

# **Replacement System for Missing Patient Registry**

**Request #20061204**

*Business Requirements Document*



**October 2008**

## Revision History

**NOTE:** *The revision history cycle begins once changes or enhancements are requested after the initial Business Requirements Document has been completed.*

Date	Version	Description	Author
10/08/08	1.0	Initial draft	
10/20/08	1.1	Business Owner Approval	
10/24/08	1.2	Appendix D. Post Sign-Off Additions	
<b>Post Sign Off Additions – Not Included in Project Scope and Estimate</b>			
06/16/2011	1.3	Appendix D. Post Sign-Off Additions- Page 15	

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# **Business Requirements Document**

## **1. Introduction**

This request was submitted by Odette Levesque, Veterans Health Administration (VHA) Head Quarters (HQ) Clinical/Quality Assurance Liaison, and Deputy Under Secretary for Health (USH) for Operations & Management. In the early 1990s, the Government Accountability Office (GAO) mandated that a mechanism be developed to identify missing patients. This request is to utilize Patient Record Flag (PRF), replacing the no longer in use Missing Patient Registry software system. The now defunct software system would have been costly due to required redesigning, to bring the registry into compliance with current Health Insurance Portability and Accountability Act (HIPAA) and encryption requirements.

### **1.1. Request Scope and Objectives**

The Patient Record Flag is a nationally deployed application within the Computerized Patient Record System (CPRS) that creates a flag on the patient's chart to emphasize the presence of significant risk factors for the patient. Currently, the only Category I Flag authorized for national release is a Behavioral Flag. Under current guidelines, this flag is to be used in the event that a significant risk for violence is present.

The Patient Record Flag Advisory Board reviews all software requests to maintain compliance with the National Patient Record Flag VHA Directive 2003-048 and has approved this new Category 1 Patient Record Flag for Missing Patients. The use of PRF in being able to identify a missing patient should that patient show anywhere in the system is crucial to being able to identify these high risk patients, while also allowing clinical care gives the ability to assist in location of missing patients across the VA system.

### **1.2. References**

This VHA Directive establishes policy to ensure that each Department of Veterans Affairs (VA) medical facility has an effective and reliable plan to prevent and effectively manage wandering and missing patient events that place patients at risk for harm.

- Directive 2008-057 Management of Wandering and Missing Patient Events: (HYPERLINK REDACTED)
- Directive 2003-048 National Patient Record Flags: (HYPERLINK REDACTED)
- Handbook 1050.01 National Patient Safety Improvement Handbook: (HYPERLINK REDACTED)
- Patient Record Flags - (HYPERLINK REDACTED)
- National Patient Care Data Base 10/18/08 (HYPERLINK REDACTED)

## 2. Need and Benefit

### 2.1. Business Need

This request is in support of VHA Directive 2008-057 to ensure that each VA medical facility has an effective and reliable plan to prevent and effectively manage wandering and missing patient events that place patients at risk for harm.

### 2.2. Business Benefit

The need/problem/opportunity	There is a critical need to identify and to follow through in the care of missing veterans
Affects	Physicians, Nurses, VHA Police Officers
the impact of which is	Concern that a missing veteran would not be identified
a successful benefit would be	Early identification and follow through with missing veterans.

### 2.3. Success Criteria and Performance Measures

Success Factors	Measurement
Missing Patient Veterans identified will have a patient record flag created.	Patient Record Flag would be created for 100% of Missing Patients

## 3. Stakeholder Overview

### 3.1. Stakeholder Summary

Type of Stakeholder	Description	Responsibilities
Requestor/ Business Owner /Endorser	Odette Levesque VHA HQ Clinical/Quality Assurance Liaison, and Deputy USH for Operations & Management	Submitted request. Submits business requirements. Monitors progress of request. Contributes to Business Requirements Document (BRD) development and is accountable for providing final approval of BRD with Sign Off Authority.
Business Subject Matter Expert (SME)	REDACTED	Provides background on current system and processes. Describes features of current systems, including known problems. Identifies features for new system.
Technical SME	REDACTED	Represents technical/application development.

### 3.2. Primary and Secondary Users

Name	Description	Responsibilities
Primary Users	Nurses, physicians, VHA Police officers, clerks, quality management/quality assurance	Identification of patient, entry of patient record flag.
Secondary Users	Management	Capture, analyze, and evaluate reports for quality and performance improvement.

### 3.3. Existing Environment

The Veterans Health Information Systems and Technology Architecture (VistA) system is used by clinicians. There is no plan to deviate from this platform. Missing Patient registry has been discontinued. Until a replacement information system is available, facilities were notified 10/18/08 via the National Patient Care Database, for facilities to develop an (HYPERLINK REDACTED) for each missing patient and send through their facility director to their VISN office. The VISN office will then forward to the Deputy Under Secretary for Health for Operations and Management (10N).

