
DSS, Inc. Release Documentation

3rd Quarter FY2025



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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 OI/FO. 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 that 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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Product Release Notes for Q3 2025

The release notes for Quarter 3 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

Caribou CLC Suite

Originally published March 25th, 2025.

The latest released version is Caribou UI v4.1.39.12, API b4.1.39.9

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 Karin Benabe at kbenabe@dssinc.com.

Clinical Note Templates Plus

The latest released version is comprised of the following:

- **Clinical Note Templates Inventory 25.3.0.0**
 - Originally published June 2025.
 - Inventory roll up including all site requested changes in numerous CNTs since the 25.1.0.0 release in 2025 Q2.
- **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.

Infusion Therapy Manager

The latest released version is comprised of the following:

- **Infusion Therapy Manager (DSIQ.KID) Version 2.4**
 - Published March 2025.
 - MUMPS updates were made to align with VA Coding Standards.
- **Infusion Therapy Manager Version 2.1**
 - Published May 2025.
 - 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.
- Includes Standard Reports and tools to create Custom and Trending Reports.

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 interactions, allergies, weight-based dosing, multiple dosing limit checks, and other patient safety checks. This product uses patient demographics, allergies, pharmacy orders, height and weight data, and lab values from VistA to create an error-free set of drug orders. ITM was designed as a web-based solution to support 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*38**
 - Originally published April 2025.
 - DSIH2.0P38 addresses Durham LIVE error <UNDEFINED>GETPIVOT+11^DSIHHPV1.

- **Resolution:** DSIHHPV1 routine was modified so that DSIHDFN is not newed before being used. Instead, DFN will be newed and used.
- **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 and surgical care management, patient education, and clinical care management. Integration Framework is 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 5.1.5.0**
 - Originally published June 2025.
 - Archived Removed and/or Completed PGOIs will not prevent a plan from being signed
 - Incomplete PGOI sets will not be allowed to be pushed to CPRS
 - Strengths and Abilities will show as the header on the note
 - Blank PGOIs will not allow a Treatment Plan to be Signed until corrected
 - BDK has been updated from 65 to 73
 - Strengths will show as Strengths and Abilities in the Print
 - Deleted Discharge Criteria will not reappear
 - Treatment Plan will auto-close after all PGOIs have been completed and patient is discharged from all disciplines

- Reports will no longer disappear from Reports screen after maximize/close/reopen sequence
 - Selected Provider will not disappear after creating a new Active PGOI set
 - Free text Intervention will not disappear when added with multiple PGOI sets
 - EAccessViolation | Access violation at address 00000054 bug report will no longer occur
 - Fields will no longer persist in Details view after PGOI deletion
 - Intervention Providers will be added to Interdisciplinary Team
 - Anticipated Discharge Date will not reappear after deletion
 - Projected Target Date on Objectives will not default to 30 days regardless of user selection
 - The Complete and Remove buttons on PGOIs will be available when the selected PGOI has been included in a note
- **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.

Order Tracking Manager Laboratory

The latest released version is comprised of the following:

PFS 1.6.60.2 | OTM v16.0.23.41 | DSSJ_1_0P4.KID - Released February 2025

DSSJ_1_0P4.KID – Released April 2025 *

Note: *this was a Mumps only Patch

Product Description

OTM Laboratory Module is a web-based application pulling real-time information from VistA for the purpose of assisting staff who have a role with laboratory orders. Keeping track of labs for each patient is a huge task for providers. OTM laboratory tracks what labs have been ordered, if they have been collected, and what their results are, then displays those results in one nicely organized view. Users can select which highly visible lab tests to monitor to create customized tracking filters. The application knows which labs have been ordered for each patient and displays highly visible out-of-range (low or high) results. Future development includes the ability to search by patient if the user is not the ordering provider and the ability to add functions for phlebotomists, laboratory techs, and staff, in addition to providers.

To begin necessary documentation and follow-up actions without delay, ordering physicians are required to be involved directly to discuss next steps with the patient. The providers, including administrative personnel, need a centralized real-time web-based interface to easily see ordered items and their status, as well as out-of-range lab results. Providers can use the application to track, create notes, and manage out-of-range lab results.

Product Line Management Contact Information

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

PeriOp Manager

[in partnership with LiveData]

The latest released version is comprised of the following:

- **PeriOp Manager HC 3.4**
 - Originally published April 2025.
- **DSIHL PeriOp Manager (DSIHL.KID) Version 2.1P6**
 - Originally published April 2025.
 - Resolves potential error traps due to corrupt data in VistA.
- **LiveData PeriOp Manager™**
 - Updated the Healthcare Questionnaire with options for sites to receive the following email reports:

- Daily Operational Reports
- Monthly Operational Reports
- Monthly Block Utilization Reports
- Future Scheduled Block Utilization Reports
- **LiveData PeriOp Planner™**
 - Users can now identify rooms as unavailable / out-of-service using BlockGroups. These would be available in Block Planner to place on a room for a particular date (Weekly schedule) or range of dates (Primary schedule) to inform users not to schedule in the room.
- **LiveData OR-Dashboard™**
 - No updates for this quarter.
- **Schedule Board™**
 - No updates for this quarter.
- **LiveData PeriOp Manager Analytics™**
 - Created a Monthly Operational Report, delivered on the first day of each month and containing the same KPIs as the Daily Operational BACKLOG-13821 3 Report. These KPIs, for the previous full month, are:
 - For Cases, the number of cases scheduled for the month, and the number and percentage of completed cases, canceled cases, aborted cases, elective cases, and add-on cases.
 - For On Time Starts, the number of scheduled cases, and number and percentage of delayed cases, first cases for the day, and delayed cases that were the first of any day in that month.
 - For Time Outs/Checklists, the total number of primary cases, and the number and percentage of cases where each checklist (briefing, timeout, debriefing) was performed during that month. Secondary cases in a multi-panel case are not included.
 - The number and percentage of cases in that month that required a room turnover. Add-on cases following a previous case are not included.
 - The number of cases and percentage of utilization during prime time for all cases performed out of all rooms that were available during prime time over the month.

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. 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.

TheraDoc

The DSID CORE build interface had a major update this quarter. Key updates include but are not limited to the following:

- Updates to DX Encounter processing
- Updates to DSID Link menu to allow field edits.
- Updates to ADT HL7 messages
- Updates to Lab Results HL7 messages
- Updates to Surgery ORU HL7 messages
- Separate OP Pharmacy processing from DSID core; Supplies will not erroneously be sent.

Two major enhancements to highlight are ADT updates and Encounter Diagnosis.

Regarding ADT updates, the VA has had long-standing practices to update, change, or even delete historical patient movement, such as after the patient has already left a certain location or been discharged. There are many “cancels” and revisions that are entered by VistA Bed Management staff that do not reflect the current patient location. This creates ongoing issues for our partner, Premier’s TheraDoc product, since their commercial hospital clients do not perform such edits.

With DSID version 2.5P4, we have added additional information to our ADT messages indicating what data has changed. The messages now contain information as it existed “before” and “after” edits, deletions, or changes. This should greatly assist Premier/TheraDoc in interpreting ADT movement and reflecting patient location, attending and admitting providers, and treating specialty for the patient. In addition, DSS Tech Services and the Product Line staff spend a lot of time evaluating patient movement when support tickets are submitted. This new feature should greatly reduce the time it takes to assess and interpret the data.

Encounter Diagnosis is the ICD-10 coded diagnosis that clinicians enter as a part of their clinical documentation. It is used for billing purposes, as well as to capture workload allocation and performance.

We have started to send Encounter Diagnosis to TheraDoc for use in surveillance. We have since received a request to populate select ICD-10 codes and historical data from our existing user base. This new update in DSID 2.5P4 allows selection of specific ICD-10 diagnoses to be pulled historically from VistA for up to 3 years (or greater, if the situation warrants). This data is then sent to TheraDoc, where it can be used in surveillance for historical studies. Several sites have IRB study approval, and this historical data is an integral part of the requirements. This functionality will hopefully be used for published studies that can benefit DSS. In addition, Bitscopic claims to be able to deliver historical data, and with this new enhancement, DSS can claim that capability as well.

Current Versions

- **DSID Core Version. Current version is DSID 2.5P4.**
 - Originally published June 2025.
 - 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 with treatment decisions and mitigate patient and hospital risk. Currently, TheraDoc is installed and in use at 65 VAMCs, including many VISN-wide deployments including VISN4, VISN6, VISN9, VISN12, VISN20 (except the Cerner sites), and VISN23.

Product Line Management Contact Information

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

VistA Integrated Reporting and Revenue

The latest released version is comprised of VIRRAPI 1.2.0.1, VIRRUI 1.2.0.0, and VIRRVSOA 1.2.0.0.

Originally published April 2025.

VIRR Enhancements & Updates (These apply to multiple modules.):

- Patient Search dialogs did not display names in alphabetical order. This has been resolved.
- In the Patient Search dialogs, spacebar + Enter will now look up the last patient that the user looked up in CPRS.

