

User Release Notes

for eRAD RIS
Version 1.0
Build 35

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1. Purpose

This document describes some of the new features and changes implemented in eRAD RIS as of the end of Sprint 35. This version of eRAD RIS is referred to as Build 1.35.

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

2. Intended Audience

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

3. Installing/Accessing the Application

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

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

Username: rRIS

Password: Summerside

Please note that Build 1.35 is considered a new core release of the application and will require a reinstallation of eRAD RIS. This is accomplished by navigating to the eRAD RIS shared installation drive and running the CoreInstall.bat file (ex: I:\RISDeployment\CoreInstall.bat)

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

4. New Features and Enhancements

Scheduling Timeslot Lock Release

In the past if the user has searched for and selected available time slots for scheduling, this user would have those times locked. In the event the user was distracted from completing the schedule, the selected times would remain locked.

In build 35 we have introduced a lock release. We check every 10 seconds to see if there was any activity. As long as the scheduling tab is the active tab then any mouse or keyboard event will refresh the lock. If the user opens a new tab then any mouse or keyboard event will not refresh the lock. When the timer runs through the configurable amount of time, the focus will jump back to the scheduling tab with a pop-up prompting the user if the lock timer should refresh or release the lock, if the pop-up is left open for 1 minute then it will close and the lock will automatically be released.

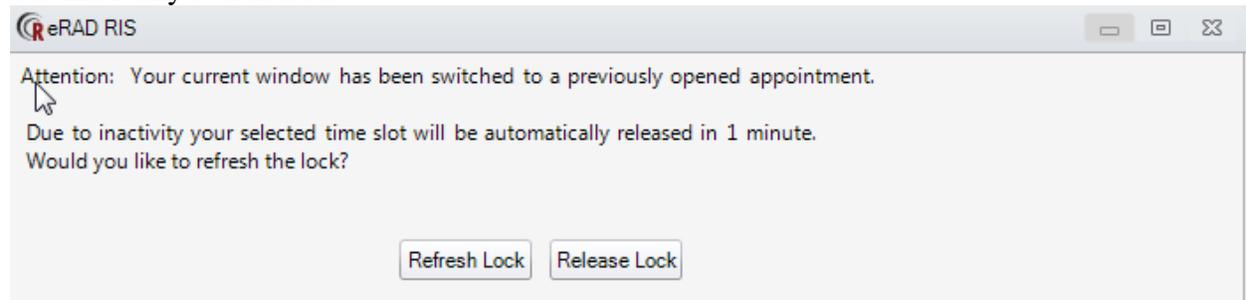


Figure 4.1 – Lock release prompt if not in data window



Figure 4.2 – Lock release prompt if you are in data window but not on Schedule tab

Schedule Review on Selecting Schedule Button

When a user had completed entering in data, searching for available schedule dates and time, etc they would select the schedule button to commit the data. It was desired that the user be presented with a review of the schedule.

In build 35 upon selecting the Schedule button the user will now be presented with the Review window. The review window will display a Schedule Summary of the patients name, procedures scheduled, date time and duration of the study. The address of the site in which the exams will occur and any prep instructions for the procedures selected.

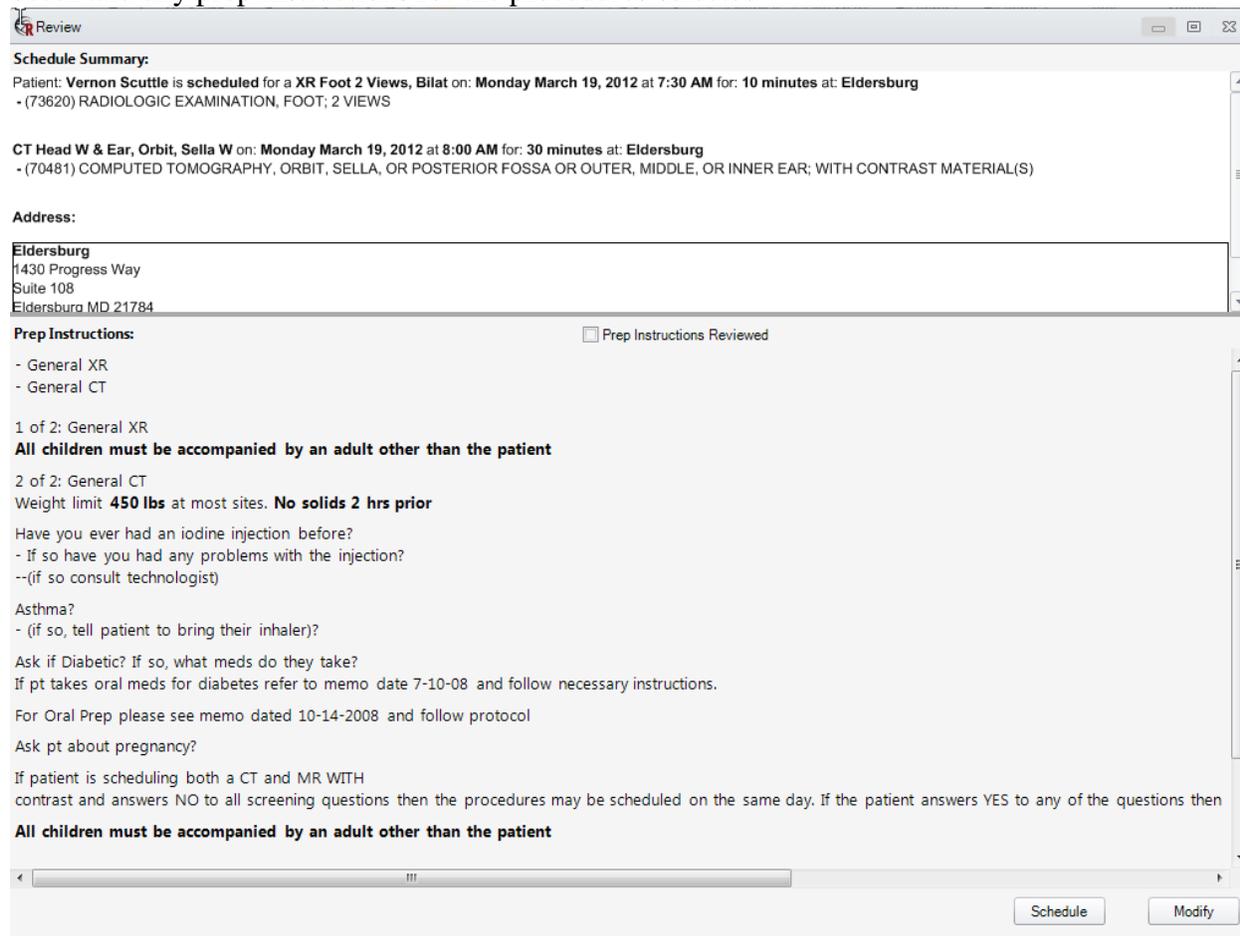


Figure 4.3 – Schedule Review window

The user can select the Schedule button to confirm, or select the Modify button to return to the Schedule Order data window to make any corrections required.

Scheduling Across Sites Warning

If the user is scheduling a multi procedure order and the rooms selected are (modality code) from different sites, the user will be prompted with an informative message with a Yes / No option to continue with the selection.

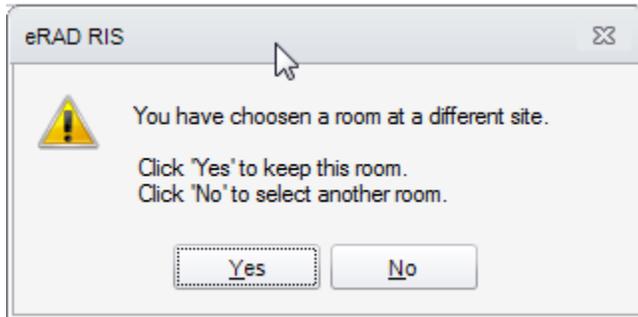


Figure 4.4 – Scheduling across sites warning

Cancelling / Rescheduling Studies

The patient folder has a new column on the work list. The procedures to schedule column will now show the procedures that are to be scheduled from an order in the event that one of the procedures from an original order remains scheduled, arrived, completed, etc...

In the example displayed below, the patient had an order with 2 procedures scheduled. One of the procedures was cancelled and sent to the Orders to Schedule work list. The result in the patient folder is the Order Signed showing the original procedures for that order and the Procedures to Schedule from that order, the study that was cancelled, and the study that remained in schedule status.

Flags	Nuggets	Status	Procedures	Scheduled Date	Procedures To Schedule	Accession Number
Contains: ▾	Contains: ▾	Cancelled	XR Foot 2 Views, Bilat [RD30] - Foot - Bilateral	03-16-2012 5:50 PM	Contains: ▾	1010908
Contains: ▾	Contains: ▾	Scheduled	XR Chest Min 4 Views [71030] - Chest	03-16-2012 5:40 PM		1010909
Contains: ▾	Contains: ▾	OrderSigned	XR Chest Min 4 Views [71030] - Chest XR Foot 2 Views, Bilat [RD30] - Foot/Bilateral		XR Foot 2 Views, Bilat [RD30] - Foot/Bilateral	

Figure 4.5 – Patient folder displaying results of scheduled order with one cancelled study

The list below is some possible scenarios and the results from cancelled and aborted exams.

Scenario #1-1:

A patient is scheduled for a US Bladder on Friday at 11:00 AM. The patient calls and cannot make the appointment but request a new time. The PSR cancels the Friday appointment and then searches for new appointment times. The PSR and patient together find an appointment for Monday.

The patient folder now contains:

- Friday’s cancelled US Bladder.
- Monday’s scheduled US Bladder

Scenario #1-2:

The patient from Scenario #1 arrives for his Monday appointment. The PSR registers the patient and marks the study as “Patient Arrived”. The technologist invites the patient to the imaging room and starts the procedure. The technologist discovers the patient bladder is not full enough and cannot complete the procedure at this time. The patient has other commitments and must reschedule this procedure for a future date. The Monday’s procedure is “Aborted” and a new study is put on the pending orders worklist to be scheduled (re-scheduled flag can be used to show that this is a re-scheduling event).

The patient folder now contains:

- Friday’s cancelled US Bladder.
- Monday’s aborted US Bladder.
- Pending order for US Bladder

Scenario #1-3:

A PSR calls the patient from scenario #1 to re-schedule the US Bladder. The patient decides not to follow up with the procedure and wishes to not have it completed. The PSR cancels the pending order (pending study).

The patient folder now contains:

- Friday's cancelled US Bladder.
- Monday's aborted US Bladder.
- Cancelled US Bladder pending order.

Scenario #2:

A patient is scheduled for a CT Head on Tuesday at 11:00 AM and XR Foot on Tuesday at 11:45 AM. The patient arrives and is registered. The tech performs the CT Head on the patient. After the CT Head, the patient has to leave and cannot have the XR foot done at this time. The tech completes the CT Head and cancels the XR Foot and request that it be put back on the pending order work list.

The patient folder now contains:

- Tuesday's completed CT Head
- Tuesday's cancelled XR Foot
- Pending order by XR Foot

Scenario #3-1

A patient is scheduled for a MR Knee on Friday at 9:00 AM, and XR Elbow on Friday at 10:00 AM. The patient calls a day before the exam and request that they be rescheduled. The PSR and the patient together reschedule then for Monday at the same times.

The patient folder now contains:

- Friday's cancelled MR Knee
- Friday's cancelled XR Elbow
- Mondays scheduled MR Knee
- Mondays scheduled XR Elbow

Scenario #3-2

The patient from scenario #3 arrives on. The PSR notices that the script is for a MR Knee and XR Ankle. The PSR updates the XR Elbow to XR Ankle. The tech performs and completes the MR Knee. However, the patient unfortunately has to leave prior to starting the XR Ankle. The tech cancels the XR Ankle and returns it to the pending order worklist.

The patient folder now contains:

- Friday's cancelled MR Knee
- Friday's cancelled XR Elbow
- Monday's completed MR Knee

- Monday's cancelled XR Ankle
- Pending order for XR Ankle

Scenario #4-1

Sorry for the bad example of procedures here.

A patient is scheduled for US Bladder and US Pelvis On Tuesday at 2:30 and 3:00 PM respectively. The patient arrives and is registered. The technologist starts both studies in the RIS. The tech cannot complete the studies as the patient bladder is not full. The technologist aborts both exams and sends them to the pending order worklist.

The patient folder now contains:

- Tuesday's aborted US Bladder
- Tuesday's aborted US Pelvis
- Pending order for US Bladder (under the skin, this technically belongs the same order as the US Pelvis).
- Pending order for US Pelvis (under the skin, this technically belongs the same order as the US Bladder).

Scenario #4-2

A PSR calls the patient to reschedule procedures aborted in scenario #4. Together they schedule 2 studies for Thursday at 3:30 PM and 4:00 PM. The patient arrives and is registered. The tech starts both procedures. The tech completes the US Bladder. But a clinical decision is made that the US Pelvis is not needed so the procedure is aborted.

The patient folder now contains:

- Tuesday's aborted US Bladder
- Tuesday's aborted US Pelvis
- Thursday's completed US Bladder.
- Thursday's aborted US Pelvis.

Scenario #5-1

A patient is scheduled for a mammo screening on Friday at 11:30 AM. The patient arrives, registered and the procedure is performed. The radiologist diagnoses a Birad-0, and recommends a follow-up US Breast.

The patient folder now contains:

- Friday's completed mammo screening exam.
- Pending order for US Breast. The study is also visible in the mammo follow-up worklist, but not visible in the generic pending ordered worklist.

Scenario #5-2

A PSR calls the patients to schedule US-Breast follow-up. Together they schedule an appointment for Wednesday at 10:45 AM. The patient does not show for Wednesday morning appointment. The appointment is cancelled and is marked to be rescheduled.

The patient folder now contains:

- Friday's completed mammo screening exam.
- Wednesday morning cancel US Breast
- Pending order for US Breast. The study is also visible in the mammo follow-up worklist, but not visible in the generic pending ordered worklist.

Scenario #5-3

A PSR calls the patients to re-schedule US-Breast follow-up. Together they schedule an appointment for Thursday at 10:45 AM. The patient arrives and the procedure is performed.

The patient folder now contains:

- Friday's completed mammo screening exam.
- Wednesday morning cancel (no-show) US Breast
- Thursday morning completed US Breast.

Unknown Carrier Work Flow

Needed with the eRAD RIS was a method to add Insurance Carriers that did not already exist within the application at the time of scheduling.

In build 35 users will have the ability to add unknown carriers. Within the existing Manage Policies window, if a Carrier name entered does not match an existing carrier, the user can add the unknown carrier from the Carrier Search window.

