Pharmacy Setup Checklist

Assure that all Pharmacy and related packages are installed and fully patched.

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
Pharmacy contacts:			
Evaluate all IP addresses for all pharmacy related devices. May need to reassign addresses for new system. If any device addresses are added or changed, assure that VMS contact is contacted.			.
Some parameters are set at the System level. These parameters apply to all divisions. Select Pharmacy Data Management Option: Pharmacy System Parameters Edit – to set up PMI and Warning Label parameters. Check Default Med Route for CPRS setting under Pharmacy System parameters. If set to YES, the default med route of the pharmacy orderable item will be the only med route displayed for selection in CPRS. Usually should be set to YES due to pt safety issues.			
Check Device File entries on new system, compare to current device file entries. (Bingo Board, Printers)			
Check HL7 Links and setup - ePharmacy (BPS NCPDP, EPHARM OUT), OP dispensing (PSO DISP, PSOLLP1), Dental (DENTVHLAAC),			
Site should work on standardizing menus. Once assigned, have users test their menus, see what may be missing. Site should provide user training on new menu structure.			

1. National Drug File

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
When drugs are added to the Drug File, they should be matched to NDF. This will enable drug interaction checking and marking for CMOP, and link the entry to a Patient Medication Instruction Sheet (PMI).			
The PSNMGR key must be assigned to the package coordinator and/or their designee, as well as the PSNMGR option. Holders of this key will also receive the NDF update email messages when updates are made.			
Information on printer setup for Patient Medication Instruction sheets may be found in the NDF Technical Manual/Security Guide.			

2. Pharmacy Data Management

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
Assign the Pharmacy Data Management [PSS MGR] menu to the pharmacy ADPAC.			
The PDM package does not have any unique Security Keys. The following keys when assigned allow for certain actions in PDM: **Package** **Keys** Outpatient Pharmacy PSORPH Inpatient Medications PSJU MGR Inpatient Medications PSJI MGR Automatic Replenishment/Ward Stock PSGWMGR Drug Accountability/Inventory Interface PSAMGR Controlled Substances PSDMGR National Drug File PSNMGR Consolidated Mail Outpatient Pharmacy PSXCMOPMGR			

1. Extensive File Setup Required:
  A. Populate the Drug Text File
  B. Review and add to the Medication Instruction File
  C. Review and add to Administration Schedule files. Add any Ward specific admin times.
  D. Review and add to Medication Routes file. Mark Med Route field for those that should prompt for an inj site in BCMA, and those that should show on IVP/IVPB tab in BCMA
  E. Map local med routes to standard med routes.
  F. Enter Default Med Route on Pharmacy Orderable Items in all cases where you only want one med route to appear for selection (if system parameter for default med route is set to Yes).
  G. Review Dosage Form File and add any Nouns and Verbs, Conjunctions as
			*The set up of the Drug File will be very time intensive. It is recommended that a FileMan template be run from current system to facilitate with the entry process.

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
necessary.			
2. Set up Drug File*			
A. Add drug file entries			
B. Match to NDF			
C. Create Possible Doses and Local Possible Doses			
D. Map Local Possible doses for Dose Unit and Numeric Dose			
E. Mark for CMOP			
F. Enter NCPDP Dispense Unit and Quantity Multiplier from this list of drugs for ePharmacy:			
3. Local Formulary Restrictions: Site must determine which drugs will have local restrictions and/or criteria for use. Issues to take into consideration are cost, research medications, sufficient storage to stock all medications, VISN formularies, National Formulary, etc.			
4. National Drug File (NDF) – match all possible drug file entries to NDF to enable order checking			
5. Assign Menu options			
6. Assign Security Keys			

