



The Pharmacy & Oncology Collaborative Forum

November 8-9, 2023

MEDITECH

MEDITECH

VISION

Advance digital health record technology so every patient and their providers can access their health information and participate in their care. We believe every healthcare organization can better serve its community with open access to electronic health records, clinical knowledge, and data.

MISSION

Enable global healthcare organizations to deliver safe, efficient, and impactful care to the communities they serve through our comprehensive software, services, and technology

VALUES

Integrity
Investing in the future: people, process, and technology
Sustainability and focus
Fiscal responsibility
Ensuring a positive long-term impact on customers, staff, and the industry

Our solutions drive organizations to improve efficiency; guide clinical, financial, and operational decisions; and connect clinicians across a dynamic healthcare ecosystem in support of holistic, person-centered care.

Pharmacy Advisory Committee Mission Statement

Our mission is to advance pharmacy informatics throughout healthcare organizations, and to enhance safety and efficiency of pharmacy practices. Committee members serve as subject matter experts that participate as stakeholders for various development projects, as well as on sprint reviews. These sprint reviews provide opportunities for our Advisory members to offer feedback on design, functionality, and user-centered workflows for development consideration.



Oncology Collaborative Mission Statement

To advance oncology informatics throughout healthcare organizations and to enhance safety and efficiency of oncology practices. The ONC Collaborative Forum will serve as subject matter experts and provide guidance, recommendations, and conceptualization on Oncology Best Practices through the use of MEDITECH software and provide feedback for the future design of the Oncology application.



AGENDA 11/8/23 AM Session

- **Welcome and Success Stories**
Presenters: Matt Soehl/Katelyn Maynard
- **Allergy Management**
Presenter: Kristian Cardillo
- **GenomOncology**
Presenter: Hannah Schwartz
- **Diagnosis and Indications**
Presenter: John Heeren
- **Offsite Pharmacy Workflow**
Presenter: Emily Harris
- **Pharmacy Interface Corner - Dispensing Machine, AIMS, and IVWMS**
Presenters: Sara Caetano/Sue Liebherr



Success Stories

Katelyn Maynard

Senior Specialist, Client Services Pharmacy

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Success Stories

“

We opened a freestanding surgery center across the parking lot and it uses our same meditech facility. Mastering the OE and PHA sites setup and config to limit order strings and order sets shown to staff when patient is registered to that other building was a huge success!

”

**Andrew Ventura, Pharm.D,
MBA, CPHIMS**

Pharmacy Informaticist,
Information Systems

Augusta Health Care Inc.

Success Stories

John Heeren, MS RPh
Systems Analyst, Pharmacy
& Oncology

Valley Hospital

We rebuilt the Oncology Diagnosis and Indication Dictionaries to improve Provider lookup and Treatment Plan selection. This helped reduce redundant indications to prevent provider confusion and streamline look up.

Success Stories

**Joshua Smallwood,
Pharm.D**

Director of Pharmacy
Informatics

Appalachian Regional
Healthcare

We implemented a new build for DKA protocol that reflexes orders based on patient's labs for the nurse to order.

Allergy Management Discussion

Kristian Cardillo

Senior Specialist, Client Services Pharmacy

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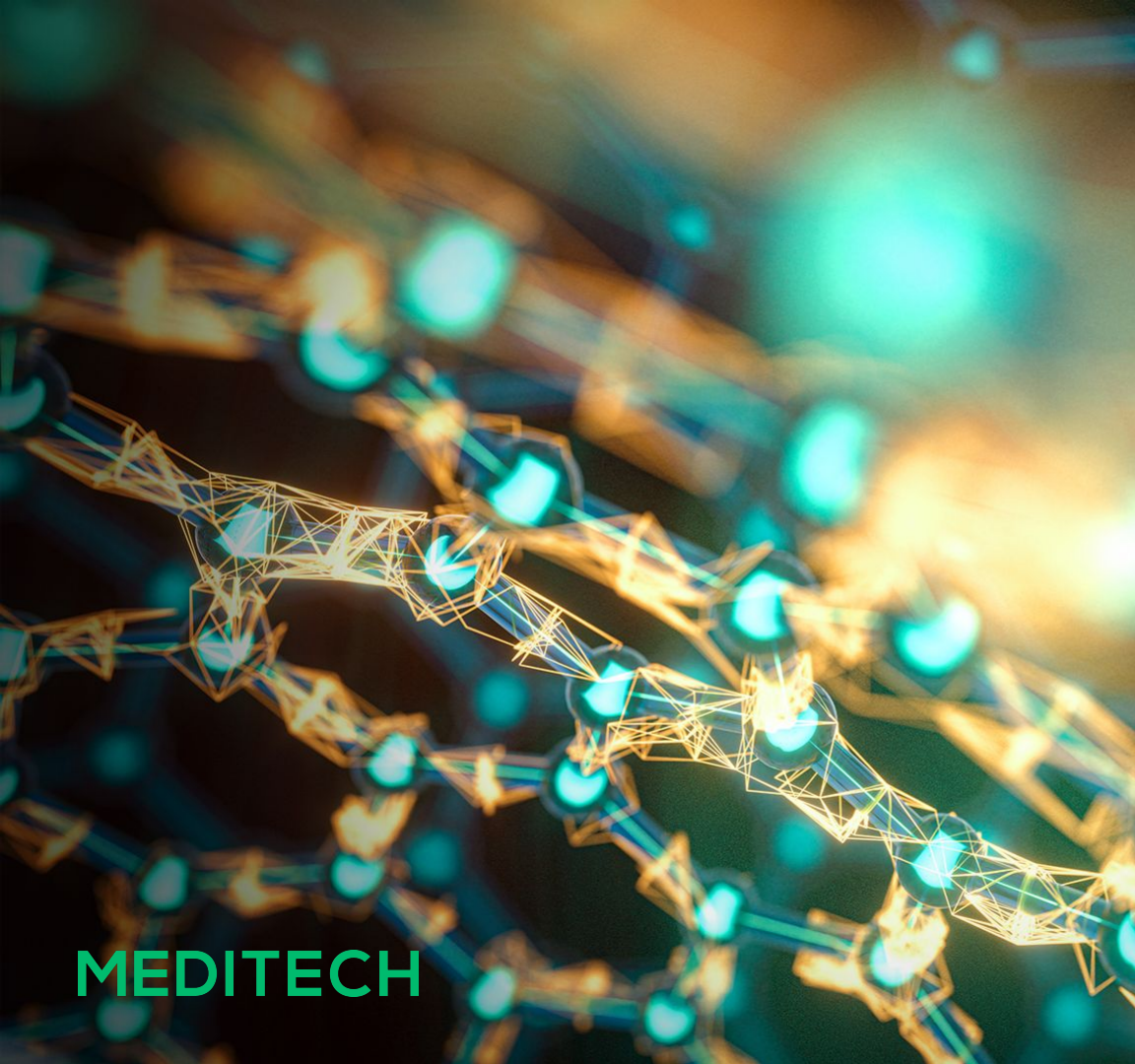
Allergy versus ADR

- What are they to your hospital?
- Do ADRs always become allergies?
- Does your organization use one over the other?

Uncoded Allergies

- **How does your organization use and manage these?**
- **IDEA-36273 accepted as DOC-41199**
- **Allergies not provided by FDB?**





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GenomOncology

Hannah Schwartz

Senior Specialist, Client Services
Oncology

Genetics, Genomics, GenomOncology



By leveraging Genetics and Oncology functionality, we have the opportunity to integrate with GenomOncology

- outside vendor
- provides real-time clinical decision support based on genetics data
- clinical information regarding genetic alterations
- treatment suggestions

By working with a vendor who provide up-to-date clinical data and getting this information with real-time calls, we can cut down time to find targeted therapies and match patients to appropriate clinical trials

EMR Toolbox - Other Vendor Tab

EMR Toolbox Parameters (DEV22.US) More Help HS User Close Last Edit: 10/23/2023 08:32

General | Problems/Allergies | Facility | MAR 1 | MAR 2 | Registry | Documents | **Other Vendor**

OV EMPI Branch

EMPI Branch Connection:

System Id	MT HCIS	System External Name

Web OV Clinical Documentation Improvement (CDI)

User Launch Interface:
Patient Launch Interface:
Patient Count Interface:
Patient Query Count Interface:

Enable For Acute:
Enable For Ambulatory:
Enable For ED:
Enable Auto-Launch:

OV Interface

Enable External LIS Data Interface:

External Connector:

Genomics Decision Support

Enable Vendor:

* API Server Hostname:

Vendor Search

Connector Library URL:
Search Vendor Launch:
Error Timeout (Seconds):
Vendor Authorization Interface:

View

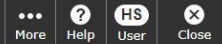
Edit

Report

Genetics Customer Defined Parameters



Enter/Edit GEN Customer-Defined Parameters Dictionary (DEV22N.US)



GEN Customer-Defined Parameters

Last Edit: 10/24/23 12:16

Clinical Decision Support Map	
Transcript	TRANSCRIPT
DNA Change	DNACHange
Chromosome	CHROMOSOME
Start Position	GASTART
End Position	GAEND
Reference Allele	GENREFALL
Alternate Allele	GENALTALL

Primary Gene/ROI Component Rank

Note: .GENOTYPE will override any rank

Germline		Somatic	
1	%CTDNA	1	AS
2	.ACTSCORE	2	DNACHange
3	AAC	3	RESULT
4	AACHG	4	ClinicalSig
5	AACHGT	5	MUTRES

Cancel Save



Chart - Diagnostics

Return To
Home
Workload

Chart
Document
Orders
Oncology

Sign
Compose
Chart Viewer

Menu
More
Help
User
Close

Diagnostics

History & Problems

Summary

+ Diagnostics

All Activity : All Time : All Subcategories

Subcategory
Exclude POC
Filter

Fullscreen
Genetics

Genetic Orders

ORDER	RESULT	REPORT	DATE	LINKED SPECIMEN
Cancer Genetic Profile	Variant(s) Identified		03/09/2023	
Targeted Cancer Gene Panel	Significant Variant(s) Found		03/09/2023	
Targeted Cancer Gene Panel	Received		03/09/2023	
Cancer Genetic Profile	Received		03/09/2023	

Patient's Genetic History

Germline

GENE/ROI	GENETIC FINDING/GENOTYPE	PHENOTYPE	REPORT	DATE
SMO	Amino Acid Chg W535L			03/09/2023

Somatic

GENE/ROI	GENETIC FINDINGS	REPORT	DATE	ANALYSIS
KRAS	Amino Acid Chg Q61K		03/09/2023	<button>Details</button>
NRAS	Amino Acid Chg T58I		03/09/2023	<button>Details</button>
TP53 (+)	Amino Acid Chg P153Afs*28 Amino Acid Chg R174K		03/09/2023	<button>Details</button>

Provider Notes

Administrative

Activity

Nurse/Allied Health

Other Clinical

Flowsheets

Medications

Workload Items

Health Mgmt

Moore, Jack

12, M

MRN# MR00007071

Code Status Not Addressed
No Hx Avail

Powered by Google Health

Search Patient's Chart

Conditions

Allergies

No Data to Display

Medications

[Prescription Monitoring Program](#)

No Data to Display

Outstanding Orders

No Data to Display

Pharmacies

No Pharmacies on File

Special Indicators

No Data to Display

Vitals

[Growth Chart](#)

Chart - Diagnostics - Genetic History

Return To Home Workload Chart Document Orders Oncology Sign Compose Chart Viewer Menu More Help User Close

Diagnostics Provider Notes Nurse/Allied Health Medications
History & Problems Administrative Other Clinical Workload Items
Summary Activity Flowsheets Health Mgmt

Diagnosics Subcategory

All Activity : All Time : All Subcategories Exclude POC Filter

Fullscreen

Genetics

ORDER	RESULT	REPORT	DATE	LINKED SPECIMEN
Cancer Genetic Profile	Variant(s) Identified		03/09/2023	
Targeted Cancer Gene Panel	Significant Variant(s) Found		03/09/2023	
Targeted Cancer Gene Panel	Received		03/09/2023	
Cancer Genetic Profile	Received		03/09/2023	

Genetic Orders

Genetic History Oncology Therapies/Trials

Germline

GENE/ROI	GENETIC FINDING/GENOTYPE	PHENOTYPE	REPORT	DATE
SMO	Amino Acid Chg W535L			03/09/2023

Somatic

GENE/ROI	GENETIC FINDINGS	REPORT	DATE	ANALYSIS
KRAS	Amino Acid Chg Q61K		03/09/2023	Details
NRAS	Amino Acid Chg T58I		03/09/2023	Details
TP53 (+)	Amino Acid Chg P153Afs*28 Amino Acid Chg R174K		03/09/2023	Details

Moore, Jack
12, M
MRN# MR00007071
Code Status Not Addressed
No Hx Avail
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Search Patient's Chart
Conditions
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No Data to Display
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Prescription Monitoring Program
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Outstanding Orders
No Data to Display
Pharmacies
No Pharmacies on File
Special Indicators
No Data to Display
Vitals
Growth Chart

Chart - Diagnostics - Genetic Analysis Details

TP53 Close

Last Updated: 10/27/2023 from GenomOncology

Subcategory Exclude POC Filter

▼ Amino Acid Chg P153Afs*28

ClinVar Interpretation Pathogenic Protein Effect None

[More Info in ClinVar Database](#)

Oncogene Yes
Tumor Suppressor Yes
Hot Spot

▼ Amino Acid Chg R174K

ClinVar Interpretation Likely benign Protein Effect None

[More Info in ClinVar Database](#)

Oncogene Yes
Tumor Suppressor Yes
Hot Spot

Moore, Jack
12, M
MRN# MR00007071

Amb

Code Status Not Addressed
No Hx Avail

Powered by Google Health

Search Patient's Chart

Conditions

Allergies

No Data to Display

Medications

Prescription Monitoring Program

No Data to Display

Outstanding Orders

No Data to Display

Pharmacies

No Pharmacies on File

Special Indicators

No Data to Display

Vitals

Growth Chart

Chart - Diagnostics - Genetic Analysis Details

The screenshot displays a medical chart interface with a top navigation bar containing icons for 'Return To', 'Home', 'Workload', 'Chart', 'Document', 'Orders', 'Oncology', 'Sign', 'Compose', 'Chart Viewer', 'Menu', 'More', 'Help', 'User', and 'Close'. The chart is organized into tabs: 'Diagnostics', 'Provider Notes', 'Nurse/Allied Health', and 'Medications'. Under 'Diagnostics', there are sub-tabs for 'History & Problems', 'Administrative', 'Other Clinical', and 'Workload Items'. The 'Diagnostics' tab is active, showing a 'Summary' section. A modal window titled 'TP53' is open, displaying genetic analysis details. The modal has a blue header with the title 'TP53' and a 'Close' button. Below the header, it shows 'Last Updated: 10/27/2023 from GenomOncology'. The modal lists two genetic findings:

- Amino Acid Chg P153Afs*28**
 - ClinVar Interpretation: Pathogenic
 - Protein Effect: None
 - Oncogene: Yes
 - Tumor Suppressor: Yes
 - Hot Spot
- Amino Acid Chg R174K**
 - ClinVar Interpretation: Likely benign
 - Protein Effect: None
 - Oncogene: Yes
 - Tumor Suppressor: Yes
 - Hot Spot

The 'More Info in ClinVar Database' link for the first finding is highlighted with a red box. The background chart shows a sidebar with 'Genetics' selected, and a main content area with a 'Genetic Orders' section. The 'Genetic Orders' section lists several orders, including 'Cancer Genetic Profile', 'Targeted Cancer Gene Panel', and 'Cancer Genetic Profile'. The 'Patient's Genetic History' section is also visible, with a 'Germline' section containing a table of genetic data.

