



2 MINUTE PEARLS

Patient Problem List Management



- Tired of reading through a Problem List cluttered with multiple similar entries for the same problem or numerous minor or administrative diagnoses?
- AHLTA provides the ability to edit problems and to select a diagnosis in the A/P module from a patient's Problem List.
- Most members of the health care team can and should edit the Problem List to keep it up-to-date and accurate. (Per AMEDD policy this should be incorporated into your patient screening process and be supported by ancillary staff)

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1961

Folder List

- Desktop
 - Alert Review
 - Appointments
 - Telephone Consults
 - Search
 - Patient List
 - Consult Log
 - Co-signs
 - New Results
- Reports
- Tools
 - Sign Orders
 - CHCS-I
 - Immunizations Admin
- SUAREZ, EDUARDO A
 - Demographics
 - Health History
 - Problems
 - Medx
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Review
 - PKC Couplers
 - Readiness
 - Patient Questionnaires
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encounters
 - Flowsheets
- Current Encounter
 - Screening
 - Vital Signs Entry
 - S/O
- A/P
- Disposition

Change Selections ... Appointments for All Providers in This Clinic for Today plus Incomplete.

Provider	Patient	CheckIn Time	Status	Reason for Visit	Comment
USER, TEST	BERG, OLAF V	03 May 2007 1335	CheckedIn	65 yo M, Abdominal Pain x 3 days	Bed 7: 120/80, 75, 12, 95%
USER, TEST	SUAREZ, EDUARDO A	03 May 2007 1336	InProgress	45 yo M, Headache	Bed 3: 185/90, 112, 18, 92%
DOCTOR, DAVID	ALEXANDER, EVELYN L	03 May 2007 1339	InProgress	2 yo F, Fever to 104 F	Trauma 1: 120/80, 95, 12, 95%

To access a patient's Problem List:
1) Select a patient
2) Select Problems
(Can also access Problem List from Health History Module if set up)

Click the “+” sign to expand the Problem List

USED TEST: WIN... CH... Problems (Privacy Act of 1974/FOUO) - Training System

Add Save Cancel Refresh Close

SUAREZ, EDUARDO /454-72-3217 45yo M LCDR DOB:10 Sep 1961

Folder List

Chronicity: All Status: Active Expand All

- + Problem List
- + Health Care Maintenance
 - Dental Readiness Classification: N/A
- + Historical Procedures
- + Family History

Desktop

- Alert Review
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 - Problems
 - Meds
 - Allergy
 - Wellness

Click the “+” sign next to each problem to view more detailed information about each problem (associated visits, procedures, and medications, labs, x-rays, etc...)

Problem List

Problem	Comment	Chronicity	Status	Date	Source
+ Patient Counseling:	Adequate Calcium Counseling Completed, Anti-Tobacco Counseling Completed, Blood Pressure Screen	Acute	Active	29 Mar 2007	Encounter
+ ALLERGIC RHINITIS	thought prodfla;whegII	Chronic	Active	11 Mar 2007	Encounter
Associated Encounters					
11 Mar 2007 21:01 CHCSII ITT Clinic USER, TEST CHCSII ITT Facility					
Associated Procedures					
11 Mar 2007 21:03 Inhalation Treatment (Nonpressurized) -					
11 Mar 2007 21:03 Pulmonary Function Tests Peak Flow -					
Problem	Comment	Chronicity	Status	Date	Source
+ ESSENTIAL HYPERTENSION	Uncontrolled. Start on lisinopril. Will adjust in 2-4 weeks with a goal of 40 mg daily.	Chronic	Active	30 Aug 2004	Encounter
+ HYPERLIPIDEMIA	Controlled with Zocor. Next LFT due in one year with lipid recheck.	Chronic	Active	17 May 1988	Encounter
+ DIABETES MELLITUS TYPE II	Uncontrolled. Send to RN Diabetic clinic for education on diet and home monitoring. Start glucovance. Will re-	Chronic	Active	16 Sep 1984	Encounter

Health Care Maintenance

Dental Readiness Classification: N/A

Historical Procedures

Family History

Updating/Removing Problems

*****IMPORTANT NOTES*****

- 1) Problems can currently be Chronic or Acute (Chronic problems are a permanent part of the Active Problem List, Acute Problems become Inactive after 180 days and will no longer appear in a patient's autocite information)
- 2) With AHLTA build 3.3, Acute Problems will automatically change to Inactive after 30 Days (this will remove them from the Active Problem List which is what displays in the Autocite section of a patient's note)
- 3) Problem status can be changed in the Problem Module OR in the A/P Module
- 4) Recommend starting to change acuity of problems at time of entry into A/P module since many problems which default to "chronic" are really "acute"

