Greenway SuccessEHS / Version 7.50

SuccessEHS Release Notes 7.50

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Revision History

11/19/15

- **EHS-23545** (Template Option Added to Success Speech Dictation) added under **System Administration Console**.
- **EHS-23593** (New Clinical Console Icons) added under **Clinical Console.**

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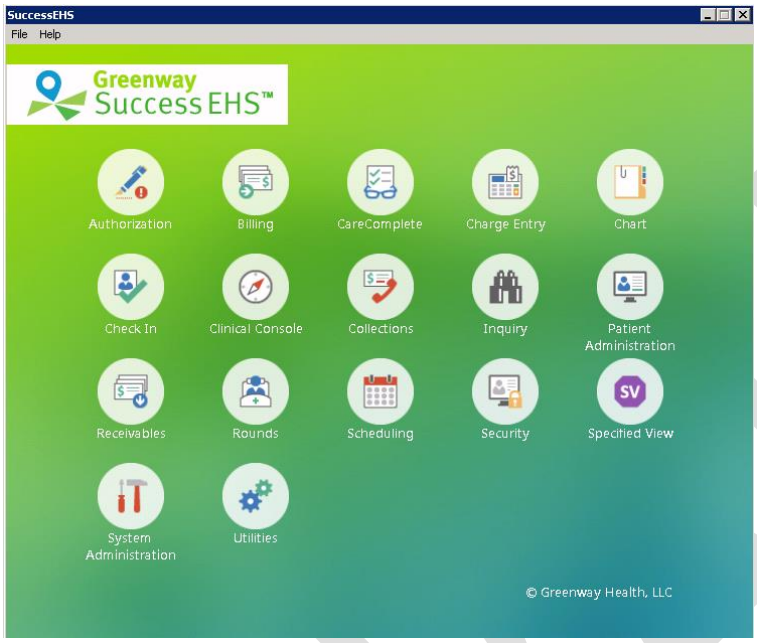
All Modules

New POC Launcher Screen

Project #SEHS-262

The main **POC Launcher** has been rebranded with new icons. No changes have been made to the functionality or access to the SuccessEHS modules.

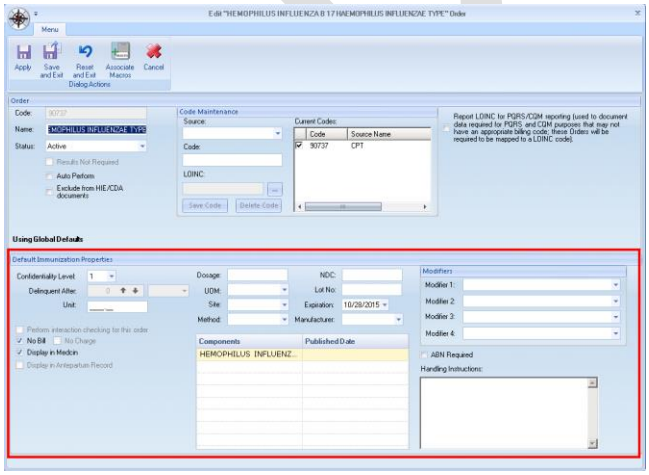


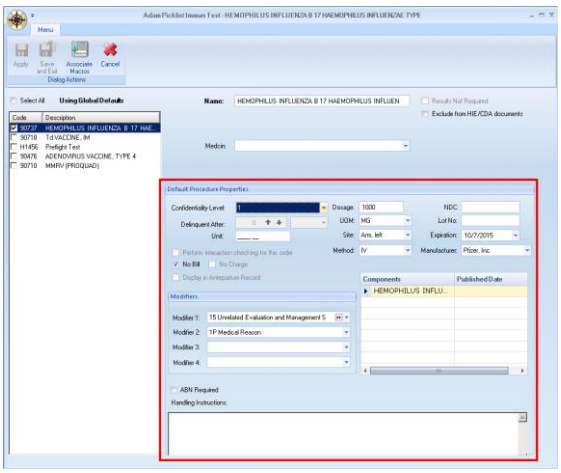
Changes to Immunization Views

Project #SEHS-74, SEHS-169, SEHS-178

The following changes have been made to the various screens in which Immunization orders are configured, entered, and viewed.

System Administration Console





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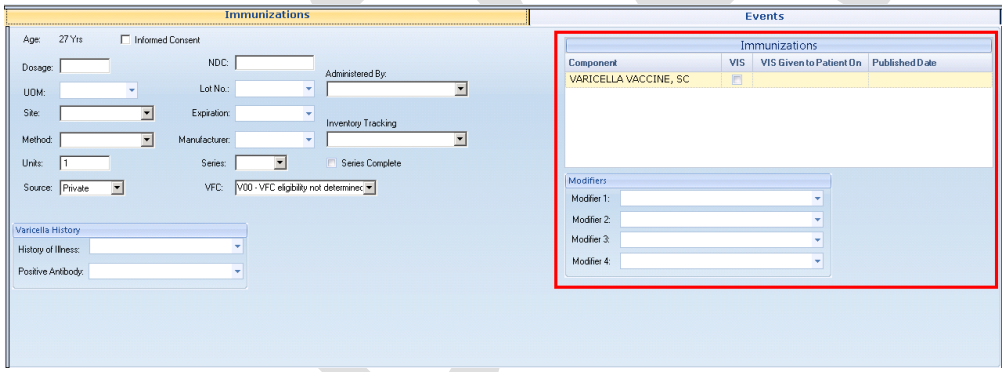
Edit – The Default Immunization Properties section on the Edit window for all immunizations in the Starter Set Builder, and the Default Procedure Properties section on the Edit window for all Immunization and Mixed screens in the Picklist Builder and Order Set Builder, have been rearranged as follows:

1. **Components table** – The **Components** table displays only the vaccine component and its published date. Users may enter an appropriate **Published Date** (or select it from the drop-down calendar) for each component.
2. **Modifiers** – A **Modifiers** section has been added that allows users to select up to four modifiers for an immunization.
3. **Fields rearranged** – The remaining fields each defaults section have been rearranged to accommodate the new Components and Modifiers tables.

Note - **Please Note: Because certain fields have been removed from the Components grid (Dosage, UOM, Lot No., NDC, Expiration, Manufacturer) that may have had defaults defined in System Administration, SuccessEHS has provided a conversion in this release. The top row of the components table has been used as the default data for the appropriate fields.**
For example, Pediarix is a combo vaccine that has multiple components or vaccines within it. If in System Administration prior to this change, default data was defined for all three component rows (Dosage, UOM, NDC, etc.), we took the first row of the component table and used it to set the default data in the appropriate fields (Dosage, UOM, NDC, etc.). Indicating a default dosage for each of the three components within Pediarix was not a relevant clinical scenario.

Order Detail

IMMUNIZATIONS TAB



1. **Components** table – The **Components** table displays the component name.
   - Users may select (check) the **VIS** checkbox to indicate that the patient has been given the VIS form for that vaccine and enter the date the form was given in the **VIS Given to Patient On** column.
   - Users may enter the **Published Date** for the component, as needed.
2. **Modifiers** – A **Modifiers** section has been added that allows users to select up to four modifiers for an immunization.
3. **Fields rearranged** – The remaining fields each defaults section have been rearranged to accommodate the new Components and Modifiers tables.

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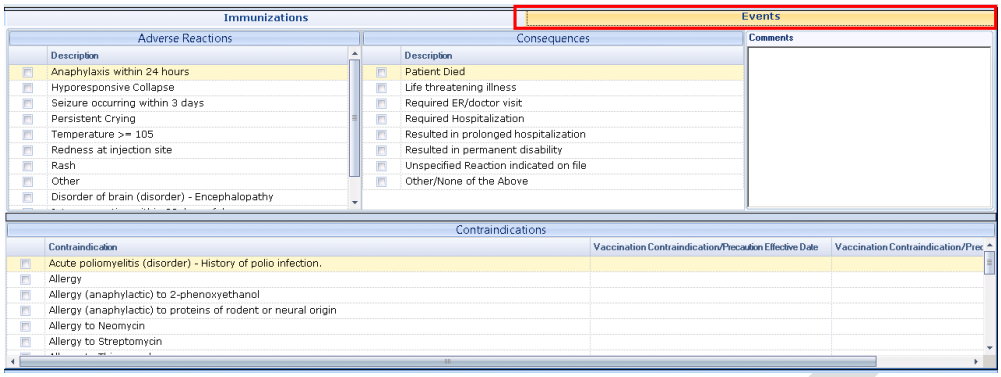
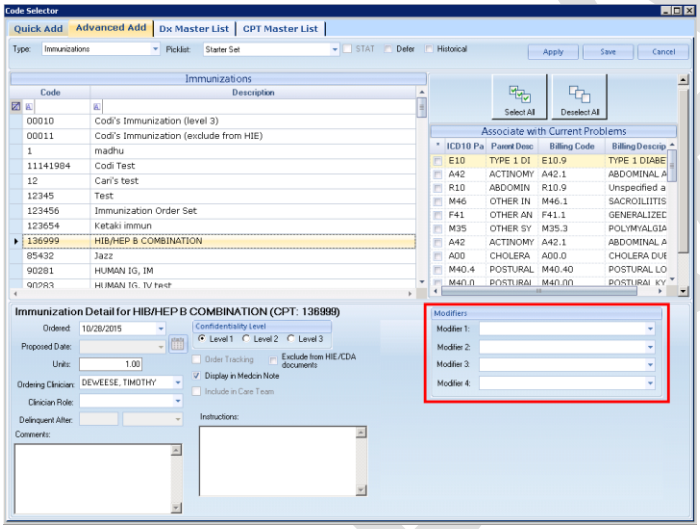
EVENTS TAB (NEW)



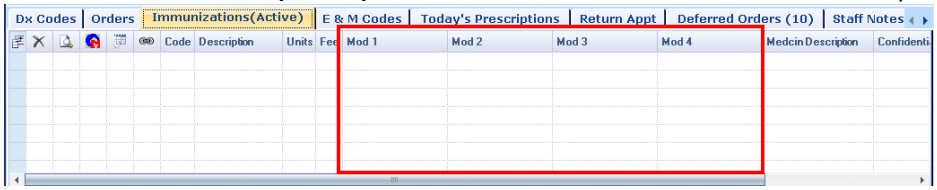
The Events tab displays the following information for the immunization order:

- **Adverse Reactions / Consequences** – Users may select (check) the appropriate checkbox(es) in the **Adverse Reactions** and **Consequences** lists to indicate any adverse effects from the immunization.
- **Contraindications** – Users may select (check) the appropriate checkbox(es) in the **Contraindications** section to record any immunization contraindications and enter the appropriate date range for each one in the **Vaccine Contraindication/Precaution Effective Date** and **Expiration Date** fields.
- **Comments** – Users may free-text any appropriate comments regarding immunization events.

Code Selector (Advanced Add tab)



Modifiers – A **Modifiers** section has been added that allows users to select up to four modifiers for an immunization. Any modifiers added to the immunization order will display in the appropriate **Modifiers** columns on the **Immunizations (Active)** tab on the **Code Selection** screen in the eSuperbill.



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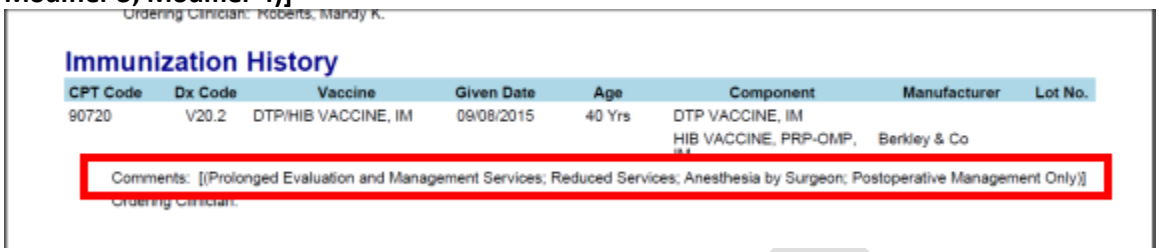
Specified View Reports

Manufacturer and Lot No. information on all immunizations will now populate from the main immunization itself (i.e., not from a component).

Modifiers on immunizations will display with the following syntax: Description [(Modifier 1; Modifier 2; Modifier 3; Modifier 4)]


Ordering Clinician: Roberts, Mandy K.

Immunization History

CPT Code	Dx Code	Vaccine	Given Date	Age	Component	Manufacturer	Lot No.
90720	V20.2	DTP/HIB VACCINE, IM	09/08/2015	40 Yrs	DTP VACCINE, IM HIB VACCINE, PRP-OMP, IM	Berkley & Co	

Comments: [(Prolonged Evaluation and Management Services; Reduced Services; Anesthesia by Surgeon; Postoperative Management Only)]

Ordering Clinician:

Patient Correspondence / Forms Administration

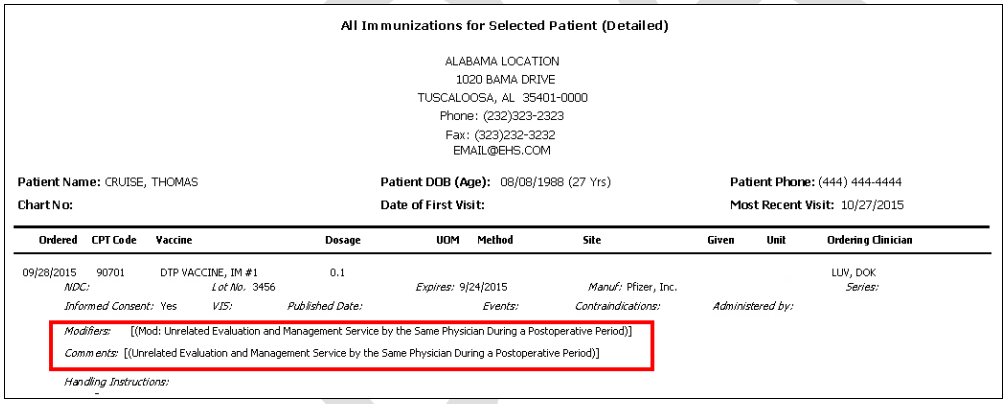
An ImmunizationsMod merge field has been added that populates all immunization orders with any modifiers attached to Patient Correspondence documents. The merge field syntax displays as follows:

CPT: Description [(Modifier 1; Modifier 2; Modifier 3; Modifier 4)]

Reports

The **All Immunizations (Detailed)** report in **Clinical Console** now displays each new immunization on a separate line.

Modifiers (description only) and Comments have been added to the report for each immunization.


All Immunizations for Selected Patient (Detailed)

ALABAMA LOCATION
1020 BAMA DRIVE
TUSCALOOSA, AL 35401-0000
Phone: (232)323-2323
Fax: (323)232-3232
EMAIL@EHS.COM

Patient Name: CRUISE, THOMAS **Patient DOB (Age):** 08/08/1988 (27 Yrs) **Patient Phone:** (444) 444-4444
Chart No: **Date of First Visit:** **Most Recent Visit:** 10/27/2015

Ordered	CPT Code	Vaccine	Dosage	UOM	Method	Site	Given	Unit	Ordering Clinician
09/28/2015	90701	DTP VACCINE, IM #1	0.1						LUV, DOK

NDC: *Lot No.* 3456 *Expires:* 9/24/2015 *Manuf:* Pfizer, Inc. *Series:*
Informed Consent: Yes *VIS:* *Published Date:* *Events:* *Contraindications:* *Administered by:*
Modifiers: [(Mod: Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period)]
Comments: [(Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period)]
Handling Instructions:

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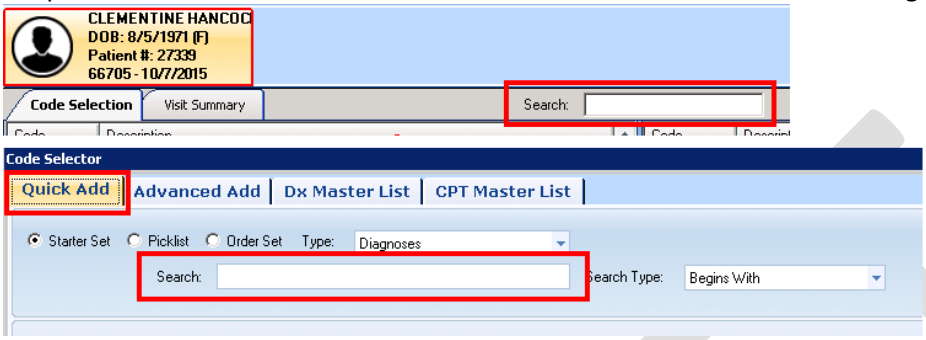
Code/Description Search Functions Combined in eSuperbill and Code Selector

Project #SEHS-175

The **Code** and **Description** radio buttons associated to the search field on the **Code Selection** tab in the eSuperbill and on the **Code Selector** window have been combined into a single **Search** field in both locations.