3. Outpatient Pharmacy

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
1. If Outpatient automation is to be utilized, contact the vendor to assist with setup A. *Evaluate all equipment and interfaces currently in use. If upgrades and/or equipment replacement is needed, have these upgrades in place ahead of time B. ScriptPro uses the National Drug File match (not NDC) to match drugs from file 50. If drug is not matched to NDF need to manually match on the ScriptPro side.			
2. Legacy site needs to still be able to print to new sites (for refills). Turn off external interface (and File Release date/time) on legacy system for the migrated divisions. They will need to be manually filled and released. A. Print out list of OP automation users with old IEN's from file 200. Provide list with IEN's from new system and provide to vendor. The vendor can automate an update of Host Operator ID field to reflect new IEN's, as well as deleting any old users on the system. 1) At the end of the last workday before the cutover, print any Rx orders that are showing on the worklist for manual review. Highlight all orders, then right click and click Transfer, the click on Offlice Fill. This will remove them from the pending list. (If orders from the old system are left, when they are filled, the user IEN from the old system will appear for the filling and checking person.)			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
B. Note: when entering Site Parameters, some parameters are set at the System level: Outpatient System Parameters <<<<<Bottom set of parameters belong to the System (in file 59.7)			
C. Need to set up Outpatient Site(s) in file 59. Parameters must be set up for each OP Site under Site Parameter Enter/Edit [PSO SITE PARAMETERS] *: (Enter new audiocare phone number in the Narrative Refillable Rx)			
D. Division Address/Phone			
E. Site specific parameters for:			
1) NCPDP NUMBER: Each dispensing pharmacy must have their own			
a) HOLD FUNCTION?:			
b) SUSPENSE FUNCTION?:			
c) CANCEL DRUG IN SAME CLASS:			
d) REFILL INACTIVE DRUG RXS:			
e) ASK METHOD OF PICKUP:			
f) PASS MEDS ON PROFILE:			
g) PROFILE 'SORT BY' DEFAULT:			
h) COPIES ON NEW:			
i) DRUG CHECK FOR CLERK:			
j) FEE BASIS SUPPORT:			
k) MULTI RX REQUEST FORM:			
l) BARCODES ON REQUEST FORMS:			
m) BARCODES ON ACTION PROFILES:			
n) VERIFICATION:			
o) DISPLAY GROUP:			
p) SCREEN PROFILES:			
q) EDIT PATIENT DATA:			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
r) EDIT DRUG:			
s) RENEWING RX'S ALLOWED:			
t) PASS MEDS CANCEL:			
u) AUTO SUSPEND:			
v) SHALL COMPUTER ASSIGN RX #S:			
w) PROFILE WITH NEW PRESCRIPTIONS:			
x) SLAVED LABEL PRINTING:			
y) METHADONE PROGRAM:			
z) METHADONE DRUG:			
aa) DAYS TO PULL FROM SUSPENSE:			
bb) DAYS TO PULL SUSPENDED CS CMOP:			
cc) NEW LABEL STOCK:			
dd) EXTERNAL INTERFACE:			
ee) DISPENSING SYSTEM PRINTER:			
ff) BLANK LABEL BETWEEN PATIENTS:			
gg) VERIFYING PHARMACIST ON LABELS:			
hh) AUTOMATED DISPENSE:			
ii) FILE RELEASE DATE/TIME:			
jj) ENABLE MASTER FILE UPDATE:			
kk) DISPENSE DNS NAME:			
ll) DISPENSE DNS PORT:			
mm) Select CPRS ORDERING INSTITUTION: These are the Institutions that CPRS Pending orders that can be completed when signed in under this Outpatient site			
nn) LOGICAL LINK:			
oo) RELATED INSTITUTION:: Note – This will be the new medical center			
pp) NPI Institution – **Important for ePharmacy. Enter name of dispensing pharmacy for this OP Site from the			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
Institution file. The institution file entry holds the actual NPI number.			
qq) LABEL/PROFILE MONITOR MAX:			
rr) NARCOTICS NUMBERED DIFFERENTLY: the assignment of narcotic numbering prescription is based on the presence of "A" in the "DEA, Special HDLG" field			
ss) NARCOTIC LOWER BOUND: ***			
tt) NARCOTIC UPPER BOUND:			
uu) PRESCRIPTION # LOWER BOUND: May need to update on go-live date if same numbering system is being used.			
vv) PRESCRIPTION # UPPER BOUND:			
ww) IB SERVICE/SECTION: PHARMACY//			
1) This is not multidivisional because the IB Action types are not multidivisional.			
xx) NARRATIVE FOR COPAY DOCUMENT:			
yy) NARRATIVE REFILLABLE RX:			
zz) NARRATIVE NON-REFILLABLE RX: LOGICAL LINK:			
F. PROCESS AUTO REFILLS FOR INPAT: PROCESS AUTO REFILLS FOR CNH:			
G. Outpatient System Parameters (these are the system-wide parameters): Default Outpatient Site -			
1) ADMISSION CANCEL OF RXS:			
a) Select exempt ward from autocancel:			
b) DAYS PRINTED RX STAYS IN 52.5: (File #52.5 RX			

*** Make numbers unique for each division IF you need to know which division RXs are coming from, otherwise, there is no need to make the numbers unique.

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
SUSPENSE)			
c) Polypharmacy/Action Profile:			
d) INTERDIVISIONAL PROCESSING allowed? (Usually set to yes).			
H. **Bingo Board Setup**: Enter the Bingo Board's name into the GROUP DISPLAY (#59.3) File on the system. In the GROUP DISPLAY file the user is asked whether the NAME or TICKET will be displayed. Use the Bingo Board Manager Option: Enter/Edit Display option to enter the information and message to be displayed. Refer to instructions in the OP Pharmacy Technical Manual. 1) Compare device file entries for Bingo Board on old and new systems.			
I. Outpatient Clinic Sort Group- Information for these groups from File 59.8 will need to be built. This will allow a pharmacist covering a particular clinic/team to group several clinic designations under one sort group when processing pending OP orders.			
J. Set up M Audiofax (Telephone Refill Requests) If telephone refill requests are to be processed using M Audiofax, a new VEXRX routine must be installed to interface with Outpatient Pharmacy V. 7.0. To install this routine, go to SHOP ALL on FORUM and in the TELEPHONE REFILL REQUESTS Basket, retrieve the message "VEXRX for Outpatient V. 7." This message will contain the new VEXRX routine. This routine must be forwarded and installed on the production account.			
K. Schedule calls with Audiocare vendor to facilitate set up. Refills from prescriptions filled from old system can still be filled on that system.			
L. Create a MOU with legacy site to continue to fill refills until all			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
prescriptions have been reentered into new system.			

3. Schedule background jobs – *Queue Background Jobs* [PSO AUTOQUEUE JOBS] This option must be used to schedule the six required background jobs:
   1) Autocancel Rx's on Admission
   2) Nightly Rx Cost Compile
   3) Nightly Management Data Compile
   4) Compile AMIS Data (NIGHT JOB)
   5) Expire Prescriptions
   6) Auto-delete from Suspense			

4. If laser labels are to be used, refer to the instructions provided in the Laser Printed Prescription Labels Phase II Manual:			
5. Set up Scriptalk printer as detailed in the Scriptalk Talking Prescription Labels Installation Guide: A. Enter printer in the OP Site parameters. Obtain a list of Scriptalk patients and enter them via the Scriptalk menu options. Enter a test patient as a Scriptalk patient and print a test label from new system for each division. B. Additional information is also included in the Outpatient Pharmacy User Manual.			
6. Pharmacy Chief needs to complete a Memorandum of Understanding (MOU) with legacy facility regarding refills, CMOP, locally suspended fills for migrated divisions.			
7. Determine who will be running Print from Suspense for the migrated divisions on the legacy system(s).			
8. Internet refills will also need to be run from both legacy and migrated systems for the divisions.			
9. Enter users into the mail group PSO EXTERNAL DISPENSE ALERTS. May enter a printer as a Remote Member. This mail group will receive information about activities that need			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
investigation by site personnel. (i.e. refill sent to external interface, and then Rx was dc'd in CPRS)			

