

# **Customer Release Notes**

for eRAD RIS

Version 2

Build 2017.1

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## PURPOSE

This is the Customer Release Notes document for eRAD RIS Version 2.2017.1.

Not every feature will be described in this document. Typically, only features which can be visually demonstrated are outlined here.

## INTENDED AUDIENCE

This document was created by the eRAD RIS Development team and Product Management team for eRAD RIS customers.

## NEW SETTINGS

### NEW ACCESS STRINGS

Setting	Default	Purpose
Config.LookupEditor.GenderIdentity	None	Look-up table access for Gender Identity
Config.LookupEditor.SexualOrientation	None	Look-up table access for Sexual Orientation
Config.LookupEditor.StudyUpdateResponseInclusions	None	Look-up table access for Study Update Response Inclusions access
Flag.ContrastRequested	Full	Access to see the flag for ContrastRequested
Flag.SedationRequired	Full	Access to see the flag for SedationRequired
View.FindingFollowup  Replaces  View.FindingsFollowup	None	Access to see the Finding Followup menu item from View menu (visible when dictate window is open)
View.Preset.Administration.PresetCriticalResult	None	Access to preset layout administration for Critical Results
View.PresetCriticalResult	Full	Access to see the main menu item View/LoadLayout.../Critical Results
WL.MyFolder		Removed duplicate access string. Remaining access string is WL.Folders.

### NEW SYSTEM CONFIGURATION SETTINGS

Setting	Default	Purpose
UMOpinionLetterReportPath  Replaces  AuthorizationLetterReportPath		(value = path and name)The path and name of the Opinion Letter for Utilization Management.
UMTrackingNumberPrefix  Replaces  AuthorizationPrefix		(value = string) A prefix that will be added to UM Tracking numbers for Utilization Management.
AddUseLocationFilterToWorklistSiteGroups	True	(value = True/False) Determines if the list of

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		sites/site groups on some worklists will include an option to use the location filter.
AllowPeerReviewOnInactiveRads	True	Determines if a case read by a now inactive radiologist can be peer reviewed.
DaysToKeepImageRequestActive	0	(value = int) The number of days to keep a request on the Image Request Worklist before automatically cancelling it. It will be based on the scheduled date or the image request date whichever is greater. A value of 0 will disable the automatic cancellation.
DaysToKeepWedgeInboundMessages	7	(value = number) This value informs the nightly cleanup job how many days old a Wedge inbound message log entry must be before removing it.
DaysToKeepWedgePerformanceTraceLogs	3	(value = number) This value informs the nightly cleanup job how many days old a Wedge inbound or outbound performance log entry must be before removing it.
ExternalReportsOnPendingDictationWL	False	(value = Y/N) This value determines whether external report verification studies go to the Pending Dictation worklists. If False, they will go to the Pending Signature worklists. Changes to this setting only apply to new studies. A maintenance script exists for system administrators to back-fill existing studies.
PortalOpinionLetterUnavailableMessage  <b>REPLACES</b>  PortalAuthLetterUnAvailableMessage	This opinion letter is currently unavailable on the portal. Please contact the medical group to request the letter.	The message to display to the UM Connect portal user when the Utilization Management Opinion Letter is not available due to unexpected error (e.g. SSRS report server is unavailable or not configured).
PortalNoSelectedInsuranceDayPadding	5	(value = int) This value is used by Portal online scheduling to add days to the start search criteria to allow time to gather insurance information from the patient prior to the appointment when it is not entered at the time of scheduling.
WedgeDuplicateInboundMessagePrevention	False	(value = bool) If true, we will prevent two messages with the same unique ID from processing twice.

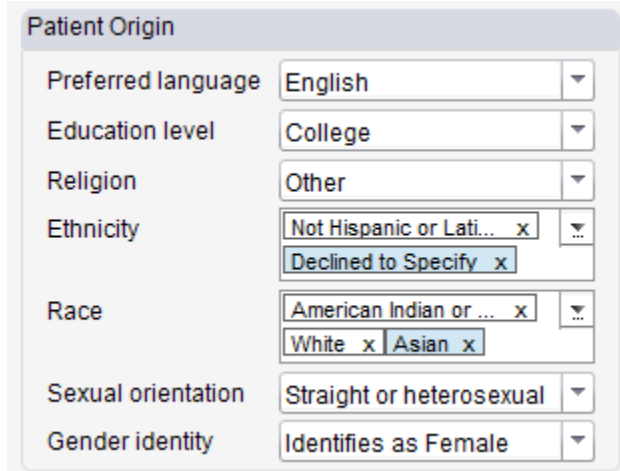
## NEW FEATURES

### SCHEDULING AND REGISTRATION

#### FEATURE #13650 – DEMOGRAPHIC UPDATES FOR PATIENT TAB

In preparation for the latest round of Certified Electronic Health Record Technology (CEHRT) certification, it was necessary to make some changes to the patient demographics on the Patient tab. The following changes have been made:

1. It is now possible to select more than one Ethnicity.
2. New fields have been added for *Sexual Orientation* and *Gender Identity*.



The screenshot shows the 'Patient Origin' form with the following fields and values:

- Preferred language: English
- Education level: College
- Religion: Other
- Ethnicity: Not Hispanic or Lati... x, Declined to Specify x
- Race: American Indian or ... x, White x, Asian x
- Sexual orientation: Straight or heterosexual
- Gender identity: Identifies as Female

While it is required for certified electronic health technology to have the **ability** to collect the sexual orientation and gender identity information, it is likely that most customers will not wish to collect this data. Therefore, these new fields have been **hidden** by default. Please contact eRAD Support if you would like to make these fields visible.

When enabled, the *Sexual Orientation* and *Gender Identity* dropdown fields are populated by two new look-up tables.

Lookup Tables - SexualOrientation						
sex	Sexual Orientation Code	Description	Display Order	Snomed	Last Updated	Active
	Contains:	Contains:	Equals:	Equals:	Equals:	Contain
	Click here to add a new row					
	Heterosexual	Straight or heterosexual	1	20430005	11-07-2016 9:08 AM	Y
	Homosexual	Lesbian, gay, or homosexual	2	38628009	02-24-2017 12:26 AM	Y
	Bisexual	Bisexual	3	42035005	02-24-2017 12:26 AM	Y
	OTH	Something else	4		02-24-2017 12:26 AM	Y
	UNK	Don't know	5		02-24-2017 12:26 AM	Y
	Decline	Declined to answer	6		02-24-2017 12:26 AM	Y

Lookup Tables - GenderIdentity						
gen	Gender Identity Code	Description	Display Order	Snomed	Last Updated	Active
	Contains:	Contains:	Equals:	Equals:	Equals:	Contains:
	Click here to add a new row					
	F	Identifies as Female	1		11-07-2016 9:26 AM	Y
	M	Identifies as Male	1		11-07-2016 9:26 AM	Y
	TF	Male-to-Female (MTF)/Transgender Female	1	407376001	11-07-2016 10:21 AM	Y
	TM	Female-to-Male (FTM)/Transgender Male	1	407377005	11-07-2016 10:21 AM	Y
	Q	Genderqueer, neither exclusively male nor female	2		02-24-2017 12:30 AM	Y
	Other	Other	3		02-24-2017 12:30 AM	Y
	UNK	Don't know	4		02-24-2017 12:30 AM	Y
	Decline	Declined to answer	5		02-24-2017 12:30 AM	Y



## DIGITAL FORMS

## FEATURE #14828 – DIGITAL FORMS NOW SUPPORT GRIDS

Sometimes important patient information is stored in grids in eRAD RIS, such as the Contrast and Sedation grids.

**Contrast**

Name	Amount	Unit	Vials
Optiray 350	15	mL	1

Add Delete

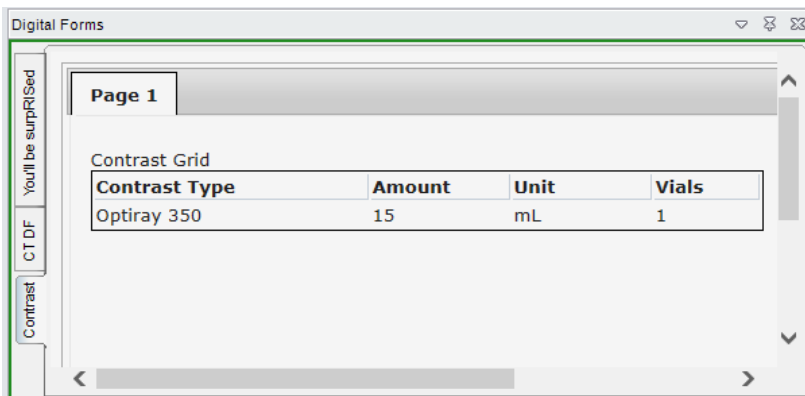
**Sedation**

Name	Amount	Unit
Ativan	200	test22

Add Delete

When this data is mapped into the diagnostic report, the information from this type of grid is visible to the radiologist. However, if there is information that is not mapped into the diagnostic report template or it is not part of the radiologist's workflow to view the report template when dictating, it was not previously possible for the radiologist to easily access this information.

To make it easier for radiologists to see data in a grid, it is now possible to create a grid inside a Digital Form that can be displayed to the radiologist. These grids can be set up by eRAD Support in the Digital Forms Editor. Once created, they can be configured to display in the eRAD RIS Reporting screen as read-only grids that auto-fill using the displayed study's data.



