

# November 2022 Release Notes

Version 3.0.35

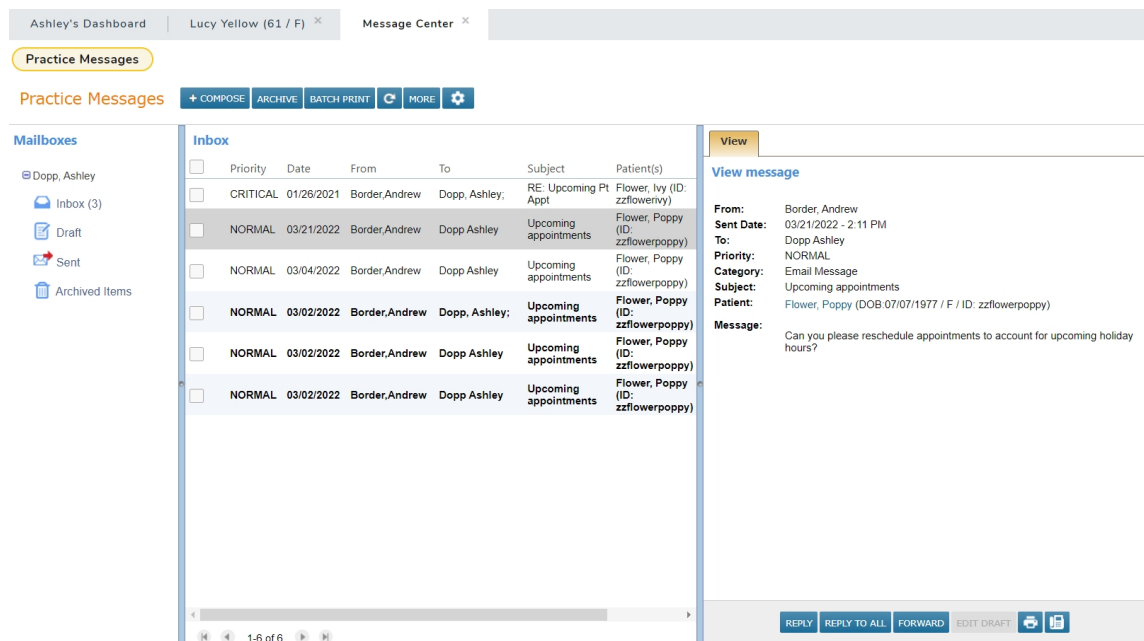
This release includes a big enhancement to the message center and introduces a new messages tab to the patient chart. Additionally, there are various workflow enhancements, quality of life improvements, and defect fixes.

## Send messages faster and easier with enhanced messaging experience

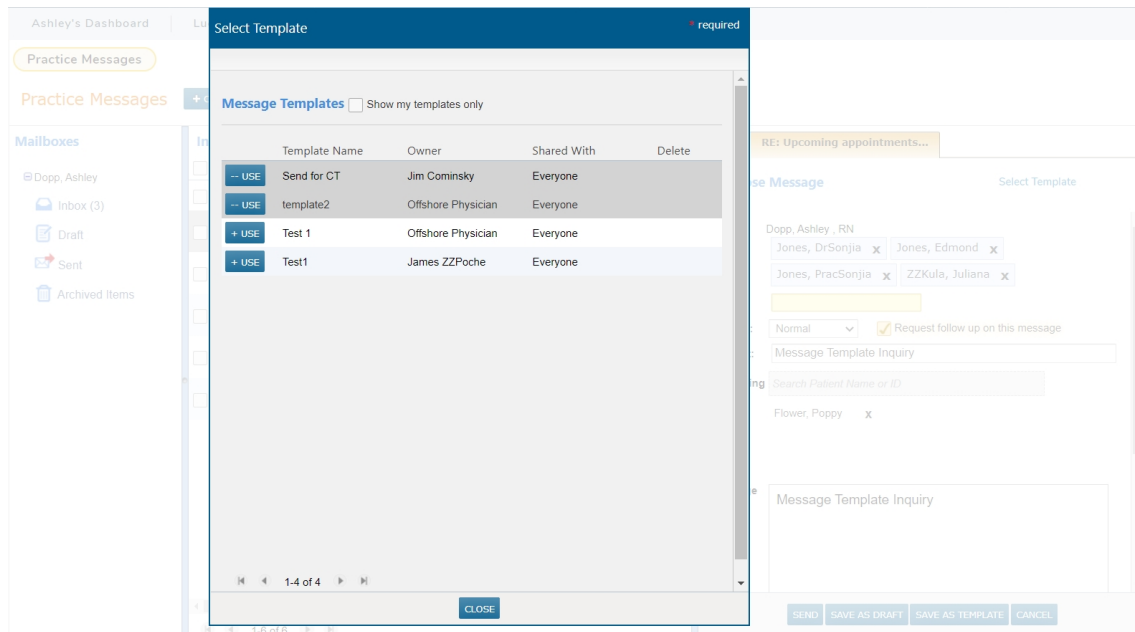
This release introduces improvements to the messaging experience, making it easier for users to compose or reply to messages, including messaging directly in patient charts.

