

ATTACHMENT S4 ICU-CIS Script VISN 1 (New England)

SET UP/ADMIT

1. Demonstrate the ability to easily connect to external medical devices such as cardiac monitors, hemodynamic monitors, ventilators, balloon pumps, CVVHD, pulse oximeter, IV pumps.
2. Demonstrate the ability of the CIS device to include input capabilities from Bar Code Readers, swipe card readers, image capture devices (wound image capture) and RFID.
3. Demonstrate when data collection begins, i.e. when connected to external device, when patient selected, or when told to begin by user.
4. Demonstrate user log-in into the system using Access/Verify. Can the ICU-CIS login be the same as the users VHA login? Can the PIV card be used to access the ICU CIS?
5. Demonstrate the manual entry of a patient when the CIS is not connected to the network.
6. Demonstrate how you would reconcile a patient's profile started without an ADT admission who then gets admitted.
7. Demonstrate the ability to display the record in accordance with 508 compliance.
8. Demonstrate the selection of patient and verification of correct patient.
9. Demonstrate the display and document the review/confirmation of DOB, full SSN, Allergies and general biographical information. Is the entry of this data into the ICU CIS system bi-directional ie: Are allergies pulled from CPRS into the ICU CIS and if placed into the ICU CIS do they populate the allergy section in CPRS?
10. Demonstrate how each screen shows the patients name and full SSN.
11. Demonstrate how height and weight are recorded (including metric), religious preferences, code status, admitting diagnosis, scheduled procedure, health care surrogate.
12. Demonstrate documentation of universal protocol/procedural time out.
13. Demonstrate work flow for transfer of patient from one area of care to another, for example: Demonstrate how a patient would be transferred into the ICU to the OR and then back to the ICU on the same admission.
14. Demonstrate how you would limit functions by user (i.e. QM, Nursing, Physicians, Respiratory Therapy, students).

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DATA ELEMENTS

15. Show the prebuilt flow sheet elements that are provided with the software purchase. (IHI bundles, VAST language).
16. Demonstrate the collection of data elements.
17. Demonstrate the ability to document vital signs, including multiple input mediums (NIBP, cuff, A-Line)
18. Demonstrate the ability to provide visual, graphing, trending view of data. Also show how data can be viewed in real time and in selected hour increments (i.e. q 5 min, q1 hour, q4 hours, etc.).
19. Demonstrate the different ways in which physiologic data can be viewed in both numeric and graphical format.
20. Demonstrate the ability to display and store cardiac and hemodynamic waveforms within the system. Demonstrate how these waveforms can be imported as part of the patient record.
21. Demonstrate the collection of I&O information including IV fluids, blood products, PO, IV drips, parenteral fluid, enteral fluids, EBL, as well as the ability to provide continuous shift, 24-hour, and LOS totals.
22. Demonstrate the ability to document all blood product administration as individual components including primary and secondary nurse verifier signature.
23. Demonstrate documentation of IV administration including selection of drug dose and time as well as total medication volume infused within the I&O record. Edit drug selection, dose, and timing. Also demonstrate how to add a new medication to the system.
24. Explain how data is collected and stored (local server vs. individual PC), and how long it is stored.
25. Demonstrate how to edit previously stored information.
26. Demonstrate edit of artifacts.
27. Demonstrate edit of staff identification in case of erroneous entry or staff changes.
28. Demonstrate the frequency the data is collected, and how to change the frequency “on the fly”.

