



2 MINUTE PEARLS

Solutions from Drawing Tools



- Would you like to add hand drawings to a note in AHLTA?
- Would you like to use an “overprint” with AHLTA?
- Are you frustrated by trying to determine how to re-size pictures so the entire picture shows in AHLTA?
- Do you want to capture a signature on a consent form?
- Would you like to see the previous photo or picture at the next visit?
- Do you want to document a series of visits (e.g., PT/OT) using a documentation “flow sheet”?
- Would you just be happy to write your note?
- All the above can be facilitated with drawing tools. Your personal work flow and needs will determine which is best for you (your clinic).
- This Pearl outlines what is needed to use and the benefits of various drawing tools. It includes instructions to minimize work.

Drawing Equipment Status



Wacom Intuos3 4x6 Drawing Tablet

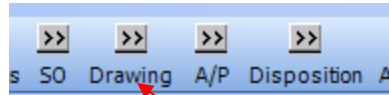
- Desktops
 - Every desktop in the clinic should have a USB drawing pad attached
 - Should have Microsoft® Paint™ available (best to move the icon to the desktop)
 - Should have PDF creator installed (allows you to move pictures of anything you can print into AddNote and Clinical Notes)
 - Could have Microsoft® OneNote™ installed
 - Note: If your exam room PC does not have the above ~ **COMPLAIN**
- TabletPCs
 - Should have Microsoft Paint and Microsoft OneNote installed (A license for OneNote was provided with each AHLTA TabletPC)
 - If you have wireless, it should be set up to use as a thick client (not using VPN) at the MTF
 - You should have remote access for home and travel use (via VPN)
 - Note: If your TabletPC does not have the above ~ **COMPLAIN**
- Tested, but not part of an enterprise package
 - Digital Scribe

Drawing Software Status

- Software that can be used with a TabletPC or PC with drawing pad
 - AHLTA Drawing Tool (in Build 3.3)
 - Microsoft Paint (on every desktop)
 - Microsoft OneNote (provided with each tabletPC or can be purchased)
- Digital Scribe® – Software is used with special USB digital pen and works with any paper

AHLTA 3.3 Drawing Tool - Features

- Picture/image library
- Image can be made part of your template (easy access/repetitive use)
- Copy forward brings the image and annotation into the next encounter (flow sheet documentation or looking at retinal picture from last exam)
- Has digital compression feature to automatically resize any image (use for EKGs, photos, etc)
- You can add your own images
- *Note: With the use of any drawing tool be sure to capture necessary data in AHLTA using MEDCIN®, but only the necessary data*



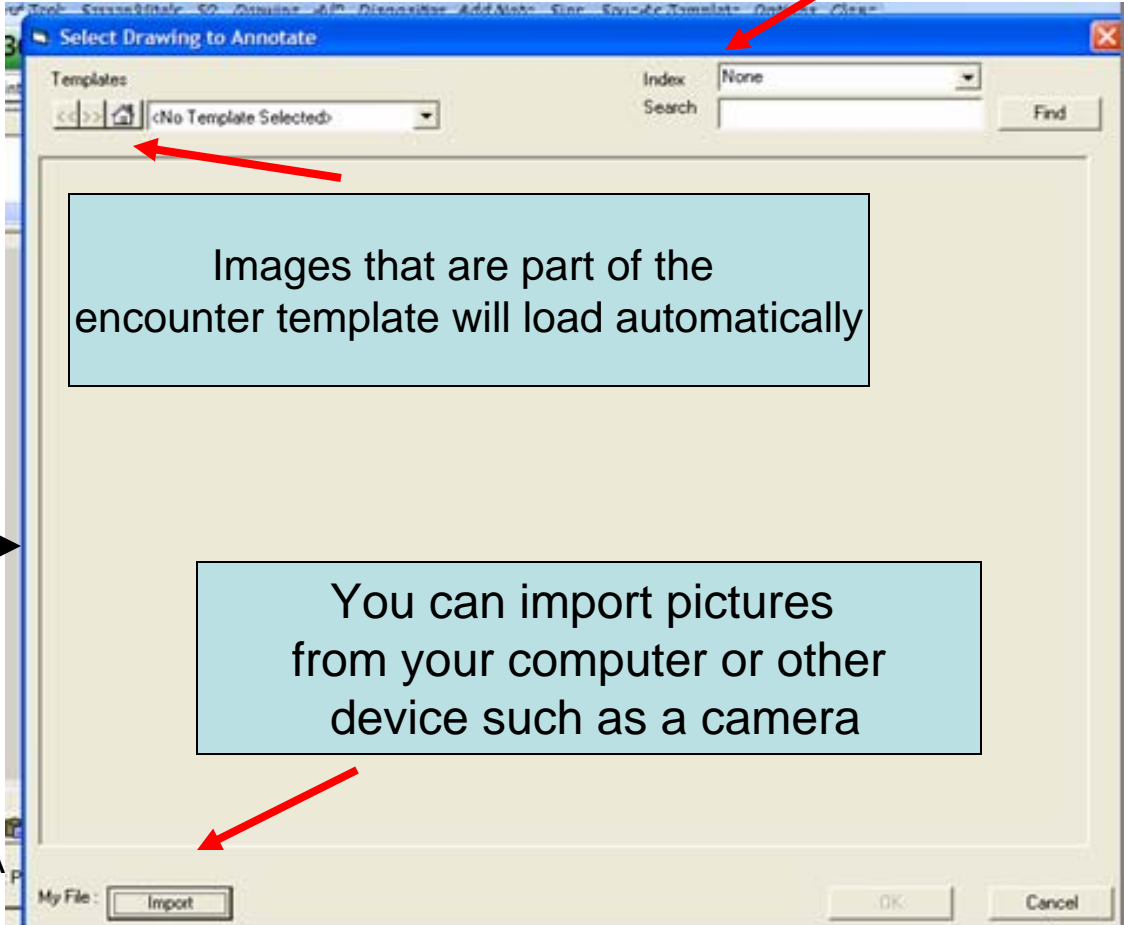
Screening & Vitals
S/O

1. Open drawing tool from inside current encounter or from task bar

Search Image Library

Drawing
A/P
Disposition
AddNote

2. Drawing tool opens

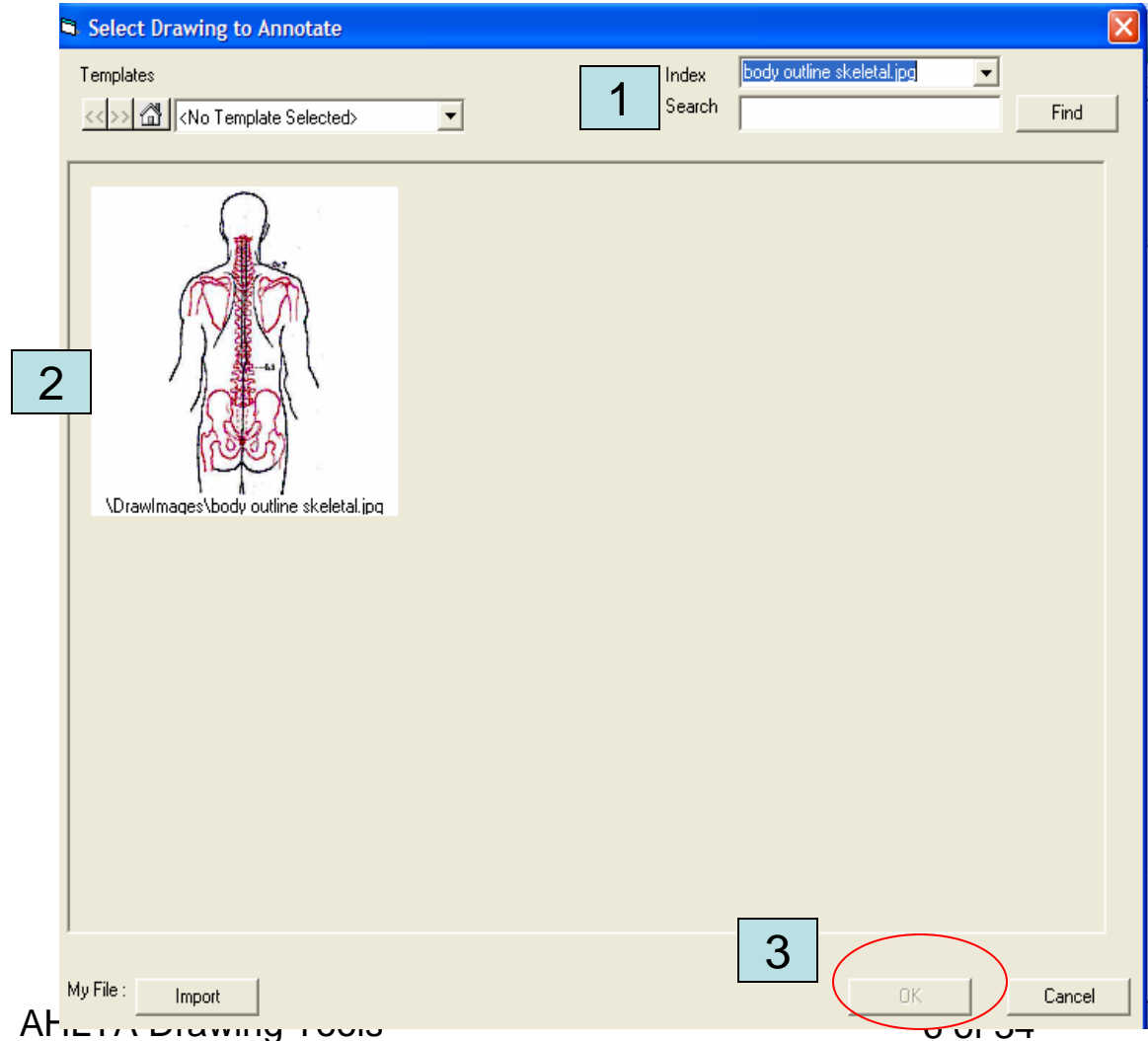


Images that are part of the encounter template will load automatically

You can import pictures from your computer or other device such as a camera

Loading Image from Library

1. Find image in image library
2. Click on it
3. When the OK button turns dark, Click OK



Use Tools to Draw on Image

(Recommend that you see video)



