

Department of Veterans Affairs

VistA Immunization Enhancements (VIMM) 1.0

Patch PX*1*201

Requirements Specification Document



June 2014

Version 1.4

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
25 June 2014	1.4	Updated Patch number and approval signatures and prepared doc for signing.	
3 June 2014	1.3	Added new approved requirements from CR-001 and CR-002. Assigned Requirement IDs to those needing them.	
14 May 2014	1.2	Updated requirements, added DPRPC Requirements	
24 April 2014	1.1	Updated requirements	
10 March 2014	1.0	Updated scope to reflect DPRPC project	
09 January 2014	0.9	Added new requirements to section 2.7	
02 January 2014	0.8	Corrected formatting and removed requirement Statement description numbering	
20 December 2013	0.7	Added EHR Certification for EU and added VA Long-Term Phase 1 and 2 requirements	
18 December 2013	0.6	All Phase 1 requirements have been included in the scope requirements table. All Phase 2 requirements have been included in the out of scope requirements table.	

Table of Contents

1. Introduction	5
1.1. Purpose.....	5
1.2. Scope.....	6
1.3. Specific Requirements	6
1.3.1. Data Management Requirements	6
1.3.2. Business Need Requirements	8
1.3.3. Business Owner Requirements	8
1.3.4. Business Detail Requirements.....	9
1.3.4.1. Business Use Case – Veterans Immunization Data Persistence	9
1.3.4.2. Functional Requirement – VA Partner Administered Immunization	9
1.3.4.3. Business Rules	11
1.3.5. Enterprise el Requirements	12
1.3.5.1. 508 Compliance	12
1.3.5.2. Identity Management.....	12
1.3.5.3. Interoperability (Executive Order)	13
1.3.5.4. Privacy	13
1.3.5.5. Security	13
1.3.5.6. HIPAA Compliance	13
1.3.5.7. HL7 Messaging.....	13
1.3.5.8. Patient Safety.....	13
1.3.6. Non-Functional Requirements.....	13
1.4. References	14
1.5. Acronyms and Definitions	14
1.5.1. Acronyms	15
1.5.2. Definitions.....	16
2. Overall Description	16
2.1. Accessibility Specifications.....	17
2.2. Business Rules Specification	17
2.3. Design Constraints Specification	18
2.3.1. VistA package and other patch dependencies	19
2.4. Disaster Recovery Specification.....	19
2.5. Documentation Specifications.....	19
2.5.1. Project Documentation storage and maintenance	20
2.6. Functional Specifications	20
2.7. Functional Specifications Out of Scope for IOC	26
2.8. Non-Functional Specifications	85
2.9. File Data Dictionary Changes	86

2.10. Changes and Additions to Data Distributed In Files	86
2.11. Graphical User Interface (GUI) Specifications	86
2.12. Multi-divisional Specifications.....	86
2.13. Performance Specifications.....	87
2.14. Quality Attributes Specification	87
2.15. Reliability Specifications	87
2.16. Scope Integration	87
2.17. Security Specifications.....	87
2.18. System Features	87
2.19. Usability Specifications.....	88
3. Applicable Standards.....	88
4. Interfaces.....	88
4.1. Communications Interfaces	88
4.2. Hardware Interfaces.....	88
4.3. Software Interfaces	88
4.4. User Interfaces	88
5. Legal, Copyright, and Other Notices	88
6. Purchased Components	88
7. User Class Characteristics.....	89
8. Estimation	89
9. Appendix D - References	89
Approval Signatures	90

1. Introduction

In January 2004, President George W. Bush issued an executive order encouraging the use of electronic health records by 2014 with the goal of making healthcare more efficient. The Department of Defense (DoD) and Department of Veterans Affairs (VA) responded to this challenge and have become leaders in the development and implementation of solutions enabling the sharing of electronic health data.

After a series of decision-making meetings, which began in March 2011, the Secretaries of Defense and Veterans Affairs committed their respective Departments to jointly develop and implement the next generation of electronic health record (EHR) capabilities. As part of this effort, Capability-Integrated Project Teams (C-IPT) were formed to develop and document the functional and non-functional requirements and business architecture artifacts related to each capability. The acquisition and sharing of standardized immunization data was included in the first prioritized set of capabilities to be considered for development.

As of July 2013, in response to strategic decisions made by the Interagency Program Office (IPO), VA and DoD, the direction of the Joint Immunization Capability (JIC) was altered to allow the VA to move ahead with a development effort to ensure readiness to meet Federated Data Accelerator goals for Initial Operating Capability (IOC) in September 30, 2014. These efforts, currently termed VistA- 4, will be separate from the DoD.

Currently, DoD and VA manage immunizations using separate IT systems, with separate data repositories, and complex sharing processes. The use of multiple and disparate IT systems, non-standardized immunization data and non-standardized data management processes can lead to inconsistent or duplicative non-associated documentation within an individual's immunization record with the potential for unnecessary and excessive vaccinations, increased cost, and inventory waste. To address these challenges the VistA Immunization (VIMM) project was created to enhance VA IT systems capability to display, store and share standardized immunization data in a uniform manner. For VA, the Patient Care Encounter (PCE) system will be modernized and various other VistA applications will be modified to carry out the aforementioned objectives.

1.1. Purpose

The purpose of the Requirements Specification Document (RSD) is to document requirements for the Department of Veterans Affairs (VA) Office of Information Technology (OI&T) Office of Enterprise Development (OED) that are necessary to obtain IOC for VIMM in support of VistA- 4. Other development to support Full Operating Capability (FOC), such as updates to VistA-based Remote Procedure Calls (RPC) to read/write within the evolved file structure, improved user interface integrated to User Experience (UX) and the development of a data exchange using web-enabled decision support for bidirectional exchange of vaccine information with state registries, is not in scope for this document. The intended audience includes project managers, business analysts, configuration managers and software developers that will be tasked with developing the patch.

1.2. Scope

Modernization of the VistA PCE system and modifications to other VistA applications that consume immunization data is critical to the success of VistA- 4 and will be completed, in a phased approach, with a series of development efforts that will span multiple years. The first development effort, VA Short Term Phase 1 aimed at obtaining IOC, consists of modifications to two (2) VistA immunization files that support the PCE system and a number of other VistA applications.

- The scope of work outlined in this document will be confined to modifications to the V IMMUNIZATION (9000010.11) and IMMUNIZATION (9999999.14) VistA files in order to accommodate additional standards-required data elements.
- Development of a means to capture documents pushed to VA by external partners, in response to a subscription request from VA, and to store those documents and the information they contain within VistA Immunization files for later use. (Part of Data Persistence project). VIMM will provide testing and DPRPC will provide development of this project. Detailed information is contained in the DPRPC Requirements Elaboration Document (RED). The Specific Requirements from the RED are in section [1.3](#), below.
- All files will be packaged and deployed to selected test sites for Initial Operating Capability Evaluation and eventually be made available for national release.
- There will be no immunization data deployed with this patch. New fields will be added to the V IMMUNIZATION and IMMUNIZATION files but the fields will remain unpopulated until future development efforts aimed at obtaining FOC are completed.
- PCE, CPRS and other VistA applications that read immunization data from the V IMMUNIZATION and IMMUNIZATION files will retain their current functionality with the deployment of this patch. There is no development required for other VistA applications as a result of nationally releasing this patch.

1.3. Specific Requirements

Note: The numbering sequence for the Business Need Requirements, Business Owner Requirements, Business Detail Requirements, Business Rules, and Non-Functional Requirements are based on the auto-generation of numbers within the Rational® Requisite Pro tool used for documenting and tracing requirements and are not in any sequential order.

1.3.1. Data Management Requirements

The following data elements will be provided by Walgreens or any other VA Partner for Influenza Immunization or Patient Discovery purposes:

1. The data elements below are pushed from the VA Partners and received by VA for a Patient Discovery request:
 - a. Patient Name
 - b. Social Security Number
 - c. Address

- d. Date of Birth
 - e. Gender
 - f. External Identifier
 - g. Telephone Number – Optional (helpful to improving match success)
2. The data elements below are send to the VA Partners from VA in response to a Patient Discovery request:
- a. Patient Name
 - b. Social Security Number
 - c. Address
 - d. Date of Birth
 - e. Gender
 - f. VA Identification Control Number (ICN)
 - g. Telephone Number (Home) – Optional

Note: Technical reference documentation for Patient Discovery is found in ICD_Adapter_50.pdf and User Stories (located in [Appendix D](#)):

- ES042-Initiate NHIN Patient Discovery Request
 - ES043-Respond to VA Patient Discovery Request
3. The data elements below are pushed from the VA Partners (C32 format) for purposes of immunization and received by the VA. The VA ICN data element is also received by VA as part of the pushed message (not inside the C32).
- a. Patient Name
 - b. Patient id (from VA Partner, Walgreens, CVS, etc.)
 - c. Date
 - d. Time
 - e. CVX Code and CPT4 Codes
 - f. Provider Source Information (identifies who the VA Partner is)

Note: Technical reference documentation for C32 is found in the following documents, located in [Appendix D](#):

- HITSP_V2.5_2009_C32_-_Summary_Documents_Using_CCD (provides the list of sections/modules of the C32)
 - HITSP_V2.0_2010_C83_-_CDA_Content_Module (provides the list of data elements in each C32 section/module)
4. The data elements below are stored in VistA at local VA facilities within the VistA immunization file.
- a. Patient Name

- b. Patient id
- c. Vaccine Information
- d. Date/time
- e. Source (identifies who the VA Partner is)

1.3.2. Business Need Requirements

VA needs the ability to:

1. NEED3233: Receive pushed immunization data from VA Partners.
2. NEED3234: Respond to VA Partner request for Patient Discovery.
3. NEED3235: Save a copy of immunization data from VA Partners.
4. NEED3236: Convert VA Partner immunization data to Veterans Health Administration (VHA) Terminology.
5. NEED3237: Store converted immunization data at local VA facilities.
6. NEED3249: View all of a patient's immunization data for use in clinical decision making once the data has been persisted.

1.3.3. Business Owner Requirements

Provide the ability to:

1. Receive pushed data:
 - a. OWNR13017: Provide the ability for VA to listen for inbound immunization data.
 - b. OWNR13018: Provide the ability for VA to parse out immunization data from the listener process to individual VistA system(s).
2. Store immunization data:
 - a. OWNR13019: Provide the ability for VA to translate partner Vaccine Administered (CVX) codes to VA terminology.
 - b. OWNR13020: Provide the ability for VA to save a copy of inbound immunization data as received from partners.
 - c. OWNR13021: Provide the ability for VA to store translated VA terminology in VistA at local facilities.
3. Track the origin of data stored in the Immunization (VistA) File:
 - a. OWNR13022: Provide the ability for VA to capture which VA Partner sent the immunization data.
4. View immunization data:
 - a. OWNR13039: Provide the ability for VA to display a compiled patient-centric listing of all immunizations received, collated from local VA sources, other-VA sources, and non-VA sources. This occurs after data has been persisted in the

system and serves the purpose of allowing doctors and clinicians to review the information as needed.

- b. OWN13040: Provide the ability for VA to evaluate a patient's immunization history in a computable fashion such that it can participate in clinical decision support for system generated responses (i.e., Clinical Reminders), whether the source of that data is local VistA, other VistA or non-VA. This logical system evaluation occurs after the data has been persisted.

1.3.4. Business Detail Requirements

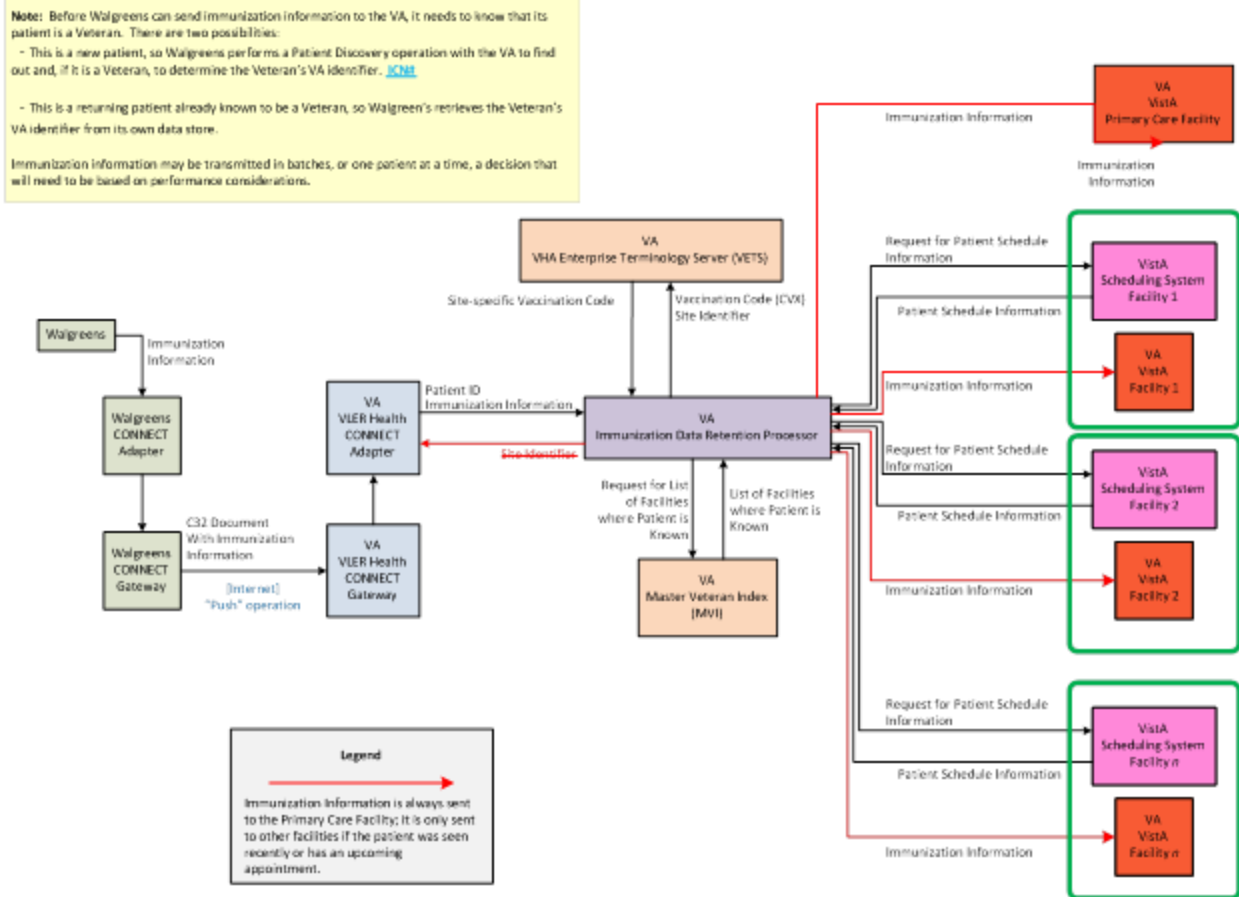
1.3.4.1. Business Use Case – Veterans Immunization Data Persistence

This Business Use Case (BUC) describes the functional process steps taken in order for a Veteran's immunization data to be sent from Walgreens or a similar partner to VA. The data persistence process is automated and transactional based, without user interaction. In the context of this BUC, the words "VA Partner" shall represent Walgreens, CVS Pharmacy, or any entity other than a VA facility that may administer influenza shots to Veterans. Furthermore, it is understood that VA Partner immunization data is a trusted source (belongs to eHealth Exchange and signed the Data Use and Reciprocal Support Agreement [DURSA]).

1.3.4.2. Functional Requirement – VA Partner Administered Immunization

The model below provides the technical context for the To Be solution for data persistence.

Data Flow for Making Walgreens Immunization Information Persistent



BUC193: The below use case steps provide the business context of when a Patient receives an influenza immunization from a VA Partner.

1. BDET4118: The Patient shall visit the VA Partner.
2. BDET4119: The Patient shall identify him or herself as a Veteran.
3. BDET4120: The VA Partner may scan the Veteran's ID (Identification) Card.
4. BDET4121: The Patient shall receive an immunization.
5. BDET4122: The VA Partner shall validate the Veteran's VA identifier (validated against in-store business data).
6. BDET4123: If the Veteran is not identified with in-store business data, then the VA Partner shall conduct a Patient Discovery with VA to obtain the Veteran's ICN.

Patient Discovery

- a. BDET4124: The VA Partner shall initiate a Patient Discovery request to VA.
- b. BDET4125: VA shall receive a Patient Discovery request to identify a Veteran.
- c. BDET4126: VA shall provide a Veteran's VA identifier to the VA Partner upon successful patient match.

- d. BDET4127: VA shall store a correlation with the VA Partner as a treating facility for the Veteran.
 - e. BDET4128: VA shall provide a 'subscription' notification to the VA Partner, informing the Partner that VA is interested in receiving all immunization documents related to the current patient.
7. BDET4129: The VA Partner shall push immunization data to VA.
 8. BDET4130: VA shall receive Veteran's immunization data from the VA Partner.
 9. BDET4131: VA shall store Veteran's immunization data as received from the VA Partner.
 10. BDET4132: VA shall translate Veteran's immunization data into VHA Enterprise Terminology.
 11. BDET4133: VA shall identify the list of VA facilities where the Patient is known.
 12. BDET4134: VA shall review the Patient's future appointment list.
 13. BDET4135: VA shall send translated Patient immunization data to VA facilities where the Patient has been seen recently or is scheduled to be seen in the near future.

1.3.4.3. Business Rules

1. BBR540: VA receives a Patient Discovery message from the VA Partner anytime the partner needs to validate a Veterans VA identifier (ICN Number).
2. BBR541: The Veteran's Primary Care Facility shall always be updated with the Veteran's immunization data.
3. BBR542: The VLER Health process will use VA Enrollment to determine the site or sites in which immunization data is relayed.
4. BBR543: Optional data fields in the C32 pushed to the VA by VA Partners will not be part of the persisted data group.
5. BBR544: VA may receive multiple C32 records from VA Partners for a given patient containing multiple immunizations.
6. BBR545: C32 records received from VA Partners may or may not contain historical data.
7. BBR546: C32 records received from VA Partners may only contain immunization updates.
8. BBR547: When populating the Patient Care Encounter (PCE) Data Source, the source of data entry will be tagged as explicitly originating from "VLER E-HEALTH EXCHANGE".
9. Based on the below assumptions, the following business rules will be applied in order to eliminate the storage of duplicate immunization data records.