- When a search for a patient returns only one result, the name will be selected automatically.
- Patient searches were not refreshing the patient information fields that display in the Patient Search dialog (SSN, DOB, Gender, and Covered By Insurance). This has been resolved.
- Searches by Patient Name in VIP Workplace and CCM, and by Location and Visit IEN in CCM, will now retain the search criteria the next time they are accessed. It was determined after this was released that it is not desirable to do this for Patient Name or Visit IEN, so these will be rolled back in the next release—after that, only Location Search will retain the previous search criteria.
- Under the Reports button, there is a “Filtered” button (soon to be renamed “Skipped”). Selecting it will display a report of the records that were not returned on the main report. The report’s Filter and Value columns will explain why the records were skipped.
- The “Coders” dropdown list was resetting to an alphabetical order daily instead of retaining the most-frequently selected order. This has been resolved.
- Grouping and filtering were being retained in reports after the user logged out and back in, causing confusion. This has been resolved.
- The Alt + 2, Alt + 3, and Alt + 6 PCE Management screen shortcuts were not working. This has been resolved. Alt + 2 toggles the “Reports” menu, Alt + 3 toggles the “User Menu”, and Alt + 6 toggles the “Actions” menu.
- When sending a Compliance Email in CET, if the user attempted to send without selecting a query template and/or at least one recipient, the error message was misleading. It has been updated to more accurately tell the user what needs to be done.
- A BMI query option (“VA BMI Qry”) has been added to the “Template” dropdown list in the Compliance Email dialog.
- The CET mail tools have been rearranged to more closely match their standardized order in Outlook. The Bold, Italics, and Underline buttons are now together on the left.
- The ability to mark a CET Compliance Email as “High importance” has been added.
- In the CET “Compliance Email” form, “Select All” has been removed from the “Impact” dropdown list because it is not an appropriate choice for this field.
- CET Email and History tabs were not being refreshed in the grid under the CET accordion when switching patients. This has been resolved.

- "Compliance Email Reporting" in ACM and VIP Director has been renamed to "Compliance Reporting" to more accurately represent what kinds of data can be found there (i.e., not just compliance email data, but also CDI Review data).
- Users can now create a custom email signature to be added to the bottom of CET Compliance Emails. This will not affect Outlook email signatures. To create a CET email signature, go to User Menu > Account Settings, then scroll down to "Other User Settings" at bottom left and select the "Email Signature" button. Create the signature and then click OK.
- When a report is retrieved with the "Retrieve CET Data" checkbox checked (not all reports have this checkbox), and a CET Compliance Email is added to an encounter, the CET fields for that encounter in the report grid will now update automatically.
- When workload is assigned to a coder, biller, or RUR Nurse, and the user selects the "Get New Encounters" button, if the report parameters result in one or more of the assigned encounters not being added to the report, a message will now appear stating the reason they were not added. (The previous message erroneously always stated that "All x" encounters had been added.)
- In TIU Notes, addendums will now be nested under the note that they are associated with, and there will be a visual indicator next to all notes that have one or more addenda.
- The text filtering functionality that was previously added to TIU Notes has now been added for Discharge Summaries.
- In the TIU Notes tab, TIU Note Details is now expandable. Select the arrow to make the note full-width. Select it again to collapse it.
- In ACM and CCM, if a user clicked "Go" to perform a Location Search without entering any search criteria, the search would just hang. Now, the search will stop, and a message will be displayed stating that no results were found.
- In ACM and CCM, the CCM Status dropdowns have been expanded both horizontally and vertically to allow the user to see more statuses.
- A new CCM Status has been added: HIM RETURN TO CODER is available to Coding supervisors in Actions > CCM Case Management and Case Management in Same Day Visits. The purpose of this CCM Status is for Coding Leads, Supervisors, and Auditors to return encounters with coding errors to the coder prior to the encounter pulling onto a Bill Me Report. This new Status was created to distinguish these encounters from encounters with errors found in Billing that are RECODE/REJECTED back to the coder, so that these two metrics can be tracked individually.

- A "Last Date Coded" column has been added to all Same Day Visit grids.
- An Original Coder Assignment Date/Time column has been added to the Audit PCE Records and PCE Compliance Report, the Level 1 & 2 and EM Documentation Compliance reports, the latter of those two being a level 4 & 5 report, and the Code Me and NILCO reports, as well as the CCM in the Workload Report and All CCM Cases, Suspended, and Rejected reports.
- The Same Day Visit grid will show visits that are entered in VistA even if they have not been "touched" by the VIRR application. You can identify these by their empty CCM Status field.
- In reports, there is a new drop-up menu to the left of the "Clear Filters" button. It will display the current filter (if one is applied), and selecting the up arrow will display all filter combinations that have been applied in this report during the current login session. The list will be cleared upon logout.

Surgery Package

The following enhancements and updates have been made in this release:

- You can now Update Surgery Comment for multiple surgery cases at the same time.
- When you update a surgery with Coding Complete selected, if there is an error informing the coder that "Surgery coding data was NOT sent to PCE due to an incomplete surgery record," this message will now remain on the screen until the coder clicks OK. This is to help ensure that this important error is not missed, enabling the coder to take the appropriate step of informing a supervisor so the surgery can be fixed, and the coder can then re-update the surgery case.
- An Attending Surgeon column has been added to the Surgery Case Management Report.

CCM

The following enhancements and updates have been made in this release:

- In the Workload and All CCM Cases reports, the "Run Report" and "Edit Visit" buttons have been moved over to the left so that informational messages will not cover them.
- When a search for a Patient or a Location returns only one result, the result will be selected automatically.
- When a search is conducted for a Visit IEN, the result will be selected automatically.
- The VistA Chart will now stay open when the user changes patients. This is so the user doesn't have to move it over to, e.g., their second monitor every time.

