

## Automated Information Collection System (AICS) Setup Checklist

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
<i><b>ENCOUNTER FORMS</b></i>			
1. Pre Activation			
<p>A. IRM staff can use option '<b>Import/Export Utility</b>' located under the Encounter Form IRM Options menu to accomplish the IMPORTING of Encounter Forms. IRM will need to work with the ADPAC or MCCR Coordinator to determine which encounter forms should be moved (most likely only those forms that will be attached to affected clinics). IRM will need to begin by working with an IRM contact at the current host facility in order to run the EXPORT part of this utility. The aforementioned option uses the old DIFROM functionality, not KIDS. You could also elect to import and run the 2006 National Encounter forms using IBD*3*60. This will give you “template” encounter forms for virtually all treating disciplines however, you would need to run the Maintenance Utility for Active/Inactive Codes [IBDF UTIL MAINTENANCE UTILITY] in order to identify and replace any inactive DX or CPT codes attached to the forms.</p>			
<p><b>B. A FEW HELPFUL HINTS:</b> It is NOT necessary to rename encounter forms on the Legacy system. When they are imported on the Primary system, IRM will have an opportunity to change the name. Adding a prefix to the encounter form names will makes it easier for the Legacy division to identify their forms but isn't a requirement. This can be done before the Hospital</p>			

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Locations are defined in the new database.			
<p>C. When invoking the export portion of the DIFROM, do not be alarmed by this warning:  <b>** WARNING **</b>DIFROM does not support new VA FileMan version 22 data dictionary structures! If you add new style Indexes or Keys to any file, they will not be transported by DIFROM. Just continue with the option.</p>			
<p>D. Encounter forms can be moved several weeks <b>prior</b> to the Activation to ensure that they are available for use on day one. To determine which encounter forms should be moved, we suggest reviewing the output from option <b>'List Clinics Using Forms'</b>.</p>			
<p>E. Once your encounter forms are moved to the new system, print a hardcopy. The ADPAC or person responsible for encounters forms should check the selection lists for all blocks. A problem has been identified with the <b>'Import/Export Utility'</b> option. Selection lists for CPT and DX blocks will be moved over. The selection lists for some of the newer blocks (Immunizations, Patient Education, Health Factors, etc.) are not moved over. Rebuild these selection lists.</p>			
<p>F. Review AICS Site Parameters using the Edit Site Parameters [IBDF EDIT SITE PARAM] option. Only the Print Manager is multidivisional.</p>			
<p>G. Review Package interfaces – make sure needed interfaces are turned-on.</p>			
<p>H. After the Legacy hospital locations are moved to the Primary system, encounter forms can be assigned to</p>			

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clinics in the new data base.			
I. Review Print Manager options (Division Reports, Clinic Reports, Automatic Print queues, and define Health Summaries, etc.). Determine what needs to be set up on the new system by doing comparisons on the current Primary system.			
J. Remember that each encounter form printer ‘terminal type’ used must be associated with an entry in the Encounter Form Printer file. If you need to add them, use the option, ‘ <b>Device Edit option</b> ’ from the Encounter Form IRM Options. Test your Printers!!!!!!!			
K. Have someone with CPRS access click on the Procedures, Diagnosis and Type of Visit tabs to insure that the selection lists (made up by the Encounter Forms) are accessible and appear to be appropriate for that clinic location.			