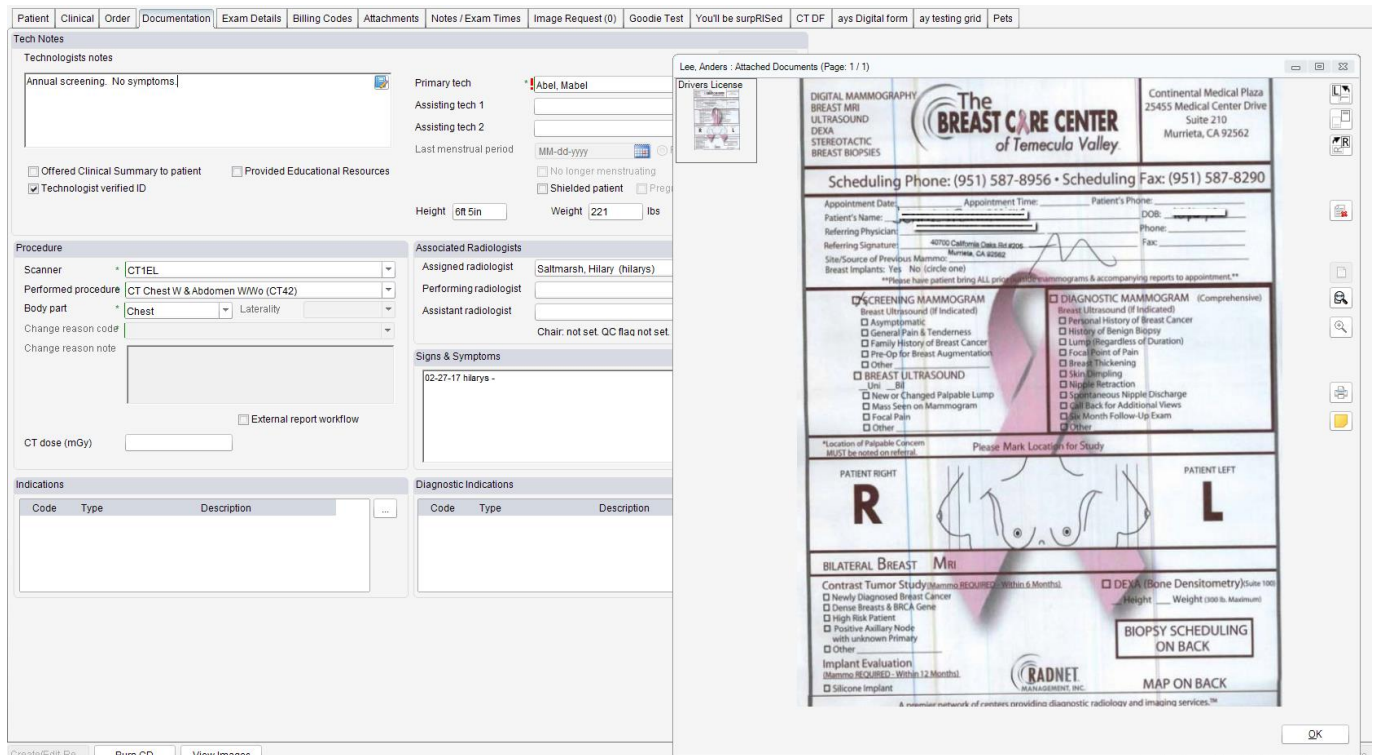
The screenshot shows the 'Digital Forms' editor interface. On the left, there is a sidebar with tabs labeled 'You'll be surprised', 'CT DF', and 'Contrast'. The main area displays 'Page 1' of a form. Inside the form, there is a section titled 'Contrast Grid' which contains a table with the following data:

Contrast Type	Amount	Unit	Vials
Optiray 350	15	mL	1

SCANNED DOCUMENTS

FEATURE #14545 – VIEW ATTACHMENTS ALONGSIDE RIS SCREENS WHILE ENTERING DATA

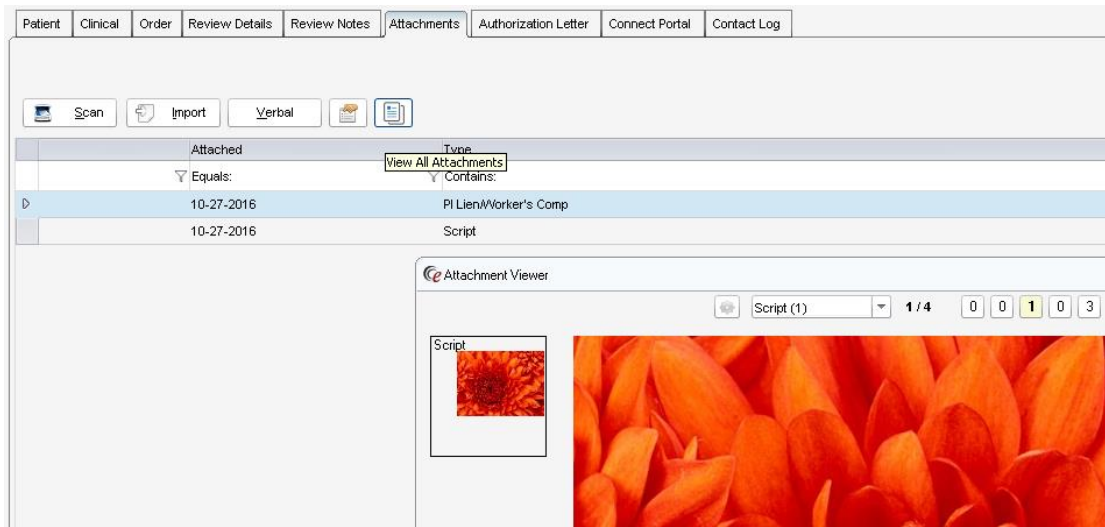
A new feature allows users to view an attachment in a floating window to facilitate data entry for the patient's exam. To open the floating attachment viewer, double click on the desired document in the Attachments tab. Once open, it is possible to re-size or re-position the viewer and then navigate between the sub-tabs for the selected patient.



The screenshot shows the eRAD interface with the 'Documentation' tab selected. A floating window titled 'Lee, Anders : Attached Documents (Page: 1 / 1)' is open, displaying a patient's mammography report from 'The BREAST CARE CENTER of Temecula Valley'. The report includes scheduling information, patient details, and a list of procedures. The main interface shows the 'Tech Notes' section with a text area for 'Annual screening. No symptoms.' and various dropdown menus for 'Scanner', 'Performed procedure', 'Body part', and 'Laterality'. The 'Associated Radiologists' section lists 'Saltmarsh, Hilary (hilarys)' as the assigned radiologist. The 'Signs & Symptoms' section shows '02-27-17 hilarys -'. The 'Diagnostic Indications' section is empty.

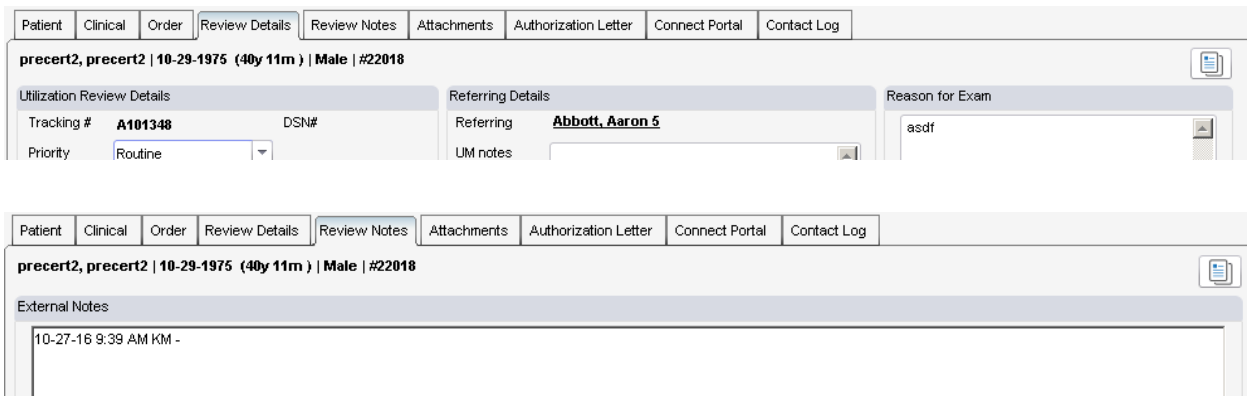
In the image above, the document is visible while entering data on the Documentation tab.

There is also a new button available on the Attachments screen which allows the user to open *all* of the patient's attachments: (📎) "View All Attachments."



This will open the same screen used by the Attachments data nugget from the Patient Folder. This viewer combines all of the patient's attachments, while also allowing the user to set preferences for which type of attachments to display and the preferred order, replicating the existing functionality used in the data nugget. When viewing attachments in this viewer, the content is read-only.

The *View All Attachments* icon is also available in the Utilization Management workflow: look for the icon on the "Review Details" and "Review Notes" tabs in the top right corner.



The floating attachment screen will remember its previous location; however, if it is partially off screen, the location will be ignored. This prevents a user from positioning the viewer almost completely off the screen, then not being able to see the screen when it is re-launched.

If new attachments are added while the *View All Attachments* viewer is open, it is necessary to close the screen and re-open it to see the new documents. If the button is clicked a second time and it is already open, the screen will close and re-open, refreshing its contents. When the button is clicked and there are no attachments, the user will receive a message that attachments are not available.

