

Document Storage Systems, Inc.

2nd Quarter FY2022

Release Documentation

**Installation Updates:**

The DSI certification build is common to all DSS applications that have been certified for use VA wide by the Office of OIFO. The DSS Core (VEJD namespace) Kid Build (VEJDCRE.KID –refer to the below version) deploys modified VEJD routines that reference the DSIC certified routines. The DSIC build is required to be installed before the VEJD Core build can be installed. Load/Installation DSS Core/Cert Builds upon the CD installation process. Please note, there is a corresponding Technical Manual and Installation Guide for each of the below referenced kid files. Please contact DSS Technical Services to acquire a copy of this documentation.

IMPORTANT:

When upgrading your application to the latest version attached in this release from Enterprise Manager, all applicable executables currently installed will be replaced with the most recent version developed by Document Storage Systems.

Technical Services

Self Service: <https://support.dssinc.com>

Email: Support@dssinc.com

Telephone: 561.284.7200

Table of Contents

Product Updates.....	1
Above PAR	1
APAT	1
Caribou CLC Suite	2
Clinical Note Templates Plus.....	2
Consult Tracking Manager Plus.....	3
Core KIDS Build	3
cyberREN	3
Data Miner	4
Dental Record Manager Plus.....	4
DocManager	5
Electronic TeleCare Record Manager Plus	7
Enterprise Manager.....	8
GetWellNetwork	8
Insurance Capture Buffer.....	9
Insurance Capture Buffer Web	9
Integration Framework.....	10
Mental Health Suite.....	10
Patient Case Manager [in partnership with Iconic Data]	11
PeriOp Manager [in partnership with LiveData]	12
Release of Information Plus.....	13
Rx-Framework (DSII).....	13
Suicide Prevention Manager [partnership with Iconic Data].....	14
TeleCare Record Manager Plus	14
TheraDoc	15
VA Chart Complete (VEJDVACC.KID) Version 5.0	16
VA Chart Deficiency Category Management Tool Version 3.1.4.....	16
VistA Chemotherapy Manager.....	16
VistA Gateway.....	16
VistA Integration, Reporting and Revenue [in partnership with Alpha II]	17



Product Release Notes for Q2 2022

Product Updates

Above PAR

Above PAR is a VistA-integrated, graphical user interface designed to streamline the workflow processes and improve functionality for equipment and inventory management. Above PAR was specifically developed to improve data entry, integrity, display and reporting of the AEMS/MERS VistA packages including Equipment Turn In and Preventive Maintenance, as well as GIP and Work Order functionality. An easy-to-use windows style screen interface replaces the roll and scroll applications, providing a fresh and rewarding user experience that increases productivity and greatly reduces the training time typically needed to learn the VistA functionalities used by the Logistic and Biomedical departments.

Above PAR gives Veterans Affairs (VA) management an in-depth, real-time view into key supplier, inventory and procurement indicators to meet performance measures such as inventory accuracy, cross check duplicate items, and more, which cannot be performed via the current system. Real-time supply and demand information will enable better management of inventory levels and costs and better meet fulfillment expectations and improving customer service.

Above PAR Version 1.5.3.0

Originally published December 2021.

Note: This release contains a GUI Patch and a KIDS included build Above PAR.exe (1.5.2.0).

Version 1.5.3/DSIY*1.5*2

This is an emergency patch with 9 fixes and is dependent on the full version of Above PAR 1.5.2.0/DSIY*1.5. IOC production testing was completed on 12-14-2021.

Final release Completed 01-05-2022.

APAT

Advanced Prosthetics Acquisition Tool (APAT) is a VistA integrated software module which automates the request for quote and purchasing workflow. APAT can be used by the prosthetics department for purchasing, quotes, and work orders. These items include Prosthetics, Orthotics, and other Sensory Aids. The APAT module provides workflow automation for creating and managing quotes and purchase orders to vendors, including electronic submission of these documents. APAT also can scan and index these documents into a database. The application provides detailed activity reporting.

APAT V2.4 / DSSO 2.0*1

APAT V2.4 contains bug fixes and many users requested program enhancements, including many intuitive features that will automatically select fields that used to be manually selected, and giving users features in APAT that they used to have to do in Vista roll and scroll.

One of the biggest features added in v2.4 is a new report called the List Open Purchase Card Transactions by Initiator (LPCI) Plus report is used to display simplified purchase order information created by a purchasing agent over a specific date range. This report is the first step in providing solutions for one of the VA's top 3 prosthetic initiatives, a more efficient user experience for reconciling prosthetic transactions.



Caribou CLC Suite

Caribou CLC Suite (Caribou), a web-based solution located in the VA Microsoft Azure cloud, is designed to identify the functional and health care needs of Veterans in long-term care facilities. The VA offers a dynamic array of short-stay and long-stay, non-acute services for Veterans who are medically and psychiatrically stable. Caribou consists of Minimum Data Set (MDS), Care Plans, Care Manager, and National (Central) Reports. The software helps the user to develop a plan of care where services are individualized to meet the needs of each Veteran. Caribou assists the staff in gathering definitive information on a resident's strengths and needs, which must be addressed in an individualized care plan.

Caribou increases user productivity across the resident care team as multiple VistA data points are integrated. Resident admissions, discharges, and transfers (ADT) are tracked through VistA integration, OBRA and PPS scheduling, MDS batching, and reports. Care Manager results are linked to multiple MDS sections and enables the user to quickly enter data into the assessments without exhaustive searches through VistA/CPRS for the relevant data.

DSIB Caribou CLC Suite KIDS Build (DSIB.KID) Version DSIB 1.0P11

- Added code to return the COVID Banner status with the Patient Demographics.
- Added the ORWPT2 COVID RPC to the DSIB MDS MENU option.

v3.0.2.50 – Enhancements

- Bowel and bladder validation.
- Remove 802 cell report limits.

v3.0.2.50 – Fixes

Resident Report: ADL/Event 7-day lookback.

Clinical Note Templates Plus

Clinical Note Templates (CNTs) Plus are a note charting software for VA clinicians. CNT Plus has components that are mapped to VistA PCE items, which in turn are available for reporting purposes and are able to satisfy Clinical Reminders. CNT Inventory Count: 415

DSIG CNT Plus KIDS Build (DSIG.KID) Version DSIG 4.0

No updates for this quarter.

Clinical Note Templates Inventory 22.2.0.0

Inventory roll up including all site requested changes in numerous CNTs since the 22.1.0.0 release in 2022 Q1.

DSSNav.exe (standalone DSS CNT Navigator) Version 3.9

No updates for this quarter.

CNTNavForCPRS.dll (Com Object CNT Navigator) Version 3.8

No updates for this quarter.

Consult Tracking Manager Plus

Consult Tracking Manager (CTM) Plus provides an instant, up-to-date dashboard view of the status of all your consults displayed by service line. The application shows all actions required by role. When a task is complete, it automatically moves through the queue and displays on the next person's task list as an open item. Consult Tracking Manager Plus is a web-based solution to unreliable and time-consuming paper-based or non-integrated systems. It streamlines workflows, allows clinicians increased bedside time, and ensures patients are scheduled in a timely manner. It improves overall outcomes for administrators and consult managers, providers and patients alike.

DSSP KIDS Build (DSSP.KID) Version DSSP 2.0

Originally published September 2021. No updates for this quarter.

DSSW KIDS Build (DSSW.KID) Version DSSW 1.1

Originally published September 2021. No updates for this quarter.

Consult Tracking Manager Plus GUI 10.0

Originally published September 2021.

CTM Changes and Enhancements

CTM+ Next Generation has been released with improved performance and a new interface. Consults and RTC features have been enhanced for end user best experience. Integration with Consult Toolbox 2.0.

