STAR 2000™

STAR PATIENT CARE REFERENCE GUIDE
Physician Tables Worksheets Volume

Release 17.0
October 2011

C17000341

Preface

The *Physician Tables Worksheets Volume* of the *STAR Patient Care Reference Guide* contains worksheets you use to complete the build files of the base STAR Patient Care system. The worksheets enable you to gather and define the information you need to build the tables and standard files so patients can be admitted, orders can be placed, and STAR Clinical Browser and Horizon^{WP} ® Physician Portal operate.

Table of Contents

STAR Patient Care Reference Guide - Physician Tables Worksheets Volume
October 2011   *Release 17.0*   *v*
Proprietary to McKesson - Subject to Confidentiality Agreement

Introduction

The *STAR Physician Tables 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 Physician Tables 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 STAR Clinical Browser and Horizon^{WP} Physician Portal are contained in this chapter.

Chapter 1 - Worksheets

STAR Patient Care Reference Guide - Physician Tables Worksheets Volume
October 2011   *Release 17.0*   *1–1*
Proprietary to McKesson - Subject to Confidentiality Agreement

COMMITTEES

Field #	Field Description	Field Edits	Comment
1	Code	4-N-R	
2	Description	19-AN-R	
3	Edit By	Display	
4	Edit Date	Display	

Code	Description

LOCATION STATUS CODES

Field #	Field Description	Field Edits	Comment
1	Code	3-A-R	
2	Description	19-AN-R	
3	Edit By	Display	
4	Edit Date	Display	

Code	Description	Code	Description

STAR Patient Care Reference Guide - Physician Tables Worksheets Volume
1–4   *Release 17.0*   *October 2011*
Proprietary to McKesson - Subject to Confidentiality Agreement

NEW OVERRIDE NSCG LIST

Field #	Field Description	Field Edits	Comment
1	Code	6-N-R	Display only
2	Override NSCG Name	32-AN-R	
3	Specialty	19-AN-O	Table lookup
4	Office Address 1	25-ANP-O	
5	Office Address 2	25-ANP-O	
6	City / Town	18-AN-O	Town = Canadian
7	State / County	2-A-O	County = Canadian
8	Zip / Postcode	9-N-O	Postcode = Canadian
9	Office Phone	13-C-O	
10	Fax Number	25-C-O	
11	Copy	3-A-O	Yes or No
12	Comments	3-A-O	Yes or No
13	Edit By	Display	
14	Edit Date	Display	

PHYSICIAN MESSAGE TYPE

Field #	Field Description	Field Edits	Comment
1	Code	3-AN-R	
2	Description	19-AN-R	
3	System Event	Table Lookup	
4	Trans Report Type	4-AN-O	
5	Allow Physician Deletion	1-A-R	Yes or No
6	Unviewed Message Hold Days	3-N-R	
7	Viewed Message Hold Days	3-N-R	
8	Print Primary Insurance	1-A-R	Yes or No
9	Edit By	Display	
10	Edit Date	Display	

Code	Description	System Event	Trans Rpt Type	Allow Phys Deletion	Unviewed Msg Hold Days	Viewed Msg Hold Days	Print Prim Ins?

PHYSICIAN MESSAGE TYPES

Text: 10 Lines, 74 alphanumeric characters each

Code		Description	
Line 1			
Line 2			
Line 3			
Line 4			
Line 5			
Line 6			
Line 7			
Line 8			
Line 9			
Line 10			

Code		Description	
Line 1			
Line 2			
Line 3			
Line 4			
Line 5			
Line 6			
Line 7			
Line 8			
Line 9			
Line 10			

PHYSICIAN TYPES

Field #	Field Description	Field Edits	Comment
1	Code	3-AN-R	
2	Description	19-AN-R	
3	Abstract Cons	1-A-R	Yes or No
4	Edit By	Display	
5	Edit Date	Display	

Code	Description	Abstract Cons

STAR CLINICAL BROWSER/HORIZON PHYSICIAN PORTAL OPTIONS

NOTE: Result List Purge is extremely important. This controls how much laboratory and radiology reports history can be seen in STAR Clinical Browser and Horizon^{WP} Physician Portal.

