**A**

**Activate**

* A verb that is used to describe the process by which the order status of a future order is changed from ‘Future (On Hold)’ to an ordered status. In the CIS, this is done by right-clicking on the order, and selecting ‘Activate’ from the drop down menu.

**ADT (Admission, Discharge, Transfer)**

* The core administrative patient management system that is the primary source of most demographics. It can be used as a form of patient tracking, and is interfaced to almost all other departmental systems.

**B**

**Billing providers**

* Providers who are eligible to bill patients for their services in the Ambulatory setting. These providers enter orders in the CIS. Example: Attending physicians.

**Biometrics**

- Biometrics are automated methods of recognizing a person based on a physiological or

behavioral characteristic. At Children’s, there are plans to implement biometrics (in form of

fingerprint scanning) as a form of authentication when logging on to the CIS.

**Business Requirements**

* Requirements defining what criteria the new design must meet in order to satisfy organizational objectives. Requirements document what the user wants to achieve, not the “how” to achieve it.

**Business Services**

* The department responsible for Children’s facility billing. Invision is the current computer billing system.

**C**

**Cerner**

* Vendor for any of the applications used as part of the CIS. Platform is Millennium.

**Charge vs. Billing**

* Charges represent tracking or accounting for procedures and services rendered by the provider (and associates) during the encounter. Whereas, billing is the act of submitting those charges for reimbursement purposes.

**CIS (Clinical Information Systems)**

* The electronic medical record.

**Classic**

* Lab application from Cerner. An old version of the Cerner product line.  It receives demographic and case information through an interface from Invision, and results are sent back to CIS via another interface.

**Consult**

* An order/appointment from one Children’s clinic to another. Before an appointment is scheduled the consult request must be reviewed & approved by an MD.

**CPOE (Computerized Provider Order Entry)**

* CPOE refers to a variety of computer-based systems of ordering services and procedures, including medications by providers for patient care.

**CUMG (Children’s-University Medical Group)**

* The group practice for Children’s faculty members from the School of Medicine. In terms of billing, the CUMG portion is the MD visit. EPIC is the current computer billing system.

**D**

**Date of Service**

* The date for which the provider had provided services to the patient. This is one of the required elements when entering a charge for a service performed on a patient.

**E**

**E/M (Evaluation and Management)**

* E/M codes address broad services such as office visits, hospital visits and consultations. This method of classification is used for charge capturing of not only the physician’s work, but by the type of service, place of service and the patient’s status.

**Encounter**

* Professional contact between a patient and a provider during which services are delivered. An encounter is associated to a unique number. The duration of an encounter for most outpatient services is one calendar month – beginning on the 1st and ending on the last day of the month – (visit processing) and is used for all outpatient services provided during that month. For all other types of visits (e.g., inpatient or ED) an encounter = length of stay. Synonyms: Account, Case, FIN, Pt. Visit Number.

**EPIC**

* Vendor that provides medical software used for CUMG billing.

**F**

**Fee Sheet**

* A paper form that is used to define the clinic visit through charge capture for reimbursement.

**Follow-up**

* An order/appointment to return to the same clinic or provider for follow-up care.

**Future Orders**

* An order placed for a patient prior to their appointment. The appointment may or may not be scheduled at the time the order is placed. Future orders are unique to the outpatient setting.

**G**

**Gap**

* Gaps are areas of functionality (which could include software, resources, technology, etc.) that cannot be supported by the standard packaged software configuration. In other words, a gap can be defined as a discrepancy between what the application can do, as compared to what we need it to do.

**Guiding Principles**

* These business requirements must be sufficiently met for ANY new system to be implemented.

**H**

**Hour 0 Ordering**

* See “Time Zero Ordering”

**I**

**ICD-9 and CPT4 (International Classification of Diseases, 9th ed. and Current Procedural Terminology 2004)**

* Standard coding schemes used for recording most medical diagnoses and treatments for reimbursement. CPT4 codes are primarily used for outpatient scenarios.

**Inactive Requirements**

* Business requirements that we know are outside of the scope of this project. Some requirements are not technically feasible while others are addressed in other projects.

