

Clinical Ancillary Services (CAS)
Development – Delivery of Pharmacy Enhancements (DDPE)
VA Medication Reconciliation (MedRecon) Application

Requirements Specification Document



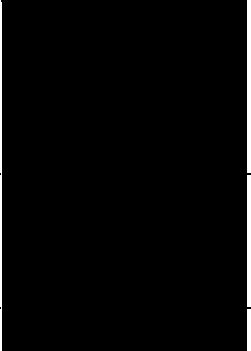
Department of Veterans Affairs

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Revision History

Note: The revision history cycle begins once changes or enhancements are requested after the Requirements Specification Document has been baselined.

Date	Version	Description	Author
11/13/2014	1.0	Baseline RSD Version	
10/20/2014	0.1	Initial Draft	

Artifact Rationale

The Requirements Specification Document (RSD) records the results of the specification gathering processes carried out during the Requirements phase. The RSD is generally written by the functional analyst(s) and should provide the bulk of the information used to create the test plan and test scripts. It should be updated for each increment.

The level of detail contained in this RSD should be consistent with the size and scope of the project. It is not necessary to fill out any sections of this document that do not apply to the project. The resources necessary to create and maintain this document during the life cycle of a large project should be acknowledged and clearly reflected in project schedules. Do not duplicate data that is already defined in another document or a section in this document; note in the section where the information can be found.

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1. Introduction

1.1. Purpose

The Clinical Ancillary Services (CAS) Development Delivery of Pharmacy Enhancements (DDPE) Medication Reconciliation (MedRecon) project Requirements Specification Document (RSD) details the requirements for the development of a new application to support the Department of Veterans Affairs (VA) need to execute the process of reviewing and adapting medication treatment to the current state of the patient's clinical presentation.

The intended audience for this RSD are all stakeholders invested in the CAS DDPE MedRecon application development effort including, but not limited to MedRecon Subject Matter Experts (SME), Health Care Team (HCT) members, CAS DDPE MedRecon development team members, contributors and consumers of VA MedRecon data, VA Program and Project leadership, and VA Office of Information and Technology (OI&T) governing and reviewing organizations.

1.2. Scope

The CAS DDPE MedRecon project supports the initiative to alleviate short-comings of the current state of VA medication reconciliation processes and existing tools by providing a new MedRecon application that will interact with anticipated VA future-state applications and architecture in development by the VA OI&T. Efforts across the VA to provide a fully functional MedRecon tool have been ongoing for several years and through multiple avenues; however this project has been given authority under Task Order (TO) VA118-1014-0029 and related National Service Request (NSR) #20100914 to produce the functionality outlined the Project Work Statement (PWS).

MedRecon is a vital process to patient care and supports several key points including the creation of the most accurate depiction of the current state of a patient's medication, identifying potential negative medication outcomes, adjusting their medication treatment plan, educating the patient to optimize their medication regimen, and communicating across a HCT to coordinate a patient's care.

The scope of this project, as defined by the PWS, is to provide a functional MedRecon Tool that will utilize existing and future-state VA applications that align with the One-VA Enterprise Architecture (EA) to receive necessary services into the MedRecon Tool as well as provide MedRecon services to consuming applications. The core scope consists of six key functional components:

- Retrieve and display to the HCT, a patient's most current VA and Non-VA medication information available
- Means to acknowledge with the patient and/or designated spokesperson the validity of the presented medication data and identify possible adverse outcomes
- Means for the HCT to act upon a patient's medication data to accept, alter, or add medication to their regimen
- Supply the patient key information to successfully execute the their medication treatment plan

- Communicate reconciled medication information to the HCT
- Produce managerial and statistical reports to support patient outcome improvement, regulatory compliance, and business process improvement

The MedRecon project will utilize a modified Agile approach to requirements elaboration. The MedRecon RSD should be considered a living document that is subject to periodic reviews, continuous elaboration, and re-alignment to support the contracted Project Work Statement (PWS), Business Requirements Document (BRD), updated VA Information Security and Privacy Policy, emerging VA technologies, under-developed and yet-to-be-developed future state VA applications coming online, local and regional variances, and regulatory compliance changes.

1.3. References

Medication Reconciliation National VA Work Group SharePoint Site –

[REDACTED]

Medication Reconciliation Internal Development Team SharePoint Site –

[REDACTED] [e](#) [REDACTED]

Clinical Pharmacy Practice – Medication Reconciliation

[REDACTED]
[REDACTED]

NSR 20100914 –

[REDACTED]

VA Section 508 Standards Checklist/Artifacts; Policies and Procedures

[REDACTED]

VA Quality Assurance Standard

[REDACTED]





Authoritative Source for the medication information is PBM. www.pbm.va.gov

2. Overall Description

2.1. Accessibility Specifications

All Section 508 requirements currently defined and depicted in the Health Systems Design and Development (HSDandD) Section 508 Checklists for Software Applications and Operating System guideline will be adhered to.

The Medication Reconciliation team will use the following checklists as a guide when building the application. We will work closely with the 508 office to ensure that the MedRecon web application adheres to the current guidelines.

- [1194.21 Software applications and operating systems](#) 
- [1194.22 Web-based intranet and internet information and applications](#) 
- [1194.31 Functional performance criteria](#) 
- [1194.41 Information, documentation, and support](#) 

2.2. Business Rules Specification

Business rules are being documented using Explicit Expression presented in diagrams using the Microsoft Visio application. Business rule elaboration is in process during the requirements planning state and the diagrams available to date are included in this RSD. It is anticipated that the diagrams may be replaced and/or supplemented by declarative Business rule statements during the planning phase of the MedRecon project. The diagrams are presented in Appendix B.

2.3. Design Constraints Specification

The system design will comply with VA policies, directives and procedures including:

- VA-One Technical Reference Manual (TRM)
- The One VA Enterprise Architecture (EA) framework.
- VA ProPath and PMAS standards
- VA Assessment and Authorization (A&A) and related security policies
- Open Source VA Code Guidelines

If the planned system design is found to conflict with a VA policy, directive or procedure, this conflict will be discussed with the VA Project Manager who will help determine whether a waiver or exception will be requested with the applicable VA governing board.

2.4. Disaster Recovery Specification

This section, in specific relation to the MedRecon Tool, to be identified as One VA Enterprise Architecture and available services to provide and/or consume MedRecon data becomes actualized.

2.5. Documentation Specifications

All required ProPath documentation to support the development, deployment, and maintenance of the MedRecon Tool shall be produced in support of the CAS DDPE MedRecon project. This includes but is not limited to:

- Installation Guide(s)
- Implementation Guide(s)
- User Manual(s)
- Security Guide(s)
- Requirements Traceability Matrix
- System Design Document
- Acceptance Criteria Plan

2.6. Functional Specifications

This section contains the functional requirements necessary for the development of the MedRecon tool. The requirements have been organized in ascending order with the referenced PWS section in which they correlate. Due to the assignment of the CAS DDPE MedRecon project as being a VA Agile project, the associated Epic and User stories are referenced within this section. Each functional specification will be aligned to its respective Epic and User Story. Stakeholder prioritization of these requirements will be recorded and published using the VA-supplied IBM Rational Team Concert application.

Apportioned requirements, as identified, will be recorded and marked to indicate those requirements may be delayed to future versions of the MedRecon Tool development.

2.6.1. MedRecon Tool User Access (PWS #1)

[RTC EPIC 135286](#): *As a Health Care Team Member, I want to utilize Single Sign On (SSO) protocol consistent with VA Privacy and Security policy so that I can access the Medication Reconciliation Tool. (PWS Requirement 1)*

[RTC Story 135289](#): As an approved HCT Med Recon user I want to be able to access the MedRecon Tool from the VA system without having to log into the MedRecon tool as a separate application.

PWS Requirement 1: The Contractor shall develop a MedRecon Tool that has the following capabilities: The Contractor shall implement MedRecon Tool login authentication with access and operational privileges based on user role.

2.6.2. Composite Medication View (PWS #2)

[RTC EPIC 134642](#): *As a Health Care Team (HCT) member, I want to electronically generate a complete Composite Medication (View) List so I have a comprehensive view of all VA/Non-VA Medications a patient may be taking. (PWS Requirement 2c)*

The following user stories elaborate on the requirement to extract the information for the Composite View. Note: **The MedRecon application will be dependent on VA Services to get the data in the appropriate form. The MedRecon Application Team will work with the VA PM to identify these services. For example, MHV, Mobile, and Kiosk include as part of the PGD Medication information, comments and reason for taking differently than prescribed.

[RTC Story 134647](#): As the Med Recon System, I would like to utilize a VISTA medication service** to retrieve a patient's local VA medications so they can be displayed to the user in a Composite Medication View of the patient's medications.

PWS Requirement 2Ci: The system shall electronically extract the patient's Local VA medications into the Composite View.

[RTC Story 134648](#): As the Med Recon System, I would like to utilize a VistA patient information service** to retrieve any medication and allergy information so it can be displayed to the user along with the Composite Medication View of the patient's medications.

PWS Requirement 2a: The system shall extract/display patient demographic information.

Last Name, First Name, Middle Name (If Available)

Age

Date of Birth (DOB)

Primary Care Physician (PCP)
Patient Information
Allergies/Adverse Drug Event (ADE)

[RTC Story 134649](#): As the Med Recon System, I would like to utilize an EHR remote medication service** to retrieve a patient's medications from other VA facilities so they can be displayed to the user in a Composite Medication View of the patient's medications

PWS Requirement 2cii 1: The system shall electronically extract the patient's Remote VA medications from an alternate VA facility's EHR into the Composite View.

[RTC Story 134651](#): As the Med Recon System, I would like to utilize a MyHealtheVet (MHV) eVault service** to retrieve any medication and allergy information from MHV tools so that they can be displayed for the user in a Composite Medication View of the patient's medications.

PWS Requirement 2Ciii 1a: The system shall electronically extract the patient's Non-VA medications from MyHealtheVet eVault into the Composite View.

[RTC Story 134652](#): As the Med Recon System, I would like to utilize a VPS (Veteran Point of Service) Kiosk service** to retrieve any medication and allergy information from VPS tools so they can be displayed for the user in a Composite Medication View of the patient's medications

PWS Requirement 2Ciii 1b: The system shall electronically extract the patient's Non-VA medications from VPS (Veteran Point of Service) Kiosk into the Composite View.

[RTC Story 134653](#): As the Med Recon System, I would like to utilize a Connected-Health Patient Generated Databases (PGD) service** to retrieve any medication and allergy information so they can be displayed for the user in a Composite Medication View of the patient's medications.

PWS Requirement 2Ciii 1c: The system shall electronically extract the patient's Non-VA medications from Connected-Health Patient Generated Databases (PGD) into the Composite View.

[RTC Story 134654](#): As the Med Recon System, I would like to utilize a Virtual Lifetime Electronic Record (VLER) service** to retrieve to retrieve any medication and allergy information so they can be displayed for the user in a Composite Medication View of the patient's medications.

PWS Requirement 2Cii 2: The system shall electronically extract the patient's Remote VA medications from DOD's HER into the Composite View.

[RTC Story 134655](#): As the Med Recon System, I would like to utilize a Continuity of Care Document (CCD) service** to retrieve to retrieve to retrieve any medication and allergy information so they can be displayed for the user in a Composite Medication View of the patient's medications.

PWS Requirement 2Ciii 2b: The system shall electronically extract the patient's Non-VA medications from a Continuity of Care Document (CCD) into the Composite View.

[RTC Story 134656](#): As the Med Recon System, I would like to utilize services** from patient facing mobile applications to retrieve any medication and allergy information so they can be displayed for the user in a Composite Medication View of the patient's medications.

PWS Requirement 2Ciii 5e: The system shall electronically extract the patient's Non-VA medications from patient facing mobile applications into the Composite View.

[RTC Story 134657](#): As the Med Recon System, I would like to utilize services** from Surescripts to retrieve Non-VA Medications so they can be displayed for the user in a Composite Medication View of the patient's medications.

PWS Requirement 2Ciii 3a: The system shall electronically extract the patient's Non-VA medications from Surescripts.

2.6.1.2 The following user stories elaborate on the requirements regarding the display of information in the Composite View:

[RTC Story 135287](#): As a HCT member, I want the Composite Medication View to include medications from the EHR as well as PGD medication information.

[RTC Story 134658](#): As an HCT member, I want the System to display the medications on the Composite Medication View in the following order: Local (Active) VA Medications, Remote (Active) VA Medications, Non-VA (Active) Medications, Expired/Discontinued medications, other medications, so I have an organized list of the patient's medications to review.

PWS Requirements 2e and 2g: The system shall identify the source and display the medications in the following order:

- Local (Active) VA Medications
- Remote (Active) VA Medications
- Non-VA (Active) Medications
- Expired/Discontinued
- Other

[RTC Story 134659](#): As an HCT member, I want the System to display specified summary information for each medication in the Composite Medication View

PWS Requirements 2f and 2i: The system shall display the following summary information for each medication in the composite list (note: this is the revised list of fields that were discussed during the requirements meetings):

- Dispensed Drug (the dispensed drug includes the strength and dose form)
- Source
- Drug image
- Status
- Dose
- Route
- Schedule
- VA Drug Class
- Reason for taking (possibly more than 1 for multiple indications)

[RTC Story 134660](#): As an HCT member, I want the System to display specified detailed information for each medication in the Composite Medication View.

PWS Requirements 2f and 2i: The system shall display the following detail information for each medication in the composite list (note: this is the revised list of fields that were discussed during the requirements meetings):

- Prescription Number
- Pharmacy Name
- Refills Remaining (Number)
- Start Date
- Stop Date
- Initially Ordered on (Date)
- Last filled on (Date)
- Therapeutic class
- Quantity
- Days' Supply
- IV Additives
- Solutions
- Rate
- Schedule

[RTC Story 134661](#): As an HCT member, I want the System to sort the Composite Medication View by any summary field so I can manipulate the order in which the medications are displayed.

[RTC Story 134662](#): As an HCT member, I want the System to filter the medications in the Composite Medication View so I can include or exclude medications in a particular status as per local and national policy.

PWS Requirement 2h: The system shall provide the ability to include or exclude medications in the Composite Medication View based on prescription order status.

[RTC Story 134677](#): As an HCT member, I want the System to be able to select a timeframe so I can see which medications on the Composite Medication View have recently expired or have been discontinued.

PWS Requirement 2g: The system shall allow the user to select a timeframe to display recently expired or discontinued medications (i.e.: between 90 – 120 days)

[RTC Story 134678](#): As a HCT member, I would like to view PGD medication information side by side with medication data from the EHR so I can compare what the Veteran says they are taking with medications in their EHR.

