

Indian Health Service

Deploying the Emergency Department Point-of-Care Ultrasound (ED POCUS) in RPMS While Laying the Foundation for HIT Modernization

LESLIE R. WHITE, MT-ASCP

IHS OIT INFORMATICS SUPERVISOR

PARTNERSHIP 2023



This Session is Suitable for the Following Health IT Roles

- Clinical Informatics
- Radiology Information System (RIS) owner
- VistA Imaging/PACS Coordinator
- Health Information Management
- Nursing Informatics
- Business Office and Coding staff

Learning Objectives

By the end of this informational session you will be able to:

- **Recognize** the RPMS EHR and RAD/NUC MED options required for POCUS configuration
- **Identify** the VistA Imaging DICOM Gateway dictionary files
- **Understand** the HIT processes that initiate with a computer provider order entry and complete with the imaging files interfacing with VistA Imaging/EHR and visit radiology files passing to the Business office
- **Distinguish** the importance of the POCUS Note Findings and the required Quality Assurance of images

ED POCUS Presented by (1)

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IHS Office of Information Technology
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ED POCUS Presented by (2)

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CAPT John Lester, PharmD, MAS - Informatics

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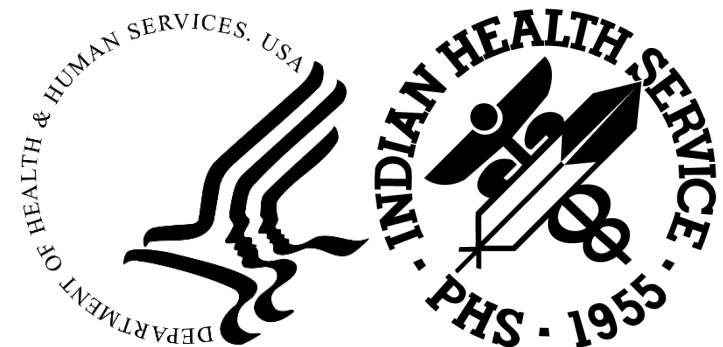
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ED POCUS in Indian Healthcare Hospitals

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Deploying ED POCUS in Legacy RPMS

This session will examine the Human and Health IT workflows for capturing the POCUS image files into the patient's electronic record.

American College of Emergency Physicians (ACEP)

Point-of-care ultrasound (POCUS) is an increasingly important tool for clinicians in acute care settings, giving clinical information far beyond standard physical exams and enhancing real-time decision making at the bedside of sick and injured patients without requiring input from formal radiology services.

The American College of Emergency Physicians has declared POCUS a “fundamental component” of emergency medicine practice.

Accordingly, POCUS training is currently a requirement of Emergency Medicine residency programs, and can also be obtained via a practice-based pathway.

ED POCUS in Indian Healthcare Hospitals

- IHS hospitals are often in remote locations with limited rapid access to diagnostics
- POCUS has great potential to augment clinical decision making
- Provides clinical information far beyond standard physical exams for sick and injured patients
- Interpreted by the bedside clinician for real-time decision making
- Does not require reads from formal radiology services

Note: Use scenarios different from formal radiology are not meant as a replacement

POCUS Applications

The American College of Emergency Physicians (ACEP) has declared POCUS a “fundamental component” of emergency medicine practice. Accordingly, POCUS training is currently a requirement of Emergency Medicine residency programs, and can also be obtained via a practice-based pathway. Common applications:

- Focused Assessment with Sonography for Trauma (FAST)
- Rapid Ultrasound in Shock and Hypotension (RUSH)
- Examinations of thoracic and abdominal organs
- Obstetric assessments
- Ocular examinations
- Soft tissue and musculoskeletal examinations
- Procedural guidance: vascular access, thoracentesis/paracentesis, incision & drainage

<https://www.acep.org/emultrasound>



Indian Health Service: Ideal Implementation Scenario

Currently, IHS & many other health systems lack the ability to:

- Place the order for POCUS scans in EHR
- Associate POCUS exams with CPT codes
- Document POCUS findings in a consistent format
- Archive images
- Create opportunities for quality control and feedback

RPMS ED POCUS Configurations

Complete These Steps in the Order Presented

LESLIE WHITE – IHS OIT IT SUPERVISOR

LEE REDLEGS - IHS OIT VISTA IMAGING

PARTNERSHIP AUGUST 2023



RPMS EHR / VistA Imaging ED POCUS Health IT (HIT) Configurations & Workflow Recommendations



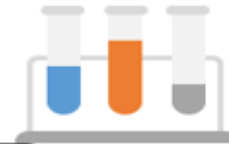
Disclaimer

- All information discussed today is under review and not meant for direct use & implementation at this time
- All information discussed today or provided in the Monthly Health Information Technology (HIT) Systems Assessment Guide is under review & is not meant to suggest that the General Informaticist is responsible to manage & maintain all packages or trainings
- ED POCUS Deployment is a team effort & facilities should consider staffing appropriately not only for the current RPMS EHR but the future Enterprise solution
- This presentation will not go into methods of evaluation

Overview

A multidisciplinary team of health information specialists, information technologists, radiologists, & emergency medicine physicians sought to develop RPMS-based processes to support the performance of POCUS studies

Allow for EHR-based ordering of POCUS studies, associate with appropriate CPT billing codes.



Create TIU templates for documentation of POCUS scan findings to be used for medical decision making.

Save POCUS scan images for later review on the Vista Imaging system/EHR.



Step 1: RPMS VA FM

Modify Orderable Items, Imaging, Type Set of Code

Select VA FileMan <TEST ACCOUNT> Option: **MODIFY File Attributes**

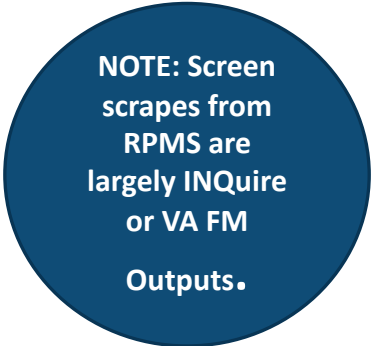
Do you want to use the screen-mode version? YES// **NO**

MODIFY WHAT FILE: CPT// **ORDERABLE ITEMS** (7047 entries)

Select FIELD: **IMAGING TYPE**

LABEL: IMAGING TYPE//

TITLE: **^**



NOTE: Screen
scrapes from
RPMS are
largely INQUIRE
or VA FM
Outputs.

Step 1a: RPMS VA FM Modify Orderable Items, Imaging, Type Set of Code

DATA TYPE OF IMAGING TYPE: SET OF CODES//

INTERNALLY-STORED CODE: RAD// WILL STAND FOR: RADIOLOGY//

INTERNALLY-STORED CODE: CT// WILL STAND FOR: CT SCAN//

INTERNALLY-STORED CODE: MRI// WILL STAND FOR: MAGNETIC RESONANCE IMAGING//

INTERNALLY-STORED CODE: ANI// WILL STAND FOR: ANGIO/NEURO/INTERVENTIONAL//

INTERNALLY-STORED CODE: CARD// WILL STAND FOR: CARDIOLOGY STUDIES//

INTERNALLY-STORED CODE: NM// WILL STAND FOR: NUCLEAR MEDICINE//

INTERNALLY-STORED CODE: US// WILL STAND FOR: ULTRASOUND//

INTERNALLY-STORED CODE: VAS// WILL STAND FOR: VASCULAR LAB//

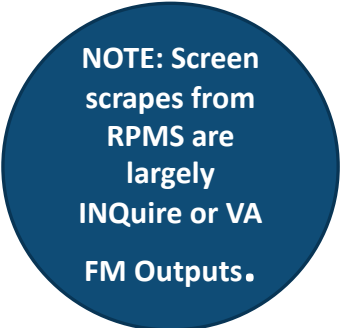
INTERNALLY-STORED CODE: MAM// WILL STAND FOR: MAMMOGRAPHY//

**INTERNALLY-STORED CODE: POC// WILL STAND FOR: POCUS// ← Add
this after the last entry of stored code (like Mammo above)**

INTERNALLY-STORED CODE:

SHOULD 'IMAGING TYPE' ENTRIES BE SCREENED? No// (No)

IS IMAGING TYPE ENTRY MANDATORY (Y/N): NO// NO



NOTE: Screen
scrapes from
RPMS are
largely
INQUIRE or VA
FM Outputs.

Step 2: RPMS VA FM

Add POCUS to the DISPLAY Group & Update for IMAGING as a Member

Select VA FileMan <TEST ACCOUNT> Option: **ENTER or Edit File Entries**
INPUT TO WHAT FILE: ORDERABLE ITEMS// **DISPLAY GROUP** (60 entries)
EDIT WHICH FIELD: ALL//

Select DISPLAY GROUP NAME: POCUS

NAME: POCUS//

Select MEMBER:

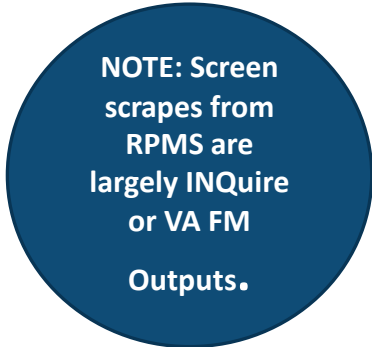
MIXED NAME: Point of Care US//

SHORT NAME: POC//

DEFAULT DIALOG:

Select DISPLAY GROUP NAME: IMAGING
NAME: IMAGING//

Select MEMBER: POCUS// <- Be sure to confirm POCUS or
add the POCUS here for the MEMBER field.



NOTE: Screen
scrapes from
RPMS are
largely INquire
or VA FM
Outputs.

Step 3: RPMS VA FM RAD / NUC MED Items

- Imaging Type **(VA FM)**
POCUS
- Imaging Location Set-up (RAD/NUC MED)
POCUS
- Imaging Location addition to Division (RAD/NUC MED)
- Imaging Procedure Modifiers (RAD/NUC MED)
- Imaging Examination Rules for Cancelled, Waiting for Exam, Complete.
(RAD/NUC MED)
- Imaging Procedure (RAD/NUC MED *not* VA FM)
- Imaging Request Printer (RAD/NUC MED)
- Quick Order addition, confirm the ability to locate the new Imaging Type for
POCUS

POCUS Quick Order Menu?

IMAGING TYPE - VA Fileman

NUMBER: 14

TYPE OF IMAGING: POCUS

ABBREVIATION: POC OPERATING CONDITIONS:
NORMAL

RADIOPHARMACEUTICALS USED?: NO ACTIVITY LOG
CUT-OFF: 90

REPORT CUT-OFF: 90 CLINICAL HISTORY CUT-OFF: 90

TRACKING TIME CUT-OFF: 90 ORDER DATA CUT-OFF: 90

* **Recommend addition of this entry to
Imaging Type during 'off hours'.**

NOTE: Screen
scrapes from
RPMS are largely
INquire or VA
FM Outputs.

IMAGING LOCATION - RAD / NUC MED

NUMBER: 16

LOCATION: POCUS

TYPE OF IMAGING: POCUS
EXAM: 0

HOW MANY EXAM LABELS PER

REPORT PRINTER NAME: ICD10 LAB MANIFEST HQMP-7SE-2

DEFAULT REPORT HEADER FORMAT: PARKER HEADER

DEFAULT REPORT FOOTER FORMAT: REPORT FOOTER

REPORT LEFT MARGIN: 10

REPORT RIGHT MARGIN: 70

REQUEST PRINTER NAME: ICD10 LAB MANIFEST HQMP-7SE-2

ALLOW 'RELEASED/NOT VERIFIED': no

PRINT DX CODES IN REPORT?:no

CREDIT METHOD: Regular Credit

CANCELLED REQUEST PRINTER: ICD10 LAB MANIFEST HQMP-7SE-2

DEFAULT CPT MODIFIERS (LOC) : 26

RAD/NUC MED DIVISION: 2013 DEMO HOSPITAL

**NOTE: Screen
scrapes from
RPMS are
largely INquire
or VA FM
Outputs.**

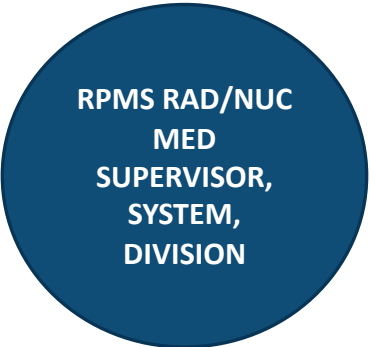
IMAGING LOCATION Update in Division Parameters RAD / NUC MED

Select System Definition Menu <TEST ACCOUNT>

Option: DIVision Parameter Set-up

Select Division: 2013 DEMO HOSPITAL

Select IMAGING LOCATION: **POCUS//** <- Be sure to confirm POCUS or add the POCUS here.