1. Select tool



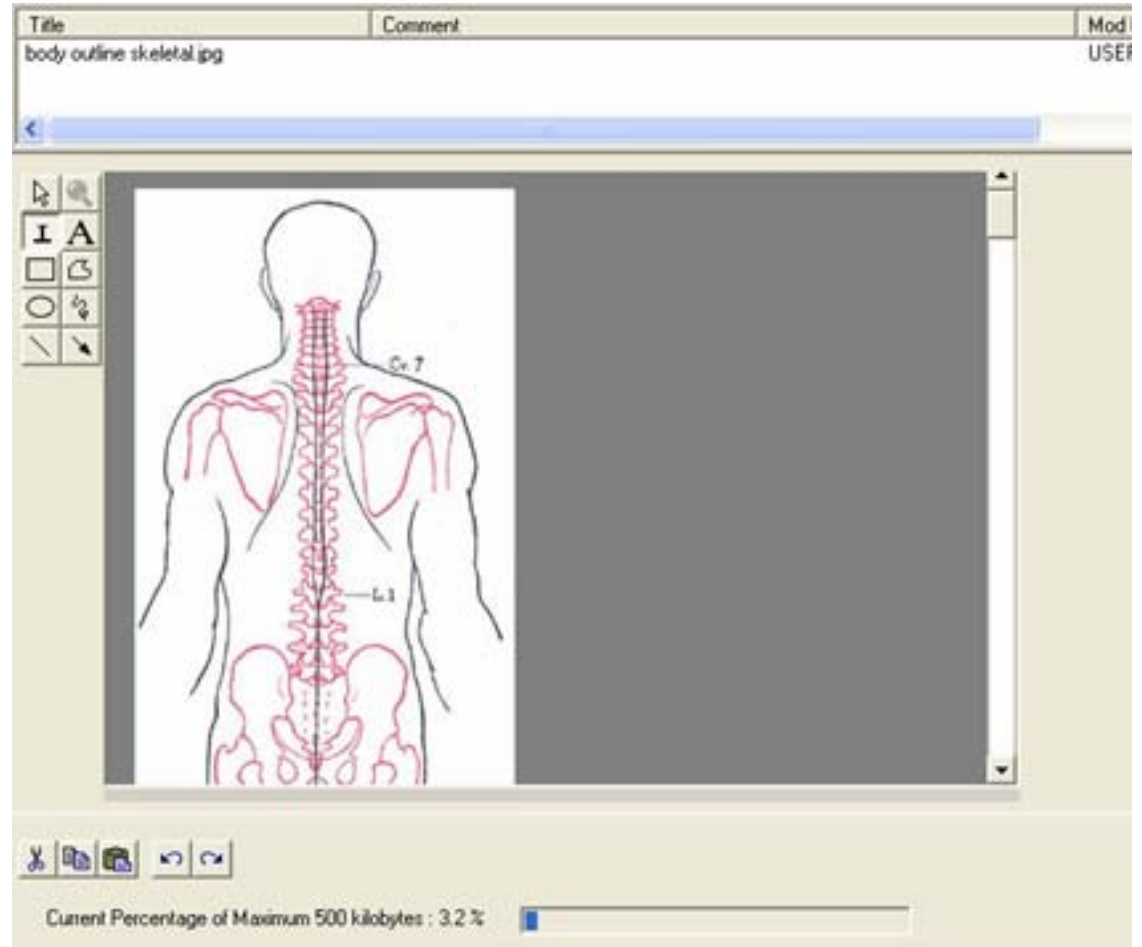
2. Label tool – Places a number on drawing and opens a comment box



3. Add Text – Make a text box on drawing



4. Draw/Sign tool – Allows you to draw or write on the image



Adding to a Drawing or Drawing used as a flow sheet over several visits

1. Image completed at first visit. Could be retina photo, Physical Therapy Flow Sheet, etc

2. At next visit, **copy forward** your last visit (see next slide)

Drawing

Drawing Image Written by USER, TEST @ 25 Apr 2008 15:28 EDT

The image shows a screenshot of an asthma action plan form. At the top, it says "Drawing" and "Drawing Image Written by USER, TEST @ 25 Apr 2008 15:28 EDT". The form is titled "23 APR 08". It contains several sections: "Your Triggers are:", "Trigger Management", "Your Personal Best", "Your next appointment is:", "GREEN ZONE - Good to Go", "Signs/Symptoms", "Medicine", "How Much", "When to take", "Peak Flow", "YELLOW ZONE - CAUTION", "Signs/Symptoms", "Reliever", "Flow GREEN", "Flow YELLOW", "Provider Recommendations", "RED ZONE - STOP - DANGER - TAKE RELIEVER MEDICINE IMMEDIATELY", "Signs/Symptoms", and "Peak Flow". A red arrow points to the date field "23 APR 08".

unter Copy Forward Print Save As Template Close

0/454-72-3217 45yo M LCDR DOB:10 Sep 1962

Appointments Current Encounter Previous Encounters

Previous Encounters View last four View All

Date	Status	Appt/Note Type	Primary Diagnosis
25 Apr 2008 1000	Complete	Outpatient	ASTHMA
24 Apr 2008 1740	Needs Co-Signature	Outpatient	HYPERLIPIDEMIA
07 Apr 2008 1212	Complete	Outpatient	visit for screening exam lipid disorders
21 Oct 2007 2120	Complete	Outpatient	DIABETES MELLITUS TYPE II

Signed Encounter Documents: 25 Apr 2008 1541 signed by USER, TEST

Patient: SUAREZ, EDUARDO A	Date: 25 Apr 2008 1000 EDT	Appt Type: EST
Treatment Facility: CHCSII IIT Facility	Clinic: CHCSII Test Clinic	Provider: USER, TEST
Patient Status: Outpatient		

This allows Flow sheet Documentation and Image Review

asthmaflowsheet1.png USER

- Image is available to document on at the next visit to update or just to review
- You can document on the image and save the Updated image with the new encounter
- The same can be done with serial drawings

The screenshot shows a digital asthma flow sheet with the following sections:

- Header:** Includes fields for 'Your Triggers are:', 'Trigger Management:', 'Your Personal Best', and 'Your next appointment is:'. A date stamp '23 APR 08' is present.
- GREEN ZONE - Good to Go:** Contains instructions for 'Controller Medicine - Use EVERY day to prevent attacks'. It includes a table for 'Signs/Symptoms' with columns for 'Medicine', 'How Much', and 'When to take'. A 'Peak Flow' section shows a value 'More Than'.
- YELLOW ZONE - CAUTION:** Features instructions for 'First: Keep taking GREEN ZONE medicine and take reliever as follows:'. It includes a table for 'Signs/Symptoms' and a 'Peak Flow' section showing a range from 'to'.
- RED ZONE - STOP - DANGER - TAKE RELIEVER MEDICINE IMMEDIATELY:** Contains emergency instructions: 'TAKE NEBULIZER UNIT DOSE ONCE OR PUFFS OF RELIEVER MEDICINE EVERY 20 MINUTES X 3 WHILE CALLING 911 OR IN ROUTE TO THE EMERGENCY ROOM'. It also includes instructions for 'Upon admission to EMERGENCY Department or Inpatient care Asthma Action plan is placed on hold.' and a 'Peak Flow' section for 'Less Than'.

A red arrow points to the date '24 APR 08' on the right side of the form.

Adding an Image to a Template

3. Click on the Edit button

1. Click on Template Management

2. Click on the Template that you want to add images to.

File Edit View Go Tools Actions Help

Load New Save As Edit Delete Refresh

Folder Copy To Folder Close

Folder List

Tools

Template Management

List Management

Questionnaire Setup

Immunizations Admin

Appointments Current Encounter **Template Management**

Name Contains: Find Now Expanded Search Folders

Begins With Contains Case Insensitive

My Favorites (3)

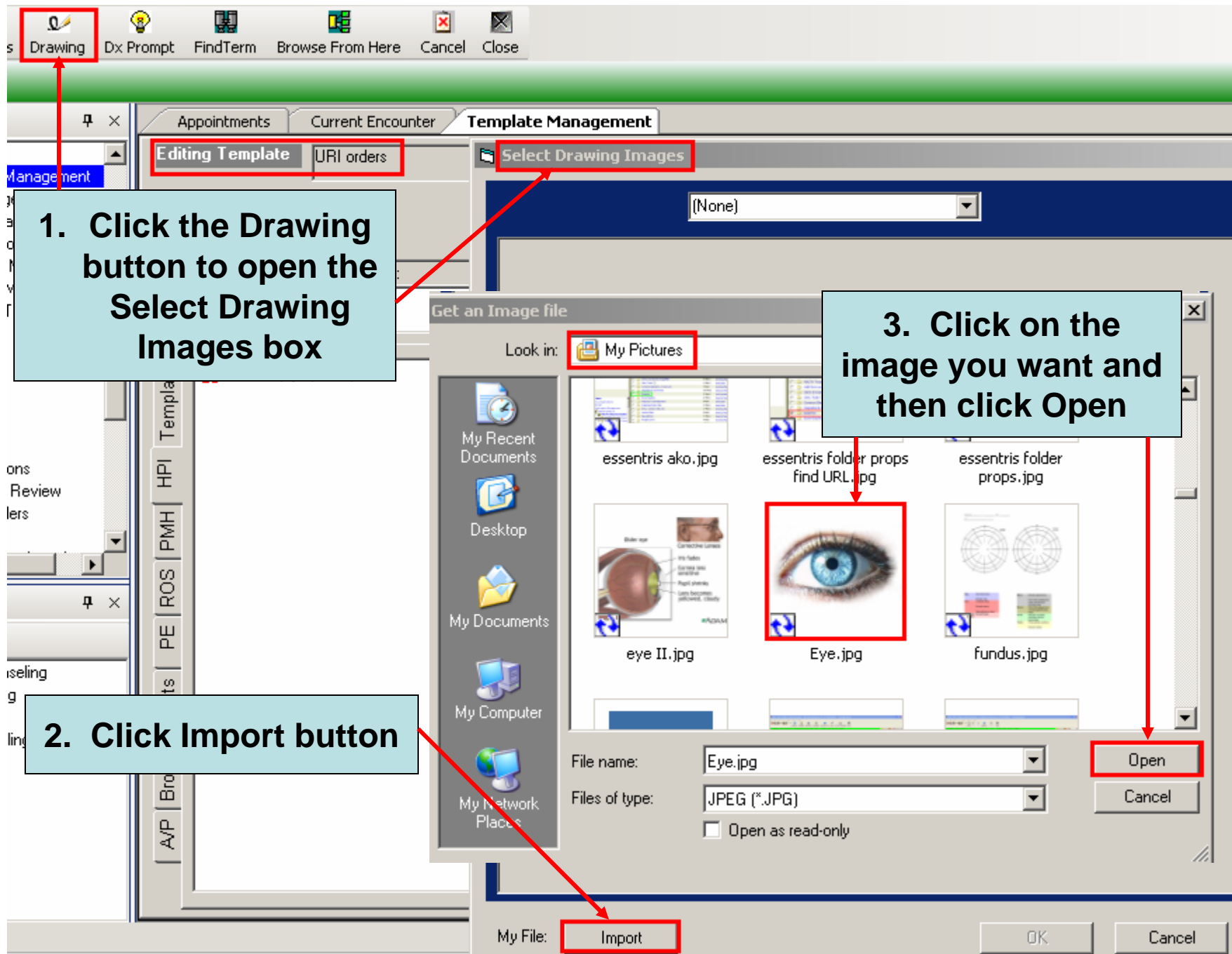
- #CTM PE--Starter Template (USER, TEST)
- URI Encounter (USER, TEST)
- URI orders (USER, TEST)**