4. Inpatient Medications

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
Unit Dose Pharmacy: Refer to the Inpatient Medications Technical Manual/Security Guide and the Inpatient Medications Supervisor's User Manual * Evaluate all equipment and interfaces currently in use. If upgrades and/or equipment replacement is needed, have these upgrades in place ahead of time.			
1. System Parameters*			
A. Non-formulary Message – enter message that will appear when a non-formulary drug is selected			
B. PRINT 6 BLOCKS FOR PRN MAR: This field is used to indicate if 4 or 6 blocks are to be used for ONE-TIME/PRN orders on the 7/14 DAY MAR ONE-TIME/PRN SHEET. The 7/14 DAY MAR ONE-TIME/PRN SHEET will print 4 blocks if this field is not set to "YES".			
C. Print DIET ABBR. LABEL ON MAR:			
1) MAR SORT:			
2) ATC Sort Parameters: Allows sending of the Pick List to the ATC machine by ATC mnemonic within Patient or by Administration Time within Patient.			
3) CALC UNITS NEEDED PRN ORDERS: This field controls whether or not UNITS NEEDED will be calculated for orders with PRN in the schedule field. This information will show on the Pick List if this field is set to YES.			
4) DAYS UNTIL STOP FOR ONE-TIME: The number of days a one- time order should last if there is no ward parameter defined.			
5) ROUND ATC PICK LIST UNITS: Enter YES if you wish to round fractional doses when sending the pick list to the			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
ATC. 6) EXPIRED IV TIME LIMIT: Type the Number of Hours between 0 and 24 that continuous IV orders may be renewed after expiring. 7) PRIORITIES FOR PENDING NOTIFY: Enter Stat, ASAP, Now or combination for notification to be sent to the PSJ STAT NOW PENDING ORDER mail group 8) PRIORITIES FOR ACTIVE NOTIFY: Enter Stat, ASAP, Now or combination for notification to be sent to the a) PSJ STAT NOW ACTIVE ORDER mail group			
D. INPATIENT WARD PARAMETERS (#59.6) File *: Configured by WARD LOCATION (#42) File.			
1) Inpatient Unit Dose Wards: After MAS has entered the information in the WARD LOCATION (#42) File; the INPATIENT WARD PARAMETERS (#59.6) File can be entered and configured.			
2. Days Until Stop Date/Time: The number of days a standard order should last**. Note:** for a 24-hour observation ward, patch DG*5.6*176 must have been installed. For the Pharmacy to use, the site must have the observation ward set up. A. DAYS UNTIL STOP FOR ONE-TIME: Enter the number of days a one-time order should last. The number cannot exceed the number of days that standard orders last.			
1) Same Stop Date on All Orders: If YES uses the STOP DATE/TIME from the patient's first order as a default value for the STOP DATE/TIME on all of the patient's following orders.			
2) Time of Day that Orders Stop: Default stop time for the STOP DATE/TIME of patients' orders.			
3) Default Start Date Calculation: Ward can tell package how			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
the default start date for orders should be calculated:			
a) USE CLOSEST ADMIN TIME AS DEFAULT			
b) USE NEXT ADMIN TIME AS DEFAULT			
c) USE NOW AS DEFAULT			
4) Start Time for 24 Hour MAR: Start time for 24 hour MAR			
5) Labels for Ward Staff:			
a) No labels			
b) First Label on Order Entry/Edit			
c) Label on Entry/Edit and Verification			
d) First Label on Nurse Verification			
6) Ward Label Printer Pointer: Labels created by ward staff due to actions taken on orders will print automatically to the device entered.			
7) Label for Pharmacy:			
a) No labels			
b) First Label on Order Entry/Edit			
c) Label on Entry/Edit and Verification			
d) First Label on Pharmacist Verification			
8) Pharmacy Label Printer Pointer:			
9) Label on Auto-Discontinue: Determine if labels should be created when orders for a patient from this ward are auto-discontinued due to a patient movement (discharges and transfers).			
10) MAR Header Labels: Determine if MAR header labels should be generated when MAR order labels are generated for patients on this ward			
11) Days New Labels Last: A background job will once a day delete all unprinted new labels older than the number of days specified here. If no entry, unprinted new labels for this ward will be purged at the end of the day.			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
12) MAR Order Selection Default: Default value for the type of orders to be included on the Medication Due Worksheet, MAR and Action Profiles. Multiple order types can be selected (ex. 2-4 or 2, 5, 6).			
a) All medications			
b) Non-IV medications only			
c) IV Piggybacks			
d) LVPs			
e) TPNs			
f) Chemotherapy Medications (IV)			
13) Print pending orders on MAR:			
14) "Self Med" in Order Entry: If YES, regular order entry process will prompt the user for SELF MED and HOSPITAL SUPPLIED SELF MED for each order entered. The abbreviated processes and ward order entry and order sets are not affected by this parameter.			
15) PRE-EXCHANGE REPORT DEVICE: Enter a device on which to print the PRE-EXCHANGE REPORT			
16) STAT NOW MAIL GROUP:			
17) PRIORITIES FOR NOTIFICATION:			
B. CLINIC DEFINITION: If site will be using IMO, enter the hospital location (clinic) for which you want to define the behavior for inpatient orders for outpatients (IMO).			
1) NUMBER OF DAYS UNTIL STOP:			
2) AUTO-DC IMO ORDERS: Enter YES to allow IMO orders to follow the standard patient movement definition. Enter NO to allow IMO orders to remain active.			
3) SEND TO BCMA?: Enter YES to make these orders available to BCMA, NO to prevent these orders from being			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
sent to BCMA.			
C. If site wants the Service Copy of orders to print (i.e. OP discharge prescriptions for wards to print in Inpt, etc), you must set up service copy printer with option: PRINT PARAMETERS FOR WARDS/CLI [OR PARAM PRINTS (LOC)]			
D. Inpatient User Parameters: Configured for each user.			
1) Inpatient User: After all users have been entered into the NEW PERSON (#200) File on the Primary system, the Inpatient Users can be entered and their parameters set.			
2) Allow Auto-Verify for User: Determine if the user can enter Unit Dose orders as ACTIVE. This allows the user to skip the extra step of manually verifying those orders entered by this user.			
3) Order Entry Process:			
a) 0 Regular: Full set of prompts for the entry of an order, full view of order, allows immediate action			
b) 1 Abbreviated: Fewer prompts for entry, full view of order, allows immediate action			
c) 2 Ward: Same prompts as ABB, brief view of order, does not allow immediate action			
