ATTACHMENT B - RxSU2 REQUIREMENTS

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BUILD 1: Pharmacy Operational Updates

**Requirements Traceability Matrix for NSR 20151007 (Pharmacy Operational Updates FY16)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ProPath Doc Mapping** | **Business Requirements Document (BRD) - Business Needs or Epics** | | | | |
| **Optional/Required** | **Required** | **Required** | **Required (As Applicable)** | **Required (As Applicable)** | **Required (As Applicable)** |
| **New Service Request (NSR)#** | **Bus Req (BN or Epic) ID (Unique Repository Identifier)** | **Business Req (BN or Epic) Summary** | **User Narrative**  **(High level business requirement) (BRD) (Optional)** | **Comment** | **Mapping to Business Function Framework**  **(BRD)** |
| 20151007 | 648304 | As a provider, I need to be able to use the renewal function for medications that cannot be automatically renewed via AudioCare, so that the patient receives their medications in a  timely manner |  |  | Provide Pharmacy Services (4.8.6) |
| 20151007 | 647969 |  | As a pharmacist, I need the system to document the concept of medication that have been designated as AudioCare-Non- Renewable in the Drug Enforcement Administration (DEA), SPECIAL HANDLING field, so that this information is officially recognized as standardized and the help text acknowledges letter “K” as the special handling property. | This will enable providers to use the Computerized Patient Record System/Veterans Health Information Systems and Technology Architecture (CPRS/VistA) RENEWAL function while enabling the patient to “REQUEST” medications that cannot be (automatically) renewed via Audio RENEWAL. |  |
| 20151007 | 647971 | As a clinician, I need to be able to accurately document the way a patient is taking non-Department of Veterans Affairs (VA) medications, so that the actual SIG (instructions for use) can be captured in the medication profile. |  | A primary example is a patient that takes 2 capsules in the morning and 1 capsule in the evening. That level of detail cannot be captured in the as-is Non-Department of Veterans Affairs (VA) medications functionality. This topic also relates to the outbound ePrescribing project. | Provide Pharmacy Services (4.8.6) |
| 20151007 | 648305 | As a clinician, I need a mechanism to alert me while writing renewal prescriptions, so that I only receive the required alerts. |  |  | Provide Pharmacy Services (4.8.6) |
| 20151007 | 647972 |  | As a clinician, I want the system to suppress (nuisance) duplicate- medication alerts when the prescription is being written within the last 25% of its calculated days’ supply and when the previous prescription was written by me, so that I am not reminded about the fact that I am renewing the medication within a naturally expected time frame. | For discussion, there are two criteria here – time frame and provider matching. Consider whether both are necessary. |  |
| 20151007 | 648306 | As a pharmacist, I need to be notified of discontiued orders, so that I can prevent the waste of medications. |  |  | Provide Pharmacy Services (4.8.6) |

|  |  |  |  |
| --- | --- | --- | --- |
| 20151007 | 647973 | As a pharmacist using the (to-be) ‘Discontinue Intravenous (IV) Order’ functionality, I need the notice of a newly discontinued order to be deliverable to an electronic location (e.g., bingo board, smart device, etc.), so that I can receive this information in an IV room setting without the need to bring paper into a USP 797 certified clean room. | This is an enhancement to VIP C3>C1 NSR 20141208. This will prevent wastage of expensive medications.  *Data source for this will be the PBM Extract, once fixed to correctly collect canceled/recycled/destroyed IVs.* |
| 20151007 | 648307 | As a pharmacist, I need a mechanism to alert me when there is an ingredient-level reactant to a drug, so that providers receive the expected alerts. | Provide Pharmacy Services (4.8.6) |
| 20151007 | 647974 | As a pharmacist using the (to-be) ‘Send Mail Message when Department of Veterans Affairs (VA) Drug Class field is empty’ functionality, I need the system to recognize allergy reactant types that are always appropriately recorded as INGREDIENTS (e.g., food allergies, latex), so that it suppresses a nuisance alert that will never action. | Specific recommendation is to only report on reactants that have a drug (D). This is an enhancement to VIP C3>C1 patch GMRA\*4\*50 from NSR 20140712. |
| 20151007 | 648311 | As a pharmacisit finishing medication orders, I need to be able to see all the details/information regarding the medication and prescriber, so that I appropriately fill the order. | Provide Pharmacy Services (4.8.6) |
| 20151007 | 647975 | As a pharmacist finishing medication orders, I need the system to provide two "hidden actions" to get more detail about the provider and the medication on the order, so that I can confirm the privileges of the prescriber for the given medication. | 1. Detail of hidden action #1 (VP) View Provider ... allows the user to see data from NEW PERSON file 200 including REMARKS, TITLE, and other identifiers. (full list TBD) 2. Detail of hidden action #2 (DM) Drug Message...allows the user to see details similar to the standalone PSS allows the user to see details similar to the standalone PSS LOOK option 'Lookup into Dispense Drug File', fields like drug MESSAGE, QUANTITY DISPENSE MESSAGE, DRUG TEXT, etc. 3. Both hidden actions would defult to the the current provider and current drug on the order for the context of what entries to display, while allowing the user to select alternative enteries for lookup (provicer and/or drug). |

|  |  |  |  |
| --- | --- | --- | --- |
| 20151007 | 648317 | As a pharmacist, I need to be able to view the status of each entry, so that I can easily screen for their availability. | Provide Pharmacy Services (4.8.6) |
| 20151007 | 647976 | As a pharmacist, I need the system to show me when entries are inactive as part of a lookup list, so that I do not need to select the entry just to find out that level of information. | #1. This could be done by making the inactive status or inactive date an IDENTIFIER on the selected file[s].  #2 Places for this enhancement include [a] Lookup into National Drug File, [b] Standard Schedules - file 51.1, [c] Drug Text Enter/Edit. |
| 20151007 | 648327 | As a pharmacist, I need to be able to view the treating provider information, so I know more about the acuity of the patient's treatment | Provide Pharmacy Services (4.8.6) |
| 20151007 | 647977 | As a pharmacist, I need additional information about the treating specialty and attending provider on the inpatient medication 'Patient Information' and 'Order Entry' screen, so that I know more about the acuity of the patient's treatment. |  |
|  | 560892 | As a user of applications and systems that transmit health information in an electronic form, I need to protect individuals’ electronic Personal Health Information that is created, received, used, or maintained by a covered entity in order to comply with the Health Insurance Portability and Accountability Act Security Rule requirements. |  |
|  | 411316  164.308 (a)(1)(ii)(B).1 | Information system shall implement reasonable and appropriate security measures to reduce risk. |  |
|  | 411318  164.308 (a)(1)(ii)(B).2 | Information system shall implement reasonable and appropriate security measures to minimize vulnerabilities. |  |
|  | 411319  164.308 (a)(4)(ii)(B).2 | Information systems shall validate a user's right of access (authorization) to electronic Personal Health Information. |  |
|  | 411320  164.308 (a)(5)(ii)(C).2 | Information system shall monitor user log-in attempts. |  |
|  | 411334  164.308 (a)(5)(ii)(C).3 | Information system shall notify user of invalid log-in attempts. |  |
|  | 411332  164.308 (a)(5)(ii)(C).4 | Information systems shall enforce a limit to the number of consecutive invalid user log-in attempts during a specified time period. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 411330  164.308 (a)(5)(ii)(C).5 |  | Information systems shall log user log-in attempts. |  |  |
|  | 411336  164.308 (a)(5)(ii)(D).1 |  | Information system shall provide capability to create passwords. |  |  |
|  | 411322  164.308 (a)(5)(ii)(D).2 |  | Information system shall provide capability to change passwords. |  |  |
|  | 411325  164.308 (a)(5)(ii)(D).3 |  | Information system shall safeguard passwords. |  |  |
|  | 411323  164.312 (a)(1).1 |  | Information system shall implement an electronic mechanism that allows only authorized entities access to electronic Personal Health Information. |  |  |
|  | 411321  164.312 (a)(2)(i).1 |  | Information system shall assign a unique name and/or number to identify a user. |  |  |
|  | 411337  164.312 (a)(2)(i).2 |  | Information system shall use a unique name and/or number to track a user. |  |  |
|  | 411339  164.312 (a)(2)(ii).2 |  | Information system shall implement a process to allow access to necessary electronic Personal Health Information during an emergency. |  |  |
|  | 411333  164.312  (a)(2)(iii).1 |  | Information system shall implement electronic mechanism to terminate an electronic session after a predetermined time of inactivity. |  |  |
|  | 411326  164.312 (a)(2)(iv).1 |  | Information system shall implement mechanism to encrypt and decrypt electronic Personal Health Information. |  |  |
|  | 411327  164.312 (b).1 |  | Information system shall record activity in information systems that contain or use electronic Personal Health Information. |  |  |
|  | 411324  164.312 (b).2 |  | Information system shall examine activity in information systems that contain or use electronic Personal Health Information. |  |  |
|  | 411338  164.312 (c)(1).1 |  | Information system shall implement an electronic mechanism to protect electronic Personal Health Information from improper alteration. |  |  |
|  | 411335  164.312 (c)(1).2 |  | Information system shall implement an electronic mechanism to protect electronic Personal Health Information from improper destruction. |  |  |
|  | 411331  164.312 (c)(2).1 |  | Information system shall implement electronic mechanism to verify that electronic Personal Health Information has not been altered in an unauthorized manner. |  |  |
|  | 411329  164.312 (c)(2).2 |  | Information system shall implement electronic mechanism to verify that electronic Personal Health Information has not been destroyed in an unauthorized manner. |  |  |
|  | 411328  164.312 (d).1 |  | Information system shall implement electronic mechanisms to authenticate a user. |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 411342  164.312 (e)(1).1 |  | Information system shall implement mechanisms to guard against unauthorized access to electronic Personal Health Information during transmission. |  |  |
|  | 411341  164.312 (e)(2)(i).1 |  | Information system shall implement mechanisms to verify that electronically transmitted electronic Personal Health Information is not improperly modified during transmission. |  |  |
|  | 411340  164.312 (e)(2)(ii).1 |  | Information system shall implement mechanisms to encrypt electronic Personal Health Information during transmission. |  |  |
|  | 411344  164.312 (d).2 |  | Information system shall implement electronic mechanisms to authenticate an interfacing system or other entity. |  |  |
|  | 411343  164.312 (e)(2)(ii).2 |  | Information system shall implement mechanisms to encrypt electronic Personal Health Information at rest on mobile devices or removable electronic media. |  |  |

