

D.8. Listing of Functionalities by Code Number

For reference purpose, follows a descriptive listing of functionalities sorted by the function identifying number used in the previous sections.

1. Management reports. Provides reports for administration and upper management to direct, control and plan organizational business and clinical functions.
2. Forms management. Provides support for forms design to ensure appropriate data collection, management of inventory, ordering, and stocking of paper forms.
3. 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.
4. 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.
5. Fax or print notes. The system should allow the flexibility to customize the content of the reports/notes and also where they are printed.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.

11. 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.

12. 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.

13. Audit functions. System should provide audit trails of schedule events and results of scheduling activity.

14. 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.

15. Standard reports. The system should provide for standard and on-demand reporting capabilities in both on-line and batch modes.

16. Ad hoc reporting. Query facility support for generic reporting. Provide reports created based upon user-specified data fields as opposed to standard programmed reports.

17. 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.

18. 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.

19. Government-required codes. The system should be able to incorporate the government-required codes for the specific country, state, or municipality.

20. 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.

21. Support for client-specific window customization. System should have capability to set required fields determined by department requirements and resource management characteristics.

22. 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.

23. Look up patient record using phonetic search. System should support phonetic searches when the name entered for search has phonetic equivalents. The system should support searches in multiple languages.
24. Menu driven screens. The system should have the ability to move back and forth through a set of screens using menu selections, ideally using a graphic user interface environment (GUI).
25. The system should have a flexible screen builder facility to allow design and customization of screens, determination of the sequence of screens, placement of fields on a screen, type of controllers used (button, pull-down, toggle, etc.) and the definition of field edits, labels, and echoes.
26. Edit capability for screens. Screen builder should allow definition of field edits and default data to allow data to be directly edited on entry.
27. Passwords, levels of access, and privilege facilities. System must have a transaction audit tract that maintains the identification and a record of authorization, utilization (transactions), and changes related to system's users.
28. Embosser and/or barcode card/labels print/reprint. Vendor should support interface to common embossing and barcoding machines so that patient cards for embossing and scanning can be created.
29. Dictation tracking - type, edit, review, etc. The system should allow the dictation to have several different formats. The users need a preliminary, final, duplicate, and addendum notification to print on the reports. The system should also provide error correction editing and also track before and after copies of any final report that is edited.
30. Integration with other modules. Integrated as appropriate or feasible with modules such as all nursing applications, general ledger, diagnostic and procedure categorization for payment (e.g., DRG management), billings/accounts receivable, executive support system, and payroll/personnel systems.
31. Message communication. Allows the users to communicate with other units and departments through functions that create and transmit messages, such as e-mail systems.
32. Patient Index (PI). Should have multiple search capabilities. The PI should be able to qualify searches by name, date of birth, sex, national individual identifiers (such as National Registration Number, Social Security Number, Health Plan Number, etc.) The index should support a variety of possible internal identifiers such as medical record number, case number, multiple account numbers, etc., for each patient and be able to maintain cross-reference to other existing identifiers in each of the facilities used by the patient in the same site or in other locations.
33. System should support a Master Patient Index (MPI), at multi-site, multi-institutional, regional, or national levels that links existing Patient Indices together.

34. Ability to look up patient “also-known-as” (AKA). The MPI should support multiple names so that patients who change their names can still be located with an MPI search. MPI name searches should search both the name and the AKA files during name searches.

35. Link family members. The system should contain a cross-reference facility for linkage of records belonging to different family members.

36. Name alert search. Patients with same last name and same first name and initial should be flagged to alert users of possible conflict.

37. Enrollment program. Registration systems should support enrollment and cancellation of enrollment in group or managed care programs. The system should support a posting program that should allow the member data to be downloaded from external insurance, group provider, or managed care organizations.

38. Inpatient / outpatient pre-admission. System should allow pre-admit or pre-registration of patients prior to their actual arrival. Pre-admission function should allow clerk to collect the standard registration data for patients with or without existing medical records, case number, etc. Patients pre-admitted without identifiers must have them assigned when admission to inpatient care or outpatient contact is activated.

39. Registration system should support different registration screens and data set requirements for Emergency Care Services, Outpatient Services (First and Return Contacts) and for Inpatient Admission.

40. Quick inpatient/outpatient/emergency services registration. The system should provide an alternate set of screens for quick registration, admission, or creation of a new record when patient information is incomplete or unavailable. The quick screens would allow an alternate set of entry screens for inpatient and outpatient care, emergency services, and diagnostic services.

41. Automatically assign billing number. A unique billing or account number is assigned for each patient visit, admission, or care cycle. Alternately, the health care institution should be able, for certain patient or visit types, to link multiple visits to a single number for serial or monthly billing.

42. Retrievable key fields values capable of bringing forward key field data from prior registrations and/or MPI.

43. Field updates from transactions in the Patient Registration module pass to MPI. On subsequent interactions the operator should be able to change and update registration fields were updating is allowed. Updated registration file should pass updated data to the MPI.

44. Cancel registration of ambulatory active visit. Cancel function should allow an active visit to be canceled. Canceled visits should be reflected correctly in usage statistics.

45. Face sheet print and reprint. System should allow client to define face sheets for registration and clinical management functions. System should support multiple sheets with automatically or manually selected print functions. System should support the Reprint function so that updates or corrections can be reprinted.
46. Convert or activate pre-admission. On patient arrival to the care unit, allow clerk to activate and update data from pre-admission record. Also permits specifying purge parameters for holding pre-admission records beyond expected pre-admission date.
47. Front-end insurance capture. Allows insurance verification function and levels of benefits.
48. Retroactive admission. Allows back dating of admissions, with appropriate adjustments to billing, reporting, revenue, and usage statistics.
49. Update fields capability. Allows updates to previously recorded patient data provided field is unlocked for such updating and user is authorized to do so.
50. Outpatient discharge. The health care institution should have the option of entering the discharge date on emergency services and outpatient accounts, or profiling the system to change them to discharge status after a certain number of hours or days.
51. Bed reservation. Beds should be able to be reserved prior to admission.
52. Create patient identification wrist band. System should support formatting of data and print function for printing wrist bands.
53. Cancel inpatient admission or discharge. Cancel function should allow an active admission or discharge to be canceled. Canceled events should be reflected correctly in usage statistics and room charges should be adjusted retroactively to the beginning of a stay.
54. On-demand query of bed availability, status (vacant, blocked, active, planned discharge, planned transfer) and expected change of status.
55. Transfer emergency services to observation. System should support an observation status for patients admitted to Emergency Services. Observation patients should be able to be assigned to special observation beds and manually discharged.
56. On-demand census of beds. The census feature should support query by a variety of perspectives including patient identifiers, bed, unit, medical problem grouping, attending doctor, patient type, etc.. This function should also support a public information service to facilitate location of patients and to generate directions to visitors.
57. Support different admission screen sets and data requirements for emergency room and transfer admissions and discharge to outpatient clinic.

58. Allow change in patient status from emergency room or outpatient to inpatient, so that when patients are admitted the original registration data should be rolled over to the inpatient visit.

59. Leave of absence processing. Allow leave of absence processing on inpatient accounts so that account may remain active without generating room charges for a period of time.

60. Event notices. System should create “event notices” that can be routed to one or more printers based on the following events: pre-admit, admit or registration, transfer, reservation booked, discharge scheduled, discharge, financial class update, bed status (housekeeping) changed, new medical record number assigned.

