

# User Release Notes

for eRAD RIS  
Version 1.0  
Build 30

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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 30. This version of eRAD RIS is referred to as Build 1.30.

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 1.30 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 Features and Enhancements

### Reporting – Permission to Edit Macros

In build 30 a new permission has been added to remove the ability to edit Macros from the report editor. The new permission access string is “Clinical.MacroEditing”. If the user group does not have this permission, a user belonging to this group will not be able to add / remove or edit macros. It should be noted that a user can only edit a Macro from the report editor when they are the owner of that Macro.

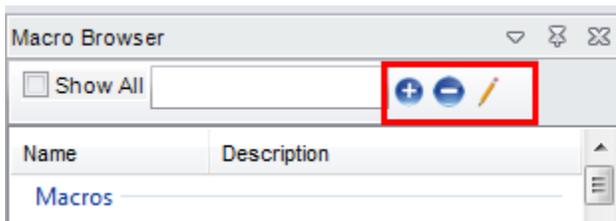


Figure 4.1 – User who has permission Edit Macros (permission Clinical.MacroEditing = Full)

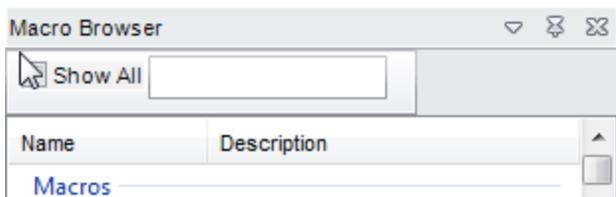


Figure 4.2 – User who does not have permission Edit Macros (permission Clinical.MacroEditing = None)

## Advanced Macro Editing Options

In build 30 a new tab has been added within the Macro Editor. The Advanced tab allows a user with access to the Macro Editor to assign a Macro to other Practice's and / or other User's.

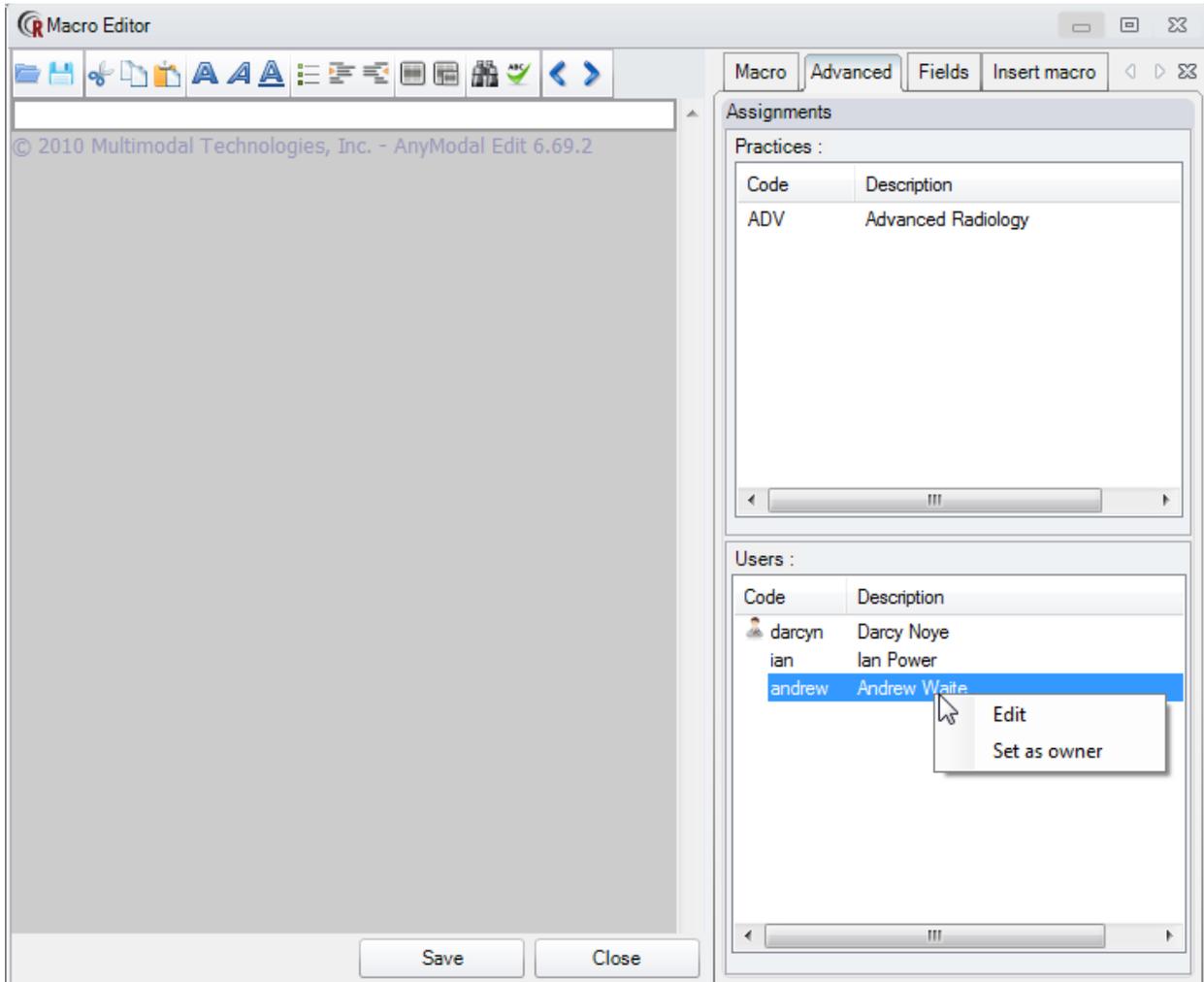
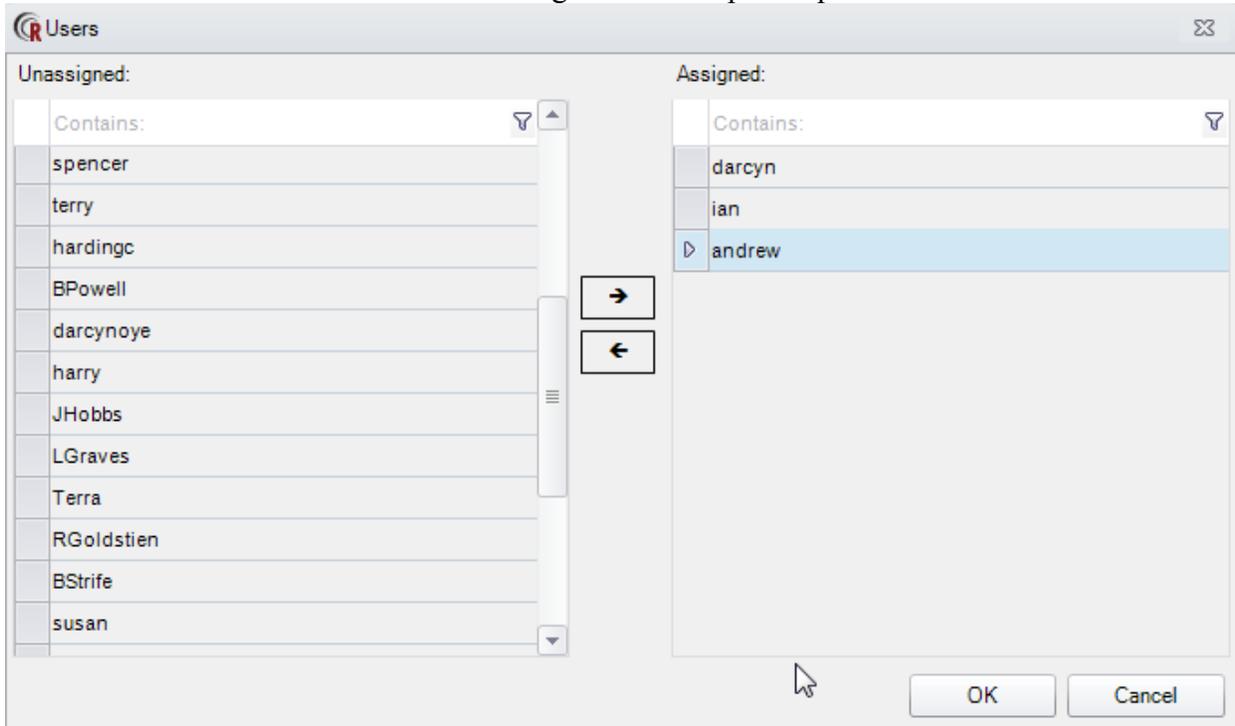