## BUILD 2: Hazardous Pharmaceuticals Enhancements

### Hazardous Drugs – Enhancement to National Drug File Work Effort #20130302

*Business Requirements Document*



#### January 2015

**Revision History**

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

|  |  |  |
| --- | --- | --- |
| **Date** | **Description** | **Author** |
| 11/05/2014 | Initial version | Jill Scheppler |
| 1/20/2015 | Approved version | Michael Valentino (1/20/2015)  Shawn Faherty (1/20/2015) |

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# Purpose

The Business Requirements Document (BRD) is authored by the business community for the purpose of capturing and describing the business needs of the customer/business owner identified within the New Service Request (NSR) #20130302.[1](#_bookmark2) The BRD provides insight into the AS-IS and TO-BE business areas, identifying stakeholders and profiling primary and secondary user communities. It identifies what capabilities the stakeholders and the target users need and why these needs exist, providing a focused overview of the request requirements, constraints, and other considerations identified. This document is a business case and does not mandate a development methodology, however the requirements are written using agile methodology deliverables. The intended audience for this document is the Office of Information and Technology (OI&T) to facilitate project planning when the project is approved and funded.

These requirements are not documented at a level sufficient for development.

# Overview

This request from the Veterans Health Administration (VHA) Pharmacy Benefits Management (PBM) Services Pharmaceutical Management Workgroup seeks to enhance the National Drug File (NDF) by adding hazardous drug identification and waste characterization (as defined by the Environmental Protection Agency (EPA) as toxic, flammable, corrosive, or other type of hazardous waste) information. Currently, there is no Information Technology (IT) system or solution that Department of Veterans Affairs (VA) pharmacists and clinicians can access to see what medications are hazardous to handle (administer to patients, segregate, store, ship) and dispose of. This request will provide information regarding the safe management of hazardous medications and the ability for users to access and view the information when handling or disposing of hazardous medications. The enhancement is a VHA Innovation Program initiative, developed as a functional prototype, and currently running in the Innovation Sandbox.

Currently, VA Medical Centers (VAMC) pay a variety of contractors to analyze medical center waste and to produce medication characterization reports, usually in spreadsheet form, that include information regarding the medications that are hazardous to handle. The information produced in these reports is often a mix of medication brand names and generic names. Given that VA is a generic-only enterprise, this makes the contractor-produced spreadsheets less than ideal for hazardous medication handling. This request provides users with the ability to enter only the generic medications used by VA pharmacies.

If facilities do not identify hazardous medications accurately, patients and staff are at risk of being exposed to hazardous drugs or hazardous drug waste. The resulting risk to patient and health care provider safety may result in enforcement of regulatory scrutiny and violations from organizations such as the Food and Drug Administration (FDA), the Environmental Protection Agency (EPA), The Joint Commission, and the Occupational Safety and Health Administration (OSHA).

1 <http://URL/nsrd/Tab_GeneralInfoView.asp?RequestID=20130302>

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# Scope

The scope of work for the Hazardous Drugs Enhancement to the NDF:

* + Provide an IT solution that gives users the ability to indicate which new drugs are hazardous when they are added to the formulary.
  + Provide an IT solution that allows users who administer and dispose of hazardous drugs to view information that will enable them to follow correct procedures for administering and for disposing of any remaining, expired, or contaminated hazardous medications.

# Customer and Primary Stakeholders

Michael Valentino, Chief Consultant, representing PBM Patient Care Services (PCS), is the primary stakeholder for this request. Review [Appendix C](#_bookmark30) for the complete list of primary and secondary stakeholders.

# Goals/Objectives and Outcome Measures

|  |  |  |
| --- | --- | --- |
| **Goal/Objective and Desired Outcome** | **Impact/Benefit** | **Measurement** |
| Eliminate reliance on the hazardous waste and hazardous to handle Microsoft Excel spreadsheets produced by contractors to characterize waste and replace with an IT solution that incorporates the entire dynamic NDF to protect patients and staff who handle and dispose of hazardous medications | Improved dissemination of hazardous medication information will reduce the risk to both patients and care providers that may occur when hazardous medications are not handled, stored, segregated, packaged, and disposed of properly. | * Decreased incidences of cross- contamination * Decreased potential employee exposures * Decreased number of times a hazardous medication is not handled, stored, segregated, packaged, or disposed of properly because it was misidentified * Increased accuracy due to more reliable data and consistent safe work practices across VHA |
| Eliminate reliance on the hazardous waste and hazardous to handle Microsoft Excel spreadsheets produced by contractors and replace with an IT solution to improve regulatory compliance | Ready access to hazardous medication information will assist employees who are responsible for the correct disposal of partially used, expired, or contaminated hazardous medications and hazardous waste residue. | Reduction in penalties incurred by facilities as a result of regulatory violations |

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# Enterprise Need/Justification

### Patient and Care Provider Safety

The lack of a centralized, easy-to-access source of information regarding the safe handling of hazardous medications presents a significant safety and health risk to both patients and health care providers. Despite VA training and education, patient health care providers such as nurses, are often not able to identify hazardous drugs from memory. Without an IT solution to reference that would warn them when they are to administer, store, ship, or dispose of a potentially hazardous medication, there is risk to both the patient and health care provider’s safety. This enhancement improves employee and patient safety by providing pharmacy and nursing personnel with a tool that enables better decision making when handling hazardous pharmaceuticals and disposing of these pharmaceuticals when they become waste. The risk of not following prescribed processes for the handling and disposal of hazardous pharmaceuticals represents possible regulatory scrutiny from organizations such as the FDA, the EPA, the Department of Transportation (DOT), the Joint Commission, and OSHA.

### Cost Savings

At the time this request was initiated in 2012, the PBM Pharmaceutical Management Workgroup reported that 18 sites had paid a total of $108,000 for contractor evaluation of their drug files. If the remaining VAMCs continued with this approach, extrapolating the $6,000 per site cost to all VAMCs (150) would result in VA spending a total of $900,000 for waste characterization annually. If each facility updated on a yearly basis, which is conservative given that new drugs are continuously added and product formulations changed, the five year cost for waste characterization would be $4.5 million for information that could be obtained nationally and uniformly shared via production implementation of this enhancement.

Over a five year span from 2006 to 2011, hazardous waste violations in three VISN 15 facilities resulted in two civil settlements for EPA penalties totaling $551,549. The violations were predominantly waste characterization violations, such as failure to properly identify, segregate, and manage pharmaceutical and chemical waste at the facilities. Assuming that all VISNs incur a similar number of hazardous waste violations and resulting penalties, extrapolating the VISN 15 civil settlement cost to all 23 VISNs would result in a total of $12,685,627 over a five year period or $2,537,125 annually.

### Regulatory Compliance

This enhancement improves compliance with the Resource Conservation and Recovery Act (RCRA) of 1976 (40 Code of Federal Regulations [CFR])[2](#_bookmark10) and the Clean Water Act (40 CFR Parts 122 and 403).[3](#_bookmark11) Compliance will prevent VA facility pharmaceutical waste from being introduced into streams and soil.

2 <http://www.epa.gov/agriculture/lrca.html>

3 <http://www.epa.gov/agriculture/lcwa.html>

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# Business Requirements

### Business Activity (Themes), Business Need (Epic), Business Requirement (User Narrative)

Themes, epics, user narratives, user stories, and acceptance criteria will be captured in the Requirements Traceability Matrix (RTM). The requirements table below provides a list of the epics that are detailed in the RTM for the Hazardous Drugs – Enhancement to National Drug File project. The RTM is stored as a separate document and can be accessed via the Requirements Traceability Link located in the New Service Request Database:

[http://URL/pasdocs/traceability/20130302\_Hazardous\_Drugs\_Enhancement\_RTM.x](http://URL/pasdocs/traceability/20130302_Hazardous_Drugs_Enhancement_RTM.xlsx)  [lsx](http://URL/pasdocs/traceability/20130302_Hazardous_Drugs_Enhancement_RTM.xlsx)

##### Hazardous Drugs – Enhancement to National Drug File Requirements Table

|  |  |
| --- | --- |
| **Identifier** | **Epic** |
| 470346 | As a user, I need to view hazardous drug identification and waste characterization information, so that I can safely handle and dispose of hazardous medications. |
| 475255 | As a user, I need the ability to indicate which new drugs are identified as hazardous when they are added to the formulary, so that the information is available to staff who need to know how to handle and dispose of a medication safely. |

### User Access Levels

|  |  |  |  |
| --- | --- | --- | --- |
| **User Level** | **Role** | **Responsibilities** | **Application Access Level** |
| Primary | Pharmacist Supervisor | Add, edit, and approve products and new domains | PPS-N Full Read/Write |
| Primary | Environmental Engineer (or other credentialed staff authorized to perform the task) | Add, edit, and approve products and new domains | PPS-N Full Read/Write |
| Primary | Pharmacist/ Pharmacy Technician | Look up hazardous drug information | VistA Lookup View/Read |
| Primary | Nurse | Administer medications | BCMA View/Read |
| Primary | Resident Physicians | Administer medications | BCMA View/Read |
| Primary | Pharmacist Supervisor | Verify hazardous drug information | BCMA View/Read |

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### Known Interfaces and Data Sources

This is the business community’s best understanding of known interfaces and may not be a comprehensive listing. All listed interfaces should be included in the RTM.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Application** | **Description of current application** | **Interface Type** | **Existing Functionality** | **Expected Outcome** |
| PPS-N -  VistA / Local NDF | PPS-N is a web- based application that allows users to create and revise pharmacy drug information. | PPS-N  pushes data to VistA / Local NDF | The interface exists. The Hazardous to Handle, Hazardous to Dispose, Primary EPA, Waste Sort Code, and DOT Shipping Name fields are new. | VistA receives Hazardous to Handle, Hazardous to Dispose, Primary EPA, Waste Sort Code, and DOT Shipping Name data and populates the appropriate fields. |
| Local NDF – BCMA | Nursing staff use BCMA wireless, point- of-care technology with an integrated bar code scanner to record the administration of patient medications. | BCMA pulls data from the VistA / Local NDF | The interface exists. Hazardous to Handle, Hazardous to Dispose, Primary EPA, Waste Sort Code, and DOT Shipping Name fields are new. | BCMA receives data populated in Hazardous to Handle, Hazardous to Dispose, Primary EPA, Waste Sort Code, and DOT Shipping Name fields. |

### Related Projects or Work Efforts

There are no active projects or other work efforts related to this request.