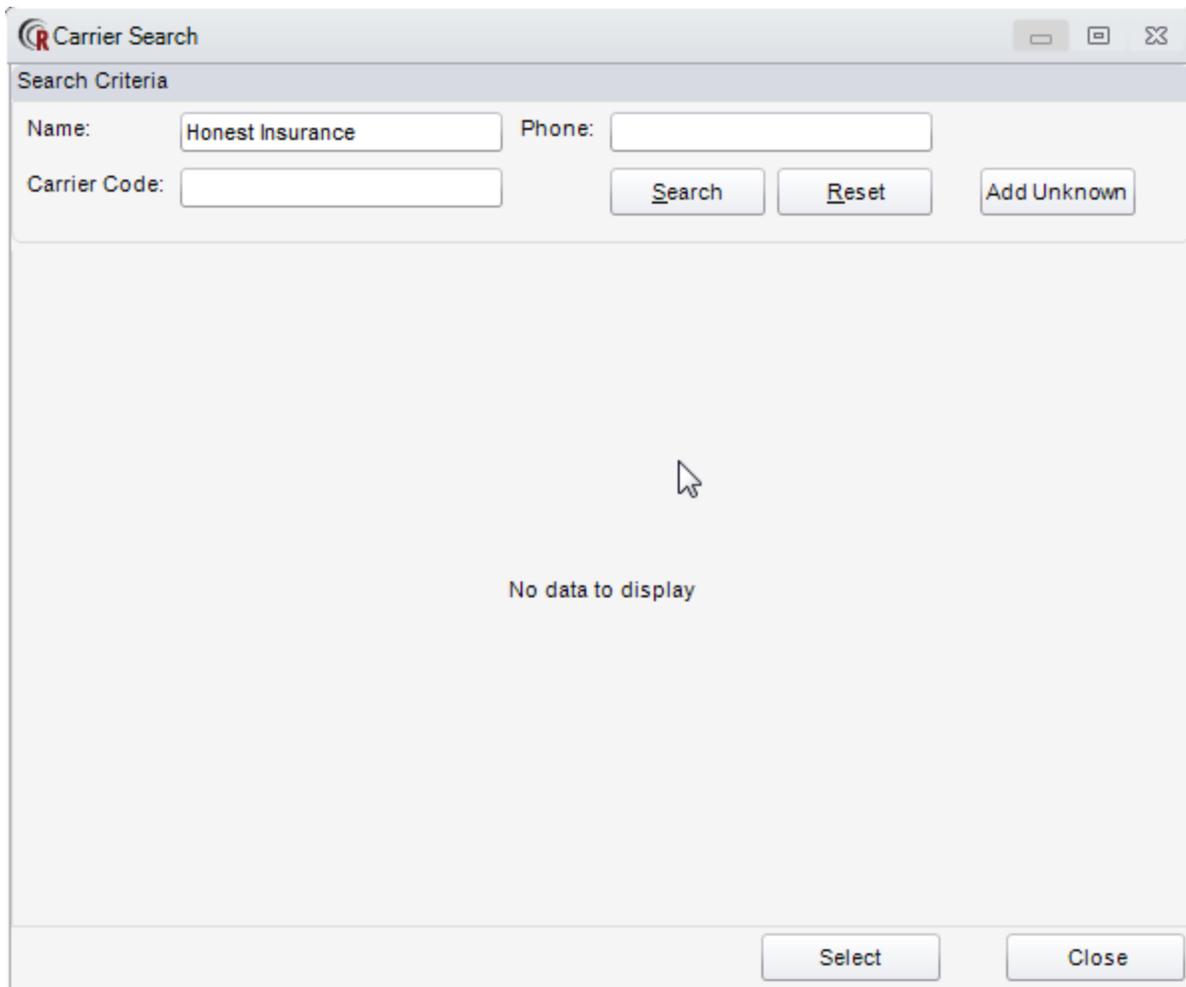


Figure 4.6 – Carrier Search window didn't find a match

Selecting the Unknown Carrier button in the above figure will open the Add Unknown Carrier window

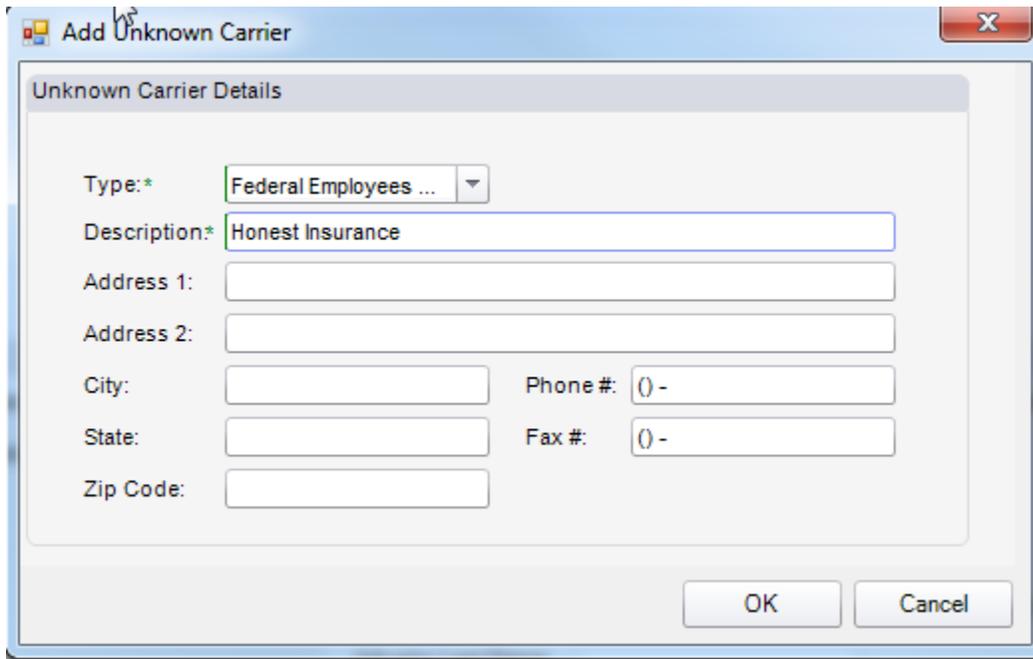


Figure 4.7 – Add Unknown Carrier window

After scheduling the above example, the entries with unknown carriers will be added to the “Unknown Reconciliation WL” (formally known as the “Unknown Referring WL”) and will contain Unknown Carriers and Unknown Referrers as indicated under the columns for each in the work list

eRAD RIS (Logged in as kevin)

File Administration Scheduling Front Desk Technologist Radiologist Mammo Transcription Help MD/ADV

Unknown Reconciliation (5)

Status	Order Date	Referring	First Name	Last Name	MRN	Unknown Referring Flag	Unknown Carrier Flag
OrderSigned	08-18-2011 12:00 PM	aefe aefa	Hilton	Mcmillon	11507493	✓	
OrderSigned	10-12-2011 11:01 AM	cc cc	test123	asdf	11507514	✓	
OrderSigned	12-21-2011 2:14 PM	Bob Bob	andrew	waite	4542	✓	
OrderSigned	02-06-2012 11:50 AM	bbbab ababab	Angel446	Dunn	T.451	✓	
OrderSigned	02-23-2012 7:10 PM	aaa aaa	kevin	molyneaux	11511282		✓

Figure 4.8 – Unknown Reconciliation work list

Double clicking on the row with the “Unknown Carry Flag” checked will open edit order and you can go to the insurance grid, right clicking on the row to reconcile the unknown entry. The Reconcile Unknown menu item is only available to users who have admin access to edit the carrier lookup table. Orders listed in the Unknown Reconciliation WL can only be accessed when the status of the order is OrderSigned. Once the study is scheduled and statuses past scheduled in the work flow, the Unknown Carrier can be reconciled from any data window that has the Manage Policies data pane, included View / Edit from the patient folder and Edit Billing from the Billing Exception work list.

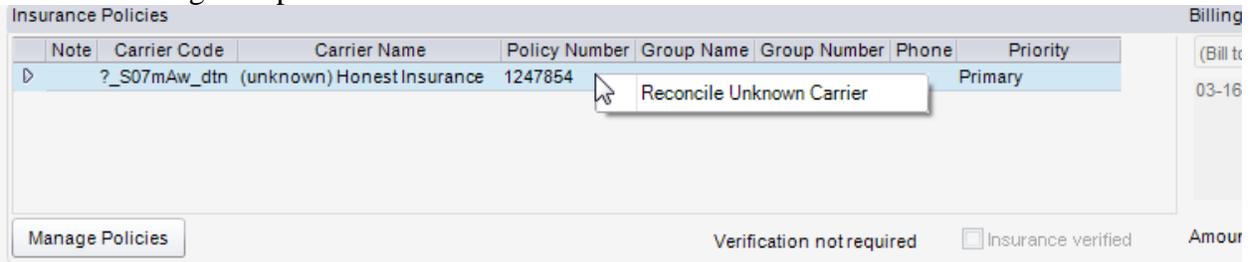


Figure 4.9 – Reconcile Unknown Carrier

In the “Reconcile Unknown Carrier” screen you can enter a code for the carrier and chose “Make Known” or you can search for an existing carrier, which may have been added but was not found earlier when scheduling the patient.

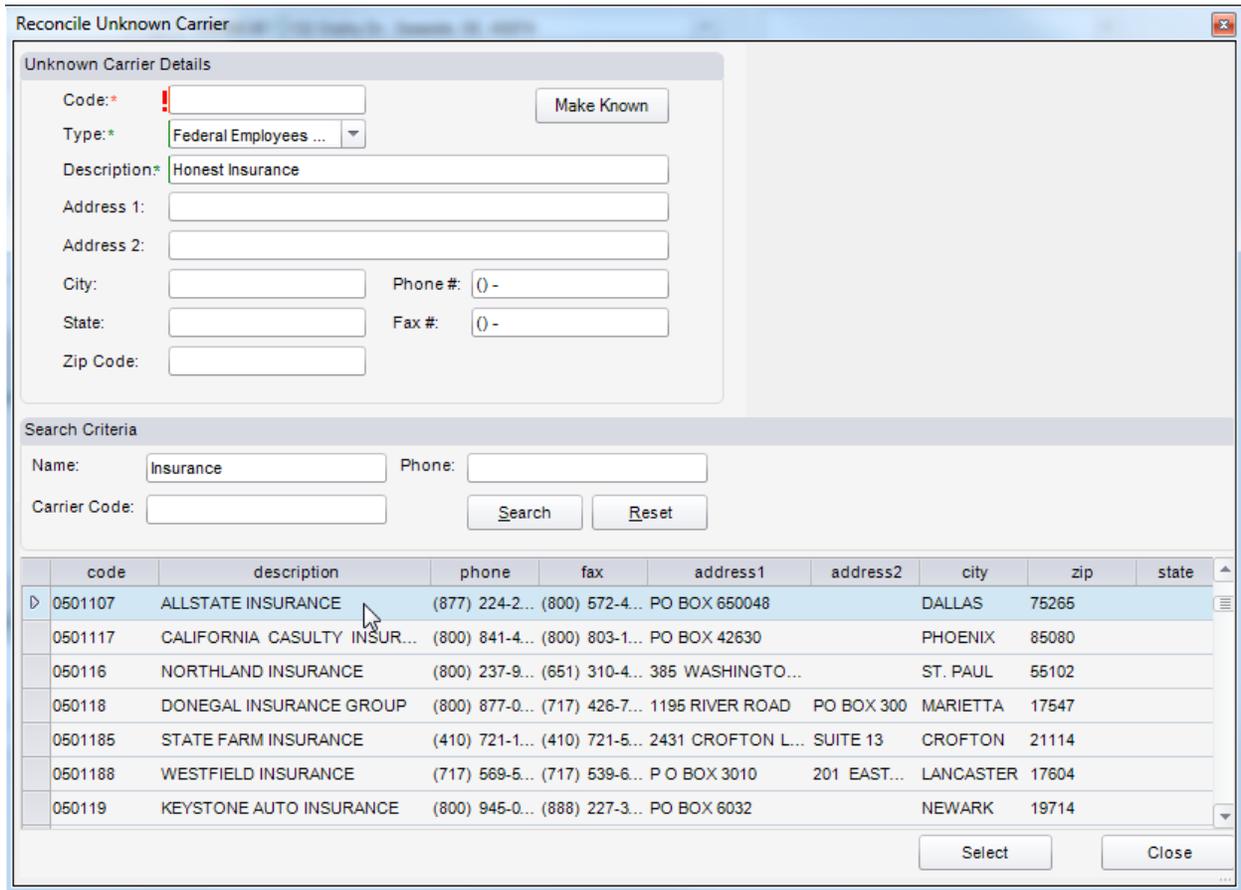


Figure 4.10 – Reconcile Unknown Carrier window

Validation was also added so that users can not add carrier codes that start with '?', which is reserved for the system generated unknown carrier codes.

Self-Pay Feature

The new Billing Method controls are located to the right of the Insurance Policies grid.

A new drop down box exists for Billing Method. It will be defaulted to “Bill to Insurance”
The PSR can select the dropdown, and populate 1 of 4 other values, which are driven from a new lookup table (l_bill_to_types), consisting initially of: 1. Self pay no discount 2. Self pay prompt pay discount 3. Self pay medical hardship 4. Self pay manager override)

There is a small notes section which becomes enabled when any self pay option is selected from the drop down list box. This is in fact the Billing Notes column.

The existing amount to collect textbox would be where we put in the quoted amount for the self-pay.

If the PSR later selects an insurance carrier, the billing method box is reset to “bill to insurance”, and the box and notes are then disabled. To re-enable them, the PSR may un-select the insurance carrier.

The new controls are controlled by a permission “Clinical.BillingMethod”

Also the alert when no insurance is added has been removed if a self-pay option is selected.



Figure 4.11 – Billing Method data pane, list box and notes billing notes text box

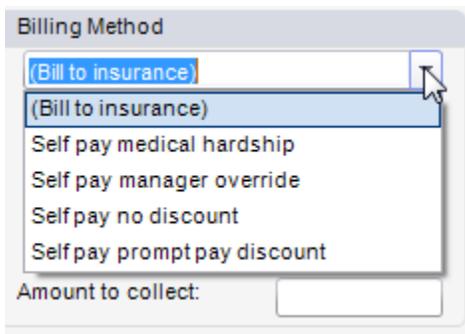


Figure 4.12 –Billing Method list box values

Meaningful Use Wizard

A new ICON has been added to the Patient Visit tab. This ICON will open a new Meaningful Use Wizard dialog where the users can check an item and that item will be added to the grid on the patient visit tab.

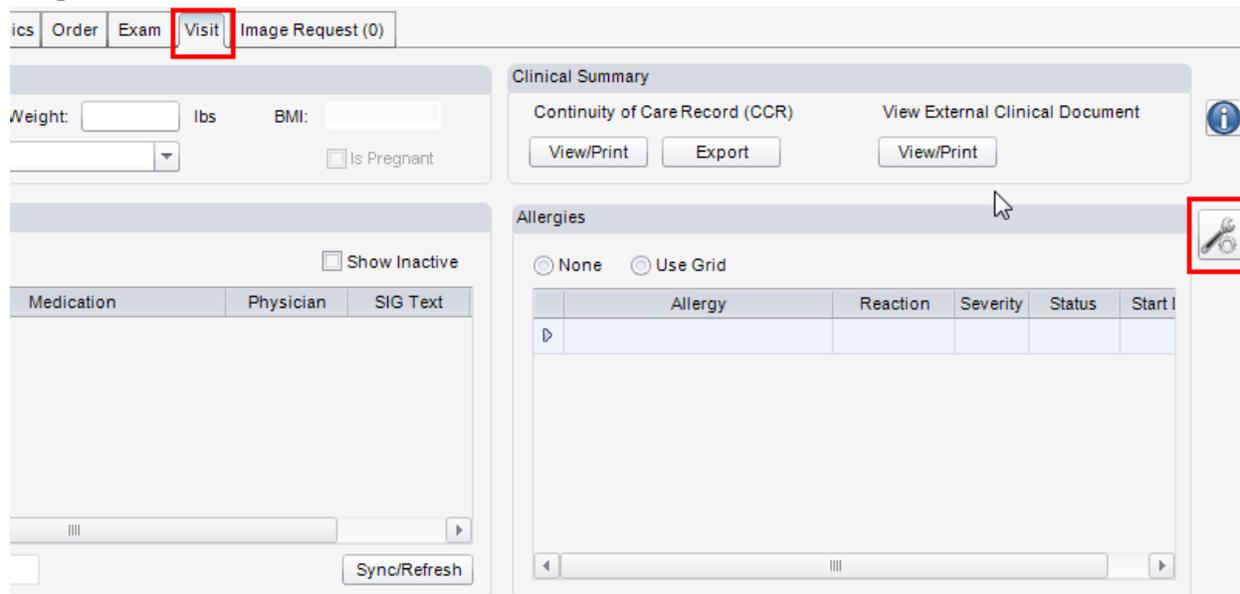


Figure 4.13 – Meaningful Use Wizard button

The Meaningful User Wizard button is controlled by the access string MU.WizardDialog. User groups must have this value set to full in order to see the button.

Medical History – The medical history grid allows the user the ability to have the same icd-9 code show multiple times however, we don't allow the dates of an icd-9 code to overlap. If the user selects the same icd-9 code only one can be active at a time (we throw an error saying overlapping dates not allowed). We added code that forces the user to select a start date for active icd-9 codes and we added code to force an end date for inactive or resolved icd-9 codes. This is needed so we can use the mu wizard to activate or inactive the correct code in the list.

Allergies – The allergy shows in the grid only once. Therefore you have an allergy or the user does not have the allergy.

Medications – Because we are using NewCrop medications can show in the list multiple times. We don't have the concept of start and end dates with medications so the way we use the meaningful use wizard is as follows. If the user clicks the wizard button we show all active drugs by checking the appropriate medication (no matter if entered in ris or NewCrop). If the user

unchecks the checkbox we make all medications entered in rRIS (ris_entered_flag = Y) inactive. We don't inactive the medications entered in NewCrop because the sync button will control the status of the medication. If the user checks a medication in the wizard we add a new row to the grid.

