

Clinicalvision

Customer Release Note

Release 5.3 R6 Update 2

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Version 1.0

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Clinical Computing (UK) Ltd, is an international developer of clinical information systems for the healthcare market, providing systems, services and training to customers throughout the world. For more information visit www.ccl.com

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1. Introduction

This document contains release notes for clinicalvision 5.3 R6u2.

1.1 Version Numbers

To establish the version of clinicalvision 5.3 R6u2 select “About” from the Help menu (see figure 1). The “About” screen will report the build label, build date and package versions 5.3.6.21939 R6 u2.



Figure 1 - About Screen

2. Summary of Contents of this Release

2.1 Clinicalvision 5.3 R6u2 Features

Authorised Providers & Locations

Erroneous entry of incorrect Providers and Locations on orders and services can adversely affect the accuracy of reported clinical data. This can result in inaccurate site comparisons, skewed reimbursement and incorrect registry returns.

When you raise an order for a service, by default **all** the Providers and Locations registered on the system are available for selection. This new feature enables a System Administrator to constrain this list by configuring 'authorised' providers and locations for specific service masters. Only those authorised providers and locations may then be selected on orders and services derived from those service masters.

Details can be found in the document Clinicalvision 5.3 R6u2 Authorised Providers Release Note_v1.0.pdf

Kt/V Labelling

For haemodialysis patients, clinicalvision shows two measurements of Kt/V – these are labelled 'Kt/V' and 'eKt/V'. They correspond to the two main measurements of haemodialysis dose calculated from blood results: 'single-pool Kt/V' and 'equilibrated Kt/V' respectively.

Haemodialysis machines equipped with Online Clearance Monitors can calculate Kt/V using a method called ionic dialysance. These OCM Kt/V values may approximate to blood-based values but only with accurate measurement of V. The Kt/V thus obtained is different from the simplified Kt/V obtained with usual formulas, although in all cases there is a good correlation between them.

In this release, Kt/V has been re-labelled spKt/V to indicate that it has been derived from the single-pool formula. Kt/V derived from an OCM will be labelled 'Ionic Kt/V' and will be shown in all places where spKt/V is displayed.

Details can be found in the document Clinicalvision 5.3 R6u2 KtV Labelling Release Note_v1.0.pdf

RBV%

The FMC5008 Machine Interface has been enhanced to support RBV% (meaning Relative Blood Volume %). The clinicalvision user interface and reporting warehouse has been changed to support this new value.

AUBURN, William : 201708091 : DOB 1949-01-15 (70 years) : Male

HD Flowsheet

Date: 2010-10-20 14:10
 Timing: Intradialytic
 Staff: FMC5008
 Access Transonic Value:

BP/HR

Weight: Sitting BP: Sitting HR: Height:
 Temperature: Standing BP: Standing HR:

Dialysis Machine Data

UFG: 1.4 BFR: 0 Anticoag Rate: 0 BV%/HCT: 30.9 **RBV%: 104.1**
 UFR: 481 DFR: 793 Anticoag Vol: 0.5 spKt/V: eKt/V: Ionic Kt/V: 0.27
 UFV Rem: 0.21 ArtP: -300 TMP: 30 Machine Temp: 35.9
 BVP: 10.5 VenP: 75 MAP: Conductivity: 13.7
 Alarm: 12
 Mach. Mode: 30335

Notes:

HD Flowsheet Details Dialog Showing RBV%

AUBURN, William : 201708091 : DOB 1949-01-15 (70 years) : Male

HD Flowsheet

HD Flowsheet (Machine Data)

Date	Time	Timing	Wt kq	sit BPS	sit BPD	sit HR	UFG	UFR	UFV Rm	BVP	BFR	DFR	ArtP	VenP	MAP	Anticoag Rate	Anticoag Vol	BV%/HCT	RBV%	spKt/V	eKt/V	Ionic Kt/V	TMP	Transonic
2010-10-20	13:50	Intradialytic					1.2	440	0.07	3.8	350	793	-215	170		1	0.1	34.5	97.5				15	
2010-10-20	14:00	Intradialytic					1.2	440	0.14	7.3	350	793	-245	165		1	0.3	31	103.9				10	
2010-10-20	14:10	Intradialytic					1.4	481	0.21	10.5	0	793	-300	75		0	0.5	30.9	104.1			0.27	30	
2010-10-20	14:15	Intradialytic		105	49	61	1.4	481	0.23	11.3	300	793	-180	140	67	1	0.5	30.9	104.1			0.29	15	
2010-10-20	14:25	Intradialytic					1.4	481	0.31	14.1	300	793	-175	140		1	0.7	31.2	103.6			0.37	15	
2010-10-20	14:35	Intradialytic					1.4	481	0.39	17.1	300	793	-175	140		1	0.9	31.1	103.8			0.44	20	
2010-10-20	14:44	Intradialytic		107	56	63	1.4	481	0.47	20	300	793	-175	135	76	1	1	31.7	102.6			0.51	20	
2010-10-20	14:54	Intradialytic					1.4	481	0.55	23	300	793	-175	140		1	1.2	31.7	102.6			0.59	20	
2010-10-20	15:04	Intradialytic					1.4	481	0.63	25.9	300	793	-175	150		1	1.3	31.8	102.5			0.68	15	
2010-10-20	15:14	Intradialytic		110	57	61	1.4	481	0.71	28.9	300	793	-180	145	74	1	1.5	31.9	102.2			0.77	20	
2010-10-20	15:24	Intradialytic					1.4	529	0.79	32	330	793	-200	160		1	1.7	32.1	101.9			0.86	20	
2010-10-20	15:34	Intradialytic					1.4	481	0.87	35.2	330	793	-200	160		1	1.8	32.4	101.4			0.95	15	

HD Flowsheet Showing RBV%

2.2 Issues Fixed in 5.3 R6u2

The 5.3 R6u2 release contains fixes for the following issues:

External ID	Description
201-00-599130	User is unable to archive audit data as the system has run out of JAVA memory
201-00-586977	User cannot save the observations grid to an Excel file
201-00-608877	User receives Java.lang.RuntimeException whenever she tries to archive audit data
201-00-614911	Having archived legacy audit trail data, when it is restored, the transaction time for all data is 00:00
201-00-617336	View column missing when exporting data via Workflow views screen
201-00-627851	Mirth error generated for Diamant incoming data when there is more than one line in the Special Procedures field
201-00-655461	When using a Subject Tray via the Patient List Basic Search, the Subject Tray is lost when returning to the home page

2.3 References for 5.3 R6u2

The 5.3 R6u2 release contains the following documentation, which can be found in the Docs folder of the media installation kit:

File Name	Description
Additional Machine Interface Parameters.pdf	<p>Additional Machine Interface Parameters</p> <p>This document details the changes that have been made to the Exalis machine interfaces and clinicalvision V 5.2.11 application to store and display additional parameters. Changes have been made to both the HD Flowsheet and Treatment Summary dialog.</p>

File Name	Description
ADT - Stopping Allergies without an A60 Message.pdf	<p>ADT Interface, stopping allergies without an A60 message.</p> <p>At sites where it is not possible to send A60 messages, this custom solution will provide the functionality of an A60 message, by use of AL1 segments within A01, A04, A08, A19, A28 and A31 messages.</p> <p>This solution should only be used where the sites ADT/PAS system is unable to send A60 messages.</p>
CanadianHealthCard.pdf	<p>Canadian Health Card Number</p> <p>This document describes details of the Canadian Health Card Number and its use within Clinicalvision.</p>
Changes to Audit Trail.pdf	<p>Clinicalvision Audit Trail Changes</p> <p>This document the change in the way that Audit data is selected and displayed, with the release Clinicalvision 5.211.</p>
Clinicalvision 5.3 R2u2 - Stop Field Security.pdf	<p>Clinicalvision guide to apply the STOP security right.</p> <p>This guide is only intended to help with the setting up of the STOP security right. It does not cover general security set-up via the SysAdmin package.</p>
Clinicalvision 5.3 R2u2 Transfer Wizard Changes.pdf	<p>Clinicalvision guide to the changes made to the Transfer Wizard.</p> <p>As a result of feedback from customers, the transfer wizard has been changed and this guide provides details of the change.</p>
Clinicalvision 5.3 R3 - Lab Result Units_v1.0.pdf	<p>Clinicalvision 5.3 R3 Lab Result Units</p> <p>This document provides information about the new Lab Result Unit changes to clinicalvision.</p>
Clinicalvision 5.3 R3 - Observations and Assessments_v1.0.pdf	<p>Clinicalvision 5.3 R3 Observation and Assessments</p> <p>This document contains details of the changes made to Observations and Assessments.</p>

File Name	Description
Clinicalvision 5.3 R3 - PD Order Enhancements_v1.0.pdf	<p>Clinicalvision 5.3 R3 PD Order Enhancements</p> <p>This document contains details of the enhancement that have been made to the PD Order user interface,</p>
Clinicalvision 5.3 R3 - QMS Billing Changes_v1.0.pdf	<p>Clinicalvision 5.3 R3 QMS Billing Changes</p> <p>This document contains details of the changes made to QMS Billing.</p>
Clinicalvision 5.3 R4 - Audit Trail_v1.0.pdf	<p>Clinicalvision 5.3 R4 Audit Trail</p> <p>This document details the enhancements made to the CV audit trail.</p>
Clinicalvision 5.3 R4 - Drug Wastage_v1.0.pdf	<p>Clinicalvision 5.3 R4 Drug Wastage</p> <p>This document details the changes to medication orders that allow for drug waste to be recorded.</p>
Clinicalvision 5.3 R4 - History of Primary Dialysis Access and Renal Modality_v1.0.pdf	<p>Clinicalvision 5.3 R4 - History of Primary Dialysis Access and Renal Modality</p> <p>This document details the enhancements made to clinicalvision, which means it is now possible to display the history of when a dialysis access or renal modality was primary.</p>
Clinicalvision 5.3 R4 - Mean Arterial Pressure_v1.0.pdf	<p>Clinicalvision 5.3 R4 - Mean Arterial Pressure</p> <p>This document details the changes to some dialysis machine interfaces, where mean arterial pressure is now processed and recorded.</p>
Clinicalvision 5.3 R4 - Multiple Isolation Status_v1.0.pdf	<p>Clinicalvision 5.3 R4 - Multiple Isolation Status</p> <p>This document details the changes to clinicalvision, which allows multiple isolations statuses to be recorded and displayed.</p>
Clinicalvision 5.3 R4 - NHS Number Verification Status_v1.0.pdf	<p>Clinicalvision 5.3 R4 - NHS Number Verification Status</p> <p>This document details the change made to clinicalvision in the UK locale which allows the NHS Number Verification Status to be recorded and displayed. (UK Locale Only)</p>

File Name	Description
Clinicalvision 5.3 R4 - Organizations_v1.0.pdf	<p>Clinicalvision 5.3 R4 – Organizations</p> <p>This document details the Organization enhancement added to Clinicalvision 5.3 R4 and the impact it has on various parts of the product.</p>
Clinicalvision 5.3 R4 - Patient Match Criteria - No Organizations_v1.0.pdf	<p>Clinicalvision 5.3 R4 - Patient Match Criteria</p> <p>This document details the changes to the New Subject wizard when creating a new patient, which allows the database to be searched for similar patients, to help avoid duplicate patients.</p>
Clinicalvision 5.3 R4 - Property Configuration_v1.0.pdf	<p>Clinicalvision 5.3 R4 - Property Configuration</p> <p>This document details how it is now possible to change whether a locale specific identifier is mandatory when creating patient records.</p>
Clinicalvision 5.3 R4U1 - CROWNWeb 5.1.3 Changes_v2.0.pdf	<p>Summary of CROWNWeb 5.1.3 Changes</p> <p>Guide to the change made in clinicalvision CROWNWeb Interface to support CROWNWeb 5.1.3.</p>
Clinicalvision 5.3 R4U1 - CROWNWeb Data Extract Guide_v4.0.pdf	<p>Clinicalvision guide for data sent to CROWNWeb 5.1.3</p> <p>This document contains the details of data that Clinicalvision sends to CROWNWeb.</p>
Clinicalvision 5.3 R5 - ADT Inbound Interface_v1.0_external.pdf	<p>Clinicalvision ADT Inbound Interface</p> <p>This document contains the details of the clinicalvision ADT Inbound Interface</p>
Clinicalvision 5.3 R5 - Advanced Search Common Filters_v1.0.pdf	<p>Clinicalvision Advance Search Common Filters</p> <p>This document contains details on how to set-up and use Advanced Search Common Filters</p>
Clinicalvision 5.3 R5 - Data Export_v2.0.pdf	<p>Clinicalvision Data Export</p> <p>This document contains details of the Data Export feature.</p>

File Name	Description
Clinicalvision 5.3 R5 - In-grid Lab Results Entry_v1.0.pdf	<p>Clinicalvision In-grid Lab Result Entry</p> <p>This document contains details of the In-grid Lab Results Entry feature.</p>
Clinicalvision 5.3 R5 - Inbound Document Interface_User_Guide_v1.0.pdf	<p>Clinicalvision Inbound Document Interface</p> <p>This document provided end-user information about the clinicalvision inbound document interface.</p>
Clinicalvision 5.3 R5 - Keyboard Shortcuts_v2.0.pdf	<p>Clinicalvision Keyboard Shortcuts</p> <p>This document provides details of the expanded keyboard shortcuts provided in R5 and the existing keyboard shortcuts.</p>
Clinicalvision 5.3 R5 - MBI and Billing Acc No. Changes_v1.0.pdf	<p>Clinicalvision MBI and Billing Account No. Changes</p> <p>This document provides details of the changes made to support MBI numbers and the ability to match on Billing Account number.</p> <p>(US Locale Only)</p>
Clinicalvision 5.3 R5 - Outbound Document Interface_User_Guide_v1.0.pdf	<p>Clinicalvision Outbound Document Interface</p> <p>This document provided end-user information about the clinicalvision outbound document interface.</p>
Clinicalvision 5.3 R5 - Patient Merge_v1.0.pdf	<p>Clinicalvision Patient Merge</p> <p>This document provides details on how to set-up and use Patient Merge.</p>
Clinicalvision 5.3 R5 - Progress Note Editor_v1.0.pdf	<p>Clinicalvision Progress Note Editor</p> <p>This document provides detail on how to set-up and use the new Progress Note Editor.</p>
Clinicalvision 5.3 R5 - Workflow Buttons_v1.0.pdf	<p>Clinicalvision Workflow Buttons</p> <p>This document details the change made to Workflow Buttons.</p>
Clinicalvision 5.3 R5u1 - HD Machine Settings Interface UI changes_v1.0.pdf	<p>Clinicalvision HD Machine Settings Interface UI Changes.</p> <p>This document provides details about the changes that have been made to the HD Order Machine Settings.</p>

File Name	Description
Clinicalvision 5.3 R6 - Adverse Reactions.pdf	<p>Adverse Reactions and Allergies</p> <p>This document provides details about the adverse reaction and allergies.</p>
Clinicalvision 5.3 R6 - Duplicate Service Alerts.pdf	<p>Duplicate Service Alerts</p> <p>This document provides details about the duplicate service alerts.</p>
Clinicalvision 5.3 R6 - Inactive Providers Locations Dialyzers.pdf	<p>Inactive Providers, Locations and Dialyzers</p> <p>This document provides details about how providers, locations and dialyzer can now be made inactive.</p>
Clinicalvision 5.3 R6 - New Home Page Layout.pdf	<p>New Home Page Layout</p> <p>This document contains details about the new home page layout changes in clinicalvision.</p>
Clinicalvision 5.3 R6 - Quick Reference Templates.pdf	<p>Quick Reference Templates</p> <p>This document contains details about the quick reference template feature in clinicalvision.</p>
Clinicalvision 5.3 R6 - Signature on File Default.pdf	<p>Signature on File Default</p> <p>This document contains details of the changes made to signature on file.</p>
Clinicalvision 5.3 R6u2 - Installation_Guide_v2.0.pdf	<p>Clinicalvision 5.3 R6u2 Installation Guide</p> <p>This document contains the deployment information for Clinicalvision 5.3 R6u2.</p>
Clinicalvision 5.3 R6u2 Authorised Providers Release Note_v2.0.pdf	<p>Clinicalvision 5.3 R6u2 Authorised Providers Release Note</p> <p>This document describes the new feature that allow system administrators to configure authorised providers.</p>
Clinicalvision 5.3 R6u2 KtV Labelling Release Note_v2.0	<p>Clinicalvision 5.3 R6u2 Kt/V Labelling Release Note</p> <p>This document provides the details made to clinicalvision in relation to Kt/V</p>

File Name	Description
Clinicalvision Guide to CROWNWeb Deferred Responses.pdf	<p>Clinicalvision Guide to CROWNWeb Deferred Responses</p> <p>This document is intended as a guide to identify data issues that result in deferred responses, which indicate errors or warnings following a submission to CROWNWeb.</p>
clinicalvision V 5.2.11 Reporting Warehouse Changes.pdf	<p>Clinicalvision Reporting Warehouse Changes</p> <p>This document is intended to highlight changes that have been made to the Reporting Warehouse.</p>
clinicalvision V 5.2.12 Reporting Warehouse Changes.pdf	<p>Clinicalvision Reporting Warehouse Changes</p> <p>This document is intended to highlight changes that have been made to the Reporting Warehouse.</p>
Clinicalvision V 5.3 New Features.pdf	<p>Clinicalvision Version 5.3 New Features</p> <p>This document contains details of the new features provided by clinicalvision 5.3 releases.</p>
Clinicalvision52NewFeatures.pdf	<p>Clinicalvision Version 5.2 New Features</p> <p>This document contains details of the new features provided by clinicalvision 5.2 releases.</p>
ClinicalvisionV_SSLCertificate.pdf	<p>Clinicalvision SSL Certificate guide</p> <p>This document contains details of configuring SSL certificates within Clinicalvision Server.</p>
Clinicalvision_5.3_CROWNWeb4.9_immunization_changes.pdf	<p>Clinicalvision 5.3 R2 CROWNWeb 4.9 Guide</p> <p>This document contains details of the pneumococcal and influenza vaccination Changes in CROWNWeb 4.9</p>
Clinicalvision_5.3_R2_Medication Orders Interface	<p>Clinicalvision 5.3 R2 Medication Orders Interface</p> <p>This document contains details of the Medication Orders Interface</p>

File Name	Description
Clinicalvision_5.3_R2_Scheduling Enhancements.pdf	<p>Clinicalvision 5.3 R2 Scheduling Enhancements</p> <p>This document contains details of the enhancements made to scheduling in Clinicalvision.</p>
clinicalvision_5_2_3_Patient ID.pdf	<p>clinicalvision Version 5.2.3 Patient ID Line user guide</p> <p>This document contains details of the new Patient ID line features provided in clinicalvision 5.2.3.</p>
clinicalvision_5_2_4_PrivateCodeSetChanges.pdf	<p>clinicalvision Version 5.2.4 Private Code set changes</p> <p>This document contains details of the private code set changes provided in clinicalvision 5.2.4.</p>
Clinicalvision_V_5_2_2_Document Template User Guide.pdf	<p>clinicalvision Version 5.2.2 Document Template User Guide</p> <p>This document contains details of the new Document template feature provided in clinicalvision 5.2.2.</p>
Clinicalvision_V_Diagnostic_Study_Interface.pdf	<p>Diagnostic Study Interface</p> <p>This document describes the Diagnostic Study Interface, which allows the processing of ORU (Unsolicited Observations, event R01) messages much like the existing Clinicalvision Lab Interface. However, the result will generate a diagnostic study record rather than a lab result.</p>
Clinicalvision_V_PAS_ADT_Interface_A19_Query.pdf	<p>Clinicalvision V PAS/ADT A19 Query Interface</p> <p>This document describes the A19 Query Interface, which offers a more interactive approach to retrieving the latest patient demographic data from a hospital PAS/ADT system, with the introduction of A19 Query support.</p>

File Name	Description
CROWNWeb Pain Assessment_Depression Screening.pdf	<p>Clinicalvision 5.3.0 R1 Documenting 'Pain Assessment and Follow-Up, and 'Clinical Depression Screening and Follow-Up' in clinicalvision</p> <p>This document describes how to document pain assessment and follow-up and clinical depression screening and follow up in clinicalvision, needed to be able to submit this data to CROWNWeb.</p>
CROWNWebDrugNameMapping.pdf	<p>CROWNWeb Drug Name Mapping</p> <p>With the release of Clinicalvision 5.2.22., it is now possible to map drugs listed in either the CV Formulary or Site Formulary Drug Database, to one of the accepted CROWNWeb ESA agents values ("Epoetin alfa", "Epoetin beta", "Darbepoetin alfa", or "Other"). For example, if a patient's ESA drug changes due to a brand name change, it is possible to map both the old and new brand name values to the same value using one of the accepted ESA agent values.</p>
cvDW Data Dictionary_AU.pdf cvDW Data Dictionary_BE.pdf cvDW Data Dictionary_CA.pdf cvDW Data Dictionary_GB.pdf cvDW Data Dictionary_GB_SC.pdf cvDW Data Dictionary_NZ.pdf cvDW Data Dictionary_US.pdf	<p>Clinicalvision Data Warehouse Data Dictionary</p> <p>This document provides the data dictionary for the clinicalvision Data Warehouse (please see locale specific data dictionary).</p>
CV_CMS__PPS_UserGuide_v2.0.pdf	<p>Describes the changes that have been made to CV4 and cv 5.3 to support the CMS Prospective Payment System (otherwise known as „bundling“).</p>
Euclid overview_UK_V2.pdf	<p>EUCLID Overview for UK Customers</p> <p>This document provides an overview of the Euclid interface support in Clinicalvision.</p>

File Name	Description
Importing Dialysis Machine Data - Therapy Monitor.pdf	<p>Importing Dialysis Machine Data into Clinicalvision from the Fresenius Therapy Monitor System</p> <p>Documents how to import machine data into Clinicalvision from the Therapy Monitor dialysis machine interface.</p>
MIMS-monthly-update-v4.pdf	<p>Technical guide to updating MIMS data</p>
MIMSUserGuide.pdf	<p>User guide to using MIMS Medication in clinicalvision</p>
RIXGRenalPatientViewReleaseNotes.pdf	<p>Clinicalvision Renal PatientView Release Notes</p> <p>This document contains release information about the Renal PatientView (RIXG) interface as well as installation instructions.</p> <p>(UK Locale Only)</p>
UKRR_Interface_User_Guide_v5.0.pdf	<p>Clinicalvision UK Renal Registry Interface User Guide</p> <p>This document provides information about the use of the Clinicalvision UKRR Interface.</p> <p>(UK Locale Only)</p>
UKTMgmtUserGuide_CV5.pdf	<p>Clinicalvision UKT Reporting</p> <p>This document provides setup and user guide information for the clinicalvision UKT (UK Transplant) interface.</p> <p>(UK Locale Only)</p>

3. Summary of Contents of Previous Releases

3.1 Clinicalvision 5.3 R6u1 Features

Introduction

Clinicalvision 5.3 R6 u1 has been released to support ORRS R8, used by our Canadian customers.