# Service Level Requirements

### Availability

|  |  |  |
| --- | --- | --- |
| **Service Level Requirement (SLR) Question** | **SLR Criteria** | **Description** |
| 1. How much time should the system be available (and how much down time is acceptable due to incident [unexpected] outage)? | 99.9% (8.76 hours down time) | It is envisioned that the system(s) be available to the maximum extent possible to support the business. |
| 2. When should the system be available (what will be the core operating hours of the system)? | 24x7 | 24x7x365 |
| 3. How soon should the system fully recover from an outage? (Includes Mean Time to Restore) | 2 hours | Consistent with current service level requirements. |
| 4. How much data will be restored when outage is recovered? | 100% (continuous back-up) | Consistent with current service level requirements. |

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|  |  |  |
| --- | --- | --- |
| **Service Level Requirement (SLR) Question** | **SLR Criteria** | **Description** |
| 5. What time period should be considered for maintenance periods? | After hours (1800-  0600) | Part of VistA maintenance at the VAMCs or part of NDF/PPS-N maintenance from the national perspective. |
| 6. What standard time zone will the system operate in? | All time zones | All time zones |

### Capacity & Performance

|  |  |  |
| --- | --- | --- |
| **SLR Question** | **SLR Criteria** | **Description** |
| 1. How many users will be on the system hourly? | >1000 | 31,000 unique BCMA users, approximately 18,700 nurses, 8,000 pharmacists, and 4,300 pharmacy technicians. The enhancement will not change the current capacity. |
| 2. How many transactions will each average user perform each hour? | >10, max = 47 | At a national level, there are approximately 543,000 medications scanned daily. The average number of scanned medications per medical center is approximately 3,300 per day. The enhancement will not change the current capacity. |
| 3. What are the anticipated peak user times during the day? | Other | Peak times per day for processing these requests are as follows:   9 a.m. – 10 a.m. – 25%   4 p.m. – 5 p.m. – 25%   9 p.m. – 10 p.m. – 25%  Remaining 25% spread between 6 a.m.  through 11 p.m. |
| 4. What is the anticipated peak transaction load (when do you think that there will be the most transactions being performed on the system) during the day? | Other | Peak times per day for processing these requests are as follows:   9 a.m. – 10 a.m. – 25%   4 p.m. – 5 p.m. – 25%   9 p.m. – 10 p.m. – 25%  Remaining 25% spread between 6 a.m.  through 11 p.m. |
| 5. How many new users will be added in one year? | 0-100 | Number of users remains consistent with VA hiring and attrition rates. |
| 6. How many more (if any) transactions will be added in one year? |  | No change in number of inpatient medication orders as a result of this enhancement, just more details for those orders. |
| 7. What kind of information will be stored (specify average of each kind per month)? |  | Document storage is not applicable. It is transaction based data. |

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|  |  |  |
| --- | --- | --- |
| **SLR Question** | **SLR Criteria** | **Description** |
| 8. What kind of search capacity is required? | Medium (11-1000 per hour) | Search capacity (look up) would remain consistent with the current applications since these changes add information to already existing screens in the user interface. |
| 9. What type of system(s) is/are required? | Local (regional) Intranet (All VA) |  |
| 10. Is there a need for heavy application reporting? If yes, when? | No |  |

### Interfaces and Security

|  |  |  |
| --- | --- | --- |
| **SLR Question** | **SLR Criteria** | **Description** |
| 1. Does this system interact with other existing systems? | Yes | The solution enhances the functionality of PPS-N, the NDF, and BCMA. |
| 2. Will this system require additional monitoring for Information Technology system metrics? | No | The addition of two new informational fields will not require additional monitoring, but should be consistent under current procedures related to system metrics. |
| 3. Will this system contain personally identifiable information, Protected Health Information, Health Insurance Portability and Accountability Act (HIPAA) information, or other confidential/regulated data? | No |  |
| 4. Who will be the anticipated users of this system? | VHA | Pharmacists, physicians, and nurses are expected to use the enhancement. |

# Other Considerations

### Alternatives

The alternative to implementing the Hazardous Drugs NDF enhancement is the status quo – i.e., VHA healthcare facilities continuing to use the waste characterization reports produced by different contractors’ analyses of hazardous waste pharmaceuticals. This is an ineffective means of providing the information to the users who need it, results in significant cost to VA, and contributes to a lack of standardization across sites.

### Assumptions

The project assumes that there will be funding for the ongoing development to deploy this project as a Class I, enterprise wide, application.

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### Dependencies

* + - This project is dependent upon availability of resources such as funding for the ongoing development between prototype and Class I, enterprise wide, release/deployment.
    - The solution depends on successful implementation of the enterprise scope inclusions outlined in the [Scope](#_bookmark3) and detailed in the Innovation #665 Hazardous Pharmaceuticals System Design Document, which is located in the Supporting Documentation file.[4](#_bookmark27)

### Constraints

The solution is a prototype running in the Innovation sandbox. Not running in a production environment could constrain the ongoing development between prototype and Class I, enterprise wide, release/deployment.

### Business Risks and Mitigation

|  |  |
| --- | --- |
| **Business Risks** | **Mitigation** |
| If there is insufficient funding to support conversion to Class I, then the costly, non- standard means of analyzing hazardous waste pharmaceutical information will continue to be employed and regulatory penalties may continue to be incurred. | Develop risk mitigation plans to anticipate funding issues and identify contingency plans before the issues are realized. |
| If the innovation isn’t deployed in at least one production environment, then conversion to Class I will be delayed. | Deploy the innovation in at least one production environment as soon as possible. |

4 [http://URL/pasdocs/supportinfo/20130302%20Hazardous%20Drugs%20-](http://URL/pasdocs/supportinfo/20130302%20Hazardous%20Drugs%20-%20Enhancement%20to%20National%20Drug%20File.zip)

[%20Enhancement%20to%20National%20Drug%20File.zip](http://vista.med.va.gov/pasdocs/supportinfo/20130302%20Hazardous%20Drugs%20-%20Enhancement%20to%20National%20Drug%20File.zip)

Hazardous Drugs – Enhancement to National Drug File

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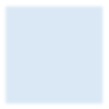
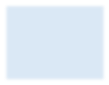
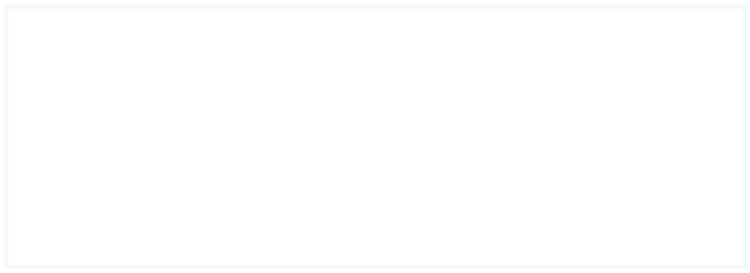
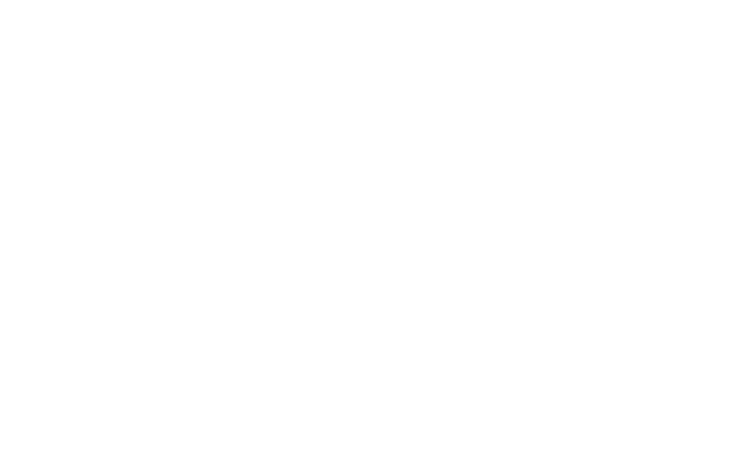
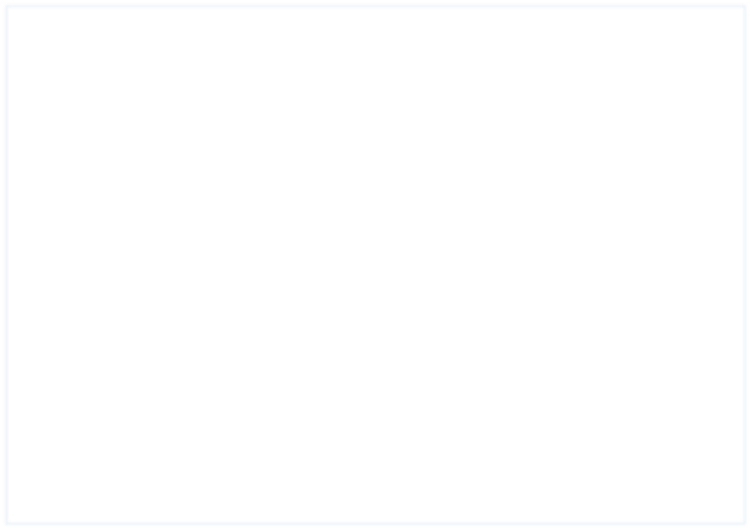
### Appendix A References

