
DSS, Inc. Release Documentation

2nd Quarter FY2025



Document Storage Systems (DSS), Inc.

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Technical Services Updates and Contact Information

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 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.

Contact Information

Help Desk: (561) 284-7200 (Option 1 for After-hours)

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

Email: support@dssinc.com

Product Release Notes for Q2 2025

The release notes for Quarter 2 of FY2025 list all software updates for current Document Storage Systems (DSS) software products in alphabetical order.

The product versions listed below are available for licensed VA production accounts.

For products with no updates this quarter, please refer to the [No Product Updates](#) section to view the list. Please check this section each quarter as the list is subject to change.

Product Updates

Insurance Capture Buffer Web

The ICBWeb GUI and VSOA had major updates this quarter to GUI version 5.0.5.19 and VSOA version 2.0.0.28, which includes but is not limited to the following highlights:

- New CMS MBI ONLY parameter: A new enterprise parameter that provides the capability to enable or disable our CMS automation processes related to No Insurance entries.
 - Added a new checkbox to turn on/off the automation process related to No Insurance entries for all facilities nationwide
 - Acts as a safeguard in the event there are any changes in the future where we wouldn't want these entries to be automated
- Image editing updates: Enhanced editing capabilities on the Edit Buffer Entry screen allowing users to zoom/rotate/crop images and save these edits.
 - Adding a new row of editing buttons to zoom in/out, rotate left/right, and crop images
 - Adding new functionality to save image edits to the Azure blob for future viewing
- New Patient History List: A new menu option that provides up to the last 5 patients worked by the user.
- New Duplicate Buffer Entry notification: A new user-friendly pop-up dialog informs and prevents duplicate buffer entries from being created.
 - Adding the ability to track, view, and access the 5 most recent patients where a user has processed a buffer entry
 - Includes the ability to select a patient from the list to access the patient's insurance file

- New dialog when selecting an Inactive Insurance or Group Plan: A new user-friendly notification displays when selecting an inactive company or group plan.
 - Adding a check when new buffer entries to look for duplicate entries
 - Adding a new pop-up dialog to inform users that the buffer entry will not be created as it is a duplicate entry
 - Supports the VA eInsurance's efforts to reduce excess buffer entries from being created

This update also introduces a new check against the status of the user selection to reduce incorrect companies/groups from being added to patient profiles.

Product Description

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 a 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.

Product Line Management Contact Information

For more information, please contact Justin Ballard at jballard@dssinc.com.

PeriOp Manager

[in partnership with LiveData]

The latest released version is comprised of the following:

- **PeriOp Manager HC 2.5.1HF6**
 - Originally published January 2025.
- **DSIHL PeriOp Manager (DSIHL.KID) Version 2.1P5**
 - Originally published September 2024.
 - Resolves potential error traps due to corrupt data in VistA.
- **LiveData PeriOp Manager™**
 - Fixed issue preventing PIV login from displaying when users close and then re-open the browser without logging out of the application.

Previously, users would not see the PIV login screen when reopening the browser, because the browser directed them to cached page versions that did not need to display the PIV login screen. Browsers now reload the PIV login screen any time an application is opened, so users can always log in with PIV.

- **LiveData PeriOp Planner™**
 - Resolved an error that prevented users from re-saving cases if either the Procedure Code or Attending Surgeon field was updated after reopening a saved case. Updating either of those fields would cause the Preference Card field to reload, but PeriOp Planner was unable to check whether the new option(s) in the field had changed from the previous value. As a result, trying to save such a case caused a “no id or emr key” error.
 - To address an issue in Case Planner that prevented users from updating certain cases that had PREFcards attached, LiveData is deploying prefcards-api-v3.9.0.3, an updated PREFcards API to all sites using PREFcards. If the user updated a value (either Procedure Code or Attending Surgeon) that caused the Preference Card options to reload, but the same option(s) are available, trying to save the case caused an error.
- **LiveData OR-Dashboard™**
 - No updates for this quarter.
- **Schedule Board™**
 - No updates for this quarter.
- **LiveData PeriOp Manager Analytics™**
 - No updates for this quarter.

Product Description

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 OR room 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.

Product Line Management Contact Information

For more information, please contact Edwin Malagic at emalagic@dssinc.com.

No Product Updates

Above PAR

The latest released version is comprised of the following:

Version 1.6.1.1

Originally published June 2024.

Note: This release contains a GUI Patch (Above PAR v1.6.1.1) and a KIDS (DSIY*1.5P5) build.

Product Description

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 improve customer service.

Product Line Management Contact Information

For more information, please contact Elliott F. Richie at erichie@dssinc.com.

Advanced Prosthetics Acquisition Tool

Originally published October 24, 2023.

The latest released version is comprised of the following:

- Version 2.4.3/ DSSO 2.0*5
- APAT Version 2.4.3 has the following enhancements added:
 - The National DAT Tracker is being deployed October 24th, 2023–January 18th, 2024.

- When creating a new appliance transaction, APAT will query the SQL database to determine if there are duplicate transactions. If a transaction is found that may be a duplicate, the item is flagged in APAT, and the user can look up the particular transaction or view the 2319 record.

Product Description

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 order. 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. The 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 order. 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.

Product Line Management Contact Information

For more information, please contact Justin Ballard at jballard@dssinc.com.

Caribou CLC Suite

Originally published November 2023.

The latest released version is Caribou UI v4.0.67.29, API b4.0.67.3.

Product Description

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 enable the user to quickly enter data into the assessments without exhaustive searches through VistA/CPRS for the relevant data.

Product Line Management Contact Information

For more information, please contact Clifton Reid at creid@dssinc.com.

Clinical Note Templates Plus

The latest released version is comprised of the following:

- **Clinical Note Templates Inventory 24.4.0.0**
 - Originally published September 2024.
 - Inventory roll up including all site requested changes in numerous CNTs since the 24.3.0.0 release in 2024 Q3.
- **DSSNav.exe (standalone DSS CNT Navigator) Version 3.9**
 - Originally published December 2012.
 - No updates for this quarter.
- **CNTNavForCPRS.dll (Com Object CNT Navigator) Version 3.8**
 - Originally published June 2004.
 - No updates for this quarter.
- **DSIG CNT Plus KIDS Build (DSIG.KID) Version DSIG 4.0**
 - Originally published December 2020.
 - No updates for this quarter.

Product Description

Clinical Note Templates Plus (CNT Plus) is 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

Product Line Management Contact Information

For more information, please contact Brian Zdunowski at bzdunowski@dssinc.com.

Consult Tracking Manager

The latest released version is comprised of the following:

- **Consult Tracking Manager Plus GUI 16.0.33**
 - Originally published December 2023.
- **DSSP KIDS Build (DSSP.KID) Version DSSP 2.0P5**
 - Originally published December 2023.
 - Introduced a new community care dashboard.
 - Defect corrections and patch maintenance with VSE and consult toolbox.
- **DSSW KIDS Build (DSSW.KID) Version DSSW 1.1P5**
 - Originally published December 2023.
 - RPC changes to allow for new CITC fields.

Product Description

Consult Tracking Manager (CTM) Plus provides an instant, up-to-date dashboard view of the status of all your consultations 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 to increase bedside time, and ensures patients are scheduled in a timely manner. It improves overall outcomes for administrators and consult managers, providers, and patients alike.