61. Mother-newborn link. System should support the rollover of a mother’s information to a “newborn” record, so that shared information from the mother’s admission record should be shown on the baby’s record. A permanent cross reference between the two systems should automatically be created (or manually entered when needed) to allow for an inquiry on the mother’s or newborn’s visit by reference to any visit number.

62. Newborn pre-admission. System should allow user to pre-admit a newborn with the mother’s information. At the time of the birth the account should be activated and a medical record number assigned.

63. Housekeeping/maintenance. The system should identify beds for housekeeping when a patient is discharged. Housekeeping should be able to update bed status to “available” when the bed is made.

64. On-line view of census. Allow on-line review of census by nursing unit. User can choose to review all beds, all occupied beds, and all empty beds for display by nursing unit. Occupied beds would indicate the patient name and number, data of admission, and attending physician.

65. Nursing unit summary. System should provide a real-time display of nursing unit statistics. Display should give a summary for all units, including current summary of total beds, beds occupied, and the percentage of beds occupied.

66. Scheduling rules. The system should be based on flexible, powerful computer-driven “rules” which correspond to the processes of scheduling currently employed in healthcare institutions.

67. Support centralized and decentralized scheduling. The system should allow for either scheduling at a single point of control, or decentralized scheduling controlled by individual departments, or a combination.

68. Connection to and support of departmental scheduling. The system should be able to coexist with existing departmental scheduling systems (such as laboratory, diagnostic images, operating room), and be able to interface with those systems.

69. Conflict-free scheduling. The system should always return a conflict-free schedule to the administrator, or identify the conflicts if a conflict-free schedule is not possible.

70. Make/reschedule appointments. System should support the integrated scheduling of appointments and resources across all client entities.

71. Change/cancel appointment flexibility. System should support the cancellation, changing, or updating of appointments with minimal data entry.

72. Copy appointments for resources. Copy current appointment information forward for future appointments.

73. Reschedule resources. System should allow mass rescheduling of a physician's or service unit appointments to another date.

74. Print schedule using multiple types of sorts. Schedules should be printed by resources, department, provider, and for date ranges.

75. Print appointment notices. Users should be able to demand printed appointment notices for one or a group of patients.

76. Automatic patient notices/mailings. System should support data mailer appointment notices. The mail functions should be profile driven in order that that multiple providers can establish different parameters.

77. Flexibility to define multiple resources. System should define various resource types such as providers, locations, equipment, and staff. The system should be able to verify the availability of all defined resources in its determination of service/procedure availability.

78. No limitation on facilities or departments. The system should support a large number of primary, specialty, and subspecialty clinics and departments.

79. Schedule all patient type/time. System should support slotting of all types of patients for all times of day.

80. Flexibility of changing appointment type/time. System should allow for various service and procedure appointment types and the ability to use them at various times and to change an existing appointment type.

81. Capability of multiple schedule storage. Physicians or other resources may have different schedules for different days.

82. Flexible security/access to schedule. System should provide a security or control mechanism for restricting access to specific schedules.

83. Ease of loading and building schedules. System should have "copy" function for ease in building and loading schedules.

84. Overbooking flexibility. Systems should have capability to allow overbooking by resource or department.

85. View open time slots on-line. System should allow viewing open appointments by resource and/or department.

86. Check-in/check-out functionality. System should allow patients to be checked-in at point of service or in a central registration area. System should support entry of check-out times.

87. Waiting list capability. User should be able to wait-list patients when no appointment slots are available.

88. Ease of scheduling walk-ins. System should support walk-in processing so that these patients can be scheduled at the point of service.

89. Reserve block of appointments. Allow blocking of appointments by provider, resource, and date.

90. Collapse appointments. System should be able to modify appointment lengths, allowing alteration of appointment times.

91. On-line view of past/future appointments. System should have capability to view on-line all or a set of past, present and future appointments by range of dates, resource, and patient.

92. Access to registration MPI (Master Patient Index) and pass updates. Be able to view MPI to lookup and identify patient by demographics or Medical Records number.

93. Maintain record of canceled appointments. The system should have the capability to view canceled appointments for at least one year.

94. View/print reasons for appointments. The system should have a “reason for appointment” field that can be viewed on time as printed with schedule.

95. Comment/alert for appointment type. System should provide alert if identical appointment types are scheduled for the same patient. It should also warn if the patient is a chronic no-show type of user.

96. Print patient instructions/comments on appointment slip. Allow user to include special instructions or requirements on the appointment slips, such as preparation instructions, or directions from one department to another.

97. Revise appointment type. Allow changing an appointment type for a rescheduled appointment, and update department statistics correctly.

98. Ability to generate a “chart-pull” list for the Medical Records Department. System should create a list of charts needed for each clinic each day. The list may be electronically sent to the Medical Records Department or printed on demand in a department or in decentralized medical records storage facilities.

99. Order entry. Allow for on-line entry of orders along with all of the information necessary to complete the order in an efficient and accurate manner.

100. Verified and unverified orders. Allow for entry of orders as either unverified (not approved) or verified (approved and activated), depending upon the security level of the user.

101. Order verification. Allows for personnel with proper access authorization to either verify (approve) orders or void the orders if appropriate.

102. Order cancellation. Allow for cancellation of orders, either verified or unverified, and allow for inclusion of reason for cancellation.

103. Occurrences. Generate performance-related occurrences of the order each time the service is to be done within the active period of the order. Allow for additional occurrences to be appended to existing orders.

104. Ordering logistics. Allow for automatic scheduling of orders according to guidelines customized to fit the needs of the institution or technical constraints.

105. Profile orders. Allow for generation of a set of medically or administratively grouped orders using profiles, such as a battery of tests, or coupled orders such as dietary and pharmacy preparations associated with radiology exams.

106. Renewal of expiring orders. Allows for renewal of expiring orders, with the ability to bring forward information from the original order to create a new order, possibly with an extended duration.

107. Print requisitions. Provide ability to print requisitions, if necessary, in the performing departments where the orders will be filled, as well as the ability to display the orders on computer screens.

108. Order processing. Allow for personnel in the performing departments to process orders using the information forwarded by the orders system.

109. Order progress recording. Provides the ability to automatically schedule the date and time of performance for each occurrence of an order, to schedule a performance manually after order entry, and to reschedule one that has been previously scheduled.

110. Order tracking. Provides the ability to track and record the status of an order, if necessary identifying related information at specific stages (ordered, accessioned, partial, and completed). Allow for recording of reasons for an incomplete (outstanding) order.

111. Order activities. Allow for recording of related activities associated with an order, such as patient preparation and follow-up activities associated with a procedure, and provide the ability to update these activities and record their status of completion.

112. Verified and unverified results. Allows entry of verified (values confirmed or checked) or unverified

113. Results transmission. Provides the ability to transmit verified results back to the ordering station, for viewing or printing, as specified by the user, with storage of results in the patient's physical (paper) or electronic record.

114. Order display. Provide on-line order information necessary for patient care and department management, including lists and details of orders, occurrences, and results for each patient.

115. Work lists. Allow patient treatment units and department personnel to view lists of work to be done. Permit organization by scheduled performance time within department or location sequence. Allow display of details for specific occurrences and results upon request.

116. Audit trails. Provide necessary audit trail information for access by authorized users. Include functions performed for each order, occurrence, and result, along with the identification of the user that is making the change, and the date and time of entry. When results are modified, the previous data should be maintained in the database for display on demand.

