**MEETWI~1**

0:03  
OK, there we go.

0:14  
Am I back you there, Chris?

0:16  
Yep, Yep.

0:16  
All right, So OK, users came up with some issues.

0:24  
Let's see the other thing.

0:25  
My mouse start quit working.

0:28  
So yeah, they came up and this this error window pops up when occasionally or for in this particular case with the scenario that's described, when a user clicks the save button, that message pops up and it tells them they can't, you know, coding reports not generated and charges may not go across and all this good stuff.

0:48  
So this is a fairly important thing.

0:53  
So what has happened in this particular case, Chris, which which issue we're talking about the 14360 and the done column there for the OBS Med Therapy 14360.

1:09  
OK, I believe.

1:10  
I believe that's it.

1:11  
Let me open that up.

1:12  
Sure.

1:23  
My mouse quit working and I'm having to use my battery pad.

1:27  
And no, it's not the battery, just it just, it just failed because I've put batteries in it.

1:33  
The lights are on and everything the and so I unplugged, replugged and all that.

1:39  
But yeah, maybe you need to restart your computer.

1:41  
Yeah, it's yeah, Microsoft has caused some stuff so and I've had to shut down.

1:46  
But I may, I may try it out of desperation one more time.

1:50  
OK.

1:51  
All right.

1:51  
So, yeah, this should be it.

1:54  
All right.

1:54  
So when a user saves a chart with this particular share there with this particular issue, they'll get that message and they can't.

2:05  
The steps to correct it are a bit involved because what's happening is there's some stuff happening in the background that the users can't see and they won't see on that particular chart.

2:21  
So the issue, the basic issue is the meds.

2:29  
There's a medication or multiple medications that the rule engine can't look up.

2:34  
And so it causes a problem.

2:36  
OK.

2:41  
So is there a workaround or?

2:43  
Yeah, that's the document that I sent you that you had up before this.

2:47  
That's what that is.

2:48  
OK, So the basic issue is not a coding issue.

2:54  
It's not it's not, it's not a new error or anything like that.

2:59  
But basically, and, and like I said, this is a little confusing, but the basic issue is the rules engine can't find a medication that it's being told to look up.

3:10  
OK, there are two things that would cause this problem 1 is not related to this particular scenario, but it has come up and it gives you the same issues.

3:21  
The results are the the resolution is the same, but there are two different causes for the same issue.

3:31  
The basic issue again, and this is the part I'll keep stressing, is it can't find a medication.

3:37  
And so on the Med therapy tabs, you know, you put the time, the date, the type and site, site and route, and you pick a medication.

3:48  
All the medications are looked up based off of what's selected in that drop down box.

3:53  
And if it can't find it, it it's a problem.

3:56  
And it should be a problem because we should not have medications that are not valid.

4:02  
So Chris question, So is this on both Ed, Ed medication and Obs medication or just on Ed medication?

4:11  
It it can happen on both.

4:13  
OK.

4:14  
So any, any medication that it can't find Ed or observation will cause a problem.

4:22  
And again, that's, that is not a new issue.

4:24  
That is by design.

4:26  
You know, we don't try to look up or we, we try to look up the medications, but there are two different causes that that can make that happen.

4:34  
One which was not specific to this, but again, it's exactly the same issue.

4:39  
It's just caused by a different scenario or situation is if somebody changes the global Med list and there is a chart that has already selected a either a modified or a deleted medication, this error will happen because that medication no longer exists in the list.

5:02  
OK so for example Dean or Drew, I think it was Drew called me to help with the thought.

5:11  
It was the same issue that we'll get into in a bit where with a Datalink client, well, turns out they were, they're a Datalink client, but they hadn't turned Datalink on yet.

5:21  
Somebody had modified the global Med list, and this was a chart that had not been completed before that Med list changed.

5:31  
And so this error popped up and what had happened was they had changed the medication description, which is the the items in the list for the Med therapy medications they had swapped like it might have been a generic name and a brand name in the description.