RPMS RAD/NUC
MED
SUPERVISOR,
SYSTEM,
DIVISION

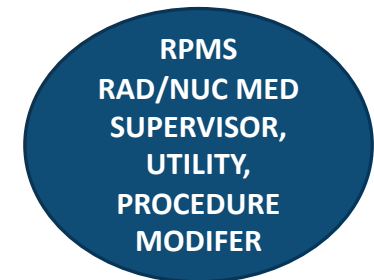
Procedure Modifier for IMAGING LOCATION RAD / NUC MED

Select Procedure Edit Menu <TEST ACCOUNT> Option:
Procedure Modifier Entry

Select Procedure Modifier: **POCUS read in the ER/UC
(POC)**

Select TYPE OF IMAGING: POCUS//

AMIS CREDIT INDICATOR:



Added for the RAZ Quick Order Modifier inclusion, HL7
ORM/OBX FYI, *and* Procedure Modifiers now pass to
PCC/3PB with the release of RA*5.0*1009.

Examination Status, Cancelled RAD / NUC MED

NUMBER: 70

STATUS: CANCELLED

ORDER: 0

APPEAR ON STATUS TRACKING?: NO

ALLOW CANCELLING?: NO

TYPE OF IMAGING: POCUS

GENERATE EXAMINED HL7 MESSAGE: NO TECHNOLOGIST REQUIRED?: NO

All Management Report options can be set to NO.



RPMS
RAD/NUC MED
SUPERVISOR,
UTILITY,
EXAMINATION
STATUS

Examination Status - Waiting for Exam RAD / NUC MED

NUMBER: 69

STATUS: WAITING FOR EXAM

DEFAULT NEXT STATUS: COMPLETE

ORDER: 1

APPEAR ON STATUS TRACKING?: YES

ALLOW CANCELLING?: YES

TYPE OF IMAGING: POCUS

GENERATE EXAMINED HL7 MESSAGE: NO



RPMS
RAD/NUC MED
SUPERVISOR,
UTILITY,
EXAMINATION
STATUS

Examination Status – Complete RAD / NUC MED

NUMBER: 68

STATUS: COMPLETE

ORDER: 9

APPEAR ON STATUS TRACKING?: NO

ALLOW CANCELLING?: NO

TYPE OF IMAGING: POCUS

RPMS
RAD/NUC MED
SUPERVISOR,
UTILITY,
EXAMINATION
STATUS

Examples of Point of Care Ultrasound Procedure Entries Utilize RAD / NUC MED Entry – Not (!) VA FM

76513 ECHO EXAM OF EYE WATER BATH OPHTHALMIC
ULTRASOUND, DIAGNOSTIC – **examples in today's slide
deck/presentation**

76705 (ultrasound, abdomen) – tested by Parker

93308 (echocardiogram)

76775 (ultrasound, retroperitoneum or renal)

76604 (ultrasound, chest)

RPMS RAD / NUC MED Supervisor, Utility Procedure Enter / Edit

RAD/NUC MED PROCEDURE NAME:

POCUS ORBITAL US-ER (76513)

(POC Detailed) CPT:76513

NAME: POCUS ORBITAL US-ER (76513) Replace

TYPE OF IMAGING: **POCUS**//

TYPE OF PROCEDURE: DETAILED//

CONTRAST MEDIA USED: No//

Select MODALITY:

HEALTH SUMMARY WITH REQUEST:

Select SYNONYM:

PROMPT FOR MEDS:

Select DEFAULT MEDICATION:

Select AMIS CODE: OTHER//

AMIS CODE: OTHER//

AMIS WEIGHT MULTIPLIER: 1//

BILATERAL?:

Select AMIS CODE:

CPT CODE// 76513 (no editing)

Select DEFAULT CPT MODIFIERS(PROC):

STAFF REVIEW REQUIRED: NO//

RAD/NM PHYS APPROVAL REQUIRED: NO//

REQUIRED FLASH CARD PRINTER:

REQUIRED FLASH CARD FORMAT:

Select FILM TYPE:

Select MESSAGE:

EDUCATIONAL DESCRIPTION:

No existing text

Edit? NO//

INACTIVATION DATE

RPMS
RAD/NUC MED
SUPERVISOR,
UTILITY,
PROCEDURE
ENTER/EDIT

RPMS RAD / NUC MED Supervisor, Utility Order Display

Placing New POCUS Imaging Procedures on the RAD / NUC MED 'COMMON PROCEDURE LIST' is a **Nice to Have** in Advance of the QO Additions

COMMON RADIOLOGY/NUCLEAR MEDICINE PROCEDURES (POCUS)

**1) POCUS US - ECHOGRAM, ABD (76705) 2) POCUS ORBITAL US-ER
(76513)**

RPMS
RAD/NUC MED
SUPERVISOR,
UTILITY, ORDER
DISPLAY

Device Specifications for Imaging Locations Request Printing

Select **IRM Menu** <TEST ACCOUNT> Option: device Specifications for Imaging Locations
Do you want to see a 'help' message on printer assignments? No// NO (No)

Select Imaging Location: **POCUS** (POCUS-8993)
...OK? Yes// (Yes)

Default Printers:

FLASH CARD PRINTER NAME:

JACKET LABEL PRINTER NAME:

REQUEST PRINTER NAME: ICD10 LAB MANIFEST HQMP-7SE-2

REPORT PRINTER NAME: //

CANCELLED REQUEST PRINTER: ICD10 LAB MANIFEST HQMP-7SE-2

REGISTERED REQUEST PRINTER:



RPMS RAD/NUC
MED,
IRM,DEVICE
CONFIGURATION

RAZ POCUS

Quick Order Configuration

Order Menu Management

Select QUICK ORDER NAME: RAZ NEW TEST POCUS DEMO

Are you adding 'RAZ NEW TEST POCUS DEMO' as a new ORDER DIALOG? No// Y (Yes)

TYPE OF QUICK ORDER: IMAGING

NAME: RAZ NEW TEST POCUS DEMO Replace

DISPLAY TEXT: TESTING POCUS

VERIFY ORDER: Y YES

DESCRIPTION:

No existing text

Edit? NO//

ENTRY ACTION:

Select one of the following imaging types:

ANGIO/NEURO/INTERVENTIONAL

CT SCAN

MAMMOGRAPHY

MAGNETIC RESONANCE IMAGING

POCUS

GENERAL RADIOLOGY

ULTRASOUND

Select IMAGING TYPE: **POCUS**

Common Pocus Procedures:

1 POCUS ORBITAL US-ER (76513) 2 POCUS US - ECHOGRAM, ABD (76705)

Point of Care US Procedure: 1 POCUS ORBITAL US-ER (76513)

Select the procedure modifiers necessary to further define the procedure ordered

Procedure Modifier: POCUS read in the ER/UC

Another Procedure Modifier:

Reason for Study: ER Urgent Point of Care Ultrasound

Clinical History:

No existing text

Edit? No// N (No)

Category: OUTPATIENT

Is this patient scheduled for pre-op? NO//

Date Desired: N (MAY 01, 2023@14:40)

Mode of Transport: PORTABLE

Is patient on isolation procedures? NO

Urgency: ROUTINE// STAT STAT

Submit request to: POCUS

Indian Health Service VistA Imaging DICOM Gateway Additions

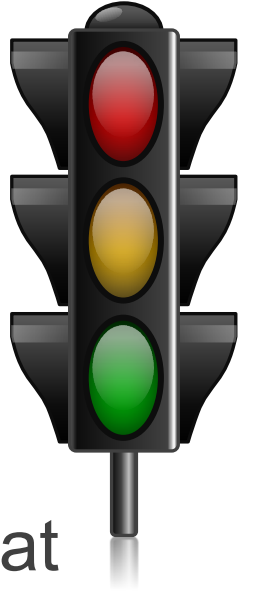
LESLIE WHITE - IHS OIT INFORMATICS SUPERVISOR
RYAN LEWIS – PHOENIX AREA VISTA IMAGING
PARTNERSHIP AUGUST 2023



DICOM

- Digital Imaging and **CO**mmunications in **M**edicine standard.

Attention: The Food and Drug Administration classifies the VistA Imaging DICOM Gateway as a medical device. As such, it may not be changed in any way. Modifications to the software or database may result in an adulterated medical device under 21CFR820, the use of which is considered to be a violation of US Federal Statutes.



- IHS cannot change software/hardware or interface a modality that hasn't been vetted, tested by the VA, FDA reviewed.
- Take a pause and ensure a Modality is on the VA's VistA Imaging approved DICOM list before implanting an interface & workflow.
- If it isn't on the list, the ***modality vendor*** will have to work with the VA.

Approved DICOM Modality Interfaces

VistA Imaging Approved DICOM Modality Interfaces February 1 - 28, 2023

SonoSite (FujiFilm) NanoMaxx

SonoSite Titan

SonoSite S-Series

SonoSite S II

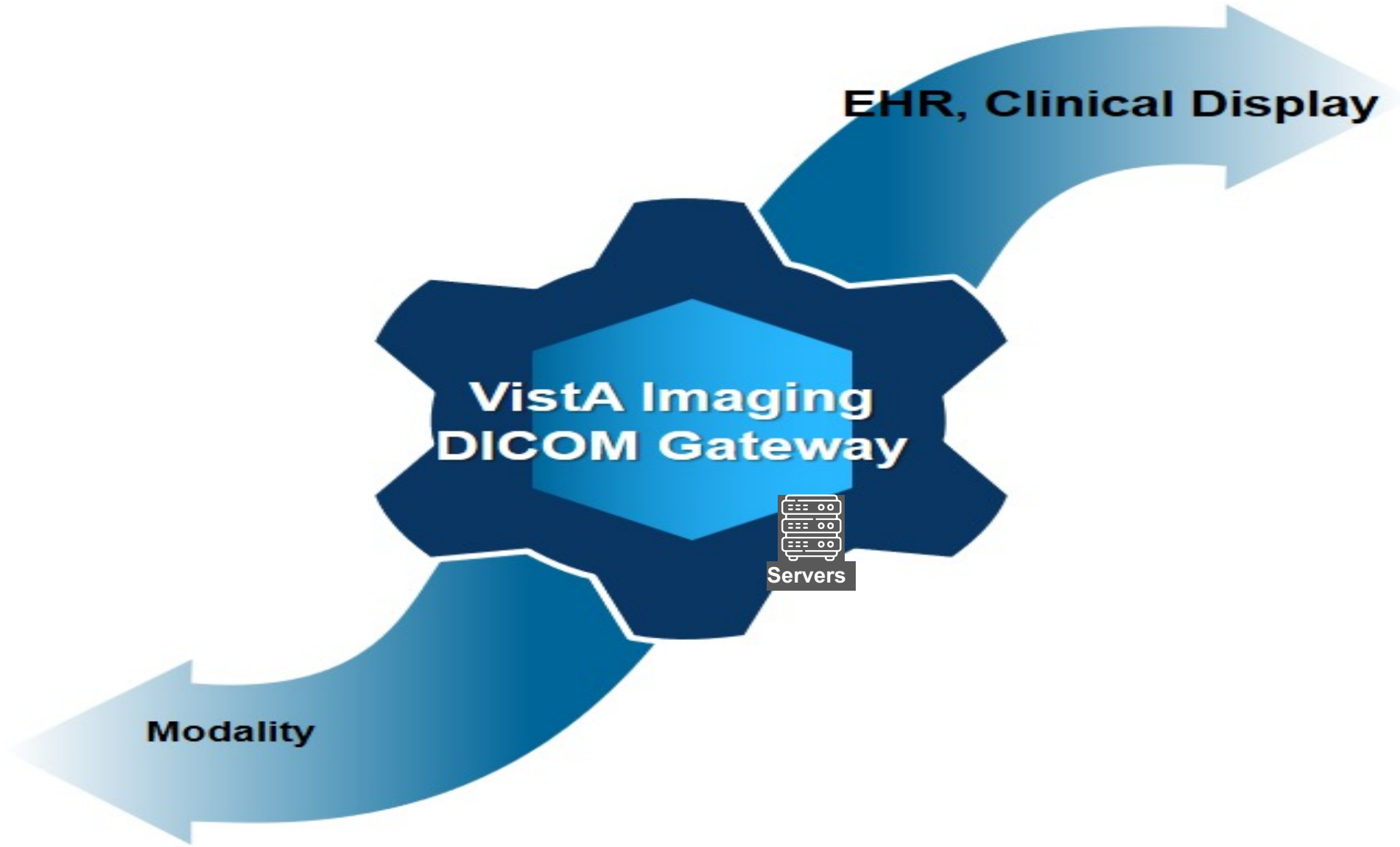
SonoSite X-Porte

SonoSite (FujiFilm) iViz

SonoSite (FujiFilm)-PX, v. 100.80.100.086

SuperSonic Imagine Aixplorer

Not on this list for an approved Ultrasound VI modality interface?
Contact RPMS Imaging Support for guidance.