117. Patient medical data retrieval. Allows for retrieval of pertinent data recorded on the registration module and additional patient medical data required by patient care personnel, including, but not limited to, pre-existing conditions, allergies, blood type, and visit-related data such as height and weight.

118. Observations. Allow on-line charting by nurses, therapists, and other healthcare professionals of observations, if not already provided by nursing care management module.

119. Orders system maintenance. Provides on-line maintenance of the order file, tailored according to the needs of the individual users and departments. Allows definition of characteristics for all items, tasks, and services that can be ordered.

120. Chart tracking. Provide ability to print out written guides, requests, location of charts, pull lists, and derelict returns.

121. Chart deficiency/incomplete record processing. Provide capability to automatically review the chart to ensure that necessary forms are present, entries are properly authenticated, informed consent forms are present, and good documentation procedures have been employed. The review identifies obvious areas that are incomplete and deficient.

122. Chart storage and retrieval. Provide the ability for chart storage and retrieval, including the type of filing system, filing equipment used, record purging capability, transportation management, and chart tracking management.

123. Chart reservation. Provide the ability to have a chart available on a particular date, for patient care, audit, reviews and physician studies, or release of information. The request may be generated by the scheduling system.

124. Transcription management. Provides the ability to include dictated reports or notes typed directly into the system (history, physical examination, provider observations, and case evolution notes) with transcription done in-house or outsourced.

125. Clinical coding for statistics and billing. Provides for the assignment of International Classification of Diseases and/or any other coding scheme/s to classify episodes of inpatient and outpatient care.

126. Clinical data abstracting. Provides the ability to extract certain patient data from records over and above the basic demographic data (e.g., weeks of gestation, usual living arrangements, allergies, images, photographs, etc.)

127. Release of information and correspondence. Provides for the management of requests for the release of patient information to various parties (e.g., other physicians, the patient, third-party payers, attorneys, etc.), including the correspondence involved with such requests.

128. Utilization management. Provides the ability to include a review of medical appropriateness and an analysis of the facility's efficiency in providing necessary services in the most cost-effective manner possible.

129. Maintain indices. Provide the ability to maintain a medical record index, a guide (manual, hard copy, or computerized) that points out or facilitates reference to patient information. Some examples of indices: service, diagnosis, diagnosis-related groups (DRGs), provider, procedure, length of stay, etc.

130. Archive management. Provide the ability to track patient records converted from hardcopy to another medium (e.g., microfilm, microfiche, optical disk, etc.)

131. Risk management. Provides reporting designed to protect an organization against potential liability through appropriate insurance coverage, reducing liability when compensable events occur, and prevention of events that are likely to lead to liabilities. Supports the review of accidents, injuries, and patient safety organization-wide.

132. Legal case file management. Supports the maintenance of patient records involved in legal actions and the correspondence associated with it.

133. Patient/family assessment reporting. System should support a clinical, cognitive, environmental, psychosocial, subjective and objective nursing assessment observation reporting of patient, parent(s), legal guardian(s), and/or significant other.

134. Clinical data recording. Allows the recording of signs, symptoms, findings, treatment, and procedures, etc. The system should support a variety of documentation methodologies, for events such as assessments, signs and symptoms, treatments, procedures, etc. The user should be able to select from popular methodologies such as precoded options, charting by exception, narrative notes, free text, etc.

135. Review of historical patient information. Inpatient and outpatient history should be supported for documentation and on-line retrieval.

136. Referral management. Tracking of the follow-up care both internal and external to the institution should be supported.

137. Track outcomes. The system should be able to capture and manage data in a way that enables the caregivers to determine whether the patient is progressing toward a favorable outcome, or if not, what are the variances.

138. Generate patient care plan. System should allow the caregiver to develop a problem list and corrective interventions and timelines, ascertain expected outcomes and measure results based on assessments. Individualized plans of care should have ability to evaluate patient outcomes.

139. Provide patient education/instructional material. System should provide facilities for the production and generation of customized diagnosis-driven patient education materials based on the care plan.

140. Diagnostic order management. The system should allow order entry for nursing interventions, medication, ancillary services, social work, transportation, physiotherapy, and other therapies.

141. Medication management. The system should provide drug interaction/adverse reaction and possible resolution information; dosage calculation based on weight; dispensing tracking by time intervals; and warnings for clinically contraindicated medication or inappropriate dosage.

142. Patient classification system. The system should support a validated patient classification system based on clinical variables. It should be able to calculate the acuity level of the patient and determine required nursing resources needed as a result. It should provide expected productivity targets and suggest staffing patterns.

143. Provide Web-based linkage to clinical references. The system should have the ability to link electronically (Web) to external medical reference sources, such as Medline.

144. Record point-of-care nursing activities. System should be able to chart point-of-care activities/bedside diagnostics at the time when care is being delivered. Typical examples include vital signs, blood pressure, order entry, results retrieval, etc. Provide for flexible options regarding point-of-care devices.

145. Flowsheet completion. The system should support posting of the patient's medical data in typical flowsheet formats, including graphically, over long periods of time, and across multiple episodes of care. It should support acquisition of information from medical devices and posting it in a flowsheet.

146. Critical pathway development tracking. The system should provide a comprehensive, multidisciplinary approach for developing activities and tasks for patient care over a specified timeline. It should be usable in both inpatient and outpatient settings.

147. Critical pathways with variance monitoring. The system should support documentation of the actual tasks completed and tracking reasons for straying from the established critical pathway.

148. Focused, problem-oriented charting. Quantitative data should be able to be displayed as trends in flowsheet format with focused and problem-oriented documentation in the progress notes.

149. Insurance. The system should have the ability to view or ascertain insurance and coverage information to assist clinical decision-making.

150. Nursing practice and utilization. Provide the ability to determine if the assigned staffing level/skill mix meet the need(s) specified by the critical pathway/acuity level.

151. Laboratory order entry. Provides the ability to enter orders for laboratory services from nursing stations, doctors' offices, or other points of care.

152. Unique order number. Assigns a unique order number to each lab order for identifying both specimen and order throughout processing cycle. Duplicate order checking provides control at the test component level with the option of manual override.

153. Add/cancel/credit orders. Provide the ability to add, cancel, and credit orders to existing order(s), including rescheduling of tests.

154. Charge capture. Provides the ability to capture charges at time of order, accession or test completion, depending on user requirements.

155. Group orders/work list. Provide the ability to group orders for collection purposes and accessions/orders in the batch. Automatically create order batches at designated times and sort orders by various categories to produce collection work lists of tests ordered for each analytical area/section/bay.

156. Label printing. Produces labels at accession time (alphanumeric, barcode) and ability to print labels automatically and on demand. Produce batch collection labels by collector or location; other options may include patient account number.

157. Specimen rejection. Provides for specimen rejection, including statement for reason and generation of lists for repeat collection.

158. Order priorities. Provide for lab order priorities: stat, routine, timed, etc.

159. Batch processing. Provides for batch processing of manually generated results or via analog-digital conversion of results generated by auto-analyzers.

160. Results entry. Provides for both manual and automated methods of results entry.

161. Incomplete work. Provides a listing of pending or incomplete work including reason/s.

162. Standardized results. Provide table-driven user defined “standardized results”. Provide for high/low ranges comparison and display.

163. Textual results. Provide ability to include textual results entry and storage.

164. Supervisor review. Provides a method for supervisor review and approval of each test result and for eventual corrections. Based on supervisor approval, release test result for general reviewing, displaying, and reporting.