5:52  
So instead of Med one and or Med two, it was Med 2 and or Med one.

5:58  
They had just swapped them for some reason and so it couldn't find it.

6:04  
So that is the basic issue.

6:07  
There is a medication that the rules engine cannot resolve.

6:12  
That makes sense.

6:13  
Yeah, Yeah.

6:13  
So basically if it's a Tylenol, they changed the the global list change to Advil or something, right.

6:21  
So Tylenol stays the same in the database.

6:26  
It doesn't on the chart.

6:28  
Yeah.

6:28  
Yeah, on the chart in the medication list, if they selected it, that does not change.

6:33  
And so if they change the list to Advil come back and save that Tylenol chart again, it will get the IT will get this error.

6:44  
So this is by design.

6:45  
It doesn't auto update, right.

6:47  
Not the individual charts, no, because, yeah, that we don't go back to modify things automatically after a chart has been saved.

6:57  
So once you get this error, does the field become like there's a red box around it or is there?

7:05  
No 'cause the the user interface does not know that's the problem.

7:10  
It just gets a message back from the rules engine that says, you know, hey, I can't code, I can't complete this chart or whatever.

7:16  
And this message pops up OK 'cause this is a bit of a generic message and it's intended to say, you know, get help or intended to get help.

7:27  
So I don't wanna rush a head.

7:31  
But so what's the solution?

7:33  
Is it the solution is to The solution is to reselect the medication to to one that's in a valid one that's in the list.

7:41  
So for example, one that I was helping drew with on the clients where they had swapped and Tylenol and Advil's just as good as anything that you know, the description said Tylenol's space Advil.

7:54  
Well, they had changed it from Tylenol space Advil to Advil space Tylenol.

7:59  
OK?

8:00  
So they had swapped them and there were three or four that were like that and that was just the ones that we saw there.

8:06  
So basically, and in the description in that document, if you go down for the resolution for the Ed chart only piece there, let me pull mine up here.

8:26  
So for the resolution, it says basically open up the problem chart, slide up to the Ed one at the top there, because there's three sections, Ed, Obs and then Ed and Obs.

8:38  
So yeah, and this is similar for for especially the Ed and the Obs only it's just which portion you're open.

8:44  
Open up the chart, get on the meds tab, check the medications.

8:49  
So each medication should be this valid, should be in the drop down list.

8:53  
So if you click that Med therapy box for the medication, it should highlight that medication in the list that's selected.

9:01  
So if you've got Tylenol, it should highlight the one that you have selected in the list.

9:05  
If it doesn't, it'll start at the very top of that list.

9:09  
OK, so basically, if it doesn't, if it doesn't highlight a valid 1, then you need to reselect the medication.

9:18  
Now it's going to be up to the user, the coder to find it because like our Tylenol Advil thing, well, Tylenol would start would be down on the TS Advil would be up in the A's if it starts.

9:30  
So they'll have to select it even if it's the same medication.

9:34  
OK, OK, let's say it's just the the description is different.

9:38  
All right, so the but you don't need to be specifically for that medication.

9:43  
You can choose anything in that pull list, right.

9:47  
Oh yeah, yeah.

9:48  
Any other medication, any other medication.

9:51  
Now that may not be right for the chart, but yes, if they if they if they reselect or if they select any medication in the list and the list is valid, then that would resolve that particular medication may be the wrong Med, but that would.

10:05  
So, Chris, when they select the same medication or a new medication, does it cause any other fields on the right, you know, like quantity, quality or anything else?

10:18  
It no longer it won't reset anything.

10:21  
No.

10:22  
So all you should have to do is reselect the medication.

10:26  
OK.

10:27  
Now of course the assumption is here that you're gonna select the one that it, you know, similar or the one that was updated.

10:35  
So if you change a different medication, say for example a non chemo Med and you selected a chemo Med, there may be some other criteria that is now required based off of that selection.

10:47  
But just selecting a medication in general will not affect the other the other fields on that run.