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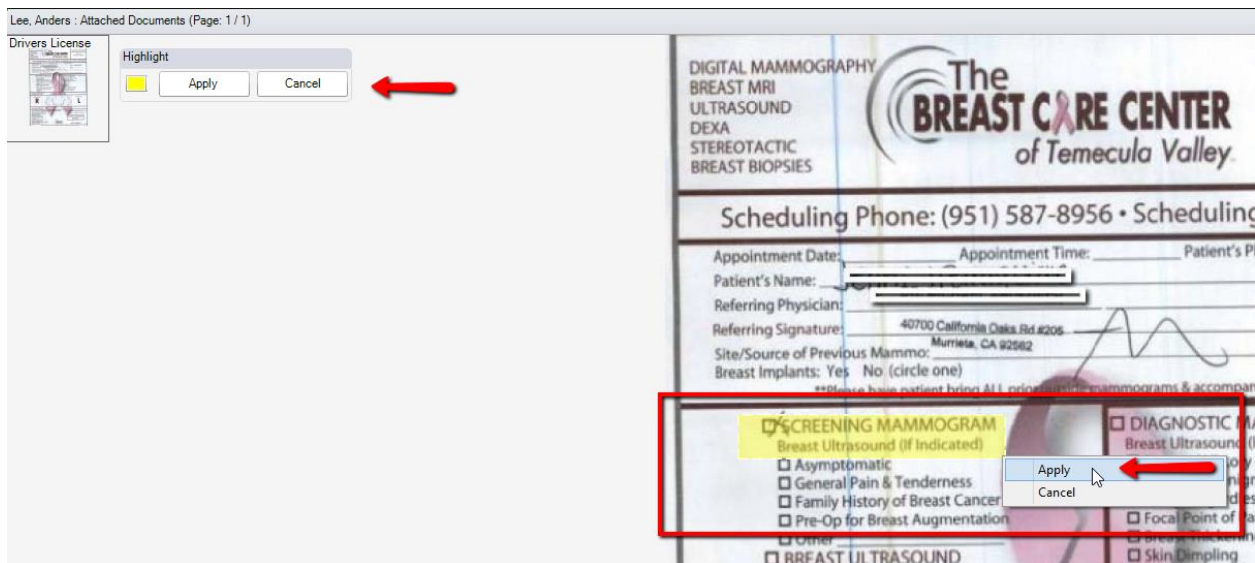
For both the Attachment Viewer and the [View All Attachments](#) viewer, navigating away from the selected patient will automatically close the viewer. This is done to minimize risk so that it is not possible to view one patient's attachments while entering data for a different patient.

Note: when launching via the Scan / Import buttons, it is not possible to float the document until it has been saved and re-opened from the Attachment tab.

## FEATURE #14996 – HIGHLIGHT AN AREA ON AN ATTACHMENT

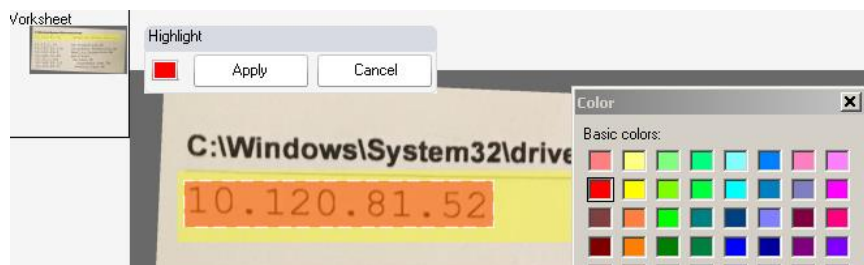
It is often helpful to be able to highlight a particular area of a scanned document, particularly for long documents such as clinical notes. Users now have the ability to highlight an area to make it easier to reference the attachment when communicating with radiologists or other RIS users (e.g. “see the pink highlighted text on page 9”).

The attachment viewer has been updated with a new right-click context menu called *Highlight*. With the document open, right-click and select Highlight. Then select an area of the attachment image by holding the left mouse button and dragging over the section to highlight. The color of the highlighted area can be modified by clicking on the color swatch displayed in the “Apply”/“Cancel” box. To complete the highlighting, the user must click on the “Apply” button or press the enter key.



When using the highlighting, cropping or straightening tools, as soon as the mouse button is released, a context menu to apply or cancel the operation is displayed nearby. Also, the user can simply click <enter> to apply.

In the following example, a second highlight was created with an alternate color.

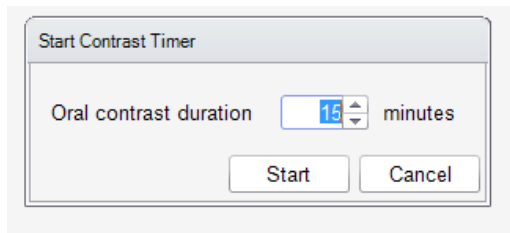


TECHNOLOGIST

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FEATURE #14568 – ADJUST THE DURATION OF CONTRAST TIMER FOR A PATIENT

Previously, the Contrast Timer could be started, stopped and re-started, but it was not possible to use an Oral Contrast Duration different than the default timer length for the selected procedure. To provide the ability to adjust the contrast timer duration for a particular patient, the user will be presented with a new dialog box when selecting the *Start Contrast Timer* option from the right-click menu.



The default Oral Contrast Duration (in minutes) for the procedure code will be provided to the user with the option to make adjustments as needed prior to clicking Start. The maximum duration possible is 5,000 minutes. To adjust the duration after starting, the user must stop the timer and start it again to make the change.

## RADIOLOGIST

### FEATURE #4123 – EXTERNAL REPORTS CAN NOW BE VERIFIED FROM PENDING DICTATION WL

Some customers who read studies with a different dictation system, outside of eRAD RIS, use the existing *External Report* workflow to allow a radiologist to verify the report created in the external system.

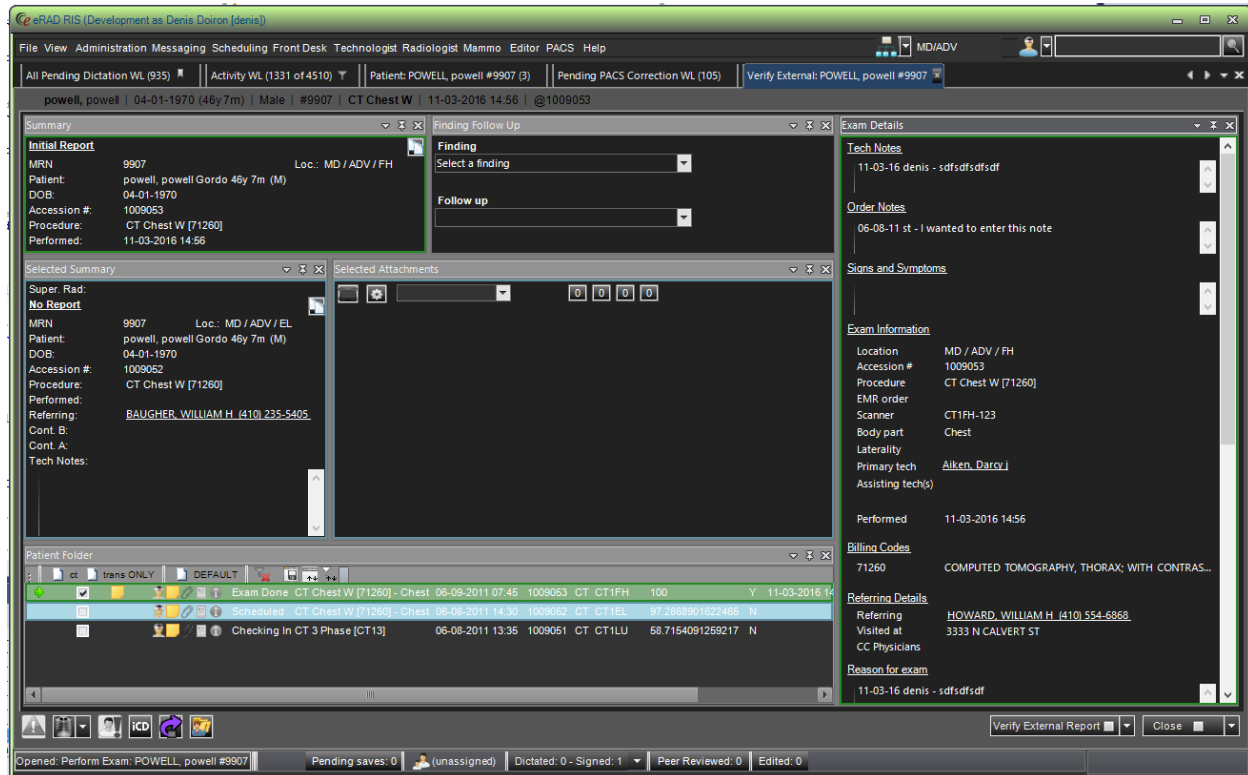
Previously, these studies would fall to the Pending Signature worklist. For External Reports, the screen that would open was a version of the View/Edit tab; from here, the radiologist would verify the report. However, radiologists have indicated that they would prefer to review these studies from the Pending Dictation WL, and would like to be able to access all of the information that they would see when dictating a report from within eRAD RIS, such as Digital Forms, attachments and prior reports.

In order to improve this workflow, two main changes have been made:

- There is a new System Configuration setting that will allow the studies to fall to the Pending Dictation WLs, instead of the Pending Signature WLs.
- The studies will now open in a Verify External screen that provides access to the reporting panels used for other reporting modes (Attachments, Digital Forms, etc.).

The new System Configuration setting is labeled *ExternalReportsOnPendingDictationWL*. The default is False, which means that by default, the external reports will continue to fall to the Pending Signature WLs. Change to True to move these to the Pending Dictation WLs. If this is done, only new studies will fall to the Pending Dictation WL; any outstanding external reports that were already on the Pending Signature WL will have to be reviewed there by using the right-click option to open Verify External. A script has been created to move any old studies at the time that this change is made. If your organization would like to change to using Pending Dictation for Verify External studies, please let eRAD Support know that you would like the script to be run.

For either worklist, the resulting screen will now look similar to the normal dictating screen, but with the Verify External Report button instead of Submit/Sign.