PWS Requirement 2d: The system shall provide the ability to display a patient's self-reported medication list.

[RTC Story 134680](#): As a HCT member, I want to query historical Composite Medication Views so I know what medication lists were generated for a specific encounter.

PWS Requirement 2j and 2k: The system shall store and display the timestamp (MM/DD/YYYY HH:MM) of the Composite Medication View generation.

The system shall provide the ability to query Composite Medication Views by date and time they were generated.

[RTC Story 134681](#): As an HCT member, I want the System to display the Composite Medication View, Interim Medication View, and Reconciled list side by side in a single view, along with the patient's demographic information in a dashboard "one stop shopping type" actionable view.

PWS Requirement 2b: The System shall display the Medication (Med) List side-by-side in a single view in the following order:

- Composite Med List (Generated by System)

- Interim Med List

- Reconciled Med List

PWS Requirement 2a: The system shall display the following patient demographic information with each list: Last Name, First Name, Middle Name (If Available), Age, DOB, Primary Care Physician, Allergies, Adverse Drug Event (local/remote), Labs, Problem List, weight, ideal weight, Body surface area

2.6.3. Interim Medication Worksheet (PWS #3)

[RTC Epic 134525](#): *As a Health Care Team (HCT) member, I want to generate an Interim Medication (Worksheet) List of all medications reported to HCT by Patient, Family, and Caregivers (PFC), at a given date/time and location from a composite medication view .*

The following user stories elaborate on the requirement to Create the Interim Medication Worksheet which provides an actionable view to record information in support of MedRecon completion.

[RTC Story 134766](#): As an HCT member, I want the System to allow viewing of both the Composite Medication View and Interim Medication Worksheet (IMW) so I can see all the VA Generated and Veteran self-reported medications in a single screen so that I can choose medications that require changing, adding, or discontinuation leading to the final updated reconciled list.

[RTC Story 134784](#): As an HCT member, I want the System to auto-identify in the IMW medication discrepancies between Veteran self-reported medication and VA dispensed medication, so that I may determine reconciliation action

[RTC Story 134784](#): As an HCT member, I want the System to be able to manually identify in the IMW of medication discrepancies, so that I may determine reconciliation action.

PWS Requirement 3b: The system shall provide the ability to view medication lists in a way that compares medication lists from Veterans and the EMR (Electronic Medical Record), identifies discrepancies to help reconcile and support ability of the HCT to choose medications that require changing, adding, or discontinuation leading to the final updated reconciled list. This ability will be based on user role.

[RTC Story 134767](#): As an HCT member I want the System to allow me to be able to remove (delete) an individual medication from the IMW so I can remove a medication that I entered to the IMW in error. (NOTE: All medications are reflected in singular list. Delete function would

be used if HCT person added a medication to the list in error. Do not delete any auto-compiled or Veteran entered medications.)

PWS Requirement 3c: The System shall allow the user to move medications from one Med List to the other (Similar to “drag and drop” features where the medication information (Summary and Detail) would be duplicated from one list to the next without removing the medication from the current list). (Note: The copy and ‘drag and drop’ feature referenced in this PWS was deprecated per CAS DDPE requirements elaboration calls because of patient safety concerns. The IMW should be a single actionable view that does not require copying or drag/drop from the CMV.)

RTC Story 134768: As an HCT member, I want the System to group medications the IMW in the following categories so that I may view medications in a logical order.

RTC Story 134775: As an HCT member, I want the System to allow me to view Local VA Medications sorted alphabetically in the IMW so that I may view medications in a logical order.

RTC Story 134776: As an HCT member, I want the System to allow me to view Remote VA Medications sorted alphabetically in the IMW so that I may view medications in a logical order.

RTC Story 134776: As an HCT member, I want the System to allow me to view Local Non-VA Medications sorted alphabetically in the IMW so that I may view medications in a logical order.

RTC Story 134777: As an HCT member, I want the System to allow me to view Expired/Discontinued Medications sorted alphabetically in the IMW so that I may view medications in a logical order.

PWS Requirement 3a: The System shall display the following VA/Non-VA Medication Categories:

- i. Local VA Medications
- ii. Remote VA Medications
- iii. Non-VA Medications
- iv. Expired/Discontinued Medications
- v. Other

RTC Story 134772: As an HCT member, I want the System to display the IMW categories in the following order so that I may view medications in a logical order.

PWS Requirement 3d: The System shall display the medications in the following order:

- i. Local VA Medications
- ii. Remote VA Medications
- iii. Non-VA Medications
- iv. Expired/Discontinued Medications
- v. Other

RTC Story 134778: As an HCT member, I want the System to allow an application of a clinical statement on the IMW so that I may indicate a patient is taking as prescribed, not taking as prescribed, or that they are not sure about their medication use as indicated during the review process.

RTC Story 134778: As an HCT member, I want the System to allow an application of a clinical statement of Yes/Taking to a medication on the IMW so I may mark that the patient is taking the medication as indicated.

RTC Story 134778: As an HCT member, I want the System to allow an application of a clinical statement of No/Not taking to a medication on the IMW so I may mark that the patient is not taking the medication as indicated.

RTC Story 134778: As an HCT member, I want the System to allow an application of a clinical statement of Maybe/Not Sure to a medication on the IMW so I may mark that the provider is unsure if the patient is taking the medication as indicated
(or the patient is unsure as indicated by the patient's self-reported medication information).

RTC Story 134778: As an HCT member, I want the System to allow an application of a clinical statement of Problem (*) to a medication on the IMW so I may mark that the patient or provider has reported there is a problem with the medication indicated.

PWS Requirement 3e: The System shall provide the ability to indicate which medications will be on the final Reconciled List for help with clinical decisions: For example icons that reflect:

- i. Y = Yes
- ii. N = No
- iii. Y = Yes (Patient Preferences)
- iv. M = Maybe
- v. * = Problem

RTC Story 134779: As an HCT member, I want the System to allow an application of a clinical decision that a medication should be continued through the IMW, so I may reconcile the medication.

RTC Story 134784: As an HCT member, I want the System to allow an application of a clinical decision that a medication should be discontinued through the IMW, so I may reconcile the medication.

RTC Story 134784: As an HCT member, I want the System to allow an application of a clinical decision that a medication should be renewed through the IMW, so I may reconcile the medication.

RTC Story 134784: As an HCT member, I want the System to allow an application of a clinical decision to change an existing VA medication order through the IMW, so I may reconcile the medication.

RTC Story 134784: As an HCT member, I want the System to allow placement a new VA medication order through the IMW, so that I may reconcile the patient's medications

PWS Requirement 3k: The System shall provide the ability to take action on each medication within a composite view so a single medication requires a 'continue', 'discontinue', 'renew', or 'change' order, or initiation of a 'new' order.

RTC Story 134781: As an HCT member, I want the System to allow views of both automatic and manually identified medication discrepancies, so that the HCT member may take action to reconcile the deficiency.

RTC Story 134784: As an HCT member, I want the System to allow me to take action on either an automatic and manually Identified medication discrepancy so that the discrepancy may be corrected.

PWS Requirement 3f.iii: The system shall identify medication discrepancies in the Interim list. Provide the ability to view medication lists in a way that allows the user to see the discrepancies and address them thereby reconciling and supporting clinical decision making based on user role

RTC Story 134790: As an HCT member, I want the System to alert Providers of high-risk discrepancies, so that a Provider may take action to correct the discrepancy.

PWS Requirement 3f.i: The system shall identify medication discrepancies in the Interim list. The system shall include Provider Alerts for high-risk discrepancies to provide the ability for the HCT to view system-assigned/associated risk of identified medication.

RTC Story 134794: As a provider, I want the System to allow me to view non-intrusive alerts and HCT advisements of discrepancies, so that a Provider may take action to correct the discrepancy. [per PWS – Definitions will be provided by VA during the planning state] (Note: During requirements elaboration with SME's in October 2014, the alert is presently for notification within the MedRecon Tool. MedRecon can provide the service, but alerts presented in external applications will need to be scoped into those applications consume the alert(s).)

PWS Requirement 3f.ii: The system shall identify medication discrepancies in the Interim list. The system shall provide the ability for the prescribing provider to view non-intrusive alerts/advisements of discrepancies (definitions will be provided by VA during the Planning State) between active medications, recently expired/discontinued, parked, pending medications, remote VA medications, Non-VA medications, and patient self-reported medications within VA-defined decision support workflows.

RTC Story 134797: As an HCT member, I want the System to allow association of supplemental education materials to the IMW. so that I may complete the reconciliation process.

PWS Requirement 3g.ii: The System shall allow the following actions for Reconciled Lists: Associate with other Educational Products

1. Set of Instructions
2. Consent
3. Contact Information
4. Confirmation Veteran understands medication treatment plan

RTC Story 134798: As an HCT member, I want the System to allow a preview the reconciled list in the IMW so that I may confirm accuracy before committing to the changes to the Reconciled Medication List (RML)

PWS Requirement 3g.iii: The System shall allow the following actions for Reconciled Lists: Preview

RTC Story 134800: As an HCT member, I want the System to allow the addition of a note to the IMW so I can add references to patient records such as history, physicals, discharge summaries, consultations, and progress notes, so that I may complete the reconciliation process.

PWS Requirement 3g.iv: The System shall allow the following actions for Reconciled Lists: Provide the ability to document in Notes, including documents such as history and physicals, discharge summaries, consults, progress notes, etc.

RTC Story 134800: As an HCT member, I want the System to allow an attachment of a Progress Note to the IMW, so that I may complete the reconciliation process.

PWS Requirement 3g.v: The System shall allow the following actions for Reconciled Lists: Attach Progress Note

RTC Story 134800: As an HCT member, I want the System to allow placement an order for a Medication in the IMW, so that I may complete the reconciliation process.

PWS Requirement 3g.vi: The System shall allow the following actions for Reconciled Lists: Order with Progress Notes

RTC Story 134804: As an HCT member, I want the System to allow electronic transmission of an RML (NOTE: Per requirements elaboration meetings, the intent for electronic transmission so that it may be communicated with VA and non-VA providers.)

PWS Requirement 3g.vii: The System shall allow the following actions for Reconciled Lists: Electronically Transmit

RTC Story 134805: As an HCT member, I want the System to allow creation of a Portable Document Format (.pdf) from the most recent saved IMW, so that I may complete the reconciliation process with the patient in the event a computer is not accessible.

RTC Story 134806: As an HCT member, I want the System to allow the .pdf to include references of medications that were added, changed or discontinued, and HCT notes, so that I may complete the reconciliation process with the patient in the event a computer is not accessible.

RTC Story 134807: As an HCT member, I want the System to allow the .pdf to be printable, so that I may complete the reconciliation process with the patient in the event a computer is not accessible.

PWS Requirement 3h: The System shall Print and create PDFs (Portable Document Format) for Patient and others with highlighting of added, changed, discontinued medications and any notes from HCT to Veterans to help them understand their medication treatment plan.

RTC Story 134810: As an HCT member, I want the System to allow recording the date and time the IMW .pdf was created so that I may complete the reconciliation process with the patient in the event a computer is not accessible.

PWS Requirement 3i: The System shall display the “timestamp” of the Date/Time of the list generation.

RTC Story 134811: As an HCT member, I want the System to allow the date to be displayed as MM/DD/YYYY and the time in a HH:MM 24 hour day (military), so that it is consistent with VA clinical applications.

PWS Requirement 3j: The System shall display the date as XX/XX/XXXX and time as XX: XX hours (24 Hour format).

RTC Story 135083: As an HCT member, I want the System to include associated documentation* (noted in PWS 3l subsections) while taking action on a medication, so that I may complete the reconciliation process. (Note: Example - For example verification of patient education and understanding, transition and hand off information as per Joint Commission)

RTC Story 135084: As an HCT member, I want the System to allow capture in the IMW of medication changes to support discharge orders so that I may complete the medication reconciliation process.

RTC Story 135084: As an HCT member, I want the System to capture medication discharge disposition in discharge summaries, progress notes, so that I may complete the reconciliation process.

PWS Requirement 3l.i: The System shall have the ability to take action on medication orders while also simultaneously documenting from VistA documentation tools those actions taken and/or incorporating those actions into documentation for later

retrieval/viewing: Provide the ability to record changes to medications while simultaneously capturing discharge orders for disposition in discharge summaries and progress notes.

RTC Story 135085: As an HCT member, I want the System to capture any subsequent changes made to a medication after writing an order, so the provider views the most current RML available.

PWS Requirement 3l.ii: The System shall have the ability to take action on medication orders while also simultaneously documenting from VistA documentation tools those actions taken and/or incorporating those actions into documentation for later retrieval/viewing: Provide the ability to automatically capture changes made to medications after writing orders.

RTC Story 135086: As an HCT member, I want the System to allow creation of a written assessment as part of the progress notes, so that I may complete the reconciliation process.

RTC Story 135086: As an HCT member, I want the System to allow use of free-text to create a written assessment, so that I may complete the reconciliation process

RTC Story 135086: As an HCT member, I want to allow use of structured data to create a written assessment, so that I may complete the reconciliation process.

RTC Story 135087: As an HCT member, I want the System to allow creation of a treatment plan as part of the progress notes, so that I may communicate to the provider(s) and patient their current course of medication action.

RTC Story 135087: As an HCT member, I want the System to allow use of free-text to create a written treatment plan, so that I may communicate to the provider(s) and patient their current course of medication action.

RTC Story 135087: As an HCT member, I want the System to allow use of structured data to create a written treatment plan, so that I may communicate to the provider(s) and patient their current course of medication action.

PWS Requirement 3l.iii: The System shall have the ability to take action on medication orders while also simultaneously documenting from VistA documentation tools those actions taken and/or incorporating those actions into documentation for later retrieval/viewing: Provide the ability to generate a written assessment and plan as part of progress notes that outlines all adjustments that have been made to a medication system profile. Need the ability to do free-form text, and bring in structured data.

RTC Story 135091: As an HCT member, I want the System to allow me to be able to export the RML to XX application so I can embed reconciled medication list into Discharge Documentation (summary, note, patient instructions), Progress Notes and History and Physical (H&P's). (NOTE: The receiving application enhancements to accept the RML must be scoped into their project.),

PWS Requirement 3l.iv: The System shall have the ability to take action on medication orders while also simultaneously documenting from VistA documentation tools those actions taken and/or incorporating those actions into documentation for later retrieval/viewing: Provide the ability to import and/or embed a reconciled medication list into all discharge documentation (summary, note, instructions, etc.).

The ability to load a reconciled medication list into free-form documentation strategy.