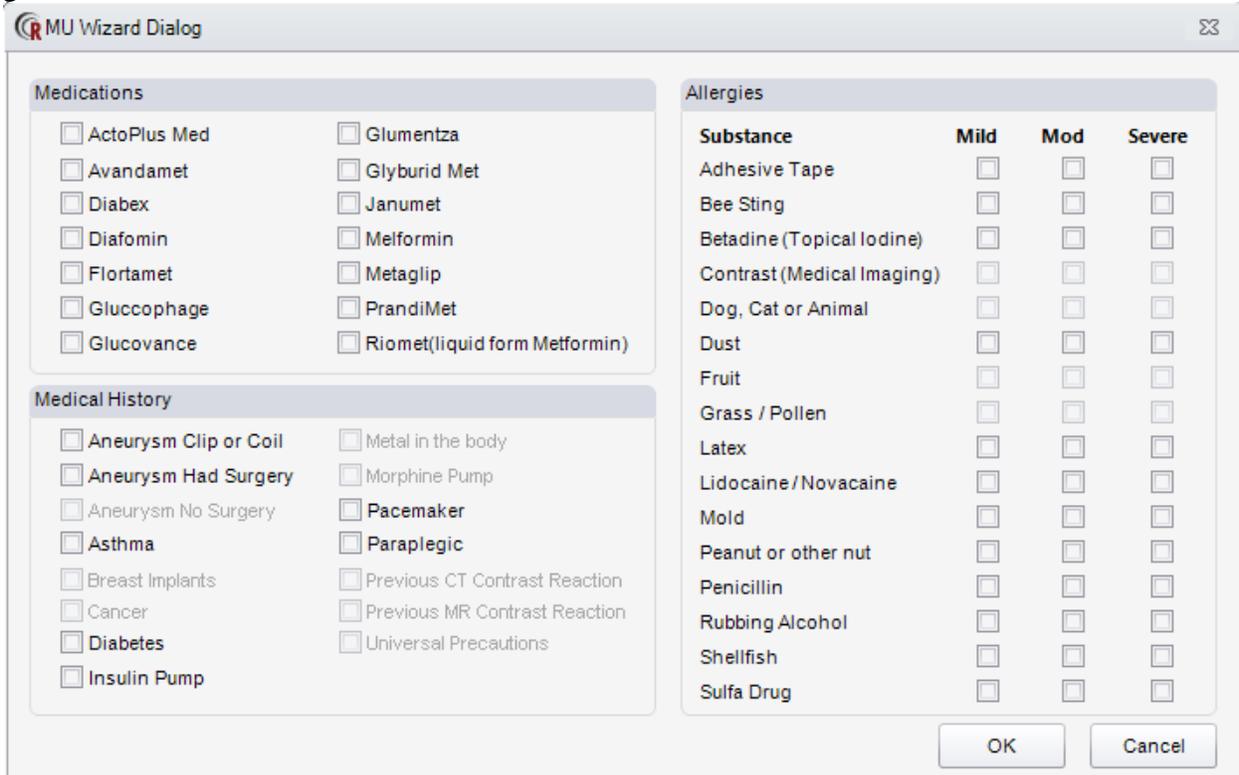


Figure 4.14 – Meaningful Use Wizard window

Hide New Crop Access

Added an access string “Clinical.NewCrop”, which if set to something other than Level.Full will prevent any of the newcrop features from being accessible, which means the button on the PatientInformation and the update button on PatientDrugs will be hidden.

The permission controls the visibility of the buttons and the syncing with New Crop.

Control Access to Proxy Signing Feature

Add the access string: Clinical.UserPreferences.ProxySigning

When set to None, the proxy group box in the user prefer screen will be hidden. If its set to any other level other than full the proxy group box will be disabled.

Notes Fields - User Identifier

In previous builds the Notes field would capture the user's initials. In build 35 it will now display the last name and first initial of first name. The notes history will also display the same.

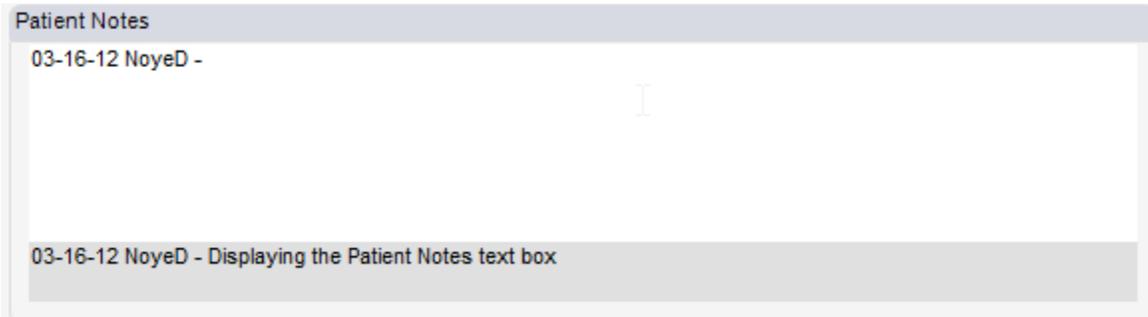


Figure 4.15 – Notes field displaying new User Identifier

Billing Exception Additions

New exceptions added:

Patient

- Full name
- Address
- A contact phone number

Insurance

- Policy holder relationship
- Name
- Date of Birth
- Address

Responsible party

- Relationship
- Date of birth
- Gender
- Address

MWL Enhancements

DCM4CHEE supports coercion of inbound messages via xsl stylesheets, meaning that we can make modifications to the passed in messages before they are acted upon.

For MWL queries, there is a base stylesheet that is shared across all queries in addition to optional stylesheets that are specific to a particular calling AE Title.

The common stylesheet now coerces the dicom tag for study status (00400020) to be ARRIVED\STARTED\DISCONTINUED. This will filter the worklist to studies of only these statuses. In addition, we only send HL7 to dcm4chee when the status is arrived, started, discontinued, exam done, or cancelled. Note that scheduled studies are NOT sent to dcm4chee. The stylesheet also uses the current date if no date, accession number, or patient id is provided, otherwise it will use the date provided which could possibly be none.

In order to support the modality_x_modality requirement, a separate xml file has been created in order to contain the groupings. For each calling AE Title, it is required that all AE titles to be returned in the worklist are listed, including the calling AE Title itself.

The following example specifies that a Calling AE Title of CT1EL will return all studies scheduled under either CT1EL or MR1FH. Note that this example is somewhat nonsensical.

```
<modality_x_modality>
  <modality calling_ae_title="CT1EL">
    <x_modality ae_title="CT1EL" />
    <x_modality ae_title="MR1FH" />
  </modality>
</modality_x_modality>
```

If no modality node exists with the calling AE Title sent in the query then the query will be limited to only the calling AE Title.

Document Distribution Enhancements

For busy jobs, I put a delay in of 10 minutes, hardcoded.

A catch-all else block to handle all failures that were not previously being checking for was added. These errors included “Fax Transmission Error” and “Disconnected”. This will send these jobs to error status.

For busy jobs, a delay in of 10 minutes was added (hardcoded for this release, may look at configurable value in the future)

On a manual retry, we’ll now clear the fax no answer log.

Management Reports – Sales

The Sales Team had requested management report. Below is a list of 6 new management reports designed specifically for the Sales Team.

For a list of all current designed management reports, please see the rRIS Core Management Reports.pdf file that can be accessed on the RADNET Wiki

1. 6 Month Variance Report

6 Month Variance Report

Practice: Advanced Radiology

Site(s): Fisher, Lutherville

Date Range: Aug 2011 - Feb 2012

Referring Phys	Specialty	Site	Modality	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Total	Monthly Avg	Feb 2012	Variance
aaa aaa	Breast Surgery	FH	CT	0	0	0	0	1	2	3	0.5	0	(0.5)
			XR	0	0	0	0	0	1	1	0.2	0	(0.2)
		LU	CT	0	0	0	0	1	0	1	0.2	1	0.8
			XR	0	0	0	0	0	1	1	0.2	0	(0.2)
				0	0	0	0	2	4	6	1.0	1	0.0
Administrator Test User		FH	BD	3	0	0	0	0	0	3	0.5	0	(0.5)
			CT	0	0	1	0	0	1	2	0.3	0	(0.3)
			PT	6	5	2	0	2	1	16	2.7	8	5.3
			XR	102	0	23	0	0	3	128	21.3	0	(21.3)
		LU	XR	41	0	13	0	0	0	54	9.0	0	(9.0)
				152	5	39	0	2	5	203	33.8	8	(25.8)
aefe aefa	Head & Neck Surgery	FH	MA	0	0	1	0	0	0	1	0.2	0	(0.2)
				0	0	1	0	0	0	1	0.2	0	(0.2)
Aimee86 McClain		LU	XR	0	0	0	0	0	1	1	0.2	0	(0.2)
				0	0	0	0	0	1	1	0.2	0	(0.2)
Alfred Tapia		FH	CT	0	0	0	0	0	1	1	0.2	0	(0.2)
			LU	CT	0	0	1	0	0	0	1	0.2	0
						0	0	1	0	0	1	2	0.3

2. 13 Month Variance Report
13 Month Variance Report

Practice: Advanced Radiology

Site(s): Fisher, Lutherville

Date Range: Aug 2011 - Feb 2012

Physician	Affiliation	Specialty	Site	Modality	Feb 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Monthly Avg	Feb 2012	Var	Difference			
aaa aaa		Breast Surgery	FH	CT	0	0	0	0	0	0	0	0	0	1	2	0.3	0	(0.3)	-100%		
				XR	0	0	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)	-100%	
			LU	CT	0	0	0	0	0	0	0	0	0	0	0	1	0	0.1	1	0.9	1100%
				XR	0	0	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)	-100%	
			Total	0	0	0	0	0	0	0	0	0	0	0	0	2	4	0.5	1	0.5	100%
Administrator Test User			FH	BD	0	0	0	1	3	0	0	0	0	0	0	0.3	0	(0.3)	-100%		
				CT	0	0	0	0	0	0	0	1	0	0	0	1	0.2	0	(0.2)	-100%	
			PT	0	0	0	2	8	5	2	0	2	0	2	1	1.5	8	8.5	433%		
				XR	0	0	0	39	102	0	23	0	0	0	0	3	13.9	0	(13.9)	-100%	
			LU	XR	0	0	0	18	41	0	13	0	0	0	0	0	6.0	0	(6.0)	-100%	
			Total	0	0	0	60	152	5	39	0	2	5	21.9	8	(13.9)	-63%				
aeef aeef		Head & Neck Surgery	FH	MA	0	0	0	0	0	0	1	0	0	0	0.1	0	(0.1)	-100%			
				Total	0	0	0	0	0	0	1	0	0	0	0	0.1	0	(0.1)	-100%		
Aimee88 McClain			LU	XR	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)	-100%			
Total	0	0	0	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)	-100%				
Alexander06 Avila			LU	MA	0	0	1	0	0	0	0	0	0	0	0.1	0	(0.1)	-100%			
Total	0	0	1	0	0	0	0	0	0	0	0	0	0	0.1	0	(0.1)	-100%				

3. 13 Month Variance Report by Physician Location

13 Month Variance Report by Physician/Location with Percentage

Practice: Advanced Radiology

Site(s): Fisher, Lutherville

Date Range: Feb 2011 - Feb 2012

Physician	Site	Modality	Feb 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Monthly Avg	Feb 2012	Var	Difference
aaa aaa	FH	CT	0	0	0	0	0	0	0	0	1	2	0.3	0	(0.3)	-100%
		XR	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)	-100%
	LU	CT	0	0	0	0	0	0	0	0	1	0	0.1	1	0.9	1100%
		XR	0	0	0	0	0	0	0	0	0	0	1	0	(0.1)	-100%
Total			0	0	0	0	0	0	0	0	2	4	0.5	1	0.6	100%
Administrator Test User	FH	BD	0	0	0	1	3	0	0	0	0	0	0.3	0	(0.3)	-100%
		CT	0	0	0	0	0	0	1	0	0	1	0.2	0	(0.2)	-100%
		PT	0	0	0	2	6	5	2	0	2	1	1.5	8	6.5	433%
		XR	0	0	0	39	102	0	23	0	0	3	13.9	0	(13.9)	-100%
	LU	XR	0	0	0	18	41	0	13	0	0	0	6.0	0	(6.0)	-100%
Total			0	0	0	60	152	5	39	0	2	5	21.9	8	(13.9)	-63%
aeef aefa	FH	MA	0	0	0	0	0	0	1	0	0	0	0.1	0	(0.1)	-100%
		Total	0	0	0	0	0	0	1	0	0	0	0.1	0	(0.1)	-100%
Aimee06 McClain	LU	XR	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)	-100%
		Total	0	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)
Alexander06 Avila	LU	MA	0	0	1	0	0	0	0	0	0	0	0.1	0	(0.1)	-100%
		Total	0	0	1	0	0	0	0	0	0	0	0.1	0	(0.1)	-100%
Alfred Tapia	FH	CT	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)	-100%
		LU	CT	1	0	0	0	0	0	1	0	0	0	0.1	0	0.9
	Total	1	0	0	0	0	0	0	1	0	0	1	0.2	0	0.8	500%

4. 13 Month Variance Report by Group

13 Month Variance Report by Group with Percentage

Affiliations	Physician	Site	Modality	Feb 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Monthly Avg	Feb 2012	Var	
BLAKER CHIROPRACTIC	WILLIAM BLAKER	Total		0	94	4	14	0	0	0	0	0	0	9.3	0	(9.3)	
CALVERT WOMENS HEALTH	WILLIAM SPENCER-STRONG II	FH	BD	0	1	0	0	0	0	0	0	0	0	0.1	0	(0.1)	
			MR	0	12	4	2	0	0	0	0	0	0	0	1.5	0	(1.5)
		LU	PT	0	0	1	0	0	0	0	0	0	0	0	0.1	0	(0.1)
			MR	0	17	2	3	0	0	0	0	0	0	0	1.8	0	(1.8)
			XR	0	4	0	0	0	0	0	0	0	0	0	0.3	0	(0.3)
Total			0	34	7	5	0	0	0	0	0	0	3.8	0	(3.8)		
CARDIOVASCULAR SPECIALISTS OF CENTRAL MD	WILLIAM HERZOG	FH	CT	0	0	0	1	0	0	0	0	0	0	0.1	0	(0.1)	
			PT	0	18	11	8	0	0	1	0	0	0	0	3.2	0	(3.2)
		XR	0	0	0	1	0	0	0	0	0	0	0	0.1	0	(0.1)	
	LU	CT	0	1	1	0	0	0	0	0	0	0	0	0.2	0	(0.2)	
		US	0	2	0	0	0	0	0	0	0	0	0	0.2	0	(0.2)	
		Total			0	21	12	10	0	0	1	0	0	0	3.7	0	(3.7)
WILLIAM PARNES	FH	CT	0	2	1	2	0	0	0	0	0	0	0	0.4	0	(0.4)	
		MA	0	0	0	1	0	0	0	0	0	0	0	0.1	0	(0.1)	
		PT	0	8	22	10	0	0	1	0	0	0	0	3.4	0	(3.4)	
		US	0	1	0	0	0	0	0	0	0	0	0	0.1	0	(0.1)	
	LU	XR	0	0	1	0	0	0	0	0	0	0	0	0.1	0	(0.1)	
		CT	0	1	0	0	0	0	0	0	0	0	0	0.1	0	(0.1)	
Total			0	13	24	13	0	0	1	0	0	0	4.3	0	(4.3)		

5. 13 Month Specific Group Report

Specific Group 13 Month Variance Report

Practice: Advanced Radiology

Site(s): Fisher, Lutherville

Date Range: Aug 2011 - Feb 2012

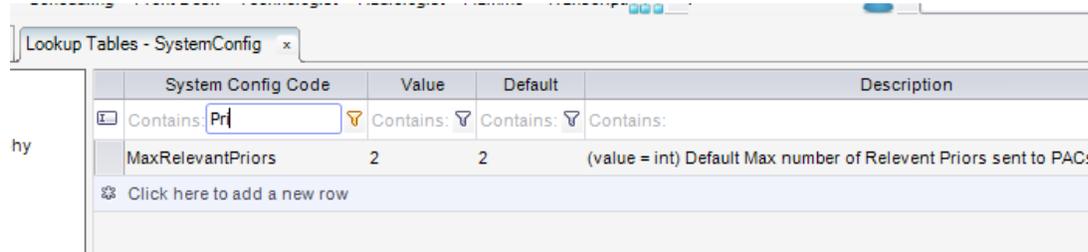
Affiliation	Physician	Site	Modality	Feb 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Mnthly Avg	Feb 2012	Var	
	888 888	FH	CT	0	0	0	0	0	0	0	0	1	2	0.3	0	(0.3)	
			XR	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)	
		LU	CT	0	0	0	0	0	0	0	0	0	1	0	0.1	1	0.9
			XR	0	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)
		Total	0	0	0	0	0	0	0	0	0	0	2	4	0.5	1	0.5
Administrator Test User		FH	BD	0	0	0	1	3	0	0	0	0	0	0.3	0	(0.3)	
			CT	0	0	0	0	0	0	1	0	0	1	0.2	0	(0.2)	
		PT	PT	0	0	0	2	6	5	2	0	2	1	1.5	6	6.5	
			XR	0	0	0	39	102	0	23	0	0	3	13.9	0	(13.9)	
		LU	XR	0	0	0	16	41	0	13	0	0	0	6.0	0	(6.0)	
Total	0	0	0	60	152	5	39	0	2	5	21.9	8	(13.9)				
8888 8888		FH	MA	0	0	0	0	0	1	0	0	0	0	0.1	0	(0.1)	
			Total	0	0	0	0	0	0	1	0	0	0	0	0.1	0	(0.1)
Aimee86 Mccain		LU	XR	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)		
			Total	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)	
Alexander06 Avila		LU	MA	0	0	1	0	0	0	0	0	0	0	0.1	0	(0.1)	
			Total	0	0	1	0	0	0	0	0	0	0	0	0.1	0	(0.1)
Alfred Tapia		FH	CT	0	0	0	0	0	0	0	0	0	1	0.1	0	(0.1)	
			LU	CT	1	0	0	0	0	0	1	0	0	0	0.1	0	0.9
		Total	1	0	0	0	0	0	0	1	0	0	1	0.2	0	0.5	

6. 9 Month Quarterly Variance Report
Quarterly Variance Report

Physician	Specialty	Site	Modality	Qtr 3 2011	Qtr 4 2011	Mnthly Avg	Qtr 1 2012	Var
aaa aaa	Breast Surgery	FH	CT	0	1	0.2	2	1.8
			XR	0	0	0.0	1	1.0
		LU	CT	0	1	0.2	1	0.8
			XR	0	0	0.0	1	1.0
		Total			0	2	0.3	5
Administrator Test User		FH	BD	4	0	0.7	0	(0.7)
			CT	0	1	0.2	1	0.8
		LU	PT	13	4	2.8	9	6.2
			XR	141	23	27.3	3	(24.3)
		Total			217	41	43.0	13
ae fe aefa	Head & Neck Surgery	FH	MA	0	1	0.2	0	(0.2)
				Total			0	1
Aimee86 McClain		LU	XR	0	0	0.0	1	1.0
				Total			0	0
Alfred Tapia		FH	CT	0	0	0.0	1	1.0
			LU	CT	0	1	0.2	0
		Total			0	1	0.2	1

Limit Number of Relevant Priors

Added a system configuration setting called “MaxRelevantPriors”, which limits the number of relevant priors shown in the PACs “sorted by ranking”.