165. Produce sets of labels for each order, including master specimen container, isolation, and instructions.

166. Remote site label printing. Ability to redirect the printing of labels to various locations.

167. Printouts. Provide for order entry-driven, test-specific printout to hard copy or screen of detailed patient pretesting or laboratory instructions.

168. Results reporting. Provides ability for reporting test results and for immediate printing of emergency (stat) reports. Provides also ability for reporting on demand (patient-specific inquiry) or an interim basis. Users should be able to selectively choose the data they want to view, using a variety of selection options.

169. Summary reports. Provide summary reports (outpatients.) Provide the ability to produce and sort test results by attending physician within location.

170. Cumulative trends. Provide ability for cumulative trend reporting.

171. Deviations. Provide necessary reporting for results deviating from normal ranges and corrected results.

172. Cross links. Provide a method to cross-link equivalent components of test results across different test codes and instruments.

173. Quality control (internal.) Capture quality control data and monitor conditions established by the laboratory.

174. Automatic notification. Provides automatic notification of product/reagent expiration dates.

175. Reporting statistics. Provide reporting statistics and workload to assist in staff and equipment budgeting and productivity. Provide appropriate administrative/management reports by capturing data from the lab system.

176. Results storage. Provides ability for storage of patient lab results based on user-defined data retention parameters.

177. Inventory. Provides for the management of inventory items.

178. Transcription interface. Provides a transcription system to be part of or interfaced with the Pathology Laboratory Information System. Provides ability to attend the unique needs of histology, cytology, autopsy, and other pathology areas.

179. Contracts. Provide the laboratory manager with reference to laboratory contract information to assist in analyzing performance and monitor adherence to contractual agreements.

180. Vendor tracking. Provides information to track vendor maintenance, training, supplies, equipment support, and maintenance.

181. Alpha access. Ability to create alphabetized file used during inventory alpha access functions.

182. Exam data entry. The exam data entry module should cover all of the functions used to enter processing information and results for an examination. Exam data entry should capture the following data: exam events; user-defined result entry fields; specialized exams (mammography, intravenous urography, ultrasound, tomography, etc.) tracking and reporting; report archive functionality; on-call exams tracking; and pregnancy and shielded/unshielded.

183. Film room management. Film room management required to log and track the movement of films inside the institution. Film management should perform the following: film tracking for physician or department sign-out; film room tracking functions; film archive management.

184. Administration. Provides all the managerial and personnel functions and management reporting, including the following: productivity functions and reporting; work projections; quality control reports; and utilization statistics for equipment and facilities.

185. Activity tracking. This module is required to track information about patient utilization of the medical imaging facilities.

186. Imaging equipment maintenance. The system needs to provide a module that will allow collection and capture of data elements in order to generate equipment maintenance monitoring reports and alerts. Options for maintaining all aspects of the imaging equipment. The system must support user-defined help text. Remote accessibility to the system is a critical priority. The system should support ad hoc reporting capability for all modules. Include flexible parameters for screens and menus based on institutional, facility, or user-defined criteria.

187. Exam and result turnaround time tracking. The system needs to capture exam data that can be queried for exam and exam result turnaround times.

188. Transcription management and productivity transcription. The system needs to provide incomplete work reports and views. Capture keystroke average and turnaround time average for report completion.

189. Quality control data collection/reports. Provide the ability to track repeat exams and film utilization with related reasons to facilitate problem pattern identification.

190. Equipment maintenance. The system needs to provide a module that will allow collection and capture of data elements in order to generate equipment maintenance monitoring reports and alerts. Options for maintaining all aspects of the radiation therapy equipment. The system must support user-defined help text. Remote accessibility to the system is a critical priority. The system should support ad hoc reporting capability for all modules. Include flexible parameters for screens and menus based on institutional, facility, or user-defined criteria.

191. Contrast reaction record and report. Provide ability to record and report on contrast reactions. The system should provide ease of capture of this information.

192. Technologist productivity functions and reporting. The system needs to capture data on technologists' exam performance and provide reporting tools.

193. Report review. Report review functionality is the ability to review transcribed reports. This function should allow the responsible professional to electronically sign the reports and release them. Report review should also allow for auto-fax. Auto-fax is the ability to send final reports via fax to clinic destinations after they have been released by the radiologist. The report review module should support auto-dictation upload and download. Remote access to report review is also a functional requirement.

194. Outside film management. Logs and tracks movement of films loaned or borrowed from other institutions.

195. Activity tracking. This module is required to track scheduling and utilization information related to each patient visit to the department.

196. Historical patient management. This is needed to purge information from the radiology system. The system should also contain tools to manage film archiving or destruction. On-line imaging interface or compatibility is also required.

197. Patient inquiry. This is used to review all current, previous, and historical data by authorized staff.

198. Physician activity report. This is required where electronic signature or any information related to the physicians involved in the exam, from ordering to the result completion, can be tracked and managed. This module should have reporting capability.

199. Procedure turnaround time tracking. The system needs to capture procedure data that can be queried for procedure turnaround timing.

200. System integration. Providers must have access to laboratory and pharmacy results. The system requirements are that the system should integrate with other diagnostic and therapeutic systems. There are certain exams where it is required to record and report data from other ancillary services on a final report.

201. Multiple exam "turnaround" time tracking. Captures multiple exam/test/procedure data that can be queried for exam or procedure timing information.

202. Result turnaround time tracking. The system needs to capture exam data that can be queried for exam result complete turnaround information.

203. Radiologist tracking and productivity. Track and provide reports on the reporting, assisting, and consulting Radiologists.

204. Report archive management (microfiche). The system should provide archive management to help users track archived reports in the system.

205. Procedure data recording. The system needs to provide flexible, user-defined, facility-driven data entry screens. They should be able to be pulled into the final report if needed.

206. On-call exam/procedure data recording. Exam/procedure data entry or patient check-in feature should provide technically required fields for recording exams/procedures performed by all on-call personnel.

207. Capture of positive biopsy results. The system needs to provide the tools to capture the new data that are required for clinical management of patients with positive biopsy results.

208. Mammography tracking/reporting. Positive exams must link to report biopsy findings and must generate doctor notification and follow-up letters.

209. Film archive management. Radiology departments archive their film from active film rooms to inactive film rooms. The system needs to track films through the cycle.

210. Tuberculosis screening data capture/report. Provide ability to track positive chest X-Rays. Record the room, equipment, and personnel exposed to the infected patient.

211. Ad hoc reporting. The system should provide an ad hoc or system query function. It should be able to access all specialized data elements for query purposes.

212. Specialized report requirements. The system should provide for standard, ad hoc, and on-demand reporting capabilities in both on-line and batch modes that consider the special needs related to clinical imaging and radiotherapy.

213. Digital filmless imaging. Image can be electronically transmitted.

214. Technical audit trail. Provides a method to maintain a technical audit trail of blood bank sample and component processing.

215. Medication/solution order entry/review. Allow entering, modifying, and reviewing of medication and parenteral solution orders. The system should allow: pharmacists to confirm order entry and pharmacy technician conditional order entry (which requires pharmacist's approval before the orders are fully processed for dispensing and charging to patient's account.)

216. On-screen patient profile review. Ability to review a patient's medication utilization profile and drug sensibility information on the screen. Should provide checking for drug duplication and alert for drug interactions.

217. Charge/credit medication/solution orders. Facility that allows transfer of all charges to patient account.

218. PRN (Pro Re Nata = if needed) order update. Display ordered medications to be used if the clinical situation demands, or PRN schedule, for dispensing and charge to patient by nurse.