VistA Imaging DICOM Gateway

- **Access limited to a VI or PACS Coordinator**
- Each image-producing instrument must send its images to a VistA storage provider.
- In the VistA DICOM Image Gateway, there is a separate storage provider process running on a dedicated network port for each instrument that produces images.
- The file **INSTRUMENT.DIC** lists each image-producing instrument and its dedicated communications port, along with its corresponding imaging service.

INSTRUMENT.DIC

- An entry is required in the DICOM Gateway's **INSTRUMENT.DIC** for the POCUS modality.
- Otherwise, the DICOM Gateway cannot acquire the images from the POCUS modality/equipment.
- Please note that the port numbers must be unique for each modality - instrument.

Ultrasound – Image Storage **60160** – 60169

Files and Settings for the POCUS DICOM

- VistA Imaging DICOM 'Instrument' dictionary file - example:

mnemonic|description|institution name|imaging service|port|machine

Sono1|ED Point of Care US|Parker|RAD|60160|RPMSVISTSTDIG01

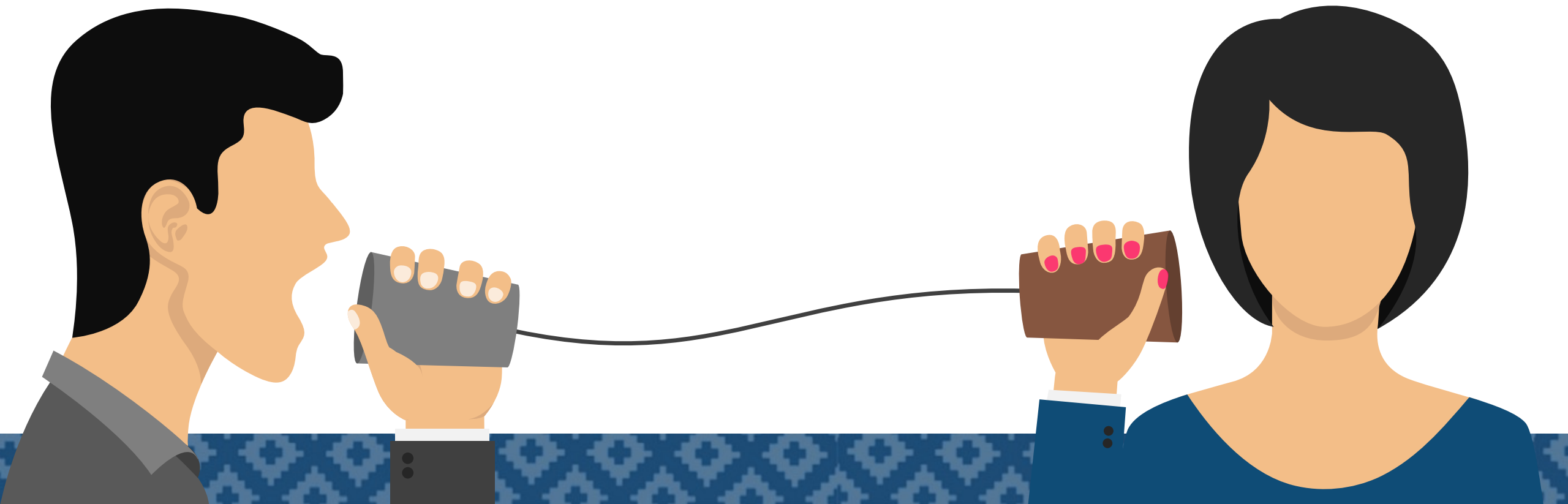
- POCUS 'Sono1' modality (instrument) settings to send to the VI DICOM GW:

IP Address: 10.244.29.199

Port: 60160

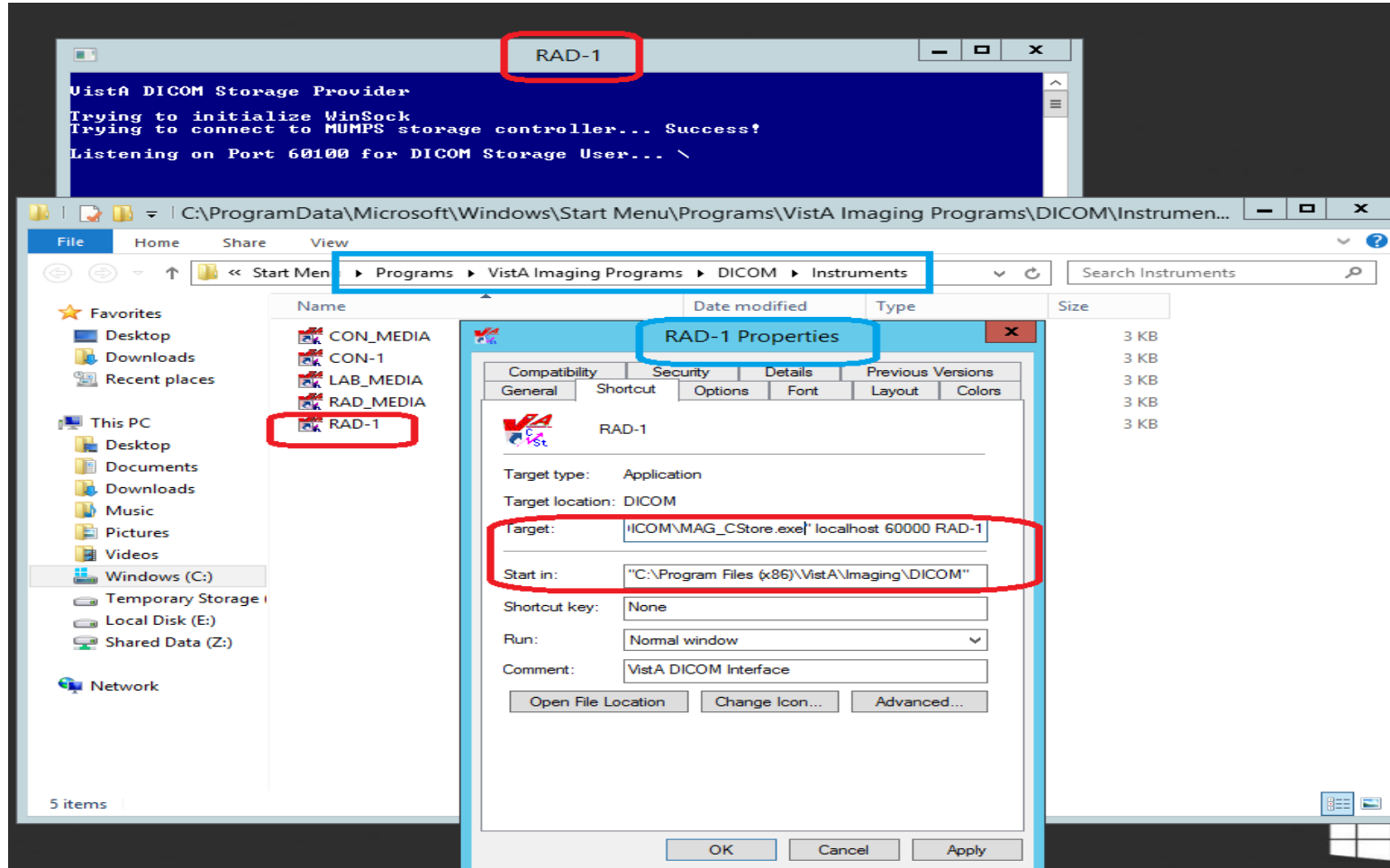
AE Title: VISTA_STORAGE

POCUS Modality to VI DICOM – Listener



DICOM Listener for the POCUS Instrument & incoming images into VI.

Example is the IHS DIT VistA Imaging GW Listener shortcut – vs the SonoSite X-Porte



The entry for “Target” should link the icon to the “C-Store” program, and specify the parameters:

- IP-address is always “localhost” (never modify this value).
- Port number is always 60000 (never modify this value).
- Instrument name is the abbreviation for the instrument, e.g. “SONO1” (only modify this value to reflect changes made in the master file INSTRUMENT.DIC).