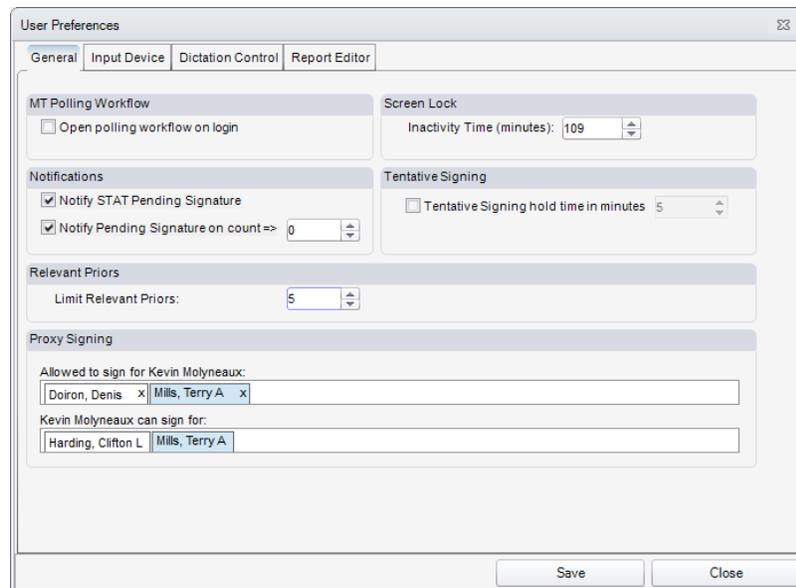


The screenshot shows a window titled "Lookup Tables - SystemConfig" with a table of system configuration entries. The table has columns for System Config Code, Value, Default, and Description. A search filter "Contains: Pri" is applied to the System Config Code column. The entry for "MaxRelevantPriors" is highlighted, showing a Value of 2 and a Default of 2. The description is "(value = int) Default Max number of Relevant Priors sent to PACs".

System Config Code	Value	Default	Description
Contains: Pri	Contains:	Contains:	Contains:
MaxRelevantPriors	2	2	(value = int) Default Max number of Relevant Priors sent to PACs

Figure 4.16 – MaxRelevantPriors system config entry

A user can modify their personal MaxRelevantPriors via user preferences.



The screenshot shows the "User Preferences" dialog box with the "General" tab selected. The "Relevant Priors" section is expanded, showing a "Limit Relevant Priors" dropdown menu set to 5. Other sections include "MT Polling Workflow", "Notifications", "Screen Lock", and "Proxy Signing".

Figure 4.17 – MaxRelevantPriors User Preference

Radiologist Written Signature on Reports

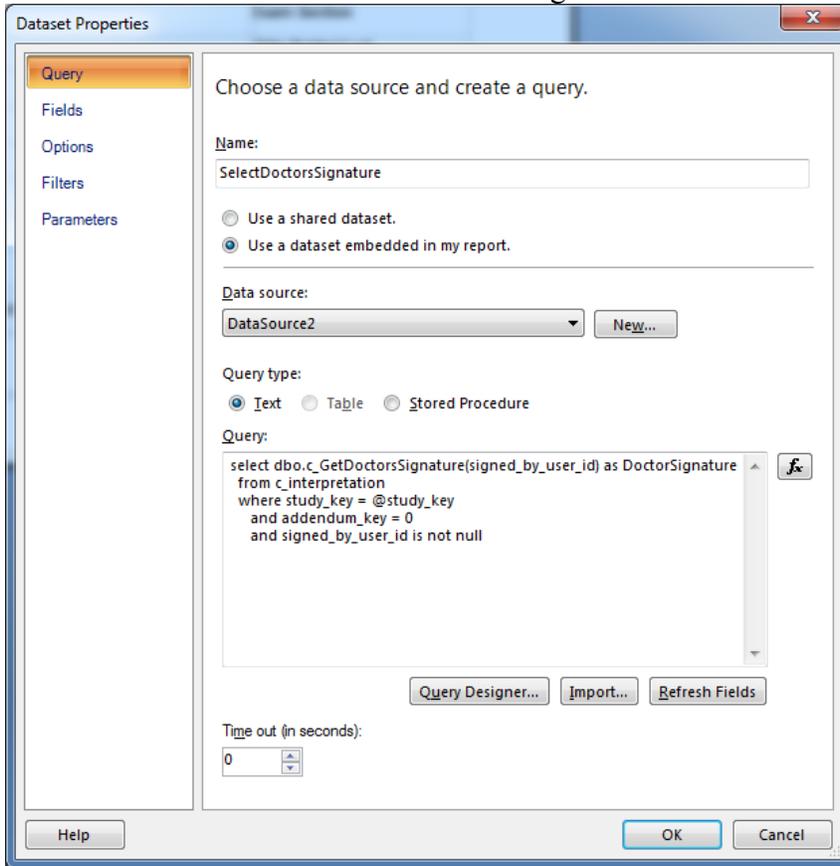
To implement, you will need to add a new scan document type that is associated to the person level. This scan document type must be referenced in the DoctorsSignatureScanType system configuration setting.

The default DoctorsSignatureScanType value is “DoctorsSignature”.

Also, you will need to update your version of the Diagnostic Report Body and Diagnostic Report Addendum reports in SQL Server Report Server. If you are using the “SampleDiagnosticReportBody” and the “SampleDiagnosticReportAddendum”, then the signature feature is automatically included. Please feel free to reference the sample diagnostic report template for more implementation details.

Implementation instructions for the original report:

Open the diagnostic report template that the system uses for report body.
Add a new dataset called “SelectDoctorsSignature”. Use the following properties.



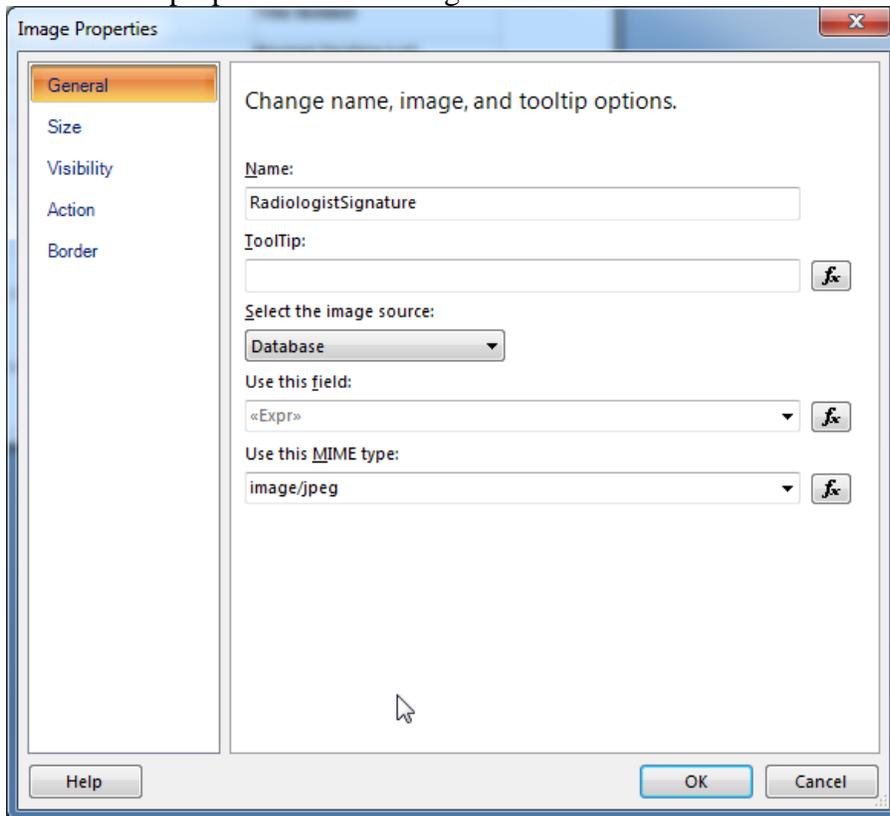
Add a new image control to the area you want the signature to appear. We added the image control just above the doctor’s name in the sample template.

[title]: [First(text)]	Exam Section
[title]: [First(text)]	Title Bolded Ln1
[text]	Title Bolded
[title]: [First(text)]	Normal Section Ln1
[text]	Normal Section
[title]: [First(text)]	Impression Section Ln1
[text]	Impression Section
[text]	No Title Section

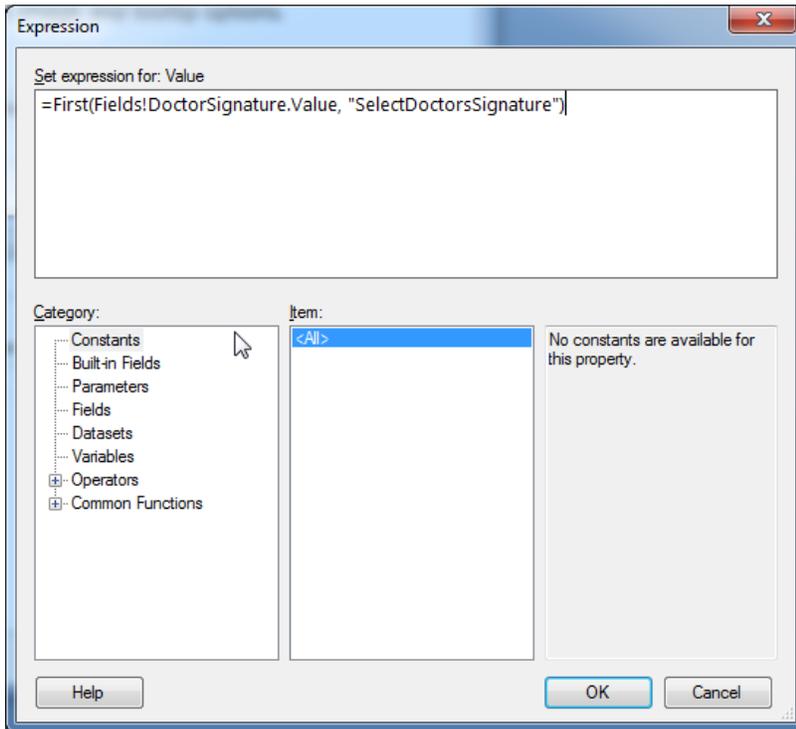
Thank you for the opportunity to participate in the care of this patient.

[SigningDoctorsName]
Electronically Signed: «Expr»

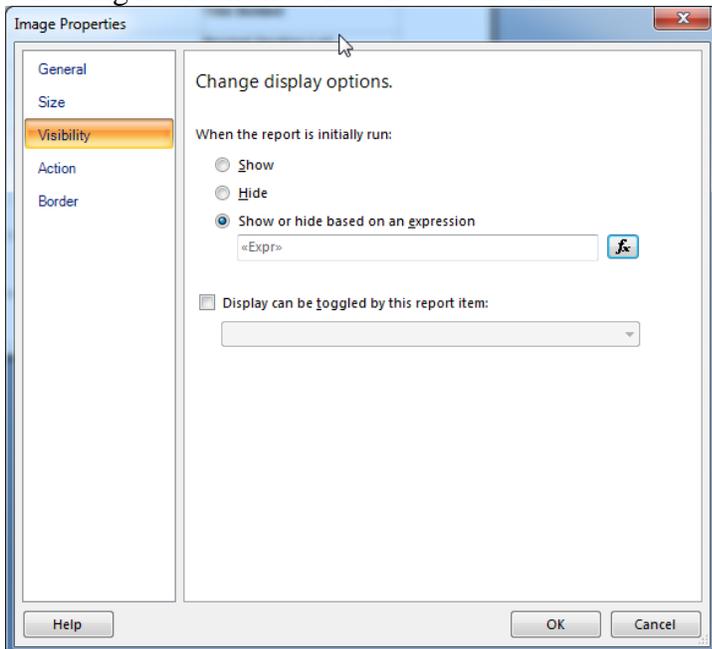
Here are the properties for the image control.

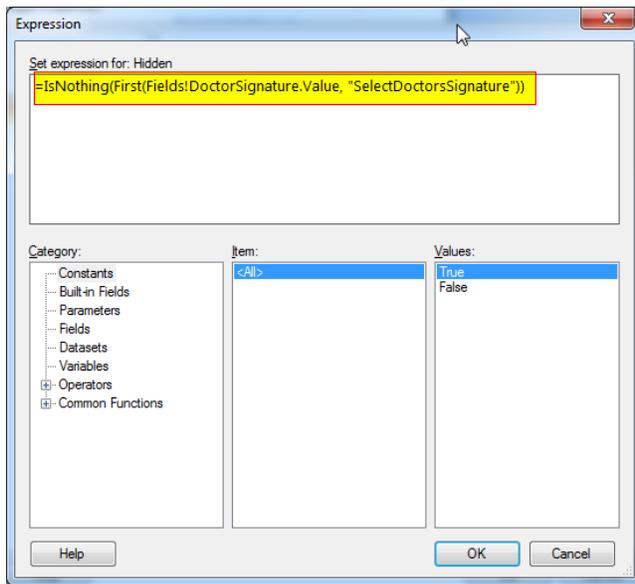


In the “Use this field” we used the following:



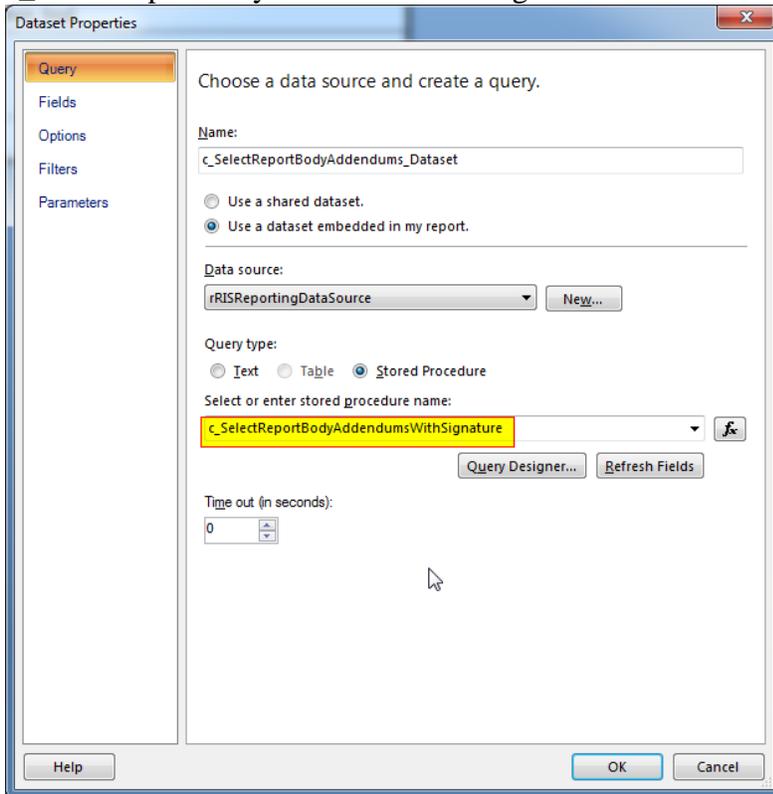
For visibility, we will hide the image control if there is no signature on file for the doctor. The following 2 screen shot show how to do this.



