



# DeficiencyPop

## Reference Guide

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*Includes:*

Installation Guide

Administration Guide

User Guide

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Department/Group ..... Documentation  
Revision Number ..... Foundation EP5

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## QUICK REFERENCE GUIDE



DeficiencyPop is a web application that allows physicians to complete deficiencies in medical record charts. The streamlined interface makes it easy for physicians to sign documents, edit transcriptions, complete forms, and provide missing information.

19 Remaining For:  
HALLE RINGWALD

**Signature**

SMITH, JOHN Q  
11/19/1931

MR Pathology Report for Chart 201512012 - SMITH, JOHN

DIAGNOSIS: GALLBLADDER:

1. CHRONIC CHOLECYSTITIS AND CHOLELITHIASIS.
2. CYSTIC LYMPH NODE SHOWING MULTIPLE LIPOGRANULOMATA.

MAQ:mm  
12:10:05

\_\_\_\_\_  
M.D.

\_\_\_\_\_  
M.D.

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Deficiency Text:

When working on any deficiency, physicians can access a comprehensive view of the patient's record through the integrated OnBase Patient Window.

19 Remaining For:  
HALLE RINGWALD - E26896

**Signature**

SMITH, JOHN M  
11/19/1931

Current Filter: MPI: 201512010

Document Name

- MR Chem Panel for Chart 201405180 - SMITH, J...
- MR Chem Panel for Chart 201408311 - SMITH, J...
- MR Chem Panel for Chart 201512012 - SMITH, J...
- MR Chem Panel Result for Chart 201408311 - SM...
- MR Chem Panel Result for Chart 201405180 - SM...
- MR Chem Panel Result for Chart 201512012 - SM...
- MR Chem Panel Result for Chart 201512012 - SM...
- MR Chem Panel Result for Chart 201512012 - SM...
- MR Chem Panel Result for Chart 201512012 - SM...
- MR Chem Panel Result for Chart 201512012 - SM...

Hyland Hospital

Department of Clinical Laboratory

Patient Name: SMITH, JOHN M

Room Number: 800

Chart Number: 32

STAT ☒ Routine ☐ Fasting

Date of Collection: 20070408

Time of Collection: 234703

Collected By: JAMIES, BOWEN

Test Panel (Check Box)

- ☐ Electrolyte Panel (Na, K, Cl, CO2)
- ☐ Hepatic Function Panel (Bilirubin, Alk. Phos., Serum-total & Direct, SGOT, SGPT, Total Protein)
- ☐ Acute Hepatitis Panel (Hep. A antibody IgM, Hep. B Core antibody IgM, Hep. B Surface antigen, Hep. C antibody)
- ☐ Lipid Panel (Total cholesterol, HDL, Triglycerides)
- ☐ Cholesterol Panel (C20C, Hep. B Surface antigen, Folate, RPR, Indirect Coombs, ABO/Rh)
- ☐ Renal Function Panel (BUN, Cr, Ca, Cl, Creat, Gluc, P, K, Na, BUN)

Page 1 of 1

Deficiency Text:

# Definitions

The following concepts and terminology are used in DeficiencyPop and in this documentation. Terminology may vary across facilities and medical systems. See the following topics for more information:

- [Deficiency on page 2](#)
- [Deficiency Timestamps on page 2](#)
- [Deficiency Types on page 3](#)
- [Delinquency on page 6](#)

## Deficiency

A deficiency is an item that must be addressed before a chart can be closed. Deficiencies may be applied at the document level or at the chart level.

At the document level, a common deficiency is a missing signature. For example, a signature deficiency may be created on a History and Physical if the author forgot to sign it.

At the chart level, a common deficiency is a missing document. For example, a missing document deficiency may be created if a chart is missing the History and Physical.

If a deficiency goes unresolved, it may result in a delinquency. See [Delinquency on page 6](#).

## Deficiency Timestamps

When a document-level deficiency is signed, a timestamp is automatically generated with the signature. Deficiency timestamps use the date and time set on the server where the OnBase Application Server is installed.

The date format for the timestamp may be either MM/DD/YYYY or DD/MM/YYYY, depending on your system's configuration.

## Time Zone Abbreviations

For the following deficiencies, the signature timestamp includes an abbreviation of the time zone in effect on the OnBase Application Server.

- Signature (single and dual)
- Edit Transcription (single and dual)
- Missing Information
- Missing Form
- Physician Query

One of the following abbreviations will be used, based on the server's Coordinated Universal Time (UTC) offset. The UTC offset remains the same year round, even during daylight saving time (DST). For example, Boston's UTC offset is considered UTC -5 during both summer and winter.

Abbreviation	Coordinated Universal Time Offset	Example Cities
<b>AT</b>	UTC -4	Cape Breton (Nova Scotia), San Juan de Puerto Rico, Santiago de Chile
<b>ET</b>	UTC -5	Boston, Detroit, Miami, New York City, Toronto
<b>CT</b>	UTC -6	Chicago, Dallas, Mexico City, San Salvador, Winnipeg
<b>MT</b>	UTC -7	Calgary, Denver, Phoenix, Salt Lake City
<b>PT</b>	UTC -8	Las Vegas, Los Angeles, Seattle, Vancouver
<b>AKT</b>	UTC -9	Anchorage, Juneau

If the server's time offset is outside this list, then the UTC offset will be added to the signature. For example, in London, the UTC offset is 0; in this case, the time offset will be displayed as **UTC**. In Hawaii, the UTC offset is -10 hours; in this case, the time offset will be displayed as **UTC-10:00**.

---

**Note:** When a primary signer signs a dual deficiency, the time zone abbreviation on the secondary signer's signature is updated to match the primary signer's.

---

## Deficiency Types

Different types of deficiencies may be available, depending on your system's configuration. For information about each Deficiency Type, see the following topics:

- [Diagnosis on page 4](#)
- [Dictation on page 4](#)
- [Dual Dictation on page 4](#)
- [Dual Signature on page 4](#)
- [Edit Transcription on page 4](#)
- [External Missing Signature on page 5](#)
- [External Unsigned Order on page 5](#)
- [Missing Document on page 5](#)
- [Missing Form on page 5](#)
- [Other on page 5](#)
- [Physician Query on page 5](#)

- [Signature on page 5](#)

## Diagnosis

A Diagnosis deficiency means a document is missing a required diagnosis. The physician needs to make sure the diagnosis is provided in the appropriate system.

## Dictation

A Dictation (or Missing Dictation) deficiency is assigned to charts that require a dictation, but the dictation is missing from the chart. This Deficiency Type requires the Medical Records Transcription Interface license.

## Dual Dictation

A Dual Dictation (or Dual Missing Dictation) deficiency is like a Dictation deficiency, except it can be assigned to both a primary signer and a secondary signer.

- If the primary signer accepts the deficiency before the secondary signer, the secondary signer no longer needs to accept the deficiency.
- If the secondary signer accepts the deficiency before the primary, the primary signer may still need to accept the deficiency, depending on your system's settings.
- If either signer rejects the deficiency, the deficiency is marked as rejected and removed from both signers' queues.

This Deficiency Type requires the Medical Records Transcription Interface license.

## Dual Signature

A Dual Signature (or Dual Missing Signature) deficiency is placed on documents that need signatures from both a primary signer and a secondary signer.

- Depending on your system's setup, the signature of the secondary signer may or may not be required before the primary signer can complete the deficiency.
- If either signer rejects the deficiency, the deficiency is marked as rejected and removed from both signers' queues.

## Edit Transcription

An Edit Transcription deficiency means a transcription needs to be edited and signed. This Deficiency Type requires the Medical Records Transcription Interface license.

Depending on the Document Type, Edit Transcription deficiencies may be assigned to both a primary signer and a secondary signer. Depending on your system's setup, the signature of the secondary signer may or may not be required.

For information about deficiencies that require dual signatures, see [Dual Signature on page 4](#).

## External Missing Signature

An External Missing Signature deficiency is assigned to charts that are missing a signature on a document that exists in an external application. This Deficiency Type is available only in systems configured for external deficiencies.

External Missing Signature deficiencies are created and completed in an external application. OnBase is used to track these deficiencies, but the deficiencies are not resolved in OnBase.

## External Unsigned Order

An External Unsigned Order deficiency is assigned to charts that have an unsigned order in an external application. This Deficiency Type is available only in systems configured for external deficiencies.

External Unsigned Order deficiencies are created and completed in an external application. OnBase is used to track these deficiencies, but the deficiencies are not addressed in OnBase.

## Missing Document

A Missing Document deficiency is assigned to charts that require a document, but the document is missing from the chart.

## Missing Form

A Missing Form (or Incomplete Form) deficiency is assigned to charts that are missing a required form.

## Missing Information

A Missing Information deficiency is assigned to documents that are missing required information. Signers complete these deficiencies by typing the required information. When a Missing Information deficiency is completed, the deficiency is replaced with the text the signer provided.

## Other

An Other deficiency is a deficiency that does not fall into one of the other categories.

## Physician Query

A Physician Query is a form coders submit in the Medical Records Unity Client to request information from physicians. Physician Queries are available only on systems licensed for both the Medical Records Management Solution and the Medical Records Coding Interface.

## Signature

A Signature (or Missing Signature) deficiency is assigned to documents that require a signature.

## Delinquency

Charts or deficiencies can become delinquent if they are not completed within the period allowed for deficiency resolution. The system administrator determines how long a chart or deficiency can be in processing before it becomes delinquent.

Delinquency tracking may vary depending on your system's configuration. By default, delinquencies are tracked at the chart level, and the delinquency counter uses the discharge date on the chart to determine how long the chart has been in the completion process.

If your system uses delinquency levels, then delinquencies are tracked at the deficiency level instead of the chart level. In this case, the basis for the delinquency counter is configurable and can vary per Deficiency Type.

## Licensing

Beginning in OnBase Foundation EP5, new customers must use simplified licensing to access DeficiencyPop functionality. Existing customers upgrading from a version of OnBase prior to OnBase Foundation EP5 can continue to use legacy licensing to access this functionality.

If you are a new customer as of OnBase Foundation EP5 or greater, see [Simplified Licensing on page 6](#).

If you are upgrading from a version of OnBase prior to OnBase Foundation EP5, see [Legacy Licensing on page 7](#).

## Simplified Licensing

In addition to an enterprise base package license for standard OnBase functionality, the following add-on licenses are required to access standard DeficiencyPop functionality:

- HL7 Listener or Basic HL7 Listener
- Medical Records Management Solution or Medical Records Completion for OnBase Meditech

For more information on the packages available to you, contact your account manager.

## Additional Licensing

Additional licensing may be required to use the OnBase Patient Window outside of DeficiencyPop. For the licensing requirements of the OnBase Patient Window, see the **Patient Window** documentation.

## Legacy Licensing

DeficiencyPop requires the following licenses:

- A Basic HL7 Listener license or an HL7 Listener license
- One of the following:
  - A Medical Records Management Solution license, with a valid Client license<sup>1</sup>
  - A Medical Records Completion for OnBase Meditech license, with a valid Client license<sup>2</sup>

The OnBase Patient Window license is not required in order for users to access the Patient Window from within DeficiencyPop. If users need to access the Patient Window outside of DeficiencyPop, then the OnBase Patient Window license is required.

For information about the Concurrent Client for EMR Integration license, see Concurrent Client for EMR Integrations Licensing on page 13.

Check your current licensing status by selecting **Utils | Product Licenses** from the Configuration module.

- 
1. **Medical Records Management Solution:** When the Medical Records Management Solution is licensed in non-Epic environments, an MRMS Chart Completion Concurrent Client license is required for each user logged in concurrently. In Epic environments, a Concurrent Client license is required for each user logged in concurrently.
  2. **Medical Records Completion for OnBase Meditech:** When Medical Records Completion for OnBase Meditech is licensed, a Concurrent Client license is required for each user logged in concurrently.



## **DeficiencyPop**

### **Installation Guide**



For information about installing DeficiencyPop, see the following topics:

- [Requirements on page 9](#)
- [Upgrade Considerations on page 13](#)
- [Preparing the Servers on page 16](#)
- [Automated Installation on page 19](#)
- [Manual Installation on page 32](#)
- [Autologin Configuration on page 36](#)
- [Session Expiration on page 37](#)
- [Web.config Settings on page 37](#)
- [Application Server Web.config Settings on page 44](#)
- [Disabling Viewer Options on page 44](#)
- [Diagnostics Logging on page 47](#)
- [DeficiencyPop URLs on page 47](#)
- [Third-Party Integrations on page 52](#)
- [Installing the Deficiency Notifier on page 54](#)
- [Post-Installation on page 57](#)
- [Contacting Support on page 59](#)

## Requirements

The following sections outline requirement information specific to DeficiencyPop in OnBase Foundation EP5.

### General Requirements

For general requirement information that applies to DeficiencyPop and other modules, see the sections on the following topics in the **Installation Requirements** manual:

- [Databases Supported](#)
- [Database/File Servers](#)
- [Database Client / Server Version Compatibility](#)

---

**Note:** The OnBase Client and Configuration modules require an ODBC connection to the OnBase database.

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- [Supported Desktop Operating Systems for the Web/Application Server and Web Client table columns](#)

- 32-Bit Server Hardware Requirements
- Server Browser Requirements
- Microsoft .NET Framework Requirements
- Server C++ Requirements
- Web Client Hardware Requirements

## Web Client Browser Requirements

See the following sections for Web Browser requirements:

- [Macintosh OS on page 10](#)
- [Windows OS on page 10](#)
- [Pop-Up Blockers on page 11](#)
- [Internet Explorer Disable Script Debugging on page 11](#)
- [Proxy Server Setup on page 12](#)

## Macintosh OS

DeficiencyPop is supported on the following browsers in Mac OS X:

- Mozilla Firefox: See [Firefox Browser Support on page 10](#)
- Safari 13.0.0, 13.1.0, and 14.1.1, with the exceptions of full screen mode and Safari Reader
- Google Chrome

## Windows OS

DeficiencyPop is supported on the following browsers in Windows:

- Microsoft Internet Explorer 11 (IE 11)
- Mozilla Firefox: See [Firefox Browser Support on page 10](#)
- Safari 13.0.0, 13.1.0, 14.1.1
- Google Chrome
- Microsoft Edge on Chromium

## Firefox Browser Support

As of OnBase Foundation EP5, DeficiencyPop is supported on Mozilla Firefox version 78 Extended Support Release (ESR).

Going forward, DeficiencyPop will be supported in HTML mode on the latest Firefox ESR version available when OnBase is released. When a new ESR becomes available, it will be tested for compatibility with DeficiencyPop. Once testing has passed, DeficiencyPop will support the current ESR version and one version prior. With each subsequent OnBase release, DeficiencyPop support will be dropped for ESRs no longer supported by Mozilla.

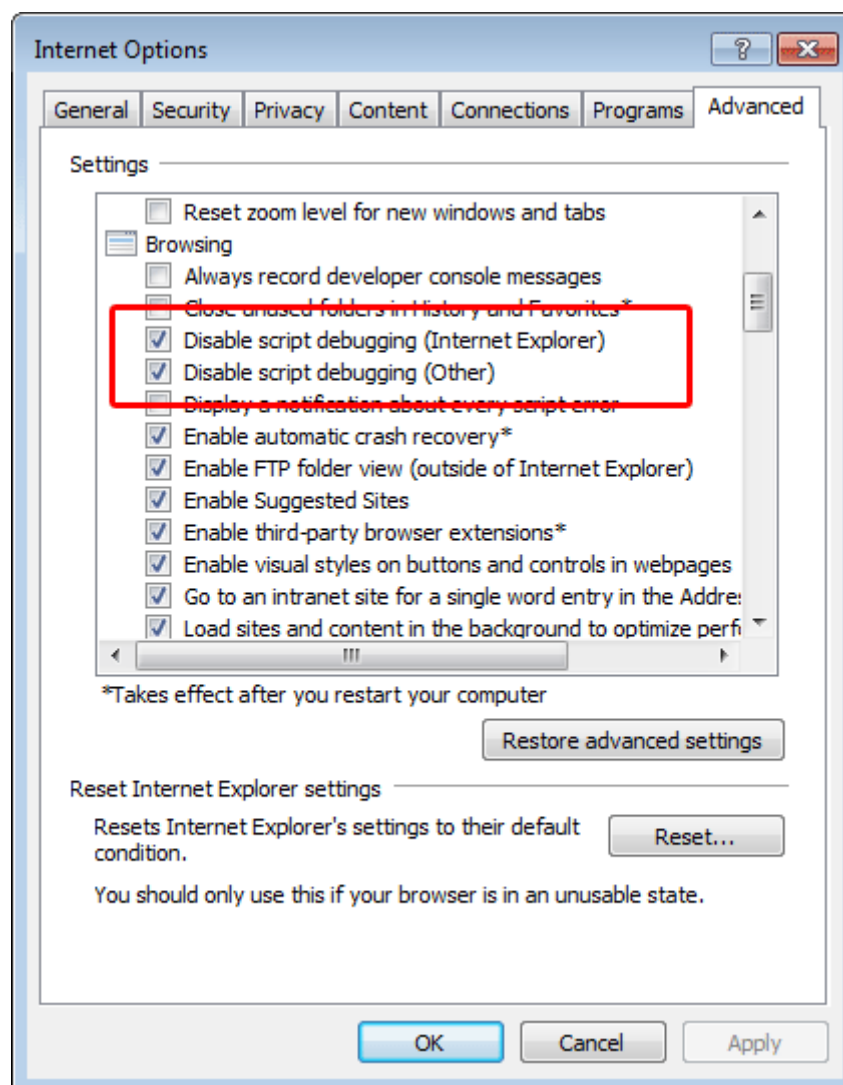
To obtain the latest ESR installer, visit  
<http://www.mozilla.org/en-US/firefox/organizations/all.html>.

## Pop-Up Blockers

Pop-up blockers are not supported. On users' workstations, either pop-up blockers must be disabled, or the web server must be added to the pop-up blocker's list of sites that allow pop-ups.

## Internet Explorer Disable Script Debugging

Internet Explorer Settings must have **Disable Script Debugging (Internet Explorer)** and **Disable Script Debugging (Other)** checked (from Internet Explorer, select **Tools | Internet Options... | Advanced**):

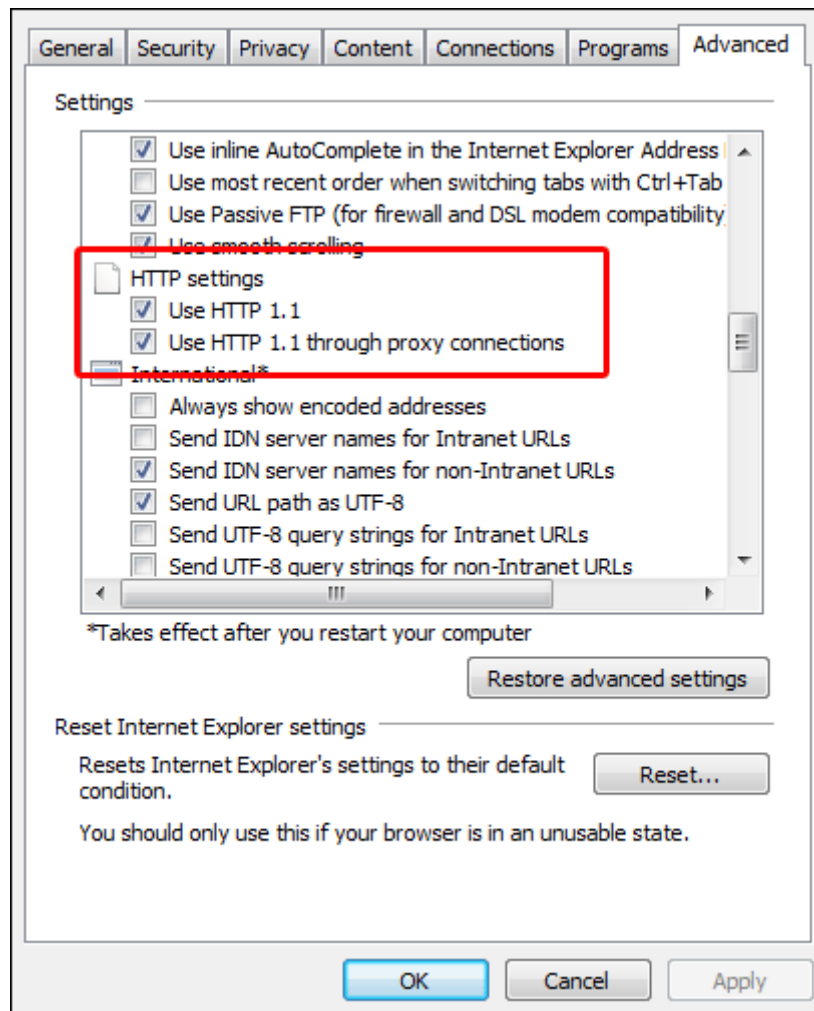


## Proxy Server Setup

Ensure the following items are configured when using a Proxy Server:

**Server side** — If the Web server is using a proxy server, verify that the proxy is setup with HTTP 1.1.

**Client side** — In Internet Explorer, please ensure that **HTTP 1.1 through proxy connections** is checked when using a proxy.



## Licensing

For a list of licensing requirements, see [Licensing on page 6](#).

For solutions using the Concurrent Client for EMR Integrations license, continue to [Concurrent Client for EMR Integrations Licensing on page 13](#).

## Concurrent Client for EMR Integrations Licensing

The Concurrent Client for EMR Integrations license works in conjunction with the Medical Emergency Concurrent Client license, which allows a user to log on to OnBase even if all Concurrent Client for EMR Integrations licenses have been consumed. The combination of these two licenses allows clinical solutions to remain highly available without the risk of clinical users or physicians from being shut out of OnBase due to insufficient licenses.

In situations where the Medical Emergency Concurrent Client license is invoked to grant access to a new user connection, the lack of licenses is logged so that the system can be audited to ensure that the proper quantity of Concurrent Client for EMR Integrations licenses exist to support the user community.

### Configuring the Application Server for EMR Licensing

By default, the Application Server uses standard Concurrent Client licenses for connections. The virtual directories on an Application Server can be configured to use the Concurrent Client for EMR Integrations license.

The following procedure describes how to configure the Application Server to change its default licensing strategy. It should be used only for virtual directories that support clinical users, so that they can take advantage of the Medical Emergency Concurrent Client license from a high availability perspective.

---

**Caution:** Back-office OnBase users should not connect to a virtual directory on the Application Server configured with this switch. Doing so will result in over-consumption of the Concurrent Client for EMR Integrations licenses. Perform this procedure only for the virtual directory on the Application Server being used by OnBase medical applications.

---

1. Open the Application Server's Web.config file.
2. Under **appSettings**, add the following key:

```
<add key="MedicalApplicationServer" value="true"/>
```

Ensure the value is set to **true**. Setting the value to **false** is the same as omitting the key altogether.

3. Save the file.

## Upgrade Considerations

The following upgrade considerations have been compiled by OnBase subject matter experts. These upgrade considerations are general and applicable to most OnBase solutions and network environments and should be considered each time an upgrade is performed.

Carefully consider the impact of making any changes, including those listed below, prior to implementing them in a production environment.

For additional general information about upgrading OnBase, refer to the Upgrade Guidelines reference manual, and visit the Hyland Community at: <https://www.hyland.com/community>.

For general recommendations about upgrading medical systems, see [Upgrading Medical Records Clients](#) on page 236.

## DeficiencyPop Upgrade Considerations

The following information should be considered or noted when you upgrade DeficiencyPop deployments. Read this information prior to upgrading your version of OnBase.

**Server Machine Considerations** — The following should be considered with regard to server machines:

- When upgrading from OnBase 16 or later, back up the DeficiencyPop Web.config file. The backup copy can be referenced when updating specific settings for the new version of OnBase.
- Note the authentication settings for the DeficiencyPop Web application in IIS.
- Note the settings for the DeficiencyPop application pool in IIS.
- As of OnBase Foundation EP1, if DeficiencyPop is embedded in another application or an iframe, then the **cookieSameSite** attribute in the DeficiencyPop web.config file must be set to **None**. It is set to **Lax** by default.
- As of OnBase Foundation EP1, if DeficiencyPop is integrated with Epic, then Epic encryption settings must be configured in OnBase Configuration as described in the **Integration for Epic** module reference guide. The **PopChecksumKey** and **EpicAuthenticationType** web.config settings are no longer used.
- As of OnBase 18, DeficiencyPop requires a 64-bit application pool. When upgrading to OnBase 18 or later, ensure the **Enable 32-Bit Applications** setting is **False** for the DeficiencyPop application pool (Advanced Settings).
- As of OnBase 16, DeficiencyPop requires the OnBase Application Server in order to communicate with the database and retrieve documents from Disk Groups.
- As of OnBase 16, DeficiencyPop uses the OnBase Patient Window to provide a comprehensive view of a patient record when a physician is looking for additional information to satisfy a deficiency. DeficiencyPop no longer uses the legacy ChartPop, LongitudinalPop, or MRNPop integrations.

**End-User Workstation Considerations** — The following should be considered with regard to end-user workstations:

- Delete the browsing history on end-user machines.
- Delete the Temporary Internet Files cache for Internet Explorer.
- When upgrading from a version of OnBase prior to OnBase 16, you should uninstall existing ActiveX controls from users' workstations. DeficiencyPop no longer uses ActiveX controls as of OnBase 16.

**Query String Considerations** — If you are upgrading from a prior version of OnBase, you may need to update the query strings configured for existing DeficiencyPop links.

- As of OnBase Foundation EP1, query strings that include Epic authentication parameters must also include the **epicTimestamp** parameter.
- As of OnBase 18, the **assigningauthority** parameter is no longer supported. To provide an assigning authority for a patient identifier, see the section on creating DeficiencyPop URLs in the **DeficiencyPop** module reference guide.
- As of OnBase 16, the following query string parameters are not supported:
  - **viewMRMMode**
  - **customEvaluationName**
  - **newwindow** (Replaced by the **isembedded** parameter.)
- As of OnBase 16, the **newwindow** parameter has been replaced by the **isembedded** parameter. If existing links contain the **newwindow** parameter, be sure to update them to use the **isembedded** parameter.
- As of OnBase 16, valid values for the **external** parameter are **true** and **false**. The **external** parameter no longer accepts **yes** and **no** values. If existing links contain the **external** parameter, be sure to update them to use the new values.

**General Deployment Considerations** — In addition to the previous considerations, the following should be considered with regard to general deployments:

- As of OnBase 17, the **EnablePatientContextSync** setting has been moved from the DeficiencyPop Web.config file to OnBase Configuration. If **EnablePatientContextSync** was **true** in Web.config, then you need to select the **Enable Patient Context Syncing** setting in OnBase Configuration under **Medical | User Interface Settings | DeficiencyPop | Settings**.
- As of OnBase 16, DeficiencyPop is a different Web application from previous versions. As a result, you cannot use an automated installer to upgrade DeficiencyPop from a version of OnBase prior to OnBase 16. If you are upgrading from a version of OnBase prior to OnBase 16, be sure to uninstall the old version of DeficiencyPop before installing the new version.
- As of OnBase 16, the deficiency autoplay feature is not available in DeficiencyPop. This functionality remains available in the Medical Records Unity Client.
- As of OnBase 16, the option to cc other physicians on an editable transcription is not available in DeficiencyPop. This functionality remains available in the Medical Records Unity Client.
- As of OnBase 16, correction tasks are not available in DeficiencyPop. This functionality remains available in the Medical Records Unity Client. Workflow-based correction tasks remain available in the OnBase Patient Window, which can be accessed from DeficiencyPop.
- As of OnBase 16, internal mail is not available in DeficiencyPop. This functionality remains available in the Medical Records Unity Client.
- As of OnBase 16, meaning statements are not available for Edit Transcription deficiencies. When a physician signs an Edit Transcription deficiency, the physician will not be prompted to provide a meaning statement, even if a meaning statement is configured for the Document Type of the transcription. Meaning statements remain available in the Medical Records Unity Client.

- As of OnBase 16, proxy users cannot log on to DeficiencyPop to work on a physician's deficiencies. Only users configured as physicians can log on to DeficiencyPop. Support for proxy users remains available in the Medical Records Unity Client.
- As of OnBase 16, the view secondary signer reports feature is not available. A primary signer can view only the pending Dual Edit Transcription deficiencies that are currently available for the primary signer to address. If the deficiency is not yet available due to the **Secondary Signer Duration To Complete Transcription Deficiencies** setting, the primary signer must wait for the configured period to elapse before the deficiency becomes available in the primary signer's queue.

## Checksum Key Requirement Upgrade Considerations

If your solution depends on using checksums for validating DeficiencyPop URLs, as of OnBase 18, you are required to configure a unique checksum key value, which is used to create the checksum value added to the URL.

If your solution did not previously use a unique string value to create checksum values, you must take the following actions in order for any previously created DeficiencyPop URLs to validate:

- In the DeficiencyPop web.config file:
  - Within the **Hyland.Web.HealthcarePop** element, enter a unique checksum key value in the **checksum** setting for DeficiencyPop.
  - Set the **EnableLegacyChecksumFallback** setting to **true**.

---

**Note:** Setting the **EnableLegacyChecksumFallback** setting to **true** should be considered a temporary method of validating legacy checksums until you can recreate and replace the Pop integration URLs using the unique string value as the checksum key.

---

If your solution was already using a unique string value to create checksum values, any DeficiencyPop URLs that were previously created will continue to validate with no additional action needed.

## Preparing the Servers

Before installing DeficiencyPop, ensure the database and application servers are set up.

To prepare the servers:

1. For new deployments, install a supported database on your database server.
2. Install the OnBase Application Server. For installation information, see the **Application Server** module reference guide.
3. Install the OnBase Patient Window. For installation and configuration information, see the **Patient Window** module reference guide.



4. On the DeficiencyPop server, do the following:
  - Install a supported server operating system.
  - Install a supported version of IIS.
  - Install .NET Framework.

See [Ensuring Proper IIS and .NET Installation on page 17](#).

## Ensuring Proper IIS and .NET Installation

Ensure IIS and the required .NET Framework version are properly installed on the DeficiencyPop server by checking the following items:

- [Installation Order for IIS and .NET on page 17](#)
- [Manually Changing the .NET version on page 18](#)

## Installation Order for IIS and .NET

In order for .NET Framework to function properly, it must be installed after IIS is installed on the server. If .NET Framework has been installed first, it must be re-installed after IIS is installed. Certain components of .NET Framework can only be registered when an IIS installation is present.

The following sections outline the correct order for installing .NET Framework.

---

**Note:** These steps cover the requirements for DeficiencyPop to function correctly. If other applications that require .NET Framework are installed on the server, then multiple versions of .NET may be required. When installing different versions of .NET, start with the lower required versions and work your way up to the latest.

---

## Windows Server 2012 R2 or Windows Server 2016

To ensure .NET Framework is installed properly on Windows Server 2012 R2 or Windows Server 2016:

1. Add the Web Server (IIS) Role.
2. Install the .NET Framework 4.5 Features.
3. Add the following Role Services:
  - Static Content
  - Default Document
  - ASP.NET
  - .NET Extensibility
  - ISAPI Extensions
  - ISAPI Filters
  - Windows Authentication (optional)
  - Request Filtering
  - IIS Management Console
4. If necessary, install any available updates.

## Manually Changing the .NET version

Some supported peripheral products change the default .NET version when they are installed. This means that subsequent virtual directories will inherit this default version. The following steps describe how to change the .NET version for DeficiencyPop manually. It should be set to version 4.0.30319.

### Windows Server 2012 R2 or Windows Server 2016

To change the .NET version on a virtual directory in Windows Server 2012 R2 or Windows Server 2016:

1. On the start screen, click **Run**.
2. Type **inetmgr** and click **OK**. The Internet Information Systems (IIS) Manager is displayed.
3. In the left pane, navigate to **Application Pools**.
4. From the list of application pools, double-click the application pool for DeficiencyPop. The **Edit Application Pool** dialog box is displayed.
5. Under **.NET CLR Version**, select **.NET CLR Version v4.0.30319**.
6. Click **OK**.

## Enabling SMART on FHIR on the Application Server

If you are using Hyperdrive within an Epic environment (and SMART on FHIR is fully configured), you must also configure your OnBase Application Server to enable SMART on FHIR launches.

---

**Note:** For more information on configuring SMART on FHIR for your environment, see the **SMART on FHIR** documentation.

---

To enable SMART on FHIR application launches:

1. Locate the **web.config** file of the OnBase Application Server. In a default installation, this is located at **C:\inetpub\wwwroot\AppServer64**.
2. Open the web.config file in a plain-text editor, such as Notepad.

---

**Note:** The \*.config file should only be edited in a plain-text editor, such as Notepad, or a utility specifically designed to edit XML files. It should not be edited in a binary editor, such as Microsoft Word. Using a binary editor can introduce invalid characters to the file and make it unreadable by the software.

---

3. Locate the **SMARTonFHIRApplicationID** setting within the **<appSettings>** element.

4. Enter the SMART on FHIR **Application Unique ID** as the **value**.

---

**Note:** The **Application Unique ID** can be found in OnBase Configuration in the **Epic Hyperdrive Settings** dialog box under **Medical | FHIR | SMART on FHIR**. For more information on the settings within this dialog box, see the **SMART on FHIR** documentation.

---

For example: `<add key="SMARTonFHIRApplicationID" value="e443c053-26b2-404e-9f46-c3861244a053"`

5. Save and close the web.config file.
6. Recycle the application pool for these changes to take effect.

## Automated Installation

The DeficiencyPop installer helps automate the installation of the DeficiencyPop directory, application pool, and Web application.

See the following topics:

- [Installer Options on page 19](#)
- [Running the DeficiencyPop Installer on page 21](#)
- [Installing DeficiencyPop Using the Command Line on page 28](#)

## Installer Options

Before installing DeficiencyPop using the automated installer, refer to the following information about installer options.

**Standard (EXE or MSI) Installers** — There are two methods for running OnBase installers: Interactive and silent. An interactive installation requires user interaction with dialog boxes during the installation process. A silent installation does not require user interaction during the installation process.

OnBase installers may consist of both an executable file (**.exe**) and a Windows Installer Package file (**.msi**). When performing an interactive installation, and both an executable file and MSI are available, use the executable file to ensure a complete installation. The executable validates that all prerequisites are met before proceeding with the installation. If any missing prerequisites are identified, the installer alerts the user. Most missing prerequisites can be installed directly from the installer before continuing the installation process.

---

**Note:** The Microsoft .NET Framework prerequisite must always be installed separately before running either the EXE or MSI installer.

---

When performing a silent installation, and both an executable file and MSI are available, use the MSI. Since the MSI package does not validate prerequisites, you must ensure that Windows Installer 3.0 or greater is installed on each workstation and that all other prerequisites are met before running the MSI. If any prerequisites are not met, a silent installation from the MSI will fail without alerting the user.

For more information about configuring a silent installation, see <https://docs.microsoft.com/en-us/windows/win32/msi/command-line-options>.

**ClickOnce Installers** — Some OnBase modules are installed for deployment using ClickOnce. ClickOnce is a Microsoft technology that installs a deployment package to a central server. This package can then be accessed by users to install the application on their local workstations. The application is installed entirely under the user's profile, ensuring that it cannot interfere with other applications installed on the workstation.

ClickOnce deployments also have the following advantages:

- Previously installed versions of the module can be easily and automatically updated to the latest version with little or no user interaction, as long as the deployment server and deployment instance name are not changed.
- The module is installed on a per-user basis and does not require administrator privileges for local installation.
- There can be multiple instances of the module deployed, allowing for different versions of the module to be installed on a per-user basis, to match the version requirements of the workstation it is being installed to.

For more information on Microsoft's ClickOnce technology see <https://docs.microsoft.com/en-us/visualstudio/deployment/clickonce-security-and-deployment>.

---

**Note:** ClickOnce-deployed applications are not supported by Microsoft within a Remote Desktop environment.

---

OnBase modules that are deployed using ClickOnce should either take advantage of the ClickOnce deployment method as an alternative to a Remote Desktop deployment, or the module should be installed using a standard installer and deployed using the Remote Desktop methodology.

---

**Note:** Not all OnBase modules that support ClickOnce have a standard installer available. Contact your first line of support if you are unsure how to install and deploy a specific module.

---

**User Account Control (UAC)** — If Windows User Account Control (UAC) is enabled, the installer must be run with elevated administrator privileges, even if an administrator is currently logged on. This can be accomplished by right clicking on the installer executable and selecting **Run as Administrator** from the right-click menu. MSI files cannot be run using the **Run as Administrator** option. Instead, you must launch the MSI package using the command line. For more information on installing files through the command line, refer to your Microsoft support information or see <https://docs.microsoft.com/en-us/windows/win32/msi/command-line-options>.

**Silent Installation Using setup.exe** — If you are running setup.exe silently from the command line you must use the **/q** switch and the **/CompleteCommandArgs** switch, followed by the required command-line arguments.

The **q** switch specifies quiet mode and is required to suppress the GUI. The **CompleteCommandArgs** switch must be followed by the command-line parameters required to configure and install the desired components.

The complete string of command-line parameters must be included in double quotes after the **CompleteCommandArgs** switch. If a parameter in the string also requires double quotes, those quotes must be escaped using \. For example: **setup.exe /q /CompleteCommandArgs "INSTALL\_PROPERTY=\"my value\" INSTALL\_PROPERTY\_2=\"my value 2\""**.

**Note:** You should check the return value of the setup.exe process. A return value of **0** (zero) indicates success. Any other value returned may indicate that an error was encountered and the installation failed.

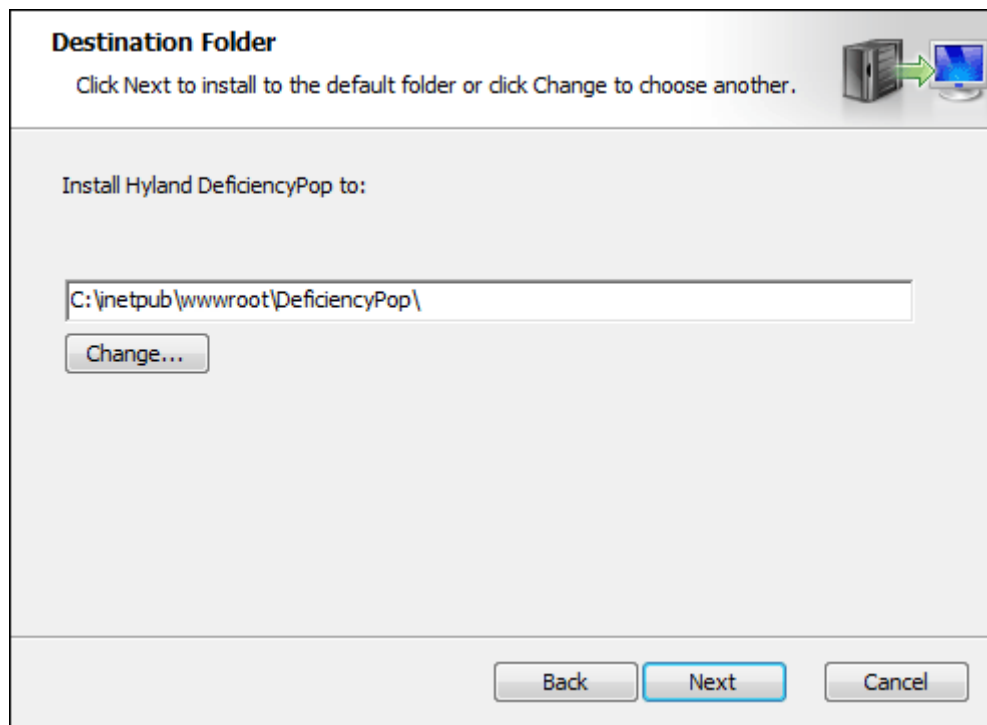
## Running the DeficiencyPop Installer

The following procedure describes how to install DeficiencyPop using the installer and setup wizard. To install DeficiencyPop using a command line, see [Installing DeficiencyPop Using the Command Line on page 28](#).

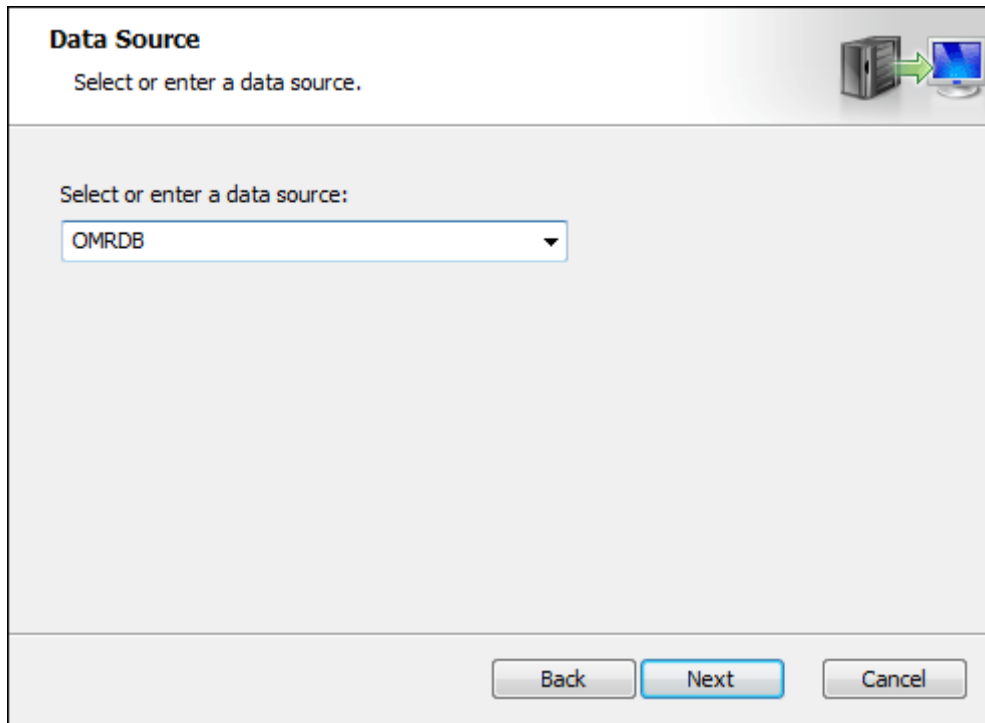
**Note:** If you are upgrading a DeficiencyPop deployment that was installed manually, be sure to uninstall the old components before running the installer. If the previous deployment was installed using the installer, you do not need to uninstall the old components.

To install DeficiencyPop using the installer:

1. Open the folder containing the DeficiencyPop installer.
2. Double-click **setup.exe**. The Hyland DeficiencyPop Setup Wizard is displayed.
3. Click **Next**. The **Destination Folder** screen is displayed.

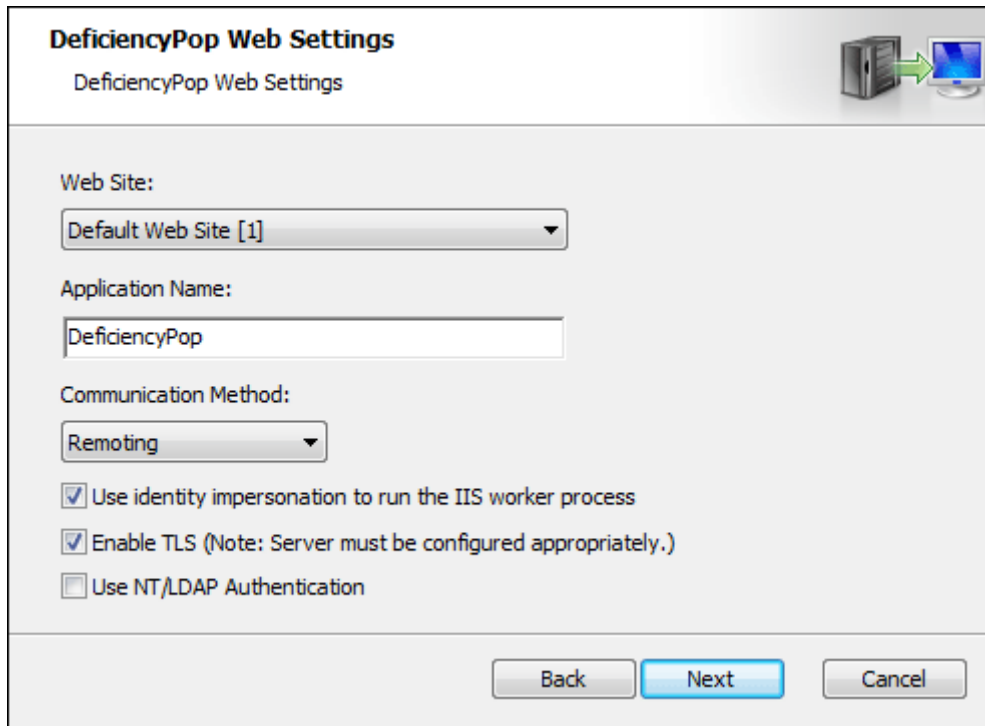


4. Enter the directory where the DeficiencyPop application should be installed. To browse to the directory, click **Change**.
5. Click **Next**. The **Data Source** screen is displayed.

The image shows a 'Data Source' dialog box. At the top, the title 'Data Source' is in bold. Below it, the text 'Select or enter a data source.' is displayed. In the top right corner, there is an icon of a server and a monitor connected by a green arrow. The main area of the dialog contains a label 'Select or enter a data source:' followed by a dropdown menu. The dropdown menu currently shows 'OMRDB'. At the bottom of the dialog, there are three buttons: 'Back', 'Next', and 'Cancel'. The 'Next' button is highlighted with a blue border.

6. Enter the name of the data source for DeficiencyPop.  
For information about configuring data sources, see the **Application Server** module reference guide.

- Click **Next**. The **DeficiencyPop Web Settings** screen is displayed.

The image shows a Windows-style dialog box titled "DeficiencyPop Web Settings". The title bar also contains the text "DeficiencyPop Web Settings" and a small icon of a server and a monitor connected by a green arrow. The dialog box has a light gray background. It contains the following fields and controls:

- Web Site:** A dropdown menu with "Default Web Site [1]" selected.
- Application Name:** A text box containing "DeficiencyPop".
- Communication Method:** A dropdown menu with "Remoting" selected.
- Three checkboxes:
  - ☒ Use identity impersonation to run the IIS worker process
  - ☒ Enable TLS (Note: Server must be configured appropriately.)
  - ☐ Use NT/LDAP Authentication
- At the bottom right, there are three buttons: "Back", "Next" (highlighted in blue), and "Cancel".

- Select the Web site where DeficiencyPop should be installed.
- Enter a name for the DeficiencyPop application.

---

**Tip:** It is considered a best practice to omit parentheses from the **Application Name**.

---

10. Under **Communication Method**, specify how DeficiencyPop and the OnBase Application Server will communicate.

Method	Description
<b>Remoting</b>	.NET remoting allows DeficiencyPop to use binary over HTTP to communicate with the Application Server. Remoting provides better performance than SOAP and is enabled by default.  DeficiencyPop may be unable to use remoting if a firewall needs to inspect the information passed between the Application Server and DeficiencyPop, such as when the two servers are hosted on different machines. In these situations, use SOAP.
<b>SOAP</b>	SOAP allows DeficiencyPop to use XML SOAP over HTTP to communicate with the Application Server. This option is useful for load balancing or situations where a firewall needs to inspect the information passed between DeficiencyPop and the Application Server.  If a load balancer is balancing traffic from DeficiencyPop to the Application Server, then DeficiencyPop must be configured to use SOAP.

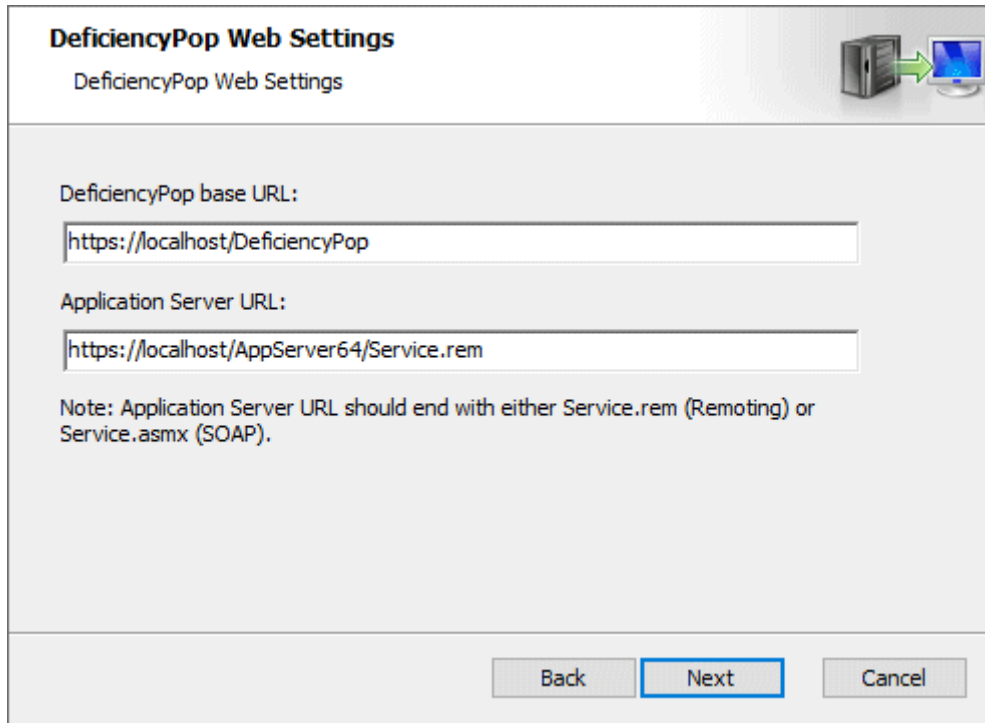
**Tip:** In most situations, select **Remoting** if DeficiencyPop and the OnBase Application Server are hosted on the same machine. If DeficiencyPop and the Application Server are hosted on different machines, select **SOAP**.

11. Select any other IIS settings you want to enable.

Option	Description
<b>Use identity impersonation to run the IIS worker process</b>	Identity impersonation allows the DeficiencyPop process to run under a specified account. If this option is deselected, then the DeficiencyPop process runs under the Network Service account.
<b>Enable TLS</b>	Select to run DeficiencyPop using an HTTPS connection. If this option is selected, you must ensure the server is correctly configured for HTTPS connections.  If this option is deselected, then an HTTP connection is used. When you click <b>Next</b> , you are prompted to acknowledge that you understand the risks associated with disabling this security layer before you can proceed with the installation.
<b>Use NT/LDAP Authentication</b>	NT/LDAP authentication allows DeficiencyPop users to be logged on using their Active Directory or LDAP authentication credentials, provided OnBase is configured for that authentication scheme.



12. Click **Next**. You are prompted to provide the URLs for DeficiencyPop and the Application Server.



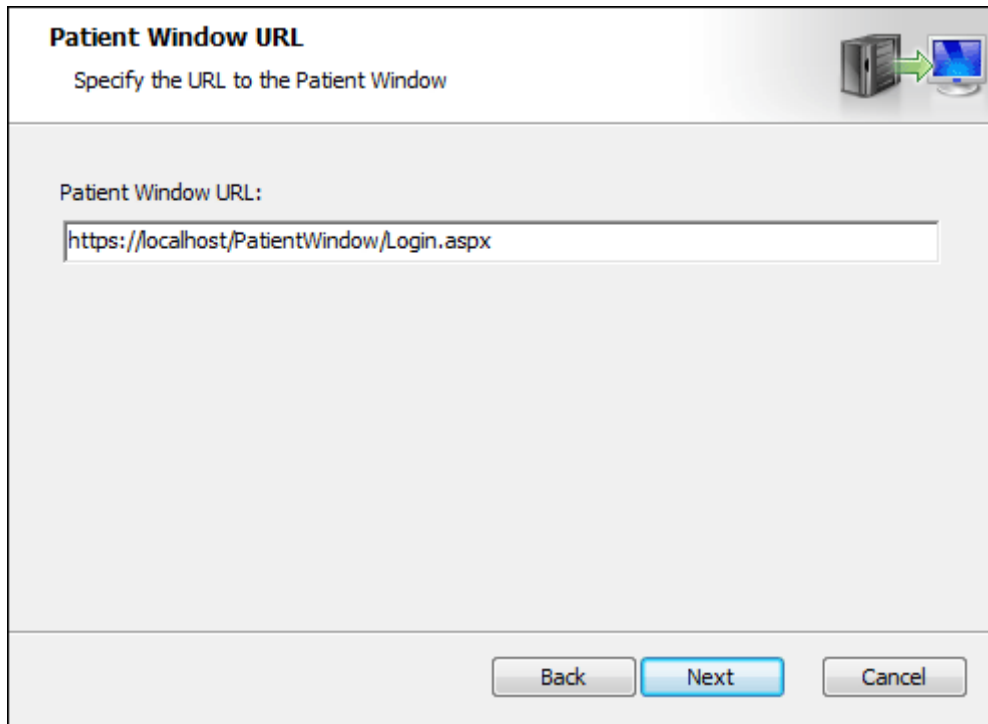
13. In the **DeficiencyPop base URL** field, enter the virtual root for DeficiencyPop.
- The installer only supports installation to a virtual directory. You cannot use the installer to install to a Web site root.
  - If you selected **Enable TLS** earlier in the installation, the **DeficiencyPop base URL** must begin with **https://**. The name of the virtual directory must match the **Application Name** configured on the previous page.
14. In the **Application Server URL** field, enter the full URL to the **Service** page on the OnBase Application Server you are installing. The file extension of the service page depends on the **Communication Method** you selected on the previous page.
- If you selected **Remoting**, the service page is **Service.rem**.
  - If you selected **SOAP**, the service page is **Service.asmx**.

---

**Tip:** Use **localhost** in the URL of the Application Server if it is installed on the same machine as DeficiencyPop. For example, **https://localhost/AppServer64/Service.rem**.

---

15. Click **Next**. The **Patient Window URL** page is displayed.



The screenshot shows a window titled "Patient Window URL". Below the title bar, it says "Specify the URL to the Patient Window". In the top right corner, there is an icon of a server connected to a monitor by a green arrow. The main area of the window contains a label "Patient Window URL:" followed by a text input field. The input field contains the text "https://localhost/PatientWindow/Login.aspx". At the bottom of the window, there are three buttons: "Back", "Next" (which is highlighted in blue), and "Cancel".

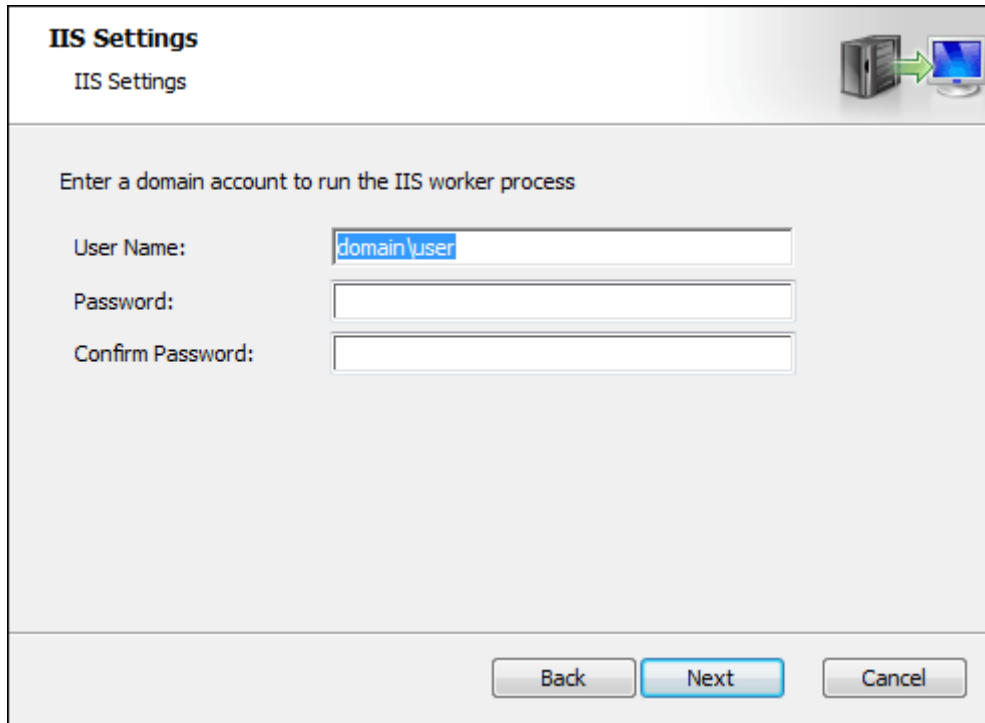
16. Enter the URL to the Patient Window login page (Login.aspx).

---

**Note:** The specified Patient Window must be configured with the **WebClientType** setting set to **html**. This setting is located in the Patient Window Web.config file. The Patient Window must also be configured to use the same Application Server as DeficiencyPop.

---

17. Click **Next**. If you enabled identity impersonation, you are prompted for impersonation account credentials.



**IIS Settings**  
IIS Settings

Enter a domain account to run the IIS worker process

User Name:

Password:

Confirm Password:

Back Next Cancel

18. If prompted, enter the impersonation account credentials.
- In the **User Name** field, enter the domain and user name to use to run the IIS worker process for DeficiencyPop. This must be entered in the **domain\username** format.
  - In the **Password** field, enter the password for the user account provided.
  - In the **Confirm Password** field, re-enter the password for the user account provided. This field is used to ensure that the password is typed correctly.

---

**Note:** The impersonation account is granted modify rights to specific files and folders in the directory where DeficiencyPop is installed. The installer does not add modify rights for any other groups. If impersonation is not used, users may experience permissions errors when DeficiencyPop attempts to modify certain files.

---

19. Click **Next**. The installer is now ready to install DeficiencyPop.
20. Click **Install**.
21. When the installation is complete, click **Finish**.
22. Modify Web.config settings as needed. See [Web.config Settings on page 37](#).

# Installing DeficiencyPop Using the Command Line

When run from the command line, the Hyland DeficiencyPop MSI must be launched using the following command, where **[PATH]** represents the location of the MSI:

```
msiexec /i "[PATH]\Hyland DeficiencyPop.msi"
```

To control the installer from the command line, you must configure the installation options by applying the properties listed in the following sections. Properties are appended to the command in the format **PROPERTY NAME="VALUE"**.

To make a property empty, set its value to an empty string. For example, to disable impersonation, you would set the property like this on the command line:

```
DEFICIENCYPOP_IIS_ASPNET_IMPERSONATION=""
```

See the following topics for property information:

- [APPLICATION\\_SERVER\\_URL on page 28](#)
- [DATASOURCE on page 29](#)
- [DEFICIENCYPOP\\_APPLICATION\\_NAME on page 29](#)
- [DEFICIENCYPOP\\_IIS\\_ASPNET\\_IMPERSONATION on page 29](#)
- [DEFICIENCYPOP\\_IIS\\_NTAUTH on page 29](#)
- [DEFICIENCYPOP\\_IIS\\_TLS on page 30](#)
- [DEFICIENCYPOP\\_IIS\\_WEBSITE\\_ID on page 30](#)
- [DEFICIENCYPOP\\_PATIENTWINDOW\\_URL on page 30](#)
- [DEFICIENCYPOP\\_SERVICECLIENTTYPE on page 31](#)
- [DEFICIENCYPOP\\_URL on page 31](#)
- [IIS\\_ASPNET\\_PASS on page 31](#)
- [IIS\\_ASPNET\\_USER on page 31](#)

## APPLICATION\_SERVER\_URL

The URL to the service page of the OnBase Application Server. Be sure to use the correct file extension based on the DEFICIENCYPOP\_SERVICECLIENTTYPE setting. Use an extension of **.rem** for Remoting and **.asmx** for SOAP.

For example:

```
APPLICATION_SERVER_URL="https://localhost/AppServer64/Service.rem"
```

Or:

```
APPLICATION_SERVER_URL="https://localhost/AppServer64/Service.asmx"
```

---

**Tip:** Use **localhost** in the URL of the Application Server when it is installed on the same machine as DeficiencyPop. For example, **https://localhost/AppServer64/Service.rem**.

---

This setting is required.

## DATASOURCE

This property specifies the data source name that will be entered for the **dmsDataSource** key in the DeficiencyPop Web.config file.

For example:

```
DATASOURCE="Data Source Name"
```

This setting is required.

## DEFICIENCYPOP\_APPLICATION\_NAME

The name for DeficiencyPop in IIS. If this property is not included, the default value of **DeficiencyPop** is used.

For example:

```
DEFICIENCYPOP_APPLICATION_NAME="DeficiencyPop"
```

This setting is required.

## DEFICIENCYPOP\_IIS\_ASPNET\_IMPERSONATION

Enter **1** to enable IIS identity impersonation. Leave empty to disable identity impersonation. If identity impersonation is disabled, then DeficiencyPop runs under the Network Service account. If this property is not included, the default value of **1** is used and IIS identity impersonation is enabled.

For example:

```
DEFICIENCYPOP_IIS_ASPNET_IMPERSONATION="1"
```

Or:

```
DEFICIENCYPOP_IIS_ASPNET_IMPERSONATION=" "
```

This setting is required.

---

**Note:** The impersonation account is granted modify rights to specific files and folders in the DeficiencyPop directory (e.g., **DeficiencyPop**). The installer does not add modify rights for any other groups. If impersonation is not used, users may experience permissions errors when DeficiencyPop attempts to modify certain files.

---

## DEFICIENCYPOP\_IIS\_NTAUTH

Enter **1** to enable Active Directory or LDAP Authentication.

For example:

```
DEFICIENCYPOP_IIS_NTAUTH="1"
```

This setting is optional.

## DEFICIENCYPOP\_IIS\_TLS

Enter **1** to run DeficiencyPop using an HTTPS connection. Leave it empty to use an HTTP connection. If this property is not included, the default value of **1** is used, and you must ensure the server is correctly configured for HTTPS connections.

For example:

```
DEFICIENCYPOP_IIS_TLS="1"
```

Or:

```
DEFICIENCYPOP_IIS_TLS=""
```

This setting is optional.

## DEFICIENCYPOP\_IIS\_WEBSITE\_ID

The identifier number of the IIS Web site where DeficiencyPop will be installed. Web site identifiers are found in the **Internet Information Services (IIS) Manager**. If you have only one Web site under IIS (e.g., **Default Web Site**), its number is typically **1**.

For example:

```
DEFICIENCYPOP_IIS_WEBSITE_ID="1"
```

This setting is required.

## DEFICIENCYPOP\_PATIENTWINDOW\_URL

Enter the URL to the Patient Window login page (Login.aspx).

---

**Note:** The specified Patient Window must be configured with the **WebClientType** setting set to **html**. This setting is located in the Patient Window Web.config file. The Patient Window must also be configured to use the same Application Server as DeficiencyPop.

---

For example:

```
DEFICIENCYPOP_PATIENTWINDOW_URL="https://server/PatientWindow/Login.aspx"
```

This setting is required.

## DEFICIENCYPOP\_SERVICECLIENTTYPE

Enter **Remoting** if DeficiencyPop and the Application Server are hosted on the same machine. If DeficiencyPop and the Application Server are hosted on different machines, enter **SOAP**. This corresponds to the **Communication Method** setting in the installer user interface. If this property is not included, the default value of **Remoting** is used.

For example:

```
DEFICIENCYPOP_SERVICECLIENTTYPE="Remoting"
```

Or:

```
DEFICIENCYPOP_SERVICECLIENTTYPE="SOAP"
```

## DEFICIENCYPOP\_URL

The base URL of the DeficiencyPop virtual directory.

For example:

```
DEFICIENCYPOP_URL="https://server/DeficiencyPop"
```

This setting is required.

---

**Note:** The installer only supports installation to a virtual directory. You cannot use the installer to install to a Web site root.

---

---

**Note:** If you set **DEFICIENCYPOP\_IIS\_TLS="1"**, the URL must begin with **https**.

---

## IIS\_ASPNET\_PASS

The password for the IIS\_ASPNET\_USER user name entered.

For example:

```
IIS_ASPNET_PASS="password"
```

This setting is required when IIS\_ASPNET\_IMPERSONATION is set to 1.

## IIS\_ASPNET\_USER

The domain user account to use for identity impersonation. This must be entered in the **domain\username** format. If this property is not included, the default value of **domain\username** is used.

For example:

```
IIS_ASPNET_USER="domain\username"
```

This setting is required when IIS\_ASPNET\_IMPERSONATION is set to 1.

# Manual Installation

To manually install DeficiencyPop, complete the following procedures:

- [Installing DeficiencyPop Manually on page 32](#)
- [Configuring Service Client Settings on page 34](#)
- [Enabling Impersonation on page 35](#)
- [Enabling Patient Window Access on page 36](#)

## Installing DeficiencyPop Manually

DeficiencyPop is a web application that requires its own virtual directory. Complete the following steps to manually create and configure the DeficiencyPop virtual directory and application pool.

1. Copy all of the files from the `..\web\DeficiencyPop` directory of the distributed build.
2. Paste the files to the Web site root directory for DeficiencyPop (`..\inetpub\wwwroot\DeficiencyPop`, for example).
3. Create the DeficiencyPop application pool in Internet Information Services (IIS) Manager.
4. Right-click the DeficiencyPop application pool and select **Advanced Settings**.
5. Confirm or update the following settings for the DeficiencyPop application pool:

Advanced Setting	Value
.NET CLR Version	v4.0
Enable 32-Bit Applications	False
Managed Pipeline Mode	Integrated
Queue Length	65535
Start Mode	AlwaysRunning
Limit Interval (minutes)	0
Identity	Network Service, or another account with least domain privileges
Idle Time-out (minutes)	0
Ping Enabled	False
Rapid-Fail Protection: Enabled	False
Regular Time Interval (minutes)	0



6. Create the DeficiencyPop application in Internet Information Services (IIS) Manager and point it to the directory from step 2. Ensure the application will be used only for the DeficiencyPop.
7. Configure the **HTTP Response Headers** feature for the entire application.
  - a. Open the DeficiencyPop application home page in IIS Manager.
  - b. Double-click **HTTP Response Headers**.
  - c. From the **Actions** pane, click **Set Common Headers**.
  - d. Select **Expire Web content**.
  - e. Select **Immediately**.
  - f. Click **OK**.
8. Configure content expiration for the **..\Images**, **..\Scripts**, and **..\Styles** virtual subdirectories.

For each subdirectory:

  - a. Select the subdirectory and double-click **HTTP Response Headers**.
  - b. From the **Actions** pane, click **Set Common Headers**.
  - c. Under **Expire Web content**, select **After**.
  - d. Enter **7 Day(s)**.
  - e. Click **OK**.
9. Configure the Web.config settings for DeficiencyPop. At a minimum configure the following:
  - **Hyland.Services.Client**—See [Configuring Service Client Settings on page 34](#).
  - **dmsDataSource**—See [dmsDataSource on page 38](#).
  - **dmsVirtualRoot**—See [dmsVirtualRoot on page 38](#).

For more information, see [Web.config Settings on page 37](#).
10. Complete the following procedures as needed:
  - [Enabling Impersonation on page 35](#)
  - [Enabling Patient Window Access on page 36](#)
  - [Autologin Configuration on page 36](#)
  - [Session Expiration on page 37](#)
  - [Disabling Viewer Options on page 44](#)
  - [Diagnostics Logging on page 47](#)

## Configuring Service Client Settings

After installing the DeficiencyPop application, you must configure it to communicate with the Application Server for services. Determine whether the DeficiencyPop application will use .NET remoting or SOAP to communicate with the Application Server. For information about these communication methods, see [Remoting on page 34](#) and [SOAP on page 34](#).

### Remoting

.NET remoting allows the DeficiencyPop application to use binary over HTTP to communicate with the Application Server. Remoting provides better performance than SOAP and is enabled by default.

You may be unable to use remoting if a firewall needs to inspect the information transmitted between the Application Server and DeficiencyPop application.

1. In the Application Server's Web.config file, ensure that the **useRemoting** attribute in the **Endpoint** element is set to **true**.
2. In the DeficiencyPop application's Web.config file, under **Hyland.Services.Client**, set the **ServiceClientType** attribute to **Remoting**.
3. In the same element, set the **URL** to the URL of the service page on the Application Server.

Ensure **.rem** is the extension on the service page. For example: **<ApplicationServer URL="https://server1/AppServer/service.rem" ServiceClientType="Remoting">**.

### SOAP

SOAP allows the DeficiencyPop application to use XML SOAP over HTTP to communicate with the Application Server. This option is useful for load balancing or Internet situations where firewalls need to inspect the XML passed between the DeficiencyPop application and Application Server.

---

**Note:** If a load balancer is balancing traffic from the DeficiencyPop application to Application Server, then the DeficiencyPop application must be configured to use SOAP.

---

1. In the DeficiencyPop application's Web.config file, under **Hyland.Services.Client**, set the **ServiceClientType** attribute to **SOAP**.
2. In the same element, set **ApplicationServer URL** to the URL to the service page on the Application Server.

Ensure **.asmx** is the extension on the service page. For example: **<ApplicationServer URL="https://server1/AppServer/service.asmx" ServiceClientType="SOAP">**.

## Enabling Impersonation

Impersonation allows DeficiencyPop to run under a specified user account whose credentials are encrypted in the registry.

---

**Note:** Full details on creating encrypted account registry keys are available in the Microsoft article: "How to use the ASP.NET utility to encrypt credentials and session state connection strings" available at: <http://support.microsoft.com/kb/329290/>

---

To manually configure impersonation, complete the following steps:

1. From a command line, change the directory to the location where the `aspnet_setreg.exe` tool resides. A copy of this tool is provided in the `..\utilities\MISC` subdirectory of the distributed build.
2. Enter the following command, where **DOMAIN** is the domain for the impersonation account, **name** is the user name of an account that has rights to the Application Server's virtual directory, and **password** is the password for the user account.

```
aspnet_setreg.exe -k:SOFTWARE\Hyland\AppNet\Identity -u:"DOMAIN\name"  
-p:"password"
```

3. Open a **Run** dialog box and enter **regedt32**.
4. Grant the application pool's identity account **Read** permissions for the necessary registry key.
  - In 32-bit environments, grant the **Read** permission on `HKLM:SOFTWARE\Hyland\AppNet\Identity\ASPNET_SETREG`.
  - In 64-bit environments, grant the **Read** permission on `HKLM:SOFTWARE\Wow6432Node\Hyland\AppNet\Identity\ASPNET_SETREG`. The `aspnet_setreg` utility automatically stores the encrypted credentials in this key when impersonation is configured for the application in a 64-bit environment.

---

**Note:** If the application pool is configured to use the built-in `ApplicationPoolIdentity` account, then the `IIS_IUSRS` group must be granted **Read** access to the registry key.

---

5. Grant the impersonated identity account **Modify** permissions to the OnBase disk group storage locations and other domain locations where resources (such as style sheets) are stored.
6. Open the DeficiencyPop `Web.config` file from the directory where it was installed (e.g., `C:\inetpub\wwwroot\DeficiencyPop`).
7. Uncomment the **<identity>** element by removing the **<!--** and **-->** comment tags that enclose it.
8. Set **impersonate** to **true**.
9. Ensure the **userName** and **password** values point to the registry paths created using the `aspnet_setreg` utility.
10. Save `Web.config`.

## Disabling Impersonation

To disable impersonation, comment out the **identity** element from the DeficiencyPop Web.config file. If you only set **impersonate** to **false**, the .NET Framework still causes the application to check the registry for the encrypted credentials, even though the credentials are not used for impersonation. This behavior can cause issues if the registry key doesn't exist or if the identity account is denied access to the key.

To comment out the **identity** element, enclose the entire element within comment tags (`<!--` and `-->`), as shown in the following example.

```
<!--<identity impersonate="true"
userName="registry:HKLM\SOFTWARE\Wow6432Node\Hyland\AppNet\Identity\ASPNET_SETREG,
userName"
password="registry:HKLM\SOFTWARE\Wow6432Node\Hyland\AppNet\Identity\ASPNET_SETREG,
password"
/>-->
```

## Enabling Patient Window Access

The OnBase Patient Window allows signers to view the chart associated with a deficiency selected in DeficiencyPop. When a signer opens the Patient Window from DeficiencyPop, the Patient Window displays the record for the current patient, filtered down to the chart for the current deficiency.

To enable Patient Window access:

1. Install the OnBase Patient Window and configure it as described in the **Patient Window** module reference guide.
2. Configure the Patient Window and DeficiencyPop to use the same OnBase Application Server.  
To provide a seamless user experience, the Patient Window and DeficiencyPop need to share a session. Sessions cannot be shared among multiple Application Servers.
3. In the Patient Window Web.config file, set the **WebClientType** setting to **html**.
4. In the DeficiencyPop Web.config file, update the **PatientWindowServer** setting with the URL to the Patient Window login page. See [PatientWindowServer on page 41](#).

## Autologin Configuration

To configure DeficiencyPop for autologin using the following authentication types, see the **Legacy Authentication Methods** module reference guide:

- Active Directory or LDAP
- Active Directory Federation Services (AD FS)
- Integration for Single Sign-On
- OnBase Entrust

To configure DeficiencyPop for autologin using the following authentication types, see the **Identity and Access Management Services** module reference guide:

- Identity Provider (IdP)

## Session Expiration

Session expiration allows users' sessions to time out after a period of inactivity. Enabled by default, session expiration helps enforce a more secure OnBase environment and ensures licenses are not held unnecessarily.

---

**Note:** When a session is created through a separate application, the session will not automatically be disconnected by DeficiencyPop, and the license will remain in use. It is the responsibility of the application that creates the session ID to disconnect the session when finished, which will release the license. For information about creating session IDs, see the Hyland SDK.

---

For more information, see the following topics:

- To enable or disable timeout, see [EnableSessionExpiration on page 40](#).
- To warn users whose sessions are about to expire, see [PromptOnSessionExpire on page 42](#).
- To change the timeout period, see [sessionState on page 42](#).

## Web.config Settings

This section contains information on the available settings in the **appSettings** element in the DeficiencyPop Web.config file. The settings in this section may be edited directly or by using the Web Application Management Console.

For more information on how to use the Web Application Management Console, see the Web Application Management Console module reference guide.

## Explanation of DeficiencyPop Web.config Settings

The following is an alphabetical reference of settings in the **appSettings** element in the DeficiencyPop Web.config file.

### AllowInsecureConnection

**AllowInsecureConnection** - This setting controls whether or not the server will only accept https:// connections, or if it will accept both http:// and https:// connections. By default, this setting is set to **false**.

To only allow https:// connections to the server, this setting should be set to **false**.

To allow both http:// and https:// connections to the server, this setting should be set to **true**.

---

**Note:** If **AllowInsecureConnection** is set to **false**, then the server must be correctly configured for HTTPS connections.

---

In the Web Application Management Console, this setting is available on the **DeficiencyPop** tab as **Allow Insecure Connections**.

## AllowViewSource

This setting controls whether the **View Source** option is available in the browser context (or right-click) menu. When set to **true**, users can access the **View Source** right-click option within DeficiencyPop.

In the Web Application Management Console, this setting is available on the **DeficiencyPop** tab as **Allow View Source**.

## ChecksumKey

The **ChecksumKey** setting is used for DeficiencyPop checksum creation. Enter a unique secret key used for checksum creation and validation. For successful validation, the value of the key must match each component in the creation and validation process.

To use the **ChecksumKey** value, the **EnableChecksum** setting must also be set to **true**.

In the Web Application Management Console, this setting is available on the **Healthcare Pop Integration** tab as **Checksum Key**.

## dmsDataSource

Enter the name of the data source configured for DeficiencyPop.

For information about configuring data sources, see the **Application Server** module reference guide.

In the Web Application Management Console, this setting is available on the **DeficiencyPop** tab as **Data Source**.

## dmsVirtualRoot

Enter the host name and virtual directory that will be provided in DeficiencyPop URLs. For example, if the URL to the login page is **https://hostname/DeficiencyPop/Login.aspx**, then the **dmsVirtualRoot** key would look like the following:

```
<add key="dmsVirtualRoot" value="https://hostname/DeficiencyPop"></add>
```

---

**Note:** The host name provided in **dmsVirtualRoot** must not contain an underscore character ( \_ ). If the server's machine name contains an underscore character, use its IP address instead, or change the machine name. For information about valid host names, see the following Microsoft article: <http://support.microsoft.com/kb/101785>.

---

In the Web Application Management Console, this setting is available on the **DeficiencyPop** tab as **Virtual Directory**.

## EnableAutoLogin

**EnableAutoLogin** - Set this value to **true** if LDAP, Active Directory - Enhanced, or Integration for Single Sign-On is configured as the authentication method for logging in to OnBase. This means the source of user credentials is not OnBase. If the configured authentication method is also set to require interactive authentication, where the user must provide a user name and password to log in, then the user must provide the expected credentials to log in to the Web Client when **EnableAutoLogin** is set to **true**.

---

**Note:** If logins from the OnBase Web Client should use a single sign-on store for the source of authentication credentials (even when OnBase is configured to use Active Directory - Enhanced), the **forceSSOAutoLoginOverDomain** setting must also be set to **true**.

---

Set **EnableAutoLogin** to **false** to require interactive authentication using Internal security, which requires the user to provide their OnBase user name and password to log in to the Web Client, even when LDAP, Active Directory - Enhanced, or Integration for Single Sign-On is set as the authentication method.

Internal security takes precedence over the configured authentication method, even when using Integration for Single Sign-On. This can be useful for environments where users may need to log in to OnBase with their own user name and password on a group workstation, or users do not have credentials for Active Directory or LDAP.

In the Web Application Management Console, this setting is available on the **Login** tab as **Auto Login**.

## EnableChecksum

The **EnableChecksum** setting is used to determine whether a checksum will be added to the generated DeficiencyPop URL.

If set to **true**, you must also enter a checksum key value in the **ChecksumKey** setting, which is used to create the checksum value in the URL. When a user attempts to retrieve a document using a DeficiencyPop URL, if the value does not match the Checksum Key, the user is presented with an error. This is to prevent users from modifying query strings and accessing documents they should not access.

When set to **false**, no checksum is created.

In the Web Application Management Console, this setting is available on the **Healthcare Pop Integration** tab as **Validate Against Checksum**.

## EnableLegacyChecksumFallback

The **EnableLegacyChecksumFallback** setting is used to provide support for legacy checksums in DeficiencyPop URLs. Legacy checksums are created in versions of OnBase prior to version 14, created without using a unique string value as a checksum key, or created from a version of OnBase after 14 that has the **EnableLegacyChecksumCreation** option in the Application Server web.config file set to **true**. By default, this setting is set to **false**.

Set **EnableLegacyChecksumFallback** to **true** in order to allow legacy checksums to be validated. **EnableChecksum** must also be set to **true**. If both of these settings are set to **true**, any value in the **ChecksumKey** setting is disregarded.

If this option is set to **false**, then legacy checksums will not validate, and users will be unable to view documents whose generated URLs contain a legacy checksum.

---

**Note:** Setting the **EnableLegacyChecksumFallback** setting to **true** should be considered a *temporary* method of validating legacy checksums until you can recreate and replace the DeficiencyPop URLs using the unique string value as the checksum key.

---

In the Web Application Management Console, this setting is available on the **Healthcare Pop Integration** tab as **Enable Legacy Checksum Fallback**.

## EnableSessionExpiration

Use the **EnableSessionExpiration** setting to enable or disable session expiration. Session expiration allows users' sessions to time out after a period of inactivity. Enabled by default, session expiration helps enforce a more secure OnBase environment and ensures licenses are not held unnecessarily.

---

**Note:** When the session is created through a separate application, the session will not automatically be disconnected by DeficiencyPop, and the license will remain in use. It is the responsibility of the application that creates the session ID to disconnect the session when finished, which will release the license. For information about creating session IDs, see the Hyland SDK.

---

When **EnableSessionExpiration** is set to **true**, users are logged out when no activity is detected. The length of allowed inactivity is set by the **timeout** period in the **sessionState** element, which has a default value of 20 minutes. To change the timeout period, see [sessionState on page 42](#).

When **EnableSessionExpiration** is set to **false**, users' sessions do not expire due to periods of inactivity.

In the Web Application Management Console, this setting is available on the **DeficiencyPop** tab as **Session Expiration**.

## forceSSOAutoLoginOverDomain

**forceSSOAutoLoginOverDomain** - Set this value to **true** when OnBase is configured for LDAP or Active Directory - Enhanced authentication but single sign-on should be used for authentication when OnBase is accessed using the Web Client.



If single sign-on is configured and **forceSSOAutoLoginOverDomain** is set to **false**, users must log in to the Web Client using the authentication method configured in the Directory Service Authentication settings (standard, LDAP, or Active Directory - Enhanced) with respect to the **EnableAutoLogin** setting.

In the Web Application Management Console, this setting is available on the **Login** tab as **Force OnBase Authentication**.

## IdPUrl

This setting is used for authentication through the OnBase Identity Provider (IdP). For more information, see the **Identity and Access Management Services** module reference guide.

---

**Note:** The IdP client that is used for DeficiencyPop *must* have the host name (including http:// or https://) configured under the **Allowed CORS Origins** setting in the IdP configuration.

---

In the Web Application Management Console, this setting is available on the **Login** tab as **IdPServerLocation**.

## jquery\_ui\_version\_num

Do not modify this setting.

## jquery\_version\_num

Do not modify this setting.

## PatientWindowServer

The **PatientWindowServer** setting specifies the URL to the login page for the OnBase Patient Window. When configured, this setting allows signers to access the OnBase Patient Window directly from DeficiencyPop.

For this feature to work:

- The specified OnBase Patient Window must be configured with the **WebClientType** setting set to **html**. This setting is located in the Web.config file for the OnBase Patient Window.
- The Keyword Type mapped to the **Chart ID #** chart data field (ID #10) must be configured as a filter for the OnBase Patient Window.

When a signer opens the OnBase Patient Window from DeficiencyPop, the Patient Window displays the record for the current patient, filtered down to the chart for the current deficiency. The Patient Window is opened in the same browser window as DeficiencyPop. Signers can return to DeficiencyPop by clicking the patient information button located in the upper-right corner of the window.

If the **PatientWindowServer** setting is not configured, then signers cannot access the OnBase Patient Window from within DeficiencyPop.

In the Web Application Management Console, this setting is available on the **DeficiencyPop** tab as **PatientWindowServer**.

## PreventViewerClientCaching

This setting restricts the document viewer from caching images of viewed documents to the client workstation. By default, **PreventViewerClientCaching** is **true**, and the viewer does not cache document images. Change this setting to **false** to allow the viewer to cache document images to the user's Temporary Internet Files folder. Cached documents expire after five minutes. Once expired, documents must be re-requested from the server.

The **PreventViewerClientCaching** setting applies to documents that are rendered as images in the document viewer. It does not apply to documents that are not rendered as images, such as OLE documents. These documents will be cached regardless of this setting.

---

**Note:** Setting **PreventViewerClientCaching** to **true** may impact performance of the document viewer.

---

In the Web Application Management Console, this setting is available on the **DeficiencyPop** tab as **Prevent Viewer Client Caching**.

## PromptOnSessionExpire

The **PromptOnSessionExpire** setting takes effect if **EnableSessionExpiration** is set to **true**.

If both **PromptOnSessionExpire** and **EnableSessionExpiration** are set to **true**, a user whose session is about to expire will be presented with a warning prompt. This prompt gives the user 30 seconds to choose to stay logged in. If the user does not respond, the user is logged out.

If **PromptOnSessionExpire** is set to **false** while **EnableSessionExpiration** is set to **true**, no warning prompt is displayed when a user's session expires. The user is logged out automatically without prompting.

In the Web Application Management Console, this setting is available on the **DeficiencyPop** tab as **Prompt on Session Expire**.

## sessionState

The SameSite cookie and session timeout settings are configured within the <sessionState/> node in the DeficiencyPop Web.config file.

In the Web Application Management Console, these settings are available on the **Server Configuration** tab.

## SameSite Cookie

The SameSite cookie attribute controls how the browser sends third-party cookies (also referred to as cross-site or cross-origin cookies). By default, SameSite cookies are set to "Lax".

If your solution includes embedding content from the Web Server into another web application in a different domain, you must configure the Web Server to instruct the browser to send cookies across domains by modifying the SameSite cookie attribute to have a value of "SameSite=None".

This setting is standard in version EP1 and greater.

## Session Timeout

The session timeout is set to 20 minutes by default, as shown below:

```
<sessionState mode="InProc" stateConnectionString="tcpip=127.0.0.1:42424"
sqlConnectionString="data source=127.0.0.1;Trusted_Connection=yes"
cookieless="false" timeout="20"/>
```

To specify a different interval, edit the **timeout** value to reflect the number of minutes an inactive session should remain open before it expires. The minimum value is **1**.

Session expiration is enabled if **EnableSessionExpiration** is set to **true**. To disable session expiration, set **EnableSessionExpiration** to **false**. This setting is configured under **appSettings** in the DeficiencyPop Web.config.

---

**Note:** DeficiencyPop supports only in-process (**InProc**) mode for its session state settings.

---

## validateRequest

The **validateRequest** setting should be set to **true**, and it is set to **true** by default.

---

**Caution:** If this setting is set to **false**, for security reasons, make sure to change it to **true**.

---

## version\_num

Do not modify this setting. This value specifies the application's product version.

## WebClientType

The **WebClientType** setting does not apply to DeficiencyPop. DeficiencyPop always runs in HTML mode. No ActiveX controls are installed.

## webtheme

Do not modify this setting. **XP** is the only supported value.

## Encrypting DeficiencyPop Web.config Settings

You can use the Web Application Management Console to encrypt all settings in the **Hyland.Web.HealthcarePop** element. This is highly recommended. When encrypted, information such as the **ChecksumKey** value cannot be viewed from DeficiencyPop's web.config file.

Encryption is enabled by the **Encrypt Configuration** setting on the **Healthcare Pop Integration** tab in the Web Application Management Console. When this setting is applied and saved, information within the **Hyland.Web.HealthcarePop** element is replaced with an **EncryptedData** element, which contains the encrypted settings.

---

**Caution:** Saving changes to the server application's web.config file causes the respective web applications to restart. All users connected to the applications will lose their sessions.

