



**CHCS II Version 2.1
Release Notes
Build 2.1.832, Patch 7
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DRAFT**

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CONTENTS AT A GLANCE

PART I – PULL OUT SECTIONS

1. Part IA – Executive Summary – Listing of all new and enhanced Composite Healthcare System I (CHCS I - Legacy) and CHCS II functionality, bug fixes, and Configuration Management Working Group (CMWG) Priority 1/2 problems identified since the last update and still pending resolution in this release.
2. Part IB – End-User Notes – Brief review, in bullet format, of all new and enhanced CHCS I and CHCS II functionality, bug fixes, and CMWG Priority 1/2 problems identified since the last update and still pending resolution for each of the major roles:
 - a. Provider/Pa/Nurse
 - b. Clerk
 - c. Support Staff

PART II DETAILED DESCRIPTION

1. Table of Contents – Complete table of contents for the Detailed Description section of the document.
2. New Functionality – A description of the upgrade to SnareWorks 5.0 in this release.
3. Enhancements – Changes or enhancements to the functionality of CHCS I, and CHCS II, with detailed screen shots where appropriate.
4. Bug Fixes – Complete listing of every defect present in a prior release that is now fixed, with references to CHCS I (Legacy) and Military Health System (MHS) Help Desk tracker numbers, and screen shots where appropriate. The listing is grouped by functionality.

Note: Many of the bug fixes reported in these release notes were previously included in the 2.1.831, Patch 6 release to the field, but were not included in those Release Notes.

5. Problems Pending Resolution – Complete listing of all newly identified problems/defects present in this release, with tracker numbers, and grouped by functionality.

APPENDIX A – TABLE OF FIGURES

Provides a listing of and direct access to all of the graphics used in this document

APPENDIX B – LIST OF ACRONYMS

Complete listing of the acronyms used in this document

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PART I A– EXECUTIVE SUMMARY

1. NEW FUNCTIONALITY

Security Software Upgrade to SnareWorks Enterprise 5.0

- In this release of CHCS II, the security software is upgraded from SnareWorks 3.58 to SnareWorks Enterprise 5.0. While this is an upgrade to the security software product, it does not change the CHCS II Security Model. The upgrade will impact the security server and client side software products and the hardware architecture, but will have no impact on the end user or the current security requirements.

The SW 5.0 Upgrade will accomplish the following:

- Bring the CHCS II security software into compliance with the Department of Defense (DoD) Ports, Protocols and Services (PPS) policies.
- Facilitate true Military Treatment Facility (MTF)-level granularity and control over user groups by organizational level Security Officers.
- The upgrade will impact the security server and client side software products and the security architecture, but will have no impact on the end user or the current security requirements.
- The upgrade to SnareWorks 5.0 is a prerequisite to implementing the CHCS II Account Creation Redesign.

Since the security services functionality of the upgraded security product will be the same as the current security product, there is no impact on the end users. CHCS II user login will still take place through the Local Area Network (LAN), and new accounts will be requested using the current procedure. In the future, when Account Creation is deployed, the SnareWorks 5.0 upgrade will change the way that security data is administered at the site level. In the current release, SnareWorks 5.0 is eliminating red protocols associated with the security services and is going through a period of stabilization in the field prior to the deployment of Account Creation.

SnareWorks 5.0 Impact During Beta Testing

- Impacts to the site and users are apparent only during Beta testing and implementation. Post implementation the Snareworks upgrade is transparent to the user.
- Beta test users need to change their passwords in both Vacman/Snareworks 5.0 and Snareworks 3.0. This involves logging into a Vacman/Snareworks 5.0 workstation and a Snareworks 3.0 workstation. They only need to reset their password in SnareWorks 3.0 prior to the start of the beta. During the beta they should not change their password
- The Host cannot create accounts for the clinics involved in the Beta testing. Other clinics can continue to create accounts using Snareworks 3.58. Snareworks 5.0 will be updated with the new accounts in 3.58, post Beta testing.

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- During implementation the sites will be responsible to implement scripts updating the workstation registry keys to point to the new security server. This will be coordinated with the site network teams.

2. CHCS I CHANGES/ENHANCEMENTS

CHCS I RNR Wastebasket Functionality

- Since CHCS II does not currently support a “Wastebasket” function, CHCS II results that are tossed or discarded in CHCS II will be deleted and no longer saved in the CHCS I Review New Results (RNR) wastebasket functionality.

3. CHCS II CHANGES/ENHANCEMENTS

Core Capabilities

- A change was made so that the alert a user receives that pertains to Ambulatory Data Module (ADM) will read “Failed ADM Validation” instead of “Failed Workload Assignment Module (WAM) Validation”
- The capability of configuring the workstation to allow multiple instances of CHCS II running on a single workstation, available with Build 2.1.831, Patch 4, has been further enhanced in the current release. The system automatically minimizes and locks all open CHCS II sessions when a user opens a new CHCS II session on a workstation. In addition, the system automatically logs a user off the system, after a predefined period of inactivity, automatically saving all work in progress.

Disposition Module

- In previous builds, Billing Chief Complaint defaulted, as designed, to the Primary Diagnosis. However, the user did not have the option to select any of the other diagnoses entered in the Assessment and Plan (A/P) module. A user’s recommendation has been implemented in the current release. When the disposition module is opened, the Billing Chief Complaint (CC) defaults to the primary diagnosis selected in the A/P module and now all diagnoses selected in the A/P module populate the Billing CC drop-down list in the disposition module, and are available for selection.

List Management Module

- Users with the Nurse Wellness role can now create and save Clinic Lists.

Subjective/Objective (S/O) Module (Medcin)

- Overview of Medcin Change/Enhancements

A total of nearly 11,000 terms were changed in some way, including:

- Over 4,000 new terms added to the Medcin knowledge base.
- More than 3,000 terms reorganized within the knowledge base to support note writing in CHCS II.

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- New terms for Severe Acute Respiratory Syndrome (SARS) documentation
- Additions, modifications and changes for 2004 ICD-9 codes
- Additions, modifications and changes for 2004 CPT-4 codes
- Method to support change-over dates for ICD-9 and CPT-4 codes
- In response to a recommendation from the field, Medicomp has made many additions to sports and leisure activities that have been incorporated into the Medcin tree in the current release.
- The Medcin module has been revised to address patients who need to gain weight for any one of a number of medical reasons.
- The Medcin Tree contents have been revised to enable documentation of calorie intake for outpatients with dietary requirements, such as increase carbohydrates
- In previous releases, users had to enter “tuberculin” to see the Skin Test Anergy tuberculin International Classification of Diseases (ICD) 86580 intradermal. Medicomp has revised Medcin search so that users can now enter either PPD (Purified Protein Derivative) or tuberculin to get the desired results.
- Previously, there was not an option of “Hemoglobin A1c” in Medcin. The user had to select the Parent “Tests” and enter free text to record the results of a Hemoglobin A1c. In the current release, “Glycosolated” has been removed from the emission of “A1c” so that it emits only "Hemoglobin A1c".
- Previously, the only way to record the “number of units of insulin per number of grams per carbohydrates” was by using free text. A suggestion that a term be added to the Medcin tree that would allow the user to document the “number of units of insulin per number of grams per carbohydrates” has been incorporated into the Winter 2002/2003 Medcin release and is included in the current CHCS II release.

Template Management Module

- Users assigned the Nurse Wellness role can now create and save Clinic Templates.
- Data copied forward from a previous encounter is now entitled “Copy Forward Template”.

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4. CHCS II BUG FIXES

Note: Many of the bug fixes reported in these release notes were previously included in the 2.1.831, Patch 6 release to the field, but were not included in those Release Notes.

SnareWorks 5.0 Issues

- During testing, following the VACMAN Administration Guide, tester selected the user and right clicked. Tester then selected password management. When tester clicked on add and got to the next screen, tester could click on the down arrow to show the drop down menu. However, there were no options to select. This Commercial, off-the Shelf (COTS) problem/defect, limited to Development Test & Evaluation (DT&E), has been fixed in the current release.
- When creating a new user account for CHCS II at the SnareWorks 5.0 Organization server, the new user is not assigned the correct primary role, thus does not have the privileges and access to the information that they need. This COTS problem/defect, limited to DT&E, has been fixed in the current release.
- When the Security Administrator (SA) logs into the website to accredit an account the Access Code field is blank. The SA is unable to accredit the account. This COTS problem/defect, limited to DT&E, has been fixed in the current release.

Core Capabilities

- Problems with duplicate patients, results not transferring, patients missing previous encounters, and similar issues, reported by three sites, will be resolved by running the Patient Merge Lite utility for the selected patients.
- Trying to install CHCS II on a brand new computer with Windows 2000 and had CHCS II Build 2.1.831, Patch 4, update to Patch 6 and service pack 4 fail. A workaround for this COTS problem/defect has been implemented in the current release.
- Fixed a problem that occurred when an encounter was created and two additional providers, with different roles were added. When the patients record was viewed in ADM, the second additional provider's role was the same as the first additional provider's role.
- Corrected a problem in the Previous Encounters module, in the specific case where a user accesses a cancelled encounter, the Action Bar icons were not appropriately disabled, although the user is denied access if an icon is clicked.
- Fixed a problem that caused a user to get the message that they "Do not have permission to access the module" when attempting to access the Telephone Consults module. A software change has been made to enable users to access required modules and perform authorized tasks therein.

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- Corrected a problem wherein a site reported that it was missing Ambulatory Procedure Visit (APV) Clinics on the Legacy Gateway Server (LGS) Mapping Program. Site had 20 APV Clinics in the mapping list last week and now they were no longer there. Problem has been corrected in the current release.
- Mental Health providers raised a concern that any provider with "Break Glass" access can see Patient encounters which are set as sensitive. In the current release, those privileges have been removed for the cited users. A future Change/Enhancement will address the larger issue of protecting sensitive diagnoses.
- Corrected a problem wherein users who were assigned the wellness nurse role were unable to perform telephone consults under their own name. When the user selects the Telephone Consults module, the system prompts the user to select a provider; however, the provider with the wellness nurse role is not listed in the dropdown menu of authorized providers.
- When doing a full client installation, the Update Path for the Primary, Secondary and Tertiary servers did not save in the registry. This has been fixed in the current release.
- Testing auto update from 2.1.831 P7 to 2.1.832, P3. Update ran successfully, however after completion the registries for Location were cleared. This has been fixed in the current release.

Appointments Module

- Fixed an intermittent problem wherein a user was unable to pull up appointment for specific patient in CHCS II, although it is showing up in CHCS I.
- Corrected a problem where only 35 of the required 50 characters were displayed in the Appointment Comment and Reason for Visit field.
- Fixed a problem where the system would NOT list any appointments with the status of "checked in on CHSC I" when the "Incomplete" filter is used.
- The installation of M/Objects 50, included with this release resolved the problem that when provider tried to walk in a patient there were no appointment types listed in the appointment type window. Four (4) sites reported the problem.
- If two or more users accessed a scheduled appointment at the exact same time, two encounters each with their own unique appt ID were generated from the one appointment. Code changes in the current release will prevent this from happening.

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Assessment and Plan Module

- Corrected a problem related to the use of extender codes. When users selected a diagnosis one way, the system required the selection of an extender code; selecting the same diagnosis another way did not allow the user to select an extender code. This problem also caused a WAM writeback error 102. The problem has been corrected in the current release.
- The providers were selecting the diagnosis birth control method, but it was writing back to ADM as v15.7, an incorrect code. The correct ICD-9 codes that should come up when the provider searches for Birth Control are v25.01, v25.41, etc. This COTS problem/defect has been fixed in the current release.

Disposition Module

- Corrected a problem that enabled the user to close the application while the Evaluation and Management (E&M) Override Warning Message was displayed.
- Since the Disposition module has been revamped in CHCS II, users documenting Telcons are now allowed to select additional providers, Administrative Disposition Options and "Time Factors" (counseling and face-to-face/floor time) in the Disposition module. In the past, these options were not available for Telephone Consults (Telcons). The availability of the time factor options was determined to be a Problem/Defect and is no longer available for Telcons.
- Fixed a problem so that users can select up to three modifiers to the E&M code.
- Fixed a problem in which the user was able to sign the encounter although the E&M code was blank.

Forms/Reports

- Fixed the problem that caused the Diagnosis Report for one provider, for a time period of a single day, to time out.
- CHCS II Application hung for a while before receiving Visual Basic (VB) errors when trying to print DD2766, from the File pull-down menu. The problem has been fixed in the current release.
- Provider accidentally opened (checked in) a patient that was never there (no-show). He then did a facility cancel. When another user (nurse) previewed the encounter the SF600 showed that he was the one who did the facility cancel. This has been fixed in the current release.
- The problem that caused several occurrences of ADM Writeback Error 103 has been corrected in the current release.
- DT&E reported various errors associated with ADM Writeback process and ADM Exception Reports. The problems, limited to DT&E have been fixed in the current release.

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- Fixed a problem, reported by one site, wherein Encounter allergies appear in correct font, but in the SF600 the characters are transliterated into a "Cyrillic" font.
- The SF600 continuation pages were missing the Date/Time, Clinic and Provider information. This problem/defect has been fixed in the current release.
- It was reported that the SF600 printed wasted blank lines and spaces in the AutoCite section of the document, and no gray grid lines were printed. It has been determined that the item is working as designed (WAD) and has been closed.

Help Utility

- Corrected the incorrect help that displayed upon initial access to help utility, on the first item in the Health Care Maintenance list.

Medications Module

- The misleading word "Dispensed" appears in the heading of the Meds Module and also on the Encounter Document--when medications have been optioned to AutoCite. The column label has been changed to "Active Medications" in the current release.
- The Fill dates and number of refills differed between CHCS I and CHCS II. The inconsistency has been resolved in the current release.

New Results Module

- A reported problem wherein amended Lab results were not showing up in CHCS II has been resolved.
- A problem wherein CHCS II did not alert the provider that new results were available has been resolved.

Order Entry

- All CHCS I clinics between Ro - Z were not listed in the CHCS II Order Entry Requesting Locations pick list. Investigation determined that list was truncated when the number of clinics exceeded 5000. Passed when tested against current build.
- A medication appeared to have been ordered, because it is printed on the SF600, but it could not be found in CHCS II (the Meds Module) or in CHCS I. In fact the med was not ordered. The problem has been fixed in the current release.
- Two specific providers could place orders in CHCS I but not in CHCS II. The problems were related to password and profiles issues, not code, and have been resolved
- When ordering a lab test that generated a duplicate test warning, the user was given an opportunity to override the warning and order the test. The problem has been fixed in the current release.
- Discontinuing laboratory, radiology, or medication requests in "order entry" will cause a run time error. The problem has been fixed in the current release.

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Order Sets

- User noted that Order Sets tab needs a button / drop-down list to choose an ordering provider, just like the Meds tab. This has been corrected in the current release.
- User orders lab tests, meds, or rads though the Order Set tab, but the order is not processed. This Non Provider Order Entry (NPOE) problem has been fixed in the current release.

Patient Search Window

- Corrected a problem wherein the last three numbers in the phone number field were truncated.
- Corrected a problem wherein Patient Search did not find newly added patients in the Clinical Data Repository (CDR).

Population Health Reports

- Fixed a problem that resulted in a Visual Basic (VB) error in the Drug Cost report. User highlighted a drug on drug cost list, and clicked on the Alternative button. User next selected "Search against Description" in Selective Therapeutic Alternative block, entered a drug name in Search Text block and clicked Search. At that point a VB Error was received.

Screening Notification Module

- When the user satisfied a Wellness reminder for an over due screening service and then accessed the Wellness Schedule and edited the frequency for the screening to a frequency that changed the status of the alert from satisfied to coming due, the calculation in the Coming Due column of the MTF Screening Notification report was incorrect. This incorrect calculation has been fixed in the current release.
- If the user clicks the close window button (X) in the top-right corner of the Print Preview window instead of clicking on the printer icon, the Print Preview window closes and the system records that the patient has been notified by letter of overdue screening service(s) even though the user has not printed the notification letter. In the current release, the patient records are not updated unless print is invoked.
- When Coming-due/Overdue Screening Notification letters were printed for patients belonging to a Primary Care Manager (PCM), the last four digits of the provider's telephone number were omitted from the letter. The problem, that occurred when the PCM's name exceeded a specific length, has been corrected in the current release.
- Fixed the problem that caused a user to receive a VB Error each time that a Screening Notification Reminder search (MTF or PCM) is performed.

Subjective/Objective (S/O) Module (Medcin)

- Unable to find vaginal discharge Potential of Hydrogen (pH) in Medcin. Term added in current CHCS II release.

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- Fixed a problem wherein the user selects Diagnosis (DX) Prompt and searches for Leg Strain as a disease for consideration and then is prompted for History, Symptoms, and Physical Exam related to forearm pain.
- User added Orthopedic Aftercare Following Joint Replacement 54.81d to Encounter and received an Invalid ICD Code message. The appropriate code, v54.81, has been added in current release.
- ICD-9 code 784.1 has been changed to Throat Pain in accordance with the ICD-9 code book.
- The COTS problem wherein the ICD-9 Code V72.3 was too specific has been corrected.

Telephone Consults Module

- Corrected the problem that caused the patient's home and work numbers to not display, on the title bar of the New Telcon window, or in the Telecon Quick Entry window.
- Corrected the problem that prevented users with Nurse Wellness role from transferring Telcons to other nurses.

Template Management Module

- Every time a copy forward note is created, it is saved as a S/O template. This has been fixed in the current release.

5. CHCS II PRIORITY 1/2 PROBLEMS PENDING RESOLUTION

Core Capabilities

- A user searched for a Patient in CHCS II under the Sponsor's Social Security Number (SSN), and discovered two patients with the same Sponsor SSN, but the spelling of the names and the Family Member Prefixes (FMPs) were incorrect. This individual issue has been fixed by running a Structured Query Language (SQL) statement. However, this ticket is being kept open to track the Patient Merge capability.
- User was documenting in CHCS II and when the user exited A/P, the application would not respond to any user inputs. The application was frozen in the current encounter module. The problem will be fixed in a future release.
- User tries to delete the Sign Orders icon on the Patient ID bar in the Sign Orders module, and in the Alerts Review module after all orders have been addressed/signed. The icon and alert will not clear. The fix for this problem will be included in a future release.
- Missing historical labs and rads from random patients reported by random providers. The providers report that patients are missing various amounts of historical data that should come from CHCS I to CHCS II. This problem/defect will be fixed in a future release.
- A new main tracker item has been opened for problems related to appointments being out of sync when there are possible network issues when completing appointments. The problem will be tracked in the new tracker item and will be fixed in a future release.

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- A user who does not have authorization to sign encounters in CHCS II, can sign encounters on their patients when the appointment is generated from CHCS I. The problem will be fixed in a future release.
- It was discovered that user with Tech_Corpsman role was able to sign encounters, and place orders without a co-signature. Problem will be fixed in a future release.
- User gets an Alert to sign orders, but there is nothing there; however, when user toggles to CHCS I there are orders. This problem will be fixed in a future release.
- When a non-provider submits an order for a provider, the Sign Orders alert icon does not appear on the patient ID bar of the ordering provider's screen. This problem will be fixed in a future release.
- GAFB - User account was created on Enterprise web site. According to Security Administrator (SA) it took at least four attempts to create the account due to user name requirements and or password issues, but account was registered. Subsequently user was unable to log on. This problem will be fixed in a future release.
- After letting CHCSII timeout, a VB error pops up on the screen. Sometimes on the Dell computer a memory error pops up before the VB error. User has to click OK on the error and log back into CHCS II to regain access to the application. To avoid the timeout error, it is recommended that users use the **Ctrl-Z** operation, whenever their workstation is left unattended. This problem will be fixed in a future release.

Allergy Module

- Users reported that they have been tracking patients for the last couple of weeks whose allergies are verified but they do not write to the SF600 as being verified. This problem will be fixed in a future release.

Appointments Module

- Three problems related to appointments were reported. A patient had an appointment for 15 Sept and 19 Sept, and both appointments showed on the appointment screen. The provider did not look at the date of the appointment, because he had "today only" selected in his options, he documented and signed the encounter for the 19 Sept appointment. He then did a "Copy Forward" from the 19 Sept encounter and completed the 15 Sept appointment with the appropriate documentation. In the second problem, in Previous Encounters, there were two appointments for 19 Sept. One 19 Sept encounter has the data from 15 September, and the other encounter for 19 September has data from 12 September. In the final problem, in Previous Encounters, the appointment for 12 September is "Cancelled by Facility", but the patient was seen, but the documentation is now in one of the 19 September encounters. Customer approval will be needed to create utility update appointment date time in the CDR. These problems will be investigated and fixed in a future release.
- VB error received when attempting to print the orders in conjunction with patient check out. This problem will be fixed in a future release.

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Assessment and Plan (A/P) Module

- Provider searched for diagnosis, closed dislocation, but it returns diagnosis for finger fracture (code 816.0). Code 834.0 should read "Closed Dislocation". This COTS problem/defect will be fixed in a future release.
- The provider is selecting the diagnosis Osteoarthritis Vertebral; this diagnosis should not even exist. If there is arthritis of the spine, it should be coded to Spondylosis 721.90. ICD-9 code 715.98 should be worded as "Osteoarthritis, unspecified whether generalized or localized". This COTS problem/defect will be fixed in a future release.
- When the user deletes a medication in the Orders and Procedures pane in the A/P module, the medication is not automatically removed from the Current Outpatient Medications pane. This problem has been identified as a requirements defect, and will be fixed in a future release.

Consult Tracking

- Not all consult orders submitted in CHCS II are transferring to CHCS I. This problem will be fixed in a future release.

Demographics Module

- The Medicare eligibility code in patient demographics screen is not populating with information from CHCS I. This problem/defect will be fixed in a future release.

Disposition Module

- Chief Complaint (CC) field does not handle DoD extender codes; it does not display them or capture them. The problem will be fixed in a future release.

Encounter Summary Document

- Established patient has no family history of diabetes documented. AutoCite on encounter (with options set to cite active family problems) truncates the NO and reads as if patient does have family history of condition. This problem/defect will be fixed in a future release.
- When the user opened an encounter received an error message, and the AutoCite button is disabled in the Encounter Summary Document. User had to log-out and log back into the application and everything was fine. This problem will be fixed in a future release.

Forms/Reports

- The problem that resulted in an ADM Writeback- 102 Error - Disposition Has Not Been Entered error will be fixed in a future release.
- There were 77 records in the ADM writeback transactions table with a transaction status =106. None of them had appointment Internal Entry Numbers (IENs). This problem/defect will be fixed in a future release.

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- Provider received six alerts in the CHCS II Alert Review module warning of certain encounter write backs that were incomplete. There were six encounter alerts, four of the encounter alerts said "Failed WAM validation. A disposition has not been entered". However, the other two were not so specific and only said "Failed WAM validation". The two alerts that did not make it to the ADM report were actually 116 errors instead of the 102 or 103 error messages. This problem/defect will be fixed in a future release.
- Records failed to writeback to ADM Status 106. In the production environment, there were three Telcons that had a blank appt_type value in the appointments table. Will be investigated and fixed in a future release.
- The end of day processing report, from CHCS I's ADM system, reports that a subset of kept/completed appointments are failing to be received via the real time ADM writeback. The cause of this problem/defect will be corrected in a future release.
- CHCS I requires a user to override to make an appointment for a person whose patient category is no longer active. Since CHCS II does not currently have an override option, the M/Object returns an "invalid patient category" error. The problem will be corrected in a future release.
- Users cannot select clinics that start with a letter P-Z for certain reports. The limited search results were caused by the 5000 record limit in the 3M SQL control. A fix will be included in a future release.
- Opened a ticket to track writeback problems wherein the Telcon is transferred, and appt upload processes as a regular appointment, but transaction fails.
- When trying to print the immunizations worksheet for an encounter, user received an error. The cause of the problem has been identified and a fix will be included in a future release.
- The second page of the DoD Form 2161 does not include appropriate fields for patient demographic information provided by CHCS I. This requirements defect will be fixed in a future release.
- User attempted to run a Customized report for Diagnosis. The report parameters were just for one provider, in the Pulmonary Clinic for just one day. The report locked-up and nothing was displayed in the screen. This problem will be fixed in a future release.

Laboratory Module

- In the Labs module when the provider clicks on a test, the detailed results displayed below do not belong to that test. Rather, they belong to the previous test selected. This problem/defect will be fixed in a future release.
- Provider went to lab module to display previous lab results on a patient from a specific date and only one of six labs were resulted in CHCS II. Instructions provided to DISA to correct problem. Awaiting site confirmation that problem has been corrected.

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New Results Module

- Results for labs, rads, and meds are not making it back to CHCS II. This is the parent ticket for this problem/defect that will be fixed in a future release.
- The problem wherein a provider is having trouble addressing, viewing or removing a new result in the New Results module will be fixed in a future release.

Order Entry

- Doctor submitted order for Advair Diskus 500 MCG/50MCG-INH DEVI 1 INHALAT as a medication refill for a patient, and received a CHCS I error. This problem will be corrected in a future release.

Population Health Reports

- A problem that caused a VB error when the user ran a Provider Top 20 Drugs by Total Cost (Tabular) report will be corrected in a future release.
- A problem that caused a VB error when the user ran an MTF Top 50 Drugs by Total Cost (Tabular) report will be corrected in a future release.

Previous Encounters Module

- The problem that resulted in a user being unable to amend an encounter that the user had previously signed will be corrected in a future release.

Screening Module

- User was screening patient and received a VB error on the initial screen of screening module and the system locked up. The problem will be fixed in a future release.

Subjective/Objective (S/O) Module

- ICD Code 910.9 should include "infected " in the diagnosis. This COTS problem/defect will be fixed in a future release.
- The options within an encounter were set to auto-save the S/O note every two minutes. Items were documented and the user waited well beyond two minutes. The workstation was unplugged to simulate a system outage and items within the S/O note were not saved per the settings in the options. This problem will be fixed in a future release.
- DX Prompt does not return the correct Medcin terms for the disease. For example, if the user types in Gout, the Disease Template of gout is returned, but if user chooses a body part, like elbow or finger, it always returns the terms relating to the Great Toe. This COTS defect has been sent to Medicomp and will be fixed in a future release.
- A Provider entered code for lateral meniscus tear (717.41) and CHCS II documented code for medial meniscus tear (717.0). This COTS defect has been sent to Medicomp and will be fixed in a future release.

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Telephone Consults Module

- When the user selected a co-signer for Telcon the application freezes, or the user gets an error message, or the Application closes. The cause of the problems will be identified and corrected in a future release.
- User tried to schedule a new telephone consult visit for any patient but was unable to do so since no Telcon appointment type was displayed. An SQL script has fixed the specific instance, but the root cause of the problem is still under investigation.

Template Management Module

- The GO BACK arrow, previously available, was removed from the Template Edit mode. This will be fixed in a future release.

Vital Signs Module

- The cause of the problem resulting in a VB error when the patient's birthday is 29 February has been corrected and will be included in a future release.

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PART IB - END-USER NOTES

PROVIDER/PA/NURSE

CHCS II NEW FUNCTIONALITY

1. Security Software Upgrade to SnareWorks Enterprise 5.0

In this release of Composite Healthcare System II (CHCS II), the security software is upgraded from SnareWorks 3.58 to SnareWorks Enterprise 5.0. While this is an upgrade to the security software product, it does not change the CHCS II Security Model. The upgrade will impact the security server and client side software products and the hardware architecture, but will have no impact on the end user or the current security requirements.

The upgrade to SnareWorks 5.0 will accomplish the following:

- Bring the CHCS II security software into compliance with DoD PPS policies.
- Facilitate true MTF-level granularity and control over user groups by organizational level Security Officers.
- The upgrade will impact the security server and client side software products and the security architecture, but will have no impact on the end user or the current security requirements.
- The upgrade to SnareWorks 5.0 is a prerequisite to implementing the CHCS II Account Creation Redesign.

Since the security services functionality of the upgraded security product will be the same as the current security product, there is no impact on the end users. CHCS II user login will still take place through the Local Area Network (LAN), and new accounts will be requested using the current procedure. In the future, when Account Creation is deployed, the SnareWorks 5.0 upgrade will change the way that security data is administered at the site level. In the current release, SnareWorks 5.0 is eliminating red protocols associated with the security services and is going through a period of stabilization in the field prior to the deployment of Account Creation. For details see Paragraph 1.1

2. SnareWorks 5.0 Impact During Beta Testing

- Impacts to the site and users are apparent only during Beta testing and implementation. Post implementation the Snareworks upgrade is transparent to the user.
- Beta test users need to change their passwords in both Vacman/Snareworks 5.0 and Snareworks 3.0. This involves logging into a Vacman/Snareworks 5.0 workstation and a Snareworks 3.0 workstation. They only need to reset their password in SnareWorks 3.0 prior to the start of the beta. During the beta they should not change their password.

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- The Host cannot create accounts for the clinics involved in the Beta testing. Other clinics can continue to create accounts using Snareworks 3.58. Snareworks 5.0 will be updated with the new accounts in 3.58, post Beta testing.
- During implementation the sites will be responsible to implement scripts updating the workstation registry keys to point to the new security server. This will be coordinated with the site network teams.