### Message Center enhancements

Now when composing or replying to messages, the messaging feature appears on the right side of the page instead of as a pop-up in the middle of the page. The feature retains its existing functionality but allows users to still see and use their mailboxes.



When composing or replying to a message, the **Select Template** feature will now appear as a pop-up in the middle of the page. This update allows users to see their drafted message on the right side of the screen, including the message recipients. Users can also choose more than one template simply by clicking the templates they wish to apply to the message. The selected templates will appear in a gray highlight. Additionally, users can delete a selection from this screen.



## New Messages tab in patient charts

We are also introducing a new **Messages** tab to patient charts. Users must be granted permission to access this tab. Please talk to your practice administrator for access.

**Patient Messages** [REMOVE] [C]

Priority	Date	From	To	Subject	Workflow Status
NORMAL	04/13/2021	zzHaring, Lucy	Pink, Doctor, MD;	(no subject)	

**View message**

**From:** zzHaring, Lucy PRODUCTION  
**Sent Date:** 04/13/2021 - 1:15 PM  
**To:** Pink, Doctor, MD;  
**Priority:** NORMAL  
**Category:** Email Message  
**Subject:**  
**Patient:** zzMcGullicuddy, Lucille DO NOT USE (DOB:01/01/1944 / F / ID: 39423947289)  
 Yellow, Lucy (DOB:10/27/1960 / F / ID: 3333)

**Message:**

[REPLY] [REPLY TO ALL] [FORWARD] [Print] [PDF]

**NOTE:** If granted permission for this tab but it does not display in patient charts, users can uncheck and recheck the box next to the Messages option in their Preferences (callout 1). Users must save their changes and log out and back in for this change to take effect and see the tab as expected.

Users can also move this tab up or down using the arrows under Chart Tabs so that it displays in their preferred order.