- When the VistA Chart is left open while a patient record is closed, a message will be displayed in the VistA Chart informing you that it is "Waiting for an updated chart..." and prompting you to "please select VistA Chart in PCE Management or Inpatient Coding" to refresh it.
- When a coder timed out of VIRR while coding in the 3M CRS+ Encoder, the codes were gone after logging back in. This has been resolved.
- When coding with the Code Menu, if you had a duplicate CPT code, the duplicate and any other CPT codes were not being exported. This has been resolved.
- In CodeWizard > Check Edits (All), data was being displayed incorrectly. This has been resolved.
- The Exit button confirmation dialog was not working properly. Whether the user clicked "Yes" or "No," they were taken to the main CCM landing page. Now, if the user clicks "No," they will remain on the PCE Management page, and if they click "Yes," they will be returned to either the CCM main page (if the patient was looked up from there) or to the Workload Report (if the patient was selected there).
- When the user selects either Import PCE Codes or Import Corresponding PTF Diagnosis from the menu button in PCE Management, the dialog now pops out into a separate window.
- Patient Eligibilities was removed from the Actions > View Visit Notes display because it is not needed by coders.
- When the user chooses to Suspend an encounter, they do not need to File to PCE unless they also made coding changes.
- When creating a new visit, the date/time of NOW is used, but the seconds value was previously defaulting to 00 instead of the actual value. This has been resolved.
- If a coder deleted all Modifiers from a CPT code using the X in the Modifiers dialog, it appeared that the Linkages were removed also, as they were not displayed. This has been resolved.
- We have restored the ability to select Modifiers using the spacebar.
- We have added Coding History entries when Linkages are removed.
- Coders can now perform an ICD Lexicon code search in CCM using a minimum of two characters instead of a minimum of three.
- If a coder went into an encounter with no Coding History or Visit History and no CCM Status and Suspended it, the Status update was not persisting after File to PCE. This has been resolved.

VIP-Workplace

The following enhancements and updates have been made in this release:

- The Detailed Patient Inquiry screen can now be moved with the mouse.
- When a coder added the same ICD-10 PCS code multiple times in 3M CRS+, it was being added to VIRR only once. This has been resolved, and the code will be added to either the holding area and/or the Edit 401 Surgery and Edit 601 Procedure screen(s) as many times as it was added to the Encoder (space allowing, i.e., surgeries and procedures can only hold up to 25 codes each).
- The VistA Chart will now stay open when the user changes patients. This is so the user doesn't have to move it over to, e.g., their second monitor every time.
- When the VistA Chart is left open a patient record is closed, a message will be displayed in the VistA Chart saying that it is "Waiting for an updated chart..." and prompting the user to "please select VistA Chart in PCE Management or Inpatient Coding" to refresh it.
- The yellow "601" icons' text has been changed from white to black to make it easier to read.
- SC/SA and CV information has been added to the 501 Movement Details dropdown.
- When a coder timed out of VIRR while coding in the 3M CRS+ Encoder, the codes were gone after logging back in. This has been resolved.
- Actions > About page descriptions have been added to Inpatient Case Management and the Census Status Report.

ACM

The following enhancements and updates have been made in this release:

- ACM Non-Count Clinic setup and filtering have been removed from the application. In its place, we have added a checkbox to Include Non-Count Clinics on the Audit Criteria tab of the Audit PCE Records report.
- The CCM Case Management, Billing Management, RUR Management, and FR Management dialogs have been added to Audit Results, allowing users to update an encounter while they are in that popup.
- In several reports, horizontal dividing lines have been added to separate the "Billing Management" option in the Actions menu from the options directly above and below it, to aid users in quick visual identification of it and to prevent them from selecting the wrong option. The reports are the Bill Me and Billers Workload Reports, the Code Me and NILCO reports, and the PCE Compliance, Audit PCE Records, and View Audited PCE Records reports.

- Environmental Factors columns have been added to several reports. Columns for A/O Exp, ION Rad, SW Asia Cond, N/T Radium, Camp Lejeune, and TERA have been added to the Code Me, PCE Compliance, Audit PCE, and Bill Me reports. TERA is in the NILCO report.
- In RUR Management, the list of RNBs available to assign to encounters is now limited to just the RNBs that RUR Nurses would use in their workflow.
- In Audit PCE Records, Level 1 & 2 EM Report, or EM Documentation Compliance Report, when screening by Patient Name for a report with a large date range, the report would generate an error and stop running. This has been resolved.
- An Insurance Group Name column has been added in the Audit PCE Records, Code Me and NILCO reports, the Bill Me Reports, the Biller Worklist reports, Audit IB Claims, and View Audited IB Claims reports.
- A Secondary Stop Code column has been added to the Audit PCE Records report.
- Screening on Checkout Status of "None on File" was not working correctly. This has been resolved.
- Audit PCE Records report would not complete without an error if a visit had no Checkout Status. This has been resolved.
- CPT Modifiers were not displayed in the Audit IB Claims Report. This has been resolved.
- On the Retrospective Review Report, insurance start/end dates were being checked against Today instead of the Visit Date/Time, resulting in incorrect insurance providers being displayed in this column. This has been resolved.
- The Same Day Visit report was not picking up > 1 Visit IEN with the exact same Visit Date/Time. It would only display the first entry that had that specific Visit Date/Time. This has been resolved.
- Billing Management has been added to Same Day Visits for users designated as a Billing Lead or DBA in System Settings > Billing User Management.
- The DBA Comment field in the Billing Management dialog will be hidden if the logged in user is not a Billing Lead or DBA.
- We have added the Parent Division screening option to the Audit IB Claims report. Parent Division screening is covered in the 2023 Q3 updates video.

