

Customer Release Notes

for eRAD RIS
Version 2
Build 2016.4

Important Notes: This version requires a Core Install. Also, any M*Modal files will need to be manually copied to the new home location for Feature #7572 (see page 36-38).

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PURPOSE

This is the Customer Release Notes document for eRAD RIS Version 2016.4.

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

INTENDED AUDIENCE

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

NEW SETTINGS

NEW ACCESS STRINGS

Setting	Default	Purpose
REMOVED Clinical.DeleteDictationReportAndReset		N/A
REMOVED Clinical.PingMessage		N/A
REMOVED Config.LookupEditor.UMCommonLanguage		N/A
Clinical.RADARSecureMessage	None	Controls access to the Nudge message feature.
Config.LookupEditor.EligibilityLimitPayment	None	Controls access in the look-up table editor for Eligibility Limit Payment.
Config.LookupEditor.WorklistPreference	None	Controls access to the look-up table for WorklistPreference.

NEW SYSTEM CONFIGURATION SETTINGS

Setting	Default	Purpose
DefaultWorklistRefreshInterval	5	(value = int in minutes) Default minutes between work list refreshes. If 0, work list refreshes are disabled.
EnableLimitedDBUpdates	True	(value = bool) If enabled, only data rows that contain data different from original values will be updated to the database.
MUImplantableDeviceUrl	https://accessgudid.nlm.nih.gov/api/v1/	(value = string) GUDID Base URL.
OptimizedDataSetAssignments	True	(value = bool) It is recommended to keep this set to true. If true, internal assignments only happen when there is an actual difference in the data; otherwise, RIS will always perform the assignment, which will trigger extra events to fire.
RADARSecureMessagePort	0	(value = int) Configure the port number for the Nudge integration.
RADARSecureMessageReportDisclaimer	This report is not for treatment	(value = string) Defines the disclaimer sentence to the report in Nudge integration.

	purposes.	
RADARSecureMessageServer		(value = string) Configure the server for the Nudge integration.
RADARSecureMessageTitle	<last_name>, <first_name> #<patient_id> @<accession_number>	(value = string) Configure the subject line for a RADAR Nudge conversation.



eRAD. RIS 2016.4 Feature Highlights

Upgrade to **eRAD RIS 2016.4** and our New Features will allow you to:

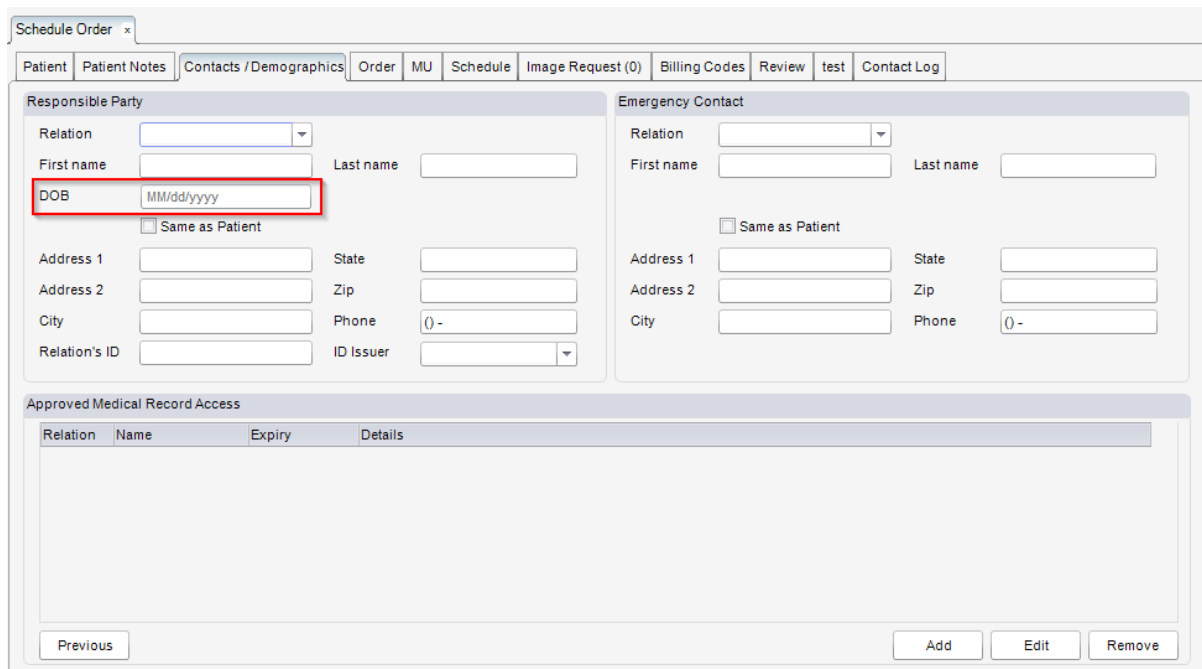
- Send “documents” (emails, excerpts from websites, etc.) from external applications to a patient’s Attachments in RIS without physically printing and scanning.
- Utilize spell checking for notes fields throughout eRAD RIS, especially those that are mapped into diagnostic reports.
- Allow radiologists to securely and efficiently communicate with staff and referring providers via an integrated RADAR Nudge instant messaging application.
- Install RIS to a shared location on the workstation (instead of individual Windows user profiles).
- Book time for a patient in multiple rooms simultaneously to prevent overbooking a shared radiologist or technologist resource.
- Improve system performance.
 - Configurable work list refresh intervals
 - Behind the scenes adjustments to database performance factors
- Enjoy smoother and more efficient RIS workflow with over 50 resolved defects.

NEW FEATURES

SCHEDULING AND REGISTRATION

11925 – RESPONSIBLE PARTY’S DATE OF BIRTH CAN NOW BE CAPTURED

A field for the Responsible Party’s DOB has been added to the Contact/Demographics tab in the Responsible Party section.



The screenshot shows the 'Schedule Order' form with the 'Contacts / Demographics' tab selected. The 'Responsible Party' section includes fields for Relation, First name, Last name, DOB (highlighted with a red box), Same as Patient checkbox, Address 1, Address 2, City, State, Zip, Phone, and ID Issuer. The 'Emergency Contact' section has similar fields. Below these is the 'Approved Medical Record Access' table with columns for Relation, Name, Expiry, and Details. Navigation buttons 'Previous', 'Add', 'Edit', and 'Remove' are at the bottom.

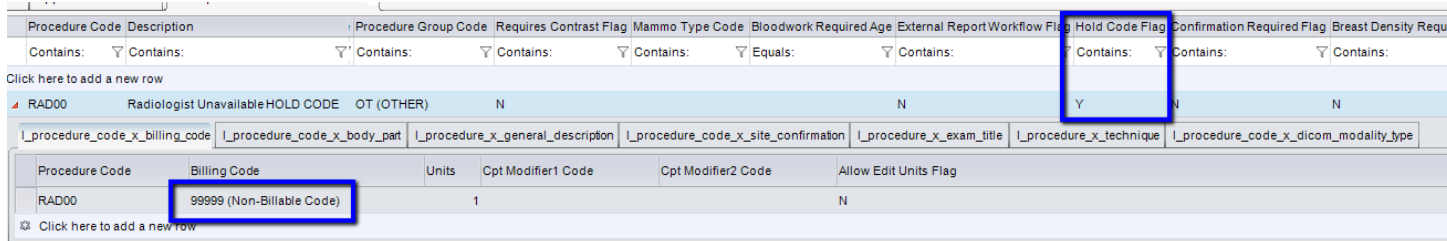
Some customers require this information for billing purposes and the new field will allow interested customers to capture this data. If you would like to make this a required field, please let the eRAD Support team know that you would like to configure a Validation Rule to require Responsible Party DOB.

13103 – PROCEDURE PLANS CAN NOW BOOK ROOMS SIMULTANEOUSLY

In some cases, it is desirable to book a patient in two rooms at the same time. Perhaps the patient is having a biopsy in one room, but the mammography room needs to be available for a period of time in the middle of that biopsy, in order for the technologist to take an image of the specimen on the mammo unit. Or perhaps a patient is scheduled for a Fluoroscopy exam and a “Hold Code” is needed in the site’s biopsy room, in order to avoid having multiple radiologist-assisted exams at the same time.

In order to accommodate this workflow, it is now possible to add negative values in the Min/Max Wait Times when creating Procedure Plans.

Example #1: An administrator wants to create a procedure plan for a Fluoro exam that requires a radiologist; it is important to ensure that simultaneous appointments are not scheduled in the biopsy room. Before creating the procedure plan, an appropriate Hold Code should be created to block the biopsy room. When setting up the procedure, the administrator marks the Hold Code as *Hold Code Flag = Y* and associates a No Charge Billing Code, like so:

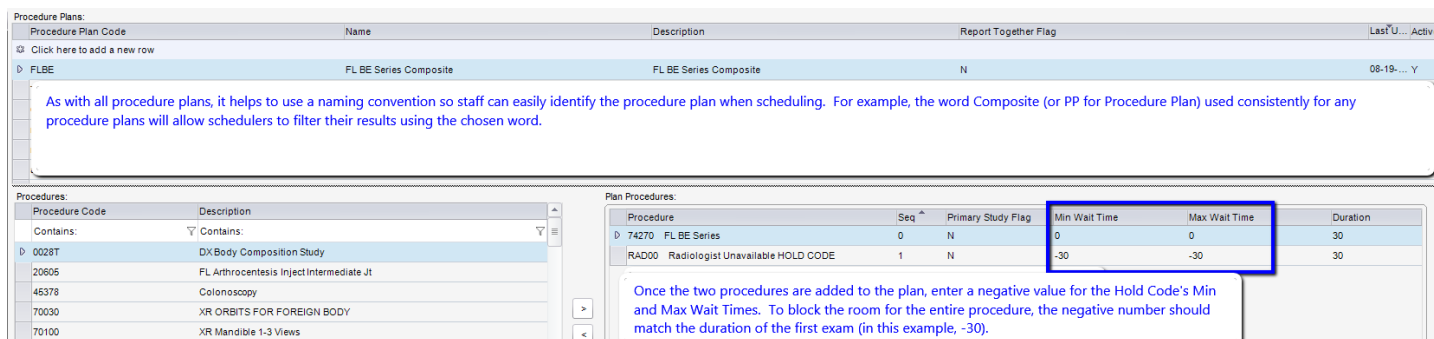


Procedure Code	Description	Procedure Group Code	Requires Contrast Flag	Mammo Type Code	Bloodwork Required	Age	External Report Workflow Flag	Hold Code Flag	Confirmation Required Flag	Breast Density Required
RAD00	Radiologist Unavailable HOLD CODE	OT (OTHER)	N				N	Y	N	N

Procedure Code	Billing Code	Units	Cpt Modifier1 Code	Cpt Modifier2 Code	Allow Edit Units Flag
RAD00	99999 (Non-Billable Code)	1			N

In order for the Time Slot Search to find appointment slots where both the Fluoro Room and the Biopsy Room are available, the new Hold Code is added to the appropriate Schedule Group for the room to be blocked.

Next, the Procedure Plan is created as demonstrated in the image below:



As with all procedure plans, it helps to use a naming convention so staff can easily identify the procedure plan when scheduling. For example, the word Composite (or PP for Procedure Plan) used consistently for any procedure plans will allow schedulers to filter their results using the chosen word.

Procedure Code	Description	Seq	Primary Study Flag	Min Wait Time	Max Wait Time	Duration
74270	FL BE Series	0	N	0	0	30
RAD00	Radiologist Unavailable HOLD CODE	1	N	-30	-30	30

Once the two procedures are added to the plan, enter a negative value for the Hold Code's Min and Max Wait Times. To block the room for the entire procedure, the negative number should match the duration of the first exam (in this example, -30).

Now, if the procedure plan “FL BE Series Composite” is used when scheduling, it will expand out to include the two procedures (the Fluoro and the Hold Code for the Biopsy Room), the Time Slot Search will automatically find appointment slots where there is availability in both the Biopsy and Fluoro rooms, and exams will be booked for the same period of time in both rooms like so:

Interval	15 Minutes	MA3FH	Saturday, 08-20-2016	XR1FH
8:00				
9:00	Test, Hilary Radiologist Unavailable HOLD CODE (RAD00)		Test, Hilary FL BE Series (74270)	

Example #2: An administrator wants to create a Procedure Plan that books a Specimen exam in the Mammo Room during the middle of an MRI Guided Breast Biopsy to ensure that the Mammo unit is available when the biopsy tech needs to obtain a specimen image. Both exams are billable, so a Hold Code is not needed. This procedure plan will be set up to book the Specimen exam in the Mammo room after the biopsy has been in progress for 30 minutes and it will take the technologist 15 minutes to perform the Specimen image. The procedure plan would look like this:

Procedure Plans:	Name	Description	Report Together Flag	Last U... Act
Click here to add a new row				
MRBK	MR Breast Biopsy Composite	MR Breast Biopsy Composite	N	08-19-... Y

To schedule the Specimen exam 30 minutes after the biopsy begins, subtract 30 from the biopsy duration of 90. There is a 60 minute difference, so the Min and Max Wait Times for the Specimen will be -60. In other words, it will be scheduled 60 minutes before the end of the biopsy procedure.