Access Infection Updates

The ORN ORRS Reporting R8 specification introduces catheter-related bacteremia (CRB) and peritonitis rates (PD) infection data reporting. This will allow the ORN to gain insights into performance and system capacity, and to transition from current manual reporting. Previous releases of ORRS have not included any requirement to capture and submit infection data.

Vascular Access Infection Record

The Vascular Access Infection Record view has been extended to allow recording of two blood culture sets in both the 'Vascular Access Infection' and 'Other Site Infection' sections as shown below:

SMOAK, Felicity : 201811091 : DOB 24.07.1991 (28 years) : Female

Vascular Access Infection Details

Start Date: 07.08.2019 Stop Date: [] Dialysis Provider: CLINICALCOMPUTING DIALYSIS CENT Station: [] Machine #: [] Staff: <Autocompleted on save>

Vascular Access: Fistula (Left: Thigh) Infection Status: New Episode Event: []

Vascular Access Infection

Type: [] Symptoms: [] Other Symptoms: []

Associated Infections: Tunnel Exit Site

First Set Culture Obtained?: [] Culture: [] Culture Site: [] Primary Organism: [] Notes: []

Second Set Culture Obtained?: [] Culture: [] Culture Site: [] Primary Organism: [] Notes: []

Other Site Infection

Other Site Infection

Other Infection Type: [] Other Symptoms: []

First Set Culture Obtained?: [] Culture: [] Culture Site: [] Primary Organism: [] Notes: []

Second Set Culture Obtained?: [] Culture: [] Culture Site: [] Primary Organism: [] Notes: []

Timeline Event

Infection

Fistula

Add Vascular Access

Add Episode Event

Add Medication Rx

Add/Link Diagnostic Test

Link Lab Results

Ok Cancel

The infection status drop-down list values (code set) have been updated to be compatible with the ORRS terminology and reporting requirements:

- a) An additional value of 'Relapsing' has been added.
- b) Recurrence has been marked as deleted and a new equivalent value of 'Recurrent' has been added.

In the Canadian Locale only, the Primary Organism drop-down list has been updated to reflect the ORN ORRS list of organisms. The list of values is as follows:

- 1 - Acinetobacter species
- 2 - Culture-Negative Bacteremia
- 3 - E. Coli
- 4 - Klebsiella species
- 5 - Multiple organisms
- 6 - Pseudomonas species
- 7 - S. epidermidis / coagulase negative staph.
- 8 - S. Aureus, methicillin sensitive (select this if not MRSA)
- 9 - S. Aureus, methicillin resistant (MRSA)
- 10 - Serratia species
- 11 - Strep. Species
- 12 - Yeast / fungus
- 99 - Other, Specify in Notes
- 100 - Not Done

Any pre-existing values in the drop-down (code set) list have been marked as deleted.

PD Access Infection Record

The following changes are required to the infection Status drop-down for compatibility with ORRS terminology and reporting requirements.

The drop-down should display the following values:

- New
- Recurrent
- Refractory
- Relapsing
- Repeat

Reporting Warehouse Changes

The following new columns have been added to the PatientVascularAccessInfections view to reflect the newly added fields on the user interface:

- CultureNotes
- 2ndSetCultureObtained
- 2ndSetCultureNotes
- 2ndSetPrimaryOrganism
- OtherSiteCultureNotes
- OtherSite2ndSetCultureObtained
- OtherSite2ndSetPrimaryOrganism
- OtherSite2ndSetCultureNotes
- AssociatedTunnelInfection
- AssociatedExitSiteInfection

...and the following new view definitions have been added:

- PatientVascularAccess2ndSetInfectionCultures
- PatientVascularAccess2ndSetOtherInfectionCultures
- PatientVascularAccessInfectionCultureSites,
PatientVascularAccess2ndSetInfectionCultureSites,
PatientVascularAccessOtherInfectionCultureSites and
PatientVascularAccess2ndSetOtherInfectionCultureSites to match the
PatientVascularAccess*InfectionCultures views

We have also added the DialysisProviderObjectID to complement the DialysisProvider name on the PatientInfections views.

3.2 Clinicalvision 5.3 R6 Features

Introduction

Clinicalvision 5.3 R6 includes several new features including:

- Patient and Staff Overview templates
- Duplicate Order and Service Alerts
- Adverse reaction Alerts
- Enhancements to Home Page Layout
- Provider and Location
- Evaluations Data Entry
- Appointment Notes
- Improvements to consistency between Views, Shortcuts and Navigation options

Clinicalvision 5.3 R6 also includes several fixes for customer raised bugs.

Inactive Providers, Locations and Dialyzers

Clinicalvision, by design, does not allow Providers, Locations or Dialyzers that have been used on clinical records to be deleted as this would modify the historical records that reference them. As a result, you cannot remove providers, locations or dialyzers from the system when they are no longer in use.

To overcome this, Start and Stop Dates have been added to Provider records, and an Active/Inactive flag to Location and Dialyzer records. Provider records with a stop date earlier than the current date and Location or Dialyzer records marked as inactive will be hidden by default on all provider, location and dialyzer selection screens.

More details can be found in the document Clinicalvision 5.3 R6 – Inactive Providers, Locations and Dialyzers_v1.0.pdf

Signature on File Default

The 'Signature on File' status on an order indicates a requirement for the order to be verified by a third party, that is, a person other than the staff member named in the 'Ordered By' field or the staff member whose PIN was used to save the order.

A new 'Assume Signature on File' option has been added to the System Defaults so that a default of True or False can be set for all Service Masters of a type. In addition, an 'Assume Signature on File' field has been added to the Service

Master so that all orders for a particular service can have their own default setting, which may be different from the system default.

The 'Signature on File' option on an individual order is unchanged from previous releases.

More details can be found in the document Clinicalvision 5.3 R6 – Signature on File Default_v1.0.pdf

Adverse Reactions

Adverse reactions - distinct from, and in addition to Allergic reactions – can be recorded from the **Diagnosis and Problem List – Allergies/Adverse Reactions** navigation. Like allergies, these will be indicated in the Patient's subject header, on medical orders and reports and when raising orders, or documenting administrations for drugs to which an adverse reaction has been reported.

The message is advisory only and will not prevent you from saving the order or administration record, nor will it warn of issues such as drug-to-drug interactions, contra-indications, other drugs prescribed in the same medication group and so on.

More details can be found in the document Clinicalvision 5.3 R6 – Adverse Reactions and Allergies_v1.0.pdf

Duplicate Order and Service Alerts

An advisory message will be displayed where an order is created (or a stopped order restarted) for a service for which the patient already has an open order, or when saving an administration record with a date that is the same as an existing administration of the same service.

More details can be found in the document Clinicalvision 5.3 R6 – Duplicate Service Alerts_v1.0.pdf

Quick Reference Templates

A Quick Reference Template can be created to show a set of details or relevant text relating to a selected patient or, where no patient has been selected, the currently logged-on user. Templates are defined using the new Quick Reference Template Manager feature in clinicalvision's System Setup navigation. Individual templates can then be assigned as available for selection to specific user roles.

Quick Reference (overview) templates can be used in one of two ways:

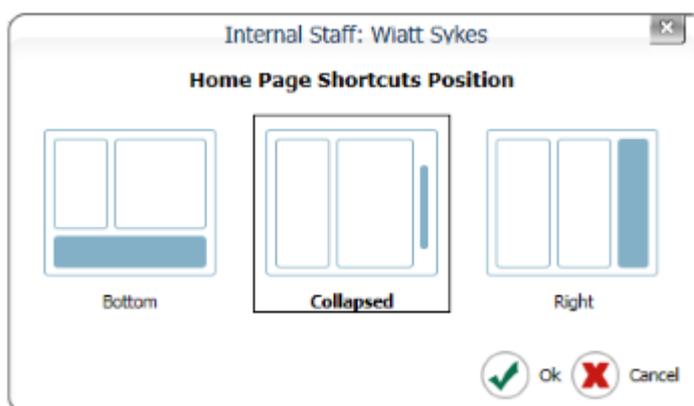
- embedded on the Home Page
- included in Workflow pages.

In the first case, an administrator or user will be able to choose which of the templates, assigned to their role, to use as the default Home Page overview. In the second case, users with the appropriate permission can incorporate Quick Reference templates into new or existing workflows.

More details can be found in the document [Clinicalvision 5.3 R6 – Quick Reference Templates_v1.0.pdf](#)

Home Page Layout

The Home Page shows a list of patients and a customized view of your ‘favorite’ Places, Workflows, Reports and Links together with an overview of the currently selected patient (or currently logged-on staff) details. To make best use of the Home Page area, a new Layout option has been added to the User Preferences menu. By selecting this option, you will be able to choose how the different elements of the Home Page are displayed:



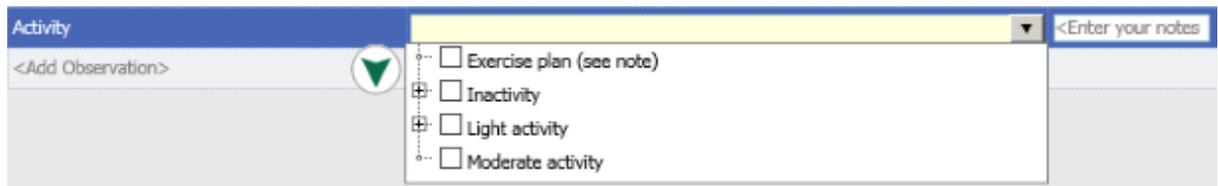
The initial appearance of the Home Page will depend on the currently applied Layout option, the selected overview and whether or not the navigation panel is shown to the left of the screen.

More details can be found in the document [Clinicalvision 5.3 R6 – New Home Page Layout](#)

Evaluations Data Entry

Assessments, Observations and Evaluations can be selected from several different record types in the application, for example administration records, progress notes and physical exams.

To reduce the number of 'clicks' required when entering evaluations for a multiple selection field on an Assessment and Observations screen, a 'Next Observation' button has been added that is displayed to the left of the list of evaluations:



Click on this button to proceed directly to the next row (field) without having to click to close the current field or to open the next field for input.

The observation detail edit (opened by double-clicking on the field) has also been improved so that the list for both multiple and single selection evaluations is displayed open by default:

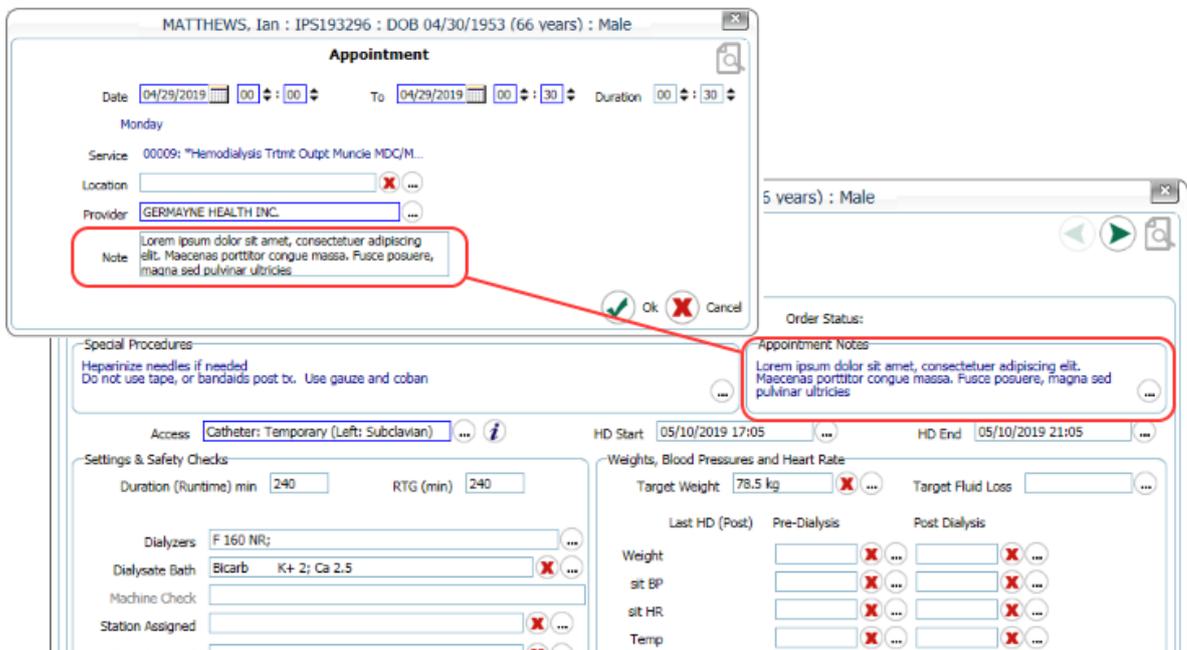


Appointment Notes

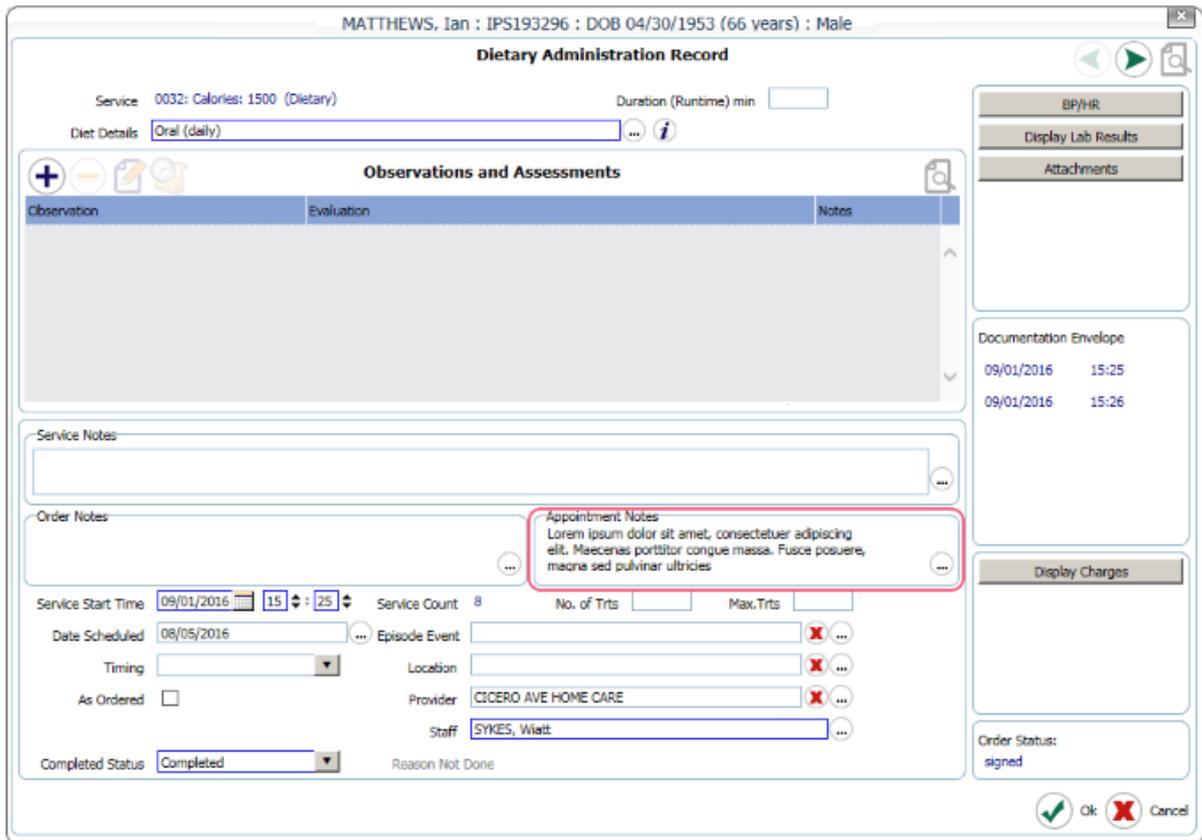
A new read-only 'Appointment Notes' field has been added to the administration records for the following order types:

- Medication and Immunization
- Diagnostic study/test
- Blood product
- Dietary
- Consultation
- Adhoc
- Care team encounter
- Hemodialysis
- Peritoneal Dialysis
- Apheresis

This is to allow a handover note, recorded on an appointment record, to be carried over to the service record at the time of administration. The following illustration shows the relationship between the Notes field on the appointment record and the Appointment Notes field on the administration record for a hemodialysis record:



For service types other than Hemodialysis and Medications, the Appointment Notes field on the administration record will be displayed to the right of the Order Notes field (underneath the Service Notes):



3.3 Clinicalvision 5.3 R5u1 Features

Introduction

Clinicalvision 5.3 R5u1 includes two new bi-directional dialysis machine interfaces, these being Diamant (Nipro Dialysis Machines) and Therapy Monitor.

Clinicalvision 5.3 R5u1 also includes several fixes for customer raised bugs.

Bi-directional Diamant Machine Interface

The clinicalvision Diamant/Nipro Bi-directional Interface has been developed to provide support for Nipro dialysis machines via the Diamant EMR system.

The clinicalvision 5.3 Diamant/Nipro interface supports both the *import* of dialysis data into clinicalvision from the Diamant EMR system and the *export* of dialysis prescription data from clinicalvision to the Diamant EMR system.

More details can be found in the document Clinicalvision 5.3 R5u1 – Diamant_Nipro Bi-directional Interface_v1.0.pdf

Bi-directional Therapy Monitor Interface

The clinicalvision Therapy Monitor Bi-direction Interface has been developed to provide support for Fresenius 4008 and 5008 dialysis machines via the Therapy Monitor system.

The clinicalvision 5.3 Therapy Monitor interface supports both the *import* of dialysis data into clinicalvision from Therapy Monitor and now the *export* of dialysis prescription data from clinicalvision to Therapy Monitor.

More details can be found in the document Clinicalvision 5.3 R5u1 – Therapy Monitor Bi-directional Interface_v1.0.pdf

3.4 Clinicalvision 5.3 R5 Features

Introduction

Clinicalvision 5.3 R5 includes several new features including:

- Patient Merge
- Enhancements to Advanced Search
- Enhancements to Medicare MBI support
- In-grid Lab Result Entry
- Keyboard shortcuts
- Workflow buttons enhancement
- Progress Note Editor
- Document Centre – inbound and outbound document interfaces
- An update to the UKRR Code Sets

Clinicalvision 5.3 R5 also includes several fixes for customer raised bugs.