---

For information about using the console to modify and encrypt DeficiencyPop settings, refer to the Web Application Management Console module reference guide.\

## Application Server Web.config Settings

If you are using the Analysis window for document completion, there is one setting that needs to be updated within the Application Server's Web.config file.

### EpicScanSignatureDeficienciesApiUrl

The **EpicScanSignatureDeficienciesApiUrl** setting specifies the Scan Signature API URL and is required to communicate with Epic.

By default, this setting is not included in the Application Server's Web.config file. You will need to open the Application Server's Web.config file (not DeficiencyPop's Web.config file) and, within the <appsettings> node, add **EpicScanSignatureDeficienciesApiUrl=address** where **address** is the Scan Signature API URL.

## Disabling Viewer Options

DeficiencyPop is one of the OnBase web-based clients. Like other web clients, DeficiencyPop provides access to built-in OnBase features, such as the ability to print documents.

In a healthcare setting, certain features may need to be disabled to ensure compliance with privacy standards. In addition, some right-click options may be displayed due to the system's licensing, but these options are not functional in the context of DeficiencyPop.

To disable options in the document viewer, choose from the following options:

- To disable certain right-click menu options, edit the DeficiencyPop Web.config file as indicated in the **Notes** column of the [Viewer Options Table on page 45](#).
- To disable the entire right-click menu in both the ActiveX and HTML document viewers, add the following line to the **appSettings** node in the DeficiencyPop Web.config file:

```
<add key="DisableContextMenu" value="true" />
```

- To completely hide a feature from a user, revoke the associated privilege from the user groups the user belongs to. Be aware this method will affect the user's access to these features in all OnBase applications, not just DeficiencyPop. You may want to revoke certain privileges at the Document Type level using override privileges. For information about privileges and overrides, see the **System Administration** module reference guide.

**Note:** Features disabled in DeficiencyPop may remain available in the Patient Window viewer. See the **Patient Window** module reference guide for similar methods to disable features in the Patient Window.

## Viewer Options Table

The following table outlines the availability of right-click options in the HTML document viewer. Available options may be further limited by licensing and the file type of the current document.

You may be able to disable some options, as described in the **Notes** column. For information about disabling options, see [Disabling Viewer Options on page 44](#).

Legend	Description
Yes	Feature is fully functional.
No	Feature is not fully functional.

Right-Click Option	Functional?	Notes
<b>Keywords</b>	No	To disable, add the following line to appSettings: <code>&lt;add key="keywordsMenu" value="false" /&gt;</code> Or revoke these privileges: <b>View Keywords</b> and <b>Modify Keywords</b>
<b>Revisions / Renditions</b>	No	<b>Revisions / Renditions</b> dialog box is accessible in HTML, but previous revisions cannot be opened from the dialog box. Previous renditions and revisions can be opened in HTML by using the <b>Show Alternate Rendition</b> toolbar button.
<b>History</b>	Yes	To disable, add the following line to appSettings: <code>&lt;add key="historyMenu" value="false" /&gt;</code> Or revoke this privilege: <b>View History</b>
<b>Notes   Add Notes</b>	Yes	To disable, add the following line to appSettings: <code>&lt;add key="addNoteMenu" value="false" /&gt;</code>
<b>Notes   View Notes</b>	Yes	

Right-Click Option	Functional?	Notes
<b>Re-Index</b>	No	To disable, add the following line to appSettings: <add key="reindexMenu" value="false" /> Or revoke this privilege: <b>Re-index</b>
<b>Print</b>	Yes	To disable, add the following line to appSettings: <add key="printMenu" value="false" /> Or revoke this privilege: <b>Print</b>
<b>Send To   File</b>	No	To disable, add the following line to appSettings: <add key="fileMenu" value="false" /> Or revoke this privilege: <b>Copy To Clipboard / Save As</b>
<b>Send To   Create New Document</b>	No	To disable, add the following line to appSettings: <add key="createDocumentMenu" value="false" /> Or revoke either of these privileges: <b>Create</b> or <b>Copy To Clipboard / Save As</b>
<b>Send To   Internal User</b>	No	To disable, revoke this privilege: <b>Internal Mail</b>
<b>Send To   Envelope</b>	No	To disable, revoke this privilege: <b>Envelopes</b>
<b>Delete Document</b>	No	To disable, revoke this privilege: <b>Delete</b>
<b>Navigate   Go To Page</b>	Yes	
<b>Process   Invert</b>	Yes	
<b>Process   Rotate All Pages 180</b>	Yes	
<b>Process   Save Rotation</b>	Yes	
<b>Workflow   Execute Workflow</b>	No	To disable, add the following line to appSettings: <add key="workflowMenu" value="false" /> Or revoke these privileges: <b>Workflow</b> and <b>Workflow Restricted</b>
<b>Workflow   Workflow Queues</b>	No	To disable, add the following line to appSettings: <add key="workflowMenu" value="false" /> Or revoke these privileges: <b>Workflow</b> and <b>Workflow Restricted</b>

Right-Click Option	Functional?	Notes
<b>Workflow   Open Workflow</b>	No	To disable, add the following line to appSettings: <add key="workflowMenu" value="false" /> Or revoke these privileges: <b>Workflow</b> and <b>Workflow Restricted</b>
<b>Workflow System Tasks</b>	No	To disable, add the following line to appSettings: <add key="workflowMenu" value="false" /> Or revoke System Task privileges, or both <b>Workflow</b> and <b>Workflow Restricted</b> privileges
<b>Show Folder Locations</b>	No	To disable, revoke this privilege: <b>Retrieve / View</b> (folders privilege)
<b>Properties</b>	Yes	To disable, add the following line to appSettings: <add key="documentPropertiesMenu" value="false" /> Or revoke this privilege: <b>Document Properties</b>
<b>Encoding</b>	Yes	

## Diagnostics Logging

DeficiencyPop can log errors and messages using the Diagnostics Console and the Diagnostics Service. Logging is enabled using the Hyland.Diagnostics section in Web.config. To log messages from DeficiencyPop, configure Hyland.Diagnostics in the DeficiencyPop Web.config file. To log messages from the OnBase Application Server, configure Hyland.Diagnostics in the Application Server Web.config file.

For information about configuring logging, see the **Diagnostics Service and Diagnostics Console** module reference guide.

## DeficiencyPop URLs

Signers can access DeficiencyPop by launching a URL to the DeficiencyPop login page. The following is an example of a DeficiencyPop URL:

`https://server/DeficiencyPop/Login.aspx`

To use a query string to pass additional information to DeficiencyPop, see the following topics:

- [Building a DeficiencyPop URL on page 48](#)
- [Query String Parameters for DeficiencyPop on page 48](#)

## Building a DeficiencyPop URL

Query string parameters customize how DeficiencyPop authenticates users and loads deficiencies. The following is an example of a DeficiencyPop URL with a query string:

```
https://server/DeficiencyPop/login.aspx?isembedded=true&deficiencyID=151
```

This URL allows DeficiencyPop to be embedded (`isembedded=true`) and to select deficiency ID 151 by default (`deficiencyID=151`).

To create a DeficiencyPop URL, do the following:

1. Begin with the URL to the DeficiencyPop login page. For example:

```
https://server/DeficiencyPop/Login.aspx
```

2. Add a question mark (?) after **Login.aspx**.
3. Append any necessary query string parameters to control how DeficiencyPop is displayed. See [Query String Parameters for DeficiencyPop on page 48](#).
  - Add parameters to the query string in the format **parametername=value**, where **parametername** is the name of the parameter, and **value** is the intended value for the parameter.
  - When adding subsequent parameters, be sure to first type an ampersand (&), followed by the parameter.
  - If you are using an Oracle database, ensure query string values based on database values match the case of the value stored in the database.
  - If the **Force Uppercase Alphanumeric Data Fields** medical system setting is disabled (turned off), ensure query string values based on chart values match the case of the chart value stored in the database. This setting is configured under **Medical | Medical System Settings** in OnBase Configuration.

## Query String Parameters for DeficiencyPop

The following table describes parameters that may be included in the query string for DeficiencyPop.

Parameter	Description
<b>acctnum</b>	Filters the deficiency list to show only deficiencies from the specified chart. If the value is blank, the parameter is ignored. If an <b>acctnum</b> value may match multiple charts, then you may need to include an assigning authority. See <a href="#">Using Assigning Authorities on page 50</a> .
<b>deficiencyID</b>	Specifies the internal ID number of a deficiency to select by default when a signer logs in to DeficiencyPop. If the specified deficiency is not in the signer's queue, then the first deficiency in the list is selected by default.



Parameter	Description
<b>entrusttoken</b>	Provides the OnBase Entrust token, which allows users to be authenticated using OnBase Entrust. For more information, see the <b>Single Sign-On</b> module reference guide.
<b>external</b>	Indicates whether external deficiencies should be displayed. The default value is <b>true</b> . Set this parameter to <b>false</b> if external deficiencies should not be displayed.
<b>isembedded</b>	Allows DeficiencyPop to be embedded within an iframe. Set to <b>true</b> if DeficiencyPop is being embedded within an iframe. Set to <b>false</b> if no iframe is used.  When this parameter is <b>true</b> , DeficiencyPop is opened within its current browser window rather than within a new window.
<b>mode</b>	Changes the viewing mode of the DeficiencyPop window. If the value is set to <b>analysis</b> , the Analysis window will be opened. The Analysis window is used by analysts to assign deficiencies to physicians. For more information on the Analysis window, see <a href="#">Analysis on page 348</a> .
<b>mpi</b>	Filters the deficiency list to show only deficiencies from the specified Master Patient Index (MPI) number. If the value is blank, the parameter is ignored.  If an <b>mpi</b> value may match multiple MPIs, then you may need to include an assigning authority. See <a href="#">Using Assigning Authorities on page 50</a> .
<b>mrn</b>	Filters the deficiency list to show only deficiencies from the specified Medical Record Number (MRN). If the value is blank, the parameter is ignored.  If an <b>mrn</b> value may match multiple MRNs, then you may need to include an assigning authority. See <a href="#">Using Assigning Authorities on page 50</a> .

Parameter	Description
<b>sessionID</b>	<p>Provides the session ID of a valid, active OnBase session to be used by DeficiencyPop. Use this parameter if a custom application uses DeficiencyPop to retrieve deficiencies and the session needs to be controlled by the application.</p> <p>Sessions cannot be shared among multiple Application Servers. The Application Server used by DeficiencyPop must be the same Application Server that created the session ID.</p> <p>This parameter is not applicable to Epic authentication.</p> <hr/> <p><b>Note:</b> When the session ID is created through a custom application, the session will not automatically be disconnected by OnBase, and the license will remain in use. It is the responsibility of the application that creates the session ID to disconnect the session when it is done, which will release the license. For information about creating session IDs, see the Hyland SDK.</p> <hr/>

## Using Assigning Authorities

If OnBase is set up to use assigning authorities to make patient identifiers unique, then query strings may need to include an assigning authority when specifying an MPI, MRN, or chart (**mpi**, **mrn**, or **acctnum**). If an identifier is configured to require an assigning authority, be sure to provide an assigning authority with the identifier in the query string.

The following table illustrates how to pass assigning authorities on the query string with the MPI, MRN, and chart identifiers.

Identifier	Query String Format	Example
<b>MPI</b>	mpi=mpinumber^^^assigningauthority	mpi=101^^^AA1
<b>MRN</b>	mrn=mrnumber^^^assigningauthority	mrn=101^^^AA1
<b>Chart</b>	acctnum=chartnumber^^^assigningauthority	acctnum=101^^^AA1

If the assigning authority is not specified, then DeficiencyPop will not use the assigning authority to filter the deficiencies displayed.

## Epic Integration Parameters

The following parameters are specific to solutions where DeficiencyPop is integrated with Epic.

Parameter	Description
<b>arg</b>	<p>Provides a token created by encrypting all other parameter-value pairs that need to be included in the query string.</p> <p>All other query string parameters, with the exception of <b>isembedded</b>, are encrypted within the value of the <b>arg</b> parameter. If you are embedding DeficiencyPop, then <b>arg</b> and <b>isembedded</b> are the only parameters visible in the query string.</p>
<b>epicID</b>	<p>Specifies the user name of the Epic user account that is accessing DeficiencyPop.</p> <p>If this user name is not found in OnBase, but the URL is otherwise valid, then a new user account is created with the <b>epicID</b> value as the user name. A default password is assigned. This user account will not be able to log on to DeficiencyPop until the account is configured as a physician in OnBase.</p> <p>This parameter is not visible in the final URL; it is encrypted as part of the <b>arg</b> parameter.</p>
<b>epicUserToken</b>	<p>Specifies the value provided in OnBase Configuration for the <b>EpicUsername</b> key.</p> <p>This parameter is not visible in the final URL; it is encrypted as part of the <b>arg</b> parameter.</p>
<b>epicPasswordToken</b>	<p>Specifies the value provided in OnBase Configuration for the <b>EpicPassword</b> key.</p> <p>This parameter is not visible in the final URL; it is encrypted as part of the <b>arg</b> parameter.</p>
<b>epicTimestamp</b>	<p>The timestamp of the request. This value must be provided in the format <b>yyyyMMddHHmmss</b> using the 24-hour clock, UTC.</p> <p>This parameter is not visible in the final URL; it is encrypted as part of the <b>arg</b> parameter.</p>

## Meditech Integration Parameters

The following parameter is specific to solutions where DeficiencyPop is integrated with Meditech.

Parameter	Description
<b>meditechAuth</b>	Specifies whether IP-based authentication should be used. Set this parameter to <b>true</b> to use Meditech IP-based authentication, which authenticates users based on their Meditech user names and the IP address of the client workstation. If this parameter is missing or set to <b>false</b> , IP-based authentication will not be used.

## Embedding DeficiencyPop

DeficiencyPop can be embedded within the following components:

- An ASP.NET application
- A regular browser window or tab
- A browser control within a Windows forms dialog box
- A custom web page using an iframe

For information about frames and iframes, consult an HTML reference.

To embed DeficiencyPop, do the following:

1. For a seamless login experience, ensure DeficiencyPop is configured for auto-login.
2. Create the URL to retrieve documents in DeficiencyPop. Ensure the **isembedded** parameter is set to **true**.
3. Configure your application or web page to display the embedded DeficiencyPop URL.

---

**Note:** Web pages displaying DeficiencyPop in an iframe must reside on the same server where DeficiencyPop is installed.

---

## Third-Party Integrations

DeficiencyPop can be integrated with third-party medical records systems. See the following topics:

- [Configuring Application Enabler for DeficiencyPop on page 53](#)
- [Configuring Epic Authentication on page 53](#)
- [Enabling Meditech IP-Based Authentication on page 54](#)

## Configuring Application Enabler for DeficiencyPop

OnBase's Application Enabler module can integrate DeficiencyPop with third-party medical records management systems.

- For general information about configuring Application Enabler and the **ApplicationEnabler.exe.config** file, please see the Application Enabler module reference guide.
- For information about installing Application Enabler using an installer or a ClickOnce deployment, see the Unity Client module reference guide.

The following topic describes how to configure Application Enabler to retrieve deficiencies using DeficiencyPop.

### Application Enabler Requirements

In order for the **Application Enabler - Retrieve Deficiencies** context to function correctly, the **<DefPop>** setting in the Unity Client configuration file must be set appropriately. The **url** attribute must be set equal to the path to the DeficiencyPop login.aspx page.

If you want external deficiencies to be returned in the list, set the **external** attribute to **yes**. If you do not want to include external deficiencies, set the **external** attribute to **no**.

If you want DeficiencyPop to share sessions with the Unity Client and not require a log in every time a related context is triggered, the **sendSessionID** attribute must be set to **true**.

DeficiencyPop scrape events require users to log in to DeficiencyPop.

## Configuring Epic Authentication

To integrate DeficiencyPop with Epic, you must have the OnBase Integration for Epic installed and configured to authenticate Epic users.

You must configure the ALL EPIC USERS group, authentication and encryption settings, Epic external IDs, and OnBase Application Server as described in the **Integration for Epic** module reference guide.

### Creating URLs for Epic Authentication

The DeficiencyPop URL must be configured to use the [Epic Integration Parameters on page 51](#).

When DeficiencyPop is integrated with Epic, the only parameters that may appear in the query string are **arg** and **isembedded**, as shown in the following example:

```
https://server/DeficiencyPop/  
Login.aspx?arg=MbY6oWHi6ol47jnZEN%2FD3XJ2B%2FDpGE2zi0%2B14a4FIBn4bvKpgm9qvXJUqRA8a  
x0SQ5DFHa7kJFF3v0XbZpd7BTDou3REmna%2F8XCW76bK4E%3D&isembedded=true
```

The **arg** value provides the encrypted credentials and any other query string parameters needed for Epic users to log in to DeficiencyPop.

## Enabling Meditech IP-Based Authentication

If the OnBase Integration for Meditech is configured, users can access DeficiencyPop through the Meditech client application.

The Meditech integration can authenticate users based on their Meditech user names and the IP address of the client workstation. This type of authentication eliminates the need for users to manually authenticate multiple times, and it provides a proper audit history within OnBase for users who access the Meditech system from shared workstations or kiosks.

---

**Note:** This authentication method requires the Meditech system to be configured to use IP-based authentication.

---

To enable this authentication method, append the following parameter to the DeficiencyPop query string:

```
&meditechAuth=true
```

For example, a DeficiencyPop URL generated for the Meditech integration might resemble the following:

```
https://server/DeficiencyPop/Login.aspx?isembedded=true&meditechAuth=true
```

For more information about configuring the OnBase Integration for Meditech, see the **OnBase for Meditech with ODA** module reference guide.

## Installing the Deficiency Notifier

The Deficiency Notifier is a desktop application that displays the number of pending deficiencies for the physician currently logged on to the workstation.

To install this application, run the Hyland Deficiency Notifier installer. This installer is typically available in the **..\install\Deficiency Notifier** folder of the distributed build.

---

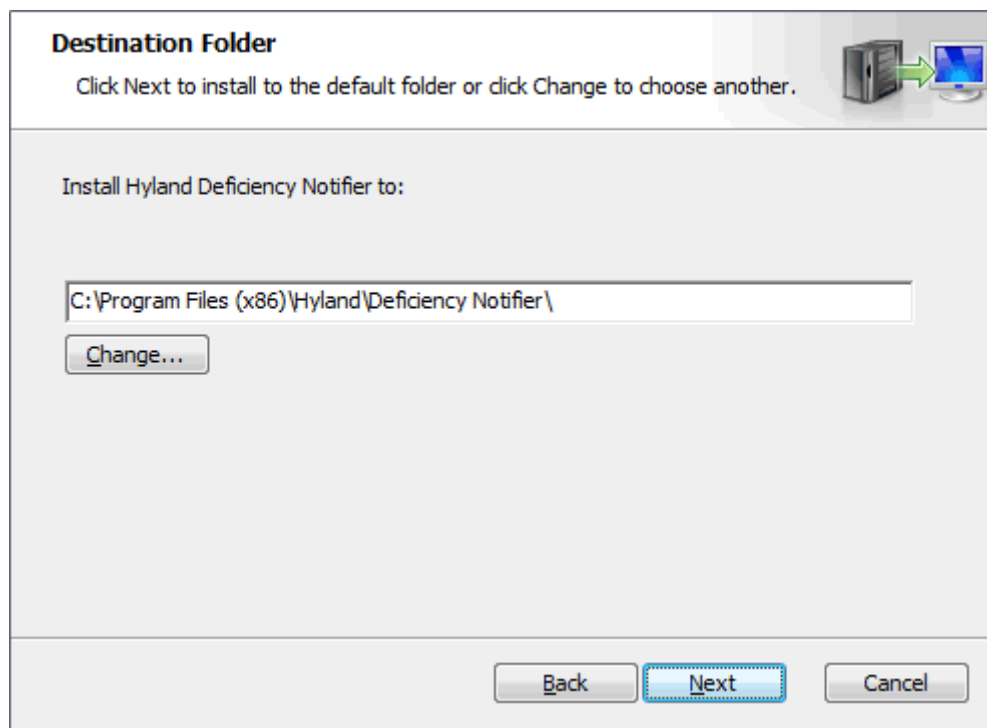
**Note:** The Deficiency Notifier works with Active Directory, LDAP, and Meditech IP-based authentication. To use the Deficiency Notifier with Meditech authentication, you must copy the **Hyland.Integrations.Meditech.dll** and **Hyland.Oem.Meditech.dll** files to the **bin** folder in the DeficiencyPop virtual directory.

---

Complete the following steps on the client workstation:

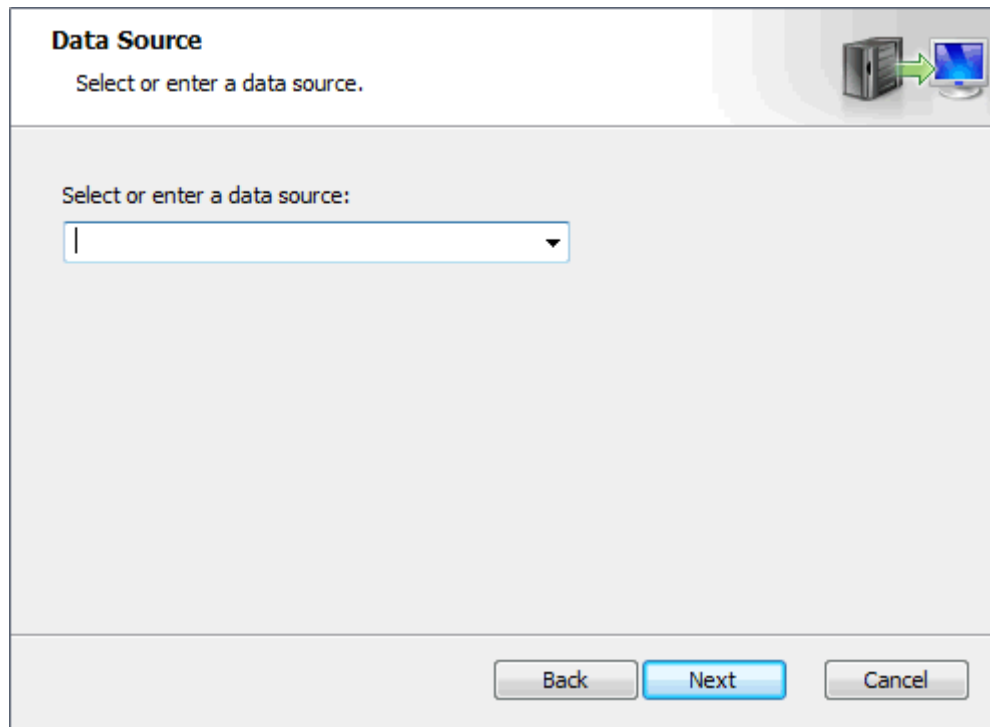
1. Double-click **Hyland Deficiency Notifier.msi**.
2. Click **Next** on the welcome page. The **Destination Folder** page is displayed.

3. Type or browse to the location where the Deficiency Notifier should be installed.



4. Click **Next**. The **Data Source** page is displayed.

5. Type or select the OnBase data source configured on the server where DeficiencyPop is installed.

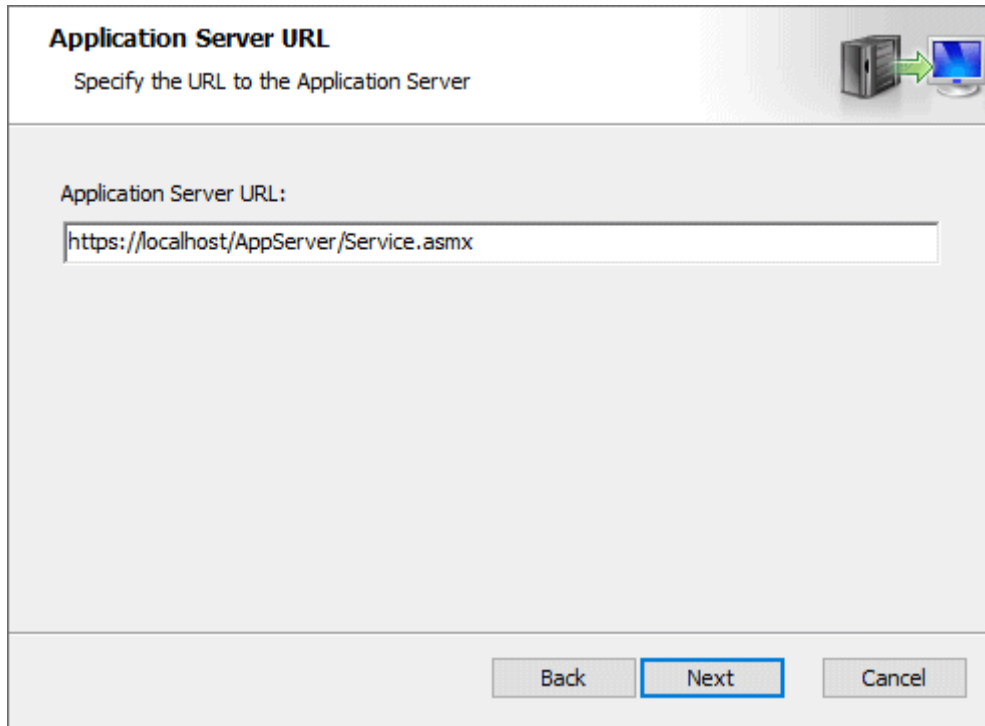


The image shows a software dialog box titled "Data Source". At the top, it says "Select or enter a data source." and includes an icon of a server connected to a monitor. Below this, there is a label "Select or enter a data source:" followed by a text input field with a dropdown arrow. At the bottom of the dialog, there are three buttons: "Back", "Next" (which is highlighted in blue), and "Cancel".

6. Click **Next**. The **Application Server URL** page is displayed.



7. Enter the URL to the Application Server service page. For example:  
**https://server/AppServer/Service.asmx**



8. Click **Next**. The **Ready to install** page is displayed.
9. To create a shortcut to the Deficiency Notifier on the desktop, select **Create Desktop shortcut(s) when applicable**.
10. Click **Install**. The Deficiency Notifier is installed.

## Post-Installation

After you have installed DeficiencyPop, ensure that any antivirus software is properly configured. Read the [Impact of Running Antivirus Software on Servers](#) on page 57.

## Impact of Running Antivirus Software on Servers

Modifying the contents of the DeficiencyPop or Application Server virtual directory will cause the application to restart. When this occurs, connected users will lose their sessions and their applications will become unresponsive. This behavior occurs because DeficiencyPop and the Application Server are ASP.NET Web Applications. ASP.NET detects file changes, including changes to file system attributes and time stamps, and restarts the application if a change is detected.

Unintended application restarts can occur when virus scanning software, backup software, or indexing services access the contents of an application's virtual directory. These processes don't modify the contents of an application's files, but they can modify the files' attributes, which is enough for ASP.NET to restart the application. To properly configure virus scanning, backup software, or indexing service software, follow these guidelines:

- Exclude both the DeficiencyPop and Application Server virtual directories and the ASP.NET Temporary Files directory from antivirus, backup, or indexing service scanning. The ASP.NET Temporary Files directory is C:\WINDOWS\Microsoft.NET\Framework\v4.0.30319\Temporary ASP.NET Files. If these files are scanned by antivirus, backup, or indexing software, IIS will restart the application pool for the OnBase application. When an application pool restarts, all existing OnBase sessions are reset, causing errors for connected users.
- Real-time scanning of script execution, which is available in some antivirus software, should only be engaged according to the software manufacturer's instructions. Some manufacturers do not intend this functionality to be used on servers.

Consult your antivirus software's documentation for other recommended settings for web servers. Ensure that any virus scanning changes will not be overwritten by the automatic policy settings configured for your network.

## Loss of Session Context

When antivirus software scans the virtual directory of a web server application like DeficiencyPop, this scanning may cause the application to restart. As a result, users currently logged on to the application lose their sessions, and the application becomes unresponsive. For OnBase applications, the OnBase Event Log records the "Application End" and "Application Start" events, which are followed by a series of errors. The Diagnostics Console logs the message, "Failed to get session for session id."

The recommended solution is to disable antivirus software from scanning the server's virtual directories as well as the ASP.NET Temporary Files located in C:\WINDOWS\Microsoft.NET\Framework\v4.0.30319\Temporary ASP.NET Files.

The Microsoft Knowledge Base describes this issue in greater detail. For more information, refer to the following articles:

- <http://support.microsoft.com/kb/821438>
- <http://support.microsoft.com/kb/312592/en-us?spid=8940&sid=global>
- <http://support.microsoft.com/kb/316148/EN-US/>

## Decreased Performance and Scalability

Antivirus software running on a web server or client workstation may have adverse effects on system performance. Two known issues regarding McAfee® VirusScan® with ScriptScan are described below.

If you have any questions, please contact your solution provider.

## Performance Issues on Servers Running McAfee VirusScan

Servers running any OnBase server application will exhibit decreased performance when running any version of McAfee VirusScan with ScriptScan enabled.

Per recommendations from McAfee, first attempt to resolve the problem by whitelisting URLs for trusted websites. If whitelisting does not resolve the issue, then disable ScriptScan on the affected servers.

The McAfee Knowledge Center describes these recommendations in greater detail. See the following article for more information:

- [https://kc.mcafee.com/corporate/index?page=content&id=KB65382&actp=null&viewlocale=en\\_US&showDraft=false&platinum\\_status=false&locale=en\\_US](https://kc.mcafee.com/corporate/index?page=content&id=KB65382&actp=null&viewlocale=en_US&showDraft=false&platinum_status=false&locale=en_US)

## Performance Issues on Client Workstations Running McAfee VirusScan

Workstations running the OnBase Web Client or Medical Records Management Solution will exhibit decreased performance when running McAfee VirusScan Enterprise 8.0i with ScriptScan enabled. The recommended solution is to upgrade to VirusScan Enterprise 8.5i, for which the issue was resolved.

The makers of OnBase have tested all web-based applications using this version of VirusScan with ScriptScan enabled and confirmed the issue no longer occurs.

## Contacting Support

When contacting your solution provider, please provide the following information:

- The OnBase module where the issue was encountered.
- The OnBase version and build.
- The type and version of the connected database, such as Microsoft SQL Server 2014 or Oracle 12c, and any Service Pack that has been installed.
- The operating system that the workstation is running on, such as Windows 10 or Windows Server 2012 R2, and any Service Pack that has been installed. Check the supported operating systems for this module to ensure that the operating system is supported.
- The name and version of any application related to the issue.
- The version of Internet Explorer and any Service Pack that has been installed, if applicable.
- A complete description of the problem, including actions leading up to the issue.
- Screenshots of any error messages.

Supplied with the above information, your solution provider can better assist you in correcting the issue.



## **DeficiencyPop**

### **Administration Guide**

## Overview

The procedures in this section describe how to configure DeficiencyPop and OnBase Completion. See the following topics.

## User Configuration

To log on to DeficiencyPop, a user must satisfy the following requirements:

- The user must have the **Completion** medical records privilege.
- The user must be configured as a physician.

For more information about configuring physicians, see [Physician Configuration on page 107](#).

## Patient Window Configuration

In order for DeficiencyPop to provide access to the OnBase Patient Window, the OnBase Patient Window must be installed and configured. For configuration information, see the **Patient Window** module reference guide.

## Deficiency List Configuration

The deficiency list displays information about pending deficiencies, allowing physicians to see the type and date of each deficiency without having to select it.

Use OnBase Configuration to configure the types of information displayed in the deficiency list. You can also configure the default sort order for deficiencies.

To configure columns for displaying deficiency data, see the following topics:

- [Configuring Display Columns on page 62](#)
- [Configuring the Default Sort Order on page 65](#)
- [Configuring List Paging on page 69](#)
- [DeficiencyPop Column Descriptions on page 358](#)

## Configuring Display Columns

The deficiency list uses columns to display information about available deficiencies. You can use OnBase Configuration to specify the columns to include in the list.

To configure columns for the deficiency list:

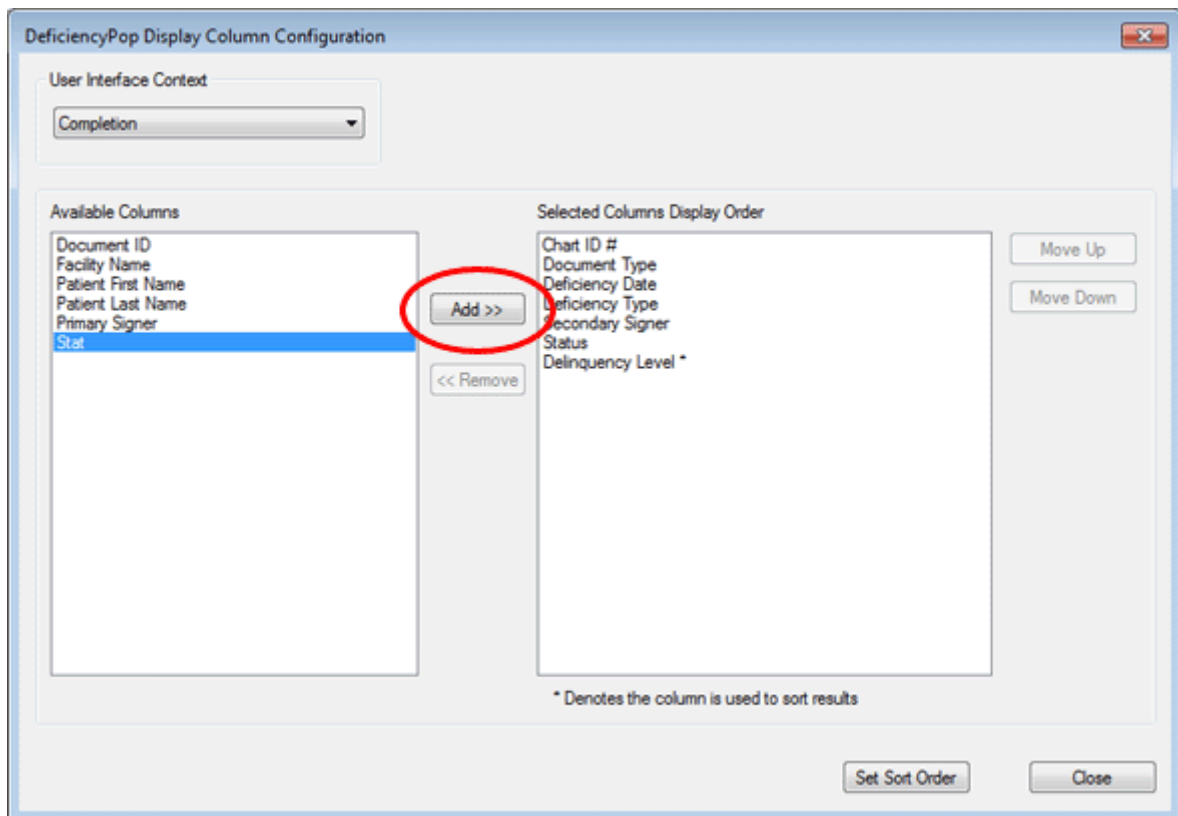
1. Select **Medical | User Interface Settings | DeficiencyPop | Display Columns**. The **DeficiencyPop Display Column Configuration** dialog box is displayed.

2. Select a context from the **User Interface Context** drop-down. The following contexts are available:

User Interface Context	Description
<b>Completion</b>	The default context for all physicians who are not configured as secondary signers.
<b>Cover For Physician</b>	The context is used when a physician is covering for another physician.
<b>Secondary Signer Completion</b>	The default context for secondary signers.

3. Under **Available Columns**, select a column you want to display in the list.

- Click **Add**.

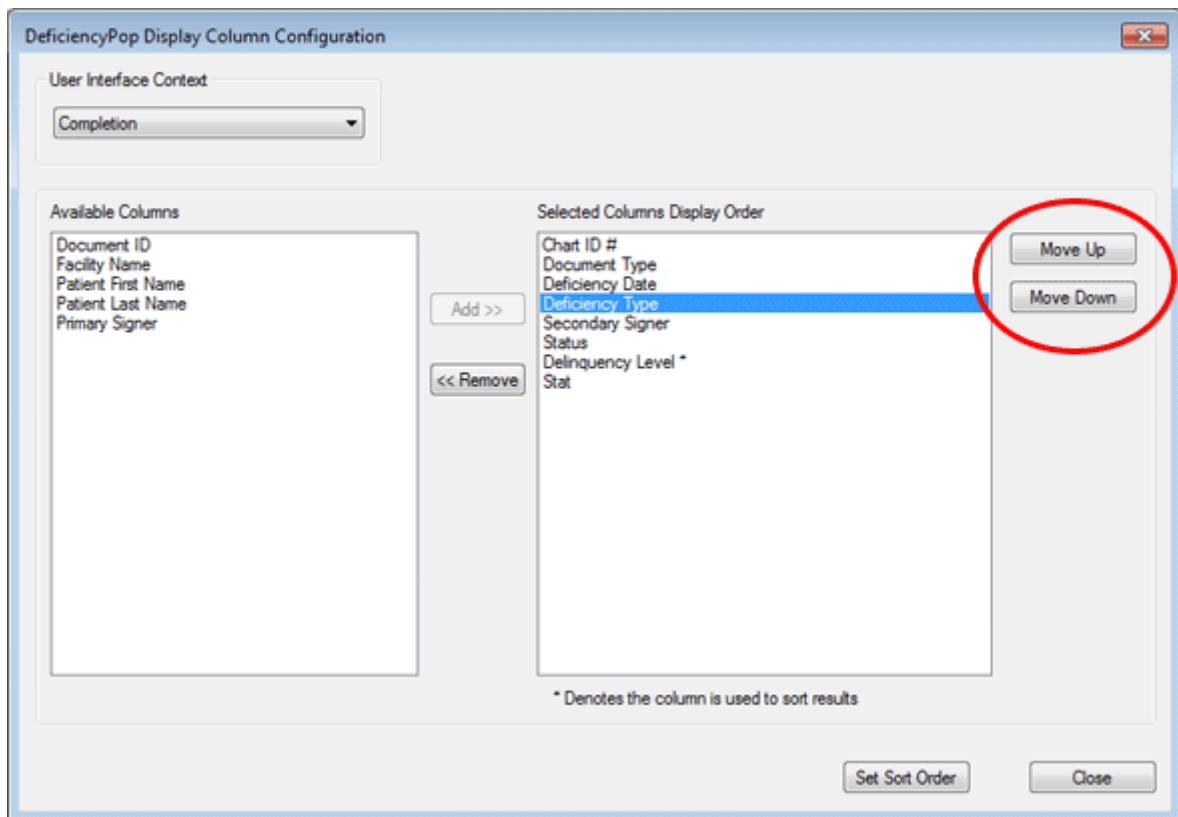


To remove a column, select it from the **Selected Columns Display Order** list and click **Remove**.

- Continue adding the columns that should be displayed in the selected context.

- Use the **Move Up** or **Move Down** button to move a selected column up or down the **Selected Columns Display Order** list.

The order in this list reflects the display order for columns in DeficiencyPop.



- To specify the default sort order for individual columns, see [Configuring the Default Sort Order on page 65](#).  
In the **Selected Columns Display Order** list, an asterisk (\*) is displayed next to any columns currently configured for sorting.
- Click **Close** when finished.

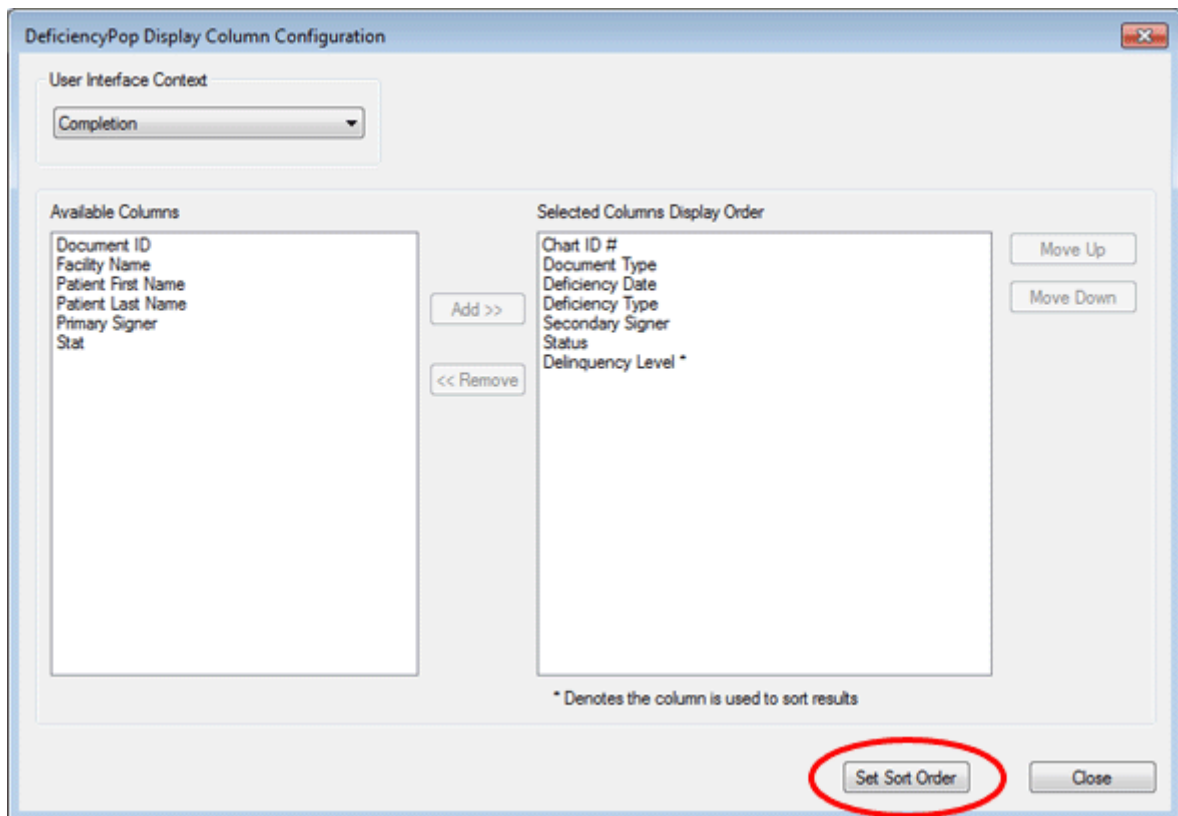


## Configuring the Default Sort Order

The deficiency list can sort deficiencies in ascending or descending order by one or more columns. When you configure columns, you can specify the default sort order. The default sort order is applied each time a user logs in. Signers can apply their preferred sorting as needed, but their preference is not preserved across login sessions.

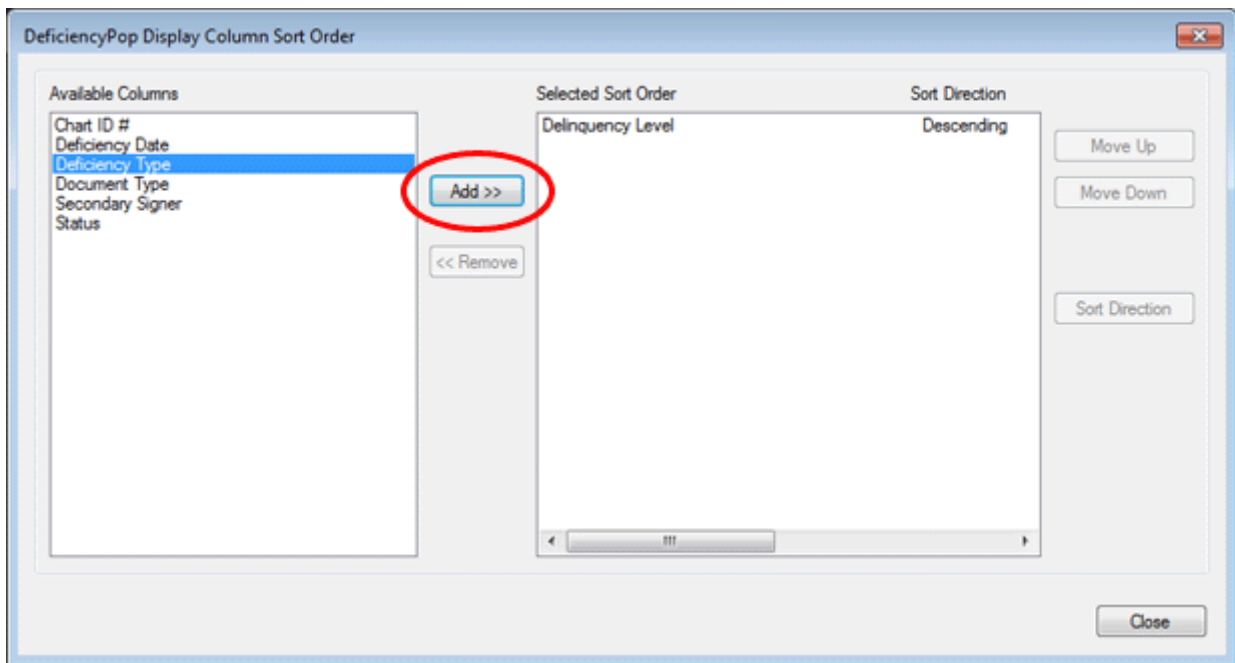
To configure the default sort order for a context:

1. In the **DeficiencyPop Display Column Configuration** dialog box, ensure the correct context is selected from the **User Interface Context** drop-down.
2. Click **Set Sort Order**.



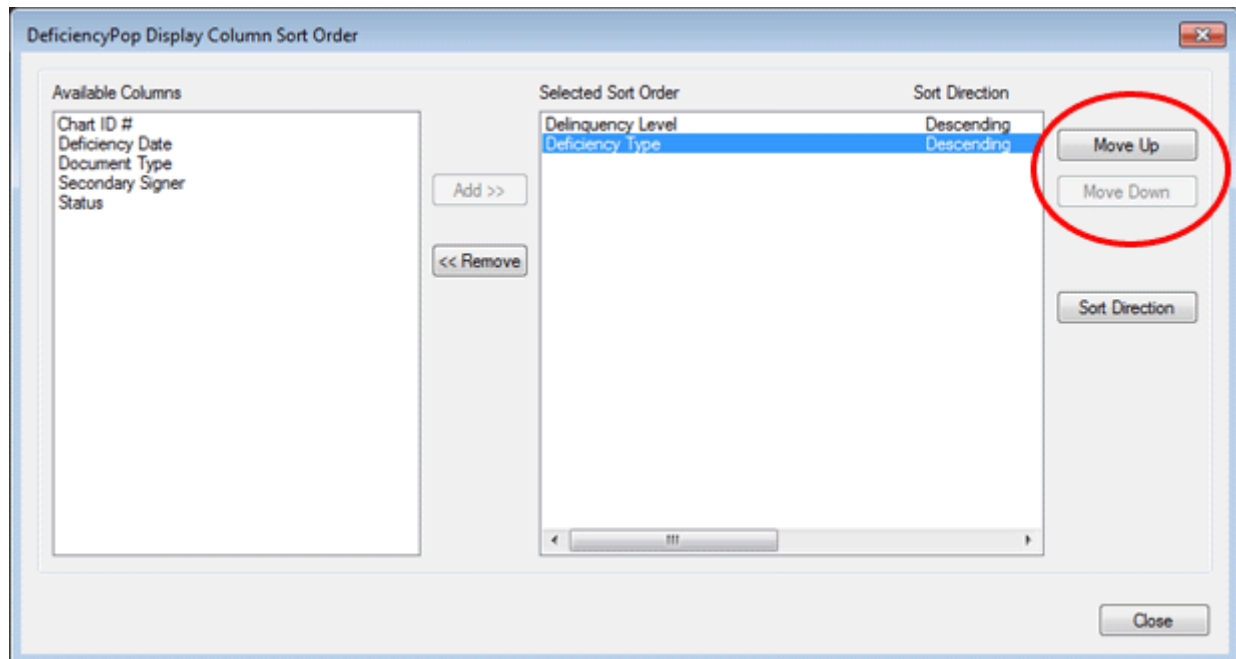
3. Under **Available Columns**, select a column you want to sort by.

4. Click **Add**.

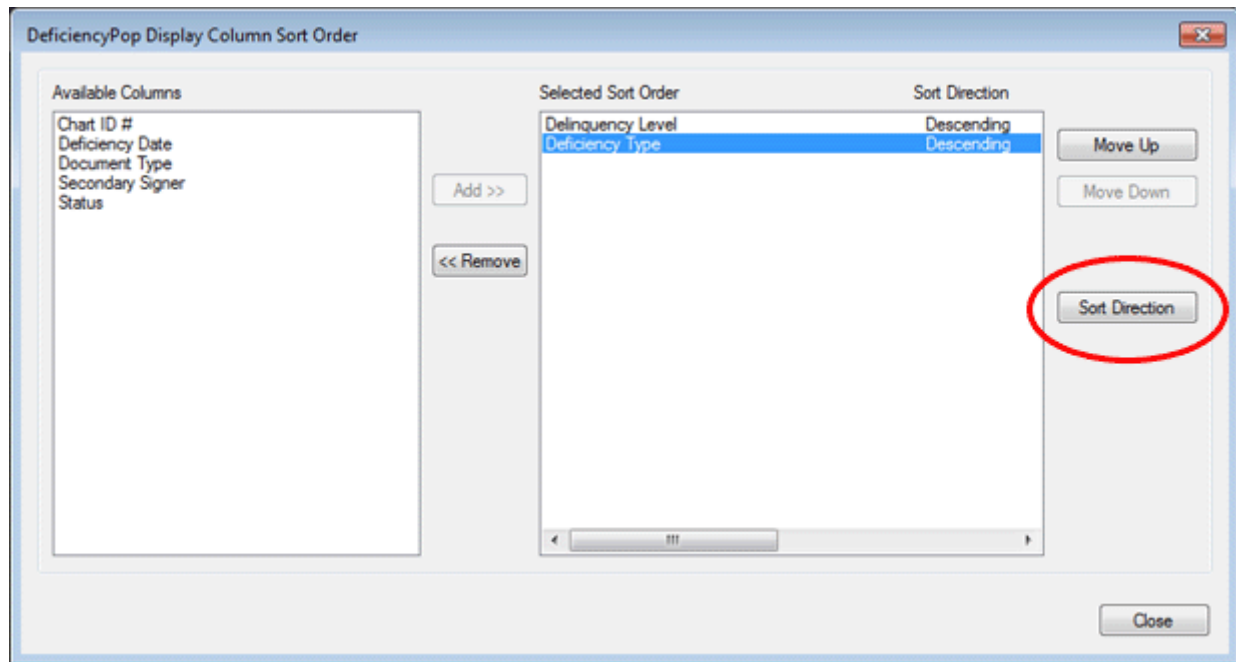


To remove sorting for a column, select the column from the **Selected Sort Order** list and click **Remove**.

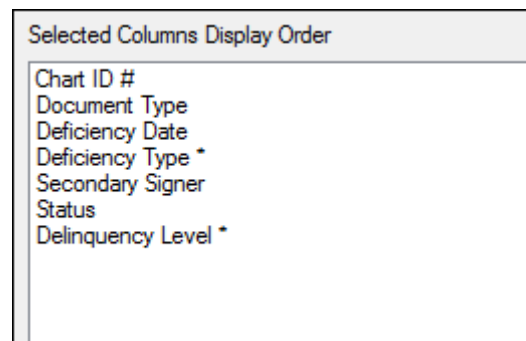
5. If multiple columns are selected for sorting, use the **Move Up** and **Move Down** buttons to specify the order in which sorting should be applied.  
For example, if deficiencies should be sorted first by Delinquency Level (primary sort) and then by Deficiency Type (secondary sort), you should make **Delinquency Level** first in the list, with **Deficiency Type** second.



6. To change a column's sort direction (from descending to ascending, for example), do the following:
  - a. Select the column from the **Selected Sort Order** list.
  - b. Click **Sort Direction**.



7. Click **Close** when finished.  
In the **DeficiencyPop Display Column Configuration** dialog box, an asterisk (\*) is displayed next to the columns selected for sorting.



## Configuring List Paging

When there are many deficiencies, the deficiency list may be split across multiple pages. Using OnBase Configuration, you can configure the number of deficiencies displayed on each page of the deficiency list.

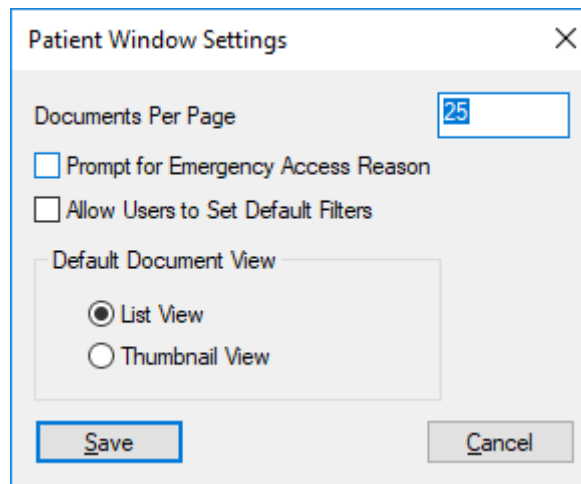
---

**Note:** The following procedure also affects lists in the OnBase Patient Window.

---

To configure list paging settings:

1. In OnBase Configuration, select **Medical | User Interface Settings | Patient Window | Settings**. The **Patient Window Settings** dialog box is displayed.



2. In the **Documents Per Page** field, type the number of deficiencies to allow on each page of the deficiency list. The default value is **25**.  
For example, if **Documents Per Page** is set to **10** and a user has 23 deficiencies, then the deficiency list will span three pages. The first two pages will contain ten deficiencies each. The third page will contain three. The user can navigate these pages using the **Previous** and **Next** buttons.
3. Click **Save**.

# Document Type Configuration for DeficiencyPop

For information about configuring medical record Document Types, see the **HL7** module reference guide.

The following topics describe additional considerations and requirements for DeficiencyPop:

- [Medical Record Document Types on page 70](#)
- [Clinical Patient Documents on page 70](#)
- [Non-Medical Record Document Types on page 70](#)
- [Characters Per Line on page 71](#)
- [Revisions on page 71](#)
- [Documents in Closed Charts on page 72](#)

## Medical Record Document Types

Medical record Document Types contain documents that are intended to help clinicians treat or diagnose patients. In a typical installation, these documents are attached to a patient record or chart automatically based on matching keyword values. Only medical record documents can be attached directly to a chart or patient record.

To configure medical record Document Types, see the **HL7** module reference guide.

## Chart Documents

Deficiencies can be created on chart documents only. Chart documents are medical record documents that are attached to specific charts.

## Clinical Patient Documents

Deficiencies cannot be created on clinical patient documents. Clinical patient documents belong to a medical record Document Type, but they are not attached to any charts.

Although physicians will not need to address deficiencies on clinical patient documents, physicians may be able to use the OnBase Patient Window view the clinical patient documents in a patient's record.

## Privileges to Medical Document Types

Physicians do not need Document Type privileges to address deficiencies on medical record documents.

## Non-Medical Record Document Types

Non-medical record Document Types belong to a Document Type Group that does not have the **Contains Medical Record Document Types** setting selected. These Document Types will never contain deficiencies, but legacy systems may allow users to view them through Patient Custom Query tabs in the Patient Window. For more information, see the **Patient Window** module reference guide.

## Characters Per Line

Ensure the **View / Print Options** for chart Document Types are sufficient to accommodate printed signatures.

For each Document Type, the **Characters Per Line** setting controls the width of the page displayed in the viewer. Adjusting this value may affect whether deficiencies will fit on the printed page. The actual number of columns allowed per page also depends on font size and the usage of server print queues.

For more information about configuring **View / Print Options**, see the **System Administration** documentation.

## Revisions

Because the final iteration of the document (as it was when the chart has fully completed Reanalysis for the last time) is the legal representation of the document medical record (and includes all signatures and added information), it should be the only revision available to users that need to access the document after the chart is Closed.

For this reason, all Document Types belonging to a medical record Document Type Group are recommended to be **Non Revisable**, with the exception of Editable Transcription Document Types. Editable Transcription Document Types must be revisable in order to properly function. However, User Groups should still not be allowed to create ad hoc revisions for this Document Type.

The ability to create revisions requires an EDM Services license. For information about configuring revisable Document Types, refer to the EDM Services help or module reference guide.

## Burning & Revisions

Consider the following information if you are using the Medical Records Management Solution for chart completion.

When all deficiencies on a document have been confirmed, deficiencies and notes are burned permanently onto the document. When this happens, a new rendition and/or revision is created for the document, even though the medical record Document Types are non-revisable.

- An image file format document will have a new revision added.
- A text or E-Form document will have a new image file format rendition created as a new revision. These renditions and revisions are created automatically. Unless you are configuring a transcription Document Type to allow raw text renditions, do not select the **Allow Multiple Renditions** option under the **Rendition/Revision** button in Document Type Configuration. For information about raw text renditions, see [Preserve Text Formatting when Editing Transcription on page 82](#).
- Notes/deficiencies/annotations on previous revisions of the document will be deleted if they are not set up to be on all revisions.

If administrators (users granted the **Administration** medical records privilege) need to view the document's revision history, they can access previous revisions in the OnBase Client by right-clicking on an open document and selecting **Revisions/Renditions**.

## Documents in Closed Charts

Documents cannot be modified or deleted from the system if they are assigned to a Closed chart. Document Keyword Values cannot be modified, and the document cannot be re-indexed if it is assigned to a closed chart.



# Medical System Settings

Medical System Settings are system-wide settings that affect all facilities. These settings include options for deficiency and transcription management.

The following sections describe only settings that are relevant to DeficiencyPop. General and HL7 settings are documented in the OnBase **HL7** documentation. Coding and Analysis settings are documented in the **Medical Records Unity Client** documentation.

- [Deficiency Settings on page 73](#)
- [Transcription Settings on page 80](#)

## Deficiency Settings

To access deficiency settings:

1. Select **Medical | Medical System Settings** in OnBase Configuration.
2. Select the **Deficiency** tab.

## PIN Prompt After X Minutes of Inactivity

The **PIN Prompt After** setting affects only physicians assigned to facilities that require PIN verification. It specifies the period of inactivity after which physicians should be prompted to reenter their PINs when they do any of the following:

- Save a transcription.
- Complete a deficiency.
- Reject a deficiency.

In the field provided, enter the number of minutes of inactivity to allow. This value must be greater than **0**.

For example, suppose the **PIN Prompt After** value is set to **5**. If a physician is inactive for 5 minutes or longer after addressing a deficiency, a PIN prompt will be displayed the next time the physician attempts to accept or reject a deficiency.

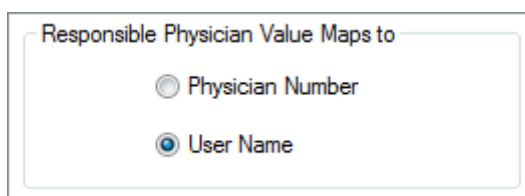
## Autoplay Options

Autoplay is not available in DeficiencyPop. For information about autoplay, see the **Medical Records Unity Client** module reference guide.

## Responsible Physician Value Maps To

The **Responsible Physician Value Maps to** setting specifies the expected value for the **Responsible Physician** Keyword Type. This Keyword Type is used when OnBase is configured to automatically create and complete certain deficiencies.

- Select **Physician Number** if the **Responsible Physician** keyword value will match the physician number configured for the physician.
- Select **User Name** if the **Responsible Physician** keyword value will match the OnBase user name for the physician. This option is selected by default.



For more information about the **Responsible Physician** Keyword Type and automatic deficiencies, see [General Rules for Automatic Deficiency Creation on page 181](#) and [Creating the Responsible Physician Keyword Type on page 178](#).

## Enable External Deficiencies

The **Enable External Deficiencies** setting allows the Medical Records Management Solution to track deficiencies that are addressed in a system external to OnBase. This option enables the following:

- The **Medical | External System** menu options in OnBase Configuration
- The **External Deficiency Types** option in the **Medical | Deficiency Configuration** menu

For more information, see [External System Configuration on page 187](#).

## Enable Dual Signature Secondary Signer Deficiencies

The **Enable Dual Signature Secondary Signer Deficiencies** setting enables Dual Signature deficiencies. A Dual Signature deficiency is a Signature, Edit Transcription, or Dictation deficiency that is assigned to both a physician and a secondary signer (for example, a physician assistant).

When this option is enabled, the following become available:

- The **Secondary Signer Options** in Medical System Settings.
- The **Medical | Deficiency Configuration | Dual Signature Document Type Deficiency** menu.

For more information, see [Dual Signature Deficiency Configuration on page 152](#).

## Automatically Confirm Accepted Signature Deficiencies After Completion

Select **Automatically Confirm Accepted Signature Deficiencies After Completion** if accepted Signature and Dual Signature deficiencies should be confirmed automatically after a physician completes the associated chart.

This option has different effects depending on whether your system is set up for chart-based Reanalysis or deficiency-based Reanalysis. See the following topics:

- [Chart-Based Reanalysis on page 75](#)
- [Deficiency-Based Reanalysis on page 75](#)

### Chart-Based Reanalysis

On systems set up for chart-based Reanalysis, enabling the **Automatically Confirm Accepted Signature Deficiencies After Completion** option has the following effects:

- This option prevents completed Signature or Dual Signature deficiencies from showing up in the Reanalysis deficiency list.
- As soon as the physician accepts the Signature or Dual Signature deficiency, the deficiency is confirmed.
- Charts whose deficiencies were rejected or not accepted are routed to Reanalysis.
- Charts containing Diagnosis, Dictation, Missing Document, Missing Form, Missing Information, or Other deficiencies are routed to Reanalysis, even if all deficiencies were accepted.
- Charts containing only Edit Transcription deficiencies will bypass Reanalysis if the **Automatically Confirm Accepted Transcription Deficiencies After Completion** option is selected.
- Charts containing only completed External deficiencies will bypass Reanalysis, regardless of whether **Automatically Confirm Accepted Signature Deficiencies After Completion** is selected.

### Deficiency-Based Reanalysis

On systems set up for deficiency-based Reanalysis, enabling the **Automatically Confirm Accepted Signature Deficiencies After Completion** option has the following effects:

- Completed Signature or Dual Signature deficiencies are not sent to Reanalysis.
- As soon as the physician accepts the Signature or Dual Signature deficiency, the deficiency is confirmed.
- Deficiencies that were rejected or not accepted are routed to Reanalysis.
- Diagnosis, Dictation, Missing Document, Missing Form, Missing Information, and Other deficiencies are routed to Reanalysis, even if they were accepted.
- Accepted Edit Transcription deficiencies will bypass Reanalysis if the **Automatically Confirm Accepted Transcription Deficiencies After Completion** option is selected.

- Even if you disable the **Automatically Confirm Accepted Signature Deficiencies After Completion** option, Signature and Dual Signature deficiencies will bypass Reanalysis if they are on documents configured to skip Reanalysis at their respective facilities.

## Override Note Size Burn Errors

By default, if a deficiency's signature text is too long for the size of the deficiency note, the -MRMSANALYSIS server logs a burn error for the deficiency, and the document is not burned.

To allow these deficiencies to be burned without error, select **Override Note Size Burn Errors** and choose from one of the following options:

- [Shrink Stamp to Fit Note on page 76](#)
- [Expand Stamp to Fit Text on page 76](#)

---

**Note:** In some cases, either option may adversely affect the readability of the deficiency text or the document. Make sure you understand the potential risks when selecting either option.

---

### Shrink Stamp to Fit Note

Select this option if the signature text's font size should be reduced to fit within the deficiency note. The -MRMSANALYSIS server will then attempt to burn the deficiency.

Before selecting this option, be aware the resulting text may be too small to be clearly read.

### Expand Stamp to Fit Text

Select this option if the deficiency note size should be increased to display the signature text legibly. After increasing the note size, the -MRMSANALYSIS server will attempt to burn the deficiency.

Before selecting this option, be aware of the potential risks:

- If the deficiency note is positioned near the edge of a page, increasing its size may cause the note text to extend off the page.
- Depending on the document's contents, increasing the note size may cause the note to overlap text, images, or other notes on the page.

## Require Secondary Signer to Sign Dual Deficiencies

Select this option if a secondary signer should be required to sign Dual Signature and Dual Edit Transcription deficiencies before the primary signer. This setup may allow primary signers to follow up with secondary signers, if necessary.

- If this option is not selected, then only the primary signer's signature is required.
- If this option is selected, then dual signing is modified as follows:
  - Primary signers cannot sign their Dual Signature or Dual Edit Transcription deficiencies until the secondary signer does.
  - Primary signers are still allowed to reject Dual Signature and Dual Edit Transcription deficiencies, regardless of whether the secondary signer has addressed them.

---

**Note:** This option does not apply to Dual Dictation deficiencies.

---

## Secondary Signature Locks Revisions

Once a physician signs a revisable document, the OnBase HL7 module does not allow HL7 messages containing revisions to revise the document. Instead, the HL7 module creates the revisions as new documents in OnBase.

- Select **Secondary Signature Locks Revision** if this behavior should take effect as soon as a document is signed by the secondary signer, instead of waiting for the assigned physician's signature.
- If this option is not selected, then transcriptions can continue to be revised by HL7 messages even after being signed by the secondary signer.

---

**Note:** This behavior applies only to documents revised using the OnBase HL7 module. Signed and burned documents can still be revised through other methods, such as document import, scanning, or sweeping.

---

## Allow Single Deficiencies to Be Assigned to Secondary Signers

The **Allow Single Deficiencies to be Assigned to Secondary Signers** option allows non-dual deficiencies to be created and assigned to secondary signers in the Medical Records Unity Client or through automatic deficiency creation. This option allows secondary signers to be solely responsible for non-dual deficiencies or physician queries, with the potential of becoming delinquent. Secondary signers cannot be assigned as the primary signer on dual deficiencies.

---

**Note:** This option does not apply to the **External Transcription and deficiency processing** HL7 import process. This import process functions the same regardless of whether **Allow Single Deficiencies to be Assigned to Secondary Signers** is selected. For more information about external transcription and deficiency processing, see the **HL7** module reference guide.

---

## Allow Secondary Signers to Complete Dual Missing Dictation Deficiencies

The **Allow Secondary Signers to Complete Dual Missing Dictation Deficiencies** option allows secondary signers to complete Dual Dictation deficiencies without the primary signer's involvement.

- If this option is selected, Dual Dictation deficiencies no longer have to be accepted by the primary signer. Dual Dictation deficiencies will be completed and removed from the primary signer's queue when they are accepted by a secondary signer.
- If this option is not selected, Dual Dictation deficiencies must still be accepted by the primary signer, regardless of whether they have been accepted by a secondary signer.

This option can save primary signers time spent accepting Missing Dual Dictation deficiencies that have already been accepted by the secondary signer. Primary signers still maintain oversight and responsibility for the deficiencies in case a secondary signer cannot address a missing dictation.

---

**Note:** This option does not apply to the **External Transcription and deficiency processing HL7** import process. This import process functions the same regardless of whether **Allow Single Deficiencies to Complete Dual Missing Dictation Deficiencies** is selected. For more information about external transcription and deficiency processing, see the **HL7** module reference guide.

---

## Use Configured Aging Rates to Calculate Delinquency Status

Select the **Use Configured Aging Rates to Calculate Delinquency Status** option to assign delinquency levels to deficiencies. These levels are based on the aging rates configured under **Medical | Delinquency Configuration | Delinquency | Aging**.

---

**Note:** You can select this setting only after you have configured delinquency levels and aging rates for all facilities in your system. Otherwise, the following message is displayed:  
**Delinquency Aging Rates have not been properly configured. Please verify the minimum configuration has been completed before enabling this option.**

---

For more information, see [Delinquency Configuration on page 204](#).

## Pause Delinquency Status Calculation During Physician Hold Time

The **Pause Delinquency Status Calculation During Physician Hold Time** option controls whether a physician's deficiencies continue to age while the physician is on hold.

If this option is selected:

- A physician's deficiencies do not age while the physician is on hold.
- When the hold period ends, the deficiencies are the same age as when the hold began.

For example, if a physician's deficiencies are a week old when a physician is put on hold, and the hold ends a week later, then the physician's deficiencies are still considered only a week old.

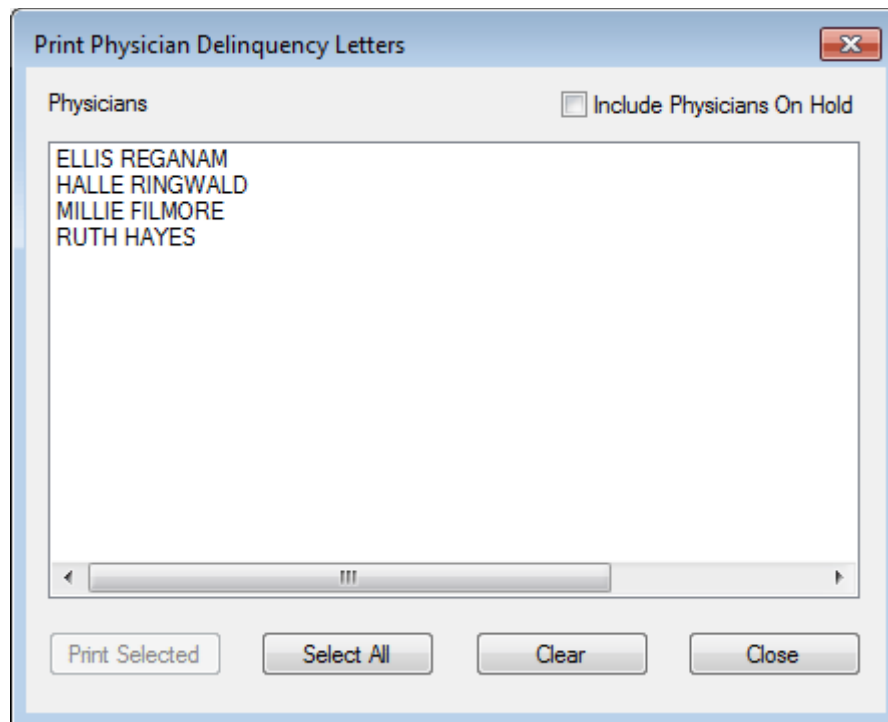
If this option is not selected, the physician's deficiencies continue to age while the physician is on hold. For example, if a physician's deficiencies are a week old when a physician is put on hold, then the deficiencies continue to get older during the hold period. When the hold ends a week later, the physician's deficiencies are considered two weeks old.

## Pause Delinquency Letter Generation During Physician Hold Type

The **Pause Delinquency Letter Generation During Physician Hold Time** controls whether delinquency letters are generated for a physician while the physician is on hold.

If this option is selected:

- The delinquency letter processor will not generate letters for physicians on hold.
- When an administrator manually generates delinquency letters in the OnBase Client, the **Include Physicians On Hold** option is turned off by default, and physicians on hold are filtered from the list.



If this option is not selected:

- The delinquency letter processor will generate letters for physicians on hold.
- When an administrator manually generates delinquency letters in the OnBase Client, the **Include Physicians On Hold** option is turned on by default, and physicians on hold are included in the list.

---

**Note:** The **Include Physicians On Hold** option is available for selection only if at least one physician is currently on hold.

---

## Include Physician Number in Signature Text

The **Include Physician Number in Signature Text** setting controls whether signers' signatures include their configured Physician Numbers.

If this setting is enabled, signatures will include both the configured Signature Text and the Physician Number, as shown in the following example:

Elec. Signed By  
F PIERCE #F6666  
on 02/02/2012 09:42 ET

If this setting is disabled, signatures will omit the Physician Number. The only means of identifying the physician will be the configured Signature Text, as shown in the following example:

Elec. Signed By  
F PIERCE  
on 02/02/2012 09:42 ET

Before disabling this setting, ensure all signing physicians have Signature Text configured in Physician Information Settings.

---

**Note:** Until burned, existing deficiencies reflect the setting in effect when the deficiencies were created or last modified. When the deficiencies are burned, they will reflect the setting in effect at the time of burning.

---

## Transcription Settings

To access transcription settings:

1. Select **Medical | Medical System Settings** in OnBase Configuration.
2. Select the **Transcription** tab.



## Missing Data Identifier

In the **Missing Data Identifier** field, enter an identifier (up to 30 characters) to indicate the transcription is incomplete. The identifier is a text string the transcription system automatically adds to the transcription.

---

**Tip:** It is a best practice to avoid using spaces when configuring the Missing Data Identifier. This ensures that the text string does not break into multiple lines, making it non-functional.

---

When the physician addresses an Edit Transcription deficiency in Completion, the physician will be unable to complete the deficiency unless the Missing Data Identifier text string is deleted.

Leave this field blank if the system should not check for a Missing Data Identifier when physicians sign transcriptions.

## Disable CC Physicians

This setting applies only to the Medical Records Unity Client. Physicians cannot cc other physicians on transcriptions in DeficiencyPop. For information about this feature, see the **Medical Records Unity Client** module reference guide.

## Automatically Open Transcription Deficiencies In Completion

This setting does not apply to DeficiencyPop. DeficiencyPop displays transcriptions in an editable state as soon as they are opened.

For information about the **Automatically Open Transcription Deficiencies in Completion** setting, see the **Medical Records Unity Client** module reference guide.

## Automatically Confirm Accepted Transcription Deficiencies After Completion

The **Automatically Confirm Accepted Transcription Deficiencies After Completion** option allows completed Edit Transcription deficiencies to be automatically confirmed without manual confirmation through Reanalysis.

If this option is selected:

- Completed Edit Transcription deficiencies will not show up in the deficiency list in Reanalysis.
- As soon as the physician accepts the Edit Transcription deficiency, the deficiency is confirmed.
- If the deficiency is completed through HL7, it is confirmed the next time the -MRMSANALYSIS server runs.
- If both this option and the **Automatically Confirm Accepted Signature Deficiencies After Completion** option are selected, then charts with completed transcription and signature deficiencies can bypass chart-based Reanalysis.

If this option is not selected, accepted Edit Transcription deficiencies must be manually confirmed in Reanalysis.

## Append Edit Logs to Transcription

The **Append Edit Logs to Transcription** option controls whether editable transcriptions include a change log displaying each person who edited the transcription, the date and time of edit, and the revision number.

If this option is selected, the change log is displayed at the end of the transcription and burned there as part of the permanent record.

```
NECK: No JVD. No thyromegaly. No lymphadenopathy. No carotid
bruits.

===== END OF DOCUMENT / CHANGE LOG FOLLOWS =====

Last Edited By
R HAYES #RH9865
on 08/10/2010 14:21 ET
Revision Number - 2

Last Edited By
R HAYES #RH9865
on 08/10/2010 15:20 ET
Revision Number - 3

Last Edited By
F PIERCE #F6666
on 08/12/2010 13:24 ET
Revision Number - 4

Elec. Signed By
F PIERCE #F6666
on 08/12/2010 13:24 ET
R HAYES #RH9865
on 08/10/2010 15:20 ET
```

If this option is not selected, change logs are omitted from transcriptions. If you clear this option after a change log is started on a transcription, the existing entries remain in the log, but no new entries are added.

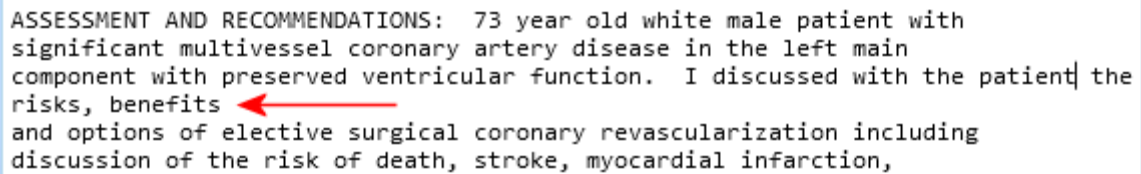
This option does not affect whether signed transcriptions display an electronic signature. If a transcription is signed, the electronic signature of the signer is appended.

## Preserve Text Formatting when Editing Transcription

The **Preserve Text Formatting when Editing Transcription** setting helps preserve the intended formatting for transcriptions edited within the Medical Records Unity Client or DeficiencyPop.

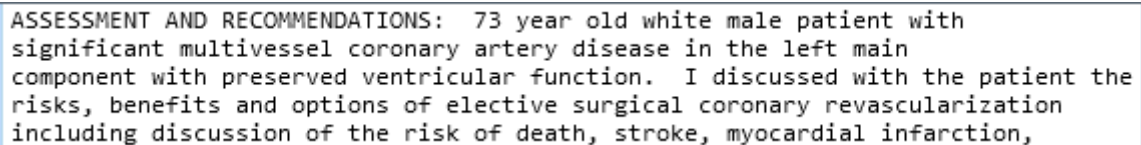
OnBase preserves the formatting by creating two renditions of editable transcription documents: a raw text report format rendition and a standard text report format rendition. Physicians make their changes to the raw text rendition, and the changes are reflected in the standard text rendition, which is displayed in the viewer.

Use this setting if transcriptions are formatted in unexpected ways after physicians edit them. For example, a physician's insertion might push a line break to the middle of the next line:



ASSESSMENT AND RECOMMENDATIONS: 73 year old white male patient with significant multivessel coronary artery disease in the left main component with preserved ventricular function. I discussed with the patient the risks, benefits and options of elective surgical coronary revascularization including discussion of the risk of death, stroke, myocardial infarction,

With the **Preserve Text Formatting when Editing Transcription** setting enabled, physicians can edit transcriptions without having to compensate for unexpected line breaks:

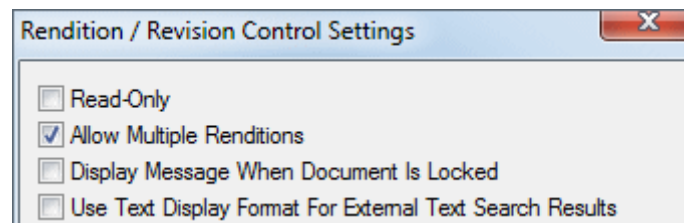


ASSESSMENT AND RECOMMENDATIONS: 73 year old white male patient with significant multivessel coronary artery disease in the left main component with preserved ventricular function. I discussed with the patient the risks, benefits and options of elective surgical coronary revascularization including discussion of the risk of death, stroke, myocardial infarction,

## Requirements for Raw Renditions

To allow for the creation and maintenance of raw text renditions, make sure the following criteria are met:

1. The **Preserve Text Formatting when Editing Transcription** setting must be selected in Medical System Settings.
2. The **Rendition/Revision** settings for the transcription Document Types must **Allow Multiple Renditions**:



**Note:** When the **Preserve Text Formatting when Editing Transcription** setting is enabled, transcriptions require additional storage space. Because OnBase will maintain both a raw text rendition and a standard text rendition, transcriptions will require approximately twice the amount of space they required prior to this setting taking effect.

## Creating Raw Renditions

If the requirements are met, raw text renditions can be created the following ways:

- By importing text transcriptions using the HL7 **Advanced Document Import** processor
- By editing text transcriptions using the transcription editor in the Medical Records Unity Client or DeficiencyPop

When you enable the **Preserve Text Formatting when Editing Transcription** setting, you may already have text transcriptions existing in your system. If a text transcription does not have a raw text rendition, then the raw text rendition is created the first time a physician opens the transcription in the transcription editor.

- In this case, the transcription editor initially loads the standard (not raw) text rendition. If the physician makes any edits before closing the editor, the edits are made using the standard text rendition.
- For any subsequent edits, the transcription editor loads the raw text rendition. The raw text rendition retains all whitespace characters, including spaces, tabs, form feeds, and carriage returns.

---

**Note:** If the **Preserve Text Formatting when Editing Transcription** setting is disabled after raw text renditions are created, the raw text renditions will be ignored. Formatting in the transcription editor will behave as it did before the setting was selected.

---

## Secondary Signer Duration To Complete Transcription Deficiencies

In the **Secondary Signer Duration To Complete Transcription Deficiencies** field, type the number of days to allow secondary signers to complete Dual Edit Transcription deficiencies.

If this setting is configured:

- Dual Edit Transcription deficiencies initially are available to only the secondary signer.
- The primary signer cannot view or address these deficiencies until either the secondary signer signs them or the specified period elapses, whichever occurs first. Until then, the deficiencies are not present in the assigned primary signer's queue.
- If the specified period elapses before the secondary signer signs an Edit Transcription deficiency, the deficiency is made available to both the secondary signer and the assigned primary signer.

If this setting is not configured or is set to **0** days:

- Edit Transcription deficiencies are available in Completion concurrently for both the primary signer and the secondary signer.
- If both the primary signer and the secondary signer attempt to view the transcription simultaneously, the transcription is locked by the user who opened it first.

To configure the Editable Transcription Document Type(s) for Dual Signature deficiencies, see [Dual Signature Deficiency Configuration on page 152](#).

# Medical Facility Configuration

A facility represents a location where patient care is administered. In OnBase, each chart (or visit) is associated with the facility where the visit took place. Facility configuration is one of the most important factors affecting chart access. Because different facilities may have different requirements, you can configure each facility with its own rules and restrictions.

For example, a medical system could have both a downtown facility that is an accredited Level I Trauma Center, as well as a regional facility in a nearby suburb. These two facilities may follow different security requirements and standards. Medical Facility Configuration allows you to assign the appropriate settings to each facility.

The following topics describe how to configure facility settings that apply to DeficiencyPop. For information about other configuration settings, see the **Medical Records Unity Client** module reference guide.

To create a facility, complete each of the following procedures:

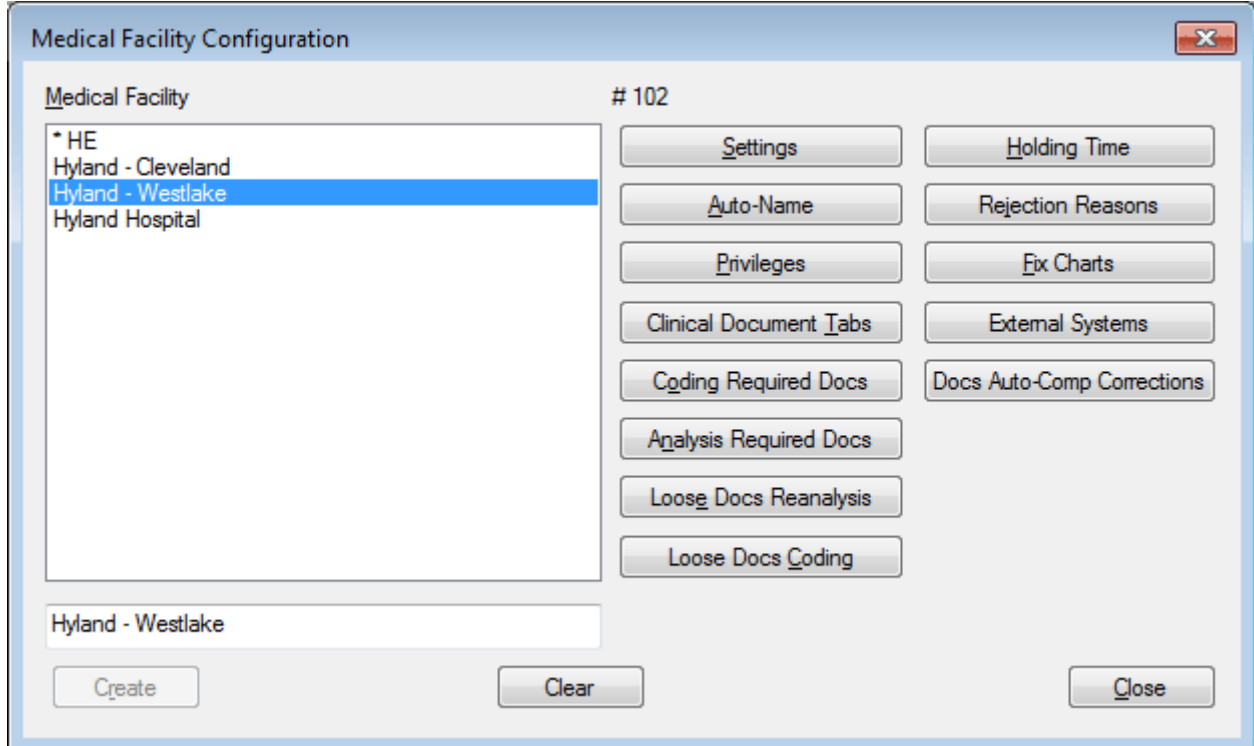
- [Creating a New Facility on page 87](#)
- [Configuring Facility Settings on page 88](#)
- [Assigning Facility User Group Privileges on page 95](#)
- [Clinical Document Tab Configuration on page 96](#)
- [Configuring Deficiency Rejection Reasons on page 155](#)

## Creating a New Facility

Facilities are created in OnBase Configuration. The screen shots and options in the following procedure reflect a system licensed for the Medical Records Coding Interface, the Medical Records Management Solution, and the Medical Records Transcription Interface. Available options vary with system licensing.

To create a facility:

1. Select **Medical | Facilities | Facility Configuration**. The **Medical Facility Configuration** dialog box is displayed.

The image shows a screenshot of the 'Medical Facility Configuration' dialog box. The title bar reads 'Medical Facility Configuration' with a close button on the right. Inside the dialog, there is a list box on the left labeled 'Medical Facility' containing the following items: '\* HE', 'Hyland - Cleveland', 'Hyland - Westlake' (which is highlighted with a blue background), and 'Hyland Hospital'. To the right of the list box is a text field containing '# 102'. Below the list box is another text field containing 'Hyland - Westlake'. To the right of these fields is a grid of buttons. The buttons are arranged in two columns: the left column contains 'Settings', 'Auto-Name', 'Privileges', 'Clinical Document Tabs', 'Coding Required Docs', 'Analysis Required Docs', 'Loose Docs Reanalysis', and 'Loose Docs Coding'; the right column contains 'Holding Time', 'Rejection Reasons', 'Fix Charts', 'External Systems', and 'Docs Auto-Comp Corrections'. At the bottom of the dialog are three buttons: 'Create', 'Clear', and 'Close'.

**Note:** Facilities preceded with an asterisk (\*) were created by HL7 and have not yet been configured. Until the facility is configured, any new charts created for the facility will be marked as requiring review. See [Fixing Charts with Facility Issues on page 160](#) for more information.

2. Type the name of a facility in the field provided.
3. Click **Create**. The name is added to the **Medical Facility** list.
4. Continue to [Configuring Facility Settings on page 88](#).

# Configuring Facility Settings

Once a facility has been created, you can configure its settings.

1. Select the facility in the **Medical Facility Configuration** dialog box.
2. Click **Settings** to display the **Medical Facility Settings** dialog box.

