

User Release Notes

for eRAD RIS
Version 2
Build 44

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1. Purpose

This document describes some of the new features and changes implemented in eRAD RIS as of the end of Sprint 44 and subsequent server releases. This version of eRAD RIS is referred to as Build 2.44

Only features which can be visually demonstrated to the user will be outlined in this document.

2. Intended Audience

This document is created by the RIS Development team for the RadNet RIS management team.

3. Installing/Accessing the Application

The installation guide for the eRAD RIS client have been posted to the RadNet Wiki page at <http://mdbal01rdtweb/Wiki/>

Under the RIS menu click on the rRIS page. The credentials to access the page are:

Username: rRIS

Password: Summerside

Please note that Build 2.44 is considered a new core release of the application and will require a reinstallation of eRAD RIS. This is accomplished by navigating to the eRAD RIS shared installation drive and running the CoreInstall.bat file (ex: I:\RISDeployment\CoreInstall.bat)

If you experience difficulties accessing the application please do not hesitate to contact Darcy Noye with the PEI RIS Development Team.

4. New Access Strings and Configuration Settings 44

Setting Placeholder	Setting	Default	Purpose / Controls Access to
Access string / User Group Permission tables	Clinical.AllowPeerReviewChanges	None	Allows the user to make modifications to peer reviews
Access string / User Group Permission tables	View.Preset.Administration.PresetPeerReview	None	Access to preset layout administration for Peer Review
Access string / User Group Permission tables	View.PresetPeerReview	Full	Access to see the main menu item "View/LoadLayout.../Peer Review" (on dictation screens)
Access string / User Group Permission tables	View.BreastDrawing	Full	Access to see the Breast Drawing menu item from View menu (visible when dictate window is open on a mammo study)
Access string / User Group Permission tables	View.SelectedBreastDrawing	Full	Access to see the Selected Breast Drawing menu item from View menu (visible when dictate window is open on a mammo study)
Access string / User Group Permission tables	Config.TechSupportChangePassword	None	Allows the user to change other user's password. Intended for helpdesk users who do not require full access to the Personnel Editor
Access string / User Group Permission tables	Config.LookupEditor.ProcedureExamTitle	None	Controls access to the ProcedureExamTitle lookup table
Access string / User Group Permission tables	Config.LookupEditor.ProcedureTechnique	None	Controls access to the ProcedureTechnique lookup table
Access string / User Group Permission tables	Config.LookupEditor.Personnel.EmailPassword	None	full access to this enables users to view personnel address distribution email passwords
Access string / User Group Permission tables	Config.LookupEditor.Contrast	None	Controls access to the Contrast lookup table

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Access string / User Group Permission tables	Config.LookupEditor.DosageUnit	None	Controls access to the DosageUnit lookup table
Access string / User Group Permission tables	Config.LookupEditor.Sedative	None	Controls access to the Sedative lookup table
Access string / User Group Permission tables	NOTE: Change to Access String Name Clinical.ReportingTranscription IS NOW Clinical.ReportingEditor	None	Access to the Create/Edit Reporting window
Access string / User Group Permission tables	NOTE: Change to Access String Name Menu.Transcription IS NOW Menu.Editor	None	Controls access to the Editor Menu
Access string / User Group Permission tables	NOTE: Change to Access String Name Clinical.AssignTranscriptionist IS NOW Clinical.AssignEditor	None	Assign To Editor context menu option for work lists in which the option is available
Access string / User Group Permission tables	NOTE: Change to Access String Name Clinical.UserPreferences.TranscriptionPolling IS NOW Clinical.UserPreferences.EditorPolling	None	Enables access to the User Preferences Editor Polling User Preferences
Access string / User Group Permission tables	The following access string has been removed as it wasn't being used. Config.LookupEditor.Macro	N/A	The access string Config.LookupEditor.TemplateMacro will provide access to the TemplateMacro lookup table.
SystemConfig lookup	AllowedPasswordFailAttempts	-1	Number of allowed failed consecutive attempts

			before locking account. 0 or less disables feature and will never lock out a user."
SystemConfig lookup	EmailPDFPasswordRegex	(?=^.{6,10}\$)^\S*(?=[a-z])\S*(?=[A-Z])(?=[0-9])(?!./s*)\S*\$	(value = string) Used to configure the regex for detecting what is a strong password for email PDF
SystemConfig lookup	EmailPDFPasswordRegexHint	6-10 characters including 1 uppercase letter, 1 lowercase letter and one number	6-10 characters including 1 uppercase letter, 1 lowercase letter and one number
SystemConfig lookup	EnableContrastBillingRelation	True	True enables billing and contrast code syncing in the tech window
SystemConfig lookup	EnableNotRegisteredInPECOSWarning	False	(value = True/False) Determines if the system will warn scheduler if referring physician is not in PECOS and patient is using Medicare.
SystemConfig lookup	ExpirePasswordInDays	-1	Number of days before you must change your password. 0 or less disables feature and passwords do not expire.
SystemConfig lookup	LMPEndingAge	56	When the patient reaches this age, the LMP checker will no longer be enabled on the technologist screen.
SystemConfig lookup	LMPStartingAge	12	When the patient reaches this age, the LMP checker will be enabled on the technologist screen.

SystemConfig lookup		"Account locked. Please contact your administrator."	Message to display to users who have had their accounts locked out."
	PasswordLockedMessage		
SystemConfig lookup			Number of times you have to change a password before you can reuse an old password. 0 or less disables feature and password history is not saved
	RecentPasswordRestrictionCount	-1	
SystemConfig lookup			True to require a preferred site and attempt to pre-select preferred site on schedule search.
	ScheduleUsePreferredSite	True	
SystemConfig lookup			Verification account for billing.
	InsuranceEligibleAPIString		
Applicationsettings.config	<setting name="StartInboundDocumentService" serializeAs="String"> <value>>false</value> </setting>	False	
Applicationsettings.config	<setting name="InboundDocumentFolderLocation" serializeAs="String"> <value>C:\InBoundDocuments</value> </setting>	C:\InBoundDocuments	

Changes to RIS.exe.config file

The section <listeners> in the ris.exe.config file has been changed in this release. Below you will see the before and after. In the “before” section, if the text is highlight grey, it is to indicate that it has been removed. Text highlight green in the “after” section will indicate new configuration. Any text in Yellow in before section will indicate values that have changed. The corresponding value will be highlighted Yellow in the After section

Before	After
<loggingConfiguration name="" tracingEnabled="true"	<loggingConfiguration name="" tracingEnabled="true"

<pre> defaultCategory="General"> <listeners> <add name="Event Log Listener" type="Microsoft.Practices.EnterpriseLibrary.L ogging.TraceListeners.FormattedEventLogTra ceListener, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" listenerDataType="Microsoft.Practices.Enterpr iseLibrary.Logging.Configuration.FormattedE ventLogTraceListenerData, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" source="rRIS" formatter="Text Formatter" log="" machineName="." traceOutputOptions="None" /> <add name="Flat File Trace Listener" type="Microsoft.Practices.EnterpriseLibrary.L ogging.TraceListeners.FlatFileTraceListener, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" listenerDataType="Microsoft.Practices.Enterpr iseLibrary.Logging.Configuration.FlatFileTrac eListenerData, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" fileName="trace.log" formatter="Text Formatter" /> <add name="Rolling Flat File Trace Listener" type="Microsoft.Practices.EnterpriseLibrary.L ogging.TraceListeners.RollingFlatFileTraceLis tener, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" listenerDataType="Microsoft.Practices.Enterpr iseLibrary.Logging.Configuration.RollingFlatF ileTraceListenerData, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" </pre>	<pre> defaultCategory="General"> <listeners> <add name="Event Log Listener" type="Microsoft.Practices.EnterpriseLibrary.L ogging.TraceListeners.FormattedEventLogTra ceListener, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" listenerDataType="Microsoft.Practices.Enterpr iseLibrary.Logging.Configuration.FormattedE ventLogTraceListenerData, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" source="rRIS" formatter="Text Formatter" log="" machineName="." traceOutputOptions="None" /> <add name="Rolling Flat File Trace Listener" type="Microsoft.Practices.EnterpriseLibrary.L ogging.TraceListeners.RollingFlatFileTraceLis tener, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" listenerDataType="Microsoft.Practices.Enterpr iseLibrary.Logging.Configuration.RollingFlatF ileTraceListenerData, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" </pre>
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<pre> rollFileExistsBehavior="Increment" rollInterval="Hour" header="" footer="" fileName="verbose_log/trace.log" formatter="SimpleTextFormatter" /> </listeners> <formatters> <add type="Microsoft.Practices.EnterpriseLibrary.L ogging.Formatters.TextFormatter, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" template="Timestamp: {timestamp(MM/dd/yyyy HH:mm:ss.ffffff)} {newline}&#xA;Message: {message} {newline}&#xA;Priority: {priority} {newline}&#xA;Severity: {severity} {newline}&#xA;Title:{title} {newlin e}&#xA;Machine: {localMachine} {newline}&#xA;Extended Properties: {dictionary({key} - {value} {newline})}" name="Text Formatter" /> <add type="Microsoft.Practices.EnterpriseLibrary.L ogging.Formatters.TextFormatter, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" template="{timestamp(MM/dd/yyyy HH:mm:ss.fff)} {tab} {severity} {tab} Message: {message}" name="SimpleTextFormatter" /> </formatters> <categorySources> <add switchValue="Warning" name="General"> <listeners> <add name="Event Log Listener" /> </listeners> </add> </pre>	<pre> rollFileExistsBehavior="Increment" rollInterval="Hour" header="" footer="" fileName="verbose_log/trace.log" formatter="SimpleTextFormatter" /> </listeners> <formatters> <add type="Microsoft.Practices.EnterpriseLibrary.L ogging.Formatters.TextFormatter, Microsoft.Practices.EnterpriseLibrary.Logging, Version=5.0.414.0, Culture=neutral" template="Timestamp: {timestamp(MM/dd/yyyy HH:mm:ss.ffffff)} {newline}&#xA;Message: {message} {newline}&#xA;Priority: {priority} {newline}&#xA;Severity: {severity} {newline}&#xA;Title:{title} {newlin e}&#xA;Machine: {localMachine} {newline}&#xA;Extended Properties: {dictionary({key} - {value} {newline})}" name="Text Formatter" /> <add type="CommonLib.eRadLogFormatter, CommonLib, Version=1.0.0.0, Culture=neutral" template="{timestamp(MM/dd/yyyy HH:mm:ss.fff)} {tab} {category} {tab} {severity} {tab} Message: {message}" name="SimpleTextFormatter" /> </formatters> <categorySources> <add switchValue="Warning" name="General"> <listeners> <add name="Event Log Listener" /> </listeners> </add> </pre>
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<pre></categorySources> <specialSources> <allEvents switchValue="Verbose" name="All Events"> <listeners> <add name="Rolling Flat File Trace Listener" /> </listeners> </allEvents> <notProcessed switchValue="Off" name="Unprocessed Category" /> <errors switchValue="All" name="Logging Errors & Warnings"> <listeners> <add name="Flat File Trace Listener" /> </listeners> </errors> </specialSources> </loggingConfiguration></pre>	<pre> <add switchValue="All" name="General All"> <listeners> <add name="Rolling Flat File Trace Listener" /> </listeners> </add> </categorySources> <specialSources> <allEvents switchValue="All" name="All Events"> <listeners> <add name="Rolling Flat File Trace Listener" /> </listeners> </allEvents> <notProcessed switchValue="Off" name="Unprocessed Category" /> <errors switchValue="All" name="Errors"> <listeners> <add name="Rolling Flat File Trace Listener" /> </listeners> </errors> </specialSources> </loggingConfiguration></pre>
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5. New Features and Enhancements

Mammo Drawing Tool

The technologist required a drawing tool for mammo studies to represent the existence and location of Moles, Pain, Palpable Masses, and Scars.

A new tab with the title Breast Diagram has been added to the Perform Exam and View/Edit screen. The Breast Diagram tab will only be visible for procedures with the “Birad Enabled Flag” set to “Y”.

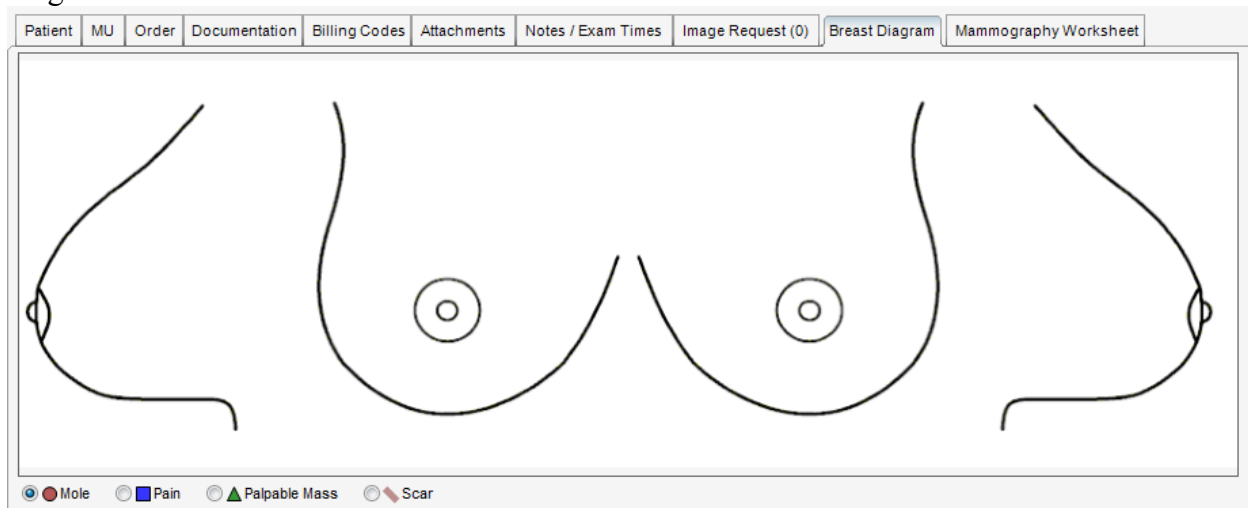


Figure 5.1 – Breast Diagram tab for female patients

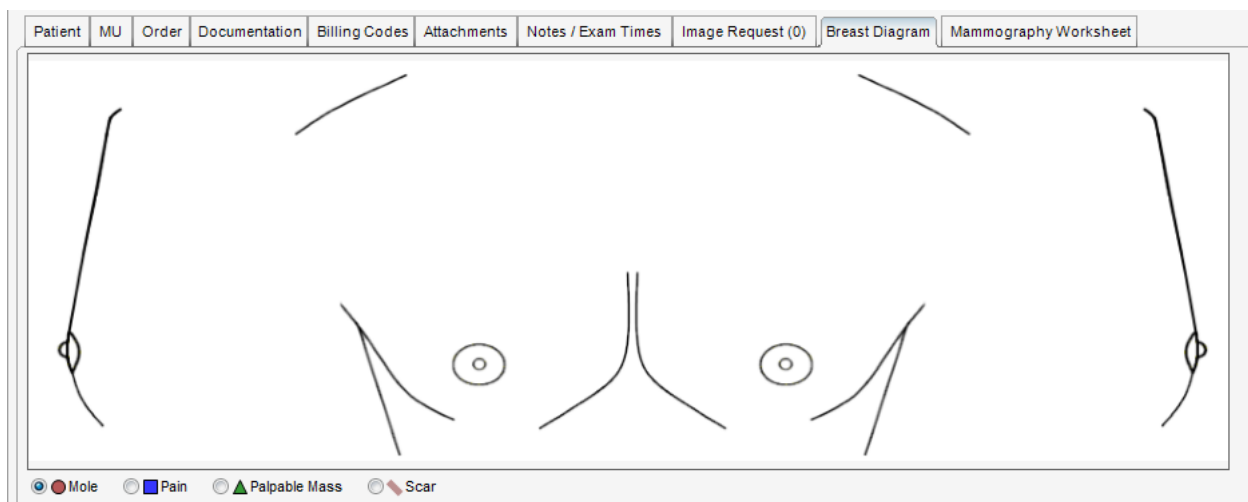


Figure 5.2 – Breast Diagram tab for male patients

The technologist can use the radio buttons along the bottom of the drawing tool to select a shape and then click on the image to place the shape.

Once placed, a circle (mole), square (pain), or triangle (palpable mass) can be moved by placing the mouse over the center of the shape and dragging the shape to a new location.

A cross style mouse pointer will appear if the user places the mouse pointer over the edge of a circle, square, or triangle and the user can then drag the mouse away from the shape's center to enlarge the shape, or closer to the center to make the shape smaller.

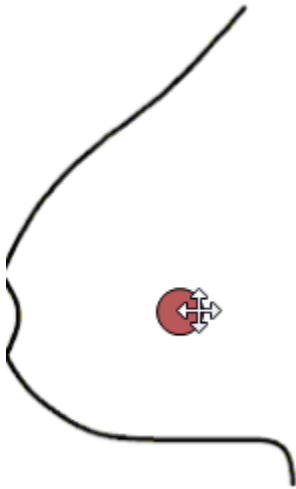


Figure 5.3 – Mouse pointer appearance for resizing shapes added to breast diagram

To delete a shape, the user can right click the center of the shape and then choose “Delete” from the context menu

To discard the shapes on the drawing, the user can right click the center of the shape and choose “Clear All”.

A breast drawing can be exported using right click -> Save Image and specifying a file name.

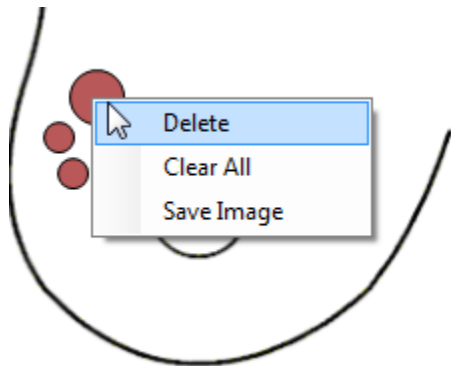


Figure 5.4 – Context menu options of Breast Diagram

The scar pen allows the user to draw a free form line across the breast drawing which will be decorated with cross hatches. The scar pen lines cannot be moved once placed so if changes are required, the user must right click the scar, choose delete, and then place a new scar in the appropriate place.

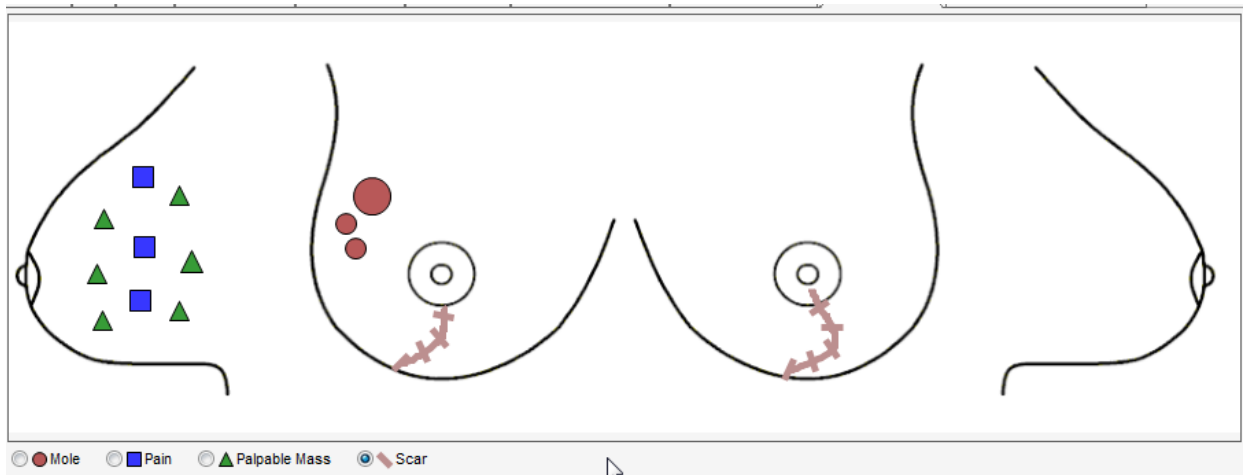


Figure 5.5 – Breast Diagram displaying all shapes that can be added

When saving the breast drawings to the database, we save information on the placement of each shape (type, size, and location on the drawing) and a rendered JPG of the background with the shapes on top. If a technologist creates a drawing, their changes can be edited at a later date from Perform Exam or ViewEdit (e.g. existing shapes can be deleted or resized, or the user can add more shapes).

Breast Drawing on the Reporting Windows

The breast drawing that is presented to the radiologist is a read only .jpg version of the drawing saved by the technologist.

