Updates for the Essential Med List for Review: GMTS*2.7*94 and PSO*7*314

Deployment, Installation, Back-Out, and Rollback Guide

September 2018

Department of Veterans Affairs

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Revision History

Date	Version	Pages	Description	Author

Artifact Rationale

This document describes the Deployment, Installation, Back-out, and Rollback Plan for new products going into the VA Enterprise. The plan includes information about system support, issue tracking, escalation processes, and roles and responsibilities involved in all those activities. Its purpose is to provide clients, stakeholders, and support personnel with a smooth transition to the new product or software, and should be structured appropriately, to reflect particulars of these procedures at a single or at multiple locations.

Per the Veteran-focused Integrated Process (VIP) Guide, the Deployment, Installation, Back-out, and Rollback Plan is required to be completed prior to Critical Decision Point #2 (CD #2), with the expectation that it will be updated throughout the lifecycle of the project for each build, as needed.

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1 Introduction

Patches GMTS*2.7*94 and PSO*7*314 correct issues reported with the Tool #1: Medication Reconciliation. The Health Summary patch GMTS*2.7*94 will require patch PSO*7*314 and will create a national entry in the HEALTH SUMMARY COMPONENT file (#142.1) for Tool #1: Med. Reconciliation. The Department of Veterans Affairs (VA) strongly recommends that you install these patches in a test environment before installing in production.

Furthermore, a replica of the Tool #1 Medication Reconciliation called Medication Reconciliation No Glossary Tool #1 will be created which, when the end user selects the Essential Med List For Review option, will generate similar report data but without the glossary at the end.

Another feature recently added was to include all Dispense Drug data into the report for Inpatient Medication data which incorporates Dosage information as well. Also, if comments are longer than one line, certain information (such as Login Date) for Outpatient Medication data will not be repeated more than once for each medication.

The PSO*7*314 patch changes include the following:

1. The existing Application Program Interface (API) PEN^PSO5241 did not return all fields for pending RXs.

    Problem: Routine PEN^PSO5241 does not return all relevant fields for pending RXs.

    Resolution: This patch modifies routine PSO5241 to return additional fields for pending RXs.

The GMTS*2.7*94 patch changes include the following:

1. Meds held from remote VA data are not being pulled in med reconciliation profile.

    Problem: There was no (local) Inpatient order for simvastatin, but there was a remote Outpatient order that the clinical pharmacist using the report couldn't see. This was due to the fact the remote medication was on hold.

    Resolution: Usage of data from other VA pharmacies via Remote Data Interoperability (RDI) updated to include prescriptions where the status is 'HOLD'.

2. Med Recon Tool #1 sometimes missing BCMA data.

    Problem: In some cases, the BCMA last action is not reported for all items, particularly large volume IVs.

    Resolution: The issue was caused due to the structure of the code that was retrieving order text information. For any order without certain order text, the processing would stop before retrieving the BCMA last action. The code has been restructured to prevent this.

3. Medication Reconciliation Report (issues with clinic meds.)

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Problem: Clinic Medications have no indication that they are clinic meds. They appear with 'INPT' as the service.

Resolution: A new Application Programming Interface (API) has been provided to allow the tool to determine if an order is a Clinic Medication. The clinic medications will now display 'CLIN', rather than 'INPT'.

4. Most recent order not showing on med reconciliation report.

   Problem: There were two orders for the same medication but the one that displayed on the report was the older of the two.

   Resolution: The program has been revised to look at the correct date field on the prescriptions and no longer infer that the latest expiration date implied the latest prescription.

5. Med Reconciliation Awkward for Provider Comments.

   Problem: Provider comments that contained multiple lines were not printing correctly.

   Resolution: The tool was modified to display multiple line provider comments in a more readable fashion.

6. Remote Meds Object and DoD Meds.

   Problem: The issue is caused due to the fact that the Clinical/Health Data Repository (CHDR) has no update that marks Department of Defense (DoD) prescriptions have expired.

   Resolution: The program was updated to assume that DoD prescriptions with an issue date more than 1 year in the past must be, by definition, now expired or discontinued and will no longer be considered 'ACTIVE' even though that is precisely what is returned by the CHDR data.

7. Medication Reconciliation Component (displaying wrong Sig for medication.)

   Problem: The section of the report that showed 'Other medications previously dispensed in the last year' was misleading. For example, prescriptions with no refills that were over 120 days old would not display at all. In some cases, this led to the belief that the Sig that was displaying was incorrect.