Procedures:	Procedure Code	Description
Contains:	0028T	DX Body Composition Study
	20605	FL Arthrocentesis Inject Intermediate Jt

Plan Procedures:	Procedure	Seq ^	Primary Study Flag	Min Wait Time	Max Wait Time	Duration
	MR77 MR Breast Biopsy Unilateral	0	N	0	0	90
	MASP MA Specimen Imaging	1	N	-60	-60	15

Here's how the scheduled procedure plan looks in the Appointment Book:

Interval	15 Minutes	MA3FH	Tuesday, 08-23-2016	MR1FH
8:00				
9:00	Test, Hilary			

Test, Hilary
MR Breast Biopsy Unilateral (MR77)
08-23-2016 08:00
REQ: TheClown Bozo
Accession: 1036837PE
MRN: 34689PE
Scheduled

Please note that the Min/Max Wait Time should never be set to cause the second exam to occur *before* the beginning of the first exam. If this is done, schedulers will not find results when searching for appointment slots. In other words, don't make the negative Min/Max Wait Times higher than the exam duration for the first exam.

Don't do this:

Plan Procedures:	Procedure	Seq ^	Primary Study Flag	Min Wait Time	Max Wait Time	Duration
	MR77 MR Breast Biopsy Unilateral	0	N	0	0	90
	MASP MA Specimen Imaging	1	N	-100	-100	30

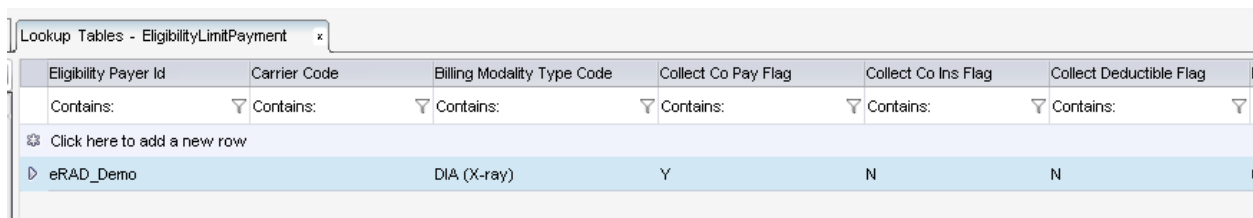
Recommendation: when using this workflow, it is advisable to set the exam Duration on the Procedure Plan, as shown in the examples above. If it is left blank, the default duration on the Procedure Code will be applied, unless there is an override set for the room. However, setting the Duration within the Procedure Plan will override everything else when the Procedure Plan is used. This will be helpful in avoiding unintentional variations caused by room duration overrides that are not obvious from within this table.

INSURANCE ELIGIBILITY

13611 – ELIGIBLE API INTEGRATION NOW ALLOWS EXCEPTIONS FOR COLLECTING FUNDS BASED ON PAYER (OR CARRIER) AND BILLING MODALITY TYPE

This feature is for clients taking advantage of our automated insurance eligibility feature via Eligible API. Some payers or insurance carriers make exceptions when collecting co-pays, co-insurance, or deductible for certain modality types. For example, it is common for some payers to waive the co-pay for x-ray exams.

To accommodate for this, a new look-up table named *Eligibility Limit Payment* was added. This table allows for the configuration of exclusions based on modality type and payer/carrier.

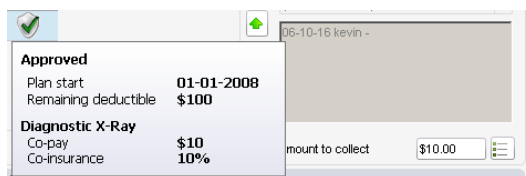


Eligibility Payer Id	Carrier Code	Billing Modality Type Code	Collect Co Pay Flag	Collect Co Ins Flag	Collect Deductible Flag
Contains:	Contains:	Contains:	Contains:	Contains:	Contains:
Click here to add a new row					
eRAD_Demo		DIA (X-ray)	Y	N	N

In the above example, for all visits with a carrier using the “eRAD_Demo” Eligibility payer id, RIS will not collect co-insurance or deductible when the modality type is X-ray. Only co-pay will be collected (i.e. the value in the Amount to Collect field will only include the amount for co-pay).

Notice that the Carrier Code column in the example above is blank. When configuring rules, it is possible to either fill in the Carrier Code **or** the Eligibility Payer ID. When evaluating which rules to use, the system will first attempt to find a matching *carrier_code* rule. If none exist, it will look for a rule by *payer_id*.

The values for any collection categories will still be visible in the information returned from Eligible, even if a limitation rule applies (as displayed below).

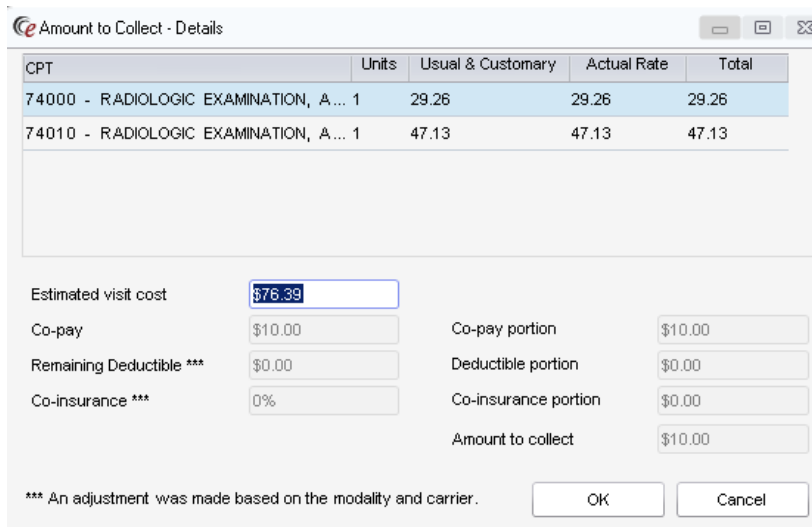


Approved	
Plan start	01-01-2008
Remaining deductible	\$100
Diagnostic X-Ray	
Co-pay	\$10
Co-insurance	10%
Amount to collect	\$10.00

However, despite the remaining deductible and 10% co-insurance requirement listed in the above example, the sample rule configured in the *EligibilityLimitPayment* table will prevent that amount from being added to the Amount to Collect and only the co-pay will apply.

The “Amount to Collect – Details” screen shows the actual values that were used in the calculation. Because the information from Eligible will differ from the values displayed in the Amount to Collect – Details screen when a rule

is in effect to ignore a particular payment category, a note will be displayed to indicate that an adjustment was made:



CPT	Units	Usual & Customary	Actual Rate	Total
74000 - RADIOLOGIC EXAMINATION, A...	1	29.26	29.26	29.26
74010 - RADIOLOGIC EXAMINATION, A...	1	47.13	47.13	47.13

Estimated visit cost	<input type="text" value="\$76.39"/>		
Co-pay	<input type="text" value="\$10.00"/>	Co-pay portion	<input type="text" value="\$10.00"/>
Remaining Deductible ***	<input type="text" value="\$0.00"/>	Deductible portion	<input type="text" value="\$0.00"/>
Co-insurance ***	<input type="text" value="0%"/>	Co-insurance portion	<input type="text" value="\$0.00"/>
		Amount to collect	<input type="text" value="\$10.00"/>

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

OK Cancel

The deductible and co-insurance have been zeroed out above, and the asterisks and corresponding note indicate that an adjustment was made for each.

If a CT study is added to the same visit, the 10% co-insurance or deductible would no longer be suppressed since there are no "Eligibility Limit Payment" rows configured for the CT modality type.

When multiple modality types are scheduled, such as an X-ray and a CT, the system will only prevent collections if an 'N' exists on **all** matching "Eligibility Limit Payment" rows. For example, in the following image, there is now an additional rule to not collect the co-insurance for a CT study.

Lookup Tables - EligibilityLimitPayment					
Eligibility Payer Id	Carrier Code	Billing Modality Type Code	Collect Co Pay Flag	Collect Co Ins Flag	Collect Deductible Flag
Contains:	Contains:	Contains:	Contains:	Contains:	Contains:
Click here to add a new row					
eRAD_Demo		CT (CAT Scan)	Y	N	Y
eRAD_Demo		DIA (X-ray)	Y	N	N

If a patient is scheduled for an X-ray and a CT, the rules are combined; and the only value prevented for collection is the co-insurance (both modality types list N for co-insurance).

In that case, Amount to Collect – Details would look like so:

eRAD Amount to Collect - Details

CPT	Units	Usual & Customary	Actual Rate	Total
74000 - RADIOLOGIC EXAMINATION, A...	1	29.26	29.26	29.26
74010 - RADIOLOGIC EXAMINATION, A...	1	47.13	47.13	47.13
70482 - CT ORBIT SELLA/POST FOSS...	5	430.17	430.17	2150.85
74170 - COMPUTED TOMOGRAPHY, A...	50	387.56	387.56	19378.00

Estimated visit cost:

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.

Note that the co-insurance is excluded, but the co-pay and remaining deductible are applied.

IMAGINE PAYMENT PORTAL

13902 – IMAGINE PAYMENT PORTAL INTEGRATION NOW SUPPORTS CONFIGURING TSYS ACCOUNT IDENTIFIERS AT A SITE LEVEL

In eRAD RIS, the *DataSet ID* used for the Imagine Payment Portal integration is a global setting in the system configuration table. The DataSet relates to the TSYs account identifier, which sometimes needs to be configurable at the site level.

To resolve this issue, eRAD RIS will specify the DataSet ID at the site level when required using the Imagine Site Code field. If the Imagine Site Code contains a colon (:), the characters in front of the colon will be sent to Imagine as the DataSet ID and characters after the colon will be sent as the Online Provider ID. For example, given an Imagine Site Code of **123:ABC**, 123 is the DataSet ID and ABC will be sent as the Online Provider ID. The syntax is:

Imagine Site Code = <DataSetID>:<OnlineProviderID>

If the <DataSetID>: portion is omitted, then the default DataSet ID from the global System Configuration will be used.

FORMS AND LABELS

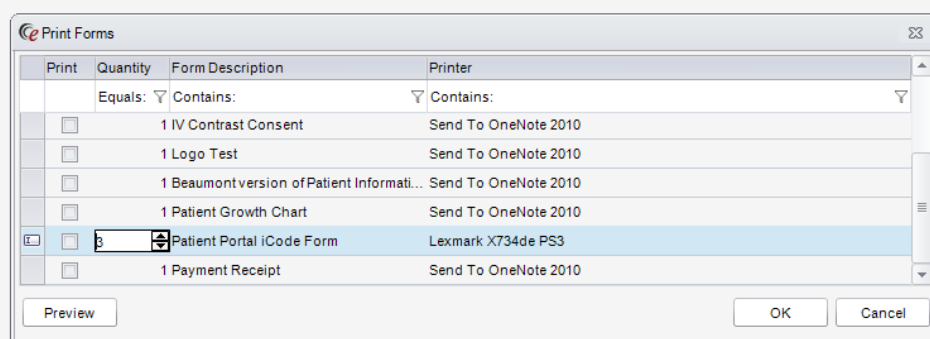
12043 – A DEFAULT QUANTITY CAN BE SET FOR PRINTING FORMS AND LABELS

Sometimes labels or forms require multiple printed copies. Today this is supported by adding multiple copies of the same label, and mapping accordingly. To simplify this, there is now a *Quantity* field in the Forms and Labels look-up table, as well as the Print Forms dialog.

In the Forms and Labels table, a RIS Administrator can define a default quantity between 1 and 9 for each form/label.