For details see Paragraph 1.1.5

CHCS I CHANGES/ENHANCEMENTS

1. CHCS I Review New Results (RNR) Wastebasket Functionality

Since CHCS II does not currently support a “Wastebasket” function, CHCS II results that are tossed or discarded in CHCS II will be deleted and no longer saved in the CHCS I RNR wastebasket functionality.

For details see Paragraph 2.1

CHCS II CHANGES/ENHANCEMENTS

1. Core Capabilities

- CHCS II Alert Message Change

A change was made so that the alert a user receives that pertains to ADM will read “Failed ADM Validation” instead of “Failed WAM Validation”

For details see Paragraph 3.1.1

- Auto-Lock When Multiple Instances of CHCS II Initiated

The capability of having multiple instances of CHCS II running on a single workstation, available with Build 2.1.831, Patch 4, has been further enhanced in the current release. The system automatically minimizes and locks all open CHCS II sessions when a user opens a new CHCS II instance on a workstation. In addition, the system automatically logs a user off the system, after a predefined period of inactivity, automatically saving all work in progress.

For details see Paragraph 3.1.2

2. Disposition Module

- Billing Chief Complaint Options

In previous builds, Billing Chief Complaint (CC) defaulted, as designed, to the Primary Diagnosis. However, the user did not have the option to select any of the other diagnoses entered in A/P. A user’s recommendation has been implemented in the current release. When the disposition module is opened, the Billing Chief Complaint defaults to the primary diagnosis selected in the A/P module and now all diagnoses selected in the A/P module populate the Billing CC drop-down list in the disposition module, and are available for selection.

For details see Paragraph 3.2.1

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3. List Management Module

In response to a recommendation from the field, users with the Nurse Wellness role can now create and save Clinic Lists.

For details see Paragraph 3.3.1

4. Subjective/Objective (S/O) Module (Medcin)

- Overview of Medcin Change/Enhancements
 - A total of nearly 11,000 terms were changed in some way, including:
 - Over 4,000 new terms added to the Medcin knowledge base.
 - More than 3,000 terms reorganized within the knowledge base to support note writing in CHCS II.
 - New terms for SARS documentation.
 - Additions, modifications and changes for 2004 ICD-9 codes
 - Additions, modifications and changes for 2004 CPT-4 codes
 - Method to support change-over dates for ICD-9 and CPT-4 codes

For details see Paragraph 3.4.1

- Additional Sports/Leisure Activities Available

In response to a recommendation from the field, Medicomp has made many additions to sports and leisure activities that have been incorporated into the Medcin tree in the current release.

For details see Paragraph 3.4.2

The Medcin module has been revised to address patients who need to gain weight for any one of a number of medical reasons.

For details see Paragraph 3.4.3

The Medcin Tree contents have been revised to enable documentation of calorie intake for outpatients with dietary requirements, such as increase carbohydrates

For details see Paragraph 3.4.4

- Skin Test Search Options

In previous releases, users had to enter “tuberculin” to see the Skin Test Anergy tuberculin ICD 86580 intradermal. Medicomp has revised Medcin search so that users can now enter either PPD or tuberculin to get the desired results.

For details see Paragraph 3.4.5

- Hemoglobin A1c Option in Medcin Search

Previously, there was not an option of “Hemoglobin A1c” in Medcin. The user had to select the Parent “Tests” and enter free text to record the results of a Hemoglobin A1c. In the current release, “Glycosolated” has been removed from the emission of “A1c” so that it emits only "Hemoglobin A1c".

For details see Paragraph 3.4.6

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- Recording Insulin

Previously, the only way to record the “number of units of insulin per number of grams per carbohydrates” was by using free text. A suggestion that a term be added to the Medcin tree that would allow the user to document the “number of units of insulin per number of grams per carbohydrates,” has been incorporated into the Winter 2002/2003 Medcin release and is included in the current CHCS II release.

For details see Paragraph 3.4.7

- Documenting Self-Monitoring Blood Glucose Level Added

The capability to document Self Monitoring of Blood Glucose Level Results in mg/dl has been added.

For details see Paragraph 3.4.8

- Patient Education – Injury Prevention Associated with V65.43

Medcin added the term patient education -injury prevention and associated it with V65.43.

For details see Paragraph 3.4.9

5. Template Management Module

- Saving Clinic Templates

In response to a recommendation from the field, users assigned the Nurse Wellness role can now create and save Clinic Templates.

For details see Paragraph 3.5.1

- Copy Forward Templates

Data copied forward from a previous encounter is now entitled “Copy Forward Template”.

For details see Paragraph 3.5.2

CHCS II BUG FIXES

<p>Note: Many of the bug fixes reported in these release notes were previously included in the 2.1.831, Patch 6 release to the field, but were not included in those Release Notes.</p>
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1. SnareWorks 5.0 Issues

- No Drop Down Menu for VACMAN Password Management

During testing, following the VACMAN Administration Guide, tester selected the user and right clicked. Tester then selected password management. When tester clicked on add and got to the next screen, tester could click on the down arrow to show the drop down menu. However, there were no options to select. This Commercial, off-the Shelf (COTS) problem/defect, limited to Development Test & Evaluation (DT&E), has been fixed in the current release.

For details see Paragraph 4.1.1

- SnareWorks 5.0 New User Creation Does Not Assign Proper Attributes

When creating a new user account for CHCS II at the SnareWorks 5.0 Organization server, the new user is not assigned the correct primary role, thus does not have the privileges and access to the information that they need. This COTS problem/defect, limited to DT&E, has been fixed in the current release.

For details see Paragraph 4.1.2

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- Access Code Not Displayed on Account Creation Website

When the Security Administrator (SA) logs into the website to accredit an account the Access Code field is blank. The SA is unable to accredit the account. This COTS problem/defect, limited to DT&E, has been fixed in the current release.

For details see Paragraph 4.1.3

2. Core Capabilities

- Merge Patient Lite Utility

Problems with duplicate patients, results not transferring, patients missing previous encounters, and similar issues, reported by three sites, will be resolved by running the Patient Merge Lite utility for the selected patients.

For details see Paragraph 4.2.1

- Problem installing CHCS II Under Windows 2000 Service Pack 4

Trying to install CHCS II on a brand new computer with Win2000 and had CHCS II Build 2.1.831, Patch 4, update to Patch 6 and service pack 4 failed. A workaround for this COTS problem/defect has been implemented in the current release.

For details see Paragraph 4.2.2

- Provider Roles in Ambulatory Data Module (ADM) Incorrect

Fixed a problem that occurred when an encounter was created and two additional providers, with different roles were added. When the patients record was viewed in ADM, the second additional provider's role was the same as the first additional provider's role.

For details see Paragraph 4.2.3

- Action Bar Icons Not Disabling Correctly

Corrected a problem in the Previous Encounters module, in the specific case where a user accesses a cancelled encounter, the Action Bar icons were not appropriately disabled, although the user is denied access if an icon is clicked.

For details see Paragraph 4.2.4

- Security – Clerk Unable to Access Telephone Consults Module

Fixed a problem that caused a user to get the message that they "Do not have permission to access the module" when attempting to access the Telephone Consults module. A software change has been made to enable users to access required modules and perform authorized tasks therein.

For details see Paragraph 4.2.5

- Missing APV Clinics on the LGS Mapping

Corrected a problem wherein a site reported that it was missing Ambulatory Procedure Visit (APV) Clinics on the Legacy Gateway Server (LGS) Mapping Program. Site had 20 APV Clinics in the mapping list last week and now they were no longer there. Problem has been corrected in the current release.

For details see Paragraph 4.2.6

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- Security - Viewing Sensitive Encounters

Mental Health providers raised a concern that any provider with "Break Glass" access can see Patient encounters which are set as sensitive. In the current release, those privileges have been removed for the cited users. A future Change/Enhancement will address the larger issue of protecting sensitive diagnoses.

For details see Paragraph 4.2.7

- Security – Wellness Nurse Role Unable to Perform Telephone Consult Appointments

Corrected a problem wherein users who were assigned the wellness nurse role were unable to perform telephone consults under their own name. When the user selects the Telephone Consults module, the system prompts the user to select a provider; however, the provider with the wellness nurse role is not listed in the dropdown menu of authorized providers

For details see Paragraph 4.2.8

- Full Client Installation - Does Not Save Registry Settings for Auto update Folder

When doing a full client installation, the Update Path for the Primary, Secondary and Tertiary servers did not save in the registry. This has been fixed in the current release.

For details see Paragraph 4.2.9

- Auto update Clears Out Location Path Registry After Execution

Testing auto update from 2.1.831 P7 to 2.1.832, P3. Update ran successfully, however after completion the registries for Location were cleared. This has been fixed in the current release.

For details see Paragraph 4.2.10

3. Appointments Module

- Appointments Visible in CHCS I, Not Accessible in CHCS II

Fixed an intermittent problem wherein a user was unable to pull up appointment for specific patient in CHCS II, although it is showing up in CHCS I.

For details see Paragraph 4.3.1

- First Fifty Characters of Comments or Reason for Visit Not Displayed in the Appointments Module Fields

Corrected a problem where only 35 of the required 50 characters were displayed in the Appointment Comment and Reason for Visit field.

For details see Paragraph 4.3.2

- CHCS II Incomplete Filter

Fixed a problem where the system would NOT list any appointments with the status of "checked in on CHSC I" when the "Incomplete" filter is used.

For details see Paragraph 4.3.3

- Provider Cannot Walk-in a Patient

The installation of M/Objects 50, included with this release resolved the problem that when provider tried to walk in a patient there were no appointment types listed in the appointment type window. Four (4) sites reported the problem.

For details see Paragraph 4.3.4

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- Modification to Appt Check In Process to Prevent Phantom Encounters

If two or more users accessed a scheduled appointment at the exact same time, two encounters each with their own unique appt ID were generated from the one appointment. Code changes in the current release will prevent this from happening.

For details see Paragraph 4.3.5

4. Assessment and Plan Module

- DoD Extender Codes Not Available for Selection From Encounter Template

Corrected a problem related to the use of extender codes. When users selected a diagnosis one way, the system required the selection of an extender code; selecting the same diagnosis another way did not allow the user to select an extender code. This problem also caused a WAM writeback error 102. The problem has been corrected in the current release.

For details see Paragraph 4.4.1

- ICD-9 Code v15.7 is Not Correct

The providers are selecting the diagnosis birth control method, but it is writing back to ADM as v15.7, an incorrect code. The correct ICD-9 codes that should come up when the provider searches for Birth Control are v25.01, v25.41, etc. This COTS problem/defect will be fixed in a future release.

For details see Paragraph 4.4.2

5. Disposition Module

- Users Can Exit CHCS II while E&M Override Warning Message Is Displayed

Corrected a problem that enabled the user to close the application while the warning message displayed.

For details see Paragraph 4.5.1

- Face-to-Face Time for Telephone Consult

Since the Disposition module has been revamped in CHCS II, users documenting Telcons are now allowed to select additional providers, Administrative Disposition Options and "Time Factors" (counseling and face-to-face/floor time) in the Disposition module. In the past, these options were not available for Telcons. The availability of the time factor options was determined to be a Problem/Defect and is no longer available for Telcons.

For details see Paragraph 4.5.2

- Unable to Add Multiple Modifiers

Fixed a problem so that users can select up to three modifiers to the E&M code.

For details see Paragraph 4.5.3

- Disposition – E&M Code blank

Fixed a problem in which the user was able to sign the encounter although the E&M code was blank.

For details see Paragraph 4.5.4

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6. Forms/Reports

- **Diagnosis Report Timing Out**

Fixed the problem that caused the Diagnosis Report for one provider, for a time period of a single day, to time out.

For details see Paragraph 4.6.1

- **VB Errors Attempting to Print DD2766**

CHCS II Application hung for a while before receiving VB errors when trying to print DD2766, from the File pull-down menu. The problem has been fixed in the current release.

For details see Paragraph 4.6.2

- **Appointment Cancellation Attributed to Wrong User on SF600**

Provider accidentally opened (checked in) a patient that was never there (no-show). He then did a facility cancel. When another user (nurse) previewed the encounter the SF600 showed that he was the one who did the facility cancel. This has been fixed in the current release.

For details see Paragraph 4.6.3

- **ADM Writeback Error 103**

The problem that caused several occurrences of ADM Writeback Error 103 has been corrected in the current release.

For details see Paragraph 4.6.4

- **ADM Writeback and Exception Reports**

DT&E reported various errors associated with ADM Writeback process and ADM Exception Reports. The problems, limited to DT&E have been fixed in the current release.

For details see Paragraph 4.6.5

- **Allergies Appear in Cyrillic Font on SF600**

Fixed a problem, reported by one site, wherein Encounter allergies appear in correct font but in the SF600 the characters are transliterated into a "Cyrillic" font

For details see Paragraph 4.6.6

- **SF600 Continuation Pages Missing Identifying Data**

The SF600 continuation pages were missing the Date/Time, Clinic and Provider information. This problem/defect has been fixed in the current release.

For details see Paragraph 4.6.8

- **SF600 AutoCite Section**

It was reported that the SF600 printed wasted blank lines and spaces in the AutoCite section of the document, and no gray grid lines were printed. It has been determined that the item is WAD and has been closed.

For details see Paragraph 4.6.9

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7. Help Utility

- Incorrect Help Information on First Health Care Maintenance Item

Corrected the incorrect help that displayed upon initial access to help utility, on the first item in the Health Care Maintenance list.

For details see Paragraph 4.7.1

8. Medications Module

The misleading word "Dispensed" appears in the heading of the Meds Module and also on the Encounter Document--when medications have been optioned to AutoCite. The column label has been changed to "Active Medications" in the current release.

For details see Paragraph 4.8.1

- Fill Dates and Number of Refills Inconsistent

The Fill dates and number of refills differed between CHCS I and CHCS II. The inconsistency has been resolved in the current release.

For details see Paragraph 4.8.2

9. New Results Module

- Amended Lab Results Not Showing Up in CHCS II

A reported problem wherein amended Lab results were not showing up in CHCS II has been resolved.

For details see Paragraph 4.9.1

- Missing Alerts in CHCS II

A problem wherein CHCS II did not alert the provider that new results were available has been resolved.

For details see Paragraph 4.9.2

10. Order Entry

- Requesting Locations Missing

All CHCS I clinics between Ro - Z were not listed in the CHCS II Order Entry Requesting Locations pick list. Investigation determined that list was truncated when the number of clinics exceeded 5000. Passed when tested against current build.

For details see Paragraph 4.10.1

- Medication Ordered in CHCS II, But Now Is Lost

A medication appeared to have been ordered, because it is printed on the SF600, but it could not be found in CHCS II (the Meds Module) or in CHCS I. In fact the med was not ordered. The problem has been fixed in the current release.

For details see Paragraph 4.10.2

- Specific Providers Unable to Place Orders

Two specific providers could place orders in CHCS I but not in CHCS II. The problems were related to password and profiles issues, not code, and have been resolved

For details see Paragraph 4.10.3

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- Duplicate Lab Order Error

When ordering a lab test that generated a duplicate test warning, the user was given an opportunity to override the warning and order the test. The problem has been fixed in the current release.

For details see Paragraph 4.10.4

- Run Time Error When Discontinuing Lab, Rad, and Med Orders

Discontinuing laboratory, radiology, or medication requests in "order entry" will cause a run time error. The problem has been fixed in the current release.

For details see Paragraph 4.10.5

11. Order Sets

- Order Sets Needs an Ordering Provider

User noted that Order Sets tab needs a button / drop-down list to choose an Ordering Provider, just like the Meds tab. This has been corrected in the current release.

For details see Paragraph 4.11.1

- Orders Cannot be Processed Through Order Sets

User orders lab tests, meds, or rads though the Order Set tab, but the order is not processed. This Non Provider Order Entry (NPOE) problem has been fixed in the current release.

For details see Paragraph 4.11.2

12. Patient Search Window

- Phone Number Field in Patient Data Truncates

Corrected a problem wherein the last three numbers in the phone number field were truncated.

For details see Paragraph 4.12.1

- Patient Search Does Not Find Newly Added Patients

Corrected a problem wherein Patient Search did not find newly added patients in the Clinical Data Repository (CDR).

For details see Paragraph 0

13. Subjective/Objective (S/O) Module (Medcin)

- Vaginal Discharge pH Option Not in Medcin Tree

Unable to find vaginal discharge pH in Medcin. Term added in Medcin Winter 2002/2003 release and is included in current CHCS II release.

For details see Paragraph 4.15.1

- MEDCIN DX Prompt Error

Fixed a problem wherein the user selects DX Prompt and searches for Leg Strain as a disease for consideration and then is prompted for History, Symptoms, and Physical Exam related to forearm pain.

For details see Paragraph 4.15.2

- Invalid ICD Code for Orthopedic Aftercare Following Joint Replacement 54.81d

User added Orthopedic Aftercare Following Joint Replacement 54.81d to Encounter and received an Invalid ICD Code message. The appropriate code, v54.81, has been added in current release

For details see Paragraph 4.15.3

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- ICD-9 Code 784.1 is Not Correct

ICD-9 code 784.1 has been changed to Throat Pain in accordance with the ICD-9 code book.
For details see Paragraph 4.15.4

- ICD-9 Code V72.3 - Gynecological Examination, Too Specific

The COTS problem wherein the ICD-9 Code V72.3 was too specific has been corrected.
For details see Paragraph 4.15.5

14. Telephone Consults Module

- Patient's Home and Work Numbers Not Displayed in Window

Corrected the problem that caused the patient's home and work numbers to not display, on the title bar of the New Telcon window, or in the Telcon Quick Entry window.

For details see Paragraph 4.16.1

- Nurse Wellness Role Cannot Transfer Telcons to Other Nurses

Corrected the problem that prevented users with Nurse Wellness role from transferring Telcons to other nurses.

For details see Paragraph 4.16.2

15. Template Management Module

- Copy Forward Notes All Saved as Personal S/O Templates

Every time a copy forward note is created, it is saved as a S/O template. This has been fixed in the current release.

For details see Paragraph 4.17.1

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CHCS II PRIORITY 1/2 PROBLEMS PENDING RESOLUTION

1. Core Capabilities

- Patient Information Incorrect in CDR

A user searched for a Patient in CHCS II under the Sponsor's SSN, and discovered two patients with the same Sponsor SSN, but the spelling of the names and the FMPs were incorrect. This individual issue has been fixed by running a SQL statement. However, this ticket is being kept open to track the Patient Merge capability.

For details see Paragraph 5.2.1

- User Exited A/P, Application Unresponsive to Any User Input

User was documenting in CHCS II and when the user exited A/P, the application would not respond to any user inputs. The application was frozen in the current encounter module. The problem will be fixed in a future release.

For details see Paragraph 5.2.2

- User Cannot Delete a Sign Orders Alert

User tries to delete the Sign Orders icon on the Patient ID bar in the Sign Orders module, and in the Alerts Review module after all orders have been addressed/signed. The icon and alert will not clear. The fix for this problem will be included in a future release.

For details see Paragraph 5.2.3

- Historical Labs and Rads Missing

Missing historical labs and rads from random patients reported by random providers. The providers report that patients are missing various amounts of historical data that should come from CHCS I to CHCS II. This problem/defect will be fixed in a future release.

For details see Paragraph 5.2.4

- Error Handling of Appointment Status

A new main tracker item has been opened for problems related to appointments being out of sync when there are possible network issues when completing appointments. The problem will be tracked in the new tracker item and will be fixed in a future release.

For details see Paragraph 5.2.6

- Non-Provider Roles Can Sign CHCS II Encounters

A user who does not have authorization to sign encounters in CHCS II, can sign encounters on their patients when the appointment is generated from CHCS I. The problem will be fixed in a future release.

For details see Paragraph 5.2.8

- Tech_Corpsman Limited Has Provider Privileges

It was discovered that user with Tech_Corpsman role was able to sign encounters, and place orders without a co-signature. Problem will be fixed in a future release.

For details see Paragraph 5.2.9

- Alerts Icon Indicates Orders to Sign

User gets an Alert to sign orders, but there is nothing there; however, when user toggles to CHCS I there are orders. This problem will be fixed in a future release.

For details see Paragraph 5.2.12

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- Sign Orders Alert Icon Missing from Patient ID Bar

When a non-provider submits an order for a provider, the Sign Orders alert icon does not appear on the patient ID bar of the ordering provider's screen. This problem will be fixed in a future release.

For details see Paragraph 5.2.13

- CHCSII/User Account Creation Problem

GAFB - User account was created on Enterprise web site. According to Security Administrator (SA) it took at least four attempts to create the account due to user name requirements and or password issues, but account was registered. Subsequently user was unable to log on.

For details see Paragraph 5.2.14

- VB Error Reauthenticate User

After letting CHCSII timeout, a VB error pops up on the screen. Sometimes on the Dell computer a memory error pops up before the VB error. User has to click OK on the error and log back into CHCS II to regain access to the application. To avoid the timeout error, it is recommended that users use the **Ctrl-Z** operation, whenever their workstation is left unattended. This problem will be fixed in a future release.

For details see Paragraph 5.2.15

2. Allergy Module

Users reported that they have been tracking patients for the last couple of weeks whose allergies are verified but they do not write to the SF600 as being verified.

For details see Paragraph 5.3.1

3. Appointments Module

- Multiple Appointment Dates

Three problems related to appointments were reported. A patient had an appointment for 15 Sept and 19 Sept, and both appointments showed on the appointment screen. The provider did not look at the date of the appointment, because he had "today only" selected in his options, he documented and signed the encounter for the 19 Sept appointment. He then did a "Copy Forward" from the 19 Sept encounter and completed the 15 Sept appointment with the appropriate documentation. In the second problem, in Previous Encounters, there were two appointments for 19 Sept. One 19 Sept encounter has the data from 15 September, and the other encounter for 19 September has data from 12 September. In the final problem, in Previous Encounters, the appointment for 12 September is "Cancelled by Facility", but the patient was seen, but the documentation is now in one of the 19 September encounters. Customer approval will be needed to create utility update appointment date time in the Clinical Data Repository (CDR). These problems will be investigated and fixed in a future release.

For details see Paragraph 5.4.1

- Patient Check Out VB Error

VB error received when attempting to print the orders in conjunction with patient check out. The problem will be fixed in a future release.

For details see Paragraph 5.4.3

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4. Assessment and Plan (A/P) Module

- ICD-9 Code 834.0 is Not Correct

Provider searched for diagnosis, closed dislocation, but it returns diagnosis for finger fracture (code 816.0). Code 834.0 should read "Closed Dislocation". This COTS problem/defect will be fixed in a future release.

For details see Paragraph 5.5.1

- ICD-9 Code 715.98 is Not Correct

The provider is selecting the diagnosis Osteoarthritis Vertebral; this diagnosis should not even exist. If there is arthritis of the spine, it should be coded to Spondylosis 721.90. ICD-9 code 715.98 should be worded as "Osteoarthritis, unspecified whether generalized or localized". This COTS problem/defect will be fixed in a future release.

For details see Paragraph 5.5.2

- Medication List Does Not Reflect User Cancellation/Deletion Action

When the user deletes a medication in the Orders and Procedures pane in the A/P module, the medication is not automatically removed from the Current Outpatient Medications pane. This problem has been identified as a requirements defect, and will be fixed in a future release.

For details see Paragraph 5.5.3

5. Consult Tracking

- Consult Orders Submitted In CHCS II Are Not Transferring To CHCS I

Not all consult orders submitted in CHCS II are transferring to CHCS I. This problem will be fixed in a future release.

For details see Paragraph 5.6.1

6. Demographics Module

- Medicare Eligibility Field

The Medicare eligibility code in patient demographics screen is not populating with information in CHCS I. This problem/defect will be fixed in a future release.

For details see Paragraph 5.7.1

7. Disposition Module

- Chief Complaint (CC) Field Does Not Capture DoD Extender Codes

Chief Complaint (CC) field does not handle DoD extender codes; it does not display them or capture them. The problem will be fixed in a future release.

For details see Paragraph 5.8.1

8. Encounter Summary Document

- AutoCite for Family History is Incorrect

Established patient has no family history of diabetes documented. AutoCite on encounter (with options set to cite active family problems) truncates the NO and reads as if patient does have family history of condition. This problem/defect will be fixed in a future release.

For details see Paragraph 5.9.1

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- Error Message and the AutoCite Button Disabled

When the user opened an encounter received an error message, and the AutoCite button is disabled in the Encounter Summary Document. User had to log-out and log back into the application and everything was fine. The problem will be fixed in a future release.

For details see Paragraph 5.9.2

9. Forms/Reports

- ADM Writeback- 102 Error - Disposition Has Not Been Entered

The problem that resulted in an ADM Writeback- 102 Error - Disposition Has Not Been Entered error will be fixed in a future release.

For details see Paragraph 5.10.2

- Records Failed to Writeback to ADM Status 106

There were 77 records in the ADM writeback transactions table with a transaction status =106. None of them had appointment IENs. This problem/defect will be fixed in a future release.

For details see Paragraph 5.10.3

- ADM Writeback Exception Report

Provider received six alerts in the CHCS II Alert Review module warning of certain encounter write backs that were incomplete. There were six encounter alerts, four of the encounter alerts said "Failed WAM validation. A disposition has not been entered". However, the other two were not so specific and only said "Failed WAM validation". The two alerts that did not make it to the ADM report were actually 116 errors instead of the 102 or 103 error messages. This problem/defect will be fixed in a future release.

For details see Paragraph 5.10.4

- End-of Day (EOD) Kept Completed Appts-Missing from ADM

The end of day processing report, from CHCS I's ADM system, reports that a subset of kept/completed appointments are failing to be received via the real time ADM writeback. The cause of this problem/defect will be corrected in a future release.

For details see Paragraph 5.10.6

- Records Failed to Writeback to ADM Status 106.

In the production environment, there were three Telcons that had a blank appt_type value in the appointments table. Will be investigated and fixed in a future release.

For details see Paragraph 5.10.7

- Records Failed to Writeback to ADM Status 106

CHCS I requires a user to override to make an appointment for a person whose patient category is no longer active. Since CHCS II does not currently have an override option, the M/Object returns an "invalid patient category" error. The problem will be corrected in a future release.

For details see Paragraph 5.10.8

- Clinics Beyond Letter "O" Not Listed

Users cannot select clinics that start with a letter P-Z for certain reports. The limited search results were caused by the 5000 record limit in the 3M SQL control. A fix will be included in a future release.

For details see Paragraph 5.10.9

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- Transfer Telcons Writeback Problems

Opened a ticket to track writeback problems wherein the Telcon is transferred, and appt upload processes as a regular appointment, but transaction fails.

For details see Paragraph 5.10.10

- Error Printing Shot Info

When trying to print the immunizations worksheet for an encounter, user received an error. The cause of the problem has been identified and a fix will be included in a future release.

For details see Paragraph 5.10.12

- Add Patient Demographics Information to the Second Page of the DD 2161

The second page of the DoD Form 2161 does not include appropriate fields for patient demographic information provided by CHCS I. This requirements defect will be fixed in a future release.

For details see Paragraph 5.10.13

- Diagnosis Reports Locks-up CHCS II

User attempted to run a Customized report for Diagnosis. The report parameters were just for one provider, in the Pulmonary Clinic for just one day. The report locked-up and nothing was displayed in the screen. This problem will be fixed in a future release.

For details see Paragraph 5.10.14

10. Laboratory Module

- Labs Displaying Incorrect Results

In the Labs module when the provider clicks on a test, the detailed results displayed below do not belong to that test. Rather, they belong to the previous test selected. This problem/defect will be fixed in a future release.

For details see Paragraph 5.11.1

- Incomplete Lab Results Displaying in CHCS II

Provider went to lab module to display previous lab results on a patient from a specific date and only one of six labs were resulted in CHCS II. Instructions provided to DISA to correct problem. Awaiting site confirmation that problem has been corrected.

For details see Paragraph 5.11.2

11. New Results Module

- Missing results in CHCS II - Labs, Rads, and Meds

Results for labs, rads, and meds are not making it back to CHCS II. This is the parent ticket for this problem/defect that will be fixed in a future release.

For details see Paragraph 5.12.1

- Trouble Addressing, Viewing or Removing a New Result

The problem wherein a provider is having trouble addressing, viewing or removing a new result in the New Results module will be fixed in a future release.

For details see Paragraph 5.12.2

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12. Order Entry

- Error Processing Order for Advair

Doctor submitted order for Advair Diskus 500 MCG/50MCG-INH DEVI 1 INHALAT as a medication refill for a patient, and received a CHCS I error. This problem will be corrected in a future release.

For details see Paragraph 5.13.1

13. Previous Encounters Module

- Unable to Amend an Encounter

The problem that resulted in a user being unable to amend an encounter that the user had previously signed will be corrected in a future release.

For details see Paragraph 5.16.1

14. Screening Module

- VB Error 91 in Screening Module

User was screening patient and received a VB error on the initial screen of screening module and the system locked up. The problem will be fixed in a future release.

For details see Paragraph 5.17.1

15. Subjective/Objective (S/O) Module

- ICD-9 Code 910.9 is Not Correct

Code 910.9 should include "infected " in the diagnosis. This COTS problem/defect will be fixed in a future release.