Plan, Test, and Have a Backup Plan



**Networking –
WiFi vs Direct Connect**



**Security Concerns –
Firewall Rules**



**Contingency –
RPMS or VI servers are
down.**



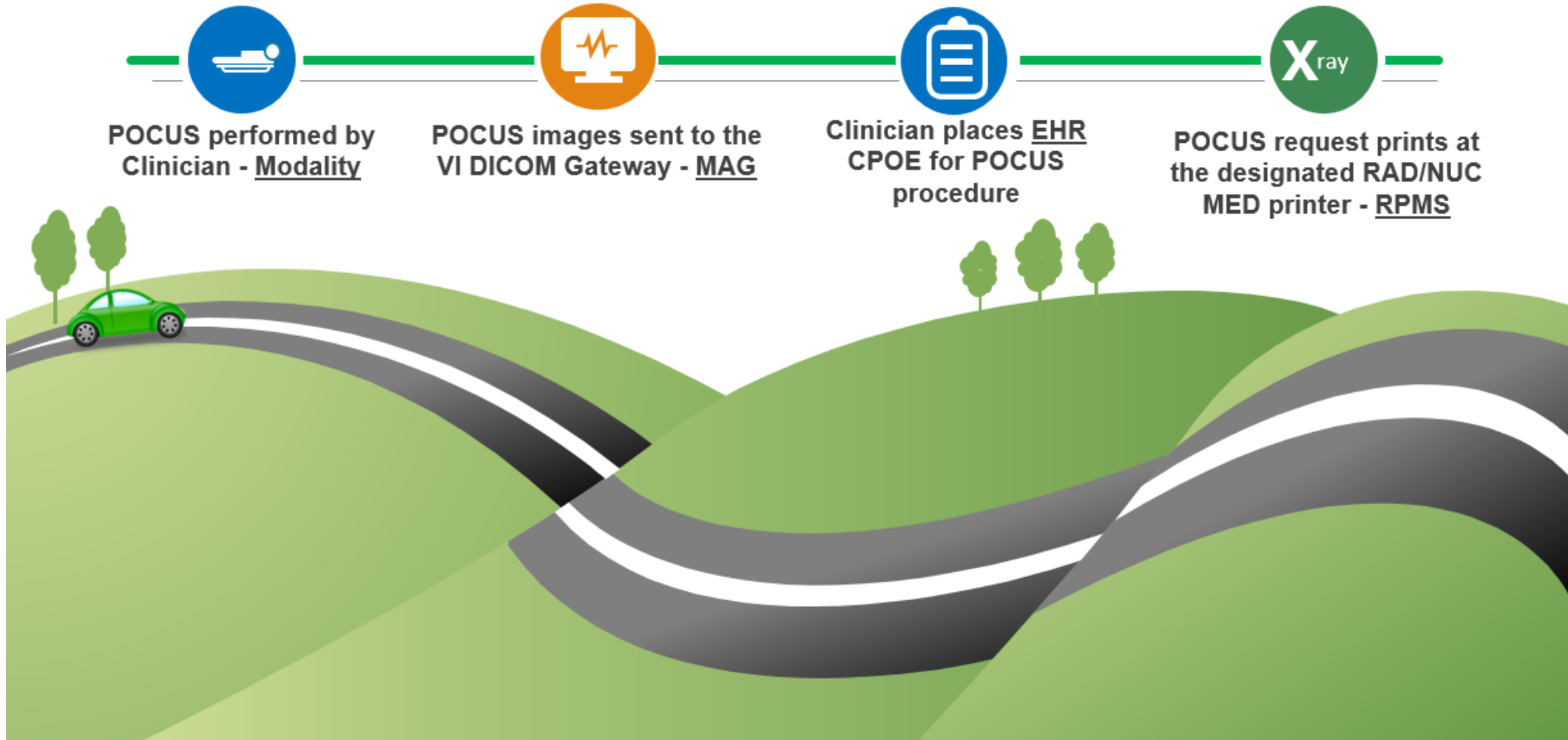
Indian Health Service

Health IT Workflow for Clinicians, Imaging Staff in the EHR - RPMS - VI

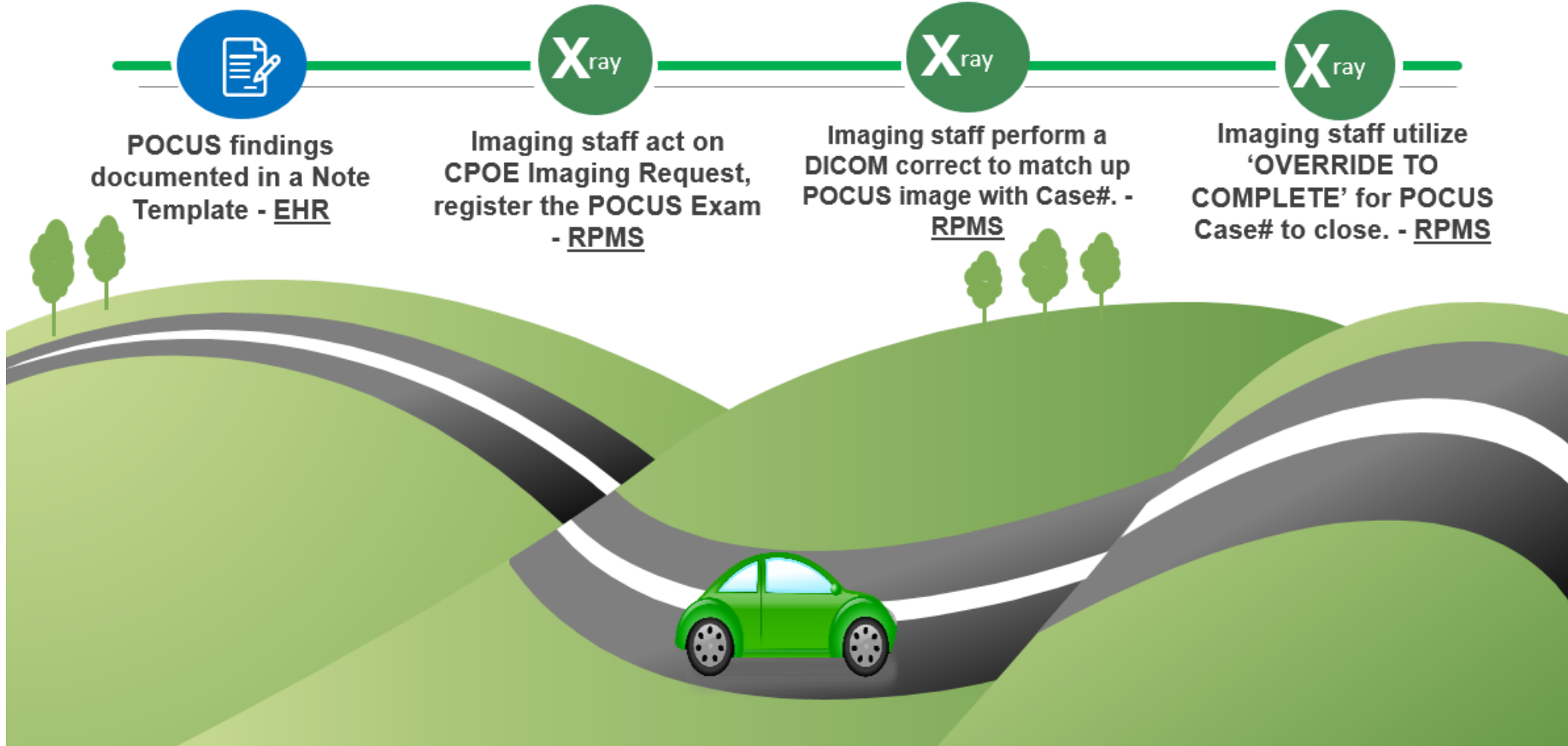
LESLIE WHITE – IHS OIT IT SUPERVISOR
LEE REDLEGS – IHS OIT VISTA IMAGING
PARTNERSHIP AUGUST 2023



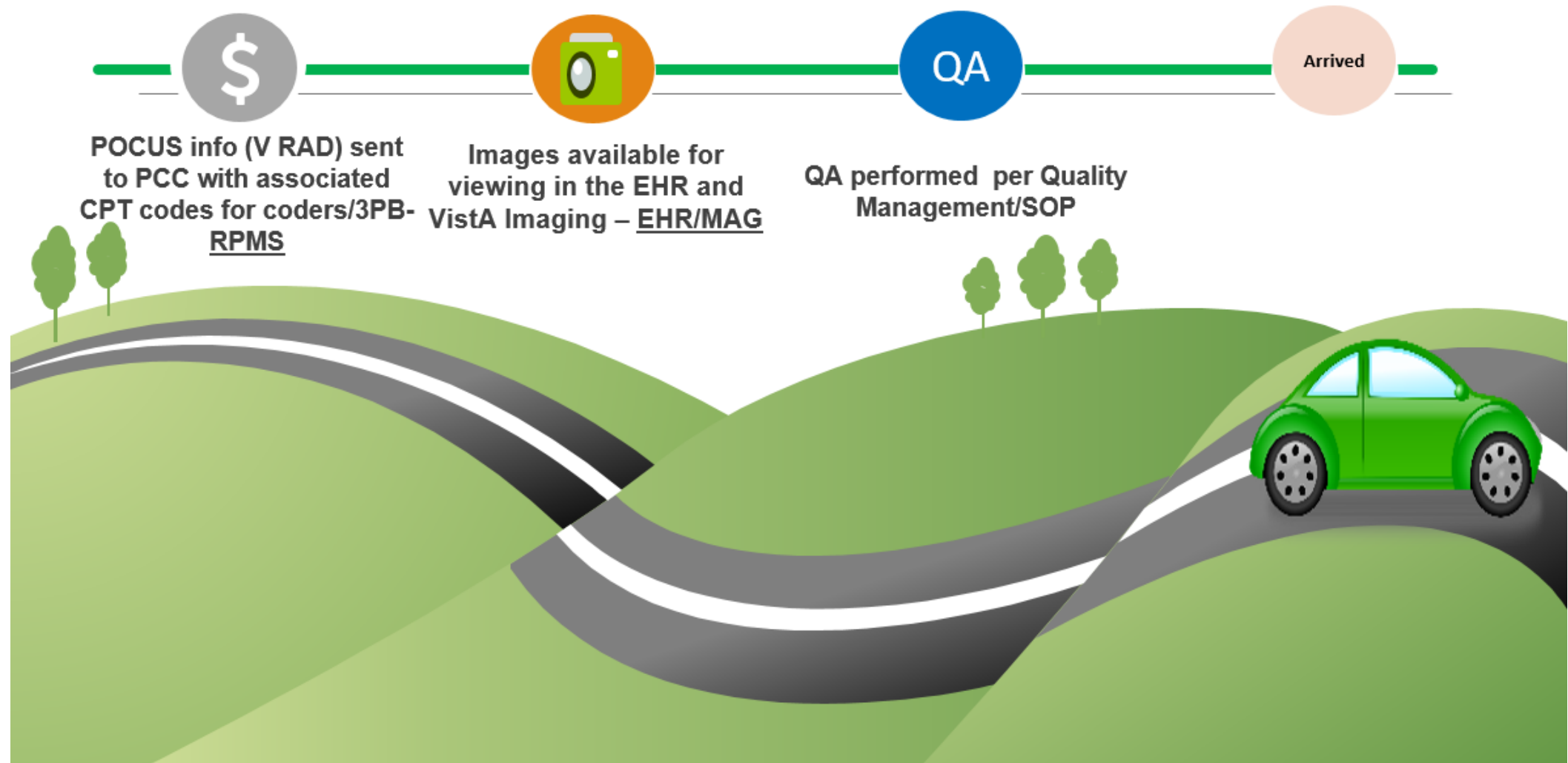
HIT Workflow Initiated by the US Point-of-Care Procedure Culminating in a Viewable Image & Visit File



HIT Workflow Started by the US Point-of-Care Procedure Culminating in a Viewable Image and Visit File



HIT Workflow Commenced by the US Point-of-Care Procedure Culminating in a Viewable Image & Visit File



1. Modality POCUS Performed on Approved Modality VA DICOM LIST

Modality Simulator

File Edit Help

Query Parameters

Patient Name

Patient ID

Accession#

Modality Today Only

Modality Worklist SCP

Called AE Title

Calling AE Title

Host

Port

Patient Name	Patient Id	Accession #	Modality
--------------	------------	-------------	----------

Send Configuration

Directory

Storage SCP

Called AE Title

Calling AE Title

Host

Port

Manufacturer/Model

Manufacturer

Model

Modality

Generate DICOM UIDs

Fujifilm -
SonoSite X-
Porte



2. Imaging Gateway 'BAD CASE #'

The image shows two overlapping Windows command prompt windows. The background window, titled 'IMAGE_STATUS_2_3', displays the 'Vista DICOM Image Storage Server Status' with a table of instrument associations. The foreground window, titled 'RAD-1', shows the 'Vista DICOM Storage Provider' logs, including a successful connection to a MUMPS storage controller and the processing of a DICOM file. A red box highlights a specific line in the foreground window's output, and a status bar at the bottom indicates the PACS Gateway process start time.

```
IMAGE_STATUS_2_3
File Edit Help
Vista DICOM Image Storage Server Status

Instrument      Associations      Images (Time)
-----
RAD-1
CON-1
RAD_MEDIA

RAD-1
Vista DICOM Storage Provider
Trying to initialize WinSock
Trying to connect to MUMPS storage controller... Success!

Listening on Port 60100 for DICOM Storage User... \
Connected to 10.76.0.20
May 01 16:27:05 Input file C:\DICOM\IMAGE_IN\RPMSTSTVISDIG01_0012367.DCM
24884756
Client Disconnected!
/
Listening on Port 60100 for DICOM Storage User... -

PROCESS_DICOM_IMAGES_2_3
File Edit Help

Ready to process DICOM Images and send them to Vista? y// y
Connecting to M-to-M RPC Broker Server "rpmststvisbp1.rpmsedo.ihs" on Port 9207
- SUCCESS!

RPMSTSTVISDIG01_0012367.DCM -- WHITE,LOREN -- 141638 -- 9999 - BAD CASE #/

*****
*** PACS Gateway Process Started on May
```

3. POCUS Quick Order entered, Signed

4. POCUS Requests Prints in Radiology

Order an Imaging Procedure

Imaging Type

POCUS

Reason for Study (REQUIRED - 64 characters maximum)

ER Urgent Point of Care Ultrasound

Clinical History (Optional)

EYE INJURY, OCCLUSION

pnIReason

Imaging Procedure

POCUS ORBITAL US-ER (76513)

POCUS ORBITAL US-ER (76513)

POCUS US - ECHOGRAM, ABD (76705)

POCUS US - ECHOGRAM, ABD (76705)

Requested Date: N

Urgency: STAT

Transport: PORTABLE

PreOp Scheduled:

Category: OUTPATIENT

Submit To: POCUS

Isolation

Available Modifiers

POCUS read in the ER/UC

POCUS

POCUS read in the ER/UC

Selected Modifiers

POCUS read in the ER/UC

POCUS read in the ER/UC

Remove

**** Requested Exams for DEMO,LOUIS ****

139 Requests

Height : 72" on FEB 17,2023

Weight : 240 lbs on FEB 17,2023

St	Urgency	Procedure / (Img. Loc.)	Desired	Requester	Req'g Loc
1	p STAT	POCUS ORBITAL US-ER (7651 (POCUS)	05/01/2023	WHITE,LESLI	EMERGENCY D

