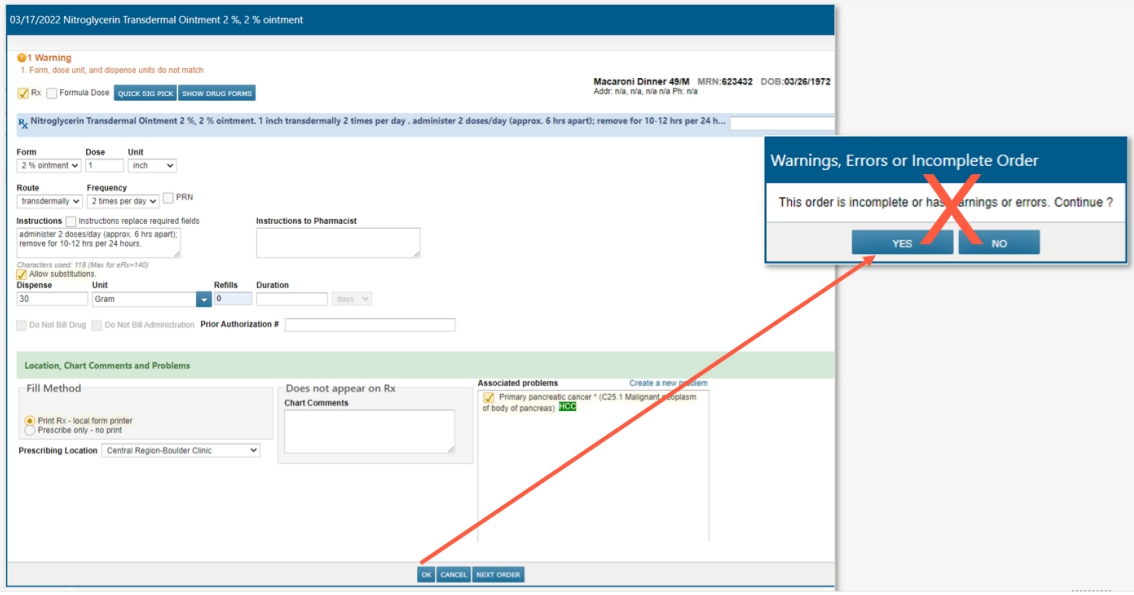
June 2022 Release Notes

Version 3.0.32

Version 3.0.32 introduces multiple quality of life improvements aimed at reducing the number of clicks required to complete common workflows.

Save a click when ordering medications

When creating a prescription order, the warning that there is a mismatch between the dose form, dose unit, and dispense unit still appears at the top left corner of the editor. However, a confirmation message will no longer appear when you save this order. This eliminates one click when ordering medications.



Document date of diagnosis for metastatic sites on the Problems tab

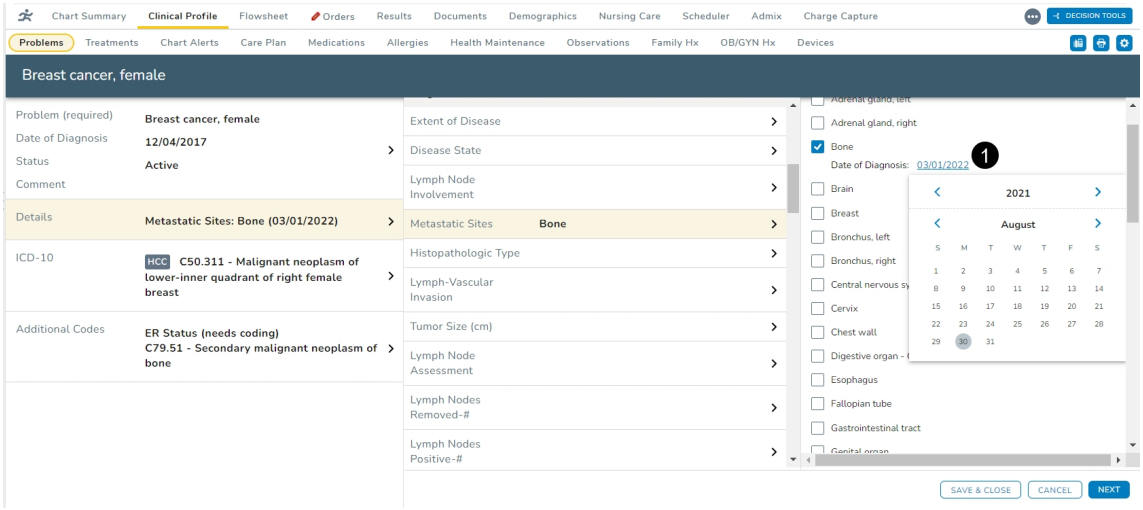
When adding **Metastatic Sites** to a problem, an optional **Date of Diagnosis** will now be displayed for each chosen site.