Patient Merge

The Patient Merge feature allows two clinicalvision patient records to be combined where duplicate records have been identified. A Merge Instruction record is created, in which one patient must be designated Primary and the other Secondary; the details from the secondary record will be merged into the primary record, according to the following rules:

- The Primary and Secondary patient records must have the same Patient Name (first name and second name), Date of Birth and gender.
- Both the Primary and Secondary records must either be flagged as on-hold, or not on-hold.
- Where a field can have only one value at a time (for example, Medical Record Number, Marital Status or Kidney Function), the value from the designated

Primary patient record will be retained, and the secondary value will be ignored unless the Primary record has no current value, in which case the secondary record will be used.

- Where a field (for example, Language or Citizenship) or a record (for example Medication Orders or Lab Results) can take multiple values, the patient data from the Secondary record will be appended to that of the Primary.
- Where a field or record can take multiple values, but only one can be designated primary, the primary value from the Primary patient record will take precedence if present and the primary value from the secondary record will be appended as an additional value. If there is no such value on the Primary patient record, the secondary record value will be used.

Merge records can be created manually, by selecting the **Patient Merge** option from the **Patient Management – Administration** navigation, or by submitting an A40 HL7 message through the ADT Interface.

More details can be found in the document [Clinicalvision 5.3 R5 - Patient Merge_v1.0.pdf](#)

Advanced Search Enhancements

The release of clinicalvision 5.3 R5 introduces the **Common Filter** to Advanced Search. The Common Filter is a search that can be shared amongst different users.

More details can be found in the document [Clinicalvision 5.3 R5 - Advanced Search Common Filters_v1.0.pdf](#)

Data Export

As a result of the enhancements made to the Advanced Search, you can now export the data from grid displays wherever you see the 'Export Data' button (top right of the column headers):



When you click on the 'Export Data' button, all the data in the grid, with the current sort order and filters applied, will be exported into a new window where you can constrain the display to just the values of interest and/or change the sort order. You can send the displayed data directly to a printer, export it as a pdf (Portable Document Format) file or Microsoft Excel worksheet. Alternatively, copy the data into the clipboard and paste into an application of your choice.

More details can be found in the document [Clinicalvision 5.3 R5 - Data Export_v1.0.pdf](#)

The following clinicalvision configuration changes referred to below, if required, are to be carried out by CCL Support Only.

By default, the export will include any fields that are defined in the advanced search. In the example below the export grid will include Primary Renal Modality, Age and Sex.

Hemodialysis - Males over 40

Match all of the following rules:

Primary Renal Modality	is	Hemodialysis	-	+	..
Age	greater than	40	-	+	..
Sex	is	Male	-	+	..

Active patients only

Order by

Direction

Filter name:

Renal Patient Advanced Search Hemodialysis - Males over 40

Columns Copy Export to Excel Export to PDF Print

Person Name	Modality	Medical Record Number	Primary Renal Modality	Age	Sex
ABBOTT, Alan	Hemodialysis	142743	Hemodialysis	62	Male
ACEVEDO, Emilio	Hemodialysis	X00067177636	Hemodialysis	72	Male
ALFORD, Hoyt	Hemodialysis	X00076636345	Hemodialysis	71	Male
ALSTON, Sigmund	Hemodialysis	X00028520183	Hemodialysis	91	Male
ANGEL, Darius	Hemodialysis	M006628082	Hemodialysis	56	Male
ANGEL, Raphael	Hemodialysis	X005528082	Hemodialysis	69	Male
BANKS, Justin	Hemodialysis	142817	Hemodialysis	41	Male
BARRERA, Barrie	Hemodialysis	X00083633340	Hemodialysis	63	Male
BATES, Martin	Hemodialysis	20100108_06	Hemodialysis	69	Male
BAUER, Bud	Hemodialysis	X00058218174	Hemodialysis	56	Male
BENDER, Emlyn	Hemodialysis	X00029463526	Hemodialysis	62	Male
BERG, Nefen	Hemodialysis	X00015750523	Hemodialysis	70	Male
BISHOP, Penn	Hemodialysis	X00044583004	Hemodialysis	45	Male

Exported by Technical Administrator CURTIS, Paul at 11:02 on 06/27/2018

However, at some sites this may not be desired, so it is possible to configure the export to exclude the fields included in the advance search. This configuration is site wide and for the change to take place it will be necessary to restart the clinicalvision application server.

Once the restart has been completed, using the advanced search detailed above will result in the following export grid, which displays only the default data fields shown in the grid in clinicalvision.

Renal Patient Advanced Search Hemodialysis - Males over 40

Columns Copy Export to Excel Export to PDF Print

Person Name	Modality	Medical Record Number
ABBOTT, Alan	Hemodialysis	142743
ACEVEDO, Emilio	Hemodialysis	X00067177636
ALFORD, Hoyt	Hemodialysis	X00076636345
ALSTON, Sigmund	Hemodialysis	X00028520183
ANGEL, Darius	Hemodialysis	M006628082
ANGEL, Raphael	Hemodialysis	X005528082
BANKS, Justin	Hemodialysis	142817
BARRERA, Barrie	Hemodialysis	X00083633340
BATES, Martin	Hemodialysis	20100108_06
BAUER, Bud	Hemodialysis	X00058218174
BENDER, Emlyn	Hemodialysis	X00029463526
BERG, Nefen	Hemodialysis	X00015750523
BISHOP, Penn	Hemodialysis	X00044583004

Exported by Technical Administrator CURTIS, Paul at 11:50 on 06/27/2018

Medicare Beneficiary Identifier & Billing Account Number Changes

(US Locale Only)

Medicare Beneficiary Identifier

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status.

With this release, the MBI number can be processed via the ADT Interface (inbound and outbound). The MBI number will be received in PID-3 (Patient Identifier List). The MBI number will be located in PID-3's list of identifiers using the Type Code (ID) of 'MBI'.

The QMS Billing Interface has also been updated, and the MBI number will be placed into PID-20, as per the latest QMS Focus message specification.

Billing Account Number

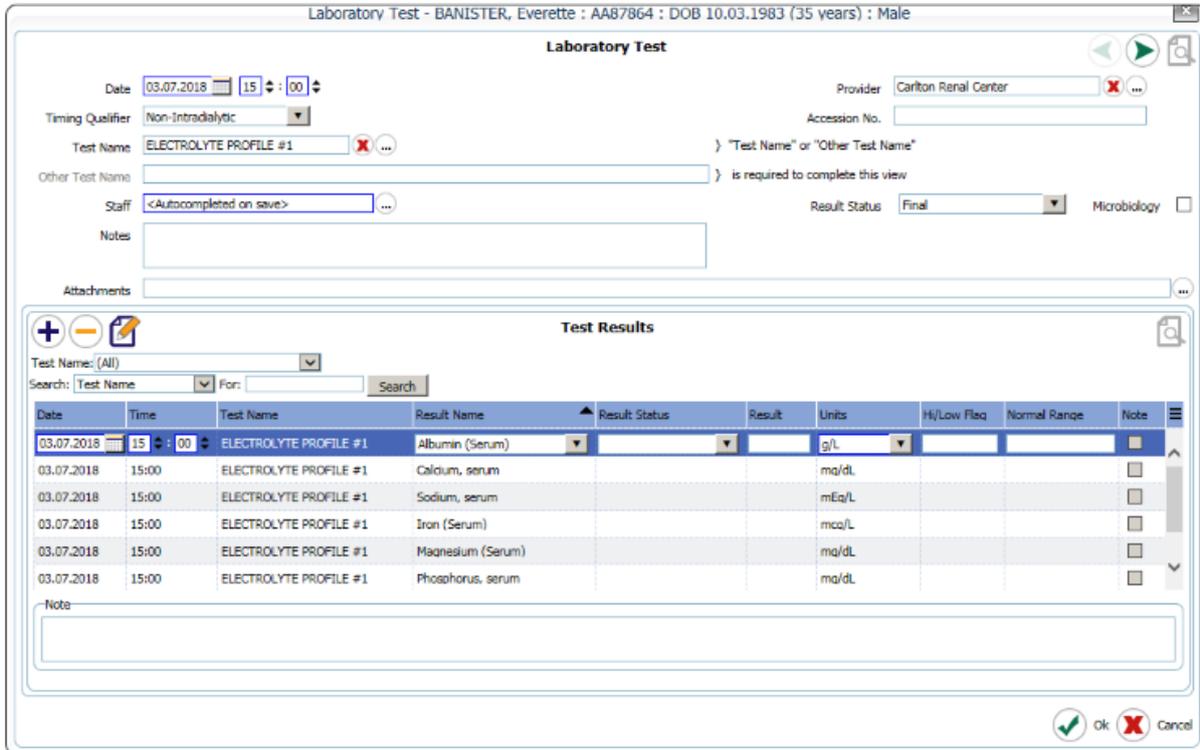
The clinicalvision ADT (outbound) and Lab Interfaces have been updated to allow patient record matching using billing account number.

This change means that Social Security Number no longer has to be the primary patient identifier.

More details can be found in the document *Clinicalvision 5.3 R5 - MBI and Billing Acc No. Changes_v1.0.pdf*

In-grid Lab Result Entry

With the release of clinicalvision 5.3 R5, it is now possible to enter lab results data directly into a grid rather than having to open a details dialog for each result.



Date	Time	Test Name	Result Name	Result Status	Result	Units	Hi/Low Flag	Normal Range	Note
03.07.2018	15:00	ELECTROLYTE PROFILE	Albumin (Serum)			g/L			

More details can be found in the document [Clinicalvision 5.3 R5 - In-grid Lab Results Entry_v1.0.pdf](#)

Keyboard Shortcuts

The keyboard shortcut support in clinicalvision 5.3 R5 has been expanded with the intention of allowing users to enter data more quickly and reduce the number of mouse clicks required to complete a task.

More details can be found in the document [Clinicalvision 5.3 R5 - Keyboard Shortcuts_v2.0.pdf](#)

Workflow buttons

Changes have been made to the workflow screens to aid general usability. The changes include:

- Reduction in the amount of scrolling required to access the workflow navigation buttons when viewing workflow pages containing multiple stacked views.

- The ability to save the workflow at any step and exit the workflow

More details can be found in the document *Clinicalvision 5.3 R5 - Workflow Buttons_v1.0.pdf*

Progress Note Editor

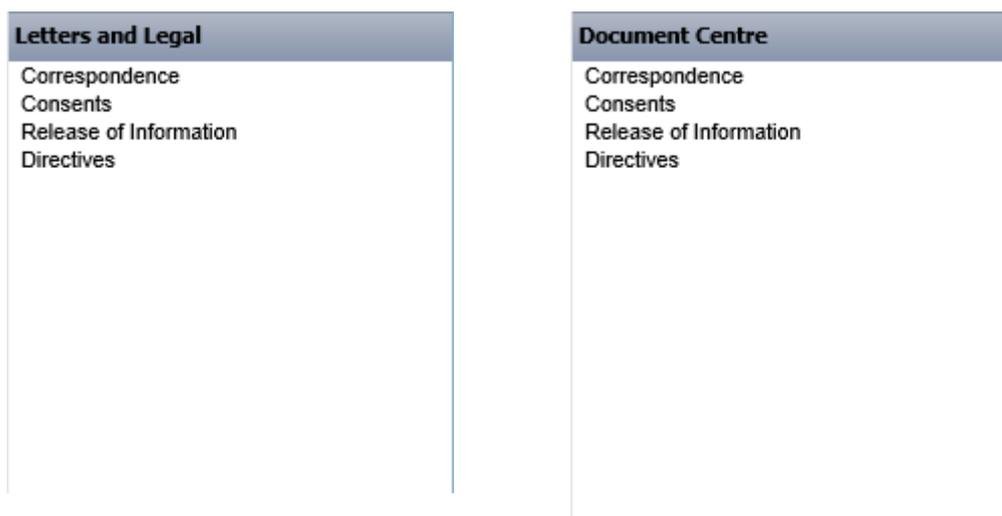
The Progress Note Editor workflow view allows progress notes to be created, edited and deleted without the need to display the 'detail edit' view accessed from the Progress Notes option of the **Patient Management – Observations** navigation.

The view can be added to a workflow in the same way as any other view or it can be added to your Home Page 'Places'.

More details can be found in the document *Clinicalvision 5.3 R5 - Progress Note Editor_v1.0.pdf*

Document Centre

The release of Clinicalvision 5.3 R5, sees the **Letters and Legal** navigation renamed Document **Centre/Document Center**.



This name change has been made to indicate that all document related navigations are now located in the same navigation. For example, customers who have already purchased the clinicalvision Document Management module or for those customers who purchase the new Document Interface module (available with the release of Clinicalvision 5.3 R5), the navigation associated with these additional modules will be located within the Document Centre navigation.

UKRR Code Set Update

The UKRR Code Set has been updated to reflect some of the changes requested by UKRR in the v4.2 data set.

This change will only impact customers in the UK.

***More details can be found in the document
UKRR_Interface_User_Guide_v5.0.pdf***

Outbound Document Interface

(Additional Module to be Purchased Separately)

An Outbound Document Interface module has been created to allow the exchange of information between clinicalvision and other third-party software in use by a healthcare facility. The Outbound Document Interface has been developed to the HL7 standard used for clinical and administrative data exchange. The interface can be configured to send to multiple destinations, convert certain document types to PDF and also send the document directly to a printer.

Inbound Document Interface

(Additional Module to be Purchased Separately)

An Inbound Document Interface module has been created to enable documents to be sent to clinicalvision for a specific patient, from an external source. The Interface has been developed to the HL7 standard used for both clinical and administrative data exchange. An optional setting allows all the Care Givers associated with that patient, together with the patient's assigned nephrologist (consultant), to be notified when a document has been received, when they next log in to clinicalvision.

Please note:

- A. With the release of clinicalvision 53 R5 all Transplant Staff that are selected as a Donor or Recipient consultant that are not already Medical Staff are made into Medical Staff as part of the upgrade.
- B. The use of Ctrl+Shift+<n> to move between tabs on tabbed dialogs, is not supported using the keyboard numeric keypad. Due to the way web browsers interpret the key combination, it is not possible to support the numeric keypad.

3.5 Clinicalvision 5.3 R4u2 Features

Introduction

Clinicalvision 5.3 R4u2 is primarily a release to fix issues identified in the initial release and subsequent update releases of Clinicalvision 5.3 R4.

No new features have been added to this release.

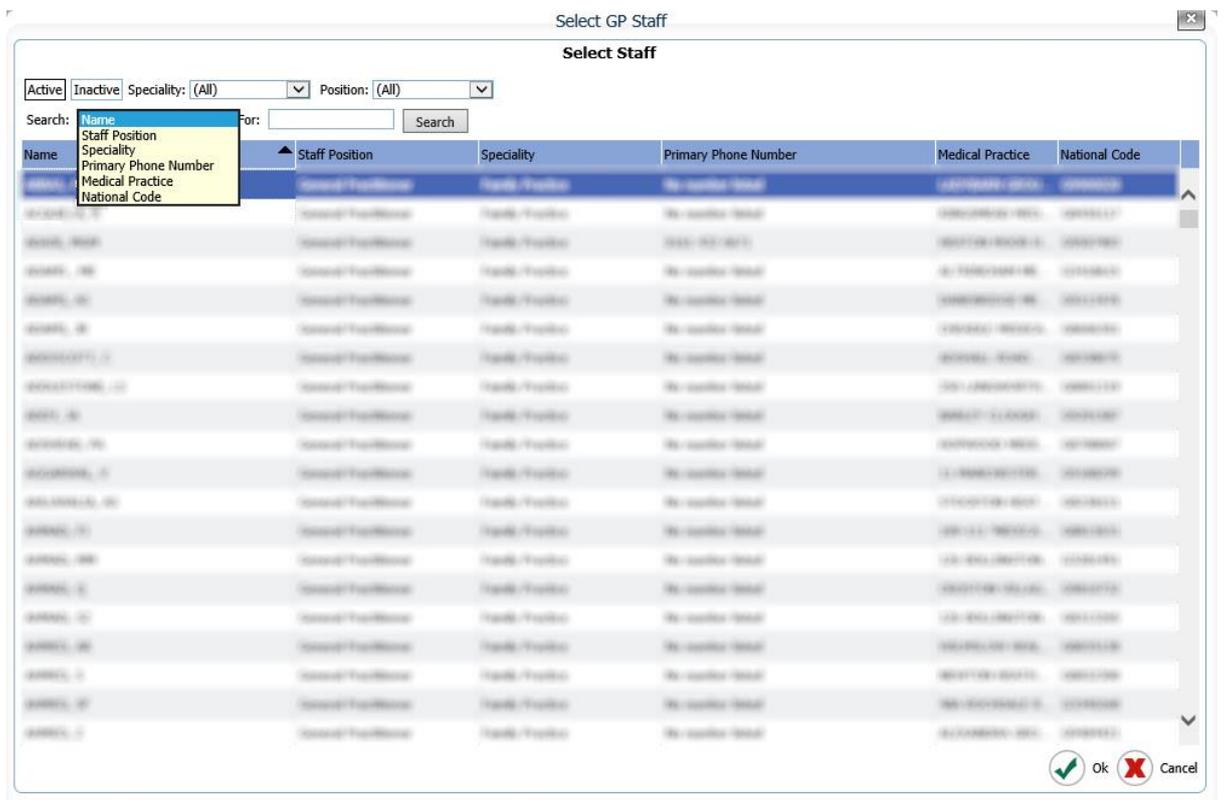
The following changes to existing features should be noted:

Select GP Staff Dialog (UK Only)

Changes have been made to the **Select GP Staff** dialog. It is now possible to search on **Medical Practice** and **National Code** (see screen shot below).

The **Medical Practice** and **National Code** columns have also been added to the display grid (see below).

In previous versions of clinicalvision, when viewing the **Select GP Staff** dialog there was a **Provider** column. In this release of clinicalvision the **Provider** column has been removed.



ADT/PAS Interface

When processing A01 and A04 messages the clinicalvision ADT/PAS interface will, by default, now attempt to find a matching event before creating a new one.

It is possible to override this new default, by configuring the channel. This will result in the previous behaviour where episodes are created when processing A01 and A04 message regardless of whether this is an existing match.

Reporting Views Changes

When an observation component has been set-up as type “Multiple Evaluation List” and the end user selects multiple items, when completing an evaluation, the items are displayed as a comma separated list in the clinicalvision 5.3 application. The items in the comma separated list match their order in the code set. However, with previous versions of clinicalvision it was not possible to replicate this ordering when creating reports.

With the release of clinicalvision 5.3 R4U2, a new **EvaluationCodeSetPosition** column has been added to **PatientObservationEvaluations** and a new **MultiCodeEvaluationCodeSetPosition** column has been added to **PatientObservations** that allows reports to order the list correctly.

3.6 Clinicalvision 5.3 R4u1 Features

Introduction

Clinicalvision 5.3 R4u1 is primarily a bug fix release, but also includes the Nikkiso Machine Interface, to allow clinicalvision to receive and process Nikkiso Dialysis Machine session data. This release also includes changes to the CROWNWeb Interface so that it now supports CROWNWeb 5.1.3.

CROWNWeb 5.1.3 Support (US only)

MBI (Medicare Beneficiary Identifier)

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status.

As a result of this change a new code for MBI has been added to the IdentificationNumberType code set. The patients' MBI can be recorded via the following navigation and must conform to the valid format described below.

Patient Management -> Registration Information -> Identification Numbers

MBI Format

MBIs consist of numbers and upper-case letters. MBIs will use numbers 0-9 and all letters from A to Z, except for S, L, O, I, B, and Z.

Here is an example: 1EG4-TE5-MK73

- The MBI's 2nd, 5th, 8th, and 9th characters will always be a letter.
- Characters 1, 4, 7, 10, and 11 will always be a number.
- The 3rd and 6th characters will be a letter or a number.

The dashes are not used as part of the MBI. They will not be entered into computer systems or used in file formats.

