



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Radiology Package

(RA)

Configuration and User Guide

Version 5.0 Patch 1010
March 2024

Office of Information Technology
Division of Information Technology

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Revision History

| Version | Date | Author | Section | Page Number | Summary of Change |
|---------|----------------|--------------|---------|-------------|---|
| 1.0 | January 2004 | | | | Version 5.0 Release |
| 2.0 | September 2020 | Leslie White | 20.0 | 144–153 | RA v5.0 P1008 (CHIT Phase 2) Release Addendum |
| 3.0 | October 2022 | Leslie White | 21.0 | 155-181 | RA v5.0 p1009 Release Addendum |
| 4.0 | March 2024 | Lee Redlegs | 22.0 | TBD | RA v5.0 p1010 Release Addendum |

Preface

The purpose of this guide is to:

- Provide guidance for base set up and configuration of the RPMS Radiology Package.
- Provide direction on how to set up menus of Radiology procedures to be ordered in EHR.
- Provide general instruction on how to use the Radiology Package for recording exams and reporting procedures.
- Provide a general overview of interface configuration of modality worklists, PACS systems, and reporting interfaces.
- Provide an overview of the linkage between the Radiology and Women's Health Package.
- Provide updates from recent RAD/NUC MED releases RA*5.0*1008 and RA*5.0*1009.
- Provide updates from recent RAD/NUC MED releases RA*5.0*1010

1.0 System Set Up Overview

Before the RPMS Radiology/Nuclear Medicine Package may be used, significant set up and configuration must be performed for both the package itself as well as for users of the system. An overview of those system set up requirements is provided in this section. The individual performing the set up configuration must have a working knowledge of Radiology as well as VA FileMan access. In addition, they should read this section before beginning as set up and configuration should be performed in the order specified in this section.

Listed below are the general areas of set up required for the RPMS Radiology package. The complexity of set up varies from site to site. But this outline should be considered to include the minimum areas to be addressed for Day One.

Table 1-1: System set up-Radiology Requirements

| Radiology Requirements |
|---|
| Maintenance Files print |
| Users <ul style="list-style-type: none"> • FileMan Access Code–RrM • Security Keys–RA OVERALL (maybe RA VERIFY, RA ALLOC, and RA MGR) • Rad/Nuc Med Classification–Clerk, Technologist, Staff • Electronic Signature–Signature Block Title • Edit User Characteristics–Screen Editor |
| Providers–Provider Key and active RPMS access and verify code |
| System Definition <ul style="list-style-type: none"> • Camera/Equip/Rm Entry/Edit–Equipment or Rooms used for Rad/Nuc Med • Location Parameter Set- up–General Radiology, CT, US, MRI, etc. • Division Parameter Set-up–Parameters used at your facility |
| Menus–add RA SITEMENAGER to RA OVERALL <ul style="list-style-type: none"> • Define Default Devices for Radiology Locations–Where requisitions should print • Confirm Rad/Nuc Med Version 5.0 through patch 1004 has been installed. |

| Radiology Requirements |
|--|
| <p>Utility Files Maintenance</p> <ul style="list-style-type: none"> • Complication Type Entry/Edit–Table to include Contrast reaction or other complication • Diagnostic Code Enter/Edit–Table to include coded interpretations including BIRAD codes • Examination Status Entry/Edit–Required data items required to move exam from waiting to complete • Film Type Entry/Edit–Film Sizes and types • Label/Header/Footer Formatter–Tool to customize Radiology Report Header • Procedure Enter/Edit–Option to enter or modify procedures performed by Rad/Nuc Med Dept. • Procedure Message Enter/Edit–Option to enter special messages seen by ordering provider. • Procedure Modifier Entry–Option to customize modifiers for procedures, e.g. Left, Right, Upright, etc. • Common Procedure Enter/Edit–Order entry menu in RPMS • Reason Edit–Table of reasons why exams are canceled or put on hold. |
| <p>EHR</p> <ul style="list-style-type: none"> • EHR Quick Orders • EHR Menus <p>Imaging Reports Local on Reports Tab</p> |

2.0 Software

At the time of this manual review, the release status of RPMS Radiology is Version 5.0, through patch 1009. Release RA 1008 contains changes required to meet the 2015 Certified Edition for the Indian Health Service RPMS/EHR. Please reference Section 20.0 for a full explanation and list of additions to the RPMS RAD/NUC MED Total System.

To confirm the software version that you have installed at your facility, use the Kernel Installation & Distribution System Utility Menu to determine the history of Version and Patch installation. Note that you should have Versions 4.0, 4.5, and 5.0 of Radiology/Nuclear Medicine Versions installed. If you do not, please contact your Area support staff to obtain a supplemental file that contains IHS modifications to the VA software. You will also notice that while you see RA patches 1002 and 1001, you will not see 1003, 1004 and 1007 in the listings of patch installations. That is because these were compilations of VA patches which are listed in Figure 2-1.

Note: RA 1007 (VA patches) and BRA 1007 were released in October 2017 and RA 1008 was released in September 2020. RA 1009 was released in October 2022.

```
Core Applications ...
    Device Management ...
FM   VA FileMan ...
    Manage Mailman ...
    Menu Management ...
    Programmer Options ...
    Operations Management ...
    Spool Management ...
    Information Security Officer Menu ...
    Taskman Management ...
    User Management ...
EHR  RPMS-EHR Configuration Master Menu ...
GIS  GIS Interface Menu ...
KIDS Kernel Installation & Distribution System ...
TRNG Cimarron Medical Informatics Training Menu ...
    Application Utilities ...
    Capacity Management ...

Select Systems Manager Menu Option: programmer Options

KIDS Kernel Installation & Distribution System ...
PG   Programmer mode
    Delete Unreferenced Options
    Error Processing ...
    Global Block Count
    List Global
    Routine Tools ...

Select Programmer Options Option: KIDS Kernel Installation & Distribution
System
```

```

Edits and Distribution ...
Utilities ...
Installation ...
Patch Monitor Main Menu ...

Select Kernel Installation & Distribution System Option: UTILITIES

Build File Print
Install File Print
Convert Loaded Package for Redistribution
Display Patches for a Package
Purge Build or Install Files
Rollup Patches into a Build
Update Routine File
Verify a Build
Verify Package Integrity

elect Utilities Option: DISPlay Patches for a Package
Select PACKAGE NAME: RAD/NUC ??

Select PACKAGE NAME: RAD
   1  RADIATION SAFETY          RS
   2  RADIOLOGY/NUCLEAR MEDICINE  RA
CHOOSE 1-2:

CHOOSE 1-2: 2  RADIOLOGY/NUCLEAR MEDICINE  RA
Select VERSION: 5.0// ?
Answer with VERSION
Do you want the entire 66-Entry VERSION List? Y (Yes)
Choose from:
  1      10-17-84
  1.01   11-06-84
  1.02   11-06-84
  1.03   11-14-84
  1.05   11-21-84
  1.07   12-03-84
  1.08   12-04-84
  1.09   12-04-84
  1.1    12-05-84
  1.11   12-18-84
  1.15   01-12-85
  1.2    01-21-85
  1.25   02-01-85
  1.3    02-05-85
  1.31   02-24-85
  1.32   03-01-85
  1.33   03-05-85
  1.34   03-07-85
  1.35   03-11-85
  1.4    03-26-85
  1.41   03-26-85
  1.5    04-08-85
  1.51   04-12-85
  2      05-17-85
  2.01   05-31-85
  2.02   06-12-85
  2.03   06-24-85
  2.04   07-03-85

```

```

2.05      07-08-85
2.06      07-11-85
2.08      09-30-85
2.09      11-08-85
2.1       05-28-86
2.9       09-14-88
2.91      10-21-88
2.92      11-10-88
2.93      01-26-89
2.94      02-21-89
2.95      02-27-89
2.96      03-06-89
3         05-25-89
3.01      08-14-89
3.71      02-22-91
3.72      03-07-91
3.73      03-14-91
3.74      03-19-91
3.75      04-03-91
3.76      05-01-91
3.77      05-20-91
3.78      05-31-91
3.79      06-16-91
3.81      07-17-91
3.82      07-31-91
3.83      08-14-91
3.84      08-28-91
3.85      10-11-91
3.86      11-13-91
3.87      11-20-91
3.88      12-17-91
3.89      02-03-92
4.5       12-12-95
3.70      06-28-90
3.80      07-02-91
4.0       11-20-97
5.0       04-01-04

```

```

Select VERSION: 5.0//
Select VERSION: 5.0//      04-01-04
Do you want to see the Descriptions? NO//
DEVICE: HOME//      VIRTUAL TERMINAL

```

```

PACKAGE: RADIOLOGY/NUCLEAR MEDICINE      Dec 23, 2013 7:37 am      PAGE
1

```

```

PATCH #          INSTALLED          INSTALLED BY
-----

```

```

--
VERSION: 5.0      JUL 08, 2004      DEMO,USER 1
1                JUL 08, 2004      DEMO,USER 1
2                JUL 08, 2004      DEMO,USER 1
6                JUL 08, 2004      DEMO,USER 1
4                JUL 08, 2004      DEMO,USER 1
7                JUL 08, 2004      DEMO,USER 1
3                JUL 08, 2004      DEMO,USER 1
11               JUL 08, 2004      DEMO,USER 1
5                JUL 08, 2004      DEMO,USER 1
14               JUL 08, 2004      DEMO,USER 1
13               JUL 08, 2004      DEMO,USER 1
8                JUL 08, 2004      DEMO,USER 1
12               JUL 08, 2004      DEMO,USER 1

```

| | | |
|------|-----------------------|--------------|
| 9 | JUL 08, 2004 | DEMO, USER 1 |
| 16 | JUL 08, 2004 | DEMO, USER 1 |
| 10 | JUL 08, 2004 | DEMO, USER 1 |
| 15 | JUL 08, 2004 | DEMO, USER 1 |
| 19 | JUL 08, 2004 | DEMO, USER 1 |
| 20 | JUL 08, 2004 | DEMO, USER 1 |
| 17 | JUL 08, 2004 | DEMO, USER 1 |
| 24 | JUL 08, 2004 | DEMO, USER 1 |
| 22 | JUL 08, 2004 | DEMO, USER 1 |
| 21 | JUL 08, 2004 | DEMO, USER 1 |
| 18 | JUL 08, 2004 | DEMO, USER 1 |
| 23 | JUL 08, 2004 | DEMO, USER 1 |
| 26 | JUL 08, 2004 | DEMO, USER 1 |
| 28 | JUL 08, 2004 | DEMO, USER 1 |
| 32 | JUL 08, 2004 | DEMO, USER 1 |
| 29 | JUL 08, 2004 | DEMO, USER 1 |
| 27 | JUL 08, 2004 | DEMO, USER 1 |
| 25 | JUL 08, 2004 | DEMO, USER 1 |
| 31 | JUL 08, 2004 | DEMO, USER 1 |
| 35 | JUL 08, 2004 | DEMO, USER 1 |
| 40 | JUL 08, 2004 | DEMO, USER 1 |
| 36 | JUL 08, 2004 | DEMO, USER 1 |
| 34 | JUL 08, 2004 | DEMO, USER 1 |
| 37 | JUL 08, 2004 | DEMO, USER 1 |
| 42 | JUL 08, 2004 | DEMO, USER 1 |
| 43 | JUL 08, 2004 | DEMO, USER 1 |
| 1001 | MAY 24, 2005 | DEMO, USER 3 |
| 1002 | DEC 13, 2011@16:28:18 | DEMO, USER 2 |
| 38 | AUG 12, 2013@18:51:35 | DEMO, USER 3 |
| 44 | AUG 12, 2013@18:51:35 | DEMO, USER 3 |
| 46 | AUG 12, 2013@18:51:35 | DEMO, USER 3 |
| 50 | AUG 12, 2013@18:51:35 | DEMO, USER 3 |
| 48 | AUG 12, 2013@18:51:35 | DEMO, USER 3 |
| 33 | AUG 12, 2013@18:51:35 | DEMO, USER 3 |
| 55 | AUG 12, 2013@18:51:35 | DEMO, USER 3 |
| 51 | AUG 12, 2013@18:51:35 | DEMO, USER 3 |
| 54 | AUG 12, 2013@18:51:35 | DEMO, USER 3 |
| 45 | AUG 12, 2013@18:51:36 | DEMO, USER 3 |
| 60 | AUG 12, 2013@18:51:36 | DEMO, USER 3 |
| 59 | AUG 12, 2013@18:51:36 | DEMO, USER 3 |
| 41 | AUG 12, 2013@18:51:36 | DEMO, USER 3 |
| 63 | AUG 12, 2013@18:51:36 | DEMO, USER 3 |
| 62 | AUG 12, 2013@18:51:36 | DEMO, USER 3 |
| 66 | AUG 12, 2013@18:51:36 | DEMO, USER 3 |
| 57 | AUG 12, 2013@18:51:36 | DEMO, USER 3 |
| 69 | AUG 12, 2013@18:51:36 | DEMO, USER 3 |
| 68 | AUG 12, 2013@18:51:36 | DEMO, USER 3 |
| 67 | AUG 12, 2013@18:51:38 | DEMO, USER 3 |
| 64 | AUG 12, 2013@18:51:38 | DEMO, USER 3 |
| 72 | AUG 12, 2013@18:51:38 | DEMO, USER 3 |
| 49 | AUG 12, 2013@18:51:38 | DEMO, USER 3 |
| 76 | AUG 12, 2013@18:51:38 | DEMO, USER 3 |
| 71 | AUG 12, 2013@18:51:38 | DEMO, USER 3 |
| 74 | AUG 12, 2013@18:51:38 | DEMO, USER 3 |
| 79 | AUG 12, 2013@18:51:39 | DEMO, USER 3 |
| 82 | AUG 12, 2013@18:51:39 | DEMO, USER 3 |
| 77 | AUG 12, 2013@18:51:39 | DEMO, USER 3 |
| 75 | AUG 12, 2013@18:51:39 | DEMO, USER 3 |
| 81 | AUG 12, 2013@18:51:39 | DEMO, USER 3 |
| 83 | AUG 12, 2013@18:51:39 | DEMO, USER 3 |
| 80 | AUG 12, 2013@18:51:39 | DEMO, USER 3 |
| 85 | AUG 12, 2013@18:51:39 | DEMO, USER 3 |

| | | |
|------|-----------------------|--------------|
| 87 | AUG 12, 2013@18:51:39 | DEMO, USER 3 |
| 86 | AUG 12, 2013@18:51:39 | DEMO, USER 3 |
| 84 | AUG 12, 2013@18:51:40 | DEMO, USER 3 |
| 92 | AUG 12, 2013@18:51:40 | DEMO, USER 3 |
| 56 | AUG 12, 2013@18:51:40 | DEMO, USER 3 |
| 65 | AUG 12, 2013@18:51:40 | DEMO, USER 3 |
| 91 | AUG 12, 2013@18:51:40 | DEMO, USER 3 |
| 98 | AUG 12, 2013@18:51:40 | DEMO, USER 3 |
| 70 | AUG 12, 2013@18:51:40 | DEMO, USER 3 |
| 96 | AUG 12, 2013@18:51:40 | DEMO, USER 3 |
| 95 | AUG 12, 2013@18:51:40 | DEMO, USER 3 |
| 93 | AUG 12, 2013@18:51:41 | DEMO, USER 3 |
| 97 | AUG 12, 2013@18:51:41 | DEMO, USER 3 |
| 94 | AUG 12, 2013@18:51:53 | DEMO, USER 3 |
| 99 | AUG 12, 2013@18:51:53 | DEMO, USER 3 |
| 100 | AUG 12, 2013@18:51:53 | DEMO, USER 3 |
| 90 | AUG 12, 2013@18:51:55 | DEMO, USER 3 |
| 104 | AUG 12, 2013@18:54:25 | DEMO, USER 3 |
| 47 | AUG 12, 2013@18:54:26 | DEMO, USER 3 |
| 1006 | MAY 14, 2018@14:54:10 | DEMO, USER 4 |
| 105 | JUN 12, 2018@15:57:11 | DEMO, USER 4 |
| 101 | JUN 12, 2018@15:57:11 | DEMO, USER 4 |
| 106 | JUN 12, 2018@15:57:11 | DEMO, USER 4 |
| 103 | JUN 12, 2018@15:57:11 | DEMO, USER 4 |
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| 115 | JUN 12, 2018@15:57:13 | DEMO, USER 4 |
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| 125 | JUN 12, 2018@15:57:15 | DEMO, USER 4 |
| 1008 | SEP 02, 2020@09:51:19 | DEMO, USER 5 |
| 131 | APR 28, 2022@10:48:53 | DEMO, USER |
| 129 | APR 28, 2022@10:48:53 | DEMO, USER |
| 127 | APR 28, 2022@10:48:53 | DEMO, USER |
| 134 | APR 28, 2022@10:48:53 | DEMO, USER |
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| 150 | APR 28, 2022@10:48:53 | DEMO, USER |
| 148 | APR 28, 2022@10:48:53 | DEMO, USER |

| | | |
|------|-----------------------|------------|
| 153 | APR 28, 2022@10:48:53 | DEMO, USER |
| 154 | APR 28, 2022@10:48:53 | DEMO, USER |
| 156 | APR 28, 2022@10:48:53 | DEMO, USER |
| 159 | APR 28, 2022@10:48:53 | DEMO, USER |
| 155 | APR 28, 2022@10:48:53 | DEMO, USER |
| 158 | APR 28, 2022@10:48:53 | DEMO, USER |
| 157 | APR 28, 2022@10:48:53 | DEMO, USER |
| 163 | APR 28, 2022@10:48:53 | DEMO, USER |
| 162 | APR 28, 2022@10:48:53 | DEMO, USER |
| 161 | APR 28, 2022@10:48:53 | DEMO, USER |
| 167 | APR 28, 2022@10:48:53 | DEMO, USER |
| 168 | APR 28, 2022@10:48:53 | DEMO, USER |
| 166 | APR 28, 2022@10:48:53 | DEMO, USER |
| 171 | APR 28, 2022@10:48:53 | DEMO, USER |
| 165 | APR 28, 2022@10:48:53 | DEMO, USER |
| 172 | APR 28, 2022@10:48:53 | DEMO, USER |
| 169 | APR 28, 2022@10:48:53 | DEMO, USER |
| 160 | APR 28, 2022@10:48:53 | DEMO, USER |
| 173 | APR 28, 2022@10:48:53 | DEMO, USER |
| 1009 | JUL 08, 2022@12:13:31 | DEMO, USER |

Figure 2-1: Installation History for Radiology

Next, check to be sure that the IHS modifications released in BRA patches have been installed by following the same menu path. You should have BRA patches 1003 and 1007 as shown in Figure 2-2.

| PACKAGE: | IHS MODS TO VA RADIOLOGY | Sep 10, 2020 9:48 am | PAGE 1 |
|--------------|--------------------------|----------------------|--------|
| PATCH # | INSTALLED | INSTALLED BY | |
| VERSION: 5.0 | | | |
| 1003 | MAY 14, 2018@14:23:13 | DEMO, USER 4 | |
| 1007 | JUN 12, 2018@15:57:44 | DEMO, USER 4 | |

Figure 2-2: Displaying patch levels for IHS Radiology patches

You may note that BRA patch 1004 is not listed. You may choose the **Install File Print** option to confirm that patch has been installed as shown below:

| |
|---|
| Build File Print |
| Install File Print |
| Convert Loaded Package for Redistribution |
| Display Patches for a Package |
| Purge Build or Install Files |
| Rollup Patches into a Build |
| Update Routine File |
| Verify a Build |
| Verify Package Integrity |
| Select Utilities Option: INStall File Print |

```

Select INSTALL NAME: BRA
  1  BRA*5.0*1003      Install Completed      Install Completed
8/12/13@18:
53:37
  => BRA 5.0 Patch 1003 ;Created on Oct 19, 2011@21:38:26
  2  BRA*5.0*1004      Install Completed      Install Completed
8/12/13@18:
55:17
  => IHS Mods to VA Radiology Patch 1004 ;Created on Jun 01,
2012@11:03:13
CHOOSE 1-2: 2  BRA*5.0*1004      Install Completed      Install Completed
8/12/13
@18:55:17
  => IHS Mods to VA Radiology Patch 1004 ;Created on Jun 01,
2012@11:03:13
DEVICE: HOME//      VIRTUAL TERMINAL

PACKAGE: BRA*5.0*1004      Dec 23, 2013 8:03 am      PAGE
1
                                     COMPLETED      ELAPSED
-----
STATUS: Install Completed      DATE LOADED: AUG 12,
2013@18:55:02
INSTALLED BY: DEMO,USER 3
NATIONAL PACKAGE:

INSTALL STARTED: AUG 12, 2013@18:55:17      18:55:17

ROUTINES:      18:55:17

INPUT TEMPLATE      18:55:17

INSTALL QUESTION PROMPT
ANSWER

XPI1  Want KIDS to INHIBIT LOGONS during the install      NO
XPZ1  Want to DISABLE Scheduled Options, Menu Options, and Protocols NO
MESSAGES:

```

Figure 2-3: Install File Print for Radiology

3.0 Menus

The RA OVERALL or Main Radiology Menu is distributed as follows. Users with the RA OVERALL key will see the following menu options:

```

Welcome, you are signed on with the following parameters:

Version : 5.0
Division : DEMO INDIAN HOSPITAL
Location : RADIOLOGY
Img. Type: GENERAL RADIOLOGY
User      : DEMO,USER 3

Printer Defaults
-----
Flash Card : None
            No cards
Jacket Label: None
Report      : None

-----
--

Exam Entry/Edit Menu ...
Films Reporting Menu ...
Management Reports Menu ...
Outside Films Registry Menu ...
Patient Profile Menu ...
Radiology/Nuclear Med Order Entry Menu ...
Supervisor Menu ...
Switch Locations
Update Patient Record
User Utility Menu ...

```

Figure 3-1: Radiology/Nuclear Medicine Main Menu

It is highly recommended that the **RA SITEMANAGER** menu option from the **IRM Menu**, which is locked with the RA MGR key be added to the menu. The addition of this menu option allows access to the **Device Specifications for Imaging Locations** menu option, which can be used to define where Radiology requisitions are automatically printed. Note that you cannot define the Device Specifications until the Radiology Imaging Locations are defined.

```

IRM      IRM Menu ...
Exam Entry/Edit Menu ...
Films Reporting Menu ...
Management Reports Menu ...
Outside Films Registry Menu ...
Patient Profile Menu ...
Radiology/Nuclear Med Order Entry Menu ...
Supervisor Menu ...
Switch Locations
Update Patient Record
User Utility Menu ...

```

Figure 3-2: Radiology Menu with IRM Menu attached

3.1 Device Specification for Imaging Locations

Within the menu option for assigning default printer devices, the Radiology Supervisor or Manager can set default Printer Assignments. These are the default flash card/exam label, jacket label, request, request cancellation, radiopharmaceutical dosage ticket, and report printers. Once these printer names have been assigned to an Imaging Location, the module will automatically route output to the appropriate printer without having to ask the user.

```

IRM      IRM Menu ...
Device Specifications for Imaging Locations
Select IRM Menu Option: DEVIce Specifications for Imaging Locations

Do you want to see a 'help' message on printer assignment? No//   (No)

Select Imaging Location: RADIOLOGY
                        ...OK? Yes//   (Yes)
                                (GENERAL RADIOLOGY-8907)

Default Printers:
-----
FLASH CARD PRINTER NAME:
JACKET LABEL PRINTER NAME:
REQUEST PRINTER NAME: X-RAY//
REPORT PRINTER NAME:
CANCELLED REQUEST PRINTER:

```

Figure 3-3: Setting Device Specification for Request Printer

Note: If you have more than one imaging location within an imaging type, the **Ask Imaging Location Division** parameter must be set to YES to print cancelled requests on the request cancellation printer.

Most IHS facilities no longer print exam labels, flash cards, or reports. Therefore, no default printer should be specified for these types of output and when setting up division parameters, the fields for **Print Jacket Labels, Flash Cards, Exam Labels**, etc., should all be set to **NO**.

4.0 Ordering Providers for Radiology

In order for a provider to be entered as an ordering provider in Radiology, they must have three attributes:

1. They must have the provider key. (Be sure they were set up as a provider in RPMS using the Add/Edit Provider option.)
2. They must be authorized to write Med orders (also indicated in the Add/Edit Provider option).
3. They must have an active RPMS access and verify code.

A decision must be made at each site on how best to handle orders from outside providers. While outside providers may never access EHR nor the RPMS system, it is highly recommended that they be set up just like any other provider so that they may be identified as the individual requesting the exam. Note that an outside provider may not place an order in EHR so the only way that provider may be identified as being the requesting provider is to use the “back door” option in RPMS to Request an exam.

5.0 Security Keys

RA OVERALL

This is the key to the main **Radiology** menu and should be given to all Radiology staff.

RA VERIFY

This key allows users to verify reports. The key must be given to any staff who will be entering or verifying reports for outside radiologists. Any staff who will be verifying reports will also need to have a valid Electronic Signature Code.

RA MGR

This key gives user access to supervisor-type functions. Those functions are the following:

- Editing completed exams
- Adding an exam to a visit that is older than yesterday
- During execution of the status tracking function the user will be shown all non-completed exams, not just those associated with the user's current division
- Updating the exam status of an exam that is complete
- Deleting exams
- Deleting reports
- Unverifying reports

RA ALLOC

The RA ALLOC key would normally be reserved for the Radiology Supervisor, Manager or those who work with multiple imaging locations and/or division. This key overrides location access security entered for each Radiology/Nuclear Medicine user through Personnel Classification. Owners of the RA ALLOC have expanded access to Imaging Locations, Imaging Types, and Divisions.

In the case of most workload reports, this means they will be able to select from a list of all Divisions and Imaging types to include on the report.

In the case of various edit and ordering functions, it means they will be able to select from all locations within the Imaging Type to which they are currently signed on through the "Select sign-on location:" prompt.

6.0 FileMan Access

As a general rule, ensure that each member of the Radiology staff has been assigned RrM as FileMan Access codes. They may have other codes as well because of other duties, but this code assignment will ensure that they can perform their Radiology functions without issue.

```

NAME: STUDENT,ONE                                     Page 1 of 5
-----
NAME... STUDENT,ONE                                INITIAL: STU01
TITLE: RADIOLOGY TECHNOLOGIST                     NICK NAME:
SSN: XXXXX0001                                     DOB:
DEGREE:                                            MAIL CODE:
DISUSER:                                           TERMINATION DATE:
Termination Reason:

          PRIMARY MENU OPTION: CMI TRAINING
Select SECONDARY MENU OPTIONS:
Want to edit ACCESS CODE (Y/N):                   FILE MANAGER ACCESS CODE: RrM
Want to edit VERIFY CODE (Y/N):

          Select DIVISION: DEMO INDIAN HOSPITAL
          SERVICE/SECTION: MEDICAL
-----
Exit      Save      Next Page      Refresh

Enter a command or '^' followed by a caption to jump to a specific field.
COMMAND:                                     Press <PF1>H for help      Insert

```

Figure 6-1: Assigning FileMan access for Radiology staff

7.0 Radiology Supervisor's Menu

After the external menus, security keys, and user management set up has been completed, the rest of the Radiology setup may be accomplished from the Radiology/Nuclear Medicine Supervisor's Menu. A diagram of that menu structure is shown in Figure 7-1 on the following page.

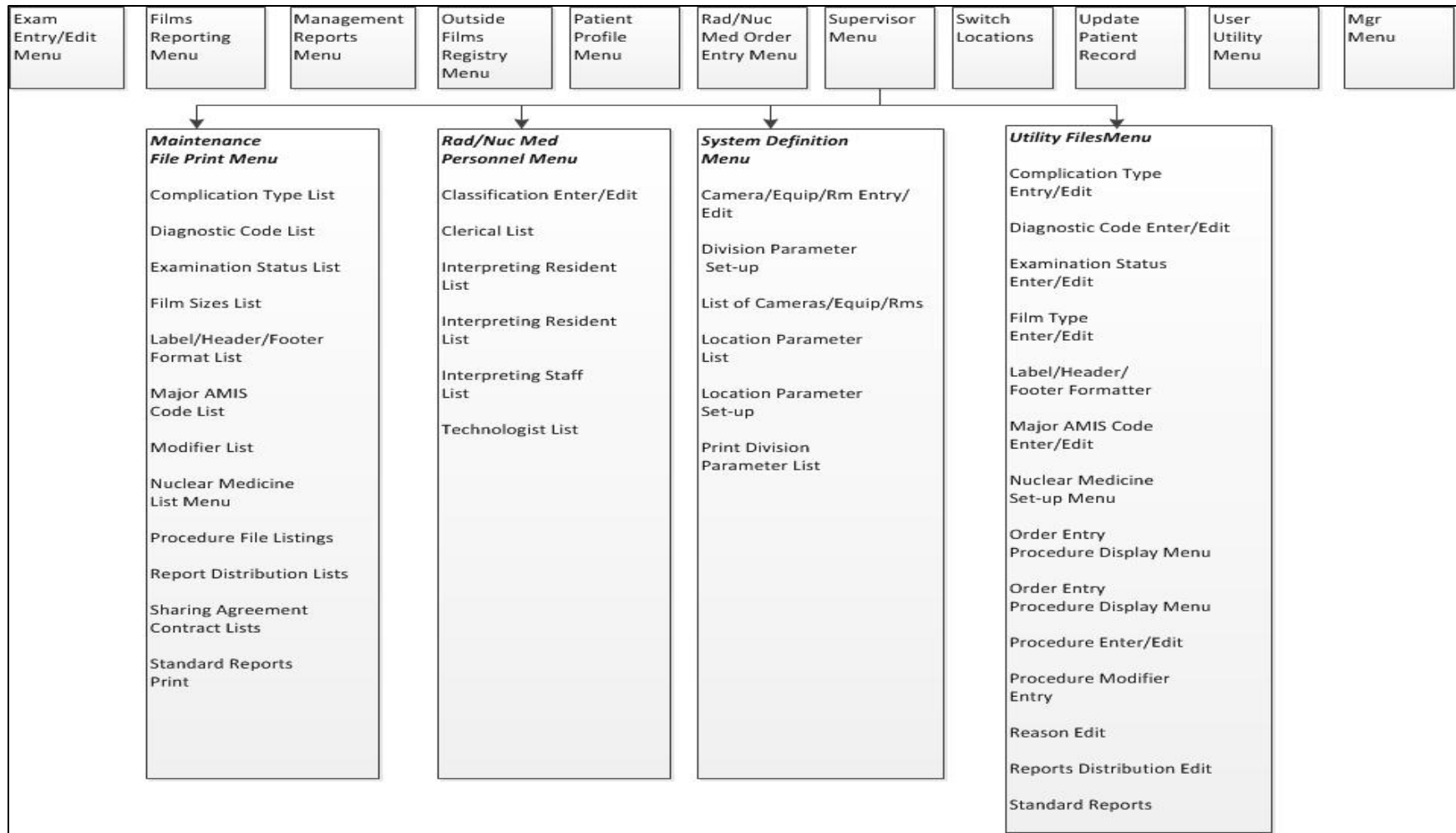


Figure 7-1: Supervisor Menu Overview diagram

7.1 Radiology Package Users

Upon entering a Radiology/Nuclear Medicine menu, the user is prompted to select a Sign-On Imaging Location. The set of locations the user is privileged to access is controlled by the radiology supervisor or IRM through the Classification Enter/Edit option. Most options are screened by a combination of imaging type, division, and location.

Besides being set up as Providers in RPMS using the **Add/Edit Provider** option, users of the Radiology package require additional setup which determines the functions and imaging types they will be allowed to use.

The **Rad/Nuc Med Classification Menu** may be accessed as follows:

```
RAD Rad/Nuc Med Total System Menu ...
    Supervisor Menu ...
    Rad/Nuc Med Personnel Menu ...
```

Figure 7-2: Radiology/Nuclear Medicine Personnel Menu

The **Classification Enter/Edit** menu option may be used to identify the functions and imaging locations allowed for each member of the Radiology staff, while the other four options in the **Rad/Nuc Med Classification Menu** may be used to list the staff who fall under the classification of Clerk, Resident, Staff, or Technologist.

```
Classification
  Enter/Edit Clerical List
  Interpreting Resident List
  Interpreting Staff List
  Technologist List
```

Figure 7-3: Radiology Personnel Classification

When assigning classifications to staff, the following general guidelines may be used:

- **Clerk**—Assigned to an individual who performs clerical entry in the Radiology/Nuclear Medicine Package. They cannot be listed as a technologist when editing an exam.
- **Technologist**—Assigned to all Radiology staff who perform exams.
- **Resident**—Not normally used in IHS—refers to a Radiology Resident.
- **Staff**—Reserved for interpreting Radiologists or those who will need to verify reports for interpreting Radiologist.

The setup for a typical Technologist is shown below.

Note: This would be a typical setup for a technologist at a site where reports are read by an outside Radiologist and may need to be edited or verified by a member of the Radiology staff.

If the Technologist in the example below had the RA ALLOC key, he/she would not have required identification of the RAD/NUC MED LOCATION ACCESS. And if he/she actually had responsibility for several imaging types, e.g., CT SCAN, MAMMOGRAPHY, and ULTRASOUND in addition to RADIOLOGY, and *did not* have the RA ALLOC key, then the additional Locations would have had to be added to this classification profile.

```
XRA > Supervisor Menu > Rad/Nuc Med Personnel Menu > Classification Enter/Edit

Select Rad/Nuc Med Personnel Menu Option: CLASSification Enter/Edit

Select Personnel: DEMO,USER 3 K

Select RAD/NUC MED CLASSIFICATION: t (T technologist)
  Are you adding 'technologist' as
  a new RAD/NUC MED CLASSIFICATION (the 1ST for this NEW PERSON)? No// Y
  (Yes)
Select RAD/NUC MED CLASSIFICATION: c (C clerk)
  Are you adding 'clerk' as a new RAD/NUC MED CLASSIFICATION (the 2ND for this N
  EW PERSON)? No// Y (Yes)
Select RAD/NUC MED CLASSIFICATION: s (S staff)
  Are you adding 'staff' as a new RAD/NUC MED CLASSIFICATION (the 3RD for this N
  EW PERSON)? No// Y (Yes)
Select RAD/NUC MED CLASSIFICATION:
Select RAD/NUC MED LOCATION ACCESS: POTEAU IM// ?
  Answer with RAD/NUC MED LOCATION ACCESS
  Choose from:
  MEDICAL IMAGING
  POTEAU IM
  MCALESTER IM
  HUGO IM
  IDABEL IM

RAD/NUC MED INACTIVE DATE:
STAFF REVIEW REQUIRED:
ALLOW VERIFYING OF OTHERS: Y YES
```

Figure 7-4: Classification of radiology staff

Note: In this example, there are five Imaging Locations defined. At small sites, which may or may not perform Radiology services on site, there will be a single imaging location.

7.1.1 Electronic Signature Code Edit

As indicated above in Classification Enter/Edit, staff may be designated who will be verifying reports for either outside or internal Radiologists as needed. Such staff will need an electronic signature code and will need to clearly identify their Signature Block Title. Failure to do so will result in reports displaying that the reports were verified by Staff Physician.

To set the electronic signature and the Signature Block Title, each user may access the **Electronic Signature code Edit** option from **TBOX** as shown in Figure 7-5.

```

At any Select Menu Option prompt > TBOX > Edit User Characteristics

IHS Radiology/Nuclear Med Order Entry Menu ...
  REG Exam Entry/Edit Menu ...
  Films Reporting Menu ...
  Management Reports Menu ...
  Outside Films Registry Menu ...
  Patient Profile Menu ...
  Supervisor Menu ...
  Switch Locations
  Update Patient Record
  User Utility Menu ...

Select Rad/Nuc Med Total System Menu Option: TBOX  User's Toolbox

      Electronic Signature code Edit

Select User's Toolbox Option: ELECTRONic Signature code Edit
This option is designed to permit you to enter or change your Initials,
Signature Block Information, Office Phone number, and Voice and
Digital Pagers numbers.
In addition, you are permitted to enter a new Electronic Signature Code
or to change an existing code.

INITIAL: DKU//
SIGNATURE BLOCK PRINTED NAME: DEMO K USER//
SIGNATURE BLOCK TITLE: CONTRACT RADIOLOGIST
OFFICE PHONE:
VOICE PAGER:
DIGITAL PAGER:

Your typing will not show.
ENTER NEW SIGNATURE CODE:
RE-ENTER SIGNATURE CODE FOR VERIFICATION:
DONE

```

Figure 7-5: Setting up Electronic Signature Code and Signature Block Title

Note: Signature code must be 6–20 characters in length with no control or lowercase characters.

7.2 System Definition

In order to run the radiology module, you must have at least one radiology division and one radiology location defined in the database.

Use the **Division Parameter Set-up** menu option to either initialize your division and location parameters or to update them if they are already defined.

Radiology Division

The Radiology module is designed to handle multiple divisions within a medical center. While most IHS facilities only have one division, there are a number that are multi-divisional. As a result, it is possible to structure the system for more than one division. This may be an important feature to utilize to keep PCC visit and billing data organized in multi-divisional service units. Additional divisions may be initialized after the initial set up as if new services are added at additional facilities.

However, single division medical centers will not notice this in the everyday execution of the module. Only in the initial setup will there be any reference to 'division' for these single division sites.

Each division will have its own set of parameters defining such division-wide criteria as, should the exam 'requested date' be asked and are impressions required on reports.

Radiology Location

Within a specific division, there may be a number of physical locations where a radiology procedure can be performed. For example, a division may have its main radiology department on the second floor, and it may also have a satellite location on the first floor at an outpatient clinic area. In addition, more than one type of radiology service may be offered within a facility, e.g., general radiology and mammography. Each of these imaging types may be set up as its own imaging location.

The module is designed to handle multiple locations within a division. Each location will have its own set of parameters defining such location-specific criteria as printer devices for flash cards and jacket labels.

Prerequisites for Initialization

If you are setting up the system for the first time, then you will not be able to answer many of the location parameter prompts. These parameters are pointer fields to files that you will need to build as part of the initialization process (day-one files).

However, the important thing at this point is to enter at least one division and one location under that division.

The other steps required as a prerequisite to the initialization process are the following:

1. The Site Manager should add the **RA OVERALL** menu option to the **AKMOCORE** menu option for access to the module.
2. The Site Manager should give the radiology coordinator access to the **RA OVERALL** menu.
3. The Radiology Coordinator and the Site Manager should have all the RA keys.

After these actions are taken, the initialization of the module can be accomplished entirely within the Radiology module itself.

When the Radiology package is installed at a site, the Rad/Nuc Med Division will normally be defined. If it is not, VA FileMan may be used to edit the Rad/Nuc Med Division file to add and specify the Facility at which the Radiology/Nuclear Medicine Package will be used as well as the parameters in place at that division. If all security keys have been given and the individual configuring the Radiology Package is encountering the XQUIT screen when accessing the package, please submit a Help ticket to IHS IT Support at itsupport@ihs.gov.

Within the **System Definition Menu**, there are three options for system set up as well as three options to list or print existing entries for the Division and Imaging Locations. There may be one to multiple Divisions and one or more Imaging Locations depending upon whether the facility operates on a stand-alone basis or in a multi-divisional environment where Radiology services are provided at more than one facility.

```

RAD      Rad/Nuc Med Total System Menu ...
Supervisor Menu ...
System Definition Menu ...
          Camera/Equip/Rm Entry/Edit
          Division Parameter Set-up
          List of Cameras/Equip/Rms
          Location Parameter List
          Location Parameter Set-up
          Print Division Parameter List
  
```

Figure 7-6: System Definition Menu

It is helpful to do system configuration in the order of the menu.

7.2.1 Camera/Equipment/Room

The entries in this file are used by the technologist to indicate with which camera/equipment/room the exam was performed. Even if no exams are performed on site, an Outside Location should be defined. Only cameras/equipment/rooms associated with the location where the exam was performed are valid choices when editing an exam. At facilities with numerous modalities, this may be a quality assurance tool to identify which equipment was used for an exam if a problem is later identified with that equipment.

If Radiology services are provided at a small health care facility where only one room and one X-ray machine is in use, you may choose to create only that one room when using the **Camera/Equip/Rm Entry/Edit** option.

If multiple locations and modalities are used, the **Camera/Equipment/Room** file may be populated with unique identifiers to make selection easier for the technologists that work with that modality at a particular site; e.g., S1-XRAY, T2-XRAY, S1-CT, T2-CT, MM-Mobile Mammography.

In the example in Figure 7-7, a new Modality of R1 with a synonym of GE ADVANX has been added to the existing list of rooms and equipment in use at multiple facilities.

```
Select Supervisor Menu Option: SYStem Definition Menu

    Camera/Equip/Rm Entry/Edit
    Division Parameter Set-up
    List of Cameras/Equip/Rms
    Location Parameter List
    Location Parameter Set-up
    Print Division Parameter List

Select System Definition Menu Option: CAmera/Equip/Rm Entry/Edit
Select Camera/Equip/Room: ?
Answer with CAMERA/EQUIP/RM, or DESCRIPTION
Do you want the entire 14-Entry CAMERA/EQUIP/RM List? Y (Yes)
Choose from:
BB          BROKEN BOW
CT ROOM    CTX
H          HUGO
I-MAMMO    MAMMOGRAPHY
I-ROOM 1   GENERAL RADIOLOGY
I-U/S      ULTRASOUND
MAMMO      MAMMOGRAPHY
MC          MCALESTER
OB/US      OB ULTRASOUND
PORTABLE    PORTABLE X-RAY MACHINE
POT        POTEAU
R2         GE MPV MICRO
U/S        ULTRASOUND

You may enter a new CAMERA/EQUIP/RM, if you wish
```

```

Enter a name for this camera/equip/rm, between 1 and 30 characters
in
length.

Select Camera/Equip/Room: R1          GE ADVANX
CAMERA/EQUIP/RM: R1//
DESCRIPTION: GE ADVANX//

```

Figure 7-7: Camera/Equipment/Rm Entry/Edit

7.2.2 Imaging Location(s)

The **Location Parameter Set-Up** function allows the user doing the configuration to define location parameters. Using this option actually creates an entry in file 44, the **Hospital Location** file. Do not use the Scheduling Package to set up Radiology Locations and do not use Radiology Locations to schedule appointments. If appointments are scheduled for Radiology services, use the Scheduling Package to create clinics that are clearly differentiated from the Radiology Locations by names such as X-Ray Appt, US Appt, CT Appt.

When Locations are set up within the Radiology package, they must be associated with an Imaging Type. Imaging Types available include:

```

ANGIO/NEURO/INTERVENTIONAL
CARDIOLOGY STUDIES (NUC MED)
CT SCAN
GENERAL RADIOLOGY
MAGNETIC RESONANCE IMAGING
MAMMOGRAPHY
NUCLEAR MEDICINE
ULTRASOUND
VASCULAR LAB

```

Figure 7-8: Imaging Types

Most small facilities will have only one Location with an Imaging Type of GENERAL RADIOLOGY. Larger facilities offering multiple services may choose to set up Locations for CT, US, MRI, and/or MAMMOGRAPHY.

Note: If a facility offers more than one modality and wishes to use VISTA Imaging functionality, they must set up locations associated with each type of imaging that are offered.

When setting up a Location, the user will normally specify the Camera/Equipment/Room associated with that location. In the case of a small facility offering limited X-Ray with one machine, they will create one location with an Imaging Type of General Radiology and a Camera/Equipment/Room of X-Ray or whatever they chose to call their Camera/Equipment/Room.

Larger facilities offering one or more Rad/Nuc Med services at more than one Facility will need to set up one Location for each modality offered at each facility. Additional Locations may be added as new equipment and services are offered. As those additional Locations are added, they must be added to the appropriate Division using the **Division Parameter Set-up** option.

In Figure 7-9, a new Imaging Location for Mammography is defined.

You will notice that several additional steps will be required before this new location is ready for use:

1. A default printer must be assigned under the Device Specifications for Imaging Locations to print order requisitions.
2. Unless staff have been assigned the RA ALLOC key, those individuals using the Mammography Location must have this Imaging Location added to their Rad/Nuc Med Classification access.
3. This new Imaging Location must be assigned to the appropriate Division under Division Set up.

Note: Because a Camera/Equipment/Rm was not set up for Mammograms prior to this step, the user is prompted to create the new Camera/Equipment/Rm as the Location is defined.

```
Rad/Nuc Med Total System Menu
Supervisor Menu
System Definition Menu
Location Parameter Set-up
Select Location: ?
  Answer with IMAGING LOCATIONS, or TYPE OF IMAGING:
  RADIOLOGY                                (GENERAL RADIOLOGY-8907)

  You may enter a new IMAGING LOCATIONS, if you wish
  Select the appropriate location.
  Entry must be an active "Clinic" type with a valid imaging Stop Code
  in the Hospital Location file.
  Answer with HOSPITAL LOCATION NAME
  Do you want the entire HOSPITAL LOCATION List? N (No)
  Select Location: MAMMOGRAPHY
  Are you adding 'MAMMOGRAPHY' as a new HOSPITAL LOCATION? No// Y (Yes)
  HOSPITAL LOCATION TYPE: CL CLINIC
  HOSPITAL LOCATION TYPE EXTENSION: CLINIC//
  Are you adding 'MAMMOGRAPHY' as a new IMAGING LOCATIONS (the 2ND)? No// Y
  (Yes)
  IMAGING LOCATIONS TYPE OF IMAGING: MAMMOGRAPHY

** Caution: You are activating a new Imaging Type. **
This means you will have to assign procedures to
this imaging type. Workload reports will be printed
separately for this Imaging Type.
```

Are you sure? YES

* Since you have added a new Imaging Location, remember to assign *
* it to a Rad/Nuc Med division through Division Parameter Set-up. *

Imaging Location: MAMMOGRAPHY

Flash Card Parameters:

HOW MANY FLASH CARDS PER VISIT: 0
DEFAULT FLASH CARD FORMAT:

No default flash card printer has been assigned. Contact IRM.

Jacket Label Parameters:

HOW MANY JACKET LBLS PER VISIT: 0
DEFAULT JACKET LABEL FORMAT:

No default jacket label printer has been assigned. Contact IRM.

Exam Label Parameters:

HOW MANY EXAM LABELS PER EXAM: 1// 0
DEFAULT EXAM LABEL FORMAT:

Exam label printer is always the same as the flash card printer.

Order Entry Parameters:

No default request printer has been assigned. Contact IRM.

Report Parameters:

DEFAULT REPORT HEADER FORMAT: REPORT HEADER
DEFAULT REPORT FOOTER FORMAT: REPORT FOOTER
REPORT LEFT MARGIN: 10//
REPORT RIGHT MARGIN: 70//
PRINT DX CODES IN REPORT?: Y yes
VOICE DICTATION AUTO-PRINT:

No default report printer has been assigned. Contact IRM.

Cameras/Equip/Rooms Used by this Location:

Select CAMERA/EQUIP/RM: MAM
Are you adding 'MAM' as a new CAMERA/EQUIP/RM (the 9TH)? No// (No) ??
Select CAMERA/EQUIP/RM: MAM
Are you adding 'MAM' as a new CAMERA/EQUIP/RM (the 9TH)? No// Y (Yes)
CAMERA/EQUIP/RM DESCRIPTION: MAMMOGRAM
Are you adding 'MAM' as a new CAMERAS/EQUIP/RMS (the 1ST for this IMAGING LOCA
TIONS)? No// Y (Yes)
Select CAMERA/EQUIP/RM:

Default CPT Modifiers used by this Location:

-----+
| Your entry cannot be compared with a CPT CODE, so be very sure |
| that this is the Default CPT Modifier that you want to stuff |


```

| into every registered exam from this imaging location. |
+-----+
Select DEFAULT CPT MODIFIERS(LOC):

Recipients of the 'Stat' Alert for this Location:
-----
Select STAT REQUEST ALERT RECIPIENTS:

ALLOW 'RELEASED/NOT VERIFIED': no//  no
INACTIVE:
TYPE OF IMAGING: MAMMOGRAPHY//
CREDIT METHOD: 0//  Regular Credit

Imaging Location file #79.1 entry MAMMOGRAPHY has a missing
or invalid DSS ID. The Radiology/Nuclear Medicine ADPAC should
use the Location Parameter Set-up [RA SYSLOC] option to enter
a valid imaging DSS Code for this imaging location.

Imaging Location file #79.1 entry MAMMOGRAPHY is not assigned
to a Rad/Nuc Med Division. If Imaging exams are to be registered
in this imaging location, or if there are incomplete exams
already registered to this location, the Radiology/Nuclear
Med ADPAC should use the Division Parameter Set-up [RA SYSDIV]
option to assign this imaging location to the appropriate
Rad/Nuc Med Division.

```

Figure 7-9: Location Parameter Set up for Mammography

It is to be expected that the user will see the message in Figure 7-10 when the Location set up is complete. DSS ID is used to identify an Imaging Stop Code but is not used by IHS. Do not create entries in the Imaging Stop Code file and do not populate the DSS ID field in the Location file.

```

Imaging Location file #79.1 entry MAMMOGRAPHY has a missing
or invalid DSS ID. The Radiology/Nuclear Medicine ADPAC should
use the Location Parameter Set-up [RA SYSLOC] option to enter
a valid imaging DSS Code for this imaging location.

```

Figure 7-10: Imaging Location Error

Note: Location Set up is not complete until each location is associated with a Division.

7.2.3 Division

The **Division Parameter Set-Up** function allows the user to define division parameters for the facility defined as the Rad/Nuc Med Division during the package installation. It also allows the user to create additional divisions if Radiology services are offered at more than one facility in a service unit.

The following diagram illustrates the multi-division, multi-location within a division concept:

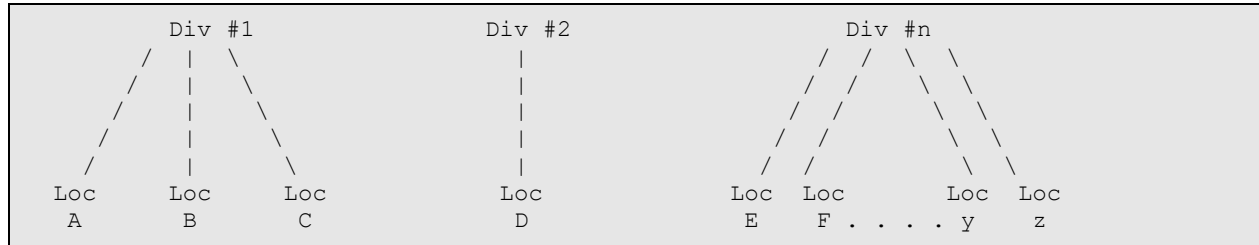


Figure 7-11: Location within Division diagram

Note: A location can only be associated with one division.

Each division will have its own set of parameters defining division-wide criteria such as:

- Should the exam 'requested date' be asked
- Should exam labels be printed, jacket labels
- Should pregnancy status be defaulted to UNKNOWN
- Can pregnancy status be edited on a completed exam
- Should LOINC and SNOMED codes be used (under review for RA patch 1005 for MU2)
- Should exams be passed to PCC at the status of examined

It also permits linking Locations to that division. Until Locations have been assigned to a Division, the Radiology/Nuclear Medicine Package may not be used for those Imaging Locations.

Text to be displayed during ordering may be entered for Contrast Reaction and Clinical History Messages.

In Figure 7-12, the Division Parameters are defined for Demo Indian Hospital.

```

Select System Definition Menu Option: division Parameter Set-up
Select Division: ?
  Answer with RAD/NUC MED DIVISION:
  DEMO INDIAN HOSPITAL

  You may enter a new RAD/NUC MED DIVISION, if you wish
  Enter the name of the division.
  Answer with INSTITUTION NAME
  Do you want the entire INSTITUTION List? n (No)
Select Division: DEMO INDIAN HOSPITAL      OKLAHOMA      TAHLEQUAH      01
                      NM                      8907

  ...OK? Yes// (Yes)
    
```

Division-wide Order Entry Parameters:

 ASK 'IMAGING LOCATION': YES// ??

This division 'parameter' can be set to 'Yes' to indicate that the User should be asked when requesting an exam, which 'Imaging Location' the request should be forwarded to. It is recommended that this field be set to 'Yes' to facilitate sorting of requests by imaging location for various reports. Answering 'Yes' to this questions causes the 'SUBMIT REQUEST TO:' prompt to appear after a request is created.

Choose from:

y YES
 n NO

TRACK REQUEST STATUS CHANGES: YES//

CLINICAL HISTORY MESSAGE: *** CLINICAL HISTORY REQUIRED ***

Note: This is the field that passes to the modality and PACS with some interfaces.

Exam Entry/Edit Parameters:

 DETAILED PROCEDURE REQUIRED: yes//

ASK 'CAMERA/EQUIP/RM': yes//

AUTO USER CODE FILING: yes//

TRACK EXAM STATUS CHANGES: yes//

ASK EXAM STATUS TIME: yes//

TIME LIMIT FOR FUTURE EXAMS: ??

This is the maximum number of hours in the future that a user may Register a patient for an exam. If this prompt is bypassed, the user may not register a patient at a future date.

Note: It may be advantageous to pre-register patients in some cases, like a special mammography unit that is at the clinic one day a month where appointments are scheduled closely together. However, if a patient fails to appear as scheduled, that request should be cancelled so that the ordering provider knows the patient failed to keep her appointment..

Films Reporting Parameters:

 ALLOW STANDARD REPORTS: yes//

ALLOW BATCHING OF REPORTS: no//

ALLOW COPYING OF REPORTS: no//

IMPRESSION REQUIRED ON REPORTS: yes//

ALLOW VERIFYING BY RESIDENTS: no//

ALLOW RPTS ON CANCELLED CASES?: no//

WARNING ON RPTS NOT YET VERIF?: yes//

AUTO E-MAIL TO REQ. PHYS?:

ALLOW E-SIG ON COTS HL7 RPTS: no// ??

