

# Indian Health Service

## RPMS Electronic Health Record Updates 2024

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FEATURING RENEE CHASE  
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# Objectives/Overview

- PROVIDE AN OVERVIEW OF FEATURES AND FIXES DELIVERED IN:
  - EHRp36
  - EHR v1.1p37/TIU v1.0 p1029/ BHS v1.0p20

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- PROVIDE A GLIMPSE OF COMING CHANGES IN EHRP38
- PROVIDE A GLIMPSE OF UPCOMING REMINDERS PXRMM 1014 PATCH CONTENTS



# EHR/TIU/BHS Project Team

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- **Federal Lead:** Katie Johnson
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- **Technical Leads:** Skip Squires, Staci Cignatta
- **Developers:** Phillip Salmon, Bill Gibbons, Vincent Darius, Michael Rapoport
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- **Testing Teams:** Fay Struble, Alex Michael, Alana Donson
- **SMEs:** Dr. William Flood, Dr. Peter Ziegler

# EHRp36

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RELEASED MARCH 2024



# EHRp36 Enhancements

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## More information on errors

- Provide error message details and entries into the EHR trace log when EHR crashes in some cases
- Specifically, when unhandled exceptions occur in WPF dispatcher
- Previously, no error message and no context about the error was generated, making troubleshooting difficult
- This additional error information can help locate and solve the underlying cause of the issues

\*\* Fast Forward → This has helped identify and fix at least one relatively common error related to an Intel graphics driver and a fix delivered in EHRp37\*\*



# EHRp36 continued

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## Update to SuperBill

- This enhancement updates the SuperBill component in EHR to .Net 4. This should **reduce the number of EHR crashes** caused related to SuperBill use

## Distribution of VB6 files

- This enhancement will include VB6 dependencies with EHR distributions. The VB6 dependencies are three EHR-required files that are independently stored and registered by local tech support: mscomctl.ocx, mscomct2.ocx, and msstdfmt.dll. Including these files with EHR distributions will **reduce the burden on local IT staff and simplify EHR installations** because these files will no longer have to be found and manually registered on every system



# EHRp36 continued (2)

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## **Improving EHR slowness** for inpatients

- This enhancement will decrease the amount of time EHR is unresponsive while loading the problem list for admitted patients

## Hidden dialogs

- This enhancement will always place modal dialogs on top of EHR instead of sometimes hiding them behind EHR which causes usability issues for the end user because they cannot interact with EHR while the modal dialog is open, but they also cannot find the modal dialog because it is behind EHR. A modal dialog is a pop up window that can capture information. A medication order dialog (pop up box) is an example of a modal dialog. <Should reduce some user frustration>

## Immunization component error

- This enhancement eliminates the errors that were occurring when there are newline characters in the Admin Notes field



# EHRp36 – Most Noticeable Change

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## Change in behavior of Nature of Order of Policy

Previously, the policy nature of order did not require an electronic signature of the *ordering provider*, it only required an electronic signature of the **person entering the order** (provided the appropriate ordering keys were assigned).

With this change, the *ordering provider* will now be prompted to electronically sign an order entered under the nature of order policy. The ordering provider's electronic signature also serves as authentication of the order.





# Policy Orders: The problem we addressed

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Compliance with CMS Conditions of Participation, AAAHC and Joint Commission Standards:

Lack of order **authentication** via RPMS EHR (technical)

Lack of adherence to procedural requirements (administrative)



# Policy orders: Background

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42 CFR, subchapter G, § 482.24 (c)(3)

- i. Reviewed and approved by Medical Staff, Nursing, Pharmacy
- ii. Consistent with nationally recognized, evidenced-based guidelines
- iii. Periodically & regularly re-reviewed (Med Staff, Nursing, Pharmacy)
- iv. Dated, timed, and **authenticated** promptly in the patient's medical record



## EHR GUI User – Order behavior

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When an order is placed using the Policy nature of order, currently (EHRp35 or below) the order is signed and is active immediately

Starting with EHRp36, when an order is placed using the Policy nature of order, the order is signed and is active immediately (no change)

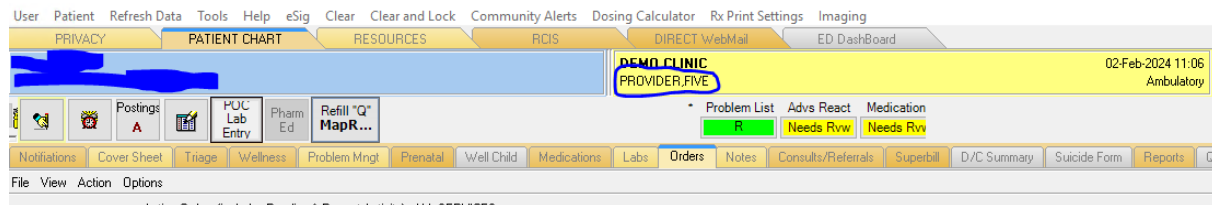
- **NEW PART** = The order will also need the ordering provider to electronically sign (AKA “authenticate”)
- A notification will go to the ordering provider and they will be prompted to sign the order. This serves as *authentication*.



# EHR GUI – Ordering Provider

Ordering Provider = Person under whose authority the policy order is placed

“Doc in the box”



# EHR Order Details – Policy Order

Order details: Policy order place by **Katie Johnson** with **Provider, Five** as ordering provider

- Note: Order is active and actionable

```
OrderDetails - 1541289;1
PT/INR -OIT PLASMA (Lt Blue) SP ONCE Indication: Alcoholic fatty liver | LB
#045 *UNSIGNED*
Activity:
02/22/2024 12:32 New Order entered by JOHNSON,KATIE
Order Text: PT/INR -OIT PLASMA (Lt Blue) SP ONCE Indication: Alcoholic fatty liver |
Nature of Order: POLICY
Ordered by: PROVIDER, FIVE
Signature: NOT SIGNED
Current Data:
Treating Specialty:
Ordering Location: DEMO CLINIC
Start Date/Time: 02/22/2024 12:32
Stop Date/Time:
Current Status: PENDING
Order #1541289
Order:
Lab Test: PT/INR -OIT
Collected By: Send patient to lab
Collection Sample: PLASMA (Lt Blue)
Specimen: PLASMA
Collection Date/Time: NOW
Urgency: ROUTINE
How often: ONCE
Indication: Alcoholic fatty liver | |
SNOMED Concept ID: 50325005
```



# EHR Notification

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Notification to the ordering provider is exactly the same as any other “unsigned order” notification – nothing is new about the notification itself, nor the way it will take the provider to the order needing signature

In this screen shot, 2 different patients are shown

Notifications for All Patients			
	Patient	Location	Notification
⚠	[Redacted]		Order requires electronic signature.
⚠	[Redacted]		Order requires electronic signature.

