

STAR 2000™



STAR PATIENT CARE REFERENCE GUIDE Order Management/Charge Processing Worksheets Volume

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October 2011

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Preface

The *Order Management/Charge Processing Worksheets Volume* of the *STAR Patient Care Reference Guide* contains worksheets you use to complete the file build of the base Order Management/Charge Processing system.

Table of Contents

| | |
|---|------------|
| Preface | iii |
| Introduction | vii |
| Chapter 1 - Worksheets | |
| STAR PATIENT CARE - FILES TO BUILD BY FIRST FILE REVIEW | 1-3 |
| STAR PATIENT CARE - TABLES BUILD/EDIT MONITORING | 1-4 |
| Order Management Tables | 1-4 |
| MCKESSON-CONTROLLED PARAMETERS AND FACILITY OPTIONS | 1-9 |
| HOSPITAL FACILITY OPTIONS | 1-11 |
| Order Management and Charging Parameters | 1-11 |
| Active Order Transfer Parameters | 1-13 |
| ORDER MANAGEMENT FACILITY OPTIONS | 1-14 |
| SIM DEPARTMENT CODE | 1-15 |
| FIM/SIM BUILD STEPS | 1-16 |
| FIM/SIM DEPARTMENT TABLES BUILD WORKSHEET - ESSENTIAL BUILD IMPLEMENTATION | 1-17 |
| FIM/SIM DEPARTMENTS - FINANCIAL (FIM) ITEMS WORKSHEET | 1-18 |
| ALTERNATE SUMMARY CODES | 1-19 |
| SERVICE ITEMS (SIM) WORKSHEET - SAMPLE | 1-20 |
| SERVICE ITEMS (SIM) WORKSHEET | 1-25 |
| SERVICE ITEM MASTER ALTERNATE NAMES | 1-30 |
| BILL FORM BUCKETS | 1-31 |
| CART RECONCILIATION STATIONS | 1-32 |
| CENTRAL SUPPLY SOURCES | 1-33 |
| CHARGE LOCATIONS | 1-34 |
| CONDITION CODES | 1-35 |
| HOLD/RESUME REASONS | 1-36 |
| DUPLICATE/CONFLICT OVERRIDE REASON | 1-37 |
| DUPLICATE HCPCS OVERRIDE REASON | 1-38 |
| ABN MODIFIER AND REASON | 1-39 |
| SCHEDULED DAYS TABLE | 1-40 |
| FREQUENCY TABLE | 1-41 |

| | |
|---|------|
| INVENTORY LOCATIONS | 1-42 |
| ISOLATION CODES | 1-43 |
| IV THERAPY CODES | 1-44 |
| METHODS OF TRANSPORTATION | 1-45 |
| OXYGEN THERAPY WORKSHEET | 1-46 |
| PRECAUTION CODES | 1-47 |
| PRIORITY CODES | 1-48 |
| REVENUE CENTER CODES | 1-49 |
| ROUTINE ORDER NAMES AND SETS | 1-50 |
| SERVICE ITEM PROMPTS | 1-51 |
| SIM DEPARTMENTS | 1-52 |
| SIM SUBDEPARTMENT CODES | 1-53 |
| SPECIMEN CODES | 1-54 |
| CLINICAL ORDERING QUESTIONS WORKSHEET | 1-55 |

Introduction

The *STAR Order Management/Charge Processing Worksheets Volume* of the *STAR Patient Care Reference Guide* provides worksheets which help explain the flexibility of building your STAR system.

The *General Information Volume* is prerequisite reading for all other volumes of the *STAR Patient Care Reference Guide*. Successful use of the *STAR Order Management/Charge Processing Worksheets Volume* depends upon your knowledge of the concepts covered in the General Information Volume.

This volume contains one chapter that includes worksheets that need to be completed prior to other build functions. A Table of Contents at the beginning of this volume provides a quick location reference for the worksheets discussed.

The following chapter is contained in this volume:

Chapter 1: Worksheets

All worksheets for the Order Management/Charge Processing Module are contained in this chapter.

Chapter 1 - Worksheets

| | |
|---|------|
| STAR PATIENT CARE - FILES TO BUILD BY FIRST FILE REVIEW | 1-3 |
| STAR PATIENT CARE - TABLES BUILD/EDIT MONITORING | 1-4 |
| Order Management Tables | 1-4 |
| MCKESSON-CONTROLLED PARAMETERS AND FACILITY OPTIONS..... | 1-9 |
| HOSPITAL FACILITY OPTIONS | 1-11 |
| Order Management and Charging Parameters | 1-11 |
| Active Order Transfer Parameters | 1-13 |
| ORDER MANAGEMENT FACILITY OPTIONS | 1-14 |
| SIM DEPARTMENT CODE..... | 1-15 |
| FIM/SIM BUILD STEPS | 1-16 |
| FIM/SIM DEPARTMENT TABLES BUILD WORKSHEET - ESSENTIAL BUILD IMPLEMENTATION | 1-17 |
| FIM/SIM DEPARTMENTS - FINANCIAL (FIM) ITEMS WORKSHEET | 1-18 |
| ALTERNATE SUMMARY CODES | 1-19 |
| SERVICE ITEMS (SIM) WORKSHEET - SAMPLE..... | 1-20 |
| SERVICE ITEMS (SIM) WORKSHEET | 1-25 |
| SERVICE ITEM MASTER ALTERNATE NAMES | 1-30 |
| BILL FORM BUCKETS | 1-31 |
| CART RECONCILIATION STATIONS | 1-32 |
| CENTRAL SUPPLY SOURCES | 1-33 |
| CHARGE LOCATIONS | 1-34 |
| CONDITION CODES | 1-35 |
| HOLD/RESUME REASONS | 1-36 |
| DUPLICATE/CONFLICT OVERRIDE REASON | 1-37 |
| DUPLICATE HCPCS OVERRIDE REASON | 1-38 |
| ABN MODIFIER AND REASON | 1-39 |
| SCHEDULED DAYS TABLE | 1-40 |
| FREQUENCY TABLE | 1-41 |

