



# California Prison Health Care System

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## **Barcode Medication Administration Record Use Case Specification: Manage Prescriber Order Version <1.0>**

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# California Prison Health Care System

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## Table of Contents

UC 1: Overview: Manage Prescriber Order.....	7
Goal and Summary.....	7
Actors.....	7
Trigger.....	7
Flow of Events.....	7
Basic Flow .....	7
Special Requirements .....	7
< 1 Expiration Time of Prescriber Order > .....	7
< 2 Order Entry in GuardianRx > .....	8
< 3 Out of Scope Areas >.....	8
< 4 Pharmacy Cut-Off Time for Prescriber Orders >.....	8
Overview of Use Cases.....	8
UC2: Overview: Manage Start Order .....	9
Goal and Summary.....	9
Actors.....	9
Trigger.....	9
Flow of Events.....	9
Basic Flow .....	9
Overview of Use Cases.....	9
UC 3: Overview: Reconcile Prescriber Order .....	11
Goal and Summary.....	11
Actors.....	11
Pre-Conditions.....	11
< Logged in bMAR >.....	11
Trigger.....	11
Flow of Events.....	11
Basic Flow .....	11
Alternative Flows.....	12
< Reconcile Emergent Stat Order > .....	12
< Reconcile Order for KOP > .....	12
Post-Conditions .....	12
< Post-condition One > .....	12

---

# California Prison Health Care System

---

Business Rules.....	12
Special Requirements .....	12
< 1. Status of Medication >.....	12
< 2. Forward and Reverse Look-Up > .....	12
Overview of Use Cases.....	13
UC4: Overview: Manage KOP for Ad Seg Transfer .....	14
Goal and Summary.....	14
Actors.....	14
Pre-Conditions .....	14
Trigger .....	14
Flow of Events.....	14
Basic Flow .....	14
Alternative Flows.....	14
< Manage KOP for Transferring Out of Ad Seg >.....	14
< Keeping Inmate's KOP > .....	15
Special Requirements .....	15
< Stocking Common KOP at MSA >.....	15
Overview of Use Cases.....	15
UC5: Overview: Prepare Med Pass .....	17
Goal and Summary.....	17
Actors.....	17
Pre-Conditions .....	17
Trigger .....	17
Flow of Events.....	17
Basic Flow .....	17
Alternative Flows.....	18
<Prepare Pill-Window Med Pass> .....	18
<Prepare Podium Med Pass>.....	18
<Print Bar code Label Sticker> .....	18
Special Requirements .....	19
< P/I Demographic Information >.....	19
< MSA Location > .....	19
< Types of Med Pass >.....	19
< Liquid Medication > .....	19
< Injectable > .....	19

---

# California Prison Health Care System

---

< Narcotics > .....	19
< Hand-Held Device > .....	19
< Views of Med Pass Report > .....	19
< Sorting of MP Med List > .....	19
< Verification of Selection > .....	20
< Mailing of KOP > .....	20
< No Bar Codes > .....	20
< Provide Duplicating Clinic Stock Inventory > .....	20
< Elimination of Pre-Pour > .....	20
Extension Points .....	20
<Conduct Med Pass> .....	20
Overview of Use Cases.....	20
UC 6a: Overview: Conduct Cell Side Med Pass .....	22
Goal and Summary.....	22
Actors.....	22
Pre-Conditions .....	22
Trigger .....	22
Flow of Events.....	22
Basic Flow .....	22
Alternative Flows.....	23
< No Barcoded ID >.....	23
< Deliver KOP > .....	23
Business Rules.....	23
Special Requirements .....	23
< 1. Filtered Medication Profile >.....	23
< 2. Display of Inmate Name and CDCR Number > .....	23
< 3. Backup Med Pass Report >.....	23
Extension Points .....	24
<name of extension point>.....	24
Overview of Use Cases.....	24

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# California Prison Health Care System

---

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# California Prison Health Care System

---

## Use Case Specification: Manage Prescriber Order

### UC 1: Overview: Manage Prescriber Order

#### Goal and Summary

**Activities depicted in this use case does not utilize bMAR and hence, this use case serves only as an entry point leading to other activities that use bMAR.**

The goal of this use case is to describe the process and circumstances when managing prescriber orders. Each prescriber order may contain one or more medications. There are three types of prescriber order, Stat order, Medication Renewal order (a.k.a. Continuation or Interim order), and New order. Prescriber order is always given to Nurse first. Nurse takes different actions depending on the type of prescriber order given. For managing Stat order, see [Use Case 2: Manage Stat Order]. This use case documents the activities that Nurse performs after receiving a New or Medication Renewal prescriber order.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse

Secondary Actor: Prescriber, Pharmacy, GuardianRx

#### Trigger

Whenever a prescriber writes a New or Medication Renewal order and gives to Nurse.

#### Flow of Events

##### Basic Flow

1. Prescriber writes an order and the order is always given to Nurse (never given directly to Pharmacy). See [[Special Requirement 1, 2, and 3](#)].
2. Nurse takes the order, keeps a copy, sends a copy to Pharmacy, and forwards the original order to UHR (HIM is in charge of UHR). [Policy: For brand new order, Nurse cannot do anything until Pharmacy has completed its work and verification]. In some institutions, Nurse uses scanner to scan orders directly into GuardianRx.
3. Pharmacy has the medication ready on the next business day if the order is received by 3 PM on the previous day. Otherwise, pharmacy needs one extra business day to have the medication ready. See [[Special Requirement 4](#)].

#### Special Requirements

##### < 1 Expiration Time of Prescriber Order >

bMAR will make all prescriber orders expire at midnight on the 30<sup>th</sup> calendar day starting the day the medication is filled by Pharmacy. If there are refills, they will be treated as Medication Renewal orders. If there are no more refills, a New prescriber order will be required. No grace period is allowed for expired orders.

# California Prison Health Care System

## < 2 Order Entry in GuardianRx >

Pharmacies need to enter prescriber orders into GuardianRx by their respective closing times of local pharmacies. NOTE: This has a down stream impact to bMAR because bMAR retrieves details about orders from GuardianRx.

## < 3 Out of Scope Areas >

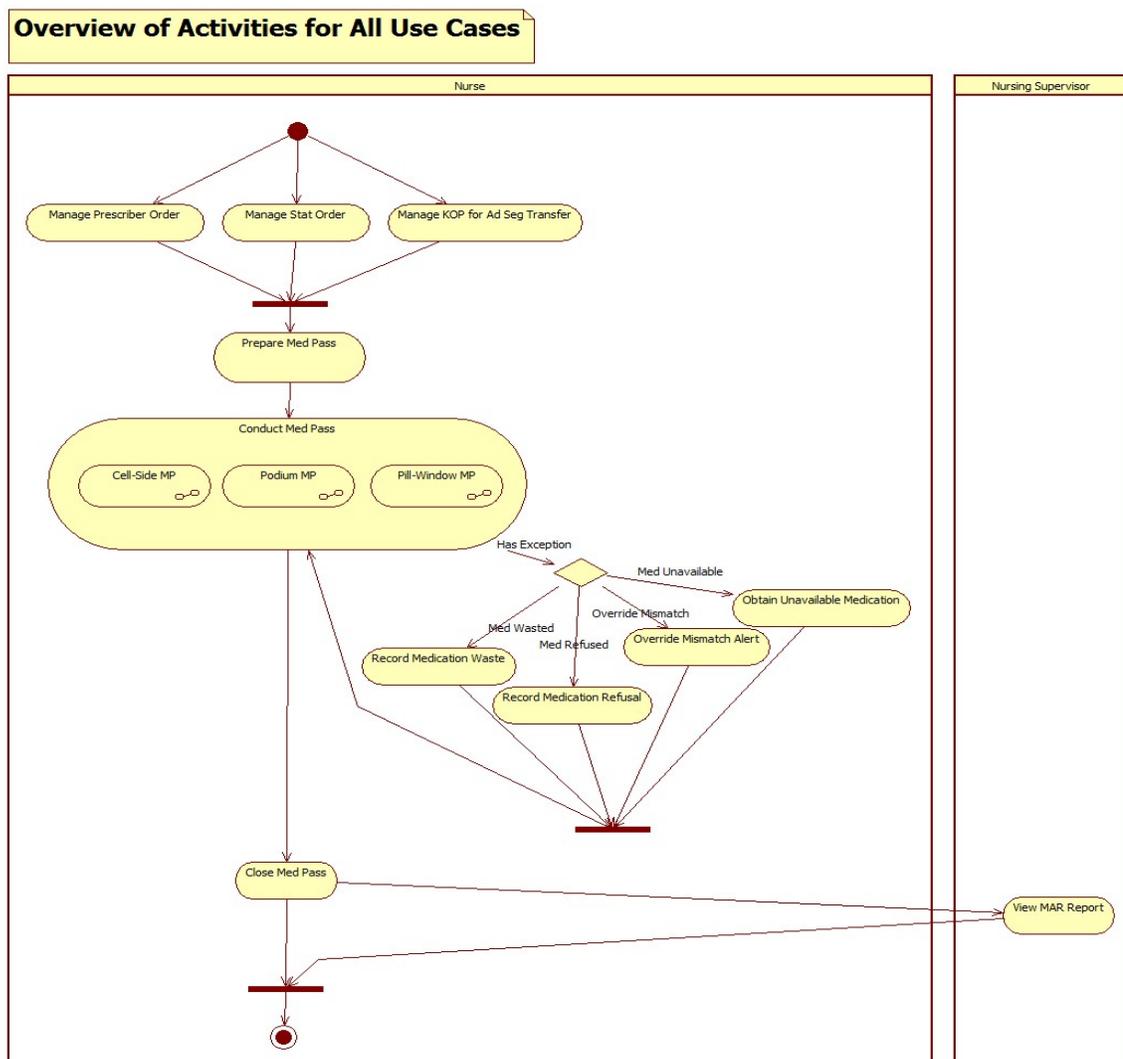
Management of prescriber orders and medication administration that are related to in-patient care is out of scope for bMAR. Nursing will continue to follow existing practices for all in-patient care.

## < 4 Pharmacy Cut-Off Time for Prescriber Orders >

Central Fill has a daily 3 PM cut-off time. Nursing prefers to change the cut-off time to 4 PM if possible in the future.

## Overview of Use Cases

This section provides a visual overview of use cases and how they relate to each other.