219. Drug/food allergy interactions. Ability to query on-line database of drug-drug and drug-food interactions, and therapeutic overlap. Provide the user with procedures for regular updating.

220. Medication label printing. Ability to print labels for dispensed medication.

221. Auxiliary label function. Allows the printing of auxiliary label codes for designated medications

222. Physician dispensing. Allows for record keeping and labels needed for prescription dispensing directly by physicians from local stores at ambulatory facilities.

223. Help prompts and messages. Allow the requesting of on-screen help messages.

224. Medication/solution distribution. Allows the production of fill lists for unit dose systems labels, solution preparation, processing of charges for scheduled medication and solution orders, and the printing of administration records for nurses.

225. Medication preparation (unit dose.) Ability to produce fill lists and update fill lists for cart filling with unit dose systems. Ability to interface with automatic dispensing machines.

226. Solution preparation labels. Ability to produce labels and update labels for solution orders. Produce labels for each hour dose is due for specified time entered.

227. Medication/solution dose timing control. Ability to advance the internal charging clocks accumulating charges and administer doses for scheduled, unit dose orders; discontinued orders having reached their stop times and date.

228. Medication/solution administration reports. Ability to produce medication and solution administration reports indicating all current orders on each patient, with times doses are due on scheduled orders. Ability to produce medication reports for 24-hours, seven-day and 31-day intervals.

229. Mail order distribution. Allows for the processing of outpatient prescriptions for mail order distribution.

230. Add new items. Ability to enter new items into pharmacy stock inventory file.

231. Modify/delete items. Ability to modify or delete an existing item from the master pharmacy stock inventory file.

232. Reports. Ability to produce various defined reports on records in the inventory file.

233. Stock movement. Ability to receive, issue, and write-off stock from inventory, perform interdepartmental transfers, return to stock, issue control substances, and set up ward stock items.

234. Update orders from inventory. Ability to update orders and predefined formulas with attribute and/or cost changes made to base inventory item.

235. Purchase orders. Ability to set up a purchasing inventory; create, modify, and print purchase orders, receive stock from purchase orders; and maintain purchase order statistics.

236. Global order cost update. Ability to update active orders, medication order groups, solution formulas, and inventory items with most recent prices.

237. Controlled/narcotic drugs. Allow the tracking of controlled/narcotic medications products stocked and dispensed.

238. Medication utilization profile report. Provides listing of patient medication and/or solution orders with pertinent order data indicated, including professional prescribing, organizational unit, and related clinical data.

239. Medication/solution renewal lists. Provide listing of patient's medications and/or solution orders which are scheduled to be stopped or renewed in a specified time.

240. Update profiles. Provide listing of a patient's medication/solution profile indicating whether orders were updated in given periods.

241. PRN (if situation required) medication report. Provide listing of medication given on a PRN schedule and details of order including timing, dosage, prescribing, and dispensing professional.

242. Pharmacy database report generator. Allows for the creation of operator-designed reports displayed on screen, sent to printer or file from existing data files, or operator-created data files.

243. Special medication summary. Provides printing of designated data for minimum data setup dating (such as number of medications, patient on list for seven days or more, number of injections, any new medications in the last 90 days including antibiotics, tranquilizers, psychotropic, diuretics, hormones, and other).

244. Drug utilization information sheets. Ability to generate inpatient medication utilization information sheets, in multiple languages as required by the client population.

245. Psychotropic consent renewal list. Ability to print listing of existing psychotropic patient consent orders, if applicable.

246. Prescription reporting groups. Ability to generate reports for controlled/narcotic drugs, prescription refill summary, and new prescriptions for a specified period.

247. Compliance reporting. Produce reports to monitor specific medications against patient health problems, perform computer check between number of days supply and date of last refill.

248. Statistics. Ability to produce statistical reports and modify or purge statistical records.

249. Drug utilization/usage review. Ability to set up specific parameters for the review of orders, review of historical data. Outpatient prescriptions to be tracked by patients on specific drugs, patients on a given drug for a given diagnosis, patients on a given drug for a given diagnosis for a given provider, and most frequently dispensed drugs by provider.

250. Physician information maintenance. Allow for the logging of basic physician information (name, phone, etc.).

251. Prescription directions management. Ability to predefine the standard directions used in prescriptions and modify these directions, provide multiple language capability.

252. Pharmacokinetics. The calculation of medication dose based on specific patient parameters, such as age and weight.
253. Intervention log. Allows the logging and reporting of pharmacist clinical interventions.
254. Intervention cost analysis. Ability to calculate cost savings of clinical interventions.
255. Laboratory results access. Provide access to patient laboratory data files.
256. Support and store data for all facilities on-line for up to two years for inpatients and outpatients; archive records for historical retrieval on-line for all drugs up to five years; controlled substances for seven years; and thereafter purge records on retrievable media. Periods indicated may vary according to local legislation.
257. Capability to broadcast reports and schedules on-site to nursing stations and other healthcare provision sites.
258. Capability to generate custom/ad hoc trends and graphs to track patient prescription history.
259. Support for standard, ad hoc, and on-demand reporting capabilities in both on-line and batch modes.
260. Capability to create user-defined reports. Ability to save and schedule them as standard reports.
261. Automated interfaces. Provide an automated interface between the clinical laboratory system and the healthcare institution's blood bank system.
262. Lab system/blood bank transfer. Provides for passing blood orders and patient admission/transfer/discharge (ADT) information from the clinical laboratory system to the blood bank system.
263. Technologist observation. Provide a method for the technologist to record observations and results and pass the information to the system.
264. Blood type screening. Provide for ABO, Rh, and antibody screening on general result reports.
265. Preferred terminology. Accommodates blood bank "preferred" terminology for recording observations.
266. Information product validity. Maintains and provides reports on expiration date for stored blood and blood components.
267. Essential nutrient analysis. Conducts nutrient/cost analysis and calorie count tracking.

268. Nutrition assessment forms. Provide patient tracking reports and basic individual patient nutrient analysis, NPO (Nihil Per Os = fasting) and clear liquid reports, tube feeding reports, printing of tube feeding labels, and matrix analysis reports for special groups (e.g., restriction on specific food or nutrient, diabetic, renal patients).

269. Print tally sheets and print tray line tickets and nourishment labels. To accompany meal distribution for double-checking at distribution points.

270. Patient profile. Provides on-line patient profile which includes preferences, personal dietary restrictions, diet types, supplements, nourishments, medications, and food allergies.

271. Production scheduling and management. Support to cook/chill, cook/freeze, and conventional cooking methods. Management of recipes, purchasing reports, forecast production needs, provide ingredient pick lists, manage freezer and overall inventory, schedule kitchen equipment, and provide production logistics worksheets.

272. Production/utilization forecasting. Generates forecasts based on patient census and historical usage.

273. Event management. Capability to manage one-of-a kind situations such as catering for event.

274. Enrollment program. Registration systems should support enrollment and cancellation of enrollment in the immunization scheme.

275. Create patient or system selected menus. Allows clinical personnel to create individual menus or pick from systems-based list and permit automatic updates of scheduled prescribed immunization changes.

276. Patient profile. Provides on-line patient profile which includes previous vaccinations, immunization schemes, contra-indications, and allergies.

277. Immunization scheduling and management.

278. Vaccine utilization doses and equipment requirement forecasting.

279. Transcription interface. Provides a transcription system to be part of or interfaced with the clinical laboratory information system. Provides for the unique needs of laboratory, histology, cytology, autopsy, and pathology.

