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Who should read this document?

This document is intended for system administrators and clinic managers. It summarizes new features and describes the latest technical requirements for installing / upgrading to Centricity Electronic Medical Record 9.5.

If you are the clinic manager...

Changes in this release are summarized below. For detailed description of new features and enhancements, review [What's New in Centricity Electronic Medical Record](#) in your Centricity Documentation Library.



Download the complete documentation library from http://support.centricityservices.com/centricity_library/.

Unzip to a folder on your system. When you open a document from the Centricity Document Library, you can click links to other guides to open them. Links do not work if you copy a document to a location outside the library folder.

Carefully review and consider how changes in this release affect your practice setup and workflows. If you have questions about how these changes affect your practice, contact Centricity Services at 888.436.8491 option 2, or your Value Added Reseller.

If you are the system administrator...

Before installing or upgrading to this release, review the requirements documented in this release note and the system software/hardware requirements and installation/upgrade instructions in your Centricity EMR documentation library:

- [Configuring Environments for Centricity Electronic Medical Record](#). This guide outlines the recommended software and hardware configurations to support Centricity EMR 9.5 in a variety of computing environments.
- [Calculating hardware requirements for Centricity Electronic Medical Record](#). This Microsoft® Excel spreadsheet helps you fine-tune your hardware requirements. If you have 25 or more users, you should plan to use this tool.
- [Installing and Maintaining the Centricity Clinical Gateway](#). This guide describes how to install and maintain the Centricity Clinical Gateway (CCG).

- [Preparing and Maintaining Centricity Electronic Medical Record](#). This guide provides detailed resources for planning and maintaining Centricity EMR 9.5.
- [Managing interfaces with Centricity Electronic Medical Record](#). This guide provides information to support the implementation and maintenance of software interfaces.

The following guides contain step-by-step instructions for installing and upgrading to Centricity Electronic Medical Record in various environments.

- [Installing Centricity Electronic Medical Record on Microsoft® Windows Servers](#)
- [Upgrading to Centricity Electronic Medical Record on Microsoft Windows Servers](#)
- [Installing or Upgrading Centricity Electronic Medical Record on RDS/Citrix XenApp Servers](#)
- [Installing Centricity Electronic Medical Record on UNIX® Servers](#)
- [Upgrading to Centricity Electronic Medical Record on UNIX Servers](#)
- [Installing Centricity Electronic Medical Record on Workstations](#)
- [Installing Centricity Electronic Medical Record Evaluation Version](#)

!!! 3rd-party integration requirements. If you integrated a prior version of Centricity EMR with other non-GE products, please contact your third-party application providers to make sure their integrations are still supported and to determine any new configuration requirements.

Caution. Centricity Electronic Medical Record documentation is available in English only. If a customer's service provider requires a language other than English, the customer is responsible for providing translation services.

Do not use the application unless the Centricity Electronic Medical Record online help has been consulted and is understood.

This software application assists the physician in evaluating and treating patients. The application is not intended to replace good clinical judgment and expertise. The physician remains responsible for determining the actual impact to the patient.

Upgrade considerations

Supported upgrade paths

Direct upgrade path to v9.5 is only supported from v9.2. You can upgrade to this version from the following versions with the specified upgrade steps:

- Logician 5.6x to Centricity EMR v6x to v9.2
- Centricity EMR v6x to v9.2
- Centricity EMR v9x to v9.2



If your install/upgrade kit contains an Oracle patch DVD, install it according to Oracle patch instructions.

Compatible client versions

Remote Desktop Services/Citrix XenApp server: Centricity EMR 9.5 and Centricity Practice Solution (PM) 9x client applications can be installed on the same server running Windows Server 2008 R2.

Standalone client workstation: Centricity EMR 9.5 (EMR-only) and Centricity Practice Solution (PM-only) v9x clients can be installed on the same workstation.



Important! Install the Centricity EMR client FIRST, then install the Centricity Practice Solution client.

Microsoft Windows 7 Professional, Vista Business, and XP Professional (SP3) are all supported workstation operating systems for this integration. Windows 2008 R2 is supported for Data Transfer Station and hosted RDS/XenApp.

CardioSoft only runs on 32-bit platform

CardioSoft must be installed on the same workstation as the EMR client. For EMR 9.5 and earlier, only 32-bit platform CardioSoft installations are supported.

Upgrade instructions

Detailed instructions for upgrading to Centricity EMR from supported earlier versions are provided for your platform in your Centricity Documentation Library.



Download the complete documentation library from http://support.centricityservices.com/centricity_library/.

Unzip to a folder on your system. When you open a document from the Centricity Document Library, you can click links to other guides to open them. Links do not work if you copy a PDF to a location outside the library folder.

Installing clinical content

A new version of Centricity Clinical Content (CCC) is available with this release. CCC v8.3.7.3 and detailed release notes and installation instructions are available on the Centricity Practice Web site at <http://support.centricityservices.com/logician/clinical/index.html>.

New features

- **Comprehensive CCC install package** - Previously customers had to install 8.3.7, then 8.3.7.1, and then new 9.5 CCC content, in that order. Now, the install 8.3.7.3 package includes prior versions of CCC.
- **Single import ALL clinical kit available** - select IMPORT All CONTENT.ckt
- **Client CCC directory created automatically.** No longer necessary to create/modify a separate .bat file.



For detailed instructions for installing/upgrading all clinical content, see the installation/upgrade instructions for your system.

IMPORTANT -Back up all custom clinical content before upgrading

During upgrade all factory forms, reports, and other clinical content are overwritten.

Before upgrading to Centricity Electronic Medical Record v9.5, verify that any clinical content you have customized (note templates, reports, encounter

forms) has been exported and backed up. You can redeploy custom content to workstations after the upgrade.



Consult your Centricity Services consultant or Value-Added Reseller if you have questions about upgrading your clinical content.

For more information about changes to forms, see ["Clinical content" on page 11](#), and [What's New in Centricity Electronic Medical Record](#) in your documentation library.

Visit Manager encounter forms are discontinued

GE discontinued support for Visit Manager encounter forms with the release of Centricity Electronic Medical Record v9.5. GE provides enhanced functionality for customizations of basic and specialty office visits in Centricity Clinical Content (CCC) suite. Visit Manager is included "as is" and is an optional supplement to Centricity Electronic Medical Record.

What's new in this release?

Centricity Electronic Medical Record v9.5 is officially 2011/2012- compliant and certified as a Complete EHR on November 19, 2010, by the Certification Commission for Health Information Technology (CCHIT®) in its capacity as an Office of the National Coordinator Authorized Temporary Certification Body (ONC-ATCB).

2011/2012 criteria support Stage 1 Meaningful Use measures required to qualify eligible providers for funding under the 2009 American Recovery and Reinvestment Act (ARRA).

Additionally, Centricity Electronic Medical Record is CCHIT 2011-certified for ambulatory and specialty certification in Child Health and Cardiovascular Medicine with Advanced Reporting.

CCHIT 2011/2012 features and enhancements

New features and enhancements in this release fulfill CCHIT 2011 certified Ambulatory EHR requirements. Many new and existing features support Meaningful Use reporting. For a feature summary, see [“Clinical workflow enhancements” on page 7](#).