Core KIDS Build

VEJDCRE.KID) Version 5.0

Originally published Jan. 2013. No updates for this quarter.

cyberREN

cyberREN is a complete clinical data management system specifically for nephrology. It covers the entire scope of all documentation, data analysis, administrative and reporting requirements necessary for all phases of chronic renal disease.

DSIHW cyberREN (DSIHW.KID) Version DSIHW*2.0*P7

This patch ensures that incoming and outgoing nursing order messages (including hemodialysis orders and generic orders) will have unlimited character limit in NTE segments. Another minor fix introduced by this patch is that we will no longer error out when OBR segment is missing from VistA messages. Finally, QRY-Q19 will process QRF segment and filter certain types of outgoing messages based on content of QRF (QRF.1).

DSIHW cyberREN (DSIHW.KID) Version DSIHW*2.0*P8

This patch transmits ADT-A08 messages to cyberREN when there are new updates in patient allergy. This patch also resolves compatibility issues with PX*1.0*221. Issues with encounters and TIU notes not being created are fixed with the patch.

Data Miner

The DSS Data Miner application is a stand-alone version of the Above PAR AdHoc Report Writer. This tool allows a VA to access data from VistA globals via a user-friendly GUI interface. All files are available to this report writer, provided the user has read only FileMan access to the files. Report templates can also be shared with other facilities. A powerful reporting and data mining tool, it is simple to use. Reports and report templates can be saved and shared depending on the attributes assigned. Reports produced using DSS Data Miner can be scheduled to run after hours or as scheduled. Once completed the report(s) can be exported to Excel or PDF. This product has received its' first purchase order and is undergoing regression before installation. DSS Data Miner is still garnered favorable interest from the VAs who have reviewed it.

Data Miner Version 1.2.0

Originally published July 2021.

Note: This release contains a GUI Patch and a KIDS included build Data Miner.exe (1.2.0).

Version 1.5.2.0/DSSN*1.2

This was a full version release.

Dental Record Manager Plus

Dental Record Manager (DRM) Plus is a VA nationally certified software for dental treatment and planning. This product replaced the Dental Record Manager system. This product integrates Dental Discus commercial package within the current DRM system to create a Dental Treatment Planning system.

Dental Record Manager Plus Version 8.0.0.3

- Added correct Anticoagulant medication warning.
- Corrected Adverse Events exclusions for JPSR events: aspiration/ingestion and wrong site.
- "MRONJ medication list retrieval is incomplete." changed to "MRONJ medication list retrieval may be incomplete."
- Added improved handling of an incomplete component setup.
- Stretched Anticoagulant medication warning screen.
- Corrected form utilized in User Options menu.

DRM Plus KIDS Build Version 1.2*84 (Patch 84)

Class 1 Product – Distributed via FORUM. DRM Plus KIDS Build Version DENT*1.2*84 is the annual code update patch for FY2022.

- The following NEW ADA codes were added:
 - D0606, D1701, D1702, D1703, D1704, D1705, D1706, D1707, D3911, D3921, D4322, D4323, D5227, D5228, D5725, D5765, D6198, D7298, D7299, D7300, D9912, D9947, D9948, D9949
- The following ADA codes were inactivated:
 - D4320, D4321, D8050, D8060, D8690
- The following ADA codes were edited:
 - D0120, D0180, D0411, D0412, D0701, D0702, D0703, D0704, D0705, D0706, D0707, D0708, D0709, D2971, D3910, D5282, D5283, D5284, D5286, D7292, D7293, D7294
- The following ADA codes were edited so no graphic displays in the GUI: D8703 and D8704.

DocManager

DocManager is a document imaging system that is fully integrated into the VA VistA database. Gives the facility the ability to scan and archive any document from any department.

DocManager Version – 4.74

Originally published April 2019.

Class I Product – Distributed via FORUM.

DocManager PIV – Version 1.0

Class I Product – Distributed via FORUM. Originally published April 2019.

DocManager DSS Queue Service – Version 2.2

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DSS Queue Process – Version 1.2

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DSSMGR – Version 3.2

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DSSDMNotes – Version 1.4

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DssScan – Version 3.11

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DssView – Version 3.10

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DMAudit – Version 1.5

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DssEmail – Version 3.6

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DM Utilities Definition ID – Version 2.1

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DM Utilities Delete Image – Version 2.1

Class I Product – Distributed via FORUM. Originally published June 2013.

DocManager DM Utilities Move Inbox – Version 2.2

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DM Utilities Orphan Record – Version 2.1

Class I Product – Distributed via FORUM. No updates for this quarter.



DocManager DM Utilities Process Queue – Version 2.1

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DM Utilities – Version 1.1

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DM Utilities Viewer – Version 2.6

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager VI Conversion – Version 2.2

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DSS Scan Station Install – Version 3.54.164

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager DMMTSAdmin – Version 1.0.5.2

Class I Product – Distributed via FORUM. No updates for this quarter.

DocManager MTS Utility – Version 4.2

Class I Product – Distributed via FORUM. No updates for this quarter.

DocSearch – Version 4.4

Class I Product – Distributed via FORUM. No updates for this quarter.

Electronic TeleCare Record Manager Plus

Electronic TeleCare Record Manager (ETRM) Plus is designed to provide health care facilities with an intuitive, user- friendly interface for Telephone Triage providers. This Cerner Millennium integrated system collects and maintains documentation created upon receipt of telephone calls from both registered and non-registered patients. For non-registered patients, a TeleCare Note is created documenting the patient's inquiry and the provider's response. For registered patients, the system creates a Progress Note documenting the patient's inquiry and the provider's response.

ETRM is an application that uses Health Level 7 (HL7) and Fast Healthcare Interoperability Resource (FHIR) API technology to allow users to enter and retrieve clinical data within the Cerner Millennium System. The TeleCare Encounter System database is linked to the Cerner Millennium database which stores registered patient information. TeleCare providers may retrieve the patient's chart to review existing information about the patient during the phone conversation. Telephone providers are supplied a list of Facility accepted TeleCare triage responses that may be given to the patient. In addition, for registered patients already in the Cerner Millennium system, the provider may insert pertinent data from other packages such as appointments and medications.

Electronic Telecare Record Manager Version 1.1.1.0

- Added new SQL table to accommodate CCL extract data.
- Re-configure parameters that are required for Millennium Connection (FHIR Version).
- Populate Military ID field when patient is located in ETRM.
- Modify DSITRPC2 to remove unnecessary checks that caused EDIPI to fail.
- Update the token refresh to prevent timeouts with Millennium.
- Remove Encounter Dx from Problem Patient Record.
- Remove PAMPI data filtration.
- Implement Pagination in ETRM.
- Display patient chart information: Medications, Labs, Allergies, Radiology, Postings, Problems, Discharge Summaries, Consults, Immunizations, Vitals, Appointments, Orders, and Surgeries.
- Implement Pagination for Creating/Importing Notes.
- Create Notes and Encounters through FHIR.
- Update ETRM UI color scheme to differentiate it from TRMP for FHIR version.
- Add Mailing and NOK addresses from Millennium.
- Add COVID-19 Banner to FHIR ETRM.
- Add FIN NBR from the FHIR-posted encounter to the DFT^P03 message.
- Create additional FHIR call to get encounter FIN number.
- Update Orders List to show Last Updated column.
- Add encrypted Cerner connection info to INI file.
- Remove Millennium Patient Record Start Dates Stamp and Database Start Dates.
- Create Millennium notes via HL7, add Encounter FIN to HL7 (PID 18).