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# California Prison Health Care System

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## Use Case Specification: Manage Stat Order

### UC2: Overview: Manage Start Order

#### Goal and Summary

**Activities depicted in this use case does not utilize bMAR and hence, this use case serves only as an entry point leading to other activities that use bMAR.**

The goal of this use case is to describe the process and circumstances when managing Stat orders. There are three types of prescriber order, Stat order, Medication Renewal order (a.k.a. Continuation or Interim order), and New order. Even though Stat order is also a prescriber order, it is handled very differently by Nurse. Furthermore, there are two types of Stat order, emergent and urgent. This use case documents the activities that Nurse performs after receiving a Stat order.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse  
Secondary Actor: Pharmacy, Patient/Inmate

#### Trigger

Whenever a prescriber writes a Stat order and gives to Nurse

#### Flow of Events

##### Basic Flow

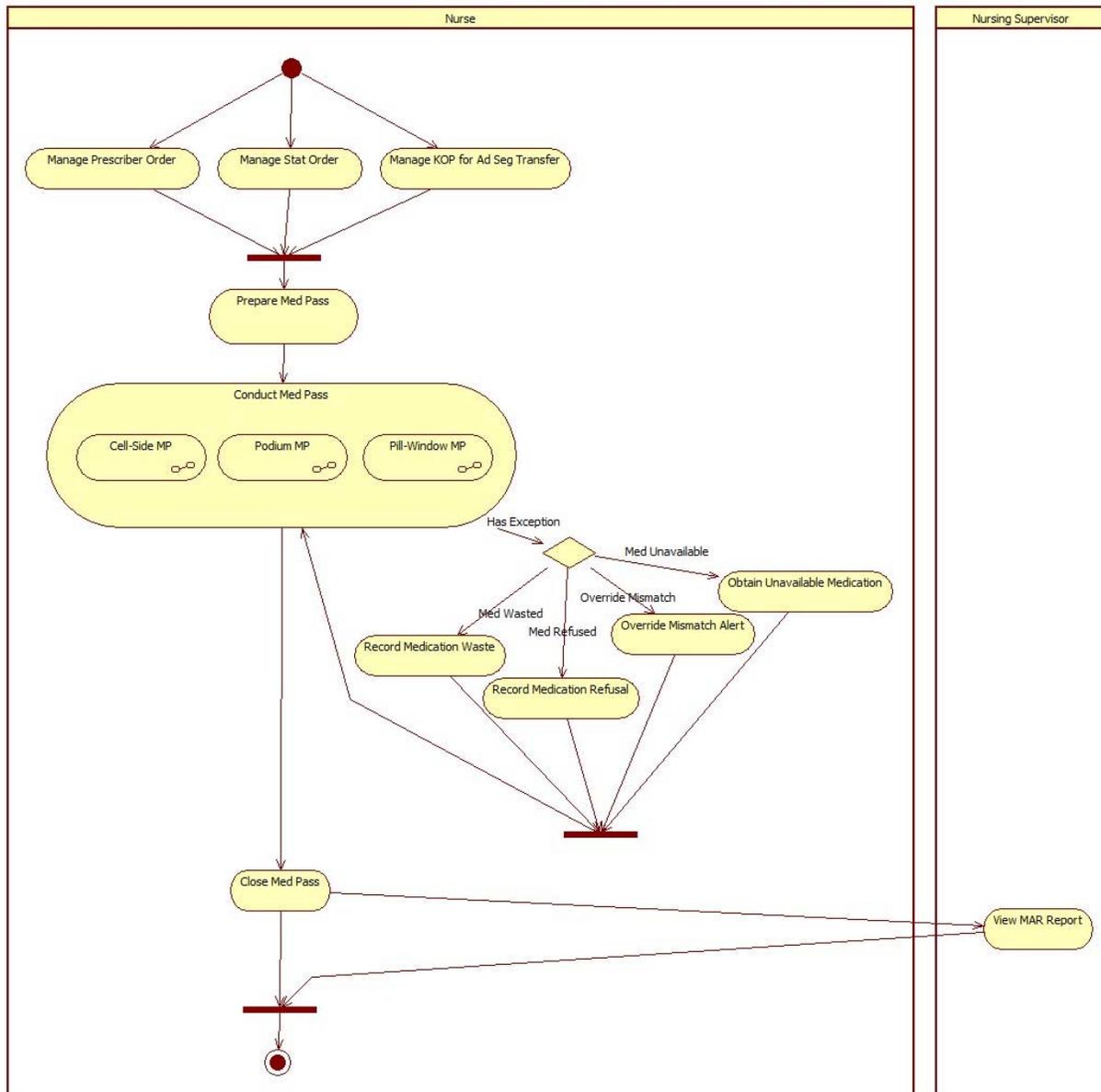
4. Prescriber writes a Stat order and gives to Nurse.
5. If it's an emergent Stat order, Nurse immediately administers medication(s). Go to Step 5 if it's a urgent Stat order.
6. Nurse writes notes on the emergent Stat order (paper form) and forwards a copy to Pharmacy.
7. Pharmacy ensures MAR (as a result of Stat order) is recorded in GuardianRx, which would in turn enable bMAR to obtain the recorded details of MAR.
8. If it's a urgent Stat order, Nurse sends a copy of urgent Stat order to Pharmacy to obtain the medication(s).
9. Pharmacy has a limited time to transcribe the order, fill the order, and deliver the medication back to Nurse.
10. Currently, Nurse reconciles the order/medication, see [Use Case 3: Reconcile Prescriber Order]. **NOTE: In the future, Nurse will no longer perform order reconciliation.**
11. Nurse administers the medication to Patient/Inmate.

#### Overview of Use Cases

This section provides a visual overview of use cases and how they relate to each other.

# California Prison Health Care System

## Overview of Activities for All Use Cases



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# California Prison Health Care System

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## Use Case Specification: Reconcile Prescriber Order

### UC 3: Overview: Reconcile Prescriber Order

#### Goal and Summary

**In the future, Nursing will no longer perform prescriber order reconciliation. Thus, bMAR will not support any activities related to order reconciliation. This use case, Reconcile Prescriber Order, is deprecated.**

The goal of this use case is to describe the process when reconciling prescriber orders, which may contain one or more medications. Prescriber orders should always be reconciled by Nurse. There are three types of prescriber order, stat order, medication renewal order, and new order. Nurse takes different actions during reconciliation depending on the type of prescriber order and type of medication (i.e. NA/DOT vs. KOP). This use case documents the activities that Nurse performs when reconciling prescriber orders.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse  
Secondary Actor: Pharmacy

#### Pre-Conditions

##### < Logged in bMAR >

Nurse is already logged into bMAR successfully.

#### Trigger

When medication(s) in a prescriber order is scheduled to be available to Nurse.  
Whenever Nurse chooses to reconcile prescriber orders.

#### Flow of Events

##### Basic Flow

12. Nurse navigates to the prescriber order reconciliation function in bMAR. Optionally, Nurse selects MSA location(s) for filtering unreconciled orders.
13. bMAR shows a list of orders that is scheduled to be available on the same day. <Clifton: Expected delivery time is not entered/available in GRx. Currently, Pharmacy delivers KOP at 10am and 2pm. BID requires 8 hours spread.> For emergent Stat Order, see [\[Alternate Flow: Reconcile Emergent Stat order\]](#).
14. For every prescriber order on the list, Nurse verifies the MAR (displayed by bMAR) matches the details on the copy of prescriber order, which Nurse has on file when first received the order from prescriber. <CR: Check to see if noting of order by Nursing is still required, for in-patient, out-patient>. For KOP, see [\[Alternate Flow: Reconcile Order for KOP\]](#).
15. If reconciled correctly, Nurse prompts bMAR to record the successful reconciliation. If there is a mismatch, Nurse does not change the status of unreconciled prescriber order in bMAR until discrepancy is resolved with Pharmacy. Note: How Nurse resolve discrepancy with Pharmacy is out of scope of bMAR. [\[Special Requirement: 1 Status of Medication\]](#)
16. bMAR records the time, date, and Nurse, who performed the reconciliation, for the medication order by Physician.
17. Step 3 to 5 are repeated for every medication on a prescriber order that needs to be reconciled.

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# California Prison Health Care System

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## Alternative Flows

### < Reconcile Emergent Stat Order >

1. In the case when Nurse administers an emergent Stat order immediately, Nurse writes notes on Stat order (paper form) afterward and sends a copy of Stat order to Pharmacy.
2. Pharmacy transcribes the Stat order for medication(s), which is already administered, into GuradianRx.
3. bMAR synchronizes with GuradianRx about the detail of Stat order. Medication(s) in such situation would show up as “Administered” in bMAR.
4. Nurse does not need to reconcile emergent Stat order.
5. Return to the Basic Flow

### < Reconcile Order for KOP >

1. Only after KOP is delivered by Pharmacy, Nurse tries to reconcile KOP. <All KOP delivered need to be reconciled for out-patient.> <Option to mail KOP and barcode will not be needed> <Inmate fills out 7362-svc request that can go straight to Pharm for refilling KOP>.
2. For KOP medication, Nurse scans the bar code (e.g. CDCR#) on the package of KOP.
3. bMAR performs a “reverse look-up” to retrieve and display medication profile of the Inmate who needs the KOP. This step verifies that KOP medication matches to the correct Patient/Inmate. <Clifton input: What are the additional information (e.g. barcode for CDCR #) that can be printed on the package of KOP so that bMAR can performs this verification through reverse look-up?>
4. Nurse visually verifies the MAR (displayed by bMAR) matches the details on Nurse's copy of prescriber order.

## Post-Conditions

### < Post-condition One >

## Business Rules

List the harvested business rules here, if any.

## Special Requirements

### < 1. Status of Medication >

bMAR must provide a mechanism for Nurse to see the status of medication with respects to ordering, reconciling, and administering. The status of medication can be the following:

1. Order Status: Ordered, Filled, or Delivered. Initial default value is Ordered. As soon as a prescriber order is entered into GRx/bMAR, its status should be Ordered. <Thsu: Not sure if “Filled” or “Delivered” is technically possible if Pharmacy is not tracking the progress of filling/delivering medications>
2. Reconciliation Status: Reconciled or Unreconciled. Initial default value is Unreconciled. Unreconciled status should not prevent Nurse from administering the medication. bMAR will provide a special indication for an unreconciled medication that is administered.
3. Administration Status: Administered or Not-administered. Initial default value is Not-administered.

### < 2. Forward and Reverse Look-Up >

A forward look-up is when P/I's CDCR # (or barcode of CDCR #) is first entered into bMAR to retrieve a list of active medications from P/I's medication profile, bMAR then looks up or verifies that Nurse's selection of medication (through scanning barcode on the package of medication) indeed matches one of the active medications on P/I's medication profile. Forward look-up is usually performed when verifying clinic stock medications. A reverse look-up is when Nurse's selection of a patient-specific medication (through scanning barcode on the package of medication) is first entered into bMAR, bMAR then looks up or verifies that Nurse's selection is indeed one of the active medications on P/I's medication profile.

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# California Prison Health Care System

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Reverse look-up is needed for efficiently reconciling patient-specific medications. Additional barcode and/or details must be included on the packaging of patient-specific medications in order to enable bMAR to perform reverse look-up.

## **Overview of Use Cases**

This section provides a visual overview of use cases and their relationship to each other.

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# California Prison Health Care System

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## Use Case Specification: Manage KOP for Ad Seg Transfer

### UC4: Overview: Manage KOP for Ad Seg Transfer

#### Goal and Summary

The goal of this use case is managing KOP for Inmates who are being transferred in or out of Administration Segregation (Ad Seg). Depending on whether an Inmate is being transferred in or out of Ad Seg, KOP needs to be managed differently. In addition, Custody needs to be involved in recovering KOP from Inmate when transferring into an Ad Seg.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse

Secondary Actor: Custody, Patient/Inmate (P/I), Pharmacy, GuardianRx

#### Pre-Conditions

An Inmate is prescribed with KOP.

#### Trigger

When Custody contacts Nurse through Form 154 that an Inmate is about to be transferred in or out of Ad Seg.

#### Flow of Events

##### Basic Flow

18. Custody notifies Nurse with Form 154 that P/I is about to be transferred into Ad Seg. In addition, Custody gives KOP, which is recovered from P/I, to Nurse. See [[Alternate Flow: Keeping Inmate's KOP](#)]
19. Nurse notifies Pharmacy that P/I is being transferred into Ad Seg and passes along the recovered KOP medication back to Pharmacy.
20. GuradianRx obtains the Ad Seg transfer status (once daily) and marks P/I's housing assignment status as "Ad Seg". bMAR synchronizes with GuardianRx and places a special flag on P/I's KOP as DOT for Med Passes. Note that administering medications to P/I in Ad Seg is no different than administering medications to P/I during Cell-Side med passes. As long as clinic stock medication has the same KOP, Nurse can continue to administer to P/I in Ad Seg from existing clinic stock med. See [[Special Requirement 1](#)]
21. When P/I is being transferred out of Ad Seg, see [[Alternate Flow 1: Manage KOP for Transferring Out of Ad Seg](#)]

#### Alternative Flows

##### < Manage KOP for Transferring Out of Ad Seg >

6. Custody provide form-154 to Nurse. <Thsu: Does Nurse need to notify Pharmacy that Inmate is being transferred out of Ad Seg?>

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# California Prison Health Care System

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7. GuardianRx obtains the Ad Seg transfer status daily and marks P/I's housing assignment status as normal, i.e. not in Ad Seg. Then, bMAR synchronizes with GuardianRx and removes the special flag that marked P/I's KOP as DOT.
8. Custody returns KOP to P/I if Custody has kept P/I's KOP together with P/I's personal belonging.
9. If P/I does not have KOP for any reasons, Nurse can administer KOP (from clinic stock) during med passes until P/I's new KOP is mailed or delivered.