For detailed descriptions of all new features in this release and in previous v9x releases, see [What's New in Centricity Electronic Medical Record](#) in your Centricity Documentation Library.

This release also includes all fixes and enhancements added in services packs to Centricity EMR 9.0, including the latest updates in Centricity EMR 9.2 Service Pack 6. For details, see release notes for previous updates on the Centricity Services Web site at http://support.centricityservices.com/logician/emr_9/index.html.

Browser and mobile access (added v9.2)

Access to patient charts away from the office is available through a browser or mobile device. These additional tools give physicians quick, secure access for viewing patient information and sending patient-related information via flags. Browser and mobile access displays on either a full-screen browser or on a hand-held device and introduces a streamlined user interface with customizable chart view, multiple windows, and the ability to see unsigned clinical data.

For feature highlights, see [“Browser / mobile access” on page 17](#).

Integration with Centricity Business 4.3 (added v9.2.5)

This release supports interoperability between Centricity EMR and the Centricity Business Revenue Cycle Management systems all hosted in a single user interface via Centricity Framework. This integration allows the organization to share clinical, financial, and administrative data and facilitates easy access and shared patient context among the different applications.

For feature highlights, see [“Centricity Business / Centricity EMR integration” on page 20](#).

Clinical Reconciliation

This release includes new Clinical Reconciliation features, which permits your organization to share patient problem, allergy, and medication information in real time with other systems with Centricity EMR databases and with McKesson Horizon Clinicals® Release 10.3.

Exchanged data is maintained in a separate database, an HIE-compliant Document Registry and Repository (DRR) available from GE eHealth. Participating organizations agree to share patient data using a common set of policies and sharing a common infrastructure in a community of care domain.

For feature highlights, see [“Clinical Reconciliation” on page 19](#).

Clinical workflow enhancements

Managing the problem list

- **Associate problems/diagnoses with a medication and view associated problems** when viewing or updating medications and optionally on the printed prescription form.
- **Set preference to print problems on prescription.** New Print Dx preference is enabled by default when problems and medications are associated. This preference can be changed on-the-fly or in user **Preferences > Patient Charts > Prescriptions**.
- **Related data symbols changes:** The following symbols were updated to specify/list problem descriptions when present:
MEL_ADD_MEDICATION, MEDS_AFTER, MEDS_NEW, MEDS_PRIOR, MEDS_REMOVED, MED_INDICATIONS, MED_LIST_CHANGES, NEW_MED, LISTRXNEWFULL, and LISTRXWITHOVERRIDES.

Refer to Symbols help in application online help for detailed instructions on data symbol use and interpretation.

Documenting allergies and drug interactions

Adding a new medication or problem to the patient's chart triggers interaction checking between the medications on the active medication list and the active problems list. In this release you can also

- **Enter a structured reason and comment if overriding a drug-drug, drug-disease, or drug-allergy / intolerance warning** when adding a prescription.

An interaction warning override is indicated by a green check icon on the New/Change Medication window. Click the icon to view the override reason and comments.
- **Create custom override reasons** in **Setup | Settings > Chart > Drug Interaction**.
- **Set preference to always use the last-used override reason** in **Setup > Settings > Preferences > Chart > Drug Interaction**.
- **View drug interactions based on MediSpan age / gender disease codes.**
- **Set preferences for minimum threshold for degree of contraindication and additional allergy criticality levels**, and view on the Update Allergies or Adverse Reactions, Chart Alerts/Flags, And Chart Summary Allergies lists.

New reaction criticality levels: Critical, Severe, Moderate, and Mild. Reactions previous documented as Non-Critical display as Moderate after upgrade.

Related data symbols changes: The following symbols were modified to support display of new criticality levels:

ALL_AFTER, ALL_LIST_CHANGES, ALL_NEW, ALL_PRIOR, ALL_REMOVED, ALL_ACTIVE

Refer to Symbols help in application online help for detailed instructions on their use and interpretation.

Prescribing medications using weight-based dosing

- **Prescribe using weight-based dosing when doses based on weight** (such as mg/kg) are available.
- **Receive dosing suggestions and visual warnings** when weight-based or BSA-based dosing exceeds a maximum individual or if a daily dosage or cannot be determined. Override a High or Over Max high dose notice. Override information is displayed on the Medications tab.
- **Related data symbol changes.** The following new symbols were added to support display of interaction/dosing warning override information.
 - MED_OVERRIDES - Displays information related to overridden drug interactions and dosing warnings for specific medications in list and delimited formats.
 - LISTRXWITHOVERRIDES - Like LISTRXNEWFULL with added lines to display interaction and dosing override information.

Refer to Symbols help in application online help for detailed instructions on their use and interpretation.

Enhancing patient access to health information

Clinics can now exchange patient health information with external systems in CCD (Continuity of Care Document) format. Application users can generate export, import, and display CCD documents for their patients. You can also import CCR (Continuity of Care Record documents.)



A new CCD clinical kit supports these features. In Setup, see **Chart > Flowsheet Views**. The following CCD flowsheets are in the Interfaces/ CCD folder: Diagnostics Results, Immunizations, and Vital Signs Flowsheets. (DO NOT rename these flowsheets.)

-
- **Provide a Chart Summary for each office visit** that includes Problems, Procedures, Medications, Immunizations, Directives, Allergies and Adverse Reactions, and Services Due.
 - **Export and import patient information in CCD (Continuity of Care Document) format from the Chart > Actions menu.** When generating a CCD, you can
 - Generate in password-protected zipped archive (.zip)
 - Include a *Reason* (referral request, referral response, transition of care, or give to the patient).
 - Specify time period for Vital Signs and Lab Results to include (one month to 10 years, Latest, or All).

- Include observations that are unsigned or pending final signature.
- **Give generated CCD content to patients on a thumb drive or other removable storage device.**



To secure patient privacy and security when transferring patient information, GE recommends you always encrypt and password protect patient information stored to portable storage devices.

- **Send CCD content to other systems via secure Web applications.** You can send a CCD to external providers and health systems using secure messaging such as Centricity Practice Clinical Messenger or publish it to a secure patient health Web site such as Centricity Practice Patient Portal.



Contact your GE Sales representative or Value-Added Reseller for information about these Centricity products.

- **Generate CCD documents with structured allergy information based on federally required terminology and value sets,** including UNII (Unique Ingredient Identifier) for food and substance allergies or RxNorm for medications. The system can export CCD documents with structured medication allergies with RxNorm codes.



RxNorm and UNII are standard vocabularies recommended by the Healthcare Information Technology Standards Panel (HITSP) for sharing health information among organizations and systems.

Meaningful Use reporting

This release includes functional and quality measure reports based on final ONC (Office of the National Coordinator for Health Information Technology) criteria as well as National Quality Forum (NQF) reports. The release is ONC-ATCB certified and its features and functionality help you successfully demonstrate Meaningful Use as specified in the CMS eHR Incentive Program.

Web-based reporting services

Enter data and generate Meaningful Use reports and—when required by CMS—submit performance data electronically.