280. Fixed assets database. Permits recording of descriptive data, commercial brand name, manufacturer, supplier, purchase date, acquisition cost, warranties, exclusions, maintenance data. Should be able to use international coding schemes. Provides the ability to update the location and condition of the item. Provides a complete audit trail of transactions affecting each fixed asset item, including disposal (removal from active inventory.) Ability to assign equipment to

specific locations. Linkage to Medical Equipment Maintenance or Physical Facility Maintenance Module when they exist.

281. Depreciation categories. Provide the ability to assign a depreciation category to the item within the fixed asset schedule. Permit entering data regarding final disposition.

282. Asset depreciation. Permits automatic depreciation for all capital purchases and forecast future depreciation.

283. Depreciation status. Allows the user access to pertinent statistical data regarding these capital items, as well as appropriate reports to identify the status of purchases within the fixed asset schedule.

284. Predated items. Allow for entry of items that predate the introduction of the asset management system to be entered into the system.

285. Equipment inventory. The equipment inventory should identify the commercial name (brand), manufacturer, size, model number, serial number, acquisition date, price, expected life cycle, warranties, maintenance contracts (including dates), physical location of the equipment in the institution, and any other information needed for maintaining or repairing equipment.

286. General facility/equipment inventory. The equipment inventory should identify the commercial name (brand), manufacturer, size, model number, serial number, acquisition date, price, expected life cycle, warranties, maintenance contracts (including dates), physical location of the equipment in the institution, and any other information needed for maintaining or repairing equipment.

287. Order/service database. Provides entry of service requests, scheduled maintenance actions, and scheduling of staff for all preventative maintenance actions and work orders.

288. Order execution. Compiles and archives maintenance history, including date work performed, person performing, time to perform procedure, equipment/facility serviced, and any condition evaluation required by the maintenance action along with parts and consumables used in performance of the maintenance or repair action. Provide reports on service realized, labor costs, operating costs (costs of energy, procurement costs, life expectancy, salvage value, and training costs).

289. Fixed asset linkage. This should be linked to the Fixed Assets Management Module if it exists. When feasible should be integrated with asset management to provide budget information; life cycle cost analysis, replacement and repair evaluation, energy alternatives, and system effectiveness.

290. Parts inventory link. There should be data links to repair parts inventory to determine safe stocking levels as well as providing accurate part number, description, and supplier.

291. Manufacturer/supplier information. Data about name, address, telephone, fax, e-mail, and technical support contact of manufacturer, importer, supplier, technical support services. This should be linked to the equipment inventory database.

292. Linen warehouse locations. Provide the ability to accommodate both linen warehouse locations and circulating linen locations.

293. Linen accounting. Provides the ability to account for linen issues/returns by cost center and expense code. The linen analysis system should provide accurate linen usage by linen type and linen items or by ward unit. Ability to track and monitor uniform usage as well as providing accurate billing and credits directly to ward and end users.

294. Pick lists. Provide the ability to handle issues or returns of linen based on pick list, or on-line, on demand.

295. Linen weights. Provide the ability to record and monitor linen weights to verify laundering expense.

296. Laundry orders/receipts. Provide the ability to record laundry orders and receipts by weight.

297. Ability to manage the transport services information including number of kilometers driven, consumption of gas and oil, and other inputs.

298. Ability to generate transportation notification through order management.

299. Ability to generate an efficiency report on why patient was not brought to the institution.

300. General budgeting functions. Control entry of budget and statistical account data, including: supporting multiple files for current or future periods and department level access for budget development and analysis. It should provide for payroll budget information by department, job code, and earning type (for hours and dollars.) It must generate budget variance reports and comparison reports providing payroll information on hours and dollar amounts.

301. Budget transactions. Allow users to initialize budget data for accounts from current or previous budgets, actual data, and annualizations of current year's actual data. Allow users to update budget data for accounts by entering amounts for each period, or yearly amount, or by applying a percentage increase or decrease.

302. Payroll and fixed assets linkage. Automatic entry of budget files created in payroll and in fixed asset accounting modules.

303. Radiotherapist tracking and productivity. Track and provide reports on the reporting, assisting, and consulting Radiotherapist.

304. Validate technician medication/solution orders. Ability to review pharmacy technician orders and interactive approval facility. Log of transactions.

305. Real-time, interactive module. Should also be able to meet managed care requirements, contract management, interim billing, and late charge billing. Up-to-the-minute information, complete account details, and current account detailed history.

306. Integration with other financial functions. This module must be integrated with General Ledger, Accounts Payable, and Cost Accounting Systems. Must automatically transfer patient data to/from the admissions system and maintain guarantor, insurance, disease, and procedure categorization for payment purposes (e.g., DRGs), and archive account data.

307. Account search and retrieval. There should be quick account identification by patient name, number, unit number, or guarantor number.

308. View patient account information on-line/comments. Provides comprehensive view of account information available on-line. Includes visit and demographic, insurance verification, level of benefits, patient admission/discharge/transfer (ADT) information, current charges and payments, previous charges and payments. Also include summary of charges by department, billing and accounts receivable status information and diagnosis. The system should allow posting and review of account comments.

309. Determine source of payments by payer. System should be able to review payment transactions on-line and determine source of payment. Should be able to write summary and detail reports that will identify payment sources. System should allow for daily cash payments by payer.

310. Contract benefits. The system must provide the organization the ability to control group or managed care agreements and assist in the monitoring of contracts with third-party payers.

311. Benefit plans predetermined billing. Standard or common insurance benefit plans should be defined in a master file and loaded into accounts at time of verification. Plans may be modified at any time for individual accounts.

312. User-defined insurance verification screens. System should support healthcare institution defined verification screens, so that major payer groups can have customized screens to capture critical elements for each group. Screens should allow the healthcare institution to define required fields for payer and benefit information.

313. Central charge master. System should support a charge master file for each facility within the enterprise.

314. Charges and credit entry. System should have ability to manually post charges and credits for both room and ancillary charges. Claims data entry system should have ability to post claims data not otherwise captured in registration or abstracting functions. Examples include value codes, occurrence codes, and dates.

315. Auto room charge posting, auto charge. System should allow for posting room charges based on nightly census. Should support multiple accommodation types and rates. System should post corrected charges and credits when changes or cancellations are made to admit or discharge dates.

316. Ability for “series bill” or “specific visit bill”. For ambulatory processing the system should be able to support both “visit” and “series” billing. Series billing would include the ability to bill for stated time periods or for a particular type of treatment for the duration of a treatment plan.

317. Ability to post charges at the level of pre-admission. Allow posting to accounts prior to actual admission for pre-admission events.

318. Prorate benefits by multiple payers. System should have ability to identify and support insurance proration for basic and major medical insurance charging any number of possible payers. Should be able to support excluded charges, specific charge rates for contract payers, and contractual amounts.

319. Log system/view on-line. System should allow on-line maintenance and inquiry to logs account data, and on-line request of standard reports.

320. Automated account follow-up. Automated systems should support follow-up by payer, patient name, account balance ranges, account age, and status (if there are pending payments in Accounts Receivable or bad debt history). System should include past account history and previous follow-up activity.

321. Sliding fee scales for private pay billing. System should support patient billing discounts based on family income and size.

322. Values and codes edited against tables. Common data elements should be table or profile driven with on-line editing during data entry.