**Medical Facility Settings**

**Chart Options**

Days Before Chart Is Inactive   
(Zero denotes to never mark charts inactive)

Days Before Deficiency Is Delinquent

Days Before Chart Closing   
(Zero denotes to never close charts)

Days Before Chart Access Expires

**Deficiency Settings**

Disable Missing Dictation Deficiencies ☐

Missing Dictation Requires Job ID ☐

**Warn When Deficiency Accepted**

Incomplete Form ☐

Missing Dictation ☐

Missing Document ☐

Missing Information ☐

**Emergency Chart Access Request**

☒ Do Not Allow

☐ Physicians Only

☐ All Users

**When Auto Completion finds Multiple Deficiencies**

☒ Use Exception Queue - (deficiencies aren't completed)

☐ Complete One

**Security Options**

Lock Down - Only Grant Access to Assigned Usergroups ☐

Require PIN Verification Before Completing Deficiencies ☐

**HL7 Settings**

HL7 Field Specifier

Ignore Attending Physician when verifying Chart Information ☐

**Meaning Statements**

Allow Physicians to Enter Custom Statements ☐

**Physician Query Review**

Review Physician Queries Before Sending to Physician ☐

Review Physician Queries After Physician Responds ☐

**Save** **Cancel**

3. Configure the available settings. For information about each setting, see the following topics.
  - [Days Before Chart Is Inactive](#) on page 89
  - [Days Before Deficiency is Delinquent](#) on page 89
  - [Days Before Chart Closing](#) on page 90
  - [Days Before Chart Access Expires](#) on page 90



- Deficiency Settings on page 90
  - Warn When Deficiency Accepted on page 91
  - Emergency Chart Access Request on page 92
  - When Auto Completion finds Multiple Deficiencies on page 92
  - Lock Down on page 93
  - Require PIN Verification on page 93
  - HL7 Field Specifier on page 94
  - Ignore Attending Physician when verifying Chart Information on page 94
  - Meaning Statements on page 94
  - Physician Query Review on page 94
4. When finished, click **Save** to exit the **Medical Facility Settings** dialog box.

---

**Note:** If the facility had an asterisk next to its name before you began configuring it, then you must restart the HL7 Listener to ensure that new charts won't be marked as requiring review.

---

## Days Before Chart Is Inactive

Enter the number of days after the discharge date that a chart will transition from active to inactive. Set this value to **0** if charts at this facility should never become inactive.

The screenshot shows a dialog box titled "Chart Options" with four rows of settings, each with a text label and a numeric input field:

Setting	Value
Days Before Chart Is Inactive (Zero denotes to never mark charts inactive)	90
Days Before Deficiency Is Delinquent	30
Days Before Chart Closing (Zero denotes to never close charts)	5
Days Before Chart Access Expires	1

---

**Note:** To transition a chart from active to inactive, the OnBase Client server must be running with the -MRMSCLOSURE="\*\*:\*\*" command line switch.

---

## Days Before Deficiency is Delinquent

Enter the number of days after the discharge date that a deficiency will be classified as delinquent. This option is available only if the system is licensed for the Medical Records Management Solution.

This setting is ignored if you are using delinquency levels in your solution. For more information about delinquency levels, see [Delinquency Configuration on page 204](#).

## Days Before Chart Closing

Enter the number of days after Reanalysis is fully completed that the chart will be classified as Closed. Set this value to **0** if charts at this facility should never be Closed.

In cases where a chart skips Reanalysis or doesn't require Analysis, the formula for Days Before Chart Closing is calculated as follows:

- **Charts that require Coding only:** Days Before Chart Closing equals the number of days after Coding was completed.
- **Charts that skip Reanalysis because no Deficiencies were added during Analysis:** Days Before Chart Closing equals the number of days after Analysis was completed.
- **Charts that skip Reanalysis because a Physician accepted all Signature Deficiencies:** Days Before Chart Closing equals the number of days after Completion was completed.
- **Charts that don't require Coding or Analysis:** Days Before Chart Closing equals the number of days past the chart's discharge date.

---

**Note:** To close a chart, the OnBase Client server must be running with the -MRMSCLOSURE="\*\*:\*" command line switch.

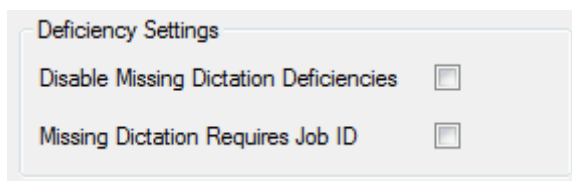
---

## Days Before Chart Access Expires

This setting does not apply to DeficiencyPop. For more information, see the **Medical Records Unity Client** module reference guide.

## Deficiency Settings

Facility deficiency settings control the availability of Missing Dictation deficiencies and whether physicians are required to enter dictation job IDs when completing these deficiencies.



Deficiency Settings

Disable Missing Dictation Deficiencies ☐

Missing Dictation Requires Job ID ☐

---

**Note:** Missing Dictation deficiencies require the Medical Records Management Solution and Medical Records Transcription Interface licenses.

---

See the following topics:

- [Disable Missing Dictation Deficiencies on page 91](#)
- [Missing Dictation Requires Job ID on page 91](#)

## Disable Missing Dictation Deficiencies

Select this option to disable Missing Dictation deficiencies at this facility. When this option is selected, neither Missing Dictation nor Dual Dictation deficiencies can be assigned to charts at this facility. This option is useful if a facility has no need for Missing Dictation deficiencies.

**Note:** If you select this option after configuring automatic Missing Document deficiencies for the facility, any configurations for automatic Missing Dictation deficiencies are updated to create Missing Document deficiencies instead. Automatic Missing Document/Missing Dictation deficiencies are configured under **Medical | Deficiency Configuration | Missing Document Type Deficiency**.

## Missing Dictation Requires Job ID

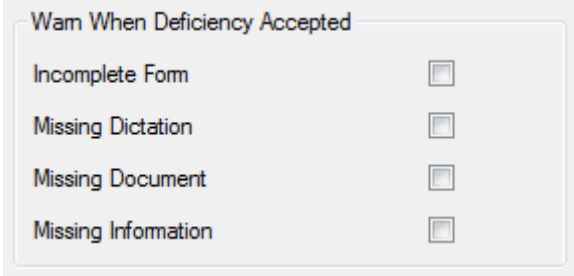
Select this option to require physicians to enter a dictation job ID when completing Missing Dictation deficiencies for charts at this facility.

- If this option is selected, then physicians must first enter a dictation job ID before completing Missing Dictation deficiencies for this facility.
- If this option is not selected, then physicians can complete Missing Dictation deficiencies for this facility without providing a dictation job ID.

**Tip:** To change the name of the **Dictation/Job ID** field in Completion, change the **Dictation/Job ID** field's display name in Chart Data Fields Configuration.

## Warn When Deficiency Accepted

Most deficiencies are missing signatures, which only require the physician to click **Accept** to complete the deficiency. As a result, a physician could accidentally accept an Incomplete Form, Missing Dictation, Missing Document, or Missing Information deficiency without supplying the needed document or information.



Warn When Deficiency Accepted	
Incomplete Form	<input type="checkbox"/>
Missing Dictation	<input type="checkbox"/>
Missing Document	<input type="checkbox"/>
Missing Information	<input type="checkbox"/>

The following options control whether OnBase displays a warning after a physician attempts to complete certain types of deficiencies. The warning allows the physician to cancel out of completing the deficiency to check whether the requested information or document has been provided.

Option	Description
<b>Incomplete Form</b>	Display a warning when a physician accepts an Incomplete Form deficiency or a physician query.
<b>Missing Dictation</b>	Display a warning when a physician accepts a Missing Dictation deficiency. This option is available only if OnBase is licensed for both the Medical Records Management Solution and the Medical Records Transcription Interface.
<b>Missing Document</b>	Display a warning when a physician accepts a Missing Document deficiency.
<b>Missing Information</b>	Display a warning when a physician accepts a Missing Information deficiency.

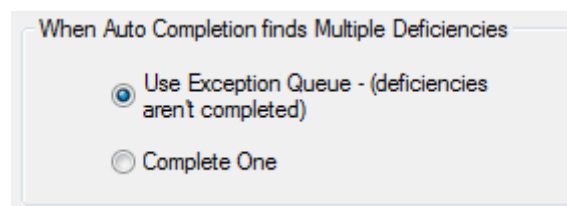
## Emergency Chart Access Request

The **Emergency Chart Access Request** options apply to the Medical Records Unity Client and the OnBase Client. They do not apply to DeficiencyPop.

For information about these options, see the **Medical Records Unity Client** module reference guide.

## When Auto Completion finds Multiple Deficiencies

These options are available only on systems licensed for the Medical Records Management Solution. Select one of the following options to control what happens when OnBase finds multiple Missing Document/Missing Dictation deficiencies that can be automatically completed:



- **Use Exception Queue**—Select this option if none of the deficiencies should be completed. The -MRMSANALYSIS server will log the information to the deficiencyexcept database table in OnBase.
- **Complete One**—Select this option if one of the deficiencies should be completed.

## Lock Down

Select **Lock Down - Only Grant Access to Assigned Usergroups** to make this a locked-down facility. Lock-down security affects DeficiencyPop only in situations where one physician is covering for another physician. See [Lock-Down Rules on page 229](#).

For detailed information about how lock-down security affects the Medical Records Unity Client or OnBase Client, see the **Medical Records Unity Client** module reference guide.

## Require PIN Verification

Enable the **Require PIN Verification Before Completing Deficiencies** facility setting if physicians (and secondary signers) assigned to the facility should be required to verify their identities using personal identification numbers (PINs). PIN verification should be used when a facility requires a second layer of security beyond physician login credentials. PINs are useful if physicians may leave their workstations unattended for extended periods.

Assigned physicians must enter their PINs in the following situations:

- The first time the physician accepts or rejects a deficiency after logging on.
- The first time the physician saves a transcription after logging on.
- When the physician performs either of these actions after being inactive for a configured period. To configure this period, see [PIN Prompt After x Minutes of Inactivity on page 255](#).

If a physician belongs to any facility that requires PIN verification, then the physician may be prompted for his or her PIN on any deficiency, even if the chart's facility does not require PIN verification. When one physician covers for another, the PIN verification requirement is based on the facility privileges of the covering physician, not the physician being covered for.

PIN verification is enforced also for physicians who are not assigned to any facilities. If a physician is not assigned to any facilities, the physician will be prompted to enter a PIN in the situations described earlier.

If a physician is assigned only to facilities that do not require PIN verification, then the physician is never prompted to enter his or her PIN.

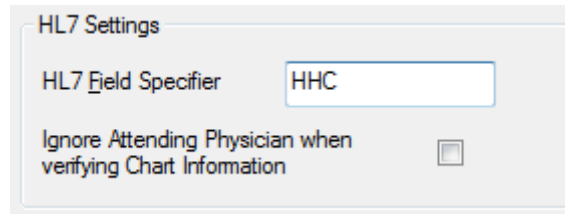
---

**Tip:** You can configure PIN-related requirements, or PIN policies, to ensure physicians' PINs satisfy specific criteria for complexity and age. For more information, see [PIN Policies Configuration on page 135](#).

---

## HL7 Field Specifier

In the **HL7 Field Specifier** field, enter the HL7 code for this facility. The HL7 field specifier must match the value used in HL7 messages to identify this facility.



HL7 Settings

HL7 Field Specifier

Ignore Attending Physician when verifying Chart Information ☐

## Ignore Attending Physician when verifying Chart Information

Decide whether a valid attending physician must be provided in the HL7 message when chart information is verified. If a valid attending physician is required, clear the **Ignore Attending Physician when verifying Chart Information** option.

This option controls whether charts are sent to Charts Requiring Review when an invalid attending physician is provided in the HL7 message.

- Select this option if charts should not be sent to Charts Requiring Review when the attending physician is invalid or missing.
- Clear the option if charts should be sent to Charts Requiring Review when the attending physician is invalid or missing.

Clear this option if your system is set up to automatically assign deficiencies to physicians. If the option is cleared, deficiencies are not automatically assigned when the attending physician is invalid or missing, and the chart is sent to Charts Requiring Review. When correcting a chart in Charts Requiring Review, the reviewer can choose to perform deficiency processing on the chart. Deficiency processing allows the deficiencies to be automatically assigned.

## Meaning Statements

The **Allow Physicians to Enter Custom Statements** setting applies to meaning statements, which are available only in the Medical Records Unity Client. For more information, see the **Medical Records Unity Client** module reference guide.

## Physician Query Review

Physician Query Review settings apply only to the Medical Records Unity Client. For more information, see the **Medical Records Unity Client** module reference guide.

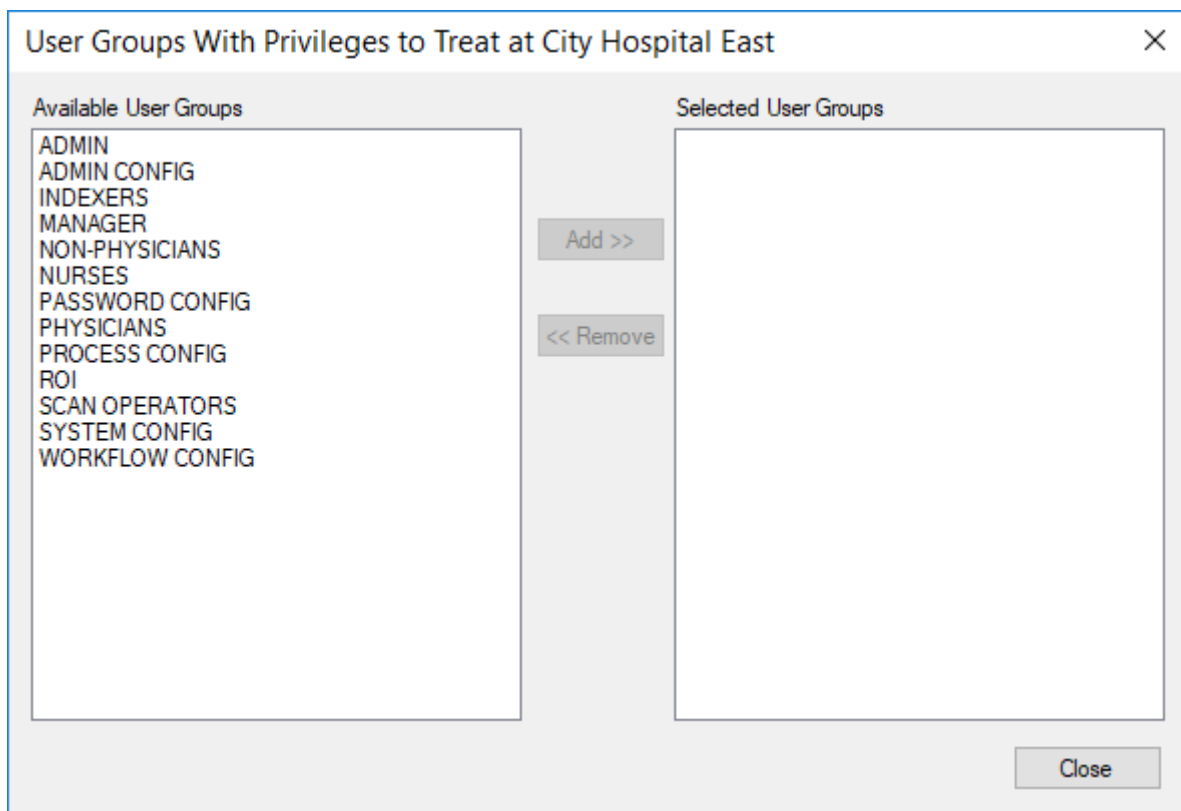
## Assigning Facility User Group Privileges

In certain modules, including the OnBase Client and the Medical Records Unity Client, users with limited chart search privileges can retrieve charts only from facilities to which they have been explicitly assigned.

In DeficiencyPop, facility membership controls whether a physician is required to enter a PIN when completing deficiencies. In systems containing locked-down facilities, facility membership also may limit the deficiencies available to covering physicians.

To assign facility privileges:

1. Select a facility from the **Medical Facility Configuration** dialog box.
2. Click **Privileges**. The **User Groups with Privileges to Treat** dialog box is displayed.



3. From the **Available User Groups** list, select a User Group.
4. Click **Add** to add the User Group to the **Selected User Groups** list.
5. Repeat for all User Groups that you want to assign to the facility.
6. Click **Close**.

# Clinical Document Tab Configuration

Clinical document tabs allow OnBase Patient Window to organize documents in a record or chart. Sometimes referred to as chart tabs, these tabs can also be configured for the patient record level.

<div> <div>≡</div> <div>FILTER</div> </div>			<div> <div>🕒</div> <div>📄</div> <div>📅</div> <div>📊</div> </div>	
<div>Tabs</div>			Document Type ▾	MR-Admit Date
All	45		MR Progress Notes	9/19/2015
Results	9		MR Progress Notes	9/19/2015
Progress Notes	23		MR Physician Notes	9/19/2015
Discharge	2		MR Physician Notes	9/19/2015
Admit	3		MR Physician Notes	9/19/2015

DeficiencyPop does not display tabs in its main context, but tab configuration is necessary for displaying documents in OnBase Patient Window.

To configure the appearance, content, and sequence of these tabs, see the following topics:

- [Available Tab Types on page 96](#)
- [Creating a Cross-Facility Tab on page 100](#)
- [Configuring Tab Settings on page 101](#)
- [Assigning Document Types to Tabs on page 102](#)
- [Assigning User Groups to Secure Tabs on page 104](#)
- [Configuring the Tab Sequence on page 105](#)
- [Default Tab Selection on page 106](#)

## Available Tab Types

Several types of tabs are available, as described in the following topics:

- [Documents Tabs on page 97](#)
- [Secure Documents Tabs on page 97](#)
- [Patient Custom Query Tabs on page 98](#)
- [Other Documents Tabs on page 99](#)
- [Reference Tab on page 99](#)
- [Personal Tab on page 100](#)



## Documents Tabs

Documents tabs are available to all users. These general-purpose tabs are populated based on their assigned Document Types.

## Secure Documents Tabs

Secure Documents tabs, or Secure tabs, are the only types of tabs where access is restricted by User Group rights. Create Secure tabs to control access to sensitive medical record documents, such as HIV test results or mental health records. Only users who have been granted access to Secure tabs can view documents within those tabs.

---

**Caution:** Sensitive Document Types should be assigned only to a Secure tab and not to any other type of tabs configured for the facility or cross-facility. If a document is in both a Secure tab and a non-Secure tab, then any user who has access to the chart can view the document in the non-Secure tab.

---

## Best Practices for Secure Tabs

When configuring Secure tabs, adhere to the following best practices:

- Ensure all sensitive Document Types are assigned to Secure tabs. If a sensitive Document Type is not assigned to any tabs for a facility, and the facility has an **Other Documents** tab configured, then users can view the sensitive Document Types in the **Other Documents** tab.
- Be sure to recycle the Application Server's application pool as soon as possible after assigning Document Types to a Secure tab. Before the application pool is recycled, the Medical Records Unity Client and OnBase Patient Window can still display secure documents outside the context of the Secure tab. Be aware recycling the application pool may disconnect users who are currently logged on to OnBase through the Application Server.
- Remove all sensitive Document Types from a Secure tab before changing a Secure tab to another tab type. When a Secure tab is changed to another tab type, all User Groups assigned to the tab will be removed, and any users who have access to the chart will have access to the documents in the tab.
- Do not configure a Secure tab as the default tab for a facility. The default tab must be accessible to all users who can view the chart.

## Printing Secure Documents

In the Medical Records Unity Client, if a user chooses to print either an entire chart or a print template, the user cannot print a document in a Secure tab unless the user has access to the tab.

In OnBase Patient Window, users can print only the document currently displayed in the viewer. If the user cannot access the document because it is on a secure tab, then the user cannot print the document using OnBase Patient Window.

## Deficiencies on Secure Documents

Physicians and secondary signers do not require privileges to Secure tabs to address deficiencies on documents in Secure tabs. Secure tab configuration also is ignored for covering physicians and proxy users addressing deficiencies.

In Completion, if a physician has a deficiency on a document in a Secure tab, then a covering physician or proxy user can access the document, regardless of whether their User Group has privileges to the tab.

## Personal Tabs With Secure Documents

Document Types assigned to Secure tabs are available within Personal Tab configuration, even for users who do not have rights to those tabs. However, Personal Tabs will display secure documents only to the users who have rights to view them.

## Displaying Non-Sensitive Documents in Secure Tabs

You can configure non-sensitive documents to show up in the same tab as sensitive documents. For example, suppose you want a tab to contain all lab results, including HIV test results, but only certain users should be able to see the HIV test results.

To accommodate this situation, create two Secure tabs, and then assign Document Types and User Group access as outlined in the following table.

Setting	Labs Tab (No HIV Tests)	Labs Tab (HIV Tests)
Tab Type	Secure	Secure
User Group	All clinical user groups except HIV (privileged) user group	HIV (privileged) user group
Document Types	Chem Panels CBC	Chem Panels CBC HIV Tests

## Patient Custom Query Tabs

New Patient Custom Query tabs cannot be configured at the cross-facility level. All patient documents should be contained within the Documents or Secure Documents tab types.

---

**Note:** A Patient Custom Query tab may be available at the cross-facility level only if it was configured in an earlier version of OnBase. The Patient Custom Query tab is legacy functionality retained at the cross-facility level for backwards compatibility only. If a legacy Patient Custom Query tab is configured to display documents that do not belong to a medical record Document Type Group, be aware the non-medical documents cannot be filtered using the filter pane.

---

Patient Custom Query tabs typically contain patient-level documents, such as patient identification or insurance cards.

Patient Custom Query tabs are populated by a custom query configured to retrieve relevant documents by MPI or MRN. Once configured, this custom query is assigned in Medical Client Settings.

## Other Documents Tabs

Other Documents tabs contain medical record documents whose Document Types are not assigned to any other tabs. You must create one tab using the Other Documents tab type.

In OnBase Patient Window, the Other Documents tab displays medical record Document Types that are not assigned to any cross-facility tabs.

---

**Caution:** If an Other Documents tab is not configured, and a document whose Document Type is not assigned to a tab is added to a patient record, then the document cannot be viewed within the tabs in the record.

---

## Reference Tab

The Reference tab displays clinical documents that should not be filtered out based on filter criteria. This tab is useful for displaying patient-level documents even when chart-level filter criteria are applied.

The Reference tab feature requires a database update and is not available in a default installation. Once enabled, the Reference tab is displayed only in OnBase Patient Window.

To enable the Reference tab:

1. Configure a custom query to retrieve documents for the Reference tab.
  - This custom query must retrieve documents using the Keyword Type mapped to the **MPI** chart data field. If MPIs are configured to require assigning authorities, then the Keyword Type for the MPI assigning authority also must be used for retrieval.
  - Only documents that belong to medical record Document Types are retrieved.
  - Users must have privileges to this custom query in order to see documents in the Reference tab.
  - If the custom query retrieves documents that belong in a Secure tab, be aware the documents will be visible in the Reference tab to users who have privileges to the custom query.
2. Take note of the custom query ID number.
3. Contact your first line of support to make the database update necessary to enable the Reference tab. Provide your support representative the ID number of the custom query you configured.

## Personal Tab

Each user can create a Personal Tab from within the OnBase Patient Window and the Medical Records Unity Client. Personal Tabs are populated based on user-selected Document Types. These tabs cannot be configured in OnBase Configuration.

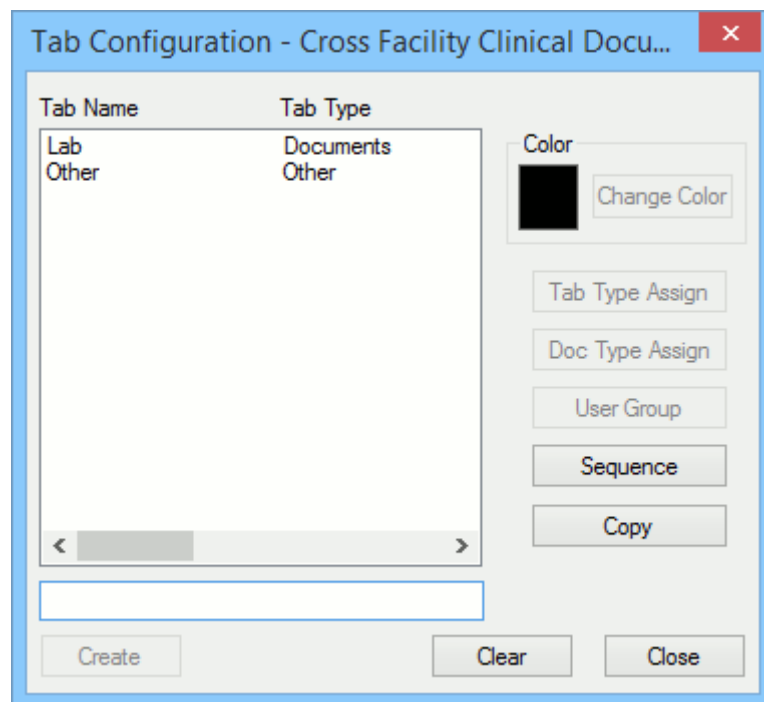
The Personal Tab is displayed in green. Keep this in mind when configuring tab colors.

## Creating a Cross-Facility Tab

When a patient record is opened in the OnBase DeficiencyPop, its contents are organized according to the cross-facility tab configuration.

To create a cross-facility tab:

1. In the OnBase Configuration module, select **Medical | Facilities | Cross Facility Clinical Document Tabs**.



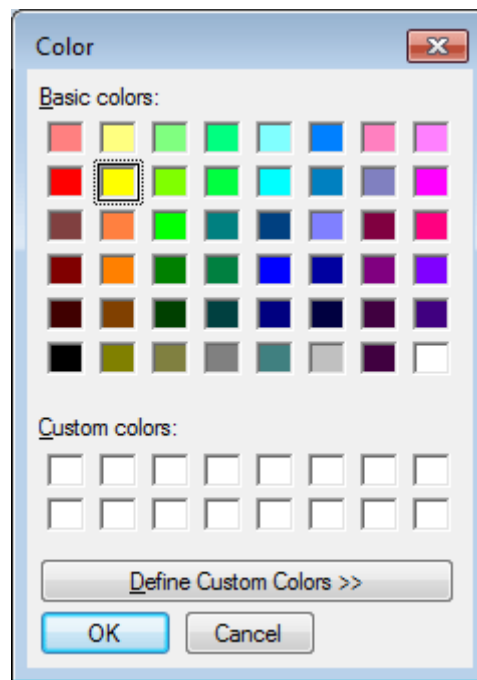
2. Type a name for a tab in the **Tab Configuration** dialog box. For example, a tab could be named Doctor Notes, Lab Results, or Discharge.
3. Click **Create**.
4. Go to [Configuring Tab Settings on page 101](#).

## Configuring Tab Settings

Once a tab is created, you can assign it a color and tab type.

To configure tab settings:

1. Select the tab in the **Tab Configuration** dialog box.
2. Click **Change Color**.
3. Select a color for the tab and click **OK**.

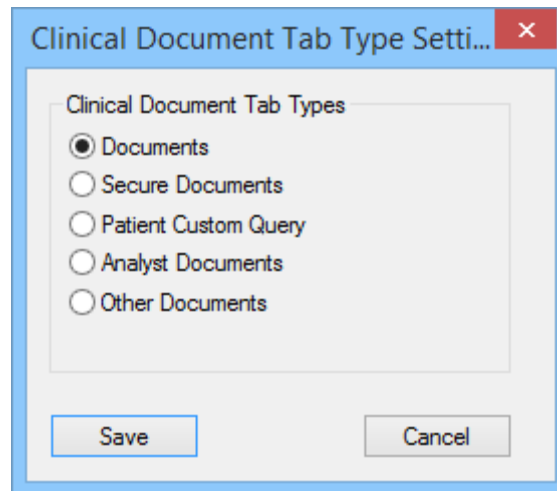


---

**Tip:** Choose a color that will allow the tab's label to be easily read. When a tab is selected, the label text is white. When the tab is not selected, the label text is black. Tab colors that are too light or too dark will make the label difficult to read.

---

4. Click **Tab Type Assign**. The **Clinical Document Tab Type Settings** dialog box is displayed.



5. Select a tab type.

---

**Caution:** Be sure to configure an Other Documents tab. If an Other Documents tab is not configured, and a document whose Document Type is not assigned to a tab is added to a chart, then documents belonging to that Document Type cannot be viewed within the chart.

---

6. Click **Save**.

## Assigning Document Types to Tabs

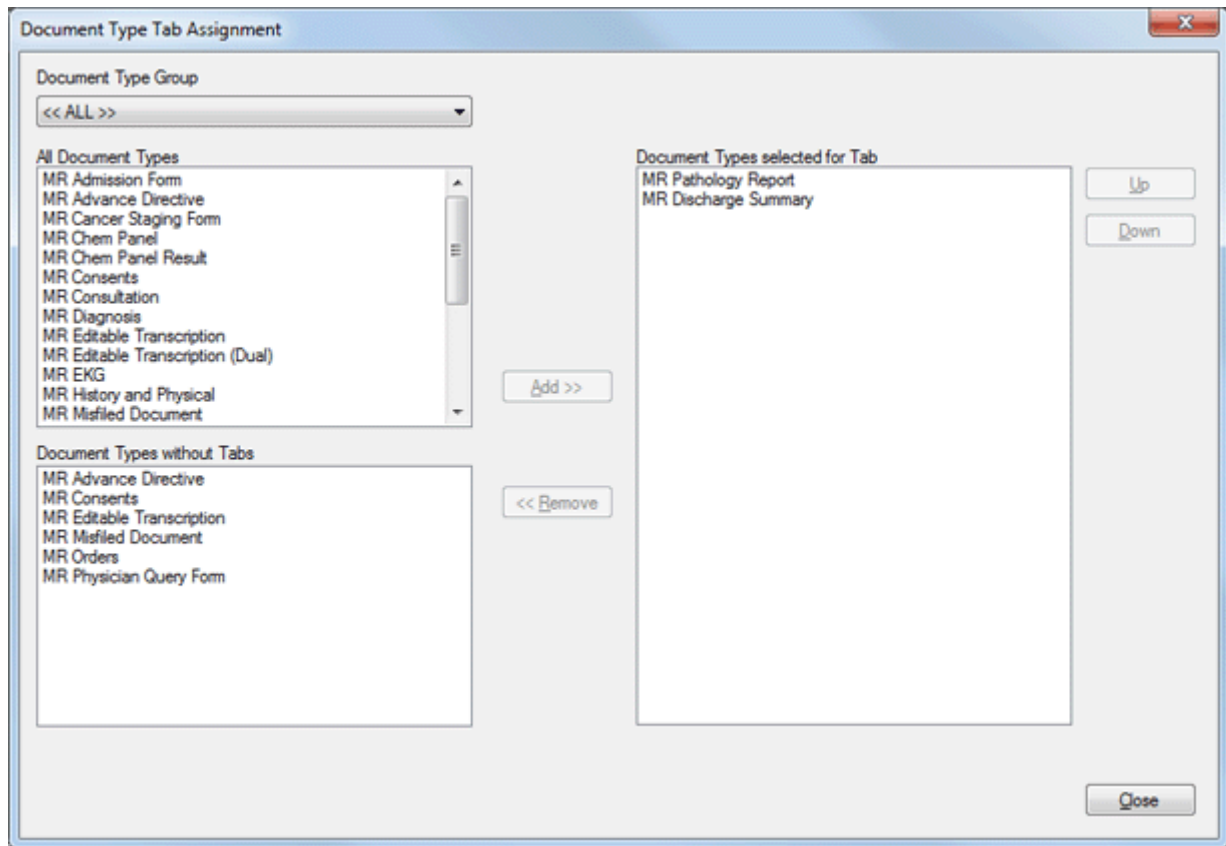
To display documents, the following types of tabs must have one or more Document Types assigned:

- Documents
- Secure Documents

This configuration also allows you to specify the default order of Document Types in a tab, though some modules allow users to sort documents using criteria other than Document Type.

To assign Document Types to a tab:

1. Select the tab from the **Tab Configuration** dialog box.
2. Click **Doc Type Assign**. The **Document Type Tab Assignment** dialog box displays all Document Types residing in a medical record Document Type Group.



3. Select a **Document Type Group** to filter the lists of available Document Types.
4. Select one or more Document Types from one of the following panes:
  - **All Document Types**—Displays all Document Types in the selected Document Type Group.
  - **Document Types without Tabs**—Displays all Document Types not associated with a tab. (For tabs configured at the facility level, this list is specific to the current facility. For tabs configured at the cross-facility level, this list displays Document Types not assigned to a cross-facility tab.)

---

**Note:** Although medical record Document Types for clinical patient documents can be assigned to tabs at the facility level, clinical patient documents are not displayed in the context of a medical chart.

---

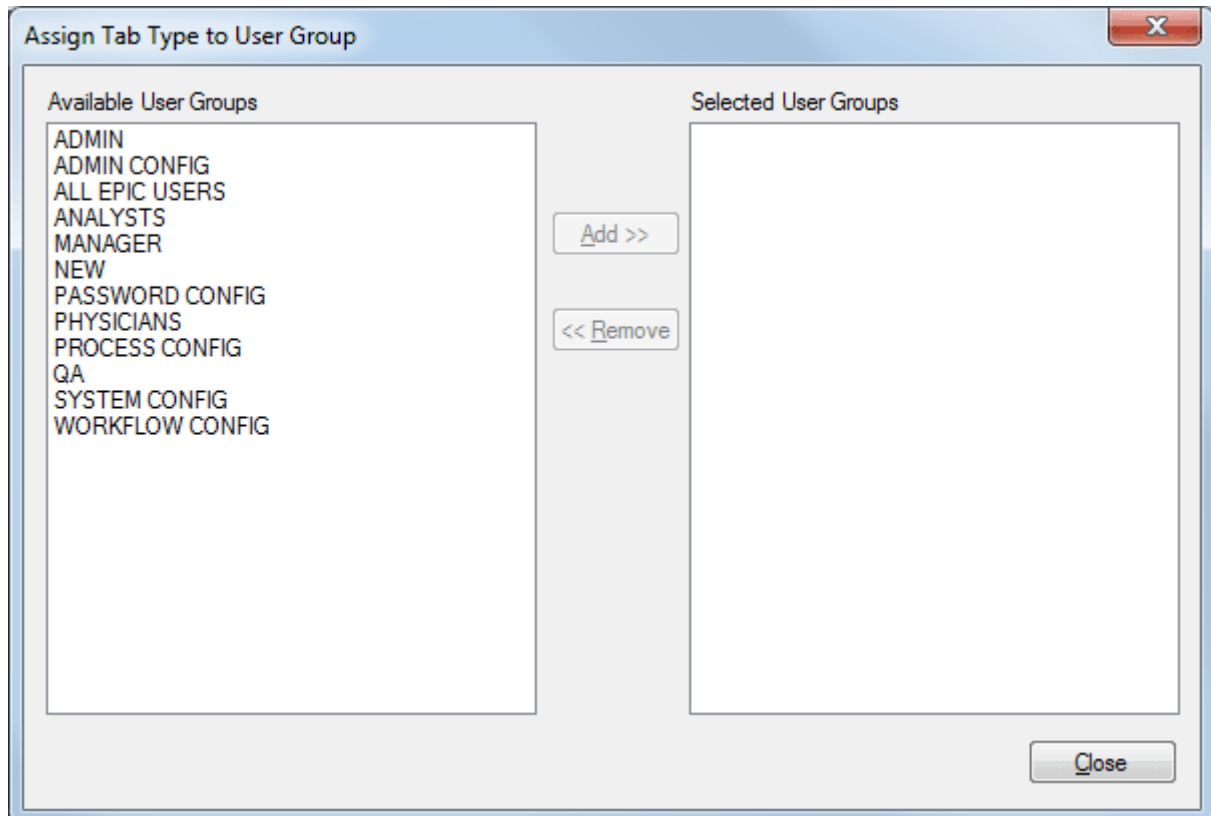
5. Click **Add**.
6. Repeat for all Document Types you want to be available from this tab.
7. Use the **Up** and **Down** buttons to change the default Document Type order for this tab.
8. Click **Close** when finished.

## Assigning User Groups to Secure Tabs

If you are configuring a **Secure Documents** tab, then you must grant the appropriate User Groups access to the tab. For information about Secure tabs, see [Secure Documents Tabs on page 97](#).

To assign User Groups to a Secure tab:

1. Select the tab from the **Tab Configuration** dialog box.
2. Click **User Group**. The **Assign Tab Type to User Group** dialog box is displayed.



3. Select a User Group from the **Available User Groups** list.
4. Click **Add**.
5. Repeat for each User Group that requires access to this tab.
6. Click **Close** when finished.

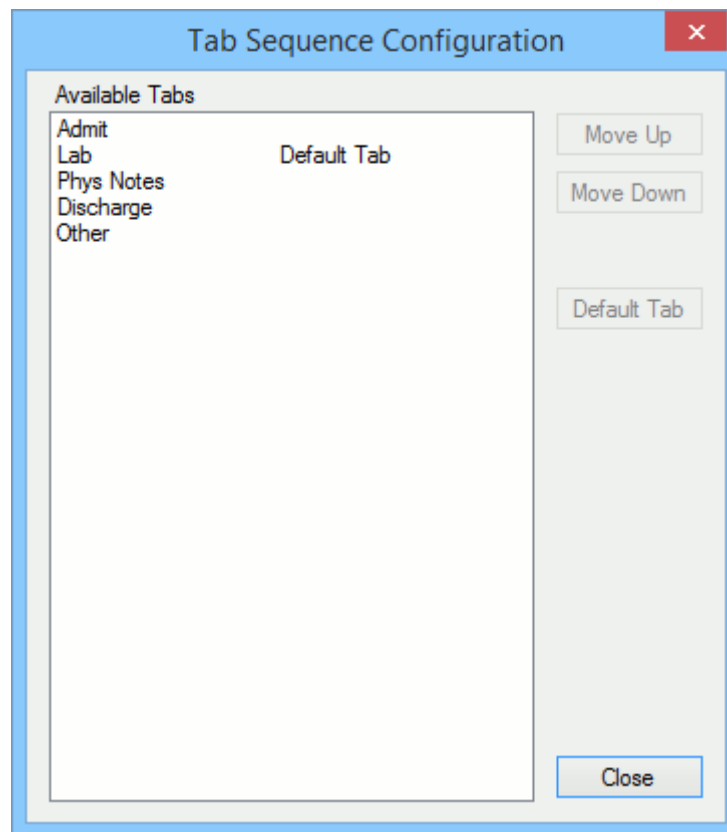


## Configuring the Tab Sequence

When a chart or record is retrieved, the configured tabs are always displayed in a specific sequence. Use the following steps to configure the tab sequence and to designate a default tab.

To configure tab sequence:

1. Click **Sequence** to display the **Tab Sequence Configuration** dialog box.



2. Select a tab to designate as the default tab.
3. Click **Default Tab**.
  - If you close the **Tab Configuration** dialog box without assigning a default tab, OnBase displays an error indicating that no default tab has been chosen.
  - See the following topic for other factors affecting default tab selection.

---

**Caution:** Do not configure a secure tab as the default tab. The default tab must be accessible to all users who can view the record or chart.

---

4. Use the **Move Up** and **Move Down** buttons to move the selected tab up or down in the tab sequence.
5. Click **Close** when finished.

## Default Tab Selection

When a user opens a record in OnBase Patient Window, the following logic determines which tab is selected by default:

1. If a tab ID is passed in on the URL query string, then the record is opened to the specified tab.
2. If the tab ID is not passed on the query string, is not accessible to the user, or if the tab contains no documents, then the record is opened to the user's Personal Tab (if configured).
3. If the Personal Tab contains no documents or is not configured, then the record is opened to the default tab in cross-facility tab configuration.
4. If the default tab contains no documents, then the record is opened to the first tab containing documents.
5. If the record contains no documents, then one of the following will occur:
  - OnBase Patient Window selects the first case tab available for the patient.
  - If the patient has no case tabs that the user can view, then OnBase Patient Window selects the New tab.

# Physician Configuration

OnBase allows specific users to be configured as physicians. Physician users can be designated as the attending, admitting, or primary care physicians on charts in OnBase. In some modules, these users also have elevated chart access privileges.

See the following topics:

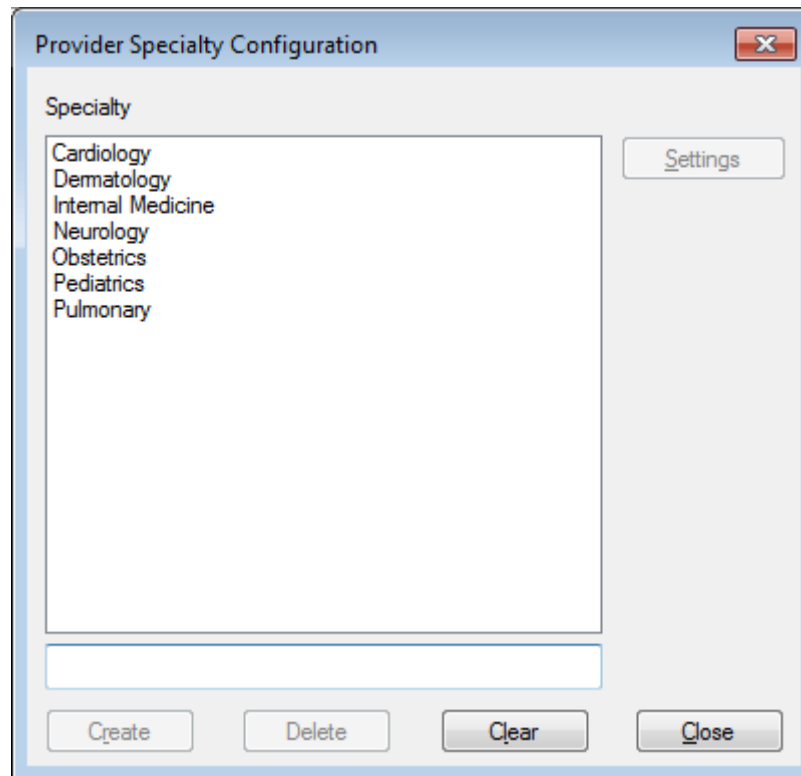
- [Configuring Provider Specialties on page 108](#)
- [Configuring Physician Information on page 110](#)
- [Configuring Physician Medical Groups on page 113](#)
- [New Physician Queue on page 117](#)
- [Configuring the Physician Import Processor on page 121](#)
- [Deleting Physicians on page 134](#)

## Configuring Provider Specialties

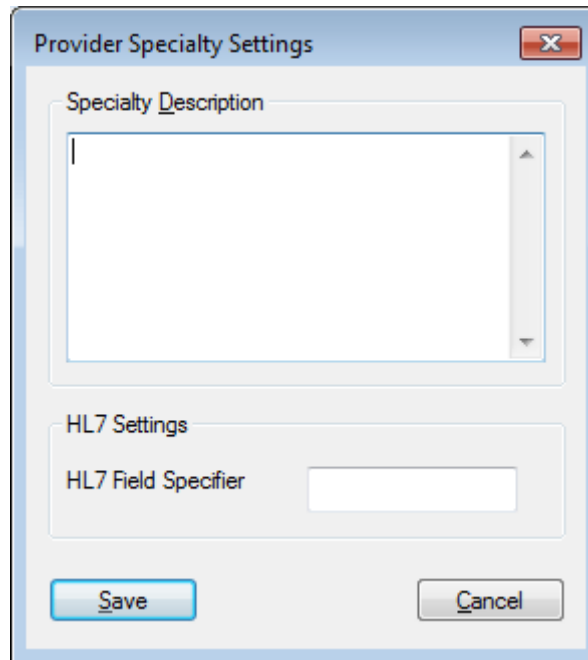
You can associate a physician with a primary specialty in Physician Information Configuration. For a specialty to be available, you must first configure it using Provider Specialty Configuration.

To configure a specialty, complete the following steps:

1. Select **Medical | Physicians | Provider Specialty**. The **Provider Specialty Configuration** dialog box is displayed.



2. Enter the name of the specialty and click **Create**. The **Provider Specialty Settings** dialog box is displayed.



The image shows a dialog box titled "Provider Specialty Settings". It has a standard Windows-style title bar with a close button (X) in the top right corner. The dialog is divided into two main sections. The top section is labeled "Specialty Description" and contains a large, empty text area with a vertical scrollbar on the right. The bottom section is labeled "HL7 Settings" and contains a label "HL7 Field Specifier" followed by a small, empty text input field. At the bottom of the dialog, there are two buttons: "Save" on the left and "Cancel" on the right.

3. Enter a description of the specialty.
4. Enter the HL7 code for the specialty in the **HL7 Field Specifier** field.
5. Click **Save**.

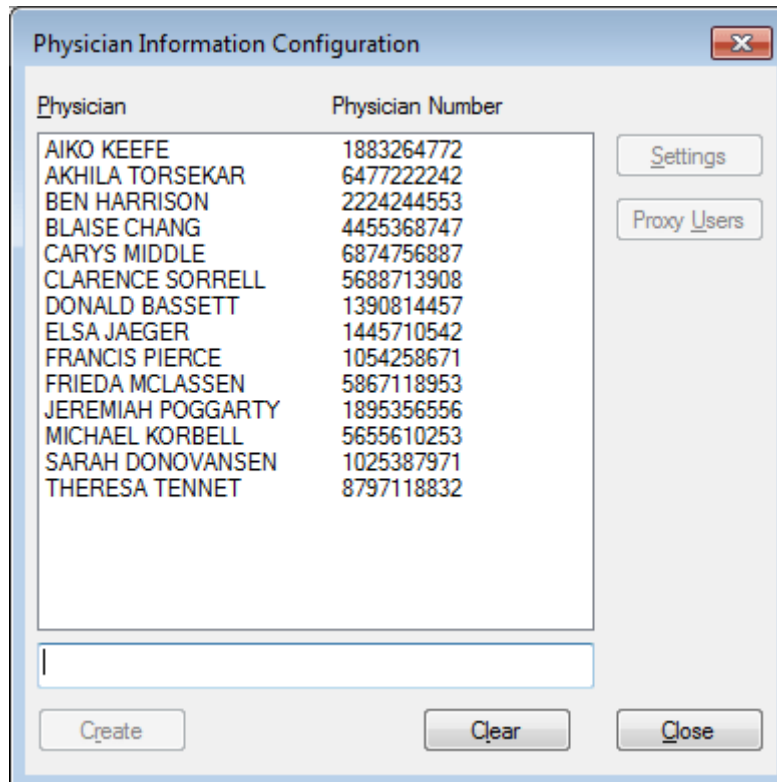
## Configuring Physician Information

Physician Information Configuration allows you to provide personal and professional information for each physician. This information is mapped to a single user account in OnBase. This is a one-to-one relationship, ensuring that multiple physicians cannot be mapped to a single user account.

You can configure physician information using either OnBase Configuration or the Medical Records Unity Client.

To configure physician information using OnBase Configuration:

1. Select **Medical | Physicians | Physician Information**. The **Physician Information Configuration** dialog box is displayed.



The image shows a screenshot of the "Physician Information Configuration" dialog box. It features a table with two columns: "Physician" and "Physician Number". The table lists 14 physicians and their corresponding numbers. To the right of the table are two buttons: "Settings" and "Proxy Users". Below the table is a text input field. At the bottom of the dialog are three buttons: "Create", "Clear", and "Close".

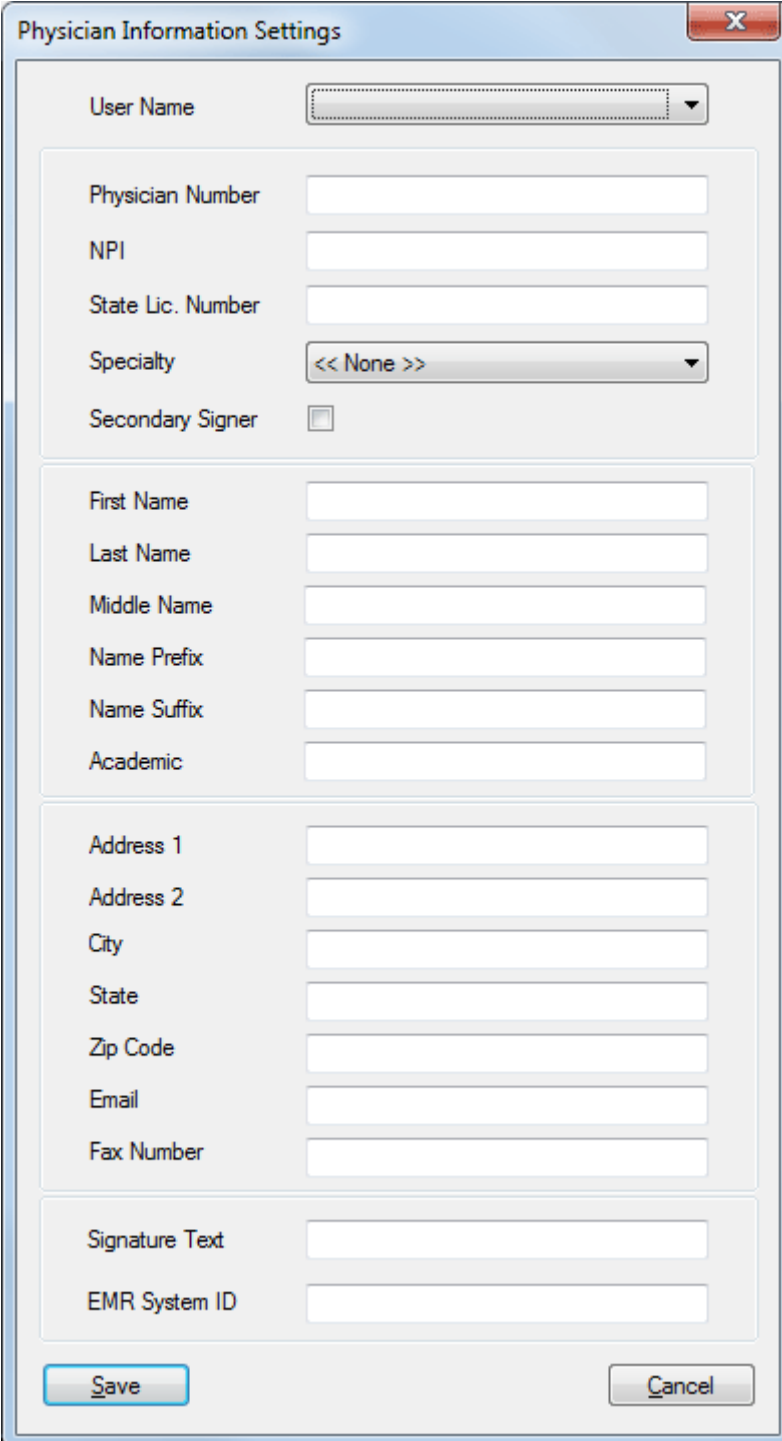
Physician	Physician Number
AIKO KEEFE	1883264772
AKHILA TORSEKAR	6477222242
BEN HARRISON	2224244553
BLAISE CHANG	4455368747
CARYS MIDDLE	6874756887
CLARENCE SORRELL	5688713908
DONALD BASSETT	1390814457
ELSA JAEGER	1445710542
FRANCIS PIERCE	1054258671
FRIEDA MCLASSEN	5867118953
JEREMIAH POGGARTY	1895356556
MICHAEL KORBELL	5655610253
SARAH DONOVANSEN	1025387971
THERESA TENNET	8797118832

---

**Note:** The **Proxy Users** button is available for these licenses: Medical Records Management Solution and Medical Records Completion for OnBase Meditech.

---

2. Enter the name of the physician and click **Create**. The **Physician Information Settings** dialog box is displayed.



The image shows a 'Physician Information Settings' dialog box with a title bar containing a close button (X). The dialog is organized into several sections with labels on the left and input fields on the right.

- User Name:** A dropdown menu.
- Physician Number:** A text input field.
- NPI:** A text input field.
- State Lic. Number:** A text input field.
- Specialty:** A dropdown menu currently showing '<< None >>'.
- Secondary Signer:** A checkbox.
- First Name:** A text input field.
- Last Name:** A text input field.
- Middle Name:** A text input field.
- Name Prefix:** A text input field.
- Name Suffix:** A text input field.
- Academic:** A text input field.
- Address 1:** A text input field.
- Address 2:** A text input field.
- City:** A text input field.
- State:** A text input field.
- Zip Code:** A text input field.
- Email:** A text input field.
- Fax Number:** A text input field.
- Signature Text:** A text input field.
- EMR System ID:** A text input field.

At the bottom of the dialog are two buttons: 'Save' and 'Cancel'.

3. Select the physician's user account from the **User Name** drop-down list.  
If a physician's user account has been deleted from OnBase, then the user account is labeled as **deactivated**. You cannot assign a new physician to a deactivated account.

---

**Caution:** Ensure the correct user account is selected. Once you save the Physician Information Settings, the user account cannot be changed without the -MRMSINSTALL switch and password confirmation. Even with the switch applied, the user account cannot be changed if the physician is assigned or has completed any deficiencies. For a physician's deficiencies to be burned, the user account mapped to the physician during signing must be mapped to a physician at the time of burning. Contact your solution provider for assistance.

---

4. Enter the appropriate physician identification information. The **Physician Number** must be unique to each physician.
5. If the user is a secondary signer or resident, select **Secondary Signer**.

---

**Note:** The **Secondary Signer** setting cannot be changed for existing physicians or secondary signers who have outstanding deficiencies. All deficiencies assigned to the physician or secondary signer must be completed and confirmed before this setting can be changed.

---

6. If the user is a secondary signer or resident, select the **Secondary Signer** check box.
7. To store address information, complete the following fields:

Field	Description
<b>Address 1</b>	The street address for the physician.
<b>Address 2</b>	The second line of the address for the physician, if applicable.
<b>City</b>	The city for the physician.
<b>State</b>	The state for the physician.
<b>Zip Code</b>	The ZIP code for the physician.

8. In the **Signature Text** field, enter the physician's name as it should be displayed when the physician signs deficiencies.

---

**Note:** It is strongly recommended to configure the **Signature Text** field for physicians who will sign deficiencies. If the **Include Physician Number in Signature Text** setting is disabled in Medical System Settings, then the signature text is the only means of identifying the signing physician.

---

9. If the physician will access OnBase using an external system integration, such as OnBase for Meditech, configure the **EMR System ID** for the physician.
10. Click **Save**.



## Configuring Physician Medical Groups

Physicians who belong to the same Physician Medical Group may cover (complete deficiencies) for each other.

Physicians who belong to the same Physician Medical Group can have different levels of coverage for each group member. Levels of access include viewing other physicians' charts, completing chart-level deficiencies, and completing any deficiencies.

When one physician signs documents for another physician, the signature correctly reflects that a covering physician signed (Elec. Signed By Physician A for Physician B on date time).

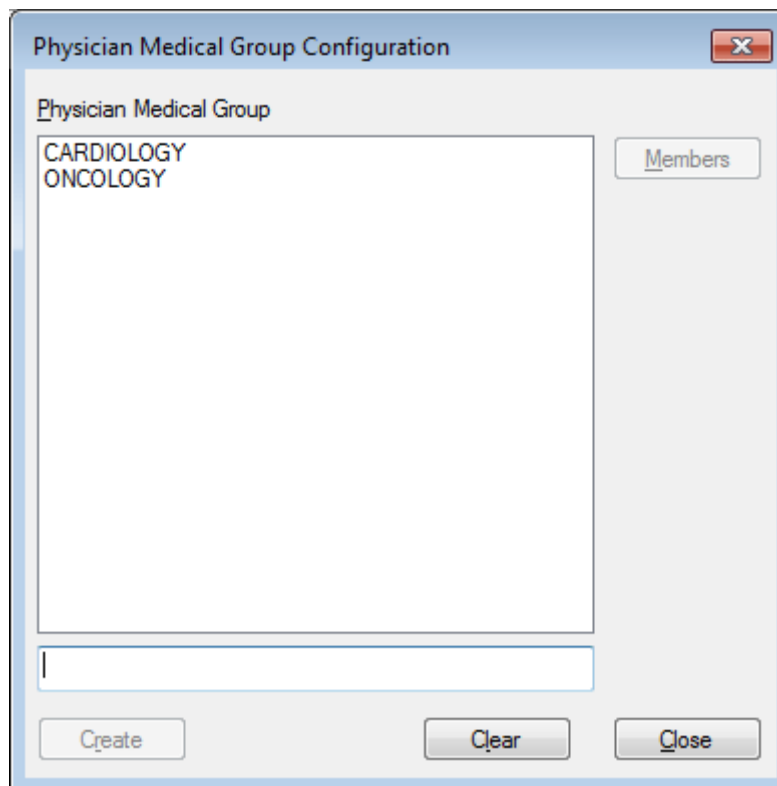
---

**Note:** In Completion, covering physicians only have access to deficiencies they are allowed to complete. For more information, see [Covering for Physicians in a Medical Group on page 116](#).

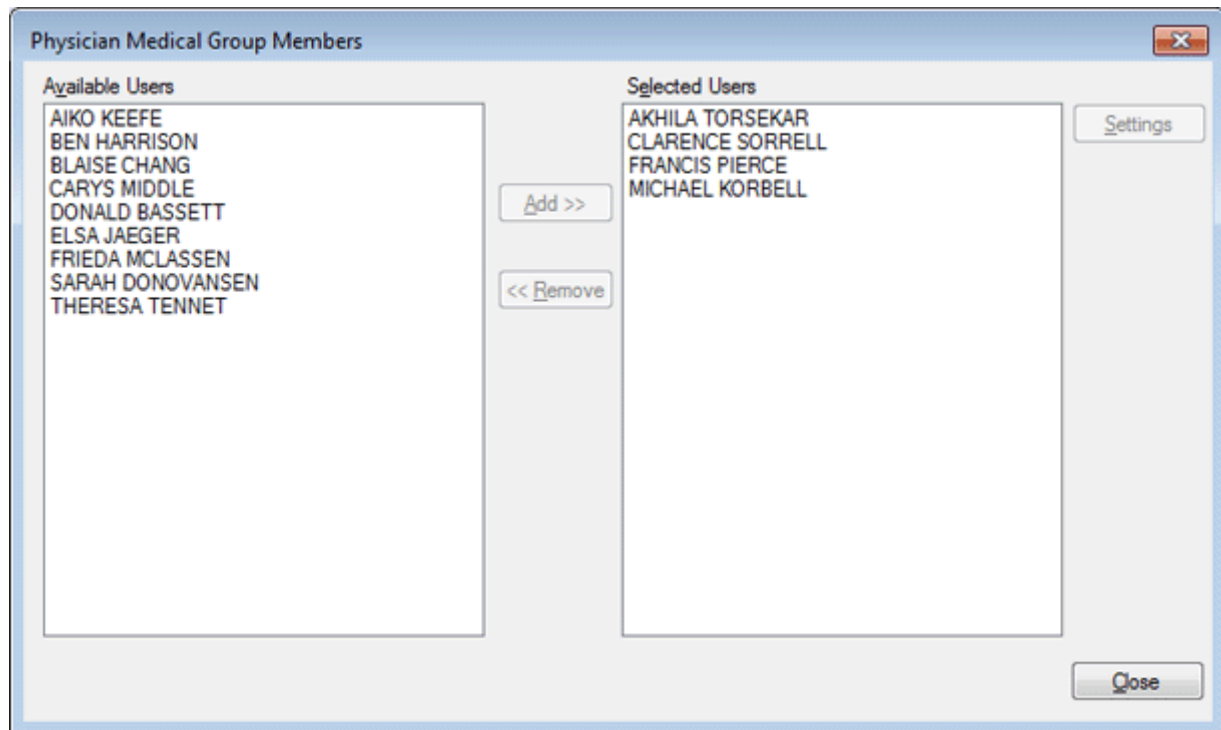
---

To assign a physician to a Physician Medical Group:

1. Select **Medical | Physicians | Physician Medical Groups**. The **Physician Medical Group Configuration** dialog box is displayed.



2. Type the name of the Physician Medical Group and click **Create**. The **Physician Medical Group Members** dialog box is displayed.



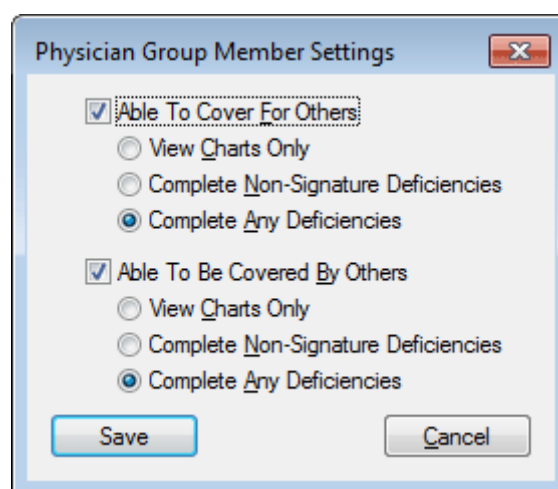
3. Select the appropriate physicians from the **Available Users** list and click **Add>>**.

---

**Note:** Secondary signers are not able to cover for or be covered by other physicians, even if they are members of the same Physician Medical Group.

---

4. Select a physician and click **Settings**. The **Physician Group Member Settings** dialog box is displayed.



5. If the selected physician can cover for other physicians in the Physician Medical Group, select **Able To Cover For Others**.
6. Select the appropriate level of access.
  - **View Charts Only** allows the selected physician to view other physicians' charts through Chart Search in the Medical Records Unity Client, but prohibits the physician from performing any chart Completion functions.
  - **Complete Non-Signature Deficiencies** allows the selected physician to address chart-level (Missing Document and Dictation) deficiencies on other physicians' charts. Physicians with this level of coverage cannot complete another physician's document-level deficiencies.
  - **Complete Any Deficiencies** allows the selected physician to address all deficiencies on other physicians' charts, depending on the other physicians' **Able To Be Covered By Others** settings.
7. If other physicians in the Physician Medical Group can cover for the selected physician, select **Able To Be Covered By Others**.
8. Select the appropriate level of access for other physicians.
  - **View Charts Only** allows other physicians to view the selected physician's charts through Chart Search in the Medical Records Unity Client, but prohibits other physicians from performing any chart Completion functions.
  - **Complete Non-Signature Deficiencies** allows other physicians to address chart-level (Missing Document and Dictation) deficiencies on the selected physician's charts. Other physicians cannot complete document-level deficiencies for the selected physician.
  - **Complete Any Deficiencies** allows other physicians to address all deficiencies on the selected physician's charts, depending on other physicians' **Able To Cover For Others** settings.
9. Click **Save**.
10. When finished, click **Close**.

## Covering for Physicians in a Medical Group

Physicians belonging to the same Physician Medical Group can cover deficiencies for each other, as long as they meet the following criteria:

- The physicians must belong to the same Physician Medical Group.
- The physician assigned to the deficiency must be configured as **Able To Be Covered By Others**, with one of the deficiency completion settings enabled.
- The covering physician must be configured as **Able to Cover For Others**, with one of the deficiency completion settings enabled.
- The physicians must not be secondary signers. Secondary signers cannot cover for or be covered by other physicians.
- If two physicians are assigned to different facilities, and neither physician is assigned to a locked-down facility, then the physicians can cover for each other.
- A physician can cover deficiencies on a chart at a locked-down facility only if the physician is explicitly assigned to the locked-down facility.
- If a physician is assigned to a locked-down facility, then the physician can cover deficiencies only for charts at facilities the physician is assigned to.

## New Physician Queue

The HL7 **Create/update physician from Master File** import process can create and update physician users by processing master files from external systems. New physician users are automatically added to the **New Physician Queue**, where you can do the following:

- Configure each physician's user settings.
- Add the physician to a User Group.
- Verify the physician's information.

Unless the HL7 import process is configured to add new physician users to a User Group, you must add them manually from the **New Physician Queue**. New physician users must be assigned passwords before they can log on to OnBase.

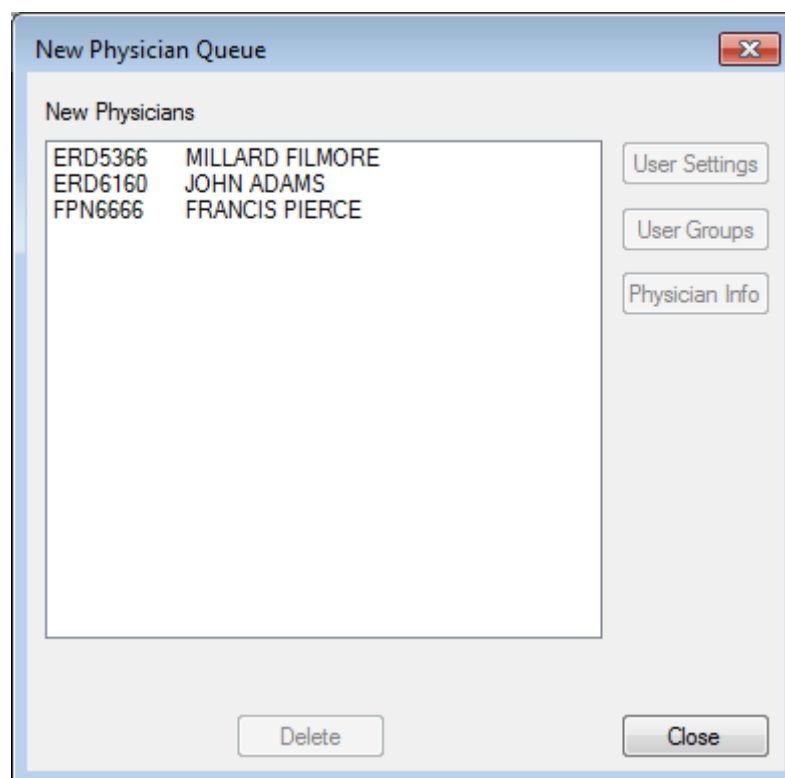
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**Note:** Only physician users can be created/updated. To limit the process to create/update physician users only, the STF.4 field should be configured to filter on a value of **Physician** in HL7 Message Template configuration. For information about configuring the HL7 module to process master files, see the HL7 help files.

---

To configure new physicians created by HL7:

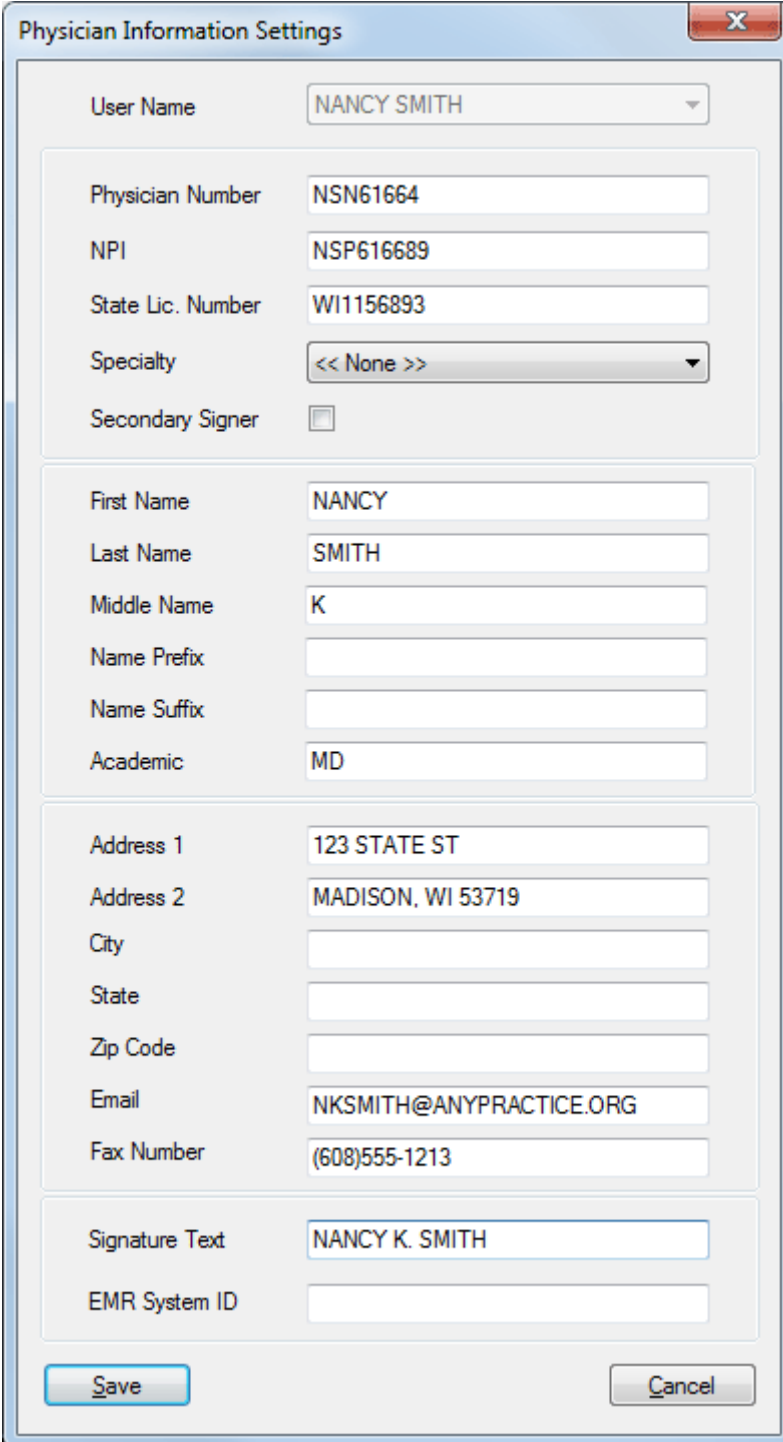
1. Select **Medical | Physicians | New Physician Queue**. The **New Physician Queue** dialog box displays new physician users created by the HL7 Import Process.



2. Select a physician and click **User Settings**. The **User Settings** dialog box is displayed. Some fields are automatically populated with information from the HL7 message.

3. Select **Update Password**. Type and verify the physician's password.
4. Enter or edit any user settings as needed.  
For more information about the settings in this dialog box, see the Configuration module help.
5. Click **Save**.
6. Click **User Groups**. The **Groups** dialog box is displayed. Select the physician's User Group(s) and click **Add**.
7. Click **Close**.

8. Click **Physician Info**. The **Physician Information Settings** dialog box is displayed. Some fields are automatically populated with information from the HL7 message.



The image shows a 'Physician Information Settings' dialog box with a title bar containing a close button (X). The dialog is organized into several sections with labels on the left and input fields on the right. The 'User Name' field is a dropdown menu showing 'NANCY SMITH'. Below it is a group box containing 'Physician Number' (text field: NSN61664), 'NPI' (text field: NSP616689), 'State Lic. Number' (text field: WI1156893), 'Specialty' (dropdown menu: << None >>), and 'Secondary Signer' (checkbox: unchecked). Another group box contains 'First Name' (text field: NANCY), 'Last Name' (text field: SMITH), 'Middle Name' (text field: K), 'Name Prefix' (text field: empty), 'Name Suffix' (text field: empty), and 'Academic' (text field: MD). A third group box contains 'Address 1' (text field: 123 STATE ST), 'Address 2' (text field: MADISON, WI 53719), 'City' (text field: empty), 'State' (text field: empty), 'Zip Code' (text field: empty), 'Email' (text field: NKSMITH@ANYPRACTICE.ORG), and 'Fax Number' (text field: (608)555-1213). The bottom section contains 'Signature Text' (text field: NANCY K. SMITH) and 'EMR System ID' (text field: empty). At the bottom of the dialog are 'Save' and 'Cancel' buttons.

User Name	NANCY SMITH
Physician Number	NSN61664
NPI	NSP616689
State Lic. Number	WI1156893
Specialty	<< None >>
Secondary Signer	<input type="checkbox"/>
First Name	NANCY
Last Name	SMITH
Middle Name	K
Name Prefix	
Name Suffix	
Academic	MD
Address 1	123 STATE ST
Address 2	MADISON, WI 53719
City	
State	
Zip Code	
Email	NKSMITH@ANYPRACTICE.ORG
Fax Number	(608)555-1213
Signature Text	NANCY K. SMITH
EMR System ID	

9. Enter or edit the physician's information as needed.

10. Click **Save**.

After configuring a physician's information, you can remove the physician from the **New Physician Queue**.

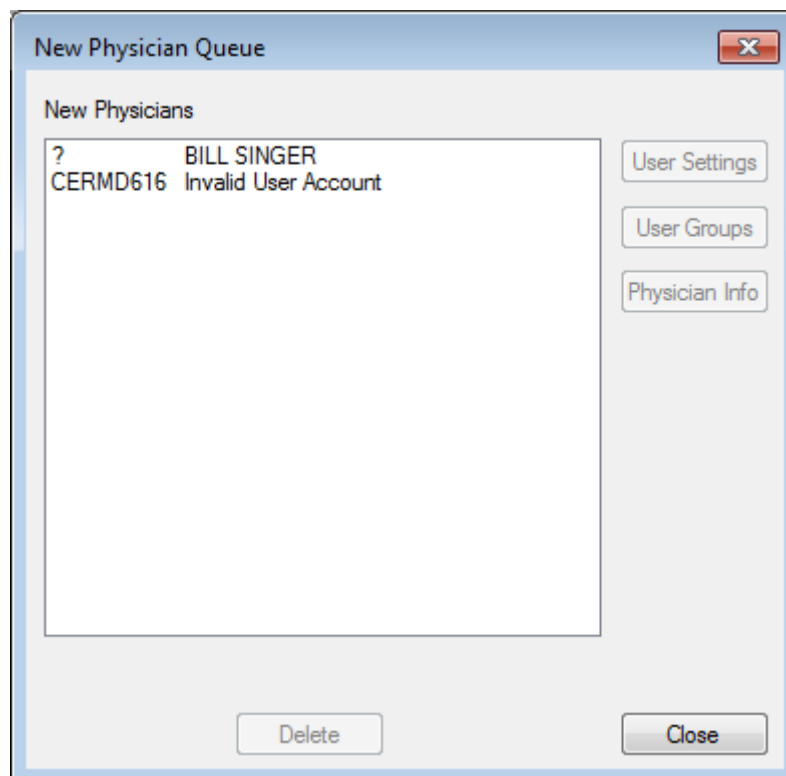
11. Select the physician and click **Delete** to remove the physician's name from the **New Physician Queue**. (The physician is not removed from OnBase.)

12. Click **Close** when finished. If your system is configured to use Physician Medical Groups, add the new physician to the appropriate Medical Groups.

## Addressing Invalid Accounts

If a new physician's account information is invalid, the **New Physician Queue** displays either a question mark or the message **Invalid User Account**.

- If **?** is displayed for the Physician Number, then the OnBase user account is not set up as a physician in OnBase. To remove the physician from this list, click **Delete**. To map the physician to an existing user account, go to **Medical | Physicians | Physician Information**.
- If **Invalid User Account** is displayed for a physician's name, then the physician's OnBase user account has been deactivated. To remove the physician from this list, select the invalid user account and click **Delete**.





## Configuring the Physician Import Processor

The Physician Import Processor provides a way to bulk-create and update physician users in OnBase. The processor works by using information in an import file to create and update physician user accounts.

To configure a physician import process, see the following topics:

- [Requirements for the Physician Import File on page 121](#)
- [Requirements for Updating Physicians on page 121](#)
- [Requirements for Deactivating Physicians on page 122](#)
- [Creating a Physician Import Process on page 123](#)
- [Specifying a Process Path on page 124](#)
- [Configuring Formatting Settings on page 125](#)
- [Defining the Field Order on page 127](#)
- [Assigning Privileges to Run the Physician Import Processor on page 133](#)

## Requirements for the Physician Import File

The import file is a text file containing physician data that should be created or updated in OnBase. Some EMR applications provide the ability to export this type of file.

The import file must satisfy the following requirements:

- The file must be a text (.txt) file.
- At a minimum, the following values must be provided for each physician:
  - User Name
  - Physician Name
  - Physician Number
  - Either the name or ID number for the User Group the new user should be added to

The expected field order and formatting are configurable. For information about available fields, see [Available Fields on page 128](#).

The following illustration provides an example of data in an import file.

```
"HMICHAELS", "HEATHER MICHAELS", "E1132111", "PHYSICIANS", "3119807351"  
"AANDERSON", "ASHTON ANDERSON", "E1385357", "PHYSICIANS", "3118986813"  
"CSMITH", "CINDY SMITH", "E1102098", "PHYSICIANS", "3137824238"  
"ITHOMAS", "INGRID THOMAS", "E1121543", "PHYSICIANS", "3111538968"
```

## Requirements for Updating Physicians

The Physician Import Processor can update Physician Information Settings for existing physicians. Existing physicians can be identified based on their user name, Physician Number, or EMR System ID. To update the Physician Number or EMR System ID for an existing physician, see [Updating Unique Identifiers on page 122](#).

Only physician information can be updated. The Physician Import Processor will not update the user account, user settings, or User Group membership for an existing physician.

## Updating Unique Identifiers

The Physician Import Processor can update the Physician Number and EMR System ID for an existing physician, provided these values remain unique.

The Physician Import Processor checks the following, in order of precedence:

- If the specified user name matches an existing physician, then the import process can update the physician's Physician Number and EMR System ID, provided the new values are unique.
- If no user name is provided, but the specified Physician Number matches an existing physician, then the import process can update the physician's EMR System ID, provided the new value is unique.
- If no user name is provided, but the specified EMR System ID matches an existing physician, then the import process can update the physician's Physician Number, provided the new value is unique.

The Physician Import Processor cannot change the user account mapped to an existing physician. If you attempt to change a physician's user name, the verification report displays an error saying a user name already exists for the physician.

## Requirements for Deactivating Physicians

The Physician Import Processor can deactivate physicians by deleting their user accounts and marking them as deactivated in Physician Information Settings.

Only physicians without any outstanding deficiencies can be deactivated. If a physician has deficiencies assigned, then the physician cannot be deactivated until the deficiencies are confirmed.

---

**Note:** Once a physician is deactivated, the Physician Import Processor cannot reactivate the physician. If you foresee a need to reactivate physicians, do not use deactivation. Instead, lock the physicians' user accounts using the **>>Lock User Account** field. This approach allows you to unlock the user accounts in the future, if necessary. See [>>Lock User Account on page 129](#).

---

The import process deactivates physicians using the **>>Deactivated** field of the import file.

- Use a value of **1** to deactivate an active physician and the associated user account.
- Use a value of **0** to indicate an active physician and the associated user account should remain active. This value will not reactivate a deactivated account.

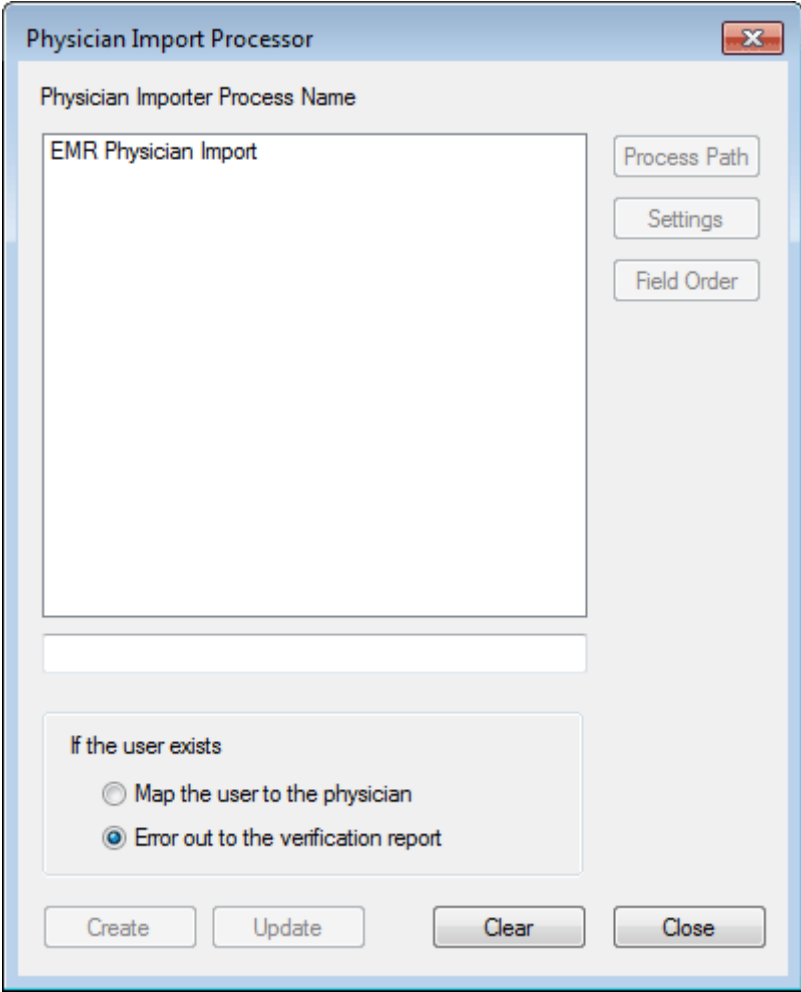
If a user account that does not exist in OnBase has a **>>Deactivated** value of **1**, then the user account will be created and deactivated.

## Creating a Physician Import Process

The Physician Import Processor is configured through physician import processes. These import processes are created in OnBase Configuration.

To create a physician import process:

1. Select **Import | Physician Import Processor**. The **Physician Import Processor** dialog box is displayed.



The image shows a screenshot of the "Physician Import Processor" dialog box. The title bar at the top reads "Physician Import Processor" with a close button (X) on the right. Inside the dialog, there is a section labeled "Physician Importer Process Name" with a large text area containing the text "EMR Physician Import". To the right of this text area are three buttons: "Process Path", "Settings", and "Field Order". Below the text area is a smaller, empty text input field. At the bottom of the dialog, there is a section titled "If the user exists" with two radio button options: "Map the user to the physician" (which is unselected) and "Error out to the verification report" (which is selected). At the very bottom of the dialog are four buttons: "Create", "Update", "Clear", and "Close".

2. Type the import process name in the field provided.

3. Select one of the **If the user exists** options. These options control what happens when the import file specifies an existing user account that is not mapped to a physician.
  - **Map the user to the physician**—The processor creates the new physician information and maps it to the existing user account.
  - **Error out to the verification report**—The processor writes an error to the verification report, and no new physician information is created. The error specifies the name of the existing user account.

These options do not apply to situations where the specified user account is already mapped to a physician. In this case, the settings for the mapped physician are updated to match the settings provided in the import file.
4. Click **Create**.

---

**Tip:** To change the **If user exists** option for an existing process, select the process, change the option, and then click **Update**.

---

5. Continue to the following procedures:
  - [Specifying a Process Path on page 124](#)
  - [Configuring Formatting Settings on page 125](#)
  - [Defining the Field Order on page 127](#)
  - [Assigning Privileges to Run the Physician Import Processor on page 133](#)

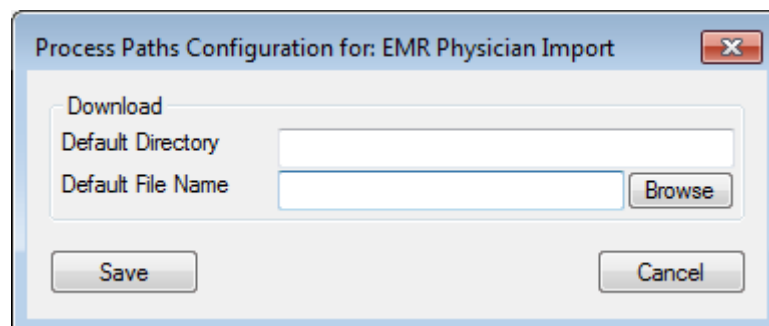
For information about updating existing physicians, see [Requirements for Updating Physicians on page 121](#).

## Specifying a Process Path

Configure the process path to specify the name of the physician import file and where it resides.

To configure the process path:

1. Select the import process.
2. Click **Process Path**. The **Process Paths Configuration** dialog box is displayed.



3. Do one of the following:
  - Click **Browse** to navigate to the directory where the import file will be stored. Select the import file, and then click **Open**.
  - Type the directory and file name in the **Default Directory** and **Default File Name** fields.

The **Default File Name** field supports wildcards, such as \* and ?. For example, set the **Default File Name** to \*.\* if the Physician Import Processor should process all files in the specified directory.

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**Note:** The **Default Directory** path and **Default File Name** value each must be 60 characters or fewer.

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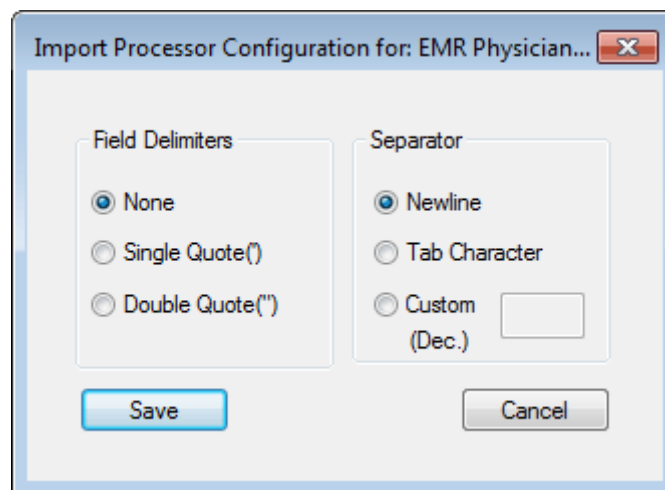
4. Click **Save**.
5. Continue to [Configuring Formatting Settings on page 125](#).

## Configuring Formatting Settings

Physician import process settings define how the file is formatted using delimiters and separators.

To configure formatting settings in OnBase Configuration:

1. Select the import process.
2. Click **Settings**. The **Import Processor Configuration** dialog box is displayed.



3. Under **Field Delimiters**, select one of the options described in the following table. Field delimiters enclose each field value. Delimiters are necessary if a field value might contain the separator symbol, which is used to separate fields.