2.6.4. Reconciled Medication List (PWS #4)

RTC Epic 134529: As a Health Care Team (HCT) member, I want to generate a Reconciled Medication List of from Patient Medication List and/or Composite View for a patient, at a given date/time and location.

The following user stories elaborate on the requirement to Create the Reconciled Medication List.

RTC Story 135092: As an HCT member, I want the System to group medications in the following categories in the Reconciled Medication List (RML), so that I may view medications in a logical order

PWS Requirement 4a: The System shall display the following VA/Non-VA Medication Categories:

- i. Local VA Mediations
- ii. Remote VA Medications
- iii. Non-VA Medications
- iv. Expired/Discontinued Medications
- v. Other

RTC Story 135093: As an HCT member, I want the System to allow an integrated view of MedRecon data so that each member of the HCT may view medication data and act upon it relevant to their task(s)

PWS Requirement 4c: The System shall provide the ability to view integrated medication reconciliation data in the MedRecon Tool that is relevant to the tasks performed by each member of the HCT

RTC Story 135096: As an HCT member, I want the System to display the RML categories in the following order so that I may view medications in a logical order.

PWS Requirement 4d: The System shall display the medications in the following order:

- i. Local VA Mediations
- ii. Remote VA Medications
- iii. Non-VA Medications
- iv. Expired/Discontinued Medications
- v. Other

RTC Story 135098: As an HCT member, I want the System to allow an application of a clinical statement of Yes/Taking to a medication on the RML so I may mark that the patient is taking the medication as indicated.

PWS Requirement 4e: As an HCT member, I want the System to allow an application of a clinical statement of No/Not Taking to a medication on the RML so I may mark that the patient is not taking the medication as indicated.

PWS Requirement 4e: As an HCT member, I want the System to allow an application of a clinical statement of "Yes Patient Preferred" to a medication on the RML so I may mark that the patient is taking the medication as indicated.

PWS Requirement 4e: As an HCT member, I want the System to allow an application of a clinical statement of Not sure or Taking differently to a medication on the RML so I may mark that the provider is unsure if the patient is taking the medication as indicated.

PWS Requirement 4e: As an HCT member, I want the System to allow an application of a clinical statement of "Problem (*)" to a medication on the RML so I may mark that the patient or provider has reported there is a problem with the medication indicated.

PWS Requirement 4e: The System shall provide the following selections between Interim and Reconciled List for Provider help with clinical decisions:

- i. Y = Yes
- ii. N = No
- iii. Y = Yes (Patient Preferences)
- iv. M = Maybe
- v. * = Problem

RTC Story 135099: As an HCT member, I want the System to allow me to save the IMW with edits so I may produce the RML.

RTC Story 135099: As an HCT member, I want the System to allow me to save the IMW without edits, so I may produce the RML

PWS Requirement 4f.i: The System shall allow the following actions for Reconciled Lists:

Save with or without edits

RTC Story 135102: As an HCT member, I want the System to allow a preview the RML so that I may confirm accuracy before committing to the changes to the RML

PWS Requirement 4f.ii: The System shall allow the following actions for Reconciled Lists: Preview

RTC Story 135103: As an HCT member, I want the System to allow me to chart a Progress Note to the RML, so that I may complete the reconciliation process.

PWS Requirement 4f.iii: The System shall allow the following actions for Reconciled Lists: Chart as Progress Note

RTC Story 135105: As an HCT member, I want the System to allow me to attach a Progress Note to the RML, so that I may complete the reconciliation process.

PWS Requirement 4f.iv: The System shall allow the following actions for Reconciled Lists: Attach Progress Note

RTC Story 135107: As an HCT member, I want the System to allow me to attach Instructions to a medication the RML, so that I may advise the patient to their current course of action.

PWS Requirement 4f.v: The System shall allow the following actions for Reconciled Lists: Attach Instructions

RTC Story 135110: As an HCT member, I want the System to allow placing a new VA medication order through the RML, so that I may reconcile the patient's medications.

PWS Requirement 4f.vi: The System shall allow the following actions for Reconciled Lists: Order with Progress Notes

RTC Story 135112: As an HCT member, I want the System to allow electronic transmission of a RML (NOTE: Per requirements elaboration meetings, the intent for electronic transmission so that it may be communicated with Patients, VA and non-VA providers.)

PWS Requirement 4f.vii: The System shall allow the following actions for Reconciled Lists: Electronically Transmit

RTC Story 135114: As an HCT member, I want the System to allow creation of a Portable Document Format (.pdf) from the most recent saved RML, so that I may complete the reconciliation process with the patient in the event a computer is not accessible.

As an HCT member, I want the System to allow the .pdf to be printable while in the RML, so that I may complete the reconciliation process with the patient in the event a computer is not accessible.

As an HCT member, I want the System to record the date and time the .pdf was created in the RML, so that I may complete the reconciliation process with the patient in the event a computer is not accessible.

PWS Requirement 4f.viii: The System shall allow the following actions for Reconciled Lists: Print and create PDFs for Patient and others with highlighting of added, changed, discontinued medications.

RTC Story 135123: As an HCT member, I want the System to allow the .pdf to include references of medications that were added, changed or discontinued, (parked or held) and HCT notes, so that I may complete the reconciliation process with the patient in the event a computer is not accessible.

RTC Story 135129: As an HCT member, I want to apply a clinical decision that a medication should have a status change through the RML, so I may reconcile the medication.

As an HCT member, I want the System to allow an application of a clinical decision that a medication should be CONTINUED through the RML, so I may reconcile the medication.

As an HCT member, I want the System to allow an application of a clinical decision that a medication should be DISCONTINUED through the RML, so I may reconcile the medication.

As an HCT member, I want the System to allow an application of a clinical decision that a medication should be RENEWED through the RML, so I may reconcile the medication.

As an HCT member, I want the System to allow an application of a clinical decision to CHANGE an existing VA or non-VA medication order through the RML, so I may reconcile the medication.

As an HCT member, I want the System to allow an application of a clinical decision to HOLD to an existing VA or Non VA medication order through the RML, so I may reconcile the medication.

PWS Requirement 4g: The System shall allow the modification (continue, change, discontinue, hold, renew, or [REDACTED] matched medications in one view.

RTC Story 135135: As an HCT member, I want the System to allow viewing of existing PENDING medications in the RML that have been ordered for a patient, so I may complete the reconciliation process.

As an HCT member, I want the System to allow the creation of PENDING medication entries in the RML that have been ordered for a patient, so I may complete the reconciliation process.

RTC Story 135135: As an HCT member, I want the System to allow viewing existing PARKED medications in the RML that have been ordered for a patient, so I may complete the reconciliation process.

As an HCT member, I want the System to allow me to [REDACTED] medication entries in the RML that have been ordered for a patient, so I may reconcile the medication.

PWS Requirement 4h: The System shall provide the ability to create entries and view existing entries of pending medications that have been ordered for the patient but not yet approved by Pharmacy or “Parked” medication prescription that are awaiting patients request to be filled.

RTC Story 135232: As the provider, I want to be able to set a date range for medication to be dispensed or administered while in the RML, so I may reconcile the medication.

As the provider, I want the System to allow me to be able to set a start date for medication to be dispensed while in the RML, so I may reconcile the medication.

As the provider, I want the System to allow me to be able to set a stop date for medication to be dispensed while in the RML, so I may reconcile the medication.

As the provider, I want the System to allow me to be able to set a start date for medication to be administered while in the RML, so I may reconcile the medication.

As the provider, I want the System to allow me to be able to set a stop date for medication to be administered while in the RML, so I may reconcile the medication.

As the provider, I want the System to allow me to be able to set a present or future start time for medication to be dispensed while in the RML, so I may reconcile the medication.

As the provider, I want the System to allow me to be able to set a present or future stop time for medication to be dispensed while in the RML, so I may reconcile the medication.

As the provider, I want the System to allow me to be able to set a present or future start time for medication to be administered while in the RML, so I may reconcile the medication.

As the provider, I want the System to allow me to be able to set a present or future stop time for medication to be administered while in the RML, so I may reconcile the medication.

PWS Requirement 4i: The System shall have the ability for the provider to set a date (start/stop and time to include future) that medication will be dispensed and/or administered.

RTC Story 135236: As an HCT member, I want the System to allow me to be able to place a new VA medication order through the RML, so that I may reconcile the patient's medications.

PWS Requirement 4j: The System shall allow the appropriate user to establish new prescriptions.

RTC Story 135241: As a remote or local provider, I want the System to allow me to add annotations to a patient's RML, so that I may supply a complete record of patient medication disposition.

As an HCT member, I want the System to allow me to view a medication list annotated by remote providers so that I may have a complete record of patient medication disposition

PWS Requirement 4k: The System shall have the ability for a local provider to view a medication list annotated by remote providers.

RTC Story 135245: As an HCT member, I want the System to allow the ability to reconcile the patient's active, pre-admission medication, admission, and home list with their active medications at discharge so that I may have a complete record of patient medication disposition.

PWS Requirement 4l: The System shall provide the ability to reconcile the patient's pre-admission active medications with his active medications at discharge.

RTC Story 135246: As an HCT member, I want the System to allow the ability to reconcile a patient's medications to any valid status (including active, expired, parked, pending, remote, and discontinued) in the RML, so I may complete the reconciliation process.

PWS Requirement 4m: The System shall provide the ability to reconcile patients' medications across status changes: active, expired, parked, pending, remote and discontinued.

RTC Story 135250: As an HCT member, I want the System to allow me to select from system-proposed medications in the RML that should be discontinued upon discharge, so I may complete the reconciliation process.

PWS Requirement 4n: The System shall provide the ability to select from system proposed medications that should be discontinued upon discharge.

[RTC Story 135251](#): As an HCT member I want the System to allow me to be able to select from current medications with a HOLD status and upon inpatient discharge, update the status to ACTIVE in the RML, so I may complete the reconciliation process.

PWS Requirement 4o: The System shall provide the ability to select system proposed on-hold medications that should become active upon discharge as defined by the VA staff.

[RTC Story 135252](#): As an HCT member, I want the System to allow me to be able to change the details of a prescription, so that a patient will not be required to pay for a new prescription.

PWS Requirement 4p: The System shall have the ability to change details of a prescription without requiring the patient to pay for a new prescription.

[RTC Story 135254](#): As an HCT member, I want the System to allow me to be able to place medications into a HOLD status while in the RML, so I may complete the reconciliation process. (Note: Hold vs. Park vs. Suspend/Pt vs. Staff facing definitions to be clarified by SME's as Park requirements become elaborated for CPRS v32)

PWS Requirement 4q: The System must capture Medications put on hold.

[RTC Story 135256](#): As an HCT member, I want the System to allow me to see the date displayed as MM/DD/YYYY and the time in a HH:MM 24 hour day (military) in the RML, so that it is consistent with VA clinical applications.

PWS Requirement 4s: The System shall display the date as XX/XX/XXXX and time as XX: XX hours (24 Hour format).

See [RTC Story 134811](#) for format requirements

As an HCT member, I want the System to allow the ability to “timestamp” (MM/DD/YYYY HH:MM) a NEW prescription, so the HCT will know when to complete the next review of that medication.

As an HCT member, I want the System to allow the ability to “timestamp” (MM/DD/YYYY HH:MM) a RENEWED prescription in the RML, so the HCT will know when to complete the next review of that medication.

PWS Requirement 4r: The System shall have the ability to denote a prescription (new or renewal) is to be reviewed/completed by HCT. The System shall display the “timestamp” of the Date/Time of the list generation.

2.6.5. View Completed Medication List (PWS #5)

[RTC EPIC 134542](#): *As a Health Care Team (HCT) member/Patient, Family, and Caregivers (PFC), I want to view a completed Medication List so that I can have a comprehensive view of all VA/Non-VA Medications for a patient. Some of these requirements are described in stories for PWS [EPIC 2](#) - Composite view*

The following user stories elaborate on the requirement to view the Composite Medication View and use this information to help make decisions on the medications needed for the patient.

[RTC Story 134571](#): As an HCT member I want the System to display the Medication List by timestamp so that I may view the correct Medication List.

PWS Requirement for 5a: The System shall display the CMV to be viewed by the HCT by timestamp.

[RTC Story 134572](#): As an HCT member I want the System to be capable of querying the VA's Medication Image Library and that the graphic user interface (GUI) should be modifiable and able to accommodate the inclusion of an image of the medication so that I can:

- Identify a medication visually.

- Collect a more accurate history with the patient.

- Furnish the patient with visual information at the point of counseling.

PWS Requirement for 5b: The System shall specify that any retrieval process that generates a list should be capable of querying the VA's Medication Image Library and that the graphic user interface (GUI) should be modifiable and able to accommodate the inclusion of an image of the medication. The image could be used by the provider to:

- Identify a medication visually.

- Collect a more accurate history with the patient.

- Furnish the patient with visual information at the point of counseling.

[RTC Story 134578](#): As an HCT member I want the System to allow the CMV to be sorted by any data element so that I can view the list in different ways.

PWS Requirement for 5c: The System shall allow the list to be sorted by any data element specified.

[RTC Story 134581](#): As an HCT member I want the System to display the most current CMV and historical (Last X) lists.

PWS Requirement for 5d: The System shall display the most current CMV and historical (Last #, TBD) views.

[RTC Story 134588](#): As an HCT member I want the System to display the most current CMV and historical lists.

PWS Requirement for 5e: The System shall display the most current CMV and historical lists.

2.6.6. Transmit Medication Information (PWS #6)

[RTC EPIC 134543](#): *As an HCT member I want to electronically transmit Medication Information to other members of the HCT and the PFC via existing VA communication mechanisms such as secure messaging and the National Inter-facility Consult package.*

The following user stories elaborate on the requirement to transmit medication information:

[RTC Story 134590](#): As an HCT member I want the System to have the ability to initiate communication to local and remote VA providers so that the patient's medication may be managed by user role and includes changes, annotations, and discrepancies as appropriate

PWS Requirement 6a: The system shall have the ability to initiate communication to local and remote VA providers for management of medication including changes, annotations, and discrepancies as appropriate by user role.

[RTC Story 134592](#): As an HCT member I want the System to allow the electronic transmission of the Medication Lists so that I can send this information to other appropriate health care providers.

PWS Requirement 6b: The system shall allow the electronic transmission of the Medication Lists.

[RTC Story 134594](#): As an HCT member I want the System to allow each Facility to have triage groups established in Secure Messaging so that I can send and receive PFC-reported and HCT generated medication information.

PWS Requirement 6c: The System shall allow each Facility to have triage groups established in Secure Messaging to allow for the sending and receiving of PFC-reported and HCT generated medication information.