Form	Description	Last Updated	Active	Form Category	Pp Friendly Description	Pp Visible	Quantity
Contains:	Contains:	No filter:	Cont	Contains:	Contains:	Contain	Equals:
Click here to add a new row							
/rIS_dev2/Forms/Patient Portal Invitation w iCode	Patient Portal iCode Form	06/13/2016 09:06	Y	Exam		N	2
/rIS_dev2/Forms/BEAUMONT Patient Information	sdfa	11/03/2015 09:23	Y	Call Back Letter 1		N	1
/rIS_dev2/Forms/BIRADS 0 Lay Letter	BIRAD 0 Layletter	11/03/2015 09:23	Y	Layletter		N	1
/rIS_dev2/Forms/BIRADS 1-2 Concerning Lay Letter	testb40	11/03/2015 09:23	N	testb40		N	1
/rIS_dev2/Forms/BIRADS 3 Lay Letter	BIRAD 3 Layletter	11/03/2015 09:23	Y	Layletter		N	1
/rIS_dev2/Forms/BIRADS 6 Lay Letter	BIRAD 6 Layletter	11/03/2015 09:23	Y	Layletter		N	1
/rIS_dev2/Forms/Clinical Summary	Clinical Summary	11/03/2015 09:23	Y	Exam		Y	1
/rIS_dev2/Forms/ICT History Sheet	Ct history Sheet 2	11/03/2015 09:23	Y	Exam	How's the PP going	Y	1
/rIS_dev2/Forms/DarcyATestForm	DarcyATestForm	11/03/2015 09:23	Y	Exam		N	1
/rIS_dev2/Forms/Exam form w pin barcode	Barcode dude!	11/03/2015 09:23	Y	Exam		N	1
/rIS_dev2/Forms/Generic Mammo Lay Letter	GenericMammo Lay letter	11/03/2015 09:23	Y	Layletter		N	1
/rIS_dev2/Forms/HIPAA Consent	Test Beaumonth HIPAA	11/03/2015 09:23	Y	Exam		N	1
/rIS_dev2/Forms/IV Contrast Consent	IV Contrast Consent	11/03/2015 09:23	Y	Exam		N	1
/rIS_dev2/Forms/JeremyTest	test	11/03/2015 09:23	Y	Reminder Letter 1		N	1
/rIS_dev2/Forms/logoTest	Logo Test	11/03/2015 09:23	Y	Exam		N	1
/rIS_dev2/Forms/Mammo/Overdue Physician	Overdue Physician Letter	11/03/2015 09:23	Y	Short Term Followup 3		N	1
/rIS_dev2/Forms/ODC Patient Information	Beaumont version of Patient Information	11/03/2015 09:23	Y	Exam		N	1
/rIS_dev2/Forms/Patient Growth Chart NEW	Patient Growth Chart	11/03/2015 09:23	Y	Exam		N	1
/rIS_dev2/Forms/Patient Registration	Patient Registration	11/03/2015 09:23	Y	Exam		N	1
/rIS_dev2/Forms/Payment Receipt	Payment Receipt	11/03/2015 09:23	Y	Exam		N	1
/rIS_dev2/Forms/ShortTermFollowUpLetter1	Short Term Follow Up Letter1	11/03/2015 09:23	Y	Short Term Followup 1		N	1

When printing, the user has the option to adjust the default. This is done by changing the number in the Quantity column from within the Print Forms dialog box.



The Print Forms dialog box shows a list of forms with checkboxes and a quantity field. The 'Patient Portal iCode Form' is selected, and its quantity is set to 3. The printer is 'Lexmark X734de PS3'.

Print	Quantity	Form Description	Printer
<input type="checkbox"/>	Equals: Contains:	Contains:	
<input type="checkbox"/>	1	IV Contrast Consent	Send To OneNote 2010
<input type="checkbox"/>	1	Logo Test	Send To OneNote 2010
<input type="checkbox"/>	1	Beaumont version of Patient Informati...	Send To OneNote 2010
<input type="checkbox"/>	1	Patient Growth Chart	Send To OneNote 2010
<input checked="" type="checkbox"/>	3	Patient Portal iCode Form	Lexmark X734de PS3
<input type="checkbox"/>	1	Payment Receipt	Send To OneNote 2010

Buttons: Preview, OK, Cancel

Adjustments in this dialog are **not** saved and the default will be listed when next displayed.

11490 – AUTOMATED FORM AND LABEL PRINTING NOW SUPPORTS ADDITIONAL CRITERIA INCLUDING EXAM STATUS, PREFERRED LANGUAGE, CONTRAST, AND BILLING CODE

Additional criteria for triggering Forms and Labels have been added to allow for filtering based on Exam Status, Preferred Language, Contrast Required, and Billing Code.

In the Forms and Labels configuration table, the new columns are now available and all criteria columns are alphabetized.

Printing Criteria														
Biopsy Enabled	Action	Billing Code	Brand	Body Part	Carrier	Carrier Type	Contrast	Gender	Language	Modality Type	Practice	Procedure	Site	Status
Contains: ▾														
Click here to add a new row														
D	N	(none)	(all)	(all)	(all)	(all)	(all)	(all)	(all)	(all)	(all)	(all)	(all)	(all)

Just as with the existing criteria types, click the cell to open the criteria selection window. Use the arrow buttons to add or remove values.

DIGITAL FORMS

11514 – DIGITAL FORMS QUESTIONS THAT HAVE BEEN REMOVED CAN NOW BE RESTORED

There is now a process that will enable eRAD Support to restore questions that have been removed from a Digital Form. The process will also restore the question's connection with previously collected data.

MEANINGFUL USE

13659 – IMPLANTABLE DEVICES CAN NOW BE DOCUMENTED IN ACCORDANCE WITH UPCOMING MU REQUIREMENTS

As our U.S. customers are likely aware, the Meaningful Use (MU) program will be evolving into a different form and the Meaningful Use name will no longer be the most accurate way to refer to information collected on this tab. The MU tab will continue to exist in eRAD RIS, indeed it will expand to incorporate other functions required by regulatory programs; however, it will now be renamed as the “Clinical” tab.



As part of preparation for eRAD RIS to obtain its 2017 ONC Health IT Certification, eRAD RIS will now comply with the following requirements.

The application must:

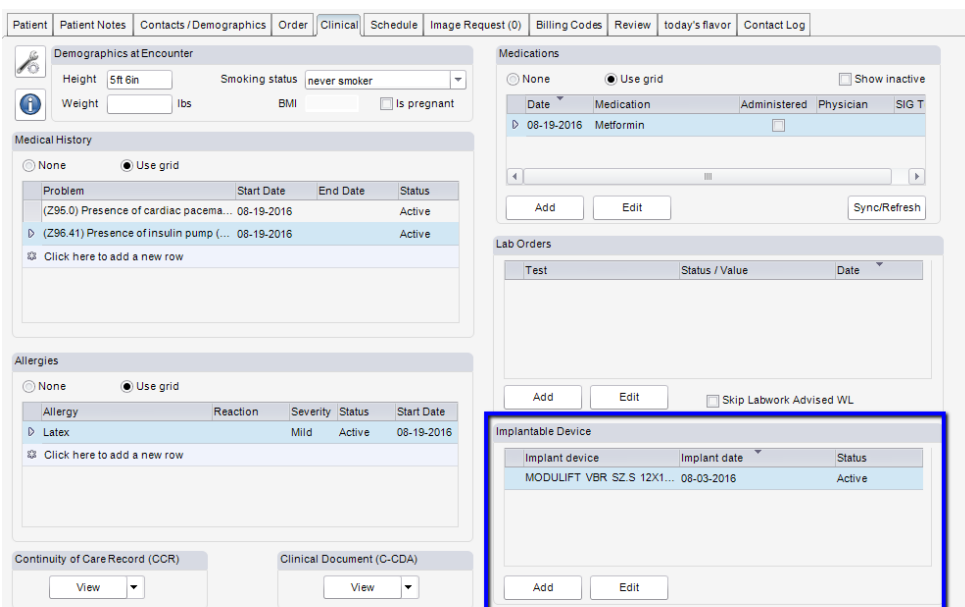
- **Enable a user to record and access a list of Unique Device Identifiers (UDIs) associated with the patient’s Implantable Device(s).**
- **The following identifiers from a Unique Device Identifier (UDIs) must be parsed.**
 - **Device Identifier**
 - **Identifiers from the Production Identifier:**
 - Batch/lot number
 - Serial Number
 - Expiration Date
 - Date a specific device as manufactured; and
 - For an HCT/P regulated as a device, the distinct identification code.
- **Retrieve the following attributes associated with a UDI, from the Global Unique Device Identification Database (GUDID) using one of the methods under the FDA’s GUDID guidance, which includes but not limited to the GUDID’s web interface, web services, and downloadable module:**
 - **Description of the implantable device referenced by at least one of the following:**
 - “GMDN PT Name” attribute associated with the Device Identifier in the Global Unique Device Identification Database *OR*
 - “SNOMED CT® Description” (mapped to the “GMDN PT Name” attribute)
 - **The following Global Unique Device Identification Database entries:**
 - Brand Name
 - Version or Model
 - Company Name
 - What MRI safety information does the labeling contain; And
 - Device required to be labeled as containing natural rubber latex and dry natural rubber.
- **UDI Issuing Agencies currently use three different formats for UDIs. Test data will be provided to accommodate each format type. For more information on these issuing agencies, please see:**

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/UniqueDeviceIdentification/UDIIssuingAgencies/default.htm>

- Display to a user an Implantable Device List consisting of:
 - Active Unique Device Identifiers for a patient; and
 - For each active Unique Device Identifier recorded for a patient, the description of the implantable device using “GMDN PT Name” or “SNOMED CT Description”
 - A method to access all Unique Device Identifiers recorded for a patient.
- For each Unique Device Identifier recorded for a patient, enable a user to access:
 - Unique Device Identifier
 - Description of the implantable device (using either “GMDN PT Name” or “SNOMED CT Description”)
 - Identifiers associated with the Unique Device Identifier (using the “Device and Product Identifiers” described above)
 - Attributes associated with the Unique Device Identifier (using “Global Unique Device Identification Database” entries described above)
- Enable a user to change the status of a Unique Device Identifier recorded for a patient
- Unique Device Identifier(s) part of the Common Clinical Data Set.

In this context, “implantable device” is defined (as it is in 21 CFR 801.3) as a device that is intended to be placed in a surgically or naturally formed cavity of the human body. A device is regarded as an implantable device for the purpose of this feature only if it is intended to remain implanted continuously for a period of 30 days or more, unless the Commissioner of Food and Drugs determines otherwise in order to protect human health.

There is a new section in the “Clinical” tab called *Implantable Device*, which is used to display the active and inactive implant devices recorded for a patient. An **important distinction** is that the Implantable Device Section is intended, per CEHRT requirements, to include qualifying devices that are to be implanted during the patient’s procedures **at your facility**, such as the placement of a biopsy marker, drain, or stent. Recording the patient’s **history** of having a device, such as a pacemaker, implanted at an *outside* medical institution should continue to be done in the Medical History section.

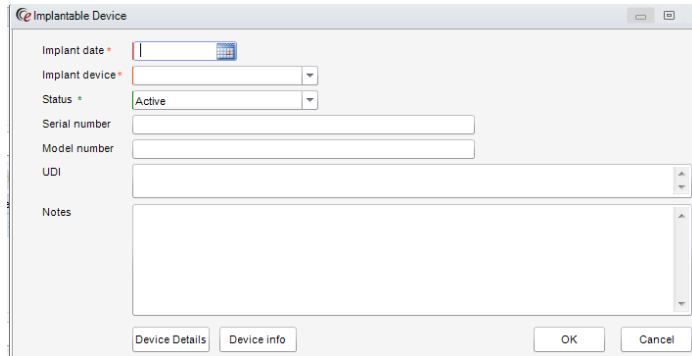


The screenshot displays the eRAD Clinical tab interface. The top navigation bar includes tabs for Patient, Patient Notes, Contacts / Demographics, Order, Clinical, Schedule, Image Request (0), Billing Codes, Review, today's flavor, and Contact Log. The Clinical tab is active, showing several data sections: Demographics at Encounter, Medical History, Allergies, Continuity of Care Record (CCR), Clinical Document (C-CD), Medications, Lab Orders, and the newly added Implantable Device section. The Implantable Device section is highlighted with a blue border and contains a table with columns for Implant device, Implant date, and Status. A single entry is visible: MODULIFT VBR SZ S 12X1... with an implant date of 08-03-2016 and status of Active.

Implant device	Implant date	Status
MODULIFT VBR SZ S 12X1...	08-03-2016	Active

*Note that some pre-existing grids have been shifted to allow for the new Implantable Device grid.

Users can click the Add button to add new implantable devices to the patient's record or they can click the Edit button to edit any implantable devices that are already associated to the patient.



The implant device is selected from a new lookup [ImplantDevice](#) and the user must enter at a minimum the implant date, implant device, and the status of the implant. Serial number, model number, and UDI of the device can optionally be added, along with any notes. The UDI field can store either the DI (Device Identifier) or the UDI which consists of two parts: the DI (Device Identifier) and PI (Product Identifier). Note: if the user enters the device UDI (DI + PI), it is possible to see additional information by clicking the [Device Info](#) button, which will show the batch/lot number, serial number, expiration date, manufactured date and the device identifier which is retrieved via a call to the Global Unique Device Identification Database (GUDID).