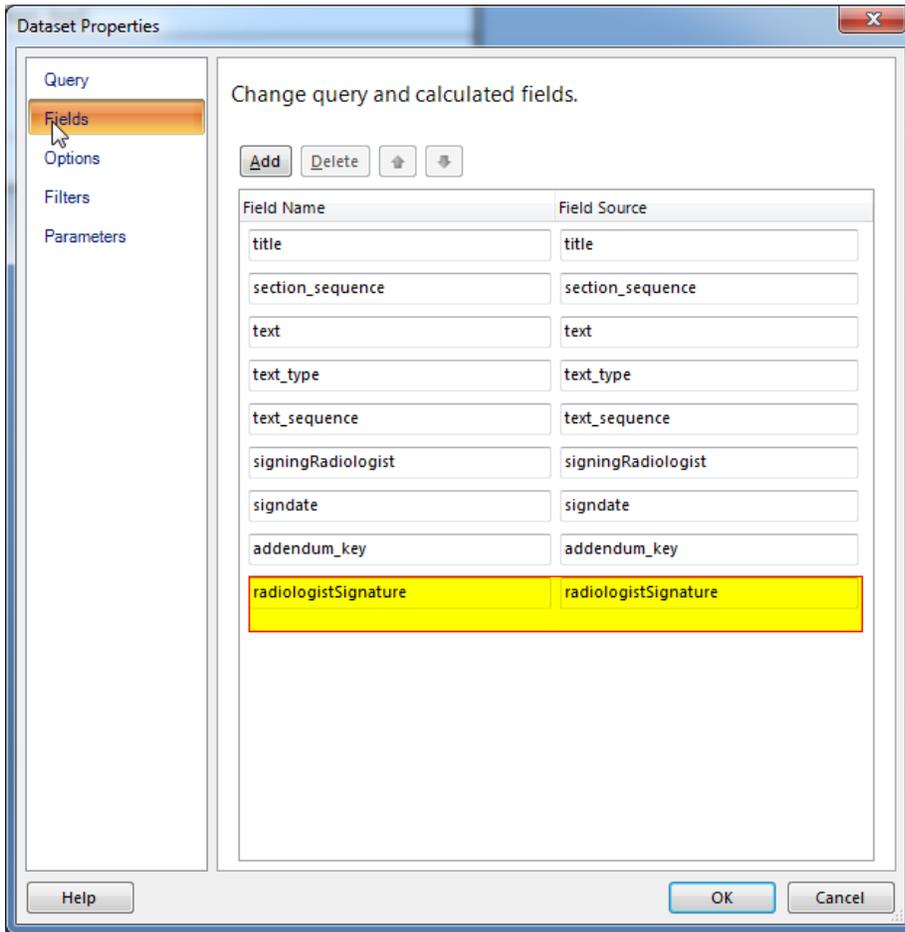


Implementation instructions for Addendums:

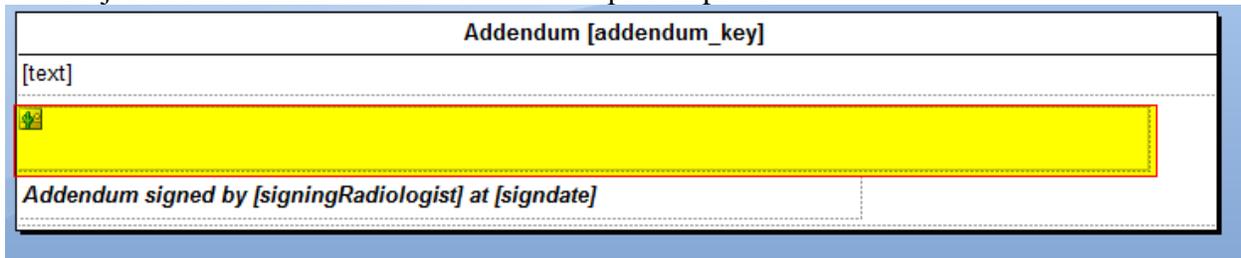
Open the diagnostic report template that the system uses for report addendums.
Change the c_SelectReportBodyAddendum dataset to point to a new stored procedure call c_SelectReportBodyAddendumsWithSignature



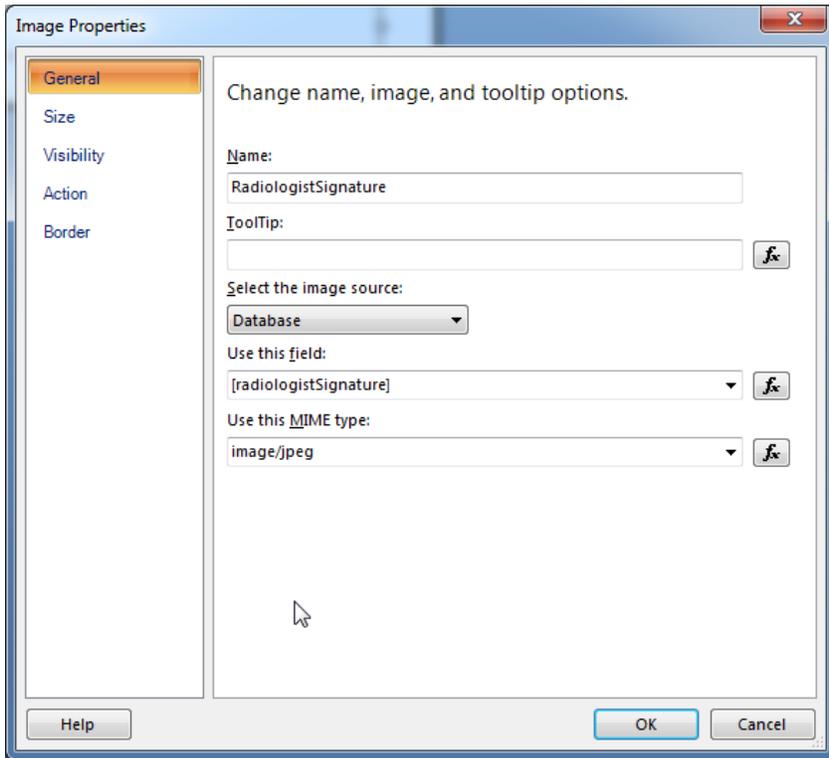
Click refresh fields and verify that the radiologistSignature field is not populated in the Fields list.



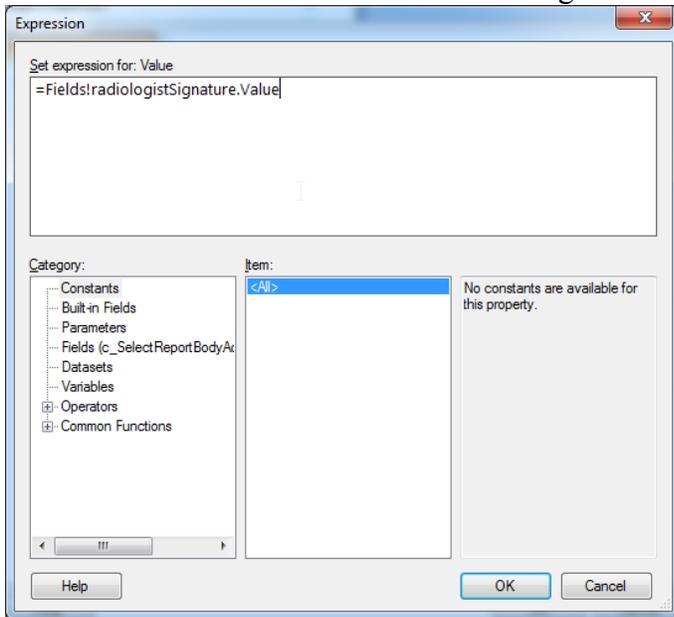
Add a new image control to the area you want the signature to appear. We added the image control just above the doctor's name in the sample template.



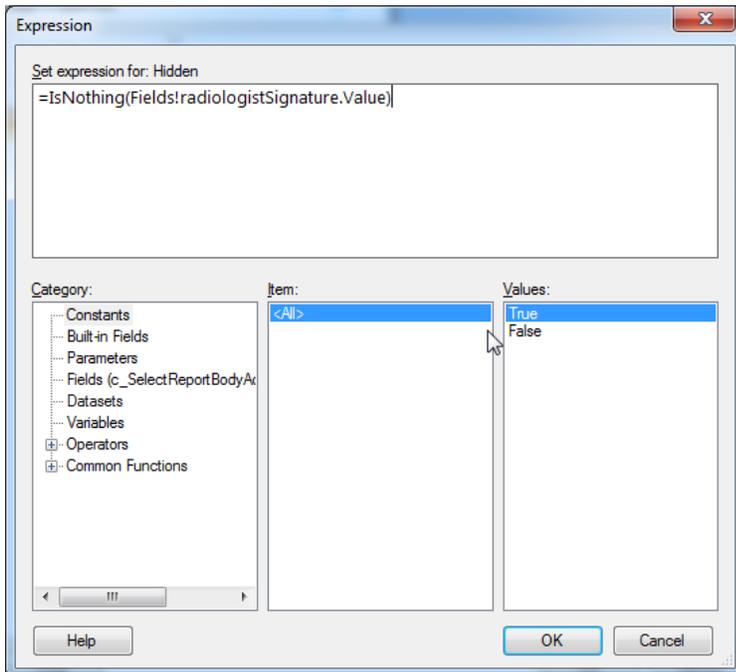
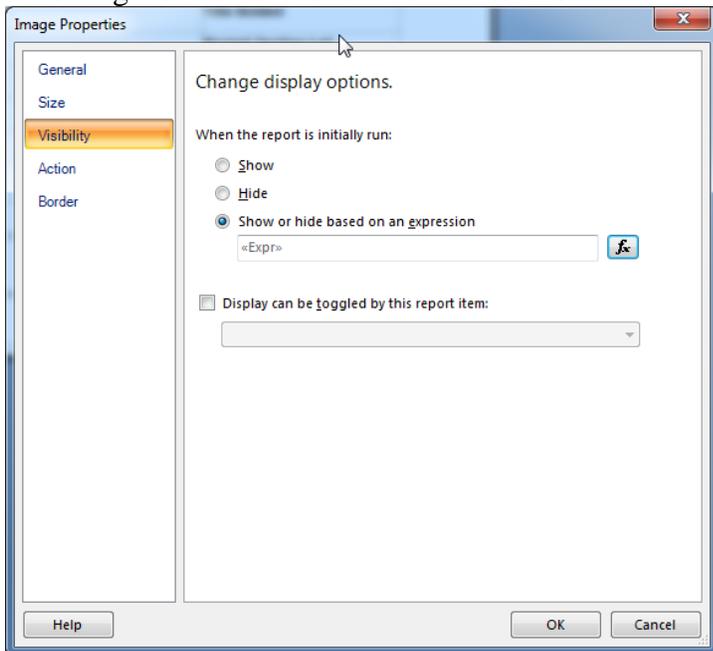
Here are the properties for the image control.



In the “Use this field” we used the following:



For visibility, we will hide the image control if there is no signature on file for the doctor. The following 2 screen shot show how to do this.



Pending Edit Work List

A new work list called Pending Edit has been added for the Radiologist role. This new work list will contain exams in Report Drafted items dictated by the current logged in Radiologist. The columns in the work list are the same as the Pending Signature work list.

Flags	Status	Procedures	Scheduled Date	First Name	Last Name	MRN	Birth Date	Age At St...	Room	Modality T...	Accessi...	Exam S...	Read...	Problem	QA	Performed End Date	Performed Start Date	Assigned Trans	Assigned
	ReportDrafted	XR HEEL MIN 2 VIEWS [73650] - Ankle...	08-11-2011 7:45 AM	Barry	Blue	10076	03-03-1960	51 years	XR1FH	XR	1009213	✓	✓			08-10-2011 2:12 PM	08-10-2011 2:11 PM	andrew	
	ReportDrafted	MA DIGITAL Mammo Screen Bil w Exam [...	02-14-2012 2:45 PM	Gretchen	Goldie	11008	02-05-1974	38 years	MA1EL	MA	1010213			✓		02-14-2012 2:45 PM	02-14-2012 2:43 PM	Adam	
	ReportDrafted	MA DIGITAL MAMMO SCREEN BIL [G...]	02-16-2012 7:45 AM	Mary	Grace	11018	11-28-1969	52 years	MA1EL	MA	1010225				✓	02-15-2012 4:33 PM	02-15-2012 4:32 PM	dale	
	ReportDrafted	XR Chest Min 4 Views [71030] - Chest	02-13-2012 6:00 PM	Garcia	Hoye	10915	04-04-1977	34 years	XR1EL	XR	1010198					02-13-2012 4:33 PM	02-13-2012 4:32 PM	denis	darcyn
	ReportDrafted	US Abdominal Ltd Of Fu [76705] - Abdo...	01-17-2012 1:00 PM	Chester	Malarky	10622	07-14-1965	56 years	US2EL	US	1010093					01-17-2012 11:46 AM	01-17-2012 11:45 AM		darcyn
	ReportDrafted	MA DIGITAL MAMMO SCREEN BIL [G...]	03-12-2012 2:45 PM	Sally	Moore	11328	07-15-1965	46 years	MA1EL	MA	1010506					03-12-2012 2:42 PM	03-12-2012 2:41 PM		darcyn
	ReportDrafted	MA Digital Mammo Screen Bil w Implan...	01-19-2012 10:15...	Xena	Xoller	10007	07-22-1966	55 years	MA1EL	MA	1010114					01-19-2012 5:51 PM	01-19-2012 5:51 PM		darcyn

Figure 4.18 – Pending Edit work list

The Radiologist can open the sign reports data window from the button in the lower right, double clicking on the selected work list row, or choosing from the options from the context menu displayed in the figure below.

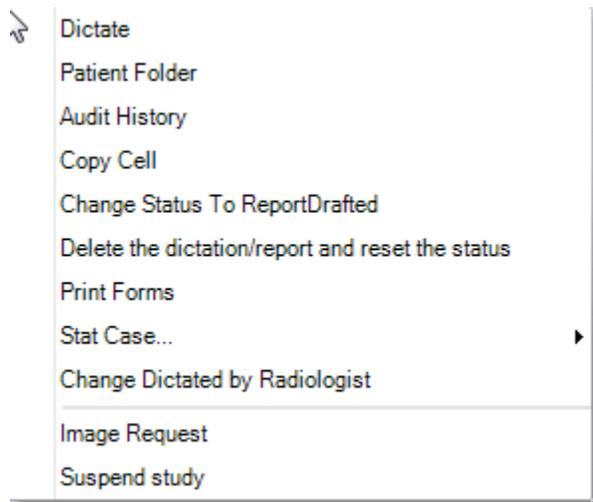


Figure 4.19 – Pending Edit context menu options

Reporting - Message Prompt for Missing or Empty Required Sections

When the “Sign” or “Transcribe” button is pressed we will run validation against the report and compare it to the Document Model to make sure all required sections are accounted for. If they are not, the user will be prompted with a message box. The user will have to correct the issues before they are able to sign/transcribe the report. If the user needs to save without correcting the issue(s), he will have to save using another button, like suspend for example would be the perfect example. Or perhaps a Radiologist might want to send it to a transcriptionist to make the corrections, which he could do by using the appropriate button under the submit button drop down.

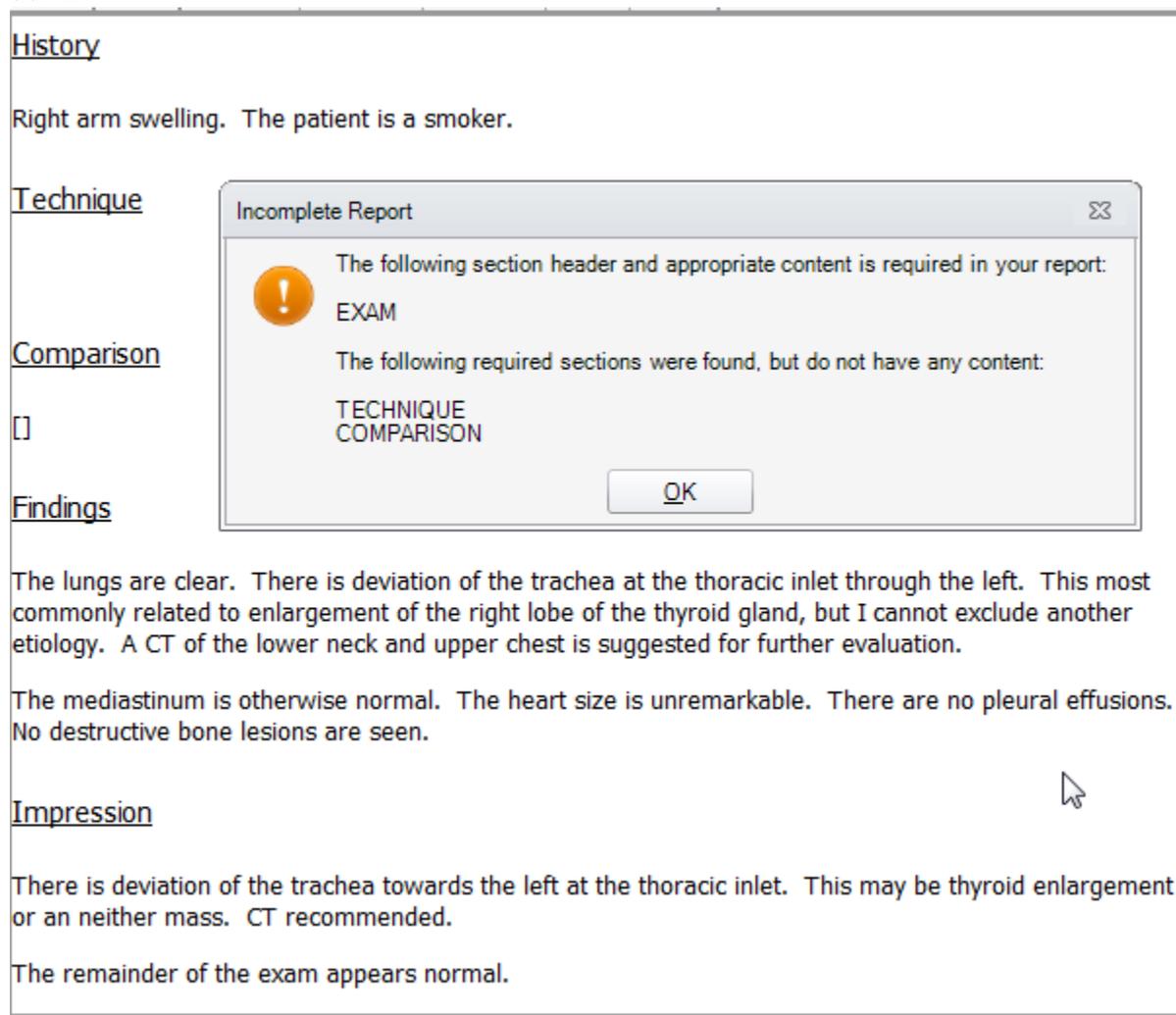
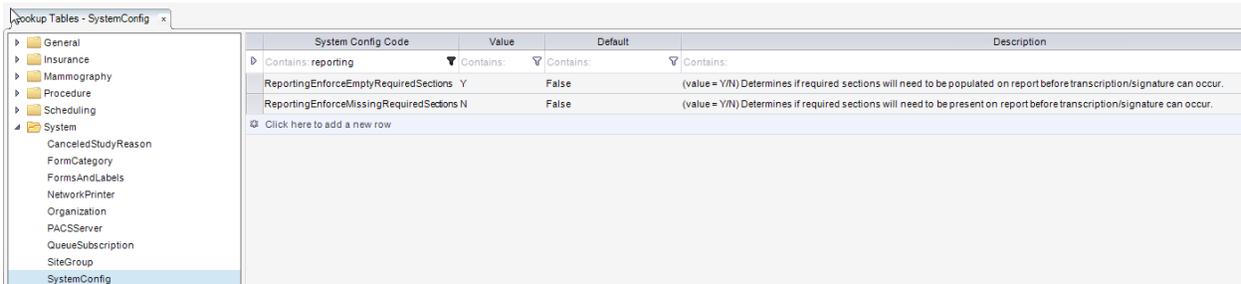


Figure 4.20 – Incomplete Report Message Prompt

This new feature is controlled by two new config values that can turn on or off parts of this feature.