Chronicity: All Status: Active Expand All

Problem List

Problem	Chronicity	Status	Date	Source
Patient Counseling:	Chronic	Active	29 Mar 2007	Encounter
ALLERGIC RHINITIS thought profila:whegll	Chronic	Active	11 Mar 2007	Encounter
ESSENTIAL HYPERTENSION Uncontrolled. Start on lisinopril. Will adjust in 2-4 weeks with a goal of 40 mg daily.	Chronic	Active	30 Aug 2004	Encounter
HYPERLIPIDEMIA Controlled with Zocor. Next LFT due in one year with lipid recheck.	Chronic	Active	17 May 1988	Encounter
DIABETES MELLITUS TYPE II Controlled. Send to RN Diabetic clinic for education on diet and home monitoring. Start glucovance. Will re	Chronic	Active	16 Sep 1984	Encounter

Health Care Maintenance
Dental Readiness Classification: N/A
Historical Procedures
Family History

1) To update a problem or to remove it from problem list, select it

2) In this section, you can make changes to the highlighted problem. (change onset date, add free text comments, select whether problem is chronic vs. acute)

Update Problem

Problem: ESSENTIAL HYPERTENSION

Comments: Uncontrolled. Start on lisinopril. Will adjust in 2-4 weeks with a goal of 40 mg daily.

Onset Date: 30 Aug 2004

Chronicity: Chronic

Status: Active

Source: Encounter

Save Cancel

Chronicity: All Status: Active Expand All

Problem List

Problem	Comments	Chronicity	Status	Date	Source
Patient Counseling:		Chronic	Active	29 Mar 2007	Encounter
ALLERGIC RHINITIS	thought profila:whegll	Chronic	Active	11 Mar 2007	Encounter
ESSENTIAL HYPERTENSION	Uncontrolled. Start on lisinopril. Will adjust in 2-4 weeks with a goal of 40 mg daily.	Chronic	Active	30 Aug 2004	Encounter
HYPERLIPIDEMIA	Controlled with Zocor. Next LFT due in one year with lipid recheck.	Chronic	Active	17 May 1988	Encounter
DIABETES MELLITUS TYPE II	Uncontrolled. Send to RN Diabetic clinic for education on diet and home monitoring. Start glucovance. Will re	Chronic	Active	16 Sep 1984	Encounter

Health Care Maintenance
Dental Readiness Classification: N/A
Historical Procedures
Family History



3) ****To Delete a problem or make it Inactive, select from Status menu. (Only Active Problems show up on problem list, though you can view a list of previously deleted or inactive problems by adjusting **Status Filter** at the top)**

4) **Once changes are complete, select **SAVE**.**

Update Problem

Problem: ESSENTIAL HYPERTENSION

Comments: Uncontrolled. Start on lisinopril. Will adjust in 2-4 weeks with a goal of 40

Onset Date: 30 Aug 2004

Status: Active

Chronicity: Chronic

Source: Encounter

Save Cancel

Adding A New Problem

USER, TEST: Military Clinical Desktop - Problems (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Save Cancel Refresh Guidelines Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1961

Chronicity: All Status: Active

Problem List

Problem Comment

patient Counseling Chronic Active 29 Mar 2007 Encounter

ALLERGIC RHINITIS thought prodfla:whegll Chronic Active 11 Mar 2007 Encounter

ESSENTIAL HYPERTENSION Uncontrolled: Start on lisinopril. Will adjust in 2-4 weeks with a goal of 40 mg daily. Chronic Active 30 Aug 2004 Encounter

HYPERLIPIDEMIA Chronic Active 17 May 1988 Encounter

DIABETES MELLITUS TYPE II lucovance. Will re. Chronic Active 16 Sep.1984 Encounter

Care Maintenance

Readiness Classification: 1

al Procedures

Immunizations Admin

SUAREZ, EDUARDO A

Demographics

Health History

Problems

Meds

Allergy

Wellness

Immunizations

Vital Signs Review

PKC Couplers

Law

Radiology

Clinical Notes

Previous Encounters

Flowsheets

Current Encounter

Screening

Vital Signs Entry

S/D

A/P

Disposition

Family History

Select Diagnosis

Search Clinic List User_List

Medicin Search:

myocardial infarction Search

ACUTE MYOCARDIAL INFARCTION 410.90

ATRIAL THROMBOSIS MURAL FOLLOWING MYOCARDIAL INFARCTION 429.71

HEALED PREVIOUS MYOCARDIAL INFARCTION 412

PRIOR MYOCARDIAL INFARCTION 412

VENTRICULAR THROMBOSIS MURAL FOLLOWING MYOCARDIAL INFARCTION 429.7

Add To User Favorites

OK Cancel

Update Problem

Problem: ESSENTIAL HYPERTENSION

Comments: Uncontrolled. Start on lisinopril. Will adjust in 2-4 weeks with a goal of 40 mg daily.