- **Quality Reporting Services** provides reports and services you can use to evaluate your organization's ability to meet quality measurements, including all required and optional Meaningful Use measures.
- **Quality Submission Services** (not available yet) will submit data to third parties such as CMS for programs such as Meaningful Use, PQRI, or the eRx Incentive. that automatically generates the required format for clinical functional and quality measures. When used in conjunction with Quality Reporting Services, data are automatically generated in the required

format for clinical functional and quality measures. Quality Submission Services is part of our certified EHR solution and is required for you to achieve Meaningful Use. However, you only pay for this service after data are electronically submitted, which will begin in 2012 for Meaningful Use.



Quality Reporting Services and Performance Reporting are hosted by the Medical Quality Improvement Consortium (MQIC).

Membership in MQIC is not required to use these services, however as an MQIC member you receive Quality Reporting Services at no extra charge and your data is pre populated in the reporting templates.

For more information on how to enroll in Quality Reporting Services, Performance Reporting, or the MQIC program, contact Centricity Services or your Value-Added Reseller or send email to mqic@ge.com.

Crystal Reports Meaningful Use and Quality reports templates

Optionally use Crystal Report templates with Crystal Parameters to calculate and report meaningful use measures by provider in the Chart Reports module.

For detailed descriptions of the report templates, see *Using Centricity Electronic Medical Record Meaningful Use and Quality Reports* (Adobe PDF). Meaningful Use Crystal Reports templates are packaged as a zipped file and imported to the application as a clinical kit. The zipped file and user guide are available on the Centricity Practice Web site at <http://support.centricityservices.com/logician/mu/index.html>.



Report templates search your data with commonly used observation terms and document types. You may need to modify the reports if you use custom observation terms or forms. Refer to the user guide for details.

Crystal Reports for Meaningful Use are not recommended for all customers. To test whether your database size is consistent with using Crystal Reports templates for Meaningful Use measurements, see *Using Centricity EMR Meaningful Use and Quality Reports*.

Features that help track key Meaningful Use values

- **Track Problem list status.** Check boxes on Update Problems window use new observation terms to
 - Track whether the patient has No Known Problems (NKPROB)
 - Track whether a clinician has reviewed the problem list for accuracy (PROBLEM REV).
- **Track Formulary alternative use.** The system now flags a prescription when a clinician selects a medication from the formulary alternatives list.
- **Record separate values for Race and Ethnicity** when recording patient demographics in Registration.

- **Record patient time of birth in hours/minutes.** In Registration and Scheduling (new patient registration), you can record a patient's date and time of birth in hours and minutes when this is known. The data symbol PATIENT.FORMATTEDAGE is also modified to display birth time when available.
- **Record and track drug-related alerts responded to by users** (for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, age, and formulary and dosing alerts).
- **Record patient's preferred contact method in Registration/Scheduling.** Associating a preferred contact method with a patient helps track reminders for preventive and followup care sent to patients per their preference.
- **Electronically reconcile medication histories** from a prescribing network with the patient's current medication list with Centricity Advanced ePrescribing. Supports the ability to track encounters with Medication Reconciliation. See also "[Centricity Advanced ePrescribing](#)" on page 22.
- **Implement clinical decision support rules using MEL decision support.** Use existing MEL functions *UserYesNo* and *UserOK* in encounter forms, document templates, and the patient banner to display custom alerts and care suggestions and prompt user responses. System auditing logs user responses to prompt text invoked by these MEL functions. This lets you track, record, and generate reports on the number of alerts responded to by a user.

New Patient Authorization Form helps track patient requests filled within 3 days

- Use the new version to help track patient information requests filled within 3 days. When the form fields for authorizing provider, date requested, and date sent are used, patient requests for information fulfilled within 3 days can be easily tracked. Providers are linked to the request by the observation term ROI AUTHLN, which is saved in the Patient Authorization form

Clinical content

New and enhanced encounter forms fulfill Certification Commission for Healthcare Information Technology's (CCHIT) 2008 -2011 certified Ambulatory EHR requirements. Centricity Electronic Medical Record clinical content decision support enhancements also support your organization's ability to fulfill Meaningful Use reporting requirements.

For detailed descriptions of all clinical content changes, see [What's New in Centricity Electronic Medical Record](#).

Enhanced CCC forms

CCC Cardiac Procedures, Immunization Management, and Vital Signs forms have updated in this release. These forms can be used outside of CCC but require the CCC structure to be in place for them to work.

Cardiovascular procedures

- **Cardiology-CCC Flow Sheet** - New observation terms permit the graphical display of ejection fraction (EF) results from multiple studies/procedures/modalities in a single view.
- **Cardiac Procedures Encounter form** - Capture detailed information related to cardiac procedures, including stress test, catheterization, implant/device, and electrocardiogram (EKG).



Also includes, new Cardiology History View (orders and/or observations) and new Orders custom list (EKG).

Cardiovascular specific risk factor history panel (added v9.2)

- **Create a cardiovascular specific risk factor panel/display** for a patient. This includes diabetes, hyperlipidemia, hypertension, history of cardiovascular disease, family history, and tobacco use.
- **Cardiovascular History View** displays sections filtered to show elements relevant to a patient's cardiovascular history or risk without going to the flowsheet, including problems, medications, allergies, tests and procedures, and lab results.

Lab results

- **Document structured values for a target range, a target maximum, or a target minimum for lab results** customized to the patient for lab values for HbA1c, and be able to indicate when the patient is outside their custom target.

Updated forms: Diabetes Q&E - CCC form, Diabetes TFE form, Diabetes - CCC flowsheet, CPOE Anticoagulation-CCC form, Lipid Q&E-CCC form

Vital Signs-2-CCC encounter form (added v9.2)

- Modified to check whether BP, heart rate, respiration rate fall in normal ranges for the age of the patient. Form alerts user if the value is above the upper limit or below the lower limit. Includes a normal temperature range (default range 96-101 degrees F).

Medication administration and immunizations

Enhancements to CCC forms

- **Capture date and time when an injection, infusion, or other medication is administered in the office.** Previously date/time defaulted to the date/time of the chart update. Other discrete information captured includes medication name and dose, route and site, lot number and expiration date, manufacturer, and (administering) user ID.

Updated/new forms: Medication Administration-CCC form, Medication Administration TFE form.

- **Capture date and time for patient immunization done in the office.** (Impacts.)

Updated/new forms: Immunization Management-CCC form, Immunization Management TFE form.

- **Capture a discrete allergy/adverse reaction to a specific immunization.** Associate the reaction with the Allergy list and also display the details of historic reactions for the patient and siblings. Recording date and time clarifies the relationship between vaccine administration and reaction or allergic occurrence times so a clinician can decide whether to administer the same vaccine again.

Updated forms: Immunization Management-CCC form, Immunization Adverse Reactions form (New).

Immunizations management using handouts and letters (added v9.2)

These clinical resources are part of the basic practice kit and have been updated to current CDC protocols. As immunizations become available and their schedules are modified, we periodically update this content.

- **Immunization history handout and letter** updated to current CDC protocols.
- **Immunization vaccine information sheets** updated to current CDC protocols.
- **Well Child-Immunizations Due (letter).** Based on standard CDC childhood immunization schedule, the letter template includes the same CCC function used in the Immunization Management form to display immunizations due.

