Table 8-1: File Globals

Synonym	Name	Global	Data
123	REQUEST/CONSULTATION FILE	^GMR(123,	NO
123.1	REQUEST ACTION TYPES	^GMR(123.1	YES
123.3	GMRC PROCEDURES	^GMR(123.3	YES
123.5	REQUEST SERVICES	^GMR(123.5	YES
123.6	IFC MESSAGE LOG	^GMR(123.6	NO

A file diagram of the above Consults package files and their relationship to other packages is depicted below in Figure 8-1.

Figure 8-1: Consult Request Tracking File Diagram



9. Exported Menus

There are five menus distributed with the Consults package. The GMRC MGR option is a composite of all Option file (#19) entries distributed in the GMRC namespace. The GMRC REPORTS is a composite of reports distributed with Consults. The GMRC GENERAL SERVICE USER, and GMRC PARMACY USER contain the most frequently performed actions for their respective user types.

Table 9-1: GMRC MCG Menu

Option Name	Display Text
GMRC REPORTS	Consults Tracking Reports
GMRC SETUP REQUEST SERVICES	Set up Consults Services
GMRC SERVICE USER MGMT	Service User Management
GMRC SERVICE TRACKING	Consults Service Tracking
GMRC PHARMACY TPN CONSULTS	Pharmacy TPN Consults
GMRC PRINT TEST PAGE	Print Test Page
MRCSTSU	Group Update of Consults Requests
GMRC UPDATE AUTHORITY	Determine Users' Update Authority
GMRC USER NOTIFICATION	Determine if User is Notification Recipient
GMRC NOTIFICATION RECIPS	Determine Notification Recipients for a Service
GMRC TEST DEFAULT REASON	Test Default Reason for Request
GMRC LIST HIERARCHY	List Consult Service Hierarchy
GMRC PROCEDURE SETUP	Setup Procedures
GMRC CLONE PROSTHETICS	Copy Prosthetics services
GMRC CONSULT CLOSURE TOOL	Menu for Closure Tools
GMRC DUPLICATE SUB-SERVICE	Duplicate Sub-Service
GMRC FEE PARAM	Define Fee Services
GMRC IFC MGMT	IFC Management Menu
GMRC FSC HCP MAIL GROUP	Define FSC HCP Mail Group

Table 9-2: GMRC REPORTS Menu

Option Name	Display Text
GMRC COMPLETION STATISTICS	Completion Time Statistics
GMRC RPT PENDING CONSULTS	Service Consults Pending Resolution
GMRC RPT COMPLETE CONSULTS	Service Consults Completed

Option Name	Display Text
GMRC RPT COMPLETE/PENDING	Service Consults Completed or Pending Resolution
GMRC IFC RPT CONSULTS	IFC Requests
GMRC IFC RPT CONSULTS BY PT	IFC Requests By Patient
GMRC IFC RPT CONSULTS BY REMPR	IFC Requests by Remote Ordering Provider
GMRC RPT NUMBERED CONSULTS	Service Consults with Consults #s
GMRC IFC PRINT RPT NUMBERED	Print IFC Requests
GMRC PRINT BY SEARCH	Print Consults by Provider, Location, or Procedure
GMRC RPT PERF MONITOR	Print Consult Performance Monitor Report
GMRC PRINT RPT NUMBERED	Print Service Consults by Status
GMRC RPT CONSULTS BY STATUS	Service Consults By Status
GMRC PRINT COMPLETION STAT	Print Completion Time Statistics Report

Table 9-3: GMRC GENERAL SERVICE USER Menu

Option Name	Display Text
GMRC SERVICE TRACKING	Consults Service Tracking
GMRC RPT PENDING	Service Consults Pending
GMRC COMPLETION STATISTICS	Completion Time Statistics

Table 9-4: GMRC PHARMACY USER Menu

Option Name	Display Text
GMRC PHARMACY TPN CONSULTS	Pharmacy TPN Consults
GMRC RPT PENDING	Service Consults Pending
GMRC COMPLETION STATISTICS	Completion Time Statistics

Table 9-5: GMRC CONSULT CLOSURE TOOL Menu

Option Name	Display Text
GMRC CONSULT CLOSE TOOL EDT	Consult Closure Tool Edit Configuration
GMRC CONSULT CLOSE TOOL INQ	Consult Closure Tool Inquire Configuration
GMRC CONSULT CLOSE TOOL RUN	Consult Closure Tool Run Configuration

Table 9-6: GMRC IFC MGMT Menu

Option Name	Display Text
GMRC IFC TEST SETUP	Test IFC implementation
GMRC IFC INC TRANS	List incomplete IFC transactions
GMRC IFC RPT CONSULTS	IFC Requests
GMRC IFC TRANS	IFC Transaction Report
GMRC IFC REMOTE NUMBER	Locate IFC by Remote Cslt #
GMRC IFC BKG PARAM MON	Monitor IFC background job parameters
GMRC IFC RPT CONSULTS BY PT	IFC Requests By Patient
GMRC IFC RPT CONSULTS BY REMPR	IFC Requests by Remote Ordering Provider
GMRC IFC PRINT RPT NUMBERED	Print IFC Requests

It should be noted the options GMRC PHARMACY TPN CONSULTS, and GMRC SERVICE TRACKING are options which utilize review screens and “Select Action:” capabilities similar to CPRS review screen protocol menus. These three options should be distributed to the appropriate users, based on the “Menu/Option Access” recommendations found in the Package Security section of this manual.

In addition to the Option file (#19) menu, the Protocol file (#101) has several protocol menus distributed in the GMRC namespace. These menus are not for distribution to users. These menus represent the set of responses permitted at specific prompts during Consults processing.

10. Cross-References

The Consults files contain the following cross-references:

Request/Consultation file (#123)

AC^GMR(123, “AC”, OE/RR FILE NUMBER, DA)

This cross-reference permits determination of the request entry in this file based on the ORIFN (pointer to File 100) from CPRS.

AD^GMR(123, “AD”, Patient, Inverted Date of Request, DA)

This is the primary cross-reference used by Consults to display consults/requests for a patient, with the most recent Date of Request first.

AD1^GMR(123, “AD1”, Date of Request, DA)

AE^GMR(123, “AE”, To Service, CPRS Status, Inverted Date of Request, DA)

This cross-reference is used to display consults/requests for a particular service and CPRS status, with the most recent Date of Request first.

AE1^GMR(123, “AE1”, Date of Request, DA)

AE2^GMR(123, “AE2”, CPRS Status, DA)

AIFC^GMR(123,”AIFC”,ROUTING FACILITY,REMOTE CONSULT FILE ENTRY,DA)

This cross-reference is used to prevent duplicate entries from being filed if a new inter-facility consult is sent multiple times.

AG

This cross reference contains entries of the REQUEST/CONSULTATION file that do not have an appointment scheduled. This is determined based on the content and order of the entries in the REQUEST PROCESSING ACTIVITY multiple field 40. This cross reference will be updated with any update to the ACTIVITY field under the REQUEST PROCESSING ACTIVITY multiple and that update will be determined based on all REQUEST PROCESSING ACTIVITY entries. This cross reference was added in GMRC*3.0*83.

AL^GMR(123,”AL”,PATIENT LOCATION,DA)

AP^GMR(123,”AP”,PROCEDURE/REQUEST TYPE,DA)

B^GMR(123, “B”, File Entry Date, DA)

The “B” Cross-reference is the regular cross-reference for this file.

C^GMR(123, “C”, TO Service, DA)

The “C” cross-reference enables VA FileMan look-up of information based on the TO Service.

D^GMR(123, “D”, CPRS Status, DA)

The “D” cross-reference enables VA FileMan lookup of information based on the CPRS status.

E^GMR(123, “E”, Date of Request, DA)

The “E” cross-reference enables VA FileMan lookup of information based on the Date of Request.

F^GMR(123, “F”, Patient, DA)

The “F” cross-reference enables VA FileMan lookup of information based on the Patient Name.

G^GMR(123,"G",sending provider,DA)

The “G” cross-reference allows look-up of consults by sending provider.

H^GMR(123,"H",requesting location,DA)

The “H” cross-reference allows look-up of consults by the requesting location.

R^GMR(123,”R”,associated result,DA)

The “R” cross-reference allows look-up of consults based on the results associated with them.
Request Action Types file (#123.1)

AC^GMR(123.1, “AC”, CPRS Status, DA)

This cross-reference is used when the call to RESULT^GMRCR returns a CPRS status. This CPRS status is used to determine the action type to use to update activity tracking.

B^GMR(123.1, “B”, Action Type, DA)

The “B” cross-reference is the regular cross-reference for this file.

C^GMRC(123.1, “C”, Related Action Protocol, DA)

This cross-reference is used to associate the action type with the protocol selected from the “Select Action:” prompt. The action type internal number is then used to set the variable

GMRCA for audit trail processing.

GMRC PROCEDURES file (#123.3)

AP^GMR(123.3,"AP",protocol number,DA)

This cross-reference is utilized during the procedure conversion process and will be removed in a future enhancement.

B^GMR(123.3,"B",procedure name,DA)

The “B” cross-reference is the regular cross-reference for this file, permitting lookup by procedure name.

C^GMR(123.3,"C",synonym,DA)

The “C” cross-reference permits SYNONYMS to be used to look up the procedure by synonym.

E^GMR(123.3,”E”,internal name,DA)

Request Services file (#123.5)

B^GMR(123.5, “B”, Service Name, DA)

The “B” cross-reference is the regular cross-reference for this file, permitting lookup by Service Name.

C^GMR(123.5, “C”, Related Treating Specialty, DA)

The “C” cross-reference enables VA FileMan lookup of information, based on the RELATED TREATING SPECIALTY. (Note: This field exists but is not currently used by the package.)

D^GMR(123.5, “D”, Synonym, DA)

The “D” cross-reference permits SYNONYMS to be used to find the Service to send a consult/request to.

E^GMR(123.5,”E”,internal name,DA)

AAT^GMR(123.5, ADMINISTRATIVE UPDATE TEAM,DA)

This cross-reference is used to locate and delete pointers to the OE/RR LIST (#100.21) file that have been deleted.

AC1^GMR(123.5, SERVICE NAME, DA)

This cross-reference is what helps maintain the alphabetical look-up of services.

ANT^GMR(123.5, TEAM TO NOTIFIY, DA)

The "ANT" cross reference is used for deletion of pointer values when an entry is deleted from the OE/RR LIST (#100.21) file.

APC^GMR(123.5, SUB-SERVICE/SPECIALTY, DA)

This cross-reference is used to find the parents of a given service. This helps identify AC cross-references that need to be updated when the .01 name changes and helps manage forwarding to services.

APR^GMR(123.5, PROCEDURE TYPE, DA)

This cross reference is used to find all services which process a procedure type.

AST^GMRC(123.5, SERVICE TEAM TO NOTIFY, DA)

The "AST" cross reference is used for deletion of pointer values when an entry is deleted from the OE/RR LIST (#100.21) file.

AUT^GMR(123.5, UPDATE TEAMS W/O NOTIFICATIONS, DA)

This cross-reference is used to locate and delete pointers to the OE/RR LIST (#100.21) file that have been deleted.

IFC MESSAGE LOG (#123.6)

AC ^GMR(123.6,"AC",CONSULT/REQUEST #,ACTIVITY #,INCOMPLETE,DA)

This cross-reference is used by the IFC background job to manage incomplete entries.

AI^GMR(123.6, INCOMPLETE, DA)

The "AI" cross-reference is used to locate IFC consults that have not been processed successfully.

AM^GMR(123.6, MESSAGE #, DA)

The "AM" cross-reference is used to locate the HL7 message number.

B^GMR(123.6, DATE/TIME OF ENTRY, DA)

The "B" cross-reference if the regular cross-reference for this file, permitting lookup by DATE/TIME of Entry.

C^GMR(123.6,"C",CONSULT/REQUEST #,ACTIVITY #,DA)

This cross-reference is used to look up IFC MESSAGE LOG entries by consult number.

11. Archiving and Purging

No archiving or purging utilities are provided in this version for Consults distributed files.

12. External Relations

The Consults package is dependent upon other VA software to function correctly. Refer to Table 12-1.

Table 12-1: External Relations – Other VA Software

Package	Version	Notes
VA FileMan	21	
OE/RR	3.0	
KERNEL	8.0 (+ Patches)	“Select Action:”prompts, and Alert capabilities
PIMS	5.3	Calls to VADPT

12.1. Private DBIA Agreements

Refer to Table 12-2.

Table 12-2: External Relations – Other VA Software

DEA Number	Custodial Package	DBA Number	Custodial Package
147	Medicine	868	OE/RR
165	OE/RR	869	OE/RR
167	Kernel	870	OE/RR
169	Kernel	871	OE/RR
181	OE/RR	872	OE/RR
510	VA FileMan	873	OE/RR
615	Medicine	875	OE/RR
616	Medicine	2038	OE/RR
627	OE/RR	2638	OE/RR
628	OE/RR	2290	OE/RR
629	OE/RR	2699	TIU
630	OE/RR	2700	OE/RR
631	OE/RR	2713	OE/RR
632	Kernel	2761	OE/RR
635	OE/RR	2764	OE/RR
636	OE/RR	2849	OE/RR

DEA Number	Custodial Package	DBA Number	Custodial Package
637	OE/RR	3042	MEDICINE
638	OE/RR	3138	CLINICAL PROC
639	OE/RR	3168	OE/RR
640	OE/RR	3171	OE/RR
861	OE/RR	6184	GMRC
862	OE/RR		
863	OE/RR		
864	OE/RR		
865	OE/RR		
866	OE/RR		
867	OE/RR		

13. Internal Relations

All options are independently evocable.

13.1. Package-Wide Variables

There are no package-wide variables exported with this package that require SACC exemption.

14. Package Interface

14.1. HL7 Fields

Refer to Table 14-1, which lists HL7 fields used in transactions between OE/RR v.3.0 and the Consult package. Not every field will be used in every message.

Table 14-1: Private DBIA Agreements

SEG	SEQ	Field Name	Example	HL7 Type
MSH	1	Field Separator	|	string
	2	Encoding Characters	^~\&	string
	3	Sending Application	ORDER ENTRY	string
	4	Sending Facility	660	string
	9	Message Type	ORM	ID
RF1	1	Referral Status	IP^ADDED COMMENT	string
	2	Referral Priority	ROUTINE	string
	3	Referral Type	553^NON-VA COLONOSCOPY^^32563^NON-VA COLONOSCOPY v6.2	coded element
	5	Referral Category	O	table 284
	6	Originating Referral Identifier	486410	string
	7	Effective Date	201403111904-0400	timestamp
PRD	1	Provider Role	RP	table 286
	2	Provider Name	CPRSPROVIDER^THREE^^^^^^^^10000000046	composite ID
	3	Provider Address	1 STREET ADDRESS^^CITY^ST^00011	string
	5	Provider Communication Information	^^^CPRS3@VA.GOV^^555^555-5555	string
IN1		1	SetIDIN1	
	2	InsurancePlanID		Coded element
	3	InsuranceCompanyID		ID
	4	InsuranceCompanyName		string
	5	InsuranceCompanyAddress		address
	6	InsuranceCoContactPerson		string
	7	InsuranceCoPhoneNumber		string
	8	GroupNumber		string
	9	GroupName		string
	10	InsuredsGroupEmpID		string

	11	InsuredsGroupEmpName		string
	12	PlanEffectiveDate		date
	13	PlanExpirationDate		date
	14	AuthorizationInformation		string
	15	PlanType		string
	16	NameOfInsured		string
	17	InsuredsRelationshipToPatien		string
	18	InsuredsDateOfBirth		date
	19	InsuredsAddress		address
	20	AssignmentOfBenefits		string
	21	CoordinationOfBenefits		string
	22	CoordOfBenPriority		string
	23	NoticeOfAdmissionFlag		string
	24	NoticeOfAdmissionDate		date
	25	ReportOfEligibilityFlag		string
	26	ReportOfEligibilityDate		date
	27	ReleaseInformationCode		string
	28	PreAdmitCertPAC		string
	29	VerificationDateTime		date
	30	VerificationBy		string
	31	TypeOfAgreementCode		string
	32	BillingStatus		string
	33	LifetimeReserveDays		number
	34	DelayBeforeLRDay		number
	35	CompanyPlanCode		string
	36	PolicyNumber		string
	37	PolicyDeductible		number
	38	PolicyLimitAmount		number
	39	PolicyLimitDays		number
	40	RoomRateSemiPrivate		number
	41	RoomRatePrivate		number
	42	InsuredsEmploymentStatus		string
	43	InsuredsAdministrativeSex		string
	44	InsuredsEmployersAddress		address
	45	VerificationStatus		string
	46	PriorInsurancePlanID		string
	47	CoverageType		string
	48	Handicap		string
	49	InsuredsIDNumber		ID
	50	SignatureCode		string
	51	SignatureCodeDate		date
	52	InsuredsBirthPlace		string
	53	VIPIndicator		string
IN3		1	SetIDIN3	

	2	CertificationNumber		string
	3	CertifiedBy		string
	4	CertificationRequired		string
	5	Penalty		string
	6	CertificationDateTime		date
	7	CertificationModifyDateTime		date
	8	Operator		string
	9	CertificationBeginDate		date
	10	CertificationEndDate		date
	11	Days		number
	12	NonConcurCodeDescription		string
	13	NonConcurEffectiveDateTime		date
	14	PhysicianReviewer		string
	15	CertificationContact		string
	16	CertificationContactPhoneNum		string
	17	AppealReason		string
	18	CertificationAgency		string
	19	CertificationAgencyPhoneNumb		string
	20	PreCertificationRequirement		string
	21	CaseManager		string
	22	SecondOpinionDate		date
	23	SecondOpinionStatus		string
	24	SecondOpinionDocumentationRe		string
	25	SecondOpinionPhysician		string
PID	3	Patient ID ---------- Between VistA and Cerner, this field includes the ICN and the EDIPI	5340747 ---------- Between VistA and Cerner: Ex: 123456789V9999999^^^ICN^VETID~98765431^^^EDIPI^EDIPI	composite ID
	5	Patient Name	Doe,John H	patient name
	18	Patient Account Number (FIN) -Populated for HL7 messages sent by VistA to Cerner		string
	19	SSN Number – Patient	123456789	string

DG1	3	Diagnosis Code – DG1	784.0^Headache	coded element
PV1	2	Patient Class	I	table 4
	3	Patient Location	32^234-4	user table
	7	Attending Doctor	1234^DOE, JOHN M	composite ID
	16	VIP Indicator	R	user table
	17	Admitting Doctor	1234^DOE, JOHN M	composite ID
	19	Visit Number	1241243	composite ID
{ ORC}	1	Order Control	NW	table 119
	2	Placer Order Number	234123;1^OR	number^application
	3	Filler Order Number	870745^GMRC	number^application
	5	Order Status	IP	table 38
	7	Quantity/Timing	^^^19940415^^R	^^^timestamp^^priority coded per HL7 4.4
	9	Date/Time of Transaction	199404141425	timestamp
	10	Entered By	1166	composite ID
	12	Ordering Provider	1270	composite ID
	15	Order Effective D/T	199404141430	timestamp
	16	Order Control Reason	S^Service Correction^99ORN^^^	coded element
NTE	1	Set ID	16	set ID
	2	Source of Comment	L	table 105
	3	Comment	Cancelled by Service	formatted text
OBR	2	Placer Order Number	5587658;1^OR	number^application
	3	Filler Order Number	486410;GMRC^GMRC	number^application
	4	Universal Service ID	^^^58^Cardiology^99CON	coded element