The screenshot displays the eRAD RIS interface with the following panels and data:

- Summary Panel:**
  - MRN: 9907
  - Patient: powell, powell Gordo 46y 7m (M)
  - DOB: 04-01-1970
  - Accession #: 1009053
  - Procedure: CT Chest W [71260]
  - Performed: 11-03-2016 14:56
- Selected Summary Panel:**
  - Super. Rad: No Report
  - MRN: 9907
  - Patient: powell, powell Gordo 46y 7m (M)
  - DOB: 04-01-1970
  - Accession #: 1009052
  - Procedure: CT Chest W [71260]
  - Performed: BAUGHER, WILLIAM H (410) 235-5405
  - Referring: Cont B
  - Cont A:
  - Tech Notes:
- Exam Details Panel:**
  - Tech Notes:** 11-03-16 denis - sdfdsdfsdf
  - Order Notes:** 06-08-11 st - I wanted to enter this note
  - Signs and Symptoms:**
  - Exam Information:**
    - Location: MD / ADV / FH
    - Accession #: 1009053
    - Procedure: CT Chest W [71260]
    - EMR order:
    - Scanner: CT1FH-123
    - Body part: Chest
    - Laterality:
    - Primary tech: Aiken, Darci J
    - Assisting tech(s):
    - Performed: 11-03-2016 14:56
  - Billing Codes:**
    - 71260 COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAS...
  - Referring Details:**
    - Referring: HOWARD, WILLIAM H (410) 554-6868
    - Visited at: 3333 N CALVERT ST
    - CC Physicians:
    - Reason for exam:** 11-03-16 denis - sdfdsdfsdf
- Patient Folder Panel:**

Exam Done	CT Chest W [71260]	Chest	06-09-2011 07:45	1009053	CT CT1FH	100	Y	11-03-2016
Scheduled	CT Chest W [71260]	Chest	06-08-2011 14:30	1009052	CT CT1EL	97 2658901822465	N	
Checking In	CT 3 Phase [CT13]		06-08-2011 13:35	1009051	CT CT1LU	58 7154091259217	N	

At the bottom, the status bar shows: Opened: Perform Exam: POWELL, powell #9907 | Pending saves: 0 | (unassigned) | Dictated: 0 - Signed: 1 | Peer Reviewed: 0 | Edited: 0

Panels can be rearranged according to the user's preference, as with normal dictation/signing.



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## FEATURE #15097 – DISABLE PEER REVIEW BUTTON FOR INACTIVE RADIOLOGISTS

When a radiologist account is deactivated in eRAD RIS, some customers prefer that active radiologists should not be able to perform Peer Reviews for the inactive radiologist's prior studies.

To accommodate for this, there is a new System Configuration setting called *AllowPeerReviewOnInactiveRads*. The default is True, which will maintain the existing functionality after upgrading. To prevent Peer Reviews for inactive radiologists, set the System Configuration to False.

When set to False, radiologists will no longer see the Peer Review button on prior studies that were signed by a radiologist who has since been marked as inactive.

## IMAGE REQUEST WORKFLOW

### FEATURE #15109 – AUTOMATICALLY CANCEL IMAGE REQUESTS THAT ARE NOT RESOLVED WITHIN A DEFINED TIME FRAME

Some customers have found that their Image Request worklists can grow to be larger than desired due to patients who neglect to pick up their images. There is now a system configuration setting of *DaysToKeepImageRequestActive*. By default, the value will be set to 0, which means that the feature is turned off and items will remain on the Image Request WL until they are manually resolved. To turn on the feature, enter the number of days that the Image Request should remain on the worklist. If 60 is entered, any Image Requests that are in a Pending or Ready status with a Requested Date that is more than 60 days old will be cancelled. If the request is made **prior** to the patient's appointment, the number of days will be applied to the Scheduled Date instead of the Requested Date.

Cancelled Image Requests will fall off of the Image Request WL, but will still be visible in the Previous Requests section for the patient.

Date	Req. By	Source	Format	Delivery	Status	Req. ID
11/19/2015 08:59	Test	Other	CD	Courier	Cancelled	1002

**Requested By**

☐ Patient
 ☐ Referring
 ☐ Other doctor
 ☒ Other

Doctor

Location

Name \*

Organization

Phone Number

**Details**

Requesting site: \*

Format \*

Notes

Delivery method \*

Delivery Instructions

**Deliver To / Pickup By**

☐ Patient
 ☐ Referring
 ☐ Other doctor
 ☒ Other

☒ Copy requested by

Doctor

Location

Prefix  Suffix

First name \*

Last name \*

Address

City

State

Country  Zip

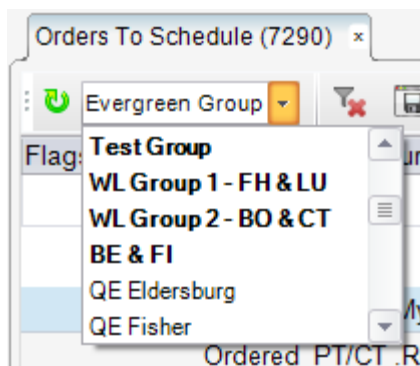
Phone Number

## GENERAL WORKLIST ENHANCEMENTS

### FEATURES #15106, 14587, 15226, 15427 – ALLOW FILTERING OF ADDITIONAL WORKLISTS BY SITE GROUP

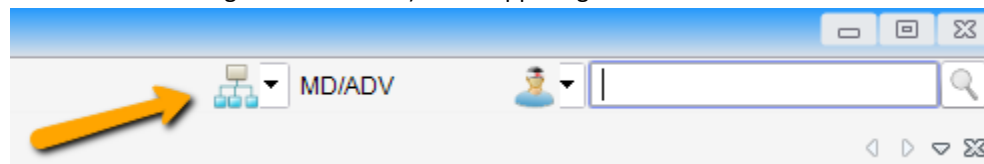
Site Groups, an existing feature, allow a RIS Administrator to create custom groupings of sites that are relevant for workflow purposes. In a previous build, 2016.2, a new strategy was implemented for filtering the IVT WL by *Site Group*, using a Site Group Type Code of *IVT Team*. One goal of this feature was to improve worklist performance by reducing the need for users to view an entire Practice when only a small number of sites were pertinent. Another benefit of being able to filter worklist content by Site Group is the ability to see data from sites that might span across multiple practices.

Now eRAD RIS has extended this framework to other worklists. As with the IVT WL, a dropdown list will be available to select a Site Group (shown at the top of the list in Bold) or an individual Site.



The Site Group options in the list are driven by the following circumstances:

- At least one site in the Site Group must belong to the Practice selected in the RIS Location Filter (sometimes known as the Organization Picker) in the upper right-hand corner of RIS.



- Only the Site Groups that contain the currently selected site or at least one site from within the currently selected practice will be included.
  - Note that the list of sites and Site Groups will change as the user changes their selection in the Location Filter. The user's selected site or Site Group for each worklist will be reloaded from one login session to the next, so that users will only have to select their option once, unless their role requires them to switch between multiple site groups routinely.
  - If a user does not see a Site Group that is expected in the list, make sure that the RIS Location Filter is set to a Practice or Site that is included in the Site Group.
- If a Site Group contains sites across multiple Practices, the current user must have access to all Practices in order for that Site Group to appear in the list.

Only specific types of Site Groups are available in the dropdowns. There are two new Site Group Type Codes:

- **WORKLIST GROUP** – Use this to create Site Groups that will be available on all applicable worklists except those controlled by the Radiologist Worklist Group described below.
  - Orders to Schedule
  - No Show
  - Closed Rooms Reschedule
  - Confirmation
  - IVT
  - Activity
  - Labwork
  - Patient Merge Requests
  - Unknown Reconciliation
  - Pending PACS Correction
  - Pending Biopsy Result
  - Billing Exception
  - Billing Confirmation
  - Image Request
  - Distribution
  - Distribution History
  - Mammo Follow-up Orders
  - Mammo Letters
  - ACR Category 0 Follow-up
  - ACR Category 4/5 Follow-up
- **RADIOLOGIST WORKLIST GROUP** – Use this to create Site Groups that will be available on worklists used by radiologists and editors.
  - All worklists under the Radiologist menu
  - All worklists under the Editor menu

These Site Group Type Codes are assigned by the RIS Administrator in the Site Group table.

Lookup Tables - SiteGroup \* x

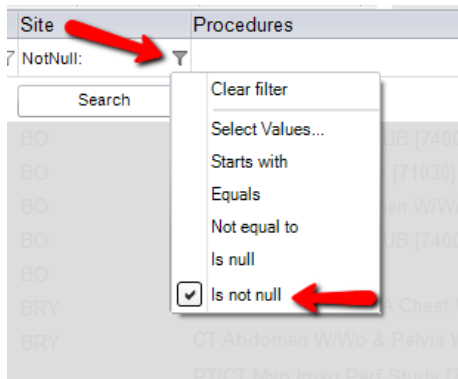
Site Group Code	Description	Display Order	Practice Code	Site Group Type Code	La
Contains:	Contains:	Equals:	Contains:	Contains:	Contains:
Click here to add a new row					
▶ Evergreen	Evergreen Group	1		Worklist Group	02
▶ PEI	PEI Service Area	1	PEI TEST SYSTEM	Patient Portal	01
▶ Rad_Group2	RAD WL Group 2 - BO & CT	1	Advanced Radiology	Radiologist Worklist Group	12
▶ WL_Group2	WL Group 2 - BO & CT	1	Advanced Radiology	Worklist Group	12
▶ WL_Group1	WL Group 1 - FH & LU	1	Advanced Radiology	KBI Reporting	12
▶ Rad_Group1	RAD WL Group 1 - FH & EL	1	Advanced Radiology	Patient Portal	12
▶ PEI_FH	PEI & FH	1	Advanced Radiology	Rad Reading Group	08
▶ LU_FH_EL	LU   FH   EL	1	Advanced Radiology	RIS Schedule	08
▶ BE_FI	BE & FI	4		Worklist Group	07
▶ RF   LU	RF & LU	1	Advanced Radiology	Radiologist Worklist Group	08
				Worklist Group	08

Site Groups must have one of these two Type Group codes in order to be available from the applicable worklist. The previously created “IVT Team” Site Group Type is now incorporated into the general Worklist Group category. Any Site Groups that have been created as “IVT Team” will be converted to the Worklist Group Site Group Type as part of the upgrade.

In an effort to eliminate any confusion when the upgrade is applied, the default option in the new worklist filter will be *Use Location Filter* which will maintain the same behavior from previous builds: the worklist contents will be controlled only by the main Location Filter and no Site Group filtering will be applied until the user makes a different selection from the dropdown to use a particular Site Group filter.

If it is desirable to remove this option after implementing worklist Site Groups, it is possible to remove the *Use Location Filter* option by changing the System Configuration setting *AddUseLocationFilterToWorklistSiteGroups* to False.

