



## *2 MINUTE PEARLS*

# ***Making AHLTA Notes More Readable and Clinically Useful***



- Do you sometimes have a hard time telling what occurred during a patient's previous visit when reading an AHLTA note?
- AHLTA has led to vastly improved legibility of clinical documentation, but challenges remain with regard to readability and clinical usefulness
- This pearl addresses myths and provides suggestions to help improve the readability and usefulness of information in an AHLTA note



# Were all of our notes really that great before???



Allergies:  
PENICILLINS

Is your visit today related to pain? YES/NO/NA  
 PAIN SCALE: 2 WHERE? 2 YES/NO/NA  
 DO YOU TAKE OVER THE COUNTER DRUGS/HERBS/DIETARY SUPPLEMENTS? YES/NO/NA  
 DO YOU HAVE PROBLEMS EATING/DRESSING/WALKING? YES/NO/NA  
 DO YOU USE TOBACCO PRODUCTS? YES/NO/NA  
 IF YOU ARE A SMOKER, ARE YOU INTERESTED IN QUITTING? YES/NO/NA  
 DURING THE PAST MONTH HAVE YOU OFTEN BEEN BOTHERED BY FEELING DOWN, DEPRESSED, OR HOPELESS? YES/NO/NA  
 DURING THE PAST MONTH HAVE YOU BEEN BOTHERED BY LITTLE INTEREST OR PLEASURE IN DOING THINGS? YES/NO/NA  
 HAVE YOU HAD ANY UNINTENTIONAL WEIGHT CHANGE? YES/NO/NA

PATIENT AT NUTRITIONAL RISK? YES/NO/NA  
 BP: 117/76 PULSE: 77 RESP: 20 TEMP: 97.0 HT: 68 WT: 160 HC: 1 LMP: 1 Apr 02

Appointment:  
 29 year old Female with OPAC appointment type  
 Reason: POSS PLANTAR WART  
 Date: 28 Apr 2003@1400

Current Outpatient Medications:  
 DIPHENHYDRAMINE--PO 25MG CAP, TAKE ONE PO QID #40 Ref 3 Last Filled 25 Mar 2003  
 ORTHO NOVUM 28 DAY--PO 1/35 TAB, BC28 #84 RF3 Ref 3 Last Filled 16 Apr 2003

Clinic Note: S: 29 yo g hie to 1/2 pers wnt on foot x 2-3 weeks. Spec Apt 9/10/0  
 b. pain in (L) foot x 2-3 weeks (A) Planter wart  
 0. is in MS (L)  
 (L) foot: (+) planter wart (D) - N<sub>2</sub> laser treatment  
 (L) foreskin 4mm x 4mm - after paring