* + - Clean Water Act (40 CFR Parts 122 and 403) <http://www.epa.gov/agriculture/lcwa.html>
    - Hazardous Drugs Enhancement to the National Drug File New Service Request <http://URL/nsrd/Tab_GeneralInfo.asp?RequestID=2013>0302
    - Resource Conservation and Recovery Act of 1976 (40 CFR) <http://www.epa.gov/agriculture/lrca.html>
    - VA Handbook 6500 – Information Security Program [http://URL/vapubs/viewPublication.asp?Pub\_ID=638&FType=2](http://URL/vapubs/viewPublication.asp?Pub_ID=638&amp;FType=2)

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### Appendix B Models



Use Printed Report to Help Handle and Dispose of Hazardous Medications

Print Report

Hazardous Drug Handling and Disposal – As Is Pharmacy

Order and Pay for Hazardous Waste Characterization

Analyze Hazardous Medication Waste at Site

Hazardous Waste

Characterization Report

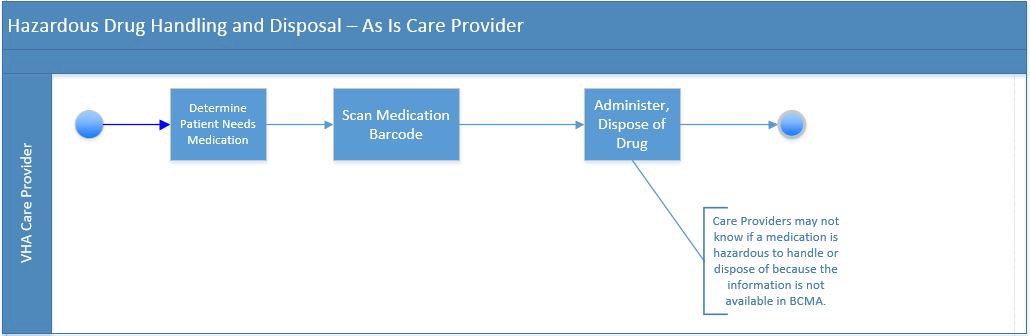
Usually delivered as a

spreadsheet mixing generic and trade names, printed, and stored in a loose leaf binder, making it inconvenient to reference.

Medical Waste

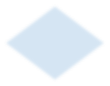
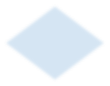
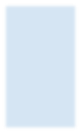
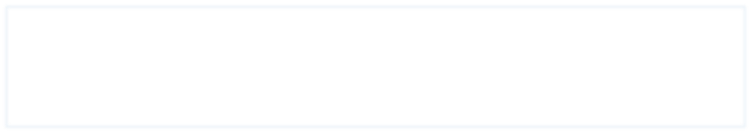
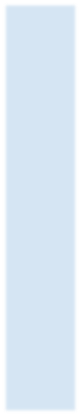
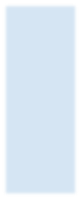
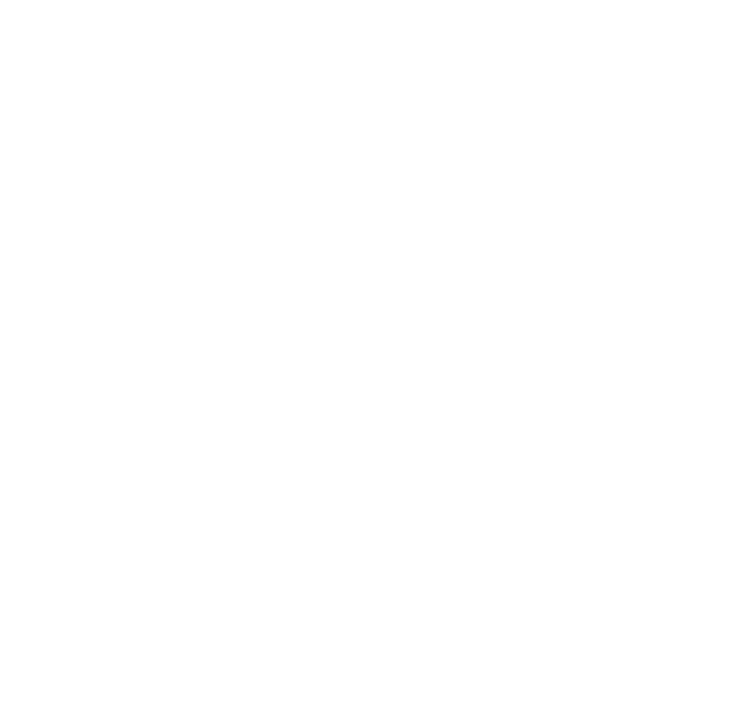
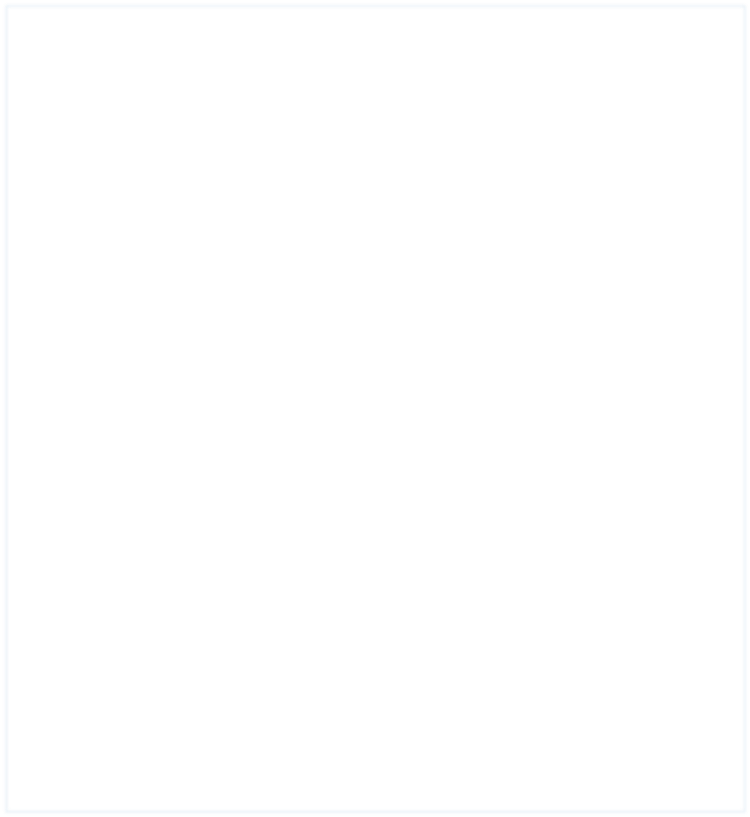
Management Contractors

VA Pharmacy



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Store Data in Local Site Instance

Hazardous Drug Handling and Disposal – To Be

Add New Hazardous Drugs to the National Drug File

Populate Hazardous to

Handle

Database Field

Populate Hazardous to Dispo se, Primary EPA Code, Waste Sort Code & DOT Shipping Name

Database Fields

Push New Hazardous Drug

Data

Hazardous to Hazardous to

No

Handle Dispo se

Yes

Yes

Pharmacy

Product System

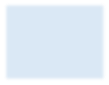
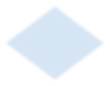
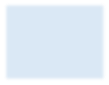
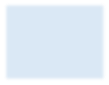
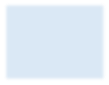
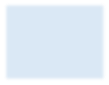
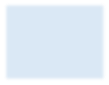
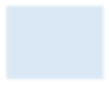
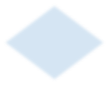
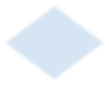
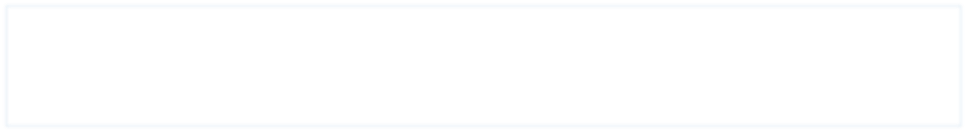
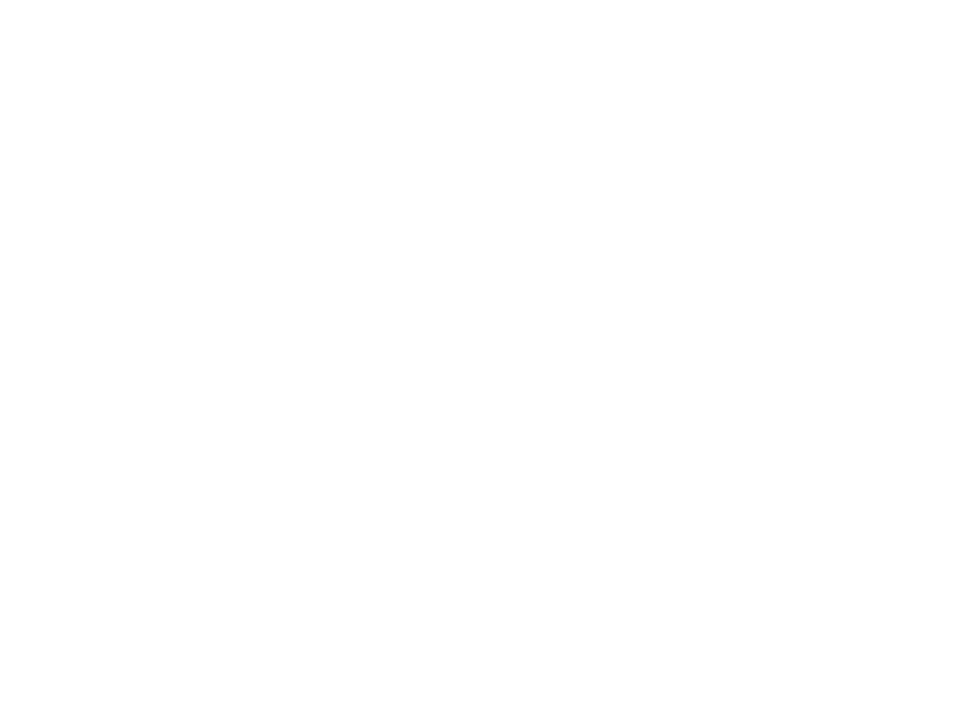
- National

