

healthcare:connected

# CRIS Upgrade Familiarisation Documentation

### Overview of Key CRIS Changes 2.09.10q1 to 2.09.10t1f

Wellbeing Training Department



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## Introduction

### Purpose

This document is designed to provide a summary of the relevant changes, enhancements and features incorporated into the CRIS system from version 2.09.10q1 through to version 2.09.10t1f released in 2016. This document is not intended to replace the full CRIS Release Notes and does not make specific reference to any bug fixes or problem resolutions. This is with the exception of VR where bug fixes can be useful to highlight enhancements.

<u>Please note:</u>
The following symbols have been used to aid searching and identification in the document:
<b>@</b> Symbol = Changes which may have an impact on the user interface or may involve communication / training.
# Symbol = PACS based reporting changes.
All applicable security settings are formatted / highlighted in <b>RED</b> , and XR Settings in <b>BLUE</b> for ease of identification.

### All Changes

There are 95 changes between 2.09.10q and 2.09.10t1f as follows:

	2.09.10q	18	2.09.10r	22	2.09.10s	36	2.09.10t	19	
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### Audience

The intended audience for this document is upgrading customers moving from version 2.09.10p to 2.09.10t1f



## General

CRIS-12@	Request to stop the presentation of identical demographic patient records which have a different NHS number as an option to merge.
Description	If a user incorrectly merges two similar demographics with different hospital numbers it takes a lot
	of time and trouble to 'un-merge' such records. If patients have different NHS numbers they are not
	the same patient so should not be offered as potential matches.
Resolution	A patient with a different NHS number will no longer be presented as a match option unless the user
	has the security setting GENERAL.ALLOW_DIFF_NHS. If the user has the setting then matching will
	work the same as before.
Fixed in	2.09.10q1

CRIS-7@	Filter Profiles – Ability to apply Multiple Filter selections (i.e. Rooms, Exams) via Day list, Appointments, Vetting List and Unprocessed List
Description	Ability for the [Day List], [Unprocessed List] and [Appointments List] to accept multiple filter selections.
Resolution	In order to display multiple filter selections, the user can right-click, select the Configure Table Filters tab and add 'ROOM1,ROOM2' or 'EXAM1,EXAM2'. On saving, the list will display events from both of these rooms. The configuration can then be saved to a Filter Profile in order for the filter to be reloaded easily and can be applied per user, or system wide, and across all applicable lists. Use of this Filter Profiles requires <b>RECEPTION.PROFILES_ALL</b> = To add to all lists <b>RECEPTION.PROFILES_OWN =</b> To manage your own profiles. <b>Day List</b> <b>Filter Profile</b> <b>Filter Profile</b> <b>Filter Profile</b> <b>Day List</b> <b>Filter Profile</b> <b>Filter Profile</b> <b></b>
	4198         BROWN         SARAH DAWN         20/01/1987         26/09/2014         0836         HSS01         1220         HSS01AED         O 999         ろ         MACTV           0241         JOHNSON         JASON         24/07/1947         26/09/2014         0837         HSS01         1221         HSS01AED         C999         ろ         XCHES           8840         WILLIAMS         ELIZABETH SUZA         11/09/1966         26/09/2014         1459         HSS01         1222         HSS01AED         C999         ろ         XCHES
Fixed in	2.09.10q2

Description Add functionality to allow the Event Specialty to be picked as a column in Configure Table Head	rs
Resolution Event specialty is now available as a column under the column filter dialog box.	
Fixed in 2.09.10s2-	

CRIS-578@	Fixes and updates to the date and time formatting in CRIS
Description	Due to the CUI design guidance, all dates and times in CRIS should appear in the following format.
	Dates: dd-MMM-yyyy, e.g. 05-Feb-2015. Times: HH:mm, e.g. 11:30.
Resolution	Date and time formats have been updated throughout the whole of CRIS.
Fixed in	2.09.10s2-

CRIS-1154@	Vetting and Reporting Group development to enable use of the functionality.
Description	The new 'Group' fields in the [Vetting List] and [Report Info List] have two key limitations which means it is difficult to implement or use the new functionality.
	The Groups make use of the already existing 'Resource Group' and 'Resources' tables in CRIS which are associated with the Resource Module. However, unless both the Vetting Module and Resource

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	Module are fully implemented the only method of applying 'Groups' either for Vetting or Reporting is manual per individual event details via event details or by right-clicking the event from the events list or a worklist. Both methods require 4 key presses to initiate and complete a pop up screen which is laborious and is not in line with other existing functionality which enables customer to easily assign vetting and reporting worklists via practitioner and intended clinician. It is also impossible to multi assign 'Groups' to events which do not require vetting, or attendances as the only place this function is available is via the [Vetting List] screen and exams not marked as vetting required, and attendances do not appear here. This is a significant retrograde step for sites who are used to managing Reporting list using intended Clinician via the Post Processing and using 'multi-select' via the [Report Info List] and using right click 'Intended Clinician' functions. ***IMPORTANT PLEASE NOTE***If you are not using the CRIS Resource Module for scheduling purposes – i.e. You have not created Personnel Rota's via the system. It will be necessary to mark all Resources as 'Always Available' and train booking staff that they should continue to follow their normal processes for establishing the availability of staff performing examinations – i.e. via the Diary Comments or external rota. Should you require additional information, or training on the Resource Module in context to Resource Group, or Personnel Rota's please contact training@hssnet.com.
Resolution	It is now possible to fully utilise the grouping functionality with the addition of a 'Resource' Group field via the following areas of the system when the new XR setting GENERAL.SingleResourceGroupPerEvent is set to 'Yes'. • Event Details Screen Menu Report Info Lists Search Patient Details Events Event Info Event Details Attended: 10-Sep-2015 at 17:47 Referral Source HSB01 HEALTHCARE HOSPITAL Ref. Location HSB010PD Outpatients Department Referrer CB11 WHO DR Speciality (70 CARDIOTHORACIC SURGERY Lead Clinician C911 WHO DR Speciality (70 CARDIOTHORACIC SURGERY Lead Clinician C911 WHO DR Source CT clinicians • Post Processing Screen Menu Report Info Lists Search Patient Details Event No Event Details Post Processing Event Forms (CT Head Reformer Calling Event No Event No Event Details Post Processing Event Forms (CT Head Comp C CT clinician Status Practitioner Intended Clinician Group C Reporting Urgency S



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## Widgets

There are no functional changes applicable to this release.

### Login

There are no functional changes applicable to this release.

### Patient Details

CRIS-259@	Change to patient searching and matching
Description	When patient search or patient match results are displayed, a mismatch value based upon how closely the forename, surname and DOB match is displayed for each result.
	This calculation should work the following way: SURNAME SCORE: Surnames match exactly = 0 Searched surname prefixes the found surname = 1 Searched surname prefixes the found forename = 2 No surname match or one is blank = 3
	FORENAME SCORE: Forenames match exactly = 0 Searched forename prefixes the found forename = 1 Searched forename prefixes the found surname = 2 No forename match or one is blank = 3



	Dates of birth match exactly or one is blank = 0
	Dates of birth differ by exactly 1 digit = 2
	Dates of birth differ by exactly 2 digits = 4
	Dates of birth differ by >= 3 digits = 6
	The score for each of the three sections is calculated and summed. So the minimum possible score would be 0, indicating an exact match in all three sections, and the maximum would be 12. For patient searches, a new XR setting should be created to set the maximum mismatch value allowed when searching. If this is set, no patients will be displayed with a mismatch value greater than the setting's value. If it is not set then all results will be displayed as before.
	For patient matching, NHS/CHI no matching will be considered in the scoring. NHS/CHI match and exact name match = 0. NHS/CHI match but no exact name match = 1. No NHS/CHI match - calculate the name match as above and add 2. This will ensure that NHS/CHI number matches will be displayed towards the top of the result list. Note that there is an existing security setting, <b>GENERAL.ALLOW_DIFF_NHS</b> , without which only patients with matching NHS number will be included in the patient match results - see CRIS-12, resolved in 2.09.10q1.
Resolution	The new scoring system has been implemented. A new XR setting, <b>GENERAL.MaxMismatch</b> , has been added, which allows the user to set the maximum mismatch value for patient searching. If set to a positive integer, only patients with a mismatch value equal to or lower than this value will be returned
	from name/dob/sex searches. If not set or set to zero then all results will be returned as before.
Fixed in	2.09.10r1

CRIS-425@	Send general emails to a patient
Description	It should be possible to initiate an email to the patient from the patient details page. A button should
	be added that, when clicked, opens up a new email in the user's default mail client. The subject of
	the email should be configurable while the body should be blank.
	In addition, another button should be added to the event details page. This should bring up an email
	containing the event key only. A status row should be added to the event for these type of emails.
Resolution	It is now possible to send emails to a patient by selecting the [Send Email] button from the patient
	details or event details page. The former will create an email with a blank body and the subject as
	configured in the format EMAIL.PATIENT.SUBJECT. The latter will have the event key only in the body
	in the form E-1234567 and the subject as configured in the format EMAIL.EVENT.SUBJECT. If the
	button is selected from the event details page of a new, unsaved event then the event subject is used
	but the body will be blank. For saved events only, a new status row will be added once the send email
	button has been selected.
Fixed in	2.09.10r1

CRIS-441 <sub>@¬</sub>	New 'Consent Type' setup table
Description	New database and setup table required for configuring consent type - e.g. patient consent for data
	sharing, patient consent for texting:
	<ul> <li>Code</li> </ul>
	<ul> <li>Description</li> </ul>
	<ul> <li>Document for consent</li> </ul>
	<ul> <li>Document for dissent</li> </ul>
	<ul> <li>Document for not asked</li> </ul>
	<ul> <li>XDS Document for consent</li> </ul>
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	MG_SHARE	IMAGE SHARING CONSENT	DEF_CONS	DEF_DISS	DEF_NOT_ASKED				3400
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		Not asked Document DEF_NC	T_ASKED						
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CRIS-442@-	New 'Consent' page
Description	Add a button in the 'Patient Details' page that opens a new 'Consent' tab. This should display a form consisting of a list of Consent Types based upon the setup table along with radio buttons labelled 'Not asked', 'Consent' and 'Dissent'. Below this list should be a button to 'Save and print forms'. Selecting this should save new rows in a new 'Consent' database table to store the selected value for each type. On reloading the patient's consent page, the radio buttons should reflect the last saved values.
	As well as storing the data, clicking the 'Save and print forms' button should print the appropriate document as configured in the Consent Types table. E.g. if 'Consent' is selected for Image sharing then, on saving, the 'Document for consent' for the image sharing consent type should be printed. As with other printed documents, a pdf copy of the letter should be stored.
Resolution	A new consent page has been created, allowing users to add and amend consent information for the patient. This is accessible via a button from the Patient details page, which is only enabled if the patient has been saved as a CRIS patient. Once the user selects the save button, the information is saved and the relevant consent documents as configured in the consent type table (see issue CRIS-441) are printed. These printed documents will be stored as PDFs in the background, and the new AVData store AVDATAMANAGER.PRINTDCONS should be configured in the XR settings as with other <b>AVData types</b> . Print formats are required for each type of 'Not Asked', 'Consent' and 'Dissent' form and will need to be requested via the HSS Helpdesk.



