

Scenario	Rating		
	Met	Partially Met	Not Met
Scenario 1			
Review how users are set up in the system complying with HIPPA regulations. Include user types, user roles, and security and how these are used to limit access and functionality. Also include audit functionality of user activity.			
Functionality links: Core:97, Security:19, 20, 21, 22, 23, 24, 25, 27, Notes:			
Scenario 2			
Review how outreach clients are configured in the system. Include result reporting and billing. Include how client work can be linked to a hospital patient.			
Notes:			
Scenario 3			
Review the setup of multiple lab sites including unique testing methods for each site and the process for directing tests to the performing sites based on the registering location from the ADT feed. Include ways to override these manually by specific users.			
Notes:			
Scenario 4			
Review the different types of system reports, including system monitoring (system/server status, database analysis), bed census reports, interface monitoring reports and dictionary audit reports.			
Notes:			
Scenario 5			
Review the setup of report scheduling and report delivery methods.			
Notes:			
Scenario 6			
Review how rules and calculations are setup.			
Notes:			
Scenario 7			
Review the setup for Locations, Rooms, Beds, Providers and Provider Groups. Include how multiple addresses for providers are handled.			
Notes:			
Scenario 8			
Discuss data conversion process for historical results.			
Notes:			
Scenario 9			

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Discuss the process for importing existing build into your system from another environment. Include any import tools, environment synchronization.			
Notes:			
Scenario 10			
Rewiew manual ADT functionality. Include how patient MRN's are merged and unmerged and also the transfer of results from one account to another.			
Notes:			

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Scenario 1			
Demonstrate use of Inpatient Collection Rounds, including use of collection lists and labels.			
Functionality Links: 14, 15, 16, 17, 30, 31, 34, 35, 37, 38, 49, 50, 51, 54, 55,56, 83, 84 Notes:			
Scenario 2			
Demonstrate outpatient collections. Specifically how you can print a label to the phlebotomy area when the order is interface through an HIS.			
Notes:			
Scenario 3			
Demonstrate the specimen accessioning process for orders that arrive via the interface. Include the use of bar code readers. Also, include accessioning by Specimen and Patient.			
Notes:			
Scenario 4			
Demonstrate the process for add-on test requests to specimens that are already in the lab both inprocess and completed.			
Notes:			
Scenario 5			
Demonstrate how the system handles cancelled tests. How far into the process can they be cancelled?			
Notes:			
Scenario 6			
Demonstrate how the system handles timed tests.			
Notes:			
Scenario 7			
Demonstrate how the system handles future orders. Both with Outpatients and Inpatients.			
Notes:			

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Scenario 1 - ALL			
Demonstrate ordering and resulting test panels and individual tests. Include duplicate checking, different result types (numeric, alpha, calculations)			
Notes: Specifically CBC, Urine macro/micro, and Lytes			
Scenario 2 - ALL			
Demonstrate the different types of abnormal flagging, delta checking, reflex testing (using rules) and use of templates for resulting and result comments.			
Notes:			
Scenario 3 - ALL			
Demonstrate available tracking mechanisms for pending work. (including TAT monitors, on-line dashboards, and reports)			
Notes:			
Scenario 4 - ALL			
Demonstrate the process for documenting result call back to physicians. (within GL module only)			
Notes:			
Scenario 5 - ALL			
Demonstrate QC, include lot tracking, Levy-Jennings, and statistics. Also, include real-time use vs. end of month reports.			
Notes:			
Scenario 6 - Reference Lab			
Demonstrate the process to transmit orders in batches to outside reference labs. Include demonstration of packing lists.			
Notes:			
Scenario 7 - CHEMISTRY			
Demonstrate the options the system has to report Lead results to specific states based on the patients home address.			
Notes:			
Scenario 8 - CHEMISTRY			
Demonstrate how the system handles Glucose Tolerance (Series Type) tests.			
Notes:			
Scenario 9 - HEMATOLOGY			

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Demonstrate the process to build a CBC with auto and manual diff. Including the process for proper billing.			
Notes:			
Scenario 10 - HEMATOLOGY			
Demonstrate the process to build a urinalysis test with proper billing. Show the ability to reflex a microscopic order off of abnormal results.			
Notes:			
Scenario 11 - POINT OF CARE			
Demonstrate the process of how POC results coming in thru an Interface works and how they are then transmitted back out of a different interface. Include adding result comments based on site as well as how accounts are selected.			
Notes:			
Scenario 12 - METABOLISM			
Demonstrate how specific tests can be restricted for verification by a predetermined list of users or job classification.			
Notes:			
Scenario 13 - IMMUNOLOGY			
Demonstrate how calculations are set up and maintained for cell marker absolute counts.			
Notes:			
Scenario 14 - IMMUNOLOGY			
Demonstrate procedures for adding comment (specimen vs. result comments) and the use of canned comments. Show differences in HIS and OP result charts.			
Notes:			
Scenario 15 - IMMUNOLOGY			
Demonstrate Pending worksheet functionality. Including options and use.			
Notes:			

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Scenario 1			
Demonstrate the ability to enter custom MIC/KB reactions such as POS, NEG, and *			
Notes: If there are any specific needs/outcomes, mention them here			
Scenario 2			
Demonstrate the ability to automatically add comments to MIC/KB results			
Notes:			
Scenario 3			
Demonstrate the test build/order/resulting for atypical microbiology testing such as PCR			
Notes:			
Scenario 4			
Demonstrate the ability to report long organism names, such as Elizabethkingia meningospeticum.			
Notes:			
Scenario 5			
Demonstrate the ability to store previous and current names of organisms and to report them on patient reports and send them to the results interface.			
Notes:			
Scenario 6			
Demonstrate your management reports in microbiology, both available standard reports and options, as well as ad hoc reports and options. Demonstrate the ad hoc report as described below.			
Notes:			
Scenario 7			
Demonstrate the integration of general lab results in infection control reports and ad hoc reports			
Notes: Urine WBC's, from a urinalysis			
Scenario 8			
Demonstrate the ability to have reference lab testing in the microbiology module/department			
Notes: Can tests be built in the micro dictionaries for processing but pointed to general lab for billing?			
Scenario 9			
Demonstrate the ability to add charges for additional identifications			
Notes:			
Scenario 10			
Demonstrate the antibiogram reports and options			
Notes:			

