

WEBCIS VERSION 2.9.07
MAJOR NEW FUNCTIONS
Release Date 05/02/2008

1. The IV home meds box now under "Discharge Meds" in the direct entered discharge summary will be moved to the "Discharge Instructions" tab just above the boxes for PICC lines etc. This box will NOT allow copying and pasting. Therefore the only way to create the discharge oral medications under the "Discharge Meds" tab in the discharge summary will be to PROPERLY adjudicate the meds from CPOE to the WEBCIS main med list in the manner that has been described to you in multiple news letters and EMAILs from myself, Dr. Goldstein, and Dr. Runge. The CPOE piece must be done by a physician (usually the house-staff officer) but the adjudication within the WEBCIS "Meds" tab can be assigned to any provider, i.e. a physician extender, a pharm D, or any other team member who is available and has access to this capability. These meds will automatically show up in the "Discharge Meds" area of the discharge summaries. Though this will take some extra time, it is essential for patient safety, and regulatory agencies are looking very carefully at points in hospitalizations that med errors usually occur, with discharge being the prime example. When properly performed, these meds in the discharge summary will automatically pass to the nurse's electronic discharge documents in E-chart, thus avoiding duplicate work and errors in transfer from one form to another.
2. A Patient correspondence template will be available under Create Notes for communicating lab results, written follow-up instructions, or anything else to the patient. When completed, a copy should be printed and sent via U.S Postal Service (snail mail). Users should use the My Forms tool to create their own tailored letters to patients. Please remember to hit the save and continue button every time a "radio" button is given a name as well as anytime a text box is filled in. No radio buttons will appear if you only use the master template so please play with the "my forms" tool to create your own templates. These forms may be routed to an administrative assistant or any other personnel who you may assign to mail these documents out. In the future, we are planning a WEB based patient portal which patients can sign into, and these reports would be accessible there, and not require direct mailings.
3. Ability to add an addendum to any direct entered report. These will not be available for transcribed reports. Addendums added by a resident will automatically be routed to the activity list of the attending who was routed the original note. Teaching attestations will be available for these addendums.
4. Direct entered and dictated Discharge summaries will be combined under their respective headings in one Discharge Summary report folder.
5. Physicians can be unassigned or assigned from "Primary Specialty MD" areas of the application.
6. Op note titles will be successfully pulled into direct entered discharge summaries.

7. Discharging attendings will be automatically populated into the direct entered discharge summary notes and preselected for routing in the routing screens. If the defaulted attending is wrong, the name may be changed with a search button
8. "Provider not found" with resulting message sent to Carolina Consultation Center will be available in routing screens for all direct entered notes, exactly as the process for transcribed notes.
9. Progress notes propagation logic will be changed from the existing algorithm of "same patient, same admission and SAME user login" to "same patient, same admission and SAME SERVICE". This will allow for resident A to do a progress note, and resident B taking call the next day to have resident A's note appear as a default "starter" for the next progress note. For this to work properly, the first thing the user should do is to make sure the proper "performing service" is the first thing filled in under the "service" tab before proceeding with the rest of the note. If the wrong service is chosen, no propagation will occur.
10. The brief discharge summary will be saved as its own document heading (even if there is a full summary that goes with the same admission) as a document within the Discharge Reports list.
11. There will be a hyperlink to the patient record from the outpatient delayed document list.
12. There will be an extra tab in the activity list that is labeled "WIP" which will bring forward all "work in progress reports" which the user has saved but not finalized (excluding discharge summaries which are multiuser accessible).
13. Active Problems with their annotation and ICD9 codes will be automatically pulled forward to the assessment and plan for direct entered outpatient notes.
14. The operative schedule will be able to search by MRN and/or anesthesia resident and these will be displayed on the schedule.
15. Reports will have a new sort feature: "All reports by Date" which will group all reports together in reverse chronology order based on the Admit Date of Service date within the user designated date range. This tab will be found just under the main tabs of the patient record.
16. The pharmacist instructions (if present) will be pulled to the med section of the discharge summary
17. The phone message will have the ability to cc any user and will allow for automatic generation of a cc list for those who have been in the "tree" of iterations of the original message. This list will NOT be defaulted and the user will have to volitionally generate a cc list. The cc itself will appear in the correspondence section of the activity list of the recipient.
18. The discharge date will be added to the list of discharge summaries in the first view of discharge summaries.

19. Several custom departmental forms will be added (NCC Short Stay Form, prepopulation of Ht/Wt in Phy/Pre-participation forms and other departmental forms).
20. Pharmacy searches under the "Medication" tab will include phone number and the phone number of pharmacy will display once a pharmacy has been assigned.
21. Printed outpatient "Summary sheet" will include the referring physician (if one is present) within the top header.
22. Immunizations will now have its own tab on the main top Menu tabs under the patient view and will no longer be present under Health Maintenance. This is where users (including nurses and physicians) should go to see what vaccines are due or done. Nurses giving the immunizations will be able to fill in all the data (now done on paper) required by regulatory agencies as well as printing a full immunization history to send to an agency or give to the patient. This should be used by inpatient nurses as well to document administration of a vaccine. More information about usage of this area is in the context sensitive HELP system on WEBCIS.
23. A new icon "WHAT'S NEW" will be displayed on top of the left navigation bar, that will contain the information in this document and in the future contain any new additions or changes to Webcis.

This will be the last large new version of WEBCIS released for the next 12 months. Over the next year we will be concentrating on improving the speed, performance, and reliability of all of our applications, along with departmental specific additions to WEBCIS, such as an Obstetrical record from outpatient through delivery. Other specific additions, such as a "rounds report", an oncology module, importing of digital pictures (dermatology, GI, arthroscopy etc.) into WEBCIS notes will also be in progress over this time.

As always please send any comments, bugs or questions to me at rberger@unch.unc.edu.

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