- ReportingEnforceEmptyRequiredSections
- ReportingEnforceMissingRequiredSections



The screenshot shows a web application interface for 'Lookup Tables - SystemConfig'. On the left is a tree view with categories: General, Insurance, Mammography, Procedure, Scheduling, and System. Under 'System', several sub-items are listed, including 'SystemConfig' which is selected. The main area displays a table with the following data:

System Config Code	Value	Default	Description
Contains: reporting	Contains:	Contains:	Contains:
ReportingEnforceEmptyRequiredSections Y	False	(value = Y/N)	Determines if required sections will need to be populated on report before transcription/signature can occur.
ReportingEnforceMissingRequiredSections N	False	(value = Y/N)	Determines if required sections will need to be present on report before transcription/signature can occur.

Below the table is a link: 'Click here to add a new row'.

Figure 4.21 – Incomplete Report new config settings

Reporting – Sign Oops (Delayed Release of Report after Signing)

NOTE: The screen shots and explanation of the feature below reference “Tentatively Signed”. This terminology will be replaced in the next build and captured in the release notes of the next build.

Another new feature in build 35 is the Sign Oops feature. This feature is a configurable value controlled first on the client side system config settings.

- The feature can be turned on/off from the system config – TentativeSigningEnabled with possible options of Y or N
- The “MaxAutoSign” config setting determines the max allowed time for a study to sit in “TentativelySigned1”.
- The user preference pane allow the user to set if they want to use this feature or not, and also what they want their time period to be, which can be set up to the “MaxAutoSign” value. And as low as 1 minute.

System Config Code	Value	Default	Description
Contains: sign	Contains:	Contains:	Contains:
DoctorsSignatureScanType	DoctorsSignature	DoctorsSignature	(value = string) Identifies the value of scan document type used for doctors signature.
MaxAutoSignTime	5	5	(value = 0/9999) Determines the maximum allowed time for tentative signing
TentativeSigningEnabled	N	False	(value = Y/N) Determines if Tentative Signing will be available

Figure 4.21 – System config options for Sign Oops feature

Access to the work lists, user preference and the option to release the report before the configured time has elapsed are controlled by the following access strings

Access String Code	Description	Display Order	Default Access Level Code	Active
Contains: ten	Contains:	Equals:	Contains:	Contains:
Clinical.UserPreferences.TentativeSigning	allows the user to be able to use TentativeSigning	1	Disabled	Y
Clinical.ReleaseTentativelySignedReport	Controls access to the rightclick context menu item to release or push the exam to signed.	1	None	Y
WL.TentativelySigned	WL access for Tentatively Signed Reports	1	None	Y
WL.Rad.TentativelySignedAll	WL access for Tentatively Signed Reports All	1	None	Y

Figure 4.22 – Access strings for Tentatively signed features

- WL.TentativelySigned – Controls the access to the Tentatively Signed work list. This would be for the logged in user

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- WL.Rad.TentativelySignedAll – Controls access to the All Tentatively Signed work list. This would be for an Admin to see all users exams in Tentatively Signed status
- Clinical.UserPreferences.TentativelySigning – Enables the User Preference
- Clinical.ReleaseTentativelySignedReport – Controls if the user will have the option to release the exam early from Tentatively Signed work list/status before the designated time specified in the user preference

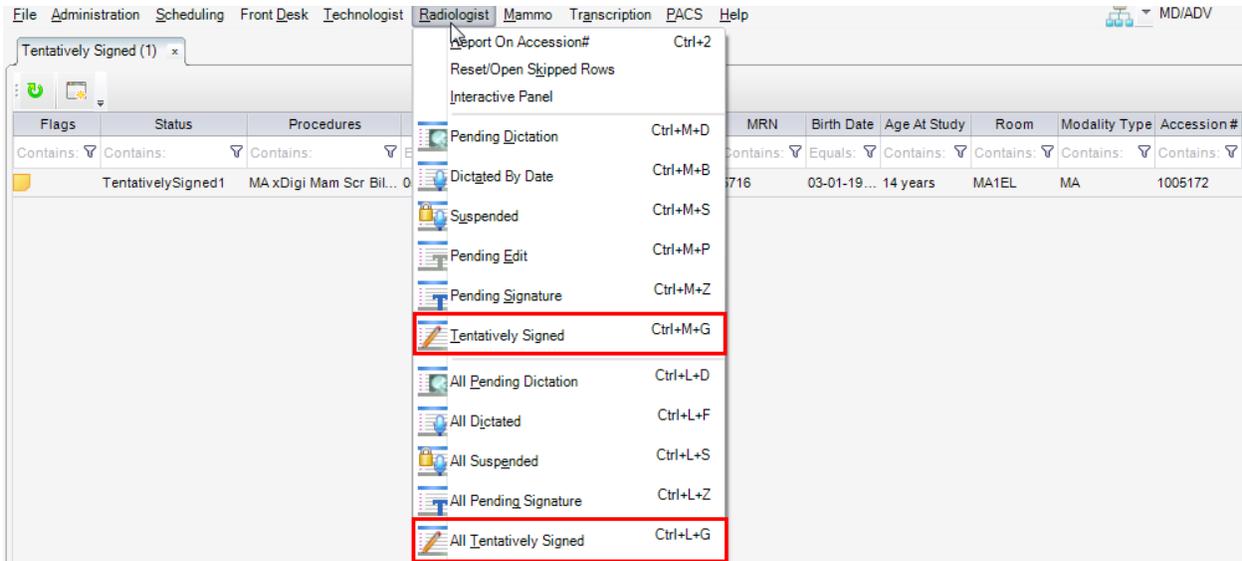


Figure 4.23 – Tentatively Signed work list and Work list access from the Radiologist menu

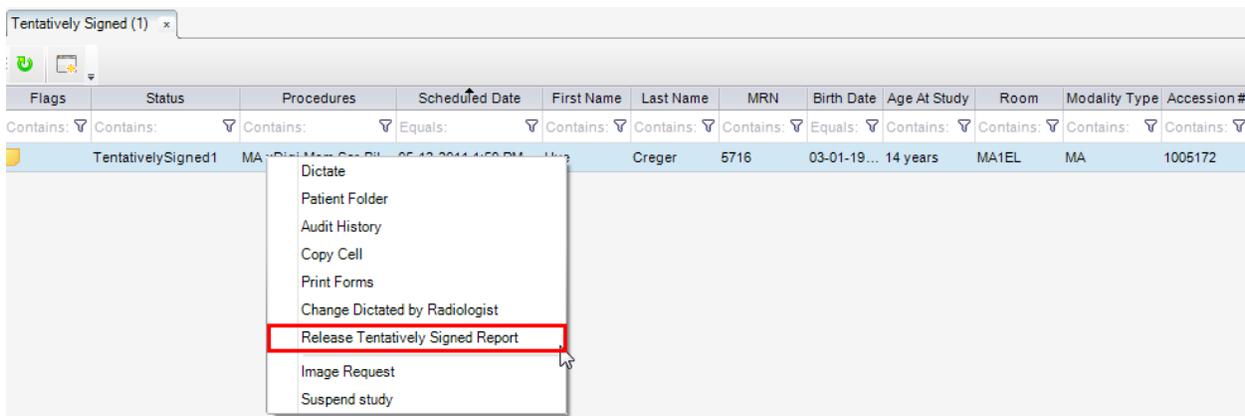


Figure 4.24 – Context menu option to Release Tentatively Signed Report

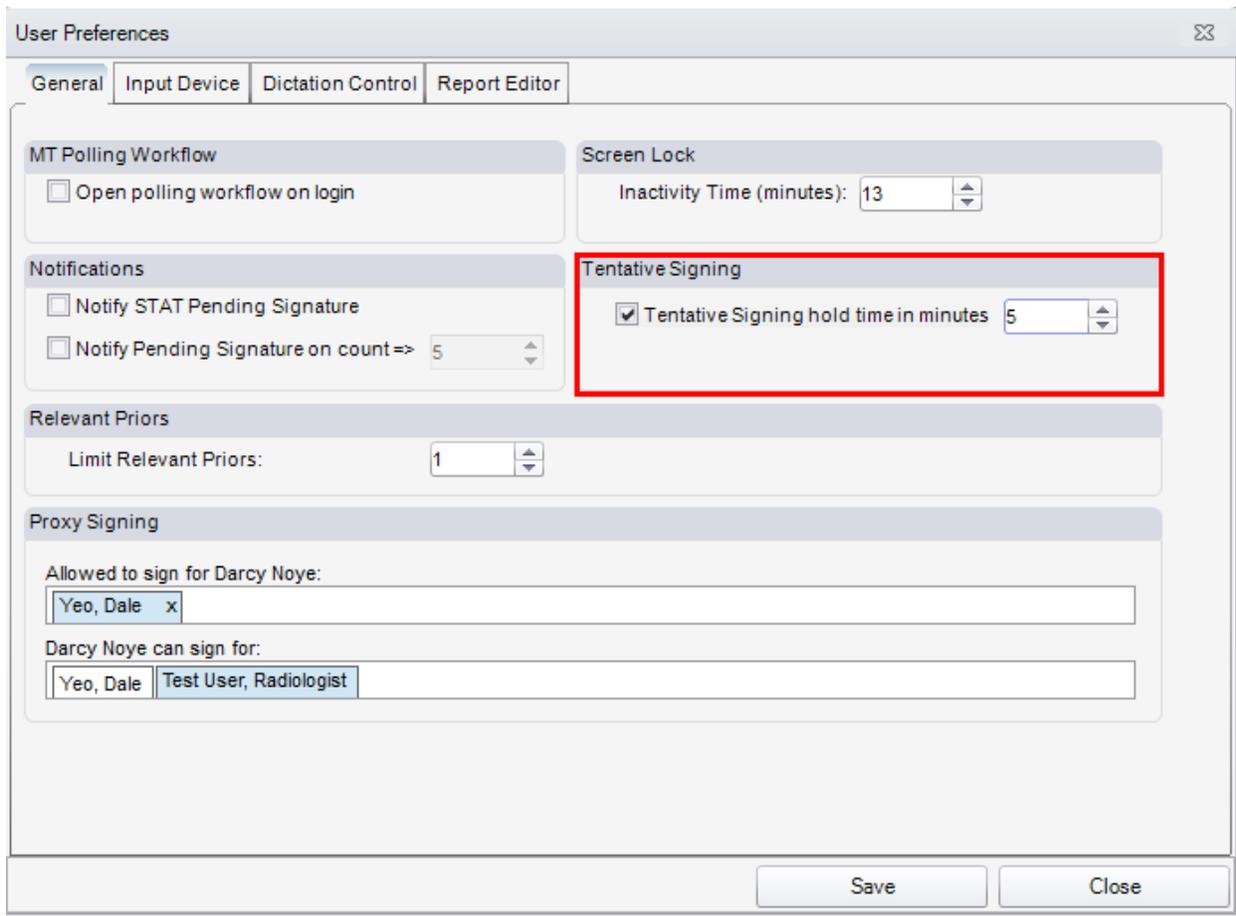


Figure 4.25 – Tentatively Signing User Preference

NOTE: The user preference value for “Tentatively Signing hold time in minutes” cannot exceed the system config setting value specified for “MaxAutoSignTime”.

Exams that are in the Tentatively Signed work list can be opened in the dictate window. The user will have access to the same options / controls within the dictate window. The exam can be submitted to MT again, putting it in a status of Report Signed. The exam can be signed again, which would put the exam back in Tentatively Signed status, starting the time to be held in this status over again. The exam can be suspended, and the exam would then be in the Suspended work list. Closing the data window would return the exam to the Tentatively Signed work list.

Reporting – Remove Field Markers for Document Distribution

In previous builds the Radiologist or Transcriptionist could not submit or sign a report if the report had field markers “[“ or “]” still in the report, requiring the user to remove all instances before the job could be submitted.

In build 35 the user can now submit jobs with the field markers still existing in the report. Going forward the “[“ and “]” will be removed before the report is previewed or sent for distribution. When viewing the report via the Data Nugget, the field markers will still be present.

Reporting – Maintain Field Markers User Preference

A new user preference has been added for maintaining field markers within the report. If the User Preference is not selected, when the user is completing a report that has the predefined field markers, once that field is selected and it is dictated interactively or a value is manually entered in that field, the field marker will be removed.

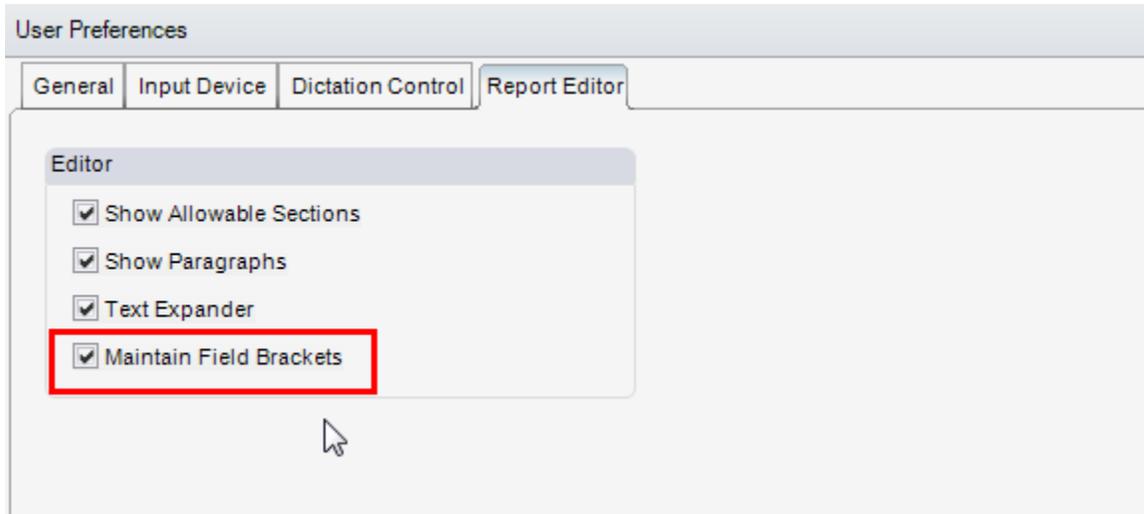


Figure 4.26 – User preference “Maintain Field Brackets”

The alternative is having the user preference Maintain Field Brackets enabled. In this case when the user enters a value in a predefined field, the field brackets are retained.

The access string `Clinical.UserPreferences.MaintainFieldBrackets` controls access to the user preference.



Figure 4.27 – Access string `Clinical.UserPreferences.MaintainFieldBrackets`

Reporting – Insert Normal and Default Templates

When opening an exam for dictation, the templates that are available to the user are based on the naming convention of Worktype Code = Procedure Code. We do an exact match on these fields to load the default, shortlisting the templates of any items that precede the work type code.