Rules to determine when an immunization is due can be edited in the CCC text files.

- **MEL symbol GET_FLOWSHEET_VALUE.** Retrieves and displays immunization information from the flowsheet and displays the immunization name, description and date in list or delimited format.

Enhanced security/confidentiality

Enforcing patient privacy

- **Exclude selected users from access to a patient's chart and registration information regardless of users' other chart permissions.**

When the Sensitive Patient (previously Sensitive Chart) option is checked on the Registration Patient tab, you can search for and select users to exclude from access to the chart. Excluded users can be granted on-demand access optionally.

- **Document a patient's preferred Contact method in Registration/Scheduling.** Associating a preferred contact method with a patient helps you track percentage of reminders for preventive and followup care sent to patients per their preference.
- **Configure and view warnings to secure patient privacy at application login.** The default message is "The system should only be accessed by authorized users." This message can be viewed at any time by selecting **Help > View Administrator Message** from the main menu.

Securing user passwords

- **Use passwords encrypted with Advanced Encryption Standard (AES) encryption or a SHA-256 hash algorithm.** Passwords that do not require decryption are now hashed via the SHA-256 algorithm before transport or storage. Passwords requiring both encryption and decryption are encrypted using the AES algorithm before transport or storage.



Upgrading customers: Existing passwords stored with previous MD5 encryption will be verified and updated when users login for the first time after upgrade.

User passwords created for browser and mobile access must be reset after upgrade.

Enhanced clinical auditing

- **Configure individual audit events to be logged, ignored, or sent to an external repository in ATNA-compliant format.** This release implements the IHE Audit Trail and Node Authentication (ATNA) Profile to support logging to a location outside the Centricity EMR database. The ATNA repository is accessed through a network-accessible HTTP URI configured in Setup.

These new features may be useful to organizations wishing to monitor and manage audited events from multiple locations and application databases at a centralized location.

- **Capture type of action taken and event outcome (success or failure) when auditing events.**

Changes to LinkLogic

Enhanced data handling and new Add-On IXP files

- **LinkLogic now exports HL7 2.3.1 in MSH-12.** LinkLogic now exports HL7 2.3.1 instead of 2.3 in MSH-12 in all export message types. The list of acceptable HL7 version values in MSH-12 is the same for both import and export, so all LinkLogic imports also now accept 2.3.1 in addition to 2.3, 2.2, and 2.1.
- **New Add-On .IXP file supports backward compatibility with HL7 2.3.** Not all systems support HL7 2.3.1, so LinkLogic includes a new Add-On IXP file **export.2.3.ixp**. This file is for backward compatibility with any destination system that requires LinkLogic to send HL7 2.3 instead of 2.3.1.

!!! Attention MIK users: You must use this .IXP file with AEG or Centricity Bridge to avoid MSH-12 errors.

LinkLogic exports OID in PID-3.4 - Organizations that opt to do biosurveillance reporting to a destination system that requires patient identifier in PID-3.4 can export OID in PID-3.4 using a new Add-On IXP file **pid3.4exportoid.ixp**. LinkLogic exports internal PID in PID-3.1 and OID in PID-3.4 when Confidentiality Task Option Export Patient Identity is NOT selected. When Export Patient Identity IS selected (the default behavior) LinkLogic supports a new Add-On IXP file **pid3.4exportoid.ixp** to export OID in PID-3.4.

- **LinkLogic handle birth time value in hours and minutes.** On import, LinkLogic splits a patient's PID-7 birth *DateTime* value into separate date and time values to store to the Centricity EMR database. On export, the date and time values are concatenated in a single birth *DateTime* value. This is accomplished with a change to the hl7pid.ixp IXP file referenced by import instructions for PID-7.
- **LinkLogic imports race and ethnicity values.** Race and ethnicity values can now be specified through LinkLogic demographic imports in the PID-10 (race) and PID-22 (ethnicity) fields. Both fields use a single character to represent a particular race and ethnicity.

An add-on IXP file **ethnicity.ixp** helps LinkLogic recognize a race value of *Hispanic* and automatically set the ethnicity to *Hispanic*.

Upgrading clinics can still process legacy race symbols through LinkLogic because the list of race values is unchanged. For new installations, legacy LinkLogic symbols that are no longer acceptable are processed as an *Undetermined* race by default.

- **LinkLogic imports / exports observation values with LOINC codes.** LinkLogic imports and stores LOINC codes (Logical Observations Identifiers Names and Codes) and observation values included in imported lab results so they can be passed as required output in exported CCD documents. This capability also supports reporting percentage of lab tests ordered with results in a positive/negative or numerical format that can be

stored in the application database. An Add-On IXP file **obx3extcode.ixp** lets LinkLogic export external codes (such as LOINC codes) that came in from previously imported lab results.

- **LinkLogic imports and exports UCUM units for observation values.** The factory unit conversion table now includes mappings for UCUM (Unified Code for Units of Measure) unit used by factory observation terms. By default, LinkLogic exports the internal GE units for the factory observation term for each observation result. An add-on IXP file **obx6ucum.ixp** lets LinkLogic export UCUM units.

Filter Problems Export based on diagnosis code or description

- **New LinkLogic Problems Export Constraints option** lets you specify one or more diagnosis codes or descriptions to filter problems pulled from the database for export. Select **Problem table SQL filter** and then click **Edit SQL**. Enter a string that LinkLogic will append to the *where* clause of the SQL select statement executed for each export.
- **To export filtered problems manually from LinkLogic module**, click **Export** and then select any problem / patient option. The filter you set in LinkLogic Setup finds and exports only matching codes for selected patients.

Import lab results as signed or unsigned based on abnormal results setting

Changes to the **Change Document Routing Options** window let you import lab results automatically signed, signed with additional signatures required (default), or unsigned based on configured normal/abnormal results settings. These enhancements let you determine when to make lab data available in CCD format in response to a patient request on a Patient health Web portal. Normal results may be signed automatically and posted while abnormal results cannot be sent until physician has reviewed and signed.

Increased field lengths supports interoperability with practice management systems.

LinkLogic now supports longer values for import and export of insurance policy number and names and addresses for patients, guarantors, contacts, and insurance companies. Impacted fields include the following:

All interfaces:

- PID-5 Patient Name - 48 to 250
- PID-11 Patient Address - 106 to 255
- PV1-8 - Referring Doctor - 60 to 255

Demographics Import/Export, Orders Export:

- GT1-3 Set ID- GT1 - 48 to 250
- GT1-4 Guarantor Spouse Name - 48 to 250
- GT1-5 Guarantor Address - 106 to 255

- GT1-17 Guarantor Employer Address - 106 to 255
- GT1-45 contact Person's Name - 48 to 250
- IN1-5 Insurance Company Address - 106 to 255
- IN1-6 Insurance Plan Contact Person - 48 to 250
- IN1-16 Name of Insured - 48 to 250
- IN1-19 Insured Address - 106 to 255
- IN1-36 Policy Number - 20 to 50
- IN1-44 Insured's Employer Address - 106 to 255

Demographics Import/Export only:

- NK1-2 Name - 48 to 250
- NK1-4 Address - 106 to 255
- NK1-30 Contact Person's Name - 48 to 250
- NK1-32 Contact Person's Address - 106 to 255

Browser / mobile access

With browser and mobile access (introduced in v9.2) physicians can provide care on the go. Physicians can view charts and send flags and care alerts. This interface is also an alternative to users with view-only chart privileges.