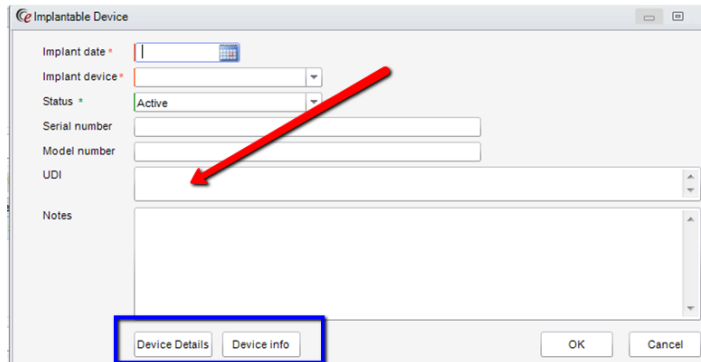
There is a new system configuration setting for [MUImplantableDeviceUrl](#) which will be used to store the URL to the Global Unique Device Identification Database (GUDID), in order to display the device details or to parse the UDI (Unique Device Id).

Examples:

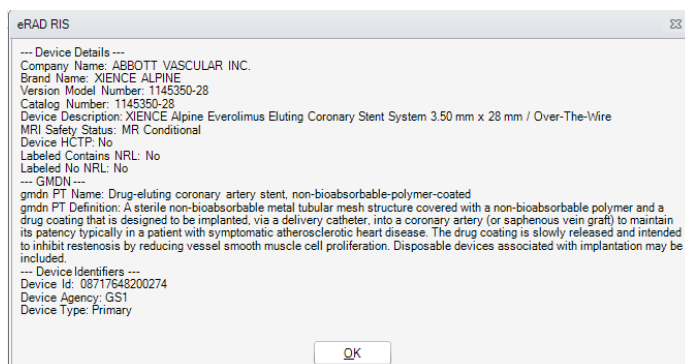
- Device Identifier (DI)
 - 08717648200274
- Unique Device ID (UDI)
 - =/08717648200274=,000025=A99971312345600=>014032=}013032&,10000000000000XYZ123

There are currently three FDA accredited issuing agencies for UDI numbers (GS1, HIBCC, and ICCBBA) and all three have different formats for displaying the UDI. eRAD RIS is capable of handling all three formats.

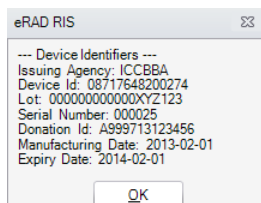
Once either the DI or UDI is entered in the UDI field, the user will also be able to view the device details by clicking the [Device Details](#) button which will display to the user the brand name, version or model number, company name, MRI safety information and information about the device such as whether it contains natural rubber latex. This information can be copy/pasted into the Notes section if desired.



Example of Device Details results when the UDI is entered:



Example of Device Info results when the UDI is entered:



Consistent with the policy that UDI's should not be deleted from the implantable device list or from a patient's electronic health record, a UDI that has been designated inactive must still be accessible so that users can view information about the device, even if it was explanted or recorded in error.

The *Device Details* and *Device Info* buttons are hidden if the system configuration setting *MUImplantableDeviceUrl* is empty.

13844 – A SECTION FOR IMPLANTABLE DEVICES IS NOW DISPLAYED IN THE C-CDA

An Implantable Device section has been added to the C-CDA to record any materials placed during the procedure, such as stents, tubes, or drains.

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- [MEDICATIONS ADMINISTERED](#)
- [MEDICATIONS](#)
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ALLERGIES (MEDICATIONS)

Description	Start Date	Reaction	Severity	Status
Aspirin	05-30-2016	hives	Mild	Active

ENCOUNTERS

Encounter	Date	Practice	Location	Performed Procedures
Patient Visit	06-27-2016	Get Well Clinic	Get Well Clinic	(99201) - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT

FUNCTIONAL AND COGNITIVE STATUS

No functional status recorded

IMMUNIZATIONS

No immunizations recorded

IMPLANTABLE DEVICE

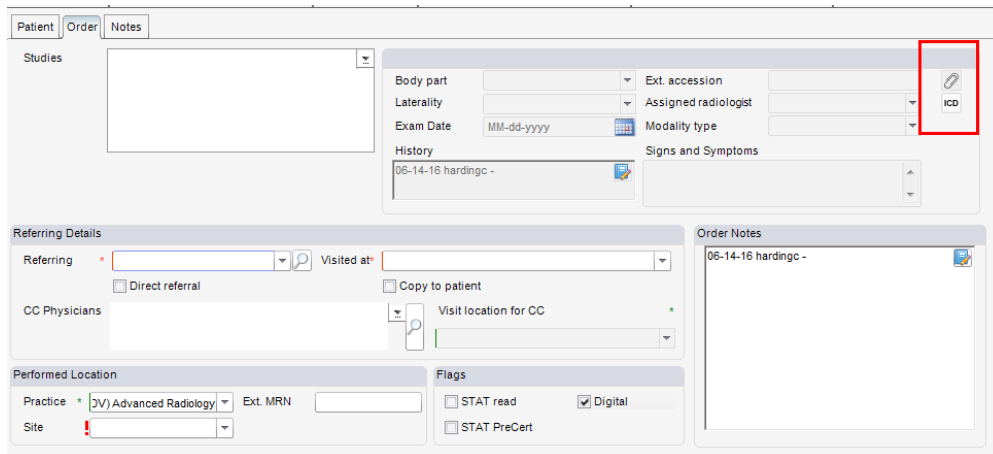
No implants recorded



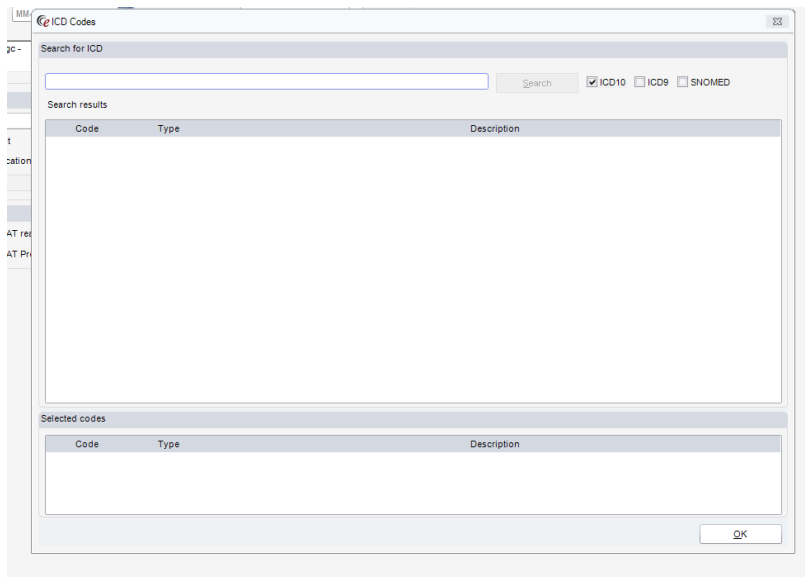
OUTSIDE READS

13733 – INDICATION CODES CAN NOW BE ADDED WHEN CREATING AN OUTSIDE READ

Previously, indication codes (e.g. ICD-10 codes) could not be added to an Outside Read until after it was created, via the View/Edit screen. To make this process more efficient, an ICD button has been added to the Outside Read Order tab.



This button is controlled by the existing access string *Clinical.Schedule.AssignIcdCode*. The ICD Codes pop-up window will function as it does in other areas of the application, except that Reason for Exam is not visible, as it is not a part of the Outside Read process. ICD codes will be applied to the selected study. The ICD button will be disabled until a study has been added.



WORK LISTS

13803/13804 – WORK LISTS CAN NOW BE CONFIGURED TO REFRESH AT DIFFERENT INTERVALS

Large work lists with frequent refreshes, such as the IVT WL, create a significant impact on system performance. To alleviate this, a System Configuration setting named *DefaultWorklistRefreshInterval* and a new look-up table named *Worklist Preference* have been added to allow a RIS Administrator to configure a longer interval between automatic work list refreshes.

Lookup Tables - SystemConfig

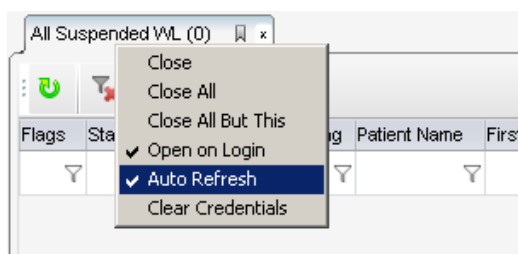
System Config Code	Value	Default	Description
Contains: defaultwork	Contain	Contains:	Contains:
DefaultWorklistRefreshInterval	5	5	(value = int in minutes) default minutes between worklist refreshes, if 0 worklist refreshes are disabled.

Lookup Tables - WorklistPreference

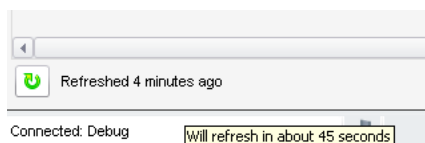
Worklist Name	Refresh Interval	Last Updated	Active
IVT WL	0	06-14-2016 12...	Y
Reception WL	1	06-14-2016 12...	Y

The work list refresh interval is specified in minutes. When set to **zero or less**, the work list refreshes are disabled and users must click the refresh button to refresh manually. Work list refresh intervals should typically be in the 1-10 minute range, though they can be set for longer. Previously, all work lists would refresh every minute.

The “Auto Refresh” checkbox that allowed a user to turn off the refresh has been moved to the work list tab’s context menu.



Beneath the work list on the left, there is now a label explaining when the last work list refresh took place, whether automatic or manual. Hovering the cursor over this label will display a tooltip that indicates when the next automatic refresh will occur. There is also an additional Refresh button next to this label, in case the user does not want to wait for the next auto-refresh. Clicking the button will refresh the work list immediately.



The label updates every 5 seconds and the times listed are rounded as follows:

- Just now
- 15 seconds
- 30 seconds
- 45 seconds
- a minute
- x minutes
- an hour
- x hours

The tooltip explaining when the next refresh will occur is rounded as follows:

- x minutes
- a minute
- 45 seconds
- 30 seconds
- 15 seconds
- Soon

If the work list is not configured to auto-refresh, the tooltip will indicate: "This work list does not auto refresh."

As before, auto-refresh will not occur under some circumstances even if the designated interval has elapsed. The following scenarios will prevent a work list refresh:

- RIS is locked.
- RIS is minimized.
- Work list has received mouse or keyboard activity in the past 15 seconds. Previously, mouse movements would also cause a delay, but this has been changed to only include click events.

If the user continues to type or click items on the work list and does not move away from that work list, then the work list will not auto-refresh and hovering will display the message "Will refresh soon." This is done to prevent a work list refresh from changing the list just as a user is clicking on an item, which could result in the wrong item inadvertently being opened.

The following permission string has been added to control access to the new WorklistPreference editor:

Config.LookupEditor.WorklistPreference.

INTERFACING

8666 – MESSAGES TRANSMITTED VIA MIRTH CAN BE FILTERED TO DECREASE UNNECESSARY MESSAGING

In order to allow for more granular filtering in Mirth, a new function will allow for message filtering based on logic surrounding metadata. This will allow the ability to suppress messages due to metadata changes that are not deemed significant.

INFRASTRUCTURE

7572 – RIS NOW SUPPORTS INSTALLATION TO A SHARED LOCATION ON THE WORKSTATION (AS OPPOSED TO INDIVIDUAL WINDOWS USER PROFILES)

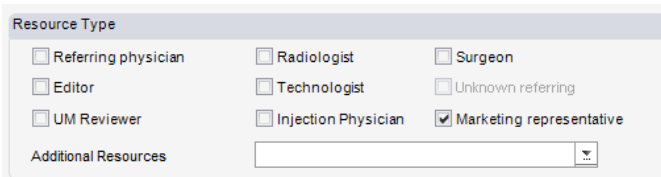
This feature includes two major changes for installation file management. The directory which is used to store the build zips and installed build files has been relocated, so these files can be shared among the various users of a system. Secondly, there is a process to cleanup old RIS builds, anything older than the last 2 builds (including the current build). As this cleanup previously only occurred when switching systems, this will reduce the footprint of the install directory if the user is only ever using one system.

The user should not experience any change in the usage of the system, other than perhaps noticing a reduction of hard drive space required for installation of the RIS GUI. Users also may notice a slight delay in startup if there are multiple old builds which need to be removed.

REFERRING PHYSICIAN MANAGEMENT

9522 – MARKETING REPRESENTATIVES CAN NOW BE ASSOCIATED TO A REFERRING PHYSICIAN

To support the need for more informative management reports, there is a new Resource Type titled *Marketing representative*.