	6	Requested Date/Time	20140311	timestamp
	16	Cerner Ordering Provider	For VistA to Cerner messages, the format of this field is: Provider NPI^provider last name^provider first name^provider middle name	Free text
	18	Placer Field 1 (used for place of consultation	B	string
	19	Placer Field 2 (used for attention) Between VistA and Cerner, populated with Field #508 Cerner Placer Field 1 in the REQUEST/CONSULTATIO N file (#123)	1044	string
	20	Filler Field 1 Between VistA and Cerner, populated with Field #511 OPT IN FOR FINAL STATUS in the REQUEST/CONSULTATIO N file (#123)	Y or N	string
	22	Results Rpt/Status Change - Date/Time	199404150635	timestamp
	25	Result Status	F	table 123
	27	Quantity/Timing Between VistA and Cerner, component 4 populated with Field #512 PERFORMED DATE/TIME in the REQUEST/CONSULTATIO N file (#123)	^^^202305030933+0600	string
	32	Principle Result Interpreter	1345	composite ID
ZSV	1	Request Service ID	^^^12^Psychiatry^99CON	coded element
	2	Consult Type	Family Counseling	string
{ OBX }	1	Set ID	1	number
	2	Value Type	TX	table 125
	3	Observation ID	2000.02^Reason for Request^AS4	coded element
	4	Observation Sub-ID	1	string

	5	Observation Value	r/o TB	string
}	8	Abnormal Flag	N	table 78

14.2. Package Interface Notes

The following items merit emphasis:

- Sending Application is the name of the DHCP package generating the message; Sending Facility is the station number.
- Originating Referral Identifier is the IEN of the record entry in the Request/Consultation file.
- Patient ID is patient DFN (pointer to file 2)
- Patient Location, for an inpatient, is Hospital Location IEN^Room-Bed. For and outpatient, it is the Hospital Location IEN. In both cases it is the location from which the order is being placed.
- VIP Indicator is 'R' if patient is restricted/sensitive.
- Visit Number is the IEN of the visit in the Visit file.
- Placer Order Number is the OE/RR order number.
- Filler Order Number is the Consult order number.
- Order Status is needed when Consults releases an order; possible values from HL7 table 38 include the following:
    - **DC:** Discontinued
    - **SC:** Active
    - **A:** Partial Results
    - **CM:** Completed
    - **ZC:** Scheduled
    - **CA:** Cancelled (Denied)
    - **IP:** Pending
    - **RP:** DC'd due to Edit
- Quantity/Timing will contain Clinically Indicated Date in the fourth ^-piece and urgency in the sixth ^-piece, whose possible values include:
    - **S:** Stat
    - **Z24:** Within 24 hours
    - **ZW:** Within 1 week
    - **R:** Routine
    - **Z48:** Within 48 hours

- **ZM:** Within 1 month
- **ZT:** Today
- **Z72:** Within 72 hours
- **ZNA:** Next available
- **ZE:** Emergency

- Entered By and Ordering Provider are IENs in the New Person file.
- Universal Service ID is a national code in the first part. The alternate code is a pointer to either the Request Services or GMRC Procedures file.
- Placer Field 1 will contain the place of consultation, as a set of codes. Possible values include:
  - B: Bedside
  - E: Emergency Room
  - OC: Consultant's choice
- Placer Field 2 will contain the IEN in the New Person file of the user to whom this consult should be directed.
- The OBX segment is used to transmit related data about the patient when placing a consult request; possible observation IDs include:
  - Reason for Request (AS4 2000.02) = text
  - Provisional Diagnosis (not coded) = text
  - Provisional Diagnosis (coded element) = ICD ^ text
- Observation ID is used for ordering OBX segments.

14.3. HL7 Protocols

14.3.1. Patch GMRC*3.0*75

Patch GMRC*3.0*75 added the capability of using the following HL7 protocols to enable the communications between the consult system communication with the Healthcare Claims Processing System (HCPS), which processes non-VA healthcare. Refer to Table 14-2.

Table 14-2: Patch GMRC*3.0*75 Protocol Description

Protocol	Description
GMRC CONSULTS TO HCP	Creates and sends an REF^12, REF^13, or REF^14 HL7 message to the HCPS application when a consult is generated for Non-VA Care.
GMRC HCP REF-I12 SERVER	Sends REF^I12 HL7 messages to the HCPS application for new Non-VA Care Referrals.

Protocol	Description
GMRC HCP REF-I12 CLIENT	Sends REF^I12 HL7 messages to the HCPS application for new Non-VA Care referrals.
GMRC HCP REF-I13 SERVER	Sends HL7 REF^I13 messages to CPRS application for updated Non-VA Care Referrals originating in HCPS (RAS).
GMRC HCP REF-I13 CLIENT	Sends HL7 REF^I13 messages from HCPS to CPRS application for updated Non-VA Care Referrals originating in HCPS (RAS).
GMRC HCP RRI-I13 SERVER	Sends HL7 RRI^I13 messages to CPRS application for updated Non-VA Care Referrals originating in HCPS (RAS).
GMRC HCP RRI-I13 CLIENT	Sends HL7 RRI^I13 messages from HCPS to CPRS application for updated Non-VA Care Referrals originating in HCPS (RAS).
GMRC HCP REF-I14 SERVER	Sends REF^I14 HL7 messages to the HCPS application for canceled or discontinued Non-VA Care referrals.
GMRC HCP REF-I14 CLIENT	Sends REF^I14 HL7 messages to the HCPS application for cancelled or discontinued Non-VA Care referrals.

14.3.2. Patch GMRC*3.0*99

Patch GMRC*3.0*99 added the capability of using the following HL7 protocols to enable the communications between the consult system communication with CCRA for Non-VA COMMUNITY CARE consults. Refer to Table 14-3.

Table 14-3: Patch GMRC*3.0*99 Protocol Description

Protocol	Description
GMRC CCRA REF-I12 CLIENT	Sends HL7 REF^I12 v2.5 messages from CCRA to HSRM application for new Non-VA Care Referrals.
GMRC CCRA REF-I13 CLIENT	Sends HL7 REF^I13 v2.5 messages to CCRA application for updated Non-VA Care Referrals.
GMRC CCRA REF-I14 CLIENT	Sends HL7 REF^I14 v2.5 messages from CPRS to CCRA application for canceled or discontinued Non-VA Care Referrals.

Protocol	Description
GMRC CCRA-HSRM REF-I12 SERVER	Sends HL7 REF^I12 v2.5 messages from CPRS to CCRA application for new Non-VA Care Referrals.
GMRC CCRA-HSRM REF-I13 SERVER	Sends HL7 REF^I13 v2.5 messages from CPRS to CCRA application for new Non-VA Care Referrals.
GMRC CCRA-HSRM REF-I14 SERVER	Sends HL7 REF^I14 v2.5 messages from CPRS to CCRA application for cancellation of Non-VA Care Referrals.

14.3.3. Patch GMRC*3.0*123

Patch GMRC*3.0*123 added the capability of using the following HL7 protocols to enable the communications between the consult system communication with CCRA for Non-VA COMMUNITY CARE consults. Refer to Table 14-4.

Table 14-4: Patch GMRC*3.0*123 Protocol Description

Protocol	Description
GMRC HSRM-CCRA REF-I13 CLIENT	Sends HL7 REF^I13 v2.5 messages from HSRM application to CPRS. This is to update the consult record with new status (scheduled/complete)
GMRC HSRM-CCRA REF-I13 SERVER	Sends HL7 REF^I12 v2.5 messages from HSRM application to CPRS This is for consult status updates from HSRM
GMRC HSRM-CCRA REF-I14 CLIENT	Sends HL7 REF^I14 v2.5 messages from HSRM application to CPRS. This message type is to send to VistA an update to cancel the consult
GMRC HSRM-CCRA REF-I14 SERVER	Sends HL7 REF^I12 v2.5 messages from HSRM application to CPRS. This is for consult status updates - cancel appointment.

14.4. HL7 Application Parameters

14.4.1. Patch GMRC*3.0*75

Patch GMRC*3.0*75 added the capability of using the following HL7 application parameters to enable communication between the consult system and the HCPS. Refer to Table 14-5.

Table 14-5: Patch GMRC*3.0*75 Application Parameters

Protocol	Description
GMRC HCP SEND	This parameter is used to set up the sending facility.
GMRC HCP RECEIVE	This parameter is used to set up the receiving facility.

14.4.2. Patch GMRC*3.0*99

Patch GMRC*3.0*99 added the capability of using the following HL7 application parameters to enable communication between the consult system and the CCRA. Refer to Table 14-6.

Table 14-6: Patch GMRC*3.0*99 Application Parameters

Protocol	Description
GMRC CCRA SEND	This parameter is used to set up the sending facility.
GMRC CCRA RECEIVE	This parameter is used to set up the receiving facility.

14.4.3. Patch GMRC*3.0*123

Patch GMRC*3.0*123 added the capability of using the following HL7 application parameters to enable communication between the consult system and the CCRA. Refer to Table 14-7.

Table 14-7: Patch GMRC*3.0*123 Application Parameters

Protocol	Description
GMRC HSRM-CCRA SEND	This parameter is used to set up the sending facility.
GMRC HSRM-CCRA RECEIVE	This parameter is used to set up the receiving facility.

14.5. HL7 Logical Link

HL7 Logical Links include the following:

- **GMRCHCP:** This Logical link is used to setup the network path between Consults and Healthcare Claims Processing System (HCPS).
- **GMRCCCRA:** This Logical link is used to set up the network path between CPRS and CCRA. This was created by patch GMRC*3.0*99

- **CCRA-NAK:** This logical link is used to send HSRM an application NAK when a message is rejected because the user does not exist or have permissions in VistA to make updates. This was created by patch GMRC*3.0*123
    - **GMRC*3.0*99:** To enable the HL7 interface link created by this patch, go into the VistA HL main menu, and select the Filer and Link Management Options. From there, select the SL Stop/Start Links option, as shown below.
        - Once this logical link is thus enabled, messages can proceed through the interface.
    - **GMRC*3.0*106:** This logical link is the same as the one for GMRC*3.0*99.

14.6. HL7 Referral Messages

Patch GMRC*3.0*75 added the capability of using the following HL7 referral messages to enable communication between the consult system and HCPS.

- REF_I12 will be sent from CPRS to HCPS for new referrals (signed Non-VA Care Consult). NTE segments will contain the “Entered By”, “Date/time stamp”, the “Reason for Request” header, and Non-VA Care Referral template data.
- REF_I13 will be sent from CPRS to HCPS for status updates and resubmitted referrals. NTE segments will contain the “Entered By” and “Date/time stamp”, “Progress Note” header, and Non-VA Care Referral template data.
- REF_I13 will be sent from CPRS to HCPS for complete and addended note referrals. NTE segments will contain the “Entered By”, “Date/time stamp”, “Progress Note” header, and Non-VA Care Referral template data.
- RRI_I13 will be sent from HCPS to CPRS for changes made in HCPS-RAS. A proxy user will be implemented in VistA to populate the “Entered By” field. The proxy user will identify updates to CPRS/Consults originating in HCPS-RAS and transmitted via the interface.
- REF_I14 will be sent from CPRS to HCPS for cancelled or discontinued referrals. NTE segments will contain “Activity Comment” header and Non-VA Care Referral template date.

Note that IN1 and IN3 segments were added to the REF messages. Since these segments are the same, they will be listed once at the end of the section previously created in this manual.

The REF messages will contain the standard segments listed and described in Table 14-8.

Table 14-8: REF Message Standard Segments

Segment	Description	Required/Optional
MSH:	Message Header	REQUIRED
RF1	Referral Information	REQUIRED
PRD	Provider Data	REQUIRED

PID	Patient Identification	REQUIRED
IN1		Patient Insurance (Optional)
IN3		Patient Insurance (Optional)
DG1	Diagnosis	OPTIONAL
OBR	Observation Request	REQUIRED
PV1	Patient Visit	REQUIRED
NTE	Notes and Comments	REQUIRED

A standard HL7 v2.5 RRI message will be generated for status updates and/or changes made to an existing referral in HCPS. This event triggers a message to update CPRS with changes made in HCPS. The RRI message will contain the standard segments listed and described in Table 14-9.

Table 14-9: RRI Message Standard Segments

Segment	Description	Required/Optional
MSH	Message Header	REQUIRED
RRI	Return Referral Information	REQUIRED
PRD	Provider Data	REQUIRED
PID	Patient Identification	REQUIRED
DG1	Diagnosis	OPTIONAL
OBR	Observation Request	REQUIRED
PV1	Patient Visit	REQUIRED
NTE	Notes and Comments	REQUIRED

The following tables contain the HL7 message definition for the REF/RRI/ACK messages. Table columns include the following:

1. SEQ = HL7 sequence#
2. LEN = HL7 field length
3. DT = HL7 data type
4. R/O = R=Require, O=Optional, C=Conditional, NS=Not supported
5. TBL = HL7 table definition
6. Element Name = HL7 field name
7. VistA Description = information on what will be pulled from VistA for this element, or hard-coded data.

14.7. REF_I12 Message Definition Tables

14.7.1. REF_I12 MSH - Message Header Segment

The REF_I12 MSH - Message Header Segment is generated by the VistA HL7 package using the HL7 Application and Protocol entries for the GMRC components.

Refer to Table 14-10.

Table 14-10: REF_I12 Message Header Table

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	1	ST	R		Field Separator	|
2	4	ST	R		Encoding Characters	^~\&
3	15	ST	R		Sending Application	GMRC HCP SEND
4	20	ST	R		Sending Facility	Sending Facility, from the FACILITY NAME field of the HL7 APPLICATION entry GMRC HCP SEND
5	30	ST	R		Receiving Application	GMRC HCP RECEIVE
6	30	ST	NS		Receiving Facility	Receiving Facility, from the FACILITY NAME field of the HL7 APPLICATION entry GMRC HCP RECEIVE
7	26	TS	R		Date/Time Of Message	System date/time generated by the VistA HL7 package
8	40	ST	NS		Security	Not used
9	7	CM	R	0076		
0003	Message Type	REF^I12				
10	20	ST	R		Message Control ID	Facility and sequence number automatically generated by the VistA HL7 Package
11	1	ID	R		Processing ID	P for Production, T for Test

12	8	ID	R	0104	Version ID	2.5
13	15	NM	NS		Sequence Number	Not used
14	180	ST	NS		Continuation Pointer	Not used
15	2	ID	R	0155	Accept Acknowledgment Type	AL=Always
16	2	ID	R	0155	Application Acknowledgment Type	AL=Always
17	3	ID	R	0399	Country Code	USA

Note the following:

- MSH fields past MSH.17 are not used and not shown to save space.
- VistA MSH.16 does not support ER to just return Application Acknowledgments for errors, so all messages required acknowledgment – either AA or AE in the MSA.

Refer to Table 14-11.

Table 14-11: REF_I12 RF1 - Referral Information Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	250	CE	O	0283	Referral Status	NW^CPRS RELEASED ORDER
2	250	CE	O	0280	Referral Priority	From File 123, Field 5 (Urgency). Values are: 1 WEEK, NEXT AVAILABLE, ROUTINE, STAT, TODAY, TOMORROW AM, WITHIN 1 MONTH, WITHIN 1 WEEK, WITHIN 24 HOURS, WITHIN 72 HOURS
3	250	CE	O		Referral Type	Service IEN^Service Name^^Template IEN
^Template Name						
Service IEN is pointer to File 123.5, Template IEN is						

pointer to File 8927.						
4	250	CE	NS		Referral Disposition	Not used
5	250	CE	O	0284	Referral Category	I for Inpatient, O for Outpatient based on File 123, field 14 (Service Rendered as In or Out). This could be different than the PV1.1 current patient status.
6	30	EI	R		Originating Referral Identifier	IEN to File 123
7	26	TS	O		Effective Date	Referral Date of Request from File 123, field .01
8	26	TS	NS		Expiration Date	Not used
9	26	TS	NS		Process Date	Not used
10	250	CE	NS		Referral Reason	Not used
11	30	EI	NS		External Referral Identifier	Not used

Refer to Table 14-12. Note REF_I12 PRD - Provider Data Segment is the same for all message types.

Table 14-12: REF_I12 PRD - Provider Data Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	250	CE	R	0286	Provider Role	RP for Referring Provider
2	250	XPN	O		Provider Name	Provider Last Name^Provider First Name^Provider Middle Initial^^^^^^Provider DUZ
Provider from File 123, field 10						
3	250	XAD	O		Provider Address	Street Address 1^Street Address

						2^City^State^Zip from File 200, fields .111, .112, .114, .115, .116
4	60	PL	NS		Provider Location	Not used
5	250	XTN	O		Provider Communication Information	^^^Email Address^^Office Phone Area Code^Office Phone Number from File 200, fields .151, .132
6	250	CE	NS		Preferred Method of Contact	Not used
7	100	PLN	NS		Provider Identifiers	Not used
8	26	TS	NS		Effective Start Date of Provider Role	Not used
9	26	TS	NS		Effective End Date of Provider Role	Not used

Refer to Table 14-13. Note that REF_I12 PID-Patient Id Segment is generated by the VistA API, and is the same for all msg types.

Table 14-13: REF_I12 PID-Patient Id Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
	4	SI	O		Set ID – PID	Sequential Number
2	20	CX	R		Patient ID	ICN, including V checksum for backwards compatibility
3	250	CX	R		Patient Identifier List (list is not in any specified order)	
Following are PID.3.5 Identifier Type Codes:						
NI=ICN						
PI=Patient DFN						
SS=SSN						

PN=Claim Number	Integration Control Number (including V and checksum), Social Security Number, DFN, Claim Number, all entries in the ICN History Multiple, and all alias SSNs which will correspond directly to the alias name in the name field (pid-5).					
4	20	CX	NS		Alternate Patient ID – PID	Not used
5	250	XPN	R		Patient Name	Patient Name and all Alias entries
6	250	XPN	O		Mother's Maiden Name	Mother's Maiden Name
7	26	TS	O		Date/Time of Birth	Date of Birth
8	1	IS	O	0001	Administrative Sex	Sex
9	250	XPN	NS		Patient Alias	Not used. Alias is passed in PID-5
10	250	CE	O	0005	Race	Race Information. Example: 2106-3-SLF^^0005^2106-3^^CDC See Appendix A for coded values. 0005 and CDC are hardcoded.
11	250	XAD	O		Patient Address	P=Permanent Address~N=Place of Birth~Confidential Address
12	4	IS	O	0289	County Code	County
13	250	XTN	O		Phone Number – Home	Home Phone~Work Phone~Cell

						Phone~Pager^NET^INTERNET^email
14	250	XTN	O		Phone Number – Business	Work Phone (backward compatibility)
15	250	CE	NS	0296	Primary Language	Not used
16	250	CE	O	0002	Marital Status	Marital Status^^^^^^M
17	250	CE	O	0006	Religion	Religious Preference (code)
18	250	CX	NS		Patient Account Number	Not used
19	16	ST	R		SSN Number – Patient	SSN
20	25	DLN	NS		Driver's License Number – Patient	Not used
21	250	CX	NS		Mother's Identifier	Not used
22	250	CE	O	0189	Ethnic Group	Ethnicity Information. Example: 2186-5-SLF^^0189^2186-5^^CDC
See Appendix A for coded values. 2186 and CDC are hardcoded.						
23	250	ST	O		Birthplace	Place of birth city and place of birth state
24	1	ID	O	0136	Multiple Birth Indicator	Multiple Birth Indicator [Y for multiple birth]

- Note (PID fields past PID.24 not used and not shown to save space.

Refer to Table 14-14. REF_I12 DG1 - Diagnosis Segment is the same for all message types.

Table 14-14: REF_I12 DG1 - Diagnosis Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – DG1	1
2	2	ID	NS		Diagnosis Coding Method	Not used
3	250	CE	R	0051	Diagnosis Code – DG1	Provisional Diagnosis Code^Diagnosis Description from File 123, field 30
4	40	ST	B		Diagnosis Description	Not Used
5	26	TS	O		Diagnosis Date/Time	Not Used
6	2	IS	R	0052	Diagnosis Type	“W” - Working

- Note DG1 fields past DG1.6 are not used and not shown to save space.

Refer to Table 14-15. Note REF_I12 OBR - Observation Request Segment is the same for all message types.