Onset Date: 30 Aug 2004

Chronicity: Chronic

Status: Active

Source: Encounter

Save Cancel

start Real... Wind... Inbo... Draf... Defe... C:\D... Micro... USE... 12:07 PM

1) To Add a problem, select ADD

2) Select SEARCH tab, then type in new problem and click SEARCH

3) Once you find problem, highlight it and click OK

4) Once Myocardial Infarction is added, you will be prompted to complete detail info and then SAVE

USER, TEST: Military Clinical Desktop - Problems (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Add Refresh

SUAREZ, EDUARDO Sep 1961

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Health Care Maintenance
Dental Readiness Classification: N/A
Historical Procedures
Family History

Procedure

Procedure:

Comments:

Procedure Date: 07 Jun 2007

Status:

start

Re... Wi... In... Dr... De... C... Mi... US... F... 12:13 PM

2) Repeat Actions as before with Problems.

1) To ADD Procedure/Surgery or Family History go to appropriate list and highlight

To Select and Modify Diagnosis from Problem List in A/P Module

Adding a Problem from a patient's Problem List

1) From A/P Module, select Problem List button. This takes you to a list of the patient's current problems

ICD	Diagnosis
272.4	HYPERLIPIDEMIA
250.00	DIABETES MELLITUS TYPE II
401.9	ESSENTIAL HYPERTENSION

2) Double click on desired diagnosis to add to encounter

Using this method will:

- 1) Increase the speed of documenting the diagnosis
- 2) Prevent the clutter of duplicate diagnoses in the patient's Problem List **(i.e. patient with 6 similar Asthma diagnoses in their list)*

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	486	PNEUMONIA	Chronic	New

Plan/Comments:

Diagnosis

Description

MENINGITIS + NEOMONOCOCCAL 320.1
Need For Vaccination Influenza + Streptococcus Pneumoniae V06.6

Once you enter a diagnosis, it will default either to Chronic or Acute and be added to the Problem List. To change the acuity of a Diagnosis, follow the steps outlined on this and the next slide.

- 1) Click underneath the Chronic/Acute grey bar on the word Chronic or Acute
- 2) A drop down menu will appear enabling you to manually select the chronicity of the problem
- 3) Once you sign the note, that problem along with its corresponding acuity status will be listed in a patient's problem list

*****SEE OUTLINED STEPS ON NEXT SLIDE FOR MORE DETAIL*****

Modifying Acuity of Problem from A/P Module

The image illustrates a four-step process for changing the acuity of a problem in the A/P module. Each step shows a screenshot of the software interface with a yellow arrow pointing to the specific action.

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	486	PNEUMONIA	Chronic	

1) Click Here

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	486	PNEUMONIA	Chronic	

2) Drop Down Arrow Appears

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	486	PNEUMONIA	Chronic	

3) Make Selection

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	486	PNEUMONIA	Acute	

4) Acuity is now changed

To make sure the Problem List is automatically included in your note.

1) To ensure Active Problems and/or Family History from the Problem List appear in Autocite section...

2) Select OPTIONS button. This will bring up menu below

3) Make sure ACTIVE PROBLEMS and/or FAMILY HISTORY are checked. Once complete, click OK

The screenshot displays a medical software interface. On the left is a navigation tree with categories like 'Appointments', 'Telephone Consults', 'Search', 'Patient List', 'Consult Log', 'Co-signs', 'New Results', 'Reports', 'Tools', 'Sign Orders', 'CHCS-I', 'Immunizations', 'SUAREZ, EDUARDO', 'Demographic', 'Health History', 'Problems', 'Meds', 'Allergy', 'Wellness', 'Immuniza', 'Vital Sign', 'PKC Cou', 'Readines', 'Patient Q', 'Lab', 'Radiology', 'Clinical Notes', 'Previous Encounters', 'Flowsheets', 'Current Encounter', 'Screening', 'Vital Signs Entry', 'S/O', 'A/P', and 'Disposition'. The main window shows a patient's information, including a date of birth '10 Sep 1961' and a list of 'Problems': HYPERLIPIDEMIA, DIABETES MELLITUS TYPE II, ESSENTIAL HYPERTENSION, and ALLERGIC RHINITIS. An 'AutoCite...' button is visible. Overlaid on the screen is the 'Encounter Summary Properties' dialog box. The 'Signature Block' section contains 'Line 1: USER, TEST', 'Line 2: Training Tool Application', and 'Line 3: CHCSII ITT Facility'. The 'AutoCite preferences' section has 'Active Problems' and 'Active Family History' checked, both highlighted with red boxes. Other options include 'Allergies', 'Questionnaires', 'Active Medications', and 'Expired Medications'. There are also settings for 'Vitals', 'Labs', and 'Rads' with frequency and unit selectors. The 'A/P Active Order Default' section has three unchecked options. The 'Disposition Follow Up Discussed with Default' is set to 'Patient'. The 'Auto-Print' and 'Auto-save S/O every' options are also present. A red arrow points to the 'Cancel' button in the dialog box. The Windows taskbar at the bottom shows the 'start' button and various application icons, with the time '12:16 PM'.



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:

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- Email: mark.stackle@us.army.mil

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