**Insurance Processing Department (IPD)**

* A Children’s department that obtains authorization to provide care (and a commitment for payment) from insurance companies prior to the patient’s arrival. The IPD uses data extracted from Pathways and Invision to identify appointments (scheduled admissions, surgeries, and some clinic appointments) that require authorization. Clinicians refer to it as the Referral Drive.

**Interface**

* Automated communication between different applications.

**Invision**

* Hospital computer system that does all the registration and billing for patients seen at Children’s.

**J**

**K**

**L**

**Labman**

* This is an online database for Children’s lab tests that include what type of specimen should be collected and in what tube. Access to Labman is off of the CIS.

**Millennium**

* Basic operating system. Software platform (launching point) for Cerner application.

**Morrissey**

* This is the database that is maintained by the MSO (Medical Staff Office) that includes demographics for fellows, residents and medical staff. Interfaced to CIS.

**N**

**Non-billing providers**

* Providers (e.g. Residents, etc.) who are not eligible to bill patients for their services in the Ambulatory setting. These providers must enter orders on behalf of a billing provider (e.g. Attending Resident).

**O**

**Order Catalog**

* A catalog of orders for patient care

**Order Categories and Sub-Categories**

* Orders are grouped into categories and sometimes sub-categories (e.g., all medication orders are under the category of MEDICATION whereas Bactrim is under sub-category ANTIBIOTICS).

**Order Sentences**

* Fields within an order that are specified as to whether it is required or optional

**Order Status**

* An order status reflects the stage of completion for an order that has been entered into the system. The four order statuses that indicate an order is active are ‘Future’, ‘InProcess’, ‘Ordered’, and ‘Pending Complete’.

**Order Sets**

* Groups of orders that are used to manage a disease state or process. At Children’s, order sets are developed based on standards.

**P**

**Pathways**

* Hospital computer system that does all scheduling for clinic appointments and procedures. All patient information, case number, provider, etc. are created and maintained in Invision.

**PCC (Patient Care Coordinator)**

* Under the current Ambulatory Model, a person whose primary responsibility is to provider administrative support in the clinic. The role for this position will be changed in the new Ambulatory Model.

**PCO (Power Chart Office)**

* PowerChart Office is a suite of tools that automates and facilitates the healthcare professional’s routine tasks associated within the Ambulatory settings of a hospital.

**POC (Point-of-Care) diagnostics**

* Tests and/or procedures that are performed and processed in clinic.

**Power Orders**

* Components of CIS that allows entry of orders. PowerOrders is currently used for inpatient encounters only.

**Pre-Selected Orders**

* Orders can be defaulted as unchecked ◻ or checked 🗹. Pre-selecting orders ensures that certain actions be taken for a given problem. It is best to complete all required fields for pre-selected orders.

**Protocol Orders**

* Orders based upon an approved standard of practice that is adopted by the physician, department and/or organization (this may include research studies). These orders cover all patients who fit within the inclusion criteria. Ex: All new patients 4+ yrs old get a PFT in Pulmonary.

**Q**

**R**

**Reception Center**

* A centralized location in the new Ambulatory Building where registration and scheduling tasks are performed for the patient, including check-out.

**Reconciliation**

* A process performed by the clinics to verify that a fee sheet is completed for each clinic visit. Currently, this is usually performed by the PCCs at each clinic.

**Rules**

* Validation checks built into an application that consist of conditions that must be satisfied for the data to be added to the database or generates a warning to the user.

**S**

**Standing Orders**

* A future order that occurs multiple times, and has a frequency and durations. In some clinics, the term “standing orders” means the same as “protocol orders”.

**SuperBill**

* Components of CIS that allows entry of orders. SuperBill is designed for outpatient encounters.

**T**

**Time Zero Ordering**

Also referred to as “Hour 0”. You set the time for a given medication X and schedule related meds a, b, c, then schedule AROUND the “anchor” medication.  If you change the time of the “anchor” medication, the others get rescheduled appropriately.  This is necessary for any medications that are given in a set order, like chemotherapy.

**U**

**V**

**W**

**X, Y and Z**