For details see Paragraph 5.19.2

- ICD-9 Code v15.7 is Not Correct

The providers are selecting the diagnosis birth control method, but it is writing back to ADM as v15.7, an incorrect code. The correct ICD-9 codes that should come up when the provider searches for Birth Control are v25.01, v25.41, etc. This COTS problem/defect will be fixed in a future release.

For details see Paragraph 5.19.3

- Auto-Save for S/O Not Working

The options within an encounter were set to auto-save the S/O note every two minutes. Items were documented and the user waited well beyond two minutes. The workstation was unplugged to simulate a system outage and items within the S/O note were not saved per the settings in the options.

For details see Paragraph 5.19.4

- DX Prompt Not Returning the Correct Terms

DX Prompt does not return the correct Medcin terms for the disease. For example, if the user types in Gout, the Disease Template of gout is returned, but if user chooses a body part, like elbow or finger, it always returns the terms relating to the Great Toe. This COTS defect has been sent to Medicomp and will be fixed in a future release.

For details see Paragraph 5.19.5

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- Lateral Meniscus Tear Documented as Medial Meniscus Tear

A Provider entered code for lateral meniscus tear (717.41) and CHCS II documented code for medial meniscus tear (717.0). This COTS defect has been sent to Medicomp and will be fixed in a future release.

For details see Paragraph 5.19.6

16. Telephone Consults Module

- Problems When Co-Signer Is Selected

When the user selected a co-signer for Telcon the application freezes, or the user gets an error message, or the Application closes. The cause of the problems will be identified and corrected in a future release

For details see Paragraph 5.20.2

- No Appointment Type in Telcon

User tried to schedule a new telephone consult visit for any patient but was unable to do so since no Telcon appointment type was displayed. An SQL script has fixed the specific instance, but the root cause of the problem is still under investigation.

For details see Paragraph 5.20.3

17. Template Management Module

- Go Back Arrow in Template Management

The GO BACK arrow, previously available, was removed from the Template Edit mode. This problem/defect will be fixed in a future release.

For details see Paragraph 5.21.1

18. Vital Signs Module

- VB Error on Retrieval of Vital Signs

The cause of the problem resulting in a VB error when the patient's birthday is 29 February has been corrected and will be included in a future release.

For details see Paragraph 5.22.1

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PART IB - END-USER NOTES

CLERK

CHCS II NEW FUNCTIONALITY

1. Security Software Upgrade to SnareWorks Enterprise 5.0

In this release of Composite Healthcare System II (CHCS II), the security software is upgraded from SnareWorks 3.58 to SnareWorks Enterprise 5.0. While this is an upgrade to the security software product, it does not change the CHCS II Security Model. The upgrade will impact the security server and client side software products and the hardware architecture, but will have no impact on the end user or the current security requirements.

The upgrade to SnareWorks 5.0 will accomplish the following:

- Bring the CHCS II security software into compliance with DoD PPS policies.
- Facilitate true MTF-level granularity and control over user groups by organizational level Security Officers.
- The upgrade will impact the security server and client side software products and the security architecture, but will have no impact on the end user or the current security requirements.
- The upgrade to SnareWorks 5.0 is a prerequisite to implementing the CHCS II Account Creation Redesign.

Since the security services functionality of the upgraded security product will be the same as the current security product, there is no impact on the end users. CHCS II user login will still take place through the Local Area Network (LAN), and new accounts will be requested using the current procedure. In the future, when Account Creation is deployed, the SnareWorks 5.0 upgrade will change the way that security data is administered at the site level. In the current release, SnareWorks 5.0 is eliminating red protocols associated with the security services and is going through a period of stabilization in the field prior to the deployment of Account Creation. For details see Paragraph 1.1

2. SnareWorks 5.0 Impact During Beta Testing

- Impacts to the site and users are apparent only during Beta testing and implementation. Post implementation the Snareworks upgrade is transparent to the user.
- Beta test users need to change their passwords in both Vacman/Snareworks 5.0 and Snareworks 3.0. This involves logging into a Vacman/Snareworks 5.0 workstation and a Snareworks 3.0 workstation. They only need to reset their password in SnareWorks 3.0 prior to the start of the beta. During the beta they should not change their password.

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- The Host cannot create accounts for the clinics involved in the Beta testing. Other clinics can continue to create accounts using Snareworks 3.58. Snareworks 5.0 will be updated with the new accounts in 3.58, post Beta testing.
- During implementation the sites will be responsible to implement scripts updating the workstation registry keys to point to the new security server. This will be coordinated with the site network teams.

For details see Paragraph 1.1.5

CHCS II CHANGES/ENHANCEMENTS

1. Core Capabilities

The capability of having multiple instances of CHCS II running on a single workstation, available with Build 2.1.831, Patch 4, has been further enhanced in the current release. The system automatically minimizes and locks all open CHCS II sessions when a user opens a new CHCS II instance on a workstation. In addition, the system automatically logs a user off the system, after a predefined period of inactivity, automatically saving all work in progress.

For details see Paragraph 3.1.2

CHCS II BUG FIXES

Note: Many of the bug fixes reported in these release notes were previously included in the 2.1.831, Patch 6 release to the field, but were not included in those Release Notes.

1. SnareWorks 5.0 Issues

- No Drop Down Menu for VACMAN Password Management

During testing, following the VACMAN Administration Guide, tester selected the user and right clicked. Tester then selected password management. When tester clicked on add and got to the next screen, tester could click on the down arrow to show the drop down menu. However, there were no options to select. This Commercial, off-the Shelf (COTS) problem/defect, limited to Development Test & Evaluation (DT&E), has been fixed in the current release.

For details see Paragraph 4.1.1

- SnareWorks 5.0 New User Creation Does Not Assign Proper Attributes

When creating a new user account for CHCS II at the SnareWorks 5.0 Organization server, the new user is not assigned the correct primary role, thus does not have the privileges and access to the information that they need. This COTS problem/defect, limited to DT&E, has been fixed in the current release.

For details see Paragraph 4.1.2

- Access Code Not Displayed on Account Creation Website

When the Security Administrator (SA) logs into the website to accredit an account the Access Code field is blank. The SA is unable to accredit the account. This COTS problem/defect, limited to DT&E, has been fixed in the current release.

For details see Paragraph 4.1.3

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2. Core Capabilities

- Merge Patient Lite Utility

Problems with duplicate patients, results not transferring, patients missing previous encounters, and similar issues, reported by three sites, will be resolved by running the Patient Merge Lite utility for the selected patients.

For details see Paragraph 4.2.1

- Problem installing CHCS II Under Windows 2000 Service Pack 4

Trying to install CHCS II on a brand new computer with Win2000 and had CHCS II Build 2.1.831, Patch 4, update to Patch 6 and service pack 4 failed. A workaround for this COTS problem/defect has been implemented in the current release.

For details see Paragraph 4.2.2

- Security – Clerk Unable to Access Telephone Consults Module

Fixed a problem that caused a user to get the message that they "Do not have permission to access the module" when attempting to access the Telephone Consults module. A software change has been made to enable users to access required modules and perform authorized tasks therein.

For details see Paragraph 4.2.5

- Full Client Installation - Does Not Save Registry Settings for Auto update Folder

When doing a full client installation, the Update Path for the Primary, Secondary and Tertiary servers did not save in the registry. This has been fixed in the current release.

For details see Paragraph 4.2.9

- Auto update Clears Out Location Path Registry After Execution

Testing auto update from 2.1.831 P7 to 2.1.832, P3. Update ran successfully, however after completion the registries for Location were cleared. This has been fixed in the current release.

For details see Paragraph 4.2.10

3. Appointments Module

- Appointments Visible in CHCS I, Not Accessible in CHCS II

Fixed an intermittent problem wherein a user was unable to pull up appointment for specific patient in CHCS II, although it is showing up in CHCS I.

For details see Paragraph 4.3.1

- First Fifty Characters of Comments or Reason for Visit Not Displayed in the Appointments Module Fields

Corrected a problem where only 35 of the required 50 characters were displayed in the Appointment Comment and Reason for Visit field.

For details see Paragraph 4.3.2

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- CHCS II Incomplete Filter

Fixed a problem where the system would NOT list any appointments with the status of "checked in on CHSC I" when the "Incomplete" filter is used.

For details see Paragraph 4.3.3

- Provider Cannot Walk-in a Patient

The installation of M/Objects 50, included with this release resolved the problem that when provider tried to walk in a patient there were no appointment types listed in the appointment type window. Four (4) sites reported the problem.

For details see Paragraph 4.3.4

- Modification to Appt Check In Process to Prevent Phantom Encounters

If two or more users accessed a scheduled appointment at the exact same time, two encounters each with their own unique appt ID were generated from the one appointment. Code changes in the current release will prevent this from happening.

For details see Paragraph 4.3.5

4. Patient Search Window

- Phone Number Field in Patient Data Truncates

Corrected a problem wherein the last three numbers in the phone number field were truncated.

For details see Paragraph 4.12.1

- Patient Search Does Not Find Newly Added Patients

Corrected a problem wherein Patient Search did not find newly added patients in the Clinical Data Repository (CDR).

For details see Paragraph 0

5. Screening Notification Module

- Erroneous Over-reporting of Number of Patients with Coming-due Screening Service

When the user satisfied a Wellness reminder for an over due screening service and then accessed the Wellness Schedule and edited the frequency for the screening to a frequency that changed the status of the alert from satisfied to coming due, the calculation in the Coming Due column of the MTF Screening Notification report was incorrect. This incorrect calculation has been fixed in the current release.

For details see Paragraph 4.14.1

- System Erroneously Reports That Patients Were Notified By Letter

If the user clicks the close window button (X) in the top-right corner of the Print Preview window instead of clicking on the printer icon, the Print Preview window closes and the system records that the patient has been notified by letter of overdue screening service(s) even though the user has not printed the notification letter. In the current release, the patient records are not updated unless print is invoked.

For details see Paragraph 4.14.2

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- Incomplete PCM Contact Information

When Coming-due/Overdue Screening Notification letters were printed for patients belonging to a PCM, the last four digits of the provider's telephone number were omitted from the letter. The problem, that occurred when the PCM's name exceeded a specific length, has been corrected in the current release.

For details see Paragraph 4.14.3

- Screening Notification Reminder Search VB Error

Fixed the problem that caused a user to receive a VB Error each time that a Screening Notification Reminder search (MTF or PCM) is performed.

For details see Paragraph 4.14.4

CHCS II PRIORITY 1/2 PROBLEMS PENDING RESOLUTION

1. Core Capabilities

- Patient Information Incorrect in CDR

A user searched for a Patient in CHCS II under the Sponsor's SSN, and discovered two patients with the same Sponsor SSN, but the spelling of the names and the FMPs were incorrect. This individual issue has been fixed by running a SQL statement. However, this ticket is being kept open to track the Patient Merge capability.

For details see Paragraph 5.2.1

- Error Handling of Appointment Status

A new main tracker item has been opened for problems related to appointments being out of sync when there are possible network issues when completing appointments. The problem will be tracked in the new tracker item and will be fixed in a future release.

For details see Paragraph 5.2.6

- Non-Provider Roles Can Sign CHCS II Encounters

A user who does not have authorization to sign encounters in CHCS II, can sign encounters on their patients when the appointment is generated from CHCS I. The problem will be fixed in a future release.

For details see Paragraph 5.2.8

- Tech_Corpsman Limited Has Provider Privileges

It was discovered that user with Tech_Corpsman role was able to sign encounters, and place orders without a co-signature. Problem will be fixed in a future release.

For details see Paragraph 5.2.9

- CHCSII/User Account Creation Problem

GAFB - User account was created on Enterprise web site. According to Security Administrator (SA) it took at least four attempts to create the account due to user name requirements and or password issues, but account was registered. Subsequently user was unable to log on.

For details see Paragraph 5.2.14

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- VB Error Reauthenticate User

After letting CHCSII timeout, a VB error pops up on the screen. Sometimes on the Dell computer a memory error pops up before the VB error. User has to click OK on the error and log back into CHCS II to regain access to the application. To avoid the timeout error, it is recommended that users use the **Ctrl-Z** operation, whenever their workstation is left unattended. This problem will be fixed in a future release.

For details see Paragraph 5.2.15

2. Allergy Module

Users reported that they have been tracking patients for the last couple of weeks whose allergies are verified but they do not write to the SF600 as being verified.

For details see Paragraph 5.3.1

3. Appointments Module

- Multiple Appointment Dates

Three problems related to appointments were reported. A patient had an appointment for 15 Sept and 19 Sept, and both appointments showed on the appointment screen. The provider did not look at the date of the appointment, because he had "today only" selected in his options, he documented and signed the encounter for the 19 Sept appointment. He then did a "Copy Forward" from the 19 Sept encounter and completed the 15 Sept appointment with the appropriate documentation. In the second problem, in Previous Encounters, there were two appointments for 19 Sept. One 19 Sept encounter has the data from 15 September, and the other encounter for 19 September has data from 12 September. In the final problem, in Previous Encounters, the appointment for 12 September is "Cancelled by Facility", but the patient was seen, but the documentation is now in one of the 19 September encounters. Customer approval will be needed to create utility update appointment date time in the Clinical Data Repository (CDR). These problems will be investigated and fixed in a future release.

For details see Paragraph 5.4.1

- Patient Check Out VB Error

VB error received when attempting to print the orders in conjunction with patient check out. The problem will be fixed in a future release.

For details see Paragraph 5.4.3

4. Demographics Module

- Medicare Eligibility Field

The Medicare eligibility code in patient demographics screen is not populating with information in CHCS I. This problem/defect will be fixed in a future release.

For details see Paragraph 5.7.1

5. Forms/Reports

- ADM Writeback- 102 Error - Disposition Has Not Been Entered

The problem that resulted in an ADM Writeback- 102 Error - Disposition Has Not Been Entered error will be fixed in a future release.

For details see Paragraph 5.10.2

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- Records Failed to Writeback to ADM Status 106

There were 77 records in the ADM writeback transactions table with a transaction status =106. None of them had appointment IENs. This problem/defect will be fixed in a future release.

For details see Paragraph 5.10.3

- ADM Writeback Exception Report

Provider received six alerts in the CHCS II Alert Review module warning of certain encounter write backs that were incomplete. There were six encounter alerts, four of the encounter alerts said "Failed WAM validation. A disposition has not been entered". However, the other two were not so specific and only said "Failed WAM validation". The two alerts that did not make it to the ADM report were actually 116 errors instead of the 102 or 103 error messages. This problem/defect will be fixed in a future release.

For details see Paragraph 5.10.4

- End-of Day (EOD) Kept Completed Appts-Missing from ADM

The end of day processing report, from CHCS I's ADM system, reports that a subset of kept/completed appointments are failing to be received via the real time ADM writeback. The cause of this problem/defect will be corrected in a future release.

For details see Paragraph 5.10.6

- Records Failed to Writeback to ADM Status 106.

In the production environment, there were three Telcons that had a blank appt_type value in the appointments table. Will be investigated and fixed in a future release.

For details see Paragraph 5.10.7

- Records Failed to Writeback to ADM Status 106

CHCS I requires a user to override to make an appointment for a person whose patient category is no longer active. Since CHCS II does not currently have an override option, the M/Object returns an "invalid patient category" error. The problem will be corrected in a future release.

For details see Paragraph 5.10.8

- Clinics Beyond Letter "O" Not Listed

Users cannot select clinics that start with a letter P-Z for certain reports. The limited search results were caused by the 5000 record limit in the 3M SQL control. A fix will be included in a future release.

For details see Paragraph 5.10.9

- Transfer Telcons Writeback Problems

Opened a ticket to track writeback problems wherein the Telcon is transferred, and appt upload processes as a regular appointment, but transaction fails.

For details see Paragraph 5.10.10

- Error Printing Shot Info

When trying to print the immunizations worksheet for an encounter, user received an error. The cause of the problem has been identified and a fix will be included in a future release.

For details see Paragraph 5.10.12

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- Add Patient Demographics Information to the Second Page of the DD 2161

The second page of the DoD Form 2161 does not include appropriate fields for patient demographic information provided by CHCS I. This requirements defect will be fixed in a future release.

For details see Paragraph 5.10.13

- Diagnosis Reports Locks-up CHCS II

User attempted to run a Customized report for Diagnosis. The report parameters were just for one provider, in the Pulmonary Clinic for just one day. The report locked-up and nothing was displayed in the screen. This problem will be fixed in a future release.

For details see Paragraph 5.10.14

6. Vital Signs Module

- VB Error on Retrieval of Vital Signs

The cause of the problem resulting in a VB error when the patient's birthday is 29 February has been corrected and will be included in a future release.

For details see Paragraph 5.22.1

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PART IB - END-USER NOTES

SUPPORT STAFF

CHCS II NEW FUNCTIONALITY

1. Security Software Upgrade to SnareWorks Enterprise 5.0

In this release of Composite Healthcare System II (CHCS II), the security software is upgraded from SnareWorks 3.58 to SnareWorks Enterprise 5.0. While this is an upgrade to the security software product, it does not change the CHCS II Security Model. The upgrade will impact the security server and client side software products and the hardware architecture, but will have no impact on the end user or the current security requirements.

The upgrade to SnareWorks 5.0 will accomplish the following:

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- Facilitate true MTF-level granularity and control over user groups by organizational level Security Officers.
- The upgrade will impact the security server and client side software products and the security architecture, but will have no impact on the end user or the current security requirements.
- The upgrade to SnareWorks 5.0 is a prerequisite to implementing the CHCS II Account Creation Redesign.

Since the security services functionality of the upgraded security product will be the same as the current security product, there is no impact on the end users. CHCS II user login will still take place through the Local Area Network (LAN), and new accounts will be requested using the current procedure. In the future, when Account Creation is deployed, the SnareWorks 5.0 upgrade will change the way that security data is administered at the site level. In the current release, SnareWorks 5.0 is eliminating red protocols associated with the security services and is going through a period of stabilization in the field prior to the deployment of Account Creation. For details see Paragraph 1.1

2. SnareWorks 5.0 Impact During Beta Testing

- Impacts to the site and users are apparent only during Beta testing and implementation. Post implementation the Snareworks upgrade is transparent to the user.
- Beta test users need to change their passwords in both Vacman/Snareworks 5.0 and Snareworks 3.0. This involves logging into a Vacman/Snareworks 5.0 workstation and a Snareworks 3.0 workstation. They only need to reset their password in SnareWorks 3.0 prior to the start of the beta. During the beta they should not change their password.

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- The Host cannot create accounts for the clinics involved in the Beta testing. Other clinics can continue to create accounts using Snareworks 3.58. Snareworks 5.0 will be updated with the new accounts in 3.58, post Beta testing.
- During implementation the sites will be responsible to implement scripts updating the workstation registry keys to point to the new security server. This will be coordinated with the site network teams.

For details see Paragraph 1.1.5

CHCS II CHANGES/ENHANCEMENTS

1. Core Capabilities

- CHCS II Alert Message Change

A change was made so that the alert a user receives that pertains to ADM will read “Failed ADM Validation” instead of “Failed WAM Validation”

For details see Paragraph 3.1.1

- Auto-Lock When Multiple Instances of CHCS II Initiated

The capability of having multiple instances of CHCS II running on a single workstation, available with Build 2.1.831, Patch 4, has been further enhanced in the current release. The system automatically minimizes and locks all open CHCS II sessions when a user opens a new CHCS II instance on a workstation. In addition, the system automatically logs a user off the system, after a predefined period of inactivity, automatically saving all work in progress.

For details see Paragraph 3.1.2

CHCS II BUG FIXES

<p>Note: Many of the bug fixes reported in these release notes were previously included in the 2.1.831, Patch 6 release to the field, but were not included in those Release Notes.</p>
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1. SnareWorks 5.0 Issues

- No Drop Down Menu for VACMAN Password Management

During testing, following the VACMAN Administration Guide, tester selected the user and right clicked. Tester then selected password management. When tester clicked on add and got to the next screen, tester could click on the down arrow to show the drop down menu. However, there were no options to select. This Commercial, off-the Shelf (COTS) problem/defect, limited to Development Test & Evaluation (DT&E), has been fixed in the current release.

For details see Paragraph 4.1.1

- SnareWorks 5.0 New User Creation Does Not Assign Proper Attributes

When creating a new user account for CHCS II at the SnareWorks 5.0 Organization server, the new user is not assigned the correct primary role, thus does not have the privileges and access to the information that they need. This COTS problem/defect, limited to DT&E, has been fixed in the current release.

For details see Paragraph 4.1.2

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- Access Code Not Displayed on Account Creation Website

When the Security Administrator (SA) logs into the website to accredit an account the Access Code field is blank. The SA is unable to accredit the account. This COTS problem/defect, limited to DT&E, has been fixed in the current release.

For details see Paragraph 4.1.3

2. Core Capabilities

- Merge Patient Lite Utility

Problems with duplicate patients, results not transferring, patients missing previous encounters, and similar issues, reported by three sites, will be resolved by running the Patient Merge Lite utility for the selected patients.

For details see Paragraph 4.2.1

- Problem installing CHCS II Under Windows 2000 Service Pack 4

Trying to install CHCS II on a brand new computer with Win2000 and had CHCS II Build 2.1.831, Patch 4, update to Patch 6 and service pack 4 failed. A workaround for this COTS problem/defect has been implemented in the current release.

For details see Paragraph 4.2.2

- Missing APV Clinics on the LGS Mapping

Corrected a problem wherein a site reported that it was missing Ambulatory Procedure Visit (APV) Clinics on the Legacy Gateway Server (LGS) Mapping Program. Site had 20 APV Clinics in the mapping list last week and now they were no longer there. Problem has been corrected in the current release.

For details see Paragraph 4.2.6

- Full Client Installation - Does Not Save Registry Settings for Autoupdate Folder

When doing a full client installation, the Update Path for the Primary, Secondary and Tertiary servers did not save in the registry. This has been fixed in the current release.

For details see Paragraph 4.2.9

- Autoupdate Clears Out Location Path Registry After Execution

Testing autoupdate from 2.1.831 P7 to 2.1.832, P3. Update ran successfully, however after completion the registries for Location were cleared. This has been fixed in the current release.

For details see Paragraph 4.2.10

3. Forms/Reports

- Diagnosis Report Timing Out

Fixed the problem that caused the Diagnosis Report for one provider, for a time period of a single day, to time out.

For details see Paragraph 4.6.1

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- VB Errors Attempting to Print DD2766

CHCS II Application hung for a while before receiving VB errors when trying to print DD2766, from the File pull-down menu. The problem has been fixed in the current release.

For details see Paragraph 4.6.2

- Appointment Cancellation Attributed to Wrong User on SF600

Provider accidentally opened (checked in) a patient that was never there (no-show). He then did a facility cancel. When another user (nurse) previewed the encounter the SF600 showed that he was the one who did the facility cancel. This has been fixed in the current release.

For details see Paragraph 4.6.3

- ADM Writeback Error 103

The problem that caused several occurrences of ADM Writeback Error 103 has been corrected in the current release.

For details see Paragraph 4.6.4

- ADM Writeback and Exception Reports

DT&E reported various errors associated with ADM Writeback process and ADM Exception Reports. The problems, limited to DT&E have been fixed in the current release.

For details see Paragraph 4.6.5

- Allergies Appear in Cyrillic Font on SF600

Fixed a problem, reported by one site, wherein Encounter allergies appear in correct font but in the SF600 the characters are transliterated into a "Cyrillic" font

For details see Paragraph 4.6.6

- SF600 Continuation Pages Missing Identifying Data

The SF600 continuation pages were missing the Date/Time, Clinic and Provider information. This problem/defect has been fixed in the current release.

For details see Paragraph 4.6.8

- SF600 AutoCite Section

It was reported that the SF600 printed wasted blank lines and spaces in the AutoCite section of the document, and no gray grid lines were printed. It has been determined that the item is WAD and has been closed.

For details see Paragraph 4.6.9

4. Help Utility

- Incorrect Help Information on First Health Care Maintenance Item

Corrected the incorrect help that displayed upon initial access to help utility, on the first item in the Health Care Maintenance list.

For details see Paragraph 4.7.1

5. Patient Search Window

- Phone Number Field in Patient Data Truncates

Corrected a problem wherein the last three numbers in the phone number field were truncated.

For details see Paragraph 4.12.1

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- Patient Search Does Not Find Newly Added Patients

Corrected a problem wherein Patient Search did not find newly added patients in the Clinical Data Repository (CDR).

For details see Paragraph 0

6. Population Health Reports

- Drug Cost - VB error when Adding Drug Alternative

Fixed a problem that resulted in a VB error in the Drug Cost report. User highlighted a drug on drug cost list, and clicked on the Alternative button. User next selected "Search against Description" in Selective Therapeutic Alternative block, entered a drug name in Search Text block and clicked Search. At that point a VB Error was received.

For details see Paragraph 4.13.1

7. Screening Notification Module

- Erroneous Over-reporting of Number of Patients with Coming-due Screening Service

When the user satisfied a Wellness reminder for an over due screening service and then accessed the Wellness Schedule and edited the frequency for the screening to a frequency that changed the status of the alert from satisfied to coming due, the calculation in the Coming Due column of the MTF Screening Notification report was incorrect. This incorrect calculation has been fixed in the current release.

For details see Paragraph 4.14.1

- System Erroneously Reports That Patients Were Notified By Letter

If the user clicks the close window button (X) in the top-right corner of the Print Preview window instead of clicking on the printer icon, the Print Preview window closes and the system records that the patient has been notified by letter of overdue screening service(s) even though the user has not printed the notification letter. In the current release, the patient records are not updated unless print is invoked.

For details see Paragraph 4.14.2

- Incomplete PCM Contact Information

When Coming-due/Overdue Screening Notification letters were printed for patients belonging to a PCM, the last four digits of the provider's telephone number were omitted from the letter. The problem, that occurred when the PCM's name exceeded a specific length, has been corrected in the current release.

For details see Paragraph 4.14.3

- Screening Notification Reminder Search VB Error

Fixed the problem that caused a user to receive a VB Error each time that a Screening Notification Reminder search (MTF or PCM) is performed.

For details see Paragraph 4.14.4

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CHCS II PRIORITY 1/2 PROBLEMS PENDING RESOLUTION

1. Core Capabilities

- Patient Information Incorrect in CDR

A user searched for a Patient in CHCS II under the Sponsor's SSN, and discovered two patients with the same Sponsor SSN, but the spelling of the names and the FMPs were incorrect. This individual issue has been fixed by running a SQL statement. However, this ticket is being kept open to track the Patient Merge capability.

For details see Paragraph 5.2.1

- Error Handling of Appointment Status

A new main tracker item has been opened for problems related to appointments being out of sync when there are possible network issues when completing appointments. The problem will be tracked in the new tracker item and will be fixed in a future release.

For details see Paragraph 5.2.6

- Non-Provider Roles Can Sign CHCS II Encounters

A user who does not have authorization to sign encounters in CHCS II, can sign encounters on their patients when the appointment is generated from CHCS I. The problem will be fixed in a future release.

For details see Paragraph 5.2.8

- Tech_Corpsman Limited Has Provider Privileges

It was discovered that user with Tech_Corpsman role was able to sign encounters, and place orders without a co-signature. Problem will be fixed in a future release.

For details see Paragraph 5.2.9

- CHCSII/User Account Creation Problem

GAFB - User account was created on Enterprise web site. According to Security Administrator (SA) it took at least four attempts to create the account due to user name requirements and or password issues, but account was registered. Subsequently user was unable to log on.

For details see Paragraph 5.2.14

- VB Error Reauthenticate User

After letting CHCSII timeout, a VB error pops up on the screen. Sometimes on the Dell computer a memory error pops up before the VB error. User has to click OK on the error and log back into CHCS II to regain access to the application. To avoid the timeout error, it is recommended that users use the **Ctrl-Z** operation, whenever their workstation is left unattended. This problem will be fixed in a future release.

For details see Paragraph 5.2.15

2. Allergy Module

Users reported that they have been tracking patients for the last couple of weeks whose allergies are verified but they do not write to the SF600 as being verified.

For details see Paragraph 5.3.1

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3. Appointments Module

- Patient Check Out VB Error

VB error received when attempting to print the orders in conjunction with patient check out. The problem will be fixed in a future release.

For details see Paragraph 5.4.3

4. Demographics Module

- Medicare Eligibility Field

The Medicare eligibility code in patient demographics screen is not populating with information in CHCS I. This problem/defect will be fixed in a future release.

For details see Paragraph 5.7.1

5. Forms/Reports

- ADM Writeback- 102 Error - Disposition Has Not Been Entered

The problem that resulted in an ADM Writeback- 102 Error - Disposition Has Not Been Entered error will be fixed in a future release.

For details see Paragraph 5.10.2

- Records Failed to Writeback to ADM Status 106

There were 77 records in the ADM writeback transactions table with a transaction status =106. None of them had appointment IENs. This problem/defect will be fixed in a future release.

For details see Paragraph 5.10.3

- ADM Writeback Exception Report

Provider received six alerts in the CHCS II Alert Review module warning of certain encounter write backs that were incomplete. There were six encounter alerts, four of the encounter alerts said "Failed WAM validation. A disposition has not been entered". However, the other two were not so specific and only said "Failed WAM validation". The two alerts that did not make it to the ADM report were actually 116 errors instead of the 102 or 103 error messages. This problem/defect will be fixed in a future release.