For example for procedure code: 34560

- Worktype code 34560 will load as a default and will be available in the template picker.
- Worktype code 34560-N will load in the template picker shortlist (this is mentioned purposely)
- Worktype code 34560-N@@@@ will load in the template picker shortlist. Where @@@@ can be anything but usually is the doctors name.

To assist the users in selecting templates and the ability to insert the default and the main normal, the use can use voice commands:

- a) Insert Template Default - will insert the exact match template as it did when loading the study. Mainly for undoing or returning to original state.
- b) Insert Template Normal – will insert the procedure code match plus the additional –N which specifies normal. For example this will insert template 34560-N
- c) Insert Template My – will insert the procedure code match plus the N plus the user id if supplied. For example this will insert template 34560-NHARDINGC

New buttons have also been added to the Template Browser data pane D for the default, N for the normal and M for My template.

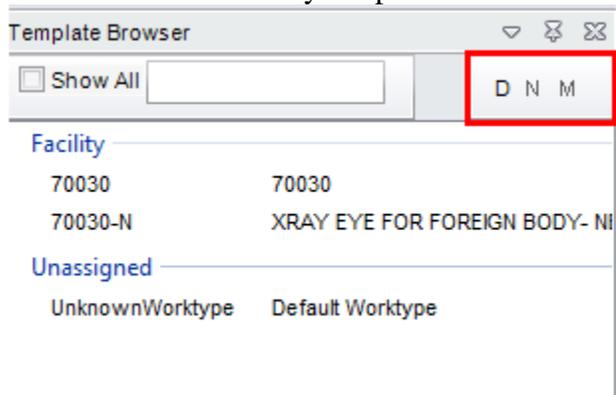


Figure 4.28 – Template Browser buttons for selecting templates

Reporting - Set User ID and Role for Reporting

When a report is opened in the editor we set the user id and role. We use the currently logged on user identifier and if opening ReportingRadiologist we set the role to RAD. Alternatively if they are opening the ReportingTranscription we set the role to MT.

Reporting / Dictation – Insert / Overwrite Recording Preference

Users requested to have the option to choose default recording preference when adding dictation. A new user preference called “Overwrite mode (non-interactive only) has been added in build 35. From the file menu > preferences > Dictation Control tab under the Recording section, the user can make the preference to be Overwrite if selected, or insert when unselected. Overwrite is not supported with Interactive Dictation, thus this user preference does not apply to Interactive (aka: self-edit) users.

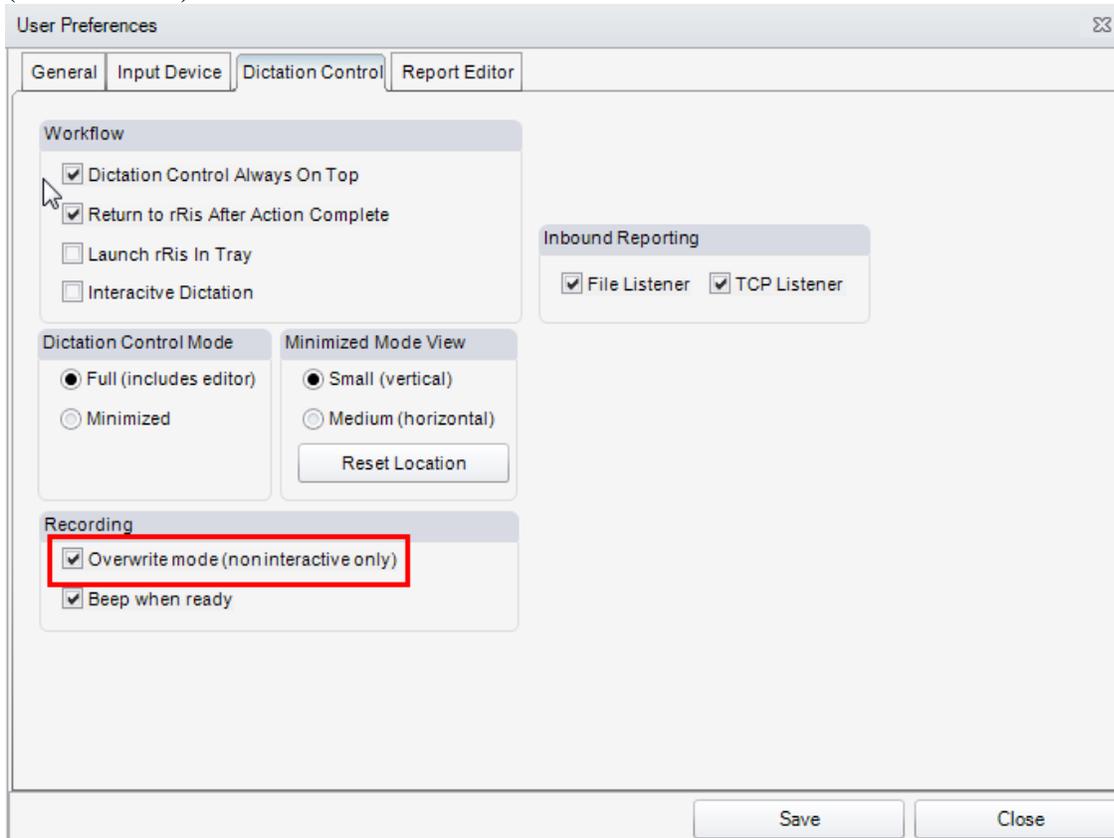


Figure 4.29 – Overwrite dictation user preference.

The insert/overwrite is used within the dictation window – dictation control. If the user places the dictation marker at a point within the recording the previous default would be to insert into the recording if the Radiologist decided to add to the dictation. This new user preference will change the default to overwrite the dictation from the point where the dictation pointer is positioned to the point where it is stopped. The recording before and after this point would remain untouched.

To indicate what the current state is, the recording ICON on the dictation control has been enhanced. You will notice in the figures below the extra colored red or green dots on either side of the dictation button. The dots appear on opposite sides of the record button to help color blind users determine the current state of insert / overwrite.

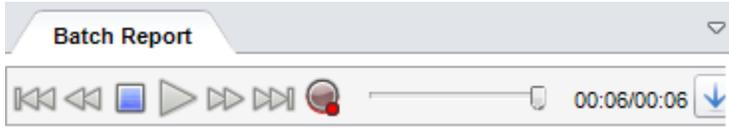


Figure 4.30 – Dictation control indicating Overwrite



Figure 4.31 – Dictation control indicating Insert

The option can be toggles on the Speechmike as well. The Ins\Ovr button will toggle between Insert and Overwrite. A light on the Speechmike directly above the Ins\Ovr button will also change colors depending on which option is currently selected. Insert - the light will be green. Overwrite – the light will be red.

SQL Server Reporting Services with Secure Socket Layer

Forms and labels, management reports, and diagnostic reports all leverage SQL Server Reporting Services (SSRS). SSRS exposes webservices that are called behind the scenes in the RIS client. The url for the webservices is currently set in the system config table in Administration->Configure.

Under no circumstances should RIS client use plain http for the URL in an internet scenario. If the client is being run in a protected, intranet or internal LAN, then http is acceptable. Either a VPN or https must be used for the internet to keep patient data from being transmitted over the internet in clear text.

For a resolution, we create a server certificate with a name that matches the server's computer name, Run Visual Studio Command Prompt 2010 as administrator:

Example: `makecert -sr LocalMachine -ss My -a sha1 -n CN=ip-0A0223EF6 -sky exchange -pe` where ip-0A0223EF6 is the computername.

This will create a certificate with a private key and put it in the Local Machine, Personal certificate store.

Open up certificates for the local machine personal store using Start->Run->mmc->File->Add/Remove Snapin->Certificates

Browse to the newly create certificate, right click the cert, All Tasks -> Export... Choose Yes, export the private key, choose next, choose Export all extended properties, choose next, enter a password, click next, specify a file name that includes servercert in the name (for clarity).

Repeat the steps above except the second time, do not export the private key, and then pick a file name that includes clientcert in the name (for clarity).

Remote into the server and launch mmc, import the server certificate into both "My Computer/Personal" and "My Computer/Trusted People".

On the server, run Reporting Services Configuration Manager, go to the Web Service URL tab and choose the newly created certificate from the list, verify that after the selection is made the results section does not report any failures.

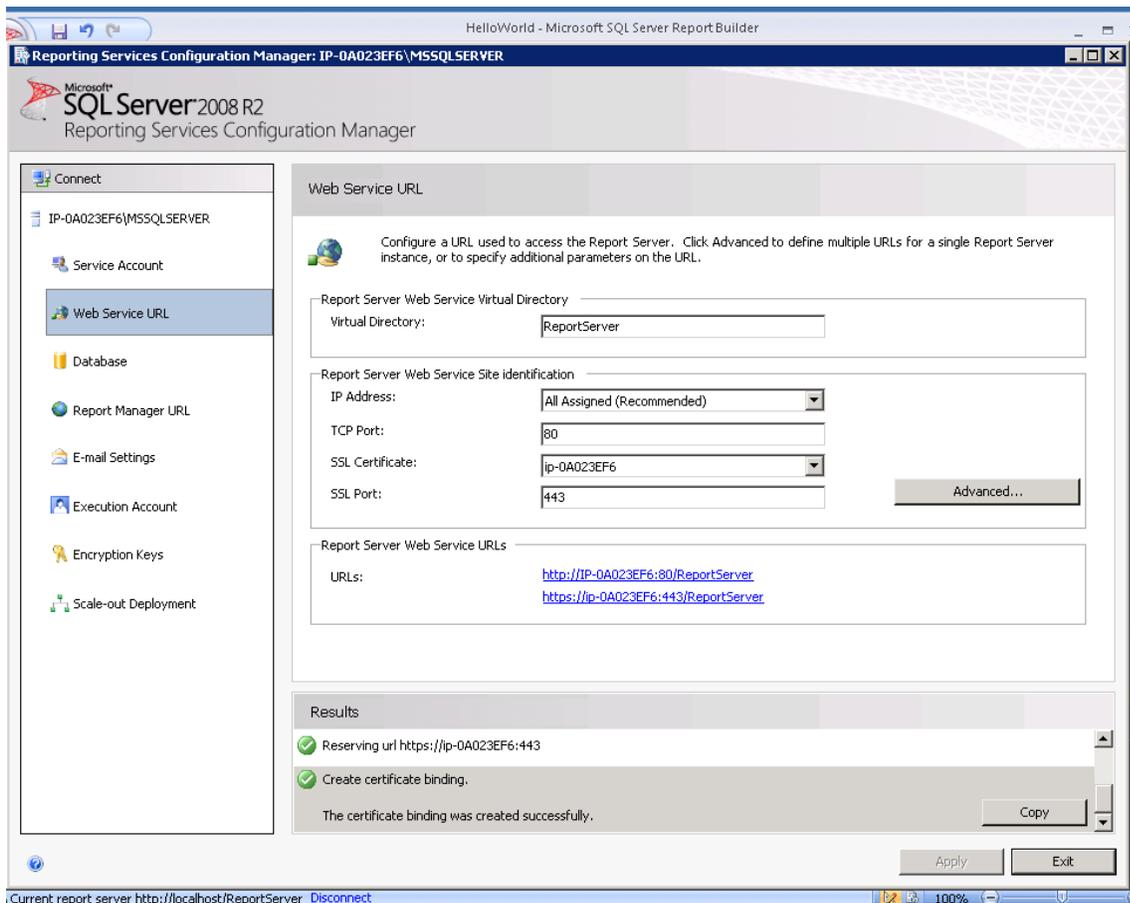


Figure 4.32 – Reporting Services Configuration Manager

On the client, import the client certificate created above into Local Machine/Trusted People using mmc.

Launch RIS. In the Administration->Configure menu option in RIS, browse to System\SystemConfig and find the ReportServerUrl config setting. Set the Value to: <https://ip-0a023ef6/ReportServer> where ip-0a023ef6 is the server’s computer name.

Note: the above requires that port 443 incoming is open on the windows server’s firewall. Edit the hosts file on the client and add an entry for the servers computer name with the appropriate IP address. Note that this step may not be required in cases where ping <servername> resolves the IP correctly.

View Images of Studies Started but not Completed

The current implementation will allow a user to view image from the search field, by typing **v:** followed by the **accession number** (Example – v:1010245) will open the Patient Folder, automatically select the associated study from the patient folder work list, and open the PACS to view the images.

Similar to the accession number search, if the accession number could not be found then the same message prompt will appear.

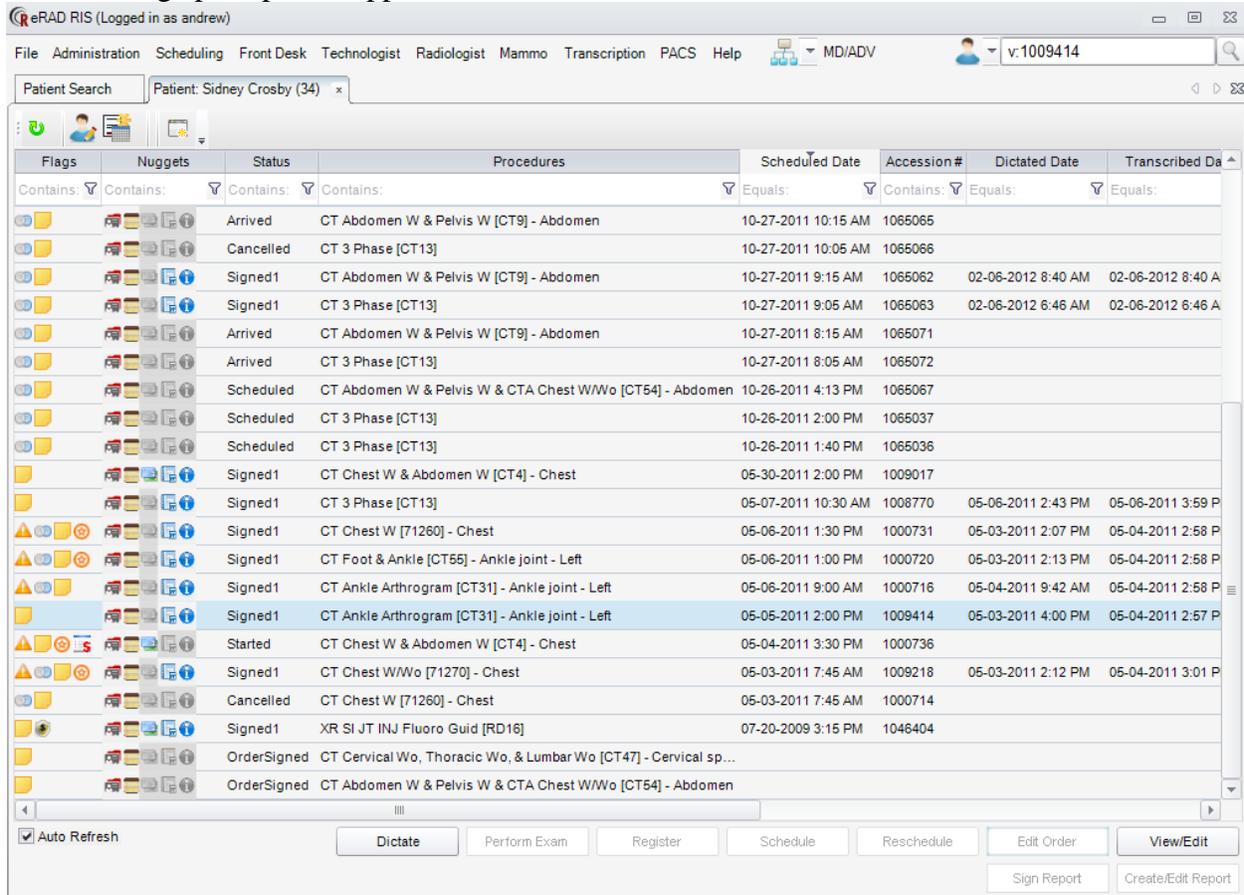


Figure 4.33 – Image search

KBI Extract

KBI is an external system that is used for measuring productivity at each site. The RIS will provide a method so that KBI can extract the transactional count on a daily bases.

A stored procedure call c_KBIExtract for rRIS was created that does the following:

- Provide a count of billable items by transaction date (performed date), practice and modality.
- The performed date is based on an argument that is passed to the stored procedure. This way the stored procedure could be run for any day, versus a day based on the current day.

It only includes exam status when there are images associated to the study, basically after the technologist role.

PACS Integration Message for Studies with no Images

A change was made on the PACS side to return a list of the opened accession numbers. The RIS then checks this opened list against the list that was requested. If there is a discrepancy then the user is notified.

If the primary study failed to load the message indicates explicitly that it was the primary that failed to load.