Pos.	1	2	3	4	5	6	7	8	9	10	11
Type	C	A	AN	N	A	AN	N	A	A	N	N

C – Numeric 1 thru 9

N – Numeric 0 thru 9

A – Alphabetic Character (A...Z); Excluding (S, L, O, I, B, Z)

AN – Either A or N

Position 1 – numeric values 1 thru 9

Position 2 – alphabetic values A thru Z (minus S, L, O, I, B, Z)

Position 3 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)

Position 4 – numeric values 0 thru 9

Position 5 – alphabetic values A thru Z (minus S, L, O, I, B, Z)

Position 6 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)

Position 7 – numeric values 0 thru 9

Position 8 – alphabetic values A thru Z (minus S, L, O, I, B, Z)

Position 9 – alphabetic values A thru Z (minus S, L, O, I, B, Z)

Position 10 – numeric values 0 thru 9

Position 11 – numeric values 0 thru 9

Ultrafiltration

Ultrafiltration information is reported for up to six hemodialysis services in the reporting period occurring on or after the Kt/V date that have values for pre dialysis weight, post dialysis weight and actual run-time. If less than six

hemodialysis services have the required values, only those that do will be submitted.

AntiHB

CROWNWeb 5.1.3 will now accept the submission of values using the greater than symbol (>) and the less than symbol (<). Therefore, clinicalvision has been modified so that these values can now be submitted to CROWNWeb.

Please refer to the CROWNWeb Data Extract guide for more details of the changes made to the CROWNWeb Interface.

Nikkiso Machine Interface

With the release of clinicalvision 5.3 R4u1 we now support the processing of dialysis session data from the Nikkiso dialysis machines.

Additional information about this feature can be found in the document **Clinicalvision 5.3 R4 – Nikkiso Machine Interface.pdf**

3.7 Clinicalvision 5.3 R4 Features

Clinicalvision 5.3 R4 includes several new features, including:

- History of Primary Vascular Access
- History of Primary Renal Modality
- Improved Audit
- Multiple Organizations support
- Multiple Isolation Status
- Improved method of recording Drug Wastage
- Support for NHS Number Verification Status
- Support for Mean Arterial Pressure in several machine interfaces
- Technical improvements

History of Primary Vascular Access and Primary Renal Modality

With previous releases of clinicalvision, each time a patient's primary dialysis access or primary renal modality was replaced, the information on when the previous dialysis access or renal modality was primary was not visible to the user.

With the release of clinicalvision 5.3 R4, this information is now recorded and displayed in a new view that makes it easy for the user to determine when a vascular access or modality was primary.

More details can be found in the document [Clinicalvision 5.3 R4 - History of Primary Dialysis Access and Renal Modality_v1.0.pdf](#)

Audit

The clinicalvision Audit functionality has been enhanced with the release of clinicalvision 5.3 R4.

- View actions will now be logged along with existing actions of delete and create.
- There is a new Audit Log view making it easier to view a sequence of views or changes (e.g. by a given user or for a given patient). The transactions-instances audit view has been replaced with a single grid.
- New buttons have been added to the toolbar, to reflect the changes made to audit, including buttons to archive audit data, display legacy audit data and display archived data.
- After selecting a record in the trail, viewing the audit record view will display the full transaction details.
- It is now possible to archive data. Pressing the archive button will use the currently selected filter values to determine which data to archive.
- It is possible to restore archived data or permanently delete archived data.
- It is still possible to view legacy audit data.
- Additional views have been added to reporting views to allow the reporting of audit data.

More details can be found in the document [Clinicalvision 5.3 R4 - Audit Trail_v1.0.pdf](#)

Multiple Organizations

The concept of organization has been added with the release of clinicalvision 5.3 R4.

Patients can be treated at more than one organization that shares the patient care and the use of clinicalvision. The patients' medical records should be accessible to staff at each of the organizations where they are registered. As each organization can have a unique ADT system, the patients will have an MRN that uniquely identifies them there and so, when a user logs into clinicalvision at a specific organization, he or she will need to see a patient's MRN at that organization.

An organization is an entity made up of multiple people, such as an institution or an association that has a collective goal; it may or may not be a physical location. An organization can have or share one or more providers.

A provider is associated with a dialysis facility. Once a provider record has been created, it can be designated as a Dialysis Provider, Laboratory, Hospital, Internal Provider, Medical Practice, Pharmacy, Transplant or Transportation Provider. For individual providers, you can assign Departments, Contacts and Staff.

More details can be found in the document Clinicalvision 5.3 R4 - Organizations_v1.0.pdf

Multiple Isolation Status

In previous releases of clinicalvision, it was only possible to record one isolation status against a patient. With the release of clinicalvision 5.3 R4, it is now possible to record multiple isolation statuses, either using the user interface or via messages received and processed by the clinicalvision ADT/PAS interface.

More details can be found in the document Clinicalvision 5.3 R4 - Multiple Isolation Status_v1.0.pdf

Drug Wastage

With the release of clinicalvision 5.3 R4, it is now possible to record drug wastage when creating a medication administration record. This information is then used when generating HL7 billing files.

More details can be found in the document Clinicalvision 5.3 R4 - Drug Wastage_v1.0.pdf

NHS Number Verification Status (UK Only)

The NHS Number standard for IT Systems has been published and refined in a number of documents, the result being that NHS organisations are not permitted to purchase IT systems that do not comply with the standard, and restrictions are placed on existing systems that do not comply.

With the release of clinicalvision 5.3 R4, the necessary changes have been made to the product to support the NHS Verification Status.

More details can be found in the document Clinicalvision 5.3 R4 - NHS Number Verification Status_v1.0.pdf

MAP – Mean Arterial Pressure

With the release of clinicalvision 5.3 R4, many of the clinicalvision dialysis interfaces now support the processing of Mean Arterial Pressure (MAP).

The mean arterial pressure (MAP) is a term used to describe an average blood pressure for an individual. It is defined as the average arterial pressure during a single cardiac cycle.

The following clinicalvision dialysis interfaces will now support the processing of MAP:

- FDC
- FMC2008
- FMC5008
- iBox
- Therapy Monitor (TMon).

More details can be found in the document [Clinicalvision 5.3 R4 - Mean Arterial Pressure_v1.0.pdf](#)

Patient Match Criteria - No Organizations

As a result of the enhancements added to support multiple organizations, when creating new patients, it is now possible to search the clinicalvision database to see if the patient already exists. The patient match criteria are configurable in the System Defaults.

More details can be found in the document [Clinicalvision 5.3 R4 - Patient Match Criteria - No Organizations_v1.0.pdf](#)

Clinicalvision 5.3 R4 - Property Configuration

It is now possible to change the mandatory status of the locale specific patient identifier, along with the existing properties (available with the release of Clinicalvision 5.3 R3) 'Care Team' (from the Donor Transplant event), 'Machine Assigned' and 'Station Assigned' (from the Hemodialysis Service record)

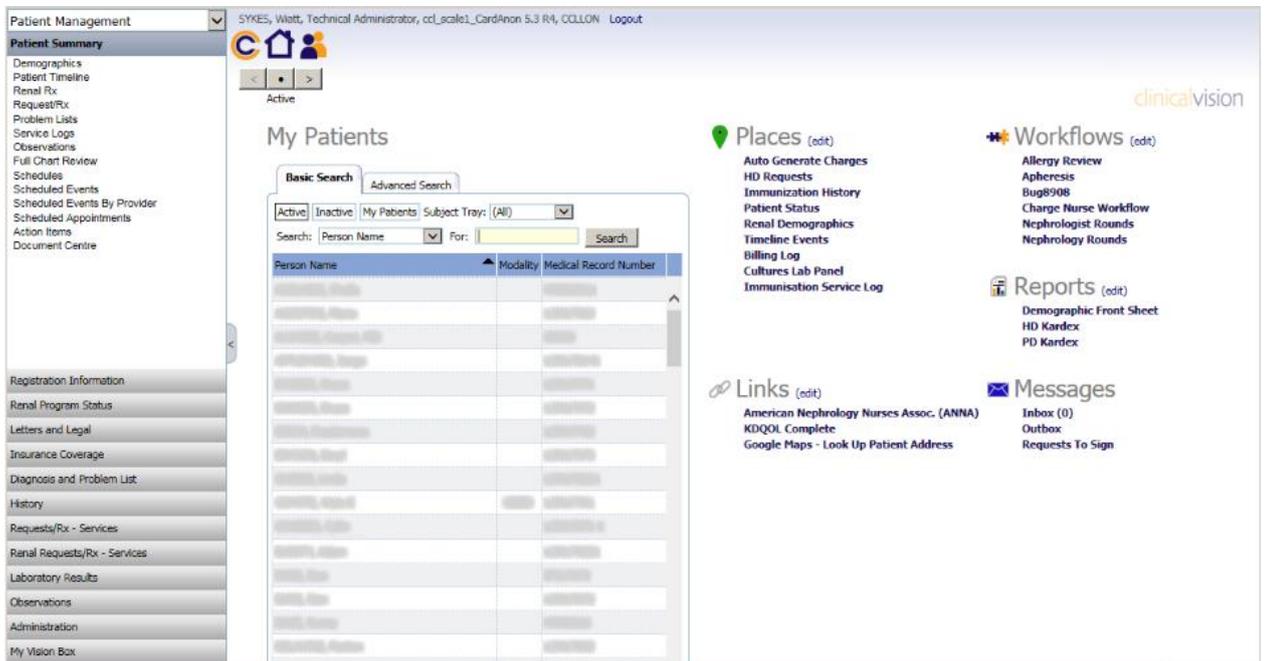
The list of properties is not user-configurable but may be extended in future releases.

More details can be found in the document [Clinicalvision 5.3 R4 - Property Configuration_v1.0.pdf](#)

Home Page Display

The way in which the Home Page displays has been changed to make better use of the screen area available to it. On the example below, the 'favorites' (Places,

Workflows and so on) are displayed in two columns to the right of the patient list as there is sufficient space horizontally to allow two columns to be displayed:



Where the screen area is narrower (as, for example, the display area on a tablet), the options will be listed in a single column. If there are more options than can fit on to a

single screen, a vertical scrollbar will be displayed so that you can scroll through the list:



Other Changes

Calculated Laboratory Results

A check box, labelled **Calculated**, has been added to the Laboratory Result dialog. This check box will be checked when the laboratory result has been calculated by

clinicalvision. This will allow users to differentiate between labs that have been provided by the lab vendor and those calculated by the clinicalvision application.

JONES, Martha : 201707251 : DOB 1961-10-14 (56 years) : Female

Laboratory Result

Seq.

Result Date :

Test Details

Status

Test Name

Notes

Result Status Calculated

Result Name

Other Result Name

Result String Units Other Units

Result Code

Hi/Lo Flag

Normal Range

Comment

Attachments

CROWNWeb

In previous versions of clinicalvision, when a patient's dialysis sessions exceeded four per week, the data was not submitted to CROWNWeb because once four or more session per week take place, it became mandatory to provide the dialysis time period, day or night and there was nowhere in clinicalvision to record this information.

With the release of clinicalvision 5.3 R4, a non-mandatory field, represented by a drop down list, called **Dialysis Time Period**, has been added to the HD Order screen.

Frequency

Dialysis Time Period

Target Weight ...

Fluid To Remove ...

Blood To Process ...

Other Target

Special Procedures

Medical Device ...

Primary Dialyser ...

Dialyzer Type 2 ...

Backup Dialyser ...

Reuse

If Not Reuse

More details about this can be found in the document *Clinicalvision 5.3 R4 - CROWNWeb Data Extract Guide_v2.0.pdf*.

Displaying Patient Names

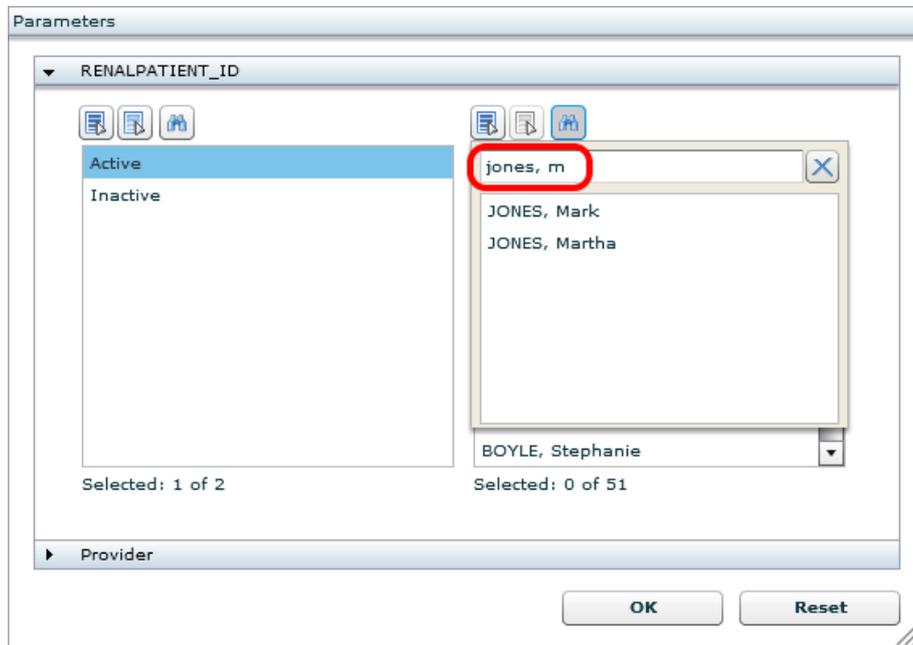
Clinicalvision 5.3 R4 has been enhanced to display patient names in a more readable format, so that it is easier to distinguish between last and first names. Last name will now be displayed in uppercase followed by a comma, then the patient first name.

The screenshot shows the user interface of Clinicalvision 5.3 R4. At the top, the user is identified as CURTIS, Paul, Technical Administrator. The patient profile for JONES, Martha is displayed, including MRN 201707251, DOB 1961-10-14, and Age 56 years. Allergies listed are Shellfish; Fish; Peanut; Ibuprofen; lotion; pcn; perfumes. Below this, the 'My Patients' section is active, showing a search for 'jones' with 5 records found. The search results table is as follows:

Person Name	Modality	Medical Record Number
JONES, Daisy	HD	20170613-1
JONES, Lucy		201610283
JONES, Mark	Hem	2017091801
JONES, Martha	Hem	201707251
JONES, Peter	Hem	PJ12341234

Found 5 records

NOTE: This change will affect what is typed when looking for patients in the report parameter dialog, although not elsewhere in clinicalvision. So for example when looking for Martha Jones, you would need to type "jones, m".



Lab Panel From Date

In the clinicalvision 5.3 R3 release a change was made to the lab panel views to improve performance, resulting in only 6 months of lab result data being displayed by default. Following customer feedback, this default has been removed with the release of clinicalvision 5.3 R4.

However, for those customers who would still like to improve the performance of these views it is possible to set the default number of months of data to display when viewing lab panels. So for example, a customer may wish to display only 12 months of data rather than all patient lab results. Once set, the lab panels will open with a default **From:** date 12 months prior to the current date

This configuration is set via the Tomcat Java options using the configuration parameter. Please note that for this to take affect Tomcat and therefore the clinicalvision Application Server, will need to be restarted.

Please contact Clinical Computing Support if you wish this option to be configured.

Reporting Warehouse

Two new views have been added for vascular access infection cultures data:

- PatientVascularAccessInfectionCultures
- PatientVascularAccessOtherInfectionCultures

Technical Improvements

- Clinicalvision 5.3 R4 will be shipped with the latest stable release of Tomcat (8.5.16).

- The database connection pool has been replaced with HikariCP. The switch to this connection pool should improve performance and error handling.

3.8 Clinicalvision 5.3 R3 Features

Introduction

Clinicalvision 5.3 R3 includes several new features, including

- New Observation and Assessment user interface
- New PD user interface
- Introduction of Lab Unit Mappings.
- A new mechanism for processing charges for QMS billing

This release also addresses several customer-raised issues, details of which can be found below.

Observations and Assessments

A number of changes have been made to the interface for defining, entering and maintaining Assessments and Observations in this release:

- 1) In previous releases of clinicalvision, the type of observation data that could be recorded was restricted to values selected from a coded list and free text entered as a note. The data types that can be represented have been expanded in this release to include:
 - Boolean ('Yes', 'No' or 'Unknown')
 - Date (regional format, for example 'DD.MM.YYYY' or 'MM/DD/YYYY')
 - Date with Time (regional format)
 - Integer
 - Decimal (regional format, for example 1.25 or 1,25)
 - Text
 - Multiple code selections
 - Single code selections
- 2) For multiple and single code selections, where observations and evaluations are derived from code sets, a new interface allows the codes to be entered and maintained without having to directly access the Code Set Manager from the Tools menu.
- 3) A record is maintained of how, when and by whom each observation was entered or edited. This record is easily accessed from all locations where Observations and Assessments are supported, for example, Progress Notes and Service Administration records.

More detailed information can be found in the document **Clinicalvision 5.3 R3 - Observations and Assessments**.

PD Order Enhancements

With this release of Clinicalvision, the PD Order user interface has been enhanced. Additional information can be recorded in PD orders depending on the Dialysis Type (APD or CAPD) and, where APD, Tidal settings can also be recorded.

More Information about the enhancements to the PD Order interface can be found in the document **Clinicalvision 5.3 R3 - PD Order Enhancements**.

Lab Result Units

In previous releases of clinicalvision, units for lab results entered manually were optional and submitted as text strings. For results calculated from other values (for example, eGFR), the resulting value would assume that the creatinine units were mmol/L, irrespective of the units actually displayed in the Units field.

This has been addressed by the addition of a **mandatory** 'Units' field from which you are required to select from the following units:

- g/dL
- g/L
- mg/dL
- mg²/dL²
- mL/min/1.73m²
- mmol/L
- mmol²/L²
- Other
- umol/L

More information about lab result units can be found in the document **Clinicalvision 5.3 R3 - Lab Result Units**.

QMS Billing Changes

A new mechanism for processing charges for QMS billing has been introduced in this release.

Previously, each service charge raised for a patient on a single date would be sent as a separate message. The service charges would be listed in no particular order.

The new format will group the individual service charges into a single message for any one patient on a particular date; these will be represented by sequentially numbered FT1 segments, the first of which will always be the charge relating to a Hemodialysis treatment.

For more information about this new feature and how to enable it, please see the document **Clinicalvision 5.3 R3 - QMS Billing Changes**.

Test Results Composite and Lab Panels changes

The Test Results Composite and Lab Panels now show only 6 months' results by default, to improve performance. They now have a From date filter so that this default can be adjusted to show results prior to 6 months.

3.9 Clinicalvision 5.3 R2u3 Features

Introduction

As well as several bug fixes, Clinicalvision 5.3 R2 u3 contains one additional Home Screen Place, this being **Verify Patient Orders**. More details on this new Home Screen Place can be found below.

The Reporting Views have also been updated to support the reporting of surveys recorded in clinicalvision. More details on this change can be found below.

Verify Patient Orders

In previous versions of Clinicalvision, the Verify Orders view (**Patient Management\My Vision Box\sign/Verify Orders** and the Home Screen Place **Verify Orders**), allowed anyone using a role with the appropriate security permissions to verify any patient's unverified orders, not entered or ordered by that end-user (you cannot verify your own orders).

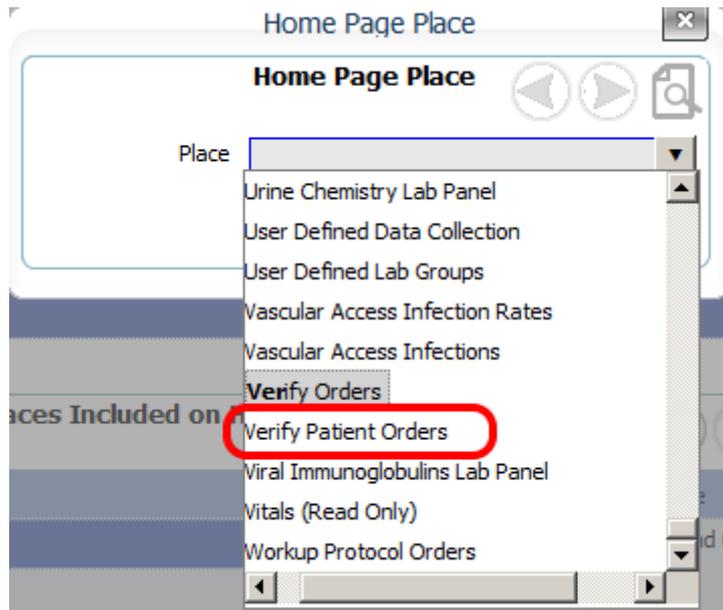
Feedback from customers suggested that it would be useful if there was an additional view that would restrict the unverified orders to the currently selected patient.

To ensure that this update does not disrupt customers who are happy with the current functionality, the main user interface has remained unchanged. However, this update does now provide the new "verify patient orders" functionality via a new Home Screen Place.