INVENTORY LOCATIONS 1-42

ISOLATION CODES 1-43

IV THERAPY CODES 1-44

METHODS OF TRANSPORTATION 1-45

OXYGEN THERAPY WORKSHEET 1-46

PRECAUTION CODES 1-47

PRIORITY CODES 1-48

REVENUE CENTER CODES 1-49

ROUTINE ORDER NAMES AND SETS 1-50

SERVICE ITEM PROMPTS 1-51

SIM DEPARTMENTS..... 1-52

SIM SUBDEPARTMENT CODES 1-53

SPECIMEN CODES..... 1-54

CLINICAL ORDERING QUESTIONS WORKSHEET 1-55

STAR PATIENT CARE - FILES TO BUILD BY FIRST FILE REVIEW

This information pertains only to the McKesson Order Management/Charge Processing Module. For information on other steps you must complete to build the STAR Patient Care system, refer to the *Patient Processing Worksheets Volume*.

1. Build all General Simple tables. General Simple tables are identified on the Table Build/Edit Monitoring handout as type G-S. You may build/edit these tables in the build environment on your system.
2. Define your SIM departments on the worksheet provided. Complete all fields on the worksheet.
3. Compile a listing of your current SIM (or its equivalent) and organize it according to the SIM departments you have defined. Analyze the items and determine which ones you want to keep. Now is your opportunity to "clean up" your SIM file.

STAR PATIENT CARE - TABLES BUILD/EDIT MONITORING

Order Management Tables

Under the column "Type," the following codes apply:

| Code | Definition |
|------|--|
| G | Relates to a General table in the <i>STAR Patient Care Reference Guide Tables Volume</i> |
| H | Relates to a High Level table in the <i>STAR Patient Care Reference Guide Tables Volume</i> |
| S | Simple table, generally limited to Code, Description and 1-2 other entries |
| M | Moderately complex table, may have additional fields beyond an S table, and/or may depend upon lower-level tables. |
| C | Complex table, usually has dependencies, be sure to refer to documentation |

In some cases, another STAR module has responsibility for a table upon which a Patient Care table is dependent. In that case, the responsible module is listed in the "type" column.

| TABLE | TYPE | EDIT | ASSIGNED | DUE | 1 | 2 | 3 | 4 | COMMENTS |
|----------------------|------|------|----------|-----|---|---|---|---|----------|
| FIM | H-C | | | | | | | | |
| DEPENDENT UPON: | | | | | | | | | |
| Alt Bill Summary Cd | G-S | | | | | | | | |
| Attachment Code | G-S | | | | | | | | |
| Detail Rev Centers | G-S | | | | | | | | |
| Inventory Location | G-S | | | | | | | | |
| Proration Summ Codes | G-S | | | | | | | | |
| Rev Center Codes | G-S | | | | | | | | |
| UB Revenue Codes | G-S | | | | | | | | |

| TABLE | TYPE | EDIT | ASSIGNED | DUE | 1 | 2 | 3 | 4 | COMMENTS |
|------------------------------|------|------|----------|-----|---|---|---|---|----------|
| SIM | H-C | | | | | | | | |
| DEPENDENT UPON: | | | | | | | | | |
| Specialty Unit | MR | | | | | | | | |
| Blood Groups | MR | | | | | | | | |
| Specimen Sources | LAB | | | | | | | | |
| Sub Depts | G-S | | | | | | | | |
| SIM DEPARTMENTS | G-C | | | | | | | | |
| DEPENDENT UPON: | | | | | | | | | |
| Bill Form Buckets | G-S | | | | | | | | |
| Summary Names | HBO | | | | | | | | |
| CENTRAL SUPPLY ONLY: | | | | | | | | | |
| Cart Reconciliation Stations | G-S | | | | | | | | |
| Central Supply Sources | G-S | | | | | | | | |
| Charge Locations | G-S | | | | | | | | |
| Major Revenue Ctrs | G-S | | | | | | | | |
| FREQUENCIES: | | | | | | | | | |
| All Departments | G-M | | | | | | | | |
| Dependent Upon Schedule | G-M | | | | | | | | |
| LABELS: | | | | | | | | | |
| Dietary, Nourishments | G-S | | | | | | | | |

| TABLE | TYPE | EDIT | ASSIGNED | DUE | 1 | 2 | 3 | 4 | COMMENTS |
|--------------------------|------|------|----------|-----|---|---|---|---|----------|
| Central Supply | G-S | | | | | | | | |
| METHOD OF TRANSPORT: | | | | | | | | | |
| Cardiology | G-S | | | | | | | | |
| EEG | G-S | | | | | | | | |
| Occupational Ther | G-S | | | | | | | | |
| Physical Therapy | G-S | | | | | | | | |
| Radiology | G-S | | | | | | | | |
| Respiratory Therapy | G-S | | | | | | | | |
| Speech Therapy | G-S | | | | | | | | |
| Scheduled Days | G-M | | | | | | | | |
| Dependent Upon Frequency | G-M | | | | | | | | |
| PRIORITIES: | | | | | | | | | |
| Lab | H-M | | | | | | | | |
| Cardiology | H-M | | | | | | | | |
| Central Supply | H-M | | | | | | | | |
| Consult Orders | | | | | | | | | |
| Dietary | H-M | | | | | | | | |
| EEG | H-M | | | | | | | | |
| Nourishment | H-M | | | | | | | | |
| Occupational Therapy | H-M | | | | | | | | |

