

# Customer Release Notes

for eRAD RIS

Version 3

Build 2018.1

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## PURPOSE

This is the Customer Release Notes document for eRAD RIS Version 3.2018.1.

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

## INTENDED AUDIENCE

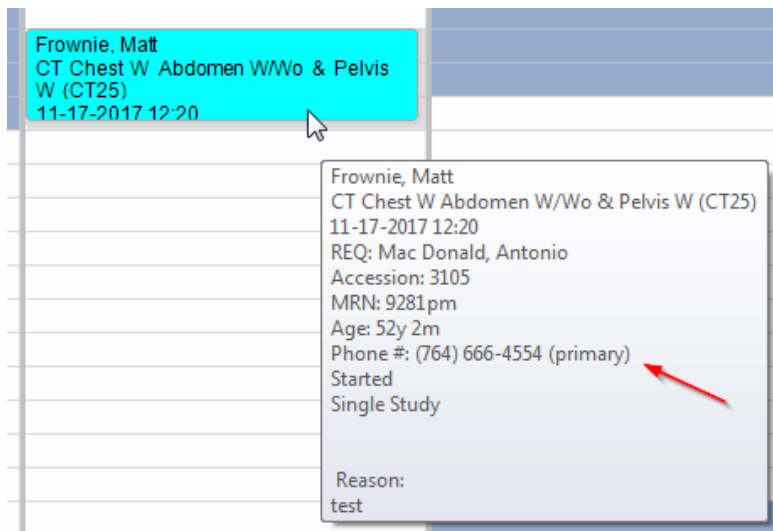
The intended audience for this document is the RIS Administration team for eRAD RIS customers.

## NEW FEATURES

### SCHEDULING AND REGISTRATION

#### FEATURE #6385 – PHONE NUMBER NOW AVAILABLE IN APPOINTMENT BOOK TOOL TIP

When hovering the cursor over an appointment in the Appointment Book, an informative tool tip will display to show the appointment details. This tool tip will now display the patient's primary phone number (or first phone number if no primary is indicated).

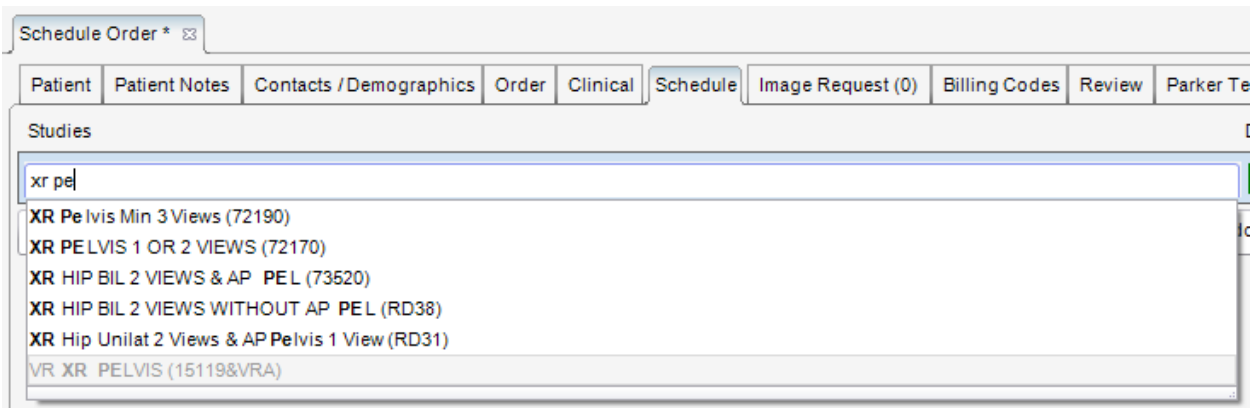


**FEATURE #7568 – ONLY RELEVANT PROCEDURES ARE DISPLAYED TO SCHEDULER BASED ON THEIR SCHEDULE GROUP(S)**

When scheduling an appointment, schedulers previously had to choose the desired procedure from all active procedure codes. This could be a long list and there are many procedures with similar names, which increased the chance that the scheduler could select the wrong procedure. If the wrong procedure was selected and it was not part of the user’s assigned Schedule Groups, they would not be able to find a time slot. This wasted time and could lead the scheduler to request that the incorrect procedure be added to their Schedule Group, when the Schedule Group actually contained a valid procedure under a different name.

To make it easier for the scheduler to make the correct selection, RIS will now display only procedures that the user has permission to schedule based on their Schedule Group(s). Any active procedures that are not part of the scheduler’s Schedule Group(s) will be displayed in gray at the bottom of the list. The user will not be able to select these procedures, but they are displayed for informational purposes, in case the user needs to request that an existing procedure code be added to their Schedule Group.

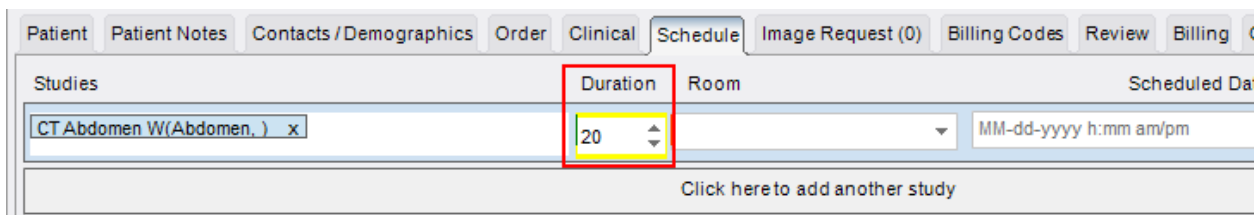
In the screenshot below, the scheduler has started to type a description of the procedure to be scheduled. As before, the type-ahead feature is locating procedure codes that match the letters that are typed. However, the “VR XR Pelvis” is listed at the bottom in gray font because it is not a procedure that the scheduler has permission to schedule based on their Schedule Group assignments.



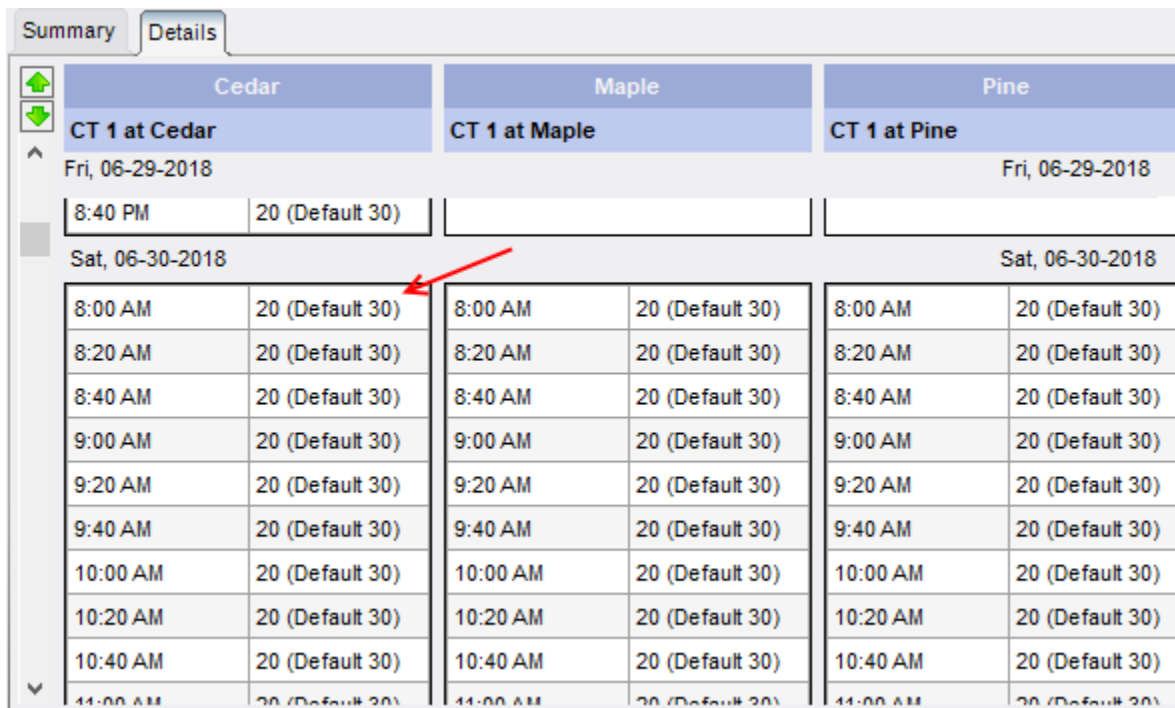
**FEATURE #8131 – SUPPORT MANUALLY ADJUSTING A PROCEDURE DURATION DURING SCHEDULING**

In some cases, a scheduler needs to adjust the duration of a procedure during scheduling. eRAD RIS now allows the scheduler to select an alternate duration and maintain it during the search and selection process.

The scheduling screen is unchanged; however, the scheduler can now adjust the duration. To visually remind the user that the has been adjusted manually, the RIS will display a yellow box around the duration.



The search results are now updated to show the duration requested, while also reminding the user of the default duration of the procedure in that room.

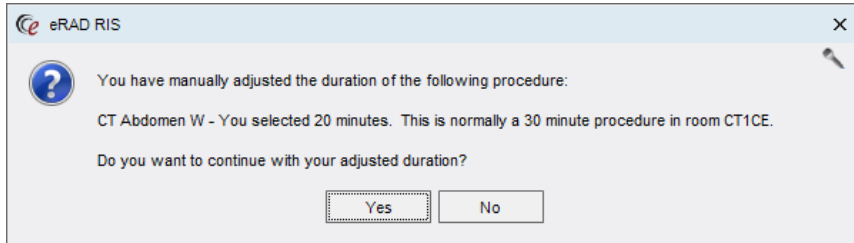


Cedar		Maple		Pine	
CT 1 at Cedar		CT 1 at Maple		CT 1 at Pine	
Fri, 06-29-2018				Fri, 06-29-2018	
8:40 PM	20 (Default 30)				
Sat, 06-30-2018				Sat, 06-30-2018	
8:00 AM	20 (Default 30)	8:00 AM	20 (Default 30)	8:00 AM	20 (Default 30)
8:20 AM	20 (Default 30)	8:20 AM	20 (Default 30)	8:20 AM	20 (Default 30)
8:40 AM	20 (Default 30)	8:40 AM	20 (Default 30)	8:40 AM	20 (Default 30)
9:00 AM	20 (Default 30)	9:00 AM	20 (Default 30)	9:00 AM	20 (Default 30)
9:20 AM	20 (Default 30)	9:20 AM	20 (Default 30)	9:20 AM	20 (Default 30)
9:40 AM	20 (Default 30)	9:40 AM	20 (Default 30)	9:40 AM	20 (Default 30)
10:00 AM	20 (Default 30)	10:00 AM	20 (Default 30)	10:00 AM	20 (Default 30)
10:20 AM	20 (Default 30)	10:20 AM	20 (Default 30)	10:20 AM	20 (Default 30)
10:40 AM	20 (Default 30)	10:40 AM	20 (Default 30)	10:40 AM	20 (Default 30)
11:00 AM	20 (Default 30)	11:00 AM	20 (Default 30)	11:00 AM	20 (Default 30)

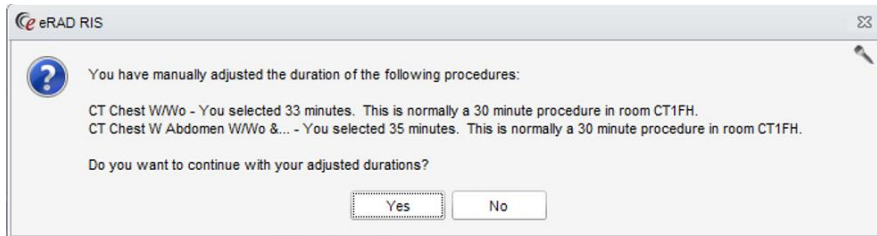
When the scheduler selects the time slot, eRAD RIS will remind the user one last time that the duration was manually adjusted. This is important as eRAD RIS supports other duration override features that may have further



reduced or increased the duration in that particular room/timeslot. The scheduler is given one last opportunity to confirm whether their manually adjusted duration should be used or the default duration.



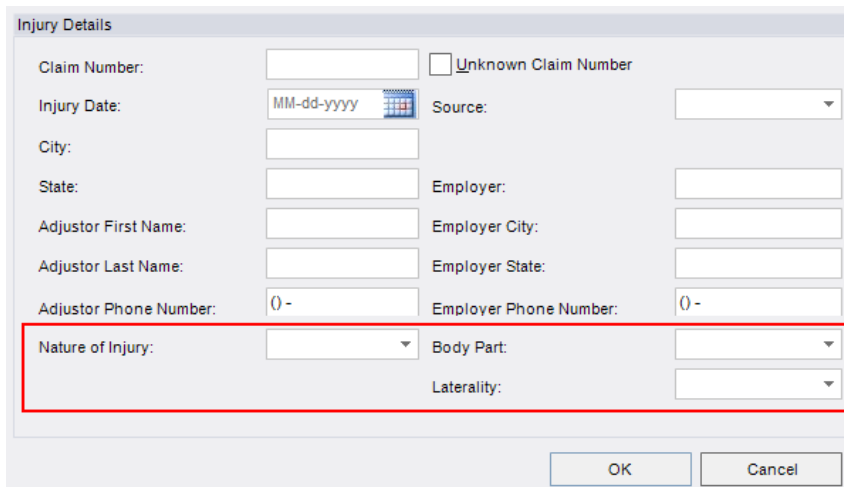
When multiple procedures have adjusted durations, the prompt will list each of them in a single message box.



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FEATURE #19015 – COLLECT ADDITIONAL INJURY INFORMATION ON THE MANAGE POLICIES SCREEN

Canadian billing requires some additional injury information to be collected on the Manage Policies screen. Three new dropdowns are available in the existing Injury Details section.



The screenshot shows a form titled "Injury Details" with various input fields. A red rectangular box highlights three dropdown menus: "Nature of Injury", "Body Part", and "Laterality". Other fields include "Claim Number" (with an "Unknown Claim Number" checkbox), "Injury Date" (with a date picker), "City", "State", "Employer", "Employer City", "Employer State", "Employer Phone Number", "Adjustor First Name", "Adjustor Last Name", and "Adjustor Phone Number". "OK" and "Cancel" buttons are at the bottom right.

**Nature of Injury:** This dropdown is populated via a newly created lookup table named Nature of Injury.

There is a new Access String which controls access to this look-up: [Config.LookupEditor.NatureOfInjury](#). The default access level is None.

Users belonging to User Groups with the access string set to Full will be able to add options to be displayed in the new dropdown.

Search Lookups		Nature Of Injury Code	Description	Last Updated
<ul style="list-style-type: none"> <li>▶ General</li> <li>▶ Insurance <ul style="list-style-type: none"> <li>AvailityPayers</li> <li>BillToType</li> <li>CDS Rules</li> <li>EligiblePayers</li> <li>InsuranceVerificationRequired</li> <li><b>NatureOfInjury</b></li> <li>Carrier</li> <li>EmployerDirect</li> <li>CarrierType</li> <li>PreCert Groups</li> <li>UMStatus</li> <li>UMResolution</li> <li>UMCoverage</li> <li>UMHoliday</li> <li>MedicalGroup</li> <li>MedicalGroupContactType</li> <li>EligibilitySpecialCondition</li> <li>EligibilityLimitPayment</li> <li>EligibilityMessage</li> <li>EligibleConfig</li> <li>InsuranceServiceType</li> </ul> </li> <li>▶ Mammography</li> <li>▶ MU</li> <li>▶ Procedure</li> <li>▶ Scheduling</li> <li>▶ Service</li> <li>▶ System</li> <li>▶ User</li> </ul>	Contains:	Contains:	Contains:	Contains:
				Y
	Sprain	Sprain		Y

**Body Part:** This dropdown is populated from the existing Body Part lookup table. The Canadian localization file has been updated to display this label as “Area of Injury” as desired.

**Laterality:** This dropdown is populated from the existing Laterality lookup table. The Canadian localization file has been updated to display this label as “Side of Body” as desired.

By default, these three new dropdowns will be hidden. Access to view the dropdowns is controlled via a new Access String: [Clinical.Insurance.AdditionalInjuryDetails](#). The default access level is None. To enable these fields, pertinent User Groups should be given Full access.

**FEATURE #18016 – OPTION TO COMBINE PAYMENTS DUE FOR MULTIPLE ORDERS TO BE COMBINED INTO ONE PAYMENT**

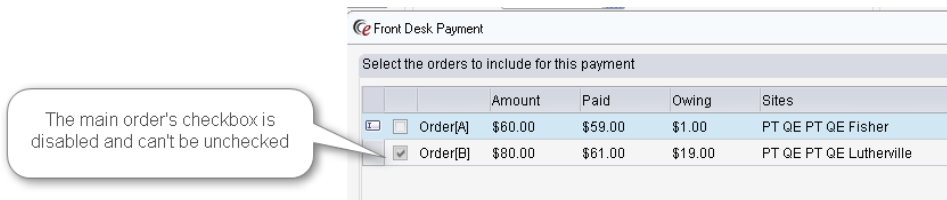
Sometimes patients have Order A / Order B scenarios and there is patient financial responsibility for both orders. For example, sometimes there are two orders because there are two different referring physicians and the insurance is the same for both orders. Other times the patient is using insurance (with copay, deductible, co-insurance) for one exam (Order A) and is self-paying for another exam that is not covered by their insurance (Order B). Under these circumstances, it is sometimes preferable to pull the patient responsibility from both orders into the same transaction. This feature will work with the ImaginePay integration or with standard eRAD payment workflow.

A new System Configuration setting, **AllowCombinedPayments**, has been added with a default value of False. Setting its value to True will enable this feature and allow users to collect a single payment and apply it to multiple orders via the “Add” payment button on the Registration screen.

To use this feature, a user must be on the Registration screen with multiple orders, which also have remaining funds to collect.

Because it is not *always* desirable to combine payments, the user requires the ability to choose whether to combine orders for payment. When the user clicks the Add button to make a payment and there are multiple orders included in the registration screen, a message will appear: “Select the orders to include for this payment.”

The order for the current tab (the Order tab from which the Payment is initiated) will be always be checked. For the purpose of the following explanation, this will be referred to as the “main order.”



Additional orders will **automatically** be checked when they have a study on the same date of service and are being performed at the same site, plus meet **one** of the following criteria:

- The main order is self-pay and the other order is also a self-pay.
- The main order is self-pay and the other order is Bill to Insurance.
  - o If there are more than 2 orders, this will be the first order that is Bill to Insurance, plus any other orders that use the same Carrier.
- The main order is Bill to Insurance and the other order(s) are also Bill to Insurance and have the same Carrier.
- The main order is Bill to Insurance and the other order is self-pay.

The following scenarios may help to clarify the behavior.

**Scenario 1:** Orders have same primary insurance carrier, same Site, same DOS.

- Default pay together.
- Both checked.

**Scenario 2:** Orders have same primary insurance, but two different sites or two different DOS.

- Default pay separately.
- Checked for the selected Order; Unchecked for the other.

**Scenario 3:** Orders have different insurance carriers.

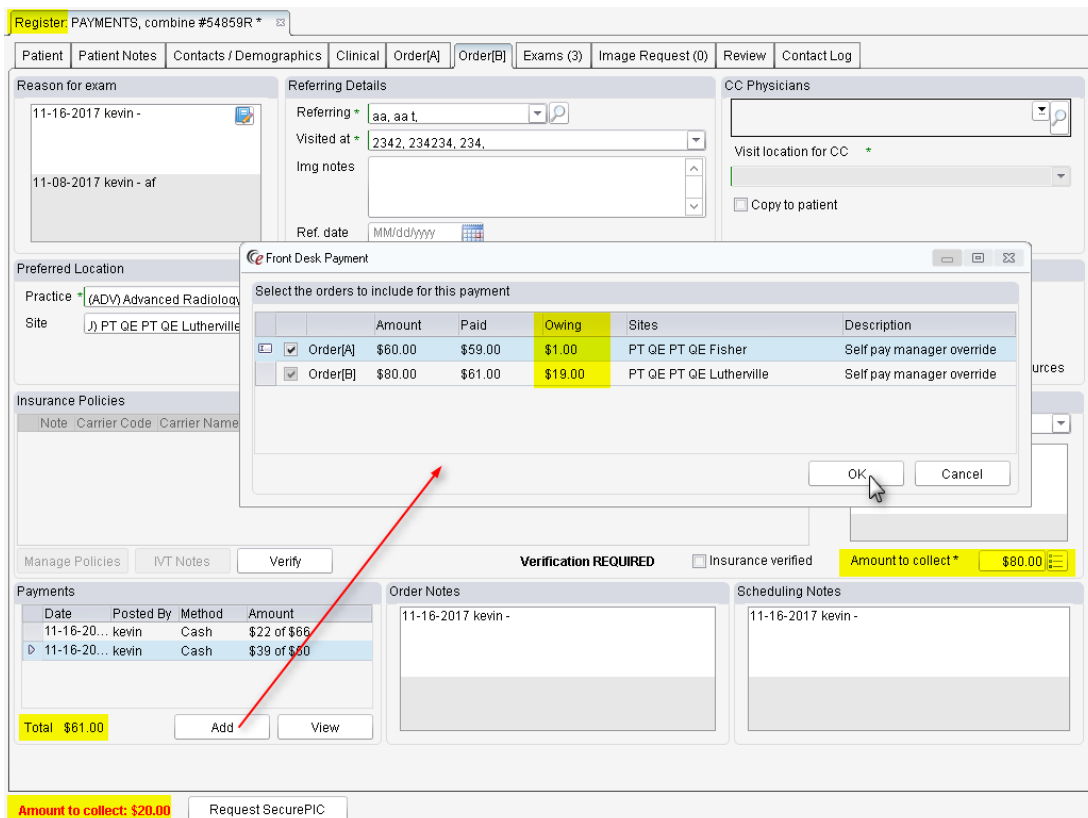
- Default pay separately.
- Checked for the selected Order; Unchecked for the other.

**Scenario 4:** One order is Self Pay, one is insurance.

- Default pay together.
- Both checked.

Regardless of the default settings, the selection screen will be displayed if there are multiple orders with an amount due. The user can either confirm or make adjustments to the default.

Because payments may have already been taken on one or more of the orders, the selection screen contains some pertinent information to determine how much to collect. Each order (on its individual row) will list its individual Amount to Collect in the Amount column. The Paid column will show any payment that has already been made for that order. The Owing column will display the remaining amount due. The Description column displays the method of billing.



Register: PAYMENTS, combine #54859R

Patient | Patient Notes | Contacts / Demographics | Clinical | Order[A] | Order[B] | Exams (3) | Image Request (0) | Review | Contact Log

Reason for exam: 11-16-2017 kevin - , 11-08-2017 kevin - af

Referring Details: Referring: aa, aa t, Visited at: 2342, 234234, 234, Ref. date: MM/dd/yyyy

CC Physicians: Visit location for CC: , Copy to patient:

Preferred Location: Practice: (ADW) Advanced Radiology, Site: J) PT QE PT QE Lutherville

Insurance Policies: Note, Carrier Code, Carrier Name

Manage Policies | IVT Notes | Verify

Verification REQUIRED  Insurance verified

Amount to collect \* \$80.00

Payments:

Date	Posted By	Method	Amount
11-16-20...	kevin	Cash	\$22 of \$66
11-16-20...	kevin	Cash	\$39 of \$60
<b>Total</b>			<b>\$61.00</b>

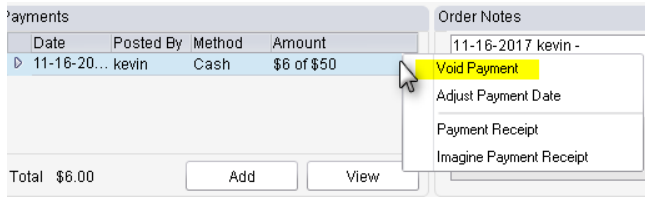
Order Notes: 11-16-2017 kevin -

Scheduling Notes: 11-16-2017 kevin -

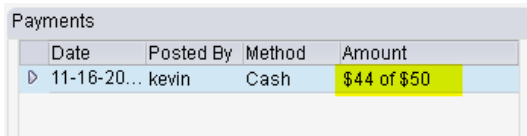
Amount to collect: \$20.00 Request SecurePIC

The combined amount that is still owed across any selected orders is displayed in the bottom left corner of the screen. (In the next release, this will also be included inside the Front Desk Payment screen.) This combined amount is what will be passed to ImaginePay if the integration is used.

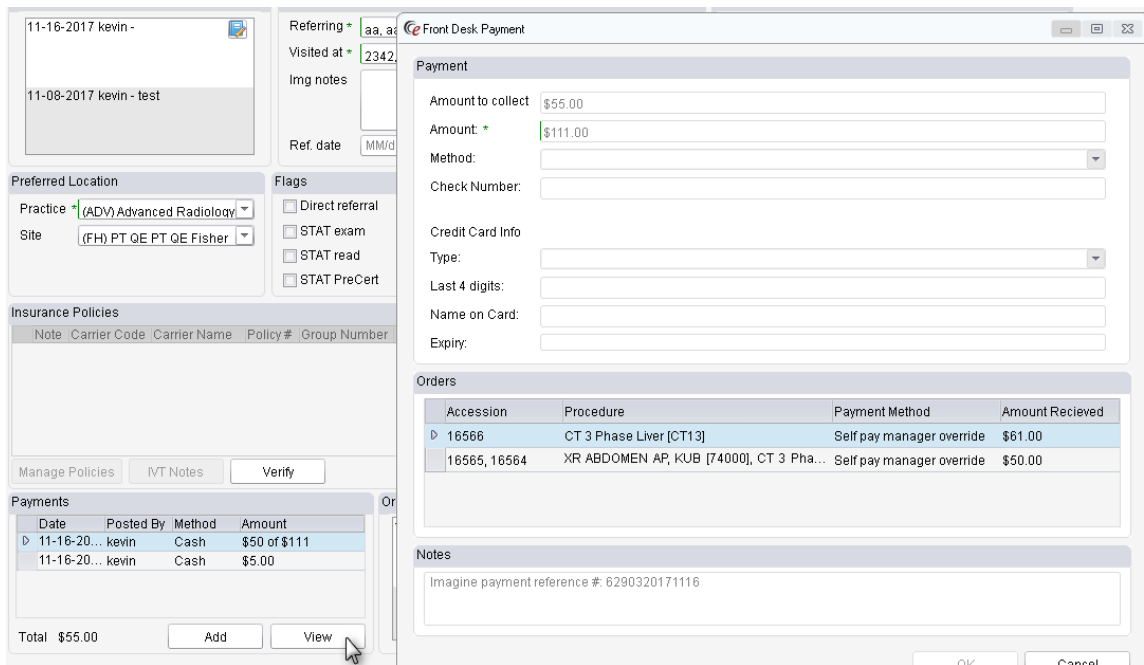
Once a combined payment is made, the payment will display on all applicable order tabs and voiding that payment can be executed via right click "Void Payment" from any of those tabs.



Due to the additional complexity of the transaction, additional information is visible in the Payment grid. When a payment applies to multiple orders, the amount field will display how much was taken for this order (the selected order tab) *and* the value of the total payment. For example, \$44 of \$50, which tells the user that \$44 was taken towards this order and the remaining \$6 of that \$50 payment was applied to one or more of the other orders.



The user can also double-click a payment row to see details regarding how the payment was divided among the various orders. This opens up the standard payment view screen, expanded wider and taller to show the orders and the payment breakdown.



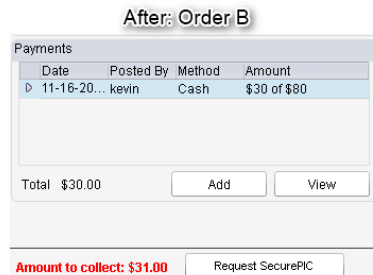
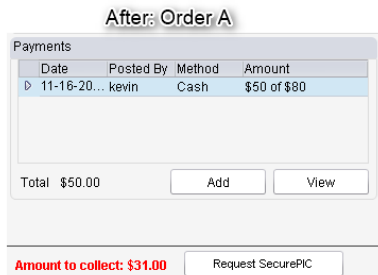
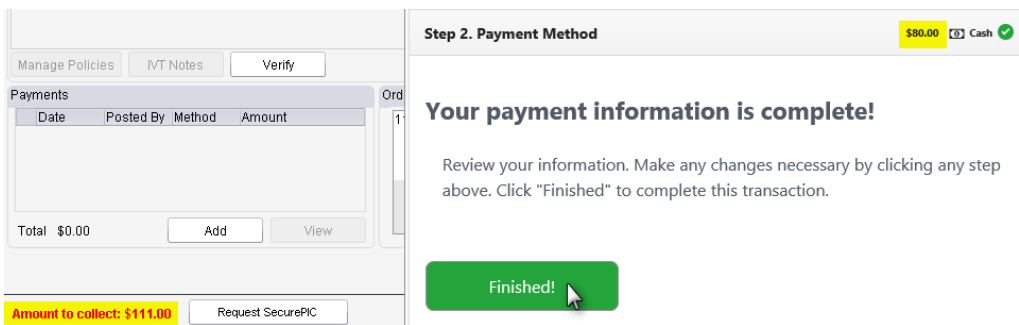
In this view the accession number is provided, along with a description of the procedures on each order, because this screen does not show the labels "Order A"/"Order B" (those labels are temporary--e.g. closing the Registration

screen and relaunching from an exam on Order B will swap the labels). The accession number and procedure descriptions provide a reliable way to identify which orders received what portion of the payment.

If the payment taken is less than the total (combined) amount to collect, the main order will assume the total amount to collect for that order and the other order(s) will receive the remaining amount. In the following example, the main order is "Order A" and the other order receiving the leftover amount is "Order B."

	Amount	Paid	Owing	Sites	Description
<input checked="" type="checkbox"/> Order[A]	\$50.00	\$0.00	\$50.00	PT QE PT QE Fisher	Self pay manager override
<input checked="" type="checkbox"/> Order[B]	\$61.00	\$0.00	\$61.00	PT QE PT QE Lutherville	Self pay manager override

As seen in the following screenshot of the ImaginePay screen, the patient paid only \$80 when the full combined amount to collect was \$111. Below the Imagine screen are examples of how the Payments grid will appear in RIS after the payment is saved.



Note that Order A collected the full amount owed for that order (\$50) because it is the main order. The amount left over was applied to Order B. Note that the Amount to Collect in the bottom left corner has updated to reflect that there is now only \$31 due. This value will always be updated to display the amount that is left to collect.

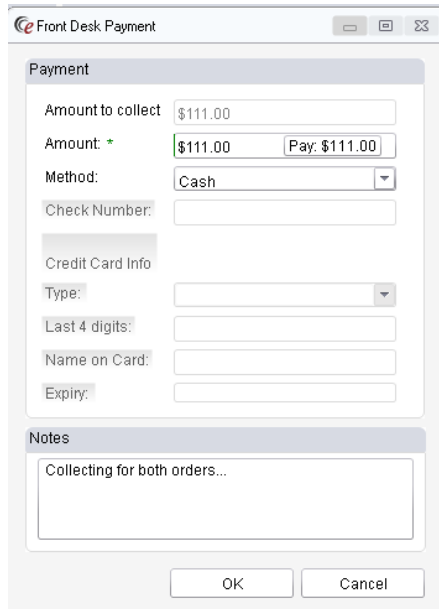
If the payment is less than the amount to collect for the main order, the main order will assume all of the payment and the other order(s) will not receive any payment. Therefore, this ends up being the same as a non-combined payment.

Date	Posted By	Method	Amount
11-16-2017	kevin	Cash	\$50.00

In the case where the payment is actually *more* than the total (combined) amount to collect, all orders will receive their total amount to collect and the remaining amount will apply to the main order:

After: Order A				After: Order B			
Payments				Payments			
Date	Posted By	Method	Amount	Date	Posted By	Method	Amount
11-16-20...	kevin	Cash	\$383 of \$444	11-16-20...	kevin	Cash	\$61 of \$444

As mentioned above, the multi-order payment feature works with ImaginePay and the standard eRAD payment dialog. In the example below, note that the combined amount owed is displayed in the basic eRAD payment screen.



As with the ImaginePay example, the Payments grid reflects the additional data about the combined payment.

Payments				Payments			
Date	Posted By	Method	Amount	Date	Posted By	Method	Amount
	kevin	Cash	\$50 of \$111		kevin	Cash	\$61 of \$111



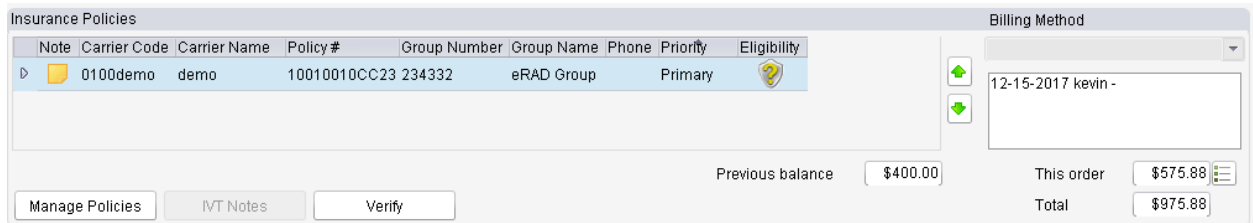
**FEATURE #18988 – IMAGINE BILLING: DISPLAY AND COLLECT PREVIOUS ACCOUNT BALANCE**

For customers using Imagine Billing, it is now possible to take advantage of the Imagine web service to retrieve a patient’s outstanding balance when the patient is seen for a new exam. This new functionality makes it possible to be aware of this balance and collect on it when the patient pays their financial responsibility for the current study. A new System Configuration setting, [ImagineIntegrationURL](#), has been added to store the URL for the Imagine Integration web service that is called to get the patient’s account balance. If this is configured with the appropriate URL, the following workflow is enabled.

When scheduling or registering a Walk In patient, RIS will make a call to the Imagine web service as soon as key data elements are available. The call will take place after the following data is populated:

- Existing patient selected (Imagine will not have a prior balance for a new patient).
- A location (site) for the appointment is selected.
- An insurance carrier is selected or the order is marked as Self-Pay.

If a prior balance exists, the balance will be displayed along with the total amount to collect as shown in the following:



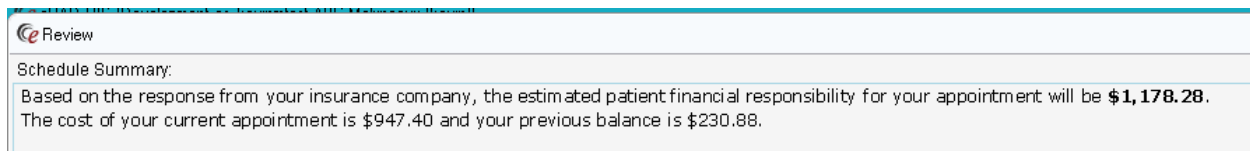
Note	Carrier Code	Carrier Name	Policy #	Group Number	Group Name	Phone	Priority	Eligibility
	0100demo	demo	10010010CC23	234332	eRAD Group		Primary	

Previous balance: \$400.00  
 This order: \$575.88  
 Total: \$975.88

Note that instead of a single Amount to Collect field, there is a field for the previous balance, a field for the patient’s financial responsibility for the current order and a Total, which is the sum of the previous two fields.