DSIT TeleCare Record Manager Build (DSIT.KID) Version 3.7*8

- Add field 92 to the DSIT TELECARE LOG FILE (#19601.13) and add the kill statement to DSITRPC2 routine.
- Disable CPRS alerts for signers added to Progress Notes.
- Add SECID to the list of identifiers sent in the HL7 messages for user's identification.
- Add functionality to remove merged records from being viewable in the UI.
- Add a new field FINNBR to the file DSIT TELECARE CALL LOG (#19601.13) file to hold the Millennium financial record number. This number will then be included in the HL7 message to create an encounter in the PID.18 field.

Enterprise Manager

No updates for this quarter.

Enterprise Manager was introduced into the VA environment in 2003. It is installed by default onto every DocStore server.

As a utility application, Enterprise Manager has many strengths:

- Provides the user with an overview of what is installed on the server along with notification of what is up to date and what is not.
- Gives the user the ability to update their installations online.
- Provides the user with a means to diagnose their installations.
- Notifies users of known issues and available product descriptions and training.
- Integrates with DSSWatchDog to listen for and route HL7 alert messages to Support Services.

Enterprise Manager Version 7.3 Release Version 7.3

No updates for this quarter.

Watchdog 2.2

No updates for this quarter.

DSIW 1.3

No updates for this quarter.

GetWellNetwork

GetWellNetwork (GWN) is an interface for a proprietary software and workflow engine, “Patient Pathways”, which helps automate patient care processes and guide patients through critical aspects of their stay – inviting them to learn more about their care, condition, and safety.

DSIHK GetWellNetwork (DSIHK.KID) Version DSIHK*2.0

No updates for this quarter. Originally published February 2019.



Insurance Capture Buffer

No updates for this quarter.

This application is a Class I Product – Distributed via FORUM.

The Insurance Capture Buffer (ICB) module is an insurance card scanning and VistA Buffer file update management system utilizing desktop scanners and Optical Character Recognition technology.

Integrated with VistA, it is designed to enhance the insurance data collection and verification processes for VA medical centers by providing ‘alerts’ to check-in clerks, paperless work lists for verification clerks and audit trail reporting for managers. ICB presents a graphical user interface to the VistA Buffer file with direct link to a facility’s VistA tables (i.e., insurance file) and rules. Audit trails and productivity reports are available to managers with the appropriate permissions.

Insurance Capture Buffer – Version 3.9

No updates for this quarter.

Insurance Capture Buffer KID – Version 2.2*13

Class I Product – Distributed via FORUM. Originally published March 2017. No updates for this quarter.

Insurance Capture Buffer – ICBWSSetup.exe

No updates for this quarter.

Insurance Capture Buffer Web

No updates for this quarter.

The Insurance Capture Buffer (ICB) Web is a web-based insurance card scanning and VistA Buffer file update management system utilizing desktop scanners. ICB Web is hosted in the Microsoft Azure Government (MAG) Cloud and is integrated with VistA. It is designed to enhance the insurance data collection and verification processes for VA medical centers by providing ‘alerts’ to check-in clerks, paperless work lists for verification clerks and audit trail reporting for managers. ICB presents a graphical user interface to the VistA Buffer file with direct link to a facility’s VistA tables (i.e., insurance file) and rules. Audit trails and productivity reports are available to managers with the appropriate permissions.

Insurance Capture Buffer – Version 4.0

ICB Web is installed in 46 VA Medical Centers and is currently being nationally deployed with ascheduled completion date of October 2022.

Insurance Capture Buffer KID – Version 2.2*13

Class I Product – Distributed via FORUM. Originally published March 2017. No updates for this quarter.



Integration Framework

This product is the “bridge” for all vendor critical assess points for ICU, surgical care management, patient education, and clinical care management. Integration Framework acts as a nationally accepted VistA integration component for all third-party vendor products that manage critical care and surgical care units. This product is a combination of HL7 protocols, application user interfaces, and APIs.

DSIH Integration Framework (DSIH.KID) Version DSIH*2.0*32

Changes:

This patch modifies incoming surgery module so that we check whether a case has a completed nurse intraoperative report. If so, we reject the request and not update the case with an appropriate NAK message(if enabled via MSH segment.)

Integration Framework Monitor Version 2.06

Originally published January 2021.

- Added a Copy button to view HL7 messages form to copy the contents of either the memo or tree-view which is currently displaying to the Windows clipboard.
- Added code to ensure any extra carriage returns in the message are parsed out.

Mental Health Suite

Mental Health Suite (MHS) is a software tool that facilitates the development of recovery-based IntakeNotes and Interdisciplinary Treatment Plans as Progress Notes. The system is integrated within CPRS/VistA but exists outside of the CPRS/VistA environment accessed from an icon on the user’s desktop.

MHSuite.exe Version 5.1.0.0

Introduction of the Dashboard and Report Library.

MHSCalendar.dll Version 5.1.0.0

Introduction of the Calendar tile in the Dashboard

DSIU Mental Health Suite (DSIU.KID) Version 2.0P4

File structures created for the Dashboard and Report Library as well as conversion of other data elements to discrete data.



Patient Case Manager [in partnership with Iconic Data]

No updates for this quarter.

DSS Iconic Data Patient Case Manager (PCM) is a real-time population health management, patient flow optimization, and care coordination platform used by providers, nurses, social work, discharge planners, bed managers, service line leadership, and facility administrators to ensure highly reliable medical center operations. PCM supports the VA's journey to become a **High Reliability Organization (HRO)**.

PCM provides real-time performance measure analytics (facility executive leadership and service line dashboards), workflow tools, and push notifications that enable facilities to achieve robust and timely situational awareness about their facility operational workflows and the status of individual patient care. PCM facilities are able to identify administrative and patient care issues (both inpatient and outpatient), in real-time, when proactive action can still be taken leading to improved care delivery and outcomes – this is critical for **Value Based Care (VBC)** excellence.

Several of PCM's key focus areas include enabling better medical center patient throughput (improve Veteran access to care), improved patient safety (safer care transitions), admission / readmission prevention via ambulatory care excellence, and inpatient care coordination and discharge planning (reduced lengths of stay).

PCM is electronic health records (EHR) system vendor agnostic. It can be deployed integrated with the VA's Veterans Health Information Systems and Technology Architecture (VistA) and commercial off the shelf EHRs such as Cerner and Epic. Moreover, as a system of engagement that can remain in place before, during and after Electronic Health Records Modernization, PCM provides VA medical centers with a means of attenuating the disruption to patient care and facility operations and the resulting impact on staff morale that is commonplace and well documented to occur during such system of record upgrades

DSIHP Patient Case Manager (DSIHP.KID) Version 2.0

Originally published April 2021.

Patient Case Manager Version 1.9.42

Originally published November 2021.



PeriOp Manager [in partnership with LiveData]

No updates for this quarter.

DSS LiveData PeriOp Manager™ comprises modules that can be leveraged individually or collectively to integrate real-time data with workflow automation. PeriOp Manager synchronizes perioperative workflow throughout the entire perioperative suite to create an optimal care environment for staff and patients alike. Coordinating patient flow, patient care, and related resources from preoperative assessment to discharge in real-time, PeriOp Manager streamlines OR throughput and promotes full compliance with CMS, Joint Commission, and other critical patient safety mandates.

PreOp Board is a dynamic checklist combined with a single real-time operational view of patient status and preoperative case workflow. For each case, PreOp Board displays patient/procedure/staff and ORroom readiness, as well as patient care milestones that may include Antibiotic Status, H&P Complete, Consent, Site Marked, Circulator RN Visit, Lab Status, IV Status, Nurse Assessment, Anesthesia Assessment, and Patient Ready for OR.