POCUS ORBITAL US-ER (76513) POCUS read in the ER/UC STAT

Accept Order

Quit

5. TIU Note Template for POCUS Findings Teresa Chasteen RHIT- Bemidji Area

Template: ED POCUS

[ADD LOCAL FORM NUMBER TO TIU TEMPLATE
FIELD "ED POC US FORM NUMBER"]
tv004

I performed the following diagnostic Point of Care Ultrasound:

- EFAST
- Limited Cardiac
- Aorta
- Thoracic
- Abdomen
- RUQ Biliary
- Renal/Bladder
- Pelvic Obstetric
- Ocular
- Lower Extremity Venous
- Soft Tissue/MSK
- Procedural
- Testicular

All None * Indicates a Required Field Preview OK Cancel

6. RAD / NUC MED Registration

Select IHS Kernel <TEST ACCOUNT> Option: RAD Rad/Nuc Med Total System Menu
Please select a sign-on Imaging Location: POCUS// **(POCUS-8993)**

**** Requested Exams for WHITE,LOREN DEAN **** 1 Requests

Height : 72" on APR 21,2022

Weight : 155 lbs on APR 21,2022

St	Urgency	Procedure / (Img. Loc.)	Desired	Requester	Req'g Loc
----	---------	-------------------------	---------	-----------	-----------

1	p	STAT POCUS ORBITAL US-ER (76513)	05/01/2023	WHITE,LESLIE	EMERGENCY D (POCUS)
---	---	---	------------	--------------	---------------------

Select Request(s) 1-1 or '^' to Exit: Exit// 1

Procedure: POCUS ORBITAL US-ER (76513)

...will now register WHITE,LOREN DEAN with the next case number... (MAY 01,2023@16:45)

Case Number: 288

PROCEDURE: POCUS ORBITAL US-ER (76513)// (POC Detailed) CPT:76513

Select PROCEDURE MODIFIERS: POCUS read in the ER/UC//

CATEGORY OF EXAM: OUTPATIENT// OUTPATIENT

PRINCIPAL CLINIC: EMERGENCY DEPARTMENT//

TECHNOLOGIST COMMENT:

7. DICOM Correct To Move Images Into VI Storage

PATIENT: WHITE,LOREN

HRN: 141638

RADIOLOGY CASE #: 9999

Equipment: RAD-1

Model: US

Date Processed: MAY 1,2023

Problem with: BAD CASE#

Comment:

Correcting file on Image gateway server ID: RPMSTSTVISDIG01

C:\DICOM\IMAGE_IN\RPMSTSTVISDIG01_0012367.DCM

Do you want to Correct this entry? (Y/N/D/Q/P)// Y

Lookup by case number or patient name

Enter patient or case number: 288

7a. DICOM Correct To Move Images Into VI Storage

PATIENT: WHITE,LOREN DEAN

HRN: 141638

Case No.	Procedure	Location	Exam Date
+288	POCUS ORBITAL US-ER (76513)	POCUS	05/01/23

Exam status: WAITING FOR EXAM

****Please review the following: ****

Previous name: WHITE,LOREN

New name: WHITE,LOREN DEAN

Previous HRN: 141638

New HRN: 141638

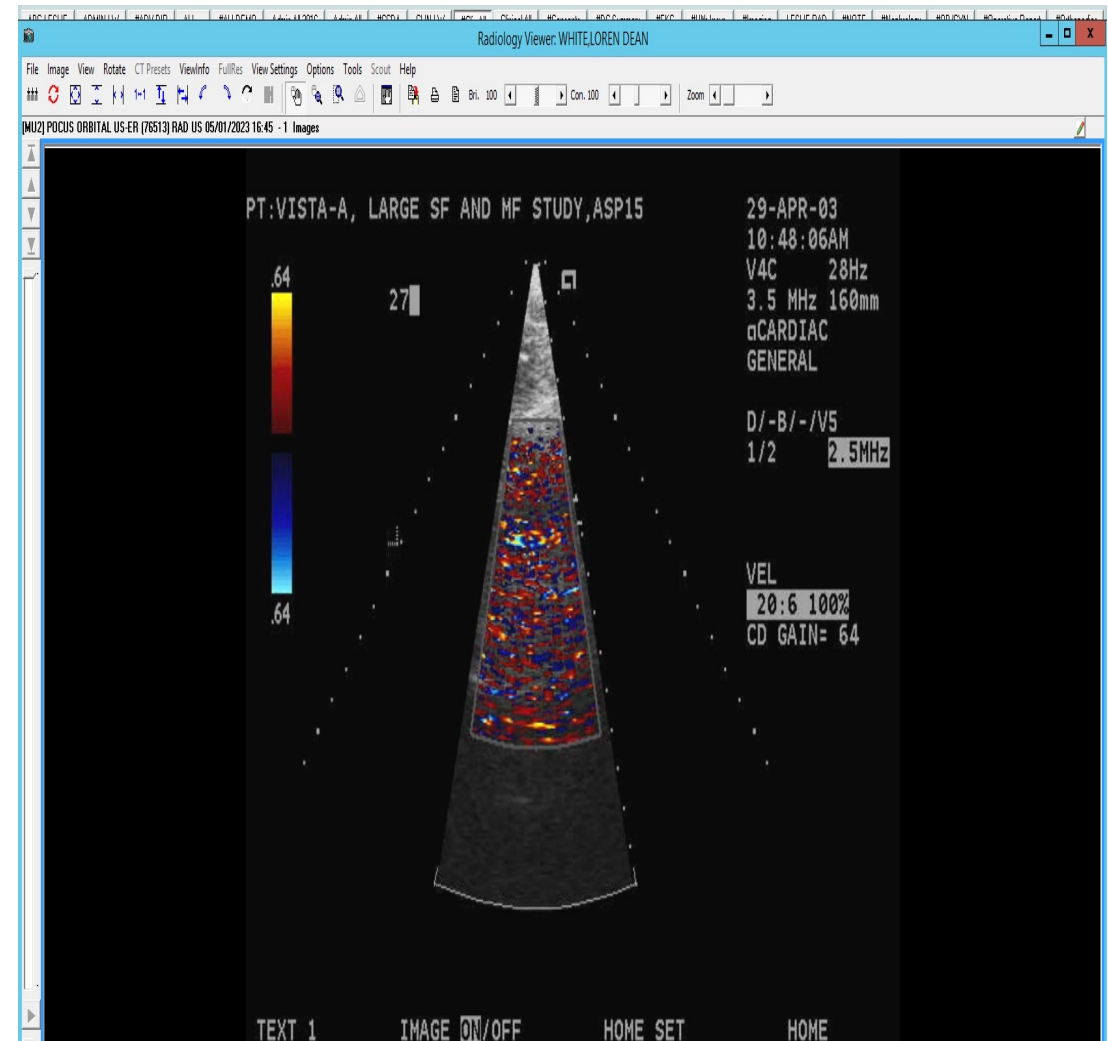
Previous case #: 9999

New case #: 050123-288

Patient names do not match. Update? (Y/N/D/Q/P)// Y

Post DICOM Correction Images Are Copied, Saved, & Viewable in VI.

```
PROCESS_DICOM_IMAGES_2_3
File Edit Help
Connecting to M-to-M RPC Broker Server "rpmststvisbp1.rpmbedo.ihs" on Port 9207
- SUCCESS!
\
RPMSTSTVISDIG01_0012367.DCM -- WHITE,LOREN -- 141638 -- 9999 - BAD CASE #-
RPMSTSTVISDIG01_0012367.DCM -- WHITE,LOREN -- 141638 -- 9999
CORRECTED -- WHITE,LOREN DEAN -- 141638 -- 050123-288
Image directory path "\\RPMSTSTVISSC1\IMAGE2$\CEHR\00\00\01\73" already exists
COPY C:\DICOM\IMAGE_IN\RPMSTSTVISDIG01_0012367.DCM \\RPMSTSTVISSC1\IMAGE2$\CEHR\00\00\01\73\CEHR0000017399.DCM
1) 1 file(s) copied.
DEL C:\DICOM\IMAGE_IN\TMP_TEXT.TXT
COPY C:\DICOM\IMAGE_IN\TMP_TEXT.TXT \\RPMSTSTVISSC1\IMAGE2$\CEHR\00\00\01\73\CEHR0000017399.TXT
1) 1 file(s) copied.
DEL C:\DICOM\IMAGE_IN\TMP_IMAGE.ABS
MAG_DCMabstract C:\DICOM\IMAGE_IN\RPMSTSTVISDIG01_0012367.DCM C:\DICOM\IMAGE_IN\TMP_IMAGE.ABS
1) 0
COPY C:\DICOM\IMAGE_IN\TMP_IMAGE.ABS \\RPMSTSTVISSC1\IMAGE2$\CEHR\00\00\01\73\CEHR0000017399.ABS
1) 1 file(s) copied.
DEL C:\DICOM\IMAGE_IN\RPMSTSTVISDIG01_0012367.DCM
```



8. RPMS 'OVERRIDE TO COMPLETE' Closes Out POCUS Exam & Pushes V RADIOLOGY File to PCC

Select Supervisor Menu <TEST ACCOUNT> Option: OVERRIDE a Single Exam's Status to 'complete'

Enter Case Number: **288**

Name : WHITE,LOREN DEAN

Pt ID : 141638

Case No.: 288

Procedure : POCUS ORBITAL US-ER (7651

Exam Date: MAY 1,2023 16:45

Technologist:

Req Phys : WHITE,LESLIE IT BS MT

Are you sure? No// Y

...will now attempt override...

STATUS CHANGE DATE/TIME: MAY 1,2023@18:12//

...exam status is now 'COMPLETE'.

...will now designate request status as 'COMPLETE'...

...request status successfully updated.

9. V RADIOLOGY File In PCC CPT Code and Modifier

PCC VISIT DISPLAY May 01, 2023 16:45:57 Page: 3 of 3 +

RADIOLOGY PROCEDURE: POCUS ORBITAL US-ER (76513)

CPT CODE: 76513

MODIFIER: 26

ACCESSION #: 050123-288

PROCEDURE MODIFIER: POCUS read in the ER/UC

IMPRESSION: NO IMPRESSION.

EVENT DATE&TIME: MAY 01, 2023@16:45

ORDERING PROVIDER: WHITE,LESLIE IT BS MT

CLINIC: EMERGENCY MEDICINE

DATE/TIME ENTERED: MAY 01, 2023@16:45:06

ENTERED BY: WHITE,LESLIE IT BS MT

DATE/TIME LAST MODIFI: MAY 01, 2023@16:45:06

LAST MODIFIED BY: WHITE,LESLIE IT BS MT

V FILE IEN: 47712

10. Image Files Available in the EHR

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 EPCS

White, Loren Dean
141638 24-Sep-2006 (16) M

Visit not selected
WHITE,LESLIE IT BS MT

Posting AD POC Lab Entry Pharm Ed Prescripts Re

Problem List Advs React Medi

Notifications Cover Sheet Triage Wellness Problem Mngt Prenatal Well Child Medications Labs Orders Notes Consults/Referrals Superbill D/C Summary Suicide Form Rep

Available Reports

Imaging (local only) [From: Apr 27,2018 to May 01,2023] Max/site:30

Procedure Date/Time	Procedure Name	Report Status	Exam Status	Case #	[+]
05/01/2023 16:45	POCUS ORBI...	No Report	Complete	288	[+]
04/24/2022 21:49	XRAY DEMO ...	No Report	Waiting F...	272	[+]
04/24/2022 21:49	XRAY DEMO ...	No Report	Waiting F...	273	[+]
04/22/2022 16:50	XRAY DEMO ...	Verified - A...	Complete	287	[+]
04/22/2022 16:50	XRAY DEMO ...	Verified - A...	Complete	288	[+]
04/21/2022 00:20	SHOULDER 2	Verified - A...	Complete	284	[+]

POCUS ORBITAL US-ER (76513)


Exm Date: MAY 01, 2023@16:45
Req Phys: WHITE,LESLIE IT BS MT

Pat Loc: EMERGENCY DEPARTMENT (Req'g Lo
Img Loc: POCUS
Service: Unknown

Abstracts

POCUS ORBITAL US-ER (76513)

Series 1



1/1

1 Images for the selected Radiology Exam

Indian Health Service Knowledge Sharing Quality Improvement Process

LESLIE WHITE – IHS OIT IT SUPERVISOR

MICHAEL HENRY – PARKER IHS HOSPITAL

PARTNERSHIP AUGUST 2023



Non-Vista Imaging DICOM Facilities with Radiology Services, are they Utilizing POCUS?