| TABLE | TYPE | EDIT | ASSIGNED | DUE | 1 | 2 | 3 | 4 | COMMENTS |
|------------------------------------|------|------|----------|-----|---|---|---|---|----------|
| Physical Therapy | H-M | | | | | | | | |
| Radiology | H-M | | | | | | | | |
| Respiratory Therapy | H-M | | | | | | | | |
| Speech Therapy | H-M | | | | | | | | |
| ABN Modifier and Reason | G-S | | | | | | | | |
| Condition | G-S | | | | | | | | |
| Custom Documents | G-S | | | | | | | | |
| Diet Modifiers | G-S | | | | | | | | |
| Duplicate/Conflict Override Reason | G-S | | | | | | | | |
| Duplicate HCPCS Override Reason | G-S | | | | | | | | |
| Hold/Resume Reasons | G-S | | | | | | | | |
| Isolation Codes | G-S | | | | | | | | |
| IV Therapy Codes | G-S | | | | | | | | |
| Order Cancellation Reasons | G-S | | | | | | | | |
| Oxygen Therapy Codes | G-M | | | | | | | | |
| Precautions | G-M | | | | | | | | |
| Preps & Special Instructions | G-S | | | | | | | | |
| Routine Orders | G-M | | | | | | | | |
| Service Item Prompts | G-S | | | | | | | | |

| TABLE | TYPE | EDIT | ASSIGNED | DUE | 1 | 2 | 3 | 4 | COMMENTS |
|-------------------------|------|------|----------|-----|---|---|---|---|----------|
| SIM Subdepartment Codes | G-S | | | | | | | | |

MCKESSON-CONTROLLED PARAMETERS AND FACILITY OPTIONS

Please complete the questionnaire below. It is necessary that this document be returned to McKesson and all parameters and facility options be set by McKesson before you can begin building your system. If you have questions about any of the items below, please call your STAR Patient Care installer.

TILDE PARAMETERS:

1. Are you multifacility? Yes No
2. Name: Hospital A: _____
Hospital B: _____
3. Facility Indicator (this is one alpha character for each facility)
Hospital A: _____ Hospital B: _____
4. Unit Number format (i.e., xxx-xxxxx):
Hospital A: _____ Hospital B: _____
5. Unit Number length (Max=10):
Hospital A: _____ Hospital B: _____
6. Corporate Number format:
Hospital A: _____ Hospital B: _____
7. Corporate Number length (Max=8):
Hospital A: _____ Hospital B: _____
8. Account Number format:
Hospital A: _____ Hospital B: _____
9. Account Number length (Max=10):
Hospital A: _____ Hospital B: _____
10. Billcode format: _____ Billcode length: _____ (Max=9)

(If you have a non-McKesson financial system, this should be the same as financial system bill code number.)
11. SIM Code length: _____ (Max=5)

12. Maximum Charge length (i.e., 999.99): _____
This is the maximum number of digits in any given charge.
13. Physician Code length: _____ (Max=6)
14. Clock format: Military or Standard
15. Date format (i.e., mm/dd/yy): _____ (for printouts)

FACILITY OPTIONS: (1 for each facility)

- | | | | |
|-----|---|-----|----|
| 16. | Is the UNIT NUMBER check digit? | Yes | No |
| 17. | Is the CORPORATE NUMBER check digit? | Yes | No |
| 18. | Is the ACCOUNT NUMBER check digit? | Yes | No |
| 19. | Is the BILL CODE check digit? | Yes | No |
| 20. | Check digit routine (i.e., mod10): _____ | | |
| 21. | Reuse Account Numbers? (No will prevent account numbers from being reused) | Yes | No |
| 22. | Allow cancels after midnight? (affects admissions and discharges) | Yes | No |
| 23. | Are FIM numbers unique across departments? | Yes | No |

DISMISSAL PARAMETERS:

24. Will patients be charged late discharge Hourly or Halfday/Fullday?
25. Default Patient type parameters
26. Visit page display parameters
- Primary Time: _____ Primary Display: _____
- Secondary Time: _____ Secondary Display: _____
- Discharge: _____

****Consider Financial System constraints when defining these parameters****

HOSPITAL FACILITY OPTIONS

These parameters and options are controlled by you through the Hospital Facility Options function. Only the Order Management and Charging Parameters and Active Order Transfer Parameters are documented in this volume. For information on the other options under Hospital Facility Options, refer to the *Patient Processing Worksheets Volume*.

Order Management and Charging Parameters

- | | | | |
|-----|---|--------|-----------|
| 1. | Suspension Days for Contract Charges? _____ (1 through 180, does not apply to STAR Financials customers) | | |
| 2. | Activate Professional Fee charging? | Yes | No |
| 3. | Number of Days to allow late charges: (0-999) _____ | | |
| 4. | Allow Room and Bed charging | Yes | No |
| 5. | Auto Adjust Room/Bed | Yes | No |
| | Create multiple RMB charges for a day | Yes | No |
| | Create multiple O/P - I/P RMB charges on same day | Yes | No |
| 6. | Display Room/Bed screen? | Yes | No |
| 7. | Charge observation room and bed charges during Midnight (M) Processing or upon discharge? (D) | Yes | No |
| 8. | RMB Reconciliation Sort, (A)cct #, (N)ame, (T)otal charge amt | | |
| 9. | Should Room and Bed increases affect current patients' rate? | Yes | No |
| 10. | Day of Month Charging (E)nd of month, or day of month | | |
| 11. | Zero Charge Past Hold Days | Yes | No |
| 12. | Historical SIM Pricing | Yes | No |
| 13. | Default service date of Order Charge Date or Order Requested Date: | Charge | Requested |
| 14. | Include charges on Order History report? | Yes | No |
| 15. | Allow Panel Charging? | Yes | No |
| 16. | Require Detail or Summary Cart report to clear carts? | Detail | Summary |

17. Active Order Transfer Audit purge days: (1-90) _____
18. Ministry Code S (SoB) M (MSP)
19. (Canadian) Automatically reprice all charged/credited items if patient's financial class changes? Yes No
20. Rehab Dept: _____
21. Rehab SIM Item: _____
22. AdV SIM department: _____
23. ABN Form: _____
24. ABN/OPTIO Name: _____
25. ABN/Items (1-5): _____

ORDER MANAGEMENT FACILITY OPTIONS

These parameters and options are controlled by you through the Order Management Facility Options function.