Assumptions:

- a. The inbound C32 immunization data will always contain a complete date (yyyy/mm/dd) for the record.
- b. The inbound record is compared to historical VistA data on three axes: patient identity, vaccine name, and VistA Internal Entry Number (IEN) (CVX translated code).
- c. Precise dates are defined as precise (e.g., Dec 18, 2013) and imprecise dates are defined as imprecise (e.g., December 2013)

Rules:

- a. BBR548: Inbound immunization data from partners will be stored when there are no existing VistA entries with a matching year/month/day for the same patient and VistA translated CVX code.
 - b. BBR549: Inbound immunization data from partners will be stored when there are no existing VistA entries with a matching year/month (imprecise date data type) for the same patient and VistA translated CVX code.
 - c. BBR550: Inbound immunization data from partners will be stored when there are no existing VistA entries with a matching year (imprecise date data type) for the same patient and VistA translated CVX code.
10. Specific Rules from Health Information Management (HIM): The following are minimum requirements from the HIM Program Office when the Non-VA electronic health information becomes part of the VA's EHR:
- a. BBR551: Each entry in VA's EHR must be traceable to the source and associated meta data must be stored and retrievable for the life of the EHR.
 - b. BBR552: Each entry in VA's EHR must reflect the author, or who entered the information, along with the date and time of the entry.

1.3.5. Enterprise el Requirements

1.3.5.1. 508 Compliance

ENTR11: All Section 508 requirements will be adhered to. VHA recognizes that these are Enterprise cross-cutting legal requirements for all developed Electronic & Information Technology (IT). 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, and Enterprise Requirements Management

1.3.5.2. Identity Management

ENTR8: 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, and Enterprise Requirements Management.

1.3.5.3. Interoperability (Executive Order)

ENTR7: 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 Health Information (OHI) 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 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 (NWHIN), as appropriate.

The interoperability and certification standards are constantly evolving; for questions relative to these standards, contact Tim Cromwell, Director of Standards and Interoperability.

1.3.5.4. Privacy

ENTR10: 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.

1.3.5.5. Security

ENTR19: The system shall comply with the laws, regulations, policies, and directives that specify mandatory encryption requirements for the security and privacy of personal health information.

1.3.5.6. HIPAA Compliance

ENTR78: All efforts must be made to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule which provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information.

1.3.5.7. HL7 Messaging

ENTR63: Health Level Seven (HL7). The HL7 (VistA Messaging) package assists M-based applications conduct HL7 transactions. It provides the facilities to create transmit and receive HL7 messages over a variety of transport layers.

1.3.5.8. Patient Safety

ENTR31: All efforts must be made to comply with VA and VHA Patient Safety requirements.

1.3.6. Non-Functional Requirements

1. Health Information Management:

- a. NONF3195: There must be a process developed with the original owner of the health information, in this case Walgreens, for how an amendment or correction will be made since VA is not the author of the data. There are legal and technical requirements that will need to be satisfied.
 - Departmental Standard Operating Procedures (SOP) will be followed for any data corrections at this time.
- b. NONF3196: There must be a process to determine which facilities should receive the information if the patient has been seen at more than one VA facility.

Note: Perhaps develop an algorithm to populate only those facilities where the patient has been seen in the last 12 months or has a future appointment scheduled. Refer to BUC193.
- c. NONF3197: There must be clinical input to determine exactly what information needs to be incorporated into VA's EHR for it to be persisted to make it accurate and complete. Clinician review is governed by VHA Handbook 1907.01 for incorporating external data into the permanent health record. Further expansion beyond the Walgreens pilot will require a full review of the policy and additional guidance. Reference [Appendix D](#) – VA Patient Dual Care Policy.

1.4. References

- JIC iBRD to support VistA- 4(VA Only Use) NSR # 2011102
- [REDACTED]
- PCE V. 1.0 & Visit Tracking V. 2.0 Technical Manual
- [REDACTED]
- Health Product Support Completion and Release Checklist
- [REDACTED]
- Application Linkages Research - Immunization Files #9000010.11 and #9999999.14 – OIT OED
- [REDACTED]
- 2011102_Immunization Requirements Matrix Spreadsheet
- [REDACTED]
- Immunization_dependency_11182013 Spreadsheet dated November 18, 2013.
- [REDACTED]
- The project repository for OED project information is at:
[REDACTED] [Placeholder]

1.5. Acronyms and Definitions

OIT Master Glossary:

http://vaww.oed.wss.va.gov/process/Library/master_glossary/masterglossary.htm

1.5.1. Acronyms

Term	Description
BRD	Business Requirements Document
C/MU	Certification of Meaningful Use
CDC	Center for Disease Control
C-IPT	Capability-Integrated Project Teams
CVX	Vaccine Administered
DoD	Department of Defense
EHR	Electronic Health Record
ENTR	Enterprise Requirements
ERR	Enterprise Requirements Repository
FIPS	Federal Information Processing Standard
GUI	Graphical User Interface
HIT	Health Information Technology
HL7	Health Level Seven
iBRD	Integrated Business Requirements Document
IHS	Indian Health Service
IM	Immunization Module
IOC	Initial Operating Capability
IPO	Interagency Program Office
IT	Information Technology
MUMPS	Massachusetts General Hospital Utility Multi-Programming System
MVX	Manufacturer
NHIN	Nationwide Health Information Network
NIST	National Institute of Standards and Technology
NONF	Non-Functional Requirement
NSR	New Service Request
OIA IPS	Office of Information Informatics and Analytics Informatics Patient Safety Office
OIT	Office of Information and Technology
ONC	Office of the National Coordinator for Health Information Technology
PCE	Patient Care Encounter
RDM	Requirements Development and Management

Term	Description
RED	Requirements Elaboration Document
RMR	Requirements Management Repository
RPC	Remote Procedure Call
RSD	Requirements Specifications Document
SDD	System Design Document
SDL	VistA Software Document Library
SLA	Service Level Agreement
SME	Subject Matter Expert
UX	User Experience
VA	Department of Veterans Affairs
VDL	VHA Documentation Library
VHA	Veterans Health Administration
VIS	Vaccine Information Statement
VistA	Veterans Health Information Systems and Technology Architecture

1.5.2. Definitions

Term	Definition
Immunization	The process by which a person or animal becomes protected against a disease. This term is often used interchangeably with vaccination or inoculation.
Vaccination	Injection of a killed or weakened infectious organism in order to prevent the disease.
Vaccine	A product that produces immunity therefore protecting the body from the disease. Vaccines are administered through needle injections, by mouth and by aerosol.

2. Overall Description

PCE, CPRS and other VistA applications that consume immunization data will undergo modifications over the next few years in order to conform to functional requirements specified by VIMM. In order for VA to be interoperable with other healthcare providers such as DoD and patient health information exchanges such as eHealth Exchange; PCE, CPRS and other VistA applications must be able to store, display and share additional data elements from Centers for Disease Control and Prevention (CDC) Immunization Information Systems (IIS) HL7 Standard Code Sets - Vaccine Administered (CVX) and Manufacturers of Vaccines (MVX). Both active and inactive vaccines available in the US will be stored in order allow transmission of historical immunization records.

When an MVX (manufacturer) code is paired with a CVX (vaccine administered) code, the specific trade named vaccine may be indicated. Immunization data will be transmitted and shared using the Health Level Seven International (HL7) messaging. HL7 is the global authority on standards for interoperability (framework for the exchange, integration, sharing, and retrieval of electronic health information) of health information technology.

Overall, an immunization management system optimized for documenting, tracking, and reporting standard, interoperable immunization data of Service members/dependents and Veterans will enable VA to realize the following benefits:

- Optimize the quality of health care
- Reduce unnecessary immunizations
- Reduce excess costs
- Reduce inventory waste
- Improve accuracy of patient health records
- Facilitate immunizations reporting
- Improve Force Health Protection and Readiness
- Decrease the risk of preventable infections by extending optimized processes and solutions to the public sphere

VA Short-Term Phase 1 is a subset of requirements to support VA's short term needs for VistA-4 to deliver standard, interoperable immunization data. This phase of development will bring VistA in compliance for immunizations per ONC EHR certification standards for 2014(see NSR # 20110408).

2.1. Accessibility Specifications

Not applicable. There is no GUI development as part of this patch. The development effort is inclusive of modifications to two (2) VistA files.

2.2. Business Rules Specification

Business Rules Requirement	Business Rules Specification
Deliver standardized, interoperable immunization data.	<p>As part of the solution design for VIMM the developer shall modify the VistA IMMUNIZATION (9999999.14) to incorporate additional data elements from Center for Disease Control's (CDC), HL7 Standard Code Set – Vaccine Administered (CVX) codes, CDC nomenclature of vaccines and other components that can be prototyped from the IHS RPMS BI system.</p> <p>As part of the solution design for VIMM the developer shall modify the V IMMUNIZATION (9000010.11) to incorporate additional data elements from Center for Disease Control's</p>

Business Rules Requirement	Business Rules Specification
	(CDC), HL7 Standard Code Set - Manufacturer (MVX Code), Lot #, expiration date, Vaccine Information Statement (VIS) version identifier and version date, and date provided to the patient. Date (and Time) of administration, any administration notes, remarks or comments, the administration site (i.e., anatomic location).

2.3. Design Constraints Specification

In developing the V IMMUNIZATION and IMMUNIZATION file modifications developers must recognize and apply the following technical constraints:

- All constraints of the current VA VistA system. See VistA Monograph ([REDACTED]) and VHA Documentation Library (VDL) ([REDACTED])
- Application Linkages - the following application linkages must be considered in the development effort. These linkages must remain functional in order to assure continued functionality of all systems and interfaces that interoperate V IMMUNIZATION and IMMUNIZATION files.
 - Forward Pointers – Pointers in the Immunization files that point to other files.
 - Inbound References – Identifies and analyzes all references made by other applications to the legacy files; identifies applicable ICRs.
 - Backward Pointers – Pointers in other files that point to the Immunization files.
 - Integration Control Registrations (ICRs) – Lists the custodial and subscriber ICRs.
 - VistA Extracts – Identifies VistA extracts which transmit data to external systems that contain fields from either of the two files.
 - Outbound Templates – Identifies occurrences of templates that either reference the Immunization files or make relational jumps to the files.
 - Data Dictionary – The Immunization Data Dictionary identifies the contents of the Immunization files and sub-files.
 - References from Data Dictionary – Identifies all of the references from the Data Dictionary to the Immunization files.
 - ScreenMan – Identifies ScreenMan entries that access the Immunization files.
 - Remote Procedure Calls (RPCs) – Identifies RPCs returning references to the Immunization files.
 - National Capacity Planning – Capacity planning information provides site specific data for any existing VistA package.

2.3.1. VistA package and other patch dependencies

In order for this patch to be deployed certain VistA package and other patch dependencies must be met:

Kernel	V.8.0
VA FileMan	V.22.0
MailMan	V.8.0
CPT/HCPCS Codes	V.6.0
DSS	V.3.0
PCE	V.1.0
ICD	V.18
LEX	V.2.0
IB	V.2.0

The following VistA patches are installed:

IB*2*286

SD*5.3*430


2.4. Disaster Recovery Specification

Not applicable. There is no system development for this patch. All pre-existing VA VistA disaster recovery infrastructure established for the CPE and other VA applications that consume immunization data remains in place and in effect.

2.5. Documentation Specifications

VA requires that Operating Units (Program Managers, Project Managers, Analysts) ensure that adequate documentation for VA information systems and its constituent components is maintained, protected when required, and distributed to authorized personnel. OIT system managers and the OIT Chief/CIO in conjunction with the ISO must ensure that sufficient documentation is developed and maintained to formalize security and operational procedures for the Operating Unit's information systems.

Documentation developed shall comply with the specifications identified in VA ProPath artifacts and templates and/or specifications identified in other VA repositories (see Project Management Accountability System Guide version 4.0 November 11, 2012). Developers should reference and apply the conventions outlined in the VIMM System Design Document (SDD). Additionally, developers shall create and update as needed all documentation related to VIMM development in accordance with the following:

- All appropriate VIMM project documentation (manuals, etc.) will be updated in:
 - VistA Software Document Library (VDL)

 - VIMM project share point sites (both internal and external)

- Technical Service Project Repository (TSPR – VA Intranet)
- [REDACTED]
- VA National Rational Repository for the VIMM project
- Developers shall create a System Design Document (SDD), User Guide, Technical Guide, Deployment Plan, Back Out Plan, Version Description Document (VDD) and an Installation Guide for the VIMM project.
- Analysts will create a Requirements Specification Document (RSD), Master Test Plan (MTP), Master Test Strategy, Requirements Traceability Matrix, Software Quality Assurance (SQA) Checklist, Release Notes for the VIMM Project.
- Project managers will be responsible to create, as needed, all other VIMM project documentation required to satisfy Program Management, Enterprise Testing Services (ESE) and IOC Entry Request mandates.

2.5.1. Project Documentation storage and maintenance

Project Documentation will be stored and maintained in the VIMM VA National Rational Project Repository. The tool kit for the management of project artifacts includes:

- Requisite Pro for requirements and use case storage and maintenance.
- Rational Clear Case (CC) for the storage and maintenance of other paper based project documentation such as SDD and VDD.
- Rational Quality Manager (QM) for the storage and maintenance of test plans and test cases.
- Rational Clear Quest (CQ) for the storage and maintenance of software defects and project risks.

Please note: at this point in time it is not expected that M code be stored in Rational Clear Case given system constraints that make this impossible.

2.6. Functional Specifications

Requirement ID	Requirement Statement	Comments
JIC-0001	The system shall provide the ability to audit actions and data related to immunizations.	Phase 1
JIC-0002	The system shall provide the ability to identify all vaccines/immunizations by the vaccine administered (current nationally-approved CVX code set) standard.	Phase 1
JIC-0003	The system shall provide the ability to identify all vaccines/immunizations by the current nationally-approved CPT code set standard.	Phase 1
JIC-0013-1	The system shall provide the ability to tag an	Phase 1

Requirement ID	Requirement Statement	Comments
	immunization as self-reported	
JIC-0035a	The system shall provide the ability for an authorized user to update immunization CVX codes.	Phase 1
JIC-0202	The system shall provide the ability to capture the following data for the VIS: <ul style="list-style-type: none"> - VIS Name - Publication date of (applicable) VIS - Date offered to Patient - Offered to Patient (Y/N) 	Phase 1
JIC-0648	The system shall provide the ability to centrally manage IMMUNIZATION file (i.e., Vaccine Table) entries	Phase 1
JIC-0645	The system shall provide the ability to locally manage a subset of the IMMUNIZATION file (i.e., Vaccine Table) to identify those lot numbers of the products	Phase 1
JIC-0242	The system shall provide the ability to identify the lot number from a predefined list for a specified facility.	Phase 1
JIC-0646	The system shall use lot number to infer MVX and expiration date from the known inventory values at a facility	Phase 1
JIC-0647	The system shall automatically populate MVX, lot number and expiration date as distinct data elements into the V IMMUNIZATION file	Phase 1
JIC-0250	The system shall provide the ability to RENDER the following information about an immunization within an individual's Immunization Record: <ul style="list-style-type: none"> - Immunization Type - Date Administered - Number in the series (e.g. 3rd Anthrax immunization) - Size/Result (where applicable) - Manufacturer - Lot number - Next Due date - Exemption code - Expiration date - Last Edit - Facility (e.g. MTF, VA clinic) code - Location of facility - Route of administration (e.g. oral, IM, sub-Q, intranasal) 	Phase 1

Requirement ID	Requirement Statement	Comments
	<ul style="list-style-type: none"> - Site of administration (body part) - Dose - Vaccine ID - VIS Version - VIS Date - Provider Name 	
JIC-0272	<p>The system shall provide the ability to render the following information related to the Immunization Provider:</p> <ul style="list-style-type: none"> - Immunization Provider ID - Last Name - First Name - Middle Initial - Overseeing Physician (if applicable) <p>Immunization Provider is always the vaccinator. Not associated with standing order policy.</p> <p>Overseeing physician should use NPI</p>	Phase 1
JIC-0273	The system shall manage immunization data for all beneficiaries, regardless of status. (e.g., Veterans, Active Duty, Civilian employees, other beneficiaries, and others).	Phase 1
JIC-0274	<p>The system shall provide the ability to capture the following information related to the Immunization Provider:</p> <ul style="list-style-type: none"> - Immunization Provider ID - Last Name - First Name - Middle Initial - Overseeing Physician (if applicable) <p>Immunization Provider is always the vaccinator. Not associated with standing order policy.</p> <p>Overseeing physician should use NPI</p>	Phase 1
JIC-0284	The system shall provide the ability to capture immunization data elements associated with each specific immunization during concomitant administration of multiple immunizations.	Phase 1
JIC-0286	The system shall provide the ability to capture documentation of immunizations that are administered in a multiple dose series.	Phase 1

Requirement ID	Requirement Statement	Comments
JIC-0287	<p>The system shall provide the ability, when documenting the immunization given, to store the following core data elements:</p> <ul style="list-style-type: none"> - Patient identity - Patient vital signs - Vaccine type - Vaccine manufacturer - Vaccination date - Vaccination lot number - Immunization event identifiers (series) - Dose/volume - Site - Route - Expiration date - VIS documentation - Reactions - Contraindications 	Phase 1
JIC-0288	<p>The system shall provide the ability to capture the following information related to the Immunization Provider:</p> <ul style="list-style-type: none"> - Immunization Provider ID - Last Name - First Name - Middle Initial - Overseeing Physician (if applicable) <p>Refers to standing order policy</p> <p>Overseeing physician should use NPI</p>	Phase 1
JIC-0289	<p>The system shall provide the ability to render the following information related to the Immunization Provider:</p> <ul style="list-style-type: none"> - Immunization Provider ID - Last Name - First Name - Middle Initial - Overseeing Physician (if applicable) <p>Refers to standing order policy</p> <p>Overseeing physician should use NPI</p>	Phase 1
JIC-0290	<p>The system shall provide the ability for the vaccinator to capture the date and time an immunization was actually administered.</p>	Phase 1