GENE/ROI	GEN
SMO	Am

The 'Somatic' section contains a table of genetic data:

GENE/ROI	GEN
KRAS	Am
NRAS	Am
TP53 (+)	Am

Chart - Diagnostics

Return To Home Workload Chart Document Orders Oncology Sign Compose Chart Viewer Menu More Help User HS Close

Diagnostics Provider Notes Nurse/Allied Health Medications
History & Problems Administrative Other Clinical Workload Items
Summary Activity Flowsheets Health Mgmt

Diagnosics Subcategory

All Activity : All Time : All Subcategories Exclude POC Filter

Fullscreen **Laboratory** Imaging Microbiology Pathology Blood Bank Tests Cardiovascular Other Specialty

Genetics

Genetic Orders

ORDER	RESULT	REPORT	DATE	LINKED SPECIMEN
Cancer Genetic Profile	Variant(s) Identified		03/09/2023	
Targeted Cancer Gene Panel	Significant Variant(s) Found		03/09/2023	
Targeted Cancer Gene Panel	Received		03/09/2023	
Cancer Genetic Profile	Received		03/09/2023	

Patient's Genetic History **Oncology Therapies/Trials**

Germline

GENE/ROI	GENETIC FINDING/GENOTYPE	PHENOTYPE	REPORT	DATE
SMO	Amino Acid Chg W535L			03/09/2023

Somatic

GENE/ROI	GENETIC FINDINGS	REPORT	DATE	ANALYSIS
KRAS	Amino Acid Chg Q61K		03/09/2023	Details
NRAS	Amino Acid Chg T58I		03/09/2023	Details
TP53 (+)	Amino Acid Chg P153Afs*28 Amino Acid Chg R174K		03/09/2023	Details

Moore, Jack
12, M
MRN# MR00007071
Code Status Not Addressed
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Medications
Prescription Monitoring Program
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Outstanding Orders
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Pharmacies
No Pharmacies on File
Special Indicators
No Data to Display
Vitals
Growth Chart

Chart - Diagnostics - Oncology Therapies/Trials Overlay

Return To Home Workload Chart Document Orders Oncology Sign Compose Chart Viewer Menu More Help User Close

Diagnostics Provider Notes Nurse/Allied Health Medications
History & Problems Administrative Other Clinical Workload Items

Oncology Therapies/Clinical Trials related to Genetic Hx Moore,Jack 12 M Allergy/Adv: Not Recorded Close

Diagnostics Therapies (6) Clinical Trials (46)

All Activity : All Time Last Updated: 10/27/2023 from GenomOncology

Therapy	Predicted Response	Targets	Diseases	Notes
afatinib	Resistant	KRAS	Non-Small Cell Lung Carcinoma	Per NCCN, mutations in KRAS have been associated with reduced responsiveness to EGFR TKI therapy.
binimetinib	Sensitive	NRAS	Melanoma	NCCN recommended for NRAS-mutated metastatic or unresectable melanoma that has progressed after immune checkpoint inhibitor therapy (Category 2B/Useful in certain circumstances).
dacomitinib	Resistant	KRAS	Non-Small Cell Lung Carcinoma	Per NCCN, mutations in KRAS have been associated with reduced responsiveness to EGFR TKI therapy.
erlotinib	Resistant	KRAS	Non-Small Cell Lung Carcinoma	Per NCCN, mutations in KRAS have been associated with reduced responsiveness to EGFR TKI therapy.
gefitinib	Resistant	KRAS	Non-Small Cell Lung Carcinoma	Per NCCN, mutations in KRAS have been associated with reduced responsiveness to EGFR TKI therapy.
osimertinib	Resistant	KRAS	Non-Small Cell Lung Carcinoma	Per NCCN, mutations in KRAS have been associated with reduced responsiveness to EGFR TKI therapy.

Moore,Jack 12 M Allergy/Adv: Not Recorded

0007071

Addressed Avail

Health

itions

Display

Monitoring Program

Display

ers

Display

on File

ERS

Display

VITALS

Growth Chart

Chart - Diagnostics - Oncology Trials in Overlay

Return To
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Nurse/Allied Health
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History & Problems
Administrative
Other Clinical
Workload Items

Oncology Therapies/Clinical Trials related to Genetic Hx
Close

Moore, Jack 12 M Allergy/Adv: Not Recorded
Last Updated: 11/01/2023 from GenomOncology

	Therapies (6)	Clinical Trials (46)	
<input type="checkbox"/>	<p><i>Title</i></p> <p>Targeted Therapy Directed by Genetic Testing in Treating Pediatric Patients With Relapsed or Refractory Advanced Solid Tumors, Non-Hodgkin Lymphomas, or Histiocytic Disorders (The Pediatric MATCH Screening Trial)</p>	<p><i>Phase</i></p> <p>Phase 2</p>	<p><i>Targets</i></p> <p>KRAS, NRAS</p>
<input type="checkbox"/>	<p><i>Location (Distance from Pt)</i></p> <p>MEDITECH</p>	<p><i>Additional Criteria</i></p> <p>See ClinicalTrials.Gov</p>	
<input type="checkbox"/>	<p>NAUTILUS: OKI-179 Plus Binimetinib in Patients With Advanced Solid Tumors in the RAS Pathway (Phase 1b) and NRAS-mutated Melanoma (Phase 2)</p>	<p>Phase 1/Phase 2</p>	<p>KRAS, NRAS</p>
<input type="checkbox"/>	<p>Newnan, Georgia (116.3 mi) 4 more locations</p>	<p><i>Additional Criteria</i></p> <p>See ClinicalTrials.Gov</p>	
<input type="checkbox"/>	<p>A Study of Avutemetinib (VS-6766) + Defactinib in Recurrent KRAS G12V, Other KRAS and BRAF Non-Small Cell Lung Cancer</p>	<p>Phase 2</p>	<p>KRAS</p>
<input type="checkbox"/>	<p>Chattanooga, Tennessee (138.0 mi) 44 more locations</p>	<p><i>Additional Criteria</i></p> <p>See ClinicalTrials.Gov</p>	
<input type="checkbox"/>	<p>Testing the Combination of the Anti-cancer Drugs ZEN003694 (ZEN-3694) and Talazoparib in Patients With Advanced Solid Tumors, The ComBET Trial</p>	<p>Phase 2</p>	<p>KRAS</p>
<input type="checkbox"/>	<p>Atlanta, Georgia (143.3 mi) 3 more locations</p>	<p><i>Additional Criteria</i></p> <p>See ClinicalTrials.Gov</p>	
<input type="checkbox"/>	<p>PF-07284892 in Participants With Advanced Solid Tumors</p>	<p>Phase 1</p>	<p>KRAS, NRAS</p>
<input type="checkbox"/>	<p>Franklin, Tennessee (165.8 mi) 11 more locations</p>	<p><i>Additional Criteria</i></p> <p>See ClinicalTrials.Gov</p>	
<input type="checkbox"/>	<p>A Study to Evaluate KIN-2787 in Participants With BRAF and/or NRAS Mutation Positive Solid Tumors</p>	<p>Phase 1</p>	<p>NRAS</p>
<input type="checkbox"/>	<p>Nashville, Tennessee (183.1 mi) 37 more locations</p>	<p><i>Additional Criteria</i></p> <p>See ClinicalTrials.Gov</p>	
<input type="checkbox"/>	<p>A Study to Evaluate the Safety and Activity of Belvarafenib as a Single Agent and in Combination With Either Cobimetinib or Cobimetinib Plus Nivolumab in Patients With NRAS-mutant Advanced Melanoma.</p>	<p>Phase 1</p>	<p>NRAS</p>
<input type="checkbox"/>	<p>Nashville, Tennessee (183.1 mi) 23 more locations</p>	<p><i>Additional Criteria</i></p> <p>See ClinicalTrials.Gov</p>	

Chart - Diagnostics - Oncology Trials in Overlay

Return To Home Workload Chart Document Orders Oncology Sign Compose Chart Viewer Menu More Help User Close

Diagnostics Provider Notes Nurse/Allied Health Medications
History & Problems Administrative Other Clinical Workload Items

Oncology Therapies/Clinical Trials related to Genetic Hx Moore,Jack 12 M Allergy/Adv: Not Recorded Close

Send in Message

All Activity : All Therapies (6) **Clinical Trials (46)** Last Updated: 10/27/2023 from GenomOncology

Title	Phase	Targets	Location (Distance from Pt) †	Additional Criteria
Targeted Therapy Directed by Genetic Testing in Treating Pediatric Patients With Relapsed or Refractory Advanced Solid Tumors, Non-Hodgkin Lymphomas, or Histiocytic Disorders (The Pediatric MATCH Screening Trial)	Phase 2	KRAS, NRAS	MEDITECH	See ClinicalTrials.Gov
NAUTILUS: OKI-179 Plus Binimetinib in Patients With Advanced Solid Tumors in the RAS Pathway (Phase 1b) and NRAS-mutated Melanoma (Phase 2)	Phase 1/Phase 2	KRAS, NRAS	Newnan, Georgia (116.3 mi) 4 more locations	See ClinicalTrials.Gov
A Study of Avutemetinib (VS-6766) + Defactinib in Recurrent KRAS G12V, Other KRAS and BRAF Non-Small Cell Lung Cancer	Phase 2	KRAS	Chattanooga, Tennessee (138.0 mi) 44 more locations	See ClinicalTrials.Gov
Testing the Combination of the Anti-cancer Drugs ZEN003694 (ZEN-3694) and Talazoparib in Patients With Advanced Solid Tumors, The ComBET Trial	Phase 2	KRAS	Atlanta, Georgia (143.3 mi) 3 more locations	See ClinicalTrials.Gov
PF-07284892 in Participants With Advanced Solid Tumors	Phase 1	KRAS, NRAS	Franklin, Tennessee (165.8 mi) 11 more locations	See ClinicalTrials.Gov
A Study to Evaluate KIN-2787 in Participants With BRAF and/or NRAS Mutation Positive Solid Tumors	Phase 1	NRAS	Nashville, Tennessee (183.1 mi) 37 more locations	See ClinicalTrials.Gov
A Study to Evaluate the Safety and Activity of Belvarafenib as a Single Agent and in Combination With Either Cobimetinib or Cobimetinib Plus Nivolumab in Patients With NRAS-mutant Advanced Melanoma.	Phase 1	NRAS	Nashville, Tennessee (183.1 mi) 23 more locations	See ClinicalTrials.Gov

Chart - Diagnostics - Oncology Trials Workload Message

Return To Home Workload Chart Document Orders Oncology Sign Compose Chart Viewer Menu More Help User Close

Diagnostics Provider Notes Nurse/Allied Health Medications
History & Problems Administrative Other Clinical Workload Items

Oncology Therapies/Clinical Trials related to Genetic Hx
Moore,Jack 12 M Allergy/Adv. Not Recorded

Moore,Jack 0007071
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Fullscreen

Genetics

Compose

Cancel Save

Moore,Jack
12 M
PCP Joe Morelan, MD Preferred Phone 978-556-4543

Type Clinical

Subject Clinical Trial Opportunities

File directly to chart

* Select Recipients
+ 10/27/2023

Possible Clinical Trial opportunities for Moore,Jack:

NCT ID: NCT03155620	Targeted Therapy Directed by Genetic Testing in Treating Pediatric Patients With Relapsed or Refractory Advanced Solid Tumors, Non-Hodgkin Lymphomas, or Histiocytic Disorders (The Pediatric MATCH Screening Trial)	◀ https://clinicaltrials.gov/show/NCT03155620 ▶
NCT ID: NCT05340621	NAUTILUS: OKI-179 Plus Binimetinib in Patients With Advanced Solid Tumors in the RAS Pathway (Phase 1b) and NRAS-mutated Melanoma (Phase 2)	◀ https://clinicaltrials.gov/show/NCT05340621 ▶

Patients With NRAS-mutant Advanced Melanoma.