323. Electronic claims submission. Provide ability to bill third-party payers.

324. Produce hard-copy bills. Produce bills for payers not accepting electronic claims.

325. Electronic remittance processing. System should retrieve remittance advice form from third-party payers, and support posting of payments, contracts, and adjustments to Accounts Receivable.

326. Batch charges posting (automated.) System should support batch posting routines for ancillary charges generated in order entry systems.

327. Payments adjustments. System should support manual payments, adjustments, and contractuals for insurance and self-pay. Should be able to transfer pro-rated balances in posting function.

328. Reclassify revenue by payer. System should support manual reclassification of revenue by insurance payer, financial class, patient type when accounts are rebilled or insurance information is transferred or prorated to another payer after initial billing.

329. Bill hold capability (parameter-driven.) System should be able to delay billing until all required fields are complete. Health care institution can define different bill hold requirements by patient type (inpatient, outpatient, emergency services) and insurance type.

330. Ability to produce demand bills (all forms.) System should be able to demand printing of a bill with current charges for non-discharged accounts or accounts on hold.

331. Ability to force bill patients. System should be able to allow users to manually force an account into billed status even though it may not have met all bill hold criteria.

332. Ability to cycle bills. System should allow for generation of cycle bills for inpatients based on payer, length of stay, and/or balance.

333. Rebill accounts. System should allow for re-bill of accounts following changes in payers, charges, length of stay, and benefits.

334. Accounts receivable bad debt write-off capability. System should have ability to manually transfer accounts from active receivable to a bad debt status. Bad debt accounts should remain on-line for review, reporting, posting payments, etc. Transfer should generate all of the accounting and revenue transactions associated with write-off and recovery of bad debt.

335. Bad debt to accounts receivable reinstatement. System should allow manual transfer from bad debt to receivable if account was written in error. This transaction should generate the appropriate accounting and revenue transactions.

336. Auto accounts receivable processing (parameter-driven.) System should be able to rebill, write-off small balances and bad debts, purge zero balances, and change accounts from insurance to self-pay without manual intervention if accounts meet auto-processing criteria. Those criteria would include account age, balance, financial class, number of payments received, patient type, etc. The system should allow healthcare institution to write and maintain rules to automate this process.

337. Purging capability (parameter-driven). System should have ability to purge accounts from active patient master and accounts receivable or bad debt files. Purge criteria should be healthcare institution-defined, based on number of days since account reached zero balance.

338. Financial logs. System should include financial logs to allow summary review of charges, payment, diagnosis, diagnostic or procedure categorization for payment (DRGs), revenue and utilization data for cost reporting, and contract analysis. Logs data should be able to be automatically collected and posted to the logs data base from other systems modules. Should include both standard reports and report writer capability.

339. Ability to transfer balances to different payers. System should allow the transfer of prorated balances between payers for billing or accounts receivable purposes.

340. Support revenue and usage statistics. Maintain statistics for revenues and services by patient type, medical service, financial class or payer, healthcare institution, department, clinic, and location.

341. Process collection agency tapes. System should be able to create an extract of account information for submittal to collection agencies. The tape should be created automatically based on write-off activity to collection agencies.

342. Pass billed data to automated collection system. System should provide an on-line collection system with health care institution tickler files for account follow-up. Information from billing and payment activity should pass to the collection system to provide collectors with current account data.

343. Produce parameter-driven data mailers. System should support production of data mailers and collection letters with healthcare institution-defined cycles.

344. Automated collection assignments and statistics. Automated system should support distribution of accounts to collectors and maintain work statistics for each collector indicating the number of accounts assigned, worked, backlogged, etc.

345. Integrated registration/billing/collection letter. Automated collections system should be integrated to registration and billing systems so that data entered in one will be noted in the others. Comments or field updates performed in one system will update in each database.

346. Electronic denial reasons posted to billed account. System should allow for denial reasons to be posted to accounts with electronic remittance processing. Denial information should be available for on-line review.

347. Physician/healthcare institution charges on same bill. System should have ability to include physician and healthcare institution charges on the same bill where permitted/required by payer.

348. Archiving/restoring. System should have ability to purge billing and account data and restore it at some later time.

349. Common accounts payable features/functions. Provides the ability to handle the common features and functions of Accounts Payable, including expense allocation, one-time vendors, payment plan management, price adjustments and variances, discounts, and suspended invoice processing.

350. Provider management. Provides the flexibility of handling a variety of vendor documents, including single payment invoices, recurring invoices, and credit memos. Ability to alter vendor arrangements to accommodate changes as to discount specifications, address changes, and payment from different bank accounts.

351. Purchase order interface. Provides the ability to access details of acquisition and payment information by purchase order number.
352. Materials management interface. Provides the ability to interface automatically to the materials management applications (pharmacy, inventory control, etc.), when necessary.
353. Automatic or manual payment. Permits the vouching process to handle either automatic or manual payment period/cycle and bank account.
354. Invoices. Provide the ability to produce invoices.
355. Vouchers/checks. Provide the ability to produce vouchers or requests for checks.
356. Payment cycles. Provide for payment cycles to be defined by the user.
357. One-time processing. Provides for the ability to process ad hoc payments for vendors not included in the vendor master file, on a one-time basis.
358. Check clearing. Provides for the ability to clear checks within the system.
359. Liability posting. Provides for the ability to automatically post liabilities.
360. Credit invoices. Provide for the ability to handle credit invoices.
361. Audit trail. Maintains a comprehensive audit trail and general ledger interface in accordance to legal requirements.
362. Tax reporting. Provide for automatic production of tax reports, as required by specific country and local governments.
363. Accounting functions. Compatible with the legal requirements of each case, including the following general functions: automatic transfer of transactions from all financial modules, transfer of transactions between different organizations in multi-organization environment.
364. User-defined accounting lines. User-defined systems of allocating expenses and revenues.
365. Transaction facilities. No limit to length of time detail and summary data are retained; must allow prior and future period transactions, master log report that displays all batch transactions, and immediate update of account balances upon posting.
366. On-line look-up. On-line account inquiries to allow authorized users to view up-to-the-minute account balances or activity on demand. These inquiries must provide an audit trail indicating the transaction sources. Entry lists available in order of entry or in account number sequence.

367. Cost determination. Determine the cost of a cost/service unit, which corresponds to procedure codes in billing utilizing allocation methodology of user choice. Must map procedure codes to individual and multiple service units and store past, present, and future average rates for resources such as labor and materials and prorated general costs.

368. Cost distribution. Generates detailed reports on comparisons of actual and standard costs, fixed and variable costs, budgets, variance analysis, service profitability, and departmental responsibility.

369. Cost reporting. Application should provide users with multiple profitability reports based on various selection criteria as well as standard cost and service usage by cost unit. These reports should allow for budget comparison and variance analysis by managers throughout the organization.

370. Chart of accounts. User-controlled chart of accounts with unlimited number of defined accounts should be available. Permit organizational hierarchy that allows reports to be defined for any level of management.

371. Standard payroll features. Provide the ability to perform typical payroll calculations, such as gross-to-net salary on a table-driven basis. Payroll information, including base rate, effective date, step, current benefit plans, withholdings, and automatic start/stop dates.

372. Rollback function. Provides retroactive calculations and computes earnings, taxes, and deductions and must be capable of mass edit routines to employee withholdings and benefits and provide a payroll summary by department, payroll register, tax, and deduction registers. Facility for posting to general ledger.