If there are any worklist items for the Practice in the Location Filter that do **not** have a Site assigned, those will also be included on the worklist. This is done to prevent studies without a location from being forgotten. It is possible to hide these by creating a Custom View on the worklist, with a filter of “Is not null” on the Site column. This will hide any worklist items without an assigned Site.



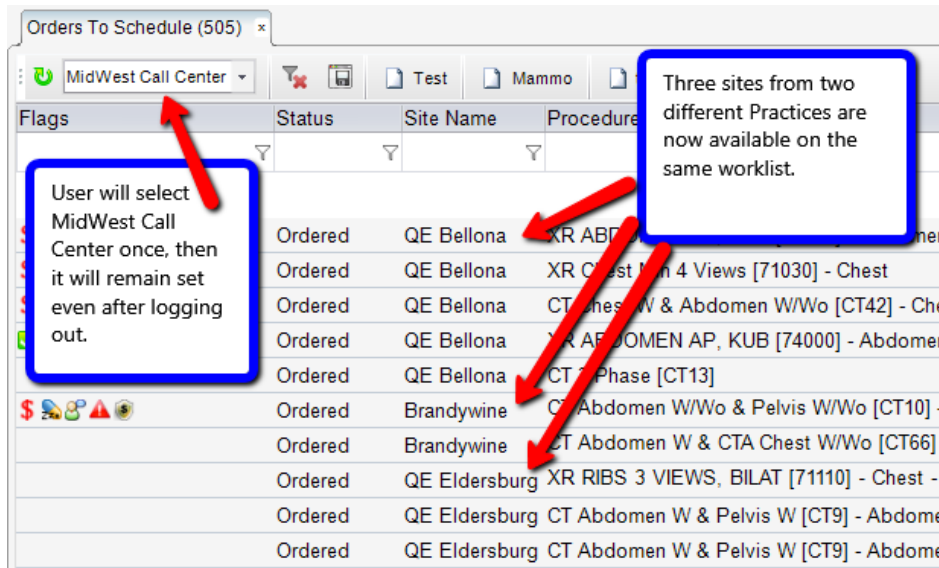
An example may help in understanding how to take advantage of this feature. Imagine there is an organization with two practices: Red Radiology and Blue Radiology. Each practice consists of 15 sites. MidWest Call Center is responsible for scheduling at three of those sites: two from Red Radiology and one from Blue Radiology. The staff would like to view all five sites on the Orders to Schedule WL at the same time. To allow this, the RIS Administrator will create a Site Group called MidWest Call Center. The Site Group Type Code will be Worklist Group. Each of the 3 desired sites will be associated to the new Site Group. In the image below, the first site, Brandywine, has been attached.

Remember to click the arrow and add all of the sites to be included in the Site Group.

Site Group Code	Description	Display Order	Practice Code	Site Group Type Code	Last Updated	Active
Contains:	Contains:	Equals:	Contains:	Contains:	Equals:	Contains: Y
Click here to add a new row						
MidWest Call Center	MidWest Call Center	1		Worklist Group		Y
Site Group Code	Site Code					
MidWest Call Center	Brandywine					
Click here to add a new row						

February 28, 2017

Now that the MidWest Call Center Site Group has been created, the Call Center scheduler can open the Orders to Schedule WL, select the MidWest Call Center option, and see all three sites on the worklist.



The screenshot shows the 'Orders To Schedule (505)' window. At the top, there is a dropdown menu currently set to 'MidWest Call Center'. Below this is a table with columns: Flags, Status, Site Name, and Procedure. The table contains several rows of orders. Annotations with red arrows point to specific elements:

- A blue box with text: "User will select MidWest Call Center once, then it will remain set even after logging out." with an arrow pointing to the 'MidWest Call Center' dropdown menu.
- A blue box with text: "Three sites from two different Practices are now available on the same worklist." with an arrow pointing to the 'Site Name' column, specifically highlighting 'QE Bellona', 'Brandywine', and 'QE Eldersburg'.

Flags	Status	Site Name	Procedure
	Ordered	QE Bellona	XR ABDOMEN AP, KUB [74000] - Abdomen
	Ordered	QE Bellona	XR Chest With 4 Views [71030] - Chest
	Ordered	QE Bellona	CT Chest W & Abdomen W/Wo [CT42] - Chest
	Ordered	QE Bellona	CT Phase [CT13]
	Ordered	Brandywine	CT Abdomen W/Wo & Pelvis W/Wo [CT10] - Abdomen
	Ordered	Brandywine	CT Abdomen W & CTA Chest W/Wo [CT66] - Chest
	Ordered	QE Eldersburg	XR RIBS 3 VIEWS, BILAT [71110] - Chest
	Ordered	QE Eldersburg	CT Abdomen W & Pelvis W [CT9] - Abdomen
	Ordered	QE Eldersburg	CT Abdomen W & Pelvis W [CT9] - Abdomen

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**FEATURE #14961 - UM PRIORITY COLUMN AVAILABLE ON ORDERS TO SCHEDULE WORKLIST**

For customers using Utilization Management functionality, the UM Priority is now available as a column on the Orders to Schedule WL. This will allow users to sort and filter based on the UM Priority.

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**FEATURE #15361 – NEW COLUMN AVAILABLE ON TECHNOLOGIST WL TO DISPLAY TIME OF CONTRAST INJECTION**

In some organizations, contrast injections are performed by a doctor instead of the technologist performing the scan. There is an existing workflow in eRAD RIS to accommodate the doctor “signing” the injection. For those using this workflow, an *Injected* column is now available on the Technologist worklist to display the time the injection was signed.

## INTERFACING

### FEATURE #14747 – EXTERNAL INTERFACE CAN NOW RETURN VALUES FOR SCHEDULE MESSAGE

To enhance workflow when an external scheduling system utilizes the RIS Scheduling engine, the External Interface Service (Wedge) now provides a new web method (similar to the StudyUpdate method) that returns information regarding the study or studies that were created or updated. Please contact eRAD Support to learn more about this functionality if applicable.



## MANAGEMENT REPORTS

### FEATURE #14511 – MANAGEMENT REPORTS AND DASHBOARDS FOR UTILIZATION MANAGEMENT

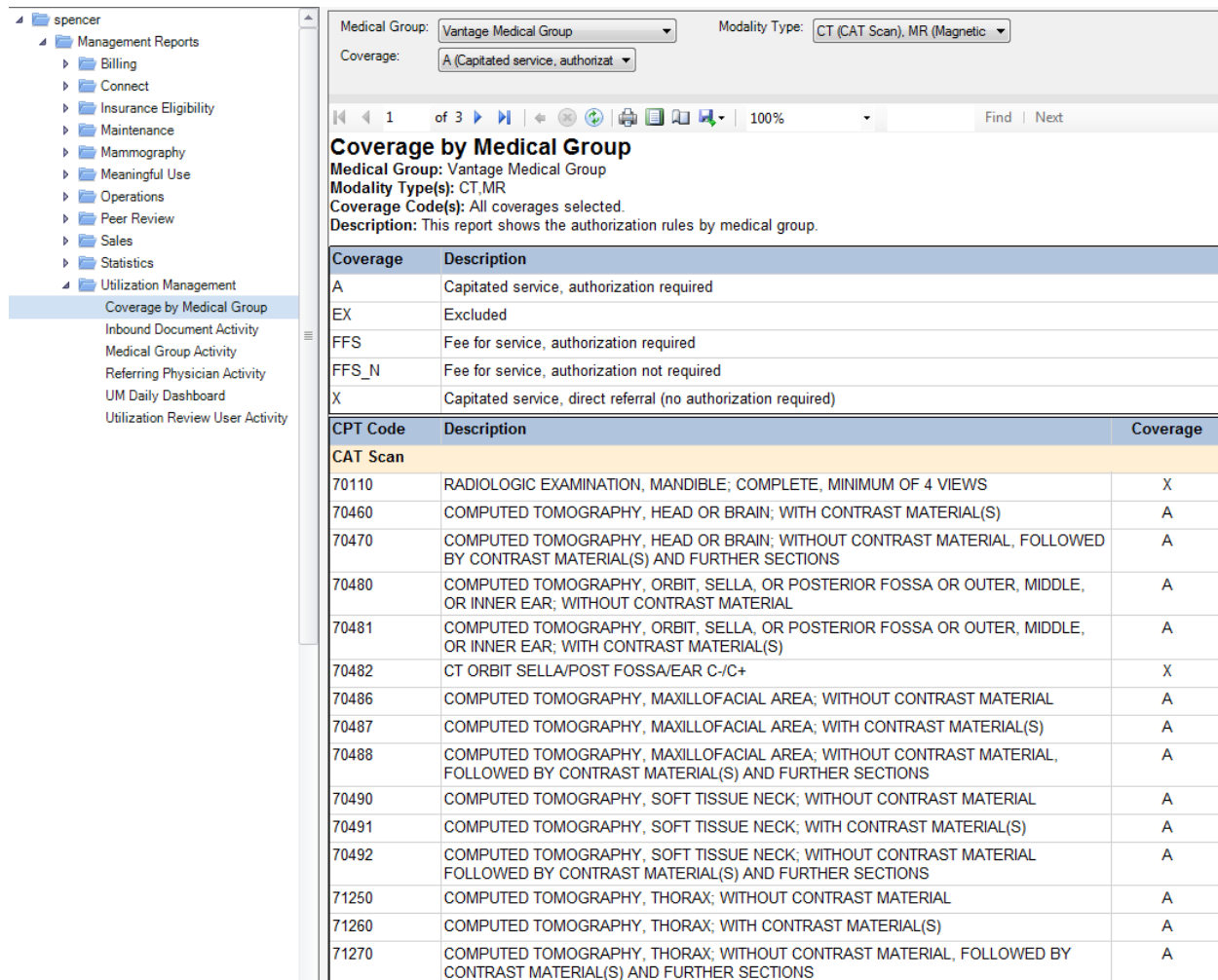
A collection of management reports for tracking statistics relevant to the new Utilization Management functionality in eRAD RIS is now available.