VIP-Director

The following enhancements and updates have been made in this release:

- The DRG Weight column has been added to Report Builder in Standard Reports.
- The DRG ALOS column has been added to Report Builder in Standard Reports.

DSIPW*2.0*2 Release Notes, Bug Fixes, and Enhancements:

- DSIPWMCN The Result Set ^XTMP had been modified to correct the 0-node format, but the currently unused. Filter Out version had not been modified, so the 0-node format was incorrect. DSIPWX2. The B cross reference that was being referred to was the Patient Insurance subfile of the Patient File. The ICR support should have been clear to denote it was the Patient Insurance subfile. DSIPWCMN Modified routine DSIPWCMN to use the correct 0 node format. As we do not currently use this functionality, commented the code out, but also corrected the format, in case we use this feature in the future. DSIPWX2 Modified routine DSIPWX2 to specifically denote that the B cross reference noted was for the Patient Insurance subfile. **RPC:** DSIPW CODE ME NILCO, DSIPW IB REPORT, DSIPW PCERM DATA FILE SEARCH, DSIPW PCERM DATA BATCH SRCH
- DSIPWGOF ICR Reference to File #45, Field 23 was mentioned twice. In ICR #418 and #None DSIPWCMN Format for ^XTMP 0-Node should be ^XTMP(name,\$J,0) ICR #950 for File #2.312, Field 8 is Write FileMan and shouldn't be used for Direct global access DSIPWTM Access to ^XTMP incorrect due to changes required in DSIPWCMN DSIPWEF Access \$D(^DPT(D0)) needs to be supported by an ICR DSIPWRPT. Accesses to #399.30416 were supported in ICR, but File #399, Field 16 which contains the subfile did not have a specific ICR support #. DSIPWX ICR #950 has FileMan Write support and should not be used for #2.312, Field .18 and 8 which are Direct Read access. DSIPWX2 \$\$GET1^DIQ(44,ien,"8:1") was noted as no such field exists, so there is no ICR support. DSIPWGOF removed the notation for File #45, Field 23 to be supported by ICR #418, leaving only the ICR #None DSIPWCMN Update the ICR support of Direct Access of File #2.312 Field 8 to be #None Update the ^XTMP parameters to the format noted by VA Code Review. DSIPWTM This routine will Get the status of TaskMan job, and Return the data stored in ^XTMP from running the TaskMan job. The change was to update the ^XTMP parameters to the format noted by VA Code Review. DSIPWEF Added ICR #350 to support the access for \$D(^DPT(D0)) DSIPWRPT Added Field 16 to ICR #None for File #399.0304, which support access to Sub-File #399.30416. Added ICR #350 to support the access for \$D(^DPT(D0)) DSIPWX Update the ICR support of Direct Access of File #2.312 Field .18 and 8 to be #None DSIPWX2 While the use of \$\$GET1^DIQ(44,ien,"8:1") does work, and has a valid use within \$\$GET1, separating the functionality to be more readable and explicit with its usage. As the VA Code Review noted, there is no field "8:1", BUT what it stands for is File #44, Field 8 which is a pointer to File #40.7. The 1 is the value for File #40.7, Field 1. I thought it would be more understandable and readable to

separate this statement into 2 \$\$GET1 API calls and make sure the access to File #44, Field 8, and File #40.7, Field 1 were both supported with ICRs. **RPC:** DSIPW CODE ME NILCO, DSIPW IB REPORT, DSIPW GET OBJECT PTF, DSIPW PCERM DATA FILE SEARCH, DSIPW PCERM DATA BATCH SRCH