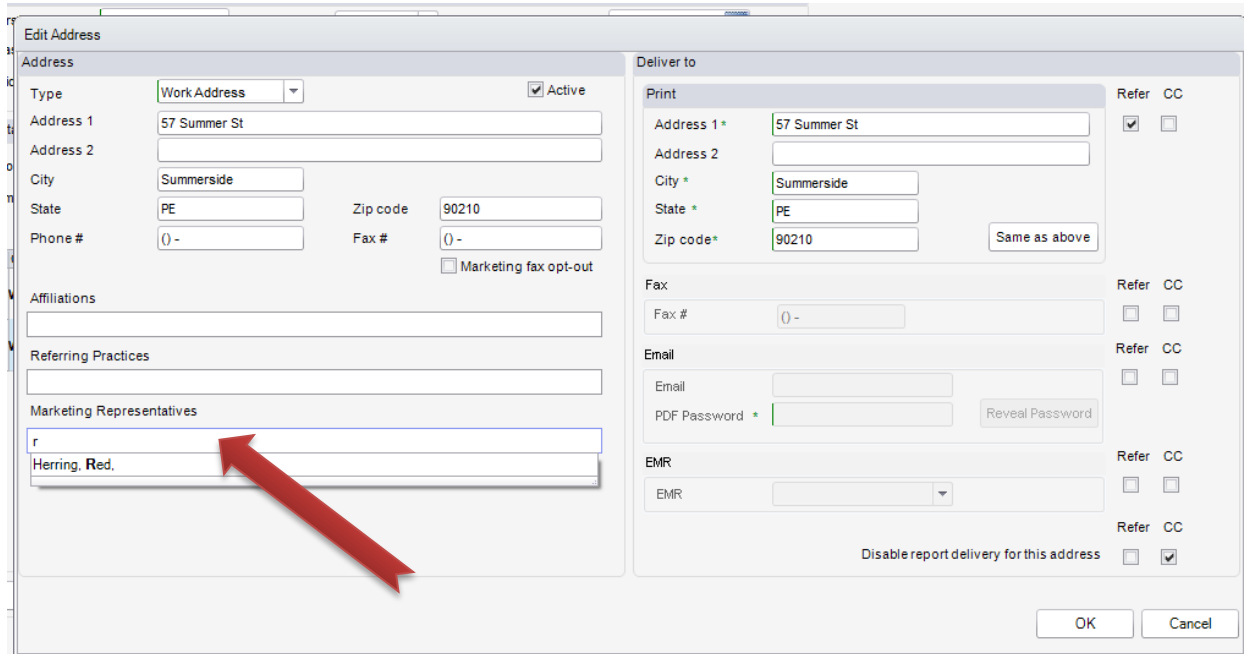


Resource Type

☐ Referring physician ☐ Radiologist ☐ Surgeon
☐ Editor ☐ Technologist ☐ Unknown referring
☐ UM Reviewer ☐ Injection Physician ☒ Marketing representative

Additional Resources:

Each referring address will have a setting for marketing representatives, which will be selected via a multi-select type-ahead. This multi-select will only display users with a resource type of *Marketing representative*.



Edit Address

Address

Type: ☒ Active

Address 1:

Address 2:

City:

State: Zip code:

Phone #: Fax #:

☐ Marketing fax opt-out

Affiliations:

Referring Practices:

Marketing Representatives

-
-

Deliver to

Print

Address 1*: ☒ Refer ☐ CC

Address 2:

City*:

State*:

Zip code*:

Fax

Fax #: ☐ Refer ☐ CC

Email

Email:

PDF Password*:

EMR

EMR:

☐ Refer ☐ CC

Disable report delivery for this address ☐ ☒

RIS ADMINISTRATION

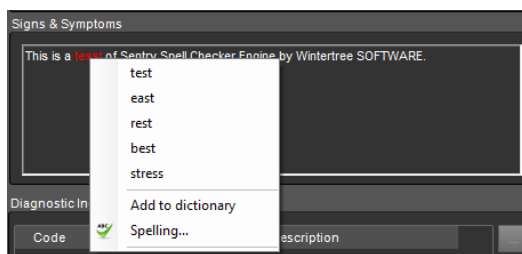
3667 – LOG CONTROLS AND TEXT BOXES SUPPORT SPELL CHECK

A spell check feature has been added to some of our controls, in order to provide users with spell checking when typing in a variety of notes fields. This is particularly helpful when turned on for text boxes that are pulled into report templates. “Sentry Spell Checker Engine” (Wintertree) has been implemented in eRAD RIS, which is the same spell checker as is used by the M*Modal editor. It will also use the same dictionaries as configured for M*Modal today, reflecting any changes made in the M*Modal editor that affect the dictionary.

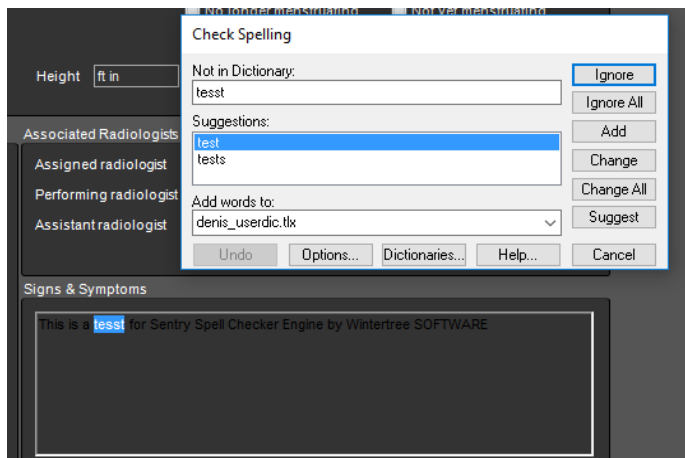
Spelling errors are indicated as the user types with misspelled words displayed in red text.

In order to enable the feature, the *spellcheck_enabled_flag* on the *LogControl* look-up table needs to be set to “Y” for the controls in question.

Right clicking on the misspelled words will show a context menu of up to 5 suggestions, as well as an option to add the word to the dictionary and an option to open the “Spelling...” dialog.



The Spelling dialog shows additional information.

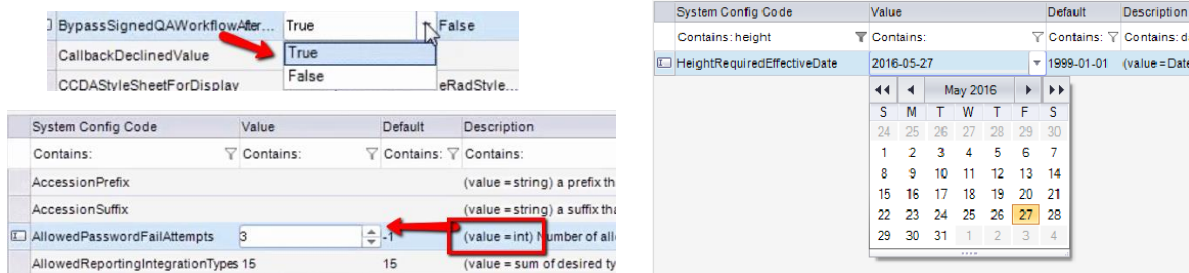


If the control already had a context menu defined, the spell checker options will be shown above the existing items.

13935 – SYSTEM CONFIGURATION TABLE NOW ENFORCES MORE STREAMLINED DATA ENTRY

When choosing system values in the System Configuration look-up table, administrators are required to enter a variety of types of data. Sometimes it is a Date or Time value, a true or false selection, or even a code from another look-up table, such as the Procedure Code table. Historically, system values were entered in a text field and it was up to the administrator to follow the required format when creating their text entry. As eRAD RIS continues to evolve, the values entered into the System Configuration table will grow more complex. In order for the administrator to more efficiently enter this information, and to drive consistency, eRAD RIS will now offer more advanced controls when entering values in System Configuration.

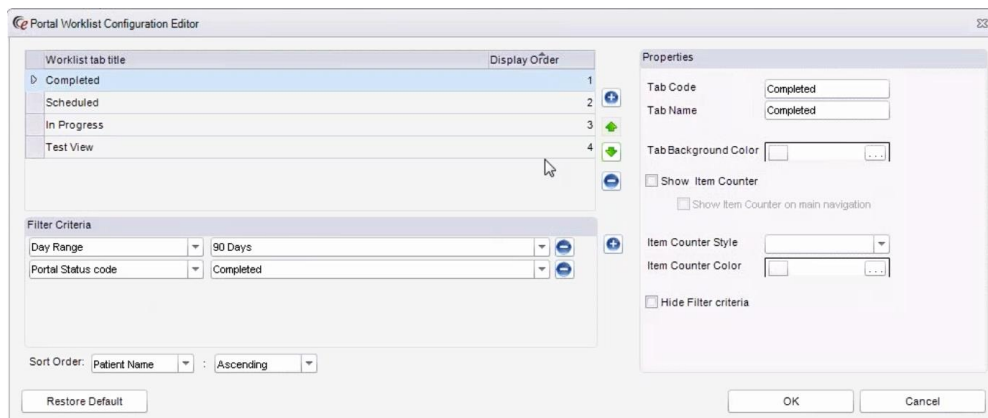
Version 2016.4 will introduce some basic controls such as: numeric spinner controls for values that should be a number (integer), calendar controls for dates, and drop-down selections for True/False selections.



System Config Code	Value	Default	Description
Contains:	Contains:	Contains:	Contains:
AccessionPrefix			(value = string) a prefix th
AccessionSuffix			(value = string) a suffix th
AllowedPasswordFailAttempts	3		(value = int) number of all
AllowedReportingIntegrationTypes	15	15	(value = sum of desired ty

True/False options may have previously been represented by a Y or N value, as opposed to True or False. Any data that was previously entered as Y or N will **not** need to be updated and will behave just as before. However, if the value is edited, the administrator will at that time be forced to select True or False in accordance with the new control.

While the above controls are simple, future controls will launch their own editor to allow a variety of selections in an easy to understand display. These selections will then be formatted and stored in the Value field without requiring the administrator to follow complicated format rules.



Future SystemConfiguration controls may launch multi-step editors like the one above.

13818 – OPENING THE PATIENT FOLDER IS NOW SHOWN IN THE AUDIT HISTORY

When users open the Patient Folder in eRAD RIS, it is desirable to audit who opened it and when. There is a new web service method created, *GetPatientFolderWithAudit*, that will write an audit entry in the audit table.

eRAD RIS will write a new entry in the audit table when opening the Patient Folder and when previewing the Patient Folder in the patient search results screen. This new entry is called *Patient folder retrieved*.

When looking for the audit message, users must check the *Include retrievals* option.

Patient Search

Patient: HARDING, luca #2490 (45)

Audit: HARDING, luca #2490

Filters

☐ Patient
☐ Order
☒ Study
☒ Include retrievals

Date	Action	Description	User	Linked Id	Accession #	Order #	Status
Equals:	Contains:	Contains:	Contains:	Equals:	Contains:	Contains:	Contains:
06-03-2016 12:27 PM	Accessed audit history		D'Harding, Clifton (hardingc)				
06-03-2016 12:25 PM	Patient folder retrieved		D'Harding, Clifton (hardingc)				
06-03-2016 12:23 PM	Study retrieved		D'Harding, Clifton (hardingc)				
06-03-2016 12:23 PM	Patient folder retrieved		D'Harding, Clifton (hardingc)				
06-03-2016 12:12 PM	Accessed audit history		D'Harding, Clifton (hardingc)				
06-03-2016 12:12 PM	Patient folder retrieved		D'Harding, Clifton (hardingc)				
06-03-2016 12:12 PM	Study retrieved		D'Harding, Clifton (hardingc)				
06-03-2016 12:12 PM	Patient folder retrieved		D'Harding, Clifton (hardingc)				
06-03-2016 12:08 PM	Accessed audit history		D'Harding, Clifton (hardingc)				