   Resolution: The section in question has been removed from the report and the medications needed for the report were incorporated into the main body of the report.

8. IV Order with OC set does not show on Med Recon report.

   Problem: Whenever an IV order was set to On Call (not the schedule On Call), then the order no longer appeared on the Medication Reconciliation Report.

   Resolution: System was modified to recognize the On Call property flag for IV types of admixtures.

1.1 Purpose

The purpose of this guide is to provide a single, common document that describes how, when, where, and to whom the Updates for the Essential Med List for Review will be deployed and installed, as well as how it is to be backed out and rolled back, if necessary. The guide also identifies resources, communications plan, and rollout schedule. Specific instructions for installation, back-out, and rollback are included in this document.

1.2 Dependencies

The installation of Updates for the Essential Med List for Review assumes a fully patched VistA system, including specific patches that are required for the GMTS*2.7*94 and the PSO*7*314 patches respectively to be installed.

1.3 Constraints

Patches GMTS*2.7*94 and PSO*7*314 will be installed on VistA servers. Both patches are 508 compliant.

2 Deployment

Updates for the Essential Med List for Review will be a combined build that installs both patches. The deployment will be a standard release with a 30-day compliance window.

There are currently no site-facing on-line meetings or training planned for this deployment.

2.1 Site Readiness Assessment

- The Updates for the Essential Med List for Review patches, GMTS*2.7*94 and PSO*7*314, will be installed on instances for all VistA databases.
- Other than the system having the required patches installed, there are no specific readiness assessment.

2.1.1 Site Information (Locations, Deployment Recipients)

Updates for the Essential Med List for Review will be deployed to the VistA instances at all sites.

The patches were tested in Test and Production systems at the following sites:

- Sheridan
- Tennessee Valley

2.2 Resources

2.2.1   Hardware

Patches GMTS*2.7*94 and PSO*7*314 will be installed on existing VistA systems. No special or additional hardware is required.

2.2.2   Software

Installation of patches GMTS*2.7*94 and PSO*7*314 requires a fully patched VistA system.

3   Installation

3.1 Pre-installation Considerations

3.1.1   Review existing Health Summary Components

Although the initial Class I release of the Medication Reconciliation (Tool #1) provided a standard routine that is present on all VistA systems, patch PSO*7*294 did not automatically create the health summary component entries in HEALTH SUMMARY COMPONENT file (#142.1). Facilities were advised in the Medication Reconciliation Tools Implementation Guide to manually create a component using the VistA Health Summary *Create/Modify Heath Summary Components* [GMTS IRM/ADPAC COMP EDIT] option.

The recommended setup of the component advised a name of "Medication Reconciliation", a component abbreviation of MRP, and use of print routine EN;PSOQUAP2. Prior to installation of GMTS*2.7*94 and PSO*7*314, it is important to identify the entry (or entries) on your system that represent the manual creation of this component.

Tool #1 - Medication Reconciliation
- **Component:** Medication Reconciliation
- **Print Routine:** EN;PSOQUAP2
- **Health Summary Component Abbreviation:** MRP
- **Description:** This component provides an alphabetized list of the patient's medications from several sources, including outpatient prescriptions, unit dose medications, non-VA documented medications, and active remote medications using the Remote Data Interoperability interface to the Health Data Repository.

If you are unable to identify whether or not a corresponding component exists in your system, create a Remedy ticket or call the National Help Desk before proceeding.

3.1.2   Review existing Health Summary Types

Another recommendation from the Medication Reconciliation Tools Implementation Guide was the creation of a Health Summary Type entry in the HEALTH SUMMARY TYPE file (#142) using the above referenced component. This was performed using the VistA Health Summary *Create/Modify Health Summary Type* [GMTS TYPE ENTER/EDIT] option.

The recommended name and title of the report was "Medication Reconciliation," and at a minimum, it was to contain the MRP component described in the previous section.

Locate this Health Summary and any other reports that utilize the MRP component. After the installation of GMTS*2.7*94 and PSO*7*314, the original component should be replaced with the newly standardized MRT1 component, if the glossary is required for the report. If you do not want the glossary included in the report, you can use the MRR1 component instead.

3.2 Platform Installation and Preparation

Back up the existing routine that is being updated in the PSO*7*314 patch. This routine will only be used in the unlikely event that the patches would need to be reverted.