**Chart Tabs**

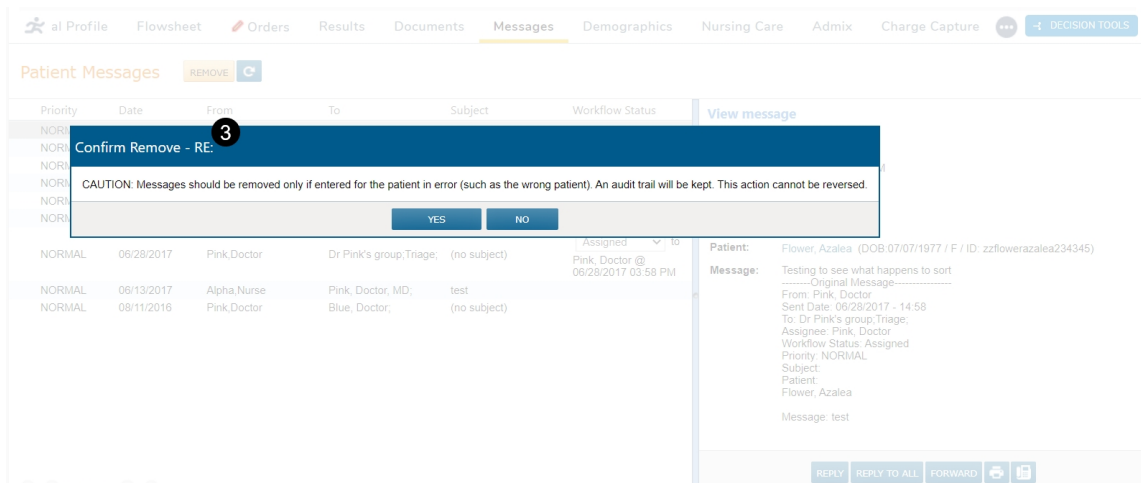
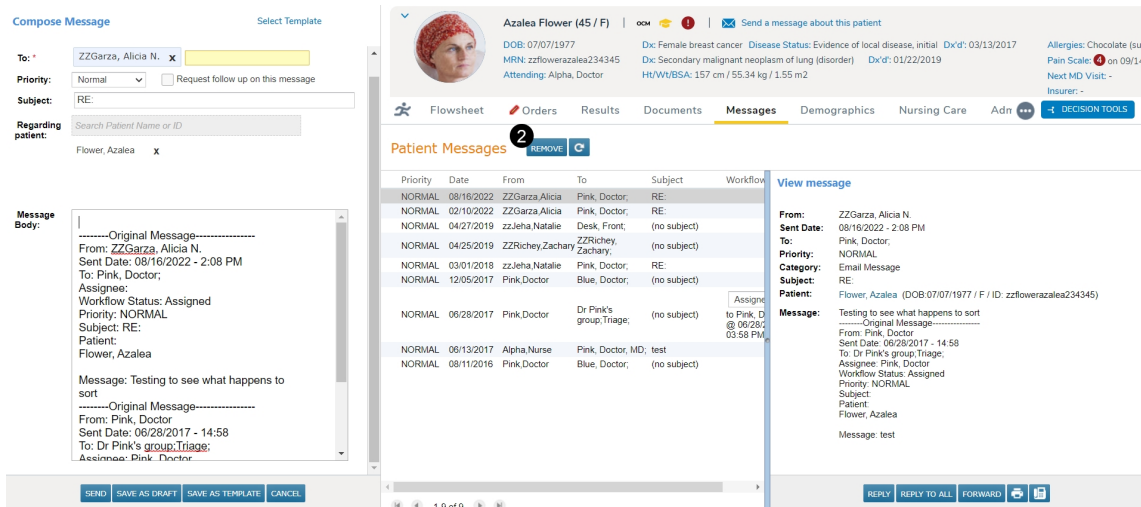
Tab	Visible?	Action
Chart Summary	<input checked="" type="checkbox"/>	Advance Care Planning
Clinical Profile	<input checked="" type="checkbox"/>	New Order
Flowsheet	<input checked="" type="checkbox"/>	Regimen Order
Orders	<input checked="" type="checkbox"/>	New Patient Note
Results	<input checked="" type="checkbox"/>	Vital Signs
Documents	<input checked="" type="checkbox"/>	Message
Demographics	<input checked="" type="checkbox"/>	Note Template
Nursing Care	<input checked="" type="checkbox"/>	Add Depression Status
Scheduler	<input type="checkbox"/>	
Admix	<input checked="" type="checkbox"/>	
Charge Capture	<input checked="" type="checkbox"/>	
<b>1</b> Messages	<input checked="" type="checkbox"/>	

*Invisible tabs are accessible through the menu*

[SAVE] [CLOSE]

The **Messages** tab functions similarly to the enhanced **Message Center**, but the messaging feature appears on the screen's left side. Furthermore, when clicking