If the previous balance is zero or is not available ([ImagineIntegrationURL](#) is not configured), then the screen will display as it did before this feature was introduced.

In an effort to make sure the patient is aware ahead of time, the scheduling Review screen will include information about the patient’s previous balance in the Schedule Summary, as shown below.



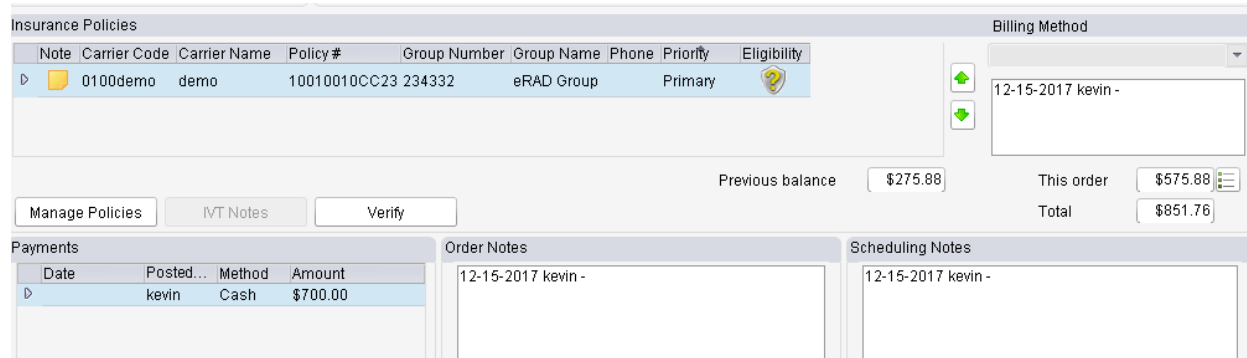
**Review**

**Schedule Summary:**  
 Based on the response from your insurance company, the estimated patient financial responsibility for your appointment will be **\$1,178.28**. The cost of your current appointment is \$947.40 and your previous balance is \$230.88.

The web service will be called again to update the amount every time the screen is opened. If the patient has paid some or all of the previous balance prior to their appointment, when the patient registers for their exam, the web service call will update the previous balance to reflect the new amount.

When a previous balance exists at the time a payment is collected, the amount that will be sent to ImaginePay to be collected is the Total amount.

If the user adds a partial payment, the pending balance will be reduced by the amount that was “overpaid.” In other words, it will be reduced by the amount of money that was greater than the amount owed for today’s exams. For example, in the above screenshot the patient owes \$575.88 for the current order and is only able to pay \$700. The following shows what is owed after the payment of \$700.00.



The screenshot displays the eRAD interface with the following details:

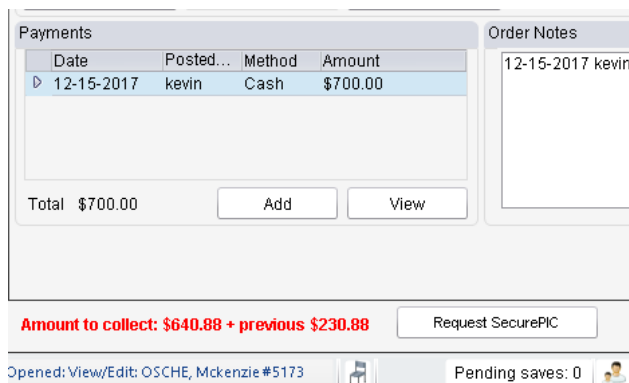
- Insurance Policies Table:**

Note	Carrier Code	Carrier Name	Policy #	Group Number	Group Name	Phone	Priority	Eligibility
0100demo	demo	10010010CC23	234332	eRAD Group	Primary			
- Billing Method:** 12-15-2017 kevin -
- Financial Summary:**
  - Previous balance: \$275.88
  - This order: \$575.88
  - Total: \$851.76
- Payments Table:**

Date	Posted...	Method	Amount
12-15-2017	kevin	Cash	\$700.00
- Order Notes:** 12-15-2017 kevin -
- Scheduling Notes:** 12-15-2017 kevin -

Note that the Previous Balance has decreased from \$400 to \$275.88.

On the Registration or Scheduling screens where there is the possibility of multiple orders, the amount to be collected for the patient’s financial responsibility for the current order(s), along with the amount to be collected for the previous balance, is displayed at the bottom left of the screen so users don’t have to visit each order tab and add the amounts manually. The previous balance is shown on its own for clarity.



The screenshot shows a summary of payments and the amount to collect:

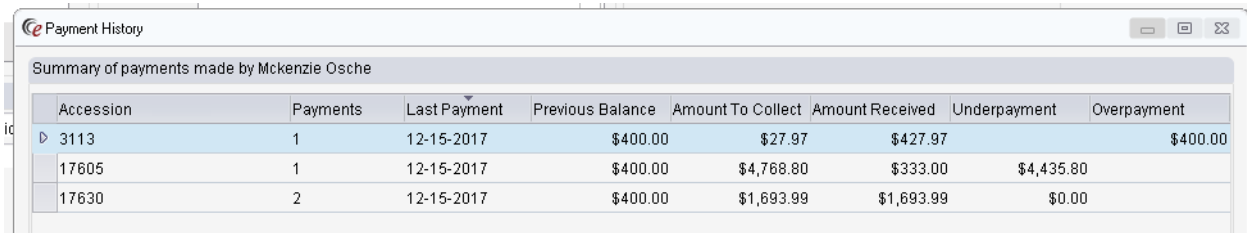
- Payments Table:**

Date	Posted...	Method	Amount
12-15-2017	kevin	Cash	\$700.00
- Total:** \$700.00
- Buttons:** Add, View
- Order Notes:** 12-15-2017 kevin
- Amount to collect:** \$640.88 + previous \$230.88
- Request SecurePIC** button
- Status:** Opened: View/Edit: OSCHE, Mckenzie #5173 | Pending saves: 0

The Imagine Integration web service will always return the same previous balance for a patient on the same calendar day, even if the patient made a payment on the previous balance in the morning and returns in the afternoon for another exam. This is because payments are only processed in Imagine at the end of each day. Therefore, RIS will automatically adjust the Previous Balance amount based on any overpayments made within a configurable number of days. The new System Configuration setting, [DaysAnOverPaymentAppliesToBalance](#),

reduces the amount RIS will request for a patient's previous balance by the amount overpaid in the past x days. The recommended setting is 1.

To help troubleshoot payment issues, there is now a **Payment History** context menu on the Payments grid. This launches a Payment History screen, which summarizes payments by order. If there is more than one accession number for an order, they are listed on the same row separated by commas. The “Previous Balance” and “Amount to collect” are the latest known values for the order, **at the time a payment was received**. The Amount Received is the sum of all payments received for that order. Given those values, RIS will calculate whether there was an **overpayment** or **underpayment**. Any overpayment is assumed to be designated to the patient’s previous account balance.



Summary of payments made by Mckenzie Osche

Accession	Payments	Last Payment	Previous Balance	Amount To Collect	Amount Received	Underpayment	Overpayment
3113	1	12-15-2017	\$400.00	\$27.97	\$427.97		\$400.00
17605	1	12-15-2017	\$400.00	\$4,768.80	\$333.00	\$4,435.80	
17630	2	12-15-2017	\$400.00	\$1,693.99	\$1,693.99	\$0.00	

INSURANCE ELIGIBILITY

FEATURE #19995 – ABILITY TO CONFIGURE WHETHER PLAN LEVEL DEDUCTIBLE WILL BE USED IN AMOUNT TO COLLECT CALCULATION

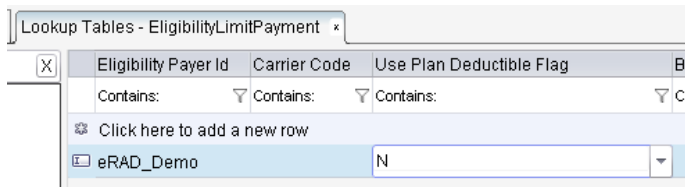
Note: This feature was previously released in a patch (2017.3.10).

When using automated Eligibility workflow, problems can sometimes arise due to differences in how payers return plan information related to the patient’s financial responsibility. These differences often require administrators to use the **Eligibility Limit Payment** table to configure exceptions to accommodate for these differences. The Eligibility Limit Payment table has been enhanced to allow for configuration related to variation in how deductible amounts are returned.

Many payers will return deductible amounts in the general plan section of the coverage, Plan Maximums and Deductibles; then, if there are specific deductible conditions for XRay/MRI, these will be specified in the service type section. If the service type section does not contain a more specific deductible, the plan deductible applies.

However, there are other payers who are an exception to this rule. For these payers, the deductible does not apply if it is not specified in the service type section. For these payers, eRAD RIS should ignore the Plan-level deductible.

A new column, **Use Plan Deductible Flag**, has been added to the Eligibility Limit Payment table.



This setting is configurable by Payer ID or by Carrier Code. When Use Plan Deductible is set to Y, the Plan-level deductible will be used for the Amount to Collect calculation, if no specific service type deductible is specified. For any payers that are exceptions to this standard approach, the column’s value can be set to N. With this configuration, if the payer does not list the deductible in the service type section, no deductible will be applied when calculating the payment.

The Amount to Collect – Details screen will list \$0.00 for the Remaining Deductible. As with other Eligibility Limit Payment settings, a notation will indicate that the information in the return was adjusted.

Amount to Collect - Details

CPT	Units	Usual & Custom...	Actual Rate	Total
3120F - 12-LEAD ECG PERFORME...	1			
4165F - 3-DIMENSIONAL CONFOR...	1			
4559F - 1BODY TEMP MEAS>=35.5...	1			
54328 - 1 STAGE DSTL HYPOSPADI...	1			
70482 - CT ORBIT SELLA/POST FO...	100		430.17	43017.00

Estimated visit cost:   Override

Co-pay \*\*\*:  Co-pay portion:

Remaining Deductible \*\*\*:  Deductible portion:

Co-insurance \*\*\*:  Co-insurance portion:

Amount to collect:

\*\*\* An adjustment was made based on the modality and carrier.


OK

## UTILIZATION MANAGEMENT

### FEATURE #18351 – REASON FOR EXAM FIELD ON THE UTILIZATION MANAGEMENT REVIEW TAB IS NOW EDITABLE

During Utilization Management workflow, the Reason for Exam is often updated by the Review Nurse. The Reason for Exam field exists on the Review tab, but it was previously Read Only, requiring that the nurse switch tabs to update the content.

The Reason for Exam field on the Review tab is now editable and can be set as a log control. The field will be displayed as it is on the Order tab and the text that was previously added on the Order tab will be displayed. The UM user can update the field and the changes will also be reflected on the Order tab's Reason for Exam field.



The screenshot shows the 'Review' tab in the Utilization Management workflow. The interface is divided into three main sections: 'Utilization Review Details', 'Referring Details', and 'Reason for Exam'. The 'Reason for Exam' section contains a text area with the message: 'Reason for exam from the Order tab will be populated here. UM user can alter it.' A red arrow points to the 'Reason for Exam' field, indicating it is now editable.

Utilization Review Details		Referring Details		Reason for Exam
Tracking #	100010	Referring	Trescher, Dale	Reason for exam from the Order tab will be populated here. UM user can alter it.
Priority	Routine	UM notes		
Owner				
Group	Vantage Medical Group			
Insurance	Vantage Insurance			

## GENERAL ENHANCEMENTS

### FEATURE #18252 - SELECT FROM MULTIPLE COLOR THEMES

eRAD RIS currently supports 2 color themes – a light mode and a dark mode – but with no option to select other themes. Additional color themes will be introduced in the near future. In preparation for this, the existing ‘dark mode’ checkbox on the user preference screen has been replaced with a dropdown list of available color themes.

At this time, no additional themes have been supplied, but now the user preference screen can support these additional themes when available.

The change for the user is on the Appearance tab of the User Preference screen. Where the checkbox previously displayed, there is now a dropdown list. The current color mode of the user has been preserved, so this selection is automatic and will not need to be re-set by a user who was using the dark mode checkbox.

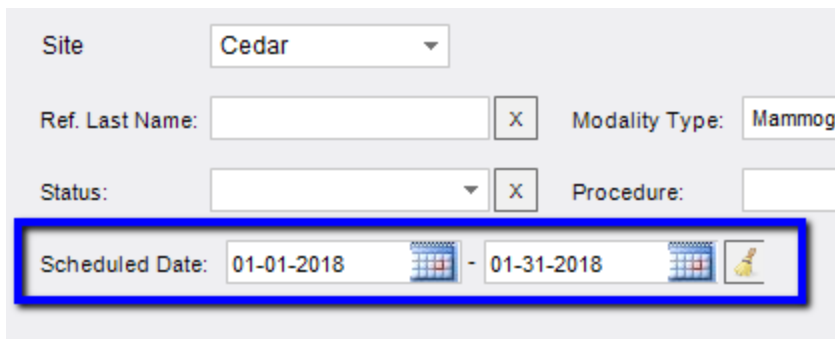
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FEATURE #6435 – ABILITY TO INCREASE ALLOWED SEARCH INTERVAL FOR EXAM SEARCH

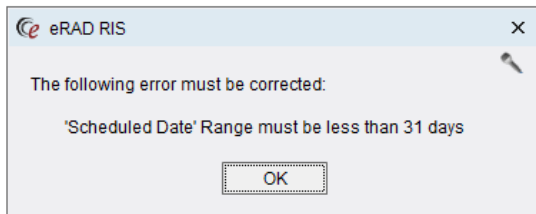
Previously, eRAD RIS limited the Exam Search to a maximum of a two-week interval. Because customers with smaller databases may wish to allow longer search intervals, this is now a configurable setting.

A new System Configuration setting, **MaxExamSearchTimeSpan**, has been added with a default of 14 days.

In the example below, the setting has been increased to 31, which allows users to search an entire month at a time.



If a user attempts to search for a time range that is longer than the System Configuration setting allows, they will receive the following message:





## DIGITAL FORMS

### FEATURE #11583 – NEW OPTION FOR MANAGE RULES: POPULATE ANSWERS FOR OTHER QUESTIONS ON DIGITAL FORM

Previously, there were two actions that could be performed based on the rulesets created in the Manage Rules screen of the Digital Forms editor: Show or Hide a question or other Digital Form element. Now a new option is available to auto-populate a particular answer for another question on the same Digital Form.

This new rule option allows for increased efficiency for Digital Forms, particularly those used by a technologist or radiologist to record findings. For example, if a Digital Form is created with a checkbox for “No Abnormalities Demonstrated,” specific questions for each area of anatomy to be commented upon could be defaulted to their “normal” answer.

The population of the default answers is a one-time action that will happen immediately after the configured conditions have been met. Once populated, the technologist can update any of the answers that require something different than the default.

The population of answers will not take place for questions that have already been manually answered. Once a rule has been triggered, no further automation will occur. Changing the answer to the triggering question will not “un-do” the defaults.

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FEATURE #17774 – SPECIFY THE POINT AT WHICH A DIGITAL FORM ANSWER WILL BECOME REQUIRED

In some cases, a Digital Form question might not be required until a certain point in the workflow. For example, a Digital Form to record technique factors may be configured to display on the Perform Exam screen. The questions ask for information that is not available until the technologist has started scanning the patient.

Previously, if the question was marked as required, the requirement would be enforced at the time that the screen is saved. If the Digital Form was configured for the Perform Exam screen, it would be required upon clicking Start because that action includes a Save event. Now, it is possible to indicate that the answers will not be required until a certain exam status or until a given action is performed. If the questions are set to be required upon clicking the Complete button, the technologist can start the exam before answering the questions, but will not be able to complete the exam without filling in the required information.

This change will also be useful for Digital Forms created with the intention of collecting patient history information at multiple points in the workflow. Questions may be answered at the time of scheduling or at the time of registration, but ultimately they will require an answer before the technologist completes the exam. The new settings will make it possible for a question to be optional on some screens, but required on another screen.

To make changes to existing Digital Forms or create new Digital Forms that take advantage of these new options, the eRAD team will need to know either the exam status at which the question should become required or the RIS action that should trigger the requirement.

**FEATURE #18559 – USE A TEXTBOX MASK TO CREATE EFFICIENT MEASUREMENT FIELDS IN DIGITAL FORMS**

There are often measurements of anatomy that need to be recorded in a technologist worksheet. To provide better support for creating a technologist worksheet as a Digital Form, a special textbox mask has been created for recording measurements. The mask can also be used for other types of Digital Form entries like phone numbers and other textbox answers where a formatted response is expected.

When taking measurements, technologists often need to notate multidimensional measurements in the form of [Measurement 1] x [Measurement 2] x [Measurement 3] [Unit of Measure] (e.g. 7.3 x 4.5 x 2.0 cm).

A new lookup table has been added to RIS called **DigitalFormsMask**. Any masks that are created here will be available for use when a Digital Form is created. The table is preloaded with three commonly used masks for measurements.

digit	Textbox Mask Code	Mask	Placeholder	Greedy Flag	Tab Through Flag	Clear Mask On Lost Focus Flag	Move To Next Section Character
* Click here to add a new row							
1 Measurement	9[[9][9]][.9[9]]		-	N	Y	N	.
2 Measurements	9[[9][9]][.9[9]] x 9[[9][9]][.9[9]]		-	N	Y	N	.
3 Measurements	9[[9][9]][.9[9]] x 9[[9][9]][.9[9]] x 9[[9][9]][.9[9]]		-	N	Y	Y	.
Date	99-99-9999		-	N	N	N	.
Phone	(999) 999-9999		-	N	N	N	.

- 1 Measurement - 9[[9][9]][.9[9]]
- 2 Measurements - 9[[9][9]][.9[9]] x 9[[9][9]][.9[9]]
- 3 Measurements - 9[[9][9]][.9[9]] x 9[[9][9]][.9[9]] x 9[[9][9]][.9[9]]

The mask represents the desired layout for the answer. The number 9 represents a numeric value. When it is placed within brackets, it is an **optional** value. So 9[9] means that the desired answer can be either one or two digits (e.g. 4 or 22). This could also be represented by the mask 9{1,2}. The values inside the curly brackets represent the minimum and maximum number of characters allowed. 9{1,2} means that between 1 and 2 numeric digits are allowed. With numbers that include (or optionally include) decimals, it is easier to use the square brackets as demonstrated above.

The default 1 Measurement mask, 9[[9][9]][.9[9]], means that the answer should have between 1 and 3 numeric digits, with the option of adding 1 or 2 digits after a decimal point. Acceptable answers would include: 4 or 354.23 or 12.5.

Alternate masks can be created if a different number of digits (before or after the decimal) is desired.

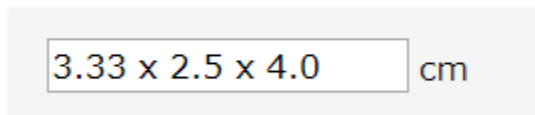
The 2 Measurement mask, 9[[9][9]][.9[9]] x 9[[9][9]][.9[9]], is the 1 Measurement layout twice separated by an “x”. An acceptable entry might look like this: 12.4 x 345.45

When typing in the answer, the technologist does not have to type the X (though they can if they choose). Instead it is automatically included as part of the mask.

The 3 Measurement mask works the same way: 3 segments each separated by X.

It is also possible to choose to include the unit of measure. This can be stored as part of the answer by including it in the mask itself, or it can be added as a label that is displayed to the right of the measurement. Any text included in the mask will be part of the mask, so if it is desirable to show a unit of measure for each segment, this can be done as well. 9[9] cm x 99 mm would result in a mask that supports an answer like “5 cm x 34 mm” or “10 cm x 45 mm”.

This is an example of a completed textbox mask field, with the optional unit of measure suffix automatically added on the right.



If there are plans to pull the values into a diagnostic report template in a way that incorporates into the sentence structure, it may be helpful to use a label outside the mask so that the sentence can include an unabbreviated unit of measure. Adding the units outside the mask also decreases the number of masks needed because it isn't necessary to create a 3D mask for centimeters and millimeters, for example. A single mask can be used and each Digital Forms question can be assigned the desired unit of measure.

There are a number of settings that can increase the efficiency of entering these values. These are configured using the remaining columns in the [DigitalFormsMask](#) table.

**Placeholder:** The placeholder character is the character that appears as a placeholder in the mask, with a default of “\_” (underscore). This will appear in the field before the user enters a value. Example:



**Greedy Flag:** When the greedy flag is set to N, the placeholder mask will show the smallest possible mask. With a mask of “9[-9999]”, the mask shown will be “\_” instead of “\_-\_\_\_\_” because the “-\_\_\_\_” section is optional. If set to Y, the full placeholder mask will be displayed (including the optional section).

**Tab Through Flag:** This setting controls whether or not pressing the Tab key will navigate to the next section of the mask. This makes it easy to move between sections of a multi-segment answer with optional characters. For example, if the first number in a 2D measurement can have 1 or 2 characters and the user only wants to enter 1, pressing Tab will move to the next section (after the x), so that the next number they type will be in the desired section instead of adding a second digit in the first section. Similarly, if a 2D measurement has an optional decimal

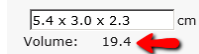
section, tab will move to the cursor behind the decimal point. If this setting is set to N, Tab will move the user to the next question instead of moving to the next segment of the same answer.

**Move to Next Section Character:** Similar to the Tab Through Flag, this value is a configurable character that can be used to skip over an optional part in the mask to move to the next section. Note that the spacebar will automatically perform this action as well. It can be very convenient to type a number and hit spacebar to move to the right of the decimal point. The size and position of the spacebar makes this particularly efficient.

**Clear Mask on Lost Focus:** If set to Y, this configuration will hide the mask when the field is not in focus, instead of displaying the placeholder. This can make unanswered questions easier to see because the mask can make it look like the answer has already been entered. When the user clicks or tabs into the field, the placeholder will appear to help the user understand the desired format of their answer.

For multidimensional measurements, there is sometimes the need to use the individual segments of the measurement to perform a calculation. For example, bladder volume might be calculated by multiplying [Measurement 1] x [Measurement 2] x [Measurement 3] and then multiplying that by 0.81. This can be built into

the form as a second question. For example:



5.4 x 3.0 x 2.3 cm  
Volume: 19.4

While the discussion above was focused on masks for numeric values, it is also possible to use masks that contain alpha or alphanumeric values. To represent an alpha character in the mask, use the value "a" and to represent either a letter or a number, use the value "\*".

Finally, there is a new Access String that controls access to the [DigitalFormsMask](#) lookup table. For a user to access the table, they must belong to a User Group with Full access to [Config.LookupEditor.DigitalFormsMask](#) (default None).

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## FEATURE #18314 – SAVE DIGITAL FORM ANSWERS AT THE ORDER LEVEL

Previously, it was only possible to save a Digital Form at the study level. Some workflows benefit from the ability to share the same Digital Form between multiple exams on the same order. For example, a “Breast History” Digital Form could be shared between a patient’s mammogram and breast ultrasound so that the two technologists can collaborate on the same form.

These differ from study level forms because the **same** Digital Form will be shown with the same data displayed, whether the user opens the Ultrasound or the Mammo exam.

A new property was added to the Digital Forms editor to control whether answers should be stored at the Order Level or the Study Level. By default, Digital Forms are study level.

Although the answers for a Digital Form are associated with all of the order’s studies, when the Digital Form is opened with multiple studies in context (such as Registration), RIS will attempt to determine the relevance of each study and make one of the open studies the primary. The primary study will be used for any values that are populated from mapped database fields.

If a user opens an order in Registration that has a CT Sinus and a Mammogram, the Mammogram will be marked primary for an order level Digital Form set to display when the Body Part is breast. Any questions configured to be populated with study level data from the database will be populated using the Mammogram. This is accomplished by a change to the Conditional Tab filtering logic, which was updated so that it not only determines if there is a match to the criteria, but also tracks whether the match was at the Order Level or Study Level and deems study level matches to be more relevant.

### Digital Forms on Scheduling / Registration

The scheduling screen supports Digital Forms at both the order level and study level. As the user edits data on the schedule order screen, the filter criteria re-evaluate to determine if there are any new matching Digital Forms or any Digital Forms that no longer apply. Once the user saves their data (either schedule or save as order), RIS will ensure that the Digital Forms point to the up-to-date study/order identifiers and then save the Digital Forms.

If the scheduling screen has multiple orders/exams that match the criteria for a Digital Form, it will only be shown once. Once a Digital Form is created and associated with a particular order/study, it will remain associated with that order/study until the order/study is deleted or changed so that it no longer matches the criteria. If an exam that is associated with a study level Digital Form is removed by deleting the procedure, any Digital Forms associated with that study will be disposed.

### Digital Forms on View/Edit and Perform Exam

A Digital Form that is stored at the order level but matches multiple open studies will only be shown once. If a Digital Form is configured with criteria that match both exams in an order, then two technologists would share the same Digital Form.

Several use cases are described below to illustrate how the Order Level Digital Forms can be shared by multiple technologists.

- Use Case #1: A “Breast History” Digital Form is created at the Order Level and the display criteria are set to show for Body Part = Breast. Sue is seen for a mammogram and breast ultrasound. Mammo tech performs the exam and answers some of the breast history questions before completing the exam. Then the patient moves to Ultrasound. Ultrasound tech opens the same Digital Form. The ultrasound tech has the patient for a longer amount of time and the patient reveals additional clarification on some of her breast history. The Ultrasound tech is able to update the Digital Form that was originally completed by the Mammo tech.
  - Point of interest: If a Drawing Tool has been included in the Digital Form (see next feature), it is also possible for the Ultrasound tech to view and update the drawing created by the Mammo tech.
- Use Case #2: A “CT Technique” Digital Form is created that the technologist is supposed to fill out **separately** for each exam. This Digital Form is configured as Exam Level, so even though a patient has 2 CTs that meet the criteria to display the Digital Form, the form will be specific to each exam.
  - Note: If the Tech uses the “Include” workflow for the above scenario, the second Digital Form would be suppressed. RIS does not currently support this workflow using “Include.” If 2 separate Exam Level Digital Forms (of the same form) should be separately filled out for each exam, the Include workflow cannot be used and each exam must be performed separately in order to access a separate version of the same Digital Form for each individual study.
- Use Case #3: A “General Ultrasound” Digital Form is created at the Order Level and the display criteria are set to show for Modality Type = Ultrasound. The patient’s Order contains a Pelvic Ultrasound and a Brain MRI. If the MRI were to be opened separately from the Ultrasound (e.g. Perform Exam, View Edit, Reporting screens), the Digital Form would **not** be displayed even though it is Order level. This is because the display criteria are not met when only the MRI is open.

#### Digital Forms on Radiologist screens

Digital Forms will be loaded for the current order/exam in the Digital Forms window. When the radiologist selects a different exam in the patient history, the Selected Digital Forms window will show any Digital Forms that apply to the selected study.

#### Other important factors

- Changing an existing Digital Form from order level to study level (or vice versa) will not migrate existing answers.
- When creating an order level Digital Form, be careful when using mapped database fields if the values could be different between multiple relevant studies. When opening the Digital Form with both studies in context, such as the Scheduling or Registration screens, the mapped database fields will be populated by

the most relevant of the two studies. Once the value has been populated, it will persist for all screens (answers from mapped fields are only set if there is not already an answer). However, if a Digital Form was first opened/saved with the less relevant study in context by itself (such as View/Edit), any blank mapped fields would be populated using the less relevant study's data.

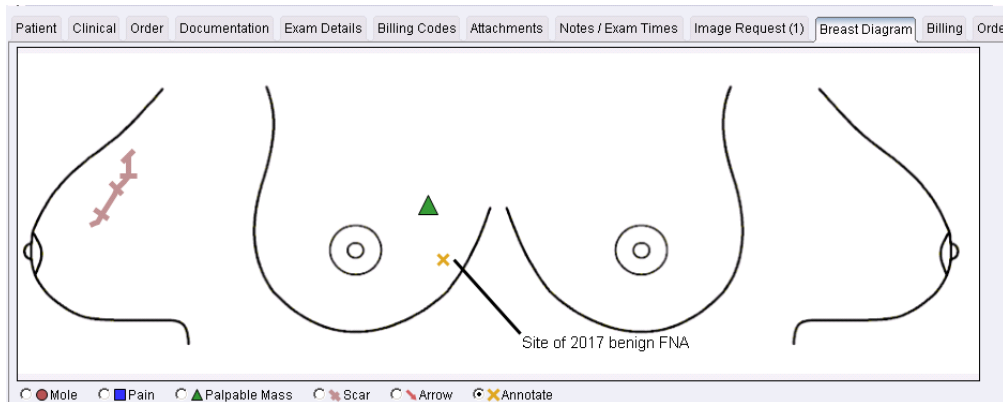
- Grids are only available for study level Digital Forms, not order level.
- Recent answers for Digital Forms are only loaded if the order / exam have already been saved.



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**FEATURE #17843, 18995 – SUPPORT A DRAWING TOOL WITH CUSTOM BACKGROUND IMAGES WITHIN A DIGITAL FORM**

The existing Breast Drawing Tool provides the technologist with a quick and effective way to communicate to the radiologist the area of the breast where certain abnormalities or symptoms are located. Visually representing this information decreases the risk of misinterpretation and allows the radiologist to process the information much more efficiently than reading a typed description and visualizing it in their mind.



Previously, this type of documentation was only available for breast imaging. Technologists, particularly in Ultrasound, have historically resorted to paper-based technologist worksheets in order to visually illustrate where certain anatomical features or abnormalities are located. Some worksheets have multiple diagrams (e.g. a picture of the body part, a zoomed in picture of a particular feature, and a graph on which the technologist plots a point).

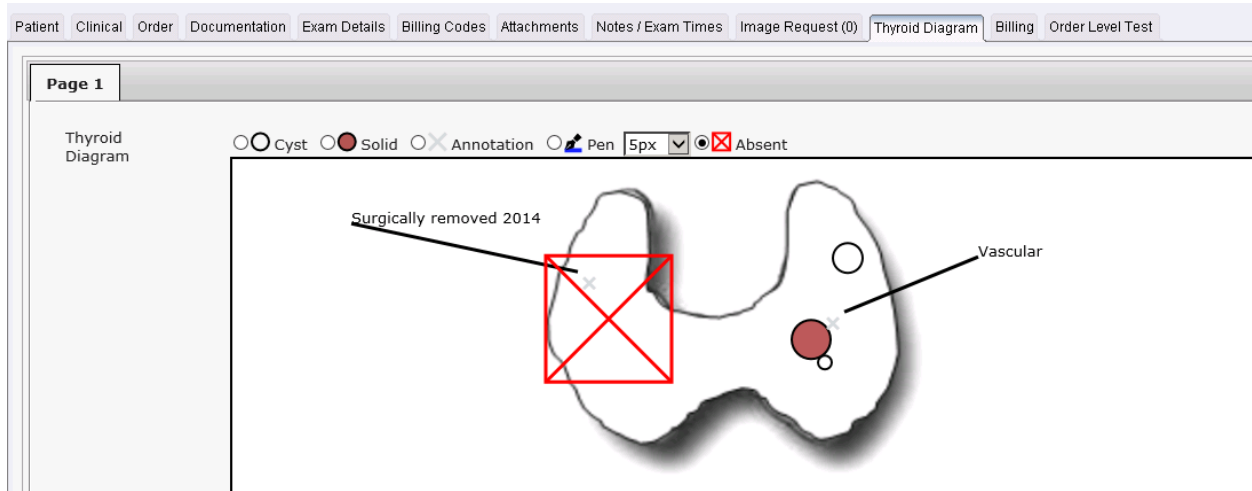
Due to the advantages of using this type of visual documentation electronically, eRAD RIS has extended the Drawing Tool concept to include diagram-based documentation for other body parts, using the customer's desired background image.

In order to create the flexibility for a customer to use a variety of diagrams, the Drawing Tool will now be displayed in a Digital Form that can be controlled via the Conditional Tab editor. Customers can request custom background images and can also customize the available tools. eRAD will also continue to support the existing stand-alone Breast Drawing Tool.

**Background Image:**

One Drawing Tool can be added per Digital Form (though it is possible to display multiple Digital Forms to make multiple drawings available). Customers can provide a single background image for each Drawing Tool **or** they can choose to display a different background image in the tool based on certain conditions. For example, if creating a Pelvis Drawing Tool, it is possible to substitute a different image for the background depending upon the patient's sex.

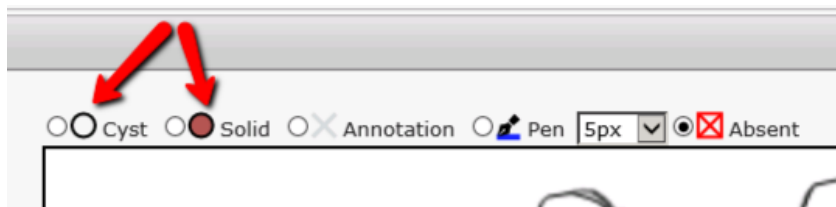
The screenshot below shows an example of a simple Thyroid image that has been annotated by the technologist.



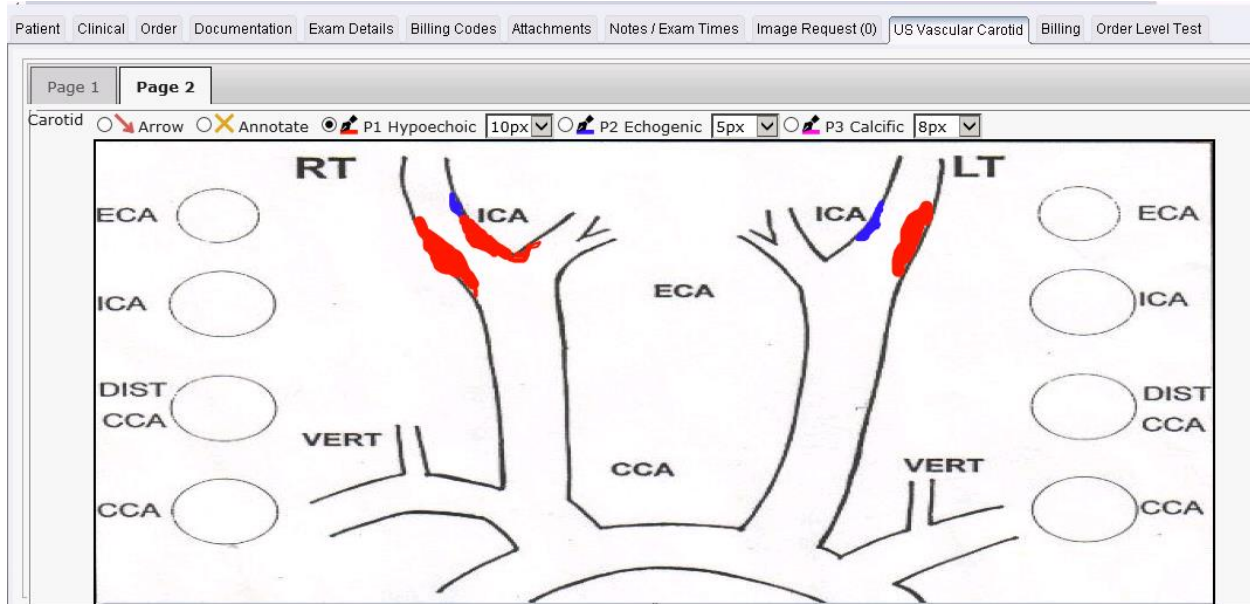
**Annotation Tools:**

The legend used to select the tools for annotating has been moved **above** the background image because the custom images will vary in size. All of the tools that are available in the standalone Breast Drawing Tool will be available within the Digital Form, along with some new options.