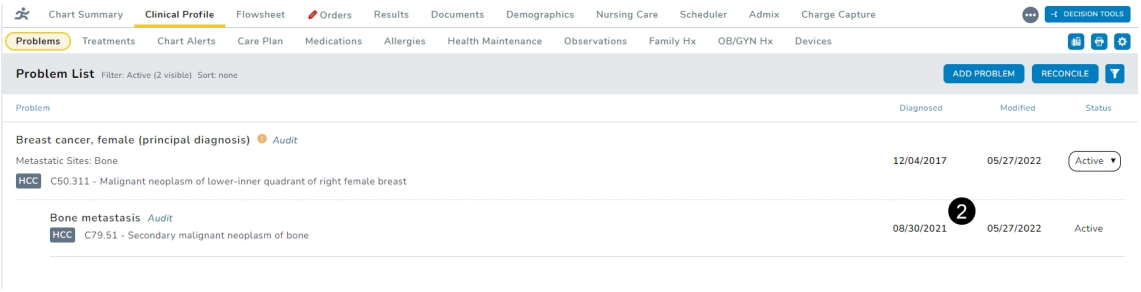
The diagnosis date will default to today's date, but users can choose a different one by clicking on the date and using the calendar widget (see callout 1).

If an exact date is unknown, users may also highlight the date shown and manually enter a year or month and year.

After picking a date and saving the changes, users will see the metastasis on the **Problems List**, and the chosen date listed under the **Diagnosed** column (see callout 2).

> **NOTE:** This feature also applies to existing problems. Users may edit problems to add a **Date of Diagnosis** to previously documented metastatic sites.