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CRIS-443@-	Scanning signed forms.
Description	Add a 'Signed form scan' button below the 'Save and print forms' button on the 'Consent' page.
	Selecting this should allow you to select which type of Consent document you are scanning and then
	scan the form. The form should be stored and the text beside the radio buttons should be changed
	to 'Verified' whenever the signed form for that type has been scanned in.
Resolution	A new [Signed form scan] button has been added to the 'Consent Details' page. It will be enabled
	whenever there are unverified consent items, meaning a consent document has been printed for the
	item. The document can then be signed and scanned back in by clicking the button, selecting the



	appropriate option in the popup and pressing the [SCAN] button. A warning will be displayed to ask the user to ensure the document for the correct type has been signed before it is scanned in.
	After scanning one document, the user may scan any further available documents, or they may click the [DONE] button to close the popup window. Once the popup has closed, the consent page will be updated and rows that have now been scanned in will display green "VERIFIED" text in place of the red "UNVERIFIED" text. The [Signed form scan] button will be disabled if there are no unverified items or if an item has been changed but not saved. If the button is disabled then the reason for this will be displayed in the hover text.
	In order for the scanned documents to be stored, a new document type SCANDCONS should be configured in the usual way in the XR settings, i.e. <b>AVDATAMANAGER.SCANDCONS.Store. SCANDCONS</b> will also appear in the 'Document Type' combo box on the 'Scanner Setup' page, and should be configured in the same way as usual scanned documents. If the scanning fails for any reason then the consent item should remain unverified.
Fixed in	2.09.10r2

CRIS-444@-	Displaying consent documents
Description	A section should be added to the consent page to display stored consent documents. This should include the original printed document and the scanned signed forms. This section should display rows in reverse chronological order displaying: Type, Date, Time, User, State and Doc type (draft/signed). Selecting a row should load the document, either directly on the page or in a new window.
Resolution	A complete history of consent changes is now displayed at the bottom of the Consent Details page. Rows are shown in reverse chronological order and display the consent type, date, time, user, state (Not asked/Consent/Dissent) and doc type (Signed/Draft/blank). For rows with a doc type of Draft or Signed, double-clicking on the row will load the printed or scanned document respectively in a separate window. Double-clicking on the document again will close it and it will be possible to zoom in and out within the document window. Double-clicking on a row with blank doc type will display a message that no document is available.
	Whenever the [Save and print forms] button is clicked or the scan popup is closed, the table is refreshed in order for the latest consent rows to be displayed.
Fixed in	2.09.10r2

CRIS-472@	New buttons on the 'Consent Details' page
Description	The [Save and print forms] button on the 'Consent Details' page should be replaced with two buttons
	labelled [Save and print changed] and [Save and print all]. Clicking the [Save and print changed]
	button should only save and print rows that are currently unsaved. This means that all other rows,
	both verified and unverified, will remain current and a new draft row to the consent document table
	will not be added for these. If the user wishes to print documents for all rows, including reprinting
	documents for currently saved rows, the user can select the [Save and print all] button, which will
	work in the same way as the old [Save and print forms] button.
Resolution	The user is now able to only print the consent items that have changed by clicking the [Save and print
	changed] button. To print all forms as before, the user should select [Save and print all]. The [Save
	and print changed] button will only be enabled when there are unsaved changes, whereas [Save and
	print all] will always be enabled. To make it easier to see what has changed, the Verified/Unverified
	text to the right of each row will only become grey if that row has changed.
Fixed in	2.09.10r2-



CRIS-368@-	Display additional patient information
Description	Display the following new fields on the Patient Details tab in CRIS:
	<ul> <li>Race</li> <li>County Code</li> <li>Primary Language</li> <li>Marital Status</li> <li>Religion</li> <li>Patient Account Number</li> <li>Citizenship</li> <li>These should either be on the main page or on a new tab beside the address tabs labelled "Additional Information"</li> </ul>
	These fields can be populated from inbound PAS messages or manually through the GUI.
Resolution	Additional patient information is now visible in a new "Additional Info" tab beside the "Alarms" tab on the patient details page. Information sent in from PAS will be displayed in the tab and the user may also manually update these fields. If the code added is an entry in one of the normal tables (see below) then the description will be displayed beside the code. The values in the normal table will also be used in the F4 prompt for each field.
	Normal tables used are: CRISRACE (Race), CRISCNTY (County Code), CRISPLNG (Primary language), CRISMARI (Marital status), CRISRELI (Religion), CRISCITI (Citizenship). Patient Account Number is free text and so has no underlying normal table.
Fixed in	2.09.10s1

CRIS-283-	Display full HIS demographics in HIS details
Description	Currently, if a record resides only on the HIS mirror table, when loaded in CRIS, only the HIS ID and
	PASLINK Key are displayed in the HIS Details pane. When linked, all the demographics are displayed.
	This will always display what is in the HIS mirror, i.e. name, address etc.
Resolution	The information is now displayed on the HIS Details page for HIS patients that have not yet been
	linked to a CRIS patient.
Fixed in	2.09.10s2

CRIS-778-	Copy CHI number even with "CHANGE_NPID (Change National Patient ID) set to 'No'.						
Description	Currently if you set the User Security Setting <b>GENERAL</b> , <b>CHANGE_NPID</b> (Change National Patient ID) to No this greys out the CHI number field so that the CHI cannot be overwritten, which is correct behavior. However, the downside to this is that the user cannot Copy the CHI number from that field to Paste into PACS in order to load images from the National Archive. This is affecting cross site reporting sessions.						
	Proposal is that we can set the security setting to No to stop changes being made to the CHI field but the ability to Copy the CHI from CRIS is stillavailable.						
Resolution	The CHI number field is now uneditable, rather than disabled, when the 'changeNationalPatientID' is set to 'N (o)'. This means that the field's contents can be selected (highlighted by cursor/Ctrl-A) and copied (Ctrl-C), and the resulting string of characters pasted elsewhere, but the field's contents cannot be changed.						
	[A further change was made to ensure that only if the field is empty 'and' editable will it be populated with a prefix/DateOfBirth value if focus is gained.]						



	Given that this setting changes the state of the NHS Number field as well, this was also made uneditable.
Fixed in	2.09.10s2

### Event Details

CRIS-10@	Status message for printing letters and reports					
Description	An item should be added to the event status list when a letter or report is printed for the event. The					
	associated 'hover help' should show the details of who printed the item.					
Resolution	A new entry will now be added to the status table when printing an event letter or report. On the					
	status tab, the category will read "Printed" and the Type will be "Report Printed" or "Letter Printed".					
	Hovering over the item on the status tab will display the user who printed the report/letter.					
Fixed in	2.09.10q1					

CRIS-330	It should not be possible to overwrite another user's text in the 'Reason For Exam' field
Description	When attempting to save an event text field that has been changed by another user since the event was loaded, a warning popup appears to say another user has changed the event. It displays the changes and shows how the current user and the other user's text will be combined if saved. This works for the Event Comments, Clinical History and Clinical Safety Questions. If the user changes the Reason for Exam field, changes by another user are not checked and it is still possible to overwrite another user's changes.
Resolution	Reason For Exam now works the same as the other text fields when text has been changed by another user. A dialog appears showing the two sets of text combined and the user has the option to save this or to close the dialog and remove their text/clear down the screen.
Fixed in	2.09.10q2

CRIS-378@-	Order 'notes' appear twice in the 'Event Comment' field.							
Description	When loading an order with text saved in the notes field, this text will be displayed twice in the Event							
	Comment field. Saving the order as an event will then save the text twice against the event.							
Resolution	Text is no longer duplicated in the event comment. However, this will only work if the following							
	criteria is met:							
	a) The new XR setting GENERAL.CheckGroupWhenCombiningOrders is set to Y							
	b) The order arriving has duplicated clinical history <b>and</b>							
	c) The ORC:4 field of the order messages is populated with the same order_id via OCS							
Fixed in	2.09.10r2							

CRIS-269@-	Referrer specialty							
Description	When choosing a referrer with multiple specialties, CRIS defaults to use the first one on the list. Add a dropdown menu so that users - a) Know that the referrer has multiple specialties, b) Are prompted to select the correct one. This has finance implications as some community physicians can refer from multiple locations, working in different specialties e.g. mental health							
Resolution	When multiple codes for a specialty are available the appropriate table will automatically be opened, with the default value for that referrer being selected, and for that field to maintain focus. [No additional visual icon is needed using this approach.] The XR setting <b>GENERAL.ForceMultipleSpecialtiesDisplay</b> must be set to 'Yes' for this functionality to be available.							
Fixed in	2.09.10s2							



## Vetting

CRIS-36	Vetting / Protocol Information now visible in 'hover' text.
Description	It should be possible to view Vetting / Protocol information from event based worklists and the patient event list without having to load the event details to see this information. Hover text over Site or ReqNo can be used to see the Event Comments field without having to open the exam.
Resolution	When hovering the over the Site or ReqNo column for an event containing vetting information, the vetting / protocol information is now displayed in the hover help. This is for all event-based worklists including the patient's event list.
Fixed in	2.09.10q1

CRIS-43	Display Name rather than user id
Description	Expansion of User ID to Name via the Vetting Screen
Resolution	Both the user ID and the username are now displayed in the event details fields. The text will be of the form (Entered/Modified By user id (user name) on date at time)
Fixed in	2.09.10q1

CRIS-45	Vetting 'hover' information with 'user id'
Description	The hover text over the exam records who has justified an exam, but not who has vetted it. Multiple people might edit the vetting fields in practice, although only one can 'Complete' the vetting. The vetting UserID and name should be displayed in hover help.
Resolution	For completed vetting entries, the events page now displays the 'UserID', followed by the full name
	in brackets, in the hover help on the left-hand side of the Examinations column.
Fixed in	2.09.10q1

CRIS-78@ CRIS-162	Vetting UI Improvements Sort Protocols in alphabetic name order
Description	Display best matches within the Protocols Tree rather than all matches. (i.e Protocols which match the Exam should not also be shown at body part and modality). Ensure that Protocols are also sorted alphabetically in Name order. This is linked to CRIS-35.
Resolution	The first change has been to improve the performance of the sort method on the Protocol Tree. Protocols are now sorted below all nodes except the "Assigned Protocols" node which remains in the order protocols are assigned. For each exam protocols which match are only shown once in the exam's structure. i.e. If a protocol matches 2 exams you should see it twice but if a protocol matches the exam, modality and body part you should only see it once (with a green icon, under the exam node). A tooltip has been added to protocol nodes, which shows the total path to the protocol (from All Protocols). Protocols are now sorted alphabetically in name order.
Fixed in	2.09.10q1

CRIS-76@	Move/Implement Vetting Protocol 'Setup Table'
Description	There is no way to set up vetting protocols, except via an event. Protocols should be configured via a new Vetting > Protocols Set-up System table to enable central administration. The GUI within the Event should be totally limited to adding protocols to events once this has been completed, no modification or configuration should be allowed at all.
Resolution	A Vetting Protocol Setup page has been added to the setup tables – Other Tables > Vetting > Protocol Setup. Edit functionality within the vetting page is disabled so the only operation possible for an event should be to assign protocols.