Note: multiple policy orders placed for same patient by same user results in a single notification

However, the provider may be confused about why they have policy orders to sign when they did not previously



# Nature of Order in RPMS “roll-n-scroll”

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Awareness – anywhere the nature of order of policy is used, this new authentication signature functionality will apply

This has implications for lab, radiology, and pharmacy packages in particular

- “backdoor” order entry by pharmacy
- Fast Bypass by lab
- Multi-purpose Accessioning by lab
- Add on tests by lab



# Exclusion Parameter

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There will be a parameter where you can enter orderable items that you want to be excluded from the policy order authentication signature behavior.

Orderable items placed in this parameter will behave the way they currently (pre EHRp36) do when ordered by policy – no extra signature will be required

- May consider this for interfaced glucometers and possibly POC orders
- May consider creating unique orderable items to use in the exclusion parameter if necessary





# Exclusion Parameter - RPMS

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On the XX General Parameters menu

- Parameter name: BEHOOR POLICY ORDER EXCLUSIONS

```
BEHOOR POLICY ORDER EXCLUSIONS may be set for the following:

100 User      USR  [choose from NEW PERSON]
500 Class     CLS  [choose from USR CLASS]
700 Division  DIV  [choose from INSTITUTION]
800 System    SYS  [2013-DEMO.NA.IHS.GOV]

Enter selection: 800 System 2013-DEMO.NA.IHS.GOV

-- Setting BEHOOR POLICY ORDER EXCLUSIONS for System: 2013-DEMO.NA.IHS.GOV --
Select Orderable Item: Glucose, capillary (POCT)

Orderable Item: GLUCOSE, CAPILLARY (POCT)//  GLUCOSE, CAPILLARY (POCT)  GLUCOS
E, CAPILLARY (POCT)
Exclude: YES//
```

# Policy Orders – Frequent Issues

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Multiple kinds of order actions can have a nature of order associated with it –

- Examples include: placing medications on HOLD via the pharmacy package, Discontinuing orders, Fast Bypass entry in lab package

Identifying places from ancillary packages where a nature of order is used – sometimes without the user realizing it. If that nature of order is Policy, it can be confusing for users to received “unsigned order notifications”



# Policy Orders Lessons Learned

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Some clinicians noticed a significant increase in the number of unsigned order notifications

- These are orders that had been placed by policy, but never authenticated
- The authentication piece is needed as part of CMS Conditions of Participation, AAAHC and Joint Commission Standards

Clinicians who were already authenticating policy orders via different “work around” methods developed did not see an increase in workload

This changed has triggered a new look at local policies and procedures and a better understanding of documentation



# EHRp37

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SCHEDULED RELEASE AUGUST 2024



# Features – Issues Resolved - EHR

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**Implantable Device List (IDL):** component needed to be updated to include the User-Agent when communicating with NLM servers (no change visible to users)

**Report Dialog Print display issue due to specific Primary Monitor resolution:** A fix for an issue where EHR Report Preview window can exceed visible space on screen in resolution-variant multi-monitor setups causing it to be unusable

**Chart Review Component:** RPMS was updated to allow word number filter. Modify the Chart Review component so that Clinical Review entries no longer require 3 words. This issue arose when requesting new table updates with AUM that only contained 2 words and created errors in EHR



# Features – Issues Resolved – EHR

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**Continuity of Care Document (CCDA):** Sync up the hyperlinks from Table of Contents selection/movement from right pane to left categories tree. Scrolling is synced left to right and right to left.

- XML Attribute to exclude document annotations from redaction tree (not seen by user)

**Clinical Information Reconciliation (CIR):** Inpatient medications display from Inpatient or IMO departments and a change to speed up data loading in CIR

**BEDD/EHR Patient Encounter change:** Encounter Context Dialog/V Provider will close when patient context change initiates from standalone BEDD (ED Dashboard) to prevent V Provider mismatch happening with the "Switch Patient on Edit" marked in the ED Dashboard Manager.

**Fixed significant slowness** when external applications do not process their message queue: A problem occurs when a window receives a message but isn't currently processing its message queue. In these instances, EHR will freeze for somewhere between 6-8 seconds while it waits for the other window to respond and if multiple external windows are involved, the problem compounds to 30 seconds or more. This fix should alleviate this cause of slowness.

**Added launch argument to use software rendering for .Net 4 WPF components:** **There** is an issue with Intel drivers for the UHD 770 IGP that causes crashes in EHR. This fix resolves this issue with the graphics driver until Intel delivers a fix on their end. The error the user sees in EHR is the following error message code "UCEERR\_RENDERTHREADFAILURE".



# Features – Issues Resolved – RPMS

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**BEHOOR POLICY ORDER EXCLUSIONS parameter issue with roll-n-scroll order entry:** the XPAR parameter, BEHOOR POLICY ORDER EXCLUSIONS, that was delivered in EHRp36 was not working as intended for orders entered via “roll-n-scroll” or “backdoor” RPMS entry. This fix allows orderable items entered into this parameter to be excluded from the policy order authentication electronic signature behavior that was part of EHRp36.

**Permanently set the parameter ORWOR DIABLE HOLD to YES:** This disables the ability to use the *provider* hold functionality via EHR GUI and will prevent orders from being placed on hold from EHR GUI.



# Features – Enhancements – TIU (1)

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## New TIU Objects:

- Patient Preferred Name
- Patient Cellular Phone
- SDOH Food Exam
- SDOH Housing Exam
- SDOH Interpersonal Safety
- SDOH Transportation Exam
- SDOH Utilities Exam

## Updated TIU Objects:

All TIU Objects that display Patient Medications HOLD status will now display Active or Active/Contact Pharmacy depending on the values that is defined in the new parameter: BEHORX LABEL HOLD STATUS





# Features – Enhancements – TIU (2)

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## New TIU Objects:

I&O Totals 24HRS

I&O Totals 12HRS

I&O Totals 18HRS

I&O FLUID BALANCE

I&O ADM FLUID BALANCE

## Updated TIU Objects:

I&O-24HRS

I&O-12HRS

I&O-8HRS



# Features – Enhancements - BHS

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Updates to Patient I&O component for OERR Report – more information displayed

Updates to Health Summary Reports for Intake and Output – more information displayed



# Features – Enhancements – EHR (1)

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**Patient cellular phone information** now visible in the Patient Detail button

**Patient I&O component** update

- Now available for use with any hospital location (AKA clinic). Previously, this was restricted to only inpatient wards
- See EHR v1.1 p37 I&O and E&M Addendum

**Immunization component** will allow multiple entries of a vaccine on same visit when appropriate

- This is to address RSV vaccine documentation
- Dependent on BI v8.5 p28 installation first