1. Number of shifts used by the Dietary Department: 2 3
2. Name of shift 1: _____
3. Start time of shift 1: _____
4. Name of shift 2: _____
5. Start time of shift 2: _____
6. Name of shift 3: _____
7. Start time of shift 3: _____
8. SIM department code of the Dietary department: _____
9. SIM department code of the Nourishment department: _____
10. SIM department code of the Central Supply department: _____
11. SIM department code of the Consultation department: _____
12. Cancel future pending parent dietary orders after holding a diet order? Yes No
13. Hold all nourishments when the active diet is held? Yes No
14. Hold all nourishments when an NPO diet is ordered? Yes No
15. Current modifiers default forward for successive diet orders? Yes No
16. Existing instructions default forward for successive diet orders? Yes No
17. "Send Tray Now" prompt for diet resumes? Yes No
18. Display requested date or ordered time in Order Inquiry? _____
19. SIM code for the NPO diet: _____
20. Discharge Orders
21. Parent Order Review Start Date: _____
22. Parent Order Review End Date: _____
23. Parent Order Review Filter default statuses: _____

SIM DEPARTMENT CODE

On the SIM Department Maintenance screen, which is located on the Department/Order Control menu option under the McKesson Table Maintenance functions, you must complete both the Order Manager Application(s) field and the Filler Application field for ALL SIM DEPARTMENTS. Also, you should discuss with the hospital staff how they want these fields set up:

1. Who will be the Order Manager for this department? _____

The Order Manager is responsible for generating occurrences. For most departments, the Order Manager is STAR, and the application code is HBOC. If the hospital has a Care Manager, Guidelines Manager (Clinical Communications) Release 5.1 or greater, they would typically be the Order Manager for ADL and Treatment departments. The code is CC.

2. Who will be the filler for this department? _____

The filler is the department responsible for the results. If the hospital has:

- STAR Laboratory, the code is HBOL.
- STAR Radiology, the code is HBOX.
- An interface to an external system is negotiated with a vendor for the correct code.
- All other non-interfaced, non-networked departments use the code HBOC.

3. To how far in the future do you want the Schedule Forward Window set?

If you do not fill in this field, the default is 24 hours. The hospital determines what kind of schedule forward window to set up.

FIM/SIM BUILD STEPS

| MCKESSON RESPONSIBILITY | HOSPITAL BUILD ON PAPER | HOSPITAL ENTER INTO SYSTEM |
|--|---|---|
| | 1. Identify SIM departments. | |
| | 2. Build FIM supporting tables. Build SIM supporting tables. | |
| | | 3. Enter FIM supporting tables. Enter SIM supporting tables. |
| 4. Create SIM departments. | 4. Identify all orderable and/or chargeable items for each SIM department. | |
| | | 5. Enter FIM items for each department. Print out FIM for each department. |
| | 6. Verify each FIM list for code, description, revenue center, etc. | |
| | 7. Determine SIM department table settings. Determine order entry screens for each ordering department. Determine order requisition formats for each ordering department. | 7. Enter SIM Items for each department. Print out SIM for each department. |
| 8. Attach order entry screens for each department. | 8. Verify each SIM list for code, description, FIM code, etc. Complete menu build worksheet. | 8. Enter SIM department table settings. |
| 9. Create menus. Attach/create order requisitions for each ordering department. | | 9. Test for all charge formulas used in each department. |
| | | 10. Test for end user order entry. |
| | 11. Signoff by department manager. | |

FIM/SIM DEPARTMENT TABLES BUILD WORKSHEET - ESSENTIAL BUILD IMPLEMENTATION

This worksheet should be completed as soon as possible and returned to your Patient Care installer. SIM/FIM departments must be created before any build activity can begin. Copy this page as needed. Page ____ of ____

| CODE 3AN | DEPARTMENT NAME (20 AN) | CHARGE ONLY or ORDER/CHARGE | FACILITY A OR B | ORDER SCREEN | REQ FORMTYPE | ORDER PRINTER |
|-------------|----------------------------|--------------------------------|--------------------|-----------------|-----------------|------------------|
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FIM/SIM DEPARTMENTS - FINANCIAL (FIM) ITEMS WORKSHEET

If you are creating a number of FIM items all of which have the same detailed information, use the top portion of this worksheet to identify those common elements. Continue below with the list of FIM items all using those common elements. Copy this page as needed.

DEPARTMENT: _____ Page ____ of ____

| REVENUE CODE | DET REV CENTER | PRORATION SUMM CODE | STATS FLAG | RELATIVE VALUE | UB CODE |
|--------------|----------------|---------------------|------------|----------------|---------|
| | | | | | |

| FIM CODE | FIM DESCRIPTION | ALT BILL SUM CODE | TYPE SRVC | ATTACH CODE | ALT CODE | INV NUM | INV LOC | FORMULARY | HCPCS |
|----------|-----------------|-------------------|-----------|-------------|----------|---------|---------|-----------|-------|
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STATUS = ACTIVE OR INACTIVE

[illegible]

SERVICE ITEMS (SIM) WORKSHEET - SAMPLE

Building your SIM items is a major component of setting up the STAR Patient Care system. Here is a five-page sample worksheet, followed by a blank five-page worksheet for you to copy as needed. Review the sample and then complete the blank worksheets for your facility.