10:55  
OK, but again, as always, there are exceptions, especially with like chemo meds or if the if it requires its own sites and you know, things like that, there's a number of other other things that could affect it.

11:07  
But generally speaking, no, it will not affect the other other fields in that row for that.

11:12  
OK selection.

11:14  
All right, so, and the description here on the document is if you again, if that medication is not valid, the the highlighted medication in the drop down list will be, you know, something other than what's in the box.

11:28  
And usually it starts at the top of the list.

11:32  
And then basically you just need to you need to revalidate or invalid medications only to be updated by selecting the appropriate medication of the drop down list or removed.

11:42  
So you can just delete that whole row too.

11:45  
All right, and here's where it gets a little weird because for Datalink clients once you've resolved cause in in what we found and why it took so long to find it was the medications on the Ed tab were fine.

11:59  
That was not the issue.

12:01  
What was happening is and is currently happening is that the Datalink clients Datalink was creating records for the Med therapy records for the observation portion of the chart, which for an Edu only chart is not even enabled.

12:23  
But the rules engine, the UI was sending those Med therapies for, for what was inserted for observation time was sending those to the rules engine.

12:33  
And you know some of them, one of them may have been unknown or it couldn't resolve a medication or there was something wrong with it, but the user couldn't see it because the observation tab is not enabled.

12:44  
Shouldn't.

12:46  
So the next steps were it has Datalink clients there in parentheses is.

12:52  
This is kind of the weird part of this because the again the issue is the same, but if there's a modification in the list, that's one scenario.

13:03  
If Datalink has created records that it shouldn't have, that's this particular scenario.

13:09  
So there are two different scenarios for the same problem.

13:12  
All right.

13:13  
So once the Ed meds are verified, enable the Obs tab.

13:17  
You check the box at the top, you know, for Obs.

13:19  
It then enables the tab.

13:21  
You go to the the meds tab because, well, yeah, that's what it was.

13:32  
When?

13:33  
Because if you click and if you go on the meds tab for observation, all of a sudden there may be some records there that you don't expect.

13:39  
And that's what the issue is.

13:41  
So you clear those meds on for the observation portion.

13:45  
You then disable the observation to get rid of that, save the chart and everything should work.

13:53  
OK, so we've made they're not deployed and still looking at it.

14:00  
And this is the testing part is how do we test that?

14:04  
So there have been two changes that we've we've or pursuing is 1 changing the data link so it doesn't create those records.

14:15  
The other one is the first change that we made actually is for the user interface to not keep propagating those records because when you save the chart, it just kept creating those records for the next version.

14:28  
And that problem just kept, you know, going moving forward.

14:32  
So the user was saving things that weren't on the screen and that is never a good thing.

14:38  
So the two changes that we made, as I mentioned data link was changed or is in the process of being changed to not create those records.

14:46  
The other piece was for the user interface not to save anything for a chart portion that is not enabled.

14:55  
So even if it sees those that it shouldn't be saving those so it should automatically remove them.

15:01  
So there are two things that we could potentially be trying to test.

15:05  
1 is the data link that it doesn't create those records.

15:08  
With what we currently have that is not even really possible to test.

15:14  
Now later when we get the support stuff set up that may and we are able to create and move charts and things like that, that is more likely to be able to be tested.

15:26  
The other piece is the user interface modifications that were made to not save those records, those Med therapy records for a disabled chart portion.

15:41  
So within the user interface, there's not really an easy way to verify it or to even make that happen because when you create a chart, of course you know, that doesn't create those records.

15:57  
So what I was doing to help test and verify code changes and even troubleshoot this and make sure that's what was happening.

16:06  
You know, I'm getting into the tables and, and looking at the Med therapy table, deal Med therapy table to see if those records are being propagated or creating ones to see, you know, the code changes work and stuff like that.

16:19  
OK, those just that just does not seem reasonable for progression testing or testing for a new release, you know, for somebody to be working through test cases.