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Scenario 1			
Demonstrate how a user would enter different specimen expiration dates for different patient protocols			
Notes:			
Scenario 2			
Demonstrate how product orders link to specimens over a multi-day period			
Notes:			
Scenario 3			
Demonstrate the ability to apply different billing codes for aliquoted vs. full units			
Notes:			
Scenario 4			
Demonstrate the process for interpreting a blood type on a baby less than 4 months old with no reverse type and a baby greater than 4 months old with a reverse type			
Notes:			
Scenario 5			
Demonstrate how a user would pool together Red Cell and FFP with different blood types and how you can determine the Unit History of the individual units in the pool for lookback purposes.			
Notes:			
Scenario 6			
Demonstrate the process for restricting the ability to change a patient blood type and audit changes that are made			
Notes:			
Scenario 7			
Demonstrate the set up of alerting to reduce alert fatigue.			
Notes: For example show how the system can be set up to suppress an alert when a patient has an anti-D and the unit is Rh negative			
Scenario 8			
Demonstrate alerting for special needs at crossmatch, assignment and issue			
Notes: For example, patient requires irradiation			
Scenario 9			
Demonstrate ad hoc reporting capabilities for users			
Notes: For example, pull together a report for a single patient that combines platelet counts and platelet transfusions over a period of time			

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Scenario 10			
Demonstrate the user workflow and processes for label verification at component preparation			
Notes:			
Scenario 11			
Demonstrate how a user would enter a directed donor unit into the inventory with an intended recipient that isn't in the system yet			
Notes:			
Scenario 12			
Demonstrate a real time inventory status board that shows the available platelet inventory that includes the unit's blood type and expiration date			
Notes:			

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Scenario 1			
Demonstrate how general lab and microbiology results are pulled into a pathology report.			
Notes:			
Scenario 2			
Demonstrate the process for accessioning and processing PTH orders including specimen tracking and pathologist assignment.			
Notes:			
Scenario 3			
Demonstrate how your system handles corrected reports vs addendums vs ammended reports.			
Notes:			
Scenario 4			
Demonstate how your system captures and reports images in AP.			
Notes:			
Scenario 5			
Demonstrate how to order additional levels, special stains and immunohistochemical stains. Include how to pull work-lists based on these orders.			
Notes:			
Scenario 6			
Demonstrate how to place markers on cases for later retrieval (interesting cases, tumor board) and how to retrieve them at a later date.			
Notes:			
Scenario 7			
Demonstrate how to look up a patient's AP history while in a Pathology report.			
Notes:			
Scenario 8			
Demonstrate how to hold a pathology result from crossing an interface or how to release the case immediately.			
Notes:			
Scenario 9			
Demonstrate how to pull frozen section TAT, routine surgical TAT, Cytology and autopsy TAT reports. Include a TAT report based on the signing Pathologist.			
Notes:			
Scenario 10			
Demonstrate how to register a consultation case from a client where the client is to be billed.			
Notes:			

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Scenario 11			
Demonstrate how to pull the number of blocks and slides produced during a work day.			
Notes:			
Scenario 12			
Demonstrate how to retrieve cases by diagnosis or key word including history uploaded surgical pathology cases.			
Notes:			
Scenario 13			
Demonstrate how charges are placed on a surgical pathology case.			
Notes:			
Scenario 14			
Demonstrate how to search for cases by ordering physician during a specific time frame.			
Notes:			
Scenario 15			
Demonstrate how to comment on specimen quality and pull a report based on that input.			
Notes:			
Scenario 16			
Demonstrate how to pull a report based on comparison of frozen vs. final diagnosis			
Notes:			
Scenario 17			
Demonstrate how to scan a document into a pathology report.			
Notes:			

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Scenario 1			
Demonstrate the ability of the molecular system to generate an integrated report, that comprizes elements from the molecular lab, the clinical lab and surgical/cyto pathology into the final report.			
Notes:			
Scenario 2			
Demonstrate the ability of the molecular system to generate a worklist manifest in the setting of a partial master mix reagent failure. In this worklist, only those substesting stages of the overall workflow affected by the defective reagen should be in the list of bench actions to be performed. Also, the worklist recalculation should include whether or not there is enough remaining primary sample to allow for the proposed retesting.			
Notes:			
Scenario 3			
Demonstrate the ability for the system to generate reagent cost manifests base upon proposed bench-level worklists generated in the routine course of aggregating test-specific orders.			
Notes:			
Scenario 4			
Demonstate the ability of render molecular results as parallel output datastreams: one as narrative text and the other as fully atomic XML.			
Notes:			
Scenario 5			
Demonstrate the ability of the molecular system to attach to external service-based architecture systems, for true federated query operation.			
Notes:			
Scenario 6			
Demonstrate a process how the lab itself could autonomouse implement a new instrument interface, using a universal configuration tool, with the net result being infinitely extensible instrument interface architecure without the need for additional purchased software modules of maintenance support.			
Notes:			
Scenario 7			
Demonstrate the ability to result rich media in output moelcualr results, (in printed form, PDF form and XML form).			
Notes:			