[RTC Story 134598](#): As an HCT member I want the System to interface to the PGD or other VA Applications as appropriate so that I can obtain Veteran-completed Release of Information (ROI) giving permission to VA providers to obtain or communicate the most recently reconciled medication list with non-VA providers regarding a Veteran's medication information.

PWS Requirement 6d: The System shall interface to the PGD or other VA Applications as appropriate to obtain Veteran-completed Release of Information (ROI) giving permission to VA providers to obtain or communicate the most recently reconciled medication list with non-VA providers regarding a Veteran's medication information.

2.6.7. **Sorting Medication Information (PWS #7)**

[RTC EPIC 134545](#): *As an HCT member I want to toggle between established sorts created when viewing a patient's medications.*

The following user stories elaborate on the requirements to sort medications:

[RTC Story 134601](#): As an HCT member I want the System to allow me to sort on all data fields Alphabetically so that I can view the data in a different manner

PWS Requirement 7a: The System shall allow the user to sort on all data fields as follows:

- i. Alphabetically

[RTC Story 134603](#): As an HCT member I want the System to allow me to sort on all data fields by:

- i. Drug
- ii. Days' Supply
- iii. Last Fill Date
- iv. Refills Remaining
- v. Status
- vi. Source (VA/non-VA/Remote)

so that I can view the data in different ways.

PWS Requirement 7b: The System shall allow the user to sort on all data fields as follows:

- i. Drug
- ii. Days' Supply

- iii. Last Fill Date
- iv. Refills Remaining
- v. Status
- vi. Source (VA/non-VA/Remote)

[RTC Story 134611](#): As an HCT member I want the System to provide the ability to assemble like-medications into groupings in a single location so that I can identify dosing discrepancies.

PWS Requirement 7c: The System shall provide the ability to assemble like-medications into groupings in a single location to identify dosing discrepancies. VA will provide the Contractor information on “like-medications”.

[RTC Story 134613](#): As an HCT member I want the System to allow me to print, created PDFs, and/or save their sorted CMV so that I will have a copy of the data.

PWS Requirement 7d: The System shall allow the user to print, created PDFs, and/or save their sorted CMV.

[RTC Story 134615](#): As an HCT member I want the System to allow me to view multiple sorted lists in one view so that I can compare the information from different times

PWS Requirement 7e: The System shall allow the user to view multiple sorted lists in one view.

2.6.8. Recently Expired and Discontinued Medications (PWS #8)

[RTC Epic 134548](#): *As an HCT member, I want the System to be able to visually determine recently expired and discontinued medications that the patient may currently be taking.*

The following user stories elaborate on the requirements for recently expired and discontinued medications:

[RTC Story 134624](#): As an HCT member I want the System to allow me to visibly identify an “Expired” Medication so that I can determine a course of action for the medication.

PWS Requirement 8a: The System shall allow the user to visibly identify an “Expired Medication.

[RTC Story 134626](#): As an HCT member I want the System to display all expired medication over a designated amount of days so that I can determine what I want to do with them

PWS Requirement 8b: The System shall identify all expired medication over XX days.

PWS Requirement 8b: The System shall allow the user to set a site parameter to determine number of days for viewing expired medications

PWS Requirement 8b: The System shall display expired and discontinued medications for a patient.

[RTC Story 134630](#): As an HCT member I want the System to allow expired medication to be actionable as any other medication so that I may change the status of the medication if needed.

PWS Requirement 8c: The System shall allow expired medication to be actionable as any other medication.

PWS Requirement 8c: The system shall engage other applications to allow the user to change the status on a medication from the IMW.

2.6.9. Reconciliation based on Location (PWS #9)

[RTC Epic 134555](#): As an HCT member, I want the System to generate a Composite Medication View, Interim Medication Worksheet, and/or Reconciled Medication List based on location.

The following user stories elaborate on the requirements for reconciling medications by location:

[RTC Story 134746](#): As an HCT member I want the System to allow me to assign a Composite Medication View, Interim Medication Worksheet, and/or Reconciled Medication List in the following manner:

- Inpatient Composite View Parameters
- Inpatient Interim Medication List Parameters
- Inpatient Reconciled Medication List Parameters
- Outpatient Composite View Parameters
- Outpatient Interim Medication List Parameters
- Outpatient Reconciled Medication List Parameters

so that I can use the information to make informed decisions.

PWS Requirement 9a: The System shall allow the user to assign a Composite Medication View, Interim Medication List, and/or Reconciled Medication List as follows:

- Inpatient Composite View Parameters
- Inpatient Interim Medication List Parameters
- Inpatient Reconciled Medication List Parameters
- Outpatient Composite View Parameters
- Outpatient Interim Medication List Parameters
- Outpatient Reconciled Medication List Parameters

[RTC Story 134747](#): As an HCT member I want the System to allow me to make modifications (continue, change, discontinue, hold, renew, or [REDACTED] to the matched medications in one view so that I can provide service to the veteran.

PWS Requirement 9b: The System shall allow the modification (continue, change, discontinue, hold, renew, or [REDACTED] to the matched medications in one view.

[RTC Story 134748](#): As an HCT member I want the System to have the ability for the provider to set a date (start/stop and time to include future) that medication will be dispensed and/or administered.

PWS Requirement 9c: The System shall have the ability for the provider to set a date (start/stop and time to include future) that medication will be dispensed and/or administered.

[RTC Story 134749](#): As an HCT member I want the System to allow me to establish new prescriptions so that I can serve the veteran.

PWS Requirement 9d: The System shall allow the appropriate user to establish new prescriptions.

PWS Requirement 9d: The system shall have designated roles established for users.

PWS Requirement 9d: The System shall allow the appropriate user to establish new prescriptions.

PWS Requirement 9d: The system shall engage the Order entry system to establish new prescriptions.

PWS Requirement 9d: The system shall retrieve new prescriptions from the Order entry system to be included and displayed on the IMW.

PWS Requirement 9d: The system shall allow the user to remain in the MedRecon Tool while establishing new prescriptions.

RTC Story 134750: As an HCT member I want the System to capture/display Medications put “on hold” so that I can serve the veteran.

PWS Requirement 9e: The System shall include Medications put “on hold”.

PWS Requirement 9e: The System shall display Medications put “on hold”.

RTC Story 134751: As an HCT member I want the System to have the ability to denote that a prescription (new or renewal) is to be reviewed/completed by pharmacy but not dispensed until patient requests so that I can better serve the veteran.

PWS Requirement 9f: The System shall have the ability to denote that a prescription (new or renewal) is to be reviewed/completed by pharmacy but not dispensed until patient requests.

PWS Requirement 9f: The system shall display a status of [REDACTED] for a prescription (new or renewal) is to be reviewed/completed by pharmacy but not dispensed until patient requests.

2.6.10. Reconciliation during Transfer of Care (PWS #10)

RTC Epic 134559: *As an HCT member, I want the System to reconcile the patient’s Interim Medication Worksheet during any transfer of care (ex: Inpatient/Outpatient) to complete a new comprehensive set of reconciled medications, during any transfer of care, specific to each encounter.*

The following user stories elaborate on the requirements for reconciling medications during each transition of care:

RTC Story 134752: As an HCT member I want the System to allow me to view multiple Composite Medications Views based on encounter as follows:

Outpatient to Inpatient

Inpatient to Outpatient

Inpatient to Inpatient

Outpatient to Outpatient

so that I may better serve the Veteran.

PWS Requirement 10a: The System shall allow the display of multiple Interim Medication Worksheets based on encounter as follows:

Outpatient to Inpatient

Inpatient to Outpatient

Inpatient to Inpatient

Outpatient to Outpatient

PWS Requirements 10b, 10c, and 10d are the same as PWS requirements 9b, 9c, and 9d

RTC Story 134753: As an HCT member I want the ability for a local provider to view a medication list annotated by remote providers.

PWS Requirement 10e: The System shall have the ability for a local provider to view a medication list annotated by remote providers.

RTC Story 134754: As an HCT member I want the System to allow me to view a display of the original medication dose and new medication dose in the same window as an audit history when reconciling medications at each transition of care so that I may serve the veteran.

PWS Requirement 10f: The System shall have the ability for a user to view a display of the original medication dose and new medication dose in the same window when reconciling medications at each transition of care.

RTC Story 134755: As an HCT member I want the System to provide the ability to transfer current medications prescribed by non-VA prescribers, one by one, to a VA local active medication prescriptions and provided by VA.

PWS Requirement 10g: The system shall provide the ability to transfer current medications prescribed by non-VA prescribers, one by one, to a VA local active medication prescriptions and provided by VA.

RTC Story 134757: As an HCT member I want the System to provide the ability to make changes to a medication that was transferred from a non-VA prescriber in accordance with National and Local policy mandates so that I may server the veteran.

PWS Requirement 10g: The system shall provide the ability to make changes to a medication that was transferred from a non-VA prescriber in accordance with National and Local policy mandates.

RTC Story 134758: As the MedRecon Tool I want the ability to transfer VA medication prescriptions to non-VA prescribers so that they may serve the veteran.

PWS Requirement 10g: The system shall have the ability to transfer VA medication prescriptions to non-VA prescribers in accordance with National and Local policy mandates.

RTC Story 134759: As an HCT member I want the System to provide the ability to transfer OTC/herbal/prescribed medications obtained and/or purchased by the Veteran, one by one, to a VA medication order or prescription in the Pharmacy Orders Package to be dispensed or administered by VA in accordance with National and Local policy mandates.

PWS Requirement 10h: The system shall provide the ability to transfer OTC/herbal/prescribed medications obtained and/or purchased by the Veteran, one by one, to a VA medication order or prescription in the Pharmacy Orders Package to be dispensed or administered by VA in accordance with National and Local policy mandates.

RTC Story 134760: As an HCT member I want the System to provide the ability to transfer VA medications filled by Pharmacies external to the VA Medications order or prescription in the Pharmacy Orders Package to be dispensed or administered by VA in accordance with National and Local policy mandates.

PWS Requirement 10i: The system shall provide the ability to transfer VA medications filled by Pharmacies external to the VA Medications order or prescription in the Pharmacy Orders Package to be dispensed or administered by VA in accordance with National and Local policy mandates.

RTC Story 134761: As an HCT member I want the System to provide the ability to report on all medication order conversions as an audit history, between clinical settings where Veterans receive medications: inpatient, outpatient, clinic, remote and non-VA.

PWS Requirement 10j: The system shall provide the ability to report on all medication order conversions, between clinical settings where Veterans receive medications: inpatient, outpatient, clinic, remote and non-VA.

RTC Story 134762: As an HCT member I want the System to provide the ability to transfer medications between care settings in accordance with National and Local policy mandates.

PWS Requirement 10k: The system shall provide the ability to transfer medications between care settings in accordance with National and Local policy mandates.

RTC Story 134763: As an HCT member I want the System to provide the ability to transfer current medications, one by one, to the next setting of care (admission, inter-ward transfer, treating specialty changes, level of care changes, discharge) during the order entry process (i.e. inpatient, outpatient, VA, remote and non-VA) wherever medication order entry occurs in accordance with National and Local policy mandates.

PWS Requirement 10l: The system shall provide the ability to transfer current medications, one by one, to the next setting of care (admission, inter-ward transfer, treating specialty changes, level of care changes, discharge) during the order entry process (i.e. inpatient, outpatient, VA, remote and non-VA) wherever medication order entry occurs in accordance with National and Local policy mandates.

RTC Story 134764: As an HCT member I want the System to provide the ability to make changes to transferred (including remote) medications specific to a new medication order in accordance with National and Local policy mandates.

PWS Requirement 10m: The system shall provide the ability to make changes to transferred (including remote) medications specific to a new medication order in accordance with National and Local policy mandates.

2.6.11. Aggregate Patient Management Reporting (PWS #22 and #23)

RTC Epic 134565: *As a Health Care Team (HCT) member, I want to retrieve aggregate patient medication information across provider panel, care setting, facility, and VISN, by disease or medication so that I can create/view reports for decision support workflow.*

RTC Story 135425: As an HCT member, I want the System to allow viewing retrieved aggregate patient data, so that I may view patients' historical medication information for metrics reporting. (Note: Per requirements elaboration meetings, it was confirmed that PWS 22 and 23 are specific to metrics (managerial) reporting and aggregate references more than one patient.)

RTC Story 135426: As an HCT member, I want the System to allow creation of a report with the results of retrieved patients' aggregate historical information; so that I may report metrics such as discrepancy rates and provide decision support.

PWS Requirements 23a: The MedRecon tool shall allow a HCT member to create/view reports in order to be able to retrieve, track over time, and aggregate patient medication information for decision support workflow. The System shall display all Medication Reconciliation List with appropriate data in the database.

RTC Story 135427: As an HCT member, I want the System to allow retrieval of an aggregate of patients' medication information across providers within a selectable date and time range, so that I may view historical medication information for metrics reporting

RTC Story 135428: As an HCT member, I want the System to allow retrieval of an aggregate of patients' medication information across care settings within a selectable date and time range, so that I may view historical medication information for metrics reporting. (Note: Confirm all care settings)

RTC Story 135429: As an HCT member, I want the System to allow retrieval of an aggregate of patients' medication information across (VA) facilities within a selectable date and time range, so that I may view historical medication information for metrics reporting

RTC Story 135429: As an HCT member, I want the System to allow retrieval of an aggregate of patients' medication information across a Veterans Integrated Service Network (VISN) within a selectable date and time range, so that I may view historical medication information for metrics reporting.

RTC Story 135431: As an HCT member, I want the System to allow retrieval of an aggregate of patients' medication information by disease within a selectable date and time range so that I may view historical medication information for metrics reporting. (NOTE: Per SME during requirements elaboration, Diagnosis is found in the Problem List as structured data.)

RTC Story 135431: As an HCT member, I want the System to allow retrieval of an aggregate of patients' medication information by medication within a selectable date and time range so that I may view historical patient medication information for metrics reporting.

PWS Requirements 22a: The MedRecon tool shall allow a HCT member to retrieve, track over time, and aggregate patient medication information across provider panel, care setting, facility, and Veterans Integrated Service Network (VISN), by disease or medication by Date/Time retrieval as history. The System shall have the ability to retrieve, track over time, and aggregate patient medication.

RTC Story 135432: As an HCT member, I want the System to "timestamp" (MM/DD/YYYY HH:MM) with the origination of each aggregate historical metrics report, so the HCT may track each report generation.

PWS Requirement 22b: The MedRecon tool shall allow a HCT member to retrieve, track over time, and aggregate patient medication information across provider panel, care setting, facility, and Veterans Integrated Service Network (VISN), by disease or medication by Date/Time retrieval as history.

