INSTALLATION OF CLINICAL REMINDERS 1.5 SOFTWARE

1. PURPOSE: The purpose of this Veterans Health Administration (VHA) Directive mandates the immediate installation and use of the Veterans Health Information Systems and Technology Architecture (**V**IST**A**) Clinical Reminders 1.5 software.

2. BACKGROUND

　　a. Information Letter 10-98-013 established VA standards for evaluation and testing of veterans for Hepatitis C Virus (HCV). Software developed within the Department of Veterans Affairs (VA) assists in clinical management of veterans and provides data regarding progress toward meeting established standards.

　　b. Clinical Reminders 1.5 software is a **V**IST**A** product that was released to the field on June 21, 2000. This package builds on the functionality originally contained in the Patient Care Encounter package and streamlines the clinical reminders process in conjunction with guidance received from the National Advisory Council for Clinical Practice Guidelines.

　　c. Clinical Reminders 1.5 software provides the framework for the functionality of two patches that will be released soon, i.e., Laboratory software v5.2 patch (LR* 5.2*260) and Clinical Reminders software v1.5 (PXRM*1.5*1). Clinical Reminders 1.5 software does not require the Computerized Patient Record System (CPRS) Graphical User Interface (GUI); however, the CPRS GUI v14 provides additional functionality to streamline the clinical reminder process for clinicians at the point of care.

3. POLICY: It is VHA policy that the Clinical Reminders **V**IST**A** package be used to extract Hepatitis C information to augment the Emerging Pathogen Initiative (EPI) database.

NOTE: Patches that support the Hepatitis C reporting process depend on the presence of Clinical Reminders 1.5 software.

4. ACTION: By July 30, 2000, each facility will:

　　a. Install Clinical Reminders 1.5 software. Roll-out of the patches that support the Hepatitis C reporting process will begin in August. At that time further instructions will be provided related to a phased seeding of Hepatitis C data into the national EPI database.

　　b. Follow instructions in the Clinical Reminders 1.5 Installation Guide for mapping Hepatitis C risk assessment terms.

　　c. Ensure the encounter process (Automated Information Collection System (AICS), Patient Care Encounter (PCE) and CPRS GUI) utilized at each facility is set up to collect Hepatitis C risk assessment data.

THIS VHA DIRECTIVE EXPIRES JULY 31, 2005

  d. Set CPRS parameters to include the risk assessment reminder on the cover sheet.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Office of Information (192) is responsible for the contents of this directive.

7. RESCISSIONS: None. This VHA Directive expires July 31, 2005.

       S/ Melinda Murphy for
       Thomas L. Garthwaite, M.D.
       Acting Under Secretary for Health

DISTRIBUTION: CO: E-mailed 7/20/00
        FLD: VISN, MA, DO, OC, OCRO, and 200 – FAX 7/20/00
        EX: Boxes 104, 88, 63, 60, 54, 52, 47, and 44 – FAX 7/20/00