## < Keeping Inmate's KOP >

- Custody may choose to keep P/I's KOP together with all other personal belonging until P/I is transferred out of Ad Seg.
- In this case, Custody will return P/I's KOP when P/I is being transferred out of Ad Seg.

## Special Requirements

### < Stocking Common KOP at MSA >

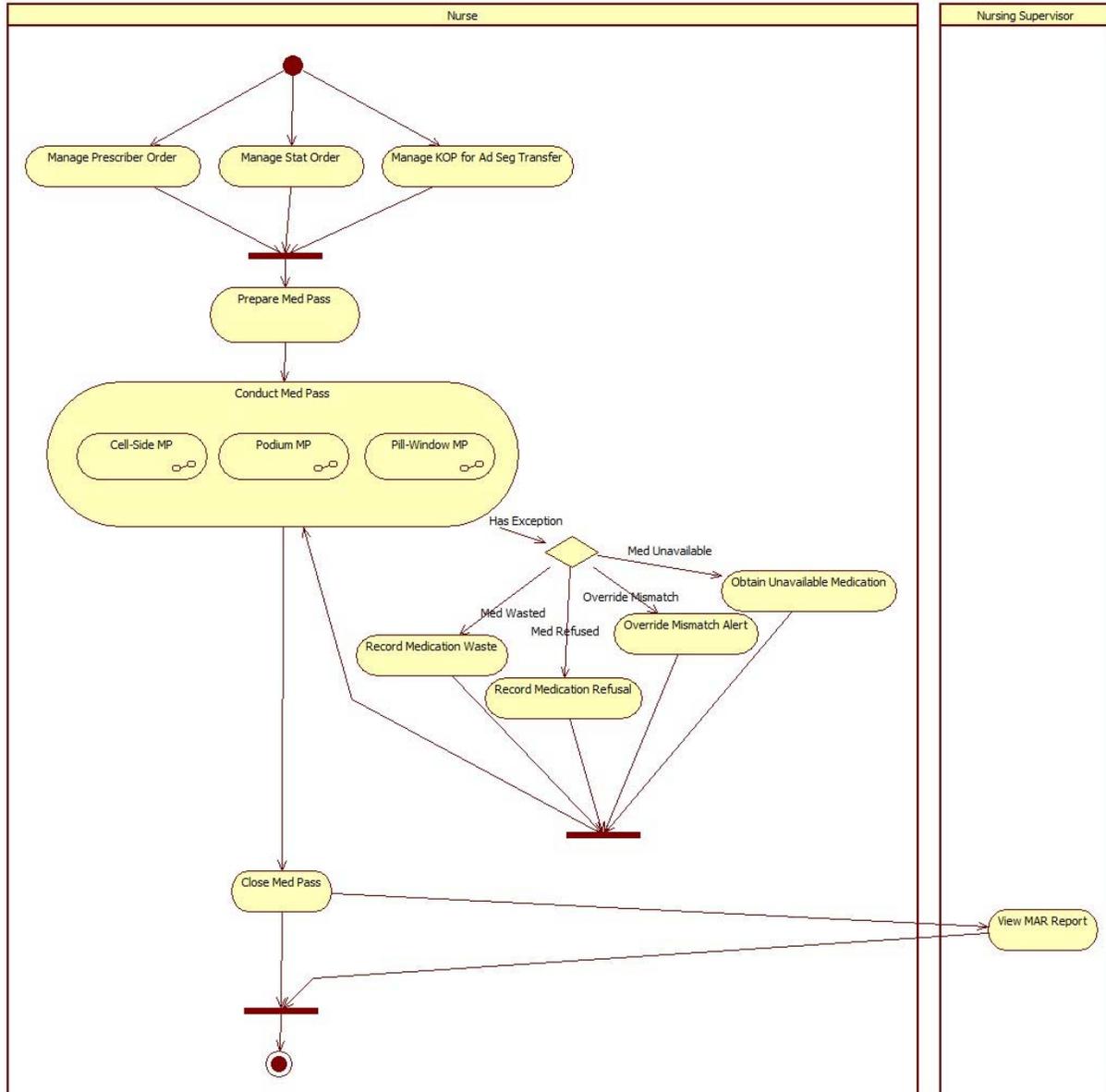
Pharmacy will provide common KOP at MSA locations as part of clinic stock medication. Such practice will enable Nurse to administer KOP (from clinic stock) to Inmates who are either in Ad Seg or who are temporarily out of KOP after being transferred out of Ad Seg.

## Overview of Use Cases

This section provides a visual overview of use cases and their relationship to each other.

# California Prison Health Care System

## Overview of Activities for All Use Cases



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# California Prison Health Care System

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## Use Case Specification: Prepare Med Pass

### UC5: Overview: Prepare Med Pass

#### Goal and Summary

The goal of this use case is to describe the preparation needed by a nurse before conducting a medical pass, or Med Pass (MP), which is a scheduled occurrence for the administration and/or distribution of medication to inmates. There are three types of Med Passes, Cell-Side, Podium, and Pill-Window.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse

Secondary Actor: DDPS, GuardianRx

#### Pre-Conditions

Nurse is already logged into bMAR

GuardianRx, and/or DDPS must be available for exchanging information with bMAR

#### Trigger

Nurse starts the preparation work based on schedules of MPs. The schedules vary from prison to prison. It's usually between 6am-9am for morning MP, and 11am-1pm for afternoon MP, 4pm-7pm for evening MP, and 8pm for HS MP.

#### Flow of Events

##### Basic Flow

In bMAR, Nurse navigates to the MP preparation page and selects a type of MP to prepare for [[Special Requirement: Type of Med Passes](#)] and then prompts bMAR to start recording the duration needed for preparation work.

bMAR timestamps the start of preparation work, marks the type of MP being prepared for, and, based on the selected type of MP, displays (A) applicable MSA locations, (B) Summary of preparation tasks to be performed by a Nurse.

Nurse selects one or more MSA location(s) within a prison [[Special Requirement: MSA Location](#)].

bMAR retrieves Inmate's profile (including both medical and demographic details) [[Special Requirement: P/I Demographic Information](#)], generates, and displays the Med Pass Report based on Nurse's selection of MSA location(s). For Pill-Window MP, see [[Alternate Flow: Prepare Pill-Window MP](#)].

Nurse ensures that hand-held device (HHD) is properly seated in its docking station and prompts bMAR to upload/synchronize Med Pass Report with the HHD [[Special Requirement: Hand Held Device](#)].

bMAR uploads Med Pass report to the HHD. For Podium Med Pass, see [[Alternate Flow: Prepare Podium Med Pass](#)].

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# California Prison Health Care System

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Nurse prompts bMAR to switch to the View 2, which is the profile-centric view of Med Pass Report [[Special Requirement: Views of Med Pass Report](#)]. In addition, Nurse indicates in bMAR that a pre-pour is needed [[Special Requirement: Elimination of Pre-Pour](#)].

For each P/I listed on View 2 of Med Pass Report shown by bMAR, Nurse finds the pill envelop for the P/I and scans the bar code on the envelop. If there is no pill envelop for the selected P/I, see [[Alternate Flow: Print Bar Code Label Sticker](#)]

bMAR displays a visual message and an audible sound to confirm the correct selection of P/I's pill envelop or to alert an incorrect selection. In addition, bMAR marks P/I's MAR as being a pre-pour.

For each medication listed on a P/I's medication profile, Nurse finds the proper medication from clinic stock inventory, scans its packaging barcode. [[Special Requirement: No Bar Codes](#)]

bMAR verifies Nurse's selection of medication, display a visual message and an audible sound to confirm a match or to alert a mismatch [[Special Requirement: Verification of Selection](#)]. If it's a mismatch, Nurse will either override bMAR or find the correct medication. If overriding a mismatch, see [Use Case: Override Mismatch Alert].

Nurse breaks the medication package and pours appropriate number of pills into P/I's pill envelop.

Nurse repeats Step 10 to 12 for each medication listed on a P/I's filtered medical profile.

Nurse repeats Step 8 to 13 for each P/I on the Med Pass Report.

Nurse proceeds to conduct Med Pass. See [Special Requirements: [Liquid Medication](#), [Injectible](#), and [Narcotics](#)]

## Alternative Flows

### <Prepare Pill-Window Med Pass>

10. There isn't any more preparation that a Nurse needs to do for Pill-Window MP. Nurse proceeds to conduct MP. See [Use Case: Conduct Pill-Window Med Pass]

### <Prepare Podium Med Pass>

5. Nurse prompts bMAR to display the MP Med List [[Special Requirement: Views of Med Pass Report](#)], which is an aggregated list of medications that a Nurse must pack onto a cart/pack.
6. bMAR displays MP Med List and its sorting options [[Special Requirement: Sorting of MP Med List](#)].
7. If desired, Nurse sorts MP Med List using the preferred attribute and proceeds to pull medications by following the sorted MP Med List shown in bMAR.
8. For each medication shown on the MP Med List, Nurse retrieves a medication from clinic stock inventory and scans its bar code.
9. bMAR verifies that the medication retrieved by Nurse matches one of the medications (name, dose, time) on the MP Med List. If it's a match, bMAR confirms the selection by a visual and audible confirmation. In addition, if bar codes contains quantity information, bMAR deducts the count or quantity of that medication. If it's a mismatch, bMAR alerts the mistake by both a visual and audible alarm.
10. Nurse loads the correct medication onto a cart or into a backpack after bMAR confirms the correct selection of medication.
11. Nurse repeats Step 4 to 6 until all medications on the MP Med List are loaded/packed. Note that in some prisons, pharmacy technician sorts KOP alphabetically based on P/I names.
12. Nurse proceeds to conduct MP. See [Use Case: Conduct Podium Med Pass]

### <Print Bar code Label Sticker>

22. For the purpose of pre-pouring, if there is no properly labeled pill envelop/cup for a P/I, Nurse prompts bMAR to print a barcode label sticker for the selected P/I.
23. bMAR prints the label sticker.
24. Nurse applies the label sticker to the pill envelop and resumes to pre-pouring of P/I's medication [in Basic Flow].

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# California Prison Health Care System

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## Special Requirements

### < P/I Demographic Information >

For all inmates, demographic details needed by bMAR are (1) inmate name, (2) inmate's CDCR #, (3) inmate's housing assignment, and optionally (4) inmate's race, and (5) additional classifications.

### < MSA Location >

Within each prison, a designated MSA serves one or more areas/levels, which may be facility (i.e. yard), housing (i.e. building), or tier (i.e. floor). bMAR should automatically populate the default prison location based on the prison a nurse is stationed at. A Nurse can still select a different prison location if desired.

<Technical Question: What is the source for obtaining Nurse's assigned prison location? How accurate or up-to-date is the source?>

### < Types of Med Pass >

Possible types of MP are Pill-Window MP, Cell-Side MP, and Podium MP. Frequency of occurrence is approximately 30% for Pill-Window, 40%-50% for Cell-Side, and 30% for Podium.

### < Liquid Medication >

If a medication is in liquid form and a Nurse must pour the exact amount for a P/I, bMAR must provide an input field for a Nurse to document the exact amount administered to a P/I. In the future, Pharmacy will explore options to package liquid med in several standardized dosages and coordinate with prescribers to write orders using one of the standardized dosages.