Note Readability  
December 2007



# Tip #1- Use Free Text

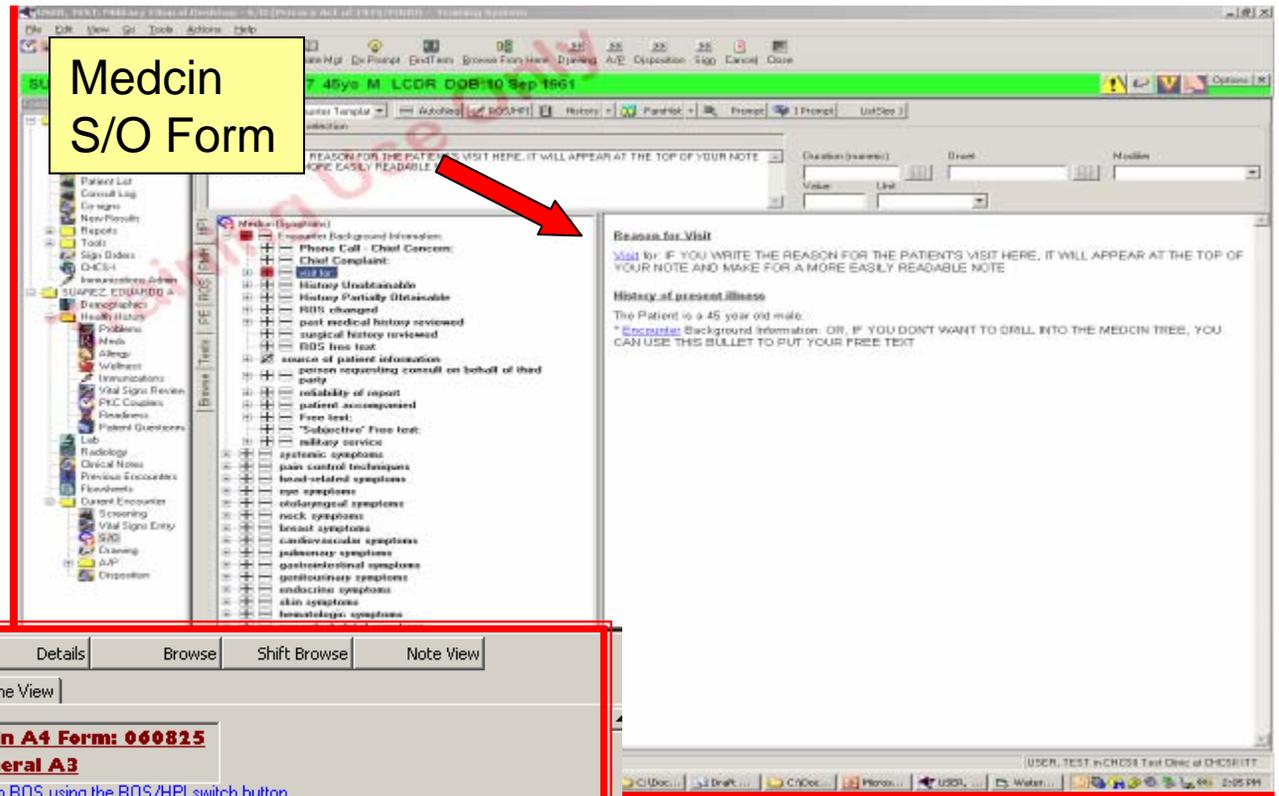
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- The AHLTA note must contain some Free Text.
  - Facts:
    - There is no AMEDD prohibition against use of Free Text
    - Up to 1 page of text can be placed after any MEDCIN term or in any AHLTA Comment Box (Text that is in excess of 1 page will be LOST)
  - Free text is most important in:
    - HPI -- to tell the story
    - A/P comment section -- to detail the differential diagnosis and to relay follow-up plans to other providers
  - Added words or short sentences can be placed after ROS and PE terms for specificity (don't search deep into the Medcin® tree)
  - Without the above, too many boxes are checked and too little information is shared
  - The AddNote section is a huge word document that has many uses (see AddNote Pearl #29)

In the Medcin S/O Module, initial HPI Free Text can be entered into the "Visit For" or other Encounter Background Information bullets to ensure that the free text information appears at the top of the note

Medcin S/O Form



<< >> - A4 FP-General-AMEDD AutoNeg Undo Details Browse Shift Browse Note View

Screening/HPI RDS / PE W/M/Woman PFTs/ECG Procedures Help Outline View

**AMEDD Draft Medcin A4 Form: 060825**  
**FP-General A3**

**Reason for Visit**  
NOTE: Use one of the following terms to tell the narrative. Must include HPI items from RDS using the RDS/HPI switch button.

Visit For:  
Patient reports the following new concern(s): \_\_\_\_\_

Follow-up Exam  
Patient reports: \_\_\_\_\_

Consult visit NOTE: Change "Service Type" to "Consult" in Disposition Module  
Referred by the following provider \_\_\_\_\_ to assess \_\_\_\_\_

Medication refill  
The patient is taking medications as listed on medication list without problems. Changes to the medications are as follows \_\_\_\_\_

Other  
Additional problem(s): \_\_\_\_\_

Visit for a Physical:  \_\_\_\_\_ <---- Click to select the appropriate term

Previous Hospitalizations \_\_\_\_\_ that are associated with the reason for this encounter

This can also be done with an AIM Form. Most AMEDD AIM forms now have **LARGE** free text spaces on them to encourage appropriate free text use in HPI (see AMEDD Screening AIM Form here with "Visit For" bullet).