16:31  
So that's where I'm struggling with how should we do something to test this other than just saving charts and yeah, it worked.

16:40  
Gotcha.

16:41  
So is it reproducible presently currently in in any of our environments?

16:47  
Can we cause?

16:48  
Yeah, yes.

16:50  
But again, you can't do it through the normal functions or process or workflows through the application.

16:59  
Somebody's got to modify a table, right?

17:02  
So you go in the back end and you run the query or some kind of a script, right, To 'cause it.

17:09  
Yeah, OK, right.

17:10  
So.

17:11  
So it's in the SQL database or yeah, we're OK.

17:20  
And like I say, we can do and.

17:22  
And the other part of this that makes it even more difficult is that if we modify both things, which we are, we are doing meaning both things, the data link and the UI is one that the data link is.

17:37  
We currently have it.

17:37  
It's not really testable because we don't have charts that can actually do that.

17:44  
But there are two different pieces like say data link creating the records and then a completely separate workflow process function with the the user interface to actually be able to handle those records if they're there.

17:58  
So the data link is the one with a paragon, right?

18:03  
So this is what brings inbound.

18:05  
So this is, you run it and there is a script and then it populates, right?

18:11  
The yeah, user opens up a chart, it makes a bunch of calls to Paragon Mobile to go get stuff and then it populates based off of matches and mappings and you know, a bunch of other configuration things.

18:23  
So so we need to be able to go to whatever the Paragon or have some kind of script right to run in the background to simulate the situation, right.

18:35  
Well, again, with the datalink stuff, we can't really test that right now because we don't have any charts to that would fall under this scenario.

18:45  
OK, without making, you know, a whole bunch of other or a whole bunch of other back end steps.

18:56  
So again, and that's why I'm, you know, kind of not sure how we can do either either one of these, but the UI is mostly the UI changes are easier to test right now with what we have.

19:11  
But there is there is a an XA piece or something that has to be done external to the normal workflow of opening up a chart and saving a chart.

19:20  
Well, the way we've done it in the IPR is you have to be able to go to SQL database and run this, run the script to update Tylenol to, to Advil, right?

19:36  
And then you go to UI right, to refresh the screen or whatever.

19:41  
And then it says, you know, this, this particular, you know, prescription doesn't exist or whatever, right?

19:51  
Well, but that's where like say that's where it's, it's the, the, the root, the, the root issue is the same.

20:00  
And we know that it's by design and that's not, but, but that's not what we would be trying to test.

20:06  
So we wouldn't actually want to change the medication list.

20:09  
What needs to happen is there needs to be records created.

20:14  
There needs to be some Med therapy records created for a chart portion that is not enabled.

20:20  
That's the back end stuff that needs to be done.

20:23  
So like say you can't do that in the normal workflow of things.

20:27  
Without data link and with our data link the way it is right now, we can't reproduce that because of the charts issues and things like that, the charts that we have and don't have access to.

20:37  
So is this a limitation of a software or is it limitation of resources?

20:42  
We don't have people to do it or well, it's a limitation of our of our access to Paragon charts.

20:50  
OK, it's not a, it's not a workflow, it's not a personnel thing.

20:53  
It's just we don't have access to the chart that we have access to and we currently can use.

20:58  
We are trying to resolve this, that it, it would be difficult and we wouldn't be able to easily test this.

21:09  
So what I was thinking, and that's why I want to kind of see what your thoughts were.

21:14  
And you've kind of answered that with, with your previous comments that we could potentially set up a script or a batch file or something to say, OK, give me a chart number.

21:26  
I'll go create some Med therapy records for the OBS portion.

21:30  
Now we and you know, just make sure that chart, the OBS portion is not enabled and then we could potentially do 1, you know, the swap of that where it's OBS only and Ed is not enabled.

21:42  
So, but before I started trying to build something like that, that's why I want to kind of.

21:48  
So when you say enabled, that means the great the checkbox is not selected.