Field Delimiter	Description
<b>None</b>	Individual field values are not enclosed within characters. In the following example, the values are separated with commas. No delimiters are present. <b>110, JAMES POLK, WESTLAKE OH</b>  <b>Note:</b> Do not select <b>None</b> if values might contain the configured separator symbol.
<b>Single Quote (')</b>	Individual field values are enclosed within single quotation marks. In the following example, the values are separated with commas and delimited with single quotation marks. <b>'110', 'JAMES POLK', 'WESTLAKE, OH'</b>
<b>Double Quote (")</b>	Individual field values are enclosed within double quotation marks. In the following example, the values are separated with commas and delimited with double quotation marks. <b>"110", "JAMES POLK", "WESTLAKE, OH"</b>

**Note:** If a field value contains a character that is also used as a delimiter, then you must type the character twice in succession in order for it to be parsed correctly. For example, **'Smith's Parkway'** must be typed as **'Smith's's Parkway'** to be parsed correctly. The extra character will not be included in the stored field value.

4. Under **Separator**, select one of the options described in the following table. Separators separate field values from each other. They mark the end of one field and the start of another.

Separator	Description
<b>Newline</b>	A new line separates each field.
<b>Tab</b>	A tab character separates each field.
<b>Custom</b>	A specific character separates each field. If the physician import file does not use either of the above two separators, select this option. In the text box, type the specific character that occurs between each field.

5. Continue to [Defining the Field Order on page 127](#).

## Defining the Field Order

Field order configuration allows OnBase to identify the physician import file components based on their order in a sequence. For information about available fields, see [Available Fields on page 128](#).

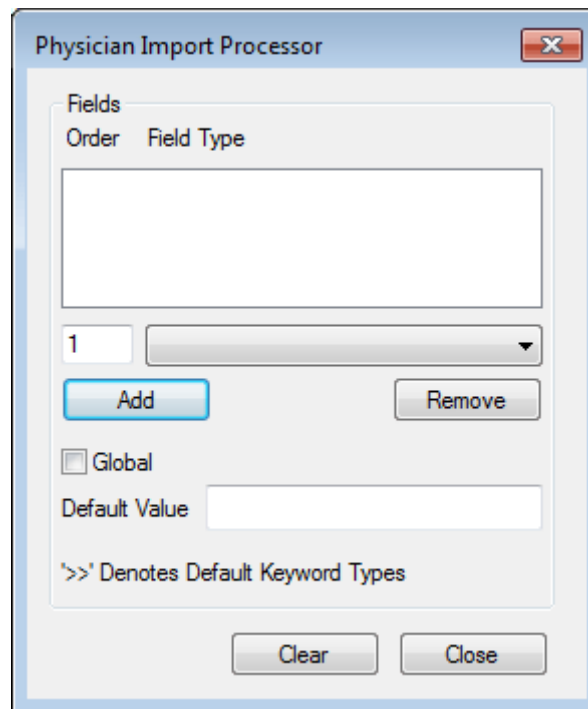
The following fields must be configured:

- **User Name**
- **Physician Name**
- **Physician Number**
- Either **User Group** or **UserGroup Number**

If any of these fields is not configured, a warning message is displayed when you attempt to close the field order dialog box.

To define the field order:

1. Select the import process and click **Field Order**. The **Physician Import Processor** dialog box is displayed.

The image shows a Windows-style dialog box titled "Physician Import Processor" with a close button (X) in the top right corner. Inside the dialog, there is a section labeled "Fields" containing a table with two columns: "Order" and "Field Type". The table is currently empty. Below the table, there is a text input field containing the number "1" and a dropdown menu. To the right of these are "Add" and "Remove" buttons. Below the "Add" button is a checkbox labeled "Global". Below the "Global" checkbox is a text input field labeled "Default Value". At the bottom of the dialog, there is a note that says "'>>' Denotes Default Keyword Types" and two buttons labeled "Clear" and "Close".

This dialog box allows you to map physician and user settings to their respective positions in the physician import file.

2. In the **Order** field, type the setting's position in the import file. For example, a value of **2** indicates the setting is provided in the second field for each physician.
  - This value automatically increments when you add a field.

- No order is needed for global values. Because global values are applied to all physicians created using the Physician Import Processor, they are not needed in the import file. To create a global value, see [Applying a Global Value on page 132](#).
- 3. From the drop-down, select the physician or user setting that occurs in that position. For information about available fields, see [Available Fields on page 128](#).
- 4. In the **Default Value** field, type a default value to use in case the field is blank. If the field has a value in the import file, then the value in the import file is used.
- 5. Click **Add**.
- 6. Repeat for each applicable physician user setting.
- 7. Click **Close**.
- 8. See [Assigning Privileges to Run the Physician Import Processor on page 133](#).

## Available Fields

Available fields are described in the following table:

Field	Description
>>Academic	Specifies the physician's academic degree (e.g., MD). This field allows a maximum of 50 characters.
>>Address1	Specifies the first line of the address ( <b>Address 1</b> ) as it should appear in Physician Information Settings. This field allows a maximum of 80 characters.
>>Address2	Specifies the second line of the address ( <b>Address 2</b> ) as it should appear in Physician Information Settings. This field allows a maximum of 80 characters.
>>City	Specifies the city as it should appear in Physician Information Settings. This field allows a maximum of 75 characters.
>>Deactivate	Specifies whether the physician should be deactivated. A value of <b>1</b> indicates that the physician should be deactivated. A value of <b>0</b> indicates that the physician should not be deactivated. For more information, see <a href="#">Requirements for Deactivating Physicians on page 122</a> .
>>Dummy Key	Field value should be ignored. Import files generated by external systems may contain data that is irrelevant to physician configuration in OnBase.
>>Email	Specifies the <b>Email</b> as it should appear in Physician Information Settings and the <b>User's Email</b> as it should appear in User Settings. This field allows a maximum of 80 characters.



Field	Description
>>EMR System ID	<p>Specifies the <b>EMR System ID</b> as it should appear in Physician Information Settings. This field is used by the OnBase solutions for Meditech. The field allows a maximum of 15 characters.</p> <p>For information about updating existing physicians based on EMR System ID, see <a href="#">Requirements for Updating Physicians on page 121</a>.</p> <hr/> <p><b>Note:</b> If supplied, this value must be unique for each physician.</p> <hr/>
>>Fax Number	Specifies the <b>Fax Number</b> as it should appear in Physician Information Settings. This field allows a maximum of 30 characters.
>>First Name	Specifies the physician's first name. This field allows a maximum of 50 characters.
>>Last Name	Specifies the physician's last name. This field allows a maximum of 50 characters.
>>Lock User Account	<p>Specifies whether the physician's user account should be locked. A value of <b>LOCK</b> indicates that the user account should be locked. A value of <b>UNLOCK</b> indicates that the user account should be unlocked.</p> <hr/> <p><b>Note:</b> This field is case sensitive. If LOCK and UNLOCK are not uppercase as shown here, the field will be ignored.</p> <hr/> <p>Account locking provides an alternative to deactivation. For more information, see <a href="#">Requirements for Deactivating Physicians on page 122</a>.</p>
>>Middle Name	Specifies the physician's middle name. This field allows a maximum of 50 characters.
>>Name Prefix	Specifies the prefix to the physician's name (e.g., DR). This field allows a maximum of 10 characters.
>>Name Suffix	Specifies the suffix to the physician's name (e.g., JR or III). This field allows a maximum of 50 characters.
>>NPI	Specifies the physician's <b>NPI</b> as it should appear in Physician Information Settings. This field allows a maximum of 20 characters.

Field	Description
>>Password	<p>Specifies the physician's OnBase password. Ensure passwords satisfy the appropriate password policy, if one is configured. If a password does not satisfy the password policy in effect, the physician will be required to change the password upon login. See the Configuration help files for information about password policies.</p> <hr/> <p><b>Note:</b> If the import file does not provide a password for a physician, then the physician is assigned a default OnBase password. To obtain this password, contact your solution provider. For stronger security, ensure the import file provides a unique, confidential password for each physician.</p> <hr/>
>>Physician Name	<p>Specifies the physician's name as it should appear in Physician Information Configuration. This field allows a maximum of 100 characters.</p> <hr/> <p><b>Note:</b> Each physician must have a unique name to ensure only one physician is assigned per OnBase user. The import process cannot create a new physician if this value matches another physician's.</p> <hr/> <p>This field is required.</p>
>>Physician Number	<p>Specifies the physician's <b>Physician Number</b> as it should appear in Physician Information Settings. This field allows a maximum of 20 characters.</p> <p>For information about updating existing physicians based on Physician Number, see <a href="#">Requirements for Updating Physicians on page 121</a>.</p> <hr/> <p><b>Note:</b> The Physician Number must be unique to each physician.</p> <hr/> <p>This field is required.</p>
>>Physician Signature Text	<p>Specifies the physician's <b>Signature Text</b> as it should appear in Physician Information Settings. This field allows a maximum of 100 characters.</p> <hr/> <p><b>Note:</b> This field applies only to deficiency completion.</p> <hr/>
>>PhysicianGroupName	<p>Specifies the name of the Physician Medical Group that the physician belongs to. Physician Medical Groups are configured in OnBase Configuration under <b>Medical   Physicians   Physician Medical Groups</b>.</p> <p>This field allows a maximum of 50 characters.</p> <p>To add a physician to multiple Medical Groups, ensure the physician import file lists the physician multiple times: once for each Medical Group the physician belongs to.</p>

Field	Description
>>Real Name	Specifies the physician's <b>Real Name</b> as it should appear in User Settings. This field allows a maximum of 100 characters.
>>Secondary Signer	<p>Specifies whether the physician is a secondary signer. A value of <b>0</b> turns off the <b>Secondary Signer</b> setting in Physician Information Settings. Any other numeric value, such as <b>1</b>, turns on this setting.</p> <hr/> <p><b>Note:</b> The <b>Secondary Signer</b> setting cannot be changed for existing physicians or secondary signers who have outstanding deficiencies. All of the physician's or secondary signer's deficiencies must be confirmed before this setting can be changed.</p> <hr/>
>>Specialty HL7 Name	Specifies the physician's specialty by its HL7 field specifier, which is configured in Provider Specialty Configuration. This field allows a maximum of 30 characters.
>>Specialty Name	Specifies the name of the physician's specialty, which is configured in Provider Specialty Configuration. This field allows a maximum of 50 characters.
>>State	Specifies the state as it should appear in Physician Information Settings. This field allows a maximum of 30 characters.
>>State Lic Number	Specifies the state license number as it should appear in Physician Information Settings. This field allows a maximum of 20 characters.
>>User Group	<p>Specifies the name of the User Group the physician should be added to. This field allows a maximum of 128 characters. Either this field or <b>UserGroup Number</b> must be configured.</p> <hr/> <p><b>Tip:</b> If all physicians in the file will belong to the same User Groups, configure the <b>User Group</b> or <b>UserGroup Number</b> field as a global value. Create a global value for each User Group the physicians should belong to. See <a href="#">Applying a Global Value on page 132</a>.</p> <hr/>
>>User Name	<p>Specifies the <b>User's User Name</b> as it should appear in User Settings. This field allows a maximum of 75 characters. For information about updating existing physicians based on user name, see <a href="#">Requirements for Updating Physicians on page 121</a>.</p> <hr/> <p><b>Note:</b> Each physician must have a unique user name to ensure only one physician is assigned per OnBase user.</p> <hr/> <p>This field is required.</p>

Field	Description
>>UserGroup Number	<p>Specifies the internal ID number of the User Group the physician should be added to.</p> <p>Either this field or <b>User Group</b> must be configured.</p> <hr/> <p><b>Tip:</b> If all physicians in the file will belong to the same User Groups, configure the <b>User Group</b> or <b>UserGroup Number</b> field as a global value. Create a global value for each User Group the physicians should belong to. See <a href="#">Applying a Global Value on page 132</a>.</p> <hr/>
>>Zip	<p>Specifies the ZIP code as it should appear in Physician Information Settings. This field allows a maximum of 10 characters.</p>

## Applying a Global Value

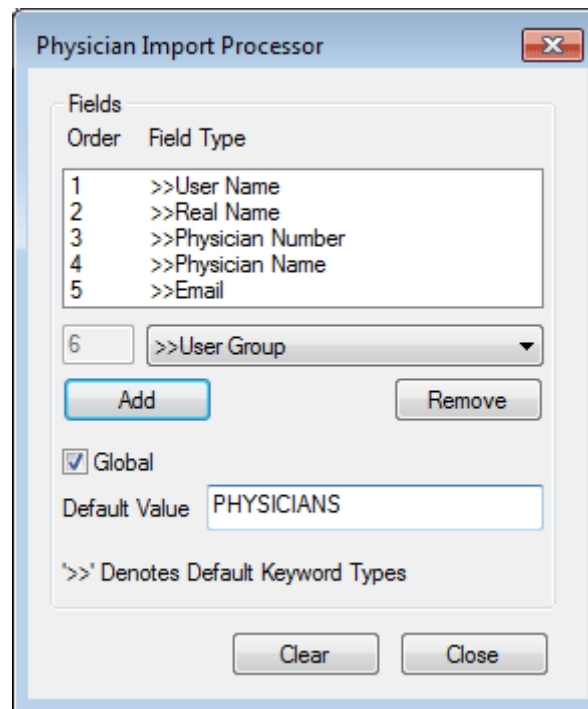
Global values are default values provided for every physician imported using the import process. For example, if every physician should belong to the **Physicians** User Group, then you could make **Physicians** the global value for the **User Group** setting.

Global values are not assigned an order in the import file. Because global values apply to every imported physician, the corresponding field types do not need to be present in the import file.

To create a global value:

1. From the **Field Type** drop-down, select the physician setting you want to populate.
2. Select **Global**.

3. In the **Default Value** field, type the default value to assign to physicians.



The image shows a dialog box titled "Physician Import Processor". It contains a table with two columns: "Order" and "Field Type". The table lists five fields: 1 >>User Name, 2 >>Real Name, 3 >>Physician Number, 4 >>Physician Name, and 5 >>Email. Below the table, there is a text box with "6" and a dropdown menu with ">>User Group". There are "Add" and "Remove" buttons. Below these, there is a checked checkbox labeled "Global" and a text box labeled "Default Value" containing the text "PHYSICIANS". At the bottom, there is a note: ">>' Denotes Default Keyword Types". There are "Clear" and "Close" buttons at the bottom right.

Order	Field Type
1	>>User Name
2	>>Real Name
3	>>Physician Number
4	>>Physician Name
5	>>Email

6 >>User Group

Add Remove

☒ Global

Default Value: PHYSICIANS

>>' Denotes Default Keyword Types

Clear Close

4. Click **Add**.

## Assigning Privileges to Run the Physician Import Processor

To run a physician import process in the OnBase Client, a user must have the **Physician Importer** medical record privilege. To schedule a physician import process, the user also must have the **Scheduling** Product Right.

To assign User Group privileges for the Physician Import Processor:

1. In OnBase Configuration, select **Users | User Groups / Rights**.
2. Select the User Group that requires this privilege.
3. Click **Medical Rec Privileges**.
4. Click the **Administration** tab.
5. Select **Physician Importer**. This privilege allows users to execute physician import processes in the OnBase Client (under **Processing | Physician Importer**).
6. Click **OK**.
7. Click **Product Rights**.
8. Under **Administrative Processing Privileges**, select **Scheduling**.
9. Click **Save**. The User Group now can schedule physician import processes in the OnBase Client.

For usage information, see [Importing Physicians on page 295](#).

## Deleting Physicians

Some systems, especially those with teaching hospitals, may have a high rate of physician turnover. To keep physician lists up to date in the various OnBase clients, you can deactivate user accounts for physicians who have left the system.

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**Note:** Physicians who have outstanding deficiencies cannot be deleted from OnBase.

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The best practice for deleting a physician is to delete the associated user account by using the Medical Records Unity Client or OnBase Configuration. When a physician's user account is deleted from OnBase, the user account is labeled as **deactivated** in the **Physician Information Settings** dialog box. The physician's information is preserved in OnBase for reporting, chart searches, and historical chart demographics.

To delete physicians listed in the **Physician Information Configuration** dialog box, contact your first line of support. All links to the physician should be removed in all associated medical applications prior to the physician's removal from OnBase.

## PIN Policies Configuration

If your solution requires the use of PINs to verify a user's identity, then you can configure PIN policies. A PIN policy is a set of rules designed to enhance the security of PINs used in the OnBase.

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**Note:** PIN verification is used only when a physician addresses a deficiency or saves a transcription. PIN verification can be turned on or off in facility configuration.

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See the following topics:

- [Creating a PIN Policy on page 135](#)
- [Setting PIN Policy Priority on page 141](#)
- [Editing a PIN Policy on page 141](#)
- [Deleting a PIN Policy on page 141](#)
- [Overriding PIN Policies at the User Group Level on page 142](#)

### Creating a PIN Policy

Configure a PIN policy to enforce requirements such as PIN complexity, expiration, and rotation. PIN policies are configured in OnBase Configuration.

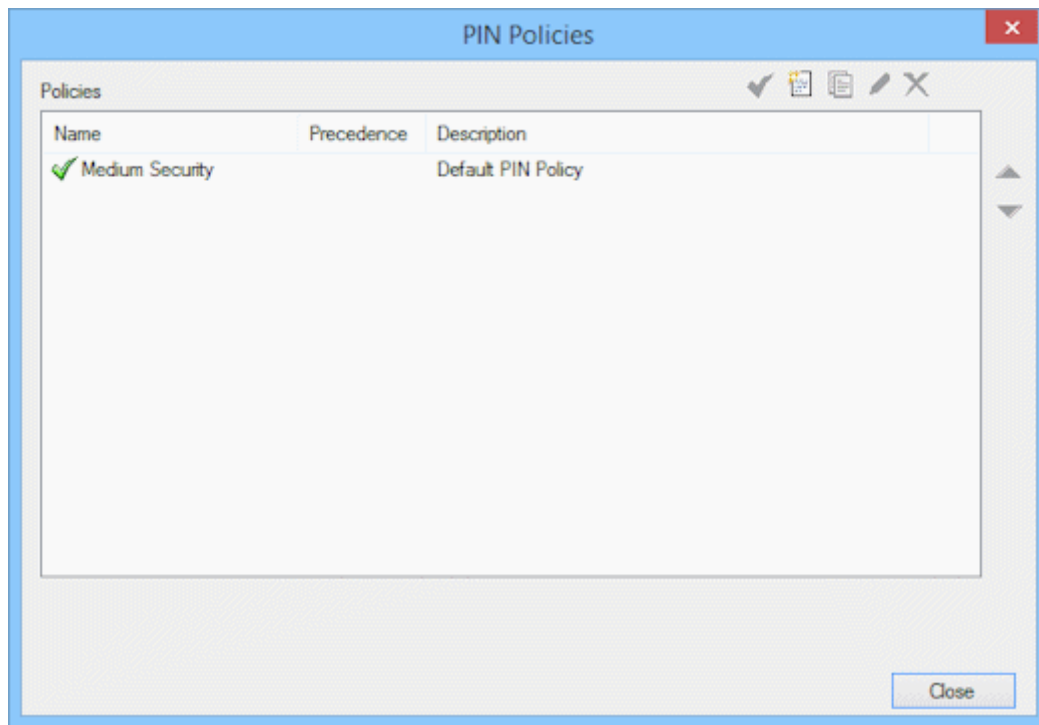
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**Note:** PINs are always case sensitive.

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To create a PIN policy:

1. Select **Users | PIN Policies**. The **PIN Policies** dialog box is displayed:





2. Right-click and select **New Policy**, or click the **Create New PIN Policy** toolbar button:



The **PIN Policy** dialog box is displayed:

3. Type a name for the PIN policy in the **Policy Name** field.
4. Type a description in the **Description** field.
5. Configure the remaining settings, which are described in the following topics:
  - [Complexity on page 138](#)
  - [Content Quotas on page 139](#)
  - [Rotation on page 140](#)
  - [Change Frequency on page 140](#)

**Tip:** To create a strong, restrictive PIN policy, use a combination of options. See [Example of a Strong PIN Policy on page 138](#).

**Note:** For settings that include a text field, the number entered in the text field must be greater than 0.

6. Click **OK**.

Before saving the selected PIN policy settings, OnBase verifies that no mutually exclusive settings are selected. For example, if **Prevent Reuse** and **Prevent Reuse Within <n> Days** are selected, you are prompted to clear one of these settings before you can save the policy.

The **PIN Policies** dialog box displays the new PIN policy:

## Example of a Strong PIN Policy

To create a strong, restrictive PIN policy, use a combination of options in the **PIN Policy** dialog box.

In the following example, the **Maximum Overall Length** setting works with the **Content Quotas** settings to provide a restrictive PIN policy.

1. Select the **Maximum Overall Length** check box and specify a value of **6**.
2. Select all four check boxes in the **Content Quotas** section.
  - Use a value of **3** for **Require <n> Alphabetic Characters**, **Require <n> Numeric Characters**, and **Require <n> Special Characters**.
  - Use a value of **2** for **Satisfy at Least <n> Quota Rules**.

## Complexity

Complexity settings are described in the following table:

Complexity	Description
<b>Require Alphanumeric Characters Only</b>	Select if PINs must contain only alphanumeric characters (letters and/or numbers).
<b>Disallow Embedded User Name</b>	Select if a user's PIN must not contain the user's OnBase user name.
<b>Maximum Repeated Consecutive Characters</b>	Select to specify the maximum number of repeated consecutive characters that the PIN can contain. For example, if this number is set to <b>2</b> , the word <b>password</b> is allowed as a PIN, while <b>password</b> is not allowed.
<b>Common Substring Maximum Length</b>	When selected, the number in the corresponding text field is the maximum number of common, consecutive characters that can be reused in a new, user-entered PIN. For example, if this number is set to <b>3</b> , and the current PIN is <b>PASS123</b> , a new user-entered PIN could be <b>PAS3210</b> or <b>0123PAS</b> . It could not be <b>PASS321</b> or <b>123PASS</b> , because <b>PASS</b> represents more than three common, consecutive characters between the old PIN and new PIN.

Complexity	Description
Maximum Overall Length	Select to specify the maximum number of characters that the PIN can contain.
Minimum Overall Length	Select to specify the minimum number of characters that the PIN can contain.

## Content Quotas

Content Quota settings are described in the following table:

Content Quotas	Description
Require <n> Alphabetic Characters	Select to specify the minimum number of alphabetic characters allowed in the PIN.
Require <n> Numeric Characters	Select to specify the minimum number of numeric characters allowed in the PIN.
Require <n> Special Characters	Select to specify the minimum number of special characters allowed in the PIN. The following are special characters: ~ ` ! @ # \$ % ^ & * ( ) _ - + = [ { ] } \   ; : ' " , < . > / ?
Require <n> Uppercase Characters	When selected, the number in the corresponding text field is the minimum number of uppercase characters that the PIN must contain.
Require <n> Lowercase Characters	When selected, the number in the corresponding text field is the minimum number of lowercase characters that the PIN must contain.
Satisfy at Least <n> Quota Rules	Select to specify the minimum number of configured <b>Content Quotas</b> that the PIN must satisfy to be considered a valid PIN. This number must be less than the number of configured <b>Content Quotas</b> . For example, a PIN policy requires PINs to include five alphabetic characters and five special characters. The <b>Satisfy at Least &lt;n&gt; Quota Rules</b> setting is set to 1. In this example, the following PINs all satisfy the configured <b>Content Quotas</b> : <ul style="list-style-type: none"> <li>• Keyword</li> <li>• 12345</li> <li>• Keyword12345</li> </ul>

## Rotation

Rotation settings are described in the following table:

Rotation	Description
<b>Prevent Reuse</b>	Select if previously used PINs must never be reused.  <b>Note:</b> This setting cannot be used in conjunction with the <b>Prevent Reuse Within &lt;n&gt; Changes</b> or <b>Prevent Reuse Within &lt;n&gt; Days</b> settings.
<b>Prevent Reuse Within &lt;n&gt; Changes</b>	Select to specify the minimum number of PIN changes that must occur before a previously used PIN can be reused.  For example, a PIN policy dictates that when users change their PIN, the new PIN cannot match one of their previous four PINs. In this example, the <b>Prevent Reuse Within &lt;n&gt; Changes</b> setting should be <b>4</b> .
<b>Prevent Reuse Within &lt;n&gt; Days</b>	Select to specify the minimum number of days that must pass before a previously used PIN can be reused.

## Change Frequency

Change Frequency settings are described in the following table:

Change Frequency	Description
<b>Require &lt;n&gt; Hours Between Changes</b>	Select to specify the minimum number of hours that must pass before a PIN change is required.  <b>Tip:</b> Use this setting to prevent users from changing their PIN and then immediately changing it again.
<b>Expires Every &lt;n&gt; Days</b>	Select to specify the minimum number of days that must pass before a PIN expires.
<b>Expires on First Use</b>	This setting is reserved for future enhancements.

## Setting PIN Policy Priority

After you have created and configured all necessary PIN policies, you must define the default PIN policy for your OnBase solution. The default PIN policy applies to all User Groups in your OnBase solution, unless an override is applied in User Group configuration.

After defining the default PIN policy, you must also define the order of precedence that PIN policies are applied to users. The order of precedence is used to determine which PIN policy to use when a user is associated with multiple PIN policies. A user can be associated with more than one PIN policy if the user belongs to more than one User Group.

To define the default PIN policy and order of precedence in the **PIN Policies** dialog box:

1. Select the PIN policy that you want to be the default PIN policy for your OnBase solution.
2. Click the **Set System Default PIN Policy** button:



3. The selected PIN becomes the default PIN policy for your OnBase solution:
4. Verify the PIN policies are listed in the proper order of precedence from highest to lowest.
5. To increase or decrease the precedence of a PIN policy, select the policy and use the following buttons:



6. After configuring the order of PIN policy precedence, click **Close** to save the order and close the **PIN Policies** dialog box.

## Editing a PIN Policy

To edit an existing PIN policy:

1. Select **Users | PIN Policies**. The **PIN Policies** dialog box is displayed:
2. Select the PIN policy you want to edit.
3. Right-click and select **Edit Policy**, or click the **Edit PIN Policy** toolbar button:



4. Modify the settings as needed.

## Deleting a PIN Policy

To delete a PIN policy:

1. Select **Users | PIN Policies**. The **PIN Policies** dialog box is displayed:
2. Select the PIN policy you want to delete.

3. Right-click and select **Delete Policy**, or click the **Delete PIN Policy** toolbar button:



4. Click **Yes** to confirm the deletion.

## Overriding PIN Policies at the User Group Level

By default, the designated default PIN policy applies to all User Groups. To assign a specific PIN policy to a User Group, complete the following steps.

If a user belongs to multiple User Groups that have specific PIN policies assigned, then the PIN policy with the highest precedence is used.

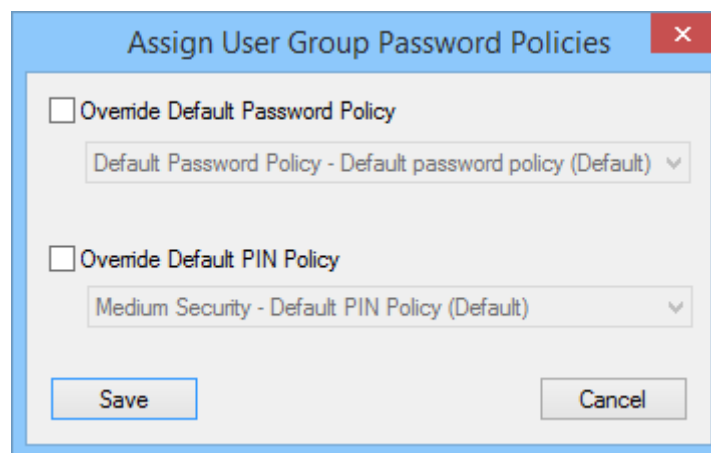
---

**Note:** PIN policies only affect physicians assigned to facilities that require PIN verification.

---

To override a PIN policy for a User Group:

1. In OnBase Configuration, select **Users | User Groups / Rights**.
2. Select the User Group to be assigned a PIN policy.
3. Click **Password Settings**. The **Assign User Group Password Policies** dialog box is displayed.



The dialog box titled "Assign User Group Password Policies" has a blue header bar with a close button (X) on the right. It contains two sections. The first section has a checkbox labeled "Override Default Password Policy". Below it is a dropdown menu showing "Default Password Policy - Default password policy (Default)". The second section has a checkbox labeled "Override Default PIN Policy". Below it is a dropdown menu showing "Medium Security - Default PIN Policy (Default)". At the bottom of the dialog are two buttons: "Save" and "Cancel".

---

**Note:** For information about password policies, see the **System Administration** documentation.

---

4. Select **Override Default PIN Policy**. This setting indicates that the User Group uses a PIN policy other than the default.
5. Select the PIN policy appropriate for the User Group.
6. Click **Save**.

# Deficiency Configuration for Completion

On systems licensed for the Medical Records Management Solution, several features are available for deficiency creation, completion, and administration. Continue to the following topics for more information:

- [Note Type Configuration on page 143](#)
- [Deficiency Timestamp Configuration on page 150](#)
- [Configuring Deficiency Rejection Reasons on page 155](#)
- [Dual Signature Deficiency Configuration on page 152](#)
- [Editable Transcription Configuration on page 159](#)
- [Missing Form Configuration on page 169](#)
- [Physician Query Configuration on page 174](#)
- [Automatic Document-Level Deficiencies on page 178](#)
- [Automatic Missing Document Deficiencies on page 182](#)
- [Automatic Completion of Document Type Deficiencies on page 184](#)
- [Manual Completion of Document Type Deficiencies on page 185](#)

To manage deficiencies in external systems, see [External System Configuration on page 187](#).

---

**Note:** Deficiencies require a Medical Records Management Solution license.

---

## Note Type Configuration

The Medical Records Management Solution uses deficiency Note Types for deficiency creation and resolution. See the following topics:

- [Available Deficiency Note Types on page 143](#)
- [Configuring Deficiency Note Types on page 145](#)
- [Configuring Burn Settings for Standard OnBase Note Types on page 147](#)

## Available Deficiency Note Types

Deficiencies are based on deficiency Note Types, whose names are prefixed with **MedRec** by default. Deficiency Note Types have built-in configuration settings to ensure they are properly displayed and burned on charts. Because these settings should not be modified, most attributes of deficiency Note Types are not configurable.

Available deficiency Note Types are described in the following table:

Note Type	Note Type #	Description
MedRec-Not Approved Signature	20	Used for incomplete Missing Signature deficiencies

Note Type	Note Type #	Description
<b>MedRec-Approved Signature</b>	25	Used for completed Missing Signature deficiencies
<b>MedRec-Diagnosis</b>	30	Used for incomplete Diagnosis deficiencies
<b>MedRec-Other</b>	31	Used for incomplete Other deficiencies
<b>MedRec-Incomplete Form</b>	32	Used for incomplete Missing Form deficiencies
<b>MedRec-Not Approved Missing Information</b>	33	<p>Used for incomplete Missing Information deficiencies</p> <p>When creating this type of deficiency, analysts can type a note informing physicians of missing information on a document. The assigned physician can supply the required information by typing it onto the document into a designated area.</p> <p>Once all deficiencies on the document have been completed and confirmed, the physician's typed text will be burned onto the document along with the physician's signature.</p>
<b>MedRec-Approved Missing Information</b>	34	Used for completed Missing Information deficiencies
<b>MedRec-Not Approved Edit Transcription</b>	35	<p>Used for incomplete Edit Transcription deficiencies.</p> <p>For more information about Editable Transcriptions, see <a href="#">Editable Transcription Configuration on page 159</a>.</p>
<b>MedRec-Approved Edit Transcription</b>	36	Used for completed Edit Transcription deficiencies
<b>MedRec-Needs Dual Signature</b>	37	<p>Used for incomplete Dual Signature deficiencies</p> <p>Dual Signature deficiencies can be signed by both the primary physician and the secondary signer. For more information about dual signatures, see <a href="#">Dual Signature Deficiency Configuration on page 152</a>.</p>
<b>MedRec-Partial Dual Signature</b>	38	<p>Used when a secondary signer signs a Dual Signature deficiency</p> <p>A secondary signer can only partially complete a Dual Signature deficiency. The deficiency is not fully completed until it is signed by the assigned primary physician.</p>
<b>MedRec-Approved Dual Signature</b>	39	<p>Used for fully completed Dual Signature deficiencies</p> <p>This Note Type is used when a primary physician signs a Dual Signature deficiency.</p>



## Configuring Deficiency Note Types

The following procedure provides guidelines for assigning Note Type privileges and icons. For detailed information on configuring Note Types, including User Group Note Type privileges, see the Configuration module help.

**Tip:** Medical Records Notes Types have the **MedRec-** prefix to distinguish them from other OnBase Note Types. You can rename a Note Type by double-clicking its name in the **Note Type Configuration** dialog box. For example, you can change the name of **MedRec-Not Approved Signature** to **Missing Signature**.

**Note:** Medical Records notes (deficiencies) are displayed on all revisions of a document. Non-burned deficiencies cannot be viewed in the OnBase Web Client in HTML mode.

To configure deficiency Note Types:

1. Assign icons to each **MedRec** Note Type. A large and small icon must be assigned to each Note Type used to create or complete deficiencies.
2. Ensure the **MedRec-Approved Edit Transcription** and the **MedRec-Not Approved Edit Transcription** have the same icon assigned.
3. Assign Note Type privileges to users. Their **Create, View, Modify, Delete** privileges must be sufficient for users to perform their duties.

For example, you may want to give reanalysts all privileges for all Note Types except for **MedRec-Approved Signature**, because once a physician signs a document, you do not want to give a reanalyst the ability to delete the signature.

Guidelines for deficiency Note Type privileges are provided in the following table:

User Type	Note Type Privileges
Administrators	Grant all Note Type Privileges.
Analysts	Grant all Note Type Privileges.  <b>Note:</b> For Missing/Incomplete Form Note Types, the analyst group should have at least <b>Create</b> and <b>View</b> rights while the remaining user groups may have <b>View</b> rights.
Coders	Grant <b>Create</b> and <b>View</b> Note Type Privileges

User Type	Note Type Privileges
<b>Physicians</b>	<p>For physicians, configure the following Note Type Privileges:</p> <ul style="list-style-type: none"> <li>• For all <b>MedRec-Approved</b> Note Types, grant only the <b>Create</b> and <b>View</b> privileges for physician and secondary signer User Groups.</li> <li>• For <b>Approved Dual Signature</b>, grant <b>Create</b> and <b>View</b> privileges to physicians only. Grant the <b>View</b> privilege to secondary signers.</li> <li>• For <b>Partial Dual Signature</b>, grant <b>Create</b> and <b>View</b> privileges to secondary signers only. Grant the <b>View</b> privilege to physicians.</li> <li>• For all remaining deficiency Note Types, grant only the <b>View</b> privilege for physician and secondary signer User Groups.</li> <li>• See the <a href="#">Note Type</a> table in the previous section for a list of all MedRec Note Types.</li> </ul>
<b>Chart Search</b>	Grant <b>View</b> Note Type Privileges

4. Configure print settings as needed. See [Configuring Print Settings for Deficiency Note Types on page 146](#).

## Configuring Print Settings for Deficiency Note Types

For deficiencies, printing varies depending on whether the deficiencies have been burned. A deficiency that has been burned onto a document is always printed.

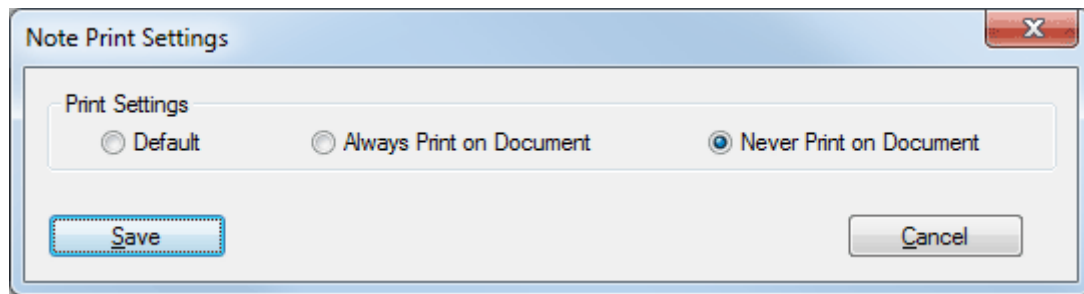
If the deficiencies have not been burned, the following rules apply:

- Accepted or completed deficiencies always are printed on documents, except as noted below.
- If a document is printed using the HTML viewer in DeficiencyPop, Patient Window, or other Web applications, deficiencies on the document are not printed.
- Icons for Edit Transcription deficiencies (both completed and incomplete) never are printed on documents. However, if a transcription has been edited or signed by the physician, the printed document includes the edited text and signature.
- Incomplete or unresolved deficiencies may be printed depending on the print settings configured for their Deficiency Types.

To configure print settings for unresolved deficiencies:

1. Select **Document | Note Types** in OnBase Configuration.
2. Select a Note Type for non-approved (or pending) deficiencies.

- Click **Attributes**. The **Note Print Settings** dialog box is displayed:



- Select one of the following print settings.

Print Setting	Description
<b>Default</b>	Deficiencies of this Note Type are printed according to the note options selected when a user prints the document.
<b>Always Print on Document</b>	Deficiencies of this Note Type always are printed on documents. <sup>a</sup>
<b>Never Print on Document</b>	Deficiencies of this Note Type never are printed on documents.

a. Non-burned deficiencies and notes are not printed on documents when printing is initiated from the HTML viewer in DeficiencyPop, Patient Window, or other OnBase Web applications.

- Click **Save**.

## Configuring Burn Settings for Standard OnBase Note Types

Once all deficiencies on a document have been completed and confirmed, the -MRMSANALYSIS server burns deficiency notes and signatures onto the document. For Note Types that are not deficiency Note Types, you can configure notes to be burned onto the documents or deleted after the documents are burned.

See the following topics:

- [Requirements for Burning Standard Notes on page 147](#)
- [Configuring Standard Note Types to Burn on Documents on page 148](#)

### Requirements for Burning Standard Notes

In order for standard Note Types to be burned onto documents, the following requirements must be met:

- The -MRMSANALYSIS server must be running.
- The Note Type must be configured with the **Burn Note After Chart Processing** setting enabled.
- The document containing the note must have a file format of image, text, or E-Form.

- If the note is on an E-Form, the E-Form must be associated with a Missing Form deficiency. If an E-Form is not associated with a Missing Form deficiency, the E-Form will not be burned.
- All deficiencies on the document must be completed.
- The document containing the note must be attached to a chart.
- The chart must have been created by an HL7 import process with the **Deficiency Analysis Application** set to **Medical Records Management Solution**.
- The chart must be in one of the following statuses: Analysis, Open, Inactive, or Stalled Analysis.

For information about how and when burning occurs, see -MRMSANALYSIS Steps on page 506.

## Configuring Standard Note Types to Burn on Documents

To configure burn settings for standard Note Types:

1. In OnBase Configuration, select **Document | Note Types**.
2. Select the Note Type and click **Attributes**.
3. In the Medical Records section, select the appropriate burning behavior for notes of this Note Type.
  - **Burn Note After Chart Processing**—See [Burn Note After Chart Processing on page 148](#)
  - **Delete Note After Chart Processing**—See [Delete Note After Chart Processing on page 149](#).
4. Click **Save**.

## Burn Note After Chart Processing

Select to have all notes of this Note Type permanently burned onto the document during the burn process. This option is available only for Note Types configured as a **Note** or **Overlapped Text**. Circles, arrows, and highlights are not eligible for burning. For other requirements, see [Requirements for Burning Standard Notes on page 147](#).

When the -MRMSANALYSIS server burns a document:

- Standard OnBase notes configured with the **Burn Note After Chart Processing** option are replaced with **See appended note #XXX**. Note text is printed onto the pages appended to the end of the document, and the notes are removed from the document.
- Overlapped text configured with the **Burn Note After Chart Processing** option is burned directly onto the document.
- On revisable documents, notes are burned only if they are displayed on the latest revision. Notes on previous revisions are not burned.

---

**Note:** Standard OnBase notes cannot be burned onto text editable transcription documents. If a transcription contains both an unburned Edit Transcription deficiency and a standard OnBase note that is configured for burning, the transcription will not be burned.

---

## Delete Note After Chart Processing

Select to have all notes of this Note Type deleted from the document when completed deficiencies are burned onto the document. This option is automatically selected if **Burn Note After Chart Processing** is selected.

If a Note Type is configured to **Repeat on All Revisions**, then notes based on the Note Type are deleted from all revisions of the document during the burn process. If the Note Type is not configured to **Repeat on All Revisions**, then notes based on the Note Type are deleted from the latest revision only; notes on previous revisions are not deleted.

## Deficiency Timestamp Configuration

For deployments in Canada, you can configure the dates on deficiency timestamps to use the format **DD/MM/YYYY hh:mm** rather than **MM/DD/YYYY hh:mm**. By making this change, you can ensure that documents signed and burned in Canada display the signing date in the correct format.

Deficiencies timestamps use the date and time set on the server where the OnBase Application Server is installed.

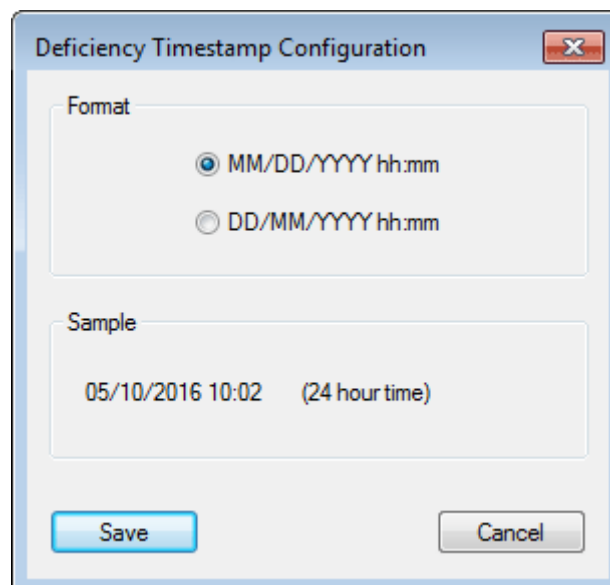
---

**Note:** This configuration affects only timestamps on deficiencies that are burned onto chart documents. It does not apply to date values shown elsewhere within OnBase.

---

To configure the timestamp for deficiencies:

1. In OnBase Configuration, select **Medical | Deficiency Configuration | Deficiency Timestamp Format**. The **Deficiency Timestamp Configuration** dialog box is displayed.



2. Select one of the following:
  - **MM/DD/YYYY hh:mm**—Select for deployments in the United States.
  - **DD/MM/YYYY hh:mm**—Select for deployments in Canada.The **Sample** section displays an example of the date and time in the selected format.
3. Click **Save**.
  - The new format is applied to deficiencies burned after you save your change. You do not need to restart the -MRMSANALYSIS server for deficiencies to be burned with the new format.
  - The change takes effect after the Application Server's cache is reset or its application pool is restarted.

## Time Zones

Make sure the OnBase Application Servers and the OnBase Client Medical Records Server are set to the same time zone. Otherwise, burned signatures may display inconsistent time zones in their timestamps.

Depending on the Deficiency Type and signing client, burned signatures may display one of the following time zones:

- The time zone on the Application Server at the time the deficiency was accepted.
- The time zone on the OnBase Client Medical Records Server at the time the deficiency was burned.

To make sure time zones are consistent, set the Application Servers and the OnBase Client Medical Records Server to use the same time zone.

## Dual Signature Deficiency Configuration

Dual Signature deficiencies are Signature, Edit Transcription, or Dictation deficiencies that can be signed by both a primary signer and a secondary signer. Secondary signers may include house staff, residents, or non-physicians who have been granted signing privileges.

See the following topics:

- [Enabling Dual Signature Deficiencies on page 152](#)
- [Resolution Rules for Dual Deficiencies on page 152](#)
- [Dual Deficiency Document Types on page 153](#)
- [Dual Deficiency Note Types on page 153](#)
- [Secondary Signer Creation on page 154](#)

### Enabling Dual Signature Deficiencies

Before configuring Dual Signature deficiencies, ensure **Enable Dual Signature Secondary Signer Deficiencies** is selected on the **Deficiency Settings** tab in [Medical System Settings](#). If this option is not selected, dual signature Document Types cannot be configured.

### Resolution Rules for Dual Deficiencies

Dual deficiencies adhere to the following rules:

- When dual deficiencies are created, they must be assigned to both a primary signer and a secondary signer.
- By default, Dual Signatures and Dual Edit Transcriptions require only the primary signer to sign. If the primary signer signs the deficiency first, then the secondary signer no longer needs to sign, and the deficiency is removed from the secondary signer's queue.  
To require the signature of the secondary signer, see [Require Secondary Signer to Sign Dual Deficiencies on page 259](#). (This behavior cannot be changed for Dual Dictation deficiencies.)
- If the secondary signer signs the deficiency first, the primary signer still needs to sign the deficiency.  
This requirement can be changed for Dual Dictation deficiencies. See [Allow Secondary Signers to Complete Dual Missing Dictation Deficiencies on page 260](#).
- When either signer rejects the deficiency, it is removed from both signers' queues and must be addressed in Reanalysis.
- If a dual deficiency becomes delinquent, only the primary signer is associated with the delinquency. Secondary signers do not become delinquent for dual deficiencies.



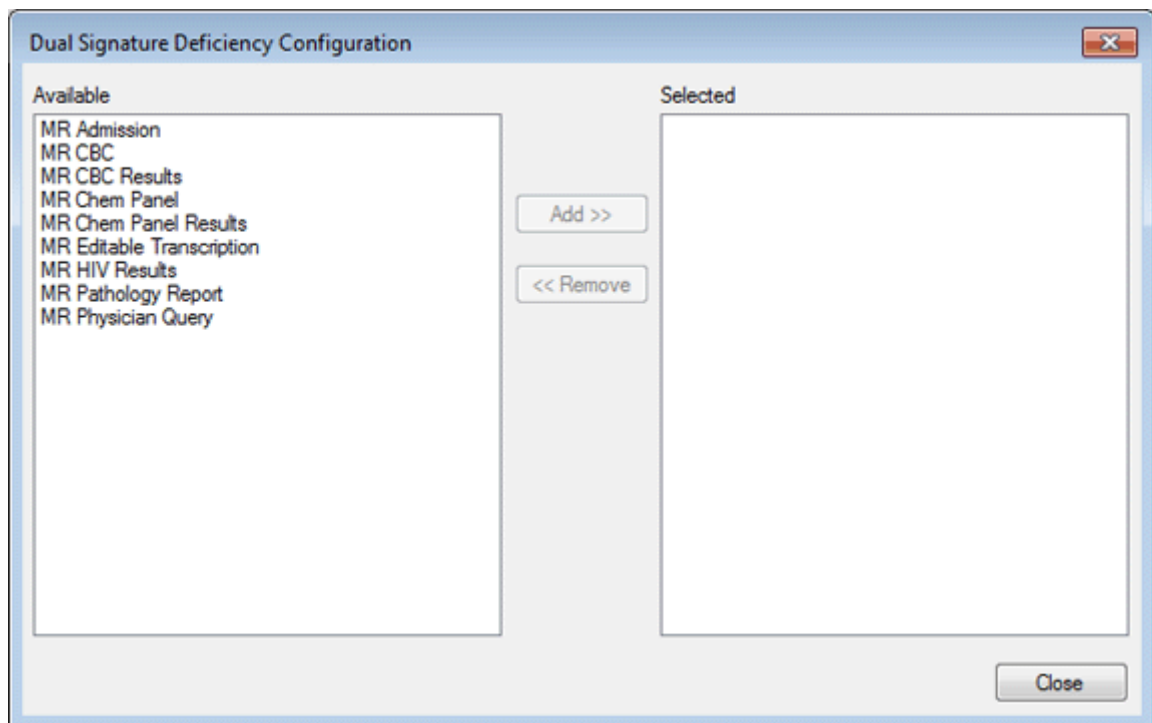
## Dual Deficiency Document Types

Dual Signature deficiencies can be applied only to Document Types that have been configured for dual signatures.

**Note:** You do not have to designate Document Types for Dual Dictation deficiencies. If Dual Signature deficiencies are enabled, then Dual Dictation deficiencies can be assigned using any transcription Document Type for any facility where Dictation deficiencies are enabled.

To configure Document Types for Dual Signature deficiencies:

1. In Configuration, select **Medical | Deficiency Configuration | Dual Signature Document Type Deficiency**. The **Dual Signature Deficiency Configuration** dialog box is displayed.



2. Select the Document Types that will require dual signatures. To select multiple Document Types, press **Ctrl** as you click.
3. Click **Add** to move the selected Document Types to the **Selected** list.
4. Click **Close** when finished.

## Dual Deficiency Note Types

OnBase provides the following Note Types for Dual Signature deficiencies:

- Needs Dual Signature
- Partial Dual Signature
- Approved Dual Signature
- Edit Transcription

See [Note Type Configuration on page 143](#) for configuration information.

## Secondary Signer Creation

To designate users as secondary signers, select the **Secondary Signer** option in **Physician Information**. See [Configuring Physician Information on page 110](#) for configuration information.

## Configuring Deficiency Rejection Reasons

When rejecting a deficiency, the physician can select from a list of rejection reasons associated with the chart's facility. If the physician's rejection reason is unavailable, then the physician can select **Other** and manually enter the reason for the rejection.

Once configured, deficiency rejection reasons must be assigned to the appropriate facilities as described under [Assigning Deficiency Rejection Reasons to Facilities on page 156](#).

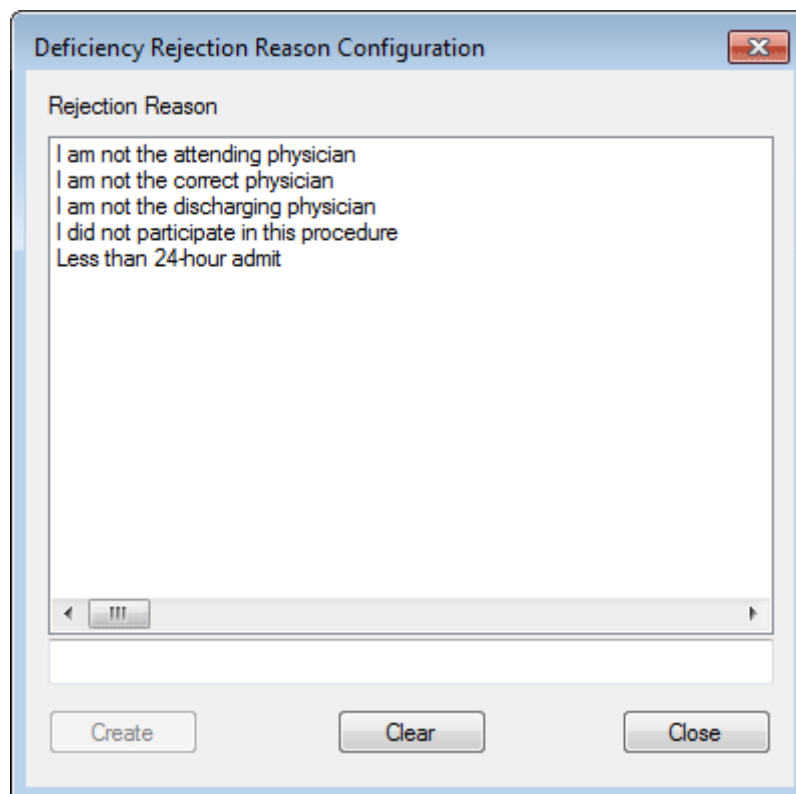
---

**Note:** A Medical Records Management Solution license is required to enable and use this functionality.

---

To configure deficiency rejection reasons:

1. In OnBase Configuration, select **Medical | Deficiency Configuration | Deficiency Rejection Reasons**. The **Deficiency Rejection Reasons Configuration** dialog box is displayed.



2. Type a deficiency rejection reason in the field at the bottom of the dialog box. Do not configure an **Other** rejection reason. This rejection reason is automatically available in the **Reject Reason** dialog box.
3. Click **Create**. The reason is added to the list.

4. Repeat for each rejection reason needed.

**Tip:** To revise an existing rejection reason, double-click it from the list. Modify the text as needed, and then click **Save**.

5. Click **Close** when finished.
6. Proceed to [Assigning Deficiency Rejection Reasons to Facilities on page 156](#).

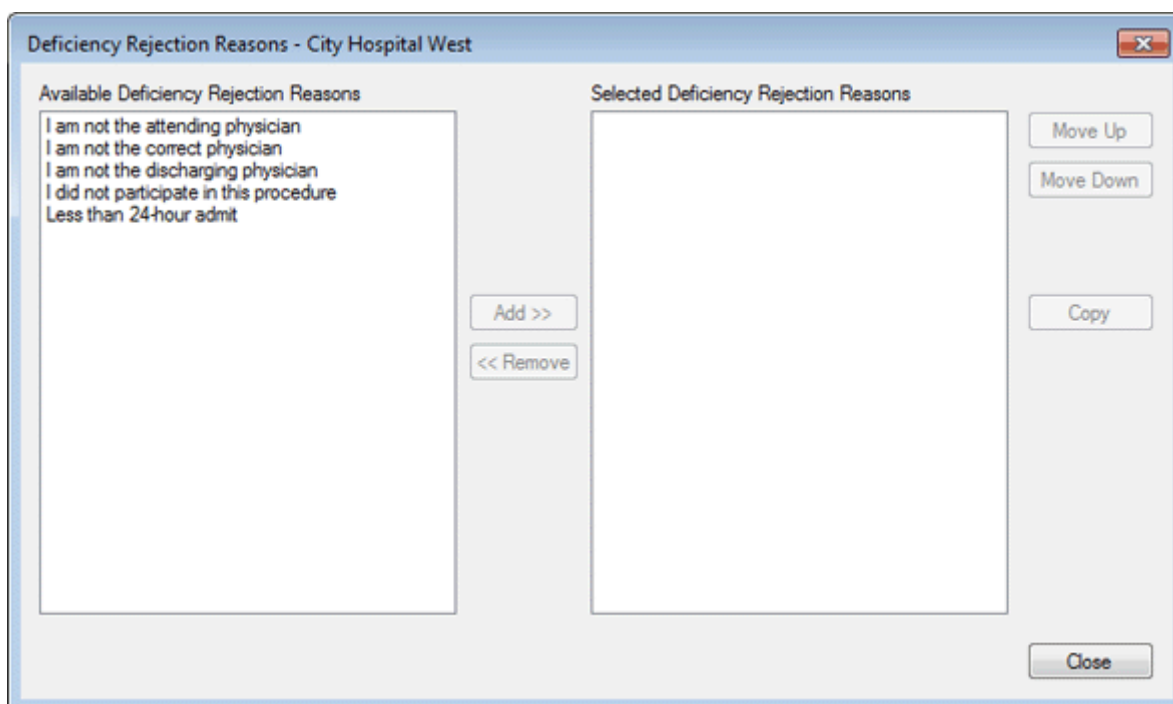
**Note:** If deficiency rejection reasons are not assigned to facilities, they will not be available in the **Reject Reason** dialog box.

## Assigning Deficiency Rejection Reasons to Facilities

Rejection reasons must be assigned to each facility where they are applicable. When rejecting a deficiency, the physician must choose one of the rejection reasons assigned to the chart's facility. If no reasons are assigned to the facility, **Other** is the only available rejection reason.

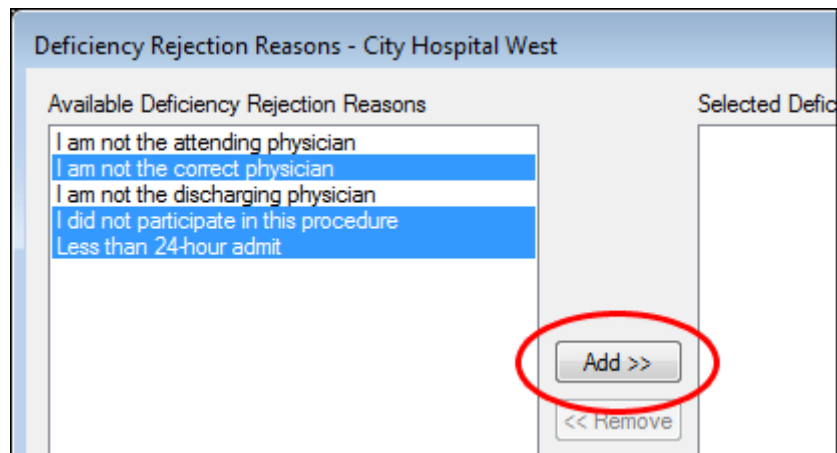
To assign a deficiency rejection reason to a facility:

1. In OnBase Configuration, select **Medical | Facilities | Facility Configuration**. The **Medical Facility Configuration** dialog box is displayed.
2. Select a facility.
3. Click **Rejection Reasons**. The **Deficiency Rejection Reasons** dialog box is displayed.

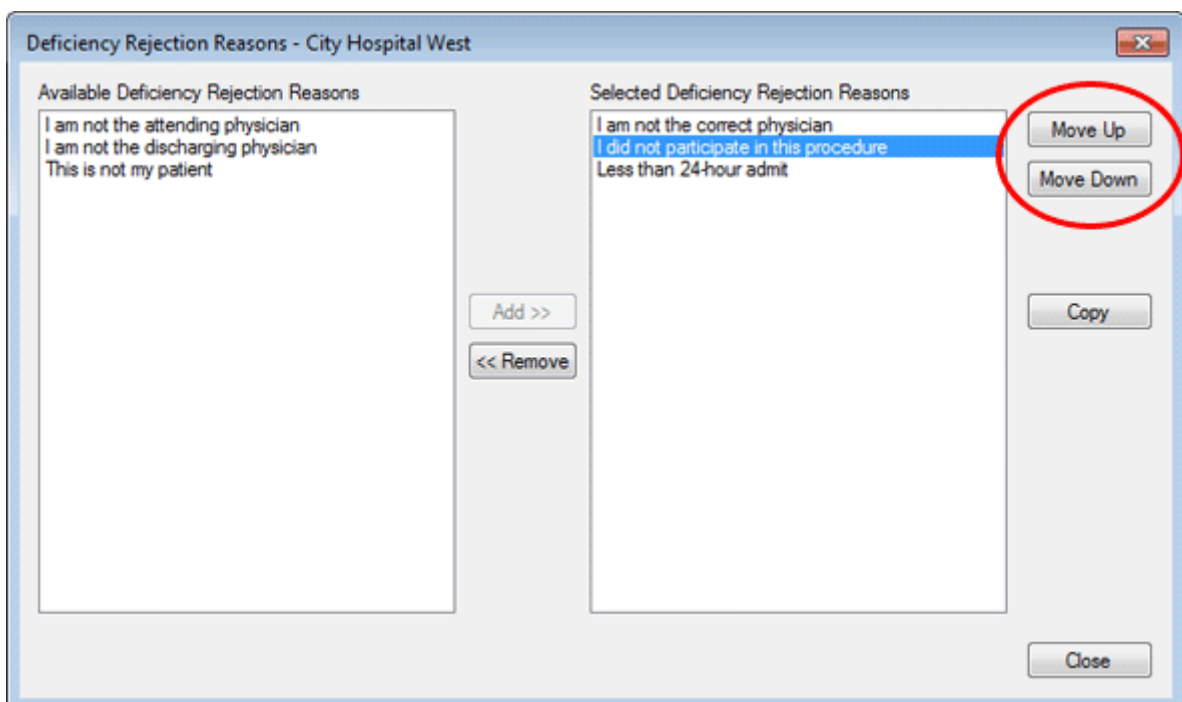


4. Select one or more rejection reasons from the list on the left. To select multiple items, press and hold the **CTRL** key as you select each item.

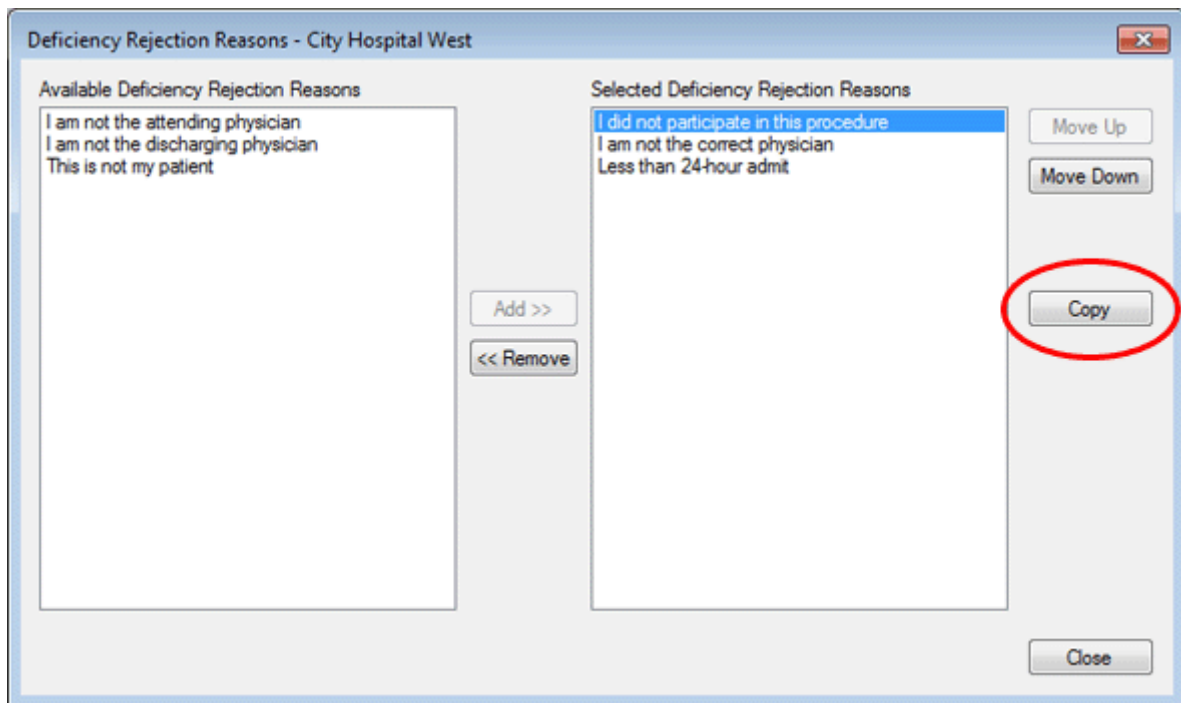
- Click **Add** to assign the reasons to the facility.



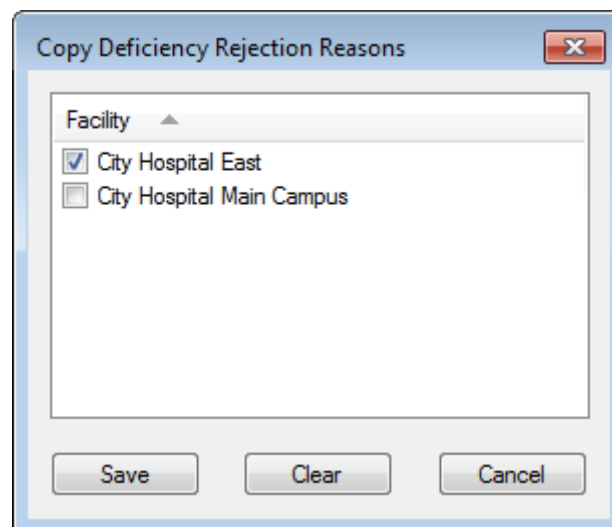
- Use the **Move Up** and **Move Down** buttons to arrange the reasons in a logical order. When a physician rejects a deficiency, the rejection reasons are displayed in the order configured here.



- To copy this configuration to another facility, click **Copy**.



- Select the facilities whose rejection reasons should match the current facility's.



- Click **Save**. At the prompt asking if you want to proceed, click **Yes**. The **Deficiency Rejection Reasons** dialog box is displayed.
- Click **Close** when finished. The **Medical Facility Configuration dialog box** is displayed.
- Click **Close**. You are returned to the main **OnBase Configuration** window.

## Editable Transcription Configuration

The Medical Records Unity Client and DeficiencyPop allow physicians to edit transcriptions within OnBase. To enable this functionality, you must configure Note Types and a Document Type for editable transcriptions.

---

**Note:** Editable transcriptions require the Medical Records Management Solution and Medical Records Transcription Interface licenses.

---

See the following topics:

- [Unicode Limitations on page 159](#)
- [User Group Privileges on page 159](#)
- [Note Types for Transcriptions on page 159](#)
- [File Format for Transcriptions on page 160](#)
- [Document Type for Transcriptions on page 160](#)
- [Configuring Transcription Settings on page 162](#)
- [Sending Transcriptions Using HL7 on page 166](#)
- [Auto-Assigning Transcription Deficiencies to the Correct Physician on page 167](#)
- [Enabling Automatic Confirmation on page 168](#)

## Unicode Limitations

Unicode characters are not supported in medical transcriptions. If you attempt to create or save a transcription with Unicode characters, some or all of these characters might be replaced with question marks or otherwise altered.

## User Group Privileges

For editing transcriptions, privilege requirements vary depending on the method of access:

- In the Medical Records Unity Client, physicians must have the **Retrieve / View** document privilege to edit transcriptions.
- In DeficiencyPop, physicians require no document-level privileges to revise editable transcriptions.

In either client, physicians do not need explicit privileges to the editable transcription Document Types.

## Note Types for Transcriptions

OnBase contains two Note Types for providing editable transcriptions. Rename them as needed to reflect your organization's practices:

- Not Approved Edit Transcription
- Approved Edit Transcription

Ensure that all users who need to apply Edit Transcription deficiencies (analysts) and resolve Edit Transcription deficiencies (physicians) have the appropriate User Group rights for the two Note Types.

See [Note Type Configuration on page 143](#) for configuration information.

---

**Note:** If a document has an unburned Edit Transcription deficiency, then it must not contain a burnable OnBase note or an unburned deficiency of another Deficiency Type. If an Edit Transcription deficiency is on the same document as other burnable notes or Deficiency Types, the document is not burned.

---

## File Format for Transcriptions

To support Edit Transcription deficiencies, transcriptions must be imported with a file type of Text Report Format. Refer to the following rules for more information:

1. To allow Edit Transcription deficiencies, a document must satisfy the following criteria:
  - The document must belong to an editable transcription Document Type.
  - The document must have a file format of Text Report Format. Edit Transcription deficiencies cannot be created on image documents, even if the documents belong to an editable transcription Document Type. Other Deficiency Types, like Missing Signatures, can be created on image documents in editable transcription Document Types.
2. If a document satisfies the criteria for Edit Transcription deficiencies, then users cannot create other Deficiency Types (e.g., Missing Signatures) on the document. Only Edit Transcription deficiencies can be created on text documents that belong to an editable transcription Document Type.
3. When a text document in an editable transcription Document Type is burned, the document becomes an image. At this point, users can no longer apply Edit Transcription deficiencies to the document, but they can apply other types of document-level deficiencies, such as Missing Information or Missing Signature.

## Document Type for Transcriptions

Editable transcription Document Types support Edit Transcription deficiencies on text documents and allow users with Medical Record Administration privileges to edit transcription header and footer rows.

When a physician completes an Edit Transcription deficiency, the physician's signature is applied to the transcription. After the deficiency is confirmed, the physician's signature is permanently burned onto the transcription, along with the configured header and footer.

---

**Note:** If a document has an unburned Edit Transcription deficiency, then it must not contain a burnable OnBase note or an unburned deficiency of another Deficiency Type. If an Edit Transcription deficiency is on the same document as other burnable notes or Deficiency Types, the document is not burned.

---



You can configure Edit Transcription deficiencies to be automatically applied to transcription Document Types. If an editable transcription Document Type is configured for dual signatures, then Edit Transcription deficiencies can be assigned to both a physician and a secondary signer.

1. Configure a Document Type that belongs to the medical record Document Type Group. You can configure more than one Document Type for multiple types of editable transcriptions.
2. If documents will contain Edit Transcription deficiencies, ensure the Document Type has a **Default File Format** of **Text Report Format**. See [File Format for Transcriptions on page 160](#) for more file format information.
3. Modify the **View / Print Options** for the Document Type to reflect the number of characters per line for transcriptions.
  - The **Characters Per Line** setting controls how lines in the transcription will wrap. For transcriptions with size 12-pt. font, a **Characters Per Line** value of **80** is suitable for viewing and editing the transcription.
  - Make sure transcription header and footer lines do not exceed the **Characters Per Line** setting. If the header and footer lines in a transcription contain more than the configured **Characters Per Line**, they may wrap incorrectly and cause formatting problems when transcriptions are edited or burned.
  - The **Characters Per Line** setting also controls the width of the window where physicians edit transcriptions. The width of the window adjusts to accommodate the Document Type's **Characters Per Line**, except when the characters per line setting exceeds the screen size.
4. Ensure that the Document Type is revisable (**Rendition/Revision** settings).
5. Ensure that all appropriate users have rights to the editable transcription Document Type.

---

**Note:** When an editable transcription is added to a chart through **Assign Chartless Documents** and its Document Type is configured for automatic deficiencies, an Edit Transcription deficiency is automatically and immediately created.

---

## Configuring Transcription Settings

Editable transcription Document Types are defined in OnBase Configuration. These Document Types can be used for Edit Transcription deficiencies, Missing Dictation deficiencies, and Dual Dictation deficiencies.

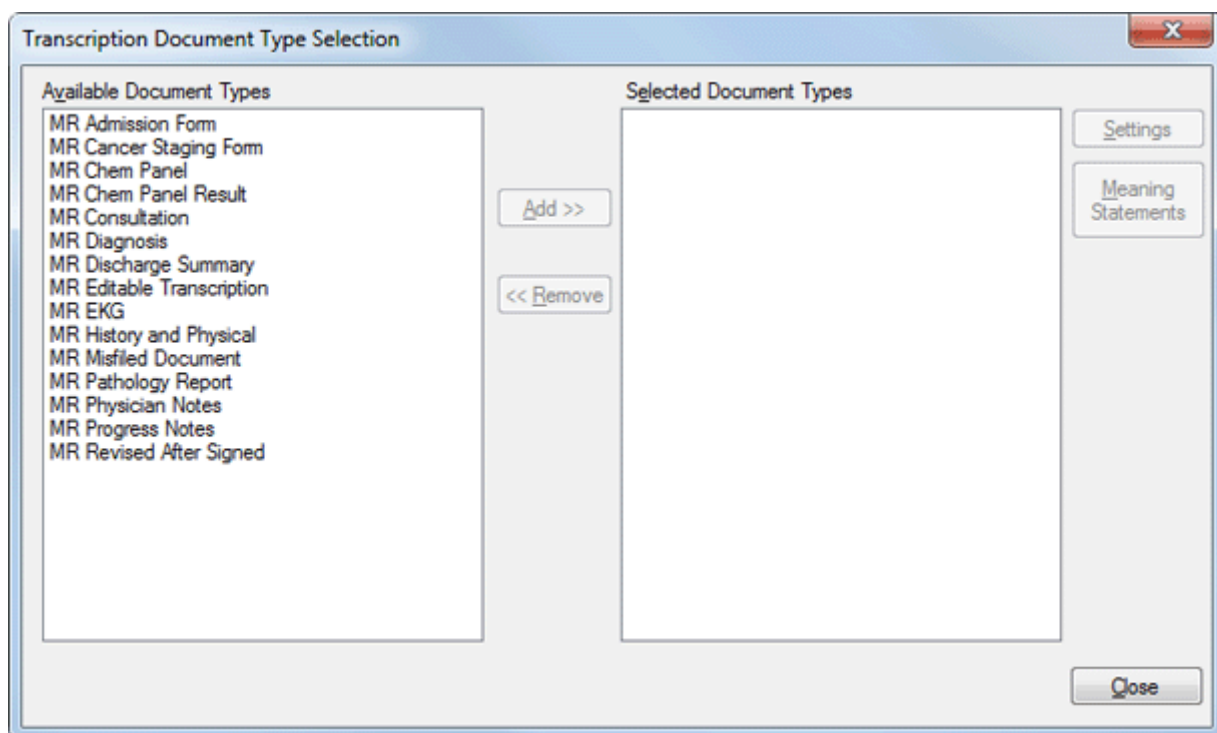
If transcriptions are being managed or retrieved from an external system, OnBase can send HL7 messages to the external application when transcriptions are edited or signed by the physician in OnBase.

---

**Note:** The maximum size for HL7 Transcription messages is 250K. If the transcription contains multiple revisions, only the latest revision is sent.

---

1. In the Configuration module, select **Medical | Transcription | Document Types**. The **Transcription Document Type Selection** dialog box is displayed.



2. **Available Document Types** displays all medical record Document Types. Select a Document Type from the **Available Document Types** list and click **Add** to add it to the **Selected Document Types** list. Repeat for all editable transcription Document Types.

3. Select a Document Type from the **Selected Document Types** list and click **Settings**. The **Transcription Settings** dialog box is displayed.

4. Select the appropriate HL7 message types and their destination:

HL7 Option	Description
<b>HL7 Edit and Save Message</b>	<p>This setting instructs OnBase to send an HL7 message to the configured destination when:</p> <ul style="list-style-type: none"> <li>• A physician or secondary signer edits and saves the transcription.</li> <li>• A transcription header is edited in the OnBase Client.</li> </ul> <p>Select the HL7 message type for notifying the transcription application that a transcription has been edited in OnBase. If &lt;&lt;None&gt;&gt; is selected, no message is sent.</p> <p>See <a href="#">Sending Transcriptions Using HL7 on page 166</a> for Message Template requirements.</p>

HL7 Option	Description
<b>HL7 Edit and Sign Message</b>	<p>This setting instructs OnBase to send an HL7 message to the configured destination after a physician or secondary signer signs the transcription.</p> <p>Select the HL7 message type for notifying the transcription application that a transcription has been signed in OnBase, regardless of whether it has been edited. If <b>&lt;&lt;None&gt;&gt;</b> is selected, no message is sent.</p> <p>See <a href="#">Sending Transcriptions Using HL7 on page 166</a> for Message Template requirements.</p>
<b>HL7 Destination</b>	<p>This setting controls where HL7 messages are sent when transcriptions are edited or signed.</p> <p>Select the HL7 export destination configured for the external transcription system. Destinations are configured in OnBase Configuration under <b>Medical   HL7   Export Destination</b>.</p> <p>Destinations are displayed using the following format: <b>Network Address : Port Number; [Display Name]</b></p> <p>See the HL7 module reference guide or help for more information about configuring destinations.</p>

5. Enter the number of lines for the header and footer in the fields provided:

Line Counts Option	Description
<b>Header</b>	Type the number of lines to include in the transcription header, if applicable. Physicians will be unable to edit lines included in the header.  The Deficiency Settings in step 6 will let you choose whether the header should be printed at the top of all pages in the document. The first line of the header also can be burned into the footer.
<b>Footer</b>	Type the number of lines to include in the transcription footer, if applicable. Physicians will be unable to edit lines included in the footer.  The footer is burned only at the end of the final page of the transcription.

---

**Note:** Increasing the **Header** and **Footer** will affect physicians' ability to edit existing transcriptions in OnBase. When a physician opens a transcription to edit it, the lines included in the transcription header and footer will be unavailable for editing. Make sure your changes will not prevent physicians from editing transcription text that should be editable. Changes to the **Header** and **Footer** will not affect transcriptions that have already been burned.

---



---

**Note:** Ensure the number of characters in headers and footers does not exceed the **Characters Per Line** setting for the transcription Document Type.

---

6. Select the necessary **Deficiency Settings**.

Deficiency Setting	Description
<b>Apply Automatic Deficiency to Text Documents only</b>	This option applies to Document Types that have been configured for automatic deficiencies, as selected under <b>Medical   Deficiency Configuration   Automatic Document Type Deficiency</b> .  Select this option if automatic deficiencies should be applied to text documents only. This option prevents deficiencies from being automatically applied to scanned image documents based on this Document Type.
<b>Burn Header across all Pages</b>	Select this option to have the header burned across all pages in the document.  Clear this option to prevent the header from being burned into pages other than the first page.

Deficiency Setting	Description
<b>Burn Top Header Line into Footer across all Pages</b>	<p>Select this option to have the first non-blank line of the header burned at the bottom of each page in the document.</p> <p>For example, if the first line in the header is blank, and the second line is <b>Hyland Hospital</b>, then <b>Hyland Hospital</b> would be centered and burned at the bottom of each page.</p> <p>Clear this option to prevent the top header line from being burned at the bottom of each page.</p>

7. Select **Split transcription data to one line per OBX segment** to have the transcription data split into one line per OBX segment.
  - This feature requires the transcription data value (**\$^TXDATA**) to be assigned to the OBX.5 field.
  - The OBX.2 field must specify a text data format (**TX**, **FT**, or **ST**).
  - See [Sending Transcriptions Using HL7 on page 166](#) for more configuration information.
8. Click **Save** when finished.

## Sending Transcriptions Using HL7

To send HL7 messages containing transcription file data, ensure these requirements are met:

- The default value **\$^TXDATA** must be assigned to the HL7 field where the file data is to be placed. This field is typically OBX.5 or OBX.5.1.
- If you are using the **Split transcription data to one line per OBX segment** option, then the OBX.2 field must specify a text data format (**TX**, **FT**, or **ST**) as its default value.
- If the HL7 message should specify the physician or secondary signer who edited or signed the transcription, provide one of the following variables as the **User Defined** value (typically for the TXA.22 field):

Default Value	Description
<b>\$^PhysicianID</b>	Provides the physician's <b>Physician Number</b> , as configured in <b>Physician Information Settings</b> .
<b>\$^PhysicianName</b>	Provides the full name of the physician, as configured in <b>Physician Information Configuration</b> .
<b>\$^PrimarySecondary</b>	Specifies whether the signer is a <b>Primary</b> or <b>Secondary</b> Signer.

- To have the HL7 message include the timestamp indicating when the transcription was edited or signed, include the following variables:

Default Value	Description
<b>^TranscriptionEditTimestamp</b>	Provides a timestamp indicating the date and time the transcription was edited but not signed. Use this value for HL7 <b>Edit and Save</b> messages
<b>^TranscriptionSignTimestamp</b>	Provides a timestamp indicating the date and time the transcription was signed. Use this value for HL7 <b>Edit and Sign</b> messages.

For more information about HL7 message sending, see the HL7 reference guide or help files.

## Auto-Assigning Transcription Deficiencies to the Correct Physician

Edit Transcription deficiencies can be automatically assigned when transcriptions are created in OnBase. This approach allows physicians to work on Edit Transcription deficiencies even before charts have undergone Analysis.

There are several ways to specify the physician to be assigned to an Edit Transcription deficiency.

1. Configure the Document Type as an editable transcription Document Type. See [Document Type for Transcriptions on page 160](#) for details.
2. Configure the editable transcription Document Type for automatic deficiencies. See [Automatic Document-Level Deficiencies on page 178](#) for details.
3. Configure one or both of the following items:
  - Configure the chart's Admit Type to require Analysis.
  - Make it a requirement for charts containing documents that were loose documents upon entering the system to automatically be sent to Analysis or Reanalysis. (This method works for Loose Documents only.)

---

**Note:** Edit Transcription deficiencies will not be added to charts having a status of Closed. Deficiencies are neither created nor completed for closed charts.

---

## Assigning the Dictation Physician

If the transcription is created by an HL7 import process, and the HL7 message is also processed by the **Medical Records Chart** message action, then the Edit Transcription deficiency is assigned to the dictation physician specified in the HL7 message (typically in the OBR.32 field).

This behavior applies only if the HL7 message contains enough information to create a valid chart. Do not configure a **Medical Records Chart** message action to process transcription messages that contain insufficient information to create or update a chart.

## Assigning the Responsible Physician

If method of assigning the dictation physician does not apply, then OnBase attempts to assign the transcription to the responsible physician, if one is configured. OnBase determines the responsible physician by checking the HL7 field mapped to the **Responsible Physician** Keyword Type. This Keyword Type must both be present on the transcription Document Type and be mapped to the **Responsible Physician** chart data field. Transcriptions imported manually are assigned to the user specified in the **Responsible Physician** Keyword Type on the document.

## Enabling Automatic Confirmation

You can also configure Edit Transcription deficiencies to be automatically confirmed, bypassing manual confirmation in Reanalysis. As soon as the physician accepts the Edit Transcription deficiency, the deficiency is confirmed. If the deficiency is completed through HL7, it is confirmed the next time the -MRMSANALYSIS server runs. See [Transcription Settings on page 263](#) for more information about the option to **Automatically Confirm Accepted Transcription Deficiencies After Completion**.

## Configuring Meaning Statements

Meaning statements are not available in DeficiencyPop. In the Medical Records Unity Client, physicians can use meaning statements to explain the meaning of their signatures on transcriptions that have also been signed by secondary signers.

To configure meaning statements for use in the Medical Records Unity Client, see the **Medical Records Unity Client** module reference guide.



## Missing Form Configuration

Missing Form deficiencies allow analysts to create and add missing forms to a chart. Any form fields that are mapped to chart metadata (e.g., patient information) are automatically populated when the form is created.

During Completion, the physician can add any other required information before saving the form and accepting the deficiency. When the deficiency is accepted, the physician's signature is applied to the form in a pre-configured location.

---

**Note:** Only physicians can modify forms configured as Missing Forms. In the Medical Records Unity Client, chart E-Forms that are **not** configured as Missing Forms or physician query forms can be modified by any user who has access to the chart.

---

To provide this ability, ensure the following items have been configured:

- [Note Types for Missing Forms on page 169](#)
- [Medical E-Form Template Requirements on page 169](#)
- [Document Type Requirements on page 170](#)
- [Configuring Medical E-Forms for Deficiencies on page 170](#)
- [Analyst Privileges for Missing Forms on page 173](#)

## Note Types for Missing Forms

OnBase offers one Note type for creating the Missing Form chart-level deficiency. See [Note Type Configuration on page 143](#) for configuration information.

## Medical E-Form Template Requirements

When configuring an HTML form template for medical E-Forms, ensure it satisfies the following requirements:

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**Caution:** To ensure all data on medical E-Forms is preserved upon burning, you must follow these requirements.

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1. Do not place a center-aligned **div** tag (i.e., **<div align=center>**) outside the form's main table. When displayed within a browser window, the form must remain left-aligned even when the browser window is resized.
2. Do not use tabbed E-Forms. If you do, only the information on the first tab is burned. Information on other tabs is lost.
3. Do not use Unity Forms. OnBase Unity Forms are not supported for form-based deficiencies.
4. For multi-page forms, custom HTML page breaks must be inserted to ensure the pages are separated properly during burning. Contact your first line of support for assistance.
5. It is considered a best practice to exclude **Submit** and **Save** buttons on medical forms. In the Medical Records Unity Client and DeficiencyPop, the contexts that allow users to modify medical forms will also save the forms automatically when users navigate away.

6. For general best practices, see the E-Forms Best Practices chapter in the E-Forms module reference guide.

## Document Type Requirements

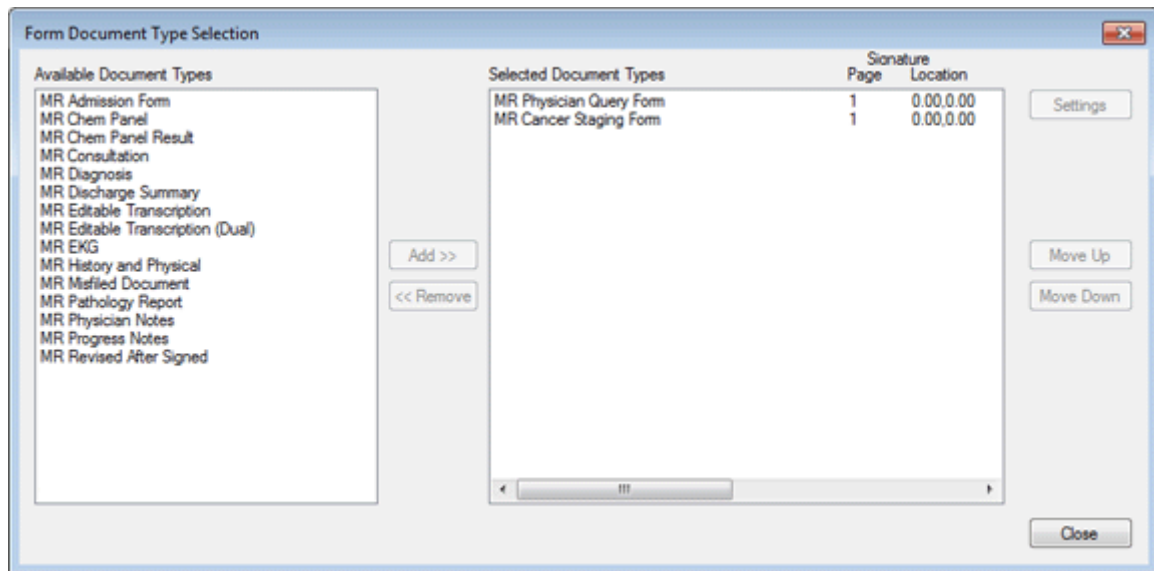
When configuring a medical form Document Type, ensure it satisfies the following requirements:

- The Document Type must belong to a medical record Document Type Group.
- The Document Type must be configured for charts.  
For information about configuring chart Document Types, see the **HL7** module reference guide.
- Do not select additional options under the Document Type's **Rendition/Revision** button. Leave only the default options selected: **Non Revisable** and **Create new document**.
- The HTML form used for the Document Type must have been imported into OnBase's **SYS HTML Form** Document Type.
- The HTML form must be selected as the E-Form for the Document Type (Document Type configuration, **E-Form** button).
- The Keyword Types in the form must match the Keywords mapped to **Chart Data Fields**.

## Configuring Medical E-Forms for Deficiencies

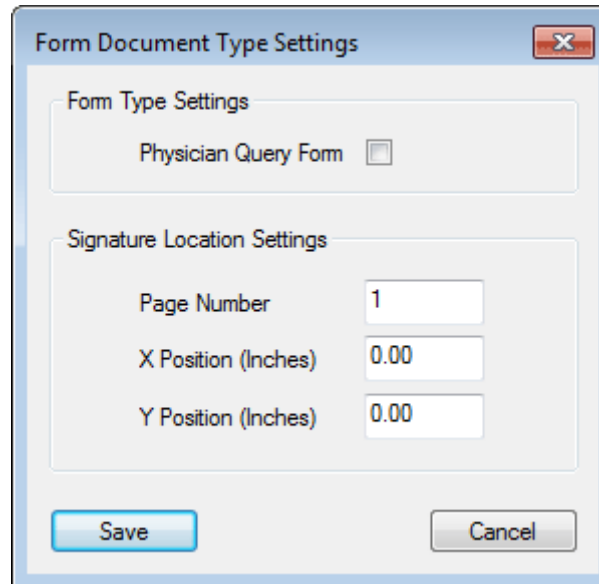
1. Configure an E-Form for each type of form that should be eligible for Missing Form deficiencies. See [Medical E-Form Template Requirements on page 169](#).
2. Configure a Document Type for each type of form: See [Document Type Requirements on page 170](#).