Event Time: 06-03-2016 12:23:05.508 PM

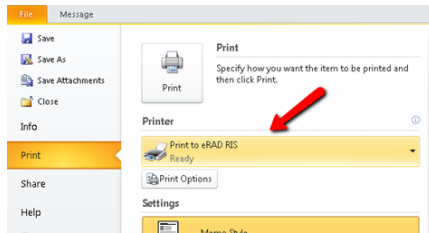
Client IP Address: ::1

DOCUMENT MANAGEMENT

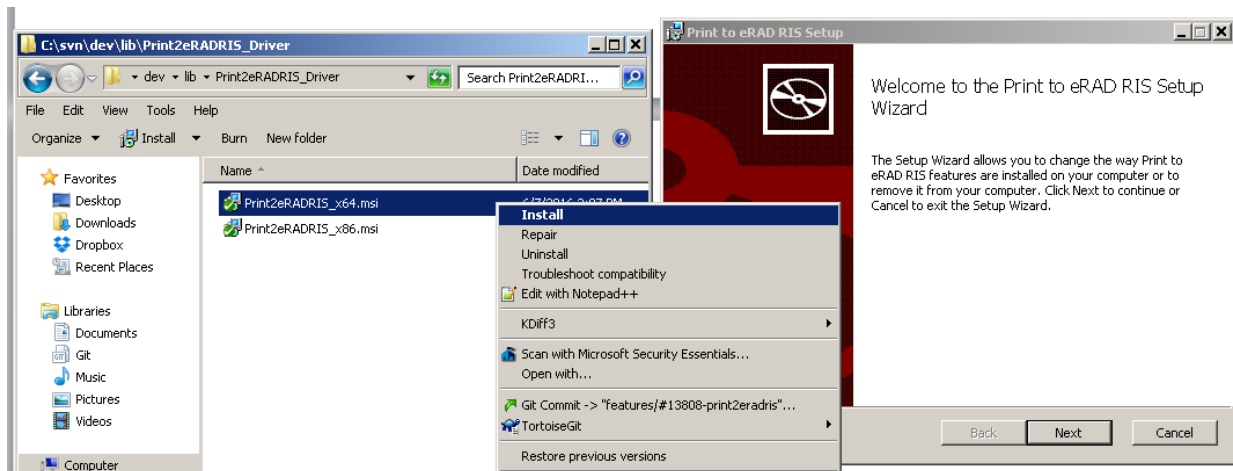
13808 – USERS CAN NOW “PRINT” FROM OTHER APPLICATIONS AND AUTOMATICALLY SAVE THE DOCUMENT AS AN ATTACHMENT IN RIS (NO PAPER OR SCANNER REQUIRED)

In an effort to eliminate a tedious task in which users print content from other applications, such as Internet Explorer, and then manually scan that paper back into RIS, an eRAD RIS print driver has been created, which will print directly into a patient's Attachments.

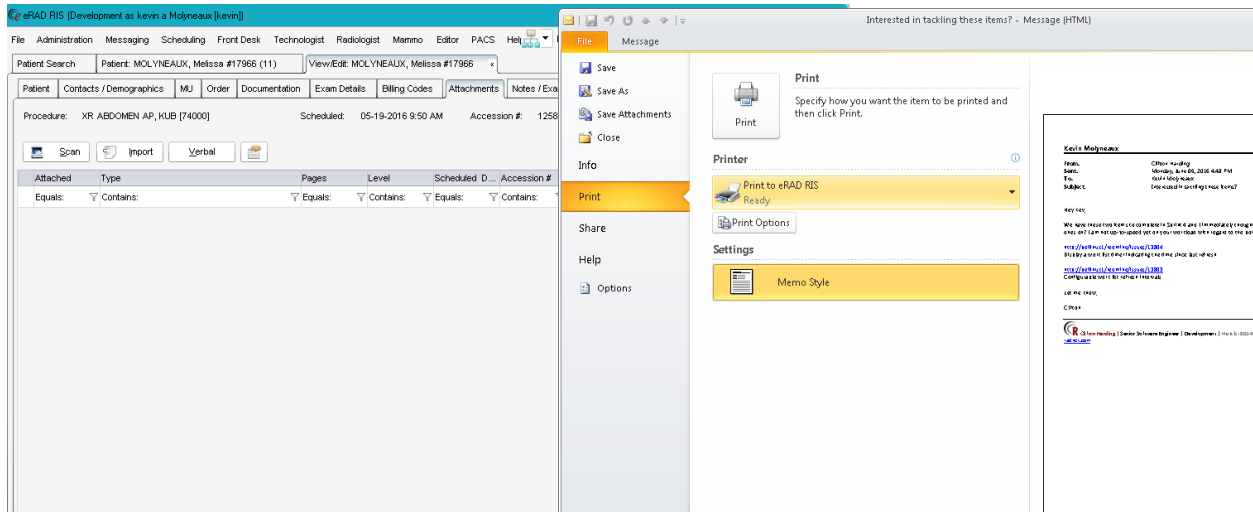
Users can install the optional *Print to eRAD RIS* print driver. When RIS is open and the current screen has an Attachments tab, or if an attachment pop-up dialog is open, the user can print from another application (Outlook, Internet Explorer, Word, etc.) to the *Print to eRAD RIS* option (instead of a physical printer), which will send the pages to RIS as attachments for the currently selected patient.



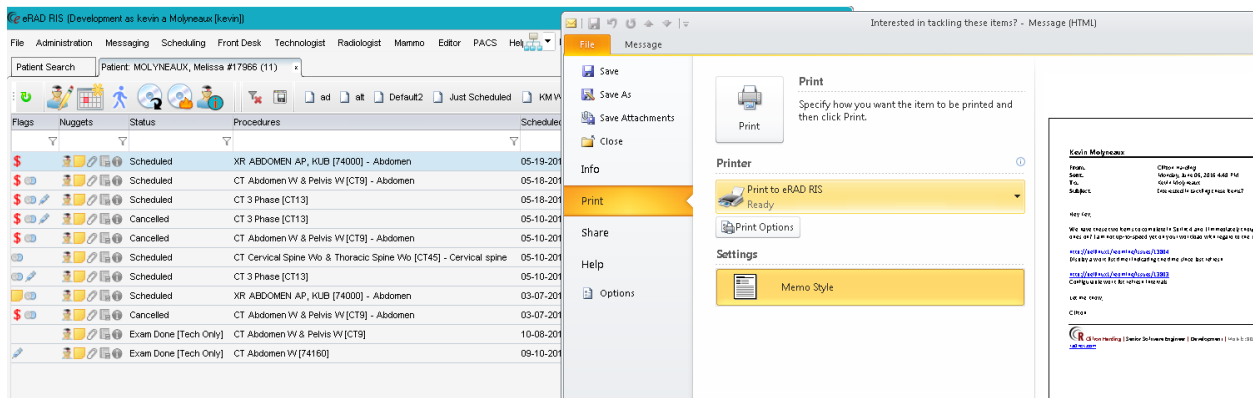
There are 64 and 32 bit versions of the *Print to eRAD RIS* virtual print driver. These will be provided to customers with the intent that local IT staff will install the print driver. You can install the driver manually as shown in the following screenshot:



The following screenshot illustrates printing from MS Outlook directly into the RIS attachments:



If a user attempts to use Print to RIS when they do not have an attachments screen open in RIS (either an open attachments window or a screen with an Attachments sub-tab—e.g. View/Edit, Perform Exam, etc.), Print to RIS will not allow the user to proceed.



The user will receive a warning explaining that a qualifying screen must be open in eRAD RIS before initiating the Print to RIS process.

RADAR

13438 – RADAR NUDGE INTEGRATION

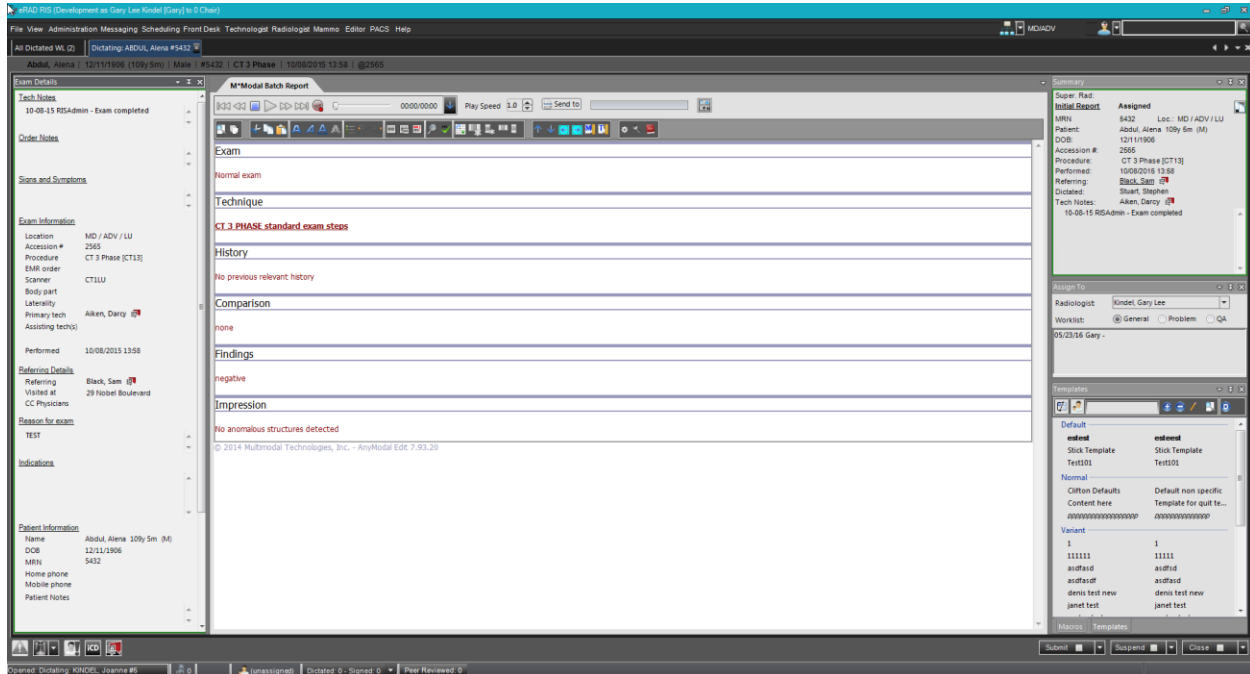
The goal of this feature is to integrate eRAD RIS with the RADAR Nudge desktop application. RADAR Nudge is a stand-alone secure instant messaging system. It supports secure communication across multiple client applications. The integration to eRAD RIS will be seamless (appear to be a single application) and will allow a radiologist who is logged into eRAD RIS to quickly and securely initiate a Nudge conversation with the study-appropriate referring doctor, transcriptionist, primary technologist or even the contributing, dictating or signing radiologist. The conversation can be supplemented with a one-button insertion of the exam summary, the impression from the diagnostic report, or even the full report (if available). Nudge's screen capture tools will even allow the capture and transmission of an image to supplement the conversation.

The integrated solution will permit the radiologist to find the appropriate person with whom to communicate without having to search from a large list of Nudge users; instead he/she will be able to select the correct person from a short list of people who are related to the current study. Opening a "new" conversation from the same study and to the same recipient will in fact re-open and continue the original conversation.

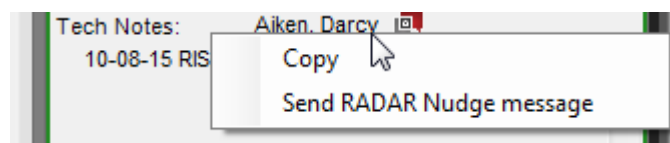
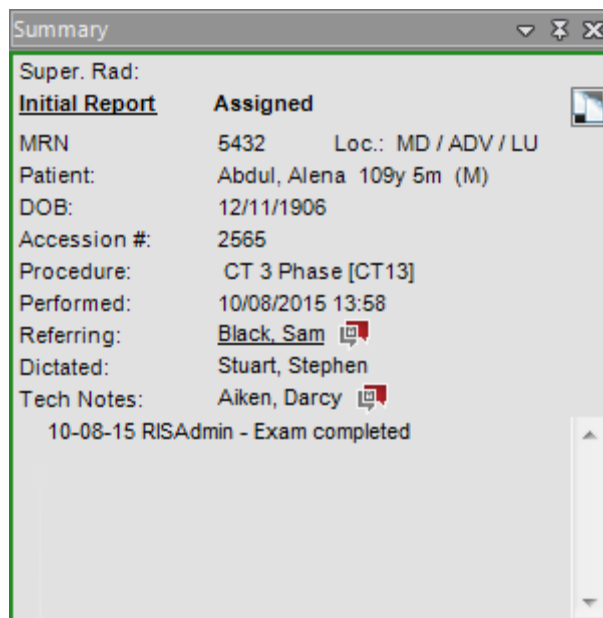
Based on the features of the RADAR Nudge application itself, the contents of a conversation that is initiated from eRAD RIS is maintained and viewable regardless of how the conversation continues: on an Apple device via the Apple IOS application, the Android application, the internet web application, or even the Windows application. The entire conversation is viewable at all times from all devices. Once initiated, the conversation is retained forever within the Nudge application in relation to the study. Therefore at any time, the relevant conversation can be opened and reviewed.

General Workflow

The following image shows a typical radiologist reporting screen. Notice there are three new components: Nudge icons on the Summary and Exam Details panels, as well as a Nudge button at the bottom of the reporting screen.