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Fixed in 2.0	9.10q1		Start Date	End Date		L	

CRIS-35@	Vetting Protocol Ownership & Filtering
Description	Protocols will be owned by the user that created them.
	Protocols may only be edited by the user who created them or by someone else who has specific permission to (which will be "GENERAL.MANAGE_OTHERS_VETTING").
	A protocol can now also be linked to Users, Resource (Vetting) Groups, and Sites and, as currently, Trusts to control visibility within the GUI.
	When protocols are listed via the Vetting screen they should be listed in this order. Some form of cascade is deemed appropriate:
	<ul> <li>TRUST, SITE, GROUP and USER levels will be restricted to trust-local protocols.</li> <li>SYSTEM level overrides all other levels and "cascades".</li> </ul>
	5 levels of settings for both change and ownership, with NO hierarchical cascade for management - System, Trust, Site, Resource Group or User.
	The current <b>GENERAL_MANAGE_VETTING</b> setting will be used for USER permission, extra permissions as follows:
	<ul> <li>GENERAL_MANAGE_VET_SYS = System Wide which will also display the Trust Filtering within the Protocols table, without this setting only Protocols at the current Trust will be displayed.</li> <li>GENERAL_MANAGE_VET_TR = Trust</li> <li>GENERAL_MANAGE_VET_STE = Site</li> <li>GENERAL_MANAGE_VET_GRP = Group</li> </ul>
	<ul> <li>GENERAL_CHANGE_VETTING = Ability to change protocols in conjunction with one, or more of the above hierarchical permissions.</li> </ul>
	The ownership will be the default criteria for displaying applicable protocols when vetting an event. The default ownership (when creating a protocol) will be the highest level at which the user has



	permission (see below) to manage. A user may change ownership of a protocol, or category, (for which they have "manage" permission) to any of the levels at which that user also has permission to manage, with categories subject to system or trust ownership, only. Categories can only be created / deleted with Trust or System level permissions, lower levels can assign/remove protocols to the categories but not manage the categories themselves.
Resolution	Protocol templates can now have owners (at one of various levels) and can be shared to multiple entities (as per issue description). The levels concerned are: System Trust Site Resource (Vetting) Group User Security settings required to manage the levels are (in the same order): MANAGE_VET_SYS MANAGE_VET_TR MANAGE_VET_TR MANAGE_VET_STE MANAGE_VET_GRP MANAGE_VET_ING As per the description, MANAGE_VET_SYS will override all others, giving access to all levels. When vetting an event, only those protocol templates which are in the Events Trust, Site and logged in Users hierarchy will be visible / available to be assigned
Fixed in	2.09.10q2
5	

CRIS-388@	Filter Protocol Setup view to improve management when in a consortium
Description	The tree view for protocol setup shows "too many" protocols for the case where a consortium is
	running from the same cris database. A way of sorting/organising the tree according to the trust
	related to the owner or a way of filtering the view is needed.
Resolution	The view of protocols is now limited in the following way:
	<ul> <li>If the user doesn't have the MANAGE_VET_SYS security setting, their view will be limited to</li> </ul>
	protocols owned by an entity in their (logged-in) trust hierarchy.
	<ul> <li>If the user has the MANAGE_VET_SYS security setting the default view will be the same as above</li> </ul>
	(logged-in trust entity hierarchy), but options to show protocols for all trusts or filter for specific
	trusts will be available.
Fixed in	2.09.10r1

CRIS-8	Rejecting Events via Vetting not consistent with Rejecting via other methods
Description	Rejecting Events is not consistent – Rejecting a Request via [Request] is a status of RJ with comment, Rejecting an Order is also a Status of RJ but when using the Vetting Module to Reject request not originating from an order, it is a Cancellation – i.e. VJ, which means you cannot view all rejected requested at the same time. It would be nice to see this rationalized, as it makes finding all Rejections a more time-consuming process using the front end of the system – this process currently requires a Statistical Report, and use of Sessions to process this information
Resolution	When rejecting via vetting, the following statuses will now be added. (a) Event is currently an order or has a request or waiting status - adds vetting rejected and request rejected.

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	(b) All other events, e.g. appointment, attendance - adds vetting rejected and a cancel status.
Fixed in	2.09.10g2

CRIS-30@	Vetting List Changes to Allow Vetting Groups
Description	Add functionality to the CRIS Vetting List module to allow consultants who vet to be added to a vetting group rather than the whole process being carried out by individuals.
Resolution	The existing Resource Groups has been utilised to facilitate 'Vetting Groups' on the Vetting List page. This functionality is automatically assigned from Exam CDH or manually assigned as detailed below. Exam CDH can only be utilised if the Resource module is being used for scheduling, otherwise it will be necessary to manually assign the Resource Group per event.
	Vetting Group Assignment via [Vetting List] worklist
	<ul> <li>Multi event Group assignment (at the bottom of the right-hand panel) – selecting / highlighting a number of events, and entering a 'Group' to enable events to be assigned to a Vetting Group in addition to any other groups it may already be part of.</li> </ul>
	<ul> <li>The list of events can now be filtered using the 'Group' field values at the bottom right of the main [Vetting List] page panel.</li> </ul>
	<ul> <li>Highlighting particular records (orders or events) in the vetting list page creates a selection.</li> </ul>
	Individual Vetting Group Assignment - There are 2 types of assignment action:
	<b>Right click Assignment</b> - Right-clicking an order / event and selecting Referred to > Practitioner/Group
	<b>Protocol Screen Assignment</b> – Selecting the 'Referred' option via the Protocols screen also enables the Vetting Group value to be assigned.
Fixed in	2.09.10q2

CRIS-116	Multi-user warning/overwriting of fields does not work as expected in vetting
Description	(1) When vetting it is possible to overwrite another user's text - If amending event details fields through the Event Info tab, if another user has changed the text since the page was loaded, saving overwrites the other user's changes.
	(2) Warning message appears when saving event fields through vetting - When adding text to the event fields from within the Event Info tab, if you then go through the workflow and press [Save] on the Event Details page, a warning message appears saying "Another user has changed this event". It then asks you to check the text and save or not. However, the text was not added by a different user and so this warning should not appear.
Resolution	It is no longer possible to overwrite another user's text via vetting. The fields are now checked before they are saved in the same way as on the event details page. In addition, the text changed warning no longer always appears towards the end of the workflow when adding text via vetting.
Fixed in	2.09.10q2

CRIS-145@	Change	'Vet' butt	on on Event	t Info to 'P	rotocol'				
Description	Add Pro it actual asap Change state 'Vi	tocol fun ly means to 'Vet' butt ew Proto	ction buttor [Add Protoc make on on Even col'	n – The [Ve col]. This b the t Info to 'A	t] function bu utton is hard o Vetting dd Protocol' C	tton in the Eve coded and not Module Once protocol H	nt Info screer a status so ne logical nas been assię	n makes eeds to k / gned, bu	no sense as be amended intuitive. itton should



Resolution	On Event Info page: The "Vet" button has been re-named to "Protocol".
	The title of the tab shown as a result has also been changed to "Protocol".
Fixed in	2.09.10q2

CRIS-160	Cannot view protocol in Vetting screen
Description	When logged in as a 'radiographer' with the following settings
	GENERAL.CHANGE_VETTING=Y VIEWS.VETTING=Y GENERAL.MANAGE_VETTING=N
	currently not available.
Resolution	"View Protocol" is back, available in the right-click context menu.
Fixed in	2.09.10q2

CRIS-339@_	Vetting Module Improvements – create a field for reject/cancel reason.
Description	Create a field for reject/cancel reason that can be included into the letter for the referrer as to why
	the event will not be booked. This should be another box below Status Comment appearing on the
	Event Cancel, Reject Event and Cancel Order pages. It should also appear on the Add Request page
	but should only be editable if the selected status has type 'RJ'.
Resolution	The cancel/reject reason can now be configured on the relevant letters.
Fixed in	2.09.10r2

CRIS-434@-	Vetting Module Improvements – Exam room validation
Description	When changing exam codes on appointments, validation should be carried out to ensure the room, date and time are still valid for this code. If not, a warning should be displayed to the user, asking them if they wish to continue. If they select no, the exam codes should remain as they were. If they select yes, the appointment should be changed to a 'special booking' to allow for the fact it no longer fits into a diary slot.
Resolution	Exams that no longer fit into the previous appointment slot will be given special mode booking should the user choose to proceed
Fixed in	2.09.10r2

CRIS-267@-	Vetting Improvements		
Description	Currently, the 'Show Assigned' checkbox on the Vetting List works in the following way:		
	<b>Unchecked =</b> Displays only unassigned events.		
	<b>Checked</b> = Displays all events, both assigned and unassigned.		
	This means there is no way to only show events that have been assigned (unless you know exactly who it has been assigned to, in which case the Practitioner filter can be used instead).		
	Change the 'Show Assigned' option, allowing the options Yes/No/blank. This should then work in the following way:		
	Yes = Displays only assigned events.		



	No	=	Displays only unassigned events.
	Blank	=	Displays all events, both assigned and unassigned.
	The 'Sh change	now Cor ed.	npleted' and 'Show Justified' checkboxes work in the same way and should also be
Resolution	Layout and functionality of the 'Vetting List' changed to meet requirements.		
Fixed in	2.09.10	Ds1	

CRIS-525@₋	Events assigned to groups as well as practitioners, should be returned		
Description	If the 'Assigned' field on the Vetting List is set to 'Y' then events assigned to a group should be returned also.		
	Assigned = 'Y' Assigned to a practitioner or a group.		
	Assigned = 'N' Event is not assigned to anyone (i.e. a practitioner or a group).		
	Assigned = blank Show all		
	In addition, if a practitioner or group is selected in either of the filter fields, the value of 'Assigned' should be set to blank. The assigned field should then be disabled (currently works this way for practitioner only). Results should only be returned if they are assigned to that specific practitioner/group.		
Resolution	Events assigned to groups as well as practitioners should be returned. The filters have been amended so that he practitioner and group filters are now an 'OR' clause, and the Show Allocated filter will now also filter on group and practitioner instead of just practitioner.		
Fixed in	2.09.10s1		

CRIS-615@-	Using Event Info when Exam is currently marked as Vetting not required
Description	Sites often still want to Justify the examination - i.e. Vet for Justification purposes, but not assign protocols. Sites would like to be able to go into 'Event Info' see the details, justify the request and then click [Standard Protocol / No Protocol'] but this isn't possible if 'vetting required' is unticked as the option is greyed out.
Resolution	Changed the enabling of the 'Not Required' button so that it is now enabled when vetting is not required.
Fixed in	2.09.10s2

CRIS-21@-	Hide Request List when using vetting module
Description	When a department changes from using the request list to the vetting module, it may make the
	change easier if the request list was not available for certain users.
Resolution	New XR Setting - GENERAL.RequestListAvailableWhenVettingEnabled
	If this setting is set to false, and vetting is enabled, the 'Request List' button will no longer be shown from the CRIS main menu. The default for this entry is true.
Fixed in	2.09.10s2



## Appointments

CRIS-508@	Ability to email letters from the diary
Description	It should be possible to send an email with an attached letter from the diary. Add "Email Letter" and "Email Letter and Clear Selection" options to the right-click menu on the diary scratch pad and changed appointments window. These options will only be available when a single exam has been selected. This functionality should only be available to users with the security setting <b>GENERAL.EMAIL LETTER</b> .
Resolution	It is now possible for users with the security setting <b>GENERAL.EMAIL_LETTER</b> to send emails with an attached copy of the letter from the diary as well as the event list. This is available on the right-click option on both the scratch pad and the change appointments window. It is also possible to access this functionality by right-clicking an event in the patient Event List or via an Event Worklist and selecting 'Email Letter'.
Fixed in	2.09.10r1b

### Document Scanning / Attaching Documents

CRIS-9@	Request card Zooming
Description	New Full screen Request Card (no scrolling) - The limited view we have of the request card could be
	improved – it only has a quarter of the screen and to view you have to enlarge then scroll backwards
	and forwards. It would be better if the user could double click the card and this would open a full
	screen view in the 2nd screen (most have this) and double click to close.
Resolution	Double-clicking the image/PDF will now open an extra window on a screen different to that which CRIS is on. When the extra window is open a further double-click on either the original display or the extra display will close it. This is available wherever 'Scanned Documents' are displayed – i.e. Event Info. Digital Dictation etc.
Fixed in	2.09.10r1

CRIS-887#	Sending scanned documents should be filtered by 'type'
Description	If the attribute SendScannedDocuments is set to true then all scanned documents linked to this event
	will be sent over the interfaces, irrespective of the document type.
	It should be possible to limit which documents are sent. A new attribute should be added, allowing a
	comma separated list of document types. The default should be "REQCARD".
Resolution	It is now possible to restrict which types of documents that are sent across the PACS interface using
	the new attribute 'ScannedDocumentTypes'. This can be set to a comma separated list of avdata
	types, e.g. 'REQCARD, MRI', and only documents of those types will be sent over the interfaces. The
	default for this attribute is 'REQCARD'. The attribute SendScannedDocuments is still required in order
	for any document to be sent. This change affects outbound order and report messages to PACS as
	well as outbound IEP messages.
Fixed in	2.09.10r1g

CRIS-960@#	Provide an API for external systems to retrieve AVDATA documents on request		
Description	Provide an API for external systems to retrieve AVDATA documents on request so that these are		
	available on request from external systems without relying on HL7 messaging		
Resolution	It is now possible to transfer AVData via HTTP instead of FTP. This is configured by the XR setting		
	AVDATAMANAGER.useHTTP. In addition, the following XR settings should be configured to point to		
	the new AVData system: AVDATAMANAGER.HTTP.URL, AVDATAMANAGER.HTTP.User and		
	AVDATAMANAGER.HTTP.Password.		