RTC Story 135433: As an HCT member, I want the System to allow viewing of the assigned timestamp to the current and prior aggregate historical metrics report, so the HCT may track each report generation. (Note: For example is the discrepancy rate decreasing over time in this facility in this patient among these providers' patients)

PWS Requirement 22d: The MedRecon tool shall allow a HCT member to retrieve, track over time, and aggregate patient medication information across provider panel, care setting, facility, and Veterans Integrated Service Network (VISN), by disease or medication by Date/Time retrieval as history. The System shall attach and display timestamp on all saved lists.

See [RTC Story 134811](#) for format requirements As an HCT member, I want the System to display the origination date and time as MM/DD/YYYY and the time in a HH:MM 24 hour day (military) when viewing the aggregate historical metrics report, so that it is consistent with VA clinical applications.

PWS Requirement 22c: The MedRecon tool shall allow a HCT member to retrieve, track over time, and aggregate patient medication information across provider panel, care setting, facility, and Veterans Integrated Service Network (VISN), by disease or medication by Date/Time retrieval as history. The System shall display the date as XX/XX/XXXX and time as XX: XX hours (24 Hour format).

[RTC Story 135434](#): As an HCT member, I want the System to allow selection of any data fields within the aggregate patient data structure, so that I may view specific data points within the metrics report.

PWS Requirement 23: The MedRecon tool shall allow a HCT member to create/view reports in order to be able to retrieve, track over time, and aggregate patient medication information for decision support workflow.

- a. The System shall display all Medication Reconciliation List with appropriate data in the database.
- b. The System shall allow the user to select any data fields within the List structure for display.
- c. The System shall allow the user to name the report.
- d. The System shall allow for filtering and sorting. (Note: For example how often are discrepancies reported or what is the discrepancy rate in opiate medications found in patients with chronic pain)

[.RTC Story 135434](#): As an HCT member, I want the System to allow application a sum total and/or sub-total of data within a field (or sub-field) listed in the metrics report, so that data may also be represented as numerical values. (Note: An example given during requirements elaboration was the number of discrepant medications within a timeframe.)

PWS Requirement 23e: The MedRecon tool shall allow a HCT member to create/view reports in order to be able to retrieve, track over time, and aggregate patient medication information for decision support workflow. The System shall allow for Subtotals and totals.

[RTC Story 136282](#): As an HCT member, I want the System to allow saving the uniquely named report into a Private folder, so that I may preserve the metrics information for further action. (Note: Confirming with ISO any and all restrictions according to VA Handbook 6500 and 6508 regarding saving data to Private/Public folders May also depend if any patient identifying information is included in the reports.)

[RTC Story 136283](#): As an HCT member, I want the System to allow saving the uniquely named report into a Public folder, so that I may preserve the metrics information for further action. (Note: Confirming with ISO any and all restrictions according to VA Handbook 6500 and 6508 regarding saving data to Private/Public folders May also depend if any patient identifying information is included in the reports.)

PWS Requirement 23f: The MedRecon tool shall allow a HCT member to create/view reports in order to be able to retrieve, track over time, and aggregate patient medication information for decision support workflow. The System shall allow the reports to be saved to Public/Private folders.

2.6.12. Individual Patient Medication Timeline (PWS #24)

RTC Epic 134568: As a Health Care Team (HCT) member, I want to interact with a medication timeline to determine medication status so that I can take action on medication information.

The following requirements define the retrieval of individual patient historical medication data to support necessary information for transfer of care.

RTC Story 135523: As an HCT member, I want the System to allow viewing a patient's medication history timeline form, so that I may provide a more accurate depiction of medication prescriptions to support a patient's discharge summary.

RTC Story 135524: As an HCT member, I want the System to allow use of pre-defined past timeframes from the current date and time to determine the prescription data to be displayed within the reconciled medication timeline view, so that I may determine the data displayed within the timeline view.

RTC Story 135525: As an HCT member, I want the System to allow selection of the entire patient's prescription data to display in the reconciled medication timeline view, so that I may determine the data displayed within the timeline view

PWS Requirement 24: The MedRecon tool shall allow a HCT member to interact with a medication timeline to determine drug, dose, last date given, and start date, end date, prescription expiration date, discontinued medication orders by drug name and date discontinued within normal provider workflows.

RTC Story 135528: As an HCT member, I want to view a period of time prior to the current date and time the patient's prescription data to display in the reconciled medication timeline view, so that I may determine the data displayed within the timeline view

PWS Requirement 24a.i: The MedRecon tool shall display a timeline. The System shall allow the user to select from the following timeframes for display on the timeline: All

PWS Requirement 24a.ii: The MedRecon tool shall display a timeline. The System shall allow the user to select from the following timeframes for display on the timeline: 2Y

PWS Requirement 24a.iii: The MedRecon tool shall display a timeline. The System shall allow the user to select from the following timeframes for display on the timeline: 1Y

PWS Requirement 24a.iv: The MedRecon tool shall display a timeline. The System shall allow the user to select from the following timeframes for display on the timeline: 6M

PWS Requirement 24a.v: The MedRecon tool shall display a timeline. The System shall allow the user to select from the following timeframes for display on the timeline: 1M

RTC Story 135529: As an HCT member, I want the System to allow viewing each instance a patient's medication was reconciled within the selected timeframe, so that I may view it in the reconciled medication timeline.

PWS Requirement 24b: The System shall capture each instance of the generation of a Medication Reconciliation on the timeline to include the appropriate information

RTC Story 135530: As an HCT member, I want the System to allow a recall of prior instances (versions) of a patient's reconciled medication lists for a period of time not less than mandated by the

Federal system of records so that I may view the information in the reconciled medication timeline.
(Note: Also applicable to PWS 4.)

RTC Story 135531: As an HCT member, I want the System to allow a recall prior instances (versions) of a patient's reconciled medication lists for a period of time not less than mandated by the Federal system of records so that I may view medication information in the aggregate historical metrics report(s). (Note: Also applicable to PWS 22/23.)

PWS Requirement 24c: The System shall maintain versions of the medications lists for a period of time consistent with the Federal system of records mandates, and aggregate patient medication information across provider panel, care setting, facility, and VISN, by disease or medication.

RTC Story 135532: As an HCT member, I want the System to allow a recall by date and time the previously validated active medication profile for a patient that has been derived from the medication reconciliation process, so the HCT may track each instance a medication was reconciled.

PWS Requirement 24d: The MedRecon tool shall provide the ability to store and retrieve by date and time an accurate validated active medication profile that is derived from of all reconciled medications at any episode of care.

2.7. Graphical User Interface (GUI) Specifications

The following are Graphical User Interface (GUI) requirements to support VA design standards for GUI applications, Section 508 Standards compliance, and Human Factors engineering for the MedRecon Tool.

The System shall left align content in table cells to facilitate quick visual scan.

The System shall left align text for column headers to facilitate visual scan and make columns and content appear more organized.

The System shall use mixed case instead of all caps whenever possible (e.g., dropdown list items, table data, table headers, hyperlinks, tab names).

The System shall limit the use of “all caps” throughout the application.

The System shall Simplify button labels. Re-label buttons to reflect standard terminology that is common in web interfaces and other applications (e.g., “Cancel”).

The System shall Emphasize the action being performed in the most succinct way possible.

The System shall minimize redundancy in text/terminology that is used to convey the same action.

The System shall left align page/section titles to anchor titles in consistent locations regardless of window sizing.

The System shall Labels for fields should be left aligned to facilitate quick visual scan and make forms and field groupings appear more organized.

The System shall Avoid using acronyms or abbreviations unless (a) they are widely understood/well known or (b) there is very limited space to display the full meaning. (Note: This supports naïve user understanding. If limited space results in using a non-common acronym/abbreviation, ensure it is specified within “Help” and/or as a tooltip.

The System shall use colors such as red and green only for status driven content. Avoid using red for text/content, links, button labels, etc. (Note: This will reduce risk for user error, improve link discoverability, and facilitate understanding of differences in navigation/actions/content. It will also help users to isolate important status information (using red, green, etc.) from other less important information when viewing and processing information provided to them on a page.)

The System shall provide visual separation between the navigation space and the main content area.

The System shall add field level validation and notification of missing information on the same page without launching a new window or navigating to another page.

The System shall make all text hyperlinks appear consistent in style.

The System shall make drop-down selection box widths appropriate for content and visual appeal.

The System shall use standard and always visible radio buttons for “Yes/No” options instead of requiring the user to click in a drop down box and then click to select the “Yes” or “No” option.

The System shall use standard date and time selection widgets. Where date and time are selected/picked from a standard widget, also provide direct data entry to support keyboard navigation.

The System shall enable field level validation immediately upon entry. Include instructional format text within the field entry box.

The System shall provide standard sort behavior and visual indications on columns in all tables.

The System shall define and adhere to a standard model for use and design of controls, buttons, hyperlinks, and navigation elements.

The System shall ensure that text is sized to be readable (for example, by using the 007 Rule to assure text size is readable for users with 20/40 vision. The formula: $\text{Text height} = .007 * \text{distance between eyes and screen}$).

The System shall place common navigation elements in consistent locations.

The System shall Place critical information “above the fold” (i.e., in the top portion of the screen that is immediately viewable).

The System shall use consistent screen flow models, elements, and terms to support similar workflows.

The System shall use consistently named buttons when actions are the same (e.g., Add vs. Save vs. Submit).

The System shall enable users to print views from where they are in the interface.

The System shall avoid requiring the user to “run a report” in order to print something that is viewable on the screen.

The System shall provide field entry tool tips at the field location.

The System shall ensure consistency across the application in field labels, formats, location of tooltips, and tool tip text.

The System shall provide visual indication of required fields.

The System shall display field labels in close proximity to entry elements.

The System shall use consistent elements to filter data.

The System shall use consistent elements to sort data.

The System shall use a consistent model for display, layout, and grouping of data entry fields.

The System shall provide alternate row shading in lengthy tables of data, form elements, etc.

The System shall ensure that icons are recognized by users.

The System shall provide some “white space” between status icons in report views, white board views.

The System shall auto-populate default values in entry/selection fields when possible, appropriate and does not conflict with patient safety concerns.

The System shall Visually differentiate status icons from clickable icons, when appropriate.

The System shall define and support the appropriate user tab sequence through fields in forms in order to support keyboard navigation when entering data in forms.

The System shall define and adhere to standard action button placement on screens, forms, etc.

The System shall visually distinguish the primary action button on a page.

The System shall consistently use screen elements, action elements, workflow sequences within/across screens, language, etc.

The System shall provide error messages in user-centric language with specific instructions on the meaning of the error and how to recover from it.

The System shall use error messages and method of display consistently across the interface.

The System shall provide context-specific Help.

The System shall not use the term “sex” or any like abbreviations of that to represent gender.

2.8. Multi-divisional Specifications

This section, in specific relation to the MedRecon Tool, to be identified during requirements elaboration process.

2.9. Performance Specifications

Performance Specifications shall be aligned with overall performance requirements for the One VA EA framework. Specific to the MedRecon Tool the following Workload and Performance specifications shall be elaborated during the planning period and recorded in this RSD upon availability in Table 1.

RTC ID	Requirement
TBD	Total number of users by role: <ul style="list-style-type: none"> Administrator: # Approver: # Requestor: # per medical center(or potentially all VA clinical employees) Release Manager: #
TBD	Number of concurrent users by role: <ul style="list-style-type: none"> Administrator: # Approver: # Requestor: # per medical center Release Manager: #
TBD	Response time: <ul style="list-style-type: none"> Submitting / approving request: # seconds Running queries: # seconds or less Creating custom file: N/A
TBD	Usage peak times: Monday through Friday, 7:00 a.m. Eastern Time – 7:00 p.m. Eastern Time
TBD	Maximum number of customization request (estimated): <ul style="list-style-type: none"> Daily: # Weekly: #
TBD	The system shall allow <MM> minutes idle time prior to time out of the application.
TBD	Number of users, worst case scenario 128 VMS facilities (defined as VistA instance) # users / facility # concurrent / facility Facilities are open from 7:00 am eastern to 7:00 pm eastern
TBD	Workload distribution on business functions: <ul style="list-style-type: none"> Retrieving CMV (#/hour/site) Modifying IMW (#/hour/site) Completing RML (#/hour/site) Printing RML .pdf (#/hour/site) Generating Aggregate Patient Statistical Management Report(s) (#/hour/site) Generating Patient Transition Report(s) (#/hour/site)

Table 1: Workload and Performance Requirements

2.10. Quality Attributes Specification

HPES will follow the documented VA Quality Assurance Standard located at

The Quality Assurance Standard details the overall approach to quality assurance activities for a project. This standard documents how the project defines, implements and assures quality during the software development process. The standard is also a communication vehicle for the entire project team, including the project manager, technical project manager, developers, test analysts, SQA analysts, technical writers, functional analysts, other project teams, and users.

2.11. Reliability Specifications

The system shall be available 24/7, with exception made for required system maintenance activities. Required maintenance activities shall be scheduled for known periods of decreased system utilization.

Additional specifications will be determined as requirements are elaborated with the advice of SDE.

2.12. Scope Integration

This section, in specific relation to the MedRecon Tool, to be identified as One VA Enterprise Architecture and available services to provide and/or consume MedRecon data becomes actualized.

Each required product that will provide or receive services from the MedRecon tool, shall be recorded in this RSD upon with the following information:

- Integration Agreement (IA) Number, where appropriate
- Product Name
- Version Number
- Identification of interface purpose
- Definition of interface terms of message content and format

2.13. Security Specifications

The MedRecon Tool shall confirm to all VA OI&T Security requirements

This section, in specific relation to the MedRecon Tool, to be fully identified as One VA Enterprise Architecture and available services to provide and/or consume MedRecon data becomes actualized.

2.14. Usability Specifications

The system shall allow the user to view data from multiple sources

The system shall allow the user to interact with displayed data to obtain additional details related to the data and source of the data.

The system shall provide data search capabilities.

The system shall provide data sort capabilities.

The system shall provide filtering capabilities, to include:

- Filtering of data tables, lists, and grids
- Filtering of search results

The system shall provide data update capabilities based on system defined user role privileges.

3. Applicable Standards

The standards to be adhered to for the initial VA MedRecon Tool requirements, design, and development are still undergoing review with the key stakeholders, VA Project Management, and the Development Team to determine their alignment with the PWS. Below is a list of presented standards that the development team is either required to adhere to by OI&T or asked by the stakeholders to for MedRecon Tool development. This list may be altered with subsequent confirmation of project scope and adherence to the PWS.