- Add the Attending Surgeon to the Result Set for Surgery Case Management. Modify routine DSIPWSRS to add Attending Surgeon File #130, Field .164) to Piece 20 of the first Segment. **RPC:** DSIPW SR GET SCHEDULE
- The TERA value was displaying NO even though the data in the database was YES or Y. Modified routine DSIPWEF to only return the Internal value of the TERA data. Using the External value was not showing the correct value. Modified routine DSIPWCMN to retain a difference on whether it is a Code Me or NILCO being called and passing that data into DSIPWX when asking for PCE data. Modified routine DSIPWX to pass the NILCO / Code Me notation to the Environmental Factors API when notified it is a Code Me or NILCO request by DSIPWCMN. **RPC:** DSIPW CODE ME NILCO, DSIPW PCERM DATA FILE SEARCH
- Due to the changes in DSIP*5.3*3, VEJDPC*60.0*3, and VEJDVIP*8.0*3 so that there is no need to re-install DSIPW patches, these 3 patches need to be prerequisites for this patch. Modified routine DSIPW2P2 to add these prerequisites.
- Modify routines DSIPWUR and DSIPWFR to use DSIPW PCERM DATA FILE SEARCH (DSIPWX) instead of DSIP PCERM DATA FILE SEARCH (DSIPX) to get PCE data. **RPC:** DSIPW CASE MANAGEMENT
- Additional Case required an update when changing from a PCU / Pending Code Set Update CCM Coding Status to HC / HIM RETURN TO CODER CCM Coding Status. **Resolution:** Modify routine DSIPWCM to add the following CCM Coding Status update scenario as an error and return an appropriate message. PCU to HC. **RPC:** DSIPW CASE MANAGEMENT
- webACM needs to capture the DBA comment history on all updates including when the comment does not change. Modify routine DSIPWCM to record the DBA Comment History for all cases except if the before and after are empty. **RPC:** DSIPW CASE MANAGEMENT
- The Date Released column is not pulling in any data in the Inpatient Case Management Report. In routine DSIPWPDS, there is a retrieve of numerous fields into an array, and it is then parsed into individual data to be used in Segments. We had moved the Date Released retrieval of data closer to the actual usage of the data in the software. Unfortunately, we missed the removal of that data array after the block of retrieve, and moving the Date Released retrieval caused the

data to be empty. **Resolution:** Modified routine DSIPWPDS to move the Data Released retrieve back to the original block software. **RPC:** DSIPW PTF DATA FILE SEARCH

- Due to a Congressional Act (PACT Act), there is a need for Environmental Factors to be added to some reports. A/O Exposure, ION Radiation, SW Asia Condition, N/T Radium, Camp Lejeune, and TERA. Created routine DSIPWEF to be an RPC and API to access this data. Modified routines DSIPWGOF, DSIPWPDS, and DSIPWX to call this API to return the data. **RPC:** DSIPW GET ENV FACTORS
- The Visit Lookup is getting a Vista Error when Filtering on Check Out Status, but the Visit Check Out Status value is empty. **Resolution:** The Filter 'NONE ON FILE' will specifically match the case where a Visit Check Out Status is empty. If that Filter is not requested and the Visit has no Check Out Status the Filter will be a fail result. If the Filter 'NONE ON FILE' is selected and the Visit has no Check Out Status the Filter will be a pass result. Modify routine DSIPWRF2 to contain this new requirement logic. **RPC:** DSIPW VISIT LOOKUP
- The Same day Visit report is not picking up other Visit IENs with the exact same Visit date/time. It will only pick up the first entry that has that specific Visit Date/Time. Modify DSIPWV to get all Visit IENs that have the same Visit Date/Time. **RPC:** DSIPW PAT VISIT PER DAY
- Additional DRG data (Weight and ALOS) are requested to be displayed in the grid. Modify routine DSIPWPDS to add the DRG data for the 701 closed DRG and the 701 Dynamic Calc DRG. Additionally, this caused the routine DSIPWPDS to fail XINDEX for being too large. I moved 2 function calls into a newly created routine, DSIPWPD2. **RPC:** DSIPW PTF DATA FILE SEARCH, DSIPW PTF DATA BATCH SRCH
- The Biller Comment Code and Text should have History tracking triggered even if they do not change, due to procedural order and pre-determined settings of the Codes. This is an issue software wise due to the way that Triggers work. The only times a New or Traditional Trigger is fired is when there is a New, Update or Delete function. If there is no change in the data, the trigger will not fire. Modify routine DSIPWBA to manually fire the History API even if the Biller Comment Code does not change. **RPC:** DSIPW CASE MANAGEMENT
- Routine DSIPWRPT exceeded the XINDEX size limitations. Modified routine DSIPWRPT to remove extraneous comment spacing and some lines of software that are not in use. **RPC:** DSIPW IB REPORT
- The Secondary Stop Code has been added to PCE Result Sets. Modify DSIPWX and DSIPWX2 to add the Secondary Stop Code data to the 22nd piece of the Visit Segment (V). The data will consist of the File #40.7 (CLINIC STOP). IEN of File

#40.7 ^ File #40.7, Field 1 (AMIS REPORTING STOP CODE) ^ File #40.7, Field .01 (NAME). This entry is found by getting the IEN from File #44 (HOSPITAL LOCATION), Field 2503 (CREDIT STOP CODE). **RPC:** DSIPW PCERM DATA FILE SEARCH