Field #	Field Description	Field Edits	Comment
1	Result List Purge	5-N-R	
2	Message List Purge	3-N-R	
3	Default Custom STAR Menu	8-AN-O	Menu name
4	Face Sheet Form	20-AN-O	Program name
5	Information Card Form	20-AN-O	Form name
6	Disable Flowsheets	1-A-O	

STAR Patient Care Reference Guide - Physician Tables Worksheets Volume
October 2011   *Release 17.0*   *1–9*
Proprietary to McKesson - Subject to Confidentiality Agreement

PHYSICIAN/NSCG TABLES

Physician Parameters

Physician Code: _____

Physician Name: _____

FIRST SCREEN

Field #	Field Description	Field Edits	Comment
1	Name	25-AN-R	
2	Entitle	5-AN-O	
3	Init	3-AN-O	
4	Title	3-AN-O	
5	Staff / Non-Staff	9-A-R	
6	Admitting Status	22-AN-R	Defined for each facility
7	2nd Office	1-A-R	Yes or No
8	Soc Sec No	9-N-O	
9	Birthdate	8-C-O	
10	Office Phone #	13-P-O	
11	Extension	5-N-O	
12	Home Phone #	13-P-O	
13	Beeper #	13-P-O	
14	E-mail Address #1	36-AN-O	
15	Professional Title	25-AN-R	Table Lookup
16	Physician / NSCG Group 1	35-AN-O	Table Lookup
17	Physician / NSCG Group 2	35-AN-O	Table Lookup
18	Physician / NSCG Group 3	35-AN-O	Table Lookup
19	Physicians / NSCG in Group	35-AN-O	Table Lookup
20	Edit By	Display	
21	Edit Date	Display	

SECOND SCREEN

Field #	Field Description	Field Edits	Comment
1	Edit By	Display	
2	Edit Date	Display	
3	Patient Access Level	1-A-R	R, U, A, W
4	Report Viewing Required	1-A-R	
5	Def Patient List	1-A-O	S, U, D
6	Secret Code	Display	
7	Sign-On Exp	8-P-O	Date
8	Security Level	Table Lookup-O	
9	Initial Menu	Table Lookup-O	PHY2
10	Scheduling Departments	Table Lookup-O	
11	Grp/Cover Default	1-A-O	Covering, Group 1, 2, and/or 3

THIRD SCREEN

Field #	Field Description	Field Edits	Comment
1	Access Path	1-A-R	R, F
2	Patients on List	1-A-R	I, O, B
3	IP Primary Sort	14-A-R	Physician Type, Patient Name, Station
4	OP Primary Sort	14-A-R	Physician Type, Patient Type, Patient Name, Admission Date
5	OP Secondary Sort	14-A-R	Physician Type, Patient Type, Admission Date
6	Consider Viewed if Seen	1-A-R	Yes or No
7	Result Display Days	2-N-R	
8	List 1st?	1-A-R	Yes or No
9	Grp/Cover Default	18-AN-O	Phys. Covering, Group 1, 2, and/or 3
10	Double Dare?	1-A-R	Yes or No
11	Fax Report	9-AN-O	
12	Custom STAR Menu	8-C-O	

Committees/Specialties

Physician Code: _____

Physician Name: _____

Field #	Field Description	Field Edits	Comment
1 (1)	Primary Specialty	Table Lookup	
2 (2)	Primary	1-A-O	
(3)	Billing Specialty	Table Lookup	Canadian only
3 (4)	Other Specialties	Table Lookup	
4 (5)	Secondary Specialty Certificate	1-A-O	
5 (6)	Taxonomy #1	10-AN-O	
5 (6)	Committees	Table Lookup	
6 (7)	Covering for Physicians	Display	