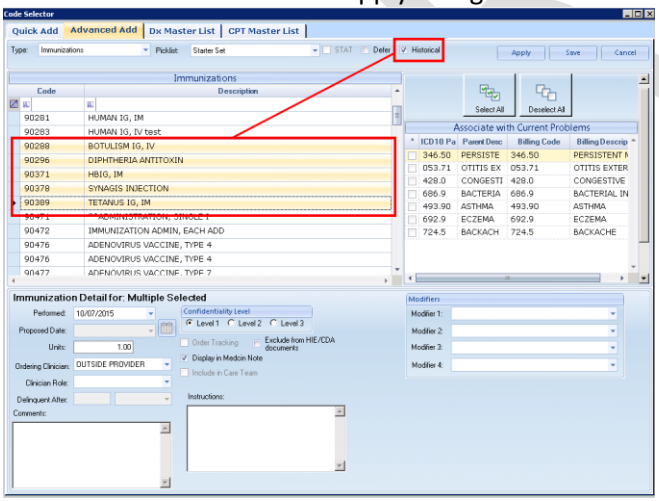
You may enter a code or description directly in the **Search** field without specifying whether your entry is code or description text.

In addition, the **Code Selector** tab on the main Code Selector window has been renamed **Quick Add**.

Code Selector, Multiple Selections Available for Historical Immunizations

Project #SEHS-180

Users may now select multiple immunizations while in Historical mode on the **Advanced Add** tab on the **Code Selector** window in order to apply a single Performed date across all selected immunizations.



After selecting the **Historical** checkbox, you may select multiple immunizations from the list by pressing the CTRL key and selecting the appropriate items, enter a single **Performed** date for all selections, and click **Save**.

> **Tip -** *You may also enter the **Performed** date first and then select the appropriate immunizations.*

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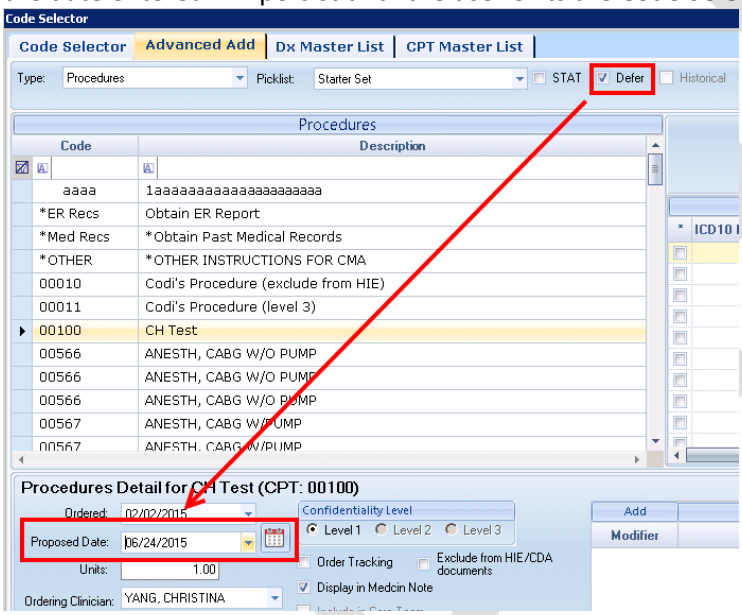
When entering a Performed date for multiple items, the following values will be entered by default:

- **Units** – 1.00
- **Ordering Clinician** – OUTSIDE PROVIDER
- **Clinician Role** – (none)
- **Comments** – (none)
- **Instructions** – (none)
- **Confidentiality Level** – 1
- **Exclude from HIE** – Unchecked
- **Display in Medcin** – Checked

Code Selector, Proposed Date for Deferred Orders Available for All Order Types

Project #SEHS-131

When a **Proposed Date** is added to a deferred order on the **Advanced Add** tab on the **Code Selector** window, the date entered will persist until the user exits the **Code Selector** window.



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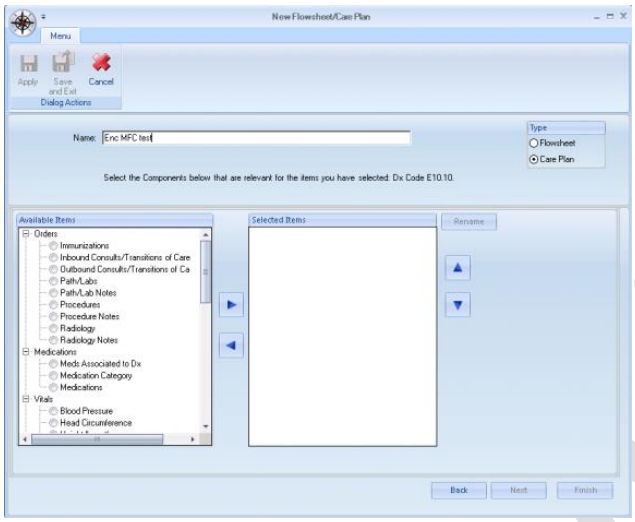
Care Plan

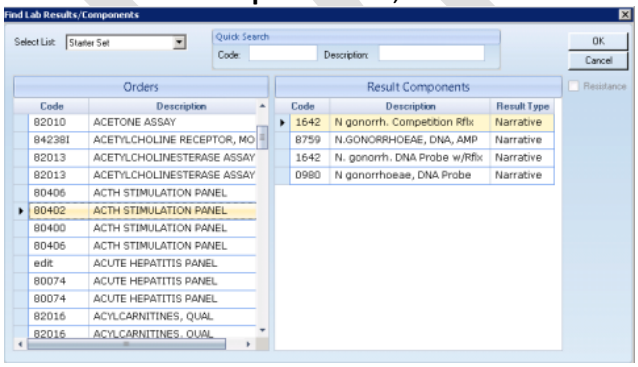
Care Plan, Changes to Order Component Selection

Project #SEHS-220

The following changes have been made when selecting order components for Care Plans on the **Flowsheet/Care Plan Configuration** screen in **Clinic Configuration** in the **System Administration Console**:



- The **Available Components** and **Selected Components** lists have been renamed **Available Items** and **Selected Items** respectively.
- **Path/Labs, Path/Lab Notes, Procedures, Procedure Notes, Radiology,** and **Radiology Notes** have been added as selections under the **Orders** list.
- **Lab Comments, Lab Result Component, Procedure Comments, Procedure Components, Radiology Comments** and **Radiology Components** have been **removed** from the **Orders** list.
- **Find Results/Components** screen – Users may select from the parent **Orders** list **without** selecting from the child **Result Components** list, or select from both lists and click **OK**.



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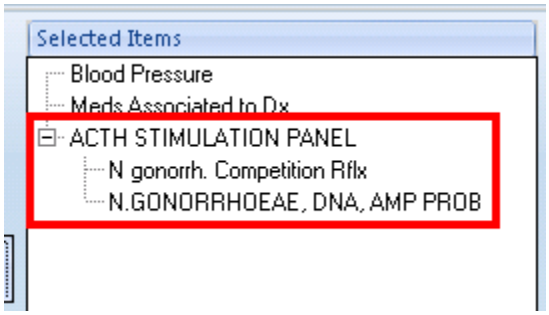
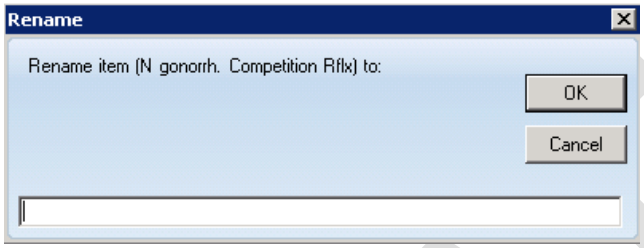
Parent rows will display as left-justified in the **Selected Items** list; child components will display indented.



- Users may rename orders/components within a specific Care Plan by selecting the appropriate item and clicking **Rename** to display the **Rename** dialog box.

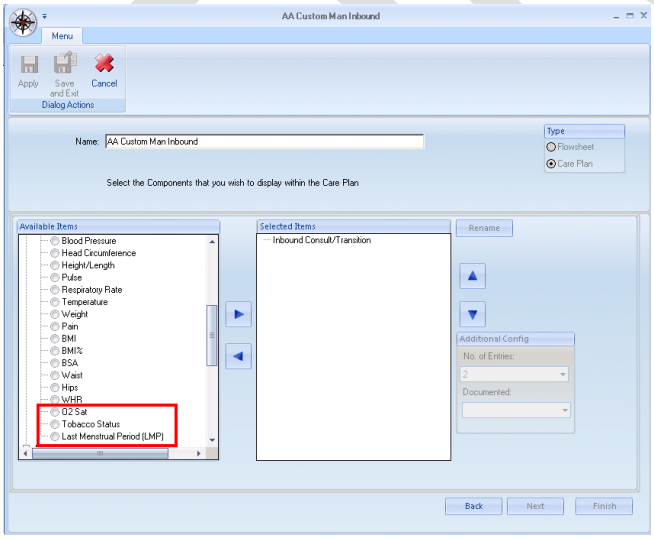


- Only parent/order items in the **Selected Items** list may be moved up/down in the hierarchy. Child/component items may not be re-ranked under a parent item.
- Only parent/order items are eligible for additional configuration. Child/component items under a parent item will assume the configuration of the parent item.

Care Plan Configuration, New Vitals Components for Custom Care Plans

Project #SEHS-223

O2 Sat, Tobacco Status, and **Last Menstrual Period (LMP)** components may be added to Custom Care Plans as under the **Vitals** section under **Details** on the **Care Plan Configuration** screen.



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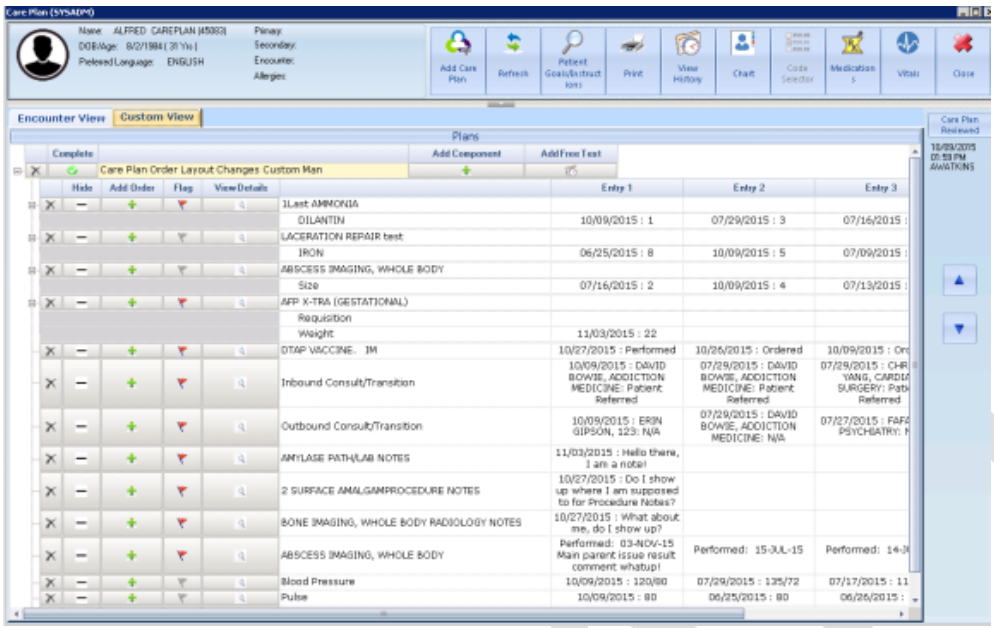
Changes to Care Plan Layout

Project #SEHS-222

The following changes have been made to the Care Plan layout:



LAYOUT

- Order rows have been broken into parent and child rows. Orders will display on the parent row; any components selected for the order in the **Care Plan Configuration** screen will display as child rows. Child rows will display the component name and data columns.
- If parent rows are hidden (via the **Hide** button) or deleted, any child rows will also be hidden/deleted.
- Child rows may be re-ordered (via drag/drop) under a parent row, but must remain grouped underneath their parent.
- The **Add Order** and **Flag** buttons will be enabled for all parent rows at all times.

DATA DISPLAY

- Parent rows display data as follows:
  - Labs, Radiology and Procedures display the Result Comments and Date Performed.
  - If no result comments exist, only the Date Performed will display.
  - If neither result comments nor date performed are available, only **ORDERED** will display.
- Child/component rows display the observation value for the parent order. Values will display in red text if the value is in abnormal range.
- Notes order types will display the text from the **Notes** field in the parent row.

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Changes to Medications Associated to Dx Codes

Project #SEHS-19

The following changes have been made to medications that are associated to diagnosis codes in Care Plan templates:

- **Adding medications** – If a medication is added to a patient record, a new row will display in the Care Plan for the medication.
- **Editing/modifying medications** – If an existing medication in a Care Plan is modified via the Med Details tab, the appropriate data will be automatically updated in the Care Plan when the user saves changes.
- **Deleting medications** – Deleting medications from a patient record will remove the appropriate data row from the Care Plan.
- **Discontinuing medications** – Discontinued medications will reflect the discontinued status in the appropriate data column in the Care Plan.

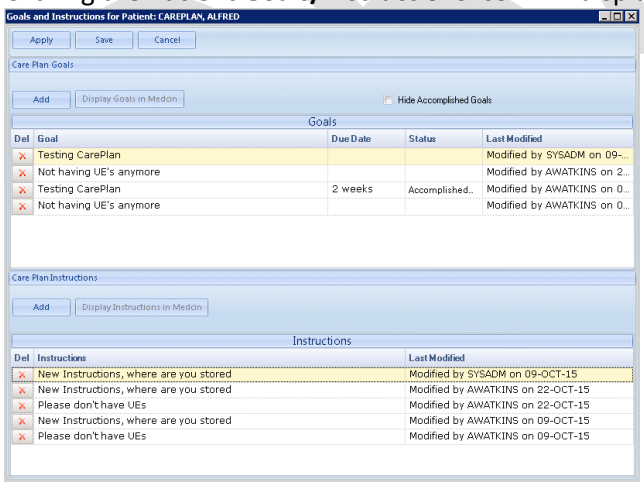
Goals/Instructions Updated

Project # SEHS-205, SEHS-212, SEHS-213, SEHS-214, SEHS-215

Goals and Instructions for Care Plans have been updated as follows:

- **Chart Menu Ribbon.** A **Patient Goals/Instructions** icon has been added to the main **Chart** menu ribbon to enable users to access patient goals/instructions without having to open a Care Plan. (This icon may be added to the Quick Access Toolbar.)

Clicking the **Patient Goals/Instructions** icon will display the main **Goals and Instructions** window:



Users may add goals/instructions to a selected encounter via the appropriate **Add** buttons and edit information as needed to write to the selected encounter. If no encounter is selected, clicking Add will create a new non-billable encounter in which to add goals/instructions.