Off-site Pharmacy Workflow

Emily Harris

Specialist, Client Services Pharmacy

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Use of Off-site Pharmacy



What build options are available within MEDITECH?

- Set up as a Facility
- Set up as Location

Off-site Pharmacy - Facility/Site Build

- Once your Off-site Pharmacy is built as a facility, a unique site will then be created in order to drive lookups, inventories, locations, drugs, etc., as well as be set to cross as verified to Pharmacy in the PHA Customer Defined Parameters.
- Since there is no way to prevent dispensing, a no-charge charge type will be used (or if building specific drugs for the new site, set charge patient = no in the drug dictionary)
- You will need to create a “dummy” dispensing machine inventory to prevent outside pharmacy orders from appearing on the refill list. This inventory would be attached to the drugs you plan on utilizing for this site.
- A “dummy” printer can be set to a default of VIEW to prevent printing labels for this site.
- Access can also be restricted to your outside pharmacy by assigning the newly created site to an access group within the Pharmacy Access Dictionary.



Off-site Pharmacy Location Build



- Typically, auto-verification is set by the module and schedule based on site alone, rather than the location.

Solution:

- Build your off-site Pharmacy as a location within MEDITECH.
- Set orders to cross as verified for all schedules in the Customer Defined Parameters for your site.
- Then, create a rule that evaluates at FILE, and set in Customer Defined Parameters as well.
- This rule will force all orders entered outside of the off-site pharmacy to file as unverified, while orders assigned to that location will cross as verified.

There will be an enhancement discussion later on in this presentation in regard to our Auto-Verification Process, which is being tracked in CLIN-234621.



Off-site Pharmacy

Is anyone here today using an outside Pharmacy? If so, are you set up as a facility or as a location?

What do you find helpful in your setup that I may not have included today? Any pain points?

Typically, we see off-site pharmacy build, both Facility and Location, used for LTC facilities. Are there any other scenarios where you can see this being useful for your hospital?

Helpful Links:

[Expand New Facility Checklist](#)

[Expand Multi-Facility Build Recommendations](#)

Interface Corner

Sara Caetano

Analyst, Client Services Pharmacy

Sue Liebherr

Senior Specialist, Client Services Pharmacy

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HL7 Interfaces

Existing HL7 interfaces include the dispensing machine, robot, and IV workflow management system.

Who at your organization is responsible for monitoring and managing interfaces?

Is there any training that would be helpful for further understanding?

Are there any additional interfaces not currently available that have interest?



Process Interface Errors and Machine Discrepancies

This routine should be reviewed daily at minimum for reprocessing or acknowledging interface errors. When an inbound HL7 message is in a FAIL-READ status, no order or debit is created in MEDITECH.

- Were you aware of this routine?
- Who at your organization is responsible for monitoring and reprocessing as needed?
- If not utilizing this routine, how are FAIL-READ messages reconciled at your organization?
- There are also routines for the IVWMS and AIMS interface errors.





AIMS - Anesthesia Inbound Medication Interface

PREREQUISITES

- Contract with an AIMS third-party vendor (example: SIS, IPro, Talis, etc)
- Be contracted and using the Anesthesia Suite from MEDITECH
- Use EXPANSE 2.1 Priority Pack 28 or higher



AIMS - Anesthesia Inbound Medication Interface - Functionality

- Data from administered medications in AIMS Vendor will be filed from the API into MEDITECH.
- Appears in Pharmacy on the New Activity Desktop and Patient Profile.
 - Orders file as auto-verified in Pharmacy
 - Orders are view only
- Pharmacy will send the administrations to the MAR immediately.
 - Orders appear as administered on the MAR.
 - Administrations are view only on the MAR.
 - Orders filed to MAR will interaction check with future orders as well as for cumulative dose checking

AIMS - Anesthesia Inbound Medication Interface

- Does anyone currently use the Anesthesia Suite of Interfaces?
- Do you currently use a third party to assist with your surgical services?
- If not using a third party, how are you currently handling Surgical orders in regards to the MAR, Interaction checking, and Pharmacy?
- [Anesthesia Inbound Interface Training and Reference Guide](#)

AGENDA 11/8/23 PM Session

- **MEDITECH Circle Successes**
Presenter: Ashley Gaffney
- **EXPANSE PHARMACY**
Presenter: Bob Lombardi
- **RAD/ONC Integration with Amb Solution**
Presenter: John Gath
- **Regimen Ordering**
Presenter: Nate Mettillie
- **Alertspace Analytics**
Presenter: Katelyn Maynard
- **Auto-Verify Enhancement**
Presenter: Amanda Parlato
- **DISCUSSION TOPIC Oral Chemo**
Presenter: Emily Wallace
- **340B**
Presenter: Josh Smallwood
- **Strategy - Pharmacy and Oncology**
Presenters: Matt Soehl/Bob Lombardi, & Nate Mettillie
- **Industry Topics (PHA/ONC)**
Presenters: Sandy Kerfien/Caitlyn Mulligan

MEDITECH Circle Successes

Ashley Gaffney
Specialist, Client Services Pharmacy

MEDITECH



MEDITECH Circle Customer Enhancements



Enhanced KB Searching

All Knowledge articles, cases, and contacts matching the search criteria are displayed by default; only the cases and contacts you have access to will display. Select the Knowledge option to focus only on articles. When searching for a term such as “allergies”, you can further refine by Topics, Article Title, Article ID, Subject, and Published Date. Additional information can be found [here](#).

Simplified Case Status Modifications

Added an additional tab called “Change Status” within the feed that allows for statuses to be edited via dropdown options, including in batches, eliminating the need to navigate to another screen to adjust the status of the case

MEDITECH Circle Customer Enhancements

Overriding Case Notifications

Provides an additional tab called “Notification override” on the feed, allowing customers to update their email preference for the particular case - This serves to update the case team with override in front of the Member Role



The screenshot displays a case management interface for a case titled "Case Modify Toolbox Parameter". The interface includes a header with "Case Modify Toolbox Parameter" and buttons for "+ Follow" and "Edit". Below the header, there are fields for "Account Name" (MEDITECH Community Hospital), "Product Line" (Expense), "Application" (Community Wide Scheduling(MAT)), "Status" (New), "Priority" (Routine), and "Case Owner" (Raghav Khaitan). A red warning message states: "****This case has PHI/PII data****".

The main content area is titled "Case Description" and contains the text "change parameters". Below this, there is a navigation bar with tabs: "Feed", "Case Details", "PHI/PII Data", "Non PHI/PII Files", "All Related", "Associated Dev IDs", and "Knowledge Articles". The "Notification Overr..." tab is highlighted with a red box.

Under the "Notification Overr..." tab, there is a "Post" section with a "Change Status" button and a "Notification Overr..." button. Below this, there is a dropdown menu titled "Select your email preferences" with the following options:

- None--
- Account Contact - No Email Notifications
- Account Contact - MEDITECH Notifications Only
- Account Contact - Customer/Account Notifications Only
- Account Contact - All Email Notifications

MEDITECH Circle Customer Enhancements



Case Email Details

Changes have been made to the information that displays within the case email notification. Moving forward, the Date/Time of the Post and an Updated By field will be included in the case email text.

Sandbox: ● Routine Admissions Case 00002959 has a new Customer post MEDITECH Community Hospital Inbox x

MEDITECH Circle Support - No Reply <noreply@meditech.com>

1:47 PM (0 minutes ago) ☆ ↶

to me, rbesse@meditech.com, ccoletta@meditech.com

A user commented on Case #[00002959](#)

Account: MEDITECH Community Hospital

Subject: Test Subject

Priority: ● Routine

Application: Admissions

Status: New

Site Contact: New Test2

Owner: Raivis Markons-Craig

Environment:

Link: <https://meditech--dev.sandbox.my.salesforce.com/50061000005jtXP>

Date Time of Post: 9/19/2023, 1:47 PM

Updated By: New Test2



Keeping Up With MEDITECH Circle

Staff at MEDITECH continues to work on Circle Enhancements to improve customer experience, as well as produce training and educational materials to better assist customers.

Utilizing the page located [here](#) customers are able to access a wealth of educational materials, as well as view the latest in News and Updates regarding MEDITECH Circle.

The best way to keep up to date on enhancements and training is to subscribe to the Educational Documents and News and Updates pages located on the sidebar on the above referenced page

Alertspace Analytics

Katelyn Maynard
Senior Specialist, Client Services Pharmacy

MEDITECH



Order Conflict Audit Trail and FDB AlertSpace Analytics

- This enhancement introduces the “export CSV” option to the standard report.
- This allows the report to be downloaded into a delimited/spreadsheet format which can then be utilized to analyze the conflict data.
- Reviewing and analyzing the data can assist in efforts to reduce alert fatigue.

- Ability to filter by Locations, Patient, and Provider.
- Export CSV routine now allows you to download the information as a .csv file.
- Upload to AlertSpace dashboard.

Order Conflict Audit Trail By

- All Locations
- Location List
- Patient
- Provider

Locations

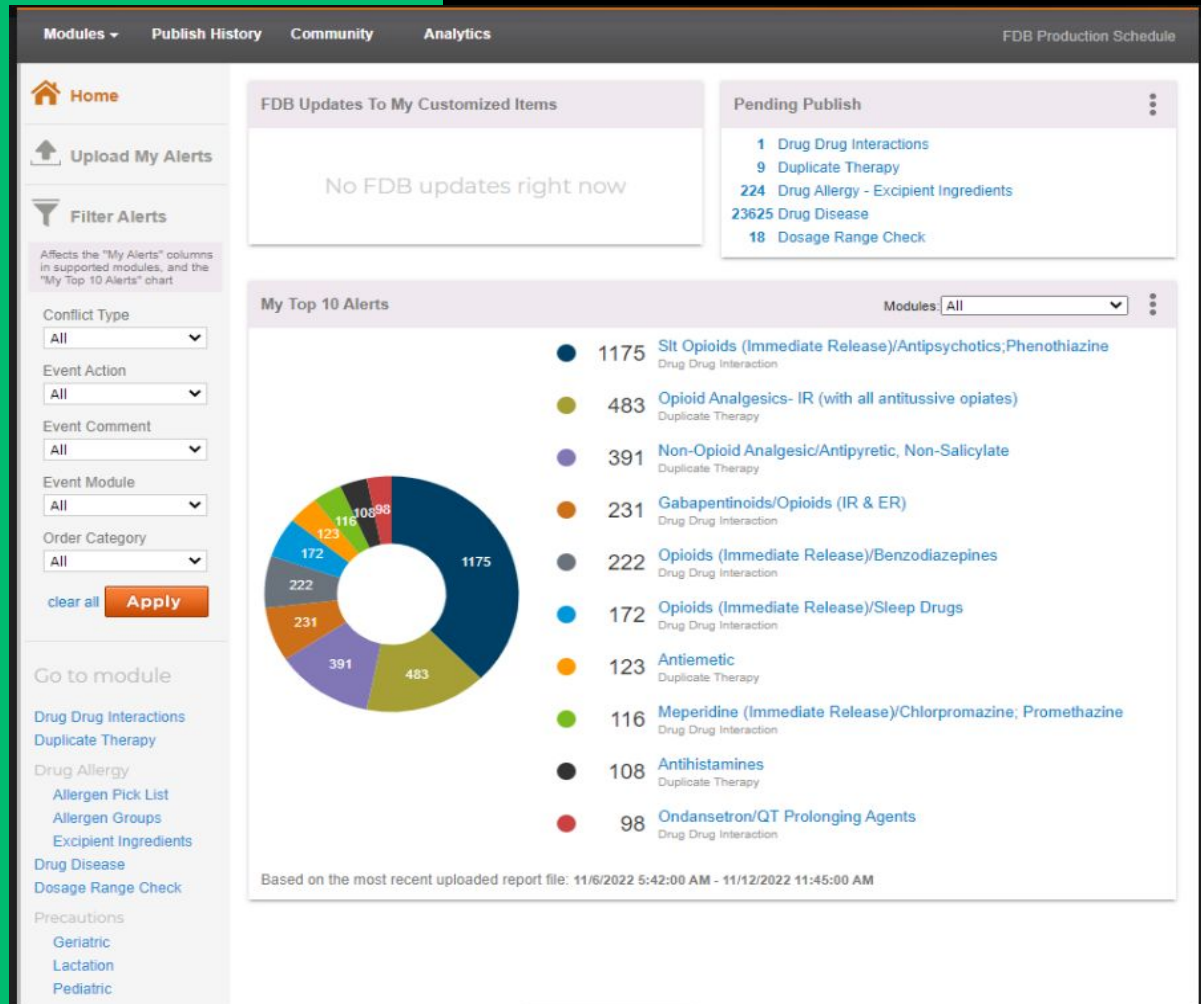
Patient

Providers

From Date	Thru Date	Include	Sort by
<input type="radio"/> Calendar	<input type="radio"/> Calendar	<input checked="" type="radio"/> Medications	<input checked="" type="radio"/> Date
<input type="radio"/> Thu Oct 12	<input type="radio"/> Thu Oct 12	<input type="radio"/> Non-Medications	<input type="radio"/> Location
<input type="radio"/> Fri Oct 13	<input type="radio"/> Fri Oct 13	<input type="radio"/> Both	<input type="radio"/> Patient
<input type="radio"/> Sat Oct 14	<input type="radio"/> Sat Oct 14		<input type="radio"/> Provider
<input type="radio"/> Sun Oct 15	<input type="radio"/> Sun Oct 15		
<input type="radio"/> Mon Oct 16	<input type="radio"/> Mon Oct 16		
<input type="radio"/> Tue Oct 17	<input type="radio"/> Tue Oct 17		
<input type="radio"/> Wed Oct 18	<input type="radio"/> Wed Oct 18		
<input checked="" type="radio"/> Today	<input checked="" type="radio"/> Today		

Export CSV Print

Sample Dashboard from FDB AlertSpace showing results.



