



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Practice Management Application Suite**

(BPRM)

## **Admission/Discharge/Transfer Module User Manual**

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## Preface

The Practice Management Application Suite (BPRM) is a browser-enabled graphical user interface (GUI) for the Indian Health Service (IHS) Resource and Patient Management System (RPMS) applications.

BPRM provides for the entry of medical record information for new patients and editing the records of those already registered at a medical facility. The patient data managed with BPRM is crucial to the third-party billing and follow up patient care. Appropriate caution and checking should be employed to ensure that accurate data is entered into the system and, subsequently, transmitted to the National Patient Information Resource System and used by providers and staff.

## 1.0 Introduction

The Practice Management Application Suite (namespace: BPRM) represents a forward step in the streamlining of IHS record and patient management. Through the use of a consistent GUI and module-based architecture, it not only simplifies record and patient management, but also allows for future expansion of the scope and capabilities of the system.

This user manual describes the use of the BPRM Admission/Discharge/Transfer (ADT) module, related tasks available in the ADT module, reports provided by the Reports module, and options in the Settings module that affect patient admissions, discharges, and transfers. A separate user manual gives an overview of the BPRM application suite, and individual user manuals are available for the other modules in the suite.

## 2.0 Admission/Discharge/Transfer (ADT) Module

This section describes the features and functions of the Admission/Discharge/Transfer (ADT) module.

### 2.1 ADT Toolbar

The **ADT toolbar** (Figure 2-1) at the top of the ADT module provides quick access to several different views of bed use and availability. It also provides controls to rapidly admit new patients and discharge or transfer existing ones.

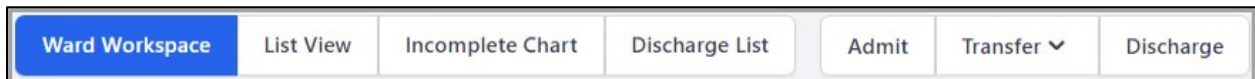


Figure 2-1: ADT Toolbar Controls (left side)

The right side of the toolbar also includes bed statuses (Figure 2-2). This area is view only and the colors indicate the status of the bed.



Figure 2-2: ADT Toolbar Color-Coded Bed Statuses (right side)

**Note:** The options available in the toolbar may vary for different users depending on the access permissions granted to each user.

The toolbar includes seven controls:

- **Ward Workspace.** Click to show bed occupancy information broken down into individual wards. Refer to Section 2.2 for more information.
- **List View.** Click to show a listing of all active patient admissions. The listing can be sorted in a variety of ways. Refer to Section 2.3 for more information.
- **Incomplete Charts.** Click to display or edit detailed information about any incomplete patient charts. Refer to Section 2.4 for more information about the Incomplete Charts display.
- **Discharge List.** Click to show a listing of all discharges for a facility. The listing can be filtered and sorted in a variety of ways. Refer to Section 2.5 for more information.
- **Admit.** Click to admit a patient. Refer to Section 2.6 for more information about admitting a patient.
- **Transfer.** Click to transfer a patient. Refer to Section 2.9 for more information about transferring a patient.

- **Discharge.** Click to discharge a patient. Refer to Section 2.10 for more information about discharging a patient.

## 2.2 Ward Workspace

Click **Ward Workspace** button on the **ADT Toolbar** to manage bed occupancy, admission details, and bed status on a per-ward basis. Figure 2-3 shows an example of a typical **Ward Workspace**.

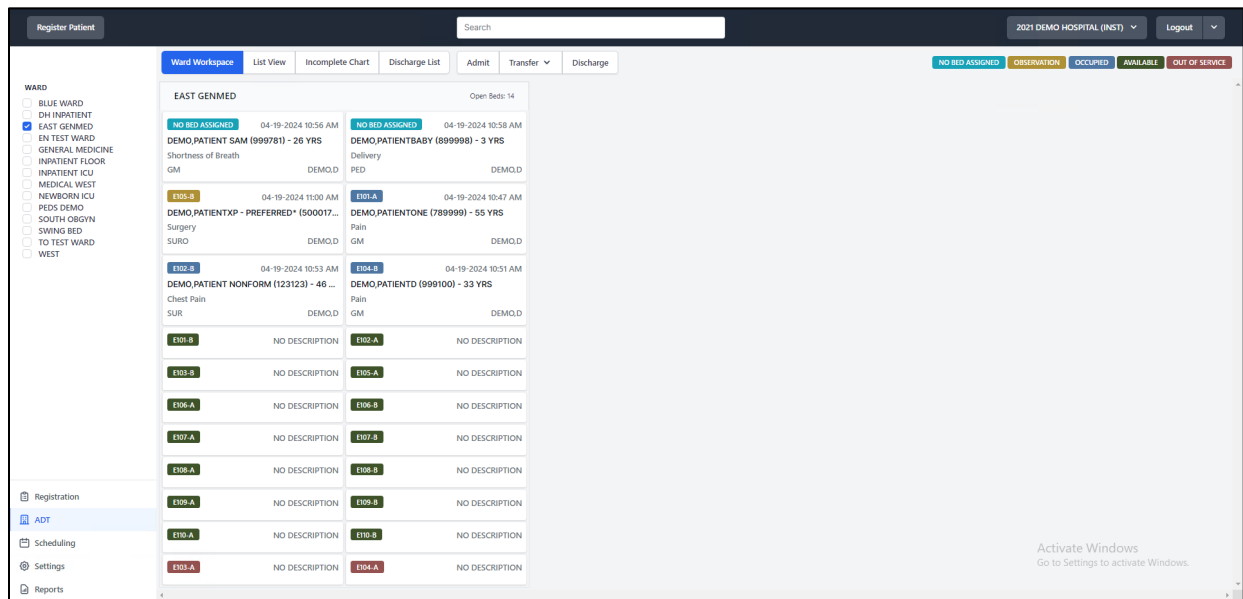


Figure 2-3: Typical Ward Workspace window

The **Wards** section on the left side of the Ward workspace lists the wards that are available for a given facility. Select one or more wards to display the bed occupancy for those wards. The wards available in the listing are determined by the **Wards** section of the **Settings** module. Refer to Section 3.4 for more information about adding or editing wards.

The **Ward** workspace displays the **Bed Status** in the top-right corner:

- No Bed Assigned
- Observation
- Occupied
- Available
- Out of Service



The User will be able to filter display (ON/OFF) as needed with the Bed Status buttons. Sort is by the order of the Bed Status and secondary sort is by bed# ascending. Each bed in a ward is represented in the **Ward** workspace with a bed tile. Figure 2-4 shows an example of a typical bed tile.

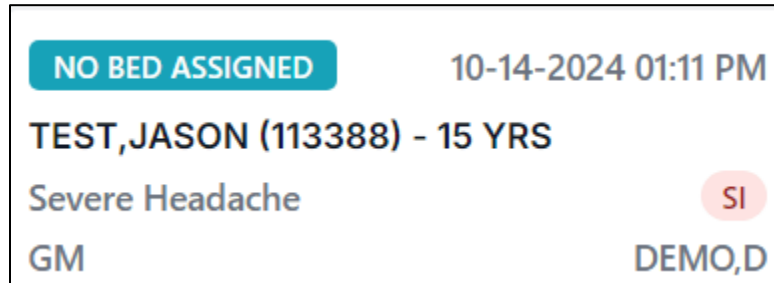


Figure 2-4: Bed Tile example

The colored rectangle in the upper-left corner of each bed tile shows the status of that bed. The colors displayed coincide with the color codes used in the **Status** section of the **Ward** workspace. The **bed number** is also shown in the colored rectangle.

Bed tiles show the following information (when available):

- Status (by color) and bed number
- Admission date and time
- Patient name
- HRN
- Age
- Diagnosis (short)
- Attending physician
- Treating specialty
- Do Not Resuscitate (DNR) and/or Seriously Ill (SI) status
- Comments: A short display of comments will display on the tile. If there is more, an ellipsis will display to indicate additional comments are available. A hover is available to see up to ~200 characters. Comments more than 200 characters, must be viewed by selecting View Admission Detail.

Alternatively, a bed tile may display limited patient information if the bed is assigned to more than one ward, and it is currently occupied. Figure 2-5 shows an example of a multi-ward bed tile that is occupied in another ward.

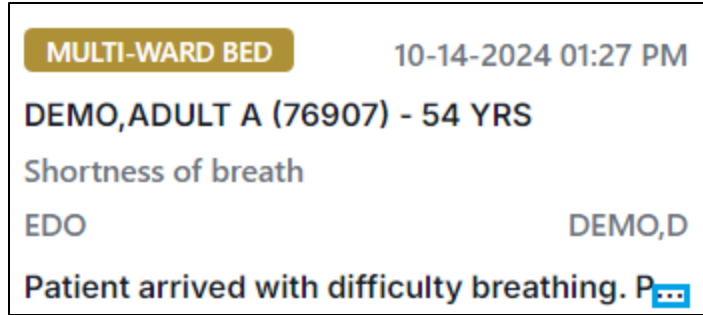


Figure 2-5: Bed Tile with Additional Comments

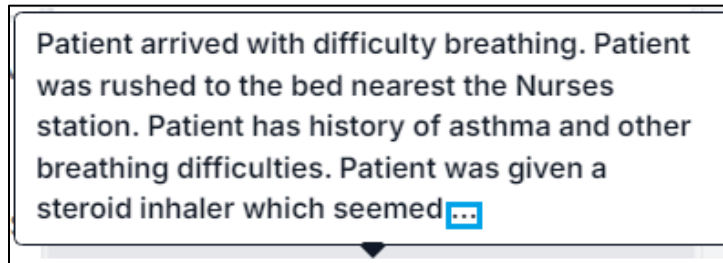


Figure 2-6: Comments displayed in hover

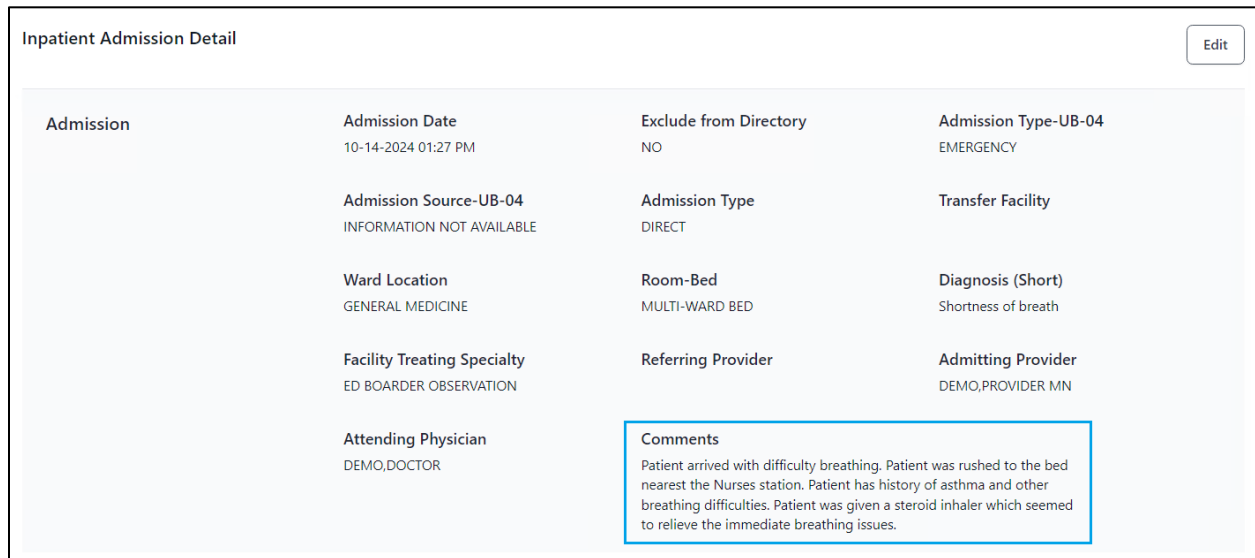


Figure 2-7: Full comments displayed in View Admission Detail

Also, a bed tile will exclude the patient’s name if the **Exclude from Directory** option is set when admitting the patient. Figure 2-6 shows an example of a bed tile that is excluded from the directory. If the patient should be added back to the directory, the user can clear the option in **View Admission Details**.

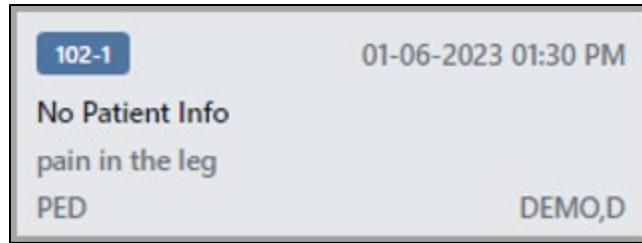


Figure 2-8: Exclude from Directory Tile example

## 2.2.1 Occupied Bed Context Menu

Right-click any of the bed tiles representing an occupied bed (including those for patients who have been admitted for observation) in the **Ward** workspace window to access the options shown in Table 2-1.

Table 2-1: Options on the Occupied Bed context menu

Option	Description
Transfer Ward	Select this option to open the Ward Transfer dialog described in Section 2.9.1.
Transfer Bed	Select this option to open the Bed Transfer dialog described in Section 2.9.3.
Transfer Provider	Select this option to open the Provider Transfer dialog described in Section 2.9.4.
Transfer Treating Specialty	Select this option to open the Treating Specialty Transfer dialog described in Section 2.9.2.
Cancel Admission	Select this option to cancel an admission.
Discharge Patient	Select this option to open the Discharge Patient dialog described in Section 2.10.
View Admission Detail	Select this option to view details about the patient's admission. Selecting this option opens the Inpatient Admission Detail dialog described in Section 2.6.1.
Seriously Ill	Select this option to indicate the patient is Seriously Ill (SI).
Do Not Resuscitate	Select this option to indicate a Do Not Resuscitate (DNR) document is on file for the patient.
Print A-Sheet	Select this option to print an A-Sheet for the patient assigned to the selected bed described in Section 2.7.
Print Wrist Band	Select this option to print a Wrist Band for the patient described in Section 2.8.

Option	Description
Select Patient in EHR	Select this option to open the patient's record in the Electronic Health Record (EHR) application. EHR must have a session running for the same user in order to run options.

## 2.2.2 Available Bed Context Menu

Right-click any of the **bed tiles** representing an available bed in the **Ward** workspace window to access the options shown in Table 2-2.

Table 2-2: Options on the Available Bed context menu

Option	Description
Admit Patient	Select this option to open the Admit Patient dialog described in Section 2.6.
Inactivate Bed	Select this option to open the Inactivate Room-Bed dialog described in Section 2.2.2.1.

### 2.2.2.1 Inactivate Bed

Right click **Inactivate Bed** in the context menu of an available bed to inactivate the bed. Figure 2-7 shows an example of a typical **Inactivate Room-Bed** dialog.

The screenshot shows a dialog box titled "Inactivate Room-Bed: S101-1". It contains two required fields: "Out Of Service Date" and "Reason". The "Out Of Service Date" field has a text input with a date format "L--" and a calendar icon. The "Reason" field is a dropdown menu with "Please Select" and a downward arrow. At the bottom of the dialog are two buttons: "Discard" and "Save".

Figure 2-9: Inactive Room-Bed dialog

The dialog includes two fields:

- Out of Service Date
- Reason

## 2.2.3 Out of Service Bed Context Menu

Right-click any of the bed tiles representing an **Out of Service** bed to access this option (Table 2-3).

Table 2-3: Options on the Out of Service Bed context menu

Option	Description
Reactivate Bed	Select this option to open the Reactivate Room-Bed dialog described in Section 2.2.3.1.

### 2.2.3.1 Reactivate Bed

Click **Reactivate Bed** in the context menu (accessed with a right-click) of an **Out of Service** bed to reactivate the bed. Figure 2-8 shows an example of a typical **Reactivate Bed** dialog.

Figure 2-10: Reactivate Bed dialog

The **Reactivate Bed** dialog includes these fields:

- Out of Service Date
- Reason
- Expected Return to Service

The bed becomes available after the date entered for **Expected Return to Service** has passed.

**Note:** To reactivate a bed to be used today, yesterday's date must be entered.

## 2.3 List View

Click **List View** button on the **ADT Toolbar** to see a list view of all admitted patients. Figure 2-9 shows an example of a typical **List View** window.