- Patient Safety
- Section 508
- Meaningful Use Stage 1
- Meaningful Use Stage 2
- One VA EA
- Essential Medication Information Standards – VA Directive 1164

4. Interfaces

4.1. Communications Interfaces

This section, in specific relation to the MedRecon Tool, to be fully identified as One VA Enterprise Architecture and available services to provide and/or consume MedRecon data becomes actualized.

4.2. Hardware Interfaces

This section, in specific relation to the MedRecon Tool, to be fully identified as One VA Enterprise Architecture and available services to provide and/or consume MedRecon data becomes actualized.

4.3. Software Interfaces

MedRecon will be architected to use VistA Evolution/ e-HMP framework. It will use the following Interfaces/Service listed below as well provide MedRecon services to MedRecon clients.

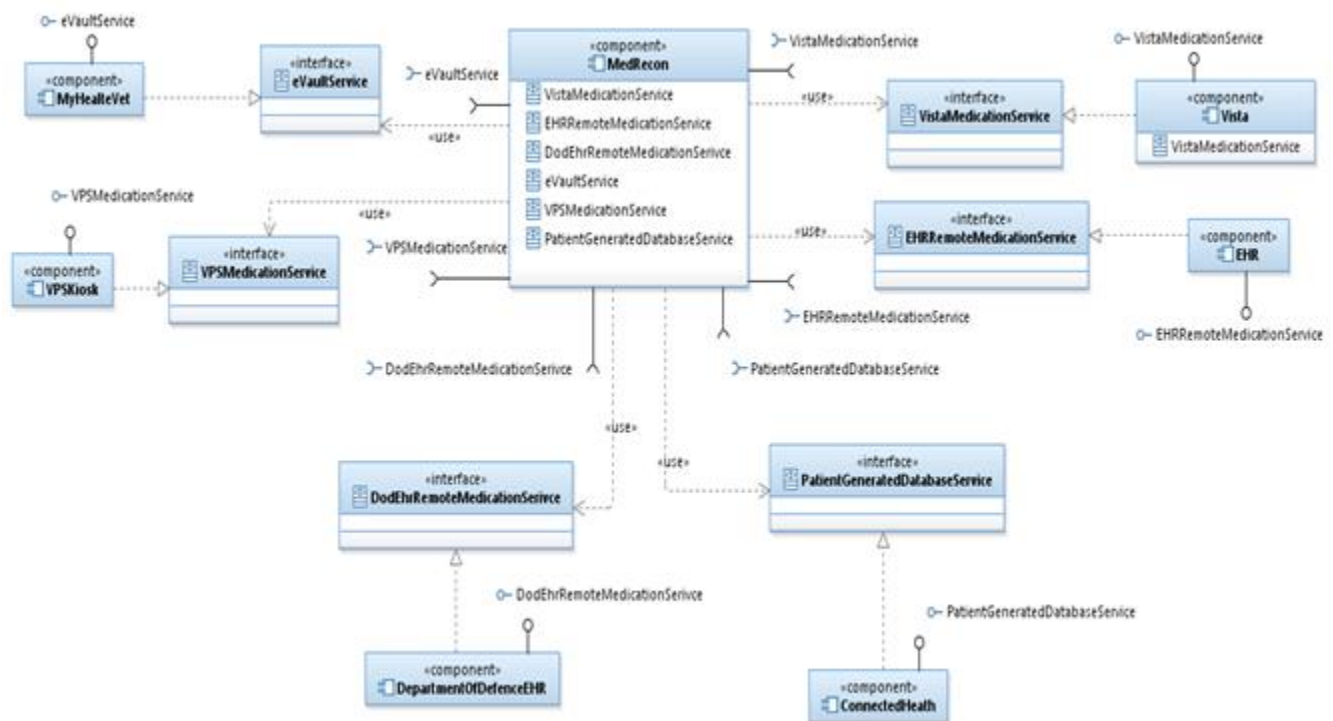
As MedRecon designed using VA Enterprise SOA framework this will allow MedRecon data and functionality available via standard Web protocols whose services can be consumed by a variety of clients. For example, the data and services exposed by the MedRecon may be consumed by eHMP or MHV or KIOSK as a service for the purpose of creating a “MedRecon” summary.

Interfaces/Services required by MedRecon application from other VA Applications:

1. MHV (MyHealtheVet) to obtain veteran’s non VA medication.

2. Vista Evolution (VistA enterprise services) to obtain patient demographics, allergies, and medication information).
3. CBO VPS Kiosk to obtain veteran's self-reported medications.
4. eHMP (this is replacement for CPRS) – MedRecon will consume Services from eHMP as well provide MedRecon Service to it.
5. VLER to obtain veteran's DOD medications.
6. My med Mobil Patient Application to obtain veteran's self-reported medications.
7. Connected Health Patient Generated Database to obtain patient data from patient facing tools.

The Figure below depicts the major Interfaces/Services to be used by “MedRecon” application.



Innovation projects which have done work on Medical reconciliation and MedRecon can reuse some of the process/functionality:

1. Aphid Portland Informatics Center (Kiosks) – VA Class 3 software Portland.
2. Loma Linda VAMC – This site has a working, Class III (application that is functioning to receive and act on Remote, Non-VA medications).
3. AMI MedRecon Tool

5. Legal, Copyright, and Other Notices

No legal disclaimers are noted at this time. This section, in specific relation to the MedRecon Tool, to be fully identified as One VA Enterprise Architecture and available services to provide and/or consume MedRecon data becomes actualized.

6. Purchased Components

Purchased components are To Be Determined (TBD). Purchased components may include hardware (e.g. Server(s)) and software licenses.

7. Estimation

The Function Point Estimation request is to be submitted upon the initial draft submission and publication of the RSD. Once request has been fulfilled and function point estimates are received, they will be added to this Estimation section of the RSD along with the completion of the Project Software Functional Size Estimate table completion.

Project Software Functional Size and Size-Based Effort and Duration Estimate

Application

Item	A	B	C	D	E	Total
Counted Function Points						
Estimated Scope Growth						
Estimated Size at Release						

Size-Based Effort Estimates	Labor Hours	Probability
Low-Effort Estimate – With indicated probability, project will consume no more than:		
High-Effort Estimate – With indicated probability, project will consume no more than:		

Size-Based Duration Estimates	Work Days	Probability
Low-Duration Estimate – With indicated probability, project will consume no more than:		
High-Duration Estimate -- With indicated probability, project will consume no more than:		

Figure 1: Cumulative Probability (“S-curve”) Chart

[Insert Cumulative Probability (“S-curve”) Charts here]

8. Approval Signatures

This section is used to document the approval of the RSD during the Formal Review. The review should be ideally conducted face to face where signatures can be obtained 'live' during the review, however the following forms of approval are acceptable:

- *Physical signatures obtained face to face or via fax*
- *Physical signature obtained in person or via fax*
- *Digital signature tied cryptographically to the signer*

/es/ in the signature block, provided that a separate digitally signed e-mail indicating the signer's approval is provided and kept with the document

The Chair of the governing Integrated Project Team (IPT), Business Sponsor, IT Program Manager, and the Project Manager are required to sign. Please annotate signature blocks accordingly.>

REVIEW DATE: *<date>*

SCRIBE: *<name>*

Signed:

Integrated Project Team (IPT) Chair	Date
-------------------------------------	------

Business Sponsor	Date
------------------	------

IT Program Manager	Date
--------------------	------

Project Manager	Date
-----------------	------

A. Acronym List and Glossary

Term	Meaning
Active (medication)	A medication status that indicates a medication has been dispensed/ delivered to the patient in-person or by mail and remains one of their active medications until the expiration date, with refills available as authorized. A prescription with this status is part of the patient's current expected medication regimen, and if refills remain, it can be filled or refilled upon request.
Active/Parked (medication)	Provider initiated functionality to be implemented in CPRS 32 that will allow the provider to update the existing pharmacy orders package to place prescriptions in a "parked" status. This allows delayed filling of prescriptions until patients request release of them. This will improve the accuracy of the medication list. <i>This functionality will be incorporated into VistA4 future state. Need to distinguish between Park, Hold, and Pending.</i> A prescription with this status is part of the patient's current expected medication regimen, but the next fill will not be dispensed until requested.
Active/Suspended (medication)	An ACTIVE medication, but somebody has taken action on the script, on the prescription. For example, the patient may have requested a refill for their medication through my HealtheVet or by telephone and this refill request is in the queue for processing at one of the consolidated mail outpatient pharmacies run by the VA or through their local facility pharmacy. The medication is in suspended status to prevent the provider from entering a new refill order when one already exists. (This prevents duplicate refills from being send as well as improving patient safety.) A prescription with this status is part of the patient's current expected medication regimen and a request has been placed to be filled at a future date.
Adverse Drug Event	An injury from the use of a drug, including harm caused by the drug (adverse drug reactions and overdoses) and harm from the use of the drug including dose reductions and discontinuation of drug therapy. VHA DIRECTIVE 2008-059
Adverse Drug Reaction	Response to a drug which is noxious and unintended and which occurs at doses normally used in people for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function. May be mild, moderate, or serious in nature; likewise, they can be observed or historical. VHA DIRECTIVE 2008-059
Allergy	An adverse drug reaction mediated by an immune response (e.g., rash, hives). VHA DIRECTIVE 2008-059
Ancillary Service/Occasion of Service	As defined by Patient Care Encounter (PCE) July 2014: A specified instance of an act of service involved in the care of a patient or consumer which is not an encounter. These occasions of service may be the result of an encounter; for example, tests or procedures ordered as part of an encounter. A patient may have multiple occasions of service per encounter or per visit.

Term	Meaning
Cancelled	An order that was discontinued before it was shared with an ancillary service.
Clinical Information Reconciliation	<p>From Office of National Coordinator/ Meaningful Use: Enable a user to electronically reconcile the data that represent a patient's active medication, problem, and medication allergy list as follows. For each list type:</p> <ul style="list-style-type: none"> a. Electronically and simultaneously display (i.e., in a single view) the data from at least two list sources in a manner that allows a user to view the data and their attributes, which must include, at a minimum, the source and last modification date. b. Enable a user to create a single reconciled list of medications, medication allergies, or problems. c. Enable a user to review and validate the accuracy of a final set of data and, upon a user's confirmation, automatically update the list.
Composite Medication View	<p>Within the MedRecon Tool, a comparison and review area consisting of the patient's self-reported medications and medications from the patient's EHR, both automatically retrieved from applicable and available service(s).</p> <p><i>(Referenced as Composite Medication List in PWS.)</i></p>
Discontinued (medication)	The medication has been is no longer prescribed and is NOT ACTIVE. A prescription with this status has been made inactive either by a new (replacement) prescription or by the request of a physician.
Discontinued (Edit)	A prescription with this status indicates a medication order has been edited by either a physician or pharmacist creating a new order.
Encounter	As defined by Patient Care Encounter (PCE) July 2014: Each patient meeting with a provider, during an appointment, by telephone, or as a walk-in. A patient can have multiple encounters for one appointment or during a single visit to a VAMC.
Episode of Care	As defined by Patient Care Encounter (PCE) July 2014: Many encounters for the same problem can constitute an episode of care. An outpatient episode of care may be a single encounter or can encompass multiple encounters over a long period of time. The definition of an episode of care may be interpreted differently by different professional services even for the same problem. Therefore, the duration of an episode of care is dependent on the viewpoints of individuals delivering or reviewing the care provided.

Term	Meaning
Essential Medication Information Standards Directive	<p>Essential Medication Information Standards Directive: This Veterans Health Administration (VHA) Directive establishes policy that outlines the essential medication information necessary for review, management and communication of medication information with patients and their healthcare teams. This new directive:</p> <ul style="list-style-type: none"> a. Defines the minimal or essential elements necessary to review, manage, and communicate medication information among healthcare teams, Veterans, and caregivers. This medication information is exchanged verbally, in print, and via digital processes and tools. b. Defines the authoritative sources of medication information in order to promote standardization and reduce the likelihood that incomplete and/or incompatible data is displayed in different patient and provider facing venues. Clinical Ancillary Services (CAS) Development TAC Number: TAC-14-15229 c. Identifies Pharmacy Benefits Management (PBM) and Standards and Terminology Service as business owners for medication information management standards in VA. d. Provides style guidance about how medication information should be displayed to patients and providers in these form factors: Print, Web, Point of Service, and Mobile. e. VA Medications. VA medications are Local medications ordered at the treating VA facility.
Expired (medication)	<p>An ACTIVE medication prescription order that has expired. Most non-narcotic medications expire after 1 year. Most non-Schedule II narcotics expire after 6 months. Most Schedule-II narcotics expire after 30 days. A prescription with this status indicates the expiration date has passed and the prescription is no longer active. A prescription may be renewed up to 120 days after expiration.</p>
Hold (a medication)	<p>An ACTIVE medication that is not being filled. Different facilities use this function differently - check with local VA pharmacy. Medications on HOLD must be removed from HOLD by pharmacy prior to dispensing. (example, some pharmacies place medications on HOLD because a veteran states that have plenty and do not want any more sent to them.) Distinguished from Park and Pending. A prescription that was placed on hold due to reasons determined by the physician/pharmacist. This prescription cannot be filled until the hold is resolved</p>
Inpatient Visit	<p>As defined by Patient Care Encounter (PCE) July 2014: Inpatient encounters include the admission of a patient to a VAMC and any clinically significant change related to treatment of that patient. For example, a treating specialty change is clinically significant, whereas a bed switch is not. The clinically significant visits created throughout the inpatient stay would be related to the inpatient admission visit. If the patient is seen in an outpatient clinic while an Inpatient, this is treated as a separate encounter.</p>

Term	Meaning
Interim Medication Worksheet	Within the MedRecon Tool, the actionable area to record medication adherence, alter the current state of a medication within the composite list, placing new medication orders, recording progress notes, enhancing treatment plans and all input actions necessary to reconcile a patient's medication. (<i>Referenced as Interim Medication List in PWS.</i>)
Mediation Adherence	Medication adherence refers to the extent to which the use of a medication by a patient aligns with the stated medication use instructions.
Medication Discrepancy	Medication discrepancies are unintentional differences found in the patient's medication information when compared to the medication information available on the electronic health record. These discrepancies may be omissions, commissions, inappropriate duplications, changes, and/or additions. These discrepancies may be generated from the patient or the health care system
Medication Reconciliation	A process to ensure maintenance of accurate, safe, effective, and, above all, patient centered medication information by: <ul style="list-style-type: none"> a. Obtaining medication information from the patient, caregiver, or family members. b. Comparing the information obtained from the patient, caregiver, or family member to the medication information available in the VA electronic medical record, including active medications, recently expired medications, medications given at other VA facilities (via remote data view), and non-VA medications, in order to identify and address discrepancies. c. Assembling and documenting the medication information in the VA electronic medical record. d. Communicating with and providing education to the patient, caregiver, or family members regarding updated medication information. e. Communicating relevant medication information to and between the appropriate members of the VA and non-VA health care team.
Non-VA Provider	Community providers including physicians, advanced practice nurses, physician assistants, and other health care professionals who provide health care to Veteran patients outside of VA. This includes services reimbursed by Fee-Basis, Department of Defense, Tri-Care, Medicare, private pay, and health insurance. Methods to communicate with non-VA providers include phone conversations, FAX, and correspondence by mail after compliance with patient privacy regulations.
Non-VA Medication (Med)	Medications obtained outside the VA (with the exception of DoD medications, which are viewed as Remote Medications) <ul style="list-style-type: none"> a. Non-VA provider prescribed medications filled at non-VA pharmacies. b. VA provider prescribed medication filled at non-VA pharmacies. c. Other medications, such as sample prescription medications provided from a non-VA provider's office. d. Medications obtained from family or friends. e. Herbals, over-the-counter-medications, nutraceuticals, and alternative medications not dispensed through VA.