Figure 4.3 – Macro Editor displaying Advanced tab

In the figure above the Advance tab is selected. Under the Assignments pane you can see that this particular macro is assigned to Advanced Radiology. The practice the user belongs to will be the default value when creating a Macro.

Under the Users pane you can see that this Macro is assigned to 3 users. Currently the Macro is “owned” by user darcyn as indicated by the Icon next to the user name under the code column.

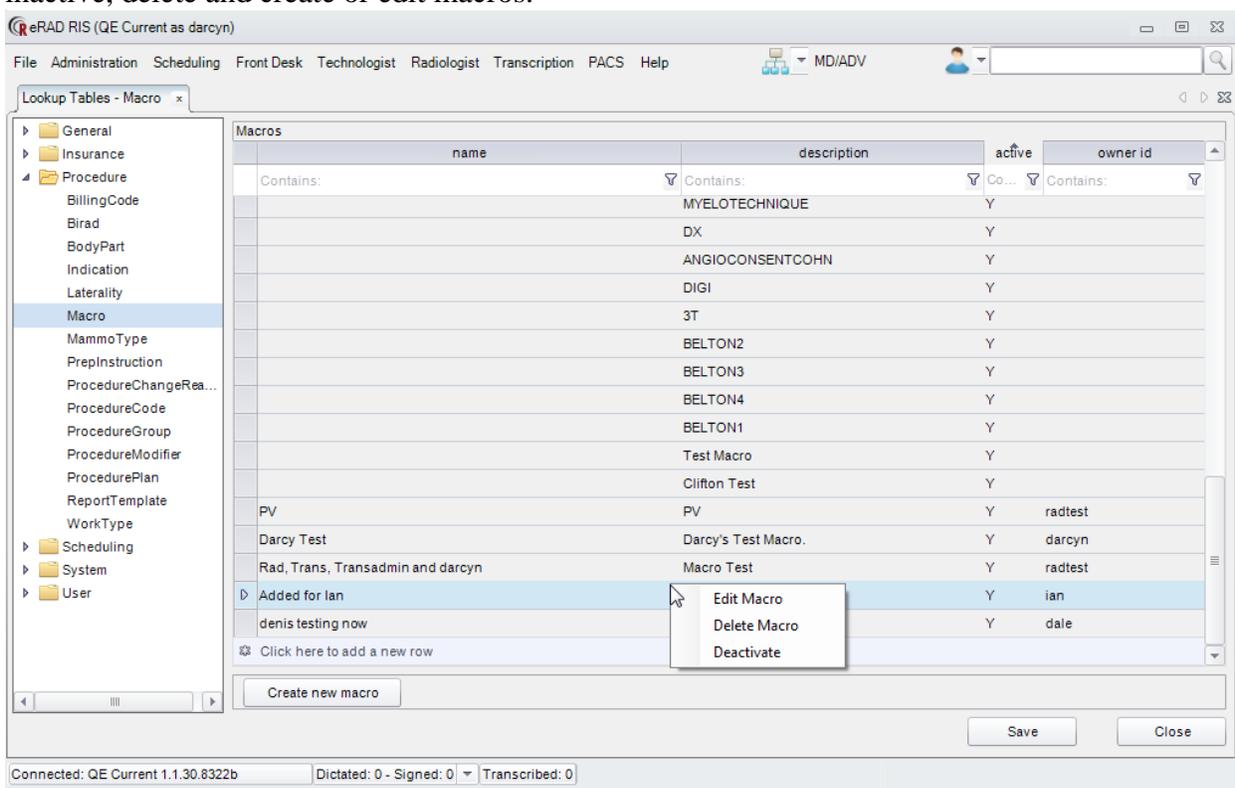
From the context menu the current owner can change who the owner of the Macro is and also edit who has access to the Macro. Selecting the “Edit” option opens the window below.