In the Summary tool window, there is a RADAR Nudge icon beside each Nudge-enabled user. In the example below, the referring doctor and the technologist are both registered Nudge users, and are the relevant individuals in this study. Therefore the icon becomes visible. If the radiologist wishes to initiate a conversation with these users, he/she simply clicks on the icon, or can right-click and select **SEND RADAR NUDGE MESSAGE**.

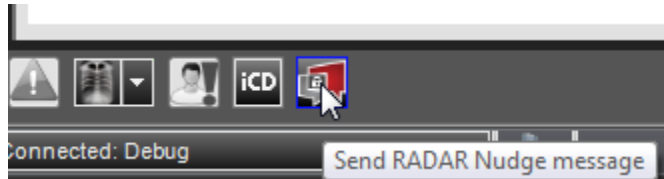


Notice as well that the Exam Details panel has been modified to support the same icon when the appropriate user is Nudge-enabled. The difference is that this panel can support additional user types. It will include:

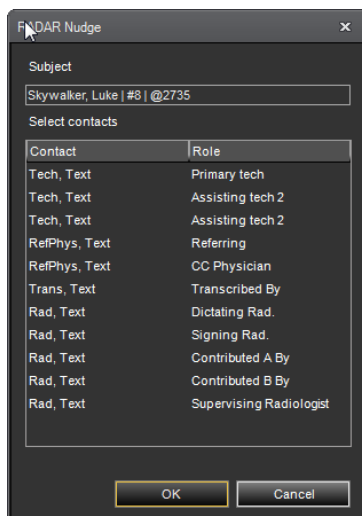
- Referring physician
- Transcriptionist

- Primary technologist
- Assisting technologists
- CC Physicians
- Dictating Radiologist
- Signing Radiologist
- Supervising Radiologist
- Contributing Radiologist

At the bottom of the radiologist screen is a Nudge icon.



Selecting this icon will load a form that shows all of the Nudge users who are associated to this study. This will permit a group chat, as multiple people can be selected from this list.



Contact	Role
Tech, Text	Primary tech
Tech, Text	Assisting tech 2
Tech, Text	Assisting tech 2
RefPhys, Text	Referring
RefPhys, Text	CC Physician
Trans, Text	Transcribed By
Rad, Text	Dictating Rad.
Rad, Text	Signing Rad.
Rad, Text	Contributed A By
Rad, Text	Contributed B By
Rad, Text	Supervising Radiologist

Interacting with Nudge via eRAD RIS

Select the Nudge application via the Nudge Icon:

Summary

Super. Rad:

Initial Report

Assigned

MRN

5432

Loc.: MD / ADV / LU

Patient:

Abdul, Alena 109y 5m (M)

DOB:

12/11/1906

Accession #:

2565

Procedure:

CT 3 Phase [CT13]

Performed:

10/08/2015 13:58

Referring:

Black, Sam

Dictated:

Stuart, Stephen

Tech Notes:

Aiken, Darcy

10-08-15 RISAdmin - Exam completed

Type a message to the recipient in the messaging pop-up window:

RADAR Nudge

#10461 | Patient, Test, | 10/13/2009 | @1031751PE

#10461 | Patient, Test, 9/28/2016

Hello Dr. Denis. I see a serious issue with this patient's recent CT

9/28/2016


New Message

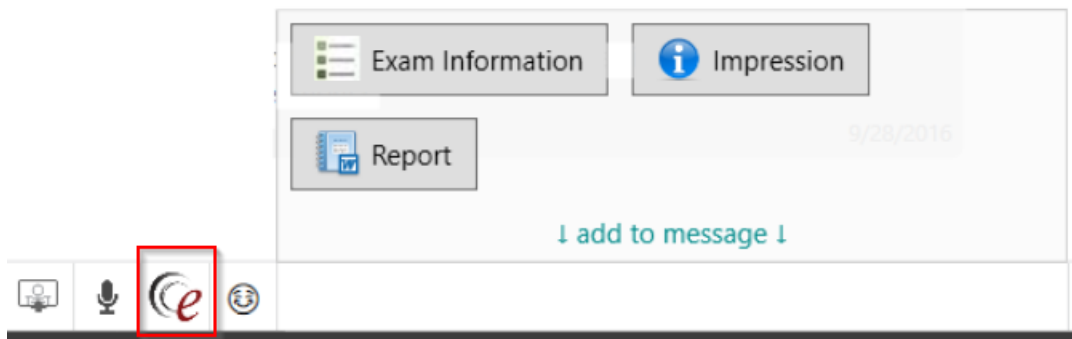
Contacts

Settings

Help

Logout

Pressing the  button to the left of the text entry area will activate a panel to display additional input buttons.



Exam Information button: Adds exam summary from current study in dictation/reporting screen to the Nudge message.

The text automatically includes:

- Exam summary header: last name, first name | #patient id | @accession number | date time (when text was generated).
- Exam summary: patient name, age, accession, procedure, and when procedure was performed.

Caflifle, Bernie | #36634PE | @1031610PE | 10/11/2016 9:15 AM
 Patient: Caflifle, Bernie 40y 4m (M)
 Accession #: 1031610PE
 Procedure: US Abdominal Ltd Or Fu [76705]
 Performed: 09-08-2016 10:20 AM
 10/11/2016

Impression button: Adds the Impression section of the report from the current study in dictation/reporting screen to the Nudge message, if available.

The text added includes:

- Exam summary header: last name, first name | #patient id | @accession number | date time (when text was generated).
- Disclaimer text. (See the “How to enable this feature” section for instructions on modifying the disclaimer.)
- Report signature status: either “Unsigned” or “Signed by [name] on [date, time]”
- Impression text from report in plain text format.

Caflifle, Bernie | #36634PE | @1031610PE | 10/11/2016 9:15 AM
 This report is CONFIDENTIAL.
 Unsigned
 IMPRESSION
 No acute pathology demonstrated.
 Poorly visualized pancreas related to overlying bowel gas.
 10/11/2016

Report button: Adds the report text from current study in dictation/reporting screen to the Nudge message, if available.

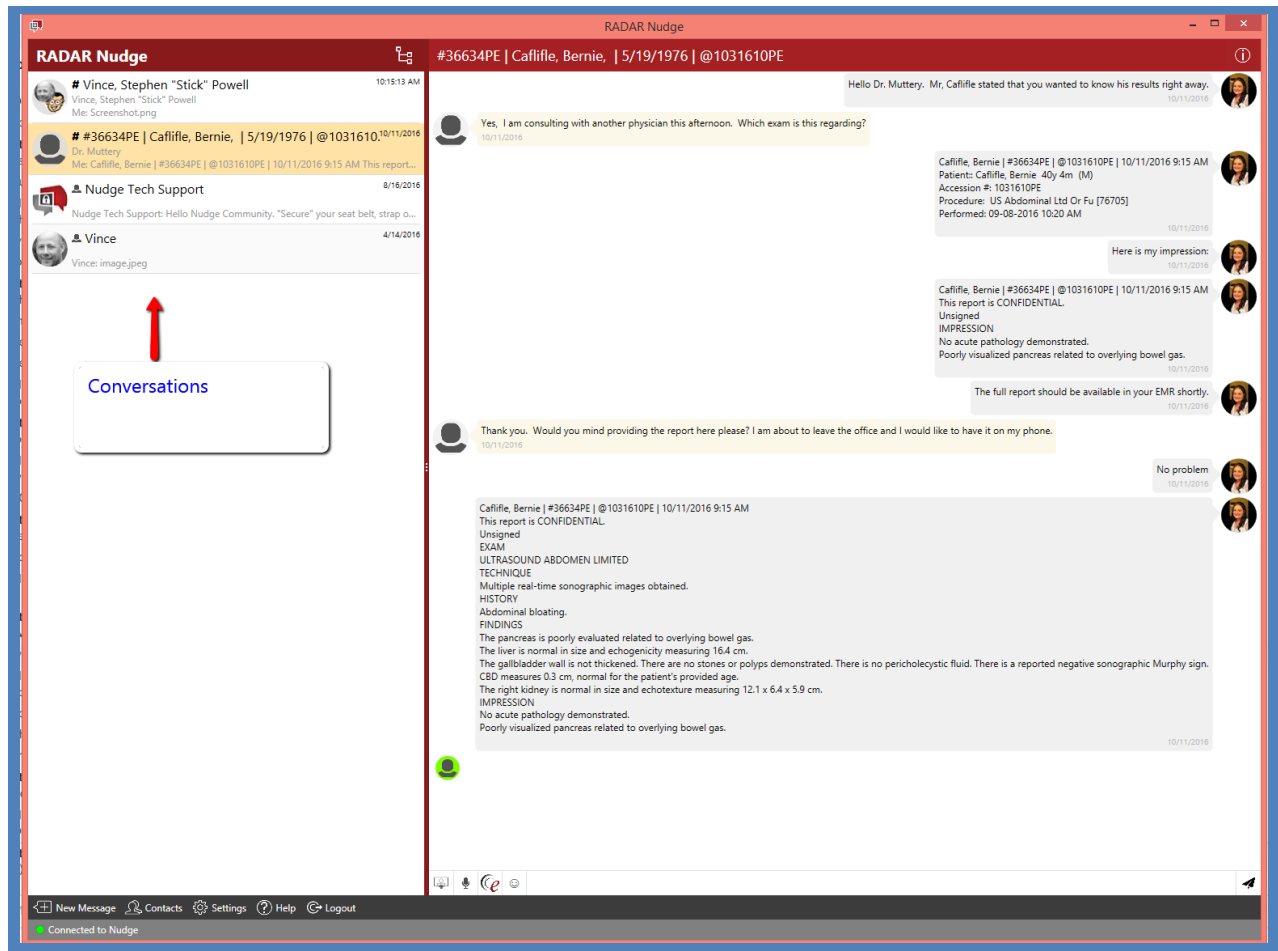
The text added includes:

- Exam summary header: last name, first name | #patient id | @accession number | date time (when text was generated).
- Disclaimer text. (See the “How to enable this feature” section for instructions on modifying the disclaimer.)
- Report signature status: either “Unsigned” or “Signed by [name] on [date, time]”
- Report text in plain text format.

Caflifle, Bernie | #36634PE | @1031610PE | 10/11/2016 9:15 AM
This report is CONFIDENTIAL.
Unsigned
EXAM
ULTRASOUND ABDOMEN LIMITED
TECHNIQUE
Multiple real-time sonographic images obtained.
HISTORY
Abdominal bloating.
FINDINGS
The pancreas is poorly evaluated related to overlying bowel gas.
The liver is normal in size and echogenicity measuring 16.4 cm.
The gallbladder wall is not thickened. There are no stones or polyps demonstrated. There is no pericholecystic fluid. There is a reported negative sonographic Murphy sign.
CBD measures 0.3 cm, normal for the patient's provided age.
The right kidney is normal in size and echotexture measuring 12.1 x 6.4 x 5.9 cm.
IMPRESSION
No acute pathology demonstrated.
Poorly visualized pancreas related to overlying bowel gas.

10/11/2016

After the initial message is initiated from RIS, the radiologist can continue the conversation in the separate Nudge window. It is possible to have multiple conversations regarding different patients at once. They can be managed from the Nudge application as shown below.



How to enable the feature

Please contact eRAD Support if you are interested in RADAR Nudge, or if you are an existing user of the stand-alone RADAR Nudge and would like the integration.

New System Configuration settings are available for the following:

RADARSecureMessageServer = (the name of the RADAR server)

Example: ReleaseServer

This will be provided by eRAD Support and is required for RADAR Nudge integration.

RADARSecureMessagePort = (port number)

Example: 14093

This will be provided by eRAD Support and is required for RADAR Nudge integration.

RADARSecureMessageReportDisclaimer = (string to append to the Nudge conversation when the user clicks the 'report' button)

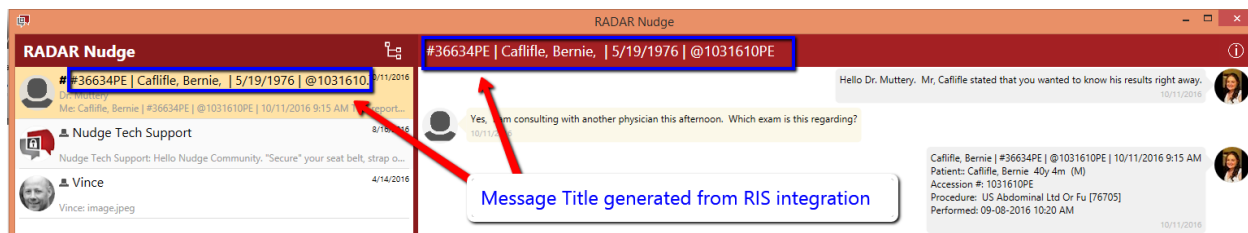
Default: This report is not for treatment purposes.