Table 14-15: REF_I12 OBR - Observation Request Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – OBR	1
2	22	EI	R		Placer Order Number	Order entry internal number;Orderable Item entry^OR from File 123, field .03
3	22	EI	R		Filler Order Number	Consult entry internal number;GMRC^GMRC
4	250	CE	R		Universal Service Identifier	Hardcoded value of “ZZ”
5	2	ID	NS		Priority – OBR	Not used
6	26	TS	O		Requested Date/Time	Clinically Indicated Date from File 123, field 17

- OBR fields past OBR.6 are not used and not shown to save space.

Refer to Table 14-16. REF_I12 PV1 – Patient Visit Segment is the same for all message types. Further, the PV1 segment data is created using the IN5^VADPT call to determine current inpatient status. See PIMS technical manual for definition of the returned array VAIP. Fields not returned by the IN5^VADPT API are not used in the PV1 segment.

Table 14-16: REF_I12 PV1 – Patient Visit Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – PV1	1
2	1	IS	R	0004	Patient Class	I: inpatient O: outpatient
3	80	PL	O		Assigned Patient Location	Location of last inpatient movement event from VAIP(5)
4	2	IS	NS		Admission Type	Not used
5	250	CX	NS		Preadmit Number	Not used
6	80	PL	NS		Prior Patient Location	Not used
7	250	XCN	O	0010	Attending Doctor	Attending Provider from VAIP(18)
8	250	XCN	O	0010	Referring Doctor	Not used (Referring provider sent in PRD segment)
9	250	XCN	NS		Consulting Doctor	Not used
10	3	IS	NS		Hospital Service	Not used
11	80	PL	NS		Temporary Location	Not used
12	2	IS	NS		Preadmit Test Indicator	Not used
13	2	IS	NS		Re-admission Indicator	Not used
14	6	IS	NS		Admit Source	Not used
15	2	IS	NS		Ambulatory Status	Not used
16	2	IS	O	0099	VIP Indicator	R if patient restricted/sensitive

17	250	XCN	O		Admitting Doctor	Primary Physician for admission from VAIP (13,5)

- Note PV1 fields past PV1.17 are not used and not shown to save space.

Refer to Table 14-17.

Table 14-17: REF_112 NTE – Notes and Comments Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	O		Set ID – NTE	Sequential Number 1-n
2	8	ID	O	0105	Source of Comment	P for Placer
3	65536	FT	O		Comment	Reason for Request from file 123, field 20
4	250	CE	O		Comment Type	Not used.

Refer to Figures 14-1 and 14-2.

Figure 14-1: New, signed Referral for Non VA Care Radiology Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120315080804-
0500||REF^I12|5008755|P|2.5|||AL|AL|USA
RF1|NW^CPRS RELEASED ORDER|R|87^NON VA CARE RADIOLOGY^^2108^NON VA CARE
RADIOLOGY||O|600|201203150808-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120315~666660202^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||DATABRIDGE^PATIENTEIGHT^^^^^L||19010101|M|||^^^^
^^P^^~^^^^^^N||||||||666660202||||||||||||
DG1|1||784.0^Headache|
OBR|1|19144;1^OR|600;GMRC^GMRC|||20120323
PV1|1|I|5^3 NORTH
SURG|||10000000049^CPRSATTENDING,TWO||||||||||11829^PROVIDER,TEST
NTE|1|P|Reason for Request
NTE|2||Sub-Specialty Service: MRI
NTE|3||Care Setting: Outpatient
NTE|4||Justification for Non-VA Care: VA Facility does not provide the required
NTE|5||service
NTE|6||Type of Service: Evaluation  and Recommendations
NTE|7||Procedure (1):MRI HEAD/NECK
NTE|8||Procedure (2):
NTE|9||Procedure (3):
NTE|10||Chief Complaint: HEADACHE
NTE|11||Patient History / Clinical Findings / Diagnosis (Co-Morbidities):
NTE|12||HX OF HEADACHE 12 MONTHS
NTE|13||Patient Pregnant: No
NTE|14||Diabetic: No
NTE|15||Motor Vehicle Accident/Work Related Injury: No
NTE|16||Non VA Care Coordination Required? Yes
NTE|17||Allergies: PEANUTS
NTE|18||Active Inpatient Medications (including Supplies):
NTE19||Pending Inpatient Medications                        Status
NTE|20||=========================================================================
```

Figure 14-2: New, signed Referral for Non VA Care Radiology Example (continued)

```
NTE|21||1)   MULTIVITAMINS TAB  TAB PO QD                  PENDING
NTE|22||History of Trauma N/A
NTE|23||Type of MRI? Open
NTE|24||Is Patient Claustrophobic? Yes
NTE|25||Closed Procedure with Sedation Tried? No
NTE|26||Patient Weight 187 lb [85.0 kg] (03/15/2012 07:58)
NTE|27||Patient Height 70 in [177.8 cm] (03/15/2012 07:58)
NTE|28||Creatinine Results within 30 days:
NTE|29||Contra-indications: None
NTE|30||Metal Injury to Eyes? No
NTE|31||Shrapnel or Gunshot Wound? Yes
NTE|32||History of Brain Surgery? No
NTE|33||History of Cardiac Surgery? No"
NTE|34||History of Other Surgery in the Past 2 Months? No"
```

Refer to Figure 14-3.

Figure 14-3: New, signed Referral for Non VA Care Dental Example

```
MSH|~^\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120424160315-
0500||REF^I12|5008820|P|2.5|||AL|AL|USA
RF1|NW^CPRS RELEASED ORDER|A|89^NON VA CARE DENTAL^^2060^NON VA CARE
DENTAL||O|615|201204241603-0500||||
PRD|RP|CPRSPROVIDER,THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1||666001222^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100136^^^USVHA&&0363^PI^VA
FACILITY
ID&500&L||FEEBASIS^ONE^^^^^L||19010101|M|||^^^^^^P^^~^^CITY^ST^^^N|||||S|13||66600
1222||||CITY ST||||||||
DG1|1||525.13^Loss of teeth due to Caries|
OBR|1|19165;1^OR|615;GMRC^GMRC|||20120427
PV1|1|O|||||||||||||||
NTE|1|P|Reason for Request
NTE|2||Sub-Specialty Service: Surgical
NTE|3||Care Setting: Outpatient
NTE|4||Justification for Non-VA Care: VA Facility cannot timely provide the
NTE|5||required
NTE|6||service
NTE|7||Type of Service: Evaluation and Treatment
NTE|8||Procedure (1): D0140 - LIMITED EXAM
NTE|9||Procedure (2): D7140 - EXTRACTION ERUPTED TOOTH
NTE|10||Procedure (3):
NTE|11||Patient Pregnant: No
NTE|12||Chief Complaint: TOOTHACHE
NTE|13||Patient History / Clinical Findings / Diagnosis (Co-Morbidities):
NTE|14||CARIES, PERIODONTAL DISEASE
NTE|15||Diabetic: No
NTE|16||Motor Vehicle Accident/Work Related Injury: No
NTE|17||Non VA Care Coordination Required? No
NTE|18||Allergies: No Allergy Assessment
NTE|19||Active Outpatient Medications (including Supplies):
NTE|20||No Medications Found
NTE|21||History of Trauma NO
NTE|22||Dental Classification:    Class 4
NTE|23||Tooth Number: 14
NTE|24||Area: WHOLE TOOTH
NTE|25||Surface:
```

14.8. REF_I13 Message Definition Tables

14.8.1. REF_I13 MSH - Message Header Segment

The REF_I13 MSH Message Header segment is generated by the VistA HL7 package using the HL7 Application and Protocol entries for the GMRC components.

Refer to Table 14-18.

Table 14-18: REF_I13 MSH - Message Header Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	1	ST	R		Field Separator	|
2	4	ST	R		Encoding Characters	^~\&
3	15	ST	R		Sending Application	GMRC HCP SEND
4	20	ST	R		Sending Facility	Sending Facility, from the FACILITY NAME field of the HL7 APPLICATION entry GMRC HCP SEND
5	30	ST	R		Receiving Application	GMRC HCP RECEIVE
6	30	ST	NS		Receiving Facility	Receiving Facility, from the FACILITY NAME field of the HL7 APPLICATION entry GMRC HCP RECEIVE
7	26	TS	R		Date/Time Of Message	System date/time generated by the VistA HL7 package
8	40	ST	NS		Security	Not used
9	7	CM	R	0076 0003	Message Type	REF^I13
10	20	ST	R		Message Control ID	Facility and sequence number automatically generated by the HL7 Package
11	1	ID	R		Processing ID	P for Production, T for Test
12	8	ID	R	0104	Version ID	2.5

13	15	NM	NS		Sequence Number	Not used
14	180	ST	NS		Continuation Pointer	Not used
15	2	ID	R	0155	Accept Acknowledgment Type	AL=Always
16	2	ID	R	0155	Application Acknowledgment Type	AL=Always
17	3	ID	R	0399	Country Code	USA

Note the following:

- MSH fields past MSH.17 are not used and not shown to save space.
- MSH.16 does not support ER to just return Application Acknowledgements for errors, so all messages required acknowledgement – either AA or AE in the MSA.

Refer to Table 14-19.

Table 14-19: REF_I13 RF1 – Referral Information Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	250	CE	O	0283	Referral Status	SC^RECEIVED SC^SCHEDULED IP^RESUBMITTED IP^ADD COMMENT XX^FORWARDED CM^COMPLETE CM^ADDENDED
2	250	CE	O	0280	Referral Priority	From File 123, Field 5 (Urgency). Values are: 1 WEEK, NEXT AVAILABLE, ROUTINE, STAT, TODAY, TOMORROW AM, WITHIN 1 MONTH, WITHIN 1 WEEK, WITHIN 24 HOURS, WITHIN 72 HOURS
3	250	CE	O		Referral Type	Service IEN^Service Name^^Template IEN ^Template Name Service IEN is pointer to File 123.5, Template IEN is pointer to File 8927.

4	250	CE	NS		Referral Disposition	Not used
5	250	CE	O	0284	Referral Category	I for Inpatient, O for Outpatient based on File 123, field 14 (Service Rendered as In or Out). This could be different than the PV1.1 current patient status.
6	30	EI	R		Originating Referral Identifier	IEN to File 123
7	26	TS	O		Effective Date	Referral Date of Request from File 123, field .01
8	26	TS	NS		Expiration Date	Not used
9	26	TS	NS		Process Date	Not used
10	250	CE	NS		Referral Reason	Not used
11	30	EI	NS		External Referral Identifier	Not used

- HCPS will send the Originating Referral Identifier that was sent in the initial REF^I12 from VistA and blanks for everything else.

Refer to Table 14-20.

Table 14-20: REF_I13 PRD - Provider Data Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	250	CE	R	0286	Provider Role	RP for Referring Provider
2	250	XPN	O		Provider Name	Provider Last Name^Provider First Name^Provider Middle Initial^^^^^^Provider DUZ Provider from File 123, field 10
3	250	XAD	O		Provider Address	Street Address 1^Street Address 2^City^State^Zip from

						File 2, fields .111, .112, .114, .115, .116
4	60	PL	NS		Provider Location	Not used
5	250	XTN	O		Provider Communication Information	^^^Email Address^^Office Phone Area Code^Office Phone Number from File 2, fields .151, .132
6	250	CE	NS		Preferred Method of Contact	Not used
7	100	PLN	NS		Provider Identifiers	Not used
8	26	TS	NS		Effective Start Date of Provider Role	Not used
9	26	TS	NS		Effective End Date of Provider Role	Not used

- HCPS will send the Provider Role that was sent in the initial REF^I12 from VistA and blanks for everything else.

Refer to Table 14-21.

Table 14-21: REF_I13 PID – Patient Id Segment generated by the VistA API (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – PID	Sequential Number
2	20	CX	R		Patient ID	ICN, including V checksum for backwards compatibility
3	250	CX	R		Patient Identifier List (list is not in any specified order): Following are PID.3.5 Identifier Type Codes: NI=ICN	Integration Control Number (including V and checksum), Social Security Number, DFN, Claim Number, all entries in the ICN History Multiple, and all alias SSNs which will correspond directly to the alias name in the name field (pid-5).

					PI=Patient DFN SS=SSN PN=Claim Number	
4	20	CX	NS		Alternate Patient ID – PID	Not used
5	250	XPN	R		Patient Name	Patient Name and all Alias entries
6	250	XPN	O		Mother's Maiden Name	Mother's Maiden Name
7	26	TS	O		Date/Time of Birth	Date of Birth
8	1	IS	O	1	Administrative Sex	Sex
9	250	XPN	NS		Patient Alias	Not used. Alias is passed in PID-5
10	250	CE	O	5	Race	Race Information. Example: 2106-3-SLF^^0005^2106-3^^CDC See Appendix A for coded values. 0005 and CDC are hardcoded.
11	250	XAD	O		Patient Address	P=Permanent Address~N=Place of Birth~Confidential Address
12	4	IS	O	289	County Code	County
13	250	XTN	O		Phone Number – Home	Home Phone~Work Phone~Cell Phone~Pager^NET^INTERNET^email
14	250	XTN	O		Phone Number – Business	Work Phone (backward compatibility)
15	250	CE	NS	296	Primary Language	Not used
16	250	CE	O	2	Marital Status	Marital Status^^^^^^M
17	250	CE	O	6	Religion	Religious Preference (code)
18	250	CX	NS		Patient Account Number	Not used
19	16	ST	R		SSN Number – Patient	SSN
20	25	DLN	NS		Driver's License Number – Patient	Not used

21	250	CX	NS		Mother's Identifier	Not used
22	250	CE	O	189	Ethnic Group	Ethnicity Information. Example: 2186-5-SLF^^0189^2186-5^^CDC
						See Appendix A for coded values. 2186 and CDC are hardcoded.
23	250	ST	O		Birthplace	Place of birth city and place of birth state
24	1	ID	O	136	Multiple Birth Indicator	Multiple Birth Indicator [Y for multiple birth]

- HCPS will only send the original information in the initial REF^I12 from VistA for sequences 1, 2, 3, 5, and 19.

Refer to Table 14-22.

Table 14-22: REF_I13 DG1 – Diagnosis Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – DG1	1
2	2	ID	NS		Diagnosis Coding Method	Not used
3	250	CE	R		Diagnosis Code – DG1	Provisional Diagnosis Code^Diagnosis Description from File 123, field 30
4	40	ST	B		Diagnosis Description	Not Used
5	26	TS	O		Diagnosis Date/Time	Not Used
6	2	IS	R	0052	Diagnosis Type	"W" - Working

- DG1 fields past DG1.6 are not used and not shown to save space.

Refer to Table 14-23.

Table 14-23: REF_I13 OBR – Observation Request Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – OBR	1

2	22	EI	R		Placer Order Number	Order entry internal number;Orderable Item entry^OR from File 123, field .03
3	22	EI	R		Filler Order Number	Consult entry internal number;GMRC^GMRC for all comments and TIU note internal entry number; TIU^TIU for all signed progress notes and addendums.
4	250	CE	R		Universal Service Identifier	Hardcoded value of “ZZ”
5	2	ID	NS		Priority – OBR	Not used
6	26	TS	O		Requested Date/Time	Clinically Indicated Date from File 123, field 17

Note the following:

- OBR fields past OBR.6 are not used and not shown to save space.
- REF_I13 PV1 – Patient Visit Segment (same for all message types)
- The PV1 segment data is creating using the IN5^VADPT call to determine current inpatient status. See PIMS technical manual for definition of the returned array VAIP.
- Fields not returned by the IN5^VADPT API are not used in the PV1 segment.

Refer to Table 14-24.

Table 14-24: REF_I13 PV1 - Patient Visit Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – PV1	1
2	1	IS	R	0004	Patient Class	I: inpatient O: outpatient
3	80	PL	O		Assigned Patient Location	Location of last inpatient movement event from VAIP(5)
4	2	IS	NS		Admission Type	Not used
5	250	CX	NS		Preadmit Number	Not used
6	80	PL	NS		Prior Patient Location	Not used
7	250	XCN	O	0010	Attending Doctor	Attending Provider from VAIP(18)

8	250	XCN	O	0010	Referring Doctor	Not used (Referring provider sent in PRD segment)
9	250	XCN	NS		Consulting Doctor	Not used
10	3	IS	NS		Hospital Service	Not used
11	80	PL	NS		Temporary Location	Not used
12	2	IS	NS		Preadmit Test Indicator	Not used
13	2	IS	NS		Re-admission Indicator	Not used
14	6	IS	NS		Admit Source	Not used
15	2	IS	NS		Ambulatory Status	Not used
16	2	IS	O	0099	VIP Indicator	R if patient restricted/sensitive
17	250	XCN	O	0010	Admitting Doctor	Primary Physician for admission from VAIP(13,5)

Note the following:

- HCPS will only send the original information in the initial REF^I12 from VistA for sequences 1 and 2.
- (PV1 fields past PV1.17 are not used and not shown to save space)

Refer to Table 14-25.

Table 14-25: REF_I13 NTE – Notes and Comments Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	O		Set ID – NTE	Sequential Number 1-n
2	8	ID	O	0105	Source of Comment	P for Placer L for Ancillary
3	65536	FT	O		Comment	Based on message type, Resubmitted consults messages (RF1.1= IP^RESUBMITTED) will contain Reason for Request from file 123, field 20, Completed or Addended (RF1.1= CM^COMPLETE CM^ADDENDED) will contain TIU Progress Note from file 8925 (signed

						notes/addendums only). All other I13 messages will contain Activity Comments from file 123, subfile 123.25 field 5.
4	250	CE	O		Comment Type	Not used.

- HCPS will send Notes/Comments/Status changes made in the Referral in HCPS.

Refer to Figure 14-4.

Figure 14-4: Receive Referral Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120315082327-
0500||REF^I13|5008756|P|2.5|||AL|AL|USA
RF1|SC^RECEIVED|R|87^NON VA CARE RADIOLOGY^^2108^NON VA CARE
RADIOLOGY||O|600|201203150808-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120315~666660202^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||DATABRIDGE^PATIENTEIGHT^^^^^L||19010101|M|||^^^^
^^P^^~^^^^^^N||||||||666660202||||||||||||
DG1|1||784.0^Headache|
OBR|1|19144;1^OR|600;GMRC^GMRC|||20120323
PV1|1|I|5^3 NORTH
SURG|||10000000049^CPRSATTENDING,TWO||||||||||11829^PROVIDER,TEST
NTE|1|L|Actvity Comment
NTE|2||Referral received comment.
```

Refer to Figure 14-5. Note no comment entered during Schedule denotes no NTE segment sent.

Figure 14-5: Schedule Referral Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120315082633-
0500||REF^I13|5008757|P|2.5|||AL|AL|USA
RF1|SC^SCHEDULED|R|87^NON VA CARE RADIOLOGY^^2108^NON VA CARE
RADIOLOGY||O|600|201203150808-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120315~666660202^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||DATABRIDGE^PATIENTEIGHT^^^^^L||19010101|M|||^^^^
^^P^^~^^^^^^N||||||||666660202||||||||||||
DG1|1||784.0^Headache|
OBR|1|19144;1^OR|600;GMRC^GMRC|||20120323
PV1|1|I|5^3 NORTH
SURG|||10000000049^CPRSATTENDING,TWO||||||||||11829^PROVIDER,TEST
```

Refer to Figure 14-6.

Figure 14-6: Comment Referral Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120424133548-
0500||REF^I13|5008819|P|2.5|||AL|AL|USA
RF1|XX^ADDED COMMENT|A|87^NON VA CARE RADIOLOGY^^2108^NON VA CARE
RADIOLOGY||I|614|201204241333-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120424~666660202^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||DATABRIDGE^PATIENTEIGHT^^^^^L||19010101|M|||^^^^
^^P^^~^^^^^^N||||||||666660202||||||||||||
DG1|1||786.05^Shortness of breath|
OBR|1|19164;1^OR|614;GMRC^GMRC|||20120424
PV1|1|I|5^3 NORTH
SURG|||10000000049^CPRSATTENDING,TWO||||||||||11829^TEST,TESTDOC
NTE|1|L|Activity Comment
NTE|2||COMMENT FOR RAD CONSULT
```

Refer to Figure 14-7.