Term	Meaning
Non-Verified (medication)	A prescription with this status has been either entered or finished by a pharmacy technician and will become active upon a pharmacist's review. Until such review, a non-verified order cannot be filled.
Outpatient Visit	As defined by Patient Care Encounter (PCE) July 2014: The visit of an outpatient to one or more units or facilities located in or directed by the provider maintaining the outpatient health care services (clinic, physician's office, hospital/medical center) within one calendar day. Outpatient encounters include scheduled appointments and walk-in unscheduled visits. A clinician's telephone communications with a patient may be represented by a separate visit entry.
█ a Prescription	See Active/Parked (medication)
Patient Medication Information	Information on all the medications taken by the patient, how they are taking it, any problems they may be having and/or have had in the past. This may be obtained by brown bag inventory, verbal history, or patient, caregiver or family member-furnished medication list.
Pending (medication)	When an ACTIVE medication has been ordered by a provider but has not yet been processed by Pharmacy. (Need to distinguish between Park) A prescription with this status is an order that has been entered through (currently) CPRS. It has been signed by the provider but is awaiting pharmacy review. It cannot be filled until after the pharmacist reviews and finishes the order.
Provider	As defined by Patient Care Encounter (PCE) July 2014: A person who furnishes health care to a consumer; such as a professionally licensed practitioner who is authorized to operate a health care delivery facility. This definition includes an individual or defined group of individuals who provides a defined unit of health care services (defined = codable) to one or more individuals at a single session.
Rational Team Concert	Software development tool for supporting Agile projects. Provides a repository for User and Epic Stories, build management, defect/enhancement tracking, and reporting.
Reconciled Medication List	Within the MedRecon Tool, the record of reconciled and completed medication actions for the patient's encounter. Made available to the Health Care Team and presented to the patient upon discharge.
Remote VA Medication	Medications ordered at any other VA facilities (viewed or imported via remote data view) that were not ordered or dispensed at the VA facility where the patient is presenting during the Medication Reconciliation process. DoD medication orders are considered Remote.
Renew (a medication)	An order that has been updated; a more current version of the order exists.
(Patient) Transfer	Movement of a patient between a site's departments/units within an admission. E.g. ICU to Telemetry; Diagnostic Imaging to Orthopedics.

Term	Meaning
(Patient) Transition	Movement of a patient between encounter states. E.g. Outpatient to Inpatient Admission to Discharge. Also between facilities is considered a transition in care.
Section 508	Section 508 of the Rehabilitation Act Amendments of 1998 requires that when Federal agencies develop, procure, maintain, or use electronic and information technology, they shall ensure that the electronic and information technology allows Federal employees with disabilities to have access to and use of information and data that is comparable to the access to and use of information and data by Federal employees who are not individuals with disabilities, unless an undue burden would be imposed on the agency. The 508 standards require such things as text labels for graphics on web pages, and desktop software that is compatible with Assistive Technology. The standards were developed by the Access Board in close consultation with members of the IT industry, disability advocates, world-wide standards groups, members of academia, and Federal officials.
Unreleased	An order that has been created in the system but has not been sent to the ancillary service to be addressed.
VA Provider	Physicians, medical trainees, advanced practice nurses, physician assistants, and other health care professionals who provide primary care or specialty care within the limitations of their individual VA privileges or scopes of practice.
Visit	As defined by Patient Care Encounter (PCE) July 2014: Each encounter with a provider during a patient's appointment; can also be a telephone call or a walk-in.

Table 2: Glossary

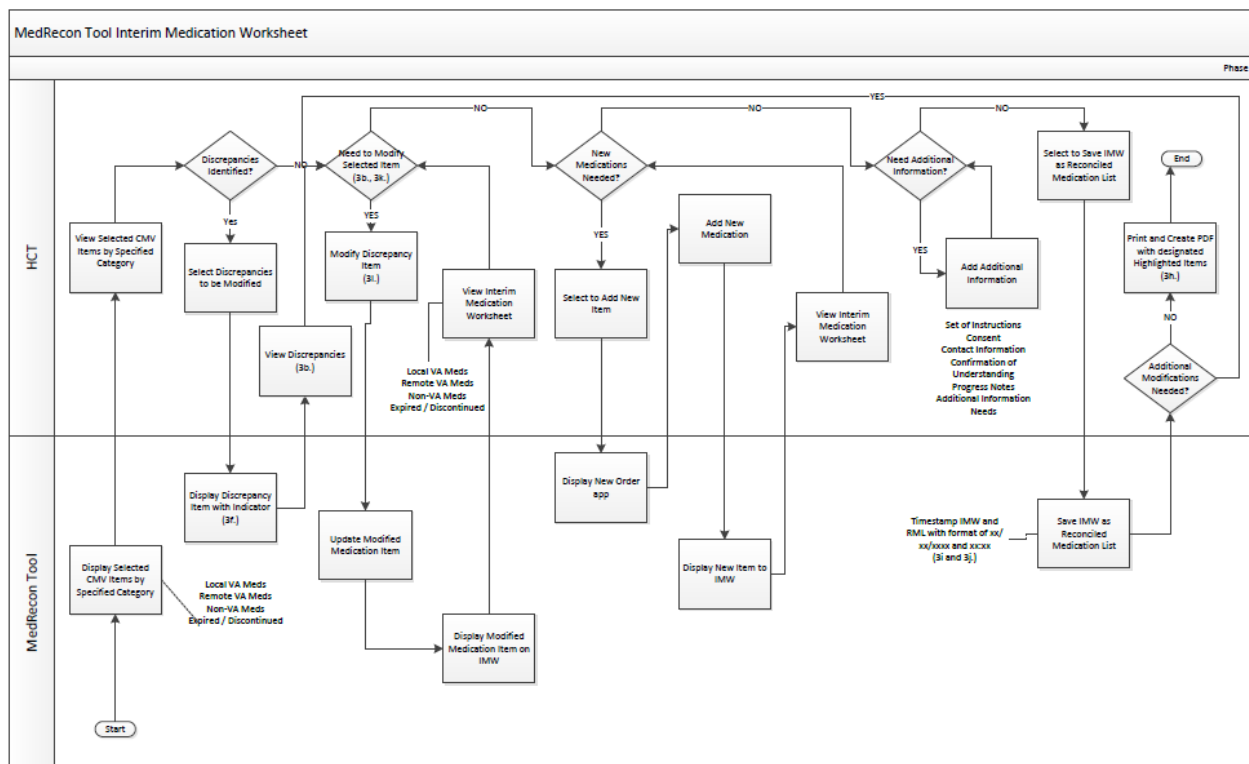
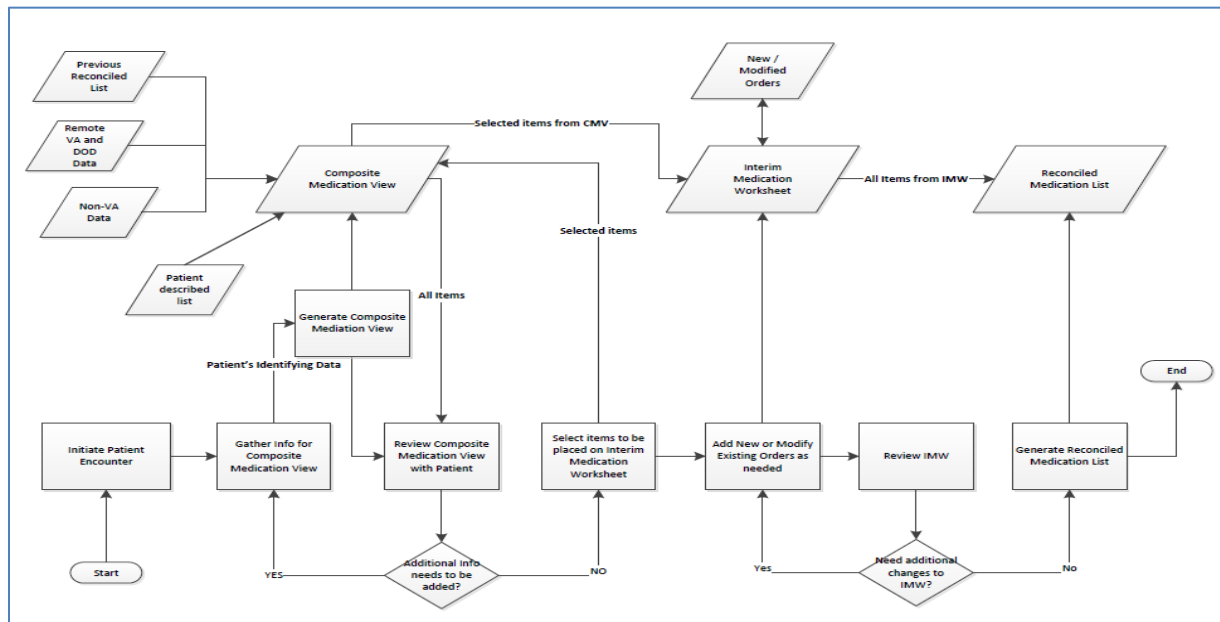
Term	Definition
A&A	Assessment and Authorization
ADE	Adverse Drug Event
ADR	Adverse Drug Reaction
ALL	Allergy
BRD	Business Requirements Document
CAS	Clinical Ancillary System
CCD	Continuity of Care Document
CMV	Composite Medication View
CPRS	Computerized Patient Record System
DBA	Database Administrator
DDPE	Development Delivery of Pharmacy Enhancements
DOB	Date of Birth
DOD	Department of Defense
EA	Enterprise Architecture
eHMP	Enterprise Health Management Platform

Term	Definition
EHR	Electronic Health Record
GUI	Graphical User Interface
H&P	Health and Physical
HCT	Health Care Team
HSD and D	Health Systems Design and Development (re: Section 508)
IA	Integration Agreement
IBM	International Business Machines
IMW	Interim Medication Worksheet
MedRecon	Medical Reconciliation Application
MHV	MyHealtheVet
NDF	National Drug File
NSR	National Service Request
OI&T	Office of Information and Technology
OIFO	Office of Information Field Office
PBM	Pharmacy Benefits Management
PCE	Patient Care Encounter
PCP	Primary Care Physician
PD	Product Development
PDF (.pdf)	Portable Document Format
PGD	Patient Generated Database
PM	Project Manager
PPO	Process, Performance, and Oversight
PWS	Project Work Statement (Contractual)
RDBS	Relational Database System
RML	Reconciled Medication List
ROI	Release of Information
RSD	Requirements Specification Document
RTC	Rational Team Concert
SDE	Service Delivery and Engineering
SME	Subject Matter Expert(s)
SQA	Software Quality Assurance
SQL	Structured Query Language
TO	Task Order
TRM	Technical Reference Model; One-VA TRM
URL	Uniform Resource Locator
VA	Department of Veterans Affairs
VAMC	Veterans Affairs Medical Center
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture
VLER	Virtual Lifetime Electronic Record
VPS	Veteran Point of Service (Kiosk)

Table 3: Acronyms

B. Business Process Flow Diagrams

It is recommended that when viewing the diagrams, that the reader expand their view (zoom) of this RSD using Microsoft Word to 130% or greater.