Requirement ID	Requirement Statement	Comments
JIC-0291	The system shall capture the date and time of documentation of an administration of an immunization.	Phase 1
JIC-0293	The system shall provide the ability to capture that a patient received an immunization as a part of a combination immunization (e.g., Tetanus-Diphtheria).	Phase 1
JIC-0324	The system shall provide the ability for the user to enter in the immunization lot number manually when transcribing historical records.	Phase 1
JIC-0325	The system shall provide the ability to document post-administration reading data for Tuberculin Skin Tests (TST's): - Size - Interpretation (Positive/Negative)	Phase 1
JIC-0326	The system shall capture the Timestamp when a historical immunization record is appended.	Phase 1
JIC-0637	The system shall accommodate the following existing Indian Health System fields in the IMM MANUFACTURER file (#9999999.04) for future usability by VA, IHS and any other entity. For each of these fields a comment shall be noted in the field's Technical Description: "This field is not used by the Department of Veterans Affairs. It is included for backward compatibility with the Indian Health System version of the file." - FULL NAME (#.04) - SYNONYM #1 (#.05) - VACCINE (#1101) - MNEMONIC (#8801)	
JIC-0638	The system shall accommodate the following existing Indian Health System fields in the IMMUNIZATION LOT file (#9999999.41) for future usability by VA, IHS and any other entity. For each of these fields a comment shall be noted in the field's Technical Description: ""This field is not used by the Department of Veterans Affairs. It is included for backward compatibility with the Indian Health System version of the file." - VACCINE #2 (#.05) - VACCINE #3 (#.06) - VACCINE #4 (#.07) - VACCINE #5 (#.08) - VACCINE SOURCE (#.13)	

Requirement ID	Requirement Statement	Comments
	<ul style="list-style-type: none"> - HEALTH CARE FACILITY (#.14) - LOT NUMBER FOR EXPORT (#.16) - NDC (#.17) 	
JIC-0639	In the IMMUNIZATION file (#9999999.14), add a new multiple (sub-file) SYNONYM field to be limited to 30 characters for future usability by VA, IHS and other entities, a new multiple (sub-file) CDC PRODUCT NAME for selection of the proper vaccine when establishing lots and documentation of the vaccine administration, and a new free text ACRONYM field.	
JIC-0640	<p>The system shall standardize the IMM MANUFACTURER file (#9999999.04), VACCINE INFORMATION STATEMENT file (#920) and IMMUNIZATION file (#9999999.14) to be updated by Standard Terminology Services (STS) using the New Term Rapid Turnaround (NTRT) process by including the following fields:</p> <ul style="list-style-type: none"> - MASTER ENTRY FOR VUID (#99.98) - REPLACED BY VHA STANDARD TERM (#99.97) 	
JIC-0641	The system shall provide the ability to standardize existing entries at each site in the IMMUNIZATION file (#9999999.14) by creating CVX Mapping and standardization routines.	
JIC-0642	<p>The system shall provide a process to perform data updates to add new entries and update existing entries for these files:</p> <ul style="list-style-type: none"> - IMM MANUFACTURER (#9999999.04) - VACCINE INFORMATION STATEMENT (#920) - IMMUNIZATION (#9999999.14) 	
JIC-0643	<p>The system shall accommodate the following existing Indian Health System fields in the IMMUNIZATION file (#9999999.14) for future usability by VA, IHS and any other entity. For each of these fields a comment shall be noted in the field's Technical Description: "This field is not used by the Department of Veterans Affairs. It is included for backward compatibility with the Indian Health System version of the file."</p> <ul style="list-style-type: none"> - SHORT NAME (#.02) - DEFAULT LOT# (#.04) - CHILDHOOD IMMUNIZATION (#.06) 	

Requirement ID	Requirement Statement	Comments
	<ul style="list-style-type: none"> - SKIN TEST (#.08) - VACCINE GROUP (SERIES TYPE) (#.09) - ALTERNATE SHORT NAME (#.1) - CPT CODE (#.11) - RELATED CONTRAIND HL7 CODES (#.12) - VIS DEFAULT DATE (#.13) - ICD DIAGNOSIS CODE (#.14) - ICD PROCEDURE CODE (#.15) - INCLUDE IN FORECAST (#.16) - INCLUDE IN VAC ACCOUNT REPORT (#.17) - DEFAULT VOLUME (#.18) - COMPONENT #1 (#.21) - COMPONENT #2 (#.22) - COMPONENT #3 (#.23) - COMPONENT #4 (#.24) - COMPONENT #5 (#.25) - COMPONENT #6 (#.26) - BRAND #1 (#1.01) - BRAND #2 (#1.02) - BRAND #3 (#1.03) - BRAND #4 (#1.04) - BRAND #5 (#1.05) - FULL NAME (#1.14) - CPT CODE 2ND (#1.15) 	
JIC-0644	<p>In the IMMUNIZATION file (#9999999.14) add a new multiple CODING SYSTEM, with data fields (#.01) CODING SYSTEM and multiple (#.02) CODE. The CODE multiple field (#.02) shall have sub field (#.01) CODE.</p> <ul style="list-style-type: none"> - CODING SYSTEM (multiple) - - CODING SYSTEM (#.01) (free text) - - CODE (#.02) (multiple) - - - CODE (#.01) 	

2.7. Functional Specifications Out of Scope for IOC

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0005	The system shall provide the ability to capture the	Phase 2

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	default status of "Patient not assessed" for allergies until an affirmative response is captured.	
JIC-0013	The system shall provide the ability to render a patient's immunization history from existing legacy systems and the iEHR.	Phase 2 for existing legacy system (VistA)
JIC-0035b	The system shall provide the ability for an authorized user to update FDA-approved dosing schedules.	Phase 1
JIC-0202	The system SHALL provide the ability to capture the following data for the VIS: <ul style="list-style-type: none"> - VIS Name - Publication date of (applicable) VIS - Date offered to Patient - Offered to Patient (Y/N) 	Phase 2 Read/Write
JIC-0204	The system shall provide the ability to render immunization after care instructions.	Phase 2
JIC-0207	The system shall provide the ability to capture if a patient declines an immunization.	Phase 2 Read/Write
JIC-0208	The system shall provide the ability to capture the reason an immunization was declined.	Phase 2 Read/Write
JIC-0250	The system shall provide the ability to RENDER the following information about an immunization within an individual's Immunization Record: <ul style="list-style-type: none"> - Immunization Type - Date Administered - Number in the series (e.g. 3rd Anthrax immunization) - Size/Result (where applicable) - Manufacturer - Lot number - Next Due date - Exemption code - Expiration date - Last Edit - Facility (e.g. MTF, VA clinic) code - Location of facility - Route of administration (e.g. oral, IM, sub-Q, intranasal) - Site of administration (body part) - Dose - Vaccine ID - VIS Version - VIS Date - Provider Name 	Phase 2 Read/Write

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0267	The system SHALL provide the ability for an authorized user to enter an immunization using the manufacturer name and generic name.	Phase 2
JIC-0272	The system shall provide the ability to render the following information related to the Immunization Provider: <ul style="list-style-type: none"> - Immunization Provider ID - Last Name - First Name - Middle Initial - Overseeing Physician (if applicable) 	Phase 2 Read/Write
JIC-0273	The system SHALL MANAGE immunization data for all beneficiaries, regardless of status. (e.g., Veterans, Active Duty, Civilian employees, other beneficiaries, and others).	Phase 2 - read/write, secure data exchange
JIC-0274	The system SHALL provide the ability to capture the following information related to the Immunization Provider: <ul style="list-style-type: none"> - Immunization Provider ID - Last Name - First Name - Middle Initial - Overseeing Physician (if applicable) 	Phase 2 Read/Write
JIC-0284	The system SHALL provide the ability to capture immunization data elements associated with each specific immunization during concomitant administration of multiple immunizations.	Phase 2 Read/Write
JIC-0286	The system SHALL provide the ability to capture documentation of immunizations that are administered in a multiple dose series.	Phase 2 Read/Write
JIC-0287	The system SHALL provide the ability, when documenting the immunization given, to store the following core data elements: <ul style="list-style-type: none"> - Patient identity - Patient vital signs - Vaccine type - Vaccine manufacturer - Vaccination date - Vaccination lot number - Immunization event identifiers (series) - Dose/volume - Site - Route - Expiration date - VIS documentation 	Phase 2 Read/Write

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	<ul style="list-style-type: none"> - Reactions - Contraindications 	
JIC-0288	<p>The system SHALL provide the ability to capture the following information related to the Immunization Provider:</p> <ul style="list-style-type: none"> - Immunization Provider ID - Last Name - First Name - Middle Initial - Overseeing Physician (if applicable) 	Phase 2 Read/Write
JIC-0289	<p>The system shall provide the ability to render the following information related to the Immunization Provider:</p> <ul style="list-style-type: none"> - Immunization Provider ID - Last Name - First Name - Middle Initial - Overseeing Physician (if applicable) 	Phase 2 Read/Write
JIC-0290	The system shall provide the ability for the vaccinator to capture the date and time an immunization was actually administered.	Phase 2 Read/Write
JIC-0291	The system shall capture the date and time of documentation of an administration of an immunization.	Phase 2 Read/Write
JIC-0293	The system shall provide the ability to capture that a patient received an immunization as a part of a combination immunization (e.g., Tetanus-Diphtheria).	Phase 2 Read/Write
JIC-0296	The system shall provide the ability to render immunization status to the iEHR Patient Summary.	Phase 2
JIC-0298	The system shall provide the ability to capture input from an external electronic data capture system (e.g., BCMA) to complete the documentation of immunization administration.	Phase 2
JIC-0321	The system shall render a patient's documented allergies.	Phase 2
JIC-0323	The system shall provide the ability to manually annotate historical immunization data for a patient.	Phase 2
JIC-0324	The system shall provide the ability for the user to enter in the immunization lot number manually when transcribing historical records.	Phase 2 Read/Write

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0327	The system shall render notification of completion of an immunization order.	Phase 2
JIC-0351	The system shall provide the ability to Capture skin test results.	Phase 2 Read/Write
JIC-0352	The system shall provide the ability to annotate skin test results with interpretations.	Phase 2 Read/Write (comments)
JIC-0391	The system shall not permit an immunization record entered to be overwritten by a duplicate record which is imported or transcribed from another system.	Phase 2
JIC-0649	Provide the ability to utilize CVX so that users will be able to document standardized immunization data 1. 170.314(b)(1) - Transitions of Care (ToC)- Receive, Display, and Incorporate Transition of Care/Referral Summaries: 2. 170.314(b)(2) - Transitions of Care-Creat and Transmit Transition of Care/Referral Summaries: 3. 170.314(f)(2) – Transmission to Immunization Registries 4. 170.314(b)(7) – Data Portability	Phase 2 Read/Write
JIC-0650	Provide enhancements to VistA/CPRS to allow modular EHR certification with the Dept. of HHS 2014 Edition Certification Criteria in both ambulatory and inpatient settings.	Phase 1
JIC-0651	§170.314(b)(2) Transitions of care – create and transmit transition of care/referral summaries	Phase 2
JIC-0652	Create: Provide the ability to enable a user eligible provider/ eligible hospital (EP/EH) to electronically create a transition of care/referral summary formatted in accordance with the standard § 170.205(a)(3) - HL7 Implementation Guide for CDA Release 2: IHE Health Story Consolidation, that includes, at a minimum	Phase 2
JIC-0653	Immunizations: § 170.207(e)(2) - HL7 Standard Code Set CVX – Vaccines Administered, updates through July 11, 2012.	Phase 2
JIC-0654	§170.314(e)(2) Clinical Summary – ambulatory setting only	Phase 2
JIC-0655	Minimum data from which to select: Provide EP the ability to select, at a minimum, the following	Phase 2

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	data when creating a clinical summary:	
JIC-0656	The provider's name and office contact information; date and location of visit; reason for visit; immunizations and/or medications administered during the visit; diagnostic tests pending; clinical instructions; future appointments; referrals to other providers; future scheduled tests; and recommended patient decision aids.	Phase 2
JIC-0657	§170.314(b)(7) Data portability	Phase 2
JIC-0658	Data portability: Provide the user (EP/EH) with the ability to electronically create a set of export summaries for all patients formatted in accordance to standard § 170.205(a)(3) - HL7 Implementation Guide for CDA Release 2: IHE Health Story Consolidation., that represents the most current clinical information about each patient and includes, at a minimum:	Phase 2
JIC-0659	The Common MU Data Set, and the following data expressed, where applicable, according to the specified standard(s).	Phase 2
JIC-0660	Immunizations: § 170.207(e)(2) - HL7 Standard Code Set CVX – Vaccines Administered, updates through July 11, 2012.	Phase 2
JIC-0661	§170.314(f)(1) Immunization information	Phase 2
JIC-0662	Enable a user to electronically record, change, and access immunization information.	Phase 2- read/write
JIC-0663	The following data elements shall be recorded: 1. Vaccine Administered 2. Date/Time Start of Administration 3. Administered Amount 4. Substance Lot Number 5. Substance Expiration Date 6. Substance Manufacturer Name 7. Route: Intramuscular Administration Site	Phase 1 – new data element or change to data element required Phase 2 - read/write
JIC-0664	Global Requirements	Phase 1
JIC-0665	All requirements must be implemented in the inpatient, EHR, and ambulatory settings unless note otherwise. Some will be implemented in the inpatient setting only, ambulatory only, etc.	Phase 1
JIC-0666	Provide users with the ability to utilize the Patient Care Encounter (PCE) package to manage the	Phase 2

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	documentation of codified, standardized data elements	
JIC-0667	Provide the ability to indicate whether a data element is a National, VISN or Local element by adding a new class of code type field	Phase 1
JIC-0668	Add a class of code field for the following data elements in Patient Care Encounter (PCE): EDUCATION TOPIC (9999999.09) IMMUNIZATION (9999999.14) EXAM (9999999.15) TREATMENT (9999999.17) SKIN TEST (9999999.28) HEALTH FACTORS (9999999.64)	Phase 1
JIC-0669	Restrict the ability to edit or change Patient Care Encounter data elements that are classified as a National type	Phase 1
JIC-0670	Provide the ability employ the Lexicon as a Service to allow the mapping of Patient Care Encounter (PCE) data elements to standard tables within the Lexicon	Phase 2
JIC-0671	The system shall associate the following Patient Care Encounter data elements to standard coding systems using the Lexicon: EDUCATION TOPIC (9999999.09) IMMUNIZATION (9999999.14) EXAM (9999999.15) TREATMENT (9999999.17) SKIN TEST (9999999.28) HEALTH FACTORS (9999999.64)	Phase 2
JIC-0672	Add the HL7 Standard Code Set CVX -- Vaccines Administered to the Lexicon Service	Phase 2
JIC-0673	Add the ability to store the following data elements in the V Immunization file: Administered Amount (from CVX code) Substance Lot Number Substance Expiration Date Substance Manufacturer Name Route (from CVX code) Clarification: We also need VIS name and	Phase 1

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	publication date (version) and the date VIS was given. May not be required at this point for MU certification but these are required documentation elements and included in IIS Registry	
JIC-0674	<p>Provide the ability to input the 'print name' and a separate capability to input the 'name' for the following file types:</p> <p>EDUCATION TOPIC (9999999.09)</p> <p>IMMUNIZATION (9999999.14)</p> <p>EXAM (9999999.15)</p> <p>TREATMENT (9999999.17)</p> <p>SKIN TEST (9999999.28)</p> <p>HEALTH FACTORS (9999999.64)</p> <p>Reminder Terms,</p> <p>Reminder Taxonomies, and</p> <p>Reminder Location Lists</p> <p>so that the users can display a user friendly 'print name', while having the additional option of a 'name' that has a prefix of "VA-".</p>	Phase 1
JIC-0675	<p>Provide the ability to input more data in the space for 'print name' to a limit longer than the current 40 character limit for the following file types:</p> <p>EDUCATION TOPIC (9999999.09)</p> <p>IMMUNIZATION (9999999.14)</p> <p>EXAM (9999999.15)</p> <p>TREATMENT (9999999.17)</p> <p>SKIN TEST (9999999.28)</p> <p>HEALTH FACTORS (9999999.64)</p>	Phase 1
JIC-0676	<p>Provide the ability to input a description for the following file types:</p> <p>EDUCATION TOPIC (9999999.09)</p> <p>IMMUNIZATION (9999999.14)</p> <p>EXAM (9999999.15)</p> <p>TREATMENT (9999999.17)</p> <p>SKIN TEST (9999999.28)</p> <p>HEALTH FACTORS (9999999.64)</p> <p>So that the users can define for the field the exact use and definition of a data element</p>	Phase 1
JIC-0677	Provide the ability to input a 'sponsor' for the following file types:	Phase 1

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	EDUCATION TOPIC (9999999.09) IMMUNIZATION (9999999.14) EXAM (9999999.15) TREATMENT (9999999.17) SKIN TEST (9999999.28) HEALTH FACTORS (9999999.64)	
JIC-0678	Provide the ability to input an 'edit history' so that changes can be tracked over time for the following file types: EDUCATION TOPIC (9999999.09) IMMUNIZATION (9999999.14) EXAM (9999999.15) TREATMENT (9999999.17) SKIN TEST (9999999.28) HEALTH FACTORS (9999999.64)	Phase 1
JIC-0679	Provide the ability to record code set mapping in the appropriate file (HEALTH FACTOR, IMMUNIZATION, EDUCATION TOPIC, SKIN TEST).	Phase 1
JIC-0680	Allow for mapping to different code sets and to multiple code sets from Lexicon (SNOMED, LOINC, CVX, VUID, other)	Phase 1
JIC-0681	Provide the ability to record the code set mapping for each data element that is stored on each patient. Record the code set mapping that was in place at the time that the data element (HEALTH FACTOR, IMMUNIZATION, etc) was collected by storing this information in the V file.	Phase 1
JIC-0682	Utilize nationally standardized terminology for all Patient Care Encounter (PCE) Immunization data elements collected and stored	Phase 1
JIC-0682	Provide the ability for users to submit a request to Standards and Terminology Service (STS) for new standardized terms (e.g., via New Term Rapid Turnaround [NTRT] process) for the CVX code table.	Phase 1
JIC-0683	Provide the ability for Standards and Terminology Services (STS) to distribute the newly standardized terms to each instance of the HL7 Standard Code Set CVX – Vaccines Administered table in the Lexicon Service.	Phase 1

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0684	Provide sites with a restricted ability to add the CVX code to the V Immunization file table pending Standards and Terminology Service updates to the CVX file avoid latency problems that could be caused by patch deployment delays.	Phase I Concur with phase; disagree with requirement. If NTRT will live up to its "rapid" name, this shouldn't be required. Alternative approach is to allow local entries that will later be superseded by national entries.
JIC-0685	<p>Provide tools to allow the sites to review and manage Patient Care Encounter data elements to facilitate the mapping of local data elements to National data elements.</p> <p>Note: Create a roll and scroll utility</p> <ol style="list-style-type: none"> 1. Prompt user to select a coding system from the Lexicon (ex., CVX) 2. Prompt to select a specific code (ex. PNEUMOCOCCAL CONJUGATE VACCINE 13 VALENT) 3. Prompt to select PCE file (ex., IMMUNIZATION) 4. Prompt to select a code from the file (ex., Pneumococcal); Use?? to display all file entry selection choices 5. Prompt user to confirm mapping choice of Code System code to PCE file entry and store mapping to PCE file 6. Prompt for DESCRIPTION for history (ex., Changes for Meaningful Use 2014) 7. System records DATE and USER NAME 	Phase 2 Concur with phase; disagree with approach. Too specific for this level of requirements. This should be done centrally.
JIC-0686	The system shall utilize reminder terms or other clinical vocabulary tools as appropriate to match data components when there is not an exact match to automate de-duplication efforts.	Phase 2
JIC-0687	The system shall prevent Patient Care Encounter data elements that are designated as National types from being re-named or re-categorized by the local facility level.	Phase 1
JIC-0688	The system shall permit sites to re-assign any local entries as national entries when the local	Phase 1