Figure 14-7: Complete Referral Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120315152311-
0500||REF^I13|5008772|P|2.5|||AL|AL|USA
RF1|CM^COMPLETE|R|87^NON VA CARE RADIOLOGY^^2108^NON VA CARE
RADIOLOGY||I|596|201203121144-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000063V126746|5000000063V126746^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120315~666666789^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~740^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||ACMPATIENT^EIGHT^^^^^L||19501206|M|||5555 TEST BLV
D^^PALM BEACH GARDENS^FL^33410^USA^P^^~^^ALBANY^NY^^^N||(518)555-
2345^PRN^PH|||S|0||666666789||||ALBANY NY||||||||
OBR|1|19138;1^OR|596;GMRC^GMRC|||20120316
PV1|1|I|19^SURGERY|||11698^TEST,ATTENDING||||||||||11698^TEST,ATTENDING
NTE|1|P|Progress Note
NTE|2||LOCAL TITLE: NON VA CARE CONSULT
NTE|3||STANDARD TITLE: NONVA CONSULT
NTE|4||DATE OF NOTE: MAR 15, 2012@15:43     ENTRY DATE: MAR 15, 2012@15:43:31
NTE|5||AUTHOR: CPRSPROVIDER,THREE          EXP COSIGNER:
NTE|6||URGENCY:                            STATUS: COMPLETED
NTE|7||ACMPATIENT,EIGHT presented to vamc w/complaints of:
NTE|8||headache.  MRI notes attached from Non VA Provider.
NTE|9||ADDING TEXT TO UNSIGNED NOTE.
NTE|10||/es/ THREE CPRSPROVIDER
NTE|11||Signed: 03/15/2012 15:47
```

14.9. RRI_I13 Message Definition Tables

HCPS will update CPRS with information entered into HCPS via HL7 message RRI (Return Referral Information). The RRI^I13 message structure is exactly the same as the REF^I13 used by CPRS to send referral information to HCPS.

14.9.1. RRI_I13 MSH - Message Header Segment

The RRI_I13 MSH - Message Header segment is generated by the VistA HL7 package using HL7 Application and Protocol entries for the GMRC components.

Refer to Table 14-26.

Table 14-26: RRI_I13 MSH - Message Header Segment Table

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	1	ST	R		Field Separator	|
2	4	ST	R		Encoding Characters	^~\&
3	15	ST	R		Sending Application	GMRC HCP SEND
4	20	ST	R		Sending Facility	Sending Facility, from the FACILITY NAME field of the HL7 APPLICATION entry GMRC HCP SEND
5	30	ST	R		Receiving Application	GMRC HCP RECEIVE
6	30	ST	NS		Receiving Facility	Receiving Facility, from the FACILITY NAME field of the HL7 APPLICATION entry GMRC HCP RECEIVE
7	26	TS	R		Date/Time Of Message	System date/time generated by the VistA HL7 package
8	40	ST	NS		Security	Not used
9	7	CM	R	0076		
0003	Message Type	RRI^I13				
10	20	ST	R		Message Control ID	Facility and sequence number automatically

						generated by the HL7 Package
11	1	ID	R		Processing ID	P for Production, T for Test
12	8	ID	R	0104	Version ID	2.5
13	15	NM	NS		Sequence Number	Not used
14	180	ST	NS		Continuation Pointer	Not used
15	2	ID	R	0155	Accept Acknowledgment Type	AL=Always
16	2	ID	R	0155	Application Acknowledgment Type	AL=Always
17	3	ID	R	0399	Country Code	USA

Note the following:

- (MSH fields past MSH.17 are not used and not shown to save space)
- MSH.16 does not support ER to just return Application Acknowledgements for errors, so all messages required acknowledgement, either AA or AE in the MSA.

Refer to Table 14-27.

Table 14-27: RRI_I13 RF1 – Referral Information Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	250	CE	O	0283	Referral Status	SC^RECEIVED SC^SCHEDULED IP^RESUBMITTED IP^COMMENT XX^FORWARDED CM^COMPLETE CM^ADDENDED
2	250	CE	O	0280	Referral Priority	From File 123, Field 5 (Urgency). Values are: 1 WEEK, NEXT AVAILABLE, ROUTINE, STAT, TODAY, TOMORROW AM, WITHIN 1 MONTH, WITHIN 1 WEEK, WITHIN 24 HOURS, WITHIN 72 HOURS

3	250	CE	O		Referral Type	Service IEN^Service Name^^Template IEN ^Template Name Service IEN is pointer to File 123.5, Template IEN is pointer to File 8927.
4	250	CE	NS		Referral Disposition	Not used
5	250	CE	O	0284	Referral Category	I for Inpatient, O for Outpatient based on File 123, field 14 (Service Rendered as In or Out). This could be different than the PV1.1 current patient status.
6	30	EI	R		Originating Referral Identifier	IEN to File 123
7	26	TS	O		Effective Date	Referral Date of Request from File 123, field .01
8	26	TS	NS		Expiration Date	Not used
9	26	TS	NS		Process Date	Not used
10	250	CE	NS		Referral Reason	Not used
11	30	EI	NS		External Referral Identifier	Not used

- HCPS will send the Originating Referral Identifier that was sent in the initial REF^I12 from VistA and blanks for everything else.

Refer to Table 14-28.

Table 14-28: RRI_I13 PRD - Provider Data Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	250	CE	R	0286	Provider Role	RP for Referring Provider
2	250	XPN	O		Provider Name	Provider Last Name^Provider First Name^Provider Middle Initial^^^^^^Provider DUZ

						Provider from File 123, field 10
3	250	XAD	O		Provider Address	Street Address 1^Street Address 2^City^State^Zip from File 2, fields .111, .112, .114, .115, .116
4	60	PL	NS		Provider Location	Not used
5	250	XTN	O		Provider Communication Information	^^^Email Address^^Office Phone Area Code^Office Phone Number from File 2, fields .151, .132
6	250	CE	NS		Preferred Method of Contact	Not used
7	100	PLN	NS		Provider Identifiers	Not used
8	26	TS	NS		Effective Start Date of Provider Role	Not used
9	26	TS	NS		Effective End Date of Provider Role	Not used

- HCPS will send the Provider Role that was sent in the initial REF^I12 from VistA and blanks for everything else.

Refer to Table 14-29. The RRI_I13 PID Patient Id segment is generated by the VistA AP. PID fields past PID.24 not used and not shown to save space.

Table 14-29: RRI_I13 PID – Patient Id Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – PID	Sequential Number
2	20	CX	R		Patient ID	ICN, including V checksum for backwards compatibility
3	250	CX	R		Patient Identifier List (list is not in any specified order) Following are PID.3.5 Identifier Type Codes: NI=ICN PI=Patient DFN SS=SSN	Integration Control Number (including V and checksum), Social Security Number, DFN, Claim Number, all entries in the ICN History Multiple, and all alias SSNs which will correspond directly to the alias name in the name field (pid-5).

					PN=Claim Number	
4	20	CX	NS		Alternate Patient ID – PID	Not used
5	250	XPN	R		Patient Name	Patient Name and all Alias entries
6	250	XPN	O		Mother's Maiden Name	Mother's Maiden Name
7	26	TS	O		Date/Time of Birth	Date of Birth
8	1	IS	O	0001	Administrative Sex	Sex
9	250	XPN	NS		Patient Alias	Not used. Alias is passed in PID-5
10	250	CE	O	0005	Race	Race Information. Example: 2106-3-SLF^^0005^2106-3^^CDC See Appendix A for coded values. 0005 and CDC are hardcoded.
11	250	XAD	O		Patient Address	P=Permanent Address~N=Place of Birth~Confidential Address
12	4	IS	O	0289	County Code	County
13	250	XTN	O		Phone Number – Home	Home Phone~Work Phone~Cell Phone~Pager^NET^INTERNET^email
14	250	XTN	O		Phone Number – Business	Work Phone (backward compatibility)
15	250	CE	NS	0296	Primary Language	Not used
16	250	CE	O	0002	Marital Status	Marital Status^^^^^^M
17	250	CE	O	0006	Religion	Religious Preference (code)
18	250	CX	NS		Patient Account Number	Not used
19	16	ST	R		SSN Number – Patient	SSN
20	25	DLN	NS		Driver's License Number – Patient	Not used
21	250	CX	NS		Mother's Identifier	Not used
22	250	CE	O	0189	Ethnic Group	Ethnicity Information. Example: 2186-5-SLF^^0189^2186-5^^CDC
						See Appendix A for coded values. 2186 and CDC are hardcoded.
23	250	ST	O		Birthplace	Place of birth city and place of birth state
24	1	ID	O	0136	Multiple Birth Indicator	Multiple Birth Indicator [Y for multiple birth]

- HCPS will only send the original information in the initial REF^I12 from VistA for sequences 1, 2, 3, 5, and 19.

Refer to Table 14-30.

Table 14-30: RRI_I13 DG1 – Diagnosis Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – DG1	1
2	2	ID	NS		Diagnosis Coding Method	Not used
3	250	CE	R		Diagnosis Code – DG1	Provisional Diagnosis Code^Diagnosis Description from File 123, field 30
4	40	ST	B		Diagnosis Description	Not Used
5	26	TS	O		Diagnosis Date/Time	Not Used
6	2	IS	R	0052	Diagnosis Type	“W” - Working

- DG1 fields past DG1.6 are not used and not shown to save space.

Refer to Table 14-31.

Table 14-31: RRI_I13 OBR – Observation Request Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – OBR	1
2	22	EI	R		Placer Order Number	Order entry internal number;Orderable Item entry^OR from File 123, field .03
3	22	EI	R		Filler Order Number	Consult entry internal number;GMRC^GMRC for all comments and TIU note internal entry number; TIU^TIU for all signed progress notes and addendums.
4	250	CE	R		Universal Service Identifier	Hardcoded value of “ZZ”
5	2	ID	NS		Priority – OBR	Not used

6	26	TS	O		Requested Date/Time	Clinically Indicated Date from File 123, field 17

- OBR fields past OBR.6 are not used and not shown to save space.

Refer to Table 14-32. The PV1 segment data is created using the IN5^VADPT call to determine current inpatient status. See PIMS technical manual for definition of the returned array VAIP. Fields not returned by the IN5^VADPT API are not used in the PV1 segment.

Table 14-32: RRI_I13 PV1 – Patient Visit Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – PV1	1
2	1	IS	R	0004	Patient Class	I: inpatient O: outpatient
3	80	PL	O		Assigned Patient Location	Location of last inpatient movement event from VAIP(5)
4	2	IS	NS		Admission Type	Not used
5	250	CX	NS		Preadmit Number	Not used
6	80	PL	NS		Prior Patient Location	Not used
7	250	XCN	O	0010	Attending Doctor	Attending Provider from VAIP(18)
8	250	XCN	O	0010	Referring Doctor	Not used (Referring provider sent in PRD segment)
9	250	XCN	NS		Consulting Doctor	Not used
10	3	IS	NS		Hospital Service	Not used
11	80	PL	NS		Temporary Location	Not used
12	2	IS	NS		Preadmit Test Indicator	Not used
13	2	IS	NS		Re-admission Indicator	Not used
14	6	IS	NS		Admit Source	Not used
15	2	IS	NS		Ambulatory Status	Not used
16	2	IS	O	0099	VIP Indicator	R if patient restricted/sensitive

17	250	XCN	O	0010	Admitting Doctor	Primary Physician for admission from VAIP(13,5)

Note the following:

- HCPS will only send the original information in the initial REF^I12 from VistA for sequences 1 and 2.
- PV1 fields past PV1.17 are not used and not shown to save space.

Refer to Table 14-33.

Table 14-33: RRI_I13 NTE – Notes and Comments Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	O		Set ID – NTE	Sequential Number 1-n
2	8	ID	O	0105	Source of Comment	P for Placer L for Ancillary
3	65536	FT	O		Comment	Based on message type, Resubmitted consults messages (RF1.1= IP^RESUBMITTED) will contain Reason for Request from file 123, field 20, Completed or Addended (RF1.1= CM^COMPLETE CM^ADDENDED) will contain TIU Progress Note from file 8925 (signed notes/addendums only). All other I13 messages will contain Activity Comments from file 123, subfile 123.25 field 5.
4	250	CE	O		Comment Type	Not used.

- HCPS will send Notes/Comments/Status changes made in the Referral in HCPS.

Refer to Figure 14-8.

Figure 14-8: Receive Referral Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120315082327-
0500||RRI^I13|5008756|P|2.5|||AL|AL|USA
RF1|SC^RECEIVED|R|87^NON VA CARE RADIOLOGY^^2108^NON VA CARE
RADIOLOGY||O|600|201203150808-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120315~666660202^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||DATABRIDGE^PATIENTEIGHT^^^^^L||19010101|M|||^^^^
^^P^^~^^^^^^N||||||||666660202||||||||||||
DG1|1||784.0^Headache|
OBR|1|19144;1^OR|600;GMRC^GMRC|||20120323
PV1|1|I|5^3 NORTH
SURG|||10000000049^CPRSATTENDING,TWO||||||||||||11829^PROVIDER,TEST
NTE|1|L|Actvity Comment
NTE|2||Referral received comment.
```

Refer to Figure 14-9. Note no comment is entered during Schedule denotes no NTE segment sent.

Figure 14-9: Schedule Referral Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120315082633-
0500||RRI^I13|5008757|P|2.5|||AL|AL|USA
RF1|SC^SCHEDULED|R|87^NON VA CARE RADIOLOGY^^2108^NON VA CARE
RADIOLOGY||O|600|201203150808-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120315~666660202^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||DATABRIDGE^PATIENTEIGHT^^^^^L||19010101|M|||^^^^
^^P^^~^^^^^^N||||||||666660202||||||||||||
DG1|1||784.0^Headache|
OBR|1|19144;1^OR|600;GMRC^GMRC|||20120323
PV1|1|I|5^3 NORTH
SURG|||10000000049^CPRSATTENDING,TWO||||||||||||11829^PROVIDER,TEST
```

Refer to Figure 14-10.

Figure 14-10: Comment Referral Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120424133548-
0500||RRI^I13|5008819|P|2.5|||AL|AL|USA
RF1|XX^ADDED COMMENT|A|87^NON VA CARE RADIOLOGY^^2108^NON VA CARE
RADIOLOGY||I|614|201204241333-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120424~666660202^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||DATABRIDGE^PATIENTEIGHT^^^^^L||19010101|M|||^^^^
^^P^^~^^^^^^N||||||||666660202||||||||||||
DG1|1||786.05^Shortness of breath|
OBR|1|19164;1^OR|614;GMRC^GMRC|||20120424
PV1|1|I|5^3 NORTH
SURG|||10000000049^CPRSATTENDING,TWO||||||||||11829^TEST,TESTDOC
NTE|1|L|Activity Comment
NTE|2||COMMENT FOR RAD CONSULT
```

Refer to Figure 14-11.