Browser and mobile access also lets participating MQIC (Medical Quality Improvement Consortium) members access data on performance to quality standards such as NCQA from the chart summary.

For detailed feature descriptions and configuration details, see [What's New in Centricity Electronic Medical Record](#) in your Centricity Documentation Library.

Browser and mobile access features

- **Search for active / inactive patient charts.** Find patient charts based on patient name, birth date or phone number, and access list of most recently viewed patients.
- **View charts.** Chart summary view includes problems, allergies, medications, directives, documents, flowsheets, and chart flags/care alerts.



The patient banner in browser/mobile access view is not customizable.

- **View multiple chart summary panes concurrently.** clinical list panel frames in the summary expand and pop out so you can open and review multiple detail views at the same time.
- **Configurable My Chart View.** Optionally include, remove, or reposition clinical panels most relevant to the care of your patients, for example,

including multiple flowsheets or adding quality information. The custom view is same for each chart viewed on this tab.

- **Hide / restore panels.** A single click collapses and hides a panel without removing it. Click again to restore.
- **View medication/problem details (view only).** View past/current medications and problems for a patient. (Includes active/inactive views). Expand list entries to view medication history details.
- **View document details.** View documents and attachments associated with a patient's chart. Document list panel and documents expand and pop out in separate windows. By default 10 documents at a time display in the list, at a time.



You cannot sign, route, append, import, or change documents in the browser and mobile access view.

- **View documents attachments.** View many types of attachments in the browser and mobile devices when attachment viewing is configured.
- **View and send patient-related flags and care alerts.** View and send flags to and care alerts attached to a patient chart from the browser or mobile device. Individual panels for flags, care alerts, and care alert popups can be added to the My Chart View tab.
- **View quality metrics.** In the browser view, participating MQIC members can see how they are performing against national quality programs such as NCQA and view details for patients not meeting selected measures.

Supported configurations

The browser/mobile access feature is a web application users can access:

- In a Web browser on a laptop or desktop computer with broadband Internet access, WAN or LAN and the following configurations:
 - Internet Explorer 7.x
 - Internet Explorer 8.0
 - Mozilla Firefox 3.x
 - Mac OS® X - Safari® 3.x
- On a smart phone or other mobile device with broadband Internet access, touch screen, 64MB of RAM (recommended), a minimum 240x320 resolution and the following configurations:
 - Apple iPhone™ – Safari Mobile Edition 3.x or higher

- Apple iPod Touch™ – Safari Mobile Edition 3.x or higher



Enhanced security should be considered under the policies of your healthcare organization before implementing this feature.

Refer to “Security considerations for browser and mobile access” in [Preparing and Maintaining Centricity Electronic Medical Record](#).

Clinical Reconciliation

Clinical Reconciliation permits your organization to share patient problem, allergy, and medication information in real time with other Centricity EMR systems and with McKesson Horizon Clinicals® Release 10.3.

How it works...

Exchanged data is maintained in a separate external database—an HIE Document Registry and Repository (DRR). Member organizations sharing patient data agree to work together using a common set of policies and sharing a common infrastructure in a community of care.

Centricity EMR supports clinical data exchange using CCDs (Continuity of Care Documents) that are compliant with HITSP/C32 v2.3 standard (Healthcare Information Technology Standards Panel).

All imports and exports in Centricity EMR occur in the Service Layer. The Service Layer checks for shared external patient identifiers, determines if data is changed and signed, verifies account privileges, and logs the activity.

Feature summary

For additional details, see [What's New in Centricity Electronic Medical Record](#) in your Centricity Documentation Library.



Each Clinical Reconciliation implementation is unique. Contact GE Sales, your Centricity Services project manager, or your Value-Added Reseller to plan and implement your shared community of care.

- **Using the Reconcile tab.** Special chart summary tab displays shared patient data maintained on the Document Registry and Repository (DRR). On the Reconcile tab, Centricity EMR users can do the following:
 - **View exchanged medications, problems, allergies.** When a user opens a patient chart, Centricity EMR automatically checks the DRR for new/changed medications, allergies, or problems. and displays them along with other confirmed items on the Reconcile tab.
 - **Accept/ignore clinical information from the exchange.** On the Reconcile tab, users can choose to confirm or ignore updated patient information published to the DRR by another member organization.

- **Updated patient information is published to the DRR.** When users add or change patient problems, medications, and allergies and close the patient chart, the changes are published as CCDs to the shared Document Registry and Repository (DRR).
- **Consolidating the update view of clinical list changes.** If new information arrives during an update, users can confirm a new medication, for example, on the Reconcile tab, and then return to the update and click **Merge Clinical Lists** to consolidate the changes.
- **Configuring Clinical Reconciliation:**
 - **Enable Clinical Reconciliation** by checking **Enable Clinical Reconciliation** on **Setup | Settings > System > Optional Modules**.
 - **Configure locations of care to participate in data exchange.** On **Setup | Settings > System > Locations of Care**, select locations to participate by checking **This location of care is a chart room** on the Add/Change Location of Care window.
 - **Configure global external patient identifiers.** Shared external patient identifiers are attached to shared documents and enable document sharing and exchange among member organizations. Enable this external ID set for Demographics Import in **Setup | Settings > Linklogic > Relationships**.

Centricity Business / Centricity EMR integration

Seamless integration with Centricity Business 4.3 is supported by the following changes to Centricity EMR:

- **Enabling interoperability.** Select **Enable interoperability** on **Settings > System > Optional Modules**. Once integration is enabled, the following features are also enabled:
- **Registration module view-only with limited exceptions.** In the integration, Centricity Business Registration manages the patient registration record and populates the EMR registration view. Users can edit the following EMR Registration fields: Preferred Pharmacy, Preferred Provider, Cell Phone, Contact By Method, Internal ID, Sensitive Chart, Get Picture, Registration Notes.
- **Appointments module view-only.** In the integration, provider schedules are set in Centricity Business scheduling. EMR users can view schedules in the EMR Appointments module but should be configured to remove privileges for adding/changing appointments there.
- **Orders module enhanced to facilitate billing data exchange.** In the integration, EMR orders can be set up to automatically generate charges. A provider can also associate clinical observations required for billing (Situational Data Elements) with EMR orders. When the provider either signs the order or completes it from signed documents, Centricity EMR automatically queues the charge information generated by the visit to be picked up and sent to Centricity Business billing modules.