The most appropriate annotation tools will differ depending on the background image and the type of procedure. For this reason, the tools for each drawing tool can be customized. The desired tools can be added and adjustments can be made to the color and legend label. Tools can be used multiple times with different colors and labels to represent different things. For example, a green triangle may represent acute pain versus a blue triangle that represents diffuse pain. Using different color circles to represent different types of nodules can be useful for certain procedures, as illustrated in the screenshot below.



In addition, some new tools have been added. In the Carotid example below, different color Pen tools are available, with the various colors representing different types of plaque. A default pen thickness can be selected when creating the Digital Form, but users can make adjustments as needed.



Please note that because the background images are custom, the pen does not recognize the borders of the anatomy in the drawing and is completely free form.

Other new tools include a Line tool that can draw straight lines and an Absent tool that will display a large X that can be resized to indicate structures that are absent (e.g. surgically removed).

Complete list of available tools:

- Circle
- Square
- Triangle
- Scar
- Arrow
- Annotation
- Pen
- Line
- Absent

Color and label can be customized for each instance of the tool. Circle, Square and Triangle can be filled or hollow. The default width of the pen stroke can be defined for each instance of the Pen tool. Additional tools will become available in the future.

**Drawing Tool Display for Radiologist:**

In addition to displaying in the existing “Digital Forms” and “Selected Digital Forms” tool windows, any available Drawing Tool diagrams can also be displayed in a specific tool window titled “Diagrams.” Because it is possible to have more than one diagram per procedure, multiple diagrams are displayed as tabs within the tool window, in the same way multiple Digital Forms are displayed. The Diagrams pane will be Read Only for the radiologist.

Special Consideration: If a drawing tool has previously been used in a Digital Form for a particular study and the drawing tool is later resized or the background type is modified, the background for the earlier study's drawing tool will be persisted to avoid any unexpected changes.

It is possible to support the standalone Breast Drawing Tool within a Digital Form using identical background images and tools. If a customer desires to use this feature, they may wish to move their Breast Drawing Tool into the new framework as well. Once this is done, a System Configuration setting can be used to "turn off" the standalone Breast Drawing Tool. The setting is [DisableBreastDrawingTool](#) and the default value is false.

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FEATURE #17950 – NEW ACCESS STRING ALLOWS EDITS TO DIGITAL FORMS AFTER THE REPORT IS SIGNED

There are workflows that require certain users to make changes to Digital Form answers after the report has been signed. For example, when mistakes need to be corrected or additional information needs to be added, some customers would like an appropriately trained staff member to make changes (requesting an addendum if appropriate). Other workflows might require the collection of data that is not available until after the report has been signed, such as follow-up data.

It is also true that many users should be **prevented** from making changes to Digital Form data after the report has been signed, in order to avoid making changes to data that was used by the radiologist when creating the report. For this reason, in build 2016.1, this was locked down. The intention was to allow users with appropriate permissions to continue to edit Digital Forms post-signature, but the new Access String was not created at that time. It is now available.

Access String: [Clinical.DigitalForms.AllowEditPostSignature](#)

Default: None

Users who require the ability to edit Digital Forms after the study has reached Signed status should be added to a User Group with an access level of FULL.

MAMMOGRAPHY

FEATURE #19013 – OPTION TO CHOOSE WHICH TYPES OF BI-RADS ENABLED PROCEDURES GENERATE LAY LETTERS

Previously, Lay Letters would be generated for **all** BI-RADS enabled exams (e.g. Screening Mammo, Diagnostic Mammo, Breast Ultrasound, Breast MRI). Some customers are interested in sending Lay Letters for only certain MammoTypes. Some international customers only require Lay Letters for **Screening** Mammography. In the U.S., some customers may not wish to send Lay Letters for Breast MRI and so on.

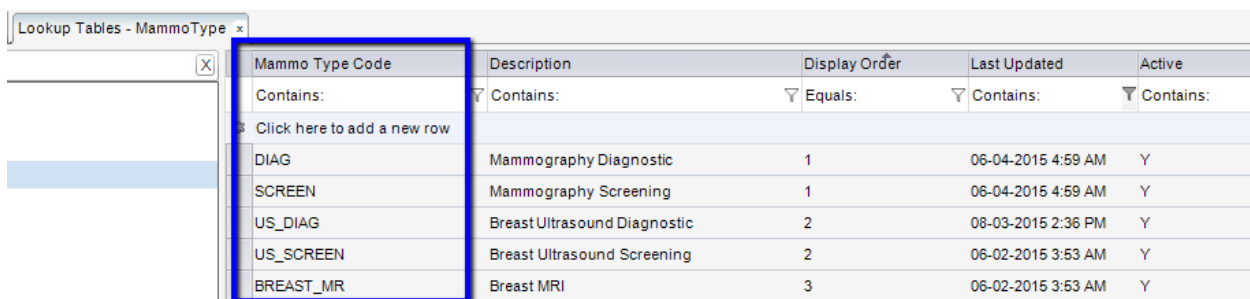
To allow for this flexibility, a new System Configuration setting has been added:

**MammoTypesEnabledForLayLetters.**

By default, this setting will be blank (NULL), which will mean that any BI-RADS enabled procedure will generate a Lay Letter after the report is signed. Leaving this setting blank will maintain the previous system behavior (no action required).

To restrict the types of BI-RADS procedures that will receive Lay Letters, enter the desired MammoType codes for the types of procedures that should generate Lay Letters. Separate multiple codes with a comma (e.g. SCREEN, DIAG).

Before **changing** this setting, it is recommended that customers review their configuration in the Procedure Code table. Please ensure that a MammoType code is assigned to any procedure codes that require Lay Letters. (Note: this is not necessary if you are leaving this setting blank.) It is recommended to use the following Mammo Type Codes for any mammography, breast ultrasound, or breast MRI procedure codes:



Mammo Type Code	Description	Display Order	Last Updated	Active
Contains:	Contains:	Equals:	Contains:	Contains:
Click here to add a new row				
DIAG	Mammography Diagnostic	1	06-04-2015 4:59 AM	Y
SCREEN	Mammography Screening	1	06-04-2015 4:59 AM	Y
US_DIAG	Breast Ultrasound Diagnostic	2	08-03-2015 2:36 PM	Y
US_SCREEN	Breast Ultrasound Screening	2	06-02-2015 3:53 AM	Y
BREAST_MR	Breast MRI	3	06-02-2015 3:53 AM	Y

Once those Mammo Type Codes are created in the MammoType look-up table (if needed), be sure that the appropriate Mammo Type Code is assigned to any BI-RADS enabled procedures that require Lay Letters. The easiest way to find the procedures to review is to filter the ProcedureCode lookup table to display rows where the BI-RADS Enabled Flag is Y. Then review the Mammo Type Code column for these procedures, making any necessary additions or changes. (Remember that it is possible to move columns in the table to easily see the Mammo Type Code and the procedure description side by side.)

Example:

Procedure Code	Description	Birad Enabled Flag	Mammo Type Code
Contains: ▾	Contains: ▾	Contains: Y	Contains: ▾
▶ G0206T	MA Tomo Digital Diagnostic Mammo Unilat	Y	DIAG (Mammogra...
▶ MA00	MA RECALL	Y	
▶ 76645PBXU	US Breast for Possible Biopsy Unilateral	Y	US_DIAG (Breast...
▶ 77059	MR Breast W WO Bilateral W Cad	Y	BREAST_MR (Br...
▶ G0204BRUSC	MA Digital Diagnostic Mammo Bilat W CAD W Breast US	Y	DIAG (Mammogra...
▶ G0204IBRUST	MA Tomo Digital Diagnostic Mammo Bilat W Implants and Breast US	Y	DIAG (Mammogra...
▶ G0204ICBRUS	MA Digital Diagnostic Mammo Bilat W Implants W CAD and Breast US	Y	DIAG (Mammogra...
▶ 77058	MR Breast W WO Unilateral W Cad	Y	BREAST_MR (Br...
▶ G0202C	MA Digital Screening Mammo Bilat W CAD	Y	SCREEN (Mamm...
▶ G0202IC	MA Digital Screening Mammo Bilat W Implants W CAD	Y	SCREEN (Mamm...
▶ G0202IT	MA Tomo Digital Screening Mammo Bilat W Implants	Y	SCREEN (Mamm...
▶ G0202IUC	MA Digital Screening Mammo Unilat W Implants W CAD	Y	SCREEN (Mamm...
▶ G0202T	MA Tomo Digital Screening Mammo Bilat	Y	SCREEN (Mamm...
▶ G0202UC	MA Digital Screening Mammo Unilat W CAD	Y	SCREEN (Mamm...
▶ G0202UT	MA Tomo Digital Screening Mammo Unilat	Y	SCREEN (Mamm...
▶ G0202BRUSUC	MA Digital Screening Mammo Unilat w CAD and Breast US	Y	SCREEN (Mamm...
▶ 76641B	US Breast Screening Bilateral	Y	US_SCREEN (Br...
▶ 76641U	US Breast Screening Unilateral	Y	US_SCREEN (Br...

Once you are certain that any BI-RADS exams that require a Lay Letter have the appropriate MammoType, then change the [MammoTypesEnabledForLayLetters](#) setting to reflect the type(s) of procedures that should generate Lay Letters. Using the suggested MammoType options, the following configurations are examples:

Example Configuration Setting	Resulting RIS Behavior
	A blank setting (default) means that all BI-RADS enabled procedures will generate Lay Letters, as long as the Site has Mammography Tracking enabled. Leaving the setting blank will maintain the previous RIS behavior—NO CHANGE.
SCREEN	Lay Letters will only be generated for procedures with a MammoType of SCREEN (Screening Mammography procedures).
SCREEN, DIAG	Lay Letters will only be generated for procedures with a MammoType of SCREEN (Screening Mammography procedures) or DIAG (Diagnostic Mammography procedures). In other words, all Mammography studies will get letters.
SCREEN, DIAG, US_SCREEN, US_DIAG	Lay Letters will only be generated for procedures with a MammoType of SCREEN (Screening Mammography procedures), DIAG (Diagnostic Mammography procedures), US_SCREEN (Screening

	Breast Ultrasound) or US_DIAG (Diagnostic Breast Ultrasound). In other words, all Mammography and Breast Ultrasound studies will get letters (but NOT Breast MRI).
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Please consider whether any federal/state/local regulations require patient Lay Letters prior to disabling them for a given MammoType. For example, in the U.S., MQSA regulations require Lay Letters for all Mammography exams.



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## FEATURE #16359 – ENHANCEMENTS TO BREAST IMAGING REMINDER TYPES

Several changes have been made to improve breast imaging Reminders so that the Reminder type will better reflect the type of follow-up.

Previously, the three breast imaging Reminder types were labeled: Reminder—Callback, Reminder—ShortTerm, Reminder—Annual.

The first change is that “Reminder—Annual” has been renamed to “Reminder—Routine.” This change was made to support customers using a two-year interval for routine mammography. “Annual” wasn’t an appropriate description for patients returning in two years.

The remaining changes are related to the logic used to determine which Reminder Type should be applied. Previously, this logic was driven by rules connected to the Recommendation selected when the radiologist signs the report which generates the Reminder. There were several limitations to this workflow that have been addressed:

- If the Recommendation had an associated Procedure Code in the Recommendation lookup table, it would always be a Reminder—Callback. This logic prevented customers from assigning a procedure for any Recommendations unrelated to Callbacks. For example, if a customer wanted to assign a regular Screening Mammo procedure whenever a normal interval, routine screening is recommended, they would not be able to do so without all of those Reminders being set as Reminder—Callback.
- Another issue was that if the Recommendation had a Follow Up Days setting of less than 365 days, the Reminder Type would be set as Reminder-ShortTerm (as long as there was no associated Procedure Code). This sometimes led to confusion when a patient had a diagnostic exam and needed to return to their regular screening interval in less than 1 year. In these cases, the radiologist may choose a recommendation for the patient to return in 6 months because that is when they are due for their next screening mammogram. When RIS labeled these as Reminder-ShortTerm, it could cause staff to think that a Diagnostic exam was needed.

To solve these issues, the BI-RADS code is now considered when determining the Reminder Type.

- If the BI-RADS is 0, the Reminder type will be Reminder-Callback.
- If the BI-RADS is 1 or 2, the Reminder type will be Reminder-Routine.
- If the BI-RADS is 3, the Reminder type will be Reminder-ShortTerm.

BI-RADS 4 and 5 (biopsy recommendations) are typically not configured to have a Reminder at all (done by leaving the Follow Up Days and Procedure Code blank in the Recommendation configuration table). This is done because the Reminder will be generated after the biopsy, as part of the pathology entry process. Even though it is not a part of typical Mammo Tracking workflow, it is technically possible for a customer to generate Reminders for BI-RADS 4 and 5. In order to preserve any existing workflow, it is still possible to configure a Reminder for BI-RADS 4/5. These will be labeled as Reminder-Callback, as the patient would be returning for a biopsy. Again, this is not a typical workflow, but RIS will continue to support it if this workflow is in use by any of our customers.

BI-RADS 6 (known cancer) could have any number of different Recommendations, depending on whether the patient was just diagnosed (and needs immediate additional imaging such as a Breast MRI) or if they have already received treatment (and are recommended for surveillance imaging). Due to the variety of possible

Recommendations for this BI-RADS, this Reminder Type will continue to be driven by the number of Follow Up Days for the specific Recommendation chosen. If 0 days, the Reminder type will be Reminder-Callback. If 365 or more days, the Reminder Type will be Reminder-Routine. If the number of Follow Up Days is in between 0 and 365 days, the Reminder Type will be Reminder-ShortTerm.

If a BI-RADS begins with a number 0-6 followed by any other alpha characters (e.g. 4a), RIS will ignore the extra characters when determining the Reminder type (e.g. BI-RADS 4a will be treated like BI-RADS 4). Any BI-RADS codes that have been built that are not 0-6 or do not begin with 0-6 followed by an alpha suffix (e.g. "CUSTOM" or "11") will be handled in the same fashion as BI-RADS 6.

There have been no changes to the configuration when a Reminder should NOT be created for a particular Recommendation. As before, if the Follow Up Days column for the selected recommendation is blank (NULL), no Reminder will be created.

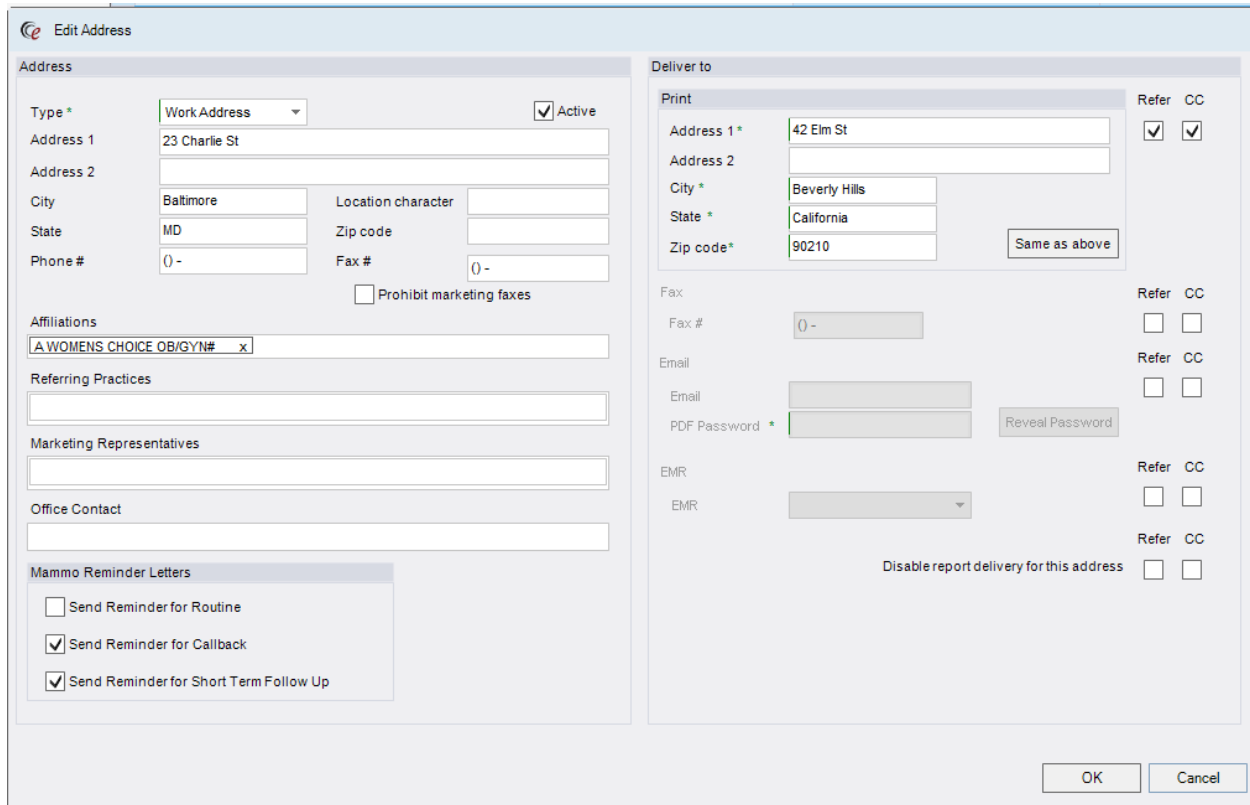
The following chart summarizes the new logic:

BI-RADS	Follow Up Days	Reminder Type
0	Anything other than blank (NULL)	Reminder-Callback
0	Blank (NULL)	No Reminder
1	Anything other than blank (NULL)	Reminder-Routine
1	Blank (NULL)	No Reminder
2	Anything other than blank (NULL)	Reminder-Routine
2	Blank (NULL)	No Reminder
3	Anything other than blank (NULL)	Reminder-Short Term
3	Blank (NULL)	No Reminder
4	Anything other than blank (NULL)	Reminder-Callback
4	Blank (NULL)	No Reminder
5	Anything other than blank (NULL)	Reminder-Callback
5	Blank (NULL)	No Reminder
6	0	Reminder-Callback
6	≥ 365	Reminder-Routine
6	< 365 (but not 0)	Reminder-Short Term
6	Blank (NULL)	No Reminder
Any code that does not begin with 0-6	0	Reminder-Callback
Any code that does not begin with 0-6	≥ 365	Reminder-Routine
Any code that does not begin with 0-6	< 365 (but not 0)	Reminder-Short Term
Any code that does not begin with 0-6	Blank (NULL)	No Reminder

**FEATURE #19016 – ABILITY TO INDICATE WHETHER A PROVIDER WANTS TO RECEIVE VARIOUS BREAST IMAGING REMINDER LETTERS**

In Alberta, providers receive reminder letters when their patients are due for follow-up breast imaging. They have the option to opt out of receiving these reminder letters, so eRAD RIS needs to have the ability to record whether or not the provider wishes to receive them. There are three categories of letters which could be sent: reminders for Routine, reminders for Callbacks, and reminders for Short Term Follow ups.

There is now a Mammo Reminder Letters section in the Personnel editor on the Edit Address screen. Checkboxes exist to indicate whether the provider wishes to receive each type of Reminder Letter. A provider can have different preferences for each address. The default will be unchecked.



**Important Note:** These choices will not actually suppress the Reminder Letters unless the letter templates are built to suppress pages destined for the provider based on the new checkboxes. The logic for suppressing the letters is a configuration item on the SSRS report templates, not a component that lives in RIS.

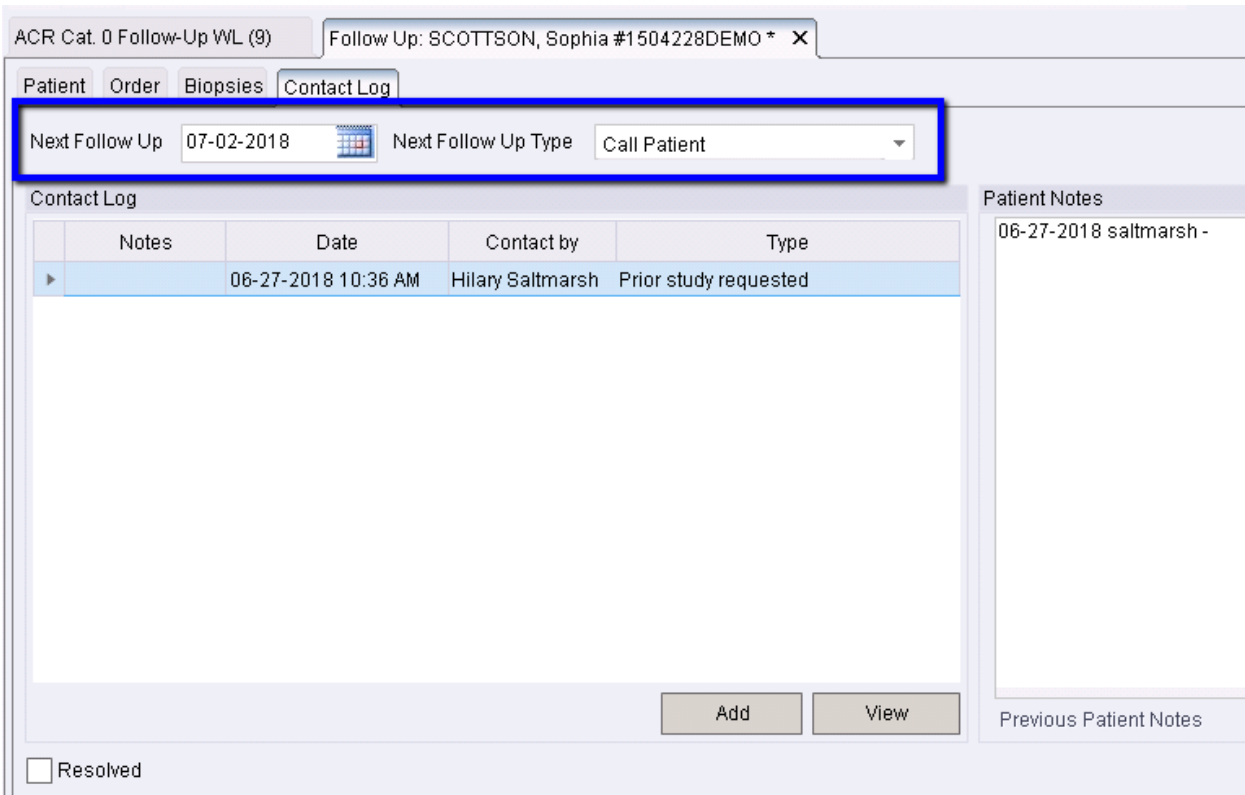
**FEATURE #19014 – “NEXT FOLLOW UP” AND “NEXT FOLLOW UP TYPE” COLUMNS AVAILABLE ON MAMMO WORKLISTS**

Some worklists in eRAD RIS, such as the Orders to Schedule WL, include the columns **Next Follow Up** and **Next Follow Up Type**. These columns are populated with information that is entered on the Contact Log screen and allow staff to easily identify which patients on the worklist are due for some type of action, such as a phone call to the patient or provider. It is now possible to use this same process on the breast imaging tracking worklists. The following worklists now include columns to display **Next Follow Up** and **Next Follow Up Type**.

- ACR Category 0 Follow Up WL
- ACR Category 4/5 Follow Up WL
- Mammo Follow Up Orders WL

Scheduled Date	Site Name	Recommendation	Patient Name	Next Follow Up	Next Follow Up Type
07-20-2017 1:18 PM	Pine Grove	Additional Images N...	Test, Heather		
05-01-2017 5:49 AM	Cedarville	Additional projections	Scottson, Sophia	07-02-2018	Call Patient

To populate these columns, the "Next Follow Up" and "Next Follow Up Type" fields have been added to the Contact Log on the Follow Up screen.



ACR Cat. 0 Follow-Up WL (9)    Follow Up: SCOTTSON, Sophia #1504228DEMO \* X

Patient    Order    Biopsies    **Contact Log**

Next Follow Up: 07-02-2018    Next Follow Up Type: Call Patient

Notes	Date	Contact by	Type
	06-27-2018 10:36 AM	Hilary Saltmarsh	Prior study requested

Resolved    Add    View    Patient Notes: 06-27-2018 saltmarsh -    Previous Patient Notes

EMR

FEATURE #18401 – ALLOW MANUAL PROCEDURE CHANGES TO BE SAVED FOR ELECTRONIC ORDERS, WHILE MAINTAINING THE ORDERED STATUS

Previously, users were not able to change the procedure for an electronic order and re-save it as an order. In order for the procedure adjustment to be saved, the user was required to schedule the appointment. Customers who wish to use RADAR to make calls from the Orders to Schedule WL would like to be able to update the procedure code without scheduling the patient.

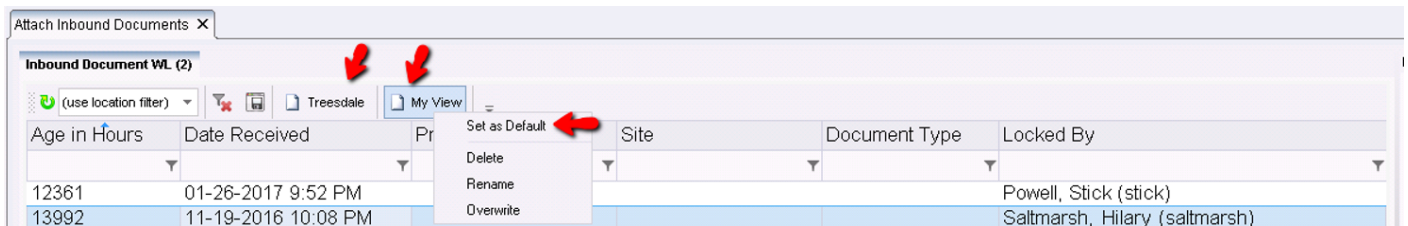
Changes have been made to allow the order to be updated, then saved as an order with the procedure change intact.

INBOUND DOCUMENT WORKFLOW

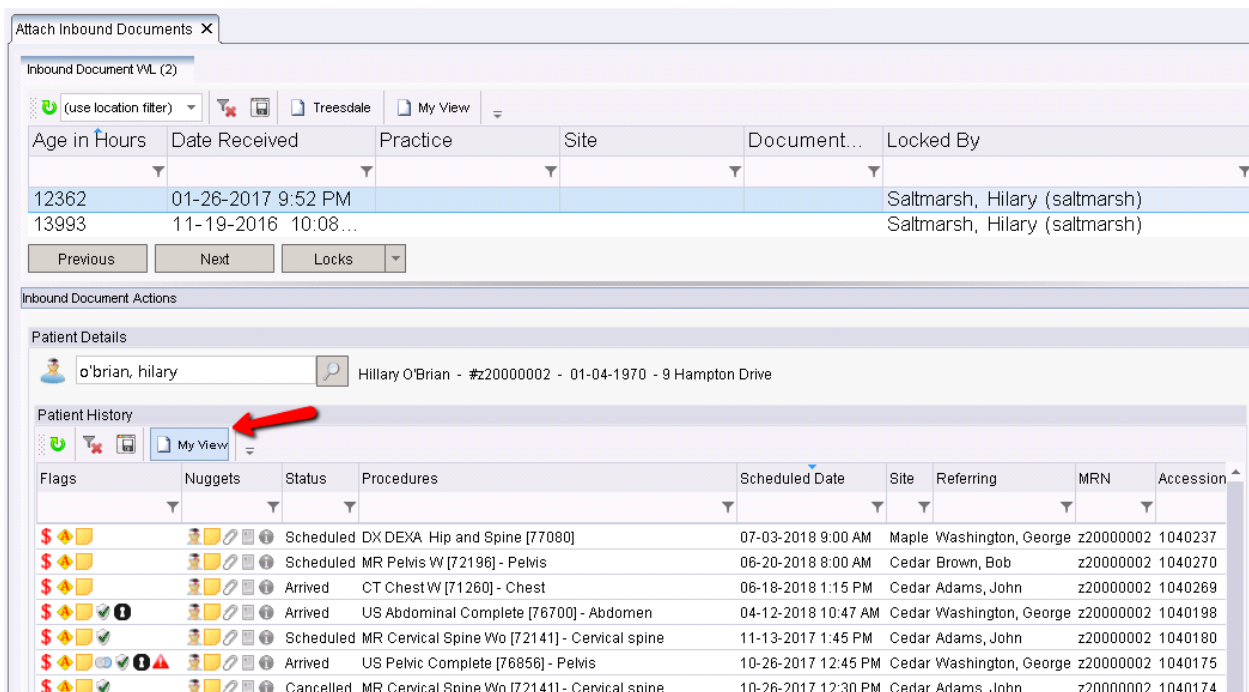
FEATURE #16570, 16578, 16571 – CUSTOM VIEWS NOW AVAILABLE FOR INBOUND DOCUMENT WORKLIST

The Inbound Document worklist may be worked by different types of users with different preferences regarding the order of columns or the types of filters applied. Just as with other worklists in eRAD RIS, users can now save one or more custom views on the Inbound Document WL.

The custom views will function just as they do on existing worklists and will support both individual and group views. The user can choose to set a Default view that will be applied when the user opens the Inbound Document WL.



In addition, it is also possible to create Custom Views on the Patient History panel in on the Attach Inbound Documents tab.



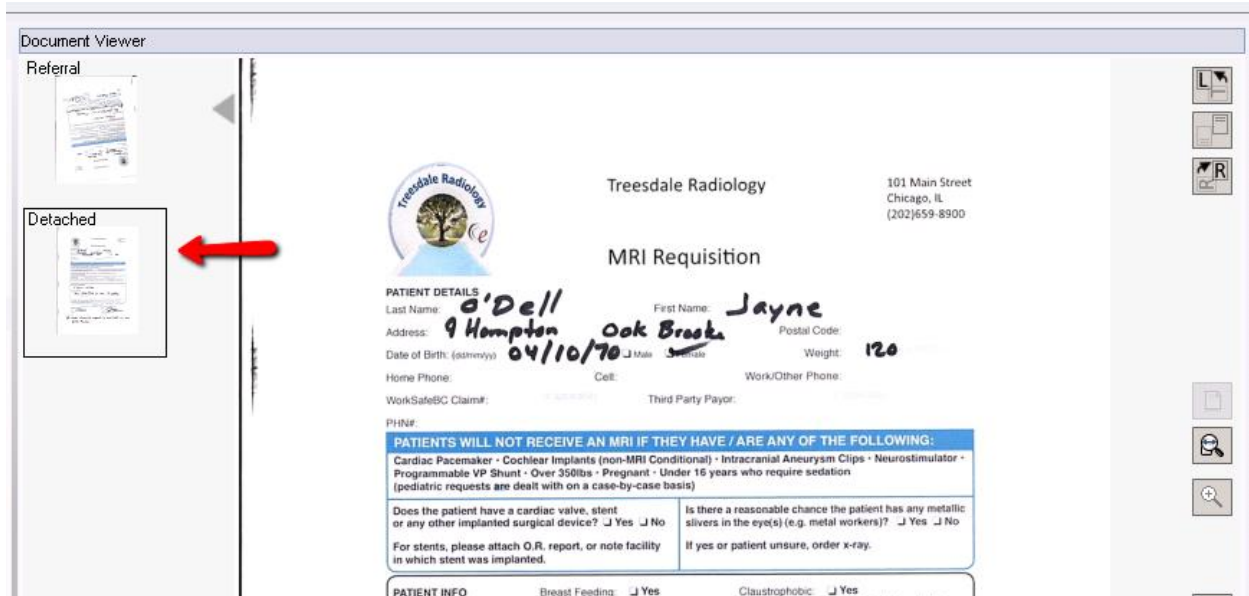
As part of this feature, a worklist refresh button with an indication of the length of time since the last refresh has also been added to the bottom left corner of the screen. This will behave as it does on other worklists.

FEATURE #16575, 16579, 16574 – LABELING CHANGES FOR INBOUND DOCUMENT WORKFLOW TO MAKE THE PROCESS MORE INTUITIVE

Several label changes have been made in the Inbound Document workflow to make the process more intuitive for users.

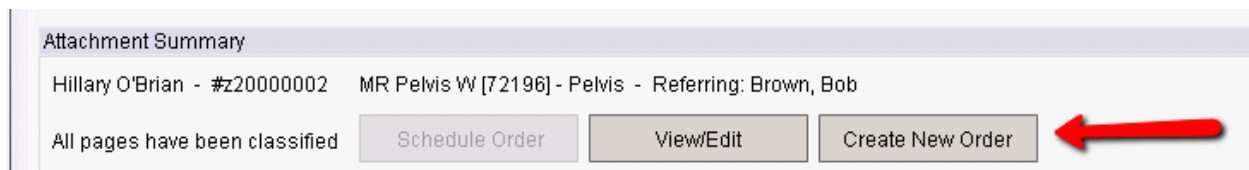
There is an existing process to handle situations when multi-page documents on the Inbound Document WL actually belong to different patients/orders. To split the pages so that they could be assigned separately, the user could right-click the thumbnail(s) and select "New Document." This was found to be a bit confusing for users, so the option in the context menu has now been renamed **Detach**.

Each thumbnail that has been selected for the Detach option will be temporarily labeled "Detached" as illustrated below.

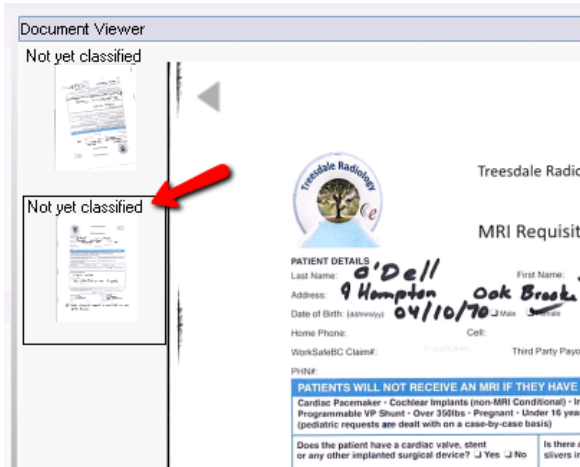


After actioning the rest of the document pages and saving those changes, the pages represented by the "Detached" thumbnails will create a new entry in the Inbound Document WL. The user can then appropriately categorize the pages and save to a new patient or order.

In a similar fashion, the "Create Order" button in the Attachment Summary section has been relabeled to be better understood by users. Instead of "Create Order" the button is now labeled **Create New Order** to better describe the action of choosing to create a new Order to which the pages will be associated, instead of assigning them to an existing Order in the Patient History section.



While this is not a change in code, there is one additional labeling change that may be useful and can be implemented according to the customer’s preference. By default, pages are labeled “Generic” before they have been classified. It is possible to change this label if a different name would be more intuitive to users (for example, “Unclassified” or “Not Yet Classified”).



To make this change, add a new entry to the **ScanType** table with the code “Generic” (unless this code already exists in the table). Enter the desired label in the Description. Even though the code is listed as Generic, the label seen in the RIS will match the Description.