NOTE: Information on the Clinical Management Information Page of the SIM is included in the *Clinical Management Worksheets Volume*.

Page 1 of 5

| SIM DEPARTMENT | SIM CODE | SIM DESCRIPTION |
|----------------|----------|-----------------|
| CAR CARDIOLOGY | 1100 | ECG TWELVE LEAD |

DESCRIPTION INFORMATION PAGE

| FIM CODE | FIM DESCRIPTION | SPECIALTY UNIT | BLOOD GROUP |
|--------------|--------------------------------|----------------|-------------|
| 7031-1100 | ECG 12 LEAD | | |
| O/P FIM CODE | O/P FIM DESCRIPTION | ITEM TYPE | |
| 7031-1111 | CAR OUTPATIENT FIM INFORMATION | SUPPLY | |

ORDER/REQUISITION INFORMATION PAGE

| ORDER SUPPRESS | CHARGE ON ORDER | CHARGE TYPE | SEPARATE REQUIS | REQUIS COUNT | ALT PRT/ REQ | PRINT REQ | PANEL MASTER | PCR CODE (NSG) | CONFIRM PROMPT | |
|---------------------------------|-----------------|------------------|-----------------|---------------------|--------------|-----------|--------------|----------------|----------------|------------------|
| Not Supp | Yes | | Yes | 1 | | All | | | | |
| PROMPT | | LAB SPEC SOURCES | | RESTRICT PRIORITIES | QUES- TIONS | SUB DEPT | FREQ | CUST DOC | HOLD DAYS | HCPCS MODI- FERS |
| | | APPLIC | DEFAULT | | | | | | | |
| LIDOCAINE/DIG LAST 8 HOURS? (R) | | | | 5,6 | | | | | | |
| MODALITY | BODY REGION | | | | | | | | | |
| | | | | | | | | | | |

SAMPLE SIM Worksheet - Continued

| SIM DEPARTMENT | SIM CODE | SIM DESCRIPTION |
|----------------|----------|-----------------|
| CAR CARDIOLOGY | 1100 | ECG TWELVE LEAD |

PRICING INFORMATION PAGE

| ROOM & BED | (CANADIAN) ACCOMM CLASS | PROFESSIONAL FEE | | | PRICE ALGORITHM | VARIABLE | |
|------------------|-------------------------|------------------------------|-----------|-----------------------|-------------------|----------|-------|
| | | INDICATOR | PHYSICIAN | PERCENT | | PRICES | UNITS |
| | | NO | | | SIMPLE | 74.38 | |
| FIXED | | OPTIONAL VARIABLE PRICE | | MINIMUM CHARGE AMOUNT | MAX CHARGE AMOUNT | | |
| PRICE | UNITS | PRICE 1 | PRICE 2 | | | | |
| | | 58.50 | | | | | |
| MONTHLY CHG ITEM | | DAILY CHARGE (PARTIAL MONTH) | | | | | |
| | | | | | | | |

DEFAULT ORDER VALUES PAGE

NOTE: This sample is for a LAB SIM item: 2090 CBC W/DIFF.

| PRIORITY | START DATE | NURSE COLLECTED | DEPT SOURCE | FREQUENCY | DURATION | PRINT LOC | ANATOMICAL POSITION | BODY PART |
|----------|------------|-----------------|-------------|-----------|----------|---------------|---------------------|-----------|
| | | No | | | 3 Days | Ord CRT & Dpt | | |

CONTRACT PRICE LEVELS PAGE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-----------|-----------|-----------|-----------|-----------|---|---|---|---|---|----|
| VAR PRICE | 13.75 | 27.50 | 41.25 | 55.00 | | | | | | |
| FIM ITEM | 7031-1100 | 7031-1111 | 7031-1100 | 7031-1111 | | | | | | |

SAMPLE SIM Worksheet - Continued

| SIM DEPARTMENT | SIM CODE | SIM DESCRIPTION |
|----------------|----------|-----------------|
| CAR CARDIOLOGY | 1100 | ECG TWELVE LEAD |

PROFESSIONAL FEE ITEMS PAGE

| DEPARTMENT | SERVICE ITEM CODE/DESCRIPTION |
|----------------|-------------------------------|
| (1) CARDIOLOGY | 1104 ECG PROFESSIONAL FEE |
| | |
| | |
| | |
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SAMPLE SIM Worksheet - Continued

| SIM DEPARTMENT | SIM CODE | SIM DESCRIPTION |
|----------------|----------|-----------------|
| | | |

PANEL ITEMS PAGE **PANEL TYPE:** Quick Single Dept Detail Multi Dept Detail

NOTE: This sample is for a LAB SIM item: 1215 ALCOHOL (ETHANOL)

| DEPT CODE | ITEM/DESCRIPTION | FREQUENCY | PRIORITY | OFFSET | REQUIRED |
|-----------|--------------------------|-----------|----------|--------|----------|
| LAB | 7630 URINALYSIS, ROUTINE | ONCE | ROUTINE | | YES |
| LAB | 1675 SODIUM, SERUM | ONCE | ROUTINE | | NO |
| LAB | 1230 AMYLASE, SERUM | ONCE | ROUTINE | | NO |
| LAB | 1555 MAGNESIUM | ONCE | ROUTINE | | NO |
| LAB | 1200 ACETONE | ONCE | | | NO |
| | | | | | |
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DUPLICATE/CONFLICT INFORMATION PAGE