3.3 Download and Extract Files

```
Software and Documentation Retrieval Instructions:
--------------------------------------------------
Software being released as a host file and/or documentation describing
the new functionality introduced by this patch are available.

The preferred method is to retrieve files from download.vista.med.va.gov.
This transmits the files from the first available server. Sites may
also elect to retrieve files directly from a specific server.

Sites may retrieve the software and/or documentation directly using
Secure File Transfer Protocol (SFTP) from the ANONYMOUS.SOFTWARE
directory at the following OI Field Offices:

Hines:  fo-hines.med.va.gov
Salt Lake City: fo-slc.med.va.gov

Documentation can also be found on the VA Software Documentation Library
at:
http://www.va.gov/vdl/


Title                              File Name                 FTP Mode
----------------------------------------------------------------------
Medication Reconciliation          GMTS_2_7_P94_PSO_7_P314_IG   Binary
 Health Summary (HS) Component
 (Tool #1) and Allergies/ADRs
 Component (Tool #5)
 Installation Guide

The software is being released in a multi-package build:

GMTS_2_7_94_PSO_7_314.KID                                     ASCII
```

3.4 Access Requirements and Skills Needed for the Installation

3.5 Installation Procedure

Below is the step-by-step procedure for installing patches PSO*7*314 and GMTS*2.7*94, that will be bundled into a single host file: GMTS_2_7_94_PSO_7_314.KID.

3.5.1 Install GMTS*2.7*94/PSO*7*314 host file bundle:

Users may remain on the system. Installation takes less than a minute.

Suggested time to install: non-peak requirement hours

1. Ensure that the appropriate routines were backed up as directed in section 3.2 of this manual. If they have not been backed up, back them up now.

2. From the *Kernel Installation & Distribution System* menu, select the *Installation* menu, and then select the *Load a Distribution* option. When prompted, enter: **[**{*directory where Host File is stored*}**]GMTS_2_7_94_PSO_7_314.KID**.

3. From this menu, you may select the option Verify Checksums in Transport Global. Since one of the routines in the Transport Global is modified, you may also opt to select Backup a Transport Global and Compare Transport Global to Current System options. When prompted, select GMTS*2.7*94.

4. Use the Install Package(s) option and select **GMTS*2.7*94**.

5. When prompted "Want KIDS to INHIBIT LOGONs during the install? NO//", respond **NO**.

6. When prompted "Want to DISABLE Scheduled Options, Menu Options, and Protocols? NO//", respond **NO**.

4 Post-Installation Considerations

The purpose of this section is to provide information for consideration after the GMTS*2.7*94 and PSO*7*314 host file has been installed.

4.1 Replace Health Summary Components with new standardized components

Following the installation of the GMTS*2.7*94 and PSO*7*314 host file, all systems will have the common and standardized HEALTH SUMMARY COMPONENT file (#142.1) entries called "Med. Reconciliation (Tool #1)" with the abbreviation MRT1 and "Allergies/ADRs (Tool #5)" with the abbreviation of MRT5.

In order to complete the process so that all facilities are using the same nomenclature, the Health Summary Type that calls the older MRP component (or other name as identified during Pre-Installation Considerations) should be replaced with the newer MRT1 component. The new component, MRT5, needs to be added to the Health Summary Type. Also, there are two additional older components (BADR & RART) that are not longer necessary and should be deleted from the Health Summary Type.

These modifications may be accomplished with the *Create/Modify Health Summary Type* [GMTS TYPE ENTER/EDIT] option as shown here.

Note: If you wish not to see Glossary at the bottom of the Essential Med List for Review report, then please Delete the MRT1 Component and add the MRR1 Component using this VistA option.

Example: Create/Modify Health Summary Type Option

```
Create/Modify Health Summary Type
Select Health Summary Type: Medication Reconciliation  Medication Reconciliation
  Medication Reconciliation


  OK?  YES// <Enter>
NAME: Medication Reconciliation Replace Med... With  Essential Med List for Review
  Replace
   Essential Med List for Review
TITLE: Medication Worksheet  Replace Med... With  Essential Med List for Review
  Replace
   Essential Med List for Review
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA: yes// <Enter>
SUPPRESS SENSITIVE PRINT DATA: NO SSN// <Enter>
Do you wish to review the Summary Type structure before continuing? NO// <Enter>
Select COMPONENT: BADR  ADVERSE REACTIONS/ALLERG BRIEF BADR
ADVERSE REACTIONS/ALLERG BRIEF is already a component of this summary.
      Select one of the following:
         E          Edit component parameters
         D          Delete component from summary
Select Action: Delete component from summary
Deleting Summary Order 5 ADVERSE REACTIONS/ALLERG BRIEF
Select COMPONENT: RART  Remote Allergy/ADR Data RART
Remote Allergy/ADR Data is already a component of this summary.
      Select one of the following:
         E          Edit component parameters
         D          Delete component from summary
Select Action: Delete component from summary
Deleting Summary Order 10 Remote Allergy/ADR Data
Select COMPONENT: MRP  Medication Reconciliation MRP
Medication Reconciliation is already a component of this summary.
      Select one of the following:
         E          Edit component parameters
         D          Delete component from summary
Select Action: Delete component from summary
Deleting Summary Order 15 Medication Reconciliation
Select COMPONENT: MRT5  Allergies/ADRs (Tool #5) MRT5
```