National Drug File

Pharmacist/Environmental Engineer

Hazardous Drugs – Enhancement to National Drug File

Business Requirements Document 13 January 2015



Take Precautions

Scan Barcode

Follow Proper Procedure for Dispo sing

Hazardous Drug Handling and Disposal – To Be Administer Hazardous Medication to Patient

Access Barcode Medication Administration

Request Medication Information

Display Hazardous to Handle Icon

Display Hazardous to Dispo se Icon

Return medication information

Hazardous

Drug Partially Yes

Used?

Handling

Hazard Yes

Detected?

Dispo sal

Hazard Yes

Detected?

No

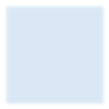
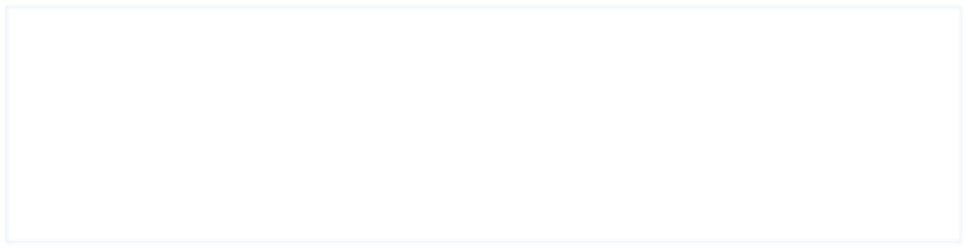
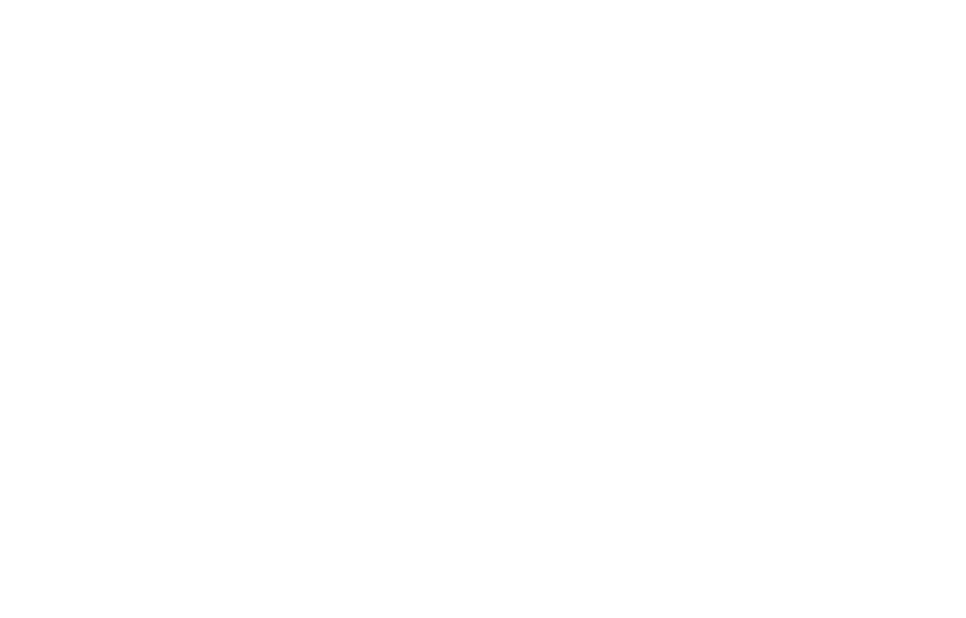
National Drug File

Nurse/Resident Physician

Barcode Medication Administration

Hazardous Drugs – Enhancement to National Drug File

Business Requirements Document 14 January 2015



Determine Hazardous Medication is Partially Used, Expired, or

Contaminated

Follow Correct Procedure to Dispo se of

Hazardous Drug

Hazardous Drug Handling and Disposal – To Be Dispose of Hazardous Drugs

Notify Pharmacy that Hazardous Drug Needs Dispo sal

Search for Hazardous Drug

Details

Pass Search Criteria to National Drug File

Display Results

Return Results

National Drug File

Pharmacist/Pharmacy Technician/ Nurse/Resident

VistA Lookup

Environmental Engineer

Physician

Hazardous Drugs – Enhancement to National Drug File

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### Appendix C Stakeholders, Users, and Workgroups Stakeholders

|  |  |  |
| --- | --- | --- |
| **Type of Stakeholder** | **Description** | **Responsibilities** |
| Requesters | * Carolyn Gutowski,   Co-Chair, Pharmaceutical and Environmental Programs Subgroup,  Pharmaceutical Management Workgroup   * Vaiyapuri Subramaniam, Chair, Pharmaceutical Management Workgroup | Submitted request. Submits business requirements. Monitors progress of request. Contributes to BRD development. |
| Endorser | Rajiv Jain,  Assistant Deputy Under Secretary, Health, PCS | Endorsed this request. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines. |
| Business Owner/Program Office | Michael Valentino,  Chief Consultant, PCS–PBM | Provides final approval of BRD with sign- off authority. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines. |
| Business Subject Matter Experts (SME) | * Margaret Raisch,   Staff Pharmacist, Pharmacy Service, St. Louis VAMC   * William Kulas, Environmental Protection Manager, VISN 1, VA Maine Healthcare System * Vaiyapuri Subramaniam, Associate Chief Consultant - PBM | Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement. |
| Technical SMEs | * Robert Silverman, Pharmacy Informatics Specialist, Clinical Informatics/PBM * Don Lees,   Pharmacist Specialist, PBM, Hines | Provide technical background information about the current software and requested enhancements. |
| User SMEs | * Jonathan Bagby,   Nurse Consultant, Bar Code Resource Office (BCRO), Office of Informatics and Analytics (OIA)   * Stephen Corma,   Pharmacist Consultant, BCRO, OIA   * Kim C. Williams, | Ensure that the enhancements will account for current business processes and existing software capabilities. |

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|  |  |  |
| --- | --- | --- |
| **Type of Stakeholder** | **Description** | **Responsibilities** |
|  | Director, BCRO, OIA |  |

### Stakeholder Support Team (BRD Development)

|  |  |  |
| --- | --- | --- |
| **Type of Stakeholder** | **Description** | **Responsibilities** |
| Health Care Security Requirements SME | Bill Newhart,  Management and Program Analyst, Health Care Security Requirements, Health Information Governance, OIA | Responsible for determining and providing guidance on compliance with HIPAA. |
| Service Coordination SME | Richard Murray,  Management Analyst, Service Coordination, OI&T, Office of Customer Advocacy | Responsible for ensuring all aspects of non-functional requirements have been accurately recorded for this request. |
| Health Systems Portfolio Management Staff | Christy Gagliano,  Program Analyst, Health Systems Health Informatics | Serve as the liaison between the Program Office (Business Owner) and Product Development throughout the lifecycle. |
| Strategic Investment Management (SIM), Requirements Development Management (RDM) | Jill Scheppler, Requirements Analyst, RDM, VHA | Responsible for working with all stakeholders to ensure the business requirements have been accurately recorded for this request. |

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### Appendix D User Interface/User Centered Design Principles

User Experience encompasses direct and indirect interactions between the user and the system Improving usability over the prior version is a key requirement for this application. The International Organization for Standardization (ISO) defines usability as “the extent to which a product can be used by specified users to achieve specified goals with effectiveness, efficiency, and satisfaction in a specified context of use” (1998).

For an optimal user experience the system must meet the requirements outlined in this section, which involve attributes of the application and the process required to achieve them.

In order to improve usability of VA-developed or purchased applications, the following actions are required:

* + - In accordance with the Office of the National Coordinator for Health Information Technology’s Meaningful Use Stage 2 final ruling, employ an industry recognized User Centered Design (UCD) process. The methods for UCD are well defined in documents and requirements such as ISO 9241–11, ISO 13407, ISO 16982, National Institute of Standards and Technology Interagency Report 7741, ISO/International Electrochemical Commission 62366, and ISO 9241-210. Developers will choose their UCD approach; one or more specific UCD processes will not be prescribed.
    - Adhere to an industry recognized User Interface (UI) Best Practices Guideline or Style Guide. For example, first follow UI guidelines for the development platform. In instances where platform guidelines are not available, adhere to VA’s Best Practices Guidelines/Style Guide.
    - Inform requirements and designs with detailed human factors work products that have been/will be completed for the specific project. Examples of specific human factors activities might include heuristic evaluations, site visits, interviews, application-specific design guides, and usability testing on existing systems or prototypes.