NOTE: This sample is for a LAB SIM item: 2090 CBC W/DIFF

| DEPT CODE | ITEM/DESCRIPTION | DUPLICATE/ CONFLICT | SEARCH WINDOW | OVERRIDE SECURITY |
|-----------|---------------------------|---------------------|---------------|-------------------|
| LAB | 2090 CBC W/DIFF | D | 2 HR 0 MIN | 45 |
| LAB | 2300 COMPLETE BLOOD COUNT | D | 2 HR 0 MIN | 45 |

SAMPLE SIM Worksheet - Continued

| SIM DEPARTMENT | SIM CODE | SIM DESCRIPTION |
|----------------|----------|------------------------|
| RAD RADIOLOGY | 2103 | ABDOMEN DECUBITUS ONLY |

CLINICAL ORDERING QUESTIONS PAGE

| CLINICAL ORDERING PARAGRAPH CODE/DESCRIPTION | | | I/P REQ | O/P REQ | I/P RPT | O/P RPT |
|--|----------------|------------------|---------|---------|---------|---------|
| 987 PREV CLINICAL HX? | | | YES | YES | EXT | INT |
| QUESTION CODE/DESCRIPTION | | DEFAULT RESPONSE | I/P REQ | O/P REQ | I/P RPT | O/P RPT |
| 1 | 235 PACEMAKER? | YES | NO | NO | EXT | EXT |
| 2 | 150 ALLERGIES? | PENICILLIN | NO | NO | EXT | |
| 3 | 240 PREGNANT? | YES | NO | NO | EXT | EXT |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

SERVICE ITEMS (SIM) WORKSHEET

Complete a five-page worksheet for each SIM item, or at least for several SIM items until you develop patterns for similar items that can be applied during the actual build. Copy as needed. Not all pages and fields apply to all departments and items.

NOTE: Information on the Clinical Management Information Page of the SIM is included in the *Clinical Management Worksheets Volume*.
Page 1 of 5

| SIM DEPARTMENT | SIM CODE | SIM DESCRIPTION |
|----------------|----------|-----------------|
| CAR CARDIOLOGY | 1100 | ECG TWELVE LEAD |

DESCRIPTIVE INFORMATION PAGE

| FIM CODE | FIM DESCRIPTION | SPECIALTY UNIT | BLOOD GROUP |
|--------------|---------------------|--------------------|-------------|
| | | | |
| O/P FIM CODE | O/P FIM DESCRIPTION | RES-Q OR ITEM TYPE | |
| | | | |

ORDER/REQUISITION INFORMATION PAGE

| ORDER SUPPRESS | CHARGE ON ORDER | CHARGE TYPE | SEPARATE REQUIS | REQUIS COUNT | ALT PRT/ REQ | PRINT REQ | PANEL MASTER | PCR CODE (NSG) | CONFIRM PROMPT | |
|-------------------|-----------------------|------------------|--------------------|------------------------|--------------------|--------------|-----------------|----------------------|-------------------|-------------------------|
| | | | | | | | | | | |
| PROMPT | | LAB SPEC SOURCES | | RESTRICT PRIORITIES | QUES- TIONS | SUB DEPT | FREQ | CUST DOC | HOLD DAYS | HCPCS MODI- FIERS |
| | | APPLIC | DEFAULT | | | | | | | |
| | | | | | | | | | | |
| MODALITY | BODY REGION | | | | | | | | | |
| | | | | | | | | | | |

Continued

| SIM DEPARTMENT | SIM CODE | SIM DESCRIPTION |
|----------------|----------|-----------------|
| | | |

PRICING INFORMATION PAGE

| ROOM & BED | (CANADIAN) ACCOMM CLASS | PROFESSIONAL FEE | | | PRICE ALGORITHM | VARIABLE | |
|------------------|-------------------------------|------------------------------|-----------|-----------------------|--------------------|----------|-------|
| | | INDICATOR | PHYSICIAN | PERCENT | | PRICES | UNITS |
| | | | | | | | |
| FIXED | | OPTIONAL VARIABLE PRICE | | MINIMUM CHARGE AMOUNT | MAX CHARGE AMOUNT | | |
| PRICE | UNITS | PRICE 1 | PRICE 2 | | | | |
| | | | | | | | |
| MONTHLY CHG ITEM | | DAILY CHARGE (PARTIAL MONTH) | | | | | |
| | | | | | | | |

DEFAULT ORDER VALUES PAGE

| PRIORITY | START DATE | NRS COLLECTED | DEPT SOURCE | FREQUENCY | DURATION | PRINT LOC |
|----------|------------|---------------|-------------|-----------|----------|-----------|
| | | | | | | |

CONTRACT PRICE LEVELS PAGE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------------|---|---|---|---|---|---|---|---|---|----|
| VAR PRICE | | | | | | | | | | |
| FIM ITEM | | | | | | | | | | |

Continued

| SIM DEPARTMENT | SIM CODE | SIM DESCRIPTION |
|----------------|----------|-----------------|
| | | |

PROFESSIONAL FEE ITEMS PAGE

| DEPARTMENT | SERVICE ITEM CODE/DESCRIPTION |
|------------|-------------------------------|
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Continued

| SIM DEPARTMENT | SIM CODE | SIM DESCRIPTION |
|----------------|----------|-----------------|
| | | |

| PANEL ITEMS PAGE | | PANEL TYPE: | | Quick | | Single Dept. Detail | | Multi Dept Detail | |
|------------------|------------------|-------------|----------|--------|----------|---------------------|--|-------------------|--|
| DEPT CODE | ITEM/DESCRIPTION | FREQUENCY | PRIORITY | OFFSET | REQUIRED | | | | |
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DUPLICATE/CONFLICT INFORMATION PAGE

| DEPT CODE | ITEM/DESCRIPTION | DUPLICATE/ CONFLICT | SEARCH WINDOW | OVERRIDE SECURITY |
|-----------|------------------|---------------------|---------------|-------------------|
| | | | | |
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Continued

| SIM DEPARTMENT | SIM CODE | SIM DESCRIPTION |
|----------------|----------|-----------------|
| | | |

CLINICAL ORDERING QUESTIONS PAGE

| CLINICAL ORDERING PARAGRAPH CODE/DESCRIPTION | | I/P REQ | O/P REQ | I/P RPT | O/P RPT |
|--|------------------|---------|---------|---------|---------|
| | | | | | |
| QUESTION CODE/DESCRIPTION | DEFAULT RESPONSE | I/P REQ | O/P REQ | I/P RPT | O/P RPT |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