### < Injectable >

Injectible medications, not related to in-patient care, are in scope, for example, insulin. For injectible, bMAR can verify the type of injectible but not the exact dosage given by Nurse. bMAR must provide an input field for a Nurse to document the exact amount administered to a P/I. Mass-injectible, e.g. flu shots, is out of scope for bMAR and Nursing must follow existing practices for mass-injectible.

### < Narcotics >

If a Nurse administers narcotics, the Nurse must sign off on the administration of Narcotics according to State/Federal regulation. Documenting such sign off is out of scope of bMAR.

### < Hand-Held Device >

For both Cell-Side and Podium MP, a Nurse must have a hand-held device to document medication administration. Weight, screen size, and overall size are three key consideration factors. It must have a keyboard and a docking station for synchronization of data and charging of battery. It should also have the capability to wireless communicate with bMAR server for those prisons that have wireless connectivity.

### < Views of Med Pass Report >

Each MP Report has three views (i.e. View 1, View 2, and View 3). View 1 is profile-centric and it shows the filtered medication profile for each inmate. MP Med List is View 2, which is medication-centric and it shows a list of all medications needed by all inmates during a particular Med Pass. View 3 is inmate-centric and it shows a list of inmates' names, CDCR #s, and bar codes of CDCR #s.

### < Sorting of MP Med List >

View 2 of MP Report (aka MP Med List) must be sortable by these attributes, alphabetically by inmates' names, CDCR #s, race (if data attribute is available to bMAR), additional inmate classification attributes (if data attribute is available to bMAR), MSA locations (e.g. cell numbers, tiers, yard, etc.), alphabetically by medication names, and quantities of the same type of medications.

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# California Prison Health Care System

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## < Verification of Selection >

When bMAR verifies Nurse's selection of a medication, as long as the selected medication matches one of medications to be administered during a particular MP, it is considered a successful verification. This enables Nurses to select medication in any order they wish, that is, without following the sorted order of the medications listed. However, bMAR must ensure that no medication is duplicated.

## < Mailing of KOP >

Pharmacy and Nursing will explore the options to mail KOP directly to Patient/Inmate. Hence, Nursing may not need to prepare any KOP in the future.

## < No Bar Codes >

Not all unit doses are barcoded by manufactures. Currently, Pharmacy does not have a fix for this issue. Hence, bMAR will not be able to perform any verification for unit doses that do not have bar codes on the packaging. Nurse will have to perform visual verifications in such situations.

## < Provide Duplicating Clinic Stock Inventory >

Accessing limited number of cabinets/carts containing medications is currently a bottleneck to Nurses, especially during busy time when preparing/conducting med passes. Pharmacy will explore the possibility of maximizing the number of cabinets/carts, with duplicating inventory, in order to enable simultaneous accessing to medications by nurses.

## < Elimination of Pre-Pour >

Pharmacy plans to find ways to eliminate pre-pours. One option is to utilize push carts with several easily removable baskets. Such baskets would contain clinic stock meds and can be easily carried up and down tiers in an institution. During preparation, instead of pre-pouring, Nurse would stock such baskets with clinic stock meds needed for a particular Cell-Side MP to a particular area of an institution.

## Extension Points

### <Conduct Med Pass>

## Overview of Use Cases

This section provides a visual overview of use cases and their relationship to each other.

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# California Prison Health Care System

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# California Prison Health Care System

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## Use Case Specification: Conduct Cell-Side Med Pass

### UC 6a: Overview: Conduct Cell Side Med Pass

#### Goal and Summary

The goal of this use case is to administer medications to inmates. Nurse administers medications to inmates regularly through conducting Med Passes. There are three types of Med Passes, Pill-Window, Podium, and Cell-Side. This use case describes activities when conducting a Cell-Side Med Pass.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse

Secondary Actor: Patient/Inmate (or P/I)

#### Pre-Conditions

Nurse already logged into bMAR

All preparation work for a Med Pass has been completed as described in the Prepare Med Pass use case

#### Trigger

Mandatory time/schedule for conducting a Med Pass.

#### Flow of Events

##### Basic Flow

- Nurse arrives at the 1<sup>st</sup> cell with a hand-held device (HHD) and prepared medications. Nurse prompts HHD to start the Cell-Side Med Pass (MP).
- bMAR timestamps the starting of a MP.
- At the cell of a P/I, Nurse collects P/I's ID, visually authenticates P/I, and scans the barcode on P/I's ID card. If barcode scanning fails, Nurse keys in the CDCR# on P/I's ID into the HHD. Note that HHD is either wirelessly connected to bMAR or has a Med Pass Report pre-loaded in HHD during preparation of this MP. [[Alternate Flow: No Barcoded ID](#)] [Policy: If P/I cannot produce an ID, no medication will be administered.]
- HHD shows P/I's identity profile and “filtered” medication profile [[See Special Requirement 1 and 2](#)]. Nurse has the option to display the entire medication profile.
- Nurse visually ensures the identity information about P/I as shown on HHD is consistent with ID and returns ID to P/I.
- Nurse pulls the already prepared pill envelop/cup, scans the barcode on the envelop.
- HHD verifies that Nurse has selected the correct envelop for the P/I. If it's a mismatch, HHD sounds an alarm and displays a visual warning.
- Nurse pours all pills out of the envelop into a cup and gives the cup to P/I.
- After P/I accepts the medication, Nurse records the medication administration in HHD. For KOP, see [[Alternate Flow: Deliver KOP](#)]. If P/I refuses the medication or whenever Nurse decides a medication is no longer safe/sanitary to be given to a P/I (due to whatever reasons), see [Use Case: Record Medication Refusal] and [Use Case: Record Medication Waste.]

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# California Prison Health Care System

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- HHD marks the medication as administered, records administration details: actual administration notes, actual P/I, actual date, actual time, actual location, and actual administering nurse.
- Nurse walks to the cell of the next P/I listed on the Med Pass Report (shown on HHD) and repeats steps 3-10.
- Nurse closes a Med Pass in HHD. A visual and audible alert will be generated if there are still P/Is that need to be given medications during a Med Pass. Nurse has the option to force the closing of Med Pass.
- HHD timestamps the closing of a Med Pass.
- After returning to MSA, Nurse docks the HHD in its docking station, and prompts HHD to upload/synchronize with bMAR server. If wireless communication is available, uploading/synchronizing occurs in real time and is transparent to Nurse.
- HHD uploads/synchronizes MP details with bMAR server.

## Alternative Flows

### < No Barcoded ID >

1. If Inmates do not have the new barcoded ID card, Nurse has two options (A) print out a MP Report to carry to Cell-Side MP, or (B) keying in CDCR # for each Inmate.
2. Return to Basic Flow.

### < Deliver KOP >

13. Nurse asks P/I to sign the electronic acceptance form on HHD as a confirmation of acceptance of KOP.
14. Return to the Basic Flow. Note: Pharmacy and Nursing will explore the options to mail KOP directly to Patient/Inmate. Hence, Nursing may not need to deliver any KOP to Inmates in the future.

## Business Rules

Cell-Side Pass: If inmate doesn't provide ID, no medication will be given.

## Special Requirements

### < 1. Filtered Medication Profile >

Filtered medication profile is a subset of an Inmate's entire medication profile. This subset of medications are to be administered to an inmate during a particular med pass. bMAR pre-filters an Inmate's full medication profile based on certain criteria such as time, date, or MSA. <Jason: It's a desired feature. Not a mandatory requirement. Depending on the data attributes, it may or may not be technically feasible.>

### < 2. Display of Inmate Name and CDCR Number >

For every page/screen rendered by bMAR that shows medication(s) for a particular inmate, inmate's name and CDCR # must be shown on the page/screen for visual verification purposes by Nurses.

### < 3. Backup Med Pass Report >

<CR: What is the backup plan if there is no connectivity to bMAR server? How does a Nurse pull MP report or P/I's MAR?>

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# California Prison Health Care System

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## Extension Points

Close Out Med Pass.

### <name of extension point>

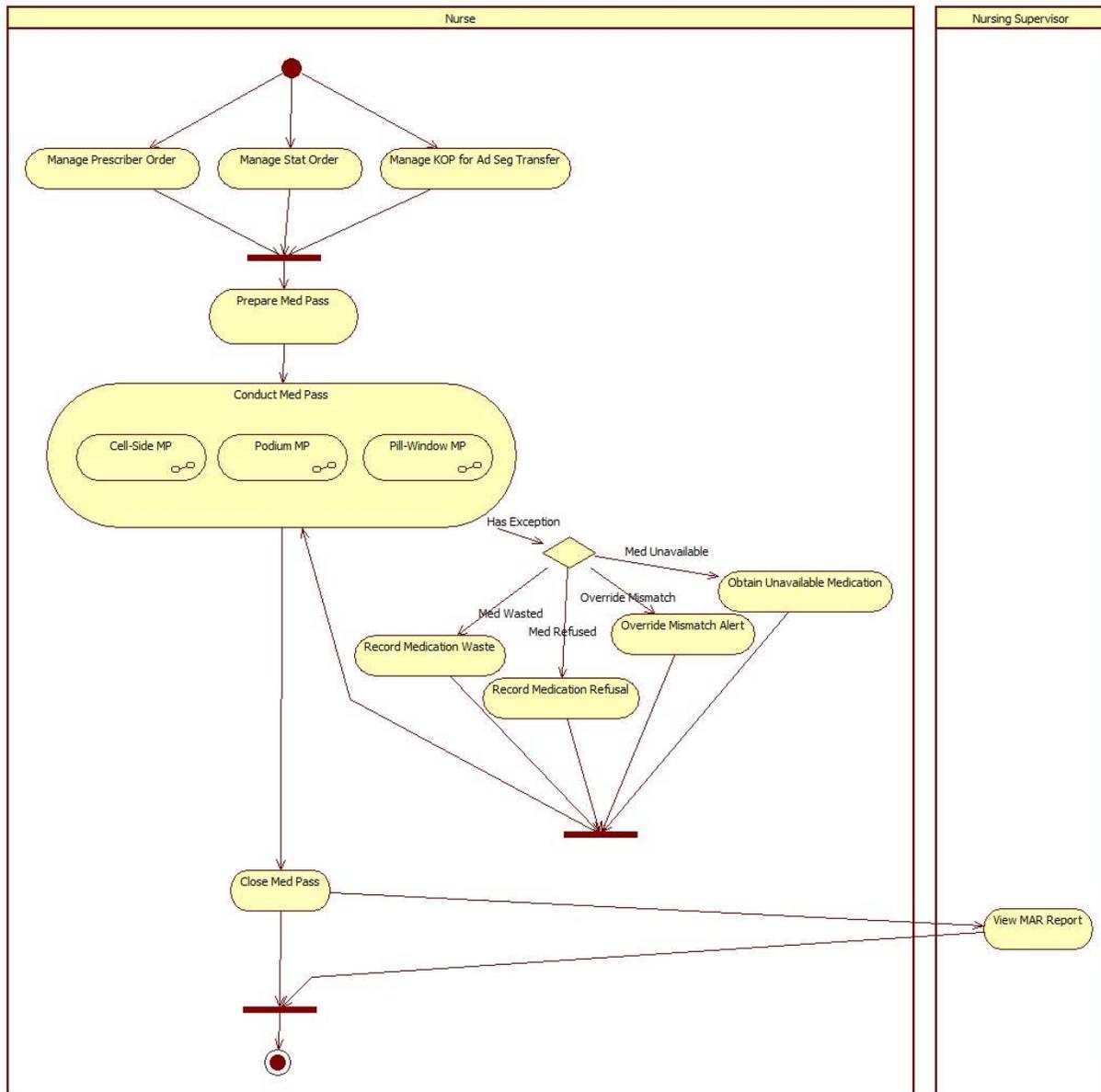
Definition of the location of the extension point in the flow of events.