21:54  
Selected.

21:55  
OK, yeah.

21:56  
So if it's in Ed only, yeah, 'cause I, yeah, I've seen the facilities with OBS only or Ed only, right.

22:04  
The OBS doesn't even is not even present.

22:09  
There's no tab.

22:10  
It's not even grayed out.

22:12  
So in that situation for in for infusion, yeah, I think for infusion center or I think it's still there if it's an Ed only, I think.

22:23  
But either way, if it if whether it's gone or enabled or disabled or something, yeah, the steps and the scenarios are the same now, yeah, this wouldn't, this wouldn't be valid for an infusion center or something like that because we wouldn't have data link for that.

22:43  
OK, Now the other issue if somebody goes and change the global Med list or something like that, that still is a that's always been there and it always will be.

22:53  
But again, the root issue or the root problem is the same, but this particular data link setup, it's caused by Datalink creating records and then the UI not handling those properly.

23:08  
As opposed to a timing issue where somebody changes the Med list while somebody's working a chart and they didn't know.

23:16  
They had to go back and reselect a medication that was modified.

23:20  
But basically it can't find a Med.

23:24  
The rule engine can't find a Med.

23:27  
OK, So I think after kind of talking through this, and I know this is kind of around, you know, the, this the the familiarity with the subtleties and workflows and stuff like this are probably a little difficult to follow.

23:41  
But I think what we could potentially do then is we could have some tests, a couple of test cases for Ed only, OBS only, and maybe Ede and Obs, although that's a bit different because the problem is user can't see it and they don't know to go, well, I've got to enable the OBS tab to go clear obsmets.

24:03  
Why are there obsmets?

24:04  
There shouldn't there's, there's no OBS portion.

24:06  
So that is not something that I would expect anybody to do.

24:10  
And I just, you know, kind of happen to fall upon it.

24:13  
So would that be acceptable or, or it doesn't sound unreasonable to, for a test case to say it's reasonable and I'm fluent.

24:23  
I, I can do, I mean, as long as we got a script or some kind of engine.

24:28  
So yeah, I'd have to, I'd have to build a script or a batch file or, or something, an import file or something to create records for that cause 'cause the problem, not the problem.

24:40  
But where it gets a little difficult and involved and detailed is it's got to be for that particular version of the chart and like say that version numbering, that relational tie and all that good stuff.

24:54  
That's not stuff you can see in the user interface.

24:57  
So that's gonna have to be a bit of an involved script store procedure.

25:03  
Can you change the version number in the script or certainly, and it would have to be modifiable or something, but to get to understand or know what that value is, you can't see it.

25:17  
I mean, you can see the version number, but we're not tying, we're using different numbers.

25:23  
So I'll have to, I'll have to figure out how to make that easy enough.

25:28  
So you can just run a script and type in an, a visit ID.

25:32  
So they'll have to be things that run across multiple tables to go figure out, OK, I've got a visit ID, but what version is it on?

25:40  
Match up that other number and then use that number to create records in a different table.

25:46  
So it's certainly doable, but it's just a matter of, OK, that's, you know, as far as steps to reproduce or to verify.

25:56  
Yeah, but we have to think about the future too.

25:59  
You know, when we do regression, how possible it is to simulate and you know, in the month, three months in the year, right.

26:07  
So you need to go oh, definitely and modify the values and change the, oh, you'd have to change it on every, every chart, every chart save.

26:16  
So it's not just a, you know, even just for a given chart, anytime you ran, anytime you ran the test, you would have to update and modify the script or whatever.

26:29  
So, so, yeah, that's, but I didn't want to spend a whole lot of time trying to do that.

26:33  
Again, it's not, it's not necessarily difficult.

26:37  
It's tedious and it just has to be done right.

26:40  
Yeah.

26:41  
And in such a manner that somebody can just, you know, click something and basically want them to type in a visit.

26:46  
ID don't want to don't want them to have to understand Oids and, you know, everything else.