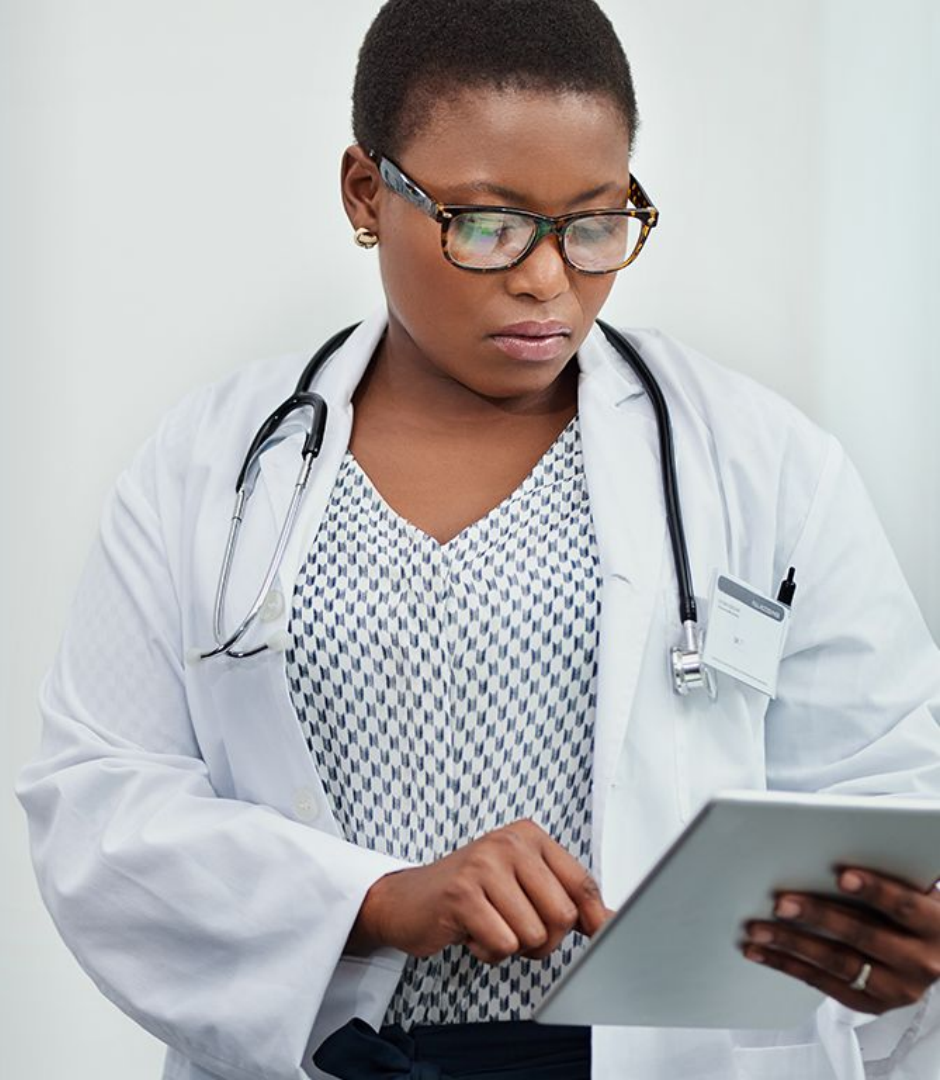
Discussion Topic

How is Oral Chemotherapy
ordered at your clinic?

Emily Wallace

Specialist, Implementation Oncology

MEDITECH



Strategic Update

Matt Soehl, RPh, PharmD

Pharmacy & Oncology Product Manager, Strategy
Division

MEDITECH



Pharmacy Strategy

Secure MEDITECH's position as a leader in the EHR Industry by improving user and customer satisfaction. Renew the Pharmacist experience leveraging the latest guidance and technologies.

foster collaboration and **GROWTH**

Elevate pharmacists with a bespoke user experience that meets them at their next point of evolution

provide greater **FLEXIBILITY**

Reduce cognitive burden for pharmacists, eliminate barriers, and champion proactive patient care and safety

innovate for **CLINICIANS**

Develop powerful and seamless precision care tools that advance pharmacist presence and practice



EFFICIENT order optimization

Greater control over medication orders, order sets, and dose calculations



INTUITIVE communication

Instant monitoring access to the same real-time chart information seen by providers and medical staff



PERSONALIZED integration

Tailored to the pharmacist workday regardless of shift or practice location



MODERN and practical workflows

Demonstrate and showcase the value of pharmacist contributions to the care team

MEDITECH

E X P A N S E

Oncology Strategy

Secure MEDITECH's position as a leader in the EHR Industry by improving user and customer satisfaction.
Renew the Oncologist experience leveraging the latest guidance and technologies.

intuitive **workflow** for **SAFETY**

Enabling oncologists to see and care for more patients in less time

provide greater **DECISION SUPPORT**

Assessing patients' current conditions enabling better care and planning

innovate for **HEALTHCARE**

Minimizing cognitive burden for oncologists by recommending industry standard evidence based courses of treatment



FOCUSED precision care

Empower your genetic findings with interpretation, treatment decision support, and clinical trial access



EFFICIENT regimen ordering

Leverage greater control over treatment and workflows with flexible dictionaries, increased integration, and a new user interface



INTEROPERABLE strength

Transform possibility into reality and quickly address unique needs with breakthrough interoperable apps



Expense Pharmacy, 2.3

Robert Lombardi

Supervisor, Quality Assurance,
Pharmacy and Medication
Management, **Product**
Development

MEDITECH



Expanse Pharmacy, 2.3

- **Expanse Pharmacy (2.3)** vs *Desktop Pharmacy (2.2 and lower releases)*
- Aligns Pharmacy with Expanse Acute Ordering, Regimen Ordering and XPC MAR
- Leverages use of FDB API Drug Concepts for Drug dictionary build
- Expands weight-based dosing, dosing sets for ordering in PHA, protocols, provider-order messaging, user-friendly chart navigation
- Migrates dictionaries from NPR to M-AT
- Initial Orders dispense index moved to M-AT
- Goal is to lessen the reliance on NPR
- HIMSS 2023 Conference Expanse Pharmacy video

Expanse Pharmacy

CLIN-170465, main Epic

- *Status: Developing for Expanse 2.3*

Problem to solve:

- The Pharmacy application is a legacy, Desktop-based system using NPR architecture. Pharmacists are continuously in other web-based applications to perform job functions. They review patient charts, perform Home Med Reconciliation, and review transfer orders. They return to Pharmacy routines that have become outdated with sparse real estate left to enhance. Several changes have been made to NPR Pharmacy (e.g., WPL, CCMM, Return To menu) to give it a look and feel of Web-based applications.

Solution:

- Moving to a Web-based platform will provide Pharmacists with:
 - Inter-provider messaging
 - Weight-Based medication ordering across all order types
 - Ordering using pre-defined physician Dosing Sets
 - Dictionary architecture alignment (remove duplication of dictionaries)
 - Secure locking of orders
 - Leveraged use of Med Management Drug Concepts/FDB API Framework
 - Dictionary-based Protocols (CLIN-238553 *Complete*; CLIN-238698 *Future sprint*)
 - Pharmacy Status Board (standard and user-definable workspace for New Activity)

Expanse Pharmacy

Return To
Home
Chart
Orders
Pharmacy
Sign
Workload
Menu
Menu
More
Help
User
Close

Current Orders
Enter Orders
Submit

Transfer Orders
Change Status
Link/Unlink
Copy/Edit
Renew
Verify

Orders With Activity Review Sort

morphine [MORPHINE SULFATE ER] 200 mg PO DAILY PRN
00000019

Alles,Lauren	11/04/2022 - 0900	12/03/2022 - 1000	Unverified
PHA	PYXIS	1 ER Tab	12.00
<i>Last Admin:</i>			
Review Activity	Date - Time	User	Source
Conflicts Found	10/14/21 - 0915	BKG JOB	
Freq/Sch Edit	10/14/21 - 0915	LALLES	Provider

Current Orders Sort

morphine [MORPHINE SULFATE ER ... 100 mg PO NIGHTLY PRN
00000004

diazepam 10 mg IM BID SCH
00000026

warfarin [COUMADIN] 5 mg PO DAILY PRN
00000003

lorazepam [LORAZEPAM] 1 tab buccal TID SCH
00000017

Alles,Devon

69, F - 07/20/1953

MRN # MR00658790

ADM IN, BGLOC BROOM -1

5ft 1in BSA:1.41m²
100lb BMI: 18.9kg/m²

Acc#

MG0000075840

Resus Status Not Ordered

No Hx Avail

+ 📈 📄 📁

Allergies

No Known Allergies

Problems

Home Meds
Not Confirmed

Prescription Monitoring Program

MEDICATIONS (INSTRUCTIONS) ↕

Expanse Pharmacy

Return To Home Chart Orders Pharmacy **Sign** Workload Menu **Menu** More Help User Close

Current Orders **Enter Orders** Submit

NEW **Provider Info**

Medication **MORP100** Rx Id **morphine ER 100 mg tablet,extended release** * Order Type **MED**

* Dose **100** * Units **mg** * Route **PO** * Frequency **BID** * Schedule **SCH**

Dose Instructions Protocol Rx Comments Label Comments Special Instructions Pending Comments

* Start Date **02/17/2023** * Start Time **12:23 pm** * Inventory **MAIN** * Dispense **2**

Stop Date **03/03/2023** Stop Time **12:24 pm** * Charge Type **MED** * Charge **15.00**

Total Doses **20** Pending **Cart Amount** Bulk

Alles, Devon
69, F · 07/20/1953
MRN# MR00658790

ADM IN, BGLOC BGROOM -1
5ft 1in 100lb BSA:1.41m² BMI: 18.9kg/m²

Acc# MG0000075840 Resus Status Not Ordered No Hx Avail

Search Patient's Chart

Allergies
No Known Allergies

Problems

Home Meds
Not Confirmed
Hypertension

Expanse Pharmacy

Return To
Home
Chart
Orders
Pharmacy
Sign
Workload
Menu
More
Help
User
Close

LAUREN HARTNETT
Find Patient

New Activity	6	Multiple Sites			
Alles, Devon BGLOC ADM IN	10/26/2022 9:42 am	Clarify order with Dr. Smith	Abnormal Lab Results	(2) Conflict Med Unverified IV	Allergy
Bernier, Julie 1N DIS IN	10/26/2022 9:52 am			Low Volume IV	
Bernier, Cathy 1EAST DIS IN	10/26/2022 9:55 am			(3) Conflict Compound (8) Conflict IV (11) Conflict Med	(2) Allergy
Nett, Peter 1WEST DIS IN	10/26/2022 2:11 pm	Contacted Dr. Smith	(3) Abnormal Lab Re... (3) Normal Lab Results	(3) Conflict Med	
mich, one 2N ADM IN	10/26/2022 6:27 pm	New Lab results ordered	Abnormal Lab Results	Conflict Med Unverified IV	
Hopkins, Rose 1N DIS IN	10/26/2022 9:11 pm			Conflict Med Unverified IV	

Recently Accessed

My Workload

- > Renewals 24 of 25 !
- > Results 2 of 2 !
- > Administrative 5 of 7
- > Notes 7 of 8
- > Other 29 of 30

Regimen Ordering

November 8, 2023

Nate Mettill

Manager, Product Development (Oncology)

MEDITECH



Expanse Oncology



- Integrated Ambulatory into Oncology (Expanse 2.1+)
- Created Specialty Features for Oncology -- Staging, Chart Widget, Survivorship, and Documentation (Expanse 2.1+)
- Integrated Infusion Workflow with Expanse Patient Care (Expanse 2.2+)

Expanse Oncology



**Regimen
Ordering**


- Regimen Ordering will be the next evolution of Oncology Ordering
- Planned for a future Expanse 2.3 release, in conjunction with Expanse Pharmacy and new features for Expanse Patient Care
- Looking to resolve many long-standing issues in the current product

Regimen Ordering



Why are we doing this? What problems are we trying to solve? What are our goals?

- Create a fully web-based ordering and treatment management workflow for clinicians.
- Allow for interfacility ordering, where a regimen could be ordered in one facility, and treatment could be administered in a different facility.
- Allow all Oncology dictionaries to be managed by CMS, and utilize standard content tools, to help with the build and maintenance.
- Work collaboratively with Pharmacy, to give them better access to Regimens. Relax some of the restrictions that result in a copy/edit.
- Be more integrated with the rest of Ordering, and provide a foundation for future outpatient specialties.
- And more...!



Regimen Ordering

- We will make use of a higher-level medication concept from FDB (RoutedDrug in their terms). There will be a new dictionary containing those.
- We are also creating a new Regimen dictionary, and a Regimen Order Set dictionary.
- Allow the provider to order this higher-level medication, without all the details.
- At the appropriate point, the orders from the Regimen will be available in Pharmacy. That's when they'll need all the required information, and turn into "real" orders to be fulfilled/dispensed, and administered.