4) Assign Security Keys: PSJ PHARM TECH, PSJ RNURSE, PSJ RPHARM, PSJI MGR, PSJU MGR, PSJU PL (Refer to the Package Security section of the Inpatient Pharmacy Technical/Security Guide for a description of these keys.			
E. Auto-Discontinue Set-Up (on PSJI Supervisor =>Parameters Edit Menu): Configured on a Ward-by-Ward or Service-by-Service basis. This has been superseded at most sites by the OERR site parameters. If the OERR site parameters will be used, it is not necessary for these parameters to be set up in pharmacy.			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
1) Inpatient orders discontinued on ALL or MOST WARD TRANSFERS: Package can automatically set up all wards as 'from' and 'to' wards.			
a) Ward transfers:			
1) Specify 'FROM' Ward			
2) Select 'On Pass' Action			
a) No Action			
b) Place Orders on Hold			
c) Discontinue Orders			
3) Select 'Authorized Absence' Action			
a) No Action			
b) Place Orders on Hold			
c) Discontinue Orders			
4) Select 'Unauthorized Absence' Action			
a) No Action			
b) Place Orders on Hold			
c) Discontinue Orders			
5) Select 'TO' Ward			
b) Service transfers: (Action on SERVICE transfer) Select FROM SERVICE: SURGERY//??? (See below)			
1) NOTE: This is the service the patient has been transferred from whenever the patient's Inpatient Medications (IV and Unit Dose) orders are to be canceled.			
2) Choose from:			
a) M – MEDICINE			
b) S – SURGERY			
c) P – PSYCHIATRY			
d) NH – NHCU			
e) NE – NEUROLOGY			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
f) I – INTERMEDIATE MED			
g) R – REHAB MEDICINE			
h) SCI – SPINAL CORD INJURY			
i) D – DOMICILIARY			
j) B – BLIND REHAB			
3) Select TO SERVICE: NHCU//??? (same as above codes) NHCU. ("From" service is SURGERY)			
4) NOTE: Whenever a patient is transferred from the previously selected "From Service" to a service selected here as a "To Service", the patient's IV and Unit Dose orders are canceled.			
F. Ward Groups (on PSJU Supervisor menu)			
1) Ward Group Name: Used to group MAS wards for dispensing machines and pick lists.			
2) Select Ward: After MAS has entered all the new ward locations into the WARD LOCATION (#42) File on the system, the wards can be entered for each ward group.			
3) Pick List Parameters*: Length of Pick List (in hours), Sort by Ward, and Sort by Room/Bed, Form Feeds, and Print Non-Active Orders First.			
a) ATC Device: After the ATCdevice (FDS) has been entered and configured in the DEVICE (#3.5) File on the system; the ATC can be designated for each ward group.			
b) Use Old ATC Interface – usually not set			
G. Dispense Drug/ATC Set Up			
1) (O)ne ATC or (M)ultiple ATCs: Since site may have MULTIPLE ATC machines, each division will need to reconfigure their ATC set up for the appropriate location.			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
2) Drug Generic Name			
3) ATC Mnemonic: Link between ATC and Unit Dose; this must match a MNEMONIC WITHIN THE ATC or any pick list with this mnemonic sent to the ATC will not complete. *****MNEMONICS FOR ALL DIVISIONS MUST BE SAME*****			
4) Ward Group for ATC Canister: Enter the WARD GROUP for which PICK LISTS will be sent to the ATC. Since multiple ATC machines may exist, it is necessary to enter ALL WARD GROUPS FOR THE APPROPRIATE ATC CANISTER name.(If setting up for one ATC, will populate all ward groups)			
5) ATC Canister: Enter the number of the CANISTER FROM THE ATC machine that contains the drug; if no number entered, Unit Dose will assume that this drug is not currently in the ATC.			
H. Administering Teams: Allows the user to create and edit administering teams (carts) for each ward. The user designates which room-beds are associated with each team created. The teams are used in sorting the data in reports, especially the Pick List. After MAS has entered all the wards, rooms/beds on the system, Administering Teams can be created. Teams may be coordinated with Nursing Service or not used at all.			
I. Once all the wards and devices, including ATCs have been defined on the system, it should be made sure that:			
1) All the Unit Dose parameters are defined.			
2) Pick list parameters are defined.			
3) ATC on the system should be populated for the canisters with the medications that are designated to be in those canisters. The vendor will assist with initial setup. New			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
IEN's from file 50 will need to be entered – if provided to vendor, they can assist.			
4) Ward groups should be attached to this ATC			
5) Inpatient Site Parameters Test on the System: Once all the above has been done, the system is ready for a test to show how well the system will work. This test should be run before the system is used.			
a) Steps involved in the test: (ATC Test)			
1) Admit a test patient on one of the new wards. Make sure that the ward is attached to the ATC located on the system.			
2) A representative sample of medications stocked in that ATC should be entered as an inpatient order for that TEST,PATIENT .			
3) Run a 24-hour pick list for the ward, which has the TEST,PATIENT.			
4) Send that pick list to the ATC located on the system.			
5) Run this ATC to generate the doses on that pick list.			
b) If all the doses come out of the ATC, the test is a success, which indicates that all the inpatient site parameters are set up correctly and no problems should occur when the system is utilized..			
c) Delete the admission of the test patient after the test and delete the pick list.			
J. Background Jobs: PSJU BRJ should be scheduled to run daily			
1) Set the number of days for the Pick List Purge with option *Pick List Auto Purge Set/Reset* [PSJU PLAPS]*			
K. Develop implementation plan steps for the cutover date outlining steps and responsibilities. Suggested plan:			
1) Enter delayed orders on the new system. The delay event			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
should be the admission to the new unit. 2) Turn off ordering for the migrating divisions on the legacy system 3) Wards go on Contingency Plan during this time. 4) Pharmacy prints Inpatient Profile for each patient on Wards from the legacy system. 5) Once patients are admitted on the new system, the delayed orders will be automatically released to pharmacy. 6) Pharmacy reviews orders, comparing to printed profiles. RPh finishes and verifies orders. 7) Any new orders written during the down time are manually entered by pharmacy. 8) Pharmacy gives the green light and the system is brought back on for ordering and med administration when all med orders have been verified/entered.			