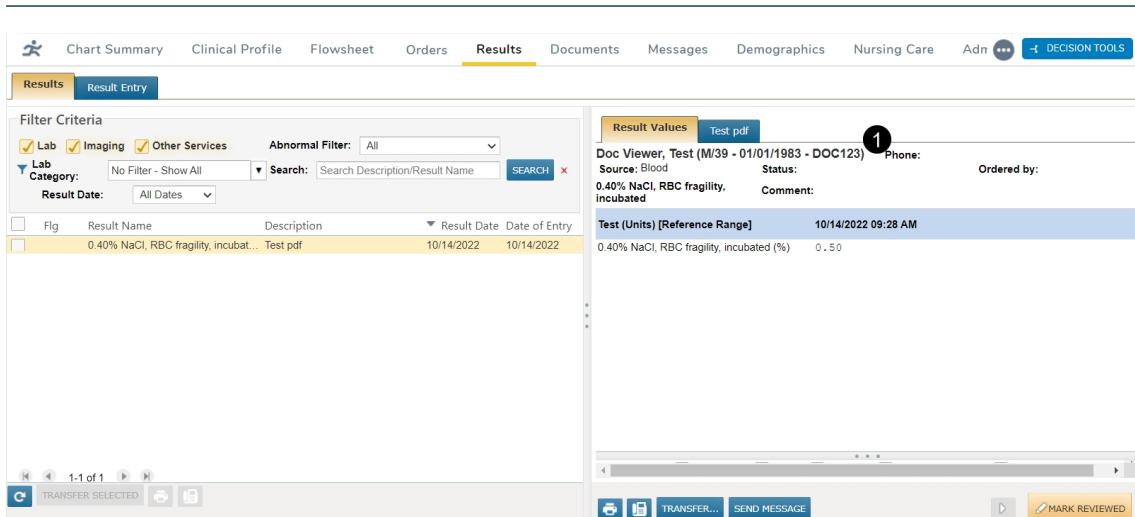
the **Remove** button (callout 2), users will be presented with a confirmation message before the action is completed (callout 3).



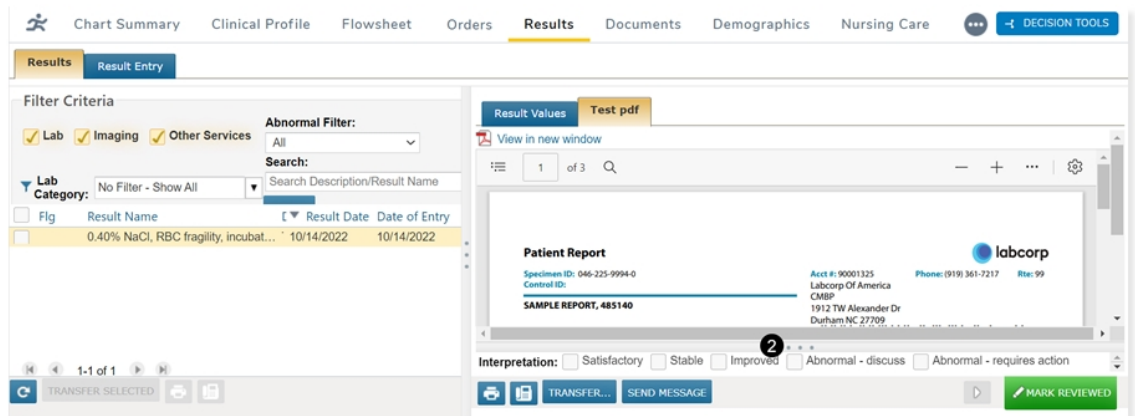
## Improved readability for Results and Documents

For **Results**, we improved attachments in the patient's chart by reducing the amount of space in the header and footer sections, thereby increasing the viewing area of the attached document.

The header information will now display under the result values tab and will not display for attachments (callout 1).



The footer will be collapsed by default and be visible as a single line. The footer can be expanded and collapsed by clicking on the 3 dots on the line that separates the report view from the footer (callout 2).