For details see Paragraph 5.10.4

- End-of Day (EOD) Kept Completed Appts-Missing from ADM

The end of day processing report, from CHCS I's ADM system, reports that a subset of kept/completed appointments are failing to be received via the real time ADM writeback. The cause of this problem/defect will be corrected in a future release.

For details see Paragraph 5.10.6

- Records Failed to Writeback to ADM Status 106.

In the production environment, there were three Telcons that had a blank appt_type value in the appointments table. Will be investigated and fixed in a future release.

For details see Paragraph 5.10.7

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- Records Failed to Writeback to ADM Status 106

CHCS I requires a user to override to make an appointment for a person whose patient category is no longer active. Since CHCS II does not currently have an override option, the M/Object returns an “invalid patient category” error. The problem will be corrected in a future release. For details see Paragraph 5.10.8

- Clinics Beyond Letter “O” Not Listed

Users cannot select clinics that start with a letter P-Z for certain reports. The limited search results were caused by the 5000 record limit in the 3M SQL control. A fix will be included in a future release.

For details see Paragraph 5.10.9

- Transfer Telcons Writeback Problems

Opened a ticket to track writeback problems wherein the Telcon is transferred, and appt upload processes as a regular appointment, but transaction fails.

For details see Paragraph 5.10.10

- Error Printing Shot Info

When trying to print the immunizations worksheet for an encounter, user received an error. The cause of the problem has been identified and a fix will be included in a future release.

For details see Paragraph 5.10.12

- Add Patient Demographics Information to the Second Page of the DD 2161

The second page of the DoD Form 2161 does not include appropriate fields for patient demographic information provided by CHCS I. This requirements defect will be fixed in a future release.

For details see Paragraph 5.10.13

- Diagnosis Reports Locks-up CHCS II

User attempted to run a Customized report for Diagnosis. The report parameters were just for one provider, in the Pulmonary Clinic for just one day. The report locked-up and nothing was displayed in the screen. This problem will be fixed in a future release.

For details see Paragraph 5.10.14

6. Laboratory Module

- Labs Displaying Incorrect Results

In the Labs module when the provider clicks on a test, the detailed results displayed below do not belong to that test. Rather, they belong to the previous test selected. This problem/defect will be fixed in a future release.

For details see Paragraph 5.11.1

7. New Results Module

- Missing results in CHCS II - Labs, Rads, and Meds

Results for labs, rads, and meds are not making it back to CHCS II. This problem/defect will be fixed in a future release.

For details see Paragraph 5.12.1

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Population Health Reports

- Provider Top 20 Drugs by Total Cost (Tabular), VB Error

A problem that caused a VB error when the user ran a Provider Top 20 Drugs by Total Cost (Tabular) report will be corrected in a future release.

For details see Paragraph 5.15.1

- MTF Top 50 Drugs by Total Cost (Tabular), VB Error

A problem that caused a VB error when the user ran an MTF Top 50 Drugs by Total Cost (Tabular) report will be corrected in a future release.

For details see Paragraph 5.15.2

8. Vital Signs Module

- VB Error on Retrieval of Vital Signs

The cause of the problem resulting in a VB error when the patient's birthday is 29 February has been corrected and will be included in a future release.

For details see Paragraph 5.22.1

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1.0 NEW FUNCTIONALITY

1.1 SECURITY SOFTWARE UPGRADE TO SNAREWORKS ENTERPRISE 5.0

1.1.1 Overview

In this release of Composite Healthcare System II (CHCS II), the security software is upgraded from SnareWorks 3.58 to SnareWorks Enterprise 5.0. SnareWorks Enterprise 5.0 is the latest iteration of the SnareWorks Commercial Off-the-Shelf (COTS). While this is an upgrade to the security software product, it does not change the CHCS II Security Model. The upgrade will impact the security server and client side software products and the security architecture, but will have no impact on the end user or the current security requirements.

1.1.2 Purpose of Upgrade

The upgrade to SnareWorks 5.0 will accomplish the following:

- Bring the CHCS II security software into compliance with the Department of Defense (DoD) Ports, Protocols and Services (PPS) policies. SnareWorks 3.58 communications between the Enterprise Security Server and the site Security Servers take place over the wide area network (WAN) using the Distributed Computing Environment- Remote Procedure Call (DCE-RPC) protocol. This protocol has been identified as a ‘red’ protocol in the DoD PPS policy. The upgrade to SnareWorks 5.0 will replace the DCE cells with a Lightweight Directory Access Protocol (LDAP) capable database, which will eliminate the use of the ‘red’ protocol.
- The upgrade will impact the security server and client side software products and the hardware architecture, but will have no impact on the end user or the current security requirements.
- The upgrade to SnareWorks 5.0 is a prerequisite to implementing the CHCS II Account Creation Redesign.
- Since the security services functionality of the upgraded security product will be the same as the current security product, there is no impact on the end users. CHCS II user login will still take place through the Local Area Network (LAN), and new accounts will be requested using the current procedure. In the future, when Account Creation is deployed, the SnareWorks 5.0 upgrade will change the way that security data is administered at the site level. In the current release, SnareWorks 5.0 is eliminating red protocols associated with the security services and is going through a period of stabilization in the field prior to the deployment of Account Creation.

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1.1.3 CHCS II Security Model Impact

- There is no change to the CHCS II Security/Information Assurance Model
- SnareWorks 5.0 is a product upgrade to the CHCS II Security Model that implements security in the same manner as SnareWorks.
- Role-Based Access Control is the same
- Use of the Security Matrix is the same
- Database is contained in an LDAP structure versus a DCE Cell – no impact on the “Security Model”.
- The SnareWorks 5.0 upgrade amounts to a hardening of the CHCS II Security Model to meet emerging DoD policy.

1.1.4 SnareWorks 5.0 Impacts on the User

- Completely transparent to the user, whether logging into SnareWorks 3.58 or SnareWorks 5.0
- No client change is required, except for redirection to the SnareWorks 5.0 Local Security Object (LSO), Enterprise/Master Security Server (EMSS) and Backups.
- SnareWorks 5.0 login can be accomplished through the SnareWorks Client (currently in use) or the SnareWorks Application Programming Interface (API)
- Initial deployment will employ the SnareWorks Client
- The SnareWorks API will be incorporated into a future CHCS II Client update
- There are no differences in the login screens presented to the user

1.1.5 SnareWorks 5.0 Impact During Beta Testing

- Impacts to the site and users are apparent only during Beta testing and implementation. Post implementation the Snareworks upgrade is transparent to the user.
- Beta test users need to change their passwords in both Vacman/Snareworks 5.0 and Snareworks 3.0. This involves logging into a Vacman/Snareworks 5.0 workstation and a Snareworks 3.0 workstation. They only need to reset their password in SnareWorks 3.0 prior to the start of the beta. During the beta they should not change their password
- The Host cannot create accounts for the clinics involved in the Beta testing. Other clinics can continue to create accounts using Snareworks 3.58. Snareworks 5.0 will be updated with the new accounts in 3.58, post Beta testing.
- During implementation the sites will be responsible to implement scripts updating the workstation registry keys to point to the new security server. This will be coordinated with the site network teams.

1.1.6 SnareWorks 5.0 Impacts to the Host and Satellite MTF

With SnareWorks 5.0, without Account Creation Solution

All steps required to create a new user will continue to be accomplished by the Host MTF Security Administrator (SA)

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1.1.7 SnareWorks 5.0 Impacts to Defense Information Systems Agency (DISA)

- DISA will have to support an additional New Technology (NT) server at NMCP throughout the BETA test, and until full transition to SnareWorks 5.0 is accomplished
- Server reconfigurations will be required for the Legacy Gateway Servers (LGSs)
- Server implementation will be required for the Enterprise Security Servers (ESSs)

2.0 CHCS I CHANGES/ENHANCEMENTS

2.1 CHCS I RNR WASTEBASKET FUNCTIONALITY

Since CHCS II does not currently support a “Wastebasket” function, CHCS II results that are tossed or discarded in CHCS II will be deleted and no longer saved in the CHCS I Review New Results (RNR) wastebasket functionality. This will prevent the problem of actions being taken in the CHCS I wastebasket not generating an alert to the CHCS II user from reoccurring (PCR: 7837).

3.0 CHCS II CHANGES/ENHANCEMENTS

3.1 CORE CAPABILITIES

3.1.1 CHCS II Alert Message Change

An SQL change was made so the alert a user receives that pertains to ADM will read “Failed ADM Validation” instead of “Failed WAM Validation” (PCR: 8951).

3.1.2 Auto-Lock When New Instance of CHCS II Initiated

Beginning with build 2.1.831, Patch 4, the client was configurable to allow users to open additional instances of CHCS II on a single workstation. This enabled two or more users to share a workstation, and greatly enhanced workflow in clinics by eliminating the long turn-around of logoff/logon cycle. This capability has been further enhanced in the current release. The system automatically minimizes and locks all open CHCS II sessions when a new user opens a new CHCS II session on a workstation. In addition, the system automatically logs a user off the system, after a predefined period of inactivity, automatically saving all work in progress. PCRs: 9120, and 9133

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3.2 DISPOSITION MODULE

3.2.1 Drop Down list in Billing Chief Complaint in Disposition

In previous builds, Billing Chief Complaint (CC) defaulted, as designed, to the Primary Diagnosis. However, if the user changed the order of the diagnoses in the Assessment and Plan (A/P) module, the primary diagnosis did not update in the Billing CC. The user did not have the option to select any of the other diagnoses entered in A/P. Although the user did have the option to search for other diagnoses, site would prefer a drop down selection of all diagnoses entered in A/P as a choice for the Billing CC. The site's recommendation has been implemented in the current release. When the disposition module is opened, the Billing CC defaults to the primary diagnosis selected in the A/P module and now all diagnoses selected in the A/P module populate the Billing CC drop-down list in the disposition module, and are available for selection (Figure 1). PCR: 8318, Manage Now: 548610

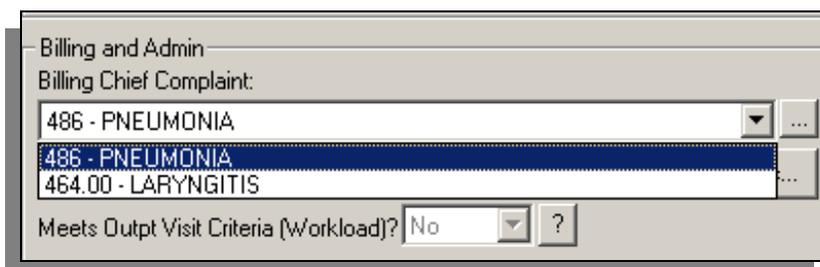


Figure 1 - PCR: 8318 - Billing Chief Complaint Drop-down List

3.3 LIST MANAGEMENT MODULE

3.3.1 Saving Clinic Lists

Users with the Nurse Wellness role can now create and save Clinic Lists. This enhancement supports the workflow of nurses with this role. PCR 8472, Manage Now 580251

3.4 SUBJECTIVE/OBJECTIVE (S/O) MODULE (MEDCIN)

3.4.1 Overview of Medcin Summer 2003/Fall 2003 Changes/Enhancements

Content Enhancements (Summer 2003):

A total of nearly 11,000 terms were changed in some way, including:

- Over 4,000 new terms added to the Medcin knowledge base.
- More than 3,000 terms reorganized within the knowledge base to support note writing in CHCS II.
- New terms for SARS documentation.

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Number of new terms by content area (Summer 2003):

Specialty Area	# Of New Terms
Nephrology	355
Vision	419
Obstetrics (OB)	528
Pastoral Care	94
Physical Therapy	705
Neurology	545
Pulmonary	305
Behavioral Medicine	99
Pediatric	216
Osteopathic	66
Operating Room (OR) Nursing	575
Gynecology (GYN)	378
Gastro-Intestinal (GI)	166

Content Enhancements (Fall 2003):

- Additions, modifications and changes for 2004 ICD-9 codes
- Additions, modifications and changes for 2004 CPT-4 codes
- Method to support change-over dates for ICD-9 and CPT-4 codes

Number of new terms by content area (Fall 2003):

Specialty Area	# Of New Terms
2004 CPT-4 codes	199
2004 ICD-9 codes	74
Update Medicin drug concepts for FDA Orange Book	470
Test findings: microbiology (ENT)	165
Physical exam: tissue injury	465
ENT symptoms, physical exam & tests	933
Miscellaneous ENT (physical exam & tests)	632
Skin lesion microbiology test findings	598

DoD Items (Summer 2003)

A number of issues identified by users in the field, Integic and Development Test & Evaluation (DT&E) have been resolved, including:

- Incorrectly mapped International Classification of Diseases (ICD) codes to some terms
- Reverse sense terms emitting incorrect clinical findings
- Diagnosis prompting yields incomplete choices
- Capitalization of Service Branches
- Plurality for some physical findings such as pyriform sinuses and salivary glands
- Add seconds as a duration measurement
- Text generation for some terms resulting in illogical clinical discourse

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- Bilaterality and “AutoNeg” findings within Subjective/Objective (S/O) have new algorithms that allow for the logical clinical expression of findings for right, left, and bilateral findings.
- Additional male/female flags set for certain clinical terms.

DoD Items (Fall 2003)

A number of issues identified by users in the field, Integric and Development Test & Evaluation (DT&E) have been resolved, including:

- Documenting Self-Monitoring Blood Glucose Level Added.
- Patient Education – Injury Prevention Associated with V65.43.

3.4.2 Additional Sports/Leisure Activities Available

In response to a recommendation from the field, Medicomp has made many additions to sports and leisure activities that have been incorporated into the current release (Figure 2, Figure 3, and Figure 4). PCR: 6284, Manage Now: 29869

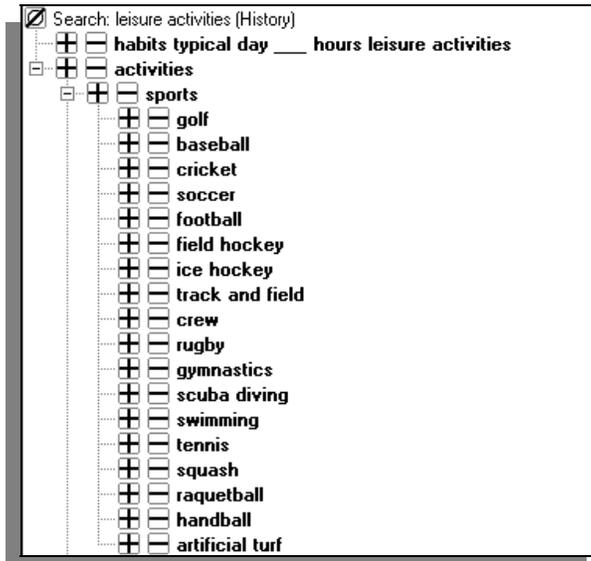


Figure 2 - PCR: 6284 - Medcin Tree – Sports Activities

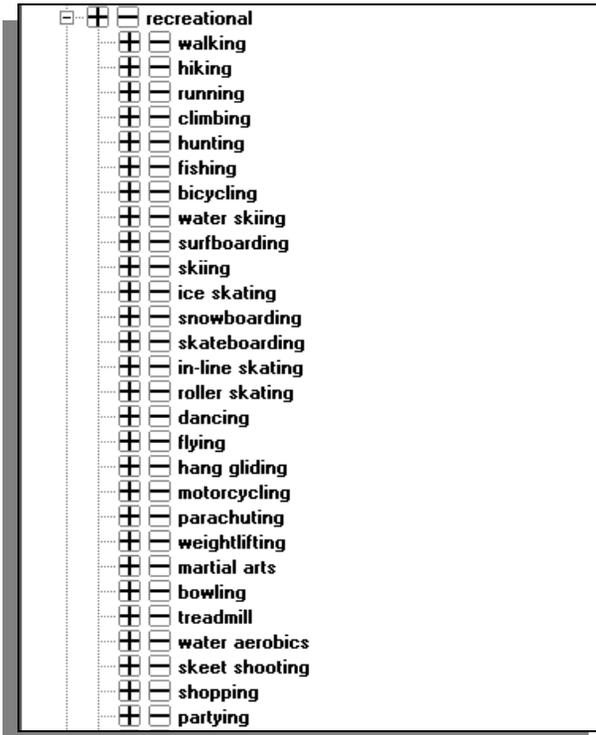


Figure 3 - PCR: 6284 - Medcin Tree - Recreational Activities

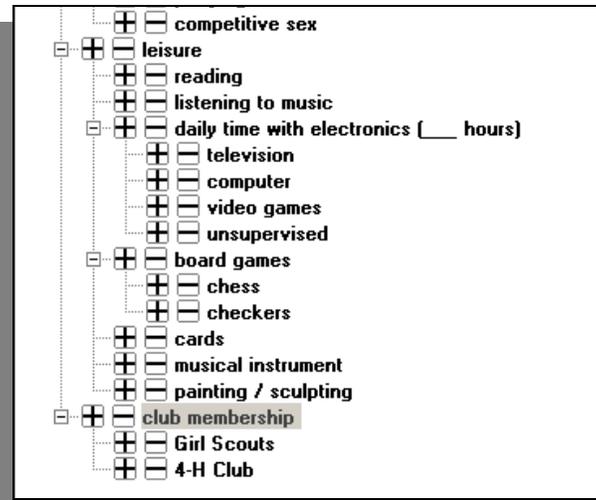


Figure 4 - PCR: 6284 - Medcin Tree - Leisure Activities

3.4.3 Weight Gain Content Increased in Medcin Tree

The Medcin module has been revised to address patients who need to gain weight for any one of a number of medical reasons (Figure 5). PCR: 7215, Manage Now: 88529

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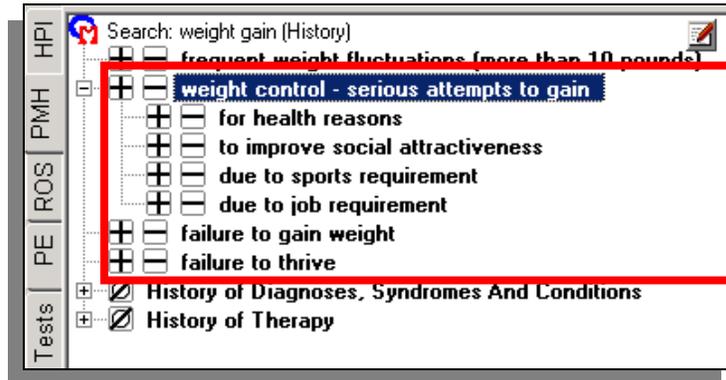


Figure 5 - PCR: 7215 - Weight Gain Content in Medcin Tree

3.4.4 Carbohydrate Terms Increased in Medcin Tree

The Medcin Tree contents have been revised to enable documentation of calorie intake for outpatients with dietary requirements, such as increase carbohydrates (Figure 6). PCR: 7217, Manage Now: 88560

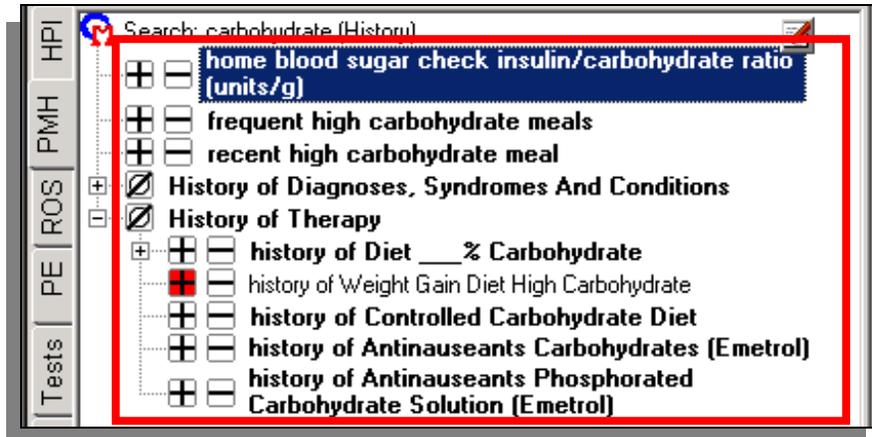


Figure 6 - PCR: 7217 – Carbohydrate Content in Medcin Tree

3.4.5 Skin Test Search Options

In previous releases, users had to enter “tuberculin” to see the Skin Test Anergy tuberculin ICD 86580 intradermal. In response to field recommendation, Medicomp has revised Medcin search so that users can enter either “PPD” (Figure 7) or “tuberculin” to get the desired results. The majority of users will enter “PPD” when they want to record that a tuberculin test was performed. PCR: 7243, Manage Now: 92269.

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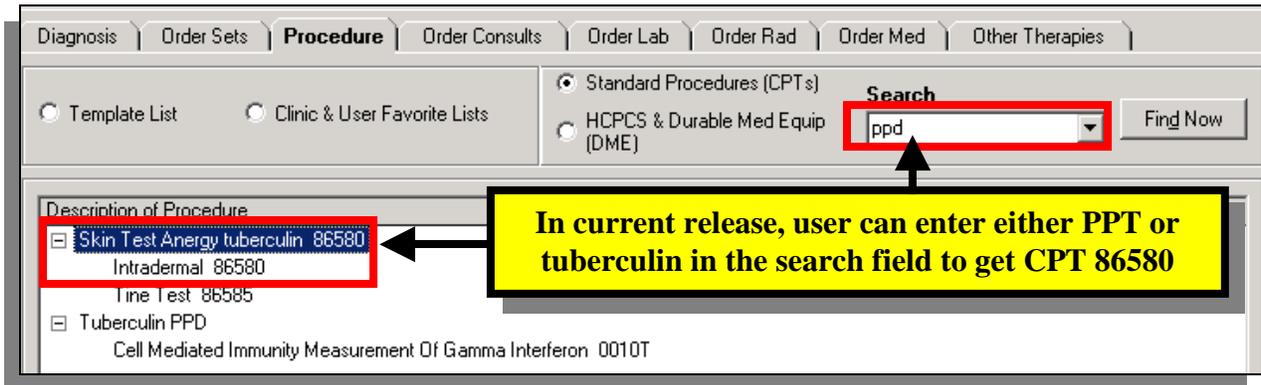


Figure 7 - PCR: 7243 - Current Release Skin Test Search

3.4.6 Hemoglobin A1c Option in Medcin Search

Previously, there was not an option of “Hemoglobin A1c” in Medcin. The user had to select the Parent “Tests” and enter free text to record the results of a Hemoglobin A1c. The application did have “Glycosylated Hemoglobin A1c” available, but the Pediatric endocrinologist stated that “hemoglobin A1c” needs to be an option. In the current release, “Glycosolated” has been removed from the emission of “A1c” so that it emits only "Hemoglobin A1c" (Figure 8). PCR: 7249, Manage Now: 93635.

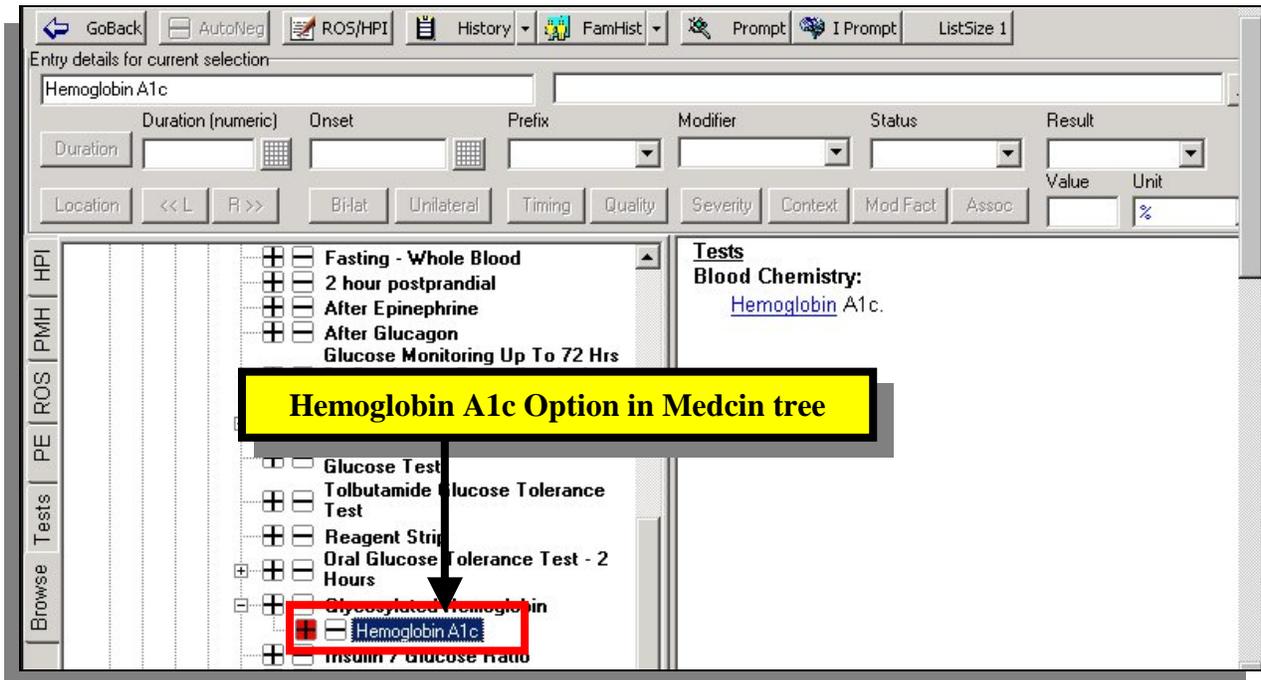


Figure 8 - PCR: 7249 - Hemoglobin A1c Option in Current Release

3.4.7 Recording Insulin

A user pointed out that the only way to record the “number of units of insulin per number of grams per carbohydrates” was by using free text. It was suggested that a term be added to the Medcin tree that would allow the user to document the 'number of units of insulin per number of grams per carbohydrates'. The suggestion has been incorporated into the Winter 2002/2003 Medcin release and is included in the current CHCS II release (Figure 9). PCR: 7259, Manage Now: 95229.

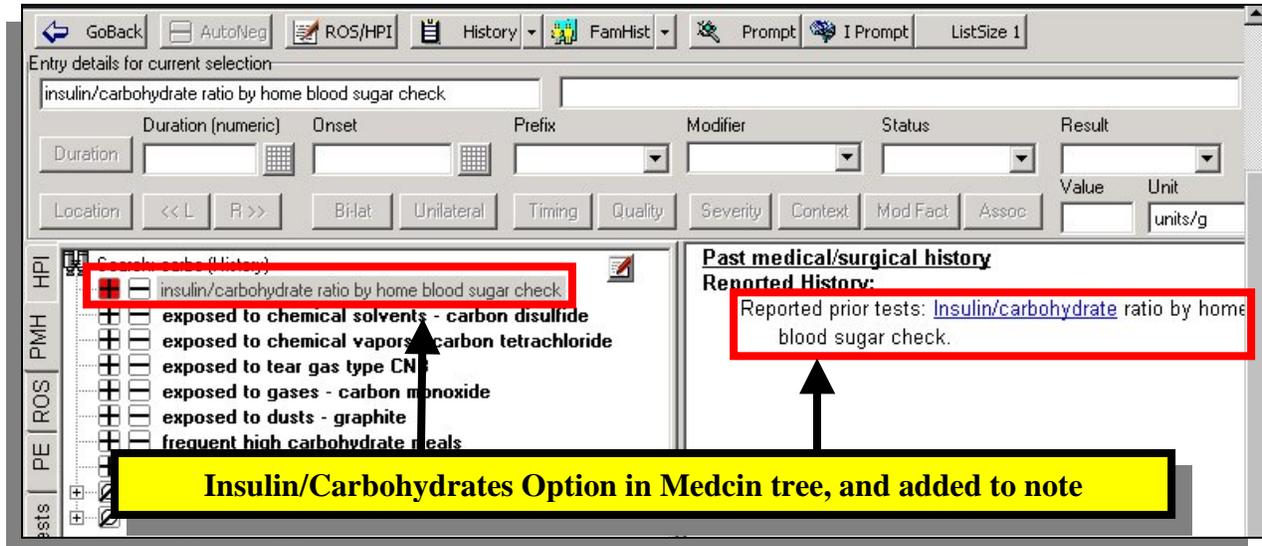


Figure 9 - PCR: 7259 - Insulin/Carbohydrates Added to Medcin Tree

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3.4.8 Documenting Self-Monitoring Blood Glucose Level Added.

The capability to document Self Monitoring of Blood Glucose Level Results in mg/dl has been added (Figure 10). PCR: 7258, Manage Now: 95214.