## Overview of Use Cases

This section provides a visual overview of use cases and their relationship to each other.

# California Prison Health Care System

## Overview of Activities for All Use Cases



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# California Prison Health Care System

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## Use Case Specification: Conduct Podium Med Pass

### UC 6b: Overview: Conduct Podium Med Pass

#### Goal and Summary

The goal of this use case is to administer medications to inmates. Nurse administers medications to inmates regularly through conducting Med Passes. There are three types of Med Passes, Pill-Window, Podium, and Cell-Side. This use case describes activities when conducting a Podium Med Pass.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse

Secondary Actor: Patient/Inmate (or P/I)

#### Pre-Conditions

Nurse already logged into bMAR

All preparation work for a Med Pass has been completed as described in the Prepare Med Pass use case

#### Trigger

Mandatory time/schedule for conducting a Med Pass.

#### Flow of Events

##### Basic Flow

- Nurse arrives at the podium with a hand-held device (HHD) and prepared medications. Nurse prompts HHD to start the Podium Med Pass (MP).
- bMAR timestamps the starting of a Podium MP.
- For each P/I in the MP Line, Nurse collects P/I's ID, visually authenticates P/I, and scans the barcode on P/I's ID card. If barcode scanning fails, Nurse keys in the CDCR# on P/I's ID into the HHD. Note that HHD is either wirelessly connected to bMAR or has a Med Pass Report pre-loaded in HHD during preparation of this MP. [[Alternate Flow: No Barcoded ID](#)]
- HHD shows P/I's identity profile and "filtered" medication profile [[See Special Requirement 1 and 2](#)]. Nurse has the option to display the entire medication profile.
- Nurse visually ensures the identity information about P/I as presented by HHD is consistent with ID and returns ID to P/I.
- For each medication listed on HHD (sorted alphabetically with medication names, sortable by either generic or trade names), bMAR shows the medication details, full medication name, prescribed dosage, time of med administration, route (e.g. topical, oral), and administering instruction, if Nurse chooses to explicitly select/highlight a particular med on the list.
- Nurse finds the matching medication from the medication cart inventory and scans the medication's barcode.

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# California Prison Health Care System

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- HHD verifies that the medication retrieved by Nurse from the medication cart stock matches one of the medications (name, dose, time) on the list that should be administered to the P/I. [[Special Requirement: Verification of Selection](#)]. If it's a match, HHD confirms the selection by visual and audible notification. If it's a mismatch, HHD alerts the mistake by both visual and audible alarm. Nurse has the option to override the mismatch, see [Use Case: Override Mismatch Alert].
- Nurse repeats steps 6 to 8 to pick out all pills, put them together in a cup, and then give the cup to P/I.
- Nurse records the medication administration in HHD after P/I accepts the medication. For KOP, see [[Alternate Flow: Deliver KOP](#)]. If P/I refuses the medication or whenever Nurse decides a medication is no longer safe/sanitary to be given to a P/I (due to whatever reasons), see [Use Case: Record Medication Refusal] and [Use Case: Record Medication Waste]. HHD verifies that all medications are administered and closes an P/I's profile. If there is still medication not yet administered, HHD sounds an alarm and provides a visual indication on the medication(s) that is not yet administered.
- HHD marks the medication as administered, records administration details: actual administration notes, actual P/I, actual date, actual time, actual location, and actual administering nurse.
- Nurse repeat steps 3-11 for each P/I in a Podium Med Pass line.
- Nurse closes a Med Pass in HHD. A visual and audible alert will be generated if there are still P/Is that need to be given medications during a Med Pass. Nurse has the option to force the closing of Med Pass.
- HHD timestamps the closing of a Med Pass.
- After returning to MSA, Nurse docks the HHD in its docking station, and prompts HHD to upload/synchronize with bMAR. If wireless communication is available, uploading/synchronizing occurs in real time and is transparent to Nurse.
- HHD uploads/synchronizes MP details with bMAR.

## Alternative Flows

### < No Barcoded ID >

3. If Inmates do not have the new barcoded ID card, Nurse has two options (A) print out a MP Report to carry to Podium MP, or (B) keying in CDCR # for each Inmate.
4. Return to Basic Flow.

### < Deliver KOP >

15. Nurse asks P/I to sign the electronic acceptance form on HHD as a confirmation of acceptance of KOP.
16. Return to the Basic Flow. Note: Pharmacy and Nursing will explore the options to mail KOP directly to Patient/Inmate. Hence, Nursing may not need to deliver any KOP to Inmates in the future.

## Special Requirements

### < 1. Filtered Medication Profile >

Filtered medication profile is a subset of an P/I's entire medication profile. This subset of medications are to be administered to an P/I during a particular med pass. bMAR pre-filters a P/I's full medication profile based on certain criteria such as time, date, or MSA. < Jason: It's a desired feature. Not a mandatory requirement. Depending on the data attributes, it may or may not be technically feasible. >

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# California Prison Health Care System

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## < 2. Display of Inmate Name and CDCR Number >

For every page/screen rendered by bMAR that shows medication(s) for a particular inmate, inmate's name and CDCR # must be shown on the page/screen for visual verification purposes by Nurses.

## < 3 Verification of Selection >

When bMAR verifies Nurse's selection of a medication, as long as the selected medication matches one of medications to be administered during a particular MP, it is considered a successful verification. This enables Nurses to select medication in any order they wish, that is, without following the sorted order of the medications listed. However, bMAR must ensure that no medication is duplicated.

## Extension Points

Close Out Med Pass.

### <name of extension point>

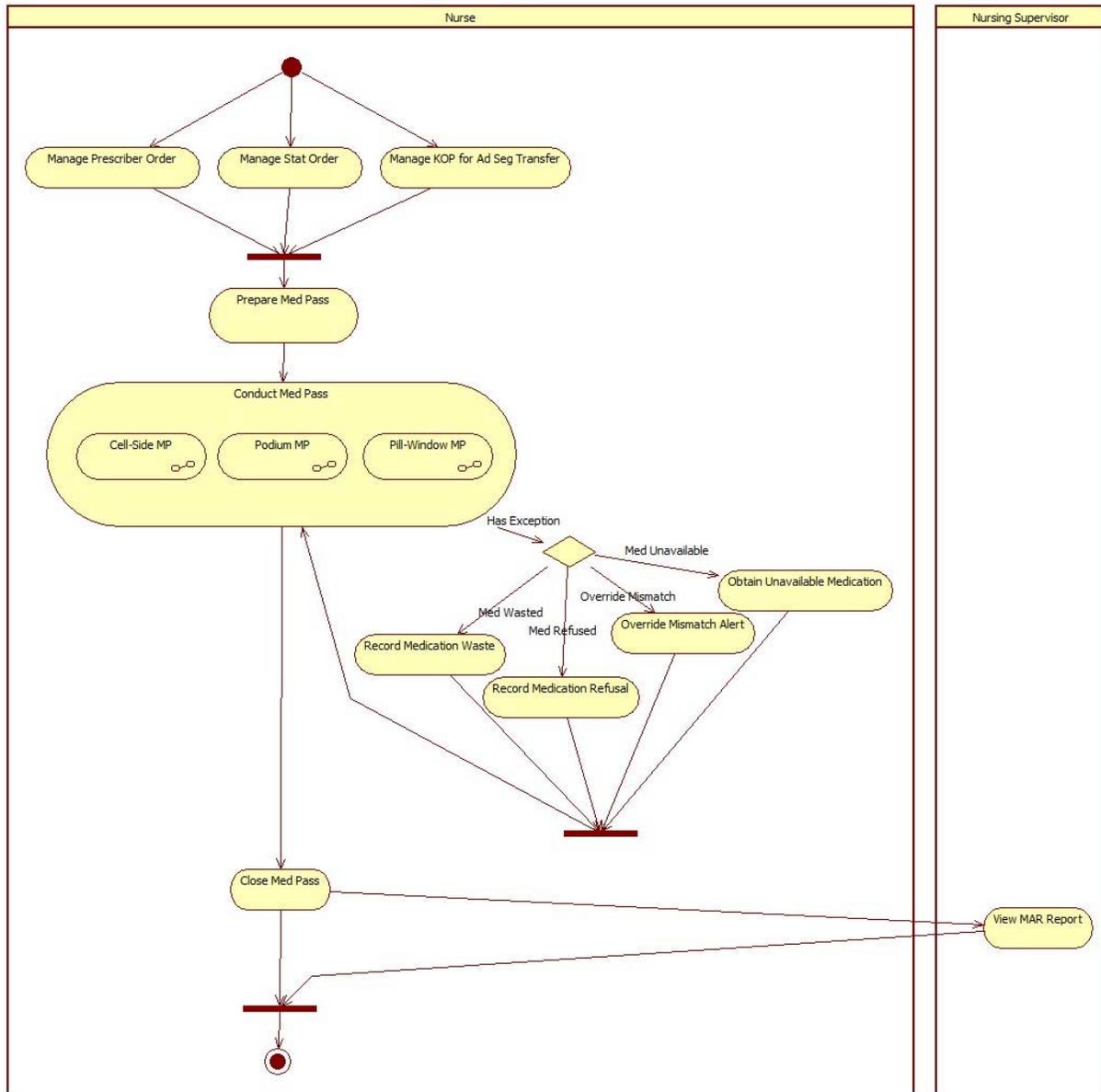
Definition of the location of the extension point in the flow of events.

## Overview of Use Cases

This section provides a visual overview of use cases and their relationship to each other.

# California Prison Health Care System

## Overview of Activities for All Use Cases



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# California Prison Health Care System

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## Use Case Specification: Conduct Pill-Window Med Pass

### UC 6c: Overview: Conduct Pill Window Med Pass

#### Goal and Summary

The goal of this use case is to administer medications to inmates. Nurse administers medications to inmates regularly through conducting Me Passes. There are three types of Med Passes, Pill-Window, Podium, and Cell-Side. This use case describes activities when conducting a Pill-Window Med Pass.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse

Secondary Actor: Patient/Inmate (P/I)

#### Pre-Conditions

Nurse already logged into bMAR

All preparation work for Pill-Window Med Pass has been completed as described in the Prepare Med Pass use case

#### Trigger

Mandatory time/schedule for conducting a Med Pass.

#### Flow of Events

##### Basic Flow

1. Nurse prompts bMAR to start a Pill-Window Med Pass (MP).
2. bMAR timestamps the starting of a MP.
3. For each Patient/Inmate (P/I) in the MP line, Nurse collects Inmate's ID, visually authenticates Inmate, and scans the barcode on Inmate's ID card. If barcode scanning fails, Nurse keys in the CDCR# on Inmate's ID into bMAR. [[Alternate Flow: No Barcoded ID](#)]
4. bMAR shows P/I's identity profile and "filtered" medication profile [[See Special Requirement 1 and 2](#)]. Nurse has the option to display the entire medication profile <[TBD: how much detail to show e.g. expired med within last 3 days, etc.](#)>. [[Alternative Flow: Cannot Find Inmate](#)]
5. Nurse visually ensures the identity information about P/I as shown by bMAR is consistent with ID and returns ID to P/I.
6. For each medication listed (sorted alphabetically with medication names, sortable by either generic or trade names), bMAR shows the medication details, full medication name, prescribed dosage, time of med administration, route (e.g. topical, oral), and administering instruction, if Nurse chooses to explicitly select/highlight a particular med on the list.
7. Nurse finds the matching medication from clinic stock medication inventory and scans the medication's barcode. [[Special Requirement: Verification of Selection](#)]

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# California Prison Health Care System

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8. bMAR verifies that the medication retrieved by Nurse from the clinic stock inventory matches the selected medication (name, dose, time) as shown on bMAR. If it's a match, bMAR confirms the selection by a visual and audible confirmation. If it's a mismatch, bMAR alerts the mistake by a visual and audible alarm. If Nurse wants to override bMAR alert, see [Use Case: Override Mismatch Alert] and see also [Alternate Flow: Obtain Unavailable Medication]
9. Nurse repeats step 6 to 8 to pick out all pills, put them together in a cup, and then give the cup to P/I.
10. Nurse records the medication administration in bMAR after P/I accepts the medication. For KOP, see [[Alternate Flow: Deliver KOP](#)]. If P/I refuses the medication or whenever Nurse decides a medication is no longer safe/sanitary to be given to a P/I (due to whatever reasons), see [Use Case: Record Medication Refusal] and [Use Case: Record Medication Waste]. bMAR verifies that all medications are administered and if there is still medication not yet administered, bMAR sounds an alarm and provides a visual indication on the medication(s) that is not yet administered.
11. bMAR marks the medication as administered, records administration details: actual administration notes, actual P/I, actual date, actual time, actual location, and actual administering nurse.
12. Nurse repeat steps 3-11 for each P/I in a Med Pass line.
13. Nurse closes a Med Pass in bMAR. A visual and audible alert will be generated if there are still P/Is that need to be given medications during a Med Pass. Nurse has the option to force the closing of Med Pass.
14. bMAR timestamps the ending of a Med Pass.