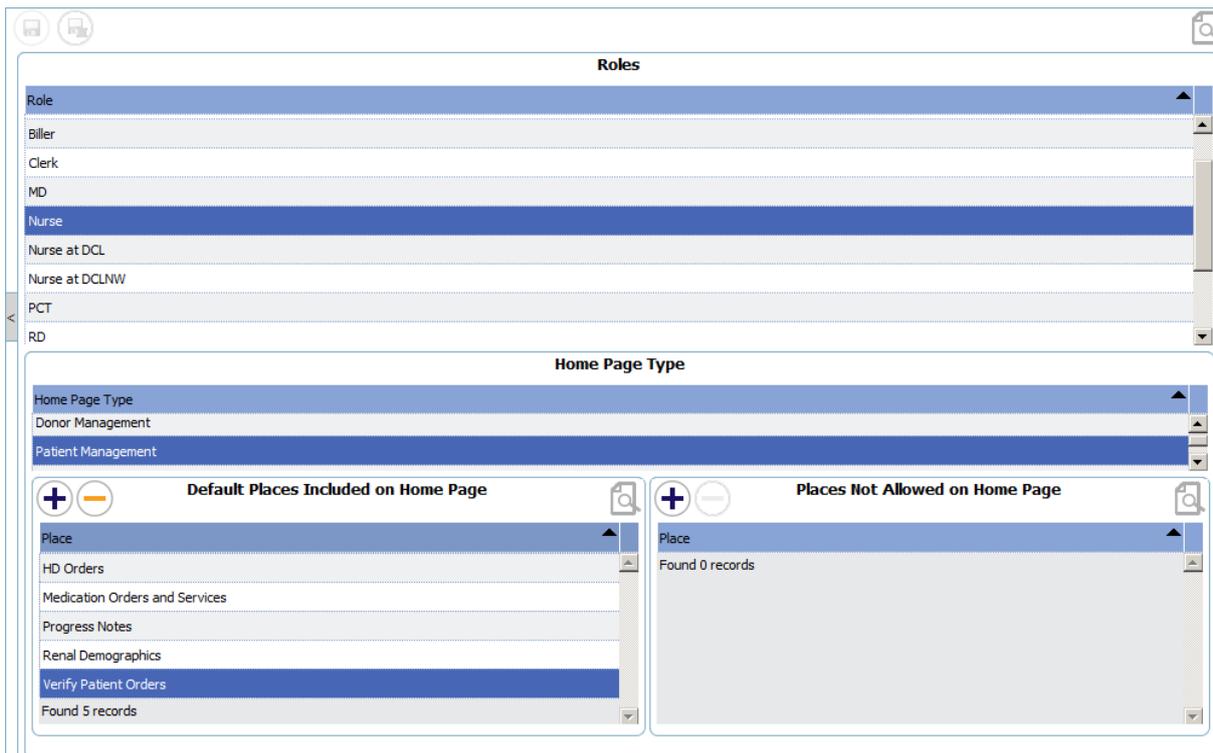
Adding Verify Patient Orders as a default Home Page Place

Access to this new **Verify Patient Orders** can be provided by default just like any other Home Screen Places, via the **SysAdmin** package.

To add the **Verify Patient Orders** view as a default place, open the **Sysadmin** package and navigate to **SysAdmin\Home Page\Places**. With the view open, select the role you would like the view to appear for by default. With the role selected, select the **Home Page Type**, i.e. Patient Management (Renal Package). Press the **Add** icon  in the **Default Places Included on Home Page** section. When the **Home Page Place** dialog appears, type *ver* in the **Place** field. The drop down list should highlight **Verify Orders** and below this **Verify Patient Orders** should be visible.



Select **Verify Patient Orders** and press the OK button to close the dialog. **Save** and enter your **PIN**.



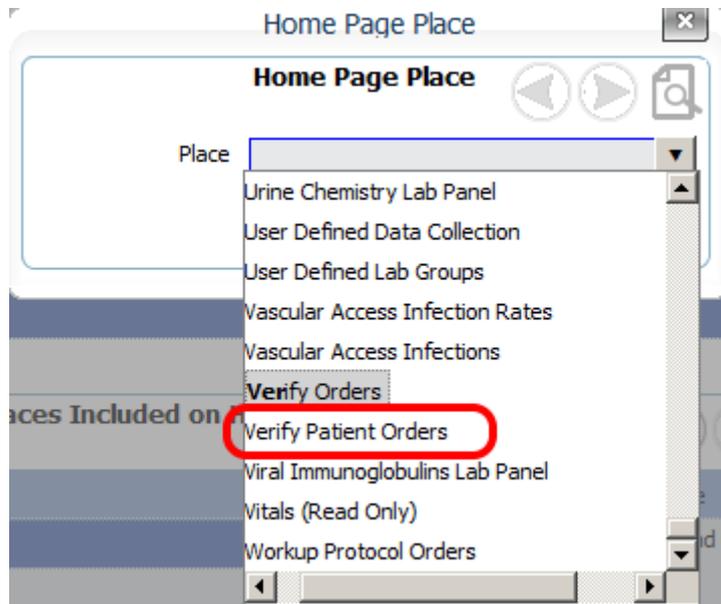
Once the **Verify Patient Orders** view has been added to the **Default Places Included on Home Page** for that role and home page type, the place will appear on the home page by default when logged on using that role

Restricting Access to Verify Patient Orders

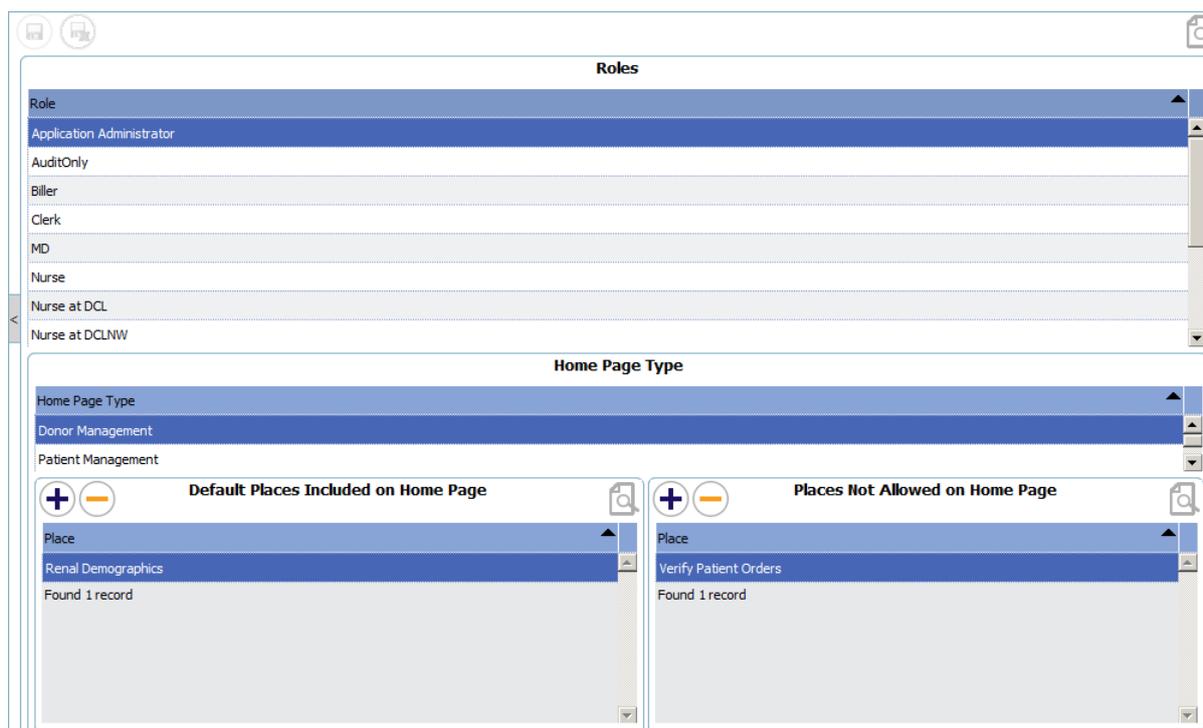
Access to this new **Verify Patient Orders** can be restricted just like any other Home Screen Places, via the **SysAdmin** package.

To restrict access to the **Verify Patient Orders** view, open the **Sysadmin** package and navigate to **SysAdmin\Home Page\Places**. With the view open, select the role for which you wish to restrict access. With the role selected, select the **Home Page Type**, e.g.

Patient Management (Renal Package). Press the **Add** icon **+** in the **Places Not Allowed on Home Page** section. When the **Home Page Place** dialog appears, type *ver* in the **Place** field. The drop down list should highlight **Verify Orders** and below this **Verify Patient Orders** should be visible.



Select **Verify Patient Orders** and press the OK button to close the dialog. **Save** and enter your **PIN**.



Once the **Verify Patient Orders** view has been added to the **Places Not Allowed on Home Page** for that role and home page type, it will not be possible to access the view when logged on using that role.

Using Security to restrict Access

It is possible to restrict access to **Verify Orders** and **Verify Patient Orders** for certain roles or all roles, using clinicalvision security. By restricting access to the navigation **Patient Management\My Vision Box\Sign\Verify Orders**, you will also restrict access to the home screen places **Verify Orders** and **Verify Patient Orders**.

Reporting View Changes

In clinicalvision, it was possible to record both SF-36 and KDQOLSF surveys against a patient (**Patient Management\Observations\Surveys**), but it was not possible to report on these surveys, because no reporting views existed.

With the release of clinicalvision 5.3 R2 update 3, two additional views have been added to the clinicalvision reporting views, these being PatientSF36Surveys and PatientKDQOLSFSurveys.

Please refer to the Data Warehouse Data Dictionary for additional information about these two additional reporting views.

3.10 Clinicalvision 5.3 R2u2 Features

Introduction

As well as several bug fixes, Clinicalvision 5.3 R2 u2 contains the new B.Braun machine interface, some enhancements to the existing Therapy Monitor machine interface, a new mechanism that will automatically cancel long running reports and a method of securing stop date, stopped by and reason stopped objects (previously not possible).

Details of these new features can be found below.

Clinicalvision V B.Braun Machine Interface

Until the release of Clinicalvision 5.3 R2u2, clinicalvision interfaced with the outdated DDI concentrator, which is used as an intermediary between the B.Braun Dialysis Machine and the Clinicalvision V Interface Server.

The new B.Braun Interface is an alternative to the DDI Concentrator, which integrates with the existing B.Braun set-up, saving clinical staff time, eliminating the recording of incorrect data and has the potential of being used by several of our existing customers who use B.Braun machines.

The new Clinicalvision B.Braun Interface connects via serial port to a B.Braun DCI (Dianet Computer Interface) which in turn connects to a B.Braun Dialog Dialysis Machine.

Additional information can be found in the document Clinicalvision B.Braun Machine Interface.pdf.

Clinicalvision V Therapy Monitor Machine Interface

The Clinicalvision V Therapy Monitor (TMon) Machine Interface has been enhanced to import some additional haemodialysis final results.

The Fresenius Interface Server (FIS) #400 Clinicalvision plugin has been updated so that it extracts these additional results and transfers these to Clinicalvision via the Clinicalvision Interface Server.

As a result of this change, additional fields have been added to the Haemodialysis Administration Records Treatment Summary tab. The reporting views have also been updated so that the results of these new fields can be reported.

Report Cancellation Mechanism

We have had incidents at customer sites where slow performance of clinicalvision has been reported owing to a report or multiple reports that are running, usually taking an extremely long time to complete, either because no parameters have been provided (making the query too broad) or because the

report has not been written optimally, resulting in excessive amounts of data being captured.

With the release of Clinicalvision 5.3 R2u2, we have added the Report Cancellation Mechanism, which will automatically cancel reports when set thresholds are reached.

Automatic cancellation is disabled by default. To enable automatic cancellation some configuration options will need to be implemented.

The two options are:

- set maximum amount of memory remaining before automatic cancellation
- set maximum amount of time after which report will be cancelled

If reports are written well and parameters are used sensibly, a majority of reports should complete in an acceptable time and have no impact on the clinicalvision V system.

This feature should only be implemented where reports are frequently causing issues for users.

Stop Field Security

With clinicalvision, it has always been possible to make various entities, for example Orders, Problems, Progress Notes and Vascular Access records, read-only using security rules defined in the SysAdmin package. For specified user roles, such entities cannot be edited or deleted once they have been created and saved. They can, however, still be stopped, or stopped and restarted.

Because it is often necessary to edit certain fields when stopping (for example, 'Stop Date', 'Stopped By' and 'Reason Stopped'), Clinicalvision introduced a 'NoSecurityCheck' flag that, when applied, allowed these values to be edited even where security rules required them to be read-only. As a result, entities with always-editable fields could be stopped, either by entering the details directly into the appropriate fields or by using the Stop button.

With this release, a new security setting has been introduced in the SysAdmin package that can be used to prevent users in certain roles from being able to stop these entities, while still enabling others, with basic read-only privileges, to continue to do so as before.

Additional information about using the 'STOP' right can be found in the document, **Clinicalvision 5.3 R2u2 - Stop Field Security.pdf**

3.11 Clinicalvision 5.3 R2u1 Features

Introduction

Clinicalvision 5.3 R2u1 is primarily a release to fix issues identified in the initial release and subsequent update releases of Clinicalvision V 5.3 R2.

No new features have been added to this release.

The following changes to existing feature should be noted:

➤ **Clinicalvision V Web Application Server Log Files**

The Clinicalvision V Web Application Server log files are now limited to 10 Mb and will automatically roll over and then automatically compress (zip file) when the 10 Mb limit reach. The last 20 log files will be kept.

➤ **Autonomous Schedules/Appointments**

As a result of CAS-52518-D7G0S9, changes have been made to autonomous schedules/appointments to make them easier to use and understand. Please refer to the on-line help for additional details.

➤ **Schedule Patterns**

Changes have been made to Schedule Patterns. It is now possible to specify the first day of the week in the system defaults; by default, it will be set to Sunday. **Full Week of Month** patterns have been added. Details of the changes can be found in the on-line help.

➤ **Lab Interface – Patient Matching – Canadian Locale Only**

The patient matching for the Lab Interface has been changed for the Canadian locale. It is now possible, via configuration of the Mirth channel, to match patients by:

- HCN
- MRN and (DOB or HCN)
- DOB and first name and last name.

The CV Lab Interface will look in PID-4 for the HCN numbers, so it may be necessary to write a transformer to move the HCN to this segment.

➤ **Diaverum Interface**

It is now possible to change the severity of the response when an HD order is not found.

Details of this change be found in section 5 of the document **Inbound Diaverum Clinicalvision Interface_v2.0.pdf**

3.12 Clinicalvision 5.3 R2 Features

Introduction

Clinicalvision 5.3 R2 includes a new scheduling user interface and functionality changes, with the aim of making scheduling easier to understand and maintain. Clinicalvision 5.3 R2 also introduces the Medication Order Interface as well as providing support for the future CROWNWeb 4.9 release.

Scheduling Enhancement

Calendar User Interface

Schedules and appointments are now represented in a calendar format allowing the user to easily see when appointments will occur across a day, week or month. The user is also able to move and change appointments using the calendar view.

Autonomous schedules and appointments

The previous scheduling system enforced associations between orders and schedules, and between orders and appointments. It is now possible for schedules and appointments to be created and saved independently of an order. Whilst the order and schedule can still be associated together, this change means that it is no longer necessary for sites to stop and restart orders because of a schedule change.

Additional schedule patterns

Additional schedule patterns have been added to support the following scenarios:

- A patient comes in for an appointment every n days;
- A patient comes in for treatment when they are next in for dialysis (or some other related treatment)

Include Calendar in HD Schedules

The Patient HD schedule now includes an option to use a calendar instead of a manually defined pattern. When an HD schedule is linked to an order schedule, the order schedule will adopt the calendar used on the HD schedule. Any additional or cancelled dates that are added to the calendar will be propagated to the order schedules when the user selects 'Refresh Calendars' from the System Setup - Event Schedule Calendars - Calendars area.

Add HD Schedule to Order Schedule

In previous releases, a patient's HD schedule can only be used in an Order schedule where its Service Master has the 'Use Patient's Default HD assignment' setting turned on. In this release, a new 'Patient HD Schedule' field has been added to the order schedule dialog so that when creating or modifying an order schedule, you now have the option to use the patient's HD schedule as well as defining the schedule manually, or selecting a calendar.

This is in addition to, and does not replace, the previous behaviour.

Removal of order set limitations

In this release, changes have been made to allow detail orders to be scheduled completely independently of the master order if required. In

addition, the user will be able to choose whether appointments are created for detail orders when an appointment is created for the master order. It is possible to cancel and move detail appointments when necessary.

Appointments at a location

In previous releases of Clinicalvision V, it was possible to cancel or re-schedule individual appointments, but it was not possible to move a patient appointment to another location. This issue has been addressed with the release of Clinicalvision V 5.3 R2.

Details of the Scheduling Enhancements can be found in separate documentation “Clinicalvision_5.3_R2_Scheduling Enhancements.pdf”.

Enhanced maintenance capabilities

Changes have been made to the System Setup – Service/Order Schedule Manager. You can now generate appointments for all Order and Staff schedules overnight, or on specified dates and times, for the number of days defined in the ‘Maximum Days to Schedule’ field in the System Defaults.

Transfer Wizard

A feature has been added to enable you to move all of a patient’s appointments to a new Location and/or Provider, where, for example, the patient has been transferred to another site. You will have the option to change the Location/Provider on both the orders and the schedules, or just the schedules. Changes to the schedules only will not require the orders to be stopped and restarted.

Medication Orders Interface

Healthcare providers need to provide integrated care for their patients across all clinical specialties. This requirement must be met through the provision of a truly shared, site-wide patient medical record. In terms of medication management this is especially important as each clinician will want to ensure that medications are prescribed appropriately given knowledge of the patient’s current medication list, which may include meds prescribed elsewhere.

With the release of Clinicalvision V 5.3 R2 a one-way, incoming medication orders interface has been provided. The Clinicalvision Medication Order Interface will allow medication ordering to be completed in a centralised ‘master’ ordering/medication management system. The medication orders can then be transmitted in HL7 and processed by the Clinicalvision Medication Order Interface, making the patient’s medication list available in Clinicalvision.

Details of the Medication Orders Interface can be found in separate documentation “Clinicalvision_5.3_R2_Medication Orders Interface.pdf”.

CROWNWeb 4.9

The U.S. government, via the Centers for Medicare and Medicaid Services (CMS), requires End-Stage Renal Disease (ESRD) facilities to report data on treatment and performance.

The *Quality Measurement and Health Assessment Group* –QM HAG has requested that changes be made to the patient influenza and pneumococcal vaccination fields in CROWNWeb in order to support quality measures that will use data from those fields.

- The changes requested for the influenza vaccination fields are required to support the endorsed Kidney Care Quality Alliance -KCQA influenza vaccination measure and the ESRD Preventive Care TEP-endorsed Full season and Timely influenza vaccination measures.
- The changes requested for the pneumococcal vaccination fields are required to calculate any of the End-stage Renal Disease - ESRD Preventive Care TEP-proposed pneumococcal vaccination measures, including the PPSV23- and PCV13-specific measures and the combined measure.

With the release of CROWNWeb 4.9, it will be necessary to distinguish between two different types of pneumococcal vaccinations, these being PCV13 and PPSV23. Also with the release of CROWNWeb 4.9, it will be necessary to provide the reason why the influenza vaccination has not been documented.

Clinicalvision 5.3 R2 provides the ability to distinguish between the two pneumococcal vaccinations via mapping, which means that existing service master records and immunization orders will not need to be altered. Clinicalvision 5.3 R2 has also been updated so that the reason the influenza vaccination has not been documented can be recorded.

Details of the CROWNWeb 4.9 changes can be found in separate documentation “Clinicalvision_5.3_R2_CROWNWeb 4.9.pdf”.

UKRR 4.2

Clinicalvision 5.3 R2 contains User Interface changes that will allow the end-users to start recording patient information that is required for data submission, once the UKRR 4.2 dataset goes live. At the moment, it is not possible to submit the data to UKRR, the ability to submit data to the UKRR using the 4.2 dataset will be provided in an update.

ORRS Release 5

Clinicalvision 5.3 R2 also contains User Interface changes that will allow the end-user to record patient information that is required when ORRS Release 5 Go Live in March 2016. The submission of this data will be provided via

updated and additional reports, which will be supplied after initial testing has been completed.