- **Removal from Order/Problem Detail.** The **Goals** and **Instructions** fields have been removed from all **Order Detail** and **Problem Detail** screens for patients. All existing and future goals and instructions will now be viewed in the **Goals and Instructions** window above.

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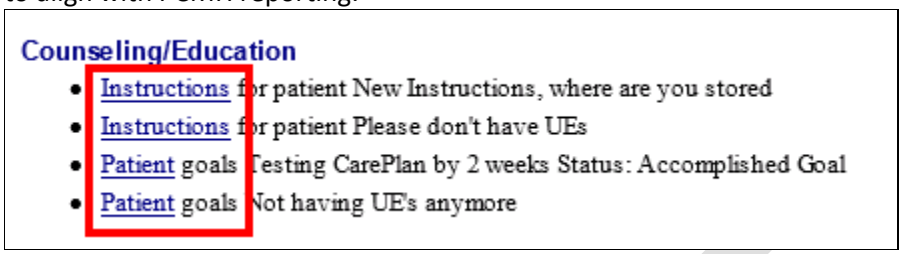
- **CCDA Documents.** Goals and instructions will now populate information from the Goals and Instructions table in the **Care Plan** window to the relevant CCDA documents (as opposed to pulling from the previous **Problem Detail** or **Order Detail** screens).

- **Medcin Import.** Goals/instructions imported into the Medcin note from Care Plans have been updated to align with PCMH reporting:



The Medcin IDs for goals and instructions imported from Care Plans have been updated to the following:

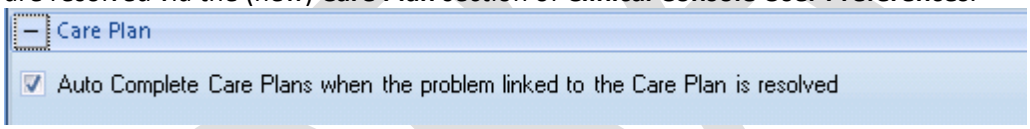
  - Goals – Medcin ID **48951**
  - Instructions – Medcin ID **74937**

  These findings replace all previous findings that were used when importing goals/instructions from Care Plans. Information written to these findings will now be available for PCMH reporting via Success Practice Analytics.

New Auto-Complete Care Plan Function

Project #SEHS-122, SEHS-123

Users may configure to automatically complete a Care Plan when the diagnosis code(s) associated to the plan are resolved via the (new) **Care Plan** section of **Clinical Console User Preferences**.



The **Auto Complete Care Plan when the problem linked to the Care Plan is resolved** option, when enabled, will mark a Care Plan as **Complete** when its associated problem(s) are marked **Resolved**. (This preference is enabled [checked] by default in User Preferences.)

Note - If a Care Plan is associated to a range of diagnosis codes, all codes in the range must be resolved on the appropriate patient's problem record before the associated Care Plan will be marked Complete.

New Print Option for Care Plans

Project #SEHS-61, SEHS-62

A **Print** button has been added to the main **Care Plan** toolbar that enables users to print Custom Care Plans.

Clicking **Print** displays a **Print Care Plan** dialog box where users may select the specific information to display on the Care Plan printout. You may select (check) the **Print All** checkbox to print the entire Care Plan, or select the

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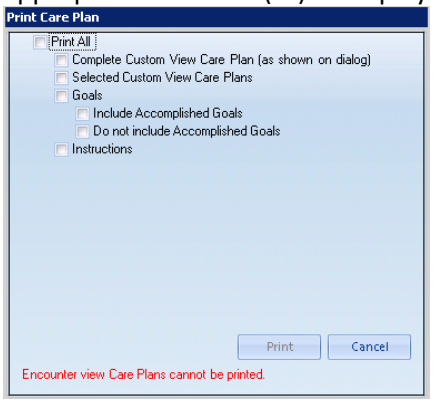
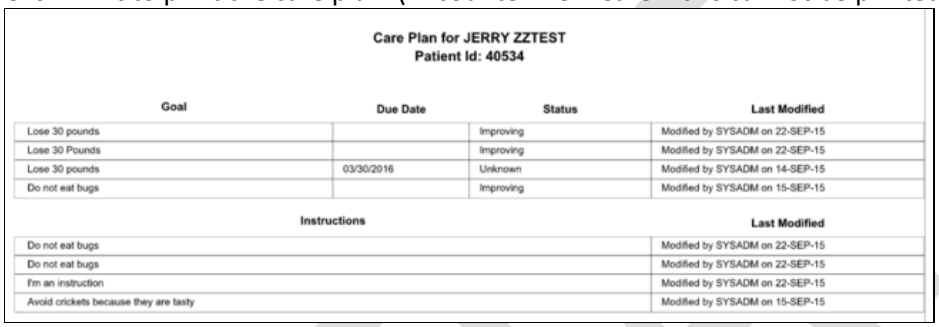
appropriate checkbox(es) to display only selected information on the Care Plan printout.



Note - Users must make at least one selection on the Print Care Plan dialog box in order to generate a printout.

Click **Print** to print the care plan. (Encounter view Care Plans cannot be printed.)



Care Plan for JERRY ZZTEST
Patient Id: 40534

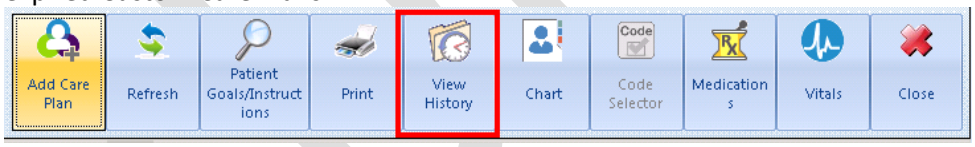
Goal	Due Date	Status	Last Modified
Lose 30 pounds		Improving	Modified by SYSADM on 22-SEP-15
Lose 30 Pounds		Improving	Modified by SYSADM on 22-SEP-15
Lose 30 pounds	03/30/2016	Unknown	Modified by SYSADM on 14-SEP-15
Do not eat bugs		Improving	Modified by SYSADM on 15-SEP-15

Instructions	Last Modified
Do not eat bugs	Modified by SYSADM on 22-SEP-15
Do not eat bugs	Modified by SYSADM on 22-SEP-15
I'm an instruction	Modified by SYSADM on 22-SEP-15
Avoid crickets because they are tasty	Modified by SYSADM on 15-SEP-15

New View History Button for Custom Care Plans

Project #SEHS-59

A **View History** button has been added to the main **Care Plan** toolbar that enables users to view completed and expired Custom Care Plans.



To view a patient's Care Plan history:

1. Click the **View History** button. The **Care Plan History** window displays.

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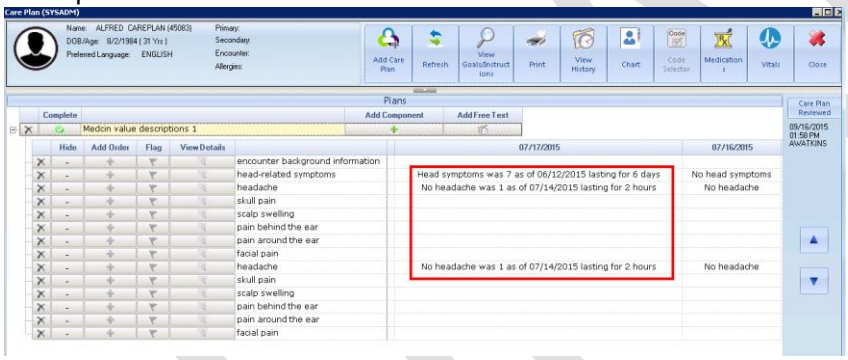
2. Select the appropriate **Filter** radio button to filter the history. Selections include the following:
    - **None** – (default) Displays all care plans.
    - **Manual Care Plans** – Displays only Manual care plans.
    - **Problems Care Plans** – Displays only Problems-based care plans.
3. To view a specific complete Care Plan, select the appropriate Care Plan template name from the **Templates** drop-down list.
4. To view all care plans associated to a given problem, select the appropriate problem from the **Pt Problems** drop-down list.
5. The appropriate Care Plan(s) will display in expanded view based on your selections and filters.
    - Care Plans will be listed based on the most recent **Completed** date, in descending order.
    - ICD9 problems will display the ICD9 code and description. ICD10 problems will display both parent and billing codes, as well as descriptions for each.
6. Click the **Close** button to close the **Care Plan History** window.

Values Added to Custom Care Plan Medcin Descriptions

Project #SEHS-129

Values entered in the **Onset**, **Duration**, and **Value** fields in the Medcin note will now display in the Medcin descriptions in all Custom Care Plans.



The Medcin descriptions will now read with the following syntax: **[Symptom] was [value] as of [onset] lasting [duration].**

Charge Entry

Charges Tab, Changes to Auto-Mapping Logic of ICD10 Codes

Project #SEHS-137

For databases that are live in ICD10 that receive inbound ICD9 codes from DFT transmissions, all ICD9 codes that have a **one-to-one** mapping in the system will automatically map the ICD9 code to its equivalent ICD10 code without prompting the user to manually map the code.

Inbound ICD9 codes that have multiple ICD10 mapping possibilities will continue to prompt the user to map the codes manually to the appropriate ICD10 equivalents.

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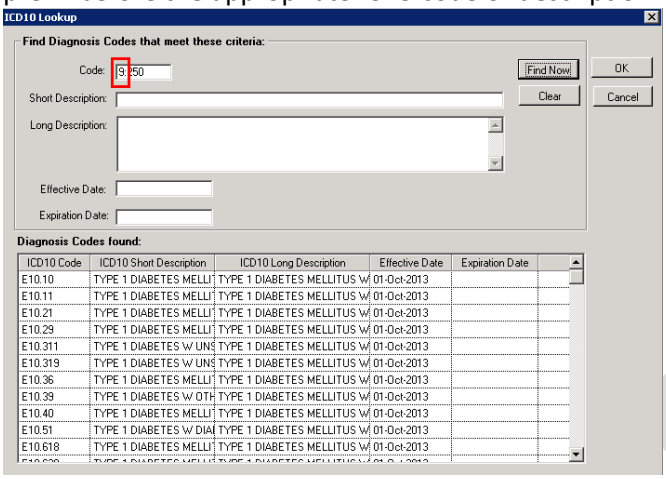
Charges Tab, ICD9 Equivalent Search Function Added

Project #SEHS-145

Users may search for ICD10 codes in the **Code Lookup** window through their ICD9 equivalents by entering a **9:** prefix before the appropriate ICD9 code or description.

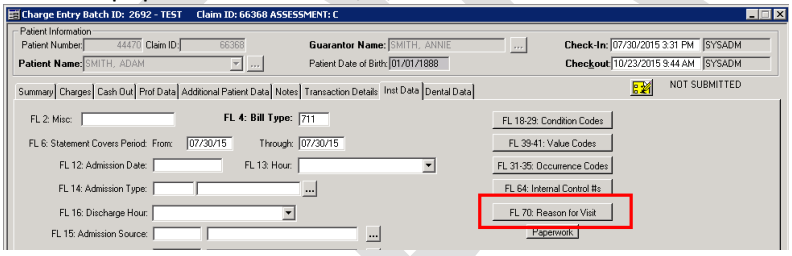


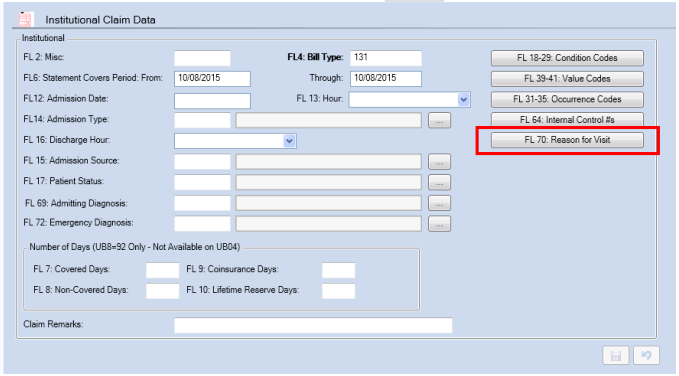
To search for ICD10 codes via ICD9 information, enter **9:** followed by the appropriate search text in the **Code** or **Description** fields. (A minimum of three (3) characters must be entered in either field after the **9:** prefix; e.g., **9:250** for diabetes codes.) All ICD10 codes mapped to the ICD9 search information will display in the **Diagnosis Codes found** table.

Inst Data Tab, New FL 70 Visit Codes Option

Project #SEHS-226

An **FL 70: Reason for Visit** button has been added to the **Inst Data** tab in **Charge Entry** and on the **Institutional Claim Detail** screen in **Claims Console** that enables users to search and select up to three reason for visit ICD10 codes to populate the FL 70 A, B, and C fields on the 837 file.





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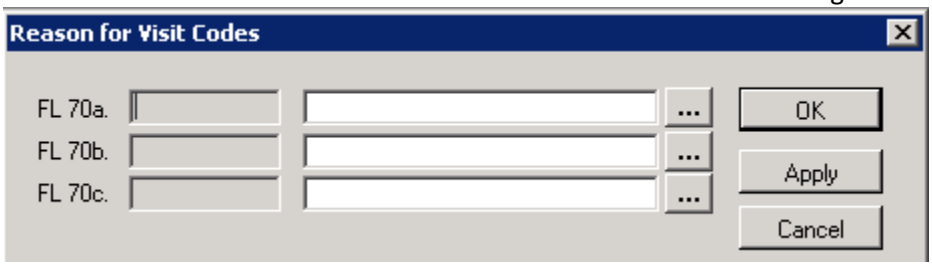
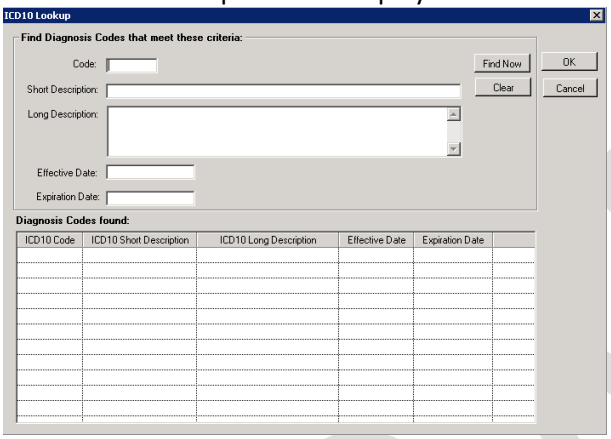
To add reason for visit codes in the FL 70 fields:

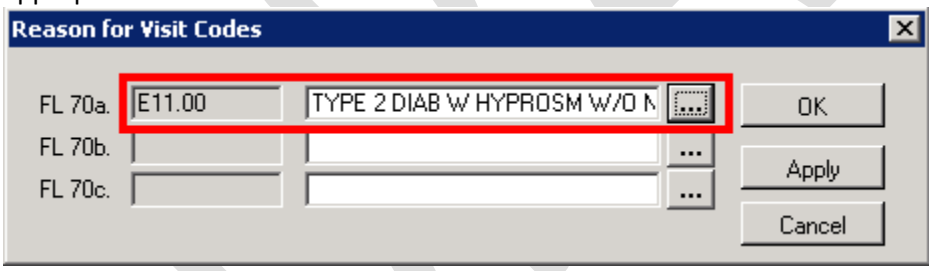
1. Click the FL 70: Reason for Visit button. A Reason for Visit Codes dialog box displays.



2. Click ... in each **FL 70** field in order (FL 70a, FL 70b, FL 70c) to search for the appropriate ICD10 code. An ICD10 Code Lookup window displays.



3. Search for and select the appropriate code and click **OK**. The ICD10 code and description will populate in the appropriate FL 70 field.



4. Click **Apply** to save your changes. Click **OK** to save your changes and close the dialog box.

   The visit codes entered in each field will populate on the 837 file in the appropriate location (A, B, or C).