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	and national entries have the exact same clinical meaning.	
JIC-0689	Provide the ability to merge duplicate Patient Care Encounter data elements.	Phase 1
JIC-0690	The system shall record an audit trail of all changes to Patient Care Encounter data elements.	Phase 1
JIC-0006	The system shall render a notification to users that an immunization is not indicated based on lab results.	Phase 3- CDS
JIC-0007	The system shall render a notification to users that an immunization is indicated based on lab results.	Phase 3- CDS
JIC-0008	The system shall render a notification to the authorized user if the patient is pregnant.	Phase 3- CDS
JIC-0009	The system SHALL provide the ability to maintain a unique identifier for population categories of immunization recipients (e.g., Veterans, Active Duty, employee-patients, DoD civilian employees, other beneficiaries, and others).	Phase 2-maintain
JIC-0010	The system SHALL provide the ability to capture population cohorts. Clarification: based on ADMINISTRATIVE and/or CLINICAL characteristics	Phase 3- CDS
JIC-0011	The system SHALL provide the ability to maintain population cohorts. Clarification: based on ADMINISTRATIVE and/or CLINICAL characteristics	Phase 3- CDS
JIC-0012	The system SHALL provide the ability for an authorized user to determine a User-Defined Group.	Phase 3- CDS
JIC-0015	The system shall render the total number of doses required in an immunization series for a patient.	Phase 3- CDS
JIC-0016	The system shall render the progression in series for each immunization administered to a patient.	Phase 2
JIC-0017	The system shall be able to tag as "transcribed" historical immunization data from external systems.	Phase 2-read/write

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0018	The system shall provide the ability to enter comments on an individual patient's immunization history.	Phase 2- read/write
JIC-0019	The system shall provide the ability to annotate comments on a patient's immunization history.	Phase 2- read/write
JIC-0020	The system shall provide the ability to enter comments on the immunization record for a defined group.	Phase 2- read/write
JIC-0021	The system shall be able to manage immunization data from authoritative sources. Clarification: federal, state, local (e.g., local public health, IHS)	Phase 2- manage
JIC-0022	The system shall determine recommendations for immunization administration based on medical condition (e.g., current nationally-approved ICD code set). Clarification: recommendation must be positive or negative	Phase 3- CDS
JIC-0023	The system shall render recommendations for immunization administration based on medical condition (e.g., current nationally-approved ICD code set). Clarification: recommendation must be positive or negative	Phase 3- CDS
JIC-0024	The system SHALL auto-populate selected immunization data fields with defaults when an immunization is selected. Clarification: dose, route, anatomical site, current date/time, name, all available lot numbers	Phase 2- partial auto-population
JIC-0025	The system SHALL auto-populate selected immunization data fields with defaults when lot # for an immunization is selected. Clarification: manufacturer, exp date	Phase 2- partial auto-population
JIC-0026	The system shall maintain patient immunization notifications (e.g. letters and email notifications) for reporting purposes.	Phase 3

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0027	The system shall provide the ability to capture the delivery status of certified patient letters (e.g., undelivered/delivered).	Phase 3
JIC-0028	The system shall provide the ability to update the delivery status of certified patient letters (e.g., undelivered/delivered)	Phase 3
JIC-0029	The system shall render a notification to the user that an immunization is indicated for a specific patient based on current nationally-approved ICD code set.	Phase 3- CDS
JIC-0030	The system shall render a notification to the user (e.g. immunizations administrator) when a new, potentially duplicate, immunization entry is/are created for a patient or group.	Phase 3- CDS
JIC-0031	The system shall capture that a user was presented with an immunization interaction / contraindication warning.	Phase 2 - UX
JIC-0032	The system shall provide the ability to determine immunization requirements for an individual patient or user-defined group during patient in-processing and out-processing.	Phase 3- CDS
JIC-0036	The system SHALL provide the ability for an authorized user to maintain decision support rules when determining a patient specific immunization schedule.	Phase 3- CDS
JIC-0037	The system shall provide the ability to enter the evidence for determination of a patient's immunity status (e.g., vaccination, lab test, reported history of disease, etc.)	Phase 2- read/write
JIC-0038	The system shall provide the ability to determine decision support rules for a patient-specific immunization schedule.	Phase 3- CDS
JIC-0039	The system SHALL provide the ability to present numerical and non-numerical current and historical test results to the appropriate provider.	Phase 2- read/write
JIC-0040	The system SHALL provide the ability to filter results for a unique patient.	Phase 2- capture/display/report
JIC-0041	The system SHALL provide the ability to filter results by factors that supports results management, such as type of test and date range.	Phase 2- capture/display/report
JIC-0042	The system SHOULD indicate normal and	Phase 2-

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	abnormal results depending on the data source.	capture/display/report
JIC-0043	The system SHOULD provide the ability to filter lab results by range, e.g. critical, abnormal or normal.	Phase 2- capture/display/report
JIC-0044	The system SHOULD display numerical results in flow sheets, graphical form, and allow comparison of results.	Phase 2- capture/display/report
JIC-0045	The system SHALL provide the ability to group tests done on the same day.	Phase 2- capture/display/report
JIC-0046	The system SHOULD notify relevant providers (ordering, copy to) that new results have been received.	Phase 3- CDS
JIC-0047	The system SHOULD provide the ability for the user, to whom a result is presented, to acknowledge the result.	Phase 2- read/write
JIC-0048	The system SHOULD provide the ability to route results to other appropriate care providers, such as nursing home, consulting physicians, etc.	Phase 2-read/write
JIC-0049	The system MAY route results to patients by methods such as phone, fax, electronically or letter.	Phase 2- read/write
JIC-0050	The system SHOULD provide the ability for providers to pass on the responsibility to perform follow up actions to other providers.	Phase 3- Role-based access
JIC-0051	The system MAY provide the ability for an authorized user to group results into clinically logical sections.	Phase 3- Role-based access
JIC-0052	The system SHOULD trigger decision support algorithms from the results.	Phase 3- CDS
JIC-0053	IF the system contains the electronic order, THEN the results SHALL be linked to a specific order.	Phase 3- APIs/RPCs to ordering
JIC-0054	The system MAY provide the ability for providers to annotate a result.	Phase 2- read/write
JIC-0055	The system MAY display a link to an image associated with results.	Phase 2- UX or API/RPC to lab capability?
JIC-0056	The system SHOULD provide the ability to receive, store and present medication details from an external source.	Phase 2 - capture/display/report
JIC-0057	The system SHOULD provide the ability to	Phase 2-

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	receive, store and present standards-based structured, codified data received from an external source.	capture/display/report
JIC-0058	The system SHALL provide the ability to recommend required immunizations, and when they are due, during an encounter based on widely accepted immunization schedules.	Phase 3b- CDS
JIC-0059	The system SHOULD provide the ability to recommend required immunizations based on patient risk factors.	Phase 3b- CDS
JIC-0060	The system SHOULD receive immunization histories from a public health immunization registry.	Phase 3a- transmission to/from registries
JIC-0061	The system SHALL present information necessary to correctly identify the patient and accurately administer medications and immunizations such as patient name, medication name, strength, dose, route and frequency.	Phase 2- capture/display/report
JIC-0062	The system SHALL alert providers to potential administration errors such as wrong patient, wrong drug, wrong dose, wrong route and wrong time as it relates to medication and immunizations administration.	Phase 3- CDS
JIC-0063	The system SHOULD alert providers to potential medication administration errors at the point of medication administration.	Phase 3- CDS
JIC-0064	The system SHOULD prompt or remind providers regarding the date/time range for timely administration of medications.	Phase 3- CDS
JIC-0065	The system MAY conform to function DC.2.7.1 (Access Healthcare Guidance) and provide to the ability for a provider to access drug monograph information.	Phase 3- CDS
JIC-0066	The system SHALL present alerts to the provider of all patient specific preventive services that are due.	Phase 3- CDS
JIC-0067	The system MAY provide the ability to produce a list of all alerts along with the scheduled date and time for the preventive service.	Phase 3- CDS
JIC-0068	The system SHOULD generate timely notifications to patients including services, tests or actions that are due or overdue.	Phase 3- CDS

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0069	The system SHOULD capture a history of notifications.	Phase 3- CDS
JIC-0070	The system MAY provide the ability to configure patient notifications (such as repetitions or timing of the activity).	Phase 3- CDS
JIC-0071	The system MAY provide the ability to manage the lifecycle of the states of the notifications and reminders.	Phase 3- CDS
JIC-0072	The system MAY provide the ability to automate the retrieval of formatted demographic and clinical information from local disease specific registries (and other notifiable registries).	Phase 3
JIC-0073	The system MAY provide the ability to access scheduling features, either internal or external to the system, for patient care resources.	Phase 3- APIs/RPCs to scheduling capability?
JIC-0074	The system MAY incorporate relevant clinical or demographic information in the scheduling process.	Phase 3- APIs/RPCs to scheduling capability?
JIC-0076	The system shall provide the ability to identify patient immunization by patient identification number.	Phase 2- capture/display/report
JIC-0077	The system shall provide the ability to identify a patient record using the following demographic information: reword this statement - First Name - Last Name - DOB - Gender - Patient Identification Number - Unit Assignment	Phase 2- capture/display/report
JIC-0078	The system should have the capability to match patient identification data read from the HSPD12 with patient data found in the iEHR Identity Management service.	Phase 2- capture/display/report
JIC-0079	The system SHALL provide the ability to retrieve parts of a patient record using a primary identifier, secondary identifiers, or other information which are not identifiers, but could be used to help identify the patient.	Phase 2- capture/display/report
JIC-0080	The system SHALL capture demographic	Phase 2-

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	information as part of the patient record.	capture/display/report
JIC-0081	The system SHALL store and retrieve demographic information as discrete data.	Phase 2- capture/display/report
JIC-0082	The system SHALL provide the ability to retrieve demographic data as part of the patient record.	Phase 2- capture/display/report
JIC-0083	The system SHALL provide the ability to update demographic data.	Phase 2- read/write
JIC-0084	The system SHALL present a set of patient identifying information at each interaction with the patient record.	Phase 2- capture/display/report
JIC-0085	The system SHOULD provide the ability to input patient health plan eligibility information for date(s) of service.	Phase 2- read/write
JIC-0086	The system MAY provide authorized users the ability to input patient health plan coverage dates.	Phase 2- read/write
JIC-0087	The system MAY provide the ability to input general benefit coverage information for patients.	Phase 2- read/write
JIC-0088	The system SHOULD provide for the retention of eligibility date(s) of service, coverage dates, general benefits and other benefit coverage documentation for service rendered.	Phase 2- capture/display/report
JIC-0089	The system MAY provide the ability to transfer electronic eligibility information from internal and external systems.	Phase 2- secure data exchange
JIC-0090	The system MAY provide the ability to access information received through electronic prescription eligibility checking.	Phase 2- capture/display/report
JIC-0091	The system MAY provide authorized users the ability to collect and retain patient registration in special programs such as but not limited to: registries and case management.	Phase 2- capture/display/report
JIC-0092	The system MAY provide the ability to check for inconsistencies in the information recorded.	Phase 3
JIC-0093	The system shall provide the ability to enter the immunity status of a patient.	Phase 2- read/write
JIC-0094	The system shall provide the ability to capture the source of immunizations that were externally obtained.	Phase 2- secure data exchange and capture/display/report
JIC-0095	The system shall provide the ability to capture information related to pregnancy status (e.g.	Phase 2- read/write

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	gestational age).	
JIC-0096	The system shall provide the ability to manage clinical decision support items associated to concomitant immunizations.	Phase 3- CDS
JIC-0104	The system SHALL provide the ability to identify patients eligible for healthcare management protocols based on criteria identified within the protocol.	Phase 3- CDS
JIC-0105	The system SHALL provide the ability for an authorized user to render immunization schedules using the available decision support rules.	Phase 3- CDS
JIC-0106	The system shall provide the ability to capture patient risk factors in determining an immunization schedule.	Phase 2- read/write
JIC-0109	The system SHALL provide the ability for an authorized user to determine a patient specific immunization schedule.	Phase 3- CDS and/or Role-Based Access?
JIC-0112	The system SHALL provide the ability for an authorized user to render individual patient immunization exceptions.	Phase 2- read/write
JIC-0113	The system SHALL provide the ability to RENDER updated immunization schedules based on HALO criteria: - Health - Age - Lifestyle - Occupation	Phase 3- CDS
JIC-0114	The system SHOULD provide the ability to track overdue preventive services.	Phase 3- CDS
JIC-0115	The system SHOULD provide notification of overdue preventative services in the patient record.	Phase 3- CDS
JIC-0116	The system SHOULD provide the ability to update content of notifications, guidelines, reminders and associated reference materials.	Phase 3- CDS
JIC-0117	The system SHALL provide the ability to update the immunization schedule.	Phase 3- CDS
JIC-0118	The system SHALL capture and explicitly label patient- originated data.	Phase 2- capture/display/report
JIC-0119	IF the system provides the ability for direct entry	Phase 2-

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	by the patient, THEN the system SHALL explicitly label the data as patient entered.	capture/display/report
JIC-0120	The system SHALL capture and label the source of clinical data provided on behalf of the patient.	Phase 2- capture/display/report
JIC-0121	The system SHALL present patient-originated data for use by care providers.	Phase 2- capture/display/report
JIC-0122	The system SHALL provide the ability for a provider to verify the accuracy of patient-originated data for inclusion in the patient record.	Phase 2- capture/display/report
JIC-0123	The system SHOULD provide the ability to view or comment, but not alter patient-originated data.	Phase 2- capture/display/report
JIC-0124	The system SHALL provide the ability to capture, present, maintain and make available for clinical decisions patient preferences such as language, religion, spiritual practices and culture.	Phase 2- capture/display/report
JIC-0125	The system SHALL provide the ability to capture, present, maintain and make available for clinical decisions family preferences such as language, religion, spiritual practices and culture.	Phase 2- capture/display/report
JIC-0126	The system SHOULD conform to function DC.2.1.4 (Support for Patient and Family Preferences), and incorporate patient and family preferences into decision support systems.	Phase 3- CDS
JIC-0127	The system SHALL capture, display and report all immunizations associated with a patient	Phase 2- capture/display/report
JIC-0129	The system SHALL render a list of vaccine noted to be ineffective for the patient in the past (e.g. Hepatitis B).	Phase 3- CDS
JIC-0130	The system shall capture a user's acknowledgement of a immunization interaction/contraindication warning, and proceed with administration.	Phase 3- CDS
JIC-0131	The system shall provide the ability to capture a user's acknowledgement of an immunization interaction/contraindication warning, and did not proceed with administration.	Phase 3- CDS
JIC-0132	The system shall render a notification when a selected immunization has exceeded its expiration date.	Phase 3- CDS
JIC-0134	The system shall manage drug-to-drug interactions.	Phase 3- CDS

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	Clarification: Level 1 business need. Includes alternative medicine, timing considerations (e.g., live virus and TST), dosing intervals, research protocols	
JIC-0135	The system shall manage immunization-to-blood product interactions.	Phase 3- CDS
JIC-0136	The system shall provide the ability to determine a patient-specific immunization schedule based on documented risk factors.	Phase 3- CDS
JIC-0137	The system shall provide the ability to capture the resolution of a patient's comments related to their immunizations concerns.	Phase 2- capture/display/report
JIC-0138	The system shall provide the ability to capture patient risk factors in determining an immunization treatment plan.	Phase 2- capture/display/report
JIC-0139	The system SHALL provide the ability to capture a report of No Known Allergies (NKA) for the patient.	Phase 2- capture/display/report
JIC-0140	The system SHOULD provide the ability to capture a report of No Known Drug Allergies (NKDA) for the patient.	Phase 2- capture/display/report
JIC-0141	The system SHOULD provide the ability to capture the source of allergy, intolerance, and adverse reaction information.	Phase 2- capture/display/report
JIC-0142	The system SHALL provide the ability to deactivate an item on the list.	Phase 2- read/write
JIC-0143	The system SHALL provide the ability to capture the reason for deactivation of an item on the list.	Phase 2- capture/display/report
JIC-0144	The system MAY present allergies, intolerances and adverse reactions that have been deactivated.	Phase 2- capture/display/report
JIC-0145	The system MAY provide the ability to display user defined sort order of list.	Phase 2- capture/display/report
JIC-0146	The system SHOULD provide the ability to indicate that the list of medications and other agents has been reviewed.	Phase 2- capture/display/report
JIC-0147	The system SHALL provide the ability to capture and display the date on which allergy information was entered.	Phase 2- capture/display/report

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0148	The system SHOULD provide the ability to capture and display the approximate date of the allergy occurrence.	Phase 2- capture/display/report
JIC-0149	The system SHOULD conform to function DC.2.3.1.1 (Support for Drug Interaction Checking) and check and report allergies, drug-drug interactions, and other potential adverse reactions, when new medications are ordered.	Phase 3- CDS
JIC-0150	The system SHOULD conform to function DC.2.3.1.2 (Support for Patient Specific Dosing and Warnings) and check and report other potential adverse reactions, when new medications are ordered.	Phase 3- CDS
JIC-0151	The system SHOULD provide the ability to create prescriptions in which the weight-specific dose is suggested.	Phase 3- CDS
JIC-0152	The system SHALL perform checking for potential adverse or allergic reactions for all immunizations when they are about to be given.	Phase 3- CDS
JIC-0153	The system SHALL check for and alert providers to interactions between prescribed drugs and medications on the current medication list.	Phase 3- CDS
JIC-0154	The system SHALL relate medication allergies to medications to facilitate allergy checking decision support for medication orders.	Phase 3- CDS
JIC-0155	The system SHOULD provide the ability to document that a provider was presented with and acknowledged a drug interaction warning.	Phase 2- capture/display/report
JIC-0156	The system SHALL provide the ability to prescribe a medication despite alerts for interactions and/or allergies being present.	Phase 3-CDS
JIC-0157	The system MAY provide the ability to set the severity level at which warnings should be displayed.	Phase 3- CDS customization
JIC-0158	The system SHOULD provide the ability to check for duplicate therapies.	Phase 3- CDS
JIC-0159	The system SHOULD conform to DC.1.8.6 (Manage Documentation of Clinician Response to Decision Support Prompts) and provide the ability to document why a drug interaction warning was overridden.	Phase 3- CDS