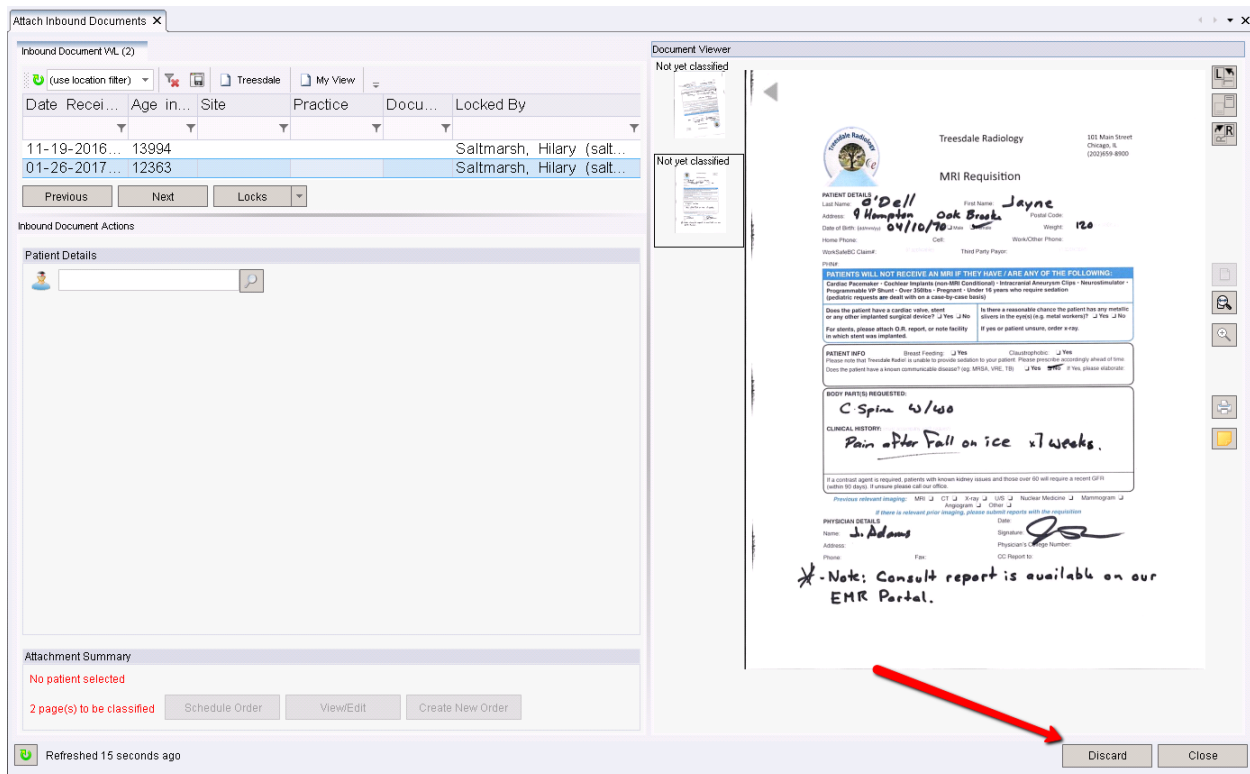
Lookup - ScanType X

scan	Scan Type Code	Display Order	Description	Color Flag
Contains:	Equals:	Contains:	Contains:	
* Generic	1	1	Not yet classified	N
InsuranceCard	1	1	Insurance Card	Y
Script	1	1	Referral	Y



FEATURE #16581 – DISCARD BUTTON IS NOW LOCATED ON THE BOTTOM RIGHT CORNER OF THE INBOUND DOCUMENT SCREEN

To decrease the risk of a user accidentally discarding a document when navigating within the Inbound Document WL panel, the Discard button has been moved to the bottom right corner of the screen to the left of the Close button.



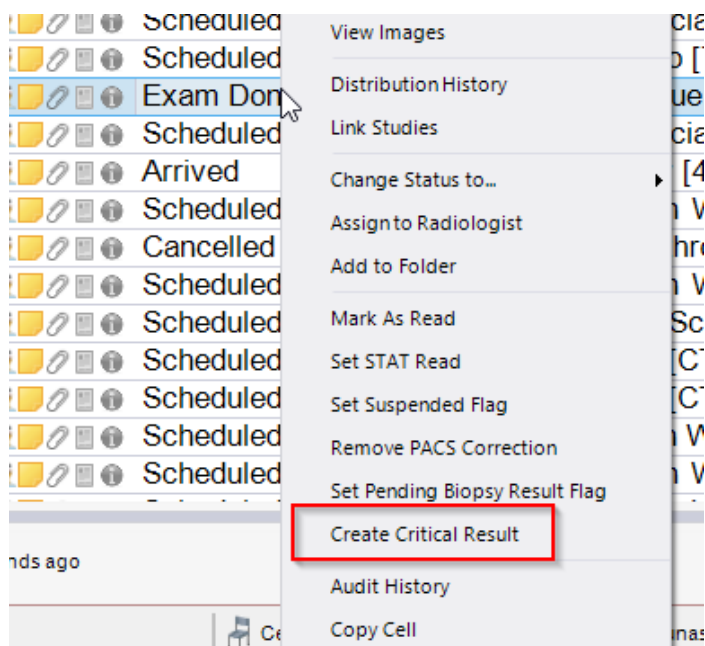
The button's function will remain the same and will continue to prompt the user to select a reason for discarding the document.

## GENERAL WORKLIST ENHANCEMENTS

### FEATURE #15127 – CRITICAL RESULT CONTEXT MENU ITEM NOW AVAILABLE FROM PATIENT FOLDER

**Create Critical Result** has been added to the context menu in the Patient Folder. This option will be available for any study that has reached Exam Done status.

The dialog screen that opens will be identical to the Critical Result dialog that opens from the Dictation screen.



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FEATURE #15584 – IMPROVE PERFORMANCE OF THE WORKLISTS (PHASE 1)

The worklists in eRAD RIS have been altered to rely on a new pattern which improves performance and opens the door to future features such as paging.

Visually, nothing has changed with the release of 2018.1, other than this pattern being changed internally.

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FEATURE #18276 - 'URGENCY LEVEL' COLUMN NOW AVAILABLE ON ALL PENDING AND PENDING BIOPSY WORKLISTS

A new column for **Urgency Level** has been added to the Pending Biopsy and All Pending Biopsy Worklists. This column is populated by the Urgency Level field populated on the Order tab.

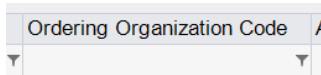
The functionality remains the same as in previous builds, including the ability to sort this column based on the Urgency Level **Display Order**, instead of alphabetically.

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FEATURE #18277 –'ORDERING ORGANIZATION' NOW AVAILABLE ON ALL THREE BIOPSY WORKLISTS

An additional column for 'Ordering Organization' has been added to the following worklists:

- Pending Biopsy Result WL
- Pending Biopsy WL
- All Pending Biopsy WL



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FEATURE #18283 - 'PATIENT CLASS' NOW AVAILABLE ON ADDITIONAL WORKLISTS

A column for **Patient Class** has been added to the following worklists:

- Pending Biopsy Results WL.
- Reports Drafted WL.
- All Reports Drafted WL.

This column is populated by the Patient Class selected on the Order tab.

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FEATURE #14585 - PACS INTEGRATION - INTELERAD

eRAD RIS now supports the Intelrad PACS viewer. It launches images based on MRN and accession number.

Notes:

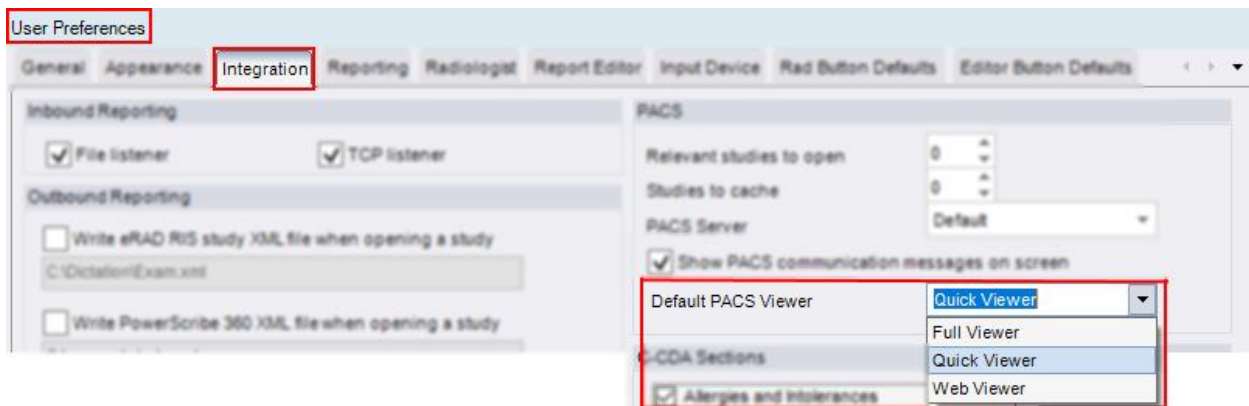
- The system config **MaxRelevantPriors** should be set to 0 as 'relevant studies to open' is not supported. Prior images can be viewed from within Intelrad PACS by checking the checkbox next to the study, then clicking the down arrow next to the images.
- "Next" workflow is supported.
- "Interrupt workflow" is supported where multiple studies can be opened in dictation windows and switching back and forth between these open studies displays the correct images.
- Prefetching of studies is not implemented.

FEATURE #16809 – SUPPORT ERAD PACS V8 TECH QUICK VIEW

eRAD PACS version 8 features 3 viewers. These are the full client, the web viewer and the quick viewer. eRAD RIS now supports launching any of those three viewers and not simply the full viewer. For example, technologists and even editors may need to glance at the images, but do not need the full viewer.

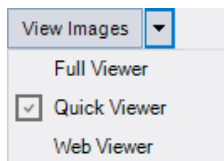
**User Preference**

To begin, each applicable user now has a new user preference:



This user preference will set the default state of the many **View Images** options throughout the RIS. Clicking the existing button will invoke the viewer set by the user preference. In addition, the user will have the ability to dynamically launch one of the other viewers if they occasionally need a different viewer.

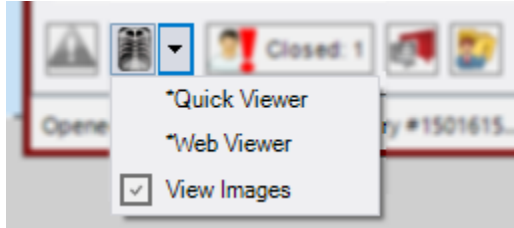
For example, on the technologist Perform Exam screen, the View Images button is now a split button. Hitting the down arrow will show the available eRAD viewers, and the user can select an alternate. This might fit the scenario where a technologist normally uses the quick viewer, but on a particular study needs to invoke the full viewer.



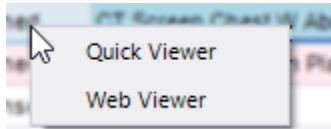
The user preference can be saved from this dropdown by pressing the Control key on the keyboard and clicking the alternate viewer.

The Radiologist’s version of the View Images button (the icon in the reporting screen) also supports the new viewer options, as does the View Images icon from the View Study screen.





The new viewers are now also enabled on the patient history worklist for any reporting screen as a context menu item as shown below.



The older default action of double-clicking will still launch the full viewer.

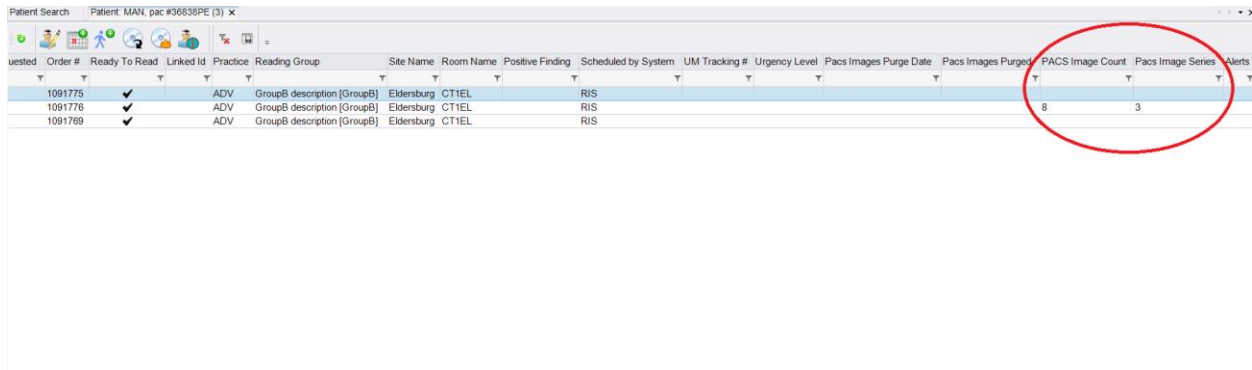
FEATURE #16811 - DISPLAY SERIES COUNT AND IMAGE COUNT INFORMATION FROM PACS

eRAD RIS can now display the Series and Image Count on various worklists. Two new columns were added for this purpose. These columns are labeled **PACS Image Count** and **PACS Series Count**. They appear on the following worklists:

- Pending Dictation WL.
- All Pending Dictation WL.
- Patient Folder.
- Mini-Patient Folder in Dictation Window.

These are populated by interfacing to an appropriate PACS update message, so the applicability of this feature to all PACS is not assured until reviewed by the RIS Engineering team to see if such a message exists for a particular PACS vendor.

Example showing these new values:



Order #	Ready To Read	Linked Id	Practice	Reading Group	Site Name	Room Name	Positive Finding	Scheduled by System	UM Tracking #	Urgency Level	Pacs Images Purge Date	Pacs Images Purged	PACS Image Count	Pacs Image Series	Alerts
1091775	✓		ADV	GroupB description [GroupB]	Eldersburg	CT1EL	RIS						8	3	
1091776	✓		ADV	GroupB description [GroupB]	Eldersburg	CT1EL	RIS								
1091789	✓		ADV	GroupB description [GroupB]	Eldersburg	CT1EL	RIS								

## DATABASE & INFRASTRUCTURE

### FEATURE #3797 - TELERIK UPGRADE

The internal toolkit used for many of the RIS graphical elements is supplied by a company called Telerik. The version of this toolkit was updated, resulting in improved code reliability/performance including the ability to take advantage of some more modern features of the toolkit in future versions of RIS. Visually there is very little change to observe in 2018.1, with the exception of some very slight changes to the look and feel of boxes, icons, fonts and colors.

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**FEATURE #19185 – SUPPORT LANGUAGE LOCALIZATION FOR ENGLISH - CANADIAN**

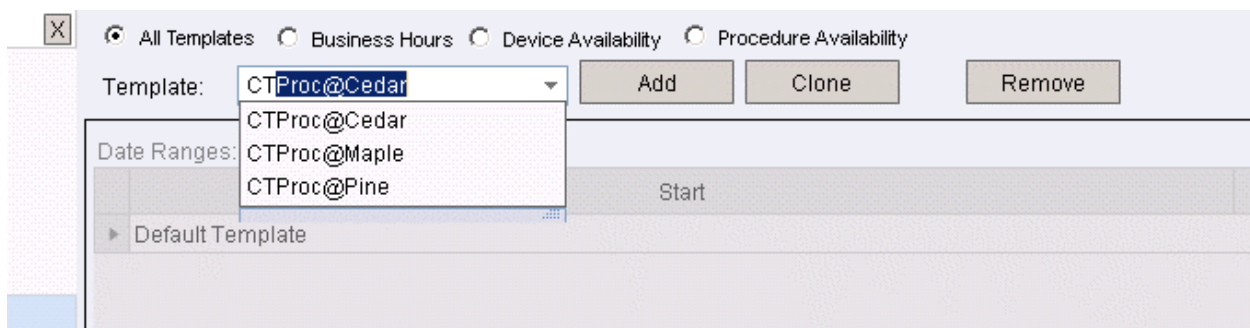
The RIS is now being sold and deployed in Canada. There are various terms and spellings that are different in Canada; therefore, it is necessary to support a ‘Canadian-English’ localization of eRAD RIS. The RIS deployment now contains an en-CA folder to allow for future language updates.

RIS ADMINISTRATION

FEATURE #18568 – LOCATE AVAILABILITY TEMPLATES MORE EFFICIENTLY

The lookup table editor for Availability Templates previously required the user to scroll through a long dropdown list to find the template they wished to edit. The dropdown now supports a type-ahead search, which will filter the contents of the dropdown as the user types.

In the example below, the user has typed CT and the list has been filtered to show only templates that begin with those letters.



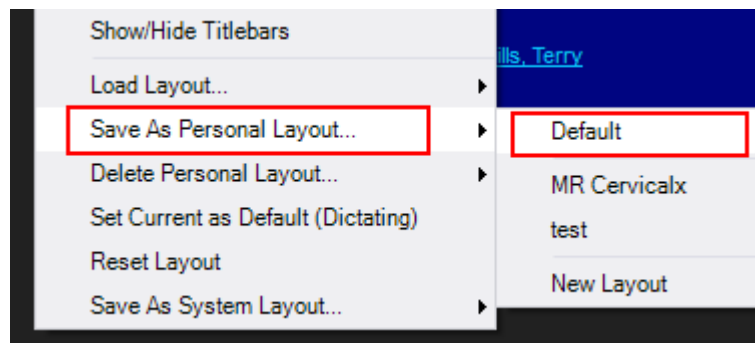
RADIOLOGIST

FEATURE #18693 – IMPROVE THE ‘DEFAULT’ LAYOUT FOR THE RADIOLOGIST/EDITOR TOOL WINDOW.

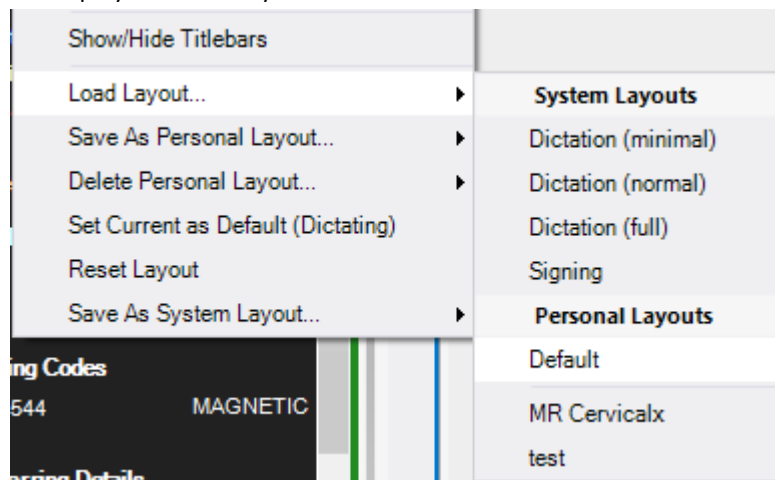
eRAD RIS has supported the concept of layouts for the radiologist/editor roles for some time. However, there were some lingering issues with the concept of a ‘Default’ layout. The user was able to “Set current as Default (Dictating)” but there was no way to reload the previous ‘factory’ layout other than restarting RIS. Also, once this ‘Default’ was saved the user was unable to delete the layout.

eRAD RIS now has a new menu item called “Default” that was added to the following submenus to improve this functionality.

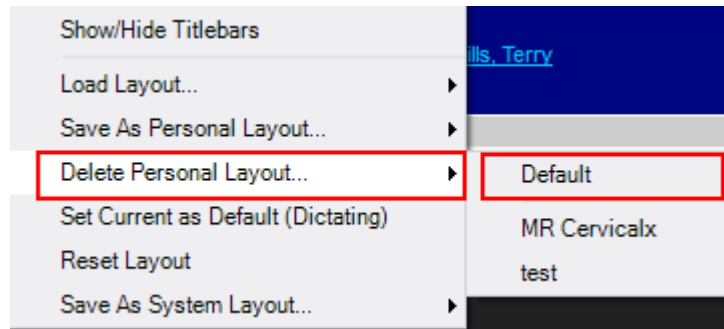
- View / Save As Personal Layout... / Default
  - Saves the users default layout for this screen.
  - Is essentially the same as “Set Current as Default (<current screen>)”



- View / Load Layout / Default
  - Will load the user’s default if one was saved; otherwise, it loads the system default if it created or the deployed default layout.



- View / Delete Personal Layout / Default
  - Deletes the users default layout for this screen.
  - Is only visible when a user default has been previously saved for this screen.



The “Save Personal Layout” dialog will now be shown every time a personal layout is saved, instead of only when “New layout” was selected. When overwriting an existing layout, the layout name will pre-populate in the dialog. Leaving it intact will overwrite it as expected; changing the name will create a new layout. This will allow the user to “Set as Default” any time they save a change to a personal layout.

## PORTALS – ALL

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### FEATURE #18707 – DISPLAY THE PORTALS IN THE SELECTED LANGUAGE OF THE USER

Portal localization is supported in two different models: a straightforward unilingual model and a more complex multilingual model that allows a portal user to choose their preferred language for interacting with the portal.

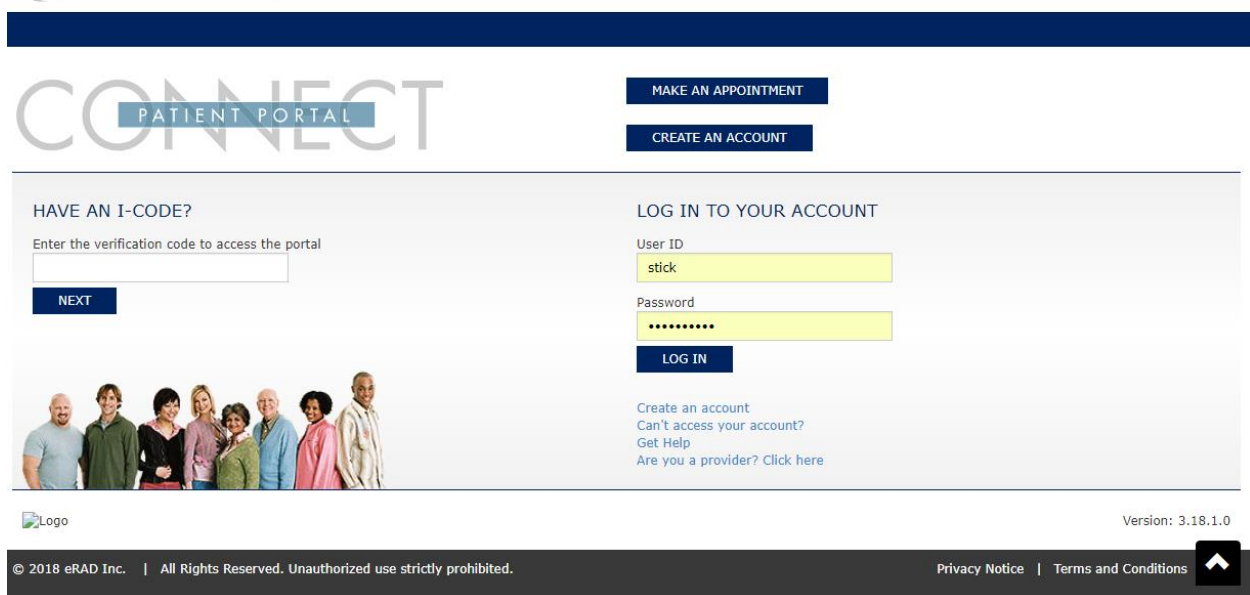
The simple version is the support of the portal in the identical language to the RIS application. Suppose the RIS is deployed with Spanish, then it is possible to enable the portals in Spanish as well.

This unilingual RIS/Portal installation is relatively simple to support. The user of the portal will not see any changes. The login page for the portal will simply be in that language without any need to select it.

eRAD RIS also supports a more complicated model where the main RIS language can be different than those used in the portals. This allows the portal user to choose from two or more supported languages.

From a portal user's perspective, there is a language selector at the top right of the login screen. When the language is selected, the presentation of the portal and data elements from the RIS will be presented in the selected language. This selection will be saved as a cookie to the local computer and will default to this language from this point on.





The dropdown will show all configured languages for that instance of the portal.

Note that the desired languages must be pre-identified and translated by the translation team before they can be deployed to a customer's portal. Unfortunately, it is not as simple as simply "turning on" any number of desired languages. The 'core' fields of the RIS application need to be translated by the eRAD translation team and there is also a considerable amount of configuration on the part of the customer themselves to have a smooth user experience for the portal users. This is because individual language-specific items, like procedure names and configurable portal messaging, are added by each customer and must be individually translated for each language that the customer wishes to support in the portals.

Example: The customer runs the RIS in English and has added procedure code 121 as "CT Chest without contrast." Since this is a customer-specific value, eRAD RIS does not have a translation for the name of this procedure. If the customer wishes to support Spanish, German and English in the portals, then the customer will need to configure the translated values for "CT Chest without contrast" in both Spanish and German. This is required for many customer-configured fields in RIS.

## HOW TO CONFIGURE

### Portal Configuration to support other languages

The first step to adding a new language to a portal is to contact eRAD. If the desired language(s) are already available, an adjustment to the Application Configuration must be made by the service team. For multilingual language support, there is additional configuration that can be done by the customer from within the RIS application.

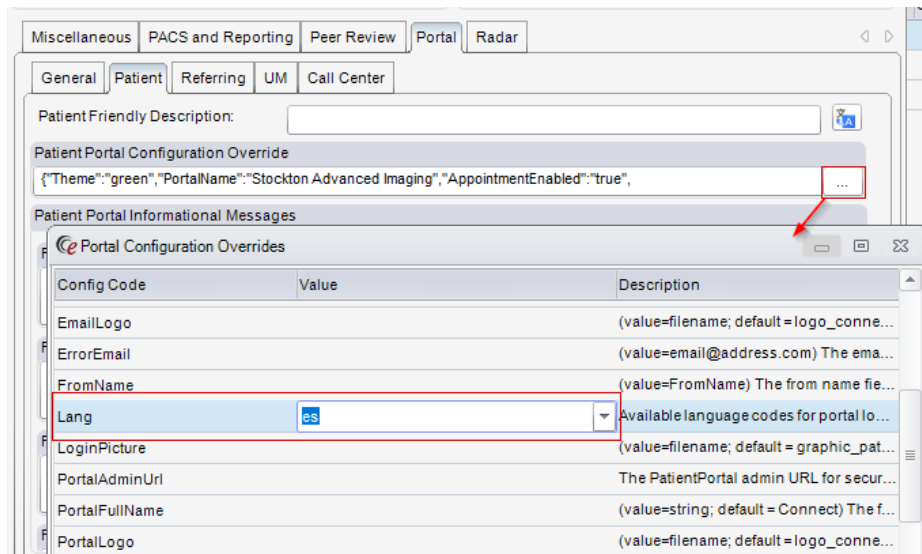
Begin by configuring the new **Application Language** lookup table. This table is pre-populated with all languages that are supported by the RIS. Simply set the **xx\_Visible Flag** to Y for the desired languages for each portal.

Lookup - ApplicationLanguage

App Language Code	Description	Display Order	Pp Visible Flag	Rp Visible Flag	Ump Visible Flag	Last Updated	Active
Click here to add a new row							
ar	Arabic	1	Y	Y	Y	12/01/2017 1:5...	Y
en	English	1	Y	Y	Y	12/01/2017 1:5...	Y
en-AU	English - Australia	1	Y	Y	Y	12/01/2017 1:5...	Y
en-ZA	English - South Africa	1	Y	Y	Y	12/01/2017 1:5...	Y
he	Hebrew	1	Y	Y	Y	12/01/2017 1:5...	Y
pt-BR	Portuguese - Brazil	1	Y	Y	Y	12/01/2017 1:5...	Y
ru-RU	Russian - Russia	1	Y	Y	Y	12/01/2017 1:5...	Y
ars	hebrew	1	Y	Y	Y	11/28/2017 5:1...	Y
es	Spanish	1	Y	Y	Y	11/28/2017 4:3...	Y

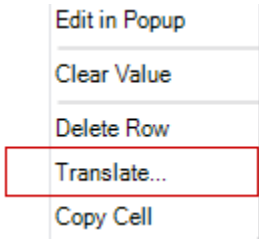
### Defaulting the initial language


When the portal first opens after a choosing a Site Group, the portal will default to the language specified in the Application Configuration file. However, it is possible to override the default language for a specific Practice using the **LANG** setting in the Practice's **Portal Configuration Overrides** section.

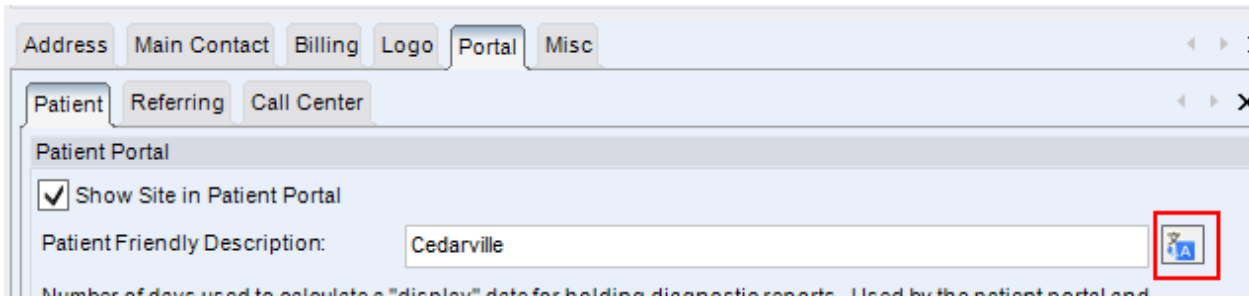


### Localizing the lookup table values

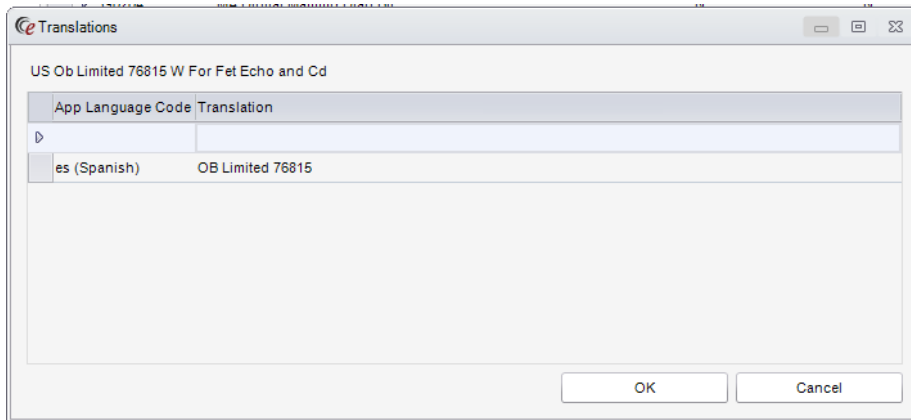
The next stage of localization will require assistance and long term support from the customer. Within the lookup editor of many tables, a new tool is available on the right-click context menu called **"Translate..."**. Access to this option is controlled by a new access string **Config.lookupeditor.ApplyTranslation**, with a default on None.



There is also a Translate button in some custom editor windows, which looks like this: 



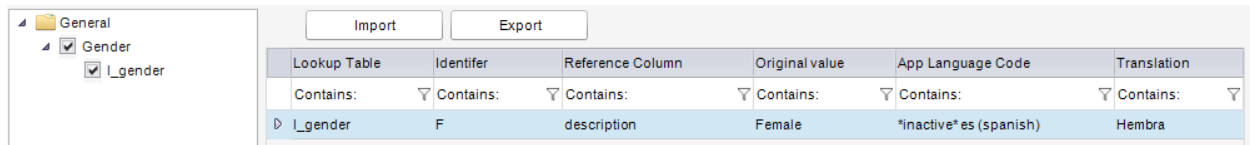
Clicking the context menu or the button will open a pop-up window that will allow the customer to specify a translated text value for the selected item in any of the supported languages. Simply select the appropriate language in the App Language Code column, then add the translation for that language.



### Backup/Restore/Consolidated list of lookup localizations

There is a virtualized lookup table of all lookups that have had localizations applied. This feature will also allow these values to be backed up and restored.

Grant access to the permission [Config.LookupEditor.LookupLocalization](#) and then open the [LookupLocalization](#) table. This will show all lookups that have been localized in a tree view:



Lookup Table	Identifier	Reference Column	Original value	App Language Code	Translation
Contains:	Contains:	Contains:	Contains:	Contains:	Contains:
I_gender	F	description	Female	*inactive*es (spanish)	Hembra

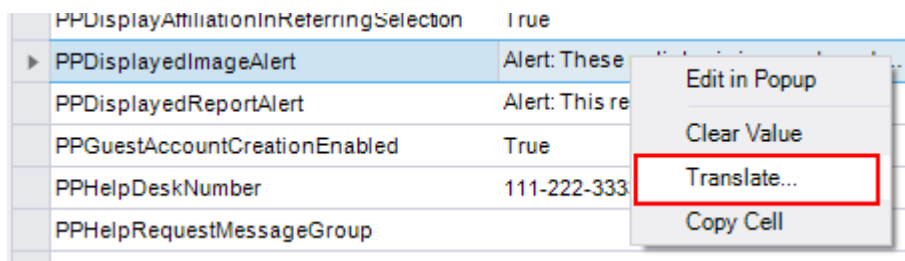
The tree view is not only for navigation, but also for specifying what tables are to be exported/imported. The values shown can be modified from the tool, but new rows cannot be added. Instead, they must be added in the original lookup table.

### Localizing the SystemConfiguration values

Some System Configuration values also require translation. These values include:

- PPDisplayedImageAlert
- PPDisplayedReportAlert
- PPImagesHoldBackMessage
- PPReportHoldBackMessage
- RPIImageNoAccountMessage
- PortalAttachmentAccessDeniedMessage
- PortalExtReportVerifiedReportMessage
- PortalFaxCoverSheetUnavailableMessage
- PortalImageNoImagesMessage
- PortalImageUnAvailableMessage
- PortalIncompleteStatusReportUnavailableMessage
- PortalLegacyReportUnavailableMessage
- PortalOpinionLetterUnavailableMessage
- PortalReportUnAvailableMessage
- PortalTechOnlyNoReportMessage

Simply right click these values and select "Translate..."



PPDisplayAffiliationInReferringSelection	True
PPDisplayedImageAlert	Alert: These
PPDisplayedReportAlert	Alert: This re
PPGuestAccountCreationEnabled	True
PPHelpDeskNumber	111-222-333
PPHelpRequestMessageGroup	

---

FEATURE #18476, 18477, 18479 – ALLOW 8-DIGIT ICODE/VERIFICATION CODES

To improve a portal user's ability to successfully complete workflows such as password recovery, ICodes can now be configured with fewer alpha-numeric characters.

A new System Configuration, [PortalValidationCodeLength](#), controls the length of the ICodes generated from RIS. The default is 8 characters. Previously, ICodes were 16 characters in length which was found to be too long for many portal users to enter correctly. The original 16 character length can still be supported by setting the value to 16. A length of 12 characters is also supported.

All validation code fields have been configured to a single text box which was previously 4 separate fields.

ICodes will continue to be unique and randomized.

Any pre-existing ICodes that are still active will continue to work, even if the new setting is set to fewer characters.