### 3.4. Stakeholder High Level Needs

Need Number	Stakeholder Need Description
Need 1	A national Patient Record Flag for the Missing Patient.
Need 2	The ability to create a summary report number of Category I Missing Patient.

### 3.5. Alternatives

There are no feasible alternatives to modifications of the current system.

## 4. Desired Product Overview

A category I Patient Record Flag will be needed to alert clinicians of Missing Patients based on the need to share this information between facilities.

### 4.1. Product Perspective

### 4.2. Assumptions and Dependencies

The project assumes technical expertise exists within VA's Office of Enterprise Development (OED) that will be available to design and implement the desired solution.

### 4.3. Functional Capabilities/High Level Requirements

Need Number	Feature Number	Functional Capabilities /Feature Description	Ranking R=Required O=Optional
<b>Need 1:</b> A national Patient Record Flag for the Missing Patient.	F 1.1	Ability to create and display Category I Patient Record Flag for Missing patients.	R
	F 1.2	The Category I Patient Record Flag for Missing patient's progress note contains area for entry of description of the risk and circumstances.	R
	F 1.3	Ability to remove the Category I Patient Record Flag as soon as the patient is located either at the originating facility or at another facility.	R
<b>Need 2:</b> The ability to create a summary report	F 2.1	The ability to create a summary report number of Category I Missing Patient.	R

Need Number	Feature Number	Functional Capabilities /Feature Description	Ranking R=Required O=Optional
number of Category I Missing Patient.	F 2.2		

#### 4.4. Constraints

No Business constraints have been identified, as the Patient Record Flag Advisory Committee have approved this new Category 1 Patient Record Flag.

#### 4.5. Risks

Due to the compressed time frames used to elicit and document the requirements for this new service request, there is the inherent risk that the requirements do not capture the full scope of the request.

#### 4.6. Nonfunctional Requirements

#### 4.7. Enterprise Requirements

To view Enterprise-level requirements, access the web site for VHA Health Information Technology, Software Engineering and Integration, Enterprise Requirements Management located at (HYPERLINK REDACTED).

1. From the Project dropdown list, select **HeV Enterprise Requirements Management**
2. In the **User** field, enter (REDACTED)
3. In the **password** field, enter (REDACTED)
4. Click the **Log In** button
5. In the left-hand navigation tree, click **01 – Enterprise** (as an example, to view Identity Management Enterprise Requirements):
  - a. Click **VA HDI**
  - b. Click **HDI DQ**

##### 4.7.1. Security Requirements

All VA and VHA Security requirements will be adhered to.

##### 4.7.2. Privacy Requirements

All VA and VHA Privacy requirements will be adhered to. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.

##### 4.7.3. 508 Compliance Requirements

All Section 508 requirements will be adhered to. VHA recognizes that these are Enterprise cross-cutting legal requirements for all developed Electronic & Information Technology. To ensure that these requirements are met, they are addressed through the Enterprise-level requirements maintained by VHA Health Information Technology, Software Engineering and Integration, Enterprise Requirements Management.

#### **4.7.4. Executive Order Requirements**

In keeping with the President's Executive Order: *Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs*, the VHA Office of Information (OI) must promote quality and efficient delivery of health care through the use of health information technology, transparency regarding health care quality and price, and incentives to promote the widespread adoption of health information technology and quality of care. To support this mission, to the greatest extent possible, any new Information Technology (IT) system development or acquisition of commercial system shall:

- Use interoperability standards recognized by the Secretary of Health and Human Services, or the appropriate designated body at the time of the system update, acquisition, or implementation, in all relevant information technology systems.
- Ensure interoperability with the Nationwide Health Information Network (NHIN).
- Comply with certification standards released through the Certification Commission of Health Information Technology (CCHIT)

The interoperability and certification standards are constantly evolving; for questions relative to these standards, contact Tim Cromwell, Acting Director, HealthePeople, Office of the Chief Health Information Officer.

#### **4.7.5. Identity Management Requirements**

All Enterprise Identity Management requirements will be adhered to. VHA recognizes that these are Enterprise requirements for all developed Electronic & Information Technology. These requirements are applicable to any application that adds, edits or performs lookups on persons (patients, practitioners, employees, IT Users) to systems within the VHA. To ensure that these requirements are met, they are addressed through the Enterprise-level requirements maintained by VHA Health Information Technology, Software Engineering and Integration, Enterprise Requirements Management.

#### **4.7.6. Other Enterprise Requirements**

No other enterprise requirements have been identified at this time.