- The Retro Report Insurance Start/End Date was being checked against today instead of the Visit Date/Time. The Retro Report was using the variable DSIPVSTDT to hold the Visit Date/Time. It was calling the DSIP PCERM DATA FILE SEARCH Insurance API, which is using variable DSIPVSTDTI to check/hold the Visit Date/Time. If there is no initial data in DSIPVSTDTI it will default to the current Date/Time, which for Retro Report it always will. Clone routine DSIPCR to DSIPWCR to fix the issue and call the new DSIPW PCERM DATA FILE SEARCH Insurance API. Clone RPC 'DSIP RETRO REPORT' to 'DSIPW RETRO REPORT' to call DSIPW version of software. **RPC:** DSIPW RETRO REPORT
- Modify routines DSIPWV (DSIPW PAT VSIT PER DAY) and DSIPWCR (DSIPW RETRO REPORT) to use Data APIs from the DSIPW PCE Retrieve data process 'DSIPW PCERM DATA FILE SEARCH'. This will add data to the Result Set that was specifically added to DSIPW. This includes Insurance data such as Subscriber ID and Insurance Group Name. **RPC:** DSIPW PAT VSIT PER DAY, DSIPW RETRO REPORT.
- Clone the PCE data retrieval RPC 'DSIP PCERM DATA FILE SEARCH' to a DSIPW version 'DSIPW PCERM DATA FILE SEARCH' to add data to the Result set. This includes adding the Insurance Group Name as well as moving results data that was being added post-collection in the batch retrieve process into the regular PCE collection. Created routines DSIPWX and DSIPWX2 to perform the DSIPW PCE retrieve. **RPC:** DSIPW PCERM DATA FILE SEARCH
- CPT Modifiers were not displaying in the IB Report. Modify routine DSIPWRPT to get the CPT Modifier data from the correct subfile. When previously updating the routine, the software was looking to get a subset of data, which would be the CPT modifier data, but it was looking in the wrong spot, so returning nothing. **RPC:** DSIPW IB REPORT
- When updating a Biller, Coder or RUR Assignment to the same user, the data will change, but no history will be captured. A Trigger will not fire when the data does not change. Modify routine DSIPWCM, DSIPWBA, DSIPWUR to check if the user assignment is the same, but the date/time of assignment is different. If yes, then it will fire the history capture. **RPC:** DSIPW CASE MANAGEMENT
- When the Age Filter was selected with a logical operation of Less Than or Equal To, no results were displayed. Modify routine DSIPWRF2 to correctly extract the

Age from the Filter. Additionally added a check to return a Fail filter if the Patients Age calculation (File #2, Field .033) returns no value. **RPC:** DSIPW VISIT LOOKUP

- Running the scrubbing process was causing an error. The Billing field that the web software was trying to retrieve for the Bill Rendering Provider (#399, 10004) was not defined correctly. This field was defined differently at local DSS databases and did not exist in VISN2. It was found that legacy used the RPC 'VEJD IB RENDERING' to get the data. This was fixed in the web software to remove field 10004 from being a field to get from 'DSIPW GET DATA' and to use the RPC that legacy uses. In addition, web development requested an RPC to do a batch retrieval of Rendering Providers. Created routine DSIPIBU to get the Rendering Provider as well as retrieve it in a batch fashion using DSIPW GET BILL RENDPRV BATCH. **RPC:** DSIPW GET BILL RENDPRV BATCH
- The Insurance Group Name has been added as a column to the Code Me/NILCO, IB reports. The RPC 'DSIPW PCERM DATA FILE SEARCH' from 'DSIP PCERM DATA FILE SEARCH' to add additional data specific to web functions. Created the routine DSIPWCMN to perform the webVIRR Code Me/NILCO process. Created routine DSIPWX, and DSIPWX2 to be the new PCE retrieval software with the additional data. **RPC:** DSIPW PCERM DATA FILE SEARCH, DSIPW CODE ME NILCO, DSIPW IB REPORT

Product Description

VistA Integration Revenue and Reporting (VIRR) is a suite of applications that is nationally deployed and consists of four applications and a Central Reporting project, Audit Compliance Module (ACM), Coding Compliance Module (CCM), Veterans Inpatient Director (VIP-D), Veterans Inpatient Workplace (VIP-W), and Central Reporting. The suite of applications provides coding; billing; revenue utilization review and compliance; workload assignment; productivity auditing; and scrubbing systems for inpatient, outpatient, and professional medical services. It has proven to be an essential tool for the Department of Veterans Affairs' Medical Centers (VAMCs) by improving productivity and accuracy, thereby reducing medical claim rejections by payers. It provides tools to ensure Service Connected services are not billed, as well as auditing tools, proven to increase reimbursements and reduce denials.

Product Line Management Contact Information

For more information, please contact Bridget Kennedy at bkennedy@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 2.5/ DSSO 2.0*3
- APAT 2.5 was nationally deployed January 2025
- This release brought dozens of workflow improvements to the purchase order workflow and 10 fixes to site escalations.