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FLOWSHEET ELEMENTS

29. Demonstrate the ability to customize the patient flow sheet.
30. Demonstrate the ability to customize the patient flow sheet once the CIS is in use.
31. Show the nursing documentation capabilities/applications provided with the software purchase (care plans, admission assessment).
32. Demonstrate the documentation of the head to toe assessment (to be included: neuro, cardiac, respiratory, GI, GU, etc.).
33. Can information in the assessment be carried forward to each hourly assessment? Please demonstrate.
34. Demonstrate the ability to view various sections on the screen simultaneously such as vital signs, vasoactive drips, and I&Os at the same time.
35. Demonstrate the documentation of special procedures such as central line swan-ganz, or a-line insertion.
36. Demonstrate the ability to document (Time Out) for invasive procedure (added).
37. Demonstrate how nursing interventions are documented/entered and how they are displayed.
38. Demonstrate the documentation of an emergency event. Show how the user would add details and narratives after the event is completed.
39. Demonstrate the ability for multiple users to document information, and also demonstrate how to edit information entered.
40. Demonstrate the ability to capture and store multi-disciplinary care. Please demonstrate if your system allows for multiple user log on.
41. Demonstrate the ability of the nurse to select patients assigned to them (customized assignment list).
42. Demonstrate the ability of the physician to select patients assigned to them (customized assignment list).
43. Demonstrate how the data (orders) is verified by nursing staff.
44. Demonstrate print out options and capabilities.

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- 45. Demonstrate the ability of a shift handoff tool to be used by nurses.
- 46. Demonstrate the ability of a shift handoff tool to be used by physicians.
- 47. Demonstrate how a coordinator would have the ability to add fields to the flow sheet remotely, and can these fields be calculated variables?
- 48. What reference materials or cognitive aids are included in your product (i.e. Decision Support capabilities)?
- 49. Can icons be added e.g. to a toolbar to display reference materials updated from central locations e.g. phone lists, call schedules, antibiotic/drug reference information, protocols, management of emergencies such as transfusion reactions, malignant hyperthermia, ACLS protocols, etc. ?

REMOTE VIEW CAPABILITIES

- 50. Demonstrate any remote view capabilities (for example, anesthesiologist can watch multiple cases at once from office).
- 51. Does the system allow for multiple users to remote view the record at the same time? Is this data viewable in real time?
- 52. Demonstrate the ability to view, both remotely and at the unit workstation, various assessment elements such as cardiac, neurologic, procedures, etc. in a tabbed browsing form or equivalent.
- 53. Demonstrate the ability to view a live OR case that is expected to be recovered within the critical care unit.
- 54. Demonstrate how the recovery staff will view the OR record.
- 55. Demonstrate the process for viewing the PACU record in areas other than designated recovery areas.
- 56. Demonstrate how a user would be able to view the CIS record without accessing CPRS. Is this data viewable in real time when accessed remotely?
- 57. Demonstrate how to audit the data trail. Is this information editable, and for how long?
- 58. Demonstrate how the record is placed into CPRS.

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- 59. Is the record editable after it has been sent to CPRS?
- 60. How long does it remain editable before the document is permanently closed/locked?

PROVIDER ORDERS, LAB DATA, SYSTEM ALERTS

- 61. Demonstrate how the system alerts users that new orders have been entered into CPRS.
- 62. Please demonstrate how doctors' orders are displayed and how orders are entered manually.
- 63. Demonstrate how lab information is viewed.
- 64. Demonstrate how the system alerts users of abnormal values.
- 65. Demonstrate how the system alerts the of critical lab values.
- 66. Demonstrate how the user is required to address alerts.
- 67. Demonstrate how the system alerts the user when specific documentation is required (i.e. restraint assessment, skin assessment, etc.).
- 68. Demonstrate how the system alerts the user to repeat administration of antibiotics (1 and 3 hour).

SYSTEM FAILURE

- 69. Demonstrate how the system would collect data in the event of a network failure.
- 70. Describe how the system responds to a mid-procedure network failure? To a mid-procedure power failure? To a mid-procedure workstation failure?
- 71. Will a server hard drive corrupt the system database?
- 72. Will a workstation hard drive failure lead to loss of data?
- 73. Does the system require network access for case startup and closure? If not, what happens in the event of a system lockup or a transient power failure?
- 74. Demonstrate how application software is updated. Can updates be pushed to the PCs or does it have to be loaded on each individual device?

SYSTEM

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- 75. How many other VA sites have installed this software?
- 76. Has this system ever lost data due to a workstation/network failure?
- 77. Have other sites had unexplained failures? Were they hardware, software, or network related? Other causes?
- 78. Has your system ever been de-installed from a facility? Explain in full detail why.