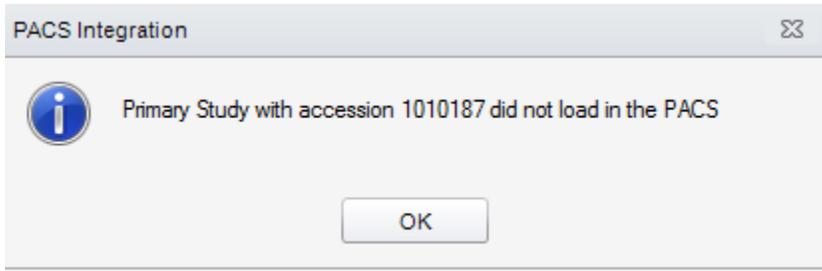


Figure 4.34 – Primary study does not have images

If it happens to be a prior study that did not have images, a message will also inform the user.

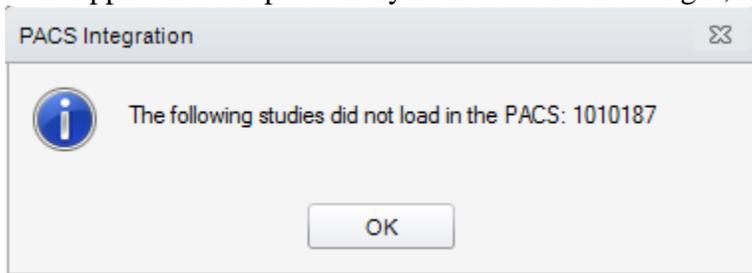


Figure 4.34 – Relevant prior study does not have images

Miscellaneous Additions and Enhancements

Increase System Config Value

System Configuration field value was increased from 100 to 500

System Config Code	Value	Default	Description
Contains: password	Contains:	Contains:	Contains:
StrongPasswordRegex	(?=^(6,10)\$)^S*(?=[a-z])S*(?=[A-Z])(?=[0-9])(?!/s*)S*\$?=^(6,10)\$)^S*(?=[a-z])S*(?=[A-Z]... (value = string) Used to configure the regex fo...	
StrongPasswordRegexHint	6-10 characters including 1 uppercase letter, 1 lowercase letter and one number	6-10 characters including 1 uppercas...	6-10 characters including 1 uppercase letter,...

Click here to add a new row

Figure 4.35 – System Config table displaying the value column with increased field length

Reporting - Addendum Work Type

When the reporting screens are in Addendum mode, if a work type exists with work type code of “ADDENDUM” it will be used for the report, if not, “unknown work type” will be used.

Reporting – Note to Radiologist

In previous builds the radio buttons where not disabling after selecting the check box for Note To Rad. Now the Qa and Problem radio button will be disabled when Note to Rad is checked, enabled on uncheck.

Reporting – Inconsistency with Next Field Functionality

When using the keyboard manual “Next Field” it would sometimes select part of the section header and get confused of its location. Result would be more text selected than was desired. This has been resolved by modifying the code for next field.

Reporting – Create Macro from Command Bar

The user used to receive a COM error when attempting to create a macro from selected text, but the user had not selected any text.

We have added an appropriate message if nothing is selected when trying to create macro from selected text.

We still allow for empty text if a paragraph is selected or new lines.

A tooltip description has also been added to the command button.

Other

1. Site column was added to the Orders To Schedule work list
2. PACS corrected column was added to the Tech work list
3. When submitting a New Appointment to the Orders to Schedule work list the site field must be completed on the Order tab.

5. Resolved Defects

Bugs, Suggested Features and Support Issues resolved in build 1.35. The extract is taken from Redmine bug tracking system and only displays defects resolved in 1.35.

#	Tracker	Priority	Subject	Category	Found Version
1101	Bug	Urgent	Scheduled exam is in Overbooked timeslot, cannot complete tech workflow	Thick Client GUI	1.35
999	Bug	Urgent	Cannot transcribe Mammo exams	Thick Client GUI	1.35
854	Bug	Urgent	Mammo Layletters are not being sent for distribution	Thick Client GUI	1.31
1090	Bug	High	Personnel address information not expanded for Mirth	Web Services/DB	1.35
1089	Bug	High	Order CC Person Key not expanded for Mirth	Web Services/DB	1.35
1037	Bug	High	LastContacts functionality not working properly	Thick Client GUI	1.35
1034	Bug	High	RAD - Mammo Scheduling from Followup 0 worklist	Thick Client GUI	1.35

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1029	Bug	High	Diagnose as ReadOnly, using speech command you are able to sign the report	Thick Client GUI	1.35
1006	Bug	High	Management report for CPT Quantity	Mgt Reports	1.35
997	Bug	High	emergency contact not saved if relation to patient not specified	Thick Client GUI	1.35
936	Bug	High	Usergroups require Config.LookupEditor.Personnel to add unknown referring	Thick Client GUI	1.34
934	Bug	High	Key Not Found when printing forms after network error communicating with SSRS	Mgt Reports	1.35
913	Bug	High	Patient folder will display target and previously viewed images	Thick Client GUI	1.34
910	Bug	High	Patient Folder will keep opening image viewer	Thick Client GUI	1.34
875	Bug	High	Error trying to preview report	Thick Client GUI	1.32
820	Bug	High	View Images not available from login	Thick Client GUI	1.3

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712	Bug	High	Report History > Show all versions throws error	Thick Client GUI	1.26
1094	Bug	Normal	Type column in Mirth dashboard not populated correctly	Web Services/DB	1.35
1076	Bug	Normal	Cannot add payment for Walk - In	Thick Client GUI	1.35
1073	Bug	Normal	document distribution rows created in duplicate	Thick Client GUI	1.35
1002	Bug	Normal	problem deleting injury information	Thick Client GUI	1.35
983	Bug	Normal	null reference error in radgridhelper dispose when closing insurance dialog	Thick Client GUI	1.35
982	Bug	Normal	two users shceduling at same time have change of double booking	Thick Client GUI	1.35
968	Bug	Normal	View / Edit error on Mammo statuses	Thick Client GUI	1.35
957	Bug	Normal	Scanning > After selecting scanner the first scan is not saved.	Thick Client GUI	1.35

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946	Bug	Normal	Patient Insurance Policies search is blank page on search	Thick Client GUI	1.35
939	Bug	Normal	Change status to Cancel - No row at index 0	Thick Client GUI	1.34
933	Bug	Normal	MQSA_Reporting - General Exam List - Procedure Codes	Mgt Reports	1.34
932	Bug	Normal	MQSA_Mammo - General Exam List - Date range does not included selected "To:" date	Mgt Reports	1.34
930	Bug	Normal	Alternate phone flag does not disable alternate phone number fields	Thick Client GUI	1.34
928	Bug	Normal	View / Edit OrderCancelled gives GetData error	Thick Client GUI	1.34
925	Bug	Normal	Error scanning specific document type from Perform Exam	Thick Client GUI	1.34
921	Bug	Normal	Home phone is not copied to Responsible Party	Thick Client GUI	1.34
914	Bug	Normal	Documents can be distributed without specifying deliver to: causing error	Thick Client GUI	1.34

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895	Bug	Normal	Signing Interactive job as non interactive user can delete report	Thick Client GUI	1.35
870	Bug	Normal	When "zipcode" table not populated / not in DB, user cannot create patients, orders, etc.	Admin Tools	1.31
857	Bug	Normal	Mammo Follow Up Orders - Target date not searched on schedule	Thick Client GUI	1.31
834	Bug	Normal	Expand system config value to 255 characters from 100	Web Services/DB	1.31
770	Bug	Normal	Organization - Modifying Practice or Site removes Logo	Admin Tools	1.27
579	Bug	Normal	IVT PreCert column does not update	Thick Client GUI	1.35
1040	Bug	Low	Unable to post billing exception with Claim # required when both a claim number are entered and the "Unknown Claim Number" are checked	Thick Client GUI	1.35
800	Bug	Low	Forms and labels action on <-- arrow continues when filtered list is done	Admin Tools	1.29

6. Known Limitations

The following are Bugs, Suggested Features, and Support Issues found in build 1.35. This build is the current QE build and testing is ongoing. The list may increase in size. This document will not be updated or re-released.

#	Status	Subject	Category	Found Version	Resolved Version
1105	Resolved	ConfirmValidMRNNumber failing	Web Services/DB	1.35	
1102	New	CDS Threads pinning CPU in Balitmore Sandbox environment	Web Services/DB	1.35	1.36
1097	New	Reporting > Problems continuing dictation when using interactive and field markers	Thick Client GUI	1.35 SVN 10005	
1063	Resolved	New patient button on patient demographics screen.	Thick Client GUI	1.35	1.36.10196
1117	New	Report editor text can span off of the editor	Thick Client GUI	1.35	
1116	New	Procedure can be scheduled when laterality is required but not selected	Thin Client GUI	1.35	
1114	New	Room is not updated on work lists if changed during Perform Exam	Thick Client GUI	1.35	

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1112	New	New Appointment > Patient tab > Contact Information tab order	Thick Client GUI	1.35	
1111	New	Billing exception for unknown carrier.	Thick Client GUI	1.35	
1110	New	Tooltip to create macro from selected text is misspelled	Thick Client GUI	1.35	
1109	New	User preference > Interactive Dictation misspelling	Thick Client GUI	1.35	
1108	Resolved	When pasting an address into the Report Delivery address field only the first line is filled in	Thick Client GUI	1.35	1.36.10179
1107	Resolved	Address paste on personnel screen doesn't work	Thick Client GUI	1.35	1.36.10179
1106	New	Logging into locked workstation when GUI ZIP file has changed	Thick Client GUI	1.35	
1098	New	PACS Correction and PACS view image functionality conflict re: Session Id	Thick Client GUI	1.35	
1096	New	Reporting > viewing report history throws COM error	Thick Client GUI	1.35 SVN 10005	

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1095	New	Session Id for PACS is not being handled appropriately	Thick Client GUI	1.35	
1093	New	When allergy is inactive in the lookup the value is not displayed for the patient that has that allergy		1.35	
1087	Resolved	Unknown Reconciliation - Cannot edit order from this work list if the study is past ordersigned status	Thick Client GUI	1.35	1.36.10210
1085	New	Scheduling an aborted exam, removing a completed exam from the order and adding a new procedure	Thick Client GUI	1.35	
1084	New	External patients can be scheduled without having "System" MRN	Thick Client GUI	1.35	
1083	New	Completed Time	Thick Client GUI	1.35	
1082	Resolved	Appointment Book "Interval" dropdown does not reflect displayed interval	Thick Client GUI	1.35	1.36
1080	New	Mammo -- Followup -- Schedule (runtime issue) - Able to schedule without selecting a room	Thick Client GUI	1.35	
1079	New	Mammo -- Followup 0 --> Schedule (Save as Order) Null study dataset	Thick Client GUI	1.35	

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1075	Resolved	patient notes and order notes not synchronizing in View/Edit	Thick Client GUI	1.35	1.36.9940
1074	Resolved	Location label not populated/recommendation codes not populating.	Thick Client GUI	1.35	1.36.9941
1072	Resolved	Graceful exception if new scheduled study deleted before saving	Thick Client GUI	1.35	1.36
1071	New	Mammo -- Followup 0 Worklist --> schedule (runtime- object reference error)	Thick Client GUI	1.35	
1070	New	Rescheduling an order that has a study cancelled will still show the cancelled study	Thick Client GUI	1.35	
1067	Resolved	If you click Schedule button on the follow up screen after you have already scephdled the follow up you get an exception	Thick Client GUI	1.35	1.36
1066	Resolved	Scheduling - able to schedule procedure to wrong room	Thick Client GUI	1.35	1.36
1062	New	Edit order with multiple procedures change one procedure and save	Thick Client GUI	1.35	
1061	Resolved	Scheduling -- no study -- able to do room search (runtime error)	Thick Client GUI	1.35	1.36

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1059	New	Broken Lock on Re-Schedule Should Disable "Schedule Later" and "Cancel Study" Buttons	Thick Client GUI	1.35	
1057	New	Scheduling - Confirmation WL --> runtime crash	Thick Client GUI	1.35	
1055	New	Tentatively signed feature cannot be turned off with System Config value	Thick Client GUI	1.35	
1053	Resolved	Mammo Callback can create order with duplicate procedure	Thick Client GUI	1.35	1.36
1050	New	An outgoing call cannot be made since the application is dispatching an input-synchronous call. (Exception from HRESULT: 0x8001010D (RPC_E_CANTCALLOUT_ININPUTSYNCCALL))	Thick Client GUI	1.35	
1045	Resolved	Foreign Key Constraint error from New Appointment	Thick Client GUI	1.35	1.36
1044	New	New Patient with Canadian address throws 'Invalid Selection' validation	Thick Client GUI	1.35	
1041	Resolved	Index was outside the bounds of the array.	Thick Client GUI	1.35	1.36

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1039	New	Unable to post billing exception. Claim number is required when carrier doesn't have injury flag set if any data at all is entered in injury details	Thick Client GUI	1.35	
1035	Resolved	Cannot insert duplicate key row in object 'dbo.c_order_item' with unique index 'IX_c_order_item'. The duplicate key value is (23978, 1)	Thick Client GUI	1.35	1.36
1024	Resolved	Exception thrown when changing room in Confirmation window.	Thick Client GUI	1.35	1.36
1023	New	When user creates a worklist view, there is no way to return to the worklist's default system view	Thick Client GUI	1.35	
1020	New	As SchedAdmin, add study to existing list of studies generates duplicate key	Thick Client GUI	1.35	
1017	Resolved	Invalid Scheduled Date Error when trying to complete a Tech where the room was closed after scheduling	Thick Client GUI	1.35	1.36
1014	New	Patient Audit throws exception when clicking filter radio box value	Thick Client GUI	1.35	
1011	New	Rad - Macro Editor -- Object Reference Runtime error	Thick Client GUI	1.35	
1007	New	Mammo Follow-up order	Web Services/ DB	1.35	

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994	Resolved	When creating a patient, and user adds an attachment, there is no option to delete a row if entered incorrectly.	Thick Client GUI	1.35	1.36
991	New	Patient Merge -- Selecting source and destination give weird birthdates		1.35	
989	New	Cannot update 'State' field in Patient	Thick Client GUI	1.35	
984	Resolved	When doing an "outside read" upon choosing performed location site, the insurance grid appears and some text is cut off.	Thick Client GUI	1.35	1.36
981	New	Data nugget and camel notation	Thick Client GUI	1.35	
980	New	Streaming exception when playing dictation	Thick Client GUI	1.35	
976	Resolved	Object reference saving multiple procedure order	Thick Client GUI	1.35	1.36
970	Resolved	Schedule Order Patient search does not automatically highlight best available	Thick Client GUI	1.35	1.36.10289
969	Resolved	Add Outside Read Billing Method needs more real estate	Thick Client GUI	1.35	1.36

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965	New	Dictate Screen does not lock after period of inactivity	Thick Client GUI	1.35	
956	New	When in "pending signature" WL, there is no context menu option for "Sign Report"	Thin Client GUI	1.35	
954	Resolved	Outside read - order_item_key not found	Thick Client GUI	1.35	1.36
953	Resolved	Study field on procedure picker row (including outside read) is not marked as required	Thick Client GUI	1.35	1.36.10217
938	New	ReportingExceptions logged on report server logs	Mgt Reports	1.35	
935	Resolved	Erron on launch "Value SendBringRisToFrontEvent is no longer a valid entry"	Thick Client GUI	1.35	1.36
1113	New	Lang item for rRIS to system try need to be updated.	Thick Client GUI	1.35	
1077	Resolved	Scheduling - Calendar is too small = windows XP	Thick Client GUI	1.35	1.36
1069	Resolved	Personnel editor inconsistency	Thick Client GUI	1.35	1.36.10270

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1065	Resolved	Error saving user in personnel editor.	Thick Client GUI	1.35	1.36.10299
1064	Resolved	Clicking Schedule Later on a procedure loses the laterality for the procedure	Thick Client GUI	1.35	1.36
1060	New	Tab order in Patient Demographics Content Pane	Thick Client GUI	1.35	
1058	New	Scheduling a child patient	Thick Client GUI	1.35	
1051	New	Recorder::resume couldn't open recording device (AnyModalCaptureCtrl.AsyncRecognizer.1)	Thick Client GUI	1.35	
1038	New	Confirmation Dialog popups do not pop up on the same monitor as RIS (always primary monitor)	Thick Client GUI	1.35	
1033	New	Weight limit warning displays twice	Thick Client GUI	1.35	
1032	New	Mammo Followup -> Cat 0 Followup worklist - Adding Biopsies	Thick Client GUI	1.35	
1015	Resolved	Personnel	Thick Client GUI	1.35	1.36.10172

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1010	New	Continuity of Care Record (CCR) - user is able to click view / print, but when the preview appears there is no "print" button.	Thick Client GUI	1.35	
1008	Resolved	Pasting Address on Patient Screen does not populate state if US is already entered in Country field	Thick Client GUI	1.35	1.36.10179
995	Resolved	Invisible tab	Thick Client GUI	1.35	1.36
973	Resolved	Issues adding multiple CC physicians	Thin Client GUI	1.35	1.36.10232
967	New	When placing a new order, w/ schedule, upon focus of "Schedule" tab, cursor is not visible but focus appears to be in the "Studies" field.	Thick Client GUI	1.35	
959	Resolved	Edit Medical Access window title is incorrect	Thick Client GUI	1.35	1.36
685	Resolved	Error When Exporting Table Data	Thick Client GUI	1.35	1.36.10143