Product Line Management Contact Information

For more information, please contact Dallas Watson at dwatson@dssinc.com.

Core KIDS Build

Originally published January 2013.

The latest released version is comprised of the following:

- (VEJDCRE.KID) Version 5.0

Product Line Management Contact Information

For more information, please contact DSS Technical Services at 561-284-7200 or email support@dssinc.com.

cyberREN

Originally published October 2021.

The latest released version is comprised of the following:

- **DSIHW cyberREN (DSIHW.KID) Version DSIHW*2.0*P6, DSIHW*2.0*10, DSIHW*2.0*11**
 - P6 introduces MOCHA pharmacy checks. It resolves the issue where some generic orders have null NTE segments. Instead of calculating comments from ORDER file directly, we now simply concatenate existing NTE segments into one NTE segment. When the OBR segment is missing, Vista crashes with error traps, so when attempting to read OBR segment, we use \$G in case that it's not there. Post-Creation order error checking has been added to the DSIHW
 - 2.0 Patch 6 build so that orders that are immediately canceled after creation and discontinued are reported to the cyberREN application by DSIHW. Added logic to ensure RXA array entries are only used once to prevent drug duplication in the RXA segments of the BCMA messages that DSIHW sends to cyberREN.
 - P10 enhanced the Lab Extract to include information about lab panels, collection samples, and urgency. Additionally, the program was modified to extract all lab tests in Laboratory Test file# 60, including data on labs that are part of panels. Also 3 new lab related extracts were added that extract the TOPOGRAPY FIELD, COLLECTION SAMPLE, and URGENCY files 61, 62 and 62.05 respectively. The throttle logic for the DSIHW application was enhanced to properly throttle renewed HD orders. Processing an inbound consult message results in an error trap, so now an orderable item is passed in ORDIALOG array in (4,1) node. Previously, we were passing "DIALYSIS" literal instead of orderable item IEN, which resulted in service missing from consult file entry leading to the error trap.
 - P11 addresses an issue where incoming DFT^P03 at some sites is causing a DSIHW <undef> error. P11 now protects the offending variable with \$G's. Facility code in PV1 should not default if it's not possible to calculate, so P11 removes the logic to auto-calculate. P11 also ensures the same primary provider as the HD treatment is used to update the encounter for medication billing.

Product Description

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.

Product Line Management Contact Information

For more information, please contact Amber Malagic at amalagic@dssinc.com.

Data Miner

The latest released version is comprised of the following:

- **Data Miner Version 1.2.0**
 - Originally published July 2021.
 - 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.

Product Description

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.

Product Line Management Contact Information

For more information, please contact Elliott Richie at erichie@dssinc.com.

Dental Record Manager Plus

The latest released version is comprised of the following:

- **Dental Record Manager Plus Version 8.8.0.0**
 - Adjusted ICN display on banner to EDIPI.
 - Adjusted Release notes screen to be more visible.
- **DRM Plus KIDS Build Version DENT*1.2*89**
 - Class 1 Product – Distributed via FORUM.
 - The following NEW ADA Codes were added: D0396, D1301, D2976, D2989, D2991, D6089, D7284, D7939, D9938, D9939, D9954, D9955, D9956, D9957.
 - The following ADA Codes were edited: D6106, D6056, D7956, D7957.
 - The following ADA Codes were corrected to display properly: D6197 and D1355.

Product Description

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.

Product Line Management Contact Information

For more information, please contact Vicky Byers at vbyers@dssinc.com.

DocManager

Originally published June 2022.

DocManager is a repository for all the user's scanned documents and digital files. DocManager allows the user to scan and view both clinical and administrative documents. Multiple users within the facility or satellite clinics can access these documents simultaneously. These documents can be modified.

Documents can be searched by document location and document title for a specific date or date range. Another feature of this application allows printing documents to other locations.

The latest released version is comprised of the following:

- **DocManager Version – 5.0**
 - No more duplicate documents in VistA Imaging: DocManager 5.0 will allow users to check for duplicate documents. This feature will show the users a comparison of the document they are trying to index with the

document that has already been indexed for the same user on the same date of service. This will let the user decide if they wish to continue sending the image to VistA Imaging or cancel the process.

- Improved location and title configurations: Previously, Admin users could accidentally cross a progress note title with a consultation, causing errors within the DocManager application. Now users have a visual legend that will show them which location and titles are Progress notes, Custom titles, and Consults. In addition, we have added forced mapping so users will not be able to accidentally cross locations and titles; the system will prevent this from happening.
- Improved architecture: DocManager has been rewritten for improved speed and data integrity.
- Inactivity system time out setting: Admin users now have the ability to set the timeout value.
- Users can be notified if there are duplicate SSNs: Only Admin IRM users will be able to access the Duplicate SSN setting. If a user is listed, they will receive a VistA alert notifying them that there is a duplicate SSN.
- Admin users can set up an Append note boiler plate: This note boiler plate will be the default message that shows up on every note; this can be edited or erased by the user indexing.
- Set default systems for other users: Admin-IRM users have the ability to set a default system for other users; this default system setting will be stored under the Admin-IRM system parameters screen.
- Spell checker: DocManager 5.0 now has a spell checker feature throughout the application.
- PDF Merge functionality: Users can now merge two image files into one PDF.
- Annotations: Users can now add custom visual annotations and notes on DocManager 5.0 images.
- # of pages to audit report: Many users wanted to know the exact # of pages that were scanned and indexed, now they can see this information in DocManager 5.0 reports.
- View Dicom images: Users can now Enable Dicom Images in DocManager 5.0.
- Use last button: Users can quickly pull the last patient they used and index more images to the same patient with the new "use last" button.

- DUZ for user to enable passing name through background processor: This feature allows VistA Imaging audits to see who the DocManager 5.0 user was for internal productivity reporting.
- Realign skewed image in viewer: Scanner function that will better align images in the viewer if they are crooked.

Product Description

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.

Product Line Management Contact Information

For more information, please contact Justin Ballard at jballard@dssinc.com.

Electronic TeleCare Record Manager

The latest released version is comprised of the following:

- **Electronic TeleCare Record Manager Version 1.2.0.0**
 - Originally published June 2022.
 - Update to eTRM GUI v1.2.0.0 for installation at Columbus & Dayton V10.
 - 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**
 - Originally published June 2021.
 - 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.

Product Description

Electronic TeleCare Record Manager (ETRM) 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.

Product Line Management Contact Information

For more information, please contact Ricky DeLeon at rdeleon@dssinc.com.

Enterprise Manager

The latest released version is comprised of the following:

- **Enterprise Manager Version 7.3 Release Version 7.3**
- **Watchdog 2.2**
- **DSIW 1.3**

Product Description

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.

Product Line Management Contact Information

For more information, please contact Bridget Kennedy at bkennedy@dssinc.com.

GetWellNetwork

The latest released version is comprised of the following:

- **DSSE1.0 and DSSEB1.0**
 - Originally published April 2023.
 - These builds decouple GWN from Integration Framework. They provide the new menu titles and menu structure for GWN, and they provide functionality for GWN Rounds.

Product Description

GetWellNetwork 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.

Product Line Management Contact Information

For more information, please contact Amber Malagic at amalagic@dssinc.com.