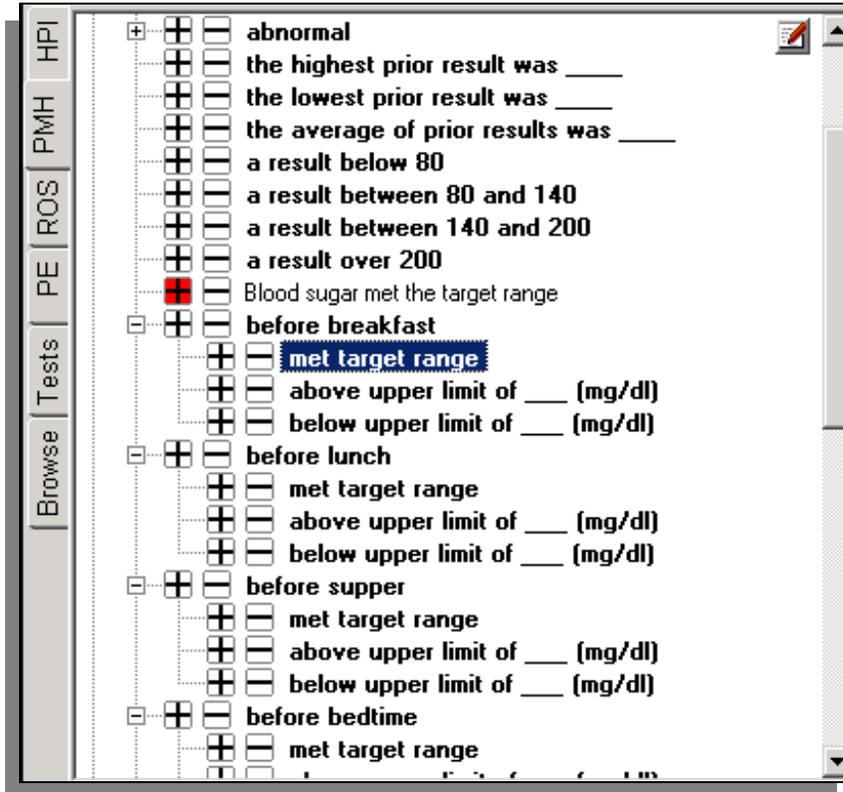


Figure 10 - PCR: 7258 - Self-Monitoring Options

3.4.9 Patient Education – Injury Prevention Associated with V65.43

In response to a user’s recommendation, Medcin added the term patient education -injury prevention and associated it with V65.43 (Figure 11). PCR: 8663, Manage Now: 630734.

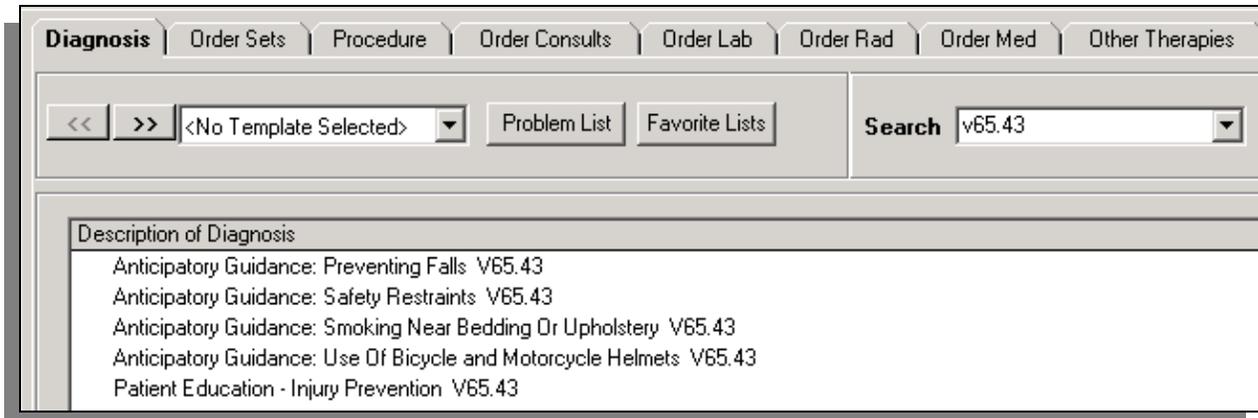


Figure 11 - PCR: 8663 - Assessment & Plan Module (Partial)

3.5 TEMPLATE MANAGEMENT MODULE

3.5.1 Saving Clinic Templates

Users that are assigned the Nurse Wellness role can now create and save Clinic Templates. This enhancement supports the common practice of clinic nurse managers; creating templates that all the nurses in the clinic are expected to use. PCR: 8798, Manage Now: 663378.

3.5.2 Copy Forward Templates

When a user elects to copy forward data from a previous encounter, for use in the current encounter, the resulting template is now entitled “Copy Forward Template” (Figure 12), to distinguish it from other templates.

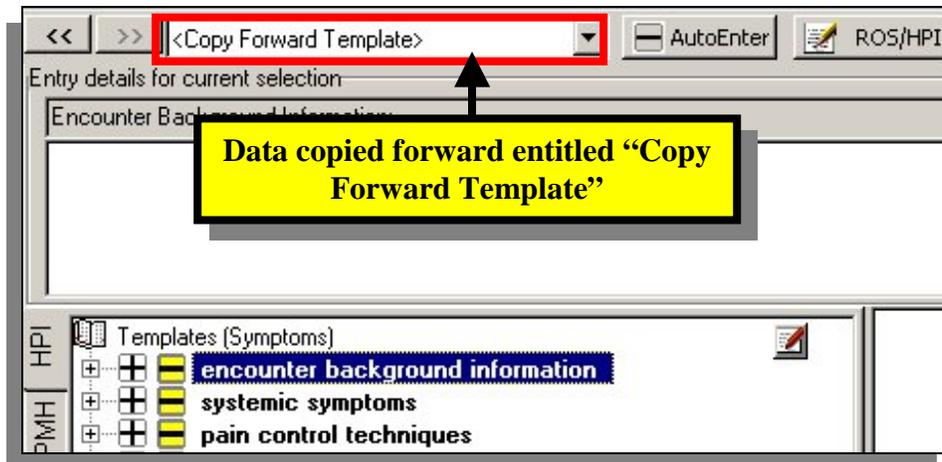


Figure 12 - Copy Forward Template in S/O Module

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4.0 CHCS II BUG FIXES

Note: Many of the bug fixes reported in these release notes were previously included in the 2.1.831, Patch 6 release to the field, but were not included in those Release Notes.

4.1 SNAREWORKS 5.0 ISSUES

4.1.1 No Drop Down Menu for VACMAN Password Management

Reported Problem	Solution	PCR
During testing, DT&E had to resync a password. Following the VACMAN Administration Guide, tester selected the user and right clicked. Tester then selected password management. When tester clicked on add and got to the next screen, tester could click on the down arrow to show the drop down menu. However, there were no options to select.	This COTS problem/defect has been fixed in the current release.	8755

4.1.2 SnareWorks 5.0 New User Creation Does Not Assign Proper Attributes

Reported Problem	Solution	PCR
When creating a new user account for CHCS II at the SnareWorks 5.0 Organization server, the new user is not assigned the correct primary role, thus does not have the privileges and access to the information that they need. In addition, once this is fixed, they still cannot access Order Entry, they receive an error stating that their access/verify code is incorrect, their workstation IP address has not been added to CHCS I, or that they do not have a default division in CHCS I. The administrator verified that their access code works with the new verify code that was created when the CHCS II account was created (i.e. that the verify code was changed to the new CHCS II password), that the IP address had been added to the CHCS I system, and that the user has a default division selected in CHCS I. Both issues have workarounds, however, DT&E recommends the highest visibility possible because of the consumption of time it takes to correct the problem and the number of new users that will be affected if SnareWorks 5.0 were to be deployed in its current state.	This COTS problem/defect as been fixed in the current release.	8785

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4.1.3 Access Code Not Displayed on Account Creation Website

Reported Problem	Solution	PCR
User registers account on the New User Registration website for SnareWorks 5.0. The user includes all of the required information and leaves Duty Phone, Home Phone and Pager fields blank. The new account is successfully submitted to the System Administrator for final approval and creation. When the Security Administrator (SA) logs into the website to accredit the account the Access Code field is blank. The SA is unable to accredit the account.	This COTS problem/defect as been fixed in the current release.	8820

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4.2 CORE CAPABILITIES

4.2.1 Merge Patient Lite Utility

Reported Problem	Solution	PCR	Manage Now
Duplicate patients in the system at GAFB.	This, and the problems cited below will be resolved by running the Patient Merge Lite utility for the selected patients. The Patient Merge Lite Utility is to be limited to patients that have multiple Unit Numbers but the same IEN and FMP/SSN. This utility must be executed for each multiple unit number patient. This fix is un-testable in DT&E's environment.	8228	515412
Results not transferring from CHCS I to CHCS II at GAFB	Will be resolved by running the Patient Merge Lite utility for the selected patients.	8317	537762
Duplicate patients in CHCS II at GAFB	Will be resolved by running the Patient Merge Lite utility for the selected patients.	8326 9089	550380 766960
Patients missing previous encounters in the Previous Encounters module at FB	Will be resolved by running the Patient Merge Lite utility for the selected patients.	8399	563825
Patients missing previous encounters in the Previous Encounters module at GAFB	Will be resolved by running the Patient Merge Lite utility for the selected patients.	8419	567582
Duplicate patients in the system at TAFB	Will be resolved by running the Patient Merge Lite utility for the selected patients.	8677 8995 9004 9152	634944 728877 738305 790774
Patients having encounters under two different names at GAFB	Will be resolved by running the Patient Merge Lite utility for the selected patients.	8866	683675
Patients that are missing encounters and telephone consults at TAFB	Will be resolved by running the Patient Merge Lite utility for the selected patients.	8992	709636
Two users who pulled up the same patient but saw two different sets of previous encounters at TAFB	Will be resolved by running the Patient Merge Lite utility for the selected patients.	9118	780425

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4.2.2 Problem installing CHCS II Under Windows 2000 Service Pack 4

Reported Problem	Solution	PCR	Manage Now
Trying to install CHCS II on a brand new computer with Win2000 and had CHCS II Build 2.1.831, Patch 4, update to Patch 6 and service pack 4 failed.	This is a known Microsoft problem. We have a ticket open with Microsoft to try and resolve our already deployed versions. A workaround for this COTS problem/defect has been implemented in the current release.	8676	636399

4.2.3 Provider Roles in ADM Incorrect

Reported Problem	Solution	PCR
An encounter was created and two additional providers, with different roles were added (Figure 13). When the patients record was viewed in ADM, the second additional provider’s role was the same as the first additional provider’s role (Figure 14).	This has been fixed in the current release (Figure 15).	8335

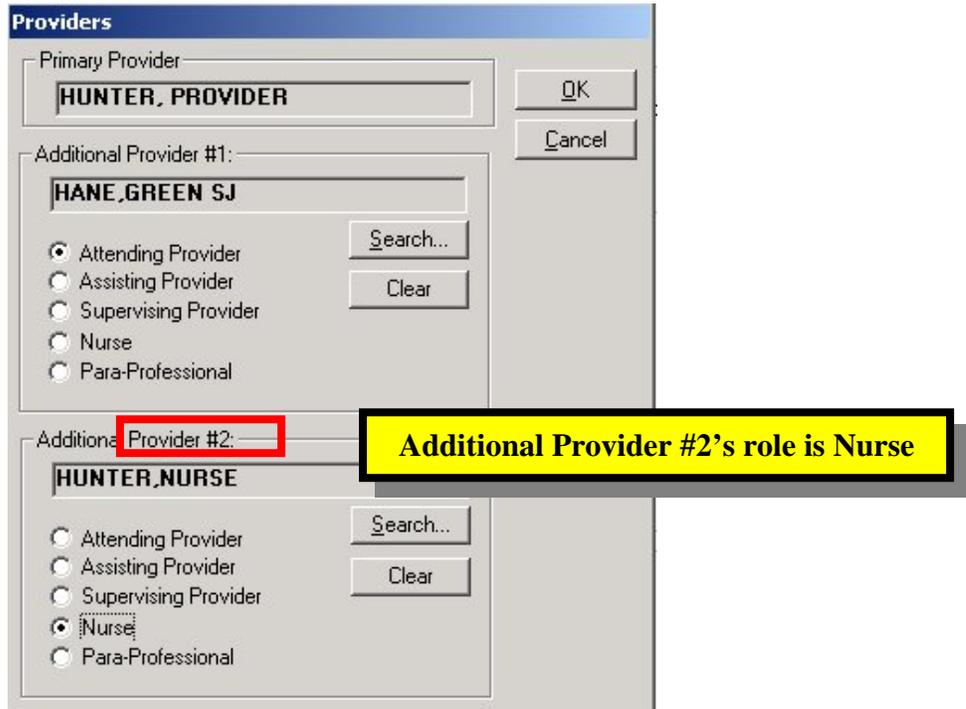


Figure 13 - PCR: 8335 - Additional Provider #2 Assigned Nurse Role

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```

Date/Time : 27 May 2003@1000      Type: EST$      Status: KEPT
Clinic: INTERM
In/Outpatient: Outpat
Attending Provider: HUNTER, PROVIDER
Provider #1: HANE, GREEN SJ      Role: ATTENDING
Provider #2: HUNTER, NURSE      Role: ATTENDING
Disposition: RELEASED W/O LIMITATIONS
=====

```

Figure 14 - PCR: 8335 - Additional Provider #2's Role Incorrect in ADM