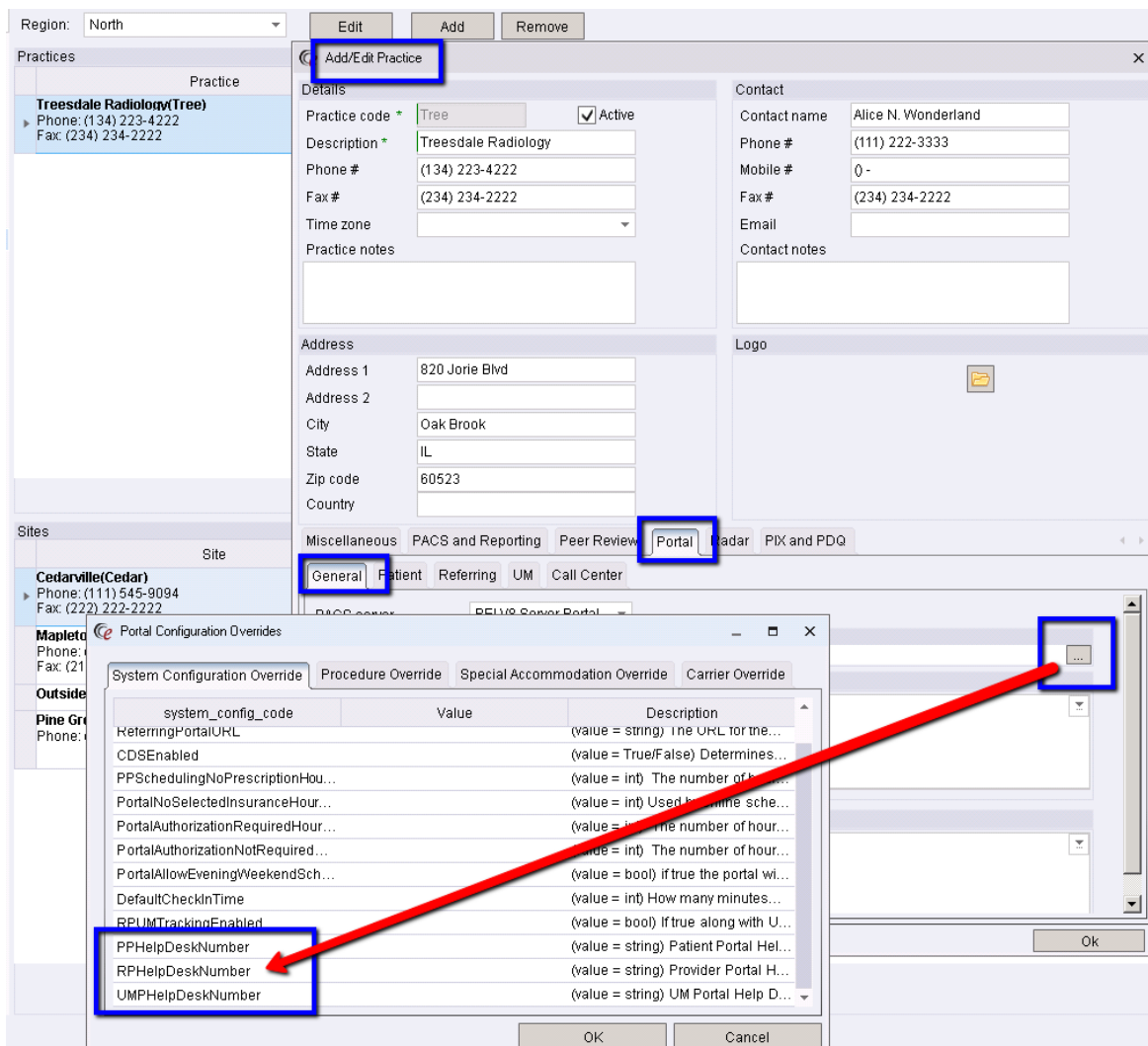
**FEATURE #18540, 18538, 18539 – CONFIGURE A HELP DESK PHONE NUMBER FOR THE GET HELP PAGE**

It is now possible to define a Help Desk phone number to the portal **Get Help** page (whether this is the version of the page inside or outside a log-in).

Three new System Configuration settings have been added:

- **PPHelpDeskNumber**
- **RPHelpDeskNumber**
- **UMPHelpDeskNumber**

It is also possible to override the box-level settings in the Practice table:



The screenshot shows the 'Add/Edit Practice' dialog box with the following details:

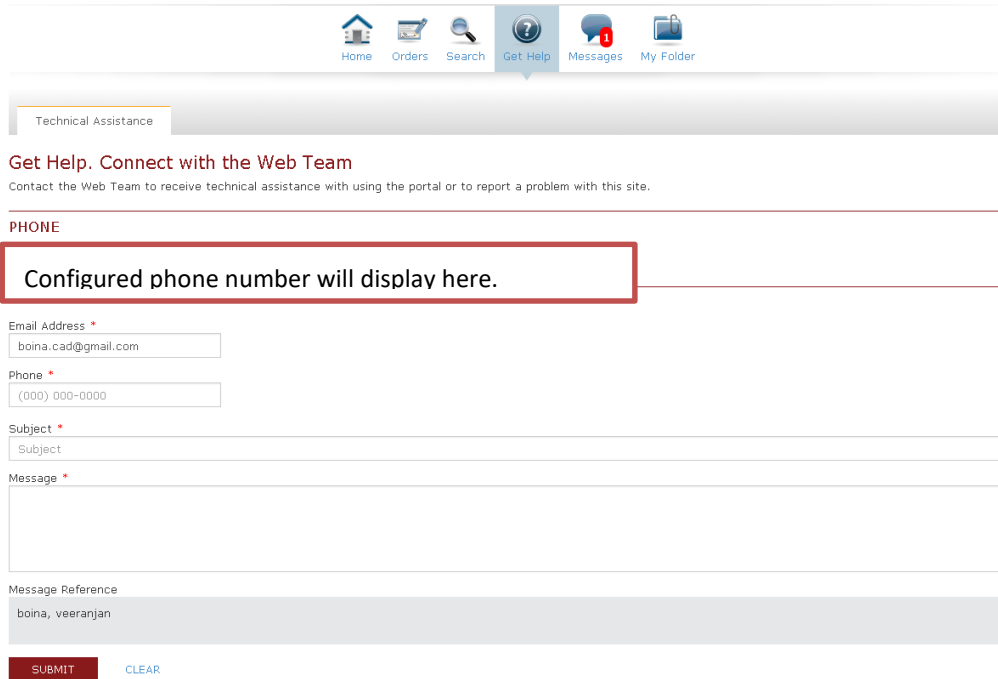
- Details:** Practice code \* (Tree), Description \* (Treesdale Radiology), Phone # ((134) 223-4222), Fax # ((234) 234-2222), Time zone, Practice notes.
- Contact:** Contact name (Alice N. Wonderland), Phone # ((111) 222-3333), Mobile # (0-), Fax # ((234) 234-2222), Email, Contact notes.
- Address:** Address 1 (820 Jorie Blvd), Address 2, City (Oak Brook), State (IL), Zip code (60523), Country.
- Buttons:** 'Add/Edit Practice' and 'Portal' are highlighted with blue boxes.

The 'Portal Configuration Overrides' dialog box shows a table of system configuration overrides:

system_config_code	Value	Description
ReferringPortalURL		(value = string) The URL for the...
CDSEnabled		(value = True/False) Determines...
PPSchedulingNoPrescriptionHou...		(value = int) The number of...
PortalNoSelectedInsuranceHour...		(value = int) Used to define sche...
PortalAuthorizationRequiredHour...		(value = int) The number of hour...
PortalAuthorizationNotRequired...		(value = int) The number of hour...
PortalAllowEveningWeekendSch...		(value = bool) if true the portal wi...
DefaultCheckInTime		(value = int) How many minutes...
RPUIMTrackingEnabled		(value = bool) If true along with U...
PPHelpDeskNumber		(value = string) Patient Portal Hel...
RPHelpDeskNumber		(value = string) Provider Portal H...
UMPHelpDeskNumber		(value = string) UM Portal Help D...

The 'PPHelpDeskNumber', 'RPHelpDeskNumber', and 'UMPHelpDeskNumber' rows are highlighted with a blue box. A red arrow points from the '...' button in the 'Portal' dialog to the 'PPHelpDeskNumber' row in the 'Portal Configuration Overrides' dialog.

When the portal user clicks Get help, the Phone number section will be displayed if the number has been specified.



Home Orders Search **Get Help** Messages My Folder

Technical Assistance

**Get Help. Connect with the Web Team**  
Contact the Web Team to receive technical assistance with using the portal or to report a problem with this site.

---

PHONE

Configured phone number will display here.

---

Email Address \*

Phone \*

Subject \*

Message \*

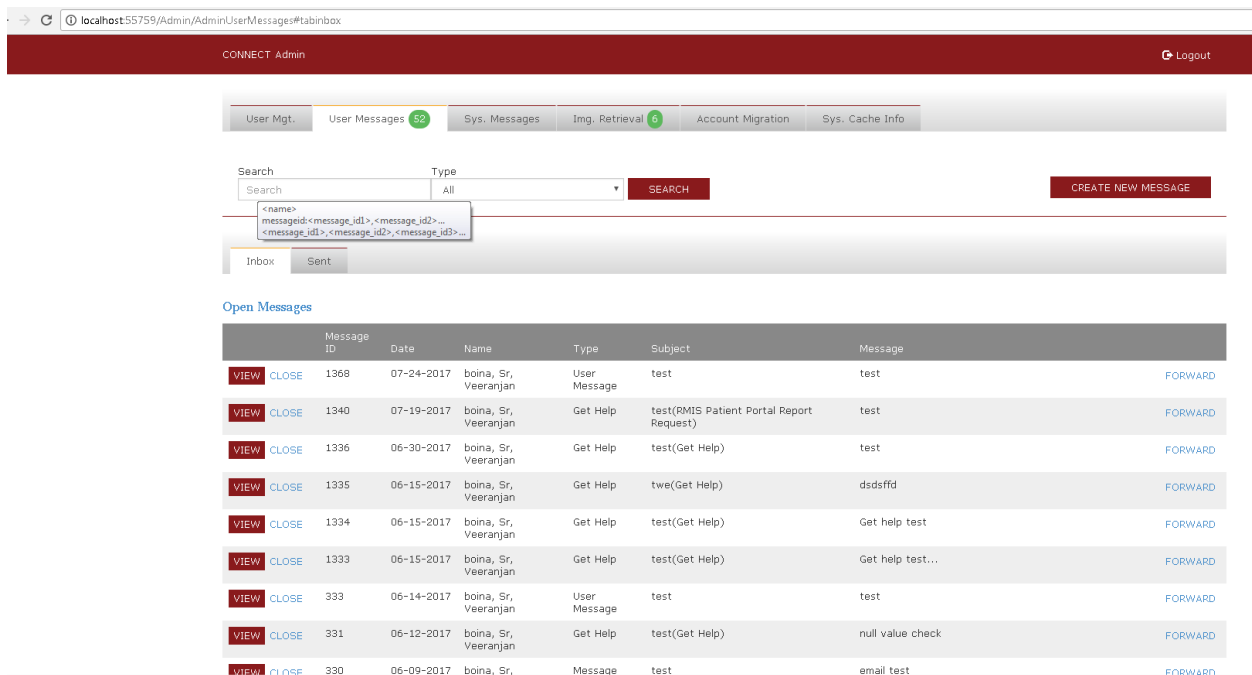
Message Reference  
boina, veeranjana

If the System Configuration setting and the Practice override are both blank, the phone number section will not be displayed.

**FEATURE #17312 – ADMIN PORTAL: SEARCH USER MESSAGES BY REFERENCE KEY**

In the Admin Portal, it is now possible to search by the Message ID that is present in the email received from a user message.

On the “User Messages” Tab, hovering over the Search box will display the format to use to search by Message ID. To search for a single Message ID, type “messageid:” followed by the number. To search for multiple IDs, simply add a comma and the next ID.



The screenshot shows the Admin Portal interface for User Messages. At the top, there are navigation tabs: User Mgt., User Messages (69), Sys. Messages, Img. Retrieval (6), Account Migration, and Sys. Cache Info. Below the tabs is a search area with a search box, a dropdown menu set to 'All', and a 'SEARCH' button. A tooltip is visible over the search box, showing the format: <name> messageid:<message\_id>,<message\_id>...</name>. To the right of the search area is a 'CREATE NEW MESSAGE' button. Below the search area are 'Inbox' and 'Sent' tabs. The main content area is titled 'Open Messages' and contains a table with the following data:

	Message ID	Date	Name	Type	Subject	Message	
<a href="#">VIEW</a>	1368	07-24-2017	boina, Sr, Veeraranjan	User Message	test	test	<a href="#">FORWARD</a>
<a href="#">VIEW</a>	1340	07-19-2017	boina, Sr, Veeraranjan	Get Help	test(RMIS Patient Portal Report Request)	test	<a href="#">FORWARD</a>
<a href="#">VIEW</a>	1336	06-30-2017	boina, Sr, Veeraranjan	Get Help	test(Get Help)	test	<a href="#">FORWARD</a>
<a href="#">VIEW</a>	1335	06-15-2017	boina, Sr, Veeraranjan	Get Help	two(Get Help)	dsdsfffd	<a href="#">FORWARD</a>
<a href="#">VIEW</a>	1334	06-15-2017	boina, Sr, Veeraranjan	Get Help	test(Get Help)	Get help test	<a href="#">FORWARD</a>
<a href="#">VIEW</a>	1333	06-15-2017	boina, Sr, Veeraranjan	Get Help	test(Get Help)	Get help test...	<a href="#">FORWARD</a>
<a href="#">VIEW</a>	333	06-14-2017	boina, Sr, Veeraranjan	User Message	test	test	<a href="#">FORWARD</a>
<a href="#">VIEW</a>	331	06-12-2017	boina, Sr, Veeraranjan	Get Help	test(Get Help)	null value check	<a href="#">FORWARD</a>
<a href="#">VIEW</a>	330	06-09-2017	boina, Sr,	Message	test	email test	<a href="#">FORWARD</a>



**FEATURE #9074 – ALLOW USERS TO SIGN UP FOR A RADAR NOTIFICATION WHEN A SYSTEM MESSAGE HAS EXPIRED**

Users sometimes need to know when a System Message has been expired. For example, a user may wish to be notified when a System Message regarding portal down time has ended.

When creating a system message, the portal admin can choose to enable a RADAR notification link which allows the portal user to opt-in to receive a text and/or email notification when the system message has been expired.

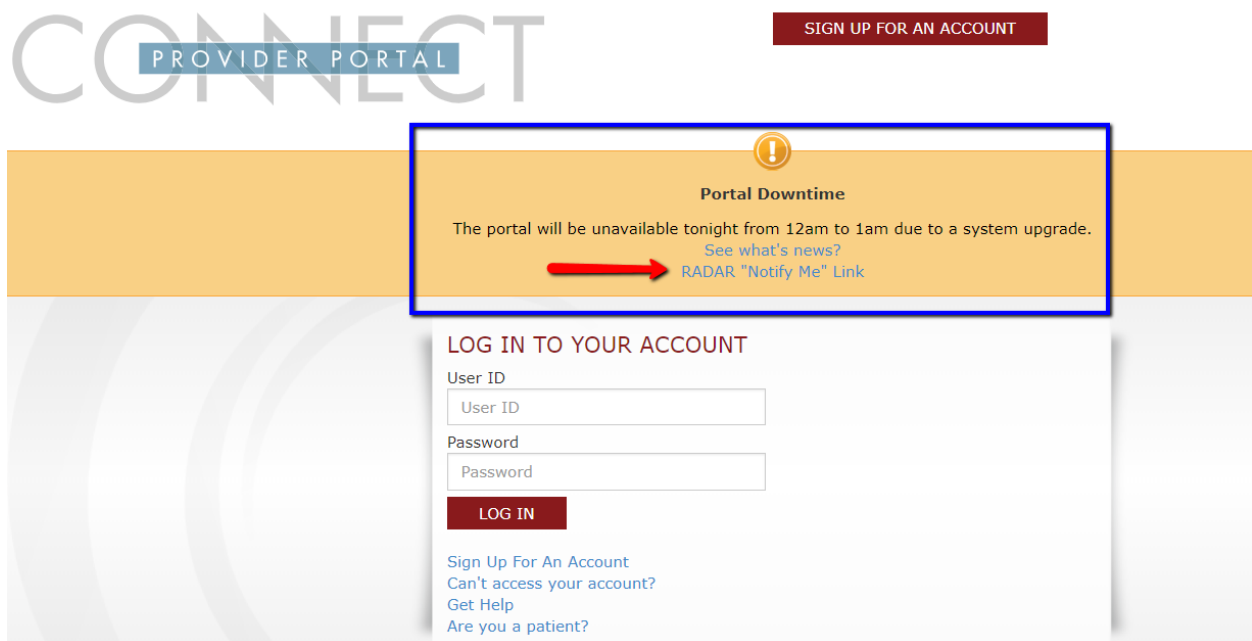
**RADAR NOTIFICATION**

Active  
 Disabled

Link Text

Resolution Text

To give portal users the option to sign up for a notification when the System Message has been expired, select the Active radio button as shown above. The Link Text will display to the portal user at the bottom of the System Message banner, as shown below:



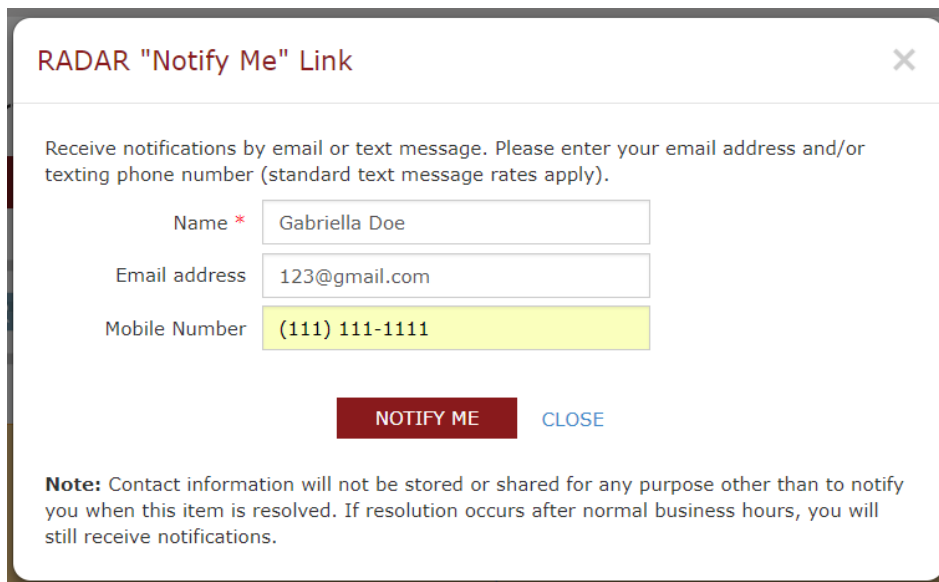
The Resolution Text is the information that will be included in the notification that is sent out to the user when the System Message has been expired.

Example for a System Message related to System Downtime:

**Link Text:** Notify me when the upgrade is complete!

**Resolution Text:** The upgrade is complete and the portal is back online.

When the portal user clicks the Notification link, a pop-up will explain the notification service and the user can enter their name and mobile number and/or email. The title of the screen will match the Link Text setting.



A Scheduled Task will be created in the RIS with a “next run date” that matches the expiration date currently set for the System Message. If the System Message is manually expired earlier than scheduled, a stored procedure will update the “next run date” to NOW.

When message is expired, the scheduled task will automatically be executed, retrieving the provided emails/phone numbers and adding the requested notification messages to the queue.

PORTALS – PATIENT & PROVIDER (BOTH)

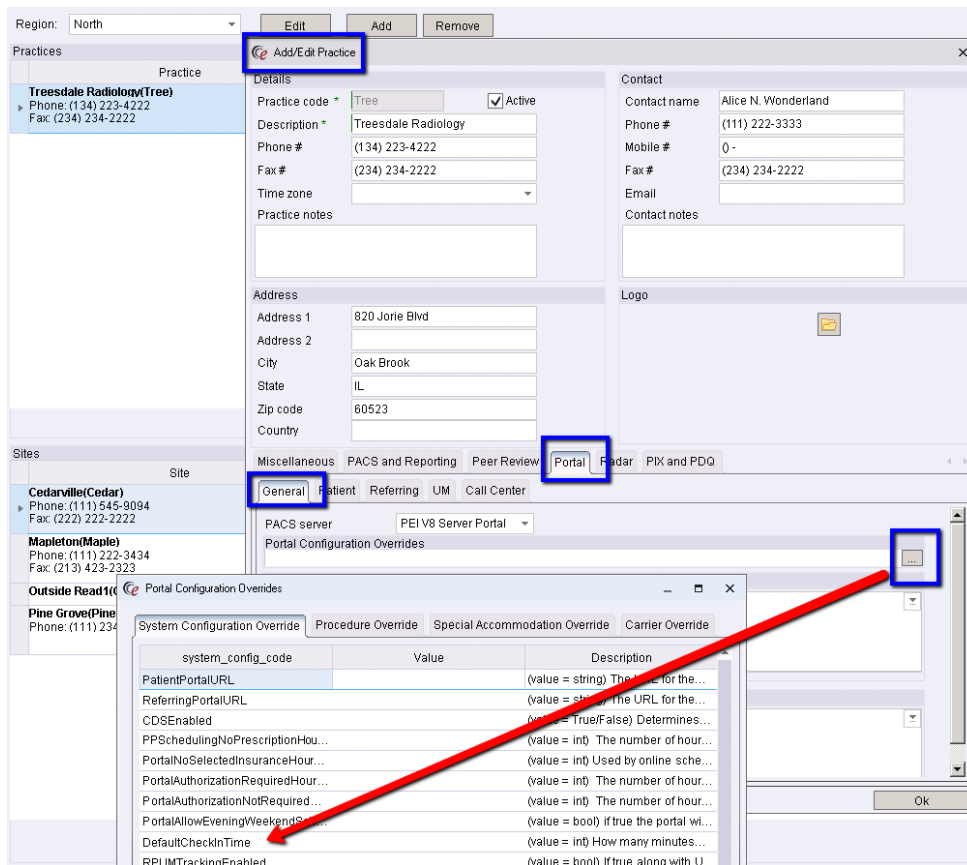
FEATURE #18203, 18202 - ALLOW FOR CONFIGURABLE CHECK-IN TIMES

When scheduling via the portals, previously each appointment would inform the patient to check-in 15 minutes before their appointment by default. Check-in times can now be customized based on several configuration options.

There is a new System Configuration setting to control the system level default for check-in time: **DefaultCheckInTime**. The default value is 15 minutes.

This default can be overridden from several levels.

First, it is possible to set an override on the Practice level in the Organization table.



The screenshot shows the 'Add/Edit Practice' dialog box with the 'Portal' tab selected. The 'Portal Configuration Overrides' table is displayed with the following data:

system_config_code	Value	Description
PatientPortalURL		(value = string) The URL for the...
ReferringPortalURL		(value = string) The URL for the...
CDSEnabled		(value = True/False) Determines...
PPSchedulingNoPrescriptionHou...		(value = int) The number of hour...
PortalNoSelectedInsuranceHour...		(value = int) Used by online sche...
PortalAuthorizationRequiredHour...		(value = int) The number of hour...
PortalAuthorizationNotRequired...		(value = int) The number of hour...
PortalAllowEveningWeekendSche...		(value = bool) If true the portal wi...
DefaultCheckInTime		(value = int) How many minutes...
RPUMTrackingEnabled		(value = bool) If true along with U...

In addition, an override can also be set in the Modality lookup table.

Modalities:		
Modality Code	Default Check In Time	Sho
Contains:	Equals:	Co
*		
CT1CE	20	CT
CT1PG	0	CT
PT1MP	0	PF

If there is an override at the Practice level and the Modality level, the greater length will be presented to the patient. Similarly, if the patient is having multiple exams, the longer check-in time will be displayed.

← BACK
↓

### Schedule Exam

Choose the date, location, and time for the exam by selecting an open time slot. Patient should arrive 5 minutes prior to the scheduled appointment time.

EXAM 1  
 MA Digital Mammo Diag Bil

Show Locations for:  
**Advanced Imaging**

Map

MON 09-11-2017

**TUE 09-12-2017**

WED 09-13-2017

THU 09-14-2017

FRI 09-15-2017

SAT 09-16-2017

SUN 09-17-2017

Calendar

Select a time slot for Lutherville on Tuesday, September 12, 2017

Mornings

*No time slots available.*

Afternoons

15:45

Evenings

*No time slots available.*

---

Sort Locations by:

- Earliest Availability
- Distance from 00705, Aibonito PR

[CHANGE](#)

- Eldersburg (1605.02 mi)
- Fisher (1615.26 mi)
- Lutherville (1597.52 mi)**

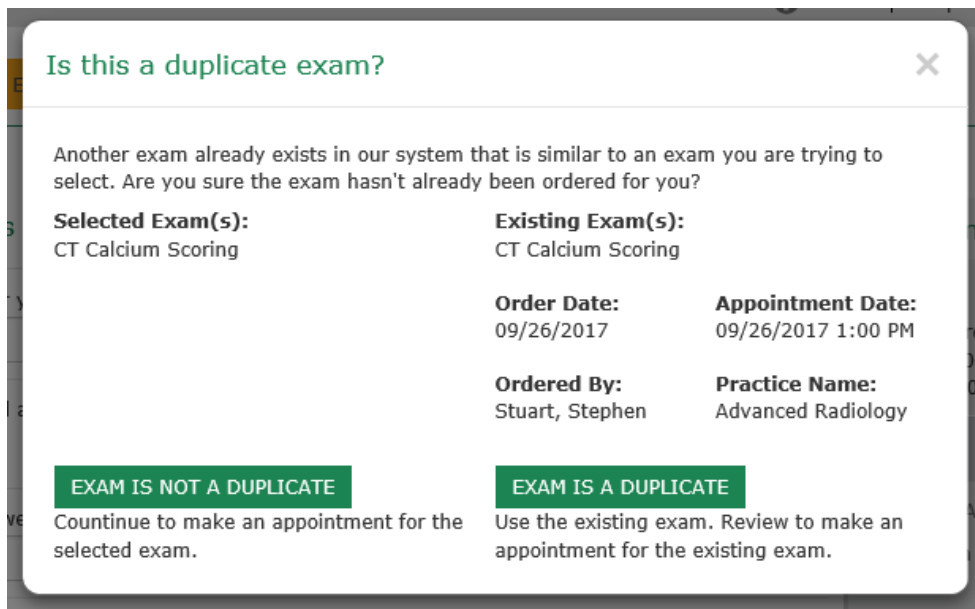
NEXT →
CANCEL

## PORTALS – PATIENT

## FEATURE #16073 - NOTIFY PATIENT THAT AN ORDER MAY ALREADY EXIST FOR THEIR APPOINTMENT

Because patients, providers and schedulers can create appointments/orders, there can sometimes be confusion over who is creating the appointment/order, resulting in duplicate appointments or orders intended for the same service.

The Connect portal will now present a pop-up message that notifies the patient that an order may already exist for the appointment they are trying to make. After the patient has selected a procedure to schedule, an assessment will be done to see if there are any scheduled or unscheduled orders that are likely to be a match. If so, the following message is displayed.



**Is this a duplicate exam?** ✕

Another exam already exists in our system that is similar to an exam you are trying to select. Are you sure the exam hasn't already been ordered for you?

<b>Selected Exam(s):</b> CT Calcium Scoring	<b>Existing Exam(s):</b> CT Calcium Scoring
<b>Order Date:</b> 09/26/2017	<b>Appointment Date:</b> 09/26/2017 1:00 PM
<b>Ordered By:</b> Stuart, Stephen	<b>Practice Name:</b> Advanced Radiology

**EXAM IS NOT A DUPLICATE**      **EXAM IS A DUPLICATE**

Continue to make an appointment for the selected exam.      Use the existing exam. Review to make an appointment for the existing exam.

If the patient chooses “Exam is **not** a duplicate,” the window will close and the patient can continue scheduling the new order. If the user clicks “Exam is a duplicate,” the workflow will be different depending on whether the matching order is scheduled or unscheduled.

- If scheduled, the patient will be redirected to the Exam Detail page where they can review the scheduled exam and reschedule if a different date/time is desired.
- If the order has not yet been scheduled, the new order that has been started by the patient will be replaced with the existing order. The patient can proceed with scheduling.

The following details describe the logic used to determine if there is a possible existing order that matches what the patient is scheduling.

- **Matching *Unscheduled* Order:**
  - A study in Ordered status that is less than 2 weeks old and the same Procedure Group Code as an exam the patient is attempting to schedule.
- **Matching *Scheduled* Order:**
  - A study in Scheduled status that is scheduled within the next 30 days and the same Procedure Group Code as an exam the patient is attempting to schedule.
- **Other considerations:**
  - If the patient is scheduling multiple procedures, if any individual procedure is a possible match, the screen will be presented to the patient.
  - If the patient has a scheduled or unscheduled order with a Procedure Plan, it will be considered a match if the patient attempts to schedule either the same Procedure Plan or a single procedure with the same Procedure Group Code as one of the procedures from the Procedure Plan.
  - If there are multiple possible matches, the system will order all possible results first by scheduled date and requested date. Anything already scheduled will be the priority option.

If the patient has a matching order and it is not configured to be scheduled via the portal, the patient will be prompted to contact the Scheduling Department if they indicate that the exam is a duplicate.

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FEATURE #13962 - PROMPT THE PATIENT TO SCHEDULE A DEXA IN THE SAME LOCATION AS PREVIOUS DEXA EXAMS

Ideally, DEXA Bone Mineral Density exams should be performed on the same piece of equipment each time, in order to calculate bone density rate of change. This is because calibration may vary between scanners.

Messaging has been added in the Patient Portal to inform the patient why this is important and to identify the center(s) where prior DEXA scans have been done.

A new System Configuration setting, **DEXAProcedureGroupCode**, has been created. The administrator should enter the value that represents the Procedure Group Code assigned to the DEXA Procedure Codes. This will allow the system to identify when the exam to be scheduled is a DEXA study.

The next step in the configuration required for this feature must be done in the **SiteGroup** lookup table. This table allows an administrator to group various sites together so that the selected sites can be handled as a common entity for a variety of workflows. For the DEXA functionality, a new **Site Group Type** has been created to represent a group of sites that have been configured in such a way that the patient will receive an accurate rate of change calculation by using any of these DEXA units. Site Groups must be created for each group of DEXA sites that can be used interchangeably. The new **DEXA Exam Group** Site Group Type should be used to identify the groups.

When the patient schedules an exam with the Procedure Group Code that matches the **DEXAProcedureGroupCode** System Configuration setting, the RIS will evaluate whether the patient had a previous DEXA study and where. The Site will be compared to the Site Group table (DEXA Exam Group) to determine whether there are other sites that are compatible. The previous site and any compatible sites will be recommended for the patient's future exam.

In the following screenshot, the patient has had a prior DEXA at the Fisher site and the Lutherville site is in the same DEXA Exam Group (indicating that the two sites have compatible DEXA equipment). The Fisher site is automatically selected and the Lutherville site is also highlighted in a paler yellow. The explanatory message encourages the patient to choose between these sites for the best possible exam.

BACK

Schedule Exam

Choose the date, location, and time for the exam by selecting an open time slot. Please arrive 15 minutes prior to your scheduled appointment time.

EXAM 1  
DE Exam Scoring

Show Locations for: American Imaging

MON 09-25-2017 TUE 09-26-2017 **WED 09-27-2017** THU 09-28-2017 FRI 09-29-2017 SAT 09-30-2017 SUN 10-01-2017

Sort Locations by:  
 Earliest Availability  
 Distance from 20500, Northwest Washington Washington

Locations:  
**Eldersburg (36.01 mi)**  
**Fisher (45.94 mi)** *Previous appointment was here*  
 Lutherville (42.6 mi)

Select a time slot for Fisher on Wednesday, September 27, 2017

Mornings: No time slots available.  
 Afternoons: 3:00 PM  
 Evenings: No time slots available.

Recommended Sites.

To properly calculate your bone density rate of change, it is important to select locations with the same machine configuration as your previous DEXA exam.

The location of your previous DEXA exam has been selected. If you would like to choose a different location, please select only locations highlighted in yellow.

OK

NEXT CANCEL

If the patient decides to choose an appointment at the Eldersburg site, the pop-up shown below will display because Eldersburg is not part of the same DEXA Exam Group as the site of the patient’s prior study.

BACK

Schedule Exam

Choose the date, location, and time for the exam by selecting an open time slot. Please arrive 15 minutes prior to your scheduled appointment time.

EXAM 1  
DE Exam Scoring

3:00 PM

Show Locations for: American Imaging

MON 09-25-2017 TUE 09-26-2017 **WED 09-27-2017** THU 09-28-2017 FRI 09-29-2017 SAT 09-30-2017 SUN 10-01-2017

Sort Locations by:  
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Locations:  
**Eldersburg (36.01 mi)**  
**Fisher (45.94 mi)** *Previous appointment was here*  
 Lutherville (42.6 mi)

Select a time slot for Eldersburg on Wednesday, September 27, 2017

Mornings: No time slots available.  
 Afternoons: 3:00 PM  
 Evenings: No time slots available.

DEXA Exam: Location Selection Alert

To properly calculate your bone density rate of change, it is important to select locations with the same machine configuration as your previous DEXA exam.

You have selected a location that does not match the machine configuration of your previous DEXA exams. Matching locations are highlighted in yellow. Are you sure you want to continue?

CONTINUE CANCEL

NEXT CANCEL

The patient is allowed to continue, but must confirm that they wish to continue scheduling at a site that is not recommended.



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## FEATURE #18480 – VERIFICATION CODES WILL NO LONGER EXPIRE IN TWO HOURS OR WHEN SECOND CODE IS GENERATED

To improve the success rate for patients completing the Create Account workflow, several changes have been made to the way verification codes function.

Two scenarios commonly cause issues for patients completing the account creation workflow:

1. Patients suspend account creation prior to retrieving the verification code from the email. When they return later in the day after checking their email, the verification code has expired.
2. Patients are impatient to wait for the email to arrive and click the “Send It Again” link, generating a second code which expires the first. When the first arrives, they believe it is the second and attempt to use the code. Because the request for a second code has invalidated the first code, it does not work and patients abandon the workflow.

To address these two scenarios, two enhancements have been made.

First, it is now possible to configure the number of hours before a verification code will expire. This is done via an application.config setting: **ValidationCodeExpiration**, which has a default of 24 hours.

The second change is that when a patient requests to re-send the verification code, the RIS will attempt to send the same code, instead of issuing a new one. If the original verification code is no longer active or cannot be located, a new verification code will be sent.

Any pre-existing validation codes will maintain the original 2-hour expiration.