OR-Schedule Board is a dynamic, real-time view of the day's surgical caseload. It automatically adjusts case start and end times based on real-time case workflow monitoring and provides interactive tools to automate OR assignment and clinical staffing on the fly. Patient Flow™ integrates the patient check-in and check-out process into perioperative workflow enabling patient status to be viewed by PreOp and surgical team members as well as patient families.

Family Waiting Board allows families to track the progress of their loved ones as they move through the perioperative process. Patient location information is displayed on large screen monitors in a HIPAA-compliant manner.

OR-Dashboard with patent-pending Active Time Out integrates patient data from hospital medical records and physiological devices with automated surgical workflow and patient safety processes to display the information on large wall-mounted screens in the OR. Active Time Out integrates and automates the surgical safety checklist into the surgical workflow. Analytics delivers comprehensive data analytics, using big data techniques to transform real-time operational data into actionable quality, compliance, and efficiency intelligence.

DSIHL PeriOp Manager (DSIHL.KID) Version 2.1P2

Originally published July 2021.

Resolves the issue of case 1 being attached as a return to surgery case in addition to the appropriate one.

PeriOp Manager HC 2.2.16

Originally published July 2021.

LiveData PeriOp Manager™

Ability to pull delay reasons from VistA.

LiveData PeriOp Planner™

Updated Block creation functionality to ensure that blocks are only created using active Block Groups definitions for the selected service.

LiveData OR-Schedule Board™

No updates for this quarter.

Family Waiting Board™

No updates for this quarter.



LiveData PeriOp Manager Analytics™

Updated PeriOp Manager Analytics to ensure that workbooks run in Tableau Server 2020.2.3 with optimal formatting and proper customization.

Release of Information Plus

No updates for this quarter.

Release of Information Manager Version 1.8

Class I Product – Distributed via FORUM. Published June 2020. No updates for this quarter.

DSIR ROI Record Manager KIDS Build (DSIR*.KID) Version DSIR_8_2_14.KID

Class I Product – Distributed via FORUM. Published June 2020. No updates for this quarter.

Rx-Framework (DSII)

No updates for this quarter.

Medication errors have long been identified as a primary source of preventable mistakes made in healthcare. DSS helps providers prevent medication errors with Rx-Framework, a vendor-agnostic solution that integrates seamlessly with VistA and streamlines pharmacy workflows to help VA facilities achieve national patient safety goals related to medication management.

The solution enables VA facilities to easily manage four key automated medication dispensing transactions:

- Inpatient demographic data collection.
- Outpatient demographic data collection for patients entered via the VistA scheduling solution.
- Unit dose, IV and inpatient medication for outpatient (IMO) orders.
- Automated dispensing system connectivity, including the ability to transmit cart fill/pick list fill requests, pre-exchange fill requests, and missed doses.
- Designed to reduce prescribing errors and ensure national patient safety goals can be met, Rx-Framework facilitates the fast and secure transmission of patient data to hospital staff, so the right medications are dispensed at the right time.

DSII Version 1.6*4

Updated DSII MAIN MENU as well as for vendors SynMedRx, Omnicell IVX and PARATA.

DSIIA Pyxis Version 1.2

No updates for this quarter.

DSIIB Omnicell Version 1.4

No updates for this quarter.

DSIIC Aesynt Version 1.3

No updates for this quarter.

DSIID Pyxis Logistics Version 1.3

No updates for this quarter.



DSIIE ScriptPro Version 1.0

No updates for this quarter.

DSIIG SynMedRx Version 1.0

New vendor for Prescriptions.

DSIIK Omnicell IVX Version 1.2

New PS link for IV discontinued messages.

Suicide Prevention Manager [partnership with Iconic Data]

No updates for this quarter.

DSS Iconic Data Suicide Prevention Manager (SPM) streamlines the management of Veterans at high risk for suicide, provides real time data, push notifications, and SAIL analytics to help VA suicide prevention teams achieve excellence in suicide prevention performance measures (i.e., HRF1, HRF2, HRF5, etc.) and view performance in real time. Deliver highly reliable suicide prevention care and work more efficiently.

DSHS Suicide Prevention Manager (DSHS.KID) Version 1.0

Originally published February 2020.

Suicide Prevention Manager Version 1.9.42

No updates for this quarter.

TeleCare Record Manager Plus

A Telecare triage system that has an embedded Diagnostic Support Tool that produces clinical recommendations for the user to advise a Veteran as to their current triage status over the telephone and create the corresponding notes in VistA.

Telecare Record Manager Plus Version 3.8.0.0

No changes were made for Telecare Record Manager (TRM) Plus for FY2022 Q1.

Call Log Reporter Version 4.8.0.0

- Fixed VistA Logout issue.
- Added Filters to Call Log Reporter (CLR) columns.

DSIT TeleCare Record Manager Build (DSIT.KID) Version 3.7*9

Modified DSITRPOCH to return 1000 records instead of 500 on the first pass.

Telecare Report Service Version 4.7

No updates for this quarter.

Telecare Biometrics Service Version 1.1

No updates for this quarter.

TheraDoc

TheraDoc is a clinical decision support tool primarily used by Infection Prevention teams and clinical pharmacists, to assist clinicians with treatment decisions and mitigate patient and hospital risk.

TheraDoc quickly identifies patients who may require immediate intervention, including those whose communicable infections could spread hospital-wide if unidentified and untreated for even short amounts of time.

TheraDoc gives clinicians actionable, evidence-based guidance on patient care decisions, stratifying patient data as events, results or patient conditions change. TheraDoc assists pharmacists with critical lab monitoring, antibiotic stewardship and suggests candidates for medication changes that can decrease patient risk and creates significant financial savings. DSID is the DSS interface that transfers ADT, Lab/Microbiology, Inpatient Pharmacy, BCMA, Radiology, Surgery, Problem List and data from VistA to TheraDoc via HL7 interfaces. Data transfers in real time, as events occur in VistA.

DSID TheraDoc KIDS Build (DSID.KID) Version 2.5 and DSIDOP 1.0P2

The DSS TheraDoc DSID interface has two patch releases this quarter: DSID 2.5 CORE build, and DSIDOP 1.0P2 Outpatient Pharmacy sub-build.

DSID 2.5 highlights includes, but are not limited to the following:

- Enhanced accession lookup logic for microbiology and labs, especially where there are different accession areas acting on the same sample; improved display of lab panels which include many individual tests.
- Continued enhancement to lookup of COVID orders and accessioning, including all variants; reporting of monoclonal antibody treatment.
- Addition of one-step medication display and reporting, for COVID vaccines administered in an outpatient setting; all vaccines or one-step outpatient medications will now be sent to the TheraDoc GUI.
- Medications administered in the ED while the patient is not admitted or is in Observation status, will now be sent to the TheraDoc GUI for display and data mining.
- Corrected issue of merging patients for whom the VA has erroneously created multiple records
- Created a method to check if VistA did not create a lab message, which is a known VistA issue that was reported, but will not be addressed by OI&T; if a lab result message is missing, our software will ensure a message is created and sent to the TheraDoc GUI.
- Improved reporting of IEN/reporting institution/location per message type, to assist patients receiving services concurrently at multi-site VistA instances.

DSIDOP 1.0P2 includes:

- Cardiovascular Med class drugs have been added to the Outpatient pharmacy interface.
- H2 Blockers and PPI inhibitors have been added to the Outpatient pharmacy interface.
- Vaccines have been added to the Outpatient pharmacy interface.