**E&M component** update

- See EHR v1.1 p37 I&O and E&M Addendum



# Features – Enhancements – EHR (2)

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## New Vitals Measurements:

- Edinburgh Postnatal Depression Scale (EPDS)
- Patient Acceptable Symptom State (PASS)
- PEG-3 Screening Tool – for pain intensity (P), interference with enjoyment of life (E), and interference with general activity (G)
- Pain Self-Efficacy Questionnaire (PSEQ-10)

## HOLD Status for printing of patient medication lists from EHR Medication Component

- A new parameter - BEHORX LABEL HOLD STATUS will define a new label to replace HOLD in the status column when a medication list is **printed**. This is specific to the Brief and Detailed **printout** of Patient Medications from Medication Component.
- Options for configuration are: **Active** or **Active/Contact Pharmacy**



# New Parameters Introduced

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## For Patient I&O (See EHRp37 Addendum for more detail)

**BEHOLOGY ALLOW ENTRY LOCATIONS** – Allow I/O Input for location.

**BEHOLOGY DEFAULT CLINICAL RANGE** – Select default for clinical range Inpatient and Outpatient.

**BEHOLOGY DEFAULT GROUP INTERVAL** – Select default group interval 10,30,60 minutes.

**BEHOLOGY GROUPING ENABLED** – Enable Grouping function for data entries in Patient I&O component.

**BEHOLOGY INTAKE DEFAULT ITEM** – Preselect Intake item for data entry.

**BEHOLOGY IV DEFAULT ITEM** – Preselect IV intake item for data entry.

**BEHOLOGY OUTPUT DEFAULT ITEM** – Preselect Output Item for data entry.

**BEHOLOGY PERSIST CLINICAL RANGE** – Allows users to set preference on whether the user selected Clinical Range is maintained across patients.

**BEHOLOGY WARN AT LEVEL** – Parameter allows the site to determine the warning threshold, a default value of 5000 is set.

**BEHOLOGY DEFAULT ENTER TYPE** – Parameter allows the site to preselect a default entry type.

**BEHOLOGY EXCLUDE IV TYPES** – Parameter allows the site to hide IV types that are not used.

## To address HOLD status print issue:

**BEHORX LABEL HOLD STATUS** – definable at the system or division level sets what prints in the status column when a medication is on hold and a medication list is printed. This is specific to the Brief and Detailed printout of Patient Medications from Medication Component. Options for configuration are Active or Active/Contact Pharmacy.

## Introduced in EHRp36, but issue fixed in EHRp37:

**BEHOOR POLICY ORDER EXCLUSIONS** – allows users to enter orderable items to be excluded from the new policy order authentication behavior

## For E&M Component:

### **BGO E&M SERVICE LEVEL DEFAULT**

This allows setting a default type of service and level of service for a given Clinic Stop code



# More Information on Fixes and Enhancements

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The following slides will provide more detail about these changes



# Intel Graphic Driver Issue

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There is an issue with Intel drivers for the UHD 770 IGP that causes crashes in EHR. This fix resolves this issue with the graphics driver until Intel delivers a fix on their end. The error the user sees in EHR is the following error message code:

UCEERR\_RENDERTHREADFAILURE



# Intel Graphics Driver Fix

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The feature implementation is an opt-in switch to force WPF to render using software instead of the graphics accelerator.

There are two ways to activate the software rendering option:

1. Change the EHR launch arguments to include the switch (not case sensitive) : /WPF.NoHwRender  
*(Option 1 applies to all EHR instances)*
2. Create a file named "WPF.NoHwRender" in any of the following locations:

C:\EHR Flags\

C:\ProgramData\IHS\RPMSEHR\Flags\

%localappdata%\Indian Health Service\EHR\Flags\

*(Option 2 allows the workaround to be applied to an individual system or individual user)*

If option 1 (vuecentric.ini change) is used, then individual systems can opt out of the workaround by adding a flag file named "WPF.HwRender" in the per-system flag file locations ("C:\EHR Flags" or "C:\ProgramData\IHS\RPMSEHR\Flags\") or it can be opted out of on a per-user basis by placing the flag file in the user's "%localappdata%\Indian Health Service\EHR\Flags\" folder.

The activation of the software rendering switch and the method by which it was activated is logged in the trace log, so will be visible in logs when troubleshooting.





# Implantable Device Component

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Additional information (User-Agent) not included when communicating with NLM servers

No visible change to users



# CCDA

Sync up the hyperlinks from Table of Contents selection/movement from right pane to left categories tree

Scrolling is synced left to right and right to left

The screenshot displays a software interface with two main panes. The left pane is a tree view showing a hierarchy of categories. The right pane displays the content for the selected category.

**Left Pane (Categories Tree):**

- Health Concerns
  - Health Concerns
    - MDH, 10/8-10/8, DR. VAN ERT, ASS
    - VISION LOSS AND PTOSIS - R EYE,
    - LEFT ARM AMPUTATION HX, 03/15
    - trauma, 09/19/2011
    - right hand fracture, 09/20/2011
    - Tobacco Use Disorder, 05/29/2014
    - Alcohol Abuse, Unspecified, 05/29/
    - Immunization due | flu shot and tdi
    - SURGERY L ARM SVH-DEBRIDEMENT
    - Diabetes mellitus type 2, 01/30/202
    - Vaccination given, 01/05/2021
  - Patient Goals
- Medical Equipment (Implantable Devices)
  - Description | Unique Device Identifier/
  - IMPLANT DESCRIPTION TEST | 02/
  - implant | #11 - left upper canine |
  - Vena Cava Filter | Not Provided | A

**Right Pane (Content):**

**Health Concerns**

**Health Concerns:**

- MDH, 10/8-10/8, DR. VAN ERT, ASSUALT, 10/08/1996
- VISION LOSS AND PTOSIS - R EYE, FROM MVA 3/95, 03/1995
- LEFT ARM AMPUTATION HX, 03/15/2010
- trauma, 09/19/2011
- right hand fracture, 09/20/2011
- Tobacco Use Disorder, 05/29/2014
- Alcohol Abuse, Unspecified, 05/29/2014
- Immunization due | flu shot and tdap given, 01/28/2015
- SURGERY L ARM SVH-DEBRIDEMENT, 03/24/1995
- Diabetes mellitus type 2, 01/30/2020
- Vaccination given, 01/05/2021

**Patient Goals:**

- None

\*Reasons for today's visit

**Medical Equipment (Implantable Devices)**

Description	Unique Device Identifier/Dev
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# Clinical Information Reconciliation

CIR - Inpatient medications to display for Inpatient or IMO departments

The screenshot displays a software interface for clinical information reconciliation. At the top, there is a header bar with 'CCDA Source' on the left and 'Accept All' and 'Cancel All' buttons on the right. Below this is a sub-header 'Generated by CCDA' and a filter bar with 'Select', 'Source', 'Responsible Party', 'Encounter Date', 'Created', 'Class', 'Reconciled', and 'Status'. The main content area is divided into two tabs: 'Problems' and 'Adverse Reactions', with 'Medications' selected. The 'Medications' tab is further divided into two sections: 'RPMS' (left) and 'Clinical Document' (right). The 'RPMS' section contains a table with columns: Type, Medication, Description, Status, and Last Date. A red circle highlights the 'Medication' column header. The 'Clinical Document' section contains a table with columns: Medication, Description, Status, Source, Last Date, and Action. At the bottom, there is a green bar with a dropdown menu labeled 'Reconciled Medications'.