SERVICE ITEM MASTER ALTERNATE NAMES

DESCRIPTION = 33 ALPHA-NUMERIC CHARACTERS

| SIM CODE | SIM ITEM |
|----------|----------|
| ALT 1 | |
| ALT 2 | |
| ALT 3 | |
| ALT 4 | |
| ALT 5 | |
| ALT 6 | |

| SIM CODE | SIM ITEM |
|----------|----------|
| ALT 1 | |
| ALT 2 | |
| ALT 3 | |
| ALT 4 | |
| ALT 5 | |
| ALT 6 | |

| SIM CODE | SIM ITEM |
|----------|----------|
| ALT 1 | |
| ALT 2 | |
| ALT 3 | |
| ALT 4 | |
| ALT 5 | |
| ALT 6 | |

BILL FORM BUCKETS

CODE = 1 NUMERIC CHARACTER

DESCRIPTION = 15 ALPHA-NUMERIC CHARACTERS

COLUMN = 8 CHARACTERS

(You are limited to only seven bill form buckets when printing a demand bill.)

| CODE | DESCRIPTION | COLUMN |
|------|-------------|--------|
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AUTO COMPLETE = Y/N

[illegible]

CONDITION CODES

CODE = 1 ALPHA CHARACTER

DESCRIPTION = 19 ALPHA-NUMERIC CHARACTERS

| CODE | DESCRIPTION |
|------|-------------|
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HOLD/RESUME REASONS

CODE = 2 NUMERIC CHARACTERS

DESCRIPTION = 33 CHARACTERS

NOTE: Enter either the Hold or Resume before the description, because the end user does not know what exactly occurred if viewing the audit (for example, Hold - Drs order).

[illegible]

DUPLICATE/CONFLICT OVERRIDE REASON

CODE = 5 ALPHA-NUMERIC CHARACTERS

DESCRIPTION = 36 ALPHA-NUMERIC CHARACTERS

[illegible]

DESCRIPTION = 36 ALPHA-NUMERIC CHARACTERS

[illegible]

ABN MODIFIER AND REASON

CODE = 4 ALPHA-NUMERIC CHARACTERS

DESCRIPTION = 33 ALPHA-NUMERIC CHARACTERS

[illegible]

SCHEDULED DAYS TABLE

** Required (internal is required unless Days On/Days Off is used).

| **CODE (8AN) | **DESCRIPTION (19AN) | ** (S)CHEDULED OR (P)RN | BLANK (ALL DAYS), (S)PECIAL DAYS, (P)REDETERMINED DAYS | INTERVAL (IN DAYS) (1 = EVERY DAY) | DURATION (HOURS, DAYS, OCCURRENCES) | DAYS ON | DAYS OFF |
|-----------------|-------------------------|----------------------------|---|---|---|---------|----------|
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FREQUENCY TABLE

DEPARTMENT: _____

** = Required for all departments regardless of whether or not departmental profiling is being implemented.

NOTE: A "Once" frequency does not require times or interval. All other frequencies require *either* times *or* interval.

| **CODE (6AN) | **DESCRIPTION (33 AN) | SCHEDULED DAYS (CODE FROM TABLE) | TIMES | **ALLOW TIME EDITS (Y/N) | INTERVAL (IN HOURS) |
|-----------------|--------------------------|-------------------------------------|-------|-----------------------------|------------------------|
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DESCRIPTION = 19 ALPHA-NUMERIC CHARACTERS

[illegible]

ISOLATION CODES

CODE = 1 ALPHA CHARACTER

DESCRIPTION = 19 ALPHA-NUMERIC CHARACTERS

| CODE | DESCRIPTION | CONT. TYPE Disallow roommates? | CONT. STATUS (Enter status for adjoining beds.) |
|------|-------------|--------------------------------------|---|
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IV THERAPY CODES

CODE = 3 ALPHA CHARACTERS

DESCRIPTION = 19 ALPHA-NUMERIC CHARACTERS

| CODE | DESCRIPTION |
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METHODS OF TRANSPORTATION

CODE = 2 NUMERIC CHARACTERS

DESCRIPTION = 19 ALPHA-NUMERIC CHARACTERS

SHORT DESCRIPTION = 7 ALPHA-NUMERIC CHARACTERS

CHARGE = IS THERE A CHARGE FOR THIS METHOD OF TRANSPORTATION?

Complete one worksheet for every ordering department with an order screen requiring Method of Transportation.

[illegible]

OXYGEN THERAPY WORKSHEET

CODE = 3 ALPHA CHARACTERS

DESCRIPTION = 19 ALPHA-NUMERIC CHARACTERS

| CODE | DESCRIPTION |
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PRECAUTION CODES

CODE = 3 ALPHA-NUMERIC CHARACTERS

DESCRIPTION = 19 ALPHA-NUMERIC CHARACTERS

[illegible]

PRIORITY CODES

Complete one worksheet for each ordering department.