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.

Product Line Management Contact Information

For more information, please contact Justin Ballard at jballard@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, consult managers, providers, and patients alike.

Product Line Management Contact Information

For more information, please contact Amber Malagic at amalgic@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 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 the 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 reports can be exported to Excel or PDF. This product has received its first purchase order and is undergoing regression before installation. DSS Data Miner has garnered favorable interest from the VA facilities that 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 9.1.0.14**
 - Changed "Reference" field label to "Model" in Device Tracking to match the text populated in Progress Notes.
 - Added legal boilerplate and additional text to the "About..." Screen as per VA requirements.
 - Added check and filter for control characters in Speed Codes.
 - Added catch to prevent errors for potential duplicate incomplete D2940 transactions.
 - Updated "Panel Add/Edit" screen to allow for partial panel moves, removal of deceased patients from panels, and changed Fee Basis to Integrated Veteran Care in provider table.
- Corrected an error when completing CPRS templates.
- **DRM Plus KIDS Build Version DENT*1.2*91**

Class 1 Product – Distributed via FORUM.

 - Added a check for a patient to have a Date of Death and filter for reports.
 - Adjusted verbiage for PCE data filing in confirmation message.

Product Description

Dental Record Manager (DRM) Plus is a VA nationally certified software for dental treatment and planning. It replaces the Dental Record Manager system. This product integrates the 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.

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. It gives the facility the ability to scan and archive any document from any department.

The software serves as a repository for all of a user's scanned documents and digital files. It 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.

Product Line Management Contact Information

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

Insurance Capture Buffer Web

The ICBWeb GUI and VSOA had major updates in Quarter 2 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.

Order Tracking Manager Radiology

The latest released version is comprised of the following:

PFS v1.6.60.2 / OTM v16.0.23.39 and DSSU_1_1P5.KID- January 2025

Note: *released November 2024, install in Production delayed by CoTS until January 2025

Product Description

Order Tracking Manager Radiology is a web-based application pulling real-time information from VistA for the purpose of assisting staff who have a role with diagnostic imaging. Currently, no systemic approach exists in the VA to ensure the diagnostic reports are seen by the ordering physician nor ability for the ordering provider to easily review, sign complete notes in the patient record. Typically, the ordering physician signs onto CPRS and will receive an automatic CPRS alert to review an available report from an imaging request. However, there is no 'read receipt' notification in CPRS that allows the Radiologist to confirm whether the ordering physician has reviewed the report in CPRS. The primary issue with this lack of confirmation stems from the time-sensitive nature of findings, specifically codes needing expedited actions by VA providers.

In order to begin the necessary documentation and follow-up actions without delay, the ordering physician and/or surrogate staff are required to be involved directly to discuss next steps with the radiologist. However, internal provider directories and pager numbers aren't consistently accurate for the radiological team to locate the ordering physician or their surrogate (resident staff and/or patient's PCP). The radiology staff, including administrative personnel need a centralized real-time web-based interface to

easily see critical code reports, if desired site can create a co-signatory note for codes they identify, what status notes are in (signed/not signed), how long the notes have been in this status, see the signed reports, and radiology personnel/hospital administrators need a way to see the overall picture for tracking these critical code reports.

Radiologists can use the application to track, create a note, and maintain their workload of critical and modality specific diagnostic imaging codes. The radiologist and radiology staff can see when a note was created and when the provider(s) have co-signed the note. This can assist to make sure that critical diagnostic codes returned for patients do not fall through the cracks. In addition to following critical code radiology imaging reports the radiology staff can also track the iStat lab results and if necessary send to the providers in results are out of range. This features helps to keep providers in the loop when radiology staff have to perform Nuclear Medicine related lab work.

Providers can use the application to see their patient's radiology results. Having the radiology results in an easy-to-use interface makes reading the results and any further necessary action easy to complete and keep track of in one place. Hoping to alleviate alert fatigue which is so prevalent within the VA. Radiologists can also insert the Radiology report into a TIU note with electronic signature required that a provider can sign from the web interface, add additional comments and/or notes, as well as add co-signers. This will keep radiology staff and providers in sync and in communication about next steps.

Product Line Management Contact Information

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

Patient Case Manager 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 workers, 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, the following functionality was added 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 1.7P4**
 - Originally published January 2025.
 - Modified IV Label Print logic to populate ZRX.2 with the current date and time for non-batch Admixture Orders.
 - Modified IV Label Print logic to prevent duplicate IV Labels from being generated when a new IV Pharmacy Order is placed with auto-verify enabled for the user.
- **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 bsdunowski@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, and cardiovascular implants. This makes it a highly cost-effective solution that enhances operational efficiency and effectiveness, allowing teams 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, and other patient safety checks. It uses 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 to customize VCM for the VA.

Product Line Management Contact Information

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

VistA Gateway

The latest released version is 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.