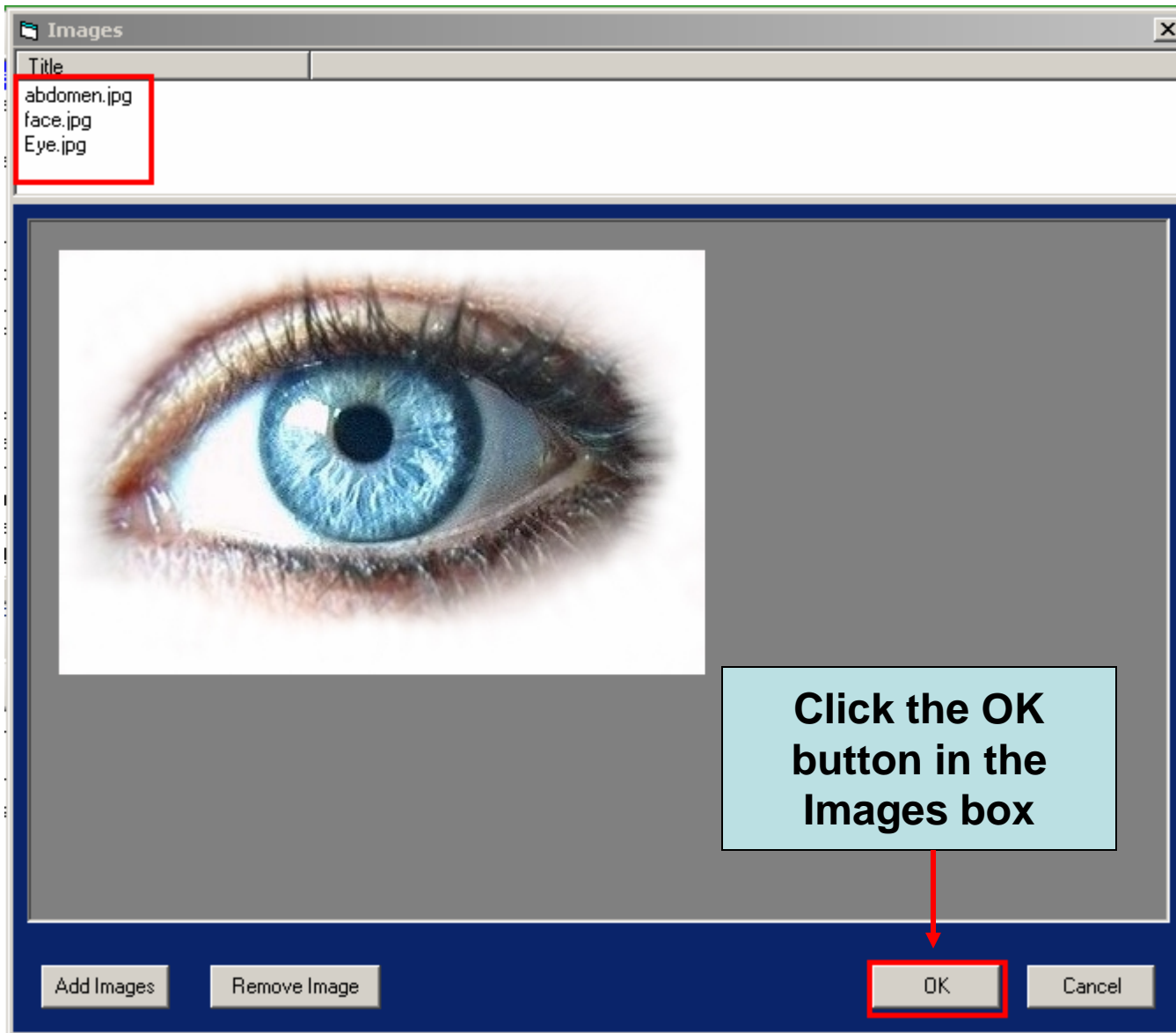
My Standalone Order Sets

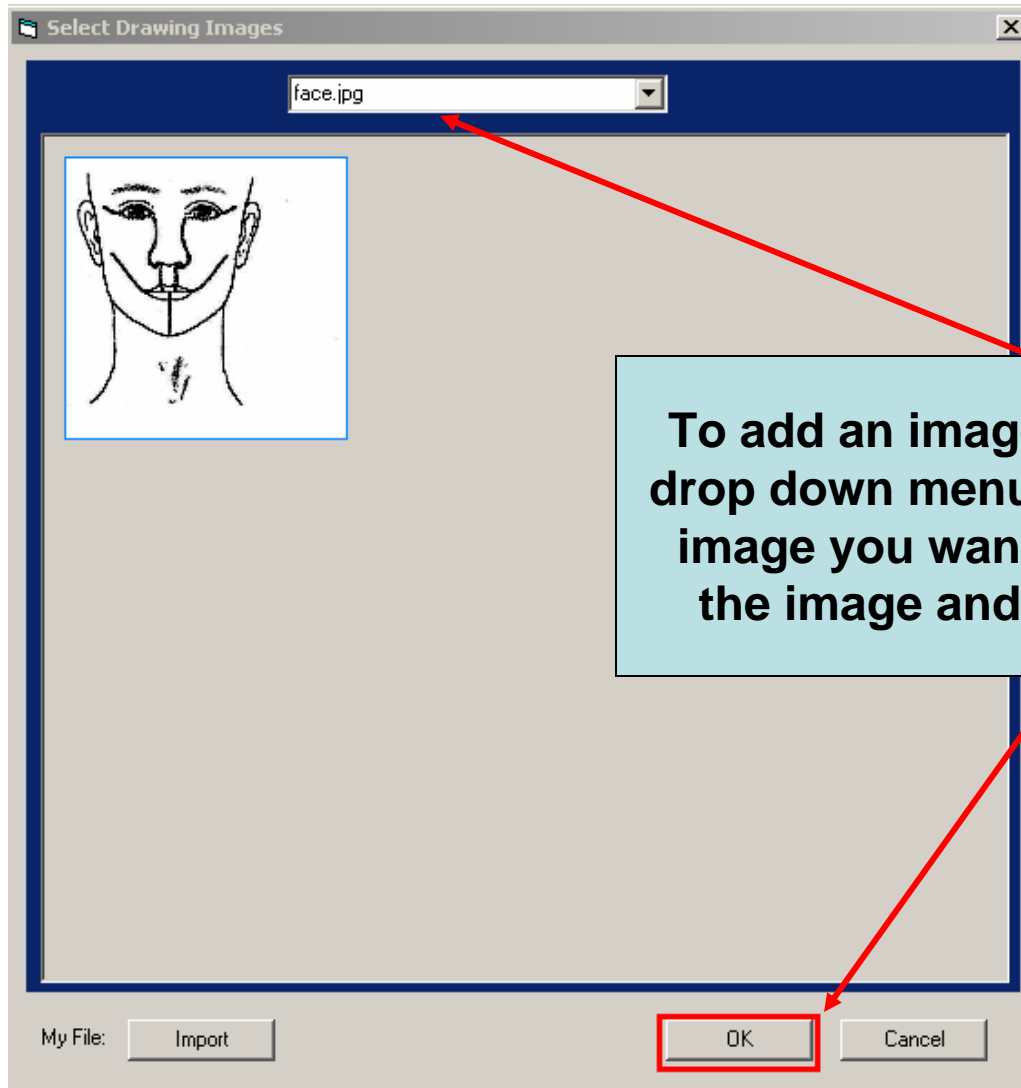
- AMBULATORY PROCEDURE UNIT
- CHCS II ITT DENTAL

Template Preview: URI orders (USER, TEST)

- Linked Templates
- History of present illness
- Review of systems
- History
- Physical findings
- Tests
- Diagnoses
- Procedures
- Orders
- Other Therapies
- Images