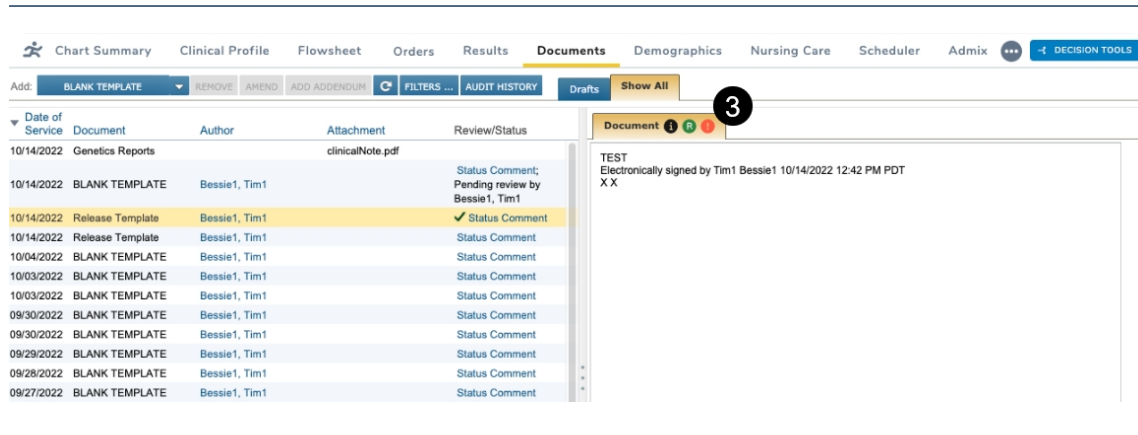


For **Documents**, we removed the name and date of service from the documents and attachments header in the viewing pane.

Information regarding these documents and attachments can still be viewed by clicking on the icons located on the **Document** tab (callout 3):

- The black icon displays the item’s name and date of service.
- The red icon displays any errors associated with the item.
- The green icon displays if the item was released to the patient portal.

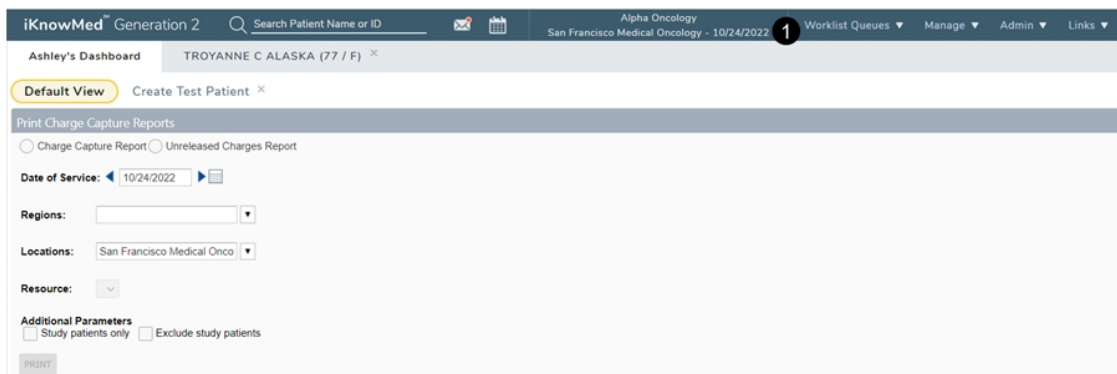
We also removed any additional white space so that the document tab fills the whole pane.



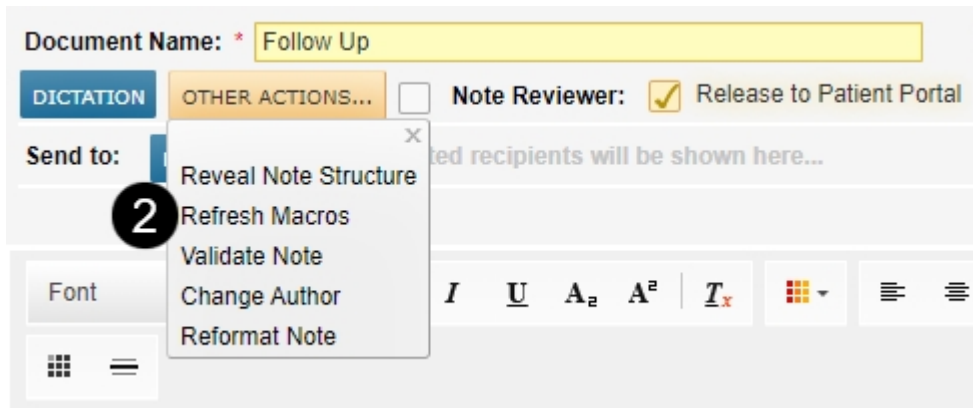
## Macro refreshes limited to the date of service

We improved the logic for all macros so that updates to macros will now only happen automatically on the date of service. Previously, the macro refresh was not driven by the date of service, but rather, updated if the note was amended or edited. The new logic works as follows:

- If a user starts a note today for tomorrow and changes the **Date of Service** to tomorrow's date and saves it as a draft, the macros will refresh tomorrow when the note is opened.
- If a user starts a note today and edits or amends the note with today's date, the macros will refresh.
- If a user changes the effective date at the top of the chart and then edits or amends a note, the macros will refresh (callout 1).