Note - You must enter the FL 70 reason for visit codes in order (A > B > C).

Chart

Classic Chart Removed from System

Project #SEHS-48, SEHS-49

All icons and references to the **Classic Chart** module have been removed from the SuccessEHS software in the 7.50 release. Classic Chart will no longer be accessible or supported in version 7.50 and later.

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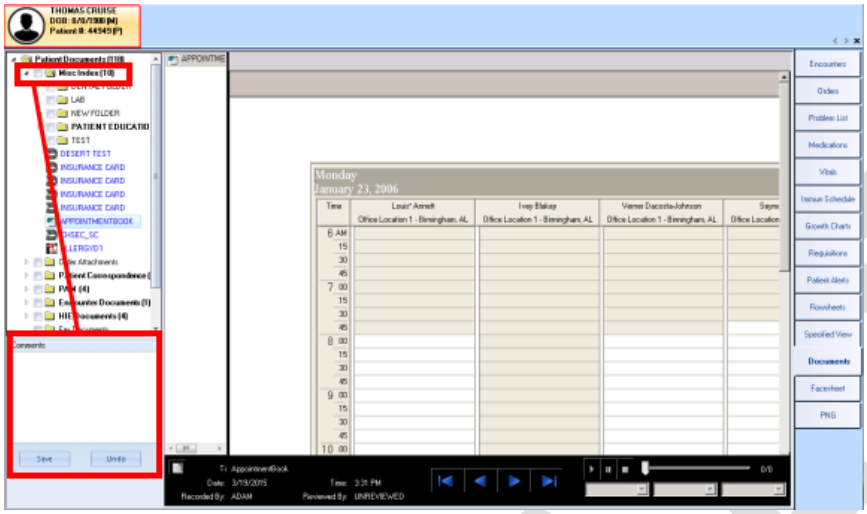
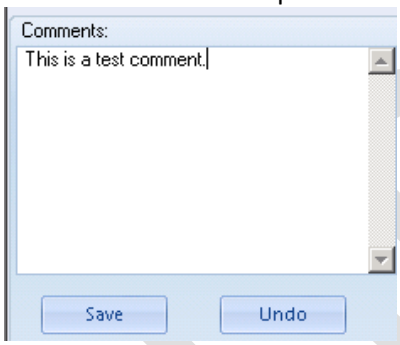
Documents Tab, Comments Field Added for Misc Index Documents

Project #SEHS-271

A **Comments** field has been added to the **Documents** tab in **Chart** that enables users to add comments to **Misc Index** documents.



Users may enter comments in the **Comments** field for a selected Misc Index document and click **Save** to attach the comments to the open document. Click **Undo** to cancel the comment.



Note - The Comments field is only enabled for Misc Index document types.

Note - All comments entered for previous documents on the Misc Index tab in Classic Chart will populate in this field.

Orders Tab, Export Button Added for Radiology Orders

Project #SEHS-232

An **Export** button has been added to the **All** and **Radiology** orders groups that enables users to export radiology orders to appropriate radiology interfaces. This button will only enable if the database is configured for a

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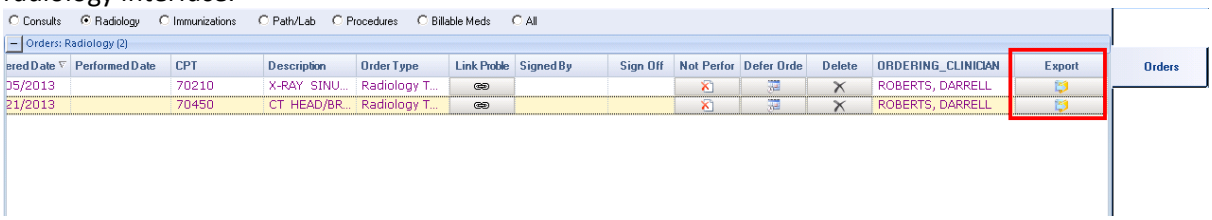
radiology interface.



Note - On the All orders group grid, the Export button will only be available if Radiology orders exist in the database.

Clinical Console

New Icons in Clinical Console

Project #EHS-23593

The following icons have been updated in the menu ribbons and screens in Clinical Console.

Note - Some icons may appear on more than one menu ribbon or screen; only the first instance of the icon will be displayed below.

Global Icons/Screen Actions

Refresh	**Back**	**Forward**	**Quick Close**	**Add**
Apply	**Calendar**	**Cancel/Close**	**Delete**	**Save and Exit**

Navigation Ribbon

Authorizations	**ACOG/Antepartum Record**	**Billing**	**Charge Entry**	**Chart**
Check In	**Collections**	**Inquiry**	**Medcin**	**Medications**
Patient Administration	**Patient Correspondence**	**Receivables**	**Rounds**	**Scheduling**

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Security	Specified View	System Administration	Utilities	eSuperbill
PNG	Chart Capture	CEM	Flowsheets	Care Team
CCD	Risk Levels	Risk Levels generated manually	Risk Levels changed	Risk Levels changed manually
Next Patient	Patient Data	Pending Corrections	Code Selector	Map Problems
Care Plan				

Appointments

Calendar	Today	Go back 1 day	Go back 1 month	Go back 1 year
Go back 7 days	Go forward 1 day	Go forward 1 month	Go forward 1 year	Go forward 7 days
Undo Check-In	Patients Not checked out	Check-In Patient	Multi-Patient Check-In	Mark Departed
Undo Mark Departed	Mark Arrival	Undo Mark Arrival	Patient PMH	

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Next Patient

Submit ESB	Patient Alerts (inactive)	Patient Alerts (active)	Patient Alert Notes (active and inactive)	Chief Complaint/ Assign Room
Change Clinician	HIE Actions	Med. Necessity	Growth Charts	Vitals
Patient Education	Update Preference	Select Positions	Change Date	Reset All Rooms

Chart

Find Patient	Non-Billable Encounter	Billable Encounter	Delete Encounter	Patient Goals/Instructions
Current Problem	Problem History	Reconcile Problems	Addenda	Appointments

Encounters/Encounter Detail

Review (active and inactive)	Print Summary	Print Doc./Dictation	Export Doc./Dictation	

ESB

Appts/Notes	Appts/Notes (notes present)	Import Pt Problems	Dx Master List	CPT Master List
Episode Dates	Delete ESB and Encounter	Global Period	Process ESB Report	Print Med
eRx	Immun Schedule	Adjust CPT Fee	Clinical Notes	Pend

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Dictate	eSuperbill (red)	eSuperbill (teal)	eSuperbill (gray)	

Medications

Accept	Deny	Remove Completed	Find Patient	Find Medication
Find Pharmacy				

Orders/Order Detail

Attachments	Link Problems	Not Performed	Send Direct Message	Sign Off
Edit Order	**Edit Log**	**Apply eSignature**	**Remove eSignature**	**Privacy/Consent Info**
Privacy/Consent Info absent	**Image (Radiology)**	**First**	**Last**	

Patient Messages

Save/Send	Undo	Save and Signoff	Refresh Direct Messages	Create Patient Message
Add Personal Message	**Reply**	**Reply and Save**	**Patient Messages Overview**	

Flags

Flag	Release Flag	Reply (Flags)	Reply and Save (Flags)	Flags Overview

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Medcin

Lists	Forms	Medcin Toolkit	Encounter Detail	Search
Prompt	IP	Group	List Size	Reset
EM Calculator	ROS	Import/Import Note	Normal	AutoPos
Make all unentered page entries positive	Make all unentered page entries negative	Duplicate Finding	Expanded View	Concise View
Save as List	Delete Note	Dictation Audio		

Documentation

HIV/AIDS Reporting	Auto-Link	Manual Link	Request Patient EHR	Clinical Exchange

Reports

Printer Setup	Process Reports	Process ESB Report	Print Order Reports	Fax Order Reports
Immun Reports	MU/PQRS Reports	Clinical Exchange	Refresh Fax Queue	

Transaction Logs

From	To	View		

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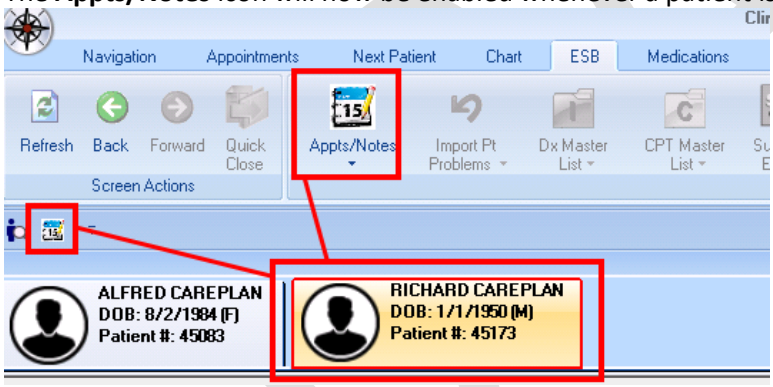
Patient Documents/Templates

Print	**Fax**	**Review**	**Misc. Index Folders**	**Scan**
Cut	**Copy**	**Paste**	**Font**	**Page Setup**
Bold	**Italic**	**Underline**	**Highlight**	**Bullets**
Numbering	**Left**	**Center**	**Right**	**Justify**
Image				

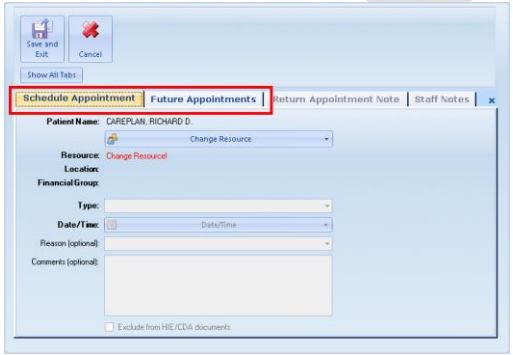
Appts/Notes Icon Enabled When Patient Selected

Project #SEHS-174

The **Appts/Notes** icon will now be enabled whenever a patient is selected and in context on screen.



Note - When a patient is selected (but no encounter is selected), only the Schedule Appointment and Future Appointments tabs will be accessible on the Appts/Notes dialog box.



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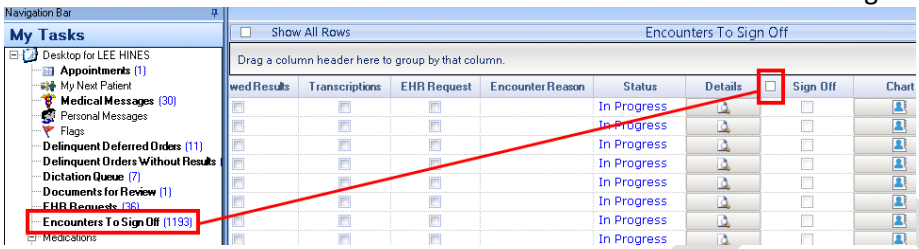
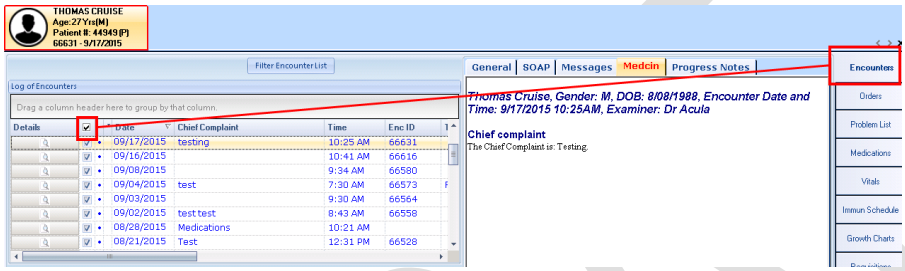
If a billable encounter is selected for a patient, all tabs will be enabled. If a non-billable encounter is selected, all tabs except Staff Notes will be enabled.

Encounters, New Select All Sign Off Option

Project #SEHS-243

A **Select All** checkbox has been added to the **Sign Off** column header on the **Encounters to Sign Off** screen in **Clinical Console** and the **Encounters** tab in **Chart** that enables users to sign off all encounters on screen.





To sign off all active encounters, select (check) the **Select All** checkbox and click **Sign Off Selected** in the main **Encounters** menu ribbon in either module.

ExitCare Updates

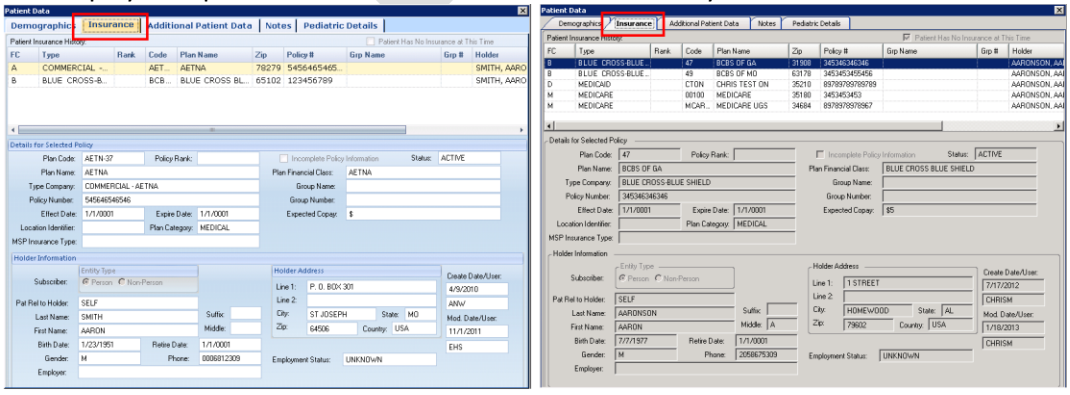
Project #EHS-23556

The ExitCare Q3 2015 updates have been completed.

Insurance Information Added to Patient Data Window

Project #SEHS-70

An **Insurance** tab has been added to the **Patient Data** window in **Clinical Console** and **Clinical Event Manager** that displays the patient's insurance information and history from **Patient Administration**.



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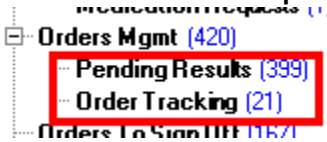
My Tasks, Task List Order Editable

Project #SEHS-182

Users have the ability to re-order the tasks in the **My Tasks** list by dragging and dropping individual tasks into the desired order in the list.

This function is available for all parent tasks, or all child tasks within a parent task.

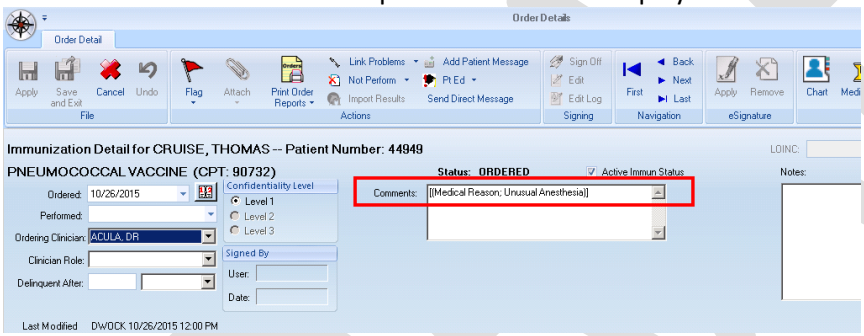
Note - Users cannot move a child task into the parent level, or vice-versa. For example, users may re-order the Orders Tracking and Pending Results tasks within the Orders Management parent, but cannot move either of those tasks to the main parent row in the My Tasks list.



Order Details, Macros Now Display in Comments Field

Project #SEHS-237

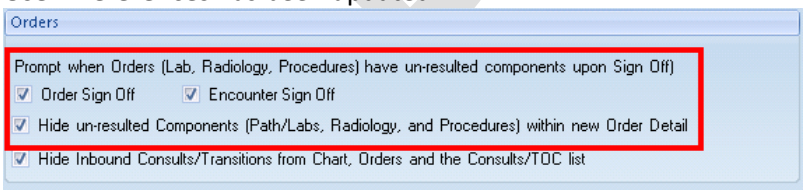
Macros associated to orders or problems will now display in the **Comments** field on the **Order Detail** window.