Home Address/ID Numbers

Physician Code: _____

Physician Name: _____

Field #	Field Description	Field Edits	Comment
1	Home Address 1	25-AN-O	
2	Home Address 2	25-AN-O	
3	City	18-AN-O	
4	State / Province	2-A-O	Province = Canadian
5	Zip Code / Postcode	9-N-O	Postcode = Canadian
6	State / Province License Number	12-AN-O	Province License = Canadian
7	Expiration Date	8-AP-O	
8	DEA Number	11-AN-O	
9	Expiration Date	8-AP-O	
10	NPI	10-N-C	
11	UB Physician ID Number / Clinic Number	22-C-O	Clinic Number = Canadian
12	AMA Medical Education	11-AN-O	
13	Medicare ID Number	15-C-O	
14	Medicaid ID Number	15-C-O	
15	Blue Cross ID Number	15-C-O	
16	Commercial ID Number	15-C-O	
17	Pin Number	15-C-O	
18	UPIN Number	15-C-O	
19	Fin Interface Number	6-C-O	
20	Tax ID Number	15-C-O	
21	Other ID # 1	15-C-O	
22	Other ID # 2	15-C-O	
23	Staff Status	Table Lookup	
24	Professional Status	Table Lookup	
25	Type of Practice	1-C-O	
26	Type Privileges	1-C-O	
27	Active Date	8-AP-O	
28	Inactive Date	8-AP-O	
29	Res-Q OR	1-A-O	Yes or No

Office Information

Physician Code: _____

Physician Name: _____

Field #	Field Description	Field Edits	Comment
1	Office Code	3-AN-R	
2	Office Name	25-AN-R	
3	Office Address Line 1	25-C-O	
4	Office Address Line 2	25-C-O	
5	City	18-AN-O	
6	State / Province	2-A-O	Province = Canadian
7	Zip Code / Postcode	9-N-O	Postcode = Canadian
8	Fax Number	25-C-O	
9	Answering Service Number	13-C-O	
10	Office Phone Number	13-C-O	
11	Car Phone Number	13-C-O	
12	Hospital Phone Number	13-C-O	
13	Office Contact Person's Name	36-A-O	

Office Staff Parameters

Physician Code: _____

Physician Name: _____

Office Staff Member Code: _____

Office Staff Member Name: _____

FIRST SCREEN

Field #	Field Description	Field Edits	Comment
1	Employee Name	25-AN-R	
2	Entitle	5-AN-O	
3	Init	3-A-O	
4	Title	3-AN-O	
5	Office Code	3-AN-R	
6	Office Phone	13-P-O	
7	Extension	5-N-O	
8	Home Phone	13-P-O	
9	Beeper #	13-P-O	
10	Comment	36-C-O	
11	Edit By	Display	
12	Edit Date	Display	
13	Secret Code	Display	
14	Sign-On Expiration	8-P-O	
15	Patient Access Level	1-A-R	R, U, A, W
16	Def Pat List	13-A-O	S, U, D
17	Security Level	Table Lookup	
18	Scheduling Departments	Table Lookup	
19	Grp/Grp Member	1-A-O	G, S
21	Group/Cover Default	17-C-O	Covering, Group 1, 2, and/or 3
22	Initial Menu	Table Lookup	PHY2-Office Staff, PHY3-Group Office Staff
23	Phys Ind's	1-A-O	Yes or No

SECOND SCREEN

Field #	Field Description	Field Edits	Comment
1	Access Path	1-A-R	R, F
2	Patients on List	1-A-R	I, O, B
3	IP Primary Sort	14-A-R	Physician Type, Patient Name, Station
4	OP Primary Sort	14-A-R	Physician Type, Patient Type, Patient Name, Admission Date
5	OP Secondary Sort	14-A-R	Physician Type, Patient Type, Admission Date
6	Consider Viewed if Seen	1-A-R	Yes or No
7	Result Display Days	2-N-R	
8	List 1st?	1-A-R	Yes or No
9	Grp/Cover Default	18-AN-O	Phys, Cov, Grp1, 2, 3,
10	Double Dare?	1-A-R	Yes or No
11	Fax Report	9-AN-O	
12	Custom STAR Menu	8-C-O	

O. S. Sign-On Information

Physician Code: _____

Physician Name: _____

Field #	Field Description	Field Edits	Comment
1	STAR Environment	U-AN-R	Unlimited character entry; only first seven characters display
2	Default STAR Environment		
3	Sign-On Expiration		
4	O.S. ID Code		
5	All Enhancements Assigned		