Entering 'Y' will turn on a feature that automatically adds the Electronic Signature Block printed name of the Verifying Physician that signed the report being transmitted to Rad/Nuc Med via an HL7 interface to a COTS voice reporting system. This parameter is only checked for COTS HL7 interfaces that use the Generate/Process Routine 'RAHLTCPB' in the subscriber protocol.

Note: This is a very specific interface and may not be used by your interfaced reporting system.

INTERPRETING STAFF REQ'D?: YES//

Miscellaneous Division Parameters:

```
-----
PRINT FLASH CARD FOR EACH EXAM: no//
PRINT JACKET LBLs W/EACH VISIT: no//
SEND PCC AT EXAMINED: YES// ??
```

This prompt permits Radiology customers with the option to pass exam data to PCC when an exam reaches the EXAMINED status, or when a report is verified.

Note: It is highly recommended that this parameter be set to YES whether or not reports are entered.

```
PREGNANCY DEFAULT TO UNKNOWN: NO
PREGNANCY EDIT AT VERIFIED: Y YES
CONTRAST REACTION MESSAGE: CAUTION!! -- CONTRAST REACTION !!
```

Replace

```
RPHARM DOSE WARNING MESSAGE:
  No existing text
  Edit? NO//
```

HL7 Applications Associated with this Division:

```
-----
Select HL7 RECEIVING APPLICATION: ??
```

You may enter a new HL7 RECEIVING APPLICATIONS, if you wish Pointer to the HL7 APPLICATIONS file (#771).

If the Radiology HL7 Subscriber protocols (file #101) have been setup to use ROUTING LOGIC, then HL7 RECEIVING APPLICATIONS should be defined. This DIVISION will then send HL7 messages to the HL7 RECEIVING APPLICATIONS defined only.

If no HL7 RECEIVING APPLICATIONS are set when ROUTING LOGIC is being used, no HL7 messages will be created for this DIVISION.

If ROUTING LOGIC is not being used and no HL7 RECEIVING APPLICATIONS are set, then messages will be sent to all Radiology Subscriber protocols, as normal.

If in doubt, do not put entries in this field. These are very specific interface types.

Choose from:

```
RA-CLIENT-IMG          ACTIVE
RA-CLIENT-TCP          ACTIVE
RA-PSCRIBE-TCP         ACTIVE
RA-SCIMAGE-TCP         ACTIVE
RA-SERVER-IMG          ACTIVE
RA-TALKLINK-TCP        ACTIVE
RA-VOICE-SERVER        ACTIVE
```

Imaging Locations Associated with this Division:

```
-----
Select IMAGING LOCATION: RADIOLOGY// MAMMOGRAPHY
  ...OK? Yes// (Yes)
```

(MAMMOGRAPHY-)

Are you adding 'MAMMOGRAPHY' as a new IMAGING LOCATIONS (the 2ND for this RAD/NUC MED DIVISION)? No// Y (Yes)

```
Select IMAGING LOCATION:
```

Division Parameters have been set!

```
Imaging Location file #79.1 entry RADIOLOGY has a missing
or invalid DSS ID. The Radiology/Nuclear Medicine ADPAC should
use the Location Parameter Set-up [RA SYSLOC] option to enter
a valid imaging DSS Code for this imaging location.
```

```
Imaging Location file #79.1 entry MAMMOGRAPHY has a missing
or invalid DSS ID. The Radiology/Nuclear Medicine ADPAC should
use the Location Parameter Set-up [RA SYSLOC] option to enter
a valid imaging DSS Code for this imaging location.
```

Figure 7-12: Division Parameter Setup

Note that it is to be expected that the user will see the message in Figure 7-13 when the Division parameter setup is complete. DSS ID is used to identify an Imaging Stop Code but is not used by IHS.

Do not create entries in the Imaging Stop Code file and do not populate the **DSS ID** field in the **Location** file.

```
Imaging Location file #79.1 entry RADIOLOGY has a missing
or invalid DSS ID. The Radiology/Nuclear Medicine ADPAC should
use the Location Parameter Set-up [RA SYSLOC] option to enter
a valid imaging DSS Code for this imaging location.
```

Figure 7-13: Invalid DSS Code for imaging location message

7.3 Maintenance Files Print Menu

This menu allows the user to obtain a list of the entries that have been configured under the **Utility Files Maintenance Menu**. Access the **Maintenance Files Print Menu** as shown in Figure 7-14. Review the existing entries with the Radiology Supervisor/Manager to determine which entries need to be inactivated and any new entries that need to be created.

```
RAD   Rad/Nuc Med Total System Menu ...
Supervisor Menu ...
Maintenance Files Print Menu ...
```

Figure 7-14: Maintenance Files Print Menu

Utility files that may be printed include the following. It is recommended that only those files bolded be printed and updated via the Utility Files Maintenance.

```
Complication Type List
Diagnostic Code List
Examination Status List
Film Sizes List
Label/Header/Footer Format List
Major AMIS Code List
Modifier List
Nuclear Medicine List Menu ...
Procedure File Listings ...
HIST   Display Rad/NM Procedure Contrast Media History
```

```

Active Procedure List (Long)
Active Procedure List (Short)
Alpha Listing of Active Procedures
Barcoded Procedure List
Inactive Procedure List (Long)
Invalid CPT/Stop Code List
List of Inactive Procedures (Short)
List of Procedures with Contrast
Parent Procedure List
Procedure Message List
Series of Procedures List
Report Distribution Lists
Sharing Agreement/Contract List
Standard Reports Print

```

Figure 7-13: Utility Files

7.3.1 Print Procedure List Using VA FileMan

It is unfortunate, but all of the procedure listings are designed for 132-column format. It may be helpful to use VA FileMan to print the procedure list as follows:

```

Select VA FileMan Option: PRINT File Entries

OUTPUT FROM WHAT FILE: RAD/NUC MED PROCEDURES//
SORT BY: NAME//
START WITH NAME: FIRST//
FIRST PRINT FIELD: NAME;L25
THEN PRINT FIELD: TYPE OF PRO;L8;"TYPE"CEDURE
THEN PRINT FIELD: AMIS CODES (multiple)
  THEN PRINT AMIS CODES SUB-FIELD: AMIS;L12
    1 AMIS CODE
    2 AMIS WEIGHT MULTIPLIER
CHOOSE 1-2: 1 AMIS CODE
  THEN PRINT AMIS CODES SUB-FIELD:
THEN PRINT FIELD: CPT;L6 CODE
THEN PRINT FIELD: INACTIVATION DATE;L5;"I/A"
THEN PRINT FIELD:
Heading (S/C): RAD/NUC MED PROCEDURES LIST Replace
STORE PRINT LOGIC IN TEMPLATE:
DEVICE: <== printer
RAD/NUC MED PROCEDURES LIST          SEP 19,2013  10:27    PAGE 1
                                     CPT
NAME                                TYPE          AMIS CODE    CODE    I/A
-----
'BILIARY STENT PLACEMENT'          DETAILED     INTERVENTION 75982    DEC  7,1993
'CAROTID U/S                        DETAILED     ULTRASOUND,E 93880    DEC  1,1993
'DRAGER VIEW MANDIBLE'             DETAILED     SKULL,INC.SI 70100    MAY 14,1998
'DUCTOGRAM MULTIPLE DUCTS          DETAILED     OTHER          76088    MAY 14,1998
'DUCTOGRAM SINGLE DUCT'            DETAILED     OTHER          76086    MAY 14,1998
'FETAL BIOPHYSICAL PROFIL          DETAILED     ULTRASOUND,E 76818    MAY 14,1998
'FETUS POST DEMISE'                DETAILED     OTHER          76499    MAY 14,1998
'UPPER EXTREMITY DUPLEX'           DETAILED     ULTRASOUND,E 93950    DEC  1,1993
ABD U/S                             DETAILED     76700        AUG 22,1993
ABDOMEN MIN 2 VIEWS + CH           BROAD                                     AUG  2,1992
ABDOMEN 1 VIEW                     DETAILED     ABDOMEN-KUB  74000
ABDOMEN 2 VIEWS                     DETAILED     ABDOMEN-KUB  74010    MAY 14,1998
ABDOMEN 3 OR MORE VIEWS            DETAILED     OBSTRUCTIVE  74020
ABDOMEN FLAT & UPRIGHT             DETAILED     ABDOMEN-KUB  74010
ABDOMEN FOR FETAL AGE 1 V          DETAILED     ABDOMEN-KUB  74720    MAY 14,1998

```

| | | | | |
|---------------------------|----------|---------------|-------|--------------|
| ABDOMEN FOR FETAL AGE MUL | DETAILED | ABDOMEN-KUB | 74725 | MAY 14, 1998 |
| ABDOMEN MIN 3 VIEWS+CHEST | SERIES | CHEST-SINGLE | | |
| | | OBSTRUCTIVE | 74022 | MAY 14, 1998 |
| ABDOMEN, COMPLETE | DETAILED | | 76700 | |
| ABDOMEN-KUB | BROAD | ABDOMEN-KUB | 74000 | |
| ACROMIOCLAVICULAR J BILAT | DETAILED | SKELETAL-BON | 73050 | |
| ACUTE ABDOMEN | SERIES | ABDOMEN-KUB | | |
| | | CHEST-SINGLE | 74022 | |
| ANGIO ADRENAL BILAT SELEC | DETAILED | ANGIOGRAM, CA | 75734 | NOV 29, 1993 |
| ANGIO ADRENAL BILAT SELEC | DETAILED | ANGIOGRAM, CA | 75733 | NOV 29, 1993 |
| ANGIO ADRENAL UNILAT SELE | DETAILED | ANGIOGRAM, CA | 75732 | NOV 29, 1993 |
| ANGIO ADRENAL UNILAT SELE | DETAILED | ANGIOGRAM, CA | 75731 | NOV 29, 1993 |
| ANGIO AORTOFEM CATH W/SER | DETAILED | ANGIOGRAM, CA | 75631 | NOV 29, 1993 |
| ANGIO AORTOFEMORAL CATH W | DETAILED | ANGIOGRAM, CA | 75630 | NOV 13, 1986 |
| ANGIO BRACHIAL RETROGRADE | DETAILED | ANGIOGRAM, CA | 75659 | NOV 29, 1993 |
| ANGIO BRACHIAL RETROGRADE | DETAILED | ANGIOGRAM, CA | 75658 | NOV 29, 1993 |
| ANGIO CAROTID CEREBRAL BI | DETAILED | ANGIOGRAM, CA | 75673 | NOV 29, 1993 |
| ANGIO CAROTID CEREBRAL BI | DETAILED | ANGIOGRAM, CA | 75672 | MAY 14, 1998 |
| ANGIO CAROTID CEREBRAL BI | DETAILED | ANGIOGRAM, CA | 75671 | NOV 29, 1993 |
| ANGIO CAROTID CEREBRAL SE | DETAILED | ANGIOGRAM, CA | 75661 | NOV 29, 1993 |
| ANGIO CAROTID CEREBRAL SE | DETAILED | ANGIOGRAM, CA | 75660 | NOV 29, 1993 |

Figure 7-15: Print Entries in Rad/Nuc Med Procedure file using VA FileMan

You may not wish to edit all of the Utility Files, but it is recommended that you review and update the following.

7.4 Utility File Definitions

The **Utility Files Maintenance Menu** provides the Radiology Supervisor or Manager with a number of menu options to customize the Radiology Package to meet their site's needs. These files are the so-called Day One files. When the system is first loaded, many of these files will have data. However, the coordinator must review this data to ensure that the data meets the site's needs and to modify or add file entries accordingly.

All of the files are 'day-one' files. That is, these files need to be initialized before the module is placed into production mode. They may subsequently be updated as new procedures or services are offered or discontinued. You may wish to begin by printing the existing entries in the Utility Files using the **Maintenance Files Print** menu in Section 7.3.

7.4.1 Complication Type Entry/Edit

This option allows the manager to enter/edit complication types that may be associated with an exam. When editing an exam, a user can specify a complication using the **Case Number Edit** option or **Edit Exam by Patient** option. However, if a complication has not been defined in this table, it may not be entered at the time an exam is edited.

The most commonly used complication type is a contrast material reaction complication. In the case of this complication, the patient's record in the Allergy Tracking System will be automatically updated to indicate the patient has had a contrast material reaction. As a result, every time the patient is registered for a procedure that may involve contrast material, the receptionist will be warned and should then take the appropriate action.

When the system is initialized, two complications are loaded into the module: Contrast Material Reaction and No Complication. Other site-specific entries can be added using this option. In the example in Figure 7-16, a new Complication Type is entered for Morbid Obesity.

```
Select Utility Files Maintenance Menu Option: COMPLICATION Type Entry/Edit

Select COMPLICATION TYPES: ?
  Answer with COMPLICATION TYPES
  Choose from:
  CONTRAST REACTION
  NO COMPLICATION

      You may enter a new COMPLICATION TYPES, if you wish
  Enter a type of complication, between 3 and 30 characters in
length,
      that may be associated with an exam.

Select COMPLICATION TYPES: MORBID OBESITY
  Are you adding 'MORBID OBESITY' as
  a new COMPLICATION TYPES (the 3RD)? No// Y (Yes)
COMPLICATION: MORBID OBESITY//
CONTRAST MEDIUM REACTION?: NO NO
```

Figure 7-16: Adding a new compilation

7.4.2 Diagnostic Code Enter/Edit

This option allows the manager to enter and edit report diagnostic codes. Diagnostic codes may be entered at the time a report is entered to provide an overall impression of the exam.

Diagnostic Codes are important for three reasons:

1. The Abnormal Report may be run periodically for any abnormal diagnostic codes.
2. BiRad Codes entered as Diagnostic Codes trigger the link to Women's Health.
3. Diagnostic Codes flagged as Abnormal will trigger an Abnormal Notification in EHR for the ordering provider.

The following is the list of diagnostic codes that most likely were loaded as part of the initialization process:

```
Normal
Minor Abnormality
```



```

Major Abnormality, No Attn. Needed
Abnormality, Attn. Needed
Major Abnormality, Physician Aware
Undictated Films Not Returned, 3 Days
Unsatisfactory/Incomplete Exam
POSSIBLE MALIGNANCY, FOLLOW-UP NEEDED
MAJOR ABNORMALITY, URGENT ATTN. NEEDED
MAM - NEGATIVE
MAM - BENIGN FINDING, NEGATIVE
MAM - PROBABLY BENIGN FINDING, SHORT INTERVAL F/U SUGGESTED
MAM - SUSPICIOUS ABNORMALITY, BIOPSY SHOULD BE CONSIDERED
MAM - HIGHLY SUGGESTIVE OF MALIG, ACTION SHOULD BE TAKEN
MAM - ASSESSMENT IS INCOMPLETE
MAM - NOT INDICATED

```

Figure 7-17: Diagnostic codes

As part of the initialization process, these entries can be deleted. However, once the system is in production, you should not delete any entries. The names of entries should also not be changed, once in production, as this could affect their meaning.

Existing entries may be edited to determine whether they will appear on the abnormal report and whether they will trigger an Abnormal notification for the ordering provider. In Figure 7-18, the Diagnostic Code, MAJOR ABNORMALITY, URGENT ATTN NEEDED is shown.

```

Select Utility Files Maintenance Menu Option: DIAGnostic Code Enter/Edit

Select DIAGNOSTIC CODES: MAJOR
    1 MAJOR ABNORMALITY, NO ATTN. NEEDED
    2 MAJOR ABNORMALITY, URGENT ATTN. NEEDED
CHOOSE 1-2: 2 MAJOR ABNORMALITY, URGENT ATTN. NEEDED
DESCRIPTION:
PRINT ON ABNORMAL REPORT: YES//
GENERATE ABNORMAL ALERT?: YES//
INACTIVE:

```

Figure 7-18: Editing Diagnostic Code

7.4.3 Examination Status

In order to ensure the functionality of the Radiology Package, this is probably the most important utility file to configure correctly. If a data element is required but not entered by staff during the processing of an exam, the exam will get hung up and fail to complete.

For each Imaging Type in use at a facility, the examination status change requirements must be set in order to move an exam from one status to the next in the normal process. This option may also be used to indicate if exams in each status should be included in various Radiology reports. In the example provided below, only four examination statuses are defined:

- Waiting for Exam

- Examined
- Transcribed
- Complete

This would be typical for a facility that has a Transcriptionist and on-site Radiologist who interprets images. At many facilities where reports are provided by an outside entity, only three statuses may be used: Waiting for Exam, Examined, and Complete.

If other Imaging Types are in use at a facility—Mammography, Ultrasound, CT, MRI—the examination statuses must be defined for each separate Imaging Type. The examination statuses must be duplicated by specifying the Imaging Type and then defining the requirements for each examination status for that Imaging Type.

When the examination status changes have been defined, an inconsistency report should be reviewed to be sure that if a data element is required but that data element is not asked for, or a data element is required in order to be complete but is not asked for at an earlier step in the examination status. In Figure 7-19, Examination Statuses are defined for General Radiology.

Note: If Examination Statuses have not been previously set, it may be helpful to begin with the Status of COMPLETE and work back down to WAITING FOR EXAM.

```
Select Utility Files Menu Option: Examination Status Enter/Edit

Select an Imaging Type: general RADIOLOGY

Select an Examination Status: ?
Answer with EXAMINATION STATUS
Do you want the entire EXAMINATION STATUS List? y (Yes)
Choose from:
  CALLED FOR EXAM           Imaging Type: GENERAL RADIOLOGY
                           Order:
  CANCELLED                 Imaging Type: GENERAL RADIOLOGY
                           Order: 0
  COMPLETE                  Imaging Type: GENERAL RADIOLOGY
                           Order: 9
  DICTATED                  Imaging Type: GENERAL RADIOLOGY
                           Order:
  EXAMINED                  Imaging Type: GENERAL RADIOLOGY
                           Order: 2
  PROBLEM DRAFT             Imaging Type: GENERAL RADIOLOGY
                           Order:
  TRANSCRIBED               Imaging Type: GENERAL RADIOLOGY
                           Order: 3
  WAITING FOR EXAM          Imaging Type: GENERAL RADIOLOGY
                           Order: 1

You may enter a new EXAMINATION STATUS, if you wish
Enter a name for an exam status, between 3 and 30 non-numeric
characters, to the current exam status being defined.

Select an Examination Status: waitinG FOR EXAM Imaging Type: GENERAL RADIOLOGY
```

```

                                Order: 1
...OK? Yes//   (Yes)

* Reminder * WAITING FOR EXAM does NOT need data entered for
the 'ASK' and 'REQUIRED' fields.  Registration automatically
sets cases to this status since its ORDER number is 1.

Name of Current Exam Status: WAITING FOR EXAM//
Order in sequence of status progression: 1//
Should this Status appear in Status Tracking ?: YES
//
User Key needed to move an exam to this status:
Default next status for exam: EXAMINED//
Can an exam be cancelled while in this status ?: YES
//
Generate exam alert for requesting physician ?: NO
//
Generate Examined HL7 Message:

    Status Change Requirements
    -----
    Please indicate which of the following is required
    in order to place an exam into the 'WAITING FOR EXAM' status:

Technologist Required ?: NO//
Resident Or Staff Required ?: NO//
Detailed Procedure required ?: NO//
Film Entry Required ?: NO//
Diagnostic Code Required ?: NO//
Camera/Equip/Rm Required ?: NO//
Procedure Modifiers required ?: NO//
CPT Modifiers required ?: NO//

    WARNING: You must use the reporting feature of the system as
             a prerequisite for the following requirements:
Report Entered required ?: NO//
Impression required ?: NO//
Verified Report required ?: NO//

    Status Tracking Functions
    -----
    Please indicate which of the following should be asked when
    changing an exam's status to 'WAITING FOR EXAM' while using
    the 'status tracking' feature:

Ask for Technologist ?: NO//
Ask For Interpreting Physician ?: NO//
Ask for Procedure ?: NO//
Ask For Film Data ?: NO//
Ask For Diagnostic Code ?: NO//
Ask For Camera/Equip/Rm ?: NO//
Ask for Procedure Modifiers ?: NO//
Ask for CPT Modifiers ?: NO//
Ask for User Code ?: NO//
Ask Medications & Dosages ?: NO//
Ask Medication Admin Dt/Time & Person ?: NO//

    Management Report Criteria
    -----
    Please indicate which of the following workload reports should
    include exams with the 'WAITING FOR EXAM' status:

```

```

Clinic Report should include exams of this status ?: NO
//
PTF Bedsection Report should include exams of this status ?: NO
//
Service Report (Workload) should include exams of this status ?: YES
//
Sharing/Contract Report (Workload) should include exams of this status ?: NO
//
Ward Report (Workload) should include exams of this status ?: NO
//
Film Usage Report (Workload) should include exams of this status ?: NO
//
Technologist Report (Workload) should include exams of this status ?: NO
//
AMIS Report (Workload) should include exams of this status ?: NO
//
Detailed Procedure Report (Workload) should include exams of this status ?: NO
//
Camera/Equip/Rm Report should include exams of this status ?: NO
//
Physician Report should include exams of this status ?: NO
//
Resident Report should include exams of this status ?: NO
//
Staff Report should include exams of this status ?: NO
//
Delinquent Status Report should include exams of this status ?: YES
//

Select an Examination Status: examINED Imaging Type: GENERAL RADIOLOGY
                               Order: 2
    ...OK? Yes//    (Yes)

Name of Current Exam Status: EXAMINED//
Order in sequence of status progression: 2//
Should this Status appear in Status Tracking ?: YES
//
User Key needed to move an exam to this status:
Default next status for exam: TRANSCRIBED//
Can an exam be cancelled while in this status ?: NO
//
Generate exam alert for requesting physician ?: NO
//
Generate Examined HL7 Message: YES//

    Status Change Requirements
    -----
    Please indicate which of the following is required
    in order to place an exam into the 'EXAMINED' status:

Technologist Required ?: YES//
Resident Or Staff Required ?: NO//
Detailed Procedure required ?: YES//
Film Entry Required ?: YES//
Diagnostic Code Required ?: NO//
Camera/Equip/Rm Required ?: YES//
Procedure Modifiers required ?: NO//    NO
CPT Modifiers required ?: NO//    NO

    WARNING: You must use the reporting feature of the system as
             a prerequisite for the following requirements:

```

```

Report Entered required ?: NO//
Impression required ?: NO//
Verified Report required ?: NO//

    Status Tracking Functions
    -----
    Please indicate which of the following should be asked when
    changing an exam's status to 'EXAMINED' while using
    the 'status tracking' feature:

Ask for Technologist ?: YES//
Ask For Interpreting Physician ?: NO//
Ask for Procedure ?: YES//
Ask For Film Data ?: YES//
Ask For Diagnostic Code ?: NO//
Ask For Camera/Equip/Rm ?: YES//
Ask for Procedure Modifiers ?: NO//    NO
Ask for CPT Modifiers ?: NO//    NO
Ask for User Code ?: NO//
Ask Medications & Dosages ?: NO//    NO
Ask Medication Admin Dt/Time & Person ?: NO//    NO

    Management Report Criteria
    -----
    Please indicate which of the following workload reports should
    include exams with the 'EXAMINED' status:

Clinic Report should include exams of this status ?: YES
    //
PTF Bedsection Report should include exams of this status ?: NO
    //
Service Report (Workload) should include exams of this status ?: YES
    //
Sharing/Contract Report (Workload) should include exams of this status ?: NO
    //
Ward Report (Workload) should include exams of this status ?: YES
    //
Film Usage Report (Workload) should include exams of this status ?: YES
    //
Technologist Report (Workload) should include exams of this status ?: YES
    //
AMIS Report (Workload) should include exams of this status ?: YES
    //
Detailed Procedure Report (Workload) should include exams of this status ?: YES
    //
Camera/Equip/Rm Report should include exams of this status ?: YES
    //
Physician Report should include exams of this status ?: YES
    //
Resident Report should include exams of this status ?: NO
    //
Staff Report should include exams of this status ?: YES
    //
Delinquent Status Report should include exams of this status ?: YES
    //

Select an Examination Status: tranSCRIBED Imaging Type: GENERAL RADIOLOGY
                               Order: 3
    ...OK? Yes//    (Yes)

Name of Current Exam Status: TRANSCRIBED//

```

```
Order in sequence of status progression: 3//
Should this Status appear in Status Tracking ?: YES
//
User Key needed to move an exam to this status:
Default next status for exam: COMPLETE//
Can an exam be cancelled while in this status ?: NO
//
Generate exam alert for requesting physician ?: NO
//
Generate Examined HL7 Message:

    Status Change Requirements
    -----
    Please indicate which of the following is required
    in order to place an exam into the 'TRANSCRIBED' status:

Technologist Required ?: YES//
Resident Or Staff Required ?: YES//
Detailed Procedure required ?: YES//
Film Entry Required ?: YES//
Diagnostic Code Required ?: NO//
Camera/Equip/Rm Required ?: YES//
Procedure Modifiers required ?: NO//
CPT Modifiers required ?: NO//

    WARNING: You must use the reporting feature of the system as
             a prerequisite for the following requirements:
Report Entered required ?: YES//
Impression required ?: NO//
Verified Report required ?: YES//

    Status Tracking Functions
    -----
    Please indicate which of the following should be asked when
    changing an exam's status to 'TRANSCRIBED' while using
    the 'status tracking' feature:

Ask for Technologist ?: YES//
Ask For Interpreting Physician ?: YES//
Ask for Procedure ?: YES//
Ask For Film Data ?: YES//
Ask For Diagnostic Code ?: NO//
Ask For Camera/Equip/Rm ?: YES//
Ask for Procedure Modifiers ?: NO//
Ask for CPT Modifiers ?: NO//
Ask for User Code ?: NO//
Ask Medications & Dosages ?: NO//
Ask Medication Admin Dt/Time & Person ?: NO//

    Management Report Criteria
    -----
    Please indicate which of the following workload reports should
    include exams with the 'TRANSCRIBED' status:

Clinic Report should include exams of this status ?: YES
//
PTF Bedsection Report should include exams of this status ?: NO
//
Service Report (Workload) should include exams of this status ?: NO
//
Sharing/Contract Report (Workload) should include exams of this status ?: NO
//
```

```

Ward Report (Workload) should include exams of this status ?: YES
//
Film Usage Report (Workload) should include exams of this status ?: YES
//
Technologist Report (Workload) should include exams of this status ?: YES
//
AMIS Report (Workload) should include exams of this status ?: YES
//
Detailed Procedure Report (Workload) should include exams of this status ?: YES
//
Camera/Equip/Rm Report should include exams of this status ?: YES
//
Physician Report should include exams of this status ?: YES
//
Resident Report should include exams of this status ?: NO
//
Staff Report should include exams of this status ?: YES
//
Delinquent Status Report should include exams of this status ?: YES
//

Select an Examination Status: COMPLETE

Name of Current Exam Status: COMPLETE//
Order in sequence of status progression: 9//
Should this Status appear in Status Tracking ?: NO
//
User Key needed to move an exam to this status:
Default next status for exam:
Can an exam be cancelled while in this status ?: NO
//
Generate exam alert for requesting physician ?: YES
//
Generate Examined HL7 Message:

    Status Change Requirements
    -----
    Please indicate which of the following is required
    in order to place an exam into the 'COMPLETE' status:

Technologist Required ?: YES//
Resident Or Staff Required ?: YES//
Detailed Procedure required ?: YES//
Film Entry Required ?: YES//
Diagnostic Code Required ?: NO//
Camera/Equip/Rm Required ?: YES//
Procedure Modifiers required ?: NO//    NO
CPT Modifiers required ?: NO//    NO

    WARNING: You must use the reporting feature of the system as
             a prerequisite for the following requirements:
Report Entered required ?: YES//
Impression required ?: YES//
Verified Report required ?: YES//

    Status Tracking Functions
    -----
    Please indicate which of the following should be asked when
    changing an exam's status to 'COMPLETE' while using
    the 'status tracking' feature:

Ask for Technologist ?: YES//

```

```

Ask For Interpreting Physician ?: YES//
Ask for Procedure ?: YES//
Ask For Film Data ?: YES//
Ask For Diagnostic Code ?: NO//
Ask For Camera/Equip/Rm ?: YES//
Ask for Procedure Modifiers ?: NO//  NO
Ask for CPT Modifiers ?: NO//  NO
Ask for User Code ?: NO//
Ask Medications & Dosages ?: NO//  NO
Ask Medication Admin Dt/Time & Person ?: NO//  NO

Management Report Criteria
-----
Please indicate which of the following workload reports should
include exams with the 'COMPLETE' status:

Clinic Report should include exams of this status ?: YES
//
PTF Bedsection Report should include exams of this status ?: NO
//
Service Report (Workload) should include exams of this status ?: YES
//
Sharing/Contract Report (Workload) should include exams of this status ?: NO
//
Ward Report (Workload) should include exams of this status ?: YES
//
Film Usage Report (Workload) should include exams of this status ?: YES
//
Technologist Report (Workload) should include exams of this status ?: YES
//
AMIS Report (Workload) should include exams of this status ?: YES
//
Detailed Procedure Report (Workload) should include exams of this status ?: YES
//
Camera/Equip/Rm Report should include exams of this status ?: YES
//
Physician Report should include exams of this status ?: YES
//
Resident Report should include exams of this status ?: NO
//
Staff Report should include exams of this status ?: YES
//
Delinquent Status Report should include exams of this status ?: NO
//

Checking order numbers
_____ and Default Next Status used for status progression _____
within : GENERAL RADIOLOGY

Required order numbers are in place.

_____ Checking Exam Status names _____
within : GENERAL RADIOLOGY

Exam Status names check complete
Enter RETURN to continue or '^' to exit:

Data Inconsistency Report For Exam Statuses

```



```

DEVICE: HOME//

Page: 1
Date: Nov 04, 2008

Data Inconsistency Report For Exam Statuses
=====

Checking verified report required and impression required _____
within : GENERAL RADIOLOGY

'Verified Report required ?' was set to 'yes'; but
'Impression required ?' was not set to 'yes' at this and lower status(es) :

Verified Rpt req'd      Impression Required
CANCELLED                N                      N
WAITING FOR EXAM        N                      N
EXAMINED                 N                      N
TRANSCRIBED              Y                      N
COMPLETE                 Y                      Y

Page: 2
Date: Nov 04, 2008

Data Inconsistency Report For Exam Statuses
=====

If verified report is required at a particular status,
then the impression should also be required at the same or lower status.

Checking order numbers
and Default Next Status used for status progression _____
within : GENERAL RADIOLOGY

Required order numbers are in place.

Checking Exam Status names _____
within : GENERAL RADIOLOGY

Page: 3
Date: Nov 04, 2008

Data Inconsistency Report For Exam Statuses
=====

Exam Status names check complete

```

Figure 7-19: Setting up Examination Status requirements

7.4.4 Films Type Entry/Edit

This option allows the manager to edit existing film types and enter new film types. These film types will be the choices the technologist can select from during the **Case No. Exam Edit** or **Edit Exam by Patient** options to indicate which films were used during the procedure.

Most sites have moved to digital imaging or are moving in that direction. For those sites, it is recommended that a film type of Digital be added. Some sites have chosen to add two separate Digital film types based on the size of the cartridge.

For those sites that track “re-takes”, film types of Wasted may be created so that the Wasted Film Report may be run.

In Figure 7-20, Digital Film type is created as well as a corresponding Wasted-Digital Film. Note that R may be used instead of W to indicate a Retake.

```
Select Utility Files Maintenance Menu Option: film Type Entry/Edit
Select FILM SIZES: DIGITAL
  Are you adding 'DIGITAL' as a new FILM SIZES (the 20TH)? No// Y (Yes)
FILM: DIGITAL//
IS THIS A 'CINE' FILM SIZE?: N NO
FLUORO ONLY?: N NO
INACTIVATION DATE:
WASTED FILM?:

Select FILM SIZES: W-DIGITAL
  Are you adding 'W-DIGITAL' as a new FILM SIZES (the 21ST)? No// Y (Yes)
FILM: W-DIGITAL//
IS THIS A 'CINE' FILM SIZE?: N NO
FLUORO ONLY?: N NO
INACTIVATION DATE:
WASTED FILM?: Y YES
ANALOGOUS UNWASTED FILM SIZE: DIGITAL
```

Figure 7-20: Creating a Film Type and a Wasted Film Type

7.4.5 Major AMIS Code Entry/Edit

This menu option allows the coordinator to add new AMIS codes and edit existing AMIS codes.

When the system is first installed, all necessary entries and data associated with each entry will be part of the module.

AMIS Codes are workload codes used by the VA but they are not used within IHS so the user may encounter the following message when accessing this menu option. They must answer the question with a response of **YES** in order to proceed.

IHS continues to use AMIS codes as there are several reports based on AMIS codes.

```
Select Utility Files Maintenance Menu Option: major AMIS Code Entry/Edit
+-----+
| New entries and modifications to existing entries are |
| prohibited without approval from Radiology Service VACO. |
+-----+

Do you have approval from Radiology Service VACO to
```

add/change any AMIS codes and weight? No// YES

Figure 7-21: Editing AMIS codes

The most common reason needed to access the AMIS Code file is to remove Retired from the names of some of the AMIS Codes or to add an AMIS Code of Mammography or DEXA if they do not already exist on your system.

7.4.6 Label/Header/Footer Formatter

Although Labels are seldom printed by IHS sites using the Radiology package, this option should be exercised to customize the display of the header information on Radiology reports. If a report must be printed to send to an outside provider, it can only be printed from the Radiology Package. EHR imaging reports generated from the RPMS Radiology package have no identifying information on them and are not suitable for printing.

The manager may select from the following fields when laying out the report header and footer. And it is highly recommended that the format of the header be laid out on paper before altering the settings for the fields and their labels in this option.

Listed below are the field choices. Note that if you do not have the entries for Chart Number (IHS), please submit a ticket to IHS IT Support (itsupport@ihs.gov) in order to get a supplemental file. The fields that are bolded are most commonly used on the Report Header for IHS sites.

- AGE OF PATIENT
- ATTENDING PHYSICIAN AT ORDER
- ATTENDING PHYSICIAN CURRENT
- CASE NUMBER
- CASE NUMBER BARCODE
- CASE#
- CATEGORY (OUTP/INP)
- **CHART# OF PATIENT (IHS)**
- CURRENT DATE/TIME
- CURRENT PATIENT LOCATION
- **DATE OF BIRTH**
- **DATE OF BIRTH (AGE yrs)**
- DATE OF EXAM
- DATE ONLY

- DATE REPORT ENTERED
- **DATE REPORTED**
- **DIAGNOSTIC CODE**
- EXAM MODIFIERS
- **FREE TEXT**
- HOSPITAL DIVISION(INSTITUTION)
- IHS AGE OF PATIENT
- IHS AGE OF PATIENT AT EXAM
- IMAGING LOCATION
- LAST TIME THIS EXAM PERFORMED
- LAST VISIT FOR ANY EXAM
- **LONG CASE NUMBER**
- LONG CASE NUMBER BARCODE
- **NAME OF PATIENT**
- NAME OF PATIENT (FIRST LAST)
- **PAGE NUMBER**
- PATIENT ADDRESS LINE 1
- PATIENT ADDRESS LINE 2
- PATIENT ADDRESS LINE 3
- PRIMARY PHYSICIAN AT ORDER
- PRIMARY PHYSICIAN CURRENT
- **PROCEDURE**
- PROCEDURE BARCODE, 30 CHARS
- PROCEDURE BARCODE, 60 CHARS
- REPORT STATUS
- **REQUEST ENTERED BY**
- REQUEST ENTERED DATE/TIME
- REQUESTING AREA
- REQUESTING LOCATION
- **REQUESTING PHYSICIAN**

- RESIDENT
- RESIDENT SIGNATURE
- RESIDENT SIGNATURE NAME
- SERVICE
- **SEX OF PATIENT**
- SSN OF PATIENT
- SSN OF PATIENT BARCODE
- SSN OF PATIENT BARCODE-NO DASH
- **STAFF RADIOLOGIST**
- STAFF SIGNATURE
- STAFF SIGNATURE NAME
- **TECHNOLOGIST**
- UPDATED PATIENT LOCATION
- USUAL PATIENT CATEGORY
- VERIFIED DATE
- VERIFYING ELECTRONIC SIGNATURE
- **VERIFYING RADIOLOGIST**
- VERIFYING SIGNATURE
- VERIFYING SIGNATURE BLOCK
- VERIFYING SIGNATURE NAME
- **VERIFYING SIGNATURE TITLE**

The actual creation of the Report Header and Footer is much like creating an EHR Order Menu where rows and columns must be specified for the various fields. Duplicate entries for items like “FREE TEXT” can be entered more than once by using quotation marks for each entry after the initial one.

When the layout is complete, a sample header is printed to the screen so that the manager can determine if any adjustments are required.

In the sample report footer below, only two fields have been defined, **Date Report Entered** and **Page Number**.

| FIELD | ROW | COL | TITLE | TEXT |
|-------|-----|-----|-------|------|
| ----- | | | | |
| -- | | | | |

```

          FORMAT NAME: REPORT FOOTER
DATE REPORT ENTERED          1   3   Date Reported:
PAGE NUMBER                   1   70
    
```

Figure 7-22: Format for Report Footer

```

Select Utility Files Maintenance Menu Option: label/Header/Footer Formatter
      >>> Exam Label/Report Header/Report Footer/Flash Card Formatter <<<

Select LBL/HDR/FTR FORMATS FORMAT NAME: report FOOTER
FORMAT NAME: REPORT FOOTER//
Select FIELD: DATE REPORT ENTERED//
  FIELD: DATE REPORT ENTERED//
  ROW: 1//
  COLUMN: 3//
  TITLE (OPTIONAL): Date Reported://
Select FIELD:
NUMBER OF ROWS IN FORMAT: 1//

      ...format 'REPORT FOOTER' has been compiled.

<<<<<<-----Column No.-----
>>>>>>

0-----1-----2-----3-----4-----5-----6-----7-----
-8
1      0      0      0      0      0      0      0
0

Date Reported:Jan 11,1985  09:33                               Page 1
    
```

Figure 7-23: Creating Report Footer

In the Report Header below, the following fields have been defined:

```

          *** DEMO INDIAN MEDICAL CENTER ***
          5670 EAST TUCSON BOULEVARD
          TUCSON, ARIZONA 56789
          TELEPHONE: (520)765-8970

Name:      DEMO PATIENT                                DOB: 09-01-19XX (36 yrs)
Chart#:    00-00-00                                    Sex: MALE
Requesting Loc: DENTAL                                Physician: DEMO, PROVIDER
Entered request: USER, DEMO

Case#:     081194-234                                  Technician: DEMO, TECH
Procedure: 1A - SKULL                                  Radiologist: DEMO, RADIOLOGIST
                                                    Verifier: DEMO, USER A
-----
    
```

Figure 7-24: Sample Report Header

```

FIELD          ROW COL  TITLE
-----
          FORMAT NAME: REPORT HEADER
    
```

| | | | |
|-------------------------|----|----|-----------------------------|
| FREE TEXT | 4 | 20 | *** DEMO INDIAN MEDICAL CEN |
| FREE TEXT | 5 | 24 | 5670 EAST TUCSON BOULEVARD |
| FREE TEXT | 6 | 26 | TUCSON, ARIZONA 56789 |
| FREE TEXT | 7 | 25 | TELEPHONE: (520)765-8970 |
| NAME OF PATIENT | 9 | 3 | Name: |
| DATE OF EXAM | 9 | 3 | Date of exam : |
| DATE OF BIRTH (AGE yrs) | 9 | 53 | DOB: |
| CHART# OF PATIENT (IHS) | 10 | 3 | Chart#: |
| SEX OF PATIENT | 10 | 53 | Sex: |
| REQUESTING LOCATION | 11 | 3 | Requesting Loc: |
| REQUESTING PHYSICIAN | 11 | 47 | Physician: |
| REQUEST ENTERED BY | 12 | 3 | Entered request |
| TECHNOLOGIST | 13 | 46 | Technician: |
| LONG CASE NUMBER | 14 | 3 | Case#: |
| STAFF RADIOLOGIST | 14 | 45 | Radiologist: |
| PROCEDURE | 15 | 3 | Procedure: |
| VERIFYING RADIOLOGIST | 15 | 48 | Verifier: |
| FREE TEXT | 16 | 1 | ----- |

Figure 7-25: Layout for Sample Report Header

For multi-divisional facilities with Radiology offered at more than one division, it may be advisable to create a report header for each facility and then link the correct report header to the Division in the Location Parameter Set up.

7.4.7 Order Entry Procedure Display Menu

7.4.7.1 Common Procedure Enter/Edit

A Common Procedure List is nothing more than a numbered list of the top 40 procedures available for ordering for each Imaging Type in RPMS. When placing an order directly in RPMS, the procedure may be selected from the numbered list, entered by CPT code, or selected by name, e.g., WRIST. While it is not required that a Common Procedure List be created, it simplifies the ordering process at small sites with limited procedures or when orders are not always placed via EHR.

Before creating a Common Procedure List, it may be of value to use the **Display Common Procedure List** menu option to see what already is in place.

This menu option may be used to add and or remove procedures from the display used to enter requests. If you have inherited an old common procedure list, it may be helpful to just remove all Procedures from the list and then rebuild the list with the order of items desired. Note that you cannot mix imaging types on single Common Procedure List. Also, you may add procedures by CPT or HCPCS code rather than procedure name.

In the example shown in Figure 7-26, three mammogram procedures are added to the Common Procedure list for Mammography.

```

Select Order Entry Procedure Display Menu Option: common Procedure
Enter/Edit

Select one of the following imaging types:
  GENERAL RADIOLOGY
  MAMMOGRAPHY

Select IMAGING TYPE: maMMOGRAPHY

Select RAD/NUC MED COMMON PROCEDURE: ?
Answer with RAD/NUC MED COMMON PROCEDURE
Do you want the entire RAD/NUC MED COMMON PROCEDURE List? N (No)
Choose from:

    You may enter a new RAD/NUC MED COMMON PROCEDURE, if you wish
    Enter a procedure name.
    Only active procedures may be selected.

Are you adding 'MAMMOGRAM G0202' as
  a new RAD/NUC MED COMMON PROCEDURE? No// Y (Yes)
PROCEDURE: MAMMOGRAM G0202//
INACTIVATE FROM LIST:
SEQUENCE NUMBER: 1//

Select RAD/NUC MED COMMON PROCEDURE: G0204 ( )

Attempting FILEMAN lookup... Diagnosticmammographydigital
  DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL,
ALL VIEWS MAMMOGRAM G0204 (MAM Detailed)
CPT:G0204
Are you adding 'MAMMOGRAM G0204' as
  a new RAD/NUC MED COMMON PROCEDURE? No// Y (Yes)
PROCEDURE: MAMMOGRAM G0204//
INACTIVATE FROM LIST:
SEQUENCE NUMBER: 2//

Select RAD/NUC MED COMMON PROCEDURE: G0406 ( )

Attempting FILEMAN lookup... Diagnosticmammographydigital
  DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL,
ALL VIEWS MAMMOGRAM G0206 (MAM Detailed)
CPT:G0206
Are you adding 'MAMMOGRAM G0206' as
  a new RAD/NUC MED COMMON PROCEDURE? No// Y (Yes)
PROCEDURE: MAMMOGRAM G0206//
INACTIVATE FROM LIST:
SEQUENCE NUMBER: 3//

```

Figure 7-26: Adding three new procedures to the Common Procedure List for Mammography

7.4.7.2 Create OE/RR Protocol from Common Procedure

This option is not used in IHS. Orderable items are created for Radiology Procedures in the EHR Clinical Coordinator's Order Menu Management Menu.

7.4.7.3 Display Common Procedure List

This option may be used to display one or more Common Procedure Lists. In Figure 7-27, the common procedure list for General Radiology is displayed.

| COMMON RADIOLOGY/NUCLEAR MEDICINE PROCEDURES (GENERAL RADIOLOGY) | |
|--|--------------------------------------|
| ----- | |
| 1) CHEST 2 VIEWS PA&LAT | 21) TIBIA & FIBULA 2 VIEWS |
| 2) CHEST SINGLE VIEW | 22) KNEE 3 VIEWS |
| 3) RIBS UNILAT+CHEST 3 OR MORE VIEW | 23) FEMUR 2 VIEWS |
| 4) RIBS BILAT+CHEST 4 OR MORE VIEWS | 24) SPINE CERVICAL MIN 2 VIEWS |
| 5) ABDOMEN 1 VIEW | 25) SPINE THORACIC AP&LAT&SWIM VIEWS |
| 6) ABDOMEN FLAT & UPRIGHT | 26) SPINE LUMBOSACRAL MIN 2 VIEWS |
| 7) ACUTE ABDOMEN | 27) SPINE SACRUM & COCCYX MIN 2 VIEW |
| 8) SHOULDER 2 OR MORE VIEWS | 28) SPINE SCOLIOSIS EXAM MIN 2 VIEWS |
| 9) CLAVICLE | 29) PELVIS 1 VIEW |
| 10) ACROMIOCLAVICULAR J BILAT | 30) HIP 2 OR MORE VIEWS |
| 11) FINGER(S) 2 OR MORE VIEWS | 31) SKULL LESS THAN 4 VIEWS |
| 12) HAND 3 OR MORE VIEWS | 32) NECK SOFT TISSUE |
| 13) WRIST 3 OR MORE VIEWS | 33) SINUSES MIN 2 VIEWS |
| 14) FOREARM 2 VIEWS | 34) SINUSES 3 OR MORE VIEWS |
| 15) ELBOW 3 OR MORE VIEWS | 35) FACIAL BONES, MINIMUM 3 VIEWS |
| 16) HUMERUS 2 OR MORE VIEWS | 36) NASAL BONES MIN 3 VIEWS |
| 17) TOE(S) 2 OR MORE VIEWS | 37) MANDIBLE 4 OR MORE VIEWS |
| 18) FOOT 3 OR MORE VIEWS | 38) ORBIT MIN 4 VIEWS |
| 19) CALCANEUS 2 VIEWS | 39) BONE AGE STUDY |
| 20) ANKLE 3 OR MORE VIEWS | 40) ECHOGRAM OTHER UNLISTED |

Figure 7-27: Common Procedures List for General Radiology

7.4.8 Procedure Edit Menu

7.4.8.1 Procedure Modifier Entry

Modifiers are words that can be used to better describe a procedure; the most common modifiers are LEFT and RIGHT. But very specific modifiers may be entered for billing purposes, e.g., FA for Left Hand, thumb, F1 for Left Hand, second digit; F2 for Left Hand, third digit, etc. While a modifier may be in the Procedure Modifier list, it may not be used for additional imaging types until those Imaging Types have been added to the Modifier. In Figure 7-28, Bilateral was already defined as a modifier, but the Imaging Type of MAMMOGRAPHY was added so that modifier could be used with that modality. Multiple imaging types may be added for each modifier.

```
Supervisor's Menu
Utility Files Maintenance Menu
Procedure Edit Menu
Procedure Modifier Entry

Select Procedure Modifier: BILATERAL EXAM (RAD)
Select TYPE OF IMAGING: GENERAL RADIOLOGY// MAMMOGRAPHY
Select TYPE OF IMAGING: ?
Answer with TYPE OF IMAGING
```

```

Choose from:
1 GENERAL RADIOLOGY
2 MAMMOGRAPHY

Note that this modifier may now be used both for General Radiology and Mammography

```

Figure 7-28: Adding an Imaging Type to a Procedure Modifier

7.4.8.2 Procedure Message Entry/Edit

When ordering a procedure, there may be certain patient preparation requirements that should be conveyed to the ordering provider. These requirements can be defined in Procedure Messages which can then be attached to the Procedures during the Procedure Enter/Edit process.

For example, a new Procedure Message is created in Figure 7-29 below.

It may subsequently be entered on the appropriate procedure when it is defined and will also display when the EHR quick order is created.

```

Select RAD/NUC MED PROCEDURE MESSAGE TEXT: ?

      You may enter a new RAD/NUC MED PROCEDURE MESSAGE, if you wish
      Message can be 3-240 characters in length. It cannot be preceded
with
      punctuation.

Select RAD/NUC MED PROCEDURE MESSAGE TEXT: SPECIAL PREPARATION IS REQUIRED
FOR THIS PROCEDURE. PLEASE CONTACT THE RADIOLOGY DEPT FOR DIRECTIONS.

```

Figure 7-29: Creating a Procedure Message

7.4.8.3 Procedure Enter/Edit

This function allows the package coordinator to enter new procedures into the system and to edit existing procedures. Procedures must be defined correctly in the Radiology/Nuclear Medicine Procedure file before they can be used to create quick orders for EHR menus.

Entries in this procedure file are the allowable choices the user will be able to choose from at the “Procedure” prompt either while ordering, registering a patient for an exam, or editing an exam.

If the procedure has an inactivation date of less than the current date, then the procedure is not a valid choice and will not appear on the list of valid/active procedures when displayed to the user.

If you are interfacing with a PACS or modality/worklist server, be careful about using a forward slash (/) or ampersand (&) in procedure names as these are HL7 encoding characters and may cause incorrect parsing of an HL7 order or exam message.

There are four types of procedures:

1. Detailed: Procedure is associated with one or more AMIS codes and must have a CPT or HCPCS code assigned to it.
2. Series: Procedure is associated with more than one AMIS code and must have a CPT code assigned to it.
3. Broad: Procedure is mainly used by the receptionist when scheduling a patient for an exam. It is used when he/she is not exactly sure which detailed or series procedure will be performed. However, before the exam can be considered complete, the Procedure must be changed to detailed or series.

If the division parameter requiring a detailed or series procedure upon initial exam registration is set to Yes, then the receptionist will not be allowed to select a broad procedure.

Note: Since the 2014 Meaningful Use in 2014, it has been recommended and trained to use only Detailed, Series, or Parent procedures as defined in the RAD/NUC MED Procedure File.

4. Parent: Procedure is a “placeholder” used for ordering one or more related procedures that are always reported together. It does not have a CPT code and is broken down into its descendant procedures which must be registered and edited. Parent procedures must have one or more descendant procedures, but a single report may be filed against all descendant procedures defined under a parent. Parent procedures are a convenient mechanism to generate multiple CPT codes for exams that are always performed in tandem, i.e., Digital Screening Mammogram and CAD.

When editing or creating new procedures, always continue on to run the validity check on CPT and stop codes. CPT codes are updated by the American Medical Association and IHS on an annual basis, but those updates do not automatically transfer into the Radiology/Nuclear Medicine procedure file. If a CPT code is no longer active, the original procedure must have an inactivation date assigned and a new procedure must be created with the new CPT code.

In Figure 7-30, a detailed procedure is edited for an ABDOMEN KUB with a procedure message. Note that modality is a required field for some modality worklist servers. You may need to confirm the modality code that you need to use with your interface.

```

Select Procedure Edit Menu Option:  Procedure Enter/Edit

Select RAD/NUC MED PROCEDURES NAME: ABDOMEN
  1  ABDOMEN  MIN 2 VIEWS + CHEST (ACUTE)          (RAD  Inactive)
  2  ABDOMEN  1 VIEW                               (RAD  Detailed) CPT:74000
  3  ABDOMEN  2 VIEWS                              (RAD  Inactive) CPT:74010
  4  ABDOMEN  3 OR MORE VIEWS                     (RAD  Detailed) CPT:74020
  5  ABDOMEN  FLAT & UPRIGHT                       (RAD  Detailed) CPT:74010ress
<RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:
  6  ABDOMEN  FOR FETAL AGE 1 VIEW                 (RAD  Inactive) CPT:74720
  7  ABDOMEN  FOR FETAL AGE MULT VIEWS            (RAD  Inactive) CPT:74725
  8  ABDOMEN  MIN 3 VIEWS+CHEST                   (RAD  Inactive) CPT:74022
  9  ABDOMEN,COMPLETE                             (RAD  Detailed) CPT:76700
 10  ABDOMEN-KUB                                  (RAD  Broad  ) CPT:74000
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-10: 9  ABDOMEN,COMPLETE                 (RAD  Detailed) CPT:76700
NAME: ABDOMEN,COMPLETE//
TYPE OF IMAGING: GENERAL RADIOLOGY//
TYPE OF PROCEDURE: DETAILED//
CONTRAST MEDIA USED: NO//  No
Select MODALITY: ??
  You may enter a new MODALITY, if you wish
  Choose from:
AS      Angioscopy
BI      Biomagnetic Imaging
CD      Color Flow Doppler
CF      Cinefluorography (Retired)
CP      Culposcopy
CR      Computed Radiography
CS      Cystoscopy
CT      Computed Tomography
DD      Duplex Doppler
DF      Digital Fluoroscopy (Retired)
DG      Diaphanography
DM      Digital Microscopy
DS      Digital Subtraction Angiography (Retired)
DX      Digital Radiography
EC      Echocardiography
ES      Endoscopy
FA      Fluorescein Angiography
FS      Fundoscopy
IO      Intra-oral Radiology (Retired)
LP      Laparoscopy
LS      Laser Surface Scan
MA      Magnetic Resonance Angiography
MG      Mammography (Retired)
MR      Magnetic Resonance
MS      Magnetic Resonance Spectroscopy
NM      Nuclear Medicine
OT      Other
PT      Positron Emission Tomography (PET)
RF      Radio Fluoroscopy
RG      Radiographic Imaging (conventional film/screen)
ST      Single-Photon Emission Computed Tomography (SPECT)
TG      Thermography
US      Ultrasound
VF      Videofluorography (Retired)
VL      Visible Light
XA      X-Ray Angiography

```

```

Select MODALITY: DX          Digital Radiography
  Are you adding 'DX' as a new MODALITY (the 1ST for this RAD/NUC MED PROCEDURES)?
No// Y (Yes)
Select MODALITY:
HEALTH SUMMARY WITH REQUEST:
Select SYNONYM:
PROMPT FOR MEDS:
Select DEFAULT MEDICATION:
Select AMIS CODE: ABDOMEN-KUB
  AMIS WEIGHT MULTIPLIER: 1
  BILATERAL?:
Select AMIS CODE:
CPT CODE// 76700 (no editing)
Select DEFAULT CPT MODIFIERS(PROC):
STAFF REVIEW REQUIRED: NO//
RAD/NM PHYS APPROVAL REQUIRED: NO//
REQUIRED FLASH CARD PRINTER:
REQUIRED FLASH CARD FORMAT:
Select FILM TYPE: DIGITAL
  Are you adding 'DIGITAL' as a new FILMS NEEDED (the 1ST for this RAD/NUC MED
PROCEDURES)? No// Y (Yes)
  NORMAL AMOUNT NEEDED FOR EXAM: 1
Select FILM TYPE:
Select MESSAGE: SP
  1 SPECIAL PREPARATION IS REQUIRED FOR THIS PROCEDURE. PLEASE CONTACT THE
RADIOLOGY DEPT FOR DIRECTIONS.
  2 SPECIAL PREPARATION REQUIRED - PLEASE CONTACT RADIOLOGY DEPARTMENT
CHOOSE 1-2: 1 SPECIAL PREPARATION IS REQUIRED FOR THIS PROCEDURE. PLEASE CONTACT
THE RADIOLOGY DEPT FOR DIRECTIONS.
  Are you adding 'SPECIAL PREPARATION IS REQUIRED FOR THIS PROCEDURE. PLEASE CONTACT
THE RADIOLOGY DEPT FOR DIRECTIONS.' as
  a new MESSAGE (the 1ST for this RAD/NUC MED PROCEDURES)? No// Y (Yes)
Select MESSAGE:
EDUCATIONAL DESCRIPTION:
  No existing text
  Edit? NO//
INACTIVATION DATE:
Select RAD/NUC MED PROCEDURES NAME:

Want to run a validity check on CPT and stop codes? NO//YES

```

Figure 7-30: Editing a procedure

In order to create parent procedures, all descendant procedures must first be defined under **Procedure Enter/Edit** and they must all have the same imaging type. Once that has been confirmed, the parent procedure may be created. A common parent procedure that may be requested is a CT of a chest, abdomen, and pelvis, a CAP procedure. A parent procedure does not require a CPT code. Therefore, a parent procedure may be created using the two descendants, CT Chest (Thorax) without contrast, CPT 71250, and CT Abdomen and Pelvis without contrast, CPT 74176.

```

Select Procedure Edit Menu Option: proce
  1 Procedure Enter/Edit
  2 Procedure Message Entry/Edit
  3 Procedure Modifier Entry
CHOOSE 1-3: 1 Procedure Enter/Edit

```

```

Select RAD/NUC MED PROCEDURES NAME: CT CHEST, ABDOMEN, PELVIS WO CONTRAST (
ABDOMEN/ABDOMENFLANKBACK/ABDOMENVENOUS CONTRAST PELVIS/PELVISACRAL/PELVISHIP THORAX/
THORAXLUMBAR )

The following words were not used in this search:
    CT
    WO

Attempting FILEMAN lookup...
    Are you adding 'CT CHEST, ABDOMEN, PELVIS WO CONTRAST' as
    a new RAD/NUC MED PROCEDURES (the 748TH)? No// Y (Yes)
    RAD/NUC MED PROCEDURES TYPE OF PROCEDURE: PA PARENT
NAME: CT CHEST, ABDOMEN, PELVIS WO CONTRAST Replace
TYPE OF IMAGING: CT SCAN
TYPE OF PROCEDURE: PARENT//
SINGLE REPORT: Y YES
HEALTH SUMMARY WITH REQUEST:
Select SYNONYM: CAP
    Are you adding 'CAP' as a new SYNONYM (the 1ST for this RAD/NUC MED PROCEDURES
)? No// Y (Yes)
Select SYNONYM:
RAD/NM PHYS APPROVAL REQUIRED: NO// NO
Select MESSAGE:

Select DESCENDENTS: 71250 CT THORAX W/O DYE
    COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL CT THORAX W/O CONT
(CT Detailed) CPT:71250
    Are you adding 'CT THORAX W/O CONT' as a new DESCENDENTS (the 1ST for this RAD/NUC
MED PROCEDURES)? No// Y (Yes)
Select DESCENDENTS: CT ABDOMEN( ABDOMEN/ABDOMENFLANKBACK/ABDOMENVENOUS )

The following word was not used in this search:
    CT
    .....
    .....
Attempting FILEMAN lookup... AND PELVIS WO CONTRAST (CT Detailed) CPT:74176
    Are you adding 'CT ABDOMEN AND PELVIS WO CONTRAST' as
    a new DESCENDENTS (the 2ND for this RAD/NUC MED PROCEDURES)? No// Y (Yes)
Select DESCENDENTS:
EDUCATIONAL DESCRIPTION:
    No existing text
    Edit? NO//
INACTIVATION DATE:
    
```

Figure 7-31: Creating a Parent Procedure

7.4.9 Reason Edit

This option allows managers to modify or add reasons that can be selected by users who are cancelling and or holding Imaging orders. When canceling an exam, the user will normally see the following in Figure 7-32:

```

RAD- Exam Entry/Edit Menu ... Cancel an Exam

Select Exam Entry/Edit Menu Option: CANCEL an Exam

Enter Case Number: 082713-2

Choice Case No.          Procedure          Name          Pt ID
    
```

```

-----
1      082713-2      ANKLE 3 OR MORE VIEWS      GUMP,BJ      876
Do you wish to cancel this exam now? NO// Y
...exam status backed down to 'CANCELLED'
STATUS CHANGE DATE/TIME: SEP 30,2013@09:17//
TECHNOLOGIST COMMENT:
REASON FOR CANCELLATION: ??
    This is the reason this exam was cancelled.

Choose from:
1      ANESTHESIA CONSULT NEEDED      Synonym: ANES
6      CONFLICT OF EXAMINATIONS      Synonym: CON
7      DUPLICATE REQUESTS      Synonym: DUP
8      INADEQUATE CLINICAL HISTORY      Synonym: INAD
13     PATIENT CONSENT DENIED      Synonym: PCD
14     PATIENT EXPIRED      Synonym: EXP
17     REQUESTING PHYSICIAN CANCELLED      Synonym: REQ
19     WRONG EXAM REQUESTED      Synonym: WRN
20     EXAM CANCELLED      Synonym: CAN
21     EXAM DELETED      Synonym: DEL
22     CALLED-WARD DID NOT SEND      Synonym:
23     RESCHEDULED      Synonym: RSCH
24     DID NOT KEEP APPT      Synonym: DNKA
25     PATIENT NOT PROPERLY PREP'D      Synonym: NOPREP
26     PATIENT CANCELLED EXAM      Synonym: PTCAN
27     RADIOLOGIST CANCELLED EXAM      Synonym: RADCAN
28     EQUIPMENT FAILURE      Synonym: EQ
29     WRONG PATIENT REQ'D      Synonym: WRGPT

REASON FOR CANCELLATION: 24 DID NOT KEEP APPT      Synonym: DNKA
...cancellation complete.

Do you want to cancel the request associated with this exam? No// (No)

HOLD DESCRIPTION:
No existing text
Edit? NO//
...request status updated to hold.

```

Figure 7-32: Entering a reason for cancelling an exam

The list of reasons may be supplemented as shown in Figure 7-33. Be sure to list the reason before attempting to create a new entry.

```

Supervisor Menu
Utility Files Maintenance Menu
Reason Edit

Select RAD/NUC MED REASON: DUPLICATE REQUESTS      Synonym: DUP
REASON: DUPLICATE REQUESTS//
TYPE OF REASON: CANCEL REQUEST//
SYNONYM: DUP//
NATURE OF ORDER ACTIVITY: type a caret (^) to bypass entry

```

Figure 7-33: Adding a new reason to the Reason List

Note: Type a caret (^) to bypass the “Nature of Order Activity” prompt.

8.0 Building Radiology Quick Orders and Menus

The menus that providers see when ordering Radiology procedures in EHR are site-configured. Radiology procedures are made into Quick Orders and then those quick orders are “hung” on menus. It is highly recommended that whoever builds the Radiology Order Menus confer with Provider staff for the most logical and easy format for the providers to use. A sample menu is shown in Figure 8-1. Note that besides the actual orderable procedures, there are also text headers which help to organize the orderable items into logical groupings.

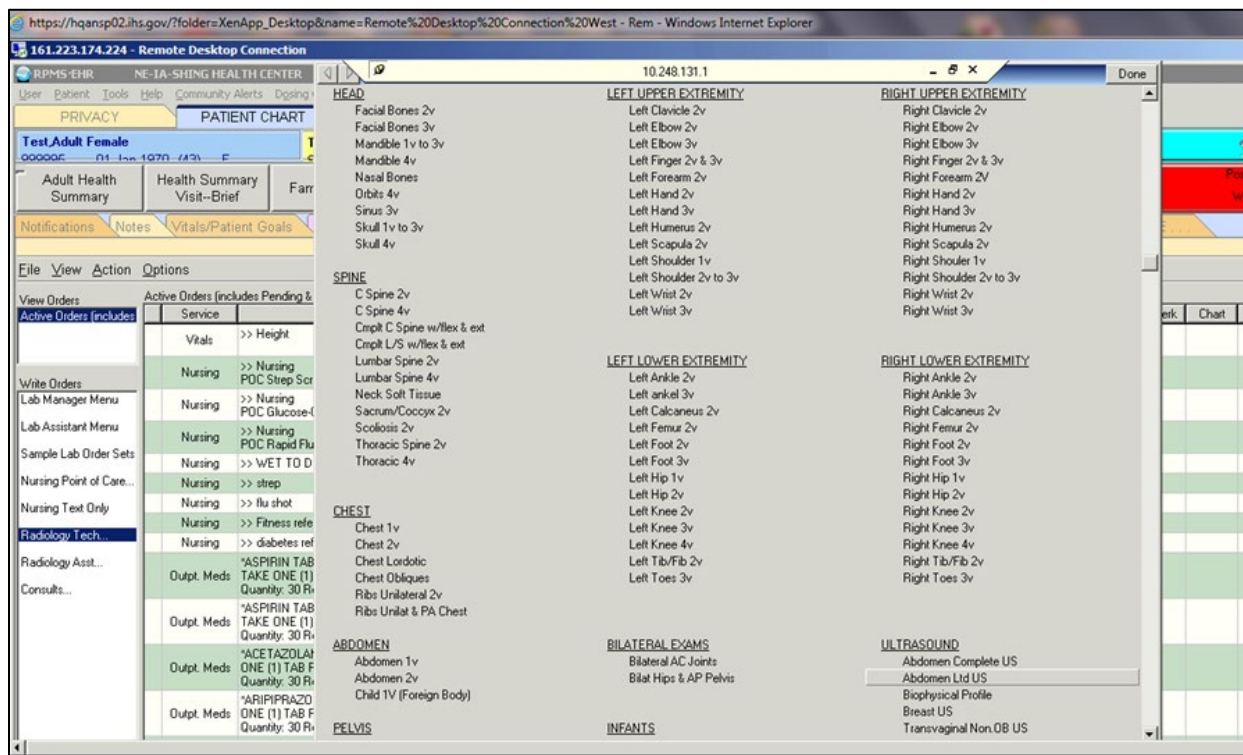


Figure 8-1: Sample EHR Order Menu for Radiology

No attempt should be made to build quick orders or EHR menus until the Radiology Package has been configured.

8.1 Quick Orders

The term quick order refers to the orderable items that have been created for use in the EHR. They fall into several categories—Nursing, Lab, Pharmacy, Immunizations, Imaging, etc. Radiology procedures cannot be assigned directly to an EHR order menu but must first be made into quick orders.

The menu path to build Radiology quick orders and menus may have different mnemonics on different RPMS systems, but both options may be found on the **CPRS Configuration (Clin Coord)** menu. If “jumping” is allowed on your RPMS system, you may use the convention of using a caret (^) followed by the menu mnemonic to go directly to the Quick Order option, e.g., ^**QO**.

A typical menu path is displayed in Figure 8-2:

```

Select IHS Kernel Option: EHR  EHR Main Menu

APT      Appointment Management
BED      Bed Control ...
CON      Consult Management ...
CPRS   CPRS Manager Menu ...
EHR      RPMS-EHR Configuration Master Menu ...
HS       Health Summary Maintenance ...
IMM      Immunization Menu ...
MTIU     TIU Menu for Medical Records ...
REG      Patient registration ...
REM      Reminder Managers Menu ...
TIU      TIU Menu for Clinicians ...

Select EHR Main Menu Option: CPRS  CPRS Manager Menu

CL       Clinician Menu ...
NM       Nurse Menu ...
WC       Ward Clerk Menu ...
PE    CPRS Configuration (Clin Coord) ...
IR       CPRS Configuration (IRM) ...

Select CPRS Manager Menu Option: PE  CPRS Configuration (Clin Coord)

AL       Allocate OE/RR Security Keys
KK       Check for Multiple Keys
DC       Edit DC Reasons
GP       GUI Parameters ...
GA       GUI Access - Tabs, RPL
MI       Miscellaneous Parameters
NO       Notification Mgmt Menu ...
OC       Order Checking Mgmt Menu ...
MM    Order Menu Management ...
LI       Patient List Mgmt Menu ...
FP       Print Formats
PR       Print/Report Parameters ...
RE       Release/Cancel Delayed Orders
US       Unsigned orders search
EX       Set Unsigned Orders View on Exit
NA       Search orders by Nature or Status
CM       Care Management Menu ...
DO       Event Delayed Orders Menu ...
LO       Lapsed Orders search
PM       Performance Monitor Report

```

```
Select CPRS Configuration (Clin Coord) Option: MM Order Menu Management
```

```

OI    Manage orderable items ...
PM    Enter/edit prompts
GO    Enter/edit generic orders
QO   Enter/edit quick orders
QU    Edit personal quick orders by user
ST    Enter/edit order sets
AC    Enter/edit actions
MN    Enter/edit order menus
AO    Assign Primary Order Menu
CP    Convert protocols
SR    Search/replace components
LM    List Primary Order Menus
DS    Disable/Enable order dialogs
CS    Review Quick Orders for Inactive ICD9 Codes
MR    Medication Quick Order Report
CV    Convert IV Inpatient QO to Infusion QO

```

Figure 8-2: Menu path to create ENR Quick Order

```
Select Order Menu Management Option: QO Enter/edit quick orders
```

Figure 8-3: QO Enter/edit quick orders menu option

In Figure 8-4, a quick order is created for a Left Hand 1 or 2 views, CPT 73120.

```

Select Order Menu Management Option: Enter/edit quick orders
Select QUICK ORDER NAME: RAZ HAND 1 OR 2 VIEWS LEFT
Are you adding 'RAZ HAND 1 OR 2 VIEWS LEFT' as
  a new ORDER DIALOG? No// Y (Yes)<< Note the convention of using RAZ for
Radiology quick orders.
TYPE OF QUICK ORDER: IMAGING << Use Imaging, Not Radiology.
NAME: RAZ HAND 1 OR 2 VIEWS LEFT Replace
DISPLAY TEXT: Hand 1 or 2 Views, Left << This is the text that displays on the EHR
Order screen.
VERIFY ORDER: YES

```

```

DESCRIPTION:
  No existing text
  Edit? NO//
ENTRY ACTION:

```

Note that a Common Procedure List will be displayed ONLY if it has been built in the Radiology Package. A Common Procedure List is not required as Procedures may be entered by CPT code or by Name as well as by the procedure number on the common procedure list.

Common General Radiology Procedures:

| | |
|--|-----------------------------|
| 1 ABDOMEN 1 VIEW | 21 HAND 3 OR MORE VIEWS |
| 2 ABDOMEN 3 OR MORE VIEWS | 22 HIP 2 OR MORE VIEWS |
| 3 ANKLE 3 OR MORE VIEWS | 23 KNEE 3 VIEWS |
| 4 CALCANEUS 2 VIEWS | 24 KNEES BILATERAL STANDING |
| 5 CHEST 2 VIEWS PA&LAT | 25 OB TRANSVAGINAL US |
| 6 CLAVICLE | 26 OB ULTRASOUND <14 WKS |
| 7 ECHOGRAM ABDOMEN COMPLETE | 27 PELVIS 1 VIEW |
| 8 ECHOGRAM BREAST B-SCAN &/OR REAL TIM | 28 RIBS UNILAT 2 VIEWS |
| 9 ECHOGRAM PELVIC COMPLETE | 29 SHOULDER 2 OR MORE VIEWS |

| | |
|---|----------------------------------|
| 10 ECHOGRAM RETROPERITONEAL COMPLETE | 30 SPINE CERVICAL MIN 2 VIEWS |
| 11 ECHOGRAM THYROID B-SCAN &/OR REAL TI | 31 SPINE CERVICAL MIN 4 VIEWS |
| 12 ECHOGRAPHY, TRANSVAGINAL | 32 SPINE LUMBOSACRAL MIN 2 VIEWS |
| 13 ELBOW 2 VIEWS | 33 SPINE LUMBOSACRAL MIN 4 VIEWS |
| 14 ELBOW 3 OR MORE VIEWS | 34 SPINE SI JOINTS 1 OR 2 VIEWS |
| 15 FACIAL BONES, LESS THAN 3 VIEWS | 35 SPINE STANDING SCOLIOSIS |
| 16 FACIAL BONES, MINIMUM 3 VIEWS | 36 SPINE THORACIC 2 VIEWS |
| 17 FEMUR 2 VIEWS | 37 TIBIA & FIBULA 2 VIEWS |
| 18 FINGER(S) 2 OR MORE VIEWS | 38 TM JOINTS BILAT O&C MOUTH |
| 19 FOOT 3 OR MORE VIEWS | 39 TOE(S) 2 OR MORE VIEWS |
| 20 HAND 1 OR 2 VIEWS | 40 WRIST 3 OR MORE VIEWS |

Radiology Procedure: 20 HAND 1 OR 2 VIEWS
Procedure Modifier: LEFT << **Modifiers are not required for quick orders but often help to ensure that the provider does not forget to specify details of the exam. In addition, it is helpful in arranging quick orders on the menu.**
Another Procedure Modifier:
History and Reason for Exam:
 No existing text
 Edit? No// (No)
Category: OUTPATIENT << **This field is not required but the provider must then specify the appropriate Category when ordering if it is not defined in the quick order.**
Is this patient scheduled for pre-op? NO//
Date Desired: TODAY// << **Not required but if not defaulted, provider must enter.**
Mode of Transport: AMBULATORY << **Not required but if not specified, provider must enter.**
Is patient on isolation procedures? NO << **Not required but if not specified, provider must enter.**
Urgency: ROUTINE// << **Not required but if not specified, provider must enter.**

Radiology Procedure: HAND 1 OR 2 VIEWS
Procedure Modifiers: LEFT
 Category: OUTPATIENT
 Date Desired: TODAY
 Mode of Transport: AMBULATORY
Isolation Procedures: NO
 Urgency: ROUTINE
Submit request to: RADIOLOGY

(P)lace, (E)dit, or (C)ancel this quick order? PLACE//
Auto-accept this order? NO//

Figure 8-4: Creating an EHR quick order

If more than one imaging type has been configured for a Radiology Department, the individual defining the quick order will have to specify the Imaging Type for that quick order as in the examples below for CT (Figure 8-5) and Ultrasound (Figure 8-6) procedures.

In the example for a CT Head/Brain without Contrast below, note that a Common Procedure List is not available for CT and that the Procedure has been entered by CPT Code. Also, note that several of the fields, **Category**, **Date Desired**, **Mode of Transport**, and **Isolation Procedures** have all been left without entries. The provider ordering this exam would then have to supply this information when placing an order. To save the provider time during order entry, it is highly recommended that as many fields as possible be pre-populated when creating quick orders.

```

Select QUICK ORDER NAME: RAZ CT HEAD/BRAIN W/CONTRAST
Are you adding 'RAZ CT HEAD/BRAIN W/CONTRAST' as
  a new ORDER DIALOG? No// Y (Yes)
TYPE OF QUICK ORDER: IM
  1 IMAGING
  2 IMM IMMUNIZATIONS
CHOOSE 1-2: 1 IMAGING
NAME: RAZ CT HEAD/BRAIN W/CONTRAST Replace
DISPLAY TEXT: CT Head/Brain w/Contrast
VERIFY ORDER:
DESCRIPTION:
  1>
ENTRY ACTION:

Select one of the following imaging types:
  CT SCAN
  MAGNETIC RESONANCE IMAGING
  GENERAL RADIOLOGY
  ULTRASOUND

Select IMAGING TYPE: ct SCAN
CT Scan Procedure: 70460 CT HEAD/BRAIN W/ CONTRAST      CT HEAD/BRAIN W/ CONTRAST
Procedure Modifier:
Reason for Study:
Clinical History:
  1>
Category:
Is this patient scheduled for pre-op? NO//
Date Desired:
Mode of Transport:
Is patient on isolation procedures?
Urgency: ROUTINE//

-----
                CT Scan Procedure: CT HEAD/BRAIN W/ CONTRAST
                        Urgency: ROUTINE
                Submit request to: CT SCAN
-----

(P)lace, (E)dit, or (C)ancel this quick order? PLACE//
Auto-accept this order? NO//

```

Figure 8-5: Creating a quick order for a CT procedure

The example in Figure 8-6 shows creation of a quick order for an Ultrasound procedure, again with many of the field left blank, requiring provider entry of those fields during the ordering process.

```

Select QUICK ORDER NAME: RAZ US RETROPERITONEAL RT W/IMAGE LMT
  Are you adding 'RAZ US RETROPERITONEAL RT W/IMAGE LMT' as
    a new ORDER DIALOG? No// Y (Yes)
TYPE OF QUICK ORDER: IMAGING
NAME: RAZ US RETROPERITONEAL RT W/IMAGE LMT Replace
DISPLAY TEXT: US Retroperitoneal RT w/Image Lmtd
VERIFY ORDER:
DESCRIPTION:
  1>
ENTRY ACTION:

Select one of the following imaging types:
  CT SCAN
  MAGNETIC RESONANCE IMAGING
  GENERAL RADIOLOGY
  ULTRASOUND

Select IMAGING TYPE: ULTRASOUND
Ultrasound Procedure: 76775 US RETROPERITONEAL LIMITED      US RETROPERITONEAL
LIMITED
Procedure Modifier:
Reason for Study:
Clinical History:
  1>
Category:
Is this patient scheduled for pre-op? NO//
Date Desired:
Mode of Transport:
Is patient on isolation procedures?
Urgency: ROUTINE//

-----
          Ultrasound Procedure: US RETROPERITONEAL LIMITED
                    Urgency: ROUTINE
          Submit request to: ULTRASOUND
-----

(P)lace, (E)dit, or (C)ancel this quick order? PLACE//
Auto-accept this order? NO//

```

Figure 8-6: Creating a quick order for an Ultrasound Procedure

8.2 Creating an EHR Order Menu ↓for Radiology

The menu that is displayed in Figure 8-1 was created after the Radiology Quick Orders were created. Sites that have more than one Division or more than one Imaging Type may choose to create more than one menu to match their Divisions or Imaging Types.

The menu path to access the **MN Enter/edit order menus** option is also accessed from the **CPRS Configuration (Clin Coord)** menu for Order Menu Management. The convention used to create Radiology menus is to use the prefix RAZM on any Radiology or Imaging Type of menu. It is highly recommended that a prototype of the menu or menus be laid out before accessing this menu option. Remember that the menu that will be viewed consists of both text and headers that are used to organize the quick orders and well as menu items which are the quick orders.

```

OI      Manage orderable items ...
PM      Enter/edit prompts
GO      Enter/edit generic orders
QO      Enter/edit quick orders
QU      Edit personal quick orders by user
ST      Enter/edit order sets
AC      Enter/edit actions
MN    Enter/edit order menus
AO      Assign Primary Order Menu
CP      Convert protocols
SR      Search/replace components
LM      List Primary Order Menus
DS      Disable/Enable order dialogs
CS      Review Quick Orders for Inactive ICD9 Codes
MR      Medication Quick Order Report
CV      Convert IV Inpatient QO to Infusion QO

Select Order Menu Management Option: MN  Enter/edit order menu
Select ORDER MENU: RAZM RADIOLOGY MENU
Are you adding 'RAZM RADIOLOGY MENU' as a new ORDER DIALOG? No// Y
Do you wish to copy an existing menu? YES// NO
DISPLAY TEXT: RADIOLOGY MENU
DESCRIPTION:
  No existing text
  Edit? NO//
COLUMN WIDTH: ??

This is the width, in characters, for each column in a menu.  For example, to have 3
columns on an 80 character device, enter a width of 26.
COLUMN WIDTH: 26
MNEMONIC WIDTH: ??

This field allows the width of item mnemonics to be varied; the default value is 5.
The mnemonic width determines the indentation of menu items under the text header.
MNEMONIC WIDTH: 2
PATH SWITCH: ??
This switch allows the user, when traversing back UP the tree of menus and items, to
select a new path back down the tree.  In other words, the menu is redisplayed when
returning to that menu's level in the tree and processing back down the tree is
possible from that point.  If nothing is selected from the menu, the path continues
back up the tree.
Choose from:
  YES
  NO
ENTRY ACTION:
This is MUMPS code that will be executed when accessing the menu.

EXIT ACTION:

This is MUMPS code that will be executed upon completion of processing the dialog;
it is currently used only with dialog-type entries.

```

Figure 8-7: Creating a new Menu for Radiology

When the initial dialogue for creating a menu has been completed, a blank menu template is displayed on the screen as below. Options for creating and managing the menu are listed below the blank menu screen.

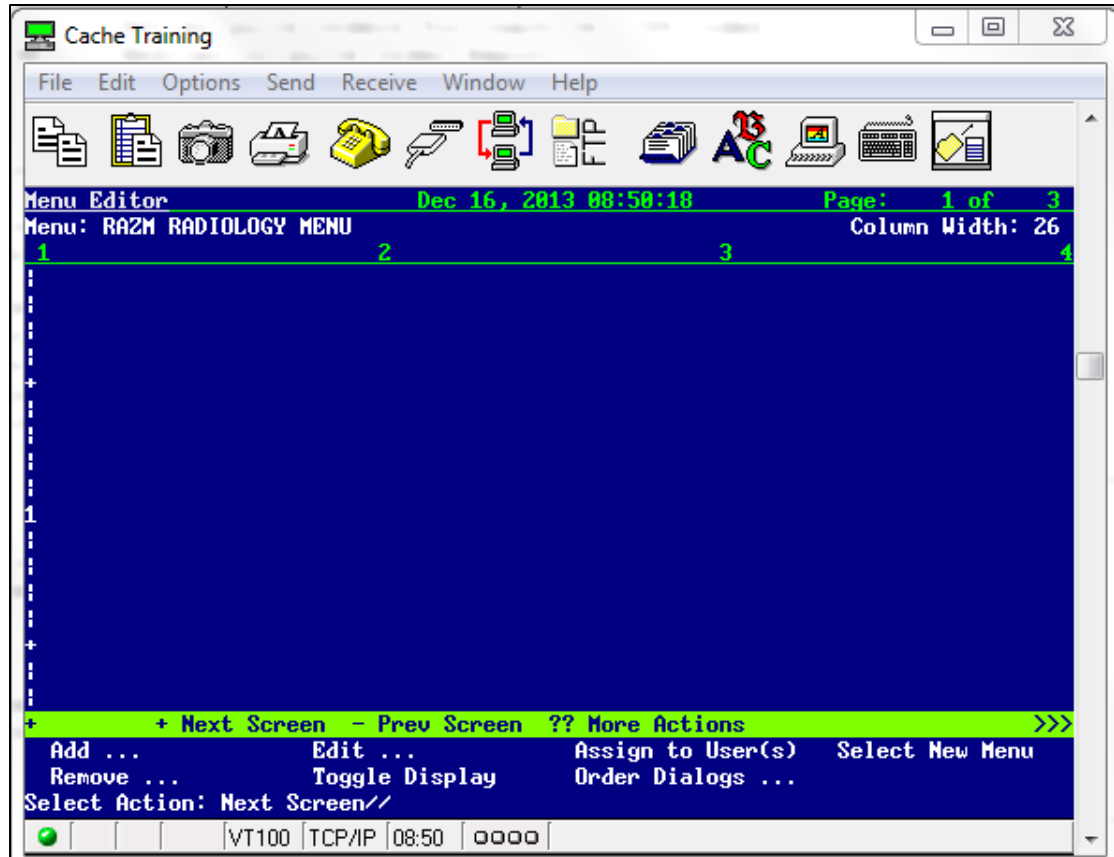


Figure 8-8: Blank menu template for Radiology

Add permits the user to add either a text header or a menu item (orderable item.) In either case, the user must specify the Row Number and Column where they wish the text or the orderable item to appear. Note that the left-hand margin of the Menu Editor shows |, +, and numbers (1,2,3, etc.). The first + represents Row 5, each | increments by one until the number 1 is reached which represents Row 10. Then each | after 1 increments as 1, so the lines represent Rows 11, 12, 13, and 14 until the next + is reached which represents Row 15. This pattern is repeated, and menu items or text headers may be added to create a menu as long as the user desires.

Remove allows the user to remove either menu items or text headers which they no longer wish to display on the order menu. The user must identify which item they wish removed and whether they wish to retain the current spacing in that column or allow shifting up of the menu items to prevent a gap in the menu.

Edit allows the user to edit either a text header or a menu item.

Toggle Display allows the user to actually see the quick orders on the menu instead of the Display text for the orderable items.

Assign to User(s) allows the user to identify which persons or categories of division, institution, etc., will be allowed to see and use this order menu. Typically, the menu would be assigned to a Division.

```

+          + Next Screen  - Prev Screen  ?? More Actions
>>>
  Add ...          Edit ...          Assign to User(s)  Select New
Menu
  Remove ...      Toggle Display    Order Dialogs ...
Select Action: Next Screen// ass  Assign to User(s)

Add New Orders may be set for the following:

      1  User          USR      [choose from NEW PERSON]
      4  Location     LOC      [choose from HOSPITAL LOCATION]
      5  Service      SRV      [choose from SERVICE/SECTION]
      6  Division     DIV      [DEMO INDIAN HOSPITAL]
      7  System       SYS      [DEMO.OKLAHOMA.IHS.GOV]
      9  Package      PKG      [ORDER ENTRY/RESULTS REPORTING]

Enter selection:

```

Figure 8-9: Assigning EHR Order Menu to User(s)

When building a menu, some users prefer working across the columns and others prefer completing all entries in a column before moving to the next column. If it is determined during the menu building process that the column width must be changed or the mnemonic width should be altered, those changes may be implemented by choosing the **Edit** option and then selecting **Menu**.

In the dialogue displayed in Figure 8-10, the first text header is added for **HEAD**. By indicating that it is a **HEADER**, the text will be underlined on the menu.

```

  Add ...          Edit ...          Assign to User(s)  Select New
Menu
  Remove ...      Toggle Display    Order Dialogs ...
Select Action: Next Screen// A
      1  Add ...
      2  Assign to User(s)
CHOOSE 1-2: 1
      Menu Items          Text or Header          Row

Add: T  Text or Header
DISPLAY TEXT: HEAD
ROW: 1
COLUMN: 1
HEADER: YES

DISPLAY TEXT

```

Figure 8-10: Creating a Text Header

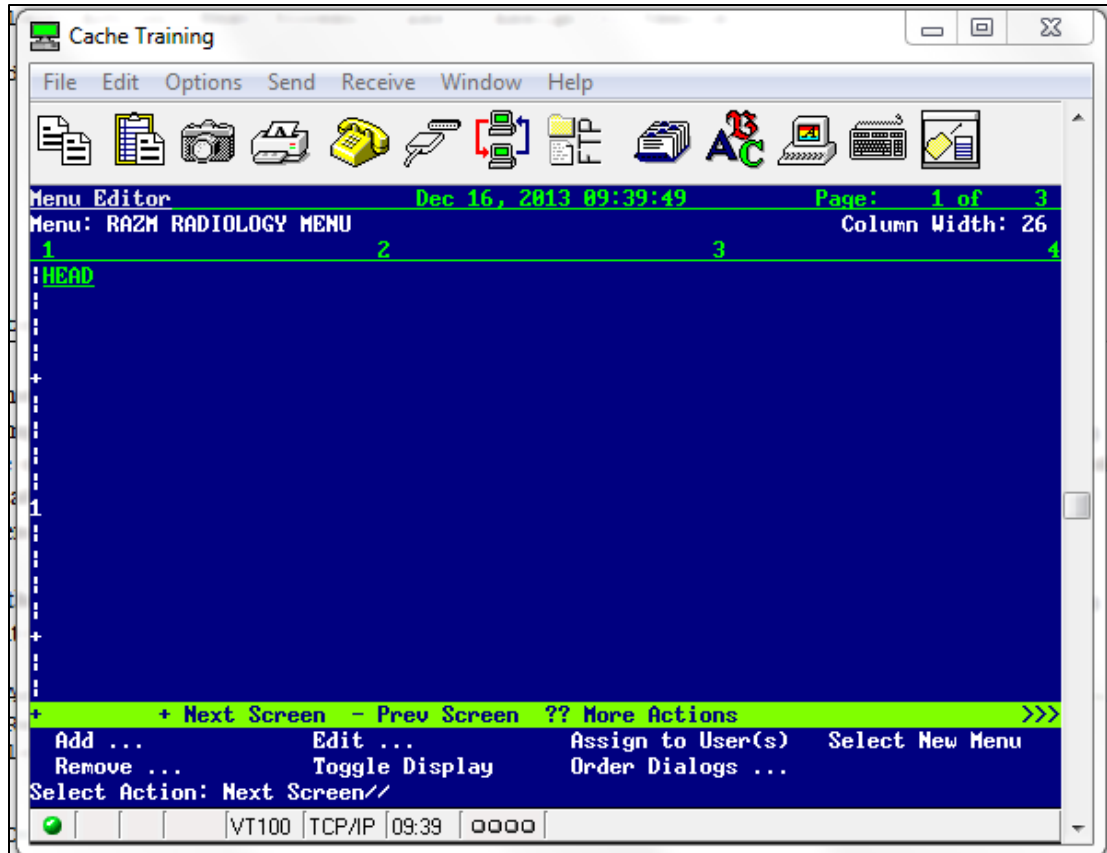


Figure 8-11: Displaying the Text Header on the Menu

That process can be repeated to add the Headers for LEFT UPPER EXTREMITY and RIGHT UPPER EXTREMITY.

```

Add ...          Edit ...          Assign to User(s)  Select New
Menu
Remove ...      Toggle Display    Order Dialogs ...
Select Action: Next Screen// A
  1  Add ...
  2  Assign to User(s)
CHOOSE 1-2: 1
  Menu Items          Text or Header          Row

Add: T  Text or Header
DISPLAY TEXT: LEFT UPPER EXTREMITY
ROW: 1
COLUMN: 1
HEADER: YES

DISPLAY TEXT

Add ...          Edit ...          Assign to User(s)  Select New
Menu
Remove ...      Toggle Display    Order Dialogs ...
Select Action: Next Screen// A
  1  Add ...
    
```

```

2 Assign to User(s)
CHOOSE 1-2: 1
Menu Items          Text or Header          Row
Add: T  Text or Header
DISPLAY TEXT: RIGHT UPPER EXTREMITY
ROW: 1
COLUMN: 1
HEADER: YES
DISPLAY TEXT
    
```

Figure 8-12: Adding Additional Text Headers

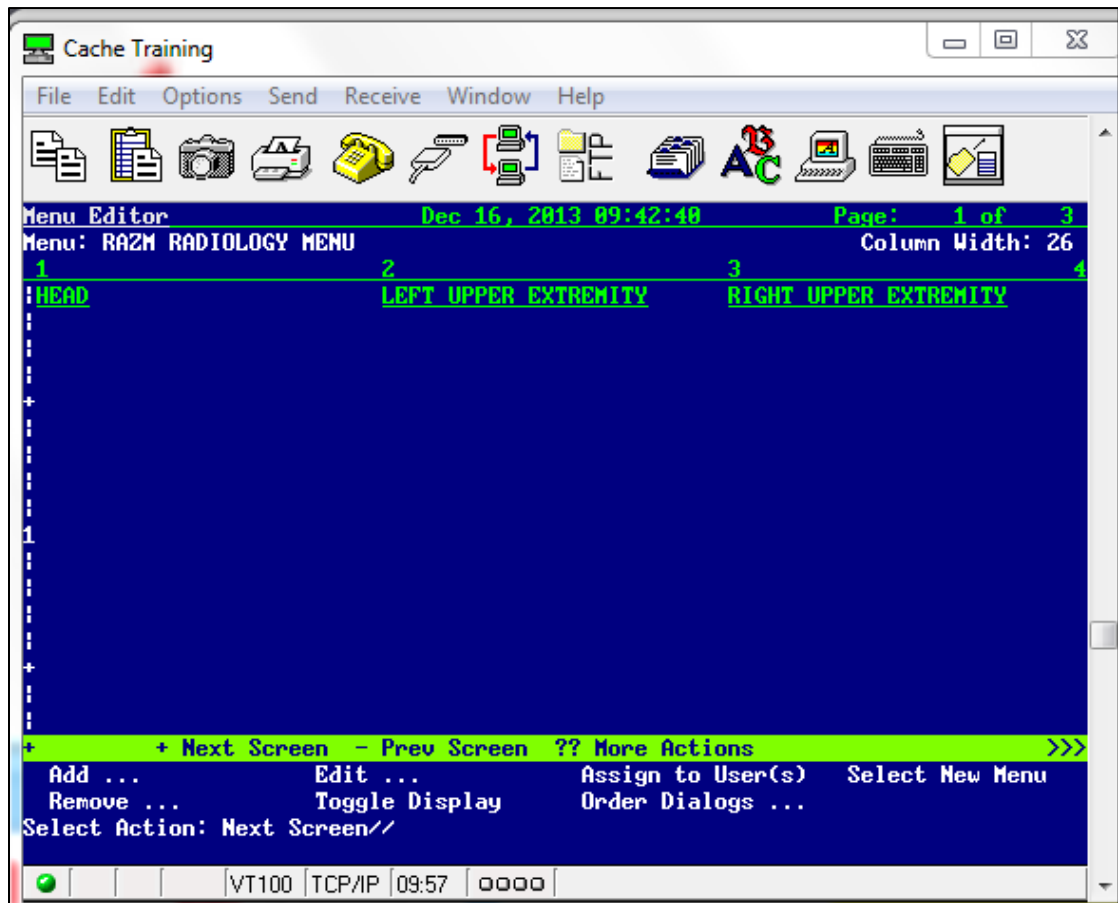


Figure 8-13: Displaying three columns with text headers

Next proceed to adding orderable items. Note that the headers occupy the first line so the first menu item can only be added to line 2. Unlike text and headers which will always return to the menu between entries, menu items may be added one after another as shown in Figure 8-14.

```

Add ...          Edit ...          Assign to User(s)  Select New Menu
Remove ...      Toggle Display    Order Dialogs ...
Select Action: Next Screen// A
1 Add ...
    
```

```

2 Assign to User(s)
CHOOSE 1-2:1
Menu Items          Text or Header          Row
Add: M Menu Items
ITEM: RAZ FAC
  1 RAZ FACIAL BONES 2 V
  2 RAZ FACIAL BONES 3 V
CHOOSE 1-2: 1 RAZ FACIAL BONES 2 V
ROW: 2
COLUMN: 1
DISPLAY TEXT:
MNEMONIC:

ITEM: RAZ FACIAL BONES 3 V
ROW: 3
COLUMN: 1
DISPLAY TEXT:
MNEMONIC:

ITEM: RAZ MANDIBLE
  1.RAZ MANDIBLE
  2.RAZ MANDIBLE >4V
CHOOSE 1-2: 1 RAZ MANDIBLE
ROW: 4
COLUMN: 1
DISPLAY TEXT:
MNEMONIC:

ITEM: RAZ MANDIBLE
  1 RAZ MANDIBLE
  2 RAZ MANDIBLE >4V
CHOOSE 1-2: 2 RAZ MANDIBLE >4V
ROW: 5
COLUMN: 1
DISPLAY TEXT:
MNEMONIC:

ITEM: RAZ NASAL BONES
ROW: 6
COLUMN: 1
DISPLAY TEXT:
MNEMONIC:

ITEM: RAZ ORBITS
ROW: 7
COLUMN: 1
DISPLAY TEXT:
MNEMONIC:

ITEM:

```

Figure 8-14: Adding Menu Items

The resulting menu currently looks like that shown in Figure 8-15.

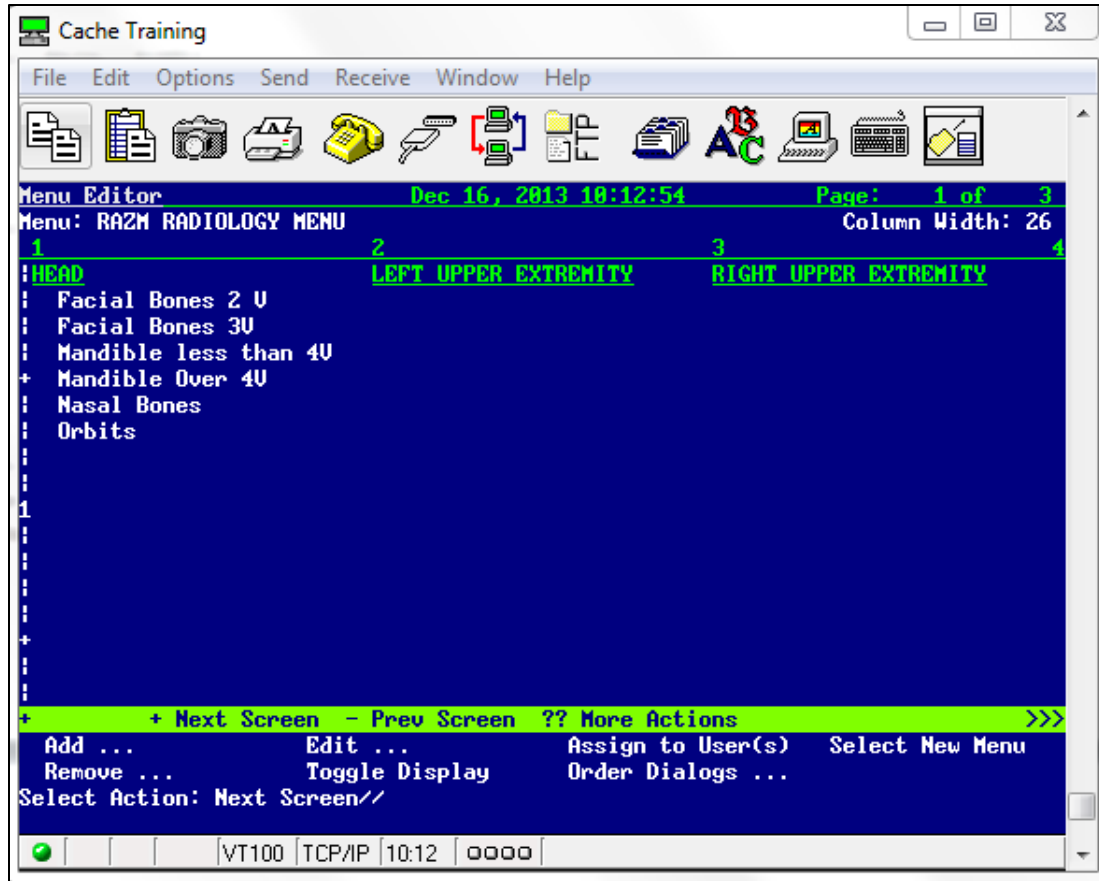
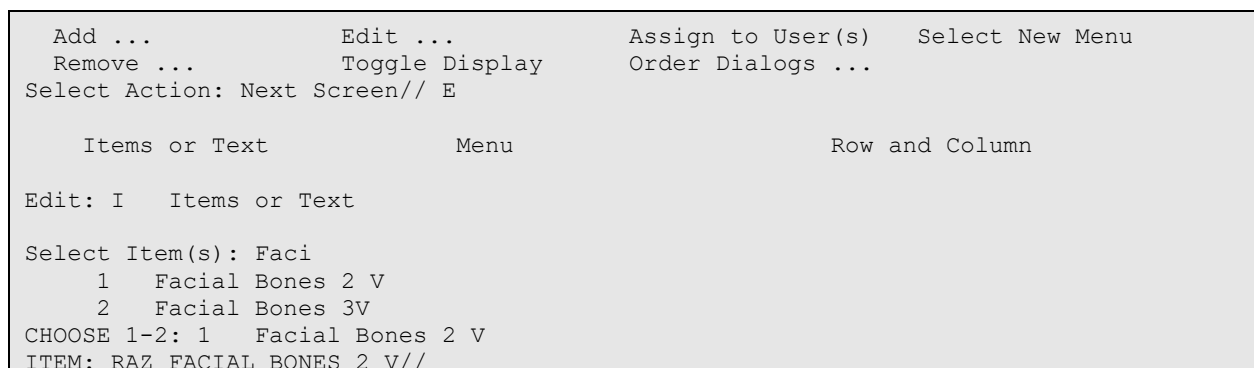


Figure 8-15: Partially built menu with text headers and some menu items

When you review the menu after adding a number of menu items, you may decide that you wish to alter the display of one or more menu items. For example, there is a discrepancy in the display of Facial Bones between 2 V and 3V. In Figure 8-16, the user can alter the display of the Facial Bones 2 V to Facial Bones 2V to be consistent by choosing the **Edit** option.



```

DISPLAY TEXT: Facial Bones 2V << Note: This is an alternative Display text that
differs from that entered when the quick order was built.
MNEMONIC:
ROW: 2//
COLUMN: 1//
Edit this quick order? YES// NO

```

Figure 8-16: Changing the Display Text for a Menu Item

When the Menu displays again, the new display text is in place.

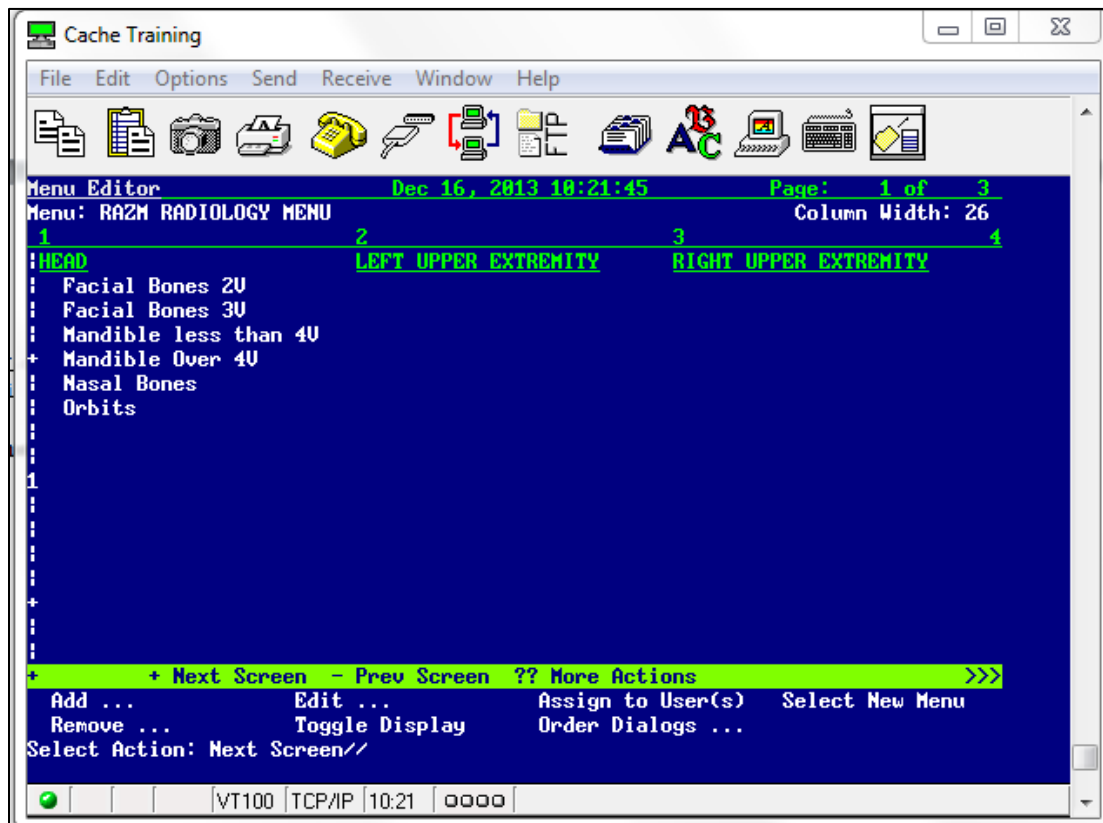


Figure 8-17: EHR Order menu with corrected item display

If you wish to actually see the quick orders associated with the menu items, you may choose the **Toggle Display** option. That is sometimes useful to see which quick order has been associated with a selectable menu item.

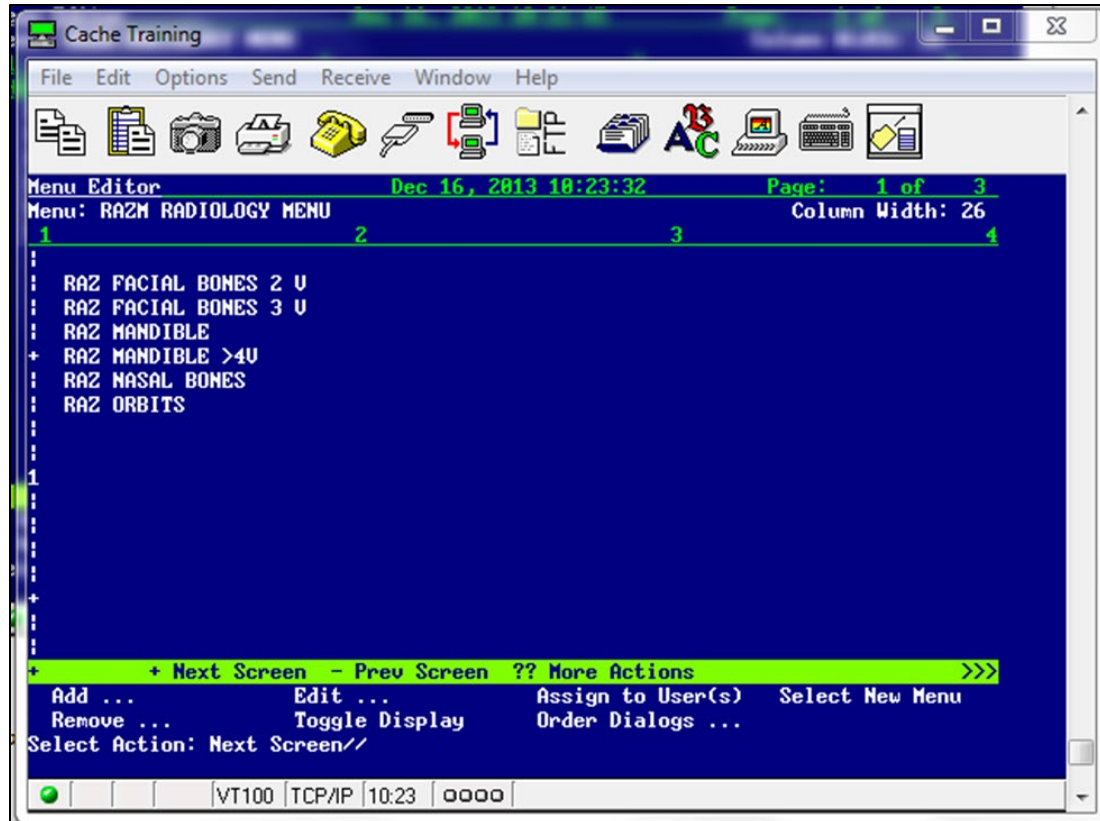


Figure 8-18: Menu with Toggle to show quick orders for menu items

When adding items to the menu, you may encounter messages indicating that another item is already in the position you have specified for the new item. You may choose to ignore that message and indeed insert an item that may have been skipped to maintain your desired order.

If you wish to insert an item into the menu, answer **YES** at the “Do you want to shift items in this column down?” prompt.

```
Add: M   Menu Items
ITEM: RAZ S
      1   RAZ SINUSES >3V
      2   RAZ SINUSES MIN 2V
CHOOSE 1-2: 2   RAZ SINUSES MIN 2V
ROW: 7
COLUMN: 1
There is another item in this position already!
Do you want to shift items in this column down? YES//
```

Figure 8-19: Inserting Menu Item and shifting existing items down

Normally EHR menus are maintained by the Clinical Application Coordinator (CAC) at a facility, but some Radiology Supervisors prefer to maintain their own menus.

More extensive directions on menu management may be found in EHR documentation for CACs: <https://www.ihs.gov/EHR/index.cfm?module=cac>.

9.0 Radiology Workflow

Figure 9-1 displays the Radiology workflow expected for a site using EHR and that has an onsite Radiology transcriptionist and Radiologist. This may also be the workflow at a site that has on-site Radiology, but reports are provided by an outside Radiology provider without an interface. Reports may be manually entered (copied and pasted) by Radiology staff and verified by those staff.

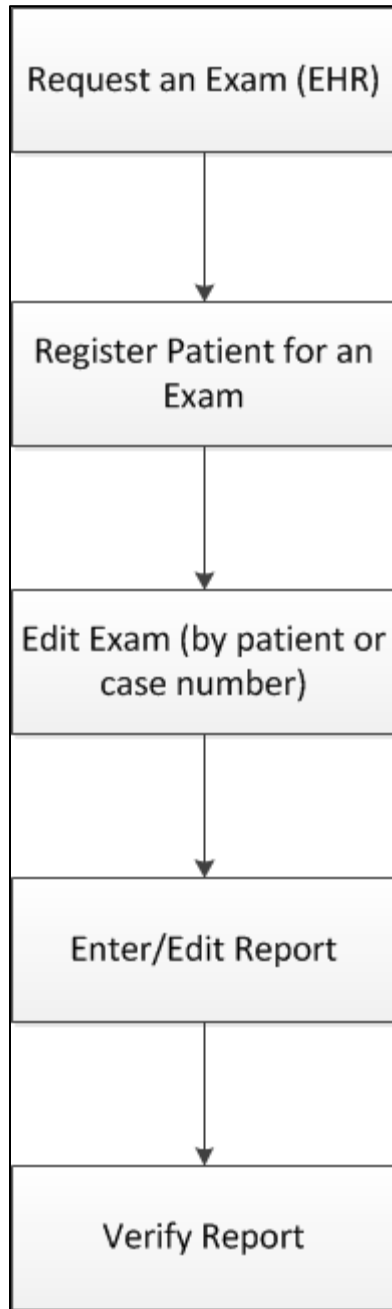


Figure 9-1: Radiology Workflow at a site with Transcriptionist and Radiologist

The second workflow (Figure 9-2) is slightly different for a site that has a Reports interface. Reports normally not only upload to the reports module in RPMS but are also automatically verified. In a scenario such as this, it is absolutely critical that all mandatory fields, such as pregnancy status, technologist, room/camera, and films be entered as set in the examination status file. If any mandatory fields are skipped during the Edit Exam process, the procedure will not go to a status of Complete.

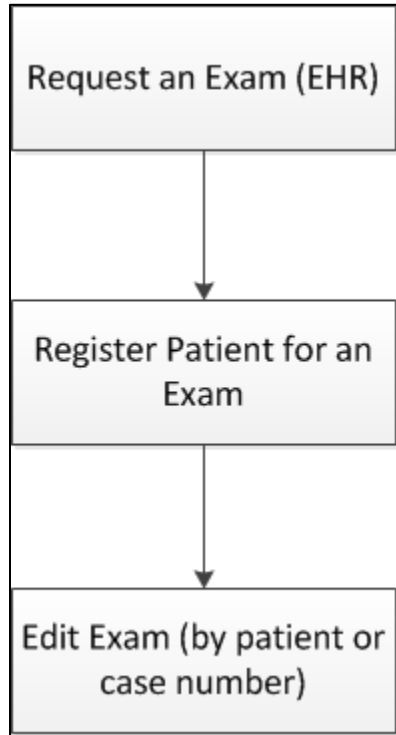


Figure 9-2: Workflow for site with a reports interface

The third scenario (Figure 9-3) may be for a site that offers limited or no Radiology services on site and gets hard-copy reports back from an outside Radiology service.

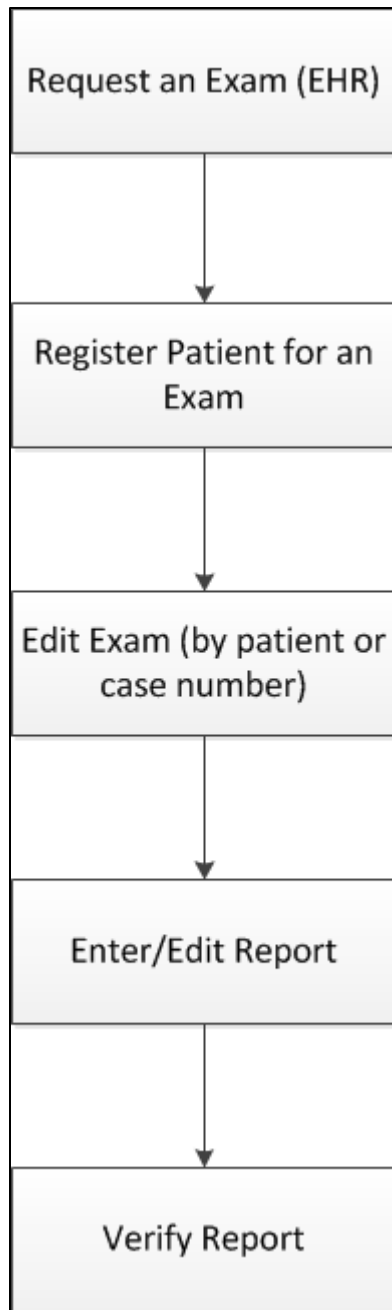


Figure 9-3: Workflow for site with limited or no radiology service on site

There may be slight alterations to these scenarios depending on whether VISTA Imaging is used. The goal in all cases is to demonstrate that an order has been placed in EHR from the requesting provider and that order has moved from a status of Pending to Complete. There is an advantage to providers at sites that have reporting capabilities or are using VISTA Imaging in that both reports and/or images may be viewed on the reports tab in EHR.

10.0 Radiology/Nuclear Med Order Entry Menu

10.1 Requesting an Exam in RPMS

As was noted in the previous section, the goal is to enable the providers to order all exams in EHR. That may not always be possible; examples being an order from an outside provider or an order that cannot be found when a patient presents for an exam.

Note that when an order is placed via the RPMS menu, the Nature or Order will default to SVC Correction.

Note also that if this patient had been a female of child-bearing age or an individual of unknown gender, the individual placing the order would have been prompted to enter the patient's pregnancy status of Y–Yes, N–No, or U–Unknown.

```

RAD    Rad/Nuc Med Total System Menu ...
Radiology/Nuclear Med Order Entry Menu ...
Request an Exam

Select Radiology/Nuclear Med Order Entry Menu Option: request an Exam

Select PATIENT NAME:
  DEMO,PATIENT SJ                      F 08-10-19XX XXX-XX-0983    WW 999984

Patient Location:    MAMMOGRAPHY

Case #   Last 5 Procedures/New Orders Exam Date   Status of Exam   Imaging Loc.
-----
      HIP 2 OR MORE VIEWS          DEC  6,2013  COMPLETE        RADIOLOGY
      CHEST 2 VIEWS PA&LAT        DEC  6,2013  COMPLETE        RADIOLOGY
      ANKLE 3 OR MORE VIEWS       AUG 28,2003  COMPLETE        RADIOLOGY
      UROGRAM INTRAVENOUS         SEP  2,2001  COMPLETE        RADIOLOGY
8       UROGRAM INTRAVENOUS         SEP  2,2001  CANCELLED        RADIOLOGY
      CHEST SINGLE VIEW          Ord 12/18/13  RADIOLOGY

Press <RETURN> key to continue.
Copy a previous order's ICD codes? NO//

Select one of the following imaging types:
  GENERAL RADIOLOGY
  MAMMOGRAPHY

          COMMON RADIOLOGY/NUCLEAR MEDICINE PROCEDURES (MAMMOGRAPHY)
          -----
1) MAMMOGRAM G0202                      3) MAMMOGRAM G0206
2) MAMMOGRAM G0204
Select Procedure (1-3) or enter '?' for help: 2

Processing procedure: MAMMOGRAM G0204

Select PROCEDURE MODIFIERS:
DATE DESIRED (Not guaranteed): T (DEC 29, 2013)
REASON FOR STUDY: ANNUAL

```

```

***CLINICAL HISTORY REQUIRED***
Enter RETURN to continue or '^' to exit:
Ordering ICD-9 Diagnosis:
-----
      Patient: DEMO,PATIENT SJ           Pregnant at time of order entry:
      Procedure: MAMMOGRAM G0204
Proc. Modifiers:
      Category: OUTPATIENT                Mode of Transport: AMBULATORY
      Desired Date: Dec 29, 2013          Isolation Procedures: NO
      Request Urgency: ROUTINE            Scheduled for Pre-op: NO
      Request Location: MAMMOGRAPHY       Nature of order: SVC CORRECTION
      Reason for Study: ANNUAL

Clinical History:
ANNUAL EXAM
-----
Do you want to change any of the above? NO//

...request submitted to: MAMMOGRAPH

```

Figure 10-1: Requesting a Radiology Exam in RPMS

10.2 Requesting an Exam in EHR

Note: Providers may not place orders for Radiology exams in EHR without the ORES security key.

The provider may have already seen a patient and started an EHR visit and as part of that visit followed the procedure below for placing a Radiology order.

Alternatively, the provider may choose to create a new visit or choose a pre-existing visit for placing the Radiology order.

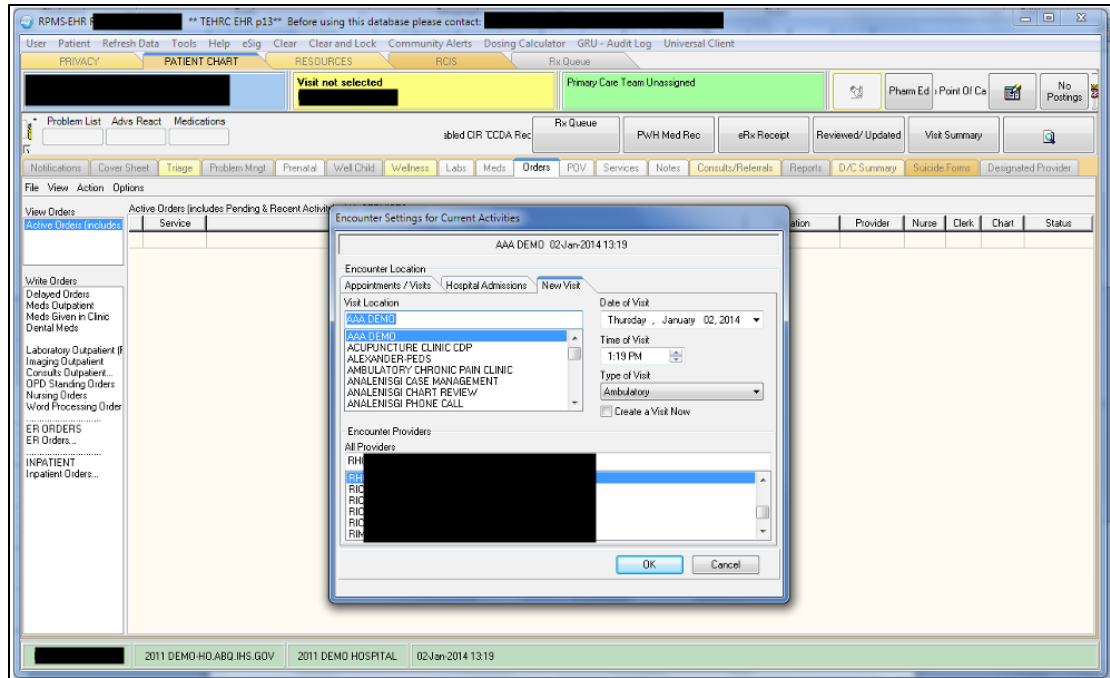


Figure 10-2: Creating a Visit

Once the visit has been created, the provider may select the **Order** tab and select the menu that has been defined for Radiology/Nuclear Medicine procedures. In Figure 10-3, the provider may select from several types of imaging.

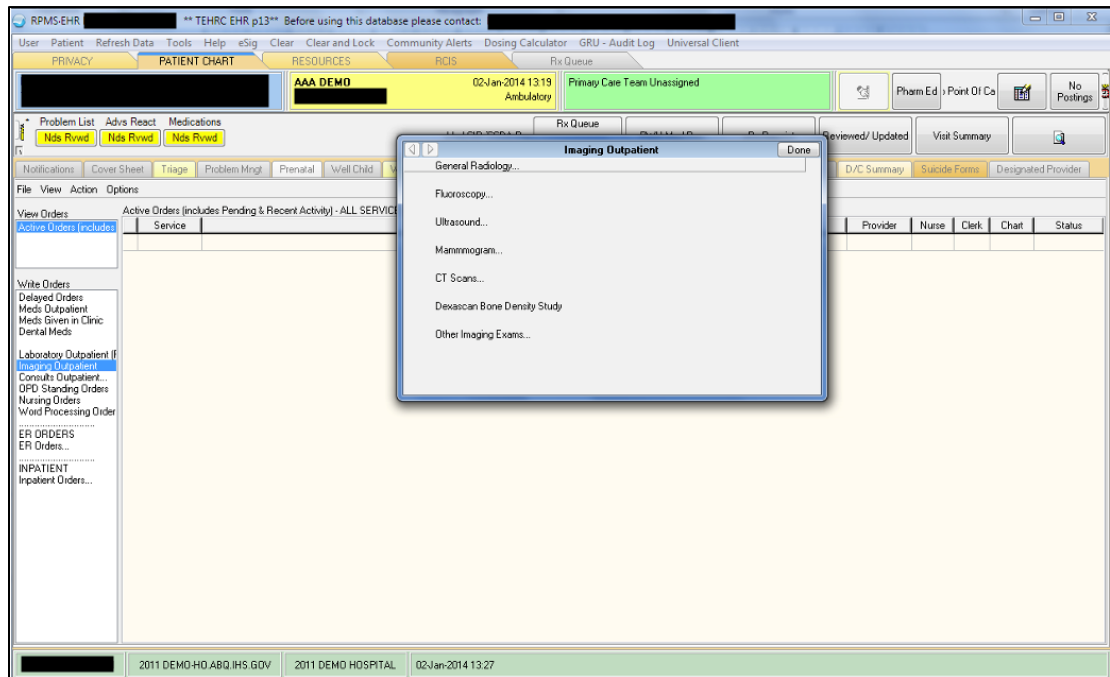


Figure 10-3: Selecting an Imaging type for order

After selecting the Imaging Type, the provider may choose a procedure listed as available under that menu.

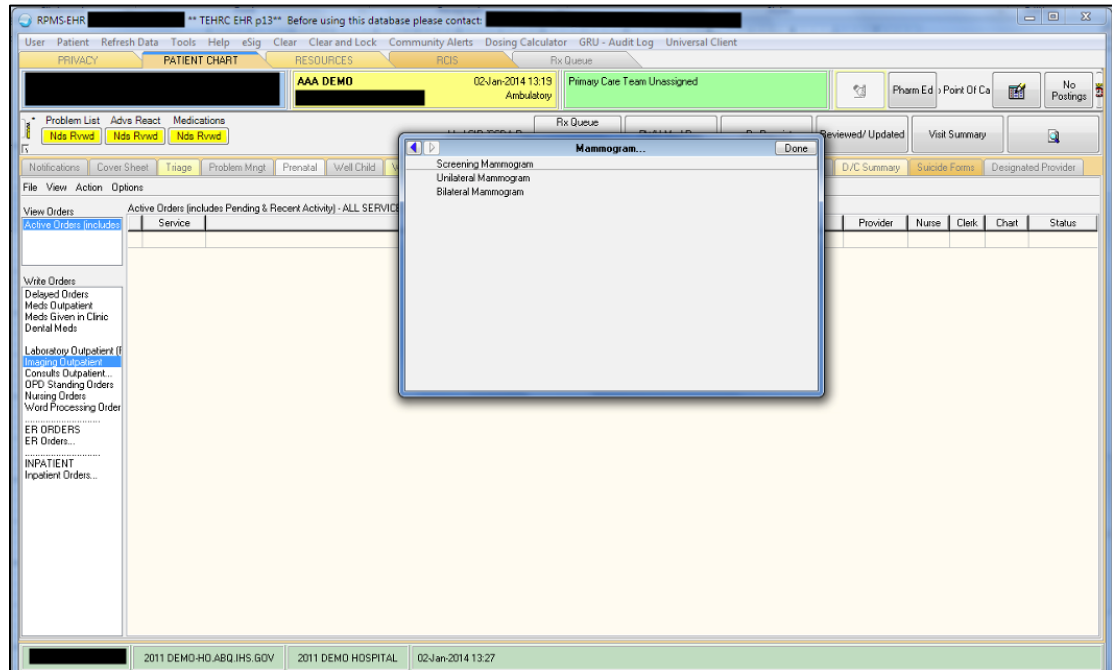


Figure 10-4: Selecting a procedure from the menu

After selecting the procedure, the provider must enter both the **Reason for the Exam** and the **Clinical History**. Copy and paste may be used if desired. One or more procedure modifiers may be used and if the patient is a female or of unknown gender of childbearing age, pregnancy status entered. The desired date of the exam must also be entered. If the quick orders have been configured completely, most of the fields will be pre-filled.

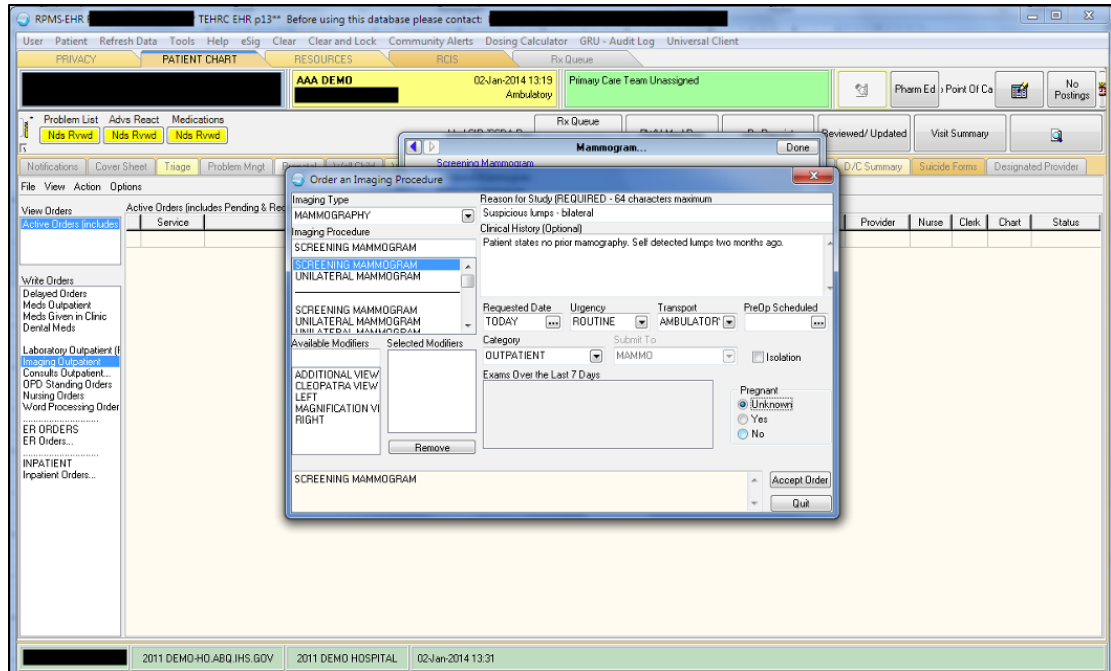


Figure 10-5: Completing order details

When the required fields have been completed, the provider may click **Accept Order** and then **Done** to close the menu.

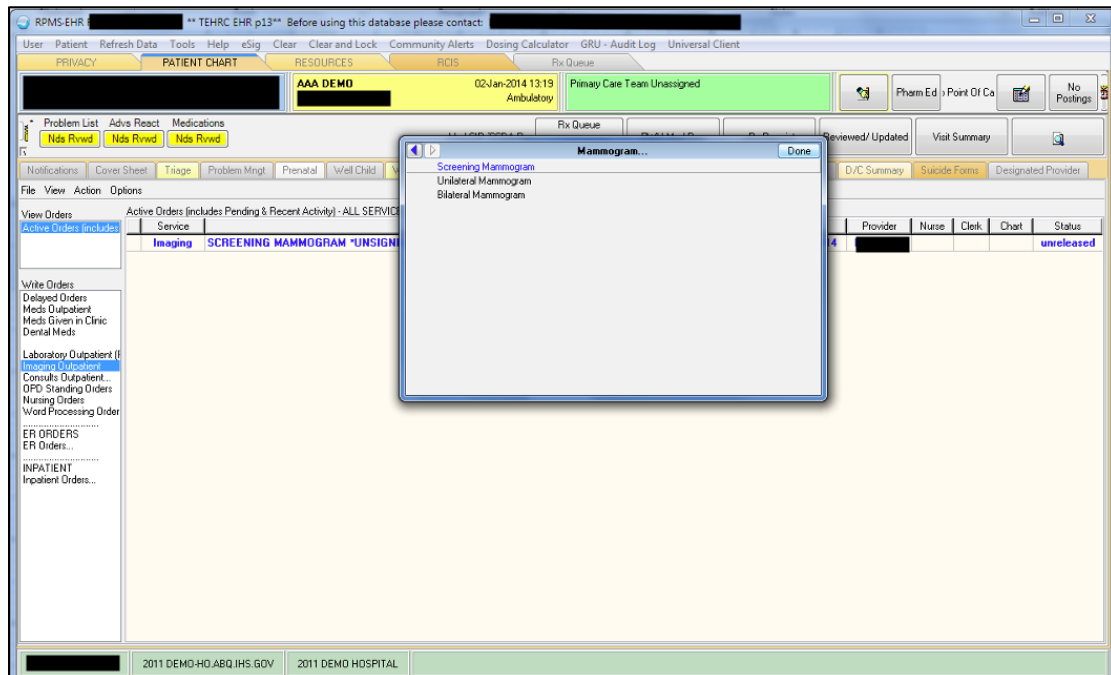


Figure 10-6: Closing the order menu box and unsigned order on order tab in EHR

The order is in a status of unreleased and cannot be accessed by staff in the Radiology department until the provider signs the order electronically.

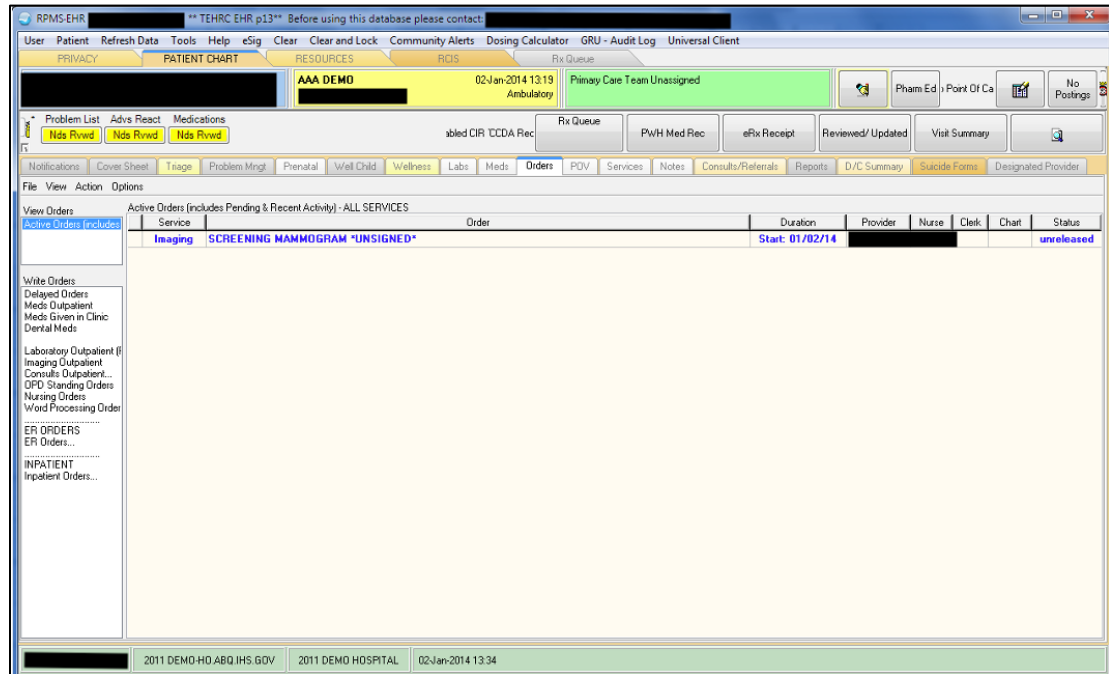



Figure 10-7: Unsigned order

There are several options for signing an electronic order, all of which begin with highlighting the order to be signed. The provider may right click on the highlighted order or may click on the toolbar icon of a hand holding a pencil (). If the provider right-clicks on the order, one of the options is **Sign Selected**.

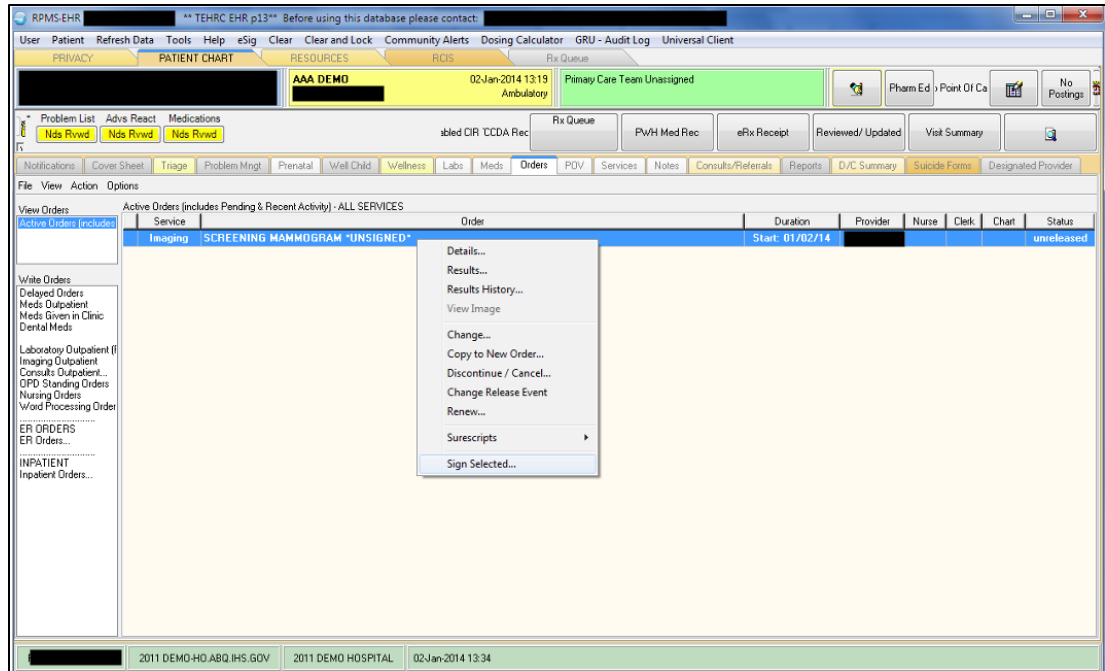


Figure 10-8: Highlighted order with option to sign

The last step for placing the order is for the provider to enter his/her electronic signature code and click **Sign**. When that is completed, the status of the order goes from unreleased to pending. The order is now available for Radiology staff to act.

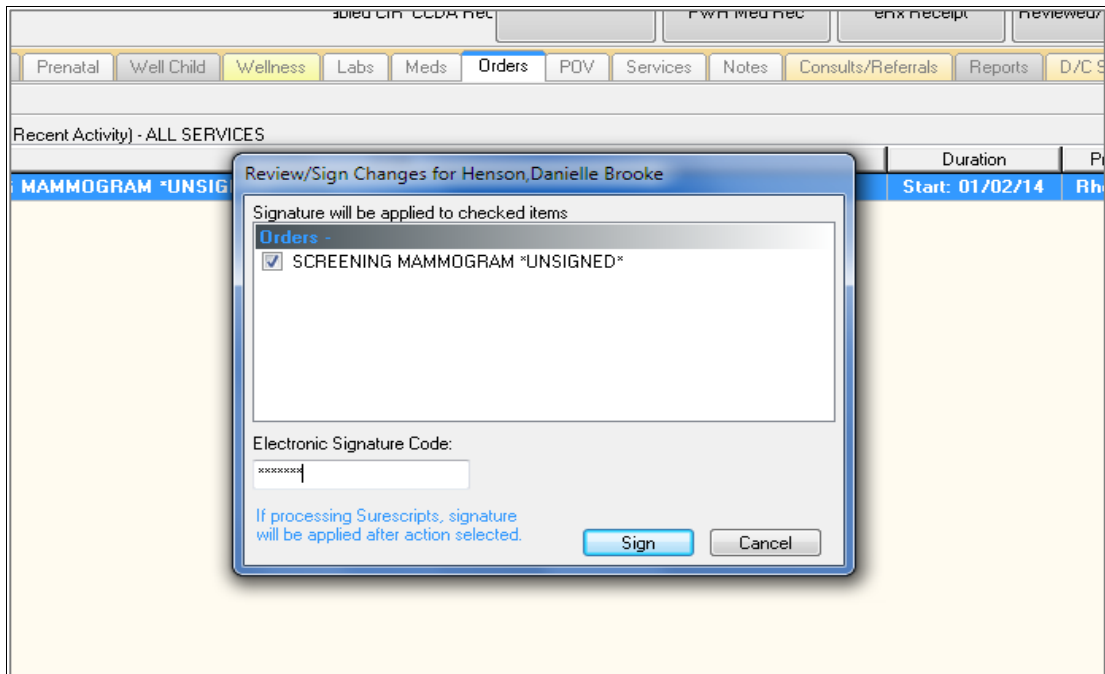


Figure 10-9: Electronically signing the order

10.3 Cancel a Request

A request would normally be cancelled by the ordering provider, but there may be reason why the request needs to be cancelled by staff in the Radiology department. A request may be cancelled as follows:

```

RAD      Rad/Nuc Med Total System Menu ...
Radiology/Nuclear Med Order Entry Menu ...
Cancel a Request

Select Radiology/Nuclear Med Order Entry Menu Option: CANCEL a Request

Select PATIENT NAME:
  DEMO,PATIENT SJ                      F 08-10-19XX XXX-XX-0983      WW 999984

      **** Requested Exams for DEMO,PATIENT SJ      ****      2 Requests
  St  Urgency  Procedure / (Img. Loc.)      Desired      Requester      Req'g Loc
  ---  ---      ---
  1  p  ROUTINE  MAMMOGRAM G0204                12/29/2013  PROVIDER,DO  MAMMOGRAPHY
        (MAMMOGRAPHY)
  2  p  ROUTINE  CHEST SINGLE VIEW                12/18/2013  PROVIDER,DO  RADIOLOGY W
        (RADIOLOGY)

Select Request(s) 1-2 to Cancel or '^' to Exit:  Exit// 1

Select CANCEL REASON: ?
Answer with RAD/NUC MED REASON, or NUMBER, or SYNONYM
Do you want the entire RAD/NUC MED REASON List? Y (Yes)
Choose from:
  1          ANESTHESIA CONSULT NEEDED                Synonym: ANES
  6          CONFLICT OF EXAMINATIONS                 Synonym: CON
  7          DUPLICATE REQUESTS                       Synonym: DUP
  8          INADEQUATE CLINICAL HISTORY               Synonym: INAD
  13         PATIENT CONSENT DENIED                    Synonym: PCD
  14         PATIENT EXPIRED                           Synonym: EXP
  17         REQUESTING PHYSICIAN CANCELLED            Synonym: REQ
  19         WRONG EXAM REQUESTED                     Synonym: WRN
  20         EXAM CANCELLED                            Synonym: CAN
  21         EXAM DELETED                              Synonym: DEL
  22         CALLED-WARD DID NOT SEND                  Synonym:
  23         RESCHEDULED                              Synonym: RSCH
  24         DID NOT KEEP APPT                         Synonym: DNKA
  25         PATIENT NOT PROPERLY PREP'D               Synonym: NOPREP
  26         PATIENT CANCELLED EXAM                    Synonym: PTCAN
  27         RADIOLOGIST CANCELLED EXAM                Synonym: RADCAN
  28         EQUIPMENT FAILURE                         Synonym: EQ
  29         WRONG PATIENT REQ'D                       Synonym: WRGPT

Select CANCEL REASON: PCD PATIENT CONSENT DENIED      Synonym: PCD
...will now 'CANCEL' selected request(s)...
...MAMMOGRAM G0204 cancelled...

Task 5539893: cancellation queued to print on device

```

Figure 10-10: Cancel a request for an exam

10.4 Detailed Request Display

A detailed request display may be selected if a copy of a Requisition is needed or in troubleshooting to determine what action was taken by what staff member.

```

RAD    Rad/Nuc Med Total System Menu ...
Radiology/Nuclear Med Order Entry Menu ...
Detailed Request Display

Select Radiology/Nuclear Med Order Entry Menu Option: DETAILED Request Display

Select PATIENT NAME:
  DEMO,PATIENT SJ                      F 08-10-19XX XXX-XX-0983    WW 999984

Select Rad/Nuc Med Location: All//

Another one (Select/De-Select):

Imaging Location(s) included:  MAMMOGRAPHY  RADIOLOGY  Unknown

          **** Requested Exams for DEMO PATIENT ****      9 Requests
St  Urgency  Procedure / (Img. Loc.)  Desired  Requester  Req'g Loc
--  -
1  dc  ROUTINE  MAMMOGRAM G0204          12/29/2013  PROVIDOR,D  MAMMOGRAPHY
      (MAMMOGRAPHY)
2  p   ROUTINE  CHEST SINGLE VIEW        12/18/2013  PROVIDOR,D  RADIOLOGY W
      (RADIOLOGY)
3  c   ROUTINE  CHEST 2 VIEWS PA&LAT     12/06/2013  PROVIDOR,D  63 RADIOLOG
      (RADIOLOGY)
4  c   ROUTINE  HIP 2 OR MORE VIEWS      12/06/2013  PROVIDOR,D  63 RADIOLOG
      (RADIOLOGY)
5  c   ROUTINE  ANKLE 3 OR MORE VIEWS    08/28/2003  PROVIDOR,MO  01 GENERAL
      (RADIOLOGY)
6  c   ROUTINE  UROGRAM INTRAVENOUS      09/02/2001  PROVIDOR,DI  30 EMERGENC
      (UNKNOWN)
7  dc  ROUTINE  UROGRAM INTRAVENOUS      09/02/2001  PROVIDOR,G   30 EMERGENC
      (UNKNOWN)
8  c   ROUTINE  ABDOMEN 1 VIEW           09/01/2001  PROVIDOR,G   30 EMERGENC
      (UNKNOWN)

          **** Detailed Display ****

Name: DEMO,PATIENT SJ      (999984)      Date of Birth: AUG 10,19XX
-----
Requested : MAMMOGRAM G0204                (MAM Detailed G0204)

Current Status:      DISCONTINUED (dc)
Requester:           DEMO,USER 3
Tel/Page/Dig Page:  Unknown
Patient Location:    MAMMOGRAPHY
Entered:             Dec 29, 2013 11:24 am  by DEMO,USER 3
Pregnant at time of order entry: UNKNOWN
Desired Date:        Dec 29, 2013
Cancelled:           Dec 29, 2013 11:25 am  by DEMO,USER 3
Transport:           AMBULATORY
Reason for Study:    ANNUAL
    
```

```

Clinical History:      ANNUAL EXAM
Reason Cancelled:     PATIENT CONSENT DENIED
Request Submitted to: MAMMOGRAPHY

Do you wish to display request status tracking log? NO//
    
```

Figure 10-11: Detailed Request Display

10.5 Print Selected Requests by Patient

This option may be used when it is desired to see the history of Radiology orders and exams for a patient.

In the column labeled **St** for Status, **p** means the exam is pending, **c** means the exam is complete, **h** means the request is on hold, and **dc** indicates that the exam has been cancelled.

```

RAD   Rad/Nuc Med Total System Menu ...
Radiology/Nuclear Med Order Entry Menu ...
Print Selected Requests by Patient

Select Radiology/Nuclear Med Order Entry Menu Option: Print Selected Requests by
Patient

Select PATIENT NAME:
  DEMO,PT                               <A>   M 12-21-19XX                CH T99996

      **** Requested Exams for DEMO,BOGUS ****                9 Requests
      St  Urgency  Procedure / (Img. Loc.)  Desired  Requester  Req'g Loc
      --  -
1     p  ROUTINE  CLAVICLE                08/16/2007  PROVIDER,TR  EMERGENCY R
              (UNKNOWN)
2     p  ROUTINE  CHEST 2 VIEWS PA&LAT    12/27/2006  DOC,DEMO E   EMERGENCY R
              (UNKNOWN)
3     p  ROUTINE  CT LUMBAR SPINE W/O CONT 2/27/2006  DOC,DEMO E   EMERGENCY R
              (UNKNOWN)
4     p  ROUTINE  US ECHO 2D W/ OR W/O M-MO /27/2006  DOC,DEMO E   EMERGENCY R
              (UNKNOWN)
5     dc ROUTINE  CHEST SINGLE VIEW      11/14/2006  PROVIDER,F   EMERGENCY R
              (UNKNOWN)
6     p  ROUTINE  CHEST 2 VIEWS PA&LAT    11/08/2006  PROVIDER,E   OUTPATIENT
              (UNKNOWN)
7     dc ROUTINE  CHEST 2 VIEWS PA&LAT    06/08/2006  PROVIDER,D   OUTPATIENT
              (UNKNOWN)
8     p  ROUTINE  CHEST 2 VIEWS PA&LAT    02/24/2006  DEMO,PRV    OUTPATIENT
              (UNKNOWN)

Select Request(s) 1-8 to Print or '^' to Exit: Continue// 1

Do you wish to generate a Health Summary Report? No//  NO

DEVICE: HOME//  Virtual

  >>Rad/Nuc Med Consultation for UNKNOWN<<                AUG 16,2007  11:21 Page 1
=====
Name           : DEMO,PT                Urgency       : ROUTINE
    
```

```

Pt ID Num      : T99996                Transport : AMBULATORY
Date of Birth: DEC 21,19XX            Patient Loc: EMERGENCY ROOM
Age           : XX                    Phone Ext  :
Sex          : MALE
=====

```

```

Requested:          CLAVICLE                (RAD Detailed 73000)
Procedure Modifiers: LEFT
Request Status:    PENDING (p)

```

```

Requester:          PROVIDER,T A DO
Tel/Page/Dig Page: 580-326-7561 / /
Attend Phy Current: UNKNOWN
Prim Phy Current:   UNKNOWN
Date/Time Ordered:  Aug 16, 2007 11:20 am by DEMO,USER 3 K
Date Desired:       Aug 16, 2007

```

>>Rad/Nuc Med Consultation for UNKNOWN<< AUG 16,2007 11:21 Page 2

```

Name           : DEMO,PT                Urgency      : ROUTINE
Pt ID Num      : T99996                Transport   : AMBULATORY
Date of Birth: DEC 21,19XX            Patient Loc: EMERGENCY ROOM
Age           : XX                    Phone Ext   :
Sex           : MALE
=====

```

Clinical History:
FELL OFF HORSE

```

-----
Date Performed: _____ Case No.: _____
Technologist Initials: _____
Interpreting Phys. Initials: _____
Number/Size Films: _____

```

>>Rad/Nuc Med Consultation for UNKNOWN<< AUG 16,2007 11:22 Page 3

```

Name           : DEMO,PT                Urgency      : ROUTINE
Pt ID Num      : T99996                Transport   : AMBULATORY
Date of Birth: DEC 21,19XX            Patient Loc: EMERGENCY ROOM
Age           : XX                    Phone Ext   :
Sex           : MALE
=====

```

Comments:

>>Rad/Nuc Med Consultation for UNKNOWN<< AUG 16,2007 11:22 Page 4

```

Name           : DEMO,PT                Urgency      : ROUTINE
Pt ID Num      : T99996                Transport   : AMBULATORY
Date of Birth: DEC 21,19XX            Patient Loc: EMERGENCY ROOM
Age           : XX                    Phone Ext   :
Sex           : MALE

```

```

=====
Case #      Last 5 Procedures/New Orders Exam Date   Status of Exam   Imaging Loc.
-----
          ABDOMEN MIN 3 VIEWS+CHEST           Ord 2/3/06
          CHEST 2 VIEWS PA&LAT              Ord 2/24/06
          CHEST 2 VIEWS PA&LAT              Ord 11/8/06
          CHEST 2 VIEWS PA&LAT              Ord 12/27/06
          CT LUMBAR SPINE W/O CONT           Ord 12/27/06
          US ECHO 2D W/ OR W/O M-MODE       Ord 12/27/06
          CLAVICLE                           Ord 8/16/07

          No registered exams filed for this patient.

=====

```

Figure 10-12: Print Selected Request by Patient

10.6 Print Rad/Nuc Med Requests by Date

In a busy Radiology Department, a secretary may be requested to print the Radiology Requests for the day in order to determine the workload for the day.

```

RAD      Rad/Nuc Med Total System Menu ...
Radiology/Nuclear Med Order Entry Menu ...
Print Rad/Nuc Med Requests by Date

Select Radiology/Nuclear Med Order Entry Menu Option:  Print Rad/Nuc Med Requests by
Date

Request Status Selection
-----
  Choose one of the following:
    Discontinued
    Complete
    Hold
    Pending
    Request Active
    Scheduled
    All Current Orders

  Select Status: Pending//

Date Criteria Selection
-----

  Select one of the following:

    E          ENTRY DATE OF REQUEST
    D          DESIRED DATE FOR EXAM

Date criteria to use for choosing requests to print: E// DESIRED DATE FOR EXAM

**** Date Range Selection ****

  Beginning DATE : T  (AUG 16, 2007)

  Ending   DATE : T  (AUG 16, 2007)

```

Print HEALTH SUMMARY for each patient? NO

DEVICE: HOME// Virtual

>>Rad/Nuc Med Consultation for UNKNOWN<< AUG 16,2007 11:22 Page 1

```

=====
Name           : DEMO,PT           Urgency      : ROUTINE
Pt ID Num      : T99996           Transport    : AMBULATORY
Date of Birth  : DEC 21,19XX      Patient Loc  : EMERGENCY ROOM
Age            : XX                Phone Ext    :
Sex            : MALE
=====

```

```

Requested:      CLAVICLE                      (RAD Detailed 73000)
Procedure Modifiers: LEFT
Request Status: PENDING (p)

```

```

Requester:      PROVIDER,T A DO
Tel/Page/Dig Page: 580-326-7561 / /
Attend Phy Current: UNKNOWN
Prim Phy Current: UNKNOWN
Date/Time Ordered: Aug 16, 2007 11:20 am by DEMO,USER 3 K
Date Desired:   Aug 16, 2007

```

>>Rad/Nuc Med Consultation for UNKNOWN<< AUG 16,2007 11:22 Page 2

```

=====
Name           : DEMO,PT           Urgency      : ROUTINE
Pt ID Num      : T99996           Transport    : AMBULATORY
Date of Birth  : DEC 21,19XX      Patient Loc  : EMERGENCY ROOM
Age            : XX                Phone Ext    :
Sex            : MALE
=====

```

```

Clinical History:
  FELL OFF HORSE

```

```

-----
Date Performed: _____ Case No.: _____
Technologist Initials: _____
Interpreting Phys. Initials: _____
Number/Size Films: _____

```

>>Rad/Nuc Med Consultation for UNKNOWN<< AUG 16,2007 11:22 Page 3

```

=====
Name           : DEMO,PT           Urgency      : ROUTINE
Pt ID Num      : T99996           Transport    : AMBULATORY
Date of Birth  : DEC 21,19XX      Patient Loc  : EMERGENCY ROOM
Age            : XX                Phone Ext    :
Sex            : MALE
=====

```

Comments:

```

-----
-----
-----
-----
-----

```

```

=====
>>Rad/Nuc Med Consultation for UNKNOWN<<          AUG 16,2007  11:22 Page 4
=====
Name           : DEMO,PT                Urgency        : ROUTINE
Pt ID Num      : T99996                 Transport      : AMBULATORY
Date of Birth  : DEC 21,19XX            Patient Loc    : EMERGENCY ROOM
Age           : XX                      Phone Ext     :
Sex           : MALE
=====

Case #         Last 5 Procedures/New Orders Exam Date   Status of Exam   Imaging Loc.
-----
                ABDOMEN MIN 3 VIEWS+CHEST          Ord 2/3/06
                CHEST 2 VIEWS PA&LAT                Ord 2/24/06
                CHEST 2 VIEWS PA&LAT                Ord 11/8/06
                CHEST 2 VIEWS PA&LAT                Ord 12/27/06
                CT LUMBAR SPINE W/O CONT            Ord 12/27/06
                US ECHO 2D W/ OR W/O M-MODE         Ord 12/27/06
                CLAVICLE                             Ord 8/16/07

                No registered exams filed for this patient.
    
```

Figure 10-13: Print Rad/Nuc Med Requests by Date

11.0 Exam Entry/Edit Menu

11.1 Register Patient for Exams

All exams to be processed through the Radiology department must begin with registering the patient for the exam. This is distinct from Patient Registration in that it creates an entry in the Radiology/Nuclear Medicine Patient file. It indicates that the patient is present, and the exam will be performed. Depending upon how the Location Parameters have been set, some sites may choose to register patients in advance of their exams to prevent a backlog of scheduled procedures.

At small sites that do not have radiology services on site, this option may be deferred until a report comes back from the performing site indicating that a patient presented for the exam.

Note that the Case Number is created at the time a patient is registered for an exam. While case numbers may appear on the screen as a numeric value (5, 35, 234, etc.), case numbers are unique numbers identified by the date of service and the case number. For example, a case displaying as 5 when a patient is registered is actually case 122913-5 if the date is 12/29/13.

Many interfaces for modality worklists are triggered by the Register Patient for an Exam step.

```
RAD   Rad/Nuc Med Total System Menu ...
Exam Entry/Edit Menu ...
Register Patient for Exams
```

Note: You can either start at this point by entirely skipping the Request an Exam option or proceed with processing an exam that has already been requested.

Exam Not Already Requested

```
Select Exam Entry/Edit Menu Option: REG   Register Patient for Exams

Select Patient: DEMO,PA
  1   DEMO,PATIENT B           <CA>   F 01-28-19XX 000005555   CH 999999
  2   DEMO,PATIENT PRIVATE    <CWAD> F 12-31-19XX 000003175P   CH 999996
CHOOSE 1-2: 1
DEMO,PATIENT B           <CA>   F 01-28-19XX 000005555   CH 999999
...OK? Yes//   (Yes)

*****      Patient Demographics      *****

Name           : DEMO,PATIENT B
Pt ID          : 999999
Date of Birth  : JAN 28,19XX (XX)
Veteran       : Yes                    Eligibility : Unknown
```

```

Sex          : FEMALE
Other Allergies:
      'V' denotes verified allergy   'N' denotes non-verified allergy

CODEINE (V)           CIPROFLOXACIN (V)
METHOTREXATE (V)     CHOCOLATE (V)
METFORMIN HYDROCHLORIDE (V)  AZITHROMYCIN (V)
TAPE, PAPER (V)      TAPE, COTTON (V)
OTHER ALLERGY/ADVERSE REACTION (V)  ASPIRIN (V)
TETANUS TOXOID (V)   PENICILLIN (V)
PAXIL (V)             ALPHAGAN 0.2% OPH SOLN (V)
FIBERGLASS (V)

Case #   Last 5 Procedures/New Orders   Exam Date   Status of Exam   Imaging Loc.
-----
1904     KNEE 3 VIEWS                          NOV 26,2006  CANCELLED        MEDICAL IMAG

Case #   Last 5 Procedures/New Orders   Exam Date   Status of Exam   Imaging Loc.
-----
2449     SPINE LUMBOSACRAL MIN 4 VIEW          NOV  8,2006  CANCELLED        MEDICAL IMAG
9804     U/S ECHO DOPPLER                      SEP 15,2006  WAITING FOR      MEDICAL IMAG
286      ECHOGRAM ABDOMEN LTD                  FEB 13,2006  EXAMINED         IDABEL IM
          ANKLE 2 VIEWS                          SEP 12,2005  COMPLETE        MEDICAL IMAG
          CHEST 2 VIEWS PA&LAT                      Ord 3/4/03
          CT ABDOMEN W/CONT                      Ord 12/12/03
          CHEST SINGLE VIEW                      Ord 3/23/05
          'FETAL BIOPHYSICAL PROFILE U          Ord 5/19/06
          ELBOW 3 OR MORE VIEWS                Ord 12/21/06

Imaging Exam Date/Time: NOW//   (AUG 16, 2007@11:25)

      **** Requested Exams for DEMO,PATIENT BOGUS ****   5 Requests
St  Urgency  Procedure / (Img. Loc.)  Desired  Requester  Req'g Loc
--  -
1  p  ROUTINE  ELBOW 3 OR MORE VIEWS  12/21/2006  PROVIDER,BR  GOODMAN
          (UNKNOWN)
2  p  ROUTINE  'FETAL BIOPHYSICAL PROFIL  05/19/2006  DOCTOR,A  EMERGENCY R
          (UNKNOWN)
3  p  ROUTINE  CHEST SINGLE VIEW      03/23/2005  DOCTOR,P Y  MED/SURG
          (UNKNOWN)
4  p  ROUTINE  CT ABDOMEN W/CONT      12/12/2003  PROVIDER,A  INPATIENT
          (UNKNOWN)
5  h  ROUTINE  HAND 3 OR MORE VIEWS   04/02/2003  PROVIDER,M  POTEAU
          (UNKNOWN)

(Use Pn to replace request 'n' with a Printset procedure.)
Select Request(s) 1-5 or '^' to Exit:  Exit//

Do you want to Request an Exam for DEMO,PATIENT BOGUS? No// If you answer yes at this point, you will be prompted to select requesting provider, requesting location, procedure, and other items that are normally provided if an exam is electronically ordered.
    
```

Figure 11-1: Registering a patient for an exam that has not already been requested

Registering a Patient with an Electronically Requested Exam

```

Select Patient: DEMO,P
1  DEMO,PATIENT BOGUS      <CA>  F 01-28-19XX 000005555  CH 999999
2  DEMO,PATIENT PRIVATE   <CWAD> F 12-31-19XX 000003175P  CH 999996
    
```

```

CHOOSE 1-2: 2
  DEMO,PATIENT PRIVATE          <CWAD> F 12-31-19XX 000003175P   CH 999996
    ...OK? Yes//      (Yes)

      *****      Patient Demographics      *****

Name          : DEMO,PATIENT PRIVATE
Pt ID         : 999996
Date of Birth: DEC 31,19XX (XX)
Veteran       : No              Eligibility : Unknown
Sex           : FEMALE
Other Allergies:
  'V' denotes verified allergy  'N' denotes non-verified allergy

AZITHROMYCIN(V)      METFORMIN HYDROCHLORIDE(V)
CHOCOLATE(V)         CHLOSTEROL(V)
SUGAR SNACKS(V)     IBUPROFEN(V)
ASPIRIN(V)           CIPROFLOXACIN(V)
METHOTREXATE(V)     SULFAMETHOXAZOLE/TRIMETHOPRIM(V)
MILK(V)              SHRIMP(V)
STRAWBERRIES(V)     AMOXICILLIN 125 MG/5 CC(V)

Case #   Last 5 Procedures/New Orders Exam Date   Status of Exam   Imaging Loc.
-----
          CLAVICLE                               Ord 12/10/04

Case #   Last 5 Procedures/New Orders Exam Date   Status of Exam   Imaging Loc.
-----

      No registered exams filed for this patient.

Imaging Exam Date/Time: NOW//      (AUG 16, 2007@11:25)

      **** Requested Exams for DEMO,PATIENT PRIVATE ****      1 Requests
  St  Urgency  Procedure / (Img. Loc.)   Desired   Requester   Req'g Loc
  --  -
  1  p  ROUTINE  CLAVICLE
                   (UNKNOWN)           12/10/2004  PROVIDER,ST  OPD-FAMILY

(Use Pn to replace request 'n' with a Printset procedure.)
Select Request(s) 1-1 or '^' to Exit:  Exit// 1

      Procedure: CLAVICLE

...will now register DEMO,PATIENT PRIVATE with the next case number... (AUG
16, 2007@11:25)

      Case Number: 8977
      -----
      PROCEDURE: CLAVICLE//                               (RAD Detailed) CPT:73000

      Select PROCEDURE MODIFIERS: BILATERAL EXAM
      Are you adding 'BILATERAL EXAM' as
      a new PROCEDURE MODIFIERS (the 1ST for this EXAMINATIONS)? No// Y (Yes)
      Select PROCEDURE MODIFIERS:
      CATEGORY OF EXAM: OUTPATIENT//  OUTPATIENT
      PRINCIPAL CLINIC: OPD-FAMILY PRACTICE//
      TECHNOLOGIST COMMENT:
    
```

Figure 11-2: Registering a patient with an electronically requested exam

11.2 Edit Exam by Patient

After an exam has been performed, the next step is to edit the exam, either by case number or by patient. This indicates that the exam has been performed and in the cases of interfaces should perform several functions:

- Clear the exam from the modality worklist.
- Send an examined message to the PACS or VISTA Imaging workstation.
- In the case of a small site which performs no on site Radiology, this step may be deferred until a report is received back from the referral site.
- When editing an exam, it is extremely important to enter all required fields and watch the screen for the message in Figure 11-3.

```
...will now designate exam status as 'EXAMINED'... for case no. 8977
STATUS CHANGE DATE/TIME: AUG 16,2007@11:27//
...exam status successfully updated.
```

Figure 11-3: Successful update of an exam that has been edited

If the Division Parameters have been set to pass Radiology procedures to PCC at examined, the exam should be viewable in PCC at this point.

```
RAD Rad/Nuc Med Total System Menu ...
Exam Entry/Edit Menu ...
Edit Exam by Patient

Select Exam Entry/Edit Menu Option: EDIT Exam by Patient

Select Patient: DEMO,PATIENT PRIVATE
                **** Edit Exams By Patient ****

Patient's Name: DEMO,PATIENT PRIVATE 999996 Run Date: AUG
16,2007

Case No. Procedure Exam Date Status of Exam Imaging
Loc -----
---
1 8977 CLAVICLE 08/16/07 WAITING FOR EXAM MEDICAL
IMA
Type a '^' to STOP, or
CHOOSE FROM 1-1: 1

Case No.:8977 Procedure:CLAVICLE Date:AUG 16,2007
11:25
(RAD Detailed) CPT:73000

LAST MENSTRUAL PERIOD:
PRIMARY MEANS OF BIRTH CONTROL:
LAST NEGATIVE HCG TEST:
PROCEDURE: CLAVICLE//
Select PROCEDURE MODIFIERS: BILATERAL EXAM//
Select CPT MODIFIERS:
CATEGORY OF EXAM: OUTPATIENT//
PRINCIPAL CLINIC: OPD-FAMILY PRACTICE//
```

```

REQUESTING PHYSICIAN: PROVIDER,S A MD//
Select TECHNOLOGIST: DEMO,TECH L RTCT      HLC      859HLC
RADIO
LOGY TECHNOLOGIST
Select TECHNOLOGIST:
TECHNOLOGIST COMMENT:
COMPLICATION: NO COMPLICATION//
PRIMARY CAMERA/EQUIP/RM: r1      GE ADVANX
Select FILM SIZE: 8x10//
FILM SIZE: 8x10//
AMOUNT(#films or cine ft): 2//
NUMBER OF REPEATS: 0
Select FILM SIZE:
CLINICAL HISTORY FOR EXAM:
1>PAIN
EDIT Option:
...will now designate exam status as 'EXAMINED'... for case no. 8977
STATUS CHANGE DATE/TIME: AUG 16,2007@11:27//
...exam status successfully updated.

```

Figure 11-4: Edit Exam by Patient

11.3 Case No. Exam Edit

The **Case No. Exam Edit** option offers the same functionality as **Edit Exam by Patient**. Some staff prefers to work with case numbers as opposed to patient names. Regardless of which option is chosen, it is critical to enter all required fields and watch that the screen displays the message that the exam status was successfully updated. If the Division Parameters have been set to pass Radiology procedures to PCC at examined, the exam should be viewable in PCC at this point.

```

RAD   Rad/Nuc Med Total System Menu ...
Exam Entry/Edit Menu ...
Case No. Exam Edit

Select Exam Entry/Edit Menu Option: case No. Exam Edit

Enter Case Number: 080704-729

Choice Case No.      Procedure      Name
Pt ID
-----
1      080704-729      CHEST 2 VIEWS PA&LAT      DEMO,PATIENT MI 999987
                        (RAD Detailed) CPT:71020
PROCEDURE: CHEST 2 VIEWS PA&LAT//
CONTRAST MEDIA USED: NO// NO
Select PROCEDURE MODIFIERS:
Select CPT MODIFIERS:
CATEGORY OF EXAM: OUTPATIENT//
PRINCIPAL CLINIC: 30 EMERGENCY MEDICINE//
REQUESTING PHYSICIAN: PROVIDER,R E//
Select TECHNOLOGIST: student,one STUDENT,ONE
Select TECHNOLOGIST:
TECHNOLOGIST COMMENT:
COMPLICATION: NO COMPLICATION//

PRIMARY CAMERA/EQUIP/RM: 1      RADIOLOGY - ROOM 1

```

```

Select FILM SIZE: DIGITAL
  AMOUNT(#films or cine ft): 2
Select FILM SIZE: W-DIGITAL
  AMOUNT(#films or cine ft): 1
Select FILM SIZE:
...will now designate exam status as 'EXAMINED'... for case no. 729
STATUS CHANGE DATE/TIME: DEC 29,2013@13:27//
...exam status successfully updated.

```

Figure 11-5: Case No. Exam Edit option

11.4 Cancel an Exam

The **Cancel an Exam** option differs from the **Cancel a Request** option in that the patient has already been registered for the exam and a case number has been generated. It is important to note that when canceling an exam, the user will be asked if they also wish to cancel the request for an exam. If the patient will subsequently be having the exam and it must be deferred for some reason, do not cancel the request.

Note that exams to be cancelled may be entered by case number, patient name, or patient chart number.

```

RAD   Rad/Nuc Med Total System Menu ...
Exam Entry/Edit Menu ...
Cancel an Exam

Select Exam Entry/Edit Menu Option: cancel an Exam

Enter Case Number: DEMO,PATIENT A          F 04-07-19XX XXX-XX-8134   DH
999985

          **** Case Lookup by Patient ****

Patient's Name: DEMO,PATIENT A 999985          Run Date: DEC 29,2013

  Case No.  Procedure                Exam Date  Status of Exam
  Imaging Loc
  -----  -
  1       746  ACUTE ABDOMEN                08/07/04  WAITING FOR EXAM
  RADIOLOGY
  2       837  HIP 2 OR MORE VIEWS          02/20/04  COMPLETE
  RADIOLOGY
  3       799  SPINE CERVICAL MIN 2 VIEWS    03/21/03  COMPLETE
  RADIOLOGY
  4       433  CHEST 2 VIEWS PA&LAT          02/05/03  COMPLETE
  RADIOLOGY
  5       470  SHOULDER 2 OR MORE VIEWS      11/10/01  COMPLETE
  RADIOLOGY
  6       52   PELVIC U/S                    04/23/01  COMPLETE
  RADIOLOGY
  7       430  ABDOMEN FLAT & UPRIGHT        04/21/01  COMPLETE
  RADIOLOGY
  8       459  FINGER(S) 2 OR MORE VIEWS     12/09/00  COMPLETE
  RADIOLOGY
  9       504  ABDOMEN FLAT & UPRIGHT        10/07/00  COMPLETE
  RADIOLOGY

```

```

10 749 ABDOMEN FLAT & UPRIGHT 05/04/00 CANCELLED
RADIOLOGY
11 696 PELVIC U/S 04/14/00 COMPLETE
RADIOLOGY
12 613 PELVIC U/S 03/16/00 COMPLETE
RADIOLOGY
13 497 PELVIC U/S 03/15/00 COMPLETE
RADIOLOGY
14 474 ECHOGRAM ABDOMEN LTD 03/15/00 COMPLETE
RADIOLOGY
Type a '^' to STOP, or

Do you wish to cancel this exam now? NO// Y
...exam status backed down to 'CANCELLED'
STATUS CHANGE DATE/TIME: DEC 29,2013@13:09//
TECHNOLOGIST COMMENT: PT TRANSPORTED OUT
REASON FOR CANCELLATION: ?
This field points to the 'RAD/NUC MED REASON' file to indicate the
reason
the exam was cancelled.
Type of Reason must equal CANCEL REQUEST or GENERAL REQUEST.
Answer with RAD/NUC MED REASON, or NUMBER, or SYNONYM
Do you want the entire RAD/NUC MED REASON List? Y (Yes)
Choose from:
1 ANESTHESIA CONSULT NEEDED Synonym: ANES
6 CONFLICT OF EXAMINATIONS Synonym: CON
7 DUPLICATE REQUESTS Synonym: DUP
8 INADEQUATE CLINICAL HISTORY Synonym: INAD
13 PATIENT CONSENT DENIED Synonym: PCD
14 PATIENT EXPIRED Synonym: EXP
17 REQUESTING PHYSICIAN CANCELLED Synonym: REQ
19 WRONG EXAM REQUESTED Synonym: WRN
20 EXAM CANCELLED Synonym: CAN
21 EXAM DELETED Synonym: DEL
22 CALLED-WARD DID NOT SEND Synonym:
23 RESCHEDULED Synonym: RSCH
24 DID NOT KEEP APPT Synonym: DNKA
25 PATIENT NOT PROPERLY PREP'D Synonym: NOPREP
26 PATIENT CANCELLED EXAM Synonym: PTCAN
27 RADIOLOGIST CANCELLED EXAM Synonym: RADCAN
28 EQUIPMENT FAILURE Synonym: EQ
29 WRONG PATIENT REQ'D Synonym: WRGPT

REASON FOR CANCELLATION: 27 RADIOLOGIST CANCELLED EXAM Synonym:
RADCAN
...cancellation complete.

Do you want to cancel the request associated with this exam? No// Y (Yes)

* Updating Women's Health Database *
...request status updated to discontinued.

```

Figure 11-6: Cancel an exam

11.5 Switch Locations

When working at a site that offers multiple imaging types, it may be useful to switch Imaging Locations to check on exams or perform tasks for a different Imaging Location. That can easily be accomplished by using the option Switch Locations.

```

RAD    Rad/Nuc Med Total System Menu ...
Exam Entry/Edit Menu ...
Switch Locations

Select Exam Entry/Edit Menu Option: switch Locations
Please select a sign-on Imaging Location: MAMMOGRAPHY// RADIOLOGY
(G
GENERAL RADIOLOGY-8907)
Default Flash Card Printer: HOME//    VIRTUAL TERMINAL

Default Jacket Label Printer: HOME//    VIRTUAL TERMINAL

Default Report Printer: HOME//    VIRTUAL TERMINAL

-----
----
Welcome, you are signed on with the following parameters:

Version : 5.0
Division : DEMO INDIAN HOSPITAL
Location : RADIOLOGY
Img. Type: GENERAL RADIOLOGY
User      : DEMO,USER 3

Printer Defaults
-----
Flash Card : None
           No cards
Jacket Label: None
Report      : None

```

Figure 11-7: Switch Locations

11.6 Exam Status Display

It is useful during the course of a day to check on the progress and status of exams. This option allows a supervisor or other staff to quickly review to see if exams have all been accounted for during the course of the day.

```

RAD    Rad/Nuc Med Total System Menu ...
Exam Entry/Edit Menu ...
Exam Status Display

Select Exam Entry/Edit Menu Option: exam Status Display

Current Division: DEMO INDIAN HOSPITAL
Current Imaging Type: GENERAL RADIOLOGY

Exam Status Tracking Module
Date      : 12/29/13 11:58 AM
Locations: RADIOLOGY

Division: DEMO INDIAN HOSPITAL
Status   : WAITING FOR EXAM

```


| Case # Equip/Rm | Date | Patient | Procedure | |
|--|----------|-------------------------|--------------------------------|-----|
| ----- | ---- | ----- | ----- | --- |
| 826 | 07/30/04 | 122218-DEMO,PATIENT A | NECK SOFT TISSUE | 2 |
| 828 | 07/30/04 | 103144-DEMO,PATIENT B | FOOT 3 OR MORE VIEWS | 4 |
| 478 | 08/05/04 | 181649-DEMO,PATIENT C | CT LUMBAR SPINE W/O CONT | |
| 606 | 08/06/04 | 119429-DEMO,PATIENT D | CT HEAD W/O CONT | |
| 729 | 08/07/04 | 143987-DEMO,PATIENT E | CHEST 2 VIEWS PA&LAT | |
| 733 | 08/07/04 | 103740-DEMO,PATIENT F | CHEST 2 VIEWS PA&LAT | |
| 746 | 08/07/04 | 118985-DEMO,PATIENT G | ACUTE ABDOMEN | |
| Exam Status Tracking Module | | | Division: DEMO INDIAN HOSPITAL | |
| Date : 12/29/13 11:58 AM | | | Status : EXAMINED | |
| Locations: RADIOLOGY | | | | |
| Case # Equip/Rm | Date | Patient | Procedure | |
| ----- | ---- | ----- | ----- | --- |
| 745 | 08/07/04 | 106761-DEMO, .PATIENT H | HAND 3 OR MORE VIEWS | 2 |
| 7 | 08/23/13 | 876-DEMO,BA | MAMMOGRAM BILATERAL | 2 |
| 1 | 12/06/13 | 213321-DEMO,PATIENT I | CLAVICLE | 1 |
| Exam Status Tracking Module | | | Division: DEMO INDIAN HOSPITAL | |
| Date : 12/29/13 11:58 AM | | | Status : TRANSCRIBED | |
| Locations: RADIOLOGY | | | | |
| Case # Equip/Rm | Date | Patient | Procedure | |
| ----- | ---- | ----- | ----- | --- |
| 893 | 07/31/04 | 107070-DEMO,PATIENT M | CHEST 2 VIEWS PA&LAT | 2 |
| 895 | 07/31/04 | 184421-DEMO,PATIENT N | CHEST 2 VIEWS PA&LAT | 2 |
| 382 | 08/04/04 | 127957-DEMO,PATIENT O | CT ABDOMEN W/CONT | ct |
| 384 | 08/04/04 | 124291-DEMO,PATIENT P | CT ABDOMEN W/CONT | ct |
| Enter Status, (N)ext status, (C)ontinue, '^' to Stop: CONTINUE// ^ | | | | |

Figure 11-8: Exam Status Display

12.0 Films Reporting Menu

12.1 Report Entry/Edit

If reports are to be entered into the Radiology/Nuclear Medicine Package in any non-interfaced mode, they must be entered either via the Report Entry/Edit option or via the Outside Report Entry/Edit option. It may be helpful to switch the RPMS screen editor from Line Editor to Screen Editor for those who will be entering reports. Also, unless the transcriptionist is very skilled at using the RPMS editors, he/she may find it easier to create the report in notepad, word pad, WORD, or some other kind of editor before copying and pasting the report into the RPMS Radiology report fields.

When entering reports, it is critical that the user monitor the text displayed at the end of report entry to ensure that the mandatory fields have been entered and the exam status is successfully updated to either Transcribed or Complete depending upon examination status parameters.

```

RAD    Rad/Nuc Med Total System Menu ...
FILMS Reporting Menu
Report Entry/Edit

Select Rad/Nuc Med Division: All// CHOCTAW NATION HOSPITAL      OKLAHOMA TRIBE/
638    TALIHINA          01    OK          556001

Another one (Select/De-Select):

Enter Case Number: DEMO

   1    DEMO,PATIENT BOGUS          <CA>   F 01-28-1965 444335555    CH 999999
   2    DEMO,PATIENT PRIVATE        <CWAD> F 12-31-1975 662123175P    CH 999996
CHOOSE 1-2: 2
  DEMO,PATIENT PRIVATE            <CWAD> F 12-31-19XX 000003175P    CH 999996
                **** Case Lookup by Patient ****

Patient's Name: DEMO,PATIENT PRIVATE 999996          Run Date: AUG 17,2007

  Case No.  Procedure                Exam Date  Status of Report  Imaging Loc
  -----  -
1    8977    CLAVICLE                08/16/07    None              MEDICAL IMA
Type a '^' to STOP, or
CHOOSE FROM 1-1: 1

-----
Name       : DEMO,PATIENT PRIVATE          Pt ID      : 999996
Case No.   : 8977  Exm. St: EXAMINED        Procedure  : CLAVICLE
Exam Date  : AUG 16,2007 11:25            Technologist: DEMO,TECH L RTCT
Req Phys   : PROVIDER,STEPHEN A MD

-----
...report not entered for this exam...
...will now initialize report entry...
PRIMARY INTERPRETING STAFF: DEMO  TECHNICIAN K

-----
Select 'Standard' Report to Copy: RGT
Are you sure you want the 'RGT' standard report? No// Y

Do you want to add another standard to this report? No//

```

```

-----
REPORTED DATE: T (AUG 17, 2007)
-----
CLINICAL HISTORY:
PAIN

ADDITIONAL CLINICAL HISTORY:
  1>PREVIOUS ABNORMAL FILMS FROM 2 MONTHS AGO
  2>
EDIT Option:
-----
REPORT TEXT:
  1>RIGHT GREAT TOE:
EDIT Option:
-----
IMPRESSION TEXT:
  1>THIS IS REQUIRED FOR A REPORT TO PASS TO PCC.
  2>
EDIT Option:
-----

      Select one of the following:

          V          VERIFIED
          PD         PROBLEM DRAFT
          D          DRAFT

REPORT STATUS: D// RAFT
PRIMARY DIAGNOSTIC CODE:
  ...will now designate exam status as 'TRANSCRIBED'... for case no. 8977
STATUS CHANGE DATE/TIME: AUG 17,2007@14:23//
  ...exam status successfully updated.

Do you wish to print this report? No//

```

Figure 12-1: Report Entry/Edit

12.2 On-Line Verifying of Reports

This option allows the interpreting physician to verify reports online. To use this option, an Electronic Signature Code is required, and the user must also be assigned the RA VERIFY security key. An interpreting staff physician may verify reports associated with his/her name. If the division parameter ALLOW VERIFYING OF OTHERS is set to YES, the physician may also verify reports associated with other interpreting physicians.

Once verified, the legal signature may be printed in the footer of the report, provided the package coordinator has added this field to the footer.

```

RAD    Rad/Nuc Med Total System Menu ...
FILMS Reporting Menu
Report Entry/Edit

Select Films Reporting Menu Option: ON-Line Verifying of Reports

Enter your Current Signature Code:    SIGNATURE VERIFIED

```

```

Select Interpreting Physician: DEMO,USER 3 K//          DKR          COMPUTE
R SPECIALIST
There is only one report (DRAFT) to choose from.
Do you wish to review this one report? YES//

    Select one of the following:

        P          PAGE AT A TIME
        E          ENTIRE REPORT

DEMO,PATIENT PRIVATE (999996)          Case No.          : 081607-8977 @11:25
CLAVICLE                               Transcriptionist: DEMO,USER 3 K
Req. Phys : PROVIDER,STEPHEN A MD      Pre-verified      : NO
Staff Phys: DEMO,USER 3 (P)
=====
CLAVICLE                               (RAD Detailed) CPT:73000
  Proc Modifiers : BILATERAL EXAM

Clinical History:
PAIN

Additional Clinical History:
PREVIOUS ABNORMAL FILMS FROM 2 MONTHS AGO

Report:                               Status: DRAFT
RIGHT GREAT TOE:

Impression:
THIS IS REQUIRED FOR A REPORT TO PASS TO PCC.
=====

Type '?' for action list, 'Enter' to continue//

    Select one of the following:

        V          VERIFIED
        PD         PROBLEM DRAFT
        D          DRAFT

REPORT STATUS: D// VERIFIED
PRIMARY DIAGNOSTIC CODE:
  Status update queued!

```

Figure 12-2: On-line Verifying of Report

12.3 Outside Report Entry/Edit

This option allows the user to log an outside interpreted report, without having to verify it. The report entered from this option is automatically given the electronically filed report status.

```

RAD    Rad/Nuc Med Total System Menu ...
FILMS Reporting Menu
Outside Report Entry/Edit

```

```

Select Films Reporting Menu Option: outside Report Entry/Edit
+-----+
|
| This option is for entering canned text for
| outside work: interpreted report done outside,
| and images made outside this facility.
|
| For a printset, the canned text must apply to all
| cases within the printset.
|
+-----+

Select Imaging Type: All//

Another one (Select/De-Select):

Enter Case Number: 729
-----
Name       : DEMO,PATIENT B           Pt ID      : 999997
Case No.   : 729   Exm. St: EXAMINED   Procedure   : CHEST 2 VIEWS PA&LAT
Exam Date  : AUG  7,2004  17:58       Technologist: STUDENT,ONE
Req Phys   : PROVIDER,A E
-----
...report not entered for this exam...
...will now initialize report entry...
-----

Select 'Standard' Report to Copy:
REPORTED DATE: T (DEC 29, 2013)
CLINICAL HISTORY:
Pt with high blood sugar

+++++
Required: REPORT TEXT and/or IMPRESSION TEXT
+++++
REPORT TEXT:
==[ WRAP ]==[ INSERT ]=====< REPORT TEXT >===== [ <PF1>H=Help ]====
This is where the report text can be copied and pasted or transcribed
from a hard copy report.

<=====T=====T=====T=====T=====T=====T=====T=====T=====T=====>=====

IMPRESSION TEXT:

==[ WRAP ]==[ INSERT ]=====< IMPRESSION TEXT >===== [ <PF1>H=Help ]====
The Impression field is a separate field within the report and must be
entered separately. It is usually a simple statement of exam overall
impression. However, the impression is usually required to pass an exam
to PCC.

<=====T=====T=====T=====T=====T=====T=====T=====T=====T=====>=====

PRIMARY DIAGNOSTIC CODE:

Report status is stored as "Electronically Filed".
...will now designate exam status as 'COMPLETE'... for case no. 729

```

```

STATUS CHANGE DATE/TIME: DEC 29,2013@14:18//
  ..exam status successfully updated.
  ...will now designate request status as 'COMPLETE'...
  ...request status successfully updated.

Do you wish to print this report? No//YES

```

Figure 12-3: Outside Report Entry/Edit

This is how the report using the Outside Report Entry/Edit appears:

```

Select Films Reporting Menu Option: select Report to Print by Patient

Select Patient: 999997
  DEMO,PATIENT B                F 01-03-19XX XXX-XX-8011    DH 999997
                                **** Patient's Exams ****

Patient's Name: DEMO,PATIENT B 999997          Run Date: DEC 29,2013

  Case No.  Procedure                Exam Date  Status of Report Imaging Loc
  -----  -
1     742    CT HEAD W/O CONT                    08/07/04  RADIOLOGY
2     729    CHEST 2 VIEWS PA&LAT                08/07/04  ELECTRONICALLY F RADIOLOGY
Type a '^' to STOP, or
CHOOSE FROM 1-2: 2

Select a device: HOME//  VIRTUAL TERMINAL    Right Margin: 80//
                *** DEMO INDIAN MEDICAL CENTER ***
                5670 EAST TUCSON BOULEVARD
                TUCSON, ARIZONA 56789
                TELEPHONE: (520)765-8970

Name:  DEMO,PATIENT B                DOB: 01-03-19XX  (XX)
Chart#: 999997                        Sex: FEMALE
Requesting Loc: 30 EMERGENCY MEDICIN    Physician: PROVIDER,A E
Entered request: USER,DEMO K           Technician: STUDENT,ONE
Case#: 080704-729                      Radiologist:
Procedure: CHEST 2 VIEWS PA&LAT         Verifier:

-----

(Case 729 COMPLETE) CHEST 2 VIEWS PA&LAT          (RAD Detailed) CPT:71020
Clinical History:
Pt with high blood sugar

Report:
This is where the report text can be copied and pasted or transcribed from
A hard copy report.

Impression:
The Impression field is a separate field within the report and must be
entered separately. It is usually a simple statement of exam overall
impression. However, the impression is usually required to pass an exam to
PCC.

VERIFIED BY:

```

```
*****
*ELECTRONICALLY FILED*
*****
```

Figure 12-4: Report entered via Outside Report Entry/Edit

12.4 Verify Report Only

This function allows the user to verify a report without having to access the **Report Enter/Edit** option. This function is often used when a report has been edited, but the report status has not been updated to reflect the verified status. It does not differ substantially from the option for **On-line Verifying of Reports** option.

```
RAD Rad/Nuc Med Total System Menu ...
FILMS Reporting Menu
Verify report Only
```

Figure 12-5: Verify report Only option

12.5 Select Report to Print by Patient

This option may be used to print a hard copy report suitable for faxing be medical records to an outside provider or medical facility.

```
RAD Rad/Nuc Med Total System Menu ...
FILMS Reporting Menu
Select Report to Print by Patient

Select Films Reporting Menu Option: select Report to Print by Patient

Select Patient: DEMO,PATIENT A F 04-07-19XX XXX-XX-8134 DH 118
                **** Patient's Exams ****

Patient's Name: DEMO,PATIENT A 999985 Run Date: DEC 29,2013

  Case No.  Procedure                Exam Date  Status of Report  Imaging Loc
  -----  -
1    746    ACUTE ABDOMEN                    08/07/04    (Exam Dc'd)      RADIOLOGY
2    837    HIP 2 OR MORE VIEWS              02/20/04    VERIFIED          RADIOLOGY
3    799    SPINE CERVICAL MIN 2 VIEWS       03/21/03    VERIFIED          RADIOLOGY
4    433    CHEST 2 VIEWS PA&LAT             02/05/03    VERIFIED          RADIOLOGY
5    470    SHOULDER 2 OR MORE VIEWS         11/10/01    VERIFIED          RADIOLOGY
6    52     PELVIC U/S                       04/23/01    VERIFIED          RADIOLOGY
7    430    ABDOMEN FLAT & UPRIGHT           04/21/01    VERIFIED          RADIOLOGY
8    459    FINGER(S) 2 OR MORE VIEWS        12/09/00    VERIFIED          RADIOLOGY
9    504    ABDOMEN FLAT & UPRIGHT           10/07/00    VERIFIED          RADIOLOGY
10   749    ABDOMEN FLAT & UPRIGHT           05/04/00    (Exam Dc'd)      RADIOLOGY
11   696    PELVIC U/S                       04/14/00    VERIFIED          RADIOLOGY
12   613    PELVIC U/S                       03/16/00    VERIFIED          RADIOLOGY
13   497    PELVIC U/S                       03/15/00    VERIFIED          RADIOLOGY
14   474    ECHOGRAM ABDOMEN LTD             03/15/00    VERIFIED          RADIOLOGY

Type a '^' to STOP, or

Select a device: HOME// VIRTUAL TERMINAL Right Margin: 80//
```

```

*** DEMO INDIAN MEDICAL CENTER ***
5670 EAST TUCSON BOULEVARD
TUCSON, ARIZONA 56789
TELEPHONE: (520)765-8970

Name: DEMO,PATIENT A          DOB: 04-07-19XX   (XX)
Chart#: 999985                Sex: FEMALE
Requesting Loc: 30 EMERGENCY MEDICIN  Physician: DIGOXIN,CARDIAC A
Entered request: DEMO,USER

Case#: 022004-837            Technician: DEMO,TECH S
Procedure: HIP 2 OR MORE VIEWS  Radiologist: DEMO,RADIOLOGIST
Verfier: TECH,JJ
-----
Pregnancy Screen: Patient is unable to answer or is unsure

(Case 837 COMPLETE)  HIP 2 OR MORE VIEWS          (RAD Detailed) CPT:73510
Proc Modifiers : RIGHT
Clinical History:

feels out of place painful

Report:
The exam demonstrates the osseous and joint structures to be intact and
without evidence of fractures, dislocations or significant degenerative
changes identified.

Impression:
Unremarkable radiographic evaluation of the right hip.

Primary Interpreting Staff:
DEMO STAFF, Radiologist

VERIFIED BY:
JJ TECH, Radiologist

/JFP

Date Reported:FEB 23,2004  13:26                      Page 1

```

Figure 12-6: Select Report to Print by Patient

12.6 Display a Rad/Nuc Med Report

This option allows the user to display a VERIFIED radiology or nuclear medicine report at the terminal. It is the equivalent of viewing a report on the report tab in EHR.

```

RAD   Rad/Nuc Med Total System Menu ...
FILMS Reporting Menu
Display a Rad/Nuc Med Report

Select Films Reporting Menu Option: DISPLay a Rad/Nuc Med Report

```



```

Select Patient:      DEMO,PATIENT PRIVATE
                   **** Patient's Exams ****

Patient's Name: DEMO,PATIENT PRIVATE  999996           Run Date: AUG 17,2007

  Case No.  Procedure                Exam Date  Status of Report  Imaging Loc
  -----  -
1    8977   CLAVICLE                   08/16/07  VERIFIED          MEDICAL IMA
Type a '^' to STOP, or

DEMO,PATIENT PRIVATE (999996)           Case No.       : 081607-8977 @11:25
CLAVICLE                               Transcriptionist: DEMO,USER 3 K
Req. Phys : PROVIDER,STEPHEN A MD      Pre-verified   : NO
Staff Phys: DEMO,USER 3 (P)

=====
      CLAVICLE                               (RAD Detailed) CPT:73000
      Proc Modifiers : BILATERAL EXAM
      Clinical History:
      PAIN

      Additional Clinical History:
      PREVIOUS ABNORMAL FILMS FROM 2 MONTHS AGO

      Report:                               Status: VERIFIED
      RIGHT GREAT TOE:

      Impression:
      THIS IS REQUIRED FOR A REPORT TO PASS TO PCC.

Enter 'Top' or 'Continue':  Continue//

```

Figure 12-7: Display a Rad/Nuc Med Report

13.0 Radiology and PCC

If Radiology/Nuclear Medicine has been entered as a Package in the PCC Master Control file and is set to pass data to PCC, examination data should appear in the visit file. Note that Radiology CPT codes may not be searched for in VGEN or QMan because they are embedded in the V Radiology entry and are not in the V CPT Code file.

```

SITE: DEMO INDIAN HOSPITAL                TYPE OF LINK: TIME REQUIRED
  DEFAULT HEALTH SUMMARY TYPE: ADULT REGULAR
  TYPE OF VISIT: IHS                      Beginning FISCAL YEAR Month: OCTOBER
  PASS PAPS TO WH FROM V LAB?: YES        DIRECTORY FOR EPI DM: C:/EXPORT/
  EHR/CHART AUDIT START DATE: SEP 01, 2008
PACKAGE: LAB SERVICE                       PASS DATA TO PCC ?: YES
  PACKAGE FLAG: 1
PACKAGE: RADIOLOGY/NUCLEAR MEDICINE       PASS DATA TO PCC ?: YES

```

Figure 13-1: PCC Master Control File with entry for Radiology/Nuclear Medicine

In PCC, Radiology/Nuclear Medicine procedures are stored in the V RADIOLOGY file. When doing a PCC Visit Display, procedures passed from the Radiology/Nuclear Medicine Package will display under the RADIOLOGY section as shown in Figure 13-2.

```

PCC VISIT DISPLAY                          Dec 29, 2013 14:37:52                Page: 1 of 2
+
USER LAST UPDATE:      DEMO,USER 3
OLD/UNUSED UNIQUE VIS: 5059010002569406
DATE/TIME LAST MODIFI: AUG 22, 2013@14:13:15
NDW UNIQUE VISIT ID (: 102320002569406
VISIT ID:              3JQ2-WWX

===== RADIOLOGYs =====
RADIOLOGY PROCEDURE:  CHEST 2 VIEWS PA&LAT
CPT CODE:             71020
IMPRESSION:          TEST IMPRESSION
EVENT DATE&TIME:     AUG 22, 2013@14:10
ORDERING PROVIDER:   DEMO,USER 3
CLINIC:              RADIOLOGY
DATE/TIME ENTERED:   AUG 22, 2013@14:11:47
ENTERED BY:         DEMO,USER 3
DATE/TIME LAST MODIFI: AUG 22, 2013@14:11:47
LAST MODIFIED BY:   DEMO,USER 3
V FILE IEN:         196208

```

Figure 13-2: PCC Visit Display with a V Radiology Entry

In addition, Radiology Nuclear Medicine procedures will display on the Health Summary along with the Impression if entered.

```

----- MOST RECENT RADIOLOGY STUDIES (max 5 years) -----
CHEST 2 VIEWS PA&LAT                (08/22/13)

```

```
IMPRESSION: TEST IMPRESSION  
  
MAMMOGRAM BILATERAL (08/23/13)  
IMPRESSION: NO IMPRESSION.  
  
DIGITAL SCREENING MAMMOGRAM (08/23/13)  
IMPRESSION: NO IMPRESSION.
```

Figure 13-3: Health Summary Display of Radiology procedures

14.0 Outside Films Registry Menu

With the advent of digital imaging, the need to send or request hard copy films from other facilities is reduced. However, a tracking system is in place for those sites that still use “wet films.”

14.1 Add Films to Registry

The process for tracking films either leaving a facility or that have been requested and received at your facility begin with making an entry in the Outside Films Registry.

```
Rad/Nuc Med Total System Menu Option
Outside Films Registry Menu
Add Films to Registry

Select Outside Films Registry Menu Option: ADD Films to Registry

Select Patient:      DEMO,PATIENT PRIVATE
                    <CWAD> F 12-31-19XX 000003175P      CH 999996
Select OUTSIDE FILMS REGISTER DATE: T-2   AUG 15, 2007
Are you adding 'AUG 15, 2007' as
a new OUTSIDE FILMS REGISTER DATE (the 1ST for this RAD/NUC MED PATIENT)? No
// Y (Yes)
OUTSIDE FILMS REGISTER DATE REMARKS: ??
This field contains a brief comment (2-240 characters) about the outside
films. It is used mainly to identify what type the outside film is.
(ie. Chest Films)

OUTSIDE FILMS REGISTER DATE REMARKS: Requested films of left tibia taken at DEMO
INDIAN HOSPITAL 6 months ago.
NEEDED BACK DATE: t+15 (SEP 01, 2007)
SOURCE OF FILMS: DEMO INDIAN HOSPITAL
REMARKS: Requested films of left tibia taken at DEMO INDIAN HOSPITAL 6 months ago.
```

Figure 14-1: Add Films to Outside Registry

14.2 Outside Films Profile

Reports for films documented in the Outside Films Registry may be tracked for either a patient as shown in Figure 14-2 or by date as shown in Section 14.3, Figure 14-3.

```
Rad/Nuc Med Total System Menu Option
Outside Films Registry Menu
Outside Films Profile

Select Outside Films Registry Menu Option: OUTSIDE Films Profile

Select Patient:      DEMO,PATIENT PRIVATE
                    <CWAD> F 12-31-19XX 000003175P      CH 999996

DEVICE: HOME//      Virtual
Patient: DEMO,PATIENT PRIVATE 999996      Run Date: AUG 17,2007

***** Outside Films Profile *****
-----
```

```

Registered: 08/15/07          Returned : still on file          'OK' Needed: No
Source      : DEMO INDIAN HOSPITAL
Remarks    : Requested films of left tibia 6 months ago.
-----

```

Figure 14-2: Outside Films Profile

14.3 Delinquent Outside Film Report for Outpatients

This report may be run on a periodic basis to determine which films from your facility have still not been returned or which films you have not returned to the originating facility.

```

Rad/Nuc Med Total System Menu Option
Outside Films Registry Menu
Delinquent Outside Film Report for Outpatients

Select Outside Films Registry Menu Option: delinquent Outside Film Report for Ou
tpatients
All Films with 'Needed Back' Dates Less Than: T (DEC 29, 2013)
DEVICE:  VIRTUAL TERMINAL      Right Margin: 80//
IMAGING SERVICE DELINQUENT OUTSIDE FILM REPORT FOR OUTPATIENTS
                                DEC 29,2013  17:03    PAGE 1
PATIENT                                PT ID                NEEDED BACK
-----
*** NO RECORDS TO PRINT ***

```

Figure 14-3: Delinquent Outside Film Report

15.0 Patient Profile Menu

The **Patient Profile Menu** is a tool that a Radiology Supervisor can use for troubleshooting. Not only can the record of exams and the status of those exams be tracked for an individual patient, but the list of options exercised by which staff member can also be displayed. Also, the times that the different options were exercised can be displayed if needed.

15.1 Profile of Rad/Nuc Med Exams

```

Rad/Nuc Med Total System Menu ...
Patient Profile Menu
Profile of Rad/Nuc Med Exams

Select Patient Profile Menu Option: profile of Rad/Nuc Med Exams

Select Patient:      DEMO,PATIENT PRIVATE
                    **** Registered Exams Quick Profile ****

Patient's Name: DEMO,PATIENT PRIVATE  999996          Run Date: AUG 17,2007

  Case No.  Procedure                Exam Date  Status of Exam  Imaging Loc
  -----  -
1      8977  CLAVICLE                    08/16/07  EXAMINED       MEDICAL IMA
Type a '^' to STOP, or
=====
Name       : DEMO,PATIENT PRIVATE  999996
Division   : CHOCTAW NATION HOSPI  Category   : OUTPATIENT
Location   : MEDICAL IMAGING       Ward       :
Exam Date  : AUG 16,2007  11:25   Service    :
Case No.   : 8977                  Bedsection :
                                           Clinic     : OPD-FAMILY PRACTICE
-----
Registered : CLAVICLE              (RAD Detailed) CPT:73000
Requesting Phy: PROVIDER,STEPHEN A M Exam Status : EXAMINED
Int'g Resident:                    Report Status: NO REPORT
Pre-Verified : NO                  Cam/Equip/Rm : R1
Int'g Staff  :                    Diagnosis    :
Technologist : DEMO,TECH L RTCT    Complication : NO COMPLICATION
                                           Films       : 8x10 - 2
-----
-----Modifiers-----
Proc Modifiers: BILATERAL EXAM

CPT Modifiers : None
=====

*** Imaging Personnel ***
-----
Primary Int'g Resident:
Primary Int'g Staff   :
Pre-Verifier:
Verifier             :

Secondary Interpreting Resident      Secondary Interpreting Staff
-----
None                                 None

```

```

Technologist(s)                      Transcriptionist
-----
DEMO,TECH L RTCT                    No Report

Do you wish to display activity log? No// y

*** Exam Activity Log ***
Date/Time      Action                      Computer User
Technologist comment
-----
AUG 16,2007  11:26      EXAM ENTRY                    DEMO,USER 3 K
AUG 16,2007  11:27      EDIT BY PATIENT              DEMO,USER 3 K

*** Exam Status Tracking Log ***
Status          Date/Time      Elapsed Time      Cumulative Time
-----
WAITING FOR EXAM  AUG 16,2007  11:26      00:00:01          00:00:01
EXAMINED        AUG 16,2007  11:27
=====
    
```

Figure 15-1: Profile of Rad/Nuc Med Exams

15.2 Display Patient Demographics

The **Display Patient Demographics** option can be used to display the patient’s basic demographic information as well as allergies and their Radiology exam history.

```

Rad/Nuc Med Total System Menu ...
Patient Profile Menu
Display Patient Demographics

Select Patient Profile Menu Option: display Patient Demographics
Select PATIENT NAME:
***** Patient Demographics *****

Name       : DEMO,PATIENT PRIVATE   Address:  899 STREET ST
Pt ID      : 999996
Date of Birth: DEC 31,19XX
Age        : XX                      TOWN, OK 74571
Veteran    : No
Eligibility : Unknown
Exam Category: OUTPATIENT
Sex        : FEMALE
Phone Number : 555-555-7000
Narrative   : PATIENT DEAF

Contrast Medium Reaction: Yes
Other Allergies:
    'V' denotes verified allergy   'N' denotes non-verified allergy

AZITHROMYCIN (V)                    METFORMIN HYDROCHLORIDE (V)
CHOCOLATE (V)                       CHLOSTEROL (V)

Other Allergies:
    'V' denotes verified allergy   'N' denotes non-verified allergy
    
```

| | | | | |
|---------------------------------|------------------------------|-----------------------------------|----------------|--------------|
| SUGAR SNACKS (V) | | IBUPROFEN (V) | | |
| ASPIRIN (V) | | CIPROFLOXACIN (V) | | |
| METHOTREXATE (V) | | SULFAMETHOXAZOLE/TRIMETHOPRIM (V) | | |
| MILK (V) | | SHRIMP (V) | | |
| STRAWBERRIES (V) | | AMOXICILLIN 125 MG/5 CC (V) | | |
| RADIOLOGICAL/CONTRAST MEDIA (N) | | | | |
| Case # | Last 5 Procedures/New Orders | Exam Date | Status of Exam | Imaging Loc. |
| ----- | ----- | ----- | ----- | ----- |
| 8977 | CLAVICLE | AUG 16,2007 | EXAMINED | MEDICAL IMAG |

Figure 15-2: Display Patient Demographics

16.0 Management Reports Menu

The **Management Report Menu** is broken into five general categories. Examples of all of the reports will not be shown in this section as some of the reports are for VA usage only and others are designed for 132-column format. Note that all reports may be run by Division and/or Imaging Location.

```
Daily Management Reports ...
Functional Area Workload Reports ...
Personnel Workload Reports ...
Special Reports ...
Timeliness Reports ...
```

Figure 16-1: Management Reports Main Menu

16.1 Daily Management Reports

16.1.1 Abnormal Exam Report

The **Abnormal Exam report** can be generated only if Diagnostic Codes are entered into Reports. If Diagnostic Codes have not been identified to print on the Abnormal Report and/or no Diagnostic Codes have been entered when reports were entered, there will be nothing to report on the Abnormal Exam Report.

```
Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Daily Management Reports ...
Abnormal Exam Report

Select Daily Management Reports Option: ABNORMAL Exam Report

      ABNORMAL EXAM REPORT

Select Rad/Nuc Med Division: All//
Another one (Select/De-Select):

****Select Diagnostic Codes: All//****
Another one (Select/De-Select):

Print only those exams not yet printed? Yes// NO

**** Date Range Selection ****

  Beginning DATE : 1/1/2007  (JAN 01, 2007)

  Ending   DATE : T  (AUG 17, 2007)

DEVICE: HOME//  Virtual
```

```

          <<<< ABNORMAL DIAGNOSTIC REPORT >>>>  Print Date: 8/17/07
          (P=Primary Dx, S=Secondary Dx / '*' represents reprint)

Patient Name          Ward/Clinic          Requesting Physician
          Procedure          Exam Date
=====
          Division: CHOCTAW NATION HOSPITAL
          Imaging Type: GENERAL RADIOLOGY

          *****
          * No Abnormal Exams *
          *****
    
```

Figure 16-2: Abnormal Exam Report

16.1.2 Complication Report

The **Complication Report** is generated based on complications entered by staff when exams are edited. If no complications are entered at the time an exam is edited, there will be no complications to report.

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Daily Management Reports ...
Complication Report

Select Daily Management Reports Option:  Complication Report

Select Imaging Type: All//

Another one (Select/De-Select):

**** Date Range Selection ****

    Beginning DATE : 1/1/12  (JAN 01, 2012)

    Ending    DATE : 12/31/12  (DEC 31, 2012)

DEVICE: HOME//  VIRTUAL TERMINAL  Right Margin: 80//

    >>> Complications Report <<<
    Division: DEMO INDIAN HOSPITAL          Page: 1
    Imaging Type: GENERAL RADIOLOGY         Date: Dec 31, 2013
    Period: JAN 1,2012 to DEC 31,2012.
    -----
    Name/Pt-Id          Date/Time          Procedure/Complication
          Personnel
    -----
    Complications: 0  Exams: 0  % Complications: 0
    Contrast Media Complications: 0  C.M. Exams: 0  % C.M. Comp.: 0

    >>> Complications Report <<<
    Division: DEMO INDIAN HOSPITAL          Page: 2
    Imaging Type: MAMMOGRAPHY              Date: Dec 31, 2013
    Period: JAN 1,2012 to DEC 31,2012.
    -----
    Name/Pt-Id          Date/Time          Procedure/Complication
    
```

| | | | |
|---------------------------------|---------------|--------------------|--|
| Personnel | | | |
| Complications: 0 | Exams: 0 | % Complications: 0 | |
| Contrast Media Complications: 0 | C.M. Exams: 0 | % C.M. Comp.: 0 | |
| Division: DEMO INDIAN HOSPITAL | | | |
| Complications: 0 | Exams: 0 | % Complications: 0 | |
| Contrast Media Complications: 0 | C.M. Exams: 0 | % C.M. Comp.: 0 | |

Figure 16-3: Complication Report

16.1.3 Daily Log Report

The **Daily Log Report** is an important tool to review periodically throughout the day to ensure that work is completed, and no exams remain in a status of **Waiting for Exam** or **Examined** if reports have been entered.

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Daily Management Reports ...
Daily Log Report

Select Daily Management Reports Option: DAILY Log Report

Select Rad/Nuc Med Division: All// CHOCTAW NATION HOSPITAL          OKLAHOMA TRIBE/
638      TALIHINA          01      OK          556001

Another one (Select/De-Select):

Select Log Date: T-1// (AUG 16, 2007)

DEVICE: HOME// Virtual

Division          Daily Log Report For: Aug 16, 2007          Page: 1
: CHOCTAW NATION HOSPITAL          Date: Aug 17, 2007
Imaging Location : MEDICAL IMAGING (GENERAL RADIOLOGY)
Name              Pt ID          Ward/Clinic          Procedure
Exam Status      Case #         Time                Reported
-----
DEMO,PATIENT PRIVATE  999996        OPD-FAMILY PRACTICE CLAVICLE
COMPLETE          8977          11:25 AM            Yes
Imaging Location Total 'MEDICAL IMAGING': 1
Imaging Type Total 'GENERAL RADIOLOGY': 1
Division Total 'CHOCTAW NATION HOSPITAL': 1
    
```

Figure 16-4: Daily Log Report

16.1.4 Delinquent Status Report

The **Delinquent Status Report** looks for exams that fall into the defined examination statuses designated for the report. Note that in Figure 16-5, a status of Complete incorrectly displays on the Delinquent Status Report.

| |
|-----------------------------------|
| Rad/Nuc Med Total System Menu ... |
| Management Reports Menu ... |
| Daily Management Reports ... |

Delinquent Status Report

Select Daily Management Reports Option: DELInquent Status Report

Select Rad/Nuc Med Division: All// HUGO

Delinquent Status Report

The entries printed for this report will be based only on exams that are in one of the following statuses:

GENERAL RADIOLOGY

-
- WAITING FOR EXAM
- TRANSCRIBED
- DICTATED
- COMPLETE

**** Date Range Selection ****

Beginning DATE : 8/1/2006 (AUG 01, 2006)

Ending DATE : 8/31/2006 (AUG 31, 2006)

Select one of the following:

- I INPATIENT
- O OUTPATIENT
- B BOTH

Report to include: BOTH

Now that you have selected BOTH do you want to sort by Patient or Date ?

Select one of the following:

- P PATIENT
- D DATE

Enter response: DATE

DEVICE: HOME// Virtual

Delinquent Status Report

Division: HUGO HL CT

Page: 1

Imaging Type: GENERAL RADIOLOGY

Date: Aug 17, 2007

| Patient Name Procedure | Case # Exam Status | Pt ID Rpt Text | Date Interp. | Ward/Clinic Phys. | Tech | Rpt Stat |
|--|-----------------------|-------------------|---------------------|----------------------|---------|----------|
| XXXXXXXX,XXXXX XXXXX HAND 3 OR MORE VIEWS | 8875 WAITING FOR | ?? No | 08/24/06 Unknown | OUTPATIENT | Unknown | No Rpt |
| XXXXXX,XXX XXX TIBIA & FIBULA 2 VIE | 8884 WAITING FOR | 84304 No | 08/24/06 Unknown | HUGO RAD | Unknown | No Rpt |
| XXXX,XXXXXXXX XXXXX KNEE 2 VIEWS | 7648 WAITING FOR | 98819 No | 08/28/06 Unknown | HUGO RAD | Unknown | No Rpt |
| XXXX,XXXXXXXX XXXXX | 7808 | 98819 | 08/28/06 | OUTPATIENT | | No Rpt |

| | | | | | |
|--|-------------|-------|----------|------------|--------|
| KNEE 2 VIEWS | WAITING FOR | No | Unknown | Unknown | |
| ----- | | | | | |
| XXXXXX,XXX XXX | 7858 | 84304 | 08/28/06 | HUGO RAD | No Rpt |
| TIBIA & FIBULA 2 VIE | WAITING FOR | No | Unknown | Unknown | |
| ----- | | | | | |
| XXXXX,XXXXXX XXXX | 8713 | 53915 | 08/29/06 | OUTPATIENT | No Rpt |
| FINGER(S) 2 OR MORE | WAITING FOR | No | Unknown | Unknown | |
| ----- | | | | | |
| XXXXXX,XXXXX XXXXXX | 8845 | 50870 | 08/29/06 | HUGO RAD | No Rpt |
| CHEST 2 VIEWS PA&LAT | WAITING FOR | No | Unknown | Unknown | |
| ----- | | | | | |
| XXXXXXXX,XXXXX XXX XX | 8766 | 20428 | 08/29/06 | HUGO RAD | No Rpt |
| CHEST 2 VIEWS PA&LAT | WAITING FOR | No | Unknown | Unknown | |
| ----- | | | | | |
| Imaging Type Total 'GENERAL RADIOLOGY': 10 | | | | | |
| Division Total 'HUGO HL CT': 10 | | | | | |

Figure 16-5: Delinquent Status Report

16.1.5 Examination Statistics

Most Radiology departments are required to report numbers of exams performed on a weekly, monthly, or annual basis. This report does not show which exams were done but provides a sub-total by date as well as total for the time frame specified. You may notice a discrepancy between the exam count and visit count. That may in most cases be attributed to patients who had more than one exam per visit or who had bilateral exams.

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Daily Management Reports ...
Examination Statistics

Select Daily Management Reports Option: Examination Statistics

    Select one of the following:

        L      Location
        I      Imaging Type
        D      Division
        T      Totals Only

Enter Report Detail Needed: Location// Division

Select Rad/Nuc Med Division: All//

Another one (Select/De-Select):

**** Date Range Selection ****

    Beginning DATE : 8/1/2006  (AUG 01, 2006)

    Ending    DATE : 8/31/2006  (AUG 31, 2006)

DEVICE: HOME//  Virtual
  
```

| >>>> EXAMINATION STATISTICS <<<<< | | | | | | | | | |
|---|--------|-------|-------------------|-----|---------------|-----|------|-----|-----|
| Page: 1 | | | | | | | | | |
| Division: CHOCTAW NATION HOSPITAL | | | | | Location: | | | | |
| Run Date: Aug 17, 2007 | | | | | Imaging Type: | | | | |
| For Period: Aug 01, 2006 to Aug 31, 2006. | | | | | | | | | |
| DATE | VISITS | EXAMS | COMPLETE EXAMS | CON | EMP | INP | OUT | RES | SHA |
| Aug 01, 2006 | 102 | 127 | 105 | 0 | 0 | 8 | 119 | 0 | 0 |
| Aug 02, 2006 | 71 | 85 | 71 | 0 | 0 | 9 | 76 | 0 | 0 |
| Aug 03, 2006 | 79 | 85 | 70 | 0 | 0 | 6 | 79 | 0 | 0 |
| Aug 04, 2006 | 57 | 89 | 64 | 0 | 0 | 3 | 86 | 0 | 0 |
| Aug 05, 2006 | 24 | 30 | 25 | 0 | 0 | 2 | 28 | 0 | 0 |
| Aug 06, 2006 | 16 | 22 | 19 | 0 | 0 | 1 | 21 | 0 | 0 |
| Aug 07, 2006 | 70 | 108 | 79 | 0 | 0 | 6 | 101 | 1 | 0 |
| Aug 08, 2006 | 76 | 92 | 75 | 0 | 0 | 2 | 90 | 0 | 0 |
| Aug 09, 2006 | 83 | 93 | 78 | 0 | 0 | 4 | 89 | 0 | 0 |
| Aug 10, 2006 | 72 | 82 | 62 | 0 | 0 | 2 | 80 | 0 | 0 |
| Aug 11, 2006 | 56 | 72 | 48 | 0 | 0 | 5 | 67 | 0 | 0 |
| Aug 12, 2006 | 14 | 15 | 14 | 0 | 0 | 0 | 15 | 0 | 0 |
| Aug 13, 2006 | 29 | 40 | 38 | 0 | 0 | 2 | 38 | 0 | 0 |
| Aug 14, 2006 | 83 | 111 | 89 | 0 | 0 | 3 | 107 | 1 | 0 |
| Aug 15, 2006 | 75 | 87 | 78 | 0 | 0 | 1 | 86 | 0 | 0 |
| Aug 16, 2006 | 69 | 81 | 68 | 0 | 0 | 1 | 80 | 0 | 0 |
| Aug 17, 2006 | 82 | 115 | 98 | 0 | 0 | 2 | 113 | 0 | 0 |
| Aug 18, 2006 | 73 | 103 | 66 | 0 | 0 | 2 | 101 | 0 | 0 |
| Aug 19, 2006 | 28 | 37 | 34 | 0 | 0 | 0 | 37 | 0 | 0 |
| Aug 20, 2006 | 27 | 31 | 29 | 0 | 0 | 1 | 30 | 0 | 0 |
| Aug 21, 2006 | 90 | 103 | 80 | 0 | 0 | 4 | 99 | 0 | 0 |
| Aug 22, 2006 | 50 | 61 | 34 | 0 | 0 | 5 | 56 | 0 | 0 |
| Aug 23, 2006 | 58 | 67 | 46 | 0 | 0 | 4 | 63 | 0 | 0 |
| Aug 24, 2006 | 76 | 86 | 65 | 0 | 0 | 1 | 85 | 0 | 0 |
| Aug 25, 2006 | 41 | 57 | 39 | 0 | 0 | 2 | 55 | 0 | 0 |
| Aug 26, 2006 | 16 | 23 | 20 | 0 | 0 | 1 | 22 | 0 | 0 |
| Aug 27, 2006 | 34 | 46 | 37 | 0 | 0 | 7 | 39 | 0 | 0 |
| Aug 28, 2006 | 92 | 113 | 87 | 0 | 0 | 5 | 108 | 0 | 0 |
| Aug 29, 2006 | 88 | 112 | 88 | 0 | 0 | 3 | 109 | 0 | 0 |
| Aug 30, 2006 | 79 | 99 | 67 | 0 | 0 | 5 | 94 | 0 | 0 |
| Aug 31, 2006 | 81 | 92 | 72 | 0 | 0 | 7 | 85 | 0 | 0 |
| TOTAL | 1891 | 2364 | 1845 | 0 | 0 | 104 | 2258 | 2 | 0 |

Figure 16-6: Examination Statistics

16.1.6 Incomplete Exam Report

This option allows the supervisor to generate a list of all exams that have not been completed. This report is similar to the Delinquent Status report, but unlike that report, this one lists any exam that is not in the complete status.

| |
|--|
| Rad/Nuc Med Total System Menu ... |
| Management Reports Menu ... |
| Daily Management Reports ... |
| Incomplete Exam Report |
| Select Daily Management Reports Option: INComplete Exam Report |

```

Select Rad/Nuc Med Division: All// CHOCTAW NATION HOSPITAL      OKLAHOMA TRIBE/638
TALIHINA          01    OK          556001

                                Incomplete Exam Report

**** Date Range Selection ****

Beginning DATE : 8/1/2006  (AUG 01, 2006)

Ending    DATE : 8/31/2006  (AUG 31, 2006)

Select one of the following:

    I          INPATIENT
    O          OUTPATIENT
    B          BOTH

Report to include: BOTH

Now that you have selected BOTH do you want to sort by
Patient or Date ?

Select one of the following:

    P          PATIENT
    D          DATE

Enter response: DATE

DEVICE: HOME//    Virtual

                                Incomplete Exam Report
Division: CHOCTAW NATION HOSPITAL      Page: 1
Imaging Type: GENERAL RADIOLOGY      Date: Aug 17, 2007
=====
Patient Name      Case #   Pt ID      Date      Ward/Clinic  Rpt Stat
Procedure        Exam Status Rpt Text   Interp. Phys.  Tech
=====
XXXXXXXX,XXXXXX  7586    75725     08/03/06  MED/SURG     No Rpt
CT ABDOMEN W&W/O CON  EXAMINED   No        Unknown      DEMO,TECH L
=====
XXXXXXXX,XXXXXX  7588    75725     08/03/06  MED/SURG     No Rpt
CT PELVIS W&W/O CONT  EXAMINED   No        Unknown      DEMO,TECH L
=====
XXXXXXXX,XXXXXX XXXXX 6866    69753     08/07/06  MED/SURG     No Rpt
CT ABDOMEN W&W/O CON  EXAMINED   No        Unknown      DEMO,TECH L
=====
XXXXXXXX,XXXXXX XXXXX 6871    69753     08/07/06  MED/SURG     No Rpt
CT PELVIS W&W/O CONT  EXAMINED   No        Unknown      DEMO,TECH L
=====
XXXXXXXX,XXXXXX XXXXX 8121    69753     08/11/06  MED/SURG     No Rpt
CHEST 2 VIEWS PA&LAT  EXAMINED   No        Unknown      DEMO,TECH H
=====
    
```

Figure 16-7: Incomplete Exam Report

16.1.7 Unverified Reports

This option allows the user to generate a report that contains the total number of unverified reports for the division and imaging types chosen by the user. The user may select only those divisions and imaging types to which he/she has access.

For each division and imaging type combination, the output is divided into two sections. The first section shows the total number of unverified reports for each interpreting staff physician. The second section shows the total number of unverified reports for each interpreting resident physician.

If there are no unverified reports for the division and imaging type combination, then the message **No Unverified Reports** displays instead of the two sections mentioned above.

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Daily Management Reports ...
Unverified Reports

Select Daily Management Reports Option: UNVERified Reports

Select Rad/Nuc Med Division: All//

Another one (Select/De-Select):

    Select one of the following:

        b      Brief
        d      Detailed
        e      Exam Date, Itemized List
        s      Staff, Itemized List

Note that the Brief and Detailed Report will print on standard 80-column paper. The
Exam Date and Staff, Itemized List are formatted for 132-column output devices.

Enter response: b//  Brief

(The date range refers to DATE REPORT ENTERED)

**** Date Range Selection ****

    Beginning DATE : 1/1  (JAN 01, 2013)

    Ending   DATE : t  (DEC 31, 2013)

Default cut-off limits (in hours) for aging of reports are :

                                24   48   96

Do you want to enter different cut-off limits? N// O

DEVICE: HOME//  VIRTUAL TERMINAL  Right Margin: 80//

                                >>>> Unverified Reports (brief) <<<<<                                Page: 1

```



```

Division: DEMO INDIAN HOSPITAL          Report Date Range: Jan 01, 2013
Imaging Type: GENERAL RADIOLOGY        Dec 31, 2013@23:59
Run Date: DEC 31,2013  14:21          Total Unverified Reports: 0

*****
*   No Unverified Reports   *
*****

```

Figure 16-8: Unverified Reports

16.2 Functional Area Workload Reports

Functional Area Workload Reports allow a Radiology Manager to assess the source of their workload by clinic or location.

16.2.1 Clinic Report

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Functional Area Workload Reports ...
Clinic Report

Select Management Reports Menu Option: FUNCTIONal Area Workload Reports

      Clinic Report

Clinic Workload Report:
-----

Do you wish only the summary report? No// YES

Select Rad/Nuc Med Division: All//

Another one (Select/De-Select):

Do you wish to include all Clinics? Yes//  YES

**** Date Range Selection ****

Beginning DATE : 8/1/2006  (AUG 01, 2006)

Ending    DATE : 8/31/2006  (AUG 31, 2006)

The entries printed for this report will be based only
on exams that are in one of the following statuses:

GENERAL RADIOLOGY
-----
      EXAMINED
      TRANSCRIBED
      DICTATED
      COMPLETE

DEVICE: HOME//  Virtual

```

```

>>> Clinic Workload Report <<<
Page: 1

Division: CHOCTAW NATION HOSPITAL
Imaging Type: GENERAL RADIOLOGY
For period: Aug 01, 2006 to: AUG 31,2006
RUN Date: Aug 31, 2006

```

| Clinic | -----Examinations----- | | | | | Total | % of Exams | WWU | % of WWU |
|--------------------------|------------------------|------|-----|-------|------|-------|------------|------|----------|
| | Inpt | Opt | Res | Other | | | | | |
| (Imaging Type Summary) | | | | | | | | | |
| BB-DEMO DOC, PAC | 0 | 1 | 0 | 0 | 1 | 0.0 | 2 | 0.0 | |
| CT | 0 | 1 | 0 | 0 | 1 | 0.0 | 8 | 0.1 | |
| EMERGENCY ROOM | 0 | 1017 | 0 | 0 | 1017 | 47.7 | 3879 | 43.6 | |
| FP-SISK | 0 | 3 | 0 | 0 | 3 | 0.1 | 24 | 0.3 | |
| IDABEL - DR. PROVIDER IM | 0 | 1 | 0 | 0 | 1 | 0.0 | 2 | 0.0 | |
| IDABEL - DR.PROVIDER II | 0 | 3 | 0 | 0 | 3 | 0.1 | 7 | 0.1 | |

Figure 16-9: Clinic Report

16.2.2 Ward Report

Ward Reports allow a Radiology Supervisor to track their Workload by Ward.

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Functional Area Workload Reports ...
Ward Report

Ward Workload Report:
-----

Do you wish only the summary report? No// YES

Select Rad/Nuc Med Division: All//

Another one (Select/De-Select):

Do you wish to include all Wards? Yes// YES

**** Date Range Selection ****

Beginning DATE : 8/1/2006 (AUG 01, 2006)

Ending DATE : 8/31/2006 (AUG 31, 2006)

The entries printed for this report will be based only
on exams that are in one of the following statuses:

GENERAL RADIOLOGY
-----
TRANSCRIBED
DICTATED
COMPLETE

```

```

DEVICE: HOME//  Virtual

    >>> Ward Workload Report <<<                                     Page: 1

    Division: CHOCTAW NATION HOSPITAL
    Imaging Type: GENERAL RADIOLOGY                               For period: Aug 01, 2006 to
    Run Date: AUG 17,2007  14:48                                Aug 31, 2006

-----Examinations-----
Ward                               Inpt  Opt   Res Other  Total  % of  % of
-----
                                (Imaging Type Summary)
MED/SURG                           68    0    0    0    68   85.0  325  92.6
OB/GYN                             12    0    0    0    12   15.0   26   7.4
-----
Imaging Type Total:                 80    0    0    0    80                351

```

Figure 16-10: Ward Report

16.3 Personnel Workload Reports

Personnel Workload Reports allow the management staff to monitor the number of procedures ordered by their provider staff or the number of procedures performed by their technologists.

16.3.1 Physician Report

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Personnel Workload Reports ...
Physician Report

Select Personnel Workload Reports Option: PHYSician Report

Requesting M.D. Workload Report:
-----

Do you wish only the summary report? NO// YES

Select Rad/Nuc Med Division: All//

Another one (Select/De-Select):

Do you wish to include all Requesting M.D.s? Yes//  YES

**** Date Range Selection ****

    Beginning DATE : 8/1/2006  (AUG 01, 2006)

    Ending    DATE : 8/31/2006  (AUG 31, 2006)

    The entries printed for this report will be based only
    on exams that are in one of the following statuses:

    GENERAL RADIOLOGY

```

 EXAMINED
 TRANSCRIBED
 DICTATED
 COMPLETE

DEVICE: HOME// Virtual

>>> Requesting M.D. Workload Report <<<

Page: 1

Division: CHOCTAW NATION HOSPITAL

Imaging Type: GENERAL RADIOLOGY

Run Date: AUG 17,2007 14:50

For period: AUG 1,2006 to

AUG 31,2006

| Requesting M.D. | Examinations | | | Percent Exams |
|-----------------------------|--------------|-----|-------|---------------|
| | In | Out | Total | |
| ----- | | | | |
| (Imaging Type Summary) | | | | |
| PROVIDER, DEAN N PA-C | 0 | 18 | 18 | 0.8 |
| PROVIDER, HAMPTON W, DO | 0 | 14 | 14 | 0.6 |
| PROVIDER, CARLOS MD | 0 | 3 | 3 | 0.1 |
| PROVIDER, DEE D DO | 1 | 82 | 83 | 3.7 |
| PROVIDER, WAYNE E MD | 0 | 1 | 1 | 0.0 |
| PROVIDER, MARY ANN PA-C | 0 | 42 | 42 | 1.9 |
| PROVIDER, THOMAS C MD | 0 | 8 | 8 | 0.4 |
| PROVIDER, DONALD E DO | 0 | 140 | 140 | 6.3 |
| PROVIDER, RYAN D MD | 1 | 0 | 1 | 0.0 |
| PROVIDER, ROGER P MD | 0 | 20 | 20 | 0.9 |
| PROVIDER, PAUL Y MD | 53 | 5 | 58 | 2.6 |
| PROVIDER, MARIE C MD | 6 | 4 | 10 | 0.4 |
| PROVIDER, THOMAS C MD | 0 | 2 | 2 | 0.1 |
| DAVID, ANDREW E MD | 0 | 10 | 10 | 0.4 |
| PROVIDER, MICHAEL J DO | 0 | 21 | 21 | 0.9 |
| PROVIDER, FRED DO | 0 | 40 | 40 | 1.8 |
| PROVIDER, MARTHA A ARNP-C | 0 | 2 | 2 | 0.1 |
| PROVIDER, MARY S MD | 0 | 4 | 4 | 0.2 |
| PROVIDER, FLOYD K MD | 0 | 22 | 22 | 1.0 |
| PROVIDER, MELINDA S MD | 1 | 5 | 6 | 0.3 |
| HABETS, MICHELLE L PA-C | 0 | 1 | 1 | 0.0 |
| PROVIDER, THOMAS B PA-C | 0 | 2 | 2 | 0.1 |
| PROVIDER, DIXIE ARNP | 0 | 2 | 2 | 0.1 |
| PROVIDER, PHYLLIS D MD | 1 | 11 | 12 | 0.5 |
| PROVIDER, GWENDOLYN PA | 0 | 12 | 12 | 0.5 |
| PROVIDER, JASON L D | 0 | 7 | 7 | 0.3 |
| HOLLAND, ROGER P MD | 0 | 1 | 1 | 0.0 |
| PROVIDER, BARBARA J MD | 1 | 3 | 4 | 0.2 |
| PROVIDER, SEAN P PA-C | 0 | 82 | 82 | 3.7 |
| PROVIDER, RHONDA R PA-C | 0 | 70 | 70 | 3.1 |
| PROVIDER, KRISTI G ARNP | 0 | 185 | 185 | 8.3 |
| PROVIDER, ROBERT H MD | 4 | 19 | 23 | 1.0 |
| PROVIDER, ANTOINE MD | 0 | 3 | 3 | 0.1 |
| PROVIDER, TRACY A DO | 0 | 24 | 24 | 1.1 |
| PROVIDER, WILLYS L DPM | 2 | 42 | 44 | 2.0 |
| PROVIDER, AMELIA C MD | 0 | 114 | 114 | 5.1 |
| PROVIDER, HERVE PA-C | 0 | 131 | 131 | 5.9 |
| PROVIDER, MIKE P DPM | 3 | 38 | 41 | 1.8 |
| PROVIDER, DAVID S DO | 0 | 2 | 2 | 0.1 |
| PROVIDER, ATEF F MD | 1 | 102 | 103 | 4.6 |
| PROVIDER, CHRISTOPHER M MD | 0 | 33 | 33 | 1.5 |
| PROVIDER, EDDIE EMERSON PA- | 0 | 1 | 1 | 0.0 |
| PROVIDER, CH MD | 3 | 21 | 24 | 1.1 |

| | | | | |
|-------------------------------|----|------|------|-----|
| PROVIDER, JOHNNY R DO | 0 | 23 | 23 | 1.0 |
| PROVIDER, RAMON O, MD | 0 | 1 | 1 | 0.0 |
| PEBENITO, CHARISSA P, MD | 3 | 16 | 19 | 0.9 |
| PROVIDER, G P DO | 0 | 1 | 1 | 0.0 |
| PROVIDER, MARYELLEN CNM | 0 | 7 | 7 | 0.3 |
| PROVIDER, JASON K DO | 0 | 186 | 186 | 8.4 |
| PROVIDER, SHIELA D ARNP | 0 | 22 | 22 | 1.0 |
| PROVIDER, STEPHEN A MD | 3 | 54 | 57 | 2.6 |
| PROVIDER, JOANN C PNP | 0 | 32 | 32 | 1.4 |
| PROVIDER, MELINDA F ARNP | 0 | 14 | 14 | 0.6 |
| PROVIDER, DONNA J CNM | 0 | 11 | 11 | 0.5 |
| PROVIDER, KELLIE | 0 | 1 | 1 | 0.0 |
| PROVIDER, JAMES P DO | 5 | 38 | 43 | 1.9 |
| PROVIDER, STEVE O MD | 0 | 10 | 10 | 0.4 |
| PROVIDER, TAMMY MICHELLE PA-C | 0 | 22 | 22 | 1.0 |
| PROVIDER, BENJAMIN C OD | 0 | 2 | 2 | 0.1 |
| PROVIDER, BAO MD | 0 | 8 | 8 | 0.4 |
| PROVIDER, SUZANNE PA-C | 0 | 21 | 21 | 0.9 |
| PROVIDER, GARY E MD | 0 | 207 | 207 | 9.3 |
| PROVIDER, TAMRA J PA | 0 | 12 | 12 | 0.5 |
| PROVIDER, JONI A CNM | 0 | 10 | 10 | 0.4 |
| PROVIDER, JOSE M MD | 0 | 22 | 22 | 1.0 |
| PROVIDER, D MD N | 5 | 61 | 66 | 3.0 |
| ----- | | | | |
| Imaging Type Total | 93 | 2130 | 2223 | |

Figure 16-11: Physician Report

16.3.2 Technologist Report

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Personnel Workload Reports ...
Technologist Report

Select Personnel Workload Reports Option: TECHNologist Report

Technologist Workload Report:
-----

Do you wish only the summary report? NO// YES

Select Rad/Nuc Med Division: All//

Another one (Select/De-Select):

Do you wish to include all Technologists? Yes// YES

**** Date Range Selection ****

Beginning DATE : 8/1/2006 (AUG 01, 2006)

Ending DATE : 8/31/2006 (AUG 31, 2006)

The entries printed for this report will be based only
on exams that are in one of the following statuses:

GENERAL RADIOLOGY
    
```

```

-----
EXAMINED
TRANSCRIBED
DICTATED
COMPLETE

DEVICE: HOME//  Virtual

>>> Technologist Workload Report <<<                                     Page: 1

Division: CHOCTAW NATION HOSPITAL
Imaging Type: GENERAL RADIOLOGY                                     For period: AUG 1,2006 to
Run Date: AUG 17,2007 14:51                                       AUG 31,2006

```

| Technologist | Examinations | | | Percent | Percent | |
|------------------------|--------------|------|-------|---------|---------|------|
| | In | Out | Total | Exams | WWU | WWU |
| ----- | | | | | | |
| (Imaging Type Summary) | | | | | | |
| DEMO,TECH RTMCT | 4 | 94 | 98 | 4.4 | 371 | 4.0 |
| DEMO,TECH M | 20 | 297 | 317 | 14.2 | 1179 | 12.6 |
| DEMO,TECH S RT | 11 | 410 | 421 | 18.9 | 1027 | 11.0 |
| DEMO,TECH L RTCT | 16 | 292 | 308 | 13.8 | 2318 | 24.7 |
| DEMO,TECH GL | 11 | 226 | 237 | 10.6 | 565 | 6.0 |
| DEMO,TECH TM | 4 | 84 | 88 | 3.9 | 348 | 3.7 |
| DEMO,TECH JW RT | 11 | 170 | 181 | 8.1 | 573 | 6.1 |
| DEMO,TECH RRW RT | 0 | 2 | 2 | 0.1 | 4 | 0.0 |
| DEMO,TECH SM RT | 2 | 44 | 46 | 2.1 | 129 | 1.4 |
| DEMO,TECH BG RT | 2 | 155 | 157 | 7.0 | 599 | 6.4 |
| DEMO,TECH SA RT | 0 | 11 | 11 | 0.5 | 29 | 0.3 |
| DEMO,TECH M RT | 13 | 191 | 204 | 9.1 | 1448 | 15.5 |
| DEMO,TECH K RT | 0 | 161 | 161 | 7.2 | 780 | 8.3 |
| ----- | | | | | | |
| Imaging Type Total | 94 | 2137 | 2231 | | 9370 | |
| ----- | | | | | | |

NOTE: Since a procedure can be performed by more than one technologist, the total number of exams and weighted work units by division and imaging type is likely to be higher than the other workload reports.

Figure 16-12: Technologist Report

16.4 Special Reports

The special reports menu offers the most options for determining the number and types of procedures performed by Division or by Imaging Location. In addition, the Status Time Report provides turnaround time statistics for individual exams.

```

AMIS Code Dump by Patient
AMIS Report
Camera/Equip/Rm Report
Cost Distribution Report
Detailed Procedure Report
Film Usage Report
Procedure Scaled wRVU/CPT Report
Procedure wRVU/CPT Report

```

```

Procedure/CPT Statistics Report
Status Time Report
Wasted Film Report

```

Figure 16-13: Special Reports Menu

16.4.1 Detailed Procedure Report

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Special Reports ...
Detailed Procedure Report

Select Special Reports Option: DETAILED Procedure Report

Select Rad/Nuc Med Division: All// CHOCTAW NATION HOSPITAL      OKLAHOMA TRIB
E/638      TALIHINA      01      OK      556001

Another one (Select/De-Select):

**** Date Range Selection ****

Beginning DATE : 8/1/2006 (AUG 01, 2006)

Ending      DATE : 8/31/2006 (AUG 31, 2006)

The entries printed for this report will be based only
on exams that are in one of the following statuses:

GENERAL RADIOLOGY
-----
EXAMINED
TRANSCRIBED
DICTATED
COMPLETE

DEVICE: HOME//      Virtual

>>>> Detailed Procedure Workload Report <<<<<      Page: 1

Division: CHOCTAW NATION HOSPITAL
Imaging Type: GENERAL RADIOLOGY      For period: AUG 1,2006 to
Run Date: AUG 17,2007 14:53      AUG 31,2006

Procedure      Examinations      Percent      Percent
In      Out      Total      Exams      WWU      WWU
-----
Amis: 1      SKULL, INC. SINUS, MASTOID, JAW, ETC
C-ARM HAND      0      2      2      18.2      6      18.2
FACIAL BONES, LESS THAN 3 VIEW      0      1      1      9.1      3      9.1
NASAL BONES MIN 3 VIEWS      0      2      2      18.2      6      18.2
SINUSES 3 OR MORE VIEWS      0      3      3      27.3      9      27.3
SINUSES MIN 2 VIEWS      0      2      2      18.2      6      18.2
SKULL 4 OR MORE VIEWS      0      1      1      9.1      3      9.1

AMIS CATEGORY TOTALS      0      11      11      33

```

| | | | | | | |
|--|--------------|-----|---------|---------------------------|------|-------|
| Amis: 2 CHEST-SINGLE VIEW | | | | | | |
| ABDOMEN MIN 3 VIEWS+CHEST | 0 | 65 | 65 | 32.0 | 65 | 32.0 |
| ACUTE ABDOMEN | 0 | 12 | 12 | 5.9 | 12 | 5.9 |
| CHEST APICAL LORDOTIC | 0 | 1 | 1 | 0.5 | 1 | 0.5 |
| CHEST SINGLE VIEW | 15 | 95 | 110 | 54.2 | 110 | 54.2 |
| LATERAL DECUB CHEST VIEW | 0 | 1 | 1 | 0.5 | 1 | 0.5 |
| LORDOTIC VIEW CHEST | 0 | 1 | 1 | 0.5 | 1 | 0.5 |
| RIBS UNILAT+CHEST 3 OR MORE VI | 0 | 13 | 13 | 6.4 | 13 | 6.4 |
| AMIS CATEGORY TOTALS | 15 | 188 | 203 | | 203 | |
| Amis: 3 CHEST MULTIPLE VIEW | | | | | | |
| CHEST 2 VIEWS PA&LAT | 12 | 203 | 215 | 100.0 | 430 | 100.0 |
| AMIS CATEGORY TOTALS | 12 | 203 | 215 | | 430 | |
| Note: Numerous pages of report not shown in order to display summary. | | | | | | |
| >>>> Detailed Procedure Workload Report <<<<< | | | | Page: 23 | | |
| Division: CHOCTAW NATION HOSPITAL | | | | For period: AUG 1,2006 to | | |
| Imaging Type: GENERAL RADIOLOGY | | | | AUG 31,2006 | | |
| Run Date: AUG 17,2007 14:53 | | | | | | |
| Amis Category | Examinations | | Percent | Percent | | |
| | In | Out | Total | Exams | WWU | WWU |
| ----- | | | | | | |
| (Division Summary) | | | | | | |
| 1-SKULL, INC.SINUS, MASTOID, JAW, ET | 0 | 11 | 11 | 0.5 | 33 | 0.4 |
| 2-CHEST-SINGLE VIEW | 15 | 188 | 203 | 8.8 | 203 | 2.2 |
| 3-CHEST MULTIPLE VIEW | 12 | 203 | 215 | 9.3 | 430 | 4.6 |
| 5-ABDOMEN-KUB | 4 | 35 | 39 | 1.7 | 78 | 0.8 |
| 6-OBSTRUCTIVE SERIES | 7 | 68 | 75 | 3.2 | 225 | 2.4 |
| 7-SKELETAL-SPINE & SACROILIAC | 0 | 104 | 104 | 4.5 | 312 | 3.3 |
| 8-SKELETAL-BONE & JOINTS | 10 | 731 | 741 | 32.0 | 1482 | 15.9 |
| 9-GASTROINTESTINAL | 0 | 33 | 33 | 1.4 | 198 | 2.1 |
| 10-GENITOURINARY | 0 | 10 | 10 | 0.4 | 60 | 0.6 |
| 12-CHOLANGIOGRAM | 4 | 3 | 7 | 0.3 | 70 | 0.7 |
| 19-VENOGRAM | 0 | 2 | 2 | 0.1 | 30 | 0.3 |
| 21-COMPUTED TOMOGRAGHY | 28 | 446 | 474 | 20.5 | 3792 | 40.6 |
| 23-ULTRASOUND, ECHOENCEPHALOGRAM | 13 | 194 | 207 | 8.9 | 1449 | 15.5 |
| 24-OTHER | 0 | 196 | 196 | 8.5 | 980 | 10.5 |
| 25-EXAMS IN OPER.SUITE AT SURGERY | 4 | 10 | 14 | 0.6 | 89 | 1.0 |
| 26-PORTABLE (BEDSIDE) EXAMINATION | 2 | 85 | 87 | 3.8 | 123 | 1.3 |
| -SERIES OF AMIS CODES | 0 | 94 | 94 | | 383 | 4.1 |

Figure 16-14: Detailed Procedure Report

16.4.2 Procedure/CPT Statistics Report

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Special Reports
Procedure/CPT Statistics Report

Select Special Reports Option: PROCEDURE/CPT Statistics Report

Do you want to count CPT Modifiers separately? NO//
    
```


Select Rad/Nuc Med Division: All// CHO CTAW NATION HOSPITAL OKLAHOMA TRIB
 E/638 TALIHINA 01 OK 556001

Another one (Select/De-Select):

Do you wish to include cancelled cases? Yes// NO

Do you wish to include all Procedures? Yes// YES

**** Date Range Selection ****

Beginning DATE : 8/1/2006 (AUG 01, 2006)

Ending DATE : 8/31/2006 (AUG 31, 2006)

Select one of the following:

- I INPATIENT
- O OUTPATIENT
- B BOTH

Report to include: BOTH//

DEVICE: HOME// Virtual

>>>> PROCEDURE/CPT STATISTICS REPORT (INPATIENT) <<<< Page: 1

Division: CHOCTAW NATION HOSPITAL
 Imaging Type: GENERAL RADIOLOGY For period: 08/01/06 to
 Run Date: AUG 17,2007 14:54 08/31/06
 # of Procedures selected: All Cancelled Exams: excluded

| CPT | PROCEDURE | # DONE | (%) | \$UNIT | \$TOTAL | (%) |
|---------------------------------|-----------------------------------|--------|-----|--------|---------|-----|
| 70450 | CT HEAD W/O CONT | 4 | 4 | 0.00 | 0.00 | 0 |
| 71010 | CHEST SINGLE VIEW | 15 | 16 | 0.00 | 0.00 | 0 |
| 71020 | CHEST 2 VIEWS PA&LAT | 12 | 13 | 0.00 | 0.00 | 0 |
| 71260 | CT THORAX W/CONT | 3 | 3 | 0.00 | 0.00 | 0 |
| 72192 | CT PELVIS W/O CONT | 2 | 2 | 0.00 | 0.00 | 0 |
| 72193 | CT PELVIS W/CONT | 1 | 1 | 0.00 | 0.00 | 0 |
| 72194 | CT PELVIS W&W/O CONT | 6 | 6 | 0.00 | 0.00 | 0 |
| 73030 | SHOULDER 2 OR MORE VIEWS | 4 | 4 | 0.00 | 0.00 | 0 |
| 73130 | HAND 3 OR MORE VIEWS | 1 | 1 | 0.00 | 0.00 | 0 |
| 73500 | HIP 1 VIEW | 1 | 1 | 0.00 | 0.00 | 0 |
| 73610 | ANKLE 3 OR MORE VIEWS | 1 | 1 | 0.00 | 0.00 | 0 |
| 73630 | FOOT 3 OR MORE VIEWS | 2 | 2 | 0.00 | 0.00 | 0 |
| 73650 | CALCANEUS 2 VIEWS | 1 | 1 | 0.00 | 0.00 | 0 |
| 73700 | CT LOWER EXTREMITY W/O CONT | 1 | 1 | 0.00 | 0.00 | 0 |
| 73701 | CT LOWER EXTREMITY W/CONT | 1 | 1 | 0.00 | 0.00 | 0 |
| 74000 | ABDOMEN 1 VIEW | 1 | 1 | 0.00 | 0.00 | 0 |
| 74000 | ABDOMEN-KUB | 3 | 3 | 0.00 | 0.00 | 0 |
| 74020 | FLAT AND UPRIGHT ABDOMEN | 7 | 8 | 0.00 | 0.00 | 0 |
| 74150 | CT ABDOMEN W/O CONT | 3 | 3 | 0.00 | 0.00 | 0 |
| 74160 | CT ABDOMEN W/CONT | 1 | 1 | 0.00 | 0.00 | 0 |
| 74170 | CT ABDOMEN W&W/O CONT | 6 | 6 | 0.00 | 0.00 | 0 |
| 76000 | C-ARM CHOLANGIOGRAM | 4 | 4 | 0.00 | 0.00 | 0 |
| 76700 | ECHOGRAM ABDOMEN COMPLETE | 6 | 6 | 0.00 | 0.00 | 0 |
| 76705 | ECHOGRAM ABDOMEN LTD | 3 | 3 | 0.00 | 0.00 | 0 |
| 76770 | ECHOGRAM RETROPERITONEAL COMPLETE | 4 | 4 | 0.00 | 0.00 | 0 |
| Total for this imaging type --> | | 93 | | | 0.00 | |

```

>>>> PROCEDURE/CPT STATISTICS REPORT (OUTPATIENT) <<<<< Page: 4
Division: CHOCTAW NATION HOSPITAL
Imaging Type: GENERAL RADIOLOGY
Run Date: AUG 17,2007 14:54
# of Procedures selected: All
For period: 08/01/06 to 08/31/06
Cancelled Exams: excluded

```

| CPT | PROCEDURE | # DONE | (%) | \$UNIT | \$TOTAL | (%) |
|-------|---------------------------------------|--------|-----|--------|---------|-----|
| 70140 | FACIAL BONES, LESS THAN 3 VIEWS | 1 | 0 | 0.00 | 0.00 | 0 |
| 70160 | NASAL BONES MIN 3 VIEWS | 2 | 0 | 0.00 | 0.00 | 0 |
| 70210 | SINUSES MIN 2 VIEWS | 2 | 0 | 0.00 | 0.00 | 0 |
| 70220 | SINUSES 3 OR MORE VIEWS | 3 | 0 | 0.00 | 0.00 | 0 |
| 70260 | SKULL 4 OR MORE VIEWS | 1 | 0 | 0.00 | 0.00 | 0 |
| 70450 | CT HEAD W/O CONT | 94 | 4 | 0.00 | 0.00 | 0 |
| 70460 | CT HEAD W/IV CONT | 1 | 0 | 0.00 | 0.00 | 0 |
| 70470 | CT HEAD W&WO CONT | 19 | 1 | 0.00 | 0.00 | 0 |
| 70480 | CT ORBIT SELLA P FOS OR TEMP BONE W/O | 3 | 0 | 0.00 | 0.00 | 0 |
| 70486 | CT MAXILLOFACIAL W/O CONT | 16 | 1 | 0.00 | 0.00 | 0 |
| 70490 | CT NECK SOFT TISSUE W/O CONT | 1 | 0 | 0.00 | 0.00 | 0 |
| 70491 | CT NECK SOFT TISSUE W/CONT | 3 | 0 | 0.00 | 0.00 | 0 |
| 71010 | CHEST SINGLE VIEW | 95 | 4 | 0.00 | 0.00 | 0 |
| 71010 | LORDOTIC VIEW CHEST | 1 | 0 | 0.00 | 0.00 | 0 |
| 71020 | CHEST 2 VIEWS PA&LAT | 203 | 9 | 0.00 | 0.00 | 0 |
| 71021 | CHEST APICAL LORDOTIC | 1 | 0 | 0.00 | 0.00 | 0 |
| 71035 | LATERAL DECUB CHEST VIEW | 1 | 0 | 0.00 | 0.00 | 0 |
| 71100 | RIBS UNILAT 2 VIEWS | 1 | 0 | 0.00 | 0.00 | 0 |
| 71101 | RIBS UNILAT+CHEST 3 OR MORE VIEWS | 13 | 1 | 0.00 | 0.00 | 0 |
| 71110 | RIBS BILAT 3 OR MORE VIEWS | 2 | 0 | 0.00 | 0.00 | 0 |
| 71250 | CT THORAX W/O CONT | 5 | 0 | 0.00 | 0.00 | 0 |
| 71260 | CT THORAX W/CONT | 24 | 1 | 0.00 | 0.00 | 0 |
| 71270 | CT THORAX W&W/O CONT | 1 | 0 | 0.00 | 0.00 | 0 |
| 72020 | SPINE SINGLE VIEW | 1 | 0 | 0.00 | 0.00 | 0 |
| 72020 | LUMBAR SPINE SINGLE VIEW | 1 | 0 | 0.00 | 0.00 | 0 |
| 72040 | SPINE CERVICAL MIN 2 VIEWS | 22 | 1 | 0.00 | 0.00 | 0 |
| 72050 | SPINE CERVICAL MIN 4 VIEWS | 9 | 0 | 0.00 | 0.00 | 0 |
| 72070 | SPINE THORACIC 2 VIEWS | 27 | 1 | 0.00 | 0.00 | 0 |
| 72100 | SPINE LUMBOSACRAL MIN 2 VIEWS | 22 | 1 | 0.00 | 0.00 | 0 |
| 72110 | SPINE LUMBOSACRAL MIN 4 VIEWS | 19 | 1 | 0.00 | 0.00 | 0 |
| 72125 | CT CERVICAL SPINE W/O CONT | 29 | 1 | 0.00 | 0.00 | 0 |

Figure 16-15: Procedure /CPT Statistics Report

16.4.3 Film Usage Report

The film usage report is of less value at the current time because of the availability of detailed reports from most modalities.

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Special Reports ...
Film Usage Report

Select Special Reports Option: FILM Usage Report

Film Usage Report
-----

```

Do you wish only the summary report? NO// YES

Select Rad/Nuc Med Division: All// CHOC TAW NATION HOSPITAL OKLAHOMA TRIB
 E/638 TALIHINA 01 OK 556001

Another one (Select/De-Select):

Do you wish to include all Films? Yes// YES

**** Date Range Selection ****

Beginning DATE : 8/1/2006 (AUG 01, 2006)

Ending DATE : 8/31/2006 (AUG 31, 2006)

The entries printed for this report will be based only
 on exams that are in one of the following statuses:

GENERAL RADIOLOGY

-
- EXAMINED
- TRANSCRIBED
- Dictated
- COMPLETE

DEVICE: HOME// Virtual

>>>> Film Usage Report <<<<<

Page: 1

Division: CHOCTAW NATION HOSPITAL
 Imaging Type: GENERAL RADIOLOGY
 Run Date: AUG 17,2007 14:54
 For period: AUG 1,2006 to
 AUG 31,2006

| Film Size | Number of Films* | Number of Exams | Films per Exam | Percentage Films Used |
|---------------------------|------------------------|-----------------------|----------------------|-----------------------------|
| (Imaging Type Summary) | | | | |
| 10x12 | 1189 | 562 | 2.1 | 22.2 |
| 10x12 mam | 98 | 22 | 4.5 | 1.8 |
| 11x14 (30x35cm) | 353 | 138 | 2.6 | 6.6 |
| 14x14 | 66 | 31 | 2.1 | 1.2 |
| 14x17 (35x43cm) | 613 | 246 | 2.5 | 11.5 |
| 14x17 Chest Kodak InSight | 720 | 383 | 1.9 | 13.5 |
| 14x17 ct | 1490 | 425 | 3.5 | 27.9 |
| 8x10 | 413 | 212 | 1.9 | 7.7 |
| 8x10 Mam | 407 | 112 | 3.6 | 7.6 |
| NO FILMS STANDBY TIME | 1 | 1 | 1.0 | 0.0 |
| Imaging Type Total | 5350 | 2132 | 2.5 | |

* Cine data not included in imaging type totals.
 Percentages calculated on film data only.

of Films selected: ALL

Figure 16-16: Film Usage Report

16.4.4 Status Time Report

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Special Reports ...
Status Time Report

Select Special Reports Option: SStatus Time Report

Select Rad/Nuc Med Division: All// CHOC TAW NATION HOSPITAL OKLAHOMA TRIB
E/638 TALIHINA 01 OK 556001

Another one (Select/De-Select):

Select all requesting locations? Y/N: Y

Select IMAGING TYPE: GENE RAL RADIOLOGY

Select all procedures? Y/N: Y

**** Date Range Selection ****

Beginning DATE : 8/1/2006 (AUG 01, 2006)

Ending DATE : 8/31/2006 (AUG 31, 2006)

Do you wish to print detailed reports? No//

DEVICE: HOME// Virtual

** Status Tracking Statistics Report ** Page: 1
Division Summary Procedure Detail

Run Date: 08/17/07 For Period: 08/01/06 - 08/31/06
Division: CHOCTAW NATION HOSPITAL Imaging Type: GENERAL RADIOLOGY
Requesting Location:ALL Procedure:ALL

** Status Tracking Statistics Report ** Page: 2
Division Summary Procedure Detail

Run Date: 08/17/07 For Period: 08/01/06 - 08/31/06
Division: CHOCTAW NATION HOSPITAL Imaging Type: GENERAL RADIOLOGY
Requesting Location:ALL Procedure:ALL

From: WAITING FOR EXAM
To : EXAMINED

Minimum Maximum Average
Time Time Time
(DD:HH:MM) (DD:HH:MM) (DD:HH:MM)
-----
Procedure (CPT) -----
    
```

| | | | | |
|---|---------------------------------|--------------|--------------|----------------------|
| SINUSES MIN 2 VIEWS(70210) | 00:00:00 | 00:00:47 | 00:00:23 | 2 |
| SINUSES 3 OR MORE VIEWS(70220) | 00:00:10 | 00:00:27 | 00:00:18 | 2 |
| SKULL 4 OR MORE VIEWS(70260) | 00:01:25 | 00:01:25 | 00:01:25 | 1 |
| CT HEAD W/O CONT(70450) | 00:00:06 | 33:15:10 | 00:22:04 | 94 |
| CT HEAD W&WO CONT(70470) | 00:00:44 | 02:23:55 | 00:13:39 | 19 |
| CT ORBIT SELLA P FOS OR T(70480) | 00:00:49 | 00:21:57 | 00:08:17 | 3 |
| CT MAXILLOFACIAL W/O CONT(70486) | 00:00:20 | 37:05:59 | 03:03:59 | 13 |
| ----- | | | | |
| Overall: | 00:00:00 | 16:04:14 | 00:11:49 | 1844 |
| ** Status Tracking Statistics Report ** | | | | Page: 21 |
| Division Summary Procedure Detail | | | | |
| Run Date: 08/17/07 | For Period: 08/01/06 - 08/31/06 | | | |
| Division: CHOCTAW NATION HOSPITAL | Imaging Type: GENERAL RADIOLOGY | | | |
| Requesting Location:ALL | Procedure:ALL | | | |
| From: EXAMINED | | | | |
| To : COMPLETE | | | | |
| | Minimum Time | Maximum Time | Average Time | Number of Procedures |
| Procedure (CPT) | (DD:HH:MM) | (DD:HH:MM) | (DD:HH:MM) | |
| ----- | | | | |
| CT HEAD W/O CONT(70450) | 74:18:23 | 74:18:23 | 74:18:23 | 1 |
| CT MAXILLOFACIAL W/O CONT(70486) | 38:18:55 | 38:18:55 | 38:18:55 | 1 |
| CHEST 2 VIEWS PA&LAT(71020) | 66:00:11 | 74:12:05 | 71:13:07 | 7 |
| RIBS UNILAT+CHEST 3 OR MO(71101) | 73:18:01 | 73:18:01 | 73:18:01 | 1 |
| SPINE THORACIC 2 VIEWS(72070) | 73:02:17 | 73:02:17 | 73:02:17 | 1 |
| SPINE LUMBOSACRAL MIN 2 V(72100) | 73:02:17 | 73:02:17 | 73:02:17 | 1 |
| ----- | | | | |
| Overall: | 38:18:51 | 75:23:38 | 66:20:40 | 86 |
| ** Status Tracking Statistics Report ** | | | | Page: 25 |
| Division Summary Overall | | | | |
| Run Date: 08/17/07 | For Period: 08/01/06 - 08/31/06 | | | |
| Division: CHOCTAW NATION HOSPITAL | Imaging Type: GENERAL RADIOLOGY | | | |
| Requesting Location:ALL | Procedure:ALL | | | |
| | Minimum Time | Maximum Time | Average Time | Number of Procedures |
| | (DD:HH:MM) | (DD:HH:MM) | (DD:HH:MM) | |
| ----- | | | | |
| From: WAITING FOR EXAM | | | | |
| To : COMPLETE | 64:19:42 | 64:19:42 | 64:19:42 | 1 |
| From: WAITING FOR EXAM | | | | |
| To : EXAMINED | 00:00:00 | 16:04:14 | 00:11:49 | 1844 |
| From: EXAMINED | | | | |
| To : COMPLETE | 38:18:51 | 75:23:38 | 66:20: | |

Figure 16-17: Status Time Report

16.5 Timeliness Reports

The **Timeliness Reports** are quality assurance reports on the timeliness of processing Radiology procedures and reports. They are divided into three main categories:

```

Outpatient Procedure Wait Time ...
Verification Timeliness ...
Radiology Timeliness Performance Reports ...

```

Figure 16-18: Radiology Timeliness Performance Reports

Only one report will be demonstrated in Figure 16-19, the Verification Timeliness Summary Report.

```

Rad/Nuc Med Total System Menu ...
Management Reports Menu ...
Timeliness Reports ...
Verification Timeliness ...

Summary/Detail Report

Radiology Verification Timeliness Report

Enter Report Type

    Select one of the following:

        S      Summary
        D      Detail
        B      Both

Select Report Type: S// Summary

    The begin date for Summary and Both must be at least 10 days before today.
Enter starting date: 1/1/2003 (JAN 01, 2003)

    The ending date for Summary and Both must be at least 10 days before today.
Enter ending date: (1/1/2003 - 4/2/2003): 1/31/2003 (JAN 31, 2003)

Select Primary Interpreting Staff Physician (Optional):

Select Imaging Type: All//

Another one (Select/De-Select):

Send summary report to local mail group "G.RAD PERFORMANCE INDICATOR"? Yes// NO

    No OUTLOOK mail group(s) have been entered yet.

DEVICE: HOME//

                                Summary Verification Timeliness Report                                Page: 1

Facility: DEMO INDIAN HOSPITAL          Station: 8907          VISN:
Division: DEMO INDIAN HOSPITAL
Exam Date Range: 1/1/03 - 1/31/03
Imaging Type(s): GENERAL RADIOLOGY, MAMMOGRAPHY

```

```

Run Date/Time: 12/31/13 2:49 pm

Total number of reports expected for procedures performed during specified
date range: 1897

Hrs    >0    >24    >48    >72    >96    >120   >144   >168   >192   >216   >240   PENDING
From   -24    -48    -72    -96    -120   -144   -168   -192   -216   -240   Hrs
Ex Dt  Hrs    Hrs    Hrs    Hrs    Hrs    Hrs    Hrs    Hrs    Hrs    Hrs

#Tr     9    316    520    455    259    192    99     25     5      5      8      4
%Tr     0.5  16.7  27.4  24.0  13.7  10.1   5.2    1.3    0.3    0.3    0.4    0.2

#Vr     1    126    385    403    474    304    82     91     13     3     11     4
%Vr     0.1  6.6   20.3  21.2  25.0  16.0   4.3    4.8    0.7    0.2    0.6    0.2
    
```

Summary Performance Indicator Report Page: 2

- * Columns represent # of hours elapsed from exam date/time through date/time report entered or date/time report was verified.
e.g. ">0-24 Hrs" column represents those exams that had a report transcribed and/or verified within 0-24 hours from the exam date/time.
- * Columns following the initial elapsed time column ">0-24 Hrs" begin at .0001 after the starting hour (e.g. ">24-48 Hrs" = starts at 24.001 through the 48th hour.)
- * PENDING means there's no data for DATE REPORT ENTERED or VERIFIED DATE. So, if the expected report is missing one of these fields, or is missing data for fields .01 through 17 from file #74, RAD/NUC MED REPORTS, or is a Stub Report that was entered by the Imaging package when images were captured before a report was entered, then the expected report would be counted in the PENDING column.
- * A printset, i.e., a set of multiple exams that share the same report, will be expected to have 1 report.
- * Cancelled and "No Credit" cases are excluded from this report.

Figure 16-19: Verification Timeliness Report

17.0 Supervisor Menu

There are some options in the Supervisor's Menu which should be used sparingly and only in special cases.

17.1 Delete a Report

This option allows the Supervisor to delete a report that has been entered in error.

17.2 Exam Deletion

Deletion of an exam is prohibited if the exam has an associated report or image. The report and the image must be deleted first using the VISTA workstation before the exam can be deleted.

Once the examination is DELETED, the user will be prompted to answer with a YES or NO to cancel the request associated with this exam. If YES, the request will also be cancelled, and the request status updated to CANCELLED. If NO, the request status will be updated to HOLD and may be selected for registration at a future date.

17.3 Override a Single Exam's Status to Complete

This menu option allows the Radiology Supervisor or designated staff to override the status of any exam to complete. The only exceptions to this function are exams which are already complete or those which have been cancelled.

The option probably should not be used by any Radiology service, but it is a useful tool for a small site that performs no Radiology on site. When a completed report comes back from a Radiology referral, the patient may be registered for that exam and the exam subsequently either edited or immediately overridden to complete.

17.4 Restore a Deleted Report

If a report has been deleted in error, this option can be used to restore the deleted report to its case, only if another report was not linked to the case in the interim (time between the report deletion and restoration.) The restored report is re-assigned the report status it had prior to the Deleted report status. However, the status of the exam is not automatically updated.

17.5 Unverify a Report for Amendment

This option allows the supervisor to unverify a report. It is typically used if a second read is provided by another Radiologist or if the original Radiologist wishes to alter or append to an existing report. This option should not be given to other users. As the report is unverified, a copy of it is saved for medical/legal purposes, and the report can be amended using any option that allows report entry or edit function. After the amended report is re-verified, displays and printouts of the report will always have a notation at the top to call attention to the fact that it has been amended.

18.0 Passing Mammograms to Women's Health

While it is recognized that the Women's Health package is being phased out, some facilities that perform mammograms on site still use the Women's Health package for mammogram tracking.

In order to use the existing functionality to pass mammograms to Women's Health, several steps must be taken:

1. Diagnostic Codes must be entered for all mammogram reports. The recommendation is to use American College of Radiologist (ACR) BI-RAD codes. These should have been loaded with Radiology/Nuclear Medicine V 5.0 patch 1003. You can confirm their presence by using the following Radiology/Nuclear Medicine Package menu path.

```
Supervisor Menu
Utility Files Maintenance Menu
Diagnostic Codes Enter/Edit
```

Figure 18-1: Menu path to create/edit diagnostic codes in Radiology/Nuclear Medicine

1–NEGATIVE

2–BENIGN FINDINGS

3–PROBABLY BENIGN–SHORT INTERVAL FOLLOW-UP

4–SUSPICIOUS ABNORMALITY, SUGGEST BIOPSY

5–HIGHLY SUGGESTIVE OF MALIGNANCY

0–ASSESSMENT INCOMPLETE

2. Diagnostic Codes must be linked to a Women's Health diagnosis. The menu path to complete that linkage is in the **Women's Health** menu.

```
Women's Health
Manager's Functions
File Maintenance Menu
Edit Diagnostic Code Translation File
```

Figure 18-2: Menu path to linking Radiology diagnostic codes to Women's Health diagnosis

For each of the Women's Health Result/Diagnosis for a Mammogram Result, enter the corresponding Radiology Diagnostic Code. In Figure 18-3 below, a linkage has been created for **Prbly Benign, Short Int F/U**.

```
* * * WOMEN'S HEALTH: EDIT BW DIAGNOSTIC CODE TRANSLATION FILE * * *
Select RESULT/DIAGNOSIS: Prbly Benign, Short Int F/U 4
```

```

Are you adding 'Prbly Benign, Short Int F/U' as
a new BW DIAGNOSTIC CODE TRANSLATION (the 2ND)? No// Y (Yes)
WOMEN'S HEALTH DIAGNOSIS: Prbly Benign, Short Int F/U
//
RADIOLOGY DIAGNOSTIC CODE: MAM -
1 MAM - ASSESSMENT IS INCOMPLETE
2 MAM - BENIGN FINDING, NEGATIVE
3 MAM - HIGHLY SUGGESTIVE OF MALIG, ACTION SHOULD BE TAKEN
4 MAM - NEGATIVE
5 MAM - NOT INDICATED
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: <ENTER>
6 MAM - PROBABLY BENIGN FINDING, SHORT INTERVAL F/U SUGGESTED
7 MAM - SUSPICIOUS ABNORMALITY, BIOPSY SHOULD BE CONSIDERED
CHOOSE 1-7: 6

```

Figure 18-3: Linking Radiology diagnostic codes to Women's Health diagnoses

Set up the Women's Health site parameters to update with Mammograms from Radiology. Note that this screen is on Page 2 of the site parameters.

```

Women's Health
Manager's Functions
Edit Site Parameters

* * * EDIT SITE PARAMETERS FOR CIMARRON HOSPITAL * * *

CDC.....:
          CDC Export: NO                FIPS County Code:
          Current MDE Version: 4.1      FIPS Program Code:
Bethesda 1991 Start Date: JAN 1,1991   CDC Tribal Pgm Abbreviation:
Bethesda 2001 Start Date: OCT 1,2002   Date CDC Funding Began:
Default Specimen Type: CONVENTIONAL SMEAR

HFS.....: Host File Path: /usr/spool/uucppublic

RADIOLOGY: Import Mammograms from Radiology: YES
Status Given to Imported Mammograms: OPEN

PCC.....: Run PCC Link in Diagnostic Mode: YES      (PAGE 2 OF 5)

```

Figure 18-4: Editing Women's Health site parameters to import mammograms from Radiology

- Adjust the Women's Health Site Parameters to *not* pass mammograms from Women's Health to PCC for On-Site Procedures. This is important to avoid creating duplicate entries for mammograms in PCC. Note that the options for mammograms are on pages 4 and 5 of the site parameters.

```

Women's Health
Manager's Functions
Edit Site Parameters

* * * EDIT SITE PARAMETERS FOR DEMO INDIAN HOSPITAL * * *

```

| Procedure Type | Active | Pass to PCC | DAYS |
|---------------------|--------|---------------------|-------|
| DELINQ | | | |
| ----- | ----- | ----- | ----- |
| -- | | | |
| Mammogram Dx Unilat | YES | OFF-SITE ONLY | 30 |
| Mammogram Screening | YES | OFF-SITE ONLY | 30 |
| Mastectomy | YES | BOTH ON- & OFF-SITE | 30 |
| Needle Biopsy | YES | BOTH ON- & OFF-SITE | 30 |
| Open Biopsy | YES | BOTH ON- & OFF-SITE | 30 |
| PAP Smear | YES | BOTH ON- & OFF-SITE | 30 |
| Pregnancy Test | YES | BOTH ON- & OFF-SITE | 30 |
| STD Evaluation | YES | BOTH ON- & OFF-SITE | 30 |
| Stereotactic Biopsy | YES | BOTH ON- & OFF-SITE | 30 |

(PAGE 5 OF 5)

Figure 18-5: Switching Site parameters for Women's Health to pass Mammograms for Off-Site Only

- Test with a Demo, Patient who is on the Women's Health Register by entering a screening mammogram with a Diagnostic Code in Radiology. When editing the exam for the patient, you should see a message, "Now updating Women's Health database." When the report is verified, you should be able to see a screening mammogram with a diagnosis under that patient's profile in Women's Health. If the patient is not on the Women's Health Register, the default Case Manager in Women's Health should receive a RPMS MailMan bulletin notifying that an entry could not be made for a mammogram in Woman's Health because the patient was not on the Register.

19.0 Interfacing

Radiology/Nuclear Medicine Interfaces can take many forms and numerous vendors are available. The four basic kinds of interfaces available include:

1. PACS interface—images are electronically passed to and stored on a server.
2. Modality Worklist interface—orders from RPMS electronically populate a Worklist on one or more desired modalities.
3. Report interface—reports electronically post back to the Radiology/Nuclear Medicine Report and are electronically verified.
4. Scanned interface—reports are scanned using the VISTA Scanning software and can be linked to the Radiology case number for provider review in EHR.

Any one of these interfaces can be used in conjunction with one or more of the others. All except the Scanning interface use HL7 language for coding in order to meet the Digital Imaging and Communications in Medicine (DICOM) standards.

An example of an HL7 order message is shown in Figure 19-1. This would be an example of an order message that would be sent from RPMS to a Modality Worklist or to a PACS server or to a VISTA workstation.

```
MSH|^~\&|RPMS_RAD|TESTHOSPITAL|GE_PACS|TEST|20070821000555-
0600|ORM^O01|IHS-2615209|P|2.3||AL|ER||
PID|1|48150|556001054321|556013015896~556016001622|DEMO^PATIENT^L^^^|MAXWEL
L^SMART^^^|19780418|F||PO BOX 555^^QUINTON^OK ^74555||918-555-
3858||||440555906
PV1|1|O|EMERGENCY ROOM^MEDICAL IMAGING^TEST HOSPITAL|||||
ORC|SC|11022|082007-11022||CM||20070820235200-0600||1509^
SMART^MAXWELL^E^DO^^||EMERGENCY ROOM^MEDICAL IMAGING
OBR|1|11022|082007-11022|175^ABDOMEN MIN 3 VIEWS+CHEST^C4||
||1509^SMART^MAXWELL^E^DO^^|||GENERAL RADIOLOGY||^^^ 20070820235200-
0600^^ROUTINE|||ABDOMEN PAIN RM-2 ||
```

Figure 19-1: HL7 Order Message

An order message consists of segments (MSH, PID, PV1, ORC, OBR) and fields. The data elements included between each series of | | in a segment.

Segments are defined as follows:

- MSH The Message Header which identifies where this message originated and what its destination will be.
- PID—The Patient ID segment which contains the name, chart number, date of birth, sex, ordering provider, and other details of patient demographics.
- PV1—The Visit segment which identifies whether this is an inpatient or outpatient visit and the visit location.

- ORC/OBR—the Order segments contain the details of the exam requested, the requesting provider, the date and time requested, and the reason for the exam.

An HL7 result message returns much the same information except the fields in the MSH are reversed in that the external reports interface or PACS system is returning information to RPMS. The report information is contained in OBX segments which are mapped to the desired fields in the Radiology/Nuclear Medicine Reports file.

```
MSH|^~\&|HL7INTERFACE|HL7 SYSTEM|RPMS_RAD|ZZZZ|
20070821065517|ORU^R01|DIARIS_070821065517062||1.0|| |NE|NE
PID|1||556001054321||DEMO^PATIENT^A^^^|19800810|M||||CR
OBR|1|17823|081807-17823|82^SPINE CERVICAL MIN 2 VIEWS^C4| | | |556001||
|1198^SMART^MAXWELL^E^MD^^| |20070821|GENERAL RADIOLOGY |FI|
|^20070819|876^ ^2007| 0819|UNKNOWN^ ^20070820| | | |CR|
OBX|1|FT| &GDT^ ||Referring Physician: SMART (Interface Hospital -
Nowhere, USA |||||
OBX|2|FT| &GDT^ ||X-Ray No: 51032_CNH [UID: TA20070818192925 ]|||
OBX|3|FT| &GDT^ ||Date of Exam: 8/18/2007 (Received on: 8/18/2007 7:29:25
PM)|||||
OBX|4|FT| &GDT^ ||Reason for Exam: MVA LOW BACK PAIN/WORK/ER; |||||
```

Figure 19-2: HL7 Report Message

Examples of potential workflows are shown in the following diagrams:

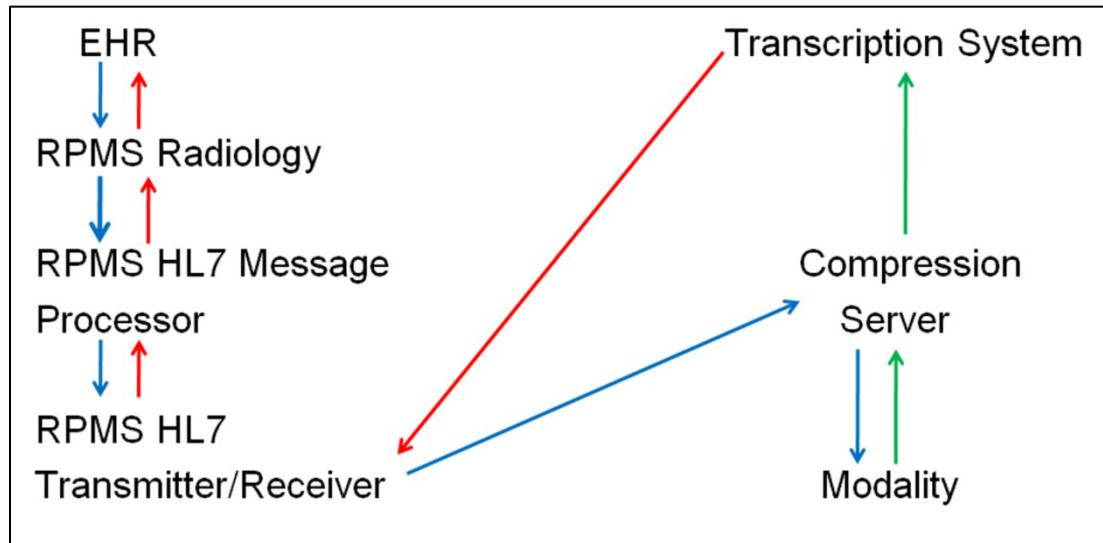


Figure 19-3: Example of a report using the generic interface in RPMS as the interface

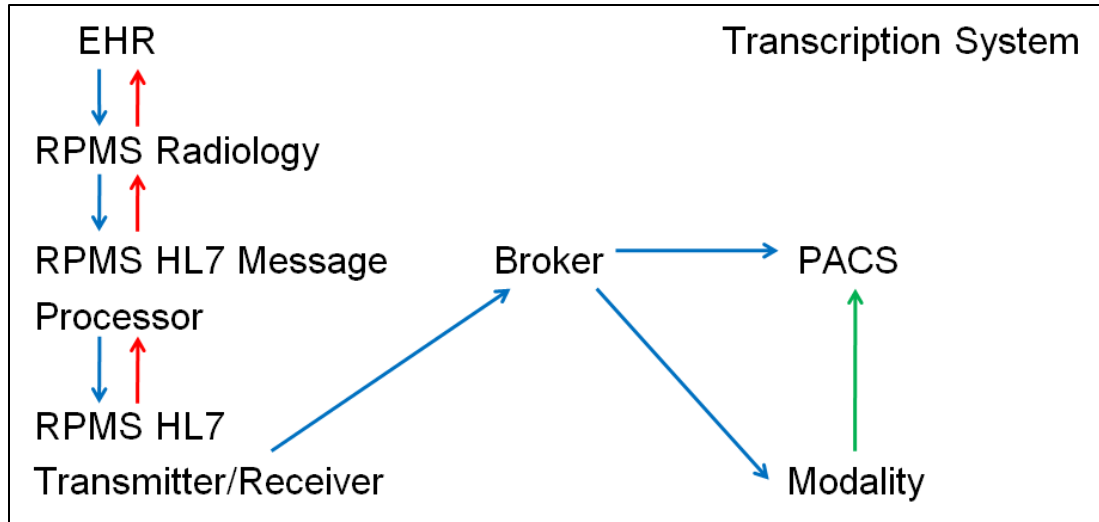


Figure 19-4: Example of a PACS interface with a modality workload without a Reports interface

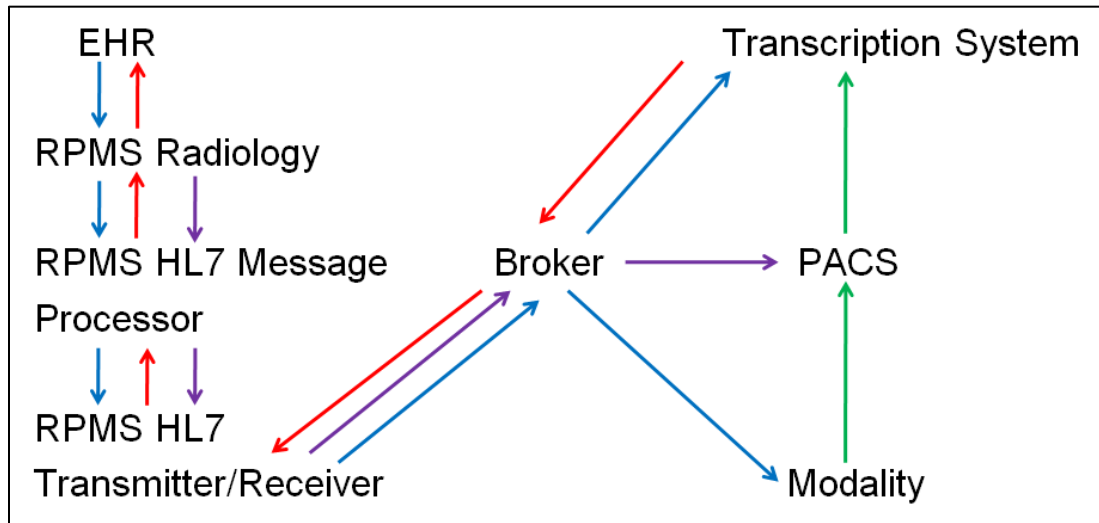


Figure 19-5: Example of a PACS, modality workload, and Reports interface

Because of the large number of vendors and complexity of interfaces, it is highly recommended that any sites desiring any kind of interface begin the discussion with their area office IT staff. Complex interfaces can be extremely resource intensive and may not be practical for small sites offering limited or no Radiology services on site.

It is most likely that small sites may be able to meet Meaningful Use Stage 2 requirements by using the Radiology/Nuclear Medicine Package in a limited mode with VISTA scanning capability to link outside scanned reports to the Radiology exam originally requested in EHR.

More extensive documentation can be found on VISTA imaging at the following link: [https://www.ihs.gov/ehr/ftpfiles/?fld=VistA+Imaging&parent=.](https://www.ihs.gov/ehr/ftpfiles/?fld=VistA+Imaging&parent=)

The screenshot shows the Indian Health Service (IHS) website interface. At the top, there is a header with the IHS logo and name, a search bar, and navigation links for 'A to Z Index', 'Employee Resources', and 'Feedback'. A red banner below the header contains a COVID-19 update. The main navigation menu includes 'About IHS', 'Locations', 'for Patients', 'for Providers', 'Community Health', 'Careers@IHS', and 'Newsroom'. The current page is titled 'Electronic Health Record (EHR) / FTP Files'. On the left, a sidebar lists various EHR-related topics, with 'FTP Files' selected. The main content area is titled 'FTP Files' and shows a directory listing for '\ VistA Imaging'. A search bar and a 'Reset Search' button are present above the table. The table has columns for 'Type', 'Name', 'Size', and 'Last Modified'. The files listed are all folders, each with a timestamp of May 13, 2019.

| Type | Name | Size | Last Modified |
|--------|--|------|--------------------------|
| | <input type="text" value="Search"/> | | |
| Folder | Clinical Capture and Display | | May 13, 2019 10:36:44 AM |
| Folder | Documentation | | May 13, 2019 10:36:44 AM |
| Folder | Getting Started | | May 13, 2019 10:38:13 AM |
| Folder | Presentations | | May 13, 2019 10:37:26 AM |
| Folder | Radiology (DICOM) | | May 13, 2019 10:38:19 AM |
| Folder | System Maintenance and Daily Tasks | | May 13, 2019 10:37:49 AM |
| Folder | Training modules | | May 13, 2019 10:36:44 AM |

Figure 19-6: IHS FTP website–VistA Imaging

20.0 September 2020 RA_5.0_1008 Release Addendum

20.1 Introduction

This addendum lists the new additions to the RPMS Radiology module as developed for the 2020 RPMS Radiology release, RA*5.0*1008. The following modifications were required for the 2015 Certified Health EHR edition specifically for the Indian Health Service RPMS/EHR Consolidated Clinical Document Architecture (CCDA), Transition of Care (TOC), and the Personal Health Record (PHR) certification criterion.

For RPMS RAD/NUC MED sites that manually enter and verify reports or have an existing HL7 interface for report transmission and verification, the verifying Radiologist or Staff associated with an interpreting site is the mechanism for sending the interpreting site for display in the CCDA, TOC, and PHR. The entered interpretation or RAD/NUC MED REPORT Impression is also exported with a verified report.

Note: RPMS RAD/NUC MED sites that do not enter or interface RAD/NUC MED REPORT entries with a verifying Radiologist or Staff and/or Impression entry will not see the following detailed information in the patient CCDA, TOC, or PHR.

If radiology reports are not entered, verified, and/or a site scans in reports via VistA Imaging Capture using a different RPMS RAD/NUC MED exam complete option, the interpreting site and impression information will not be captured for display in the CCDA, TOC, and PHR.

Additional information and screenshots are provided.

20.2 Modifications

20.2.1 New Security Keys: RAZRIS

A new security key should be assigned to the Imaging Supervisor and RPMS Radiology Information System (RIS) consultant. The key assignment enables view and add/edit for existing or new Radiology Interpreting Site Add/Edit file entries. This new option is located in the **Rad/Nuc Med Personnel Menu**.

```
Rad/Nuc Med Total System Menu
Supervisor Menu ...
Rad/Nuc Med Personnel Menu ...
Radiology Interpreting Site Add/Edit
```

Figure 20-1: RPMS menu path to linking Radiology to the Radiology Interpreting Site Add/Edit

```
Classification Enter/Edit
Clerical List
  Interpreting Resident List
  Interpreting Staff List
  Radiology Interpreting Site Add/Edit
  Technologist List
```

Figure 20-2: RPMS Radiology Interpreting Site Add/Edit option with the RAZRIS security key

20.2.2 New Radiology Interpreting Site Option

```
Classification Enter/Edit
Clerical List
  Interpreting Resident List
  Interpreting Staff List
  Radiology Interpreting Site Add/Edit
  Technologist List
```

Figure 20-3: Radiology Interpreting Site Add/Edit requires the RAZRIS security key

This menu option allows the addition of new and existing imaging interpreting sites and includes a field association for new and existing Staff. Radiology or imaging interpreting sites may be local to the Indian Health Service (e.g., 2021 DEMO HOSPITAL) or an external vendor (e.g., RadREAD) or both. Each Radiology Interpreting Site will require an entry into this menu option.

These entries are not associated with the VA FileMan **Institution** File.

```
Select Rad/Nuc Med Personnel Menu Option: RADiology Interpreting Site Add/Edit
Radiology Interpreting Site: 2021 DEMO HOSPITAL
  Are you adding '2021 DEMO HOSPITAL' as
    a new RAD/NUC MED INTERPRETING SITE (the 10TH)? No// Y (Yes)
STREET ADDRESS: 2021 ABC STREET
CITY: ALBUQUERQUE
STATE: NM NEW MEXICO NM
ZIP: 87106
PHONE NUMBER: 5051111234
Select PERSONNEL NAME: DEMO,PERSON DEMO,PERSON IT LRW
  Are you adding 'DEMO,PERSON' as
    a new PERSONNEL NAME (the 1ST for this RAD/NUC MED INTERPRETING SITE)? No// Y
  (Yes)
```

Figure 20-4: Example addition of an RPMS RAD/NUC MED Radiology Interpreting Site

Figure 20-4 includes the association or pointer to an existing Radiologist or Staff and the example is for an external vendor.

Reminder: The Radiology Interpreting Site can have file additions for both local (IHS) and external radiologists or tele radiology vendors. At this time, it is assumed that Staff do not read for both an IHS site (local) and external vendor (outside of IHS).

There should be a one-to-one match with a radiologist Staff classification and a Radiology Interpreting Site. If a Staff is not associated with a Radiology Interpreting Site, the imaging **Interpreting Site** will *not* display in the CCDA, TOC, or patient PHR.

Staff who lack the RAZRIS security key but can access the **Rad/Nuc Med Personnel** menu will be able to add staff radiologists to a field Radiology Interpreting Site. This has been added to the **Classification Enter/Edit** option (Figure 20-5).

If a staff deletion for an interpreting site is required from **Classification Enter/Edit**, use the new **Radiology Interpreting Site** menu option and associated field for **PERSONNEL NAME**.

```
Select Rad/Nuc Med Personnel Menu Option: CLASSification Enter/Edit

Select Personnel:      DEMO,STAFF IT      LRW
Select RAD/NUC MED CLASSIFICATION: staff//
Select RAD/NUC MED LOCATION ACCESS: RADIOLOGY DEPARTMENT
//
RAD/NUC MED INACTIVE DATE:
STAFF REVIEW REQUIRED:
ALLOW VERIFYING OF OTHERS: YES//
Radiology Interpreting Site: 2021 DEMO HOSPITAL//  << pulled in from the Radiology
Interpreting Site entry.  Or - RPMS RAD/NUC MED personnel missing the RAZRIS
Security Key can add existing or new Radiologist Staff.
```

Figure 20-5: Example review and addition of an RPMS RAD/NUC MED Staff and Classification Enter/Edit. Local Radiology Interpreting Site.

Note: As a reminder for the RPMS RAD/NUC MED Classification of Imaging Personnel and the assignment of classifications (Section 7.1), the following general guidelines may be used.

In particular, for the Staff designation:

Clerk–Assigned to an individual who performs clerical entry in the Radiology/Nuclear Medicine Package. They cannot be listed as a technologist when editing an exam.

Technologist–Assigned to all Radiology staff who perform exams.

Resident–Not normally used in IHS–refers to a Radiology Resident.

Staff—Reserved for interpreting Radiologists or those who will need to verify reports for interpreting Radiologist. Local staff=the Indian Health Service, and external staff =an external, third party teleradiology vendor.

Reminder: If RPMS radiology personnel are not holders of the RAZRIS key, they can still add the Radiology Interpreting Site for Staff through the Classification Enter/Edit option in this menu. Associate existing or added Staff to an existing Radiology Interpreting Site entry.

Figure 20-6 shows an example of an RPMS RAD/NUC MED Staff and Classification Enter/Edit and entry of an offsite Radiologist vendor.

```
Select Rad/Nuc Med Personnel Menu Option:  Classification Enter/Edit

Select Personnel:      DEMO,PERSONNEL P      spr
Select RAD/NUC MED CLASSIFICATION:  staff//
Select RAD/NUC MED LOCATION ACCESS:  RADIOLOGY DEPARTMENT
//
RAD/NUC MED INACTIVE DATE:
STAFF REVIEW REQUIRED:  no//
ALLOW VERIFYING OF OTHERS:
Radiology Interpreting Site: RadREAD  << RPMS RAD/NUC MED personnel missing the
RAZRIS Security Key can add existing or new Radiologist Staff.
```

Figure 20-6: Classification Enter/Edit example

20.2.3 Radiology Report Impression

20.2.3.1 Information Sharing For Impression Capture

Figure 20-7 shows an example of the RPMS RAD/NUC MED Patient Profile with Exam Status and Report Status Display.

```
===== Name :
DEMO,LOUIS      138425
  Division      : 2021 DEMO HOSPITAL      Category      : OUTPATIENT
  Location      : RADIOLOGY DEPARTMENT    Ward           :
  Exam Date     : AUG  5,2020  12:17      Service       :
  Case No.      : 71                      Bedsection    :
                                           Clinic         : DEMO CLINIC
-----
Registered      : ANKLE 3 OR MORE VIEWS      (RAD Detailed) CPT:73610
Requesting Phy: DEMO,DOCTOR  IT BS M  Exam Status   : COMPLETE
Int'g Resident:                               Report Status: VERIFIED
Pre-Verified    : NO                          Cam/Equip/Rm  : EXAM ROOM 1
Int'g Staff     :STAFF,DEMO                   Diagnosis     :
```

Figure 20-7: Example Patient Profile, Exam Status, and Report Status display

Local RPMS RAD/NUC MED system business rules may indicate that the Impression is required for (report) verification and (exam) completion. If this is the case, an Impression must be entered. Local rules also define whether V RADIOLOGY information is sent to the PCC at the examined status (no Impression) or complete status (Impression).

Figure 20-8 is an example of a manual report entry on an RPMS testing system.

```

Enter Case Number:      082020-90
-----
Name       : DEMO,LOUIS          Pt ID      : 138425
Case No.   : 90      Exm. St: EXAMINED  Procedure  : X-RAY ABDOMEN 1 VIEW(7401
Tech.Comment: TEST
Exam Date:  AUG 20,2020  13:50      Technologist: DEMO,PERSON
Req Phys   : DEMO,DOCTOR  IT BS MT
-----
PRIMARY INTERPRETING STAFF: DEMO, STAFF//
INTERPRETING IMAGING LOCATION: RADIOLOGY DEPARTMENT
//
-----
Select 'Standard' Report to Copy:  ABDOMEN,NORMAL

Report already exists.  This will over-write it.
Are you sure you want the 'ABDOMEN,NORMAL' standard report? No// Y

Do you want to add another standard to this report? No// NO
-----
REPORTED DATE: AUG 31,2020// N  (AUG 31, 2020)
-----
CLINICAL HISTORY:
DEMO
ADDITIONAL CLINICAL HISTORY:
  No existing text
  Edit? NO//
-----
REPORT TEXT:
The visualized bony structures are normal.  The bowel gas pattern is
unremarkable.  No unusual opacities are projected over the renal or
gallbladder areas.  There is no evidence of organomegaly or soft tissue
mass effect.

  Edit? NO//
-----
IMPRESSION TEXT:
NORMAL STUDY.

  Edit? NO//
-----
Select one of the following:

      V      VERIFIED
      PD     PROBLEM DRAFT
      D      DRAFT

REPORT STATUS: D// VERIFIED

```

Figure 20-8: Example of the RPMS RAD/NUC MED Report Entry/Edit for Impression

20.2.4 Additional Information and Example for Interpreting Site and/or Impression with CCDA/TOC and PHR

20.2.4.1 LOINC and CPT Information

Imaging Procedures required for electronic Clinical Quality Measure reporting and 2015 CEHRT certification testing will have a LOINC terminology code associated with them. Subsequently, IHS end users will observe a LOINC term in the CCDA and TOC. If a LOINC term is mapped to the imaging procedure, the LOINC short name is pulled into the CCDA, TOC, and the PHR, versus the RAD/NUC MED PROCEDURE File name.

Example: Chest XR 2V [36643-5]

Not all RPMS RAD/NUC MED procedures will have LOINC codes mapped to them. In particular, new procedure files added to the RPMS RAD/NUC MED Total System due to recent, annual CPT code updates.

LOINC entries for RPMS RAD/NUC MED are not entered via the RAD/NUC MED PROCEDURE file and are not a required entry by IHS imaging sites. LOINC terms are pre-mapped by BQRM application releases and will be populated into the V RADIOLOGY file.

If RAD/NUC MED procedures do not have LOINC terms mapped, the terminology code utilized for the CCDA and TOC is the CPT code. The displayed procedure name will be pulled from the CPT file Short Description field versus the local RAD/NUC MED PROCEDURE file name.

Example: X-RAY EXAM OF FOOT [73630]

Note that the LOINC or CPT terminology codes do not display in the Personal Health Record imaging procedure example (Figure 20-14).

20.2.4.2 CCDA, TOC, and PHR Examples

Note: Each patient example is from a sanitized RPMS testing system.

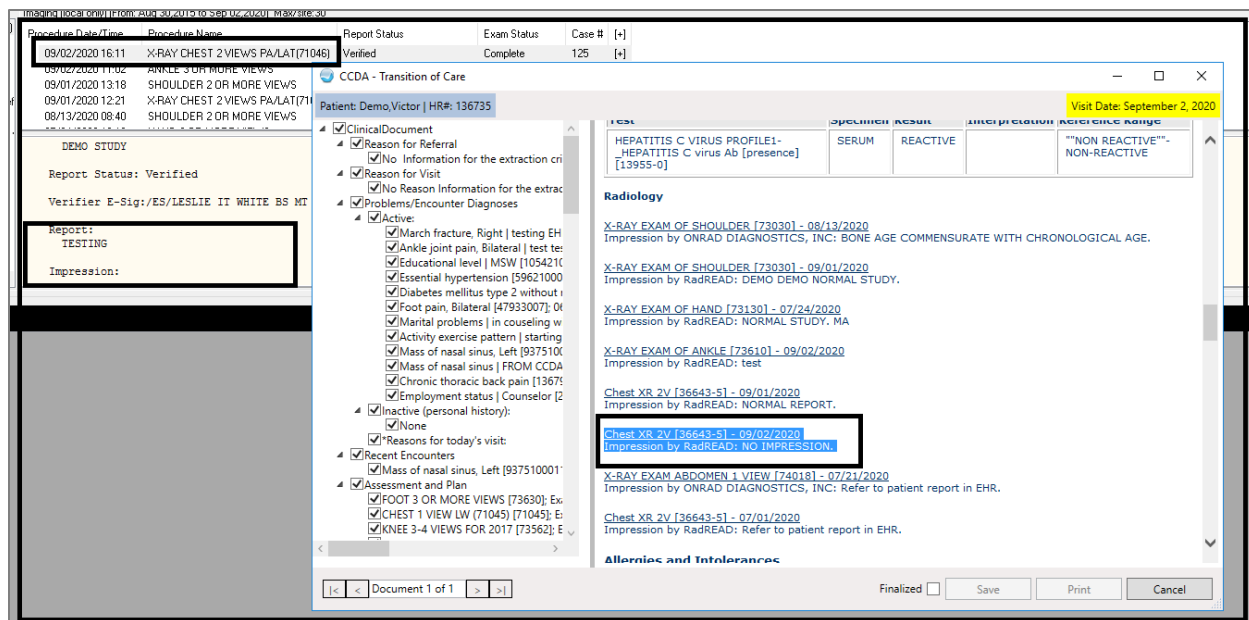


Figure 20-9: Example of the RPMS RAD/NUC MED Report Entry/Edit missing an Impression

NO IMPRESSION will display in the CCDA, TOC, and PHR. Local interpreting site rules and examination status updates should be reviewed to confirm if an Impression is required for local Imaging Reports and Exam status updates.

Figure 20-10 shows an Example of the RPMS RAD/NUC MED Report Entry/Edit with an Impression entered in the RPMS RAD/NUC MED REPORT and included in the V RADIOLOGY file. The Radiology Interpreting Site (RadREAD) is also present.

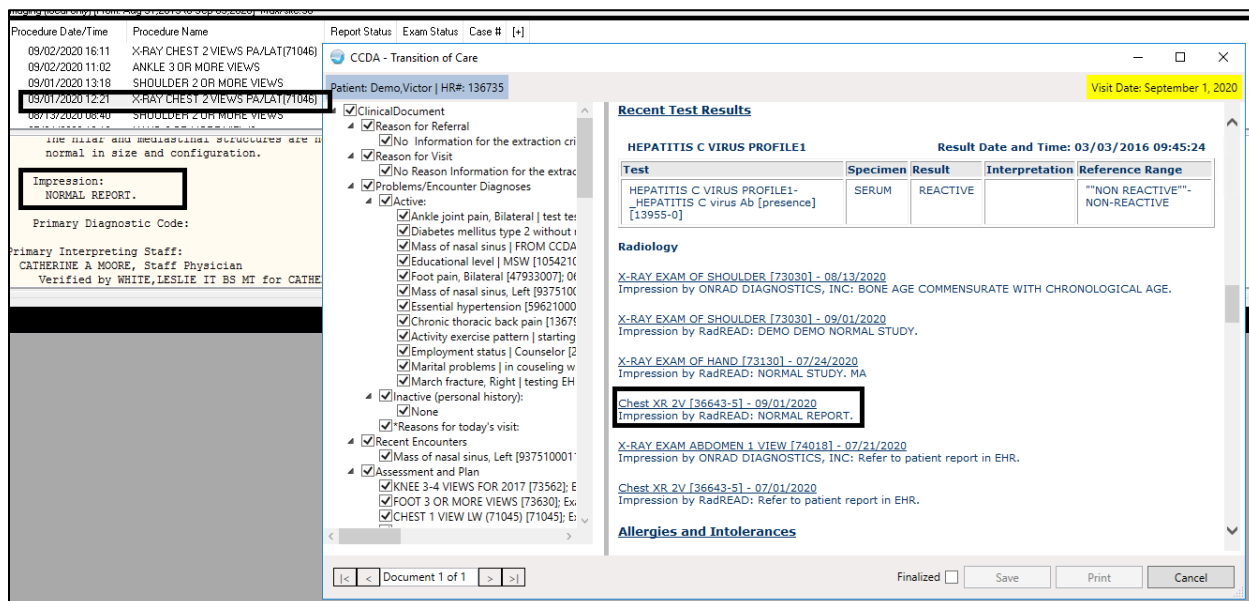


Figure 20-10: Example of the RPMS RAD/NUC MED Report Entry/Edit with an Impression

Figure 20-11 shows an example of the RPMS RAD/NUC MED Report Entry/Edit with an Impression entered in the RPMS RAD/NUC MED REPORT and captured in the V RADIOLOGY file. If an Impression entry exceeds the 240-character limit allowed for the Impression field in V RADIOLOGY file the ***MORE*** (SEE EXAM) will display as shown in in Figure 20-11.

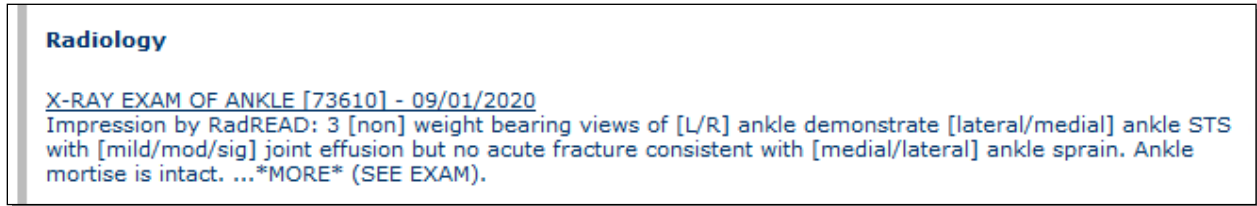


Figure 20-11: Example of the RPMS RAD/NUC MED Report Entry/Edit with an Impression

Printing a full report is recommended from the patient record as needed.

See Figure 20-12 for an example of the RPMS RAD/NUC MED Report Entry/Edit with an Impression entered in the RPMS RAD/NUC MED REPORT and included in the V RADIOLOGY file. Note that the interpreting radiologist or staff is not associated or pointing to a Radiology Interpreting Site and the Site is absent.

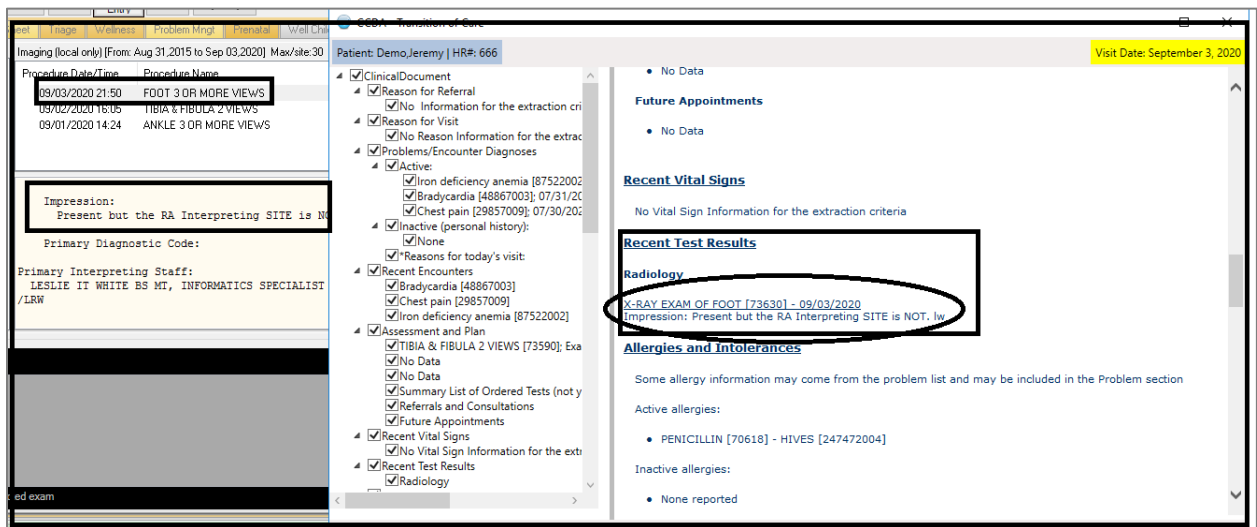


Figure 20-12: Example of the RPMS RAD/NUC MED Report Entry/Edit with an Impression

See Figure 20-13 for an example of the RPMS RAD/NUC MED Report Entry/Edit with an Impression entered in the RPMS RAD/NUC MED REPORT and included in the V RADIOLOGY file. The Interpreting Site was also mapped.

However, there may have been in issue with corrupt data or missing pointers in the RAD/NUC MED files. See the **Recent Test Results** in the TOC.

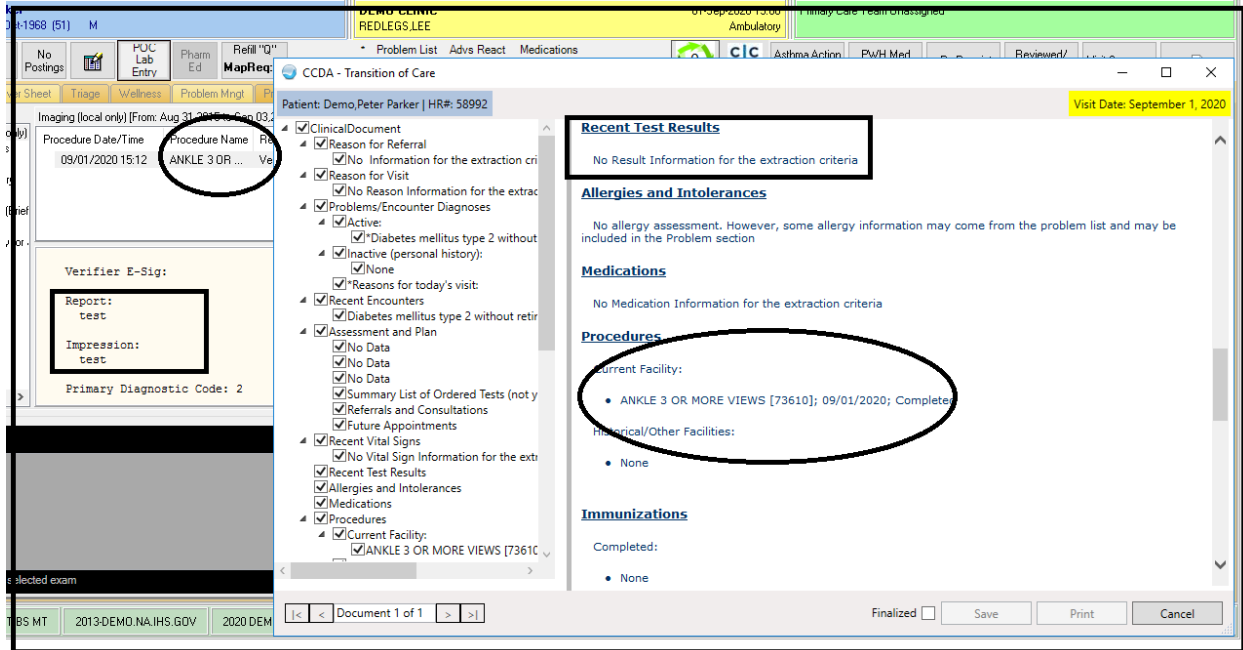


Figure 20-13: Example of the RPMS RAD/NUC MED Report Entry/Edit with an Impression entered in the RPMS RAD/NUC MED REPORT and included in the V RADIOLOGY file

Contact the IHS IT Support at itsupport@ihs.gov for RPMS Imaging Support if there are questions or errors.

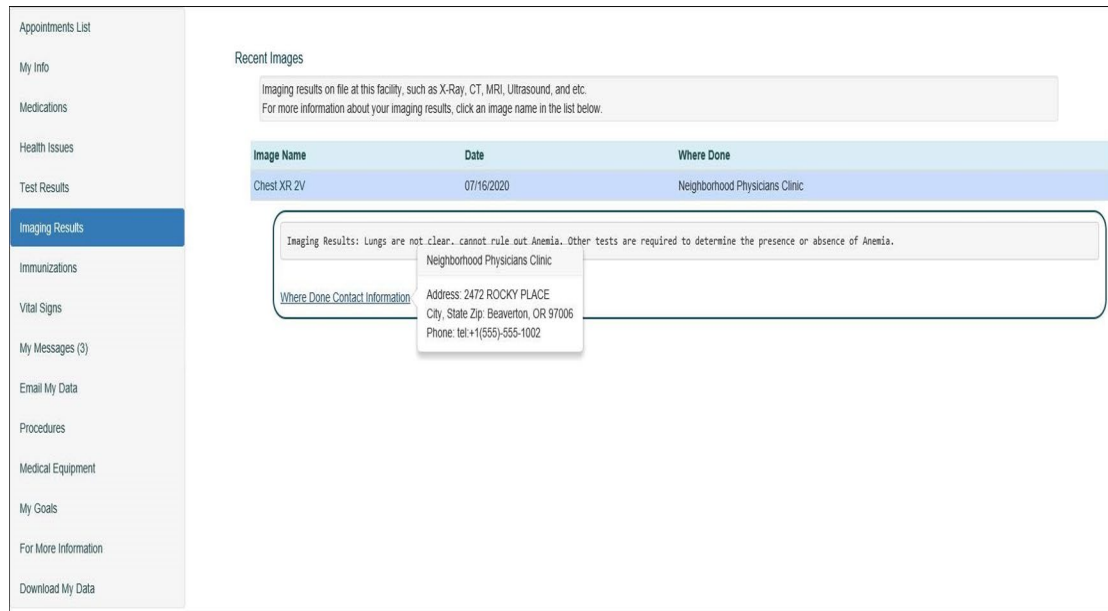


Figure 20-14: RPMS/EHR Personal Health Record example with Radiology Interpreting Site Address (Address + Phone number) and Impression.

20.2.5 Normal and Abnormal Recent Test Results and Imaging Display in the CCDA/TOC and PHR

The Diagnostic Codes do not display but are used to extract imaging test results for Normal Imaging result reports and Abnormal Imaging test result reports. This is not a 2015 CEHRT certification criterion requirement but was made in consultation with IHS CCDA SMEs.

Note: Imaging reports must be verified. Local imaging policy for the RPMS RAD/NUC MED diagnostic code reports/alerts should be reviewed with the imaging department and medical staff if not currently configured or mapped.

Verified reports lacking an Abnormal Diagnostic Code will display for three months from the Exam Date.

Verified reports with an Abnormal Diagnostic Code for the following will be captured in the CCDA/TOC and PHR for 13 months from the Exam Date:

- BI-RAD 3
- BI-RAD 4
- BI-RAD 5
- MAJOR ABNORMALITY

The use and incorporation of the RPMS RAD/NUC MED Diagnostic Codes is a local decision and inclusion in the RPMS RAD/NUC MED REPORT and provider Alerts are defined and configured locally.

Contact the IHS IT Support at itsupport@ihs.gov for RA_5.0_1008 use and configuration questions.

21.0 October 2022 RA_5.0_1009 Release Addendum

21.1 Introduction

This addendum lists new features and updated options to the RPMS Radiology module as developed for the 2022 RPMS Radiology release, RA*5.0*1009. The following modifications are not required for the 2015 Certified EHR edition and Cures Update for the Indian Health Service RPMS/EHR.

Note: This patch contains changes to support the Social Security Number Fraud Prevention Act of 2017 and the Social Security Number Reduction Act.

Note: All patient examples or screen shots are from an OIT scrubbed, sanitized RPMS test data base and are NOT real patients or patient identifiers.

21.2 Modifications

21.2.1 Repeat Analysis

Repeat Analysis field added back into RPMS RAD/NUC MED when Casing or Editing patient imaging exams. This field has been added back per the Indian Health Policy for Imaging and capture of repeat procedures/exposure. The field will present as NUMBER OF REPEATS.

```

Select Exam Entry/Edit Menu Option: Case No. Exam Edit
Enter Case Number: 233
Choice Case No. Procedure Name Pt ID
-----
1 091322-233 X-RAY ABDOMEN 1 VIEW(7401 DEMO,KARLA KAY 135272
(RAD Detailed) CPT:74018
PROCEDURE: X-RAY ABDOMEN 1 VIEW(74018)//
CONTRAST MEDIA USED: NO//
Select PROCEDURE MODIFIERS: RIGHT//

FY (COMPUTED RADIOGRAPHY X-RAY) (active)
26 (PROFESSIONAL COMPONENT) (active)
Select CPT MODIFIERS: 26//
CATEGORY OF EXAM: OUTPATIENT//
PRINCIPAL CLINIC: RADIOLOGY DEPARTMENT//
REQUESTING PHYSICIAN: REDLEGS,LEE//
Select TECHNOLOGIST: WHITE,LESLIE IT BS MT
//
TECHNOLOGIST COMMENT: TEST//
PREGNANT AT TIME OF ORDER ENTRY: NO
PREGNANCY SCREEN: Patient answered no//
COMPLICATION: NO COMPLICATION//
PRIMARY CAMERA/EQUIP/RM: EXAM ROOM 1//
Select FILM SIZE: DIGITAL//
FILM SIZE: DIGITAL//
AMOUNT(#films or cine ft): 1//
NUMBER OF REPEATS: 1//
Select FILM SIZE:
...exam status remains 'EXAMINED'.
    
```

Figure 21-1: displaying the NUMBER OF REPEATS

21.2.2 Tracking and reporting for Number of Repeats

```

Classification Enter/Edit
Clerical List
Interpreting Resident List
Interpreting Staff List
Radiology Interpreting Site Add/Edit
Technologist List
    
```

Figure 21-2: Radiology Interpreting Site Add/Edit requires the RAZRIS security key

For tracking and reporting in imaging quality assurance reports, the option to review the number of repeat exposures is tracked under ‘EXAM ROSTER AND FILMS BY TECHNOLOGIST’.

Menu path is typically the following:

```

RAD/NUC MED TOTAL SYSTEM > MANAGEMENT REPORTS MENU>
SPECIAL REPORTS> EXAM ROSTER AND FILMS BY TECH
    
```

If the option is not available on the local menu, this is the option to add to the menu or as a secondary menu.

'Exam Roster and Films by Tech' Option name: RA IHS EXAM ROSTER BY TECH

```

Select Rad/Nuc Med Total System Menu Option: ^EXAM ROSTER and Films by Tech

-----
| *** FILM USAGE BY TECHNOLOGIST *** |
-----

**** Date Range Selection ****
Beginning DATE : T (SEP 13, 2022)
Ending DATE : T (SEP 13, 2022)
Include ALL technologists in this report? Y// ES
Include ALL procedures in this report? Y// ES
Do you wish to display each exam and film size? Y// ES

DEVICE: HOME// Virtual
*** FILM USAGE BY TECHNOLOGIST AND PROCEDURE *** Page: 1
Division: 2021 DEMO HOSPITAL (INST) For period: SEP 13,2022 to
Run Date: SEP 13,2022 15:42 SEP 13,2022

-----
Chart# Patient Date-Case# Films: Size Total Retakes
-----
TECHNOLOGIST: WHITE,LESLIE IT BS PROCEDURE: TIBIA & FIBULA 2 VIEWS
-----
855555 DEMO,JOE 091322-231 14x17 (35x43cm) 2
091322-231 DIGITAL 1 1
-----
Totals for this procedure: 3 1
*****
TECHNOLOGIST: WHITE,LESLIE IT BS MT Total Films and Retakes: 3 1
*****
Enter RETURN to continue or '^' to exit:
    
```

Figure 21-3: Number of retakes for imaging technologist in the designated date range

21.2.3 Pregnancy, reproductive structured information

Due to redundancy of pregnancy questions presented during registration and in particular case/exam edits (i.e., Ultrasound), a local imaging site now has the ability to set whether these questions are presented or not. This is set at the modality or imaging location parameter.

- Yes, Yes—to see the prompt and REQUIRED entries. (Figure 21-4)
- Yes, No—to see the field prompts but NOT required. (Figure 21-5)
- No—the field prompts DO NOT present. (Figure 21-6)

Menu path is typically the following:

```

RAD/NUC MED TOTAL SYSTEM >SUPERVISOR MENU>LOCATION
PARAMETER SET-UP
    
```

```

Select System Definition Menu Option: Location Parameter Set-up
Select Location: RADIOLOGY DEPARTMENT (GENERAL RADIOLOGY-8993)

Imaging Location: RADIOLOGY DEPARTMENT

IHS Additional Reproductive Status
-----
Prompt for Reproductive Hx (LMP, HCG, Birth Control): YES
//
Should the LMP, Date of Last HCG and Primary Birth Control
be required to be responded to?

Require LMP, HCG and BC responses: YES//

```

Figure 21-4: Entries for prompting and required

```

**** Edit Exams By Patient ****

Patient's Name: DEMO,ANNIE 111876 Run Date: SEP
21,2022

Case No. Procedure Exam Date Status of Exam Imaging Loc
-----
1 231 US ABDOMEN COMPLETE 09/21/22 WAITING FOR EXAM
ULTRASOUND
Case No.:231 Procedure:US ABDOMEN COMPLETE Date:SEP 21,2022
15:41

(US Detailed) CPT:76700
LAST MENSTRUAL PERIOD: ?? (double question mark indicates required)
Examples of Valid Dates:
JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
If the year is omitted, the computer uses CURRENT YEAR. Two digit year
assumes no more than 20 years in the future, or 80 years in the past. Enter
the date of FIRST day of the patient's last menstrual period.
LAST MENSTRUAL PERIOD: T-30 (AUG 22, 2022)
PRIMARY MEANS OF BIRTH CONTROL: ?? (double question mark indicates
required)
Choose from:
n NOT SEXUALLY ACTIVE
p PILLS
t TUBAL LIGATION
v VASECTOMY
d DIAPHRAM
i IUD
c CONDOM
f FOAM
g GEL
h HYSTERECTOMY
m POST MENSTRUAL
b BC IMPLANT
j BC IM INJECTION
r RHYTHM
s SEXUALLY ACTIVE, NO BC
u UNK
PRIMARY MEANS OF BIRTH CONTROL:U UNK
LAST NEGATIVE HCG TEST: ?? (double question mark indicates required)
Examples of Valid Dates:
JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.

```

```

T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
If the year is omitted, the computer uses CURRENT YEAR. Two digit
year assumes no more than 20 years in the future, or 80 years in the past.
You may omit the precise day, as: JAN, 1957
ENTER THE DATE OF THE LAST NEGATIVE HCG TEST.
LAST NEGATIVE HCG TEST: t (SEP 21, 2022)
PROCEDURE: US ABDOMEN COMPLETE//
CONTRAST MEDIA USED: NO// NO
Select PROCEDURE MODIFIERS:
Select CPT MODIFIERS:
CATEGORY OF EXAM: OUTPATIENT//
PRINCIPAL CLINIC: DEMO CLINIC//

```

Figure 21-5: Demonstrating the REQUIRED field entries

```

IHS Additional Reproductive Status
-----
Prompt for Reproductive Hx (LMP, HCG, Birth Control): YES
//
Should the LMP, Date of Last HCG and Primary Birth Control
be required to be responded to?

Require LMP, HCG and BC responses: NO//

```

Figure 21-6: Entries for prompting but NOT required

```

Select Exam Entry/Edit Menu Option: Case No. Exam Edit
Enter Case Number: 233
Choice Case No.      Procedure                Name                Pt ID
-----
1      091322-233      X-RAY ABDOMEN 1 VIEW(7401 DEMO,KARLA KAY      135272
              (RAD Detailed) CPT:74018

LAST MENSTRUAL PERIOD:
PRIMARY MEANS OF BIRTH CONTROL:
LAST NEGATIVE HCG TEST:
PROCEDURE: X-RAY ABDOMEN 1 VIEW(74018)//
CONTRAST MEDIA USED: NO//
Select PROCEDURE MODIFIERS: RIGHT//

FY (COMPUTED RADIOGRAPHY X-RAY) (active)
26 (PROFESSIONAL COMPONENT) (active)
Select CPT MODIFIERS: 26//
CATEGORY OF EXAM: OUTPATIENT//
PRINCIPAL CLINIC: RADIOLOGY DEPARTMENT//
REQUESTING PHYSICIAN: REDLEGS,LEE//
Select TECHNOLOGIST: WHITE,LESLIE IT BS MT
//
TECHNOLOGIST COMMENT: TEST//
PREGNANT AT TIME OF ORDER ENTRY: NO
PREGNANCY SCREEN: Patient answered no//
COMPLICATION: NO COMPLICATION//
PRIMARY CAMERA/EQUIP/RM: EXAM ROOM 1//
Select FILM SIZE: DIGITAL//
FILM SIZE: DIGITAL//
AMOUNT(#films or cine ft): 1//
NUMBER OF REPEATS: 1//
Select FILM SIZE:

```

Figure 21-7: Demonstrating prompts but field entries are NOT required

```
IHS Additional Reproductive Status
-----
Prompt for Reproductive Hx (LMP, HCG, Birth Control): NO
// █
```

Figure 21-8: Displaying the entries for NO-prompts will not display.

```
Enter Case Number: 233
Choice Case No.      Procedure                               Name                               Pt ID
-----
1      091322-233      X-RAY ABDOMEN 1 VIEW(7401 DEMO,KARLA KAY          135272
              (RAD Detailed) CPT:74018
PROCEDURE: X-RAY ABDOMEN 1 VIEW(74018)//
CONTRAST MEDIA USED: NO//
Select PROCEDURE MODIFIERS: RIGHT//

      FY (COMPUTED RADIOGRAPHY X-RAY) (active)
      26 (PROFESSIONAL COMPONENT) (active)
Select CPT MODIFIERS: 26//
CATEGORY OF EXAM: OUTPATIENT//
PRINCIPAL CLINIC: RADIOLOGY DEPARTMENT//
REQUESTING PHYSICIAN: REDLEGS,LEE//
Select TECHNOLOGIST: WHITE,LESLIE IT BS MT
//
TECHNOLOGIST COMMENT: TEST//
PREGNANT AT TIME OF ORDER ENTRY: NO
PREGNANCY SCREEN: Patient answered no//
COMPLICATION: NO COMPLICATION//
PRIMARY CAMERA/EQUIP/RM: EXAM ROOM 1//
Select FILM SIZE: DIGITAL//
      FILM SIZE: DIGITAL//
      AMOUNT(#films or cine ft): 1//
      NUMBER OF REPEATS: 1//
Select FILM SIZE:
```

Figure 21-9: Demonstrating that the female patient reproductive histories do not present

Note: For Supervisory quality assurance or performance improvement tracking and imaging staff entries for LMP, Birth Control and Last hCG test, entries can be viewed in the RPMS RAD/NUC MED Total System > Patient Profile Menu >Detailed Request Display (Figure 21-10).

```
Name: DEMO,ANNIE      (111876)  Date of Birth: AUG  7,1990
Requested : US ABDOMEN COMPLETE      (US Detailed 76700)
Registered: 231 US ABDOMEN COMPLETE(US Detailed 76700)
Current Status:      ACTIVE
Requester:           WHITE,LESLIE IT BS MT
Tel/Page/Dig Page: 3015091469
Patient Location:    DEMO CLINIC
Entered:             Sep 21, 2022 3:42 pm by Demo, User IT BS M
Pregnant at time of order entry: NO
Pregnancy Screen: Patient is unable to answer or is unsure
Pregnancy Screen Comment: TESTING
LMP:                 AUG 22, 2022
Primary Means of Birth Control: UNK
Last HCG Test:      SEP 21, 2022
```

Figure 21-10: demonstrating LMP, Birth Control and hCG entries

21.2.4 Discontinuation of older, pending imaging orders

The ability to manually queue the discontinuation of older, pending (unregistered) RPMS RAD/NUC MED orders and mark as Discontinued is a new enhancement for RPMS Imaging.

The RAZRIS security key is required. Staff will not see the new option without the security key assignment.

Care should be when stepping through the RPMS prompts within the RAD/NUC MED Supervisor menu. The default is TWO years but can be changed as needed for local imaging practice and policy (Figure 21-11).

Note: With 1st review of this new option, a site may elect to run this out at a longer time period (5 years vs 2 years) for a test drive. Recommend a comparison by printing the RAD/NUC MED Pending, hold logs for a specific date range; review several patients in EHR to confirm pending order status, run the MARK orders for DISCONTINUATION making sure to mind the default (change). The patient exam orders on either the Pending or Hold logs will have been removed from the same report when rerun. To view in EHR, staff will need to change the 'VIEW' in the orders tab to look for Discontinued for Imaging. The OE/RR order is here—but discontinued and cannot be registered (Figure 21-12).

```
Select Supervisor Menu option: Utility Files Maintenance Menu

ODSC  Mark Orders as Discontinued
      Complication type Entry/Edit
      Diagnostic Code Enter/Edit
      Examination Status Entry/Edit
      Film Type Entry/Edit
      Label/Header/Footer Formatter
      Major AMIS Code Entry/Edit
      Nuclear Medicine Setup Menu ...
      Order Entry Procedure Display Menu ...
      Procedure Edit Menu ...
      Reason Edit
      Reports Distribution Edit
      Sharing Agreement/Contract Entry/Edit
      Standard Reports Entry/Edit
      Valid Imaging Stop Codes Edit

You have PENDING ALERTS
Enter "VA to jump to VIEW ALERTS option

You've got PRIORITY mail!

Select Utility Files Maintenance Menu Option: MARK Orders as Discontinued
Mark Pending Orders as Discontinued before which date?: Sep 13, 2020//
```

Figure 21-11: Displaying the new option and focus on two year default //

When selecting the option ‘Mark Orders as Discontinued’, the default for two years from *current* date displays. If staff enter through it the default //, the option is performed and there is no turning back. PLEASE be sure of how far back the imaging department elects to discontinue orders before proceeding.

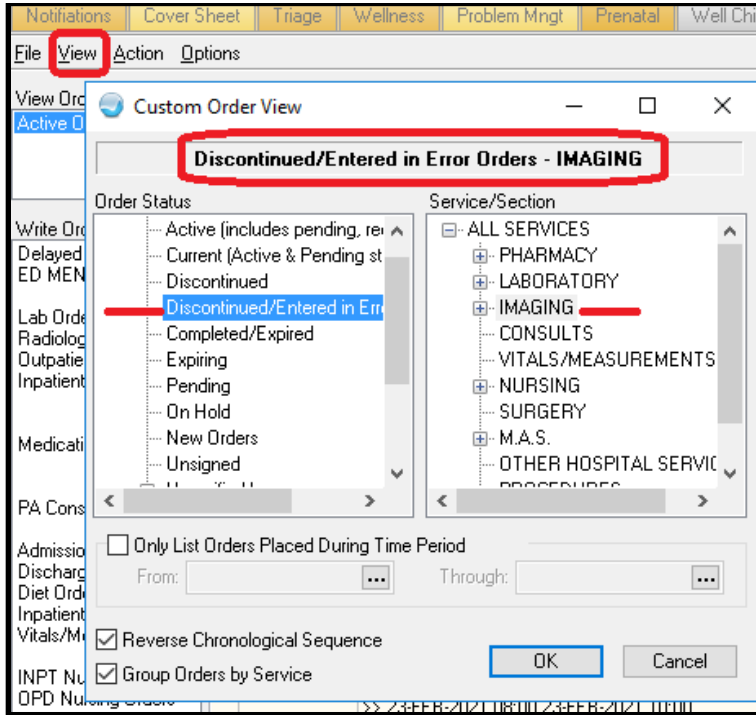


Figure 21-12: Discontinued VIEW path in EHR Orders

| View Orders | Service | Order | Duration | Provider | Nurse | Clerk | Chart | Status |
|---------------------------|---------|--|-----------------------|-------------|-------|-------|-------|--------------|
| Active Orders (includes) | | NEW ULTRASOUND PROCEDURE 2018 | Start: 01/25/18 16:07 | White.L | | | | discontinued |
| | | CHEST 2 VIEWS PA&LAT BILATERAL EXAM | Start: 11/01/17 11:57 | White.L | | | | discontinued |
| Write Orders | | DEMO PROCEDURE LEFT | Start: 11/02/18 09:40 | White.L | | | | discontinued |
| Delayed Orders | | CHEST 2 VIEWS PA&LAT AXIAL | Start: 07/03/17 | Romancito.K | | | | discontinued |
| ED MENU | | NECK SOFT TISSUE 2016 | Start: 03/26/18 | White.L | | | | discontinued |
| Lab Orders | | CHEST 1 VIEW LW (71045) | Start: 03/17/20 | White.L | | | | discontinued |
| Radiology Orders | | <CONFLICT OF EXAMINATIONS> | Stop: 11/15/21 22:27 | | | | | discontinued |
| Outpatient Medications | | CT ABDOMEN AND PELVIS W/O CONTRAST | Start: 07/23/20 15:40 | White.L | | | | discontinued |
| Inpatient Medications | | <PATIENT CONSENT DENIED> | Stop: 09/09/20 20:52 | | | | | discontinued |
| Medication Reconciliation | | *SHOULDER 2 OR MORE VIEWS LEFT | Start: 07/20/17 17:52 | White.L | | | | discontinued |
| | | <EXAM DELETED> | Stop: 07/20/17 17:54 | | | | | discontinued |
| PA Consults... | | CHEST 1 VIEW LW (71045) | Start: 06/25/20 | White.L | | | | discontinued |
| | | <wrong> | Stop: 11/15/21 22:26 | | | | | discontinued |
| Admission Orders... | | Discontinue CHEST 1 VIEW LW (71045) ANNUAL, AXIAL, BILAT DECUBITUS | Stop: 04/13/22 19:45 | White.L | | | | discontinued |
| Discharge Orders | | <Discontinued by Requesting Physician> | | | | | | discontinued |
| Diet Orders | | *RAY ABDOMEN 1 VIEW(74018) | Start: 05/23/18 13:52 | White.L | | | | discontinued |
| Inpatient Activity Orders | | NECK SOFT TISSUE 2016 | Start: 04/26/18 | White.L | | | | discontinued |
| Vitals/Measurements | | CHEST 1 VIEW LW (71045) ANNUAL, AXIAL, BILAT DECUBITUS | Start: 04/13/22 | White.L | | | | discontinued |
| | | <Discontinued by Requesting Physician> | Stop: 04/13/22 19:45 | | | | | discontinued |
| INPT Nursing Orders | | Discontinue ANKLE 3 OR MORE VIEWS LEFT | Stop: 10/20/17 09:35 | White.L | | | | discontinued |
| OPD Nursing Orders | | <DEMO> | | | | | | discontinued |
| Word Processing Order | | ANKLE 3 OR MORE VIEWS LEFT | Start: 08/22/18 | White.L | | | | discontinued |
| Text Only Order | | *RAY ABDOMEN 1 VIEW(74018) | Start: 02/23/18 09:41 | White.L | | | | discontinued |
| Eye Glass Rx | | TIBIA & FIBULA 2 VIEWS LEFT | Start: 08/22/18 21:00 | White.L | | | | discontinued |
| | | Hold ANKLE 3 OR MORE VIEWS LEFT | Start: 08/25/17 10:01 | White.L | | | | discontinued |
| | | <DEMO> | | | | | | discontinued |
| | | ANKLE 3 OR MORE VIEWS LEFT | Start: 08/25/17 09:57 | White.L | | | | discontinued |
| | | <DEMO> | Stop: 10/20/17 09:35 | | | | | discontinued |
| | | SHOULDER 2 OR MORE VIEWS | Start: 02/23/18 09:41 | White.L | | | | discontinued |
| | | CHEST DEMO FOR 2018 (71045) BILATERAL EXAM | Start: 08/08/18 | White.L | | | | discontinued |
| | | HAND 3 OR MORE VIEWS RIGHT | Start: 02/28/18 10:15 | White.L | | | | discontinued |
| | | FEMUR 2 VIEWS LEFT | Start: 02/28/18 10:15 | White.L | | | | discontinued |

Figure 21-13: Discontinued order view in EHR Orders

21.2.5 Mass Override & Override to Complete

The ‘MASS OVERRIDE TO COMPLETE’ has been modified to function similarly as the ‘OVERRIDE A SINGLE EXAM’S STATUS TO COMPLETE’. This is a VHA RA change. Reminder that the RA MGR security key is required to perform this operation in the RAD/NUC MED Total System’s Supervisory menu.

For the ‘OVERRIDE A SINGLE EXAM’S STATUS TO COMPLETE’, IHS OIT has addressed the break in notification delivery to the ordering provider in EHR. IHS facilities that do not have on site imaging departments can now confirm that exam ‘Complete’ notifications are delivered when using this option. Smaller sites are likely scanning in the Radiologist’s report into VistA Imaging but use ‘OVERRIDE’ to close out the exam.

21.2.6 Printing of selected Requests

The RPMS RAD/NUC MED Total System > Radiology/Nuclear Med Order Entry Menu option > Print RAD/NUC MED Requests by Patient now includes a toggle to view or print selected requests of patients by either exam Urgency or Desired Date.

```

Select Rad/Nuc Med Total System Menu Option: RADiology/Nuclear Med Order Entry M
enu

UHR   Update a Hold Request
      Cancel a Request
      Detailed Request Display
      Hold a Request
      Log of Scheduled Requests by Procedure
      Pending/Hold Rad/Nuc Med Request Log
      Print Rad/Nuc Med Requests by Date
      Print Selected Requests by Patient
      Rad/Nuc Med Procedure Information Look-Up
      Request an Exam
      Schedule a Request
      Ward/Clinic Scheduled Request Log

      **** Requested Exams for DEMO,LOUIS ****           189 Requests
Height      : 72" on SEP 7,2022
Weight      : 240 lbs on SEP 7,2022
St Urgency Procedure / (Img. Loc.) Desired Requester Req'g Loc
-- --
1  STAT CHEST 1 VIEW LW (71045) 01/10/2022 WHITE,LESLI DEMO CLINIC
      (RADIOLOGY DEPARTMENT)
2  STAT SPINE CERVICAL MIN 4 VIEW 12/15/2017 WHITE,LESLI DEMO CLINIC
      (RADIOLOGY DEPARTMENT)
3  p ROUTINE CHEST 1 VIEW LW (71045) 08/15/2022 WHITE,LESLI DEMO CLINIC
      (RADIOLOGY DEPARTMENT)
4  c ROUTINE ANKLE 2 VIEWS 05/17/2022 WHITE,LESLI DEMO CLINIC
      (RADIOLOGY DEPARTMENT)
5  c ROUTINE XRAY TEST PARENT3 05/09/2022 WHITE,LESLI DEMO CLINIC
      (RADIOLOGY DEPARTMENT)
6  c ROUTINE DEMO CHEST XRAY 1 VIEW FO 04/19/2022 WHITE,LESLI RADIOLOGY D
      (RADIOLOGY DEPARTMENT)
7  c ROUTINE CHEST 1 VIEW LW (71045) 04/13/2022 WHITE,LESLI DEMO CLINIC
      (RADIOLOGY DEPARTMENT)
8  dc ROUTINE CHEST 1 VIEW LW (71045) 04/13/2022 WHITE,LESLI DEMO CLINIC
      (RADIOLOGY DEPARTMENT)
    
```

Figure 21-14: Urgency at the top of the 'Print Selected Requests by Patient' before date

```

Select Radiology/Nuclear Med order Entry Menu option: print
1 Print Rad/Nuc Med Requests by Date
2 Print Selected Requests by Patient
CHOOSE 1-2: 2 Print Selected Requests by Patient

Select PATIENT NAME:
DEMO,LOUIS <CWAD> M 04-29-1962 XXX-XX-1143 TST 13842
5

Select one of the following:
U Urgency/Date
D Date/urgency

How would you like the list of exams sorted: U// d Date/urgency

**** Requested Exams for DEMO,LOUIS **** 189 Requests
Height : 72" on SEP 7,2022
weight : 240 lbs on SEP 7,2022
St Urgency Procedure / (Img. Loc.) Desired Requester Req'g Loc
-----
1 p ROUTINE CHEST 1 VIEW LW (71045) 08/15/2022 [REDACTED] DEMO CLINIC
(RADIOLOGY DEPARTMENT)
2 c ROUTINE ANKLE 2 VIEWS 05/17/2022 [REDACTED] DEMO CLINIC
(RADIOLOGY DEPARTMENT)
3 c ROUTINE XRAY TEST PARENT3 05/09/2022 [REDACTED] DEMO CLINIC
(RADIOLOGY DEPARTMENT)
4 c ROUTINE DEMO CHEST XRAY 1 VIEW FO 04/19/2022 [REDACTED] RADIOLOGY D
(RADIOLOGY DEPARTMENT)
5 c ROUTINE CHEST 1 VIEW LW (71045) 04/13/2022 [REDACTED] DEMO CLINIC
(RADIOLOGY DEPARTMENT)
6 dc ROUTINE CHEST 1 VIEW LW (71045) 04/13/2022 [REDACTED] DEMO CLINIC
(RADIOLOGY DEPARTMENT)
7 ROUTINE X-RAY CHEST 2 VIEWS PA/TE 04/01/2022 [REDACTED] DEMO CLINIC
(RADIOLOGY DEPARTMENT)
8 ROUTINE DEMO CHEST XRAY 1 VIEW FO 03/08/2022 [REDACTED] DEMO CLINIC
(RADIOLOGY DEPARTMENT)
    
```

Figure 21-15: DATE at the top of the 'Print Selected Requests by Patient' before urgency

21.2.7 Patient Profile of RAD/NUC MED Exams-DOB

The patient date of birth (DOB) displays after the patient's medical record number in the view of a patient's profile for each RAD/NUC MED exam (Figure 21-16).


```

Select Patient Profile Menu Option: PROFILE of Rad/Nuc Med Exams
Select Patient: DEMO,LOUIS <CWAD> M 04-29-1962 XXX-XX-1143 TST 13842
5
**** Registered Exams Quick Profile ****
Patient's Name: DEMO,LOUIS 138425 Run Date: SEP 13,2022

Case No. Procedure Exam Date Status of Exam Imaging Loc
-----
1 161 CT ABDOMEN AND PELVIS W/CO 06/23/22 WAITING FOR EXAM CT SCAN
2 70 CHEST 1 VIEW LW (71045) 05/23/22 COMPLETE RADIOLOGY D
3 70 ANKLE 2 VIEWS 05/17/22 COMPLETE RADIOLOGY D
4 +82 XRAY TEST1 (99022) 05/09/22 COMPLETE RADIOLOGY D
5 .105 XRAY TEST2 / (99002) 05/09/22 COMPLETE RADIOLOGY D
6 70 DEMO CHEST XRAY 1 VIEW FOR 04/19/22 COMPLETE RADIOLOGY D
7 69 X-RAY CHEST 2 VIEWS PA/TES 04/01/22 WAITING FOR EXAM RADIOLOGY D
8 18 DEMO CHEST XRAY 1 VIEW FOR 03/10/22 WAITING FOR EXAM RADIOLOGY D
9 28 i ELBOW 2 VIEWS 01/10/22 EXAMINED RADIOLOGY D
10 21 CHEST 1 VIEW LW (71045) 01/10/22 WAITING FOR EXAM RADIOLOGY D
11 19 CHEST 1 VIEW LW (71045) 01/10/22 WAITING FOR EXAM RADIOLOGY D
12 180 KNEE 2 VIEWS LEFT (73560) 06/14/21 COMPLETE RADIOLOGY D
13 177 X-RAY CHEST 2 VIEWS PA/TES 06/14/21 COMPLETE RADIOLOGY D
14 178 KNEE 2 VIEWS RIGHT (73560) 06/02/21 COMPLETE RADIOLOGY D
Type a 'A' to STOP, or
CHOOSE FROM 1-14: 1
-----
Name : DEMO,LOUIS 138425 • Apr 29, 1962
Division : 2021 DEMO HOSPITAL Category : OUTPATIENT
Location : CT SCAN Ward :
Exam Date : JUN 23,2022 08:56 Service :
Case No. : 161 Bedsection :
Clinic : DEMO CLINIC
-----
Registered : CT ABDOMEN AND PELVIS w/CONTRAST 2017(CT Detailed) CPT:74177
Requested : CT ABDOMEN AND PELVIS w/CONTRAST 2017
Requesting Phy: [REDACTED] Exam Status : WAITING FOR EXAM
Int'g Resident: Report Status: NO REPORT
Pre-Verified : NO Cam/Equip/Rm : CT SCAN
Int'g Staff : Diagnosis :
Technologist : Complication :
Films : DIGITAL - 2
-----
-Modifiers-
Proc Modifiers: LEFT
RIGHT
CPT Modifiers : None
    
```

Figure 21-16: Demonstrating the addition of a patient's DOB in the patient's examination profile

21.2.8 Vital Entries Captured from Patient Visit-EHR

Vital entries for **height (HT) and weight (WT)** entered during an EHR patient encounter are now displayed on the RPMS RAD/NUC MED order request. In addition, Vital Ht/Wt are displayed in additional patient information display options within the RPMS RAD/NUC MED Total System.

Note: At this time the RPMS RAD/NUC MED displays for height and weight are in US units vs Metric units.

Note: EHR entries with metric entries using centimeters and kilograms units are converted to inches and pounds in the RPMS RAD/NUC MED Total System. (Figure 21-18.)

If height and weight vitals are **not** updated during the most recent or current visit encounter, historical entries are displayed in RPMS RAD//NUC MED Total System.

Figure 21-17 and Figure 21-18 for historical (US units) and recent (Metric) updates.

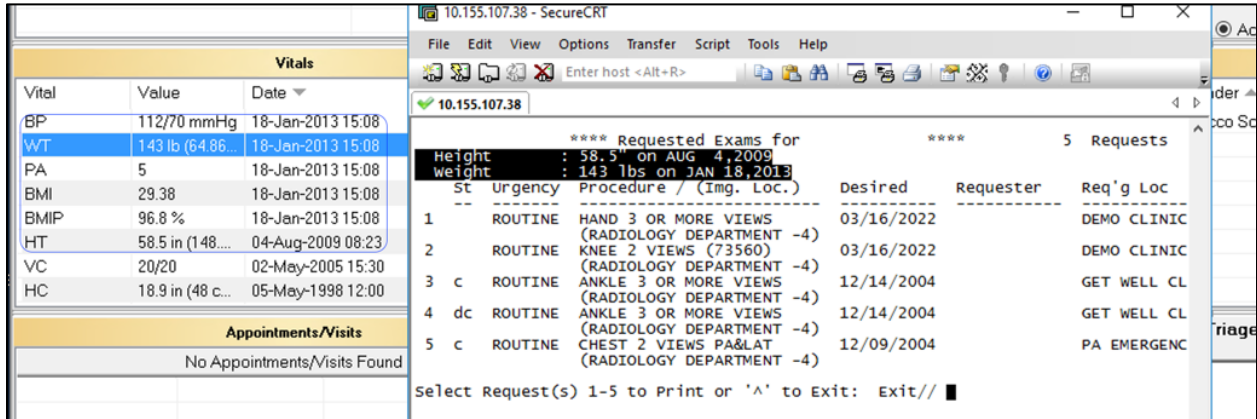


Figure 21-17: Displaying height and weight in inches and pounds. Historical 2009 and 2013

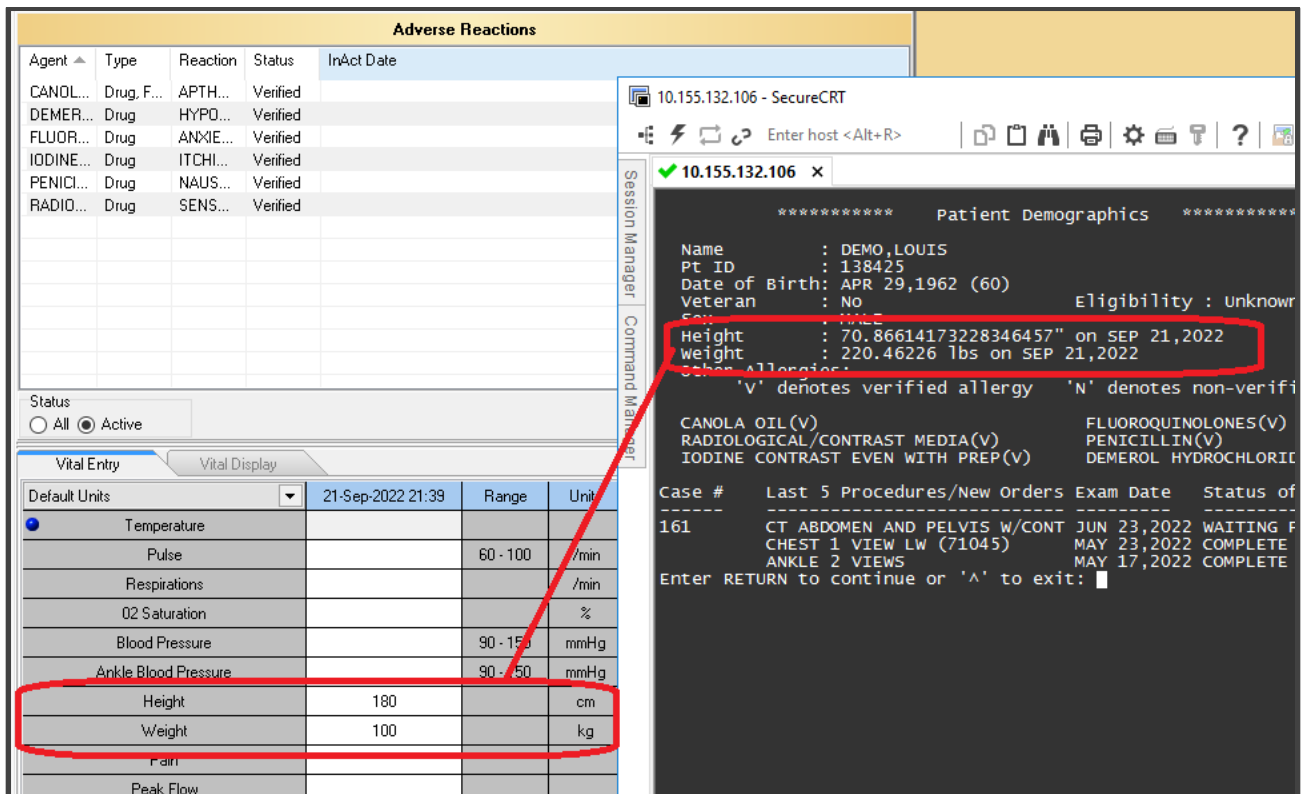


Figure 21-18: EHR entry of height and weight entered via Metric System converted to inches and pounds in RPMS.

| **** Requested Exams for DEMO,LOUIS **** | | | | | 189 Requests |
|--|-------------------------|---|------------|-----------|--------------|
| Height | : 72" on SEP 7,2022 | | | | |
| Weight | : 240 lbs on SEP 7,2022 | | | | |
| st | urgency | Procedure / (Img. Loc.) | Desired | Requester | Req'g Loc |
| 1 | STAT | CHEST 1 VIEW LW (71045) (RADIOLOGY DEPARTMENT) | 01/10/2022 | | DEMO CLINIC |
| 2 | STAT | SPINE CERVICAL MIN 4 VIEW (RADIOLOGY DEPARTMENT) | 12/15/2017 | | DEMO CLINIC |
| 3 | p ROUTINE | CHEST 1 VIEW LW (71045) (RADIOLOGY DEPARTMENT) | 08/15/2022 | | DEMO CLINIC |
| 4 | c ROUTINE | ANKLE 2 VIEWS (RADIOLOGY DEPARTMENT) | 05/17/2022 | | DEMO CLINIC |
| 5 | c ROUTINE | XRAY TEST PARENT3 (RADIOLOGY DEPARTMENT) | 05/09/2022 | | DEMO CLINIC |
| 6 | c ROUTINE | DEMO CHEST XRAY 1 VIEW FO (RADIOLOGY DEPARTMENT) | 04/19/2022 | | RADIOLOGY D |
| 7 | c ROUTINE | CHEST 1 VIEW LW (71045) (RADIOLOGY DEPARTMENT) | 04/13/2022 | | DEMO CLINIC |
| 8 | dc ROUTINE | CHEST 1 VIEW LW (71045) (RADIOLOGY DEPARTMENT) | 04/13/2022 | | DEMO CLINIC |

Figure 21-19: Example for Height and Weight (US Units) as displayed with the date and time the vitals were taken. RPMS RAD/NUC MED Total System >Patient Profile Menu >Exam Profile (selected sort)

21.2.9 Multiple RPMS Imaging Selections

An address, fix ensures that when multiple procedures are selected in RPMS from the RAD/NUC MED Common Procedure Lists (order menus), there is not an RPMS Syntax error and multiples can be selected and registered (Figure 21-20).

| COMMON RADIOLOGY/NUCLEAR MEDICINE PROCEDURES (GENERAL RADIOLOGY) | |
|--|--------------------------------------|
| 1) ABDOMEN-KUB | 14) PELVIC U/S |
| 2) SINUSES 3 OR MORE VIEWS | 15) ECHOGRAPHY, TRANSVAGINAL |
| 3) SHOULDER 2 OR MORE VIEWS | 16) RENAL U/S |
| 4) FEMUR 2 VIEWS | 17) WATER'S VIEW OF SINUSES |
| 5) TIBIA & FIBULA 2 VIEWS | 18) OB US, DETAILED SINGLE FETUS |
| 6) ANKLE 3 OR MORE VIEWS | 19) CHEST X-RAY |
| 7) FOOT 3 OR MORE VIEWS | 20) 'FEMUR 2 OR MORE VIEWS, CMBA |
| 8) SPINE CERVICAL MIN 4 VIEWS | 21) DXA, VERTEBRAL FRACTURE ASSESME |
| 9) SPINE THORACIC AP&LAT&SWIM VIEWS | 22) CHEST SINGLE VIEW |
| 10) SPINE LUMBOSACRAL MIN 2 VIEWS | 23) FLAT AND UPRIGHT ABDOMEN |
| 11) DXA, AXIAL SKELETON, HIPS/PELVIS | 24) CHEST X-RAY (71045) |
| 12) HAND 3 OR MORE VIEWS | 25) CHEST (LW TEST 3.17) XRAY 2V PA/ |
| 13) STANDING LOWER EXTREMITY HIP 2V | 26) KNEE 2 VIEWS (73560) |

Select Procedure (1-26) or enter '?' for help: 1,6

Figure 21-20: Demonstrating successful multiple selections without error

21.3 Incomplete, Daily Delinquent Reports

An artifact from RA*5.0*1007 has been fixed for this release. The patient medical record number, or health record number (HRN) is again displayed in both RAD/NUC MED Total System > Management Reports Menu > Daily Management Reports for both the Delinquent Status Report and Incomplete Exam Report (Figure 21-21).

| Daily Log Report For: Sep 21, 2022 | | | | |
|------------------------------------|-----------------------------|-------------|---------------------|--------------------|
| Division | : 2021 DEMO HOSPITAL (INST) | | | Date: Sep 22, 2022 |
| Imaging Location | : ULTRASOUND (ULTRASOUND) | | | |
| Name | Pt ID | Ward/Clinic | Procedure | |
| Exam Status | Case # | Time | Reported | |
| ----- | ----- | ----- | ----- | ----- |
| DEMO,ANNIE | 111876 | DEMO CLINIC | US ABDOMEN COMPLETE | |
| WAITING FOR EXAM | 231 | 3:41 PM | No | |

Figure 21-21: Demonstrating display of the patient identifier (pt ID) for HRN

21.3.1 Modality Code in HL7 ORM message string

The addition or capture of the RAD/NUC MED Procedure Modality code is captured and passed in the RPMS HL7 outbound order message (ORM) OBR-24.

If the Modality Code field has been defined in the RPMS RAD/NUC MED Procedure file (Figure 21-22).

```
OBR|092122-231|6779078.8458-1^092122-231^L|76700^US EXAM ABDOM
COMPLETE^C4^498^USABDOMEN COMPLETE^99RAP|
|202209211541|""|""|""|2935^WHITE^LESLIE^IT^BS^MT||DEMO
CLINIC||7^ULTRASOUND^2906^2021 DEMO HOSPITAL
(INST)|US^ULTRASOUND|202209211542250700||US||^R||^DEMO||202209211541-
0700
```

Figure 21-22: HL7 OBR segment with modality of Ultrasound (US) in OBR-24

21.3.2 Change in Procedure/Edit template

Incorporated in the RA*5.0*1009 release are numerous VA RA releases one of which is RA*5.0*127. The RA*5.0*127 patch is a Radiology application patch. It contains Data Definition and routine updates needed for managing the association of in the RAD/NUC MED PROCEDURES file (# 71). IHS will see a minimal impact in the RAD/NUC MED Procedure file template in the Procedure enter/edit option.

Highlighted below are the additional prompts and fields for navigation and entry. Figure 21-23 and Figure 21-24 new procedure entries to the RIS.

```
Are you adding XRAY CHEST 1V (71045) as a new Radiology Procedure? YES//
YES
TYPE OF PROCEDURE: D DETAILED
NAME: XRAY CHEST 1V (71045) Replace
TYPE OF IMAGING: GENERAL RADIOLOGY
TYPE OF PROCEDURE: DETAILED//
CONTRAST MEDIA USED: NO// NO
Select MODALITY: CR Computed Radiography
Are you adding 'CR' as a new MODALITY (the 1ST for this NEW RAD PROCEDURE
WORK
UP)? No// Y (Yes)
Select MODALITY:
HEALTH SUMMARY WITH REQUEST:
Select SYNONYM:
```

```

PROMPT FOR MEDS:
Select DEFAULT MEDICATION:
Select AMIS CODE: CHEST-SINGLE VIEW
  Are you adding 'CHEST-SINGLE VIEW' as a new AMIS CODES (the 1ST for this
NEW RAD PROCEDURE WORKUP)? No// Y (Yes)
  AMIS WEIGHT MULTIPLIER: 1
  BILATERAL?:
Select AMIS CODE:
CPT CODE: 71045      X-RAY EXAM CHEST 1 VIEW
  RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW
Note: If an erroneous CPT Code is accepted it cannot be changed; the
procedure must be inactivated.

Are you adding '71045' as the CPT Code for the new Rad/Nuc Med Procedure
'XRAY CHEST 1V (71045)'? NO// Y
Select DEFAULT CPT MODIFIERS(PROC):
STAFF REVIEW REQUIRED: NO// NO
RAD/NM PHYS APPROVAL REQUIRED: NO// NO
REQUIRED FLASH CARD PRINTER:
REQUIRED FLASH CARD FORMAT:
Select FILM TYPE: DIGITAL
  Are you adding 'DIGITAL' as a new FILMS NEEDED (the 1ST for this NEW RAD
PROCE
DURE WORKUP)? No// Y (Yes)
Select FILM TYPE:
Select MESSAGE: ^FILM TYPE??
Select MESSAGE: ^FILMS NEEDED
Select FILM TYPE: DIGITAL
  FILM TYPE: DIGITAL//
EDUCATIONAL DESCRIPTION:
  1>
INACTIVATION DATE:
This entry will not be submitted for NTRT processing.
Are you sure you are entering XRAY CHEST 1V (71045) as a new procedure?
YES//YES (new prompt, if Y default is taken)

The CPT code is needed to match to an entry within the MASTER
RADIOLOGY PROCEDURE file.

The CPT code for this procedure is 71045.
  Select one of the following:

      1          NONE LISTED

Select the number of the Master Procedure that best matches
or enter a number followed by 'C' for the long name. e.g. 1C: 1 NONE
LISTED
Temporary new procedure entry has been moved to the permanent
RAD/NUC MED PROCEDURE file.
Updating ORDERABLE ITEMS file
Deleting temporary entry in file 71.11

```

Figure 21-23: Procedure Enter/Edit of new file

Are you sure you are entering XRAY CHEST 1V (71045) as a new procedure? YES//

```

This entry will not be submitted for NTRT processing.
Are you sure you are entering XRAY CHEST 1V (#2) as a new procedure? YES//
NO (new prompt, if 'NO' is entered)

```

```

Temporary new procedure entry has been moved to the permanent
RAD/NUC MED PROCEDURE file.
Updating ORDERABLE ITEMS file

Deleting temporary entry in file 71.11

```

Figure 21-24: Procedure Enter/Edit of new file

Are you sure you are entering XRAY CHEST 1V (71045) as a new procedure? **NO//**

Answering **Yes** or **No** does not have an impact on the file use. The intent of the development for the VA in RA*5.0*127 was for confirmation of existing procedures in the Master Radiology Procedure File as part of the VA New Term Rapid Turnaround (NTRT) process. This is not applicable to IHS.

21.3.3 Procedure Modifiers in V RADIOLOGY

Entered Procedure Modifiers are now passed from the RAD/NUC MED Total System to the Patient Care Component (PCC) (Figure 21-25).

```

===== RADIOLOGYs =====
RADIOLOGY PROCEDURE:   XRAY CHEST 1V (#2)
CPT CODE:              71045
MODIFIER:              FY
MODIFIER 2:           26
ACCESSION #:          092322-234
PROCEDURE MODIFIER:   BILATERAL EXAM
PROCEDURE MODIFIER 2: CLEOPATRA VIEW
IMPRESSION:           NO IMPRESSION.
EVENT DATE&TIME:      SEP 23, 2022@14:53
ORDERING PROVIDER:    WHITE,LESLIE IT BS MT
CLINIC:               GENERAL
DATE/TIME ENTERED:    SEP 23, 2022@14:54:28
ENTERED BY:           WHITE,LESLIE IT BS MT
DATE/TIME LAST MODIFI: SEP 23, 2022@14:54:28
LAST MODIFIED BY:     WHITE,LESLIE IT BS MT
V FILE IEN:           47921

```

Figure 21-25: Procedure Modifiers in the V RADIOLOGY visit file in PCC.

21.3.4 Accession Numbers in V RADIOLOGY

RPMS RAD/NUC MED procedure case or accession numbers are passed in the V RADIOLOGY file to PCC.

```

===== RADIOLOGYs =====
RADIOLOGY PROCEDURE:   XRAY CHEST 1V (#2)
CPT CODE:              71045
MODIFIER:              FY
MODIFIER 2:           26
ACCESSION #:          092322-234
PROCEDURE MODIFIER:   BILATERAL EXAM
PROCEDURE MODIFIER 2: CLEOPATRA VIEW
IMPRESSION:           NO IMPRESSION.
EVENT DATE&TIME:      SEP 23, 2022@14:53

```

```
ORDERING PROVIDER:    WHITE,LESLIE IT BS MT
CLINIC:              GENERAL
DATE/TIME ENTERED:   SEP 23, 2022@14:54:28
```

Figure 21-26: Accession # in the V RADIOLOGY visit file in PCC.

21.3.5 Principle Clinic updates in PCC

An issue reported when RAD/NUC MED exams are re-edited/re-cased, including a Principle Clinic change, the modified clinic not passing to the PCC has been addressed. Examples below show the patient Visit File with an initial CLINIC of General. After editing the Case Exam's Principal Clinic to Radiology, the update passes successfully to PCC.

```
Patient Name:        DEMO,LOUIS
Chart #:             138425
Date of Birth:       APR 29, 1962
Sex:                 M
Visit IEN:           2122894
===== VISIT FILE =====
VISIT/ADMIT DATE&TIME: SEP 23, 2022@12:00
DATE VISIT CREATED:   SEP 23, 2022
TYPE:                IHS
THIRD PARTY BILLED:  VISIT IN REVIEW STATUS
PATIENT NAME:        DEMO,LOUIS
LOC. OF ENCOUNTER:   2021 DEMO HOSPITAL (INST)
SERVICE CATEGORY:   AMBULATORY
CLINIC:              GENERAL
DEPENDENT ENTRY COUNT: 1
DATE LAST MODIFIED:  SEP 23, 2022
CREATED BY USER:     WHITE,LESLIE IT BS MT
OPTION USED TO CREATE: RA EDITPT
USER LAST UPDATE:    WHITE,LESLIE IT BS MT
OLD/UNUSED UNIQUE VIS: 6064010002122894
DATE/TIME LAST MODIFI: SEP 23, 2022@14:54:28
```

Figure 21-27: Principal Clinic 'GENERAL'

```
Patient Name:        DEMO,LOUIS
Chart #:             138425
Date of Birth:       APR 29, 1962
Sex:                 M
Visit IEN:           2122894
===== VISIT FILE =====
VISIT/ADMIT DATE&TIME: SEP 23, 2022@12:00
DATE VISIT CREATED:   SEP 23, 2022
TYPE:                IHS
THIRD PARTY BILLED:  VISIT IN REVIEW STATUS
PATIENT NAME:        DEMO,LOUIS
LOC. OF ENCOUNTER:   2021 DEMO HOSPITAL (INST)
SERVICE CATEGORY:   AMBULATORY
CLINIC:              RADIOLOGY
DEPENDENT ENTRY COUNT: 1
DATE LAST MODIFIED:  SEP 23, 2022
CREATED BY USER:     WHITE,LESLIE IT BS MT
OPTION USED TO CREATE: RA EDITPT
```

```

USER LAST UPDATE:      WHITE,LESLIE IT BS MT
OLD/UNUSED UNIQUE VIS: 6064010002122894
DATE/TIME LAST MODIFI: SEP 23, 2022@15:31:48

```

Figure 21-28: Principal Clinic 'RADIOLOGY' post edit.

21.3.6 Pending/Hold Request Log and SNN removal

The Pending/Hold Rad/Nuc Med Request Log has been updated to include patient HRN. The patient SSN is no longer displayed.

| LOG OF PENDING REQUESTS | | | | |
|---|--------|------------------------|--------------|--------------|
| Includes requests scheduled from 1/1/22 to 9/23/22 | | | | |
| IMAGING LOCATION: RADIOLOGY DEPARTMENT Run Date: SEP23,2022 15:42 | | | | |
| PATIENT NAME | HRN | PROCEDURE | DATE DESIRED | DATE ORDERED |
| ORDERING PROVIDER | | | | |
| PT LOC | | | | |
| DEMO, BRUCE | 115596 | DEMO CHEST XRAY 1 VIEW | MAY 02, 2022 | |
| MAY 02, 2022 | | | | |
| DEMO, LESLIE IT BS | | | | EAST |
| GENMED | | | | |
| DEMO, BRIAN | 126950 | ANKLE 3 OR MORE VIEWS | MAY 11, 2022 | |
| MAY 11, 2022 | | | | |
| DEMO, LISA | | | | DEMO |
| CLINIC | | | | |

Figure 21-29: Pending/Hold Request Long and SSN replacement with HRN

21.3.7 wRVU Report by CPT, Imaging Type removed

The Diagnostic Codes do not display but are used to extract imaging test results for Normal Imaging result reports and Abnormal Imaging test result reports. This is not a 2015 CEHRT certification criterion requirement but was made in consultation with IHS CCDA SMEs.

Included in the RA*5.0*1009 release is VA RA*5.0*158. In p158, two personnel workload reports have been marked 'Out of Order'. These include RAD/NUC MED Management, Personnel Workload Reports for Physician wRVU Report by CPT and by Imaging Type. Example below for Figure 21-30:

```

Select Management Reports Menu Option: PERsonnel Workload Reports
  Physician CPT Report by Imaging Type
  Physician Report
  Physician wRVU Report by CPT
    **> Out of order: Not used in IHS
  Physician wRVU Report by Imaging Type
    **> Out of order: Not used in IHS
  Radiopharmaceutical Administration Report

```

Resident Report
 Staff Report
 Technologist Report
 Transcription Report

Figure 21-30: Personal Workload Reports

IHS sites were likely not able to use the two wRVU option due to Syntax Error generation when selected.

21.3.8 Addition of Hold, Cancel Reasons

A number of VA RA releases include updates to the RAD/NUC MED 'REASON' file. Imaging personnel can modify and add reasons to this file for selection by users who are cancelling and holding Imaging orders.

New Hold, Cancel Reasons include COVID-19 indications. Some examples below:

Table 21-1: Hold Terms and Synonyms

| Hold Term | Synonym |
|---------------------------|----------------------|
| COVID-19 CONCERNS | Synonym: COVID-19 |
| COVID-19 CONCERNS | Synonym: COVID |
| COVID-19 CLINICAL REVIEW | Synonym: COVID-19 CL |
| CALLED VETERAN FOR APPT | Synonym: CALL |
| LETTER SENT TO CALL VA | Synonym: LETTER |
| RESCHED CALL BY VETERAN | Synonym: RESCHED |
| MRI SAFETY REVIEW | Synonym: MRISAFETY |
| RADIOLOGIST REVIEW | Synonym: RADREV |
| COMMUNITY CARE APPT | Synonym: COMCARE |
| WAITING ON OUTSIDE IMAGES | Synonym: OUTIMAGE |
| FUTURE APPOINTMENT | Synonym: FUTUREAPT |
| NON RADIOLOGY CONSULT | Synonym: NONRADCON |

22.0 March 2024 RA_5.0_1010 Release Addendum

22.1 Introduction

This addendum lists new features and updated options to the RPMS Radiology module as developed for the 2022 RPMS Radiology release, RA*5.0*1010. The following modifications are not required for the 2015 Certified EHR edition and Cures Update for the Indian Health Service RPMS/EHR.

Note: This application uses the “AUPN DISPLAY PPN” parameter functionality and is defaulted to OFF until Patient Preferred Name (PPN) is available across the enterprise. While this parameter is turned off, the Patient Preferred Name will not display in this application **except as a result of the patient lookup function**. This allows the Patient Preferred Name display to be turned on at once without requiring a coordinated release of all applications. **Once all applications support the display of the PPN, instructions will be sent out on how to enable this parameter system-wide.**

Examples of where the PPN will be displayed, printed with RPMS RAD/NUC MED menu options:

- Select Radiology/Nuclear Med Order Entry Menu Option: Detailed Request Display
- Select Radiology/Nuclear Med Order Entry Menu Option: Log of Scheduled Requests by Procedure
- Select Radiology/Nuclear Med Order Entry Menu Option: Pending/Hold Rad/Nuc Med Request Log
- Select Radiology/Nuclear Med Order Entry Menu Option: Print Rad/Nuc Med Requests by Date and Patient
- Select Radiology/Nuclear Med Order Entry Menu Option: Request an Exam
- Select Radiology/Nuclear Med Order Entry Menu Option: Schedule a Request
- Select Radiology/Nuclear Med Order Entry Menu Option: Ward/Clinic Scheduled Request Log
- Select Patient Profile Menu Option: Display Patient Demographics
- Select Patient Profile Menu Option: Exam Profile
- Select Patient Profile Menu Option: Profile of Rad/Nuc Med Exams
- Select Exam Entry/Edit Menu Option: Register Patient for Exams

- Select Exam Entry/Edit Menu Option: Edit Exam by Patient
- Select Exam Entry/Edit Menu Option: View Exam by Case No.
- Select Films Reporting Menu Option: Display a Rad/Nuc Med Report"
- Select Films Reporting Menu Option: Select Report to Print by Patient

22.2 Modifications

22.2.1 EHR Reports Tab Imaging (Local Only) report wrapping

RA*5.0*1009 introduced an issue for some systems where the EHR reports tab imaging report would present in one continuous line. RA*5.0*1010 corrects this and makes the report file in correctly. Confirm the EHR report section wraps and the RPMS report printout wraps as well.

22.2.2 Display of the Patient Preferred Name in RPMS RAD/NUC MED

If preferred name is populated for a patient, the patient name should appear in this format: DEMO,DONNA SUE - UPPER* in the patient name areas in RPMS. With the asterisk being the preferred name. AUPN parameter must be active.

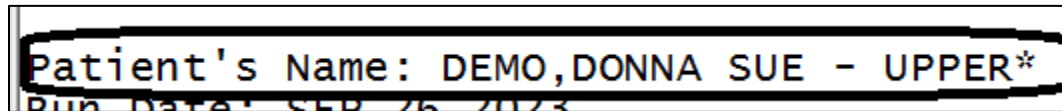


Figure 22-1: Demo patient's name

22.2.3 Default modality sending CR to vendor when undefined in OBR

When a procedure had no Modality code identified, RPMS was sending in the HL7 message CR as a default to the vendor. This has been corrected. If no modality is chosen, no code is sent. If another modality code (CT, etc), that code is sent in the OBR.

22.2.4 Remove error message when diagnosis segment comes in blank

If the Diagnosis segment in the HL7 message coming back from the vendor, this would produce an error in RPMS. This would produce an Invalid Diagnostic Code in the Rad/Nuc Med HL7 Voice Reporting Errors. This has been corrected and no error message will be produced if the diagnosis segment is blank.

22.2.5 Radiology/Imaging study report for PACS

An RA/Imaging study report, PATIENT RAD IMAGE REPORT, is a document that can be used for validation of moving images or for daily/weekly/monthly reports of what is being pushed to be validated by the radiology vendor reading the sites procedures.

- After software has been loaded, have your IT department add **BRA PATIENT RAD IMAGE REPORT** to your secondary menu.
- At any RPMS ‘Select Option’, keystroke **BRA PATIENT RAD IMAGE REPORT** or the **Synonym** created at the secondary menu and enter a date range.
- At DEVICE: HOME// enter HFS. At **HOST FILE NAME:** **D:\TMP\TMP.HFS//** Enter a location on your computer to save the report. Example: C:\TEMP\RDIRRPT.TXT
- If your site is on an AIX server, you will need to send the output to your local PUB and retrieve it from there. Please place a ticket to itsupport@ihs.gov if assistance is needed with setting this up as this may vary from site to site.

```
Select IHS Kernel <TEST ACCOUNT> Option: RDIR Patient Radiology Image
StudiesRP
MS Image Study report:

Enter from date: 010121 (JAN 01, 2021)
Enter through date: T (JAN 16, 2024)
DEVICE: HOME// HFS HOST FILE SERVER
HOST FILE NAME: G:\TMP\TMP.HFS//C:\TEMP\RDIRRPT.TXT ADDRESS/PARAMETERS:
"WNS"//

.....
.....
.....100.....
Total Patient Entries: 134
```

Figure 22-2: Save output to local PUB

Go to the location you saved the report to and you should see something like this:

```
ACC_NUM^DOB^PAT_ID^LASTNAME, FIRSTNAME MIDDLEINIT^PATIENT
SEX^STUDY_DATE,STUDY_TIME^SUID^STUDY DESCRIPTION^NUMBER OF
IMAGES^MODALITY^MAGIEN
080921-131^Sep 10, 1952^890777^DEMO,GABRIEL ISAAC^M^08/09/2021 12:51^^KNEE
2 VIEWS^^CR^107963
100422-217^Sep 10, 1952^890777^DEMO,GABRIEL ISAAC^M^10/04/2022 16:04^^ANKLE
2 VIEWS^^CR^108006
121321-140^Apr 29, 1968^138425^DEMO,LOUIS^M^12/13/2021 20:54^^SHOULDER 2 OR
MORE VIEWS^^CR^107969
```

Figure 22-3: Saved report location example

Now you will need to export the .txt file into an Excel format:

- Launch MS Excel

- Select FILE and then Open
- Select Browse and Select text as filter. In the lower right corner change it to Text Files (*.prn,*.txt;*.csv) and select the new TXT file to transfer
- Select the file
- The wizard comes up and should be delimited
- Select NEXT
- On Other tab–Deselect Tab and select Other and put in ^
- Select Finish and SAVE, PRINT

| | A | B | C | D | E | F | G | H | I | J | K |
|---|------------|-----------|--------|--------------------------------|-------------|------------------------|------|--------------------------|------------------|----------|--------|
| 1 | ACC_NUM | DOB | PAT_ID | LASTNAME, FIRSTNAME MIDDLEINIT | PATIENT SEX | STUDY_DATE, STUDY_TIME | SUID | STUDY DESCRIPTION | NUMBER OF IMAGES | MODALITY | MAGIEN |
| 2 | 080921-131 | 10-Sep-52 | 890777 | DEMO,GABRIEL ISAAC | M | 8/9/2021 12:51 | | KNEE 2 VIEWS | | CR | 107963 |
| 3 | 100422-217 | 10-Sep-52 | 890777 | DEMO,GABRIEL ISAAC | M | 10/4/2022 16:04 | | ANKLE 2 VIEWS | | CR | 108006 |
| 4 | 121321-140 | 29-Apr-68 | 138425 | DEMO,LOUIS | M | 12/13/2021 20:54 | | SHOULDER 2 OR MORE VIEWS | | CR | 107969 |

Figure 22-4: Example text file Excel export

22.2.6 Radiology report for Modality quality assurance

A report, PATIENT RAD EXAM REPORT, that will provide the ER staff with a list of POC ultrasounds and patient names during a designated date range to ensure they can perform the required QA in evaluating each other's POCUS read.

- After software has been loaded, have your IT department add **BRA PATIENT RAD EXAM REPORT** to your secondary menu.
- At any RPMS ‘Select Option’, keystroke **BRA PATIENT RAD EXAM REPORT** or the **Synonym** created at the secondary menu and enter a date range.
- At DEVICE: HOME// enter HFS. At **HOST FILE NAME:D:\TMP\TMP.HFS//** Enter a location on your computer to save the report. Example: C:\TEMP\RDERRPT.TXT
- If your site is on an AIX server, you will need to send the output to your local PUB and retrieve it from there. Please place a ticket to itsupport @ihs.gov if assistance is needed with setting this up, as this may vary from site to site.

```
Select IHS Kernel <TEST ACCOUNT> Option: RDER Patient Radiology Exams
Rad/Nuc PATIENT RAD EXAM REPORT

Select Rad/Nuc Med Division: All//
Another one (Select/De-Select):

Select Imaging Type: All//
Another one (Select/De-Select):

Select Imaging Location: All//
Another one (Select/De-Select):
```

```

Select Procedures: All//

Another one (Select/De-Select):

**** Date Range Selection ****

    Beginning DATE : 010118  (JAN 01, 2018)
    Ending    DATE : T  (JAN 16, 2024)

DEVICE: HOME// HFS  HOST FILE SERVER
HOST FILE NAME: G:\TMP\TMP.HFS//C:\TEMP/RDERRPT.TXT  ADDRESS/PARAMETERS:
"WNS"//

Total: 274

```

Figure 22-5: Example PATIENT RAD EXAM REPORT

Go to the location you saved the report to and you should see something like this:

```

Name^ Pt ID^ Ward/Clinic Procedure^ Exam Status^ Case #^ Exam DT^
Requesting Provider^ Rad/Nuc Med Div^ Imaging Location
DEMO,LOUIS^138425^FOOT 2 VIEWS^EXAMINED^35^Feb 07,
2018@09:22^MOORE,LORI^2021 DEMO HOSPITAL (INST)^RADIOLOGY DEPARTMENT -4913
DEMO,LOUIS^138425^CT ABDOMEN AND PELVIS W/CONTRAST 2017^EXAMINED^39^Jun 13,
2018@15:46^WHITE,LESLIE^2021 DEMO HOSPITAL (INST)^CT SCAN
PAYA,ELIZABETH H^129112^RIBS BILAT+CHEST 4 OR MORE VIEWS^COMPLETE^67^Jun
19, 2018@11:20^ROZSNYAI,DUANE MD^2021 DEMO HOSPITAL (INST)^RADIOLOGY
DEPARTMENT -4913
PAYA,ELIZABETH H^129112^ECHOGRAM CHEST B-SCAN^COMPLETE^68^Jun 19,
2018@11:38^ROZSNYAI,DUANE MD^2021 DEMO HOSPITAL (INST)^RADIOLOGY DEPARTMENT
-4913
PAYA,ELIZABETH H^129112^ABDOMEN MIN 3 VIEWS+CHEST^COMPLETE^62^Sep 11,
2018@12:45^ROZSNYAI,DUANE MD^2021 DEMO HOSPITAL (INST)^RADIOLOGY DEPARTMENT
-4913

```

Figure 22-6: Example location of saved report

Now you will need to export the .txt file into an Excel format:

- Launch MS Excel
 - Select FILE and then Open
 - Select Browse and Select text as filter. In the lower right corner change it to Text Files (*.prn;*.txt;*.csv) and select the new TXT file to transfer
 - Select the file
 - The wizard comes up and should be delimited
 - Select NEXT
 - On Other tab–Deselect Tab and select Other and put in ^
 - Select Finish and SAVE, PRINT

| | A | B | C | D | E | F | G | H | I |
|---|------------------|--------|---------------------------------------|-------------|--------|--------------------|---------------------|---------------------------|----------------------------|
| 1 | Name | Pt ID | Ward/Clinic Procedure | Exam Status | Case # | Exam DT | Requesting Provider | Rad/Nuc Med Div | Imaging Location |
| 2 | DEMO,LOUIS | 138425 | FOOT 2 VIEWS | EXAMINED | 35 | Feb 07, 2018@09:22 | MOORE,LORI | 2021 DEMO HOSPITAL (INST) | RADIOLOGY DEPARTMENT -4913 |
| 3 | DEMO,LOUIS | 138425 | CT ABDOMEN AND PELVIS W/CONTRAST 2017 | EXAMINED | 39 | Jun 13, 2018@15:46 | WHITE,LESLIE | 2021 DEMO HOSPITAL (INST) | CT SCAN |
| 4 | PAYA,ELIZABETH H | 129112 | RIBS BILAT+CHEST 4 OR MORE VIEWS | COMPLETE | 67 | Jun 19, 2018@11:20 | ROZSNYAI,DUANE MD | 2021 DEMO HOSPITAL (INST) | RADIOLOGY DEPARTMENT -4913 |
| 5 | PAYA,ELIZABETH H | 129112 | ECHOGRAM CHEST B-SCAN | COMPLETE | 68 | Jun 19, 2018@11:38 | ROZSNYAI,DUANE MD | 2021 DEMO HOSPITAL (INST) | RADIOLOGY DEPARTMENT -4913 |
| 6 | PAYA,ELIZABETH H | 129112 | ABDOMEN MIN 3 VIEWS+CHEST | COMPLETE | 62 | Sep 11, 2018@12:45 | ROZSNYAI,DUANE MD | 2021 DEMO HOSPITAL (INST) | RADIOLOGY DEPARTMENT -4913 |

Figure 22-7: Example text file Excel export

Appendix A Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is **FOR OFFICIAL USE ONLY**. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (ROB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS Web site:

<https://home.ihs.gov/security/index.cfm>.

| |
|---|
| <p>Note: Users must be logged on to the IHS D1 Intranet to access these documents.</p> |
|---|

The ROB listed in the following sections are specific to RPMS.

A.1 All RPMS Users

In addition to these rules, each application may include additional ROB that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

A.1.1 Access

RPMS users shall:

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not:

- Retrieve information for someone who does not have authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

A.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall:

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

A.1.3 Accountability

RPMS users shall:

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO).
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.

- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

A.1.4 Confidentiality

RPMS users shall:

- Be aware of the sensitivity of electronic and hard copy information, and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not:

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

A.1.5 Integrity

RPMS users shall:

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not:

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

A.1.6 System Logon

RPMS users shall:

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

A.1.7 Passwords

RPMS users shall:

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not:

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.

- Give a password out over the phone.

A.1.8 Backups

RPMS users shall:

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

A.1.9 Reporting

RPMS users shall:

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not:

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

A.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS users shall:

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

A.1.11 Hardware

RPMS users shall:

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.

- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not:

- Eat or drink near system equipment.

A.1.12 Awareness

RPMS users shall:

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

A.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that:

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall:

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not:

- Disable any encryption established for network, internet, and Web browser communications.

A.2 RPMS Developers

RPMS developers shall:

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not:

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

A.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall:

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords and delete or reassign related active and backup files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Shall follow industry best standards for systems they are assigned to and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not:

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Glossary

AMIS Code

AMIS (Automated Management Information System) is a general system of computer programs used to process management reports for the Veteran's Administration.

Broker

A piece of commercial hardware that is used for formatting and routing HL7 orders, exams, images, and reports between RPMS and modalities, PACS systems, and Radiology reporting services.

CCDA

The CCDA application is an RPMS-based application that generates industry-standard Continuity of Care Documents (CCD) in Health Level 7 (HL7) CCDA format, following the July 2012 Draft Standard for Trial Use (DSTU) standard, further restricted by Meaningful Use 2 (MU2) requirements.

Diagnostic Code

One of a standard set of codes used for designating the normality or abnormality of an exam.

DICOM

Digital Imaging and Communications in Medicine

HL7

Health Level 7—a standard for the exchange of electronic information between disparate entities.

IHS

Indian Health Service

Modality

Radiology Equipment (CT/US/XRAY)

Modality Worklist

A list of procedures that may be performed on a particular piece of Radiology equipment. If a site has an interface with a Modality Worklist server, the worklist will be populated automatically when an order is registered in the Radiology Package.

OBR

Observation Request Segment used to transmit information in HL7 format.

OBX

Observation Result Segment used to transmit information in HL7 format.

PACS

Picture Archiving and Communication System

Personal Health Record (PHR)

Indian Health system patients can use PHR to view and manage personal, family, and community health information. Patients can track medicines, lab results, allergies, and more from the privacy of a personal computer.

Quick Order

One or more menu items to link a Radiology procedure to an orderable item in EHR.

RIS

Radiology Information System

RPMS

Resource and Patient Management System—The Clinical and Administrative Information System used by Indian Health Service.

TOC

Transition of Care Document generated in the RPMS/EHR for patient referral visits outside of an issuing IHS site and providing a summary of care.

VistaA Imaging

The VistA Imaging system integrates clinical images, scanned documents, and other non-textual data into the patient's electronic medical record.

wRVU

A standard unit of measurement used to establish value for common healthcare procedures

WWU

Weighted work units (WWUs). The AMIS Weight Multiplier field of the Rad/Nuc Med Procedures file contains a number (0–99) to indicate to the various workload report routines how many times to multiply the weighted work units associated with the AMIS code. The Weight for each AMIS code is stored in the Weight field of the Major Rad/Nuc Med AMIS Code file.

Acronym List

| Term | Meaning |
|-------|---|
| ACR | American College of Radiologist |
| AMIS | Automated Management Information System |
| CAC | Clinical Application Coordinator |
| CCD | Continuity of Care Documents |
| CCDA | Consolidated Clinical Document Architecture |
| CHIT | Certified Health Information Technology |
| CISO | Chief Information Security Officer |
| CPT | Current Procedural Terminology |
| DICOM | Digital Imaging and Communications in Medicine |
| DTSU | Draft Standard for Trial Use |
| HIPAA | Health Insurance Portability and Accountability Act |
| HL7 | Health Level Seven |
| ID | Identification |
| IHS | Indian Health Service |
| ISSO | Information System Security Officer () |
| IT | Information Technology |
| PACS | Picture Archiving and Communication System |
| PHR | Personal Health Record |
| ROB | Rules of Behavior |
| RPMS | Resource and Patient Management |
| SAC | Standards and Conventions |
| TOC | Transition of Care |
| VPN | Virtual Private Network |

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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