A new core folder called Utilization Management has been added to the Management Report structure in eRAD RIS. The following reports were added to the Utilization Management folder:

- **Coverage by Medical Group** – This will allow the user to select a Medical Group, Modality Type, and Coverage Type. In other words, it is a means to run a report against the UM authorization rules (matrices).
- **Inbound Document Activity** – This report will allow the user to select a date range and receive the following information:
  - The number of documents not processed and the average age in hours.
  - The number of documents discarded, sorted by reason (e.g. Junk Mail, Duplicate, etc.).
  - The number of documents processed by data entry user.
  - A breakdown of incoming vs processed documents by hour of day.
- **Medical Group Activity** – This report will allow the user to select a date range and get a listing of all medical group activity that required utilization review and are in a final UM status for the period:
  - A breakdown of STAT, Urgent, and Routine.
  - Total procedure count, average turnaround hours, and percent compliant.
  - Drill down capabilities from UM Status such as Recommended all the way down to Modality Type (CT, MR, etc.).
- **Referring Physician Activity** – This report will allow the user to select a date range and get a listing of all referring physician activity that required utilization review and are in a final UM status for the period:
  - A breakdown of STAT, Urgent, and Routine.
  - Total procedure count, average turnaround hours, and percent compliant.
  - Drill down capabilities from UM Status such as Recommended all the way down to Modality Type (CT, MR, etc.).
- **Utilization Review User Activity** – This report will allow the user to select a date range and get the following information:
  - A listing of all the reviewers who finalized an authorization request during the period.
  - Average hours to final status and percent of total.
  - Ability to drill-down to see the UM Statuses such as Recommended As Requested.
- **UM Daily Dashboard** – This report is limited to one day's activity and would typically be scheduled and distributed to the UM management team. It contains the following information:
  - Number of unprocessed inbound documents in the data entry queue.
  - Breakdown of the reviewer queue by priority and status.
  - Finalized procedure count by priority and status.
  - Finalized procedure count broken down by average turnaround time.
  - Finalized procedure seven day trend bar chart.
  - Breakdown of procedure count by Modality Type.

- Breakdown of procedure count by medical group.
- Top ten referring physician procedure count.

See below for examples of the management reports.



The screenshot displays the eRAD Management Reports interface. On the left, a navigation tree shows various report categories under 'spencer', with 'Utilization Management' and 'Coverage by Medical Group' selected. The main panel shows the 'Coverage by Medical Group' report for 'Vantage Medical Group'. The report filters are set to 'Modality Type: CT (CAT Scan), MR (Magnetic)' and 'Coverage: A (Capitated service, authorization required)'. The report title is 'Coverage by Medical Group' and it includes a description: 'This report shows the authorization rules by medical group.' The report contains two tables: one for 'Coverage' and one for 'CPT Code'.

Coverage	Description
A	Capitated service, authorization required
EX	Excluded
FFS	Fee for service, authorization required
FFS_N	Fee for service, authorization not required
X	Capitated service, direct referral (no authorization required)

CPT Code	Description	Coverage
<b>CAT Scan</b>		
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF 4 VIEWS	X
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	A
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	A
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	A
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	A
70482	CT ORBIT SELLA/POST FOSSA/EAR C-/C+	X
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	A
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	A
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	A
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	A
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	A
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	A
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	A
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	A
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	A

Figure 1 – Coverage by Medical Group Management Report

## Inbound Document Activity

Date Range: 08-27-2016 - 11-25-2016

Description: This report shows a breakdown of inbound document activity based on processed date.

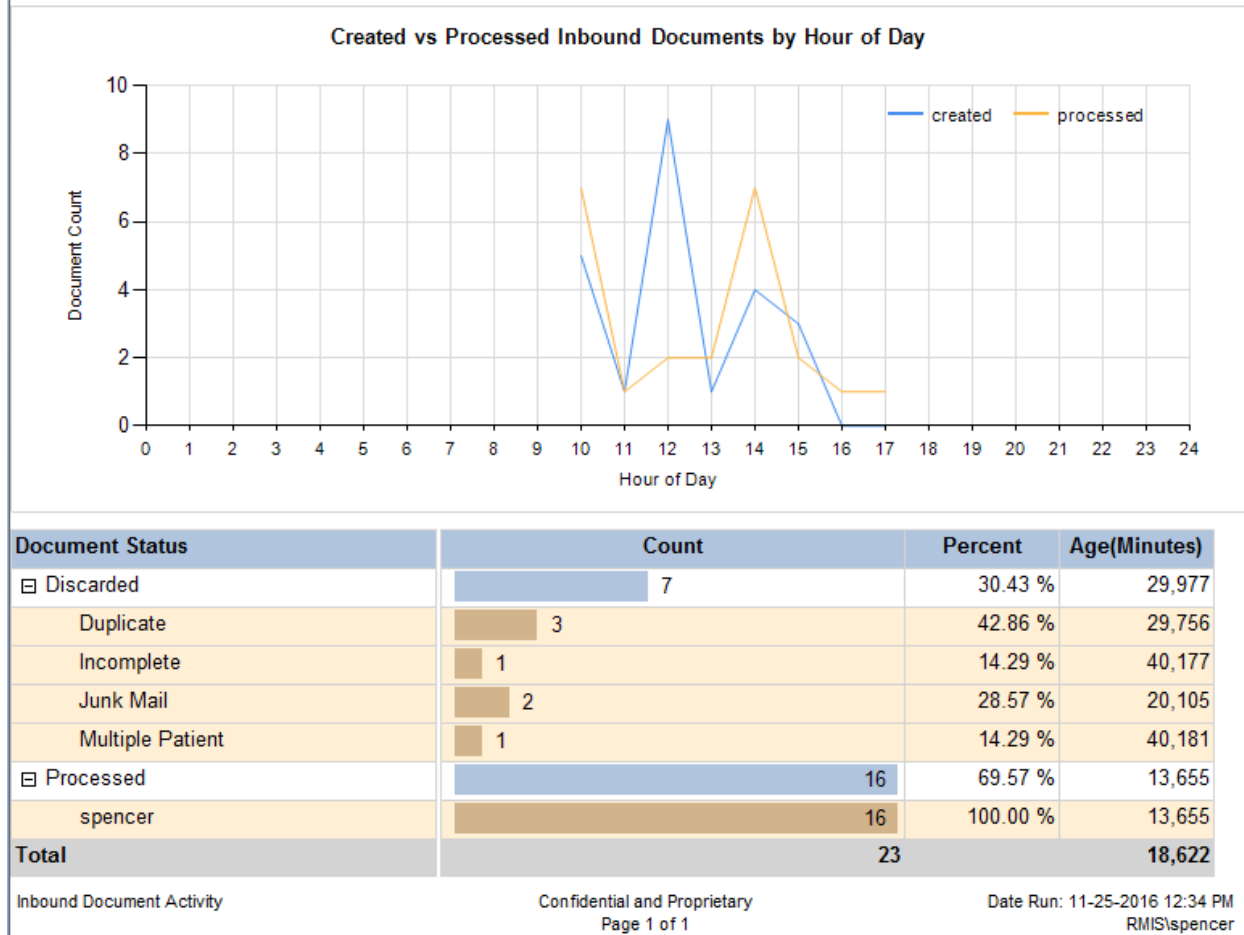


Figure 2 – Inbound Document Activity Management Report

### Medical Group Activity

Date Range: 01-01-2016 - 11-24-2016

Description: This report shows procedure count by medical group categorized by review priority, average turnaround time, and the percentage of reviews completed with the time allotted.

Medical Group	STAT			Urgent			Routine			Total		
	Count	Hours	Comp	Count	Hours	Comp	Count	Hours	Comp	Count	Hours	Comp
<input type="checkbox"/> Choice							1	1	100 %	1	1	100 %
<input type="checkbox"/> Prospect Medical Group							1	135	0 %	1	135	0 %
<input type="checkbox"/> Regal Medical Group							5	1	100 %	5	1	100 %
<input type="checkbox"/> Received							2	0	100 %	2	0	100 %
<input type="checkbox"/> Recommended							3	1	100 %	3	1	100 %
<input type="checkbox"/> As Added Exam							1	1	100 %	1	1	100 %
<input type="checkbox"/> As Alternative							1	1	100 %	1	1	100 %
<b>MRI and MRA</b>							1	1	100 %	1	1	100 %
<input type="checkbox"/> As Requested							1	1	100 %	1	1	100 %
<input type="checkbox"/> Riverside Physician Network				3	1	100 %				3	1	100 %
<input type="checkbox"/> Seaview IPA	2	25	100 %	7	79	71 %	23	4	91 %	32	21	88 %
<input type="checkbox"/> Vantage Medical Group	21	0	100 %	52	35	75 %	217	20	88 %	290	21	87 %
<b>Total</b>	<b>23</b>	<b>2</b>	<b>100 %</b>	<b>62</b>	<b>38</b>	<b>76 %</b>	<b>247</b>	<b>19</b>	<b>88 %</b>	<b>332</b>	<b>21</b>	<b>87 %</b>

Medical Group Activity

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Date Run: 11-24-2016 2:53 PM  
SpencerLaptp-HPFormsGuestUser

Figure 3 – Medical Group Activity Management Report

### Referring Physician Activity

Date Range: 01-01-2016 - 11-24-2016

Description: This report shows utilization management procedure counts by referring physician categorized by review priority, average turnaround time, and the percentage of reviews completed with the time allotted.