TheraDoc GUI General Release Version 4.9.1.HF2.107

The TheraDoc GUI version update has delivered many new features; this update incremented one full number, and as a result, required a TRM version update. New features include but are not limited to the following: An overhaul on the Interventions panel, allowing clinicians to document their interventions more quickly while providing a more comprehensive data capture of important details, work effort and status of the intervention. Therapeutic antibiotic monitoring alerts (TAM) were revised and updated for empiric therapy references using Johns Hopkins and Sanford recommendations. Outbreak management was enhanced for sites entering medical devices into TheraDoc. Aggregated reports were added targeting State Health Department requirements for daily and weekly counts of COVID-19 cases. A surgical site infection readmit alert was added, for those patients readmitted 30 days after a surgery, often indicating a hospital associated infection event.

VA Chart Complete (VEJDVACC.KID) Version 5.0

No updates for this quarter.

VA Chart Deficiency Category Management Tool Version 3.1.4

No updates for this quarter.

VA Chart Complete (VACC) is an automated, VistA-integrated medical record deficiency tracking and reporting software using the Chart Completion module of Nuance's Clintegrity 360 web-based HIM solution. Clintegrity is also used by the VA for the Encoder Product Suite (EPS) utilizing the Facility Coding and IP Compliance modules.

VistA Chemotherapy Manager

No updates for this quarter.

VistA Chemotherapy Manager (VCM) automates the chemotherapy ordering process, minimizes the potential for errors and produces legible, complete orders that have been checked for drug-drug interactions, allergies, weight-based dosing, multiple dosing limit checks as well as other patient safety checks. This product uses extracted patient demographics, allergies, pharmacy orders, height, weight data, and lab values from VistA, to create an error free set of chemotherapy orders. This product was developed using the source code from the IntelliDose system; several enhancements have been made that have made VCM a customized product for the VA.

Note: VCM is a controlled release and not released through FORUM. DSIQ.

VistA Chemotherapy Manager (DSIQ.KID) Version 1.8

No updates for this quarter.

VistA Chemotherapy Manager Version 2.3.9.74

No updates for this quarter.

VistA Gateway

Version 4.4

No updates for this quarter.

VistA Integration, Reporting and Revenue [in partnership with Alpha II]

The VistA Integration, Reporting and Revenue (VIRR) is a suite of applications comprised of coding, auditing and scrubbing systems for inpatient, outpatient and professional medical services. It has been proven to be an essential tool for the Department of Veterans Affairs' Medical Centers (VAMC), by improving productivity and accuracy and thereby, reducing medical claim rejections by payer and increasing reimbursements.

VIRR Component: Audit Compliance Module (ACM) Version 8.3

- An Encounter Reconciliation report has been created to provide forensic information for researching deleted visits in VistA that have associated history in the DSIP 19610 file.
- ACM Reconciliation Report - Add Ability to Save Column Positions for this Report Grid. Logic was added to save the Encounter Reconciliation grid settings to the \STATS\PFCS\Grid Files folder.
- ACM EM Reason for Change Report displays no results if a deleted visit falls within the date range. Adjusted logic to detect missing visits at random locations in the result set returned by the DSIPENM REPORT RPC.
- Create Key Combo Ctrl+Alt+P to Invoke the right-click menu in the Reconciliation Report Grid. Added logic to invoke the right-click menu using the key combination of Ctrl+Alt+P.
- Add "Legal Referred to Coding" Status to Billing Management and Facility Revenue Management. Removed logic which filtered out the "Legal Referred To Coding" status from the Billing and Facility Revenue Management dialogs.
 - Changes Needed for the Scrubber Usage Report.
 - Changed "Usage Rate" column title to "Initial Usage Rate".
 - Changed formula for calculating "Rescrub Rate" to rescrub responses of "Yes" divided by total rescrubs.
- Added the Stop Code column to the PCE Compliance report. The column's visibility is set to True by default.

VIRR Component: Compliant Coding Module (CCM) Version 8.3.1

- Integration of 3M CRS+ Encoder to CCM. Added logic to launch, upload, and receive coding data from the 3M CRS encoder system. The 3M CRS system is accessible when the coder is in the PCE Management screen via a menu option displayed when clicking the Encoder button. It is also accessible via the right-click menu option in the surgery package.
*****Note:** Four new sections (CRSSystems, CRSProducts, CRSGroupers, CRSProductGroupers) will need to be added to the PCERecordManager.ini which allows for the management of the 3MCRS available systems, products, groupers and the assigned grouper for a product.
- Logging was added to capture the xml data packets being sent to and returned by CRS. The input and output data files are stored in the user's Temp\CRS\Data directory and are accessible through menu options when in the PCE Management and Surgery screens.
- Added logic to detect the error (Err:11) returned by CRS when a user closes the session using the "X" system menu option. The existing codes in PCE Management or Surgery will remain on display when the error is detected.

VIRR Component: VIP Director 8.3

- VIP Director should be fully functional even without Clintegrity. And all Clintegrity related buttons, columns, menu items need to be invisible when Clintegrity is phased out. EncoderOleId and Encoder Name in the VIP-Workplace.ini file should be erased or set to blank once Clintegrity is no longer a part of the application. Changes made to make the filter tab and all columns in Standard Reports and menu items related to Clintegrity invisible when Clintegrity is no longer loaded. Version 8.22 Release Notes.
- VIP Director should be fully functional even without Clintegrity. In addition to changes made in 8.21, we introduce the NuanceEXPDate ini entry where if the application is run after that date, then it won't even attempt to load the Clintegrity add on. July 1, 2021 is the default date if nothing is entered. The format is mm/dd/yyyy. Also take out the Clintegrity reference in SystemStatus, the Attend Webinar menu item under Help, and the Clintegrity section in the 701 DRG filter for Standard Reports such as Reportbuilder.

Resolution: NuanceEXPDate is added to the Encoder section of the VIPWorkplace.INI file.

Example: NuanceEXPDate.

- The Last VIP Updated Date needs to fill in NA wherever there is a blank date encountered instead of the 1899-year date. Also, to add clarity, we relabel Last Date Coded to Last Date Coded (Release Date) as it has been changed to reflect the latest release date of a PTF. Last VIP Updated Date reflects what the Last Date Coded used to show until v8.0.

Resolution: Fixed the way blank dates are handled.

- Report builder – Reimbursable Insurance column: A few cases where insurance exists, the report is displaying No Reimbursable Insurance. The problem has been identified as a fix initiated in 8.19 didn't cover all cases. In that version, only PTFs associated with more than one insurance company displayed the insurance result from DSIP PTF DATA FILE SEARCH without further checks. In this version, if only one insurance company is associated with the patient, then do not perform any further validation with respect to expiration date and trust the Insurance company name returned by the DSIP PTF DATA FILE SEARCH RPC. In v8.19, we fixed it such that we no longer override the logic that DSIP PTF DATA FILE SEARCH RPC uses to return insurance companies by retrieving an expiration date and comparing it with the admission date. There was also a logic error associated with it where the “#” in front of an insurance name wasn't considered by the GUI logic to get the insurance IFN. But that logic error is made moot anyway now that we no longer even bother to check for expiration date on the GUI side.
- Prior Fix for server name not showing up on the status bar at the bottom left of the main screen had the server name appearing twice. Tweaked it to show it only once.
- Fix was made in 8.19 to display all 501 codes regardless of the number of codes. There was a report about incomplete codes. Could not replicate it with 8.23. We increased the default size of the column to 950 characters. There should still be dynamic sizing in case the size goes higher. Set the default size of the 501 field to 950.

VIRR Component: VIP Workplace Version 8.3

- We added a 701 button in the middle of the DRG screen to serve as an alternative to the Edit Discharge Record right-click menu item and to set the visual workflow for future stories to add hard coding in VISTA to the DRG screen.

Resolution: Functionality identical to Edit Discharge Record right-click.