3. In OnBase Configuration, select **Medical | Forms**. The **Form Document Type Selection** dialog box is displayed.



4. Under **Available Document Types**, select the Document Types you will use for Missing Forms
5. Click **Add** to add them to the **Selected Document Types** list.

6. Under **Selected Document Types**, select the Document Type and click **Settings**. The **Form Document Type Settings** dialog box is displayed.



The image shows a dialog box titled "Form Document Type Settings". It has a close button (X) in the top right corner. Inside the dialog, there are two main sections. The first section, "Form Type Settings", contains a checkbox labeled "Physician Query Form". The second section, "Signature Location Settings", contains three input fields: "Page Number" with the value "1", "X Position (Inches)" with the value "0.00", and "Y Position (Inches)" with the value "0.00". At the bottom of the dialog, there are two buttons: "Save" and "Cancel".

---

**Note:** For information about the **Physician Query Form** option, see [Physician Query Configuration on page 174](#).

---

7. Because the physician's signature is displayed on the form once the form has been burned, you must configure the location on the form where the signature should be displayed.  
When configuring the location, ensure it does not contain any dark text or images that might obscure the physician's signature.
  - a. Enter the **Page Number** where the physician's signature should be displayed.  
If the value entered in the **Page Number** field exceeds the number of pages in the document, the physician's signature will be displayed on the last page of the document.
  - b. In the **X Position (Inches)** field, enter the distance from the left side of the page where the physician's signature should be displayed.
  - c. In the **Y Position (Inches)** field, enter the distance from the top of the page where the physician's signature should be displayed.
  - d. Click **Save** when finished.

---

**Note:** If the form deficiency is assigned to more than one physician, then the signatures will be burned on a separate page appended to the form. In this case, OnBase will burn the message **See Appended Signature Page** in the configured signature location.

---

8. From the **Selected Document Types** list, select the form and click **Move Up** or **Move Down** to change the sequence (order) in which forms are displayed to analysts when they create Missing Form deficiencies.  
The sequence is applicable only if there is more than one form.
9. Click **Close** to exit the **Form Document Type Selection** dialog box
10. In OnBase Configuration, select **Medical | Facilities** to add the new Document Type(s) to a tab at each facility.

---

**Note:** See the E-Forms documentation for detailed information regarding configuring E-Forms.

---

## Analyst Privileges for Missing Forms

Make sure analysts have sufficient Note Type privileges as described under [Note Type Configuration on page 143](#).

## Physician Query Configuration

Physician query forms allow coders to ask physicians for information that is required before Coding can be completed.

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**Note:** The physician query feature requires the following licenses: E-Forms, Medical Records Management Solution, and Medical Records Coding Interface.

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When a coder creates a physician query in the Medical Records Unity Client, the coder is prompted to choose a query form and the physician to contact. Once the coder sends the query form to the physician, the form shows up in the physician's inbox as an Incomplete Form deficiency. In Completion, the physician can provide the requested information, save the form, and reply to the query.

## Physician Query Deficiencies

Physician queries are displayed in DeficiencyPop as Missing/Incomplete Form deficiencies.

Like other deficiencies, physician queries are part of the burn process. Once completed, physician query forms are burned by the -MRMSANALYSIS server.

While similar to other deficiencies, physician queries differ in several ways:

- Physician queries are created by coders. Physician queries cannot be created by analysts or reanalysts.
- Physician queries do not cause a chart to enter Reanalysis because they do not require confirmation. Physician queries are verified automatically when physicians reply to them.
- Physician queries are not listed in the **Deficiencies** list when a chart is in Analysis or Reanalysis. They are displayed in the **Deficiencies** list only in the Coding queue and the Completion queues.

## Configuring a Physician Query Form

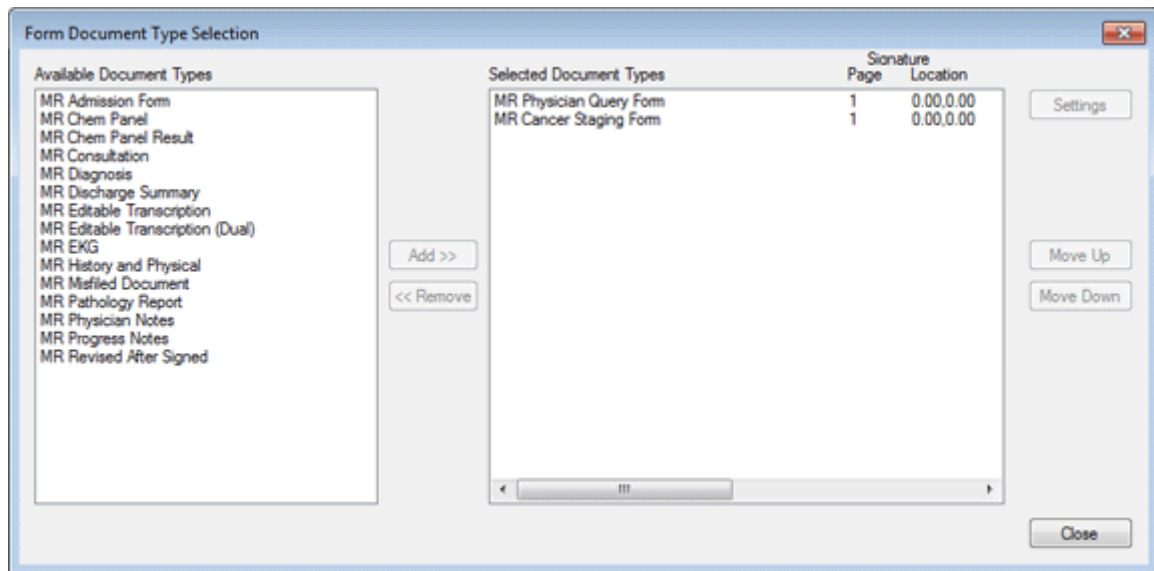
To configure a physician query form:

1. Create an HTML form for each type of query form that should be available to coders. See the following for an example of a form.

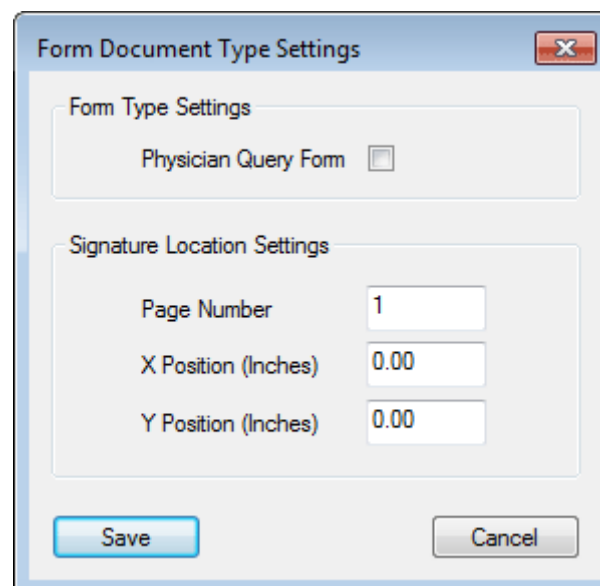
The image shows a web form titled "General Physician Query". It contains two main sections: "Physician Query:" and "Physician Response:". Each section has a large, empty text area with a vertical scrollbar on the right side, indicating they are multi-line text inputs. The form is enclosed in a simple rectangular border.

- Ensure the HTML form meets the criteria provided under [Medical E-Form Template Requirements on page 169](#).
  - Any form fields that are mapped to chart metadata (e.g., patient information) are automatically populated when the form is created.
  - It is considered a best practice to exclude **Submit** and **Save** buttons on physician query forms. Physician query forms are automatically saved by the Medical Records Unity Client. Users may misinterpret a **Submit** or **Save** button as the method for submitting or replying to a query, but these tasks are performed using other buttons within the Medical Records Unity Client.
2. Ensure each Document Type created for the E-Form meets criteria provided under [Document Type Requirements on page 170](#)

3. In OnBase Configuration, select **Medical | Forms**. The **Form Document Type Selection** dialog box is displayed.



4. Under **Available Document Types**, select the Document Types to use as physician query forms.
5. Click **Add** to add them to the **Selected Document Types** list.
6. Under **Selected Document Types**, select the Document Type and click **Settings**. The **Form Document Type Settings** dialog box is displayed.





7. Select **Physician Query Form**.

Because the physician's signature is displayed on the form once the form has been burned, you must configure the location on the form where you want the signature to be displayed. When configuring the location, ensure it does not contain any dark text or images that might obscure the physician's signature.

8. Enter the **Page Number** where the physician's signature should be displayed.

---

**Note:** If the value entered in the **Page Number** field exceeds the number of pages in the document, the physician's signature will be displayed on the last page of the document.

---

9. In the **X Position (Inches)** field, enter the distance from the left side of the page where the physician's signature should be displayed.

10. In the **Y Position (Inches)** field, enter the distance from the top of the page where the physician's signature should be displayed.

11. Click **Save**.

12. Click **Close** to exit the **Form Document Type Selection** dialog box

13. In OnBase Configuration, select **Medical | Facilities** to add the new Document Type(s) to a tab at each facility.

---

**Note:** See the E-Forms documentation for detailed information regarding configuring E-Forms.

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## Automatic Document-Level Deficiencies

Automatic document-level deficiencies are applied automatically to documents when they are attached to charts. The following types of document-level deficiencies can be created:

- Dual Signature
- Edit Transcription—can be single or dual
- Signature

Documents must belong to Document Types that have been configured for auto-deficiencies. In addition, they must provide a valid value for the **Responsible Physician** Keyword Type.

See the following topics:

- [Creating the Responsible Physician Keyword Type on page 178](#)
- [Assigning Document Types for Automatic Deficiencies on page 179](#)
- [General Rules for Automatic Deficiency Creation on page 181](#)
- [Additional Rules for Automatic Deficiencies on Transcriptions on page 181](#)

## Creating the Responsible Physician Keyword Type

A **Responsible Physician** Keyword Type must be configured to allow auto-deficiencies to be assigned correctly.

- The Keyword Type must be assigned to all Document Types configured for automatic document-level deficiencies.
- The Keyword Type must be mapped to the **Responsible Physician** chart data field.

The **Responsible Physician** Keyword Type captures either the user name or Physician Number of the physician responsible for the deficiency. To configure the expected value, use the **Responsible Physician Maps To** medical system setting.

## Expected Outcome Based on Responsible Physician Value

A single (non-dual) deficiency is created in either of the following cases:

- A single, valid primary physician is specified.
- A single, valid secondary signer is specified, and the **Allow Single Deficiencies to be Assigned to Secondary Signers** setting is selected in Medical System Settings.

A dual deficiency is created in the following case:

- The Document Type is configured for dual deficiencies, and the document has two **Responsible Physician** values: one a valid primary physician, and the other a valid secondary signer.

No deficiency is created in any of the following cases:

- No **Responsible Physician** is specified on the document.
- The document has an invalid **Responsible Physician** value.
- Two valid **Responsible Physician** values are specified, but the Document Type is not configured for dual deficiencies.
- More than two **Responsible Physician** values are specified.
- Multiple primary physicians are specified.

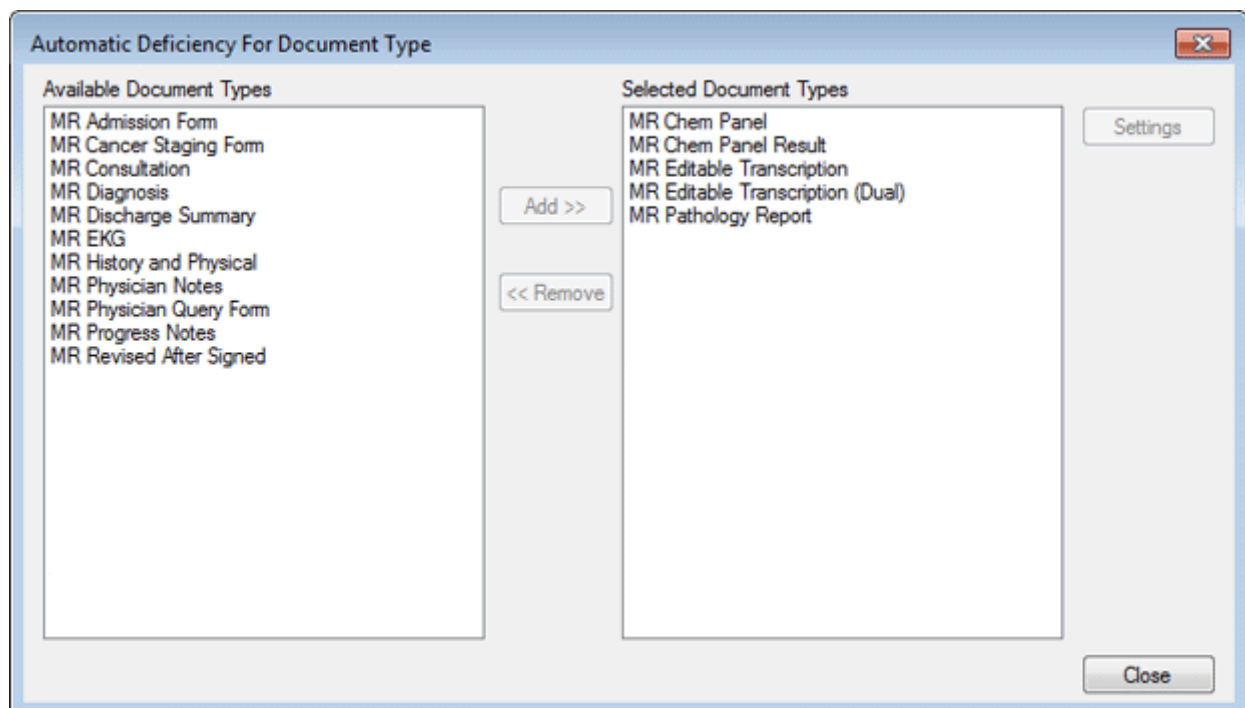
- Multiple secondary signers are specified.
- Only a single secondary signer is specified, but the **Allow Single Deficiencies to be Assigned to Secondary Signers** setting is **not** selected in Medical System Settings.

## Assigning Document Types for Automatic Deficiencies

For a deficiency to be created on a document automatically, the document must belong to a Document Type configured for auto-deficiencies. Document Types are configured for auto-deficiencies in OnBase Configuration.

To configure Document Types for auto-deficiencies:

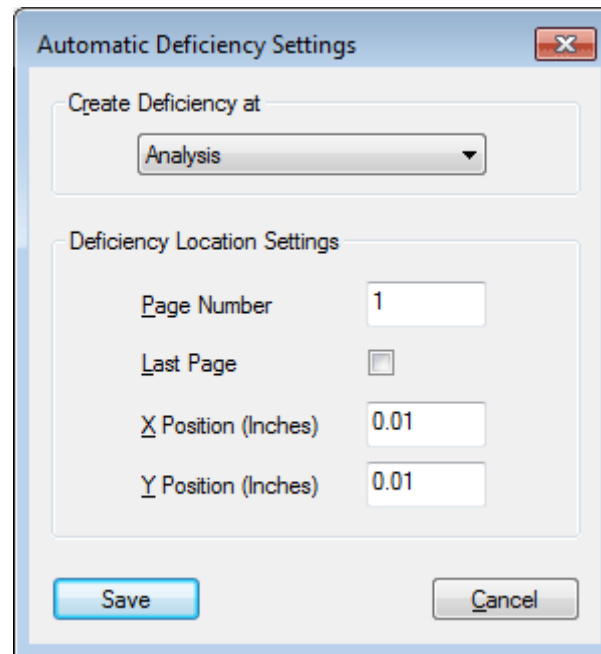
1. In OnBase Configuration, select **Medical | Deficiency Configuration | Automatic Document Type Deficiency**. The **Automatic Deficiency For Document Type** dialog box is displayed.



The **Available Document Types** list displays all Document Types whose Document Type Groups have the **Contains Medical Record Document Types** check box selected.

2. Select a Document Type from the **Available Document Types** list and click **Add** to add it to the **Selected Document Types** list. Repeat for all desired Document Types.

3. Select a Document Type from the **Selected Document Types** list and click **Settings**. The **Automatic Deficiency Settings** dialog box is displayed.



4. Under **Create Deficiency at**, select one of the following:
  - **Analysis**—Select to have automatic deficiencies created when charts enter Analysis. This option is unavailable for Editable Transcription Document Types.
  - **Document Added to Chart**—Select to have automatic deficiencies created when documents of the selected Document Type are added to the chart. This is the only option available for Editable Transcription Document Types.
5. In the **Page Number** field, type the page number where the automatic deficiency should be applied.  
 Select **Last Page** to apply the deficiency to the last page of the document. The **Page Number** field is unavailable when **Last Page** is selected.
6. In the **X Position** field, enter the distance, in inches, from the left side of the page where the deficiency should be applied. This value must be greater than zero.
7. In the **Y Position** field, enter the distance from the top of the page where the deficiency should be applied. This value must be greater than zero.
8. Repeat for all selected Document Types. When finished, click **Save** to exit the **Automatic Deficiency Settings** dialog box.
9. When finished, click **Close** to exit the **Automatic Deficiency for Document Type** dialog box.

## General Rules for Automatic Deficiency Creation

The following rules apply to Signature and Edit Transcription deficiencies that are automatically created using the **Automatic Document Type Deficiency** options:

- If a chart contains multiple documents belonging to an auto-deficiency Document Type, a Signature or Edit Transcription deficiency is placed on each document.
- COLD and DIP processes respect the configuration for auto-deficiency creation. If documents imported using COLD or DIP should be excluded from auto-deficiency creation, select the **Do Not Add Automatic Deficiency** processing option for the COLD or DIP process. This option is available on the **Medical** tab in the **Process Settings** dialog box.
- If documents will be imported or added to charts through the OnBase Application Server or OnBase Workflow, then the users performing these actions must be assigned the **Create** privilege to the Note Types for automatic deficiencies. Otherwise, the deficiencies will not be created.
- Deficiencies are assigned to physicians based on the **Responsible Physician** value on the document. See [Expected Outcome Based on Responsible Physician Value on page 178](#).
- If **Enable Deficiency Correction Queue** is selected in Unity Settings, then OnBase will create an Add Deficiency correction task for each deficiency that fails to be auto-created. Correction tasks are addressed in the Medical Records Unity Client.
- Deficiencies are not created if the chart doesn't require Analysis, unless the document is added as a loose document, and its Document Type is configured to override Admit Type settings for Analysis.

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**Note:** Additional rules apply only to auto-created Edit Transcription deficiencies. See [Additional Rules for Automatic Deficiencies on Transcriptions on page 181](#) for more information.

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## Additional Rules for Automatic Deficiencies on Transcriptions

The following additional rules apply to the automatic creation of deficiencies on transcriptions:

- Deficiencies on transcriptions created using HL7 are assigned to the dictation physician only under the following conditions:
  - The dictation physician is specified in the OBR.32 field of the HL7 message.
  - The message is processed by a **Medical Records Chart** import process.
  - The HL7 message contains enough information to create a valid chart.
- If no dictation physician is specified, or if the Import Process Message Action is not **Medical Records Chart**, then the Edit Transcription deficiency is assigned to the specified responsible physician.
- Edit Transcription deficiencies are not placed automatically unless a valid value is provided for the dictating or responsible physician.

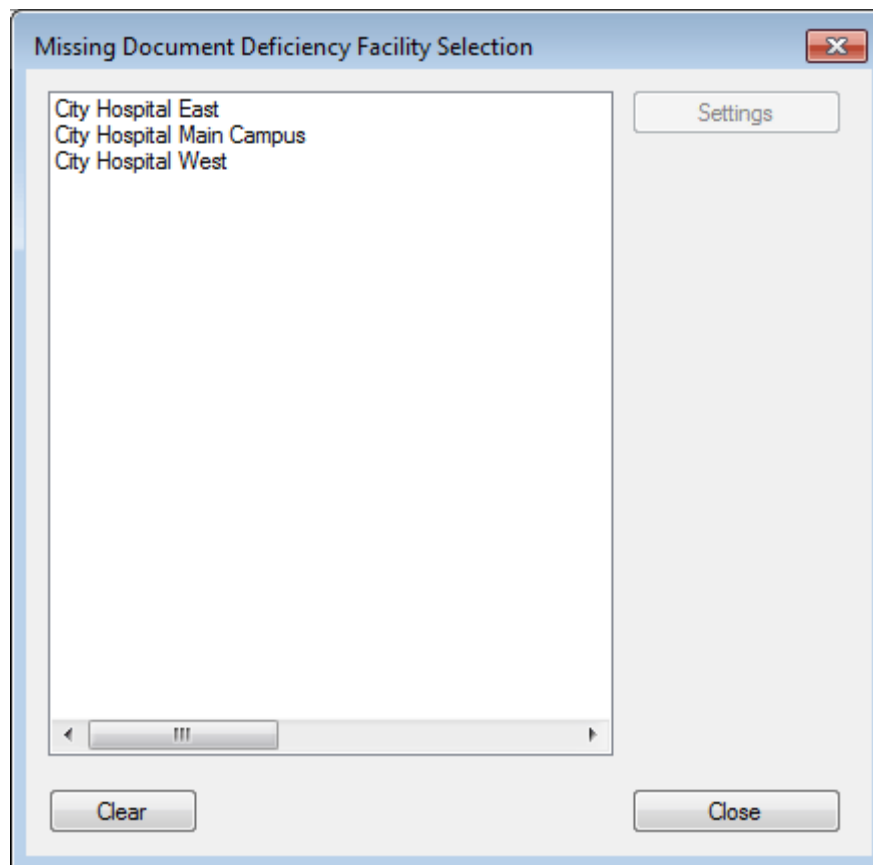
- For transcription Document Types, you can apply a setting to restrict deficiency creation to text documents only. See [Configuring Transcription Settings on page 162](#) for information about the **Apply Automatic Deficiency to Text Documents only** option.

## Automatic Missing Document Deficiencies

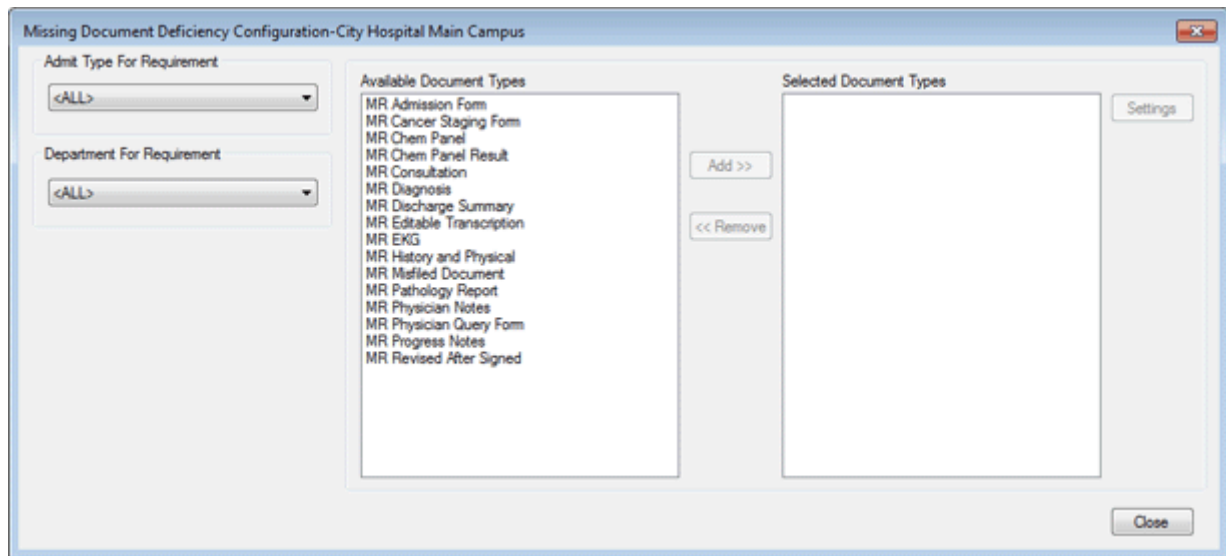
Missing Document and Dictation deficiencies can be automatically created for charts that are missing required Document Types. These deficiencies, which are assigned to a chart's attending physician, are created when specific Document Types are missing from a chart. This feature can be activated for specific facilities, departments, and Admit Types.

To configure automatic chart-level deficiencies:

1. Select **Medical | Deficiency Configuration | Missing Document Type Deficiency**. The **Missing Document Deficiency Facility Selection** dialog box is displayed.

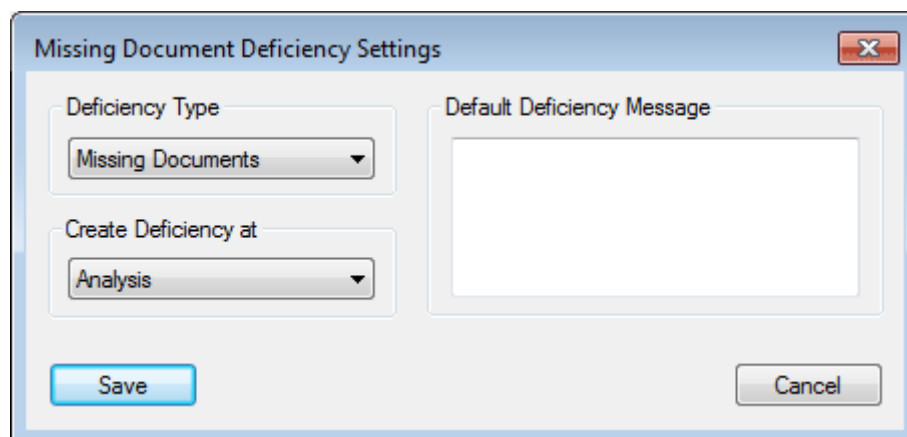


2. Select a facility and click **Settings**. The **Missing Document Type Deficiency Configuration** dialog box is displayed.



The dialog box is titled "Missing Document Deficiency Configuration-City Hospital Main Campus". It features two dropdown menus on the left: "Admit Type For Requirement" (set to "<ALL>") and "Department For Requirement" (set to "<ALL>"). In the center, there is a list of "Available Document Types" including MR Admission Form, MR Cancer Staging Form, MR Chem Panel, MR Chem Panel Result, MR Consultation, MR Diagnosis, MR Discharge Summary, MR Editable Transcription, MR EKG, MR History and Physical, MR Misfiled Document, MR Pathology Report, MR Physician Notes, MR Physician Query Form, MR Progress Notes, and MR Revised After Signed. To the right of this list are "Add >>" and "<< Remove" buttons. Further right is an empty "Selected Document Types" list with a "Settings" button next to it. A "Close" button is located at the bottom right of the dialog.

3. From the **Admit Type For Requirement** drop-down, select the Admit Type you want to configure automatic chart-level deficiencies for.
4. From the **Department For Requirement** drop-down, select the department you want to configure automatic chart-level deficiencies for.
5. Select a Document Type from the **Available Document Types** list.  
Only medical record Document Types are available.
6. Click **Add** to add the Document Type to the **Selected Document Types** list. Repeat for all necessary Document Types.
7. Select a Document Type from the **Selected Document Types** list and click **Settings**. The **Missing Document Deficiency Settings** dialog box is displayed.



The dialog box is titled "Missing Document Deficiency Settings". It contains two dropdown menus on the left: "Deficiency Type" (set to "Missing Documents") and "Create Deficiency at" (set to "Analysis"). To the right of these is a large text area labeled "Default Deficiency Message". At the bottom, there are "Save" and "Cancel" buttons.

8. From the **Deficiency Type** drop-down, select the type of Missing Document deficiency that will be created for this Document Type.  
Transcription Document Types have two available options: **Missing Documents** and **Missing Dictation**. Other Document Types have only **Missing Documents** available.  
The **Missing Dictation** option is not available for transcription Document Types if the facility is configured to **Disable Missing Dictation Deficiencies**.
9. From the **Create Deficiency at** drop-down, select whether the deficiencies should be created upon admission or at the beginning of Analysis. (Depending on the chart's Admit Type, Analysis may begin upon admission.)

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**Note:** For deficiencies to be automatically created upon admission, the HL7 Medical Records Chart import process must have the **Perform Chart Deficiency Processing** option selected. The deficiencies will not be automatically created if this option is not selected. See the **HL7** module reference guide or help for more information.

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10. In the **Default Deficiency Message** field, type the default deficiency text for these deficiencies.
11. Click **Save**.
12. Repeat the procedure as needed for additional Document Types and facilities.

## Automatic Completion of Document Type Deficiencies

OnBase can automatically complete Missing Document, Dictation, and Dual Dictation deficiencies. The conditions for auto-completion depend on your system's configuration and whether the correct responsible physicians are specified on the imported documents.

- Deficiencies are not completed if their Document Types are configured for manual completion as described under [Manual Completion of Document Type Deficiencies on page 185](#).
- To allow for automatic completion, you must configure a **Responsible Physician** Keyword Type and map it to the **Responsible Physician** chart data field. To configure the **Responsible Physician** Keyword Type, see [Creating the Responsible Physician Keyword Type on page 178](#).
- Missing Document, Dictation, and Dual Dictation deficiencies are automatically completed when the missing documents are indexed with the correct responsible physician(s) and added to a chart.

---

**Note:** By default, the imported document must specify the primary physician as a **Responsible Physician** for the deficiency to be fully completed. To allow a Dual Dictation deficiency to be fully completed when only the secondary signer is specified, enable the **Allow Secondary Signers to Complete Dual Missing Dictation Deficiencies** setting in Medical System Settings.

---

- The associated deficiency is not automatically completed if a document is not indexed with a responsible physician, if the document has extra responsible physician values, or if the responsible physicians do not match the physicians on the deficiency.



- If there are multiple matching deficiencies, then OnBase follows the facility's setting for **When Auto Completion finds Multiple Deficiencies**.

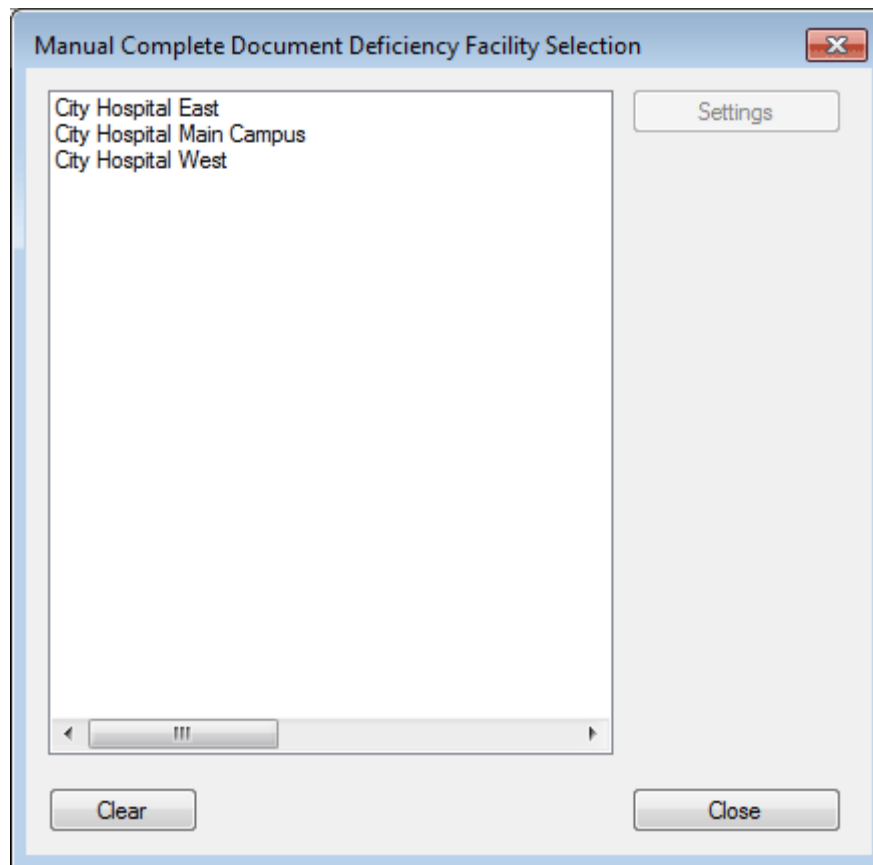
## Manual Completion of Document Type Deficiencies

By default, Missing Document, Dictation, and Dual Dictation deficiencies are automatically completed when the missing documents are indexed with the correct responsible physicians and added to the charts.

If some deficiencies should not be automatically completed, you can require them to be completed manually in the Medical Records Unity Client or DeficiencyPop. The manual completion requirement is applied to specific Document Types at specific facilities, and it can be further refined by Admit Type and Department.

To require manual completion for certain deficiencies:

1. In OnBase Configuration, select **Medical | Deficiency Configuration | Manual Complete Document Type Deficiency**. The **Manual Complete Document Deficiency Facility Selection** dialog box is displayed.



2. Select a facility and click **Settings**. The **Manual Completion Document Deficiency Configuration** dialog box is displayed.

Manual Completion Document Deficiency Configuration-City Hospital Main Campus

Admit Type For Requirement  
<ALL>

Department For Requirement  
<ALL>

Available Document Types

- MR Admission Form
- MR Cancer Staging Form
- MR Chem Panel
- MR Chem Panel Result
- MR Consultation
- MR Diagnosis
- MR Discharge Summary
- MR Editable Transcription
- MR EKG
- MR History and Physical
- MR Misfiled Document
- MR Pathology Report
- MR Physician Notes
- MR Physician Query Form
- MR Progress Notes
- MR Revised After Signed

Add >>

<< Remove

Selected Document Types

Close

3. From the **Admit Type For Requirement** drop-down, select the Admit Type you want to configure manual completion rules for.
4. From the **Department For Requirement** drop-down, select the department you want to configure manual completion rules for.
5. Select a Document Type from the **Available Document Types** list.  
Only medical record Document Types are available.
6. Click **Add** to add the Document Type to the **Selected Document Types** list. Repeat for all necessary Document Types.
7. Click **Close**.
8. Repeat the procedure for additional facilities as needed.

## External System Configuration

Systems licensed for the Medical Records Management Solution can be configured to track deficiencies that are addressed in an external system, such as Meditech® or Allscripts™ Sunrise Acute Care™.

Configuration requirements will vary depending on the design of the integration. The following topics describe the general setup for integrating the Medical Records Management Solution with an external system:

- [Custom Services on page 187](#)
- [Available Deficiency Types on page 187](#)
- [Enabling External Deficiencies on page 189](#)
- [Configuring External Deficiencies on page 190](#)
- [Configuring Polling File Information for Integrations on page 194](#)
- [Configuring Polling File Information for Integrations on page 194](#)
- [Running the Polling Service on page 194](#)
- [Configuring the External Deficiency Service for Allscripts Integrations on page 196](#)

### Custom Services

To set up an integration with an external third-party application, contact your solution provider. The OnBase development team can create a custom web service to exchange deficiency information between OnBase and an external system in real time, and a custom polling service can be used to synchronize deficiency information between OnBase and an external system on a regular interval.

These services need to be created before OnBase is configured for external deficiencies.

---

**Note:** There is an integration service for Allscripts Sunrise Acute Care which you can use to synchronize deficiency information with OnBase. See [Configuring the External Deficiency Service for Allscripts Integrations on page 196](#) for more information.

---

### Available Deficiency Types

When the Medical Records Management Solution is integrated with an external system, OnBase can track the following types of external deficiencies.

- [External Missing Signature on page 188](#)
- [External Unsigned Order on page 188](#)

---

**Note:** The configuration for External Missing Information deficiencies is maintained for legacy purposes only.

---

## External Missing Signature

External Missing Signature deficiencies are created and completed in the external system. They cannot be deleted, accepted, or rejected within the Medical Records Unity Client or DeficiencyPop.

After the missing signature is provided and the external system is synchronized with OnBase, the deficiency is marked as completed and automatically confirmed, bypassing Reanalysis.

## External Unsigned Order

External Unsigned Order deficiencies are created and completed in the external system. They cannot be deleted, accepted, or rejected within the Medical Records Unity Client or DeficiencyPop.

After the missing signature is provided and the external system is synchronized with OnBase, the deficiency is marked as completed and automatically confirmed, bypassing Reanalysis.

## Enabling External Deficiencies

Before you can configure integration settings, you must enable external deficiencies within OnBase. To enable external deficiencies:

1. In OnBase Configuration, select **Medical | Medical System Settings**.
2. Click the **Deficiency Settings** tab.

The screenshot shows the 'Medical System Settings' dialog box with the 'Deficiency' tab selected. The dialog has several sections with various options:

- Completion Interface Options:**
  - PIN prompt after  minutes of inactivity
- Autoplay Options:**
  - Disable Autoplay ☒
  - Minimum Autoplay Time
- Responsible Physician Value Maps to:**
  - ☒ Physician Number
  - ☐ User Name
- Deficiency Type Options:**
  - Enable External Deficiencies ☐
  - Enable Dual Signature Secondary Signer Deficiencies ☐
  - Automatically Confirm Accepted Signature Deficiencies After Completion ☒
- Deficiency Bumping Options:**
  - ☐ Override Note Size Bum Errors
    - ☐ Shrink Stamp to Fit Note
    - ☐ Expand Stamp to Fit Text
- Secondary Signer Options:**
  - Require Secondary Signer to Sign Dual Deficiencies ☐
  - Secondary Signature Locks Revisions ☐
  - Allow Single Deficiencies to be Assigned to Secondary Signers ☐
  - Allow Secondary Signers to Complete Dual Missing Dictation Deficiencies ☒
- Delinquency Options:**
  - Use Configured Aging Rates to Calculate Delinquency Status ☐
  - Pause Delinquency Status Calculation During Physician Hold Time ☒
  - Pause Delinquency Letter Generation During Physician Hold Time ☒
- Signature Options:**
  - Include Physician Number in Signature Text ☒

At the bottom right, there are 'OK' and 'Cancel' buttons.

3. Under **Deficiency Type Options**, select **Enable External Deficiencies**.

4. Click **OK**. Continue to [Configuring External Deficiencies on page 190](#).

## Configuring External Deficiencies

In OnBase Configuration, configure the display name and default text for external Deficiency Types so that users know to address them in an external system.

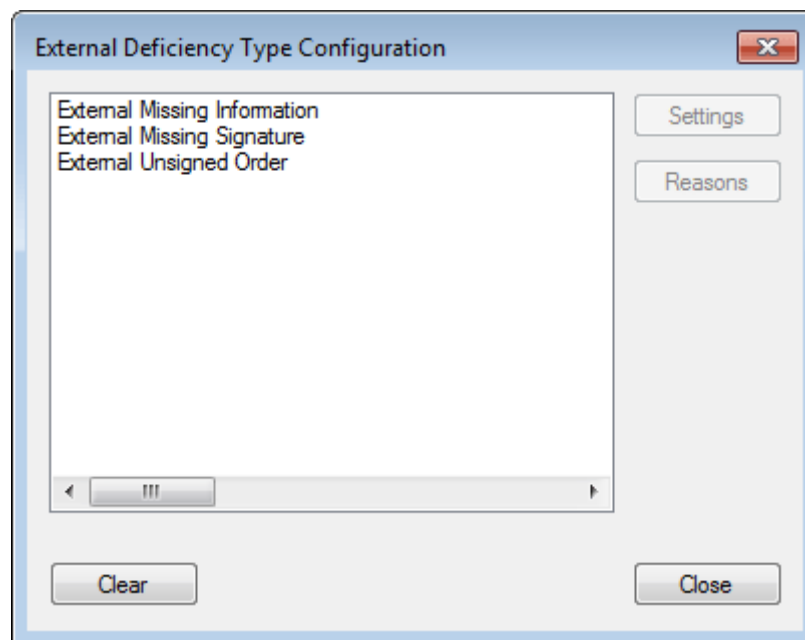
---

**Note:** Before you begin, ensure external deficiencies are enabled in OnBase. You cannot configure external deficiencies unless the **Enable External Deficiencies** medical system setting is selected. See [Enabling External Deficiencies on page 189](#).

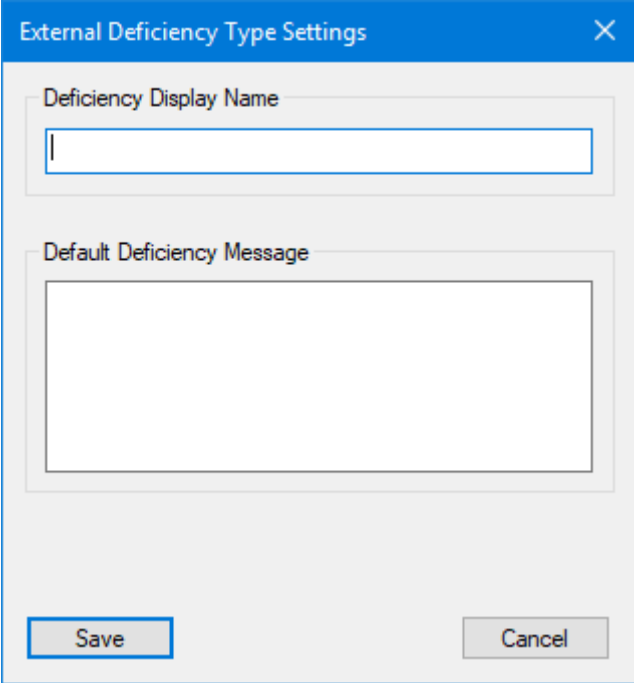
---

To configure external deficiencies:

1. Select **Medical | Deficiency Configuration | External Deficiency Types**. The **External Deficiency Type Configuration** dialog box is displayed.  
For information about available external Deficiency Types, see [Available Deficiency Types on page 187](#).



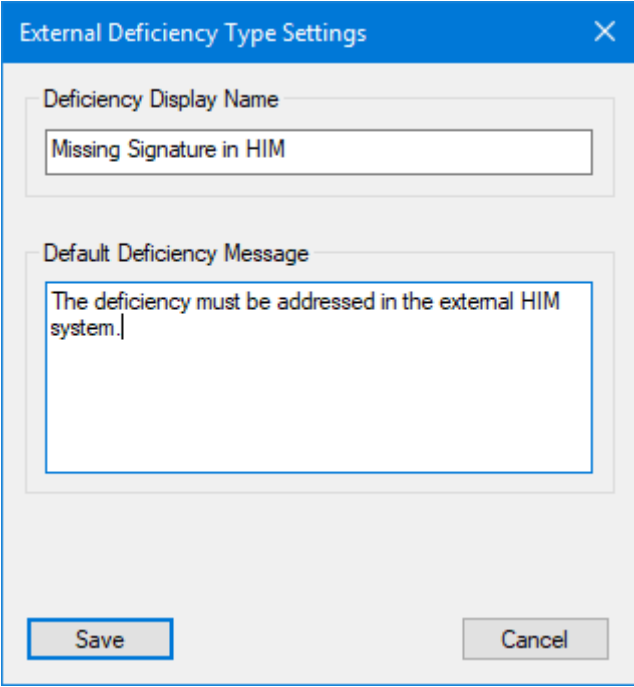
2. Select a Deficiency Type and click **Settings**. The **External Deficiency Type Settings** dialog box is displayed.



The image shows a dialog box titled "External Deficiency Type Settings" with a close button (X) in the top right corner. The dialog box contains two main sections: "Deficiency Display Name" and "Default Deficiency Message". The "Deficiency Display Name" section has a single-line text input field. The "Default Deficiency Message" section has a multi-line text area. At the bottom of the dialog box, there are two buttons: "Save" and "Cancel".

3. In the **Deficiency Display Name** field, type the name that should be displayed for the Deficiency Type. When a user views this type of deficiency in OnBase, it will display the name configured here.

4. In the **Default Deficiency Message** field, type the default message that will be displayed in the **Deficiency Text** field when the deficiency is viewed from a chart in OnBase.



The screenshot shows a dialog box titled "External Deficiency Type Settings" with a close button (X) in the top right corner. Inside the dialog, there are two main sections. The first section, labeled "Deficiency Display Name", contains a text box with the text "Missing Signature in HIM". The second section, labeled "Default Deficiency Message", contains a larger text area with the text "The deficiency must be addressed in the external HIM system." At the bottom of the dialog, there are two buttons: "Save" and "Cancel". The "Save" button is highlighted with a blue border.

For example, type **This deficiency must be addressed in <external system name>**. This message informs the user that the physician must address the deficiency in a system outside of OnBase.

5. Click **Save**.
6. Repeat for each external Deficiency Type.
7. If the design of your integration uses a polling file to synchronize OnBase with your external system, see [Mapping Deficiency Type Codes for Polling Files on page 193](#).

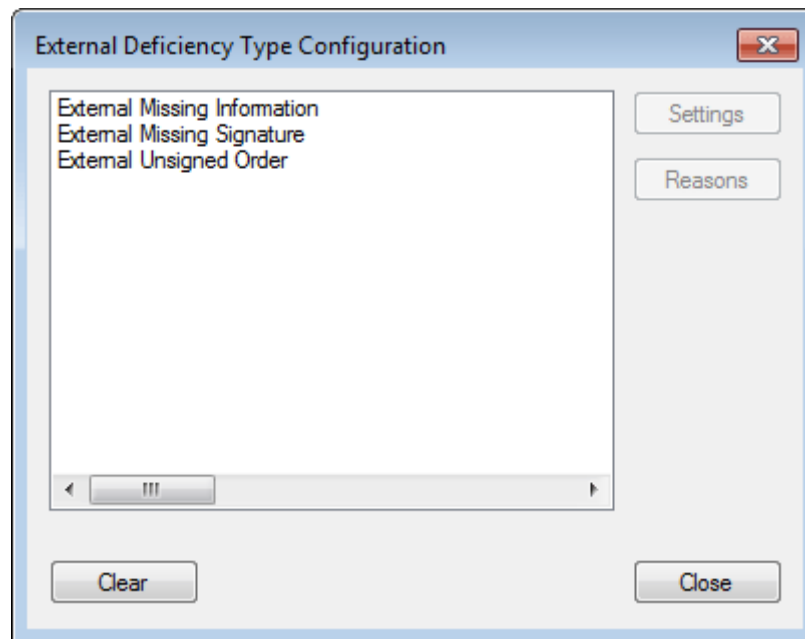


## Mapping Deficiency Type Codes for Polling Files

If your integration will obtain deficiency information from a polling file generated from Meditech, then you must map each external Deficiency Type to the expected code that will represent the Deficiency Type in the polling file.

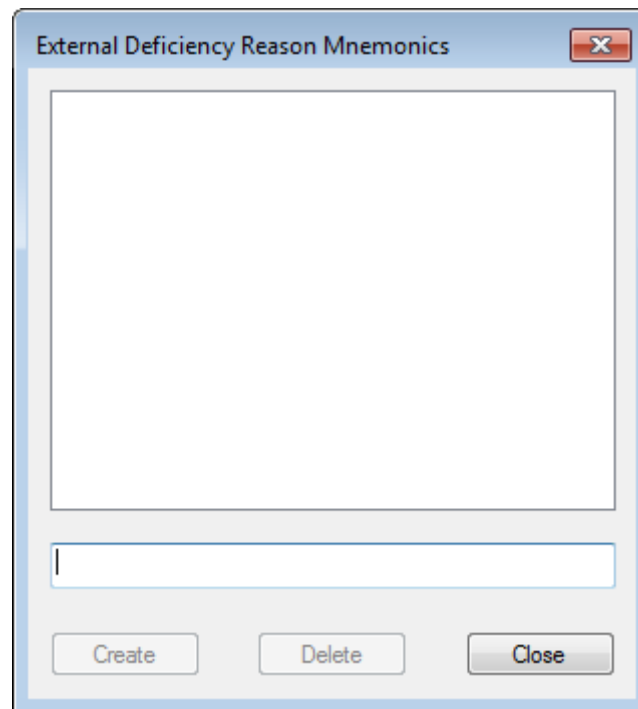
To map Deficiency Type codes:

1. In OnBase Configuration, select **Medical | Deficiency Configuration | External Deficiency Types**. The **External Deficiency Type Configuration** dialog box is displayed.



2. Select **External Missing Signature**.

- Click **Reasons**. The **External Deficiency Reason Mnemonics** dialog box is displayed.



- In the field provided, type the code or ID that will be provided for external missing signatures in the polling file.

---

**Note:** These codes (reason mnemonics) must be unique. The same code cannot be used for multiple external Deficiency Types.

---

- Click **Create**.
- Click **Close**.
- Repeat for the **External Unsigned Order** Deficiency Type.
- Close **External Deficiency Type Configuration** when you are finished.

## Configuring Polling File Information for Integrations

If OnBase is configured to obtain deficiency information from a polling file generated from a Meditech system, then this file can be used to synchronize deficiency information between OnBase and Meditech.

For more information, see the Deficiency Polling Service topic in the **OnBase for Meditech with ODA** module reference guide.

## Running the Polling Service

Deficiency information is synchronized using the deficiency gathering polling service. This service is activated using the following command line switch on the OnBase Client executable:

**-MRMSPOLL="#"**

Here, # represents how often (in minutes) OnBase polls the external system. The smallest interval allowed is 1, or one minute. If # is blank, the time interval defaults to 15 minutes.

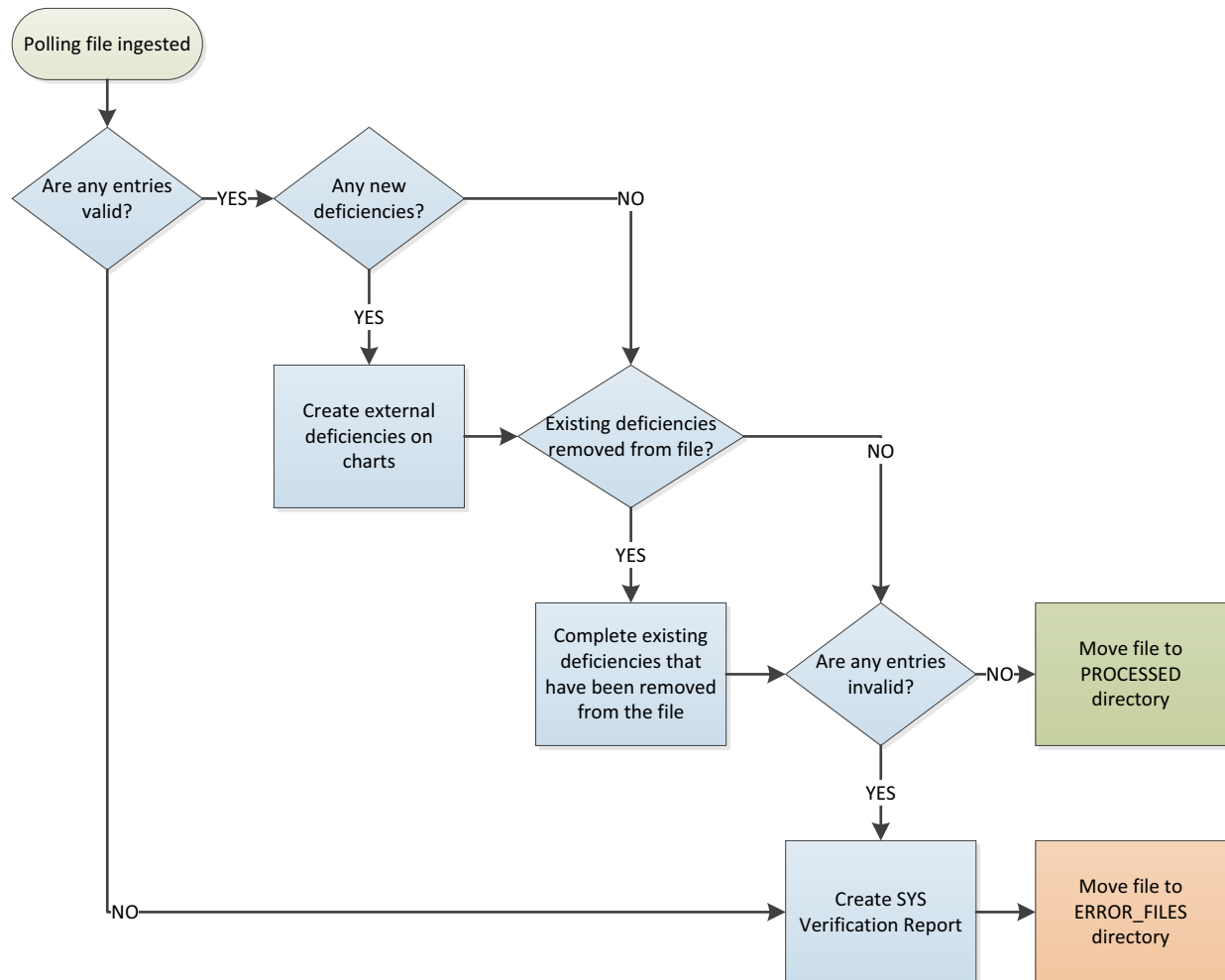
If your integration is configured to use the polling file method, see [Polling File Method on page 195](#).

## Polling File Method

If OnBase is configured to synchronize deficiency information using a polling file generated from Meditech, then the polling service does the following. For a visual representation, see the flowchart following these steps.

1. Synchronizes deficiency information in OnBase.
  - When the service encounters a new deficiency, the external deficiency is created in OnBase.
  - When the service encounters an existing deficiency, it updates the external deficiency in OnBase using the information in the file.
  - When an existing deficiency no longer occurs in the file, the service completes the external deficiency.
2. Creates the following subdirectories within the directory where the polling file resides:
  - **ERROR\_FILES**
  - **PROCESSED**

3. Moves the polling file to the appropriate subdirectory.
  - Files that are processed successfully are moved to the **PROCESSED** directory. These files are renamed to include the date and time when they were processed.
  - Files that cannot be processed successfully are moved to the **ERROR\_FILES** directory. If multiple files are moved to this directory, then a number is appended to each subsequent file's name to indicate the order in which the file was encountered.



## Configuring the External Deficiency Service for Allscripts Integrations

If OnBase is licensed for the Integration for Allscripts Sunrise Acute Care, you can use a scheduler service to retrieve deficiency information from Allscripts Sunrise Acute Care and create external deficiencies in OnBase. The Allscripts external deficiency service establishes a secure connection to an Allscripts Sunrise HIM Deficiencies web service, authenticated by Helios Security Services, and checks for new deficiency data at configured intervals. This data is used to create, update, or delete external deficiencies in OnBase.

To configure the external deficiency service for Allscripts:

1. In the Unity Management Console, create and configure a **Deficiency Management for Allscripts Sunrise Acute Care** task. See [Create the Deficiency Management Scheduled Task on page 197](#) for details.
2. Using the command prompt, install the scheduler service which executes the deficiency management task. See [Create the Scheduler Service on page 200](#) for details.
3. In the Allscripts Helios Gateway Client, configure the endpoint connection and authentication settings. Refer to the relevant Allscripts documentation for details.

## Create the Deficiency Management Scheduled Task

The first step in setting up the Allscripts external deficiency service is to create a **Deficiency Management for Allscripts Sunrise Acute Care** task in the Unity Management Console.

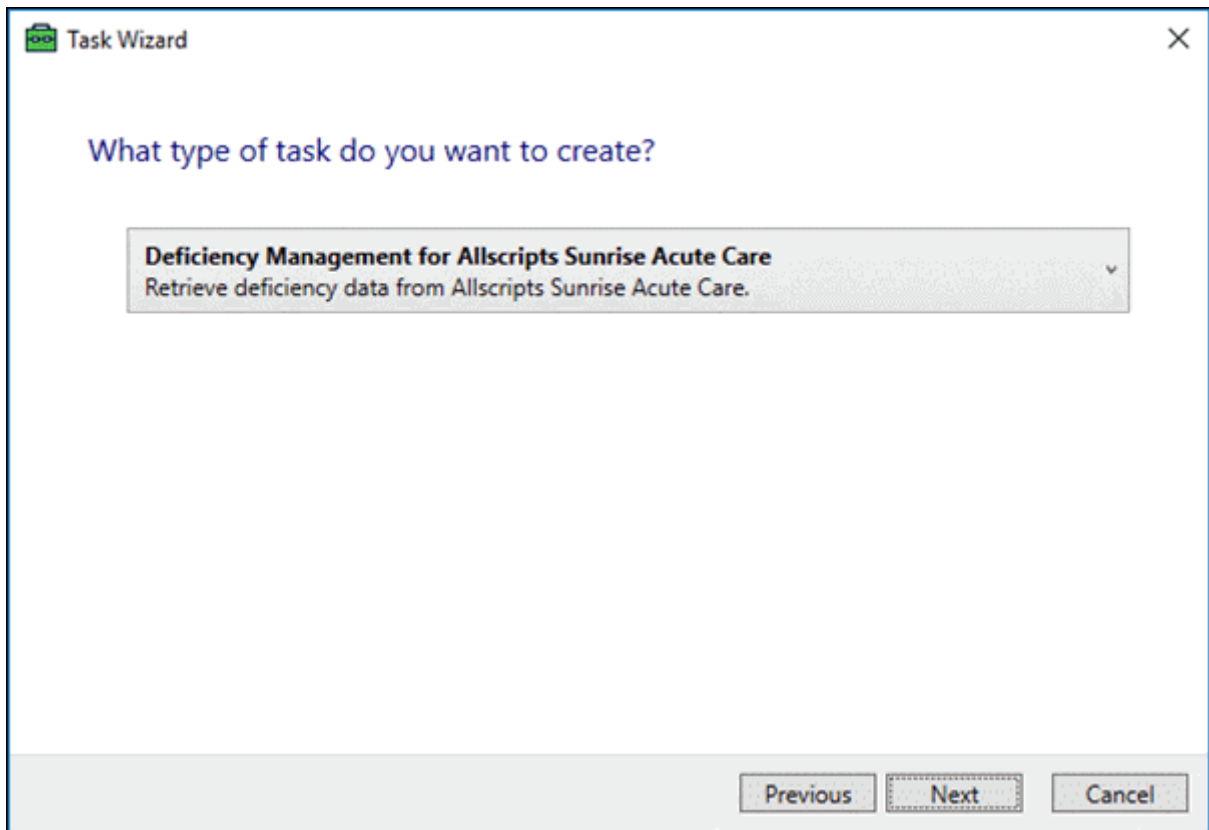
Note the following prerequisites:

- The **Integration for Allscripts Sunrise Acute Care** license is required to create a **Deficiency Management for Allscripts Sunrise Acute Care** task.
- A Deficiency Management task is only successful when the task is run as a Windows Service. This is due to a requirement that an OnBase User Account that is configured as a Service Account is leveraged. Executing this process through the Unity Management Console will *not* result in deficiencies being synced between Allscripts Sunrise Acute Care and OnBase.

To create a deficiency management task:

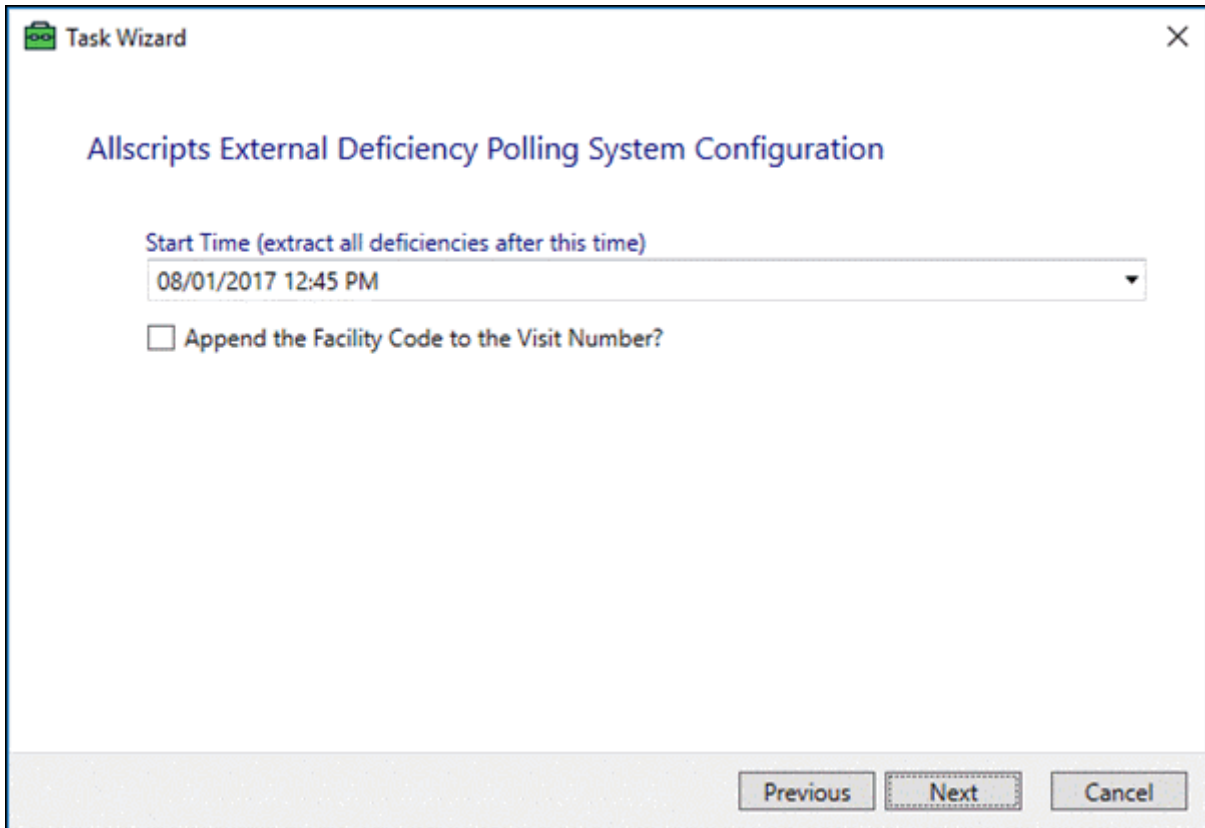
1. From the provided build directory, navigate to **\OEM\AllscriptsECM\AppServer** and locate the files **Hyland.Integrations.Allscripts.ExternalDeficiencies.dll** and **SXA.HIM.Entities.dll**.
2. Copy the DLLs to the Application Server's **\bin** folder. Typically, the path to this folder is **C:\inetpub\wwwroot\AppServer\bin**.
3. Open the Unity Management Console, and connect to the Application Server with either an existing or new task scheduler.
4. In the **Console** tree, expand the task scheduler, select **Tasks**, then click **Create Task Group** from the **Action** pane.
5. Enter a name for the new task group. This task group is used by the scheduler service to identify the deficiency management task to execute, and should contain only a single deficiency management task.
6. Click **Create Task** in the **Action** pane. The **Task Wizard** is displayed.
7. Enter a name for the new task in the **Name** field.
8. Enter a description for the task in the **Description** field.
9. Add the new task to the task group you created by selecting it from the **Task Group** drop-down list.

10. Click **Next**. The next page asks you to choose a type of task to create.



11. Select **Deficiency Management for Allscripts Sunrise Acute Care** from the drop-down list.

12. Click **Next**. The next page contains options specific to the task type.



**Task Wizard**

### Allscripts External Deficiency Polling System Configuration

Start Time (extract all deficiencies after this time)  
08/01/2017 12:45 PM

☐ Append the Facility Code to the Visit Number?

Previous Next Cancel

13. In the **Start Time** field, enter the date and time which corresponds to the earliest Allscripts deficiencies you want to send to OnBase. The Allscripts Sunrise database will be polled for deficiencies created from this time forward.
14. If chart identifiers in OnBase are formed by combining the Visit Number and Facility Code from Allscripts, then select **Append the Facility Code to the Visit Number**. Do not select this option if OnBase chart IDs exactly match the Visit Numbers from Allscripts. The external deficiency service supports the use of assigning authorities to distinguish between charts with matching identifiers.
15. Click **Next**.
16. Select a user group from the **User Group** drop-down list and click **Add** to give that group access to the task.

---

**Note:** Regardless of the user group it is assigned to, the **Deficiency Management for Allscripts Sunrise Acute Care** task can only be executed by an OnBase service account. This also means that it cannot be run manually by clicking **Execute** in the Unity Management Console.

---

17. Click **Next**.
18. Configure the task's schedule to set how often Allscripts is checked for new deficiency data. See the **Unity Scheduler** documentation on Configuring Tasks for more information on scheduling.
19. Click **Next**.

20. If you added an interval schedule to the task, select **The interval schedules should always execute**.
21. Click **Next**.
22. Leave both **The task should start at** and **The task should no longer execute after** deselected. If the task is allowed to expire, the scheduler service will stop checking Allscripts for new deficiencies.
23. Click **Next**.
24. Review the summary of the task settings, and then click **Finish**.
25. See [Create the Scheduler Service on page 200](#) for how to install the service which runs the task you have just created.

## Create the Scheduler Service

After the **Deficiency Management for Allscripts Sunrise Acute Care** task has been configured in the Unity Management Console, you need a service to execute it.

Note the following prerequisites:

- The Unity Scheduler and the deficiency management scheduler service must be installed on the same computer as the Allscripts Helios Gateway Client in order to be authenticated by Helios Security Services.
- It is considered a best practice to create an independent Windows Service to run the Allscripts deficiency management task. This is primarily to ensure that the OnBase User Account leveraged by the process is a Service Account. This also mimics the deployment methodology followed by Services.

To create the service:

1. Run the Unity Scheduler installer to install the Unity Scheduler. For more information, see the Installation chapter of the **Unity Scheduler** documentation.
2. Copy the Allscripts integration DLLs to the folder where the Unity Scheduler is installed.
  - a. In the provided build directory, browse to **\OEM\AllscriptsECM\Apps\NTServices\Hyland.Scheduler** and locate the files **Hyland.Integrations.Allscripts.ExternalDeficiencies.dll** and **SXA.HIM.Entities.dll**.
  - b. Copy these files to the Unity Scheduler install directory. The default location is **C:\Program Files\Hyland\Unity Scheduler**.
3. If necessary, use the command line to create a separate instance of the Unity Scheduler service to run the Allscripts deficiency management task. This step is necessary only if the default instance of the Unity Scheduler is not set up to execute the deficiency management task.

---

**Note:** Only one instance of the deficiency management scheduler service should be run at a time. Stop and uninstall any previously created deficiency management scheduler services before proceeding.

---

For information about creating an instance of the Unity Scheduler service using the command line, see the Installation chapter of the **Unity Scheduler** documentation.



## Enabling Patient Context Syncing

Patient context syncing can be enabled for custom integrations with Allscripts™, where DeficiencyPop is embedded within Allscripts™ Sunrise Acute Care. You may need to work with your solution provider to determine whether context syncing can be enabled in your environment.

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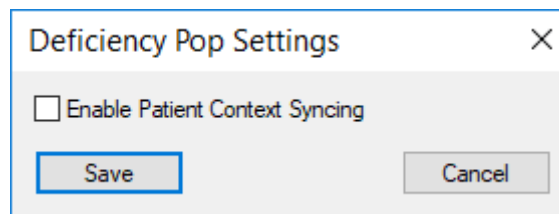
**Note:** Patient context syncing supports Internet Explorer and WebView2-based browsers, such as Microsoft Edge.

---

Where supported, patient context syncing allows Sunrise Acute Care to remain synchronized with DeficiencyPop. When the physician selects a deficiency in DeficiencyPop, DeficiencyPop sends the associated MPI, MRN, and chart ID (with assigning authorities, if applicable) to Sunrise Acute Care, allowing Sunrise Acute Care to retrieve the relevant patient visit.

To enable patient context syncing:

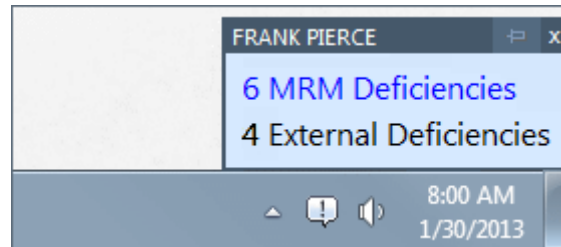
1. In OnBase Configuration, select **Medical | User Interface Settings | DeficiencyPop | Settings**. The **Deficiency Pop Settings** dialog box is displayed.



2. Select **Enable Patient Context Syncing**.
3. Click **Save**.

# Deficiency Notifier Configuration

The Deficiency Notifier is a desktop application that helps physicians remain aware of the number of deficiencies they have pending completion. If your system is integrated with an external EMR, the Deficiency Notifier can also display the number of external deficiencies for the physician.



When the physician double-clicks the notifier, DeficiencyPop loads the physician's OnBase deficiencies.

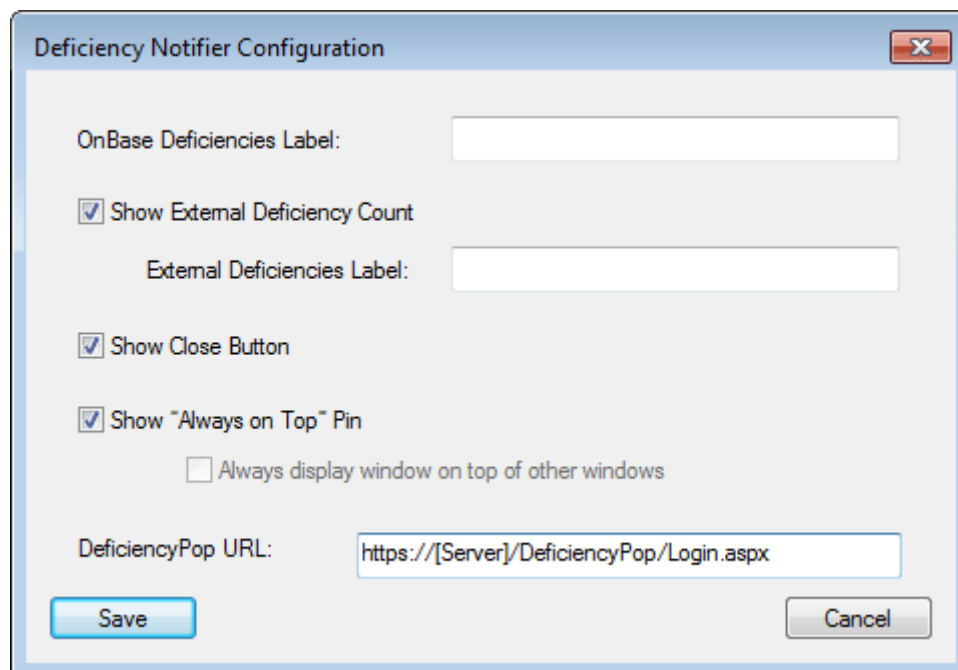
---

**Note:** The Deficiency Notifier is supported with Active Directory, LDAP, and Meditech IP-based authentication. Your implementation must be configured for one of these authentication schemes in order for the Deficiency Notifier to retrieve the current physician's deficiency counts.

---

To configure the Deficiency Notifier, perform the following steps in OnBase Configuration.

1. Select **Medical | Deficiency Configuration | Deficiency Notifier**. The **Deficiency Notifier Configuration** dialog box is displayed.



2. Configure the settings described in the following table.

Setting	Description
<b>OnBase Deficiencies Label</b>	Type the label the Deficiency Notifier should display for deficiencies that are internal to OnBase. For example: <b>OnBase Deficiencies</b> or <b>MRM Deficiencies</b>
<b>Show External Deficiency Count</b>	Select this setting if the Deficiency Notifier should display the number of external deficiencies assigned to the physician. Clear this setting if your system is not configured for external deficiencies or if the Deficiency Notifier should not display external deficiency information.
<b>External Deficiencies Label</b>	This setting is available only if the <b>Show External Deficiency Count</b> setting is enabled. Type the label the Deficiency Notifier should display for the physician's external deficiencies. For example: <b>External Deficiencies</b>
<b>Show Close Button</b>	Select this setting to allow physicians to close the Deficiency Notifier window. Physicians can show the window again by double-clicking the Deficiency Notifier icon in the notification area of the Windows taskbar. Clear this setting to remove the close button from the Deficiency Notifier. Physicians will be unable to close the window.
<b>Show "Always on Top" Pin</b>	Select this setting to allow physicians to pin or unpin the Deficiency Notifier. Pinning lets physicians decide whether the Deficiency Notifier window should be displayed on top of other programs. Clear this setting to remove the pin option from the Deficiency Notifier window.
<b>Always display window on top of other windows</b>	This setting is available only if the <b>Show "Always on Top" Pin</b> setting is disabled. Select this setting if the Deficiency Notifier window should always be displayed on top of other programs, ensuring deficiency visibility. Clear this setting to allow other programs to be displayed on top of the Deficiency Notifier.
<b>DeficiencyPop URL</b>	Type the URL to the DeficiencyPop login page. For example: <b>https://server/DeficiencyPop/login.aspx</b> This setting allows physicians to access DeficiencyPop directly from the Deficiency Notifier.

3. Click **Save**.

# Delinquency Configuration

Because a delinquency is a serious matter that could result in the suspension of a physician's privileges, OnBase lets you track delinquency levels for each physician's deficiencies. OnBase can also automatically generate letters for physicians who are in danger of having unresolved deficiencies become delinquent.

By default, OnBase determines whether a deficiency is delinquent based on the number of days after a patient was discharged. When this threshold is reached, all deficiencies on the chart become delinquent.

As an alternative, you can create delinquency levels that let different deficiencies become delinquent at different times, allowing some deficiencies to be more delinquent than others. Each delinquency level can be associated with a different letter format, ensuring physicians receive the appropriate letter for their highest delinquency level.

If you do not use delinquency levels, you can still configure letter formats to generate different letters depending on the number of days before a physician becomes delinquent. For example, if you have two different letter formats, one can be used to generate letters for physicians who are 20 days from becoming delinquent, and the other can be used to generate letters for physicians who are 10 days from becoming delinquent.

See the following topics:

- [Delinquency Levels Configuration on page 204](#)
- [Delinquency Letters Configuration on page 213](#)
- [Deficiency Aging During Analysis and Coding on page 221](#)

---

**Note:** Deficiency completion requires a Medical Records Management Solution license.

---

## Delinquency Levels Configuration

Delinquency levels indicate a deficiency's degree of delinquency based on the number of hours or days that have elapsed since a configured date, which can be one of the following:

- The patient's admit date
- The patient's discharge date
- The date the deficiency was assigned

The period that must elapse before a delinquency level is reached is called the aging rate, and you can use any of the dates listed above as the trigger for when aging begins.

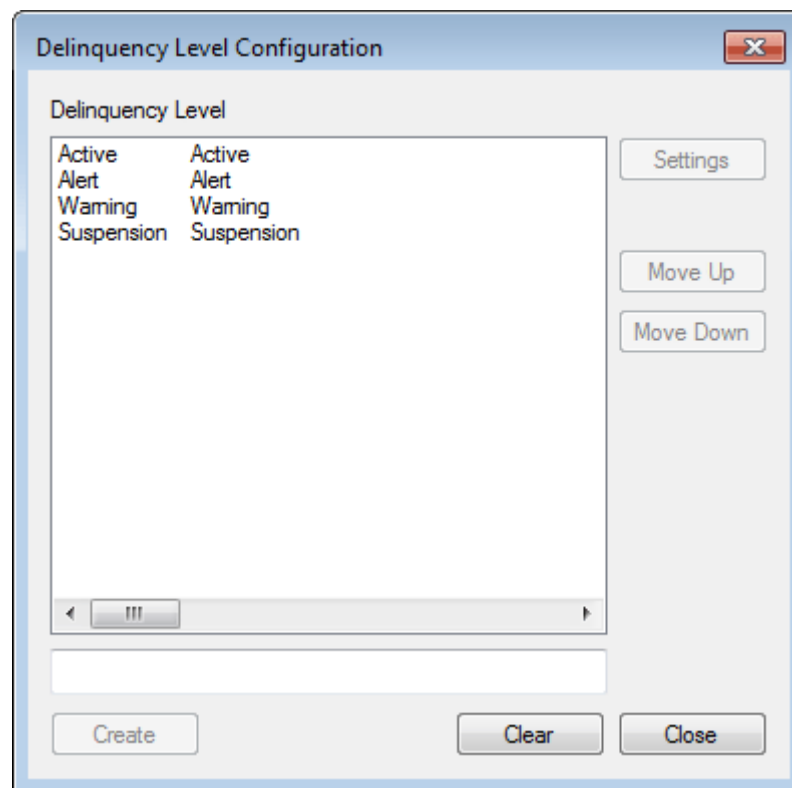
Each Deficiency Type-to-Document Type association can be assigned a different aging rate. For example, an Edit Transcription deficiency created on a transcription document can arrive at a specific delinquency level more quickly than a Missing Signature deficiency created on a pathology report. You can also configure different delinquency settings for each facility in your system.

## Creating Delinquency Levels

To create delinquency levels:

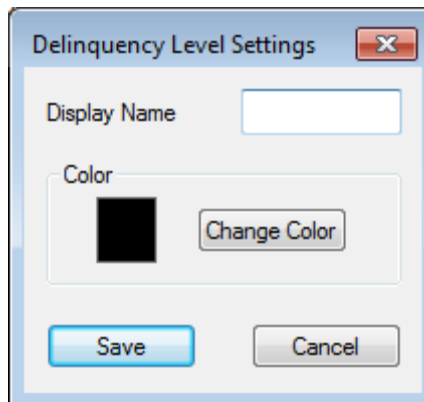
1. Select **Medical | Delinquency Configuration | Levels**. The **Delinquency Level Configuration** dialog box is displayed.

The **Active** delinquency level exists by default to represent deficiencies that are not yet delinquent. To rename the **Active** delinquency level, double-click it from the list and type a new name.



2. Type a name for a delinquency level. This is the name you'll see when you configure the aging rate and physician letter formats for the delinquency level.
3. Click **Create**.

- Select the delinquency level and click **Settings**. The **Delinquency Level Settings** dialog box is displayed.



- Type the display name for the delinquency level.  
A display name must be configured. This is the name the physician will see in the **Delinquency Level** column in DeficiencyPop.
- Click **Change Color** to select a color for the delinquency level.  
This is the color in which the delinquency level will be displayed during Completion, as shown below.

Delinquency Level	Deficiency Type	Patient Last Name
Active	Doc	SMITH
Active	Doc	SMITH
Active	Sign	ANDERSON
Active	Doc	SMITH
Active	Sign	KESTREL
Alert	Doc	MIMIDAE
Alert	Doc	MIMIDAE
Active	Doc	SMITH
Active	Doc	SMITH
Active	Doc	SMITH

**Tip:** Choose a color that shows up against a light background. A light color like yellow may be difficult to read.

- Click **Save**.
- Repeat steps 2–7 for each delinquency level you need.
- Use the **Move Up** and **Move Down** buttons to arrange the delinquency levels from least to most delinquent. The **Active** level is always listed first because it represents deficiencies that are not delinquent. You cannot move the **Active** level down.

## Configuring Delinquency Aging

If you want to assign delinquency levels to deficiencies, you must configure OnBase to recognize when deficiencies reach a specific delinquency level. A deficiency's delinquency level is calculated using aging rates, which are the number of days that must elapse before a deficiency arrives at a delinquency level. For more information about the relationship between delinquency levels and aging rates, see [Delinquency Levels Configuration on page 204](#).

To configure delinquency aging, you must complete the following procedures:

- [Configuring the Basis Date on page 207](#)
- [Configuring Aging Rates on page 210](#)

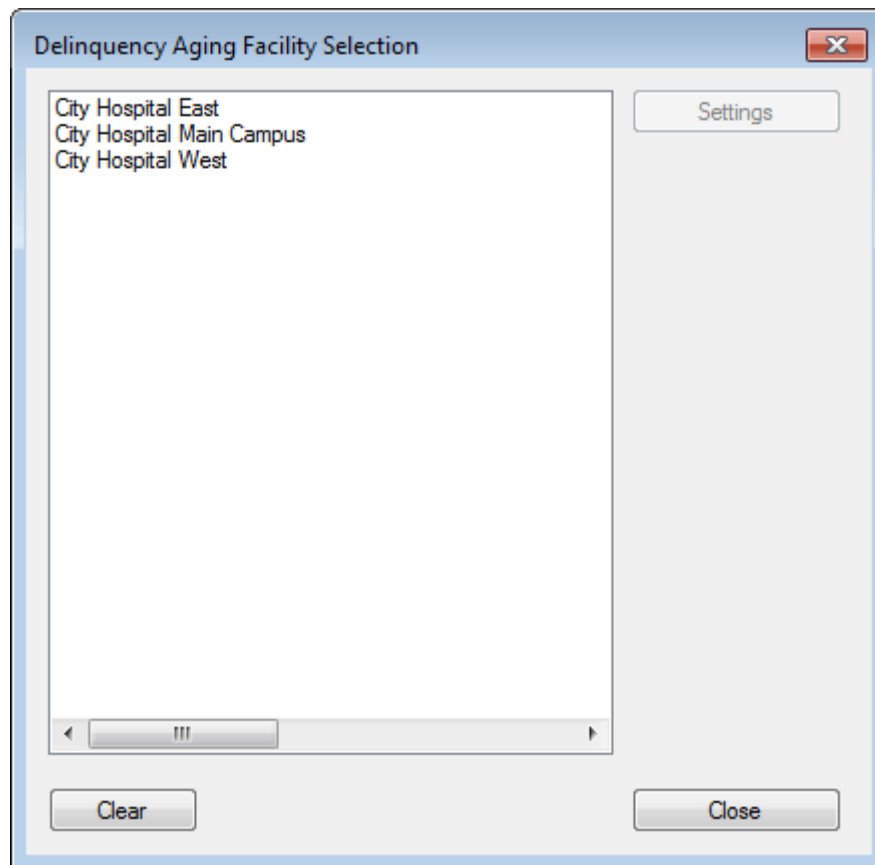
Once you've configured delinquency aging settings for one facility, you can copy the settings to other facilities. See [Copying Aging Settings to Other Facilities on page 212](#).

### Configuring the Basis Date

The basis date tells the OnBase delinquency server the date to use when determining a deficiency's delinquency level. The delinquency server determines a deficiency's delinquency level by calculating the number of days that have elapsed since the basis date and comparing that value to the aging rates configured for each delinquency level.

To configure a basis date:

1. Select **Medical | Delinquency Configuration | Aging**. The **Delinquency Aging Facility Selection** dialog box is displayed. An asterisk is displayed next to each facility that does not satisfy the minimum aging configuration requirements.



2. Select a facility.



- Click **Settings**. The **Delinquency Aging Configuration** dialog box is displayed.

Document Type	Basis
<Default>	Discharge
MR Admission Form	<None>
MR Cancer Staging Form	<None>
MR Chem Panel	<None>
MR Chem Panel Result	<None>
MR Consultation	<None>
MR Diagnosis	<None>
MR Discharge Summary	<None>
MR Editable Transcription	<None>
MR Editable Transcription (Dual)	<None>
MR EKG	<None>
MR Form Copy	<None>
MR Hidden	<None>
MR History and Physical	<None>

- From the **Deficiency Type** drop-down list, select a Deficiency Type. If you select **<Default>**, the configured aging rate will be the default for all Deficiency Types created on the Document Type you select in the next step.
- Select the Document Type. If you select **<Default>**, the configured aging rate will be the default for all Document Types on which deficiencies of the selected Deficiency Type are created.

---

**Note:** At a minimum, you must configure delinquency aging settings for the <Default> Deficiency Type and <Default> Document Type combination.

---

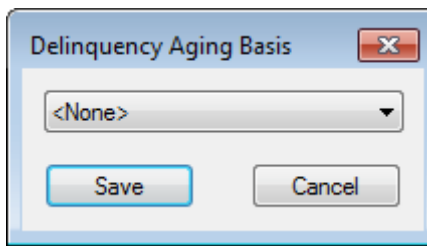


---

**Note:** <Default> is the only available option for external Deficiency Types, which are addressed in an external system.

---

6. Click **Basis**. The **Delinquency Aging Basis** dialog box is displayed.



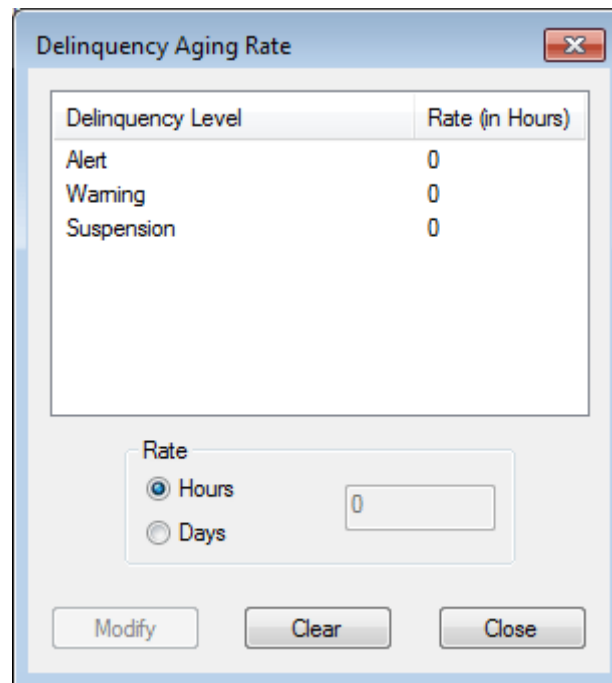
7. Select the date on which delinquency aging will be based. The following options are available:
  - **Admit Date:** Delinquency levels will be determined based on the date a patient was admitted.
  - **Assign Date:** Delinquency levels will be determined based on the date a deficiency was assigned.
  - **Discharge Date:** Delinquency levels will be determined based on the date a patient was discharged.
8. Click **Save**.

## Configuring Aging Rates

Aging rates determine the amount of time that must elapse since the basis date before a deficiency arrives at a delinquency level.