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0160	The system MAY check for interactions between prescribed drugs and food detailing changes in a drug's effects potentially caused by food (including beverages) consumed during the same time period.	Phase 3- CDS
JIC-0161	The system SHOULD check for drug-lab interactions, to indicate to the prescriber that certain lab test results may be impacted by a patient's drugs.	Phase 3- CDS
JIC-0162	The system SHOULD provide the ability to check medications against a list of drugs noted to be ineffective for the patient in the past.	Phase 3- CDS
JIC-0163	The system SHOULD identify contraindications between a drug and patient conditions at the time of medication ordering.	Phase 3- CDS
JIC-0164	The system MAY suggest alternative administration techniques based on age, developmental stage, weight, physiological status, mental status, educational level, and past physical history of the patient.	Phase 3- CDS
JIC-0165	The system SHALL provide the ability to establish criteria for the identification of preventive care and wellness services based on patient demographics (e.g. age, gender).	Phase 3- CDS
JIC-0166	The system SHOULD present recommended preventative or wellness services needed based upon clinical test results.	Phase 3- CDS
JIC-0167	The system SHALL provide the ability to automatically alert the provider if contraindications to the ordered dosage range are identified.	Phase 3- CDS
JIC-0168	The system SHALL provide the ability for the provider to override a drug dosage warning.	Phase 3- CDS override?
JIC-0169	The system SHOULD provide the ability to document reasons for overriding a drug alert or warning at the time of ordering.	Phase 3- CDS ? (is it part of CDS management to provide the ability to document overriding drug interaction warning?)
JIC-0170	The system SHOULD transmit documented reasons for overriding a drug alert to the pharmacy to enable communication between the	Phase 3- CDS ? (is it part of CDS management to provide the ability to

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	clinician and the pharmacist.	document overriding drug interaction warning?)
JIC-0171	The system SHOULD conform to function DC 2.3.1.2 (Support for Patient-Specific Dosing and Warnings).	Phase 3- CDS
JIC-0172	The system SHOULD present recommendations for medication regimens based on findings related to the patient diagnosis.	Phase 3- CDS
JIC-0173	The system SHOULD present suggested lab monitoring as appropriate to a particular medication.	Phase 3- CDS
JIC-0174	The system SHOULD conform to function DC.3.1.1 (Clinical Task Assignment and Routing) and incorporate care plan items in the tasks assigned and routed.	Phase 3- APIs/RPCs
JIC-0175	The system SHOULD conform to function DC.3.1.2 (Clinical Task Linking) and incorporate care plan items in the tasks linked.	Phase 3- APIs/RPCs
JIC-0176	The system SHOULD conform to function DC.3.1.3 (Clinical Task Tracking) and incorporate care plan items in the tasks tracked.	Phase 3- APIs/RPCs
JIC-0177	The system MAY provide the ability to include prescriptions in order sets.	Phase 3- APIs/RPCs
JIC-0178	The system MAY provide a list of frequently-ordered medications by diagnosis by provider which could include the full details of the medication, including SIG, quantity, refills, DAW, etc.	Phase 2; Phase 2 or 3 depends on how much of ORDERING is carried into Phase 2 DOCUMENTATION. Probably more 3-ish.
JIC-0179	The system SHALL provide the ability to update the clinical content or rules utilized to generate clinical decision support reminders and alerts.	Phase 3- CDS
JIC-0180	The system SHOULD validate that the most applicable version is utilized for the update, and capture the date of update.	Phase 3- CDS
JIC-0181	The system MAY track and retain the version used when guidelines are provided in a patient encounter.	Phase 3- CDS
JIC-0182	The system SHALL provide the ability for an	Phase 2- read/write

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	authorized user to link required immunization(s) to a User- Defined Group of patients.	and capture/display/sort
JIC-0183	The system shall provide the ability to create order templates (e.g., standing orders). Standing order templates, protocol, etc.	Phase 2- read/write
JIC-0184	The system SHALL provide the ability to use previously developed care plans as a basis for the creation of new plans of care and treatment.	Phase 2- read/write
JIC-0185	The system SHOULD provide the ability to coordinate order sets with care plans.	Phase 3- APIs/RPCs
JIC-0186	The system SHOULD provide the ability to derive order sets from care plans.	Phase 3- APIs/RPCs
JIC-0187	The system SHOULD provide the ability to derive care plans from order sets.	Phase 3- APIs/RPCs
JIC-0188	The system SHALL provide the ability to RENDER immunizations requirements associated to User-Defined Groups. defined groups include: user-defined groups, population cohorts, etc.	Phase 2- read/write
JIC-0189	The system shall provide the ability to capture a standing order or protocol.	Phase 2- capture/display/sort
JIC-0190	The system SHALL provide the ability to transfer plans of care and treatment to other care providers.	Phase 2- read/write
JIC-0191	The system SHALL provide the ability to tag changes to a patient-specific immunization schedule.	Phase 2- read/write
JIC-0192	The system SHALL provide the ability to capture patient-specific plans of care and treatment.	Phase 2- read/write
JIC-0193	The system SHALL conform to DC.1.6.1 (Present Guidelines and Protocols for Planning Care) and provide the ability to use locally or non-locally developed templates, guidelines, and protocols for the creation of patient-specific plans of care and treatment.	Phase 3- CDS
JIC-0198	The system SHALL provide the ability to track updates to a patient's plan of care and treatment including authors, creation date, version history, references, local sources and non-local sources in accordance with scope of practice, organizational policy and jurisdictional law.	Phase 2

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0199	The system SHALL provide the ability to render patient education materials. Example - Trifold (MILVAX)	Phase 2- UX render
JIC-0200	The system shall provide the ability to render the most current printed Vaccine Information Sheet.	Phase 2- UX render
JIC-0201	The system should provide the ability to render electronically-transmitted patient education materials.	Phase 2- UX render
JIC-0203	The system SHOULD provide the ability to present the publication date of the VIS based on actual publication dates by the CDC.	Phase 2- UX render
JIC-0205	The system SHALL provide the ability to import the most current VIS for a given immunization.	Phase 2- UX render
JIC-0206	The system SHALL provide the ability to render the VIS in multiple languages. Currently IAC will provide in different languages. The requirement conveys the need to provide the most recent information. Therefore, if the patient requests a copy in a different language (i.e., Spanish), that has not yet been updated to the most recent version, the most recent version will be provided, in whatever language is available.	Phase 2- UX render
JIC-0209	The system shall provide the ability to capture the consent when required.	Phase 2
JIC-0210	The system shall provide the ability to capture the individual providing consent (e.g., patient, parental, care giver)	Phase 2
JIC-0211	The system shall provide the ability to render documentation of consent when required.	Phase 2- UX render
JIC-0212	The system shall provide the ability to store an employee-patient declination statement. Hep B	Phase 2- capture/display/report
JIC-0213	The system shall provide the ability for patients to electronically sign employee-patient declination statements.	Phase 2- capture/display/report
JIC-0214	The system shall provide the ability to capture signed employee-patient declination statements.	Phase 2- capture/display/report
JIC-0215	The system shall provide the ability to render employee-patient declination statements.	Phase 2- UX render

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0216	The system SHALL provide the ability to access evidence-based healthcare recommendations, with documentation of sources	Phase 3- CDS
JIC-0217	The system SHOULD provide the ability to access evidenced-based documentation appropriate for the care provider to render a timely judgment.	Phase 3- CDS
JIC-0218	The system MAY provide the ability to access external evidence-based documentation.	Phase 3- CDS
JIC-0219	The system SHALL provide the ability to indicate that a patient has completed applicable consents and authorizations.	Phase 2- read/write
JIC-0220	The system SHALL provide the ability to indicate that a patient has withdrawn applicable consents and authorizations.	Phase 2- read/write
JIC-0221	The system SHOULD conform to function DC.1.1.3.1 (Capture Data and Documentation from External Clinical Sources) and capture scanned paper consent and authorization documents.	Phase 2-APIs/RPCs to DOCUMENTATION
JIC-0222	The system SHOULD provide the ability to view and complete consent and authorization forms on-line.	Phase 2-APIs/RPCs to DOCUMENTATION
JIC-0223	The system MAY provide the ability to generate printable consent and authorization forms.	Phase 2-APIs/RPCs to DOCUMENTATION
JIC-0224	The system MAY display the authorizations associated with a specific clinical activity, such as treatment or surgery, along with that event in the patient's electronic chart.	Phase 2- capture/display/report and APIs/RPCs to DOCUMENTATION
JIC-0225	The system MAY provide the ability to display consents and authorizations chronologically.	Phase 2- capture/display/report
JIC-0226	The system SHOULD provide the ability to document an assent for patients legally unable to consent.	Phase 2- capture/display/report
JIC-0227	The system SHALL provide the ability to document the source of each consent, such as the patient or the patient's personal representative if the patient is legally unable to provide it.	Phase 2- capture/display/report
JIC-0228	The system SHOULD provide the ability to document the patient's personal representative's level of authority to make decisions on behalf of the patient.	Phase 2- capture/display/report

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0229	The system MAY provide the ability to capture and update material that may be printed and provided to the patient at the point of care.	Phase 2- capture/display/report
JIC-0230	The system MAY provide the ability to validate the material prior to update.	Phase 2- capture/display/report
JIC-0231	The system shall provide the ability to render to the user a list of immunizations that are in stock for a facility.	Phase 3- APIs/RPCs
JIC-0232	The system shall provide the ability for authorized users to manage lot numbers and inventory for immunizations in stock at a specified facility.	Phase 2-read/write
JIC-0233	The system SHALL provide the ability to create prescription or other medication orders with the details adequate for correct filling and administration captured as discrete data.	Phase 2-APIs/RPCs to DOCUMENTATION : see above, JIC-0178, for discussion of DOCUMENTING vs ORDERING Phase 3- Ordering
JIC-0234	The system SHALL capture user and date stamp for all prescription related events.	Phase 1- Auditing
JIC-0235	The system shall provide the ability to tag immunizations that are no longer in stock.	Phase 3- APIs/RPCs
JIC-0236	The system shall provide the ability to tag immunizations that are no longer available for procurement.	Phase 3- APIs/RPCs
JIC-0237	The system SHALL conform to function DC.1.4.2 (Manage Medication List) and update the appropriate medication list with the prescribed medications (in case of multiple medication lists).	Phase 3- APIs/RPCs
JIC-0238	The system SHALL provide a list of medications to search, including both generic and brand name.	Phase 2- APIs/RPCs to Documentation
JIC-0239	The system SHALL provide the ability to maintain a discrete list of orderable medications.	Phase 2- APIs/RPCs to Documentation
JIC-0240	The system shall provide the ability to update information about immunizations in stock.	Phase 2- APIs/RPCs to Inventory Capability?
JIC-0241	The system MAY provide the ability to select drugs by therapeutic class and/or indication.	Phase 3- APIs/RPCs to Ordering Capability or Pharmacy Capability?

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0243	The system SHALL conform to function DC.1.7.2.1 (Manage Non-Medication Patient Care Orders) and provide the ability to order supplies associated with medication orders in accordance with scope of practice, organizational policy or jurisdictional law.	Phase 3- APIs/RPCs to Ordering Capability?
JIC-0244	The system MAY make common content available for prescription details to be selected by the ordering clinician.	Phase 3- APIs/RPCs to Ordering Capability?
JIC-0245	The system MAY provide the ability for the ordering clinician to create prescription details as needed.	Phase 3- APIs/RPCs to Ordering Capability?
JIC-0246	The system MAY make available common patient medication instruction content to be selected by the ordering clinician.	Phase 3- APIs/RPCs to Ordering Capability?
JIC-0247	The system shall provide the ability to MANAGE user-defined groups of patients.	Phase 2-maintain
JIC-0248	The system shall provide the ability to capture a patient's comments related to their immunizations concerns. needs clarification.	Phase 2- read/write
JIC-0249	The system SHALL provide the ability to identify an appropriate drug dosage range, specific for each known patient condition and parameter at the time of medication ordering.	Phase 3- CDS
JIC-0251	The system SHALL provide the ability to MAINTAIN updated immunization schedules based on HALO criteria: - Health - Age - Lifestyle - Occupation	Phase 3- CDS?
JIC-0252	The system SHALL provide the ability to determine scheduling of immunizations that are administered in a multiple dose series.	Phase 3- CDS
JIC-0253	The system shall exchange immunization schedule data with an appointment scheduling system.	Phase 3- APIs/RPCs to scheduling capability?
JIC-0254	The system SHALL provide the ability for an authorized user to render a schedule of immunizations for a patient, including:	Phase 2- capture/display/report

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	<ul style="list-style-type: none"> - Required immunizations - Remaining doses in an immunization series completion of series may or may not be required 	
JIC-0255	The system MAY provide the ability to add patient reminders for patients based on the recommendations of public health authorities or disease specific associations.	Phase 3- CDS
JIC-0256	The system MAY provide the ability to automatically associate patient reminders with patients meeting specific phenotypic criteria such as age, gender, diagnosis, etc.	Phase 3- CDS
JIC-0257	The system MAY provide the ability to display patient reminders, manually process, and record associated telephone contacts.	Phase 2- capture/display/report
JIC-0258	The system MAY provide the ability to automatically generate patient reminders for mailing to patients.	Phase 3- CDS
JIC-0259	The system shall provide the ability to capture an order for immunization product.	Phase 3-APIs/RPCs to Order Capability
JIC-0260	The system shall provide the ability for an authorized user to enter an order set.	Phase 3-APIs/RPCs to Order Capability
JIC-0261	The system shall render an immunization order. With comments included	Phase 3-APIs/RPCs to Order Capability
JIC-0262	The system shall provide the ability to annotate an immunization order with comments.	Phase 2- APIs/RPCs to Order Capability
JIC-0263	The system shall provide the ability to capture a user-defined set of frequently-ordered immunizations by clinic.	Phase 3-APIs/RPCs to Order Capability
JIC-0264	The system shall provide the ability to maintain a user-defined set of frequently-ordered immunizations by clinic.	Phase 2-APIs/RPCs to Documentation
JIC-0265	The system shall provide the ability to render immunization notices to the patient when necessary (e.g. when immunizations are due, immunization recalls).	Phase 3- CDS
JIC-0266	The system shall determine a list of vaccine noted to be ineffective for the patient in the past (e.g. Hepatitis B).	Phase 3- CDS
JIC-0268	The system shall provide the ability to Capture documentation of an expiration date extension.	Phase 2- read/write

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	Supply chain issue	
JIC-0269	The system shall update the expiration date of immunizations with expiration date extensions. Supply chain issue	Phase 2- read/write
JIC-0270	The system SHALL provide the ability to capture the Overseeing Physician for a specified facility.	Phase 2- read/write
JIC-0271	The system shall provide the ability to interface between iEHR and external systems at the national and local level (e.g., VA ADERS, VistA, etc.).	Phase 2- secure data exchange
JIC-0275	The system SHALL provide the ability to capture external data and documentation.	Phase 2- secure data exchange
JIC-0276	IF lab results are received through an electronic interface, THEN the system SHALL receive and store the data elements into the patient record.	Phase 2 -secure data exchange and display/capture/report
JIC-0277	The system SHOULD provide the ability to associate standard codes with discrete data elements associated with an immunization.	Phase 1- data dictionary
JIC-0278	The system SHALL provide workflow support for data collection appropriate for care setting.	Phase 2-APIs/RPCs to documentation
JIC-0279	The system SHOULD provide the ability to create and modify data entry workflows.	Phase 2-APIs/RPCs to documentation
JIC-0280	The system SHOULD provide the ability to extract appropriate information from the patient record as necessary to document the patient encounter.	Phase 2-APIs/RPC documentation
JIC-0281	The system SHOULD provide a reduced set of diagnostic and procedure codes appropriate for the care setting.	Phase 2-APIs/RPCs to documentation
JIC-0282	The system MAY initiate secondary reporting workflows as a result of information entered into the encounter.	Phase 2- APIs/RPCs to documentation
JIC-0283	The system SHALL provide the ability to harmonize immunization record comments assigned to a user-defined group of patients to the individual records of all patients in the group. Meant to represent the six elements of an immunization record	Phase 2 - APIs/RPCs to documentation
JIC-0285	The system SHALL provide the ability to present predefined template documentation of immunizations given in a mass vaccination	Phase 2 - read/write

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	setting. child of concomitant imm. Need to identify the data elements.	
JIC-0292	The system SHALL provide the ability for an authorized user to enter an immunization-specific default anatomical site where an immunization was administered on the patient. can be done at the facility level	Phase 2 - read/write
JIC-0294	The system shall tag immunization records where the data entered does not meet FDA package-insert requirements: - Dose - Route	Phase 3- CDS
JIC-0295	The system shall provide the ability to annotate an immunization record where the administration data does not meet recommended defaults (e.g., site)	Phase 2-read/write
JIC-0299	The system shall provide the ability to capture, in free text, the geographic location (site) of administration for an immunization. it was confirmed that "site" means geographic location	Phase 2 - read/write
JIC-0300	The system SHALL provide the ability to tag recorded core data elements, when related to the provision of occupational health care provided to an employee-patient. question of what occ med information can be shared	Phase 3- Occupational Health
JIC-0301	The system SHALL provide the ability to capture all pertinent details of the medication administration including medication name, strength, dose, route, time of administration, exceptions to administration, and administrator of the medication.	Phase 2- APIs/RPCs and read/write
JIC-0302	IF required by the EHR user's scope of practice, THEN the system SHALL capture the administrator of the immunization and the immunization information identified in DC.1.8.2 (Manage Immunization Administration), Conformance Criteria #4 (The system SHALL provide the ability to capture immunization administration details, including date, type, lot number and manufacturer).	Phase 2 - read/write