	It is important to note that a data migration is required before the HTTP solution can be implemented, and therefore any Trusts wishing to utilise this functionality will need to discuss with the HSS
Fixed in	2.09.10t1

### Reception

CRIS-1372 <sub>@-</sub>	Undo attend - Descriptive change function	request to amend the [Nc	t Performed] label via the [Undo Attend]
Description	The label for the [Not Performed] button on the [Undo Attend] dialog is currently confusing, as there are other 'Not Performed' options which do not operate in the same way		nd] dialog is currently confusing, as there
Resolution	When selecting the [Undo Attend] button in the 'Event Details' tab the button previously labelled		
	[Not Performed] button in the pop	o-up window is now labell	ed [Undo Attend] to avoid confusion.
	Pre 2.09.10t1c		2.09.10t1c onwards
	Undo Attend	×	Undo Attend ×
	Please select the reason	n:	Please select the reason:
	Cancel Event Not Perfo	prmed	Cancel Event Undo Attend
	The [Undo Attend] function is now – i.e. selecting the [Undo attend] Performed' but will return the even attended in error etc.)	reserved for correcting a via the 'Event Details' ta ent to its previous state (	n event which has been attended in error ab will record a status comment of 'Not e.g. Request, or Original Appointment if
	The means that the correct method of marking an event as the final status of [Not Performed] is accessed by clicking [Save] from the existing 'Event Details' tab to access the correct [Not Performed] function button.		
	Attend Event		
	Print Documents	Print Labels	Scanning Options Save & Process
		<ul> <li>☑ Volume Label</li> <li>☑ Attendance Label</li> </ul>	Rescan request card       Scan new image
			REQCARD     Not Performed       Print document
	For reference the following usage exams on a request) via CRIS	is now recommended w	ith regards to Abandoned Events (i.e. all
	ABANDONS WITH IMAGES - If an I exam status abandon with a suppo	INDIVIDUAL EXAM is abar orting event comment at t	ndoned this should be done through the the time of post processing.
	Alternatively, if the ENTIRE EVEN	T (ALL EXAMS) HAS TO I	BE ABANDONED and images have been
	No report required or equivalent,	and the event should th	en the event should reloaded using [F9]
	and marked as [Not Performed] a	is above. Alternatively if mal_then_marked as [Not	clinician reporting is required, the event
	reporting via the normal [Report Ir	nfo List].	Tenomical areas of being pick up for
	ABANDON NO IMAGES - If an Eve	nt (i.e. All Exams) has to P	ne abandoned, you should choose [Undo
	Attend] then [Cancel] if it will be ca	incelled and <u>not</u> rebooked	(i.e. Unjustified), or [Cancel] then reload

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	the event using [F9] in order to <u>rebook</u> by making a new appointment, or placing the event back on Waiting or Request list.
Fixed in	2.09.10t1c
CRIS-269@	Referrer specialty

## Post Processing

CRIS-22@	Enable DTI functions for Post Processing
Description	Enable DTI communication from CRIS to the Sectra PACS via the Post Processing screen.
Resolution	The same buttons as are in the 'Report Editor' are now included in the Post-Processing tab, with the same functionality (i.e. 'the same calls should be made to PACS). Clicking each Exam tab will open the reciprocal images in PACS. If the Event has a report, and the "Report" tab is opened, the DTI functionality will be disabled. This function requires a workstation with the appropriate PACS Interface XR Setting configured.
Fixed in	2.09.10q1

CRIS-959@#-	Enable Auto reporting via Post Processing within CRIS sites using PACS based reporting
Description	Where restriction is enabled to stop the report editor being used, it must still be possible to allow a user to create auto reports in post processing - there should be a security setting for the user to indicate which users are allowed to auto report. Use the restrict report setting to implement the ability to auto report.
Resolution	Permission to Auto Reporting feature now only depends on the Security Settings, <b>REPORT.AUTO_REPORT</b> , regardless of other System Settings like <b>GENERAL.CREATE_REPORT</b> , <b>GENERAL.CHANGE_REPORT</b> and <b>REPORT.PEER_REVIEW</b> . <u>Please note:</u> If <b>REPORT.AUTO_REPORT</b> is not set, it is regarded as N (i.e. No). For PACS driven
	reporting the report must be AUTO not a user code.
Fixed in	2.09.10t1

CRIS-961 <sub>@#5</sub>	Locking Post Processing after the event is saved
Description	Post Processing should be locked so that changes can't be made once an event is being reported externally to stop changes to exams, etc. being made.
	Two new settings are required. An XR setting that 'locks down' the exam once it has been processed. A security setting to allow only 'super users' to override the 'lockdown'.
Resolution	Post processed data can now be locked down with XR setting 'POSTEXAM.LockdownPostProcessing'
	set to 'Yes' but can be overridden if the user has the 'GENERAL.OVER_PPROC_LOC' security setting.
Fixed in	2.09.10t1

CRIS-1383#-	Auto-Reporting default set as 'Auto'
Description	There should be an option to set 'Auto' as the default reporting ID rather than the user logged in to
	CRIS when using 'Auto Reporting' functionality via the Post Processing screen.
Resolution	An XR setting has been added to specify whether 'Auto' should be the defaulted reporter when selecting to auto report via the post processing screen within CRIS.



	If the 'AUTOREPORT.DefaultOverride' XR setting can is set to 'YES' the default reporter in the 'Auto-
	reporting' window will be defaulted to 'AUTO'.
Fixed in	2.09.10t1c

CRIS-1388@#-	Configure event details as read only once post-processing has been performed
Description	It should be possible to automatically lock some event details once post-processing has been performed.
Resolution	The following event details will be locked and therefore uneditable once post-processing has been performed on the event: Exam code, Status, Ignore, Room and Time:
	Code Examination Status Ignore Room Time
	XCHES XR Chest
	XABDO XR Abdomen
	The details will only be editable by users with the 'GENERAL.OVER_PPROC_LOC' security setting added to their CRIS user profile.
Fixed in	2.09.10t1c

### Dictation

CRIS-261 <sub>@¬</sub>	Additional Warning Message when attempting to delete an event with a dictation.
Description	There should be an additional error message which states 'This event has a dictation which has not been transcribed - are you sure you want to delete this event and dictation?' with Yes or No and the default being No.
Resolution	A warning message now displays when deleting an event with a dictation
Fixed in	2.09.10s1

## Voice Recognition

### **Bug Fixes**

CRIS-383	Dragon microphone initialization problem
Description	If Dragon has the option "Have the microphone on but asleep" set and when there is a fresh user
	profile chosen on starting up CRIS (often as a result of deleting the user preference as suggested to
	users when they are experiencing Dragon/CRIS conflicts), the microphone state (although with a
	greyed out icon) is active and the Dragon system is actively processing audio input.
Resolution	A specific Dragon "Mic Off" status signal has been added as part of the CRIS's Dragon initialization
	process. CRIS's Dragon system ought then to be in a known state at the end of the start-up process,
	regardless of specific settings in the application.
Fixed in	2.09.10r1



### Enhancements

CRIS-527 <sub>@¬</sub>	Issue with 'Dragon' mic state change
Description	<ul> <li>When in a Cris reporting screen using dragon VR and you need to select the finish button in the report screen to add more information to the report such as a museum code, Cris changes the mic state from off to standby. This is a clinical risk as the microphone can then come on while the user is working in this screen and there is any background noise such as talking. A change is required to ensure the mic state does not change when the finished button is selected.</li> <li>A change is required to stop the microphone state in Dragon VR from changing from the off state to the standby state so the microphone cannot turn to the green state (ON) and affect a live patient report.</li> </ul>
Resolution	The solution, allowing for a lot of flexibility for users, involves the use of two XR settings: VOICE.DragonReportingStartState_AutoON* (hereafter AutoON) VOICE.DragonReportingStartState_AutoOFF* (AutoOFF) which determine the behaviour for when _Automode_ itself is _On_ or _Off_ respectively. (The implication from the _StartState_ part of the name, coupled with the fact that there are not equivalent XR settings for the _StopState_, is that at the _completion_ of either a single event or a series of events i.e., the _StopState the Mic setting is now designed to be _Off) The choices for the each of these _StartState_ options are:   Value  Mic State    3 _Sleeping_/_Standby_   2 _On_   1 _Off_   0 _Saved_
	(The _Saved_ option here indicates the earlier behavior where the user's Dragon profile held the earlier Mic state and brings that back on starting the new Report. *Because it is arbitrary as to which state was used previously, the strong recommendation is for the _Saved_ option not to be used.*) So, with the AutoON setting to 2 and the AutoOFF setting to 1, users reporting on lists of events will (typically) have the Mic start _On_ for each event, whilst reporting on single events (i.e., in AutoOFF mode) will start in Reporting mode with the Mic _Off For many users these could well be the preferred settings. Please note: RIS System Managers need to configure the XR.TR setting = 0 at the time of upgrading to ensure that the current functionality is maintained, and VR continues to function as expected until each appropriate XRT Terminal level setting has been configured. This is crucial as failing to configure at XRTR level will give the appearance of a greyed-out VR icon, which seems to be disabled when actually the microphone state cannot be determined
Fixed in	2.09.10s2



## Reporting

CRIS-6 <sub>@</sub>	Reporting Groups
Description	Add resource group to report info page to allow for search of reporter and/or resource group to filter [Report Info List]. Also need to add additional check box to allow for selection of resource group and/or selected user
Resolution	It has been noted that it would be helpful to be able to assign events to reporting groups, or reporting pools rather than only been able to assign to individual 'Intended Clinician'. The existing Resources functionality has been extended to enable 'Reporting Groups' which are now available under [Report Info Lists] from the main menu, with additional Resource Group ('Group') text field and 'Group' selection box available for searching for Unreported Events. Right-clicking on one of events listed, allows for the Required Resource to be updated.
	This functionality is automatically assigned from Exam CDH or manually assigned using the [Assign Resource] button. Exam CDH can only be utilised if the Resource module is being used for scheduling, otherwise it will be necessary to manually assign the Resource Group per event.
	It should be noted that Reporting Clinicians will only be offered 'Groups' they are already assigned to via the Resource Groups Table, therefore to display all groups (i.e. For System Managers) it is necessary to remove the 'Reported by' field which will then display all Groups via [F4]
Fixed in	2.09.10q1

CRIS-17	Lock changes to 'Report Urgency' on verified reports
Description	Once a report is verified it should not be possible to change the report urgency status of that report.
Resolution	The report urgency field is no longer enabled for verified reports. If all sections of the report are reported and verified then the field will be disabled.
Fixed in	2.09.10q1