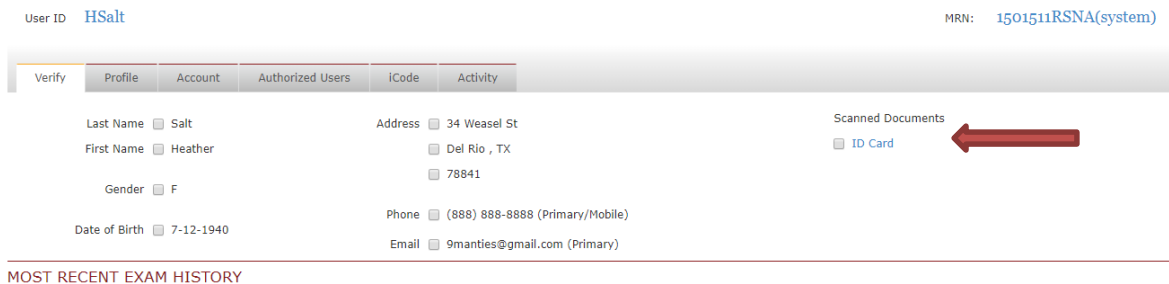
If a customer wishes to have an expiration of something other than 24 hours, the **ValidationCodeExpiration** application configuration must be added the applicationsetting.config file, with a valid integer value.

**FEATURE #11647 – PERTINENT ATTACHMENTS ARE NOW AVAILABLE ON THE PATIENT PORTAL ADMIN TOOL’S VERIFY TAB TO ASSIST IN VERIFYING A PATIENT’S IDENTITY**

When assisting patients with the Patient Portal, administrators often need to verify the patient’s identity based on the information available to them on the Verify tab. In addition to demographic data such as date of birth, address, phone and email, administrators often find it helpful to use scanned documents such as patient IDs and insurance cards.

To make this possible, a new System Configuration setting, **PPAdminVerificationScanDocumentType**, has been added. To make attachments available, enter a value consisting of a comma separated list of any desired **Scan Type Codes**. For example, *ID,InsuranceCard*. At this time, only Patient Level attachments are supported. A release in the near future will expand this option to include Order and Exam Level attachments as well.

If the patient has an attachment of the configured Scan Type, a list will be displayed to the Portal Admin. Clicking on a scanned document name will allow the user to view the image and a checkbox is available next to each scanned document to indicate that it was used to verify the patient’s identity.



PORTALS – PROVIDER

FEATURE #18537 – NEW ACCESS STRINGS FOR CONNECT PROVIDER PORTAL ADMIN TOOL

The Admin Tool for the Connect Provider Portal allows users to perform a number of administrative tasks. Not all users need access to all of the functions that can be performed, so new access strings have been created so that users can be restricted from using functionality that is not pertinent to their role.

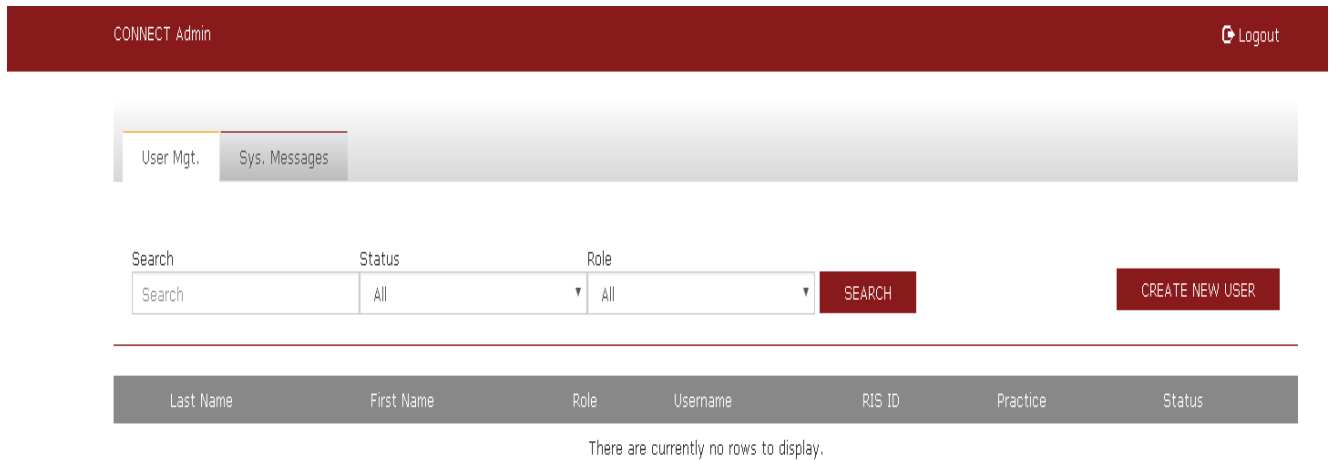
The base access string that allows users to log into the Admin Tool for the Provider Portal remains the same. The user must have Full access to [Portal.Referring.Admin](#) to log in.

The various functions are relegated to different tabs in the Admin Portal. The new access strings control access to those tabs. RIS Administrators automatically have full access to all Portal functionality.

The available access strings are:

- [Portal.Referring.Admin.UserMgt](#) – Access to the User Management tab.
- [Portal.Referring.Admin.UserMsgs](#) – Access to the User Messages tab.
- [Portal.Referring.Admin.SysMsgs](#) – Access to the System Messages tab.
- [Portal.Referring.Admin.ImgRetrieval](#) – Access to the Image Retrieval tab.
- [Portal.Referring.Admin.AccountMigration](#) – Access to the Account Migration tab.

A user with permission to access only User Management and System Messages will see the following upon logging into the Admin Portal:



CONNECT Admin Logout

User Mgt. Sys. Messages

Search Status Role

Search All All SEARCH CREATE NEW USER

Last Name	First Name	Role	Username	RIS ID	Practice	Status
There are currently no rows to display.						



In addition to the new access strings to control access to these tabs, there are some additional access strings that control more specific functions.

- [Portal.Referring.Admin.UserMgt.CreateNewUser](#) – Access to create new Provider Portal users.

- **Portal.Referring.Admin.UserMgt.ADD** – Access to use the ADD button to create a portal account for a RIS user who does not already have one.
- **Portal.CCDA** – Access to view C-CDAs.
- **Portal.UMOpinionLetter** – Access to view UM Opinion Letters.
- **Portal.Referring.OutsidePractice** – Access to search for all patients without requiring the user to check the box for “Search for patients outside my practice.” This is intended for internal users only.

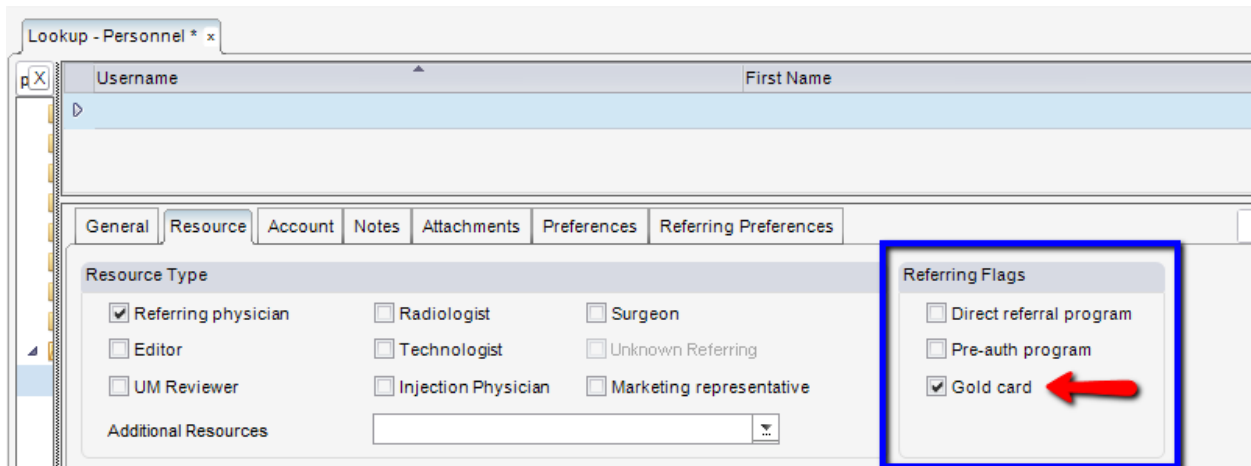
As with all access strings, for an individual user to receive the associated permission, they must belong to a User Group which has the pertinent access string assigned. For all of the new access strings, the Access Level must be set to Full to grant access. If a user has multiple User Groups, the highest level of access will be granted for each access string.

**FEATURE # 18026 – UM GOLD CARD WORKFLOW NOW SUPPORTED IN THE PROVIDER PORTAL**

Utilization Management in eRAD RIS supports **Gold Card** workflow, which allows orders from designated Gold Card providers to bypass utilization review. Enhancements have been made to the Connect Provider Portal to support the same workflow for Gold Card providers.

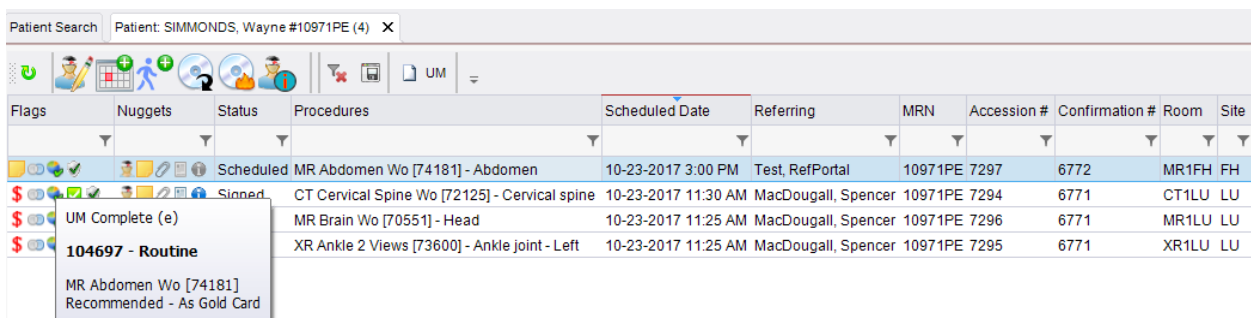
To determine whether an order should bypass UM workflow and proceed to scheduling, the Connect Portal will utilize the same workflow used in the RIS.

First, the system will check to see whether the provider is marked as Gold Card. This information is stored in the Personnel table under the Referring Flags section.



If the provider is configured for Gold Card, the system will check the existing **UMGoldCardAutoApprove** System Configuration value. If the value is False, the order will go through the normal Utilization Management workflow. If the value is True, the order will be automatically marked as UM Complete.

The system will refer to the System Configuration values for **UMDefaultGoldCardStatusCode** and **UMDefaultGoldCardResolutionCode** to automatically set the UM Status and Resolution. For example, Recommended As Gold Card.



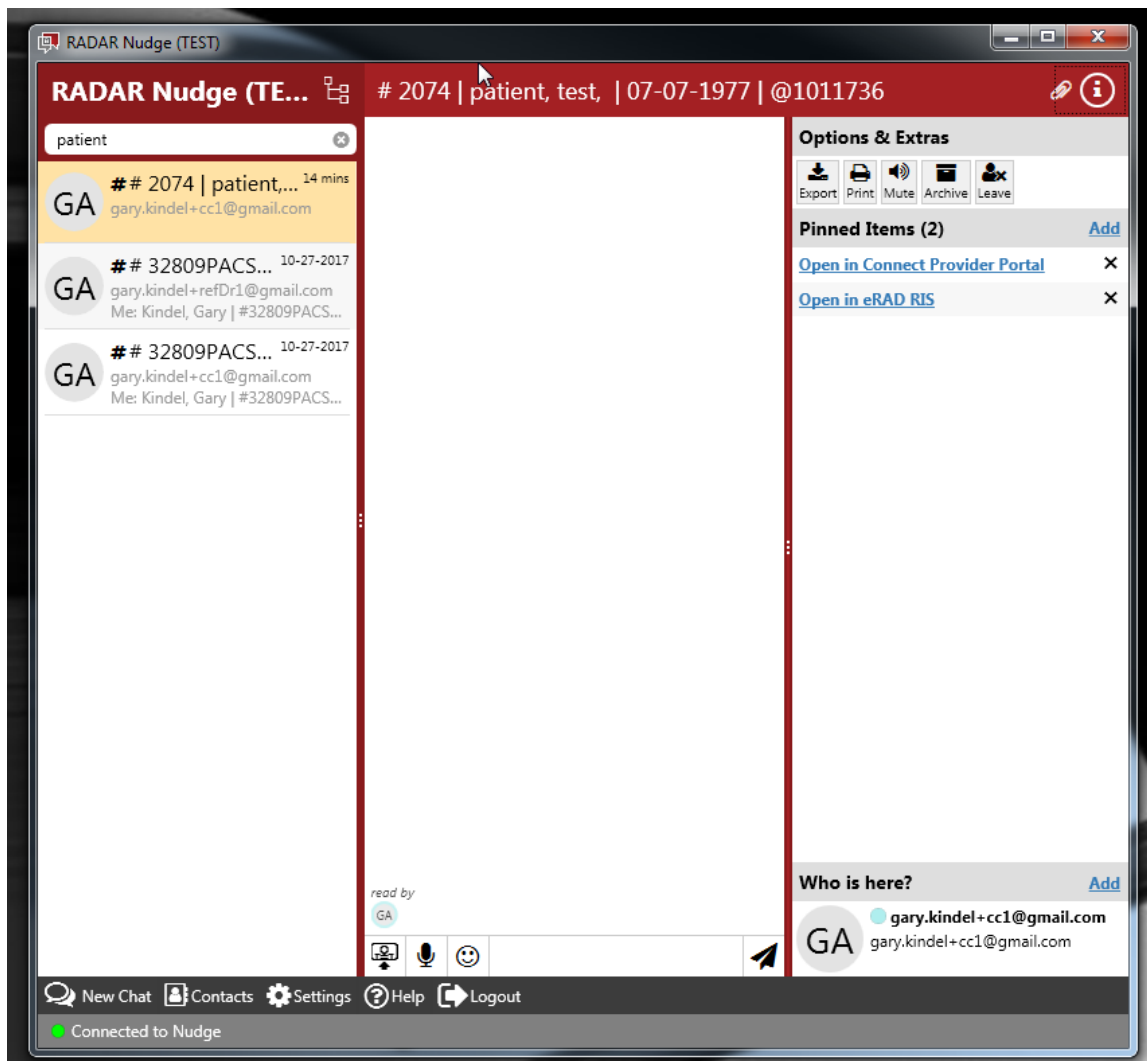
Most importantly, the provider will be able to continue scheduling the exam for the patient or the patient can be invited to schedule the appointment in the Patient Portal. For providers *without* Gold Card status, utilization review will need to be completed before scheduling.

RADAR

FEATURE #13734, 18379, 18513, 17667 – OPEN RIS PATIENT FOLDER FROM NUDGE CONVERSATION

When using the RADAR Nudge integration to communicate amongst staff members, it is often necessary to open the patient’s information in RIS. To make this convenient, it is now possible to open the RIS Patient Folder directly from the Nudge conversation. From here, the user can choose to open the exam in the desired mode (Register, View/Edit, etc.) or utilize other Patient Folder options.

If the **Open in eRAD RIS** link (or any other pinned item) is available, the Nudge recipient will see a paperclip icon in the upper right corner of the Nudge screen. To access the link, the user will click the paperclip (or the info button) to open the information panel. This panel can be left open if desired, so that all conversations will have the link easily accessible. In the Pinned Items section, the user will see a link for **Open in eRAD RIS**. Clicking this link will open the Patient Folder. If study context is available, the associated exam will be highlighted.



In order to avoid confusion, it is important that the [Open in eRAD RIS](#) link is only enabled when it is actually possible to use the link.

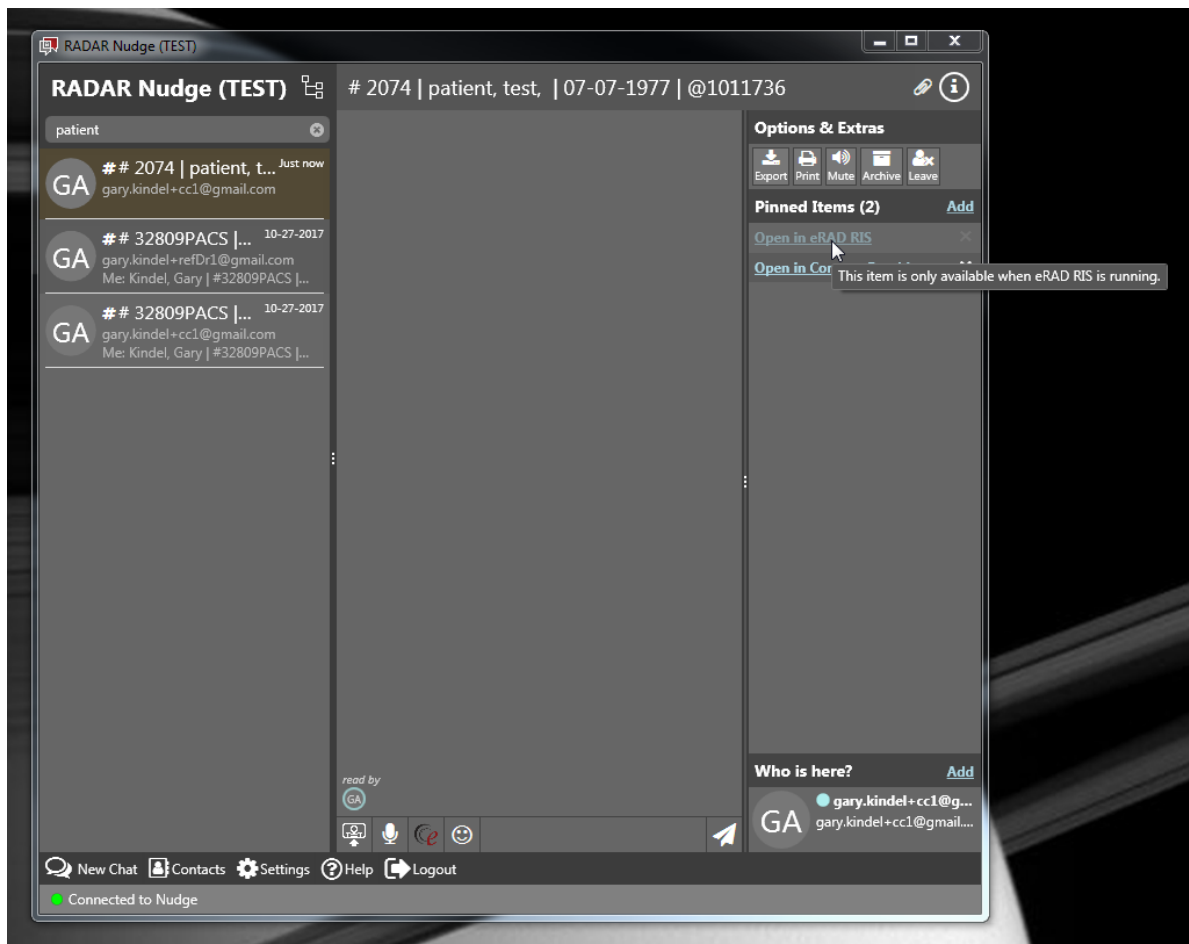
The link to [Open in eRAD RIS](#) under pinned items will only be **enabled** when:

- User is using the RADAR Nudge Windows client.
- User is running eRAD RIS and has Nudge enabled in their Personnel profile.

The link to [Open in eRAD RIS](#) under pinned items will be **disabled** under the following conditions:

- User is using the RADAR Nudge Windows client but eRAD RIS is not installed.
- User is using the RADAR Nudge Windows client but eRAD RIS is not running.
- User is using the RADAR Nudge Windows client and eRAD RIS is running but user does not have Nudge enabled in their Personnel profile.
- User is using the RADAR Nudge web client.
- User is using the RADAR Nudge mobile client on iOS or Android devices.

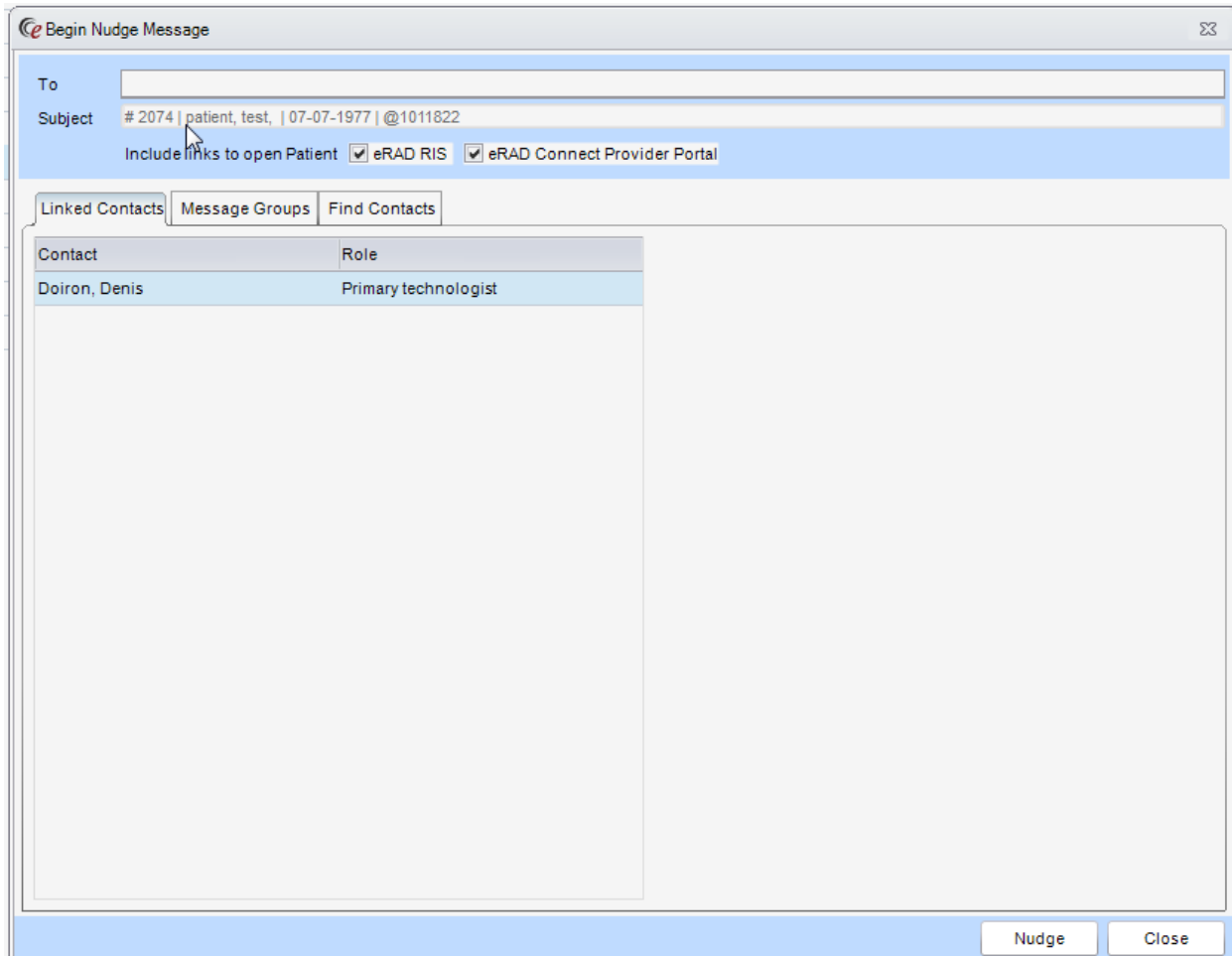
The following image is an example of how the disabled link will appear in Nudge (this time in dark theme):



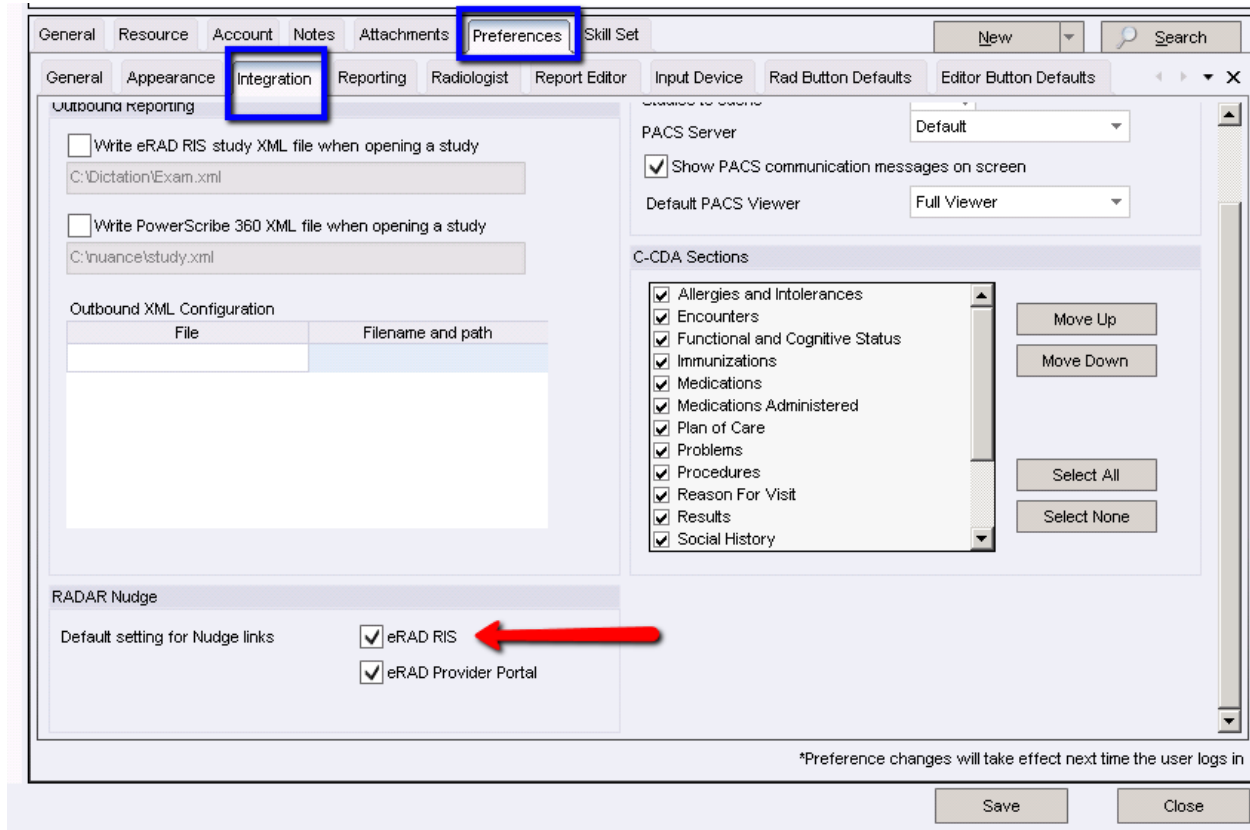
Note that the link appears disabled and the tooltip explains that the link is only available when eRAD RIS is running.



It is also possible for the user sending the Nudge to control whether the [Open in eRAD RIS](#) link is included with the message. In the image below, the eRAD RIS option is checked for “Include links to open patient” which means that the link will be included.



There is a new User Preference setting that will control whether the eRAD RIS link is automatically checked by default, so that the user will only need to turn it off on the rare occasion in which they do not wish to include the link.



### HOW TO ENABLE THE FEATURE:

A new System Configuration setting will control whether the user will have the option to include the **Open in eRAD RIS** link, regardless of their user preference.

- **RADARNudgeAddRISLink:** (value = True/False) Determines whether RADAR Nudge messages have the option to contain a link to open the Patient Folder in eRAD RIS.

The default is False, which will prevent the link from being added to the conversation. Set to True to permit the addition of the link.

There is also an Access String to control whether specific User Groups have permission to add the **Open in eRAD RIS** link to the RadNet conversation.

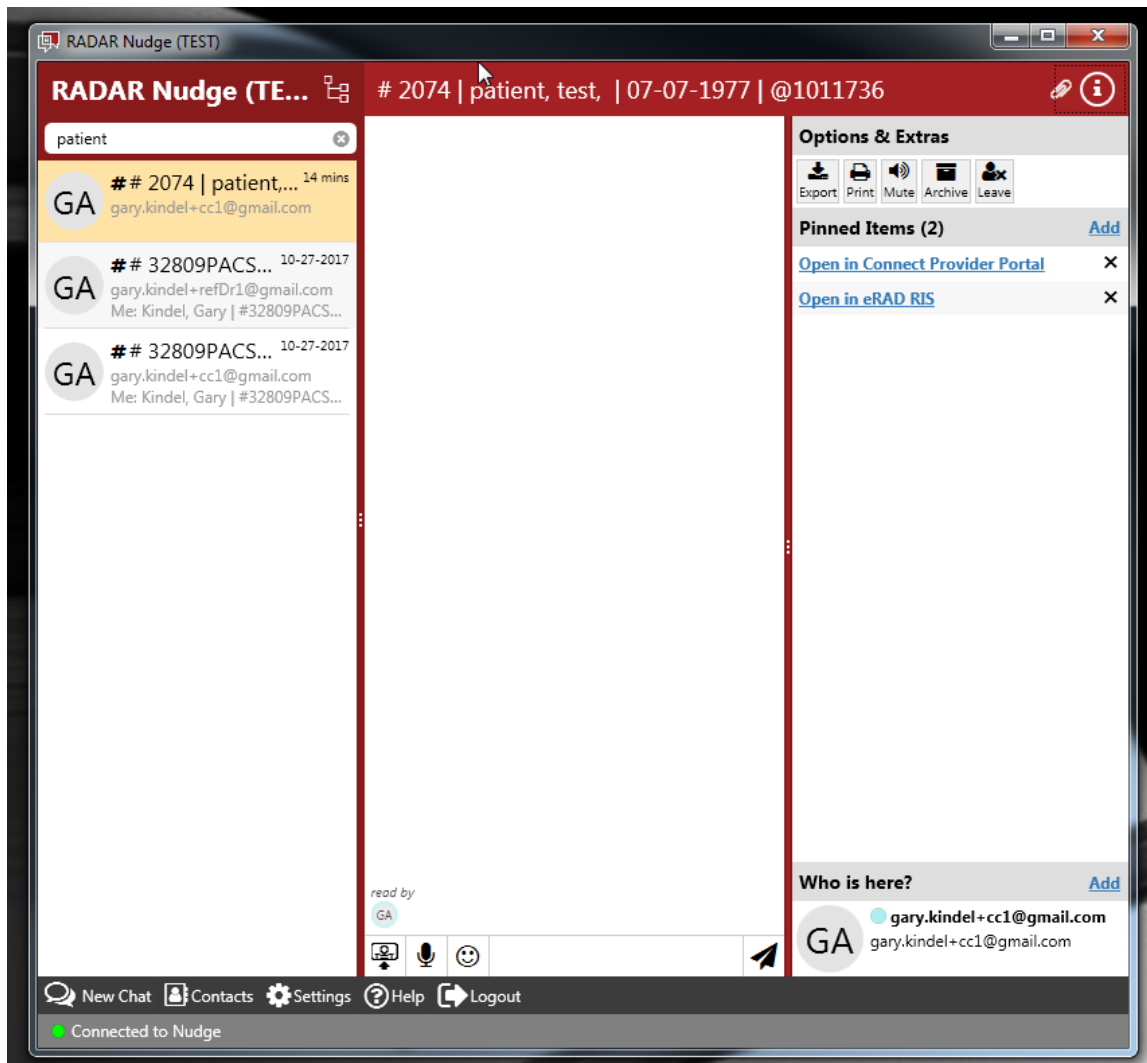
- **Clinical.RADARNudge.RISLink:** (default = None)

Set this to Full for any User Groups that should have permission to include the link. Then users will be able to change their User Preference to choose whether the link will be included by default and will also be able to change whether the link is included for a specific conversation by checking or unchecking the box in the Begin Nudge Message dialog.

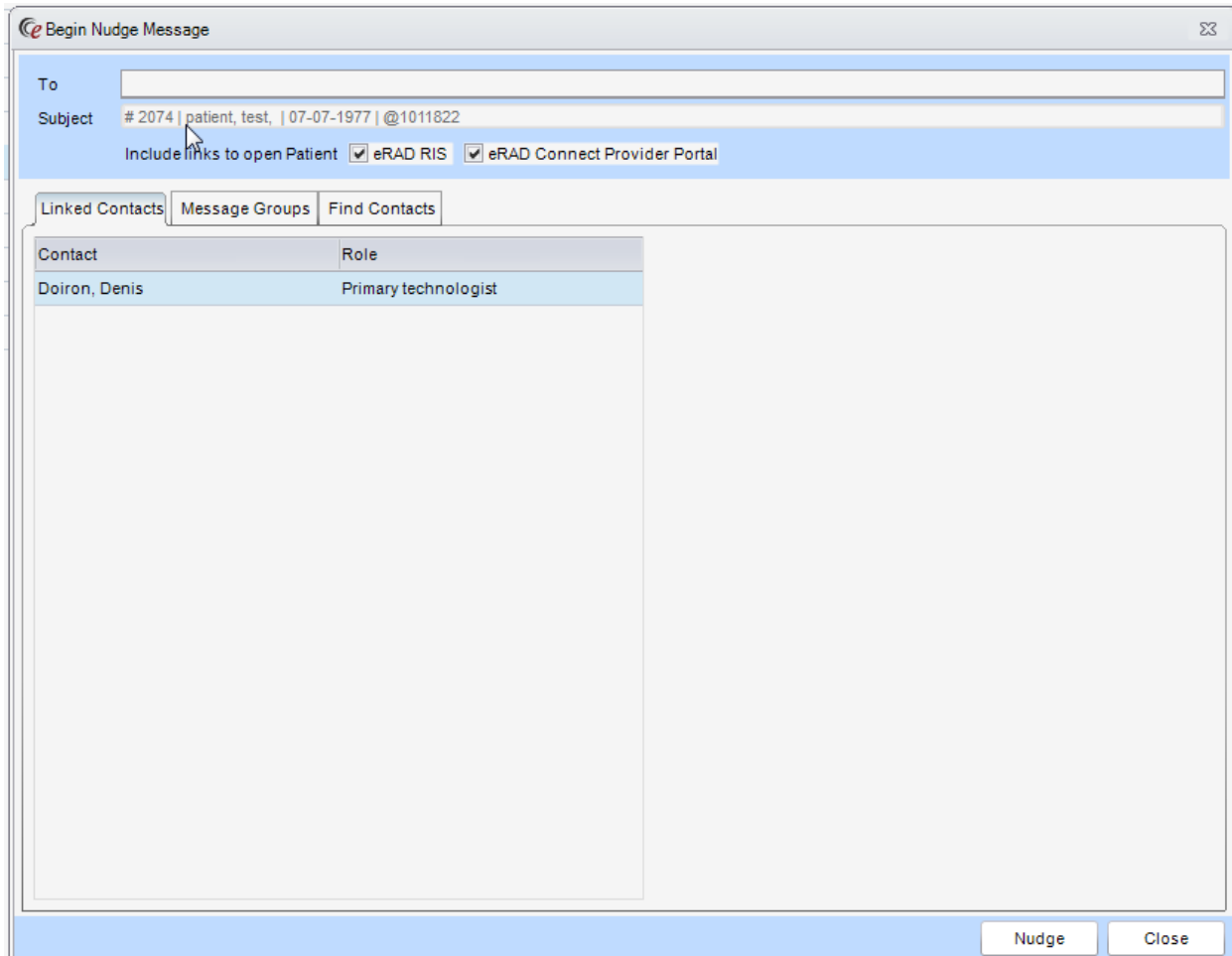
FEATURE #17667 – OPEN EXAM DETAIL PAGE IN THE CONNECT PROVIDER PORTAL FROM NUDGE CONVERSATION

The recipient of a RADAR Nudge message, particularly if they are a referring physician, will often wish to open the patient in the Connect Provider Portal, in order to view the Exam Details page and open reports or images. To make this convenient, it is now possible to open the patient in the Provider Portal directly from the Nudge conversation.