Referring Physician	STAT			Urgent			Routine			Total		
	Count	Hours	Comp	Count	Hours	Comp	Count	Hours	Comp	Count	Hours	Comp
<input type="checkbox"/> Abbott, Alberto3 24490							8	10	88 %	8	10	88 %
<input type="checkbox"/> Not Recommended							2	0	100 %	2	0	100 %
<input type="checkbox"/> Recommended							5	16	80 %	5	16	80 %
<input type="checkbox"/> As Requested							5	16	80 %	5	16	80 %
<b>Diagnostic CT</b>							4	20	75 %	4	20	75 %
<b>MRI and MRA</b>							1	0	100 %	1	0	100 %
<input type="checkbox"/> Withdrawn							1	0	100 %	1	0	100 %
<input type="checkbox"/> James, Alfred0 88052							1	1	100 %	1	1	100 %
<input type="checkbox"/> Jefferson, Abraham6 45231							3	55	67 %	3	55	67 %
<input type="checkbox"/> Jones, Aimee 04700							2	68	50 %	2	68	50 %
<input type="checkbox"/> Jones, Allan 64317							2	0	100 %	2	0	100 %
<input type="checkbox"/> Jones, Artur 12418							1	0	100 %	1	0	100 %
<input type="checkbox"/> ref, test							1	0	100 %	1	0	100 %
<input type="checkbox"/> Refer, Self							3	0	100 %	3	0	100 %
<input type="checkbox"/> Smith, Alfons	14	4	100 %	47	48	70 %	186	21	89 %	247	25	86 %
<input type="checkbox"/> Smith, Alliso 97245				3	1	100 %	4	1	100 %	7	1	100 %
<input type="checkbox"/> Smith, Amelia0 89165							4	1	100 %	4	1	100 %
<input type="checkbox"/> Smith, Bobbie 46382	9	0	100 %	12	7	92 %	27	8	85 %	48	6	90 %
<input type="checkbox"/> Williams, Alexis 24384							5	25	60 %	5	25	60 %
<b>Total</b>	<b>23</b>	<b>2</b>	<b>100 %</b>	<b>62</b>	<b>38</b>	<b>76 %</b>	<b>247</b>	<b>19</b>	<b>88 %</b>	<b>332</b>	<b>21</b>	<b>87 %</b>

Referring Physician Activity

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Date Run: 11-24-2016 2:55 PM  
SpencerLaptp-HPFormsGuestUser

Figure 4 – Referring Physician Activity Management Report

### Utilization Review User Activity

Date Range: 01-01-2016 - 11-24-2016

Description: This report shows utilization review procedure count by reviewer.

Review Finalized By	Proc Count	Avg Hours	% of Total
MacDougall, Spencer	243	30	99.18 %
MD Review	1	1	0.41 %
Not Recommended	50	18	20.58 %
Medical Necessity Not Established	43	17	86.00 %
Not Medically Necessary	7	24	14.00 %
Received	3	20	1.23 %
Recommended	173	27	71.19 %
Reopen	2	110	0.82 %
Returned, Review Completed	3	41	1.23 %
Returned, Review Not Initiated	1	299	0.41 %
Withdrawn	10	108	4.12 %
Mills, Terry	2	69	0.82 %
<b>Total</b>	<b>245</b>	<b>30</b>	

Utilization Review User Activity

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Date Run: 11-24-2016 3:10 PM  
SpencerLaptp-HP\FormsGuestUser

Figure 5 – Utilization Review User Activity Management Report

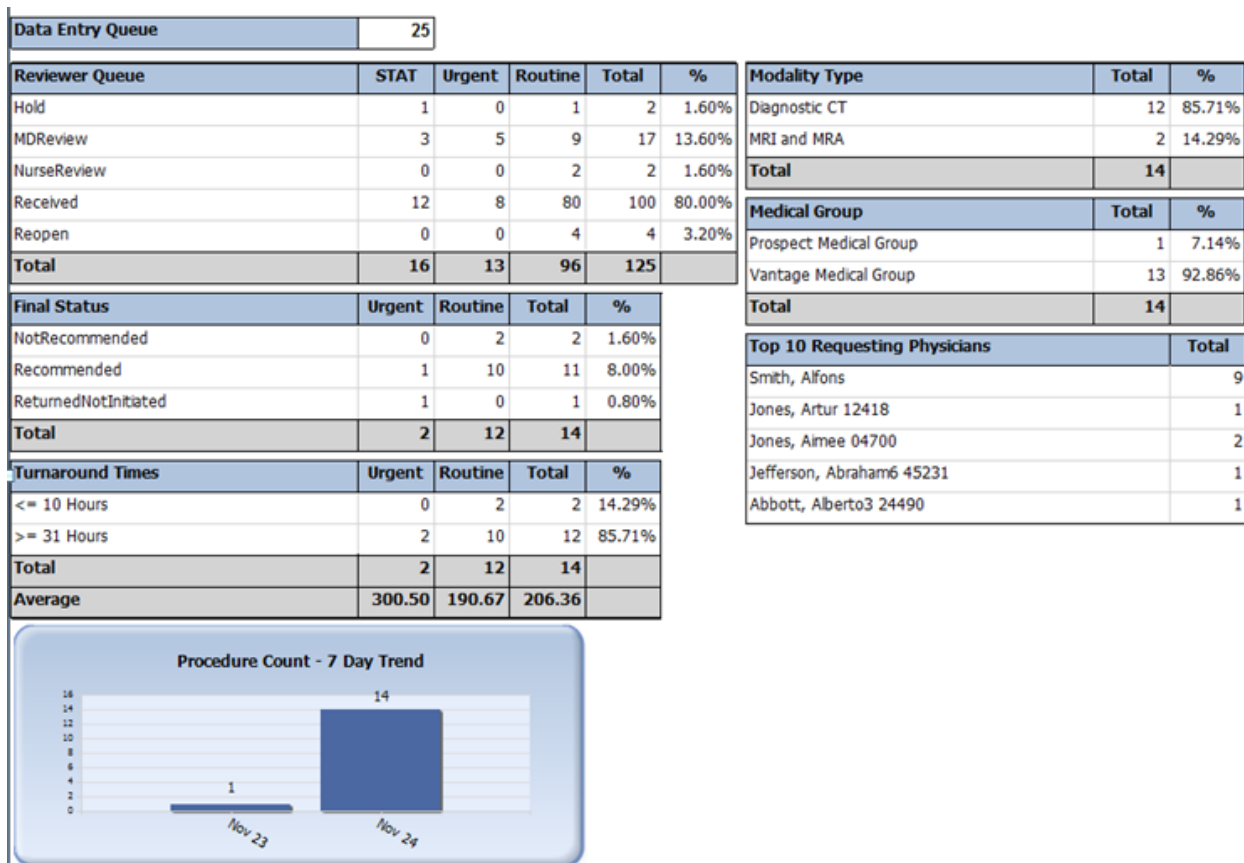


Figure 6 – UM Daily Dashboard

## RESOLVED DEFECTS

Bugs, support issues, and design optimizations resolved in build 2.2017.1.

Bug #	Category	Subject
15268	RADAR SecurePIC	An optional ris.exe.config setting for DBActionSignalRServiceEndpoint was added to be used when the IP address used for hosting on the server is different than the IP address used on the client.
15300	Insurance Eligibility	An issue with the Eligibility status icon becoming hidden on the Manage Policies grid when there is a long insurance carrier description has been resolved.
15301		Resolved issue with Amount to Collect field not refreshing if scheduling is completed before Eligibility finished running.
15307	Technologist	An exception no longer occurs when adding to the Contrast grid from View/Edit screen.
15023	Billing	Resolved an issue with Linked Reports where the non-primary studies would not receive an updated billing status and would not drop from the Activity WL.
15940	Cancel	It is now possible to cancel an order made as a guest in Patient Portal from the Reschedule workflow (previously caused RIS to crash).
15373	CD Burning	Resolved an issue where RIS could crash during CD Export under certain circumstances.
15311	CEHRT	ImportDataFileUpgradeDB has been modified for loading SNOMED codes to disable constraints related to new Gender Identity and Sexual Orientation tables.
15915	Citrix Bridge	Citrix version 7.9 needs the latest version of vcom API which requires a modification the the citrixbridge.exe. Also resolved a problem with the path for the verbose log in the citrixbridge.exe.config.
7613	Confirmation	Closed Room Reschedule WL now supports repeat rules, resolving an issue where studies could be filtered from the Confirmation worklist.
15359	DB	Resolved an issue where users could be allowed to re-use passwords even when the System Configuration setting does not allow it.
14450	Document Distribution	Improvements made to the logging of Document Distribution notes.
14782	Finding Followup	It is now possible to save Finding Follow-up selections when using PowerScribe reporting mode.
15037	Insurance Eligibility	If Eligible API provides a Spend Down amount, this is now

		displayed in the detailed eligibility return.
15286	Insurance Eligibility	Resolved an issue with the tooltip for the Eligibility worklist icon.
13521	Interfaces	Wedge will no longer crash when replying to an inbound message when connecting system (e.g. Mirth, Ensemble) has closed the connection.
14715	Interfaces	Wedge will now provide an alert if a plugin is misconfigured.
15092	Interfaces	Added support for openxml versions of MS Word and Excel to external interface. This will provide better support for RTL and formatting.
15449	Interfaces	An error in RadarConnect process message for practices with null values has been resolved.
15522	Log Control	The notes field context menu, including spellcheck options, is now available in textbox only mode.
15938	MRN	Assigning MRN during reschedule using guest Patient Portal study no longer throws an exception.
15068	Outside Read	A core validation rule has been added with a condition that allows Reason for Exam to be required on all studies <i>except</i> Outside Reads.
13888	PACS (eRAD) Int - RIS only	In the Patient Folder, it is now possible to launch images for a study, even if a different study was previously launched from the same Patient Folder and the PACS Viewer was closed. Previously, the Patient Folder would have to be closed and re-opened under those circumstances.
14066	PACS (Non - eRAD) Integration	Carestream PACS integration now supports appending studies in the viewer when double clicking a prior study from the mini-Patient Folder in the dictation screen.
14889	PACS (Non - eRAD) Integration	Resolved an issue with Carestream PACS integration in which studies loaded by External Study Identifier did not close properly.
15393	PACS (Non - eRAD) Integration	Resolved an issue with Carestream PACS integration in which viewing a second study from the Patient Folder does not display the Accession number.
14636	PACS (Non - eRAD) Integration	Resolved an issue with IW PACS integration in which images were not redisplayed when switching between tabs.
15676	Patient Merge	Merging external MRNs with internal RIS patients is once more possible during rescheduling workflow.
15149	Patient Portal	No longer issues with arriving or cancelling appointments made as a guest in the Patient Portal.
15102	Peer Review	Radiologists are now prevented from peer reviewing studies from outside of their current Practice.
12563	Person Management	RecentPasswordRestrictionCount set to -1 now fully disables the recent password feature, as designed.