CRIS-504 <sub>@-</sub>	When verifying a report, automatically create a PDF copy
Description	It should be possible for a PDF copy of the report to be saved automatically whenever a report is
	verified. This should only occur when all sections of the report have been verified rather than storing
	a partially verified report. This should be configurable and controlled by a new XR setting (default
	off). If an addendum is created and then verified, a second PDF will be stored against the event for
	the amended report. If graphs are available for an OBS report then they should be included in the
	PDF. A new status row is also created whenever report documents are created in this way.
Resolution	It is now possible for a PDF document to be created whenever a report is verified. This will only occur
	when the XR setting <b>REPORT.CreatePDFOnVerify</b> is set to 'Yes'.
	Whenever a report or part of a report is verified, the document will be created at the time of verifying
	as long as all currently reported sections are verified. So if another section of the report is reported
	but unverified then no document is created. On the other hand, if a section of the report contains no
	text and all other sections are verified then a document will be created. If further sections are then
	reported and verified or an addendum is added and verified then a second PDF will be created.
	Any time a PDF is created in this way, a new row will be added to the event's status list with Code
-	'DVR', Category 'D' (Document Created) and Description 'Verified report PDF created'.
Fixed in	2.09.10s1



CRIS-533 <sub>@¬</sub>	'REPORT.AutoReportFill – E' option'Report in exam' function needs to be amended.
Description	When auto-reporting a multi-exam event with the XR setting <b>REPORT.AutoReportFill</b> set to 'E', the auto-report text is only placed against one exam. This is inconsistent as with the 'EX' option the text is placed against both. If this setting is set to 'E' place the auto-report text in all exam sections of the report, ensuring the summary section remains blank. All other options ('S', 'SX' and 'EX') should continue to work as they do currently.
	Auto reporting now puts the text 'Auto reported' into each exam section so that the event will not be displayed on the unreported list when the Show unreported option is selected.
	<b>E Report in exam</b> – This method now places "No report required" text against all exams when using Auto-reported via Post Processing or when using the Batch Auto-report utility. REPORT E-12887
	XR Hip Lt
	No report required.
	XR Pelvis
	No report required.
	EX Report in exam (extra text – i.e. 'Auto reported' in summary area) – This method places the report text beneath the examination(s) and 'Auto reported' into the Summary / Clinical History section of the screen. This ensures that all exams are marked as reported for use in conjunction with the 'Show Unreported' option via the Report Info List. REPORT E-12887 Auto reported XR Hip Lt No report required.
	XR Pelvis
	No report required.
	S Report in summary (Legacy / System Default) – This option places the report text in the Summary / Clinical History section but should not be used in conjunction with the 'Show Unreported' option via the Report Info List as the exams are not flagged as reported in this area of the system.
	REPORT E-16948
	No report required. —XR Foot Both
	XR Hand Both
Resolution	The 'REPORT.AutoReportFill – E' option is now working in line with the other options.
Fixed in	2.09.10s1



CRIS-958 <sub>@#¬</sub>	Restrict Reporting within CRIS sites	using PACS based reporting	
Description	If a Trust has decided to undertake to restrict the use of the CRIS repo reports entirely.	the majority of reporting via their PA rt editor to certain modalities, or to	CS system, it is now possible disable creating and editing
Resolution	Restricting CRIS reporting is <b>REPORT.ModalitiesForReporting</b> , a reporting is enabled throughout the	configured using a combination nd the below security settings. If t e CRIS as standard.	of a new XR setting the XR setting is left blank
	In the case of mixed modalities even this HSS do not recommo If at least one section can be report	ents, only the sections that can be re end combining mixed modali red then the summary should be enal	eported are enabled though ty examinations unless bled also.
	The restrictions apply to all areas of	f the system where the report editor	can be accessed including:
	<ul> <li>Reporting Mode and Sonographer Mode</li> <li>Report Editor</li> <li>Batch Verify</li> <li>Worklists including [Daylist], [Report Info List], [Batch Verify] and [Dictation List]</li> <li>Event and Event Details screens</li> </ul> In all cases the <b>keyboard or VR use is disabled</b> to prevent reporting via CRIS. When accessing events from a list, multiple selection of items may be enable or disable reporting button even though one event can only be reported. Events with at least one exam with allowed modality will enable reporting facility depending on other relevant System Settings too as follows:		
	SECURITY SETTING	XR SETTING	OUTCOME
	GENERAL.CREATE_REPORT GENERAL.CHANGE_REPORT	REPORT.ModalitiesForReporting	
	Υ	0,M	Can only report 'O' or 'M' modalities
	γ	Not set	Can report anything
	Ν	0,M	Cannot do reporting
	Ν	Not set	Cannot do reporting
Fixed in	2.09.10t1		

CRIS-1013@#-	Restrict report editor to read only
Description	Where reporting is being done externally to CRIS, there needs to be a method for allowing users of
	CRIS access to the report editor to review reports, but not to create them unless specific criteria are
	met. Add a setting that restricts the report editor to view only, in that the report can be viewed and
	the finished page can be access such that double reporting/museum codes etc can be added as well as communicator type functionality still works.
	Ensure reporting can be restricted to view only without affecting other workflows around the report editor
	New security setting , default No, that enables:
	<ul> <li>Acknowledgement status popup and panel</li> </ul>
	<ul> <li>Double reporting fields</li> </ul>



	Change Report =Y should overrid called restricted reporting mode change report setting and still have	de this setting, . Restricted rep ve the complete	Print Report should also be allowed. Setting to be orting mode to be able to be set independently of e desired effect.
Resolution	Changes made ensure that when <b>GENERAL.CHANGE_REPORT</b> and <b>GENERAL.CREATE_REPORT</b> (which are set in tandem) are set to "N" (No), then by setting <b>REPORT.RESTRICT</b> to "Y" it is possible to edu both Acknowledgement and Double Reporting sections on the Finished Page.		
	When used in conjunction with C cases the <b>keyboard or VR use is d</b> New security setting E.g. GENERA	RIS-958 to disa isabled to preve LALLOW_REST	ble certain modalities from being reported in some ent reporting via CRIS. RICTED_REPORTING (default 'N')
	GENERAL. CREATE_REPORT/ CHANGE_REPORT	RESTRICTED	OUTCOME
	Y	N	Ignore restricted reporting setting, allowed to do anything
	Y	Y	Ignore restricted reporting setting, allowed to do anything
	Ν	N	Works as it currently does, i.e. cannot do any kind of reporting
	N	Y	Can change acknowledgement/double reporting sections
Fixed in	2.09.10t1		

CRIS-959@#-	Enable Auto reporting via Post Processing within CRIS sites using PACS based reporting
Description	Where restriction is enabled to stop the report editor being used, it must still be possible to allow a user to create auto reports in post processing - there should be a security setting for the user to indicate which users are allowed to auto report. Use the restrict report setting to implement the ability to auto report.
Resolution	Permission to Auto Reporting feature now only depends on the System Setting, <b>REPORT.AUTO_REPORT</b> , regardless of other System Settings like <b>GENERAL.CREATE_REPORT</b> , <b>GENERAL.CHANGE_REPORT</b> and <b>REPORT.PEER_REVIEW</b> . Please note: If <b>REPORT.AUTO_REPORT</b> is not set, it is regarded as N (i.e. No)
Fixed in	2.09.10t1

CRIS-1012 <sub>@¬</sub>	RCR Reporting Guideline Changes - Visibility of name/grade etc
Description	Visibility of name, professional status, grade, position and registration number is required when reporting. Identification of their name, professional status, grade, position and registration number is required when recording their interpretation of an imaging investigation. This can be achieved using a free text 'signature' field. Four free text fields have been added to the Clinicians table: Primary Signature, Primary Signature Description, Alternative Signature, and Alternative Signature Description. The Primary and Alternative Signatures can be configured to appear as part of the report text in the printed format, whilst only the Primary Signature is sent via the interfaces. This is set via IF attributes, and disabled by default. The Primary and Secondary Descriptions are only for use in CRISalis, not CORE CRIS.
	The new signatures are not be displayed in the CRIS report editor itself or saved in the database as part of the report text. In terms of the interfaces, the signature is included in an OBX segment following the report text. The signature used should relate to the clinician sent in OBX:16, which will



	be the person who reported, verified or addended the report. This should be the primary signature only and whether or not to send it should be switchable via a new IF attribute.
Resolution	Radiologist 'signature' is now appended to reports. There is a new IF attribute which controls this - 'IncludeClinicianSignature'. It will be necessary to add \$pm.getPrimarySignature(\$reportedBy), \$pm.getAlternateSignature(\$reportedBy) to the Report Format if required.
Fixed in	2.09.10t1

## Printing

CRIS-84@	Store printed documents as PDFs
Description	Every time a document, e.g. letters, reports, exam details, is printed store a copy as a pdf. These documents should be visible in the documents tab along with scanned/loaded documents for the event. It should not be possible to replace or delete this type of document. Printed documents should not be included in the right-click, Print Image Document option on the event list.
	Documents should be stored in 'avdata' with type PRINTEDDOC, PRINTDUREP and PRINTDVREP for printed documents/letters, printed unverified reports and printed verified reports respectively. The security settings <b>REPORT.UNVERIFIED_REP/REPORT.PRINT_UNVER</b> should control whether or not documents of type PRINTDUREP are displayed/printed. Also, the user should require the security setting <b>VIEWS.REPORT</b> and <b>VIEWS.PRINTEDDOCS</b> for either report type to be visible.
	Note that reports with a restricted section should not be stored when printed. It will be possible to see that the report has been printed due to the printing status added to the status history.
Resolution	Printed documents are now saved to 'avdata' and displayed in the event's documents tab. The event will also display an attached document icon, in the same way as if a document had been scanned or attached. Attempting to replace these documents using the button on the documents tab will bring up a warning: "Cannot replace printed documents". The delete button will be greyed out for these documents and the right-click > delete option will not be available.
	Three new 'avdata' stores are available for configuration in the XR settings, one for each new avdata type: AVDATAMANAGER.PRINTEDDOC.Store, AVDATAMANAGER.PRINTDUREP.Store and AVDATAMANAGER.PRINTDVREP.Store. These stores can all be configured to point to the same place, e.g. 'PRTDOC'. In which case the related XR settings for this store only need configuring once: AVDATAMANAGER.STORE.PRTDOC.FTPBaseDirectory, AVDATAMANAGER.STORE.PRTDOC.FTPHost, AVDATAMANAGER.STORE.PRTDOC.FTPPassword, and AVDATAMANAGER.STORE.PRTDOC.FTPUser. The documents would then be stored on the server wherever the FTPBaseDirectory points to, e.g. /u1/cris/printeddocs.
Fixed in	2.09.10r1

CRIS-600 <sub>@¬</sub>	New Printed Document tab
Description	Currently letters, reports and other printed documents are displayed in the 'Scanned Documents' tab along with request cards etc. This means they are displayed in the 'Event Info' and 'Report' page as well as the 'Documents' page.
	It would be better if these documents were displayed in a tab of their own within the 'Documents' page. Add another tab to the right of the 'Scanned Documents' and 'Attached Documents' tab entitled 'Printed Documents'.
	This should list the printed documents in the same way as the 'Attached Documents' and the user should be able to view a document in the same way via an [Open] button. A [Download] button should



	also be added, although there should be no option to [Attach] or [Delete] the document. This new tab should be the only place these documents can be viewed from.
Resolution	Printed documents are now displayed on a tab of their own within the 'Documents' screen and are no longer displayed on the 'Scanned Document' tab. This means they will also not visible on the 'Event Info' or 'Report' page. This new tab displays a list of the printed documents, which can be viewed by selecting a document and clicking the [Open] button. There is also the option to [Download] the document, allowing the user to save the file locally.
	When the page is loaded, the documents are listed in reverse chronological order. Clicking on any heading will sort the documents by that column in ascending order. The security setting <b>VIEWS.PRINTEDDOCS</b> is required to view the new 'Printed Documents' tab.
Fixed in	2.09.10s2

CRIS-582-	System configuration of which printed items are stored in AVDATA
Description	In order to facilitate roll out of updates of CRIS to instances where AVDATA storage is restricted, there should be a method within the JNLP that defines which printable are stored in AVDATA. This will allow tech services to control the usage of AVDATA in the short term.
Resolution	A black-list of ImageTypes has been hard-coded, that are not to be stored.         This       comma-separated       list       is       hard-coded:         LABELAPPOINT,LABELVOLUME,LABELATTEND,LABELBOTH,LABELWAITING,LABELCANCEL,LABELRE         QUEST         A user can set a property setting nonStorableImageTypes, but will then be expected to include the         default values and any additional settings he or she might want as normally one would expect labels         to       also       be       excluded.       Therefore       the setting       would       be       something       along       the lines       of
	G,LABELCANCEL,LABELREQUEST,REPORTS,LETTER
Fixed in	2.09.10s2

CRIS-851-	Stop printed labels creating pdf documents that are stored in AVDATA	
Description	It is not necessary to store copies of labels printed as pdf documents within AVDATA, remove this	
	document type as automatically created within CRIS	
Resolution	A black-list of ImageTypes has been hard-coded, that are not to be stored:	
	So, this comma-separated list is hard-coded: LABELAPPOINT,LABELVOLUME,LABELATTEND,LABELBOTH,LABELWAITING,LABELCANCEL,LABELREQ UEST	
	A user can set a property setting nonStorableImageTypes, but will then be expected to include the default values and any additional settings he or she might want as normally one would expect labels to also be excluded. Therefore the setting would be something along the lines of - nonStorableImageTypes=LABELAPPOINT,LABELVOLUME,LABELATTEND,LABELBOTH,LABELWAITING, LABELCANCEL,LABELREQUEST,REPORTS,LETTER	
Fixed in	2.09.10s2	

CRIS-535 <sub>@-</sub>	Batch printing
Description	Functionality is required to allow filtering of reports for a specific referrer in Batch Printing. Add a new 'Referrer' field in the 'Secretary/Consultant' tab of the 'Batch Print' page in order to filter the reports by referrer in the same way as they can be filtered by modality, patient type etc.



Resolution	Added a 'referrer' field to the batch printing screen. This allows the user to select any referrer.
	<u>Please note</u> - The 'site' filter is the site of the event, NOT the site of the referrer so these 2 fields have no relationship in the batch printing screen.
Fixed in	2.09.10s1

## System Admin

CRIS-76@	Move/Implement Vetting Protocol 'Setup Table'
CRIS-35@	Vetting Protocol Ownership & Filtering
CRIS-388@	Filter Protocol Setup view to improve management when in a consortium
CRIS-441@	New 'Consent Type' setup table
CRIS-442@	New 'Consent' page

### Statistical Reports

CRIS-427 <sub>@¬</sub>	Improvements in stats for patient matching
Description	(1) Develop a stats method to return events performed, where the patient does not have a linked hospital number for that site
	(2) Review duplicate NHS number stat, and ensure that it can return results where duplicate NHS numbers exist on the system.
Resolution	It is now possible to create a data field to call the new statsmethod: isLinkedToPas (EVENTS.COMPUTER_NUMBER,EVENTS.SITE). This field can then be added to the selections tab for a stat to check the patient does not have a linked hospital number for the event site: e.g. EVENTS.IS LINKED TO PAS = N.
	The duplicate NHS number stat has been reviewed and found to work as expected.
Fixed in	2.09.10s1

CRIS-292 <sub>@-</sub>	Clock reset date
Description	The statsmethod that returns the reset date, i.e. the request date or the cancel/DNA date, does not
	work as expected if the appointment is the same as the Stat End Date. In this situation the
	appointment is treated as a DNA, even if the time of the appointment has yet to occur. The
	appointment should only become a DNA once midnight of the following day has been reached.
Resolution	Changes have been made to the underlying method used when calculating the clock reset date, i.e.
	the method used to find the request date, checking for cancels and DNAs that may reset this date.
	This method will now only use the date from a current appointment status if the stat end date is after the appointment date. This is so an appointment is not assumed to be a DNA until the following day. This change will affect DERIVED. Clock Reset Date along with any other stats fields that need to check the request date while taking cancels/DNAs into account.
Fixed in	2.09.10s2

CRIS-607 <sub>@-</sub>	Restricted data viewable in stats reports
Description	It is possible for users without the security setting <b>RECEPTION.VIEW_RESTRICTED</b> to view restricted data by running a stat. If data such as the patient's address is included in the output fields then the data is displayed on the resulting stats report.



	This should be changed so the text "RESTRICTED" appears instead of the actual data.
Resolution	Restricted data is no longer displayed in stats reports for users who do not have permission to view
	it. The text "RESTRICTED" is displayed in place of the data (note that this text may be truncated
	depending on the length of the field).
Fixed in	2.09.10s2

CRIS-1144@ CRIS-1146-	Stat date csv output formatting
Description	It should be possible to configure whether stats outputs display dates in the new format (dd-Mon- yyyy) or continues to use the old format (dd/MM/yyyy). Using the new format may affect sites who require the output to be used in downstream systems.
	Add a new XR setting called <b>STATS.UseCUIDateFormat</b> . If set to 'Yes' it should use the new format and set to 'No' it should continue to use the old one. The default should be 'No'.
Resolution	The stats output can now display dates in either the new or the old format, depending on whether the XR setting <b>STATS.UseCUIDateFormat</b> is set to 'Yes' or 'No' respectively. By default the old format will be used.
Fixed in	2.09.10s2c / 2.09.10t1

CRIS-1254 <sub>@¬</sub>	Predicted Clock Reset Dates
Description	Sites are constantly trying to predict and prevent patient breaches, but the clock reset fields for Diagnostic Waiting Times in Stats only activate after the date of the original appointment passes based on DOH/DWT guidelines. This means Trusts can only report the final waiting times including clock resets or see a predicted breach date based on a generic calculation including resets, not predict and prevent breaches based on existing appointments. This means a significant amount of work for data analysts using 3rd party solutions, and lots of manual data entry for Clerical Teams working from 3 <sup>rd</sup> party spreadsheets or hard copy outputs. To negate this CRIS requires a new Stats Field – <b>DERIVED.Pred Reset Date</b> .
Resolution	Using the DERIVED.Pred Reset Date the date will display the date the waiting time clock was last reset, regardless of the end date of the stat. This field can be used to identify the predicted clock reset date to help predict and prevent breaches. If the clock has not been reset the request date is returned. The following screenshots show an example of where the inclusion of the predicted reset date allows us to see when the clock will reset, rather than waiting until after the clock actually reset on 13/07/2015. This means in future sites can disregard any breaches which have a future Pred Reset Date, and concentrate on those that are the same as the Request date and therefore indicate an potential breach.
Fixed in	2.09.10t1e



## 'Inclusive' Modules

### **Sessions Module**

CRIS-273-	Sessions Module – Completed Event Flags
Description	The Sessions module is increasingly being used for Clerical purposes as well as clinical in conjunction with Stats. One problem with this is that when you make an event complete, this is removed from the Session at the time but reappears the next time the Session is populated by the Stats. Would be useful if when an event is marked as completed it did not appear again even when used in conjunction with stats.
Resolution	Changed the stats loading into sessions to store the currently completed items in the session, run the stat which replaces the existing data, and then restore the completed flag to the relevant sessions.
Fixed in	2.09.10s2

CRIS-27@-	Display urgency on events in session
Description	It would be useful if the events in a session display urgency in the session management module.
Resolution	Sessions display now has an additional Urgency Column Description.
Fixed in	2.09.10s2

CRIS-277@-	Skip option from the sessions module
Description	When you are using auto load next event from the Sessions module and load the report you don't get a 'Skip' option like you do from report info list. They should both be the same and should also be available when using digital dictation
Resolution	The 'skip' option is now available when auto-loading reports via the Sessions module
Fixed in	2.09.10s2

### **Messaging Module**

There are no functional changes applicable to this release.

### **Resources Module**

There are no functional changes applicable to this release.

### Nuclear Medicine Module

There are no functional changes applicable to this release.

### **Portering Module**

There are no functional changes applicable to this release.

### **Obstetrics Ultrasound Module**

CRIS-506 <sub>@-</sub>	Include OBS graphs in report PDFs
Description	If an OBS report is printed and the option to print graphs is selected, the PDF copy of the report created in the background should include the graphs.
	When printing OBS reports from the right-click option on the event's page, the user is given the choice whether to print the report only or the report with graphs. However, the PDF document created in



	the background will be the same whichever is selected, i.e. it will be the report only even if the option to print graphs is selected. This should be changed so that the PDF matches the printed document.
Resolution	When the option to print graphs is selected on an OBS report, the graphs will now also be included in the PDF version.
Fixed in	2.09.10s1

## Additional Modules

### Fetal Anomaly Screening Programme (FASP)

There are no functional changes applicable to this release.

### **Billing Module**

There are no functional changes applicable to this release.

### Medical Photography

There are no functional changes applicable to this release.

## Interfaces

CRIS-349 <sub>@%</sub>	Display episode information in CRIS (23764)
Description	Episode information saved from inbound messages should be displayed on the Episodes tab in CRIS, below the patient's pregnancies if any exist. There should be a node for each episode and expanding the node should show a list of events/orders within the episode. There should also be an 'Events not in an episode' node at the end of the list.
	This page should display the most up to date information available based upon the data currently in the Episodes table. It should also allow the user to:
	(a) Add an event with no episode to one of the episodes and move events between episodes (as long as they are not based upon orders).
	(b) Update the description and start date for the episode.
	The ability to do either of the above should be wrapped around the security setting
	'GENERAL.CHANGE_EPISODES'.
	It should also be possible to highlight any event/order beneath and episode and select the existing [change] button. This should load the event details page for the event and allow the user to save/amend the event details.
Resolution	The following episode information is now displayed in a list on the Episodes tab: description (truncated if necessary), episode no, ward, doctor and start date. Selecting any such episode row will enable the [Edit] button, which allows the user to edit the description and start date. The last item in the list will be 'events not in an episode', for events not currently linked to an episode. Expanding each episode will show the full description as well as listing the episode's orders/events, displaying the date/time, site, key, status and exam list. Selecting such a row will enable the [Change] button, which loads the event details page for the order/event. If an event is selected that is not linked to an order then the [Move] button will also be available. This allows the event to be moved between episodes and to/from 'events not in an episode'



	an	CRIS - Vetting mode,CRIS	Live. NHS Confidential: Perso	onal Data about a patient. Hospital: HSS01			- 0 ×
	File Options Tools Help				List of this patient's events Us	er: Emma Sava	ge-Mady
	🔒 🗌 🥔 🌆 🖉 🗞 🖏 🖗	D, 🔁 🐼					
	JOHNSON, Carmen (Mrs)			Bo	m 07-Mar-1962 (53y 5m) Sex Fe	male NHS 268	3 531 1254
	Address		Contact 3727 193301	Ward	PAS 8100HSS	A No alarms	\$ <b>±</b>
	Menu Patient Details Episodes Events						
	Episodes     Figure 2 Location HSS01JUPW     Episode description EPIAW5_2 Location HSS01JUPW     Episode description Test Description for EXAM 3	Admitting Dr C999	Start Unknown				Change
	- 02-Oct-2014 HS801 E-39829 Special     - 37 Test Description EPIAW5_1 Location HS801JUPW     - Episode description: Test Description for EXAMS 1 EXAMS 1 EXAMS 1.	XABDO Admitting Dr C999	Start 06-Aug-2014				Outcome
	- 20-Apr-2014 HSS01 E-40490 Request/Receiv 20-Apr-2014 HSS01 E-39603 Remiest/Receiv	red XCHES					Edit
	-01-Jan-2099 HS801 E-39604	UABDO					Move
	P ■ Eveni a NUI INVARIENSUUE     _20-Apr-2014 HSS01 E-39805 RequestReceiv	red UABDO	Ci Edit episode Please select an episode EPIAW5_1 (Test Description Save Can	contractions for Example.			
	Both the [Edit] and the [Mov	/e] button re	equire the se	ecurity setting 'GENERAL	.CHANGE_EI	PISOD	ES'. If
	the [Move] button is disable	d, hovering (	over the but	tton will display whether	it is due to	the m	issing
	security setting or because the	he event can	ne from an o	order.			
Fixed in	2.09.10r1						

CRIS-348@	Store episode information in CRIS
Description	Episode information from inbound messages should be stored in the CRIS database in order for the information to be viewed and amended. For the moment, this information will be taken from order messages only. In the future, it will be possible to access further information from ADT messages via the Interface Message Manager (see CRIS-351).
	The following fields will be stored in the episodes table * Episode key - local episode key for the episode, * Episode ID - external episode id, taken from the message - PV1:19, * Episode description - default to Hospital service - PV1:10 - also set from within the GUI (see CRIS- 349),
	<ul> <li>* Patient ID - the paslink key for the patient,</li> <li>* Start date - the date of the first message for the episode - will eventually be set via the message manager (see CRIS-351) but for now default to unknown and allow user to set it in the GUI (see CRIS-349),</li> </ul>
	<ul> <li>* Location - the current ward taken from the message - PV1:3,</li> <li>* Admitting physician - the admitting doctor taken from the message - PV1:17.</li> </ul>
	When an order is received in CRIS, the Episodes table should be checked to see if the episode already exists. If not, add a row to the Episodes table. If so, update the row (only current location could change). Validate location and admitting physician against wards and referrers respectively. If either is invalid then log an error to the server log and view log (Category = 'INTERFACE', Subcategory = 'PAS', Level = 'WARN', Type = 'EPISODEREFFAILED'/'EPISODEWRDFAILED'). Store the code in the database even if validation fails.
Resolution	Episode information sent in order messages is now stored in the database, a new episode created every time a new episode number is received. The orders/events created from the orders will be linked to this episode. Note that it will not be possible for users to create one event from multiple orders unless all orders have the same underlying episode key.
Fixed in	2.09.10r1



CRIS-270 <sub>@-</sub>	CRIS to store NHS verification staus
Description	Allow for the verification status of NHS numbers to be stored in CRIS. This information is received inbound from the PAS interface in the NHS no repetition for PID:3.2. E.g. number present and verified: 444 4444 4444^01^^NHS^NH.
	The possible codes and their descriptions should be configured in a normal table. The descriptions should appear to the right of the NHS no field in the Patient Details screen. If the value is 01, display the NHS no in the patient banner in black as it is currently shown. If it's any other value, display it in grey and if it's blank (i.e. no code sent or number added manually in the GUI) then use the same colour as the label. There is no need for the code itself to be displayed in the GUI. If an invalid code is sent into CRIS, log a warning but save the code and show the number in grey as with other non-verified codes.
	For outbound interface message from CRIS, add an attribute to only send messages when the NHS no has verification status 01. So if the attribute is set then, if it's any other value or blank, it will not be included. If the NHS no isn't being sent due to the attribute, ensure something is written to the server log to indicate this. The verification status should be included in outbound messages.
Resolution	CRIS will now store NHS verification statuses sent into CRIS from 3rd parties. The text relating to the code (configured in the normal table 'CRISNHSV') will be displayed beside the NHS no on the patient details page and in the NHS no's hover help on the patient banner. The colour of the NHS no in the patient banner will now be displayed in black if the code is 01, grey if it's a value other than 01 and the blue label colour if it's blank. The status itself is not displayed in the GUI and cannot be altered manually, although changing the patient's NHS number manually will blank this code as it will no longer be valid for the new number.
	For outbound messages from CRIS, if the attribute SendVerifiedNHSNumOnly is set to true (default false) then the NHS number repetition will only be included in the message if the verification code is set to 01. If the NHS no repetition is included then the verification code will be placed in PID:3.2.
Fixed in	2.09.10r2

CRIS-471-	Configuration option for NHS verification status field.
Description	A new attribute is required to allow for the NHS verification status to be taken from PID:32 instead of PID:3.2. An attribute with the same name should also be added for any outbound interface sending this value. The default should be PID:3.2. Add another new attribute to wrap around all outbound messages to enable switching off sending the NHS verification status. Default false, i.e. don't send
Resolution	Two new attributes have been added: NhsVerStatusInIDReliabilityCode and SendNhsVerStatus. SendNhsVerStatus is for outbound only (PACS/PAS/OCS/Query) whereas NhsVerStatusInIDReliabilityCode is also for inbound PAS. For inbound, NhsVerStatusInIDReliabilityCode determines whether the interface code checks for the verification status in PID:3.2 (if false) or PID:32 (if true). The default is false, i.e. PID:3.2 is checked by default.
	For outbound, the verification status will only be sent along with the NHS no if SendNhsVerStatus is set to true (default false). If it is to be sent then NhsVerStatusInIDReliabilityCode determines whether it is sent in PID:3.2 (if false) or PID:32 (if true). The default is false (PID:3.2) on the outbound also.
Fixed in	2.09.10r2



CRIS-369 <sub>@¬</sub>	Store inbound diagnosis information in CRIS
Description	Changes are required to store the following inbound diagnosis information sent across the interfaces in DG1 segments:
	<ul> <li>Diagnosis Code (DG1:3.1)</li> <li>Description (DG1:3.2)</li> <li>Coding system (DG1:3.3)</li> <li>Diagnosis Date/Time (DG1:5)</li> <li>Diagnosis Type (DG1:6)</li> <li>Diagnosis Priority (DG1:15)</li> <li>Diagnosis Classification (DG1:17)</li> <li>Confidential Indicator (DG1:18)</li> <li>Diagnosing Clinician (DG1:16.1)</li> <li>Attestation Date (DG1:19)</li> </ul>
	In addition, the Sending System and Site from MSH:3 and MSH:4 respectively should be stored. Currently this information should only be stored when sent in OMG messages so a diagnosis will be linked to an order.
Resolution	It is now possible to send inbound diagnosis information into CRIS in DG1 segments. This will populate rows in a new database table (REFERRAL_DIAGNOSIS) allowing for this information to be displayed in a future issue (CRIS-485). The code, site and sending system uniquely define each diagnosis. Blank values will not cause the message to fail and the data will still be saved as long as a code is sent. If no code is sent in the message then no diagnosis row will be saved and a warning message will be displayed in the server log: "Cannot save diagnosis with blank code".
Fixed in	2.09.10s1

CRIS-485 <sub>@-</sub>	Display inbound diagnosis information in CRIS
Description	Inbound diagnosis information should be displayed on the Event Details page in a new tab towards the bottom-right of the screen. The information should be displayed in a table similar to the table in the Status tab and should be in reverse chronological order based upon diagnosis date. The following information should be displayed in the table:
	<ul> <li>Description</li> <li>Diagnosis Date/Time</li> <li>Diagnosis Type</li> <li>Diagnosis Priority</li> <li>Diagnosis Classification</li> </ul>
	<ul> <li>The following addition information should be displayed when hovering over a diagnosis row in the table:</li> <li>Diagnosis Code</li> <li>Coding system</li> <li>Diagnosing Clinician</li> <li>Attestation Date</li> <li>Site</li> </ul>
	The Diagnosis Type, Priority and Classification should display descriptions rather than codes based on normal tables. The Diagnosing Clinician should display the name based on the referrer table and the Site should use the sites table. If any of these values are missing from the relevant table then the code should be displayed and a message written to the java console.



	If the confidential indicator is set to 'Y' then no diagnosis information should be displayed. Instead, display a row with "CONFIDENTIAL DIAGNOSIS" in the description and the remaining fields blank. No information should be displayed on the hover help either.
	A new security setting should be added to determine whether a user can view the diagnosis tab or not.
Resolution	A new diagnosis tab is now visible on the Event Details page for users with the security setting VIEWS.DIAGNOSIS. The rows are displayed in reverse chronological order and, wherever available, descriptions are displayed instead of codes. Information for rows with confidential indicator set to 'Y' will not be displayed.
Fixed in	2.09.10s1

CRIS-263-	Two-minute delay for OCS interface
Description	There is an attribute that can be added to the PACS interface that applies a two minute delay on the reports that send out, this doesn't exist for the OCS interface. A potential issue could arise where an addendum was added and ignored because of a possible time discrepancy between the client and server time. So this attribute needs implementing on this interface.
Resolution	It is now possible to add a delay when sending verified reports over the outbound OCS interface. This is achieved by configuring the attribute 'SendReportsDelayMinutes' to the required number of minutes. This works in the same way as in the PACS interface, i.e. if the setting is 0 then the report is sent right away, otherwise a SENDVERIFY trigger is created with the delay added to the date due. <u>Please note:</u> that the default for this attribute is 0, not 15 as it is in the PACS interface, so that sites that do not require this functionality will not need to change their configuration.
Fixed in	2.09.10s1

CRIS-282 <sub>@¬</sub>	Store additional information in the HIS/PATIENT tables			
Description	The following new fields are required to be stored in the HIS/PATIENT table:			
	Race - PID:10			
	County Code - PID:12			
	Primary Language - PID:15			
	<ul> <li>Marital Status - PID:16</li> </ul>			
	Religion - PID:17			
	Patient Account Number - PID:18			
	Citizenship - PID:26			
	Whether the above fields are sent in outbound messages should be configurable via an attribute.			
Resolution	It is now possible for addition data to be sent into CRIS in the PID segment and stored in the HIS table.			
	On saving the patient, the data is copied across into the PATIENT table. This information is only sent			
	on in outbound messages if the interface has the new attribute SendAdditionalPatientInfo set to true			
	(default false).			
Fixed in	2.09.10s1			

CRIS-293 <sub>@¬</sub>	'Addended' reports sent across interface heading phrase
Description	Addendum reports sent across the interface are headed with "THIS REPORT HAS BEEN CHANGED" and the addendum text is further down the page.
	Addendums produced within the Trust do not have this phrase, they are prefixed with "********* AN ADDENDUM HAS BEEN ENTERED AT THE END OF THIS REPORT ********



ſ	Resolution	It is now possible to configure the addendum text displayed towards the top of the report page when an addendum is sent in over the interfaces. The required text should be set using the new attribute: 'AddendumText'. The default is "THIS REPORT HAS BEEN CHANGED", i.e. the previously hard-coded text.
F	Fixed in	2.09.10s1

CRIS-548 <sub>#¬</sub>	Sending scanned documents should be filtered by 'type'
Description	If the attribute 'SendScannedDocuments' is set to 'true' then all scanned documents linked to this event will be sent over the interfaces, irrespective of the document type. It should be possible to limit which documents are sent. A new attribute should be added, allowing a comma separated list of document types. The default should be "REQCARD".
Resolution	It is now possible to restrict which types of documents are sent across the PACS interface using the new attribute 'ScannedDocumentTypes'. This can be set to a comma separated list of 'avdata' types, e.g. 'REQCARD, MRI', and only documents of those types will be sent over the interfaces. The default for this attribute is 'REQCARD'. The attribute SendScannedDocuments is still required in order for any document to be sent.
	I his change affects outbound order and report messages to PACS as well as outbound IEP messages.
Fixed in	2.09.10s1

CRIS-404 <sub>@-</sub>	Booked date
Description	It should be possible to prevent the wait date $(01/01/2099)$ from being sent over the interfaces as
	the booked date as it causes issues with certain 3rd party systems.
	Add an attribute to determine whether to:
	(1) send the 2099 date as it currently does or
	(2) send blank in place of the 2099 date.
Resolution	The new attribute 'BlankWaitingDate' has been added to outbound PACS, OCS and Query interfaces.
	If set to true, the 01/01/2099 wait date will be blanked out whenever it appears in the following
	fields: OBR:27, OBR:7, OBR:34.2 and OBR:34.3. If set to false then this date will continue to be sent
	as before. The default for the attribute is false.
Fixed in	2.09.10s2

CRIS-407	PACSID populated by merge messages
Description	When 'MERGE' triggers are processed in the outbound PACS interface, it works in the following way:
	<ul> <li>Adds an entry to PACSID for the patient to keep,</li> </ul>
	<ul> <li>Checks attribute FilterDemographics and the PACSID table for the patient to remove to determine whether to actually send a message,</li> </ul>
	<ul> <li>Updates the PACSID table for the patient to remove as required.</li> </ul>
	As the entry to PACSID for the patient to keep is done first, it is possible for PACSID to be populated
	for the patient to keep when no message is actually sent out. This leads to subsequent messages
	being sent out erroneously. A fix is required to add the entry to PACSID for the patient to keep only
	once the check for whether to actually send the message or not has passed.
Resolution	PACSID will no longer be populated by merge triggers when a merge message isn't actually sent out.
Fixed in	2.09.10s2

CRIS-529 <sub>@-</sub>	Remove the duplication of the Clinical History from orders with multiple exams
Description	When multiple orders are sent from an OCS system in which they are linked, grouping the orders to
	one event in CRIS can duplicate the Clinical History text. If the orders are linked in OCS then, depending on the system, they may always have the same text sent across for Clinical History.



	Store the Group Order ID (ORC:4) from the message against the order and use this value to determine whether these orders are linked in OCS. A new XR setting should be added to determine the behavior when combining multiple orders with matching Group Order ID:
	<ul> <li>Setting on: Only include the Clinical History from one of the linked orders to avoid duplication.</li> <li>Setting off: Take the Clinical History from each order and combine as before.</li> </ul>
	The same functionality, also wrapped around the new XR setting, should be added for the other three event fields: Event Comment, Reason for Examination and Clinical Safety Questions.
Resolution	It is now possible to send a group order id into CRIS in an order message in ORC:4. This value will be stored against the order and will be used when combining multiple orders as long as the new XR setting GENERAL.CheckGroupWhenCombiningOrders is set to true (default false).
	When combining multiple orders with the XR setting set to true, text from clinical history, event comment, reason for exam, and safety questions will only be added once for each group order ID. So if two orders are combined with the same group order ID then text for these fields will only be taken from one of the orders.
Fixed in	2.09.10s2

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CRIS-886-	Deploy multiple 'Query Retrieve Interfaces' in a consortium
Description	The query interface can error when used in a consortium. This is because different trusts use different AVData stores for saving scanned documents but the interfaces share one set of configuration for accessing AVData, i.e. the XR settings for the ejbserver.
	The message sent in response to an exam query (QBP^Z01) will send out information about any scanned documents in TXA segments. This includes a URL containing the FTP host and base directory, which it attempts to lookup via the XR settings. As only one store per data type can be configured in the ejbserver XR settings, if an alternate store is looked up, an error is thrown and the response message will miss certain segments (the TXA segments plus any that would have been created after these). In particular, this means report segments will not be sent out.
	The AVData stores should be configurable on a per interface basis. Two new attributes should be added: AvdataHost and AvdataBaseDirectory. When set, these should be used in place of the XR settings. If not set, the XR settings should continue to be used, as this will work as expected for single-trust systems. A third attribute should be added to allow the suppression of sending this information out at all: SendDocInfoInQueryResponse. Information should only be sent out in TXA segments when this attribute is set to true (default true).
Resolution	The AVData stores are now configurable on a per interface basis.
	Three new attributes have been added: two of them are strings, AvdataHost and AvdataBaseDirectory, which when both set, are used in place of the XR settings.
	If either is not set, the XR settings should continue to be used, and this will work as before for single-
	determine whether any TXAs at all are sent (true [the default]) or not sent (false).
Fixed in	2.09.10s2



CRIS-1011@#~	Include CRIS Reporting Groups in Outbound PACS messaging
Description	If reporting groups are in use, there is a requirement to include the reporting group as part of the outbound message for PACS
Resolution	It is now possible to send out resource groups across the PACS interface in HL7 messages. These are sent only when the XR attribute <b>SendAdditionalNTEInfo</b> is set to true (default false). In addition, the EJBSERVER user must have <b>GENERAL.ResourceManagementModuleAvailable</b> = Yes via the XR Settings. The group information is sent out in NTE segments with the first repetition containing the code, the second repetition containing the description and NTE: 4 containing 'RG' to identify this segment as a resource group.
	For example:
	NTE 1  Resource group code 1~Group 1 description RG NTE 2  Resource group code 2~Group 2 description RG
	As resource groups are stored at exam level, if an event contains multiple exams then the message for each individual exam will only contain groups assigned to that exam.
	<u>Please note:</u> A change has also been made to the IEP interface to send out a set of NTE segments per
	the attribute is set to false then it works as it currently does and only sends NTE segments in the first exam section.
Fixed in	2.09.10t1

CRIS-1014@#-	Include Vetting Protocols in Outbound PACS messaging
Description	If the vetting module is deployed, there is a requirement to include the protocol information to the
	outbound interface, both with PACS driven reporting and external tele radiology services. This
	component should be a configurable part of outbound messages.
Resolution	It is now possible to send protocol information with any outbound OMG/ORU message to PACS or
	IEP. The information is sent in NTE segments, with the protocol text sent in NTE:3. This functionality
	is wrapped around the new attribute SendAdditionalNTEInfo. If this is set to 'false' then only clinical
	history is sent in NTE segments, which is how it worked before. If it is set to 'true' then it will send
	both clinical history and protocol information. In addition, if the attribute is set to true then NTE:4 is
	populated with 'CH' or 'PR' respectively, to show whether this text is clinical history or protocol info
	respectfully. The attribute is 'false' by default.
Fixed in	2.09.10t1

CRIS-1034@#-	Include Event Comments and Clinical History in Outbound PACS messaging
Description	Interface change required to ensure the event comments are sent, like the clinical history field, with note type (NTE:4} populated with RE for remark . Likely to require an attribute for backward compatibility.
Resolution	Event comments are now sent across the PACS interface whenever the attribute SendAdditionalNTEInfo is set to true (default false). The comments are sent in NTE:3 and NTE:4 is set to 'RE'.
Fixed in	2.09.10t1

CRIS-1163@#-	Include Reason for Exam and Clinical Safety Questions in Outbound PACS messaging
Description	Reason for exam and Clinical safety questions to be sent across interfaces in an NTE segment. This
	should be controlled by the attribute SendAdditionalNTEInfo.



Resolution	Clinical safety questions will now be sent to PACS in NTE segments whenever the attribute
	SendAdditionalNTEInfo is set to true. NTE:4 will be set to 'QN' for these segments.
	If the new attribute SendReasonForExam is set to true then OBR:31.2 will be populated with the Reason for exam. This field will be split into multiple repetitions whenever the text exceeds length 300, or whenever a line break appears in the text.
	<u>Please note</u> : This change will also affect the IEP interface.
Fixed in	2.09.10t1

CRIS-1164 <sub>@¬</sub>	Send Update on Merge			
Description	When a CRIS merge is performed, a MERGE interface trigger is create as expected. It should also be possible for an UPDATE trigger for the main patient to be created, leading to an A08 message. This should be switchable via an XR setting.			
Resolution	It is now possible for an A08 message to be sent out following a patient merge in CRIS. The UPDATE trigger will be created as long as the new XR setting <b>GENERAL.SendUpdateOnMerge</b> is set to 'Yes' (default 'No'). The update message will be for the main patient.			
Fixed in	2.09.10t1			

CRIS-1518 <sub>@-</sub>	Ability to disable episodes merging validation checks				
Description	It should be possible to disable the check that prevents orders with different Episode Numbers from				
	being merged into a single event. A check is made of the Episode Number values and if they do not				
	match, the message "Selected Orders are for different episodes" is displayed and the merging of the				
	events is prohibited.				
This change will introduce a new XR Setting that, if set, allows orders (no matter wha					
	Number) to be merged into a single event. The idea behind Episode Number validation is a good and				
	valid one. However, unless a Trust's Order Comms system (and/or their Work Flow), allows the same				
	Episode Number to be sent to CRIS, it will cause problems.				
Resolution	A new XR Setting has been created - GENERAL.SuppressMultiEpisodesWarning which, when set to				
	'Yes', will suppress any warning messages and allow multiple orders with differing 'episode number'				
	to be merged into a single event. This will also be the default behavior if the setting is blank.				
	Obviously, when set to 'No' the warning message will appear and the merging will be prevented.				
Fixed in	2.09.10t1e				



## PACS DTI

CRIS-697	The Desktop Integration of CRIS and the 'MergePACS'.			
Description	Create a Desktop integration between the 'MergePACS' PACS and CRIS. Initial requirements are for a bi-directional interrupted workflow, i.e. RIS -> PACS and PACS -> RIS workflow plus the ability to handle the opening of a 'secondary' viewer in the PACS and maintain clinical safety.			
Resolution	All initial requirements met and tested internally.			
Fixed in	2.09.10r1g			

CRIS-1392	McKesson DTI					
Description	Create a bi-directional DTI between CRIS and PACS					
Resolution	A DTI has been created for the McKesson PACS. The DTI can be set by selecting 'hss.interfaces.mckesson.PACSWorkStation' via the ' <b>REPORT.PACSWorkStationInterface'</b> XR setting. The DTI is bi-directional and, as such, if the CRIS application is opened the PACS application will be automatically opened and vice versa. The bi-directional communications from the PACS to CRIS are delivered via a proxy server. An icon has been added to the 'Main CRIS Menu' screen to restore connection to DTI proxy server in the event that the connection is lost. The icon is only displayed once the 'DTI-MCKESSON' licence is added to the licence table in CRIS (Setup Tables > System > Licences).					
Fixed in	2.09.10t1c					

CRIS-1506	Create a DTI interface for the HSS Context Manager.					
Description	There is a requirement to create an interface for the HSS DTI Hub application.					
Resolution	on Implemented HSS DTI Hub endpoint in CRIS.					
	Implemented the 'DTI Hub' interface in CRIS.					
	The interface is configured in the 'OPTIONS.DTIHUB' format with the following allowable fields:					
	brazil_port=12000					
	dtihub_protocol=http					
	dtihub_host=localhost					
	dtihub_port=8090					
	dtihub_path=/dtihub/crisadapter/changecontext/					
	unidirectional=false					
	It is turned on by selecting it as your 'PACSWORKSTATION' in XR settings					
Fixed in	2.09.10t1e					



## Auditing

CRIS-375	Improvements in auditing for patient matching
Description	Implement a method to store what the match criteria were when the link occurred and store who
	linked the patient records and where/when.
Resolution	The log message added when linking two patients now includes some additional information. The
	info section towards the bottom of the screen now includes a list of the demographics the patients
	matched on and also the workstation the link occurred from. Note that, to find these log messages
	in view log, search for: Level = INFO, category = CRIS, subcategory = PATIENT, type = PATIENTLINK.
Fixed in	2.09.10r1



## **Document Control**

Title		Overview	Overview of Key CRIS Changes 2.09.10q1 to 2.09.10t1f				
Owner		Wellbein	g Training Manager	Date Created	16/09/2019		
File Ref.		CRIS_UG_Familiarisation_All_Changes_2.09.10q1 - 2.09.10t1f_WS_V1.0			1f_WS_V1.0		
CRIS Version 2.09.10.t1f							
Change	History	/					
Issue	Date		Author / Editor	Details of Change			
V1.0	17/06/2021		Emma Savage-Mady	First Issue			
Review Date			17/06/2022				