> **Note:** If the pre-installation review identified a different abbreviation, then use the entry unique to your system.

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```
SUMMARY ORDER: 5// 5

HEADER NAME: Allergies/ADRs// <Enter>

Select Action: Delete component from summary

Deleting Summary Order 10 Med. Reconciliation (Tool #1)


Select COMPONENT: MRT1  Med. Reconciliation (Tool #1) MRT1

SUMMARY ORDER: 10// 10

HEADER NAME: Med Reconciliation//

Select COMPONENT:


Do you wish to review the Summary Type structure before continuing? NO//

Select COMPONENT: <Enter>

Do you wish to review the Summary Type structure before continuing? NO// <Enter>

Please hold on while I resequence the summary order.
```

4.2 Installation Verification Procedure

4.2.1 Run Configuration Check from Health Summary Maintenance Menu

Required: To verify the validity of the GMTS*2.7*94/PSO*7*314 installation and proper setup of the Essential Med List for Review type and components, run the Check Medication Reconciliation Configuration option, using the steps below:

```
Select OPTION NAME: HEALTH SUMMARY MAINTENANCE MEN  GMTS IRM/ADPAC MAINT MENU
   Health Summary Maintenance Menu


   1      Disable/Enable Health Summary Component
   2      Create/Modify Health Summary Components
   3      Edit Ad Hoc Health Summary Type
   4      Rebuild Ad Hoc Health Summary Type
   5      Resequence a Health Summary Type
   6      Create/Modify Health Summary Type
   7      Edit Health Summary Site Parameters
   8      Health Summary Objects Menu ...
   9      CPRS Reports Tab 'Health Summary Types List' Menu ...
   10     CPRS Health Summary Display/Edit Site Defaults ...
   11     Check Medication Reconciliation Configuration


Select Health Summary Maintenance Menu <TEST ACCOUNT> Option: 11  Check
Medication Reconciliation Configuration
Checking for TYPE 'Essential Med List for Review' ... OK
Checking for COMPONENT 'Allergies/ADRs (Tool #5)' configured in TYPE ... OK
Checking for COMPONENT 'Med. Reconciliation (Tool #1)' configured in TYPE ...
OK
```

* If all three categories of checks do not return an "OK," please request assistance from your support team.

4.3 System Configuration

N/A

5 Back-Out Procedure

In the event of a major issue with the patch, the Facility CIO may make the decision to back-out the patch. However, this decision should include both Health Product Support and the CPRS development team.

5.1 Back-Out Strategy

To back out the changes associated with Updates for the Essential Med List for Review, personnel would revert to the original routines before the PSO*7*314.

5.2 Back-Out Criteria

These patches should be backed out only if they cause a catastrophic failure of the system.

5.3 Back-Out Risks

Backing out the patches would affect the medication reconciliation updates involved in this install.

5.4 Authority for Back-Out

The Facility Chief Information Officer (FCIO) has the ultimate responsibility for the decision to back out the two patches and revert the Health Summary component to a previous version. The FCIO should consult with the CPRS Development team and Health Product Support Clinical personnel before backing out the patches.

5.5 Back-Out Procedure

To back out the features with Updates for the Essential Med List for Review, follow these steps:

1. Using the files that you backed up in section 3.2, restore the PSO routine to its previous state.

2. Uninstall the GMTS*2.7*94 patch by deleting the routines associated therewith.

3. Use the *Create/Modify Health Summary Type* [GMTS TYPE ENTER/EDIT] option to change the HEALTH SUMMARY TYPE to the previous entries (MRP, BADR, and RART) and its name back to Medication Reconciliation.

5.6 Back-out Verification Procedure

Once steps have been completed in Section 5.5 above, verify that the Medication Reconciliation report runs as it was running before.

6   Rollback Procedure

No rollback is required for this installation.