5. IV Medications

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
1. Site Parameters *: Allows for set up of MULTIPLE IV ROOMS.			
A. IV ROOM Name: New ones can be added at any time; does not point to any location-type file			
B. Label Parameters: Length, Width, Line Feeds, End/Header, Bed Location, Dose Due			
C. Suspense Parameters			
D. IV Types: Good for How Many Days			
E. Stop Time/Expiration Parameters			
F. Activity Ruler:			
G. Total Vol. on Hyperal Labels			
H. Administration Time Coverage Parameters: Start/End, Type, Manufacturing Time, Description			
I. Delivery Time Parameters			
J. Label & Report Devices			
K. Inactivation Date:			
L. Days to Retain IV Stats			
2. Additional IV Files to Review/Edit/Set Up as Needed			
A. IV Additives File – Can be added as Drug File entries are created.			
B. Drug Electrolyte File			
C. IV Solution File – Can be added as Drug File entries are created.			
3. IV Category File			
A. Background Jobs: Task *Compile IV Costs in Background* [PSJI BACKGROUND] to run every night			

6. Controlled Substances

The Facility DEA number needs to be manually entered into the Institution file entry for each division. The DEA number should be for the dispensing pharmacy for that CBOC/OPC.

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
1. If your Pharmacy Service intends to use the Health Level 7 (HL7) Interface to the Narcotic dispensing Equipment Systems (NDES), we suggest that you read through Appendix A of the CS Installation Guide and complete your port set up before proceeding. A. Evaluate all equipment and interfaces currently in use. If upgrades and/or equipment replacement is needed, have these upgrades in place ahead of time			
2. Set up hardware devices required by Version 3.0. To print green sheets on plain paper requires updates to your TERMINAL TYPE file in order to format these forms correctly. The routine PSDTER is provided to perform these updates. It must be run on the TERMINAL TYPE entry that is attached to the DEVICE that Pharmacy currently uses for printing green sheets.			
A. Site Parameters: Enter name of each Inpatient Site; 1) Selectable for CS? YES			
B. Enter/Edit Menu			
1) Mark/Unmark Drugs for Controlled Substances Use: Mark CS drugs			
2) Inventory Types: Enter/Edit: Add any types if needed			
3) Enter/Edit CS Drug Location Codes: Add any codes if needed			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
3. Create/Edit the Narcotic Area of Use (NAOU): Allows for multiple main/satellite vaults and narcotic locations tied to Primary dispensing site A. First Create Master Vault entries B. Create any Satellite vaults C. Create NAOUs (Wards, Clinics, etc) 4. *At time of system cutover, must populate the Last Dispensing Number (Green Sheets) from the legacy system for each CS Vault. If this is not populated, system will not allow for CS orders to be entered			
A. Stock CS Drugs - Enter/Edit: Enter Stock drugs in the newly added dispensing sites/vaults			
B. Manufacturer, Lot #, and Exp. Date - Enter/Edit			
1) Narcotic Breakdown Unit/Package Size - Enter/Edit			
2) Add Stock Drugs to an NAOU			
3) NAOU Inventory Group - Enter/Edit: Create inventory groups for newly added NAOUs (optional). Use the Sort NAOUs in Inventory Group if necessary.			
C. Transfer Stock Entries - NAOU to NAOU: This option could be used to facilitate setting up newly added NAOUs by creating generic NAOUs with standard drugs which will be stocked by all NAOUs. These drugs could then be copied into all areas and then edited to enter the stock level, type, ward (for drug), and location.			
D. Initialize Balance at Setup: Initialize balances for each newly added dispensing site. Should be used only when ready to activate the newly added dispensing sites on the system. At system cutover, a complete CS inventory should be done. Then the balances on the migrated sites should be initialized, and the balances on the legacy system should be balance adjusted to zero.			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
E. Assign the appropriate menus to CS users:			

5. Controlled Substances Menu...[PSD MENU]
    A. Supervisor (CS) Menu...[PSD MGR]
        1) **>Locked with PSDMGR
    B. Technician (CS Pharmacy) Menu...[PSD PHARM TECH]
    C. Pharmacist Menu... [PSD TRANSACTION MENU]
    D. Production Reports...[PSD PRODUCTION REPORTS]
    E. Barcode Drug Labels for Vault [PSD LABEL VAULT]
 	
6. All nursing personnel, using the CS software, may be assigned the *PSD NURSE MENU* as a menu option. Nursing Supervisors may want access to the *PSD NURSE SUPR MENU*. Controlled Substances inspectors may be assigned the *PSD INSPECTOR MENU*.			