Infusion Therapy Manager

The latest released version is comprised of the following:

- **Infusion Therapy Manager (DSIQ.KID) Version 2.3**
 - Published August 2024.
 - MUMPS updates were made to align with VA Coding Standards.
- **Infusion Therapy Manager Version 2.0.1**
 - Published December 2024.
 - This release includes functionality for enhanced workflow to create, sign, and release cycles of infusion therapy.
 - The cycle released from ITM produces a signed TIU Note in CPRS, presenting an alert if an additional signer is identified in ITM.
 - Includes functionality to enroll patients, add diagnoses, and assign Treatment Plans to the ITM patient record.
 - A library of Treatment Plans can be created from an upload from VCM or ITM or a new plan with functionality to edit and make available for assignment to a patient record.

- Automated dose calculations based upon imported patient metrics, including alerts and clinical decision requirements.
- Includes functionality to register end users based upon role and expanded scope of practice to support workflow requirements.
- Lifetime Maximum Dosed Drugs feature alerts and requires acknowledgement for unique drugs and records the cumulative values.

Product Description

Infusion Therapy Manager (ITM) automates the infusion therapy 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 drug orders. This product was produced to be a web-based solution to support the VA infusion therapy operations.

Product Line Management Contact Information

For more information, please contact Melissa Fieck at mfieck@dssinc.com.

Integration Framework

The latest released version is comprised of the following:

- **DSIH Integration Framework (DSIH.KID) Version DSIH*2.0*35**
 - Originally published September 2023.
 - DSIH v2.0 Patch 35 corrects logic in pharmacy package of DSIH to ensure that HL7 special characters "|", "&", "~", and "\" are properly converted to their corresponding escape sequences "\\F\\", "\\T\\", "\\R\\", and "\\E\\" respectively. This patch also corrects the throttle logic in DSIH to ensure that special logic is always implemented for DSIH vendors for all the naming conventions of each vendor (e.g., "-ICU", "-ARK", "-EDT") as well as for vendors with 1- or 2-character mnemonics. This patch also corrects a potential error that occurs during pharmacy HL7 processing that results from a patient merge operation at sites.
 - This patch allows users to set the number of days (0-14) that data will be captured into the diagnostic global ^XTMP("DSIHPS") used to diagnose potential issues with the pharmacy message data sent by VistA to the DSIH application, as well as a way to safely remove this global if necessary.

- **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.

Product Description

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.

Product Line Management Contact Information

For more information, please contact Amber Malagic at amalagic@dssinc.com.

Mental Health Suite

This release is comprised of the following components:

- **MHSuite.exe Version 5.1.3.0**
 - Originally published September 2024.
 - Change UI of the Treatment Plan screens to match that of the web based Behavioral Insight
- **MHSCalendar.dll Version 5.1.3.0**
 - Originally published September 2024.
 - Updated menus from Next appointment to Next Review.
- **DSIU Mental Health Suite (DSIU.KID) Version 2.0P8**
 - Originally published September 2024.
 - Change to support the UI changes as noted under MHSuite.exe above.

Product Description

Mental Health Suite (MHS) is a software tool that facilitates the development of recovery-based Intake Notes 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.

Product Line Management Contact Information

For more information, please contact Brian Zdunowski at bzdunowski@dssinc.com.

PCM HRO – Suicide Prevention

[in partnership with Iconic Data]

The latest release version is comprised of the following:

- **Patient Case Manager Version 1.9.44**
 - Originally published February 2023.
 - Release of 1.9.44 installed in Salisbury, Tennessee Valley, Mountain Home, Atlanta, Richmond, Philadelphia and VISN 21.
- **DSHSPatient Case Manager (DSHS.KID) Version 1.0**
- **DSHS Patient Case Manager (DSHS.KID) Version 1.0 P1**
- **DSHS Patient Case Manager (DSHS.KID) Version 1.0 P2**
- **DSHS Patient Case Manager (DSHS.KID) Version 1.0 P3**
 - Originally published December 2023.

Product Description

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). As well as 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.

PCM is an 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.

Product Line Management Contact Information

For more information, please contact Amber Malagic at amalagic@dssinc.com.

Release of Information Plus

The latest released version is comprised of the following:

- **Release of Information Manager Version 1.9**
 - Published December 2023.
 - Per an enhancement request from the VHA Privacy Office, Added the following functionality for Compensation and Pension (C&P) Exams:
 - Added a Compensation & Pension button to the right side of the ROI Today screen.
 - Refreshing the Today screen runs DSIR C & P LIST.
 - Data from this RPC is used to calculate how many requests are at least 19 business days from the latest C&P document and still in an Open or Pending status. This number is displayed on the new Compensation & Pension button.
 - Clicking the new button will display a report listing which C&P requests are at least 19 business days from the latest C&P document and still in an Open or Pending status. The report shows the following information:
 - Patient Name

- Clerk
- Request Date
- Date allowed for release
- Added code to the Change Status screen, the Open an Existing Request screen, and Reports screen (Standard and Ad Hoc) to accommodate new "Pending - C & P Exam Hold" status.
- When opening the Change Status screen, to prevent C&P requests from being closed prior to 20th business day, DSIR C&P LOOKUP is run, which gathers any C&P data for the request. This data is used to determine if "Closed"-type statuses will be made available to the user, based on how the 20-day date compares to the date of the status change.
- Per an enhancement request from the VHA Privacy Office, modifications were made to the VA 10- 5345 and 10-5345a forms. Updated the version date on both forms to 2021. Modifications were made to the paragraph language and the Last Name, First Name, Middle initial field. The last four of the SSN were removed from both forms. Also added the ability for all fields to be saved to the request so that all field selections will be restored when the Print a 5345 screen is shown again.
- Per an enhancement request from the VHA Privacy Office, updated the link for the ROI Plus Manuals in the system to the correct VHA Privacy site: <https://dvagov.sharepoint.com/sites/vacovetsprivacy/vhapo/Pages/roi.aspx>.
- Per an enhancement request from the VHA Privacy Office, removed the last four of the SSN on all First and Third-party cover letters.
- Per an enhancement request from the VHA Privacy Office, removed the "Print SSN on electronic documents" feature from the Facility Options/Other tab.
- Per an enhancement request from the VHA Privacy Office, created an optional paragraph named "Subrogation Language" that can be added to the First- and Third-Party cover letters. This language is optional and not hard coded into the First- and Third-party cover letter and reads: "Is your request for medical records related to an accident? If yes, VA needs information from you. VA's Medical Care Recovery Program ensures that when VA treats an injured Veteran, the responsible party must pay VA for the Veteran's injury-related medical care instead of the American taxpayers. Responsible parties include tortfeasors, liability insurers, no-

fault insurers, and workers' compensation laws or plans. This program does not affect VA eligibility or access to VA medical benefits in any way. 42 U.S.C. § 2651, 38 U.S.C. § 1729, 28 C.F.R. § 43.2. To inform VA and initiate VA's claim against the responsible party, use the form located at: WWW.VA.GOV/OGC/COLLECTIONS.ASP."