Figure 14-11: Complete Referral Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120315152311-
0500||RRI^I13|5008772|P|2.5|||AL|AL|USA
RF1|CM^COMPLETE|R|87^NON VA CARE RADIOLOGY^^2108^NON VA CARE
RADIOLOGY||I|596|201203121144-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000063V126746|5000000063V126746^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120315~666666789^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~740^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||ACMPATIENT^EIGHT^^^^^L||19501206|M|||5555 TEST BLV
D^^PALM BEACH GARDENS^FL^33410^USA^P^^~^^ALBANY^NY^^^N||(518)555-
2345^PRN^PH|||S|0||666666789||||ALBANY NY||||||||
OBR|1|19138;1^OR|596;GMRC^GMRC|||20120316
PV1|1|I|19^SURGERY|||11698^TEST,ATTENDING||||||||||11698^TEST,ATTENDING
NTE|1|P|Progress Note
NTE|2||LOCAL TITLE: NON VA CARE CONSULT
NTE|3||STANDARD TITLE: NONVA CONSULT
NTE|4||DATE OF NOTE: MAR 15, 2012@15:43     ENTRY DATE: MAR 15, 2012@15:43:31
NTE|5||AUTHOR: CPRSPROVIDER,THREE          EXP COSIGNER:
NTE|6||URGENCY:                            STATUS: COMPLETED
NTE|7||ACMPATIENT,EIGHT presented to vamc w/complaints of:
NTE|8||headache.  MRI notes attached from Non VA Provider.
NTE|9||ADDING TEXT TO UNSIGNED NOTE.
NTE|10||/es/ THREE CPRSPROVIDER
NTE|11||Signed: 03/15/2012 15:47
```

14.10. REF_I14 Message Definition Tables

The MSH - Message Header Segment is generated by the VistA HL7 package using the HL7 Application and Protocol entries for the GMRC components.

Refer to Table 14-34.

Table 14-34: REF_I14 MSH - Message Header Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	1	ST	R		Field Separator	|
2	4	ST	R		Encoding Characters	^~\&
3	15	ST	R		Sending Application	GMRC HCP SEND
4	20	ST	R		Sending Facility	Sending Facility, from the FACILITY NAME field of the HL7 APPLICATION entry GMRC HCP SEND
5	30	ST	R		Receiving Application	GMRC HCP RECEIVE
6	30	ST	NS		Receiving Facility	Receiving Facility, from the FACILITY NAME field of the HL7 APPLICATION entry GMRC HCP RECEIVE
7	26	TS	R		Date/Time Of Message	System date/time generated by the VistA HL7 package
8	40	ST	NS		Security	Not used
9	7	CM	R	0076 0003	Message Type	REF^I14
10	20	ST	R		Message Control ID	Facility and sequence number automatically generated by the VistA HL7 Package
11	1	ID	R		Processing ID	P for Production, T for Test
12	8	ID	R	0104	Version ID	2.5
13	15	NM	NS		Sequence Number	Not used
14	180	ST	NS		Continuation Pointer	Not used

15	2	ID	R	0155	Accept Acknowledgment Type	AL=Always
16	2	ID	R	0155	Application Acknowledgment Type	AL=Always
17	3	ID	R	0399	Country Code	USA

Refer to Table 14-35.

Table 14-35: REF_I14 RF1 – Referral Information Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	250	CE	O	0283	Referral Status	CA^CANCELLED DC^DISCONTINUED
2	250	CE	O	0280	Referral Priority	From File 123, Field 5 (Urgency). Values are: 1 WEEK, NEXT AVAILABLE, ROUTINE, STAT, TODAY, TOMORROW AM, WITHIN 1 MONTH, WITHIN 1 WEEK, WITHIN 24 HOURS, WITHIN 72 HOURS
3	250	CE	O		Referral Type	Service IEN^Service Name^^Template IEN ^Template Name Service IEN is pointer to File 123.5, Template IEN is pointer to File 8927.
4	250	CE	NS		Referral Disposition	Not used.
5	250	CE	O	0284	Referral Category	I for Inpatient, O for Outpatient based on File 123, field 14 (Service Rendered as In or Out). This could be different than the PV1.1 current patient status.
6	30	EI	R		Originating Referral Identifier	IEN to File 123
7	26	TS	O		Effective Date	Referral Date of Request from File 123, field .01
8	26	TS	NS		Expiration Date	Not used

9	26	TS	NS		Process Date	Not used
10	250	CE	NS		Referral Reason	Not used
11	30	EI	NS		External Referral Identifier	Not used

Refer to Table 14-36.

Table 14-36: REF_I14 PRD – Provider Data Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	250	CE	R	0286	Provider Role	RP for Referring Provider
2	250	XPN	O		Provider Name	Provider Last Name^Provider First Name^Provider Middle Initial^^^^^^Provider DUZ Provider from File 123, field 10
3	250	XAD	O		Provider Address	Street Address 1^Street Address 2^City^State^Zip from File 200, fields .111, .112, .114, .115, .116
4	60	PL	NS		Provider Location	Not used
5	250	XTN	O		Provider Communication Information	^^^Email Address^^Office Phone Area Code^Office Phone Number from File 200, fields .151, .132
6	250	CE	NS		Preferred Method of Contact	Not used
7	100	PLN	NS		Provider Identifiers	Not used
8	26	TS	NS		Effective Start Date of Provider Role	Not used
9	26	TS	NS		Effective End Date of Provider Role	Not used

Refer to Table 14-37. Note REF_I14 PID – Patient Id Segment is generated by the VistA API.

Table 14-37: REF_I14 PID – Patient Id Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – PID	Sequential Number
2	20	CX	R		Patient ID	ICN, including V checksum for backwards compatibility.
3	250	CX	R		Patient Identifier List (list is not in any specified order) Following are PID.3.5 Identifier Codes: NI=ICN, PI=Patient DFN, SS=SSN PN=Claim Number	Integration Control Number (including V and checksum), Social Security Number, DFN, Claim Number, all entries in the ICN History Multiple, and all alias SSNs which will correspond directly to the alias name in the name field (PID-5).
4	20	CX	NS		Alternate Patient ID – PID	Not used
5	250	XPN	R		Patient Name	Patient Name and all Alias entries
6	250	XPN	O		Mother's Maiden Name	Mother's Maiden Name
7	26	TS	O		Date/Time of Birth	Date of Birth
8	1	IS	O	0001	Administrative Sex	Sex
9	250	XPN	NS		Patient Alias	Not used. Alias is passed in PID-5
10	250	CE	O	0005	Race	Race Information. Example: 2106-3-SLF^^0005^2106-3^^CDC See Appendix A for coded values. 0005 and CDC are hardcoded.
11	250	XAD	O		Patient Address	P=Permanent Address~N=Place of Birth~Confidential Address
12	4	IS	O	0289	County Code	County
13	250	XTN	O		Phone Number – Home	Home Phone~Work Phone~Cell Phone~Pager^NET^INTERNET^email
14	250	XTN	O		Phone Number – Business	Work Phone (backward compatibility)
15	250	CE	NS	0296	Primary Language	Not used
16	250	CE	O	0002	Marital Status	Marital Status^^^^^^M

17	250	CE	O	0006	Religion	Religious Preference (code)
18	250	CX	NS		Patient Account Number	Not used
19	16	ST	R		SSN Number – Patient	SSN
20	25	DLN	NS		Driver's License Number – Patient	Not used
21	250	CX	NS		Mother's Identifier	Not used
22	250	CE	O	0189	Ethnic Group	Ethnicity Information. Example: 2186-5-SLF^^0189^2186-5^^CDC See Appendix A for coded values. 2186 and CDC are hardcoded.
23	250	ST	O		Birthplace	Place of birth city and place of birth state
24	1	ID	O	0136	Multiple Birth Indicator	Multiple Birth Indicator [Y for multiple birth]

- PID fields past PID.24 are not used and are not shown to save space.

Refer to Table 14-38.

Table 14-38: REF_I14 DG1 - Diagnosis Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – DG1	1
2	2	ID	NS		Diagnosis Coding Method	Not used
3	250	CE	R		Diagnosis Code – DG1	Provisional Diagnosis Code^Diagnosis Description from File 123, field 30
4	40	ST	B		Diagnosis Description	Not used
5	26	TS	O		Diagnosis Date/Time	Not used
6	2	IS	R	0052	Diagnosis Type	"W" - Working

- DG1 fields past DG1.6 are not used and are not shown to save space.

Refer to Table 14-39.

Table 14-39: REF_I14 OBR – Observation Request Segment (Same for all message types)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – OBR	1
2	22	EI	R		Placer Order Number	Order entry internal number;Orderable Item entry^OR from File 123, field .03
3	22	EI	R		Filler Order Number	Consult entry internal number;GMRC^GMRC
4	250	CE	NS		Universal Service Identifier	Hardcoded value of “ZZ”
5	2	ID	NS		Priority – OBR	Not used
6	26	TS	O		Requested Date/Time	Clinically Indicated Date from File 123, field 17

Note the following:

- OBR fields past OBR.6 are not used and not shown to save space.
- REF_I14 PV1 – Patient Visit Segment (same for all message types)
- The PV1 segment data is created using the IN5^VADPT call to determine current inpatient status. See PIMS technical manual for definition of the returned array VAIP.
- Fields not returned by the IN5^VADPT API are not used in the PV1 segment.

Refer to Table 14-40.

Table 14-40: REF_14 PV1 – Patient Visit Segment (Same for all message types

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	R		Set ID – PV1	1
2	1	IS	R	0004	Patient Class	I: inpatient O: outpatient
3	80	PL	O		Assigned Patient Location	Location of last inpatient movement event from VAIP(5)
4	2	IS	NS		Admission Type	Not used
5	250	CX	NS		Preadmit Number	Not used
6	80	PL	NS		Prior Patient Location	Not used

7	250	XCN	O	0010	Attending Doctor	Attending Provider from VAIP(18)
8	250	XCN	NS		Referring Doctor	Not used (Referring provider sent in PRD segment)
9	250	XCN	NS		Consulting Doctor	Not used
10	3	IS	NS		Hospital Service	Not used
11	80	PL	NS		Temporary Location	Not used
12	2	IS	NS		Preadmit Test Indicator	Not used
13	2	IS	NS		Re-admission Indicator	Not used
14	6	IS	NS		Admit Source	Not used
15	2	IS	NS		Ambulatory Status	Not used
16	2	IS	O	0099	VIP Indicator	R if patient restricted/sensitive
17	250	XCN	O	0010	Admitting Doctor	Primary Physician for admission from VAIP(13,5)

- PV1 fields past PV1.17 are not used and are not shown to save space.

Refer to Table 14-41.

Table 14-41: REF_I14 NTE – Notes and Comments Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4	SI	O		Set ID – NTE	Sequential Number 1-n
2	8	ID	O	0105	Source of Comment	L for Ancillary
3	65536	FT	O		Comment	Activity Comments from file 123, subfile 123.25 field 5
4	250	CE	O		Comment Type	Not used.

Refer to Figure 14-12.

Figure 14-12: Cancel Referral Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120315083119-
0500||REF^I14|5008758|P|2.5|||AL|AL|USA
RF1|CA^CANCELLED|R|87^NON VA CARE RADIOLOGY^^2108^NON VA CARE
RADIOLOGY||O|600|201203150808-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120315~666660202^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||DATABRIDGE^PATIENTEIGHT^^^^^L||19010101|M|||^^^^
^^P^^~^^^^^^N||||||||666660202||||||||||||
DG1|1||784.0^Headache|
OBR|1|19144;1^OR|600;GMRC^GMRC|||20120323
PV1|1|I|5^3 NORTH
SURG|||10000000049^CPRSATTENDING,TWO||||||||||||11829^PROVIDER,TEST
NTE|1|L|Actvity Comment
NTE|2||Cancelled this referral, patient not eligible.
```

Refer to Figure 14-13. Note that no DX is entered during order entry and no DG1 segment is sent. Also note the example shows PID with more fields, Sensitive Patient.

Figure 14-13: Discontinue Referral Example

```
MSH|^~\&|GMRC HCP SEND|500|GMRC HCP RECEIVE|200|20120315085614-
0500||REF^I14|5008762|P|2.5|||AL|AL|USA
RF1|DC^DISCONTINUED|R|89^NON VA CARE DENTAL^^2060^NON VA CARE
DENTAL||O|601|201203150854-0500||||
PRD|RP|CPRSPROVIDER^THREE^^^^^^^10000000046|1 STREET
ADDRESS^^CITY^ST^00011||^^^CPRS3@VA.GOV^^555^555-5555|
PID|1|5000000056V781752|5000000056V781752^^^USVHA&&0363^NI^VA FACILITY
ID&500&L^^20120315~666660005^^^USSSA&&0363^SS^VA FACILITY
ID&500&L~6^^^USVHA&&0363^PI^VA FACILITY
ID&500&L||CPRSPATIENT^FIVE^S^^^^L|MAIDENLAST^^^^^^M|19010101|M||2054-5-SLF^^0005^
2054-5^^CDC|1 STREET ADDRESS^^CITY^ST^00011^USA^P^^083~^^CITY^ST^^^N|083|555-
5555^PRN^PH~555-5555^WPN^PH~555-5555^ORN^CP~^NET^INTERNET^CPRSP5@TESTADDR.COM|555-
5555||S|22||666660005|||2186-5-SLF^^0189^2186-5^^CDC|CITY ST|Y||||
OBR|1|19146;1^OR|601;GMRC^GMRC|||20120316
PV1|1|I|66^VCM-
IN|||10000000103^IDOSEDOCTOR,THREE|||||||||R|10000000102^IDOSEDOCTOR,TWO
NTE|1|L|Actvity Comment
NTE|2||D/C THIS REFERRAL, RE-CHECK VA ORAL SURGERY AVAILABILITY
```

14.11. REF_IN Message Definition Tables

Refer to Table 14-42.

Table 14-42: REF_IN1 Segment (Valid for all above REF messages)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4		R		SetIDIN1	Set ID - IN1 XE "1
2	250	Coded element	R		InsurancePlanID	Insurance Plan ID
3	250	ID	R		InsuranceCompanyID	Insurance Company ID
4	250	string	O		InsuranceCompanyName	Insurance Company Name
5	250	address	O		InsuranceCompanyAddress	Insurance Company Address
6	250	string	O		InsuranceCoContactPerson	Insurance Co Contact Person
7	250	string	O		InsuranceCoPhoneNumber	Insurance Co Phone Number
8	12	string	O		GroupNumber	Group Number
9	250	string	O		GroupName	Group Name
10	250	string	O		InsuredsGroupEmpID	Insured's Group Emp ID
11	250	string	O		InsuredsGroupEmpName	Insured's Group Emp Name
12	8	date	O		PlanEffectiveDate	Plan Effective Date
13	8	date	O		PlanExpirationDate	Plan Expiration Date
14	239	string	O		AuthorizationInformation	Authorization Information
15	3	string	O		PlanType	Plan Type
16	250	string	O		NameOfInsured	Name Of Insured
17	250	string	O		InsuredsRelationshipToPatien	Insured's Relationship To Patient
18	26	date	O		InsuredsDateOfBirth	Insured's Date Of Birth
19	250	address	O		InsuredsAddress	Insured's Address
20	2	string	O		AssignmentOfBenefits	Assignment Of Benefits
21	2	string	O		CoordinationOfBenefits	Coordination Of Benefits

22	2	string	O		CoordOfBenPriority	Coord Of Ben. Priority
23	1	string	O		NoticeOfAdmissionFlag	Notice Of Admission Flag
24	8	date	O		NoticeOfAdmissionDate	Notice Of Admission Date
25	1	string	O		ReportOfEligibilityFlag	Report Of Eligibility Flag
26	8	date	O		ReportOfEligibilityDate	Report Of Eligibility Date
27	2	string	O		ReleaseInformationCode	Release Information Code
28	15	string	O		PreAdmitCertPAC	Pre-Admit Cert (PAC)
29	26	date	O		VerificationDateTime	Verification Date/Time
30	250	string	O		VerificationBy	Verification By
31	2	string	O		TypeOfAgreementCode	Type Of Agreement Code
32	2	string	O		BillingStatus	Billing Status
33	4	number	O		LifetimeReserveDays	Lifetime Reserve Days
34	4	number	O		DelayBeforeLRDay	Delay Before L.R. Day
35	8	string	O		CompanyPlanCode	Company Plan Code
36	15	string	O		PolicyNumber	Policy Number
37	12	number	O		PolicyDeductible	Policy Deductible
38	12	number	B		PolicyLimitAmount	Policy Limit - Amount
39	4	number	O		PolicyLimitDays	Policy Limit - Days
40	12	number	B		RoomRateSemiPrivate	Room Rate - Semi-Private
41	12	number	B		RoomRatePrivate	Room Rate - Private
42	250	string	O		InsuredsEmploymentStatus	Insured's Employment Status
43	1	string	O		InsuredsAdministrativeSex	Insured's Administrative Sex
44	250	address	O		InsuredsEmployersAddress	Insured's Employer's Address
45	2	string	O		VerificationStatus	Verification Status
46	8	string	O		PriorInsurancePlanID	Prior Insurance Plan ID
47	3	string	O		CoverageType	Coverage Type
48	2	string	O		Handicap	Handicap

49	250	ID	O		InsuredsIDNumber	Insured's ID Number
50	1	string	O		SignatureCode	Signature Code
51	8	date	O		SignatureCodeDate	Signature Code Date
52	250	string	O		InsuredsBirthPlace	Insured's Birth Place
53	2	string	O		VIPIndicator	VIP Indicator

Refer to Table 14-43.

Table 14-43: REF_IN3 Segment (Valid for all above REF messages)

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description
1	4		R		SetIDIN3	Set ID - IN3 XE "1
2	250	string	O		CertificationNumber	Certification Number
3	250	string	O		CertifiedBy	Certified By
4	1	string	O		CertificationRequired	Certification Required
5	23	string	O		Penalty	Penalty
6	26	date	O		CertificationDateTime	Certification Date/Time
7	26	date	O		CertificationModifyDateTime	Certification Modify Date/Time
8	250	string	O		Operator	Operator
9	8	date	O		CertificationBeginDate	Certification Begin Date
10	8	date	O		CertificationEndDate	Certification End Date
11	6	number	O		Days	Days
12	250	string	O		NonConcurCodeDescription	Non-Concur Code/Description
13	26	date	O		NonConcurEffectiveDateTime	Non-Concur Effective Date/Time
14	250	string	O		PhysicianReviewer	Physician Reviewer
15	48	string	O		CertificationContact	Certification Contact
16	250	string	O		CertificationContactPhoneNum	Certification Contact Phone Number
17	250	string	O		AppealReason	Appeal Reason
18	250	string	O		CertificationAgency	Certification Agency
19	250	string	O		CertificationAgencyPhoneNumb	Certification Agency Phone Number
20	40	string	O		PreCertificationRequirement	Pre-Certification Requirement

21	48	string	O		CaseManager	Case Manager
22	8	date	O		SecondOpinionDate	Second Opinion Date
23	1	string	O		SecondOpinionStatus	Second Opinion Status
24	1	string	O		SecondOpinionDocumentationRe	Second Opinion Documentation Received
25	250	string	O		SecondOpinionPhysician	Second Opinion Physician

14.12. HL7 ACK Messages

Patch GMRC*3.0*75 added the ability to use the following HL7 ACK messages to enable communications between the consult system communication with the Healthcare Claims Processing System (HCPS). Accept Acknowledgment (AA) will be sent for messages that are parsed correctly and sent to HCPS. Application Error (AE) will be sent when a parsing issue is discovered, such as missing a required field.

HL7 v2.5 ACK messages will be sent to HCPS in enhanced mode, as follows:

- Commit accept (CA) in MSA-1 acknowledgment code if the message can be accepted for processing
- Commit reject (CR) in MSA-1 acknowledgment code if one of the values of MSH-9 message type, MSH-12 version ID or MSH-11 processing ID is not acceptable to the receiving application
- Commit error (CE) in MSA-1 acknowledgment code if the message cannot be accepted for any other reason

A standard HL7 v2.5 ACK message will be returned by HCPS for each consult message received. Refer to Table 14-44, which lists the three standard ACK message segments.

Table 14-44: Standard ACK Message Segments

Segment	Segment Name	Optional/Required
MSH	Message Header	REQUIRED
MSA	Message Acknowledgment	REQUIRED
ERR	Error	OPTIONAL

The following tables contain the HL7 message definition for the ACK messages.

The table columns are as follows:

1. SEQ = HL7 sequence#
2. LEN = HL7 field length

3. DT = HL7 data type
4. R/O = R=Require, O=Optional, C=Conditional, NS=Not supported
5. TBL = HL7 table definition
6. Element Name = HL7 field name
7. VistA Description = information on what will be pulled from VistA for this element, or hard-coded data.

For ease of reference, refer to Figure 14-14.

Figure 14-14: HL7 ACK Message Table Headings

SEQ	LEN	DT	R/O	TBL#	Element Name	VistA Description

Refer to Table 14-45.

Table 14-45: ACK MSH - Message Header Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	Description
1	1	ST	R		Field Separator	|
2	4	ST	R		Encoding Characters	~^\&
3	15	ST	R		Sending Application	GMRC HCP RECEIVE
4	20	ST	R		Sending Facility	Sending Facility
5	30	ST	R		Receiving Application	GMRC HCP SEND
6	30	ST	NS		Receiving Facility	Receiving Facility
7	26	TS	R		Date/Time Of Message	System date/time
8	40	ST	NS		Security	Not used
9	7	CM	R	0076 0003	Message Type	ACK
10	20	ST	R		Message Control ID	Return the Message Control ID from the REF^I1n message received from VistA
11	1	ID	R		Processing ID	P for Production, T for Test
12	8	ID	R	0104	Version ID	2.5
13	15	NM	NS		Sequence Number	Not used
14	180	ST	NS		Continuation Pointer	Not used

15	2	ID	R	0155	Accept Acknowledgment Type	AL
16	2	ID	R	0155	Application Acknowledgment Type	NE
17	3	ID	R	0399	Country Code	USA

Refer to Table 14-46.

Table 14-46: ACK MSH - Message Header Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	Description
1	1	ST	R		Field Separator	|
2	4	ST	R		Encoding Characters	~^\&
3	15	ST	R		Sending Application	GMRC HCP RECEIVE
4	20	ST	R		Sending Facility	Sending Facility
5	30	ST	R		Receiving Application	GMRC HCP SEND
6	30	ST	NS		Receiving Facility	Receiving Facility
7	26	TS	R		Date/Time Of Message	System date/time
8	40	ST	NS		Security	Not used
9	7	CM	R	0076 0003	Message Type	ACK
10	20	ST	R		Message Control ID	Return the Message Control ID from the REF^I1n message received from VistA
11	1	ID	R		Processing ID	P for Production, T for Test
12	8	ID	R	0104	Version ID	2.5
13	15	NM	NS		Sequence Number	Not used
14	180	ST	NS		Continuation Pointer	Not used
15	2	ID	R	0155	Accept Acknowledgment Type	AL
16	2	ID	R	0155	Application Acknowledgment Type	NE
17	3	ID	R	0399	Country Code	USA

Refer to Table 14-47.

Table 14-47: ACK MSA - Message Acknowledgment Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	Description
1	2	ID	R	0008	Acknowledgment Code	AA for Application Accept AE for Application Error
2	20	ST	R		Message Control ID	Same as MSH.10 above
3	80	ST	NS		Text Message	Not supported
4	15	NM	NS		Expected Sequence Number	Not used
5			NS		Delayed Acknowledgment Type	Not used
6	250	CE	NS		Error Condition	Not used

Refer to Table 14-48.

Table 14-48: ACK ERR - Error Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	Description
1	493	ELD	NS		Error Code and Location	Not used
2	18	ERL	O		Error Location	Segment^Sequence^Field^Fld Repetition^Component^Sub-component
3	705	CWE	R	0357	HL7 Error Code	Value^Description See table 0357 below.

- ERR fields past ERR.3 are not used and are not shown to save space.

Refer to Table 14-49.

Table 14-49: HL7 Table 0357 - Message Error Condition Codes

Value	Description	Comment
0	Message Accepted	Success. Optional, as the AA conveys success. Used for systems that must always return a status code.
100	Segment Sequence Error	Error: The message segments were not in proper order, or required segments are missing.
101	Required Field Missing	Error: A required field is missing from a segment.
102	Data Type Error	Error: The field contained data of the wrong data type, e.g., an NM field contained “FOO”.
103	Table Value Not Found	Error: A field of data type ID or IS was compared against the corresponding table, and no match was found.
200	Unsupported Message Type	Rejection: The Message Type is not supported.
201	Unsupported Event Code	Rejection: The Event Code is not supported.
202	Unsupported Processing ID	Rejection: The Processing ID is not supported.
203	Unsupported Version ID	Rejection: The Version ID is not supported.
204	Unknown Key Identifier	Rejection: The ID of the patient, order, etc., was not found. Used for transactions other than additions, e.g., transfer of a non-existent patient.
205	Duplicate Key Identifier	Rejection: The ID of the patient, order, etc., already exists. Used in response to addition transactions (Admit, New Order, etc.)
206	Application Record Locked	Rejection: The transaction could not be performed at the application storage level, e.g., database locked.
207	Application Internal Error	Rejection: A catchall for internal errors not explicitly covered by other codes.