ABQ Area

- POCUS not performed.

Great Plains Area

- One (1) site has confirmed.
- ED does have its own machine and will occasionally look at something as necessary/STAT, but it's not well documented or images saved.
- ED staff likely document observations in the notes.
- ED US images are not stored in the local PACS

OKC Area

- Two (2) sites performing but are not saving images

PROCEDURE MODIFIER

Created For Initial RAZ QO Request

Outbound ORM message example with OBR + OBX segments

```
OBR|050123-288|6769496.8568-1^050123-288^L|76513^ECHO EXAM OF EYE  
WATER BATH^C4^773^POCUS ORBITAL US-ER  
(76513)^99RAP||202305011645|""|""|||""||2935^WHITE^LESLIE^IT^BS^MT||EME  
RGENCY DEPARTMENT||16^POCUS^2906^2013 DEMO  
HOSPITAL|POC^POCUS|20230501143156  
0700||CR||^R||^DEMO|||202305011645-0700  
OBX|TX|M^MODIFIERS^L||POCUS read in the ER/UC|||I
```

A Procedure Modifier can be used to alert the reading radiologist that the exam has been reviewed by a local, credentialed clinician for an initial assessment for point-of-care ultrasound.

Also pertinent if VI DICOM GW Auto Routing Rules are not sending the images.

Additional Information

Typically, emergency physicians perform limited studies and don't comment on all of the required elements of a complete study of a given anatomical area that includes a radiologist's interpretation.

Common limited POCUS CPT codes used in the emergency department include

76815 (ultrasound, pregnant uterus)

76705 (ultrasound, abdomen)

93308 (echocardiogram)

76775 (ultrasound, retroperitoneum or renal)

76604 (ultrasound, chest)

CPT Modifier:

When a code for limited ultrasound is not available (eg, transvaginal ultrasound), the -52 modifier is appropriate along with the -26 modifier. **When the ultrasound machine is owned and maintained by the hospital, you would use the -26 modifier** to stipulate that a site is only billing for the **professional component** of the ultrasound.

ACEP Quality Improvement Process (QIP)

Dr. Michael Henry – Parker Indian Health Center

[Microsoft Word - Ultrasound Guidelines- Emergency, Point-of-care, and Clinical Ultrasound Guidelines in Medicine.docx \(acep.org\)](#)

- QIP is an essential part of any US program and should include a QA component focused on review of each clinician's use of ultrasound
- QA should evaluate use of ultrasound in indicated clinical scenarios, technical competence for image acquisition and accurate interpretation
- Technical parameters to be evaluated might include image resolution, anatomic definition, and other image quality acquisition aspects such as gain, depth, orientation, and focus.
- QA should compare the impression from the US interpretation to patient outcome measures
- QIP design should strive to provide timely feedback to physicians
- Once clinicians are credentialed, programs should strive to sample a significant number of studies from each clinician that ensures continued competency

ACEP Quality Improvement Process (QIP) Flow

1. Images obtained by the imaging clinician should be archived, ideally on a digital system. These images may be still images or video clips and should be representative of the US findings.
2. Clinical indications and US interpretations should be documented.
3. These images and data are then reviewed by the US director or a designee
4. Reviewers evaluate images for accuracy and technical quality and submit the reviews back to the imaging clinician.

NOTE: Health Information Management (HIM) for Quality Control Documentation process.

References

<https://www.acep.org/siteassets/uploads/uploaded-files/acep/by-medical-focus/ultrasound/acep-us-cpt-update-2020.pdf>

[Microsoft Word - Ultrasound Guidelines- Emergency, Point-of-care, and Clinical Ultrasound Guidelines in Medicine.docx \(acep.org\)](#)

Indian Health Service

Deploying the ED POCUS in RPMS While Laying the Foundation for HIT Modernization

RYAN LUGINBUHL, MD

LIFE SCIENCES CLINICAL DECISION PRINCIPAL

PARTNERSHIP AUGUST 2023



Federally Funded Research & Development Center (FFRDC)



Key Attributes

- Created by government — a **federal entity**
- Addresses key challenges of considerable **complexity**
- Analyzes technical questions with a high degree of **objectivity**
- Provides **innovative and cost-effective** solutions to government problems
- **Does not compete with industry or develop commercial products**
- Can perform functions that are “**close to inherently governmental**”
- **Independent operator** enables broad stakeholder engagement

Federal Acquisition Regulation 35.017

35.017 Federally Funded Research and Development Centers.

(a) Policy. (1) This section sets forth Federal policy regarding the establishment, use, review, and termination of Federally Funded Research and Development Centers (FFRDC's) and related sponsoring agreements.

(2) An FFRDC meets some special long-term research or development need which cannot be met as effectively by existing in-house or contractor resources. FFRDC's enable agencies to use private sector resources to accomplish tasks that are integral to the mission and operation of the sponsoring agency. An FFRDC, in order to discharge its responsibilities to the sponsoring agency, has access, beyond that which is common to the normal contractual relationship, to Government and supplier data, including sensitive and proprietary data, and to employees and installations equipment and real property. The FFRDC is required to conduct its business in a manner befitting its special relationship with the Government, to operate in the public interest with objectivity and independence, to be free from organizational conflicts of interest, and to have full disclosure of its affairs to the sponsoring agency. It is not the Government's intent that an FFRDC use its privileged information or access to installations equipment and real property to compete with the private sector. However, an FFRDC may perform work for other than the sponsoring agency under the Economy Act, or other applicable legislation, when the work is not otherwise available from the private sector.

(3) FFRDC's are operated, managed, and/or administered by either a university or consortium of universities, other not-for-profit or nonprofit organization, or an industrial firm, as an autonomous organization or as an identifiable separate operating unit of a parent organization.

(4) Long-term relationships between the Government and FFRDC's are encouraged in order to provide the continuity that will attract high-quality personnel to the FFRDC. This relationship should be of a type to encourage the FFRDC to maintain currency in its field(s) of expertise, maintain its objectivity and independence, preserve its familiarity with the needs of its sponsor(s), and provide a quick response capability.

Your FFRDC: Unique Resource for Impact

Dedicated to solving complex health and human services problems

Sponsored by all agencies in the Department of Health and Human Services (HHS)

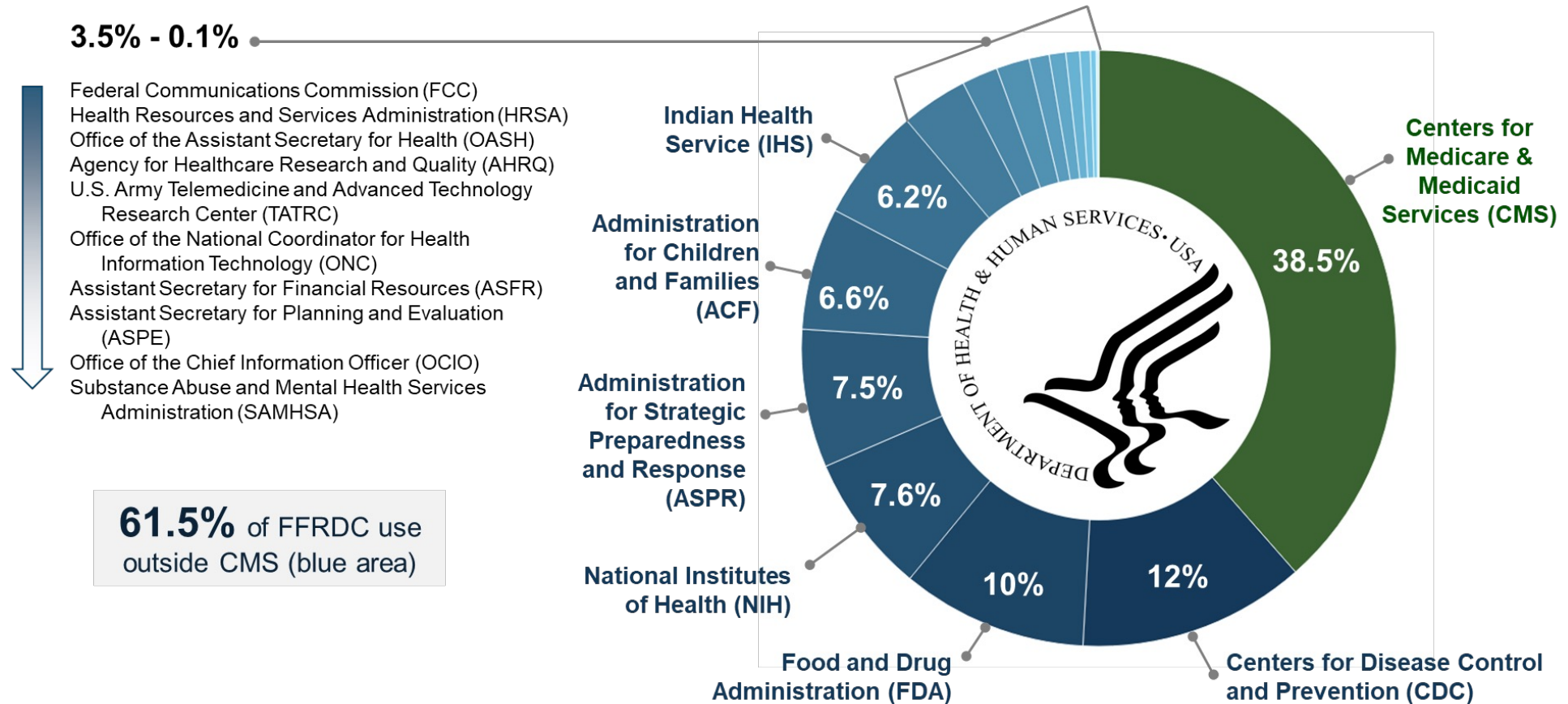
Administered by the Centers for Medicare & Medicaid

- objective insight in conflict-free environment
- long-term strategic partner
- unique vantage point across government
- deep expertise in health - policy – IT
- innovative approach that is interdisciplinary
- broad alliance of private-sector resources



Connecting Across HHS and the Nation to Deliver Impact

Percentage of Health FFRDC Work in FY22, by Federal Sponsor



Transforming the way we deliver care begins with realigning our processes

Targeted configuration of unique high-risk, problem-prone, and high variability workflows



IMPROVING CARE DELIVERY

Seamless, consistent, rigorous processes across the field will drive efficiencies to deliver better care



ENHANCING PATIENT EXPERIENCE

Enhanced processes in telehealth, patient portal, and digital health applications expands our digital footprint and will enrich patient experiences and provide more seamless access to care



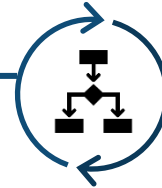
LEVERAGING DATA TO DRIVE OUTCOMES

Redesigned processes will improve data capture and data quality fostering innovative analytics to better understand our patient populations and drive improved outcomes

WRAP: From Challenges to Opportunities

With every challenge comes an opportunity

CHALLENGES



OPPORTUNITY



Mastery of the EHR by the User

Inefficient and disparate processes can present a challenge to initial and ongoing training and compromise EHR mastery



Configuring the EHR for the User

Lack of consistent, rigorous models that do not meet the needs of the user can negatively impact the adoption of the EHR



Listening to the User in Decision Making

Various clinical and business partners, dispersed across the country with unique needs, require consistent and deliberate engagement



Using the Models for Configuring, Testing, and Training

Use of models will be continuous and iterative, lasting through the EHR implementation and optimization



Leveraging the Models for Vendor Collaboration

Comprehensive models based on SME engagement will help inform the EHR vendor's configuration efforts



Empowering the User Via Engagement

Through consistent and deliberate engagement with user, models will ensure confidence and ownership in the new technology and form a more personalized EHR experience

IHS Health Information Technology Modernization Preparation for Vendor

“Too often clinics believe workflow should only be assessed after a vendor product has been selected and just before the health IT is implemented.”