- Per an enhancement request from the VHA Privacy Office, the language of "Please note, these documents do not constitute a legal health record" should be optional text and should not be hard coded into the First Party Cover letter.
- Per an enhancement request from the VHA Privacy Office, the "Copies of Electronic Documentation" selection on the Print an ROI Plus Request screen should be "grayed out" if there is a C&P document that is not within the correct date parameters so that the document cannot be printed.
- Per an enhancement request from the VHA Privacy Office, The VA Forms 10-5345 & 10-5345a were modified with formatting and text/box updates.
- Per an enhancement request from the VHA Privacy Office, Follow Up Letters will not be generated for requests while in a Pending Clarification status.
- Resolved an issue where clicking a blank space on the left side of the Letter Editor when no Optional Text is highlighted was causing a List Index Out of Bounds error.
- Resolved an issue where the Move Up and Move Down buttons on the Letter Editor screen were positioned so that they were not visible to the user.
- Resolved an issue reported by the Northport VAMC of patient information crossing into another patient's request.
- Resolved an issue where the Subrogation text goes too close to the right-side margin.
- Resolved an issue where very small quotation marks are on the Patient Mailing Address lines in the 10-5345 and 10-5345a forms.
- Resolved an issue where the text on the "Other" line on the VA Form 10-5345a shrinks too little when using the same line by shifting the text to the line below.
- Resolved an issue where an ROI Plus User was able to print C & P Exams before 20 days.

- Resolved an issue where an error message appeared when previewing the 10-5345 or 10- 5345a form.
 - Due to slowness reported during site testing, modified the C & P list to run more efficiently.
 - Resolved an issue where the Retrieve All label in the New Request Wizard was partially cut off at the top.
 - Resolved an issue where the C&P status does not unlock from 20 day hold when changed from 1st to 3rd party request.
 - Added a new checkbox option to the Facility Options called "Show Comp & Pen count" on Today screen.
 - Resolved an issue that was causing system slowness when removing a group of documents from a request.
 - For optimization, implemented new RPCs that will release documents using much fewer RPC calls, which will reduce the time it takes to release large volumes of documents.
 - Optimized process for retrieving a list of TIU documents for a patient.
 - Modified optional text for first party letters to read the following and made the text read only.
 - "Please note, while these documents are not sufficient as the legal health record for lawsuits, they are an accurate representation of your medical care. If you need a copy of your legal health record formatted for legal purposes, please submit a request indicating this information."
 - Resolved an issue where the Print button in Documents to be released did not work if no C&P documents were released.
 - Resolved issue where the print selected button was not working for all documents listed in the released documents column.
 - Created a new RPC to populate the released documents in bulk instead of one at a time in order to improve load speed.
 - Resolved an issue in which requests over 1000 pages were causing an error.
 - Resolved an issue in which the Print Selected button was not printing only selected documents.
- **DSIR ROI Record Manager KIDS Build (DSIR*.KID) Version DSIR_8_2_15.KID**

- Published December 2023.
- Class I Product – Distributed via FORUM.
- Added new fields for 5345/5345a forms requests into 19620 file and update DSIR ADD/EDIT ROI remote procedure to file the data.
- Added a new routine DSIRCNP & RPC – DSIR C&P LIST which will display all C&P requests.
- Created DSIRPRE to add the Subrogation language to First and Third-Party cover letters during the pre-install.
- Modified DSIOIU to include the patch number returned by SIROIU LSTIN GET LAST INSTALL.
- Modified DSIRRPT1 to include the new C&P status as a filter for the REQUESTS BY TYPE report.
- Modified DSIRRPT1 to include the new C&P status as a filter for the REQUESTS BY CLERK report.
- Modified DSIRRPT1 to include the new C&P status for the DSIR C&PLOOKUP RPC.
- Modified DSIRRPT1 to include Text/Formatting updates that were needed for forms 5345 and 10-5345A.
- Modified DSIROI0 to check for the correct patient ID number so the wrong patient will not show up in the documents.
- Modified DSIRPRE to make the text “Not a legal health record” optional instead of part of the first party cover letter.
- Modified DSIROI2 to calculate the 20-day window correctly when a request comes out of pending clarification.
- Corrected problem with DSIRCNP that caused the routine to error during site testing.
- Resolved an issue where the Subrogation text goes too close to the right-side margin.
- Corrected a problem for paper documents where the RPC errored out trying to verify the patient.
- Due to slowness reported during site testing, modified the C & P list to run more efficiently.
- C & P hold status was showing with a closed date in reports. This is an open status and should not have a closed date.

- Resolved an issue where the cross reference on the CNPFLAG field in the ROI instance file was not building correctly during site testing.
- Corrected ICR references as a result of a VA code review.
- Resolved an issue that was causing an error during the build open C&P request to display on the Today screen.
- Added a new parameter to DSIR FACILITY PARAMETERS to toggle on/off whether to show the Open C&P requests on the Today screen.
- Resolved an issue causing system slowness when removing documents from a request.
- Modified optional text for first party letters to read the following and made the text read only.
 - "Please note, while these documents are not sufficient as the legal health record for lawsuits, they are an accurate representation of your medical care. If you need a copy of your legal health record formatted for legal purposes, please submit a request indicating this information.
- Added a new routine DSIRPRE and remote procedure DSIR UPDATE CNP which will set a flag on requests with C&P records.
- Optimized process for adding documents to the released documents list.
- Optimized process for retrieving a list of TIU documents for a patient.

Product Description

Release of Information (ROI) Plus is a system that allows the Release of Information clerk to track and bill release requests as well as release medical information from the VA VistA database.

Product Line Management Contact Information

For more information, please contact Lisa Martinez at lmartinez@dssinc.com.

Rx-Framework

The latest released version is comprised of the following:

- **DSII Version 1.7P3**
 - Originally published September 2024.
 - Updates to Provider and Pharmacist comments in RXE 7 and 21.

- Updates to Provider and Pharmacist comments in NTE segments.
- **DSIIA Pyxis Version 1.2**
 - Originally published July 2015.
 - No updates for this quarter.
- **DSIIB Omnicell Version 1.4**
 - Originally published December 2020.
 - No updates for this quarter.
- **DSIIC Aesynt Version 1.3**
 - Originally published April 2020.
 - No updates for this quarter.
- **DSIID Pyxis Logistics Version 1.3**
 - Originally published December 2020.
 - No updates for this quarter.
- **DSIIE ScriptPro Version 1.0**
 - Originally published July 2017.
 - No updates for this quarter.
- **DSIIG SynMedRx Version 1.1**
 - Originally published February 2022.
 - No updates this quarter.
- **DSIIK Omnicell IVX Version 1.2**
 - Originally published February 2022.
 - No updates for this quarter.
- **DSIIN PARATA Outpatient Version 1.0**
 - Originally published September 2022.
 - No updates for this quarter.
- **DSIIQ Invistics Version 1.0**
 - Originally published September 2024.
 - Initial creation of the medication adherence interface.
- **DSIIR BD Pyxis IV Prep Version 1.0**

- Originally published January 2023.
- No updates for this quarter.
- **DSIIS InstyMeds Version 1.0**
 - Originally published September 2024.
 - Initial creation of the prescription interface.

Product Description

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.

Product Line Management Contact Information

For more information, please contact Brian Zdunowski at bzdunowski@dssinc.com.

TheraDoc

The TheraDoc GUI last had a major update to version 5.4.3.SP1.45, which includes but is not limited to the following highlights:

- New Patient Summary Page: New more user friendly, modern patient summary that displays a comprehensive summary of patient data on one page that supports both Rx and IP workflows.
 - Two pre-configured templates are available to support workflow.
 - Rx Patient Summary Template
 - IP Patient Summary Template
 - Streamlines medication management, enabling efficient monitoring and targeted evaluation.
 - Presents lab and/or micro values in an organized tabular format, facilitating rapid analysis and identification of abnormalities to assist with informed decision making. Graphing capabilities for labs are also added, to track trends and identify patterns over a desired time period.
 - Includes Customizable Widgets for Medications, Microbiology, Lab Result Charts, Lab Result Graphs, Drug Levels, Radiology, Text Entry.
 - Supports management of medications, such as those that require close monitoring to optimize therapeutic efficacy and minimize toxicity risk.