26:50  
But.

26:52  
OK, So if that's reasonable, kind of yeah, that's gonna take me a bit, but we.

26:57  
Yeah.

26:57  
I don't know how.

26:58  
Yeah.

26:58  
How involved, you know, how much time we have, you know, and well, but like you said, this is not just for now, because we're not expecting to push anything out anytime soon that I'm aware of.

27:13  
But you know, if because of they're trying to, we're trying not to do anything till the end of the year.

27:20  
That's kind of the, the, I mean, I'll tell you, like in IPR, we have a login tool, right?

27:25  
Like it was designed, created by a developer to simulate the real time situation where the the clients log in and set the patients and contacts, right?

27:37  
So you don't.

27:38  
So you typically choose the the environment, right?

27:44  
Like the QA environment, Steve environment, whatever.

27:47  
Then you choose user, you know the provider and then you choose you know a patient.

27:53  
So you, you use the UI, you know this login tool, so you don't have to go to the through the back end, through the database and enter those criterias, you know, So right 'cause that's, that's why I'd wanna create, you mentioned a script, I would most likely created a little application that could run and just put in a visit ID instead of getting somebody to sign into SQL Server and you know all that stuff.

28:17  
But like I said, that's just gonna be a little involved.

28:22  
But we are trying to be better about, you know, exactly what we're talking about regression testing and and taking the time to do some stuff up front so that we don't have to worry about it or, you know, forget, like, like you said.

28:35  
Yeah, how much, how tedious it is.

28:38  
Yeah.

28:39  
Because to get like an IPR, if we do any modification, we get paid by a client.

28:45  
We don't just take it from our budget.

28:49  
I mean they have to pay for it, right?

28:51  
Yeah.

28:52  
And our subscription stuff, which we've been for 25 years, yeah, those kinds of things, our updates and maintenance and stuff like that is all included.

29:03  
So this would not be a customer, customer funded type modification.

29:08  
And it's an issue that you know, is not, it's not a request other than, you know, they want it to work, right.

29:14  
So, so the fact that there is a workaround for it, you know, that doesn't make it any less of an issue, but it does allow us to say, well, yes, we're working on it.

29:25  
They'll be a fix for that.

29:27  
Previously we would have just fixed it and pushed it out as soon as possible or soon as, as the FA would say as, as, as soon as practicable.

29:38  
But, but now I think we're with the web stuff and things like that, we're trying to push things off till the end of the year.

29:44  
So, so now that we have a workaround that allows us to potentially do that.

29:48  
And this is, you know, this is not necessarily a rare scenario, but we've only had two clients that have had this issue and they were resolved and everything's been fine since.

30:01  
So, so this work around like so this works for this particular issue, but the base of the, the, the root issue, not the root cause, but the root issue is the same thing.

30:14  
The meds need to be fixed.

30:15  
That's basically what it is.

30:17  
Now the fixing of that is either reselecting the medication or, you know, enabling a tab that isn't enabled and going to see if there's anything on that.

30:26  
So those are the differences, the resolutions.

30:29  
So so how often does the meds global list get changed?

30:33  
I mean, how frequently it happens.

30:36  
Occasionally medication names changes, things get added.

30:40  
So for example, one of the issues that came up that we thought was this problem, but it wasn't because again, the, it was not a data link thing, but they, they couldn't code the chart was somebody had gone in and the, the new, the newer, what do they call them?

31:01  
Semi glutide medications for a diabetes type 2.

31:05  
And you know, people are losing all this weight and you know, the Kardashians and you know, all these celebrities and all that good stuff.

31:11  
Well, that medication was in there, but there's a new brand name called Oh, so shoot, what was it?

31:18  
Zeptide or Zep Zeptitude or something like that.

31:23  
So they went into that medication and just added that new brand name.

31:28  
So the medication, the, the, the list was changed.

31:32  
Well, they had selected it and then somebody had a chart that had been saved with that, the previous medication, which did not include the Zepatude or whatever it was zip tied.