A sound UCD and development process based on human factors should include the following activities:

* + - Understanding of the users, the users’ tasks, and the users’ environments
    - Review of similar or competitive systems to inform requirements and design
    - Heuristic evaluation of prior versions, prototypes, or baseline applications, if applicable
    - Iterative design and formative usability testing (formative usability testing is used to discover usability problems during the design and development process)
    - User risk analysis
    - Summative validation usability testing (summative usability testing is used to quantify and validate usability of a product with measures of effectiveness, efficiency, user perceptions, etc.)

To demonstrate high usability, the application should be:

* + - Intuitive and easy to learn, with minimal training
    - Effective by allowing users to successfully complete tasks

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* + - Efficient by allowing users to complete their work in a manner consistent with clinical practice and workflow
    - Perceived to have high usability, as demonstrated by appropriate survey measures
    - Designed to aid users in meeting task goals without being an additional burden The system must be reliable and enable user trust by providing:
    - Stable and reliable performance
    - Accurate data
    - Display of all data that is available in native or interfaced systems and intended to be available in the application
    - Accessible information related to the source of data

The application should include a modern Graphical User Interface that allows the user to view data from multiple sources and include:

* + - Integrated display of structured and unstructured data
    - Rich data visualization and graphical display of data
    - Ability to switch between tabular and graphical data views
    - Ability to interact with displayed data to obtain additional details related to the data and source of the data
    - User customizable components and settings

The application must provide for advanced and up-to-date searching, to include:

* + - Fast search functionality with auto-complete and real-time display of matched results during typing
    - Search history

The application must provide for advanced filtering capabilities, to include:

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

The application design should be modified to:

* + - Address the specific findings from a human factors heuristic evaluation conducted on the prior version of the application
    - Address the specific findings reported from field use of the prior version
    - Address the specific findings reported from usability testing of the prior version or relevant prototypes

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### Appendix E Technical Information

***Note:*** *This information has been provided by the site and has not been validated by Product Development.*

##### Technical Product Description:

|  |  |
| --- | --- |
| -- Select Platform -- |  |
|  |

|  |  |
| --- | --- |
| Enhancements to existing VistA Application |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Product Platform | Product Type | Standards & Conventions Committee Compliance for M and Graphical User Interface | Compliance with Section 508 of the Rehabilitation Act Amendments of 1998 |
|  |  | Yes  No  Unknown | Yes  No  Unknown |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language | Database | | | Are Database Integration Agreements Required? |
| M  C++  Java  C  Other Delphi | Oracle  MS SQL Server  MS Access  Other | | | Yes  No  Unknown |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are automated test scripts available? | | If no, are manual test scripts available? | |
| Yes | No | Yes | No |

|  |  |
| --- | --- |
| Have test sites been identified? | If yes, list the sites. |
| Yes  No |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| Has a Regional Review been performed? | | | If yes, which Region performed the review? |
| Yes | No | Unknown |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the product use the Social Security Number (SSN)? | If the product uses the SSN, what is the source? | If the product uses the SSN, is the SSN used as search criterion? | If the product uses the SSN, is the SSN stored locally in the product? |
| Yes  No |  | Yes  No | Yes  No |
| If SSN is used as a search criterion, under what authority is the SSN being used? Cite authority that gives permission to use SSN. | | | |
|  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the application make use of the International Classification of Diseases (ICD) code set? | | If yes*, (the application does make use of the ICD code set)*, please describe? | Who is the point of contact for questions regarding ICD-9? | Does the application make reference to files 80 and 81, the ICD files? | |
| Yes | No |  |  | Yes | No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does this product support multi-divisional facilities? NOT APPLICABLE | | | Does this product use / introduce files that need local adaptation? | | | Is there anything that may be designed / built that will not be portable? | | |
| Yes | No | Don't Know | Yes | No | Don't Know | Yes | No | Don't Know |

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### Appendix F Acronyms and Abbreviations

|  |  |
| --- | --- |
| **Term** | **Definition** |
| BCMA | Bar Code Medication Administration |
| BCRO | Bar Code Resource Office |
| BRD | Business Requirements Document |
| CFR | Code of Federal Regulations |
| DOT | Department of Transportation |
| EPA | Environmental Protection Agency |
| FDA | Food and Drug Administration |
| HIPAA | Health Insurance Portability and Accountability Act |
| ICD | International Classification of Diseases |
| ISO | International Organization for Standardization |
| IT | Information Technology |
| NDF | National Drug File |
| NSR | New Service Request |
| OI&T | Office of Information and Technology |
| OIA | Office of Informatics and Analytics |
| OSHA | Occupational Safety and Health Administration |
| PBM | Pharmacy Benefits Management |
| PCS | Patient Care Services |
| PPS-N | Pharmacy Product System - National |
| RCRA | Resource Conservation and Recovery Act |
| RDM | Requirements Development and Management |
| RTM | Requirements Traceability Matrix |
| SIM | Strategic Investment Management |
| SLR | Service Level Requirement |
| SME | Subject Matter Expert |
| SSN | Social Security Number |
| UCD | User Centered Design |
| UI | User Interface |
| VA | Department of Veterans Affairs |
| VAMC | VA Medical Center |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Service Network |

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|  |  |
| --- | --- |
| **Term** | **Definition** |
| VistA | Veterans Health Information Systems and Technology Architecture |

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### Appendix G Approval Signatures

The requirements defined in this document are the high level business requirements necessary to meet the strategic goals and operational plans of the Patient Care Services – Pharmacy Benefits Management Office. Further elaboration to these requirements may be done in more detailed artifacts.

##### Business Owner

Signifies that the customer approves the documented requirements, that they adequately represent the customer’s desired needs, and that the customer agrees with the defined scope.

Signed:

Michael Valentino, Chief Consultant, PCS – PBM *Date*

##### Business Liaison

Signifies appropriate identification and engagement of necessary stakeholders and the confirmation and commitment to quality assurance and communication of business requirements to meet stakeholder expectations.

Signed:

Shawn Faherty, Enterprise Systems Manager Date

##### Requester(s)

Signifies that the requester approves the documented requirements and that they adequately represent the Class III to Class I transition candidate.

Signed:

Carolyn M. Gutowski, Co-Chair, Pharmaceutical and Environmental Programs Subgroup, VHA Pharmaceutical Management Workgroup Date

Signed:

Vaiyapuri Subramaniam, Chair, VHA Pharmaceutical Management Workgroup Date

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##### Functional Subject Matter Expert

Signifies that the functional subject matter expert approves the documented requirements and that they adequately represent the Class III to Class I transition candidate.

Signed:

Robert Silverman, Pharmacy Informatics Specialist, PBM Date

##### Technical Point of Contact

Signifies that the technical point-of-contact approves the documented requirements and that they adequately represent the Class III to Class I transition candidate.

Signed:

Margaret Raisch Date

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Requirements Traceability Matrix for NSR 20130302 (Hazardous Drugs Enhancement)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bus Req ID (Unique Identifier)** | **Business Activity (Theme)**  **(BRD-Level 2)** | **Business Need (Epic)**  **(BRD-Levels 1 and 2)** | **Business Requirement (User Narrative)**  **(BRD-Levels 1 and 2)** | **Mapping to Business Function Framework (Levels 1-3)** | **Mapping to Process Models**  **(Levels 2 and 3)** | **Mapping to Process Model Element(s) (Levels 2 and 3)** |
| 470345 | Hazardous Drug Management |  |  |  |  |  |
| 475255 |  | As a user, I need the ability to indicate which new drugs are identified as hazardous when they are added to the formulary, so that the information is available to staff who need to know how to handle and dispose of a medication safely. |  | 2.2 Promote Environmental  Health, 2.3 Promote Clinical Public Health | Add Hazardous Drugs to the National Drug File |  |
| 475259 |  |  | As a pharmacist, I need the ability to indicate which new drugs are identified as hazardous when they are added to the National Drug File so that Veterans Health Administration (VHA) staff who handle and dispose of hazardous medications know when to take precautions to protect themselves from accidental exposure. | 2.2 Promote Environmental  Health, 2.3 Promote Clinical Public Health | Add Hazardous Drugs to the National Drug File | Populate Hazardous to Handle Database Field, Populate Hazardous to Dispose, Primary EPA Code, Waste Sort Code & DOT Shipping Name Database Fields |
| 475266 |  |  | As an environmental engineer I need the ability to indicate which new drugs are identified as hazardous when they are added to the National Drug File so that Veterans Health Administration (VHA) staff who handle and dispose of hazardous medications know when to take precautions to protect themselves from accidental exposure. | 2.2 Promote Environmental  Health, 2.3 Promote Clinical Public Health | Add Hazardous Drugs to the National Drug File | Populate Hazardous to Handle Database Field, Populate Hazardous to Dispose, Primary EPA Code, Waste Sort Code & DOT Shipping Name Database Fields |
| 470346 |  | As a user, I need to view hazardous drug identification and waste characterization information, so that I can safely handle and dispose of hazardous medications. |  | 2.2 Promote Environmental Health, 2.3 Promote Clinical Public Health | Administer Hazardous Drugs |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 470347 |  |  | As a nurse, I need to view hazardous drug identification and waste characterization information, so that when I administer medication to a patient I know when to wear Personal Protective Equipment (PPE) to protect myself and others from exposure and know how to correctly dispose of any remaining quantity of the medication. | 2.2 Promote Environmental Health, 2.3 Promote Clinical Public Health | Administer Hazardous Drugs | Take Precautions, Scan Barcode |
| 474620 |  |  | As a physician, I need to view hazardous identification and waste characterization information, so that when I administer medication to a patient I know when to wear Personal Protective Equipment (PPE) to protect myself and others from exposure and know how to correctly dispose of any remaining quantity of the medication. | 2.2 Promote Environmental Health, 2.3 Promote Clinical Public Health | Administer Hazardous Drugs | Take Precautions, Scan Barcode |
| 475241 |  |  | As a pharmacist/pharmacy technician, I need to view hazardous drug identification and waste characterization information, so that I know when I should wear Personal Protective Equipment when handling and correctly labeling hazardous medications for dispensing and know the correct way to dispose of a hazardous medication when it is expired, contaminated, or partially used. | 2.2 Promote Environmental Health, 2.3 Promote Clinical Public Health | Dispose of Hazardous Drugs | Search for Hazardous Drug Details, Follow Correct Procedure to Dispose of Hazardous Drug |