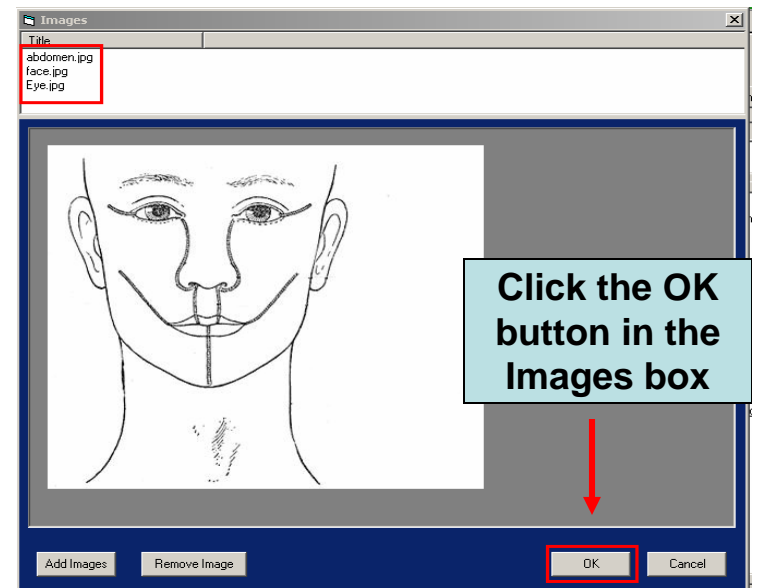




To add an image from the drop down menu select the image you want, click on the image and then OK

2 Minute Pearls

AHLTA Drawing Tools



Click the OK button in the Images box

To Finish Updating the Template

Click the Save button before you close or your images will be lost

The images you added are listed on your Template

File Edit View Go Tools Actions Help
New Save Save As Drawing Draw Prompt FindTerm Browse From Here Cancel Close

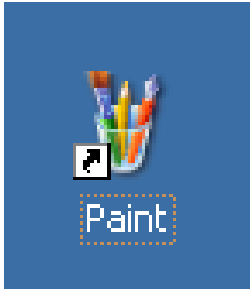
Folder List
Tools
Template Management
List Management
Questionnaire Setup
Immunizations Admin
Screening Notifications
Reminder Mapping
WILLIAMS, CLAYTON U
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Review
PKC Couplers
Readiness
Reminders
Adequate Calcium Counseling
Anti-Tobacco Counseling

Appointments Current Encounter Template Management
Editing Template URI orders
GoBack RO

Encounter Background Information:

Templates
Medicin (Symptoms)
encounter background information
systemic symptoms
head-related symptoms
neck symptoms
eye symptoms
otolaryngeal symptoms
breast symptoms

Linked Templates
History of present illness
Review of systems
History
Physical findings
Tests
Diagnoses
Procedures
Orders
Other Therapies
Images
Face.jpg
Eye.jpg



Microsoft Paint

- Draw on a blank sheet or picture
- Can write a note with digital pen (difficult without a tablet or digital pen)
- Can save a digital “overprint” on the desktop
- Can import a picture into Paint and then annotate before putting in AHLTA
- Can use for completing/signing digital documents
- Picture moved into AHLTA AddNote or Clinical Note by Copy/Paste
- *Note: With the use of any drawing tool be sure to capture necessary data in AHLTA using MEDCIN but only the necessary data*

Set Up 1

- Place Paint Icon on desktop for easy access if not already done
- Steps
 1. Click start
 2. Click All programs
 3. Click Accessories
 4. Right click Paint
 5. Click Send To
 6. Click Desktop (Create shortcut)

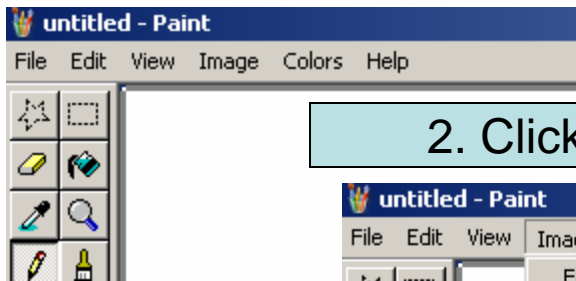
The screenshot shows the Windows XP Start menu with the following steps highlighted:

- 1**: Click the Start button.
- 2**: Click "All Programs".
- 3**: Click "Accessories".
- 4**: Right-click "Paint".
- 5**: Click "Send To".
- 6**: Click "Desktop (create shortcut)".

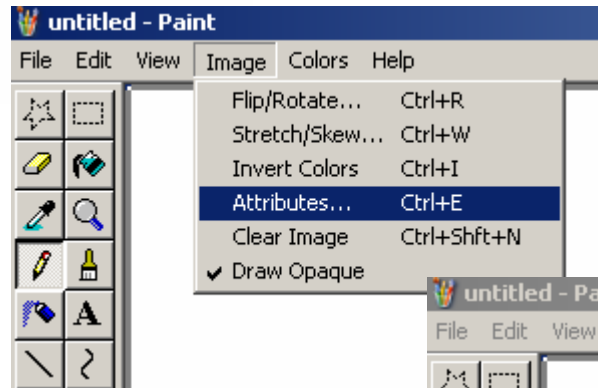
Background text from a presentation slide is visible on the right: "ove Icon to desk accessories in pro", "3. Click on Sta Formatting and take repeated", "Diabetic - Microsoft Office OneNote 2003", "File Edit View Insert Format Tools", "Page List", "Back", "Diabetic RETINOPATHY", "EXAM: ACUD", "Va", "(U.S.)", "[...]

Set Up 2 – Configure Drawing Size

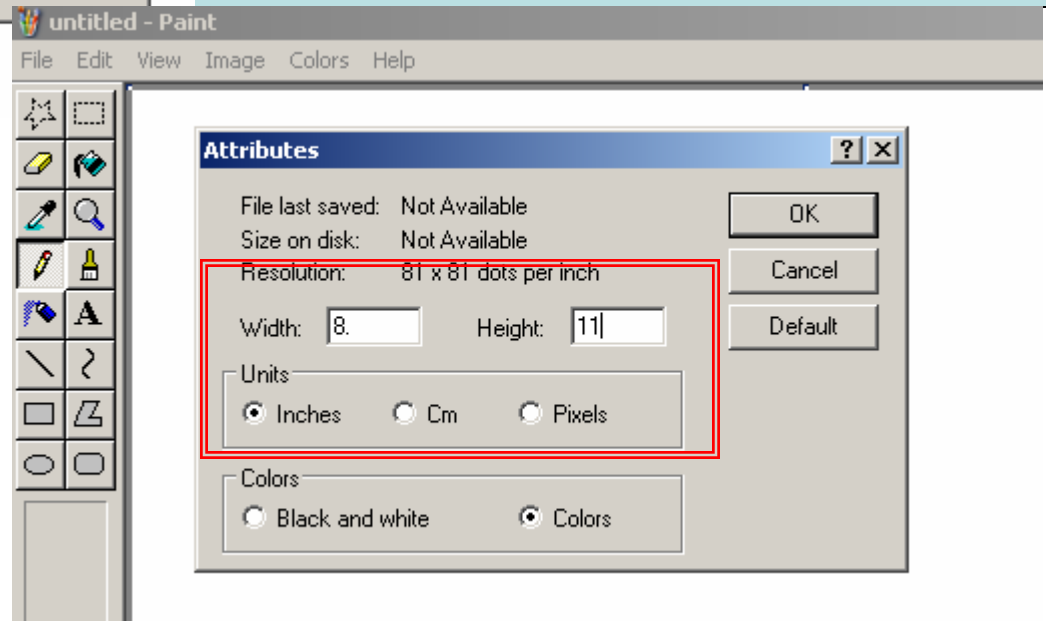
1. Click Image



2. Click Attributes

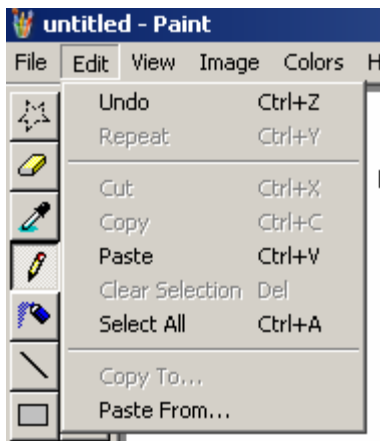
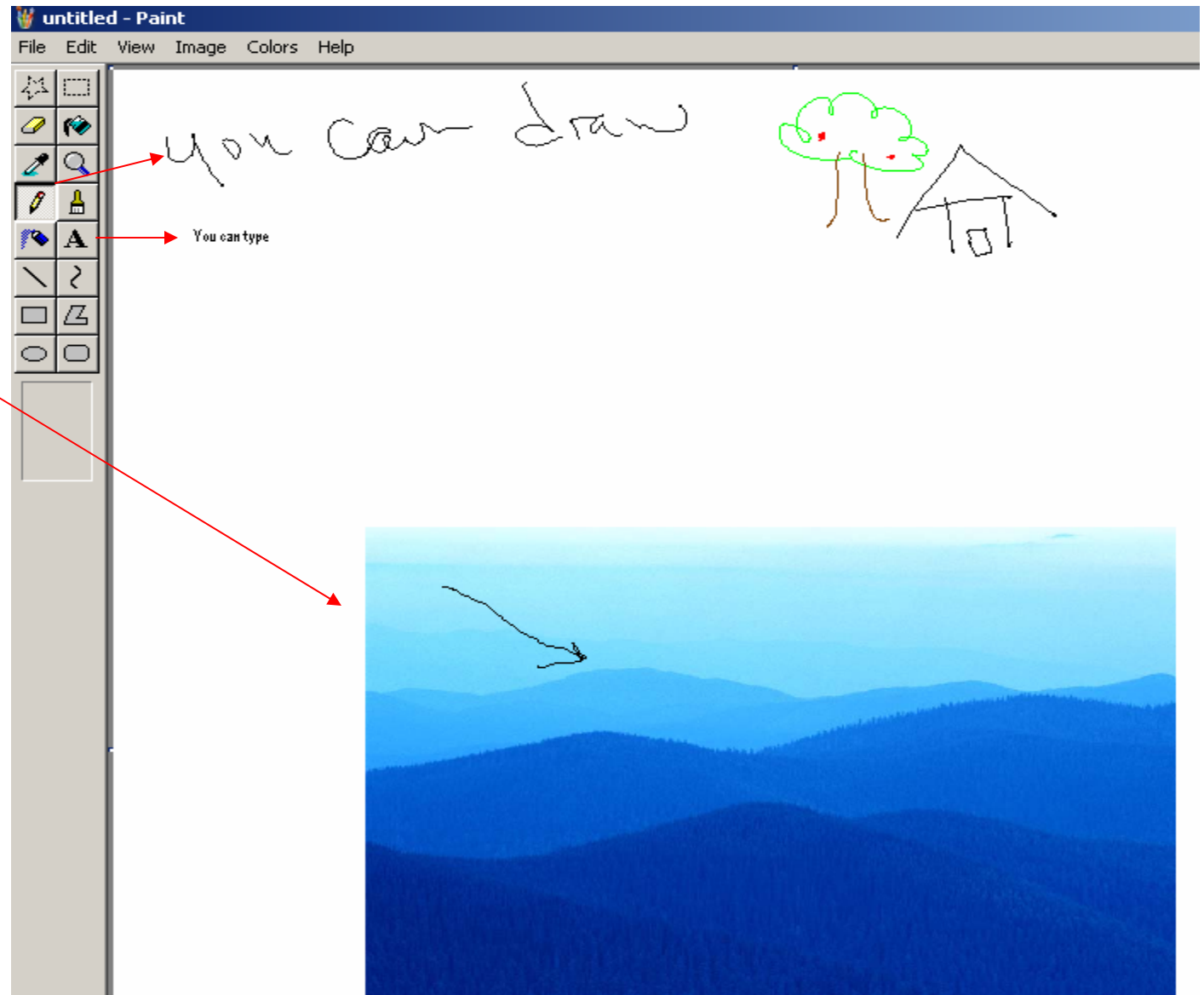