To configure aging rates:

1. Click **Rate**. The **Delinquency Aging Rate** dialog box is displayed.



Delinquency Level	Rate (in Hours)
Alert	0
Warning	0
Suspension	0

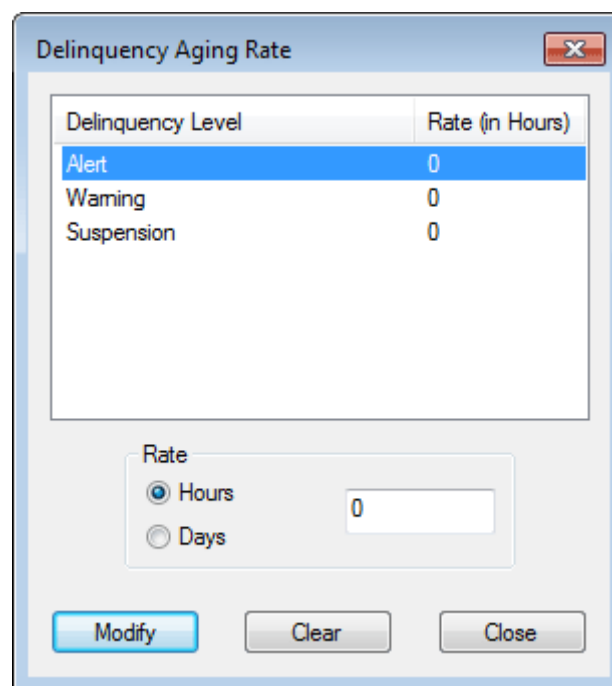
Rate

☒ Hours

☐ Days

Modify Clear Close

2. Select a delinquency level.
3. Under **Rate**, select whether you want to enter the aging rate in hours or days.



Delinquency Level	Rate (in Hours)
Alert	0
Warning	0
Suspension	0

Rate

☒ Hours

☐ Days

Modify Clear Close

4. Type the number of hours or days after the basis date that a deficiency will reach the selected delinquency level. For example, if you enter 30 days and configure the discharge date to be used as the basis, then a deficiency will reach the selected delinquency level 30 days after the patient was discharged.
5. Click **Modify**.
6. Repeat steps 2–5 for each delinquency level.
7. Click **Close**.
8. Configure the basis date and aging rates for each Deficiency Type and Document Type combination as needed.

## Copying Aging Settings to Other Facilities

To minimize configuration time, OnBase lets you apply all of the aging settings from one facility to other facilities in your system. When you copy settings, all aging settings configured for the current facility are applied to the selected facilities. You can then configure any individual aging settings that should vary between facilities.

To copy aging settings:

1. To apply all delinquency aging configuration settings for the current facility to another facility in your system, click **Copy**. The **Copy Delinquency Aging Settings** dialog box is displayed.
2. Select each facility that you want to assign the same aging configuration settings to.
3. Click **Save**. OnBase requests confirmation to copy the configuration settings to the selected facilities. Once settings are copied, they are immediately saved. If you want to change the settings that were copied to other facilities, you must change each individual facility that the settings were copied to.
4. Click **Yes** to proceed.
5. Click **Close**.
6. Modify any individual delinquency aging settings for each facility.

## Activating Delinquency Levels

Once you have configured delinquency levels and aging rates, you must activate delinquency levels by selecting the **Use Configured Aging Rates to Calculate Delinquency Status** setting from the **Deficiency Settings** tab of the **Medical System Settings** dialog box.

---

**Note:** Before selecting this setting, you must configure delinquency levels and aging rates for each facility in your system. At a minimum, you must configure a basis date for the **<Default>** Deficiency Type and **<Default>** Document Type at each facility.

---

If this setting is not selected, OnBase will not use delinquency levels. Deficiencies will be marked as either delinquent or not delinquent based on the **Days Before Deficiency Is Delinquent** setting in the **Medical Facility Settings** dialog box.

For more information about configuring Medical System Settings, see [Medical System Settings on page 246](#).

## Delinquency Letters Configuration

OnBase can automatically generate and print letters to send to physicians who have deficiencies that are either delinquent or nearing a delinquency level. Each letter automatically includes information about the physician's current deficiencies and any additional information you want to include, such as the consequences of having delinquent deficiencies.

A delinquency letter can be generated any number of days prior to a delinquency level being reached. Each delinquency level can be configured to use a different letter format. If a physician has deficiencies at multiple levels of delinquency, the letter format for the highest delinquency level is used. Once generated, delinquency letters are automatically archived to OnBase for future reference.

For delinquency letters to be generated, the -MRMSDELINQUENCYLETTERS switch must be running on the OnBase Client server that will be generating the letters.

---

**Note:** If your system has the **Allow Single Deficiencies to be Assigned to Secondary Signers** option selected in Medical System Settings, then letters can be printed for both secondary signers and physicians. For more information, see [Allow Single Deficiencies to be Assigned to Secondary Signers on page 260](#).

---

### Configuring Delinquency Letters

Before you configure delinquency letters, determine whether you will be using delinquency levels. If you want to use delinquency levels, first configure them, and then activate them by selecting **Use Configured Aging Rates to Calculate Delinquency Status** setting in the **Medical System Settings** dialog box.

If you are not using delinquency levels, you can configure the number of days prior to delinquency that each letter format will be used. For example, if you configure two letter formats, one can be configured to be created 20 days before a physician becomes delinquent, and the other can be configured to be created 10 days before a physician becomes delinquent.

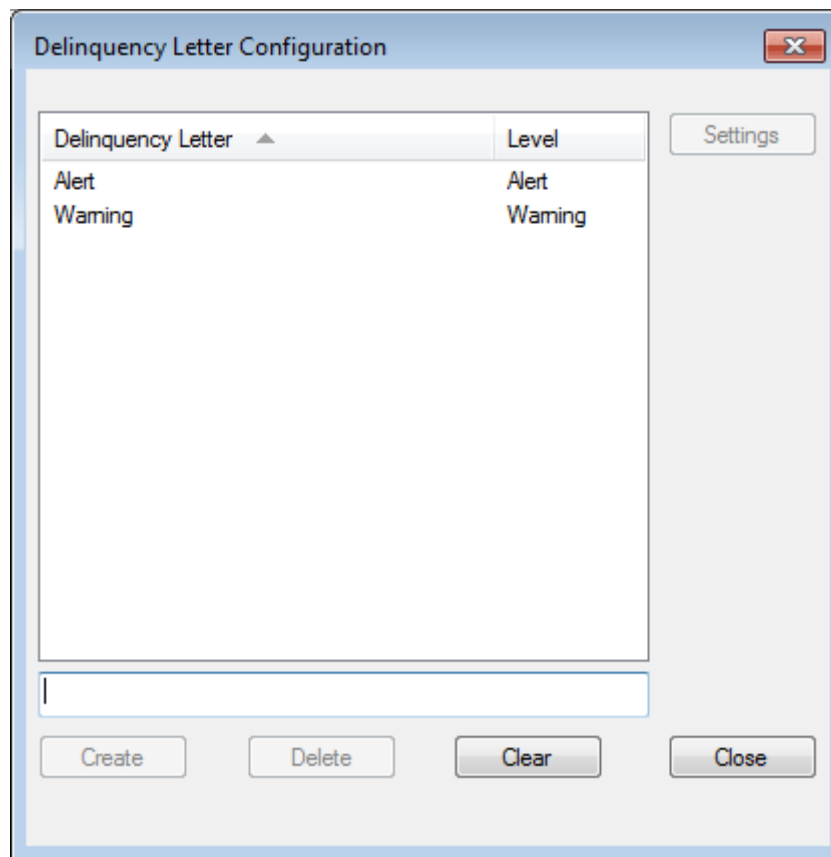
---

**Note:** When the delinquency letters server runs, it generates only one letter for each applicable physician. The letter outlines all of the physician's outstanding deficiencies, and the letter format is based on the deficiency that is most delinquent or closest to becoming delinquent.

---

To configure delinquency letters:

1. Select **Medical | Delinquency Configuration | Letters**. The **Delinquency Letter Configuration** dialog box is displayed.



2. Type the name for the letter format and click **Create**. The **Delinquency Letter Settings** dialog box is displayed.

The screenshot shows the 'Delinquency Letter Settings' dialog box. It has a title bar with a close button (X). The main area is divided into several sections. The first section is 'Delinquency Level' with a dropdown menu. The second section is 'Path to Letter' with a text input field and a 'Browse' button. The third section is 'Archive Settings' with two dropdown menus: 'Document Type' and 'Keyword Type'. The fourth section is 'Format Settings' with four dropdown menus: 'Title Font', 'Address Font', 'Body Font', and 'Address Location' (which currently shows 'Align Left'). At the bottom of the dialog are two buttons: 'Save' and 'Cancel'.

3. Configure each option provided. These options are described in the following table:

Option	Description
<b>Delinquency Level</b>	<p>If this option is available, select the delinquency level to associate with the letter format.</p> <p>This option is available only if delinquency levels are activated. If delinquency levels are not activated, then the <b>Days Prior to Delinquency Notification</b> option is available. See the following description.</p>
<b>Days Prior to Delinquency Notification</b>	<p>If this option is available, type the number of days prior to delinquency that a letter using this letter format will be generated.</p> <p>This option is available only if delinquency levels are not activated.</p>

Option	Description
<b>Path to Letter</b>	Type the path to the text file that serves as a template for this letter. This text file must reside in a location accessible by the OnBase delinquency letters server. See <a href="#">Letter Template on page 219</a> .
<b>Document Type</b>	Select the Document Type where you want to store letters.
<b>Keyword Type</b>	Select the Keyword Type created to pull the physician's name into the letter. Only alphanumeric Keyword Types are available.
<b>Title Font</b>	Select the font in which the letter's title will be displayed. For information about configuring fonts in OnBase, see Named Fonts Configuration in the Configuration module help.
<b>Address Font</b>	Select the font in which the physician's address will be displayed.
<b>Body Font</b>	Select the font in which the body of the message will be displayed.
<b>Address Location</b>	Select whether you want the physician's address to be displayed on the left or right side of the page.

4. Click **Save**.

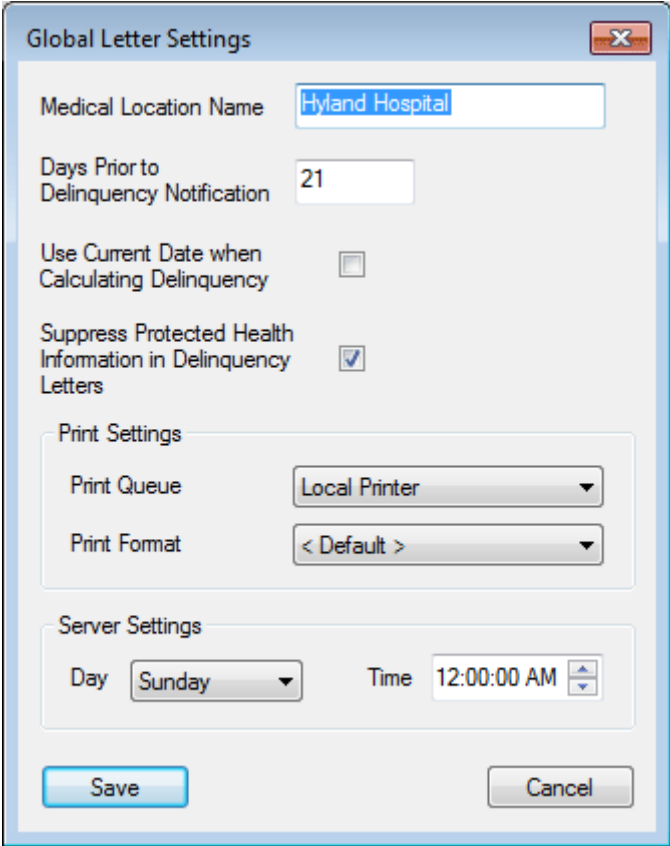


## Configuring Global Letter Settings

Settings that apply to all letter formats are configured in the **Global Letter Settings** dialog box. From here, you can enter your medical system's name, the print queue and format used for printing letters, and when the delinquency letters server will automatically run.

To configure global letter settings:

1. Select **Medical | Delinquency Configuration | Global Letter Settings**. The **Global Letter Settings** dialog box is displayed.

The image shows a 'Global Letter Settings' dialog box with a title bar containing a close button. The dialog is divided into several sections. The first section has a text field for 'Medical Location Name' containing 'Hyland Hospital'. The second section has a text field for 'Days Prior to Delinquency Notification' containing '21'. The third section has two checkboxes: 'Use Current Date when Calculating Delinquency' (unchecked) and 'Suppress Protected Health Information in Delinquency Letters' (checked). The fourth section, titled 'Print Settings', contains two dropdown menus: 'Print Queue' set to 'Local Printer' and 'Print Format' set to '< Default >'. The fifth section, titled 'Server Settings', contains a 'Day' dropdown set to 'Sunday' and a 'Time' spinner set to '12:00:00 AM'. At the bottom are 'Save' and 'Cancel' buttons.

2. Configure each option provided. Options are described in the following table.

Option	Description
<b>Medical Location Name</b>	Type the medical location name that will be displayed at the top of each letter.
<b>Days Prior to Delinquency Notification</b>	Type the number of days before a delinquency level is reached that you want the letter associated with that delinquency level to be printed. This option is available only if delinquency levels are activated.

Option	Description
<b>Use Current Date when Calculating Delinquency</b>	<p>By default, the delinquency letters server looks ahead 7 days when calculating delinquency. For example, if letters are generated on Sunday and a physician would become delinquent on Tuesday, the physician would still receive a letter.</p> <p>Select <b>Use Current Date when Calculating Delinquency</b> if you don't want the server to look ahead 7 days. When this option is selected, the delinquency levels server uses the current date to calculate whether a physician is delinquent. If a physician becomes delinquent within 7 days after the server runs, the physician's letter is not printed until the next time the server runs.</p> <p>Clear this option to maintain the delinquency letters server's default behavior of looking ahead 7 days.</p>
<b>Suppress Protected Health Information in Delinquency Letters</b>	<p>By default, a delinquency letter provides some demographic information for each chart on which a physician has deficiencies.</p> <p>To omit this information from delinquency letters, select the <b>Suppress Protected Health Information in Delinquency Letters</b> option. Instead of a chart list, the letter will indicate the total number of outstanding deficiencies the physician is responsible for, including subtotals for each Deficiency Type.</p> <p>Clear this option if delinquency letters should continue to provide some protected health information (PHI).</p> <p>For more information, see <a href="#">Suppressing PHI in Letters on page 219</a>.</p>
<b>Print Queue</b>	Select the OnBase print queue that will print the letters.
<b>Print Format</b>	Select the OnBase print format that will define the page layout and print settings for letters.
<b>Day</b>	Select the day of the week that you want the delinquency letters server to run.
<b>Time</b>	Type or select the time of day that you want the delinquency letters server to run.

3. Click **Save**. OnBase displays a message indicating that the delinquency letters server must be restarted to reflect any changes.
4. Restart the delinquency letters server.

## Suppressing PHI in Letters

Each delinquency letter provides the physician with his or her total number of outstanding deficiencies. If the **Suppress Protected Health Information in Delinquency Letters** global letter setting is **not** selected, then deficiencies are broken out by chart, with some identification information provided for each chart. The following example shows a letter's deficiency totals section where protected health information (PHI) is not suppressed:

Days	Patient Name	Admit Type	Discharge Date	Deficiencies					Inc	Missing	Total	
				Sign	Other	Dx	Dict	Edit				Form
45	ACCIPITER, COOPER	OUTPATIENT A	02/02/2011	0	0	0	1	1	0	0	0	2
	201009241 - 201009241		02/02/2011									
	Missing Documents / Dictations		# Documents	# Dictations								
	MR Editable Transcription			0			1					
30	KESTREL, AMY	OUTPATIENT A	02/21/2011	1	0	0	0	0	0	0	0	1
	201102211 - 201101272		02/21/2011									
36	BUNTING, INDIA	INPATIENT C - SL	02/17/2011	0	0	0	0	0	1	0	0	1
	201012170 - 201012170		02/17/2011									
	Incomplete Forms		# Incomplete									
	MR Physician Query Form			1								
30	CARDINALIS, NOCA	EMERGENCY AC - U	02/19/2011	0	0	0	0	0	1	1	0	2
	201004013 - 201004013		02/17/2011									
	Incomplete Forms		# Incomplete									
	MR Cancer Staging Form			1								

If PHI must be omitted from delinquency letters, then select the **Suppress Protected Health Information in Delinquency Letters** global letter setting. When this setting is selected, then delinquency letters contain deficiency totals, but the totals are not broken out by chart. The following example shows a letter's deficiency totals section when PHI is suppressed:

Deficiencies				Inc		Missing		Total	
Sign	Other	Dx	Dict	Edit	Form	Info	Doc		
1	0	0	1	1	2	1	0	6	
Incomplete Forms								# Incomplete	
MR Cancer Staging Form								1	
MR Physician Query Form								1	
Missing Documents / Dictations								# Documents	# Dictations
MR Editable Transcription								0	1

To change your current settings, see [Configuring Global Letter Settings on page 217](#).

## Letter Template

OnBase will use a text file that you provide in an accessible location as a template for generating the letters.

- The letter to use for this process must be a plain text document.
- The path to the text file must be added in the **Path to Letter** field of the **Delinquency Letter Settings** dialog box.
- Currency and short date formats respect the locale of the delinquency letters server.

- The following placeholders are available to use within the letter template. When letters are generated, placeholders are replaced with the appropriate values.

Placeholder	Description
<DOCTOR>	The physician's name as displayed in the <b>Physician Information Configuration</b> dialog box.
<REALNAME>	<p>The physician's name as it is configured in the <b>Real Name</b> field of the physician's user account.</p> <hr/> <p><b>Note:</b> If the <b>Real Name</b> field is blank, the letter will use the physician's name as displayed in the <b>Physician Information Configuration</b> dialog box.</p> <hr/>
<NEXTWEEK>	The date a week from today's date (in long format).
<TODAY>	Today's date in long format (for example: Thursday, April 21, 2012).
<TOTALDEFS>	The total number of deficiencies for all charts in the delinquency letter.
<TOTALCHARGES>	The total charges for all charts in the delinquency letter.
<TOTALCHARTS>	The total number of charts with delinquent deficiencies.

---

**Note:** Ensure that you use angled brackets <> around the placeholders.

---

## Unicode Limitations

Unicode characters are not supported in delinquency letter templates. If the letter template contains Unicode characters, some or all of these characters might be replaced with question marks or otherwise altered when delinquency letters are generated.

## Sample Letter Template

The following is an example of an appropriately configured letter template:

Dear <DOCTOR>,

The Hyland Hospital Medical Staff Rules & Regulations and the Joint Commission standards require that all medical records be completed within 30 days of a patient's discharge. Attached is a list of your incomplete medical records that require your immediate attention.

Please be advised that records that are 23 days or older will be over 30 days when the next Suspension List is posted on <NEXTWEEK>. To avoid temporary suspension of your admitting and surgical posting privileges, you must complete your records and any outstanding dictations. You may access the OnBase Medical Records Management system on any nursing unit or in the Medical Records Department for signatures. If you do not complete these records and dictations by <NEXTWEEK>, your privileges will be suspended.

Total Charges: <TOTALCHARGES>  
Total Deficiencies: <TOTALDEFS>  
Total Charts: <TOTALCHARTS>

If you have any questions about your incomplete charts, please call Carol Smith at (440) 555-1234 or stop by the HIM Department.

Regards,

John Smith, MD  
Chairman, Medical Staff

---

**Note:** See [Sample Generated Physician Letter on page 1370](#) for an example of what a typical physician letter looks like.

---

## Deficiency Aging During Analysis and Coding

When a chart is created, a delinquency counter is automatically set to track how long the chart is in routing between Coding, Analysis, deficiency resolution, and chart Completion. Suspending a chart in Coding or Analysis has no effect on the delinquency counter. A chart's deficiencies continue to age while the chart is suspended. Chart suspension does not prevent deficiencies from becoming delinquent.

## Troubleshooting

The following topics provide troubleshooting information for DeficiencyPop. If you need additional assistance, contact your first line of support.

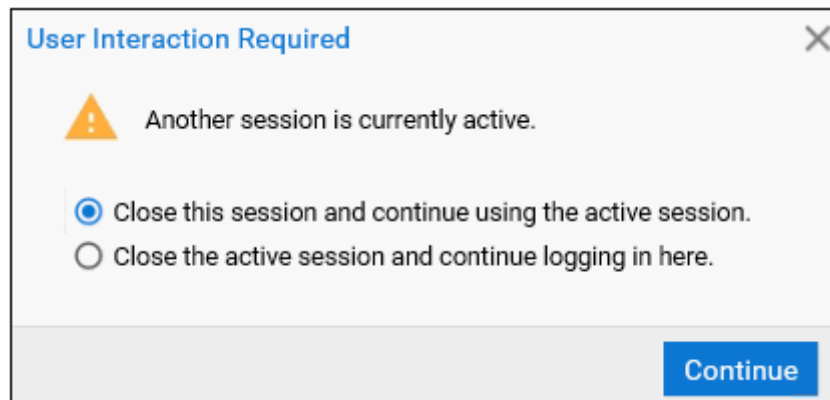
### Another OnBase session is currently active

When a user who already has DeficiencyPop open tries to access DeficiencyPop again in another window or tab, the **User Interaction Required** dialog box may display the following message:

- Another OnBase session is currently active.

In Internet Explorer and Firefox, the user can choose from the following options:

- **Close this session and continue using the active session.** This option stops the second DeficiencyPop instance from loading and leaves the original session open.
- **Close the active session and continue logging in here.** This option closes the original DeficiencyPop session and continues loading DeficiencyPop with a new session.



In Safari, the only available option is **Close this session and continue using the active session.**

This behavior occurs because DeficiencyPop detects another active session and prevents the user from logging in multiple times.

### Cannot Modify Allscripts External Settings

On systems licensed for the Integration for Allscripts Sunrise Acute Care, there is an **Allscripts Ext Dfcy** entry in the **External System Configuration** dialog box under **Utils | External Systems**.

This entry is provided for visibility only. The settings for this integration are managed using the Unity Management Console. They cannot be modified using the **External System Configuration** dialog box.

## Deficiency Not Found

When a signer logs in to DeficiencyPop, the following message may be logged to the Diagnostics Console:

- DeficiencyID X not found for user UserID Y

In this case, DeficiencyPop still loads as expected, and the first deficiency in the list is selected.

This message is logged when the query string specifies a deficiency ID that is not pending completion by the current user.

## Notes, Redactions, Burned Markups, and Deficiencies on Documents with Overlays

Notes, redactions, burned markups, and deficiencies on documents that have an overlay applied may encounter unexpected behavior. The position of notes, redactions, burned markups, and deficiencies may shift when the document is rendered.

The position shift may occur in the following instances:

- Text documents that contain overlays with an offset configured
- Text documents accessed using modules that render text documents as an image for display
- Image documents with overlays that do not have the same DPI or dimensions as the document

---

**Caution:** If a redaction, burned markup, or deficiency is not in the location you expect, do not save or sign the document until the location has been corrected. Saving or signing the document will permanently place the redaction, burned markup, or deficiency in the shifted position. In some instances, the location of a signature can only be changed by a system administrator.

---

When setting up overlays for documents that may also include notes, redactions, burned markups, or deficiencies:

- Ensure the dimensions of the overlay match the dimensions of the document.
- Do not use offsets with overlays since the document may contain notes, redactions, burned markups, or deficiencies.
- For text documents, use 96 DPI for overlays.
- For image documents, ensure the DPI of the overlay matches the DPI of the document.

A position shift can be corrected through the following methods:

- For text documents, recreate the overlay to match the dimensions of the document instead of using an offset. For example, add an empty space to the margin of the overlay instead of using an offset to account for this space.
- For text documents, the best practice is to set the DPI of the overlay to 96 DPI. Some OnBase modules render text documents as an image for display, and in most cases, the image is rendered at 96 DPI.
- For image documents, recreate the overlay to match the DPI and dimensions of the document.

If the issue still occurs, contact your first line of support.

## User Has Insufficient Rights or Privileges

When a user logs on to DeficiencyPop, the following error may be displayed:

- You must be configured as a physician user with completion privileges to access DeficiencyPop.

This error is displayed if the user does not satisfy one of the following requirements:

- The user must have the **Completion** medical records privilege.
- The user must be configured as a physician.



The following topics describe the security settings that affect deficiency resolution in DeficiencyPop. Additional settings apply to the OnBase Patient Window. For information about security in the OnBase Patient Window, see the security configuration chapter of the **Patient Window** module reference guide.

---

**Note:** These topics describe only security settings that affect DeficiencyPop. Some of these settings may affect other modules, as indicated by the **Affected Clients** table in each topic. Make sure you understand how security configuration affects your entire solution.

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- [General Rights and Privileges on page 225](#)
- [Completion Privilege on page 226](#)
- [Printing Privilege on page 227](#)
- [Facility Security on page 227](#)
- [Confidentiality Codes on page 229](#)
- [Note Type Privileges on page 230](#)
- [User Administration on page 230](#)

## General Rights and Privileges

The following topics describe the requirements and exceptions for general user privileges in DeficiencyPop:

- [Privileges to Log On on page 225](#)
- [Document Type Security on page 226](#)
- [Modifying E-Forms on page 226](#)
- [Editing Transcriptions on page 226](#)

## Privileges to Log On

To log on to DeficiencyPop, a user must satisfy the following requirements:

- The user must have the **Completion** medical records privilege.
- The user must be configured as a physician.

For more information about configuring physicians, see [Physician Configuration on page 107](#).

## Document Type Security

Physician users do not require Document Type privileges to complete deficiencies in DeficiencyPop, but they may require Document Type privileges to redact a document.

To redact a document, a user must have both the **Create** and **Modify** privilege for the associated Document Type.

## Modifying E-Forms

Physicians do not require any document privileges to modify forms associated with a deficiency.

## Editing Transcriptions

Physicians do not require any document privileges to edit transcriptions associated with an Edit Transcription deficiency.

## Completion Privilege

Assign the **Completion** privilege to physicians and secondary signers who may need to sign off on deficiencies. In DeficiencyPop, users with the **Completion** privilege can perform the following tasks:

- Review their assigned deficiencies
- Accept or reject deficiencies
- Cover for other physicians (depending on medical group membership)

Affected clients:

OnBase Client	Medical Records Unity Client	OnBase Patient Window	DeficiencyPop
	X		X

To assign the **Completion** privilege:

1. In OnBase Configuration, select **Users | User Groups / Rights**.
2. Select a physician user group.
3. Click **Medical Rec Privileges**.
4. Select the **Completion** privilege under **Chart Stages**.
5. Click **OK**.

## Printing Privilege

Assign the **Printing** medical records privilege to physicians who need to print medical record documents. In DeficiencyPop, this privilege allows the user to print any document the user can access.

**Note:** Other privileges can enable printing in DeficiencyPop. If a user has the standard **Print** privilege for a specific Document Type, the user can print documents that belong to that Document Type without requiring the **Printing** medical records privilege.

Affected clients:

OnBase Client	Medical Records Unity Client	OnBase Patient Window	DeficiencyPop
	X	X	X

To assign the **Printing** privilege:

1. In OnBase Configuration, select **Users | User Groups / Rights**.
2. Select a physician user group.
3. Click **Medical Rec Privileges**.
4. Select the **Printing** privilege under **Chart Access**.
5. Click **OK**.

## Facility Security

For information about facility security in DeficiencyPop, see the following topics:

- [PIN Verification on page 227](#)
- [Lock-Down Security on page 228](#)

## PIN Verification

In DeficiencyPop, facility membership affects whether the physician is subject to PIN verification requirements. If a physician is assigned to any facility that requires PIN verification, then the physician is subject to PIN verification rules for all deficiencies.

For more information, see [PIN Verification Rules on page 228](#).

Affected clients:

OnBase Client	Medical Records Unity Client	OnBase Patient Window	DeficiencyPop
	X		X

To configure a facility to require PIN verification:

1. Select **Medical | Facilities | Facility Configuration**.
2. Select a facility.
3. Click **Settings**.
4. Select the **Require PIN Verification Before Completing Deficiencies** setting under **Security Options**.
5. Click **Save**.

## PIN Verification Rules

Enable the **Require PIN Verification Before Completing Deficiencies** facility setting if physicians (and secondary signers) assigned to the facility should be required to verify their identities using personal identification numbers (PINs). PIN verification should be used when a facility requires a second layer of security beyond physician login credentials. PINs are useful if physicians may leave their workstations unattended for extended periods.

Assigned physicians must enter their PINs in the following situations:

- The first time the physician accepts or rejects a deficiency after logging on.
- The first time the physician saves a transcription after logging on.
- When the physician performs either of these actions after being inactive for a configured period. To configure this period, see [PIN Prompt After x Minutes of Inactivity on page 255](#).

If a physician belongs to any facility that requires PIN verification, then the physician may be prompted for his or her PIN on any deficiency, even if the chart's facility does not require PIN verification. When one physician covers for another, the PIN verification requirement is based on the facility privileges of the covering physician, not the physician being covered for.

PIN verification is enforced also for physicians who are not assigned to any facilities. If a physician is not assigned to any facilities, the physician will be prompted to enter a PIN in the situations described earlier.

If a physician is assigned only to facilities that do not require PIN verification, then the physician is never prompted to enter his or her PIN.

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**Tip:** You can configure PIN-related requirements, or PIN policies, to ensure physicians' PINs satisfy specific criteria for complexity and age. For more information, see [PIN Policies Configuration on page 135](#).

---

## Lock-Down Security

The **Lock Down** facility setting affects covering situations, potentially limiting the deficiencies available to covering physicians. Lock-down security may be useful in multi-facility systems, where one or more facilities may have strong restrictions on chart access.

For more information, see [Lock-Down Rules on page 229](#).

Affected clients:

OnBase Client	Medical Records Unity Client	OnBase Patient Window	DeficiencyPop
X	X		X

To lock down a facility:

1. Select **Medical | Facilities | Facility Configuration**.
2. Select a facility.
3. Click **Settings**.
4. Select the **Lock Down - Only Grant Access to Assigned Usergroups** setting under **Security Options**.
5. Click **Save**.

## Lock-Down Rules

DeficiencyPop enforces the following rules when lock-down security is in effect:

- A physician can complete his or her own deficiencies on a chart at a locked-down facility, regardless of whether the physician is assigned to the facility.
- A physician can cover deficiencies on a chart at a locked-down facility only if the physician is explicitly assigned to the locked-down facility.
- If a physician is assigned to a locked-down facility, then the physician can cover deficiencies only for charts at facilities the physician is assigned to.

Lock-down security also affects chart search in the Medical Records Unity Client and the OnBase Client. See the **Medical Records Unity Client** module reference guide for more information.

## Confidentiality Codes

Confidentiality codes are not enforced in DeficiencyPop. In OnBase, confidentiality codes can be assigned to patient documentation that should be restricted. Because physicians must be able to access all of their assigned deficiencies, DeficiencyPop does not restrict access to documents based on confidentiality codes.

Confidentiality codes are enforced in the Patient Window. As a result, a confidential document may be visible to a physician in DeficiencyPop, but the same document may be hidden when the physician views the patient's chart in the Patient Window. The Patient Window restricts access to confidential documents based on whether a user has privileges to the confidentiality codes in effect.

For more information about confidentiality codes, see the **Patient Window** and **Medical Records Unity Client** module reference guides.

## Note Type Privileges

To complete deficiencies, physicians must have sufficient privileges to the medical records (MEDREC) Note Types. For more information, see [Note Type Configuration on page 143](#).

DeficiencyPop respects privileges to standard OnBase Note Types, including annotations. For information about standard Note Type privilege, see the **System Administration** module reference guide.

## User Administration

See the **System Administration** module reference guide for information about privileges required for administering user accounts.

### Resetting a Physician's PIN

If a physician forgets his or her Personal Identification Number (PIN), you can reset the PIN in OnBase Configuration.

1. In OnBase Configuration, select **Users | User Names / Passwords**.
2. Select the physician whose PIN needs to be reset.
3. Click **Settings**.

4. Select **Reset PIN**.

The screenshot shows a 'User Settings' window for a user named 'RINGWALD'. It contains two sections: 'User Information' and 'Authentication'. In the 'User Information' section, the 'User's Real Name' field is filled with 'HALLE RINGWALD' and the 'User's Email' field is empty. In the 'Authentication' section, the 'Standard Logon' radio button is selected. Below it, there are checkboxes for 'Update Password', 'Require Password Change on Next Login', and 'Reset PIN'. The 'Reset PIN' checkbox is highlighted with a red circle.

5. Click **Save**. The physician's PIN is reset. The next time the physician performs an action that requires PIN verification, he or she will be prompted to create a new PIN.

## Configuring Timeout

DeficiencyPop respects the **Timeout Configuration** settings available in OnBase Configuration. Timeout configuration controls whether users are logged out of DeficiencyPop after a period of inactivity.

The **Timeout Configuration** button is available in OnBase Configuration under **Users | User Groups / Rights**. For more information, see the **System Administration** module reference guide.

# MEDICAL RECORDS MANAGEMENT BEST PRACTICES

The following best practice recommendations were assembled by a team of OnBase subject matter experts. They represent the accumulation of years of experience installing and configuring OnBase solutions.

The following recommendations are general in nature, and are applicable to most OnBase solutions and network environments. Depending on your solution design and your organization's needs, not all of the best practice recommendations listed below may apply to, or be recommended for, your OnBase solution.

Carefully consider the impact of making any changes, including those listed below, to your OnBase solution prior to implementing them in a production environment.

See the following topics:

- [Choosing a Medical Records Client on page 232](#)
- [Network Architecture for Medical Records on page 234](#)
- [Upgrading Medical Records Clients on page 236](#)
- [Delinquency Configuration Best Practices on page 239](#)
- [Setting Up Medical Records Servers on page 242](#)
- [Training Medical Records Users on page 244](#)

## Choosing a Medical Records Client

OnBase offers several ways to access medical records. The following topics provide information to help you choose the right medical records client for your solution:

- [Medical Records Unity Client on page 232](#)
- [OnBase Patient Window on page 233](#)
- [DeficiencyPop on page 233](#)
- [OnBase Client on page 233](#)

## Medical Records Unity Client

The Medical Records Unity Client is the recommended client for all new installations of the OnBase Medical Records Management Solution.

When considering whether the Medical Records Unity Client is right for your solution, keep the following information in mind:

- The Medical Records Unity Client has richer functionality than the other clients, and new functionality can be developed more quickly.
- The Medical Records Unity Client's intuitive interface facilitates adoption by leveraging users' familiarity with Microsoft Office products.



- Interface settings for the Medical Records Unity Client are configured in OnBase Configuration and saved to the database. This approach allows for more centralized administration than an XML configuration file.
- The Medical Records Unity Client needs to be installed locally on users' workstations. The MSI and the ClickOnce Deployment Wizard can facilitate these deployments.

## OnBase Patient Window

OnBase Patient Window allows HIM departments, physicians, and clinical staff to view all medical documents associated with a patient's MRN or MPI. When integrated with an electronic medical record (EMR) system, OnBase Patient Window retrieves medical records from OnBase using patient information provided in the third-party system. Users with appropriate privileges also can search for patient records when the EMR system is unavailable.

When considering OnBase Patient Window, keep the following information in mind:

- OnBase Patient Window is ideal for integrations with EMR systems, such as Allscripts, Cerner, Epic, and Meditech.
- OnBase Patient Window can provide access to OnBase in several ways, including through an integration using an HTTPS connection and through OnBase Application Enabler.
- OnBase Patient Window allow remote users or physicians to view records from workstations that cannot support the Medical Records Unity Client. Consider this option for remote users who don't require access to processes available only in the Medical Records Unity Client.

## DeficiencyPop

DeficiencyPop retrieves deficiencies currently in a physician's Completion queue. The physician can review, complete, and reject pending deficiencies.

When considering DeficiencyPop, keep the following information in mind:

- DeficiencyPop is ideal for integrations with EMR systems, such as Allscripts, Cerner, Epic, and Meditech.
- DeficiencyPop can be accessed in several ways, including through an integration using an HTTPS connection.
- DeficiencyPop allows physicians to view or sign deficiencies from workstations that cannot support the Medical Records Unity Client. Consider DeficiencyPop an option for remote physicians who don't need all the functionality available in the Medical Records Unity Client.

## OnBase Client

The OnBase Client is not ideal for casual chart access, but it is integral to any medical records solution for its administration and processing functions.

The OnBase Client will continue to be supported for server-side processing and chart administration. The Medical Records Unity Client is being enhanced to provide chart administration functions in the future.

## Network Architecture for Medical Records

The following best practices offer guidelines on structuring your network environment for the Medical Records Unity Client and Web-based medical applications:

- [Setup for External Users on page 234](#)
- [Setup for Internal Users on page 235](#)
- [WAN Considerations on page 236](#)
- [Citrix and Virtual Environments on page 235](#)
- [Load Balancing on page 235](#)

### Setup for External Users

The following topics describe how to set up the medical clients for external users.

- [Medical Records Unity Client on page 234](#)
- [OnBase Patient Window on page 234](#)
- [DeficiencyPop on page 235](#)

For additional considerations for wide area networks (WANs), see [WAN Considerations on page 236](#).

### Medical Records Unity Client

To set up the Medical Records Unity Client for external users, do the following:

1. Set up a reverse proxy server in a perimeter network (also known as the DMZ, or demilitarized zone) to communicate with the Application Server. For recommended configuration settings, see the **Application Server** module reference guide.
2. The front-end firewall between the perimeter network and external network must be configured to allow inbound traffic on port 80, or port 443 for HTTPS connections.
3. The back-end firewall between the perimeter network and your internal network also must be configured to allow traffic on port 80, or port 443 for HTTPS connections. This firewall should only allow inbound traffic originating from the perimeter network and destined for the Application Server's IP address or subnet.

### OnBase Patient Window

To set up OnBase Patient Window for external users, do the following:

1. Install OnBase Patient Window in a perimeter network (DMZ).
2. In the front-end firewall between the perimeter network and external network, allow inbound traffic on port 80, or port 443 for HTTPS connections.

3. Ensure the back-end firewall between the perimeter network and your internal network also allows traffic on port 80, or port 443 for HTTPS connections. This firewall should only allow inbound traffic originating from the perimeter network and destined for the Application Server's IP address or subnet.

## DeficiencyPop

To set up DeficiencyPop for external users, do the following:

1. Install DeficiencyPop in a perimeter network (DMZ).
2. In the front-end firewall between the perimeter network and external network, allow inbound traffic on port 80, or port 443 for HTTPS connections.
3. Ensure the back-end firewall between the perimeter network and your internal network also allows traffic on port 80, or port 443 for HTTPS connections. This firewall should only allow inbound traffic originating from the perimeter network and destined for the Application Server's IP address or subnet.

## Setup for Internal Users

To provide internal users access to the Medical Records Unity Client or medical Web applications, install the applications on your local intranet.

For additional considerations for wide area networks (WANs), see [WAN Considerations on page 236](#).

## Citrix and Virtual Environments

If users need to access the medical records clients through Citrix, Remote Desktop, or a virtual environment, refer to the following resources, which are available through the Hyland Community at <https://community.hyland.com>:

- Citrix and Microsoft Windows Remote Desktop Environment Deployment Guide
- Virtualizing OnBase (whitepaper)

## Load Balancing

For information about load balancing the medical records clients, see the following topics:

- [Medical Records Unity Client on page 235](#)
- [Medical Web Applications on page 236](#)

## Medical Records Unity Client

The Medical Records Unity Client supports load balancing across multiple Application Servers.

For information about deploying desktop applications like the Medical Records Unity Client in a load-balanced environment, see the Load Balancing topic in the Application Server module reference guide.

## Medical Web Applications

OnBase Patient Window and DeficiencyPop can be installed multiple times to allow for load-balanced deployments.

Ensure the load balancer is configured to maintain a persistent session (also called client affinity or sticky sessions) with a specific server.

## WAN Considerations

When setting up the medical records clients in a wide area network (WAN), ensure the OnBase Application Server is installed on a server physically close to the database.

## Upgrading Medical Records Clients

The following best practices offer guidelines for upgrading your OnBase medical records solution:

- [Available Resources on page 236](#)
- [Testing an Upgrade on page 237](#)
- [Upgrading OnBase Client Services on page 237](#)
- [Deploying Unity on page 238](#)
- [Deploying Patient Window on page 238](#)
- [Deploying DeficiencyPop on page 238](#)

## Available Resources

The following resources are available to help you plan and execute an upgrade:

1. The Customer Upgrade Program (CUP) is available to help you upgrade your OnBase solution to the latest version of the software. CUP is a billable service that provides assistance with upgrading the OnBase Client, Web Server, and third-party integrations. For information, please email [upgrade-program@hyland.com](mailto:upgrade-program@hyland.com).
2. For thorough OnBase upgrade documentation, download the **Best Practices and Guidelines for Upgrading** module reference guide from the Hyland Community:  
<https://community.hyland.com>  
The **Best Practices and Guidelines for Upgrading** module reference guide describes how to upgrade your base OnBase system. Its appendix includes an upgrade checklist, which provides step-by-step upgrade instructions and time lines.
3. See the Technical Requirements Overview for New Installations and Upgrades. This document describes the technical and installation requirements for the latest version of OnBase. This document also describes major changes you'll need to consider before upgrading to the latest version.

## Testing an Upgrade

Before deployment, upgrades must undergo thorough administrative and user acceptance testing. Upgrade and perform testing in your test system prior to upgrading your production system.

1. Ensure you understand your business process and how users work in OnBase. This information will help you ensure all aspects of your solution are adequately tested.
2. Ensure your test system is up to date and synchronized with the OnBase version you want to deploy.
3. Perform end-to-end administrative testing to ensure all business processes work as expected. Be sure to test the entire solution as a whole rather than just individual pockets of functionality.
4. Send and process all types of HL7 messages that apply to your system. Do not limit testing to straightforward messages and simple import processes.
5. To thoroughly test your system, you should create new patient records from scratch, admit and discharge patients, merge records, transfer patients, and perform any other process that is part of your solution. All processes should be thoroughly tested from end to end.
6. After administrative testing, conduct end user acceptance testing. Set up a lab that allows representative users and process owners to verify whether the upgraded system satisfies users' needs and expectations.

## Upgrading OnBase Client Services

When upgrading the client running HL7 and MRMS services, be sure to do the following:

1. Upgrade the client running the HL7 Listener at the same time the database is upgraded.
2. When upgrading the HL7 Listener, ensure your HL7 interface engine is set up to queue messages. Also ensure the engine's cache window is large enough for all messages that may be queued while the OnBase HL7 Listener is not running.
3. The -MRMSANALYSIS server, the -MRMSCLOSURE server, and the -MRMSDELINQUENCY server all acquire process locks when they perform processing. After you upgrade these servers, log on to the OnBase Client and remove any orphaned process locks under **Admin | Utilities | Process Lock Administration**. No processing can take place while an orphaned process lock exists.

## Deploying Unity

When deploying or upgrading the Medical Records Unity Client, take the following into consideration:

1. If you are installing the Medical Records Unity Client for the first time, you do not need to make any Unity-specific changes to the database. Once installed, Unity should work properly with all the default settings. Run the client to ensure everything looks correct. You can modify global interface settings in OnBase Configuration under **Medical | User Interface Settings | Unity** and **Medical | User Interface Settings | Client Settings**.
2. If you are upgrading the Medical Records Unity Client, make sure the obmmunity.exe.config file is configured the same as in previous versions. Back up the old file for reference. You do not need to take note of any interface customizations, because they all are stored in the database.
3. Review all release notes for the Medical Records Unity Client to familiarize yourself with new features added since the last version.
4. For ClickOnce deployments, create a deployment package using the Deployment Creation Wizard.

## Deploying Patient Window

When upgrading OnBase Patient Window, be sure follow the guidelines in the following topics.

### ActiveX Controls

As of OnBase Foundation EP5, OnBase Patient Window no longer uses ActiveX controls. If you are upgrading from a version of OnBase prior to OnBase Foundation EP5, you should uninstall the existing ActiveX controls from users' workstations.

### Web.config Customizations

OnBase Patient Window uses a Web.config file for specific configuration settings. Use the following guidelines when upgrading this file:

1. Before upgrading the Patient Window virtual directory, first take note of all customizations made to the Web.config file.
2. After upgrading the virtual directory, modify the new Web.config to reflect the correct customizations.

## Deploying DeficiencyPop

When upgrading DeficiencyPop, be sure follow the guidelines in the following topics.

### ActiveX Controls

As of OnBase 16, DeficiencyPop no longer uses ActiveX controls. If you are upgrading from a version of OnBase prior to OnBase 16, you should uninstall the existing ActiveX controls from users' workstations.

## Web.config Customizations

DeficiencyPop uses a Web.config file for specific configuration settings. Use the following guidelines when upgrading this file:

1. Before upgrading the DeficiencyPop virtual directory, first take note of all customizations made to the Web.config file.
2. After upgrading the virtual directory, modify the new Web.config to reflect the correct customizations.

## Performing Post-Upgrade Tasks

Please see the **Upgrade Guidelines** module reference guide for post-upgrade tasks and considerations.

## Delinquency Configuration Best Practices

It is considered a best practice to configure OnBase delinquency settings to comply with Joint Commission standards and regulations.

The following topics provide tips on configuring a solution compliant with Joint Commission standards:

- [Before You Begin on page 239](#)
- [Setup for One Letter Format on page 240](#)
- [Setup for Multiple Letter Formats on page 241](#)
- [Letter Templates on page 242](#)
- [Command Line Switches on page 242](#)
- [Delinquency Reporting on page 242](#)

## Before You Begin

When designing your solution, first answer the following questions:

1. Does your hospital comply with Joint Commission standards?
2. What is your delinquency suspension process?
3. Do you have any additional bylaws above and beyond Joint Commission standards?
  - If there are many different bylaws, then perform the necessary discovery to understand all the factors that affect delinquency at your hospital.
4. How do you notify your physicians of delinquency and suspension?
  - If you send physicians one or more letters that use the same wording, see [Setup for One Letter Format on page 240](#).
  - If you send physicians two or more letters using different wording (i.e., one format for warning physicians of delinquency and another for warning physicians of suspension), see [Setup for Multiple Letter Formats on page 241](#).

## Setup for One Letter Format

If your facility requires only one letter template for notifying physicians about delinquency, then follow these guidelines:

Delinquency Configuration	Recommendations
<b>Delinquency Levels</b>	Create a single delinquency level named <b>Delinquent</b> or <b>Warning</b> .
<b>Aging: Basis &amp; Rate</b>	<p>For each facility, set the delinquency aging basis to <b>Discharge Date</b>.</p> <p>Do this for the &lt;Default&gt; Deficiency Type and the &lt;Default&gt; Document Type.</p> <hr/> <p><b>Tip:</b> Use the <b>Copy</b> button to copy settings from one facility to all other facilities.</p> <hr/>
<b>Letters</b>	<p>Follow the module reference guide's instructions for delinquency letter configuration.</p> <p>Ensure the letter's wording reflects the potential date when the physician may receive the letter. For example, depending on your Global Letter Settings, a physician may receive a letter either seven days before incurring delinquency or on the day the physician becomes delinquent.</p>
<b>Global Letter Settings</b>	<ol style="list-style-type: none"> <li>1. Select <b>Use Current Date when Calculating Delinquency</b>.</li> <li>2. Ask, "How many days in advance of delinquency should physicians be allowed to receive the delinquency letter?" Set <b>Days Prior to Delinquency Notification</b> to this value. For example, if the physician should receive the first delinquency letter no sooner than 7 days before incurring delinquency, set <b>Days Prior to Delinquency Notification</b> to <b>7</b>.</li> </ol>
<b>Medical System Settings</b>	On the <b>Deficiency Settings</b> tab, select <b>Use Configured Aging Rates to Calculate Delinquency Settings</b> .



## Setup for Multiple Letter Formats

If your facility requires multiple letter templates for notifying physicians about delinquency, then follow these guidelines:

Delinquency Configuration	Recommendations
<b>Delinquency Levels</b>	<p>Create the following delinquency levels under the existing <b>Active</b> level:</p> <ol style="list-style-type: none"> <li><b>Alert</b></li> <li><b>Warning</b> (or <b>Delinquent</b>)</li> </ol> <hr/> <p><b>Note:</b> For more complex requirements, create additional levels.</p> <hr/>
<b>Aging: Basis &amp; Rate</b>	<ol style="list-style-type: none"> <li>For each facility, set the delinquency aging basis to <b>Discharge Date</b>. Do this for the <b>&lt;Default&gt;</b> Deficiency Type and the <b>&lt;Default&gt;</b> Document Type.</li> <li>For the <b>&lt;Default&gt;</b> options again, set the following rates for each new delinquency level: <ul style="list-style-type: none"> <li><b>Alert</b>—14 days (336 hours)</li> <li><b>Warning</b>—30 days (720 hours)</li> </ul> </li> </ol> <hr/> <p><b>Tip:</b> Use the <b>Copy</b> button to copy settings from one facility to all other facilities.</p> <hr/>
<b>Letters</b>	<p>Follow the module reference guide's instructions for letter configuration.</p> <p>Ensure the wording of each letter reflects the potential date when the physician may receive the letter. For example, depending on your Global Letter Settings, a physician may receive a letter either seven days before incurring delinquency or on the day the physician becomes delinquent.</p>
<b>Global Letter Settings</b>	<ol style="list-style-type: none"> <li>Select <b>Use Current Date when Calculating Delinquency</b>.</li> <li>Ask, "How many days in advance of delinquency should physicians be allowed to receive the delinquency letter?" Set <b>Days Prior to Delinquency Notification</b> to this value. For example, if the physician should receive the first delinquency letter no sooner than 7 days before incurring delinquency, set <b>Days Prior to Delinquency Notification</b> to 7.</li> </ol>
<b>Medical System Settings</b>	<p>Select <b>Use Configured Aging Rates to Calculate Delinquency Settings</b> on the <b>Deficiency Settings</b> tab.</p>

## Letter Templates

When configuring and storing delinquency letter templates, use the following guidelines:

- To centralize administration, place the letter template on a network share. In OnBase Configuration, configure the **Path to Letter** to point to this share using a UNC path.
- Letters' font size should be no smaller than 10 pt and no larger than 12 pt. Fonts are configured under **Document | Named Fonts**. To change the font assigned to your letter template, go to **Medical | Delinquency Configuration | Letters** in OnBase Configuration. Then, select the letter you want to configure, and click **Settings**.

## Command Line Switches

The delinquency command line switches (-MRMSDELINQUENCY="HH:MM" and -MRMSDELINQUENCYLETTERS) should be run on a service separate from the other MRMS processing switches.

## Delinquency Reporting

For delinquency reporting, use the OnBase Report Services module. This module, which is licensed separately, provides several built-in delinquency reports to accommodate systems set up for either the default delinquency settings or delinquency levels.

For assistance constructing custom reports, contact your solution provider.

## Setting Up Medical Records Servers

The following topics cover best practices for running the medical records servers (Analysis Server, Closure Server, Delinquency and Delinquency Letters Servers, and Polling Service).

## General Practices

The following practices apply to all medical records servers:

1. Before setting up the medical records servers as Windows services, run them interactively in the OnBase Client (not as Windows services) for a few cycles. Monitor the servers to ensure they are working correctly (e.g., completing processes, creating and releasing locks). The OnBase Client's Medical Records Server window allows you to monitor whether individual processes are being started and finished.
2. Set up the medical records servers as Windows services.
  - The Analysis Server, Closure Server, and (if applicable) Polling Service should run on the same process. These are the only medical record servers that should run on the same process.
  - Configure each remaining medical records server as its own service. None of these services should be configured to run on the same process as another service (such as the OnBase Scheduler or the Workflow Timer Service).
3. Each service should have its own Windows user account and OnBase user account.

4. Run only one service per medical records server. For example, do not run two Analysis Servers at the same time. Doing so can lead to burning conflicts and prevent successful database upgrades.
5. For troubleshooting, use verbose logging. For more information about verbose logging, see the **System Administration** module reference guide.
6. Restart services sparingly. When you restart a service, clear the processing lock in the OnBase Client. Contact your solution provider for assistance.
7. Do not restart the OnBase Application Server that medical records servers or clients are connecting to. If you must restart the Application Server, do so when all users are logged out and services are stopped. Restart services after the Application Server is restarted.

## Analysis Server

The Analysis Server transitions charts through the Analysis and Coding processes and burns deficiencies.

1. When going live, ensure the Analysis Server is up and running. Otherwise, there could be a large backlog of charts to process, which could negatively affect system and database performance.
2. Configure the Analysis Server, Closure Server, and (if applicable) Polling Service to run together on the same process.
3. Ensure the Windows user account running the Analysis Server has Modify permissions to the OnBase disk groups.
4. If Workflow system tasks are configured for medical records, ensure the Analysis Server has a connection to the OnBase Application Server.
5. Ensure the Analysis Server and OnBase Application Server are set to use the same time zone. Otherwise, burned signatures may display inconsistent time zones in their timestamps.

## Closure Server

The Closure Server sets chart statuses to Inactive or Closed, checks for loose documents, and automatically unsuspends suspended charts after a configured period.

1. Configure the Analysis Server, Closure Server, and (if applicable) Polling Service to run together on the same process.
2. Configure the Closure Server to run during off-peak hours.
3. The Closure Server will not close a chart containing unburned deficiencies, but notes placed on chart documents after burning will be burned when the Closure Server runs.
4. Any chart that requires Coding or Analysis won't close until these processes have been completed.
5. If Workflow system tasks are configured for medical records, ensure the Closure Server has a connection to the OnBase Application Server.

## Delinquency Server

The Delinquency Server marks deficiencies as delinquent and tracks a physician's period of delinquency.

1. Configure the Delinquency Server to run once a day during off-peak hours.
2. If delinquency is not being calculated or updated properly, contact your first line of support. If this issue occurs, delinquency letters will be generated, but deficiencies won't appear to be delinquent in the user interface.

## Delinquency Letters Server

The Delinquency Letters Server generates delinquency letters for physicians who either have or will soon have delinquent deficiencies.

1. Make sure the user account has access to the letter template.
2. Ensure the delinquency letter template has enough room for both the template text and the deficiency grid header.
3. Test the configuration by running the Delinquency Letters Server and generating letters. View the letters to ensure they are created and formatted properly.

## Polling Service

The Polling Service synchronizes the creation and completion of external deficiencies between OnBase and an external system.

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**Note:** Only External Missing Signatures and External Unsigned Orders are synced with the service. External Missing Information deficiencies are not supported.

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1. Configure the Polling Service to run on the same process as the Analysis Server and Closure Server.
2. For the file-based method, ensure the user has **Read** and **Modify** rights to the directory where file is stored.
3. Change OnBase external deficiency names to be more consistent with your system, but ensure the mnemonics for external deficiency names match up with external deficiency types.

## Training Medical Records Users

The following training best practices offer guidelines for training both end users and the people who will train end users:

- [Thoroughly Understand Users' Processes on page 245](#)
- [Have a Sponsor Champion the MRM Solution on page 245](#)
- [Ensure New Trainers Are Prepared on page 246](#)
- [Use Appropriate & Relevant Training Materials on page 246](#)
- [Set Up the Training Environment in Advance on page 246](#)

- [Be Prepared to Explain the Basics on page 247](#)
- [Tell Users What They Need to Know on page 247](#)

## Thoroughly Understand Users' Processes

Each organization's processes are different, and training programs must be adapted to accommodate these differences.

1. When preparing to train new users, first discover the users' current processes.
2. Be prepared to learn new processes for every role or department that will be using OnBase.
3. Foster credibility with users by demonstrating that you thoroughly understand their processes. Users may be unwilling to learn the benefits of OnBase unless you know exactly how their processes work.
4. It will help if you create a diagram of the current processes and another diagram showing what the processes will look like in OnBase.
5. Stay focused on users' business processes. Show users how they can do their job using the software. Do not train users solely on what the software does, or they may either lose interest or become confused.
6. If you conduct training at several organizations or facilities, take note of common practices. Use this information to create a generic training program that can be adapted to apply to any organization or facility. Because practices can vary widely, also be prepared to start from scratch.

## Have a Sponsor Champion the MRM Solution

Finding a sponsor who champions the project can have a big impact on user acceptance.

1. It is critical to garner support from managers in each department where OnBase Medical Records Management is being used. Adoption will be more successful if managers support OnBase and discuss the change with a positive attitude.
2. It is also important to garner physician support. Having a physician who advocates the project will be very helpful, because physicians listen to their peers.
3. If available, a project manager can help coordinate training efforts and identify potential roadblocks.
4. It helps to identify a stakeholder who both champions OnBase and is skilled at training others.

## Ensure New Trainers Are Prepared

Because many organizations do not have a training department, choosing someone capable of training others is critical.

1. Ensure the new trainer has a thorough understanding of the end users' business processes.
2. If possible, choose trainers from each department where new users will be trained. It is difficult to have one person train different types of users, especially if that person is knowledgeable in only one part of the organization's processes.
3. When training trainers, ensure the trainer has mastered each concept before you move on to the next one. If trainers do not understand the tasks they're performing, they will have trouble training new users and answering their questions.

## Use Appropriate & Relevant Training Materials

Having appropriate training materials and test data can make it easier for users to understand new concepts.

1. Know how many people you're training. Use this information to ensure you have enough test information to work through different usage scenarios.
2. When training users on a test system, ensure the test system accurately represents how the production system will work.
3. If users work in certain queues, train users only on queues relevant to the user. For example, if users will work in specific Workflow queues, be sure to use only the queues users will work in.
4. Use as much real information as possible. If time allows, use real charts that have been scrubbed of sensitive patient information. It may help to have an HIM director create a template chart that accurately represents the charts users will work on. Using "dummy" data may confuse users and reduce your credibility.
5. Design training materials suitable for each type of user. For example, physicians are short on time, and they like to get their jobs done as quickly as possible. Quick reference guides may be a good choice for physicians, because they provide simple step-by-step instructions for common tasks. Training videos also work well for several types of users, as long as the information in the video is relevant to the user.

## Set Up the Training Environment in Advance

To help the training process go as smoothly as possible, perform the following preparation tasks:

1. Ensure a training room is reserved.
2. Ensure invitations are sent well in advance.
3. Ask attendees for a commitment to a time slot.
4. Ensure computers in the training room are configured and Internet connections are available.
5. Prepare handouts, if applicable.

6. Ensure the room, furniture, and equipment are configured best for training. All attendees should be able to see you and the material you are presenting, and you should be able to move easily from user to user to help individuals who need extra help.
7. If you use Microsoft PowerPoint® slides, ensure your laptop or PC is loaded and ready to go 30 minutes before the training session starts. This time buffer will allow you to address technical difficulties, should any arise.

## Be Prepared to Explain the Basics

Users' training needs may vary widely, but patience and persistence will pay off.

1. Take nothing about your users for granted. Concepts that seem basic may be completely foreign to new users.
2. Some users may lack basic knowledge of common Microsoft Windows® and mouse concepts. Identify users who lack computer experience and teach them these basic concepts. The organization's Information Technology department may be able to provide this training. This training will make it easier for users to follow instructions when they are being trained in OnBase.
3. If users have no previous OnBase experience, train them on basic OnBase concepts, such as pages, documents, Document Types, and Keyword Types. Ensure users have enough OnBase knowledge to successfully accomplish their tasks.
4. If how OnBase handles medical records is completely new to users, be prepared to step back and educate them on the basic process. If possible, draw parallels between the users' current processes and the processes in OnBase. For more information, see [Thoroughly Understand Users' Processes on page 245](#).
5. Demonstrate what could go wrong and the consequences.
6. If a user has a question you cannot immediately answer, remember to research and answer the user's question at a later time.

## Tell Users What They Need to Know

When you start training a group, be sure to answer the following questions:

1. When will this new process start?
2. Why are we changing everything we do?
3. What's in it for me?
4. Who will help us when the transition starts?
5. How do I use OnBase to do my job? (For more information about answering this question, see [Thoroughly Understand Users' Processes on page 245](#).)

## Scheduling Overview

Scheduling processing for off-hours is an automated way to conserve system resources. Processing can be accelerated if the process is run from the database server.

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**Caution:** Ensure that scheduled processes are not configured to run at the same time as a scheduled database backup. The database is locked while performing backups, preventing any processes from running.

---

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**Note:** Purging documents from Document Maintenance can also be scheduled. For more information, see the **System Administration** module reference guide or help file.

---

Two types of processing activities may be scheduled with the Scheduler: a Process Format or a Process Job.

- A Process Format is used in processing modules and in scanning modules to specify how OnBase processes data being imported into OnBase. A Process Format is, basically, one individually-configured process.
- A Process Job is one or more Process Formats that have been configured to run sequentially. A Process Job does not have to consist exclusively of a single type of Process Format; it can contain multiple Process Formats from any module that allows scheduling.

---

**Note:** Process Formats created from Document Imaging sweep or scan from disk processes cannot be included in a Process Job.

---

## Configuring & Using the Scheduler

### Requirements for Configuring/Running a Scheduled Process

To configure a scheduled process, either a Process Format or a Process Job, a user must belong to a User Group with the **Client** and **Client Scheduler** product rights, and he/she must have rights to use the appropriate processing module. A scheduled process can be configured on any OnBase Client workstation, not just the processing workstation or a workstation running with the **-SCHED** command line switch.



To run a scheduled process, OnBase must be running with the **-SCHED** or **-SCHEDINST** command line switch on the processing workstation in order for the scheduled process to be executed at the configured time. The user account logged onto OnBase at this time needs only the **Client** product right in order for the process to be performed.

For more information on using command line switches with your OnBase solution, see the **Command Line Switches** module reference guide.

## Using the -SCHED and -SCHEDINST Switches

This section explains the difference between the **-SCHED** and **-SCHEDINST** command line switches.

### -SCHED

Some process formats or jobs can be scheduled to run automatically. The **-SCHED** switch causes the Client to queue these scheduled process formats and jobs for later processing; if the machine running the OnBase Client in Scheduler mode (i.e., running the OnBase Client with the **-SCHED** command line switch applied) is also the processing workstation, then the process formats or jobs will run at their scheduled times.

In order for the scheduled process format or job to be run, OnBase must be running in Scheduler mode on the processing workstation. If OnBase is not running, or if OnBase is not running in Scheduler mode, then the scheduled processes will not run.

A process format or job can be scheduled from any OnBase Client workstation by a user with the proper rights.

### -SCHEDINST

The **-SCHEDINST** command line switch is very similar to the basic **-SCHED** switch. When you apply the **-SCHEDINST** switch to a Client shortcut, you can specify that the selected instance of the OnBase Client should only process jobs assigned to that Client instance's specific instance name.

The format of the switch is **-SCHEDINST="MyProcName"**, where **MyProcName** is the name of a specific processing instance. The OnBase Client that this switch is applied to will be unable to process any scheduled jobs that are not configured with a **Specific Processing Instance** of **MyProcName**.

A process format or job can be scheduled from any OnBase Client workstation by a user with the proper rights.

---

**Note:** If a scheduled process is assigned to a specific processing instance, it must be run from a client using the **-SCHEDINST** command line switch. If you try to run this process from a client using the **-SCHED** switch instead, the process will not be executed.

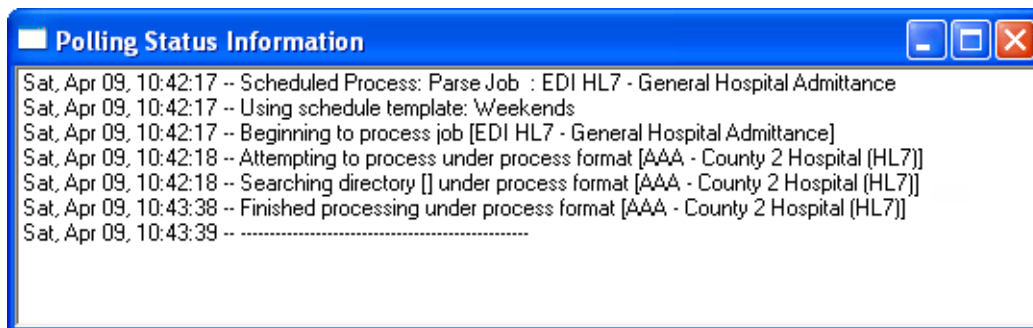
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## Verifying the Scheduler is Running

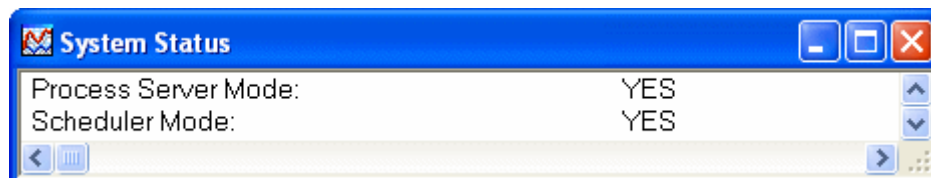
To verify that the Scheduler is running on the processing workstation, click **Window | Polling Status Information** in the OnBase Client.

**Note:** The **-SCHED** or **-SCHEDINST** command line switch must be applied to the Client shortcut to use this option.

The **Polling Status Information** window is displayed. Information about scheduled processes is displayed in it as the process is run. If this window exists, the Scheduler is running.



Another way to verify the Scheduler is running is to select **Window | System Status**. Both **Process Server Mode** and **Scheduler Mode** will be displayed as **YES**.



## Running Multiple Scheduled Processes

**Tip:** Attempting to run more than one process job or format at once in the same session will result in a dramatic drop in all processing speeds. It is recommended to run a single automated process at a time.

If multiple jobs are configured, they can be performed sequentially in one OnBase Client session on the same workstation. Multiple sessions of the OnBase Client can be run simultaneously on one workstation to process these jobs in parallel; these sessions will coordinate processing tasks to ensure that each job is processed and that a job is not processed more than once.

In order to process jobs in parallel on multiple sessions of the OnBase Client, each session must be OnBase version 9.0 or later. If any one of the sessions is running an earlier version of OnBase, then none of the other sessions will perform any processing while it is processing.

## Scheduled Process Configuration Reports

A user belonging to a User Group with the proper rights can run a Scheduled Processes Configuration Report.

This report provides information on all of the scheduled processes (process formats and process jobs) that have been scheduled to run. It is organized by processing workstation, and displays a weekly, monthly and end-of-month schedule, with jobs listed in order by starting time. Once run, this report is stored in OnBase as a document belonging to the **SYS Configuration Reports** Document Type.

---

**Tip:** It is considered a best practice to run a new Scheduled Process configuration report each time a new process (such as process format or process job) is scheduled. With the information stored in this report, troubleshooting and communications with Technical Support are greatly improved. Additionally, Configuration Reports are stored in OnBase, so there is a historical record of the structure of your OnBase solution.

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For more information on Configuration Reports, including the Scheduled Processes Configuration Report, see the **System Administration** module reference guide or help file.

## Working With Process Formats

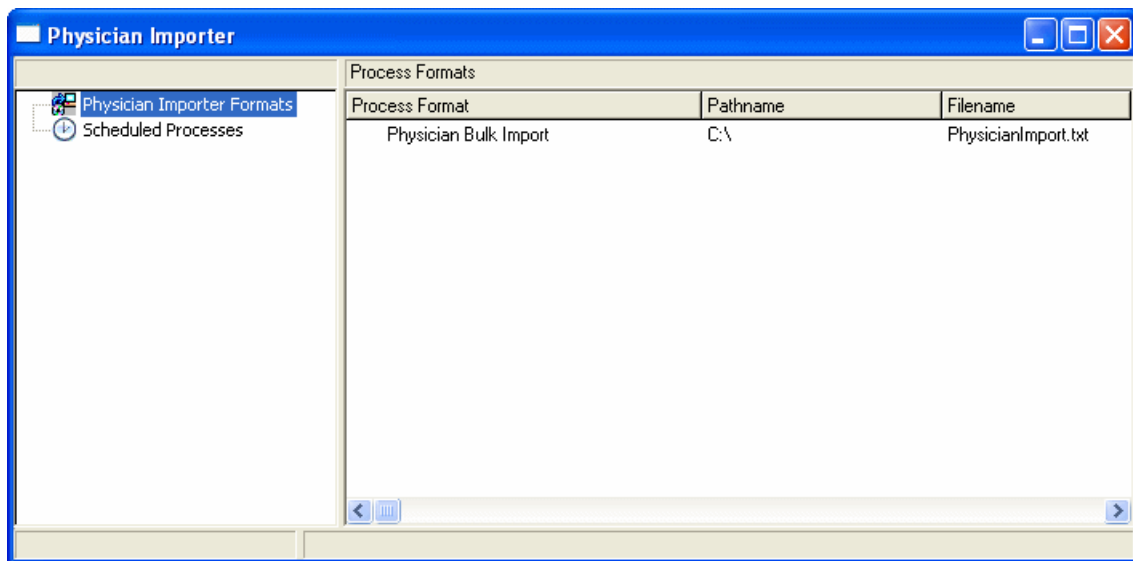
A Process Format is used in processing modules and in scanning modules to specify how OnBase processes data being imported into OnBase. A Process Format is, basically, one individually-configured process.

### Creating a Scheduled Process Format

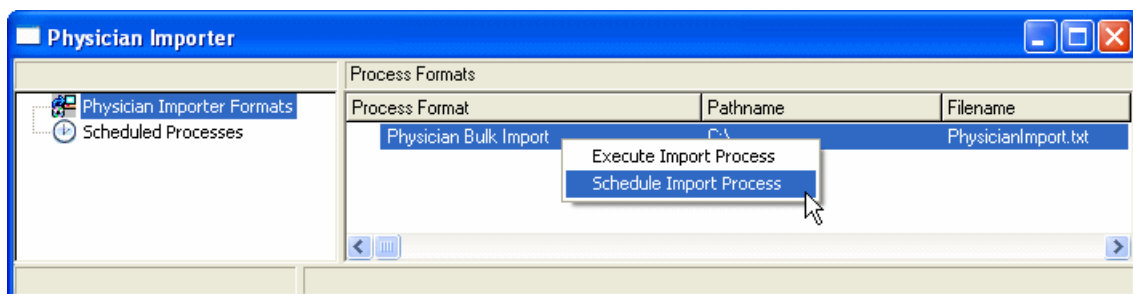
You can add a format to the Scheduler from its process queue by selecting the process format and selecting **Schedule Import Process** from the right-click menu.

For example:

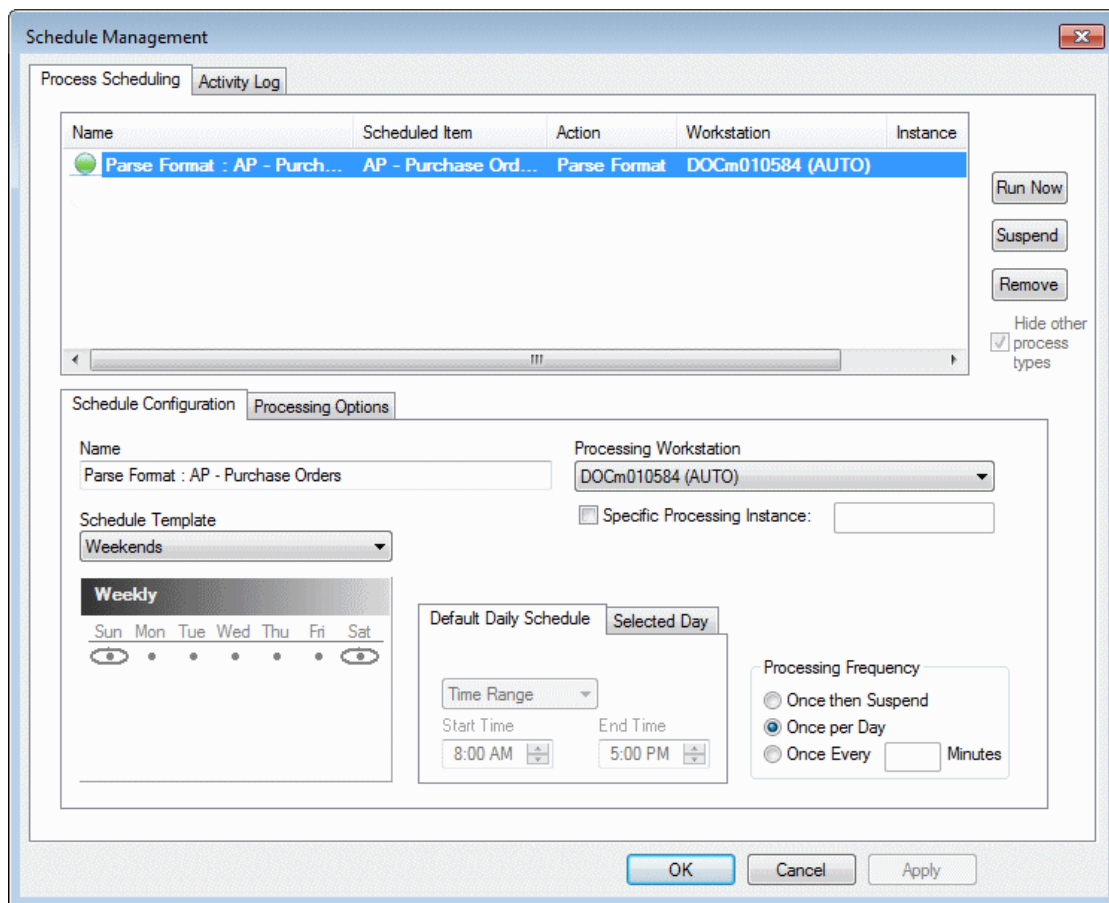
In the OnBase Client, click **Processing | Physician Importer**. The **Physician Importer** window is displayed.



Select the process format you would like to add to the Scheduler, then right-click and select **Schedule Import Process**.



The **Schedule Management** window is displayed.



A new Process Format is added to the **Scheduled Items** box. It is automatically selected.

By default, all scheduled Process Formats (e.g., COLD Process Formats, DIP Process Formats, etc.) are displayed in the **Scheduled Items** box when scheduling a new Process Format. For information on viewing only the Process Formats for the currently-selected process type, see [Viewing Scheduled Processes on page 262](#).

## Schedule Configuration

The first options that must be configured for the scheduled process are the Schedule Configuration options on the **Schedule Configuration** tab. This tab is displayed by default.

1. In the **Name** field, enter a name for the scheduled process.
2. Using the **Processing Workstation** drop-down, select the workstation that will be used to run the scheduled process.

---

**Note:** This workstation will need to be running with the **-SCHED** or **-SCHEDINST** command line switch in order to run the scheduled process.

---

3. If you always want the scheduled process to be run from a specific instance of the OnBase Client, select the **Specific Processing Instance**, then enter the name of the instance in the **Specific Processing Instance** text field.

---

**Note:** If you select the **Specific Processing Instance** option but leave the **Specific Processing Instance** text field blank, the scheduled process can be run from any instance of the OnBase Client.

---

4. Using the **Schedule Template** drop-down, select one of the schedule templates for the process or select **<Custom Schedule>** to manually configure the schedule for this process.

---

**Note:** For information on creating a **Custom Schedule** or **Schedule Template**, see below.

---

5. Select how often you would like the scheduled process to run by selecting one of the Processing Frequency radio buttons.
  - **Once then Suspend.** The scheduled item will be processed once, then the scheduled process is suspended.
  - **Once per Day.** The scheduled item will be processed once per day.

---

**Note:** If the scheduled item is modified, the process may be run again on the same day.

---

- **Once every "" Minutes.** The scheduled item is processed in the interval (measured in minutes) entered in the field. The maximum number of minutes that can be entered is 99999.

---

**Caution:** This option is only supported when the **Default Daily Schedule** is set to **Time Range**. If your **Default Daily Schedule** is set to **Specific Time**, the scheduled item will only be processed at the specified time.

---

6. When you are finished setting the **Schedule Configuration** options, click **Apply**.

## Calendar

The calendar is used to select the day(s) on which a scheduled process should be run.

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**Note:** The calendar is displayed based on your Workstation Regional Settings and the OnBase language DLL that you are using.

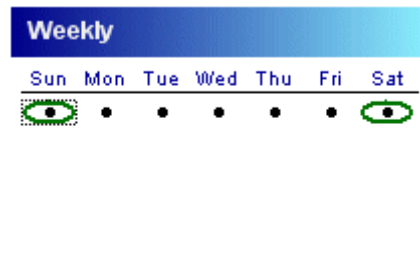
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To change the view of the calendar, click the calendar heading (in the example above, **Weekly**) to display a menu. Select one of the following options to display a different calendar for configuration:

- **Weekly.** Allows you to configure a process to run on a certain day of the week (i.e., Thursday).
- **Monthly.** Allows you to configure a process to run monthly, on a particular date (i.e., the 1st and 15th of the month).
- **Monthly (Day-Relative).** Allows you to configure a process to run on a relative day of the month (i.e., the first Saturday of the month, the 2nd Wednesday of the month).

- **Annual.** Allows you to configure a process to run on a certain day of the year (i.e., June 30).
- **Full Calendar.** Allows you to configure a process to run on specified days of specified years (e.g., August 10, 2011 and/or July 17, 2012).

To select days that you would like to run a scheduled process, double-click the day on the calendar. The selected day is circled.




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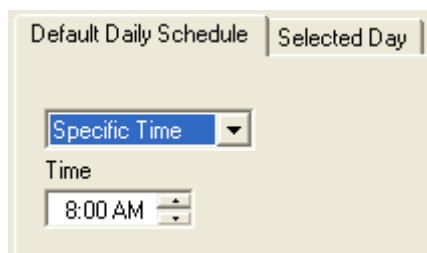
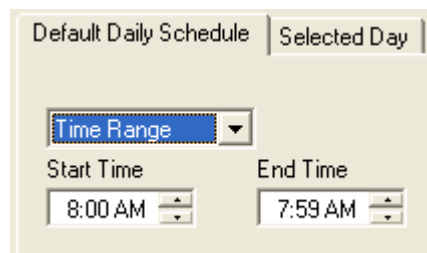
**Note:** In the example above, two days are selected but **Sunday** is the currently-selected day.

---

To deselect a day, double-click it.

### Default Daily Schedule

The **Default Daily Schedule** tab allows you to configure the processing configuration for all days that do not have a **Selected Day** tab configuration.

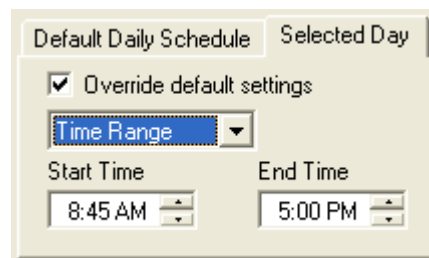


The drop-down list allows you to select **Time Range** or **Specific Time**. If you select **Time Range**, a **Start Time** box and an **End Time** box are displayed. Define the range of time in which you want your job or format to begin processing. If you select **Specific Time**, a **Time** box is displayed. Select the time at which you want the job or format to begin processing.

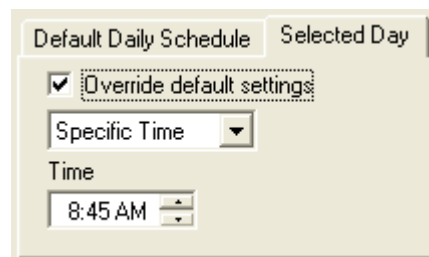
**Tip:** Specifying a **Time Range** and using the **Once Per Day** option will allow a scheduled process to run even if another process runs over its starting time, as long as the process is able to start within the specified range.

### Selected Day

The **Selected Day** tab allows you to specify settings for the selected day that differ from the settings specified in the **Default Daily Schedule** tab. In order for the **Selected Day** tab to be enabled, you must click a day to select it and you must select the **Override default settings** check box.



The screenshot shows the 'Selected Day' tab in a software interface. The 'Override default settings' checkbox is checked. The 'Time Range' dropdown menu is selected, showing 'Time Range'. Below it, the 'Start Time' is set to 8:45 AM and the 'End Time' is set to 5:00 PM. The 'Default Daily Schedule' tab is also visible on the left.



The screenshot shows the 'Selected Day' tab in a software interface. The 'Override default settings' checkbox is checked. The 'Specific Time' dropdown menu is selected, showing 'Specific Time'. Below it, the 'Time' is set to 8:45 AM. The 'Default Daily Schedule' tab is also visible on the left.

The drop-down list allows you to select **Time Range** or **Specific Time**. If you select **Time Range**, a **Start Time** box and an **End Time** box are displayed. Define the range of time in which you want your job or format to begin processing. If you select **Specific Time**, a **Time** box is displayed. Select the time at which you want the job or format to begin processing.

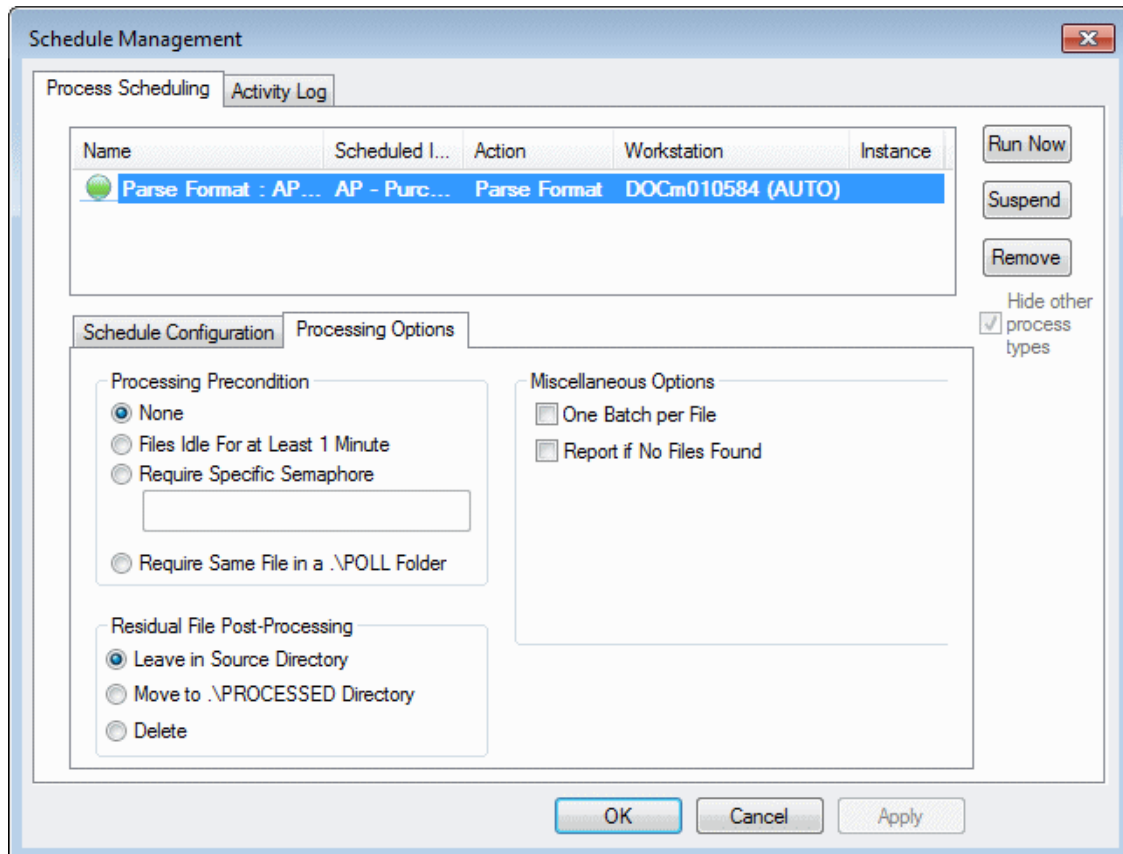
**Tip:** Specifying a **Time Range** and using the **Once Per Day** option will allow a scheduled process to run even if another process runs over its starting time, as long as the process is able to start within the specified range.



## Processing Options

After the Schedule Options are configured on the Schedule Configuration tab, you must configure the Processing Options.

1. From the **Process Scheduling** tab of the **Schedule Management** window, click the **Processing Options** tab to display the Processing Options.