DEPARTMENT: _____

| CODE | DESCRIPTION | SHORT DESC | ADDL CHG | START (D, T, N, B) | RECURRING Y/N | CUT OFF TIME | ADDL DAYS | ORDER CATEGORY/ STATUS |
|------|-------------|---------------|-------------|-----------------------|------------------|--------------------|--------------|------------------------------|
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REVENUE CENTER CODES

CODE = 4 NUMERIC CHARACTERS

DESCRIPTION = 19 ALPHA-NUMERIC CHARACTERS

ADJUSTABLE = YES/NO

[illegible]

ROUTINE ORDER NAMES AND SETS

CODE = 4 NUMERIC CHARACTERS

DESCRIPTION = 33 ALPHA-NUMERIC CHARACTERS

SIM CODE = of the items you want to include in the routine order set.

SIM ITEMS = The name of the items you want to include in the set.

| CODE | ROUTINE ORDER NAME | | |
|----------|--------------------|----------|-----------|
| | | | |
| SIM CODE | SIM ITEMS | SIM CODE | SIM ITEMS |
| | | | |
| | | | |
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| | | | |
| | | | |
| CODE | ROUTINE ORDER NAME | | |
| | | | |
| SIM CODE | SIM ITEMS | SIM CODE | SIM ITEMS |
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SERVICE ITEM PROMPTS

CODE = 4 NUMERIC CHARACTERS

DESCRIPTION = 36 ALPHA-NUMERIC CHARACTERS

REQUIRED RESPONSE = YES/NO

DEPARTMENT: _____

[illegible]

SIM DEPARTMENTS

This table must be completed for each orderable/chargeable and charge-only departments. Copy as needed.

NOTE: Not all fields apply to charge-only departments. Consult your documentation for discussion of each field in this table.

Department Code: _____ Description: _____

| DAYS VALID | HOURS VALID | TEXT FORMAT | PRINT REQUIS. | PRINT RECONCIL. | MAX RECURRING | PRINT LOG | DEPT LOG SORT | |
|--------------------------|----------------------|------------------|--------------------|---|--------------------------|--------------------|-------------------------|-------------------------|
| | | | | | | | | |
| BACKDATE CHARGES | DEPT RESULT PRINTER | SUMMARY NAME | BILL FORM BUCKET | CREDIT AUTO DAILY | SUB DEPTS | FUTURE DATE ORDERS | BACKDATE ORDERS | |
| | | | | | | | | |
| RES-Q OR | DUP SEARCH WINDOW | DEFAULT CATEGORY | ORDER DETAILS | DEMOGRAPH DATA FORM | SOFTKEY EDITOR LINE LGTH | SPACES FOR TAB | DEFAULT FIM CODE | CDM MAINTAINED |
| | | | | | | | | |
| DEFAULT ONCE FREQUENCY | COLLAPSE OCCURR | CMS COMPLIANT | COPIES OF ABN FORM | ABN MODIFIER (Note: This field is no longer active.) | DUPLICATE HCPCS MODIFIER | CARRY FREQ FORWARD | APPROVED DIAGNOSIS LIST | RESTRICT INDEF DURATION |
| | | | | | | | | |
| ALLOW FREEFORM DIAGNOSIS | ADMIT DIAGNOSIS LIST | | | | | | | |
| | | | | | | | | |

SIM SUBDEPARTMENT CODES

CODE = 3 ALPHA-NUMERIC CHARACTERS

DESCRIPTION = 24 ALPHA-NUMERIC CHARACTERS

Each SIM department can have a maximum of five sub-departments.

DEPARTMENT: _____

| CODE | DESCRIPTION |
|------|-------------|
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DEPARTMENT: _____

| CODE | DESCRIPTION |
|------|-------------|
| | |
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| | |
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| | |

DEPARTMENT: _____

| CODE | DESCRIPTION |
|------|-------------|
| | |
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| | |

SPECIMEN CODES

CODE = 6 ALPHA-NUMERIC CHARACTERS

DESCRIPTION = 19 ALPHA CHARACTERS

[illegible]

CLINICAL ORDERING QUESTIONS WORKSHEET

DEPARTMENT: _____

DESCRIPTION (20 ANP): _____

FORMAT:

____ SEXES

____ VALUE NORMAL RANGES? _____

VALUE FORMAT: ____ DECIMAL LOW: ____ HIGH: ____

____ SLASH LOW: ____ HIGH: ____

____ NEITHER LOW: ____ HIGH: ____

____ TABLE

TABLE ENTRIES: ____ ____ ____ ____ ____

____ ____ ____ ____ ____

____ ____ ____ ____ ____

____ ____ ____ ____ ____

____ ____ ____ ____ ____

____ ____ ____ ____ ____

____ TEXT MAXIMUM LENGTH: ____

____ PARAGRAPH

____ DATE/TIME/DATE AND TIME

PARAMETERS:

Is response required for I/P or Inhouse O/P patient types? Yes No

Is response required for non-inhouse O/P patient types? Yes No

Is question/response external for I/P clinical reports? Yes No

Is question/response external for O/P clinical reports? Yes No

■ R e a d e r C o m m e n t F o r m ■

We value your suggestions for improving our documentation. Please use this form to evaluate the *Order Management/Charge Processing Worksheets Volume* of the *STAR Patient Care Reference Guide* for Release 17.0.

| Topic | Poor | Fair | Good | Excellent |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Organization of information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accuracy of information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completeness of information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clarity of information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount of overview information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation of processes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are there parts of this manual that could be made more helpful to you? Please explain.

Other Comments:

Thanks for your help in improving the documentation.

Your Name and Position

Hospital/Organization
Name

Telephone Number

May we contact you?

Yes or No (circle one)

Fold here

Place
Stamp
Here

STAR 2000 Documentation Team
McKesson
Mail Stop ATHQ-3302
5995 Windward Parkway
Alpharetta, GA 30005

Fold here