System Defaults

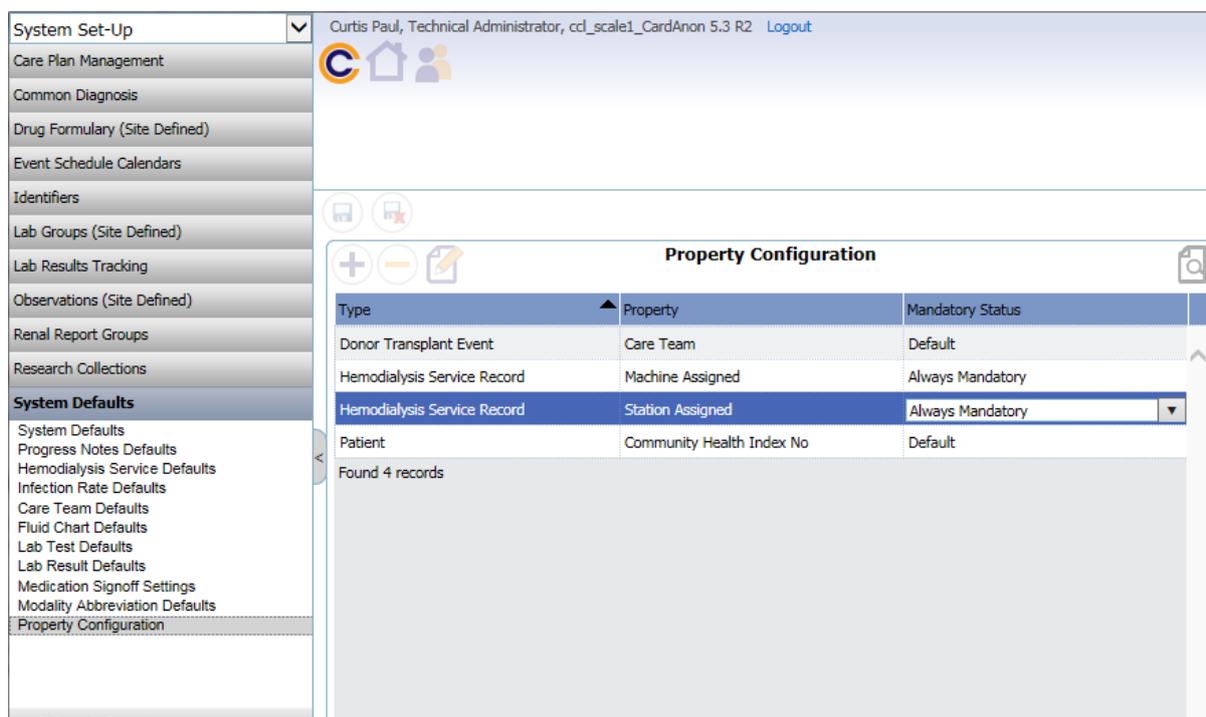
Property Configuration

It is now possible to change the mandatory status of selected properties.

The properties are pre-defined by Clinical Computing and cannot be added or deleted by the end-user. However, the Mandatory Status of the pre-defined properties can be altered.

For each property, the following modes can be set. The list also describes the behaviour:

- **Default:**
The property has the default behaviour and acts as it always used to.
- **Never Mandatory:**
The property should never be mandatory, regardless of application logic.
- **Always Mandatory:**
The property is always mandatory, regardless of application logic. This will force the property to be set even for previously persisted objects before they can be resaved.
- **Always Mandatory In Future:**
The property is always mandatory for new objects and for old objects if they are updated. This allows a property to be made mandatory without making old, previously saved, objects invalid.



System Default Dialog

With the release of Clinicalvision 5.3 R2 the System Defaults dialog has been reorganised so that the whole of the dialog can be viewed on a majority of screens without the end-user having to scroll.

3.13 Clinicalvision 5.3 R1u5 Features

Introduction

Clinicalvision 5.3 R1u5 is primarily a release to fix issues identified in the initial release and subsequent update releases of Clinicalvision V 5.3 R1.

No new features have been added to this release.

3.14 Clinicalvision 5.3 R1u4 Features

Introduction

Clinicalvision 5.3 R1u4 provides support for the CROWNWeb 4.9 release, changes to the clinicalvision V User Interface to support the UKRR 4.2 dataset (UK Only) and the ORRS Release 5 (Canada only). Clinicalvision 5.3 R1u4 also includes some bug fixes identified in previous versions of Clinicalvision 5.3 R1.

CROWNWeb 4.9

The U.S. government, via the Centers for Medicare and Medicaid Services (CMS), requires End-Stage Renal Disease (ESRD) facilities to report data on treatment and performance.

The *Quality Measurement and Health Assessment Group* –QM HAG has requested that changes be made to the patient influenza and pneumococcal vaccination fields in CROWNWeb in order to support quality measures that will use data from those fields.

- The changes requested for the influenza vaccination fields are required to support the endorsed Kidney Care Quality Alliance -KCQA influenza vaccination measure and the ESRD Preventive Care TEP-endorsed Full season and Timely influenza vaccination measures.
- The changes requested for the pneumococcal vaccination fields are required to calculate any of the End-stage Renal Disease - ESRD Preventive Care TEP-proposed pneumococcal vaccination measures, including the PPSV23- and PCV13-specific measures and the combined measure.

With the release of CROWNWeb 4.9, it will be necessary to distinguish between two different types of pneumococcal vaccinations, these being PCV13 and PPSV23. Also with the release of CROWNWeb 4.9, it will be necessary to provide the reason why the influenza vaccination has not been documented.

Clinicalvision 5.3 R1u4 provides the ability to distinguish between the two pneumococcal vaccinations via mapping, which means that existing service master records and immunization orders will not need to be altered.

Clinicalvision 5.3 R1u4 has also been updated so that the reason the influenza vaccination has not been documented can be recorded.

Details of the CROWNWeb 4.9 changes can be found in separate documentation “Clinicalvision_5.3_CROWNWeb4.9_immunization_changes.pdf”.

UKRR 4.2

Clinicalvision 5.3 R2 contains User Interface changes that will allow the end-users to start recording patient information that is required for data submission, once the UKRR 4.2 dataset goes live. At the moment, it is not possible to submit the data to UKRR, the ability to submit data to the UKRR using the 4.2 dataset will be provided in an update.

ORRS Release 5

Clinicalvision 5.3 R2 also contains User Interface changes that will allow the end-user to record patient information that is required when ORRS Release 5 Go Live in March 2016. The submission of this data will be provided via updated and additional reports, which will be supplied after initial testing has been completed.

3.15 Clinicalvision 5.3 R1u3 Features

Introduction

Clinicalvision 5.3 R1u3 provides support for CROWNWeb 4.8 and the UKRR dataset version 4.0, which covers the reporting of acute patients and their plasmapheresis treatments. The release also provides several fixed issues identified in the initial release of Clinicalvision V 5.3 R1 and Clinicalvision V 5.3.R1 Update 1.

CROWNWeb 4.8

The U.S. government, via the Centers for Medicare and Medicaid Services (CMS), requires End-Stage Renal Disease (ESRD) facilities to report data on treatment and performance to meet the Conditions for Coverage (CfCs). CMS has recently finalized reporting measures on pain assessment and depression screening in patients for PY 2018:

- **Pain Assessment and Follow-up reporting measure** to evaluate whether facilities report data on how often they assess patients with ESRD for pain. Facilities must report in CROWNWeb one of six conditions for each qualifying patient once before August 1, 2016 and once before February 1, 2017.
- **Screening for Depression and Follow-up reporting measure** to evaluate whether facilities report data on how often they screen patients with ESRD for depression. Facilities must report in CROWNWeb one of six conditions for each qualifying patient once before February 1, 2017.

Clinicalvision 5.3 R1 update 3 has the following changes:

- The addition of private codes and sub-codes for pain assessment/follow-up and depression screening/follow-up to the Observation code set.
- Configuration of observation templates in clinicalvision System Set-Up entity for Pain Assessment and Follow-Up and Depression Screening and Follow-Up incorporating the codes added to the Observation code set
- The addition of codes for Pain Assessment & Follow-Up and Clinical Depression Screening & Follow- Up to the ProgressNoteType code set in clinicalvision Code Set Manager
- Configuration of Progress Note Defaults in clinicalvision System Set-up entity to default the appropriate observation template into the Progress Note Details – Observations tab when a user selects Pain Assessment & Follow-Up or Clinical Depression Screening & Follow- Up at the progress note Type field.

- The CROWNWeb Interface has been updated to submit Reporting Measures data files (RM), which are used to transfer the Pain Assessment and Follow-Up and Depression Screening and Follow-Up data.

UKRR Dataset v4.0

One of the main changes with this new dataset is the change in the extraction rules for reporting patients to the Registry. In recognition of the currently uncaptured conservative care/ kidney management work and the huge variation in adoption of the 2009 rule to record patients at the time of their first dialysis, the Registry intend to modify the return to collect data on:

- all patients receiving acute dialysis in the renal unit and plasma exchange for kidney disease.

The adoption of this new dataset will be mandated from the **1st January 2016**.

3.16 Clinicalvision 5.3 R1u2 Features

Introduction

Clinicalvision 5.3 R1u2 is primarily a release to provide an “Inbound Diaverum Interface”, but also fixes issues identified in the initial release of Clinicalvision V 5.3 R1 and Clinicalvision V 5.3.R1 Update 1.

Inbound Diaverum Interface

Diaverum utilise a patient management system (iRIMS) at their clinics for storing patient data including demographics, treatments, lab results, prescriptions etc.

Where Diaverum is providing dialysis services for a trust, it is generally a requirement that treatment data is provided to the trust. The Inbound Diaverum Interface allows a scheduled transfer of data from Diaverum to the trust in an industry standard format (XML) and enables the automated import of data into clinicalvision V.

Details of the Inbound Diaverum Interface can be found in separate documentation “Inbound Diaverum Interface.pdf”.

3.17 Clinicalvision 5.3 R1u1 Features

Introduction

Clinicalvision 5.3 R1u1 is primarily a release to fix issues identified in the initial release of Clinicalvision V 5.3 R1. However, with the release of Clinicalvision V 5.3 R1u1, Clinical Computing has also added support for the Baxter GBX Connect (a replacement for Exalis). Details of the GBX Connect can be found in “GBX Connect Clinicalvision Interface.pdf”.

Internet Explorer 8 Performance

The Clinicalvision 5.3 R1u1 release also addresses some performance issues with Clinicalvision V when used with Internet Explorer 8 (see list of issues fixed). However, it should be noted that due to the age of Internet Explorer 8, it is not possible to resolve all performance issues and its performance should not be compared with newer versions of Internet Explorer, Firefox or Chrome.

Baxter GBX Connect

Baxter (Gambro) have introduced the GBX Connect interface to provide dialysis data in a consistent schema from a number of different machines, including Phoenix and Artis and is expected to replace Exalis.

The Clinicalvision V GBX Connect Interface has initially been designed and developed to target data from the Phoenix and Artis dialysis machines. It will not support Prismaflex machines.

Incoming data from GBX Connect will be HL7 compatible, conforming to the ORU^R30 message type and is transformed into Clinicalvision's vendor agnostic XML schema via Mirth Connect.

Please note that this an initial release of the Clinicalvision V GBX Connect Interface and therefore further development work may be required.

SCI Store

Issues in Clinicalvision V 5.3 R1, which prevented the full support of SCI Store, have also been resolved.

Please note that to use Clinicalvision V 5.3 R1u1, it will be necessary to import and use the new SCI Store channels provided in the Clinicalvision V 5.3 R1u1 release.

Standard Reports

HD Kardex

The report has been amended so that data is sorted by Patient Name and not Patient MRN.

PD Kardex

The report has been amended so that data is sorted by Patient Name and not Patient MRN. A number of formatting issue have also been resolved. The report has also been enhanced to include APD Machine Settings and the notes field.

HD Setup

This new report assists hemodialysis preparation by displaying machine, vascular access and hemodialysis order information for each patient selected.

The report allows the end-user to select patients by treatment date (defaulting to the current day) and a specific patient and provider/day of week/ shift.

3.18 Clinicalvision 5.3 Features

Detailed information about the new features can be found in the document **Clinicalvision V 5.3 New Features.pdf** and the Clinicalvision V Online help.

Watch the video, introducing [Clinicalvision 5.3](#)

Below is a summary of the new features:

User Interface Refresh

This refresh was primarily designed to de-clutter the user interface to make Clinicalvision easier to use.

- Buttons are larger and incorporate new graphics.
- Empty, mandatory fields have blue background and dark blue border.
- Read-only fields do not have a border.
- All forward / back buttons have been removed from 'summary' screens.
- Additional Home button added to the bottom of all summary screens.
- Branding: Logos displayed on the main screen and the login screen can be customized.

Clinicalvision Button

The 'Clinicalvision Button' replaces the toolbar and shows a drop-down list of menu options.

The Clinicalvision button was introduced to make more space for other user interface elements including the ID line and larger toolbar buttons.

Logged in user and logout link

An information line has been added so you can easily see who is logged in, and to what database (test, training, production).

The session information line displays the following information: Logged in user (and role), database name (e.g. TEST, TRAINING, PRODUCTION, etc.) and application version. A link is available at the end of the information line to allow you to log out of Clinicalvision.

Previous/Next Patient Selector

You can now quickly and easily move through your filtered patient list using the previous and next patient selector buttons.

The patient selector buttons appear just underneath the main toolbar buttons to the left of the ID line. They allow you to walk through the currently selected

patient list one patient at a time, be it unfiltered or filtered by the basic search, advanced search, or subject tray.

Home Screen Navigation

Summary screens displayed from the Places links are no longer shown in separate 'modal' windows and are automatically re-sized based on the width of your browser window. Home page links are no longer underlined in order to make them easier to read. A new, more intuitive 'toggle navigation' button has been added to enable you to show and hide the navigation pane to the left of the screen.

Basic and Advanced Patient Search

The patient list on the home page is now split across two tabs: the basic search and the advanced search. The basic search incorporates a subject tray drop down allowing you to quickly see all the patients in a pre-defined tray.

The advanced search allows you to define search criteria via the 'Edit Filters' button. A filter comprises one or more rules based on various conditions:

Once you have defined a set of criteria, you can save the search by applying a name. The named search is then added to your list of pre-defined searches that can be re-selected at any time.

Graphical Lab Results

Numeric lab results can be plotted graphically directly within the user interface via the lab panels and user-defined lab groups.

Enhanced Timeline

The patient timeline has been enhanced to include nearly every type of time-related clinical record in Clinicalvision including progress notes, lab results, medication/dialysis order changes, observations and correspondence. A short summary of each record is displayed under each row heading and the timeline can be filtered by category via a filter pane.

In-cell Editing of Observations

Observations can be entered directly from the grid, removing the need to open a separate screen.

This feature removes much of the clicking required to enter observations in Clinicalvision.

Other Enhancements

Access to the navigation pane can be controlled through security configuration.

New workflow views created to show allergies, medical diagnoses, care plans and functional disability views without associated progress note panes.

Office/clinic visits: Nurses Notes button shows history of all physical exams not just those associated with clinics.

Lab panels that were previously split onto two levels are now shown on one level, scrollable horizontally.

3.19 Issues Fixed in Previous Releases

The 5.3 R6u1 release contains fixes for the following issues:

External ID	Description
CAS-55851-C3B8B3	Issue with Exalis showing as staff on HD flowsheet entry, even after the entry has been modified with a note
201-00-609893	ServiceDetails column is missing from the PatientHemodialysisServices view after R6 upgrade

The 5.3 R6 release contains fixes for the following issues:

External ID	Description
CAS-49838	Cannot use site-defined formulary for patient drug allergen
	It would be useful to be able to set the colour of text in the template manager
CAS-55785-Q2G0Z2	Old emails appearing in Inbox following the deletion of a mail group
CAS-55852-Q5V0W4	There is no reporting view for the Document Centre repository
201-00-491737	The PbR report it is taking a long time, affecting performance of CV and not completing
201-00-495991	Issue with using keyboard to tab when documenting Hourly checks assessment on HD service
	Missing Reporting Warehouse fields for infection entities
201-00-528189	On Test when trying to preview a web template the user receives an internal error
201-00-533772	When using the CTRL key to select and drag multiple appointments from one day to another on the calendar, not all appointments are moved correctly
201-00-544660	Request to add mg/mmoL to the code set LabResultsUnits so that users do not have to add this manually under Other units
	Next of kin records are not being updated when they are in an A28 message

The 5.3.R5u1 release contains fixes for the following issues:

External ID	Description
201-00-486385	Site.CSS logo file was overwritten with the Upgrade to 5.3 R5
201-00-489649	Patient merge fails if the secondary patient has transmitted documents
201-00-489800	Customer has a long domain name which means that when using the new audit trail they cannot see the username in the user name column
201-00-489802	Using IE9 a user cannot see the evaluations on an HD administration record assessment tab
201-00-499351	Issue with Templates losing Text and Data item when saving created document on Progress Notes
201-00-509810	When unmerging 2 patients, the user received an error 'batch update returned unexpected row count from update [0]; actual row count:1; expected:1'
CAS-55336-F6L6F8	User is unable to update observations on a progress note for a deceased patient
CAS-55444-Q3N1H6	Document created during testing has not been received by Integration team
CAS-55477-J3S7N4	Questions regarding a detected vulnerability with Jetty which is used for the interface module.
CAS-55485-P6G6J1	Some lab results are failing to process as the name of the test has % as part of the name
CAS-55584-P5S4N9	Customers CV5 Lab Reports are not returning any lab data
CAS-55617-Q1C1V7	User receiving message 'The field Blood Products.BloodProduct is mandatory for new Blood Products' when there is a value in the Blood Product field
CAS-55666-L6H8P6	Issue with places not showing on home page for dialysis technician roles after upgrade
CAS-55755-N7S4L1	Query on how to report on various rounding groups
CAS-55768-X9P9L1	When stopping and restarting the Monthly Progress Note dieticians are intermittently getting duplicate observations
CAS-55884-J9B4V5	Issue with Audit Trail performance - unusable
CAS-55887-Z5T5V4	Receiving HTTPS Status 404 - not found error when stopping and restarting a Progress note in the Progress note editor

The 5.3 R5 release contains fixes for the following issues:

External ID	Description
CAS-32863-D7KG3B	Customer is requesting that the ADT interface be modified so that it will handle A40 (merge) messages.
CAS-35564-PS33H7	Would it be possible to merge 2 entries which belong to the same patient

External ID	Description
CAS-43963-TZR7S3	What is the best way to merge records for a patient who has 2 records with data in CV
CAS-47582-Y6M0CK	Request for A34 merge messages to be supported in CV5
CAS-48040-GQ45NX	request for facility to merge patient records
CAS-48510-M1M7T9	Customers would like to be able to specify a naming convention when saving documents from CV5
CAS-49086-J9P8R0	Would like a shortcut to bring up select patient
CAS-49830-W6N0T4	Customer would like a shortcut to bring up the subject list to avoid having to click on the icon
CAS-50339-J2H5V2	User would like to be able to save the data during the entry of data via a workflow rather than have to wait until the end
CAS-51193-Z3D0P6	Enhancement Request: Would like option to print patient list returned when a filter is applied in the Advanced Search tab in clinicalvision 5.3
CAS-51199-H4Q5B0	Enhancement Request: Extend Advanced Search functionality in clinicalvision 5.3
CAS-51343-M9W1R3	Enhancement Request: Advanced Search tab functionality in clinicalvision 5.3
CAS-51711-P1J5H2	Customer is requesting enhancement to the Advanced Search feature
CAS-51816-T0Y7X2	HD Kardex displaying care team members who are no longer active
CAS-51888-T5H9K7	Standard Report/Clinical/PD Kardex does not sort patients by alphabetical name and returns care team members who are no longer active.
CAS-52626-Q4H2Q7	Customer would like the ability to merge multiple patient records into one patient record
CAS-53259-T5J4M2	Enhancement Request - Keyboard shortcut within CV
CAS-54124-Z0M3B3	Customer experiencing issue from system setup calendar events. Unable to stop appointment
CAS-54301-P8J3P3	Would like to be able to use the advanced search and then export the results shown on the Home Page to a spreadsheet and/or print them off
CAS-54306-P2J6V7	The values for cause of death are taken from ICD10 codes and not the ESRD cause of death list from the UKRR
CAS-54406-X1Z7L9	Enhancement Request: Give users ability to type numeric values of lab results directly into Result column on Test Results grid when manually entering lab results
CAS-54512-P2Y9L6	Users are receiving an exception when running quick reports as there is a zip file in the directory
CAS-54693-M0Z7Y5	Template containing tables will not allow entering data in tables with IE11 unless it is recreated on a PC with IE11
CAS-54741-P4N1S8	Issue with Hemodialysis Treatment Summary report not showing flowsheet entries beyond 23:59
CAS-54813-V7K7Y0	Receiving Java Runtime Exception when trying to update medication orders in clinicalvision Test database
CAS-54910-R9L6S6	Users are receiving an error when attempting to report data through the reporting views
CAS-55037-M2D9X0	Patient's Diaverum data has not processed into CV as it includes a deleted treatment
CAS-55081-G8V1Y7	Users are receiving java exceptions when navigating the application