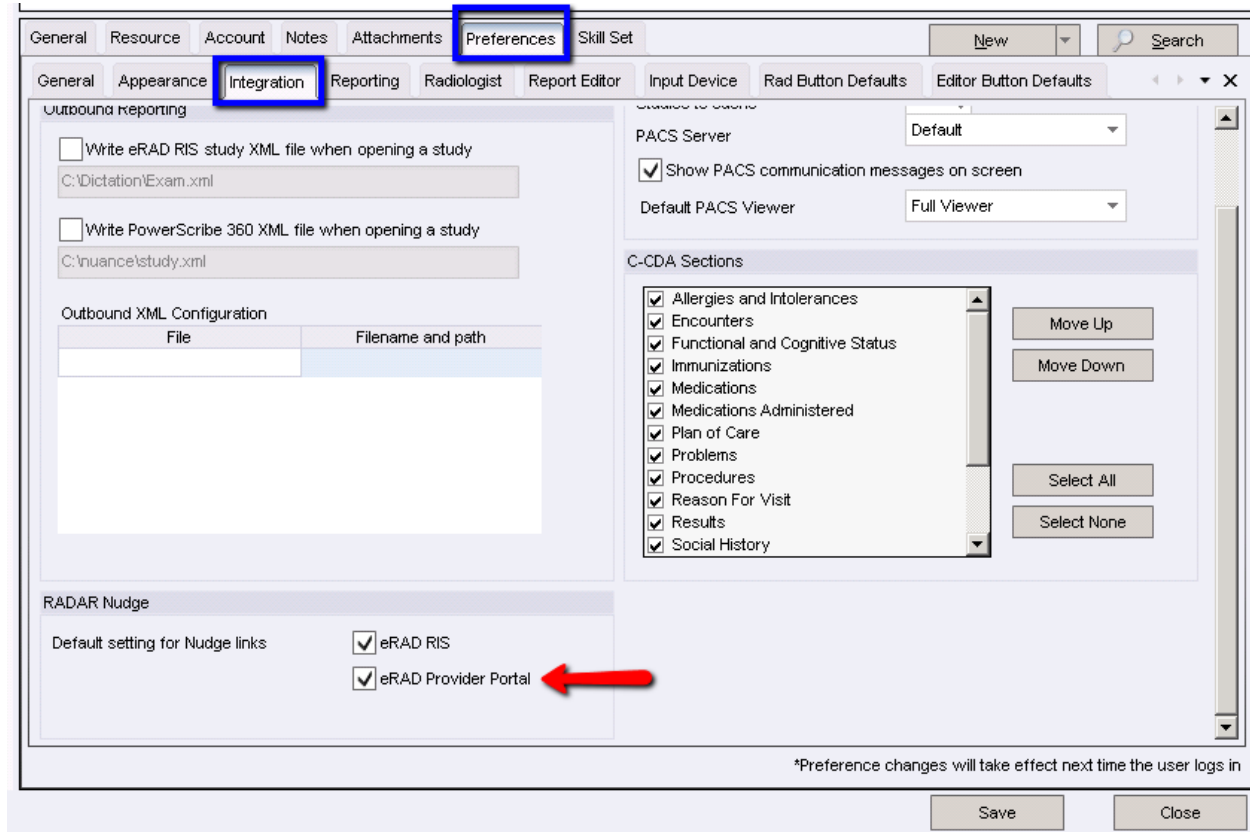
If the [Open in Connect Provider Portal](#) link (or any other pinned item) is available, the Nudge recipient will see a paperclip icon in the upper right corner of the Nudge screen. To access the link, the user will click the paperclip (or the info button) to open the information panel. This panel can be left open if desired, so that all conversations will have the link easily accessible. In the Pinned Items section, the user will see a link for [Open in Connect Provider Portal](#). Clicking this link will open the Exam Details page in the Provider Portal.



It is possible for the user sending the Nudge to control whether the [Open in Connect Provider Portal](#) link is included with the message. In the image below, the eRAD Connect Provider Portal option is checked for “Include links to open patient” which means that the link will be included.



There is a new User Preference setting that will control whether the eRAD RIS link is automatically checked by default, so that the user will only need to turn it off on the rare occasion in which they do not wish to include the link.



### HOW TO ENABLE THE FEATURE:

A new System Configuration setting will control whether the user will have the option to include the **Open in Connect Provider Portal** link, regardless of their user preference.

- **RADARNudgeAddProviderPortalLink:** (value = True/False) Determines whether RADAR Nudge messages have the option to contain a link to open the Exam Details page in the Connect Provider Portal.

The default is False, which will prevent the link from being added to the conversation. Set to True to permit the addition of the link.

There is also an Access String to control whether specific User Groups have permission to add the **Open in Connect Provider Portal** link to the conversation.

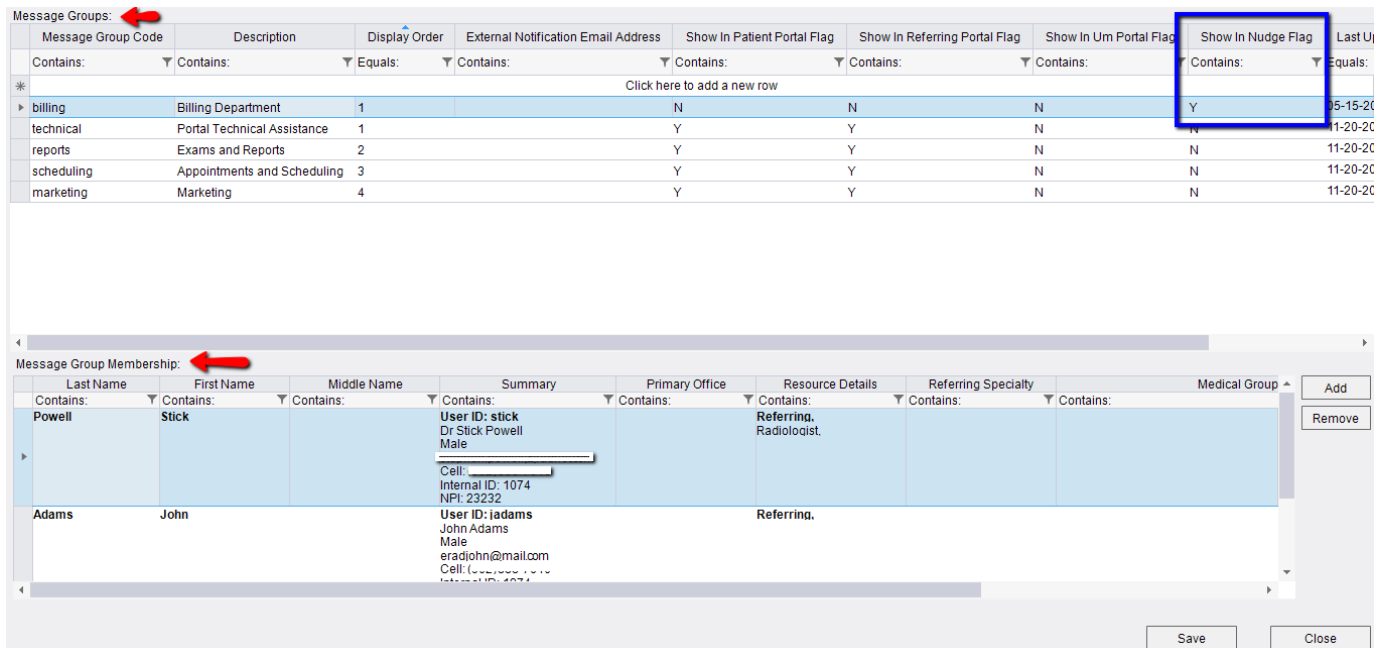
- **Clinical.RADARNudge.ConnectProviderPortalLink:** (default = None)

Set this to Full for any User Groups that should have permission to include the link. Then users will be able to change their User Preference to choose whether the link will be included by default and will also be able to change whether the link is included for a specific conversation by checking or unchecking the box in the Begin Nudge Message dialog.

FEATURE #17780 - SEND NUDGE MESSAGES TO MESSAGE GROUPS

When using the RADAR Nudge integration to communicate internally, it is sometimes useful to send a message to a predefined group of people. For example, when scheduling an uncommon procedure, a message could be sent to "the Billing Department" to request that they confirm details regarding the exam's billing. The user sending the message might not know all the users who belong to the Billing Department group and it is more efficient to simply choose a group instead of adding all of the individual members separately.

An existing concept in eRAD RIS called **MessageGroup** allows an administrator to create a group that would be likely to receive certain types of messages. This was originally designed for messages from the CONNECT Portals. This has been expanded so that Message Groups can be configured for use in RADAR Nudge messaging. In the Personnel table, users can be assigned as members of one or more Message Groups.



**Message Groups:**

Message Group Code	Description	Display Order	External Notification Email Address	Show In Patient Portal Flag	Show In Referring Portal Flag	Show In Um Portal Flag	Show In Nudge Flag	Last U
Contains:	Contains:	Equals:	Contains:	Contains:	Contains:	Contains:	Contains:	Equals:
* Click here to add a new row								
billing	Billing Department	1		N	N	N	Y	05-15-20
technical	Portal Technical Assistance	1		Y	Y	N	N	11-20-20
reports	Exams and Reports	2		Y	Y	N	N	11-20-20
scheduling	Appointments and Scheduling	3		Y	Y	N	N	11-20-20
marketing	Marketing	4		Y	Y	N	N	11-20-20

**Message Group Membership:**

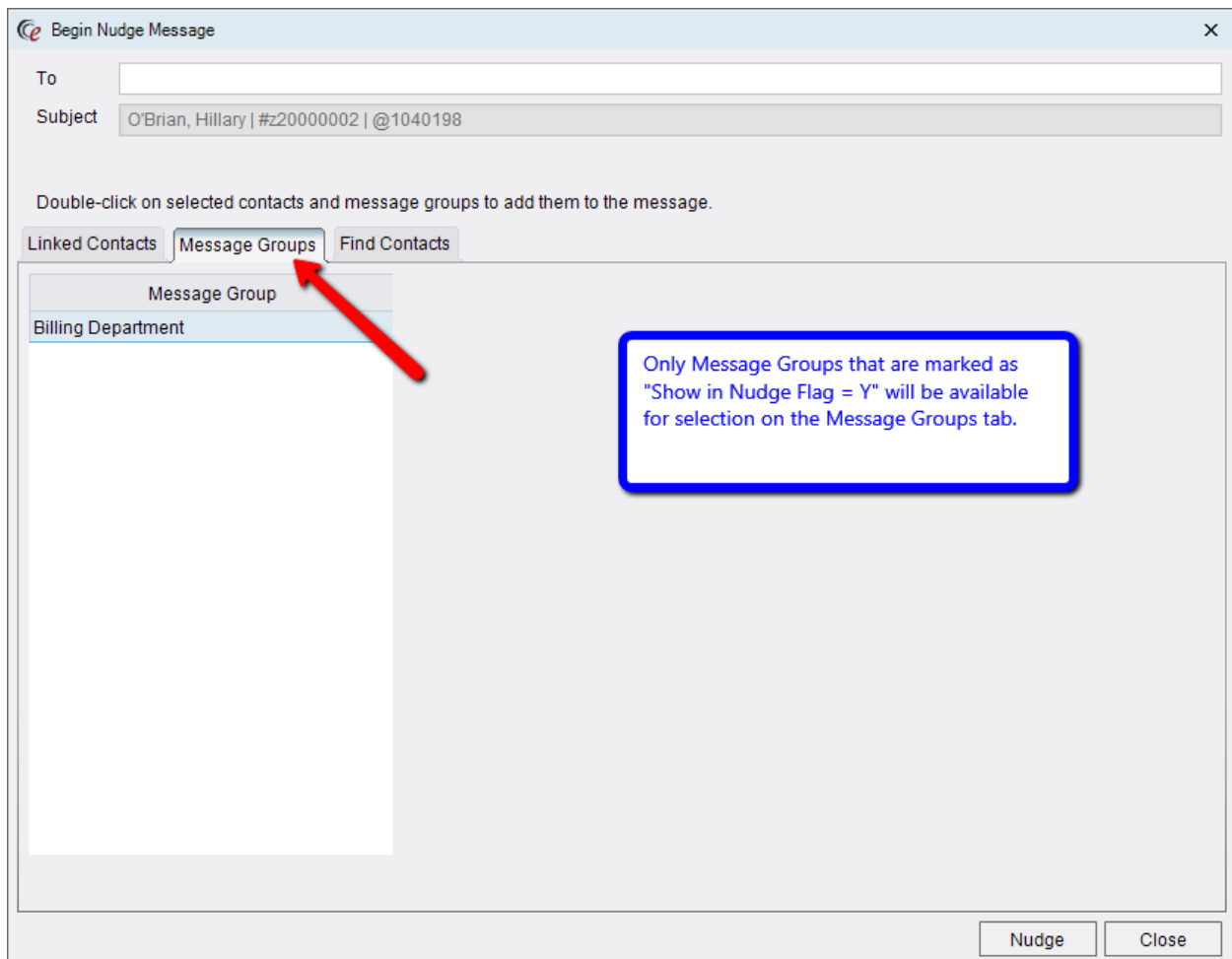
Last Name	First Name	Middle Name	Summary	Primary Office	Resource Details	Referring Specialty	Medical Group	Add
Powell	Stick		User ID: stick Dr Stick Powell Male Cell: [redacted] Internal ID: 1074 NPI: 23232		Referring, Radiologist.			Remove
Adams	John		User ID: jadams John Adams Male eradijohn@mail.com Cell: (609) 888-1011 Internal ID: 1074		Referring.			

The Message Group editor has two parts. The top half allows an administrator to create a new Message Group. To use for the Nudge integration, the **Show in Nudge Flag** must be set to Y. The bottom half of the editor allows the administrator to search for and add users to the Message Group.

The Nudge initiation screen has been enhanced to include a "To" line, similar to an email. To choose users or message groups to add to the message, select the recipients using any of the three tabbed options below:

1. The Linked Contacts tab shows any users with Nudge accounts that were related to the patient's exam, such as primary technologist, referring physician, etc. This is the same screen that previously existed when initiating a Nudge message. Double click to add a contact to the "To" line.

- The new Message Groups tab will allow the user to select from any of the configured Message Groups by double-clicking on the desired row to add the Message Group to the "To" line.



- In addition to the above options, the Find Contacts tab will allow the user to search for any Nudge enabled user in the system and add them to the message.

When the message is created in Nudge, the Message Group will be broken down into the specific members of the group and all members will become participants in a shared conversation.

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## FEATURE #18321 - LINK TO RADAR PORTAL FOR RADAR MANAGEMENT REPORTS

RADAR has a client portal for that allows administrative users to view sent/received RADAR messages. This portal includes a dashboard that shows a summary of activity for a RADAR account over time. The RADAR client portal is in a separate environment from RIS and RIS admin users may not want to have to manually go to another portal to review RADAR message data.

This feature will provide a host window that will interface directly to the RADAR client portal.

Two new System Configuration settings are required for this feature:

1. **RADARClientPortalURL**: Base URL for the RADAR Client portal.
2. **RADARClientPortalURLParameters**: a string of parameters that will be used when connecting to the RADAR Client Portal.

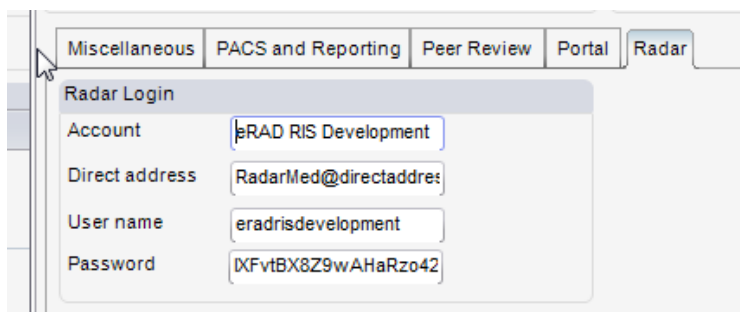
Check with eRAD Support to obtain the correct values for these settings for your account.

There is also a new Access String to control access to the RADAR Client Portal.

- **Config.ManagementReports.RADAR**: A user must belong to a User Group with Full permission to access the RADAR Client Portal.

In addition to these new settings, verify that your RADAR account information is entered in the Practice editor.

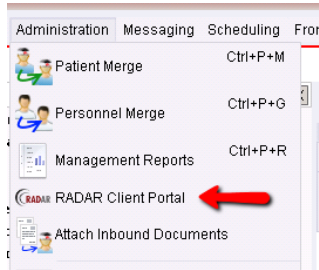
Click the RADAR tab and make sure a valid RADAR account, user name and password exist for the practice.



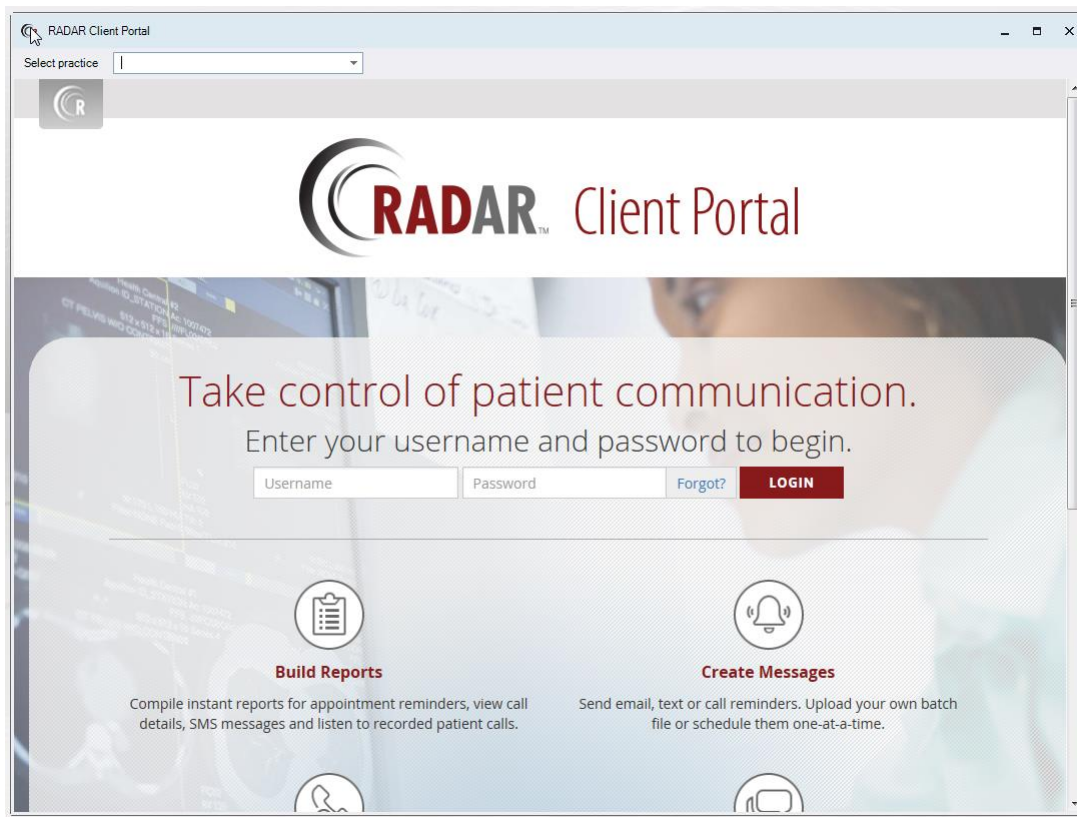
Field	Value
Account	eRAD RIS Development
Direct address	RadarMed@directaddress
User name	eradrisdevelopment
Password	lXFvtBX8Z9wAHaRzo42

The RADAR Client Portal can be launched by clicking a new menu item under the Administration menu, as shown below.



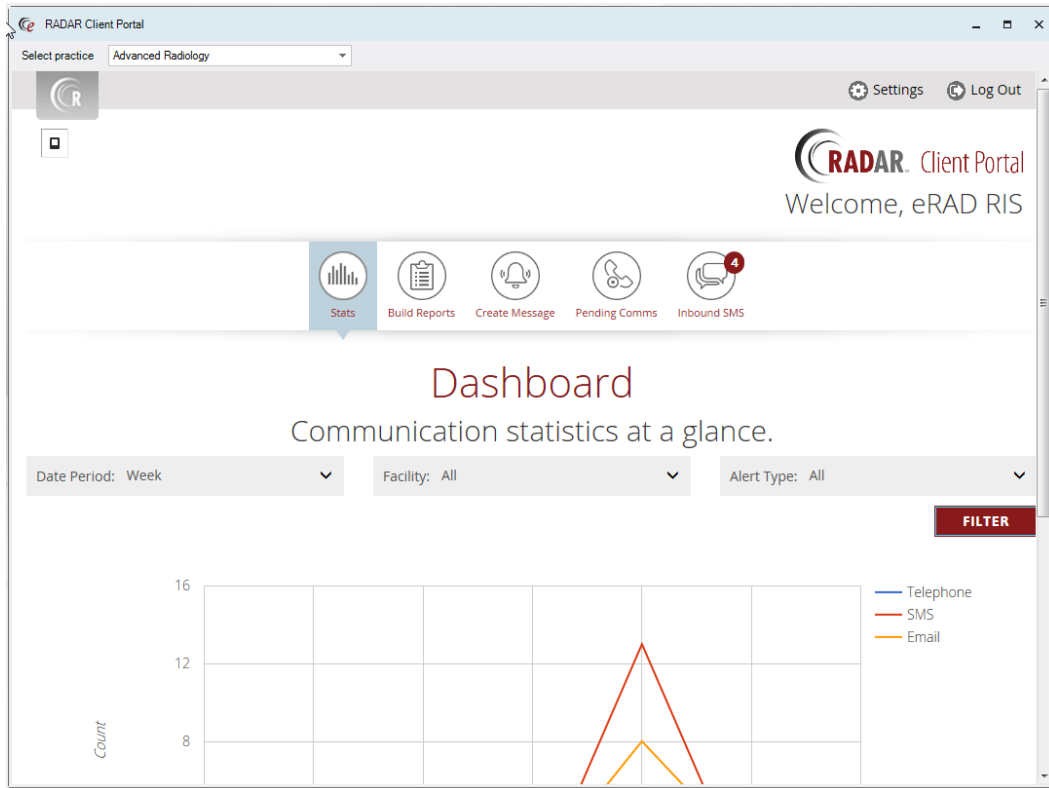


Selecting the **RADAR Client Portal** option will display a new hosted web browser control. If there are multiple practices, the desired practice should be selected in the top left corner.



When a practice is selected, the RADAR Client Portal will be loaded using the proper credentials. If only one practice is available to the user, the RADAR Client Portal site will load immediately when the RADAR Client Portal menu option is selected.

The Dashboard will be displayed and the user will also have access to other functions that exist within the RADAR portal.



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**FEATURE #18212 – RADAR QUICK MESSAGE NOW AVAILABLE FROM MORE WORKLISTS**

The RADAR Quick Message context menu option has now been added to the following worklists:

- Orders to Schedule WL.
- Technologist WL.
- Confirmation WL.
- Closed Rooms Reschedule WL.

This will allow users to more conveniently message the patient via SMS text message or email. The workflow is identical to the previously existing Quick Message options. Right-click the desired patient from the worklist and select RADAR Quick Message to initiate the workflow. It is also possible to select multiple patients at once.

NEW SETTINGS

NEW ACCESS STRINGS

Setting	Default	Purpose
Clinical.Insurance.AdditionalInjuryDetails	None	Controls the visibility of additional injury detail fields for Canadian billing. Full access shows the fields, while any other level will hide them.
Clinical.RADARNudge.ConnectProviderPortalLink	None	Controls access to RADAR Nudge eRAD Connect Provider Portal link option.
Clinical.RADARNudge.RISLink	None	Controls access to RADAR Nudge eRAD RIS link option.
Config.LookupEditor.ApplicationLanguage	None	Ability to create available languages for users to choose.
Config.LookupEditor.ApplyTranslation	None	Ability to create translated text value for lookup tables.
Config.LookupEditor.DigitalFormsMask	None	Lookup table access for Digital Forms Mask.
Config.LookupEditor.EligiblePayers	None	Lookup table access for EligiblePayers.
Config.LookupEditor.InjurySource	None	Ability to modify InjurySource for portal users.
Config.LookupEditor.LookupLocalization	None	Ability to view and Import/Export configured localized strings.
Config.LookupEditor.NatureOfInjury	None	Lookup table access for NatureOfInjury.
Config.LookupEditor.SecurityQuestion	None	Ability to create available security questions for portal users.
Config.RADARClientPortal	None	Access to RADAR Client Portal menu option.
<p style="text-align: center;"><b>OLD</b></p> Clinical.UserPreferences.EditorPolling Clinical.UserPreferences.MaintainFieldBrackets Clinical.UserPreferences.PACSServerOverride Clinical.UserPreferences.ProxySigning Clinical.UserPreferences.ReportingAutoSave Clinical.UserPreferences.TentativeSigning	Value on left Replac ed by value on right	<p style="text-align: center;"><b>NEW</b></p> UserPreference.EditorPolling UserPreference.MaintainFieldBrackets UserPreference.PACSServerOverride UserPreference.ProxySigning UserPreference.ReportingAutoSave UserPreference.TentativeSigning

NEW SYSTEM CONFIGURATION SETTINGS

Setting	Default	Purpose
AllowCombinedPayments	False	(value = bool) Setting this to true will allow the Add Payment button to prompt the user to apply a payment across multiple orders via the Registration Screen.
AllowZipCodeOnlyPatientSearch	False	(value = bool) If true, RIS will allow zip code only patient search.
AsyncJobThreads	5	(value = int) Number of threads to run 'AsyncJob Update' tasks. The 'AsyncJob Update' thread is the background process for performing non-critical operations.
AsyncJobUpdateInterval	5	(value = int) Number of seconds the 'AsyncJob Update' thread wakes up to check for work. The 'AsyncJob Update' thread is the background process for performing non-critical operations.
AttemptToLockOnSaveIfNotLocked	False	(value = True/False) Determines if the service will attempt to get a lock when the user saves data and did not already have a lock.
BillForTechOnlyConfiguredProcedures	False	(value = True/False) Determines if an exam with a procedure configured for tech-only will go to billing. Note: if the procedure is hold_code = Y, it will never go to billing.
DaysAnOverPaymentAppliesToBalance	1	(value = int) Reduces the amount RIS will request for the patient's previous balance by the amount overpaid in the past x days.
DaysToKeepPatientMergeRequests	7	(value = int) The number of days to keep patient merge requests that are no longer queued.
DefaultCheckInTime	15	(value = int) The time in minutes a patient should arrive before their scheduled appointment time.
DEXAProcedureGroupCode	N/A	(value = string) DEXA Procedure Group Code
DisableBreastDrawingTool	False	(value = True/False) Determines if the original Breast Drawing Tool will be displayed for new breast studies. Set to True if the Digital Forms Diagram will be used for breast imaging drawings.
ImagineIntegrationURL	N/A	(value = string) The URL for the Imagine Integration WS, which is used for retrieving the patient's previous balance.
MammoTypesEnabledForLayLetters	N/A	(value = string) Comma separated list of mammo_type_codes that are Lay Letter enabled. If blank, Lay Letters will be generated for all BI-RADS enabled exams.
MaxExamSearchTimeSpan	14	(value = int) Maximum time span for Exam Search. (Days)

MinPhoneNumberSearchLength	10	(value = string) Minimum length needed to perform a patient search on just a phone number.
MonthsToKeepPatientMergeHistory	12	(value = string) Maximum number of months to allow rows to exist for patient merge history.
PatientAuditMigrationTransactionSize	50	(value = int) When a patient merge is performed, RIS schedules a background job to move all patient audit rows. This setting controls how many are moved at a time.
PersonAuditMigrationTransactionSize	50	(value = int) When a person merge is performed, RIS schedules a background job to move all person audit rows. This setting controls how many are moved at a time.
PortalPhoneNumberPlaceholder	(000) 000-0000	(value = string) Default placeholder text to be displayed on phone number input fields in the portals.
PortalPhoneNumberRegex	^\+?(?([0-9]{3})\)?[-. ]?(?([0-9]{3})[-. ]?(?([0-9]{4})[0-9]*[ 0-9]*\$	(value = string) Used to configure the regex for validating phone numbers on the portal.
PortalValidationCodeLength	8	(value = int (8,12,16)) The desired number of characters to generate for an ICode or Password validation code.
PPAdminVerificationScanDocumentType	N/A	(value = string) List of Scan Type Codes (comma separated) that will be included Patient Portal Admin verify screen.
PPHelpDeskNumber	N/A	(value = string) Patient Portal Help Desk Number.
RADARClientPortalLogoffURL	https://clientportal-dev.myradarconnect.com/Account/Logout	(value = string) Logoff URL for the RADAR Client Portal.
RADARClientPortalURL	https://clientportal-dev.myradarconnect.com/Home/ExternalLogon?	(value = string) URL for the RADAR Client Portal.
RADARClientPortalURLParameters	ExternalToken=Hc6Bk0lceTm4IzDqZXeKIPaViUt0UqJuKey14uelRIWhiVJD4IEuYiRFD60ePbZx&UserName={0}&Password={1}	(value = string) Parameters needed to automatically login to the RADAR Client Portal.
RADARNudgeAddProviderPortalLink	False	(value = True/False) Determines whether RADAR Nudge messages have the option to contain a link to open the patient in the Provider Portal.

RADARNudgeAddRISLink	False	(value = True/False) Determines whether RADAR Nudge messages have the option to contain a link to open the Patient Folder in eRAD RIS.
RPHelpDeskNumber	N/A	(value = string) Provider Portal Help Desk Number.
RPUMTrackingEnabled	False	(value = bool) If true along with UMEEnabled, UM Tracking Number in Provider Portal is enabled.
UMPHelpDeskNumber	N/A	(value = string) UM Portal Help Desk Number.
VerbalOrderAmendedTemplateName	production/verbal order/VerbalOrder AmendedTemplate	(value = string) The location where the amended verbal order template is stored.
VerbalOrderTemplateName	production/verbal order/VerbalOrder Template	(value = string) The location where the verbal order template is stored.

RIS.EXE CONFIGURATION SETTINGS

Setting	Default	Purpose
<add key="RADARSecureMessageAddPerformanceLog" value="False" />	False	When enabled the performance log will available in sent Nudge messages <b>If you need a better understanding See slush items #19403 and #20835</b>

APPLICATION SETTINGS CONFIGURATION

Setting	Default	Purpose
<setting name="EnableBasicAuthOnChairService" serializeAs="String"> <value>False</value> </setting>	False Note: do not turn on if the Chair API isn't using HTTPS.	<b>Enables Feature #13087</b> This feature will enable basic authentication for Web.API (aka chair service or Chair API). When configured, data will be encrypted over HTTPS and the following controllers will require credentials: <ul style="list-style-type: none"><li>• CCDA</li><li>• Chair</li><li>• ClinicalSummary</li><li>• DiagnosticReport</li><li>• Exam</li><li>• Notes</li><li>• Site</li><li>• Practice</li></ul>

		<ul style="list-style-type: none"> <li>Region</li> </ul>
<pre>&lt;setting name="DDEPrintTimeoutMins" serializeAs="String"&gt;   &lt;value&gt;5&lt;/value&gt; &lt;/setting&gt;</pre>	5	The value determines the amount of time print jobs have been stuck in "Sent to Printer" status in Windows print queue. Once this time is reached, the print job will be set to Error status and resubmitted to print queue.

WEB SERVICE CHANGES

Setting	Default	Purpose
<pre>&lt;AppContextSwitchOverrides value="Switch.System.Net.DontEnableSc hUseStrongCrypto=false"/&gt;</pre>	False	<p>There was an update performed by Eligibility that requires us to use a newer cipher for TLS/SSL connections.</p> <p>Adding this setting for RIS Web Service to use the new SSL Ciphers for Eligibility.</p> <p><b>Added for Bug #18924 / Support #18920</b></p>
<pre>&lt;binding name="BasicHttpBinding_ICustomerInitia tedFunctions" allowCookies="true" maxReceivedMessageSize="20000000" maxBufferSize="20000000" maxBufferPoolSize="20000000"&gt; &lt;readerQuotas maxDepth="32" maxArrayLength="200000000" maxStringContentLength="200000000"/&gt; &lt;/binding&gt;</pre>	As displayed	<p>The binding is required when adding the endpoint (next setting below). In this case "BasicHttpBinding_ICustomerInitiatedFunctions"</p> <p><b>See Feature #18988</b></p>
<pre>&lt;endpoint address="http://radcltts1.radclt.local:81/ Services/InternalService.svc" binding="basicHttpBinding" bindingConfiguration="BasicHttpBinding _ICustomerInitiatedFunctions" contract="ImagineIntegrationWS.ICusto merInitiatedFunctions" name="BasicHttpBinding_ICustomerInitia tedFunctions" /&gt;</pre>	As displayed	<p>Endpoint configuration for connecting to Imagine Integration URL for previous balance.</p> <p><b>See Feature #18988</b></p>
<pre>&lt;dependentAssembly&gt; &lt;assemblyIdentity name="Newtonsoft.Json" publicKeyToken="30ad4fe6b2a6aeed" culture="neutral" /&gt; &lt;bindingRedirect oldVersion="0.0.0.0- &lt;/bindingRedirect oldVersion="0.0.0.0-</pre>	<b>Replaces</b>	<pre>&lt;dependentAssembly&gt; &lt;assemblyIdentity name="Newtonsoft.Json" publicKeyToken="30ad4fe6b2a6aeed" culture="neutral" /&gt; &lt;bindingRedirect oldVersion="0.0.0.0-6.0.0.0" newVersion="6.0.0.0" /&gt; &lt;/dependentAssembly&gt;</pre>



<pre>7.0.0.0" newVersion="7.0.0.0" /&gt; &lt;codeBase version="7.0.0.0" href="lib\Radar_SignalR\Newtonsoft.Json.dll" /&gt; &lt;/dependentAssembly&gt;</pre>		<pre>&lt;dependentAssembly&gt; &lt;assemblyIdentity name="Newtonsoft.Json" publicKeyToken="30ad4fe6b2a6aeed" culture="neutral" /&gt; &lt;bindingRedirect oldVersion="4.5.0.0-7.0.0.0" newVersion="7.0.0.0" /&gt; &lt;codeBase version="7.0.0.0" href="lib\Radar_SignalR\Newtonsoft.Json.dll" /&gt; &lt;/dependentAssembly&gt;</pre>
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**RESOLVED DEFECTS**

Bugs and support issues resolved in build 3.2018.1.