For the Application NACK that GMRC *3.0*123 returns for Errors during processing of the REF I13/I14 messages, the MSA segment will be populated as shown in Table 14-50 below.

Table 14-50: MSA Message for NACK – Negative Application Acknowledgment Segment

SEQ	LEN	DT	R/O	TBL#	Element Name	Description
1	2	ID	R	0008	Acknowledgment Code	AE for Application Error
2	20	ST	R		Message Control ID	Same as MSH.10 of the Request Message
3	80	ST	NS		Text Message	Error Message Description
4	15	NM	NS		Expected Sequence Number	Not used
5			NS		Delayed Acknowledgment Type	Not used
6	250	CE	NS		Error Condition	Patient ICN^Patient NAME^Station ID^Consult ID^Date/Time Stamp when the REF I12/I13 Message is being processed on the VistA System

14.13. HL 7 Mailbox

GMRC HCP HL7 MESSAGE is used to report errors in HL7 message generation and processing for GMRC consults.

14.14. Order Event Messages

Table 14-51 identifies the HL7 fields passed in each kind of event associated with OE/RR. For each event there is an order control code and a set of fields listed. For any given event, however, some of the fields may be empty (observation sub-id, for example).

The protocols identified in the table use OE/RR namespacing conventions. The messages sent by OE/RR will use the OR namespaced protocols indicated. Individual packages may use whatever protocol names they wish.

14.14.1. Front Door – Consults

Refer to Table 14-51.

Table 14-51: Front Door – Consults

Action	Request from OE/RR	Consults Accepts	Consults Rejects
Protocol	OR EVSEND GMRC	GMRC EVSEND OR	GMRC EVSEND OR
Order Control	NW (new order)	OK (accepted)	OC (canceled)
HL7 Fields	MSH: 1,2,3,4,9 PID: 3,5 PV1: 2,3,19 ORC: 1,2,7,10,12,15 OBR: 4,18,19 OBX: 1,2,3,5	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,12,15,16 OBR: 4
Protocol	OR EVSEND GMRC	GMRC EVSEND OR	GMRC EVSEND OR
Order Control	CA (cancel) DC (discontinue) HD (hold) RL (release)	CR (canceled) DR (discontinued) HR (held) OR (released)	UC (unable to cancel) UD (unable to dc) UH (unable to hold) OC (order canceled)
HL7 Fields	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,10,12,15,16	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,5	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,16

Refer to Figure 14-15.

Figure 14-15: Consult Example - Pulmonary Consult at bedside to rule out pneumonia

```
New Order
Array:MSG(1)="MSH|^~\&|ORDER ENTRY|660|||||ORM"
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE"
MSG(3)="PV1||I|12^4101-B||||||||||||||||10185"
MSG(4)="ORC|NW|934;1^OR|||||^^^19940920^^R|||10||6|||199409151430"
MSG(5)="OBR||||^^^25^^99CON||||||||||||||B|1044
MSG(6)="OBX|1|TX|2000.02^Reason for Request^AS4|1|R/o pneumonia"
MSG(7)="OBX|2|TX|^Provisional Diagnosis|1|Viral infection"
Call:D MSG^XQOR("OR EVSEND GMRC",.MSG); New order from OE/RR
Array:MSG(1)="MSH|^~\&|CONSULTS|660|||||ORR"
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE"
MSG(3)="ORC|OK|934;1^OR|233445^GMRC"
Call:D MSG^XQOR("GMRC EVSEND OR",.MSG); Consults accepts, returns order #

Hold an Order
Array:MSG(1)="MSH|^~\&|ORDER ENTRY|660|||||ORM"
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE"
MSG(3)="ORC|HD|92234;2^OR|233445^GMRC|||||||10||6|||199409151430"
Call:D MSG^XQOR("OR EVSEND GMRC",.MSG); OE/RR requests holding order
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE"
MSG(3)="ORC|HR|92234;2^OR|233445^GMRC"
Call:D MSG^XQOR("GMRC EVSEND OR",.MSG); Consults holds order

Discontinue an Order
Array:MSG(1)="MSH|^~\&|ORDER ENTRY|660|||||ORM"
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE"
MSG(3)="ORC|DC|92234;3^OR|233445^GMRC|||||||10||6|||199409151430"
Call:D MSG^XQOR("OR EVSEND GMRC",.MSG); OE/RR requests discontinuing order
Array:MSG(1)="MSH|^~\&|CONSULTS|660|||||ORR"
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE."
MSG(3)="ORC|DR|92234;3^OR|233445^GMRC"
Call:D MSG^XQOR("GMRC EVSEND OR",.MSG); Consults discontinues order
```

Refer to Figure 14-16.

Figure 14-16: Consult Example - EKG at Bedside

```
New Order
Array:MSG(1)="MSH|^~\&|ORDER ENTRY|660|||||ORM"
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE"
MSG(3)="PV1||I|12^4101-B||||||||||||||||10185"
MSG(4)="ORC|NW|935;1^OR|||||^^^19940920^^R|||10||6|||199409151430"
MSG(5)="OBR||||^^^2553^^99PRO||||||||||||||B|1044
MSG(6)="OBX|1|TX|2000.02^Reason for Request^AS4|1|Monitoring progress"
Call:D MSG^XQOR("OR EVSEND GMRC",.MSG); New order from OE/RR
Array:MSG(1)="MSH|^~\&|CONSULTS|660|||||ORR"
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE"
MSG(3)="ORC|OK|935;1^OR|233446^GMRC"
Call:D MSG^XQOR("GMRC EVSEND OR",.MSG); Consults accepts, returns order #
```

Refer to Figure 14-17.

Figure 14-17: Consult Example – Family Counseling

```
New Order
Array:MSG(1)="MSH|^~\&|ORDER ENTRY|660|||||ORM"
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE"
MSG(3)="PV1||I|12^4101-B||||||||||||||||"
MSG(4)="ORC|NW|936;1^OR|||||^^^19940920^^R||199409151425|10||6|||
  199409151430"
MSG(5)="OBR||||^^^15^PSYCHIATRY^99CON||||||||||||||OC|1044"
MSG(6)="ZSV|^^^15^PSYCHIATRY^99CON|Family Counseling"
MSG(7)="OBX|1|TX|2000.02^Reason for Request^AS4|1|"
Call:D MSG^XQOR("OR EVSEND GMRC",.MSG); New order from OE/RR
Array:MSG(1)="MSH|^~\&|CONSULTS|660|||||ORR"
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE"
MSG(3)="ORC|OK|936;1^OR|233447^GMRC"
Call:D MSG^XQOR("GMRC EVSEND OR",.MSG); Consults accepts, returns order #
```

14.15. Back Door Consults

Back door orders are handled by sending OE/RR the ORM message for a Consult order with a ‘send number’ order control code. This permits OE/RR to store the order in its database and return the OE/RR order number to consults with a ‘number assigned’ order control code. OE/RR cannot actually reject Consult events. The ‘data errors’ order control code is just used as some way to communicate to Consults that OE/RR could not interpret the ORM message. This should generally not happen. Use of the ‘back door’ by packages for ordering is optional. It is still necessary to post an event when results are available.

Refer to Table 14-52.

Table 14-52: Back Door – Consults

Action	Event from Consults	OE/RR Accepts	OE/RR Rejects
Protocol	GMRC EVSEND OR	OR EVSEND GMRC	OR EVSEND GMRC
Order Control	SN (send number)	NA (number assigned)	DE (data errors)
HL7 Fields	MSH: 1,2,3,4,9 PID: 3,5 PV1: 2,3,19 ORC: 1,3,7,10,12,15 OBR: 4,18,19 OBX: 1,2,3,4,5	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,3,16
Protocol	GMRC EVSEND OR		OR EVSEND GMRC
Order Control	OC (cancel) OD (discontinue) OH (hold) RL (release)	There is no return event. OE/RR must accept the instruction from Consults.	DE (data errors)
HL7 Fields	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,12,15,16 OBR: 4		MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,16
Protocol	GMRC EVSEND OR		OR EVSEND GMRC
Order Control	SC (accepted)		DE (data errors)
HL7 Fields	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,5,12,15 OBR: 4	There is no return event. OE/RR must accept the instruction from Consults.	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,16
Protocol	GMRC EVSEND OR		OR EVSEND GMRC
Order Control	XX (forwarded)		DE (data errors)
HL7 Fields	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,7,10,12,15 OBX: 1,2,3,4,5	There is no return event. OE/RR must accept the instruction from Consults.	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,16
Protocol	GMRC EVSEND OR		OR EVSEND GMRC
Order Control	RE (completed)		DE (data errors)

HL7 Fields	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,12,15 OBR: 4,7,22,25,32 OBX: 1,2,3,4,5,8	There is no return event. OE/RR must accept the instruction from Consults.	MSH: 1,2,3,4,9 PID: 3,5 ORC: 1,2,3,16

Refer to Figure 14-18.

Figure 14-18: Consult Example - Pulmonary Consult at Bedside to Rule Out Pneumonia

```
New Order
Array:MSG(1)="MSH|^~\&|CONSULTS|660|||||ORM"
MSG(2)="PID|||270||CPRSPATIENT,TWENTYFIVE"
MSG(3)="PV1||I|1D^4101-B||||||||||||||||10185"
MSG(4)="ORC|SN||233445^GMRC||||^^^19940920^^R|||10||6|||199409151430"
MSG(5)="OBR||||^^^25^^99CON||||||||||||||B|1044
MSG(6)="OBX|1|TX|2000.02^Reason for Request^AS4|1|R/o pneumonia"
Call:D MSG^XQOR("GMRC EVSEND OR",.MSG); New order from Consults


Array:MSG(1)="MSH|^~\&|ORDER ENTRY|660|||||ORR"
MSG(2)="PID|||270|| CPRSPATIENT,TWENTYFIVE"
MSG(3)="ORC|NA|92234^OR|234455^GMRC"
Call:D MSG^XQOR("OR EVSEND GMRC",.MSG); OE/RR returns order number

Discontinue an Order
Array:MSG(1)="MSH|^~\&|CONSULTS|660|||||ORM"
MSG(2)="PID|||270|| CPRSPATIENT,TWENTYFIVE"
MSG(3)="ORC|OD|92234^OR|234455^GMRC||||||||||||^^^^Denied by service"
Call:D MSG^XQOR("GMRC EVSEND OR",.MSG); Consults discontinued order

Service Accepted the Order
Array:MSG(1)="MSH|^~\&|CONSULTS|660|||||ORM"
MSG(2)="PID|||270|| CPRSPATIENT,TWENTYFIVE"
MSG(3)="ORC|SC|92234^OR|234455^GMRC"
MSG(4)="OBR||||^^^25^^99CON”
Call:D MSG^XQOR("GMRC EVSEND OR",.MSG); Consults accepted order

Completed Order
Array:MSG(1)="MSH|^~\&|CONSULTS|660|||||ORU"
MSG(2)="PID|||270|| CPRSPATIENT,TWENTYFIVE"
MSG(3)="ORC|RE|92234^OR|234455^GMRC"
MSG(4)="OBR||||^^^25^^99CON|||199409160810||||||||||||||
                  199409160910|||F|||||||455"
MSG(5)="OBX|1|TX|^^^25^^99CON||Pneumonia|||A"
Call:D MSG^XQOR("GMRC EVSEND OR",.MSG)      ; Consults completed order
```

14.16. Orderable Item Updates – Request Services

When Consults makes request services available for ordering, OE/RR needs to be notified. This is done via a protocol event point which should be defined by Consults. When this event point is invoked, an HL7 master file update message is sent. Information that should be available in this segment is listed in Table 14-53 below.

Table 14-53: Orderable Item Updates – Request Services

SEG	SEQ	Field Name	Example	HL7 Type
MSH	1	Field Separator	|	string
	2	Encoding Characters	^~\&	string
	3	Sending Application	CONSULTS	string
	4	Sending Facility	660	string
	9	Message Type	MFN	ID
MFI	1	Master File ID	123.5^Request Services^99DD	coded element
	3	File-Level Event Code	REP	table 178
	6	Response Level Code	NE	table 179
{ MFE	1	Record-Level Event Code	MAD	table 180
	4	Primary Key	^^^25^Cardiology Consult^99CON	coded element
ZCS	1	Service Usage	2	coded value (1=Grouper only, 2=Tracking only)
{ ZSY }	1	Set ID	1	Numeric
}	2	Synonym	CARD	string

Note the following:

- When doing the initial population of the orderable items file, the File Level Event Code should be REP. After the initial population, subsequent changes should have the UPD code.
- Orderable item updates always originate from Consults.
- There may be multiple MFE segments passed in a single transaction.

- The record-level event code tells whether this transaction is an update, addition, inactivation, etc.
- The primary key is the coded element normally passed when creating an order. By using the coded element, we can know the national and local names for a consult.

Refer to Figure 14-19.

Figure 14-19: Orderable Item Updates Example

```
Adding new request services
Array:MSG(1)="MSH|^~\&|CONSULTS|660|||||MFN"
MSG(2)="MFI|123.5^Request Services^99DD||REP|||NE”
MSG(3)="MFE|MAD|||^^^4^CARDIOLOGY^99CON"
MSG(4)=”ZCS|2”
Call:D MSG^XQOR("GMRC ORDERABLE ITEM UPDATE",.MSG)

Inactivating a request service
Array:MSG(1)="MSH|^~\&|CONSULTS|660|||||MFN"
MSG(2)="MFI|123.5^Request Services^99DD||UPD|||NE”
MSG(3)="MFE|MDC|||^^^2^MEDICINE^99CON”
Call:D MSG^XQOR("GMRC ORDERABLE ITEM UPDATE",.MSG)
```

14.17. Orderable Item Updates - Procedures

When Consults makes procedures available for ordering or inactivates a procedure, OE/RR needs to be notified. This is done via a protocol event point which should be defined by Consults. When this event point is invoked, an HL7 master file update message is sent. Information that should be available in this segment is listed in Table 14-51 below.

Refer to Table 14-54.

Table 14-54: Orderable Item Updates - Procedures

SEG	SEQ	Field Name	Example	HL7 Type
MSH	1	Field Separator	|	string
	2	Encoding Characters	^~\&	string
	3	Sending Application	PROCEDURES	string
	4	Sending Facility	660	string
	9	Message Type	MFN	ID
MFI	1	Master File ID	123.3^Procedures^99DD	coded element

	3	File-Level Event Code	REP	table 178
	6	Response Level Code	NE	table 179
{ MFE	1	Record-Level Event Code	MAD	table 180
	4	Primary Key	^^^1225^Electrocardiogram^99PRC	coded element
{ ZSY}	1	Set ID	1	numeric
}	2	Synonym	EKG	string

Note the following:

- When doing the initial population of the orderable items file, the File Level Event Code should be REP. After the initial population, subsequent changes should have the UPD code.
- Orderable item updates always originate from Consults.
- There may be multiple MFE segments passed in a single transaction.
- The record-level event code tells whether this transaction is an update, addition, inactivation, etc.
- The primary key is the coded element that is normally passed when creating an order. By using the coded element, we can know the national and local names for a procedure.

Refer to Figure 14-20.

Figure 14-20: Orderable Item Updates – Procedures Example

```
Adding new procedures
Array:MSG(1)="MSH|^~\&|PROCEDURES|660|||||MFN"
MSG(2)="MFI|123.3^GMRC PROCEDURE^99DD||REP|||NE”
MSG(3)="MFE|MAD|||^^^1688^Atrial Lead Implant^99PRC”
MSG(4)=”ZSY|1|A-L Imp”
MSG(5)="MFE|MAD|||^^^1705^Bone Marrow Aspirate^99PRC"
Call:D MSG^XQOR("GMRC ORDERABLE ITEM UPDATE",.MSG)

Inactivating a procedure
Array:MSG(1)="MSH|^~\&|PROCEDURES|660|||||MFN"
MSG(2)="MFI|123.3^GMRC PROCEDURE ^99DD||UPD|||NE”
MSG(3)="MFE|MDC|||^^^1705^Bone Marrow Aspirate^99PRC”
Call:D MSG^XQOR("GMRC ORDERABLE ITEM UPDATE",.MSG)
```

14.18. Ordering Parameters

There are no Consult ordering parameters identified at this time.

14.19. Procedure Calls

We need entry points defined in the Consults package that will handle the following procedure calls. It is up to the developers exactly how entry points are defined and named. Note that to behave properly in a windowed environment, all variables used in the calls must be NEWed properly. The calls must also be silent (no reads or writes).

Refer to Figures 14-21 to 14-23.

Figure 14-21: Procedure Calls Example

```
Return Consult/Procedure List
OER^GMRCSLM1(DFN,SERV,BEG,END,STS,CPRS)
passed:DFN:  Patient DFN
SERV: Request service IEN
BEG:  Beginning date
END:  Ending date
STS:  Order status IEN
CPRS: 1=CPRS List Manager, 2=CPRS GUI
returned:^TMP("GMRCR",$J,"CS",#,0) = IEN^request date^order status^
service^procedure name or consult
```

Figure 14-22: Procedure Calls Example (continued)

```
Return Narrative of Report
DT^GMRCSLM2(IEN)
passed:IEN:  IEN of request in Request/Consultation file #123
returned:^TMP("GMRCR",$J,"DT",#,0) = line of report text
```

```
Return Results Report
RT^GMRCGUIA(IEN,ARRAY)
passed:IEN:IEN of request in Request/Consultation file #123
ARRAY:name of array to return report text
returned:@ARRAY@(#,0) = line of report text

Return List of Services the Current User may Order From
SERV1^GMRCASV
passed:GMRCTO: 1
GMRCDG: 1
returned:^TMP("GMRCSLIST",$J,#) = IEN^service name^grouper IEN^+^usage
where + indicates a grouper with members following,
  and Usage is 1 if Grouper Only or 2 if Tracker Only
```

```
Return List of Services for a Procedure
GETSVC^GMRCPRO(.ARRAY,ID)
passed:ARRAY:array to return list of services
ID:procedure identifier, in HL7 format `IEN;99PRC'
returned:ARRAY=number of services in list
ARRAY(#) = IEN ^ name of service
```

Figure 14-23: Procedure Calls Example (continued)

```
Return Default Reason for Request
GETDEF^GMRCDRFR(ARRAY,SERV,DFN,RESLV)
passed:ARRAY:name of array to return default text
SERV:IEN of Request Service in file #123.5
DFN:Patient DFN [optional]
RESLV:1 or 0, if embedded TIU objects are to be resolved
returned:@ARRAY@(#,0) = line of text
```

```
Return Allowable Editing Flag for Reason
$$REAF^GMRCDRFR(IEN)
passed:SERV:IEN of Request Service in file #123.5
returned:0 if unrestricted, 1 for Edit only, or 2 if no editing allowed

Return Provisional Diagnosis requirements
$$PROVDX^GMRCUTL1(SERV)
passed:SERV:IEN of Request Service in file #123.5
returned:A^B:A = O (optional), R (required), or S (suppress)
B = F (free text) or L (Lexicon entry)
```

```
Query Decision Support Tools and place data in Consult comment
$$PROT^GMRCDST(.MSG)
passed:Message array with details of HL7 content. Specifically extracts Order
Number from ORC Segment
returned:0 if failed to file comment 1 if successfully found and filed
DST comment
```

14.20. Auto-forwarding

A new feature, Auto-forwarding, has been added with patch GMRC*3.0*139. When the Decision Support Tool (DST) determines that a Consult should be forwarded to a different location, the DST data returned will contain the text “DAF-DST Auto-forwarding:”. When the routine ^GMRCDST detects this text, it will examine the text after the colon. If it detects “YES”, then the code will mark this Consult as being forwarded. The routine will then look for the text “AFD-DST Forward to:” text and forward this Consult Order to the requested REQUEST SERVICE entry (#123.5), using the $$FR^GMRCGUIA utility.