```

Date/Time : 03 Jun 2003@1448      Type: ACUT      Status: WALK-IN
Clinic: NEURO
In/Outpatient: Outpat
Attending Provider: TWO, TESTER
Provider #1: THREE, TESTER      Role: ASSISTING
Provider #2: FIVE, TESTER      Role: NURSE
Disposition: RELEASED W/O LIMITATIONS
=====

```

Figure 15 - PCR: 8335 - Providers Roles Display Correctly

4.2.4 Action Bar Icons Not Disabling Correctly

Reported Problem	Solution	PCR
The system, according to a user's security level or system rule, will not allow access to certain functionality. CHCS II uses the windows disable (gray out) feature to accomplish this in most instances. In the Previous Encounters module, in the specific case where a user accesses a cancelled encounter, the Action Bar icons were not appropriately disabled, although the user was denied access if an icon was clicked.	This has been fixed in the current release (Figure 16).	8041

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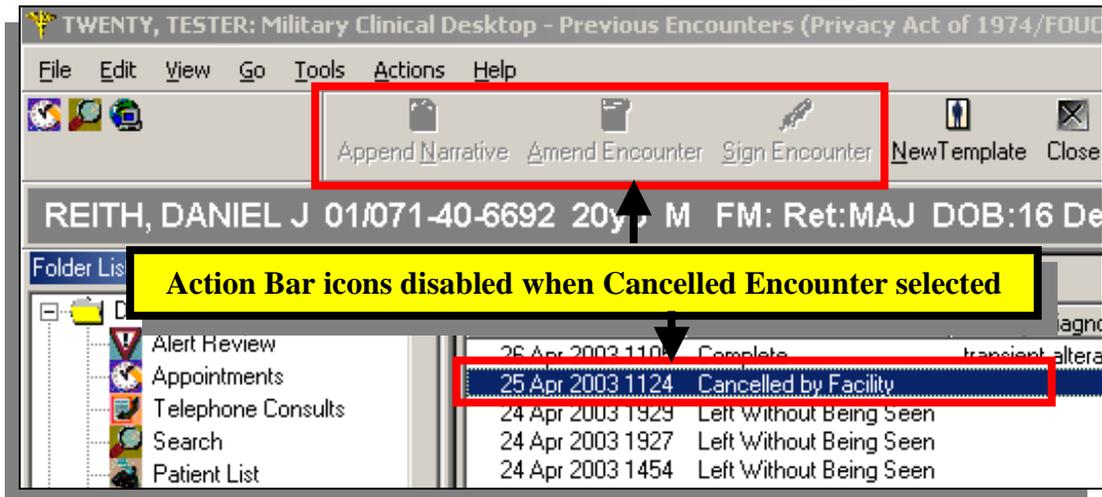


Figure 16 - PCR: 8041 - Action Bar Icons Disabled

4.2.5 Security – Clerk Unable to Access Telephone Consults Module

Reported Problem	Solution	PCR	Manage Now
User is getting the message that they "Do not have permission to access the module" when attempting to access the Telephone Consults module (Figure 17).	<p>This is not a Security issue.</p> <p>A user who has the Scheduling Clerk role has Read/Write/Delete (RWD) for both the Telephone Consult and Appointments modules.</p> <p>This user can create Telephone Consults in the Appointment module (except for himself as he cannot sign encounters) but cannot create Telephone Consults in the Telephone Consult module as cited in this SCR.</p> <p>A software change has been made to enable users to access required modules and perform authorized tasks therein.</p>	8125	484299

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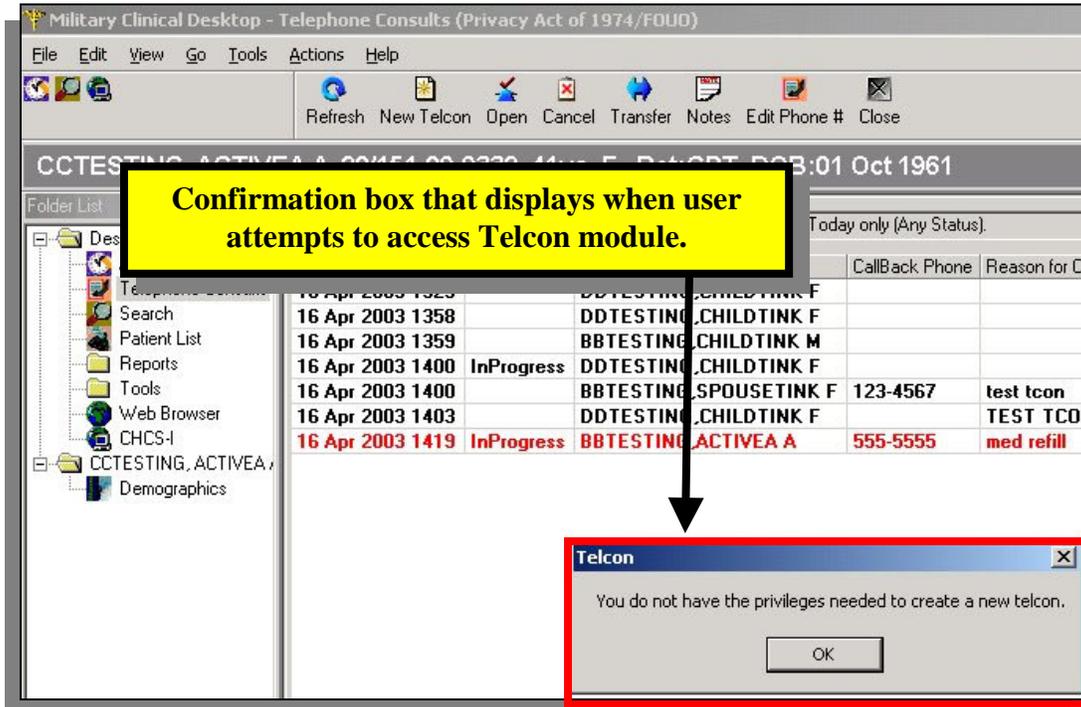


Figure 17 - PCR: 8125 - Telephone Consults Module

4.2.6 Missing APV Clinics on the LGS Mapping

Reported Problem	Solution	PCR	Manage Now
Missing Ambulatory Procedure Visit (APV) Clinics on the Legacy Gateway Server (LGS) Mapping Program for FB. Site had 20 APV Clinics in the mapping list last week and now they are no longer there.	The issue with the missing APV Clinics on the Legacy Gateway Server Mapping Program for Ft. Bliss has been resolved.	8524	598133

4.2.7 Security - Viewing Sensitive Encounters

Reported Problem	Solution	PCR	Manage Now
Currently any provider with "Break Glass" access can see Patient encounters which are set as sensitive. Due to concerns raised by Army Mental Health providers at FB. They feel that this information should be visible ONLY to the provider doing the encounter. They felt that it is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) violation to have that information viewable to any provider and that it violates patient confidentiality.	Removed Break Glass for cited roles. A Change/Enhancement will be submitted to deal with the larger issue of protecting sensitive diagnoses.	8658	623924

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4.2.8 Security – Wellness Nurse Role Unable to Perform Telephone Consult Appointments

Reported Problem	Solution	PCR
<p>Users that are assigned the wellness nurse role are unable to perform telephone consults under their own name. When the user selects the telephone consult module, the system prompts the user to select a provider; however, the provider with the wellness nurse role is not listed in the dropdown menu of authorized providers.</p> <p>A check of the Appointment module revealed that the wellness nurse was listed as an authorized provider for creating walk-in appointments and for having appointments scheduled in CHCS I.</p> <p>A check of the provider setup in CHCS I revealed that the wellness nurse had T-CON* and TCON appointments listed as authorized appointment types.</p>	<p>Developer's notes from that SCR: The list of clinic providers was using "GetSignableClinicProviders" to fill the Telcon module list of clinic providers. This is based upon signature class. Source code changed in current build to match as done in the Appointments module, to use GetClinicProviders, which is not based upon signature class. The list of providers to "Transfer" to, will now include ALL clinic providers.</p>	8823

4.2.9 Full Client Installation - Does Not Save Registry Settings for Autoupdate Folder

Reported Problem	Solution	PCR
<p>When doing a full client installation, the Update Path for the Primary, Secondary and Tertiary servers does not save in the registry. Needs to be saved under the CH2CW branch for Location, Location1 and Location 2. Tested with 2.1.831, P7.</p>	<p>The issue with the Update Path for the Primary, Secondary and Tertiary servers not saving in the registry has been resolved.</p>	9294

4.2.10 Autoupdate Clears Out Location Path Registry After Execution

Reported Problem	Solution	PCR
<p>Testing autoupdate from 2.1.831 P7 to 2.1.832, P3. Update ran successfully, however after completion the registries for Location were cleared.</p>	<p>The former issue with the CHCS II AutoUpdate clearing out the Location path in the registry after execution does not occur in this update.</p>	9295

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4.3.4 Provider Cannot Walk-in a Patient

Reported Problem	Solution	PCR	Manage Now
NMCP - When provider tries to walk in a patient there are no appointment types listed in the appointment type window. It has been verified that the provider is in CHCS I correctly.	Fixed by installation of M/Objects 50, included in the current release.	8624	626518
TAFB - Appointment cannot be added in CHCS II		8720	601672
FB - Appointment Types not available for provider.		8727	650182
GAFB - Appointment Types not Available for Provider.		8729	650185

4.3.5 Modification to Appt Check In Process to Prevent Phantom Encounters

Reported Problem	Solution	PCR
If two or more users access a scheduled appointment at the exact same time, two encounters, each with their own unique appt ID, will be generated from the one appointment. To reproduce this scenario, the appointment must be a scheduled appointment from CHCS I and not checked in.	Code changes in the current release will prevent this unlikely scenario from creating multiple encounters.	9367

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4.4 ASSESSMENT AND PLAN MODULE

4.4.1 DoD Extender Codes Not Available for Selection From Encounter Template

Reported Problem	Solution	PCR	Manage Now
Certain diagnoses require the user to select DoD Specific extender codes. When these Diagnoses are searched for and added to an encounter through the Diagnosis tab, the user is presented with a dialog box that requires the selection of an extender code. If the same diagnosis is in an encounter template, the user is not presented with a box that requires them to select an extender code when selecting this diagnosis for an encounter. Likewise, if the user is building an encounter template and adds a diagnosis that would normally require the use of an extender code, the user cannot add this code to the template. In summary, selecting a diagnosis one way requires the selection of an extender code; selecting the same diagnosis another way does not allow the user to select an extender code.	Investigation determined that the ICD9 code in the template is being padded with spaces, so the lookup of extender codes is finding none. The issue with extender codes displaying incorrectly in A/P when loaded from Templates and errors encountered during the write back to ADM for these encounters has been resolved. PCR 8873 closed as a duplicate.	8514 9364	576525

4.4.2 ICD-9 Code v15.7 is Not Correct

Reported Problem	Solution	PCR	Manage Now
The providers were selecting the diagnosis birth control method, but it was writing back to ADM as the wrong diagnosis (v15.7). The correct ICD-9 codes that should come up when the provider searches for Birth Control are v25.01, v25.41, etc. These are diagnoses that are commonly used throughout the medical community, and should be associated to the Search term "birth control".	This COTS problem has been fixed in the current release.	9104	775986

4.5 DISPOSITION MODULE

4.5.1 Users Can Exit CHCS II While E&M Override Warning Message Is Displayed

Reported Problem	Solution	PCR
The application can be closed while the E&M Override Warning Message is displayed. User can click Cancel twice in order to proceed with the shutting down of CHCS II.	This has been fixed in the current release.	7900

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4.5.2 Face-to-Face Time for Telephone Consult

Reported Problem	Solution	PCR
Since the Disposition module has been revamped in CHCS II, users documenting Telcons are now allowed to select additional providers, Administrative Disposition Options and "Time Factors" (counseling and face-to-face/floor time) in the Disposition module. In the past, these options were not available for Telephone Consults. Since two of these findings are fields that populate on the SADR, concerned that errors may arise, as these options had not been available in the past for Telcons.	The availability of the time factor options was determined to be a Problem/Defect and is no longer available for Telcons (Figure 20).	8316

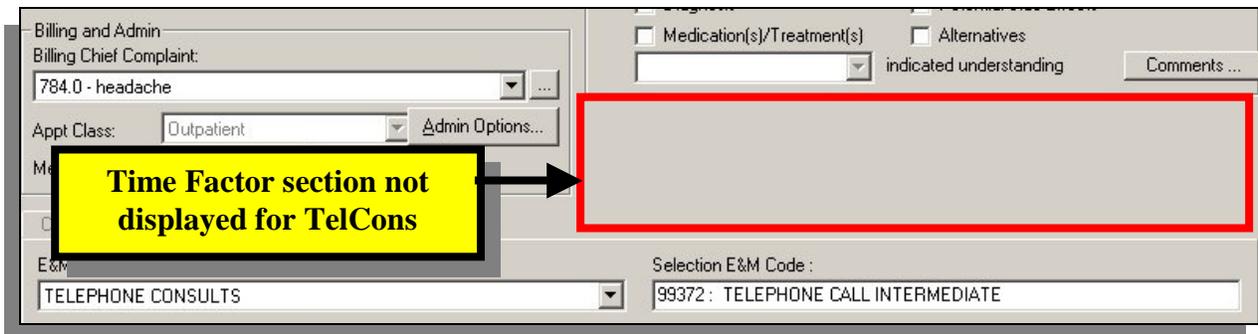


Figure 20 - PCR: 8316 - Disposition Module (partial)

4.5.3 Unable to Add Multiple Modifiers

Reported Problem	Solution	PCR
User is only able to select one modifier to the E&M code and the requirement states they should be able to select up to three.	This has been fixed in the current release (Figure 21).	8339

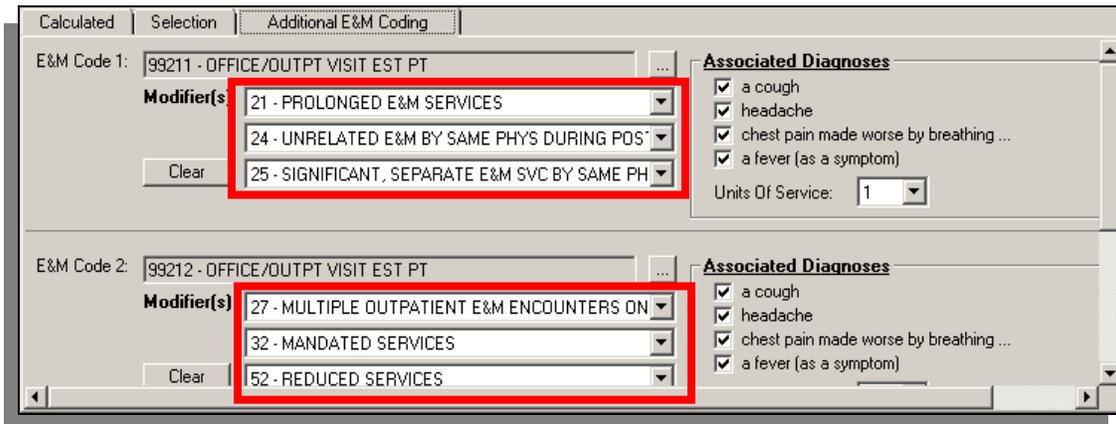


Figure 21 - PCR: 8339 - Three Modifiers Added to Each E&M Code

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4.5.4 Disposition – E&M Code blank

Reported Problem	Solution	PCR
User was able to sign the encounter although the E&M code was blank.	This has been fixed in the current release.	9111

4.6 FORMS/REPORTS

4.6.1 Diagnosis Report Timing Out

Reported Problem	Solution	PCR	Manage Now
FE - When trying to run the Diagnosis Report for one provider, for a time period of a single day, the report was timing out. Tried to run the report, on second and third providers, with the same result.	This has been fixed in the current release. No time -out issues for Report Diagnosis for Provider for any time period. Ran report for 1 day, 11 days and one year by Provider and MTF	8367	557050

4.6.2 VB Errors Attempting to Print DD2766

Reported Problem	Solution	PCR	Manage Now
CHCS II Application hung for a while before receiving VB errors when trying to print DD2766, from the File pull-down menu. Printing SF600 works OK.	This has been fixed in the current release.	8634	623925

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4.6.3 Appointment Cancellation Attributed to Wrong User on SF600

Reported Problem	Solution	PCR	Manage Now
Provider accidentally opened (checked in) a patient that was never there (no-show). He then did a facility cancel. When another user (nurse) previewed the encounter the SF600 showed that he was the one who did the facility cancel. This is the only patient that this problem occurs with.	This has been fixed in the current release.	8734	650181

4.6.4 ADM Writeback Error 103

Reported Problem	Solution	PCR
Several occurrences of ADM Writeback Error 103	The issue with un-cancelled appointments in CHCS-II being rejected during the Individualized Billing (IB) Writeback because they are still cancelled in CHCS has been resolved, with M/Objects Patch 2.1.55, by automatically setting the appt status in CHCS/PAS to KEPT during the Writeback process just prior to creating the Ambulatory Data Module (ADM) record and completing the encounter in ADM.	8877 8879 8883

4.6.5 ADM Writeback and Exception Reports

Reported Problem	Solution	PCR
Errors associated with ADM Writeback process and ADM Exception Reports.	The problems, limited to DT&E are fixed in current release.	8901, 8936

4.6.6 Allergies Appear in Cyrillic Font on SF600

Reported Problem	Solution	PCR	Manage Now
In Encounter allergies appear in correct font but in the SF600 the characters are transliterated into a "Cyrillic" font (Figure 22).	The problem, limited to one site is fixed in current release.	8948	708168

CHANGE HISTORY

The following Vitals Entry Was Overwritten by HIGGINS, DENNIS L. @ 01 Jul 2003 0847 CDT.
Vitals Written by HIGGINS, DENNIS L. @ 01 Jul 2003 0842 CDT

ΒΠ: 124/84, ΗΡ: 80, ΡΡ: 16, Τ: 98.2 Φ, Τοβακχο Υσε: Ψεσ, Αλκοηολ Υσε: Νο
Χοιμεινο: ΡΤΩ ρ/τ ρεχονσ τρυχιτπεσσυργερφ Ρ ανκλε. 18 θυνε03. νον φοβ ρελατεδ. Ηασ ΠΜΔνοστωιτη ρεστροχινοσ. Ωεαρωνγ
 βοστ το Ρ φοστ. Σεεσ ΠΜΔονχε α ωεεεκ.

Figure 22 - PCR: 8948 – SF600 (Partial)

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4.6.8 SF600 Continuation Pages Missing Identifying Data

Reported Problem	Solution	PCR
The SF600 continuation pages are missing the Date/Time, Clinic and Provider information. This is not up to Medical Records Standards and is problematic for collating multiple pages.	The problem is fixed in current release.	9025

4.6.9 SF600 AutoCite Section

Reported Problem	Solution	PCR
The SF600 prints wasted blank lines and space in the AutoCite section of the document. No gray grid lines are printed.	This item has been determined to be WAD and is closed.	9261

4.7 HELP UTILITY

4.7.1 Incorrect Help Information on First Health Care Maintenance Item

Reported Problem	Solution	PCR
When accessing Help for the first time on the first item in the Health Care Maintenance list, the user gets overall Help on Wellness Reminders.	The problem has been fixed in the current release.	7862

4.8 MEDICATIONS MODULE

4.8.1 Meds Module & Encounter Document Should Not Have "Dispensed" In Heading

Reported Problem	Solution	PCR
The word "Dispensed" appears in the heading of the Meds Module (Figure 23) and also on the Encounter Document--when medications have been optioned to AutoCite. Meds can be made to populate these two lists from simply activating a label to be printed in the pharmacy--which is Standard Operating Procedure (SOP) for MTF Pharmacies; therefore, including "Dispensed" in these headings is misleading to the provider.	The column label has been changed to "Active Medications" in the current release.	8686

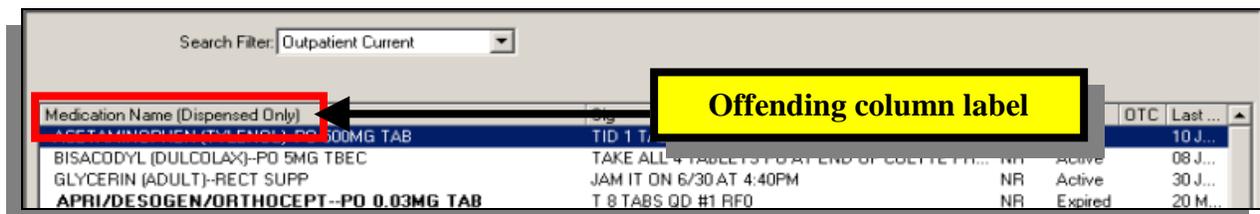


Figure 23 - PCR: 8686 - Medications Module

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4.8.2 Fill Dates and Number of Refills Inconsistent

Reported Problem	Solution	PCR	Manage Now
The Fill dates and number of refills differ between CHCS I and CHCS II. Current Medication Profile-No relevant meaning for bold plus, active, inactive and discontinued med display. The users expect to see just current medications when they select the "Current Medication" profile. What should the bold print on medications mean? It appears to not have any relevant meaning.	The inconsistency has been resolved in the current release.	8910	698260

4.9 NEW RESULTS MODULE

4.9.1 Amended Lab Results Not Showing Up in CHCS II

Reported Problem	Solution	PCR	Manage Now
Amended Lab results not showing up in CHCS II.	According to site, problem has been resolved.	8422	571091

4.9.2 Missing Alerts in CHCS II

Reported Problem	Solution	PCR
When the laboratory results an ordered test, CHCS I will alert the ordering provider that new results are available for review. CHCS II does not alert the provider that new results are available.	The problem has been resolved in the current release.	9319

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4.10 ORDER ENTRY

4.10.1 Requesting Locations Missing

Reported Problem	Solution	PCR
All CHCS I clinics between Ro - Z are not listed in the CHCS II Order Entry Requesting Locations picklist.	Reopened 07/10/2003. Test Note 08/12/2003: Unsuccessfully tried two different users assigned to a clinic beginning with "S" in Build 832 P1. Tested against current release; passed. Requesting location displayed all clinics A-Z. Since CDR clinic data has changed recently, there may be less than 5,000 Clinics in any providers list, so all clinics display. However, the interim fix still applies. Interim Fix: The Requesting Location only displays A-R if the list extends beyond 5,000 clinics; otherwise displays the complete list A-Z. Either way, the default clinic always displays.	8500

4.10.2 Medication Ordered in CHCS II, But Now Is Lost

Reported Problem	Solution	PCR	Manage Now
A medication appeared to have been ordered, because it is printed on the SF600, but it could not be found in CHCS II (the Meds Module) or in CHCS I. The pharmacy had to reorder the med, when the patient came to pick it up and it was not there.	Although CHCS I displayed the message to the user the system should not have continued to process the med, meaning adding it the SF600 as if it was really ordered. The med was not ordered. The problem has been fixed in the current release.	8827	672765

4.10.3 Specific Providers Unable to Place Orders

Reported Problem	Solution	PCR	Manage Now
FB - Two specific providers can place orders in CHCS I but not in CHCS II. The error points to security keys. PA-CTM C and CTMC-PA are now one key. Is there a mapping issue between these keys and CHCS I and CHCS II?	The problems were related to password and profiles issues, not code, and have been resolved.	8993	726721

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4.10.4 Duplicate Lab Order Error

Reported Problem	Solution	PCR
When ordering a lab test that will generate a duplicate test warning, the user is given an opportunity to override the warning and order the test. In the current CHCS II version (831 P7) the user encounters an error (CHCS I Errors: Missing required parameter) and the test is not ordered. If the user goes to CHCS I and orders the duplicate test the system will allow the order.	The problem has been fixed in the current release.	9055

4.10.5 Run Time Error When Discontinuing Lab, Rad, and Med Orders

Reported Problem	Solution	PCR
Discontinuing laboratory, radiology, or medication requests in "order entry" will cause a run time error. The run time error causes order entry to "freeze".	The issue with the run time error encountered when discontinuing laboratory, radiology, or medication requests in "order entry" has been resolved in the current release.	9185

4.11 ORDER SETS

4.11.1 Order Sets Needs an Ordering Provider

Reported Problem	Solution	PCR	Manage Now
Order Sets tab needs a button / drop-down list to choose an Ordering Provider, just like the Meds tab.	In the current release, when a user is logged in as a Provider Attending, the Ordering Provider Field in Labs, and Order Sets is disabled (Figure 24), showing the Provider Name. When a user is not logged in as a provider the Ordering Provider field is enabled (Figure 25), permitting selection by the user.	8812	652677



Figure 24 - PCR: 8812 - Order Sets Tab, User Logged in as Provider

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Figure 25 - PCR: 8812 - Order Sets Tab, User Logged in as Non-Provider

4.11.2 Orders Cannot be Processed Through Order Sets

Reported Problem	Solution	PCR	Manage Now
User orders lab tests, meds, or rads though the Order Set tab, but the order is not processed. After the user has selected the order set template he needs, from the drop down list, he selects the tests he needs and then clicks Submit. It looks like the order is going to be processed, but then an error occurs - "No DATE sent with LAB order". He clicks "OK" on the error, and the next test starts to process. The same error will pop up for that test. This happens until it has no more tests in the order set. User has tried to order several different order sets, from several different templates, and always receive the same errors.	This Non-Provider Order Entry (NPOE) problem has been fixed in the current release.	9735	977784

4.12 PATIENT SEARCH WINDOW

4.12.1 Phone Number Field in Patient Data Truncates

Reported Problem	Solution	PCR	Manage Now
NMCP - CHCS II phone number field in patient data appears to truncate the last 3 numbers, appears right justified. CHCS II phone number for patient is 000-123-1234 Work number is 000-254-4567.	There were incorrect phone numbers in the Clinical Data Repository (CDR). The deployed code in the current release enters the phone numbers into the CDR correctly. The problem is self-correcting as any CHCS I Admissions, Discharge, Transfer (ADT) transaction updates the phone numbers correctly.	8143	492415, 473184

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4.12.2 Patient Search Does Not Find Newly Added Patients

Reported Problem	Solution	PCR
A new patient was created in CHCS I Legacy. In CHCS II, the user does a patient search of CHCS I. The patient is found. The user highlights the patient and clicks on OK. A message appears re: patient demographics delay to CHCS II, but that the patient can be checked in. The user does another patient search, but this time selects find. No patient is found. Even if an encounter is created and completed, another search of CHCS II does not find the patient. However, the patient is found in the CDR	The problem has been corrected in the current release	8445

4.13 POPULATION HEALTH REPORTS

4.13.1 Drug Cost - VB error when Adding Drug Alternative

Reported Problem	Solution	PCR
User accessed Drug Cost report. User then highlighted a drug on drug cost list, and clicked on the Alternative button. User next selected "Search against Description" in Selective Therapeutic Alternative block, entered a drug name in Search Text block and clicked Search. At that point a VB Error was received (Figure 26).	The problem has been fixed in the current release (Figure 27).	8267

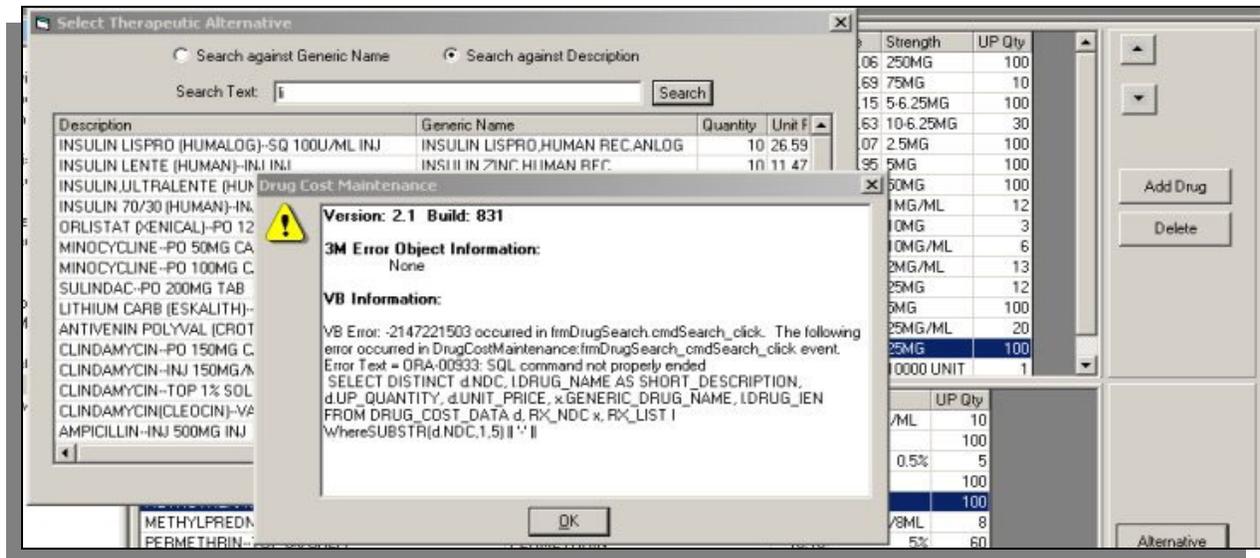


Figure 26 - PCR: 8267 - VB Error - Select Therapeutic Alternative

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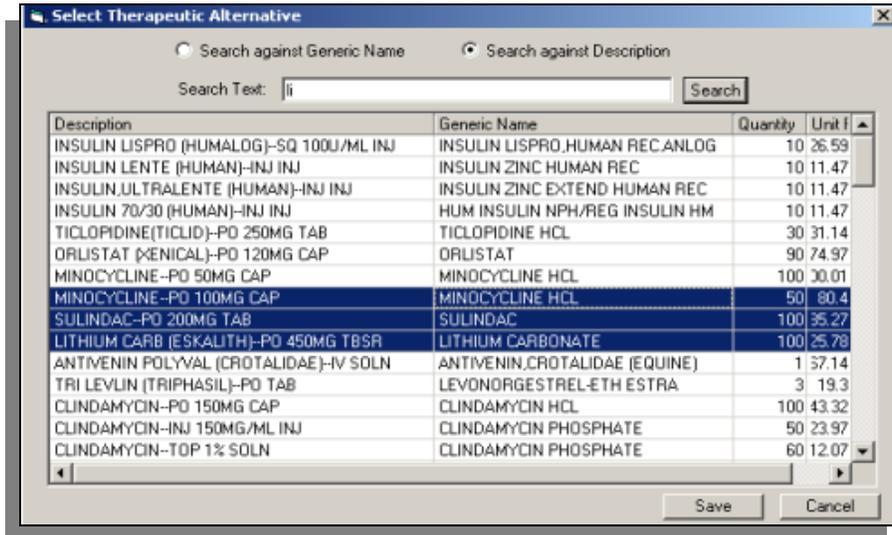


Figure 27 - PCR: 8267 - Select Therapeutic Alternative - Current Release

4.14 SCREENING NOTIFICATION MODULE

4.14.1 Erroneous Over-reporting of Number of Patients with Coming-due Screening Service

Reported Problem	Solution	PCR
When the user satisfied a Wellness reminder for an over due screening service (Figure 28) and then accessed the Wellness Schedule and edited the frequency for the screening to a frequency that changed the status of the alert from satisfied to coming due, the number reflected in the Coming Due column of the MTF Screening Notification report was twice what it should be (Figure 29). For example, if the user changed the status of two patients the coming due column would be increased by four instead of two.	Has been fixed in the current release. The MTF and PCM reports reflect the correct counts for PCM and associated wellness reminders. Addressing reminders are correctly reflected in both MTF and PCM reports.	7757, 7792

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Go Back | Search Criteria - Entire MTF, Reminder(s): Mammogram Screening
Go Forward
Change Selections

PCM Name	Mammogram Screening Coming Due	Mammogram Screening Overdue
AL-HINDI,AHMAD		2
ALDINGER,KYLE A		1
AMABIL		
ANTOIN		
ARLUK		
AYALA,PABLO		46
BAGALKOTKAR,PRASHANT B		32
BALAKRISHNAN,MANGALA		16
BALL,JOHN J		1
BALLARD,KATHERINE E		16
BEAVERS,TAMMY J		27
BERMISA,ARTHUR		2

Figure 28 - PCR: 7792 - Number of Patients Overdue

Go Back | Search Criteria - Entire MTF, Reminder(s): Mammogram Screening
Go Forward
Change Selections

PCM Name	Mammogram Screening Coming Due	Mammogram Screening Overdue
AL-HINDI,AHMAD		2
ALDINGER,KYLE A		1
AMABIL		
ANTOIN		
ARLUK		
AYALA,PABLO		46
BAGALKOTKAR,PRASHANT B		32
BALAKRISHNAN,MANGALA		16
BALL,JOHN J		1
BALLARD,KATHERINE E		16
BEAVERS,TAMMY J		27
BERMISA,ARTHUR	4	

Figure 29 - PCR: 7792 - Values in Coming Due Column Doubled

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4.14.2 System Erroneously Reports That Patients Were Notified By Letter

Reported Problem	Solution	PCR
When a user performs a PCM Screening Notification Reminders Search and clicks on the notify box for selected patient and then clicks the NOTIFY button, a Print Preview window opens showing a preview of the notification letter that is to be printed for the selected patient. If the user clicks the close window button (X) in the top-right corner of the Print Preview window (Figure 30) instead of clicking on the printer icon, the Print Preview window closes and the system records that the patient has been notified by letter (Figure 31) of overdue screening service(s) even though the user has not printed the notification letter.	A fix has been implemented in the current release so that clicking the "X" on the Print Preview screen will not update the Notified Date and Method in Screening Notification. The patient records are not updated unless print is invoked.	7772

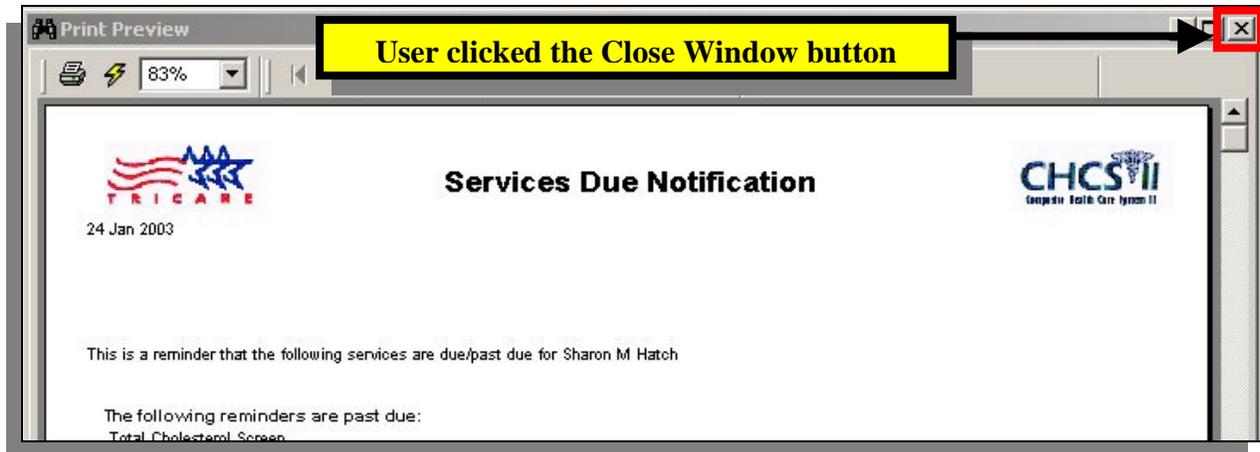


Figure 30 - PCR: 7772 - Print Preview Window

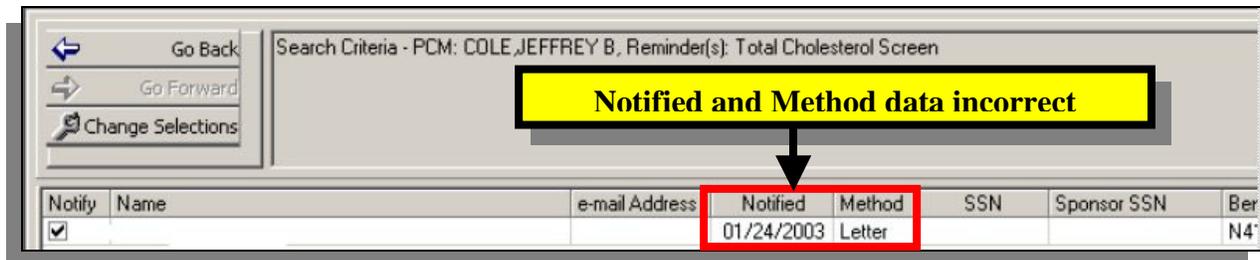


Figure 31 - PCR: 7772 - Screening Notification Module