3. Set Image Attributes as below.
This will ensure the image fits into AHLTA.



Using Paint

- You can draw with multiple colors with TabletPC stylus on screen or with draw pad
- You can type
- You can import images by clicking **EDIT** and then **Paste From**

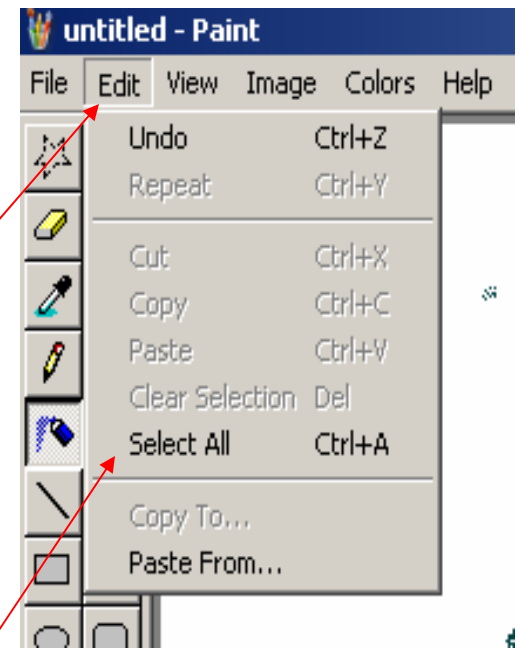
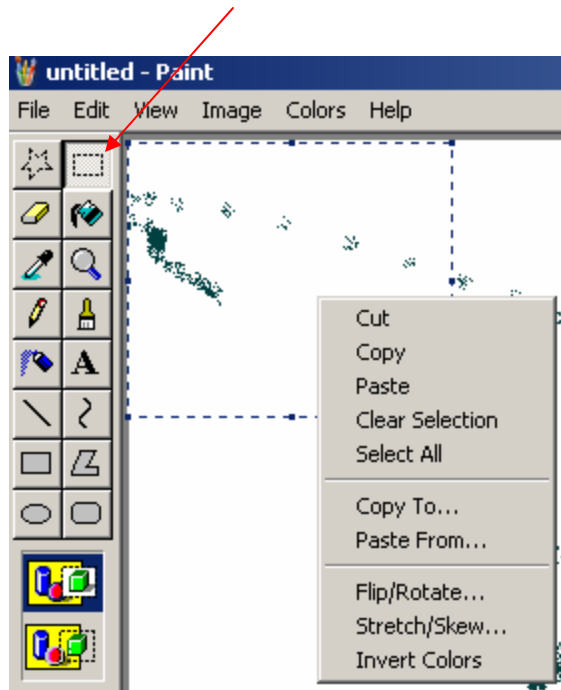


Using Paint for Overprint or Form

- Open Paint
- Import overprint
- Save as “Name” to desktop
- For next use, Open “Name” and click edit
- Modify with Paint

Moving Paint to AHLTA

- Use Select tool for small areas then copy



- For the entire page click **Edit** then **Select All** then copy



Microsoft OneNote

- Think about this as Microsoft Paint on STEROIDS
- All features of MS Paint, but more like paper
- Can create and share “stationary” over Microsoft’s OneNote site with anyone worldwide (Sharing overprints)
- With TabletPC can write a “paper note”
- Move pictures into AddNote or Clinical Note using PDF Creator
- *Note: With the use of any drawing tool be sure to capture necessary data in AHLTA using MEDCIN but only the necessary data*