BUILD 3: Prescription Expiration Date Modification

Requirements Traceability Matrix for NSR 20150309 (Fix Rx Expiration Date Calculation)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NSR #** | **Requirement Doc** | **Identifier** | **Business Need**  **(Epic)**  **(BRD-Levels 1 and 2)** | **Business Requirement**  **(User Narrative) (BRD-Levels 1 and 2)** |
| 20150309 |  | 509398 | As a pharmacist, I want to process  only those prescription fill requests that have been appropriately calculated by the system, so that I do not fill prescriptions that are considered to be expired based on DEA regulations. |  |
|  |  |  |  |  |

BUILD 4: Pharmacy Prescription Verification Before Dispensing

**NSR 20110415 Requirements**

* (387403) Include Barcode on Bottle Label: Redesign prescription medication bottle labels to include the prescription medication barcode. This requirement incorporates PSPO 1999.
* (387407) Use Barcode As Final Gatekeeper: Allow the prescription medication barcode system functionality, already used and presented on the medications’ associated paperwork, to be used as the final gatekeeper of all prescription medications released to patients so that prescriptions can be intercepted when necessary??

Orders Medication

VHA Physician

#1 for Patient with, Believed to be, Infection #1

Physician becomes aware that patient has Infection #2, not

Infection #1

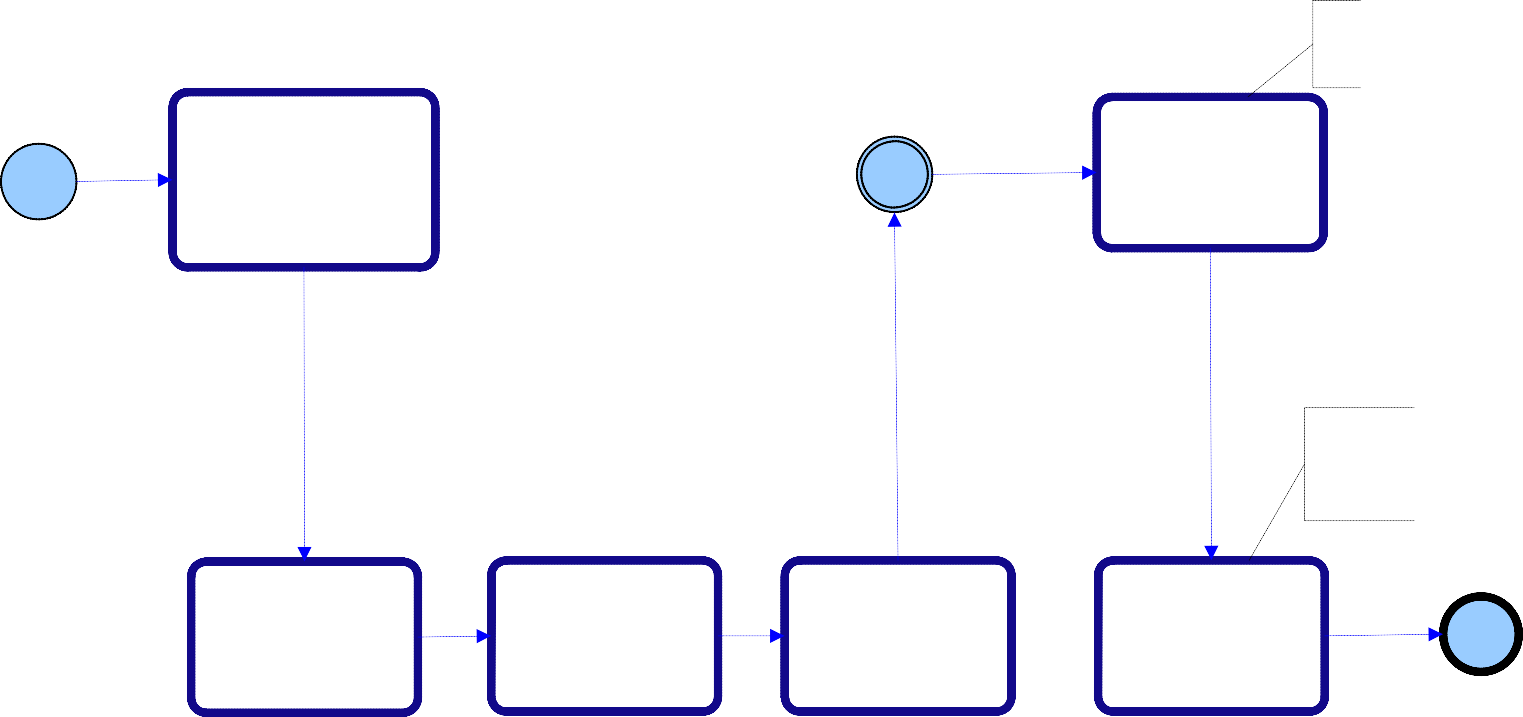
Discontinues

Medication #1 Order

Medication #1 is inappropriate to treat Infection #2

There is no functionality or notification in the prescription medication release process that prevents a pharmacist from releasing a medication after a physician discontinues an order already processed by a VAMC Pharmacist.

VAMC Pharmacist



**NSR 20110415 Process**

Processes Physician Order

Prints Prescription Information

Fills Prescription

Releases Medication #1 to Patient

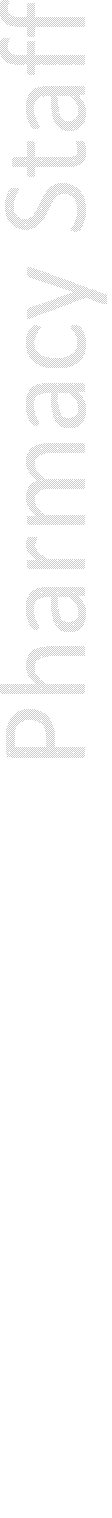
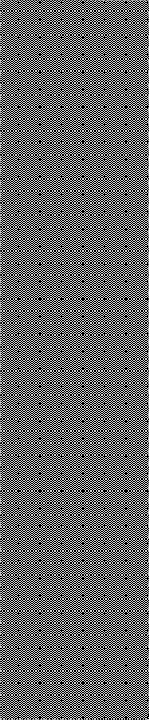
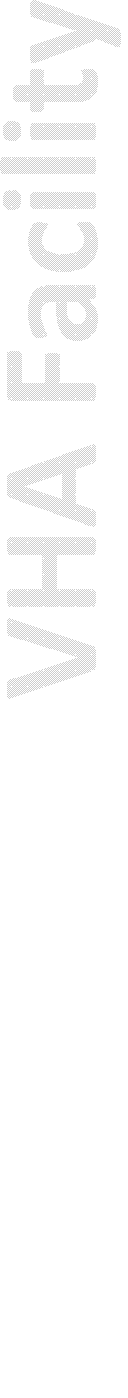
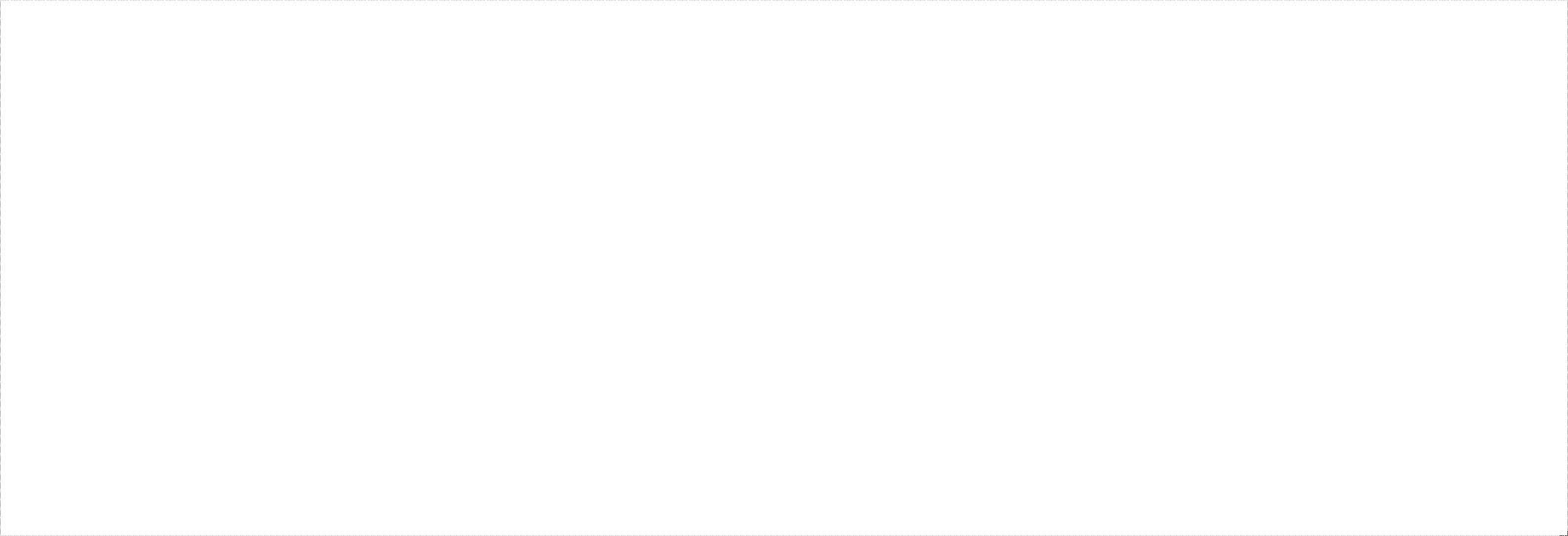
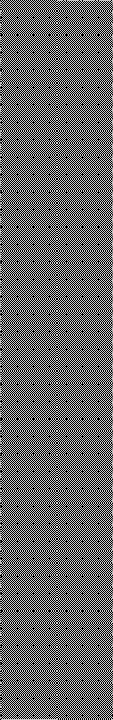
BUILD 5: Separate Parameters for Local Suspense Queue of Controlled versus Non-Controlled Substance Enhancements

### NSR 20140108 Requirements

* (388533) Medication Parameters: Provide the ability for users to set parameters for how far in advance medications should be pulled for distribution in the Pharmacy Data Management package in VistA.