7. Assign the appropriate security keys:
    A. PSD ERROR
    B. PSDMGR
    C. PSD NURSE
    D. PSD PARAM
    E. PSD TRAN
    F. PSJ PHARM TECH
    G. PSJ RNURSE
    H. PSJ RPHARM
    I. PSD TECH			

8. Nightly Background Job: Schedule *PSD PURGE* to run nightly.			

7. Auto Replenishment/Ward Stock

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
To run this module, the NEW PERSON file (#200), WARD LOCATION (#42), HOSPITAL LOCATION(#44), SPECIALTY (#42.4), DRUG (#50), and ORDER UNIT (#51.5) files are needed.			
On the *Supervisor's Menu*, use the *Set Up AR/WS (Build Files)* options to enter data into the AR/WS files:			
1. Site Parameters: INPATIENT SITE: enter sites and answer the four prompts:			
A. MERGE INV. SHEET AND PICK LIST:			
B. PRINT RETURN COLUMNS?:			
C. BEGIN COLLECTING AMIS DATA NOW?: Set to NO and set to YES on day of activation.			
D. IS SITE SELECTABLE FOR AR/WS?:			
2. Enter/Edit Inventory Types: Add any types if needed			
A. Enter/Edit Location Codes: Add any codes if needed			
B. Create the Area of Use: Add AOUs:			
1) INPATIENT SITE:			
2) RETURNS CREDITED TO: Choose From:			
3) AUTOMATIC REPLENISHMENT			
a) W WARD STOCK - ON DEMAND			
4) COUNT ON AMIS?:			
5) ASK EXPIRATION DATE?:			
6) CRASH CART FLAG:			
7) Select WARD/LOCATION (FOR PERCENTAGE): This points to the Hospital Location (#44) File. It contains the name of the ward(s) or location(s) that are served partially or totally by this Area of Use. After MAS has entered all the wards/locations into this file, Pharmacy can associate these locations with newly added Areas of Use			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
C. Stock Items - Enter/Edit: After all drugs have been entered into the DRUG file, items can be entered for newly added Areas of Use:			
1) ITEM STOCK LEVEL:			
2) ITEM LOCATION:			
3) REORDER LEVEL:			
4) MINIMUM QUANTITY TO DISPENSE:			
5) Select TYPE:			
a) External			
b) Injections			
c) Liquids			
d) Refrigerator			
e) Solids			
6) Select WARD (FOR ITEM): Answer with WARD. Enter the ward that uses this item. Items marked for that ward will show on pick lists as WS.			
D. Transfer AOU Stock Entries: This option can be used to facilitate setting up newly added AOUs by creating generic AOUs with standard drugs that will be stocked by all AOUs. These drugs can then be copied into all areas then edited to enter the stock level, type, ward (for drug), and location. Multiple AOUs can be populated at one time.			
E. AOU Inventory Group - Enter/Edit: Create inventory groups for newly added AOUs. Use Sort AOUs in Group if necessary.			
F. Assign Menu options:			
1) All pharmacy personnel may be assigned the *PSGWMGR* menu option. If Pharmacy wishes to give the *Auto Replenishment/Ward Stock Nurses' Menu* to Nursing, then nursing personnel may be assigned the *PSGW RN* menu option.			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
G. Assign Security Keys: 1) PSGWMGR, PSGW PURGE,PSGW PARAM, PSGW TRAN			
H. Schedule Nightly Background Jobs: *PSGW PURGE INVENTORY and PSGW UPDATE AMIS STATS*			

8. Pharmacy Prescription Practices (PPP)

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
PPP is going to be retired and will no longer be used; therefore, setup is not necessary.			

9. Pharmacy Benefits Management

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
Pharmacy Benefits Management (PBM): The Institution file will transmit the station number associated with the institution. For multidivisional facilities, the system will have a 3-digit station number and the divisions (which are also in the institution file) will have 5 to 7-digit station numbers (this includes nursing homes, domicillaries, outpatient clinics, etc.).			
1. Using Exchange, send a mail message to the PBM office at Hines. PBM needs to be notified of the new station number, the type of facility (VAMC, CBOC, OPC, etc.), street address, city, state, zip code and main phone number for the facility. The message should be addressed to Mike Wrobel, John Weisman and Vincent Calabrese, Alan Celestino.	A.	B.	C.
2. You need to designate at least one person as the PBM Manager and assign the PBM Manager Menu [PSU PBM MANAGER MENU]. Assign the *Automatic Pharmacy Statistics* [PSU PBM AUTO] option to the Pharmacy Supervisor's menu.	1)	2)	3)
3. The manager or designated Pharmacist needs to use the option Map Pharmacy Locations [PSU MAP PHARMACY LOCATIONS] to map Area of Uses (AOUs) from the AR/WS application, Narcotic Area of Uses (NAOUs) from the Controlled Substances application, and Pharmacy Locations from the Drug Accountability application to a specific Medical Center Division or Outpatient sites. (Additional information on mapping can be found in the PBM User Manual.)	A.	B.	C.
4. The mail group PSU PBM needs to created. The appropriate Pharmacy and Information Resource Management (IRM) personnel need to be added to the PSU PBM mail group. It is recommended			

	ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
	that the Laboratory Information Manager (LIM) at each facility be added to the mail group to monitor data extracted from the Laboratory files.			
5.	Schedule the Automatic Pharmacy Statistics [PSU PBM AUTO] option to be executed on a monthly basis at a time when there will be the least amount of activity on the system. Please schedule the Automatic Pharmacy Statistics [PSU PBM AUTO] option to run after the Update AMIS Stats File [PSGW UPDATE AMIS STATS] option has been executed.			
6.	Be sure the CMOP-NAT.MED.VA.GOV domain exists at the facility for transmission and has the correct parameters. 　　NAME: CMOP-NAT.MED.VA.GOV// 　　FLAGS: S// 　　SECURITY KEY: 　　VALIDATION NUMBER: 　　NEW VALIDATION NUMBER: 　　DISABLE TURN COMMAND: 　　RELAY DOMAIN: 　　Select TRANSMISSION SCRIPT: TCP/IP// 　　 TRANSMISSION SCRIPT: TCP/IP// 　　 PRIORITY: 1// 　　 NUMBER OF ATTEMPTS: 　　 TYPE: Simple Mail Transfer Protocol// 　　 PHYSICAL LINK / DEVICE: NULL DEVICE// 　　 NETWORK ADDRESS (MAILMAN HOST): 10.189.110.70// 　　 OUT OF SERVICE: 　　 TEXT: 　　O H=CMOP-NAT.MED.VA.GOV,P=TCP/IP-MAILMAN 　　C TCPCHAN-SOCKET25			
7.	Be sure the PSU SEND HL LOGICAL LINK is setup on the system. For more information, see the patch description for project PSU*4*3. Be sure that the HLO system is up and running			
8.	The DPPM.MED.VA.GOV domain needs to exist at each facility			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
for transmission. NAME: DPPM.MED.VA.GOV FLAGS: C MAILMAN HOST: MM113.00 PHYSICAL LINK DEVICE: NULL TRANSMISSION SCRIPT: TCP/IP PRIORITY: 1 NUMBER OF ATTEMPTS: 10 TYPE: Simple Mail Transfer Protocol PHYSICAL LINK / DEVICE: NULL TEXT: O H=DPPM.MED.VA.GOV,P=TCP/IP-MAILMAN C TCPCHAN-SOCKET25-CACHEVMS SYNONYM: DPPM.MED.MED.VA.GOV LEVEL 1 NAME (c): GOV LEVEL 2 NAME (c): VA.GOV LEVEL 3 NAME (c): MED.VA.GOV LEVEL 4 NAME (c): DPPM.MED.VA.GOV			
9. Ensure that the PSU EVENT LAB protocol is active. In Fileman, in the Protocol file, enable the PSU EVENT LAB protocol to send messages by setting the Entry Action to "D HL7^PSULRHL1".			
10. There are not files associated with this package that come preloaded with data.			

10. Bar Code Medication Administration (BCMA)

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
Bar Code Medication Administration (BCMA) Client Install: In order to have BCMA running on a computer the client executable must be installed on the computer or there must be a shortcut on the computer pointing to the BCMA executable on a local server. The local server must have run the install of the latest BCMA executable file. The executable file for BCMA is in the name space PSB. The install guide of the latest BCMA patch which contains a new Graphical User Interface (GUI) will include the name of the latest executable file. This file can be obtained from the anonymous directory. Also patch XWB*1.1*29 must be installed on any computer that will be running BCMA. This patch can be obtained from the Anonymous directory. In order to have both the BCMA icon and the BCMApar (parameters icon) created on a computer a complete install must be performed. The installer running the PSB executable will be asked if the install should be typical or a complete install. A typical install will create the BCMA icon which runs the Virtual Due List (VDL). A complete install will create icons for both the BCMA and BCMApar icons. The BCMApar icon provides access to BCMA parameters. Please see the BCMA Installation Guide for further details..			
1. Set up the facility information in the GUI BCMA site parameters. The setting for 'Is BCMA System Online?' must be set to NO on the system until Inpatient Site Parameters Test on the system is successfully completed. Do this upon completion of the parameter setup.			
A. Enter the BCMA Parameters* (GUI option): B. Scratch HF Directory C. Missing Dose Request Printer D. Due List Error: Enter the name for this mail group			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
E. Missing Dose Notification: Enter the name for this mail group F. Unknown Actions: Enter name for this mail group G. Unable to Scan Mailgroup (Sites often use the Due List Error mail group for #3,4, 5 and 6. H. Reports: Check box if comments are to be included and enter the number of days that the Med History will look back. I. Default Bar Code Format: J. Default Bar Code Prefix K. Using Robot Rx L. Require ESig to Administer Medication M. Allow Multiple Admins for On-Call N. Enter Allowable Time limits for the number of minutes Before a Scheduled Admin Time, After a Scheduled Admin Time, PRN Effectiveness Entry O. Virtual Due List: Define the Default Start and Stop Times from Now. P. Designate whether to include PRN Schedule Type on the VDL. Q. Set Max Client/Server Clock Variance R. Set Patient Transfer Notification Timeframe in hours S. Set BCMA Idle Timeout in minutes T. Set PRN Documentation in hours U. Set Max Date Range V. Set Patch Display Duration W. Enable CPRS Med Order Button (if this is to be used) Users need the *PSB CPRS MED BUTTON* to use this functionality			
2. Default Answers List*: Populate the default answers for the Reason Medication Given PRN, Reason Medication Held, Reason Medication Refused and Injection Sites lists.			

A. Populate the following IV parameters* by Ward and Type:
   1) Additive
   2) Strength			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS

3) Bottle
   4) Solution
   5) Volume
   6) Infusion Rate
   7) Med Route
   8) Schedule
   9) Admin Time
   10) Remarks
   11) Other Print Info
   12) Provider
   13) Start Date/Time
   14) Stop Date/Time
   15) Provider Comments			

B. Assign PSB GUI CONTEXT – USER as a secondary option to all staff who will be using BCMA.			
3. The *PSB MANAGER* Key is needed to access the Bar Code Medication Administration Manager (PSB MGR) CHUI option.			
4. PSB UNABLE TO SCAN Security Key – Enables users to run the Unable to Scan reports			
5. Determine which Bar Code Medication Back Up system will be used.			

6. BCMA Medication Log file (53.79) – have to populate first entry manually through FileMan, or you will get an error when first admin is attempted.
 	
`Select BCMA MEDICATION LOG PATIENT NAME: BCMA,EIGHT`
`←-Use a test patient.`
 	
  `Are you adding 'BCMA,EIGHT' as a new BCMA`
  `MEDICATION LOG (the 1ST)? No// Y`
  `(Yes)`
  `BCMA MEDICATION LOG ADMINISTRATION MEDICATION:`			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS

ATENOLOL   TAB
 	
   BCMA MEDICATION LOG ORDER REFERENCE NUMBER: 23U ←
   enter anything
PATIENT LOCATION: SAC MEDICAL AID STATION SUMMAR   ←-
enter location
ENTERED DATE/TIME: T@10 (SEP 15, 2009@10:00:00)
ENTERED BY: PROGRAMMER,TWO   TP
COMPUTER SPECIALIST ←-
ACTION DATE/TIME: T@1 (SEP 15, 2009@13:00:00)
ACTION BY: PROGRAMMER,TWO   TP
COMPUTER SPECIALIST
ADMINISTRATION MEDICATION: ATENOLOL//
ACTION STATUS: NOT   NOT GIVEN
ORDER REFERENCE NUMBER: 23U// ^			