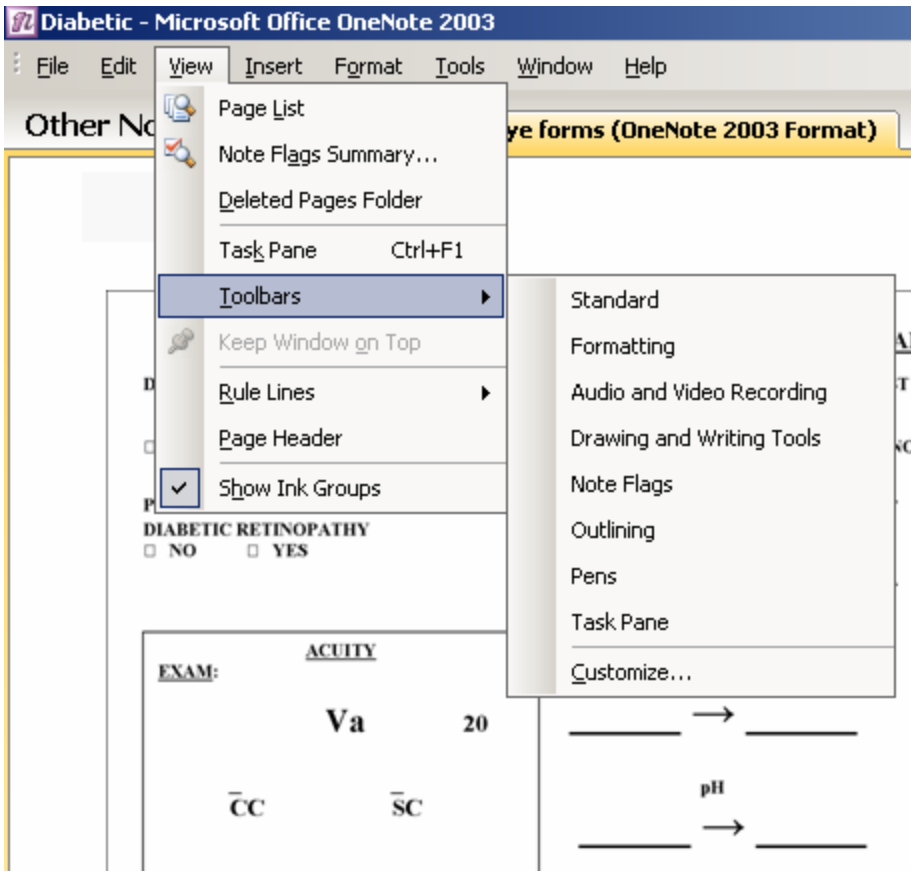


Set-Up

- 1. Click on View

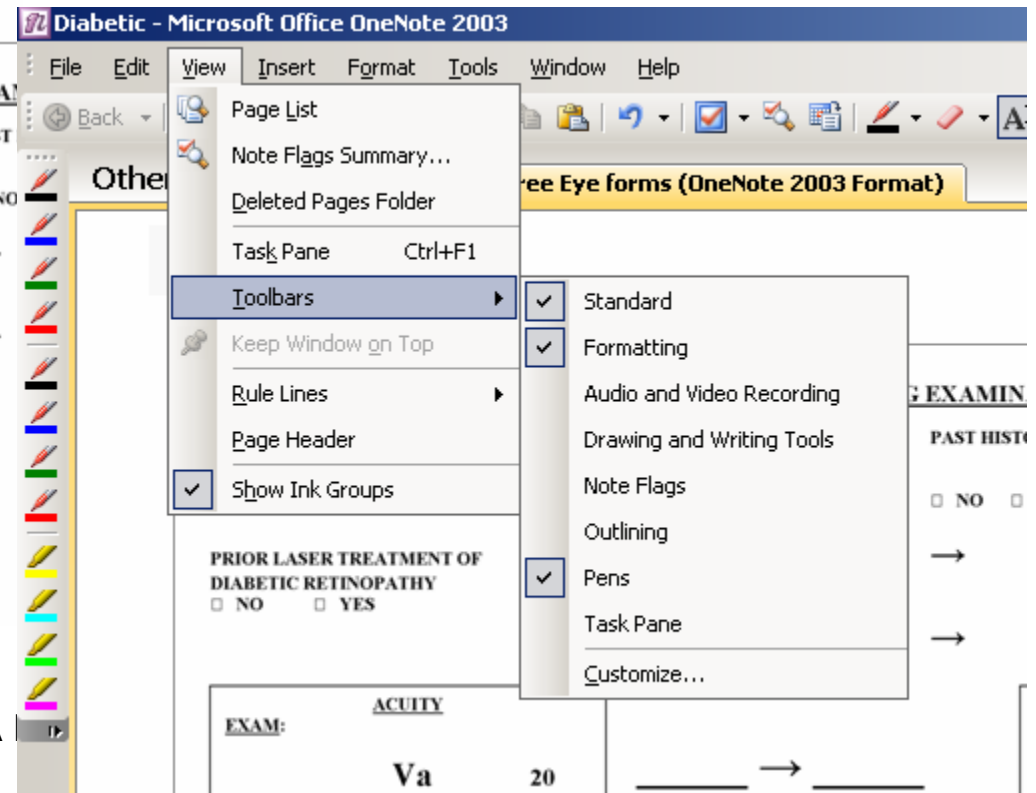


- 2. Click on Toolbars



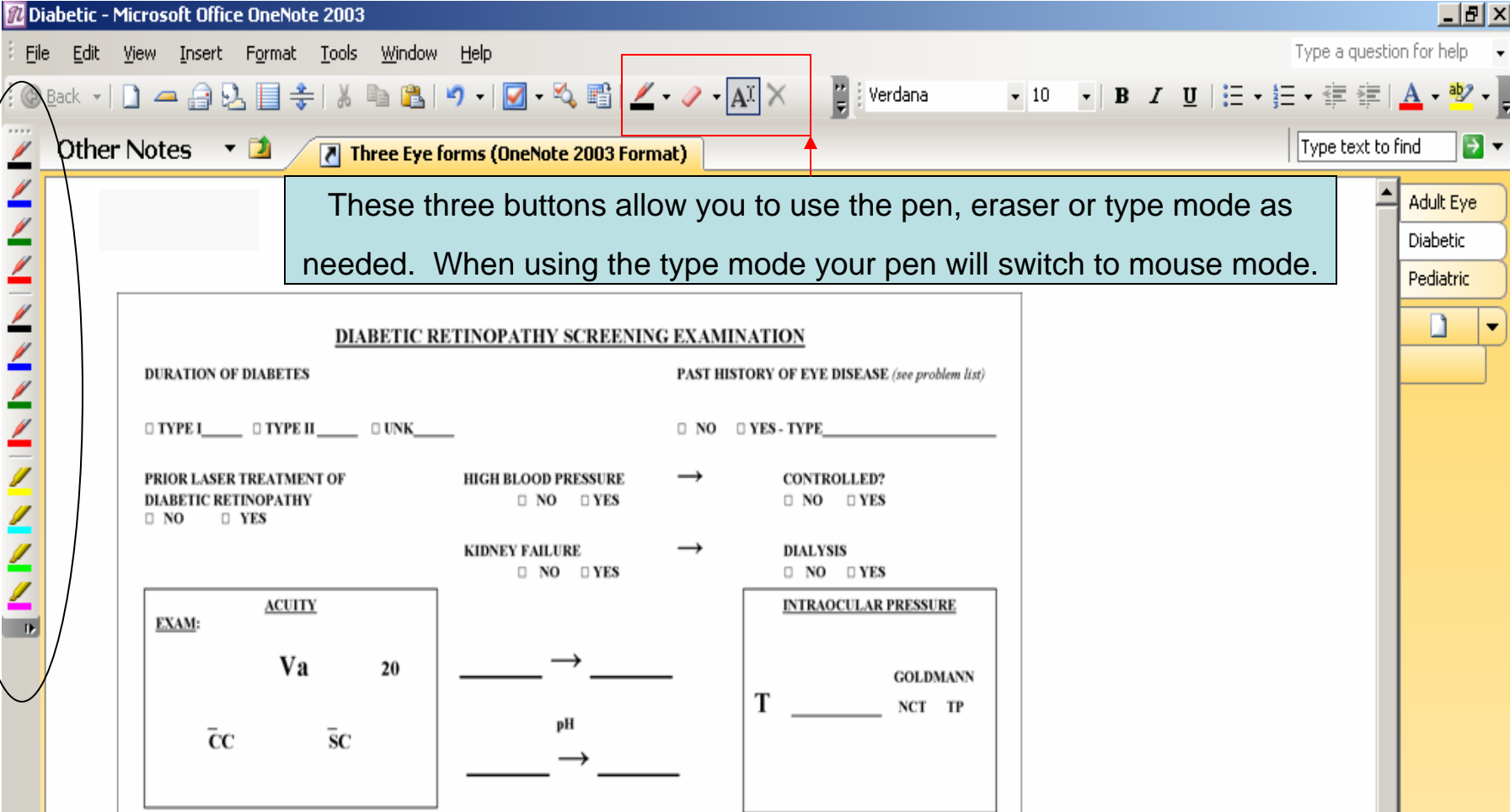
2 Minute Pearls

- 3. Click on Standard, Formatting and Pens (this will take repeated steps)



AHLTA

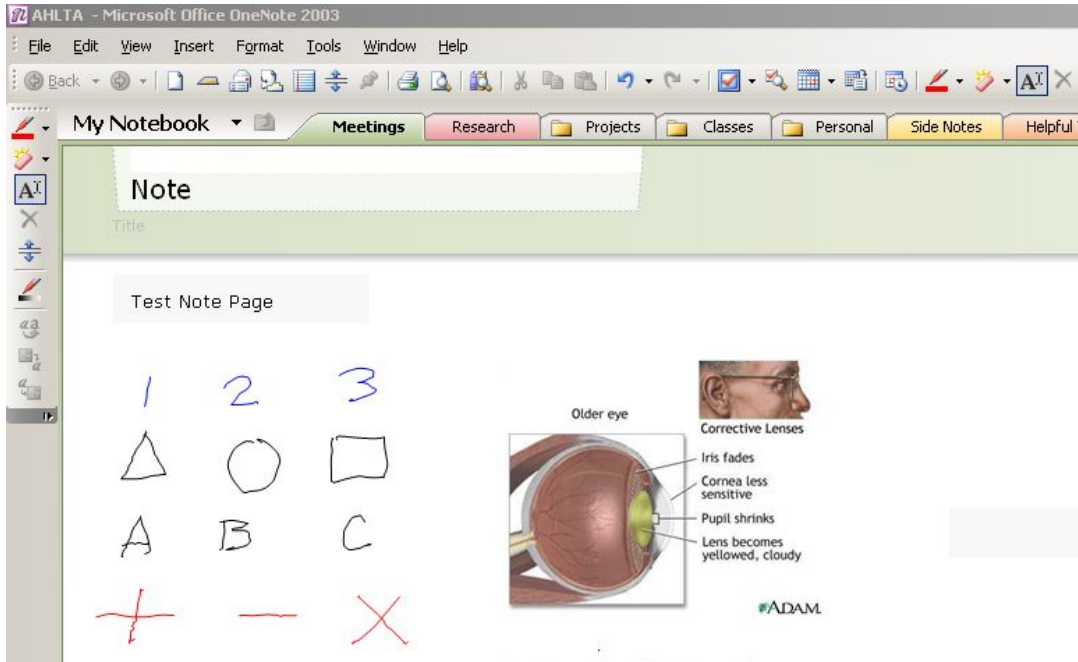
Microsoft Stationary (Overprint)



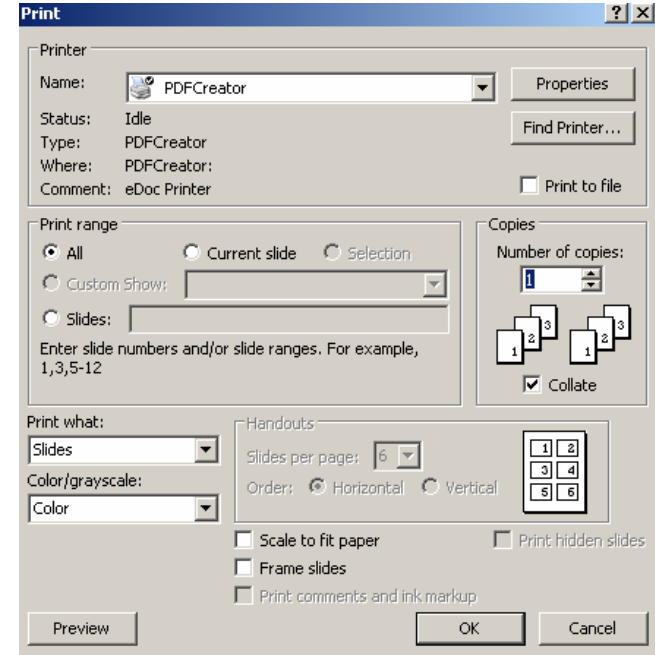
These three buttons allow you to use the pen, eraser or type mode as needed. When using the type mode your pen will switch to mouse mode.

This is an example of an overprint in OneNote. You can write on it. Print to PDF creator and then paste into AddNote or Clinical note. The stationary can be wiped clean for documenting on the next patient.

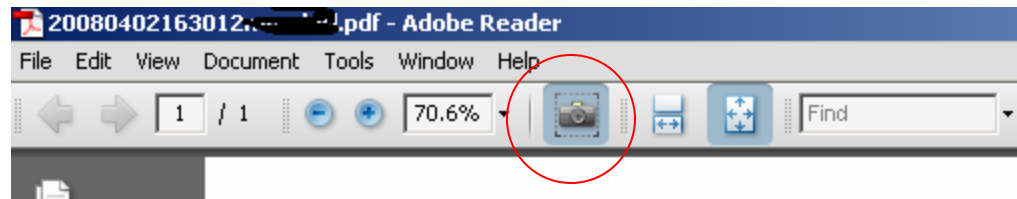
1. Once you complete your note/drawing in One Note.



2. Print to PDF Creator



3. Use the Snap Shot tool to copy and paste into AHLTA Add Note or Clinical Notes



The snap shot tool works by clicking on it and using the mouse to make a box around what you want to transfer. See PDF creator document for setting and use.