- **Configure order codes for billing.** This is accomplished in **Setup | Settings > Orders > Codes & Categories** on the Add/Change Code screen where you can also find and associate SDE observation with the order.
- **Set when charges are sent.** In **Setup | Settings > System > Interoperability Charges Task Options** you can configure orders generating charges to be processed either when the order is completed and the encounter note is signed (default) or when a completed order is signed.
- **Set locations of care that can send charges.** Only orders from locations of care you select are sent as charges to Centricity Business billing processes. This is configured In **Setup | Settings > System > Interoperability Charges Task Options**.
- **Configure EMR SDE observations.** The Centricity EMR **Situational Data Elements Flowsheet** contains 16 clinical observations commonly required for billing for certain orders. Importing this clinical kit makes the default SDE observations available for association with orders that generate charges.
- **Single Sign On with Centricity Framework 5.02.** Centricity EMR is enhanced to run within Centricity Framework 5.02, a light Web-based wrapper application that hosts Centricity Business modules and allows users to switch easily from one application to another while maintaining patient and user context. When you run Centricity EMR within Centricity Framework, users only log in once to the Framework. Framework security rules, such as password expiration, supercede EMR application settings. However when users log in directly to Centricity EMR, EMR rules apply.



Although users can access Centricity Business modules remotely through the Centricity Framework, Centricity EMR must be installed to each user's workstation locally.

For additional details, see [What's New in Centricity Electronic Medical Record](#) in your Centricity Documentation Library.



Contact GE Sales, your Centricity Services project manager, or your Value-Added Reseller to plan and implement this integration.

If you currently use this integration and need to upgrade to Centricity EMR 9.5 or Centricity Framework 5.02, please contact your GE account manager to help plan for this upgrade.

Centricity Advanced ePrescribing

Centricity Advanced ePrescribing seamlessly integrates the capabilities of Kryptiq eScript Messenger (eSM) with Centricity EMR to manage all aspects of writing and electronically transferring new and renewal prescriptions from within the Centricity application. Advanced ePrescribing electronically transmits prescriptions to pharmacies, electronically transmits renewal information, receives eligibility and formulary information electronically, and displays medication fill history information.

For a detailed feature and workflow overview, see [What's New in Centricity Electronic Medical Record](#).

!!! Your Advanced ePrescribing implementation or upgrade must be scheduled with a GE project manager or your Value Added Reseller (VAR). See also <http://support.centricityservices.com/logician/eprescribing/index.html> for scheduling and implementation details.

Changes to Crystal Reports

In this release, all factory reports are converted to Crystal Reports®, Professional XI R2.

If you are upgrading from a pre-9x version, and plan to use only the factory reports without modifying them, you do not need to convert anything. The application includes all the Crystal Reports files you need to run the factory reports. If you plan to modify the factory reports, you must use Crystal Reports Professional XI R2.

If you created custom Chart (clinical) reports with custom SQL, they may not work until you convert them to Crystal Reports Professional XI R2. While this version has backward compatibility for reports created with v10, older reports may not actually work without conversion. GE strongly encourages you to convert your custom Chart reports to Crystal Reports Professional XI R2.

To convert a Chart custom report from v10.0 to vXI R2:

- 1 Open your custom report in Crystal Reports Professional XI R2.
- 2 From the Database menu, select the option to verify database.
- 3 Enter the database connectivity information.
- 4 Refresh the report.

!!! Reports created with a version **newer** than Crystal Reports Professional XI R2 may not work.

Important product notifications

The following issues were resolved in this release:

Textual errors in Diabetes Self Education-CCC handout

Handout had incomplete sentence in Total Cholesterol section; under Insulin Summary, it incorrectly instructed patient to use syringe.

Resolution: Instruction reads correctly now.

Patient banner popup messages display over previous patient chart

Mel banners can pop up messages that display clinical information when you go to the patient's Chart Summary. When the CCC banner template 'Patient Banner with CDSS' is used, if you open a patient chart and then switch immediately to a second chart, a popup associated with the first patient's chart may display.

Resolution: Patient Banner with CDSS is removed from the application. Upgrading customers will need to remove this banner manually.

Preventive Screening-CCC form not pushing due date values to flowsheet or to form fields

When you clicked Commit to Flowsheet the Mammogram, the date and next due fields were not cleared and the Commit to Flowsheet button was still visible and yellow-highlighted. On the flowsheet, the mammogram observation and mammogram due observation were not set. Next Due and Date Due fields on the form also did not update. And, if you changed the value on the form and clicked Commit to Flowsheet, the Due value in the flowsheet displayed "VOID".

Resolution: Next due observation values display properly on the form in the flowsheet.

Preventive Care Screening-CCC form text translation does not match form display

The earliest entry for an obs term is being added to the chart while the most recent value is displayed on the form.

Resolution: The most recent value is displayed in both places.

Some procedures are not exported from the database by the DTS

Resolution: All procedures are exported from the database by the DTS.

Lab Document overlays when it should not

For the same patient, importing a new lab report with OBR3, OBR4, and OBR7 containing the same data as a previous lab report, but OBX3 codes are different, the lab report is overlaying when it should not.

Resolution: Improved the application to prevent incorrect lab report overlays.

Some orders not exported by DTS

Not all Orders are being exported to the in-house lab system. Problem only occurs when running exports from the DTS. Orders are listed in the application, but do not show up in the lab system's database.

Resolution: All orders are exported.

Lab results imports do not automatically complete orders correctly

When the HL7 file includes multiple OBR segments and one or more OBR-25 segment does not contain the value F (Final), the results status (OBX-11) value is ignored and no related orders are auto-completed.

Resolution: LinkLogic now examines each OBR-25 and related OBX-11 to correctly determine when to mark orders for completion.

Permissions do not stop users from removing care alerts in a chart

A user who does not have permission to remove flags/alerts can remove care alerts from a patients chart, but cannot remove them from their EMR Desktop.

Resolution: Users are now notified if they do not have permission to remove the care alerts.

Observations Export interface does not always export all items

The DTS occasionally skips exports of observation terms when the HL7 recurring task executes.

Resolution: All terms are exported.

Some orders are not signed when the document is signed

A variety of environmental issues prevented some orders from being signed when document was committed.

Resolution: Product enhanced to ensure orders are signed when the document is signed.

Printed chart document contains the wrong patient's clinical data

Patient documents were found which contained the correct patient banner with clinical data from another patient chart.

Resolution: The values of the selected and current patient are checked before printing. If they do not match an error is displayed and printing is canceled.

Orders print with wrong letterhead information

When printing patient orders from outside an update, the top level LOC letterhead is used instead of the patient's or user's home location of care.

Resolution: Letterhead drop down now defaults to Patient's Home Location when printing from the Orders tab.

Allergy warnings incorrect when prescribing Tigan to a patient with Tigan on their allergy list

When attempted to prescribe Tigan to a patient with Tigan on their allergy list, the warning did not indicate a prior interaction with the medication.

Resolution: A warning message is displayed indicating a prior adverse reaction.

LinkLogic Error 5175: 'Parent pointer cannot be reset since it is not NULL' received during Procedures Export

This error displays occasionally when exporting procedures via LinkLogic.

Resolution: Export process enhanced to clear any previous internal export warnings that can cause this error to occur on subsequent exports.

Unmatched right curly brace in field cuts off translation text

If a user types a right curly brace "}" in any text field, the translation for the form will be cut off at the unmatched brace.

Resolution: Curly braces are now removed after the expression is executed but before the text is placed in the RTF buffer.

Allergies interface does not always export all items

The DTS occasionally skips exports of allergies when the HL7 recurring task executes.

Resolution: All allergies are exported.

Enhancement: Tamper-resistant prescription form should not print "No known drug allergies" if patient not screened for allergies

Resolution: Prescription reports now print "Not Screened" instead of "No Known Allergies" when the patient has not been screened for allergies.

Unable to locate observation term ORRKNEEX in Network Training database

In Network Training in earlier versions of the application, ORLKNEEX (Ortho Exam of Left Knee) displayed for both right and left knees.

Resolution: Problem has been corrected.

Cancelled appointment HL7 message deletes unsigned document from chart

When canceling an appointment via an HL7 interface, if the user has already inadvertently canceled the appointment manually and entered a note on the patient chart, the unsigned note will be removed from the chart as the HL7 message is processed.

Resolution: Documented caution to users. If you opt to have LinkLogic automatically create cancellation and/or no show notification documents, DO NOT attempt use the EMR client application to change appointment statuses. Do not edit cancellation documents in the application because LinkLogic removes old cancel and no-show documents when it imports changes to appointment status.

Tilde (~) in OBR-16 causes LinkLogic to not match/cross-reference document provider

If an OBR-16 segment had a tilde (~) character in it, LinkLogic ignored all carats from the beginning of the OBR-16 segment to the tilde, which causes provider cross-referencing / matching to fail. This produced a document on the chart with either the patient's responsible provider, or 'LinkLogic' as the document owner.

Resolution: Matching errors prevented.

DTS Automated Clinical Summary export does not provide complete chart summary

Previously, only the most recent observations were exported when the Clinical Summary was exported automatically by the DTS, whether or not the *Export only most recent observations* constraint was set.

Resolution: Now when this option is unchecked, all observation terms are exported whenever the DTS runs a clinical summary export for the patient.

Lab documents are routed to responsible provider desktop, by default when ordering provider not found

When documents go to responsible provider by default, the ordering provider may not see the results.

Resolution: Now users can set LinkLogic to generate an error if the ordering provider is not found. When *Create orphan document when ordering provider is not found* is checked on the Change Document Routing Options window, an error is generated so you can manually direct the report to the appropriate provider. This option is unchecked by default for backward compatibility.

Problem Comments Are Not Exported When Creating CCD

Resolution: Problem comments are now included in the CCD when you generate a Continuity of Care Document (CCD) manually.

Symptoms checkboxes for allergies entered in v5.6 not do not display

When updating patient with legacy allergies entered in Logician 5.6, the symptom checkboxes that display in Change Allergy dialogue were unchecked when the window.

Resolution: Now legacy allergy information previously displayed via checked boxes automatically appears in the Description/Reaction field.

Attachments Not Listed For Replaced Documents

Previously, with document overlay enabled, when a document with an attachment was overlaid with a different document, the link to the attachment of the original document was hidden. The attachment was not overwritten, but simply not visible to the caregiver.

Resolution: Now both internal and external attachment links remain visible.

Procedures re-exported after patient merge

Previously, when no constraints have been set, if two patient charts with previously exported procedures were merged, the procedures from both charts were automatically re-exported.

Resolution: Now merging patients does not trigger procedures export.

Documents occasionally omitted From DTS Document Exports

Resolution: Now LinkLogic exports all documents meeting criteria configured for the export task.

Linked attachments do no open correctly in the Chart Documents tab and may display wrong attachment

Corrected problem where linked attachments in appended documents did not open correctly in the Chart Documents tab. Only attachments to the original documents were displayed and not the appended attachments.

Resolution: Now all attachments display.

Patient popup attached to appointment does not appear in Appointments Module

Resolution: Now when opening appointment details from the Appointment module or Desktop, if any popup exists for the patient, it opens above Appointment Detail window.

Some orders are not automatically signed when the update is signed

Some environments reported that orders were occasionally not being signed when the update was signed. External factors such as SQL Server, network, or computer errors during signing caused delays that sometimes prevented orders being signed because the signed document was already committed.

Resolution: The process was redesigned so that orders are automatically signed when the update is signed.

Message indicating EMR is shrinking the images to save space did not appear

When scanning images, logician_images tablespace sank to 3 percent and reduced the images to unviewable size in the patient charts without informing the user.

Resolution: Now when space is low, larger images are saved as JPG without losing quality of the image. If there is no room to store a smaller-size image system present error message that image cannot be stored.

Document routed to out-of-office provider removed from sender's desktop without warning

Resolution: Now, if a routed document fails to reach any user, the sender sees a failure message and the document remains on the desktop.

Known issues

Prescription refill content (text translation) not always included in signed document

This rare issue has been observed at one customer site. After the user signs a refill and the update document, the text of the prescription does not display in the chart note text translation. However, prescription is sent and the information and associated clinical list data can be viewed in the Medications list and Clinical List changes window.

Please watch for this issue and report it immediately if it occurs. We are investigating this issue and targeting a fix for service pack 1.

Oracle errors occur when executing Oraup11g.sql script (HP-UX upgrade)

When executing Oraup11g.sql script, user sees multiple errors ('ORA-00942: table or view does not exist ') for every v_\$diag_* view being created/compiled.

This problem is documented as Oracle Bug 10302203. It occurs when the HP OnLineJFS product is not installed. A one-off patch for 10302203 is available for 11.2.0.2 on HP-UX Itanium and can be downloaded at MOS. For details, see <https://support.oracle.com/CSP/main/article?cmd=show&type=BUG&id=10302203>.

OnlineJFS will be added as a prerequisite to prevent this issue in future. This fix is targeted for service pack 1.

Workarounds:

Install the **HP OnLineJFS** product

OR

Set init.ora parameter `_DIAG_ADR_ENABLED` to **FALSE**.

This disables ADR and all tracing goes to `$ORACLE_HOME/rdbms/log`.

Centricity Framework crashes on Citrix XenApp and Windows 2008

Users running Centricity Business and Centricity EMR integration in the Centricity Framework on XenApp (Citrix) and Windows 2008 may experience application crashes during workflows or navigation between modules. If you are running this configuration, contact your GE Account Manager to plan for your upgrade. This issue will be fixed in service pack 1.

On Diabetes Visit >Cardiac Symptoms tab, General Cardiovascular Symptom details are not removed when unchecked

In a Diabetes Visit encounter, if a symptom is checked under General Cardiovascular Symptoms and any symptom details are also checked, when the symptom or details are unchecked, the details are only partially removed from the note text translation. This issue will be addressed in SP1.

Workaround: Discard document and start new update without these errors.

No idle user timeout when Print Preview screen left open

Long-running tasks such as inquiries, reports, printing, and so on, postpone the idle user timeout countdown until the task is completed. However, when long running reports are run via Print Preview, timeout count down does not resume even after the report has finished. It is not resumed until the user closes the Print Preview window.

Workaround: This issue will be addressed in an early service pack. In the meantime, if you are running long reports or print jobs and must leave the workstation, take appropriate measures to secure patient information:

- Lock the workstation if the task is in process.
- Close the Print Preview is the task is complete.
- Configure the Windows operating system to lock the workstation after a specified period of inactivity.

This issue will be addressed in an early service pack.

Quantity / Refill values lost in Refill Form if Override Reason is removed for selected medications

Users should be aware that removing a previously entered medication interaction override reason can result in the clearing of quantity and refill values for a prescription.

Adding, modifying, or removing a drug interaction override is treated as changing the medication. So any previous refill and quantity values will not appear on the Refill form after interactions are re-overridden. When you remove override information, the medication is updated, a new medication is added, and the old prescription remains with the old medication, which is marked inactive.

Workaround: The provider who is managing the refills and overrides should populate the quantity and refills fields for medications they wish to renew.

If you use Centricity Framework Lock feature, Desktop Summary and Update tabs sometimes do not refresh

In any environment, when you use the Centricity Framework lock feature from the Desktop Summary and then click Resume, documents and appointments do not display properly.

In Internet Explorer v8, if you start an update and then use the Centricity Framework lock feature and Resume, visible update panes are frozen.

Workaround: Click another tab and return to refresh the view.

Default ODBC Data Source Administrator tool on 64-bit installations does not recognize 32-bit drivers

This tool is used to test connections when problems occur. However, when the application client is installed on a supported 64-bit platform, you must manually start the 32-bit version of the ODBC Data Source Administrator tool to configure and test the application's 32-bit ODBC driver and data sources.

Navigate to **C:\windows\SysWOW64** and execute **odbcad32.exe**. For more information, see this Microsoft knowledgebase entry:

<http://support.microsoft.com/kb/942976>.

64-bit version of Internet Explorer NOT supported

Microsoft Internet Explorer (IE) 8.0 (32-bit only) with 128-bit encryption and latest security patches or higher is required for proper operation. If you are running a 64-bit operating system, the 32-bit version of IE is located in Program Files (x86)\Internet Explorer\iexplore.exe.

On upgrade from v9.0, custom chart header reverts to default format

If you are upgrading from v9.0 or earlier, your custom chart document header will be overwritten to the GE default format during upgrade to add work phone.

Workaround: Go to **Setup > Settings > Chart Documents > Header** and click **Change Document Header**. Copy your custom MEL code into a text file and save it. After upgrade, return to Setup and copy your custom code into the header file to restore it.

APC Touch Biometric Pod Password Manager no longer supported for (2-factor) biometric authentication

APC/Authentec finger printer readers are no longer available from APC and not supported with Centricity EMR on Microsoft Windows 7. GE continues to support digitalPersona finger print readers. For details, see <http://www.digitalpersona.com/Biometrics/Hardware-Products/Hardware-Overview/>.

Help button on CardioSoft form does not open the online help

The help button on the CardioSoft Ambulatory BP form does not open the help. In earlier releases the button opened the "Use CASE/CardioSoft encounter forms" help topic in the online help.

Workaround: Manually open the online help and navigate to the topic.

Interaction alert icon not displaying properly when you change strength of a prescribed medication

If a patient has a previously overridden interaction for a medication prescribed at a particular strength and the provider changes the strength of the medication, the interaction icon should re-display for the medication at the new strength. Instead, the check icon displays indicating the interaction as previously overridden.

Interaction icon does not always refresh in an update when overriding interaction from update problems or allergies

In an update if a patient chart has allergy or medication interactions noted, when you click on the interaction alert button and override the interaction from either update problem or allergies screens, the interaction icon on the main update tab does not refresh to show the change.

Workaround: Click the interaction icon a second time to see the change.

New Patient Authorization Form imported to new folder causing duplicates

A new version of Patient Authorization form is imported to the Enterprise/MedicaLogic/Privacy folder. You may have an earlier version in Enterprise/General/Privacy which can be removed. The newer version can be

used to help track the Meaningful Use measure patient information requests filled within 3 days of request.

Report Print Preview option to export as PDF generates error

When running reports, the Print Preview option to write the preview to PDF format generates the error: "There is no email program associated to perform the requested action. Please install an email program or if one is already installed, create an association in the Default Programs control panel." This is a known issue in Crystal Reports. Regardless of your system setup, you cannot save the Print Preview to PDF.

Workaround: Select an export option to another format and then save the file. Then open and save the document in PDF format if desired.

Monograph button doesn't launch default Medication content on Vista (64-bit)

In a chart update on the Add/Change Medication window, clicking **Monograph** does not display the relevant Web content for the medication from the default medication lookup site (Lexi-Comp Online).

Workaround: Disable IPv6 on both the server and workstation.

While IPv6 is enabled by default on Windows 7 and Vista systems, few applications or devices use it. You can disable IPv6 in the Registry. For detailed instructions, see this Microsoft Knowledgebase entry: <http://support.microsoft.com/kb/929852>.

If your site requires the IPv6 IP address, use one of these workarounds:

Edit application URL: Go to **Setup| Settings >WebServices >Internet Sites** and in the Clinical Web Services URL, substitute the Application Server machine IP number for the Server machine name.

Edit hosts file: For each workstation where users need access to medication monographs, do the following:

- 1 Open the **hosts** system file in a text editor.
(Located in **%WINDIR%\System32\drivers\etc** folder)
- 2 Add the following line (or remove initial # to uncomment) and then save the file:

<your_application_server_IP_address> localhost

User display preferences may be lost during upgrade Due to security changes in newer operating systems, the application stores display settings in a different area in the system registry. This may cause the following display preferences to revert to default system settings:

- Chart Desktop Summary panel widths
- Text and button display options

Workaround: After upgrade you may need to adjust display settings once per system where you use the application.

Some unsupported CCC encounter forms do not warn user

Most obsolete and unsupported forms display the warning “Unauthorized Use of this Form” on each tab if multiple tabs are present. Fields are also suppressed so that nothing can be selected/keyed to enforce that the forms are no longer supported. However, the following three forms in clinical kit OB-Beta-V8.3.7\1-OB-Beta-V8.3.7.ckt do not display this warning:

- OB-Gyn-Breast-US-CCC-Beta
- OB-Gyn-Counseling Ed-CCC-Beta
- OB-Gyn-Leep-CCC-Beta
- OB-Gyn-Post-Op Visit-CCC-Beta

Workaround: Manually remove these and other obsolete, unsupported forms from your system and user workstations.

Unable to save a Microsoft XPS Document Writer file (.xps) in Windows 7 / Vista

In a Windows 7 / Vista environment, when the Printer option is set to Microsoft XPS Document Writer, the Save File As... window does not display the option to name the file or the option to choose a location to which to save the file.

Workaround: On the Print window, set the Printer option to something other than Microsoft XPS Document Writer.

Documentation survey

Help us improve our customer documentation. All responses are confidential. A brief documentation survey is available at:

<http://supportcentral.ge.com/esurvey/takesurvey.asp?p=17778&d=269237>

Revision history

Date	Description
April 2011 DOC0882460 Rev 4	General release version
May 2011 DOC0882460 Rev 5	Update to Known Issues list
July 2011 DOC0882460 Rev 6	Noted Centricity Framework version required for Centricity EMR 9.5