2. Set the following Processing Options.

Option	Description
<b>Processing Precondition</b>	<p>The <b>Processing Precondition</b> options allow you to specify the conditions that must be met before processing can begin.</p> <hr/> <p><b>Note:</b> These options are not available for scheduled PDF conversions, Advanced Capture processes, Full-Text OCR processes or scheduled commits.</p> <hr/> <ul style="list-style-type: none"> <li>• <b>None.</b> If this option is selected, no processing precondition is necessary.</li> <li>• <b>Files Idle For at Least 1 Minute.</b> Select to indicate that processing must begin after the file indicated in the <b>Default File Name</b> of the processing format has been idle for at least one minute.</li> <li>• <b>Require Specific Semaphore.</b> Select to indicate that processing must begin after a trigger file is detected. The trigger file can be any file type/size/label and can be written to any location on the network. OnBase will only begin processing the processing file indicated in the <b>Default File Name</b> of the process format after the trigger file has been detected. How processing is triggered (definition of the file location and/or time variable) is defined by a semaphore. A semaphore is a technique for coordinating or synchronizing polling activity. A maximum of 255 characters can be entered in this field. The trigger file is deleted after processing.</li> </ul> <hr/> <p><b>Note:</b> If the trigger file is being accessed over FTP, it will not be deleted.</p> <hr/>

Option	Description
<b>Processing Precondition (cont.)</b>	<ul style="list-style-type: none"><li>• <b>Require Same File in a .\POLL Folder.</b> Select to indicate that processing must begin after a POLL file has been written to a specifically-configured POLL folder. The POLL file must appear in a folder labeled <b>POLL</b>, and the POLL folder must be created as a subfolder of the <b>Default Directory</b> of the process format. The name of the POLL file must be exactly identical to the name of the file to be processed. The value in the <b>Default File Name</b> field will be used to locate the POLL file. When OnBase locates the POLL file, the processor will attempt to process any file with that same name in the <b>Default Directory</b>. For example: The <b>Default File Name</b> is <b>*.txt</b>, and the <b>Default Directory</b> is <b>C:\ProcessFiles</b>. The file to be processed is stored in this directory. For this example, the file is named <b>pf11x74.txt</b>. The POLL file should be placed in <b>C:\ProcessFiles\POLL</b>, and named exactly the same as the process file (<b>pf11x74.txt</b>). OnBase will search <b>C:\ProcessFiles\POLL</b> for a file that matches the <b>Default File Name</b> of <b>*.txt</b>. Upon finding the <b>pf11x74.txt</b> file, the processor will return to the <b>C:\ProcessFiles</b> directory and search for the file named <b>pf11x74.txt</b>. This is the file that will be processed.</li></ul> <hr/> <b>Note:</b> This option is not supported for use with the Directory Import Processor. <hr/>

Option	Description
<b>Residual File Post-Processing</b>	<p>The Residual File Post-Processing options allow you to specify how residual files are processed (that is, files that have been processed but not deleted from the directory, such as read-only files).</p> <hr/> <p><b>Note:</b> These options are not available for scheduled PDF conversions, Advanced Capture processes, Full-Text OCR processes or scheduled commits.</p> <hr/> <ul style="list-style-type: none"><li>• <b>Leave in Source Directory.</b> Select to leave any residual files in the folder they originated in.</li><li>• <b>Move to .\PROCESSED Directory.</b> Select to move any residual files to the OnBase-generated <b>PROCESSED</b> folder located in the same folder the files were originally in.</li></ul> <hr/> <p><b>Caution:</b> Depending on your system's configuration, processed files may be automatically deleted after an import process is run. In this situation, the processed files will not be moved to the <b>PROCESSED</b> folder because they have already been deleted from the folder they originated from.</p> <p>Depending on the processor you are using, you may be able to avoid this behavior by modifying the configuration of your import processor, or by marking the files to be processed as read-only.</p> <hr/> <ul style="list-style-type: none"><li>• <b>Delete.</b> Select to delete any residual files (that is, files that have been processed but not deleted from the directory) from the folder they originated in.</li></ul> <hr/> <p><b>Note:</b> The <b>Delete</b> option is not available for Scheduled Sweeps or Scan from Disk processes.</p> <hr/>

Option	Description
<b>Miscellaneous Options</b>	<p>The <b>Miscellaneous Options</b> allow you to specify special scheduling options specific to the selected process. The availability of these options varies depending on the type of processor being scheduled. Many processing modules do not have some or all of these options.</p> <hr/> <p><b>Note:</b> No <b>Miscellaneous Options</b> are available for scheduled PDF conversions, Advanced Capture processes, Full-Page OCR processes or scheduled commits.</p> <hr/> <ul style="list-style-type: none"> <li>• <b>One Batch per File.</b> Select to process each index file as one batch when multiple index files are being processed at once. This option is not supported for use with the Directory Import Processor.</li> <li>• <b>Report if No Files Found.</b> Select to create a Verification Report if no files are found when a scheduled format or job is run.</li> </ul> <hr/> <p><b>Note:</b> The <b>Report if No Files Found</b> option is only available when the <b>None</b> radio button is selected for the <b>Processing Precondition</b>. It is not available for scheduled <b>Sweep</b> or <b>Scan from Disk</b> processes.</p> <hr/> <ul style="list-style-type: none"> <li>• <b>Document Type.</b> Available for certain scheduled <b>Sweep</b> processes. Use the drop-down to select the Document Type of processed documents.</li> <li>• <b>Scan Format.</b> Available for certain scheduled <b>Scan from Disk</b> processes. Use the drop-down to select the scan format to be used when processing documents. By default, the processor will use the last scan format that was assigned to the scan queue being processed.</li> </ul> <hr/> <p><b>Note:</b> Only <b>Kofax</b> scan formats can be selected from this drop-down.</p> <hr/>

Option	Description
<b>OCR Options</b>	<p>The <b>OCR Options</b> allow you to specify the configuration options for a scheduled Advanced Capture or Full-Text OCR process.</p> <hr/> <p><b>Note:</b> These options are only available when scheduling an Advanced Capture or Full-Page OCR process (that is, the batch's scan queue has been configured for Advanced Capture or Full-Page OCR).</p> <hr/> <ul style="list-style-type: none"> <li>• <b>Full-Text OCR.</b> Select this radio button if you are scheduling a Full-Text OCR process.</li> <li>• <b>Advanced Capture.</b> Select this radio button if you are scheduling an Advanced Capture process.</li> <li>• <b>Process Ad Hoc OCR Documents.</b> Select this radio button if you would like to perform Advanced Capture or Full-Text OCR on documents in the ad hoc batch status queues (<b>Ad Hoc Advanced Capture</b> or <b>Awaiting Ad Hoc OCR</b>).</li> </ul>

3. When you are finished configuring the Process Options, click **Apply**.

## Viewing Scheduled Processes

By default, only scheduled process formats and jobs of the currently-selected process type will be displayed in the **Schedule Management** window. To view scheduled process formats and jobs of all process types, deselect the **Hide other process types** check box.

To open the **Schedule Management** window, perform one of the following actions:

- Click **Processing | Scheduler | Schedule Management**.
- Open the **Scheduled Processes** queue and double-click on a scheduled process
- Right-click on a process format in its process queue and select **Schedule Format**.

---

**Note:** Additional Product Rights are required to view a scheduled purge process. For more information, see the **System Administration** module reference guide or help file.

---

## Modifying a Scheduled Process Format

Once a scheduled process has been created, it can be modified as needed.

To modify an existing scheduled process:

1. Open the **Schedule Management** window from the OnBase Client by clicking **Processing | Scheduler | Schedule Management**.
2. Select the process to be modified from the **Scheduled Items** box.

3. Modify the settings on the **Schedule Configuration** and **Process Options** tabs as needed.

For more information on the options on these tabs, see [Schedule Configuration on page 253](#) and [Processing Options on page 275](#).

**Tip:** You can modify the **Schedule Configuration** settings for multiple processes at the same time. To do so, use the **Shift** or **Ctrl** keyboard keys to select multiple processes before modifying the **Schedule Configuration** settings.

4. Once you have finished modifying the scheduled process, click **Apply**.

## Deleting a Scheduled Process Format

**Caution:** If you delete a process format or process job that is scheduled, it will be deleted from the list of scheduled jobs.

Scheduled processes can be deleted from the **Schedule Management** window.


1. Open the **Schedule Management** window from the OnBase Client by clicking **Processing | Scheduler | Schedule Management**.
2. Select the scheduled process(es) you would like to delete from the **Scheduled Items** box and click **Remove**.
3. Click **Apply**.




## Running/Suspending a Scheduled Process Format

From the **Schedule Management** window, a scheduled process can be run immediately or it can be suspended.

1. Open the **Schedule Management** window from the OnBase Client by clicking **Processing | Scheduler | Schedule Management**.
2. Select one or more scheduled processes from the **Scheduled Items** box.
  - To run the process(es) now, click **Run Now**. The processes are run the next time the processing workstation is polled.
  - To suspend the process(es), click **Suspend**. To resume one or more suspended processes, select those processes and click **Resume**.

An icon is displayed next to each scheduled process in the **Scheduled Items** box that indicates its status.

Icon	Description
	<b>Run Now</b> - Indicates that the user has clicked the <b>Run Now</b> button to cause the process to execute now instead of waiting for its scheduled time to run.

Icon	Description
	<b>Suspend</b> - Indicates a suspended process. The process will not run until a user selects it and clicks <b>Resume</b> .
	<b>Active</b> - Indicates an active scheduled process. An active process may be waiting to run or it may have already run at its scheduled time.
	<b>Error</b> - Indicates a process with a configuration error.

3. Click **Apply**.

## Working With Process Jobs

A Process Job is one or more Process Formats that have been configured to run sequentially. A Process Job does not have to consist exclusively of a single type of Process Format; it can contain multiple Process Formats from any module that allows scheduling.

A few notes about Process Jobs:

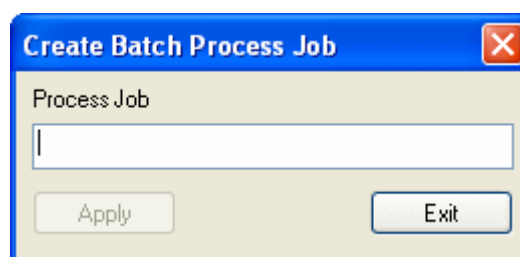
- Process formats must be created before they can be added to a job.
- AutoFill Keyword Import Processors can be scheduled from any **Process Job Queue**.
- Process Formats created from Document Imaging sweep or scan from disk processes cannot be included in a Process Job.

## Creating a Job

You can add a job to the Scheduler from a process queue (that is, the COLD Queue, the EDI Queue, and others).

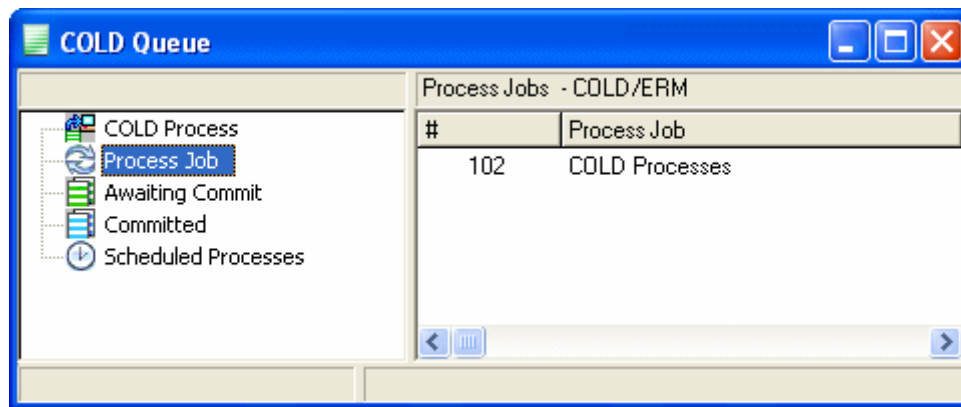
To create a job, follow these steps:

1. From the OnBase Client, click **Processing | Process Jobs**. The **Process Jobs** window is displayed. Right-click on the window and select **Create New Job**.  
Or, from the process queue, select **Process Job** and right-click in the **Process Jobs** window and select **Create New Job**. The **Create Batch Process Job** dialog box is displayed.





2. Enter a name for the job in the **Process Job** field and click **Apply**. The job is added to the process queue and is listed in the **Process Jobs** window.



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**Note:** The process name must be 75 characters or fewer.

---

---

**Note:** If you are using the OnBase Client as a Windows Service, you must restart the OnBase Client after adding a new scheduled process.

---

## Configuring a Job

To configure a job:

1. From the OnBase Client, click **Processing | Process Jobs**. The **Process Jobs** window is displayed. Right-click on a job and select **Configure Job**.

Or, select the job to be configured from the **Process Jobs** window in the process queue, right-click and select **Configure Job**.

The **Process Job Configuration** window is displayed.

2. Configure a process format to add to the job:

Process Job Parameter	Description
<b>Process Format</b>	Select the process format to be incorporated in the process job. All available process formats are listed.
<b>Alternate Path</b>	Enter an alternate path to the data to be processed (i.e., the <b>Default Directory</b> ) to use instead of the <b>Default Directory</b> configured for the selected process format. If an alternate path is not specified, the process format's <b>Default Directory</b> is used.
<b>Alternate Filename</b>	Enter an alternate file name for the data to be processed (i.e., the <b>Default File Name</b> ) to use instead of the <b>Default File Name</b> configured for the selected process format. If an alternate file name is not specified, the process format's <b>Default File Name</b> is used.
<b>Alternate Disk Group</b>	Enter an alternate Disk Group to store the data being processed instead of the Disk Group configured for the selected process format. If an alternate Disk Group is not specified, the process format's default Disk Group is used.
<b>Language Conversion</b>	Select the language associated with the ASCII code page that created the import file. If a language conversion is not specified, the process format's <b>Language Conversion</b> setting is respected. <hr/> <b>Note:</b> This setting is only used for legacy language conversions. The option <b>&lt;NO CONVERSION&gt;</b> should be selected when configuring process settings. <hr/>
<b>Store Document Indices</b>	Select this option to store the processed documents in the database, along with their Keyword Values and document name. This option is enabled by default.
<b>Store Document Data Files</b>	Select this option to move the data file to the configured Disk Group after the process is complete. This option is enabled by default.
<b>Store Import File</b>	Select to store a copy of the index file used to import documents into OnBase for archive purposes. <hr/> <b>Note:</b> This option is not supported for use with modules that do not support the <b>Store Import File</b> processing option. See the configuration section of the appropriate module reference guide or help file to find out whether or not the <b>Store Import File</b> processing option is supported for a module. <hr/>

Process Job Parameter	Description
<b>Create Auto Folder</b>	<p>Select to provide the ability to Auto-Folder documents upon processing. See the <b>Folders</b> module reference guide or help files for additional information regarding Auto-Foldering.</p> <hr/> <p><b>Note:</b> Not all processors offer the ability to Auto-Folder documents upon processing.</p> <hr/>
<b>Default Keywords</b>	<p>Click the <b>Default Keywords</b> button to select Keyword Types and Values that are displayed in the Batch Name for that Process Job when it is processed. These Keyword Types and Values are also displayed at the top of the Verification Report for that job.</p> <hr/> <p><b>Note:</b> Only Keyword Types that have been configured for Document Types used in the Process Job are selectable.</p> <hr/> <p><b>Note:</b> If a check process format is configured as part of the job, the <b>Default Keywords</b> button is disabled when the job is selected.</p> <hr/>
<b>Disallow job date override</b>	Select this option to prevent users from overriding the specified job date.
<b>Halt Processing After Error</b>	Select this option to halt processing for the process job if the configured process format generates an error. Any other process formats configured for the process job will not be processed.
<b>Date</b>	These settings allow a user-defined <b>Document Date</b> to be stored for the processed documents. This date is used as the <b>%D</b> parameter that appears in the document's Auto-Name string.

3. Click **Add**.

4. Repeat Step 2 for each process format that you would like to add to the job.

Process jobs are run in the order in which they display on the screen. Re-sequence a job by selecting it and clicking the **Up** or **Down** buttons.

Once you've added all process formats to the job, click **Close**.

## Scheduling a Job

Once you have created and configured a job, you must schedule it in order for it to automatically run. A job is scheduled in almost the same way that a process format is scheduled.

To schedule a job, you must first open the **Schedule Management** window. To open it:

- From a process queue, select **Process Job** and then select the job to be scheduled in the **Process Jobs** window. Right-click and select **Schedule Job**.

- From the OnBase Client, click **Processing | Process Jobs**. The **Process Jobs** window is displayed. Right-click on a job and select **Schedule Job**.

## Schedule Configuration

The first options that must be configured for the scheduled job are the Schedule Configuration options on the **Schedule Configuration** tab. This tab is displayed by default.

1. In the **Name** field, enter a name for the scheduled process.
2. Using the **Processing Workstation** drop-down, select the workstation that will be used to run the scheduled job.

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**Note:** This workstation will need to be running with the **-SCHED** or **-SCHEDINST** command line switch in order to run the scheduled job.

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3. Using the **Schedule Template** drop-down, select a schedule template for the process or select **<Custom Schedule>** to manually configure the schedule for this process.

---

**Note:** For information on creating a schedule template, see below.

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To create a custom schedule, you will need to use the **Calendar** to select the day(s) you would like the scheduled job to run on and then you will need to specify the time the scheduled job will run using the **Default Daily Schedule** and/or **Selected Day** tabs. For more information, see those sections below.

4. Select how often you would like the scheduled job to run by selecting one of the **Processing Frequency** radio buttons.
  - **Once then Suspend**. The scheduled item will be processed once, then the scheduled process is suspended.
  - **Once per Day**. The scheduled item be processed once per day.

---

**Note:** If the scheduled item is modified, the process may be run again on the same day.

---

- **Once every "" Minutes**. The scheduled item is processed in the interval (measured in minutes) entered in the field. The maximum number of minutes that can be entered is 99999.
5. When you are finished setting the Schedule Configuration options, click **Apply**.

## Calendar

To configure a job:

1. From the OnBase Client, click **Processing | Process Jobs**. The **Process Jobs** window is displayed. Right-click on a job and select **Configure Job**.

Or, select the job to be configured from the **Process Jobs** window in the process queue, right-click and select **Configure Job**.

The **Process Job Configuration** window is displayed.

2. Configure a process format to add to the job:

Process Job Parameter	Description
<b>Process Format</b>	Select the process format to be incorporated in the process job. All available process formats are listed.
<b>Alternate Path</b>	Enter an alternate path to the data to be processed (i.e., the <b>Default Directory</b> ) to use instead of the <b>Default Directory</b> configured for the selected process format. If an alternate path is not specified, the process format's <b>Default Directory</b> is used.
<b>Alternate Filename</b>	Enter an alternate file name for the data to be processed (i.e., the <b>Default File Name</b> ) to use instead of the <b>Default File Name</b> configured for the selected process format. If an alternate file name is not specified, the process format's <b>Default File Name</b> is used.
<b>Alternate Disk Group</b>	Enter an alternate Disk Group to store the data being processed instead of the Disk Group configured for the selected process format. If an alternate Disk Group is not specified, the process format's default Disk Group is used.
<b>Language Conversion</b>	Select the language associated with the ASCII code page that created the import file. If a language conversion is not specified, the process format's <b>Language Conversion</b> setting is respected. <hr/> <b>Note:</b> This setting is only used for legacy language conversions. The option <b>&lt;NO CONVERSION&gt;</b> should be selected when configuring process settings. <hr/>
<b>Store Document Indices</b>	Select this option to store the processed documents in the database, along with their Keyword Values and document name. This option is enabled by default.
<b>Store Document Data Files</b>	Select this option to move the data file to the configured Disk Group after the process is complete. This option is enabled by default.
<b>Store Import File</b>	Select to store a copy of the index file used to import documents into OnBase for archive purposes. <hr/> <b>Note:</b> This option is not supported for use with modules that do not support the <b>Store Import File</b> processing option. See the configuration section of the appropriate module reference guide or help file to find out whether or not the <b>Store Import File</b> processing option is supported for a module. <hr/>

Process Job Parameter	Description
<b>Create Auto Folder</b>	<p>Select to provide the ability to Auto-Folder documents upon processing. See the <b>Folders</b> module reference guide or help files for additional information regarding Auto-Foldering.</p> <hr/> <p><b>Note:</b> Not all processors offer the ability to Auto-Folder documents upon processing.</p> <hr/>
<b>Default Keywords</b>	<p>Click the <b>Default Keywords</b> button to select Keyword Types and Values that are displayed in the Batch Name for that Process Job when it is processed. These Keyword Types and Values are also displayed at the top of the Verification Report for that job.</p> <hr/> <p><b>Note:</b> Only Keyword Types that have been configured for Document Types used in the Process Job are selectable.</p> <hr/> <p><b>Note:</b> If a check process format is configured as part of the job, the <b>Default Keywords</b> button is disabled when the job is selected.</p> <hr/>
<b>Disallow job date override</b>	Select this option to prevent users from overriding the specified job date.
<b>Halt Processing After Error</b>	Select this option to halt processing for the process job if the configured process format generates an error. Any other process formats configured for the process job will not be processed.
<b>Date</b>	These settings allow a user-defined <b>Document Date</b> to be stored for the processed documents. This date is used as the <b>%D</b> parameter that appears in the document's Auto-Name string.

3. Click **Add**.

4. Repeat Step 2 for each process format that you would like to add to the job.

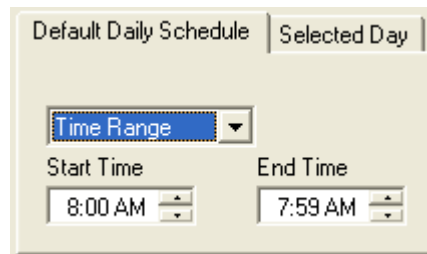
Process jobs are run in the order in which they display on the screen. Re-sequence a job by selecting it and clicking the **Up** or **Down** buttons.

Once you've added all process formats to the job, click **Close**.

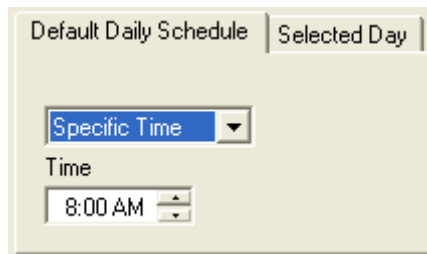
### Default Daily Schedule



The **Default Daily Schedule** tab allows you to configure the processing configuration for all days that do not have a **Selected Day** tab configuration.



The screenshot shows the 'Default Daily Schedule' tab selected. A drop-down menu is set to 'Time Range'. Below it, there are two time selection boxes: 'Start Time' set to '8:00 AM' and 'End Time' set to '7:59 AM'.



The screenshot shows the 'Default Daily Schedule' tab selected. A drop-down menu is set to 'Specific Time'. Below it, there is a single time selection box labeled 'Time' set to '8:00 AM'.

The drop-down list allows you to select **Time Range** or **Specific Time**. If you select **Time Range**, a **Start Time** box and an **End Time** box are displayed. Define the range of time in which you want your job or format to begin processing. If you select **Specific Time**, a **Time** box is displayed. Select the time at which you want the job or format to begin processing.

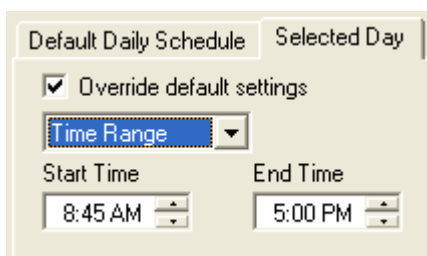
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**Tip:** Specifying a **Time Range** and using the **Once Per Day** option will allow a scheduled process to run even if another process runs over its starting time, as long as the process is able to start within the specified range.

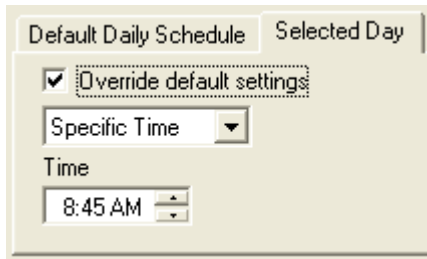
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### *Selected Day*

The **Selected Day** tab allows you to specify settings for the selected day that differ from the settings specified in the **Default Daily Schedule** tab. In order for the **Selected Day** tab to be enabled, you must click a day to select it and you must select the **Override default settings** check box.



The screenshot shows the 'Selected Day' tab selected. The 'Override default settings' checkbox is checked. A drop-down menu is set to 'Time Range'. Below it, there are two time selection boxes: 'Start Time' set to '8:45 AM' and 'End Time' set to '5:00 PM'.



The screenshot shows a dialog box titled 'Default Daily Schedule' with a 'Selected Day' tab. Inside, there is a checked checkbox labeled 'Override default settings'. Below this is a dropdown menu currently set to 'Specific Time'. Underneath the dropdown is a 'Time' label followed by a time selection field showing '8:45 AM'.

The drop-down list allows you to select **Time Range** or **Specific Time**. If you select **Time Range**, a **Start Time** box and an **End Time** box are displayed. Define the range of time in which you want your job or format to begin processing. If you select **Specific Time**, a **Time** box is displayed. Select the time at which you want the job or format to begin processing.

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**Tip:** Specifying a **Time Range** and using the **Once Per Day** option will allow a scheduled process to run even if another process runs over its starting time, as long as the process is able to start within the specified range.

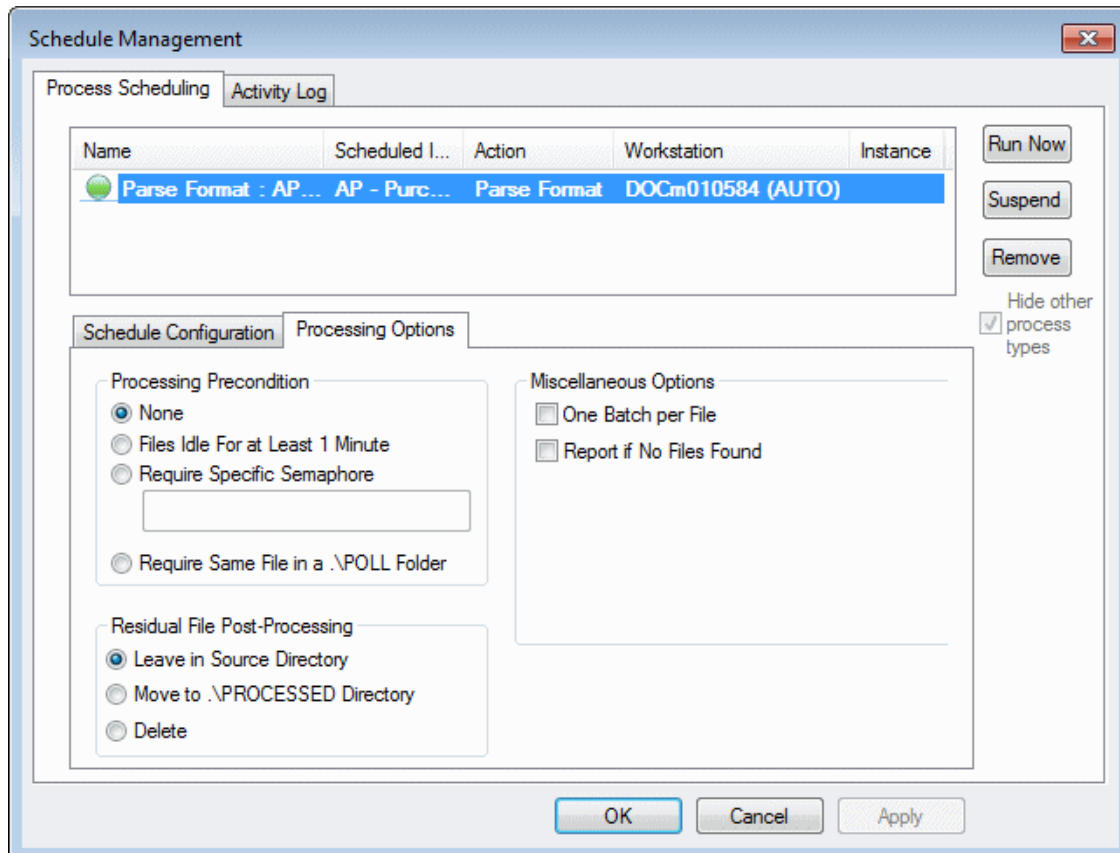
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## Processing Options

After the Schedule Options are configured on the **Schedule Configuration** tab, you must configure the Processing Options.

1. From the **Process Scheduling** tab of the **Schedule Management** window, click the **Processing Options** tab to display the Processing Options.

**Note:** This tab is only available if a single process is selected. If multiple processes are selected, the **Processing Options** tab is disabled.



## 2. Set the following Processing Options.

Option	Description
<b>Processing Precondition</b>	<p>The <b>Processing Precondition</b> options allow you to specify the conditions that must be met before processing can begin.</p> <hr/> <p><b>Note:</b> These options are not available for scheduled PDF conversions, Advanced Capture processes, Full-Text OCR processes or scheduled commits.</p> <hr/> <ul style="list-style-type: none"> <li>• <b>None.</b> If this option is selected, no processing precondition is necessary.</li> <li>• <b>Files Idle For at Least 1 Minute.</b> Select to indicate that processing must begin after the file indicated in the <b>Default File Name</b> of the processing format has been idle for at least one minute.</li> <li>• <b>Require Specific Semaphore.</b> Select to indicate that processing must begin after a trigger file is detected. The trigger file can be any file type/size/label and can be written to any location on the network. OnBase will only begin processing the processing file indicated in the <b>Default File Name</b> of the process format after the trigger file has been detected.</li> </ul> <p>How processing is triggered (definition of the file location and/or time variable) is defined by a semaphore. A semaphore is a technique for coordinating or synchronizing polling activity. A maximum of 255 characters can be entered in this field.</p> <p>The trigger file is deleted after processing.</p> <hr/> <p><b>Note:</b> If the trigger file is being accessed over FTP, it will not be deleted.</p> <hr/>

Option	Description
<b>Processing Precondition (cont.)</b>	<ul style="list-style-type: none"><li>• <b>Require Same File in a .\POLL Folder.</b> Select to indicate that processing must begin after a POLL file has been written to a specifically-configured POLL folder. The POLL file must appear in a folder labeled <b>POLL</b>, and the POLL folder must be created as a subfolder of the <b>Default Directory</b> of the process format. The name of the POLL file must be exactly identical to the name of the file to be processed. The value in the <b>Default File Name</b> field will be used to locate the POLL file. When OnBase locates the POLL file, the processor will attempt to process any file with that same name in the <b>Default Directory</b>. For example: The <b>Default File Name</b> is <b>*.txt</b>, and the <b>Default Directory</b> is <b>C:\ProcessFiles</b>. The file to be processed is stored in this directory. For this example, the file is named <b>pf11x74.txt</b>. The POLL file should be placed in <b>C:\ProcessFiles\POLL</b>, and named exactly the same as the process file (<b>pf11x74.txt</b>). OnBase will search <b>C:\ProcessFiles\POLL</b> for a file that matches the <b>Default File Name</b> of <b>*.txt</b>. Upon finding the <b>pf11x74.txt</b> file, the processor will return to the <b>C:\ProcessFiles</b> directory and search for the file named <b>pf11x74.txt</b>. This is the file that will be processed. The POLL file is deleted after processing.</li></ul> <hr/> <b>Note:</b> This option is not supported for use with the Directory Import Processor. <hr/>

Option	Description
<b>Residual File Post-Processing</b>	<p>The <b>Residual File Post-Processing</b> options allow you to specify how the processor will handle files that are left in the original folder after the import process has been run.</p> <ul style="list-style-type: none"> <li>• <b>Leave in Source Directory.</b> Select to leave processed read-only files in the folder they originated in.</li> <li>• <b>Move to ..\PROCESSED Directory.</b> Select to move all processed files, regardless of read-only status, to the OnBase-generated <b>PROCESSED</b> folder located in the same folder the read-only files were originally in.</li> </ul> <hr/> <p><b>Caution:</b> Depending on your system's configuration, processed files may be automatically deleted after an import process is run. In this situation, the processed files will not be moved to the <b>PROCESSED</b> folder because they have already been deleted from the folder they originated from.</p> <p>This behavior can be avoided by modifying the configuration of your import processor, or by marking the files to be processed as read-only.</p> <hr/> <ul style="list-style-type: none"> <li>• <b>Delete.</b> Select to delete the read-only files from the folder they originated in.</li> </ul>
<b>Miscellaneous Options</b>	<p>The <b>Miscellaneous Options</b> options allow you to specify special scheduling options. Not all options are available for all processes.</p> <ul style="list-style-type: none"> <li>• <b>One Batch per File.</b> Select to process each index file as one batch when multiple index files are being processed at once.</li> </ul> <hr/> <p><b>Note:</b> This option is not supported for use with the Directory Import Processor.</p> <hr/> <ul style="list-style-type: none"> <li>• <b>Report if No Files Found.</b> Select to create a Verification Report if no files are found when a scheduled job is run.</li> </ul>

- When you are finished configuring the Process Options, click **Apply**.

## Viewing a Job

All scheduled process formats and jobs can be viewed in the **Schedule Management** window.

By default, the **Hide other process types** check box is enabled, so only the selected process type's process formats or process jobs are displayed.

To open the **Schedule Management** window:

- Click **Processing | Scheduler | Schedule Management** from the OnBase Client.
- From a process queue, select **Process Job** and then select a job in the **Process Jobs** window. Double-click on the job to display the process formats that compose it.

- From the OnBase Client, click **Processing | Process Jobs**. The **Process Jobs** window is displayed.

## Modifying a Job

To modify an existing job:

From the OnBase Client, click **Processing | Process Jobs**. The **Process Jobs** window is displayed. Right-click on a job and select **Configure Job**.

Or, select the job to be modified from the **Process Jobs** window in the process queue, right-click and select **Configure Job**.

The **Process Job Configuration** dialog box is displayed.

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**Note:** If you are using the OnBase Client as a Windows Service, you must restart the OnBase Client after modifying a scheduled process.

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**Note:** For more information on configuring a process job, see [Configuring a Job on page 266](#) and [Scheduling a Job on page 268](#).

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## Renaming a Job

To rename an existing job:

1. From the OnBase Client, click **Processing | Process Jobs**. The **Process Jobs** window is displayed. Right-click on a job and select **Rename Job**.  
Or, select the job to be modified from the **Process Jobs** window in the process queue, right-click and select **Rename Job**.  
The **Rename Process Job** dialog box is displayed.
2. Enter the new name for the job and click **OK**.

## Deleting a Job

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**Caution:** If you delete a process format or process job that is scheduled, it will be deleted from the list of scheduled jobs.

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To delete an existing job:





1. From the OnBase Client, click **Processing | Process Jobs**. The **Process Jobs** window is displayed. Right-click on a job and select **Delete Job**.  
Or, select the job to be modified from the **Process Jobs** window in the process queue, right-click and select **Delete Job**.  
A confirmation message is displayed.
2. Click **OK**. The job is deleted.

## Running/Suspending a Job

From the **Schedule Management** window, a job can be run immediately or it can be suspended.

1. Open the **Schedule Management** window from the OnBase Client by clicking **Processing | Scheduler | Schedule Management**.
2. Select one or more jobs from the **Scheduled Items** box.
  - To run the jobs now, click **Run Now**. The selected jobs are run the next time the processing workstation is polled.
  - To suspend the jobs, click **Suspend**. To resume suspended jobs, click **Resume**.

An icon is displayed next to each scheduled job in the **Scheduled Items** box that indicates its status.

Icon	Description
	<b>Run Now</b> - Indicates that the user has clicked the <b>Run Now</b> button to cause the job to execute now instead of waiting for its scheduled time to run.
	<b>Suspend</b> - Indicates a suspended job. The job will not run until a user selects it and clicks <b>Resume</b> .
	<b>Active</b> - Indicates an active scheduled job. An active job may be waiting to run or it may have already run at its scheduled time.
	<b>Error</b> - Indicates a job with a configuration error.

3. Click **Apply**.

A job can also be run immediately from the process format queue or the **Process Jobs** window.

From the OnBase Client, click **Processing | Process Jobs**. The **Process Jobs** window is displayed. Right-click on a job and select **Process Job**.

Or, from a process queue, select **Process Job** and then select the job to be run in the **Process Jobs** window. Right-click in the **Process Jobs** window and select **Process Job**.



## Viewing the Activity Log

The Activity Log provides visibility and control over the logging information generated during the execution of scheduled processes. To view the Activity Log, follow these steps:

1. From the OnBase Client, click **Processing | Scheduler | Schedule Management**. The **Schedule Management** dialog box is displayed.

The screenshot shows the 'Schedule Management' dialog box with the 'Activity Log' tab selected. The 'Process Scheduling' tab is also visible. The 'Activity Log' tab displays a table with the following data:

Name	Scheduled Item	Action	Workstation	Instance
Parse Format : AP - Purch...	AP - Purchase Ord...	Parse Format	DOCm010584 (AUTO)	

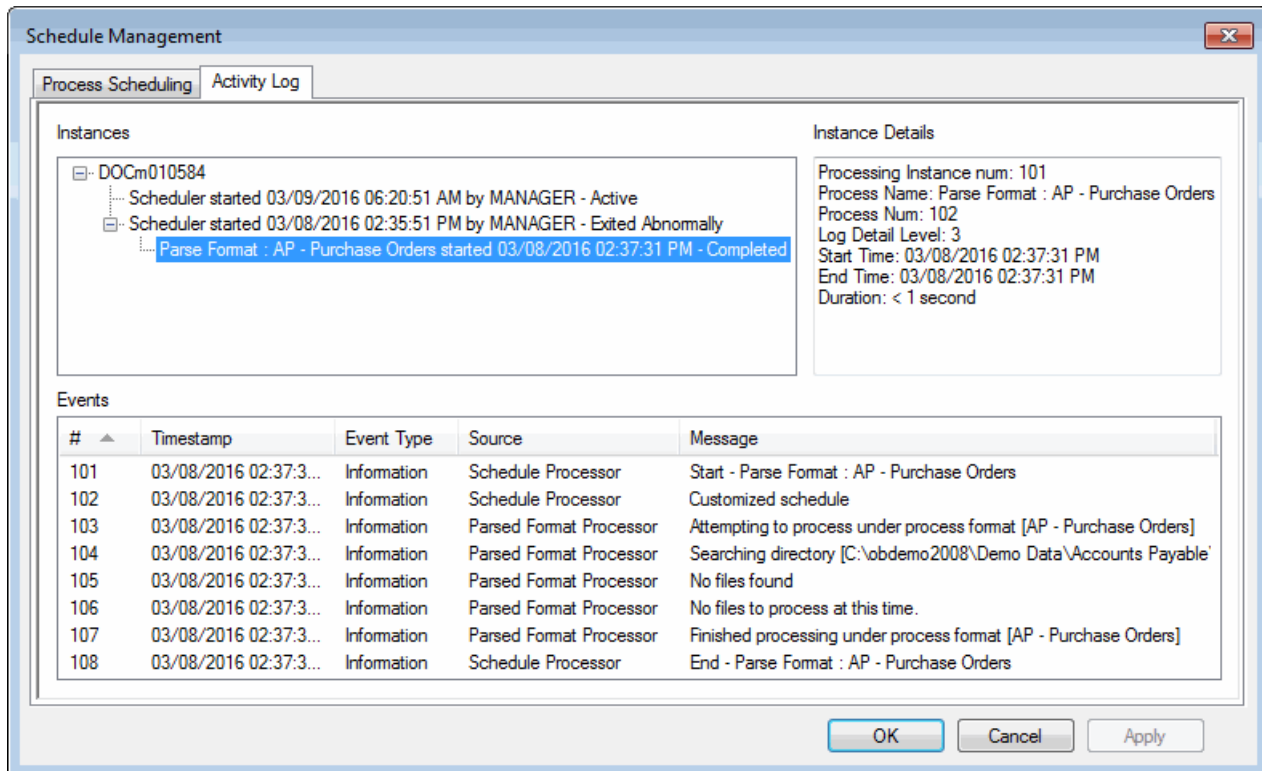
Buttons on the right side of the 'Activity Log' tab include 'Run Now', 'Suspend', 'Remove', and a checkbox for 'Hide other process types' (checked).

The 'Processing Options' tab is also visible, showing the following configuration:

- Name:** Parse Format : AP - Purchase Orders
- Processing Workstation:** DOCm010584 (AUTO)
- Schedule Template:** Weekends
- Specific Processing Instance:** (empty field)
- Weekly:** (radio button selected for Sun, radio button selected for Sat)
- Default Daily Schedule:** (radio button selected)
- Time Range:** Start Time: 8:00 AM, End Time: 5:00 PM
- Processing Frequency:**
  - Once then Suspend (radio button)
  - Once per Day (radio button selected)
  - Once Every (radio button) Minutes

Buttons at the bottom of the dialog box include 'OK', 'Cancel', and 'Apply'.

- Click the **Activity Log** tab. The **Activity Log** is displayed.



**Note:** The **Activity Log** tab is only available if logging is enabled and at least one log entry exists.

- Select a log entry to view more information about that processing instance. Details on the selected instance are displayed in the Instance Details section in the upper right corner of the dialog box, and details on each event within that instance are displayed in the Events section in the bottom of the screen.

**Note:** Depending on your assigned product rights, you may be able to delete unneeded entries from the Activity Log. See the User Group Configuration for Product Rights section of the **System Administration** documentation for information on product rights.

# Creating Schedule Templates

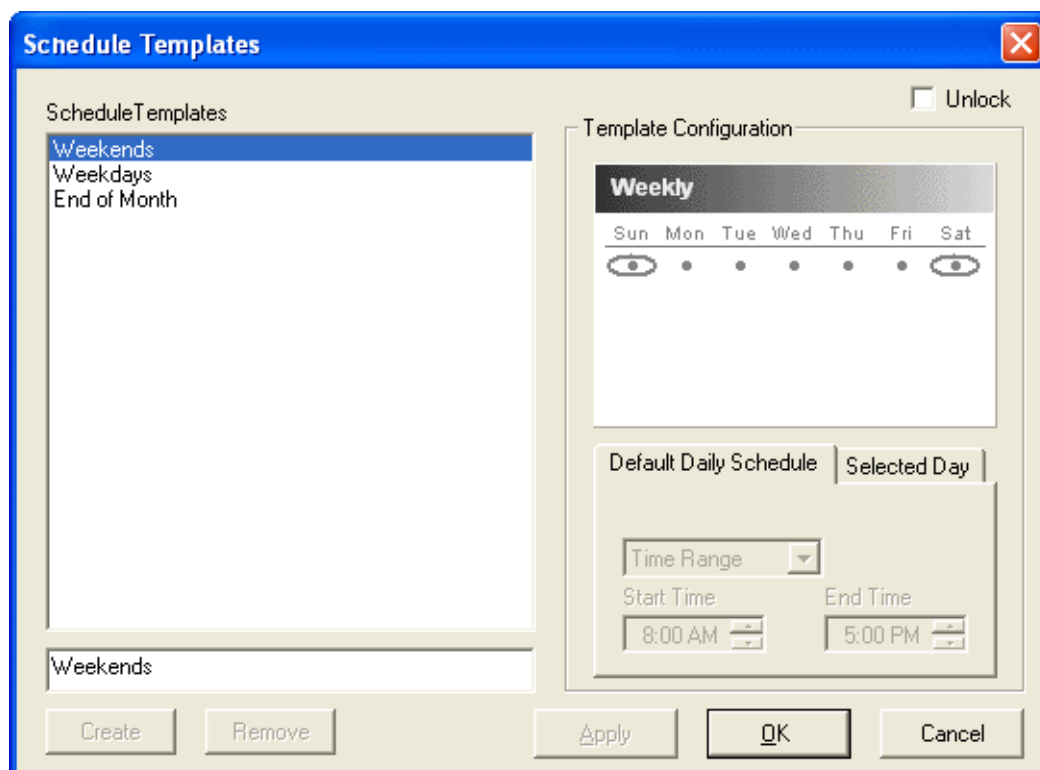
## Creating Schedule Templates

A schedule template is used to create a processing schedule. These schedules can be used by multiple scheduled processes without having to be re-configured each time they are used.

**Note:** Any user with the Client and Client Scheduler product rights can create a schedule template. Once created, a schedule template is available to all users with Client and Client Scheduler product rights.

To create a schedule template:

1. From the OnBase Client, click **Processing | Scheduler | Schedule Templates**. The **Schedule Templates** window is displayed.



2. Enter a name for the new template and click **Create**.

**Note:** The maximum number of characters that can be used for a name is 80.

3. Configure the appropriate options. See the sub-sections below for more information on using the calendar, **Default Daily Schedule**, and **Selected Day** options under the **Template Configuration** area.
4. Once all Template Configuration options have been set, click **OK**.

To edit an existing template, select it from **Schedule Templates** list and select the **Unlock** check box. Once you have finished modifying it, click **OK**.

## Calendar

The calendar is used to select the day(s) on which a scheduled process should be run.

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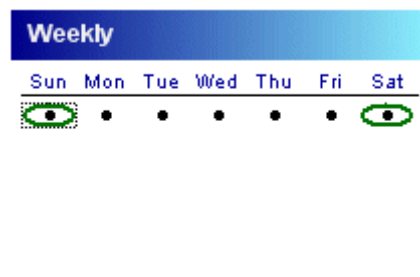
**Note:** The calendar is displayed based on your Workstation Regional Settings and the OnBase language DLL that you are using.

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To change the view of the calendar, click the calendar heading (in the example above, **Weekly**) to display a menu. Select one of the following options to display a different calendar for configuration:

- **Weekly.** Allows you to configure a process to run on a certain day of the week (i.e., Thursday).
- **Monthly.** Allows you to configure a process to run monthly, on a particular date (i.e., the 1st and 15th of the month).
- **Monthly (Day-Relative).** Allows you to configure a process to run on a relative day of the month (i.e., the first Saturday of the month, the 2nd Wednesday of the month).
- **Annual.** Allows you to configure a process to run on a certain day of the year (i.e., June 30).
- **Full Calendar.** Allows you to configure a process to run on specified days of specified years (e.g., August 10, 2011 and/or July 17, 2012).

To select days that you would like to run a scheduled process, double-click the day on the calendar. The selected day is circled.




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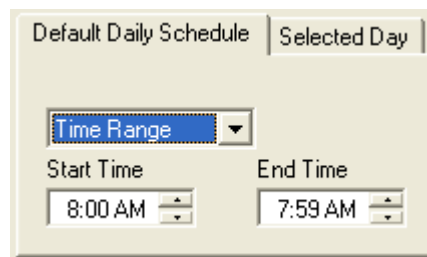
**Note:** In the example above, two days are selected but **Sunday** is the currently-selected day.

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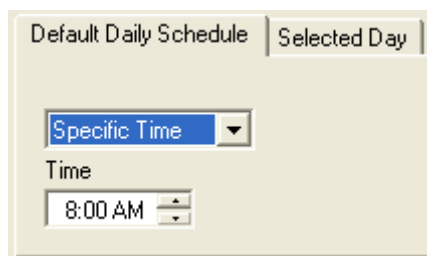
To deselect a day, double-click it.

## Default Daily Schedule

The **Default Daily Schedule** tab allows you to configure the processing configuration for all days that do not have a **Selected Day** tab configuration.



The screenshot shows the 'Default Daily Schedule' tab selected. A dropdown menu is set to 'Time Range'. Below it, there are two time selection boxes: 'Start Time' set to 8:00 AM and 'End Time' set to 7:59 AM.



The screenshot shows the 'Default Daily Schedule' tab selected. A dropdown menu is set to 'Specific Time'. Below it, there is a single time selection box labeled 'Time' set to 8:00 AM.

The drop-down list allows you to select **Time Range** or **Specific Time**. If you select **Time Range**, a **Start Time** box and an **End Time** box are displayed. Define the range of time in which you want your job or format to begin processing. If you select **Specific Time**, a **Time** box is displayed. Select the time at which you want the job or format to begin processing.

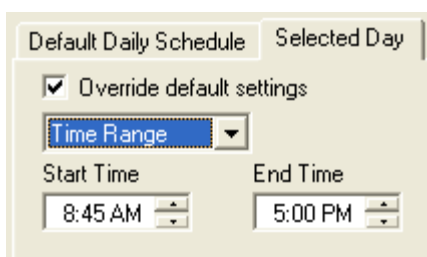
---

**Tip:** Specifying a **Time Range** and using the **Once Per Day** option will allow a scheduled process to run even if another process runs over its starting time, as long as the process is able to start within the specified range.

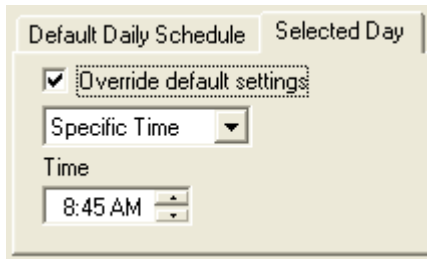
---

### Selected Day

The **Selected Day** tab allows you to specify settings for the selected day that differ from the settings specified in the **Default Daily Schedule** tab. In order for the **Selected Day** tab to be enabled, you must click a day to select it and you must select the **Override default settings** check box.



The screenshot shows the 'Selected Day' tab selected. The 'Override default settings' checkbox is checked. A dropdown menu is set to 'Time Range'. Below it, there are two time selection boxes: 'Start Time' set to 8:45 AM and 'End Time' set to 5:00 PM.



The screenshot shows a dialog box titled 'Default Daily Schedule' with a 'Selected Day' tab. Inside, there is a checked checkbox labeled 'Override default settings'. Below this is a dropdown menu currently set to 'Specific Time'. Underneath the dropdown is a 'Time' label and a time selection field showing '8:45 AM' with up and down arrows for adjustment.

The drop-down list allows you to select **Time Range** or **Specific Time**. If you select **Time Range**, a **Start Time** box and an **End Time** box are displayed. Define the range of time in which you want your job or format to begin processing. If you select **Specific Time**, a **Time** box is displayed. Select the time at which you want the job or format to begin processing.

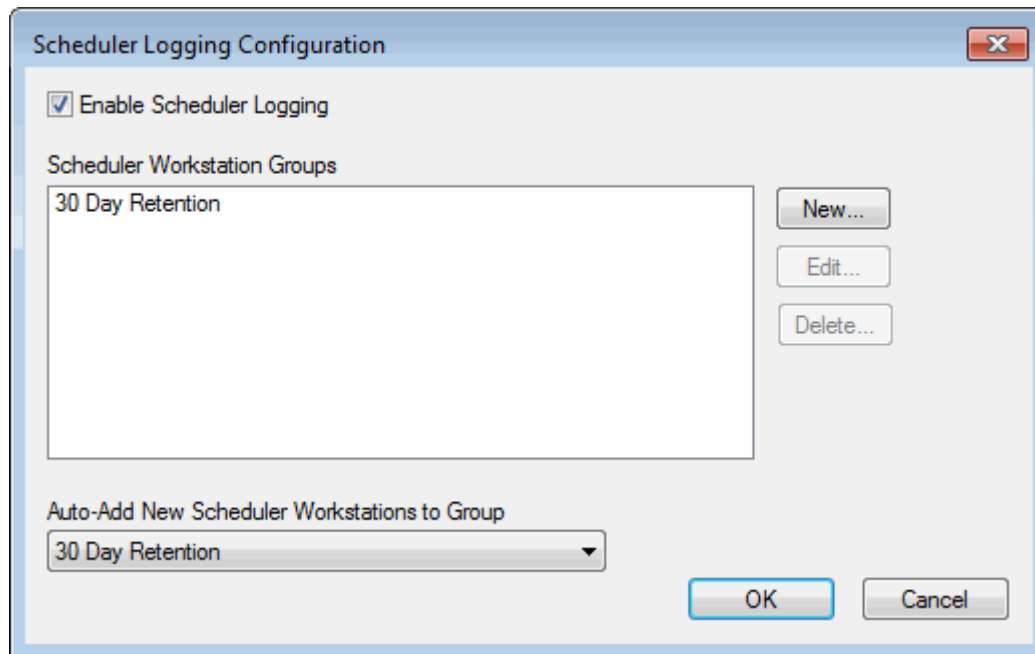
---

**Tip:** Specifying a **Time Range** and using the **Once Per Day** option will allow a scheduled process to run even if another process runs over its starting time, as long as the process is able to start within the specified range.

---

## Configuring Schedule Logging

Schedule logging is controlled at the workstation group level. Each workstation used to perform scheduled processing can only be a member of a single workstation group, and the settings defined for a workstation group are applied to all workstations within that group. Scheduler logging is configured from the **Scheduler Logging Configuration** dialog box, available from the OnBase Client under **Processing | Scheduler | Logging Configuration**.



---

**Note:** This dialog box is only available for selection if your user account has been assigned the required product right. See the User Group Configuration for Product Rights section of the **System Administration** documentation for information on product rights.

---

Select the **Enable Scheduler Logging** option to perform scheduler logging for all scheduler workstation group that have enabled the **Enable Logging for Group** option. If this option is not selected, no scheduler logging is performed for any scheduler workstation group.

By default, there is a single group named **30 Day Retention**. Other groups can be created as needed, depending on the logging requirements of different types of processing workstations. See the following topics for more information on creating, editing, and deleting scheduler workstation groups:

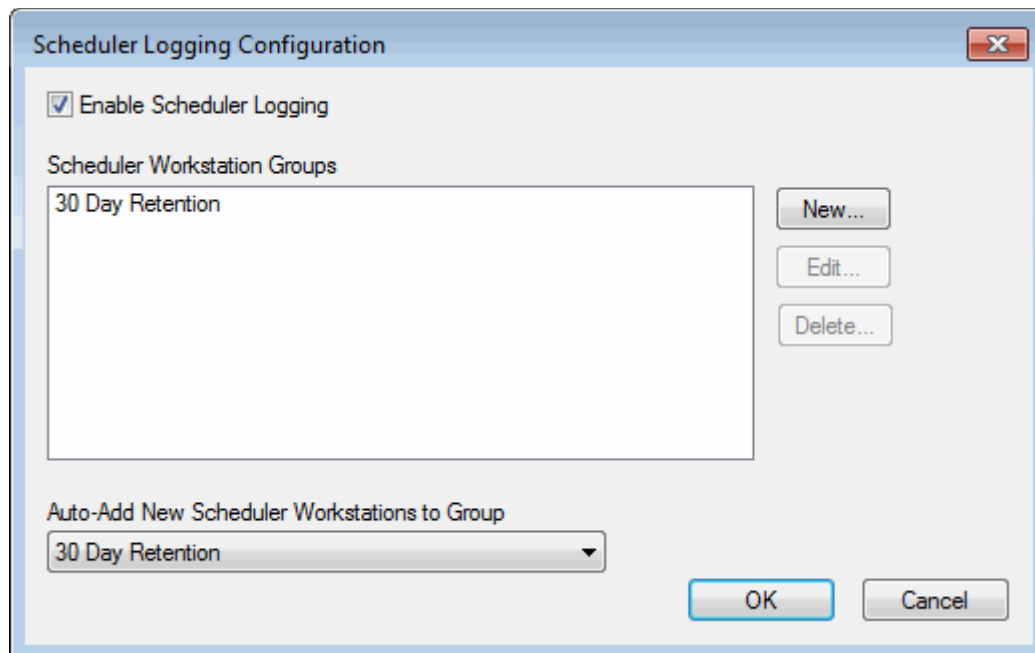
- See [Creating a Scheduler Workstation Group on page 288](#) for more information on creating a new scheduler workstation group.
- See [Editing a Scheduler Workstation Group on page 291](#) for more information on editing a scheduler workstation group.
- See [Deleting a Scheduler Workstation Group on page 294](#) for more information on deleting a scheduler workstation group.

The **Auto-Add New Scheduler Workstations to Group** setting controls whether or not new scheduler workstations will automatically add themselves to a scheduler workstation group. Select a scheduler workstation group from the drop-down list to automatically add new processing workstation to that group, or select <none> to disable automatic addition. By default, this is set to the **30 Day Retention** group.

## Creating a Scheduler Workstation Group

Scheduler workstation groups control how schedule logging is performed by the assigned workstations. To create a new scheduler workstation group, follow these steps:

1. From the OnBase Client, click **Processing | Scheduler | Logging Configuration**. The **Scheduler Logging Configuration** dialog box is displayed.





2. Click **New**. The **Scheduler Logging Workstation Group** dialog box is displayed.

The screenshot shows the "Scheduler Logging Workstation Group" dialog box. It has a title bar with a close button (X). The dialog is divided into several sections:

- Workstation Group Name:** A text input field.
- Enable Logging for Group:** A checkbox.
- Detail Level:** A drop-down menu currently showing "<none>".
- Log Retention Settings:** A group box containing four checkboxes:
  - ☒ Remove Log Entries After Retention Period: 0 days
  - ☐ Retain Processing Summary After Retention Period
  - ☐ Never Remove Logs Containing Processing Errors
  - ☐ Treat Warnings as Errors
- Available Workstations:** A list box containing "SRVm006291 (AUTO)".
- Assigned Workstations:** An empty list box.
- Between the two list boxes are two buttons: ">>" and "<<".
- Display Only Workstations with Scheduled Processes:** A checkbox at the bottom left.
- OK** and **Cancel** buttons at the bottom right.

3. Type a name for the scheduler workstation group in the **Workstation Group Name** field.
4. Select the **Enable Logging for Group** option so that logging is performed for workstations in the group. If this option is not selected, logging is not performed for this scheduler workstation group.
5. Select the desired amount of data to be logged from the **Detail Level** drop-down list. The higher levels of detail are most useful for new processes or processes that are experiencing issues.

6. If desired, you can configure a retention period for log entries. The following options are available:

Option	Description
<b>Remove Log Entries After Retention Period: _ days</b>	Select this option and enter a number in the available field to remove log entries from the scheduler log after the specified number of days.
<b>Retain Processing Summary After Retention Period</b>	Select this option to retain the processing instance record after the retention period has passed and all of the record's log entries have been removed.
<b>Never Remove Logs Containing Processing Errors</b>	Select this option to prevent the retention period from being applied to any processing logs that reported an error. This can provide an administrator more time to analyze any recorded issues.
<b>Treat Warnings as Errors</b>	<p>Select this option to treat warnings as errors for the purpose of log retention. When this option is selected, the retention period is not applied to any processing logs that reported a warning.</p> <hr/> <p><b>Note:</b> This option is only available if the <b>Never Remove Logs Containing Processing Errors</b> option is selected.</p> <hr/>

7. Select all workstations you want to assign to this scheduler workstation group from the **Available Workstations** list, then click the >> button. The selected workstations are added to the **Assigned Workstations** list.

Because workstations can only be assigned to a single scheduler workstation group, the list of workstations in the **Available Workstations** list does not include any workstations that are already assigned to another scheduler workstation group.

---

**Tip:** You can select the **Display Only Workstations with Scheduled Processes** option to limit the list of **Available Workstations** to those workstations that have scheduled processes assigned to them.

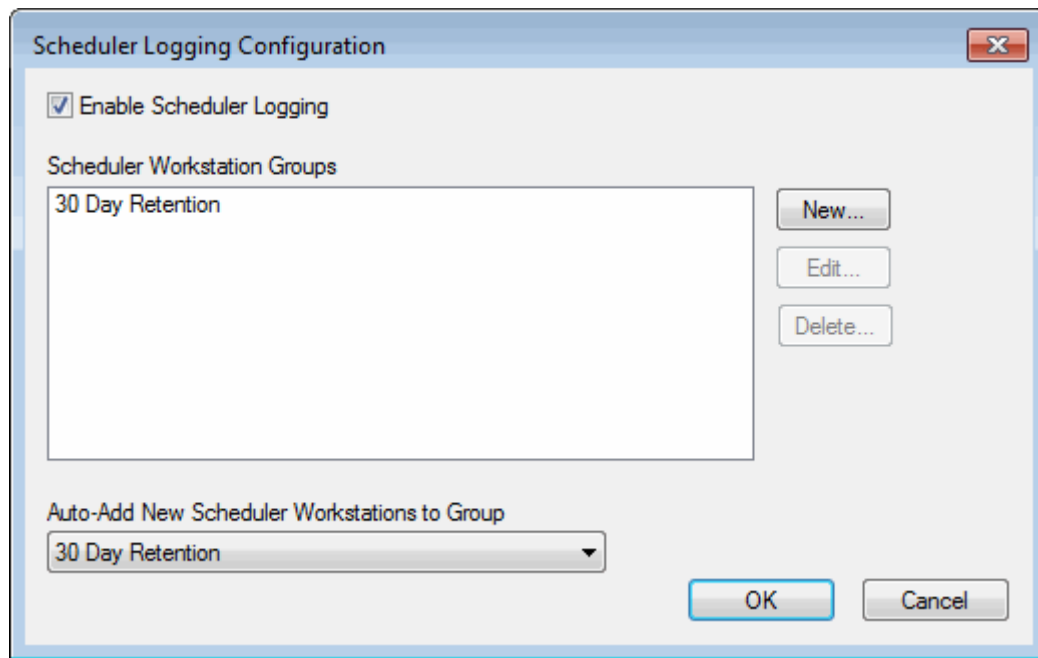
---

8. Click **OK**.

## Editing a Scheduler Workstation Group

Scheduler workstation groups control how logging is performed by the assigned workstations. To edit an existing scheduler workstation group, follow these steps:

1. From the OnBase Client, click **Processing | Scheduler | Logging Configuration**. The **Scheduler Logging Configuration** dialog box is displayed.



2. Select a scheduler workstation group and click **Edit**, or double-click on a scheduler workstation group. The **Scheduler Logging Workstation Group** dialog box is displayed.

The screenshot shows the "Scheduler Logging Workstation Group" dialog box. It has a title bar with a close button. The main area contains several sections: "Workstation Group Name" with a text field containing "30 Day Retention"; "Detail Level" with a dropdown menu showing "Errors, Warnings, and Processing Information"; "Log Retention Settings" with checkboxes for "Remove Log Entries After Retention Period: 30 days", "Retain Processing Summary After Retention Period", "Never Remove Logs Containing Processing Errors", and "Treat Warnings as Errors"; "Available Workstations" and "Assigned Workstations" lists, both containing "DOCm010584 (AUTO)"; and "Display Only Workstations with Scheduled Processes" checkbox. Navigation buttons ">>" and "<<" are between the lists. "OK" and "Cancel" buttons are at the bottom right.

Scheduler Logging Workstation Group

Workstation Group Name  
30 Day Retention

☒ Enable Logging for Group

Detail Level  
Errors, Warnings, and Processing Information

Log Retention Settings

☒ Remove Log Entries After Retention Period: 30 days

☐ Retain Processing Summary After Retention Period

☐ Never Remove Logs Containing Processing Errors

☐ Treat Warnings as Errors

Available Workstations

DOCm010584 (AUTO)  
DOCm012604 (AUTO)  
SRVm006291 (AUTO)

Assigned Workstations

DOCm010584 (AUTO)

>>

<<

☐ Display Only Workstations with Scheduled Processes

OK Cancel

3. Modify the scheduler workstation group's settings as desired. The following settings are available:

Option	Description
<b>Workstation Group Name</b>	The name of the scheduler workstation group.
<b>Enable Logging for Group</b>	The <b>Enable Logging for Group</b> option controls whether or not logging is performed for workstations in the group. Logging is only performed if this option is selected.
<b>Detail Level</b>	The <b>Detail Level</b> drop-down list controls the amount of data that is logged. Higher levels of detail are most useful for new processes or processes that are experiencing issues.
<b>Remove Log Entries After Retention Period: _ days</b>	When this option is selected, log entries are removed from the scheduler log after the specified number of days.
<b>Retain Processing Summary After Retention Period</b>	When this option is selected, the processing instance record is retained after the retention period has passed and all of the record's log entries have been removed.
<b>Never Remove Logs Containing Processing Errors</b>	When this option is selected, the retention period is not applied to any processing logs that have reported an error. This can provide an administrator more time to analyze any recorded issues.
<b>Treat Warnings as Errors</b>	<p>When this option is selected, warnings are treated as errors for the purpose of log retention. The retention period is not applied to any processing logs that have reported a warning.</p> <hr/> <p><b>Note:</b> This option is only available if the <b>Never Remove Logs Containing Processing Errors</b> option is selected.</p> <hr/>
<b>Available Workstations/Assigned Workstations</b>	<p>The <b>Available Workstations</b> list contains all workstations that are available to be assigned to this scheduler workstation group. Because workstations can only be assigned to a single scheduler workstation group, the list of workstations in the <b>Available Workstations</b> list does not include any workstations that are already assigned to another scheduler workstation group.</p> <p>The <b>Assigned Workstations</b> list contains all workstations that have been assigned to this scheduler workstation group.</p>

Option	Description
<b>Display Only Workstations with Scheduled Processes</b>	When this option is selected, the list of <b>Available Workstations</b> is limited to those workstations that have scheduled processes assigned to them.

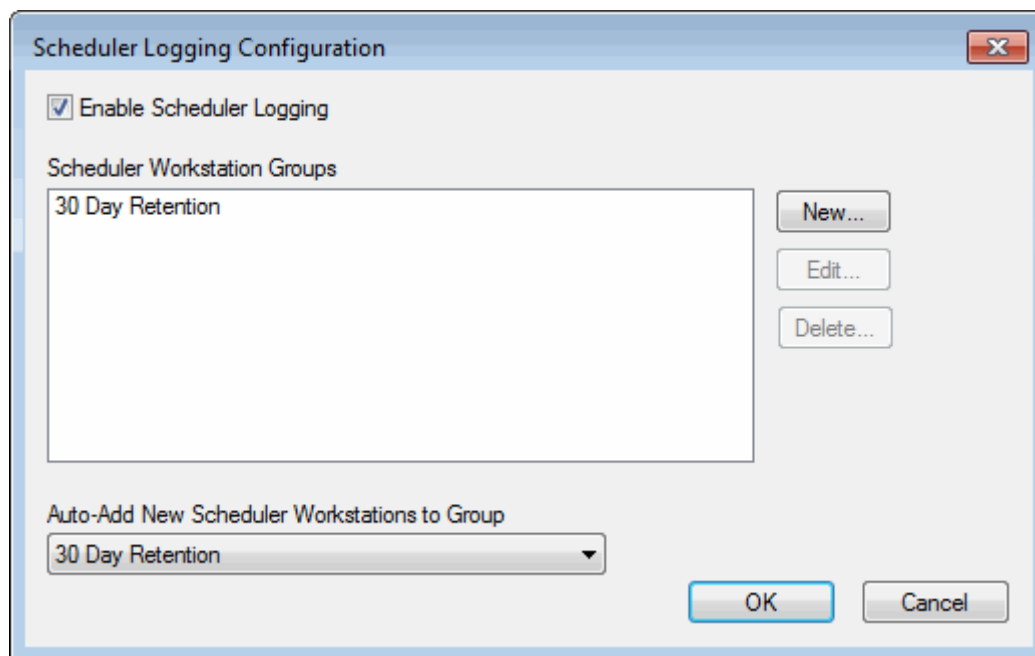
**Note:** After making a change to any of the options under **Log Retention Settings**, previously retained logs are rechecked to verify that they conform with the new settings. Logs which do not will be removed. For example, if you had previously configured the scheduler workstation group to **Retain Processing Summary After Retention Period** and then deselect that option, existing processing summaries older than the retention period will be removed.

4. Click **OK**.

## Deleting a Scheduler Workstation Group

Scheduler workstation groups control how logging is performed by the assigned workstations. To delete a scheduler workstation group, follow these steps:

1. From the OnBase Client, click **Processing | Scheduler | Logging Configuration**. The **Scheduler Logging Configuration** dialog box is displayed.



2. Select a scheduler workstation group and click **Delete**. A confirmation dialog box is displayed.
3. Click **Yes**. The selected scheduler workstation group is deleted, and any workstations that were assigned to that group are available to be added to another scheduler workstation group.

## Importing Physicians

The Physician Import Processor can both create and update physician users using information from an import file. Users must have the **Medical Records Physician Importer** privilege to run and schedule the Physician Import Processor in the OnBase Client.

To run or schedule the Physician Import Processor, see the following topics:

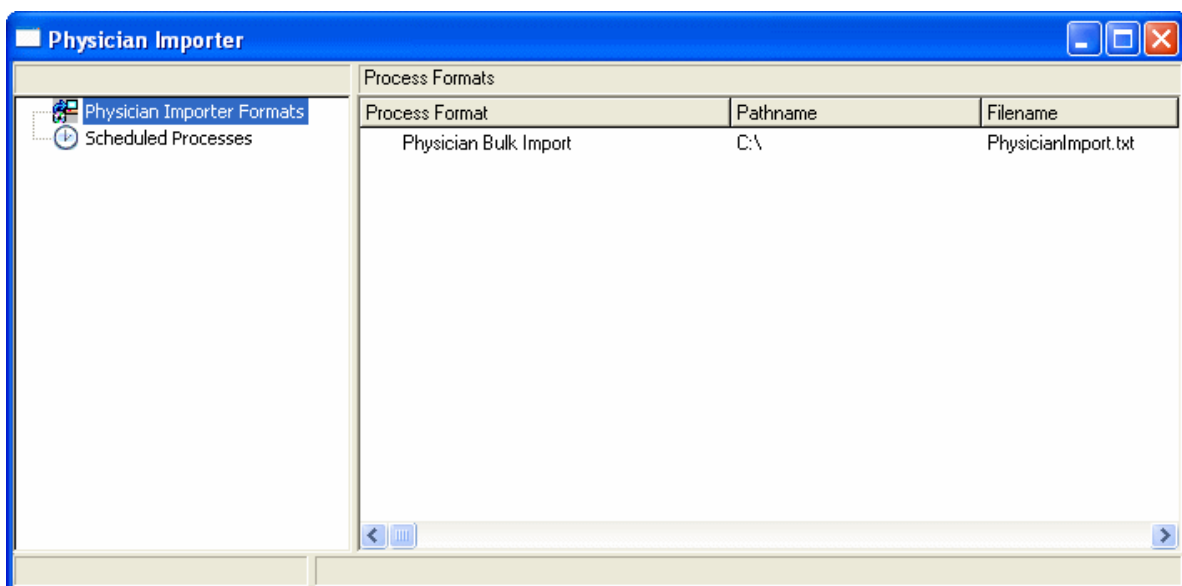
- [Running the Physician Import Processor on page 295](#)
- [Scheduling the Physician Import Processor on page 296](#)

## Running the Physician Import Processor

The following steps describe how to run the **Physician Import Processor** in the OnBase Client. The **Medical Records Physician Importer** privilege is required to run the Physician Import Processor. For information, see [Assigning Privileges to Run the Physician Import Processor on page 133](#).

To run the Physician Import Processor:

1. In the OnBase Client, select **Processing | Physician Importer**. The **Physician Importer** window is displayed.



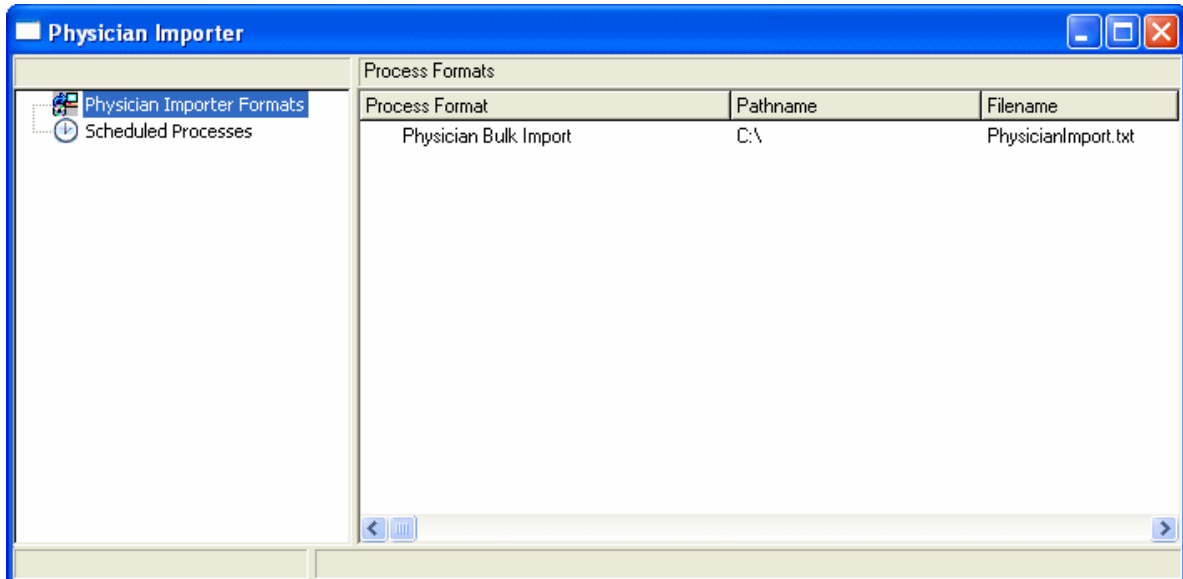
2. From the right pane, select a physician import process format.
3. Right-click and select **Execute Import Process**. A progress bar is displayed while the process runs.
4. Check the verification report located in **SYS Verification Reports** for any errors. These reports are indexed with a description of **Physician Information Importer**.
5. Verify the physicians have been added in OnBase Configuration under **Medical | Physicians | Physician Information**.

## Scheduling the Physician Import Processor

The following steps describe how to schedule the Physician Import Processor in the OnBase Client. The **Medical Records Physician Importer** privilege is required to run the Physician Import Processor. For information, see [Assigning Privileges to Run the Physician Import Processor on page 133](#).

To schedule the Physician Import Processor:

1. In the OnBase Client, select **Processing | Physician Importer**. The **Physician Importer** window is displayed.



2. From the right pane, select a physician import process format.
3. Right-click and select **Schedule Import Process**. The **Scheduling Management** window is displayed.
4. See [Scheduling on page 248](#) for information about creating and configuring a schedule process format. The information in this chapter also applies to other processors that may be part of your solution, including COLD and DIP.

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**Note:** For a process to run at the scheduled time, the processing workstation must be running the OnBase Client with the **-SCHD** command line switch.

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# DeficiencyPop

## User Guide

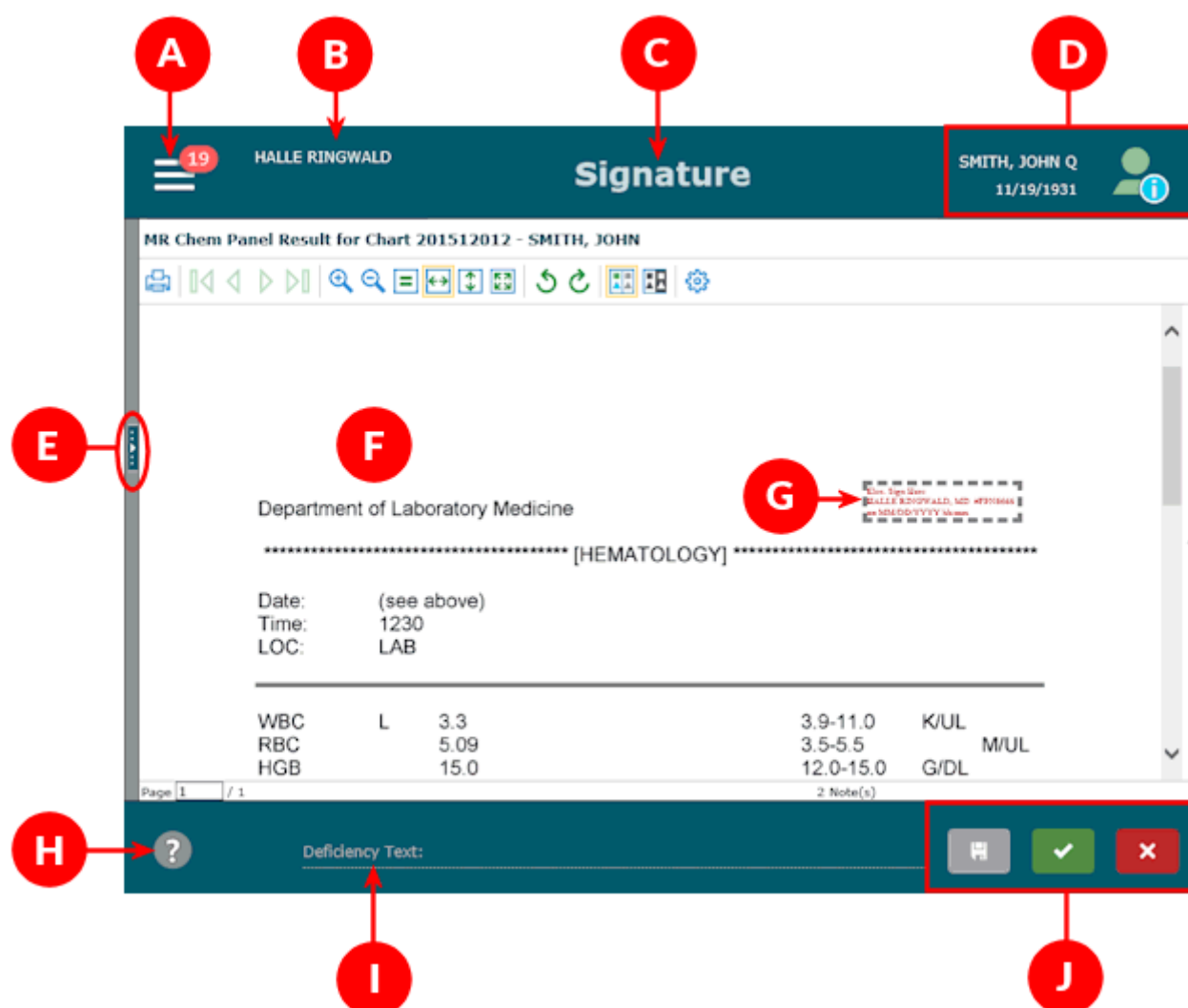
After logging in to DeficiencyPop, you can address deficiencies and view the associated patient records.

See the following topics:

- [Navigation on page 299](#)
- [PIN Verification on page 308](#)
- [Completing Deficiencies on page 310](#)
- [Rejecting Deficiencies on page 322](#)
- [Covering for Other Physicians on page 324](#)
- [Deficiency Notifier on page 327](#)

# Navigation

This diagram and the following table describe the components of DeficiencyPop for a physician with pending deficiencies:



The following table describes the available components:

Component	Description
<b>A</b>	Show List / Deficiency Count—Click to show or hide the deficiency list. The number indicates the current number of deficiencies remaining in the list.
<b>B</b>	Assigned Physician—Indicates the physician whose deficiencies are currently displayed in the deficiency list. Your name is selected by default. You may be able to use this drop-down to select and sign for another physician. See <a href="#">Covering for Other Physicians</a> on page 324.

Component	Description
<b>C</b>	Deficiency Type—Displays the Deficiency Type of the current deficiency. See <a href="#">Deficiency Types on page 3</a> .
<b>D</b>	Patient Information—Displays the name and date of birth for the patient associated with the current deficiency. Click this button to view the patient's chart in the OnBase Patient Window. See <a href="#">Chart Viewer on page 306</a> .
<b>E</b>	Show/Hide List—Displays the deficiency list, which provides information about available deficiencies. See <a href="#">Deficiency List on page 300</a> .
<b>F</b>	Document Viewer—Displays the document associated with the current deficiency, if applicable. For missing document or dictation deficiencies, the viewer displays a label or prompt for more information. To navigate documents in the viewer, see <a href="#">Document Viewer on page 330</a> .
<b>G</b>	Deficiency—When a signature or other document-level deficiency is selected, the deficiency is displayed in the document viewer.
<b>H</b>	Help Button—Click this button to open the DeficiencyPop help files in a new window.
<b>I</b>	Deficiency Text Field—Displays any information provided by the analyst who added or reviewed the deficiency. Some deficiencies allow you to edit the deficiency text to provide a message to the analyst who will reanalyze the deficiency. See <a href="#">Deficiency Text on page 305</a> .
<b>J</b>	Save/Accept/Reject Buttons—Allow you to save, accept (sign), or reject the current deficiency. See <a href="#">Completing Deficiencies on page 310</a> or <a href="#">Rejecting Deficiencies on page 322</a> .

## Deficiency List

The deficiency list allows you to view the deficiencies available for you to work on. Available columns in this list vary depending on your system's setup. For information about columns, see [DeficiencyPop Column Descriptions on page 358](#).

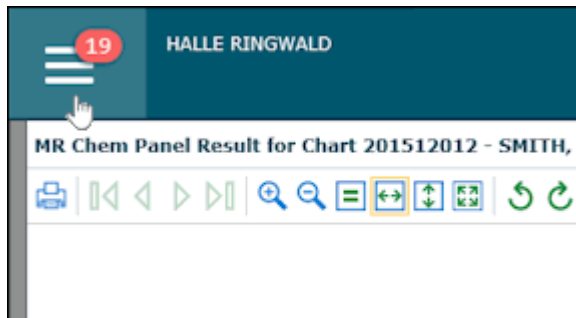
For more information, see the following topics:

- [Showing the Deficiency List on page 301](#)
- [Sorting the Deficiency List on page 302](#)
- [Resizing Columns on page 302](#)
- [Resizing the Deficiency List on page 303](#)
- [Viewing More Pages of the List on page 303](#)
- [Refreshing the Deficiency List on page 303](#)

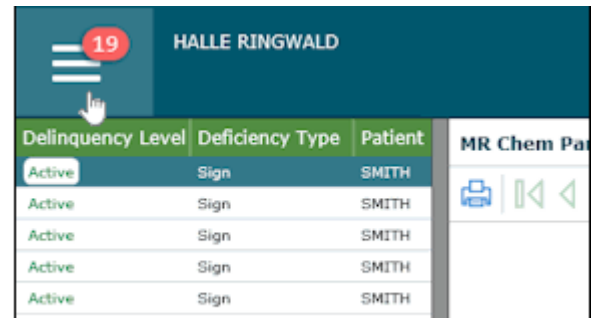
## Showing the Deficiency List

The deficiency list may be displayed or hidden by default, depending on its state when you last logged out of DeficiencyPop. If the list is hidden, you can display it using either of the following methods:

- Click the **Show List / Hide List** button in the title bar. Click the button again to hide the list.

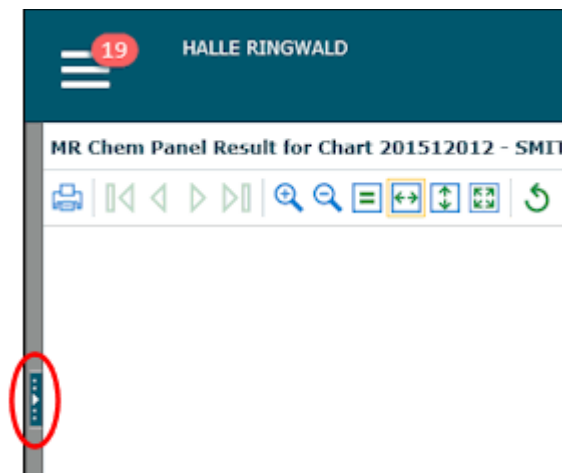


Click to Show List

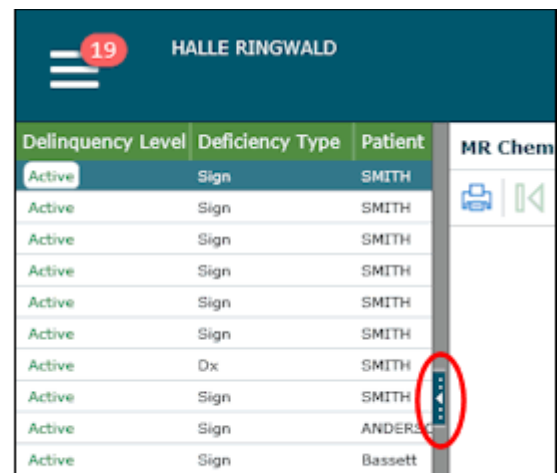


Click to Hide List

- Click the **Show List / Hide List** arrow button on the left side of the viewer. Click the button again to hide the list.



Click to Show List



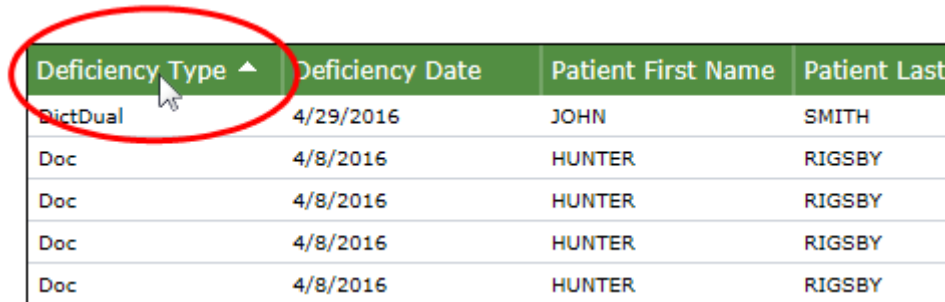
Click to Hide List

## Sorting the Deficiency List

You can sort deficiencies in ascending or descending order by column. For example you can sort deficiencies in order by Deficiency Type. You can also apply secondary sorting to sort by more than one column. For example, you may want the list sorted by Deficiency Type, where deficiencies within each Deficiency Type are sorted by date.

To sort deficiencies:

1. Click a column heading to sort deficiencies in ascending order (A to Z, or 1 to 10).  
Click the heading again for descending order (Z to A, or 10 to 1).



Deficiency Type ▲	Deficiency Date	Patient First Name	Patient Last
DictDual	4/29/2016	JOHN	SMITH
Doc	4/8/2016	HUNTER	RIGSBY
Doc	4/8/2016	HUNTER	RIGSBY
Doc	4/8/2016	HUNTER	RIGSBY
Doc	4/8/2016	HUNTER	RIGSBY

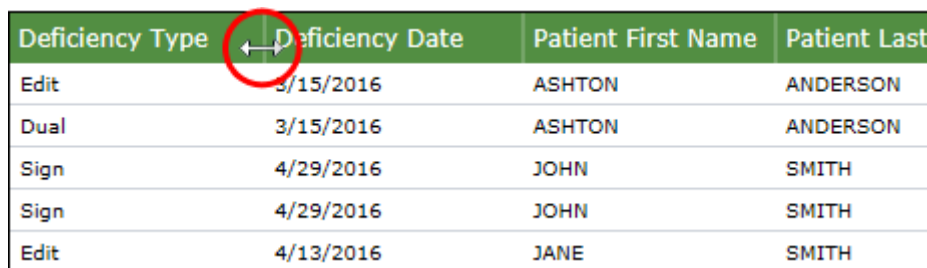
2. To apply a secondary sort, press **Ctrl** as you click the heading of the second column.  
**Ctrl**-click the heading again for descending order.

## Resizing Columns

You can resize columns in the deficiency list to adjust how much information is displayed in the available space.

To resize a column:


1. Position your pointer over the border between two columns.
2. Click and drag the border to the left or right. The column to the left of the border is resized.



Deficiency Type	Deficiency Date	Patient First Name	Patient Last
Edit	3/15/2016	ASHTON	ANDERSON
Dual	3/15/2016	ASHTON	ANDERSON
Sign	4/29/2016	JOHN	SMITH
Sign	4/29/2016	JOHN	SMITH
Edit	4/13/2016	JANE	SMITH

You can resize the deficiency list to adjust how much information is displayed in the available space. The new width is saved for future login sessions.

1. Position your pointer over the splitter between the deficiency list and the document viewer.
2. Click and drag the splitter left or right to resize the list.



If the deficiency list contains a large number of deficiencies, then the list may span several pages.

Active	Doc	LINK
Active	Doc	LINK

Page 1 of 2

- To view the next page in the list, click the **Next** button.
- To view the previous page in the list, click the **Previous** button.

The deficiency list is automatically refreshed when you complete a deficiency, reject a deficiency, or when a new deficiency is created. The next available deficiency is automatically selected and displayed.

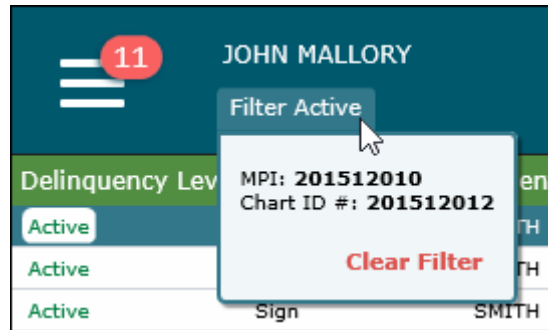
## Filters

Depending on your system's setup, the deficiency list may be filtered to display deficiencies associated with a specific patient or chart.