31:48  
And so it kept getting that error.

31:52  
Well, nobody could figure it out.

31:54  
And I went through these steps, like I said, just trying to figure out because we looked, I'm like, no, this is not a data link thing.

32:00  
There's nothing on the OBS tab.

32:03  
They're blank.

32:04  
And so I went through and there were like 10 or 12.

32:06  
There was a a number of them medications on the Ed tab.

32:10  
And just like I had in the instructions here, when I selected one that was valid, it highlighted it in the list.

32:15  
So I'd go to the next one and then I ran across that Ozempic Montabo or whatever, and then I selected it and it didn't highlight it in the list.

32:29  
Well, I did a search for the Ozempic or whatever the, the, the first name was and I found it, but it had that Zep Zepatide or Zepatude at the end.

32:39  
So I, I selected that one.

32:41  
It was obvious I was, I was comfortable choosing that one and everything worked.

32:46  
So again, that that is a timing issue because somebody modified the medication list after somebody had saved a chart with that medication that was modified.

33:00  
So they somebody had to go back, which just happened to me, me trying to troubleshoot it, reselect that medication with the updated with the updated description and then everything worked.

33:11  
So that was a timing issue as opposed to erroneous records being created by Datalink.

33:18  
So where does the medication, medication list or medication database or storage, where is it?

33:30  
Is it happening outside somewhere or where is it stored?

33:36  
And how does it get updated?

33:38  
Like somebody can just typically go in and update medication or is there import script and is it, yeah.

33:47  
Is this medication list similar across the facilities, across the hospitals or they're all yeah, we call it follow.

33:55  
Yeah, we call it a global medication list because we used to have a medication list for each facility.

34:02  
And so now we're pretty much forcing everybody to use what is called a global medication list.

34:09  
And I'm trying to get my connection back to the QA server here, and I'll share my screen.

34:14  
Thank you.

34:17  
Although I may get kicked out because my thing said it was getting close.

34:34  
But basically they are configurable.

34:36  
They it's a managed list support or you know, somebody on our team can do it.

34:42  
And there are permissions for administrative users at the site.

34:47  
They're the ones that usually manage that list after it's been created and after it's BeenVerified and all that.

34:53  
So a user at the client site will make the modifications to that particular list.

35:01  
See if I can remember where that is.

35:08  
Let's see, Nope, that's not it.

35:26  
Or I'll I'll share my screen here in a bit when I find it.

35:30  
Thank you.

35:30  
Combo box purge chart history global.

35:35  
That's not it.

35:36  
That's global settings.

35:37  
So oh oh oh oh, I'm completely in the wrong place.

35:52  
It's under utils restart parameter cluster.

35:57  
What is it that?

36:08  
Oh, maintenance.

36:08  
Maybe it's maintenance.

36:15  
OK, sorry for that delay there.

36:19  
Where's my share for this?

36:27  
All right, so now I'm signed in as admin, as you can tell, down at the bottom right.

36:34  
So if I go into where is it?

36:39  
I just had it.

36:42  
It happens.

36:43  
Yeah, where is it?

36:45  
I just had it.

36:46  
Edit list.

36:46  
Now come on under you tell somewhere down at the bottom.

36:50  
I just had this.

36:52  
What is it called?

36:53  
Meds list, save medications settings, edit combo.

37:04  
No, I just had this.

37:05  
Where was it?

37:06  
I've completely forgotten where I've found it.

37:08  
Not reports.

37:08  
Maintenance medications editor.

37:13  
Here we go.

37:13  
So under maintenance medications editor, here's basically the list.

37:20  
OK, so if I do.

37:29  
OK, I'll see.

37:30  
All right.

37:37  
So here like the one second from the bottom here, like the the cyclamine and dental and some of the examples I was talking about earlier or the silacelacine and acetatode or something.

37:52  
Those names were just switched.

37:55  
They were both in there, but you know, Bentol was in front of dicyclomine or something like that.