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0303	The system SHALL record as discrete data elements data associated with any immunization given including date, type, lot number and manufacturer	Phase 2 - read/write
JIC-0304	The system SHALL provide the ability to capture immunization administration details, including date, type, lot number and manufacturer.	Phase 2 - read/write
JIC-0305	The system SHOULD provide the ability to capture other clinical data pertinent to the immunization administration (e.g. vital signs).	Phase 2 - APIs/RPCs and read/write
JIC-0306	The system SHALL record as discrete data elements data associated with any immunization.	Phase 2 - read/write
JIC-0307	The system SHOULD compute drug doses, based on appropriate dosage ranges, using the patient's body weight.	Phase 3- CDS
JIC-0308	The system SHOULD provide the ability to specify an alternative "dosing weight" for the purposes of dose calculation.	Phase 3- CDS
JIC-0309	The system SHOULD perform drug dosage functions using any component of a combination drug (e.g., acetaminophen-hydrocodone).	Phase 3- CDS
JIC-0310	The system SHOULD provide the ability to record the factors used to calculate the future dose for a given prescription.	Phase 3- CDS
JIC-0311	The system shall provide the ability for authorized users to exchange occupational health immunization data, according to scope of practice, organizational policy, and/or jurisdictional law.	Phase 3- Occupational Health
JIC-0312	The system shall provide the ability to capture all adverse reactions to an immunization, including anaphylactic reactions.	Phase 2 - read/write and APIs/RPCs
JIC-0313	The system SHALL provide the ability to capture true allergy, intolerance, and adverse reaction to drug, dietary or environmental triggers as unique, discrete entries.	Phase 2 - read/write and APIs/RPCs
JIC-0314	The system SHOULD provide the ability to capture the reason for entry of the allergy, intolerance or adverse reaction.	Phase 2 - read/write and APIs/RPCs
JIC-0315	The system SHALL provide the ability to capture the reaction type.	Phase 2 - read/write and APIs/RPCs

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0316	The system SHOULD provide the ability to capture the severity of a reaction.	Phase 2 - read/write and APIs/RPCs
JIC-0317	The system shall provide the ability to transmit adverse immunization reaction information to required authorities.	Phase 2 - read/write and APIs/RPCs and secure data exchange
JIC-0318	The system shall provide the ability to annotate an exception with the appropriate supporting policy or documentation.	Phase 2 - read/write
JIC-0319	The system shall provide the ability to annotate an exemption with the appropriate supporting policy or documentation.	Phase 2 - read/write
JIC-0320	The system SHALL provide the ability to present changes to a patient-specific immunization schedule With a flag. Able to identify individual patients.	Phase 2- capture/display/report
JIC-0322	The system should tag a patient's documented immunization-related allergies.	Phase 2 - read/write
JIC-0328	The system shall provide the ability to render official immunization records for individual patients. Data elements to include source of external immunizations. Distinguish patient self-report vs. transcribe external record.	Phase 2- capture/display/report
JIC-0329	The system MAY generate documentation of medication or immunization administration as a by-product of verification of patient, medication, dose, route and time.	Phase 2 - APIs/RPCs to documentation
JIC-0330	The system SHOULD prepare a report of a patient 's immunization history upon request for appropriate authorities such as schools or day-care centers	Phase 2- capture/display/report
JIC-0331	The system SHOULD provide the ability to prepare a report of a patient's immunization history upon request for appropriate authorities such as schools or day-care centers.	Phase 2- capture/display/report
JIC-0332	The system SHALL present summarized views and reports of the patient's comprehensive EHR.	Phase 2- capture/display/report and APIs/RPCs and secure data exchange

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0333	The system SHOULD include at least the following in the summary: problem list, medication list, allergy and adverse reaction list.	Phase 2- capture/display/report and APIs/RPCs and secure data exchange
JIC-0334	The system SHOULD automatically transfer formatted demographic and clinical information to local disease specific registries (and other notifiable registries).	Phase 3a- transmission to/from registries
JIC-0335	The system MAY pass relevant clinical or demographic information to support efficient scheduling with other system.	Phase 2-secure data exchange
JIC-0336	The system MAY prompt providers for data needed for end of care reporting during the continuum of care to reduce the need for end of care data collection.	Phase 2 - APIs/RPCs to documentation
JIC-0337	The system SHOULD create service reports at the completion of an episode of care such as but not limited to; discharge summaries, public health reports, etc. using data collected during the encounter.	Phase 2- capture/display/report
JIC-0338	The system SHOULD transmit required immunization information to a public health immunization registry.	Phase 3a- transmission to/from registries
JIC-0339	The system SHALL provide the ability to generate instructions pertinent to the patient based on clinical judgment.	Phase 2- capture/display/report
JIC-0340	The system SHALL provide the ability to include details on further care such as follow up, return visits and appropriate timing of further care.	Phase 2- capture/display/report
JIC-0341	The system SHALL provide the ability to record that instructions were given to the patient.	Phase 2 - read/write
JIC-0342	The system SHALL provide the ability to record the actual instructions given to the patient or reference the document(s) containing those instructions.	Phase 2 - read/write
JIC-0343	The system SHOULD provide the ability to export or retrieve data required to evaluate patient outcomes.	Phase 2- capture/display/report and secure data exchange
JIC-0344	The system MAY provide data detailed by physician, facility, facility subsection, community	Phase 2- capture/display/report

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	or other selection criteria.	
JIC-0345	The system SHOULD provide the ability to define outcome measures for specific patient diagnosis.	Phase 3
JIC-0346	The system SHOULD provide the ability to define outcome measures to meet various regional requirements.	Phase 3
JIC-0347	The system SHOULD provide for the acceptance and retrieval of unique outcome data defined to meet regional requirements.	Phase 3
JIC-0348	The system MAY provide the ability to define report formats for the export of data. This formatted data could be viewed, transmitted electronically or printed.	Phase 2- secure data exchange
JIC-0349	The system MAY provide the ability to define prompts in the clinical care setting that would request information needed to comply with regional requirements when specific triggers are met.	Phase 3- CDS
JIC-0350	The system MAY export data or provide a limited query access to data through a secure data service.	Phase 2- secure data exchange
JIC-0353	The system shall provide the ability to exchange data related to blood test results.	Phase 2- secure data exchange
JIC-0354	The system shall provide the ability to present data related to blood test results.	Phase 2- UX or capture/display/report
JIC-0355	IF lab results are received through an electronic interface, THEN the system SHALL display them upon request.	Phase 2- UX or capture/display/report
JIC-0356	The system shall provide the ability to capture exemptions based on skin test, blood test, or inoculation results.	Phase 2- UX or capture/display/report
JIC-0357	The system shall provide the ability to render a notification when a titer is required after the completion of an immunization series (e.g., hepatitis B).	Phase 3- CDS
JIC-0358	The system shall provide the ability to capture dispositions from post-administration tests on the patient record.	Phase 2- APIs/RPCs to documentation or capture/display/report
JIC-0359	The system shall provide the ability to store and forward iEHR data for specified patients or cohorts for use in disconnected mode.	Phase 2- capture/display report and secure data

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
		exchange
JIC-0360	The system MAY provide the ability to produce a history of all alerts that were generated for the patient in the record.	Phase 3
JIC-0361	The system shall be able to capture immunization data in disconnected mode.	Phase 2- capture/display report and secure data exchange
JIC-0362	The system shall be able to store immunization data in disconnected mode.	Phase 2- capture/display report and secure data exchange
JIC-0363	The system shall provide the ability to manually capture patient data, where none exists, in disconnected mode. when patient is not in the predefined patient set downloaded prior to entering disconnected mode	Phase 2- capture/display report
JIC-0364	The system shall provide the ability to annotate immunization records captured in disconnected mode. For audit purposes, research, legal, etc.	Phase 2- capture/display report
JIC-0365	The system shall exchange immunization data from local storage to national system when communication is restored from disconnected mode. Should the term "JIC" be specifically mentioned? 11/21/13-changed JIC to national system	Phase 3- reconcile
JIC-0366	The system SHALL provide the ability for an authorized user to RENDER a User-Defined Group.	Phase 2- UX or capture/display/report
JIC-0367	The system SHALL provide the ability for an authorized user to MAINTAIN a User-Defined Group.	Phase 2- maintain
JIC-0368	The system SHALL provide the ability for an authorized user to EXCHANGE a User-Defined Group.	Phase 2- secure data exchange
JIC-0369	The system shall provide the ability to UPDATE user role access.	Phase 3- role-based access
JIC-0370	The system SHALL provide the ability to present a User Defined Group at the facility-level to only be viewable by the facility that created it.	Phase 3- role-based access

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	Defer until role-based access is resolved.	
JIC-0371	The system SHALL provide the ability to present the User Defined Group created at a specific facility only to that facility. Defer until role-based access is resolved.	Phase 3- role-based access
JIC-0372	The system shall provide the ability for an authorized user to enter or select a default facility and/or clinic data set. interim requirement until JIC is fielded within context of iEHR.	Phase 3- role-based access
JIC-0373	The system should capture immunization data elements presented by automated identification technologies (e.g., when a immunization's barcode is scanned, RFID). will capture the six data elements (as available), and demographic data	Phase 2 - APIs/RPCs to documentation
JIC-0374	The system shall provide the ability to capture information about immunizations added to stock.	Phase 3- APIs/RPCs to inventory tracking system
JIC-0375	The system should provide the ability for a user to update the immunization picklist for a facility from the larger central list, according to scope of practice, organizational policy and/or jurisdictional law."	Phase 3- APIs/RPCs to Ordering/Pharmacy package
JIC-0377	The system shall provide the ability to sort immunization records by all immunization data fields.	Phase 2- UX or capture/display/report
JIC-0378	The system shall provide the ability to filter immunization records by all immunization data fields.	Phase 2-UX or capture/display/report
JIC-0379	The system shall accept Single Sign On access from the larger iEHR system.	Phase 3
JIC-0380	The system shall allow a user to log in with HSPD12 smart cards. CAC, PIV Dependent on elaboration of Single Sign On capability	Phase 3
JIC-0381	The system shall provide the ability to log in with a clinic-specific user name and password when HSPD12 is not available. This is needed for those users who don't have CAC. Dependent on elaboration of Single Sign On	Phase 3

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	capability	
JIC-0382	The system shall provide the ability to render a patient record when the HSPD12 is scanned or swiped.	Phase 2- UX or capture/display/report
JIC-0383	The system shall comply with exchange of health information according to scope of practice, organizational policy, and/or jurisdictional law.	Phase 2- secure data exchange
JIC-0384	The system SHALL provide the ability to exchange immunization administration data from retail pharmacies captured during billing reconciliation procedures.	Phase 1.5- Retail Pharmacy Imm Project
JIC-0385	The system shall provide the ability to render a monthly immunization report listing the types of immunizations given. for fleet	Phase 2- UX or capture/display/report
JIC-0387	The system shall provide ability to render preventive medicine reports that contain data on immunizations required, given and to whom. child of ad hoc reporting	Phase 2- UX or capture/display/report
JIC-0388	The system shall provide the ability to render ad hoc reports in disconnected mode.	Phase 2- UX or capture/display/report
JIC-0389	The system shall provide the ability to view online help materials for Immunization Capability context-sensitive, at the data element level 11/21/13-changed JIC to Immunization capability	Phase 2 - APIs/RPCs to documentation
JIC-0390	The system shall provide the ability to access a "training mode" for users. only if there is no iEHR enterprise-level "training mode"	Phase 2 - APIs/RPCs to documentation
JIC-0392	The system shall provide the ability to link to agency approved staff education materials.	Phase 2 - APIs/RPCs to documentation
JIC-0393	The system shall provide the ability to render agency approved staff education materials.	Phase 2 - APIs/RPCs to documentation
JIC-0394	The system shall provide the ability to render ad hoc reports. Immunizations: Anthrax, Measles, Mumps, Rubella, Varicella, Polio, Hepatitis A, Hepatitis B, Td, TdaP, Influenza, Tularemia, JEV, Typhoid, Meningococcal, Yellow fever, Smallpox; Immunization data elements: Immunization Action Date, Immunization Dosage Sequence ID,	Phase 2- UX or capture/display/report

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	<p>Immunization Action Code, Immunization Segment ID, Demographics, etc:</p> <p>The system shall have a reporting capability to report the following data elements: Military Person Social Security Number (SSN); Beneficiary Person Social Security Number (SSN) ; Person Forename Text ; Person Middle Initial Text ; Person Cadency Text; Uniformed Service Organization Component Code; Person Birth Calendar Date ; Person Sex Code; Begin Pay Plan Grade Identifier; Location Country Code; Begin Duty Unit Identification Code (UIC) / RUC; Begin Duty Unit Title; Secondary Unit Identification Code (UIC) / RUC; Deployed Unit Identification Code (UIC) / RUC; Begin Duty Unit Address; Begin Duty Unit City ; Patient Category; Scenarios will be provided by Services – examples: 1) Report the number of immunizations given by a particular MTF clinic 2) Report the number of delinquent individuals by UIC for seasonal influenza immunizations</p> <p>patient cohort, population, defined group</p> <p>NOT AN EXHAUSTIVE LIST</p>	
JIC-0395	The system shall provide the ability to render ad hoc reports of aggregate data from new systems, legacy systems, or both simultaneously.	Phase 2- capture/display/report
JIC-0396	The system shall provide the ability to exchange historical data from authoritative sources.	Phase 2-secure data exchange and APIs/RPCs
JIC-0397	The system shall provide the ability to render reports of adverse reactions (e.g., anaphylactic) to immunization events.	Phase 2- UX or capture/display/report
JIC-0398	The system shall provide the ability to capture ad hoc report templates.	Phase 2- capture/display/report
JIC-0399	The system shall provide the ability to remove ad hoc report templates.	Phase 2- capture/display/report
JIC-0400	The system shall provide the ability to Store ad hoc report templates.	Phase 2- capture/display/report
JIC-0401	The system shall provide the ability to Store ad hoc report output.	Phase 2- capture/display/report

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0402	The system shall provide the ability to exchange ad hoc report templates.	Phase 2- secure data exchange and APIs/RPCs
JIC-0403	The system shall provide the ability to exchange ad hoc report output.	Phase 2- secure data exchange and APIs/RPCs
JIC-0404	The system shall provide the ability to capture occupational series codes from the authoritative data source. for all applicable beneficiaries	Phase 3- Occupational Health – Out of Scope?
JIC-0405	The system shall provide the ability to render summary reports of immunization doses administered across a defined group (e.g., an Occupational Health Vaccination Status Report, a Military Immunization Readiness Report). VA Vaccination Administration Report,	Phase 2- UX or capture/display/report
JIC-0406	The system shall provide the ability to render summary reports of immunization status using the following data elements: - vaccine - patient - occupation series - facility - vaccine status Vaccination Status Report,	Phase 2- UX or capture/display/report
JIC-0407	The system shall provide the ability to render summary report of immunizations across a patient population. Vaccination Status Report,	Phase 2- UX or capture/display/report
JIC-0408	The system shall provide the ability to render a summary report of Immunity Status for an individual patient. Immunity Status Report	Phase 2- UX or capture/display/report
JIC-0409	The system SHALL provide the ability to render national performance monitoring reports (e.g. such as that required by VA Office of Performance Measurement) to satisfy existing quality monitors such as vaccination rates capture additional reports	Phase 2- UX or capture/display/report
JIC-0410	The system shall provide the ability to CAPTURE a denominator to facilitate ad hoc reporting. patient cohort or other population attribute	Phase 2- capture/display/report

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0411	The system should provide the ability to render reports to determine immunization resource requirements based on predictive modeling/forecasting. Identified as “should” statement because it is unclear whether this implies predictive modeling or forecasting, and because the technology is largely unproven. If left as is, this would be an EXPENSIVE requirement.	Phase 3
JIC-0412	The system shall provide the ability to exchange data with business systems for use in workload reporting.	Phase 2- secure data exchange
JIC-0413	The system shall provide the ability to manage reports that satisfy regulatory and oversight immunization requirements, according to scope of practice, organizational policy, and/or jurisdictional law.	Phase 2- capture/display/report
JIC-0414	The system shall render reports scheduled by the user for specific date and time.	Phase 2- UX or capture/display/report
JIC-0415	The system shall capture the user name of the person who last appended a historical immunization record.	Phase 2- capture/display/report
JIC-0416	IF the system is used to enter, modify or exchange data, THEN the system SHALL conform to function IN.1.5 (Non-Repudiation), to guarantee that the sources and receivers of data cannot deny that they entered/sent/received the data.	Phase 1- auditing
JIC-0417	IF the system exchanges data outside of a secure network, THEN the system SHALL conform to Function IN.1.6 (Secure Data Exchange), to ensure that the data are protected.	Phase 2- secure data exchange
JIC-0418	IF the system exchanges data outside of a secure network, THEN the system SHALL conform to Function IN.1.7 (Secure Data Routing), to ensure that the exchange occurs only among authorized senders and receivers.	Phase 2- secure data exchange
JIC-0419	IF the system is used to enter or modify data in the health record, THEN the system SHALL conform to function IN.1.8 (Information Attestation), to show authorship and responsibility for the data.	Phase 1- auditing
JIC-0420	IF the system is used to extract data for analysis and reporting, THEN the system SHALL conform	Phase 2-secure data exchange

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	to function IN.2.4 (Extraction of Health Record Information), to support data extraction across the complete health record of an individual.	and capture/display/report
JIC-0421	IF the system stores unstructured data, THEN the system SHALL conform to function IN.2.5.1 (Manage Unstructured Health Record Information), to ensure data integrity through all changes.	Phase 1- data standardization
JIC-0422	IF the system stores structured data, THEN the system SHALL conform to function IN.2.5.2 (Manage Structured Health Record Information), to ensure data integrity through all changes.	Phase 1- data standardization
JIC-0423	IF the system processes data for which generally accepted standard terminologies have been established, THEN the system SHALL conform to function IN.4.1 (Standard Terminologies and Terminology Models), to support semantic interoperability.	Phase 1- data standardization
JIC-0424	IF the system processes data for which generally accepted standard terminologies have been established, THEN the system SHALL conform to function IN.4.2 (Maintenance and Versioning of Standard Terminologies), to preserve the semantics of coded data over time.	Phase 1- data standardization
JIC-0425	The system SHOULD conform to function IN.4.3 (Terminology Mapping).	Phase 1- data standardization
JIC-0426	IF the system exchanges data for which generally accepted interchange standards have been established, THEN the system SHALL conform to function IN.5.1 (Interchange Standards), to support interoperability.	Phase 2- secure data exchange
JIC-0427	IF the system exchanges data for which generally accepted interchange standards have been established, THEN the system SHALL conform to function IN.5.2 (Interchange Standards Versioning and Maintenance), to accommodate the inevitable evolution of interchange standards.	Phase 2- secure data exchange
JIC-0428	The system SHOULD conform to function IN.5.3 (Standards-based Application Integration).	Phase 2- APIs/RPCs
JIC-0429	IF the system exchanges data with other systems outside itself, THEN the system SHALL conform to function IN.5.4 (Interchange Agreements), to define how the sender and receiver will exchange	Phase 2- APIs/RPCs and secure data exchange