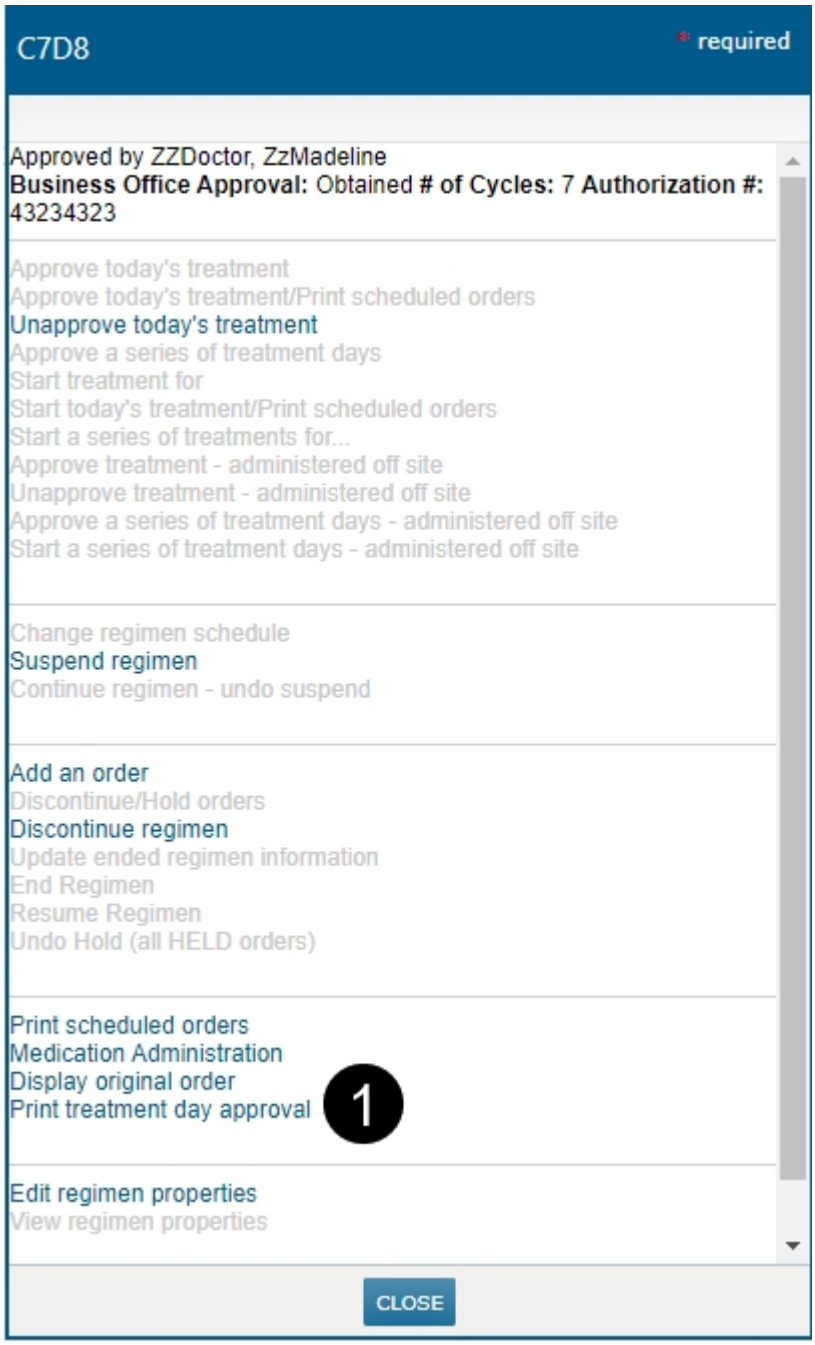




Printing treatment day approval as an order to reduce claim denials

You can now print the details of a treatment day's approval as an order using the **Print treatment day approval** option in the regimen management menu (see callout 1).

Practices can use this printed order to support claims denials where the payor expects evidence of a recently signed order. This report may fulfill other use cases related to communicating specific orders for a single regimen cycle day.



The report contains the following information:

1. The name of the regimen.
2. The cycle day that was approved, i.e., C7D8.
3. The name of the user who approved or started the treatment day and the date the treatment day is to be administered:

a. When the day was approved by a physician, the line will read: Cycle day approved by Dr. Y; To be administered DATE.
b. When the day was started by a user such as a nurse, on behalf of the physician, the line will read: Cycle day started by Nurse X on behalf of Dr. Y; To be administered DATE.
c. When the day was approved by a physician to be administered offsite, the line will read: Cycle day approved to be administered offsite by Dr. Y; To be administered DATE.
d. When the day was started by a nurse on behalf of a physician to be administered offsite, the line will read: Cycle day started to be administered offsite by Nurse X on behalf of Dr. Y; To be administered DATE.

4. Regimen comments.
5. The orders for the specific cycle date, including prescriptions.
6. A signature line:
   a. When the cycle day approval was done by a physician, the signature line will include the electronically signed verbiage, including the physician's name and the date/time the cycle day approval was done.
   b. When the treatment day was started by a nurse on behalf of a physician, the display on the signature line will vary depending on whether the physician has cosigned the orders yet:
      i. If the treatment day approval has not been cosigned, the physician's name will appear on the line, without the electronic signature verbiage, and without a signing timestamp.
      ii. If the entire treatment day was cosigned, the signature line will include the electronically signed verbiage, including the physician's name and the date/time the physician cosigned the treatment day approval order.
      iii. In the rare cases where orders for the treatment day were cosigned at separate times or some are not yet signed, the orders will be grouped in the report according to the signing time. Each group will have a signature line with the correct physician and signing timestamp information.