38:00  
Somebody just changed them to match them up with Paragon or who knows what.

38:05  
So if we're looking up the dicyclomine space dash, space bental, and they've swapped that around or put something, put a third word out at the end or something, we won't find it 'cause they were doing an illiteral text match for that medication.

38:21  
OK, so if they modify this list and do not reselect a medication again, it's a timing issue because basically if you go into a chart and pull that information up on the meds tab, I don't want this keep popping up.

38:51  
So that list like see, I've got immunization administration here.

38:54  
If I, if I select that from the list, it should highlight that and it does.

38:59  
You see, we've got immunization administration and, and all the is and anything with immunization is listed here.

39:06  
But if I, if I select something that isn't valid, it'll go to the top of the list.

39:14  
But that, that list for the maintenance medication editor.

39:20  
Yeah.

39:20  
So if I look and if I go find immunization, it should, should be in there, I think.

39:27  
Oh no, 'cause that's not a Med that's for that's for an immunization.

39:31  
Anyway, this is the, this is the global Med list.

39:34  
So we got 369 records in there.

39:36  
You see, we've got different dedicated line chemotherapy, critical care, blah, blah, blah.

39:42  
So if the meds is invalid, you cannot save it, right?

39:46  
You can save it, yes, you can save it, but you cannot, the coding report will be grayed out, disabled, right?

39:53  
You'll get the message that you'll get the message that's in that document.

39:57  
Because if there are no errors, if there are no errors like, I can't unselect that now, but if there's an error on the chart, just do a new one.

40:18  
It won't code.

40:19  
You can always save it.

40:20  
You can save in an erred state, you know, whatever.

40:23  
But so for example, here I couldn't, I can save the chart, but I can't code it because there's an error.

40:32  
We've got the little, we still call them red XS, although they're white XS on a red dot, but they, they, they used to actually be red.

40:40  
So we bunch of us still call it a red X, but it's actually a white X.

40:45  
So you can save the chart, but this will not code because there's an error.

40:51  
But what's happening is there are no errors on the chart that you can see and it tries to code the chart, but the rules engine has an issue and it tells the user interface it couldn't code it.

41:02  
The coding report is not available because there was an error, an issue.

41:08  
So that that error that you showed the red error at the top of your document.

41:12  
Mm hmm.

41:13  
So it happens on the UI on this on this screen, it shows up on the UI when you save the chart.

41:19  
So see now it won't happen now because there are errors.

41:21  
So if I click save says saving chart, now I've got my records, but see coding report.

41:27  
I can't select coding report.

41:30  
But what's happening is, can I delete it from here?

41:42  
All right, so now if I click save, it will code the chart and I shouldn't get an error because, yeah, that's a valid medication.

41:49  
But if I go in, I don't think I can type this see if it'll let me save that.

42:14  
Oh, may not.

42:15  
Maybe it's not doing it because they don't have errors.

42:19  
Yeah, this is strange here.

42:24  
But yes, that message will pop up when they save the chart because the rules engine tries to code it.

42:30  
It sends it back to the the user interface that said there was an issue coding that chart.

42:34  
And so the coding report will not be enabled and charges, you know, may not be, may not be sent.

42:40  
They won't because it doesn't create any.

42:42  
OK, sounds good, Chris.

42:46  
All right, So it sounds reasonable or acceptable for me to create something to do the back end stuff needed to test this, run through some test cases for this.

42:56  
OK, OK.

42:58  
And we can walk through once I get that done, then we can walk through the actual test case and steps and stuff like that.

43:06  
Yeah, once you have something ready, we'll we'll meet again and talk about it.

43:10  
So, all right.

43:11  
Well, Steve, I appreciate your help.

43:13  
Anytime, Chris, thanks for your involvement.

43:15  
Thanks.

43:16  
All right.

43:16  
Have a good day.

43:17  
Take care.

43:17  
Thank you.

43:18  
Bye.

43:18  
Bye.