User Preferences, Changes to Order Components Logic in General Preferences

Project #SEHS-58

The logic governing order components in the **Orders** section of the **General Preferences** tab in **Clinical Console User Preferences** has been updated.



Previously, users could not enable the **Prompt when Orders have unresulted components upon Sign Off** and the **Hide un-resulted Components within Order Detail** options at the same time; only one of the options could be enabled.

This has changed; users may now enable the option to hide unresulted orders and prompt when orders have unresulted components.

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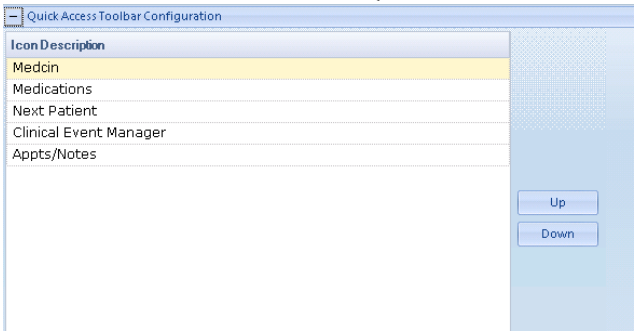
User Preferences, New Quick Access Toolbar Configuration

Project #SEHS-177

A **Quick Access Toolbar Configuration** tab has been added to **Clinical Console User Preferences** that enables you to customize the order of the **Quick Access Toolbar**.



The **Quick Access Toolbar Configuration** tab lists the names of all icons currently residing on the QAT, in descending order from left to right on screen (i.e., the first name on the list corresponds to the leftmost icon on the QAT, the second name on the list corresponds to the item second from the left, etc.).

1. To change the position of an icon on the QAT, select the appropriate icon name and click the **Up** or **Down** buttons to move the name to the desired position on the list. Repeat this for each icon you wish to re-order on the QAT.
2. Click **Save & Exit** on the **User Preferences** screen to save your changes.

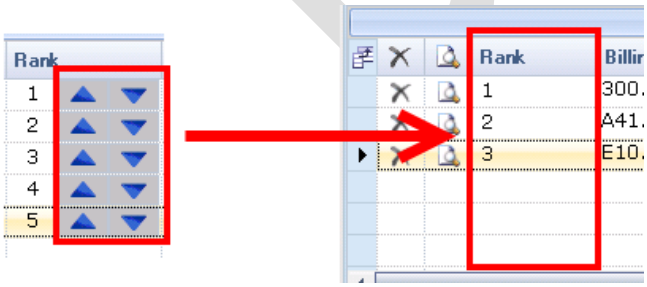
eSuperbill

New Drag/Drop Function for Ranking Problems

Project #SEHS-181

Users may now re-rank problems in the **Diagnoses** tables on the **Visit Summary** tab on eSuperbill and in all **Encounter Detail** windows by dragging and dropping the appropriate problem rows into the desired ranking order.

The **Rank** column will automatically re-rank problem rows as they are re-ordered by the user. The ranking arrows have been removed from the Rank column to accommodate this function.



HIV/AIDS Reporting

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Client Level Data Configuration, Expanded Code Mapping Options

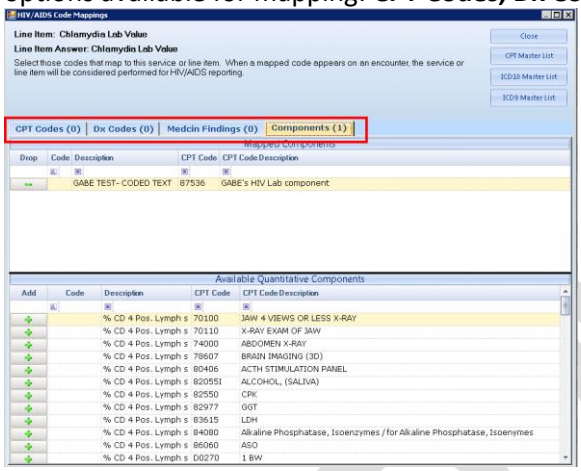
Project #SEHS-17, SEHS-147, SEHS-148

DEMOGRAPHICS TAB

CPT Codes and **Components** mapping options have been added to the **Enrollment/Vital Status** and **Living Situation** line items on the **Demographics** tab on the **Client Level Data Configuration** screen under **HIV/AIDS Reporting** in the **System Administration Console.**

SCREENINGS TAB/TB TAB

All line items on the **Screenings** and **TB** tabs on the **Client Level Data Configuration** screen now have all four options available for mapping: **CPT Codes, Dx Codes, Medcin Findings,** and **Components**:

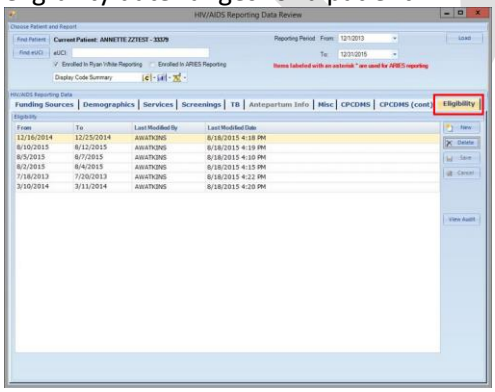


Note - CD4 Count and Viral Load Count on the Screenings tab are the only line items that do not have the four above mapping options available. Only the Components option is available for these line items.

HIV/AIDS Reporting, Eligibility History Added

Project #SEHS-8, SEHS-38

An **Eligibility** tab has been added to the **HIV/AIDS Reporting Data Review** window that enables users to enter eligibility date ranges for a patient.



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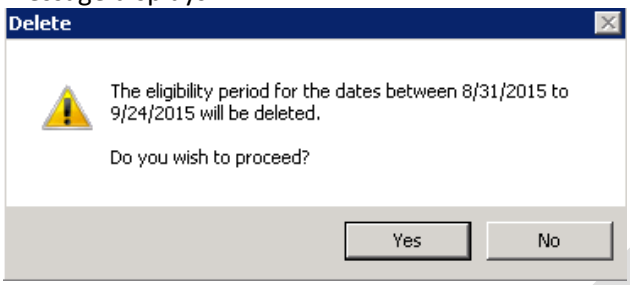
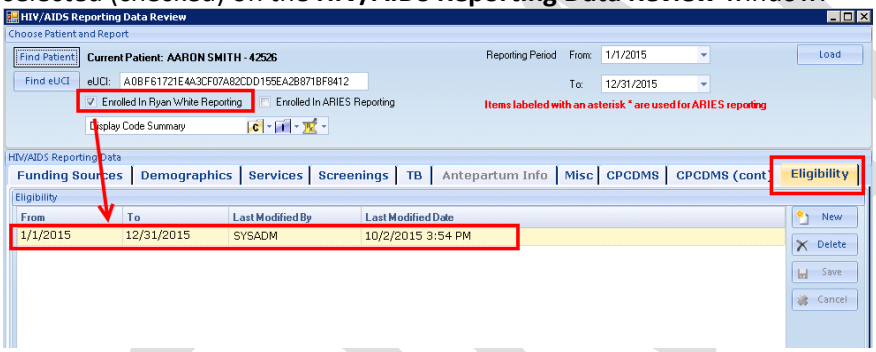
To add eligibility ranges:

1. Click the **New** button on the **Eligibility** tab. A blank row displays.
2. In the **From** and **To** fields, enter the appropriate eligibility date range (or select the appropriate date from the drop-down calendar in each field).
3. Click **Save** on the Eligibility tab to save your changes.
4. To delete a date range, select the appropriate row and click **Delete** on the Eligibility tab. A confirmation message displays:



Click **Yes** to delete the row, or **No** to cancel deletion.

For the 7.50 release, all patients currently enrolled in Ryan White reporting will automatically have an eligibility record created for 2015 on the (new) **Eligibility** tab when the **Enrolled in Ryan White Reporting** checkbox is selected (checked) on the **HIV/AIDS Reporting Data Review** window.

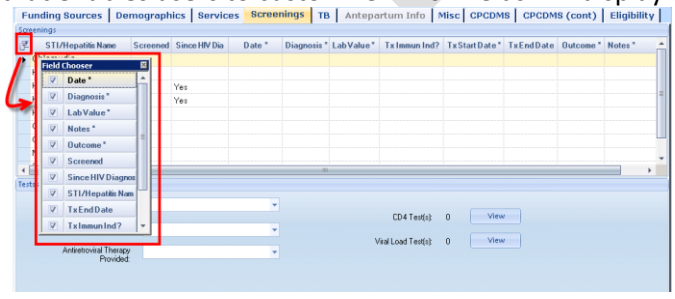


This eligibility covers the entire 2015 calendar year.

HIV/AIDS Reporting, Field Chooser Added to Screenings Tab

Project #SEHS-14

A **Field Chooser** option has been added to the **Screenings** tab on the **HIV/AIDS Reporting Data Review** window that enables users to customize which fields will display on the tab.



You may select (check) the checkbox for each field you want to display on the **Screenings** tab.

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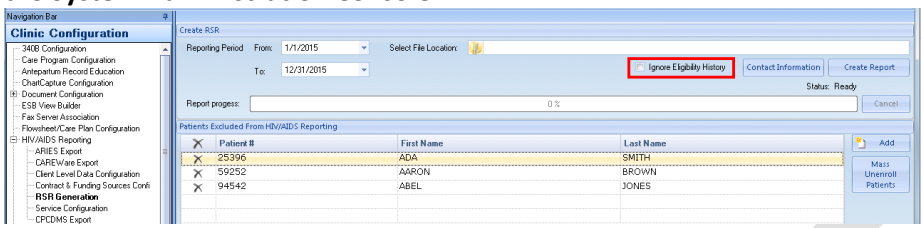
RSR Generation, New Ignore Eligibility History Function

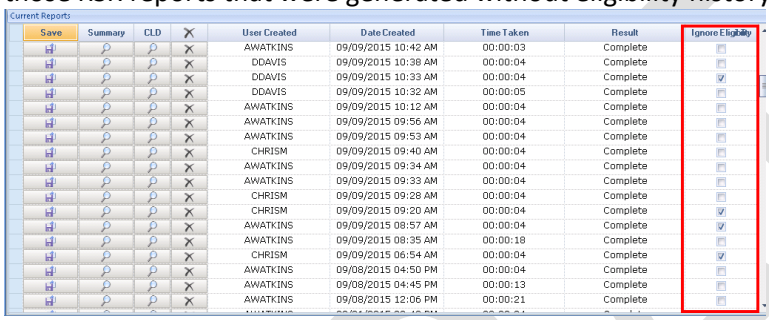
Project #SEHS-45

An **Ignore Eligibility History** option has been added to the **RSR Generation** screen under **Clinic Configuration** in the **System Administration Console**.



This option is deselected by default. When the user selects (checks) this option, RSR reports will generate as though all patients enrolled in Ryan White reporting had an eligibility history covering the entire year.

An **Ignore Eligibility** column has been added to the **Current Reports** table that indicates (with a checkmark) those RSR reports that were generated without eligibility history.

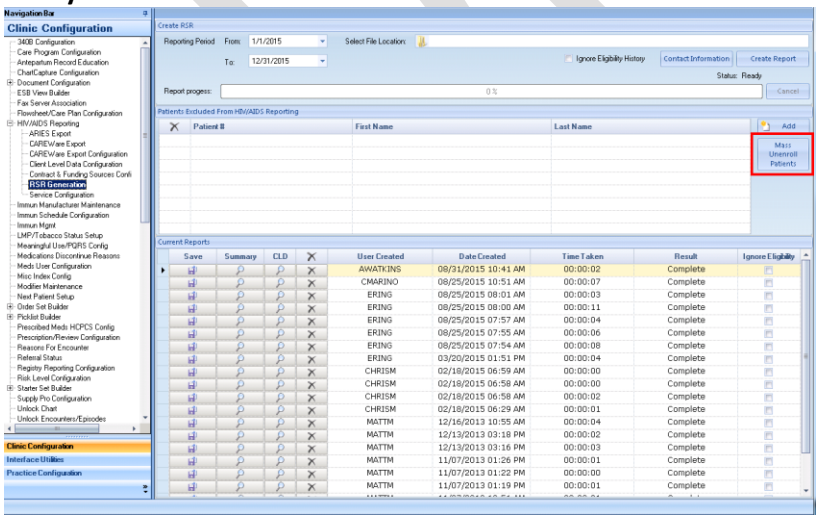


RSR Generation, New Mass Unenroll Function

Project #SEHS-16

Users may un-enroll multiple patients from Ryan White reporting at once.

A **Mass Unenroll Patients** button has been added to the **RSR Generation** screen under **Clinic Configuration** in the **System Administration Console**.



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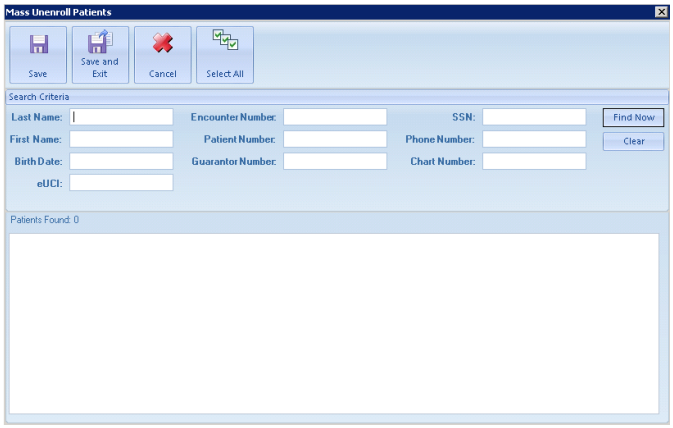
To unenroll multiple patients:

1. Click the **Mass Unenroll Patients** button. A **Mass Unenroll Patients** window displays.

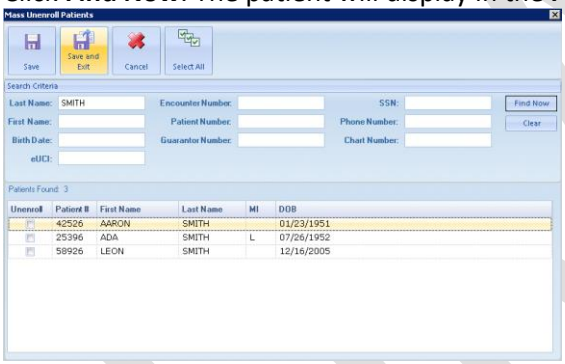


2. Search for the appropriate patient via the fields in the **Search Criteria** section.

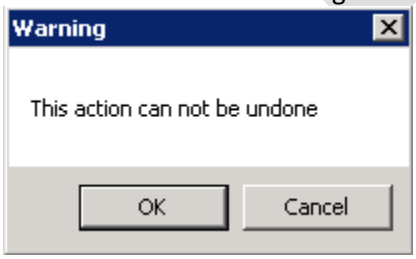
   You may search by last name, first name, DOB, eUCI number, encounter number, patient number, guarantor number, SSN, phone number, or chart number.

Note - The search only includes patients currently enrolled in Ryan White Reporting.

3. Click **Find Now**. The patient will display in the **Patients Found** table.



4. Repeat Steps 2–3 to find additional patients.
5. Select (check) the **Unenroll** checkbox for each patient you wish to unenroll. To select all patients, click the **Select All** button.
6. Click **Save** to unenroll the patients and keep the window open, or **Save and Exit** to unenroll the patients and close the window. A warning message displays.



   Click **OK** to confirm the unenrollments, or **Cancel** to cancel the action.

Caution - Unenrolling patients from Ryan White reporting cannot be undone.