## Alternative Flows

### < No Barcoded ID >

1. If Inmates do not have the new barcoded ID card, Nurse has two options (A) print out a MP Report to carry to Podium MP, or (B) keying in CDCR # for each Inmate.
2. Return to Basic Flow.

### < Deliver KOP >

1. Nurse asks P/I to sign the electronic acceptance on a electronic signature table as a confirmation of acceptance of KOP.
2. Return to the Basic Flow. Note: Pharmacy and Nursing will explore the options to mail KOP directly to Patient/Inmate. Hence, Nursing may not need to deliver any KOP to Inmates in the future.

### < Cannot Find Inmate >

1. When P/I isn't in bMAR, Nurse decides when and how to conduct the research and asks P/I to wait aside or come back at certain time.
2. In addition to checking paper MAR, if available, Nurse can contact Pharmacy, Prescriber, or even bMAR administrator if Nurse suspects its an error in bMAR.
3. Return to Basic Flow

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# California Prison Health Care System

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## Special Requirements

### < 1. Filtered Medication Profile >

Filtered medication profile is a subset of an P/I's entire medication profile. This subset of medications are to be administered to an P/I during a particular med pass. bMAR pre-filters a P/I's full medication profile based on certain criteria such as time, date, or MSA. < Jason: It's a desired feature. Not a mandatory requirement. Depending on the data attributes, it may or may not be technically feasible. >

### < 2. Display of Inmate Name and CDCR Number >

For every page/screen rendered by bMAR that shows medication(s) for a particular inmate, inmate's name and CDCR # must be shown on the page/screen for visual verification purposes by Nurses.

### < 3 Verification of Selection >

When bMAR verifies Nurse's selection of a medication, as long as the selected medication matches one of medications to be administered during a particular MP, it is considered a successful verification. This enables Nurses to select medication in any order they wish, that is, without following the sorted order of the medications listed. However, bMAR must ensure that no medication is duplicated.

## Extension Points

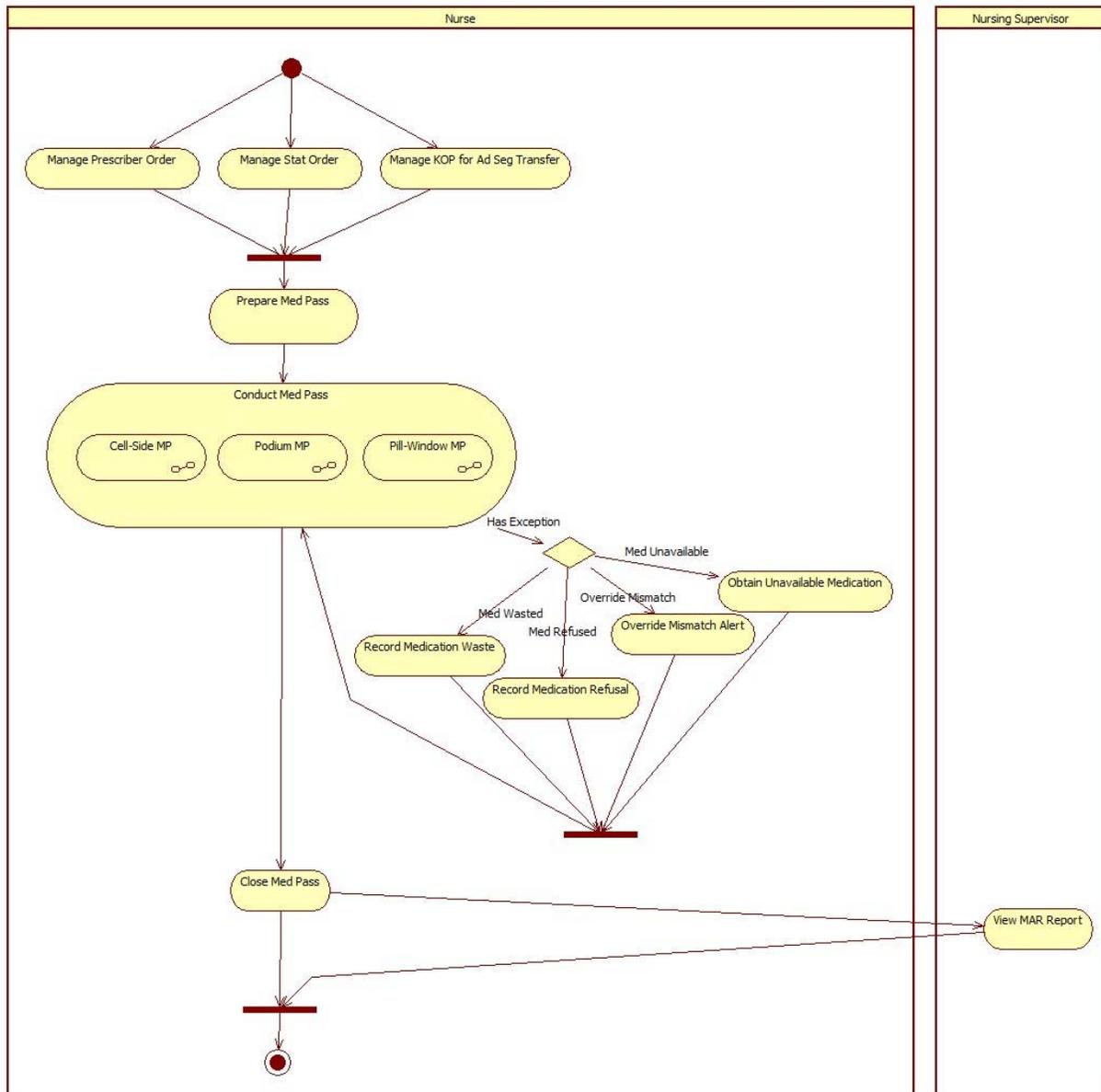
Close Out Med Pass.

## Overview of Use Cases

This section provides a visual overview of use cases and their relationship to each other.

# California Prison Health Care System

## Overview of Activities for All Use Cases



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# California Prison Health Care System

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## Use Case Specification: Obtain Unavailable Medication

### UC 7a: Overview: Obtain Unavailable Medication

#### Goal and Summary

The goal of this use case is to describe the process to obtain medication that is not available to be administered to Patient/Inmate. During med passes (MP), medication(s) listed on Patient/Inmate's medical profile are expected to be available to be administered to Patient/Inmate. However, there are times when medications are unavailable due to various reasons. This use case describes activities that Nurse takes to obtain unavailable medications.

This use case represents a common alternate flow to three other use cases, Conduct Cell-Side Med Pass, Conduct Podium Med Pass, and Conduct Pill-Window Med Pass. Since Cell-Side MP and Podium MP utilizes a Hand-Held Device (HHD), which synchronizes with bMAR either in real time or at a later time, this use case will use the term “bMAR/HHD” as a logical representation for using bMAR on a PC or on a HHD.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse

Secondary Actor: Pharmacy, Patient/Inmate (P/I)

#### Pre-Conditions

Nurse already logged into bMAR/HHD

Nurse is actively administering medication to P/I during a Med Pass

#### Trigger

Whenever a medication is unavailable for a P/I but, according to bMAR, that medication should have been available

#### Flow of Events

##### Basic Flow

1. When a medication cannot be found on the clinic stock medication inventory during a Med Pass, Nurse asks P/I to wait on the side or come back after X number of hours (for Pill-Window MP Podium MP); or tells P/I that Nurse will come back to P/I's cell to provide more details about his/her expected medications (for Cell-Side MP).
2. If it's a new prescription and it has never been administered before, Nurse informs P/I about the availability of new medication based on the estimated time when the medication will be delivered by Pharmacy.
3. If it's an active prescription as shown in bMAR/HHD, Nurse checks if pharmacy is open by calling Pharmacy. If so, Nurse asks pharmacy to deliver the missing medication, confirms an estimated delivery date/time, and informs P/I to return when called or after X number of hour.
4. If pharmacy is not open, Nurse checks in bMAR/HHD where the medication was last administered for the P/I in question.

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# California Prison Health Care System

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5. bMAR shows the historical time, date, and MSA that this medication was administered. <Thsu: in reverse chronological order?>
6. Nurse identifies the most convenient and accessible MSA that may have the medication in stock. Nurse instructs P/I to return, when called or after X number of hours, based on the estimated time needed to retrieve medication from another MSA.
7. Nurse returns to following the same procedures described in conducting med pass use cases.

## Post-Conditions

Nurse must return to the same procedures for administering medication.

## Overview of Use Cases

This section provides a visual overview of use cases and their relationship to each other.

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# California Prison Health Care System

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## Use Case Specification: Override Mismatch Alert

### Overview

#### Goal and Summary

The goal of this use case is to record occurrences of overriding medication mismatch alerts by Nurse and their respective reasons. When Nurse administers medications to Patient/Inmate during med passes (MP), bMAR always verifies Nurse's selection of medication to those listed on Patient/Inmate's medical profile. If verification fails, bMAR generates a mismatch alert. There are times when Nurse may override a medication mismatch alert due to various reasons. This use case describes activities that take place when recording the overriding of mismatch alerts in bMAR.

This use case represents a common alternate flow to three other use cases, Conduct Cell-Side Med Pass, Conduct Podium Med Pass, and Conduct Pill-Window Med Pass. Since Cell-Side MP and Podium MP utilizes a Hand-Held Device (HHD), which synchronizes with bMAR either in real time or at a later time, this use case will use the term "bMAR/HHD" as a logical representation for using bMAR on a PC or on a HHD.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse

Secondary Actor: Patient/Inmate (P/I)

#### Pre-Conditions

Nurse already logged into bMAR.

Nurse is actively administering medication to P/I during a Med Pass.

#### Trigger

When Nurse intends to override a mismatch alert generated by bMAR.

#### Flow of Events

##### Basic Flow

1. Nurse selects a medication for P/I and scans medication's barcode.
2. bMAR generates a mismatch alert because Nurse's selection of medication is not an exact match of the correct medication. In addition to the mismatch alert, bMAR shows an option for Nurse to override the alert.
3. Nurse overrides the medication mismatch alert in bMAR/HHD.
4. bMAR presents a list of common reasons for overriding the alert, as well as an optional text field for entering a reason. <Thsu: SME to provide a list of common reasons for overriding a mismatch alert.>
5. Nurse selects and/or enters the reason for overriding bMAR/HHD's alert.
6. bMAR/HHD records the expected medication, actual medication administered (Nurse own selection), Nurse' overriding reason, and an indication flag that this particular medication was overridden during a Med Pass.
7. Nurse returns to following the same procedures described in conducting med pass use cases.