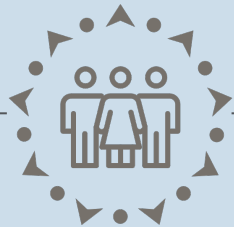
- **Agency for Healthcare Research and Quality (AHRQ)**

Understanding the unique aspects of IHS workflows allows the agency to leverage a COTS EHR out-of-the-box with focused configuration based on IHS' specific needs identified through an extensive WRAP process.



Workflow Research Alignment Plan (WRAP) Overview

WRAP utilizes Business Process Modeling (BPM) to document shared best practice future-state workflows, supporting the configuration and implementation of the new EHR



FIELD ENGAGEMENT

Engage IHS, Tribal Health Programs, Urban Indian Organizations (I/T/U) clinicians, business, and technical experts



COMPREHENSIVE APPROACH

Select specific and complex service lines (e.g., Emergency Department, inpatient care, primary care)



PARTNERSHIP

Use models to inform system build with new EHR vendor



Identify

Gaps and Inefficiencies



Model

Future State



Build

Configured EHR

How WRAP Helps HIT Modernization

WRAP is an ecosystem of tools and methods that allow for...

Shareability:

Models produced can be utilized and localized by another site or across multiple sites within the Indian Health ecosystem

Standardization:

Rigorous, thorough models creates a common understanding across Indian Health

Re-usability:

Models can be re-used depending on need, location, or uniqueness of site



Configurability:

Models provides the foundation to configure, not customize, an EHR software

Interoperability:

Models can help “connect the dots” between various systems and platforms

Extensibility:

Models are expanded or enhanced through a modular approach, where new functionalities or components can be added incrementally

ULTIMATELY ENHANCING PROVIDER-PATIENT INTERACTIONS

WRAP Summary

Phase 1:
Environmental Scan
to collect internal and external information



Phase 2:
Conceptual
to form an overarching understanding of each process model



Phase 3:
Design and Decide
to map out the future state models with IHS SMEs

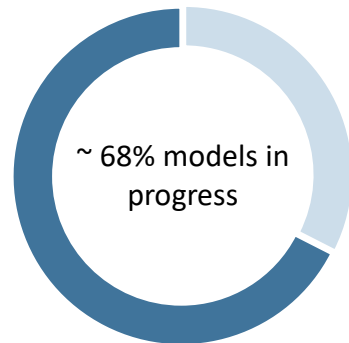



Phase 4:
Quality Review
to final check process models for clinical and technical accuracy




Phase 5:
Approval
to approve models for Governance review and shared with EHR vendor

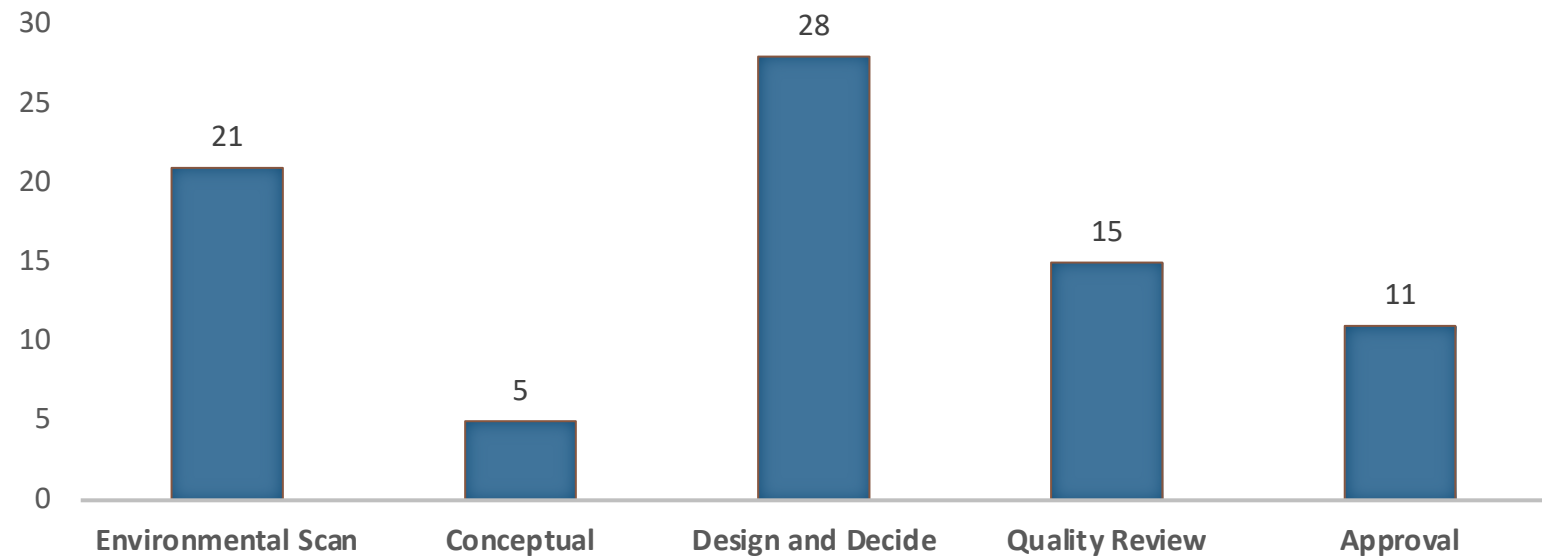
80 Process Models Identified



 In progress

 Not Started

NUMBER OF MODELS IN PHASE



Prioritization and Categorization of Process Models

Models are prioritized based on 4 distinct criteria, and categorized into 22 service lines, of which 16 are in progress

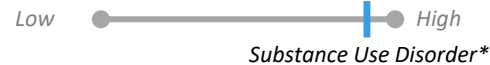
Criteria for Prioritizing BPM Process Models (via Service Lines)

1 Core Functionality



- Essential service to the organization?
- Apart of the core business operations?
- Necessary to fulfill mission?

2 Uniqueness to IHS



- Specialized program or focus area?
- Special configuration required in the EHR?

3 Volume



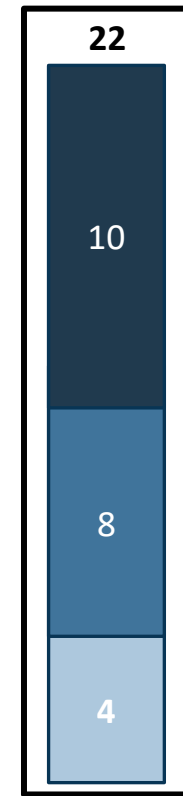
- Number of patients impacted?
- Processes that consume staff time?
- Frequently performed procedures or services?

4 High Risk



- Potential for harm to patient or impact to business operations?
- Increase of incidents or errors?
- Complexity of service?

Total Service Lines



Care Delivery Services

- Emergency Department*
- Hospitalization*
- Labor Delivery Recovery Postpartum*
- Primary Care*
- Residential Treatment Centers*
- Swing Beds
- Substance Use Disorder*
- Surgery*
- Telemedicine*
- Urgent Care

Support Services

- Community Health Aide Program*
- Employee Health*
- Imaging
- Laboratory*
- Medication Management and Administration*
- Nutrition*
- PAMPI*
- Referral Management

Business Services

- Population Health
- Public Health*
- Reporting
- Revenue Cycle Management*

List of Models

The individual status of the 80 models in scope are listed below (Service Line not listed)

Phase 1:
Environmental Scan
to collect internal and external information

1. Admit to ICU from floor
2. Admit to Surgery from floor
3. Adult Follow up Visit
4. Adult Sick Visit
5. Allergies
6. ICU Medication Management
7. Imaging
8. Immunizations
9. Inpatient Medication Management
10. Medications
11. Pediatric Follow up Visit
12. Pediatric Sick Visit
13. Pediatric Well Child
14. Population Health
15. Procedures
16. Public Health Emergency
17. Referral Management
18. Reporting
19. Surgery Medication Management
20. Swing Beds
21. Transfer to another hospital from floor



Phase 2:
Conceptual
to form an overarching understanding of each process model

1. Blood Bank
2. Day Surgery, Post-op
3. Inpatient Revenue Cycle Management
4. Inpatient Surgery
5. Pathology



Phase 3:
Design and Decide
to map out the future state models with IHS SMEs

1. Administration Medication and Dispensation
2. Ambulatory Medication Management
3. Behavioral Health Aide
4. Chemistry / Hematology
5. Day Surgery, Day of Surgery
6. Day Surgery, Pre-op (Anesthesia)
7. Drug Dependency Unit
8. ED Boarding
9. ED Observation
10. ED Fast Track
11. ED Transition of Care
12. ED Treatment Decision
13. Fulfill Medication Order
14. Hospitalization
15. Labor and Delivery
16. Microbiology
17. OB Triage
18. Outpatient Revenue Cycle Management
19. Public Health Nurse
20. Public Health Threat
21. Postpartum
22. Problem List
23. Process Medication Order
24. Recovery Post Labor and Delivery
25. Refill Authorization Denial
26. Resolve Adverse Drug Event
27. Urgent Care
28. Youth Regional Treatment Centers



Phase 4:
Quality Review
to final check process models for clinical and technical accuracy

1. Adult New Patient
2. Community Health Representative
3. Day Surgery, Pre-op Clinic
4. Dental Health Aide Therapist
5. Emergency Department Medication Management
6. Emergency Department Point of Care Ultrasound (POCUS)
7. Home Telemedicine
8. Home with Assistance Telemedicine
9. In Clinic Telehealth
10. Inpatient RDN Screening and Consult
11. Medical Management of Inpatient Detoxification
12. Medication Review
13. Remote Telehealth
14. Remote Telehealth with Assistance
15. Substance Use Disorder, Primary Care

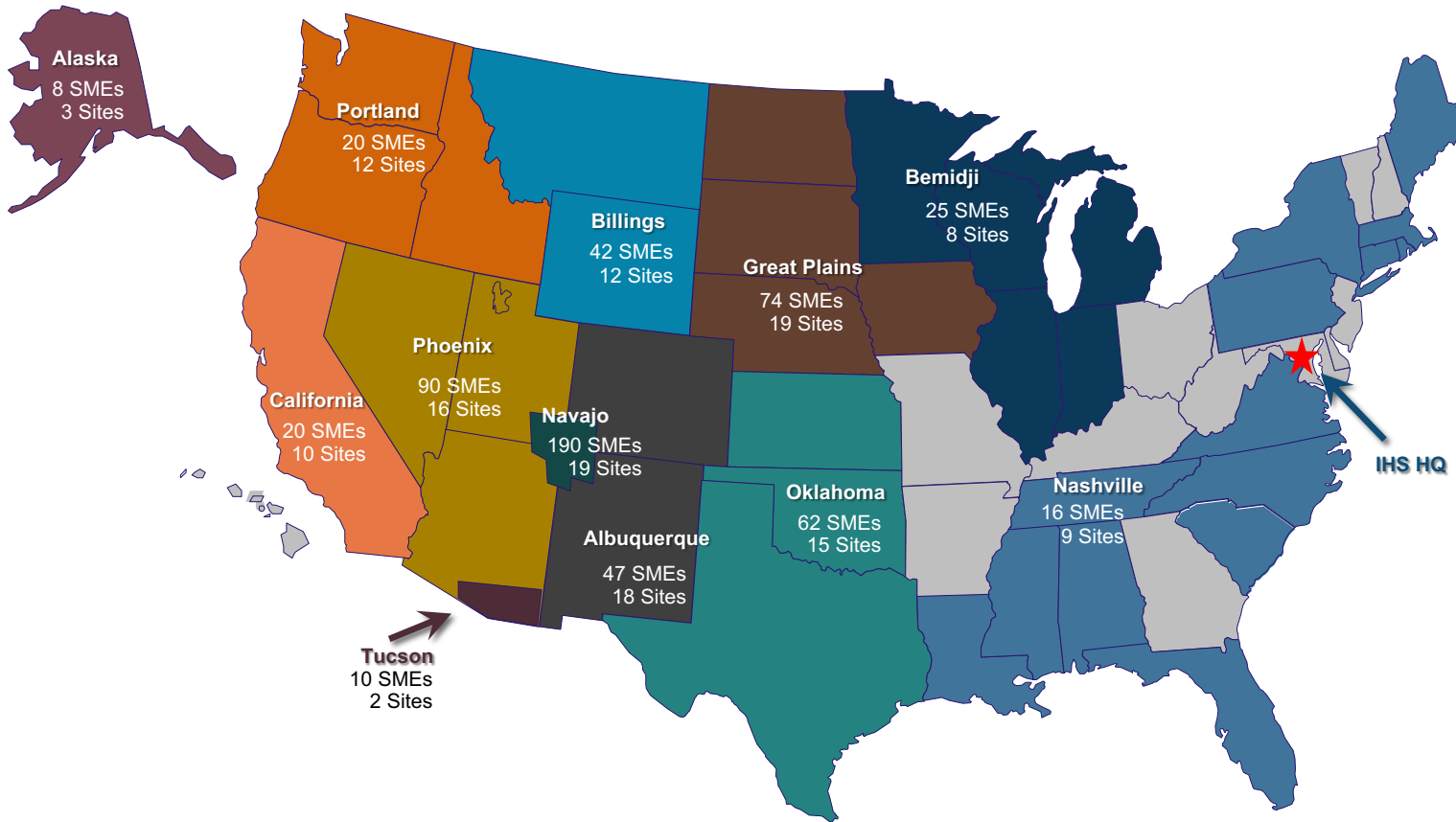


Phase 5:
Approval
to approve models for Governance review and shared with EHR vendor