Regimen Ordering: Initial Ordering Screen

Return To Home Workload Chart Document Orders Sign Compose More Settings Suspend

Orders Hold Queue Sign

- > Manage Medications
- > Discontinued Medications
- > Manage Orders
- > Manage Regimens

7 day Cetuximab + 21 day PAclitaxel/CISplatin

Weight for Order Calculation
 Current Weight of 165 lbs Ideal Weight of 158 lbs
Creatinine Clearance (ml/min)

**First Cycle Number*
**Number of Cycles*
**Start Date*
 Book for First Available Pending Authorization
 Within 1 Week Within 2 Week

Therapeutic Agent	Admin Days	
<input checked="" type="checkbox"/> CISplatin (Platinol) 105 mg (75 mg/m ²) in 0.9% Sodium Chloride 550 mls at 50 mls/hr IV Once	1, 5, 8, 12	<input type="button" value="Edit"/>
<input checked="" type="checkbox"/> Cetuximab (Erbitux) 332 mg (250 mg/m ²) in 0.9% Sodium Chloride 550 mls at 50 mls/hr IV Once	1, 5, 8, 12	<input type="button" value="Edit"/>
<input type="checkbox"/> PAclitaxel (Taxol) 260 mg (175 mg/m ²) in 0.9% Sodium Chloride 550 mls at 50 mls/hr IV Once		<input type="button" value="Edit"/>

He/Him/His

Smith, Sonian I
 77, M - 01/08/1946
 MRN# MR00666262

Amb

Resus Status Not Addressed
No Hx Avail

Vitals

	01/25/2023 11:20 EST	01/25/2023 11:20 EST
Temp	37.2 C	
BP	135/95 H	
Pulse	75	
Resp Rate	14	
O2 Sat	98	
Height	1.93 m	1.93 m
Weight	85 kg	85 kg
BMI	22.8	

Bulletin Board

Allergies

Regimen Ordering Concept Design

Regimen Ordering: Manage Regimens

Manage Regimens

7 day Cetuximab + 21 day PAClitaxel/CISplatin Modify Cycle

	Cycle 1								Cycle 2
Therapeutic agent(s)	Day 1 06/09	Day 2 06/10	Day 3 06/11	Day 4 06/12	Today 06/16	Day 10 06/18	Day 14 06/22	Day 18 06/26	
CISplatin (Platinol) 105 mg (75 mg/m2) in Sodium Chloride 0.9% 250 ml	Given								
cetuximab (Erbix) 332 mg (250 mg/m2)	Given 330 mg				Given			Order	
PACLitaxel (Taxol) 260 mg (175 mg/m2)	HOLD								

Orders Graph View

Lab #1	#		#		#	Ordered		Order
Lab #2	#		#		#	Ordered		Order
CBC		Complete		Cancelled	Complete	Ordered		
RBC		#		Cancelled	#			
WBC		#		Cancelled	#			

Go to Today's Date

He/Him/His i

Smith, Sonian I
77, M · 01/08/1946
MRN# MR00666262 +

Amb +

Resus Status Not Addressed
No Hx Avail

+ 📈 📅

Vitals

	01/25/2023 11:20 EST	01/25/2023 11:20 EST
Temp	37.2 C	
BP	135/95 H	
Pulse	75	
Resp Rate	14	
O2 Sat	98	
Height	1.93 m	1.93 m
Weight	85 kg	85 kg
BMI	22.8	

Regimen Management Concept Design

Development Engagement



- Regimen Ordering (Oncology Ordering in the Web)
 - Nate Mettille or Michelle Nabors

General Oncology Development contacts:

Nate Mettille

Manager Development, Oncology

nmettille@meditech.com

Michelle Nabors

Senior Supervisor Development, Oncology

mnabors@meditech.com

Auto Verification Enhancement

Amanda Parlato

Lead Tester, Software, *Pharmacy and Medication
Management*, **Product Development**

MEDITECH



Pharmacy

CLIN-234621 - Improvements to Auto Verification process

- *Expanse 2.1.53, Expanse 2.2.41*
- Reduces instances of Unverified orders
- Orders are available for vending from dispensing machines and MAR administration in more timely manner
- Drug Strings, Order Strings, Location dictionary
- Respect existing structure/rules for auto verification
- Oncology orders will continue to always file Unverified
- Strings linked to OM Order Sets will not auto verify
- Edits to a string will evaluate next dictionary in hierarchy

Auto Verification Enhancement

ENOX40SY - Lovenox

Last Edit: 09/11/23 12:36

ENOXAPARIN SODIUM 40 MG/0.4 ML SYRINGE

Dispensing	Ordering	Rules	Ingredients	Screenings	Site
Inventory	Purchasing	PCS	OM	Strings / OM Site	Locations

PHA Site

.DFT	DEFAULT

Order Types	Component Strings	IV Fluid Strings	Order Strings	Order Strings 2
-------------	-------------------	------------------	---------------	-----------------

	Dose	Units	IV Fluid	Route	Frequency	Schedule
1	40	MG		SUBCUT	DAILY	SCH
2						
3						

Par Level| PRN Reason

Stop Date| Time| Total Doses

IV Fluid

Smart Pump Alias

String Text

Locations Include/Exclude

T+10		2359			

For Location

Instructions

--

Cancel

Save



Auto Verification Enhancement

ENOX40SY - Lovenox

Last Edit: 09/11/23 12:36

ENOXAPARIN SODIUM 40 MG/0.4 ML SYRINGE

Dispensing	Ordering	Rules	Ingredients	Screenings	Site
Inventory	Purchasing	PCS	OM	Strings / OM Site	Locations

PHA Site

.DFT	DEFAULT

Order Types	Component Strings	IV Fluid Strings	Order Strings	Order Strings 2
-------------	-------------------	------------------	---------------	-----------------

	Dose	Units	IV Fluid	Route	Frequency	Schedule
1	40	MG		SUBCUT	DAILY	SCH
2						
3						

File Verified From

EDM
OM

Cancel

Save



Auto Verification Enhancement

Return To Home Chart Document Orders Discharge Sign Workload Chart Viewer Menu More Help User Close

Orders SUBMIT 1

CURRENT ENTER RECONCILE TRANSFER

Add New Process Orders

Favorites Sort Search All Filter: All Pt. Age Wt

Rx Lovenox IV SUBCUT

<input checked="" type="checkbox"/> Enoxaparin Sodium [Lovenox] 40 mg SUBCUT DAILY SCH syringe	09/12/2023 09:00	09/21/2023 23:59	New	☆
--	------------------	------------------	-----	---

* Dose: 40
Units: mg
* Route: SUBCUT
* Freq: DAILY
* Sch: SCH
Monograph View
Additional Admin Copy Admin

* Start Date: Tue Sep 12
* Start Time: 09:00
* Stop Date: Thu Sep 21
* Stop Time: 23:59
Days
Total Doses
Notify Add/View

* Provider: Brown, Barbara
Source: Licensed Professional

Hunt, Sarah
43, F · 05/09/1980
MRN# MR00014552

Acute
ADM IN, 2N-PHA 2N-PHARM -4
5ft 4in 132lb BSA: 1.64m²

Acc# MG0000062719 Full Code

Powered by Google Health

Search Patient's Chart

Conditions

Conflicts

Allergies

No Known Drug Allergies

Medications

No Data to Display

Auto Verification Enhancement

Hunt, Sarah 5ft 4in 162.56cm BSA: 1.64m2 MG0000062719 MR00014552
43 F 05/09/1980 132lb 0oz 59.874kg
ADM IN 2N-PHA 2N-PHARM-4 Allergy: No Known Drug Allergies Adv: Not Recorded

Allergy/AdvReac	Edit	Type	Severity	Reaction	Date	Verified	
No Known Drug Allergies		Allergy			09/11/23	Yes	

0 of 1 Selected

Orders with Activity	Review	Instructions	Status	Source	
<input type="checkbox"/> ENOXAPARIN SODIUM ENOXAPARIN SODIUM 40 MG/0.4 ML 00041284 MED		40 MG SUBCUT DAILY ... 09/12/23 0900 -09/21/23 2359 MA... 0 SYRINGE \$1537.20	Active	OM APARDOCTOR	
		40 MG SUBCUT DAILY SCH	Amount		
		ENOXAPARIN SODIUM	40 MG		
		ENOXAPARIN SODIUM 40 MG/0.4 ML SYRINGE			
Review Activity	Date - Time	User	Source		
New Order	09/11/23 - 2019	APARLATO			

View Order Data

Comments

Rx

FILE VERIFIED POLICY
Site: MAIN Module: OM Dictionary: Drug Order String
String Site: .DFT String Queue Number: 1

Close

- Patient Lists
- Select Patient
- Next Patient
- Patient Profile
- Edit Pt Data
- Patient Audit
- Oncology
- EMR
- Enter Orders
- Stock Orders
- Edit Orders
- Rx Audit
- Interventions
- ADR Events
- Progress Notes
- Fill Lists
- MARs
- Billing
- Inventory
- Sign Queue
- Interfaces
- System Mgmt
- Preferences

Auto Verification Enhancement

Hunt, Sarah 5ft 4in 162.56cm BSA: 1.64m2 MG0000062719 MR00014552

Rx Audit

Order Details	Instructions	Status	Source
ENOXAPARIN SODIUM ENOXAPARIN SODIUM 40 MG/0.4 ML ... 00041284 MED	40 MG SUBCUT DAILY SCH 09/12/23 0900 - 09/21/23 2359 MAIN 0 SYRINGE \$1537.20	Active	OM APARDOCTOR

40 MG SUBCUT DAILY SCH	Amount
ENOXAPARIN SODIUM ENOXAPARIN SODIUM 40 MG/0.4 ML SYRINGE	40 MG

Order Detail			
Start Date	09/12/23-0900	Stop Date	09/21/23-2359
Clinical Indication	.VTE prophylaxis		
Order Type	MED		
Order Source	Licensed Professional		
Inventory	MAIN		
Dispense Size	0.4 ML PER DOSE		
PHA Site	MAIN		
Charge Type	INJ		Forms Dispensed
Total Charges	\$0.00	Total Costs	\$0.00

Drug	Details
ENOX40SY	Lovenox 40 MG/0.4 ML SYRINGE

Review Activity	Date-Time	User	Source
New Order	09/11/23-2019	Parlato, Amanda	

Review History

Comments

Rx
FILE VERIFIED POLICY Site: MAIN Module: OM Dictionary: Drug Order String String Site: .DFT String Queue Number: 1

Auto Verification Enhancement

LR1000 - LACTATED RINGERS STRINGS

Last Edit: 09/13/23 08:47

General Location / PHA Site

Group LR1000

* Active | * Name Y LACTATED RINGERS STRINGS

* Type I
Index by Fluid
* Restrict to Order Type IV

* Orderable By BOTH
OM Sets Only
Dosing Group | Set

Smart Pump Group Alias

OM Alias

Order Type

Description

1	LV	RINGER'S SOLUTION,LACTATED @ 125 MLS/HR(1,000ml)
2	LV	RINGER'S SOLUTION,LACTATED @ 83.333 MLS/HR(1,000ml)
3		

OM Display Name

Alternate Name

Edit Order String Edit Output Edit File Verified

Cancel Save

Auto Verification Enhancement

LR1000 - LACTATED RINGERS STRINGS

Last Edit: 09/13/23 08:47

General Location / PHA Site

Group LR1000

* Active | * Name Y LACTATED RINGERS STRINGS

* Type I
Index by Fluid
* Restrict to Order Type IV

* Orderable By BOTH
OM Sets Only
Dosing Group | Set

Smart Pump Group Alias

Order Type	
1	LV RINGER'S SOLUTION
2	LV RINGER'S SOLUTION
3	

OM Display Name

File Verified

File Verified From

LV

Cancel Save

Edit Order String Edit Output Edit File Verified

Cancel Save

Auto Verification Enhancement

ER.WAITING - ER WAITING

Last Edit: 09/13/23 08:18

Location

GL Department
Transfer Doses Option
Default Site
PRN Reason Required
Default Outpatient Type of Order

Inventory

1	<input type="text" value="MAIN"/>	<input type="text" value="MAIN"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

File Verified from Other Modules

SCH	PRN	NR	STA	ONE
<input type="text" value="N"/>	<input type="text" value="N"/>	<input type="text" value="N"/>	<input type="text" value="N"/>	<input type="text" value="N"/>

MAR Data

Report Format	<input type="text"/>	Start Time	<input type="text"/>	Label	<input type="text"/>
Report Printer	<input type="text"/>	Shift 1	<input type="text"/>		<input type="text"/>
Label Format	<input type="text"/>	Shift 2	<input type="text"/>		<input type="text"/>
Label Printer	<input type="text"/>	Shift 3	<input type="text"/>		<input type="text"/>

Auto Verification Enhancement

Return To Home Trackers Chart Document Orders Discharge Sign Workload Chart Viewer Menu More Help User Close

Orders SUBMIT 1

CURRENT ENTER RECONCILE TRANSFER

Add New Process Orders

Favorites Sort Search All Filter: All Pt. Age Wt

Lactated Ringers IV

LACTATED RINGERS STRINGS

RINGER'S SOLUTION,LACTATED @ 83.333 MLS/HR(1,000ml)

<input type="checkbox"/> 83.333 mls/hr IV .Q12H SCH					
<input checked="" type="checkbox"/> Ringer's Solution,Lactated [Lactated Ringers] IV 125 mls/hr SCH	09/13/2023 08:49	09/16/2023 23:59	New		

* IV Fluid	* Volume Per Bag	Units
Ringer's Solution,Lactated [Lactated Ringers]	1,000	ml
Additive/Medication	Amount	Units

Total Volume 1,000
Unit ml

Hart, Sean
ED 33, M · 03/09/1990
MRN# MR00014558

ADM IN, ER.WAITING ER.WAITING -A
5ft 7in
163lb

Acc# MG0000062733 Full Code

Powered by Google Health

Search Patient's Chart

Conditions

Allergies
No Known Drug Allergies

Medications
No Data to Display

Outstanding Orders

Auto Verification Enhancement

Hart, Sean 5ft 7in 170.18cm BSA: 1.85m2 MG0000062733 MR00014558
33 M 03/09/1990 163lb 0oz 73.936kg
ADM IN ER.WAITING ER.WAITING-A Allergy: No Known Drug Allergies Adv: Not Recorded