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4.14.3 Incomplete PCM Contact Information

Reported Problem	Solution	PCR
When Coming-due/Overdue Screening Notification letters were printed for patients belonging to a PCM, the last four digits of the provider’s telephone number were omitted from the letter (Figure 32).	The problem, that occurred when the PCM’s name exceeded a specific length, has been corrected in the current release.	7853

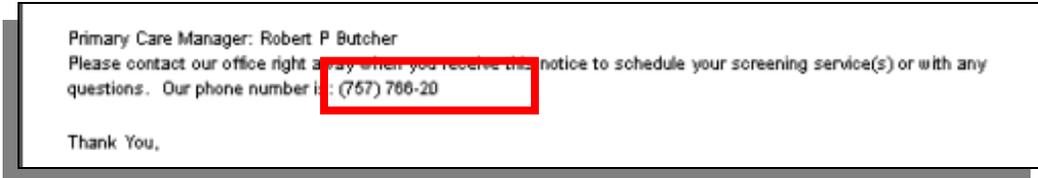


Figure 32 - PCR: 7853 - PCM Telephone Number Incomplete

4.14.4 Screening Notification Reminder Search VB Error

Reported Problem	Solution	PCR
User received a VB Error each time that a Screening Notification Reminder search (MTF or PCM) is performed. The system times out after initiating a Screening Notification Reminder search the system runs for approximately 3 1/2 minutes, times out, and then displays the VB Error message.	Has been corrected in the current release	8222

4.15 SUBJECTIVE/OBJECTIVE (S/O) MODULE (MEDCIN)

4.15.1 Vaginal Discharge pH Option Not in Medcin Tree

Reported Problem	Solution	PCR
Unable to find vaginal discharge pH in Medcin. This is a test that some providers routinely do in the office (point of care).	Term added in Medcin Winter 2002/2003 release and is included in current CHCS II release (Figure 33).	7701

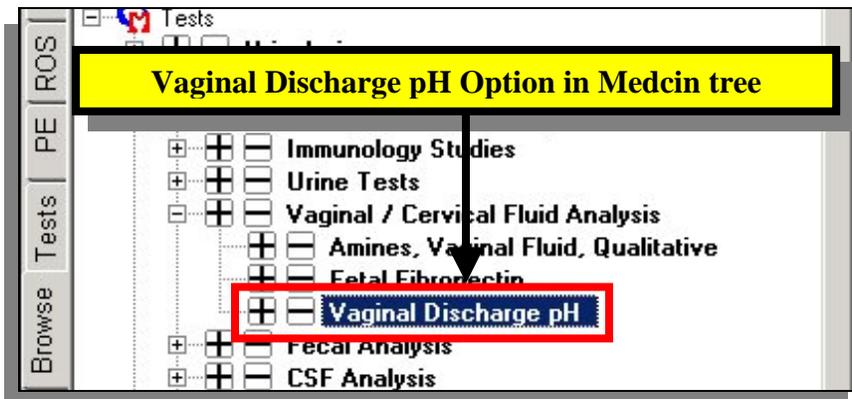


Figure 33 - PCR: 7701 - Vaginal Discharge pH Available in Medcin Tree

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4.15.2 MEDCIN DX Prompt Error

Reported Problem	Solution	PCR
User selects DX Prompt and searches for Leg Strain as a disease for consideration (Figure 34) and then is prompted for HPI (Figure 35), PMH (Figure 36), and PE (Figure 37) related to forearm pain. Could potentially cause charting error and need to Amend encounter.	Fixed by Medicomp and incorporated into current release.	7837

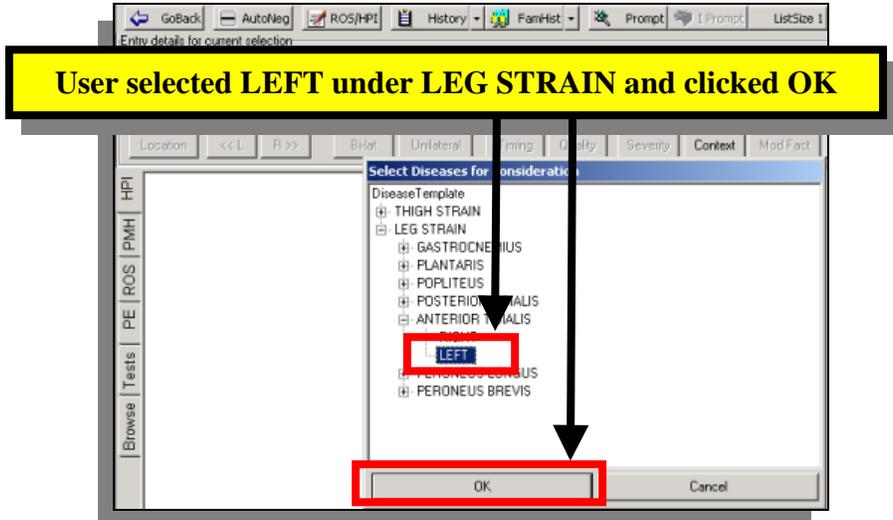


Figure 34 - PCR: 7837 - Selection Made

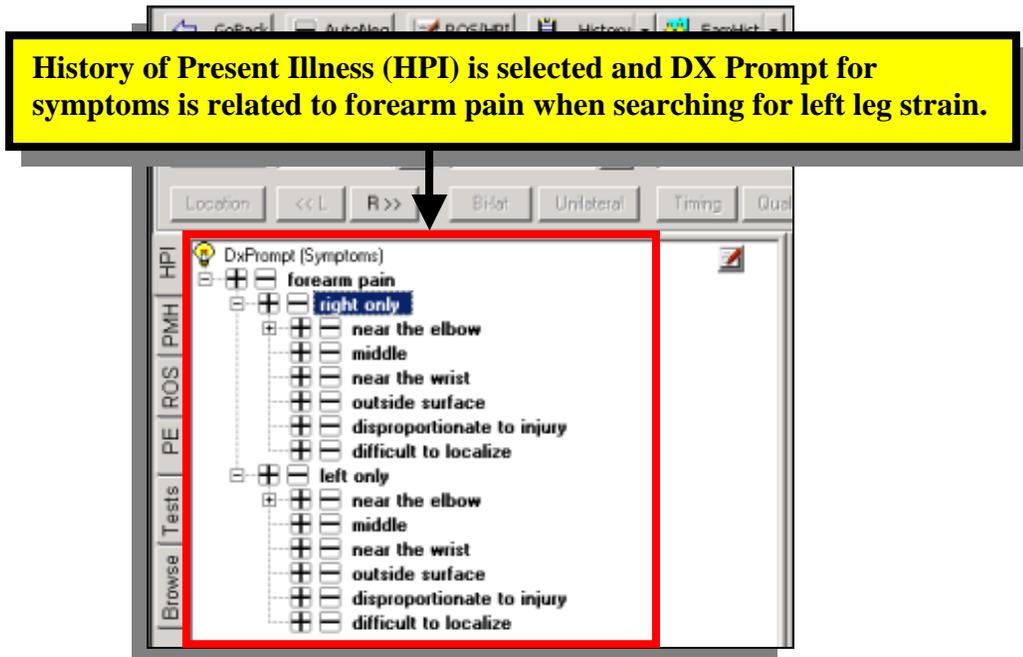


Figure 35 – PCR: 7837 - History of Present Illness (HPI) Tab

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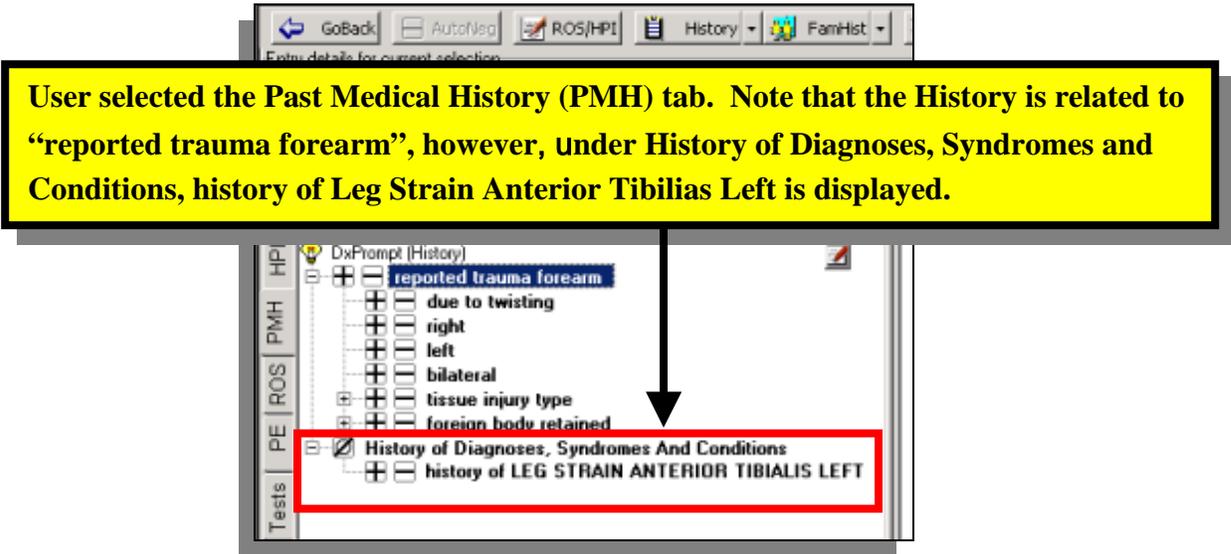


Figure 36 - PCR: 7837 - Past Medical History (PMH) Tab

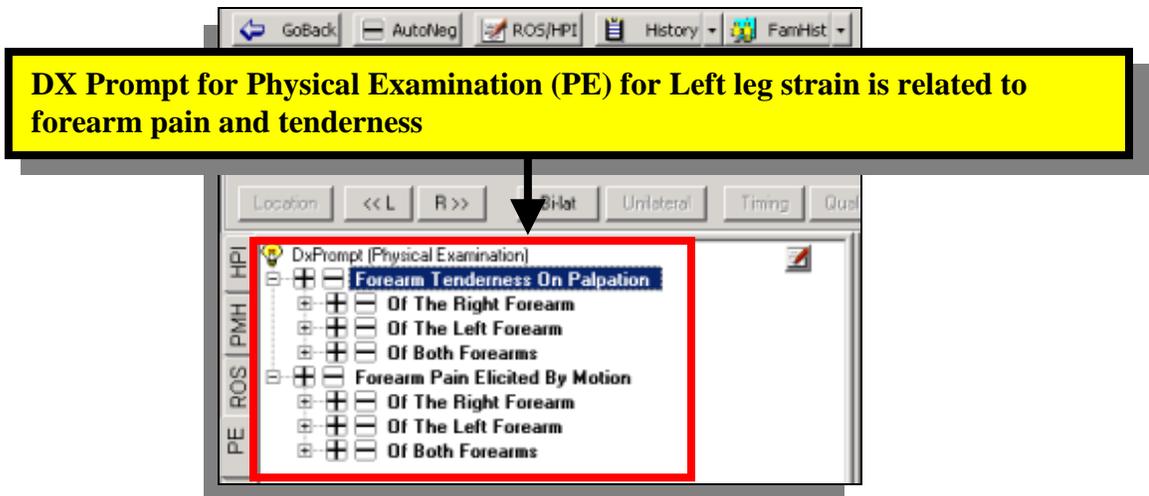


Figure 37 - PCR: 7837 - Physical Examination (PE) Tab

4.15.3 Invalid ICD Code for Orthopedic Aftercare Following Joint Replacement 54.81d

Reported Problem	Solution	PCR
User added Orthopedic Aftercare Following Joint Replacement 54.81d to Encounter and received an Invalid ICD Code message (Figure 38).	The appropriate code, v54.81 has been added in current release (Figure 39).	7894

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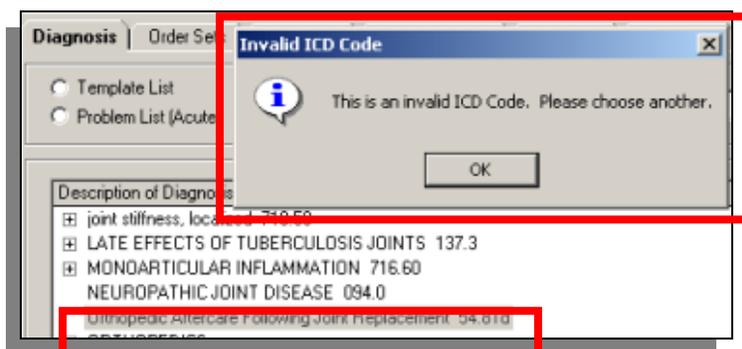


Figure 38 - PCR: 7894 - Invalid ICD Code Message

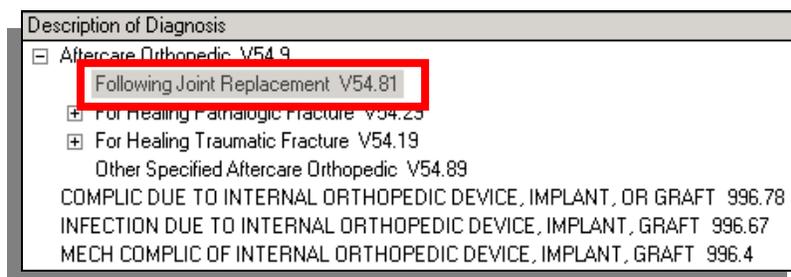


Figure 39 – PCR: 7894 - Correct Code Added

4.15.4 ICD-9 Code 784.1 is Not Correct

Reported Problem	Solution	PCR	Manage Now
784.1 and 462 are both coming up with Sore Throat (Acute Pharyngitis) 784.1 should be coming up with Throat Pain according to the ICD-9 code book.	462 now coming up with pharyngitis and 784.1 is coming up with throat pain. The Medcin term sore throat has been removed probably due to the ambiguity between sore throat and throat pain.	9027	743571

4.15.5 ICD-9 Code V72.3 - Gynecological Examination, Too Specific

Reported Problem	Solution	PCR	Manage Now
The ICD-9 Code V72.3 is too specific; it needs to be worded differently. Code V72.3 should say: Gynecological examination.	The term "reason for visit: single system exam gynecological exam" has been added	9132	783678

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4.16 TELEPHONE CONSULTS MODULE

4.16.1 Patient's Home and Work Numbers Not Displayed in Window

Reported Problem	Solution	PCR
The patient's home and work numbers do not display on the title bar of the New Telcon window (Figure 40) or in the Telecon Quick Entry window.	The problem has been corrected in current release.	8338



Figure 40 - PCR: 8338 - Patient's Home and Work Numbers Missing

4.16.2 Nurse Wellness Role Cannot Transfer Telcons to Other Nurses

Reported Problem	Solution	PCR
Users with Nurse Wellness role are unable to transfer Telcons to other nurses.	The problem has been corrected in current release.	8839

4.17 TEMPLATE MANAGEMENT MODULE

4.17.1 Copy Forward Notes All Saved as Personal S/O Templates

Reported Problem	Solution	PCR
Every time a copy forward note is created, it is saved as a S/O template.	The problem has been corrected in current release.	8836

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5.0 CHCS II PROBLEMS PENDING RESOLUTION

5.1 SNAREWORKS 5.0 ISSUES

5.1.1 Existing User Accounts Not Able to Book Appointments

PCR #	8781
CMWG Priority	1
Reported Problem	<p>Some of DT&E's existing user accounts (provider_attending and nurse_wellness) that worked in Snareworks do not work with SnareWorks 5.0. For example, user Nurse, Gulf is a nurse_wellness; when the user attempts to book an Unscheduled Visit (USV) in CHCS II, the following message is received:</p> <p>”The Provider selected does not have the authorization to sign encounters please select another user as the Provider for the Appointment.”</p> <p>The same problem also occurred for user Tidewater, Provider who has a provider_attending role that worked in Snareworks.</p>
Comments	This COTS problem/defect, limited to DT&E, will be fixed in a future release.

5.1.2 SnareWorks 5.0 Web Page

PCR #	8783
CMWG Priority	3
Reported Problem	<p>When creating a new user for SnareWorks 5.0, the web page does not correctly indicate the password strength criteria:</p> <p>Per the installation instructions, the Enterprise and Organization SnareWorks 5.0 Servers set their policy to have a minimum of at least one (1) NON-alphanumeric character in the password.</p> <p>When viewing the web page states that the password for the new account being create must not have a non-alphanumeric character.</p> <p>Should be a high priority to fix this issue, because it would require notifying all new users at all MTFs.</p>
Workaround	Instruct users to create accounts with passwords containing a non-alphanumeric character.
Comments	This COTS problem/defect will be fixed in a future release.

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5.2 CORE CAPABILITIES

5.2.1 Patient Information Incorrect in CDR

PCR #	7651
Manage Now #	268814
CMWG Priority	1
Reported Problem	A user searched for a Patient in CHCS II under the Sponsor's SSN, and discovered two patients with the same Sponsor SSN, but the spelling of the names and the FMPs were incorrect.
Comments	This specific problem, as well as the ones identified in PCR 9089 and 9118 have been fixed by running SQL statements. However, this ticket is being kept open to track the Patient Merge capability.

5.2.2 User Exited A/P, Application Unresponsive to Any User Input

PCR #	8297
Manage Now #	536843
CMWG Priority	2
Reported Problem	FE - User was documenting in CHCS II and when the user exited A/P, the application would not respond to any user inputs. The application was frozen in the current encounter module. The users had to use the Task Manager to stop the application and reboot the workstation. No data was lost.
Comments	This problem will be fixed in a future release.

5.2.3 User Cannot Delete a Sign Orders Alert

PCR #	8430
Manage Now #	570058
CMWG Priority	2
Reported Problem	FE - User tries to delete the Sign Orders icon on the Patient ID bar in the Sign Orders module (Figure 41), and in the Alerts Review module (Figure 42) after all orders have been addressed/signed. The icon and alert will not clear. The sign order module displays a status of no more orders to be signed and is blank, but the alert cannot be cleared from the Alerts Review module.
Comments	The Sign Orders icon should automatically clear once alerts have been addressed. A fix for this problem will be included in a future release.

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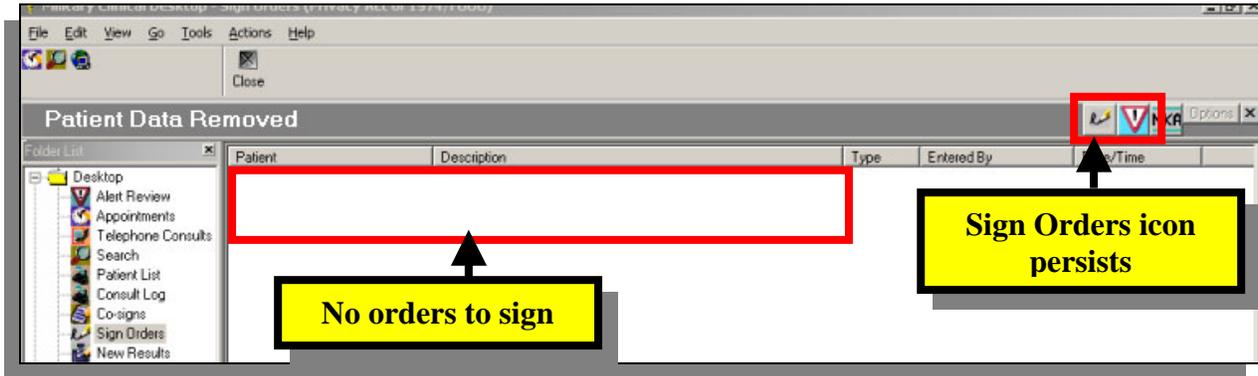


Figure 41 - PCR: 8430 - Sign Orders Module

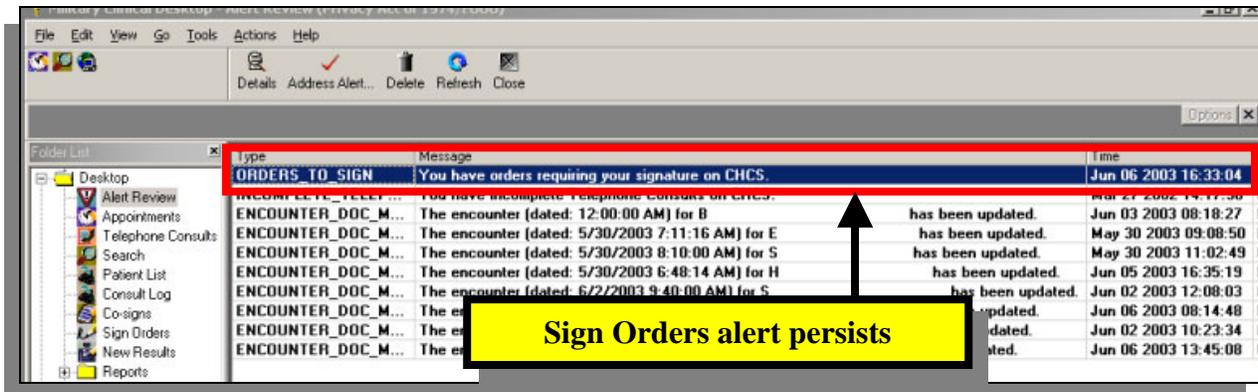


Figure 42 - PCR: 8430 - Alert Review Module

5.2.4 Historical Labs and Rads Missing

PCR #	8953
Manage Now #	711888
CMWG Priority	1
Reported Problem	FB - Missing historical labs and rads from random patients reported by random providers. The providers report that patients are missing various amounts of historical data that should come from CHCS I to CHCS II. Patients in CHCS II should have historical data up to 25 months in the past. FB has entered tickets for a number of these patients so their historical data may be copied from CHCS I to CHCS II, but these are only relate to circumstances which are reported to the site. There are probably more that have not yet been discovered. The site is trying to find out if there is a root cause for why these labs and rads are not coming over to CHCS II.
Comments	This problem/defect will be fixed in a future release.

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5.2.5 CHCS II/Authentication Error in CHCS II

PCR #	9083
Manage Now #	766961
CMWG Priority	3
Reported Problem	FB - Authentication error in CHCS II. Users are still able to login to CHCS II but they are receiving "Authentication failed for "/.../beaumont.chcsii.com" and "Failed to establish connection to the SnareWorks server at /.../beaumont.chcsii.com Please define an alternative SnareWorks Server". Site checked the Security Server and the processes were running correctly and the server was pinging.
Comments	This problem/defect will be fixed in a future release.

5.2.6 Error Handling of Appointment Status

PCR #	9115
CMWG Priority	1
Reported Problem	There are a few tickets (see Comments below) where the status in CHCS II is Complete in the Previous Encounters module but Incomplete in the Appointments module. This is due to appointments being out of sync when there are possible network issues when completing appointments. There should be a message displayed to the user when they double-click on the appointment to let them know appointment is out of sync.
Comments	New main Tracker item for problems related to appointments being out of sync when there are possible network issues when completing appointments. SQL scripts are used to resolve individual occurrences. The root problem will be fixed in a future release. Related tracker items PCR: 8287, Manage Now: 527053 (Closed as duplicate) PCR: 9005, Manage Now: 738411, and PCR: 9325 Manage Now: 854753

5.2.7 Appointment Discrepancies

PCR #	9108
CMWG Priority	3
Reported Problem	Integic is investigating Appointments created and seemingly never completed. SAIC is investigating these appointments and will try to determine the cause of their absence in the ADM tables as well as their alleged non-compliance with business rules.
Comments	Specific problem fixed with SQL statement, but tracker item remains open to track the cause, and fix it in a future release.

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5.2.8 Non-Provider Roles Can Sign CHCS II Encounters

PCR #	9241
CMWG Priority	1
Reported Problem	A user that does not have authorization to sign encounters in CHCS II (according to their role in the Security Matrix v9.4) can sign encounters on their patients when the appointment is generated from CHCS I.
Comments	Problem will be fixed in a future release.

5.2.9 Tech_Corpsman Limited Has Provider Privileges

PCR #	9246
Manage Now #	826038
CMWG Priority	1
Reported Problem	While assisting provider with templates, it was discovered that user with Tech_Corpsman role was able to sign encounters, and place orders without a co-signature.
Comments	Problem will be fixed in a future release.

5.2.10 Session Time Out Message Should Display on All Open Windows

PCR #	9192
Manage Now #	801657
CMWG Priority	4
Reported Problem	The Session Time Out Message needs to pop-up on top of ALL open windows, so the user can be alerted visually.
Comments	Problem will be fixed in a future release.

5.2.11 User with nurse_rn Role has Access to MTF Level Reports

PCR #	9197
CMWG Priority	4
Reported Problem	The nurse_rn is able to run MTF level reports, thus exceeding access described by Security Matrix V 9.3.
Comments	A logic flaw in the filter adding criteria to the drop down lists allowed the criteria to be added. Fixed the issue to correctly add items to the list based on permissions. The fix will be included in a future release.

5.2.12 Alerts Icon Indicates Orders to Sign

PCR #	9210
Manage Now #	797256
CMWG Priority	1
Reported Problem	User gets an Alert to sign orders (Figure 43), but there are no orders to sign (Figure 44); however, when user toggles to CHCS I there are orders (Figure 45).
Comments	This problem will be fixed in a future release.

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Type	Message	Time
ORDERS_TO_SIGN	You have orders requiring your signature on CHCS.	Sep
ENCOUNTER_DOC_NEEDS_COSIGN	You have encounters needing co-signature.	Sep
ENCOUNTER_DOC_MODIFIED	The encounter (dated: 7/31/2003 11:00:00 AM) for PENHALE, NATHAN M has been updated.	Jul 31
ENCOUNTER_DOC_MODIFIED	The encounter (dated: 8/8/2003 9:30:00 AM) for REED, MADISON F has been updated.	Aug 8

Figure 43 - PCR: 9210 – Alerts Review Module

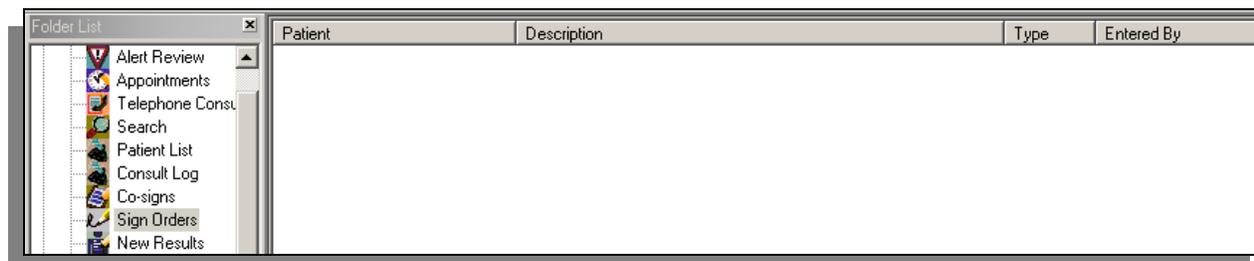


Figure 44 - PCR: 9210 - Sign Orders Module

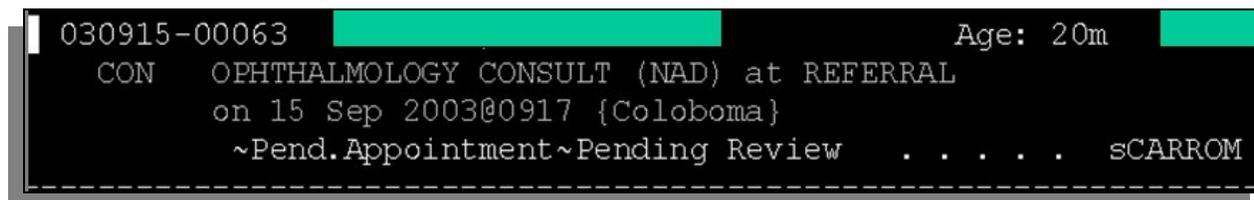


Figure 45 - PCR: 9210 - Order Listed in CHCS I

5.2.13 Sign Orders Alert Icon Missing from Patient ID Bar

PCR #	9285
CMWG Priority	2
Reported Problem	When a non-provider submits an order for a provider, the Sign Orders alert icon does not appear on the patient ID bar of the ordering provider's screen. The requirements states that the system should display the sign order alert within 20 seconds after it has been submitted; however, the alert is not appearing at all. When the provider's screen was checked the following day, the Alert had still not appeared.
Workaround	Check the Alerts Review module on a frequent basis.
Comments	The problem will be fixed in a future release.

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5.2.14 CHCS II/User Account Creation Problem

PCR #	9307
Manage Now #	824452
CMWG Priority	2
Reported Problem	GAFB - User account was created on Enterprise web site. According to SA it took at least four attempts to create the account due to user name requirements and or password issues, but account was registered. After the SnareAdmin account creation process took place successfully, the user attempted to log on to the application and was unable to do so. The user password was reset at the security server and the attempts at a controlled logon failed. We tested this on two machines and had users log on before and after her, but she could not do so.
Comments	The problem will be fixed in a future release.

5.2.15 VB Error Reauthenticate User

PCR #	9738
Manage Now #	986882
CMWG Priority	1
Reported Problem	After letting CHCSII timeout, a VB error pops up on the screen. Sometimes on the Dell computer a memory error pops up before the VB error. User has to click OK on the error and log back into CHCS II to regain access to the application. To avoid the timeout error, it is recommended that users use the Ctrl-Z operation, whenever their workstation is left unattended.
Comments	The problem will be fixed in a future release.

5.3 ALLERGY MODULE

5.3.1 Verified allergies not writing to SF600 as such

PCR #	9093
Manage Now #	774732
CMWG Priority	2
Reported Problem	FE - Women's Health Clinic has been tracking patients for the last couple of weeks whose allergies are verified but they do not write to the SF600 as being verified.
Comments	This problem/defect will be fixed in a future release.

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5.4 APPOINTMENTS MODULE

5.4.1 Multiple Appointment Dates

PCR #	9174
Manage Now #	791454
CMWG Priority	2
Reported Problem	<p>There are 3 problems to this ticket:</p> <p>1) The patient had an appointment for 15 Sept and 19 Sept, and both appointments showed on the appointment screen. The provider did not look at the date of the appointment, because he had "today only" selected in his options, he documented and signed the encounter for the 19 Sept appointment. He then did a "Copy Forward" from the 19 Sept encounter and completed the 15 Sept appointment with the appropriate documentation.</p> <p>2) In Previous Encounters, there are 2 appointments for 19 Sept. One 19 Sept encounter has the data from 15 September, and the other encounter for 19 September has data from 12 September.</p> <p>3) In Previous Encounters, the appointment for 12 September is "Cancelled by Facility", but the patient was seen, but the documentation is now in one of the 19 September encounters.</p>
Comments	Customer approval will be needed to create utility update appointment date time in the Clinical Data Repository (CDR). The problems will be identified and fixed in a future release.

5.4.2 Provider Cancelled Appointments with No Status in CHCS II

PCR #	9183
Manage Now #	799396
CMWG Priority	None
Reported Problem	<p>Provider cancelled appointments with no documented status in CHCS II that were completed in CHCS I. These appointments were in place prior to the user being a CHCS II user. They were completed in CHCS I by design. Since they were not completed in CHCS II and showed up as encounters not completed yet, he cancelled them to get rid of them from the appointment view pane.</p>
Comments	Users were given instructions to not cancel these appointments. This problem/defect will be fixed in a future release.

5.4.3 Patient Check Out VB Error

PCR #	9207
Manage Now #	810522
CMWG Priority	2
Reported Problem	VB error received when attempting to print the orders in conjunction with patient check out.
Comments	This problem/defect will be fixed in a future release.

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5.4.4 VB Error When Creating New Appointment

PCR #	9213
CMWG Priority	3
Reported Problem	VB error when creating New Appointment for a patient with the name "Null".
Comments	This problem will be fixed in a future release.

5.5 ASSESSMENT AND PLAN (A/P) MODULE

5.5.1 ICD-9 Code 834.0 is Not Correct

PCR #	9226
Manage Now #	8105232
CMWG Priority	2
Reported Problem	Provider searched for diagnosis, closed dislocation, but it returns diagnosis for finger fracture (code 816.0). Code 834.0 should read "Closed Dislocation".
Comments	This COTS problem will be fixed in a future release.

5.5.2 ICD-9 Code 715.98 is Not Correct

PCR #	9287
Manage Now #	843083
CMWG Priority	2
Reported Problem	The provider is selecting the diagnosis Osteoarthritis Vertebral; this diagnosis should not even exist. If there is arthritis of the spine, it should be coded to Spondylosis 721.90. ICD-9 code 715.98 should be worded as "Osteoarthritis, unspecified whether generalized or localized".
Comments	This COTS problem will be fixed in a future release.

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5.5.3 Medication List Does Not Reflect User Cancellation/Deletion Action

PCR #	9344
Manage Now #	857899
CMWG Priority	2
Reported Problem	FB - When the user deletes a medication in the Orders and Procedures pane in the A/P module, the medication is not removed from the Current Outpatient Medications pane unless the user clicks the Refresh List button or clicks the Save button, opens another module and then returns to the A/P module.
Comments	User actions should be automatically reflected in both panes with no further action required. This problem has been identified as a requirements defect, and will be fixed in a future release

5.6 CONSULT TRACKING

5.6.1 CHCS II Consult Orders Not Transferring To CHCS I

PCR #	9259
CMWG Priority	1
Reported Problem	Not all consult orders submitted in CHCS II are transferring to CHCS I. Though the problem is intermittent and has only been observed in pseudo-patients that had been registered in CHCS I by DT&E personnel, it should be noted that consult orders had been submitted on these patients in CHCS II in the past without problems.
Comments	This problem will be fixed in a future release.

5.7 DEMOGRAPHICS MODULE

5.7.1 Medicare Eligibility Field

PCR #	8859
CMWG Priority	2
Reported Problem	The Medicare eligibility code in patient demographics screen is not populating with information from CHCS I.
Comments	This problem/defect will be fixed in a future release.

5.7.2 Patient Demographic Data Disappears and Reappears with Refresh

PCR #	9073
Manage Now #	763974
CMWG Priority	3
Reported Problem	When user is viewing Demographics and selects "VIEW" and then "Refresh Data" the demographic data for "Religion" and "Records Maintained at" disappears. If user again selects "Refresh Data", the data reappears.
Comments	This problem/defect will be fixed in a future release.

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5.8 DISPOSITION MODULE

5.8.1 Chief Complaint (CC) Field Does Not Capture DoD Extender Codes

PCR #	9188
CMWG Priority	2
Reported Problem	Chief Complaint (CC) field does not handle DoD extender codes. It does not display them or capture them. Case 1 - Primary DX defaults into CC field - the CC does not display extender. Case 2.- you go into CC and enter an ICD (for example, 493.00) that requires extender, the popup showing extenders does NOT come up, and the DX is added without the extender.
Comments	A fix for this problem will be included in a future release.

5.9 ENCOUNTER SUMMARY DOCUMENT

5.9.1 AutoCite for Family History is Incorrect

PCR #	9058
Manage Now #	748597
CMWG Priority	1
Reported Problem	Established patient has no family history of diabetes documented. AutoCite on encounter (with options set to cite active family problems) truncates the NO and reads as if patient does have family history of condition.
Comments	This problem/defect will be fixed in a future release.

5.9.2 Error Message and the AutoCite Button Disabled

PCR #	9255, 9465
Manage Now #	655372, 880487
CMWG Priority	2
Reported Problem	When the user opened an encounter received error message. User had this happen twice, on back-to-back patients. Each time user received an error message, and the AutoCite button is disabled in the Encounter Summary Document. User had to log-out and log back into the application and everything was fine. The restart resolved the problem but did not address the cause. PCR 9465 records another instance wherein the AutoCite and Add Note buttons are disabled.
Comments	This problem will be fixed in a future release.

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5.10 FORMS/REPORTS

5.10.1 Standard Reports (Patient Encounter)

PCR #	8256
Manage Now #	934594
CMWG Priority	4
Reported Problem	In the Reports module, the Standard Report was selected, and from the drop down list, Patient Encounter was selected. The user ran the report and Under the Diagnosis/Description and ICD9 columns the word Raw Medicin ID is listed (Figure 46).
Comments	This problem will be fixed in a future release.

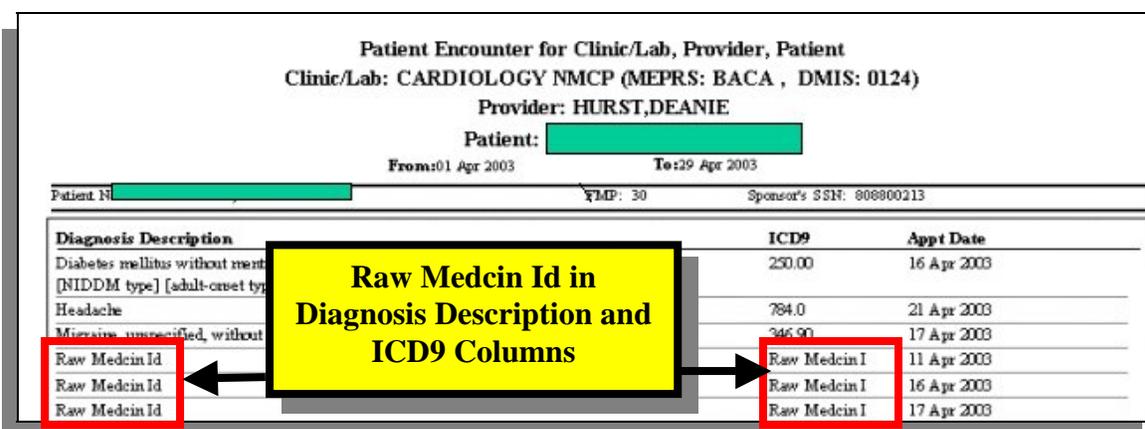


Figure 46 - PCR: 8256 - Erroneous Terminology in Standard Report

5.10.2 ADM Writeback- 102 Error - Disposition Has Not Been Entered

PCR #	8872
CMWG Priority	2
Reported Problem	TAFB - Error Code: 2147221382 A disposition has not been entered.: 102 error encounter number 331096, appointment date 06/26/03
Comments	The WAM validation was occurring too fast and all the data since the validation that needed to be there wasn't. The process will be slowed down before the writeback to ADM is done. This fix will be included in a future release.

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5.10.3 Records Failed to Writeback to ADM Status 106

PCR #	8881
CMWG Priority	2
Reported Problem	There were 77 records in the ADM writeback transactions table with a transaction status =106. None of them have appointment IEN's. This query will help identify them. This item tracks one of the three issues involved: Patient not found for this IEN This error occurs when the routine goes to verify the existence of the patient IEN. Check the patient file for that IEN, if patient does not exist return that error
Comments	This problem/defect will be fixed in a future release.

5.10.4 ADM Writeback Exception Report

PCR #	8949
CMWG Priority	1
Reported Problem	Provider received six (6) alerts in the CHCS II Alert Review module warning of certain encounter write backs that are incomplete. There were 6 encounter alerts, four (4) of the encounter alerts said "Failed WAM validation. A disposition has not been entered". However, the other two were not so specific and only said "Failed WAM validation". When the user double-clicks on these two alert messages, a message that says, "Please go to the previous encounters for this patient and update the encounter in question", is received.
Comments	The two alerts the provider received that did not make it to the ADM report were actually 116 errors instead of the 102 or 103 error messages. 102 alerts are validation error received in CHCS I and 103's are validation errors from CHCS II. This problem/defect will be fixed in a future release.