#### Post-Conditions

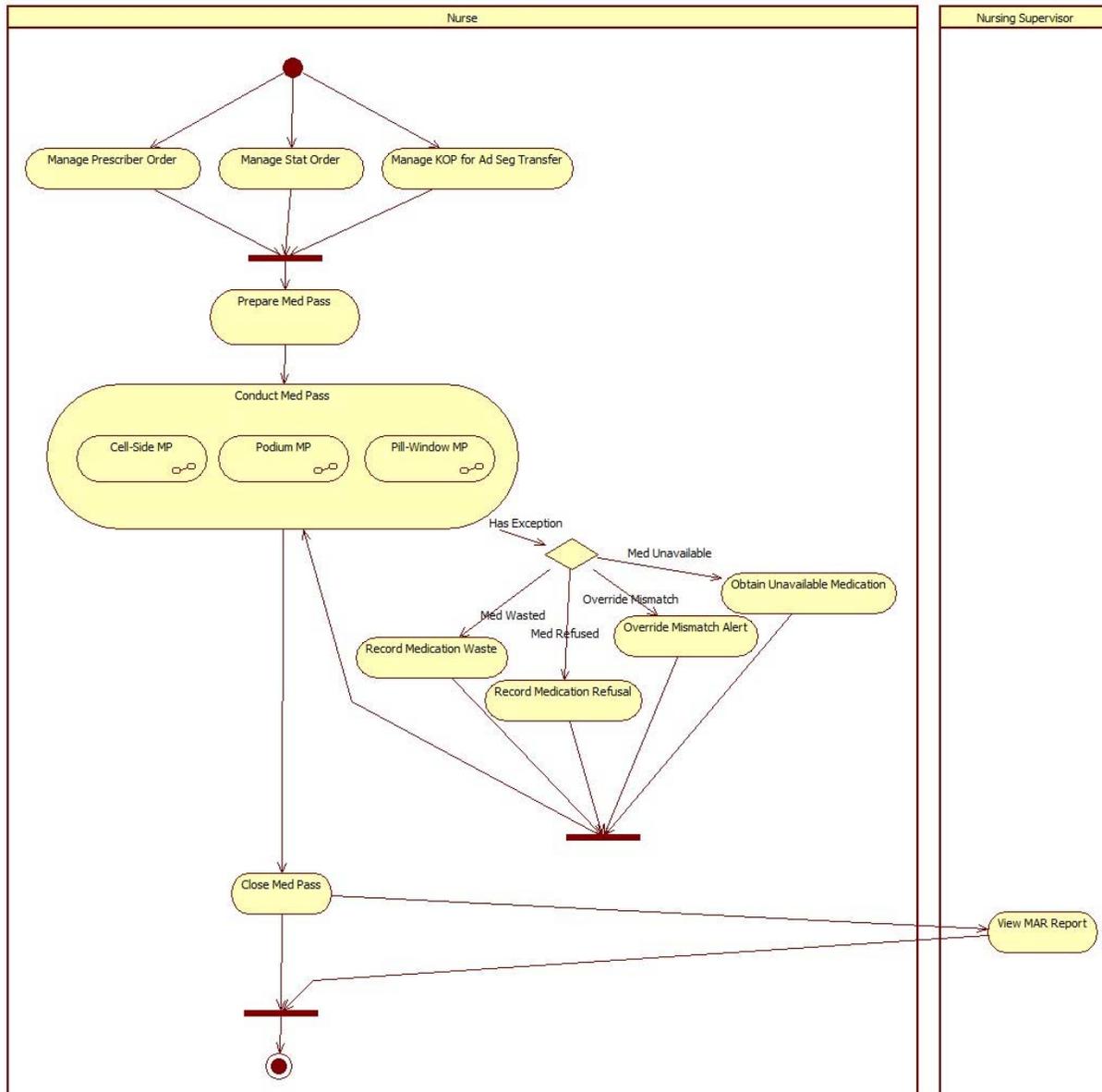
Nurse must return to the same procedures for administering medication.

# California Prison Health Care System

## Overview of Use Cases

This section provides a visual overview of use cases and their relationship to each other.

### Overview of Activities for All Use Cases



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# California Prison Health Care System

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## Use Case Specification: Record Medication Refusal

### UC 7c: Overview: Record Medical Refusal

#### Goal and Summary

The goal of this use case is to record Patient/Inmate's refusals of medication and their respective reasons. When Nurse administers medications to Patient/Inmate during med passes (MP), there are times when Patient/Inmate may refuse a medication due to various reasons. This use case describes activities that take place when recording medication refusals in bMAR.

This use case represents a common alternate flow to three other use cases, Conduct Cell-Side Med Pass, Conduct Podium Med Pass, and Conduct Pill-Window Med Pass. Since Cell-Side MP and Podium MP utilizes a Hand-Held Device (HHD), which synchronizes with bMAR either in real time or at a later time, this use case will use the term "bMAR/HHD" as a logical representation for using bMAR on a PC or on a HHD.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse

Secondary Actor: Patient/Inmate (P/I)

#### Pre-Conditions

Nurse already logged into bMAR/HHD

Nurse is actively administering medication to P/I during a Med Pass

#### Trigger

When P/I refuses a medication.

#### Flow of Events

##### Basic Flow

1. Whenever P/I refuses to take/accept a medication, Nurse prompts bMAR/HHD to records such refusal.
2. bMAR determines whether the medication in question is DOT and shows a list of common reasons for Nurse to select as well as an optional text field for entering a reason. <Thsu: If Nurse always gives out all pills together (in a cup) and Inmates rejects only certain pills, Nurse will have to know/distinguish rejected pills and select those meds in bMAR to document "selective" refusals.> If bMAR determines the medication in question is KOP, it shows a signature field.
3. For DOT, Nurse selects a reason from the list or enters a reason. <Thsu: SME to provide a list of common waste reasons, e.g. accidental drop, etc., for Nurse to quickly choose from.> For KOP, Nurse asks P/I to sign on a signature tablet (or HHD) and bMAR/HHD records P/I's electronic signature as a confirmation of refusal of KOP.
4. bMAR/HHD records the reason for refusal.
5. Nurse returns to following the same procedures described in conducting med pass use cases.

#### Post-Conditions

Nurse must return to the same procedures for administering medication.

# California Prison Health Care System

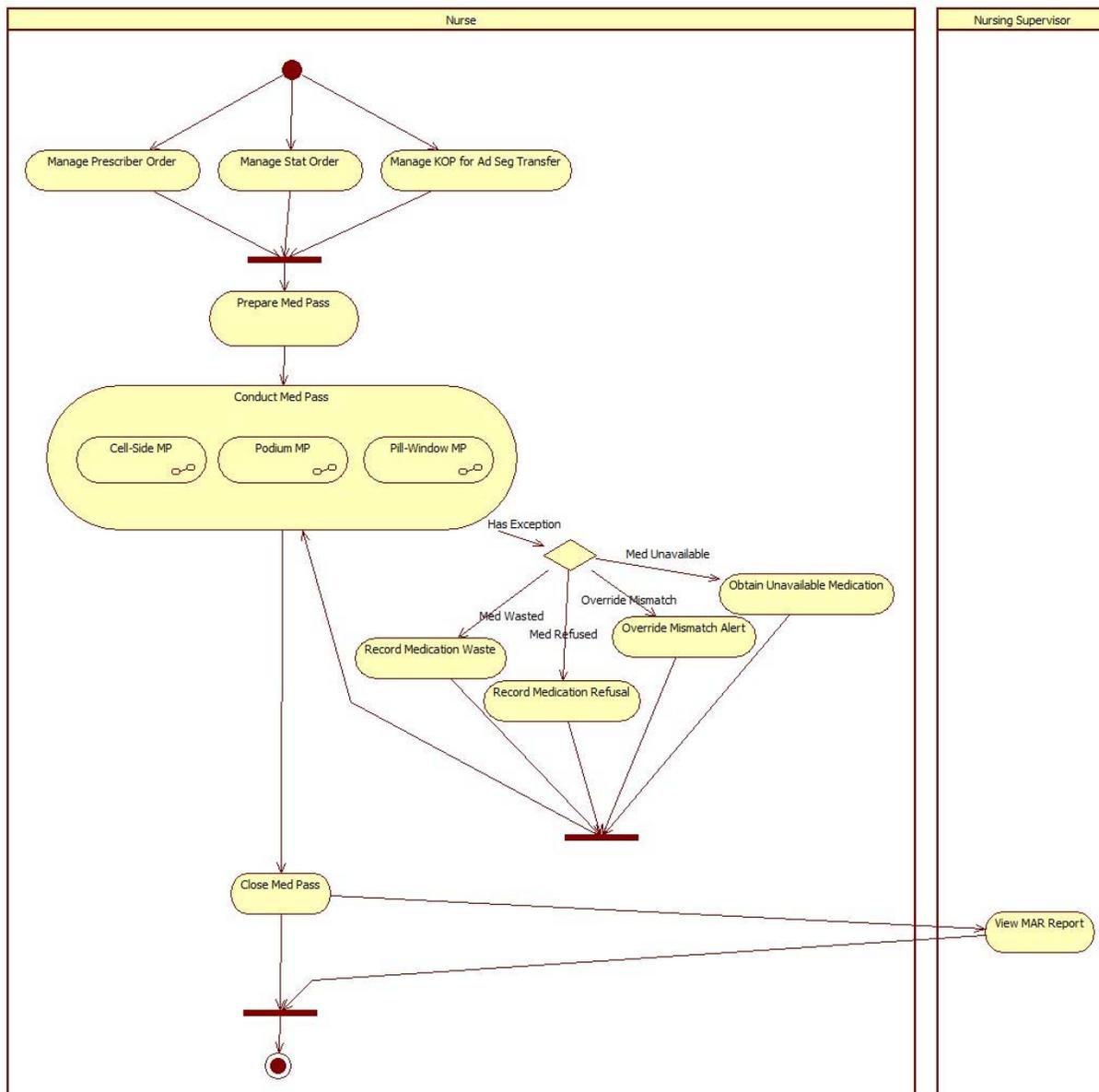
## Business Rules

P/I must sign refusal form if refusing a KOP.

## Overview of Use Cases

This section provides a visual overview of use cases and their relationship to each other.

### Overview of Activities for All Use Cases



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# California Prison Health Care System

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## Use Case Specification: Record Medication Waste

### UC 7c: Overview: Record Medication Waste

#### Goal and Summary

The goal of this use case is to record occurrences of medication waste and their respective reasons. When Nurse administers medications to Patient/Inmate during med passes (MP), there are times when medications must be disposed and thus wasted due to various reasons. This use case describes activities that take place when recording medication waste in bMAR.

This use case represents a common alternate flow to three other use cases, Conduct Cell-Side Med Pass, Conduct Podium Med Pass, and Conduct Pill-Window Med Pass. Since Cell-Side MP and Podium MP utilizes a Hand-Held Device (HHD), which synchronizes with bMAR either in real time or at a later time, this use case will use the term “bMAR/HHD” as a logical representation for using bMAR on a PC or on a HHD.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse

Secondary Actor: Patient/Inmate (P/I)

#### Pre-Conditions

Nurse already logged into bMAR/HHD.

Nurse is actively administering medication to P/I during a Med Pass.

#### Trigger

When a medication cannot be given to P/I and must be disposed, i.e. wasted.