Bug #	Category	Subject
19164	Admin Portal	Resolved issue where an error could occur when resetting a password.
17953	Admin Portal	Improved readability of text when replying to a message.
17852	Admin Portal	Limited textbox controls to a maximum length.
19345	Admin-Other	System configuration setting for RADAR message is no longer case sensitive.
18806	Admin-Other	Now able to delete a freshly-added person without any clinical references.
18530	Admin-Other	Resolved error when selecting 'workflow' in the procedure picker.
15871	Admin-Other	Resolved intermittent freezing issue in the Template Macro editor.
3533	Admin-Other	Forms and labels lookup now shows all columns in a wider format on first open.
3050	Admin-Other	Unknown referring data now updates immediately when reconciled.
18389	Alerts	Patient alert screen has improved appearance.
16706	Alerts	Worklist flag for 'multiple studies on this date' now disappears if only 1 study remains.
18047	All Workflows	Resolved intermittent error regarding 'assigned credentials.'
13992	Audit History	Resolved issue where county and zip code was not shown in audit history.
20826	Billing	Resolved issue when adding contrast in the perform exam screen.
17673	Billing	Resolved intermittent issue where secondary study in linked collection was not sent to billing.
17044	CD Burn	Resolved issue where burning a CD when one order was in a status of pending approval would cause an error.
15270	CD Import	Added IP address to the CD Import error message.
17532	Client Install	Cancelling the "switch system" message during login will no longer cause an error.
6915	Client Install	Isolated storage is now purged when RIS is upgraded.

18957	Counters	Internal counters are no longer being updated more frequently than needed.
19910	CTRM	Resolved text overlap issue on CTRM window.
19765	Digital Forms	Rules now work properly on the last day of the month.
18387	Digital Forms	Rules can now evaluate correctly for a value of '0' with the IsNumber function.
18376	Digital Forms	Resolved issue with cancelling a study when it had digital forms attached.
15454	Digital Forms	New image button now correctly stores image associated to Digital Forms.
18134	Document Distribution	Opinion letter can now be sent from the patient folder without causing an error.
16004	Document Distribution	Modify distribution dialog now updates correctly even when two referrals have the same address.
5953	Document Distribution	Resolved issue with distribution queue failing when Windows print queue failed.
18251	EMR	Cursor now returns to a pointer after linking an EMR order to a patient.
18385	Exam Detail Page	Resolved intermittent null reference exception on the Order tab.
19158	Forms	Resolved error on the Print Forms dialog when the study did not have a body part set.
2780	Image request	Disabled the Image Request button when no row was selected.
18095	Inbound Document	Resolved issue where empty documents could be left on the Inbound Document worklist.
18088	Inbound Document	Resolved issue where empty documents could be left on the Inbound Document worklist.
16573	Inbound Document	Inbound Document floating viewer now sizes properly when first opened.
16572	Inbound Document	Inbound Document buttons no longer disappear when the window is small.
15575	Inbound Document	Updated Inbound Document service to ignore non-image documents preventing rows from appearing that cannot be processed.
18316	Insurance Eligibility	Removed Carefirst trigger logic that was setting deductible to 0.
12466	Insurance Eligibility	Resolved eligibility issue when payer ID's contained spaces.

8591	Insurance Eligibility	Resolved issue where insurance verified checkbox would disappear.
7835	Insurance Eligibility	Created new eligibility payers lookup table to group and shorten description field.
18924	Insurance Management	Updated the RIS Services config to support updated ciphers.
18901	Interfaces	Added lab observations segment to the outbound action container.
18620	Interfaces	Resolved issue where processing the c_action queue could fall behind the speed at which new items were added.
8026	IVT / Precert	Updated IVT rules to not evaluate items that are already billed.
18815	Localization	Added missing language tags for the portal.
18206	Localization	Localized 'performing radiologist' on the radiologist worklists.
13104	Localization	Resolved issue where buttons on a dialog could belong to the previous dialog.
15708	Locking	Improved locking message in Manage Policies screen.
14879	Locking	Improved locking message in Manage Policies screen.
18728	Log Control	Improved text entry into the log notes control.
18193	Log Control	Resolved text pasting issue into the external notes control.
18883	Logging	Removed unnecessary logging when PowerScribe is not used.
18448	Lookup Tables	Finding lookup no longer throws an error if display order is not entered.
18119	Lookup Tables	Worklist preference configuration screen no longer allows a blank refresh interval.
17602	Lookup Tables	Scan Type lookup now allows the keyboard shortcut field to be blank.
14060	Lookup Tables	Printer Config lookup no longer prevents editing due to a missing value.
13238	Mammography	Biopsy screen now shows required fields with the red asterisk.
9003	Mammography	When biopsy results are correlated to additional exams, those exams will also be marked as Resolved if appropriate.
18317	Mgt Reports	Corrected reviewer queue results in UM Daily Dashboard report.

16072	Mgt Reports	Last Login by Userid management report now shows a full date, not just the time.
19007	Multi Time Zone	Searching for timeslots now works across multiple time zones.
19080	Outside Read	Corrected issue where the same entry could be added multiple times in a multi-type ahead control.
18598	Outside Read	Exception corrected when user incorrectly fills in Outside Read screen.
14356	Outside Read	Outside Read screen now validates that the date entered is valid.
20849	PACS (eRAD) Int - RIS only	Loading of PACS priors now uses relevancy rules first then sorts on performed date.
19492	PACS (eRAD) Int - RIS only	Skip-next workflow now caches the appropriate studies.
19320	PACS (eRAD) Integration	Resolved 'An item with the same key' error message when removing images.
18331	PACS (eRAD) Integration	Add to cache' feature now updates columns immediately.
18613	Pat Admin - User Mgmt	Resolved intermittent error on searching for phone numbers.
18195	Pat Admin - User Mgmt	Disabled accounts now showing correctly - not showing as 'no account.'
18819	Pat Admin - User Mgmt:Detail	Saving changes to user profile now displays the proper popup notification.
18174	Patient Logon	Resolved date format error on Patient Portal.
18934	Patient Merge	Manually merging patients will now delete any outstanding requests to merge those same patients.
18911	Patient Merge	Improved the performance of the Patient Merge process.
18590	Patient Merge	Patient Merge, when opened from a Patient Folder, now defaults to the same patient.
18347	Patient Merge	Corrected a memory utilization issue in Patient Merge.
15621	Patient Merge	Corrected a looping issue in Patient Merge where the same message was displayed repeatedly.
19071	Patient Search	Corrected issue in Patient Search where Patient Folder (Preview Mode) was not displaying due to workstation date format.
18678	Patient Search	Improved patient search to prevent timeouts when partial names are entered.

18258	Patient WF: Account Access	Login security answers are no longer case sensitive.
18058	Patient WF: Create Account	Account verification in the Patient Portal now populates with correct Provider or Practice Name.
19438	Patient WF: Make Appointment	Fixed text of the 'Need more time?' message within Scheduling/Rescheduling.
18869	Patient WF: Make Appointment	The back button within Make Appointment no longer opens in a separate window.
14860	Peer Review	"Skip and Continue" within the "All Peer Review Pending Action" worklist now navigates next in all cases.
19737	Performance	(Service Tool) Increased field length within DB SQL Agent c_BaselineConfig job to prevent failures when index name is long.
18981	Performance	Enhanced query performance by improving parameterized search criteria.
19312	Person Management	Modified personnel editor config value "PECOS_URL" to support updated PECOS webpage URL format.
19218	Person Management	Resolved CC Doctor report delivery address issue.
18914	Person Management	Resolved performance issue with patient and person merges for high volume referrers.
18575	Person Management	Enhanced display of referring physician addresses to prevent truncating when user has a large number of offices.
18356	Person Management	Resolved issue when cloning users by ensuring Radiologist resources Sign Level has a default value of Final.
18357	Prov Admin - System Messages	Synchronized the System Message descriptions with color coding in UM and Referring Portal.
18663	Prov Admin - User Messages	Enhanced Provider Portal search to avoid attempting to search or display encrypted messages.
17952	Prov Admin - User Messages	Improved legibility of text when replying to User Messages.
18829	Provider Account Page	Removed unnecessary prompt to save on the Account Orders page.
20108	Provider Home Screen	Updated the list of ordering providers on the Provider Portal to reflect relevant referring practices.
20107	Provider Messages	Enhanced Provider Portal user messaging interaction with logged in users.
20090	Provider Search	Enhanced Provider Portal search to examine affiliation when referring practice does not exist.

16743	Provider Security	New Provider Portal users are now prompted to configure their account recovery security questions on login.
18342	Provider Utilization Management Page	Enhanced Gold Card associated appointments to bypass Utilization Management workflow.
20703	RADAR Nudge	Fixed control button display within Nudge Message dialog.
18519	RADAR Nudge	Fixed Nudge message text when opening links to Provider Portal.
18508	RADAR Nudge	Removed unsupported 'open in eRAD RIS' links from Nudge browser clients.
15099	RADAR Nudge	Removed unsupported impression and report fields from Nudge in PS360 reporting mode.
16566	RADAR Secure PIC	Fixed SecurePIC to correctly propagate phone number changes.
20468	Radiology Reporting	Fixed issues when applying filter in the template lookup editor.
19399	Radiology Reporting	Adjusted Pending Dictation Worklist to correctly filter External Verify items.
18645	Radiology Reporting	Adjusted Diagnostic Report Template logic to avoid inserting extra newline character.
18353	Radiology Reporting	Corrected problem loading audio on reporting screens when using SSO.
18007	Radiology Reporting	Fixed issue where Text Expander was not working after opening a 'Verify External' study.
17716	Radiology Reporting	Fixed issues where Radiology Report Recording buttons not stopping recording or recording light.
15236	Radiology Reporting	Adjusted Study Skip function to skip already opened studies.
14785	Radiology Reporting	Updated Dark Mode Theme to correctly apply font size changes.
14501	Radiology Reporting	Corrected Summary field to correctly apply font size changes.
13496	Radiology Reporting	Corrected issues previewing previous reports when the current report is suspended or preliminary.
12340	Radiology Reporting	Corrected Template Browser error when a filter is applied.
9627	Radiology Reporting	Corrected issue displaying Attachment for a suspended study.

8557	Radiology Reporting	Enhanced dockable tool windows to display scroll bars when resized.
11279	Reception	Added missing check for Overbook Reason on the Register window.
19464	Scheduling	Updated 'Schedule From' function to ensure the insurance in the policies grid is applied.
19304	Scheduling	Resolved issue where scheduling tab would not respond to save, close or schedule actions.
19269	Scheduling	Resolved issue where scheduling tab would not respond to save, close or schedule actions.
19247	Scheduling	Added support for scheduling the midnight (00:00) time slot.
19149	Scheduling	Corrected MRN merge issue that prevented Issuers grid from correctly populating in Schedule window if issuers were added in New Patient window.
18405	Scheduling	Resolved an issue in Rescheduling where the values for Height and Weight were not populated.
18346	Scheduling	Resolved issue where Scheduling using Bolivian Spanish was not recognizing date formatting.
18102	Scheduling	Resolved errors preventing Scheduling when accessed via the Existing Orders prompt.
18022	Scheduling	Added checking to prevent cancel of an order that includes other active procedures (awaiting schedule later).
10780	Scheduling	Resolved error when attempting to move an attachment from order to patient level.
10666	Scheduling	Enhanced Schedule validations to correctly set focus to rows missing a Laterality field value.
7753	Scheduling	Resolved scheduling issue where Indication codes were not saved after being viewed.
7556	Scheduling	Adjusted sorting of site selection list in scheduling.
18517	Service Tools	Improved Report Server Utility validations and error handling.
18838	Sign Up Page	Corrected text of link on Account Reset workflow.
19079	System	Addressed issues when opening orders in Utilization Review or when modifying an EMR order to an EMR UM order.
18533	System	Enhanced portal theme builder tool to ensure consistent CSS behavior across portals (18532, 18533, 18534).



20866	Technologist	Fixed issue in the Perform Exam window where contrast was being added multiple times.
18507	Technologist	Added checks to prevent issues when attempting to View Study on recently completed studies.
6433	Technologist	Corrected text display of associated radiologist on the Technologist screen.
5620	Technologist	Addressed preference and lock screen issues when using Swap Credentials.
18543	Theming	Dark mode has been reviewed for issues throughout the application.
18297	Theming	Enhanced readability and consistency of display in dark mode.
14613	Theming	Enhanced readability of Patient Portal in dark mode.
20384	Thick Client GUI	Resolved issue in Personnel Editor when attempting to save multiple additions.
19928	Thick Client GUI	Addressed issue in Meaningful Use window, where selected carrier or problem field was not populated.
19083	Thick Client GUI	Addressed validation of DOB field when the system's date format has been changed.
19081	Thick Client GUI	Corrected issue on Order tab where CC Physician was being added multiple times.
19017	Thick Client GUI	Tool windows in dockable screens now have better support for 'reset to color' and 'reset to monochrome.'
18807	Thick Client GUI	CTRL-F now places in the cursor in the search panel.
18589	Thick Client GUI	Resolved issue where the Identify Patient screen would freeze the RIS application.
18450	Thick Client GUI	Resolved issues in Scheduling when using keyboard entry for sex or prefix fields.
18419	Thick Client GUI	Resolved issues applying custom colors to Report Viewer Tool windows.
18315	Thick Client GUI	Resolved issue where cancelling and restarting an OutSideRead case removed the OutsideReadTech.
18090	Thick Client GUI	Resolved issues applying custom colors to title bar on the Practice editor screen.
14802	Thick Client GUI	Corrected minor formatting issues on Password screen.
10712	Thick Client GUI	Optimized memory handling for User Preferences screen.
6874	Thick Client GUI	Created new SystemConfig settings for files on the Report Server (VerbalOrderTemplateName and VerbalOrderAmendedTemplateName).

5678	Thick Client GUI	Removed unnecessary prompt to save on the Notes / Exam Times tab.
5610	Thick Client GUI	Corrected availability of menu options for entering and clearing Credentials when performing an exam.
5549	Thick Client GUI	Adjusted Image Request grids to support sorting and scrolling.
3882	Thick Client GUI	Corrected an issue with the ACR Cat 4/5 Follow-Up WL that prevented auto-resolved studies from dropping off the worklist if the pathology was entered via View/Edit.
3743	Thick Client GUI	Corrected formatting of larger sized text within reporting.
3360	Thick Client GUI	Corrected text of titlebar for the Follow Up Resolved dialog.
2496	Thick Client GUI	Corrected issue in Perform Exam where changing practice organization would clear checkbox values.
8558	UI Look and feel	Font size in reporting tool windows now matches the user preference.
19584	UI Look and feel	Corrected layout issues where scroll bars could obscure icon controls in Patient Notes and other fields.
13473	UI Look and feel	Corrected layout of Organization Practices control buttons.
19058	Unknown Reconcile	Enhanced the workflow to Reconcile Referring to better support modifying addresses.
18144	Unknown Reconcile	Resolved failure when Adding an Unknown Referring when configured for Hebrew language.
9361	Unknown Reconcile	Corrected Reconcile screen display of site code for Outside Reads.
14654	User Views	Corrected issue to ensure the default filter for the Pending Dictation Worklist is retained.
11932	User Views	Corrected issue preventing the worklist Clear as Default function from working.
19485	Utilization Management	Resolved issue where CareSelect workflow window was not closing on completion.
18354	Utilization Management	Added "System" as owner for gold card auto-approved UM cases, to eliminate prompt for owner in Utilization Review.
18247	Utilization Management	Updated Utilization Management Clock to exclude holiday hours.
18106	Utilization Management	Reworked the layout of CDS popup in the Utilization Review screen to accommodate an update by CareSelect.

18013	Utilization Management	Enhanced the warning text when removing an Alternative Procedure within Utilization Review.
17845	Utilization Management	Reverting the STAT flag or removing a Gold Carded physician on procedures that require UM will now return them to the UM WL as long as they have not been scheduled.
19200	Web Services	Applied database performance enhancements to reduce or eliminate appointment search transaction timeouts.
18683	Web Services	Added a new AttemptToLockOnSavelfNotLocked configuration option to automatically re-attempt saving from Radiologist screen when an expired lock is encountered.
8293	Web Services	Resolved issue saving when patient contact for a scheduled exam is added at time of Registration.
7069	Web Services	Adjusted image resizing method for report logos in Provider Portal.
19243	Worklist Filtering	Fixed worklist filtering of Relative Date and Time when date time formats are changed.
19288	Worklists	Adjusted filter for the Closed Room Reschedule Worklist to exclude adjacent exams.
17347	Worklists	Corrected text display of Last Contact Type on the Mammo Follow-up Orders WL. It now appropriately displays the Description instead of the Code.
15188	Worklists	Resolved issue when using a Conditional Formatting Expression for contrast_timer.
12742	Worklists	Updated the 'Mark as Read' icon to visually differentiate it from the 'Main Study Indicator' icon.
9432	Worklists	Adjusted behavior of worklist Column Filtering for dates to include all times for the day (rather than the current time of day) when specifying "between" dates.
7528	Worklists	Corrected behavior of the Not Equal To filter on the IVT worklist.
2875	Worklists	Disabled worklist refresh when the Conditional Formatting window is open, until changes have been saved.
20325		Self pay option is no longer available when the bill to type is deactivated.
20252	Provider Portal	Discontinued studies no longer show in the "in progress" tab.
20206	Radiology Reporting	Exam Details panel now properly uses the arrow pointer instead of the wait pointer.

19082	Portals	All portals are now using the same CSS file for formatting.
18822	Portals	Added missing localization strings.
18545	Image request	Image Request Worklist now loads appropriately.
18456		Dropdowns in the admin lookup editor now will save consistently.
17717		Updated the format of the assigned technologist column on the signed by date worklist to be consistent with other worklists.
17493		Corrected issue where order notes field overlaps order summary.

**KNOWN LIMITATIONS**

The following are new bugs found in build 3.2018.1. Bugs reported in previous versions are not captured as Known Limitations in this document.

#	Subject
20950	Amount to collect for multiple insurances is not updating properly. (Resolved 2018.1.1)
20948	Right-clicking on the eRAD icon in the task bar and selecting 'eRAD RIS' produces an unusual message.
20934	Digital Forms Editor: Populate Answer Javascript exception can occur if all fields in the Manage Rules screen are not completed appropriately. (Resolved 2018.1.1)
20925	If RIS is unable to retrieve the previous balance, an error can occur that will cause RIS to close. (Resolved 2018.2)
20924	Issues deleting emergency contact when using book-x (Order A, Order B).
20921	Intelerad PACS does not support Append, but the user can attempt to append and nothing happens. (Resolved 2018.2)
20920	Reading Groups Pane covering User Groups pane in Personnel lookup for some users. (Resolved 2018.1.1)
20917	PACS v8 - A character exception can occur when opening certain studies in dictation window. (Resolved 2018.1.1)
20914	PACS V8 – View Images from Perform Exam screen can cause a 'launch the viewer before clicking this button' prompt.
20910	Removing scanner value will throw exception while adding exam via the Perform Exam window. (Resolved 2018.2)
20905	Adding exam in the Perform Exam window's patient history will not enable body part or laterality fields if procedure entered manually. (Resolved 2018.2)
20899	Using the Gold Card / STAT Bypass feature may result in an incomplete list of procedures in the generated Opinion Letter.
20897	Attachments not moved to the Patient level during rescheduling.
20893	Inbound Document WL grid context menu option 'Copy Cell' does not copy cell.
20892	In the c_study_prefetch_log table, the column last_updated_by_user_id is being populated with 'system' rather than with 'user_id'.
20879	Cannot filter the template key column in the Schedule Group editor.
20869	Unable to view the UM Opinion Letter on the Utilization Review screen after 'Ordered' status. (Resolved 2018.1.1)
20867	Dark Theme - Verbal Order window has black text on a dark background.
20861	Object reference error when dictating an edited study under certain conditions.

20851	Peer Reviewed Counter not incrementing.
20839	Personnel editor - Create new user can take on a setting that the logged in user has assigned.
20821	Sectra PACS - When viewing images from mini patient folder and you tab to another window, when you tab back not all acc# are in the open call but 'PACS Loaded status' is open.
20815	Need more descriptive error message when EIS tries to insert data into a table that does not exist.
20814	Languages using non-romanized alphabets do not translate in portal generated emails.
20813	Searching for UM authorization number multiple times can highlight the wrong row in the Patient Folder.
20797	Filter bar garbles the text in the user group permissions lookup table. (Resolved 2018.2)
20785	Digital Forms: Transcribed On / After Status check is firing at the same time as Dictated/Report Drafted.
20764	On/After Status checks treat 'Exam Done' and 'Exam Done [Tech Only]' as equivalent statuses.
20757	RIS Backend Installer - Post-Install Configuration screen, error trying to modify manifest file.
20755	RIS Backend Installer - Adding core install enhancements and exception.
20751	A user can perform an exam without permission by entering their credentials when RIS is logged on a user who has permission.
20747	RIS Backend Installer - Entering an incorrect path will not let you correct the path.
20740	RIS crashed twice when closing Create/Edit Report Window without making changes.
20717	Finding follow up view does not have a close option when it's floating or not docked.
20695	RIS verbose logs use DES encryption and an insecure password.
20689	Change password does not follow 'RecentPasswordRestrictionCount'.
20606	Unable to Make Appointment as guest when multiple languages active.
20605	Attach Inbound Document WL - 'age in hours' column, the filter for between doesn't work.
20547	Digital Forms new image uploader requires flash.
20243	Signed by Date WL location filter doesn't filter the work list.
20241	Creating new or editing appointments from Appointment book doesn't add to quick history in lower left corner.
20143	Personnel editor – Reading Group assignments sometimes display the code instead of the description.
20080	Backend installer missing dependency for MVC3 state db on server 2016.
19956	The baseline performance counter stops logging CPU utilization when SQL Server is restarted.
19916	Sending a RADAR Quick Message as Email (only) duplicates the message in the contact log.
19816	Font size in all data panes 'Titles' in the Dictation window not reflecting the user preference setting.

19814	Font size in 'Patient Folder' data panel in the Dictation window not reflecting the user preference setting.
19812	Font size in 'Fields' data panel in the Dictation window not reflecting the user preference setting.
19811	Font size in digital forms, Portal, Diagrams and Report Assistant in the Dictation window not reflecting the user preference setting.
19786	Patient notes protected text can be deleted when scheduling from patient folder.
19753	Opening Dictation Window in Dark Mode all attachments are inverted.
19631	Inbound attachments - the View/Edit option will add 'New Document' types to the attachments window but does not save.
19612	Attach Inbound Document WL - Once a document has been split, a new document is created but there are a few issues, such as Missing data, reset of 'age in hours'.
19564	If user group permission 'Clinical.ImportCD' is set to Read only, user cannot open patient folder, gets exception.
19557	Edit distribution job, change recipient and address, then back again, the addresses will not be available.
19495	Conditional tab will display for patient that isn't old enough. (Resolved 2018.1.1)
19474	Study moving audit entry has a hardcoded user.
19235	Patient alerts not ordered based on display order as set in the lookup.
18577	Opening the Procedure Picker screen for the first time throws Font exception.
18348	Unable to update patient notes via Edit Patient on an external patient.

## Patient Portal

Bug #	Subject
20896	Dates listed in patient portal admin tools have month listed instead of minutes. (Resolved 2018.1.1)
20895	Unable to modify unschedulable procedure when clicking back button after receiving a Call the Call Center prompt.
20850	Turkish localization issue.
19616	Attempting to continue schedule workflow for an exam that no sites are configured to perform can produce an error.
19378	Problem displaying Google map in scheduling workflow on the portal. (South African addresses)

## Provider Portal (referring portal)

Bug #	Subject
20909	Provider Portal - 'Can't access your account' option does not validate 'Verify your identity' page.
20906	Provider Portal - 'Can't access your account' option does not direct to the 'Verify your identity' page.
20873	Localization -- Missing Lang tags.
20789	'Next' button disabled after providing invalid details during Account Recovery workflow.
20662	When RADAR Notification is disabled on System Messages in the portal, Admin is still able to save text in the Link Text and Resolution Text fields.
20317	Provider Portal - when clicking the 'Save' in the account setting page, doesn't appear to be saving correctly.
19999	Provider Portal - During login, after entering password, if you click TAB, you are brought to <a href="https://www.radnet.com/">https://www.radnet.com/</a>
19847	Staff users are not receiving the pending notification banner in the Provider portal until they select the orders page.

## UM Portal

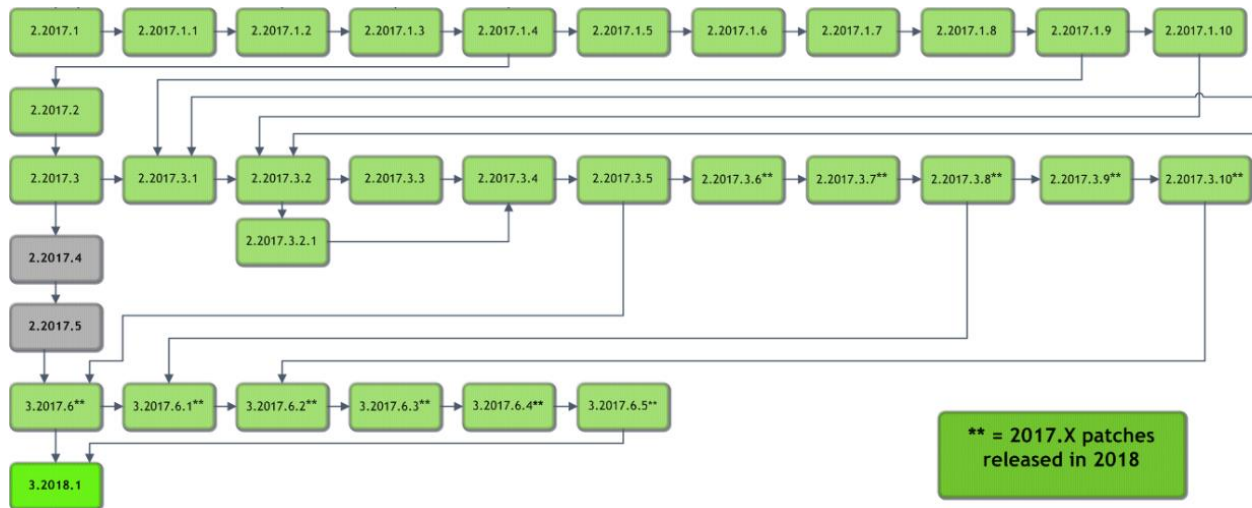
Bug #	Subject
20880	UMP - Search - Get Help link on empty search results page broken and missing icon.



**RIS RELEASE VERSION NUMBERS**

Build	Patch	UI Version	Core Version	WS Version	DB Version	Digital Forms	Patient Portal	UM Portal	Provider Portal	Notes
2017.1	-	2.17.1.0 (3GB)	2.17.1.0	2.17.1.0	2.17.1.0.00559886	2.17.1.0	2.17.1.0.572290	2.17.1.0.000000		Full Version Release
2017.1	1	2.17.1.1 (3GB)	2.17.1.0	2.17.1.1	2.17.1.1.00589952	2.17.1.0	2.17.1.0.572290	2.17.1.0.000000		GUI, Web Service and DB updates
2017.1	2	2.17.1.2 (3GB)	2.17.1.0	2.17.1.2	2.17.1.2.00621962	2.17.1.0	2.17.1.0.572290	2.17.1.0.000000		GUI, Web Service and DB updates
2017.1	3	2.17.1.3 (3GB)	2.17.1.0	2.17.1.3	2.17.1.3.00640480	2.17.1.0	2.17.1.0.572290	2.17.1.0.000000		GUI, Web Service and DB updates
2017.1	4	2.17.1.4 (3GB)	2.17.1.0	2.17.1.4	2.17.1.4.00692239	2.17.1.0	2.17.1.4.701924	2.17.1.0.000000		GUI, Web Service, DB and Patient Portal updates
2017.1	5	2.17.1.4 (3GB)	2.17.1.0	2.17.1.5	2.17.1.4.00692239	2.17.1.0	2.17.1.4.701924	2.17.1.0.000000		Web Service
2017.1	6	2.17.1.6 (3GB)	2.17.1.0	2.17.1.5	2.17.1.6.00745281	2.17.1.0	2.17.1.4.701924	2.17.1.0.000000		GUI and DB Updates
2017.1	7	2.17.1.7 (3GB)	2.17.1.0	2.17.1.5	2.17.1.6.00745281	2.17.1.0	2.17.1.4.701924	2.17.1.0.000000		GUI update
2017.1	8	2.17.1.8 (3GB)	2.17.1.0	2.17.1.5	2.17.1.6.00745281	2.17.1.0	2.17.1.4.701924	2.17.1.0.000000		GUI update
2017.1	9	2.17.1.9 (3GB)	2.17.1.0	2.17.1.5	2.17.1.6.00745281	2.17.1.0	2.17.1.4.701924	2.17.1.0.000000		GUI update
2017.1	10	2.17.1.10 (3GB)	2.17.1.0	2.17.1.10	2.17.1.6.00745281	2.17.1.0	2.17.1.4.701924	2.17.1.0.000000		GUI and Web Service update
2017.2	-	2.17.2.0 (3GB)	2.17.2.0	2.17.2.0	2.17.2.0.00695782	2.17.2.0	2.17.2.0.702238	2.17.2.0.702213	2.17.2.0.702226	Full Version Release. First release of Provider Portal
2017.3	-	2.17.3.0 (3GB)	2.17.3.0	2.17.3.0	2.17.3.0.00764112	2.17.3.0	2.17.3.0.321	2.17.3.0.321	2.17.3.0.321	Full Version Release. Including Patient, Provider and UM Portals
2017.3	1	2.17.3.1 (3GB)	2.17.3.0	2.17.3.1	2.17.3.1.00846328	2.17.3.1	2.17.3.1.853299	2.17.3.1.853301	2.17.3.1.856171	GUI, Web Service, DB. Including Patient, Provider and UM Portals
2017.3	2	2.17.3.2 (3GB)	2.17.3.0	2.17.3.2	2.17.3.2.00898348	2.17.3.2	2.17.3.2.913898	2.17.3.2.913899	2.17.3.1.856171	GUI, Web Service, DB. Including Patient, Provider and UM Portals
2017.3	2.1	2.17.3.2.1 (3GB)	2.17.3.0	2.17.3.2	2.17.3.2.00898348	2.17.3.2	2.17.3.2.913898	2.17.3.2.913899	2.17.3.1.856171	GUI Only
2017.3	2.2	2.17.3.2.1 (3GB)	2.17.3.0	2.17.3.2.2	2.17.3.2.00898348	2.17.3.2	2.17.3.2.913898	2.17.3.2.913899	2.17.3.1.856171	Web Services only
2017.3	3	2.17.3.3 (3GB)	2.17.3.0	2.17.3.3	2.17.3.3.00954008	2.17.3.2	2.17.3.3.962869	2.17.3.3.962870	2.17.3.3.962870	GUI, Web Service, DB. Including Patient, Provider and UM Portals
2017.3	4	2.17.3.4 (3GB)	2.17.3.0	2.17.3.4	2.17.3.4.00987562	2.17.3.2	2.17.3.3.962869	2.17.3.3.962870	2.17.3.3.962870	GUI, Web Service and DB
2017.3	5	2.17.3.5 (3GB)	2.17.3.0	2.17.3.5	2.17.3.5.01023250	2.17.3.2	2.17.3.5.1023087	2.17.3.5.1025862	2.17.3.5.1023087	GUI, Web Service, DB, Patient Portal, Referring Portal, UM Portal
2017.3	6	2.17.3.6 (3GB)	2.17.3.0	2.17.3.6	2.17.3.6.01065114	2.17.3.2	2.17.3.5.1023087	2.17.3.5.1025862	2.17.3.5.1023087	GUI, Web Service, DB
2017.3	7	2.17.3.7 (3GB)	2.17.3.0	2.17.3.6	2.17.3.6.01065114	2.17.3.2	2.17.3.5.1023087	2.17.3.5.1025862	2.17.3.5.1023087	GUI
2017.3	8	2.17.3.8 (3GB)	2.17.3.0	2.17.3.8	2.17.3.6.01065114	2.17.3.2	2.17.3.5.1023087	2.17.3.5.1025862	2.17.3.5.1023087	GUI and Web Service
2017.3	9	2.17.3.8 (3GB)	2.17.3.0	2.17.3.9	2.17.3.6.01065114	2.17.3.2	2.17.3.5.1023087	2.17.3.5.1025862	2.17.3.5.1023087	Web Service
2017.3	10	2.17.3.10 (3GB)	2.17.3.0	2.17.3.10	2.17.3.10.01125764	2.17.3.2	2.17.3.5.1023087	2.17.3.5.1025862	2.17.3.5.1023087	GUI, Web Service and DB updates
2017.6	-	3.17.6.0 (3GB)	3.17.6.0	3.17.6.0	3.17.6.0.01037550	3.17.6.0	3.17.6.0.1037868	3.17.6.0.1037869	3.17.6.0.1037869	Full Version Release. Including Patient, Provider and UM Portals
2017.6	1	3.17.6.1 (3GB)	3.17.6.0	3.17.6.1	3.17.6.1.01094077	3.17.6.0	3.17.6.0.1037868	3.17.6.0.1037869	3.17.6.0.1037869	GUI, Web Service and DB updates
2017.6	2	3.17.6.2 (3GB)	3.17.6.0	3.17.6.2	3.17.6.2.01130171	3.17.6.2	3.17.6.2.1138297	3.17.6.2.1138298	3.17.6.2.1138298	GUI, Web Service, DB, Patient, Provider and UM Portals and Digital Forms
2017.6	3	3.17.6.3 (3GB)	3.17.6.0	3.17.6.3	3.17.6.3.01166033	3.17.6.3	3.17.6.3.1168622	3.17.6.3.1168622	3.17.6.3.1168623	GUI, Web Service, DB, Patient, Provider and UM Portals and Digital Forms
2017.6	4	3.17.6.4 (3GB)	3.17.6.0	3.17.6.4	3.17.6.4.01187509	3.17.6.4	3.17.6.4.1190295	3.17.6.4.1190295	3.17.6.4.1190295	GUI, Web Service, DB, Patient, Provider and UM Portals and Digital Forms
2017.6	5	3.17.6.5 (3GB)	3.17.6.0	3.17.6.5	3.17.6.4.01187509	3.17.6.4	3.17.6.5.1199064	3.17.6.5.1199063	3.17.6.5.1199064	GUI, Web Service, Patient, Provider and UM Portals
2017.6	6	3.17.6.6 (3GB)	3.17.6.0	3.17.6.6	3.17.6.6.01236363	3.17.6.4	3.17.6.5.1199064	3.17.6.5.1199063	3.17.6.5.1199064	GUI, Web Service and DB updates
2017.6	7	3.17.6.7 (3GB)	3.17.6.0	3.17.6.7	3.17.6.7.01257812	3.17.6.7	3.17.6.7.1266287	3.17.6.7.1266287	3.17.6.7.1266287	GUI, Web Service, DB, Digital Forms, Patient, Provider and UM portals
2017.6	8	3.17.6.8 (3GB)	3.17.6.0	3.17.6.8	3.17.6.8.01276873	3.17.6.8	3.17.6.8.1280869	3.17.6.8.1280870	3.17.6.8.1280869	GUI, Web Service, DB, Digital Forms, Patient, Provider and UM portals
2018.1	-	3.18.1.0 (3GB)	3.18.1.0	3.18.1.0	3.18.1.0.01228009	3.18.1.0	3.18.1.0.1229289	3.18.1.0.1229290	3.18.1.0.1229290	Full version release

**CODE STREAM DIAGRAM**



**Legend:**

- Light Green = Previously Released software
- Gray = Internal version, non-release version
- Bright Green = Current Release