5.10.5 Labs Double-Spaced on SF600

PCR #	8952
Manage Now #	708169
CMWG Priority	4
Reported Problem	TAFB - Site says that since the last update, labs in the printed SF600 are double-spaced. Single spaced on screen, but not in printout (Figure 47).
Comments	This problem/defect will be fixed in a future release.

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<table border="1"> <tr> <td>Site/Specimen</td> <td>28 Jan 2003 0955</td> </tr> <tr> <td>SERUM</td> <td>NEGATIVE <i></td> </tr> <tr> <td>Site/Specimen</td> <td>28 Jan 2003 0955</td> </tr> <tr> <td>SERUM</td> <td>NONREAC <i></td> </tr> <tr> <td>Site/Specimen</td> <td>16 Jul 2003 1452</td> </tr> <tr> <td>BODY FLUID</td> <td>NON-REACTIVE <i></td> </tr> </table>	Site/Specimen	28 Jan 2003 0955	SERUM	NEGATIVE <i>	Site/Specimen	28 Jan 2003 0955	SERUM	NONREAC <i>	Site/Specimen	16 Jul 2003 1452	BODY FLUID	NON-REACTIVE <i>	<table border="1"> <tr> <td colspan="2">Hepatitis A/B/C Virus Profile</td> </tr> <tr> <td>HBsAg</td> <td>SERUM</td> <td>NEGATIVE <i></td> </tr> <tr> <td>HAV IgM</td> <td>SERUM</td> <td>NEGATIVE <i></td> </tr> <tr> <td>HBsAb</td> <td>SERUM</td> <td>NEGATIVE <i></td> </tr> <tr> <td>HBcAb</td> <td>SERUM</td> <td>NEGATIVE</td> </tr> <tr> <td>HCV Ab</td> <td>SERUM</td> <td>NEGATIVE <i></td> </tr> <tr> <td colspan="2">Rapid Plasma Reagin</td> </tr> <tr> <td>RPR</td> <td>SERUM</td> <td>NONREAC <i></td> </tr> </table>	Hepatitis A/B/C Virus Profile		HBsAg	SERUM	NEGATIVE <i>	HAV IgM	SERUM	NEGATIVE <i>	HBsAb	SERUM	NEGATIVE <i>	HBcAb	SERUM	NEGATIVE	HCV Ab	SERUM	NEGATIVE <i>	Rapid Plasma Reagin		RPR	SERUM	NONREAC <i>	<table border="1"> <tr> <td>Site/Specimen</td> <td>28 Jan 2003 095</td> </tr> <tr> <td>SERUM</td> <td>NEGATIVE <i></td> </tr> <tr> <td>Site/Specimen</td> <td>28 Jan 2003 095</td> </tr> <tr> <td>SERUM</td> <td>NEGATIVE <i></td> </tr> <tr> <td>Site/Specimen</td> <td>28 Jan 2003 095</td> </tr> <tr> <td>SERUM</td> <td>NEGATIVE</td> </tr> <tr> <td>Site/Specimen</td> <td>28 Jan 2003 095</td> </tr> <tr> <td>SERUM</td> <td>NEGATIVE <i></td> </tr> <tr> <td>Site/Specimen</td> <td>28 Jan 2003 095</td> </tr> <tr> <td>SERUM</td> <td>NONREAC <i></td> </tr> </table>	Site/Specimen	28 Jan 2003 095	SERUM	NEGATIVE <i>	Site/Specimen	28 Jan 2003 095	SERUM	NEGATIVE <i>	Site/Specimen	28 Jan 2003 095	SERUM	NEGATIVE	Site/Specimen	28 Jan 2003 095	SERUM	NEGATIVE <i>	Site/Specimen	28 Jan 2003 095	SERUM	NONREAC <i>						
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Lab Results single-spaced in Lab module, but double-spaced in SF600

Figure 47 - PCR: 8952 - Lab Module (Partial), SF600 (Partial)

5.10.6 End-of Day (EOD) Kept Completed Appts-Missing from ADM

PCR #	8972
CMWG Priority	1
Reported Problem	The end of day processing report, from CHCS I's ADM system, reports that a subset of kept/completed appointments are failing to be received via the real time ADM writeback.
Comments	This problem/defect will be fixed in a future release.

5.10.7 Records Failed to Writeback to ADM Status 106

PCR #	9107
CMWG Priority	2
Reported Problem	Failed during appointment upload. Error message from M/Objects: APPOINTMENT_TYPE is required. In the production environment, there were three telcons that had a blank appt_type value in the appointments table
Comments	The cause or the problem/defect will be identified and fixed in a future release.

5.10.8 Records Failed to Writeback to ADM Status 106

PCR #	9109
CMWG Priority	2
Reported Problem	CHCS I requires a user to override to make an appointment for a person whose patient category is no longer active. Since CHCS II does not currently have an override option, the M/Object returns an "invalid patient category" error.
Comments	This issue is under investigation; it may be a CHCS I issue. Regardless, it will be fixed in a future release.

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5.10.9 Clinics Beyond Letter “O” Not Listed

PCR #	9116
Manage Now #	775985
CMWG Priority	2
Reported Problem	Users cannot select clinics that start with a letter P-Z for certain reports.
Comments	The limited search results were caused by the 5000 record limit in the 3M SQL control. Added logic to loop through the clinic retrieval code to get all clinics. This fix will be included in a future release.

5.10.10 Transfer Telcons Writeback Problems

PCR #	9242
Manage Now #	863198
CMWG Priority	2
Reported Problem	This tracker item is opened to track writeback problems wherein the Telcon is transferred, and appt upload processes as a regular appointment, but transaction will fail because there is no appt_ien, and all subsequent transactions, including the Telcon Complete Transaction, will be postponed.
Comments	Problem will be fixed in a future release.

5.10.11 SF600 Change History Font

PCR #	9272
CMWG Priority	4
Reported Problem	The typeface of the Change History section of the SF600 appears to be the same as the rest of the document.
Comments	The type font has been reduced to a 12 point font, for greater distinctiveness. This fix will be included in a future release.

5.10.12 Error Printing Shot Info

PCR #	9326
CMWG Priority	2
Reported Problem	When trying to print the immunizations worksheet for an encounter, user received an error.
Comments	Error limited to one patient who had an apostrophe in name, which caused the error in crystal reports. Code will be changed so that the apostrophe will be handled correctly for all formula fields for the DD2766C and the Immunization Worksheet. This fix will be included in a future release.

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5.10.13 Add Patient Demographics Information to the Second Page of the DD 2161

PCR #	9349
CMWG Priority	1
Reported Problem	It is recommended that the second page of the DoD Form 2161, Referral For Civilian Medical Care, printed through CHCS II Order Entry function be modified to include appropriate fields for patient demographic information provided by CHCS I.
Comments	Determined to be a requirements defect, but will be fixed in a future release.

5.10.14 Diagnosis Reports Locks-up CHCS II

PCR #	9477
Manage Now #	886667
CMWG Priority	2
Reported Problem	FB - User attempted to run a Customized report for Diagnosis. The report parameters were just for one provider, in the Pulmonary Clinic for just one day. The report locked-up and nothing was displayed in the screen. After five minutes, user toggled to Task Manager and CHCS II was not responding. This problem was duplicated with different clinics, on different PCs and different users.
Comments	The problem will be fixed in a future release.

5.11 LABORATORY MODULE

5.11.1 Labs Displaying Incorrect Results

PCR #	8967
Manage Now #	723512
CMWG Priority	1
Reported Problem	In the Labs module when the provider clicks on a test, the detailed results displayed below do not belong to that test. Rather, they belong to the previous test selected. If a test for Lipid 5 is highlighted at the top, then the results are shown for another test from the list of tests.
Comments	This problem/defect will be fixed in a future release.

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5.11.2 Incomplete Lab Results Displaying in CHCS II

PCR #	9486
Manage Now #	883926
CMWG Priority	2
Reported Problem	FE - Provider went to lab module to display previous lab results on a patient from a specific date and only one of six labs were resulted in CHCS II.
Comments	Instructions provided to DISA to correct problem. Awaiting site confirmation that problem is corrected.

5.12 NEW RESULTS MODULE

5.12.1 Missing results in CHCS II - Labs, Rads, and Meds

PCR #	9052
Manage Now #	752214
CMWG Priority	1
Reported Problem	Results for labs, rads, and meds are not making it back to CHCS II.
Comments	This is the parent ticket for this problem/defect that will be fixed in a future release.

5.12.2 Trouble Addressing, Viewing or Removing a New Result

PCR #	9707
Manage Now #	968661
CMWG Priority	2
Reported Problem	A provider is having trouble addressing, viewing or removing a new result in the New Results module. When the provider gets a new alert stating that he has a new result and he double-clicks on the New Results notification in the Alerts module he can get into the New Results module without error, but when he tries to View, Discard or Toss the new result, the system reportedly locks up and stops functioning. He then accesses the Task Manager in Windows and Ends Task on the CHCSII application so that he can then log into CHCSII again. This system lock up happens on any computer that he accesses CHCSII on (not just the one in his Office).
Comments	This problem/defect will be fixed in a future release.

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5.13 ORDER ENTRY

5.13.1 Error Processing Order for Advair

PCR #	9130
CMWG Priority	2
Reported Problem	Doctor submitted order for Advair Diskus 500 MCG/50MCG-INH DEVI 1 INHALAT as a medication refill for a patient, and received a CHCS I error. User kept clicking yes but the order would not go through.
Comments	This problem/defect will be fixed in a future release.

5.13.2 Cytology Results Inconsistent Across Applications

PCR #	9163
CMWG Priority	4
Reported Problem	<p>Orders for the same test (Cytology-gyn), when placed in both CHCS I and CHCS II do not have the same "look and feel" when results are displayed in either application. When entering an order for Cytology-gyn, both applications (CHCS I and CHCS II) prompt the user to enter ancillary information that may be useful to the clinician in rendering a diagnosis on the submitted specimen. Such information includes the current status of the patient's health with regard to the submission of a PAP smear for analysis. CHCS II has a check box to indicate that the patient has this "condition" (i.e. an IUD, is post menopausal, had a hysterectomy, etc.) and that it should considered when rendering a diagnosis on the specimen. If the user checks a particular box, CHCS II records this as a "YES" to that condition and transmits (upon submit) to CHCS I. If the user does not check a box, CHCS II assumes that the condition is in the negative and auto results each unchecked box with "NO". This is an inappropriate response; while it is possibly true that the condition is negative for a particular patient, the system should not assume this fact. This information will be placed on the final report.</p> <p>CHCS I will prompt the user for the same information, however, if the user skips over the prompt (does not answer yes or no) the application will ignore the question. There will be no notification to the pathologist that any of these conditions may or may not exist. The final report will not display the "condition" unless the user actually enters a result (yes or no).</p>
Comments	This problem/defect will be fixed in a future release.

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5.13.3 Consult Order Data Lost When Typing Fast

PCR #	9196
Manage Now #	704481
CMWG Priority	3
Reported Problem	If a user enters the data too quickly, initial characters entered are 'blown away' leaving only the last character entered.
Workaround	Keystroke at a slower rate and read what is on the screen as you type.
Comments	<p>This is not actually being caused by the really fast typing as much as the selection of a unique item in the list. For example, if the procedures in the list are:</p> <p>Neuro Psychiatric testing NEUROLOGY (ADULT) CONSULT NEUROLOGY (PEDS) CONSULT</p> <p>Typing NEURO works fine but once you type the next character (a space), the selection is made "Neuro Psychiatric Testing" and your next keystroke replaces the selection. This is not a simple fix because of the manner in which consults module processes this selection. There are multiple control events that are stepping on each, which makes it a very fragile part of the code. The code responsible for the population of the specialty, clinic, and clinicprovider combos should be written differently to properly correct this problem. Investigation continues.</p>

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5.13.4 Drug Search Does Not Include All Available Strengths

PCR #	9314
Manage Now #	844133
CMWG Priority	4
Reported Problem	When searching for the drug Quetiapine 100, only the 25 mg medication is listed. Both 25mg and the 100mg are available in CHCS I.
Comments	This problem will be fixed in a future release.

5.14 PATIENT LIST MODULE

5.14.1 VB Error Opening Patient List Module

PCR #	8955
Manage Now #	711889
CMWG Priority	3
Reported Problem	FE - User gets a VB Error when attempting to open the Patient List module. User has tried logging into other PC's and gets the same error. Other users can log into user's workstation and access Patient List module without error.
Workaround	Do not navigate to the Patient List. Find all patients using the Search functionality.
Comments	Only occurs with one provider. This problem/defect will be fixed in a future release.

5.15 POPULATION HEALTH REPORTS

5.15.1 Provider Top 20 Drugs by Total Cost (Tabular), VB Error

PCR #	8464
CMWG Priority	2
Reported Problem	VB error occurred when the "from" month selected is June 2003. VB error also occurred when January through April 2003 is selected.
Comments	PCR 9652 opened during Beta Testing. This problem/defect will be fixed in a future release.

5.15.2 MTF Top 50 Drugs by Total Cost (Tabular), VB Error

PCR #	8469
CMWG Priority	2
Reported Problem	VB error occurs when the Display Therapeutic Alternative box is checked
Comments	PCR 9645 opened during Beta Testing. This problem/defect will be fixed in a future release.

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5.16 PREVIOUS ENCOUNTERS MODULE

5.16.1 Unable to Amend an Encounter

PCR #	8959
Manage Now #	686982
CMWG Priority	2
Reported Problem	User tried to amend an encounter that she signed and received the error that only the signer or co-signer could amend. The user was able to amend this encounter previously, and sign it, but isn't able to do so now
Comments	This problem/defect will be fixed in a future release.

5.17 SCREENING MODULE

5.17.1 VB Error 91 in Screening Module

PCR #	9171
Manage Now #	794611
CMWG Priority	2
Reported Problem	User was screening patient and received a VB error on the initial screen of screening module and the system locked up.
Comments	The VB error is caused by the following specific sequence of events. The screening model is trying to save data to problem list one at a time, which causes Mouse Pointer become accessible periodically. If the saving is not finished and the mouse access become available, the user can close screen or go to vitals screen, then the VB error will occur. This problem/defect will be fixed in a future release.

5.18 SCREENING NOTIFICATION MODULE

5.18.1 Last Name of Person Initiating Screen Notification Reminder Letter Truncated

PCR #	9345
CMWG Priority	4
Reported Problem	The last name of the person who initiates/produces the Coming Due or Overdue Screening Notification letters appears at the bottom of the letter to patients is cut off. In some cases, the system fails to print the entire last name. For example, George W. Washington's name appears as "George W. Washi." The last five characters of the name are omitted.
Comments	This problem/defect will be fixed in a future release.

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5.18.2 Unable to perform Screening Notification Reminder Search for Individual Screening Reminders by PCM

PCR #	9351
CMWG Priority	4
Reported Problem	Unable to perform Screening Notification Reminder searches for individual Screening Reminders by PCM. When the user attempts to perform a screening notification search by selecting a PCM and an individual screening reminder, the system fails to identify any patients with coming due or overdue reminders. It was noted, however, that if the user performed a search using the "ALL" reminders option, the system does identify patients in each of the five required screening reminders categories (i.e., cholesterol, mammogram, PAP, Blood Pressure, and Fecal Blood).
Workaround	User may obtain the needed information by running Screening Notification Reminder searches using the "ALL" reminders option.
Comments	This problem/defect will be fixed in a future release.

5.19 SUBJECTIVE/OBJECTIVE (S/O) MODULE

5.19.1 Add Self-Monitoring Blood Glucose Level to Medicin Tree

PCR #	7258
Manage Now #	95214
CMWG Priority	None
Reported Problem	A site suggested that providers and nurses should have the terminology available to them to document self-monitoring of blood glucose levels without having to free text in all of the data. This would result in a consistent method of documenting self-monitoring of blood glucose levels and save the provider time in documenting. The site's recommendation has been partially implemented in the Winter 2002/2003 Medicin release, included in the current CHCS II release (Figure 48 and Figure 49).
Comments	The term "met target range" was added as a sibling to the child terms Before Breakfast, Before Lunch, Before Supper, and Before Bedtime; however, the terms "Other" and "Random" do not appear as children under the term "Home Blood Sugar Check. Item will be sent back to Medicomp with the request to add "Random" and "Other" as a sibling terms to the children of Home Blood Sugar Check of. Will send to Medicomp to add random glucose.

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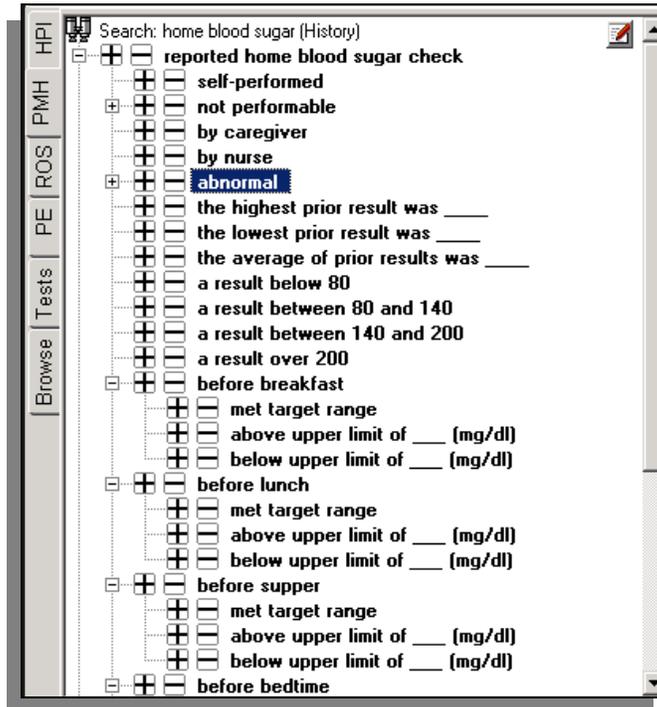


Figure 48 - PCR: 7258 - Self-Monitoring Medicin Tree Contents

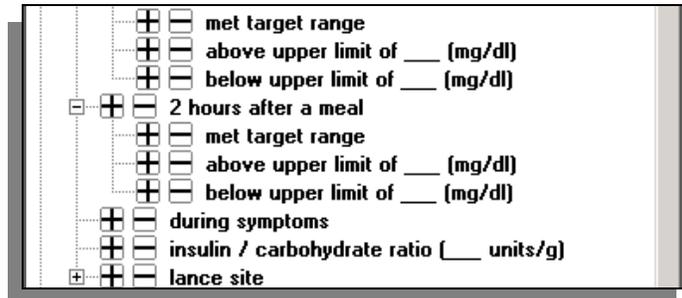


Figure 49 - PCR: 7258 - Self-Monitoring Medicin Tree Contents (Continued)

5.19.2 ICD-9 Code 910.9 is Not Correct

PCR #	9057
Manage Now #	748599
CMWG Priority	2
Reported Problem	Code 910.9 should include "infected " in the diagnosis. 910.8 "Face/Scalp, NEC" is the true diagnosis to be used if there is no mention of infection.
Comments	This COTS problem/defect will be fixed in a future release.

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5.19.3 VB Error Selecting Term in S/O

PCR #	9080
Manage Now #	762330
CMWG Priority	3
Reported Problem	User selected the Negative finding for "Examination of the pharynx" and received a VB error. User clicked the OK button on the VB error. The term "Examination of the pharynx" then emitted as a Positive finding instead of the negative finding that was originally selected.
Comments	Problem under investigation, and will be fixed in a future release.

5.19.4 Auto-Save for S/O Not Working

PCR #	9145
Manage Now #	783680
CMWG Priority	1
Reported Problem	The options within an encounter were set to save the S/O note every two minutes. The user entered the encounter and then to the S/O note. Items were documented and the user waited well beyond two minutes. The workstation was unplugged to simulate a system outage and items within the S/O note were not saved per the settings in the options. User entered the note again and the information in S/O was lost.
Comments	This problem is under investigation and will be fixed in a future release.

5.19.5 Dx Prompt Not Returning the Correct Terms

PCR #	9250
Manage Now #	830949
CMWG Priority	2
Reported Problem	Dx Prompt does not return the correct Medcin terms for the disease. For example. If the user types in Gout, the Disease Template of gout is returned, but if user chooses a body part, like elbow or finger, it always returns the terms relating to the Great Toe.
Comments	This COTS item has been send to Medicomp and will be fixed in a future release.

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5.19.6 Lateral Meniscus Tear Documented as Medial Meniscus Tear

PCR #	9662
Manage Now #	953008
CMWG Priority	1
Reported Problem	Provider entered code for lateral meniscus tear (717.41). CHCS II documented code for medial meniscus tear (717.0). Provider stated that the two diagnoses are managed differently and possibly affect care if patient is seen secondarily by another provider.
Comments	This COTS problem/defect has been send to Medicomp and will be fixed in a future release.

5.20 TELEPHONE CONSULTS MODULE

5.20.1 Telcon Quick Entry Screen Not Routinely Showing Up

PCR #	9123
Manage Now #	783680
CMWG Priority	3
Reported Problem	The Telcon quick entry screen does not routinely pop up for use when going into a Telcon. Test provider will get the quick entry screen more often than clinic users, however it was noted in "real" clinics the quick entry screen does NOT show more often.
Comments	The item is being investigated and will be resolved in a future release.

5.20.2 Problems When Co-Signer Is Selected

PCR #	9176
Manage Now #	799395
CMWG Priority	2
Reported Problem	When the user selects a co-signer for Telcon, one of three problems occurs: <ul style="list-style-type: none"> • The application freezes, requiring use of Task Manager to get out. • User gets error message saying the provider is not authorized to co-sign. Even if user chooses a new provider the message still pops-up. • Application exits, requiring user to log back-in.
Comments	The item is being investigated and will be resolved in a future release.

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5.20.3 No Appointment Type in Telcon

PCR #	9233
Manage Now #	820913
CMWG Priority	1
Reported Problem	User tries to schedule a new telephone consult visit for any patient but is unable to do so since no Telcon appointment type is displayed (Figure 50).
Comments	An SQL script has fixed the specific instance, but the root cause of the problem is still under investigation.

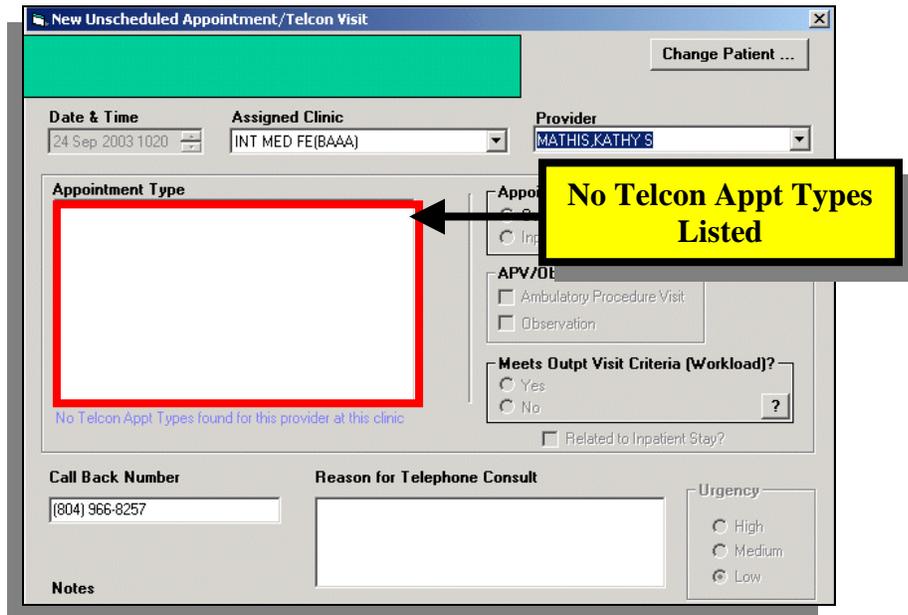


Figure 50 - PCR: 9233 - New Telcon Window

5.21 TEMPLATE MANAGEMENT MODULE

5.21.1 Go Back Arrow in Template Management

PCR #	8775
Manage Now #	657859
CMWG Priority	2
Reported Problem	The GO BACK arrow, previously available, was removed from the Template Edit mode. Once providers look for a term using the Find Term button, they are unable to go back to the Medcin Core Tree.
Comments	This problem/defect will be fixed in a future release.

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5.22 VITAL SIGNS MODULE

5.22.1 VB Error on Retrieval of Vital Signs

PCR #	8962
Manage Now #	709634
CMWG Priority	2
Reported Problem	When retrieving patient vital signs, users received a VB error 13 occurred in GetPatientInformation. Type Mismatch.
Comments	The cause of the problem is that the patient has a 2/29/1944 birthday. When the function calculates the age of the patient, converting of date "2/29/2003" cause type mismatch. The fix is using sharedObj.CalcAge to retrieving age, which handles leap year as well. The problem affects all patients born on 29 February. The fix will be included in a future release.

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APPENDIX B - LIST OF ACRONYMS

Acronym	Expansion
ADM	Ambulatory Data Module
ADT	Admissions, Discharge, Transfer
A/P	Assessment and Plan
API	Application Programming Interface
CC	Chief Complaint
CDR	Clinical Data Repository
CHCS I	Composite Healthcare System I (Legacy)
CHCS II	Composite Healthcare System II (CHCS II)
CMWG	Configuration Management Working Group
COTS	Commercial Off-the-Shelf
CWS	Clinical Workstation
DCE	Distributed Computing Environment
DEERS	Defense Eligibility Enrollment Reporting System
DISA	Defense Information Systems Agency
DOB	Date of Birth
DoD	Department of Defense
DT&E	Development Test & Evaluation
DX	Diagnosis
E&M	Evaluation & Management
EMSS	Enterprise/Master Security Server
ESS	Enterprise Security Server
FB	Fort Bliss
FE	Fort Eustis
FMP	Family Member Prefix
GAFB	Goodfellow Air Force Base, San Angelo, TX
GI	Gastro-Intestinal
GYN	Gynecology
HIV	Human Immunodeficiency Virus
HPI	History of Present Illness
IB	Individualized Billing
ICD	International Classification of Diseases
IM	Information Management
IP	Internet Protocol
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LAFB	Langley Air Force Base, Langley VA
LAN	Local Area Network
LDAP	Lightweight Directory Access Protocol
LSO	Local Security Object
MHS	Military Health System
MSS	Master Security Server

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Appendix B – List of Acronyms

MTF	Military Treatment Facility
NMCP	Naval Medical Center, Portsmouth VA
NT	New Technology (Microsoft Windows Operating System)
OB	Obstetrics
OR	Operating Room
PCM	Primary Care Manager
PCR	Program Change Request
PE	Physical Examination
pH	Potential of Hydrogen - negative 10-base log (power) of the positive hydrogen ion concentration; measure of acidity
PMH	Past Medical History
PPD	Purified Protein Derivative (skin test agent; tuberculosis)
PPS	Ports, Protocols, and Services
RNR	Review New Results (Legacy)
ROS	Review of Systems
RPC	Remote Procedure Call
RWD	Read/Write/Delete (Level of User Privilege)
SA	Security Administrator
SADR	Standard Ambulatory Data Record
SARS	Severe Acute Respiratory Syndrome
SCR	Software Change Request
S/O	Subjective/Objective
SQL	Structured Query Language
TAFB	Tinker Air Force Base, OK
Telcon	Telephone Consult
VB	Visual Basic
WAD	working as designed
WAM	Workload Assignment Module
WAN	Wide Area Network