System Config Code	Value	Default	Description
Contains:	Contains:	Contains: tr	Contains: nudge
RADARSecureMessageReportDisclaimer	This report is CONFIDENTIAL.	This report is not for treatment purposes.	(value = string) Defines the disclaimer sentence to the report in Nudge integration.

Cafille, Bernie | #36634PE | @1031610PE | 10/11/2016 9:15 AM
 This report is CONFIDENTIAL.
 Unsigned
 EXAM
 ULTRASOUND ABDOMEN LIMITED
 TECHNIQUE
 Multiple real-time sonographic images obtained.
 HISTORY
 Abdominal bloating.
 FINDINGS
 The pancreas is mildly evaluated related to overlying bowel gas

RADARSecureMessageTitle = (configuration parameter for conversation title).

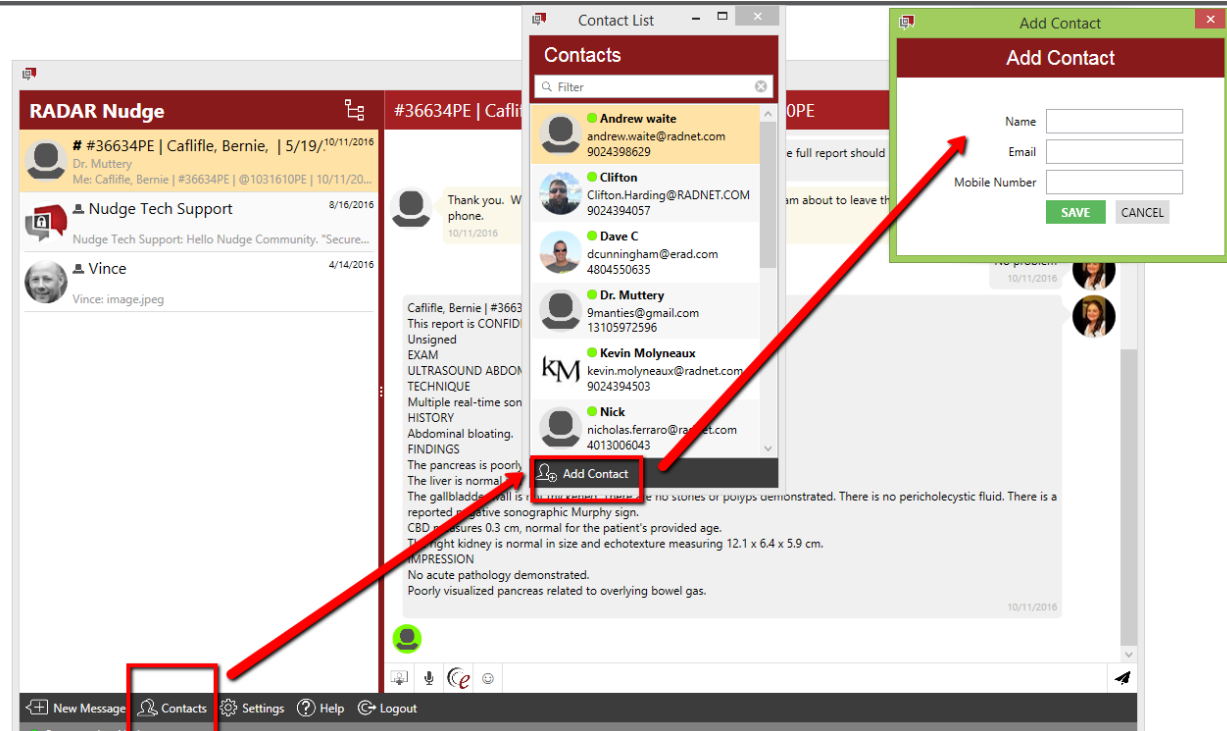
Default: <last_name>, <first_name> | #<patient_id> | @<accession_number>'



How to configure a User to use Nudge integration

In order to take advantage of RADAR Nudge, referring physicians, as well as internal users such as radiologists, will need to be registered for a RADAR Nudge account and the Nudge client will need to be installed on their workstation.

- Register each user with a RADAR Nudge account. Current Nudge users can send an invitation to join by adding a contact and providing the name and email or mobile number.
 - <https://messaging.myradarconnect.com/registration>



- Install the RADAR Nudge Client on the appropriate workstations.
 - <https://messaging.myradarconnect.com/>
- Configure the Nudge email in eRAD RIS's Personnel manager:

- Set the access string to *Clinical.RADARSecureMessage* to Full for any pertinent User Groups.

Troubleshooting

The Nudge button at the bottom of the screen should be visible when:

- Current eRAD RIS user has a Nudge email address configured in Personnel editor.
and
- User has access string *Clinical.RADARSecureMessage* set to Full.

The Nudge icon in the Summary tool window (beside the person hyperlink) is visible when:

- Current eRAD RIS user has a Nudge email address.
and
- User has access string *Clinical.RADARSecureMessage* set to Full.
and
- Person related to the hyperlink has a Nudge email configured in Personnel editor.

RESOLVED DEFECTS

Bugs and support issues resolved in build 2.2016.4.

Bug #	Category	Subject
14346	Admin-Clinical Data	Cannot add new rows to PrintConfig look-up table
3066	Admin-Other	When editing the referring address, the close button is almost hidden
6979	Admin-Other	Unable to save business hour templates to organization site
14198	Admin-Other	Practice and site logos are deleted on save of look-up table
13818	Audit History	Audit opening patient folder
13902	Billing	Imagine Payment Portal - Mapping issue with DataSet ID
13927	Billing	Studies that fail to post to billing still get the 'coding submitted date' populated
14203	Build	Missing DLL error when converting HTML to a PDF
13313	CD Import	NullReference error during CD Import
13806	CD Import	Making a site inactive will not make it disappear from the CD Import list
6767	Dark Mode/Theming	Dark mode - Buttons seem to have 2 disabled states
13445	DB	c_audit (transaction history) query for user id and date is slow
13446	DB	SQL Assessment - duplicate indexes
13590	DB	Inbox messages work list stored procedure always has 0 rows retrieved
13936	DB	Database triggers should check to see if data has changed before firing its logic
13973	DB	Trigger [c_order_set_unknown_carrier_flag] could be setting the _unknown_carrier_flag incorrectly due to multiple carriers being returned by the trigger's query
14032	DB	IVT WL doesn't update Carrier column when carrier is removed
13023	DB Upgrade scripts	Some configuration settings are not populating default values in an upgrade or new install
13786	Digital Forms	When creating rule sets in Digital Forms, the Action defaults to Hide Page 1
13920	Digital Forms	Script error on Digital Forms with autotext boxes when IE 8 is used

13735	IVT / Precert	IVT items stay on work list if there is a failed eligibility response and then the carrier's eligibility-payer-id is removed
13993	IVT / Precert	When a Billing code's precert status is changed to Required via ViewEdit, the item does not fall to the IVT WL or update the IVT flags
13612	Meaningful Use	Direct Message - 'problems importing patient information' message should include more information
13614	Meaningful Use	Exporting a C-CDA file and running it through the XDS toolkit should not produce any errors
14004	Outside Read	Outside read with exception is possible after study deletion
13312	PACS (eRAD) Integration	NullReference error in PACSFormHelper
14169	Patient Merge	Patient merge - preferred order of phone and email now associated with source patient
13861	Radiology Peer Review	Peer review button should not be available on the 'All peer review pending action WL' -> Peer review window.
5188	Radiology Reporting	"Delete previous list" and "delete next list" no longer supported M*Modal commands
11521	Radiology Reporting	Template editor - Assignments - Modality type, Procedures or Users Windows - Hitting the Cancel button actually saves the changes
13301	Radiology Reporting	Object reference error in Transcription/Editor screen
13805	Scanning	Scanned document association - patient level attachment changed to order level remains associated with other studies
6722	Scheduling	Site Group feature - fails to include Site Group in list in some cases
14018	Scheduling	Auto-fill of first name and last name for responsible party not working if Self is chosen and previous data present
13839	Service Tools - Installer	The db installation / upgrade program logs the user id and pw in plain text
13843	Service Tools - Installer	RIS DB Installer - Error when installing MU Data
6196	Thick Client GUI	Tech Status Change is not applied if the front desk has the study open
13988	Thick Client GUI	RIS marks some rows as "Modified" even when there are no changes
14035	Thick Client GUI	Out of Memory exception
13745	User Views	Order # column not visible with existing my views

11956	Patient Search	Combining an alternate first name and regular last name is not returning the expected search results
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KNOWN LIMITATIONS

The following are new bugs found in build 2.2016.4. Bugs reported in previous versions are not captured as Known Limitations in this document.

#	Category	Subject
14153	Digital Forms	When trying to delete a digital form question that already has saved answers, the displayed error message is missing clarifying text.
14170	Reception	When text already exists in responsible party but the relation is changed, the text remains the same (the only time change occurs is when self is the option and then name and family name changes).
14201	Patient Merge	Patient Merge preferred order phone number and email buttons are enabled and will raise an exception.
14222	Service Tools	The Edit window displays an error if tabs are closed.
14239	Forms	The Last Updated field is not updating in the Printing Criteria Grid.
14295	Meaningful Use	Exporting a C-CDA file and running it through the XDS toolkit produces errors related to Implant.
14296	Meaningful Use	Exporting a C-CDA file and running it through the XDS toolkit produces ethnic group errors if Ethnicity = Unknown.
14312	Scanning	Windows 10 – “Photos” application not compatible with "Print to eRAD RIS" feature.
14313	CD Import	Exception error logged when importing files from CD.
14321	CD Import	Loading From CD progress bar cut off in Windows 10.
14356	Outside Read	When creating an outside read, there is no validation on Exam Date.
14406	Citrix Bridge	When using RIS over Citrix, if RIS locks up unexpectedly, the user cannot terminate the session and gets an error instead.
14416	Radiology Reporting	QA Workflow - Send for Dictation and Close moves study to Report Drafted status.
14419	Image request	Image request window displays intermittent errors.
14424	Insurance Eligibility	Cannot remove eligibility override unless carrier is removed from "in use."
14426	Service Tools - Installer	Current core install issues - Windows 10.
14429	UI Look and feel	The log control Autotext inserts text after manually entered text even though the cursor was in front.
14487	Radar - Nudge	Nudge Impression and Report button do not work with PS360.

RIS RELEASE VERSION NUMBERS

Build	Patch	UI Version	Core Version	WS Version	DB Version	Digital Forms	Notes
2016.1	-	2.16.1.0.33419 (3GB)	2.16.1.0.33079	2.16.1.0.33419	2.16.1.0.33416		GUI.zip, Web Service, DB, Management Reports, Questionnaire and Citrix Bridge
2016.1	1	2.16.1.1.33672 (3GB)	2.16.1.0.33079	2.16.1.0.33419	2.16.1.0.33416		GUI.zip
2016.1	.0.1	2.16.1.0.1 (3GB)	2.16.1.0.33079	2.16.1.0.33419	2.16.1.0.33416		GUI.zip (This is not included in 2016.1.1, version directly above)
2016.1	.0.2	2.16.1.0.1 (3GB)	2.16.1.0.33079	2.16.1.0.2	2.16.1.0.33416		Wedge Web Services only
2016.1	.0.3	2.16.1.0.3 (3GB)	2.16.1.0.33079	2.16.1.0.3	2.16.1.0.3.00128918		GUI.zip, Web Services and DB
2016.1	.0.4	2.16.1.0.4 (3GB)	2.16.1.0.33079	2.16.1.0.4	2.16.1.0.3.00128918		GUI.zip, Web Services
2016.2	-	2.16.2.0 (3GB)	2.16.2.0	2.16.2.0	2.16.2.0.00172540		Full Version Release - GUI.zip, Web Service, DB, Management Reports, Questionnaire and Citrix Bridge
2016.2	1	2.16.2.1 (3GB)	2.16.2.0	2.16.2.0	2.16.2.0.00172540		GUI.zip and Citrix Bridge
2016.2	2	2.16.2.2 (3GB)	2.16.2.0	2.16.2.0	2.16.2.2.00243102		GUI.zip, DB and Citrix Bridge
2016.3	-	2.16.3.0 (3GB)	2.16.3.0	2.16.3.0	2.16.3.0.00257101	2.16.3.0	Full Version Release
2016.3	1	2.16.3.1	2.16.3.0	2.16.3.1	2.16.3.1.00298834	2.16.3.0	GUI.zip, Web Service and DB
2016.4	-	2.16.4.0	2.16.4.0	2.16.4.0	2.16.4.0.00301943	2.16.4.0	Full Version Release

CODE STREAM DIAGRAM