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	data.	
JIC-0430	IF health information has been mistakenly associated with a patient, THEN the system SHALL provide the ability to associate it with the correct patient.	Phase 2-read/write
JIC-0431	The system SHOULD provide the ability to obsolete, inactivate, nullify, destroy and archive a patient's record in accordance with local policies and procedures, as well as applicable laws and regulations.	Phase 2- read/write
JIC-0432	IF related patients register with any identical data, THEN the system SHOULD provide the ability to propagate that data to all their records.	Phase 2- APIs/RPCs
JIC-0433	The system SHOULD provide the ability to report demographic data.	Phase 2- capture/display/report and APIs/RPCs to demographic package
JIC-0434	The system SHOULD store historical values of demographic data over time.	Phase 2- capture/display/report and APIs/RPCs to demographic package
JIC-0435	The system SHOULD provide the ability to receive, store and display scanned documents as images.	Phase 2- capture/display/report and APIs/RPCs to Imaging
JIC-0436	The system MAY provide the ability to store imaged documents or reference the imaged documents via links to imaging systems.	Phase 2- capture/display/report and APIs/RPCs to Imaging
JIC-0437	The system SHOULD provide the ability to receive, store and present text-based externally-sourced documents and reports.	Phase 2- capture/display/report and APIs/RPCs to Imaging and secure data exchange
JIC-0438	The system SHOULD provide the ability to receive, store and display clinical result images (such as radiologic images) received from an external source.	Phase 2- capture/display/report and APIs/RPCs to Imaging and secure data exchange
JIC-0439	The system SHOULD provide the ability to receive, store and display other forms of clinical	Phase 2- capture/display/report

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	results (such as wave files of EKG tracings) received from an external source.	and APIs/RPCs and secure data exchange
JIC-0440	The system SHOULD provide the ability to receive, store and present structured text-based reports received from an external source.	Phase 2- capture/display/report and secure data exchange
JIC-0441	The system SHALL provide the ability to create views that prohibit patients from accessing certain information according to organizational policy, scope of practice, and jurisdictional law.	Phase 3- role-based access
JIC-0442	The system SHOULD provide the ability to create customized views of summarized information based on sort and filter controls for date or date range, problem, or other clinical parameters.	Phase 2- capture/display/report
JIC-0443	The system SHOULD provide the ability to access summarized information through customized views based on prioritization of chronology, problem, or other pertinent clinical parameters.	Phase 2- capture/display/report
JIC-0444	The system MAY conform to function S.3.3.2 (Eligibility Verification and Determination of Coverage) and display the results of electronic prescription eligibility and health plan/payer formulary checking.	Phase 2- capture/display/report and secure data exchange
JIC-0445	The system MAY provide the ability to re-prescribe medication by allowing a prior prescription to be reordered without re-entering previous data (e.g. administration schedule, quantity).	Phase 2- read/write
JIC-0446	The system SHOULD provide the ability to re-prescribe a medication from a prior prescription using the same dosage but allow for editing of details adequate for correct filling and administration of medication (e.g. dose, frequency, body weight).	Phase 2- read/write
JIC-0447	The system SHALL provide the ability to capture non-medication patient care orders for an action or item	Phase 2- read/write
JIC-0448	The system SHALL provide the ability to capture adequate order detail for correct order fulfillment	Phase 2- read/write
JIC-0449	The system SHALL track the status of the ordered action or item	Phase 3- APIs/RPCs to Pharmacy and Ordering package

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0450	The system SHOULD provide the ability to capture patient instructions necessary for correct order fulfillment	Phase 2- read/write
JIC-0451	The system SHOULD provide the ability to present patient instructions necessary for correct order fulfillment	Phase 2- capture/display/report
JIC-0452	The system SHOULD provide the ability to communicate the order to the correct recipient(s) for order fulfillment	Phase 3- APIs/RPCs to Pharmacy and Ordering package
JIC-0453	The system SHALL provide the ability to capture orders for diagnostic tests.	Phase 2- read/write
JIC-0454	The system SHALL provide the ability to capture adequate order detail for correct diagnostic test fulfillment.	Phase 2- read/write
JIC-0455	The system SHALL provide the ability to track the status of diagnostic test(s).	Phase 3- APIs/RPCs to Lab
JIC-0456	The system SHOULD provide the ability to capture and present patient instructions relevant to the diagnostic test ordered.	Phase 2- capture/display/report
JIC-0457	The system SHALL communicate orders to the service provider of the diagnostic test.	Phase 2- capture/display/report
JIC-0458	The system SHOULD communicate supporting detailed documentation to the correct service provider of the diagnostic test.	Phase 2- capture/display/report
JIC-0459	The system SHOULD provide the ability to include or exclude a patient from an existing healthcare management protocol group.	Phase 3- CDS
JIC-0460	The system SHOULD provide the ability to audit compliance of selected populations and groups that are the subjects of healthcare management protocols.	Phase 3
JIC-0461	IF the maximum daily doses are known, THEN the system SHALL apply the maximum dose per day in dosing decision support.	Phase 3- CDS
JIC-0462	The system SHALL present alternative treatments in medications on the basis of practice standards, cost, formularies, or protocols.	Phase 3- CDS
JIC-0463	The system SHOULD provide the ability to modify the established criteria that trigger the alerts.	Phase 3- CDS management
JIC-0464	The system SHOULD provide the ability to add,	Phase 3- role-based

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	change, or remove access to registries.	access
JIC-0465	The system MAY provide the ability to access scheduling features, either internal or external to the system, for patient care devices.	Phase 3- APIs/RPCs
JIC-0466	The system MAY collect information on healthcare resource availability through interactions with other systems, applications, and modules.	Phase 3- APIs/RPCs
JIC-0467	The system MAY provide the ability to access information on healthcare resource availability for internal assessment and planning purposes. Healthcare resources may include, but is not limited to available beds, providers, support personnel, ancillary care areas and devices, operating theaters, medical supplies, vaccines, and pharmaceuticals.	Phase 3- APIs/RPCs
JIC-0468	The system MAY provide the ability to export information on healthcare resource availability to authorized external parties.	Phase 3- APIs/RPCs and secure data exchange
JIC-0469	The system SHOULD provide the ability to generate ad hoc query and reports of structured clinical and administrative data through either internal or external reporting tools.	Phase 3 - capture/display/report and APIs/RPCs
JIC-0470	The system MAY provide the ability to include information extracted from unstructured clinical and administrative data in the report generation process, using internal or external tools.	Phase 3 - capture/display/report and APIs/RPCs
JIC-0471	The system SHOULD provide the ability to export reports generated.	Phase 2- secure data exchange and APIs/RPCs
JIC-0472	The system SHOULD provide the ability to specify report parameters, based on patient demographic and/or clinical data, which would allow sorting and/or filtering of the data.	Phase 2- capture/display/report
JIC-0473	The system MAY provide the ability to save report parameters for generating subsequent reports.	Phase 2-read/write and capture/display/report
JIC-0474	The system MAY provide the ability to modify one or more parameters of a saved report specification when generating a report using that specification.	Phase 2- capture/display/report and read/write
JIC-0475	The system MAY provide the ability to produce reports, using internal or external reporting tools,	Phase 3- CDS

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	based on the absence of a clinical data element (e.g., a lab test has not been performed in the last year).	
JIC-0476	IF health information has been mistakenly associated with a patient, THEN the system SHALL provide the ability to mark the information as erroneous in the record of the patient in which it was mistakenly associated and represent that information as erroneous in all outputs containing that information.	Phase 2- read/write and capture/display/report
JIC-0477	The system SHALL provide the ability, through a controlled method, to merge or link dispersed information for an individual patient upon recognizing the identity of the patient.	Phase 2-APIs/RPCs to other services and/or SOA/ESB? Out of scope of Imm pkg for as long as we are inside VistA Core
JIC-0478	The system SHALL provide the ability to store more than one identifier for each patient record.	Phase 1- new data element or change to data field required. Phase 1- not unique to Imm Pkg
JIC-0479	The system SHALL create a single logical record for each patient.	Phase 2- capture/display/report and read/write
JIC-0480	The system SHALL provide the ability to create a record for a patient when the identity of the patient is unknown.	Phase 2- capture/display/report and read/write
JIC-0481	The system SHALL associate key identifier information (e.g., system ID, medical record number) with each patient record.	Phase 2- read/write and APIs/RPCs and SOA/ESB
JIC-0482	The system SHALL provide the ability to uniquely identify a patient and tie the record to a single patient.	Phase 1- patient identifier
JIC-0483	The system SHALL provide the ability to generate reports consisting of all and part of an individual patient's record.	Phase 2- capture/display/report
JIC-0484	The system SHOULD provide the ability to define the records or reports that are considered the formal health record for disclosure purposes.	Phase 2- capture/display/report
JIC-0485	The system SHOULD provide the ability to	Phase 2-

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	generate reports in both chronological and specified record elements order.	capture/display/report
JIC-0486	The system SHOULD provide the ability to create hardcopy and electronic report summary information (procedures, medications, labs, immunizations, allergies, vital signs).	Phase 2- capture/display/report
JIC-0487	The system MAY provide the ability to specify or define reporting groups (i.e. print sets) for specific types of disclosure or information sharing.	Phase 2- capture/display/report
JIC-0488	The system SHOULD provide the ability to include patient identifying information on each page of reports generated.	Phase 2- capture/display/report
JIC-0489	The system SHOULD provide the ability to customize reports to match mandated formats.	Phase 2- capture/display/report
JIC-0490	The system SHOULD provide the ability to generate reports of structured clinical and administrative data using either internal or external reporting tools.	Phase 2- capture/display/report
JIC-0491	The system MAY provide the ability to include information extracted from unstructured clinical and administrative data in the report generation process, using internal or external tools.	Phase 2- capture/display/report
JIC-0492	The system SHOULD provide the ability to export reports generated.	Phase 2- capture/display/report and secure data exchange
JIC-0493	The system SHOULD provide the ability to specify report parameters, based on patient demographic and/or clinical data, which would allow sorting and/or filtering of the data.	Phase 2- capture/display/report
JIC-0494	The system (or an external application, using data from the system) MAY provide the ability to save report parameters for generating subsequent reports.	Phase 2- capture/display/report
JIC-0495	The system (or an external application, using data from the system) MAY provide the ability to modify one or more parameters of a saved report specification when generating a report using that specification.	Phase 2- capture/display/report
JIC-0496	The system SHALL provide the ability to generate instructions pertinent to the patient for standardized procedures.	Phase 2- capture/display/report

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0497	The system SHOULD provide the ability to export or retrieve data required to assess health care quality, performance and accountability.	Phase 3- outcome measures
JIC-0498	The system SHOULD provide the ability to define multiple data sets required for performance and accountability measures.	Phase 3- outcome measures
JIC-0499	The system MAY provide the data export in a report format that could be displayed, transmitted electronically or printed.	Phase 3- outcome measures
JIC-0500	The system MAY export data or provide a limited query access to data through a secure data service.	Phase 3- outcome measures
JIC-0501	The system SHALL provide the ability to create and update sets of access-control permissions granted to principals.	Phase 3- role-based access
JIC-0502	The system SHALL conform to function IN.2.2 (Auditable Records) for the purpose of recording all authorization actions.	Phase 1- auditing
JIC-0503	The system SHALL provide EHR-S security administrators with the ability to grant authorizations to principals according to scope of practice, organizational policy, or jurisdictional law.	Phase 3- role-based access
JIC-0504	The system SHALL provide EHR-S security administrators with the ability to grant authorizations for roles according to scope of practice, organizational policy, or jurisdictional law.	Phase 3- role-based access
JIC-0505	The system SHALL provide EHR-S security administrators with the ability to grant authorizations within contexts according to scope of practice, organizational policy, or jurisdictional law.	Phase 3- role-based access
JIC-0506	The system MAY provide the ability to define context for the purpose of principal authorization based on identity, role, work assignment, present condition, location, patient consent, or patient's present condition.	Phase 3- role-based access
JIC-0507	The system MAY provide the ability to define context based on legal requirements or disaster conditions.	Phase 3- role-based access

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0508	The system SHALL conform to function IN.1.1 (Entity Authentication).	Phase 3- role-based access
JIC-0509	The system SHALL conform to function IN.1.2 (Entity Authorization).	Phase 3- role-based access
JIC-0510	The system SHALL provide the ability to define system and data access rules.	Phase 3- role-based access
JIC-0511	The system SHALL enforce system and data access rules for all EHR-S resources (at component, application, or user level, either local or remote).	Phase 3- role-based access
JIC-0512	The system SHALL secure all modes of EHR data exchange.	Phase 2- secure data exchange
JIC-0513	The system SHOULD conform to function IN.1.7 (Secure Data Routing).	Phase 2- secure data exchange
JIC-0514	The system MAY provide the ability to obfuscate data.	Phase 2- secure data exchange
JIC-0515	The system SHALL encrypt and decrypt EHR data that is exchanged over a non-secure link.	Phase 2- secure data exchange
JIC-0516	The system SHALL support standards-based encryption mechanisms when encryption is used for secure data exchange.	Phase 2- secure data exchange
JIC-0517	The system SHALL automatically route electronically exchanged EHR data only from and to known sources and destinations and only over secure networks.	Phase 2- secure data exchange
JIC-0518	The system SHOULD route electronically exchanged EHR data only to and from authenticated sources and destinations (conform to function IN.1.1 (Entity Authentication)).	Phase 2- secure data exchange
JIC-0519	The system SHOULD conform to function IN.2.2 (Auditable Records) to provide audit information about additions and changes to the status of destinations and sources.	Phase 1- auditing
JIC-0520	The system SHALL provide the ability to fully comply with the requirements for patient privacy and confidentiality in accordance with a user's scope of practice, organizational policy, or jurisdictional law.	Phase 2- secure data exchange
JIC-0521	The system SHALL conform to function IN.1.1 (Entity Authentication).	Phase 3- role-based access

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0522	The system SHALL conform to function IN.1.2 (Entity Authorization).	Phase 3- role-based access
JIC-0523	The system SHALL conform to function IN.1.3 (Entity Access Control).	Phase 3- role-based access
JIC-0524	The system SHOULD conform to function IN.1.5 (Non-Repudiation).	Phase 1- auditing
JIC-0525	The system SHOULD conform to function IN.1.6 (Secure Data Exchange).	Phase 2- secure data exchange
JIC-0526	The system SHOULD conform to function IN.2.2 (Auditable Records).	Phase 1- auditing
JIC-0527	The system SHALL provide the ability to maintain varying levels of confidentiality in accordance with users' scope of practice, organizational policy, or jurisdictional law.	Phase 2- secure data exchange and Phase 3- role-based access
JIC-0528	The system SHALL provide the ability to mask parts of the electronic health record (e.g. medications, conditions, sensitive documents) from disclosure according to scope of practice, organizational policy or jurisdictional law.	Phase 3- role-based access
JIC-0529	The system SHALL provide the ability to override a mask in emergency or other specific situations according to scope of practice, organizational policy or jurisdictional law.	Phase 3- role-based access
JIC-0530	The system SHALL provide the ability to store and retrieve health record data and clinical documents for the legally prescribed time.	Phase 1
JIC-0531	The system SHALL provide the ability to retain inbound data or documents (related to health records) as originally received (unaltered, inclusive of the method in which they were received) for the legally organizationally prescribed time in accordance with users' scope of practice, organizational policy, or jurisdictional law.	Phase 1
JIC-0532	The system SHALL retain the content of inbound data (related to health records) as originally received for the legally prescribed time.	Phase 1
JIC-0533	The system SHOULD provide the ability to retrieve both the information and business context data within which that information was obtained.	Phase 1- Retail Pharm Pkg
JIC-0534	The system SHOULD provide the ability to	Phase 1

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	retrieve all the elements included in the definition of a legal medical record.	
JIC-0535	The system MAY provide the ability to identify specific EHR data/records for destruction, review and confirm destruction before it occurs and implement function IN.2.2 (Auditable Records).	Phase 1
JIC-0536	The system MAY provide the ability to destroy EHR data/records so that all traces are irrecoverably removed according to policy and legal retentions periods.	Phase 1
JIC-0537	The system SHOULD pass along record destruction date information (if any) along with existing data when providing records to another entity.	Phase 1
JIC-0538	The system SHALL provide audit capabilities for recording access and usage of systems, data, and organizational resources.	Phase 1- auditing
JIC-0539	The system SHALL conform to function IN.1.1 (Entity Authentication).	Phase 3- role-based access
JIC-0540	The system SHALL provide audit capabilities indicating the time stamp for an object or data creation.	Phase 1- auditing
JIC-0541	The system SHALL provide audit capabilities indicating the time stamp for an object or data modification in accordance with users' scope of practice, organizational policy, or jurisdictional law.	Phase 1- auditing
JIC-0542	The system SHALL provide audit capabilities indicating the time stamp for an object or data extraction in accordance with users' scope of practice, organizational policy, or jurisdictional law.	Phase 1- auditing
JIC-0543	The system SHALL provide audit capabilities indicating the time stamp for an object or data exchange.	Phase 1- auditing
JIC-0544	The system SHOULD provide audit capabilities indicating the time stamp for an object or data view.	Phase 1- auditing
JIC-0545	The system SHALL provide audit capabilities indicating the time stamp for an object or data deletion in accordance with users' scope of practice, organizational policy, or jurisdictional	Phase 1- auditing

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	law.	
JIC-0546	The system SHALL provide audit capabilities indicating the author of a change in accordance with users' scope of practice, organizational policy, or jurisdictional law.	Phase 1- auditing
JIC-0547	The system SHOULD provide audit capabilities indicating the viewer of a data set.	Phase 1- auditing
JIC-0548	The system MAY provide audit capabilities indicating the data value before a change.	Phase 1- auditing
JIC-0549	The system MAY provide audit capabilities to capture system events at the hardware and software architecture level.	Phase 1- auditing
JIC-0550	The system SHALL conform to function IN.1.3 (Entity Access Control) to limit access to audit record information to appropriate entities in accordance with users' scope of practice, organizational policy, or jurisdictional law.	Phase 3- role-based access
JIC-0551	The system SHALL provide the ability to generate an audit report.	Phase 2- reporting
JIC-0552	The system SHALL provide the ability to view change history for a particular record or data set in accordance with users' scope of practice, organizational policy, or jurisdictional law.	Phase 1- auditing
JIC-0553	The system SHOULD provide the ability to record system maintenance events for loading new versions of, or changes to, the clinical system.	Phase 1- auditing
JIC-0554	The system SHOULD provide the ability to record system maintenance events for loading new versions of codes and knowledge bases.	Phase 1- auditing
JIC-0555	The system SHOULD provide the ability to record changing the date and time where the clinical system allows this to be done.	Phase 1- auditing
JIC-0556	The system SHOULD provide the ability to record system maintenance events for creating and restoring of backup.	Phase 1- auditing
JIC-0557	The system SHOULD provide the ability to record system maintenance events for archiving any data.	Phase 1- auditing
JIC-0558	The system SHOULD provide the ability to record system maintenance events for re-activating of an archived patient record.	Phase 1- auditing