[-]	Allergy/AdvReac	Edit	Type ▲	Severity	Reaction	Date	Verified	💰
	No Known Drug Allergies		Allergy			09/13/23	Yes	

0 of 1 Selected

[-]	✓	Orders with Activity	Instructions	Status ▲	Source	🔗
<input type="checkbox"/>	<input checked="" type="checkbox"/>	RINGER'S SOLUTION,LACTATED RINGER'S SOLUTION,LACTATED 1,00 Z00032529 LV	1,000 ML @ 125 MLS/HR ... 09/13/23 0857 -09/16/23 2359 MA... 0 Bag \$22.00	Unverified	EDM APARDOCTOR	



View Order Data

Comments

Rx

FILE VERIFIED POLICY
Site: MAIN Location: ER.WAITING Dictionary: Location
Order String: LR1000 String Queue Number: 1

Close

- Patient Lists
- Select Patient
- Next Patient
- Patient Profile
- Edit Pt Data
- Patient Audit
- Oncology
- EMR
- Enter Orders
- Stock Orders
- Edit Orders
- Rx Audit
- Interventions
- ADR Events
- Progress Notes
- Fill Lists
- MARs
- Billing
- Inventory
- Sign Queue
- Interfaces
- System Mgmt
- Preferences

Auto Verification Enhancement

Rx Audit

Order Details	Instructions	Status	Source
RINGER'S SOLUTION,LACTATED RINGER'S SOLUTION,LACTATED 1,00... Z00032529 LV	1,000 ML @ 125 MLS/HR IV 09/13/23 0857 - 09/16/23 2359 MAIN 0 Bag \$22.00	Unverified	EDM APARDOCTOR

Order Detail			
Start Date	09/13/23-0857	Stop Date	09/16/23-2359
Order Type	LV		
Order Source	Provider Signature Required		
Titrate	N		
Inventory	MAIN		
PHA Site	MAIN	Unverified Rx Num	Z00032529
Charge Type	LV	Total Dispensed	
Total Charges	\$0.00	Total Costs	\$0.00

Drug	Details
LR1000	LACTATED RINGERS 1,000 ML BAG - 1,000 ML

Review Activity	Date-Time	User	Source
None			

Review History

Comments
Rx
FILE VERIFIED POLICY Site: MAIN Location: ER.WAITING Dictionary: Location Order String: LR1000 String Queue Number: 1

Queries
Order Management
Height 5 ft 7.00 in Weight 163 lb

Preferences Print Close Next



Industry Topics

Sandy Kerfien

Supervisor, Client Services Oncology

Caitlyn Mulligan

Specialist, Client Services Pharmacy

MEDITECH



Industry Topics (Oncology & Pharmacy)

- CRISPR - which works like a pair of scissors that can precisely delete, insert, or edit specific bits of DNA inside cells.
- Artificial Intelligence - creating a digital duplicate of a person to test treatments
- Cryo-EM - captures images of molecules that are ten-thousandths the width of a human hair
- Infinium Assay - genotyping
- Robotic Surgery - advances
- Pharmacists as Providers: [The American Pharmacists Association \(APhA\)](#) advocates for the passing of the Pharmacy and Medically Underserved Areas Enhancement Act, S.1491. The bill targets adding pharmacists to the list of providers who are covered by Medicare Part B for medically underserved communities
- Subcutaneous IBD Drugs: In recent news there have been various FDA approvals for subcutaneous administration of drugs used in IBD treatment. Subcutaneous administrations offer more convenient treatment options for patients.



Industry Topics (Oncology & Pharmacy)

Additional information:

Pharmacists as Providers:

- Provider status would not apply to all Medicare Part B beneficiaries.
- It would increase access to previously authorized services, but would not grant new practice authorities.
- Reimbursement would be at 85% of the physician fee schedule.

Subcutaneous IBD Drugs:

- Interested in group feedback regarding the impact on patient care, retail pharmacists role in relation to stock and patient education, as well as if there will be continued trends in the industry towards subcutaneous administration for drugs relating to this patient population as well as similar populations.



The Pharmacy & Oncology Collaborative Forum

November 8-9, 2023

MEDITECH

AGENDA 11/9/23 AM

Session

- Recap of Day 1
Presenter: Katelyn Maynard
- Smart Pumps
Presenter: Shantelle Dubois
- HCPCS Codes
Presenters: Caitlyn Mulligan
- Antimicrobial Use/Resistance
Presenter: Nhien Bui
- Route of Administration and Unit of Measure Mapping in Expanse
Presenter : Caitlyn Mulligan
- Bug Fixes, Enhancements, Fast Tracks
Presenters: Bob Lombardi/Sandy Kerfien/Caitlyn Mulligan
- Clinical Trials
Presenter: Matt Soehl

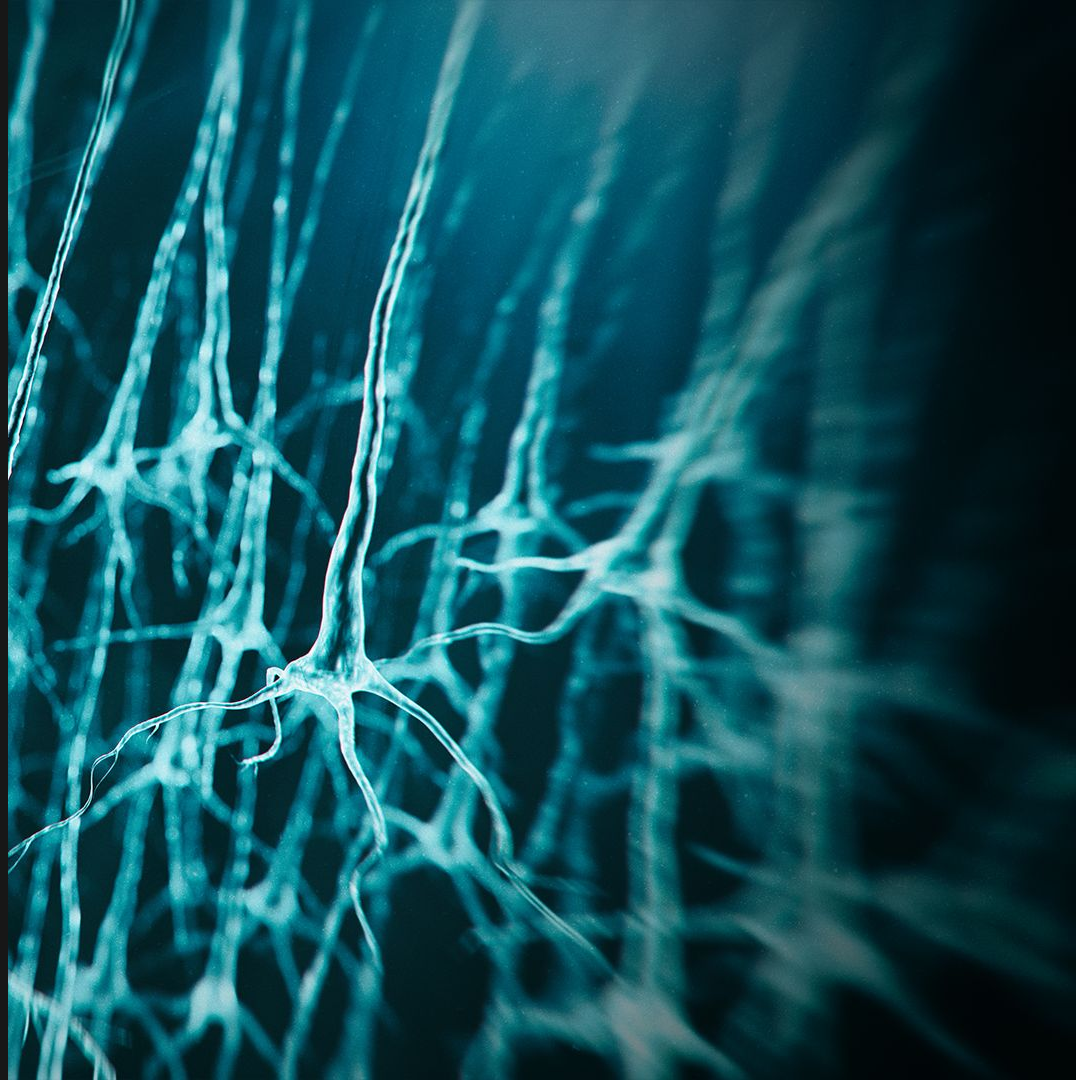


Day 1 Recap

Katelyn Maynard

Senior Specialist, Client Services Pharmacy

MEDITECH



Success Stories

“

We opened a freestanding surgery center across the parking lot and it uses our same meditech facility. Mastering the OE and PHA sites setup and config to limit order strings and order sets shown to staff when patient is registered to that other building was a huge success!

”

**Andrew Ventura, Pharm.D,
MBA, CPHIMS**

Pharmacy Informaticist,
Information Systems

Augusta Health Care Inc.

Success Stories

John Heeren, MS RPh
Systems Analyst, Pharmacy
& Oncology

Valley Hospital

We rebuilt the Oncology Diagnosis and Indication Dictionaries to improve Provider lookup and Treatment Plan selection. This helped reduce redundant indications to prevent provider confusion and streamline look up.

Success Stories

**Joshua Smallwood,
Pharm.D**

Director of Pharmacy
Informatics

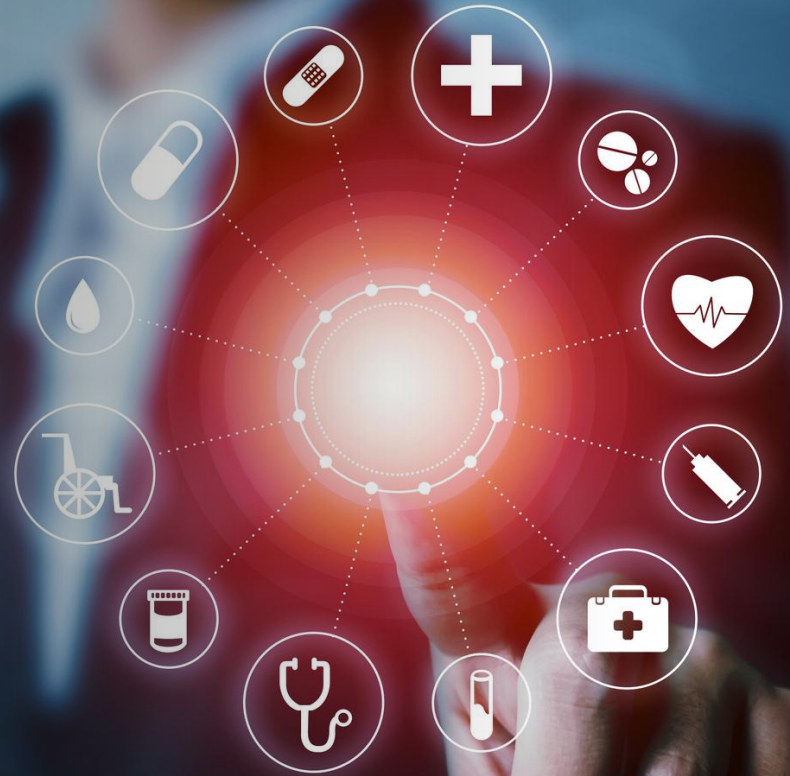
Appalachian Regional
Healthcare

We implemented a new build for DKA protocol that reflexes orders based on patient's labs for the nurse to order.

HCPCS Codes - Manufacturer Specific

Caitlyn Mulligan
Specialist, Client Services Pharmacy

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HCPCS Codes - Manufacturer Specific



What Changed?

Centers for Medicare & Medicaid Services (CMS) made changes to the Healthcare Common Procedure Coding System (HCPCS) Code Level II Single Use Requirements, including manufacturer specific HCPCS codes, to identify single source drug products. [This is the link](#) to the CMS 2022 Q3 HCPCS Summary. Single source products are not considered therapeutically equivalent to their reference drug listed in the [FDA orange book](#)

- Established approximately 36 new HCPCS Level II codes to separately identify.
- However, CMS continues to revise existing HCPCS Level II codes as well as products that have been “not otherwise classified”. This means the list of impacted drugs continues to grow.
- Went into effect January 1, 2023.
- CMS did note they were accepting feedback in relation to the language in the code descriptors.

HCPCS Codes - Manufacturer Specific

How does this impact hospitals?

There is a programmatic need for each product to have a unique billing and payment code, as they are considered single source drugs. The codes separately identify products approved under the 505(b)(2) New Drug Application (NDA) or the Biologics License Applications (BLA) pathways, and are not rated as therapeutically equivalent to a reference listed product in an existing code.

The Average Sales Price (ASP) HCPCS-NDC crosswalk should be used to identify the correct billing and payment code for each applicable product

Hospitals need to establish a setup and procedure to accommodate this requirement.



HCPCS Codes-Manufacturer Specific

What is an example?

J9041	Revise	Injection, bortezomib, 0.1 mg
J9044	Delete	Injection, bortezomib, not otherwise specified, 0.1 mg
J9046	Add	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to J9041, 0.1 mg
J9048	Add	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg
J9049	Add	Injection, bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg

- In this example, if a patient received bortezomib from manufacturer dr.reddy's, then HCPCS code J9046 is required. If a patient received bortezomib that was not from any of the noted manufacturers (dr. reddy's, fresenius kabi, hospira), then it would require a HCPCS code of J9041 for CMS reimbursement.



HCPCS Codes - Manufacturer Specific

How does this impact MEDITECH?