RPMS					Clinical Document					
Type	Medication	Description	Status	Last Date	Medication	Description	Status	Source	Last Date	Action
+ IP	AMOXICILLIN CAP,ORAL	Give: 500MG PO Q8H	PENDING	1/2/2024						
+ IP	PENICILLIN CAP,ORAL	Give: 500MG PO Q8H	PENDING	1/2/2024						
+ OP	IBUPROFEN 400MG TAB	TAKE ONE TABLET BY MOUTH EVERY 6 HOURS WITH FOOD OR MILK IF NEEDED FOR PAIN/ INFLAMMATION	PENDING	11/27/2023						
+ IP	PIOGLITAZONE TAB	Give: 15MG PO QPM	PENDING	1/11/2024						
+ IV	SODIUM CHLORIDE 0.9% INJ,SOLN	SODIUM CHLORIDE 0.9% 50 ML 100 ml/hr	PENDING	1/2/2024						
+ IV	SODIUM CHLORIDE 0.9% INJ,SOLN	SODIUM CHLORIDE 0.9% 50 ML 60 ml/hr	PENDING	1/2/2024						
+ IP	TYLENOL 500 MG TAB	Give: 500MG PO NOW PRN	PENDING	1/11/2024						

# BEDD-EHR

Encounter Context Dialog/V Provider will be closed when patient context change initiates from standalone BEDD (ED Dashboard)

System Preferences

ID:  SMTPSERVER:  Phone:  Screen Timeout (in seconds)

Operate Dashboard Stand Alone:  Use more than 1 Clinic:  Show Daily Summary on Dashboard:

Show Used Rooms:  Show Provider:  Show Nurse:  Show Consult:

Use AutoNote:  Use Comm Board:  Print Triage Report upon Save:  **Switch EHR Patient on Edit:**

Triage Provider

Hidden (Field Not In Use)  Default As Disabled (Can Be Enabled)  Always Enabled

**Patient Edit**

Discharge LWOBS/DNA Save/Close Cancel

Patient Information Admission Information Injury Informa

Patient (Gender) **DEMO,MAONE (F)** DOB

Allergies Patient has answered NKA

Admission Information Patient Information Injury Information

Check-In 12/03/2020 09:14 Presenting Complaint Testing testing test **SYRINGE EMOJI HERE**

RPMS-EHR JOHNSON,KATIE \*\*TEHRB EHRp37\*\*

User Patient Refresh Data Tools Help eSig Clear Clear and Lock Community Alerts Dosing Calculator Rx Print Setti

PRIVACY PATIENT CHART RESOURCES RCIS

**Demo,Maone** 66 01-Mar-1975 (48) F **EMERGENCY JOHNSON,KATIE**

No Postings HJC Lab Entry Pharm Ed SS Mailbox RUCVVL Refill "Q" MapRe...

Notifications Cover Sheet Triage Wellness Problem Mngt Prenatal Well Child Medications Labs Orders Notes

File View Action

Active Only Chronic Only 180 days Print... Print New Items Process... New... Check Ed i

Action Chronic Outpatient Medications

# TIU Objects

## Patient Preferred Name

A screenshot of a TIU object editor window. The window title bar includes a checked 'Hide Inactive' checkbox, up and down arrow icons, and a 'Delete X' button. Below the title bar, there are three tabs: 'Template Boilerplate', 'Allow Long Lines' (checked), and 'Line: 1'. The main content area shows a yellow highlighted header with the text '| PATIENT PREFERRED NAME |'. Below this, there is a blue header for 'Template: PPN test' and a yellow content area containing the text 'JONES, DUANE - DANE+'.

## Patient Cellular Number

A screenshot of a TIU object editor window. The window title bar includes a checked 'Hide Inactive' checkbox, up and down arrow icons, and a 'Delete X' button. Below the title bar, there are three tabs: 'Template Boilerplate', 'Allow Long Lines' (checked), and 'Line: 1'. The main content area shows a yellow highlighted header with the text '| PATIENT CELLULAR PHONE |'. Below this, there is a blue header for 'Template: Cell number test' and a yellow content area containing the text '6202556549'.



# TIU Objects for SDOH (Social Drivers of Health)

Visit Date	Exams	Result	Comments	Provider	Location
02/23/2024	SDOH FOOD	NORMAL/NEGATIVE	test comment	JOHNSON,KATIE	2017 DEMO CLINIC TEHRB
02/23/2024	SDOH HOUSING	NORMAL/NEGATIVE	test comment	JOHNSON,KATIE	2017 DEMO CLINIC TEHRB
02/23/2024	SDOH TRANSPORTATION	NORMAL/NEGATIVE	test	JOHNSON,KATIE	2017 DEMO CLINIC TEHRB
02/23/2024	SDOH UTILITIES	NORMAL/NEGATIVE	test	JOHNSON,KATIE	2017 DEMO CLINIC TEHRB
02/23/2024	SDOH INTERPERSONAL SAFETY	NORMAL/NEGATIVE	test	JOHNSON,KATIE	2017 DEMO CLINIC TEHRB
02/09/2017	DEPRESSION SCREENING	NORMAL/NEGATIVE		RIOS,BERNADETTE	2017 DEMO CLINIC TEHRB

Hide Inactive
 ↑ ↓ Delete X

Hide Inactive
 ↑ ↓ Delete X

Number of blank Lir to insert between ite

Template Boilerplate
 Allow Long Lines
Line: 5
Column: 27

```

Last SDOH Food Exam: |SDOH FOOD EXAM|
Last SDOH Housing Exam: |SDOH HOUSING EXAM|
Last SDOH Interpersonal Safety Exam: |SDOH INTERPERSONAL SAFETY EXAM|
Last SDOH Transportation Exam: |SDOH TRANSPORTATION EXAM|
Last SDOH Utilities Exam: |SDOH UTILITIES EXAM|
            
```

Template: SDOH objects test
— □ ×

```

Last SDOH Food Exam: Date: Feb 23, 2024 Results: NORMAL/NEGATIVE
Last SDOH Housing Exam: Date: Feb 23, 2024 Results: NORMAL/NEGATIVE
Last SDOH Interpersonal Safety Exam: Date: Feb 23, 2024 Results: NORMAL/NEGATIVE
Last SDOH Transportation Exam: Date: Feb 23, 2024 Results: NORMAL/NEGATIVE
Last SDOH Utilities Exam: Date: Feb 23, 2024 Results: NORMAL/NEGATIVE
            
```

Cancel



# Patient Details Show Cell Number in EHR

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Detail for Jones, Duane

JONES, DUANE	XXX-XX-XXXX	JUN 30, 1941
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COORDINATING MASTER OF RECORD: NOT LISTED

Address: 102TERRACERD	Temporary: NO TEMPORARY ADDRESS
ALB, NM 87119	
County: UNSPECIFIED	From/To: NOT APPLICABLE
Phone: 555-555-4444	Phone: NOT APPLICABLE
Office: 555-999-5857	
Cell: 6202556549	

Bad Addr:  
Preferred Name: DANE



# New Vital Measurements

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Edinburgh Postnatal Depressions Scale (EPDS)

Patient Acceptable Symptom State (PASS)

Vital Entry		Vital Display		
Default Units		23-Feb-2024 15:53	Range	Units
	[REDACTED]			
	Epds	2		
	Pass-20	10		

PEG-3 Pain Screening Tool

Pain Self-Efficacy Questionnaire (PSEQ-10)

Vital Entry		Vital Display		
Default Units		23-Feb-2024 15:53	Range	Units
	Peg-3	5		
	Pseq-10	8		





# E&M (Evaluation and Management) Component New Display

Note – Informaticist will need to replace old E&M Component with the one in EHR Design Mode

Evaluation and Management ⓘ												
Office or Other Outpatient Services		Hospital Inpatient and Observation Care Services			Consultations		Emergency Department Services		Nursing Facility Services		Home or Residence Services	
OFFICE VISIT	✓	CPT	Description	Time	History And Examination	Medical Decision Making	Age	New PT or Established PT				
PREVENTIVE MEDICINE SERVICES	✓	99211	OFF/OP EST MAY X REQ PHY/QHP	<10 MINUTES	NOT REQUIRED PHY/QHP	BRIEF		Established				
		99212	OFFICE O/P EST SF 10 MIN	10-19 MINUTES	MEDICALLY APPROPRIATE	STRAIGHTFORWARD		Established				
BEHAVIORAL HEALTH CARE MANAGEMENT		99213	OFFICE O/P EST LOW 20 MIN	20-29 MINUTES	MEDICALLY APPROPRIATE	LOW LEVEL		Established				
CARE MANAGEMENT E&M SERVICES		99214	OFFICE O/P EST MOD 30 MIN	30-39 MINUTES	MEDICALLY APPROPRIATE	MODERATE LEVEL		Established				
		99215	OFFICE O/P EST HI 40 MIN	40-54 MINUTES	MEDICALLY APPROPRIATE	HIGH LEVEL		Established				
CARE PLAN OVERSIGHT SERVICES		99202	OFFICE O/P NEW SF 15 MIN	15-29 MINUTES	MEDICALLY APPROPRIATE	STRAIGHTFORWARD		New				
		99203	OFFICE O/P NEW LOW 30 MIN	30-44 MINUTES	MEDICALLY APPROPRIATE	LOW LEVEL		New				
ADVANCE CARE PLANNING EVALUATION AND MANAGEMENT SERVICES		99204	OFFICE O/P NEW MOD 45 MIN	45-59 MINUTES	MEDICALLY APPROPRIATE	MODERATE LEVEL		New				
		99205	OFFICE O/P NEW HI 60 MIN	60-74 MINUTES	MEDICALLY APPROPRIATE	HIGH LEVEL		New				



# E&M Layout and User Preferences

Columns are sort-able  
Choose which Columns display

**E&M Column Preferences**

- Description
- Time
- History And Examination
- Medical Decision Making
- Age
- New PT or Established PT

Restore Defaults OK

		Consultations		Emergency Department Services		Nursing Facility Services		Home or Residence Services	
OFFICE VISIT	CPT	Time	History And Examination	Medical Decision Making	Age	New PT or Established PT			
PREVENTIVE MEDICINE SERVICES	99202	OFFICE O/P NEW SF 15 MIN	15-29 MINUTES	MEDICALLY APPROPRIATE	STRAIGHTFORWARD	New			
	99203	OFFICE O/P NEW LOW 30 MIN	30-44 MINUTES	MEDICALLY APPROPRIATE	LOW LEVEL	New			
BEHAVIORAL HEALTH CARE MANAGEMENT	99204	OFFICE O/P NEW MOD 45 MIN	45-59 MINUTES	MEDICALLY APPROPRIATE	MODERATE LEVEL	New			
CARE MANAGEMENT E&M SERVICES	99205	OFFICE O/P NEW HI 60 MIN	60-74 MINUTES	MEDICALLY APPROPRIATE	HIGH LEVEL	New			
	99211	OFF/OP EST MAY X REQ PHY/QHP	<10 MINUTES	NOT REQUIRED PHY/QHP	BRIEF	Established			
CARE PLAN OVERSIGHT SERVICES	99212	OFFICE O/P EST SF 10 MIN	10-19 MINUTES	MEDICALLY APPROPRIATE	STRAIGHTFORWARD	Established			
	99213	OFFICE O/P EST LOW 20 MIN	20-29 MINUTES	MEDICALLY APPROPRIATE	LOW LEVEL	Established			
ADVANCE CARE PLANNING EVALUATION AND MANAGEMENT SERVICES	99214	OFFICE O/P EST MOD 30 MIN	30-39 MINUTES	MEDICALLY APPROPRIATE	MODERATE LEVEL	Established			
	99215	OFFICE O/P EST HI 40 MIN	40-54 MINUTES	MEDICALLY APPROPRIATE	HIGH LEVEL	Established			

Color highlights for type of patient – new or established  
Orange highlights for selected CPT code

# E&M Component – Service Level Default

New Parameters for User Display:  
BGO E&M SERVICE LEVEL DEFAULT

- This allows you to set a default type of service and level of service for a given Clinic Stop code
- The type of service and level are the tabs across the top

Evaluation and Management ⓘ											
Office or Other Outpatient Services		Hospital Inpatient and Observation Care Services		Consultations		Emergency Department Services		Nursing Facility Services		Home or Residence Services	
OFFICE VISIT	CPT	Description	Time	History And Examination	Medical Decision Making	Age	New PT or Established PT				



# E&M Code – Suppress ER, Inpatient, Observation Codes

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Parameters for User Display:

BGO E&M SUPPRESS ER CODES

BGO E&M SUPPRESS HOSPITAL CODES

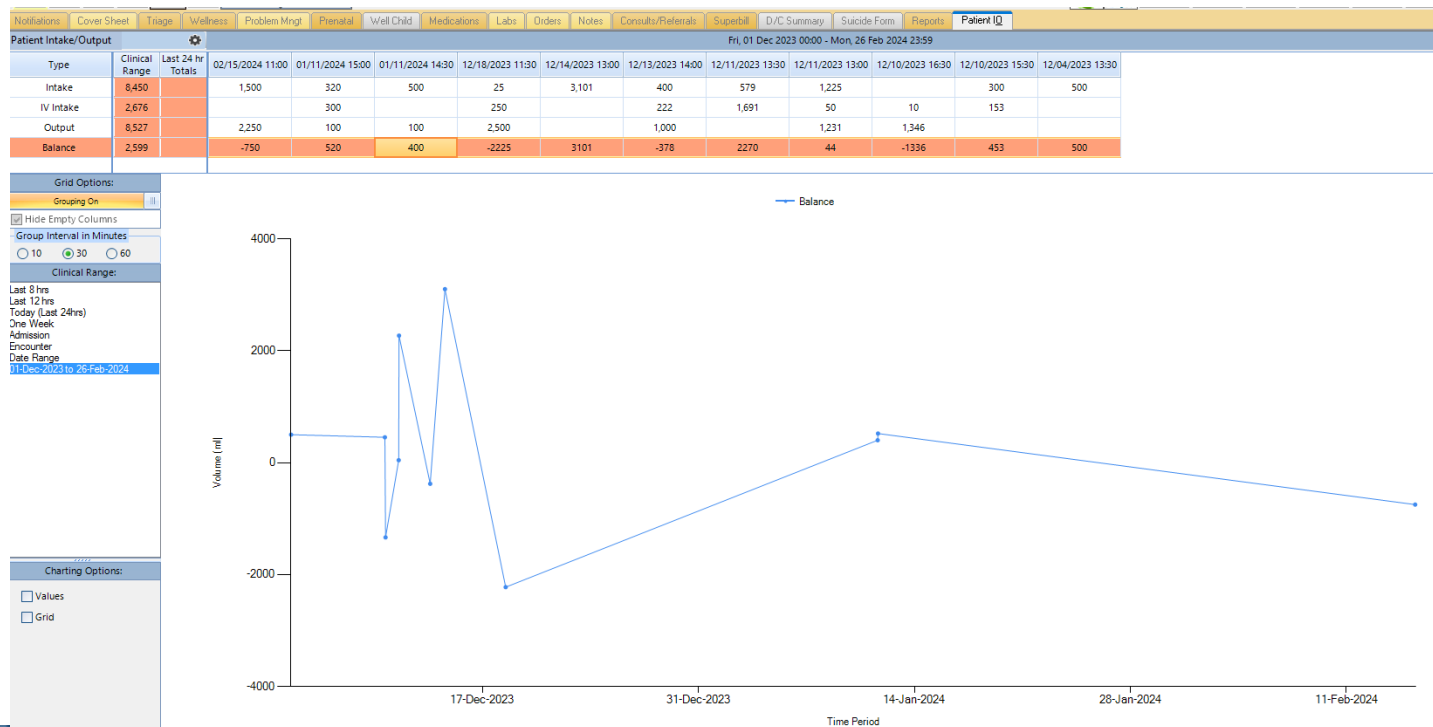
This will suppress these types of codes from view along the top tabs

This can hide these tabs from user's view

Evaluation and Management ⓘ											
Office or Other Outpatient Services		Hospital Inpatient and Observation Care Services		Consultations		Emergency Department Services		Nursing Facility Services		Home or Residence Services	
OFFICE VISIT	CPT	Description	Time	History And Examination	Medical Decision Making	Age	New PT or Established PT				



# I&O Component - Layout



# I&O Component Configuration

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BEHOGMY Main Menu in RPMS – assign as secondary menu to appropriate users

Options for I&O configuration:

AEL Allow I/O Input for location

DCR Default selection for Clinical Range

DET Preselect dialog enter type

DGI Default grouping interval

EIVT Exclude IV types from data entry

GRE Preselect Grouping Enabled

IDI Preselect Intake item

IVDI Preselect IV item

ODI Preselect Output item

PCR Persist Clinical Range

WLVL Volume warning level



# I&O Component – User Settings

**Patient Intake/Output**

Type	Clinical Range	Last 24 hr Totals
Intake	8,450	
IV Intake	2,676	
Output	8,527	
Balance	2,599	

Grid Options:  
Grouping On  
 Hide Empty Columns  
Group Interval in Minutes:  10  30  60  
Clinical Range:  
Last 8 hrs  
Last 12 hrs  
Today (Last 24hrs)  
One Week  
Admission  
Encounter  
Date Range  
01-Dec-2023 to 26-Feb-2024

**User Settings**

**Default Enter Type:**  Intake  IV Intake  Output  
**Parameter Level:** All  User

**Default Clinical Range:**

**Inpatient**

- Last 8 Hours
- Last 12 Hours
- Today (Last 24 Hours)
- One Week
- Admission
- Encounter

**Outpatient**

- Last 8 hours
- Last 12 Hours
- Today (Last 24 Hours)
- One Week
- Encounter

**Maintain Selected Clinical Range Across Patients**  
No  Yes

**Volume Warning Level:**   
**Grouping:** No  Yes  
**Group Interval:**  10 minutes  30 minutes  60 minutes

**Default Intake Item:**

- IRRIGATION
- ORAL
- TUBE FEEDING
- OTHER

**Default IV Item:**

- ADMIXTURE
- BLOOD PRODUCTS
- HEPARIN/SALINE LOCK
- HYPERAL
- INTRALIPIDS
- PIGGYBACK

Clear All Save Cancel

# TIU I&O Objects and Health Summary and OERR Reports

Several TIU objects to help pull information into notes

Health Summary with I&O Information

OERR Report with I&O Information

UNIT: MED/SURG (39 YRS) MALE  
RM/BED: MS-2  
DIVISION: 2017 DEMO CLINIC

PATIENT INTAKE/OUTPUT SUMMARY  
JAN 11, 2024@14:53:31 - FEB 26, 2024@23:59:59

TIME	INTAKE	IV INTAKE	OUTPUT
	PO	TUBE	IRRIG ADMIX BLOOD URINE N/G
01/11/2024			
14:55	500		100
15:05	100		100   200
15:10			100
15:11	220		
02/15/2024			
11:27	1000	1500	12250

DAILY TOTALS  
01/11/2024 Intake: 820ml IV Intake: 300ml Output: -200ml Fluid balance: 920ml  
02/15/2024 Intake: 1500ml IV Intake: 0ml Output: -2250ml Fluid balance: -750ml

TOTAL SUMMARY  
Intake: 2320ml IV Intake: 300ml Output: -2450ml Fluid Balance: 170ml

FLUID BALANCE  
LAST 24 HOURS: 0ml  
LAST 12 HOURS: 0ml  
LAST 8 HOURS: 0ml  
Admission: 170ml

Itemized List including COMMENTS:

Date/Time	Type	Amount	Comment
01/11/2024 14:55	Intake	500	PO:
01/11/2024 14:55	Output	100	URINE:
01/11/2024 15:05	Intake	100	TUBE FEEDING:
01/11/2024 15:05	IV Intake	100	ADMIXTURE: TEST
01/11/2024 15:05	IV Intake	200	BLOOD/BLOOD PRODUCTS: TEST TEST
01/11/2024 15:10	Output	100	N/G:
01/11/2024 15:11	Intake	220	PO:
02/15/2024 11:27	Intake	500	IRRIGATION:
02/15/2024 11:27	Intake	1000	PO:
02/15/2024 11:27	Output	2250	URINE:



# Medications Component Display - HOLD

RPMS-EHR JOHNSON,KATIE \*\*PRECERT ON HQABQDITPSQAIN\*\*

User Patient Refresh Data Tools Help eSig Clear Clear and Lock Community Alerts Dosing Calculator Rx Print Settings Imaging

PRIVACY PATIENT CHART RESOURCES RCIS DIRECT WebMail ED DashBoard

Demo, Amerie - Amy\* T76914 26-May-1998 (25) F ADULT CLINIC JOHNSON,KATIE 02-Feb-2024 12:00 Ambulatory Primary Care Team Unassigned

No Postings POC Lab Entry Pharm Ed Refill "Q" MapR... Problem List Advs React Medication Needs Rvw Needs Rvw (U)

Notifications Cover Sheet Triage Wellness Problem Mngt Prenatal Well Child Medications Labs Orders Notes Consults/Referrals Superbill D/C Summary Suicide Form Reports QO Wizard Patient ID IDL

File View Action

Active Only Chronic Only 90 days Print... Print New Items Process... New... Check Ed i Outpatient Medications Med History

Action	Chronic	Outpatient Medications	Status	Process	Issued	Last Filled	Expires	Refills Remaining	Rx #	Provider
		ACETAZOLAMIDE 250MG TAB Qty: 30 Sig: TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY FOR GLAUCOMA	Pending							
		LISINAPRIL 20MG TAB * Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH DAILY	Active		02-Feb-2024	02-Feb-2024	02-Feb-2025	1	10001...	JOHNSON,KATIE
		LOSARTAN 100MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH DAILY FOR HIGH BLOOD PRESSURE AND KIDNEY PROTECTION	Active		02-Feb-2024	02-Feb-2024	02-Feb-2025	2	10001...	JOHNSON,KATIE
		ACETAMINOPHEN 500MG TAB Qty: 180 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY 4 HOURS AS NEEDED	Active/Susp		02-Feb-2024	02-Feb-2024	02-Feb-2025	1	10001...	JOHNSON,KATIE
		ATENOLOL 50MG TABLET Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH TWO TIMES PER DAY FOR HIGH BLOOD PRESSURE	Hold		02-Feb-2024		02-Feb-2025	1	10001...	JOHNSON,KATIE
		KETOROLAC 0.5% OPTH SOLN Qty: 1 for 4 days Sig: PUT 2 DROPS BY MOUTH FOUR TIMES A DAY FOR INFLAMMATION	Expired		25-Jan-2023	04-Aug-2023	25-Jan-2024	1	10001...	SAMAVEDAM,SUN...
		ATENOLOL 25MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH DAILY	Expired		31-Oct-2023	31-Oct-2023	30-Nov-2023	0	10001...	AUSTIN,LATONA
		IBUPROFEN 200MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY 6 TO 8 HOURS WITH FOOD FOR PAIN OR FEVER	Expired		31-Oct-2023	31-Oct-2023	30-Nov-2023	0	10001...	AUSTIN,LATONA
		ACETAMINOPHEN 500MG TAB Qty: 120 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY 6 HOURS	Discontinued		31-Oct-2023	31-Oct-2023	31-Oct-2024	11	10001...	AUSTIN,LATONA

**NO change to user display here or in Pharmacy Package**



# Medications Component Print Out - Old

Demo, Amerie (T76914)

Selected Outpatient Medications for Last 90 Day(s)

DOB: 26-May-1998

Adverse Reactions: No Known Allergies

Medication	Chronic	Status	Issued	Last Filled	Expires	Refills Left	Prescriber	Rx #
ACETAZOLAMIDE 250MG TAB Qty: 30 Sig: TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY FOR GLAUCOMA		Pending						
LISINAPRIL 20MG TAB * Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH DAILY		Active	02-Feb-2024	02-Feb-2024	02-Feb-2025	1	JOHNSON,KATIE	10001441
LOSARTAN 100MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH DAILY FOR HIGH BLOOD PRESSURE AND KIDNEY PROTECTION		Active	02-Feb-2024	02-Feb-2024	02-Feb-2025	2	JOHNSON,KATIE	10001443
ACETAMINOPHEN 500MG TAB Qty: 180 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY 4 HOURS AS NEEDED		Active/Susp	02-Feb-2024	02-Feb-2024	02-Feb-2025	1	JOHNSON,KATIE	10001444
ATENOLOL 50MG TABLET Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH TWO TIMES PER DAY FOR HIGH BLOOD PRESSURE		Hold	02-Feb-2024		02-Feb-2025	1	JOHNSON,KATIE	10001440
KETOROLAC 0.5% OPHTH SOLN Qty: 1 for 4 days Sig: PUT 2 DROPS BY MOUTH FOUR TIMES A DAY FOR INFLAMMATION		Expired	25-Jan-2023	04-Aug-2023	25-Jan-2024	1	SAMAVEDAM,SUNITA	10001244
ATENOLOL 25MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH DAILY		Expired	31-Oct-2023	31-Oct-2023	30-Nov-2023	0	AUSTIN,LATONA	10001388
IBUPROFEN 200MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY 6 TO 8 HOURS WITH FOOD FOR PAIN OR FEVER		Expired	31-Oct-2023	31-Oct-2023	30-Nov-2023	0	AUSTIN,LATONA	10001386
ACETAMINOPHEN 500MG TAB Qty: 120 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY 6 HOURS		Discontinued	31-Oct-2023	31-Oct-2023	31-Oct-2024	11	AUSTIN,LATONA	10001387



# Medications Component Print Out - New

LISINOPRIL 30MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH DAILY	Active	04-Mar-2024	04-Mar-2024	04-Mar-2025	1	519061	BISHOP,BRADLEY
ATORVASTATIN 10MG TABLET Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH AT BEDTIME	Hold	04-Mar-2024		04-Mar-2025	1	519062	JOHNSON,KATIE

In this example, the parameter BEHORX LABEL HOLD STATUS is set to "Active/Contact Pharmacy"

Demo.Patient Beseven-One (111052)

Selected Outpatient Medications for Last 180 Day(s)

DOB: 13-Jul-1955

Adverse Reactions: BROMPHENIRAMINE/PHENYLEPHRINE/PHENYLPROPANOLAMINE (OTHER REACTION)

Medication	Chronic	Status	Issued	Last Filled	Expires	Refills Left	Prescriber	Rx #
LISINOPRIL 30MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH DAILY		Active	04-Mar-2024	04-Mar-2024	04-Mar-2025	1	BISHOP,BRADLEY	519061
ATORVASTATIN 10MG TABLET Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH AT BEDTIME		Active/Contact Pharmacy	04-Mar-2024		04-Mar-2025	1	JOHNSON,KATIE	519062



# New TIU Objects for Medications

5 Total Medications  
Active and Outpatient Medications (excluding Supplies):

RX No	Status	Last Fill
	Refills	Expiration
1) 519062 ATORVASTATIN 10MG TABLET Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH AT BEDTIME Reason for * : OTHER--SEE COMMENTS	Active/Contact Pharmacy*	Issue:03-04-24 Expr:03-04-25
2) IBUPROFEN 800MG TAB Qty: 1 Sig: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH FOOD OR MILK IF NEEDED FOR PAIN/INFLAMMATION	PENDING Refills: 3	
3) 519061 LISINOPRIL 30MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH DAILY Fills: Mar 04, 2024	ACTIVE Refills: 1	Issue:03-04-24 Last:03-04-24 Expr:03-04-25
4) NAPROXEN 500 MG TABLET Qty: 0.5 Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD OR MILK IF NEEDED FOR PAIN/INFLAMMATION	PENDING Refills: 2	
5) SALSALATE 500MG TAB Qty: 5.5 Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD OR MILK FOR JOINT OR MUSCLE PAIN	PENDING Refills: 2	

(X) behind the status of the medication indicates medication was sent to an external pharmacy  
(\* ) behind the status of the medication indicates pharmacy may be contacted about available fills of this medication

In this example, the parameter BEHORX LABEL HOLD STATUS is set to "Active/Contact Pharmacy"



# Timely Topic: Nirsevimab Documentation

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TL/DR message:

Do not install BI v8.5 p28 until you can also install EHR v1.1 p37 to ensure all scenarios of Nirsevimab documentation can be accurately displayed.

If BI v8.5p28 is already installed on an EHRp35 or p36 system:

- Educate staff on potential issue (see next slides)

- Delay documentation of 200mg/2ml Nirsevimab doses until EHRp37 is installed



# Nirsevimab Documentation continued (1)

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Details - Issue:

Previously, 2 doses of the same vaccine could not be documented in RPMS Immunization package nor via EHR Immunization Component

This is a problem with the Nirsevimab 200mg/2ml dose that needs to be delivered as two 100mg/ml doses in separate anatomical locations



# Nirsevimab Documentation – continued

## (2)

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Solution – fixes are required in both the RPMS Immunization package (BI Package) and on the EHR side in the Immunization component.

Sites need BOTH patches for full documentation capability and accurate displays of documented doses

- BI v8.5 p28 (released 6/25/24)
- EHR v1.1 p37 (due to release 8/30/24)



# Current gap between BIp28 and EHRp37

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Ideally, sites should wait to install these 2 patches together

Reason:

- Nirsevimab 200mg/2mL (as 2 separate doses) will not display correctly in EHR if a site:
  - Has BI v8.5 p28 and EHR V1.1 p35 or p36 installed
- AND
- is also configured to exchange immunization information with one or more states

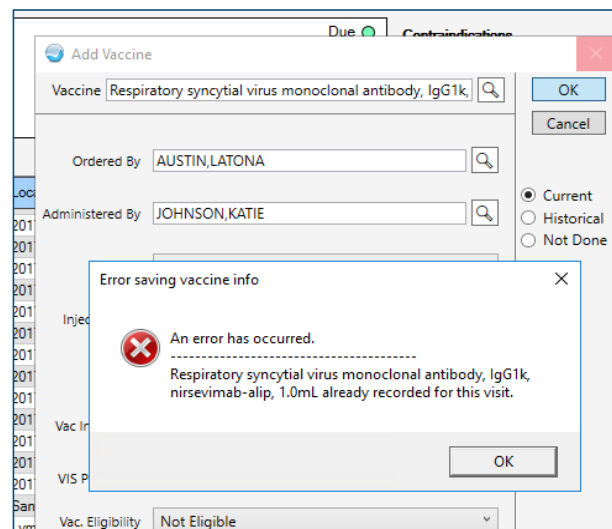
EHR p37 corrects the issue





# Nirsevimab Documentation with B1p28 and EHRp35/36

Attempting to enter via EHR – user will get an error





# Nirsevimab Documentation with BIp28 and EHRp35/36 continued (2)

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**BUT WAIT** – if you are connected to one or more State Immunization Exchange(s) and the interface is on...

When the immunization record is present at both immunization exchange and in EHR, then one dose of Nirsevimab is **hidden in EHR Immunization component**

Staff can view the accurate immunization record within RPMS or via the EHR “Print Record”



# Nirsevimab Documentation with BIp28 and EHRp35/36 continued (3)

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This is a PROBLEM because...

This could result in additional doses given to a fully vaccinated patient due to the clinical staff not seeing the second dose



# Bottom Line on Nirsevimab Documentation

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Do not install BI v8.5 p28 until you can also install EHR v1.1 p37 to ensure all scenarios of Nirsevimab documentation can be accurately displayed.

If BI v8.5p28 is already installed on an EHRp35 or p36 system:

- Educate staff on potential issue

- Delay documentation of 200mg/2m Nirsevimab doses until EHRp37 is installed



# EHRp38 Preview

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RELEASE TARGET NOVEMBER 2024



# Features Preview

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Ability to Reconcile Immunizations in EHR - Phase 3 - Final Development & Release

Update EHR Medication Last Filled column with RxFill information from e-prescribing

Update EHR Medication Details with new Prescription Pickup log information

PDMP Button Integration – facilitate checking state PDMP databases from within EHR

EHR IPL Picklist optimization – enhanced ability to incorporate SNOMED updates



# PXRM – Reminders – patch 1014

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Release target November 2024

## New Features:

- COVID-19 Reminder Dialog only updates
- Social Drivers/Determinants of Health Screening – Reminder+Dialog – for use in inpatient and outpatient settings
- HTI-1 (b)(11) Decision Support Interventions Certification Criteria requirement – Long Acting Contraceptive removal reminder only (no dialog)





# Questions?

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