External ID	Description
CAS-55084-Z9Z8S2	Some Diaverum data has not come over for a patient
CAS-55087-X5C3Q0	Episodes is misspelt on the screen accessed from the HD order screen
CAS-55112-B4C5X9	LabResults reporting view definition is actually based on LabTests
CAS-55121-W3M6L9	Enhancement: Increase the character limit of the allergies field from 30 characters
CAS-55140-X2Y1D0	User cannot log into CV although they have a login because they have the pound sign in their password
CAS-55221-B6C4G1	Customised script to load up modality and modality settings for CKD patients does not work after upgrade to 5.3 R4u2
CAS-55229-B0M0W0	Document type for pdf files is not being included in outbound message
CAS-55261-C8T1R1	User is timing out when running Crystal Reports or querying the reporting warehouse
CAS-55328-R3W1Y7	User having problems with system not responding when opening a letter for a patient
CAS-55333-Q3M2W4	User receives a java.lang.NullPointer Exception when trying to add a surgical procedure retroactively to a deceased patient's record
CAS-55335-V4S4J9	Scroll bar is not visible when viewing the User Defined Lab Panel

The 5.3 R4u1 release contains fixes for the following issues:

External ID	Description
CAS-54297-H7D9R2	When adding new renal staff to CV user receives an error re receiving unexpected response re selection dialog
CAS-54314-K2G5H4	Query on why, when stopping an adhoc order originally created by a nurse, CV does not include the nurse in the list of users for the stopped by field
CAS-54475-V9P9J7	Document type of hemodialysis should be spelt haemodialysis in the Australian locale
CAS-54508-M4J2F6	URR data is only being submitted in the UKRR extract for a small number of patients
CAS-54550-P8J7S0	Issue with Dialysis Access termination Method and Reason being different in GUI and reporting View PatientVascularAccess
CAS-54614-Y7T7T6	Error in labs interface on Test re units being mandatory when they are mapped and present in incoming message
CAS-54652-T3Z9N7	Incoming lab message fails parsing because of apostrophe in FT segment
CAS-54696-D8Q5S6	Fluid chart log files are not included in the reporting views
CAS-54716-N9C0X2	Request for information regarding new CMS requirements for reporting to CROWNWeb for 2018
CAS-54785-C7Y9W0	CROWNWeb issues regarding 2018 requirement changes
CAS-54811-N6T3C8	Assessments field in progress note is not populated with the template name as previously

The 5.3 R4 release contains fixes for the following issues

External ID	Description
CAS-40727-OB9MGT	Request for comma after patient last name to identify and separate last name from first name

External ID	Description
CAS-47800-3MG2WJ	eGFR calculation in clinicalvision incorrect when serum creatinine is resulted in mg/dL (U.S.)
CAS-47801-8JB96L	Would like login audit data information available via the reporting database
CAS-47802-TQ3JKK	Request for user audit trail reporting
CAS-48941-J5T0D3	Request for Read only to be recorded in Audit Trail
CAS-49389-T2V8Z0	When patients exceed 4 sessions per week dialysis time period should be provided in the extract
CAS-49484-N0V7M1	Currently we do not send Albumin method and Albumin lower limits when submitting data to CROWNWeb
CAS-49522-X0P1R8	Standard reports "data warehouse" flag reset after upgrade to 5.2.14
CAS-49692-R3B8V3	Request for users to see the history of Primary Vascular access and Modality
CAS-50913-D2N4S1	Creatinine results included in the UKRR extract are not always the latest pre dialysis or unqualified result for that quarter
CAS-51202-M1M5P9	Enhancement Request to make clinicalvision audit trail easier to review
CAS-51320-V3B0T1	When trying to close screens using the X at the top right of the screens, the screen is not closing.
CAS-51621-V2Y9B3	Lab result is not showing in the user defined lab group on the left hand side when duplicated in the user defined lab group definition
CAS-51626-K2B6H2	Enhancement Request - make Audit tables appear in the reporting views
CAS-51754-N8M7W1	Existing Directives for Living Will are being changed from Living Will to Unknown with ADT events
CAS-52077-N1K5R5	Request for the Audit Trail to also show when a user has looked at a record and not just when they have edited it
CAS-52305-T0K6S1	Enhancement Request - Mean Arterial Pressure is reported by the FMC 2008T and 2008K dialysis machines but not captured in clinicalvision.
CAS-52347-D2K3Z8	Query on why Primary Renal Diagnosis is not being added to Patient View records
CAS-52534-D4X6S2	Once a report has been generated, it is not possible to change the parameter values
CAS-52981-R7L9Q8	Customer observes Standard Reports Type changing from Live to Data Warehouse following the upgrade to 5.3 R2u1
CAS-52986-G7X5L7	Request for information on the eKt/V calculation
CAS-53076-L7Y3H9	Question on extracting details of patients' modality history without querying the reporting views

External ID	Description
CAS-53684-Y8D3S2	Enhancement Request: Clinicalvision Audit Trail to display read/view access to patient records
CAS-53722-R8M9R7	Request to display names differently so that it is obvious which is the first name and which is the last name
CAS-53811-B2L0D9	Clinical Vision was not accessible following loss of connection to the database and a record was locked
CAS-53821-R2B1N8	Photo is rotating to landscape but rotates to portrait when opened
CAS-53856-W6H1L4	Error converting nvarchar to BigInt when accessing Timeline Events while logged in as Amal with Technical Administrator Role
CAS-53885-N9Z9H9	French Canadian Strings (update) for 5.3 R3 - candidate for General Release
CAS-53892-W3H8M5	Patient's lab results are not visible on active patient as matched on what appears to be duplicate NHS number on inactive patient
CAS-53933-Q6N8X5	Issue with workflows containing multiple views sequenced on a single page
CAS-53939-V3D7X6	Notes entered when creating recurring schedule on autonomous appointments are not visible on patient Calendar or Appointment List views.
CAS-53990-K1K1G8	Receiving Index error - index (15978) must be less than size (15959) when trying to use "Nurse Navigator/Educational Visit template adding a progress note
CAS-54011-G5F9P5	Issue reported with 'ORN ID VA Assessment R5-R6-Tran v6.5' report for NHS provider for month of February
CAS-54039-X9C2S7	Selecting an existing person on file when creating a patient record and editing the name also updates the original record that was selected
CAS-54068-Z3Y2L7	Changes required to QMS interface on Kang R3 using new QMS feature to get file approved during Beta Testing
CAS-54100-B4C1Q9	Notes manually entered in the BP/HR log record of an apheresis service record are not retained.
CAS-54161-Z0W3C7	Kt/V calculation does not return values if the patient does not change weight as a result of treatment
CAS-54178-F0Q6X2	Colon ':' in drug name in CV drug formulary results in unexpected formatting in other screens (drug name in medication order and medication order in medication service code)
CAS-54209-J9M3F7	When user zooms in when using IE, the directives icon disappears off the right of the screen
CAS-54224-K4J8J2	Question if pop up 'Order Treatments have been fulfilled do you want to stop order' can be audited
CAS-54225-C7R8F9	User receives a blank advanced search window when clicking on Edit Filters when using IE 9

External ID	Description
CAS-54243-X2X5L4	When user uses Show Latest Update to Instance the system is responding slowly
CAS-54247-J1T2M9	Kt/V is not being calculated where patients have a UF of less than zero or zero
CAS-54265-H9B2J1	Labs not processing into clinicalvision as the Cax Phos, adj was not in the LabResultName code set
CAS-54268-S7N3Y2	Would like to report on users who have left, but still have access to CV
CAS-54296-L0B2H0	Query on reporting on vascular access exit site and blood culture infections
CAS-54381-P4L1R3	The 6 months filter on lab results needs to be configurable to satisfy the differing requirements of customers
CAS-54392-C0K7B7	Upgrade to 5.3 R3 failed owing to an issue with observations
CAS-54404-M3S3B7	Incoming messages for 3 patients are not populating in the GP, NHS number or postcode
CAS-54438-H7Y2Y8	issue with staff member and patient getting crossed
CAS-54451-R0B8X4	Requesting assistance with reporting when progress notes are written
CAS-54506-C0G8P0	HCN is not interfacing to CV via the ADT inbound interface
CAS-54524-C0B6M2	Using the code set manager, making changes and saving more than 10 times results in clinicalvision becoming inaccessible.
CAS-54532-R1M3S0	Lab results not importing to CV for patient on Sept 27 and 28
CAS-54546-T7N5T9	Query on why Kt/V is not being calculated for a patient

The 5.3 R3 release contains fixes for the following issues

External ID	Description
CAS-20801-H7FQZV	Request for CV to display more useful text in APD Details field.
CAS-20859-K7PFF9	Need to be able to differentiate between Night and Day Exchanges for APD Prescriptions/Orders
CAS-20860-MC52ZD	Request to display Exchange No in Grid on PD Orders (Prescription) view. For both APD and CAPD.
CAS-25018-YYC1XZ	Add Night Fill Volume, Manual Day Fill (y/n0 and # of day fills to the APD order screen
CAS-27127-D1JX7F	Want the ability to disable observation templates once they become obsolete.
CAS-27586-ZL36FS	Observations/ Progress Notes would like to make the date in progress note details not a selection; in other words it pulls the current date and no option to edit
CAS-38769-S7WJZR	Would like the Assessment and Observation functionality in the Hemo Service to be more user friendly.

External ID	Description
CAS-42807-LG4MV7	Enhancement request - Customer would like CV to be able to automatically generate charge on correct account based on location of patient's dialysis
CAS-45994-KDKLD2	Enhancement Request: Changes to clinicalvision observation templates
CAS-46498-QYLD2H	discharge time required in post dialysis assessment screen
CAS-46869-SCBT2V	Incorrect Users name is being displayed on the treatment report for an assessment
CAS-47101-R1TCH4	Enhancement request for standardized foot and fall assessments
CAS-47676-P957WV	Issue with Pancreas Only transplants and the RR extract
CAS-48399-K4B0M2	Duplicate records for patient created, including same MRN when 2 users were entering data at the same time
CAS-45959-G4QL86	Enhancement Request: Changes to clinicalvision APD Details view
CAS-51445-H7S7C2	Enhancement Request for Tidal Volume field on APD Details view
CAS-51532-Y0R1T6	Patient record is being populated with an inactive GP and not the one in the ADT message
CAS-51973-S1M3H0	user receives Java exception when adding a patient's hd schedule
CAS-52143-V6G7F2	Request for changes to the PD prescription screen
CAS-52368-L5R7S8	Enhancement Request for the Advanced Filter option to filter on Vascular Access Type
CAS-52398-B1N0Z7	Request to add Phosphorus to the query list in advanced search
CAS-52414-T5Q2P4	GP record is being created in CV for the same GP whenever his patients receive an update via SCIStore
CAS-52652-Y2R3Z7	Query on deleted entry in audit log when nothing was deleted
CAS-52807-F4S5G7	Kt/V and URR calculated values are not displaying on the Adequacy tab for three patients
CAS-52928-M1L9Z3	Patient who was originally entered twice on CV is not receiving lab results as there are duplicate records in CV
CAS-53109-V9M1H7	Users receive an internal error 'nested transactions not supported' when editing an existing letter or stopping and restarting an order
CAS-53156-H7P1X4	Receiving an Array Index Out of Bounds Exception when attempting to delete code set values in the observation code set
CAS-53214-J4C9X2	Number of HbA1c results in the UKRR extract have declined in Q83 (Q3 2015)
CAS-53231-B1K2X2	Query on what Office Visit Services under Observation on the Patient Timeline is referring to
CAS-53279-T2Z5J8	Some AKI patients have not been included in the UKRR extract for 2015 Q3
CAS-53320-P3P3N3	Question regarding the use of CodeSet "ReasonForAdditionalService"
CAS-53443-T9V9D6	Error presented to user while documenting a new subject - location
CAS-53543-D0N7W0	Dialysate temperature not crossing to CV through the GBX connect and is not displayed in the Machine Temp on HD Flowsheet Entry
CAS-53583-B8D5T5	Customer requesting change to pop up message when a patient's number of doses on the med order have been fulfilled as it is confusing

External ID	Description
CAS-53609-H7P8V5	Receiving Exception when updating a HD service request to Not Completed as Vascular Access Type of Unknown has been purged from code set
CAS-53648-K4D6V7	When stopping and restarting an HD order the location on a future appointment which was different from the recurring schedule's location, is changed to be that of the recurring schedule
CAS-53649-P6R6W8	When an action item is marked as actioned the user's name is entered in the Actioned By field, but removing the check from the Actioned checkbox does not clear the Actioned By field
CAS-53682-J8K9H0	Customer reporting issue running the ORN Treatment Event R5 v2.10 report
CAS-53701-S0L6F9	Charge file not showing Dialysis treatment as the first FT1 segment for a patient for a Date of Service
CAS-53731-B9V6N5	Request to modify HL7 file layout when sending to QMS
CAS-53778-P4H2Q8	Some Diaverum sessions have not been populated in CV
CAS-53886-N6G9W9	Receiving ArrayIndexOutOfBoundsException when trying to change a code set
CAS-53911-G7C3L9	Receiving Data from Ibox in 2 min interval and customer needs this to be reduced

The 5.3 R2u3 release contains fixes for the following issues

External ID	Description
CAS-53186-B4R0P3	Receiving error while re-upgrading on new hardware from 5.2.6 to 5.3 R2
CAS-52873-T1L3K4	Issues during Testing DDI - Braun interface with Clinical Vision
CAS-53235-L9B3B9	Calendar shown in Orders, Patient Status and other areas has a typo for Wednesday with the French translated days of the week, indicates Mar but should be Mer
CAS-53249-K1R0H5	Client indicates that the default time provided for appointments created with the MBW calendar is inaccurate.
CAS-53248-F5Q2C9	Client observes issue with Medication Rx/Medication Service Auto-Complete not displaying items for selection as well as the calendar not displaying when clicking the calendar Icon.
CAS-53270-F3X0G2	Error message encountered when using the patient transfer in the Test system "Service Date must be greater than or equal to Order Start Date"
CAS-53308-Y3V7N5	Error selecting All Scheduled Events, Locations, and Patients tab when using Scheduled events by Provider

External ID	Description
CAS-53326-Z6D9F2	Message presented to user when working with Scheduled Events by Provider is in English and should be in French in the CV Locale
CAS-53353-N1Y3X9	Users receiving error message when stopping and restarting orders 'service date must be greater than or equal to Order Start Date'
CAS-53106-B6R0Z9	Client observing discrepancies with ORN Report - ORN Treatment Event R5 v2.9
CAS-53381-K6C4X2	User receives error when generating scheduled dates
CAS-53368-K7C8Z6	Do-Not-Use abbreviation - D/C@ found during review of Hemodialysis Order/Anticoagulation Therapy
CAS-53392-T3L1H0	BBraun interface Testing - Treatment summary values showing long format beyond the decimal point
CAS-53437-Y4V0V5	While working in scheduled events calendar view the client observed appointments that were not for the patient that was selected
CAS-53455-B7T6P2	In the advanced search in the French Canadian locale, French characters are not displaying correctly
CAS-53456-R8W5Z4	Advanced Search - French Locale (Look-up field displays an error message 'Failed')
CAS-53501-Z1H0C9	Request for the verify orders to only display order for the currently selected patient
	Request to add SF36 Survey and KDQOLSF Survey data to RW

The 5.3 R2u2 release contains fixes for the following issues:

External ID	Description
CAS-51606-Z1T6J0	Patient who has an undocumented scheduled appointment is not showing up in the undocumented scheduled events report
CAS-52197-K6J8L7	CV advanced search is not returning results for transplant status where only the Renal package is available.
CAS-52265-Q6L5V2	Issue with Advanced Search Edit filters button and New Filter selection being blank for one user

External ID	Description
CAS-52268-F5Q9V9	Security Issue - Despite the security restrictions users are still able to add a stop date
CAS-52303-H3R6B8	Unable to scroll to the bottom of the page using IE 11 with reports
CAS-52334-L8R3G5	Users unable to enter text in document templates since 5.3.x upgrade
CAS-52452-C2W7H6	Web Template Editor not working in Template Manager for IE 11
CAS-52456-Y4D8H9	Adding an appointment via the calendar view under HD appointments does not result in an appointment
CAS-52490-V5Y8P3	User is allowed to add an appointment on an order that is past the stop date of the order but cannot complete the appointment
CAS-52494-S9M8C8	Multiple Errors on the RIXG channel referring to Pgp encryption
CAS-52559-L4B1G2	Enhancement Request - Currently transfer button requires user to be a member of medical staff and actually should be accessible for all Renal Staff
CAS-52606-K8G5G4	Transfer button is greyed-out when using the new patient transfer wizard
CAS-52609-W3F4Y7	Client experiences browser slowness while working in clinicalvision
CAS-52623-B1D6M4	Patient does not have Kt/V showing on HD Kt/V tab of kidney function lab panel but has value on the Adequacy tab
CAS-52664-M1K9P2	On the HD appointments screen, in the bottom grid the Admin Date Time column only shows the date
CAS-52665-F6D0D0	When putting a stop date on a member of a care team, after saving, the member is still shown as active and the stop date is not present
CAS-52688-M7C4H4	Issue with multiple patient's pre dialysis labs not posting to clinicalvision
CAS-52722-D4D9J8	When adding a plasmapheresis administration record, the patient's access is not populated on the record
CAS-52730-C5M2R4	Mirth configuration for MrnField is not processing the expected MRN to clinicalvision
CAS-52755-F2G7T5	Letters are not going across to SCIStore for several patients
CAS-52792-G5K5P6	Kt/v not calculating for one patient

External ID	Description
CAS-52831-L3D3J0	Patient Transfer Wizard button is Greyed out and Pam cannot test feature
CAS-52857-X0M6B1	Amylase (Urine) is mapped but the result is not populating the Urinalysis/Urine Chemistry view as Amylase, U
CAS-52864-H3S4T3	Customer has not received charge file since 5-21 and needs file for 5-22 through 5-31
CAS-52891-H4Q0Z2	Query on what the 'Opt in to Renal Patient View' option on the registration screen does
CAS-52893-P0V5J3	Enhancement Request - Client requesting the Reason Not Documented be added to the reporting views for Immunizations
CAS-52897-H3Q6L9	When editing Places on the Home page the selected tab does not show any of the selected options, but only the ones that have not been selected
CAS-52946-W2K0V1	When doing a stop restart on a schedule associated with an order where the schedule is using the Patient's HD Schedule the previous schedule does not retain its schedule detail.
CAS-52960-X9W7L8	Discrepancy with the Post Dialysis Temp listed on the Hemodialysis service record
CAS-52970-R9T0J4	Advanced Search - System crash if a query takes longer that 15 seconds
CAS-52979-H2F0T5	User receives an internal error when running an advanced search for HD patients with appointments on current day
CAS-53018-P7P2M4	Client observing functionality changes with editing their Nutrition Templates with IE11
CAS-53023-Y4Q0T1	Client observed that the Post BUN did not associated with the appropriate HD treatment record.
CAS-53034-T8S8N8	Questions regarding the sending of the vascular access create date to CROWNWeb
CAS-53049-F9S4M1	Query on the Transfer function being grayed out
CAS-53100-D8S8Z1	Issue with drug name format when entering a home medication in clinicalvision

The following issues were resolved in version 5.3.R2u1:

External ID	Description
CAS-51542-Z7N7D2	User receives message 'The field HD Assessments and Events.Date is mandatory for HD Assessments and Events' when saving a not completed HD treatment record
CAS-52148-N5W1W6	Patient is included in extract when they were not an acute, HD or plasma exchange patient
CAS-52445-P7R8G7	Post Dialysis BP readings are not submitted in the UKRR extract when they have been entered on the service record unless they are in the HD flowsheet record
CAS-52489-K5K0G6	User receives message 'You have entered an invalid date range. The Stop Date has to be greater than or equal to Last Date of Service' when trying to complete a service record on a stopped order
CAS-52512-T2S7N1	When stopping and restarting an HD order in the workflow, an appointment for the current day is not created although it is in the schedule
CAS-52518-D7G0S9	In the CHD Patient Treatment workflow the user has added an appointment with no service and cannot add a service subsequently
CAS-52519-V0K7Z3	Patients who are not currently being treated for AKI are being included in the UKRR extract
CAS-52553-F0B5J2	Error received when attempting to create a service master item
CAS-52555-Q8D4M9	User receives error message 'Value of field Date of Service.To not valid. Stop date must be after start date' when stopping and restarting an order
CAS-52605-X3S7S9	Would like 'Order not found' warning for the Diaverum interface to be an Error to ensure this is not missed
CAS-52616-C5T1D3	Client observed a negative value for Calcium Adjusted since upgrading to 5.3 R2 from 5.2.21
CAS-52647-K2P1T2	Client is able to view other staff members My Vision Mail Messages by clicking the Home Page Message Link items (Inbox, Outbox, Request to Sign) and using the Arrow scroll item at the top of the page
CAS-52693-R8T8D8	Certain lab results not processing into CV from Ascend

The following issues were resolved in version 5.3.R1u5 and are also resolved in 5.3 R2u1.