**Figure 4.4 – Users window allows for the addition or removal of users that will have access to the Macro**

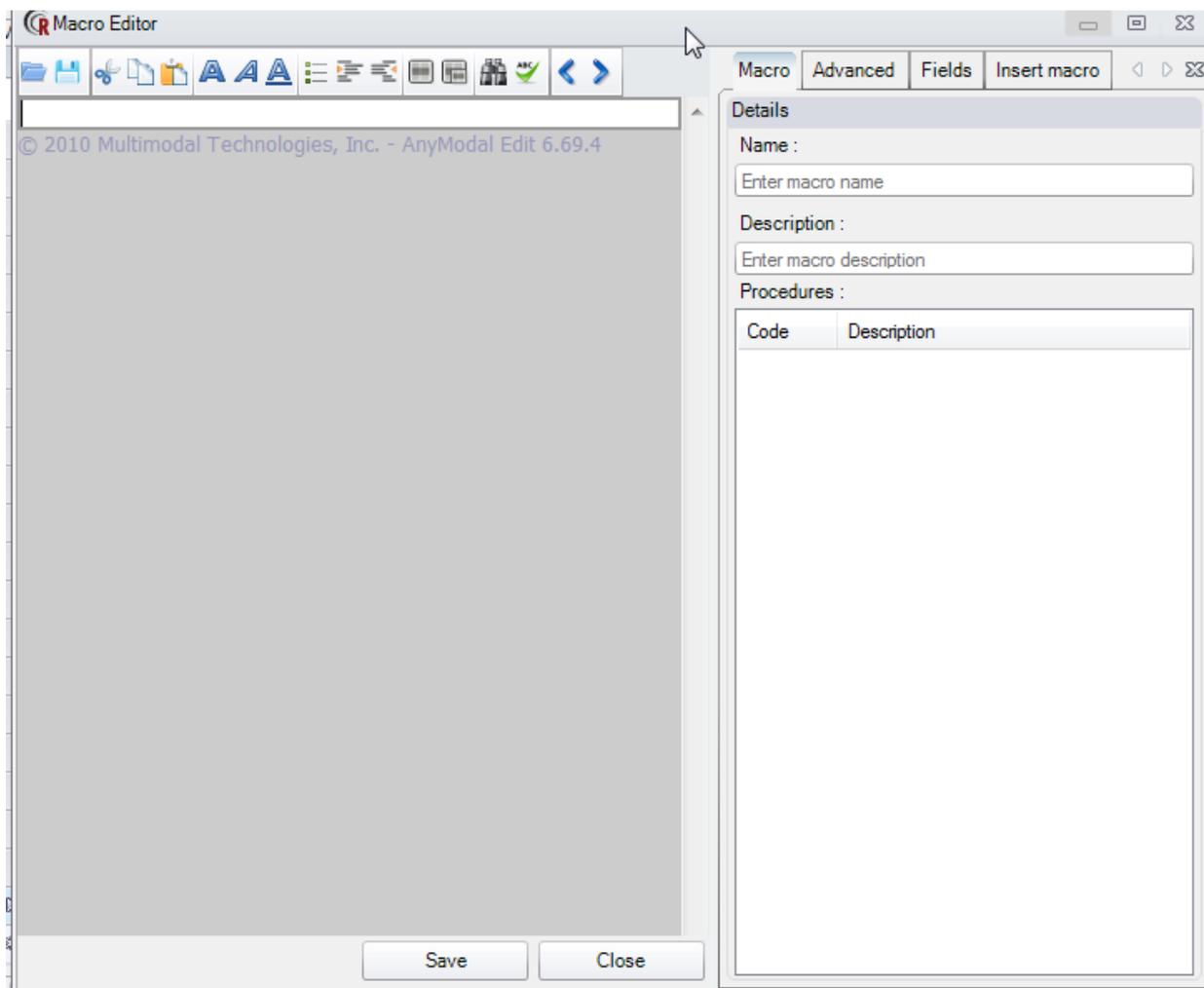
## Administration Macro Editing

With the new advanced tab added to the Macro Editor, practically all functions can be performed within the Macro Editor. Because of this added functionality to the Macro Editor, the lookup editor for the Macro table has been simplified. There is now only one grid and the rule sets are no longer configurable on this screen. From the macro lookup editor, users can set it to active / inactive, delete and create or edit macros.



**Figure 4.5 – Macro lookup table**

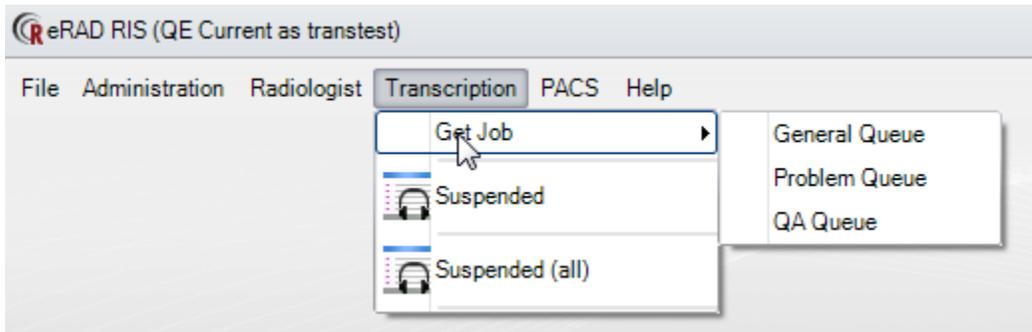
When creating or editing macros the same macro editor will show, user must have access to the advanced tab in order to perform advanced assignments.



**Figure 4.6 – Macro Editor (same is accessed from report editor)**

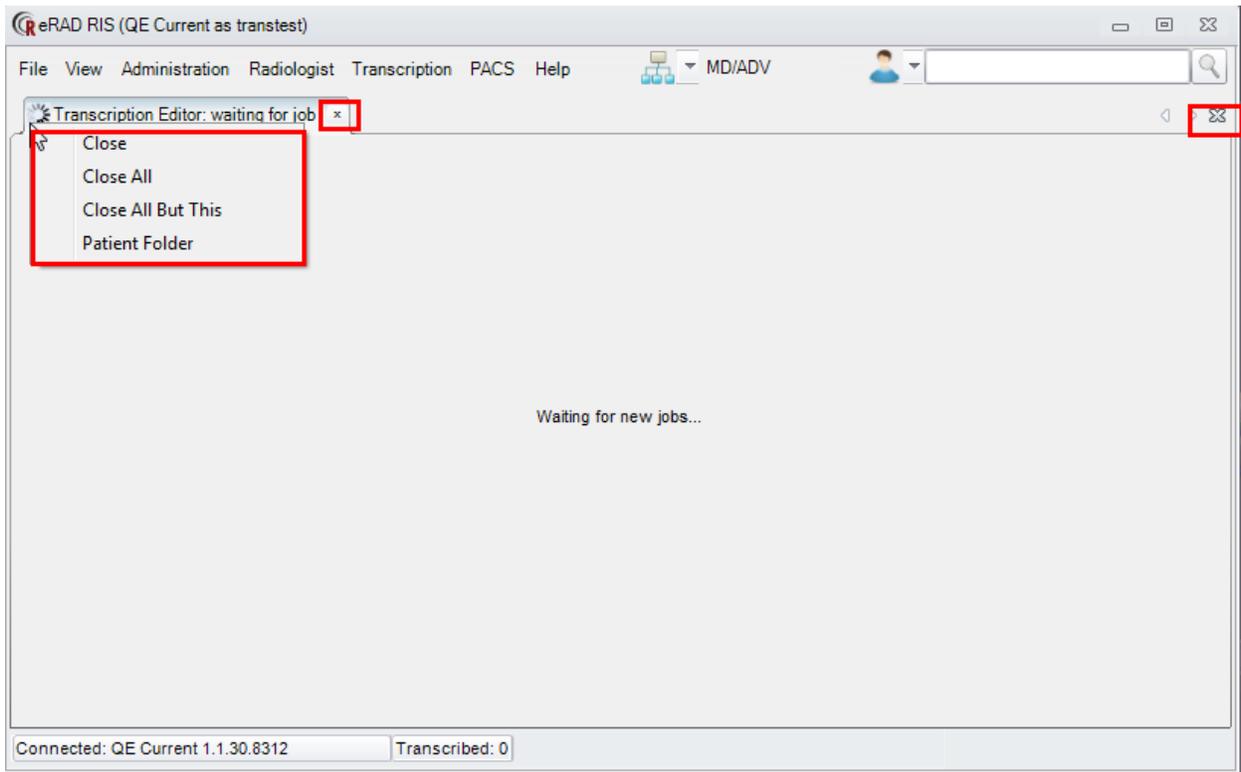
## **Transcription Polling – Ability to Close Tab on Empty Queue**

In the previous build Transcription polling was added to eRAD RIS, but when the polling queue list was completed, or an empty queue was opened the user had no way to close the data window queue. In build 30 the user will now be able to close an empty queue and open a different one to continue transcription work flow.