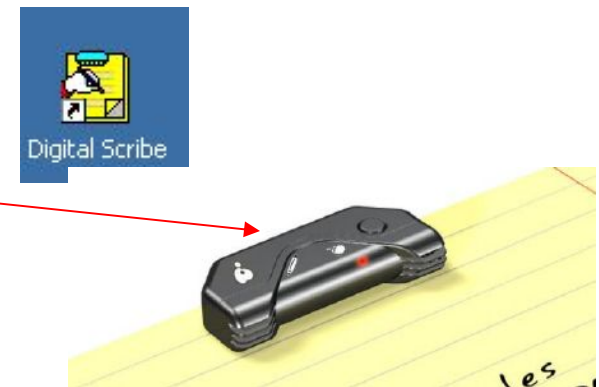


Digital Scribe

- This is software and a battery powered digital pen which is tracked while writing on normal paper by a USB powered RF device clipped on the paper.
- It allows you to draw/write on paper and the image in on the screen.
- You can change colors
- You can use it like a draw pad (mouse mode).
- Move pictures into AddNote or Clinical Note using Copy/Paste
- *Note: With the use of any drawing tool be sure to capture necessary data in AHLTA using MEDCIN terms, but only the necessary data*

After Loading Software

- This icon is on your desktop
- Properly install the Base Unit by connecting its USB plug into a port
- Set the orientation of the base unit



Setting your base unit orientation preferences

Your base unit can be placed in 3 positions, on the top center of an A4 paper, or at the Left/Right corners

Recommended for a single paper usage



2 Minute Pearls

Recommended for usage on a paper block, for Right Handed Users



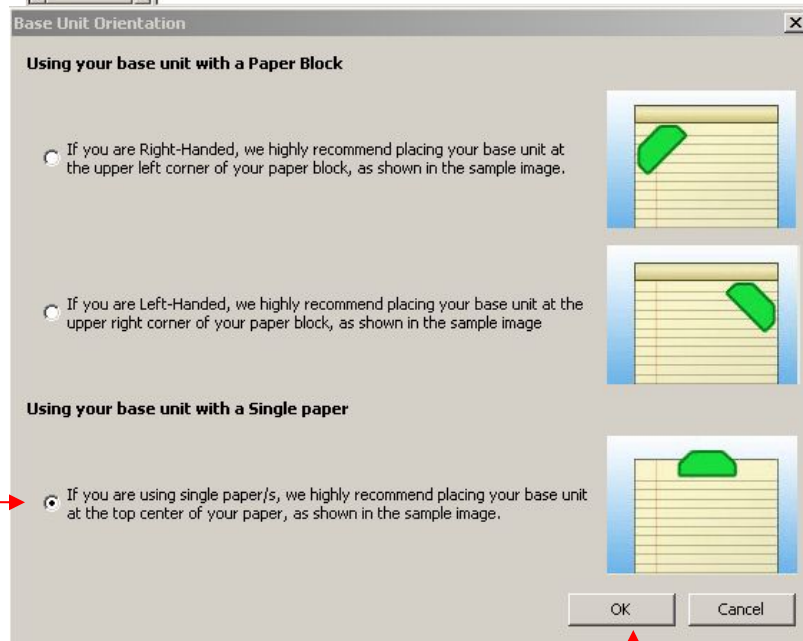
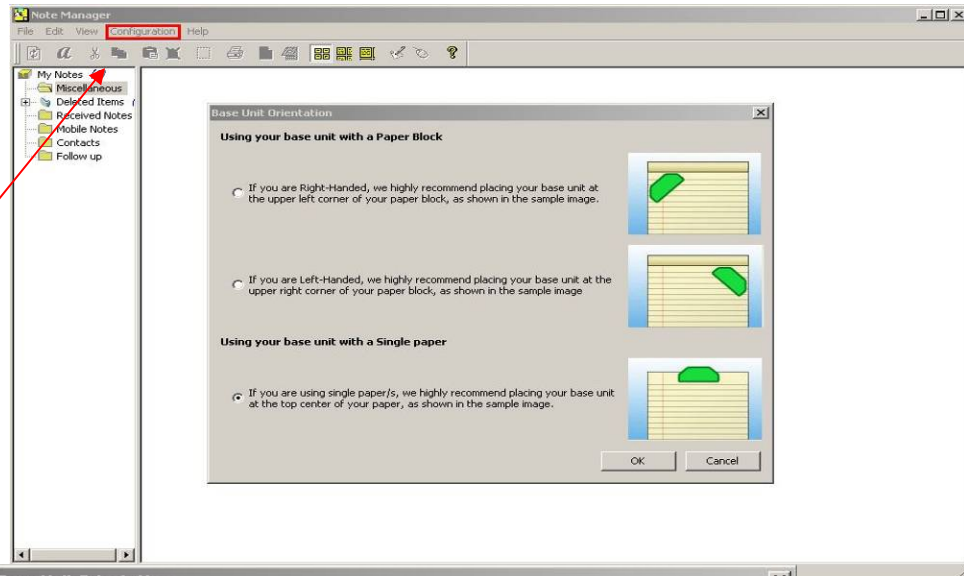
AHLTA Drawing Tools

Recommended for usage on a paper block, for Left Handed users



Set-up 1

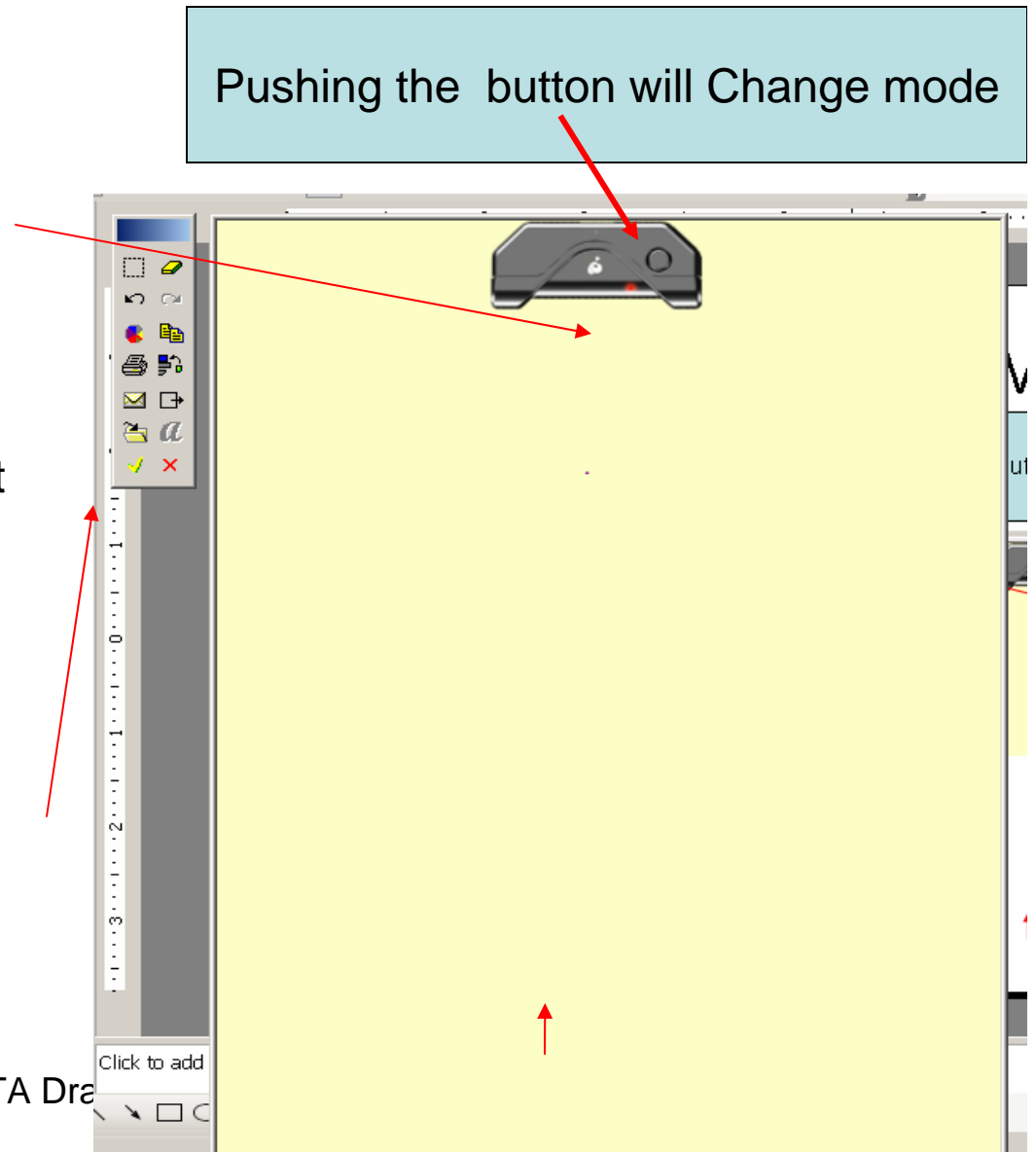
- From your desk top click on the Digital Scribe icon to open Note Manager and then select Configuration from the tool bar
- Select the Base Unit Orientation you are using on your page and click OK



Set-up 2 – Changing Modes

- At anytime while using the pen you can switch the Mouse/Pen modes by clicking in the Virtual Area on the paper
- In pen mode, the digital paper will pop up when you put the pen in front of the base unit
- Notes
 - If you leave pen in front of base unit, you can use as your mouse
 - In the pen mode or with your mouse you can access **Tool features**