Field #	Field Description	Field Edits	Comment
1	ID Code	U-AN-R	Unlimited character entry or auto-assignment
2	Name	22-AC-R	
3	Initials	3-A-R	
4	Employee Number	12-AN-R	
5	STAR Environments	Table Lookup-O	
6	Default STAR Environment	Table Lookup-O	
7	Termination Date	8-NC-O	
4	Office Staff Code	Special Format	Entry is OS dependent
5	All Environments Assigned	Display	

Comments

Physician Code: _____

Physician Name: _____

General Comments	
Line 1 (36 AN)	
Line 2 (36 AN)	
Line 3 (36 AN)	
Line 4 (36 AN)	
Financial Comments	
Line 1 (36 AN)	
Line 2 (36 AN)	
Line 3 (36 AN)	
Line 4 (36 AN)	

STAR Departmental Physician Parameters

STAR Radiology Fax Parameters

Physician Code: _____

Physician Name: _____

Field #	Field Description	Field Edits	Comment
1	Office Location Fax Number	Table Lookup Display	List of Physician offices
2	Inclusion Criteria	Special Format	
3	Fax Generation	Special Format	

Physician Role	Fax (A, O, N)	Patient Type (Table, All)	Priority (Table, All)
Admitting			
Attending			
Consulting			
Ordering			
Primary			
Referring			

Priority (Table Display)	Fax Generation (I, B)

LABORATORY REPORTING

Physician Code: _____

Physician Name: _____

Field #	Field Description	Field Edits	Comment
1	Main Report Location	Table Lookup	
2	Report Format	1-N-R	
3	Auto Update	1-A-R	Yes or No
4	Report Location Parameters	1-A-O	P, F, R

Role	Print (A, O or N)	Patient Types (A, P or N)	Contract Vendors (V, N, or A)
Admitting			
Attending			
Consulting			
Ordering			
Primary			
Referring			

STAR MEDICAL RECORDS PHYSICIAN PARAMETERS

Physician Code: _____

Physician Name: _____

Field #	Field Description	Field Edits	Comment
1	Chart Deficiency Method	1-A-R	E (email), F (fax), P (print)
2	Fax #	12-NC-C	
3	Email Address	255-C-C	

Chart Deficiency Method	
Fax #	
Email Address	

Patient List Inclusion Parameters

Physician Code: _____

Physician Name: _____

Facility: _____

Patient Types (Table)	Physician Roles (A, T, P, C, R and/or D)	Retain Past Discharge (2-N)

Result Queue Parameters

Physician Code: _____

Physician Name: _____

Facility: _____

Field #	Field Description	Field Edits	Comment
1	Laboratory Results	1-A-O	P, C, B, N
2	Radiology Results	1-A-O	P, C, B, N
3	Excluded Radiology Summaries	Table Lookup	
4	Unviewed Hold Days	2-N-R	
5	Viewed Hold Days	2-N-R	
6	Message Notification	1-A-O	Yes or No
7	Patient Type	Table Lookup	

Patient Type	Admitting	Attending	Consulting	Primary	Referring	Ordering

Message Parameters

Physician Code Name: _____

Office Staff Member Code - Name: _____

Facility: _____

Field #	Field Description	Field Edits	Comment
1	Committee Messages	1-A-R	Yes or No
2	Specialty Messages	1-A-R	Yes or No
3	Covering Messages	1-A-R	Yes or No
4	Patient Type	Table Lookup	

Patient Type	Admit (ADRT)	Attend (ADRT)	Consult (ADRCT)	Primary (ADRT)	Refer (ADRT)

Wait List Parameters

Physician Code: _____

Physician Name: _____

Facility: _____

Field #	Field Description	Field Edits	Comment
1	Sort Priority	Table Lookup	
2	Admission Criteria	Special Format-R	
3	Maximum Patients Per Day	3-N-R	
4	Surgical Time Per Day	4-N-R	
5	Edit By	Display	
6	Edit Date	Display	
7	Letters	Special Format-R	