If a filter is in effect, the **Filter Active** flag is displayed in the title bar.



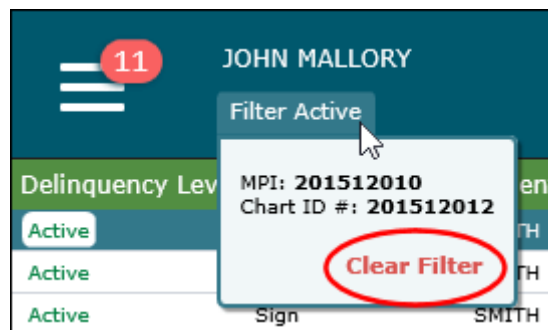
To display the filters applied, rest your pointer over the **Filter Active** flag.



## Clearing the Filter

To remove the active filter and display other deficiencies, do one of the following:

- Rest your pointer over the **Filter Active** flag, and then click **Clear Filter**.



- If you have completed all deficiencies for the active filter, click the **Clear Filter** button displayed in the document viewer.



## Deficiency Text

The **Deficiency Text** field displays any notes or instructions provided by the analyst who created the deficiency.

Deficiency Text:

Please provide a dictation for this visit.

See the following topics:

- [Editing the Deficiency Text on page 305](#)
- [Read-Only Deficiency Text on page 306](#)

## Editing the Deficiency Text

Some Deficiency Types allow you to edit the deficiency text to add or update any notes. Depending on your system's settings, an analyst may have the opportunity to review these notes when the deficiency undergoes Reanalysis.

---

**Note:** You do not need to edit the deficiency text before rejecting a deficiency. When you click **Reject** to reject a deficiency, you are prompted to provide a rejection reason. The rejection reason will be automatically added to the deficiency text for the analyst to review.

---

Some Deficiency Types do not allow the deficiency text to be modified. For more information, see [Read-Only Deficiency Text on page 306](#).

To edit the deficiency text:

1. Click in the **Deficiency Text** field.
2. Add or update text as needed.

Deficiency Text:

Entered missing notes into the system.

3. Click the **Save** button to save your changes.

Changes are also saved if you complete or reject the deficiency. Your changes are reverted if you navigate away from the deficiency without saving, completing, or rejecting it.

Deficiency Text:

Entered missing notes into the system.



## Read-Only Deficiency Text

Some Deficiency Types do not allow the deficiency text to be modified. The **Deficiency Text** field is read-only for the following Deficiency Types.

- Missing Information
- Missing Form
- Physician Query
- External Missing Signature
- External Unsigned Order

If no deficiency text has been provided, the **Deficiency Text** field displays the message **No Available Information**.

Deficiency Text:  
(No Available Information)

## Chart Viewer

When addressing a deficiency, you may want to see other documents from the associated chart. Using the OnBase Patient Window, you can view the entire patient record stored in OnBase. The OnBase Patient Window provides filters and multiple display options to help you find and view the documents you need.

See the following topics:

- [Viewing the Chart on page 306](#)
- [Returning to the Deficiency on page 307](#)

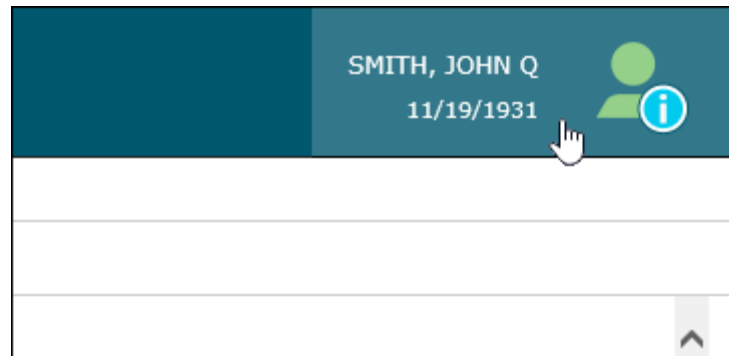
## Viewing the Chart

When accessed from DeficiencyPop, the OnBase Patient Window retrieves the associated patient record and filters it to show only documents from the same chart as the current deficiency. You can apply or remove filters as needed to retrieve specific documents.

For detailed information about using and navigating the OnBase Patient Window, see the **Patient Window** help files.

To view the chart for the current deficiency:

1. Click the **Additional Patient Information** button in the upper-right corner.  
The OnBase Patient Window displays documents from the chart containing the current deficiency.

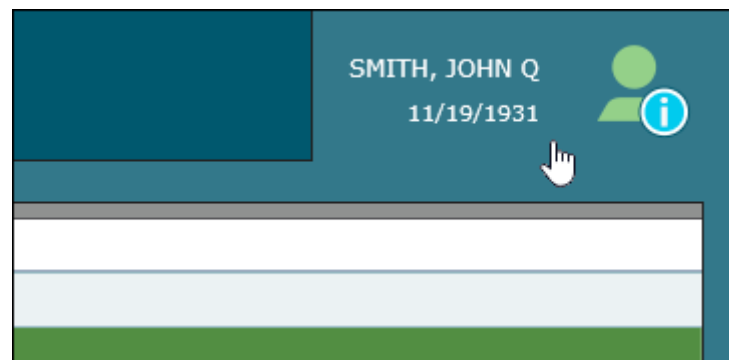


If clicking the **Additional Patient Information** button has no effect, then DeficiencyPop is not configured to access the OnBase Patient Window.

2. Double-click a document to open it in the viewer.

## Returning to the Deficiency

To return to the current deficiency, click the patient information button (now the **Return to Deficiencies** button) again.



If you complete or reject the current deficiency while the OnBase Patient Window is open, the Patient Window closes automatically. The next deficiency in the list is displayed.

## Document Viewer

If the deficiency is associated with an existing document, the document is displayed in the document viewer. For information about using the toolbar available for some documents, see [Document Viewer on page 330](#).

# PIN Verification

Personal identification numbers (PINs) provide an additional layer of security beyond login credentials. If you are assigned to a facility that requires PIN verification, you may be prompted to enter a PIN in the following situations:

- The first time you accept or reject a deficiency after logging on to DeficiencyPop
- The first time you save a transcription or other deficiency after logging on to DeficiencyPop
- When you perform either of these actions after a period of inactivity

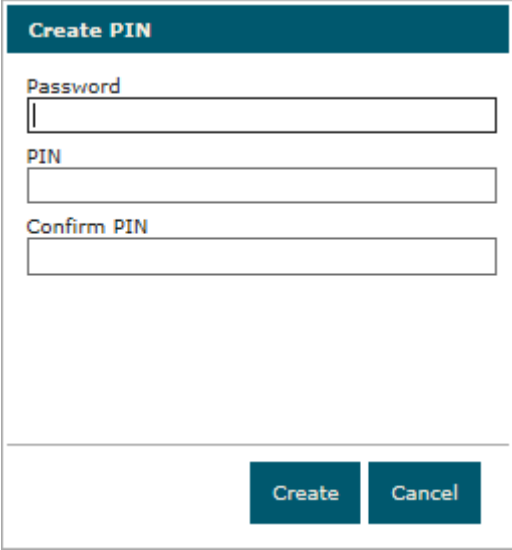
If you are not assigned to any facilities that require PIN verification, then DeficiencyPop will not prompt you for a PIN.

See the following topics for more information:

- [Creating a PIN on page 308](#)
- [Updating a PIN on page 309](#)
- [Entering a PIN When Prompted on page 310](#)

## Creating a PIN

When you perform an action that requires PIN confirmation, the **Create PIN** dialog may prompt you to create a PIN. This prompt is displayed if you have not created a PIN or if your PIN has been reset.

A screenshot of a 'Create PIN' dialog box. The dialog has a dark teal header with the text 'Create PIN' in white. Below the header are three text input fields. The first field is labeled 'Password' in a small, dark font. The second field is labeled 'PIN' in a small, dark font. The third field is labeled 'Confirm PIN' in a small, dark font. At the bottom right of the dialog are two buttons: 'Create' and 'Cancel', both in a dark teal color with white text.

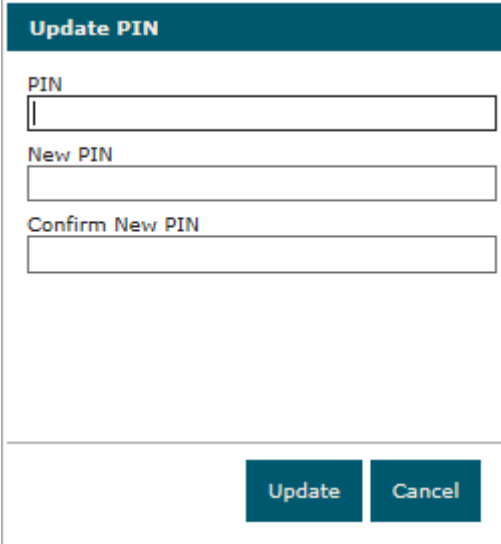
To create your PIN:

1. In the **Password** field, type your OnBase password.
2. In the **PIN** field, type a PIN for yourself. Your PIN may have to satisfy requirements established by your system administrator. PINS are case sensitive.
3. In the **Confirm PIN** field, re-type your PIN.

4. Click **Create** to save your PIN. To cancel PIN creation, click **Cancel**. The action that triggered the prompt will also be canceled.

## Updating a PIN

When you perform an action that requires PIN confirmation, the **Update PIN** dialog may prompt you to update your PIN. This prompt is displayed if your PIN has expired.

A dialog box titled "Update PIN" with a dark teal header. It contains three text input fields: "PIN", "New PIN", and "Confirm New PIN". At the bottom right, there are two buttons: "Update" and "Cancel".

**Update PIN**

PIN

New PIN

Confirm New PIN

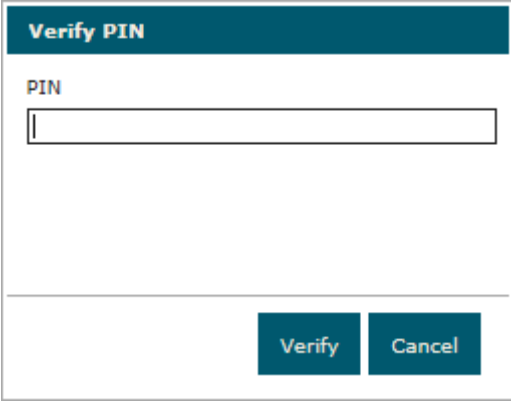
Update Cancel

To update your PIN:

1. In the **PIN** field, type your current PIN.
2. In the **New PIN** field, type a new PIN. Your PIN may have to satisfy requirements established by your system administrator. PINs are case sensitive.
3. In the **Confirm New PIN** field, re-type your PIN.
4. Click **Update** to save your new PIN. To cancel the update, click **Cancel**. The action that triggered the prompt will also be canceled.

## Entering a PIN When Prompted

When you perform an action that requires PIN confirmation, the **Verify PIN** dialog box is displayed.

A screenshot of the 'Verify PIN' dialog box. It has a dark blue header with the text 'Verify PIN' in white. Below the header, the word 'PIN' is displayed in a small, dark font above a text input field. At the bottom of the dialog, there are two buttons: 'Verify' and 'Cancel', both with dark blue backgrounds and white text.

To enter your PIN:

1. Type your PIN in the field provided. If you have forgotten your PIN, contact a system administrator.
2. Click **Verify**.
  - If the PIN is correct, then you are permitted to perform the action.
  - If the PIN is incorrect, an error is displayed. After too many failed attempts, you are logged out of DeficiencyPop.

## Completing Deficiencies

To complete deficiencies, you may need to sign documents, edit transcriptions, complete forms, or provide missing information.

The steps to complete a deficiency depend on the Deficiency Type. See the following topics for completion steps for each Deficiency Type:

- [Completing Diagnosis Deficiencies on page 311](#)
- [Completing Dictations on page 311](#)
- [Completing Dual Dictations on page 312](#)
- [Completing Dual Signatures on page 314](#)
- [Completing Editable Transcriptions on page 314](#)
- [Completing External Missing Signatures on page 318](#)
- [Completing External Unsigned Orders on page 318](#)
- [Completing Missing Documents on page 318](#)
- [Completing Missing Forms on page 318](#)
- [Completing Missing Information on page 319](#)
- [Completing Other Deficiencies on page 320](#)

- [Completing Physician Queries on page 320](#)
- [Completing Signatures on page 321](#)

To reject a deficiency, see [Rejecting Deficiencies on page 322](#).

## Completing Diagnosis Deficiencies

A Diagnosis deficiency is assigned when a document is missing a required diagnosis. For example, you may need to provide an addendum to the document to include this information.

To complete a Diagnosis deficiency:

1. Click the **Accept** button to confirm the diagnosis information has been provided.



2. Enter your PIN, if prompted.

## Completing Dictations

A Dictation deficiency is assigned when a chart is missing a dictation.

Depending on your system's settings, Dictation deficiencies may be completed automatically once the corresponding transcriptions are imported into OnBase. In this case, no further action is needed. Otherwise, you must complete the deficiency manually in DeficiencyPop.

To mark a dictation as complete:

1. In the **Enter Dictation Job ID** field, enter the dictation's Job ID.

## Dictation Needed

Enter Dictation Job ID:

Depending on your system's settings, you may be required to enter the job ID before completing a Dictation deficiency.

---

**Note:** If you navigate away from the deficiency without saving or completing it, the text you entered in the **Enter Dictation Job ID** field is removed.

---

2. Click the **Accept** button to confirm the dictation has been provided.



If you are prompted to confirm the dictation has been added, click **OK** to continue accepting the deficiency, or click **Cancel** to keep the deficiency in the list.

3. Enter your PIN, if prompted.

## Completing Dual Dictations

Dual Dictation deficiencies are assigned when a chart is missing a dictation, and the dictation can be provided by a primary and secondary signer.

Depending on your system's settings, Dual Dictation deficiencies may be completed automatically once the corresponding transcriptions are imported into OnBase. In this case, no further action is needed. Otherwise, you must complete the deficiency manually in DeficiencyPop.



To mark a dictation as complete:

1. In the **Enter Dictation Job ID** field, enter the dictation's Job ID.

## Dictation Needed

Enter Dictation Job ID:

Depending on your system's settings, you may be required to enter a job ID before completing the deficiency.

---

**Note:** If you navigate away from the deficiency without saving or completing it, the text you entered in the **Enter Dictation Job ID** field is removed.

---

2. Click the **Accept** button to confirm the dictation has been provided.



If you are prompted to confirm the dictation has been added, click **OK** to continue accepting the deficiency, or click **Cancel** to keep the deficiency in the list.

3. Enter your PIN, if prompted.

## Completing Dual Signatures

Dual Signature deficiencies are assigned when a document is missing signatures from both a primary and secondary signer. Depending on your system's settings, the secondary signer may be required to sign the document before the primary signer.

To complete a Dual Signature deficiency:

1. Click the **Accept** button to sign the document.



2. Enter your PIN, if prompted.

## Completing Editable Transcriptions

An Edit Transcription deficiency is assigned when a transcription needs to be edited and signed by the responsible physician. Depending on the Document Type and your system's settings, these deficiencies may be assigned to both a primary and secondary signer. As with Dual Signature deficiencies, the secondary signer may be required to sign the transcription before the primary signer.

See the following topics:

- [Editing a Transcription on page 314](#)
- [Transcriptions With Missing Data on page 317](#)
- [Transcription Headers and Footers on page 317](#)
- [Transcription Change Logs on page 317](#)

## Editing a Transcription

Use the transcription editor to edit the transcription associated with an Edit Transcription deficiency. After editing, you can mark the transcription as complete or save it for later editing.

To edit a transcription:

1. Click the **Edit** button. The **Edit Transcription** window is displayed.



- Click in the **Edit Transcription** window to begin editing the transcription text.

**Edit Transcription** [X]

Date of Consultation: 7/18/2016

70-year-old white male patient who recently presented to his family physician, Dr. Pierce, and then Dr. Polk, his cardiologist, with a one year history of increasing shortness of breath and fatigue. He denies any chest pain whatsoever. He underwent a stress nuclear study on 2/8/2016 which revealed posterolateral ischemia and then recommendation for cardiac catheterization performed on 2/28/2016 which revealed about a 70 to 80 percent left main coronary artery lesion with a small LAD with no significant focal disease. Circumflex OM had about a 70 to 80 percent long lesion with multiple branches. Right coronary artery is 100 percent occluded in the mid portion. Ventricular function preserved. Left internal mammary artery appropriate for bypass. LVDP is elevated at 18.

**PAST MEDICAL HISTORY:**

1. Coronary artery disease.
2. Noninsulin dependent diabetes mellitus.
3. Hypertension.
4. Pneumonia history.

**PAST SURGICAL HISTORY:**

1. Spinal fusion.
2. Left leg fracture.

**MEDICATION:**

1. Glucophage 1000 mg bid.
2. Avandia 8 mg bid.
3. Glyburide 10 mg bid.
4. Ferrous Sulfate.
5. Diovan.

**ALLERGIES:** None.

**SOCIAL HISTORY:**

1. Tobacco abuse: Heavy use in the past but none in the

[Save] [Checkmark]

- Edit the transcription text as needed.

---

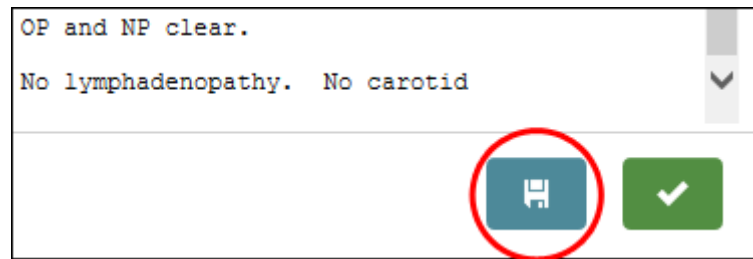
**Note:** Rich text formatting options, such as bold and italic, are not available.

---

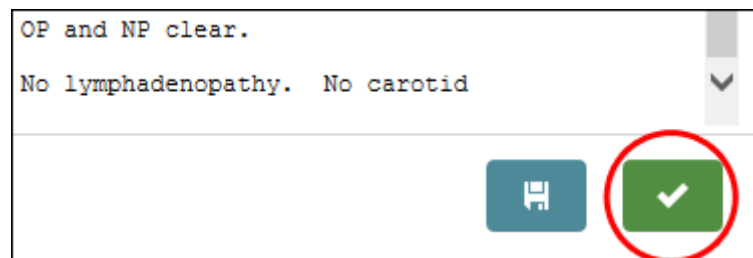
- If Missing Data Identifiers are highlighted in yellow, do the following:
  - Press **Ctrl + .** (period) to jump to and select the highlighted text. The text is highlighted in blue.
  - Type the missing information.

5. Do one of the following:

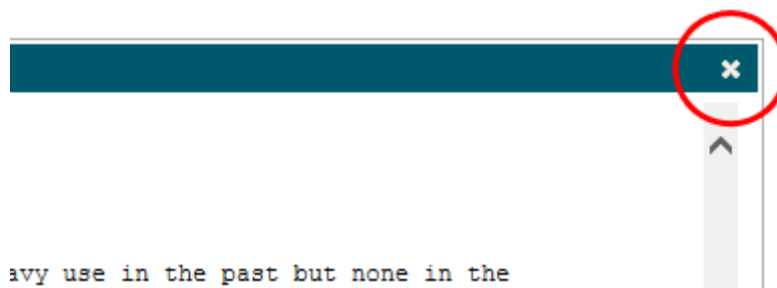
- Click the **Save** button to save your changes without completing the transcription. The transcription will remain in your deficiency list. Enter your PIN, if required.



- Click the **Accept** button to save and sign the transcription. If any data is still missing, the deficiency cannot be signed. If you are prompted to address the missing data issues, see [Transcriptions With Missing Data on page 317](#).

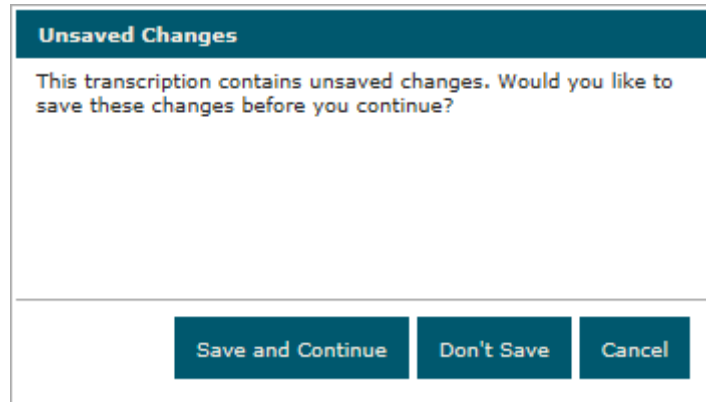


6. Click the **Close** button to close the transcription window.



If the **Unsaved Changes** dialog box is displayed, you can choose to save or discard your changes. Do one of the following:

- Click **Save and Continue** to save your changes.
- Click **Don't Save** to discard your changes.
- Click **Cancel** to keep the **Edit Transcription** window open.



7. Enter your PIN, if prompted.

## Transcriptions With Missing Data

If a transcription contains an identifier for missing data, you may need to remove the identifier and add the missing information.

An identifier for missing data can be configured by a system administrator. If a missing data identifier is configured, DeficiencyPop will check for it when you attempt to complete the transcription.

If the missing data identifier is still present when you click **Accept**, an error prompts you to return to the transcription and address it.

## Transcription Headers and Footers

A transcription may contain a header and footer. Header and footer lines can be viewed in the document viewer, but they are not available for editing in the **Edit Transcription** window.

## Transcription Change Logs

A transcription may include a change log, which lists the users who have edited the transcription. If your system is set up to append change logs to transcriptions, then an entry is added to the change log each time a transcription is saved.

Change logs can be viewed in the document viewer, but they are not available for editing in the **Edit Transcription** window.

## Completing External Missing Signatures

An External Missing Signature deficiency is assigned when a document that exists in an external application is missing a signature.

This type of deficiency must be addressed in the external application. It cannot be completed in DeficiencyPop.

## Completing External Unsigned Orders

An External Unsigned Order deficiency is assigned when an unsigned order exists in an external application.

This type of deficiency must be addressed in the external application. It cannot be completed in DeficiencyPop.

## Completing Missing Documents

A Missing Document deficiency is assigned when a chart is missing a required document in OnBase. If you are assigned a Missing Document deficiency, complete it after making sure the requested document is imported.

Depending on your system's settings, Missing Document deficiencies may be completed automatically once the corresponding documents are imported into OnBase. In this case, no further action is needed. Otherwise, you must complete the deficiency manually in DeficiencyPop.

To complete a Missing Document deficiency:

1. Click the **Accept** button to confirm the document has been added.



2. Depending on your system's settings, a message may prompt you to confirm the document has been added. Click **OK** to continue accepting the deficiency, or click **Cancel** to cancel.
3. Enter your PIN, if prompted.

## Completing Missing Forms

A Missing Form deficiency is assigned when a chart is missing a required form. DeficiencyPop allows you to view and edit these forms before you submit them.

---

**Note:** Certain actions allow DeficiencyPop to automatically save changes to forms. For more information, see [Saving Forms on page 321](#).

---

To complete a Missing Form deficiency:

1. Complete the form displayed in the viewer.
2. Click the **Accept** button to save and submit the form.



If you are prompted to confirm the form has been completed, click **OK** to continue submitting the form, or click **Cancel** to keep the form in the viewer.

3. Enter your PIN, if prompted.

## Completing Missing Information

A Missing Information deficiency is assigned when a document is missing required information.

To complete a Missing Information deficiency:

1. Read the **Deficiency Text** field for information provided by the analyst.
2. In the **Missing Information** field, enter the information that is missing from the document. This information will be burned onto the document in the location of the deficiency icon.

As you type, the label above the field displays the number characters you have entered. Up to 250 characters are allowed.

---

**Note:** If you navigate away from the deficiency without completing it, the text you entered in the **Missing Information** field is removed.

---

3. Click the **Accept** button to submit the information you provided.



4. If you are prompted to confirm the missing information has been provided, click **OK** to continue completing the deficiency, or click **Cancel** to keep the deficiency in the list.

5. Enter your PIN, if prompted.

## Completing Other Deficiencies

An Other deficiency is assigned to a document if the deficiency cannot be classified under any other Deficiency Type.

To complete an Other deficiency:

1. Read the **Deficiency Text** field for information provided by the analyst.
2. Take the necessary action to resolve the deficiency.
3. Click the **Accept** button.



4. Enter your PIN, if prompted.

## Completing Physician Queries

Physician Queries are forms submitted by coders to obtain additional information on a chart. Physician Queries cannot be rejected.

---

**Note:** Certain actions allow DeficiencyPop to automatically save changes to forms. For more information, see [Saving Forms on page 321](#).

---

To complete a Physician Query:

1. Complete the form displayed in the viewer.  
If a Physician Query is associated with a specific document, the viewer displays the form in the upper pane and the related document in the lower pane.
2. Click the **Accept** button to save and submit the form.

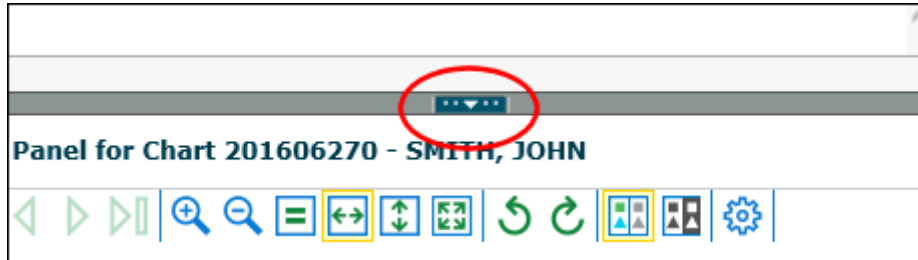


3. If you are prompted to confirm the form has been completed, click **OK** to continue submitting the form, or click **Cancel** to keep the form in the viewer.
4. Enter your PIN, if prompted.



## Hiding the Related Document

If a Physician Query is associated with a specific document, the viewer displays the Physician Query in the upper pane and the related document in the lower pane. To hide the related document, click the **Hide Related Document** button between the two panes.



## Completing Signatures

A Signature deficiency is assigned when a document is missing a required signature.

To complete a Signature deficiency:

1. Click the **Accept** button to sign the document.



2. Enter your PIN, if prompted.

## Saving Forms

When you edit a form for a Physician Query or Missing Form deficiency, certain actions allow DeficiencyPop to automatically save your changes. DeficiencyPop automatically saves form data when you perform any of the following actions:

- Clicking the **Accept** button
- Clicking the **Reject** button (not available for Physician Queries)
- Selecting another deficiency

DeficiencyPop does not automatically save changes if you close the browser or if your session expires.

## Waiting for Secondary Signers

Depending on your system's settings, secondary signers may be required to sign Dual Signature or Dual Edit Transcription deficiencies before the assigned primary signers. If a primary signer attempts to complete these deficiencies before the secondary signer, the following message is displayed: **This deficiency cannot be completed until the secondary signer has completed their work.**

## Rejecting Deficiencies

For information about rejecting deficiencies, see the following topics:

- [Rejecting a Deficiency on page 322](#)
- [Saving Upon Rejection on page 323](#)

## Rejecting a Deficiency

You can reject deficiencies for various reasons. For example, perhaps it was assigned to you in error, or you cannot complete it. When you reject a deficiency, you are prompted to provide a rejection reason.

Physician queries cannot be rejected.

---

**Note:** If you make changes to a deficiency, rejecting the deficiency may cause some changes to be saved. For information, see [Saving Upon Rejection on page 323](#).

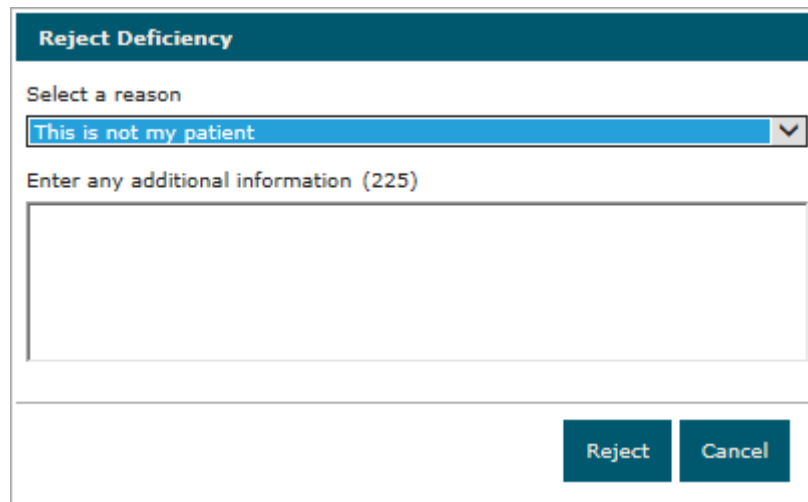
---

To reject a deficiency:

1. Click the **Reject** button. The **Reject Deficiency** dialog box is displayed.



2. Select a rejection reason. Available reasons may vary per facility. If your rejection reason is not listed, select **Other**.

A screenshot of a 'Reject Deficiency' dialog box. The title bar is dark blue with the text 'Reject Deficiency' in white. Below the title bar, there is a label 'Select a reason' followed by a dropdown menu. The dropdown menu is open, showing 'This is not my patient' as the selected option. Below the dropdown, there is a label 'Enter any additional information (225)' followed by a large, empty text input field. At the bottom right of the dialog box, there are two buttons: 'Reject' and 'Cancel', both in dark blue with white text.

3. Type any additional information in the field provided.  
If you selected **Other**, then you must enter additional information.
4. Click **Reject** to continue rejecting the deficiency. To cancel the rejection and keep the deficiency in your queue, click **Cancel**.
5. Enter your PIN, if prompted.

## Saving Upon Rejection

Depending on the Deficiency Type, rejecting a deficiency may cause DeficiencyPop to save any changes you made to the deficiency.

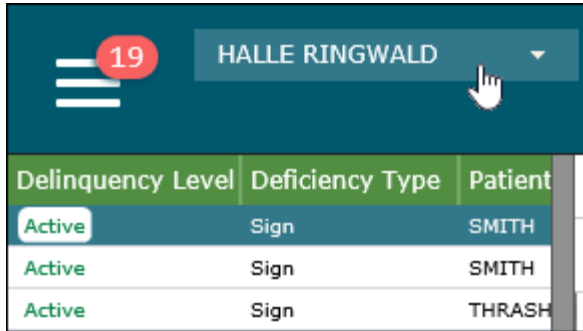
- For all deficiencies, DeficiencyPop automatically saves any changes you made to the **Deficiency Text** field.
- For Missing Form deficiencies, DeficiencyPop saves any changes you made to the form.
- For Dictation and Dual Dictation deficiencies, DeficiencyPop saves any changes you made to the **Dictation Job ID** value.

DeficiencyPop does not save changes to transcription documents when you click the **Reject** button. To save a transcription without signing it, use the **Save** button.

## Covering for Other Physicians

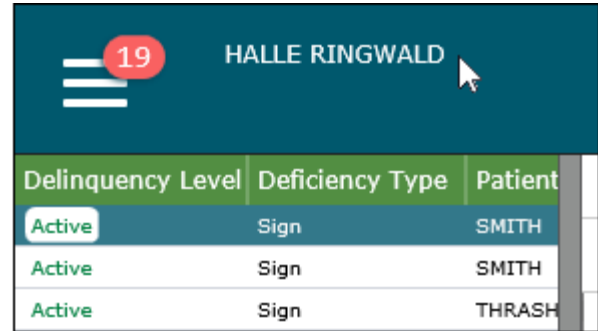
You may be able to cover (address deficiencies) for other physicians in your medical group. Covering is useful when one or more physicians are unavailable or absent for an extended period.

Covering for other physicians depends on your privileges for covering. If you do not have privileges to cover for another physician, you cannot select a physician.



Delinquency Level	Deficiency Type	Patient
Active	Sign	SMITH
Active	Sign	SMITH
Active	Sign	THRASH

**Can Cover For Others:**  
**Drop-Down Available**



Delinquency Level	Deficiency Type	Patient
Active	Sign	SMITH
Active	Sign	SMITH
Active	Sign	THRASH

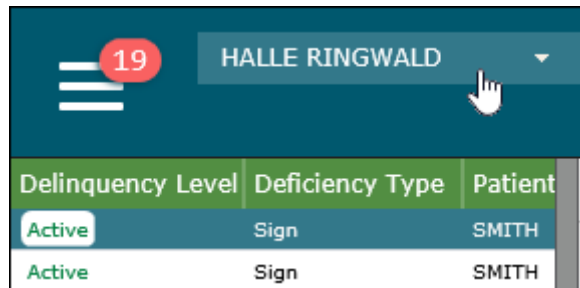
**Cannot Cover For Others:**  
**No Drop-Down Available**

## Covering for a Specific Physician

If a physician in your group is unavailable to perform completion tasks, you may be able to address outstanding deficiencies assigned to that physician with the proper privileges.

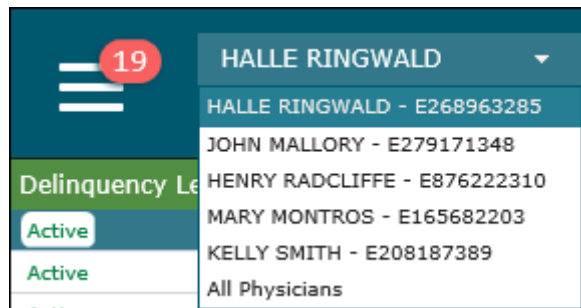
To cover for a specific physician:

1. Click the **Assigned Physician** drop-down list.



Delinquency Level	Deficiency Type	Patient
Active	Sign	SMITH
Active	Sign	SMITH

2. Select a physician from those shown in the list. Physicians are identified by names and physician numbers.



When you select a physician, the deficiency list displays deficiencies assigned to the selected physician. The title bar identifies the type of deficiency and the physician to whom the deficiencies apply. For example, physician Halle Ringwald is covering for physician Michelle Field:



3. Address the deficiencies as you would your own. If you sign a document for another physician, the signature correctly reflects that a covering physician signed. For example:



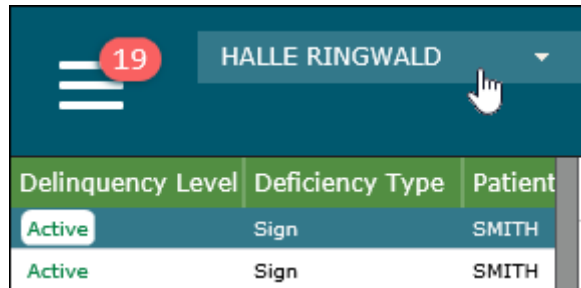
4. To return to your deficiencies, select your name from the drop-down list in the title bar.

## Covering for All Physicians

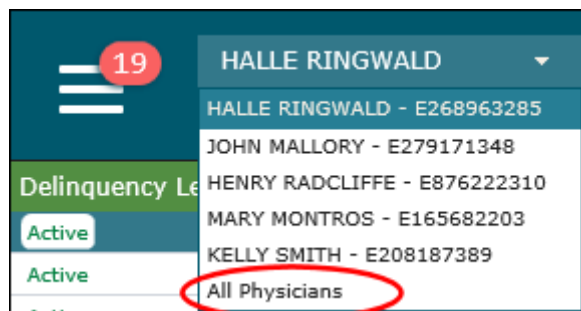
DeficiencyPop allows you to view deficiencies for all physicians you are allowed to cover. When you cover for all physicians, the deficiency list contains all deficiencies you are allowed to work on, including your own.

To cover for another physician:

1. Click the **Assigned Physician** drop-down list.



2. Select **All Physicians**.



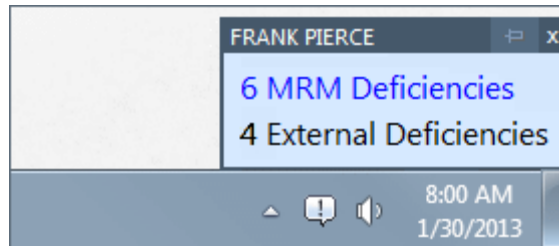
The deficiency list displays all deficiencies you have privileges to work on. If you need to see who is assigned to the current deficiency, check the title bar. The name of the assigned physician is displayed under the Deficiency Type.



3. Address the deficiencies as you would your own. If you sign a document for another physician, the signature correctly reflects that a covering physician signed (**Elec. Signed By Physician A for Physician B on date/time**).
4. To work on only your deficiencies, select your name from the **Assigned Physician** drop-down list.

# Deficiency Notifier

The Deficiency Notifier is an optional desktop application to assist in awareness of the deficiencies you have pending completion.



See the following topics for more information:

- [Starting the Deficiency Notifier on page 327](#)
- [Accessing OnBase Deficiencies on page 328](#)
- [Pinning & Unpinning the Notifier on page 328](#)
- [Hiding the Deficiency Notifier on page 329](#)

## Starting the Deficiency Notifier

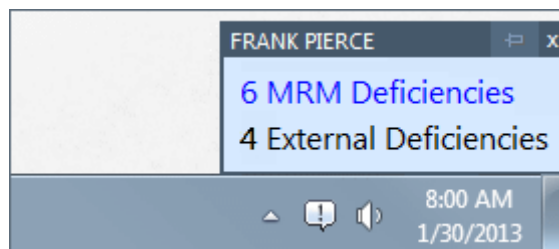
If installed, the Deficiency Notifier runs automatically when your workstation starts. To start it manually, type **Deficiency Notifier** in the search box on the **Start** menu, and then select the program.

---

**Note:** Depending on your integration, the Deficiency Notifier may not retrieve your deficiency information until you log on to your external EMR.

---

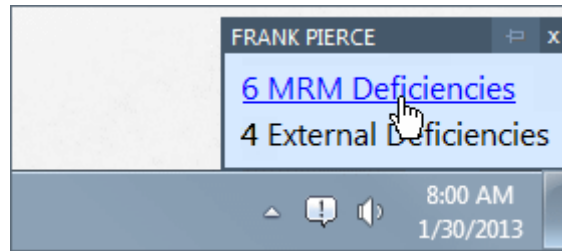
Once the notifier obtains your deficiency information, it displays the information above the Windows taskbar.



The deficiency labels may vary depending your system's setup. In the example shown here, six deficiencies are waiting to be addressed in OnBase, and four external deficiencies are waiting to be addressed in an external system.

## Accessing OnBase Deficiencies

Double-click the OnBase (MRM) deficiency label to access your OnBase deficiencies.

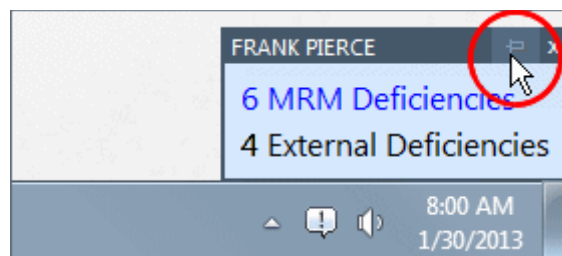


DeficiencyPop opens and logs you on automatically.

## Pinning & Unpinning the Notifier

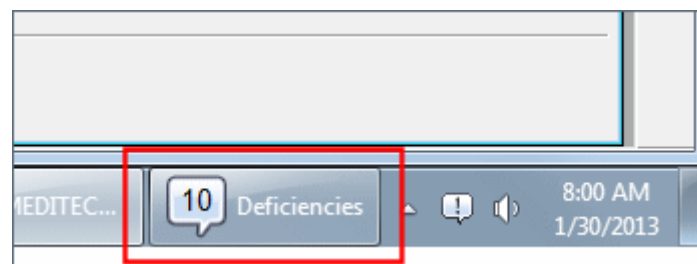
Depending on your system's setup, you may be able to pin the Deficiency Notifier to always display on top of other programs. This is the default behavior. When unpinned, the Deficiency Notifier can be hidden behind other programs, providing you an unobstructed view of your work.

To pin or unpin the Deficiency Notifier, click the push-pin button in the title bar.



When the Deficiency Notifier is unpinned, a **Deficiencies** button is added to the Windows taskbar. This button provides additional visibility by displaying the total number of deficiencies you need to address without obstructing your current program.

Click the **Deficiencies** button from the taskbar to display the Deficiency Notifier window.

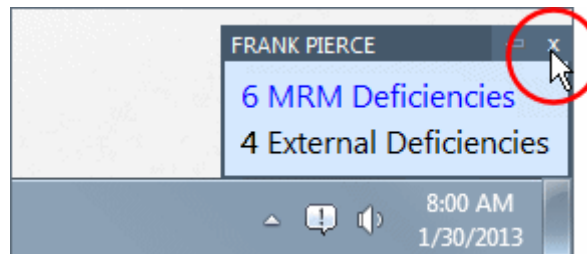




## Hiding the Deficiency Notifier

Depending on your system's setup, you may be able to temporarily close the Deficiency Notifier window.

To close the Deficiency Notifier window, click the x button in the upper-right corner of the title bar.



- The Deficiency Notifier is hidden. To display the notifier again, double-click the Deficiency Notifier icon in the Windows taskbar.



# Document Viewer

For text and image documents, the document viewer provides additional navigation features and display options. Available features may vary depending on system settings and your user privileges.

For more information, see the following topics:

- [Printing a Document on page 330](#)
- [Navigating Documents and Pages on page 333](#)
- [Changing the Zoom Level on page 336](#)
- [Rotating a Page on page 337](#)
- [Scaling To Gray on page 338](#)
- [Inverting Colors on page 338](#)
- [Suppressing Blank Pages on page 340](#)
- [Working With Notes and Annotations on page 341](#)

## Printing a Document

You can print documents using the HTML document viewer if you have sufficient privileges. Documents are first converted to a PDF, which you can then print using the PDF viewer's print option.

---

**Note:** If the document is open in an external application, such as Microsoft Word, use the print option in the external application. For example, select **File | Print** from the application. In this case, OnBase print options are not used.

---

To print a document using the HTML viewer:

1. From an open document, click the **Print** toolbar button.  
The **Print** dialog box is displayed.

2. Select the appropriate print options. See the following table for descriptions of the available print options.

Option	Description
<b>Print Range</b>	<p><b>All:</b> Prints all pages of the document(s).</p> <hr/> <p><b>Note:</b> The <b>All</b> Print Range option is the only option available when printing PDF documents, or when printing from a Document Search Results list. To print a range of pages for a non-PDF document, you must open the document and print using the <b>Print</b> toolbar button.</p> <hr/> <p><b>Current Page:</b> Prints the current page.</p> <p><b>Print Range:</b> Prints a range of pages in the document. Enter page numbers and/or page ranges, separated by commas. For example: <b>1,3,5-12</b>.</p> <hr/> <p><b>Note:</b> If you enter a complex range into this field, the pages are printed in the order entered. For example, if you entered <b>5, 1-3, 9</b>, then page 5 of the document would be printed first, followed by pages 1, 2, 3, and 9. You cannot enter complex ranges when printing to a server print queue.</p> <hr/>

Option	Description
<b>Overlay Options</b>	<p><b>No Overlay:</b> Prints the document without the associated overlay.</p> <p><b>Print Overlay:</b> Prints the document with the associated overlay. The overlay that is printed may be different than the overlay that is displayed, depending on the configuration of the Document Type.</p> <p><b>Fax Compatible:</b> Select this option if you are printing to a fax machine. OnBase arranges the overlay image in a way that faxing software can properly interpret. The overlay that is faxed may be different than the overlay that is displayed or printed, depending on the configuration of the Document Type.</p>
<b>Note Options</b>	<p><b>Annotation on Document:</b> Prints the note annotation (graphical representation of a note) on the document.</p> <p><b>Note Window on Document:</b> Prints the title and text of any notes in that note's location on the document, the name of the user that created the note, the date and time it was created, and the Print Title configured for the selected Document Type. This option is not respected for HTML documents, OLE documents, or PDF documents. This option is not respected by Overlapped Text annotations.</p> <p><b>Note Text After Document:</b> Prints the title and text of any notes, the name of the user that created the note, the date and time it was created, and the Print Title configured for the selected Document Type on a separate page.</p> <hr/> <p><b>Note:</b> Depending on your system's configuration, some note icons or text may not be printed no matter what <b>Notes Options</b> you have selected. See your system administrator for more information.</p> <hr/> <p><b>Note:</b> The <b>Annotation on Document</b> and <b>Note Window on Document</b> options do not apply to E-Forms, HTML forms, or XML documents.</p> <hr/>
<b>Revision Options</b>	<p>These options are only respected if your database is licensed for EDM Services. For more information, see the <b>EDM Services</b> documentation.</p> <hr/> <p><b>Note:</b> The <b>Current Revision</b> option is automatically selected.</p> <hr/>

- Click **Print**. A new window is displayed, containing a PDF version of the document with your page range selection applied.  
Depending on your configuration settings, your browser's print dialog box may also be displayed.
- Click **Print** to continue printing the document.

## Printing Deficiencies and Notes

When a document is printed from DeficiencyPop, deficiencies and notes on the document are not printed unless they have been burned. Burning is a process that takes place after deficiencies are completed and confirmed. If a document contains both burned and non-burned deficiencies, then the burned deficiencies are printed and the non-burned deficiencies are not.

For more information, see your system administrator.

## Navigating Documents and Pages

There are several ways to navigate multi-page documents. See the following topics:

- [Browsing Page-by-Page on page 333](#)
- [Jumping to the First/Last Page on page 333](#)
- [Jumping to a Specific Page on page 334](#)
- [Viewing Pages as Thumbnails on page 335](#)

### Browsing Page-by-Page

To view the previous or next page in a document, use the **Previous Page** or **Next Page** button in the viewer toolbar.



### Jumping to the First/Last Page

To view the first or last page in a document, use the **First Page** or **Last Page** button in the viewer toolbar.



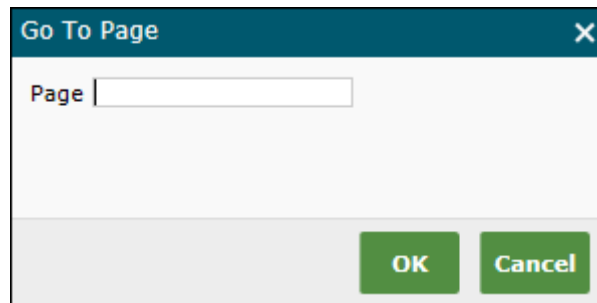
## Jumping to a Specific Page

To jump to a specific page in a document, use any of the following methods:

- Select the thumbnail for the page from the Pages toolbar.
- Type the desired page number in the status bar at the bottom of the page.



- Right-click the document and select **Navigate | Go To Page**. Type the desired page number in the **Page** field, and click **OK**.



## Viewing Pages as Thumbnails

Thumbnails are small pictures of the pages in a document. When you view a multi-page document, you can navigate to different pages by clicking the corresponding thumbnails. Thumbnails are displayed in the Pages toolbar.

Department of Laboratory Medicine

\*\*\*\*\* [HEMATOLOGY] \*\*\*\*\*

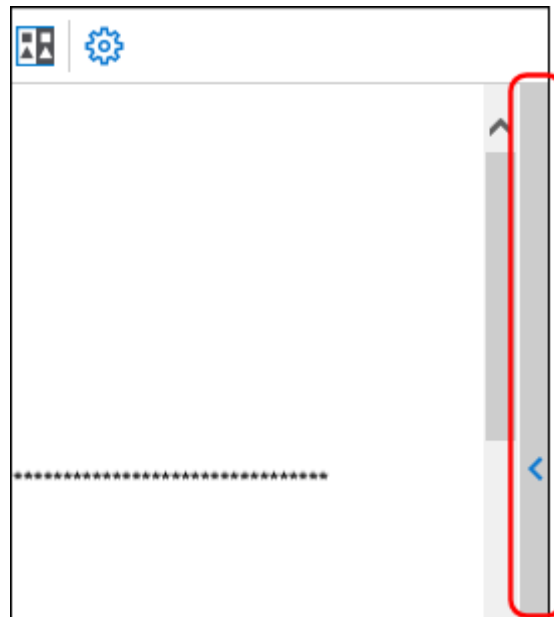
Date: (see above)  
Time: 1230  
LOC: LAB

WBC	L	3.3	3.9-11.0	K/UL	
RBC		5.09	3.5-5.5		M/UL
HGB		15.0	12.0-15.0	G/DL	
HCT		46.1	36.0-48.0	%	
MCV		90.7	79-98	FL	
MCH		29.5	25.4-34.6	PG	
MCHC		32.6	30-36	G/DL	
RDW		12.0	11.5-14.5	%	
PLT	L	137	140-440	K/UL	
MPV		8.7	7.4-10.4	FL	

\*\*\*\*\* [URINALYSIS] \*\*\*\*\*

Page 1 / 3 6 Note(s)

To toggle the Pages toolbar on or off, click the vertical tab to the right of the document viewer.



## Changing the Zoom Level

To zoom in on a page, click the **Zoom In** button.




To zoom out of a page, click the **Zoom Out** button.






To scale the page to fit the viewer, use the scale buttons.



The scale buttons are described in the following table:

Button	Description
<b>Actual Size</b> 	Displays the page in its actual size (as stored in OnBase). Sets the magnification to 100%.



Button	Description
<b>Fit Width</b> 	Scales the page so that its width is the same as the width of the document viewer.
<b>Fit Height</b> 	Scales the page so that its height is the same as the height of the document viewer.
<b>Fit in Window</b> 	Scales the page so that the entire page is displayed in the document viewer.

## Rotating a Page

If a page is not rotated correctly, you can rotate it to reflect the correct rotation. You can also save the rotation, allowing the page to be oriented correctly the next time the document is opened.

Rotation is available for image documents only. You cannot rotate pages in a text document.

To rotate a page:

1. Do one of the following:

- To rotate the current page counterclockwise, click the **Rotate Counterclockwise** button.



- To rotate the current page clockwise, click the **Rotate Clockwise** button.



- To rotate all pages in the document 180 degrees, right-click the page and select **Process | Rotate All Pages 180**.
2. To save the rotation, right-click and select **Process | Save Rotation**.  
If you do not save the rotation, the document retains the rotation for the current viewing session only.

## Scaling To Gray

The Scale to Gray feature can adjust the contrast of text and image documents that are displayed at zoom levels of less than 100%. Scale to Gray is most noticeable on black-and-white images, making it helpful for reading scanned pages where the text is too dark or too light.

Scale to Gray is turned on by default. To turn off Scale to Gray, click the **Scale to Gray** button.



Click the button again to turn **Scale to Gray** back on.

## Inverting Colors

The document viewer allows you to display documents using inverted colors. For example, you may prefer to see white pixels as black and black pixels as white.

The **Invert** toolbar button allows you to set your preference for color inversion. The document viewer preserves your preference when you open different documents. If the last document you view before logging out is inverted, then the next document you view upon login will be inverted too.

This method of inversion is different from the **Process | Invert** right-click option, which inverts colors only until you navigate away from the document.

To invert colors:

1. Open a document.
2. Click the **Invert** button in the viewer control toolbar.



The document colors are inverted.



Click the **Invert** button again to revert the document to non-inverted colors.

## Suppressing Blank Pages

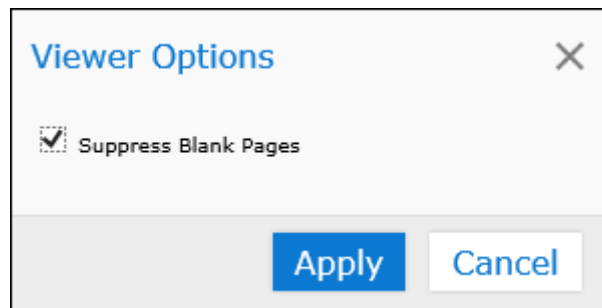
By default, the document viewer suppresses pages that were designated as blank at the time of import. As a result, blank pages are not displayed in the pages toolbar, and blank pages are not displayed when you browse through a document. If you want blank pages to be displayed, you must change your viewer options.

To change how the viewer handles blank pages:

1. Click the **Options** button.



The **Viewer Options** dialog box is displayed.



2. Clear the **Suppress Blank Pages** check box to allow blank pages to be displayed. Select the check box to hide blank pages.
3. Click **Apply** to save your changes.

## Working With Notes and Annotations

Notes and annotations may be used to clarify, emphasize, or provide information on a document. Notes and annotations are based on Note Types, which are set up by a system administrator. Your ability to work with notes may vary depending on the privileges you have to the corresponding Note Types.

See the following topics:

- [Opening a Note on page 341](#)
- [Adding Notes on page 342](#)
- [Editing Note Text on page 342](#)
- [Moving Notes on page 342](#)
- [Deleting Notes on page 343](#)
- [Viewing All Notes on a Document on page 343](#)
- [Adding Annotations on page 344](#)
- [Moving Annotations on page 344](#)
- [Deleting Annotations on page 345](#)
- [Changing the Note Type on page 345](#)
- [Redacting a Document on page 346](#)

### Opening a Note

Depending on the Note Type, a note may be displayed in an open state by default when the document is opened. Other notes may be closed by default.

To open a closed note, double-click the note icon in the viewer.

## Adding Notes

If you have sufficient privileges, you can add notes to a document. Notes typically provide additional information about a document for other users to see.

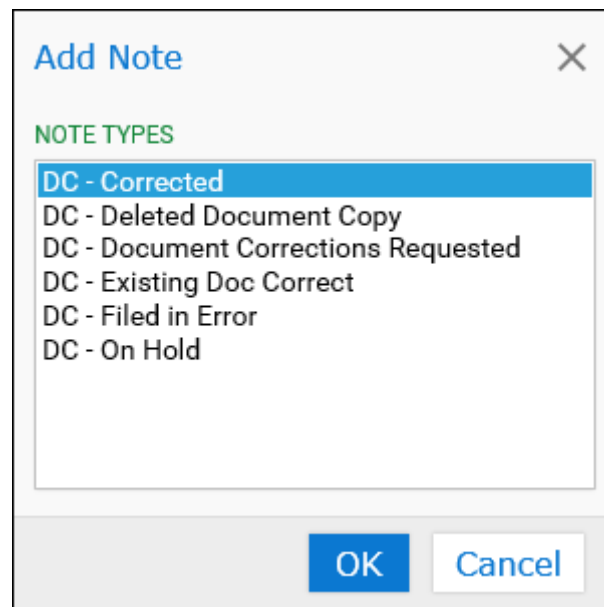
---

**Note:** If you have privileges to create a note but lack privileges to modify it, you can modify the text and position of the note immediately after you create it, but not after you navigate away from the document.

---

To add a note to a document:

1. Right-click on the open document and select **Notes | Add Note**. The **Add Note** dialog box is displayed.



2. Select a Note Type.
3. Click **OK**. The note is placed in the upper-left corner of the document. You can move the note by clicking and dragging the note icon on the document.
4. Update the note text as needed.

## Editing Note Text

To edit a note, open the note and edit its contents. Changes are saved when you refresh the document or navigate away from it.

## Moving Notes

If you have sufficient privileges to modify a note, you can move the note on a document.

To move a note, click and drag the note icon on the document. The new position is saved when you close or print the document.

## Deleting Notes

Depending on your privileges, you may be able to delete notes from documents. If you cannot delete a note, you may lack privileges, or the document may be locked.

To delete a note:

- Do one of the following:
  - Open the note, and click the X in the note title bar.
  - Click the **Notes** section of the status bar at the bottom of the viewer. Select the note you want to delete, and then click **Delete Note**.
- Click **Yes** to confirm.

## Viewing All Notes on a Document

If a document contains multiple notes, you may want to view all notes and their contents in one place.

To view all notes on a document using the HTML viewer:

- Right-click on the open document and select **Notes | View Notes**.
- Click the **Notes** section of the status bar at the bottom of the viewer.

The **Notes** window is displayed. The **Notes** list provides information about all existing notes that you have privileges to view. Select a note to display its contents in the **Note Text** field. To filter existing notes, use the filter fields displayed under the column names.

The screenshot shows a window titled "Notes" with a close button (X) in the top right corner. Below the title bar, there is a "NOTE TYPE" section with a dropdown menu set to "AP - Amount Discrepancy" and two buttons: "Add" and "Show Document". Below this is a "NOTES" section with a header that says "Drag a column header here to group by that column." and a table with five columns: "PAGE #", "DATE", "NOTE TYPE", "TITLE", and "ADDED BY". Each column has a filter icon and a dropdown menu. The table contains three rows of notes. Below the table, it says "Items: 3" and there is a "Delete Note" button. Below the table is a "NOTE TEXT" section with a large text area and a character count of "250". At the bottom, there are three checkboxes: "Disallow View", "Disallow Update", and "Disallow Delete", followed by "Save" and "Save and Close" buttons. A "Close" button is in the bottom right corner.

PAGE #	DATE	NOTE TYPE	TITLE	ADDED BY
1	2/1/2018 4:26:21 PM	Post-it-Note Yellow	Post-it-Note Yellow	MANAGER
1	2/1/2018 4:26:51 PM	AP - Amount Discrepancy	Amount Discrepancy	MANAGER
1	2/1/2018 4:27:17 PM	Post-it-Note Blue	Post-it-Note Blue	MANAGER

If necessary, you can use the **Notes** window to add, update, and delete notes on the document.

## Adding Annotations

If you have sufficient privileges, you can use the Annotation toolbar to add annotations to text and image documents including highlights, arrows, ellipses, and overlapped text.

---

**Note:** Depending on your system's configuration, redaction annotations may be available in the annotations list. Redaction annotations are not supported for creating permanent redactions, but they can be used to create temporary redactions for the purpose of printing a redacted document. To permanently redact a document, see [Redacting a Document on page 346](#).

---

To create and place an annotation on a text or image document:

1. In the Document Viewer toolbar, select the type of annotation from the drop-down list:



2. Enable the selected annotation by clicking the **Toggle Annotation** button:



3. Using your mouse pointer, define the location and size of the annotation by clicking and dragging the pointer over the document. Release the mouse button when finished to display the annotation.

---

**Note:** Ensure that the annotation is large enough to be visible. Annotations are required to be a certain size before they can be created and saved.

---

## Moving Annotations

If you have appropriate privileges, you may be able to move annotations after placing them on a document.

Not all annotations are movable. You can only move annotations that are configured to be movable. As an alternative to moving an annotation, you may be able to delete the existing annotation and create a new one.



To move an annotation on a document, do one of the following:

- Click and drag the annotation to a new location.
- Double-click the annotation, then use the arrow keys on the keyboard to move the annotation to a new location.

---

**Tip:** When using the arrow keys on the keyboard to move an annotation, press and hold the **Ctrl** key while pressing the arrow keys to move the note more quickly.

---

To resize an annotation on a document, do the following:

1. In the Document Viewer, double-click the annotation you want to resize. The annotation is selected.



2. Click and drag the edges or corners of the annotation until the annotation is the correct size. The mouse pointer changes to indicate the direction in which the annotation can be resized.
3. When you are finished resizing the annotation, click a different area of the screen to deselect the annotation.

## Deleting Annotations

Depending on your privileges, you may be able to delete annotations from documents. If you cannot delete an annotation, you may lack privileges, or the document may be locked.

To delete an annotation:

1. Click the **Notes** section of the status bar at the bottom of the viewer.
2. Select the annotation you want to delete from the **Notes** list.
3. Click **Delete Note**.
4. Click **Yes** to confirm.

## Changing the Note Type

If necessary, you can change the Note Type of an existing note. The steps to change a Note Type vary depending on the viewer: HTML or ActiveX.

To change the Note Type of a note:

1. Right-click on the note, and select **Change Note Type**.
2. Select another Note Type from the list.

## Redacting a Document

A redaction is a special kind of annotation used to hide confidential information on an image or text document. A redaction is a permanent black or white rectangle that obscures an area of the document.

Redactions can be created and saved on image documents, text documents, and Image Rendered PDFs that are part of Document Types configured to allow redactions.

A redaction cannot be deleted (or undone) once it has been saved. When a redaction is saved, the redacted document may be stored as a new document in another Document Type, as a revision of the current document, or as a replacement for the current document. How the redacted document is stored depends on your system's configuration.

You can apply and save redactions to a document if all of the following conditions are met:

- You have sufficient privileges to modify the document.
- The document's file type supports redactions. Only image and text files can be redacted.
- The document's Document Type is configured to allow redactions.

---

**Note:** You can print redacted documents on an ad hoc basis even if their Document Types are not configured for redactions. Apply the redactions, and then print the document. Then, close the document without saving the redactions.

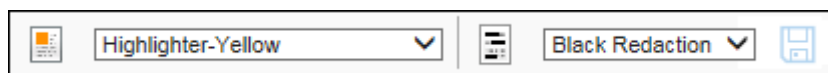
---

The HTML viewer displays redaction options only for documents that allow redactions to be saved.

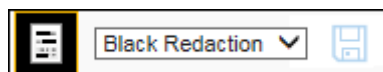
To redact a document:

1. From the redaction drop-down list in the toolbar, select **Black Redaction** or **White Redaction**.

With a black redaction, the redacted area will be defined by an opaque black rectangle. With a white redaction, the redacted area will be defined by an opaque white rectangle.



2. Click the **Toggle Redaction** button from the toolbar. When this button is enabled, its background color changes to black or white depending on the type of redaction selected.



3. Define the location and size of the redaction by clicking and dragging the pointer over the area you want to redact. Repeat for each area you want to redact.

4. Save the redacted image by clicking the **Save Redaction** button.



OnBase displays the message, **Your redaction has been saved successfully**, indicating that the redacted document has been created.

## Removal of Unsaved Redactions

If a document is closed or refreshed before the redactions have been saved, all unsaved redactions are removed. If redactions should be saved, be sure to save them before refreshing or navigating away from a document.

# Analysis

The DeficiencyPop Analysis window is used by analysts to create and assign document deficiencies to physicians for completion. Physicians can then electronically sign and update the documents by accepting the deficiencies, or they can decline the deficiencies to submit documents for Reanalysis.

The screenshot displays the 'Scan Signature Analysis' window. At the top, there are filters for 'Specialty' (set to 'Filter Physicians By Specialty') and 'Responsible Physician' (set to 'JOHN MALLORY (E279171348)'). Below these are buttons for 'Signature' and 'Missing Information'. The main area shows a document titled 'MR Editable Transcription (Dual) for Chart 6182009 - MIMIDAE, KAT'. The document content includes a header for 'HYLAND SOFTWARE' with contact information, an 'Invoice 2398' section with date and page details, and a 'Bill To' section for 'Fiserv Imagesoft'. Below this is a table with customer information and a table of items with columns for SKU Code/Description/Comments, Quantity, Rate, and Extended Rate. The bottom of the window shows 'Page 2 / 172' and '3 Note(s)'.

Two types of deficiencies can be created and addressed:

- **Signature deficiencies**—Used on documents that require a physician’s signature. Once completed, the Signature deficiency is replaced with the physician’s signature and time stamp.
- **Missing Information deficiencies**—Used on documents that are missing required information. Physicians complete these deficiencies by typing out the information and clicking Accept. Once completed, the Missing Information deficiency is replaced with the text the physician provided, the physician’s signature, and the time stamp.

## Analyst Workflow

A patient encounter generates documents, which are scanned into OnBase. As the documents are indexed, OnBase sends an HL7 message to Epic to register the document with the patient encounter. The analyst accesses and views the document through Epic using the OnBase Analysis window. From the Analysis window, the analyst creates and assigns deficiencies to individual physicians. When the analyst finishes creating and assigning deficiencies, notifications are sent to the assigned physicians’ In Basket.

## Document Corrections

At any point during Analysis, the analyst can submit a document for corrections.

The document corrections process allows users to submit medical documents to OnBase Workflow, where HIM staff can re-index or correct the document as needed. This process offers the following benefits:

- **Corrections are centralized.** All documents that need to be corrected are accessible through OnBase Workflow.
- **Correction-related privileges are limited to a small subset of users.** Other users can submit documents for corrections as needed, but only users who should be allowed elevated privileges will be able to perform the corrections.
- **OnBase remains synchronized with external EMR systems.** When a document is created, modified, or deleted in OnBase, OnBase can send an HL7 message notifying the EMR system of the event.

## Analysis Window Components

The Analysis window's components are described in the following topics. Available components may change depending on the logged in user's privileges.

### Responsible Physician

Use the **Responsible Physician** field to enter or search for a physician who will be assigned the selected deficiency. Once a deficiency is submitted, the responsible physician will receive an In Basket notification for each document they must sign.

### Specialty

Use the **Specialty** drop-down menu to filter available physicians based on their specialty (such as Cardiology or Neurology).

### Signature

Use the **Signature** button to begin creating a new Signature deficiency.

### Missing Information

Use the **Missing Information** button to begin creating a new Missing Information deficiency.

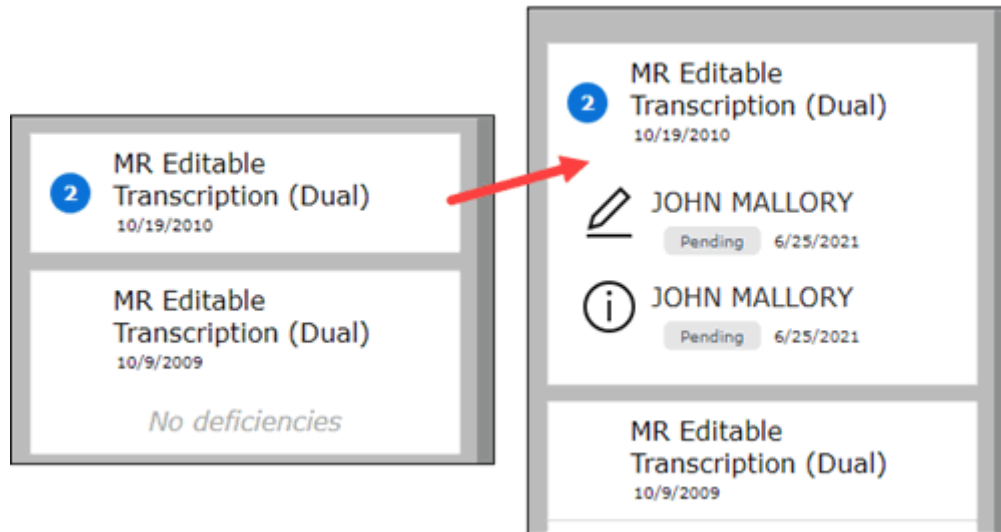
### Document List

The Document List comprises encounter-related documents that are stored in OnBase. This list may be filtered to display only documents that require Analysis, depending on your system's configuration.

## Viewing Deficiencies

Select a document from this list to analyze or view the document's deficiency information. If a document has existing deficiencies, there will be a number next to the document indicating how many deficiencies exist on the document. Selecting a document with deficiencies will expand the document entry to show the deficiencies. Clicking a deficiency from this list will highlight the deficiency within the document. Double-clicking a deficiency from this list will open a window for viewing details and editing the selected deficiency.

The deficiency list is automatically refreshed when a deficiency is created, completed, or rejected.

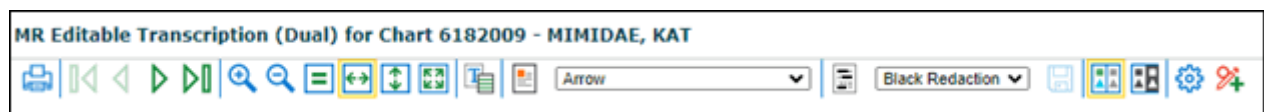


## Document Viewer

The Document Viewer displays the selected document. Analysts can use the viewer to place a deficiency anywhere on the document.

### Document Viewer Toolbar

The Document Viewer Toolbar provides buttons for various features, such as **Print** and **Toggle Annotation**. Available features may vary depending on system settings and user privileges.



## Add Correction Button

If your system is set up for document corrections, the **Add Correction** button is displayed on the right of the Document Viewer Toolbar. If a document needs to be corrected (for example, because it was misfiled), click **Add Correction** and select the appropriate option to submit the document to OnBase Workflow for review.



## Creating and Reassigning Deficiencies

The Analysis window allows you to create Signature and Missing Information deficiencies for physicians to address. You can also assign or delete deficiencies that have not yet been completed.

### Creating a Deficiency

Deficiencies can be applied to encounter-level documents displayed in the Analysis window. Deficiencies cannot be applied to patient-level documents, which are shared across multiple encounters.

Deficiencies can only be placed on text and image documents.

---

**Note:** If a document needs to be rotated, rotate it and save the rotation before applying a deficiency. If a document is rotated after a deficiency is applied, then the deficiency's orientation on the document changes.

---

To create a deficiency on the document selected in the Analysis window:

1. Select the physician who will be responsible for signing the document.  
You may search for a physician by typing their name or ID into the **Responsible Physician** field or by filtering by specialty using the **Specialty** drop-down menu.
2. Click either the **Signature** button or the **Missing Info** button.

Deficiency Type	Description
<b>Signature</b>	Place this Deficiency Type on documents that require a physician's signature.
<b>Missing Information</b>	Place this Deficiency Type on documents that are missing required information. Physicians complete these deficiencies by typing out the required information. Once completed, the Missing Information deficiency is replaced with both the text the physician provided and the physician's signature.

3. Place the deficiency on the document as described in one of the following procedures:
  - [Placing a Signature Deficiency on page 352](#)
  - [Placing a Missing Information Deficiency on page 353](#)
4. When you are finished creating deficiencies, close the Analysis window.

## Placing a Signature Deficiency

To place a Signature deficiency on a document, in the Document Viewer, click the location on the document where the physician's signature is required. OnBase adds a placeholder for the signature text and date signed, as shown below.

Elec. Sign Here  
JAMES GARFIELD  
on DD/MM/YYYY hh:mm

Once the signature is placed, the Signature deficiency is created and submitted to the Responsible Physician.

Depending on your system's settings, the physician's signature text may include the Physician Number.

---

**Note:** Deficiencies placed on the right edge of a document are automatically rotated 90 degrees.

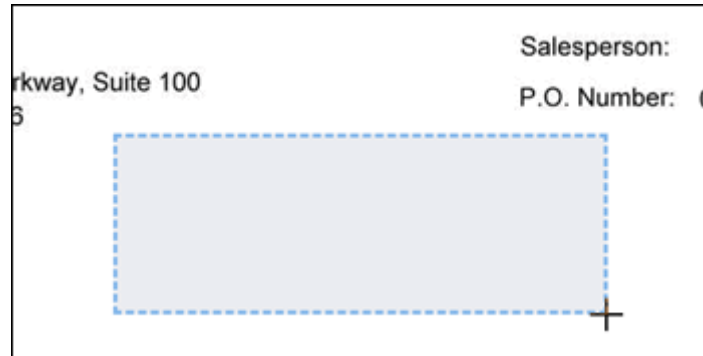
---



## Placing a Missing Information Deficiency

To place a Missing Information deficiency on a document, follow these steps:

1. In the Document Viewer, click and drag the cursor over the area where the physician needs to add the required information.



- When a physician completes the deficiency, the text will be restricted to the width of this area; the height will vary depending on the amount of text the physician enters and the text in the physician's signature.
  - Missing Information deficiencies have a minimum width. You cannot create a Missing Information deficiency smaller than the allowed minimum.
2. The **Create Deficiency** dialog box is displayed.

3. In the **Deficiency Text** field, enter a message describing the information needed. The physician will be able to read this message when addressing the deficiency.
4. Click **Submit**. The Missing Information deficiency is created in the specified location on the document and submitted to the Responsible Physician.

## Moving Deficiencies

Before moving a deficiency, first make sure that you are not in the process of creating or placing a deficiency. This is indicated by one of the deficiency creation buttons (either **Signature** or **Missing Information**) being highlighted. If one of those buttons is highlighted, click the highlighted button to cancel the placement.



While not creating a deficiency, you may click and drag a deficiency to a different location within the Document Viewer. The new position is saved automatically.

Depending on your permissions, you may also resize a Missing Information deficiency in addition to moving it. The new size and position are saved automatically.

## Editing Deficiencies

After creating a deficiency, you can edit a deficiency if it has not yet been signed by a physician. This can be done if you need to add notes or change the physician assigned to the deficiency.

To edit deficiency information:

1. Double-click a deficiency, either on the document in the Document Viewer or from the deficiency list on the selected document in the Document List.
2. The **Edit Deficiency** dialog box is displayed.

Missing Information

Pending

Notes 19/1000

Missing Information

Specialty

Filter Physicians By Specialty ▼

Responsible Physician

JOHN MALLORY (E279171348)

Delete

Submit

Cancel

3. If applicable, edit the **Notes** for the deficiency.
4. If needed, use the **Specialty** and **Responsible Physician** fields to search for and select a different physician to assign the deficiency.
5. Once all of the information appears correct, click **Submit**.

## Deleting Deficiencies

You can delete a deficiency if it has not yet been accepted or signed by a physician. To delete a deficiency from the Analysis window:

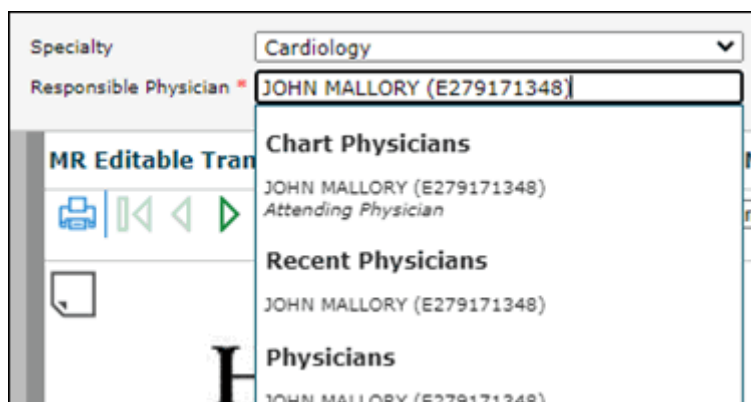
1. Double-click a deficiency, either on the document in the Document Viewer or from the deficiency list on the selected document in the Document List.
2. The **Edit Deficiency** dialog box is displayed.
3. Click **Delete**.

## Searching for a Physician

You may use the **Specialty** and **Responsible Physician** fields to search for a physician to assign the currently selected deficiency on the document.

The **Responsible Physician** field shows the physician who is currently assigned to the deficiency (if applicable). It is also a text field that allows you to enter information to search for a physician to assign the deficiency. You can enter all or part of a physician's name or ID to begin searching. Then, select the physician from the list that appears below the text field.

The **Specialty** field allows you to select a particular specialty (such as cardiology or neurology) to help further narrow the list of physicians when searching in the **Responsible Physician** field.



## Changing the Assigned Physician

You can change the physician assigned to a deficiency provided that the deficiency has not been signed. You might need to change the assigned physician if, for example, the original physician has declined.

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**Tip:** If the original physician declined the deficiency, click **Show Reason Declined** to view the reason the deficiency was declined. The **Physician Response** message is displayed.

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To update an unsigned deficiency from the Analysis window:

1. Double-click a deficiency, either on the document in the Document Viewer or from the deficiency list on the selected document in the Document List.
2. Use the **Responsible Physician** field to search for another physician.  
Optionally, you may filter physicians by specialty using the **Specialty** drop-down menu.
3. Select a new physician.  
The new physician will automatically populate the **Responsible Physician** field and replace the previously selected physician.
4. Click **Submit**.

## Submitting Documents for Correction

Depending on your system's configuration, the Analysis window may allow documents with corrections to be sent to OnBase Workflow, where they can be reviewed and routed for additional action. The correction process may be used to address multiple types of issues, including the following:

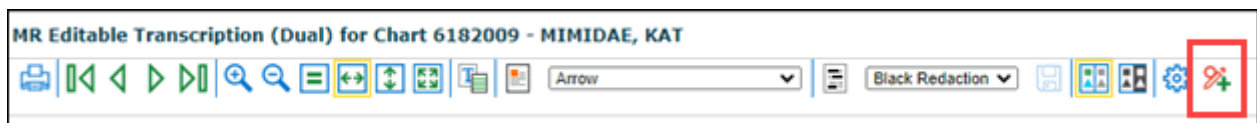
- Documents are filed to the wrong Document Type, patient, or encounter
- Pages or duplicate documents need to be deleted
- Pages are out of order
- Pages need to be rotated
- Documents need to be split
- Document image quality is poor

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**Note:** Corrections can only be submitted through DeficiencyPop, not completed. Workflow-based correction tasks remain available in the OnBase Patient Window.

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If your system is set up for document correction, the Add Correction button is available in the Document Viewer Toolbar.



To submit a document for correction:

1. Click the **Add Correction** button.
2. The **Add Correction** window displays. Select the type of correction that is required for the document.  
The available corrections vary depending on your system's configuration.

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**Tip:** For details about a correction option, hover your cursor over the option to display help text.

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3. If a form is required, fill out the form, and then click the **Save** or **Submit** button.
4. A confirmation message is displayed. Click **OK**. The document (and any associated forms if they were filled out) are sent to an OnBase Workflow queue.

## Notes, Annotations, and Redactions

Notes and annotations may be used to clarify, emphasize, or provide information on a document. Redactions are a special kind of annotation used to hide confidential information on an image or text document.

For more information on working with notes, annotations, and redactions, see [Working With Notes and Annotations on page 341](#).

## Completion

After a deficiency has been created and assigned in the Analysis window, it will need to be completed by the assigned physician.

For each document containing one or more deficiencies that require a physician's attention, a notification arrives in that physician's In Basket. If a physician has privileges to sign deficiencies for other physicians, they can access their deficiencies from their Epic Groups view in order to complete them.

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**Caution:** If a note, redaction, burned markup, or deficiency is not in the location you expect, do not save or sign the document until the location has been corrected by your system administrator. When the document is saved or signed, the pending redaction, burned markup, or deficiency is permanently placed in the shifted location. The shifting of notes that do not permanently alter the document can be corrected any time by your system administrator.

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For steps on completing deficiencies, see [Completing Deficiencies on page 310](#).

# DEFICIENCYPOP COLUMN DESCRIPTIONS

DeficiencyPop uses columns to display information about deficiencies. These columns are described in the following table.

**Note:** Column names are configurable. The names used by your organization may vary from the names used in this documentation. See your system administrator for more information.

Column / Field Name	Description
<b>Chart ID #</b>	The ID number for the associated chart. This value also may be called the account number, episode number, or visit number.
<b>Deficiency Date</b>	The date the deficiency was created.
<b>Deficiency Type</b>	The type of deficiency applied. For information about available types, see <a href="#">Deficiency Types on page 3</a> .
<b>Delinquency Level</b>	The deficiency's level of delinquency, if the system is set up for delinquency levels. Available levels are configured by a system administrator. For more information, see <a href="#">Delinquency on page 6</a> .
<b>Document ID</b>	The internal ID number of the document associated with the deficiency.
<b>Document Type</b>	The Document Type of the document associated with the deficiency.
<b>Facility</b>	The name of the facility on the chart associated with the deficiency.
<b>Patient First Name</b>	The patient's first name.
<b>Patient Last Name</b>	The patient's last name.
<b>Primary Signer</b>	The primary user assigned to a deficiency.
<b>Secondary Signer</b>	The secondary user assigned to a dual deficiency.
<b>Stat</b>	Displays the word STAT when the deficiency is marked as stat for immediate resolution. Otherwise, this column is blank.
<b>Status</b>	The deficiency's status in the completion process. See <a href="#">Deficiency Status on page 359</a> .

## Deficiency Type

The type of deficiency is displayed in the **Deficiency Type** column. The display name in this column is usually an abbreviation for the Deficiency Type.

The following Deficiency Types may be available:

Display Name	Deficiency Type
Dict	Dictation
DictDual	Dual Dictation
Doc	Missing Document
Dual	Dual Signature
Dx	Diagnosis
Edit	Edit Transcription
External Missing Signature	External Missing Signature
External Unsigned Order	External Unsigned Order
Form	Missing Form
Info	Missing Information
Other	Other
PhysQry	Physician Query
Sign	Signature

## Deficiency Status

A deficiency's status is displayed in the **Deficiency Status** column. The following statuses may be available:

Status	Description
Accepted By Resident	The deficiency has been accepted by the secondary signer and is pending completion by the primary signer. This status applies only to dual deficiencies.
Pending Completion	The deficiency has been created but has not been addressed.

# QUICK REFERENCE GUIDE

The following quick reference guide describes how to complete basic tasks in DeficiencyPop. This quick reference guide can be printed to provide users easy access to helpful instructions.



### Accepting a Deficiency

The following are basic steps for accepting a deficiency. Additional steps may be required depending on the Deficiency Type.

1. Provide any requested information, if applicable.
2. Click the **Accept** button.



3. If prompted, click **OK** to acknowledge you have completed the deficiency.
4. If prompted, enter your PIN and click **OK**.

### Rejecting a Deficiency

You can reject deficiencies assigned in error.

1. Click the **Reject** button.



2. Select a reason for rejecting the deficiency.

Reject Deficiency

Select a reason

This is not my patient

Enter any additional information (225)

Reject Cancel

3. Type any additional information, if necessary.
4. Click **Reject**.

### Editing Deficiency Text

Some Deficiency Types allow you to edit the deficiency text to add or update any notes.

1. Click in the **Deficiency Text** field.
2. Update the deficiency text as needed.
3. Click **Save**.



### Editing a Transcription

The following are basic steps for addressing an Edit Transcription deficiency.

1. Click the **Edit** button.



### Editing a Transcription

2. Edit the transcription text as needed.

Edit Transcription

Date of Consultation: 10/17/2016

74-year-old white male patient who recently presented to his family physician, Dr. Pierce, and then Dr. Folk, his cardiologist, with a one year history of increasing shortness of breath and fatigue. He denies any chest pain whatsoever. He underwent a stress nuclear study on 2/8/2016 which revealed posterolateral ischemia and then recommendation for cardiac catheterization performed on 2/28/2016 which revealed about a 70 to 80 percent left main coronary artery lesion with a small LAD with no significant focal disease. Circumflex had about a 70 to 80 percent long lesion with multiple branches. Right coronary artery is 100 percent occluded in the mid portion. Ventricular function preserved. Left internal mammary artery appropriate for bypass. LVEDP is elevated at 18.

PAST MEDICAL HISTORY:

1. Coronary artery disease.

2. Noninsulin dependent diabetes mellitus.

3. Hypertension.

4. Pneumonia history.

PAST SURGICAL HISTORY:

1. Spinal fusion.

2. Left leg fracture.

MEDICATION:

1. Glucophage 1000 mg bid.

2. Avaride 8 mg bid.

3. Glyceride 10 mg bid.

4. Ferrous Sulfate.

5. Glavan.

ALLERGIES: None.

SOCIAL HISTORY:

1. Tobacco abuse: Heavy use in the past but none in the

Save OK

3. Do one of the following:
  - Click the **Save** button to save the transcription without signing it.
  - Click the **Accept** button to both save and sign the transcription.
  - Close the window, and then click **Don't Save** to discard unsaved changes.

### Viewing a Chart

The Patient Window allows you to view the chart associated with a deficiency.

1. Click the **Additional Patient Info** button.

SMITH, JOHN Q

11/19/1931

Additional Patient Info

2. View the chart in the Patient Window.
3. To exit the chart, do one of the following:
  - Click the **Additional Patient Info** button again.
  - Accept or reject the current deficiency.

### Covering for Another Physician

If a physician is unavailable to perform completion tasks, you may be able to address outstanding deficiencies assigned to that physician.

1. Click the covering drop-down, if it is available.

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HALLE RINGWALD

Delinquency Level

Deficiency Type

Patient

Active

Sign

SMITH

Active

Sign

SMITH

2. Select a physician to cover for.
3. Address the deficiencies as you would your own.

Diagram	
<b>A</b>	<b>Show List / Deficiency Count</b> —Click to show or hide the deficiency list. The number indicates the current number of deficiencies remaining in the deficiency list.
<b>B</b>	<b>Assigned Physician</b> —Indicates the physician whose deficiencies are currently displayed in the deficiency list. Your name is displayed by default. You may be able to use this drop-down to select another physician to sign for.
<b>C</b>	<b>Deficiency Type</b> —Displays the Deficiency Type of the current deficiency. See the <b>Deficiency Type</b> table to the right.
<b>D</b>	<b>Patient Information</b> —Displays the name and date of birth for the patient associated with the current deficiency. Click this button to view the patient's chart in the OnBase Patient Window.
<b>E</b>	<b>Show/Hide List</b> —Displays the deficiency list, which provides information about available deficiencies.
<b>F</b>	<b>Document Viewer</b> —Displays the document associated with the current deficiency, if applicable.
<b>G</b>	<b>Deficiency</b> —When a signature or other document-level deficiency is selected, the deficiency is displayed in the document viewer.
<b>H</b>	<b>Help Button</b> —Click this button to open the DeficiencyPop help files in a new window.
<b>I</b>	<b>Deficiency Text Field</b> —Displays any information provided by the analyst who added or reviewed the deficiency. Some deficiencies allow you to edit the deficiency text to provide a message to the analyst who will reanalyze the deficiency.
<b>J</b>	<b>Save/Accept/Reject Buttons</b> —Allow you to save, accept (sign), or reject the current deficiency.

Deficiency Type	What You Do
<b>Diagnosis</b>	Enter the diagnosis in the proper system. Then, accept the deficiency.
<b>Dictation</b>	Provide the dictation in the proper system. Then, accept the deficiency.
<b>Dual Dictation</b>	Provide the dictation in the proper system. Then, accept the deficiency.
<b>Dual Signature</b>	Accept the deficiency to sign the document.
<b>Edit Transcription</b>	Edit the transcription. Accept the deficiency to sign the transcription.
<b>External Missing Signature</b>	Provide the signature in the proper system. The deficiency is removed when the system synchronizes with OnBase.
<b>External Unsigned Order</b>	Provide the signature in the proper system. The deficiency is removed when the system synchronizes with OnBase.
<b>Missing Document</b>	Make sure the document is imported. Then, accept the deficiency.
<b>Missing Form</b>	Complete the form in the viewer. Then, accept the deficiency.
<b>Missing Information</b>	Type the missing text in the provided field. Then, accept the deficiency.
<b>Other</b>	Address the request in the proper system. Then, accept the deficiency.
<b>Physician Query</b>	Complete the form in the viewer. Then, accept the deficiency.
<b>Signature</b>	Accept the deficiency to sign the document.