Ward Workspace <b>List View</b> Incomplete Chart Discharge List Admit Transfer Discharge							
Admission List <span style="float: right;">[Print]</span>							
PATIENT	ADMISSION DATE	WARD	ROOM-BED	ATTENDING	SERVICE	LENGTH OF STAY	INSURANCE
DEMO,FERN 01-01-1960 - 142601	10/17/2024 9:57:00 AM	INPATIENT ICU		DEMO.DOCTOR	GENERAL MEDICINE	1	PVT
TEST,PATIENTONE 05-01-1970 - 811401	10/17/2024 9:51:00 AM	WEST		DEMO.DOCTOR	GENERAL SURGERY	1	IHS
TEST,JASON 04-01-2009 - 113388	10/15/2024 8:56:00 AM	WEST	W403-D	DEMO.DOCTOR	GENERAL SURGERY	2	IHS
DEMO,ADULT A 01-01-1970 - 76907	10/14/2024 1:27:00 PM	GENERAL MEDICINE	MULTI-WARD BED	DEMO.DOCTOR	ED BOARDER OBSERVATION	3	IHS
DEMO,PATIENT NONFORM 02-01-1978 - 123123	10/14/2024 1:09:00 PM	WEST		DEMO.DOCTOR	GENERAL MEDICINE	3	IHS
DEMO,ANGELA - ANGIE* 01-01-2000 - 223344	10/14/2024 9:23:00 AM	EAST GENMED	E108-B	DEMO.DOCTOR	GENERAL MEDICINE	3	MCR/MCD

Showing 1 to 10 of 33 results

< 1 2 3 4 >

Figure 2-11: Typical List View window

### 2.3.1 List View Fields

This **List View** includes these fields:

- Patient (name) with Date of Birth and HRN
- Admission Date with time of admission
- Ward
- Room-Bed (current bed the patient is in)
- Attending (provider)
- Service (facility treating specialty)
- Length of Stay (in days)
- Insurance
- Seriously Ill (SI) and/or Do Not Resuscitate (DNR) indicator shows next to Patient Name if available

### 2.3.2 Filtering the List View

The **List View** can be filtered to show only specific **wards** or specific **Patient Condition**, and it can be sorted in several ways.

### 2.3.2.1 Ward Filter

Use the **Ward** list to filter the **List View** by ward. The wards shown in the list box are controlled via the **Wards** option in the **Settings** module, as described in Section 3.4.

### 2.3.2.2 Patient Condition

Use **Patient's Condition to Filter by Seriously Ill (SI) or Do not Resuscitate (DNR)**.

- All
- Seriously Ill (SI)
- DNR (Do Not Resuscitate)

### 2.3.2.3 Sort By

Use the **Sort By** list box to sort the **List View** by any of these criteria:

- Patient Name
- Ward Name
- Admission Date Asc (ascending)
- Admission Date Dsc (descending)
- Length of Stay Asc (ascending)
- Length of Stay Dsc (descending)

## 2.3.3 List View Context Menu

Right-click any of the entries (Table 2-4) in the **List View** to display a context menu offering these actions:

Table 2-4: Options on the List View context menu

Option	Description
Transfer Ward	Select this option to open the Ward Transfer dialog described in Section 2.9.1.
Transfer Bed	Select this option to open the Section 2.9.3 dialog.
Transfer Provider	Select this option to open the Provider Transfer dialog described in Section 2.9.4.
Transfer Treating Specialty	Select this option to open the Treating Specialty Transfer dialog described in Section 2.9.2.

Option	Description
Cancel Admission	Select this option to cancel an admission.
Discharge Patient	Select this option to open the Discharge Patient dialog described in Section 2.10.
View Admission Detail	Select this option to view details about the patient's admission. Selecting this option opens the Inpatient Admission Detail dialog described in Section 2.6.1.
Seriously Ill	Select this option to indicate the patient is Seriously Ill (SI).
Do Not Resuscitate	Select this option to indicate a Do Not Resuscitate (DNR) document is on file for the patient.
Print A-Sheet	Select this option to print an A-Sheet for the patient assigned to the selected bed described in Section 2.7.
Print Wrist Band	Select this option to print a wrist band for the patient described in Section 2.8.
Select Patient in EHR	Select this option to open the patient's record in the Electronic Health Record (EHR) application. EHR must have a session running for the same user in order to run options.

### 2.3.4 Create and Export List View Admissions to Excel

Click the Export icon (on the far right) to create and export the admission entries to an Excel file.

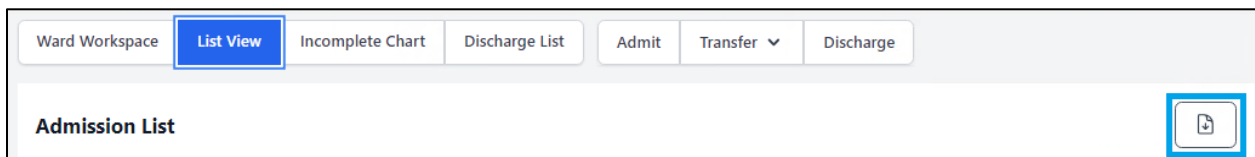


Figure 2-12: Export icon

The user will be asked to enter a Password. The password is case-sensitive and can be anything the user desires. The password will be required to open the Excel file once the file is created.



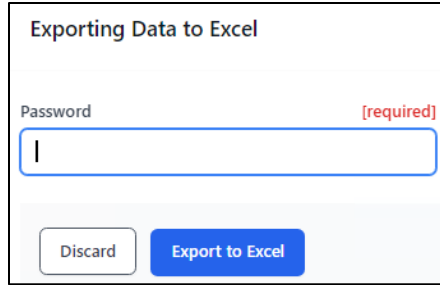


Figure 2-13: Data Export Password entry screen

After the password is entered, the user can select **Export to Excel** to initiate the export or **Discard** to exit.

The file will be named and saved to the Download folder as the default location, unless you have configured your browser to save to a specific location. If so, the user will be allowed to provide a file name and save location.

**Note:** The export max allowed is less than 2000 entries. A message will display to the user if it exceeds this amount.

## 2.4 Incomplete Chart

Click the **Incomplete Chart** button on the **ADT toolbar** to view or edit incomplete charts. Figure 2-13 shows an example of a typical **Incomplete Chart** window. Refer to Section 2.5 on how to add to the **Incomplete Chart**. The **Incomplete Chart** button is available for users who have the **DGZMENU** and **DGZPCC** security keys. A chart cannot be marked as complete until all deficiencies have been resolved.

Ward Workspace   List View   <b>Incomplete Chart</b>   Discharge List   Admit   Transfer ▼   Discharge					
Incomplete Charts					
PATIENT	CATEGORY / SERVICE / INSURANCE	DISCHARGE WARD / DATE	PROVIDER	CHART DEFICIENCY	STATUS/DATE
BPRM,ENSCHED ERNIE 08-03-1945 - 348293	OBSERVATION INTERNAL MED OBSERVATION IHS	11-02-2022 6 Days ago	DEMO, DOCTOR DEMO, DOCTOR NEW	5266	Pending
				8197	Pending <a href="#">Edit</a>
BPRM,ENFUTURE 08-29-2000 - 897452	HOSPITALIZATION GENERAL MEDICINE IHS	11-02-2022 6 Days ago	DEMO, DOCTOR NEW	8197	Pending <a href="#">Edit</a>
BPRM,ENAPPOINTMENTMINI 08-01-2022 - 452452	HOSPITALIZATION GENERAL MEDICINE IHS	EN PCU 11-02-2022 6 Days ago	DEMO, DOCTOR NEW	A SHEET	Pending <a href="#">Edit</a>
DEMO,BPRM 10-03-1978 - 139715 <span style="color: red;">Delinquent</span>	HOSPITALIZATION GENERAL MEDICINE MCD	CZ ICU WARD 10-04-2022 35 Days ago	DEMO, DOCTOR	PROGRESS NOTES AA DEFICIENCY	Pending Resolved 10-31-2022 <a href="#">Edit</a>

Figure 2-14: Typical Incomplete Chart window

The Incomplete Chart listing includes this information:

- Patient (name)
- Date of Birth
- HRN
- Delinquent Flag (when applicable)
- Category (type of visit)
- Service (treating specialty)
- Insurance Coverage
- Discharge Ward (from which patient was discharged)
- Discharge Date
- Number of Days since Discharge
- Provider
- Chart Deficiency
- Status
- Date

### 2.4.1 Filtering the Incomplete Chart Listing

The **Incomplete Chart** listing can be filtered and sorted in several ways.

### 2.4.1.1 Service Filter

Use the **Service** drop-down list to filter the **Incomplete Chart** listing and show incomplete charts for either **all** or a selected **Service**.

### 2.4.1.2 Category Filter

Use the **Category** drop-down list to filter the **Incomplete Chart** listing by the type of visit. The list offers these choices:

- All
- Hospitalization
- In Hospital
- Ambulatory
- Chart Review
- Observation
- Day Surgery

### 2.4.1.3 Type

Use the **Type** drop-down list to filter the **Incomplete Chart** listing by these chart types:

- Pending
- Delinquent
- Incomplete
- All

### 2.4.1.4 Sort By

Use the **Sort By** drop-down list to sort the **Incomplete Chart** listing by any of these criteria:

- Discharge Date Desc (descending)
- Discharge Date Asc (ascending)
- Service
- Patient
- Category

## 2.4.2 Incomplete Chart Detail

Select the **Edit** option from the entries in the **Incomplete Chart** listing to display the **Chart Detail** (Figure 2-11). Included are three sections:

- Chart Detail
- Action(s)
- Chart Deficiencies

Figure 2-15: Incomplete Chart Detail dialog

The top of the **Incomplete Chart Detail** page includes these fields:

- Insurance
- Category
- Service
- Discharge Ward

### 2.4.2.1 Chart Action(s) Section

**Chart Action** options (Table 2-5) are available as part of the chart completion process. Click **Action** on the upper right of the **Incomplete Chart Detail** window to add dates for any of the following options:

Table 2-5: Options under Actions menu for Chart Tracking Dates

Option	Description
Chart Received	Enter the date when the patient chart was received by incomplete charts
Chart Tagged	Enter the date when initial review was performed, and deficiencies were tagged.
Insurance Identified	Enter the date when the patient's insurance information was received.
Chart Completed	Enter the date when all deficiencies have been resolved and the chart is completed.
Bill Prep Completed	Enter the date when the chart is ready for billing and the person who prepared the records for billing.
Chart Billed	Enter the date when the associated visit has been billed.
Chart Deleted	Enter a deletion date for a chart that has been entered by mistake or is a duplicate.
Ready To Code	Enter the date when chart paperwork is complete, and coding can begin.
Chart Coded	Enter the date the associated visit was coded in PCC and the person who coded the record.

To remove an **Action** click **Remove** next to the **Action** listed.

**Note:** The **Actions** displayed are based on the **ADT Parameter** setting.

#### 2.4.2.2 Chart Deficiencies Section

The **Chart Deficiencies** section lists the following information:

- Provider
- Chart Deficiency
- Date Resolved
- Date Delinquent
- Date Deleted
- Resolution Status

Click **Add** in the upper-right of the **Chart Deficiencies** section to add deficiencies (Figure 2-12) to a chart.

Figure 2-16: Incomplete Chart Deficiency dialog

The dialog includes the following fields (Table 2-6). Refer to the **Glossary** for additional definitions:

Table 2-6: Fields on the Incomplete Chart Deficiency form

Option	Description
Chart Deficiency	Use this field to enter a new chart deficiency. Type one or more letters in the chart deficiency name to display a list of search results or you can enter a ?? to view a list of all deficiencies. Note: An inactive chart deficiency will not display in the list.
Provider	Use this field to assign a provider to the chart deficiency. Type one or more letters in the provider's name to display a list of results or you can enter ?? to view a list of all providers.
Date Delinquent	Read-only field indicating the date when the chart will become delinquent. This date is based on the ADT Parameter–Days to Delinquency.
Comments	Use this free-text field to enter comments for the chart deficiency if needed

Figure 2-13 displays the options to **Resolve**, **Delete**, or **Edit** a **Chart Deficiency** that are available.

Chart Deficiencies						Add
PROVIDER	CHART DEFICIENCY	DATE RESOLVED	DATE DELINQUENT	DATE DELETED	RESOLUTION STATUS	
DEMO,LISA M RN	A SHEET		10-10-2022		Pending	Resolve   Delete   Edit
DEMO,DOCTOR	PROGRESS NOTES		10-10-2022		Pending	Resolve   Delete   Edit
DEMO,DOCTOR	CONSULTATION REPORT		10-10-2022		Pending	Resolve   Delete   Edit

Discard Save

Figure 2-17: Chart Deficiencies—Resolve, Delete, and Edit options

Click the **Resolve** option to open the **Chart Deficiency** dialog with the **Date Resolved** field (Figure 2-14) now available. Confirm the information and click **OK** to mark a deficiency as resolved.

**Chart Deficiency**

Chart Deficiency [required] Provider [required] Date Delinquent

A SHEET × DEMO,LISA M RN 10-10-2022 📅

Date Resolved

10-26-2022 📅

Comments

test

Cancel OK

Figure 2-18: Chart Deficiency dialog with Date Resolved field available

Click the **Delete** option to open the **Chart Deficiency** dialog with the **Date Deleted** and **Delete Reason** fields (Figure 2-15) now available. Enter a **Deletion Reason** and click **OK** to mark a deficiency as deleted.

Figure 2-19: Chart Deficiency dialog with Date Deleted and Delete Reason fields available

Click the **Edit** option to open the **Chart Deficiency** dialog (Figure 2-16) with the **Chart Deficiency** field available.

**Note:** An inactive chart deficiency will not display in the list.  
Change **Chart Deficiency** and click **OK** to save changes.

Figure 2-20: Chart Deficiency dialog with Chart Deficiency field available

## 2.5 Discharge List

Click the **Discharge List** button on the **ADT Toolbar** to view a list of discharged patients. Figure 2-21 shows an example of a typical **Discharge List** window.



Discharge List						
PATIENT	ADMISSION DATE	DISCHARGE DATE	DISCHARGE STATUS/ DISCHARGE TYPE	WARD AT DISCHARGE	LENGTH OF STAY	
TEST,CARL 11-29-1955 - 147136	5/20/2024 8:44:00 AM	10/17/2024 9:50:00 AM	DISCHARGED HOME REGULAR DISCHARGE	GENERAL MEDICINE	150	
DEMO,PATIENT ABBY 01-17-1958 - 912345	10/14/2024 1:07:00 PM	10/14/2024 11:45:00 PM	DISCHARGED HOME REGULAR DISCHARGE	WEST	1	
TEST,JASON 04-01-2009 - 113388	10/14/2024 1:11:00 PM	10/14/2024 2:00:00 PM	DISCHARGED HOME REGULAR DISCHARGE	WEST	1	
TEST,ANN 06-08-1964 - 445577	10/14/2024 1:24:00 PM	10/14/2024 1:26:00 PM	DISCHARGED HOME REGULAR DISCHARGE	GENERAL MEDICINE	1	
TEST,AMELIE 12-07-2000 - 852555	10/10/2024 9:08:00 AM	10/14/2024 9:25:00 AM	DISCHARGED HOME REGULAR DISCHARGE	WEST	4	
DEMO,ANGELA - ANGIE* 01-01-2000 - 223344	10/1/2024 9:10:00 AM	10/10/2024 9:21:00 AM	DISCHARGED HOME REGULAR DISCHARGE	EAST GENMED	9	
TEST,BUBBA 01-01-1970 - 456423	10/7/2024 8:57:00 AM	10/10/2024 8:58:00 AM	DISCHARGED HOME REGULAR DISCHARGE	WEST	3	

Showing 1 to 7 of 7 results

Figure 2-21: Discharge List window

The **Discharge List** consists of the following:

- Patient (name)
- Date of Birth
- HRN
- Admission Date (and time)
- Discharge Date (and time)
- Discharge Status/Discharge Type
- Ward at Discharge
- Length of Stay (in days)

## 2.5.1 Filtering the Discharge List

The **Discharge List** can be filtered and sorted in several ways.

### 2.5.1.1 Ward Filter

Use the **Ward** list to filter the **Discharge List** and show discharged patients for either all wards or for a selected ward.

### 2.5.1.2 Date Filter

Use the **Date** drop-down list to filter the **Discharge List** based on these date criteria:

- Today
- Last 14 Days
- Last 30 Days
- All

### 2.5.1.3 Sort By

Use the **Sort By** drop-down list to sort **the Discharge List** by any of these criteria:

- Patient Name
- Ward Name
- Discharge Date Asc (ascending)
- Discharge Date Dsc (descending)

## 2.5.2 Discharge List Context Menu

Right-click any of the entries in the **Discharge List** to display a context menu (Table 2-7) offering this action:

Table 2-7: Discharge List Context Menu

Option	Description
Cancel Discharge	Select this option to cancel a discharge. Using this option will place the patient back into their discharged ward without a bed assigned.
View Admission Detail	Select this option to view details about the patient's admission. Selecting this option opens the Inpatient Admission Detail dialog described in Section 2.6.1.
View Incomplete Chart	Select this option to view the patient's Incomplete Chart.
Create Incomplete Chart	This option will be available at Discharge if the Incomplete Chart Entry is not selected in the ADT Parameter Settings. The incomplete chart must be created manually, rather than automatically at discharge.
Print A-Sheet	Select this option to print an A-Sheet for the patient assigned to the selected bed. Refer to Section 2.7 for more information.

Option	Description
Print Wrist Band	Select this option to print a Wrist Band for the patient. Refer to Section 2.8 for more information.
Select Patient in EHR	Select this option to open the patient's record in the Electronic Health Record (EHR) application. EHR will need to have a session running for the same user in order to run options.

### 2.5.3 Create and Export Discharge List to Excel

Click the Export icon (on the far right) to create and export the discharge entries to an Excel file.

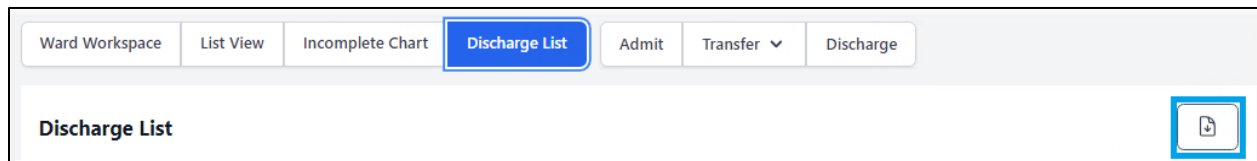


Figure 2-22: Export Icon

The user will be asked to enter a Password. The password is case-sensitive and can be anything the user desires. The password will be required to open the Excel file once the file is created.

 A screenshot of a dialog box titled 'Exporting Data to Excel'. It contains a text input field labeled 'Password' with a red '[required]' label to its right. Below the input field are two buttons: 'Discard' and 'Export to Excel' (highlighted in blue).

Figure 2-23: Data Export Password entry screen

After the password is entered, the user can select **Export to Excel** to initiate the export or **Discard** to exit.

The file will be named and saved to the Download folder as the default location, unless you have configured your browser to save to a specific location. If so, the user will be allowed to provide a file name and save location.

**Note:** The export max allowed is less than 2000 entries. A message will display, to the user, if it exceeds this amount.

## 2.6 Admit

Click the **Admit** button on the **ADT Toolbar** to admit a patient. When this option is selected, the user must select the patient to admit, and can only select a patient that is not already admitted, deceased, or has a Temporary chart number. Once selected, the **Admit Patient** dialog (Figure 2-18) displays.

Figure 2-24: Admit Patient dialog

The **Admit Patient** dialog includes the following fields (Table 2-8). Refer to the **Glossary** for additional definitions.

Table 2-8: Fields on the Admit Patient dialog

Option	Description
Select Patient	Type all or part of the patient's name (using a LAST,FIRST format), HRN, or DOB in the Select Patient field. If the name is found, click the patient's name in the listing displayed.  <b>Note:</b> Patient with a Temporary HRN is not selectable and will generate an error message: Cannot admit Patient with Temporary chart number. Contact medical records for new chart number.
Admission Date	Field defaults to current date. User can edit the date and time if needed.
Admission Time	Field defaults to current time. User can edit the date and time if needed.
Admission Type–UB-04	Select from the list options to indicate the Admission Types.
Admission Source–UB-04	Select from the list options to indicate the Admission Source. Note: Discontinued admission source will no longer display in the list.
Admission Type	Select from the list options to indicate the type of movement for this admission.
Diagnosis (Short)	Enter free-text description of the diagnosis associated with this admission [3-30 characters].
Ward Location	Select from the list options the ward which the patient will be admitted to.
Room-Bed	Enter ?? to see the list of available room-beds that the patient can be admitted to. The list is based on the currently selected ward location.
Facility Treating Specialty	Select from the list of available options Note: If an Observation unit is selected and the Patient is subsequently transferred to another Treating specialty, only Observation units will display for selection. The Patient must be discharged from Observation before they can be readmitted to a Non-Observation ward.
Referring Provider	Enter the name of the referral provider. This is a free-text field.
Admitting Provider	Type all or part of the Admitting provider's name (using a LAST,FIRST format). If the name is found, click the provider's name in the listing displayed.

Option	Description
Attending Physician	Type all or part of the Attending physician's name (using a LAST,FIRST format). If the name is found, click the provider's name in the listing displayed.
Condition	Select from the list options to designate a patient as Seriously Ill, Do Not Resuscitate, or both (SI & DNR). This will be indicated on their Bed Tile in the Ward Workspace and on patient header.
Exclude from Directory	Select the check box to indicate that the patient does not want to be listed in the Facility Directory for this admission. When selected, the patient's information will not be displayed on the Bed Tiles in the Ward Workspace and List view.
Print A-Sheet	Select the check box to print A-Sheet immediately after the form is saved. When selected, the user is prompted to enter an RPMS Printer Device. Refer to Section 2.7 for more information about the A-Sheet.
Comments	Enter free-text comments related to this admission. Note: A short display of comments will display on the tile. If there is more, an ellipsis will display to indicate additional comments are available. A hover is available to see up to ~200 characters. Comments more than 200 characters, must be viewed by selecting View Admission Detail.

### 2.6.1 Inpatient Admission Detail

From either the **Ward Workspace**, **List View**, or **Discharge List**, select a patient to access the context menu. Select **View Admission Detail** to view detailed information about the patient's admission. Figure 2-19 shows an example of a typical **Inpatient Admission Detail** dialog.

**DEMO, BCMATWO** HRN: 147514  
12-08-1971 (50) - MALE Eligibility Status: CHS & DIRECT

**Inpatient Admission Detail** Edit

Admission	Admission Date 10-12-2022 10:27 AM	Exclude from Directory NO	Admission Type-UB-04 EMERGENCY
	Admission Source-UB-04 BORN OUTSIDE OF THIS HOSPITAL	Admission Type DIRECT	Transfer Facility
	Ward Location INPATIENT	Room-Bed	Diagnosis (Short) Shortness of Breath
	Facility Treating Specialty INTERNAL MED OBSERVATION	Referring Provider	Admitting Provider DEMO, DOCTOR
	Attending Physician DEMO, DOCTOR	Comments	

**Transfers**

DATE	TYPE	TRANSFERRED TO
No data		

Close

Figure 2-25: Inpatient Admission Detail dialog—example

The **Inpatient Admission Detail** dialog includes the following fields. Refer to the **Glossary** for additional definitions:

- Admission Date/Time
- Exclude from Directory
- Admission Type-UB-04
- Admission Source-UB-04
- Admission Type
- Transfer Facility
- Ward Location
- Room-Bed
- Diagnosis (Short)
- Facility Treating Specialty
- Referring Provider
- Admitting Provider
- Attending Physician
- Comments

### 2.6.1.1 Transfers Section

The **Transfers** section of the **Inpatient Admission Detail** dialog includes these additional fields:

- Date (Transfers)
- Type of Movement
- Transfer To

### 2.6.1.2 Discharge Section

The **Discharge** section of the **Inpatient Admission Detail** dialog is only visible after the patient has been discharged and includes these additional fields:

- Discharge Date
- Discharge Type
- Discharge Status
- Transfer Facility (if applicable)

## 2.7 A-Sheet Report

The **A-Sheet Report** (Figure 2-27) is accessible from:

- The **Ward Workspace** as described in Section 2.2.
- The **List View** as described in Section 2.3.
- The **Discharge List** as described in Section 2.5.

To print an **A-Sheet Report**, select **Print A-Sheet** from the right-click context menu options. The **Print -A-Sheet** dialog (Figure 2-26) displays.

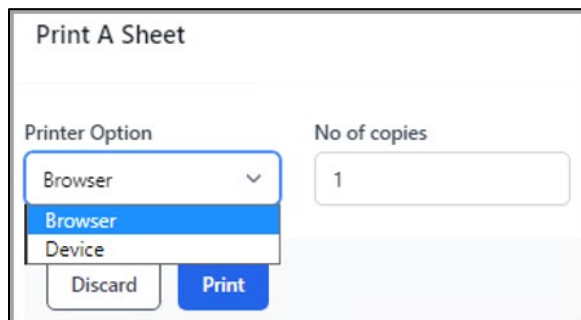


Figure 2-26: Print A Sheet dialog



The user is prompted to select **Browser** or **Device** for printer options and to enter the **No of Copies** to print. The default is **1**.

- If **Browser** is selected, a preview of the patient's **A Sheet Report** displays, and the user will be able to print to a local printer.
- If **Device** is selected, use a **partial name search** to find the appropriate **RPMS device printer** or enter **??** to see all the available printers. The last used printer displays as the default. Click **Print** and the **A Sheet Report** (Figure 2-21) is printed.

**Note:** Printers can be searched by **printer name**, **printer mnemonic** (will display within search results), or **local synonym**. Refer to the *BPRM Application Overview User Manual* for more information.

CLINICAL RECORD BRIEF **Confidential Patient Data Covered by Privacy Act**				
1 IHS Unit No.	2 Soc Sec No	10 Classif.	11 Facility	12 Facility Code
98-98-98		INDIAN/ALAS	DEMO HOSP	232101
3 Last Name, First, Middle	13 Age	14 Religion	15 Hr Admit	16 Admit Code
DEMO,DEBBIE	60		1909	1 DIRECT
4 Birthdate	5 Sex	6 Tribe	1718 Admit Srvc & Code	19 Admit Date
01/01/1962	F	CHO031	GM 03	NOV 21, 2022
8 Community Code	Admtg Ward	Admtg Provider	20 Discharge Date	
221-02-02	INPATIENT	DEMO,DOCTOR		
9 Present Address				22 Length of Stay
THOMPSON BLV ANCHORAGE, AK 87120				
23 Next of Kin	Telephone	Address	Relationship	
24 Person to Notify				
25 Admitting Diagnosis		Insurance Coverage		
Shortness of Breath				
26 ICD	27 POA	28 Established DX		
29 ICD	30 DX	31 Op & Selec Procedures	32 Infect Date Phys Code	
34 Discharge Type		35 Facility Transferred To		
37 & 38 Discharge Service and Code			39 # Consults	
40 Injury Date	41 Alleged Injury Cause	42&43 CAUSE & Place of Occurrence		
47 Underlying Cause of Death & Code				
49 Date	50 Attending Physician	50a Phys. Code	51 Admit/Coded By	
Apr 12, 2023	DEMO,DOCTOR	27600	TW	
52 Date & Time Printed				
Apr 12, 2023 1:06:02 pm				

Figure 2-27: A-Sheet Report example

## 2.8 Print Wrist Band

The **Print Wrist Band** option (Figure 2-28) is accessible from:

- The Ward Workspace as described in Section 2.2.
- The List View as described in Section 2.3.
- The Discharge List as described in Section 2.5.

To print a **Patient Wrist Band**, select **Print Wrist Band** from the right-click context menu options. The user is prompted to select **Browser** or **Device** for printer options (Figure 2-28).

- If **Browser** is selected, a preview of the patient's **wristband** displays, and the user will be able to print to a local printer.
- If **Device** is selected, use a **partial name search** to find the appropriate **RPMS device printer** or enter **??** to see all the available printers. The last used printer displays as the default. Click **Print** and the **Patient Wrist Band** is printed.

**Note:** Printers can be searched by **printer name**, **printer mnemonic** (will display within search results), or **local synonym**. Refer to the *BPRM Application Overview User Manual* for more information.



Figure 2-28: Print Wrist Band dialog

## 2.9 Transfer

Click the **Transfer** button on the **ADT Toolbar** to display the **Transfer** menu (Figure 2-29). Options on the **Transfer** menu allow the user to transfer a patient, who is currently admitted, to a different ward, treating specialty, bed, or provider.

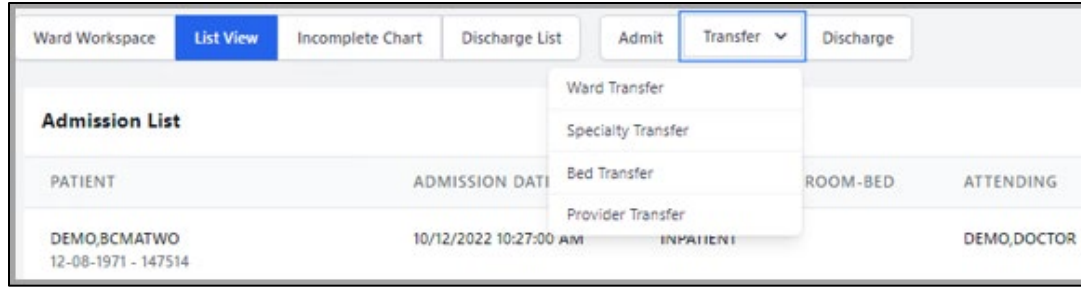


Figure 2-29: Transfer menu

Each option on the **Transfer** menu provides a dialog associated with that type of transfer. These dialogs are described in Sections 2.9.1, 2.9.2, 2.9.3, and 2.9.4.

**Note:** Transfers cannot be completed at the same time as another movement time.

**Tip:** You can also transfer a patient by right-clicking the **patient's name** or **assigned bed** in the **Ward Workspace** or **List View** windows and selecting one of the **Transfer options**.

### 2.9.1 Ward Transfer

Select **Ward Transfer** on the **Transfer** menu to transfer a patient to a different ward. When this option is selected, the user must select the patient to transfer. Once selected, the **Ward Transfer** dialog (Figure 2-30) displays.

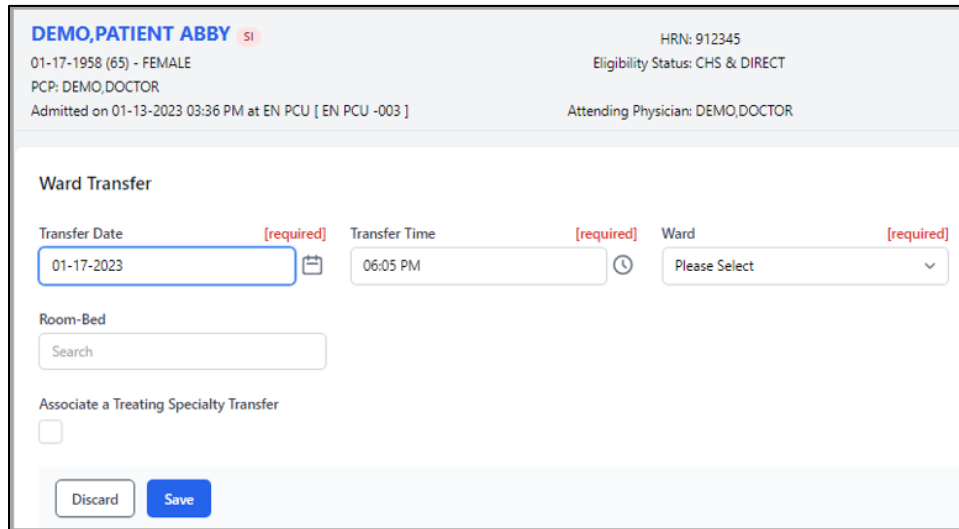


Figure 2-30: Ward Transfer dialog

The **Ward Transfer** dialog includes these fields:

- Patient information (Limited to currently admitted patients)
- Transfer Date
- Transfer Time
- Ward
- Room-Bed
- Associate Treating Specialty Transfer
- Facility Treating Specialty. Only displayed when **Associate Treating Specialty Transfer** option is enabled.
- Attending Physician. Only displayed when **Associate Treating Specialty Transfer** option is enabled.
- Comments. Only displayed when **Associate Treating Specialty Transfer** option is enabled.

## 2.9.2 Treating Specialty Transfer

Select **Specialty Transfer** on the **Transfer** menu to transfer a patient to a different treating specialty. When this option is selected, the user must select the patient to transfer. Once selected, the **Treating Specialty Transfer** dialog (Figure 2-32) displays.

**Note:** If the patient is initially admitted to an Observation unit, and subsequently transferred to another Treating Specialty, only other Observation units will display for selection.

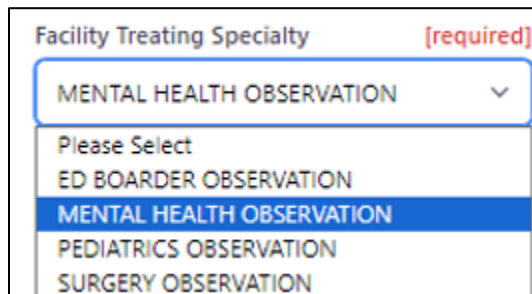


Figure 2-31: Observation Unit selection

**DEMO, PATIENT ABBY** SI  
 01-17-1958 (65) - FEMALE  
 PCP: DEMO, DOCTOR  
 Admitted on 01-13-2023 03:36 PM at EN PCU [ EN PCU -003 ]

HRN: 912345  
 Eligibility Status: CHS & DIRECT  
 Attending Physician: DEMO, DOCTOR

**Treating Specialty Transfer**

Transfer Date [required]    
 Transfer Time [required]    
 Facility Treating Specialty [required]

Attending Physician [required]

Comments

Figure 2-32: Treating Specialty Transfer dialog

The **Treating Specialty Transfer** dialog includes these fields:

- Patient information (Limited to currently admitted patients)
- Transfer Date
- Transfer Time
- Facility Treating Specialty
- Attending Physician
- Comments

### 2.9.3 Bed Transfer

Select **Bed Transfer** on the **Transfer** menu to transfer a patient to a different bed. When this option is selected, the user must select the patient to transfer. Enter **??** to see a list of available room-beds that the patient can be admitted to. The list is based on the current ward location.

Once selected, the **Switch Beds** dialog (Figure 2-33) displays.

**DEMO, PATIENT ABBY** SI

01-17-1958 (65) - FEMALE  
 PCP: DEMO, DOCTOR  
 Admitted on 01-13-2023 03:36 PM at EN PCU [ EN PCU -003 ]

HRN: 912345  
 Eligibility Status: CHS & DIRECT  
 Attending Physician: DEMO, DOCTOR

**Switch Beds**

Room-Bed [required]

Figure 2-33: Switch Beds dialog

## 2.9.4 Provider Transfer

Select **Provider Transfer** on the **Transfer** menu to transfer a patient to a different attending provider. When this option is selected, the user must select the patient to transfer. Once selected, the **Provider Transfer** dialog (Figure 2-34) displays.

**DEMO, PATIENT ABBY** SI

01-17-1958 (65) - FEMALE  
 PCP: DEMO, DOCTOR  
 Admitted on 01-13-2023 03:36 PM at EN PCU [ EN PCU -003 ]

HRN: 912345  
 Eligibility Status: CHS & DIRECT  
 Attending Physician: DEMO, DOCTOR

**Provider Transfer**

Transfer Date [required]    
 Transfer Time [required]    
 Attending Physician [required]

Comments

Figure 2-34: Provider Transfer dialog

The **Provider Transfer** dialog includes these fields:

- Patient information (Limited to currently admitted patients)
- Transfer Date
- Transfer Time
- Attending Physician

- Comments

## 2.10 Cancel Admission

The user is able to cancel an admission for a patient in active admit status only, where the last movement was the admission. This option is available from both the Bed Tile context menu and the List View admission list. Right-click on the patient you wish to cancel the admission for and select Cancel Admission.

Once selected, the **Cancel Admission** dialog (Figure 2-32) displays and requires a Deletion Reason.

**DEMO,PATIENTONE** HRN: 789999

10-31-1968 (55) - MALE Eligibility Status: DIRECT ONLY

PCP: DEMO,DOCTOR

Admitted on 04-19-2024 10:47 AM at EAST GENMED [ E101-A ] Attending Physician: DEMO,DOCTOR D DO

---

**Cancel Admission**

Deletion Reason [required]

Please Select ▼

Discard Save

Figure 2-35: Cancel Admission dialog

The **Cancel Admission** dialog includes the following Deletion Reasons:

- Admit Error
- Patient Refused
- Left Without Being Seen
- Other

**Note:** The user cannot cancel an admission that is beyond the Lockout Date.

## 2.11 Discharge

Click the **Discharge** button on the **ADT Toolbar** to discharge a patient. When this option is selected, the user must select a patient who is currently admitted to discharge. Once selected, the **Discharge Patient** dialog (Figure 2-36) displays.

**DEMO, PATIENT ABBY** SI HRN: 912345  
 01-17-1958 (65) - FEMALE Eligibility Status: CHS & DIRECT  
 PCP: DEMO, DOCTOR Attending Physician: DEMO, DOCTOR  
 Admitted on 01-13-2023 03:36 PM at EN PCU [ EN PCU -003 ]

**Discharge Patient**  
 Discharge Date [required]    
 Discharge Time [required]    
 Type of Discharge [required]    
 Discharge Status-UB-04 [required]

Figure 2-36: Discharge Patient dialog

The **Discharge Patient** dialog includes these fields:

- Patient information (Limited to currently admitted patients)
- Discharge Date
- Discharge Time
- Type of Discharge
- Discharge Status-UB-04
- Re Admit Patient (only displays for patients in Observation)

Selecting **Transferred** as a **Type of Discharge** displays the **Transfer Facility** field to indicate the facility the patient is being moved to.

Selecting **Death** as a **Type of Discharge** will automatically populate the **Death Information** in the **Registration** module, which marks the patient record as inactive.

**Tip:** You can also discharge a patient by right-clicking the patient's name or assigned bed in the **Ward Workspace** or **List View** windows and selecting the **Discharge Patient** option.

## 2.12 Cancel Discharge

The user is able to cancel a discharge for a patient in discharge status only, where the last movement was the discharge. This option is available from Discharge list. Right-click on the patient you wish to cancel the discharge for and select Cancel Discharge.



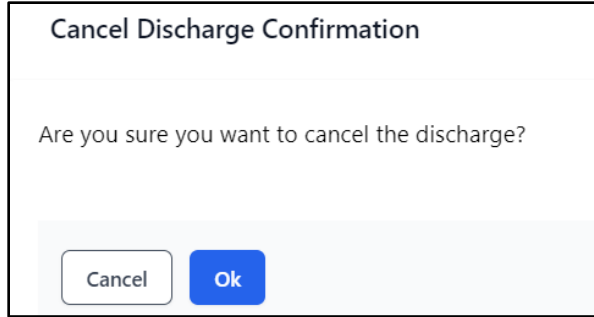


Figure 2-37: Cancel Discharge dialog

## 3.0 ADT Configuration

The ADT Settings module enables users to set ADT site parameters, as well as add/edit Chart Deficiencies, Room-Beds, and Wards. Changes made within the Settings module are typically performed by a Supervisor or Site Manager. In most cases, once these settings have been established, they rarely need to be changed.

**Note:** The options available in the **Settings** module may vary for different users, depending on the RPMS functionality enabled at your site, and the access permissions granted to each user.

You must log off and log back in to the BPRM application for any ADT configuration changes to take effect.

Open the **Settings** module by clicking **Settings** (lower left), as shown in Figure 3-1.

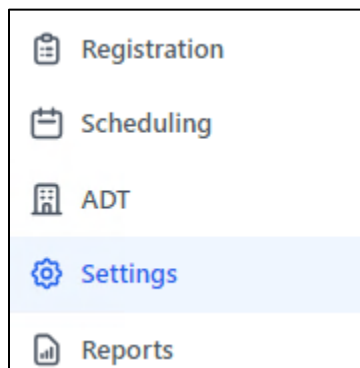


Figure 3-1: Accessing the Settings module

The selection pane on the left displays a list of available options (Figure 3-2) under **ADT**. The information displayed on the right side of the window varies, depending on the option selected.

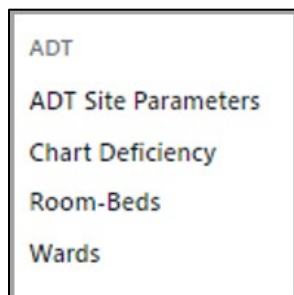


Figure 3-2: ADT Settings options

### 3.1 Site Parameters–ADT

Click **Settings**, then **ADT Site Parameters** (under ADT) to access the **ADT Site Parameters** dialog. An example of the **ADT Site Parameters** dialog is shown in Figure 3-3.

Figure 3-3: ADT Site Parameters dialog

### 3.1.1 Fields on the ADT Site Parameters Dialog

The **ADT Site Parameters** dialog includes the following parameter fields shown in Table 3-1, Table 3-2, and Table 3-3.

Table 3-1: ADT Parameters

<b>ADT Parameters</b>	<b>Description</b>
Census Lockout Days	Controls the number of days before census files are locked. This prevents entering or changing admissions, transfers or discharges past the specified number of days.
Minimum Age for Adult Patients	Indicates the minimum age for adult patients This is usually set to 18.
Final A Sheet Default	Use this option to indicate the default for printing a final A Sheet. Users have the option to include a CPT list or print a Medicare/Medicaid A Sheet.
Clinical Record Brief Format	Enter the A Sheet format used by your facility. Choose A Sheet forms only.
Admission Request Clinic	Enter the clinic to be used when requesting admission charts. Must be a clinic.
Day Surgery Hospital Location	Enter a hospital location. Each Division must have a valid clinic entered in the Day Surgery Hospital Location.
Request Chart at Admission	Select the check box to indicate Yes, that the clinic requests a chart at admission.
Use Locator Cards	Select check box to indicate Yes, the clinic will use Locator Cards.

Table 3-2: ADT Bulletin Parameters

<b>ADT Bulletin Parameters</b>	<b>Description</b>
Admit After DS Bulletin	Select check box to indicate Yes. Triggers a bulletin for all admissions that occur within a specified number of days after a day surgery.
Time Length for Admit DS	The # of days after a day surgery that an admission warrants a bulletin.
Readmission Bulletin	Select check box to indicate Yes. Triggers a bulletin on any readmission that occurs within a specified number of days from discharge.
Time Length for Readmission	The # of days within which a readmission warrants a bulletin.

<b>ADT Bulletin Parameters</b>	<b>Description</b>
Readmit within 24 Hrs Bulletin	Select check box to indicate Yes. Triggers a bulletin on any readmission that occurs within 24 hours of discharge.
Transfer In Bulletin	Select check box to indicate Yes. Triggers the transfer in from another facility bulletin. Triggers a bulletin to be sent to the designated mail group upon all transfers from other facilities. This mail group is established within MailMan. Refer to the MailMan user documentation for additional information about mail groups.
Admission <24 Hrs Bulletin	Select check box to indicate Yes to trigger a bulletin when admission is less than 24 hours.
Admission Deleted Bulletin	Select check box to indicate Yes. Triggers a bulletin whenever an admission is deleted. This alerts those in charge of the census files that an error has been fixed and census files may need updating.
ICU Transfer Bulletin	Select check box to indicate Yes. Triggers a bulletin on all transfers to an ICU.
Return to ICU Bulletin	Select check box to indicate Yes. Triggers a bulletin when patients are returned to the ICU within a specified time frame.
Time Length for Return to ICU	Enter Triggers a bulletin when patients are returned to the ICU within a specified time frame. The Time Length for Return to ICU is the # of days within which a return to ICU warrants a bulletin.
Transfer Out Bulletin	Select check box to indicate Yes. Triggers a bulletin upon any discharges to other inpatient facilities.
AMA Discharge Bulletin	Select check box to indicate Yes. Triggers a bulletin on any AMA (against medical advice) discharges.
Inpatient Death Bulletin	Select check box to indicate Yes. Triggers a bulletin on all inpatient deaths.

Table 3-3: ADT Incomplete Chart Parameters

<b>ADT Incomplete Chart Parameters</b>	<b>Description</b>
Days to Delinquency	Number of days needed before a chart becomes delinquent.
Incomplete Chart Entry at Discharge	Select check box to indicate Yes. Determines whether to create an incomplete chart entry at discharge.

ADT Incomplete Chart Parameters	Description
Bill Prep Tracked	Select check box to indicate that bill prep completion dates are tracked at your facility.
Date Chart Received Used	Select check box to indicate that this date is used for tracking charts at the facility.
Date Chart Tagged Used	Select check box to indicate that this date is used for tracking charts at the facility.
Date Insurance Identified Used	Select check box to indicate that this date is used for tracking charts at the facility.
Date Ready To Code Used	Select check box to indicate that this date is used for tracking charts at the facility.
Date Chart Code Used	Select check box to indicate that this date is used for tracking charts at the facility.
Date Bill Prep Used	Select check box to indicate that this date is used for tracking charts at the facility.
Date Billed Used	Select check box to indicate that this date is used for tracking charts at the facility.

After entering the ADT Site Parameters dialog information, click **Save** to save the information, or click **Discard** to close the dialog without saving the information.

## 3.2 Chart Deficiency

Click **Settings**, then **Chart Deficiency** (under ADT) to access the **Chart Deficiency** listing. An example of the **Chart Deficiency** listing is shown below in Figure 3-4.

NAME	ABBREVIATION	GROUPING	ACTIVE	
ANESTHESIA NOTE	ANS		NO	<a href="#">Edit</a>
AWAITING TRANS NS	AWTNS	ADMIN ONLY	YES	<a href="#">Edit</a>
AWAITING TRANS OR	AWTOR	ADMIN ONLY	NO	<a href="#">Edit</a>
BIRTH/DEATH CERTIFICATE	BDC		NO	<a href="#">Edit</a>
BLOOD TRANSFUSION	BT		NO	<a href="#">Edit</a>
CHART	CH		NO	<a href="#">Edit</a>
CONSULTATION REPORT	CON	SIGNATURE	YES	<a href="#">Edit</a>
DICT NARR SUMMARY	NS	DSCH SUMMARY	YES	<a href="#">Edit</a>
DICT OP REPORT	OR	OP REPORT	NO	<a href="#">Edit</a>
EKG REPORT	EKG		NO	<a href="#">Edit</a>

Showing 11 to 20 results

Figure 3-4: Chart Deficiency listing

Use the **Chart Deficiency** option in the **Settings** module to add chart deficiencies to the RPMS database or edit information about existing ones.

### 3.2.1 Search for a Chart Deficiency

The **Chart Deficiency** window of the **Settings** module lists all of the chart deficiencies in the RPMS database. Each window of the display shows **10** chart-deficiencies. Use the **left** and **right arrows** or select a **number** at the lower-right corner of the window to navigate to other windows. The current window number is highlighted.

Use the **Filter by Name** field in the upper right corner of the window to narrow down your search for a specific chart deficiency. Type any part of a **chart deficiency name** in the field and press **Enter**. The filtered list of chart deficiencies displays.

### 3.2.2 Add a new Chart Deficiency

Click the **Add Chart Deficiency** button in the upper right corner of the **Chart Deficiency** window to set up a new chart deficiency. The **Chart Deficiency** dialog shown in Figure 3-5 displays.

Figure 3-5: Chart Deficiency dialog

Fill in the fields of the dialog as is appropriate, and then click **Save** to save the entries and close the dialog or click **Discard** to close the dialog without saving the entries.

### 3.2.3 Edit a Chart Deficiency

Select a **chart deficiency** from the **Chart Deficiency** window as described in the Section 3.2.1 section, then click **Edit** to the right of the **chart deficiency name** to edit the fields. This opens the **Chart Deficiency** dialog.

Edit the fields of the dialog as is appropriate, and then click **Save** to save the entries and close the dialog or click **Discard** to close the dialog without saving the entries.

## 3.3 Room-Beds

Click **Settings** then **Room-Beds** (under **ADT**) to access the **Room-Beds** listing. An example of the **Room-Beds listing** is shown below in Figure 3-6.

NAME	BED PHONE	DESCRIPTION	OUT OF SERVICE / REASON FOR INACTIVATION	
100-1		NO DESCRIPTION	NO	Edit   Inactivate
100-1		Intensive Care Unit	NO	Edit   Inactivate
101-1	5400	NEXT TO NURSING STATION	NO	Edit   Inactivate
101-2		NO DESCRIPTION	NO	Edit   Inactivate
102-1		NO DESCRIPTION	NO	Edit   Inactivate
102-2		NO DESCRIPTION	NO	Edit   Inactivate
103-1		NO DESCRIPTION	NO	Edit   Inactivate
103-2		NO DESCRIPTION	NO	Edit   Inactivate
104-1		NO DESCRIPTION	NO	Edit   Inactivate
104-2		NO DESCRIPTION	NO	Edit   Inactivate

Figure 3-6: Room-Beds listing

Use the **Room-Beds** option in the **Settings** module to add or remove room-beds from those available in the BPRM suite and to set or modify details for each room-bed.

### 3.3.1 Search for a Room-Bed

The **Room-Beds** window of the **Settings** module lists all of the room-beds in the **RPMS** database. Each window of the display shows 10 room-beds. Use the **left** and **right arrows** or select a **number** at the lower-right corner of the window to navigate to other windows. The current window number is highlighted.

Use the **Filter by Room-Beds** field in the upper right corner of the window to narrow down your search for a specific room-bed. Type any part of a **room-bed name** in the field and press **Enter**. The filtered list of **room-beds** displays.

### 3.3.2 Add a New Room-Bed

1. Click the **Add Room-Beds** button in the upper right corner of the **Room-Bed** window to set up a new room-bed. The **Room-Bed** dialog shown in Figure 3-7 displays.



Figure 3-7: Room-Bed dialog

The **Room-Bed** dialog displays the following information:

- Room-Bed Name
- Description
- Bed Phone

2. Fill in the fields of the dialog as appropriate for the room-bed.

The **Room-Bed Configuration** dialog also includes the **Wards** section. This section lists the ward(s) which can use this specific room-bed.

3. Click **Add** under **Ward(s)** to add the **Ward(s)** as needed.
4. Once complete, click **Save** to save the entries and close the dialog or click **Discard** to close the dialog without saving the entries.

### 3.3.3 Edit a Room-Bed

1. Select a room-bed from the **Room-Bed** window as described in the Section 3.3.1 then click **Edit** to the right of the room-bed name to edit the fields. This opens the **Room-Bed** dialog.
2. Edit the fields of the dialog as appropriate. Click **Add** to add additional **Ward(s)** or click **Remove** to delete an existing **Ward(s)**, as needed.
3. Click **Save** to save the entries and close the dialog or click **Discard** to close the dialog without saving the entries.

### 3.3.4 Inactivate a Room-Bed

Select a room-bed from the **Room-Bed** window as described in Section 3.3.1 then click **Inactivate** to the right of the room-bed name to edit the fields. This opens the **Inactivate Room-Bed** dialog as shown in Figure 3-8.

Figure 3-8: Inactivate Room-Bed dialog

Enter the **Out of Service Date** and **Reason** for inactivating the room-bed. Click **Save** to save the inactivation and close the dialog or click **Discard** to close the dialog without saving.

### 3.3.5 Reactivate a Room-Bed

1. Select a **room-bed** that is inactive from the **Room-Bed** window as described in Section 3.3.1.
2. Click **Reactivate** to the right of the **room-bed** name to edit the fields. This opens the **Reactivate Room-Bed** dialog (Figure 3-9).

Figure 3-9: Reactivate Room-Bed dialog

3. Enter the **Expected Return to Service** date.
4. Click **Save** to save the reactivation and close the dialog or click **Discard** to close the dialog without saving.

The bed becomes available after the date entered for **Expected Return to Service** has passed.

**Note:** To reactivate a bed to be used today, yesterday's date must be entered.

## 3.4 Wards

Click **Settings** then **Wards** (under **ADT**) to access the **Wards** listing. An example of the Wards listing is shown below in Figure 3-10.

NAME	ABBREVIATION	DIVISION	INACTIVE	NURSING SERVICE	
COMMUNITY GENERAL HOSPITAL	CGH	2013 DEMO HOSPITAL	YES	MED	Edit   Reactivate
CZ GENERAL WARD	CGW	2013 DEMO HOSPITAL	YES	MED	Edit   Reactivate
CZ ICU WARD	CIW	2013 DEMO HOSPITAL	NO	ICU	Edit   Inactivate
CZ SURGERY	CS	2013 DEMO HOSPITAL	NO	SUR	Edit   Inactivate
CZ WARD	CW	2013 DEMO HOSPITAL	NO	MED	Edit   Inactivate
EAST (ICU)	EAST	2013 DEMO HOSPITAL	NO	MED	Edit   Inactivate
EN PCU	ENPCU	2013 DEMO HOSPITAL	NO	SUR	Edit   Inactivate
EN WARD	ENW	2013 DEMO HOSPITAL	NO	MED	Edit   Inactivate
INPATIENT	INPT	2013 DEMO HOSPITAL	NO	MED	Edit   Inactivate
INTENSIVE CARE	ICU	2013 DEMO HOSPITAL	NO	ICU	Edit   Inactivate

Figure 3-10: Wards listing

Use the **Wards** option in the **Settings** module to add or inactivate wards from those available in the BPRM suite, and to set or modify details for each ward.

### 3.4.1 Search for a Ward

The **Wards** window of the **Settings** module lists all of the wards in the RPMS database. Each window of the display shows **10** wards. Use the **left** and **right arrows** or select a **number** at the lower-right corner of the window to navigate to other windows. The current window number is highlighted.

Use the **Filter by Wards** field in the upper-right corner of the window to narrow down your search for a specific ward. Type any part of a **ward name** in the field and press **Enter**. The filtered list of wards displays.

### 3.4.2 Add a New Ward

Click the **Add Ward** button in the upper-right corner of the **Wards** window to set up a new ward. The **Add Ward** dialog shown Figure 3-11 displays.

The screenshot shows the 'Add Ward' dialog box with the following fields and controls:

- Name**: Text input field, marked as [required].
- Abbreviation**: Text input field, marked as [required].
- Division**: Dropdown menu, marked as [required], with 'Please Select' as the current selection.
- ICU/SCU Ward**: Checkbox.
- Progressive Care Unit**: Checkbox.
- Nursing Service**: Dropdown menu, marked as [required], with 'Please Select' as the current selection.
- Seriously Ill Ward**: Dropdown menu, with 'Please Select' as the current selection.
- Print Order**: Dropdown menu, marked as [required], with '0.000' as the current selection.
- A-Sheet Printer**: Text input field.
- Buttons**: 'Discard' and 'Save' buttons at the bottom.

Figure 3-11: Add Ward dialog

The **Add Ward** dialog displays the following information:

- Ward Name—Enter the name of the ward as it will be displayed on reports and in the **Ward Workspace**
- Abbreviation
- Division
- ICU/SCU Ward
- Progressive Care Unit
- Nursing Service
- Seriously Ill Ward
- Print Order
- A-Sheet Printer

Complete the **fields** of the dialog, as is appropriate for the **ward**.

Once complete, click **Save** to save the entries and close the dialog or click **Discard** to close the dialog without saving the entries.

### 3.4.3 Edit a Ward

Select a ward from the **Ward** window, as described in Section 3.4.1, then click **Edit** to the right of the ward name to edit the fields. This opens the **Ward Configuration** dialog as shown in Figure 3-12.

**Ward Configuration**

Name [required]  Abbreviation [required]  Division [required]

ICU/SCU Ward  Progressive Care Unit

Nursing Service [required]  Seriously Ill Ward  Print Order [required]  A-Sheet Printer

**Authorization Dates** Add

AUTHORIZATION DATE	BED TYPE	NUMBER OF BEDS	
1/1/2016	ADULT MEDICAL	88	<a href="#">Edit</a>   <a href="#">Remove</a>
4/10/2016	PEDS MEDICAL	18	<a href="#">Edit</a>   <a href="#">Remove</a>

Figure 3-12: Edit Ward dialog

Fill in the fields of the dialog, as is appropriate for the ward.

The **Ward Configuration** dialog also includes the **Authorized Dates** section and is detailed below.

### 3.4.3.1 Authorized Dates

The **Authorization Dates** section is displayed at the bottom of the **Ward Configuration** window when you are editing a ward. Use this section to update the authorized beds for the selected ward.

Click **Add** in the **Authorization Dates** section of the **Ward Configuration** to display the **Authorization Date** dialog (Figure 3-13).

**Authorization Date**

Authorization Date [required]   Bed Type [required]  Number Of Beds

Figure 3-13: Add/Edit Authorization Date dialog

This dialog includes these fields:

- Authorization Date

- Bed Type
- Number of Beds

After entering the **Authorization Date** dialog information, click **OK** to save the information, or click **Cancel** to close the dialog without saving the information.

Once all **Ward Configuration** edits are complete, click **Save** to save the ward configuration and close the dialog or click **Discard** to close the dialog without saving.

#### 3.4.4 Inactivate or Reactivate a Ward

Select a **ward** from the **Ward** window as described in Section 3.4.1 then click **Inactivate** to the right of the ward name to inactivate the ward. Wards that have active admissions cannot be inactivated. Similarly, use the **Reactivate** option to reactivate the **ward**. A confirmation message displays to the user. Click **OK** to continue or **Cancel** to discard the process.

## 4.0 ADT Reports

The Practice Management Application Suite includes the **Reports** module, which produces a variety of reports regarding practice management. This chapter describes the admission, discharge, and transfer reports available from the **Reports** module.

### 4.1 Reports Module Overview

The **Reports** module collects specific information from the RPMS database, and then formats the information for on-screen viewing or printing. You can also print reports, as well as save them in a variety of different file formats.

Open the **Reports** module by clicking **Reports (lower left)**, as shown in Figure 4-1.

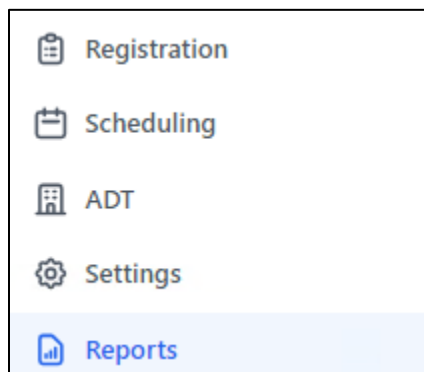


Figure 4-1: Accessing the Reports module

#### 4.1.1 Reports—Preview and Print Options

For every report in the **Reports** module, the user can view the report results in a couple of ways. After selecting the appropriate **report parameters**:

- Click **Preview** to view the report on the window.
- Click **Print** to print the report to an **RPMS Device** or to the **Browser**.

Figure 4-2 shows the **Preview** and **Print** options for all reports.

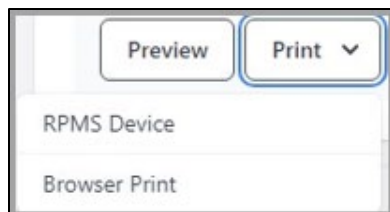


Figure 4-2: Preview and Print options

## 4.1.2 Reports–Page Selection

For every report in the **Reports** module, the user can utilize the following **Page Selection** buttons (Figure 4-3) to navigate through multi-page reports.

- Use the **middle arrows** (◀ ▶) to move through the report one page at a time.
- Use the **arrows with the bar** (◀ | ▶) to quickly go to the beginning or the end of the report.



Figure 4-3: Page Selection buttons

## 4.1.3 Reports–Zoom Options

For every report in the **Reports** module, the user can utilize the following **Zoom In** and **Zoom Out** functions (Figure 4-4) to perform those functions within the page view of the report.

- Use the ◯ and ⊕ buttons to manually adjust the report view.
- Use the **100% picklist** option to set a specific report view (includes **Fit Page** and **Fit Width**).



Figure 4-4: Zoom buttons

## 4.2 ADT Report Types

Once the **Reports** module is open, a listing of the available admission, discharge, and transfer-related reports displays as shown in Figure 4-5.



Figure 4-5: ADT Reports list



Select any report name to open that report. After opening a report, you must provide additional parameters (such as Start and End dates, Status, Sort By, etc.) in order to view the report. Before a user can print the report, the user must click **Preview** first. Users can print through an RPMS printer device or through the browser. Refer to the *BPRM Application Overview User Manual* for more information.

## 4.2.1 Admissions & Discharges Sheet

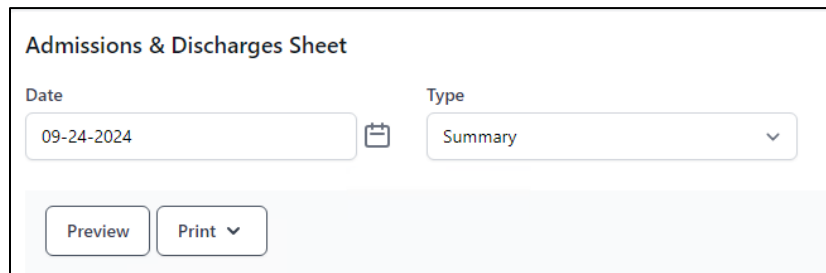
The **Admissions & Discharges Sheet** shows statistical data relating to admissions and discharges at a facility.

### 4.2.1.1 Admission & Discharge Sheet Parameters

The **Admissions & Discharges Sheet** has fields for these parameters:

- Date
- Type

Figure 4-6 shows the parameters of the **Admissions & Discharges Sheet**.



The screenshot shows a web form titled "Admissions & Discharges Sheet". It contains two input fields: "Date" with the value "09-24-2024" and a calendar icon, and "Type" with a dropdown menu showing "Summary". Below the fields are two buttons: "Preview" and "Print" with a dropdown arrow.

Figure 4-6: Admissions & Discharges Sheet parameters

The **Admissions & Discharges Sheet** requires a **Date** for the date you want reflected in the report. By default, the **Date** is set to the current day.

The **Admissions & Discharges Sheet** includes two versions of the report. The **Type** field offers the following options for the type of report to display:

- Summary
- Detail

After selecting the appropriate report parameters, click **Preview** to view the report.

#### **IMPORTANT NOTE:**

When the user runs the Admissions & Discharges Sheet, the recalculation will automatically run in the background (if it has NOT been run in the last 24 hours).

**Note:** The following alert (Figure 4-7) displays if there is no data to display since the recalculation is needed to be done for the selected date in RPMS.

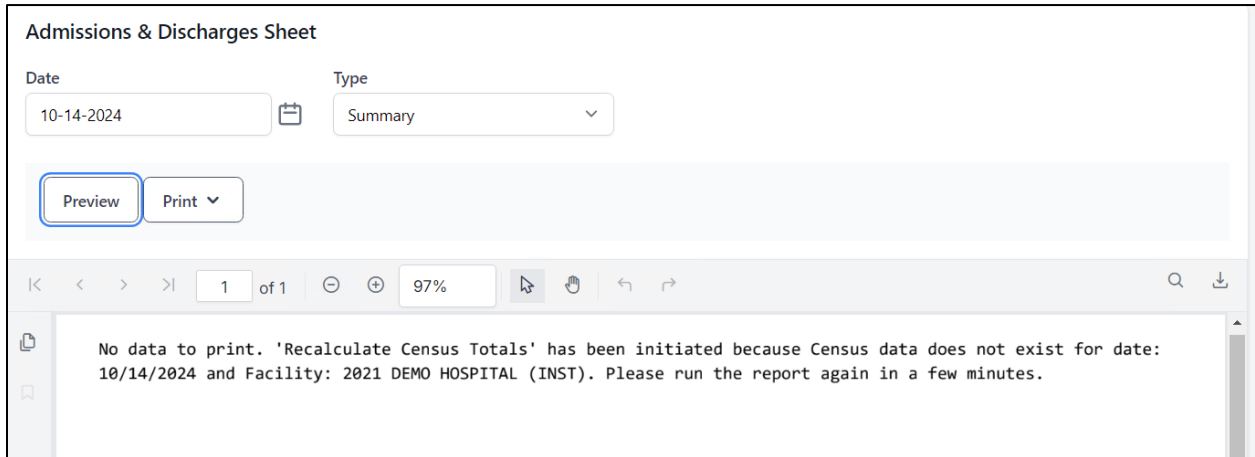


Figure 4-7: Admissions & Discharges Sheet warning message example

#### 4.2.1.2 Information on the Admissions & Discharges Sheet

The **Admissions & Discharges Sheet** displays the number of patients in each of these categories, subdivided by service:

- Previous Day
- Admitted
- Transferred Out
- Transferred In
- Deaths
- Discharged
- Remaining

It also shows:

- Inpatient Admissions and Discharges
- Observation Admissions and Discharges
- Newborn Admissions and Discharges
- Ward Transfers
- Service Transfers

Figure 4-8 shows an example of a typical **Admissions & Discharges Sheet (Summary)**.

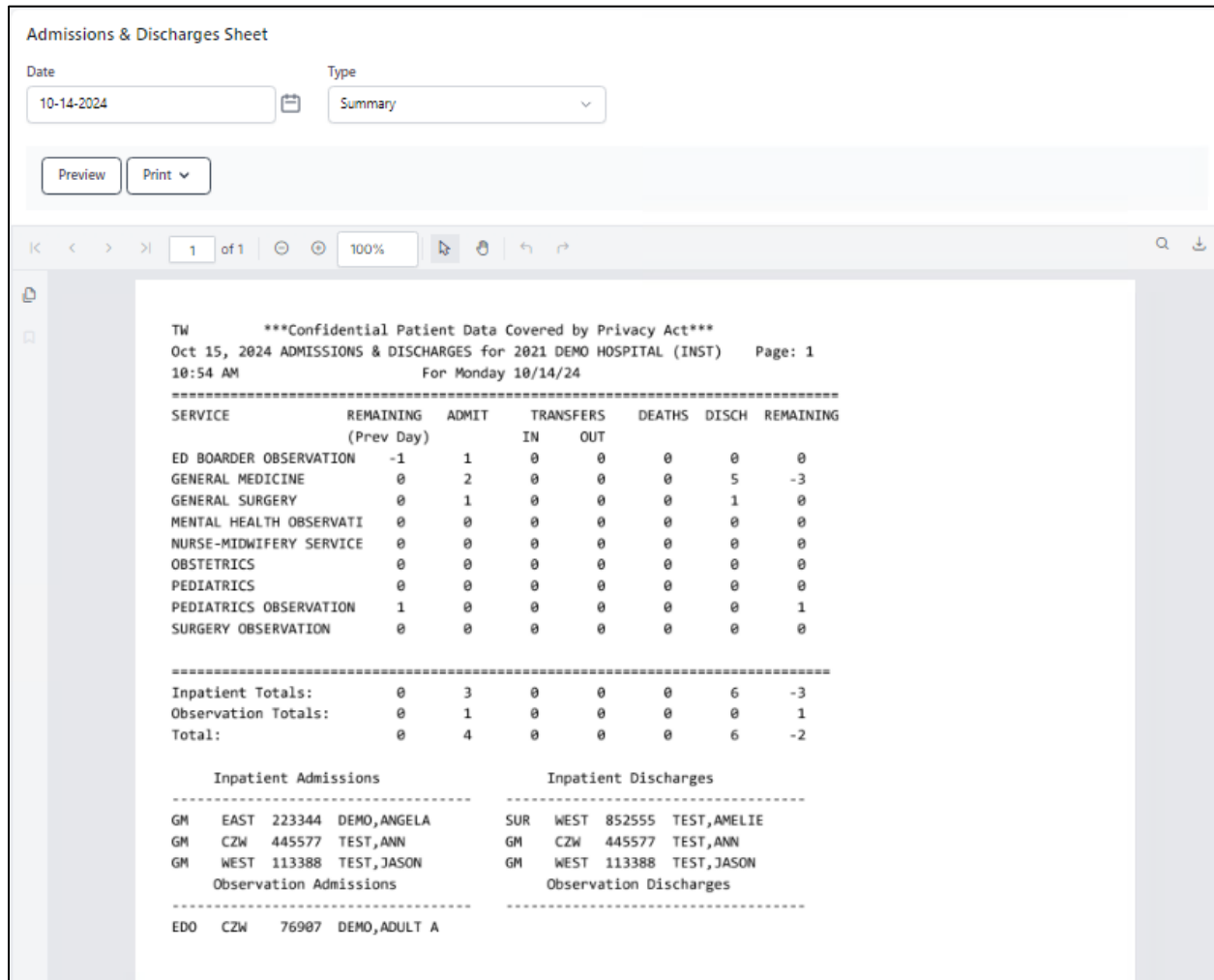


Figure 4-8: Admissions & Discharges Sheet (Summary) example

Figure 4-9 shows an example of a typical **Admissions & Discharges Sheet (Detail)**.

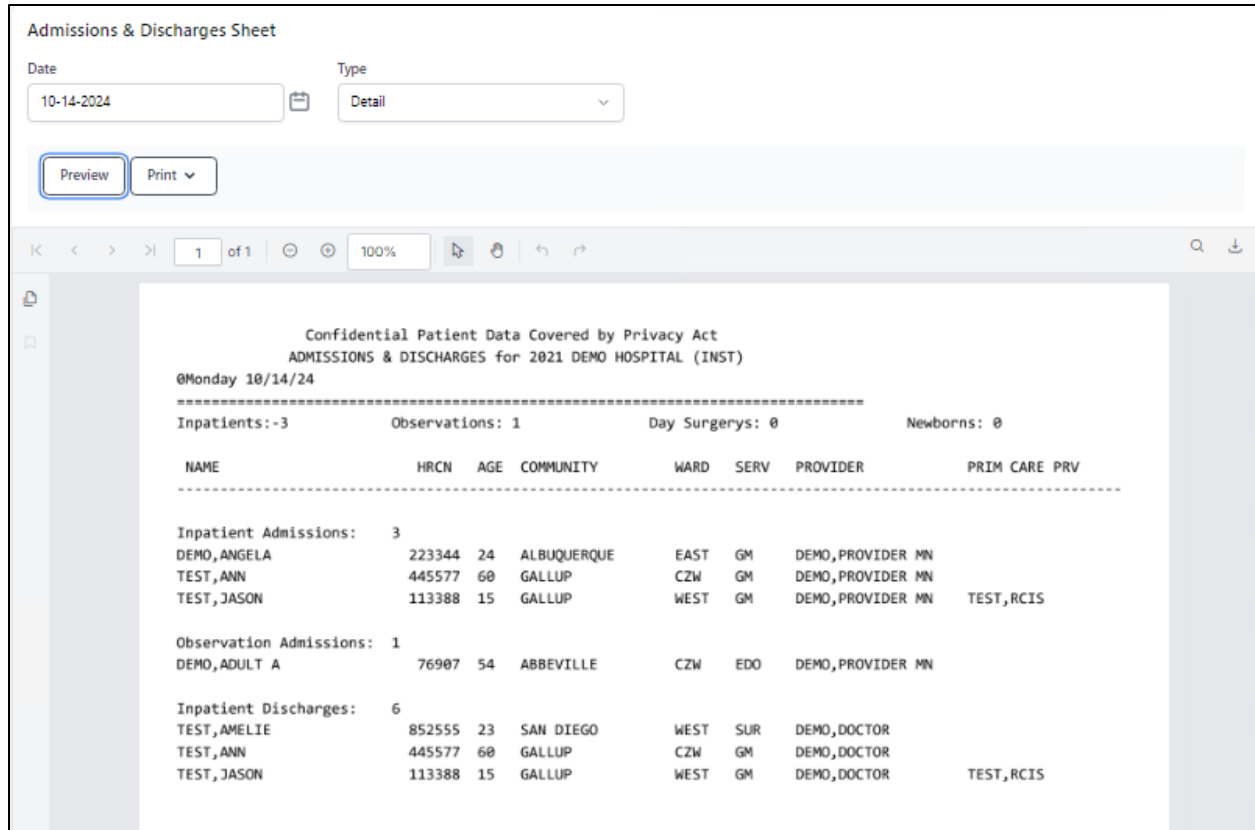


Figure 4-9: Admissions & Discharges Sheet (Detail) example

## 4.2.2 Current Inpatient List

The **Current Inpatient List** shows all current inpatients for the selected ward (or wards) or an alphabetical list by patient name.

### 4.2.2.1 Current Inpatient List Parameters

The **Current Inpatient List** has fields for these parameters:

- Report Type.
- Wards (if **Ward and Room** are selected as the **Report Type**).

Figure 4-10 shows the parameters of the **Current Inpatient List**.



Figure 4-10: Current Inpatient List parameters

The **Current Inpatient List** includes two versions of the report. The **Report Type** field offers the following options for the type of report to display:

- Ward and Room
- Patient

When choosing the **Ward and Room** report type, the **Wards** field offers various wards for the user to choose from or you can choose **<All>** to quickly select all of them.

After selecting the appropriate report parameters, click **Preview** to view the report.

#### 4.2.2.2 Information on the Current Inpatient List

The **Current Inpatient List** varies with the multiple report types but mainly includes the following information for each patient:

- Room number
- Patient name
- HRN (Health Record Number)
- Patient age
- LOS (Length of Stay)
- Diagnosis
- Service
- Attending Provider
- Community
- Insurance
- Admit Date

Figure 4-11 shows an example of a typical **Current Inpatient List (Ward and Room)**.

Current Inpatient List

Report Type: Ward and Room      Wards: INPATIENT

Preview    Print

1 of 3    100%

Confidential Patient Data Covered by Privacy Act  
 2013 DEMO HOSPITAL  
 Current Inpatients by Ward  
 \*\*\* INPATIENT\*\*\*

Page: 1

Room	Patient	Chart #	Age	LOS	Service
100-1					
101-1	DEMO, DEJON (DEMO, DOCTOR)	11-55-69	31 YRS	25	INTERNAL MED OBSERVATI (PARKER)
101-2					
102-1	BPRM-ADT, ENONE (DEMO, DOCTOR)	34-50-78	67 YRS	38	GENERAL MEDICINE (SAN ANDREAS)
102-2	DEMO, BCMAONE (DEMO, DOCTOR)	14-75-13	46 YRS	25	GENERAL MEDICINE (PASSADUMKEAG)
103-1	COMONEONEONE, TAC (DEMO, DOCTOR)	91-11-03	23 YRS	1134	GENERAL MEDICINE (PUEBLO)
103-2	CMSONEFIVEFIVE, TAF (DEMO, DOCTOR)	14-73-41	12 YRS	821	GENERAL MEDICINE (GALLUP)

Figure 4-11: Current Inpatient List (Ward and Room) example

Figure 4-12 shows an example of a typical **Current Inpatient List (Ward and Room)**.

Current Inpatient List

Report Type  
Patient

Preview Print

12:05 PM Confidential Patient Data Covered by Privacy Act  
Nov 04, 2022 Alphabetical List of Current Inpatients KXS

Patient Ward (Room)	HRCN Srv	Age	Community Provider	Insurance Admit Date (LOS)
BPRM,CZSIX Admitted to CW	12-12-34 GM	49 YR	SAN DIEGO DEMO,DOCTOR	PVT on 09/22/22(43 days)
BPRM,CZTRIBAL Admitted to CW	03-17-55 GM	44 YR	SAN DIEGO DEMO,DOCTOR	RR/ on 07/01/22(126 days)
BPRM,CZTRIBALTWO Admitted to CW (CW-8)	00-23-47	57 YR	SAN DIEGO	PVT on 09/28/22(37 days)
BPRM,CZTWO Admitted to CS (CS-B)	88-88-81 GM	77 YR	SAN DIEGO DEMO,DOCTOR	MCR on 10/29/21(371 days)
BPRM,CZHRISTBAND Admitted to INPT (107-2)SURO	02-75-90	41 YR	SAN DIEGO DEMO,DOCTOR	IHS on 07/21/22(2540 hrs)
BPRM,DIVOFFTWO Admitted to CTGH (CZ-100GM)	00-00-0	67 YR	SAN DIEGO DEMO,DOCTOR	IHS on 10/01/22(34 days)
BPRM,EN ESTER Admitted to ENW (ENW-004PED)	00-34-54	87 YR	TEMECULA DEMO,DOCTOR	PVT on 09/19/22(46 days)

Figure 4-12: Current Inpatient List (Patient) example

### 4.2.3 Discharges by Date Report

The **Discharges by Date** report lists discharges for one or more wards over a specified time period.

#### 4.2.3.1 Discharges by Date Report Parameters

The **Discharges by Date** report has fields for these parameters:

- Sort By
- Start Date
- End Date
- Wards (if **Ward** is selected as the **Sort By**)

Figure 4-13 shows the parameters of the **Discharges by Date** report.

The screenshot shows a web interface for configuring a report. The title is 'Discharges by Date'. There are four main input areas: 'Sort By' (a dropdown menu with 'Ward' selected), 'Start' (a date field with '09-10-2022' and a calendar icon), 'End' (a date field with '10-10-2022' and a calendar icon), and 'Wards' (a dropdown menu with 'All' selected). At the bottom left, there are two buttons: 'Preview' and 'Print' (with a small dropdown arrow).

Figure 4-13: Discharges by Date report parameters

The **Discharges by Date** report includes multiple versions of the report. The **Sort By** field offers the following options for the type of report to display:

- Date Only
- Ward
- Patient Name

When choosing the **Ward** sort type, the **Wards** field offers various wards for the user to choose from or you can choose **<All>** to quickly select all of them.

The **Discharges by Date Report** requires a **Start Date** and **End Date** for the period of time you want reflected in the report. By default, the **Start Date** is set to **Today-30 days** and the **End Date** is set to the **current day**.

After selecting the appropriate report parameters, click **Preview** to view the report.

#### 4.2.3.2 Information on the Discharges by Date Report

The **Discharges by Date Report** varies with the multiple report types but mainly includes the following information for each patient:

- Patient name
- HRN
- Admit and discharge dates
- LOS
- Service
- Ward
- Attending Provider
- Dx (Short Diagnosis)

Figure 4-14 shows an example of a typical **Discharges by Date report (Date Only)**.



Discharges by Date

Sort By:  Start:  End:

---

1 of 3 100%

KXS \*\*\*Confidential Patient Data Covered by Privacy Act\*\*\*  
 Nov 04, 2022 Discharges by Date Page: 1  
 1:13 PM Sorted by Date  
 For Oct 01, 2022 through Oct 30, 2022

Patient Name	Chart #	Admission Dates	LOS	Serv	Ward
DEMO,HANNA (Attending: DEMO,DOCTOR)	133671	09/30/2022 - 10/03/2022 Dx: STOMACH PAIN)	3	GM	EAST
DEMO,HANNA (Attending: DEMO,DOCTOR)	128320	10/03/2022 - 10/03/2022 Dx: Sick)	1	GM	EAST
DEMO,HANNA (Attending: DEMO,DOCTOR)	876	09/14/2020 - 10/03/2022 Dx: test)	749	GM	INPT
BPRM,EN'KID (Attending: DEMO,DOCTOR)	384958	09/30/2022 - 10/03/2022 Dx: test)	3	PED	ENW
BPRM,TOTTHREE (Attending: DEMO,DOCTOR)	6777	10/03/2022 - 10/03/2022 Dx: Sick)	1	GM	INPT
BPRM,MINION (Attending: DEMO,DOCTOR)	T76907	09/26/2022 - 10/03/2022 Dx: TEMP hrn)	7	IMEDO	CW
BPRM,ENMINIZOE (Attending: DEMO,DOCTOR)	569856	09/05/2022 - 10/03/2022 Dx: pain in the leg)	28	GM	ENW

Figure 4-14: Discharges by Date Report (Date Only) example

Figure 4-15 shows an example of a typical **Discharges by Date Report (Ward)**.

Discharges by Date

Sort By: Ward | Start: 09-01-2022 | End: 09-30-2022 | Wards: All

Preview | Print

---

1 of 3 | 100%

\*\*\*Confidential Patient Data Covered by Privacy Act\*\*\*

Nov 04, 2022 1:22 PM | Discharges by Date | Page: 1

Sorted by Ward

For Sep 01, 2022 through Sep 30, 2022

Patient Name	Chart #	Admission Dates	LOS	Serv	Ward
*** CZ ICU WARD ***					
BPRM,CZTEN	T76905	09/23/2022 - 09/26/2022	3	GM	CIW
(Attending: DEMO,DOCTOR   Dx: testing testing )					
BPRM,CZBENEFITS	654455	09/22/2022 - 09/28/2022	6	IMEDO	CIW
(Attending: DEMO,DOCTOR   Dx: TEST)					
BAIRD,SHEILA MARIE	124907	09/23/2022 - 09/28/2022	5	IMEDO	CIW
(Attending: DEMO,DOCTOR   Dx: stest)					
ZAVALA,CHERRY PIE	654555	09/28/2022 - 09/30/2022	2	GM	CIW
(Attending: DEMO,DOCTOR   Dx: side pain)					
*** CZ WARD ***					
POTTER,NATAANI	125257	08/10/2022 - 09/27/2022	48	GM	CW
(Attending: DEMO,DOCTOR   Dx: testing)					
BPRM,CZNONSENSITIVE	1983	09/28/2022 - 09/30/2022	2	GM	CW
(Attending: DEMO,DOCTOR   Dx: chest pain)					

Figure 4-15: Discharges by Date Report (Ward) example

Figure 4-16 shows an example of a typical **Discharges by Date Report (Patient Name)**.

Discharges by Date

Sort By: Patient Name Start: 09-01-2022 End: 09-30-2022

Preview Print

KXS \*\*\*Confidential Patient Data Covered by Privacy Act\*\*\*  
 Nov 04, 2022 1:27 PM Discharges by Date Page: 1  
 Sorted by Patient Name  
 For Sep 01, 2022 through Sep 30, 2022

Patient Name	Chart #	Admission Dates	LOS	Serv	Ward
DEMO,HANNA (Attending: DEMO,DOCTOR)	138972	09/23/2022 - 09/26/2022 Dx: Stomach ache	3	PED	TW1
DEMO,HANNA (Attending: DEMO,DOCTOR)	142450	09/27/2022 - 09/29/2022 Dx: knee pain	2	SURO	TW1
DEMO,HANNA (Attending: DEMO,DOCTOR)	124907	09/23/2022 - 09/28/2022 Dx: stest	5	IMEDO	CIW
DEMO,HANNA (Attending: DEMO,DOCTOR)	101072	09/28/2022 - 09/29/2022 Dx: headache	1	GM	TW1

Figure 4-16: Discharges by Date Report (Patient Name) example

## 4.2.4 Incomplete Chart List by Provider Report

The **Incomplete Chart List by Provider Report** shows information about incomplete charts for each selected provider.

### 4.2.4.1 Incomplete Chart List by Provider Report Parameters

The **Incomplete Chart List by Provider** has fields for these parameters:

- Provider
- Visit Types
- Report Type

Figure 4-17 shows the parameters of the **Incomplete Chart List by Provider Report**.

The screenshot shows a web form titled "Incomplete Chart list by Provider". It contains three main input fields: a text box for "Provider (leave empty for all providers)", a dropdown menu for "Visit Types" currently showing "Inpatients", and another dropdown menu for "Report Type" currently showing "Individual Provider Listings Only". At the bottom of the form are two buttons: "Preview" and "Print" with a small downward arrow.

Figure 4-17: Incomplete Chart List by Provider Report parameters

When choosing a **Provider**, you can type some or all of the name, using a **LAST, FIRST** name format. Leave this parameter empty for <All> Providers.

The **Visit Types** field offers various options for the user to choose from or you can choose <All> to quickly select all of them.

The **Report Type** field offers the following options for the user to choose from or you can choose <All> to quickly select all of them.

- Individual Provider Listings Only
- Summary Page Only
- Both

After selecting the appropriate report parameters, click **Preview** to view the report.

#### 4.2.4.2 Information on the Incomplete Chart List by Provider Report

The **Incomplete Chart List by Provider Report** includes two versions of the report.

The **Incomplete Chart List by Provider Report (Individual Provider Listings only)** shows patient information along with the total number of incomplete charts, delinquent charts and deficiency categories for each provider selected.

Figure 4-18 shows an example of a typical **Incomplete Chart List by Provider Report (Individual Provider Listings only)**.



Figure 4-18: Incomplete Chart List by Provider Report (Individual Provider Listings) example

The **Incomplete Chart List by Provider Report (Summary Page only)** shows only the total number of incomplete charts, delinquent charts and deficiency categories for each provider selected.

Figure 4-19 shows an example of a typical **Incomplete Chart List by Provider Report (Summary Page only)**.

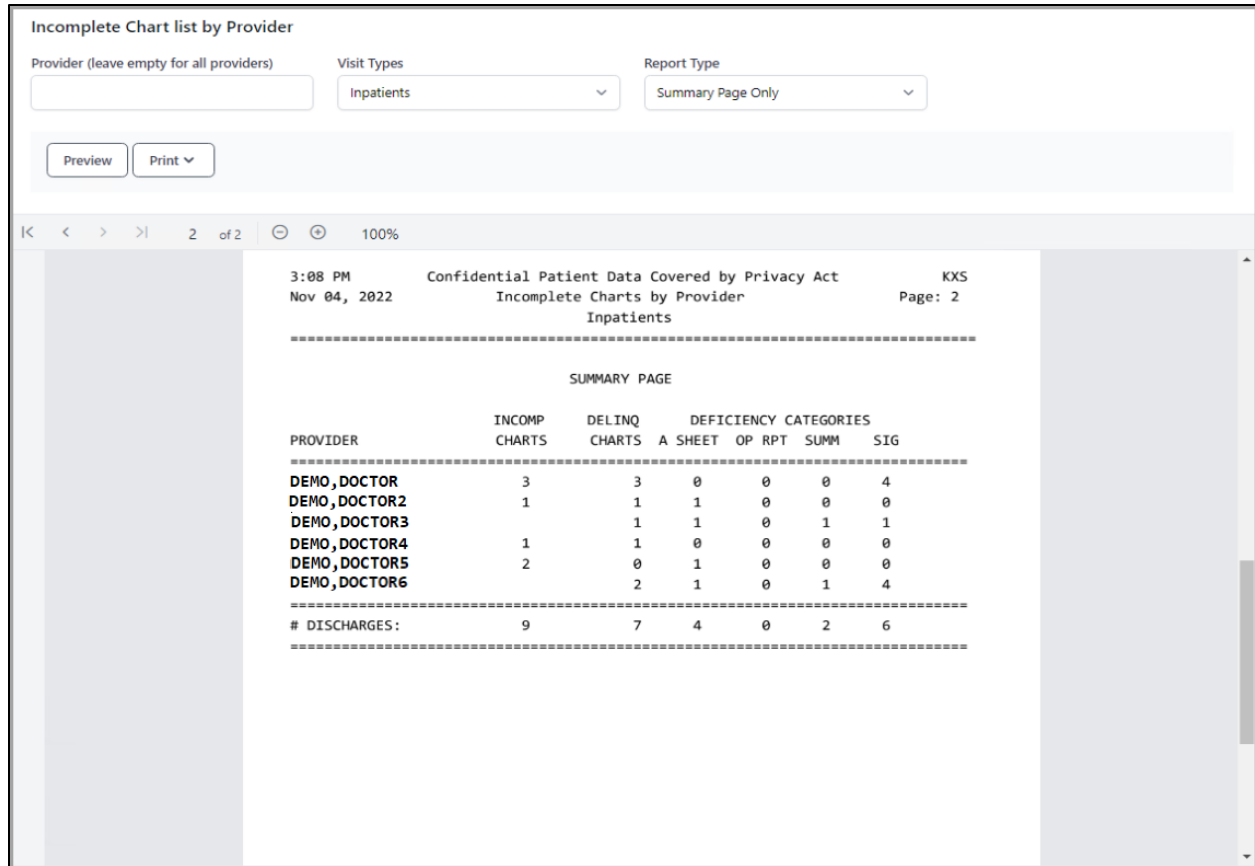


Figure 4-19: Incomplete Chart List by Provider Report (Summary Page only) example

## 4.2.5 Inpatient Coding Status Report

The **Inpatient Coding Status Report** lists the status of inpatient coding over a specified time period.

### 4.2.5.1 Inpatient Coding Status Report Parameters

The **Inpatient Coding Status Report** has fields for these parameters:

- Start Date
- End Date

Figure 4-20 shows the parameters of the **Inpatient Coding Status Report**.

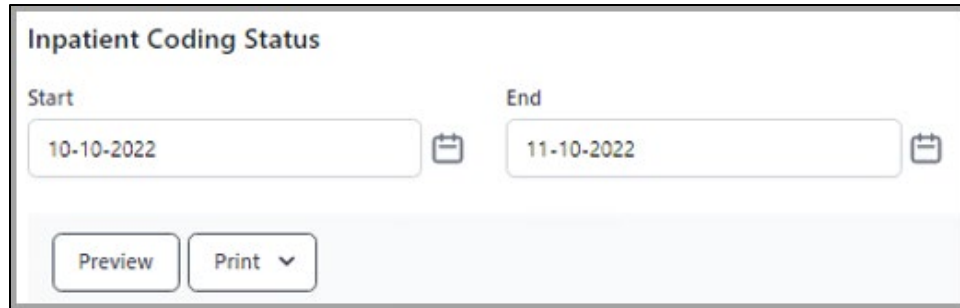
The screenshot shows a web form titled "Inpatient Coding Status". It has two date input fields: "Start" with the value "10-10-2022" and "End" with the value "11-10-2022". Each date field has a calendar icon to its right. Below the date fields are two buttons: "Preview" and "Print" with a dropdown arrow.

Figure 4-20: Inpatient Coding Status Report parameters

The **Inpatient Coding Status Report** requires a **Start Date** and **End Date** for the period of time you want reflected in the report. By default, the **Start Date** is set to the current day and the **End Date** is set to **Today+30 days**.

After selecting the appropriate report parameters, click **Preview** to view the report.

#### 4.2.5.2 Information on the Inpatient Coding Status Report

The **Inpatient Coding Status** report includes the following information:

- Month/Year
- Number of Discharges
- Number Coded
- Number Not Coded
- Number Exported
- Number of Errors

The report also lists:

- Admit and Discharge dates
- Patient Name
- Chart number
- Service
- Insurance

At the bottom of the report is a list of errors with the following information:

- Discharge Date
- Patient Name
- Chart #
- Error Message

Figure 4-21 shows an example of a typical **Inpatient Coding Status Report**.

**Inpatient Coding Status**

Start: 10-01-2024 End: 10-15-2024

Preview Print

1 of 1 100%

**INPATIENT CODING STATUS REPORT**  
 Confidential Patient Data Covered by Privacy Act  
 2021 DEMO HOSPITAL (INST)  
 Oct 2024 to Oct 2024

Month/Year	# Disch	# Coded	# Not-Coded	# Exported	# Errors
Oct 2024	6	0	6	0	0
	6	0	6	0	0

Admit & Dscharge Dates	Patient Name	Chart #	Srv	Insurance
10/14/2024 10/14/2024	TEST, ANN	445577	GM	PVT
10/14/2024 10/14/2024	TEST, JASON	113388	GM	IHS
05/20/2024 10/14/2024	TEST, CARL	147136	GM	MCR
11/04/2022 10/14/2024	BPRM, ENVET	328392	GM	MCR
10/21/2022 10/14/2024	TEST, BABY VITALS	777771	GM	IHS
03/16/2023 10/14/2024	DEMO, JACK	888778	SUR	IHS

Figure 4-21: Inpatient Coding Status Report example

## 4.2.6 Inpatient Services by Date Range (HSA-202-1) Report

The **Inpatient Services by Date Range (HSA-202-1) Report** shows various census over a specified range of dates.

### 4.2.6.1 Inpatient Services by Date Range (HSA-202-1) Report Parameters

The **Inpatient Services by Date Range (HSA-202-1) Report** has fields for these parameters:

- Start Date
- End Date

Figure 4-22 shows the parameters of the **Inpatient Services by Date Range (HSA-202-1) Report**.



Figure 4-22: Inpatient Services by Date Range (HSA-202-1) report parameters

The **Inpatient Services by Date Range (HSA-202-1) Report** requires a **Start Date** and **End Date** for the period of time you want reflected in the report. By default, the **Start Date** is set to the current month and the **End Date** is set to next month.

After selecting the appropriate report parameters, click **Preview** to view the report.

#### 4.2.6.2 Information on the Inpatient Services by Date Range (HSA-202-1) Report

The **Inpatient Services by Date Range (HSA-202-1) Report** includes the following information:

- Part I–Service and Census:
  - BOM (Beginning of Month) Census
  - Admissions
  - Discharges due to Death
  - Discharges–other
  - EOM (End of Month) Census
  - Inpatient Days
- Part II–Special Information:
  - Peak Census, Excluding Newborns
  - Minimum Census, Excluding Newborns
- Part III–Beds Available and Comments

Figure 4-23 and Figure 4-24 show an example of a typical **Inpatient Services by Date Range (HSA-202-1) report–(Part I and Part II)**.

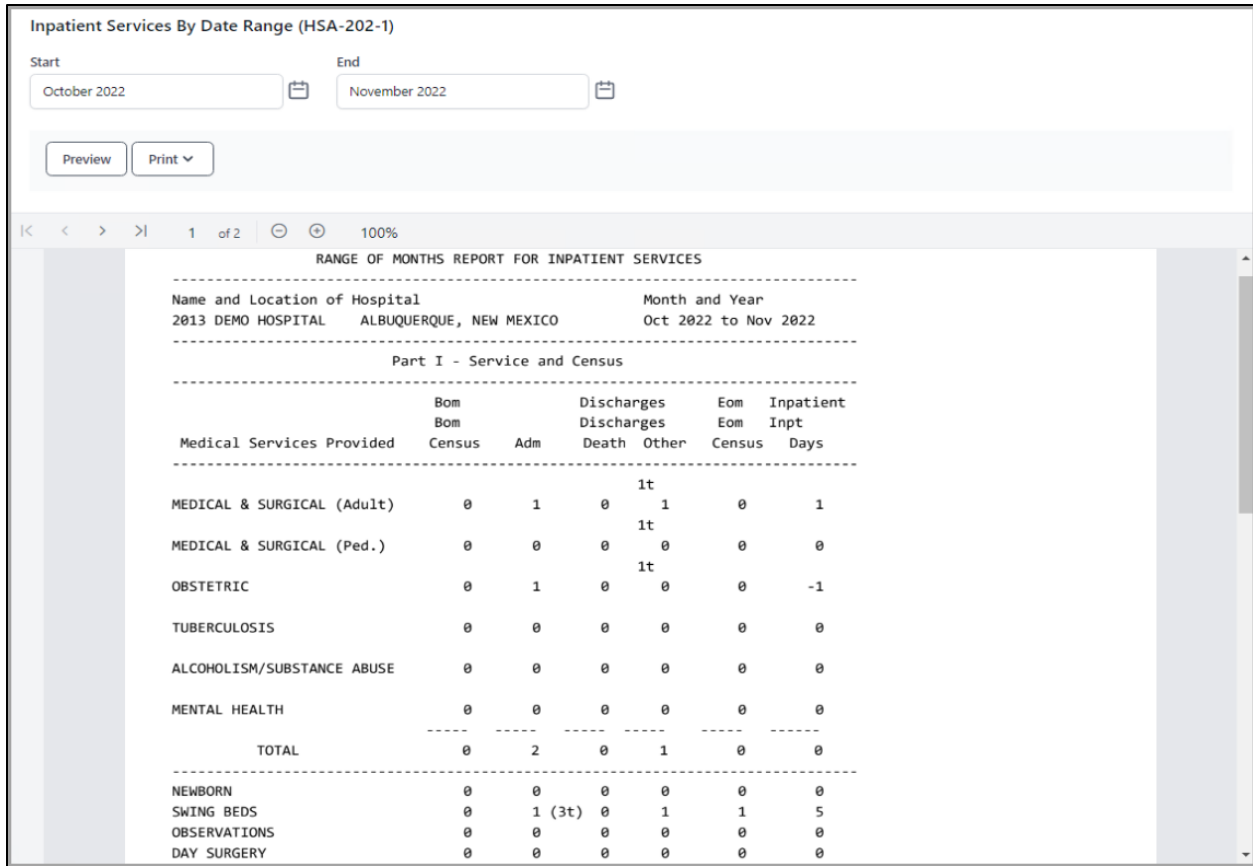


Figure 4-23: Inpatient Services by Date Range (HSA-202-1) report (Part I) example



Figure 4-24: Inpatient Services by Date Range (HSA-202-1) report (Part II) example

Figure 4-25 shows an example of a typical **Inpatient Services by Date Range (HSA-202-1) Report–(Part III)**.

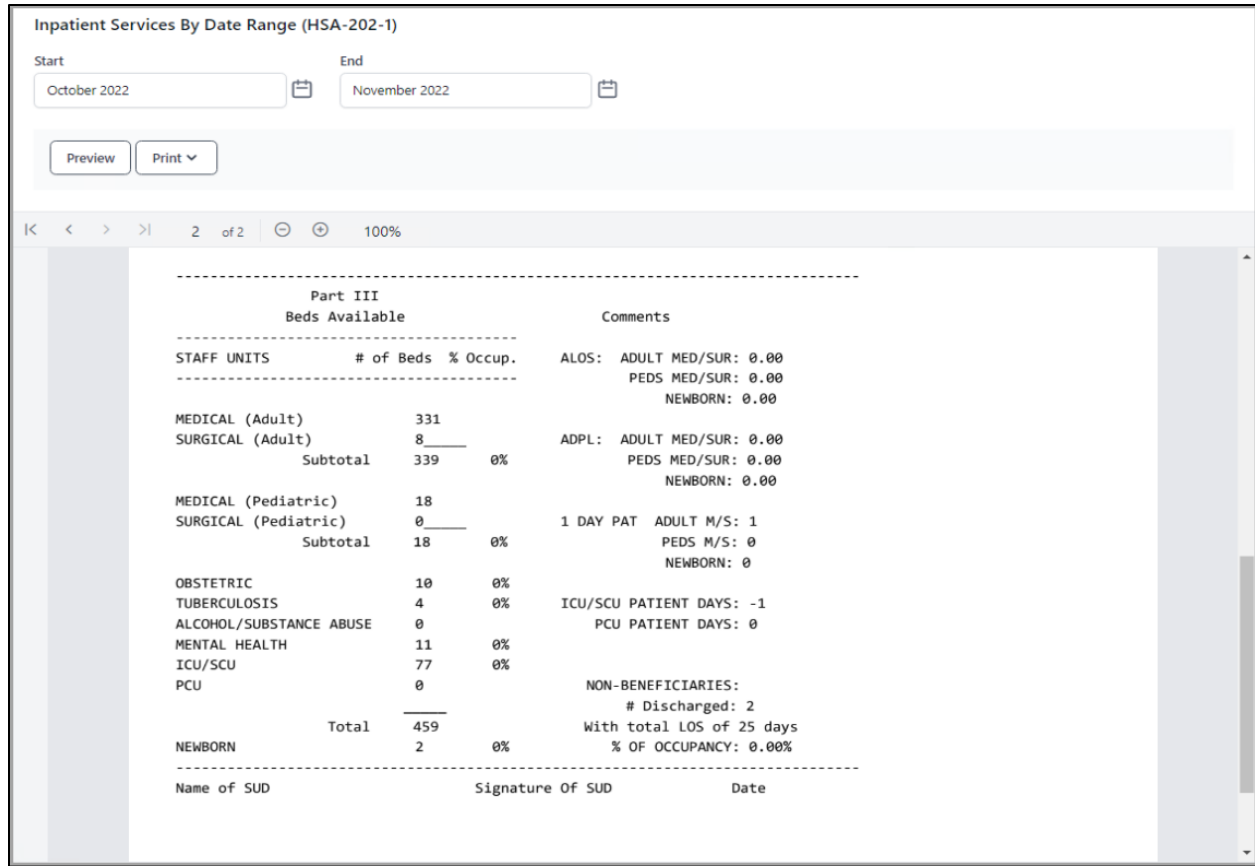


Figure 4-25: Inpatient Services by Date Range (HSA-202-1) report (Part III) example

### 4.2.7 Inpatient Services by Month (HSA-202-1) Report

The **Inpatient Services by Month (HSA-202-1) Report** shows various census totals for reporting purposes. The totals can be run for inpatient services provided over a specified range of dates.

#### 4.2.7.1 Inpatient Services by Month (HSA-202-1) Report Parameters

The **Inpatient Services by Month (HSA-202-1) Report** has a field for this parameter:

- Month

Figure 4-26 shows the parameters of the **Inpatient Services by Month (HSA-202-1) report**.



Inpatient Services By Month (HSA-202-1)

Month

October 2022

Preview Print ▾

Figure 4-26: Inpatient Services by Month (HSA-202-1) report parameters

The **Inpatient Services by Month (HSA-202-1)** report requires a **Month** for the period of time you want reflected in the report. By default, the **Month** is set to the current month.

After selecting the **appropriate report parameters**, click **Preview** to view the report.

#### 4.2.7.2 Information on the Inpatient Services by Month (HSA-202-1) Report

The **Inpatient Services by Month (HSA-202-1)** report includes the following information:

- Part I–Service and Census:
  - BOM (Beginning of Month) Census
  - Admissions
  - Discharges due to Death
  - Discharges–other
  - EOM (End of Month) Census
  - Inpatient Days
- Part II–Special Information:
  - Peak Census, Excluding Newborns
  - Minimum Census, Excluding Newborns
- Part III–Beds Available and Comments

Figure 4-27 shows an example of a typical **Inpatient Services by Month (HSA-202-1) report–(Part I)**.

Inpatient Services By Month (HSA-202-1)

Month:

1 of 2 100%

MONTHLY REPORT OF INPATIENT SERVICES IHS HOSPITALS

-----

Name and Location of Hospital: 2013 DEMO HOSPITAL ALBUQUERQUE, NEW MEXICO  
 Month and Year: Oct 2022

-----

Part I - Service and Census

-----

Medical Services Provided	Bom	Adm	Discharges		Eom	Inpatient
	Bom Census		Death	Other	Eom Census	
			1t			
MEDICAL & SURGICAL (Adult)	0	1	0	1	0	1
			1t			
MEDICAL & SURGICAL (Ped.)	0	0	0	0	0	0
			1t			
OBSTETRIC	0	1	0	0	0	-1
TUBERCULOSIS	0	0	0	0	0	0
ALCOHOLISM/SUBSTANCE ABUSE	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0
TOTAL	0	2	0	1	0	0
NEWBORN	0	0	0	0	0	0
SWING BEDS	0	1 (3t)	0	1	1	5
OBSERVATIONS	0	0	0	0	0	0
DAY SURGERY	0	0	0	0	0	0

-----

Figure 4-27: Inpatient Services by Month (HSA-202-1) Report (Part I) example

Figure 4-28 shows an example of a typical **Inpatient Services by Month (HSA-202-1) report–(Part II)**.

Inpatient Services By Month (HSA-202-1)

Month:

1 of 2 100%

Part II - Special Information

-----

Peak Census, Excluding Newborn..... 1  
 Minimum Census, Excluding Newborn.....0

-----

Figure 4-28: Inpatient Services by Month (HSA-202-1) Report (Part II)

Figure 4-29 shows an example of a typical **Inpatient Services by Month (HSA-202-1) report–(Part III)**.

Inpatient Services By Month (HSA-202-1)

Month  
October 2022

Preview Print

2 of 2 100%

Part III Beds Available			Comments
STAFF UNITS	# of Beds	% Occup.	
MEDICAL (Adult)	331		ALOS: ADULT MED/SUR: 0.00 PEDS MED/SUR: 0.00 NEWBORN: 0.00
SURGICAL (Adult)	8		
Subtotal	339	0%	ADPL: ADULT MED/SUR: 0.00 PEDS MED/SUR: 0.00 NEWBORN: 0.00
MEDICAL (Pediatric)	18		
SURGICAL (Pediatric)	0		1 DAY PAT ADULT M/S: 1 PEDS M/S: 0 NEWBORN: 0
Subtotal	18	0%	
OBSTETRIC	10	0%	
TUBERCULOSIS	4	0%	ICU/SCU PATIENT DAYS: -1 PCU PATIENT DAYS: 0
ALCOHOL/SUBSTANCE ABUSE	0		
MENTAL HEALTH	11	0%	
ICU/SCU	77	0%	
PCU	0		NON-BENEFICIARIES: # Discharged: 2 With total LOS of 42 days % OF OCCUPANCY: 0.00%
Total	459		
NEWBORN	2	0%	

Name of SUD Signature Of SUD Date

Figure 4-29: Inpatient Services by Month (HSA-202-1) Report (Part III)

## 4.2.8 Operators' Inpatient List

The **Operators' Inpatient List** shows selected patient data for each inpatient.

### 4.2.8.1 Operators' Inpatient List Parameters

There are no parameters for the **Operators' Inpatient List**. Click **Preview** to view the report.

### 4.2.8.2 Information in the Operator's Inpatient List

The **Operators' Inpatient List** includes the following information for each patient matching the specified report parameters:

- Patient name (Only displays if patient opted **not** to be excluded from directory)
- Phone (if available)
- Room
- Ward

- Sex
- Patient age
- Community

Figure 4-30 shows an example of a typical **Operators' Inpatient List**.

Operators' Inpatient List

Preview Print

1 of 2 100%

Confidential Patient Data Covered by Privacy Act Nov 07, 2022  
Operators' Inpatient List 1:22 PM

Patient	Phone	Room	Ward	Sex	Age	Community
BPRM, DEMO			TW1	F	37 YRS	PHOENIX
BPRM, DEMO		TW-600	TW1	M	30 YRS	PARKER
BPRM, DEMO		112-2	INPT	F	28 YRS	PARKER
BPRM, DEMO		50-101	SOBG	M	27 YRS	PEACH SPRGS
BPRM, DEMO			TW4	M	15 YRS	PARKER
BPRM, DEMO		TW-400	TW1	M	21 YRS	PARKER
BPRM, CZBABY		PEDICU-02PICU		F	11 MOS	LOS ANGELES
BPRM, CZDIOFF		CZ-100	CTGH	F	46 YRS	SAN DIEGO
BPRM, CZFOUR		CS-A	CS	M	76 YRS	PHOENIX
BPRM, CZGUARANTOR			PICU	F	46 YRS	
*****	x92832	ENW-005	ENW	M	46 YRS	SAN DIEGO
BPRM, CZINTEST			CS	F	74 YRS	CHANDLER
BPRM, CZSENSITIVE		CIW-100A	CIW	F	38 YRS	CHANDLER
*****			CW	F	49 YRS	SAN DIEGO
BPRM, CZTRIBAL			CW	F	44 YRS	SAN DIEGO
BPRM, CZTRIBALTWO		CW-8	CW	F	57 YRS	SAN DIEGO
BPRM, CZTWO		CS-B	CS	U	77 YRS	SAN DIEGO
BPRM, CZWRISTBAND		107-2	INPT	F	41 YRS	SAN DIEGO
BPRM, DIVOFFTWO		CZ-100A	CTGH	F	67 YRS	SAN DIEGO
BPRM, EN ESTER	x92839	ENW-004	ENW	F	87 YRS	TEMECULA
BPRM, EN' KID	x45876	ENW - 006ENW		M	3 YRS	SAN DIEGO
BPRM, EN' NEWPT	x92835	ENW-001	ENW	M	35 YRS	SAN DIEGO
BPRM, ENAOB	x28394	EN PCU -0ENPCU		M	92 YRS	OXNARD
BPRM, ENFUTURE			ENW	F	22 YRS	
*****	x92838	ENW-003	ENW	M	67 YRS	CORONACA
BPRM, ENTHREE DEMO-ON			ENPR	M	77 YRS	

Figure 4-30: Operators' Inpatient List example

## Appendix A ADT User Role Access

Functional Area	ADT Clerk Role	ADT Coder Role	ADT Supervisor Role
Ward Workspace	Yes	Yes, but only allowed to access the following context menu: <ul style="list-style-type: none"> <li>View Admission Detail</li> <li>Print A-Sheet</li> <li>Select Patient in EHR</li> </ul>	Yes
List View	Yes	Yes, but only allowed to access the following context menu: <ul style="list-style-type: none"> <li>View Admission Detail</li> <li>Print A-Sheet</li> <li>Select Patient in EHR</li> </ul>	Yes
Incomplete Charts	No	Yes	Yes
Discharge List	Yes, but only allowed to access the following context menu: <ul style="list-style-type: none"> <li>View Admission Detail</li> <li>Print A-Sheet</li> <li>Print Wristband</li> <li>Select Patient in EHR</li> </ul>	Yes, but only allowed to access the following context menu: <ul style="list-style-type: none"> <li>View Admission Detail</li> <li>Print A-Sheet</li> <li>Select Patient in EHR</li> <li>Create Incomplete List or View Incomplete List</li> </ul>	Yes
Settings	No	No	Yes



Functional Area	ADT Clerk Role	ADT Coder Role	ADT Supervisor Role
Reports	Yes, but only allowed to access the following Reports: <ul style="list-style-type: none"> <li>• Operators' Inpatient List</li> <li>• Current Inpatient by Ward/Room Report</li> </ul>	Yes, but only allowed to access the following Reports: <ul style="list-style-type: none"> <li>– Current Inpatient List</li> <li>– Discharges by Date</li> <li>– Incomplete Chart List by Provider</li> <li>– Inpatient Coding Status</li> <li>– Operator's Inpatient List</li> </ul>	All reports

## Appendix B 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 an RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, refer to the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, refer to the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS website: <http://security.ihs.gov/>.

<p><b>Note:</b> 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.

### B.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).

### B.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.

### B.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.

### B.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.

### B.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 window when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

### B.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.

### B.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).

### B.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.

### B.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.

### B.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.

### B.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 window after some period of inactivity.

### B.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.

### B.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.

### B.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.

## B.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.

### B.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

**Active**

Status as pertaining to the patient's admission, medical record and/or insurance.

**Admission Date**

Date and time of admission for patient.

**Admission Deleted Bulletin**

Triggers a bulletin whenever an admission is deleted. This alerts those in charge of the census files that an error has been fixed and census files may need updating.

**Admission 24 Hrs Bulletin**

Triggers a bulletin if the length of stay is less than 24 hours.

**Admission Source–UB04**

Admission source that best describes the origin of the patient's admission to the hospital.

**Admission Type–UB04**

Admission type indicating the manner in which the patient was admitted to the health care facility.

**Admit After DS Bulletin**

Triggers a bulletin for all admissions that occur within a specified number of days after a day surgery.

**Admitting Provider**

Physician who wrote admission order.

**AMA Discharge Bulletin**

Triggers a bulletin on any AMA (against medical advice) discharges.

**Approved By**

Name of the physician who approved any medical subject material pertaining to patient.

**Assignment Narrative**

Information recorded to the patient's medical record that reflects that patient's treatment or any information pertinent to the patients' medical record.

**Attending Physician**

Physician responsible for care.

**Category 1 (National Flag)**

A nationally recognized flag assigned to patients who present an immediate safety risk for seriously disruptive, threatening, or violent behavior.

**Census Lockout Days**

Controls the number of days before census files are locked. This prevents entering or changing admissions, transfers or discharges past the specified number of days.

**Condition**

Condition of patient whether it be "Seriously Ill" or "Do Not Resuscitate."

**Diagnosis (Short)**

Short description of the admitting diagnosis.

**Exclude from Directory**

Denotes whether or not the patient wished to be excluded from the Facility Directory for this admission.

**Facility Treating Specialty**

Describes the care the patient is receiving.

**Flag Name**

Name of the flag being assigned to that patient pertaining to the patient's nature/behavior/symptom(s).

**ICU Transfer Bulletin**

Triggers a bulletin on all transfers to an ICU.

**Inpatient Death Bulletin**

Triggers a bulletin on all inpatient deaths.

**Readmission Bulletin**

Triggers a bulletin on any readmission that occurs within a specified number of days from discharge. The specified number is controlled via the Time Length for Readmission field in the ADT Site Parameters.

**Readmit within 24 Hrs Bulletin**

Triggers a bulletin on any readmission that occurs within 24 hours of discharge.

**Referring Provider**

Name of the provider who referred the patient for admission.

**Return to ICU Bulletin**

Triggers a bulletin when patients are returned to the ICU within a specified time frame. The time frame is controlled via the Time Length for Return to ICU field in the ADT Site Parameters.

**Review Date**

Date on which the patient's file was reviewed by the approved physician.

**Room-Bed**

All active beds according to ward location.

**Transfer In Bulletin**

Triggers a bulletin to be sent to the designated mail group upon all transfers from other facilities. This mail group is established within MailMan. Refer to the MailMan user documentation for additional information about mail groups.

**Transfer Out Bulletin**

Triggers a bulletin upon any discharges to other inpatient facilities.

**Type of Admission**

Reason for the admission.

**Ward Location**

The ward to which the patient is being admitted or transferred to.

## Acronym List

Acronym	Definition
ADT	Admission, Discharge, and Transfer
AMA	Against Medical Advice
GUI	Graphical User Interface
ICU	Intensive Care Unit
IHS	Indian Health Service
RPMS	Resource and Patient Management System

## Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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