- If a user starts a note today and edits or amends the note the following day, they must choose **Other Actions > Refresh Macros** to manually update the macros to the current date (callout 2).



## Safer Carboplatin dosing for patients with low serum creatinine

When ordering Carboplatin for patients with a serum creatinine less than 0.7mg/dl, the system now calculates the dose based on the patient's actual serum creatinine as well as based on the NCCN recommendation.

NCCN recommends using a minimum creatinine of 0.7mg/dL to avoid CrCL overestimation with abnormally low creatinine values, including in elderly or cachectic patients. The system presents both calculated values to the user and defaults to the NCCN recommendation.

10/31/2022 Carboplatin IV, 210 mg (2 AUC; CrCl Method: Cockcroft-Gault - Actual Body Weight, S.Creatinine: 0.3 mg/dL,...

Rx  Formula Dose [QUICK: 510 PICK](#) [SHOW DRUG FORMS](#)

Dose: 210 mg Unit: AUC (mg/ml/min) [ADJUST DOSE](#)

CrCl Formula: Cockcroft-Gault - Actual Body Weight

S.Creatinine: 0.3 mg/dL, 0.7 mg/dL used (NCCN Guidelines) [1](#) Creatinine: 1.03 mg/dL, 0.7 mg/dL used

Calculated Creatinine Clearance: 125 mL/min Capped at 125 from 185.561 mL/min

2 AUC, CrCl Method: Cockcroft-Gault - Actual Body Weight, S.Creatinine: 0.7 mg/dL used, Creatinine: 1.03 mg/dL used

**Carboplatin IV, 210 mg . 210 mg intravenously once .**

[General](#)

Dose: 210 mg Unit: mg Form: Select

Route: intravenously Method: Select Frequency: once  PRN

Administer Over: Select

Admix Fluid: Select Volume: mL

Instructions:  Instructions replace required fields

Duration: Select

Allow substitutions.  Do Not Bill Drug  Do Not Bill Administration

**Location, Chart Comments and Problems**

Ordered from Location: San Francisco Medical Oncology

Does not appear on Rx

Perform Location:  Unspecified-to be completed by Scheduler  Specified

Type: Select Location: Search Locations

**Dose Calculator/Formula Amount/Adjust**

Current Dose: 2 AUC (mg/ml/min) 210 mg

Dose Amount/Unit: 2 AUC (mg/ml/min)

Creatinine Clearance Calculation Method: Cockcroft-Gault - Actual Body Weight

Age: 62

Actual Body Weight: 60.78 kg

Last S.Creatinine: 1.03 mg/dL on 12/22/2020

Serum Creatinine: 0.3 mg/dL

Calculated Creatinine Clearance: 125 mL/min

Capped at 125 from 185.561 mL/min

Calculated Result: [i](#)

300 mg (based on actual serum creatinine)

210 mg (based on 0.7 mg/dL serum creatinine) [2](#)

Adjusted Amount: mg

[CALCULATE](#) [UPDATE ORDER](#) [CANCEL](#)

[Associated problems](#) [Create a new problem](#)

Benign essential hypertension (disorder)

Chronic back pain

Colon cancer \*

Multiple myeloma (disorder) (C90.00 Multiple myeloma not having achieved remission) [T1C](#)

Primary colon cancer \* (C18.3 Malignant neoplasm of colon) [T1C](#)

[OK](#) [CANCEL](#) [NEXT ORDER](#)

## Find regimen orders by change reason in the insurance authorization queue

To help users find regimen orders that they want to focus on in the Ins. Auth/Fin. Counseling queue, we added a new filter to the worklist. The new **Show Regimen Change Filter** (callout 1) allows users to filter by: New regimen order, New order added to regimen, Schedule changed, New patient insurance, and New cycles added to regimen.

This filter helps business office users locate and manage specific types of regimen changes, such as schedule changes, all at once.