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RSR Generation, New Eligible Scope for Ryan White Services Report

Project #SEHS-9

For the 2015 reporting year Ryan White reporting is moving from Funded Scope to Eligible Scope. To accommodate these changes, patients will now pull into the RSR when they meet the following criteria:

1. The patient is checked as **Enrolled in Ryan White Reporting** in the HIV/AIDS Reporting module.
2. The patient has a period of eligibility during the reporting period. This is recorded on the new **Eligibility** tab of the HIV/AIDS Reporting module.
3. The patient has a funded service from a mapped provider during the period of eligibility.
4. Services will only be included in the RSR when they are performed during the patient's period of eligibility. If a service is performed during the reporting period but outside the patient's period of Eligibility that service will not be included.

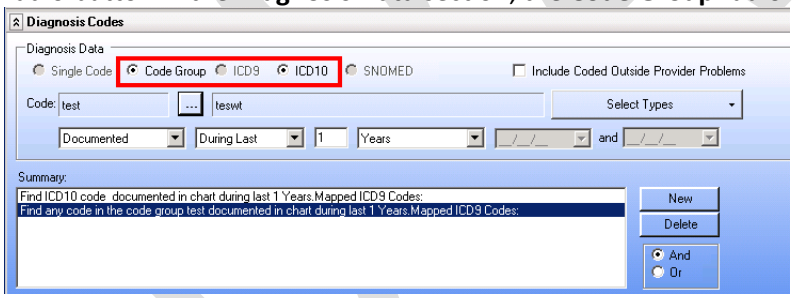
ICD10

CEM Changes for ICD10 Code Groups

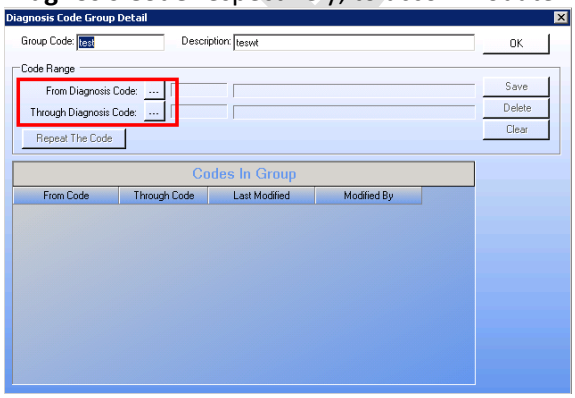
Project #SEHS-225

Changes have been made to the **Diagnosis Codes** section of the **Rule Definitions** screen in **Clinical Event Manager** to accommodate ICD10 codes.

- **Code Groups** – ICD10 codes are now included in code group searches. When the user selects the **ICD10** radio button in the **Diagnosis Data** section, the **Code Group** radio button will also be enabled.



- **Code Ranges Renamed** – The **From ICD9 Code** and **Through ICD9 Code** fields in the **Code Range** section on the **Diagnosis Code Group Detail** window have been renamed **From Diagnosis Code** and **Through Diagnosis Code** respectively, to accommodate ICD10 codes.



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Changes to Auto-Mapping of ICD10 Problems

Project #SEHS-132

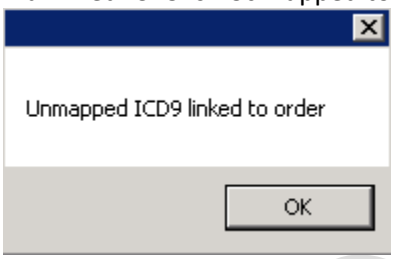
Auto-mapping ICD9 codes to their equivalents on the same billable encounter as the patient's visit will no longer prompt a duplicate prompt. If users elect to map ICD9s to their equivalent ICD10s on the same billable encounter for the visit, the duplicate check will be temporarily disabled for that given encounter.

Changes to ICD9s Linked to Deferred Orders

Project #SEHS-118

The following changes have been made when ICD9 codes that are linked to deferred orders that have been activated in databases that have gone live on ICD10:

1. If an ICD9 linked to a deferred order is mapped to an ICD10 code, the ICD10 codes will automatically be added to the superbill/encounter.
2. If a linked ICD9 is **not** mapped to an ICD10, a prompt will display to indicate the unmapped status:

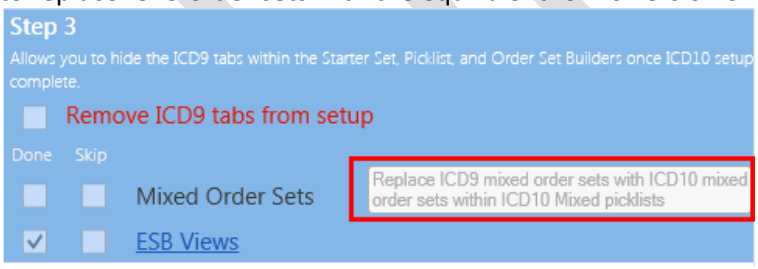


You may click **OK** to close the prompt and select the appropriate ICD10 code from the **Code Lookup** screen to add to the encounter.

ICD10 Dashboard, New Mixed Order Sets Option (Clinical Setup)

Project #SEHS-125

A **Mixed Order Sets** option has been added to Step 3 of **Clinical Setup** in the **ICD10 Dashboard** to enable users to replace ICD9 order sets with the equivalent ICD10 version of the mixed order set in Mixed picklists.



Clicking the **Replace ICD9 mixed order sets with ICD10 mixed order sets within Mixed ICD10 picklists** button will make the appropriate replacements. Once the replacements are made, the **Done** checkbox will automatically be selected (checked) under the **Mixed Order Sets** option.

If no equivalent ICD10 mixed order set exists, the ICD9 mixed order set will simply be removed and no ICD10 replacement will be made.

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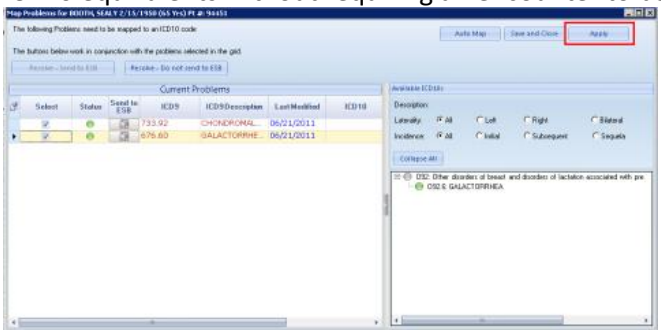
Map Problems, Apply Button Added

Project #SEHS-130

An **Apply** button has been added to the **Map Problems** window that enables users to map ICD9 codes to their ICD10 equivalents without requiring an encounter to be selected or when an encounter is signed off.



When the user maps a problem and clicks **Apply**, the **Resolve-Do not send to ESB** button will activate and create a new encounter, on which the user may resolve the problem.

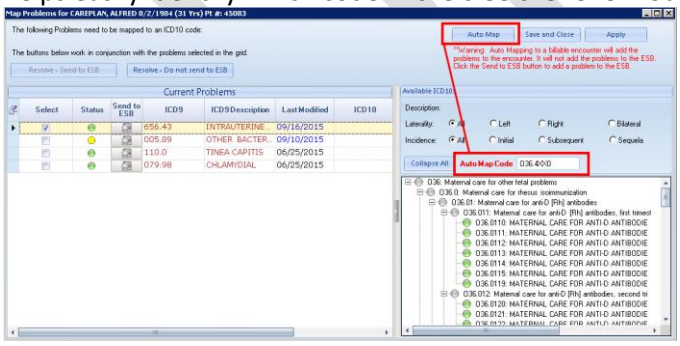
Map Problems, Auto Map Code Field Added and Sibling Codes Expanded

Project #SEHS-234

The following changes have been made to the **Map Problems** dialog box for ICD10 mapping:

The **Map Problems** dialog box now displays not only all one-to-one auto-mapped codes from CMS, but also any sibling codes associated with the auto-mapped code. This enables users to map a non-specific code to a more specific (sibling) code within the ICD10 code listing; for example, an ICD9 code for a generic fracture could be mapped to an ICD10 code describing a specific right ankle delayed healing fracture.

To accommodate this change, an **Auto Map Code** field has been added to the **Map Problems** window that displays the ICD10 code for one-to-one mapping between ICD10 codes and their equivalent ICD9 codes. This helps easily identify which code in the tree the ICD9 would be mapped to if the auto map feature is used.



When the user selects an ICD9 code from the **Current Problems** grid to map to an ICD10 code, the **Auto Map Code** field will display the default ICD10 code that will map to the selected ICD9. Clicking the **Auto Map** button will map the default ICD10 code to the selected ICD9.

Note - Users may select a different code than the displayed Auto Map Code to map to the ICD9 code, if desired.

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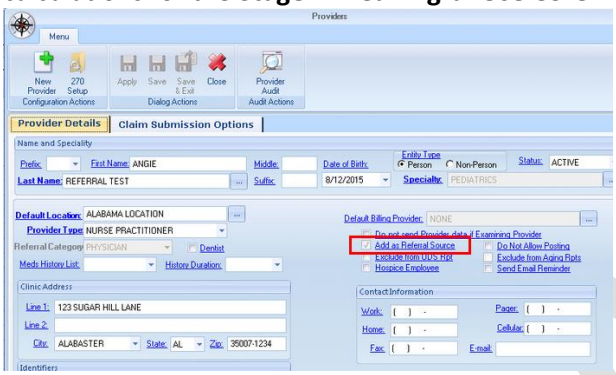
Note - The Auto Map Code field will be blank for ICD9 codes that have a yellow (mapping required) status or that have multiple ICD10 mapping possibilities.

Meaningful Use

Query Changes to Summary of Care Measure (Stage 2)

Project #SEHS-73

Providers designated as a referral source by enabling (checking) the **Add as Referral Source** checkbox in the **Providers** table in the **System Administration Console** will **no longer be included** in the denominator calculations for the **Stage 2 Meaningful Use Core Measure #15: Summary of Care**.



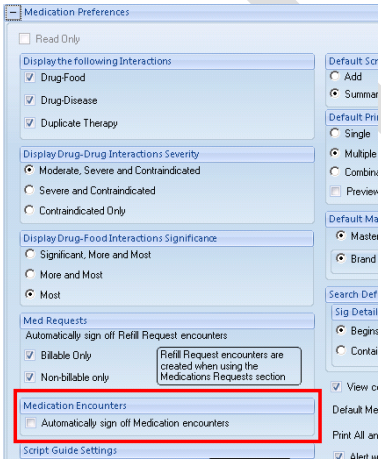
Medications

Auto-Signoff for Medication Encounters

Project #SEHS-242

Medication encounters may now be signed off automatically.

An **Automatically sign off medication encounters** option has been added to the **Medication Preferences** screen in **Clinical Console User Preferences**.



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When this option is enabled (checked), encounters created when adding medications will be signed off automatically when the user leaves the Medications module or tab. This pertains to medications added/renewed both from the main Medications.NET module and the Medications tab in Chart.

Medcin.NET

Blank Result Components Hidden in Medcin Note

Project #SEHS-71

Blank result components imported into a Medcin note will be hidden from view in the note (no component lines will display).

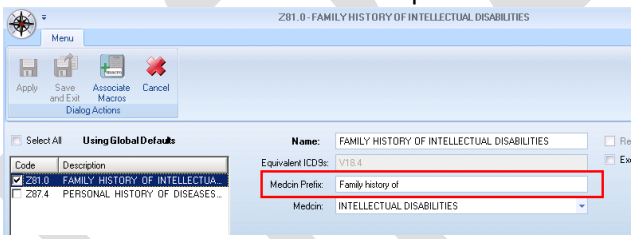
New Medcin Description Updates for Z80–Z87 Diagnosis Codes (ICD10)

Project #SEHS-126, SEHS-127

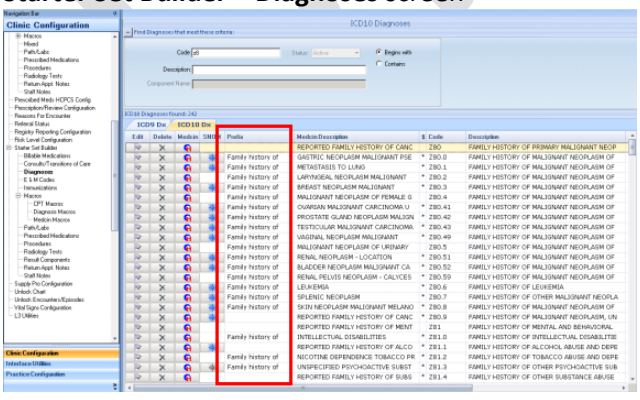
ICD10 codes in the **Z80–Z87** range now have prefixes in addition to Medcin descriptions and prefixes (where applicable) associated to them in the **Starter Set, Picklist,** and **Order Set Builders** in **Clinic Configuration** in the **System Administration Console.**

For Medcin descriptions in the above code range, an applicable **Prefix** field or column has been added to the following places in the system:

- **System Administration Console**
  - **Edit Defaults** screens for all **Diagnoses** starter sets, picklists, and order sets; and **Mixed** picklists and order sets where ICD10 codes are present.



  - **Starter Set Builder – Diagnoses** screen



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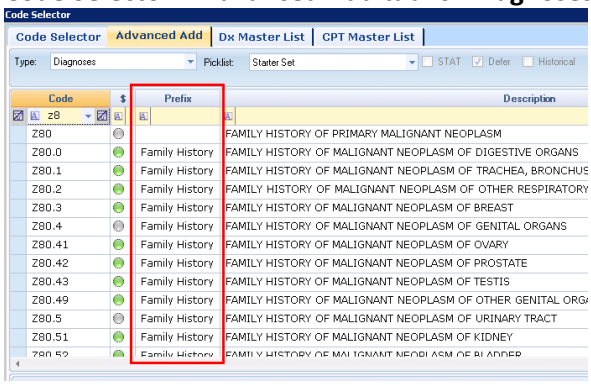
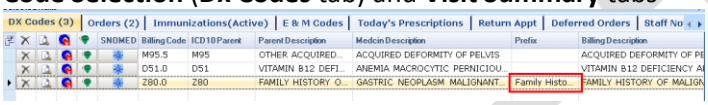
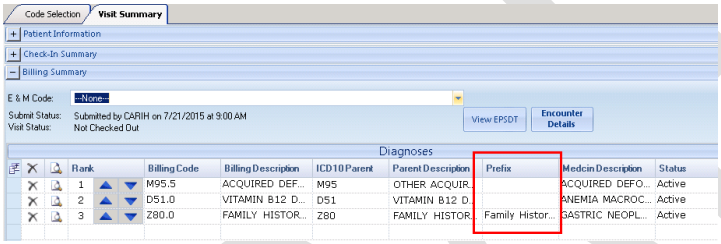
- **Code Selector – Advanced Add** tab for **Diagnoses**

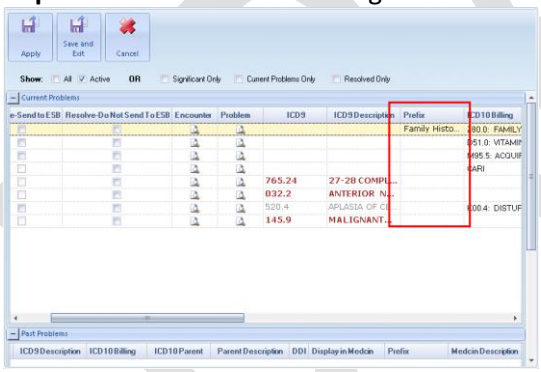


- **eSuperbill**
  - **Code Selection** (**Dx Codes** tab) and **Visit Summary** tabs

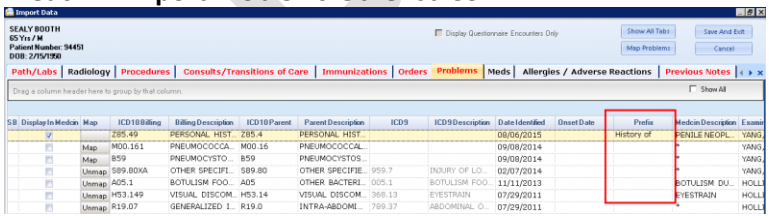




  - **Import Patient Problems** dialog box



- **Medcin – Import Problems-Other** screen



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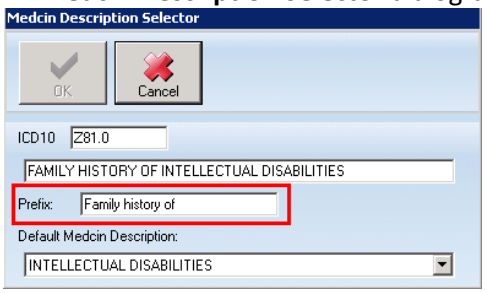
- All **Medcin Description Selector** dialog boxes



- All **Problem Detail** screens

When diagnoses in the Z80–Z87 range are added to an encounter (via ESB, Code Selector or Chart), the appropriate Medcin descriptions plus prefixes will now display in the Medcin note. If a **Prefix** column or field is present, the appropriate prefix will display in the column/field. All Medcin descriptions with prefixes will display the appropriate prefix at all times.