- We added a 501 button in the middle of the DRG screen to serve as an alternative to the Edit Movement right-click menu item if one of the movements is checked. If no movements are checked, we bring up a Select a Movement to Edit screen which displays all the movements to select from. We set the table for future stories to add hard coding in VISTA to the DRG screen functionality identical to Edit Movement right-click when a movement is checked.

Otherwise, we display the Select a Movement to Edit screen that was newly added to this project as of this release.

- We added a 401 button in the middle of the DRG screen to serve as an alternative to the Edit Surgery right-click menu item if one of the surgeries is checked. If no surgery is checked, we bring up a Select a Surgery to Edit screen which displays all the surgeries to select from. We set the table for future stories to add hard coding in VISTA to the DRG screen. The Select a Surgery to Edit screen also has an Add New button which gives the user the option to bring up the Add Surgery screen in case they do not want to edit an existing surgery.

Resolution: Functionality identical to Edit Surgery right-click when a Surgery is checked. Otherwise, we display the Select a Surgery to Edit screen that was newly added to this project as of this release.

- We added a 601 button in the middle of the DRG screen to serve as an alternative to the Edit Procedure right-click menu item if one of the procedures is checked. If no procedure is checked, we bring up a Select a Procedure to Edit screen which displays all the procedures to select from. We set the table for future stories to add hard coding in VISTA to the DRG screen. The Select a Procedure to Edit screen also has an Add New button which gives the user the option to bring up the Add Procedure screen in case they do not want to edit an existing procedure.

Resolution: Functionality identical to Edit Procedure right-click when a procedure is checked. Otherwise, we display the Select a Procedure to Edit screen that was newly added to this project as of this release.

- Modified the 701 screen which is invoked when you click the 701 button in the middle of the DRG screen. The new functionality of hard coding is allowed in addition to adding codes via the old functionality of encoder assigned which as of this release remains Clintegrity. When the user adds codes by VISTA, the coding history is updated indicating so. Users are also allowed to add POAs in this screen. We also added an entry to the Coding History whenever a user adds a code to the 701 via the VISTA search interface at the bottom left of the screen. Added entry to coding history whenever a code is added via VistA and adapted the shuffling and add/delete of codes to the new grid which displays all the 701 codes including each POA.

- Report builder – Reimbursable Insurance column: A few cases where insurance exists, the report is displaying No Reimbursable Insurance. The problem has been identified as a fix initiated in 8.19 didn't cover all cases. In that version, only PTFs associated with more than one insurance company displayed the insurance result from DSIP PTF DATA FILE SEARCH without further checks.

In this version, if only one insurance company is associated with the patient, then do not perform any further validation with respect to expiration date and trust the Insurance company name returned by the DSIP PTF DATA FILE SEARCH RPC. In v8.19, we fixed it such that we no longer override the logic that DSIP PTF DATA FILE SEARCH RPC uses to return insurance companies by retrieving an expiration date and comparing it with the admission date. There was also a logic error associated with it where the “#” in front of an insurance name wasn't considered by the GUI logic to get the insurance IFN. But that logic error is made moot anyway now that we no longer even bother to check for expiration date on the GUI side.

- We modify the Add and Edit Surgery screens which can be invoked when you click the 401 button in the middle of the DRG screen. The new functionality of hard coding is allowed in addition to adding codes via the old functionality of encoder assigned which as of this release remains Clintegrity. When the user adds codes by VISTA, the coding history is updated indicating so. Users can also map 401 and 601 codes that are assigned to other Procedures or Surgeries for the PTF record. Added entry to coding history whenever a code is added via Vista. Also change the delete button caption to X.
- In the 501 Hard coding enhancement, we need to modify the limit of codes to 25 when we add new codes.
- In the 401 Hard coding enhancement, add a dialog warning of a deletion. Add a dialog when user clicks the X button. We also swapped the Save and Cancel button positions.
- In the 601 Hard coding enhancement, add a dialog warning of a deletion. Add a dialog when user clicks the X button. We also swapped the Save and Cancel button positions.
- In the 701 Hard coding enhancement, fix a typo which uses 13 codes instead of 25. Add a dialog when user clicks the X button. We also swapped the Save and Cancel button positions.
- In the EDIT 701 screen, add a warning message when they hit the X button that codes will be deleted only when the Save button is clicked. Making all 701, 501, 401, 601 edit screens consistent with these warnings.
- In the EDIT MOVEMENT screen, remove the capability that deletes codes in 701 whenever the same code is deleted in a 501. Also add warning message when they hit the X button that codes will be deleted only when the Save button is clicked. Remove the routine that checks for codes in 701. We still retain the capability to add codes to 701 automatically if the checkbox is checked.
- Add the ability to use Codewizard to add codes to the 701, 601, 501, 401 screens. Use the ICD10PCS navigation option so the Codewizard search codes screen can display the ICD10 PCS category when you are in the 401 and 601 screens.
- Add VISTA lookup text to the Diagnosis and Surgery and Procedure lookup code captions in the 401, 501, 601 screens.
- Add the ability to use Codewizard to add codes to the 701, 601, 501, 401 screens. In prior version, 701 and 501 codes were not permanently saved. We fixed that. Make sure we get the Vista IFNs of the Code Wizard codes.
- Add VISTA lookup text to the Diagnosis and Surgery and Procedure lookup code captions in the 401, 501, 601 screens. The prior version didn't have the Vista caption for the Add Surgery and Procedure screens.

- We occasionally got an index out of bounds error when adding a CodeWizard PCS code in the 401 and 601 screens. This was when we added the enhancement in the last version. Typo in the indexing of a looping through a list.
- Add VISTA lookup text to the caption of the Diagnosis 501, search.
- Add temporary storage for a PTF when you add PCS and Dx codes from CodeWizard button. If you add PCS codes with or without Dx codes in a 701 and 501 screen, it will not store them in VISTA but it will store them in a temporary buffer as long as the PTF is not switched or the application is not exited and these PCS codes will be available for mapping into a 401 or 601 item. Same applies for Dx codes added via the CodeWizard interface in the 401 or 601 screens. These Dx codes will be available for mapping to a 701 or 501 as long as you stay in the same PTF. We create a storage list to store the codes temporarily and we sort the mapping boxes on the bottom left of the 401, 501, 601, 701 screens in alphabetical code order. We also changed the captions of the switchboard screen which navigates users to a selected movement, procedure or surgery.
- 701/501 screens:
 - Add multi select to the mapping box.
 - Allow to add more than 25 codes; however, the codes in excess of 25 will be added to the mapping box instead of the 701 or 501 storage areas. And they will only be temporarily available for the session.
 - In the 701 screen, don't show codes in the mapping box that are already selected for that 701. Same applies for the 501 screen. This reduces clutter of codes in the mapping box.
 - Show as a hint any items in the mapping box that are wider than the length of the box as long as user hovers over that item.
 - Make sure the numbering of the codes is refreshed in the selected codes grid.
- 401/601 screens:
 - Add multi select to the mapping box.
 - Allow to add more than 25 codes; however, the codes in excess of 25 will be added to the mapping box instead of the 401 or 601 storage areas. And they will only be temporarily available for the session.
 - In the 601 screen, don't show codes in the mapping box that are already selected for that 601. Same applies for the 401 screen. This reduces clutter of codes in the mapping box.
 - Show as a hint any items in the mapping box that are wider than the length of the box as long as the user hovers over that item.
 - Add a check box that when checked will enable automatic mapping of selected codes from CodeWizard into the 401 or 601 section based on what kind of screen it is. If unchecked, the codes will be stored in the temporary buffer.
- There is a problem with DSIP PAT MOVEMENT RPC. In some cases, like an undischarged PTF, sometimes, a duplicate PTF with no IFN and date was being returned by the RPC leading to a PTF Movement#1 that has an unknown specialty.

Since Code Review makes fixing the RPC in time for the production release impractical, we modify the procedure to replace use of this RPC with VEJD ATL PAT MOV INFO and DSIP ATL MOVEMENT DISP to form a list of items with equivalent info as the DSIP PAT MOVEMENT RPC. We comment out the old procedure which uses the DSIP PAT MOVEMENT RPC and use the same name procedure to use the alternate RPCs.

- 101 screen at 150% resolution under certain displays especially Citrix: the bottom two rows of controls get hidden and cannot be accessed in the 101 screen. Add a scroll bar to enable user to access hidden controls in such situations. Placed all the 101 controls in a scrollbox container with vertical and horizontal scroll bars.
- Setting the Admit Eligibility value after Non-VA PTF Creation. In the Non-VA PTF create screen, add a display to show the user what the primary eligibility for the Patient is. And when the non-VA PTF is saved, we assign that to the PTF and the 101 screen will display the correct Admit Eligibility value. When we save the non-VA PTF, we update the .21 field with the Admit Eligibility value.
- POA entry lacks drop-down in the Edit Movement screen the same way as the Add/Edit 701 screen. There was an index error and we fixed that in recognizing which column gets the POA drop-down.
- Reorder the 101 screen controls and the tab order should be top-down, left side first, then right side. Based on the prototype developed with the feedback of VA Coders, we redesigned the 101 screen.
- If Admit Eligibility is blank in the 101 screen or has an unknown value, then retrieve the primary eligibility in a similar fashion as to how one does in the Setup of a NON-VA PTF record, and then update the 101's Admit Eligibility with that value. If the field 20.1 retrieved from the DSIP ATL PTF DISPLAY RPC is blank or UNKNOWN, then retrieve Admit elig value by query the file 2, field .361 for the Patient and use that value to update the 101 Admit Elig.
- The Save And Add Another Procedure button overlaps with the Clear Values button. Fix the positioning. Repositioned the buttons at the bottom.
- Edit/Add Surgery screens are getting their bottom panels with buttons getting cut off on some displays with 150% magnification. Make the forms resizable where the user can shrink the screen and reposition the display form to show the bottom. Also, we shrunk the middle section with codes a little.
- In this version, we also added an extra call to DSIP ATL PTF DISPLAY RPC when a user changes the 101 suffix on the 101 screen to see what happens to the Source of Admission value after updating the Suffix field and after we update the coding history. QA can run the last broker call and present it to the M developer. The end user won't notice a difference.
- The Save And Add Another Procedure button overlaps with the Clear Values Button. Fix the positioning. Widened the add another procedure button. Repositioned the buttons at the bottom.
- Edit/Add Surgery screens are getting their bottom panels with buttons getting cut off on some displays with 150% magnification. Finetune changes made in prior version by adding constraints to the form with minimum heights and widths to ensure mapping buttons don't get cut off. Added constraints property to the form where min width and height are specified. Also, the labeling under the form caption where coders are asked to enter lexicon text is no longer appropriate as coders have multiple ways of adding codes now and lexicon is not encouraged as the first option.

- 101 screen: When the Suffix has a value and it changes, then the Source of Admission is getting cleared but the display is not refreshed until the user re-enters that screen later for the same PTF. There is some VistA logic that clears the Source of Admission that is beyond the control of the application. After every Suffix change, we need to check to see if the SOA value got cleared. If it changes, we need to present a prompt to the user explaining that the Source of Admission is cleared and if they want to restore the original value.

If they click Yes, then we restore it and update the coding history. If they click no, we clear it and update the Source of Admission value in the 101 screen. Every time a suffix value changes, we capture the SOA value, then we update the Suffix field in VistA, we then call DSIP PTF DISPLAY to get the latest SOA. If the SOA gets cleared, then we display a prompt and if the user chooses to restore the SOA, we update field 20, File 45 with the old SOA value.

- When the user is in a status that is not OPEN, they are still able to edit the record. We need to disable the 401, 501 601, 701 buttons so the user cannot edit the PTF record when it is in Closed, Released or transmitted status. Check the status of the PTF. If it is not in OPEN mode disable the 401, 501, 601 701 buttons.
 - Integrate 3M CRS Encoder into VIP Workplace Surgical Package. Added logic to launch, upload, and receive coding data from the 3M CRS encoder system. The 3M CRS system is accessible via the right-click menu option in the surgery package.
- *****Note:** Four new sections (CRSSystems, CRSProducts, CRSGroupers, CRSProductGroupers) will need to be added to the VIPWorkplace.ini which allows for the management of the 3M CRSavailable systems, products, groupers and the assigned grouper for a product.
- 701 screen: implement mapping to 501 movements. 501 Screen: removed the alphabetical sort in the 501 Mapping box. Added a tab called “Map 701 Codes to 501 movements” so we can map 701 codes sorted in the regular order to one or more of all the movements for the PTF.
 - JAWS: Update JAWS to reflect the latest JAWS executable that is being used by EPS applications. Instead of “JAWS”, we look for “JFW” or “Jaws Professional”.
 - 101 screen: Make it 508 compliant. Added a tab stop for DOB when Jaws is running. Also, used 501 compliant labels.
 - 701 screen mapping to 501: If there are any 701 changes, Add a dialog that guides the user to save changes before they start mapping. This helps map only saved 701 codes to the selected 501 movements. Fix the tab order of the screen. Whenever user makes a change to the 701 screen, turn on a flag to save changes whenever the user goes to the mapping tab. Also, we modified the tab order so the user can tab easily to the 701 Codes grid/mapping interface.
 - JAWS: Update JAWS to reflect the latest JAWS executable that is being used by EPS applications. Use the latest FSAPI_TLB file used in CCM .
 - 701 screen mapping to 501: Streamline the screen to avoid errors. Also, when users add CodeWizard codes, the Save dialog when changing to the Mapping tab wasn’t getting triggered. We hide all controls but the Mapping to 501 tab when we go to the Mapping to 501 tab. When we go back to the 701 codes tab, then all the controls are displayed.
 - Add/Edit Surgery Screens: Reduce the height since on some occasions, the save and cancel buttons are getting cut out at the bottom of the display.

- CRS integration into the 701 Screen. Make the Encoder button functional. This will bring up 3M's CRS system in Inpatient DRG Finder /HCPs mode. Dx codes will overwrite the existing 701 Grid. If a POA is Exempt, then you will see a blank value for that code's POA. The procedure codes will come back as temporary storage. In addition to the features mentioned, we also map the Type of Disposition/Place of Disposition to the CRS equivalents. Fixed two prior issues from the last interim release. One was 701 codes were getting double saved when returning from Encoder and then hitting save on the 701 screen. Second was removing the Loading Encoder and Creating Encoder Instance issues from the Main form caption and displaying it on the bottom status bar instead. Also, we now show the actual Error message when leaving the Encoder with an error such as when the user hits the Close(X) button at the top right of the screen.
- In CRS integration added the ability to handle ICD9 codes. When the PTF is in ICD9 mode, we make sure we choose the correct ICD9 class types for CRS to populate.
- In the Codewizard integration, the focus should be on ICD10 instead of ICD9 when the PTF is in ICD10 mode. We now use the ICD10 value in a code search category as the default.
- In CRS integration the Discharge date was being sent to CRS in the fileman format. This needs to be sent in the regular format. This has been fixed.
- On the 701 Screen when you click the Check All 501s button, it is checking all the 701 codes instead. Same problem with the Uncheck all 501s button. Fixed the handler for the button click so the buttons check/uncheck all the 501 movements only.

VIRR Component: DSIP KIDS Build (DSIP.KID) Version 5.2 *6

- An issue was introduced by the latest PCE Patch, the underlying issue is from the surgery package, but the PCE patch exposed it. This release will address the issue in our software. When a surgery is filed more than once with surgery complete set, the previous Visit is deleted and a new one created. This causes the #19610.5 Encounter to be associated with the wrong Visit. Modify routines DSIPSR0 and DSIPSR1 to not stub a new #19610.5 entry if a previous entry has already been created. Use the #19610.5 entry that was already created. **RPCs:** DSIP SR 136 UPDATE
- Reports are erroring out due to the relationship between the DSS Outpatient. Encounter File (#19610.5) and the VISIT File (#9000010) was broken due to a Visit being deleted or purged. If the situation is noted in our software, stop processing and mark encounter for deletion. It will no longer be picked up erroneously by any other report. Another process will be used to purge it from our File (#19610.5). Modify routine DSIPX to see the error situation and call the newly created routine DSIPENCDEL to mark as a potential deletion and retrieve data for a report on the encounters. **RPCs:** DSIP DELETE ENC, DSIP UNDELETE ENC, DSIP GET ENCS MARKED DELETE, DSIP GET DELETED ENCS, DSIP PCERM DATA FILE SEARCH
- Updated Requirements. Modify routine DSIPENCDEL to store the Coder Assignment Date/Time. Add the Visit Date/Time recorded in the mark for deletion process to the Result Set. Add the ability to Query based on the Visit Date/Time, Coder Assignment Date/Time, Marked deleted Date/Time or Deleted Date/Time. Updated DSIPX as it was getting the Visit Date/Time for the #19610.5 Encounter from the wrong field. **RPCs:** DSIP DELETE ENC, DSIP UNDELETE ENC, DSIP GET ENCS MARKED DELETE, DSIP GET DELETED ENCS
- DSIP PAT MOVEMENT was not returning movements that had no movement date/time. Modified routine DSIPRPC5 to use the Admission Date/Time if there was no movement date/time present. Software to retrieve Movement data was compressed into 1 line of software. Reviewed and standardized RPCs 'DSIP PAT SURGICAL' and 'DSIP PAT PROCEDURE' to be more in line with DSIP PAT MOVEMENT. **RPCs :** DSIP PAT MOVEMENT, DSIP PAT SURGICAL, DSIP PAT PROCEDURE

- The Zip Code was not appearing VIPW 101 Screen. Modified routine DSIPATL5 to use the first piece of the API ADD^VADPT array node 6 instead of the 2nd piece. **RPCs:** DSIP ATL PTF DISPLAY
- Updated Requirements. Modify routine DSIPENCD to add the Deletion status of the encounter, and the Coding History to the result set. Merge 2 RPCs into one RPC for all queries (DSIP GET DEL ENCOUNTERS). **RPCs:** DSIP DELETE ENC, DSIP UNDELETE ENC, DSIP GET DEL ENCOUNTERS
 - Allow storage of the Undelete Data:
 - Modify routine DSIPENCD to File UnDelete DT/TM, UnDelete User, Deleted DT/TM and User to the Undelete RPC to be able to store who performed the Undelete process.
 - Only allow an Undeleted process to take place if a valid Visit is associated with the Encounter (#19610.5 entry).
 - Allow an Array of #19610.5 IENs to be passed into the Delete and Undelete RPCs.
 - Add the Coding History to the Result Set.
 - Allow for DSIP GET DEL ENCOUNTERS to have a filter of Visit DT, Coder Assignment DT, Marked for Delete DT, and Deleted DT.
 - Allow for DSIP GET DEL ENCOUNTERS to return all types of Delete status encounters or Just Marked or Just Deleted.
 - Add Deletion Status, Marked and Deleted Date/Time to the Result Set.
 - Add E&M Report to places the missing Visit can be noticed and have Encounters marked as deleted. Modify DSIPENM to check for missing Visit.
- Stored Delete Visit Date/Time (999.3) cross reference was missing after Delete Process. The date was not changing so the trigger failed to reset the cross reference. Purge the Delete data so when it is reset, Delete Cross references will be recreated. Diagnosis in the Result Set were not correct. Algorithm had been created while looking at bad data. Corrected algorithm for field to be File #80 IEN. **RPCs:** DSIP DELETE ENC, DSIP UNDELETE ENC, DSIP GET DEL ENCOUNTERS, DSIPENM REPORT
- UR NURSE Date/Time Fields (UR NURSE ASSGN DT/TM, and UR CMT ASSIGN DT/TM) were being set with malformed data. Modify routine DSIPX to not add a ';' to the Internal value before calculating the External value. This was causing issues for Date/Times at the top of the hour when using the API \$DFTM^DSIPX2. Example would be date/time of 3210718.09 or 9am. **RPCs:** DSIP PCERM DATA FILE SEARCH
- Space issue with first line Date Format and missing ICR. Modify routine DSIPENM to update the format of the first line date from “;August” to “; August”. Modify routine DSIPENM to add the ICR to support File 8932.1, Field #5. **RPCs:** N/A
- Displaying nothing found if only data was missing visit entries. Modify routine DSIPENM to update the result set counter (DSIPYY) by 1 when adding a missing visit notation. **RPCs:** DSIPENM REPORT
- No Primary Provider being displayed for Reconciliation Report.

Resolution: Modify routine DSIPENCD to use field 3.5 instead of 5.5. File #19610.5 doesn't have a field 5.5. **RPCs:** DSIP GET DEL ENCOUNTERS

VIRR Component: VEJD KIDS Build (VEJDPCE.KID) Version 59.0*6

- Users without programmer keys were having issues accessing RPCs. Added the Menu Options (VEJD PCE RECORD MANAGER, and VEJD AUDIT REPORT MANAGER) to the build definition. **RPCs:** DSIP DELETE ENC, DSIP UNDELETE ENC, DSIP GET DEL ENCOUNTERS
- #19610.5, 14.03 (UR NURSE ASSGN BY) is being set to a Date/Time. Modify trigger on field #19610.5, 14.04 (UR INITIALS) as it should be setting a Date/Time into #19610.5, 14.02 (UR NURSE ASSGN DT/TM). **RPCs:** DSIP UR SET CMNT
- Added the following fields for 'Delete' an Encounter functionality to be used for the UnDelete feature.

999.7 UNDEL DATE/TIME (UNDEL;1)

999.8 UNDEL USER (UNDEL;2)

999.9 UNDEL DELETION DATE/TIME (UNDEL;3)

Combine RPCs 'DSIP GET ENCS MARKED DELETE' and DSIP GET DELETED ENCS' into 1 RPC. 'DSIP GET DEL ENCOUNTERS'.

RPCs: DSIP UNDELETE ENC, DSIP GET DEL ENCOUNTERS

- Add Field 999.6 (DEL CODER ASSIGNMENT DATE/TIME) to File #19610.5. **RPCs:** DSIP DELETE ENC, DSIP UNDELETE ENC, DSIP GET ENCS MARKED DELETE, DSIP GET DELETED ENCS
- Reports are erroring out due to the relationship between the DSS Outpatient Encounter File (#19610.5) and the VISIT File (#9000010) has been broken due to a Visit being deleted or purged. If the situation is noted in our software. We need to stop processing and mark that Encounter for deletion, so as not to be picked up erroneously by any other report. Another process will be used to purge it from our File (#19610.5). Register the noted RPCs below to Menu Options 'VEJD PCE RECORD MANAGER' and 'VEJD AUDIT REPORT MANAGER' to perform these functions. **RPCs:** DSIP DELETE ENC, DSIP UNDELETE ENC, DSIP GET ENCS MARKED DELETE, DSIP GET DELETED ENCS

VIRR Component: VIP KIDS Build (VEJDVIP.KID) Version 7.9*3

No updates for this quarter.