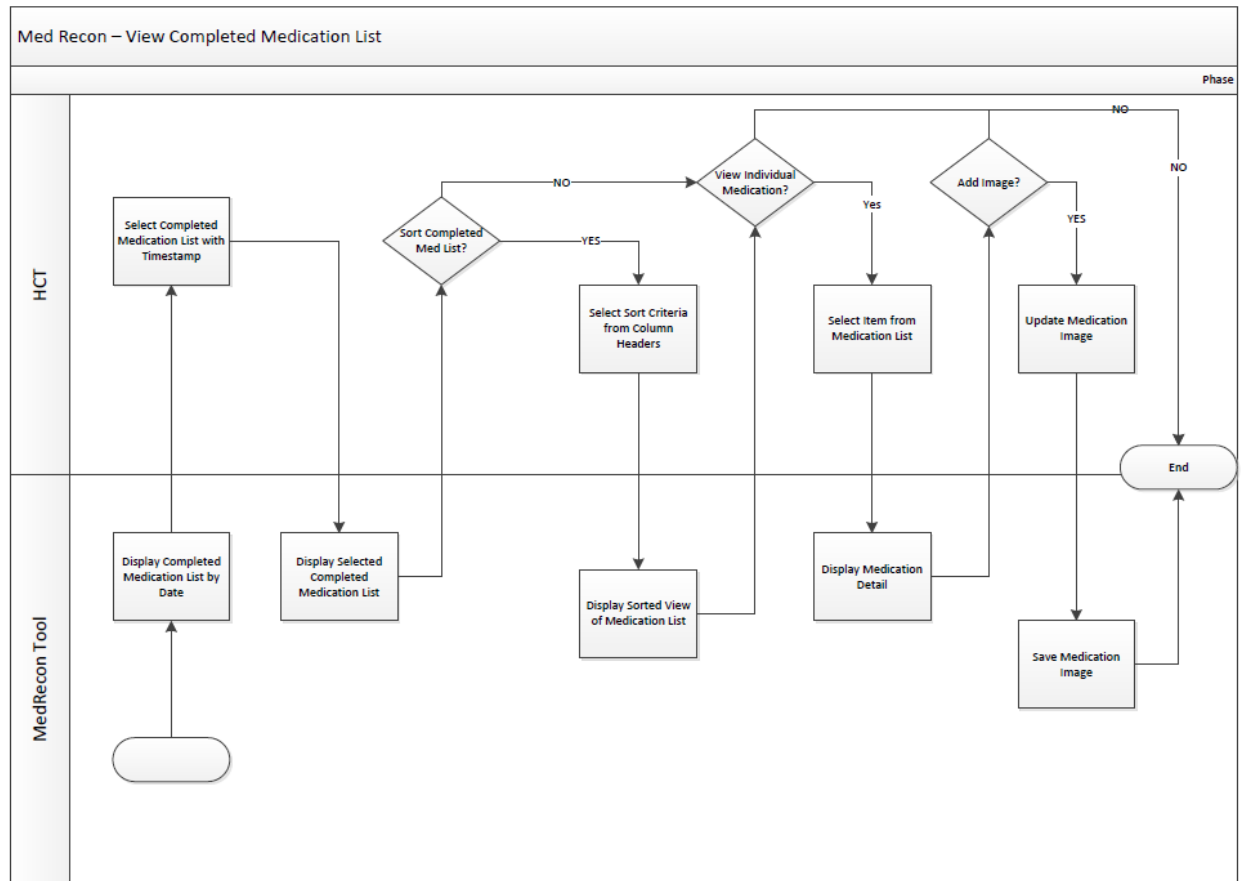


Diagram 3 – PWS 5 View Completed Medication List

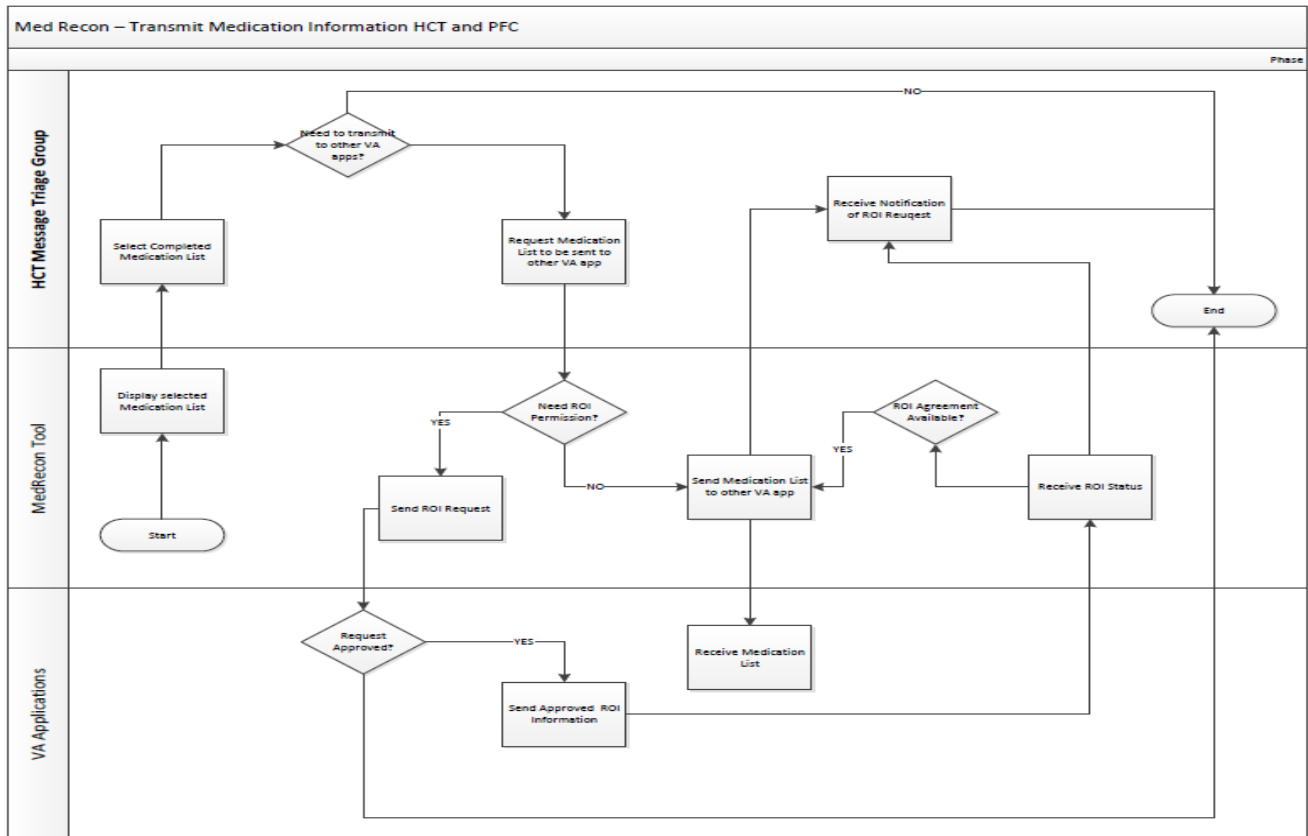


Diagram 4 – PWS 6 Transmit Medication Information to HCT and PFC

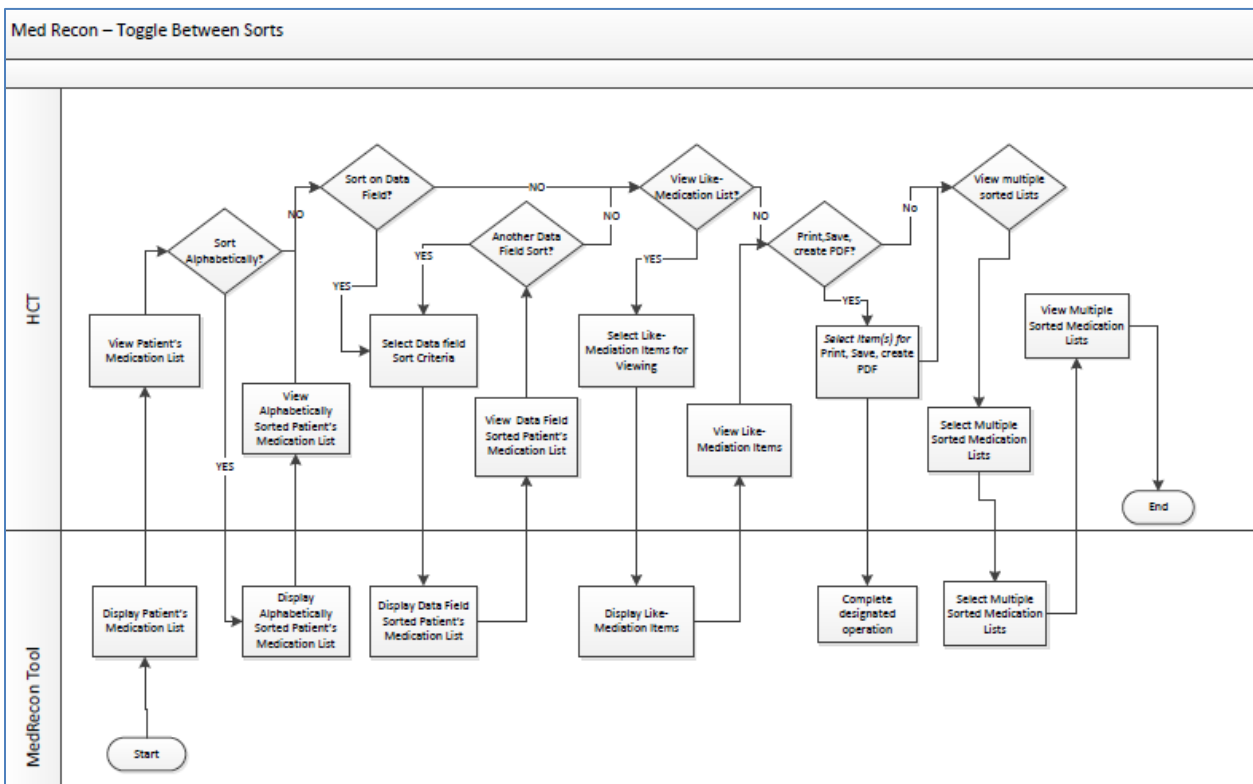


Diagram 5 – PWS 7 Toggle Between Sorts

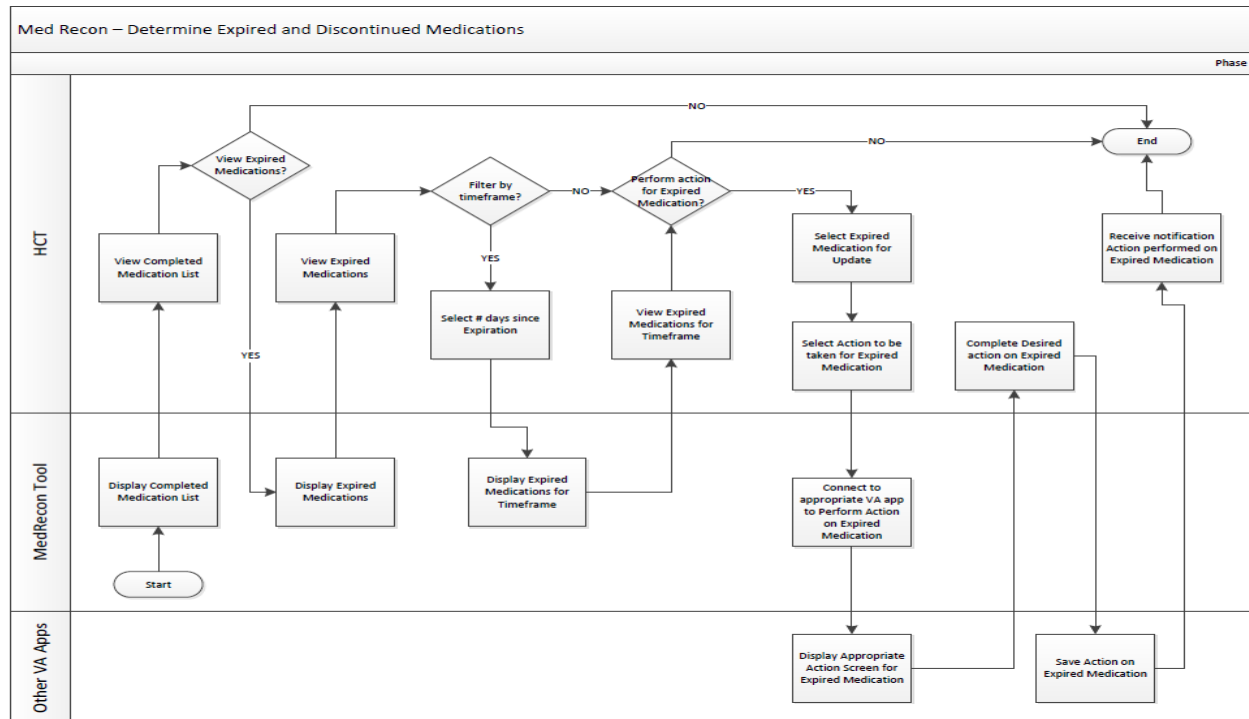


Diagram 6 – PWS 8 Determine Expired and Discontinued Medications

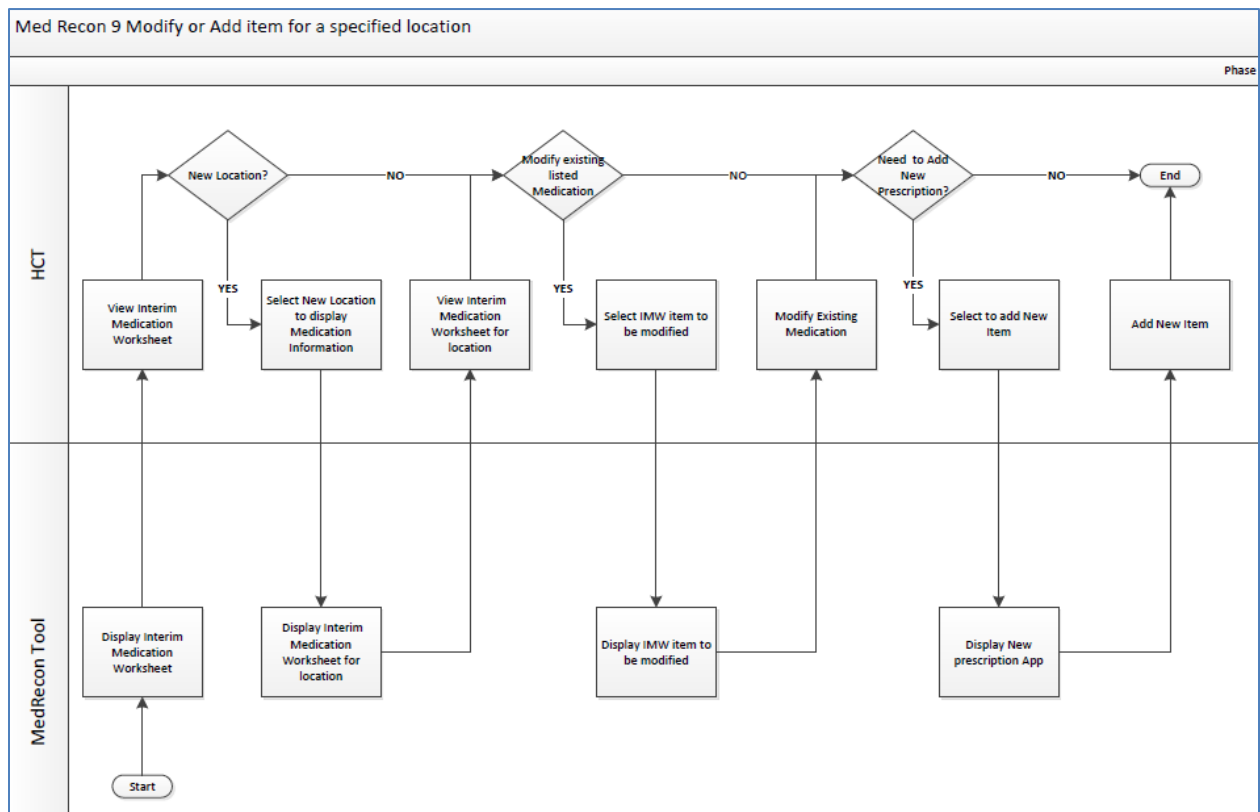


Diagram 7 – PWS 9 Modify or Add for a Specified Location

Template Revision History

Date	Version	Description	Author
May 2014	1.3	Reordered cover sheet to clarify results of artifact searches	Process Management
May 2013	1.2	Add Appendix for acronyms and glossary	Process Management
March 2013	1.1	Formatted to current ProPath documentation standards and edited to conform with latest Alternative Text (Section 508) guidelines	Process Management
January 2013	1.0	Initial Version	PMAS Business Office