13788	Powerscribe Integration	Resolved an issue with PowerScribe integration in which it was possible to unintentionally close a second study when dictating multiple cases and an addendum.
14867	RADAR	Resolved an issue for RADAR exam cancellations.
15232	RADAR	Audit records for RADAR messaging now include patient /order /study context.
15566	Radar - Nudge	Resolved a value cannot be null error for App.config RADARSecureMessagePort.
11929	Radiology Reporting	Switching between external reporting integration modes (PS360 or External) to internal reporting modes (eRAD or M*Modal) now occurs seamlessly without errors.
14757	Radiology Reporting	Resolved an index out of range error that occurred under certain conditions when using Next workflow during dictation.
15392	Radiology Reporting	All applicable tool window controls in reporting screens will now prompt if there are unsaved changes.
15553	Radiology Reporting	When using emergency access and RIS crashes, using autosave, clicking the emergency access again will no longer remove the auto saved report.
15975	Radiology Reporting	Selected Report panel is now properly saving in personal or system layouts.
14045	Scanning	"A lock is required to update this order" error is no longer occurring when saving scanned documents for an external prior report.
15240	Scanning	Resolved an issue with auto-cropping when using the Straighten tool on scanned documents.
15671	Scanning	Scanning no longer unexpectedly converts images to black and white.
14845	Scheduling	Foreign key exception when adding "Additional Data" to a procedure no longer occurs.
14948	Scheduling	A user without permission to reschedule a study can no longer do so from the context menu.
15104	Scheduling	When scheduling using Order A/Order B with different referring physicians, Order B now successfully receives the data from the Clinical tab.
15559	SecurePIC	SecurePIC requests are now successful from IVT screen for studies in an Ordered status.
15076	Technologist	Modifying a study that was performed before the Tech verified ID field was set as Required using validation rules has been resolved.
15155	Technologist	ExamDoneTechOnly - PACS correction flag can no longer be inadvertently set to Y after exam completion.
14971	Thick Client GUI	Resolved an issue where the RIS application could stay in view



		after RIS locks.
15363	Thick Client GUI	Resolved an issue that previously resulted in a 'Cannot access a disposed object. Object name: RadLabel' error/crash.
15371	Thick Client GUI	Resolved an issue that could cause a RIS crash while disposing PerformExam or ViewEdit.
14771	Utilization Management	When using the Quick Search box to search by UM authorization number, the applicable row will not be highlighted if the search is performed multiple times or with the Patient Folder already open.
15209	Worklists	Resolved an intermittent issue with RIS Crashing between scheduling under particular circumstances (Object reference not set to an instance of an object).

## KNOWN LIMITATIONS

The following are new bugs found in build 2.2017.1. Bugs reported in previous versions are not captured as Known Limitations in this document.

#	Subject
16068	Dictated by in Summary panel is not populated for reports created by technologist.
15974	Document Distribution jobs failing to send email via RADAR due to large file size.
15577	System configuration setting "Enforce zip code selection" set to True and "Enforce county selection" set to False, will require a zip code but the field will not appear.
16040	Attach Inbound Documents WL action buttons throw exception if pressed when highlighting a locked document row.
16072	The "Last Login By User ID" management report should display the date.
16060	TemplateMacro Editor- When using the assignment tab, after filtering available options, items that are not in the results are added to assigned column when using the right arrow to select.
16047	With preferences for reuse reporting screen (unchecked) and autofeed from worklist (checked), the Next workflow in the dictate screen is sometimes failing to open the next study.
16046	With the reuse reporting screen preference unchecked, Next workflow in the signing screen behaves as if in the Dictate screen.
16042	Unable to delete table rows from DocumentType look-up (? FK exception thrown).
16026	Removed/inactive order_items showing as disabled on Exam Details list when valid, active order_items present.
16024	Infinitt PACS - Images from Patient Folder are not always closing.
16023	Imported order-level documents are disabling the incorrect context menu option to switch document level.
16013	Clinical.ViewStudy access string does not control access to View Study button/context option on appropriate exams.
16005	When user has both Technologist and Editor resource types, it is possible for them to be assigned as radiologist if creating a report from perform exam screen.
16000	Inactive UM Resolution Codes are visible in the UM Alerts resolution code drop-down.
15991	Scheduling a study in OrderSigned status from within a Folder removes the study from Folder's WL.
15989	Multiple Studies flag gets carried through "Schedule From" action on single-procedure study.
15920	Contrast amounts are not defaulting when including multiple exams.
15900	When deleting the dictation /report and resetting status on a study that is suspended, _status_flags is not getting reset.
15884	Scan Document Notes option still available on non-modal attachment viewer without the option to save them.
15871	TemplateMacro Results grid is freezing when a change is initiated but not saved before attempting to open the editor window.
15820	Attach Inbound Documents - Opening context menu on rows other than the one selected throws an error.
15804	Changing the image request status for studies in Exam Done produces an error that "Signs and Symptoms" is required.

15800	Closing a study by clicking X on the tab will lock the images.
15796	An error is thrown in the "Adding a mammo biopsy" screen when cancelling the person search window.
16070	eRAD reporting mode - Create template from report creates double brackets for 2 <sup>nd</sup> auto macro field.
15963	Scheduling an order under Utilization Review from a Folder does not display a message informing the user that it is under UM Review.
15962	Unable to modify Additional/Alternative procedure status when default statuses are null.

**RIS RELEASE VERSION NUMBERS**

Build	Patch	UI Version	Core Version	WS Version	DB Version	Digital Forms	Notes
2016.1	-	2.16.1.0.33419 (3GB)	2.16.1.0.33079	2.16.1.0.33419	2.16.1.0.33416		GUI.zip, Web Service, DB, Management Reports, Questionnaire and Citrix Bridge
2016.1	1	2.16.1.1.33672 (3GB)	2.16.1.0.33079	2.16.1.0.33419	2.16.1.0.33416		GUI.zip
2016.1	.0.1	2.16.1.0.1 (3GB)	2.16.1.0.33079	2.16.1.0.33419	2.16.1.0.33416		GUI.zip (This is not included in 2016.1.1, version directly above)
2016.1	.0.2	2.16.1.0.1 (3GB)	2.16.1.0.33079	2.16.1.0.2	2.16.1.0.33416		Wedge Web Services only
2016.1	.0.3	2.16.1.0.3 (3GB)	2.16.1.0.33079	2.16.1.0.3	2.16.1.0.3.00128918		GUI.zip, Web Services and DB
2016.1	.0.4	2.16.1.0.4 (3GB)	2.16.1.0.33079	2.16.1.0.4	2.16.1.0.3.00128918		GUI.zip, Web Services
2016.2	-	2.16.2.0 (3GB)	2.16.2.0	2.16.2.0	2.16.2.0.00172540		Full Version Release - GUI.zip, Web Service, DB, Management Reports, Questionnaire and Citrix Bridge
2016.2	1	2.16.2.1 (3GB)	2.16.2.0	2.16.2.0	2.16.2.0.00172540		GUI.zip and Citrix Bridge
2016.2	2	2.16.2.2 (3GB)	2.16.2.0	2.16.2.0	2.16.2.2.00243102		GUI.zip, DB and Citrix Bridge
2016.3	-	2.16.3.0 (3GB)	2.16.3.0	2.16.3.0	2.16.3.0.00257101	2.16.3.0	Full Version Release
2016.3	1	2.16.3.1 (3GB)	2.16.3.0	2.16.3.1	2.16.3.1.00298834	2.16.3.0	GUI.zip, Web Service and DB
2016.4	-	2.16.4.0	2.16.4.0	2.16.4.0	2.16.4.0.00301943	2.16.4.0	Full Version Release
2016.4	1	2.16.4.1	2.16.4.0	2.16.4.1	2.16.4.0.00301943	2.16.4.0	GUI and Web Service updates
2016.4	2	2.16.4.2 (3GB)	2.16.4.0	2.16.4.1	2.16.4.0.00301943	2.16.4.0	GUI and Patient Portal updates
2016.4	3	2.16.4.3 (3GB)	2.16.4.0	2.16.4.3	2.16.4.3.00483474	2.16.4.0	GUI and Patient Portal updates
2016.4	4	2.16.4.4 (3GB)	2.16.4.0	2.16.4.3	2.16.4.3.00483474	2.16.4.0	GUI
2016.4	5	2.16.4.5 (3GB)	2.16.4.0	2.16.4.3	2.16.4.3.00483474	2.16.4.0	GUI
2016.4	6	2.16.4.6 (3GB)	2.16.4.0	2.16.4.3	2.16.4.3.00483474	2.16.4.0	GUI
2016.5	-	2.16.5.0 (3GB)	2.16.5.0	2.16.5.0	2.16.5.0.00349303	2.16.5.0	Full Version Release
2016.6	-	2.16.6.0 (3GB)	2016.6.0	2.16.6.0	2.16.6.0.00411295	2.16.6.0	Full Version Release
2016.6	1	2.16.6.1 (3GB)	2016.6.0	2016.6.0	2.16.6.0.00411295	2.16.6.0	GUI and Patient Portal updated
2016.7	-	2.16.7.0 (3GB)	2.16.7.0	2.16.7.0	2.16.7.0.00490835	2.16.7.0	Full Version Release
2016.7	1	2.16.7.1 (3GB)	2.16.7.0	2.16.7.1	2.16.7.0.00490835	2.16.7.0	GUI and Web Service updates
2016.7	2	2.16.7.2 (3GB)	2.16.7.0	2.16.7.2	2.16.7.0.00490835	2.16.7.0	GUI and Web Service updates
2017.1	-	2.17.1.0 (3GB)	2.17.1.0	2.17.1.0	2.17.1.0.00559886	2.17.1.0	Full Version Release

## CODE STREAM DIAGRAM