1. Advanced Practice Pharmacist
2. Ambulatory Nutrition
3. Buprenorphine Bridge Program, Emergency Department
4. Community Health Aide
5. Employee Health Exposure – Emergency Department
6. Employee Health Exposure – Primary Care
7. Employee Health Immunizations
8. Employee Health Mass Wellness
9. Group / School Nutrition Event
10. Occupational Health
11. Public Health / Community Nutrition Home Visit

WRAP by the Numbers

As of August 1, 2023

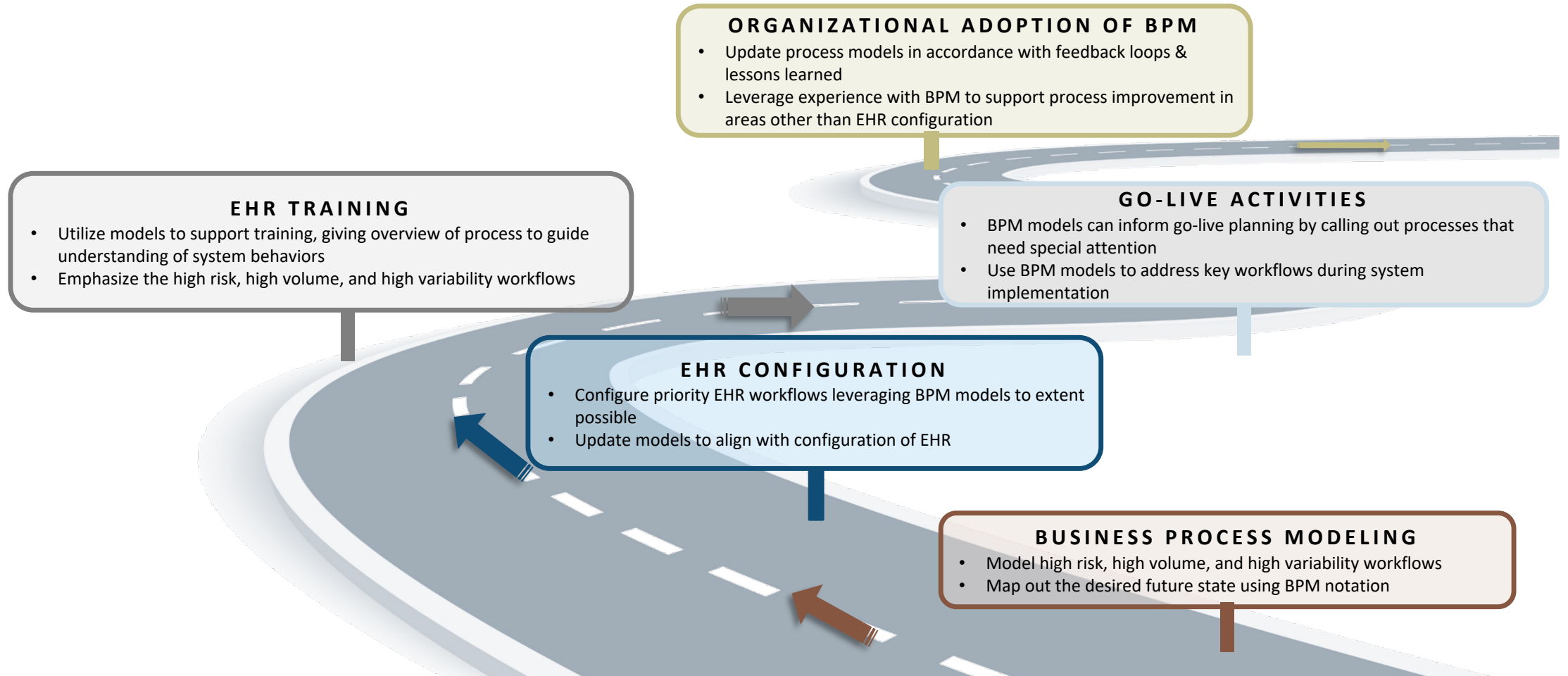


I/T/U SME engagement throughout the sessions

- 201** WRAP Work - Sessions held between Sept. 2021 and July 2023
- 22** Service Lines
- 12** Areas Participating (plus IHS HQ)
- 204** Sites of Care Participating (Station, Center, Clinic, Hospital)
- 1300+** Unique SMEs Participating
- 5300+** Participant Encounters

The Path Ahead with WRAP

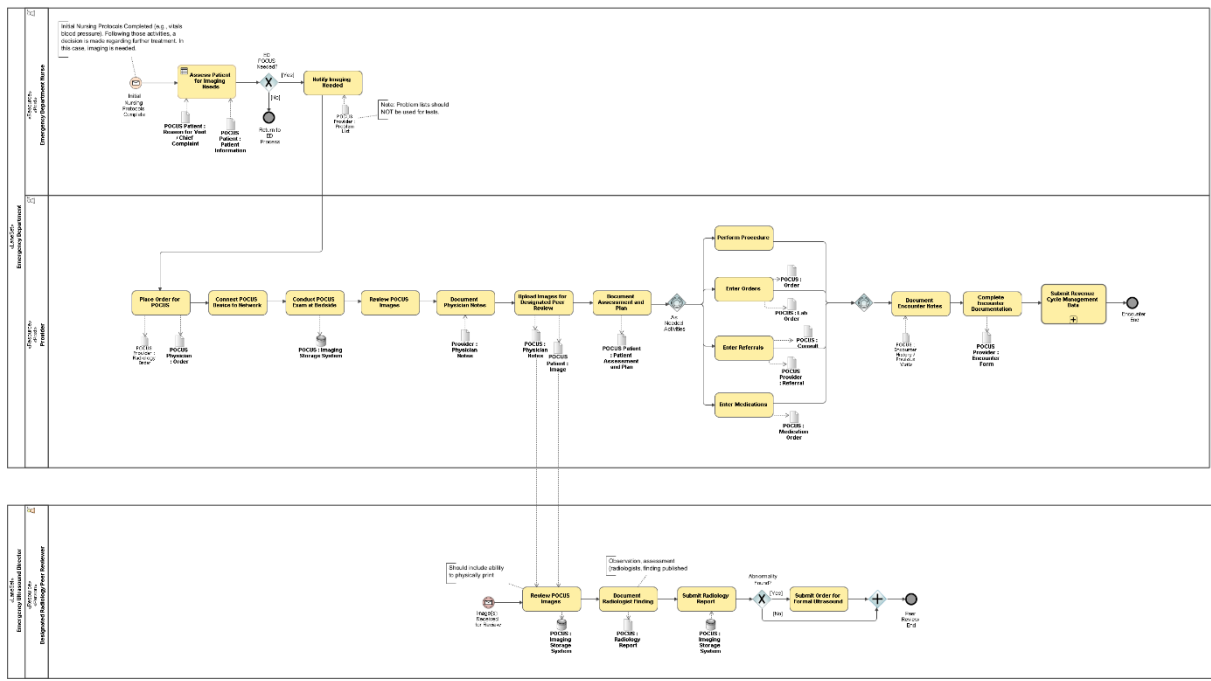
WRAP lays the groundwork for configuration, training, implementation, and optimization of the new EHR



ED Point of Care Ultrasound (ED POCUS)

DRAFT MODEL – For Informational Purposes Only

Diagram name	ED POCUS Services
Author	awd384
Creation date	6/10/23, 10:51 AM
Modification date	6/10/23, 12:46 PM
Documentation	Provider addresses the ED Patient's needs Point of Care Ultrasound (POCUS) imaging Provider performs the imaging
Completion skills	



ED POCUS Services DRAFT 14 Aug 2023.png

ED POCUS

A SYSTEM OF SYSTEMS



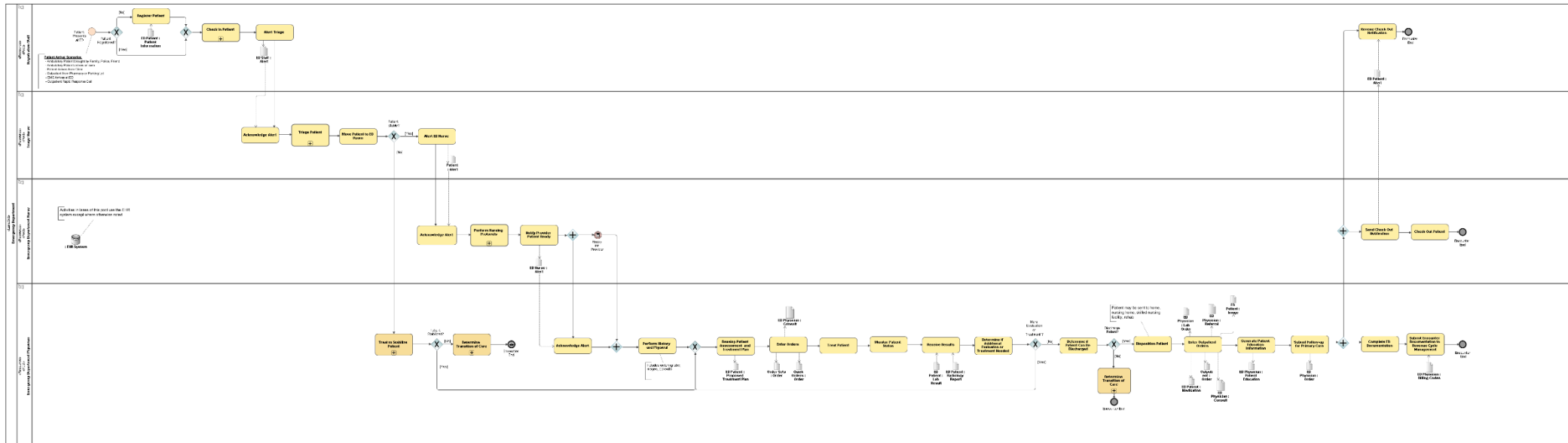
A System of Systems

ED POCUS combines with a collection of other service lines, including Emergency Department, to create a new, more complex system which offers more functionality, potential for scaled impact, and opportunities for revenue cycle management than simply the sum of the constituent service lines

ED Stable Patient

DRAFT MODEL – For Informational Purposes Only

Document Name	Emergency Department General with Stable Patient
Author	Amelinda
Creation Date	03/02/2023 12:42 PM
Modification Date	03/10/2023 10:47 AM
Description	The model depicts the process of a patient presenting to the Emergency Department (ED) to receive treatment. The start of the starting point is when the patient is seen by the ED.
Completion Status	



Emergency Department General with Stable Patient DRAFT 14 Aug 2023.png

Indian Health Service Questions & Discussion

LESLIE WHITE – IHS OIT INFORMATICS SUPERVISOR

RYAN LUGINBUHL – MITRE CORPORATION

PARTNERSHIP AUGUST 2023