Alpha Oncology
123 Mission Street
San Francisco CA 94105
Phone: 415-111-1111
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Patient: Anderson, Lolita
DOB: 04/02/1960 **ID: 6243232123456789**
Sex: Female

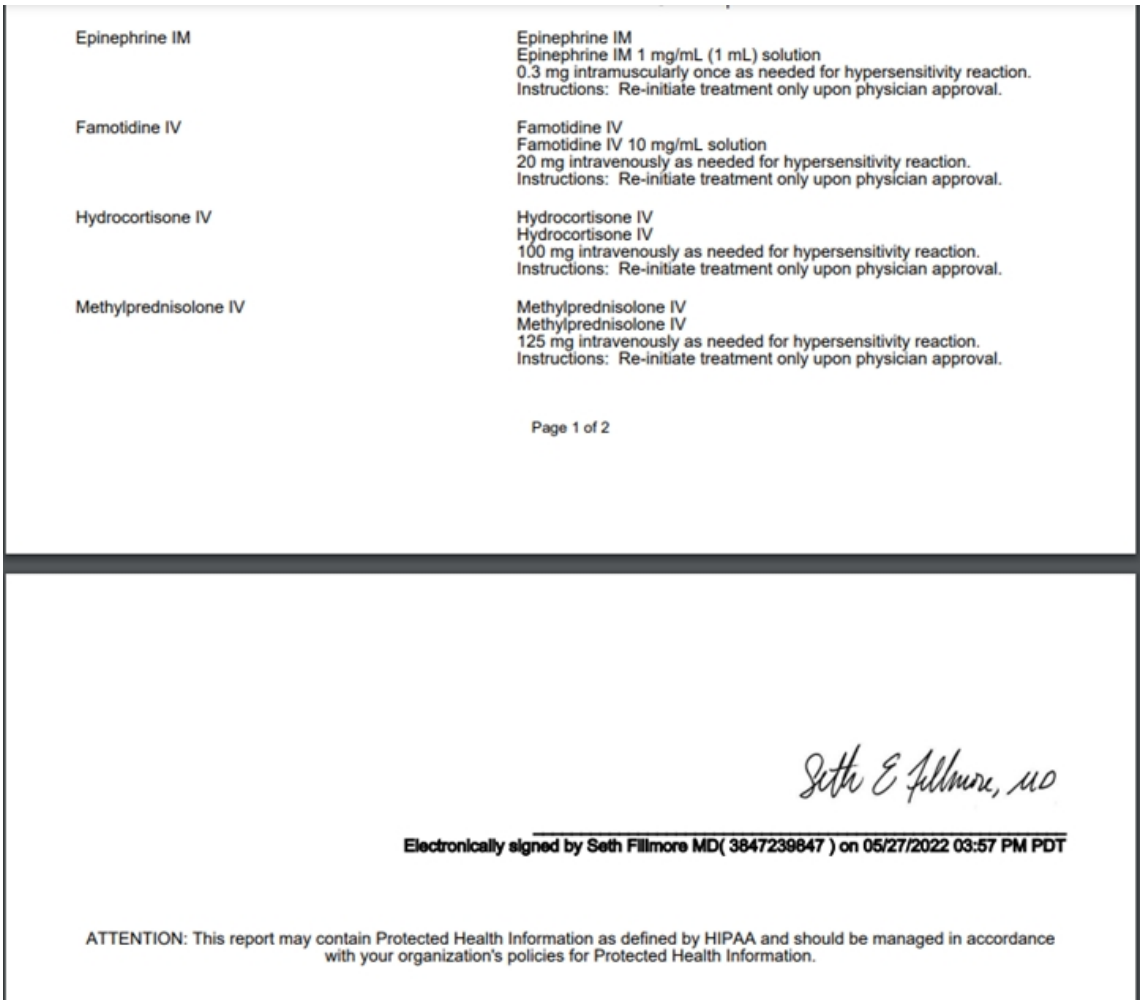
Date ordered: 05/27/2022
Ordered by : Fillmore, Seth , , MD

Allergies: **Not Documented**

Daratumumab IV + Pomalidomide + Dexamethasone Q28D Cycle Length: 28 Number Cycles: 9 Start: C1D1 on 11/29/2021 Assoc Dx: Multiple myeloma (disorder) LOT: 1st Line or Induction Stage: ISS Stage III
C7D15; Cycle day approved by Fillmore, Seth, MD; To be administered: 05/30/2022

Regimen Comments Continue treatment until disease progression or unacceptable toxicity. It is recommended to order RBC phenotyping or genotyping prior to initiation of daratumumab. False-positive indirect Coombs results may persist for up to 6 months after the last dose of daratumumab. Pomalidomide is only available through a restricted distribution program, the POMALYST REMS program. Consider venous thromboembolism (VTE) prophylaxis for patients with Multiple Myeloma. VTE choice should be based on individual risk assessment. Total weekly dexamethasone dose may be reduced to 20 mg for patients greater than 75 years.

Dexamethasone IV	Dexamethasone IV Dexamethasone IV 20 mg intravenously Piggyback once. Admin over: 20 minutes Admix fluid: 0.9 % Sodium Chloride Volume: 50 mL Instructions: Administer 1 hour before daratumumab infusion. If daratumumab is held, 20 mg PO may be administered.
Acetaminophen Oral	Acetaminophen Oral Acetaminophen Oral 325 mg tablet 2 tablet orally once. Instructions: Dose range: 650-1000 mg Give 2 (two) tablets by mouth 1 hour prior to daratumumab infusion.
Diphenhydramine IV	Diphenhydramine IV Diphenhydramine IV 25 mg intravenously once. Instructions: Dose range: 25-50 mg. Administer IV or PO 1 hour prior to daratumumab infusion.
Epinephrine IM	Epinephrine IM



Epinephrine IM	Epinephrine IM Epinephrine IM 1 mg/mL (1 mL) solution 0.3 mg intramuscularly once as needed for hypersensitivity reaction. Instructions: Re-initiate treatment only upon physician approval.
Famotidine IV	Famotidine IV Famotidine IV 10 mg/mL solution 20 mg intravenously as needed for hypersensitivity reaction. Instructions: Re-initiate treatment only upon physician approval.
Hydrocortisone IV	Hydrocortisone IV Hydrocortisone IV 100 mg intravenously as needed for hypersensitivity reaction. Instructions: Re-initiate treatment only upon physician approval.
Methylprednisolone IV	Methylprednisolone IV Methylprednisolone IV 125 mg intravenously as needed for hypersensitivity reaction. Instructions: Re-initiate treatment only upon physician approval.

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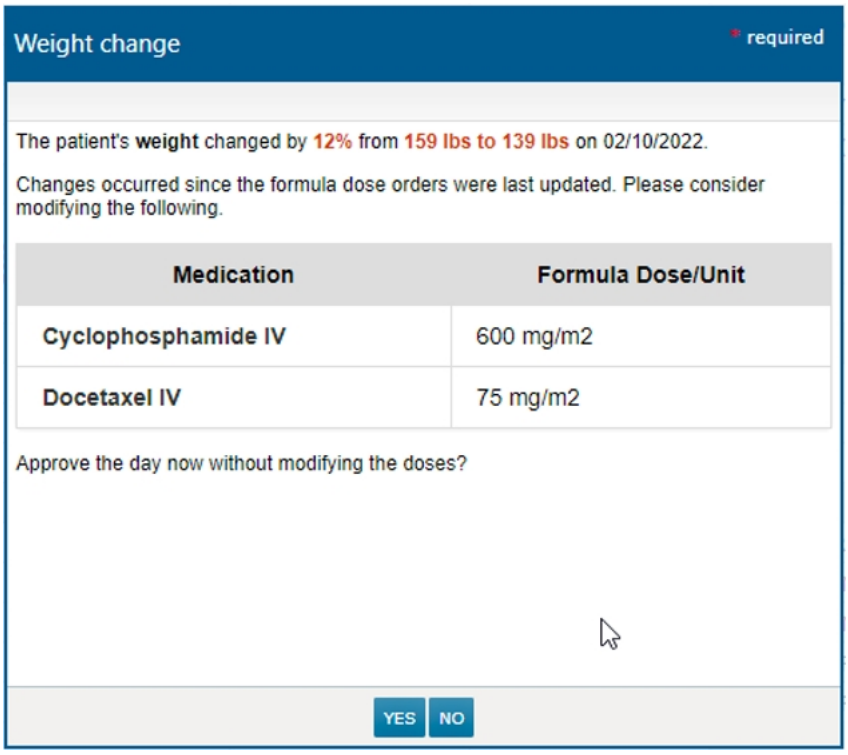
Seth E Fillmore, MD

Electronically signed by Seth Fillmore MD(3847239847) on 05/27/2022 03:57 PM PDT

ATTENTION: This report may contain Protected Health Information as defined by HIPAA and should be managed in accordance with your organization's policies for Protected Health Information.

Weight change and prior unapproved days alerts for regimens administered offsite ensure patient safety

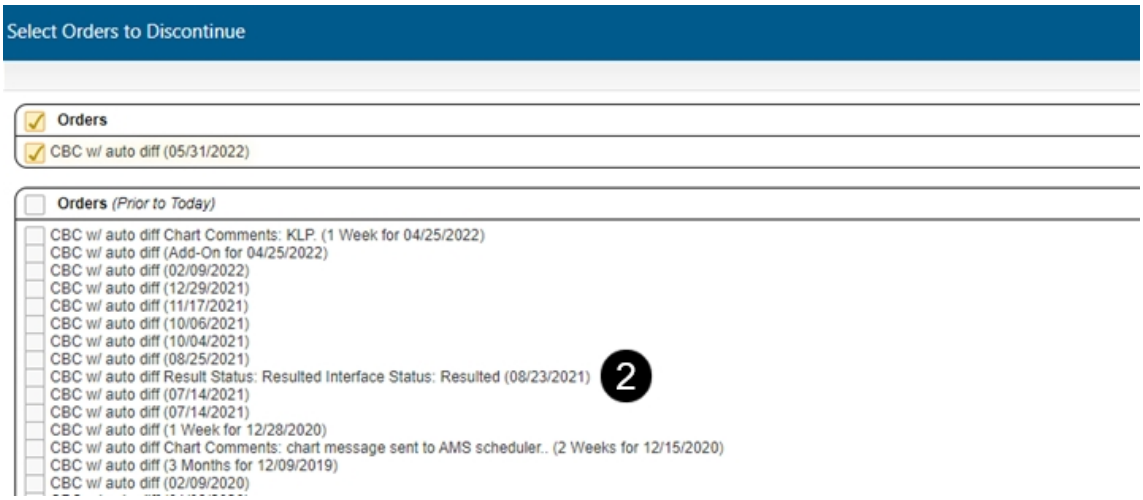
When approving a regimen treatment day to be administered offsite, alerts now appear for prior unapproved cycle days and significant weight changes like onsite approvals (see examples below). These alerts are useful for offsite treatments approved prior to the patient receiving treatment.



Avoid discontinuing the incorrect order

More details are now displayed for each order when a chart contains multiple orders for the same drug, lab test, imaging, or other orders. This enhancement helps ensure that the correct order is selected (see callout 1).

If your practice uses the outbound lab interface, the details also include the status of the lab order, such as delivered (which means the order was delivered to the lab system) or resulted (see callout 2).



Additional Enhancements (A-Z)

Documents tab

When checking the **Note Reviewer** option on clinical notes that do not require review, the dialog box will pre-populate with the patient's attending providers. This update allows users to easily select a reviewer from the provided list as opposed to searching for one.

We removed the **Recognize Concepts** option from the **OTHER ACTIONS** drop-down on clinical notes.

Nurse Notes > Vital Signs

Comments associated with vital signs now display on the Nurse Note report. All other elements of vital signs such as blood pressure cuff size and position also print on the report.

Fixed Defects (A-Z)

Admixture

We corrected the issue causing the wrong user to display in the dispense details for an admixture when multiple dispenses were done by different users. The dispense details will now display the correct user as expected.

Charge Capture Report

Prior to this release, refreshing the **Charge Capture Report** after clicking the **RELEASE DRUG CODES** button resulted in the system reverting the codes back to unreleased. This issue is now fixed, and practices can refresh the report as expected.

Documents tab

Prior to this release, the system removed the #Author macro from notes using both the #Author and #NoteRecipients macros when selecting new note recipients. This is now fixed, and both macros will be retained when changing the note recipients in the **Send to** line.

Problems tab

Practices can now reconcile CCDAs from external messages as expected when the CCDA lists **No Data** for problems.

Prior to this release, the system retained ICD-10 codes if users started to add problems using ICD-10 codes but then canceled the process. Users reported that when restarting the **ADD PROBLEM** flow, their previous ICD-10 codes were automatically added to the new problem. This has been fixed, and now the system will not retain any ICD-10 codes when canceling out of the **ADD PROBLEM** flow.

Worklist Queues > Attach Documents

We fixed the issue preventing practices from uploading .mov or .mp4 files from Laryngoscopy machines.

Worklist Queues > Outbound Fax

We resolved the issue that inserted a blank page into faxes sent from the Results tab.