- Workbench Enhancements: Enhanced user experience to help you quickly find key clinical data to help you make decisions and use as supporting data. Includes new sorting capabilities, data fields and newly added clinical documentation.
 - Adding new filtering and sorting capabilities; displays additional data.
 - Updating default settings to support more streamlined workflows
 - Introduces a new “Documents” section that allows clinical documentation to be easily viewed and used in clinical decision making.
- New HAI Tag Logic: Refined logic to provide better efficiency and accuracy in identifying HAIs.
 - Parameters included now: Any positive result x days/hours post discharge.
 - Any readmission and/or surgery within x days
 - Inclusion and exclusion surgery rules: site categories, number of hours from start of surgery.
 - HAI tag retained even after Quick Doc
- New Therapeutic Antibiotic Monitoring (TAM) Alerts
 - New alerts have been added to help identify patients who need to be evaluated for appropriate antibiotic therapy.
 - Each alert has configuration options to support facility-specific standards for C. diff and MRSA identification and treatment.
- Clinical Interventions changed to accommodate VA specific workflows with nested categories.

Current Versions

- **DSID Core Version. Current version is DSID 2.5P3.**
 - Originally published March 2024.
 - No updates this quarter.
- **DSIDOP interface. Current version is DSIDOP 1.1.**
 - Originally published August 2024.
 - No updates this quarter.
- **DSIDMD interface. Current version is DSIDMD 1.0P2.**
 - Originally published May 2024.
 - No updates this quarter.

- **TheraDoc GUI version: Current version is 5.4.3.SP1.45**
 - Newly published October 2024.

Product Description

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.

Product Line Management Contact Information

For more information, please contact Diane Ratner at dratner@dssinc.com.

UDI Tracker

The released version is comprised of the following:

- **UDI Tracker DSSQ Version 1.0 (P2)**
 - Version 1.0 includes the ability to send Surgery messages and an Inbound ORU message with prosthetic fields included. A consult will be created for reorder of implant inventory. The type of consult order is configurable based on ownership status. This ownership status is passed in an incoming ORU-R01 message in OBR.5.13. Updates to the surgery case can occur through this application interface up until the Nurse Intraoperative Report has been signed and/or the attached consult order has been released. This version also includes changes in how wasted items are handled. DSSQ 1.0 also extracts provider data from the NEW PERSON file #200 which is used by the UDI Tracker application to seed its database. Older legacy code that bypassed data validation has been changed so that all field updates utilize input transforms to ensure correct information is recorded to the case. Nursing Care Comments are updated only when the comment being sent into DSSQ is new.

Product Description

UDITracker® OR simplifies the critical task of regulatory compliance, recall investigation, and managing expiring inventory, by tracking and managing all implants, including tissue, orthopedic, cardiovascular and all other implants. This makes it a highly cost-effective solution that enhances your operational efficiency and effectiveness, allowing your team to focus less on paperwork and more on patient care.

Product Line Management Contact Information

For more information, please contact Elliott F. Richie at erichie@dssinc.com.

VA Chart Complete

The latest released version is comprised of the following:

- **VEJDVACC.KID Version 5.0**
 - Originally published October 2018.
- **VA Chart Deficiency Category Management Tool Version 3.1.4**
 - Originally published October 2018.

Product Description

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.

Product Line Management Contact Information

For more information, please contact Bridget Kennedy at bkennedy@dssinc.com.

VistA Chemotherapy Manager

The latest released version is comprised of the following:

- **VistA Chemotherapy Manager (DSIQ.KID) Version 2.0 (P19)**
 - Published December 2024.
 - MUMPS updates were made to align with VA Coding Standards.
- **VistA Chemotherapy Manager Version 2.3.9.992**
 - Published August 2024.
 - This release includes functionality to create clinic or inpatient orders based upon the patient's location of treatment. When accepted in VistA, the order can be viewed in BCMA under the correct mode and tab.
 - The cycle released from VCM produces a signed TIU Note in CPRS, presenting an alert if an additional signer is identified in VCM.
 - Templates can now be 180 days in length.

- The Activity Tracker monitors a user's activity while in VCM. Adjustments have been made to recognize the activity in non-patient functionality.

Product Description

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.

Product Line Management Contact Information

For more information, please contact Melissa Fieck at mfieck@dssinc.com.

VistA Gateway

Version 4.4

Product Line Management Contact Information

For more information, please contact DSS Technical Services at 561-284-7200 or email support@dssinc.com.

VistA Integration, Reporting, and Revenue

[in partnership with Alpha II]

The latest released version is comprised of the following:

- **Audit Compliance Module (ACM) Version 8.4**
 - Encounter Reconciliation Report - CCM History dialog windows do not open when a row is selected and Enter key is used. **Resolution:** Added logic to display the Coding History dialog when pressing the Enter key.
 - Encounter Reconciliation Report – added row total displayed in report. Added logic to display row and row selection totals for the Encounter Reconciliation Report.
 - Font does not match other Management dialog windows in ACM. Increased font size of the labels and controls in the FRU Management dialog.

- Omit CCM Status of Coded by CCM and Coded for Vera from the UR Nurse and FR Management Dialog in all Reports with that Capability. Added logic to filter out the statuses of CODED BY CCM and CODED BY VERA from the UR and FRU dialogs.

- **Compliant Coding Module (CCM) Version 8.4**

- CCM was not sending or receiving ICD9 Dx codes between CCM and CRS, this has been resolved.
- Users received a DATA2PCE record type error when the visit time was 12:00:00 AM; this has been resolved.
- Codes were sequencing incorrectly. This was resolved by modifying CCM to trigger sequencing of codes when modifiers are added to CPT codes. In addition, the sequencing of codes will always use Alphall's CPT sequencing API to order the codes as opposed to sequencing based on charges solely.
- When importing codes from CRS+ in the surgery package the codes were sequencing incorrectly. Logic was added to check the status of CRS+ and prevent the closing of the Surgery screen if CRS is currently processing a data packet.
- 3 Digit ICD Codes were not returning from CodeWizard, code was added to normalize 3-digit codes that require a period to match the lexicon during validation.
- Surgery Modifiers were not being saved after return from CRS+, this has been resolved.
- Surgery coders were receiving a PCE Record Failed to Update error and could not focus a disabled or invisible window, this has been resolved.

- **VIP Director 8.4**

- Added a column titled Encoder DRG that populates the latest DRG retrieved from CRS+.
- Inpatient Roster: Add A column titled Facility that populates the column with Facility and Suffix.
- DSS Application Support: Under the Help menu, add a submenu called DSS Application Support which opens up <https://jira.dssinc.com/servicedesk/customer/portal/2>.
- Variant error when grouping by Last VIP Updated Date column. Get rid of this error. The property SortByDisplayText was modified to isbtOff to get rid of this error.