373. Special payroll features/functions. Provide the ability to handle the common features and functions of payroll, including on-line, real-time data entry and editing, batch balancing, overtime calculations, salaries of employees working in multiple positions at multiple pay rates, and payroll history. The system should provide for real-time inquiry of employee earnings and compensation as well as year-to-date inquiry routines and compute multiple payrolls with different schedules, list employee pay information, and post payroll data in general ledger.

374. Special compensation. Provide the ability to handle compensation, including wage and salary analysis and job evaluation and the ability to handle situations that depart from regular compensation, including common items such as stock options, and deferred payment and bonuses.

375. Salaries funded by multiple sources. Provide the ability to track salaries funded by multiple sources.

376. Direct deposit. Provide the ability to forward employee salary checks directly to their banks, in addition to providing traditional paper checks.

377. Retroactive pay. Provides the ability to calculate pay on a retroactive basis.

378. Deduction arrears and recovery. Provide the ability to calculate and report deduction arrears and

379. Automated check reversal. Provides for reversing checks automatically, based on user-defined criteria.

380. Date sensitivity. Provides the ability to automatically produce payroll checks based on specific dates, or conditions, such as “the last working date before the last day of the month”, or “every Friday”.

381. Audit and transaction reports. Provide comprehensive audit and transaction reports that are available for review before producing checks.

382. Labor distribution. Distribute payroll amounts among the appropriate labor departments as established by the user.

383. Government reporting. Provides reporting for applicable federal, state, and local governments, as well as deductions for applicable taxes.

384. Budget management. Provides the ability to monitor expense versus budget data, and make on-line changes where appropriate.

385. Integration with human resources and benefits systems. Provides interface to institution’s human resources and benefits systems, where applicable.

386. Position and staffing. Provide the ability to control details of staffing, including positions, employee skills, and resource allocation. The on-line database should provide instant access to employee detailed personal record and history. Minimum data in the employee file should include: applicant tracking through recruiting, interviewing, and selection process, demographics, qualifications, training history, dependents, payroll status, hire date, next evaluation date, attendance template, position number, department, and job code.

387. Training and development. Provide the ability to track and manage training of employees, including course crediting, where applicable.

388. Performance tracking. Provides the ability to record, track, and manage employee performance, on a regular basis. Include the ability to have multiple inputs to evaluation, by the employee, by the employee’s peers, and by management.

389. Career planning. Provides the ability to record and track career plans by employee, allowing input from both the employee and management. Includes ability to modify and update career plans dynamically.

390. Labor relations. Provide the ability to track and manage common elements of labor relations, including the status of collective bargaining agreements and union contract details.

391. Job applicant tracking. Provides the ability to enter and track the status of applicants through the recruiting, interviewing, and selection process.

392. On-line scheduling. Department managers should be able to create templates to allow diverse groups with varying needs to set their own scheduling criteria. It will also process special requests on-line, e.g., days off, vacation, planned sick days, or jury duty. Specialized skills of individual staff should be viewable on-line and provide ad hoc scheduling reports of staff whose certification will expire shortly.

393. Schedule-makers should be able to experiment with draft schedules before creating a final schedule. Productive/nonproductive time data will provide the ability to track productivity based on real hours of work.

394. Expected attendance. Forecast of attendance data will be stored on a template for the employee and may be edited as necessary for the pay period. There will be on-line entry of summary time card data and the ability to accommodate daily time card entry.

395. Staffing planning. Provide recommended staff schedules to work a shift which also identifies problems of over- or under-staffing. Patient load, degree of patient dependency, and case type also will be factored in scheduling of nursing staff. Information modeling provides the ability to model future human resource scenarios and make analyses.

396. Cost impact modeling. Budget capabilities will be inherent in this system to help managers evaluate the cost effectiveness of their proposed schedules with funds available in their budget. The budget dollars will be prorated by specific time frames to match past experience of high census and degree of patient dependency status and severity of illness.

397. Timecards. Generation of timecards for employees for the use of payroll/personnel system. These will support any combination of job codes and shifts.

398. General functions. Provide the ability to manage and track benefits, including medical and dental benefits, retirement, sick leave, and vacations.

399. Complex tax support. Provides the ability to handle complex taxes, including federal, state, and local taxes.

400. Periodic/nonperiodic payments. Provide the ability to handle both periodic and nonperiodic benefit payments.

401. Sources/deductions. Provide the ability to handle an unlimited number of sources and deductions per account.

402. Disbursements. Provide the ability to handle third-party disbursement processing.

403. Payment/deductions history. Provide the ability to have on-line benefits payment/deductions history.
404. Vendor information. Provide for on-line retrieval of detailed vendor information.
405. Vendor revalidation/invalidation. Provides the ability to invalidate or revalidate vendor for future purchases.
406. Vendor accounts payable. Links to Provide vendor accounts payable data and the ability to update it on-line.
407. Stock/nonstock requisition. Provides ability to handle on-line requisition of items, whether normal stock items or not.
408. Standard purchase order. Provides ability to support all standard purchase order processing types, e.g., standard, blanket, and consignment, as well as flexibility to support other, user-defined purchase order types. Provide ability to modify existing purchase orders. It will generate "standing" and blanket purchase orders at user-defined intervals.
409. Order status tracking. It will provide the status of any purchase order, accommodate multi-facility environments, and generate automatic purchase orders for items at or below their minimum reorder points and nonstock items ordered via department purchase requisitions.
410. Contract/open market items. Provide the ability to monitor on-line contract or acquisition of open market items.
411. Back-order processing. Allow for handling of back-ordered items.
412. Blanket/standing order receipts. Provide the ability to handle blanket or standing order receipts.
413. Shipment tolerances. Permit the user to define shipment acceptable tolerances.
414. Management and statistical reporting. Vendor performance, cost change, and buyer activity reports.
415. Item database. Provide the ability to capture and maintain all purchased items code and description. Ability to search the database for items easily, by any combination of search arguments.
416. Item classification. Allows for classification of database items by product type or by group, and for on-line maintenance of the database.
417. Nonstock Items. Allow for capture of nonstock items.

418. Receiving functions. Produce receiving documents to record receipts of items with purchase order, and also handle blind receiving and receiving by exception. It should automatically match invoiced amounts to received values. There will be automatic update of quantity on-hand (stock control function) upon posting receipts of inventoried items. On-line inquiry of any purchase order and receipt information as well as providing on-line invoice reconciliation of purchase orders and accounts payable invoices.

419. Stock control. Permits recording of descriptive data, commercial brand name, manufacturer, supplier, purchase date, acquisition cost, warranties, and exclusions. Provides real-time updating of on-hand quantities. There will be inventory control features to supply a record of inventory activity such as issues, returns, adjustments, transfers, and purchase order history and provide both report and inquiry capabilities to help users monitor current stock levels. Will be able to support unlimited number of inventories.

420. Just in time inventory. Provides ability to support JIT or stockless inventory management techniques.

421. Order book. Be able to set up an order book of user-defined item requisition forms.

422. Requisitioning. Provides simultaneous order and issue functionality.

423. Remote location. Provides the ability to requisition inventory items from a remote location of the health care institution.

424. Automatic requisitioning. Supports automatic requisitioning for the purchase of items that fall below user-defined thresholds.

425. Delivery tickets. Provide the ability to produce customized delivery ticket, along with stocking instructions.

426. Consignment items. Provide the ability to manage items taken from vendors on consignment.

427. Inventory report. Provides the ability to produce a complete report of all inventory items, department usage report, stock status reports by type of item, most frequently used, and physical inventory worksheet and comparison reports.

428. Multiple units of issue. Support multiple issue of item from any inventory location.