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0559	The system SHOULD provide the ability to record system maintenance events for entry to and exit from the EHR system.	Phase 1- auditing
JIC-0560	The system SHOULD provide the ability to record system maintenance events for remote access connections including those for system support and maintenance activities.	Phase 1- auditing
JIC-0561	The system SHOULD utilize standardized time keeping (for example using the IHE consistent time profile).	Phase 1- auditing
JIC-0562	The system SHOULD provide the ability to record and report upon audit information using a standards-based audit record format (for example RFC 3881).	Phase 1- auditing
JIC-0563	The system SHALL conform to function IN.5.1 (Interchange Standards).	Phase 2- secure data exchange
JIC-0564	The system SHOULD conform to function IN.3 (Registry and Directory Services) to enable the use of registries and directories.	Phase 3- registries
JIC-0565	The system SHOULD provide the ability to link entities to external information.	Phase 3- registries; Retail Pharmacy Project ?
JIC-0566	4. The system SHOULD store the location of each known health record component in order to enable authorized access to a complete logical health record if the EHR is distributed among several applications within the EHR-S.	Phase 1- JLV
JIC-0567	The system SHALL capture unstructured health record information as part of the patient EHR.	Phase 2- capture/display/report
JIC-0568	The system SHALL retrieve unstructured health record information as part of the patient EHR.	Phase 2- capture/display/report
JIC-0569	The system SHALL provide the ability to update unstructured health record information.	Phase 2- capture/display/report
JIC-0570	The system SHALL conform to function IN.2.1 (Data Retention, Availability and Destruction) to provide the ability to inactivate, obsolete, or destroy unstructured health record information.	Phase 3- records management
JIC-0571	The system SHOULD provide the ability to report unstructured health record information.	Phase 2- capture/display/report
JIC-0572	The system MAY track unstructured health record information over time.	Phase 1- auditing

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0573	The system SHALL provide the ability to append corrected unstructured health record information to the original unstructured health record information. A specific type of implementation is not implied.	Phase 2- capture/display/report
JIC-0574	The system SHALL provide the ability to append unstructured health record information to the original unstructured health record information. A specific type of implementation is not implied.	Phase 2- capture/display/report
JIC-0575	The system SHALL provide the ability to append augmented unstructured health record information to the original unstructured health record information. A specific type of implementation is not implied.	Phase 2- capture/display/report
JIC-0576	The system SHALL capture structured health record information as part of the patient EHR.	Phase 2- capture/display/report
JIC-0577	The system SHALL retrieve structured health record information as part of the patient EHR.	Phase 2- capture/display/report
JIC-0578	The system SHALL provide the ability to update structured health record information.	Phase 2- capture/display/report
JIC-0579	The system SHALL conform to function IN.2.1 (Data Retention, Availability and Destruction) to provide the ability to inactivate, obsolete, or destroy structured health record information.	Phase 3- records management
JIC-0580	The system SHOULD provide the ability to report structured health record information.	Phase 2- capture/display/report
JIC-0581	The system MAY track structured health record information over time.	Phase 1- auditing
JIC-0582	The system SHOULD provide the ability to retrieve each item of structured health record information discretely within patient context.	Phase 2- capture/display/report
JIC-0583	The system SHALL provide the ability to append corrected structured health record information to the original structured health record information. A specific type of implementation is not implied.	Phase 2- capture/display/report
JIC-0584	The system SHALL provide the ability to append structured health record information to the original structured health record information. A specific type of implementation is not implied.	Phase 2- capture/display/report
JIC-0585	The system SHALL provide the ability to append augmented structured health record information to	Phase 2- capture/display/report

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	the original structured health record information. A specific type of implementation is not implied.	
JIC-0586	The system SHALL provide the ability to use standard terminologies to communicate with other systems(internal or external to the EHR-S).	Phase 1- data standardization
JIC-0587	The system SHALL provide the ability to validate that clinical terms and coded clinical data exists in a current standard terminology.	Phase 1- data standardization
JIC-0588	The system SHOULD provide the ability to exchange healthcare data using formal standard information models and standard terminologies.	Phase 1- data standardization
JIC-0589	The system SHOULD provide the ability to use a formal standard terminology model.	Phase 1- data standardization
JIC-0590	The system SHOULD provide the ability to use hierarchical inference searches e.g., subsumption across coded terminology concepts that were expressed using standard terminology models.	Phase 1- data standardization
JIC-0591	The system SHOULD provide the ability to use a terminology service (internal or external to the EHR-S).	Phase 1
JIC-0592	IF there is no standard terminology model available, THEN the system MAY provide a formal explicit terminology model.	Phase 1- data standardization
JIC-0593	The system SHALL provide the ability to use different versions of terminology standards.	Phase 1- data standardization
JIC-0594	The system SHALL provide the ability to update terminology standards.	Phase 1- data standardization
JIC-0595	The system MAY relate modified concepts in the different versions of a terminology standard to allow preservation of interpretations over time.	Phase 1- data standardization
JIC-0596	The system SHOULD provide the ability to interoperate with systems that use known different versions of a terminology standard.	Phase 1- data standardization
JIC-0597	The system SHOULD provide the ability to deprecate terminologies.	Phase 1- data standardization
JIC-0598	The system MAY provide the ability to deprecate individual codes within a terminology.	Phase 1- data standardization
JIC-0599	The system SHALL provide the ability to cascade terminology changes where coded terminology content is embedded in clinical models (for example, templates and custom formularies)	Phase 1- data standardization

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	when the cascaded terminology changes can be accomplished unambiguously.	
JIC-0600	Changes in terminology SHALL be applied to all new clinical content (via templates, custom formularies, etc.).	Phase 1- data standardization
JIC-0601	The system SHALL provide the ability to use a terminology map.	Phase 1- data standardization
JIC-0602	The system SHOULD provide the ability to use standard terminology services for the purposes of mapping terminologies.	Phase 1- data standardization
JIC-0603	The system MAY provide the ability for a user to validate a mapping.	Phase 1- data standardization
JIC-0604	The system MAY provide the ability to create a terminology map.	Phase 1- data standardization
JIC-0605	The system SHALL provide the ability to use interchange standards as required by realm specific and/or local profiles.	Phase 2- secure data exchange
JIC-0606	The system SHALL provide the ability to seamlessly perform interchange operations with other systems that adhere to recognized interchange standards.	Phase 2- secure data exchange
JIC-0607	The system SHALL conform to functions under header IN.4 (Standard Terminologies and Terminology Services) to support terminology standards in accordance with a users' scope of practice, organizational policy, or jurisdictional law.	Phase 1
JIC-0608	IF there is no standard information model available, THEN the system MAY provide a formal explicit information model in order to support the ability to operate seamlessly with other systems.	Phase 2- secure data exchange
JIC-0609	The system SHOULD provide the ability to exchange data using an explicit and formal information model and standard, coded terminology.	Phase 2-secure data exchange
JIC-0610	The system SHALL provide the ability to use different versions of interchange standards.	Phase 2-secure data exchange
JIC-0611	The system SHALL provide the ability to change (reconfigure) the way that data is transmitted as an interchange standard evolves over time and in accordance with business needs.	Phase 2-secure data exchange

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0612	The system SHOULD provide the ability to deprecate an interchange standard.	Phase 2-secure data exchange
JIC-0613	The system SHOULD provide the ability to interoperate with other systems that use known earlier versions of an interoperability standard.	Phase 2-secure data exchange
JIC-0614	The system SHALL provide the ability to manage business rules.	Phase 3- CDS
JIC-0615	The system SHOULD provide the ability to create, import, or access decision support rules to guide system behavior.	Phase 3- CDS
JIC-0616	The system SHOULD provide the ability to update decision support rules.	Phase 3- CDS
JIC-0617	The system SHOULD provide the ability to customize decision support rules and their components.	Phase 3- CDS
JIC-0618	The system SHOULD provide the ability to inactivate, obsolete, or destroy decision support rules.	Phase 3- CDS
JIC-0619	The system SHOULD conform to function IN.2.2 (Auditable Records) to audit all changes to decision support rules.	Phase 3- CDS
JIC-0620	The system SHOULD provide the ability to create diagnostic support rules to guide system behavior.	Phase 3- CDS
JIC-0621	The system SHOULD provide the ability to update diagnostic support rules.	Phase 3- CDS
JIC-0622	The system MAY provide the ability to customize diagnostic support rules and their components.	Phase 3- CDS
JIC-0623	The system SHOULD provide the ability to inactivate, obsolete, or destroy diagnostic support rules.	Phase 3- CDS
JIC-0624	The system SHOULD conform to function IN.2.2 (Auditable Records) to audit all changes to diagnostic support rules.	Phase 3- CDS
JIC-0625	The system SHOULD provide the ability to create workflow control rules to guide system behavior.	Phase 3- CDS
JIC-0626	The system SHOULD provide the ability to update workflow control rules.	Phase 2-APIs/RPCs
JIC-0627	The system MAY provide the ability to customize workflow control rules and their components.	Phase 2-APIs/RPCs

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
JIC-0628	The system SHOULD provide the ability to inactivate, obsolete, or destroy workflow control rules.	Phase 2-APIs/RPCs
JIC-0629	The system SHOULD conform to function IN.2.2 (Auditable Records) to audit all changes to workflow control rules.	Phase 2-APIs/RPCs
JIC-0630	The system MAY provide the ability to create access privilege rules to guide system behavior.	Phase 3- role-based access
JIC-0631	The system MAY provide the ability to update access privilege rules.	Phase 3- role-based access
JIC-0632	The system MAY provide the ability to customize access privilege rules and their components.	Phase 3- role-based access
JIC-0633	The system MAY provide the ability to inactivate, obsolete, or destroy access privilege rules.	Phase 3- role-based access
JIC-0634	The system MAY conform to function IN.2.2 (Auditable Records) to audit all changes to access privilege rules.	Phase 3- role-based access
JIC-0635	The system SHOULD conform to function IN.2.2 (Auditable Records) to audit all changes to other business rules.	Phase 3- CDS
JIC-0636	The system SHOULD support the ability to selectively export business rules.	Phase 3- CDS
JIC-0691	The system shall provide customized lists for specific needs allowing for display of a subset of immunizations or by limiting individual immunizations to a specific time period or number of instances.	Phase 2- capture/display/report
JIC-0692	Provide the ability to consume a Global Trade Item Number (GTIN) as part of the data obtained by scanning a 2D barcode.	Phase 2- user interface for read/write
JIC-0693	Provide the ability to extract (parse) the vaccine's lot number and expiration date from the data obtained by scanning a 2D barcode.	Phase 2- user interface for read/write
JIC-0694	The system shall provide the ability to restrict data input for documentation of new immunization administrations to be limited to a selection of vaccine names corresponding to ACTIVE CVX codes only.	Phase 2
JIC-0695	The system shall provide the ability to permit data input for documentation of historical immunization administrations using any CVX Code, including	Phase 2

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
	both ACTIVE and INACTIVE codes.	
JIC-0696	Provide the ability for authorized users to configure (i.e. view, edit, and publish) rules (e.g. Advisory Committee on Immunization Practices) for immunizations/vaccine groups	Phase 3-CDS/forecasting
JIC-0697	Provide the ability to enter patient related data (e.g. DOB, gender, immunization history, disease immunity)	Phase 3-CDS/forecasting
JIC-0698	The system shall render evaluation of immunization history (i.e. valid and invalid) and reasons	Phase 3-CDS/forecasting
JIC-0699	The system shall render immunization recommendations and reasons	Phase 3-CDS/forecasting
JIC-0700	For patients without an immunization history	Phase 3-CDS/forecasting
JIC-0701	For each vaccine group (e.g. completed series, next dose due date)	Phase 3-CDS/forecasting
JIC-0702	Provide the ability to specify an immunization schedule and date of evaluation	Phase 3-CDS/forecasting
JIC-0703	The system shall render evaluation of immunization history and reasons	Phase 3-CDS/forecasting
JIC-0704	The system shall render immunization recommendations and reasons	Phase 3-CDS/forecasting
JIC-0705	Provide the ability to view evaluation of patient's immunization history (i.e., valid and invalid) and reasons	Phase 3-CDS/forecasting
JIC-0706	Provide the ability to view immunization recommendations and reasons for patients without an immunization history	Phase 3-CDS/forecasting
JIC-0707	Provide the ability to view recommendations and reasons by each vaccine group (e.g. completed series, next dose due date) for a patient	Phase 3-CDS/forecasting

2.8. Non-Functional Specifications

Requirement ID	Requirement Statement or HL7 Conformance Criteria	Comments
N/A		

2.9. File Data Dictionary Changes

Please reference the SDD for Data Dictionary changes.

2.10. Changes and Additions to Data Distributed In Files

Not Applicable. No immunization data will be included in the patch.

2.11. Graphical User Interface (GUI) Specifications

Not applicable.

2.12. Multi-divisional Specifications

The modified V IMMUNIZATION and IMMUNIZATION files must continue to support the following:

- Allow multiple VA health care facilities to perform all business and patient care functions
- Allow multi-site operations where VA may be sharing immunization data with a non-VA entity such as Department of Defense (DoD) or the Indian Health Service (IHS)
- Allow multiple VA applications that read/write to these files to perform all business and patient care functions. A partial listing of VA applications identified:
 - Automated Information Collection System (AICS)
 - Computerized Patient Record System (CPRS)
 - Pharmacy: Bar Code Medication Administration (BCMA)
 - Pharmacy: Benefits Management (PBM)
 - Clinical Reminders
 - Ambulatory Care Reporting Project
 - Nationwide Health Information Network Adapter (NHIN)
 - Clinical Case Registries (CCR)
 - Virtual Patient Record (VPR)
 - Health Data & Informatics (HDI)
 - Veteran Point of Service (VPS) KIOSK
 - Immunizations Mobile Application
- Allow multiple government, private sector and standards development organizations to perform all business and patient care related functions:
 - Private Sector Pharmacies: Interoperability with VA for Veterans receiving immunizations at the community pharmacy
 - SureScripts (via Walgreens) transmission to state registries
 - Information Exchange (IE)

- iEHR Data Federation Accelerators
- V-CAMP

2.13. Performance Specifications

Not Applicable.

2.14. Quality Attributes Specification

VIMM will follow CDC Immunizations Information Systems (IIS) conventions as they relate to the acquisition and management of immunizations data.

<http://www.cdc.gov/vaccines/programs/iis/code-sets.html>

Coding standards to which this development effort shall conform to are found in the following document:

The Department of Veterans Affairs M Programming Standards and Conventions. Revised 04/03/2007.

2.15. Reliability Specifications

Not applicable.

2.16. Scope Integration

This patch requires modifications to the Data Dictionaries for files the V IMMUNIZATION (9000010.11) and IMMUNIZATION (9999999.14) to add new fields that will eventually be populated with data at each site using Fileman input templates. The patch will go out with no data in the new fields. VistA applications that read these files will not require immediate enhancements because they will be unaware that the new fields are present. Eventually, VistA applications such as PCE and CPRS that read V IMMUNIZATION and IMMUNIZATION files will require enhancements to read the data in the new fields. The patch is laying the groundwork for VistA package enhancements that will take place, over a period of years, while the evolving VistA- 4 infrastructure becomes more defined.

2.17. Security Specifications

All applicable VA and VHA security requirements will be adhered to. Cross-cutting security requirements are contained in the VA Enterprise Requirements Repository (ERR). Additionally, all applicable 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.

Federal security specifications are documented in the Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60.

Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, [Appendix D](#).

2.18. System Features

Not applicable. There is no GUI or other system development in this patch.

2.19. Usability Specifications

Not applicable.

3. Applicable Standards

Mumps development for this patch will be compliant with VA Directives for Kernel development as specified in the following documentation resources located in the VA Virtual Document Library (VDL).

- Kernel Developer's Guide revision 11.2
[REDACTED] [krn8_0dg.doc](#)
- Kernel Installation Guide revision 2.3
[REDACTED] [krn8_0ig.doc](#)
- Kernel Security Tools Manual revision 2.2
[REDACTED] [krn8_0st.doc](#)
- Kernel Systems Management Guide May 2013 revision
[REDACTED] [krn8_0sm.doc](#)
- Kernel Technical Manual revision 4.1
[REDACTED] [krn8_0tm.doc](#)

4. Interfaces

4.1. Communications Interfaces

Not applicable. No changes in communication protocols are planned for this patch.

4.2. Hardware Interfaces

Not applicable. No change in PCE hardware interfaces are planned for this patch.

4.3. Software Interfaces

Not applicable. No change in PCE software interfaces are planned for this patch.

4.4. User Interfaces

Not applicable. GUI development is not planned for this patch.

5. Legal, Copyright, and Other Notices

Not applicable. Existing infrastructure will be used for this patch.

6. Purchased Components

Not applicable. Existing infrastructure will be used for this patch.

7. User Class Characteristics

Not applicable. No GUI development is planned for this patch.

8. Estimation

Not applicable. Function point estimation will not be used for this patch.

9. Appendix D - References

Description	Link
C32 Technical Summary Document	HITSP V2.5 2009 C32 - Summary Documents Using CCD
C32 Technical CDA Content Modules	HITSP V2.0 2010 C83 - CDA Content Modules
Data Persistence Scope Document	Data Persistence Scope Document for Increment 2 Version 9
Initiate NwHIN Patient Discovery Request User Story	ES042 - Initiate NHIN Patient Discovery Request
Patient Discovery Technical Document	ICD Adapter 50
Respond to Patient Discovery Request User Story	ES043 - Respond to VA Patient Discovery Request
VA Data Persistence Framework	VA data persistence framework v0.18
VA Patient Dual Care Policy	VA dual care policy
VHA Handbook 1907.01	VHA Handbook 1907.01
Walgreens C32 Translation Elements	Walgreens C32 Translation Elements
Walgreens Phase 1 Model	Walgreens AS IS Phase 1
Walgreens Phase 2 Model	Walgreens Immunization Data Persistence Dataflow V3
Workgroup Notes Data Persistence	Data Retention - Walgreens Immunization Data Notes November 5 2013

Approval Signatures

REVIEW DATE:

SCRIBE: [REDACTED]

Signed: _____

OIT Project Manager, [REDACTED] Date:

Signed: _____

OIT Program Manager, [REDACTED] Date:

Signed: _____

Business Sponsor, Dr. [REDACTED] MD Date:

Signed: _____

Project Customer/User, Dr. [REDACTED] PharmD Date: