

D.6. Detailed Listing of Health Services Information Systems Functions

D.6.1. Generic Application Functionalities

Generic Application Functionalities are those functions that are pertinent and common to all applications modules.

- Management reports. Provides reports for administration and upper management to direct, control and plan organizational business and clinical functions. (1)
- Forms management. Provides support for form design to ensure appropriate data collection, management of inventory, ordering, and stocking of paper forms. (2)
- Interdisciplinary progress notes or templates. The system should support multidisciplinary summary of clinical data from a specified patient. All direct care professionals should be able to view and enter information on-line, depending on access rights of each user. (3)
- Administrative policy development and retrieval. The system should have the ability to develop and quickly retrieve administrative, clinical, safety, and regulatory bodies' policies and procedures. It should have ability to cross-reference materials. (4)
- Fax or print notes. The system should allow the flexibility to customize the content of the reports/notes and also where they are printed. (5)
- Internal quality control. Provides reports to monitor and improve staff productivity, manage workload, and measure provider and user (i.e., medical staff, administration, patient, etc.) satisfaction level. (6)
- External quality control. Provides support for health care institution-wide quality control functions by providing reports and statistics requested by department, administration, and medical staff. (7)
- Client identification to be entered in a care unit site. An identifier must be used that will facilitate unique identification and client information data entry and retrieval. The Patient Index (PI) should be provided with a flexible screen builder capability that allows design and customization of a variety of possible registration screens. (8)
- Use-defined fields and tables. The health care institution should be able to define fields and tables for data that are not included in the vendor-supplied standard data set. The system should have a build facility that will provide an easy way for users to implement such definitions. (9)

- Required fields flexibility. User should be able to designate screen data fields as “required” or “not required” and to assign valid values, ranges, and other consistency checks. Required fields must have entry of valid data before the clerk can move forward to the next screen field. (10)
- Values edited to tables. Data entry to fields with system defined tables or profiles should be edited against the internal table values during data entry. (11)
- Help screen capability. Application should support extensive on-line help features. Descriptive text and examples should include the display of values from a table or valid profile linked to a data field. (12)
- Audit functions. System should provide audit trails of schedule events and results of scheduling activity. (13)
- Create patient labels and forms. Allows health care institutions to design formats for printing special forms and labels. Print functions should be accessible from registration screens. (14)
- Standard reports. The system should provide for standard and on-demand reporting capabilities in both on-line and batch modes. (15)
- Ad hoc reporting. Query facility support for generic reporting. Provide reports created based upon user-specified data fields as opposed to standard programmed reports. (16)
- User-definable reports. The system should have the capability to create programmable user-defined reports, with formatting and header construction capabilities, and permit saving and schedule these reports as standard reports. (17)
- Standard managerial reporting functions. Reports to enable decision makers at all levels to view integrated financial and statistical information from all departments, facilities, and corporations to make informed decisions and guide strategic plans. It should gather and assemble information from the following systems: admissions, nursing, laboratory, radiology, general ledger, payroll/personnel, Diagnostic Related Groups (DRGs) management, billings/accounts receivable, accounts payable, and materials management. Should provide for the assimilation of historical administrative, financial, and patient care information. Report generator should provide standard views of all data fields in place and have the ability to create extensive fields of the user's choosing. (18)
- Government-required codes. The system should be able to incorporate the government-required codes for the specific country, state, or municipality. (19)
- User-controlled posting. User-controlled sequence of posting reporting and closing, on-line review, free-text descriptions of each transaction, and edit of batch data available before posting to accounts. (20)

- Support for client-specific window customization. System should have capability to set required fields determined by department requirements and resource management characteristics. (21)
- Ability to enter comments. System should allow users to enter free-text comments related to specific data fields as determined by users during systems adaptation and implementation. (22)