MEDITECH had to devise a solution that allowed all organizations to meet this requirement on a relatively short timeline. Extensive review occurred between the patient accounting and pharmacy groups, where members from service and development met regularly. Mass delivery cases were opened that outlined a solution applicable to both administration and refill billing hospitals. However, there is an alternative option for exclusively administration billing hospitals.

Prior to providing a brief overview of the solutions it is important to note some key factors that formed the basis of our conclusion.

HCPCS Codes - Manufacturer Specific



Key MEDITECH factors:

- HCPCS codes are associated in BAR/RCG to the billing/procedure/charge code via the Charge Description Master or Procedure Code Dictionary (release dependent).
 - Only one billing code can be associated per Pharmacy Site in the Drug Dictionary, and only one primary NDC can be associated per drug in the PHA Drug Dictionary.
- Not all 36+ drugs need to be built out for every hospital. Only the manufacturers which are stocked, or on order require build.
- Some manufacturer's drugs may need to be built out separately in the PHA Drug Dictionary for clinical reasons regardless of this requirement,
 - For example, some NDC numbers represent different strengths
- Refill Billing cannot capture the scanned NDC standardly or with a rule (IDEA-35867). Therefore, a rule is only feasible for hospitals utilizing exclusively admin billing. A rule is insufficient for hospitals that are a mix of admin and refill billing (common), as it leaves refill billing areas out of compliance.

HCPCS Codes - Manufacturer Specific



What is the solution in MEDITECH?

Pharmacy recommends reviewing the HCPCS/NDC crosswalk to determine if any of the impacted medications are stocked at your organization. If stocked, these medications will need to be built separately in the Drug Dictionary with distinct billing codes.

Pharmacists will need to ensure that the appropriate drug entry is selected at order entry/verification. Additionally, please review your order set and order string builds to ensure the manufacturer is clearly displayed for provider ordering. This will require communication between pharmacy and clinicians based on your current drug stock and your organization's workflow.



HCPCS Codes - Manufacturer Specific

What is the solution in MEDITECH?

This regulation is addressed in Patient Accounting through standard functionality and claim reporting in accordance with the recommended PHA Drug Dictionary entry build. Any medications that are built separately in the PHA Drug Dictionary will need unique corresponding billing codes for accurate claim reporting.

Patient Accounting recommends using an account check for manual intervention (for example: PROC IN LIST). The check may be used to identify any of the newly updated procedure/billing codes for manual review prior to reporting the HCPCS on claim submission. This is essentially an extra step to accommodate double checking to ensure accurate claims submission.



HCPCS Codes - Manufacturer Specific

What is the alternate solution in MEDITECH?

A rule is the alternate solution in lieu of additional drug build, but it is only applicable for hospitals that use admin billing hospital wide. Any hospital that uses a mix of refill and admin billing, or exclusively fill billing cannot utilize a rule. The necessary data for a rule is not captured in FILL billing environments.

Overall, the rule evaluates at transaction to send the MIS mapped billing code per NDC for the HCPCS Code Level II requirements. For this rule to function, an MIS map must be built mapping the NDC to the billing code. The rule requires manual upkeep, which means any hospital utilizing the rule should ensure a staff member is trained on maintaining the rule as more mapping is needed.



HCPCS Codes - Manufacturer Specific, Rule Build

Dictionaries Involved: For this rule to function, an MIS map must be built mapping the NDC to the billing code. The MIS mapping is built in target for sites which have Corporate Management Software controls.

- **6.x/Expansive:** Info Systems > MIS > Dictionaries > Communication > MAP (NPR) > Enter/Edit
- **C/S:** MIS > Communication > Maps > Enter/Edit

Mnemonic: NDCTOBC

Active: Y

Name: Scanned NDC to Billing Code

Allow Reverse Mapping: N

If Data Value in File is:

NDC value here

NDC value here

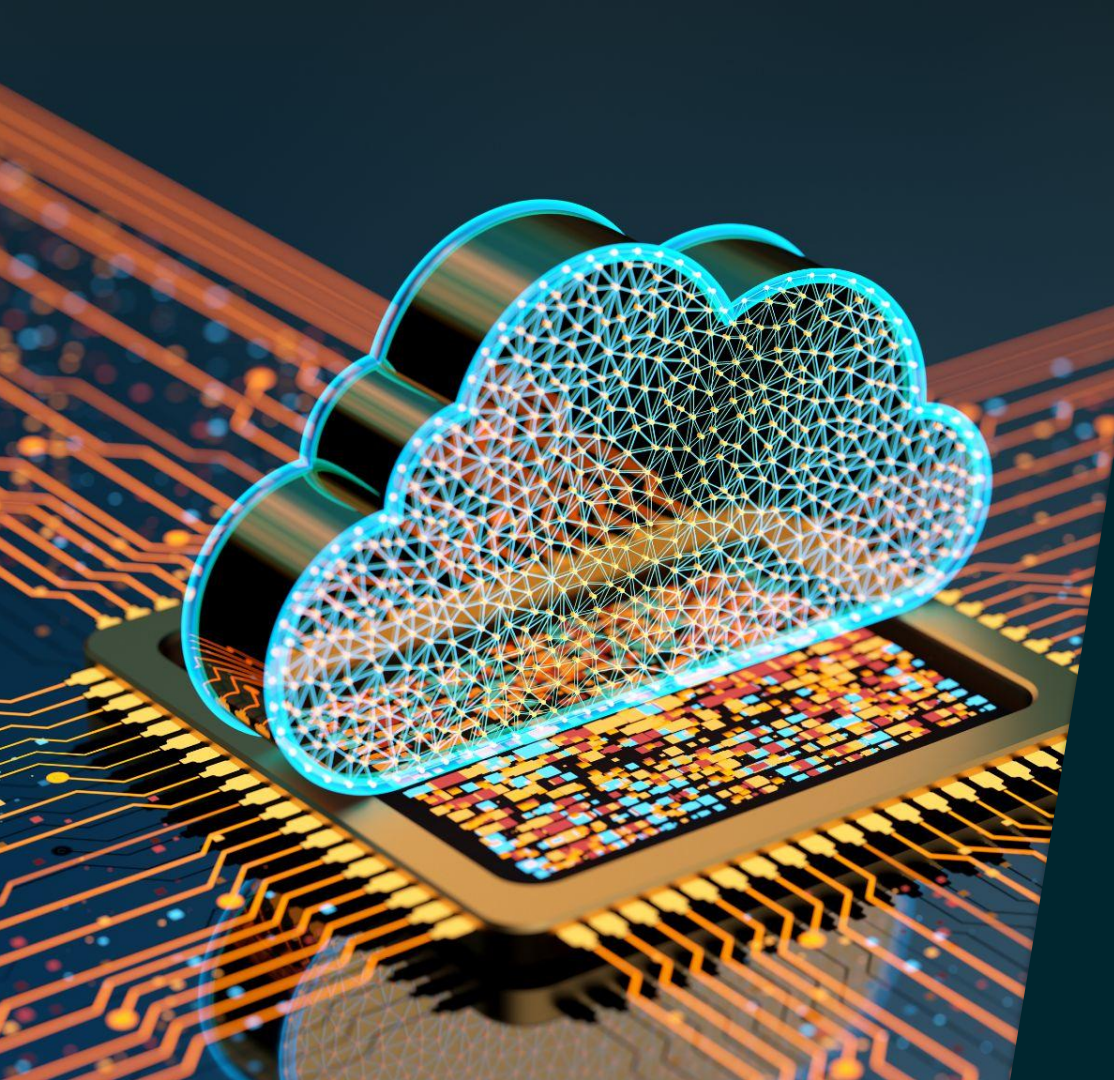
NDC value here

Use this Value:

Billing Code here

Billing Code here

Billing Code here



HCPCS Codes-Manufacturer Specific, Rule Build

Keyword dictionary:

- **Function:** RX
- **Mnemonic:** z.mis.map.chk
- **Active:** Y
- **Name:** Finds MIS Map Dictionary Entry
- **Number of Arguments:** 2
- **Execute at Translation:** N

- **Code:**
`%MIS.MAP.get.value(`

HCPCS Codes-Manufacturer Specific, Rule Build

Keyword dictionary:

Function: RX

Mnemonic: z.scanned.ndc

Active: Y

Name: Scanned NDC #

Execute at Translation: N

Code:

```
c.txn.admin.q^admin.q,  
IF{"N"=@admin.scanned;  
""^admin.scanned.qnum^NDC,  
DO{@Next(admin.scanned.qnum,@admin.  
scanned.data)&(@Not(NDC)) 1,  
IF{@admin.scanned.med'=med;  
@admin.scanned.ndc^NDC}}},
```

NDC

HCPCS Codes - Manufacturer Specific, Rule Build

Rule dictionary:

Mnemonic: SNDCTOBC

Active: Y

Data Fields From: RX

Enable for: PHA

Evaluate at:TXN

This rule should be associated in the Customer Defined Parameters, and will evaluate at TXN when the billing compile runs.

EDITOR:

```
:[f z.mis.map.chk](A,B)^VAL
```

;A = Mis Mapping Table Mnemonic

;B = Entry in Mapping Table to Check Against

;VAL = Returned value from MIS Mapping Table

```
;
```

```
[f z.scanned.ndc]^NDC,
```

```
IF{NDC [f z.mis.map.chk]("NDCTOBC",NDC)^VAL,
```

```
IF{VAL|0 [f rx set billing code](VAL|0)};
```

```
1}:
```


Antimicrobial Use & Resistance

Nhien Bui

Product Manager, Standard Content

MEDITECH





Antimicrobial Use and Resistance (AUR)

- Antimicrobial resistance (AR) infections
 - > three million people are infected by an antimicrobial-resistant pathogen or *C. difficile* and nearly 50,000 people die.
 - Increased rates of AR infections in healthcare settings since the beginning of the COVID-19 pandemic
- Antimicrobial use (AU) data
 - Optimize antimicrobial prescribing to improve antimicrobial treatment effectiveness, protect patients from harms caused by unnecessary antimicrobial exposure, and curb antimicrobial resistance associated with prophylactic and therapeutic excess.



Medicare Promoting Interoperability Program

Modifications to the Reporting Requirements for the Public Health and Clinical Data Exchange Objective:

- **Antimicrobial Use and Resistance (AUR) Surveillance Reporting**
- Syndromic Surveillance Reporting
- Immunization Registry Reporting
- Electronic Case Reporting
- Electronic Reportable Laboratory Result Reporting

Antimicrobial Use and Resistance (AUR) Surveillance Measure



- Goal: Slow the emergence of new resistant threats and preventing the spread of existing resistant infections.
- Data within the AUR measure are reported directly to CDC through National Healthcare Safety Network (NHSN).
- Requires robust systems for collecting, analyzing, and using AUR data to direct action.
- Effective beginning with the EHR reporting period in CY 2024 for eligible hospital or Critical Access Hospital (CAH)

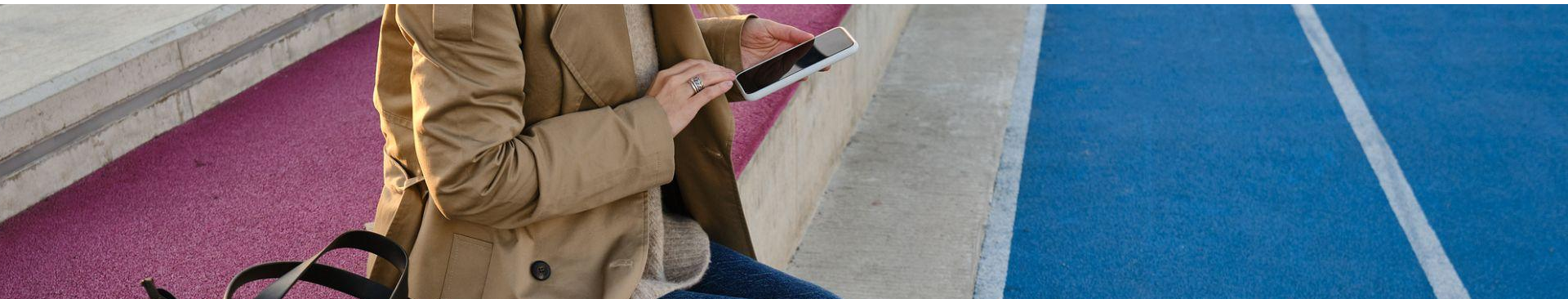


Standard Content for AUR

[CONTENT-5077](#) - Antimicrobial Use and Resistance (AUR) Reporting Measure

- Provides details of MEDITECH Standard Content value set mapping as part of a requirement by the National Healthcare Safety Network (NHSN).
- Utilizes the antimicrobial use (AU) and antimicrobial resistance (AR) Toolkits as well as the AUR Module Protocol published by the CDC's NHSN in Jan 2023.
 - NHSN has specific code sets.
 - Standard content build guide includes the codes from the [NHSN toolkits](#).