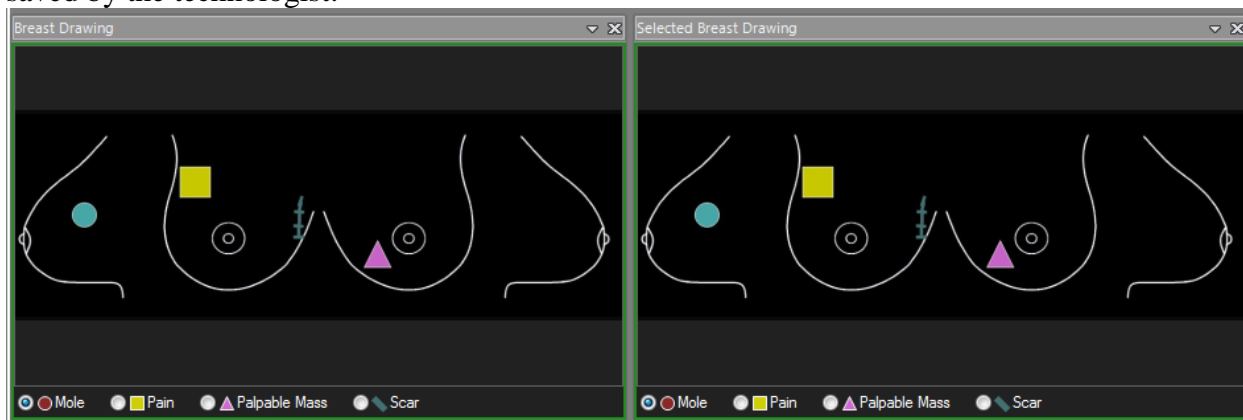


Figure 5.6 – Breast Drawing and Selected Breast Drawing data panes in reporting window

The radiologist can enable the Breast Drawing pane from the View menu when the Dictate screen is open on a BI-RADS enabled exam. The menu options are controlled by 2 new access strings titled “**View.BreastDrawing**” and “**View.SelectedBreastDrawing**” with defaults of Full.

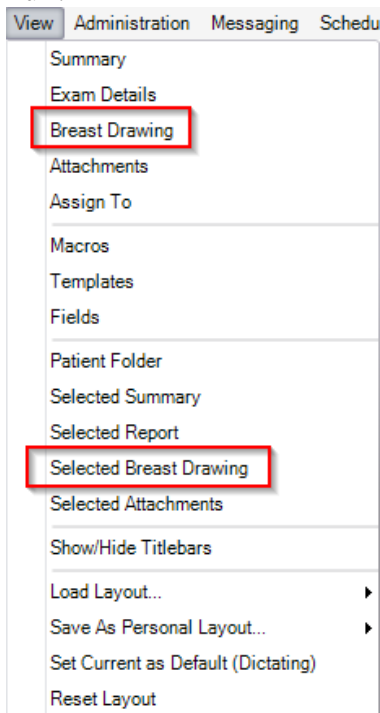


Figure 5.7 – View menu options to access breast drawing and selected breast drawing

Notes Field Added to Mammo Biopsy window

When performing a follow up from the ACR Category 0 or the ACR Category 4/5 follow up work lists, or accessing the View/Edit window on a mammo study, users can access the Mammo Biopsy window. In the biopsy window a new notes field has been added.

The screenshot shows the Mammo Biopsy window with two tabs: General and Technical. The General tab is selected and contains the following fields:

- Performing surgeon: Testa, Testling
- Biopsy location*: [Redacted]
- Biopsy technique*: Stereotaxic Core Biopsy
- Date performed *: 01-16-2015
- Lesion classification: ☐ Benign ☒ High Risk Benign ☐ Malignant
- Breast side: ☐ Left ☒ Both ☐ Right
- Performed: ☐ Internal ☒ External
- Additional surgery: ☐ Not Required ☒ Required
- Follow up: ☒ Not required ☐ Required
- Notes: This is the new notes field on the Mammo Biopsy window

The Technical tab is partially visible on the right and contains the following fields:

- Nipple involved
- Tumor size
- Nodes removed
- Nodes positive
- Estrogen receptor
- Progesterone receptor
- Stage
- S phase
- Margin status
- Pathology codes
- Differentiation

Figure 5.8 – Mammo biopsy window with added notes field

User Friendly Names for Mammo Follow-Up Order Statuses

Mammo follow-up orders had 3 statuses of Callback, Short Term Follow Up and Invitation. These statuses will now be prefixed with Reminder with subtle changes to the order status names as well. They will now display as “Reminder – Callback”, “Reminder - Short Term” and “Reminder – Annual”.

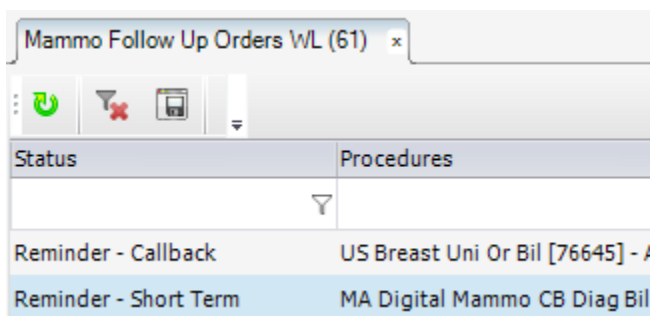


Figure 5.9 – New order status for Mammo Follow-Ups

The name changes will apply to the work lists, audit history and scheduling pop-ups.

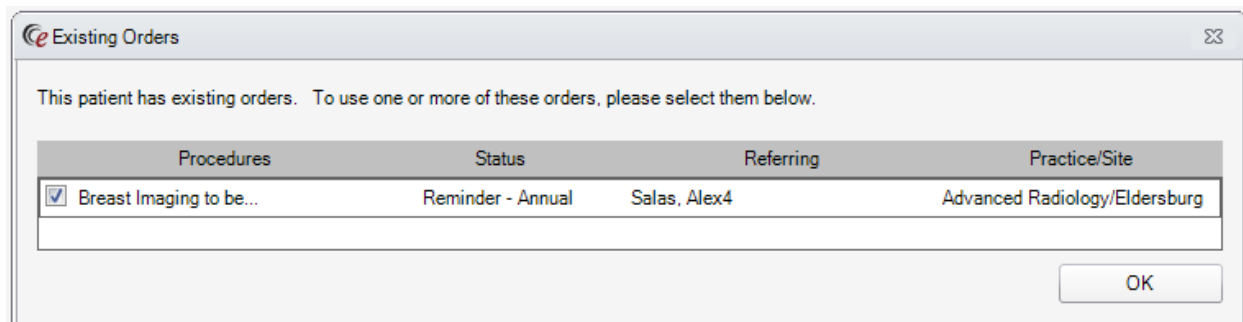


Figure 5.10 – Existing orders window

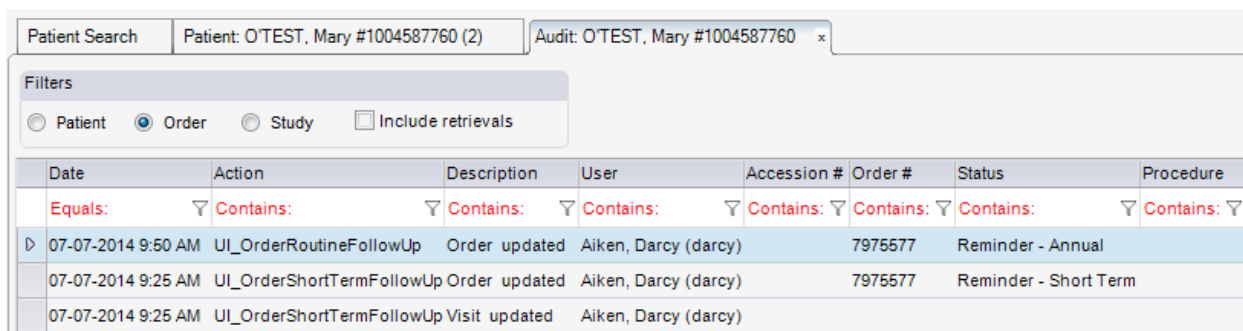


Figure 5.11 – Audit History window

The administration > Configure lookup tables will still be displaying the previous names. Example such as the MammoLetterConfig and SystemConfig values for default letters.

Lookup Tables - MammoLetterConfig x

Mammo Letter Config		
Practice	Site	Form Category
No filter: ▼	No filter: ▼	Contains:
Click here to add a new row		
(ALL)	(ALL)	Reminder Letter 1
(ALL)	(ALL)	Reminder Letter 2
(ALL)	(ALL)	Reminder Letter 3
(ALL)	(ALL)	Short Term Followup 1
(ALL)	(ALL)	Short Term Followup 2
(ALL)	(ALL)	Short Term Followup 3
(ALL)	(ALL)	Call Back Letter1

Figure 5.12 – Mammo letter config lookup will use the old names as well as other lookups

Mammography – Prior Report from Scheduling Window

In previous versions users accessing the prior report from within the scheduling window on mammo follow up studies would see the report open in a .pdf format. This was undesirable because text could not be copied from the report.

The viewing of the report has changed in Build 44. The user will now see the report open in a window that is similar to data nugget of the report accessed from the Patient Folder WL.

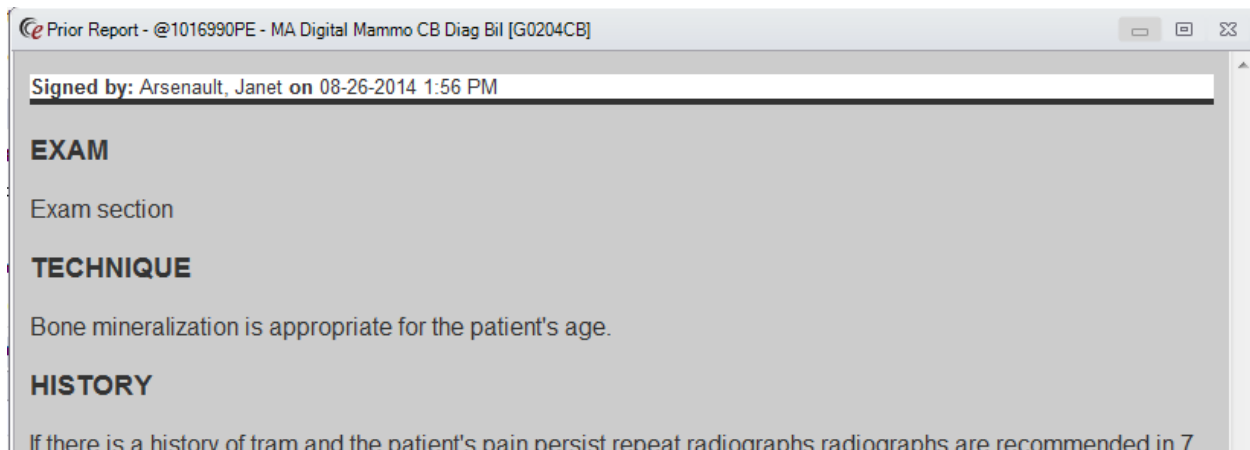


Figure 5.13 – Prior Report accessed from scheduling window

The Prior Report window will display the accession number, procedure name, laterality and procedure code in title bar.

Reporting – Mammography – Disable Scrolling Function on BI-RADs Picker

In the reporting window after a user chose a BI-RAD value from the list box, the control stayed active. The scroll wheel on the mouse has been deactivated from the BI-RAD list box. The user now must click and selected from the available options.

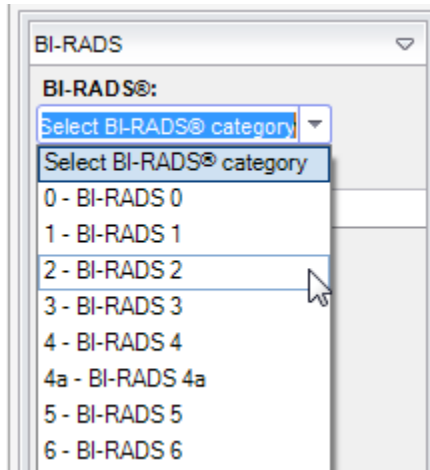


Figure 5.14 – Scrolling feature disabled on BI-RADS picker in Reporting window.

Reporting – PowerScribe 360 – Custom Exam Title and Technique

The Exam Title and Technique will now be able to be used with PowerScribe 360. Two new tables called “ProcedureExamTitle” and ProcedureTechnique” have been created and added to give users the ability to send a custom technique and exam title for the procedure being performed to PowerScribe 360 so that it can be populated automatically into the report. These new lookup tables live under the Procedure list of lookup tables where access to the lookup tables are controlled by access strings “**Config.LookupEditor.ProcedureExamTitle**” and “**Config.LookupEditor.ProcedureTechnique**” both with defaults of None.

Procedure Exam Title Code	Description	Last Updated
Contains:	Contains:	Contains:
Click here to add a new row		
EXAM-6488-Contrast	Exam Title for Contrast: {contrast}	01-14-2015 9:2...
EXAM-6488-laterality	Exam Title for Laterality: {laterality}	01-14-2015 9:2...
EXAM-6488-scanner	Exam Title for Scanner: {scanner}	01-14-2015 9:2...
ADV-JA6448	Exam Title for Feature 6488 {contrast}	01-12-2015 11:...
ADV-RA0001	Test March 6	03-06-2014 9:5...
ADV-CT27	ADV - CT Elbow Arthrogram	05-15-2013 2:1...
ADV-73070	ADV - YB Elbow 2 Views	05-15-2013 2:0...

Figure 5.15 – New lookup for ProcedureExamTitle

Procedure Technique Code	Description	Last Updated
Contains:	Contains:	Contains:
Click here to add a new row		
TECH-6488-contrast	Technique for Contrast: {contrast}	01-13-2015 4:...
TECH-6488-laterality	Technique for Laterality: {laterality}	01-13-2015 4:...
TECH-6488-scanner	Technique for Scanner: {scanner}	01-13-2015 4:...

Figure 5.16 – New lookup for ProcedureTechnique

These fields will be coded within our custom field helper class in such a way that when the description contains {contrast}, {scanner} or {laterality} it will find those values and inject them into the field description. {scanner} looks at the report_description in the l_modality table for its value.

If the system currently has values in the ProcedureGeneralDescription lookup table these values will be automatically moved to the ProcedureExamTitle lookup table, but will also still remain the ProcedureGeneralDescription lookup table.

Once the ProcedureExamTitle and ProcedureTechnique have been added they will then need to be referenced on the procedure code.

Procedure Code	Description	Body Part Code	Laterality Code	Body Part Required Flag	Laterality Required Flag	Display Order	Duration	Birad
71010	XR CHEST PA ONLY	T-D3000 (Chest)		Y	N	1	5	N

procedure_code_x_exam_title_key	procedure_code	procedure_exam_title_code	practice_code
30 71010	EXAM-6488-scanner (Exam Title for Scanner: {scanner})	PEI TEST SYSTEM	

Figure 5.17 – Adding ProcedureExamTitle to procedure code

Procedure Code	Description	Body Part Code	Laterality Code	Body Part Required Flag	Laterality Required Flag	Display Order	Duration	Birad	Enabled Flag	Prep Instruct
71010	XR CHEST PA ONLY	T-D3000 (Chest)		Y	N	1	5	N		General XR

procedure_code_x_technique_key	procedure_code	procedure_technique_code	practice_code
5 71010	TECH-6488-scanner (Technique for Scanner: {scanner})	PEI TEST SYSTEM	

Figure 5.18 – Adding ProcedureTechnique to procedure code

Once the procedure exam title and procedure technique have been added to the procedure code To enable this feature a ris admin would have to populate the new tables with exam titles and techniques and link those to procedure codes. Then mirth will take care of sending these over to PowerScribe 360 once it's run some preprocessing on them to convert the inner fields with actual values ({contrast}, {scanner} or {laterality})

1. Make sure user has access to permission strings
 - a. Config.LookupEditor.ProcedureExamTitle
 - b. Config.LookupEditor.ProcedureTechnique
2. Open Configuration screen and open either ProcedureExamTitle or ProcedureTechnique lookup editor in the Procedure folder
 - a. Add entries to the table as required
3. Open the ProcedureCode lookup editor
 - a. Find the procedure code to link to exam title or technique
 - b. Expand the row using the little arrow on the left of the row
 - c. Find the tab for either I_procedure_exam_title or I_procedure_technique
 - d. Add rows here to link the procedure code to the exam title or technique
4. Open the macro editor and create fields that are custom fields and link them to either one of these new fields.

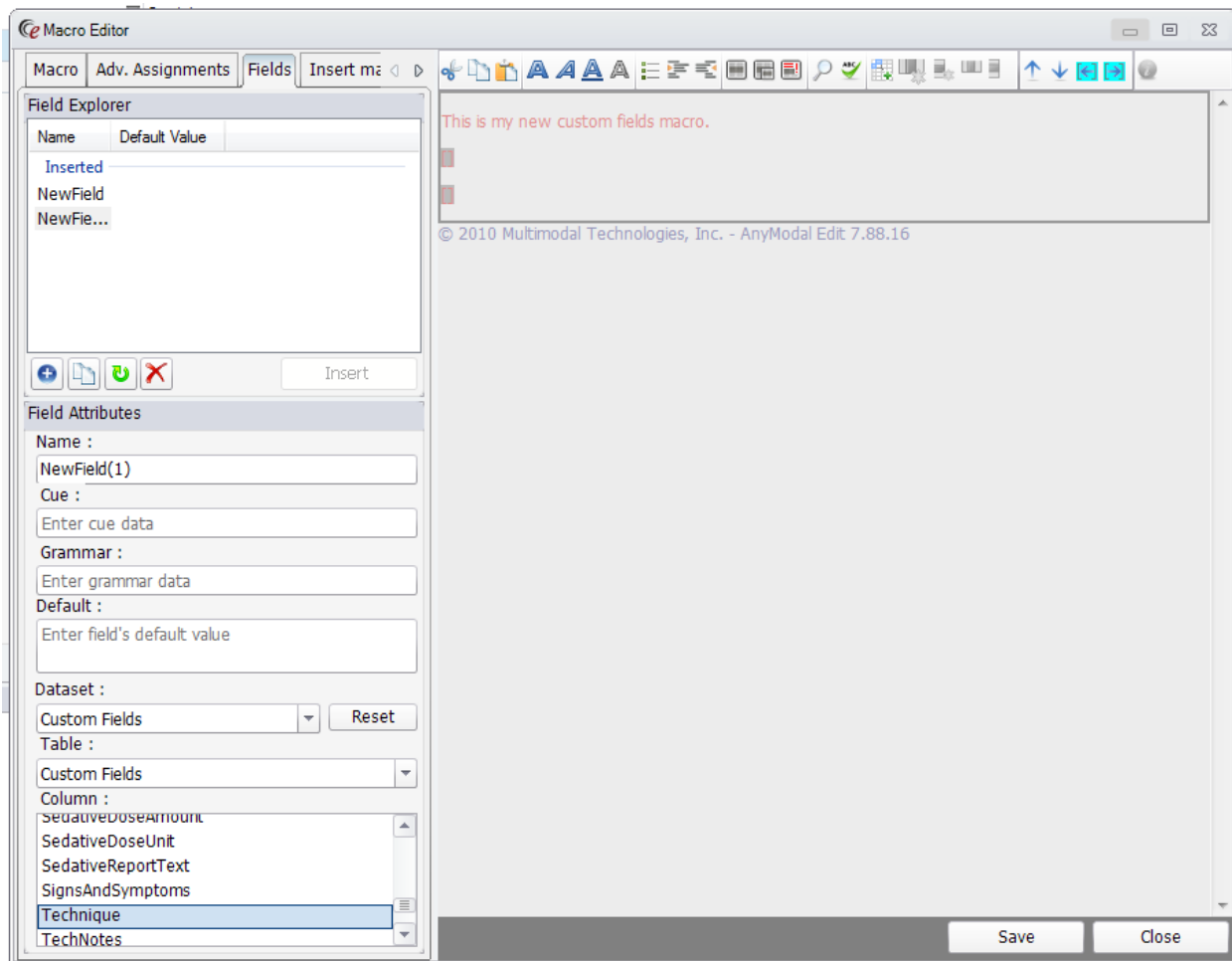
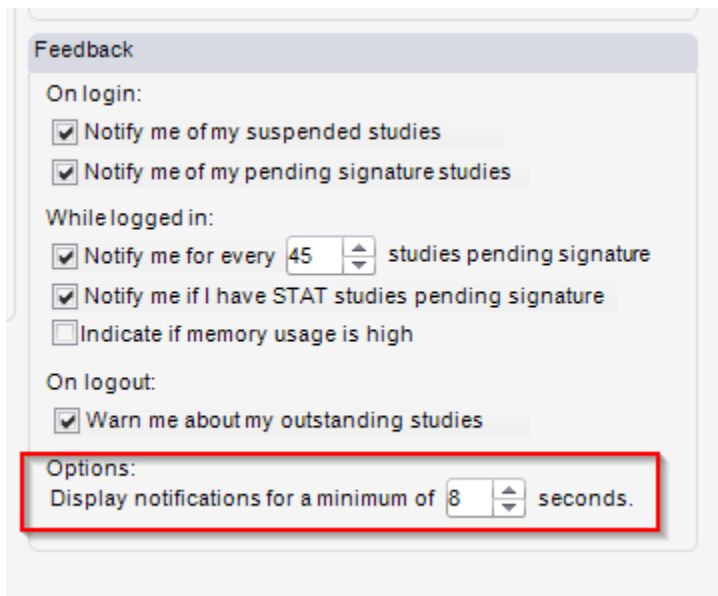


Figure 5.19 – Adding ProcedureTechnique and ProcedureExamTitle to Macros and Templates

Configurable Auto Close Delay for Work List Notifications

There is a new spin control on the user preferences screen. This is located under the feedback section of the radiologist tab.



The screenshot shows a 'Feedback' section in a user preferences window. It contains several checkboxes and a spin control. The 'Options' section at the bottom is highlighted with a red rectangle. It includes a label 'Options:' and a text field 'Display notifications for a minimum of' followed by a spin control set to the value '8' and the text 'seconds.'.

Figure 5.20 – New User Preference

“Display notifications for a minimum of ____ seconds” - Is there the user enters their preferred value.

The user can select between a range of 3 - 60 seconds. The value selected will be the amount of seconds the notification will display on the screen before it begins to fade out.

The default setting is 8 seconds. This matches the systems previous default functionality.

Ability to Change Status Tentatively Signed to Report Drafted

Users will now be able to change an exam with a status of Signed* to Report Drafted. The context menu option of Change Status to Report Drafted has been added to the Signed, Pending Release WL, All Signed, Pending Release WL, All Signed Pending QA WL and All Pending QA WL.

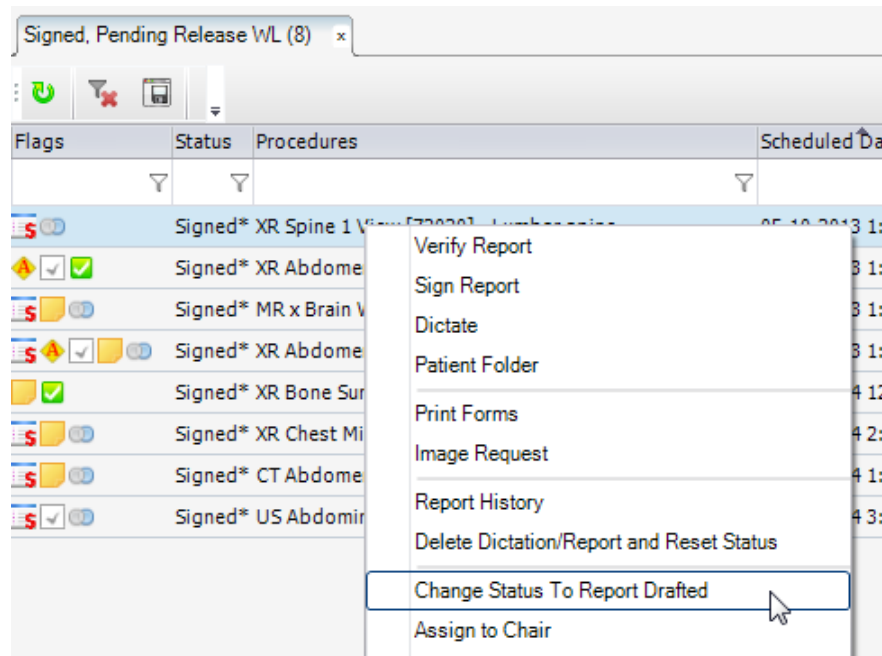


Figure 5.21 – Change Status To Report Drafted context menu item

The context menu option of Change Status To Report Drafted has been added to the sub menu of the context menu item of Change Status to... of the Patient Folder WL.

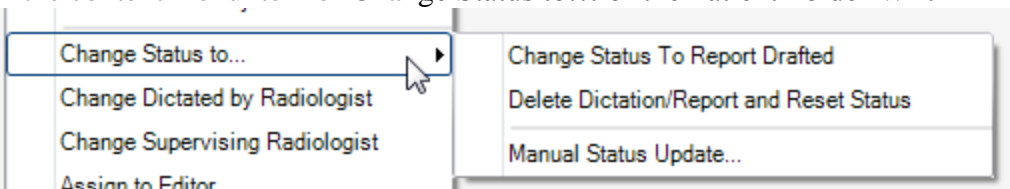


Figure 5.22 – Context menu item from Patient Folder WL

We set the tentatively signed by user id, tentatively signed date and the automatic sign date to null for the study being altered.

Reporting - Peer Review

The look, feel and usage of Peer Review has changed in Build 44. Previous versions would allow users to Peer Review a study; add a value and notes which would then go to the All Peer Review Pending Action WL. This is still true today. Once it is on this work list however, the action to complete has changed.

From the All Peer Review Pending Action WL a user will 2 Peer Review action options. The first is to Review the study and the other is to Mark as Completed. Selecting the Mark as Complete will remove the study from the work list as to “mark as complete”. The Review option will open the study in a Peer Review QA tab. This new tab will display the report in a read only HTML view similar to viewing Prior Reports.

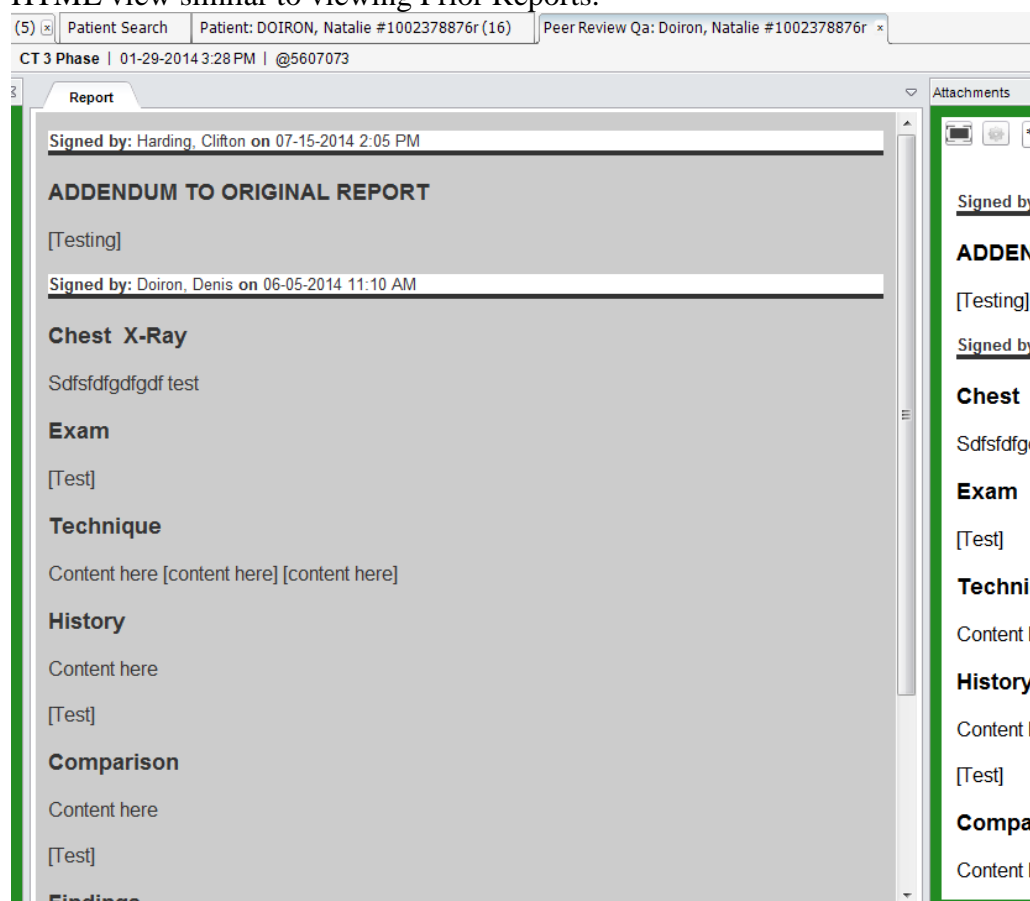
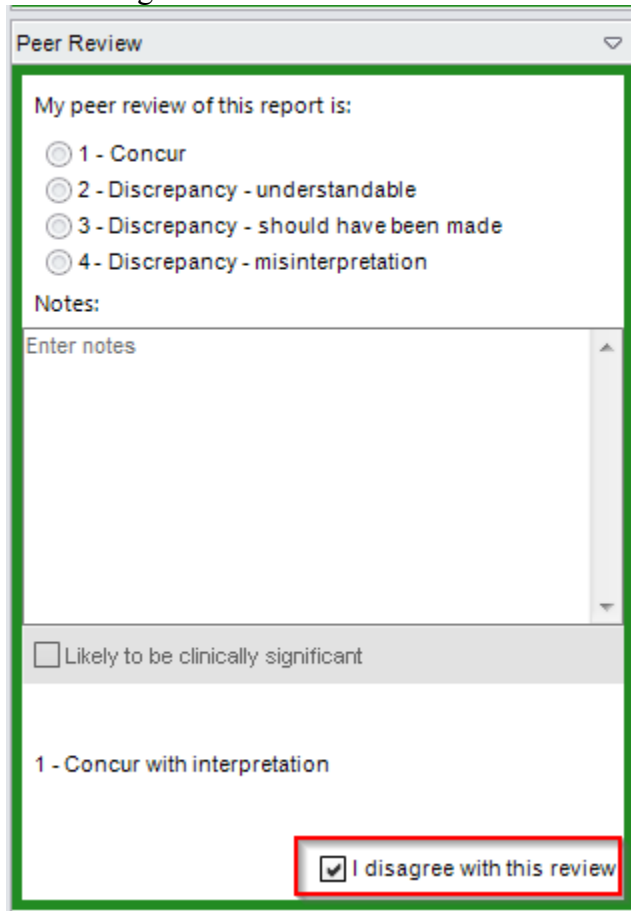


Figure 5.23 – Peer Review QA window displaying read only version of report

Reporting – Peer Review – Review and Override Peer Reviews

When reviewing a study from the All Peer Review Pending Action WL the user will also see the Peer Review data pane, which is the same as the Peer Review window the user would have been presented with in prior versions.

If the user agrees with the Peer Review they can select the Complete button and move on to the next study or close the Peer Review QA window. If there is a discrepancy and the reviewer wants “reject” the peer review they can do so in the Peer Review data pane. The user will select the “I disagree with this review” check box which will enable the Peer Review controls.



The screenshot shows a window titled "Peer Review". Inside, there is a section "My peer review of this report is:" with four radio button options: "1 - Concur", "2 - Discrepancy - understandable", "3 - Discrepancy - should have been made", and "4 - Discrepancy - misinterpretation". Below this is a "Notes:" section with a text area labeled "Enter notes". Further down is a checkbox labeled "Likely to be clinically significant". At the bottom, there is a section labeled "1 - Concur with interpretation" and a checkbox labeled "I disagree with this review" which is checked and highlighted with a red rectangle.

Figure 5.24 – Peer Review control from Peer Review QA window

The radiologist will get to choose a score, and enter notes very much like he would if he was doing a normal peer review. At any time he can revert back and uncheck the box. While the box

is unchecked, any information entered in the peer review box will be ignored and will not be saved. Only when the box is checked, and the information is visible will it get saved.

Also the Complete button on the Peer Review QA window will be disabled. It will stay disabled until the criteria for the controls are met, meaning there must be notes entered if the score meets a predefined criteria as it would in the normal peer review control, which is based on the “**PeerReviewScoreToStartRequiringNotes**” setting. So whether the score meets this setting, notes will or will not be required, and once the peer review details passes validation, the complete button will be enable.

This control can also exist for transcriptions, since some sites might have them enter there peer reviews into another system. In this case they should not have the option to disagree with the peer review, the access string that controls this is “**Clinical.AllowPeerReviewChanges**”, this will hide the panel that contains the “I disagree with this review” checkbox.

Reporting – Peer Review – Request Addendum

Studies that have been peer reviewed can have an addendum requested from the All Peer Review Pending Action WL context menu. Alternatively if the study has an addendum request the context menu will have the option to Cancel Addendum Request.

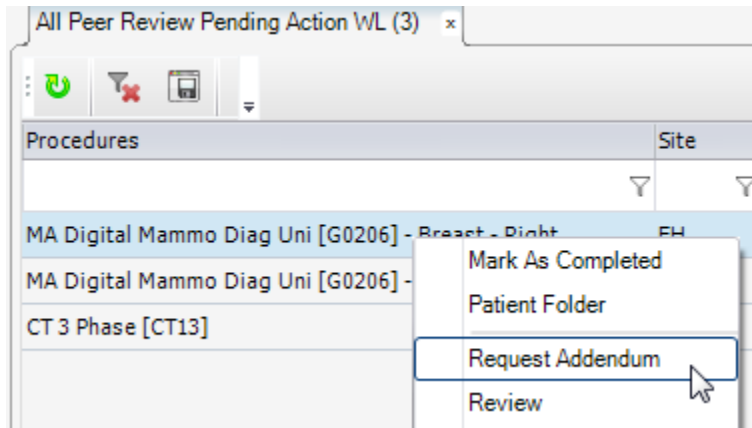
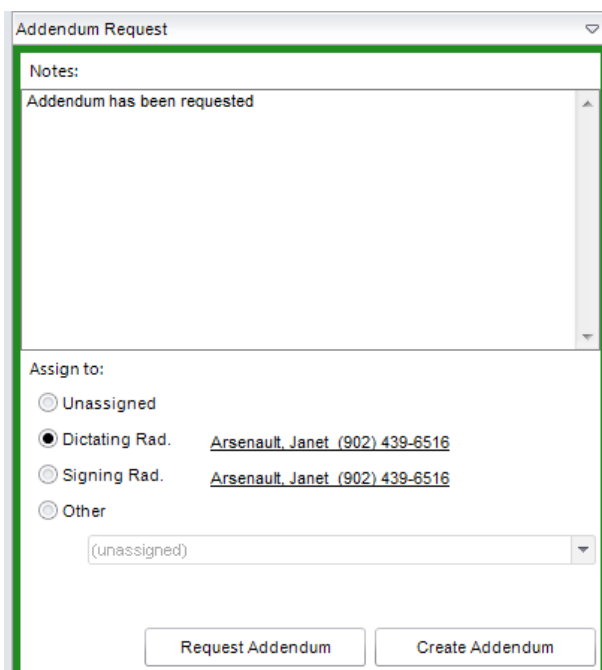


Figure 5.25 – Request Addendum from All Peer Review Pending Action WL

They can also have an addendum requested from within the Peer Review QA window. Another new data pane has been added with 2 options, Request Addendum and Create Addendum. Create Addendum will be discussed in the next feature description.

Notes are always required on addendum requests, so the button will only enable once notes are entered. The user also gets to choose who the addendum request should be assigned to, by default it will be the signing radiologist.

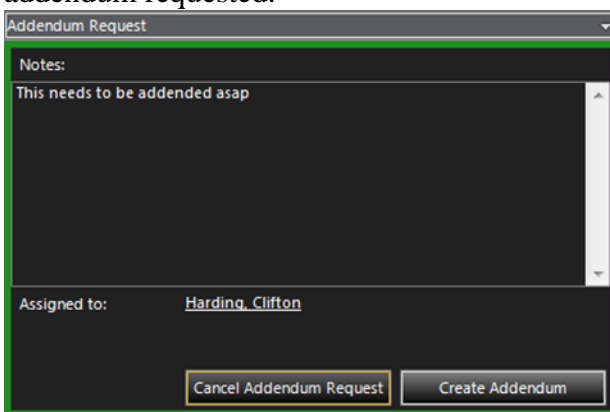


The screenshot shows a window titled "Addendum Request". It has a "Notes:" section with a text area containing "Addendum has been requested". Below this is an "Assign to:" section with four radio button options: "Unassigned", "Dictating Rad.", "Signing Rad.", and "Other". The "Dictating Rad." and "Signing Rad." options are selected, both pointing to "Arsenault, Janet (902) 439-6516". There is also a dropdown menu currently showing "(unassigned)". At the bottom are two buttons: "Request Addendum" and "Create Addendum".

Figure 5.26 – Request Addendum from within Peer Review QA window

When the user clicks the “Request Addendum” button, the addendum request will be made immediately, without closing the screen, or completing the peer review. It is a separate action, run as if it was run from the worklist. When the user does this the screen will refresh to show that an addendum was requested.

In this mode it will show the notes for the addendum request, who it is assigned to and a button to cancel it. This is also the way it will open up on a peer review that has already had a addendum requested.



The screenshot shows the same "Addendum Request" window, but the background is dark. The "Notes:" section now contains "This needs to be addended asap". The "Assigned to:" section shows "Harding, Clifton". The "Request Addendum" button has been replaced by a "Cancel Addendum Request" button, which is highlighted with a yellow border. The "Create Addendum" button remains at the bottom right.

Figure 5.27 – Ability to Cancel Addendum Request from Peer Review QA window

Reporting – Peer Review – Create Addendum from Peer Review Window

As seen in the previous feature, the user will have the ability to create an addendum immediately from within the Peer Review QA window. The button to create an addendum is found in the Addendum Request data pane.

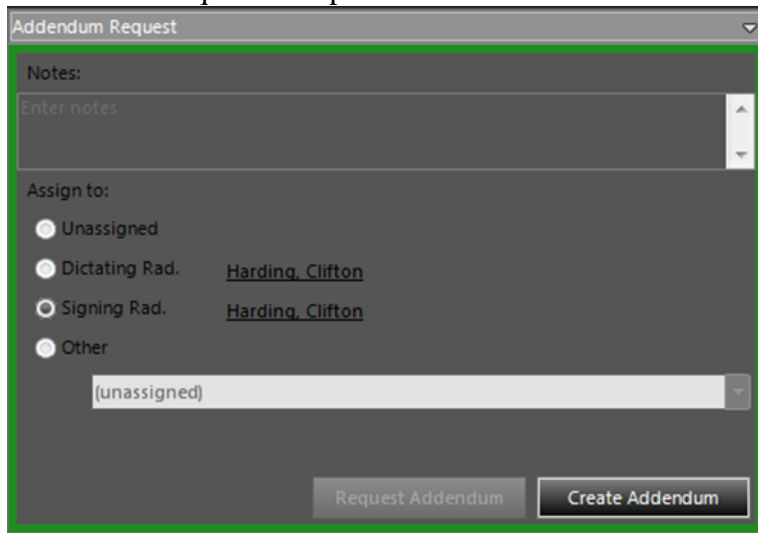


Figure 5.28 – Create Addendum from Peer Review QA window

When it is clicked, it will get disabled, and it will open a dictate screen in another tab, and leave the Peer Review screen as is. When the radiologist closed the create addendum screen, assuming he hasn't been bouncing back and forth between tabs, it will return him to the Peer Review screen where he can complete it and move on to the next one.

Reporting – Assign Radiologist Picker Redesign

We redesigned the existing user picker control and provided all existing functionality while adding some desirable functionality.

1. If you already have an assignment we will display this at the top of the dialog in the currently assigned label.
2. The OK button will save the selected assignment. It will enable when a valid item is selected.
3. We now inherit from the popup dialog base class now and display the icon on the form and in the windows tool bar.
4. We added functionality to save super rad as your preference. Previously if you want to change it you would have to open user preferences also. This option is only available when selecting a supervising rad. Not available for example when changing dictating rad or super rad in the summary screen.
5. When showing all we will load all practices and associated radiologists for each. If a radiologist is associated to more than one practice we will list that user in each practice.
6. Now using Telerik controls entirely.
7. When opening to select super rad users will first get the list of radiologists for their currently selected practice. Show all will show all practices, and only practices, they are associated with. Previously users could see a list of all practices even if they were not associated with them.

Contrast, Sedation and CT Dosage Tracking

Contrast

The ability to add contrast and sedation values and track CT dosage has been added to the Documentation tab of the Technologists Perform Exam window and also available on the same tab of the View/Edit and Billing Exception windows.

Technologist WL (3) | Perform Exam: BOONES, Barbra #25098PE * x

Include	Flags	Status	Procedures	Scheduled Date	Referring	Sedation	Room	Accession #	STAT Read	STAT Exam	Modality Type
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arrived CT Chest W & Abdomen W/Wo [CT42] - Chest	01-21-2015 10:26 AM	Noye, Darcy		CT1EL	1018460PE			CT

Patient | MU | Order | Documentation | Billing Codes | Attachments | Notes / Exam Times | Image Request (1)

Tech Notes

Technologists notes

Primary tech *

Assisting tech 1

Assisting tech 2

Last menstrual period ☐ Pregnant ☐ Not pregnant

☐ Offered Clinical Summary to patient ☐ Provided Educational Resources

☐ No longer menstruating ☐ Not yet menstruating

☐ Shielded patient ☐ Pregnancy test ☐ Blood test

Procedure

Scanner *

Performed procedure *

Body part * Laterality

Change reason code *

Change reason note

☐ External report workflow

Associated Radiologists

Assigned radiologist

Performing radiologist

Assistant radiologist

Chair: not set. QC flag not set.

Signs & Symptoms

CT dose (mGy)

Contrast

Name	Amount	Unit	Vials
Hypaque 50	300	mL	1

Sedation

Name	Amount	Unit
Ativan	200	test

Figure 5.29 – Contrast and Sedation fields and CT Dosage field

Contrast is tracked with a grid control that captures the contrast type, amount, units and vials. The controls to capture this data is in their own section on the screen and will be required for procedure codes that are flagged as requiring contrast.

The contrast grid will have records added and removed via Add and Delete buttons.

To add a Contrast to the grid, the user will click the Add button. Upon clicking, the user is presented with a pop up input box that contains a drop down list of available contrasts. The list will only contain available contrasts that are not already present in the grid.

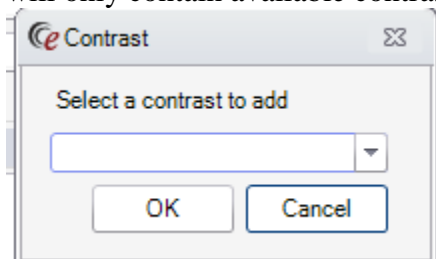


Figure 5.30 – Add contrast

Since inventory is not managed, the amount/dosage may not directly correlate to a vial size. Example: Site A may have small 10cc vials of Contrast XYZ while Site B may have 50 cc vials of Contrast XYZ. The default dosage may be 30ccs. At Site A we would have used 3 vials but Site B would have used just 1.

The value in the Vials column can have a direct relation to the billing codes. The system config setting of “**EnableContrastBillingRelation**” is true (true is the default), the values in the Vials column will populate in the Units column on the Billing Codes tab if the Billing Code has the Contrast Code assigned. As billing codes are billed based on unit count (in the case of contrast a vial is a unit) the system will make sure these two values match up. If you change one of these values the other will update. Think of vials and units as tied together or even one in the same. Also when “EnableContrastBillingRelation” is true, removing the contrast code will remove the associated billing code and vice versa.

If the relation is not enabled, the vials column is manually entered and does not affect anything else.

The contrast can also be pre-populated into the grid. The Billing Code can have a contrast type assigned. The Procedure Code will then have the Billing Code assigned to it. When performing exam on this procedure the contrast and its default values will pre-populate the Contrast grid.

Perform Exam: BOONES, Barbra #25098PE *		Lookup Tables - Contrast *											
AbortedStudyReason		Contrast Code		Display Order	Description	Default Dose Amount	Default Units	Report Text	Practice Code	Ndc Code	Max Dose	Last Updated	Active
AccessString		Contains:		Equals:	Contains:	Equals:	No filter:	Contains:	Contains:	Contains:	Equals:	Equals:	Contains:
AddressDescription		Click here to add a new row											
AlertConfiguration		Code 5	1	Hexabrix	30	g	grams of Hexabrix	Advanced Radiology	555	500	01-21-2015 1:5..	Y	
ContactMethod		Code 6	6	Omnipaque 350	35	mcg	Omnipaque is ionic	Advanced Radiology	350		01-19-2015 1:4..	Y	
Contrast		code4	4	Isopaque 370	75	cc	Isopaque is non ionic	Advanced Radiology	1221	300	01-19-2015 1:4..	Y	
CountryState		test2	3	Hypaque 50	300	mL	Iodine test	Advanced Radiology	7788	600	01-19-2015 1:4..	Y	
CreditCardType		test	2	First optiontest	6	test	test 123	Advanced Radiology	321	10	01-06-2015 11:..	Y	
DeliveryMethod		SIL	1	SIL contrast	10	DOS1	SIL contrast	Advanced Radiology	321	20	01-06-2015 11:..	Y	
DosageUnit													
EducationLevel													

Figure 5.31 – Contrast lookup table

Contrast values will come from the Contrast lookup table. This table is controlled by access string “**Config.LookupEditor.Contrast**” that has a default of None. As mentioned the Contrast Code can have a default dose amount, default units and be associated to a practice. The description is what the user will see in the data windows. Report Text will be used when a field is mapped to a diagnostic report template. The Ndc code column will contain the National Drug Code value and the Max Dose column will provide an alert if this threshold is met.

Contrast data will be accessible to the radiologist report via fields. The value in the Report Text field in the screen capture above will be used in the report.

There is a master “ContrastField” field, which will concatenate the contrast record(s) for the study into a sentence. Also there are options to manually pull the contrast data items one at a time. However this manual option only pulls the first contrast record for each data item.

Example of ContrastField :: ***Patient was administered 4g of Contrast Type A, 47cc of Contrast Brand X, 250ml of Contrast Type 5 and 8g of Contrast Brand XYZ.***

In this example, we are looking at “Patient was administered” + dose + unit + “of” + “contrast name”. This pattern repeats for each record. Contrast data will be packaged and sent to third party integrated applications as needed through configuration.

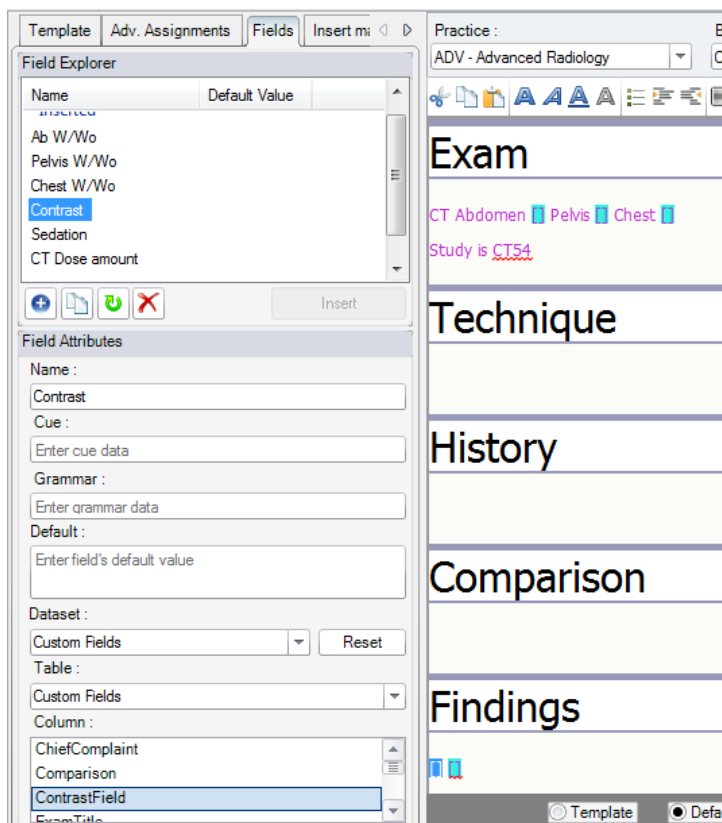


Figure 5.32 – Adding Contrast field to template

Sedation

Similar to contrast tracking, there will be defaults identified to be loaded for each sedative, amount administered and unit of measure. Sedatives will be associated to a practice.

The sedative grid will have records added and removed via Add and Delete buttons.

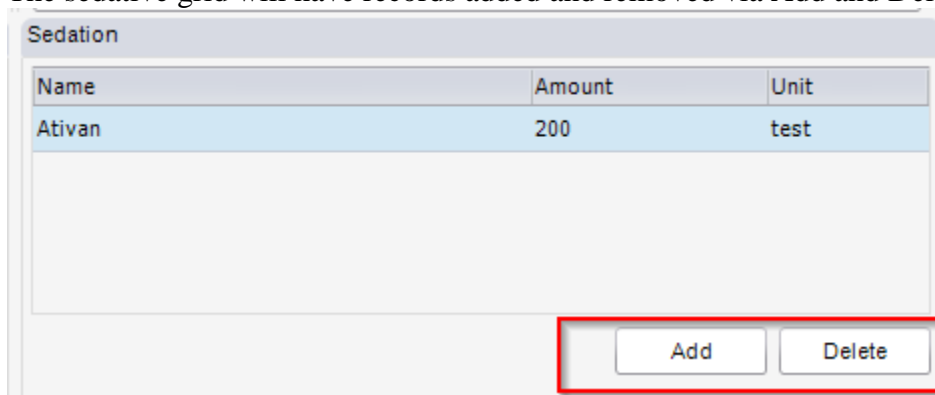


Figure 5.33 – Sedation grid

Selecting the Add button will open the Add Sedation window. The list of available option will come from the Sedative lookup and the options available will be those that are not already added to the grid.

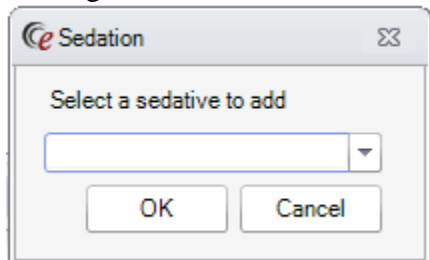


Figure 5.34 – Add Sedation grid

The new lookup table called Sedative is controlled by access string “**Config.LookupEditor.Sedative**” that has a default of None.

Sedative Code	Display Order	Description	Sedation Type Code	Default Dose Amount	Default Units	Report Text	Practice Code	Last Updated	Active
Contains:	Equals:	Contains:	Contains:	Equals:	No filter:	Contains:	Contains:	Equals:	Contains:
Click here to add a new row									
SedativeCode2	1	Ativan	T3 (Test 3)	200	test	Administered to patient during procedure	Advanced Radiology	01-12-2015 10:..	Y
SED1	1	SED1 desc	T1 (Test 1)	1232	DOS1	Enter text to be displayed in diagnostic report	Advanced Radiology	12-09-2014 10:..	Y

Figure 5.35 – Sedative lookup table

Sedative’s will be associated to a practice. The Description is what the user will see in the grid of the Perform Exam, View/Edit and Billing Exception windows. The default dose amount will auto populate the Amount column and the Default Units value will auto populate the Unit field. The Report Text field can be mapped to Template/Macros. This column allows for a 2nd description of the sedative for the intent of being included in the radiologists report (in case it is different than the main description which the tech sees in their screen).

There is a master “SedativeField” field, which will concatenate the sedation record(s) for the study into a sentence. Also there are options to manually pull the sedative data items one at a time. However this manual option only pulls the first contrast record for each data item.

Example of SedativeField:: ***Patient was administered 4g of Sedative Type A, 47cc of Sedative Brand X, 250ml of Sedative Type 5 and 8g of Sedative Brand XYZ.***

In this example, we are looking at “Patient was administered” + dose + unit + “of” + “sedative name”. This pattern repeats for each record.

Sedation data will be packaged and sent to third party integrated applications as needed through configuration.

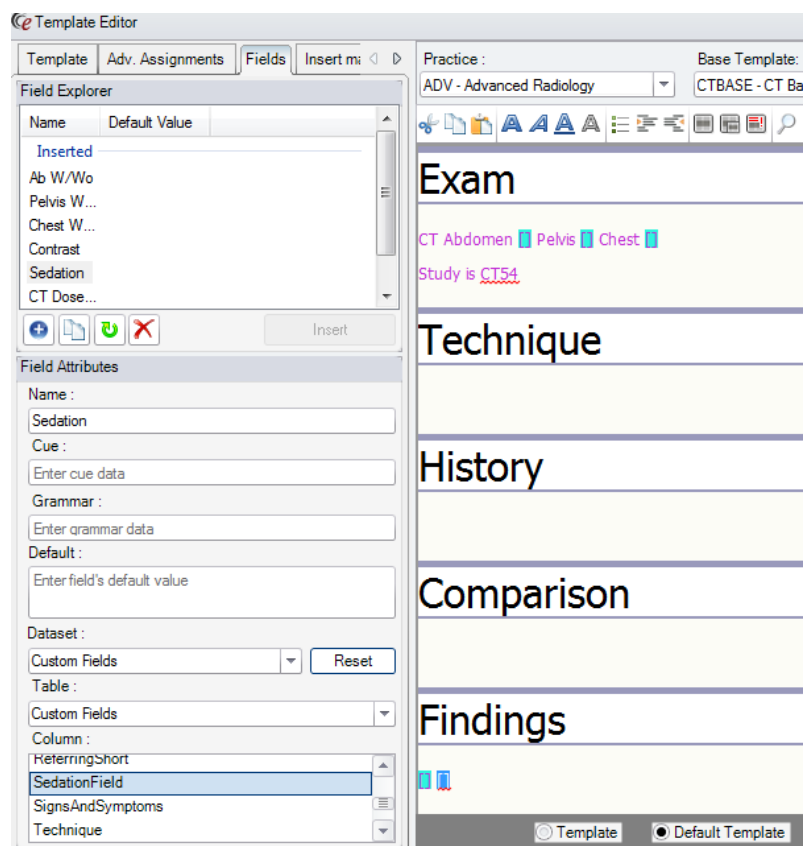


Figure 5.36 – SedationField for Template\Macros

In this example, we are looking at “Patient was administered” + dose + unit + “of” + “sedative name”. This pattern repeats for each record. Sedation data will be packaged and sent to third party integrated applications as needed through configuration.

In both the Contrast and Sedative lookup tables, the values available in the Default Units column will come from the lookup table Dosage Unit. Access to this lookup table is controlled by “**Config.LookupEditor.DosageUnit**” that has a default of None. The table will capture the Dosage Unit Code and Description, along with Display Order, Last Updated and Active columns.

General	DosageUnitCode	Display Order	Description	Last Updated	Active
AbortedStudyReason	Contains:	Equals:	Contains:	Equals:	Contains:
AccessString	Click here to add a new row				
AddressDescription	Dose5	1	g	01-19-2015 1:35 PM	Y
AlertConfiguration	Dose6	6	mcg	01-19-2015 1:35 PM	Y
ContactMethod	Dose7	7	mg	01-19-2015 1:35 PM	Y
Contrast	Dose4	4	cc	01-16-2015 12:54 PM	Y
CountryState	DosageUnit3	3	mL	01-12-2015 10:36 AM	Y
CreditCardType	test2	1	test	12-16-2014 10:34 AM	Y
DeliveryMethod	DOS1	1	DOS1	12-09-2014 10:33 AM	Y
DosageUnit					
EducationLevel					

Figure 5.37 – Dosage Unit lookup table

CT Dose

In the Perform Exam window, the View/Edit window and the Billing Exception window on the Documentation tab, anew field called CT dose (mGy) has been added.

CT dose (mGy)

Contrast

Name	Amount	Unit
OmniVue 350	5000	mGy

Figure 5.38 – CT dose field on documentation tab

Dosage tracking is enabled at the practice level and will be performed by entering the dosage amount into a text field on the tech screen. There would be no default values set for this. The tech will have to manually enter the amount.

Miscellaneous PACS and Reporting Peer Review Portal Radar

Appearance

Title color ☒ Gradient 13, 192, 52 ...

Dashboard primary color 7, 195, 44 ...

Other

Track CPOE pathology requests in Lab WL for days

Eligible customer ID

☒ Chair workflow enabled ☒ CT dosage tracking enabled

☒ MU Required

Figure 5.39 – Enabling CT dosage tracking for Practice

To determine what is a CT, there was a new system table added, s_dicom_modality_type. This table contains a list of dicom supported modality types:

<http://www.dicomlibrary.com/dicom/modality/>

These codes can be mapped to the procedure code table. If CT dosage tracking is enabled we check if the procedure code has that procedures dicom_modality_type set to ‘CT’, if so, then we require the tracking to be entered.

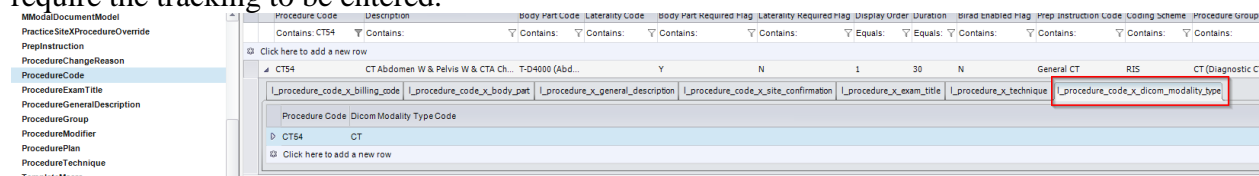


Figure 5.40 – Dicom Modality Type set on a procedure code

CT dosage data will be accessible in the radiologist report via fields. A system would be configured to have report template contain the ct_dose_amount field. Alternatively a radiologist could have macros created that use the field and they can then choose to include the data at will or leave it omitted.

CT dosage data will be packaged and sent to third party integrated applications as needed.

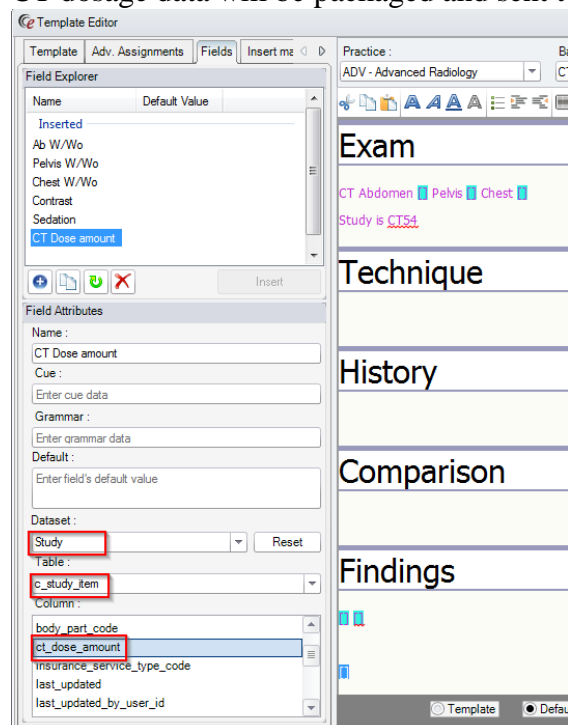
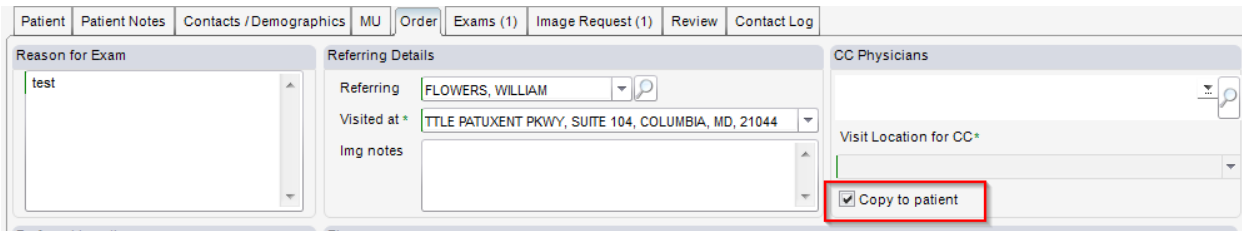


Figure 5.41 – Adding CT Dosage amount to Template\Macros

Send Copy of Diagnostic Report to Patient on Request

An option to send the diagnostic report to patient has been added in B44. First we have added a check box on the Order tab in the Referring Details section of the window. Selecting this check box will create a distribution print job on the Document Distribution WL when the report is signed. This checkbox will also be available for New Outside Reads.



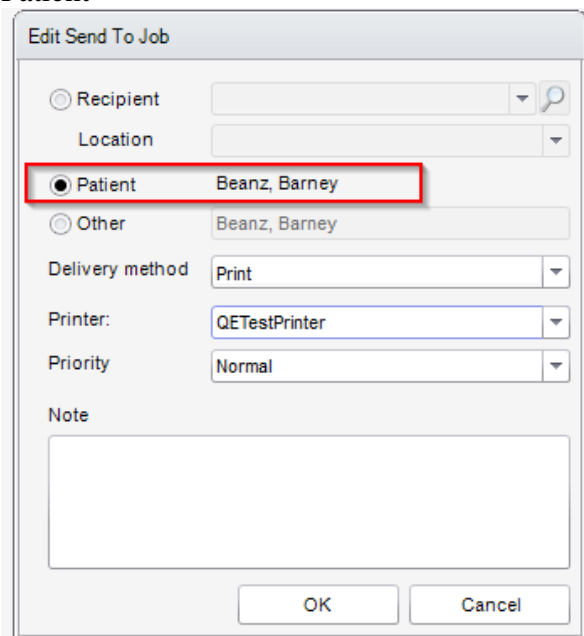
The screenshot shows the 'Order' tab in the eRAD RIS interface. The 'Referring Details' section contains the following information:

- Referring: FLOWERS, WILLIAM
- Visited at: TITLE PATUXENT PKWY, SUITE 104, COLUMBIA, MD, 21044
- Img notes: (empty text area)

In the 'CC Physicians' section, the 'Copy to patient' checkbox is checked and highlighted with a red box.

Figure 5.42 – Copy to patient check box on the Order tab

From the Document Distribution WL, the Distribution History By Date WL and Distribution History WL access from the Patient Folder WL will have the option to edit a job and select Patient



The 'Edit Send To Job' dialog box is shown with the following settings:

- Recipient: (empty field)
- Location: (empty dropdown)
- ☒ Patient: Beanz, Barney
- ☐ Other: Beanz, Barney
- Delivery method: Print
- Printer: QETestPrinter
- Priority: Normal
- Note: (empty text area)

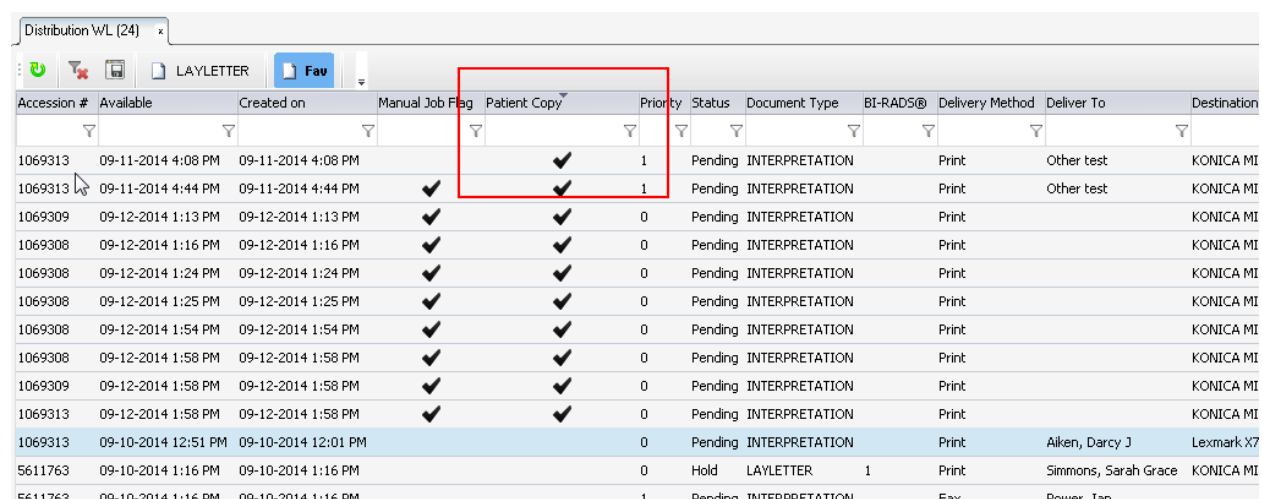
Buttons: OK, Cancel

Figure 5.43 – Edit existing distribution job

Also from the Distribution History By Date WL and Distribution History WL access from the Patient Folder WL a user can create a new job and once again the Patient option can be selected to send report to patient.

The Patient Folder WL also has a context menu option of Send Report. This again will open the window displayed in Figure 5.43 and once again Patient is an option. This is also the same for the Send to button that is available from the Reporting windows such as the Dictate window, the Sign Reports window, etc...

When a distribution job is created for a patient, a new column on the Distribution WL titled Patient Copy will be populated with a check mark. This column also exists on the Distribution History By Date WL and Distribution History WL



Accession #	Available	Created on	Manual Job Flag	Patient Copy	Priority	Status	Document Type	BI-RADS®	Delivery Method	Deliver To	Destination
1069313	09-11-2014 4:08 PM	09-11-2014 4:08 PM		✓	1	Pending	INTERPRETATION		Print	Other test	KONICA MI
1069313	09-11-2014 4:44 PM	09-11-2014 4:44 PM	✓	✓	1	Pending	INTERPRETATION		Print	Other test	KONICA MI
1069309	09-12-2014 1:13 PM	09-12-2014 1:13 PM	✓	✓	0	Pending	INTERPRETATION		Print		KONICA MI
1069308	09-12-2014 1:16 PM	09-12-2014 1:16 PM	✓	✓	0	Pending	INTERPRETATION		Print		KONICA MI
1069308	09-12-2014 1:24 PM	09-12-2014 1:24 PM	✓	✓	0	Pending	INTERPRETATION		Print		KONICA MI
1069308	09-12-2014 1:25 PM	09-12-2014 1:25 PM	✓	✓	0	Pending	INTERPRETATION		Print		KONICA MI
1069308	09-12-2014 1:54 PM	09-12-2014 1:54 PM	✓	✓	0	Pending	INTERPRETATION		Print		KONICA MI
1069308	09-12-2014 1:58 PM	09-12-2014 1:58 PM	✓	✓	0	Pending	INTERPRETATION		Print		KONICA MI
1069309	09-12-2014 1:58 PM	09-12-2014 1:58 PM	✓	✓	0	Pending	INTERPRETATION		Print		KONICA MI
1069313	09-12-2014 1:58 PM	09-12-2014 1:58 PM	✓	✓	0	Pending	INTERPRETATION		Print		KONICA MI
1069313	09-10-2014 12:51 PM	09-10-2014 12:01 PM			0	Pending	INTERPRETATION		Print	Aiken, Darcy J	Lexmark X7
5611763	09-10-2014 1:16 PM	09-10-2014 1:16 PM			0	Hold	LAYLETTER	1	Print	Simmons, Sarah Grace	KONICA MI
5611763	09-10-2014 1:16 PM	09-10-2014 1:16 PM			1	Pending	INTERPRETATION		Fav	Power Tan	

Figure 5.44 – Patient Copy column on the Distribution WL

The diagnostic template(s) will require changes to accommodate this feature. To implement the logic for adding patient “send to” information to the template see document eRAD RIS Build 44 Upgrade Instructions.docx

STAT Read changes

The ‘stat read’ flag had many different labels and icons. We have made some changes to have one consistent format. ‘STAT Read’ and ‘STAT read’ (where sentence case is required) and the icon will be a red triangle with an exclamation mark.

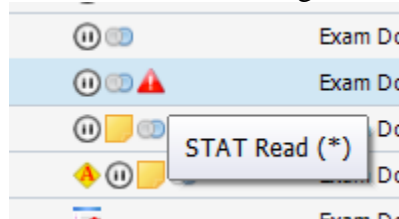


Figure 5.44 – STAT Read flag icon

The context menu to add flag has been changed to be “Set STAT Read” and “Remove STAT Read” when it has been already set.

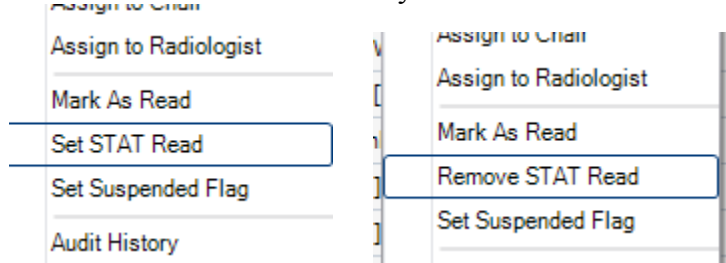


Figure 5.45 – Context menu items to set and remove STAT read flag

The Column title has also been updated

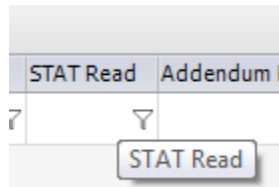


Figure 5.46 – STAT Read work list column title

Finally, when opening a study that has the STAT Read flag we have changed the verbal notification to say STAT Read as opposed to STAT Exam.

PACS Server Override From PACS Menu

This was originally introduced in patch build 43.0.6. Adding as a refresher. The menu item of PACS Server Override located under the PACS menu is controlled by the access string “**PACSIntegration.Override**” with a default access level of Full. We have given it full access so users who have access to the Menu.PACS access string which has a default of None will be given automatic access to it.

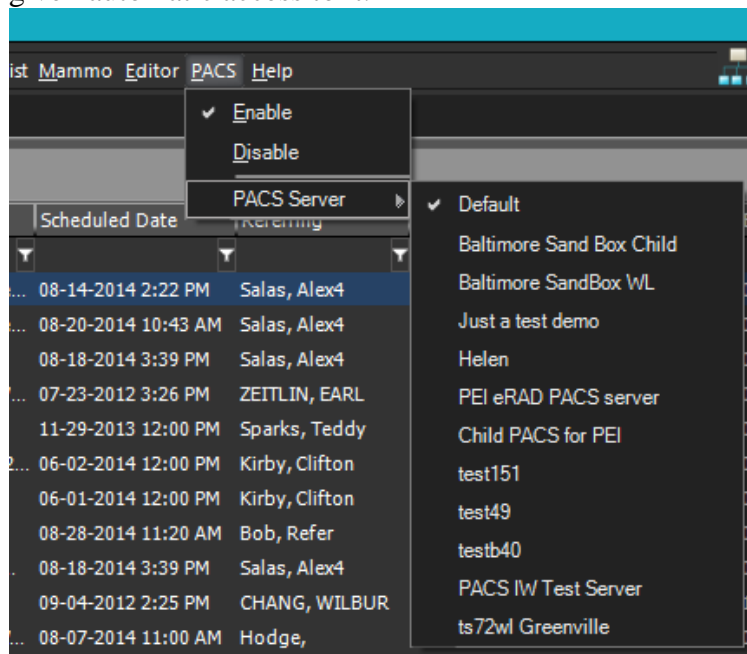


Figure 5.47 – PACS Server menu option

Before when a workstation didn't have the configuration for the selected Pacs server, the menu would disappear, now it does not, access string determines if the user sees the menu. If the Pacs server isn't configured on the workstation, the Enable/Disable items will be disabled.

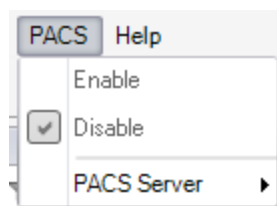


Figure 5.48 – Enable/Disable menu options disabled

Hologic Integration Changes

When integration with a Hologic Workstation was initially developed in Build 43.0.6, it required the user to select “Hologic” from the PACS Override menu every time they logged in. This was painful for the radiologists who work only with Hologic from a particular workstation.

Now if the Hologic integration is available on the workstation it is now selected by default in the PACS override menu. This means that the user needs to have the *PACSIntegration.Override* permission.

Also in the original release of this feature, the Hologic Integration was user specific. The HologicConfig.xml file was added to the %appdata% directory (a user’s roaming profile) Now this file is put in c:\ProgramData\Radnet\eRad RIS to make the configuration available to all users on the workstation.

Track Registered in PECOS

PECOS (Provider Enrollment, Chain, and Ownership System) is used with Medicare to support the Medicare Provider and Supplier enrollment process. A new checkbox has been added to the Personnel Editor that is enabled when the Resource Flags of Referrer or Radiologist are selected.

The screenshot shows the 'Personnel Editor' form with the 'Resource' tab selected. The 'Resource Type' section includes checkboxes for 'Referring physician', 'Editor', 'UM Reviewer', 'Radiologist', 'Technologist', 'Surgeon', and 'Unknown referring'. The 'Referring Flags' section includes checkboxes for 'Direct referral program', 'Pre-auth program', and 'Gold card'. The 'Resource Information' section includes fields for 'NPI', 'UPIN', 'License #', 'Specialties', 'Medical groups', 'Contact type', 'DEA', 'Primary state license', 'Sign level', and 'Final'. The 'Registered in PECOS' checkbox is highlighted with a red box.

Figure 5.49 – Registered in PECOS checkbox in Personnel Editor

The Carrier Type lookup table has an additional column added with a title of Medicare Type Flag. This column is to be set to Y for all Carrier Types that are Medicare.

The screenshot shows the 'Carrier Type' lookup table with the following columns: Carrier Type Code, Description, Display Order, HI7V3 Value Set Old, HI7V3 Value Set Code, Medicare Type Flag, Eligibility Flag, Last Updated, and Active. The 'Medicare Type Flag' column is highlighted with a red box.

Carrier Type Code	Description	Display Order	HI7V3 Value Set Old	HI7V3 Value Set Code	Medicare Type Flag	Eligibility Flag	Last Updated	Active
C	Medicare	17		Y	Y	Y	12-16-2014 1:15	Y
1	Other Non-Federal Programs	22		N	Y	Y	05-02-2011 9:22	Y
2	Preferred Provider Organization	24		N	Y	Y	05-02-2011 9:22	Y

Figure 5.50 – Medicare Type Flag column added to Carrier Type lookup table

When a study is scheduled with an Insurance Carrier that is a Medicare provider, the referring physician that does not have the check box selected on their user profile will receive a message informing that they are not registered in PECOS. The message prompt will be determined by the system configuration setting of “**EnableNotRegisteredInPECOSWarning**” that has a default value of False.

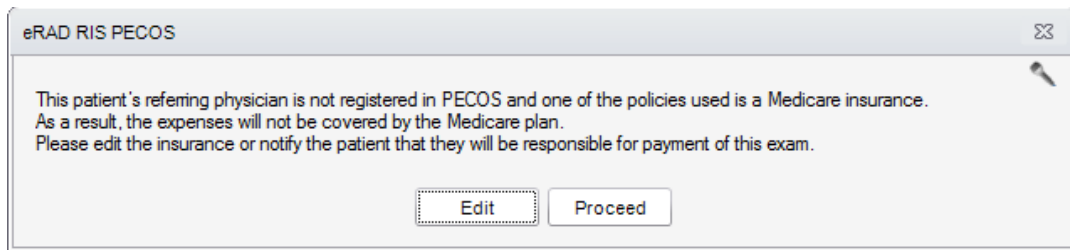


Figure 5.51 – Not registered in PECOS message

Preferred Location Site Field on Order Tab Configurable

The Preferred Location Site field on the Order tab has always been required when saving a New Appointment as an Order. Build 44 will see this field as an optional field dependant on the system configuration setting of “**ScheduleUsePreferredSite**” that has a default of True to keep the current configuration as the default.

Customer wishing to have the Preferred Location field as not required when saving as an order will need to add a value of False

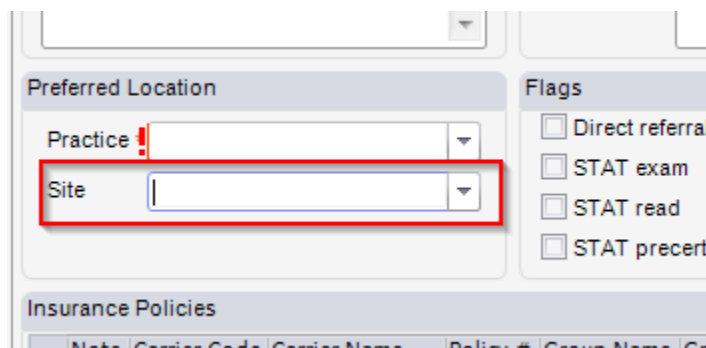


Figure 5.52 – Optional Preferred Location Site field

MRN for Responsible Party

Two new fields have been added to the Responsible Party section on the Contacts Demographics tab. The Relation's ID field is a text field that will accept alphanumeric characters. The ID Issuer field is a list box in which the values come from the Issuer lookup table. Neither field is required to be completed.

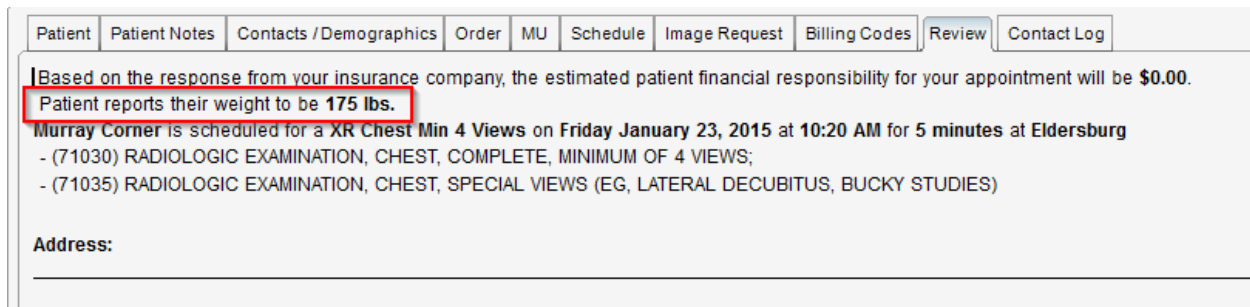
Patient	Patient Notes	Contacts / Demographics	Order	MU	Schedule	Image Reque
---------	---------------	-------------------------	-------	----	----------	-------------

Responsible Party			
Relation	Parent ▼		
First name	stock	Last name	stock
	<input type="checkbox"/> Same as patient		
Address 1	1510 Cotner Avenue	State	CA
Address 2		Zip	90025
City	Los Angeles	Phone	(123) 321-2333
Relation's ID	12321	ID Issuer	test ▼

Figure 5.53 – MRN fields added to Responsible Party

Patient Weight Added to Review Tab

Patient weight has been added to the Review Tab and Review window that is presented when completing a New Appointment. The Review tab is also available from the Confirmation window which also displays the patient's weight. The verbiage that has been added will read as "The patient reports their weight to be: <XXX>lbs



The screenshot displays the 'Review' tab within a software interface. The tab is highlighted in blue. Above the tab are several other tabs: Patient, Patient Notes, Contacts / Demographics, Order, MU, Schedule, Image Request, Billing Codes, and Contact Log. The main content area of the 'Review' tab contains the following text: 'Based on the response from your insurance company, the estimated patient financial responsibility for your appointment will be \$0.00.' Below this, a red rectangular box highlights the sentence 'Patient reports their weight to be 175 lbs.' Further down, the text reads: 'Murray Corner is scheduled for a XR Chest Min 4 Views on Friday January 23, 2015 at 10:20 AM for 5 minutes at Eldersburg'. This is followed by two bullet points: '- (71030) RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF 4 VIEWS;' and '- (71035) RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)'. At the bottom of the tab, there is a label 'Address:' followed by a horizontal line for input.

Figure 5.54 – Patient weight added to Review tab>window

Meaningful Use Tab Available in Confirmation

The Confirmation window and workflow was missing the MU tab. This has been added as the second tab in the Confirmation window.


The screenshot shows the 'Confirmation' window for patient TULIPS, Terence #25279PE. The 'MU' tab is selected in the top navigation bar. The window is divided into several sections:

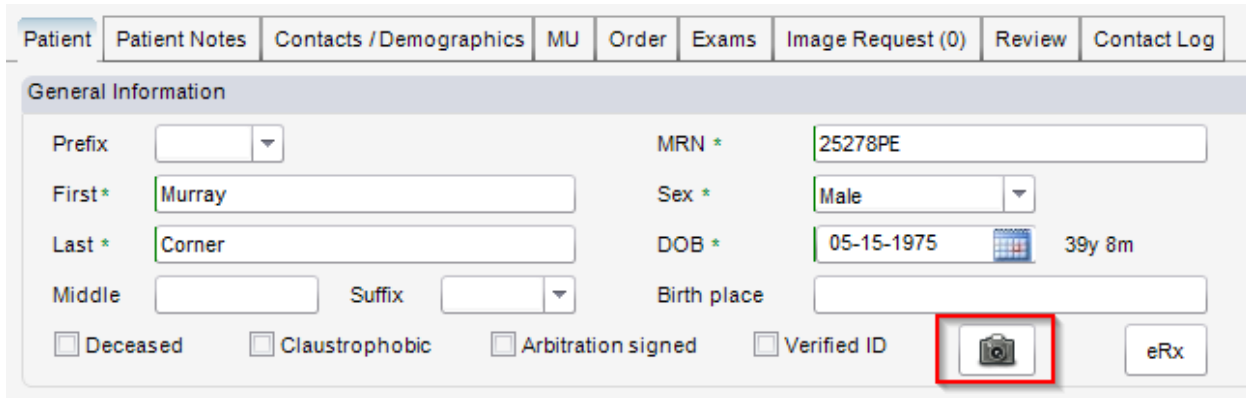
- Demographics at Encounter:** Includes fields for Height (6ft in), Weight (200 lbs), BMI (27.1), Smoking status (never smoker), and a checkbox for 'Is pregnant'.
- Continuity of Care Record (CCR):** A 'View' button.
- Clinical Document (C-CDA):** A 'View' button.
- Medications:** A table with columns: Date, Medication, Administered, Physician, and SIG Text. It includes radio buttons for 'None' (selected) and 'Use grid', and a checkbox for 'Show inactive'. Buttons for 'Add', 'Edit', and 'Sync/Refresh' are at the bottom.
- Allergies:** A table with columns: Allergy, Reaction, Severity, Status, and Start Date. It includes radio buttons for 'None' (selected) and 'Use grid'.
- Medical History:** A table with columns: Problem, Start Date, End Date, and Status. It includes radio buttons for 'None' (selected) and 'Use grid'.
- Lab Orders:** A table with columns: Test, Status / Value, and Date. It includes buttons for 'Add' and 'Edit', and a checkbox for 'Skip Labwork Advised WL'.

At the bottom of the window, there is a status bar showing 'Amount to collect: \$0.00' and buttons for 'Reschedule', 'Confirm', 'Save', and 'Close'.

Figure 5.55 – MU tab added to Confirmation window

Registration – Hyperlink to Scanned ID Card

The Patient tab in the Registration window will now have a hyperlink to the scanned id for Drivers License scan type. The icon of a camera  will appear next to the verified ID check box within the General Information section of the Patient tab. Selecting the ICON will open the Patient ID window to show the scanned image of the patients ID



The screenshot shows the 'Patient' tab selected in the top navigation bar. Below it, the 'General Information' section contains various fields for patient data. The 'Verified ID' checkbox is checked, and a camera icon is highlighted with a red box. The 'eRx' button is also visible.


Patient		Patient Notes	Contacts / Demographics	MU	Order	Exams	Image Request (0)	Review	Contact Log
General Information									
Prefix	<input type="text"/>	MRN *	25278PE						
First *	Murray	Sex *	Male						
Last *	Corner	DOB *	05-15-1975 39y 8m						
Middle	<input type="text"/>	Suffix	<input type="text"/>						
<input type="checkbox"/> Deceased		<input type="checkbox"/> Claustrophobic		<input type="checkbox"/> Arbitration signed		<input checked="" type="checkbox"/> Verified ID			
<input type="button" value="eRx"/>									

Figure 5.56 – Hyperlink to patients scanned ID

The pre-existing configuration setting of “**PhotoIDScanDocumentType**” with a default of License is used to determine which scan document type should show when the user selects the camera icon. This is the same functionality that is used in Patient Merge window.

Improved Error Messages for Payments

When adding payments in eRAD RIS we used to return a generic message that something was missing. We will now provide the following messages.

If the payment amount is missing

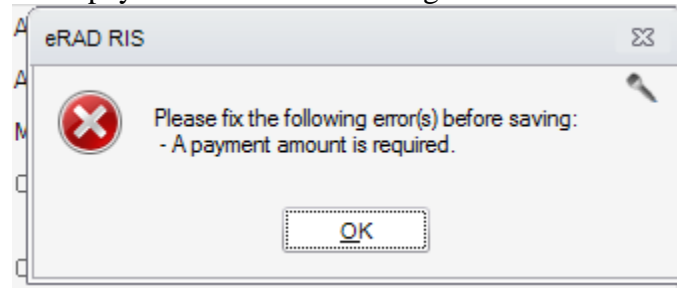


Figure 5.57 – Missing payment amount message

Making credit card payments, messages for credit card type, last 4 digits of credit card are required, payee name required and card expiry required. These messages can be appear all in one message or individual, depending on the details missing.

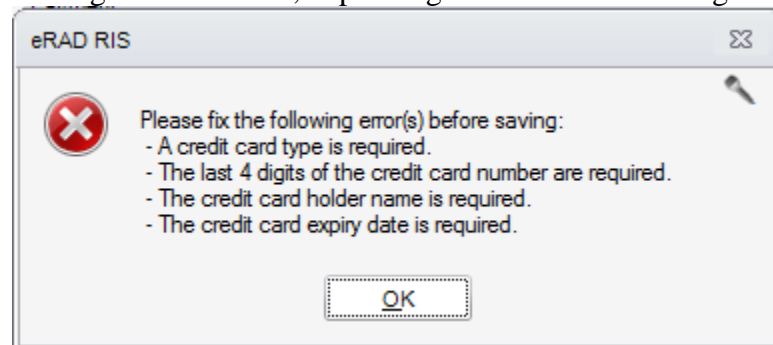


Figure 5.58 – Missing credit card information message

Lastly if payment is by check, the user will be notified if the Check Number field has not been completed

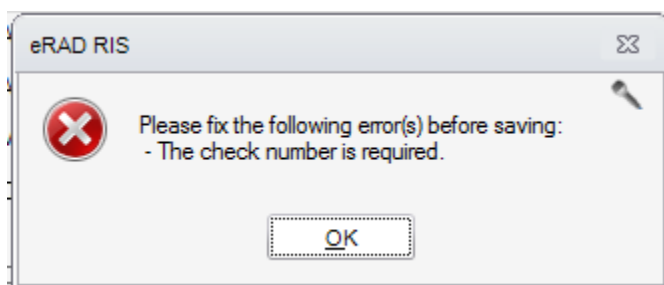


Figure 5.59 – Missing check number message

Insurance Policies Enhancements

When an Insurance Policy was marked as expired we didn't provide a visual representation to aid the user to quickly determine that it had expired. Now when the Expired check box is selected the rows text will become grey. When Expired check box is unselected it will return to the original text state.

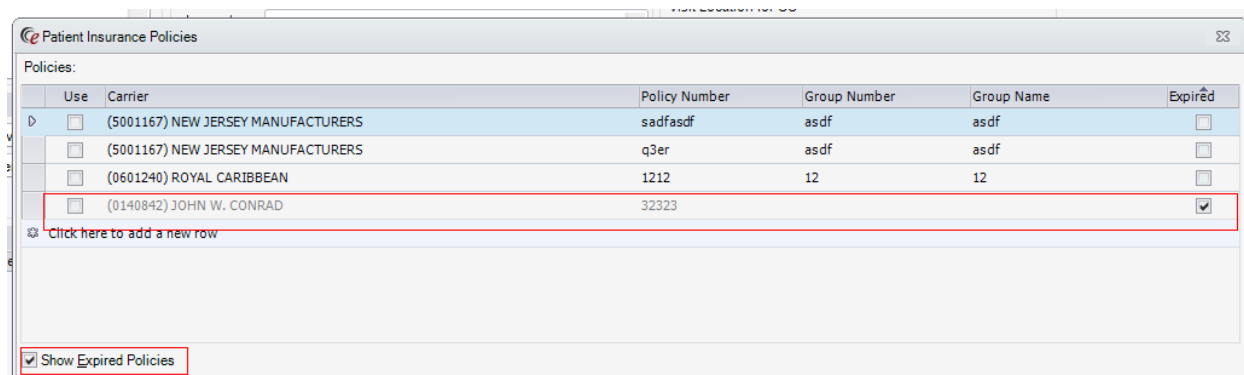


Figure 5.60 – Displaying expired insurances

The Show Expired Policies check box will now be selected by default. If the “Use” check box is selected for an expired insurance the user will be presented with a message “You cannot use and expired policy”.

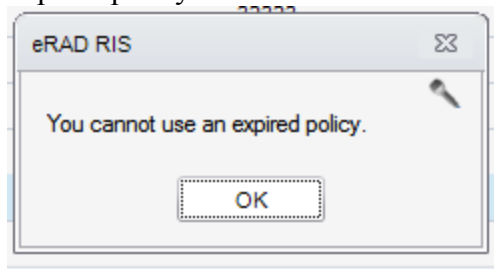


Figure 5.61 – Attempting to use and expired policy message

In addition, if you have a policy that has the Use checkbox selected and you try to expire it, the Use check box will automatically be deselected.

If a patient has an Insurance Policy that has been marked as inactive in the lookup table the Insurance Policies grid will display the inactive carrier in red font.

The screenshot displays the eRAD RIS interface for a patient named HH, hh #1004591712. The top navigation bar includes tabs for Patient, Patient Notes, Contacts / Demographics, MU, Order, Exams, Image Request (0), Review, Contact Log, and CT Worksheet. The main content area is divided into several sections: Reason for Exam (containing a text box with 'test'), Referring Details (with fields for Referring, Visited at, and Img notes), CC Physicians, Preferred Location (with Practice and Site dropdowns), and Flags (with checkboxes for Direct referral, STAT exam, STAT read, STAT precert, and Transportation req'd). Below these is the Insurance Policies grid, which lists three policies. The first two are active, while the third is inactive and highlighted in red. The bottom section includes a Manage Policies button, IVT Notes, Verify, and a Verification REQUIRED status. The bottom right corner shows Order Notes and Scheduling Notes.

Note	Carrier Code	Carrier Name	Policy #	Group Name	Group Number	Phone	Priority	Eligibility
0140852	JEFFREY L KOMIN	321				4106368004	Primary	
050135	PROGRESSIVE INSURANCE AUTO	111				8009373352	Secondary	
051102	NATIONWIDE AUTO	322				(800)421-4243	Tertiary	

Figure 5.62 – Inactive carriers

When a user goes into Manage Policies, there is a prompt that the RIS will now mark this policy as expired, and will remove the Use checkbox.

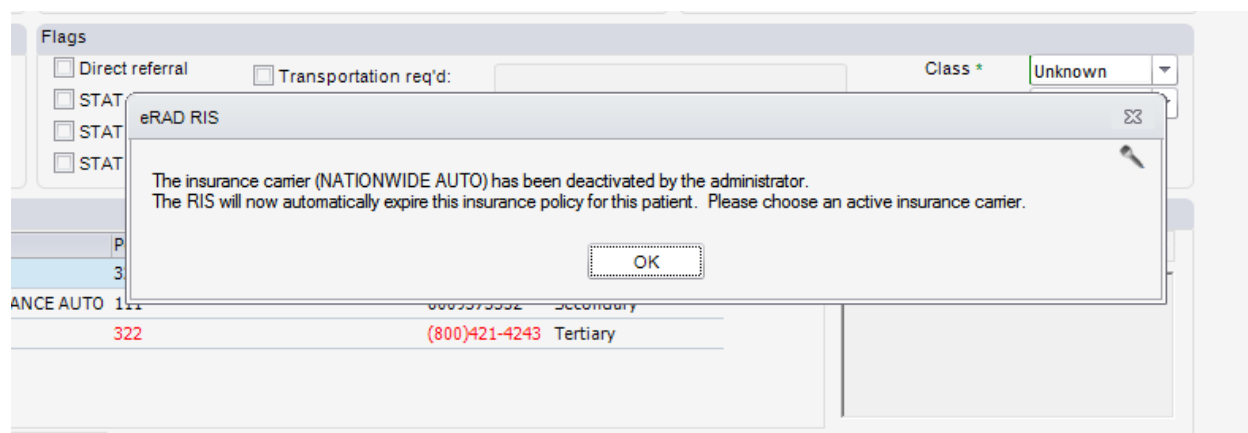


Figure 5.63 – Message prompt for inactive insurance carrier

Once they select the OK button the Expiry check box will be automatically selected and the Use check box will be deselected. The carrier row that has been deactivated will have text marked with strikethrough. The strikethrough equates to a carrier that has been de-activated. (does not equate to Expired... I will show that further below).

The image displays the 'Patient Insurance Policies' window. It features a table with columns: Use, Carrier, Policy Number, Group Number, Group Name, and Expired. The table contains three rows:

- Row 1: Use [checked], Carrier (0140852) JEFFREY L KOMIN, Policy Number 321, Group Number, Group Name, Expired [unchecked].
- Row 2: Use [checked], Carrier (050135) PROGRESSIVE INSURANCE AUTO, Policy Number 111, Group Number, Group Name, Expired [unchecked].
- Row 3: Use [unchecked], Carrier (051102) NATIONWIDE AUTO, Policy Number 322, Group Number, Group Name, Expired [checked].

 Below the table is a link 'Click here to add a new row'. Underneath is a checkbox 'Show Expired Policies' which is checked. The bottom section is divided into 'Policy Holder Information' (with fields for Relation, First Name, Middle, Last Name, Sex, Birth Date, Address 1, Address 2, City, State, Zip) and 'Injury Details' (with fields for Claim Number, Injury Date, Source, City, Employer, Adjustor First Name, Adjustor Last Name, Adjustor Phone Number). There are 'OK' and 'Cancel' buttons at the bottom right.

Figure 5.64 – Insurance carrier that has been marked as inactive via lookup table

If the user attempts to re-add the Use check box they will be prompted with a message informing that they cannot because it has been deactivated.

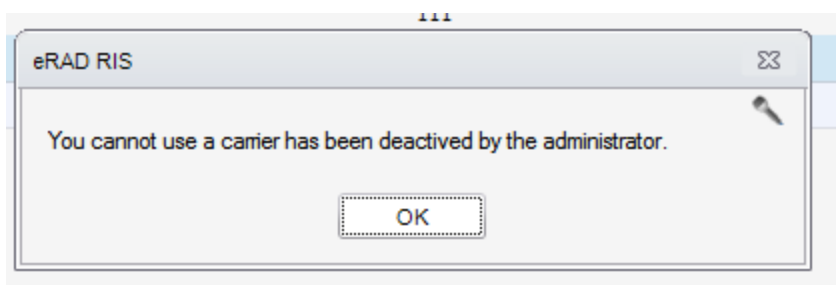


Figure 5.65 – Message prompt attempting to Use deactivated insurance

When the deactivated carrier is marked expired and has the strikethrough added and the Manage Policies window is closed the Insurance Policies grid will not display this carrier. If you remember, before it was accessed the first time, the carrier was displayed in red font

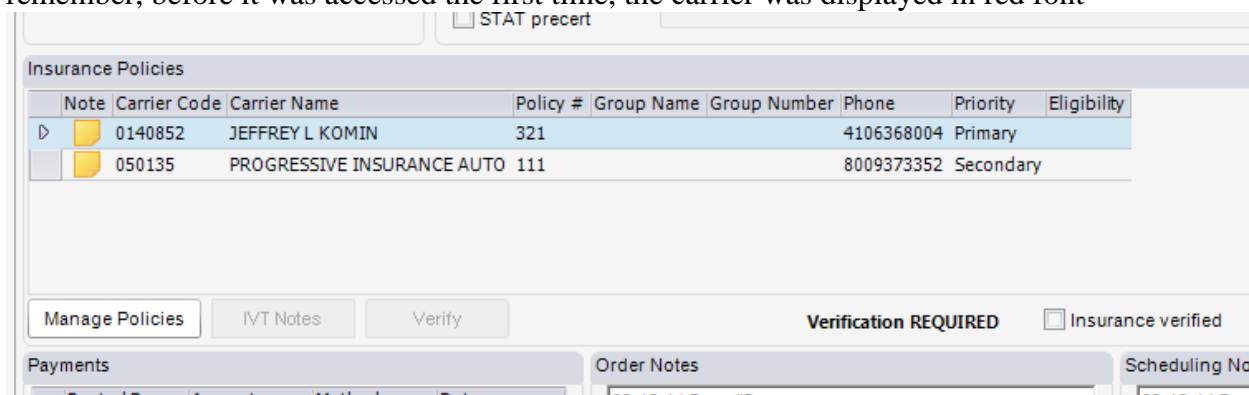


Figure 5.66 – Deactivated insurance removed from Insurance Policies grid

Now if the Manage Policies window is opened again, the deactivated carrier will be displayed in strikethrough grey font.

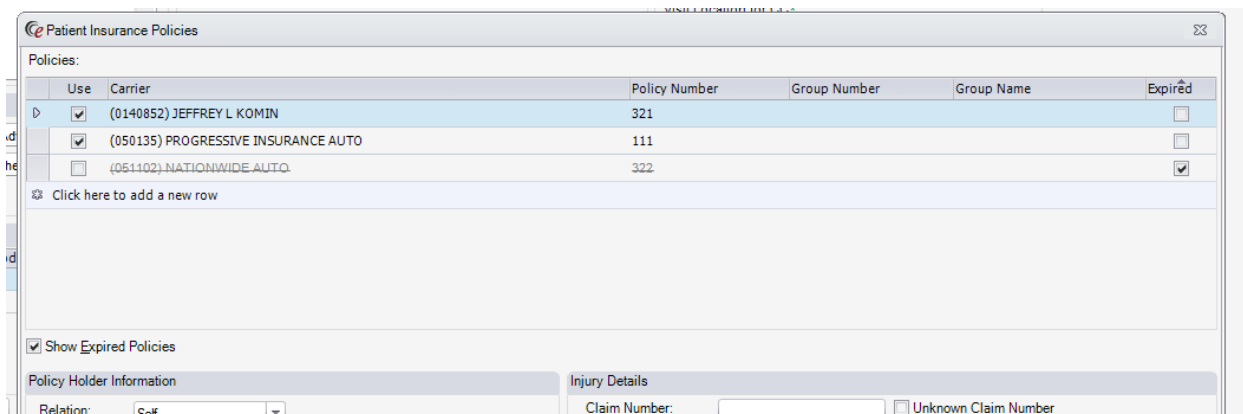


Figure 5.67 – Deactivated insurance in Manage Policies window

If an Administrator later re-activates this carrier, the next time a user opens the Manage Policies window, the strikethrough will be gone and the policy can be select for “Use” again.

NOTE: If the patient has a policy attached to their profile, and the administrator disables it, and then the patient is scheduled for a new procedure (ie, it did not already have a USE checkbox for this policy), the RIS will mark this policy expired without a notification to the user.

Perform Exam – LMP Start and End Age Configurable

In current version of eRAD RIS the Last Menstrual Period date is required for female patients between the ages of 12 and 56. In Build 44 we have introduced two new system configuration settings to make the start and end age configurable.

The system configuration setting of “**LMPStartingAge**” will determine the starting age to have the Last menstrual period date and pregnancy fields enabled. The default value is 12 years of age.

The system configuration setting of “**LMPEndingAge**” will determine the end age to have the Last menstrual period date and pregnancy fields enabled. The default value is 56 years of age.

System Config Code	Value	Default	Description
▶ [..a.]: Imp	▼ [..a.]:	▼ [..a.]:	▼ [..a.]:
LMPStartingAge	12	12	(value = int) When the patient reaches this age, the LMP checker will be enabled on the technologist screen.
LMPEndingAge	56	56	(value = int) When the patient reaches this age, the LMP checker will no longer be enabled on the technologist screen.

Figure 5.68 – New system configuration setting to determine LMP start and end ages

Perform Exam – Additional Copy Paste options

The Perform Exam window has a copy paste function that can be used when a user wants to copy key fields from one study to another of the same order. The fields of Assigned Radiologist and Performing Radiologist have been added to the Items to copy list.

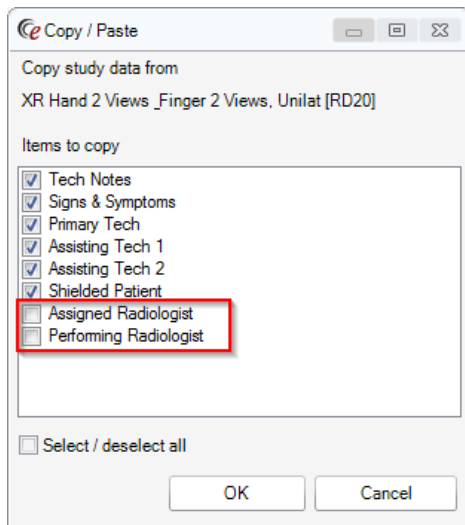


Figure 5.69 – Additional options for copy / paste function

Retain Pre-Cert Approval on Reschedule

During the point of reschedule, after the desired studies have been selected to be rescheduled but the scheduled studies do not change, all existing Pre-cert information will be copied up to the new study item. If the Pre-cert has been approved and the expiration date has not been reached yet, then the Pre-cert status will remain as approved.

User Management – Internal Person Search

When searching for an internal person using the Quick Search in the upper right of eRAD RIS we have added the ability to search on username. To search on username, prefix your search with a colon :

Example, my username is darcyn. To perform an internal person search on that username enter

:darcyn in the search field.

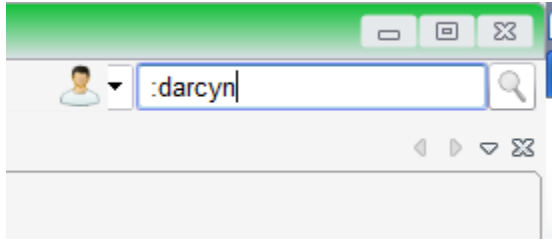


Figure 5.70 – person search on username

User Management – Helpdesk Reset Password

We have added a method for users who don't have Personnel access to assist users who require a password change, forgotten passwords, etc...

This feature is enabled with the access string “**Config.TechSupportChangePassword**” that has a default of None. From the Internal Person Search window a user with this permission can right click on the users account and select the Reset Password option

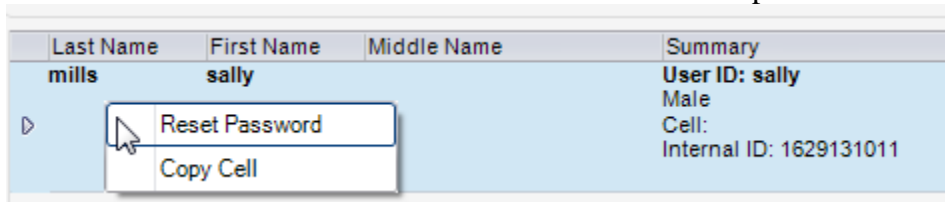


Figure 5.71 – Reset Password from Internal Person Search

The Reset Password dialog supports 3 use cases:

1. Modify the RIS password for a user who is using RIS authentication
2. Modify a RIS user so that they begin using their domain password instead of their current password
3. Modify a user who is using domain authentication so that they begin using RIS authentication

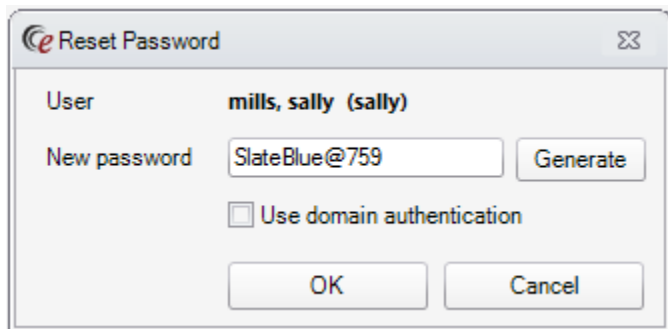


Figure 5.72 – Reset password window

The Reset Password dialog box generates a new password automatically for users who are using custom authentication although the help desk user may choose to generate a new password instead by pressing the “Generate” button or by typing in a password of their choosing.

An entry is generated in the audit table whenever a user changes either the domain_auth_flag or the password (either for their own account or for another user).

Upon selecting the OK button the user will be presented with a confirmatory message

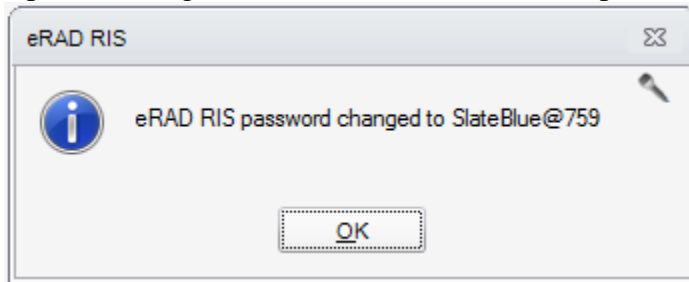


Figure 5.73 – Confirmatory message informing password has changed for RIS Authentication user

If the user chooses to select “Use domain authentication” the New Password field and Generate button will be disabled and the the confirmatory message will be slightly different.

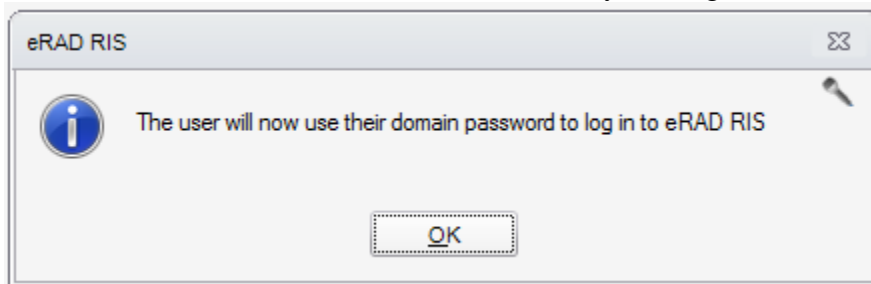


Figure 5.74 – Changing user to be Domain Authenticated

If the user is switched from to RIS Authentication from Domain Authentication the confirmatory message will inform the user of the change.

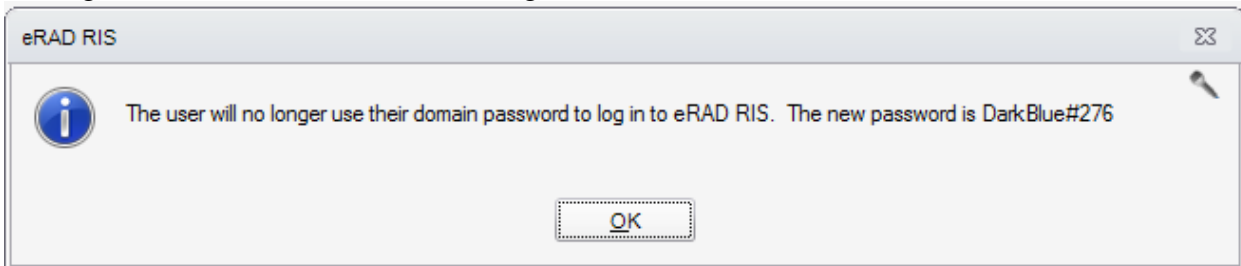


Figure 5.75 – Confirmatory message when changing from Domain to RIS authentication

As a security feature, a user who is not a RIS Administrator or does not have permission to access the full Personnel editor (“Config.LookupEditor.Personnel”) is not allowed to change the credentials of a user that has these elevated permissions. This constraint is designed to prevent a user that is not allowed to access the personnel editor from hijacking an administrative account.

If they attempt to change the password of a said person they will receive an error message

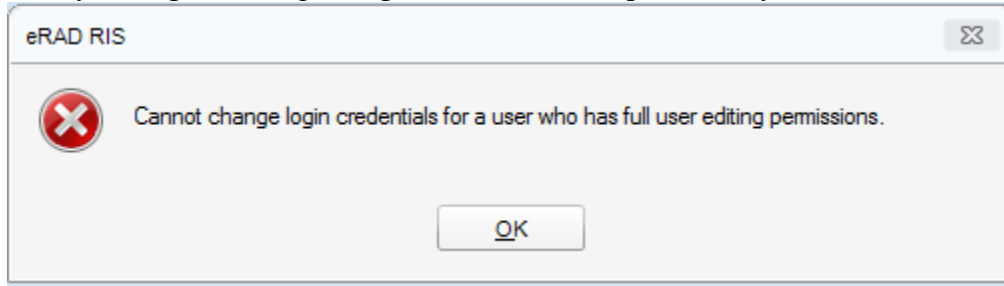


Figure 5.75 – Cannot change password for user with personnel editor permissions

Random Password Generation

Passwords are generated using a random color from the KnownColor enumerated type, adding a random symbol from the following list: { "!", "@", "#", "\$", ".", "-", "+", "=" }, and then adding a random number less than 1000.

IF the password criteria has not been met, the user attempting to reset the password will be informed with the following message.

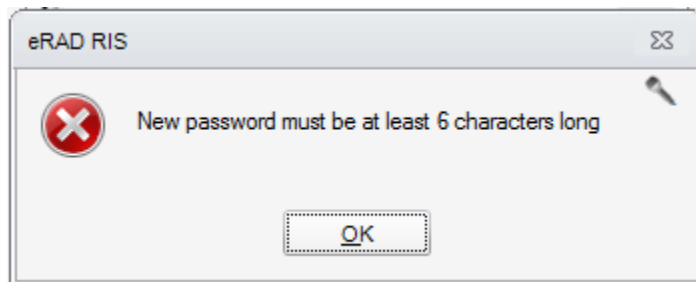


Figure 5.76 – Password doesn't meet password criteria

User Management – Enhanced Password Requirements

At the user management level, eRAD RIS will no longer allow a user to set a password that doesn't meet the minimum length, is not considered "strong" or has been used by this user recently.

The "strong" password and minimum length are already defined in system config. As such we will leave that functionality in place. Strong passwords are forced on users resetting their own passwords. However in the administration section, both the personnel look up and reset password utility bypass the strong password requirement. This allows an admin to set a password to whatever they decide. There is one restriction; the password being set cannot be in the user's recent password history.

Recent passwords are stored in the database, as long as they persist; the user cannot have their password reset to one from their history. A system configuration setting of "**RecentPasswordRestrictionCount**" will determine how many passwords we store in the history for each user until they can re-use a previous password. The default value for this setting is -1. A value of zero or less disables the setting.

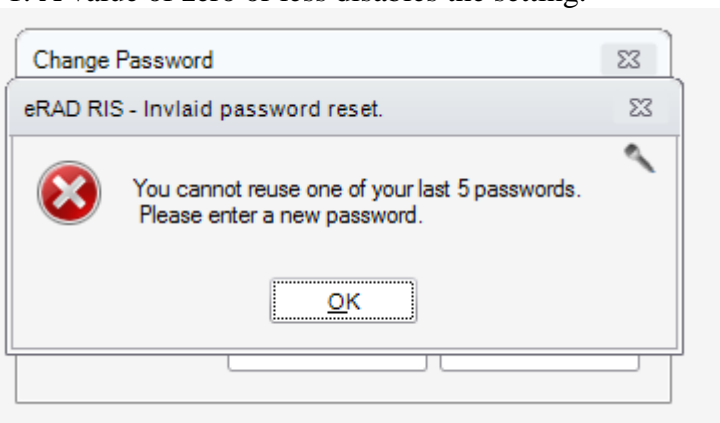


Figure 5.77 – Message informing a recent password cannot be used

Passwords will also now expire after a defined amount of time in days. The system configuration setting of "**ExpirePasswordInDays**" controls this feature. A default of -1 is applied to this setting. A value of zero or less will disable this setting. Once expired, the user will be able to login one more time. At this time, they are presented with a reset password screen and notified that their password has expired and must be reset. If they manage to bypass this, the user will be locked out upon next login attempt.

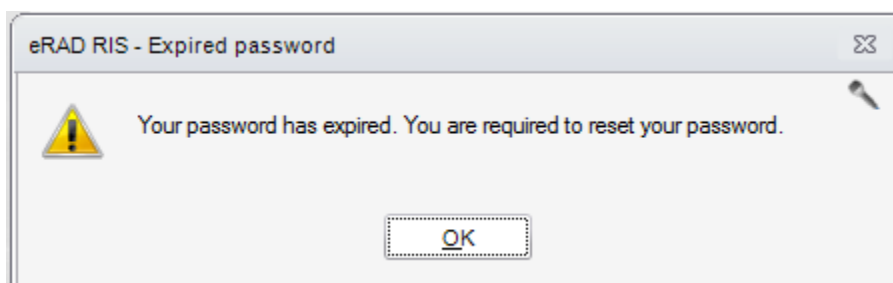


Figure 5.78 – Password reset message

Users will be locked out if they try to login with an incorrect password more than a system configuration defined set amount of attempts. The setting that controls this feature is “**AllowedPasswordFailAttempts**” that has a default value of -1. Values of zero or less will disable this setting.

Locked out users will need to contact their administrator to be unlocked/reset. To unlock the account, and administrator simply sets a new password, this updates/resets the users failed attempts and change date.



Figure 5.79 – user account locked message on login in attempt

Passwords reset in the personnel editor and the tech support reset password utility will set the passwords as expired. This will force the user to reset their password upon login.

Track Viewing of Audit Log

We will now capture in the audit log the user activity when the audit log is accessed and when a eRAD RIS based audit log management report is accessed.

Reception WL (1)

Audit: VILLEGAS, OLGA #1004591177 x

Filters

☐ Patient

☐ Order

☒ Study

☒ Include retrievals

Date	Action	Description	User	Accession #	Order #	Status	Procedure
Equals: ▾	Contains: ▾	Contains: ▾	Contains: ▾	Contains: ▾	Contains: ▾	Contains: ▾	Contains: ▾
08-11-2014 9:52 PM	Accessed audit history		Aiken, Darcy (darcy)				
08-11-2014 9:46 PM	Accessed audit history		Aiken, Darcy (darcy)				

Figure 5.80 – Audit log entry of a user accessing audit log

MRN

Issuer of ID

system

View Report

1

of 5

100%

Find | Next

Audit Log by Patient

Patient: (1004591177) VILLEGAS, OLGA

Description: This report displays the audit information for the specified patient MRN.

Log Date	Log Time	User ID	Username	description	Audit Actions
08-11-2014	09:30 PM	darcy	Aiken, Darcy J	Accessed audit history	Accessed audit history
	09:27 PM	darcy	Aiken, Darcy J	Accessed audit history	Accessed audit history

Figure 5.81 – new entry displayed in the audit management report (running the report adds a new entry)

Work List Context Menu Re-Organization

Context menu organization for worklist context menus.

Group 1: Workflow/data entry screens – These are status dependent. They are in reverse workflow order, therefore, the ‘latest’ and most likely option will always be on top.

- VerifySignedReport
- SignReports
- VerifyExternalReport
- VerifyTranscribedReports
- TranscribeReports
- Dictate
- MarkAsCompleted
- PerformExam
- Registration
- ScheduleOrderWithContext
- EditSchedule
- IVT
- PatientModeWL // ALWAYS AT THE END OF THIS BLOCK

Group 2: Workflow/data entry screens – These ones are essentially stateless - They can occur almost anywhere during the workflow

- UtilizationManagement
- Confirmation
- EditPatient
- PatientMerge
- BillingConfirmation
- Reconcile
- ViewEdit // ALWAYS AT THE END OF THIS BLOCK

Group 3: ACTIONS performed on this study/row – Group with same if there appear to be a logical neighbor. If unsure, check with Stick

- LabelsAndForms
- Attachments
- RequestImageCopy
- EditImageRequest
- ExportDICOMImages
- CreateTechnicalRepeatAction
- FollowupRescheduledRoot
- CalculateRelevance
- ViewImages // ALWAYS AT THE END OF THIS BLOCK

Group 4: REPORT related items

Report Submenu - PreviewReport
Report SubMenu - PrintReport
ReportPrintingMenu
ReportHistory
ReleaseTentativelySignedReport
DDENewJob
DDHistoryByStudyWL
DDEEditJob
DDEPauseJob
DDECancelJob
DDERetryJob
DDEPreview
RequestAddendum
CancelAddendumRequest
PeerReviewOpen
PeerReview
Review
ResendDictationForRecognition
CacheStudy
Ctrn
DeleteDictationReportResetStatus // ALWAYS AT THE END OF THIS BLOCK

Group 5: Change Status

ChangeStatusTo
ChangeStatusToReportDrafted
ClosedRoomChangeStatusTo
ReceptionChangeStatusTo
TechChangeStatusTo
ChangeStatusToMammoFup
CancelOrder

Group 6: Person assignments

AssignToChair
AssignToRadiologist
ChangeDictateByRadiologist
ChangeSupervisingRadiologist
AssignToTranscriptionist

Group 7: FLAGS

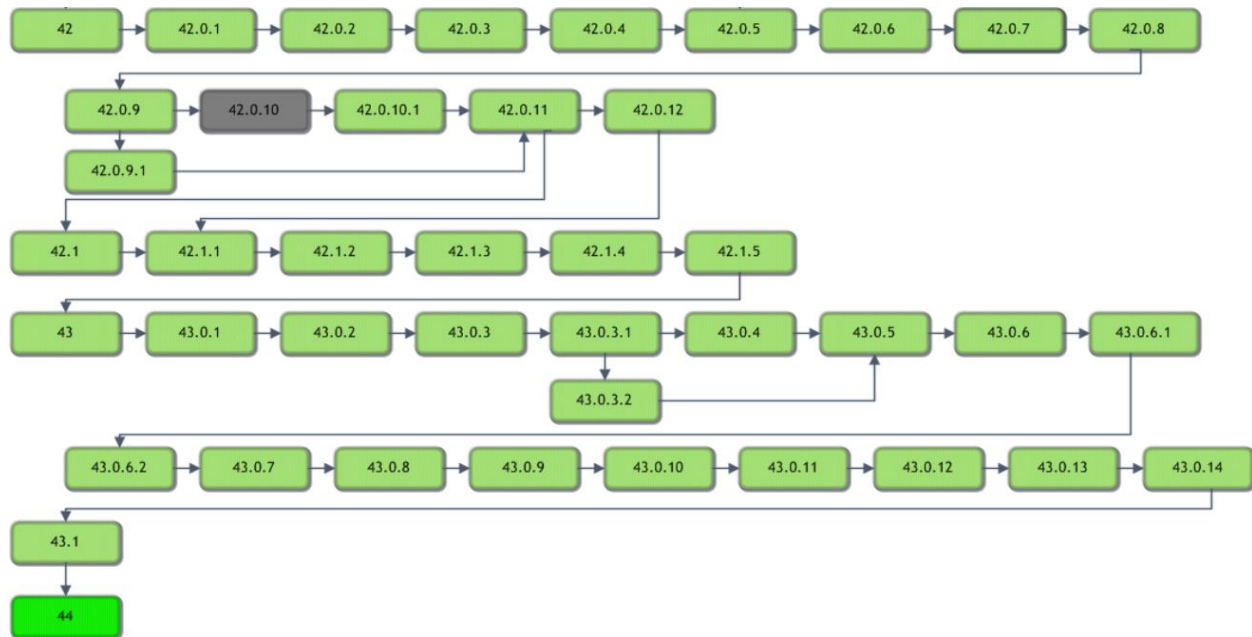
SetProblemFlag
RemoveProblemFlag
ResolveProblem
SetQaFlag

RemoveQaFlag
SetReadFlag
RemoveReadFlag
SetStatFlag
RemoveStatFlag
SetSuspendedFlag
RemoveSuspendedFlag
ForcePACSCorrection
ForceUnPACSCorrection

Group 8+9: Audit history and copy cell - always alone and separated

AuditHistory
CopyCellAction

6. Code Stream



Legend:

Light Green = Released software

Gray = Will not be released

Bright Green = Current Release

7. RIS Release Version Numbers

Build	Patch	UI Version	Core Version	WS Version	DB Version	Notes
42.1	-	2.42.1.0.22744	2.42.0.0.21261	2.42.1.0.22744	2.42.1.0.22736	GUI.zip, Web Service, DB updates and Management Report Deployment
42.1	1	2.42.1.1.22963	2.42.0.0.21261	2.42.1.1.22963	2.42.1.1.22864	GUI.zip, Web Service, DB updates
42.1	2	2.42.1.2.23007(3GB)	2.42.0.0.21261	2.42.1.2.23007	2.42.1.1.23007	GUI.zip, Web Service, DB updates
42.1	3	2.42.1.3.23237(3GB)	2.42.0.0.21261	2.42.1.3.23237	2.42.1.1.23007	GUI.zip, Web Services
42.1	4	2.42.1.4.23348(3GB)	2.42.0.0.21261	2.42.1.4.23348	2.42.1.1.23007	GUI.zip, Web Services
42.1	5	2.42.1.5.23406(3GB)	2.42.0.0.21261	2.42.1.5.23406	2.42.1.1.23007	GUI.zip, Web Services
43	-	2.43.0.0.23715(3GB)	2.43.0.0.23171	2.43.0.0.23715	2.43.0.0.23743	Full Version Release
43	1	2.43.0.1.23798(3GB)	2.43.0.0.23171	2.43.0.1.23798	2.43.0.1.23770	GUI.zip, Web Service, DB updates
43	2	2.43.0.2.24017(3GB)	2.43.0.0.23171	2.43.0.2.24017	2.43.0.2.24023	GUI.zip, Web Service, DB updates and Management Report Deployment
43	3	2.43.0.3.24298(3GB)	2.43.0.0.23171	2.43.0.3.24298	2.43.0.3.24283	GUI.zip, Web Service, DB updates and Management Report Deployment
43	3.1	2.43.0.3.24450(3GB)	2.43.0.0.23171	2.43.0.3.24298	2.43.0.3.24421	GUI.zip, and DB updates
43	3.2	2.43.0.3.24450(3GB)	2.43.0.0.23171	2.43.0.3.24298	2.43.0.3.24421a	DB updates
43	4	2.43.0.4.24447(3GB)	2.43.0.0.23171	2.43.0.4.24447	2.43.0.4.24442	GUI.zip, Web Service, DB updates and Management Report Deployment
43	5	2.43.0.4.24632(3GB)	2.43.0.0.23171	2.43.0.4.24632	2.43.0.4.24560	GUI.zip, Web Service and DB updates
43	6	2.43.0.4.24(3GB)	2.43.0.0.23171	2.43.0.4.24	2.43.0.4.24	GUI.zip, Web Service and DB updates
43	6.1	2.43.0.6.24937(3GB)	2.43.0.0.23171	2.43.0.6.24937	2.43.0.6.24914	GUI.zip, Web Service
43	6.2	2.43.0.6.24970(3GB)	2.43.0.0.23171	2.43.0.6.24970	2.43.0.6.24914	GUI.zip, Web Service
43	7	2.43.0.7.25258(3GB)	2.43.0.0.23171	2.43.0.7.25258	2.43.0.7.25226	GUI.zip, Web Service, DB updates and Management Report Deployment
43	8	2.43.0.8.25440(3GB)	2.43.0.0.23171	2.43.0.8.25440	2.43.0.8.25425	GUI.zip, Web Service, DB updates and Management Report Deployment
43	9	2.43.0.9.25477(3GB)	2.43.0.0.23171	2.43.0.9.25477	2.43.0.8.25425	GUI.zip and Web Service
43	10	2.43.0.9.25477(3GB)	2.43.0.0.23171	2.43.0.10.25477	2.43.0.8.25425	Web Service
43	11	2.43.0.11.25512(3GB)	2.43.0.0.23171	2.43.0.11.25512	2.43.0.8.25425	GUI.zip and Web Service
43	12	2.43.0.12.25554(3GB)	2.43.0.0.23171	2.43.0.12.25554	2.43.0.12.25536	GUI.zip Web Service and DB Updates
43	13	2.43.0.12.25610(3GB)	2.43.0.0.23171	2.43.0.12.25610	2.43.0.12.25536	GUI.zip and Web Service
43	14	2.43.0.14.25644(3GB)	2.43.0.0.23171	2.43.0.13.25610	2.43.0.12.25536	GUI.zip
43.1	-	2.43.1.0.25850(3GB)	2.43.0.0.23171	2.43.1.0.25850	2.43.1.0.25771	GUI.zip Web Service and DB Updates
44	-	2.44.0.0.26570(3GB)	2.44.0.0.26405	2.44.0.0.26570	2.44.0.0.26475	Full Version Release

8. Resolved Defects

Bugs Suggested Features and Support Issues resolved in build 2.44. The extract is taken from Redmine bug tracking system and only displays defects resolved in 2.44.

Bug #	Priority	Subject	Category	Found Version
6954	Immediate	Reporting - Batch dictation files are not cleaned up if user closes the screen	Embedded Reporting	2.42.09
8539	Urgent	Laterality for scheduled procedure is not being initialized as expected.		43.1
8396	Urgent	Patient Name to be included in Email message to RADAR	Document Distribution	2.43.1
8085	Urgent	CD Import - Windows 7 CD Burning via Explorer prevents us from scanning CD without DICOMDIR	CD Burning	43
8038	Urgent	Lab Results - have to change the date twice in order for it to save	Meaningful Use	43.0.11
8014	Urgent	Carestream PACS integration Read Only mode issue (Copy of #8011 for 43.0.14)	PACS (Non - eRAD) Integration	43.0.12
7875	Urgent	Insurance Eligibility - Amount to collect in View Edit	Insurance Eligibility	43.0.6
7826	Urgent	PACS IW - Infinite loop trying to open study with invalid external id	PACS (Non - eRAD) Integration	2.43.1
7589	Urgent	patient insurance group name is limited to 20 characters	DB	2.42
7574	Urgent	c_frm_core_view - joining site based on scheduled_modality_code, should join on study table _site_code	Web Services/DB	42.1.2
4228	Urgent	RadNet - Mammo - Add BIRADS trademark	Thick Client GUI	2.43.0.0
8465	High	Zotec TOS Integration - Print Receipt is displaying previous patient's data		43.1
8146	High	Study not on Labwork Advised WL	Meaningful Use	2.43.0.14
8128	High	Insurance Eligibility - Schedule Order Screen Lockup	Insurance Eligibility	43.0.14
8111	High	Hologic integration configuration file needs to be configured individually for each user account	PACS (Non - eRAD) Integration	2.43.0.14

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7968	High	MU Medications, Medical History and Allergies grids are not refreshing for a new patient	Meaningful Use	43.1
7908	High	Powerscribe - discard an addendum may delete original report if HL7 not received	Powerscribe Integration	2.43.0.11
7805	High	object reference error when scheduling from the Follow Up screen from BI-RADS 4/5 worklist	Web Services/DB	2.43.0.6
7682	High	Patient folder does not display the Signing Radiologist column	Patient Folder	43.0.6.2
7577	High	c_frm_core_view - expects referring to have an address	Web Services/DB	43.0.2
7575	High	Transportation Report - Should have a date range, site selector and DOS grouping	Mgt Reports	42.1
7277	High	Cannot access a disposed object. Object Name: RadGridView	Performance	43.0.1
7126	High	Dictated by user id changes to editor's id in PowerScribe 360	Powerscribe Integration	42.1
6958	High	Scheduling -- start date for search criteria not set for mammo follow-up orders	Scheduling	2.42
6610	High	Ris is hanging after mt's make edits to a report	Embedded Reporting	42.0.9
6504	High	Reschedule with more than one procedure, the RIS sometimes invert the order		1.4
6345	High	Poor usability around canceling adding new address to referring	Admin-Other	1.42
5685	High	Logout - after entering username and PWD error saying eRAD RIS is already running	Thick Client GUI	1.42
5657	High	Cannot click 'OK' or 'Cancel' in PACSLoginDialog when running in 'Minimized' recording control mode	Thick Client GUI	1.42
5476	High	Scheduling - Inactivity message displaying at incorrect time	Thin Client GUI	1.41.005
4571	High	Document Distribution eventually jams if a fax job gets stuck in Transmitting	Document Distribution	1.40.16
4538	High	IVT WL slow if user filters on both site and practice	Web Services/DB	1.4