Elective Admission Lists

Physician Code: _____

Physician Name: _____

Facility: _____

Field #	Field Description	Field Edits	Comment
1	Elective Admission List	Display	
2	Chart Requester	1-A-R	Yes or No
3	Chart Days	2-N-C	
4	Restriction	1-A-R	P, S, N, B
5	Guaranteed Timeframe	3-N-R	
6	No. Priorities Average Timeframe: I/P Day Case Max Time	Special Format	

Bed Preferences

Physician Code: _____

Physician Name: _____

Facility: _____

Field #	Field Description	Field Edits	Comment
1	Edit By	Display	
2	Edit Date	Display	

Exceptions	Station(s)	Bed(s)

PHYSICIAN/RESOURCE SPECIALTIES

Field #	Field Description	Field Edits	Comment
1	Code	Display	
2	Description	19-AN-R	
3	Conversion Code	5-AN-R	
(3)	MOH Bill Code	2-AN-R	Canadian Only field
4	Trendstar Specialty Number	3-N-O	
5	Stat Type	Table Lookup	
(6)	CIHI Code	2-N-O	Canadian Only field
6 (7)	Edit By	Display	
7 (8)	Edit Date	Display	
8 (9)	Sort Priority	Table Lookup	
9 (10)	Admission Criteria	Special Format	
10 (11)	Maximum Patients Per Day	3-N-O	
11 (12)	Surgical Time per Day	2-N-O	Hours or Minutes
12 (13)	Elective Admission List	Table Lookup	
13 (14)	Letters	Table Lookup	

STAR Patient Care Reference Guide - Physician Tables Worksheets Volume
October 2011   *Release 17.0*   *1–27*
Proprietary to McKesson - Subject to Confidentiality Agreement

PRODUCT OPTIONS

Field #	Field Description	Field Edits	Comment
1	Display Price	1-A-R	Yes or No
2	Def Pat List Print Fmt	1-A-R	S, U, D
3	Phys Patient Lists	2-N-R	
4	Pat Audit Purge	3-N-O	The purge count is reset each time this field is accessed.
5	Override NSCG Purge	2-N-O	
6	CBR Upload File	35-C-O	
7	Report Viewing Required	1-A-R	Yes or No
8	Secret Code	1-A-R	Yes or No
9	Days Valid	3-N-O	
10	Facility Sign-On	1-A-R	Yes or No
11	Security Level	Table Lookup	
12	CRT Init Menu Timeout	3-N-O	
13	PC Init Menu Timeout	3-N-O	
14	Default Initial Menu	Table Lookup	
15	Additional Phone #	1-A-R	B, H, N
16	Grp/Cover Default	1-A-O	C, or Group 1, 2, and/or 3
17	Lab Results	1-A-R	Yes or No
18	Unviewed Rslt Queue	2-N-O	
19	Viewed Rslt Queue	2-N-O	
20	Lines Of Msg Text	10-N-O	
21	Characters Per Msg Line	74-N-O	

PROFESSIONAL STATUS

Field #	Field Description	Field Edits	Comment
1	Code	1-AN-R	
2	Description	19-AN-R	
3	Edit By	Display	
4	Edit Date	Display	

Code	Description	Code	Description

PROFESSIONAL TITLE

Field #	Field Description	Field Edits	Comment
1	Code	2-AN-R	
2	Description	25-AN-R	
3	Abbreviation	3-AN-R	
4	Edit By	Display	
5	Edit Date	Display	

Code	Description	Abbreviation

STAFF STATUS

Field #	Field Description	Field Edits	Comment
1	Code	1-AN-R	
2	Description	19-AN-R	
3	Edit By	Display	
4	Edit Date	Display	

Code	Description	Code	Description

■ 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 *Physician Tables Worksheets Volume* of the *STAR Patient Care Reference Guide* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	❑	❑	❑	❑
Accuracy of information	❑	❑	❑	❑
Completeness of information	❑	❑	❑	❑
Clarity of information	❑	❑	❑	❑
Amount of overview information	❑	❑	❑	❑
Explanation of processes	❑	❑	❑	❑

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