11. Consolidated Mail Outpatient Pharmacy

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
1. Create Mail group: A **public** mail group **must** be set up with the name, CMOP MANAGERS. The CMOP MANAGERS mail group should exist at all sending sites. The mail group **must** have at lease one **active** user as a member for the CMOP software to operate. It is recommended that the Outpatient Pharmacy package coordinator and other pharmacy staff responsible for CMOP functions be members of this mail group.			
2. Through Fileman enter CMOP MANAGERS in the MAIL GROUP field of the PSX CMOP entry in the BULLETIN file (#3.6).			
3. Kernel Site Parameter Setup – Under the menu option Site Parameters for Mailman [XMKSP] set the fields NETWORK - MAX LINES @ SEND TO and NETWORK - MAX LINES RECEIVED to null. This will allow larger CMOP transmissions to build without bumping into the preset Kernel site parameter limitations.			
4. Assign Security Keys: PSX XMIT, PSXAUTOX, PSXCMOPMGR, PSXMAIL, PSXRESUB, PSXRTRAN, and PSNMGR. Information on the assignment of each key can be found in the CMOP Technical Manual.			
5. *Assign Menus: CMOP Site Manager Menu, CMOP Drug/Item Management, Reports Menu, Transmission Menu*			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
6. The PSX resource device must be set up to control the data transmissions to the CMOP host facility. See Resources in the Kernel Systems Manual for instructions on how to set up the PSX resource device as shown below. If this device is not set up correctly, CMOP data **will not** be transmitted properly. 7. From the System Manager Menu Option, Select Device. From Device Management select, Edit Devices by Specific Types. From there, select the *Resource Device Edit* option to set up the resource device entry. 8. **Note:** The device must be named PSX and set up as follows: NAME: PSX $I: PSX LOCATION OF TERMINAL: NA RESOURCE SLOTS: 1 TYPE: RESOURCES			
9. Contact the CMOP Host Facility that site will be using to coordinate the set up of the Domain and the activation of the site (CMOP Site Manager Menu Option: **A**ctivate/Inactivate CMOP Processing.) Days to transmit will be set with the Setup Auto-transmission menu option.			
10. You **must** review the entries for the RX CONSULT file (#54) which are standardized for use with the Consolidated Mail Outpatient Pharmacy system. If these entries (1-20) do **not** match entries 1-20 of your RX CONSULT file (#54), improper warning labels may appear on Outpatient prescriptions labels. DROWSINESS FINISH EMPTY STOMACH NO DAIRY PRODUCTS WATER DISCOLORATION			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
DIURETIC K NO ALCOHOL ADVICE WITH FOOD SUNLIGHT SHAKE WELL EXTERNAL STRENGTH REFRIGERATE DUPLICATE EXPIRATION DATE NO REFILL SAME DRUG NO TRANSFER			
11. The following two tasks need to be scheduled thru taskman Schedule/Unschedule Options: A. PSXR SCHEDULED CS TRANS Scheduled CS Transmission B. PSXR SCHEDULED NON-CS TRANS Scheduled Non-CS Transmission Days to transmit will need to be set with the Setup Auto-transmission menu option PSXR AUTO TRANSMIT.			

12. Miscellaneous Pharmacy Setup

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
1. ADMINISTRATION SCHEDULE (#51.1) Add entries in concurrence with nursing using the option: Pharmacy Data Management Option: Standard Schedule Edit. You may add different standard administration times by ward for a schedule. All odd schedules to be used at the facility MUST be entered in this file. This file may be standardized in the future			
A. Clozapine: Refer to Mental Health documentation for registration of site and setup of lab values.			
B. Clozapine drugs need to be marked for Clozapine use in the Drug File. This requires coordination with the lab ADPAC to assure that the correct lab test monitor and specimen type is entered			
1) Providers must be given YSCL AUTHORIZED key, and their name and DEA # must be sent to NCCC for registry			
2) Assign PSOLOCKCLOZ to pharmacy personnel who can perform clozapine administrative functions			
3) Patients must be authorized and numbers assigned by NCCC			
4) NCCC must transmit patient authorization data to new system, assigning dispensing frequency (Weekly, Biweekly, etc.)			
5) Patients much be re-registered in the new VistA system by pharmacy with their newly assigned numbers			
6) Populate PSOCLOZ mail group with pharmacy users to receive notification regarding the weekly transmission to NCCC			
C. MEDICATION INSTRUCTION (#51) file should be populated as desired			
D. MUMPS/Audio Fax (MAF)			
1) If site is planning to use one of these systems to notify patients of appointments or to facilitate prescription refills, then these systems will need to be set up. The Audiocare company is responsible for the setup of the appointment and prescription modules.			

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
2) There is a section on the Audiofax in the Outpatient Pharmacy Technical Manual.			
a) MAF test for Pharmacy			
1) Load latest routines from Mumps Audiofax.			

2) Test Plan –
            a) One patient and one prescription from system -source for information from barcode refill slip
            b) One patient with a bogus prescription number			

E. Drug Text File – populate with Drug Text Messages			
F. Map Medication Routes to Standard Medication Routes using the option Find Unmapped Local Medication Routes. Also need to go through each time new standard terms are pushed via NTRT.			
G. Set up providers who will be Authorized to Write Med Orders. 1) Determine local procedure for entry using the Add New Providers [PSO PROVIDER ADD] option.			
2. EPharmacy – separate checklist available. Work with ePharmacy Implementation Team on setup. (NPI team will also need to assist with applying for new NPI numbers. Note: File 4 Pharmacy entries may need to be created manually through FileMan. Work with NPI and Kernel team to create the entries and enter new NPI numbers. (Note: if you need to edit NPI under Identifier, need to first set XUMF=1)			