Value Set Mapping Standard Content



Rx Norm



LOINC Code



NHSN Route Value



SNOMED Clinical Terms



Drug Ingredients Dictionary



Microbiology Antibiotics Dictionary



Route of Administration Dictionary



Microbiology Organism Dictionary

Microbiology Source Dictionary

Map (NPR) Dictionary



Return To

View MIS Map Dictionary (SC.EXPANSE2N)



More



Help



User

ANTIMICROBIAL - AR Antimicrobial Agents

Last Edit: 09/18/23 09:21

Mnemonic

Active

Name

AR Antimicrobial Agents

Allow Reverse Mapping

N

Map From Value in Dictionary and Database

LAB.M.ANTI

LAB.STD

Map To Value in Dictionary and Database

Max Length

20

If Data Value in File is	Use This Value
10.000	18860-7
10.049	18861-5
10.050	18862-3

If Data Value in File is in the Range:		
From	Thru	Use This Value

For Other Data Values Return Original

Other Data Default Value

If There is no Data Value use

Dictionary Map Dictionary

View Outbound Dictionary Map Dictionary (SC.EXPANSE2N)

More

Help

MED ROUTE - PHA Route of Administration Dictionary

Version: 1

Last Edit: 06/29/23 12:08

17/154 Mnemonics Mapped

Dictionary	MED ROUTE	PHA Route of Administration Dictionary
Database	PHA.STD	
Value Set Group	PHVS	PHIN Value Set
Value Set	NHSN_ROA	NHSN Reporting

Version	Default Code	Code Description
1		

Dictionary Mnemonic	Value Set Code
EPIDURAL	
EXTRACORPO	
EYE-BOTH	
EYE-LEFT	
EYE-RIGHT	
FEED TUBE	2522-1
G-TUBE	2522-1
GJ-TUBE	2522-1
HE	
IA	
IC	
ID	
IH	2523-9

Dictionary Description	Feeding Tube
Code Description	Digestive



Build Guidance Resources

MEDITECH Resources

- [Promoting Interoperability Program](#)
- [AUR Checklist](#)
- [Standard Content Build Guide](#)

Route of Administration and Unit of Measure Mapping in Expanse

Caitlyn Mulligan
Specialist, Client Services Pharmacy

MEDITECH



Route of Administration and Unit of Measure Mapping in Expanse

Expanse requires mapping within the Order Management application specific to Route Of Administration (ROA) and Unit Of Measure (UOM) to facilitate interaction checking through the API. Users are presented with API screening errors if mapping is not performed correctly.

- For example “route of administration X not recognized” and “FSV API not able to recognize all drug information. Not included for screening:X”

Guides:

- ★ [This guide](#) reviews pharmacy setup and mapping checklist guidelines, and includes information related to unit of measure and route of administration mapping.
- ★ [This guide](#) provides an in depth review of Medication Management Route of Administration and Unit of Measure Mapping.
- ★ [This guide](#) reviews FDB API Route of Administration & Unit of Measure Mapping FAQ's.

Route of Administration and Unit of Measure Mapping in Expanse

Quick Overview

→ How do you map?

- The fields used for mapping are the OM Unit and OM Route fields in their respective dictionaries. You assign the desired hospital created ROA or UOM within these fields. Hospital created entries are mapped to FDB entries only.

→ Where are the dictionaries located?

- They are located within the Order Management application.
- Pathway: Clinical - Dictionaries - Ordering - Medication Management

→ Is interaction checking only impacted in the Pharmacy application?

- No, this impacts Order Management as well.

Route of Administration and Unit of Measure Mapping in Expanse



Key Facts to Keep in Mind:

- Overall, mapping must be a 1:1 ratio. However, there is a scenario with the dose check route field within the OM Med Mgmt Route of Administration Dictionary that circumvents this ratio (reviewed further in a later slide).
 - In light of the 1:1 ratio hospitals decide which PHA UOM will be mapped to an equivalent FSV UOM, and all drugs are updated to use that PHA UOM.
- Mapping via the OM unit or route field should occur only on entries with FSV data present, as that indicates it is provided by FDB. Entries without FSV data present are manually created and cannot be used for valid mapping.
 - New entries should not be created in the OM Med Management Unit Of Measure Dictionary
- Mapping is only required for entries where an equivalent PHA ROA or UOM is utilized by your hospital.

Route of Administration and Unit of Measure Mapping in ExpansE

OM Medication Management Unit of Measure Dictionary

E

Return To

Unit of Measure Dictionary (DEV.US)

More

Help

CM
User

Close

g - gram

Last Edit: 12/22/2021 09:23

Unit of Measure

Abbreviation	g
Active	Yes
Name	gram
Type	Weight
Plural Name	grams
Plural Abbreviation	grams
OM Unit	GRAM

Components	
Unit One	
Unit Two	
Unit Three	

Conversion Table	
To Unit of Measure	Conversion Factor
kilogram	0.001000
milligram	1000.000000
microgram	1000000.000000
gram	1

FSV Data	
Identifier	368
Abbreviation	g
Name	gram

View

Report

History

Cancel



Route of Administration and Unit of Measure Mapping in Expanse

OM Medication Management Route of Administration Dictionary



Return To

Route of Administration Dictionary (DEV.US)



More



Help



CM
User



Close

ophthalmic (eye) - ophthalmic (eye)

Last Edit: 12/16/2021 12:13

Main

Facility

Route of Administration ophthalmic (eye)

Abbreviation	ophthalmic (eye)
Active	Yes
Name	ophthalmic (eye)

Adverb Form	into the eye(s)
Dose Check Route	
OM Route	EYE-BOTH

Administration Sites

FSV Data	
Identifier	207
Abbreviation	ophthalmic (eye)
Name	ophthalmic (eye)
Adverb Form	into the eye(s)

View

Report

History

Cancel



Route of Administration and Unit of Measure Mapping in Expanse



Dose Check Route - Route of Administration dictionary:

- ❖ Define an FDB supplied ROA within this field when manually creating a new Route of Administration. User created routes are not defined in the dose check route field.
- ❖ Anatomical sites are the main utilization reason for this field, and are the primary driver for users needing to create new entries in the OM Med Mgmt ROA dictionary.

Scenario: Your hospital built routes in PHA for left/right/both for eyes and ears, but FDB only supplies ophthalmic (eye) and otic (ear). Therefore, the 1:1 ratio cannot accommodate your anatomical sites. As a solution, build the same anatomical routes in the OM ROA dictionary, and associate the same FDB route to each user created route via the dose check route field. Additionally, map the equivalent PHA route in the OM route field, such as EYE-RIGHT. Now your hospital has multiple anatomic sites per a singular FDB route without impacting interaction checking.

Route of Administration and Unit of Measure Mapping in Expanse

Questions for the group:

1. IDEA-18935: Mapping should be extended beyond the 1:1 ratio so that multiple units of measure and routes of administration can be mapped to the equivalent FDB route or unit.
 - a. How interested is the group in this IDEA? What are the main examples driving this interest?
2. How many folks utilize or are familiar with the dose check route field?
3. What are the top issues encountered when mapping?
4. What additional information would be helpful that is not currently available in documentation?



Enhancements, Fast Tracks, & IDEAS

Robert Lombardi

Supervisor, Quality Assurance, Pharmacy and Medication Management, Product Development

Sandy Kerfien

Supervisor, Client Services Oncology

Caitlyn Mulligan

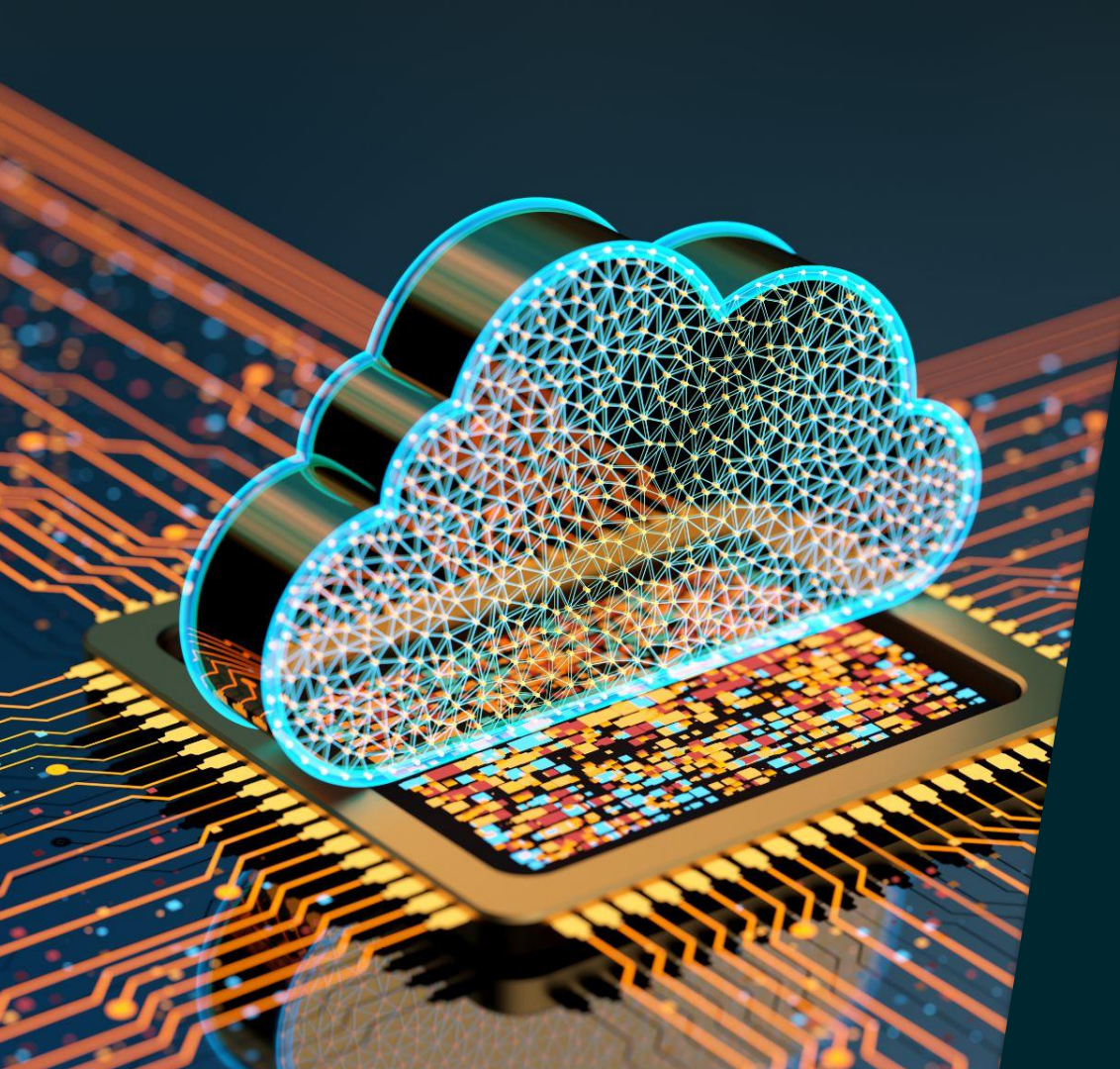
Specialist, Client Services Pharmacy

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Processes

- IDEA Submission
 - *Approvals*
 - *Acceptance by a Product Owner*
 - *Ranking*
 - *Priority List*
 - *Roadmap*



Oncology

- **Bug Fixes:**
 - [CLIN-209539](#) - Cannot launch Oncology from EMR after accessing MAR tab of Medications Panel
- **Enhancements:**
 - [CLIN-241121](#) - Manual Linking to Diagnosis
 - [CLIN-199843](#) - Apply Edits to Future Draft Cycles
- **Fast tracks:**
 - [CLIN-132439](#) - Order Sheet: Dosing of OM Medications
 - [CLIN-227793](#) - Cross Reference Report: OM Orders/Sets and Oncology Treatment Plans
 - **In Progress** - IDEA-31997 - Allow Oncology Med Review Indicators to be Actionable on Patient Care Boards
 - **In Progress** - IDEA-27130 - Projected Inventory Report Enhancements
- **Ideas:**
 - IDEA-36117 Unable to Add More Medications Once a Cycle Is Moved

Pharmacy

- **Bug Fixes:**

- [CLIN-240578](#) -Introduces multiple keywords for use in PHA related to Gender Identity.
 - Release/Version: Expanse 2.1.52, Expanse 2.2.40
- [CLIN-240092](#)- Labels print to the robot, but only print to the printer if the Print Labels prompt in the Drug Dictionary, Cart Dictionary, or Customer Defined Parameters is set to Y. The user is not prompted to print labels if these fields are all set to N or blank.
 - Release/Version: 6.08.55, Expanse 2.1.54, Expanse 2.2.42

- **Enhancements:**

- [CLIN-237615](#)-Adds the Patient Name to the screen title and the Return To list for WPL sessions.
 - Release/Version: Expanse 2.1.51, Expanse 2.2.39
- [CLIN-241853](#)-Order Management now utilizes a real-time connection to Pharmacy to calculate a new duration when an rate edit is made for IV Order Strings that are dispensed by duration. This addresses inaccurate dose warnings for route of administrations requiring a duration (IV continuous infusion).
 - Release/Version: Expanse 2.1.55, Expanse 2.2.43

Pharmacy

- **Fast tracks:**

- CLIN-244032/IDEA-9628 (*In Progress*)-Update existing RXs with the correct inventory when a pocket unload is performed at the dispensing machine.
- [CLIN-234473](#)- Added a View Drugs by Barcode routine to the Drug Dictionary to help ensure when drug stocking that these medications are properly associated with a valid value in the "Bar Code Identifier" field for BMV.
 - Release/Version: Expanse 2.1.49, Expanse 2.2.37
- [CLIN-232995](#)- Introduced a toolbox parameter "Disable Out DEA Number" to disable the DEA requirement when entering outpatient or discharge orders.
 - Release/Version: Expanse 2.1.48, Expanse 2.2.36

- **Ideas:**

- IDEA-37246-Display dose instructions on the medication tab of the verification screen.
- IDEA-37406-Separate out special instructions as its own order activity to flag on the New Activity List.
- IDEA-37135-Automatically update the revenue site when a patient is transferred.



QUESTIONS?

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EXPANSE

A close-up photograph showing a caregiver in a blue uniform supporting an elderly person. The caregiver's hands are gently holding the elderly person's arms, and the elderly person is holding a wooden cane. The scene is set in a clinical or care environment.

THANK YOU

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EXPANSE