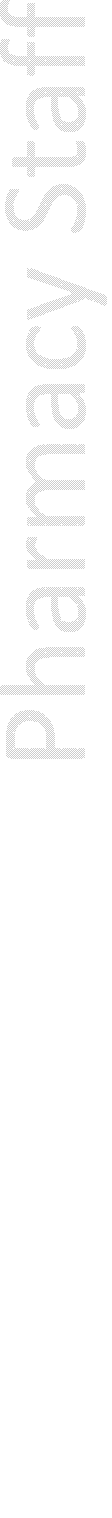
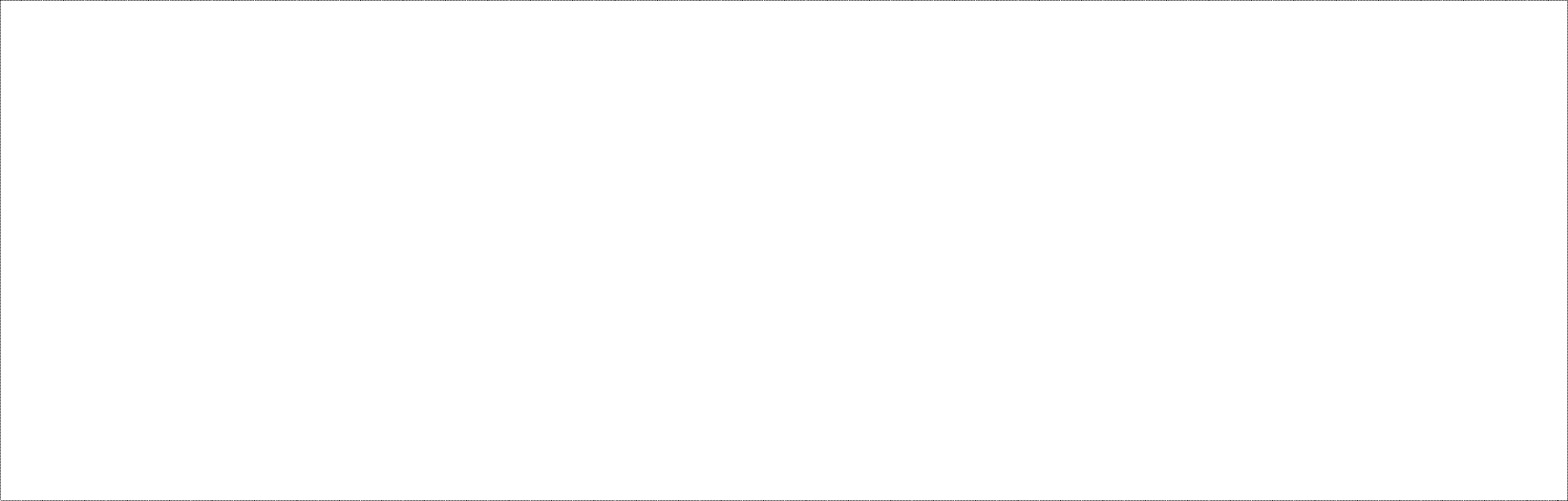
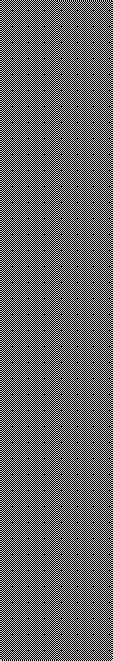
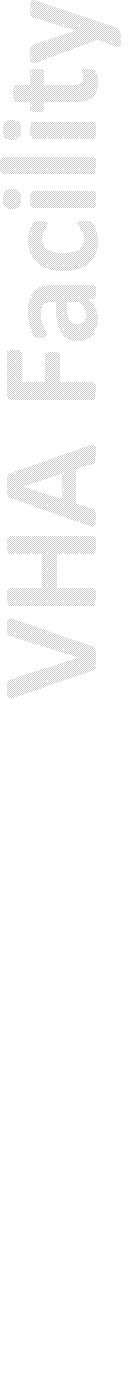
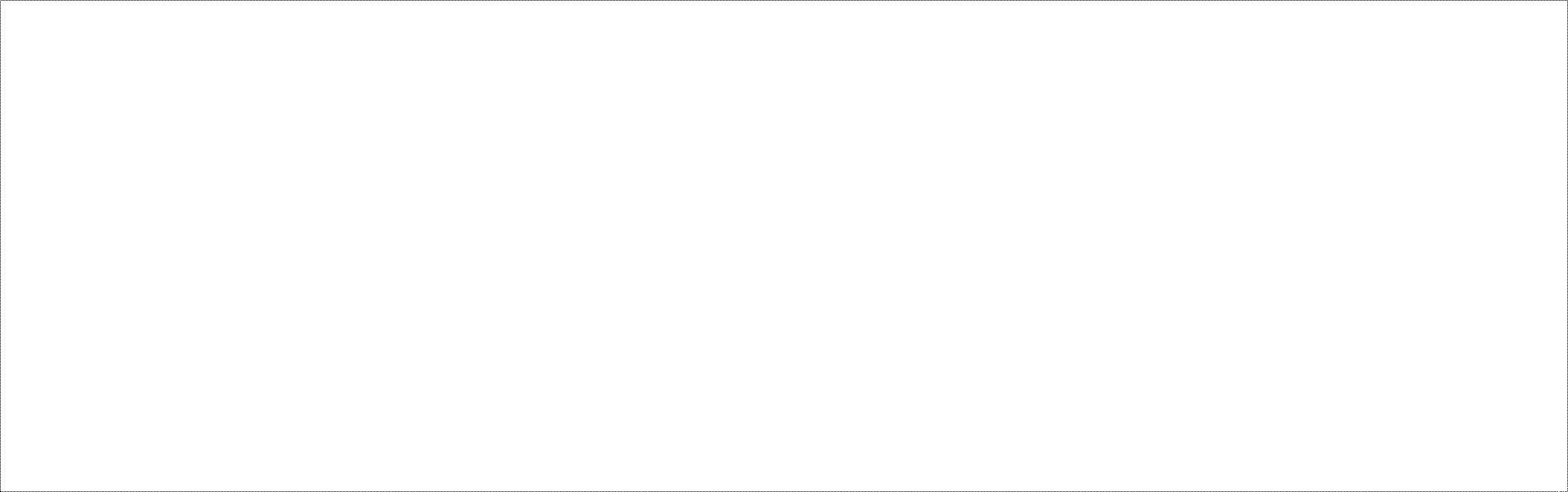
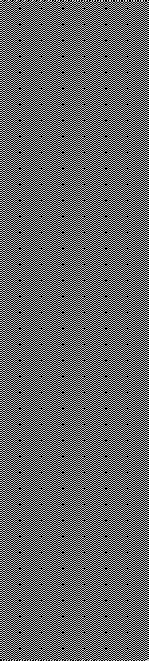


As-Is Process for Separate Parameters for Local Suspense Queue of Controlled vs. Non-Controlled Substances



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VHA Facility** | Pharmacy Staff | Review Medication Orders in Suspense Queue | No | Fill based on established parameters?  Yes  The current parameters do no allow users to properly balance cost saving with patient safety. | Distribute Medication to Patient |

To-Be Process for Separate Parameters for Local Suspense Queue of Controlled vs. Non-Controlled Substances



Review Medication Orders in Suspense Queue

Pharmacy Staff

Fill based on established parameters?

Yes

Distribute Medication to Patient

**NSR 20140108 Process**

No This change will allow for more detailed parameters,

**VHA Facility**

which will help users to properly balance cost saving with patient safety.

## BUILD 6: Individual Patient Safety Issues

and Remove Clinic Option

### Patient Safety Issues

* PSPO #2017: Outpatient Pharmacy prescription label(s) were edited in VistA Outpatient Pharmacy from Window to Mail, and were filled and printed on Local Suspense two days later.
* PSPO #2193: Outpatient Pharmacy prescription label(s) did not print, and the prescription was not dispensed or released.
* PSPO #2236: There is a Reprint Default issue whereby prescription refills may not be processed appropriately when the label reprint default prompts are accepted for CMOP rejects at sites with vendor dispensing devices.
* PSPO #2462: Reprint options are selectable on expired prescriptions without a warning message alerting to the fact that the prescription has expired.

**Remove Clinic Option from CPRS Requirement**

* + RTC Reqt #TBD: Remove “C (Administered in Clinic)”

from VistA Pharmacy Quick Orders in order to align with changes made in CPRS by the CPRS 32 project.