- Remove Clintegrity Encoder button and all related references from the application. Deleted the encoder button. Also ignore the ini references to the Nuance expiration date as we no longer use it.
- Regenerate Census Work file is failing in some cases. The problem appears to be that when the VISTA rpc for DSIP CEN GET CENSUS DATES has a blank value instead of a '0' in some pieces, the Delphi code is unable to resolve it. Blank values in the piece of the results for the RPC DSIP CEN GET CENSUS DATES area parsed as 0 when the possible values are 1 and 0.

- **VIP Workplace Version 8.4**

- When you code in the CRS encoder and save the 701 Codes, we need to capture the DRG calculated by the encoder. It will be displayed in the coding history. Also, it will be captured in a newly created space in VistA. The Case Management report will also have a column displaying the Encoder DRG. It will be saved via the RPC only when the 701 CRS changes are saved either by clicking the Save prompt when navigating to the mapping tab or the Save button. Use the RPC DSIP GET ENCODER DRG DATA to display the DRG value in the left panel of the DRG screen.
Resolution: The RPC used to capture the Encoder DRG in CRS is DSIP ADD ENCODER DRG DATA. DSIP PTF DATA FILE SEARCH returns the CRS+ DRG data in the 8th piece of the PF2 segment containing result of the result set.
- Added the DRG description to be captured when you exit CRS.
- Add functionality related to the new VA patch DG*5.3*1057.
 - Setup Non-VA PTF Record, Edit Non-VA PTF Record screens: Allow user to add or modify a Date of Initial Service value in the adding or editing of a non-VA PTF record.
 - Add Surgery 401, Edit Surgery Add Procedure 601, Edit Procedure 601 screens: In these FOUR screens, display the Date of Initial Service if it exists. If it exists, allow user to set the date of the 401 or 601 to before the admission date if needed as long as the date is greater than the Date of Initial Service. If Date of Initial Service does not exist, then allow user to set the date to as early as 72 hours before the Admission Date. Resolution: We use DDR Filer direct call to add or edit 401 or 601 because there is no time to modify the existing RPCs in time for the release and meet code review. In cases where the date is greater than the admission date, we use the old RPCs and old logic to add or edit the 401 or 601.

- **701 Screen:** Add Product options for the kind of CRS product that is launched when the Encoder button is clicked. The options are displayed as radio buttons- DRG Finder, DRG Finder HCPCS/CPT and MCE HCPCS/CPT. The default is DRG Finder. **Resolution:** Add a radio button group next to the Encoder and CodeWizard button. The mapping text info is moved to the bottom panel to the left of the Save and Cancel buttons.
- **701, Add/Edit Surgery, Procedure Screens:** Add Product options for the kind of CRS product that is launched when the Encoder button is clicked. The options are displayed as radio buttons- DRG Finder, DRG Finder HCPCS/CPT and MCE. The default is DRG Finder **Resolution:** Add a radio button group next to the Encoder and CodeWizard button. In the prior version, we used MCE HCPCS/CPT instead as the third option. We changed that to MCE in this.
- **501 POAs:** Display 501 POAs in the DRG screen. Also, when you map codes from 701 to 501s on the 701 screen, make sure the 701 POAs are carried over to the 501 corresponding codes. Resolution.
- Admission time in the Create a new non-VA PTF screen should be set to 0:00 by default instead of the current time. Removed the code that added the current date and time and replaced it with the current date.
- **Surgical Package:** CPT modifiers have a limit of four. Get the Select Modifier s to be identical to the version in CCM so that features like limiting modifiers picked to be four. Also, when you return from CRS, make sure the user gets a message warning them only the first four modifiers will be imported and disregard the extra modifiers. Added the first four modifiers per CPT you get from CRS and ignore the rest. Also, get The SELECT MODIFIERS screen to be identical in all aspects to the CCM version.
- CPT modifiers have a limit of four. Get the Select Modifier s to be identical to the version in CCM so that features like limiting modifiers picked to be four. Also, when you return from CRS+, make sure the user gets a message warning them only the first four modifiers will be imported and disregard the extra modifiers. Add the first four modifiers per CPT you get from CRS and ignore the rest. Also, get The SELECT MODIFIERS screen to be identical in all aspects to the CCM version.
- Swap CPT function is allowed in tabs. Added logic to disable the "Swap Principal CPT and Selected Procedure" menu option in the Surgery module when the user is not on the "Main Record" or "Other Procedure" tabs.

- Swap CPT function is allowed in only the other procedure tab when there is at least one record. Added logic to disable the "Swap Principal CPT and Selected Procedure" menu option in the Surgery module when the user is not in the "Other Procedure" tab and at least one selected record exists in the grid on the tab.
- **Surgical Package:** Add a popup menu item labeled "Swap Principal CPT and Selected Procedure" which will swap the code and associated modifiers and linkages from the Principal CPT Procedure in the main tab with the selected procedure in the Other Procedures grid.
- Modifier is Invalid Error in Surgical Package. Added a parameter to specify the delimiter for the list of CPT modifiers. This change allowed the parsing of the modifiers prior to passing them to Alphall's ProcessEncounter API.
- Treatment Specialty must be renamed Discharge Specialty in the warning message for Adding a Non-VA PTF Record dialog in case it is not filled in. Just did a simple text replacement in the warning message.
- VIP-W Surgical package allows 5 modifiers to be displayed and saved through CRS. Added logic to truncate the 5th modifier being returned from CRS. The user will be presented with a notification informing them of the CPT code and modifier that was removed.
- Modifier is Invalid Error in Surgical Package. Added a parameter to specify the delimiter for the list of CPT modifiers. This change allowed the parsing of the modifiers prior to passing them to Alphall's ProcessEncounter API.
- On the 701 screen, 1 is added as a possible value for POA. CRS POA of E can be imported as a 1 in the 701 screen. And when you go into CRS from the 701 screen, a POA of 1 can be passed in as an "E". 1 is added as one of the dropdown values for the POA column in the 701 screen. Also, POA of 1 for a given 701 code is converted to E for Exempt when user goes into CRS and when they return, an exempt POA is converted to a value of 1 in VISTA.
- Accept POA of 1 for 701 and 501 codes. Prior version worked for 701 but not 501. Made sure we didn't convert POAs of 1s to blank values.

The following issues have been resolved in this release:

- Clintegrity references have been removed.
- **Surgical Package:** If there is a – after the first linkage, only the first linkage is filled in the Principal Procedure Linkage when you return from CRS. Fix it so all linkages are filled in for that Principal Procedure.

- When you drag and drop codes in the Surgical Package, the Diagnoses order was not getting stored. **Resolution:** Delete all the Postop Dx codes via DSIP SR 136 UPDATE and then read them in the new order.
- **Surgical Package:** When you drag and drop codes in the Surgical Package, the new CPT order was not getting stored. Fix it so the code order along with modifiers and Linkages gets stored properly in the new order when you click Update Surgery after reordering. **Resolution:** Delete all the other procedure codes via DSIP SR 136 UPDATE and then read them in the new order.
- **Surgical Package:** When you go to CRS and return to Surgical Package, convey a message to the coder that they may need to reorder if the number of CPT codes have changed, or the order of the CPT codes have changed.
- **Surgical Package:** If you add a modifier to a Principal CPT after you swap it with a selected Other Procedure record, but do not update surgery yet, then you get an invalid CPT message. **Resolution:** In the prior version, the principal CPT had a ; instead of an – in the display. That messed up the parsing before you updated the surgery record even if the data itself was not corrupted.
- **Add Procedure/Edit Procedure:** If there is a Dialysis related code in the procedure, and the user doesn't have number of dialysis treatments as more than 0, the user gets a warning. If the user clicks Yes to modify the Number of Dialysis treatments, then instead of the screen closing, we want the screen to remain open, so the user won't have to reenter the screen again. **Resolution:** We adjust the modal property of the screen in such cases.
- **Add Procedure/Edit Procedure:** Add a horizontal scroll bar to all the display boxes that have code description text that doesn't fit in the standard width of the display boxes. **Resolution:** We check for the width and use a windows message to add a horizontal scroll bar to the list boxes that display the code descriptions.
- When users tabbed through the 101 screen, it was creating a coding history entry even when no changes were made. This caused the Last VIP Updated Date in VIP Director to get updated to when the user tabbed through the 101 screens, especially the ASIH control which was found to be the control that caused this issue. We check for the old value and new value of the ASIH control and, only when there is a change made, we update the Coding history.
- Surgery Modifiers are not saved after return from CRS. **Resolution:** Typo in logic which parses the modifiers by delimiter. Corrected the delimiter to be "-" instead of ",".
- CCM was allowing 5 modifiers to be displayed and saved through CRS. Added logic to truncate the 5th modifier being returned from CRS. The user will be

presented with a notification informing them of the CPT code and modifier that was removed.

- **Surgical Package:** When entering 3-digit ICD codes such as I10 or F22 in CodeWizard and importing them to the Other Diagnoses grid, we were getting an incorrect VISTA code error and codes weren't getting imported from CodeWizard. The VistA lexicon RPC returns a period while CodeWizard does not at the end of such codes and so the validation was failing. **Resolution:** When comparing the CodeWizard imported ICD code with the code returned by DSIP LEX CATEGORY ICD SEARCH, we add a period to the end of 3-digit codes if a period does not exist and then make the comparison.
- When switching PTFs in workplace in some cases, such as going to the home screen, the PTF remains locked with the user at the time. Call an unlock each time you switch PTFs.
 - Prevent Surgical Package screen from closing when CRS is still open. This helps avoid importing CRS codes into the wrong Surgical encounter if user decides to close and open another surgical encounter.
 - No message to the user after return from CRS+ of out of order CPTs. Refactored the logic which presents the message dialog after returning from CRS by introducing a check to see if the application is in a minimized state and if not, the message will be displayed.
 - **701 Screen:** Fix the import or addition of 701 codes so you can have 25 instead of 24 codes added. A typo in the code was fixed to accommodate 25 codes.
- **DSIP KIDS Build (DSIP.KID) Version 5.2 *7**
 - Bug **Problem:** Undefined Error. **Resolution:** Modified DSIPATL5 to use the variable DSIPSTATEE instead of the variable DSIPSTATE. **RPCs:** DSIP ATL PTF DISPLAY
 - Bug **Problem:** County is not displaying correctly. **Resolution:** The External result of the County field is not displaying the County as desired. Modified DSIPATL5 to use the County IEN and the State IEN to retrieve the desired textual County Name and added the Patient File, County Field External value in parenthesis after the Name. **RPCs:** DSIP ATL PTF DISPLAY 101 Screen was inconsistent when displaying the address. **Resolution:** Modified DSIPATL5 to not use the PIMS API 'ADD^VADPT' as it does not consistently put the permanent address in. It also has places for many other types of addresses, making this option too inconsistent for this functionality. Use FileMan APIs to retrieve the permanent address data

from the Patient File. **RPCs:** DSIP ATL PTF DISPLAY DSIP CCM CODING STATUS File is empty. **Resolution:** Modified DSIP527 to restore purging File #19640.16 and #19640.15. #19640.16 is added programmatically while #19640.15 is added by adding it to the Build File definition. I had forgotten to add #19640.15 to the File definition so I needed to re-add it. **RPCs:** N/A

- Bug **Problem:** UR Comment Code entries are being duplicated.
Resolution: Due to the way the UR Comment Code is being filed in the RPC, it will always use the first IEN it finds, therefore there will be no #19610.5 entries to fix. Modify DSIP527 to not look for entries to fix. **RPCs:** N/A
- Bug **Problem:** UR Comment Code entries are being duplicated.
Resolution: Correct the KIDS build process of loading the UR Comment Codes (#19640.16) by purging the file in the pre- install process and reloading the file in the post-install process. Before the UR Comment Code file is corrected, the data in files pointing to #19640.16 must be fixed. As the 14 entries that should be in the #19640.16 file are duplicated, each duplicate will a multiple of its correct placement. IEN=1 will be duplicated in IEN=15, IEN=29 and potentially more. IENs 15 and 29 would need to be reset to an IEN=1. The two pertinent pointers to review and potential reset are File #19610.5, Field 14.06 and File #19640.32 and Field 6. **RPCs:** N/A
- Bug **Problem:** When using the Reconciliation Report to delete a #19610.5 Encounter, the VA API used to remove cross references also purges the Coder Assignment Date/Time field. **Resolution:** Modify routine DSIPENCD to store the Coder Assignment Date/Time and the Biller Assignment Date/Time to be restored after the VA API (IX2^DIK). **RPCs:** DSIP DELETE ENC
- Bug **Problem:** In the Installation Guide it does not refer to the specific T version for the Filename. Accessing File ^DD is not supported by an ICR. A Sequential Lock must be accompanied by an UnLock. A ^TMP file usage did not follow SACC format. **Resolution:** When referencing a Filename, use the T version specific name of the File. Update the ICR listing to support the access of File ^DD. After testing the Legacy VIP application, it did not seem to have any issue with removal of the Sequential Lock. This code was added a long time ago due to a VA API Unlocking the pertinent File. The ^TMP file format is required by a VA routine, so the format cannot be altered until the VA routine can accept a SACC formatted ^TMP usage. Comment the software in routine DSIPPTFV to denote this. **RPCs:** N/A

- **Requesting Site:** Hines VA (T7) **Category:** Bug **Problem:** PTF Undefined Error at Hines VA. **Resolution:** When Releasing/Closing a PTF at Hines, it is running a site developed function. The function assumes that PTF is defined and available to use. Our process was modified to use DSIPPTF as we were not aware of the site developed function. Modify routine DSIPPTFE to use PTF instead of DSIPPTF. **(STORY:** VIRR-418, **TASK:** VIRR-1027) **Complexity/Size:** 5/2 **Implemented:** 11/09/2021 **RPCs:** DSIP PTF RELEASE, DSIP PTF CLOSEOUT
- Bug **Problem:** Additional Unit Testing showed additional issues in Add and Get features. **Resolution:** Modify routine DSIPDRG to fix the following issues:
 - Add an Encoder DRG gave an error message when data was successfully added. Adding a 4th Encoder DRG history was not successful. This was due to the Error Message variable being in the wrong spot. Corrected that software and it fixed both issues.
 - Getting all Encoder DRG data was producing an error. I had started the loop at "" so it was incorrectly picking up the 0 node. The loop needs to start at 0, so the first found node would be 1. **RPCs:** DSIP GET ENCODER DRG DATA, DSIP ADD ENCODER DRG DATA
- Bug **Problem:** Error in GUI when trying to use Encoder DRG RPCs. **Resolution:** I forgot to add the 2 Encoder DRG RPCs to the Build Definition. Added them to the Build Definition and rebuild patch. **RPCs:** DSIP GET ENCODER DRG DATA, DSIP ADD ENCODER DRG DATA
- Bug **Problem:** Undefined error when running the report. **Resolution:** Modify routine DSIPPTFR to account if there is No Encoder DRG found or an error returned from the Encoder DRG API. The software was specifically looking for data to be returned and caused an error when No Encoder DRG data was found. **RPCs:** DSIP PTF DATA FILE SEARCH
- Enhancement **Resolution:** Modify routine DSIPPTFR to add the Encoder DRG to the result set. This data will be placed in Segment PF2, Piece 8. Modify routine DSIPDRG to add software to Set/Get Encoder DRG History. Create Remote Procedure definition for RPCs 'DSIP GET ENCODER DRG DATA', 'DSIP ADD ENCODER DRG DATA'. **RPCs:** DSIP GET ENCODER DRG DATA, DSIP ADD ENCODER DRG DATA, DSIP PTF DATA FILE SEARCH
- Bug **Problem:** When Filing to PCE with a time of 12:00:00 AM or Midnight, there is a DATA2PCE error being returned. **Resolution:** Patch PX*1.0*211 had modified the Appointment Date/Time check so that 24 is not a valid

date/time. Routine VEJDXD, RPC 'VEJD XUTIL DATE CONVERSION' uses a FileMan API to calculate the time conversion from "12:00:00 AM". The result is a FileMan formatted time of 24. Clone the VEJD conversion to a DSIP routine and create a new DSIP RPC. Instead of 24 as a conversion from "12:00:00 AM" this will produce a time of 1 minute after midnight, or "000001" in FileMan format. **RPCs:** DSIP XUTIL DATE CONVERSION

- Bug **Problem:** ACM EM RFC rpt causes M error - SUBSCRIPT>REPORT+90^DSIPENM ^DSIP (19640.7. **Resolution:** When accessing a subfile, there needs to be an IEN for each file, subfile, and so on. I had added the pertinent file and subfile IEN to get the data, but instead of a "_" I had used a ",". This means the appropriate IEN data was not being supplied to the FileMan API \$\$GET1^DIQ. Modify routine DSIPENM to concatenate the inner IEN with the File IEN to get the correct data. **RPCs:** DSIPENM REPORT
- Bug **Problem:** Specific case issues causing issues with results. **Resolution:** Modify routine DSIPPTFV to check if the field piece is actually only piece 1 but listed as a field length. Correct some ICRs due to a change in Code Review rules of listing a field/ICR twice due to READ/WRITE. Only list the field/ICR once. **RPCs:** DSIPPTF VALIDATE RECORD
- Bug **Problem:** An Error happened when ICD9^DSIPDRG was being called during the load a surgery process. **Resolution:** A previous effort to make DSIPDRG just for RPC/API concerning DRGs moved the API 'ICD9' to routine DSIPDX. Modified routine DSIPDRG to add a backward compatible entry point to not cause an error and call the new entry point. **RPCs:** DSIP SR 136 GET
- Bug **Problem:** The Last Primary and Attending Provider were only being calculated based on the Patient, so they were not correct for earlier stays. **Resolution:** Use the API from DETAILED INPATIENT INQUIRY menu option to calculate the Primary and Last Attending Provider. Modify routine DSIPPTFR to use the new API to calculate the last primary and attending Provider correctly based on the admission of the specific PTF. **RPCs:** DSIP PTF DATA FILE SEARCH
- Enhancement **Resolution:** Modify routine DSIPPTFV to change VIPW Tech Edits verbiage from 'No report found' to 'PTF Inconsistency Edits'. The extensive complexity/size of this enhancement was due to Code Review changes. Some sections of the routine had to be redesigned/rewritten to be Compliant. Additionally, a large number of ICRs were needed to be

added for VA File/Routine usage or access. **RPCs:** DSIPPTF VALIDATE RECORD

- Enhancement **Resolution:** Modify routine DSIPDRG to remove any pre-ICD10 APIs. **RPCs:** DSIP GET DRG HISTORY, DSIP GET DRG HIST BY DATE, DSIP PTF REOPEN, DSIP PTF CLOSEOUT

- **VEJD KIDS Build (VEJDPCE.KID) Version 59.0*7**

- Bug **Problem:** E&M Reason for Change 'Insuff ROS' was Inactive. **Resolution:** Updated File #19610.71, the entry for E&M Reason for Change 'Insuff ROS' to be Active. **RPCs:** N/A
- Enhancement **Resolution:** Add new entries to File #19610.71 for E&M Reasons for Change. Entry includes Name, Abbreviation and if they're inactive (1=inactive, 0=active). Some of the new names exceeded the previous limit of 30 characters for the Name. This caused an update in the Data Dictionary where the size of the field was updated from 30 to 50 characters. Also needed was a change to the Name Cross Reference ("B") as it would only use 30 characters of the Name. The 30-character extraction was removed to use the Name as it is. The following are E&M Reasons for change that were added (all new additions were set as Active):

<u>Name</u>	<u>Abbreviation</u>
Number of Complexity of Problems Addressed	CPA
Amount of Complexity of Data	ACD
Risk of Complications	ROC
Incorrect Modality	IM
Documentation supports higher level by time	DHLT
Documentation supports higher level by MDM	HMDM
Documentation supports lower level by MDM	LMDM RPCs: N/A

- Bug **Problem:** When Filing to PCE with a time of 12:00:00 AM or Midnight, there is a DATA2PCE error being returned. **Resolution:** Patch PX*1.0*211 had modified the Appointment Date/Time check so that 24 is not a valid date/time. Routine VEJDXD, RPC 'VEJD XUTIL DATE CONVERSION' uses a FileMan API to calculate the time conversion from "12:00:00 AM". The result is a FileMan formatted time of 24. Clone the VEJD conversion to a DSIP routine and create a new DSIP RPC. Instead of 24 as a conversion from "12:00:00 AM" this will produce a time of 1 minute after midnight, or "000001" in FileMan format. Register RPC 'DSIP XUTIL DATE CONVERSION' with Menu Options 'VEJD PCE RECORD MANAGER' and 'VEJD AUDIT REPORT MANAGER'. **RPCs:** DSIP XUTIL DATE CONVERSION

- **VEJD KIDS Build (VEJDVIP.KID) Version 7.9*4**

- Enhancement **Resolution:** It is believed that Code Review wanted more component/purpose information in the Patch Definition and the Installation Guide. It was decided that a section of the Patch Description format would display this information. This was added to the Patch Description Field (viewable by the Build File Print option), and the Installation Guide. Additionally noted in the Installation Guide was updating the Filename to use with the specific T version noted. **RPCs:** N/A
- Enhancement **Resolution:** The RPCs 'DSIP ADD ENCODER DRG DATA' and 'DSIP GET ENCODER DRG DATA' were registered to Menu Options VEJDPTF SIGNON, and VEJDPTF ADMINISTRATOR. Added Field #4 (ENCODER DRG HISTORY) to File #19610.8. This field is a subfile which will contain The Encoder DRG History. Including the following fields:
 - 01. EFFECTIVE DATE
 - 02. ENCODER DRG
 - 03. ENCODER DRG DESCR
 - 04. ENCODER DRGWT
 - 05. ENCODER ALOS
 - 06. ENCODER GLOS

RPCs: DSIP SET ENCODER DRG DATA, DSIP GET ENCODER DRG DATA

Product Description

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.

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