



## INVISION® Allergy Tips

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The INVISION® Drug Allergy Module (DAM) helps customers coordinate and streamline patient allergy information to save time and money, as well as to help prevent mistakes. However, implementing the module, as with any new implementation, can create a different set of challenges. To help avoid errors during the implementation process and potentially dangerous patient situations, here are some tips from consultants who have been through multiple implementations.

### Conversion

The first step in the implementation is to select a method of conversion. There are three options: No Conversion, Standard Conversion, or Enhanced Conversion. The pro's and con's of each are noted below.

1. No Conversion
  - Pro's
    - With no patient allergies converted, there will be no conversion mistakes, most will be coded correctly.
    - Minimal clinician involvement during preparation for Drug Allergy Module.
    - Very little downtime during the implementation event.
  - Con's
    - No clinical checking occurs until allergies are manually entered in new Drug Allergy Module pathways.
    - Significant clinician involvement to re-enter all active patient allergies into INVISION® once DAM is turned on.
    - No historical allergies pulled forward for return admissions.
2. Standard Conversion
  - Pro's
    - Minimal clinician involvement during preparation for DAM.
    - Allergy information is converted automatically, as much as possible, to the new DAM allergies.
  - Con's
    - Misspelled allergies and allergies that are not "mapped" will be converted to Free Text (not clinically checked).
    - Allergies that have been coded to the wrong DACN category will generate additional allergies on the patient that they may not have.
    - Longer downtime than no conversion.
3. Enhanced Conversion
  - Pro's
    - Misspelled duplicates or duplicates in a different category can be corrected and coded into the correct allergy.
    - Allergies that would be converted into multiple coded allergies can be limited to certain categories based on clinician input.
    - Misspelled allergies can be converted to correct coded allergies, which will be clinically checked.
    - Option to specify certain allergies that should not convert. This would be for "junk" allergies that are unreliable.
  - Con's

- Requires more significant clinician involvement during the implementation process.
- Longer downtime than no conversion.

Other conversion issues to consider:

- The implementation guide says the INVISION<sup>®</sup> and Pharmacy Combined Picklists should match, but they rarely do. When the picklists don't match, your system is open to out of synch conditions. This will occur when one allergy is available in one system and not the other. When one of these allergies is coded on a patient, one system will have the allergy and the other system will reject the interface transaction – instant out of synch condition.
- If the current system has custom processing in RTIF, it may be advantageous to rethink this method. There is no way to get in the middle of the RTIF processing. It does not use screens to unload components into the auda. One driver calls two programs.
- If using Custom Master Function Table – you MUST open a PSR to have three functions added to enable it to interface the new DAM allergies. CHPFDA01, CHPFDA02, and CHPFDA03 need to be added.
- Siemens and First DataBank are currently looking to sunset DACN 9/30/08.

## Preparing

- In the Preparing – Version of Implementation Guide (10/25/2007) Topic 13.15.c (page 105 of 126) “Drug Allergy Module Implementation Guide for INVISION<sup>®</sup>, Siemen’s Pharmacy, and Soarian Clinicals”, it says to lock users out of three PIDX related pathways. We recommend locking them out of ALL PIDX related functions. If you relocate patient cases, delete PIDX records, etc, you will crash the conversion program.
- The implementation guide also suggests that you do conversions on both sides if you choose to do a conversion-- this is unnecessary in our experience. If you are doing a conversion on INVISION<sup>®</sup> and sending allergies to Pharmacy using a script, there may be trouble with multiple systems not synching with the current DACN allergies.
- To go live with no allergies in other pathways, put the allergy up front in the pathway. We put it in front of assessments, pt notes, orders, pt factors, vital signs and only show it for the 1<sup>st</sup> nurse or doctor.
- Model allows you to do free text immediately. Change the module to require at least one search first, which requires search needs to be between 3-5 characters, so clinicians don't type too much and spell it incorrectly.
- Relocate Case functionality needs to be reviewed with clinicians and the Medical Records department. The one sentence blurb in the implementation guide can be confusing. The current DACN process behaves the same way. When you relocate a patient case to a new medical record number, the case takes on the allergies of the medical record number that it is moved to on the INVISION<sup>®</sup> system. On the Pharmacy system, it merges allergies from both of the Medical Record Numbers.
- Procedures for new allergies Relocate Case and requests for new drugs are not in FDB. If there are any interfaces set up with Send ADT on first-order logic (FOL), there may be issues. Allergies do not get sent with the A28 admission record set produced with the FOL. Allergies are not tied to the case, so it didn't make sense to send allergies with that record. Also, you can stack CHPPDA80 in the pathway anywhere you want to send allergies, but then you are stuck rebuilding the logic of when to send allergies that Siemens already had in place before with the Send on FOL. One solution is to change the Radiology system to send ADT on verification instead of on FOL.

## Tips

- Pharmacy doesn't allow (;) character in the allergy description, for example: “Iodine; Iodine Containing”. Pharmacy will not allow us to enter the semi-colon since it is considered a bad character, even though they accept it from First Databank. If your interface does not use the semicolon, Siemens can modify the Pharmacy system to allow your facility to use the (;) character. When creating your own non-drug allergies consider not using the semicolon. If you are creating non-drug allergies such as food allergies that need to match the drug allergy, you have no choice but to define with the exact same spelling so that both categories of allergies will be sent when a user selects them.
- A60 vs. A08 – When INVISION<sup>®</sup> receives allergies via RTIF, it will only send out A08 transactions to other ancillaries, since Pharmacy is the only foreign system Siemens recognizes as having the ability to use A60 records.