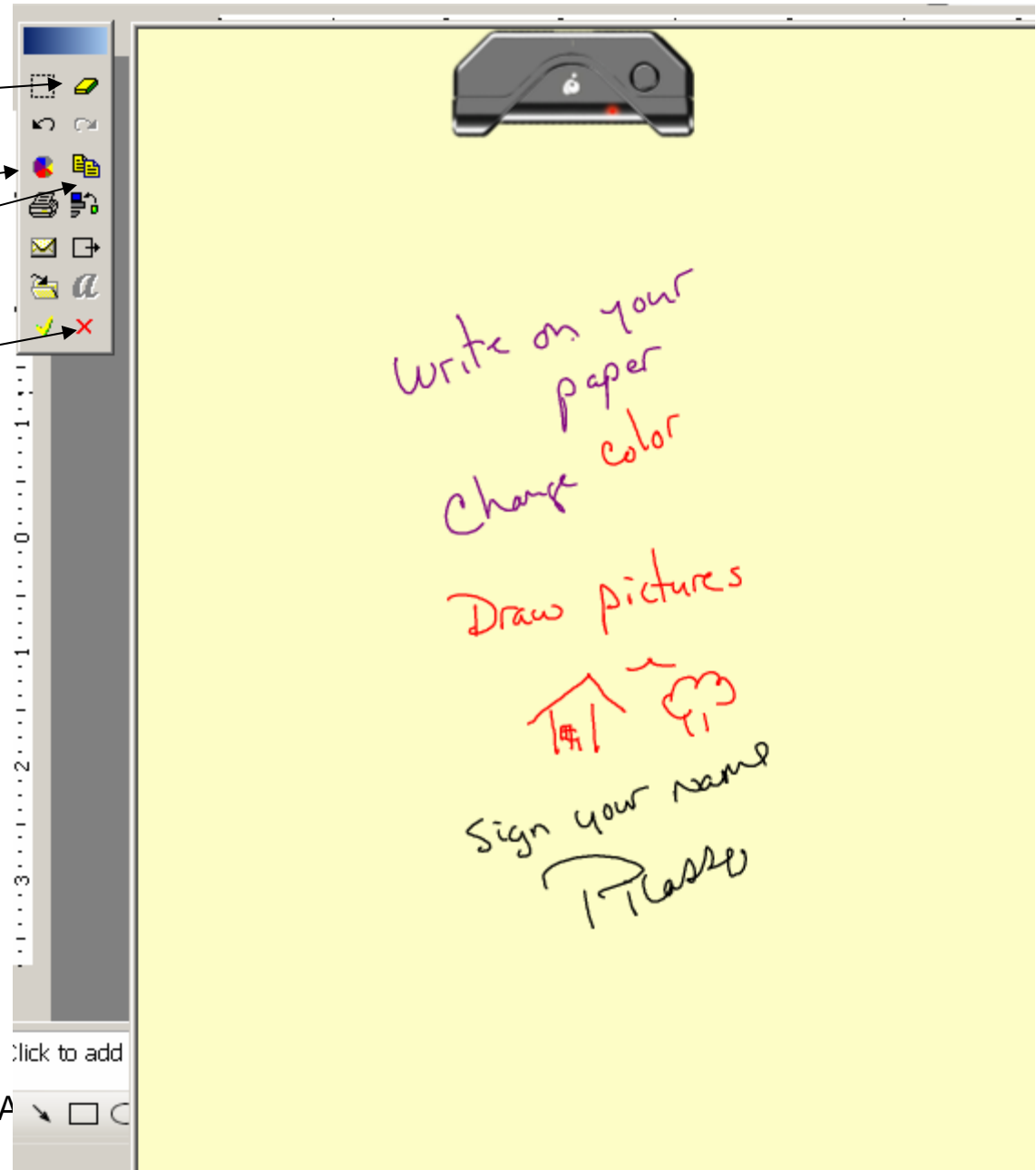
Pushing the button will Change mode



Using Digital paper

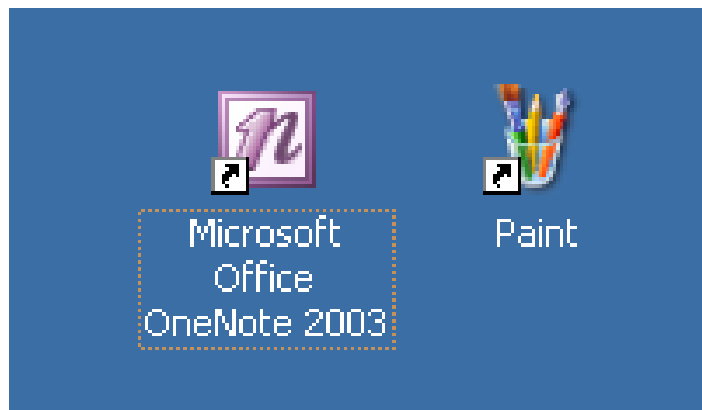
Tools:

- Clear page
- Change color
- Copy
- Close



- In pen mode, touch paper in front of base unit
- Start writing, use mouse or go to mouse mode to change colors
- Copy to clipboard and paste into AHLTA

Use with MS OneNote or Paint



- In mouse mode, open up OneNote (or Paint)
- Use OneNote or Paint as previously shown
- The main advantage here is for the person without a TabletPC who is writing on a blank page as they can draw on the paper and see what they just did
- If using OneNote Stationary or a picture in paint, you will need to look at the screen as you do with the drawing pad. Digital scribe in pen mode is essentially a drawing pad

Final Thoughts

- Images, drawing and overprints can be used with ease with AHLTA.
- Each tool has advantages which include availability.
- Setting up the tool will help make sure that the image fits in AHLTA.
- Use the methods described to:
 - Enhance your options for placing notes in AHLTA
 - Helping others to quickly adjust to AHLTA
- Remember that AddNote can also be used like a Word® document and is the easiest way to type or dictate a large amount of text into AHLTA.
- As noted previously, *with the use of any drawing tool be sure to capture necessary data in AHLTA using MEDCIN terms, but only the necessary data*
- **If you found this 2 Minute Pearl worthwhile, SHARE IT with a colleague. Many users continue to struggle without getting tips on how to use the system better.**

Updated Guide on AHLTA Documentations

Sep 2007

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands

SUBJECT: Updated Guidance on AHLTA Documentation

1. This memorandum provides guidance on the use of structured (MEDCIN®) and free text in the AHLTA Clinical Encounter Note and for storing special documentation types in the AHLTA Clinical Notes Section. It also amplifies on recently published HA Policy 07-012 "Policy for Use of Structured Text in the AHLTA Clinical Encounter Note" (Enclosure 1).

2. Encounter notes in AHLTA require the use of both structured and free text to convey clinical information about the patient encounter. MEDCOM continues its endorsement of the use of free text (typing, dictation, and handwriting recognition) in AHLTA when used in conjunction with structured MEDCIN terms, as set forth in HA Policy 07-012. Narrative free text should be liberally used for History of Present Illness and to clarify the assessment after the diagnosis is assigned. The comment box present with each MEDCIN term may be used to provide specificity and clarity. As with a handwritten note, the length of the note is not as critical as accurately communicating the patient's condition, assessment, plan, and care provided. Additionally, documentation in AHLTA should not be considered the sole responsibility of the provider. As appropriate, the entire healthcare team is permitted and encouraged to document in AHLTA and, where possible, medics and other nursing personnel may enter data for provider review. Ultimately, the provider remains responsible for the care provided and the final documentation entered in the clinical note he/she signs.

3. Information sharing is a prime reason medical records exist. As with the paper-based medical record, the correct placement of information in the electronic record is vital to allow information to be readily located for later clinical review. Despite prior direction provided in the AMEDD scanning policy (Enclosure 2), variation in how information is placed in AHLTA still exists. For effective clinical care to occur, hospital discharge summaries, operative reports, and outpatient network consults must be placed in AHLTA in a standard manner. Each of these documents must be placed in the respective clinical note section of the patient AHLTA record. Each entry should be labeled appropriately to permit ease of retrieval. Similarly, it is critical that procedure notes which may be captured in an external application (e.g., endoscopy note) be included in the patient's AHLTA record. If the procedure is part of an encounter, the note must be included as an attachment to that encounter (AddNote) which has the procedure code (CPT) included. Since Ambulatory Procedure Visit (APV) encounters

will not be directly documented in AHLTA until the release of AHLTA Build 3.3, a procedure conducted as part of an APV visit must have the procedure entered into the patient procedure history along with a summary result. With the fielding of AHLTA Build 3.3, the full APV encounter will be documented as part of the AHLTA encounter. The AddNote section can be utilized for the inclusion of printouts of medical reports, but appropriate completion of the Assessment and Plan module must occur along with the capture of structured data needed for longitudinal healthcare by all members of the global healthcare team. See Enclosure 3 for additional guidance.

4. To facilitate adoption of the above, the Enterprise Integration Office, USAMITC, (AMEDD AHLTA Program Office) has been tasked to provide best practices for accomplishing documentation, explanation of how AHLTA documentation impacts coding, and to provide the most efficient practices for using the clinical notes section for document storage and review. Additionally, each OTSG Medical Consultant is directed to work with the AMEDD AHLTA Program Office to develop an Alternate Input Method (AIM) form to help optimize documentation in AHLTA. I expect this action to be completed within 6 months. The use of these AIM forms will not be mandated; however, they will provide for faster adaptation to AHLTA by new users and, in conjunction with the use of any desired personal templates, should improve utilization and outcomes. These AIM forms will include standard documentation required by the AMEDD Medication Reconciliation policy as well as other standardized medical documentation that may arise.

5. Point of contact for this memorandum is LTC(P) Ron Moody, Enterprise Integration Office, at (706) 787-7030, or email Ron.Moody@amedd.army.mil.

FOR THE COMMANDER:

Encls


WILLIAM H. THRESHER
Chief of Staff

Facts

2. Encounter notes in AHLTA require the use of both structured and free text to convey clinical information about the patient encounter. MEDCOM continues its endorsement of the use of free text (typing, dictation, and handwriting recognition) in AHLTA when used in conjunction with structured MEDCIN terms, as set forth in HA Policy 07-012. Narrative free text should be liberally used for History of Present Illness and to clarify the assessment after the diagnosis is assigned. The comment box present with each MEDCIN term may be used to provide specificity and clarity. As with a handwritten note, the length of the note is not as critical as accurately communicating the patient's condition, assessment, plan, and care provided. Additionally, documentation in AHLTA should not be considered the sole responsibility of the provider. As appropriate, the entire healthcare team is permitted and encouraged to document in AHLTA and, where possible, medics and other nursing personnel may enter data for provider review. Ultimately, the provider remains responsible for the care provided and the final documentation entered in the clinical note he/she signs.



For More Information...



- AMEDD AHLTA Homepage
 - <https://www.us.army.mil/suite/page/406> (AKO password required)
- AHLTA Video Tutorials
 - <http://www-nmcp.mar.med.navy.mil/AHLTA/AHLTA%20Training%20Tools/index.html>

I would appreciate any feedback or suggestions you have for future **AHLTA 2 Minute Pearls**. Please contact me at the following: Ron.Moody@amedd.army.mil

(If you would like to receive future versions of the AHLTA 2 Minute Pearls directly, please email Lokia Brockenberry at Lokia.Brockenberry@us.army.mil to be added to the distribution list)