#### Flow of Events

##### Basic Flow

1. Whenever a Nurse decides a medication is no longer safe/sanitary to be given to a patient (due to whatever reasons) and the medication must be disposed, Nurse prompts bMAR/HHD to records such waste.
2. bMAR/HHD shows a list of common reasons for Nurse to choose from, as well as an optional text field for Nurse to enter a reason. <Thsu: SME to provide a list of common waste reasons, e.g. accidental drop, etc., for Nurse to quickly choose from.>
3. Nurse selects a reason from the list or enters a reason.
4. bMAR/HHD records the reason for waste and prompts Nurse to retrieve again the medication of the same type.
5. Nurse returns to following the same procedures described in conducting med pass use cases.

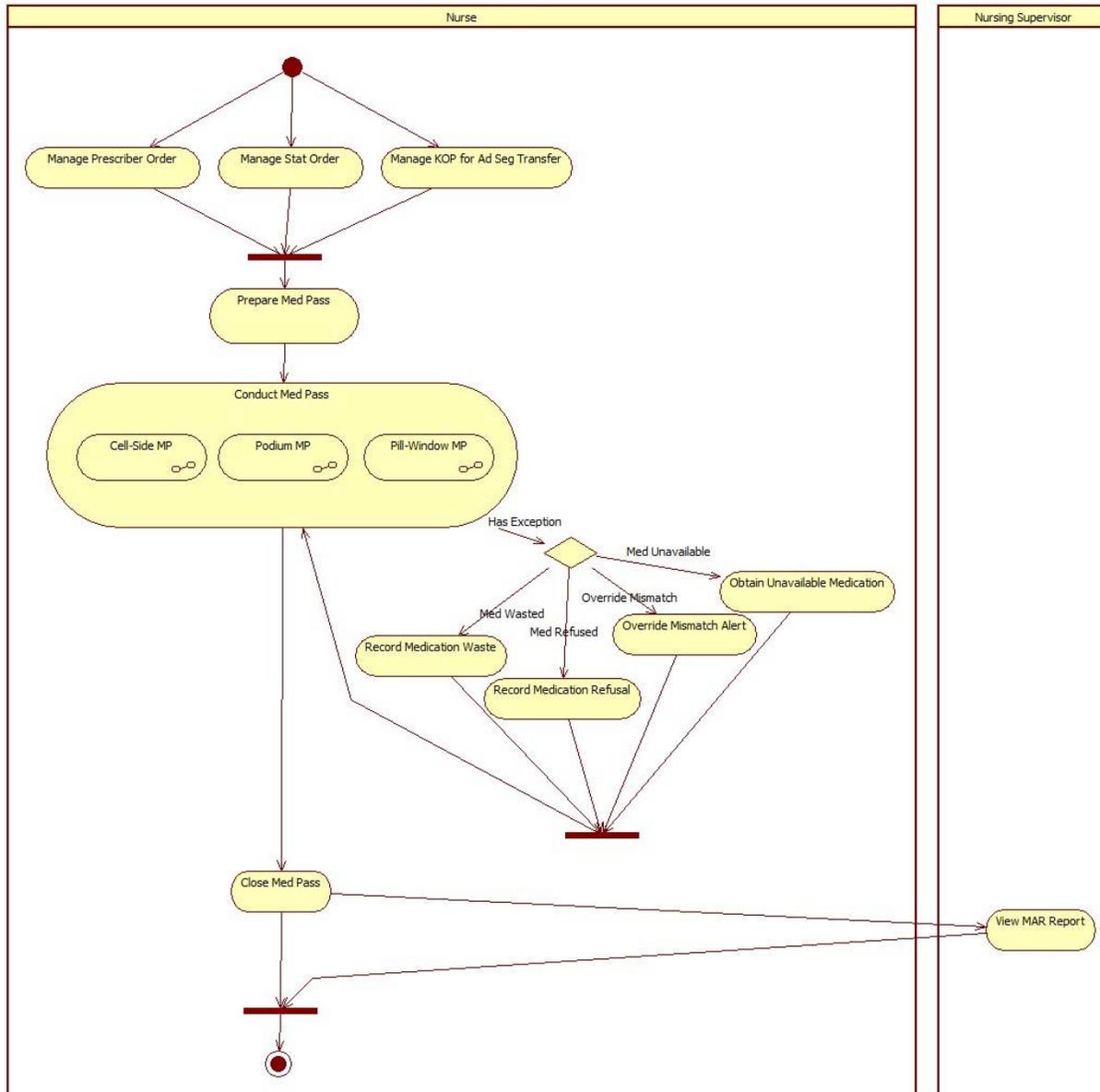
#### Post-Conditions

Nurse must return to the same procedures for administering medication.

# California Prison Health Care System

## Overview of Use Cases

### Overview of Activities for All Use Cases



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# California Prison Health Care System

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## Use Case Specification: Close Med Pass

### UC8: Overview: Close Med Pass

#### Goal and Summary

The goal of this use case is to close out a Med Pass. Closing out a Med Pass usually includes activities such as identifying no-show Inmates, finding and documenting possible reasons for no shows, reconciling KOP, and viewing reports about various aspects of a Med Pass.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse  
Secondary Actor: None

#### Pre-Conditions

Nurse is logged into bMAR.  
A Med Pass has just been conducted.

#### Trigger

Whenever a Med Pass has been conducted and closed in bMAR, activities described in this use case must also be performed immediately after a Med Pass is closed in bMAR.

#### Flow of Events

##### Basic Flow

1. Nurse prompts bMAR to close a Med Pass.
2. bMAR automatically generates reports of no-shows, and medications not picked up or administered.
3. Nurse cross checks no-show Inmates in bMAR to determine if no-show Inmates have received medication at another MSA location.
4. bMAR verifies whether no-show P/I has missed/refused 3 consecutive days of meds or 50% of med in 1 week. If any of the conditions are true, generate an alert for Nurse. In addition, bMAR verifies if any of the following types of med have been missed/refused: Keyhea med (court ordered medication that cannot be refused), insulin, TB, designated HIV med, and clozapine. If so, bMAR will generate alerts so that Nurse can take additional actions (other paper work on the side). See [[Special Requirement: Documentation of Paperwork](#)]
5. Nurse notes such situation according the policy in bMAR and notifies Prescriber separately about it. Note: bMAR does not keep regenerating alerts unless the situation persists for another 5 days.
6. For each no-show Inmate who needs DOT medications, Nurse identifies barriers for being no show (e.g. lock down). Also, Nurse contacts Custody to facilitate the administration of medication.
7. For each no-show Inmate who needs KOP medication, Nurse checks whether Inmate has been notified of the availability of KOP within the last two business days. If more than two business days, contact Custody to have Inmate escorted to a Pill Line. If less than two days, ducat (a notification to) Inmate.

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# California Prison Health Care System

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## Special Requirements

### < Documentation of Paperwork >

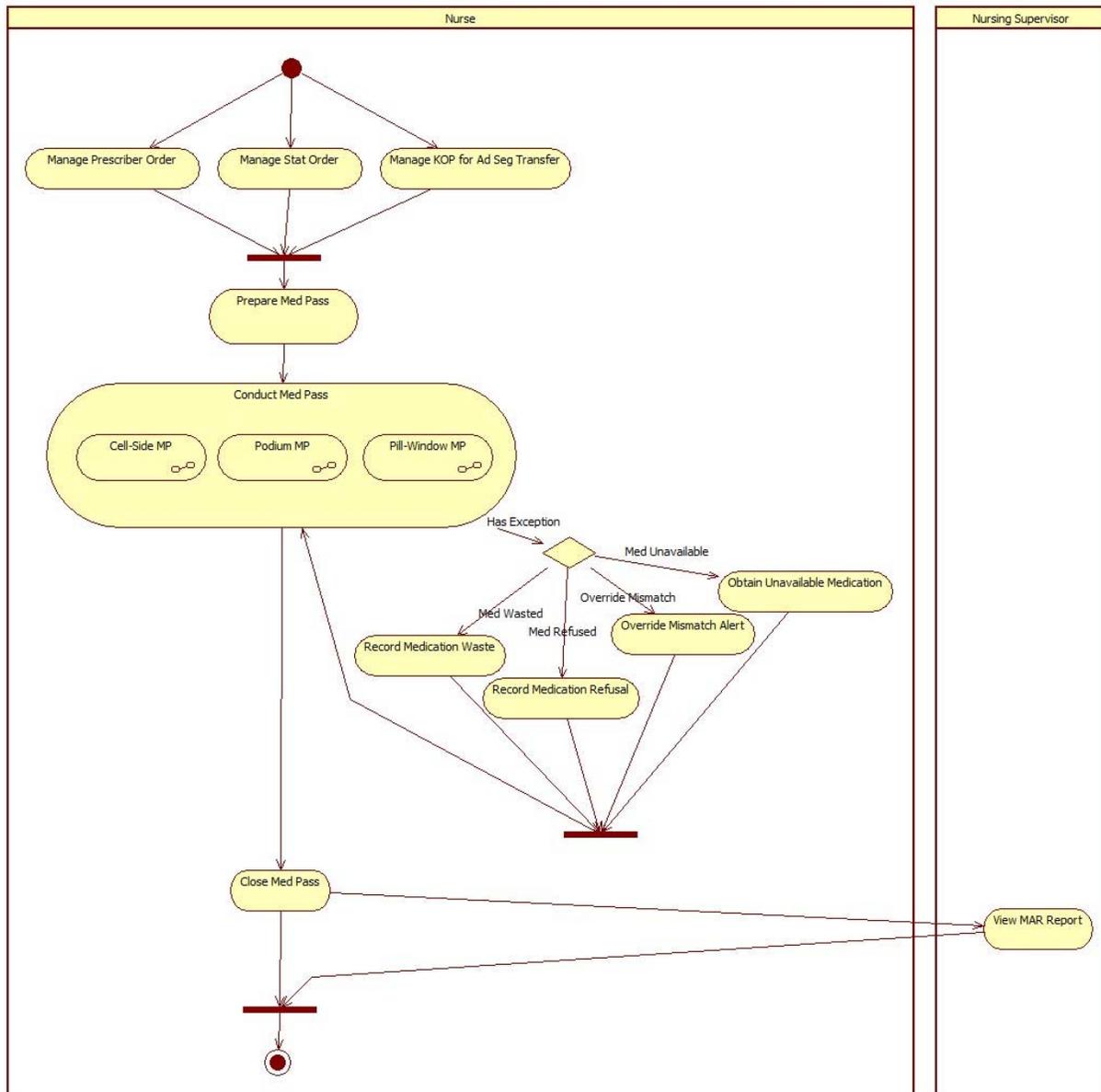
For certain types of medications that are refused or missed due to no shows, Nurse must document such cases by following Nursing policies and procedures. Currently, such paperwork is done on paper. It can be done in Clindocs in future. Nursing would prefer to have the documentation of such paperwork be supported by bMAR as well.

## Overview of Use Cases

This section provides a visual overview of use cases and their relationship to each other.

# California Prison Health Care System

## Overview of Activities for All Use Cases



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# California Prison Health Care System

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## Use Case Specification: View MAR Report

### UC 9: Overview: View MAR Report

#### Goal and Summary

This use case enables Nurse to view MAR report about an Inmate. MAR reports can be generated and printed based on various filtering criteria.

See the last section, [Overview of Use Cases](#), to gain an overall understanding of how use cases relate to each other.

#### Actors

Primary Actor: Nurse  
Secondary Actor: None

#### Flow of Events

##### Basic Flow

1. Nurse logs into bMAR and selects a type of reports to view. <Thsu: Need details on the types (i.e. purposes) of reports and the content that should be on each type of report?>
2. bMAR shows options available for the type of report selected by Nurse.
3. Nurse selects specific filtering criteria (available based on the report type) in bMAR.
4. bMAR generates MAR report for a particular Inmate based on the filtering criteria.
5. Nurse can view or print MAR report.

#### Overview of Use Cases

This section provides a visual overview of use cases and their relationship to each other.

