Department of Veterans Affairs

Clinical Ancillary Services (CAS)

**Build 2**

**Sprint-1**

Test Case CAS\_TC\_020



CLIN# 0004AE

October 2017

Version 1.0

Revision History

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Version | Description | Author |
| 08/04/2017 | 1.0 | Initial draft | Joseph A. McGovern |

Template Revision History

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| --- | --- | --- | --- |
| Date | Version | Description | Author |
| 08/04/2017 | 1.0 | Constructed for CAS based on historical Test Case format used on prior VA Projects | Joseph A. McGovern |

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# Product Description

OneVA Pharmacy Clinical Ancillary Services (CAS) project

## Purpose

The purpose of this document is to develop test case scenarios to identify, clarify, and organize CAS application requirements. The test case is made up of a set of possible sequences of interactions between systems and users in the CHYSHR and DAYTSHR environments to validate and verify that OneVA Pharmacy software Outpatient Pharmacy Prescription Processing will allow that credentials providers and/or updates DEA number information and ability to remove a DEA number from a non-VA provider profile so that DEA numbers entered in error can remove.

The CHYSHR environment is the Host site. The DAYTSHR environment is the dispensing site (remote).

The test case should contain all system activities that have significance to the Pharmacist users.

## Scope

OneVA Pharmacy software Outpatient Pharmacy Prescription Processing will allow that credentials providers and/or updates DEA number information and ability to remove a DEA number from a non-VA provider profile so that DEA numbers entered in error can remove.

# Test Case

CAS Test Cases and supporting test scripts will be recorded managed in VA Enterprise Jazz Rational Quality Manager Tool PBM(QM). Stakeholders can also provide inputs about the current set of test cases as well as suggest some more missing test cases.

This test case will:

* Capture and communicate functional requirements for software development; and
* Provide a set of test inputs, execution conditions, and expected results developed for a particular objective, such as to exercise a particular program path or to verify compliance with a specific requirement or defect remediation.

|  |  |
| --- | --- |
| Field | Description |
| Test Case ID: | CAS\_ Build 2\_Sprint 1\_CAS\_MPDU\_TC\_020\_ Remove DEA number associated without VA# information from Non-VA Providers Profile in VistA |
| RTC ID: |  |
| RM ID: |  |
| QM ID: |  |
| Tester: | Samatha Girla |
| Environment: | CHYSHR, DAYTSHR |
| Build : |  |
| Use Case Name: | Manage provider Drug Enforcement Agency Numbers (DEA#s) |
| Scenario: | As a VA representative that credentials providers and/or updates DEA number information, I need the ability to remove a DEA number from a non-VA provider profile so that I can remove DEA numbers entered in error. |
| Actors: | Pharmacist |
| Pre-Condition: | The Pharmacist must have an active VistA account with access to the OneVA Pharmacy Program.  DEA numbers should be created and stored in VistA |
| Post-Condition | Upon entry of valid access and verify codes on OutPatient Pharmacy Prescription Processing system user should be able to remove a DEA number from a non-VA provider profile so that DEA numbers entered in error should be removed. |

|  |  |  |  |
| --- | --- | --- | --- |
| Steps |  | Pass | Fail |
|  | **Actions** | Pass |  |
| Log into the ‘HOST’ system DAYTSHR . |
| **Expected Results** |
| The ‘HOST’ system will be the system that ‘owns’ the prescription, or where the prescription was original written. |
|  | **Actions** | Pass |  |
| Enter your access/verify code(s). |
| **Expected Results** |
| User it taken to the default menu prompt. |
|  | **Actions** | Pass |  |
| Choose Option ‘PSO USER1’ |
| **Expected Results** |
| User is taken to the default menu prompt. |
|  | **Actions** | Pass |  |
| When prompted “Select Systems Manager Menu <TEST ACCOUNT> Option:” enter PROGrammer Options, press <return> |
| **Expected Results** |
| User is taken to the next prompt. |
|  | **Actions** | Pass |  |
| Select Programmer Options <TEST ACCOUNT> Option: PG Programmer mode |
| **Expected Results** |
| User is taken to the next prompt. |
|  | **Actions** | Pass |  |
| When prompted ‘Right Margin’, press <return> |
| **Expected Results** |
| User is taken to the next prompt. |
|  | **Actions** | Pass |  |
| If prompted ‘OK to assume label alignment is correct’, press <return> |
| **Expected Results** |
| User is taken to the next prompt. |
|  | **Actions** | Pass |  |
| When prompted ‘ISPA04:DAYTSHR>’ D ^XUP  :”, press <return> |
| **Expected Results** |
| User is taken to the next prompt. |
|  | **Actions** | Pass |  |
| **Select OPTION NAME: PSO PROVIDER EDIT** |
| **Expected Results** |
| User is taken to the next prompt. |
|  | **Actions** |  |  |
| **Select Provider: `2081  ESCHRICH,CORINNE J** |
| **Expected Results** |
| Provider: MCCAFFERTY,JOHN C  AUTHORIZED TO WRITE MED ORDERS: YES  VA#:  INACTIVE DATE: JUL 03, 1988  PROVIDER CLASS: PHYSICIAN  PROVIDER TYPE: HOUSE STAFF  REQUIRES COSIGNER:  USUAL COSIGNER:  REMARKS:  NON-VA PRESCRIBER:  TAX ID:  EXCLUSIONARY CHECK PERFORMED:  DATE EXCLUSIONARY LIST CHECKED:  ON EXCLUSIONARY LIST:  AUTHORIZED TO WRITE MED ORDERS: YES//  AB1276864 |
|  | **Actions** | Pass |  |
| **Select DEA NUMBER:** AB1276864 |
| **Expected Results** |
| User is taken to the next prompt. |
|  | **Actions** | Pass |  |
| **DEA NUMBER:** AB1276864**// @** |
| **Expected Results** |
| Removing the DEA number does not affect previously written prescriptions.  This is the only DEA number on file for this provider. The  provider will no longer be able to prescribe controlled substances  at the VA. |
|  | **Actions** | Pass |  |
| **When prompted “Are you sure you wish to remove this DEA number? NO//” answer   YES** |
| **Expected Results** |
| Select DEA NUMBER:  VA#:  INACTIVE DATE: JUL 3,1988//  PROVIDER CLASS: PHYSICIAN//  PROVIDER TYPE: HOUSE STAFF//  REQUIRES COSIGNER:  REMARKS:  STREET ADDRESS 1:  STREET ADDRESS 2:  STREET ADDRESS 3:  CITY:  STATE:  ZIP CODE:  PHONE (HOME):  OFFICE PHONE:  PHONE #3:  PHONE #4:  FAX NUMBER:  VOICE PAGER:  DIGITAL PAGER:  ROOM: |
|  |

1. Acronyms & Abbreviations

|  |  |
| --- | --- |
| Acronym | Definition |
| CAS | Clinical Ancillary Services |
| CHYSHR | Test Environment for Host site |
| CPRS | Computerized Patient Record System |
| DAYTSHR | Test Environment for the dispensing site (remote) |
| VHA | Veteran’s Health Administration |
| VistA | Veterans Health Information Systems and Technology Architecture |