**Figure 4.7 – Displaying Transcription Polling Queues**

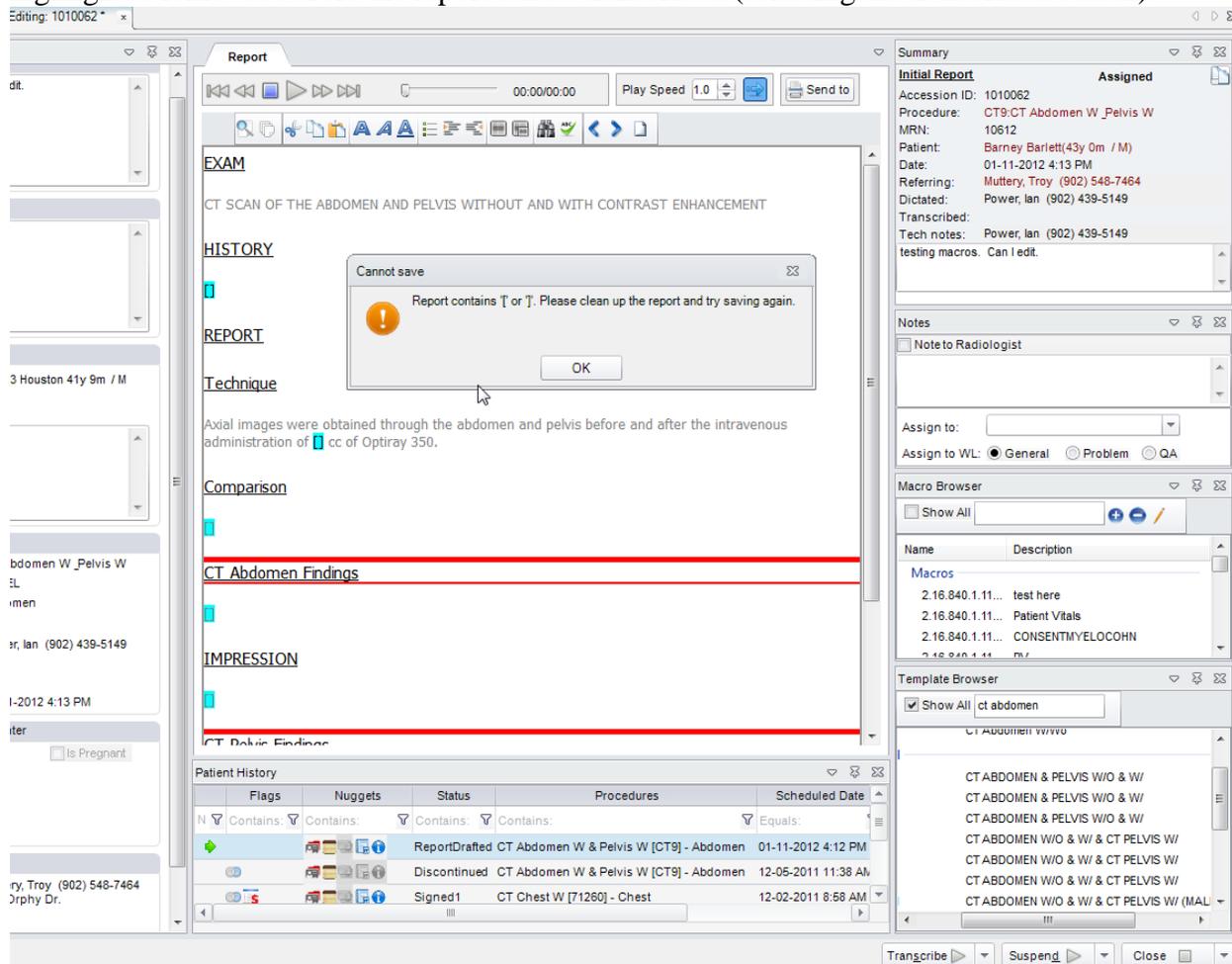
The polling window can be closed the same as other data windows in the application. Viewing the figure below the user can select one of the “X”s or choose an option from the tabs context menu.



**Figure 4.8 – Closing Polling window**

## Ability to Assign Reports without Clearing Fields '[' ]' from the Report

In the Report Editor window the report must have all of the pre-marked fields [ ] that are highlighted removed before the report can be transcribed (selecting the transcribed button).



**Figure 4.9 – Display message that appears if the pre-marked fields are not removed from the report**

If the report is assigned to another Transcriptionist or to another WL the user will be permitted to select the Transcribe button with the pre-marked fields still in the report. The exam status does not change, but it moved to the selected work list, or remains in its current work list assigned to the designated user.

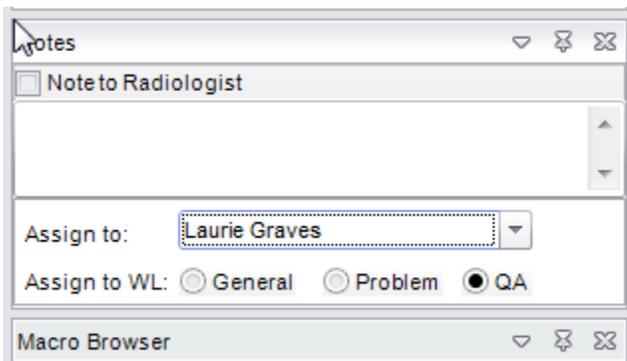


Figure 4.10 – Notes data pane of report editor window showing the Assign to: list box and the Assign to WL.

## Relevance Flag

Added a configuration table “Relevance”:

Modality Type Code	Current Study Criteria	Matching Study Criteria	Acceptable Modalities
MA (Mammography)	adb	chest, pelvis, gast, bowel, abdomen	MA
	abdomen	chest, pelvis, gast, bowel, abd	
	ALZ	brain, head	
	ankle	lower extremity, calcaneus, feet, femur, fib, heel, tib, knee, toe,...	

For the first entry in the above, Mammo studies of any body part will only be relevant if the modality for the other study is also a Mammo. Note: adb and abdomen are considered as possible body part strings and if they appear studies with “chest, pelvis, gast...” will be considered as relevant on any modality.

Each row represents a Relevance Rule. If any one of applicable relevance rules applies evaluate to True, then the matching study is marked as “Relevance\_flag = ‘Y’”.

**ModalityTypeCode:** When a rule exists with a modality type cod, such as MA, then source studies of type MA will only be applicable to relevance rules that have “Modality Type Code” MA. If this is left blank then it’s considered a generic rule and will apply to any source studies where there isn’t already a modality type code based relevance rule.

**CurrentStudyCriteria:** If the word in this column exists in the source study description, then this rule is used.

**MatchingStudyCriteria:** Comma separate list of words that must exist in the matching study. If other study matches one of the words in this field’s comma separated list then it is considered Relevant. It is default behavior that we also include the word in the CurrentStudyCriteria. For example, where CurrentStudyCriteria contains **adb**, then it is a relevant if the other study contains **adb**, chest, pelvis, gast, bowel or abdomen.

**AcceptableModalities:** If specified, then matching studies must also be of one of the specified modality types. This acceptableModalities string can be a single modality type or a comma separated list of acceptable modality types.

For the first entry in the above screenshot, the source study of type Mammo will only be relevant if the modality for the other study is also a Mammo by leaving the “CurrentStudyCriteria” and “MatchingStudyCriteria” empty its equivalent to say any current study description and any MatchingStudyCriteria.

Also, added the work list Relevance Flag as shown in the following:

Procedures	Scheduled Date	Signed Date	Site	Relevance	Relevance Flag
Contains: {CT Foot & Ankle [CT55] - Ankle joint - Left	05-06-2011 1:00 PM	05-04-201...	EL	100	Y
{CT Ankle Arthrogram [CT31] - Ankle joint - Left	05-06-2011 9:00 AM	05-04-201...	EL	63	Y
{CT Ankle Arthrogram [CT31] - Ankle joint - Left	05-05-2011 2:00 PM	05-04-201...	EL	63	Y
{CT Chest W [71260] - Chest	11-16-2011 8:15 AM		FH	51	N
{CT 3 Phase [CT13]	11-16-2011 8:05 AM		FH	51	N
{CT Chest W/Wo [71270] - Chest	11-15-2011 5:53 PM		FH	51	N
{CT Abdomen W & Pelvis W [CT9] - Abdomen	11-02-2011 9:25 AM	12-20-201...	EL	50	N
{CT 3 Phase [CT13]	11-02-2011 9:15 AM	12-20-201...	EL	50	N

In the above, the CT31 is most relevant to the other CT31 because they are the same study. Next is the CT Foot because it has the relevant flag and is of the Left ankle, the right angle even though it was performed on the same day as the previous study gets a lower relevance score of “79” instead of “81” because it has a different laterality.

We use much the same % relevance calculation (idea is for sorting) as before; however, the weight of date and procedure description match is given 50% to each. Also, the configuration from the l\_relevance table also adds weight to the scores.

For the procedure description portion of the calculation, each matching word is given a score of .5; however, if the word is a modality type it’s given a score of 1, if it’s a body part a score of 2, a laterality gets a score of 3 and if it’s a string in the Relevance rule it’s given a score between 6 and 2. If it’s a string in the relevance rule, 6 is given if it’s the first word (in the comma separated list for the MatchingStudyCriteria column), while 2 would be given to the last item in the comma separated list. Finally the total score is divided the best possible score for that patient and scaled to 50%.

**Figure 4.11 – Preview Report from context menu**

## Access Strings Added

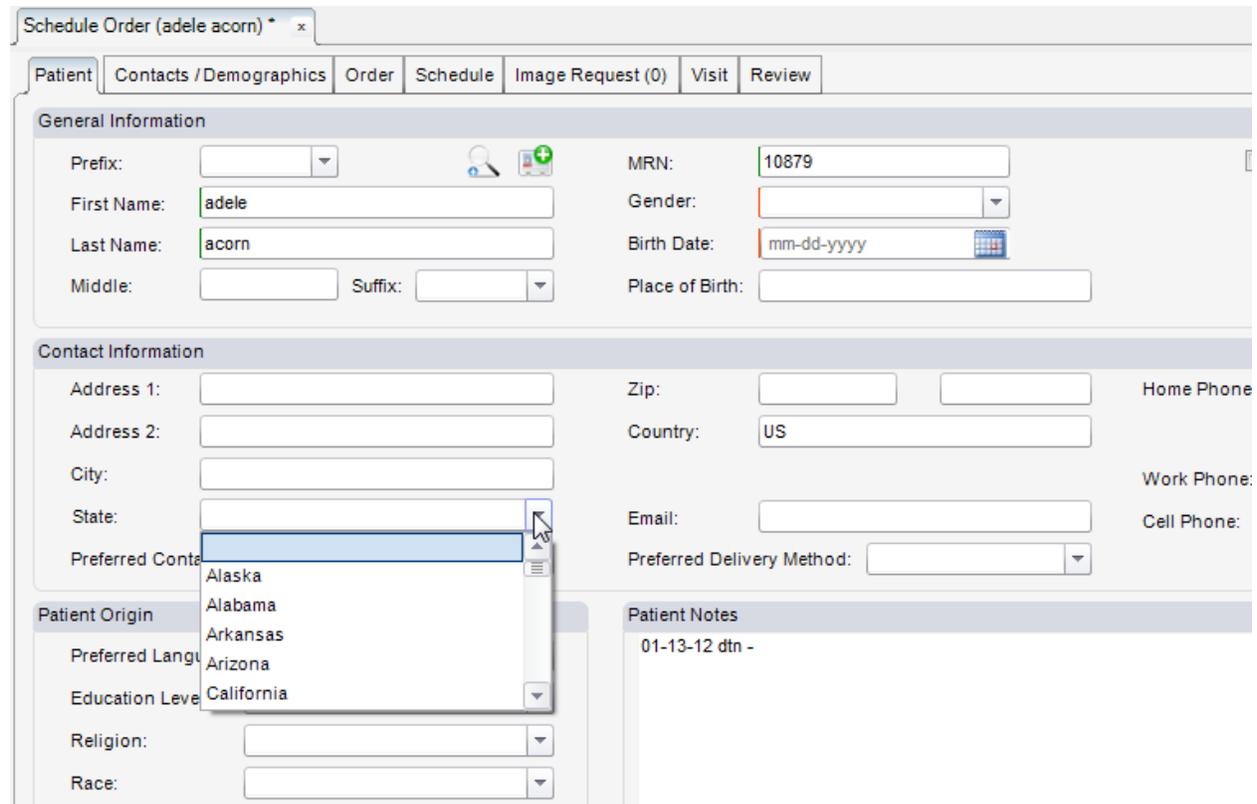
Added the following access strings to the lookup table AccessStrings

```
*** 'Config.LookupEditor.CountryState'
*** 'Config.LookupEditor.LabTest'
*** 'Config.LookupEditor.Relevance'
```

- \*\*\* 'Clinical.UserPreferences.TranscriptionPolling'
- \*\*\* 'Clinical.DeleteDictationReportResetStatus'
- \*\*\* 'Clinical.AssignRadiologist'
- \*\*\* 'Clinical.ChangeDictateByRadiologist'
- \*\*\* 'Clinical.RequestImageCopy'
- \*\*\* 'Clinical.EditSchedule'
- \*\*\* 'Clinical.ChangeStatusExamDone'
- \*\*\* 'Clinical.ChangeStatusCanceledStudy'
- \*\*\* 'Clinical.EditDiagnosticReport'

### **State Field Selection – List Box**

In build 30 the State Field has been enhanced to change to a list box if the value for the Country field entered is US. The State field will change to a list box with each state listed as an available selection.



**Figure 4.12 – Displaying State field list box when country is US**

## Manual Entry of Medication

On the Active Medications data pane the ability to Add / Edit / Delete medications has been added. Buttons to “Add or Edit” have been added to the data pane. Also a context menu on the medications data panel has the options to Add or Edit as well as Delete, as shown in the following:

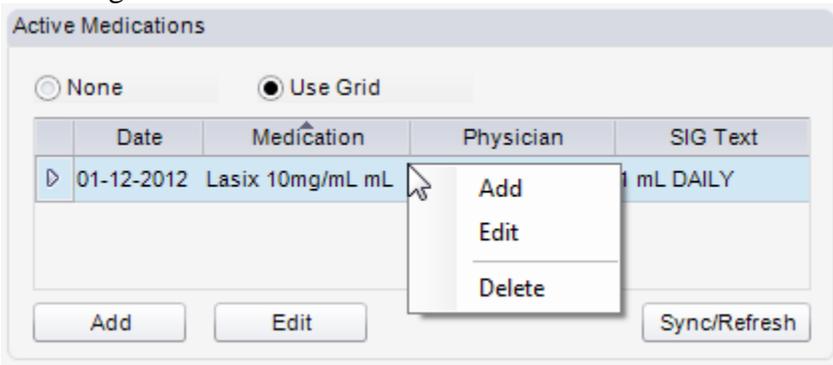


Figure 4.13 – Active Medications data pane New context menu and Add / Edit buttons

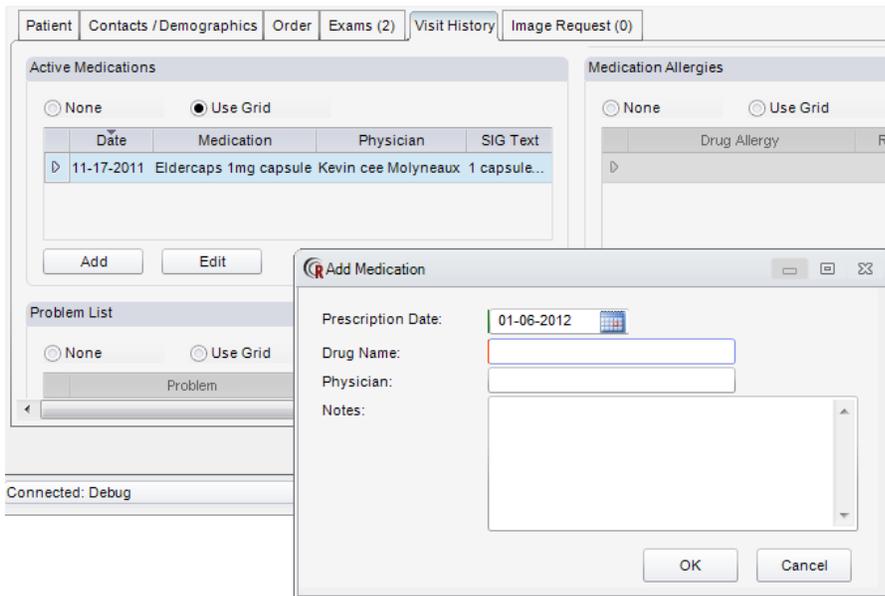


Figure 4.14 – Add Medication window

Also added a flag to the c\_patient\_medication table called “ris\_entered\_flag”, which will keep ris entered medications when we sync with new crop and will allow us to edit only the ris\_entered items.

## Automated Measures – MU Requirement 170.302n

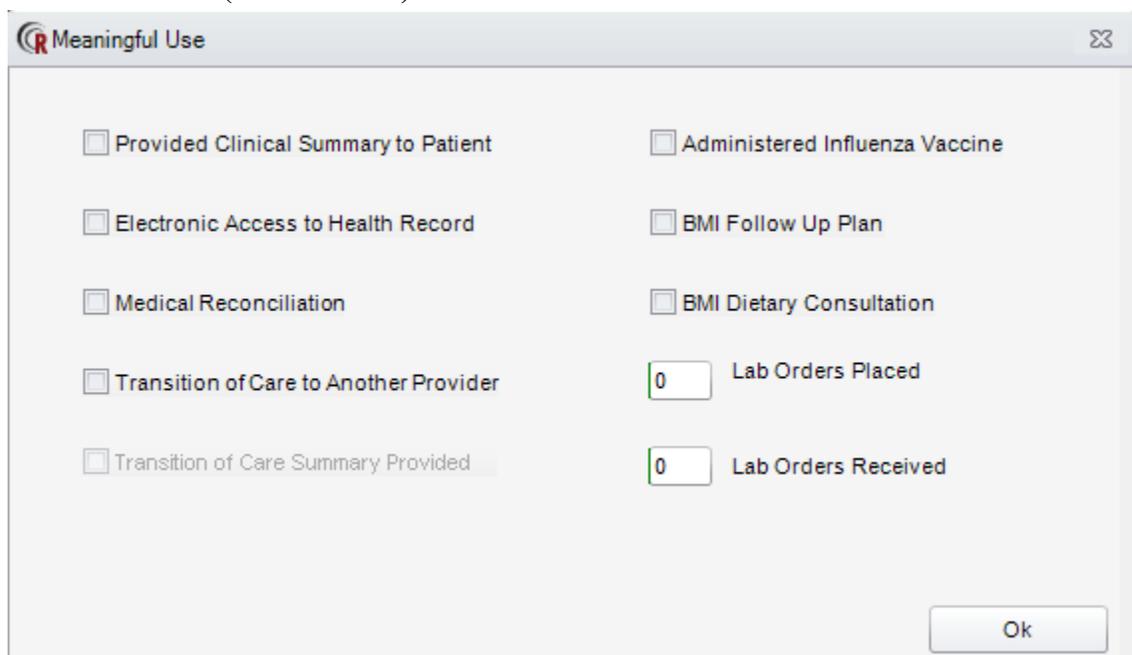
Meaningful User requirement # 170.302 n\_AutomatedMeasure\_Gen\_PS\_RevE.doc

**“170.302 n Automate measure calculation.** For each meaningful use objective with a percentage-based measure, electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure.

Created a management to call stored procedure to display automated measures.(report is called MU Scorecard added it to the report server(Home > Dev > Meaningful Use ).

Added a number of new fields to our hidden MU tab used to capture measures

1) **Hidden MU tab(ctrl + M + U)**



The screenshot shows a dialog box titled "Meaningful Use" with a close button in the top right corner. The dialog contains several checkboxes and two input fields. The checkboxes are arranged in two columns:

- Left column:  Provided Clinical Summary to Patient,  Electronic Access to Health Record,  Medical Reconciliation,  Transition of Care to Another Provider,  Transition of Care Summary Provided
- Right column:  Administered Influenza Vaccine,  BMI Follow Up Plan,  BMI Dietary Consultation

Below the checkboxes, there are two input fields, each containing the number "0":

- Lab Orders Placed
- Lab Orders Received

An "Ok" button is located at the bottom right of the dialog.

Figure 4.15 – Hidden MU Tab

- a) **Provided Clinical Summary** – captures if a clinical summary was provided to the patient at any during the visit. Behind the scene the date is stamped when this checkbox was checked.
- b) **Electronic Access to Health Record** – is used to capture timely access. Behind the scene the date is stamped when this checkbox was checked.
- c) **Medical Reconciliation** – is used to capture if the Rad did any medical reconciliation on the patient during the visit.

- d) **Administered influenza vaccine** – Is used by CMQ to capture if influenza vaccine was administered during the visit.
  - e) **BMI Follow Up plan** – Is used by CMQ to capture if a follow up plan was suggested to the patient. Should never be used other than certification day.
  - f) **BMI Dietary Consultation** - Is used by CMQ to capture if a follow up plan was suggested to the patient. Should never be used other than certification day.
  - g) **Transition of Care to Another Provider** – if the patient is referred to another setting of care or provider.
  - h) **Transition of Care Summary Provided** – if the patient the is referred to another setting of care or provider and a patient summary record is provided.
  - i) **Lab Orders Placed** – used to capture if a lab order was requested.
  - j) **Lab Orders Received** – used to capture if a lab order results were retrieved.
- 2) **Other Automated Measures** –
- a) **Transition of care** - must be checked if the patient is referred to the rad by a referring physician. In our case all exams should have this checked. Talking to Susan only mammo screening should not check this off.

The screenshot shows a form titled "Referring Details". It contains the following elements:

- Referring:** A dropdown menu with "Wilson, Micah9 1" selected and a search icon.
- Visited at:** A dropdown menu with "venue, 226 Fabien Boulevard, Kansas, Florida, 73148" selected and a search icon.
- Transition of Care:** A checked checkbox.
- CC Physicians:** An empty dropdown menu with a search icon.
- Visit Location for CC:** An empty dropdown menu.

**Figure 4.17 – Referring Details**

- b) **Provided Educational Resources** – if the patient was provided educational resources during visit this should be checked.

The screenshot shows a form titled "Demographics at Encounter". It contains the following elements:

- Height:** A text input field with "ft in" next to it.
- Weight:** A text input field with "lbs" next to it.
- BMI:** A text input field.
- Blood Pressure:** Two text input fields separated by a "/" symbol.
- Smoking Status:** A dropdown menu.
- Provided Educational Resources:** An unchecked checkbox.

**Figure 4.17 – Demographics**

## **Clinical Quality Measures – MU Requirement 170.304j**

Meaningful User requirement #

170.304j\_CalculateClinicalQualityMeasures\_Amb\_PS\_RevE.doc

“170.304 (j) Clinical Quality Measures This test procedure is organized into two sections:

Calculate clinical quality measures – evaluates the capability to electronically calculate

1. all six of the core clinical measures specified by CMS for eligible professionals and
2. at a minimum, three clinical quality measures specified by CMS for eligible professionals, excluding the

Submit calculated clinical quality measures – evaluates the capability to electronically submit calculated quality measures in accordance with the standard and implementation specifications.

Resolution

Core

c\_mu\_cqm\_0013\_hypertension –

- a) The patient must be at least **18 years of age or older** at the start of the reporting period and have at least **two encounters** with the Rad during the reporting period.
- b) An active diagnosis of **Hypertension(used icd-9 codes)**.  
(401.0, 401.1, 401.9, 402.00, 402.01, 402.10, 402.11, 402.90, 402.91, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93)
- c) At least one **blood pressure reading (systolic and diastolic)** should be performed and documented during the reporting period in the Vital Signs chart section.

c\_mu\_cqm\_0028a\_tobacco\_use –

- a) The patient must be at least **18 years of age or older** at the start of the reporting period and have at least **two encounters** with the Rad during the reporting period.
- b) The patient was queried about tobacco use one or more times within 24 months.

c\_mu\_cqm\_0028b\_tobacco\_intervention –

- a) The patient must be at least **18 years of age or older** at the start of the reporting period and have at least **two encounters** with the Rad during the reporting period.
- b) Documentation that the patient is a tobacco user within the last 24 months.
- c) An active diagnosis of Nondependent tobacco use disorder (**used icd-9 codes**).

c\_mu\_cqm\_0421a\_weight\_screening -

- a) The patient must be at least **65 years of age or older** at the start of the reporting period and have at least **one encounter** with the Rad during the reporting period.
- b) The number of patients in the denominator that have a normal BMI (BMI  $\geq$  22 or  $<$ 30) OR an abnormal BMI (BMI  $\geq$  30 or  $<$ 22) recorded in the Vital Signs chart section (BMI must be recorded in the six months prior to the encounter date or during the reporting period);

c\_mu\_cqm\_0421b\_weight\_screening –

- a) The patient must be aged 18 - 64 at the start of the reporting period and have had one encounter with the Rad during the reporting period.
- b) The number of patients in the denominator that have a normal BMI (BMI  $\geq$ 18.5 or  $<$ 25) OR an abnormal BMI (BMI  $\geq$ 25 or  $<$ 18.5) recorded in the Vital Signs chart section (BMI must be recorded in the six months prior to the encounter date or during the reporting period);

Alternative Core

c\_mu\_cqm\_0024\_child\_weight\_assessment -

- a) The patient must be aged 2 - 17 at the start of the reporting period and have had one encounter with the Rad during the reporting period.
- b) And had BMI percentile documentation (V85.5, V85.51, V85.52, V85.53, V85.54), counseling for nutrition (V65.3) and counseling for physical activity (V65.41) during the reporting period. **(used icd-9 codes).**

c\_mu\_cqm\_0038\_childhood\_immunization – missing

c\_mu\_cqm\_0041\_influenza\_immunization -

- a) The patient must be at least **50 years of age or older** at the start of the reporting period and have at least **two encounters** with the Rad during the reporting period.
- b) And had an influenza shot during the flu season(Jan-Feb and Sept –Dec).
- c) And have received influenza vaccine CVX code 111 or 140.

Optional

c\_mu\_cqm\_0031\_breast\_screening -

- a) The patient must be female aged 40 - 69 at the start of the reporting period and have had one encounter with the Rad during the reporting period.
- b) At least one procedure should be a mammo type(Screening).

c\_mu\_cqm\_0043\_pneumonia\_vaccination -

- a) The patient must be aged 65 at the start of the reporting period and have had one encounter with the Rad during the reporting period.
- b) And have ever received a pneumococcal vaccine CVX code 100 or 133.

c\_mu\_cqm\_0061\_diabetes\_blood\_pressure –

- a) The patient must be aged 18 - 74 at the start of the reporting period and have had one encounter with the Rad during the reporting period.
- b) And had a diagnosis of Diabetes recorded(used icd-9 codes): 250, 250.0, 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.4, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.7, 250.70, 250.71, 250.72, 250.73, 250.8, 250.80, 250.81, 250.82, 250.83, 250.9, 250.90, 250.91, 250.92, 250.93, 357.2, 362.0, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.0, 648.00, 648.01, 648.02, 648.03, 648.04
- c) Patient in the reporting period last blood pressure reading must be <140/90 during the reporting period.

## 5. Resolved Defects

Bugs, Suggested Features and Support Issues resolved in build 1.30. The extract is taken from Redmine bug tracking system and only displays defects resolved in 1.30.

#	Status	Tracker	Priority	Subject	Category	Target version	Resolved Version
796	Closed	Bug	High	Creating duplicate user throws error	Admin Tools	1.29	1.30.8182
795	Closed	Bug	High	MT polling work flow. Once list is complete cannot close the editor window	Thick Client GUI	1.29	1.30
790	Closed	Bug	High	View / Edit data window prompts for required fields	Thick Client GUI	1.29	1.30
778	Closed	Bug	High	ePrescribing > Birth date being passed incorrectly to New Crop	Thick Client GUI	1.28	1.30
771	Closed	Bug	High	CQM 00043 Pneumonia Vaccination Status for Older Adults returns error	Thick Client GUI	1.28	1.30
752	Closed	Bug	High	Created a Business Hours Availability Template and error returned	Admin Tools	1.27	1.30
732	Closed	Bug	High	** Exceptions Thrown when changing patient		1.25	1.30
731	QE Rejected	Bug	High	** Exception thrown (invalid cast) when attempting to add image requests before a patient is selected.		1.25	1.30.8227
715	Closed	Bug	High	Application crash on Perform exam	Thick Client GUI	1.26	1.30.8178
809	Resolved	Bug	Normal	Error on New Appointment	Web Services/DB	1.30	1.30

## RADNET, Inc. – eRAD RIS Pre-Release Notes

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808	QE Rejected	Bug	Normal	After logging in get error on Dictation control	Thick Client GUI	1.30	1.30
806	Closed	Bug	Normal	Walk-In error when checking in	Thick Client GUI	1.29	1.30
797	Closed	Bug	Normal	Failed PACS Correction work list only moves one exam at time when forcing PACS Correction	Thick Client GUI	1.29	1.30
794	Closed	Bug	Normal	Patient Search window > Search by Phone number will throw error	Thick Client GUI	1.29	1.30.8178
786	Resolved	Bug	Normal	Resuming rRIS application.	Thick Client GUI	1.28	1.30.8188
764	Closed	Bug	Normal	Walk-In Error thrown after completing required fields.	Thick Client GUI	1.28	1.30
755	Closed	Bug	Normal	Logout with Newcrop window open throws error	Thick Client GUI	1.27	1.30
730	Closed	Bug	Normal	Permissions - Missing Lookup Access Strings	Admin Tools	1.25	1.30.8232
441	Closed	Bug	Normal	Add Patient - Age calculation	Thick Client GUI	1.16	1.30
310	QE Rejected	Bug	Normal	Appointment Book - Needs to default to a configurable start of day	Thick Client GUI	1.12	1.30
252	Closed	Bug	Normal	ScheduleGroup - Slowness when saving lookup	Web Services/DB	1.11	1.30
833	Resolved	Bug	High	Build 30 cannot run on Windows XP	Thick Client GUI	1.30	1.30

## 6. Known Limitations

The following are Bugs, Suggested Features, and Support Issues found in build 1.30. This build is the current QE build and testing is ongoing. The list may increase in size. This document will not be updated or re-released.

#	Status	Subject	Category	Target version
830	New	View / Edit on a signed report will throw error on Report tab	Thick Client GUI	1.30
824	New	Removing Procedure can close RIS	Thick Client GUI	1.30
819	Resolved	“Inactive” lateral codes are showing up in scheduling screen. Any values “inactive” values in lookup should not be “selectable” in combo boxes.	Thick Client GUI	1.30
816	Resolved	State selection does not save	Thick Client GUI	1.30
814	New	Cannot preview reports	Thick Client GUI	1.30
813	New	Cannot access CDS Job Manager	Admin Tools	1.30
832	New	Demographics at encounter is duplicated	Thick Client GUI	1.30
831	New	Active meditations - Right click brings up 2 context menus on on column headers	Thick Client GUI	1.30
829	Resolved	Meaningful Use - Automated Measure report return duplicate user	Mgt Reports	1.30
828	New	Macro lookup - Cannot deactivate or delete a macro	Admin Tools	1.30
827	New	Assigning macros to other users includes all resource types	Thick Client GUI	1.30
826	New	Duplicate NPI throws exception	Thick Client GUI	1.30

## RADNET, Inc. – eRAD RIS Pre-Release Notes

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825	Resolved	Inactive rooms appear in advanced scheduling	Thick Client GUI	1.30
823	New	Macros ignoring "assign to user"	Thick Client GUI	1.30
822	New	Remove access string Macro Editing Advanced tab and cannot edit macros	Thick Client GUI	1.30
821	New	Newly added access strings are not easily found in UserGroup Lookup editor	Thick Client GUI	1.30
820	New	View Images not available from login	Thick Client GUI	1.30
818	New	After bypass PACS correction no order to the next exam selected in work list when WL sorted by scheduled date	Thick Client GUI	1.30
817	New	Order of tabs for Order Signed	Thick Client GUI	1.30
815	New	External patient can be scheduled without creating an internal patient.	Thick Client GUI	1.30
812	New	Open dictate data window to add addendum will throw error	Thick Client GUI	1.30
811	New	GUI will not open to full size	Thick Client GUI	1.30
810	Resolved	advanced search times are not correct in relation to current system time	Thick Client GUI	1.30
809	Resolved	Error on New Appointment	Web Services/DB	1.30
808	QE Rejected	After logging in get error on Dictation control	Thick Client GUI	1.30