Unless the GRV3 transaction is headed to Pharmacy and split out to other foreign systems to use the A60, you are stuck with A08 to the other systems.

- When Pharmacy sends A60 to update each allergy, A08 snapshot goes out for each A60 sent to INVISION®.
- When reviewing allergy conversions, check output on both systems. Looking at only INVISION® or only Pharmacy the conversions seem to make sense. However, when the output is taken from each system and put it into an Access database and merged together, there are DACN mismatches, conversion override mismatches, and headaches.
- Instead of using the Pharmacy download/upload tool, use ALGCNTS and an OLIE script to format it into the upload format. The download tool will only generate a report of distinct allergies. The ALGCNTS report will generate a report of the distinct allergies plus the overrides already have in the system.
- Each time there is an upload into the override file to Pharmacy, it clears out any manual overrides put there previously. They will need to be re-entered.
- PHM only allows 3 overrides to upload; the rest need to be manually uploading. Keep in mind for multi-category items; add the allergy as both food allergy (FA) and drug allergy (DA). Latex could be considered FA, DA, and environmental allergy (EA).
- Determine if there is a need for a mapping table. A helpful tool is a profile that holds commonly entered drugs and the map it goes to, for example: steroids to glucocorticoids. PCN we map to Penicillin, ASA to Aspirin. This profile is used for common misspellings, common names for things that would not be found in First DataBanks files. This method could also be used to limit items sent to the dietary system, for example: walnuts, almonds, pecans, etc, all map to Nuts.
- Post erroneous allows a comment; mark inactive does not.
- If there are allergies on Pharmacy with quotes surrounding them, an override cannot happen. For example, “blue pills”, uploaded into pharmacy, will strip the quotes if they are surrounding the allergy.
- If there is an allergy on INVISION® that contains multiple drugs for example; Vicodin contains Acetaminophen and Codeine, it goes to Pharmacy as two separate allergies. If they inactivate one of them, it interfaces back to INVISION® with no apparent change to the view for the user. The clinical checking on INVISION® will be correct, but the user will not know why certain things are not being checked if they know what ingredients are in the drug.
- NDDF loading on the two systems is now important due to Combined Picklist. Until live, update the Combined Picklist manually.
- Conversion reports on INVISION® that show what each allergy is converted to is only generated during the run in report mode. It is not created when actually in update mode. If you want a “was-is” list of patient allergies, you will need to run the conversion in report mode prior to running it in update mode.
- Review overrides whenever the Combined Picklist is recreated. FDB changes descriptions for some allergies each month, and sometimes they explode one allergy into multiple allergies.
- When the job is run to re-create the Combined Picklist, any items that were created manually will still be there. They will not need to be added back in.
- Currently, there is no mention in the implementation guide on how to print without first having the user go to the Current Allergies screen and selecting the print button. If you value %GY10UNO=3 in the pathway prior to CHPPDA10 running, it will cause it to print the allergies instead of displaying them.
- Pharmacy downloads and ALGCNTS are case-sensitive, but the upload conversion overrides are not. Therefore, if users type in the same allergy spelled in upper and lower cases, it would show up on the ALGCNTS report twice. However, if two different overrides are put in for each of the upper and lower case allergies, both allergies will show when the conversion runs.

#### Tools we created

- OLIE
  - To update allergies in Dept Maintenance
  - Log INVISION® Combined Picklist (There is now an ALGCNTS report that will print the INVISION® Picklist)
  - Load PRDAC conversion override profile on INVISION®
  - Reformat INVISION® Distinct Allergy Report into 1 line for use in spreadsheet
  - Reformat Pharmacy ALGCNTS report into 1 line for use in spreadsheet
- Excel Spreadsheets

- Combine picklist into a tab in the worksheet. Then put the distinct allergy report into a separate tab on the worksheet and add macro code to check if the override being entered by the user is in the Combined Picklist. It was instant validation that what was typed in is correct.
- Access Database
  - By comparing output from INVISION<sup>®</sup> to Pharmacy conversions you can determine how out of synch the two are. This database required 15 separate queries to load the output from the conversion jobs to get them synched up, and shows which allergies matched up after the conversion and which didn't.

**Suggested documents to have:**

- Drug Allergy Module Implementation Guide for INVISION<sup>®</sup>, Siemens Pharmacy, and Soarian Clinicals
  - INVISION<sup>®</sup> 27 Clinical Enhancements
  - INVISION<sup>®</sup> 27 VSDM Data Files
  - Z080310c - INVISION<sup>®</sup> Allergies – Revision History Display and other Allergy Enhancements.

If you would like more information on this topic and the services that Vitalize Consulting Solutions, Inc. has to offer, please contact us at our Corporate Offices 610-444-1233 or [vcs@getvitalized.com](mailto:vcs@getvitalized.com). We are also always available on our website [www.getvitalized.com](http://www.getvitalized.com).