Additional Filters \* required

**Medical Specialities**

All Specialities  
 Select Specific Speciality

▼

**Ordering Providers**

All Users  
 Select Specific User

▼

**Ordered From Locations**

All Locations  
 Select Specific Location

▼

**Show Order Types**

Select all

Regimen Orders

Med (nonRx) orders  
 Rx orders

Med (nonRx) orders  
 Rx orders

Laboratory orders

Imaging orders

Other service orders

Supply orders

**Show Regimen Change Reason** 1

Select all

New regimen order

New order added to regimen

Schedule changed

New patient insurance

New cycles added to regimen

SAVE
CANCEL

**NOTE:** While testing this feature, we discovered that the new filters do not capture the use case where an entry is in the queue because the insurance has expired. Those orders can still be found if all the regimen change reasons are selected. A new option to specifically target this use case will be added in a future release.

While adding this feature we also found and corrected an issue where the change reason no longer displays on “not obtained” entries if a note or other change has been saved on the “not obtained” entry (callout 2).

**ZZPoche, James (M/57 - 01/01/1965 - zzpoche)**

+ ADD ALERT
AUDIT HISTORY

Regimen: Doxorubicin + Cyclophosphamide (AC) Q14D Dose Dense fb Paclitaxel + Trastuzumab IV BIOSIMILAR D1,8 Q14D (Part 2 of 2: Trastuzumab IV Maintenance)

<b>Number of Cycles:</b> 15	<b>Cycle Length:</b> 21	<b>Planned Start Date:</b> 08/18/2022	<b>Planned End Date:</b>
<b>Prim. Ins.:</b> Medicare		<b>Insurance Start Date:</b> 01/01/2020	<b>Insurance End Date:</b>
<b>Diagnosis/Problem:</b> Breast cancer, female		<b>Date of Dx:</b> 02/25/2020	
<b>ICD10:</b> Malignant neoplasm of nipple and areola, right female breast C50.011			
<b>LOT:</b> 1st Line Metastatic or Recurrent		<b>Stage:</b> IA	

**Business Office Status:** 2 New regimen order

Obtained: 0 Not Obtained: 15 (C1 - C15)

**Select Authorization:** New Authorization

Pending  
 Obtained  
 Not obtained  
 Off label  
 Not needed  
 Declined

**Status:** Not obtained

**Insurance:** Select

**Reference #:**  **Contact:**

**Notes:**

**Initial Regimen Orders**

Biosimilar

**Kanjinti (Trastuzumab-anns IV)** 420 mg (6 mg/kg; Weight: 70.31 kg = 420 mg)  
 Kanjinti (Trastuzumab-anns IV) 420 mg recon soln  
 420 mg intravenously Piggyback once. **Admin over:** 30 minutes to 90 minutes **Admix fluid:** 0.9 % Sodium Chloride **Volume:** 250 mL **Instructions:** MAINTENANCE DOSE. Do NOT dilute or administer with dextrose-containing solution. NOTE: This is Kanjinti.

\*\*Prn\*\* Hypersensitivity Meds

**Epinephrine IM**  
 Epinephrine IM 1 mg/mL (1 mL) solution

SAVE

## Additional Enhancements

### Clinical Profile > Devices

We updated the **Add Implantable Device** screen to include the device's **Carrier AIDC: Automatic Identification and Data** and the **Carrier HRF: Human Readable Code**. Both are free text fields and are not required.

### Worklist Queues > Orders I/F

Users will now see a patient's chart alerts in the patient banner while working in the orders interface queue.

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## Fixed Defects (A-Z)

### Charge Capture Report

We fixed an issue on the **Charge Capture Report** where the billing units and NDC were incorrect when drugs that were dispensed from Lynx were returned and dispensed again.

### Clinical Profile > Problems

We fixed the issue preventing users from reconciling a patient's problems, allergies, and/or medications in the **Problems** tab. Users can now reconcile information for patients with a CCDA in iKnowMed as expected.

### Worklist Queues > eRx Message

We fixed a performance issue in the eRx Message queue that sometimes caused the user to have to close the browser to continue work and often caused long waits while loading data to the screen. This fix was enacted by purging data from the queue greater than 60 days old. No data was removed from patient charts.

**NOTE:** Surescripts policy is for renewal requests to be responded to within 48 hours and a response after 2 weeks is not transmitted to the pharmacy in any case.