If the REQUEST SERVICE entry does not exist, the error message "DVE-DST Error from VistA: Auto-forward target not found" will be placed in the original Consult entry. If DST does not send the “AFD-DST Forward to:” text, the error message will appear as "DVE-DST ID ISSUE: No Content sent from DST". This error message will be placed in the Original Consult entry.

15. How to Generate On-Line Documentation

15.1. Routines

The namespace for the Consults package is GMRC. A listing/printout of any or all of the Consults routines can be produced by using the Kernel option XUPRROU (List Routines). This option is found on the XUPROG (Programmer Options) menu, which is a sub-menu of the EVE (Systems Manager Menu) option. When prompted with “routine(s) ? >:” type in GMRC* to get a listing of all Consults routines.

The first line of each routine contains a brief description of the general function of the routine. A listing of just the first line of each Consults routine can be produced by using the Kernel option XU FIRST LINE PRINT (First Line Routine Print). This option is found on the XUPROG (Programmer Options) menu, which is a sub-menu of the EVE (Systems Manager Menu) option.

15.2. Globals

The globals used in the Consults package are ^GMR(123, ^GMR(123.1, ^GMR(123.3, ^GMR(123.5 and ^GMR(123.6. A listing/printout of any of these globals can be produced by using the Kernel option XUPRGL (List Global). This option is found on the XUPROG (Programmer Options) menu, which is a sub-menu of the EVE (Systems Manager Menu) option.

15.2.1. Files

The number-space for Consults files is 123. A listing of these files can be obtained by using the VA FileMan option DILIST (List File Attributes). Depending on the FileMan template used to print the listing, this option will print out all or part of the data dictionary for the Consults files.

15.3. Menu/Options

The menu and options exported by the Consults package all begin with the GMRC namespace. Individual options can be viewed by using the Kernel option XUINQUIRE (Inquire). This option is found on the menu XUMAINT (Menu management), which is a sub-menu of the EVE (Systems Manager Menu) option.

A diagram of the structure of the Consults menu and its options can be produced by using the Kernel option XUUSERACC (Diagram Menus). Choosing XUUSERACC permits you to further select XUUSERACC1 or XUUSERACC2 menu diagrams with entry/exit actions or abbreviated menu diagrams. This option is found on the menu XUMAINT (Menu management), which is a sub-menu of the EVE (Systems Manager Menu) option.

15.4. XINDEX

XINDEX is a routine that produces a report called the VA Cross-Referencer. This report is a technical and cross-reference listing of one routine or a group of routines. XINDEX provides a summary of errors and warnings for routines that do not comply with VA programming

standards and conventions, a list of local and global variables and what routines they are referenced in, and a listing of internal and external routine calls. XINDEX is invoked from programmer mode: D ^XINDEX. When selecting routines, select GMRC*.

16. Glossary

Refer to Table 16-1.

Table 16-1: Glossary

Term	Definition
Action	An action in Consults can be selected throughout processing to 1) control screen movement, or 2) process existing orders.
Consult	Referral of a patient by the primary care physician to another hospital service/specialty, to obtain a medical opinion based on patient evaluation and completion of any procedures, modalities, or treatments the consulting specialist deems necessary to render a medical opinion. For instance, if a primary care physician orders a patient evaluation from Cardiology Service, and the cardiology specialist orders an Electrocardiogram (EKG) to complete the evaluation and provide an opinion concerning the patient's condition, this type of order is considered a "Consult."
Discontinued Orders	Orders that are discontinued. When an order is discontinued, it must be completely re-entered to be resubmitted. However, if an order is canceled, it can be edited to correct some deficiency and resubmitted.
Order	A request for a consult (service/sub-specialty evaluation) or procedure (Electrocardiogram) to be completed for a patient.
Order Cancellation	The cancellation of a consult or procedure request which allows the requesting provider to edit a portion of the original request and re-submit the request to the consulting service.
Order Discontinuation	A request to stop (discontinue) performance of a consult/procedure request.
HCPS	The Healthcare Claims Processing System is a centralized, automated system that will support the management of purchased care referrals/authorizations.
IFC	Inter-Facility Consults permits the transmitting of consults and related information between Department of Veterans Affairs facilities. Consult requests are made to remote facilities because the needed service is not locally available or for patient convenience. Although the Consult Package is utilized in the hospital settings, Consult requests between facilities have been done manually in the past.
MPI	Master Patient Index. An index of VA patients that is global in nature, showing patients that have been seen by more than one VA facility and giving information about which facilities are involved.
MVI	Master Veteran Index, see MPI

NVC	Non VA Care. Care provided to eligible Veterans when VA facilities are not feasibly available.
Procedure Request	Any procedure (EKG, Stress Test, etc.) which may be ordered from another service/specialty without requiring formal consultation first.
Result	A consequence of an order. Refers to evaluation or status results. In regard to Consult/Request Tracking, results refer to a TIU document or Medicine procedure result attached to the consult or procedure request.
Requestor	This is the health care provider (e. g., the physician/clinician) who requests the order to be done.
Screen Context	This term refers to the particular selection of orders displayed on the screen (e. g., Medicine consults for the patient Ralph Jones).
Service	A clinical or administrative specialty (or department) within a Medical Center.
Status	A result that indicates the processing state of an order; for example, a Cardiology Consult order may be “discontinued (dc)” or “completed (c)”.
Status Symbols	Codes used in order entry and Consults displays to designate the status of the order.

17. Appendix A: Install, Planning, and Implementation Checklist

This checklist can help you determine if you have completed the steps needed to implement the Consults package. IRMS/ADPAC personnel should carefully read the Consult/Request Tracking Technical Manual for the details related to IRMS/ADPAC implementation.

Note: Important changes since Consults/Request Tacking Version 2.5 are emphasized with a note.

Installation:
The Consult/Request Tracking V. 3.0 package installs automatically when CPRS V. 1.0 installed.

Planning:
Participants: IRMS/ADPAC and Service personnel

NOTE: Effective with Consults/Request Tracking V. 3.0:

- A service is only selectable for update/tracking if it is defined as part of the ALL SERVICES hierarchy.
- Disabled services can be left in the ALL SERVICES hierarchy so their order results can be returned but are not selectable in the ordering process.
- Tracking services must be in the ALL SERVICES hierarchy in order to be receive forwarded consults. The tracking service can only be selectable in the order forwarding process if the user is an update user for the tracking service or its parent service.

1. Plan the Consult Service Hierarchy.
    a. Identify services to receive consults or to be Inter-Facility Services.
    b. Determine if the service should be selectable in the ordering process from CPRS.
        i. For some consults, the order may need to be sent to a Service control point for Forwarding by the control point to a service which has been identified as a “Tracking Only” service. (Tracking Only services are not selectable during the initial CPRS order process.) Where a service control point is preferred, the tracking services should be sub-specialties under the control point service within the ALL SERVICES hierarchy.
    c. Determine if there should be a service that would be used as a “Grouper Only” (e.g., Inpatient Services, Outpatient Services, and Outside Services might be good Services to define as groupers).

d. When a Grouper Only service is selected in the CPRS order process, the service hierarchy defined under the grouper service will be displayed to select from. The Grouper Only cannot be selected to receive an order. The ALL SERVICES service is a Grouper Only provided to build the Consult Service hierarchy upon.

2. For each Service, Identify the Service.
   a. Select a unique name to identify the service while ordering. If the service is to be on Inter-Facility Consults (IFC) service, we suggest you include the site name in the service (Example: Eye Clinic—Boise).
   b. Optionally, select an abbreviated print name to be used when displaying notifications. This should be a short name that is easily recognized by users as belonging to the service.
   c. Optionally, select one or more synonyms that can be used when entering the service name into the computer.
   d. Identify the service printer which will be used to automatically print Consult Form SF 513 when a consult order is received from CPRS.

Note: Effective with Consult/Request Tracking V. 3.0, All Consult Form SF 513 prints are done from consult routines. OE/RR print formats are no longer used for consult prints.

3. Plan Actions to take for a Discontinued Consult
   a. Decide if the service should be notified when a consult is discontinued.
   b. Decide if the SF 513 should be reprinted to the receiving service when a consult is discontinued.
4. Determine Provisional Diagnosis requirements for the Service.
   a. Decide if consults going to this service should be required to have a provisional diagnosis. The provisional diagnosis can be required, set as optional, or suppressed.
   b. Decide if provisional diagnosis going to this service should be taken from the Clinical Lexicon, or if free text is allowed.
5. Plan Prerequisites and Boilerplate.
   a. Decide if consults going to this service should have a prerequisite. A prerequisite is a text message that reminds the referring physician what needs to be done before a consult can be sent to this service. The prerequisite message gives the referring physician a chance to back out of the consult dialog.
   b. Decide if consults going to this service should provide a default reason for request when an order is placed. This is a piece of boilerplate text, including TIU objects, that is consistent for each consult received.
   c. If this service is to be an IFC service, then enter the IFC Remote Site name and IFC Remote Service name.

d. If this service is to be an to receive IFC requests from other sites, then enter the IFC Sending Facility name(s).

e. Decide if editing of the default reason for request should be restricted. Editing can be unrestricted, restricted, or allowed only before release to the service.

6. Plan Notification Recipients.

   a. Identify individuals at the receiving service who should be notified when a consult is being sent to the receiving service.

   b. Identify service teams of clinicians or service users which should receive notifications. Team definitions may be used in addition to or in lieu of naming individuals to receive notifications.

   c. Identify hospital locations that are assumed to be part of this service. Any consult activity on patients in that location triggers a notification. Specify one individual to notify and/or a team to notify.

   d. Decide if parent services of this service should be notified of activities occurring on consults for this service.

   e. Decide if notifications should be deleted on an individual basis, or if all notifications should be deleted when one individual reviews it. The default is Individual Recipient, so if All Recipients is desired, use the Set Deletion Parameters for Notifications option of the Notification Mgmt Menu to change this value for each of the five consult notifications. They are:

      i. #23 CONSULT/REQUEST RESOLUTION

      ii. #27 NEW SERVICE CONSULT/REQUEST

      iv. #30 CONSULT/REQUEST CANCEL/HOLD

      v. #63 CONSULT/REQUEST UPDATED

      vi. #89 PROSTHETICS CONSULT

7. Plan Service Users.

   a. Decide if you are going to allow unrestricted access to this service. If so, you may skip to step 13.

   b. Identify individuals at the receiving service who will NOT receive notifications about new consults but should be able to perform update capabilities for this service.

   c. Identify teams at the receiving service who will NOT receive notifications about new consults but should be able to perform update capabilities for this service.

   d. Identify user classes who will NOT receive notifications about new consults but should be able to perform update capabilities for this service.

   e. Identify administrative update users. Such a user can perform administrative completions on consults at this service. These users can, optionally, be included as notifications recipients for this service.

f. Identify administrative update teams for this service. The members of these teams can, optionally, be included as notifications recipients for this service.

g. Decide if update users of the parent services should be allowed to update consults for this service.

h. Identify a special updates individual (someone who can perform group updates) for this service. This individual should already be a service user.

i. Identify sub-services of this service.

8. Implementation and Maintenance (Abbreviated Guidelines)

Participants: IRMS/ADPAC

a. You may set up a team for each consult service. The team members being the identified clinical users. Use the Team Mgmt Menu option, ORLP TEAM MENU.

b. Turn on the NEW SERVICE CONSULT/REQUEST notification for each of the individuals who were identified to receive notifications. Use the Enable/Disable Notifications option of the NOTIFICATION MGMT MENU, ORB NOT MGR MENU.

Note: Unless Consult notifications are set to mandatory, individual users may use the Enable/Disable My Notifications option of the Notifications Management Menu to individually disable the notifications they do not want to receive.

c. Turn on the CONSULT/REQUEST RESOLUTION notification for each ordering provider identified to receive this notification, or train them to do it themselves. Use the Enable/Disable Notifications option of the NOTIFICATION MGMT MENU, ORB NOT MGR MENU.

d. Turn on the CONSULT/REQUEST CANCEL/HOLD notification for each ordering provider identified to receive this notification, or train them to do it themselves. Use the Enable/Disable Notifications option of the NOTIFICATION MGMT MENU, ORB NOT MGR MENU.

e. Turn on the CONSULT/REQUEST UPDATED notification for each ordering provider identified to receive this notification, or train them to do it themselves. Use the Enable/Disable Notifications option of the NOTIFICATION MGMT MENU, ORB NOT MGR MENU.

f. Turn on the PROSTHETICS CONSULT UPDATED notification for each ordering provider identified to receive this notification, or train them to do it themselves.

g. PROSTHETICS CONSULT UPDATED should be enabled for identified personnel requiring updates to prosthetics consults. Use the Enable/Disable Notifications option of the NOTIFICATION MGMT MENU, ORB NOT MGR MENU.

h. Define the Service hierarchy in the Request Services File (#123.5) with the associated users and service printer. Use the “Set up Consult Services” option, GMRC SETUP REQUEST SERVICES.

   Note: You must NOT use VA FileMan to modify services in the hierarchy. The Consult/Request Tracking interface to CPRS depends on the services being defined using the GMRC SETUP REQUEST SERVICES option.

i. Assign the Setup Service Users GMRC SETUP SERVICE USERS option to the users permitted to manage service users.

j. Assign the following two options to Service update users’ primary or secondary menu option: Consult Tracking [GMRC SERVICE TRACKING] and Service Consults Pending Resolution [GMRC RPT PENDING CONSULTS].

9. Setup

   a. Plan your hospital’s TIU hierarchy. See the Text Integration Utility (TIU) Implementation Guide for details on this step.

   b. If you have not already done so, install TIU*1*4.

   c. Run the TIU DEFINE CONSULTS option.

      Note: If you do not run the TIU DEFINE CONSULTS option, no status update takes place when the TIU note is entered.

   d. Enter the rest of your planned TIU document hierarchy using the Manager Document Definition Menu.

   e. Define consult document parameters (as recommended on page 70 of this manual) using the Document Parameter Edit option.

      Note: We particularly recommend entering Yes to ALLOW >1 RECORDS PER VISIT.

   f. Check the value for parameter GMRC CONSULT LIST DAYS. The parameter controls how many days are searched when looking for consult to associate with a progress note. The default is 365 days.

18. Appendix B: Consult Tracking Worksheets

In this section there are several worksheets that may be removed from the manual and copied. These worksheets assist you in setting up each Service/Specialty and in setting up Service Notification assignments for individuals or teams who will be receiving consult results.

The first and second worksheets may be used for small Services, with very few Specialty services under them, who will be receiving on-line consults and/or procedure requests.

The third and fourth worksheets should be used by large complex Services with multiple Specialty services under them, who will be receiving on-line consults and/or procedure requests.

Consult Services Worksheet

Service Set up

Service/Specialty Name: _____

Abbreviated Print Name: _____

This optional abbreviation are used when building notifications.

Synonyms: _____ _____ _____
These optional abbreviations are used when selecting the service.

Service Usage: Blank Grouper Tracking

Service Printer: _____
A service may define a device to which its Consult forms automatically print.

Notify Service on DC: Yes No
Update users of a service may be notified when a consult is discontinued.

Reprint 513 on DC: Yes No
The SF 513 may be reprinted to the consulting service when a consult is discontinued.

Provisional DX Prompt: Required Optional Suppressed
Set whether a diagnosis is required, optional, or suppressed when ordering.

Provisional DX Input: Lexicon Free Text
If the diagnosis is not suppressed, specifies whether the diagnosis must be from the Clinical Lexicon or not.

Prerequisite:
Prerequisite information may be displayed to the consult ordering physician before proceeding with the ordering of a consult to this service. This may include TIU fields (enclosed in |).
_____
_____
_____

Default Reason for Request:
Boilerplate may be supplied for the reason for request. This may include TIU fields (enclosed in |).
_____
_____
_____

Restrict Default Reason Edit: Unrestricted No Editing Ask
Determines if the boilerplate can be edited by the ordering physician.

Page 1 of 3

Consult Services Worksheet

Notification Users

Service Individual to Notify: _____
Individual who needs to receive Notifications for this service should be listed here.

Service Team to Notify:
All full update users to receive notifications need to be defined on one of these teams.
_____ _____ _____

Notification by Pt Location:
Locations in which all patients are considered belonging to this service should be listed here. For each location, you can specify one individual and one team to be notified.

Location _____ Individual _____
Team _____

Location _____ Individual _____
Team _____

Process Parents for Notifications: Yes No
Determines whether the notification recipients defined for the parent service should be notified of actions on consults directed to this service.

Update Users

Update Users without Notifications:
Service users who should be able to perform update capabilities, but DO NOT receive notifications should be defined here. The same algorithm is used to determine the recipients for all types of consult notifications.
_____ _____ _____
_____ _____ _____

Update Teams without Notifications:
_____ _____ _____

Update User Class without Notifications:
_____ _____ _____

Page 2 of 3

Consult Services Worksheet

Administrative Update Users:

Users who may close consults without attaching a TIU note are defined here.

_____ Notification Recipient? Yes No

_____ Notification Recipient? Yes No

Administrative Update Teams:

Teams whose members may close consults without attaching a TIU note are defined here.

_____ Notification Recipient? Yes No

_____ Notification Recipient? Yes No

Process Parents for Updates: Yes No

Determines whether the update users defined for the parent service should have the same update privileges on consults directed to this service.

Special Update Individual: _____

A user who is allowed to perform batch updating of status on consults.

Unrestricted Access: Yes No

If marked yes, any user may have update access to this service.

Miscellaneous

Sub-Service Specialty:

Services that are below this one in the Consults Service Hierarchy.

_____ _____ _____

_____ _____ _____

19. Appendix C: Request Services Distributed with Consults

Note: The distributed services are those services shown below with an asterisk(*). The hierarchy shown below via the sub-service specialty column is not distributed. Use the Set up Consults Services option to build the hierarchy for your service. Remember, the top of the hierarchy must be ALL SERVICES.

REQUEST SERVICES LIST

NAME
SUB-SERVICE SPECIALTY

*ALL SERVICES
    MEDICINE
    PHARMACY SERVICE
*CARDIOLOGY
*GASTROENTEROLOGY
*HEMATOLOGY
*MEDICINE
    CARDIOLOGY
    GASTROENTEROLOGY
    HEMATOLOGY
    PULMONARY
    RHEUMATOLOGY
*PHARMACY SERVICE
*PULMONARY
*RHEUMATOLOGY

The indented services represent sub-service/specialties making up the hierarchy.
CAUTION: New services must be added to ALL SERVICES if not a sub-service specialty.

20. Appendix D: Package Security

20.1. Service Update and Tracking Security

You can use the Consult Service User Management option, in conjunction with availability to various menus and options, to control access to Consults functionality. The menus that can be provided are:

- Consult Service Tracking
- Pharmacy Consult User

The Consult Service Tracking menu provides access to basic consult tracking functions and reports but can also provide complete update capabilities if you have been granted update privileges by your ADPAC.

Individual options in the Consults package that may be useful to users and what access they provide, are detailed in Table 20-1.

Table 20-1: Package Security Options

Option	Services
Consult Service Tracking	Tracking and/or update functionality depending upon your individual privileges.
Pharmacy TPN Consults	Tracking, and update functionality.
Completion Time Statistics	Reporting.
Service Consults Pending Resolution	Reporting.

With the GMRC Service User Management option you can set users up to be update users for one or more services at your hospital. In addition, you can grant the ability to receive consult notifications according to criteria outlined in Table 20-2.