Server Update

Project #EHS-23517

The Medcin server updates have been completed.

Mobile EHR

ICD10 Diagnoses Display Automatically in Rounding Patients

Project #SEHS-206

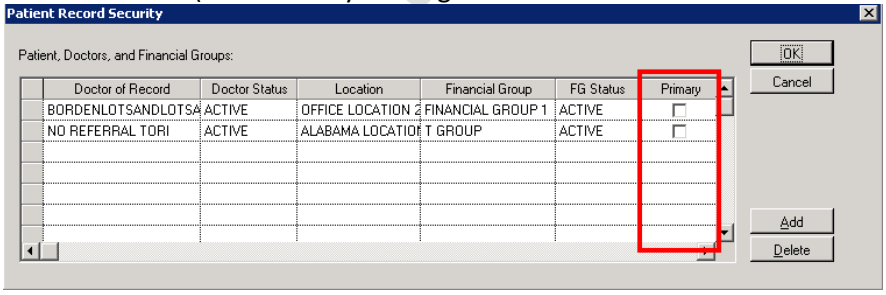
All diagnosis codes will display automatically as ICD10 codes in the **Diagnoses** section of the **Rounding Patients** screens on the SuccessEHS Mobile EHR app.

Patient Administration

Demographics Tab, New Primary Option for Doctor of Record

Project #SEHS-266

A **Primary** column has been added to the **Doctor of Record** dialog box on the **Demographics** tab in **Patient Administration** (accessible by clicking ... in the main Doctor of Record field).



Users may select (check) the **Primary** checkbox for one doctor of record.

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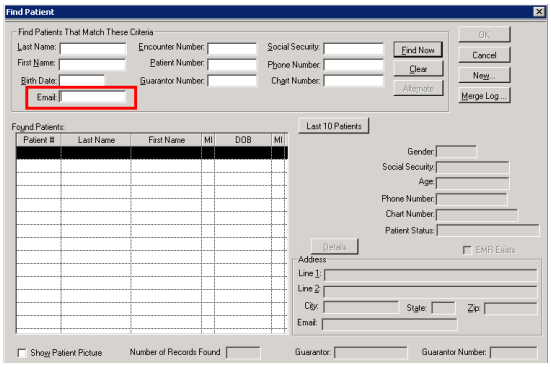
New Email Patient Search Option

Project #SEHS-194

Users may now search for patients in **Patient Administration** by email address by entering the appropriate address in the new **Email** field on the **Find Patient** window.



Patient Correspondence

Dispense Value Added to Merge Fields

Project #SEHS-146

The full, non-abbreviated text of the **Dispense** value for medications has been added to the medication data displayed in the following merge fields in **Patient Correspondence**:

- **AddedMeds**
- **AddedMedsandAssociatedDx**
- **MedsCurrentWIthSig&Notes**
- **MedsNewWithSig&Notes**

These merge fields may be used in Custom Rx Templates.

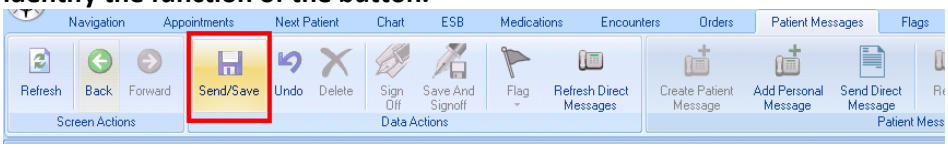
Note - The Dispense value is only spelled out when the medication is a scheduled drug.

Patient Messages

Medical Messages, Save Button Renamed to Send/Save

Project #SEHS-195

The Save button on the main Patient Messages menu ribbon has been renamed Send/Save to more clearly identify the function of the button.



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Scheduling

Appointment Book Color Change

Project #EHS-23551

For users in a Windows 2012 server environment, the light gray color indicating that an override is required to schedule an appointment within a specific clinic hour range in the Appointment Book in Scheduling has been darkened to be more visible.

Security Console

Misc. Configuration, New Requirements for Immunization VFC Deductions

Project #SEHS-179

A **Require Immunization details for VFC Inventory deduction** option has been added to the **Misc. Configuration** screen in the **Security Console**.

When this options is enabled (checked), the following data must be entered on all Performed immunization orders:

- **VFC**
- **Source**
- **Manufacturer**
- **Lot No**
- **Expiration**

If a user attempts to save a Performed immunization without data in all of the above fields, a warning message will prompt the user that the immunization cannot be saved without data in the missing fields.

Note - This requirement does not apply to immunizations where the provider is designated as OUTSIDE PROVIDER, as these are considered Historical immunizations.

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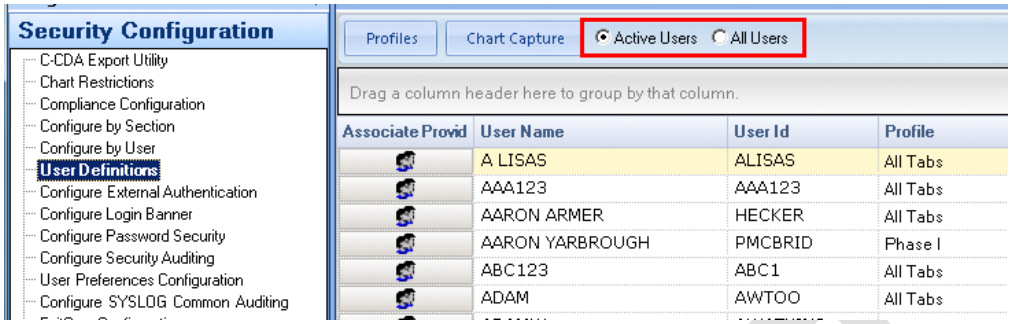
User Definitions, Active Users Filter Added

Project #SEHS-140

An **Active Users** filter has been added to the main **User Definitions** screen in the **Security Console**.



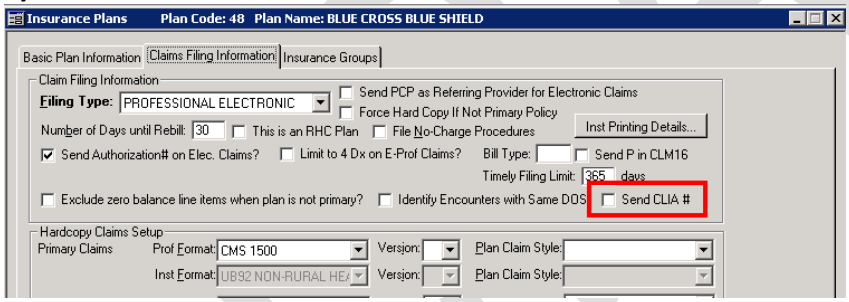
You may select the **Active Users** radio button to view only active users in the User Definitions screen, or select **All Users** to view both active and inactive users.

System Administration

Insurance Plans, New CLIA # Option

Project #SEHS-228

A **Send CLIA #** option has been added to the **Claims Filing Information** tab on the **Insurance Plans** window in **System Administration.**



When this option is enabled (checked) for an insurance plan, the CLIA ID number will be sent in all electronic claims files (5010 837) in the 2300 Loop REF02 element.

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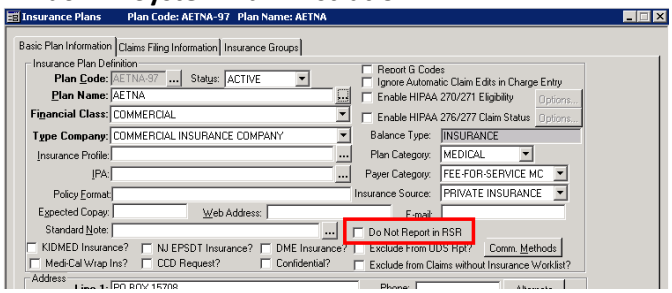
Insurance Plans, New Do Not Report in RSR Option

Project #SEHS-15, SEHS-39

A **Do Not Report in RSR** option has been added to the **Basic Plan Information** tab on the **Insurance Plans** window in **System Administration**.



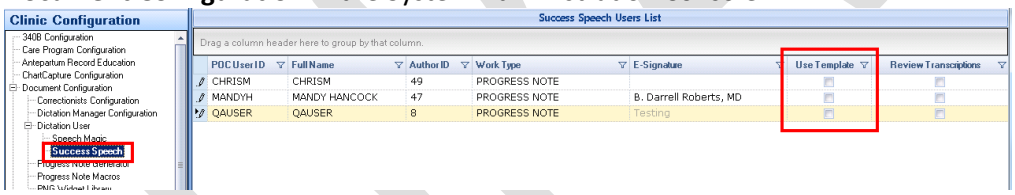
You may enable (check) this option for an insurance plan to omit the appropriate insurance plan from being reported on the Ryan White Services Report. If this option is enabled, the insurance will be reported as **No insurance** in the RSR.

System Administration Console

Dictation Users, Template Option Added to Success Speech Dictation

Project #EHS-23545

A **Use Template** option has been added for all Success Speech users in the **Dictation User** screen under **Document Configuration** in the System Administration Console.



This options is deselected (unchecked) by default. When selected for a user, the **Progress Note Generator** will launch when the user selects the **Dictation** microphone icon. If the user has a default PNG template configured, that template will automatically open; if not, the user may select from the available PNG templates.

Diagnosis Codes, Code Descriptions Editable in All Code Lookup Tables/Fields

Project #SEHS-133, SEHS-143

The **Short Description** data on the **Diagnosis Codes** screen in **Practice Configuration** in the **System Administration Console** are now the default descriptions that display in the following places:

- **Dx Master List** window
- All **Problem Description** fields
- All **Billing Description** fields
- **Problem Mapping** dialog box (**Chart** > **Problems** tab)

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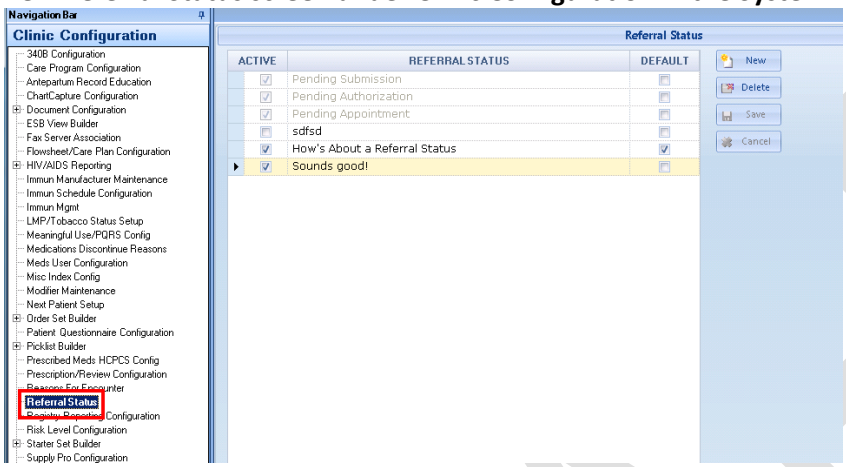
Any edits made to the **Short Description** data in the **System Administration Console** will subsequently display in the above fields.

New Referral Status Functionality

Project #SEHS-54, SEHS-55, SEHS-56, SEHS-57

Users are now able to create and add custom referral statuses to Consult/Transition of Care orders via the new Referral Status screen under Clinic Configuration in the System Administration Console.

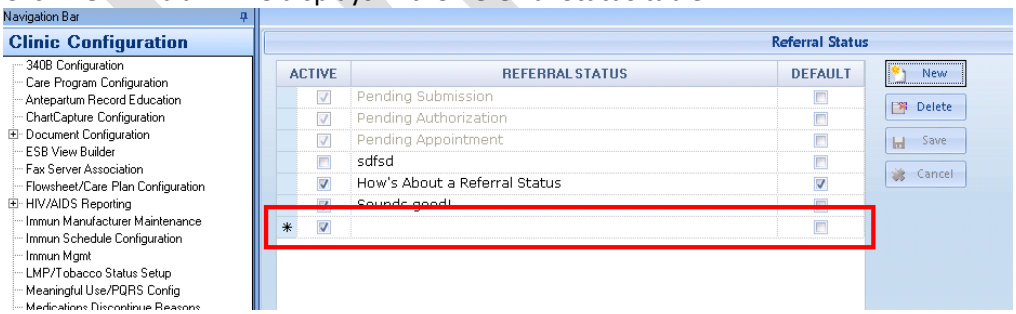


Note - Access to the Referral Status screen is defined by enabling the Referral Status option for the user in the System Administration mode of the Configure by User/ Configure by Section screens in Clinical Console Security.

Creating a Referral Status

To create a custom referral status:

1. Access the Referral Status screen in the System Administration Console.
2. Click **New**. A blank line displays in the **Referral Status** table.



Note - Three built-in statuses will display in the Referral Status table: Pending Submission, Pending Authorization, and Pending Appointment. These statuses are hard-coded and cannot be edited or deleted.

3. Select (check) the **Active** checkbox to make the referral status active.
4. Enter the appropriate name for the status in the **Referral Status** field.
5. Select (check) the **Default** checkbox to indicate the default referral status in the list.

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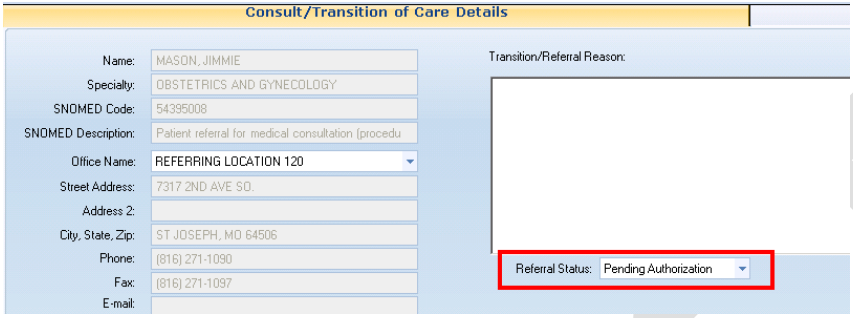
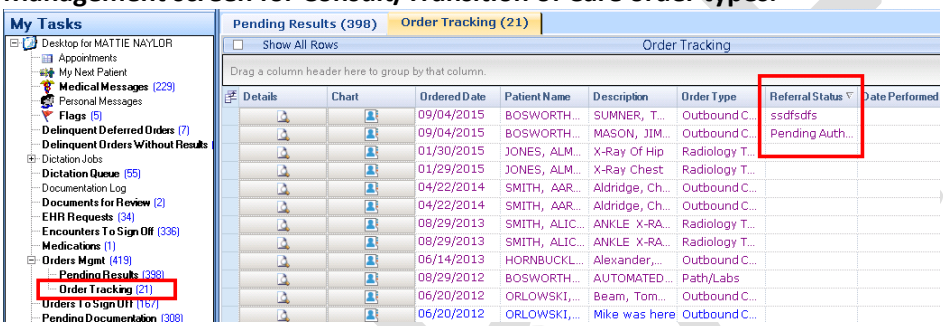
6. Click **Save** to save the new status, or **Cancel** to cancel the status creation.
7. To delete a referral status, select the appropriate status record and click **Delete**. The status will be deleted from the table.