## Appendix A. Models

## Appendix B. Acronyms and Abbreviations

Term	Definition
BRD	Business Requirements Document
CCHIT	Certification Commission of Health Information Technology
CPRS	Computerized Patient Record System
DUSHOM	Deputy Under Secretary for Health for Operations and Management (10N)
GAO	Government Accountability Office
HIPAA	Health Insurance Portability and Accountability Act
HQ	Head Quarters
IT	Information Technology
MD	Medical Doctor
MPH	Masters in Public Health
MPRF	Category I Missing Patient Record flag
NHIN	Nationwide Health Information Network
OED	Office of Enterprise Development
OI	Office of Information
OIFO	Office of Information Field Office
PRF	Patient Record Flag
SME	Subject Matter Expert
USH	Under Secretary for Health
VA	Department of Veterans Affairs
VACO	VA Central Office
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

## Appendix C. Approval Signatures

The requirements defined in this document are the high level business requirements necessary to meet the intent of this new service request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(REDACTED)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(REDACTED)

## Appendix D. Post Sign-Off Additions

The following additional requirements were identified subsequent to the approval of this document. These requirements were not included in the project scope estimates when this request was considered for approval.

Need Number	Feature Number	Functional Capabilities /Feature Description	Ranking R=Required O=Optional	Requested By
Need 1	F 1.1	Convert the Interim Category II Patient Record Flag– Missing & High Risk To a Category I Patient record Flag.	R	Odette Levesque VHA HQ Clinical/Quality Assurance Liaison, and Deputy USH for Operations & Management
	F 1.2			
	F 1.3			
Need 2	F 2.1			
	F 2.2			
Need 3	F 3.1			

Since the release of Directive 2008-057, the field requires some additional guidance in order to implement some of the procedures that are outlined. Section 1.2.e.(8) of the Directive refers to “Category I Missing Patient Record flag (MPRF).” This is not yet possible since CPRS programming for entry of a Category (National) I Patient Record Flag for missing patients has not been completed . At this time the only Category I PRF now approved and programmed for in CPRS is a Category I (Behavior) PRF used to signal a patient’s risk of violence. However, the development of an additional Category I PRF for the Missing Patient Record Flag (MPRF) has been approved. Release to the field may take up to six months or more. **Recommendation for all stations:** As an interim measure, facilities are asked to use a Category II (local only) PRF flag to signal a patient’s status as “Missing & High Risk” in accordance with definitions spelled out in Directive 2008-057. Entry of this interim Category II MPRF should be done in accordance with Directive 2003-048, “National Patient Record Flags”.

Flag Name: Missing Patient

Flag Type: CLINICAL

Flag Category: II (LOCAL)

Assignment Status: ACTIVE

Initial Assignment: 08/11/08@08:30:41

Last Review Date: N/A

Next Review Date: \*\*

Owner Site: PORTLAND (OR) VAMC (PORTLAND (OR) VAMC)

Originating Site: PORTLAND (OR) VAMC (PORTLAND (OR) VAMC)

### **MPRF Progress Note Title:**

## PATIENT RECORD FLAG CAT II – MISSING & HIGH RISK



information letter  
re-057.doc

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(REDACTED)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(REDACTED)

### Post Sign-Off Additions

Mental Health has responsibility for the national directive on Missing and Wandering Patients. This directive was initially drafted in 2006, and at the time of the initial writing, a NSR was entered for a Category I PRF to provide information across sites when a patient that is assessed to be at high risk for harm goes missing from a VA facility. This has not been implemented due to need for IT funding to create the Category 1 PRF, but it is a much needed and clinically approved tool. (NSR 20061204: (HYPERLINK REDACTED))

Since then the need for the addition of two Category 1 Patient Record Flags has been identified.

Need Number	Feature Number	Functional Capabilities /Feature Description	Ranking R=Required O=Optional	Requested By
Need 1: Provide two categories of Category I PRF's, one for Danger of Harm to Self and one for Danger of Harm to Others that are easily viewed and accessed by staff.	F 1.1	Provide a Category 1 PRF for Danger to Self	R	
	F 1.2	Provide the ability to view the category 1 Danger to Self: Missing Patient flag as "Category 1 PRF Danger to Self: Missing Patient"	R	
	F 1.3	Provide the ability to select the Category 1 PRF Danger to Self: Missing Patient for any missing patient not found in the local area search period.	R	
	F 1.4	Provide a Category 1 PRF for Danger to Others	R	
	F 1.5	Provide the ability to view the category 1 Danger to Self: High Risk for Suicide flag as "Category 1 PRF Danger to Self: High	R	

		Risk for Suicide”		
	F 1.6	Provide the ability to select the Category 1 PRF Danger to Self: High Risk for Suicide	R	
	F 1.7	Provide the ability for the two Category 1 PRF’s to appear visually different to the user: Danger to Others- flashes red Danger to Self- flashes orange	R	
	F 1.8	Provide the ability to select both types of Category 1 PRF Danger to Self	R	
	F 1.9	Provide the ability to select both Category 1 flags for a veteran if needed	R	
	F 1.10	Provide the ability to open the PRF to obtain the definition of what the risk is and what to do for the Veteran.	R	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(REDACTED)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(REDACTED)