Table 20-2: Consult Notifications Criteria

Category	Notifications Received
UPDATE USERS W/O NOTIFICATIONS	Unless otherwise set up, will not receive notifications.
SERVICE INDIVIDUAL TO NOTIFY	Receive consult notifications for your service.
SERVICE TEAM TO NOTIFY	Receive consult notifications for your service. These teams send notifications regardless of the patients contained on them.
NOTIFICATION BY PT LOCATION - INDIVIDUAL TO NOTIFY	Receive all consult notifications for your service for patients in a specified ward.
NOTIFICATION BY PT LOCATION - TEAM TO NOTIFY	Receive consult notifications for patients in a specified ward.

NOTIFICATION BY PT LOCATION - TEAM TO NOTIFY	Receive consult notifications for patients in a specified ward.

These categories are not mutually exclusive, meaning a user may receive notifications based on being present on one or more of the lists detailed in the preceding table.

Refer to Table 20-3, which lists privileges a user may want and who that privilege is granted to.

Table 20-3: Privileges

Privilege	Granted
Originate a consult	Anyone with access to CPRS
Sign a consult	Anyone who can sign an order
Change a consult status	Anyone with update privileges
View or print a consult	Anyone with the Consult Service Tracking option or access to CPRS.

In summary, update user capabilities vary depending on the following:
The option(s) that you are assigned.
Privileges granted in the Consults Service User Management option.

Menu/Option Access
Refer to Table 20-4, which lists the menus/options available with the Consults package for distribution to users.

Table 20-4: Files

Option Name	File
GMRC MGR	19
GMRC GENERAL SERVICE USER	19
GMRC PHARMACY USER	19
GMRC SERVICE TRACKING	19
GMRC TPN CONSULTS	19
GMRC RPT PENDING CONSULTS	19
GMRC REVIEW SCREEN	101

20.1.1. GMRC MGR Menu

This option should be given to IRMS/ADPAC personnel. It is composed of all options distributed with the Consults package.

20.1.2. GMRC GENERAL SERVICE USER Menu

This menu provides access to the most commonly used Consults options that a general user, other than Medicine, would be interested in. This option should be added to their primary or secondary menu options.

20.1.3. GMRC PHARMACY USER Menu

This menu provides access to the most commonly used Consults options that a user of the Pharmacy TPN option would be interested in. This option should be added to their primary or secondary menu options.

20.1.4. GMRC SERVICE TRACKING Option

The Consult Service Tracking (GMRC SERVICE TRACKING) option may be given to “review only” UANDU service “update” users. This option should be added to their primary or secondary menu options.

You may want to add the GMRC SERVICE TRACKING option to the OR MAIN MENU options in the Option file (#19) as well, since users of these OR options are likely interested in reviewing consult/request activities services may have taken.

20.1.5. GMRC PHARMACY TPN CONSULTS Option

Pharmacy personnel who need to be able to update File 123, REQUEST/CONSULTATION file, with service activity tracking updates should have the GMRC PHARMACY TPN CONSULTS option added to their primary or secondary menu options.

20.2. Security Keys

20.2.1. File Security

Refer to Table 20-5, which provides a list of recommended VA FileMan access codes associated with each file contained in the Consults package.

Table 20-5: Recommended FileMan Access Codes

File Number	File Name	DD Access	RD Access	WR Access	DEL Access	LAYGO Access
(#123)	Request/Consultation					
(#123.1)	Request Action Types					

(#123.3)	GMRC Procedures					
(#123.5)	Request Services					

20.3. Service Update Tracking Security

The Consults Package is distributed for all Services at a facility to track consult/request activity. Security at the Service level is set up by IRMS/ADPAC personnel in the Request Services file (#123.5). Specific fields which provide security restrictions include GMRCACTM PHARMACY PKG MENU, described below.

20.3.1. GMRCACTM PHARMACY PKG MENU

This is the PROTOCOL ACTION MENU exported for use by Pharmacy Service personnel to process Pharmacy TPN Consults.

20.4. Routine Descriptions

Refer to Table 20-6.

Table 20-6: Routine Descriptions

Routine	Description
GMRC101	Create Protocol entries for OE/RR ADD orders screens
GMRC101C	Create Protocol entries for OE/RR ADD orders screens (Continued)
GMRC101H	Set up HL-7 message to update OERR orderable items file with new consult type.
GMRC15EN	Environment check GMRC*3*15
GMRC513U	Obsolete utility deleted with GMRC*3*4.
GMRC7L	List Template Exporter.
GMRC75P	Add the ‘HCPS, APPLICATION PROXY’ user the NEW PERSON (#200) file.
GMRCA1	Actions taken from Review Screens.
GMRCA2	Select prompt for processing actions.
GMRCAAC	Administrative Complete action consult logic.
GMRCACMT	Comment Action and alerting.
GMRCACTM	Set GMRCACTM with action menu based on Service.
GMRCADC	Discontinue Action taken from List Manager.
GMRCAFRD	Forward Req (FR) Action from Review Screen.
GMRCALOR	Process a consult from an alert notification.
GMRCALRT	List Manager alert action interface.

GMRCAR	Associate Results (AR) Action taken from Review Screen.
GMRCART	Result display logic.
GMRCASF	Significant Findings Action.
GMRCAST	Select OE/RR Status (ST) Action.
GMRCASV	Build ^TMP("GMRCS" of Svc(s)/Specialties.
GMRCASV1	Hierarchy Mgmt cont'd.
GMRCAU	Action Utilities.
GMRCCA	Report Prompting for Configuration Tool
GMRCCB	Data Gathering
GMRCCC	Output Data
GMRCCD	Interactive Consult Update
GMRCCX	Configuration File Utilities
GMRCCY	Consult Closure Tool: Date Range Selector
GMRCCLR	Kill-off all variables used for consults tracking.
GMRCCPRS	Routine To Give Actions For Consults From The OE/RR Menu's.
GMRCDDX	AC cross-reference logic for 123.5, field .01.
GMRCDST	Retrieve decision from DST server
GMRCDIS	LM routine to disassociate med results
GMRCDPCK	Check for a duplicate Consult/Request that has a status of active, pending or scheduled.
GMRCDRFR	Default reason for request utils.
GMRCEDIT	Edit cancelled consult-main driver.
GMRCEDT1	Edit a consult and re-send as new.
GMRCEDT2	Resubmit a cancelled consult.
GMRCEDT3	For a Cancelled Consult - File edited data for tracking consult.
GMRCEDT4	Utilities for editing fields.
GMRCFP	GMRC FEE PARAM List Utilities
GMRC FPA	GMRC FEE PARAM List Utilities
GMRCFX23	Consult postinit file maintenance.
GMRCGUIA	File Consult actions from GUI.
GMRCGUIB	GUI actions for consults.3
GMRCGUIC	GUI actions for editing consults.
GMRCGUIU	Kill off variables from GUI routines.
GMRCHK	GMRC check for programmer access.

GMRCHL7	HL-7 formatting routine for consult information to be passed to OER.
GMRCHL72	HL-7 formats OBX and NTE segments.
GMRCHL7A	Receive HL-7 Message form OERR and break it into its components and store it in File 123.
GMRCHL7B	Process order parameters from ^GMRCHL7A and place data into ^GMR(123 global.
GMRCHL7H	Receive consult event messages. Called by GMRCACMT and GMRCGUIB.
GMRCHL7I	Processes incoming messages from HCPS.
GMRCHL7P	Generate HL7 v2.5 REF messages. Called by GMRCH7H.
GMRCHL7U	Utilities associated with HL7 messages.
GMRCHLP	List Manager help logic.
GMRCIAC1	File IFC activities cont'd.
GMRCIAC2	File IFC activities cont'd.
GMRCIACT	Process actions on IFC.
GMRCIBKG	IFC background error processor.
GMRCIBKM	Monitor IFC background params.
GMRCIERR	Process IFC message error alert.
GMRCIEV1	IFC events cont'd .
GMRCIEVT	Process events and build HL7 message.
GMRCILKP	Look up IFC by remote consult number.
GMRCIMSG	IFC message handling routine.
GMRCINC	List incomplete IFC transactions.
GMRCIR	IFC request data & statistics.
GMRCISEG	Create IFC HL7 segments.
GMRCISG1	Build IFC HL7 segments cont'd.
GMRCITR	IFC transactions.
GMRCITST	Test IFC setup.
GMRCIUTL	Utilities for inter-facility consults.
GMRCMCP	List Manager Format Routine To Collect Medicine Package Consults and format them for display by List Manager.
GMRCMED	Medicine interface routines.
GMRCMED1	Extract medicine results for consult tracking.
GMRCMENU	Select List Manager menu for user characteristics.
GMRCMER	Print Medicine Results in List Manager Format.

GMRCMP	List Manager routine: Medical Service and sub-specialty consults.
GMRCMSS	Setup Request Services.
GMRCMU	Add protocols to GMRC protocol menus.
GMRCNOTF	Notification recipient utilities.
GMRCP	Message audit and status process.
GMRCP5	Print Consult form 513 (main entry).
GMRCP513	Print Consult form 513.
GMRCP5A	Print Consult form 513 (Gather Data - TIU Results).
GMRCP5B	Print Consult form 513 (Gather Data - Footers, Provisional Diagnosis and Reason For Request).
GMRCP5C	Print Consult form 513 (Assemble Segments And Print).
GMRCP5D	Print Consult form 513 (Gather Data - Addendums, Headers, Service reports and Comments).
GMRCPC	List Manager Routine: Collect and display consults by service and status.
GMRCPC1	List Manager Routine: Collect and display consults by service and status.
GMRCPH	Process XQORM helps.
GMRCPOR	Get DOC,LOC,TS in interactive defaults.
GMRCPOS	Consult postinit file maintenance.
GMRCPOS1	Post init to move Services from file 123.5 to the orderable items file, 101.43, and orderables in file 101 to file 101.43.
GMRCPOS2	Consult postinit file maintenance.
GMRCPOST	Post init driver routine.
GMRCPP	Print GMRC consult/request tracking protocols - List Manager routine.
GMRCPR	GMRC List Manager Routine - Get information for abbreviated print of GMRC protocols and format for List Manager.
GMRCPR0	Data Entry Promptint actions.
GMRCPREF	Setup package/procedure protocols.
GMRCPROT	Consult postinit file maintenance.
GMRCPRP	Set protocol information into ^TMP global for print and display by List Manager.
GMRCPRPS	List Manager GMRC Routine -- List GMRC (Consults/Request) Protocols in abbreviated form.
GMRCPS	Select Service/specialty to send Consult to.
GMRCPSL1	Main entry point for reports search by provider, location, or procedure.

GMRCPSL2	Build ^TMP(“GMRCRPT) for GMRCPSL1.
GMRCPSL3	Generate reports using ^TMP(“GMRCRPT”).
GMRCPSL4	Generate reports using ^TMP(“GMRCRPT”).
GMRCPSL1	Special Consult reports.
GMRCPSL2	Special Consult reports.
GMRCPSL3	Special Consult reports.
GMRCPSEL	Select Range Of Items From List.
GMRCPURG	Purge orders from the Order File 100.
GMRCPX	Select a new pharmacy patient for list manager consult tracking display.
GMRCPZ	GMRC List Manager Routine -- Main menu actions for Pharmacy consults request tracking.
GMRCQC	GMRC List Manager routine to print Consults pending resolution for QC purposes.
GMRCQCST	Gather all consults for QC that do not have status of discontinued, complete, or expired.
GMRCR	Driver for reviewing patient consult/requests - Used by Medicine Package to link Consults to Medicine results.
GMRCR0	Add original consult via backdoor service.
GMRCR06	Complete a consult/request.
GMRCRA	Build ^TMP("GMRCR",$J, array of consults.
GMRCREXT	Clean-up all variables and ^TMP globals upon exit.
GMRCRFIX	Consult postinit save GMRCR protocol file links.
GMRCRPOS	Consult postinit save GMRCR protocol file links.2
GMRCS	Review consults by Patient and Service.
GMRCSL	Active Consults by Service.
GMRCSLDT	Get a consults detailed tracking history formatted for List Manager.
GMRCSLM	List Mgr routine for consult tracking list.
GMRCSLM1	Gather data and format ^TMP global for consult tracking Silent call for use by List Manager and GUI.
GMRCSLM2	List Manager routine - Detailed consult display and printing.
GMRCSLM3	Extract medicine results for consult tracking.
GMRCSLM4	List Manager routine - Activity Log Detailed Display.
GMRCSLMA	List Manager protocol entry, exit actions.
GMRCSLMU	Utilities for displaying consults in List manager.

GMRCSLMV	Set Video attributes for list manager screens.
GMRCSPD	Change Date Range in CSLT Tracking Module.
GMRCSRVS	Add/Edit services in File 123.5.
GMRCSSP	List Manager Format Routine To Collect Pharmacy TPN Consults that are Not Completed Or Have Been Discontinued.
GMRCST	Statistics on how long to complete consult/requests for a service.
GMRCST0	Statistics on how long to complete consult/requests for a service.
GMRCST00	Statistics on how long to complete consult/requests for a service.
GMRCSTAT	List Manager Ancillary routine - Restrict display of consults to a given status or statuses on List Manager Screen.
GMRCSTL1	List Manager Format Routine - Get Active Consults by service - pending, active, scheduled, incomplete, etc.
GMRCSTL2	List Manager Format Routine - Get Active Consults by service - pending, active, scheduled, incomplete, etc.
GMRCSTLM	List Manager Format Routine - Get Active Consults by service - pending, active, scheduled, incomplete, etc.
GMRCSTS	Group update status of consult and order.
GMRCSTS1	Group update of consults cont'd.
GMRCSTS2	Change status based on result activity.
GMRCSTSI	Special processing to change status of selected consult and order
GMRCSTSU	Change status based on current order status.
GMRCSTSZ	Loop "AE" and get entries, dump in ^TMP.
GMRCSTU	Statistic Utilities for Consult/Request Package.
GMRCSTU1	Statistic Utilities for Consult/Request Package.
GMRCSUBS	Routine to check if a Service has more than one patient service.
GMRCSVCU	Utility to put services from file 123.5 into file 101.43 when service exists in 123.5 but not.
GMRCT	Get DUZ's of users for notification to service.
GMRCTIU	TIU utilities for exchanging info with Consults.
GMRCTIU1	More CT/TIU interface modules.
GMRCTIU2	Enter TIU Browse with DFN and TIUDA.7
GMRCTIU3	Extract medicine results for consults tracking.
GMRCTIUA	Add the TIU note to the results multiple.
GMRCTIUE	Complete/Update TIU notes.
GMRCTIUL	Get list of existing results for consults.

GMRCTIUP	TIU utilities for exchanging info with Consults.
GMRCTU	Consults - Terminated users/remove pointers.
GMRCTU1	Get DD Info.
GMRCU	Consult/Request Utilities.
GMRCUTIL	Utilities for formatting word processing fields and setting into ^TMP("GMRCR" globals for use by List Manager routines.
GMRCUTL1	General Utilities.
GMRCUTL2	Secondary Printer for printing SF 513
GMRCXQ	Routine to allow follow-up on legacy alerts.
GMRCYP15	Convert procedures from 101 to 123.3
GMRCYP16	PRE/POST INSTALL FOR GMRC*3*16.
GMRCYP18	Post Install for patch 18.
GMRCYP23	Post Install for patch 23.
GMRCYP7	Consult clean-up unreleased at test sites.
GMRCYP8	Post Install for GMRC*3*8.
GMRCCCRA	Generates the appropriate HL7 messages when a community care consult is entered into the system. (Modified by patches 99, 106 and 123)
POST^GMRCP99	Used during the installation process to set up the appropriate HL7 application protocols and logical links. (Patch 99)
GMRCGUIB	This existing routine is modified at the line tag CMT. A line of code was added to verify that a consult was created for community care; if so, it will trigger a new HL7 message to HSRM that includes the comment. (Patch 99)
GMRCACMT	This existing routine is modified at the line tag COMMENT. A line of code was added to verify that a consult was created for community care; if so, it will trigger a new HL7 message to HSRM that will include the comment. (Patch 99)
GMRCCCR1	This is a subroutine from GMRCCCRA created in Patch 106 and updated for patch 123. It also contains subroutines used by the GMRCCCRI routine.
GMRCCCRI	This routine is used by VistA to parse and process the consult update received from HSRM. This routine is new in patch 123.
LINK^GMRC123P	This is a pre-install routine used by patch 123. It checks to see if the CCRA-NAK logical link exists in the system. If not, it asks for the Health Connect Server IP Address and Port number, then creates the logical link in the VistA system. This link is required to receive consult updates from HSRM to VistA.

20.5. Routine Mapping

Refer to Table 20-7. For systems that can use routine mapping, this is a list of routines in the Consults package that should be mapped.

Table 20-7: Routine Mapping

Routine Prefix	Routine Usage
GMRCA*	Action routines
GMRCP*	CPRS interface routines
GMRCR*	Consults review/tracking routines
GMRCS	Service entry point to review/tracking routines
GMRCU*	Utility routines
GMRCXQ	View Alerts follow-up
GMRCD*	Decision Support Tool Utilities

- An asterisk (*) denotes a wild card specification. Any routines beginning with the characters before the asterisks are included in the set.
- The other routines do not need to be mapped due to their smaller frequency of usage.

21. Appendix E: Algorithms

21.1. User Authority

Refer to Figure E-1, which depicts the Select Consult Management Option on the Consult Management Menu, which is used to determine the user authority for any given user. This authority can be checked by using the Determine Users' Update Authority (UA) action.

Figure 21-1: The Select Consult Management Option

```
Select Consult Management Option: ua  Determine users' update authority

This option will allow you to check a users update authority for any given
service in the consults hierarchy.  If the PROCESS PARENTS FOR UPDATES field
is set to YES, all ancestors of the selected service will be checked.
The type of update authority and the service to which they are assigned will
be displayed.



Select Consult Service: arth  Arthritis
Choose user to check for update status: CPRSPROVIDER,ONE         OC          PHY
SICIAN

This user is an update user for: Arthritis
via the UPDATE TEAMS W/O NOTIFICATIONS field.

Select Consult Service: arth  Arthritis
Choose user to check for update status: CPRSPROVIDER,THREE     TC          CHIEF,
MEDICAL SERVICE

This user has no update authority



Select Consult Service:
```

22. Appendix F: “Converted” Facility Error Notifications

Refer to Table 22-1.

Table 22-1: Facility Error Notifications

Error Number	Description	Notification Group
101	Unknown Consult or Procedure request number	GMRC CRNR IFC ERRORS
301	Sending facility not registered at consulting facility for the requested Service	GMRC CRNR IFC ERRORS, GMRC CRNR IFC CLIN ERRORS GMRC TIER II CRNR IFC ERRORS,
401	Sending facility not registered at consulting facility for the requested Procedure	GMRC CRNR IFC ERRORS, GMRC CRNR IFC CLIN ERRORS, GMRC TIER II CRNR IFC ERRORS
501	Error in the Procedure name (Procedure name not found at consulting facility)	GMRC CRNR IFC ERRORS, GMRC CRNR IFC CLIN ERRORS, GMRC TIER II CRNR IFC ERRORS
601	Multiple services attached to a Procedure	GMRC CRNR IFC ERRORS, GMRC CRNR IFC CLIN ERRORS, GMRC TIER II CRNR IFC ERRORS
701	Error in service name (Service name not found at consulting facility)	GMRC CRNR IFC ERRORS, GMRC CRNR IFC CLIN ERRORS, GMRC TIER II CRNR IFC ERRORS
702	Service is disabled at Consulting Site	GMRC CRNR IFC ERRORS, GMRC CRNR IFC CLIN ERRORS, GMRC TIER II CRNR IFC ERRORS
703	Procedure is Inactivated at Consulting Site	GMRC CRNR IFC ERRORS, GMRC CRNR IFC CLIN ERRORS, GMRC TIER II CRNR IFC ERRORS
801	Consult records at the two facilities may be out of synch with regards to status	GMRC CRNR IFC ERRORS, GMRC CRNR IFC TECH ERRORS, GMRC TIER II CRNR IFC ERRORS,
802	The activity or the consult request in question has been transmitted to the remote site multiple times and is already on file.	GMRC CRNR IFC ERRORS, GMRC TIER II CRNR IFC ERRORS