External ID	Description
CAS-50741-K1W9L1	When working to document in templates the system idle timeout does not reflect work being done
CAS-51322-M0F7X1	Receiving ERROR message when data is re-sent from Lab Vendor
CAS-51555-W7J3Y5	Typing in the name of medical staff in the Ordered By field for an order allows selection of staff who do not have permission to write medical orders
CAS-52341-V6J4D0	When linking lab results to a PD or vascular access infection the user can only add any lab results once as when they return to the list of lab results it is subsequently empty
CAS-52349-G3Z2R2	Staff field in Hemodialysis Flowsheet reflects staff who marked treatment record completed not the one who had updated or created the flowsheet entry
CAS-52376-N9L8S8	Behaviour with Dialyzer/Safety Check Staff 2 has changed with the upgrade from 5.2.17 to 5.3R1u4
CAS-52408-S0S1K9	No entry in the co-signature staff fields in reporting views for medication service records that have co-signatures
CAS-52100-Q1N3G6	Unable to report on Organ Details for an organ on a Donor Referral Event through the AU live views
CAS-52436-R7F2H9	Numbers from the number keyboard are not recognised when searching for station id
CAS-52459-H7M4W1	Cannot Expand Comorbid Conditions so the sub code can be selected
CAS-52522-B9M9N3	Reporting views reflecting CanadianEnglish when setup as CanadianFrench
CAS-52537-Z5Y6P9	Client CROWNWeb submission seeing warning message when processing RM message type

The following issues were resolved in version 5.3.R1u4 and are also resolved in 5.3 R2u1.

External ID	Description
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CAS-51976-J4V8S0	Values listed in Order Indications/Other Indications on an Order are not available in the US CVRW
CAS-52253-S7M8R5	Deleted subject tray is shown by default when logging back in, with an incremental number as the name of the subject tray
CAS-52256-D9Q3H7	User receives an exception when attempting to PIN several patient records.

4. Known Issues

4.1 Chrome and Office 2013

With the release of Clinicalvision V 5.3 R1, Clinical Computing added functionality, which allowed users of Google Chrome to have documents created using a document template to open, in Word 2013, Excel 2013 etc., automatically as it does when using Internet Explorer.

The Chrome plugin that Microsoft developed to allow this functionality uses an old, deprecated, API in Chrome. Google have now disabled this API by default, so the plugin is no longer available.

The plugin could be re-enabled manually (as a workaround) until September 2015 when the API was permanently removed.

Microsoft were planning to deliver a SharePoint update that fixes the problem in August 2015.

Further details from Microsoft here:

http://blogs.technet.com/b/office_integration_sharepoint/archive/2015/04/24/unable-to-open-sharepoint-documents-in-rich-client-from-chrome.aspx

4.2 Finesse Interface

Whilst testing the Finesse Interface, we discovered that the Interface does not function when used on a system installed with Java 8. Therefore, it is very important that where the Clinicalvision V Finesse Interface is deployed, the version of Java is not updated to Java 8.

Please note that we have no plans to support Finesse in any future versions after 5.3 R2u2.

4.3 Lab Graphing – Internet Explorer 8

Lab Graphing in Internet Explorer 8 tends to be slightly slower than with other browsers. This is something we are aware of and have provided a “working” message to show that the Lab Graphing is processing. Upgrading to a newer version of Internet Explorer will vastly improve the performance of Lab Graphing.

When two or more lab results have been selected, hovering over the lab result in the legend does not result in the y-axis being displayed.

4.4 Clinicalvision Reports – Internet Explorer

When using Internet Explorer 11, once a report has been generated, it is not possible to change the parameters via the Report Viewer. If the parameters need to be changed, it will be necessary to generate the report again from the Report Manager.

4.5 Clinicalvision Reporting Warehouse

With the release of Clinicalvision V 5.3, the Clinicalvision Reporting Warehouse is installed as part of the Clinicalvision V Application Server. As a consequence of this change, the Clinicalvision Reporting Warehouse install remains listed in the Add/Remove Programs Control Panel.

It is safe to manually remove the Clinicalvision Reporting Warehouse install once the Clinicalvision V Application Server has been upgraded to Clinicalvision V 5.3.

4.6 Document Templates – Firefox Support

From the clinicalvision V 5.2.4 release onwards there is limited support for using Firefox as a browser and for accessing Document Templates using WebDAV (Web-based Distribution Authoring and Versioning). During testing, we have found instances of Firefox installations that do not work correctly with the WebDAV plug-in. We will continue to investigate these issues and provide a fix if possible in a future release.

Even without the WebDAV support, it is still possible to use clinicalvision V Document Templates from 5.2.4 onwards.

4.7 Document Templates – Firefox, WebDAV and https

The clinicalvision V Document Templates make use of WebDAV. To use this technology in Firefox, it is necessary to have a suitable third party plug-in installed. The clinicalvision V Application Server provides this and Firefox will attempt to download it automatically. Due to security within Firefox, downloading the plug-in over https when a self-signed certificate is in use will result in the download failing.

To overcome this problem, the http protocol can be used, but this will require a change to the clinicalvision V Web Application Server. As http is not secure, enabling the connector needs to be temporary and should be reverted as soon as the plug-in has been installed on all client machines using Firefox.

To enable http, the connector will need the comment tags removed in server.xml, see below:

HTTP Access Disabled	HTTP Access Enabled
<pre data-bbox="217 539 845 674"><!-- Disabled to prevent non-SSL access <Connector port="8080" protocol="HTTP/1.1" connectionTimeout="20000" redirectPort="8443" /> --></pre>	<pre data-bbox="900 539 1324 647"><Connector port="8080" protocol="HTTP/1.1" connectionTimeout="20000" redirectPort="8443" /></pre>

Once the change has been made, the clinicalvision V Web Application service will require a restart.

To install the third party Firefox plug-in, the client browser will need to connect to the clinicalvision V Web Application Server using http, that is:

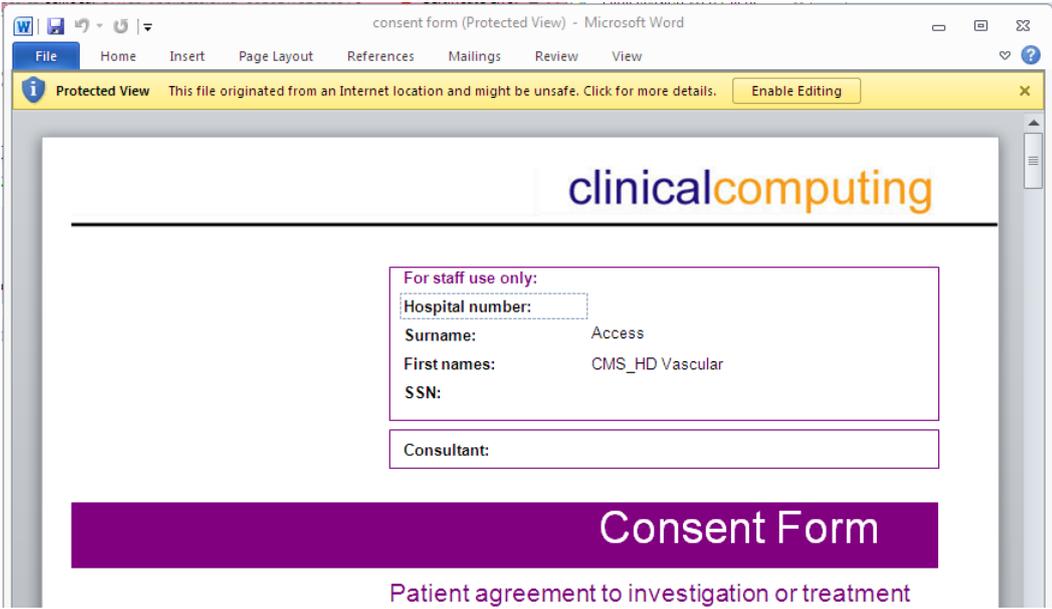
<http://<myappserver>:8080/cvweb> (where <myappserver> is the Clinicalvision V Web Server machine name)

4.8 Document Templates – Accessing templates via an external URL

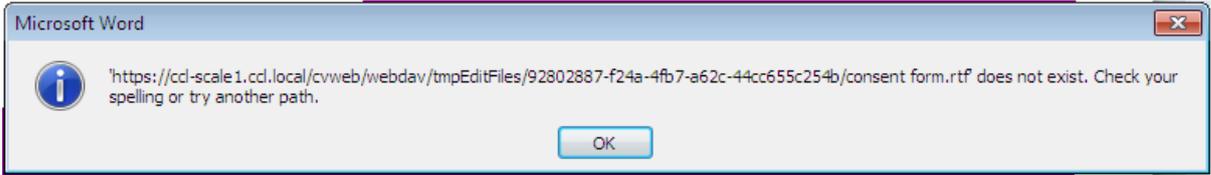
In most cases, users will connect to the clinicalvision V Web Application Server via an internal URL (<https://myappserver/cvweb/>). However, it should be noted that Microsoft Office behaves differently when accessing and downloading documents from an external URL, for example: (<https://myappserver.clinicalvision.com/cvweb>)

4.9 Document Templates – Microsoft Office 2010

By default, Microsoft Office 2010 will open documents downloaded from the Internet in **Protected View**. When a document is opened in Protected View, it is not possible to edit the document. The document will display the Protected View message bar, which incorporates an **Enable Editing** pushbutton.

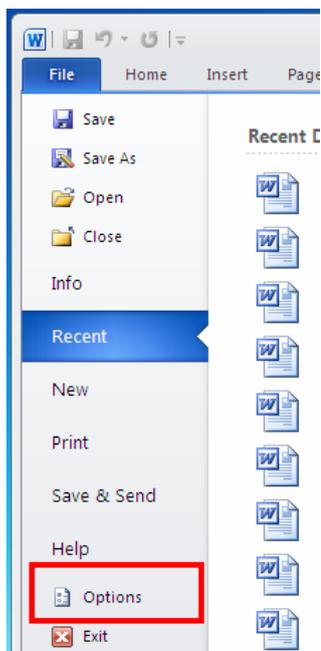


Unfortunately, pressing this button results in the document reloading which fails with the following error:

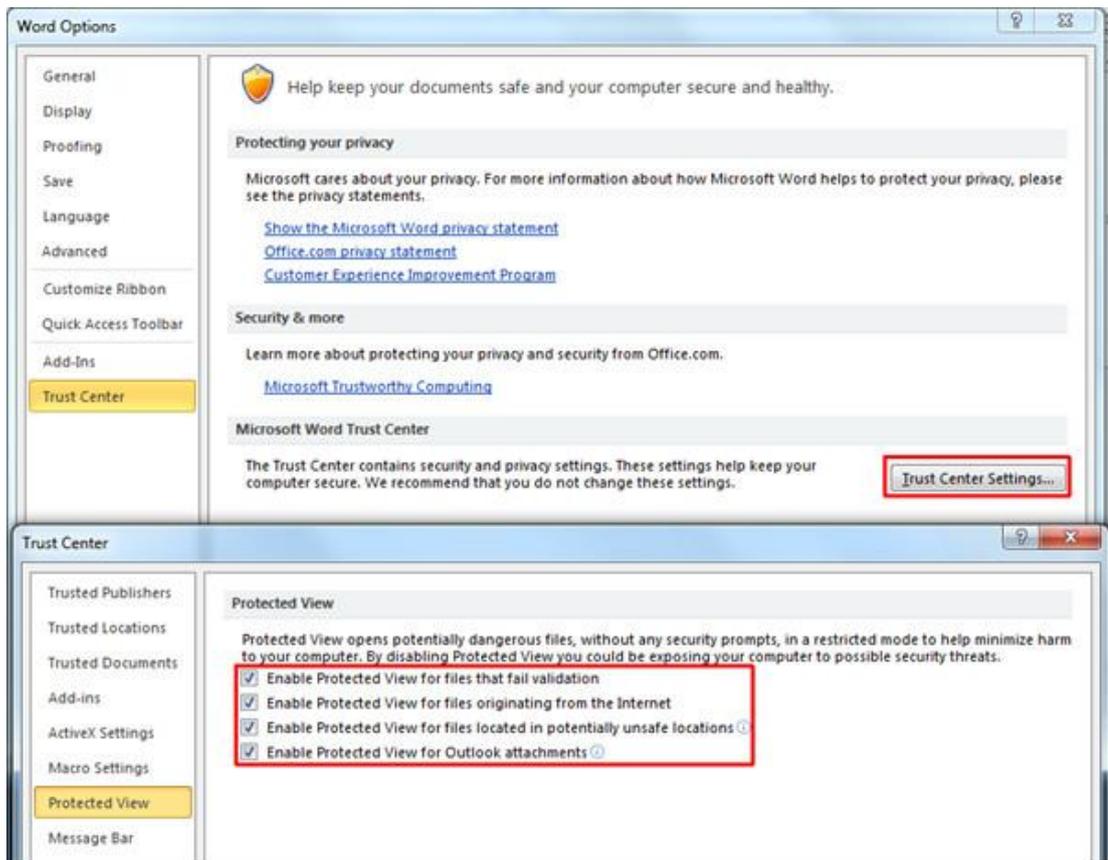


4.10 Document Templates – Microsoft Office 2010 – Disable Protected View

It is possible to disable documents from opening in **Protected View**; however, this is the least secure solution. To disable **Protected View**, select **Options** from the File menu in Word.



Select **Trust Center** from the left sidebar and then click the **Trust Center Settings** button in the main window. In the Trust Center dialog window, select **Protected View** from the left sidebar and uncheck the check box for **Enable Protected View for files originating from the Internet**.



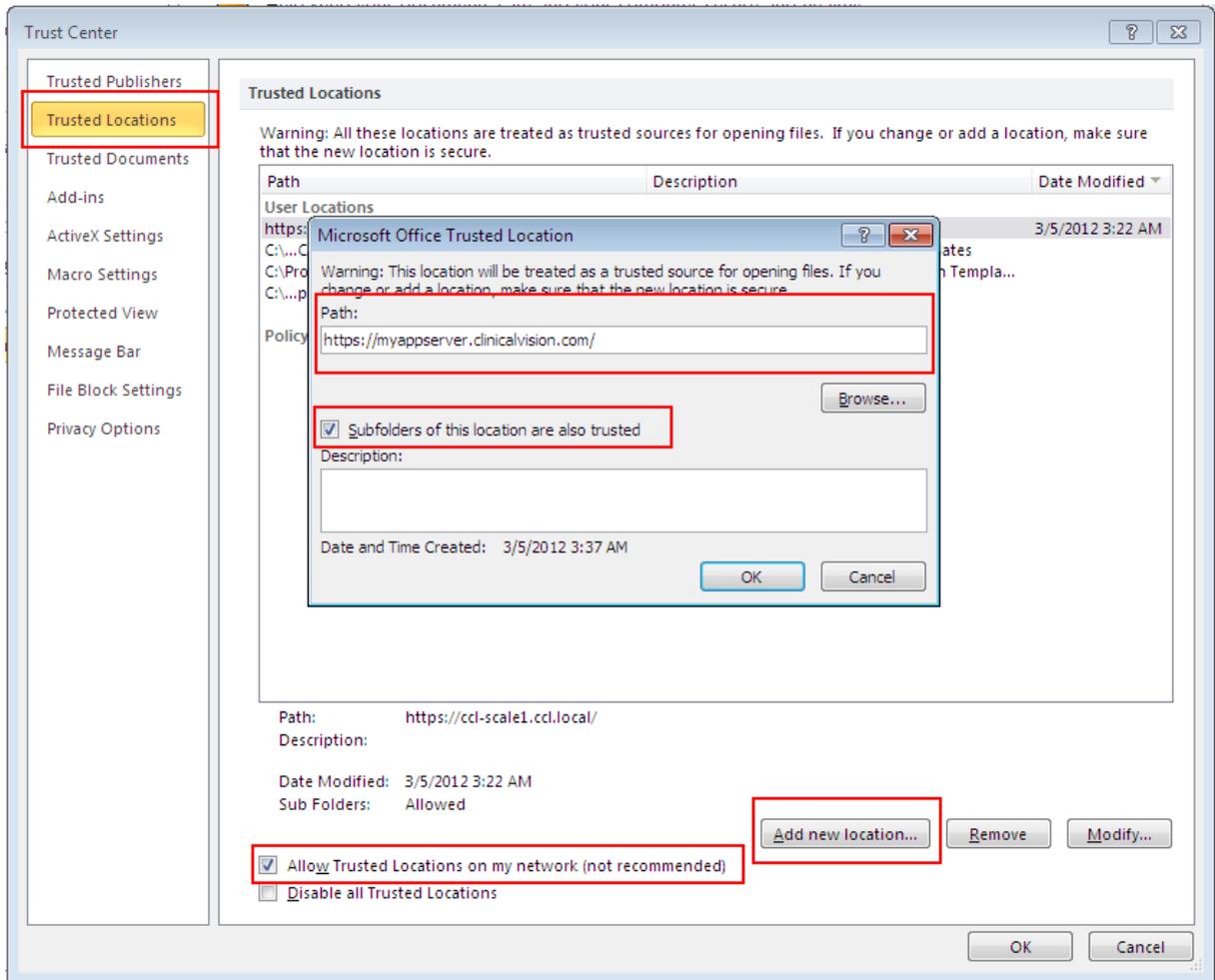
This will need to be completed for each Microsoft Office 2010 product that you wish to use with clinicalvision V.

4.11 Document Templates – Microsoft Office 2010 - Adding the External Site to Trusted Locations

A safer solution to the problem is to add the external site to the **Trusted Locations**.

Select **Trust Center** from the left sidebar and then click the **Trust Center Settings** button in the main window. In the Trust Center dialog window, select **Trusted Locations** from the left sidebar. In the **Trusted Locations** dialog, ensure that the **Allow Trusted Locations on my network (not recommended)** is checked. Press the Add new location ... button.

With the **Trusted Location** dialog open enter the external site's URL and ensure that the **Subfolders of this location are also trusted**.



This will need to be completed for each Microsoft Office 2010 product that you wish to use with clinicalvision V.

4.12 Document Templates – Windows Vista or Windows 7 Microsoft Office 2007

Users of Windows 7 or Windows Vista with Office 2007 installed may encounter an issue where they are prompted for login credentials. This is a known issue with Web Client Service.

The following Microsoft KB articles may be of use. Please note that Microsoft, not Clinical Computing, provides these fixes:

Prompt for Credentials When Accessing FQDN Sites From a Windows Vista or Windows 7 Computers -

<http://support.microsoft.com/?id=943280>

You receive a password prompt when you close a Word 2007 or Word 2003 document in Internet Explorer 5.0 or later versions –

<http://support.microsoft.com/kb/822128>

4.13 ADT Outbound A08 Message Triggers

The following all cause an A08 message to be generated if they are added, deleted or edited, where the ADT outbound interface is enabled:

MRN

Name

Address

Date of Birth

Sex

Race

Marital Status

SSN

– US Locale

Ethnicity

Citizenship

Nationality

Language

Telephone No

NHS No

– UK Locale

(Patient Management > Demographics)

The following do not currently generate an A08 message if they are added, deleted or edited:

General Practitioner

(Patient Management > Demographics) – UK/Australian Locale

Medical Practice

(Patient Management > Demographics) – UK/Australian Locale

Medical Diagnosis

(Patient Management > Diagnosis and Problem List > Diagnosis and Problem List)

Creating a new **Primary Renal Modality** will cause an A08 message to be generated, but creating a new current modality that is not primary (or editing the existing one) does not currently generate an A08 message.