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4503	High	Perform Exam - Complete / Start can advance a study when it shouldn't	Technologist	1.41
4049	High	Hold codes - update status appropriately when Hold codes are changed to real codes	Thick Client GUI	2.42
3757	High	IVT pre-cert notes disappearing randomly	Thick Client GUI	1.40.006
3751	High	Modifying insurance can cause the study to fall off the IVT Worklist	Thick Client GUI	1.40.006
2304	High	A study in a "Pending" IVT status does not show the IVT flag on the worklist	Thick Client GUI	1.38
1805	High	visited location not filtered for cc physicians	Thick Client GUI	1.38
8570	Normal	Zotec TOS Integration - 401 Error		43.1
8300	Normal	GetExamCountsByChair takes a rather long time to execute	Radiology Reporting	2.43
8250	Normal	IVT WL slow when query for practice	Worklists	2.43.1
8220	Normal	there are unused, overlapping (duplicate indexes) and missing on the db that may be contributing to excessive resource use	DB	2.43
8201	Normal	person address editor - using StrongPasswordRegex instead of EmailPDFPasswordRegex		2.43.1
8193	Normal	c_frm_reminder_letter - view cleanup	Web Services/DB	2.43.1
8159	Normal	CD Import - 3rd Party DLL missing dependency		43.1
8148	Normal	Powerscribe closing open report in eRAD RIS with autofeed turned off	Powerscribe Integration	2.43.1
8143	Normal	Radiology Reporting - Multitab reporting with Powerscribe 360 will cause tabs to close and save	Powerscribe Integration	2.43.0.6
8126	Normal	MU - CQM Measures Report is hanging on the SouthEast DB	Meaningful Use	2.43
8125	Normal	The scheduled DB job rRIS_California : Update Mammo Letters WL Reason was taking 25 minutes to run	Mammography	2.43

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8121	Normal	Trace Data database logic includes needless refresh logic that generates needless CPU load	Web Services/DB	2.43.0.14
8096	Normal	Error when scheduling procedure plans and image requests	Image request	43.0.14
8090	Normal	Epson Discproducer problem does not write DVDs		43.0.13
8089	Normal	Carestream PACS Integration - Accession Number being used instead of External Study Identifier	PACS (Non - eRAD) Integration	2.43.0.12
8088	Normal	Carestream PACS Integration - Password is stored in log file	PACS (Non - eRAD) Integration	2.43.0.12
8087	Normal	Insurance Eligibility - Zotec TOS not returning payment amounts back to RIS		43.0.12
8086	Normal	Timeout error while burning images to CD	CD Burning	2.43.0.11
8083	Normal	Incoming EMR orders not matched to internal patient because of phone number formatting	EMR	2.43.0.14
8068	Normal	Create rRIS User SQL Script tries to insert RIS Administrators group but the group is already inserted as part of the B43 Base Schema	DB	2.43.0
8022	Normal	User Preferences - Integration Tab - Out bound reporting verbiage change	Radiology Reporting	2.43.1
8020	Normal	User Preferences - Input Device barcode event action patient search verbiage change	Radiology Reporting	2.43.1
7974	Normal	error during rescheduling process: The INSERT statement conflicted with the FOREIGN KEY constraint "FK_c_scan_document_association_c_study"	Scheduling	2.43.0.12
7962	Normal	Cannot match external patient during walk-in/scheduling after including "Existing Orders"	EMR	2.43.0.12
7931	Normal	Exams cannot leave HoldCodeCompleted status via Change Status -> Manual Status Update	Web Services/DB	2.43.0.12
7838	Normal	Creating an addendum - when you submit it , the status stays as SIGNED, Cannot sign off this addendum	Radiology Reporting	43.0.7

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7819	Normal	Reporting Custom Fields - Magnet strength shows NOT AVAILABLE when table value is null or empty	Radiology Reporting	2.42.1
7816	Normal	CQM Measures Stage 2 will fail if the combined practice codes selected are more than 20 characters	Mgt Reports	2.43.0.8
7775	Normal	Peer Review - Signed by is showing user_id only not user id and name as per convention	Radiology Reporting	2.43.1
7769	Normal	run RIS services in console shows "unrecognized command line argument" on console screen	Web Services/DB	2.43
7706	Normal	MU CQM	Meaningful Use	2.43
7652	Normal	B43 base new install scripts cause an error.	DB	2.43
7621	Normal	Insurance Verified Checkbox disappears		43.0.5
7610	Normal	Radiology Reporting - M*Modal remove unwanted events from interactive dictation	Radiology Reporting	2.43.1
7609	Normal	Radiologist Reporting - eRAD RIS log entered into capture log	Radiology Reporting	2.43.1
7588	Normal	Grids - All grids are missing the left hand border on the header row (in light mode)	UI Look and feel	2.43
7507	Normal	Clean up current editor control code in preparation for new interface implementation	Radiology Reporting	2.43.0
7497	Normal	biopsy surgeon selection shows referring's and other personnel that are not surgeons	Mammography	2.43.0.5
7489	Normal	Disabled menu items in dark mode aren't visually identifiable.	UI Look and feel	43.1
7483	Normal	Preferred Radiologist - may show radiologist from another practice	Radiology Reporting	2.42
7470	Normal	Scheduling- Error when choosing time from the Calendar view if modality room does not match procedure.	Scheduling	2.43.05
7464	Normal	Mgt Reports - Mammo Annual Radiologist Summary - the format of the values in the dropdown for the technologist is not the same as user dropdowns in other reports	Mgt Reports	43.0.4

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7447	Normal	jif file type and possible additional files extensions jif, .jpe, .jfi could cause rendering issues for browsers IE8 and earlier.		2.42
7445	Normal	Light mode - Buttons sometimes appear white and super white (should all be super white)	UI Look and feel	2.43
7444	Normal	User preference for pending signature notification is worded poorly	Radiology Reporting	43.1
7433	Normal	Request Addendum - exception when performed modality is null	Radiology Reporting	2.43.1
7431	Normal	Peer Review Workflow - verbiage case	Radiology Reporting	2.43.1
7411	Normal	Notification for STAT cases pending signature count can be wrong	Radiology Reporting	2.43.0
7409	Normal	Reporting - able to edit read-only reports and sign off on studies dictated by other users	Radiology Reporting	2.43.1
7407	Normal	Peer Review Workflow - Unable to open or review locked studies from the All Peer Review Pending Action WL	Radiology Reporting	2.43.1
7358	Normal	Reporting - Layout not displaying tool windows properly when switching reporting modes or loading layouts	Radiology Reporting	2.43
7351	Normal	Assign to radiologist in scheduling screen doesn't use common radiologist picker control	Radiology Reporting	2.43.1
7350	Normal	User (Radiologist or Transcriptionist) picker undesirable highlighting when opening	Radiology Reporting	2.43.1
7334	Normal	Canceled Exams - add canceled date to details	Mgt Reports	42.0.1
7330	Normal	cancelling a completed study is getting error do to the I-Code Reference		2.43.0.2
7325	Normal	Emergency access stays disabled after using it and doing next workflow	Radiology Reporting	2.43
7315	Normal	there is a chance that the arrive multiple study dialog box will open and then close by itself based on the existing of studies in specific status		2.43
7311	Normal	Manual change status Dialog screen Ok button doesn't always appear on the screen	Thick Client GUI	2.43

7304	Normal	Medical History - Date Ranges cannot overlap	Meaningful Use	2.43.0.1
7297	Normal	Smoking Status, 'never smoker', is interpreted by Clinical Decision Support that the patient is a smoker	Meaningful Use	2.43
7296	Normal	Edit Availability template Date Range will not allow the start date to be moved to be 5 days before the currently set Start Date	Scheduling	2.43.2
7286	Normal	QA workflow changes back to editing workflow after breaking glass	Radiology Reporting	2.43
7284	Normal	Error assigning radiologist on a study with a null performed modality	Radiology Reporting	2.43
7278	Normal	Practice code is not required for Authorization Rules	Utilization Management	2.43
7273	Normal	CDS_03_PossibleReaction alert giving errors on deleted row	Meaningful Use	43.0.1
7272	Normal	CDS_03_PossibleReaction alert giving errors on null column	Meaningful Use	43.0.1
7257	Normal	MU Allergy Severity Should be using the active lookup values	Meaningful Use	2.43
7253	Normal	able to "use" an insurance where the carrier was inactive		2.43
7248	Normal	Error on GetData/DisplayData	Technologist	2.43
7232	Normal	Reporting - Create/Edit a report in exam done (bad data perhaps) will result in poorly worded message	Radiology Reporting	2.43
7221	Normal	User preference wording on integration tab state we drop an xml file and write another	Radiology Reporting	2.43
7201	Normal	CommonLib Config class uses non thread safe dictionaries for storing system and user configuration	Infrastructure	1.43
7200	Normal	DataStoreBase uses non thread safe dictionaries for storing credentials and connections	Infrastructure	1.43
7199	Normal	dbnull error on person first name when opening reporting screen	Radiology Reporting	2.43
7197	Normal	When registering a patient with multiple procedures, and then deselecting the	Reception	2.43

		procedure checkbox, an error is produced		
7180	Normal	Inactive study items, study item certs are still be used to validation if precert is still required	Thick Client GUI	2.42.09
7163	Normal	Import ICD code window needs clean up	Admin-Other	2.43
7143	Normal	SAPS - mays stop processing jobs if a PowerScribe 360 encountered	Web Services/DB	2.42.1
7142	Normal	SAPS - service will not recover and process remaining jobs on signing failure	Web Services/DB	2.42.1
7138	Normal	Mammo letter config save button appears to not save changes	Admin-Other	2.43
7086	Normal	Internal Person search doesn't have default field	Admin-Other	2.43
7077	Normal	Nuggets - Scanned document nugget does not show print button unless screen is expanded	Worklists	2.42
7068	Normal	Flags - STAT READ has many different explanations and icons	UI Look and feel	2.42
7060	Normal	Null policy number causes failure in StudyDataset rules when signing reports	Billing	2.42.0.2
7040	Normal	Context menu on Patient folder (and likely other worklists) needs re-organization.	UI Look and feel	2.43
7012	Normal	Labels cut off in Modality lookup editor.	UI Look and feel	2.43
6999	Normal	There is no row at position 0 exception when trying to view C-CDA document	Thick Client GUI	2.43
6977	Normal	Radiologist Pending Edit worklist doesn't have the dictate button	Radiology Reporting	2.43
6972	Normal	BI-RADS picker set tissue density to inactive value	Mammography	2.43
6947	Normal	Patient search on external patient has split button active with on option that isn't available.	Patient Search	2.43
6944	Normal	MU - Lab results - the results date field has slashes rather than dashes	UI Look and feel	2.43

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6919	Normal	Can't log in to RIS if time on client differs from server	Web Services/DB	2.42
6898	Normal	"ReportingEvent: contribute report" showing in verbose log when signing	Radiology Reporting	2.42.1
6897	Normal	"Starting open report in PowerScribe 360" is logged when not in PowerScribe 360 mode	Powerscribe Integration	2.42.1
6859	Normal	All Problem WL - the context menu is not highlighting the assigned radiologist	Worklists	2.43
6858	Normal	STAT UM Priority is not required	Utilization Management	2.43
6841	Normal	Details for rRISServices.exe and rRISServicesX64.exe should contain the proper version information	Documentation	43
6834	Normal	QA workflow, error when saving opens the wrong screen.	Radiology Reporting	2.43
6833	Normal	Enhance stored procedures to parameterize the queries	DB	2.43
6826	Normal	Dark mode - Person hyperlinks are black text on (usually) dark grey background.	Dark Mode/Theming	2.42
6821	Normal	Reschedule can show incorrect procedure if procedure was changed in Register window	Scheduling	2.43
6771	Normal	Error, clicking Post on Billing Exception WL	Billing	42.1.2
6768	Normal	RIS Upgrade Process consumes large amount of disk space on client machines over time	Client Install	2.42
6750	Normal	MU - CCDA Error when generating XML when Allergy is NULL	Meaningful Use	2.43
6715	Normal	Radiologist daily counts control opens wrong worklist when clicking Signed Pending Release item	Radiology Reporting	2.42.09
6706	Normal	Technique and TechNotes custom field show as "Not Implemented"	Embedded Reporting	1.4
6705	Normal	Selected Summary doesn't redraw properly when resizing the control	Radiology Reporting	1.39
6704	Normal	RTF to CDA converter doesn't handle \line rtf formatting	Powerscribe Integration	2.42.1

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6699	Normal	Report data nugget not displaying line breaks properly	Radiology Reporting	2.42.1
6698	Normal	Reject addendum request button on addendums in progress	Radiology Reporting	2.43.0.0
6690	Normal	On login if incorrect password, focus is set to user name textbox, not password textbox	Thick Client GUI	2.43
6671	Normal	Right-click "Confirmation" in Patient Folder for Follow up order throws multiple exceptions	Mammography	2.43
6666	Normal	Creating addendum in PS360 and setting problem flag fails to save.	Powerscribe Integration	2.42.1
6574	Normal	Worklist Notifications memory leak	Radiology Reporting	2.42.1
6563	Normal	Radiologist stats should update on a timer not just on report save	Radiology Reporting	2.42.0.9
6562	Normal	Radiologist stats on the tool bar are filtered base on org picker	Radiology Reporting	2.42.0.9
6532	Normal	Close PowerScribe 360 client and receive an error	Powerscribe Integration	2.42.1
6527	Normal	Reporting - report nugget preview is ordered by last updated instead of version	Radiology Reporting	2.42.0.9
6519	Normal	Unable to move items off the IVT Worklist	IVT / Precert	1.42
6410	Normal	Insurance: Expired policy can still be 'used' in a current study.	Insurance Managment	1.42
6312	Normal	BulkWritable column function locks on order, not on study	Radiology Reporting	2.42.0
6253	Normal	Automacros that start with a field cause problems in editor	Radiology Reporting	2.42.0.6
6111	Normal	RIS Clean install --> SQL scripts do not create default jobs	DB	2.43.0.14
6053	Normal	Multi Proc Order - procedures re-ordering	Thick Client GUI	1.42
5990	Normal	Transcription dashboard - Need to exclude outside reads from the report turnaround times	Web Services/DB	1.41

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5983	Normal	Patient Folder Panel doesn't display data when dictating	Thick Client GUI	1.42
5822	Normal	'Assign' functionality throws error on report addendum	Embedded Reporting	2.42
5808	Normal	Dark mode, very hard to read text in Recording and Playback settings	Embedded Reporting	1.42
5789	Normal	Signed Pending QA studies can be assigned to transcription and remain in signed status in QA workflow.	Radiology Reporting	1.41.1
5465	Normal	Unable to suspend an addendum	Radiology Reporting	1.4
4615	Normal	CTRM - Issue with Resolve button	Thick Client GUI	1.41
4436	Normal	Notification wording/layout	Radiology Reporting	1.41
4066	Normal	Transcription Summary/Exam Detail pane not showing requested_by if address_key not populated	Thick Client GUI	1.4
3457	Normal	Reporting - Removing subsection can add another subsection	Thick Client GUI	1.4
3359	Normal	Referring not displaying in VR2 (Beverly)	Radiology Reporting	1.38
2236	Normal	All grids (worklist and other grids) font does not resize	Worklists	1.2
1379	Normal	Address 1 box on Patient Insurance Policies screen partially obscured by another control	Thick Client GUI	1.37
1112	Normal	New Appointment > Patient tab > Contact Information tab order	Thick Client GUI	1.35
7496	Low	Mgt Report where the format of the role dropdown parameter is not consistent	Mgt Reports	2.43.0.5
7356	Low	Personnel Search - Type selection continuously grows	Thick Client GUI	2.43
7227	Low	Registration - 'Arrive' window on different date. Default should be "now"	Reception	1.43
7210	Low	Label alignment when displaying both chair and county not left aligned	UI Look and feel	2.43

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7178	Low	County/ZIP allows typing in County but doesn't changes value when clicking ok	UI Look and feel	2.43
7161	Low	Non M*Modal reporting mode allows users to open hidden tool windows with shortcuts	Radiology Reporting	2.43
7159	Low	Reporting - PACS integration warn when relevant prior not loaded in PACS	PACS (eRAD) Int - RIS only	2.43
7081	Low	Payment screen: Rename buttons to reduce confusion	Thick Client GUI	2.42
7045	Low	MU Phase 2 - QRDA Cat 1 error when HCPCS code is loaded	Meaningful Use	2.43
7004	Low	Pregnant button automatically selected for female patients not included in age range 12-55	Scheduling	2.43
6824	Low	Reporting - Opening rad reporting window in read only will still have Sign Button visually enhanced	Radiology Reporting	2.43
6232	Low	Reporting - studies that have requested addendum flag cannot be assigned to problem queue	Radiology Reporting	2.42.0.2
5672	Low	Next Workflow on All_____worklists, locked studies break work flow.	Thick Client GUI	1.42
4927	Low	Radiologist name is Firstname Lastname in Assign To Radiologist window	Thick Client GUI	1.41
4675	Low	Reporting - assign to panel stays open when going through reports if it opens once.	Radiology Reporting	1.41
4394	Low	Signed pending release WL context menu item missing.	Radiology Reporting	1.4
4082	Low	Previewing unsaved addendums from the reporting screen.	Embedded Reporting	1.41
2432	Low	DataNugget Windows, refresh Icon is not consistent	Thick Client GUI	38.1

9. Known Limitations

The following are Bugs Suggested Features and Support Issues found in build 2.44. Bugs reported in previous versions are not captured as Known Limitation in this document.

#	Status	Priority	Subject
8647	New	Normal	Dictated By Date WL missing context menu items
8635	New	Normal	CT Dosage is not displayed with three decimal places in Perform Exam window
8605	New	Normal	MU tab- Medications - Switching from "Use grid" to "None" and saving deletes the current medication list.
8594	New	Normal	IVT WL, Pre-cert status stays the same when changing insurance at arriving/checking stage.
8593	New	Normal	Confirmation window thinks there are 2 exams on a rescheduled study
8592	New	Normal	Error upon trying to add new row in lookup tables
8591	New	Normal	Switching Insurance during reschedule makes the "Insurance verified" checkbox disappear.
8587	New	Normal	Contrast amounts that exceed Max Value are acceptable upon Saving in Perform Exam window
8586	New	Normal	Contrast alert prompt for exceeding max dose only displays one contrast name at a time if there is greater than one that exceeds.
8581	New	Normal	Template editor - opening an existing template in template editor, change the Practice, and then close, saying no to save changes will save the practice change.
8571	New	Normal	Add alternate MRN is using Issuer Code and Responsible Party is using Description from Issuer table
8569	New	Normal	Mammo drawing tool - Breast diagram does not change between male and female templates if the sex is altered after viewing template
8568	New	Normal	When logged in as a user with Admin or RIS Admin usergroup only, when you try to sign a report get an incorrect message.
8565	New	Normal	Mammo drawing tool - Unintentional lines can be added to a scar
8562	New	Normal	Image Request Status column on Patient Folder WL doesn't display status, stays empty
8560	New	Normal	Switching from Powerscribe360 to M*Modal with dictation window still open then click skip & continue will cause an error.
8557	New	Normal	Peer Review QA window - no scrolling action added to

			addendum request and peer review windows
8545	New	Normal	When an exam is aborted by a tech in the perform exam window, it is removed from the PACS WL, it can be set back to started then completed (exam done) but the exam is not recreated in PACS.
8527	Resolved	Normal	Error when trying to create a new template for dictation
8490	New	Normal	Access string WL.MT.ReportDraftedQaAll no longer used
8473	New	Normal	The "View Images" icon in the reporting window doesn't appear to work correctly.
8471	New	Normal	Walk-In not responding when Checking In multiple studies with multiple CC Physicians
8467	New	Normal	Walk-in removing first exam not refreshing scheduled date
8466	New	Normal	Mammo follow up orders can be opened in Register window
8451	New	Normal	Arrive/Checking In date field not auto-formatting resulting in error
8449	New	Normal	Null reference error closing "New Schedule" dialog from Appointment Book
8448	New	Normal	Attempt to alter Group Number or Group Name of Insurance Carriers causes a shift in the list and potential incorrect changes
8443	New	Normal	PreferredSite not auto-selected in search options under schedule tab when scheduling an order.
8414	New	Normal	removed former referring practice address references
8408	New	Normal	Inactive rooms showing in calendar view.
8404	Resolved	Normal	New Walk-in Button from Patient Search results does not trigger the existing orders prompt
8392	New	Normal	Error when scheduling and responsible party and emergency contact are the same
8387	New	Normal	Signing and Dictation context menu item behaviour is inconsistent
8379	Resolved	Normal	Title of a Peer Review Report and the title from the folder do not match
8378	Resolved	Normal	Peer Review Reports are not displaying today's data unless tomorrow's date is included in the date range
8374	New	Normal	Error when trying to edit an Image Request if the Deliver To/Pickup By section did not have a name included.
8302	New	Normal	Assigned Radiologist is not recognized as assigned in the Assign to Radiologist window

8289	New	Normal	Mammo breast diagram in reporting window has option to clear all images
8285	New	Normal	Dark mode in personnel editor -> account tab, cannot see values
8282	New	Normal	Dictation Control - Form that is already visible cannot be displayed as a modal dialog box.
8278	New	Normal	Close button appears to be disabled after selecting OK for ?no phone number? alert
8273	Resolved	Normal	Burn CD - Destination path label doesn't display path if Auto Select is used
8262	New	Normal	Mgmt Report: Audit Log by Patient
8249	New	Normal	Diagnose Reporting Screen Layout - show BI-RADS trademark
8247	New	Normal	Save as Order - Column 'visit_key' is read only
8232	New	Normal	Dark Mode - Theming - Recommendation dropdown in the BIRADS picker control not styling properly
8230	New	Normal	able to open the same accession twice in rad window
8175	New	Normal	Creating an addendum from "All signed by Date WL" using Powerscribe360 with auto feed next from worklist turned on, will not let you exit the exam if selecting No to creating an addendum prompt.
8168	New	Normal	Checking "Show Expired Policies" checkbox will undo changes made to a policy expired checkbox status
8030	New	Normal	Using the tab while adding an insurance policy causes another policy row to be started which causes an alert to user.
8455	New	Normal	Error produced if contrast amount is deleted and then the Start or Complete button is selected