Applying Referral Statuses to Orders

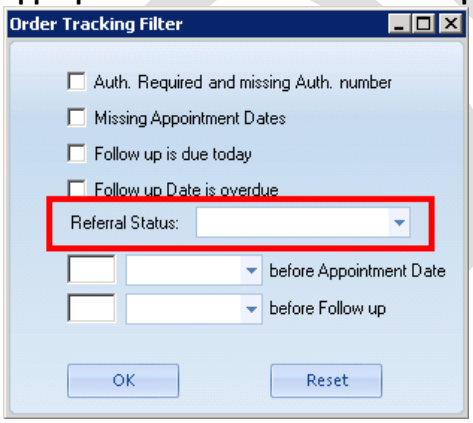
For Consult/Transition of Care orders, users may select the appropriate status from the Referral Status drop-down list on the Consult/Transition of Care Details tab on the Order Detail window for all consult orders.



The selected status may be viewed in the Referral Status column on the Order Tracking tab on the Orders Management screen for Consult/Transition of Care order types.



In addition, users may filter information on the Order Tracking tab by referral status by selecting the appropriate Referral Status in the drop-down menu on the Order Tracking Filter dialog box.



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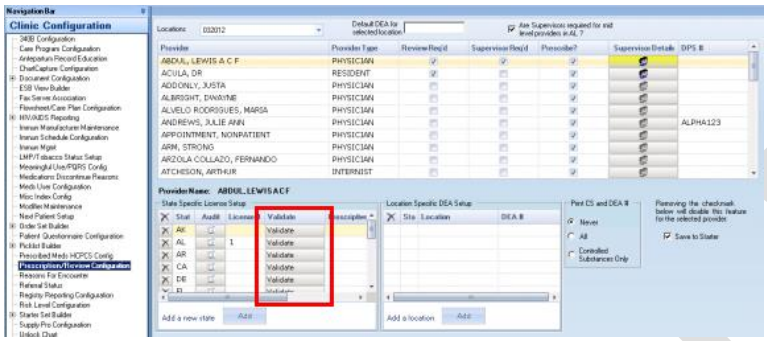
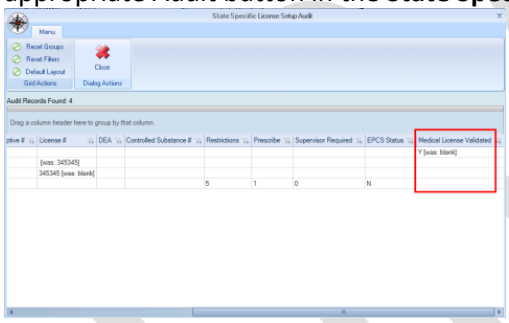
Prescription/Review Configuration, New Validate Button

Project #SEHS-41

A **Validate** button has been added to the **State Specific License Setup** table on the **Prescription/Review Configuration** screen in **Clinic Configuration** in the **System Administration Console**. This button enables administrators to indicate they have "validated" a particular provider's medical license number and is important for future auditing in order for providers to be part of the new Identify Proofing requirements for newly added eRx providers required as of April 2016.



- To validate a state license, click the **Validate** button for the appropriate state row. The **Validate** button may be clicked more than once if needed.
- Validating a state license is an auditable event and will display in the **Medical License Validated** column on the **State Specific License Setup Audit** window with a **Y** (Yes) indicator. To view this window, click the appropriate Audit button in the **State Specific License Setup** table**.**



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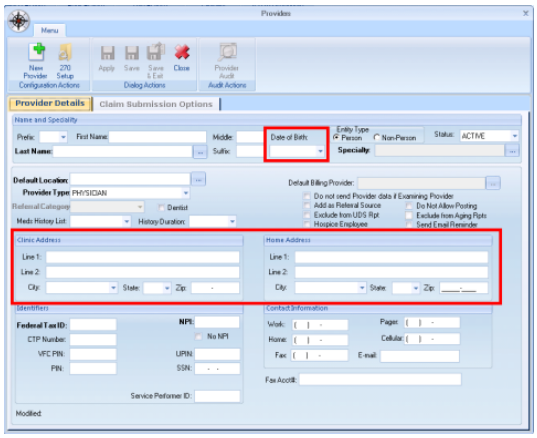
Provider Table Additions

Project #SEHS-21, SEHS-69

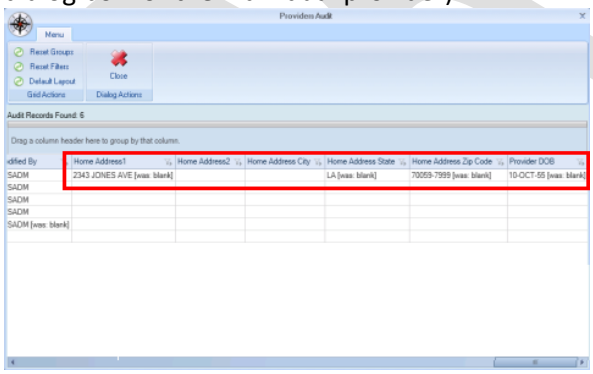
The following changes have been made to the **Providers** table in **Practice Configuration** in the **System Administration Console** to meet upcoming eRx requirements that require a provider to complete Identity Proofing for any provider that signs up for eRx services beginning in April 2016.



- A **Date of Birth** field has been added in the **Name and Specialty** section. Users may enter the provider's date of birth in mm/dd/yyyy format or select the appropriate date from the drop-down calendar.
- The **Address** section has been renamed **Clinic Address**. A new **Home Address** section has been added to enter the provider's home address.

Note - Both the Date of Birth and Home Address information are required to use eRx services.

- All of the above fields are auditable and will display on the **Providers Audit** window (accessible via the **Providers Audit** icon on the **Practice** menu ribbon on the main screen or the menu ribbon on the **Edit** dialog box for the individual provider).



Starter Set Builder, Enter Key Performs Search

Project #SEHS-184

For all search fields in the **Starter Set Builder**, pressing the **Enter** key on your keyboard after entering search criteria will initiate the search function in addition to clicking the **Perform Search** button on the menu ribbon.

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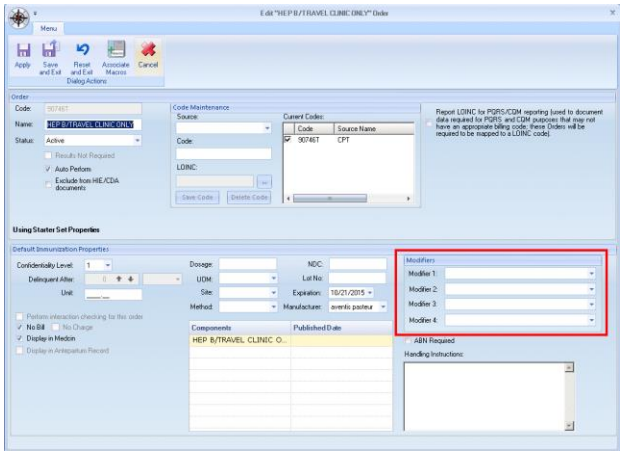
Starter Set Builder, Modifiers Added to Immunizations

Project #SEHS-67

A **Modifiers** section has been added to all **Edit** screens for Immunization order types in the **Starter Set Builder**.



Users may select one or more modifiers for an Immunization order via the drop-down lists in the **Modifiers** section. Up to four modifiers may be selected.

Modifiers will display in the Medcin note for an Immunization order in parentheses directly after the order.

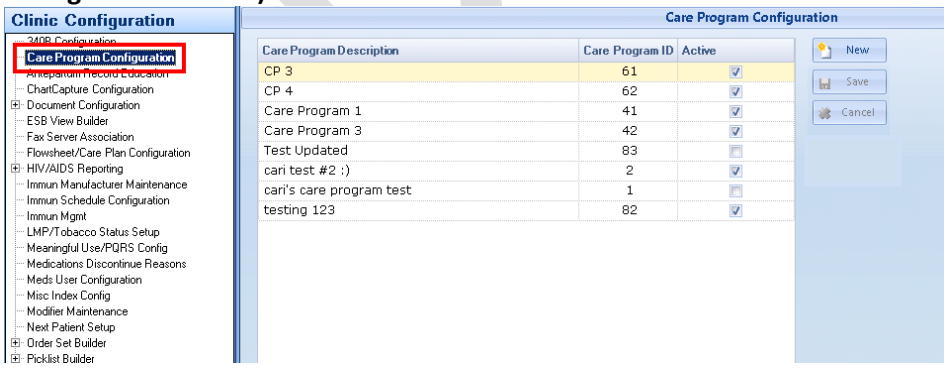
- An automated urinalysis with microscopic exam [(Medical Reason; Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service; Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period)]
- DTaP vaccine

Greenway Community – New Care Programs Functionality

A new Care Programs functionality has been added to the SuccessEHS system with this software release in preparation for the new Greenway Community system. Greenway Community users may set up and assign care programs to individual patients via this functionality.

Configuring Care Programs

A Care Program Configuration screen has been added under Clinic Configuration in the System Administration Console to enable users to create specific care programs (similar to the functionality on the 340B Configuration screen).



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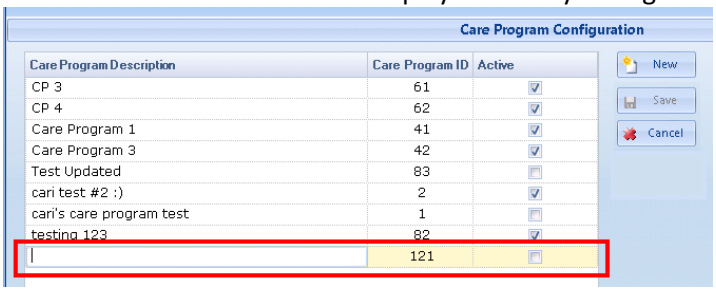
To create a care program:

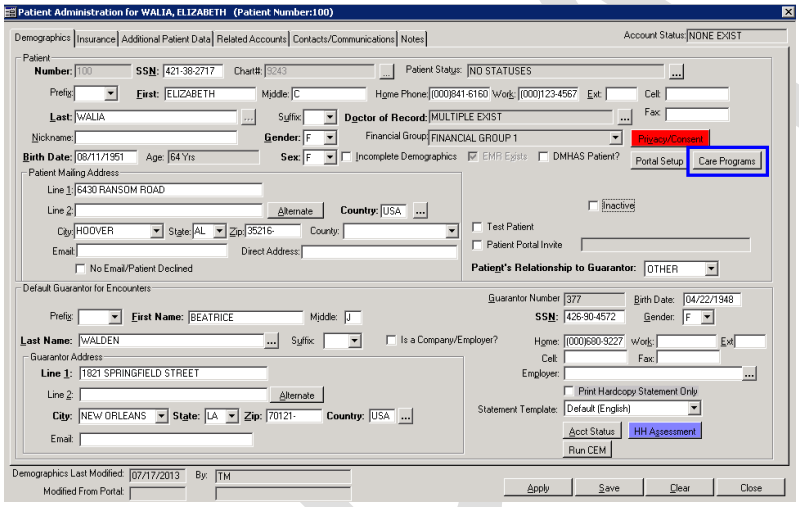
1. Select Care Program Configuration under **Clinic Configuration** in the **System Administration Console.** The **Care Program Configuration** screen displays with a list of all current care programs.
2. Click **New**. A blank record row displays with a system-generated Care Program ID.



3. Enter the appropriate Care Program Description.
4. Select (check) the **Active** checkbox to activate the care program.
5. Click **Save** to save your changes.

Linking Care Programs to Patients

Care programs are linked to patients via the Care Programs button on the Demographics tab in Patient Administration.



To link a care program:

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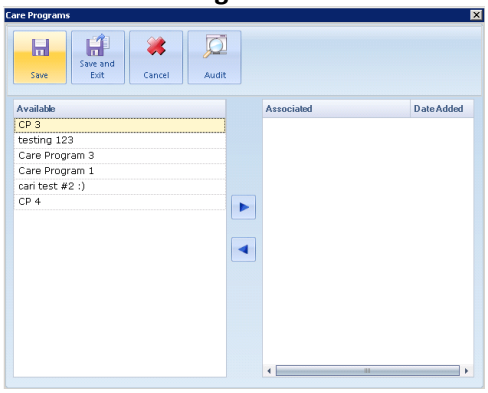
1. Click the **Care Programs** button. A **Care Programs** window displays.

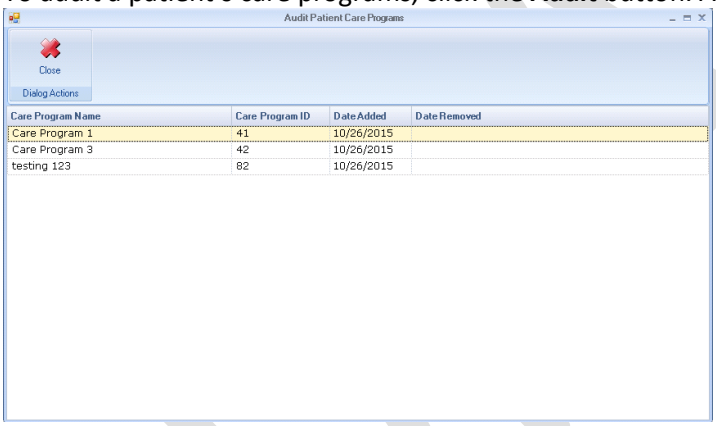


2. Select the appropriate care program(s) in the **Available** column and click to move it to the **Associated** column.

   To remove a care program, select the item in the **Associated** column and click to return it to the **Available Data** column.

3. Click **Save** to save your changes and keep the window open, or **Save and Exit** to save your changes and close the window.

4. To audit a patient's care programs, click the **Audit** button. A **Care Programs Audit** window displays.



   The following information is available for viewing:

   - **Care Program Name** – Displays the name of the care program.
   - **Care Program ID** – Displays the system-generated ID number of the care program.
   - **Date Added** – Displays the date the care program was added to the patient's record.
   - **Date Removed** – Displays the date the care program was removed from the patient's record, if applicable.

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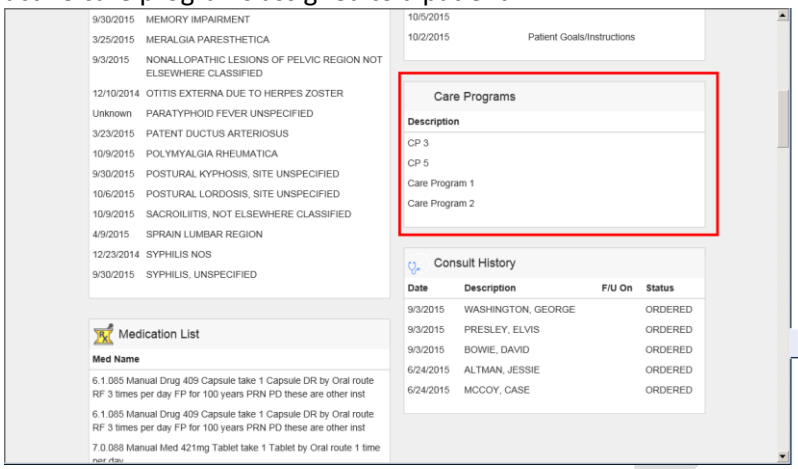
Viewing Care Programs in Chart

A **Care Programs** section option has been added to the **Facesheet** in **Chart** that displays a read-only list of all active care programs assigned to a patient.



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