# Free Text and Coding: Myth vs. Fact

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- Myths
  - The AMEDD does not want free text used
  - Using free text makes AHLTA unable to code
  - The more buttons checked, the higher the code
- Facts
  - AMEDD has always acknowledged the need to use free text appropriately
  - Free text can be used with AHLTA and still give accurate coding
  - The number of buttons checked are not as important as which buttons are checked. New AIM forms have E/M coding support built in.



## Tip #2 – HPI/ROS Separation

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- HPI/ROS—Recommend placing all positive bullets in HPI, negative bullets in ROS (this way it is easier to find pertinent positives)
  - In AHLTA Version 3.3, a user default is set so that all positive ROS terms will automatically be placed in HPI
  - If you do not elect to use the automatic feature, you can use the HPI/ROS toggle button to move items

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1962

Order List

- ALEXANDER, VIOLET W
  - Demographics
  - Health History
    - Problems
    - Meds
    - Allergy
    - Wellness
    - Immunizations
    - Vital Signs Review
    - PKC Couplers
    - Readiness
    - Patient Questionnaire
  - Lab
  - Radiology
  - Clinical Notes
  - Previous Encounters
  - Flowsheets
  - Current Encounter
  - Screening
  - Vital Signs Entry
  - S/O
  - Drawing

Appointments Current Encounter S/O

<< >> <No Template Selected> AutoNew **ROS/HPI**

Entry details for current selection

Medication list reviewed

DxPrompt (Symptoms)

- Medication list reviewed
- Feeling tired or poorly
- Fever
- Nasal discharge
- Watery nasal discharge
- Mucinous nasal discharge
- Nasal passage blockage
- Sneezing
- Sore throat
- Feeling congested in the chest
- Cough
- Coughing up sputum

Reminders

- late Calcium Counseling
- obacco Counseling
- Pressure Screen
- tes Mellitus Screening
- tes Questionnaire
- se Tolerance Test, 3 Hours
- y Diet Counseling
- rogram Screening
- h History

Notice that 'Cough for 3 weeks' is under Review of Systems section in the note. I want to put it in the HPI section since it is a positive finding.

To do this:

- 1) **Highlight term** by clicking on it
- 2) Then click on **ROS/HPI** button at the top

Value Unit

- Problem list reviewed
- Medication list reviewed
- Family history reviewed
- Surgical history reviewed
- Fever
- Nasal discharge
- Sneezing
- Sore throat
- Cough

Past medical/surgical history

Diagnosis History:

No common cold

Review of systems

Pulmonary symptoms: Not coughing up sputum for 3 weeks

Physical findings

Vital signs:

Vital Signs/Measurements	Value
Oral temperature	99 F

Add to Default Template

Cough is now in the HPI section.

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1962

Folder List

- ALEXANDER, VIOLET W
  - Demographics
  - Health History
  - Problems
  - Meds
  - Allergy
  - Wellness
  - Immunizations
  - Vital Signs Review
  - PKC Couplers
  - Readiness
  - Patient Questionair
  - Lab
  - Radiology
  - Clinical Notes
  - Previous Encounters
  - Flowsheets
  - Current Encounter
  - Screening
  - Vital Signs Entry
  - S/O
  - Drawing

Appointments Current Encounter S/O

<< >> <No Template Selected> AutoNeg ROS/HPI History FamHist Prompt I Prompt ListSize 1

Entry details for current selection

Vital signs:

Value	Unit	Duration (numeric)	Onset	Modifier

- HPI
- DxPrompt (Symptoms)
  - Medication list reviewed
  - Feeling tired or poorly
  - Fever
  - Nasal discharge
  - Watery nasal discharge
  - Mucinous nasal discharge
  - Nasal passage blockage
  - Sneezing
  - Sore throat
  - Feeling congested in the chest
  - Cough
  - Coughing up sputum
- PMH
- ROS
- PE
- Tests

**Reason for Visit**  
Visit for: Cough.

**History of present illness**  
The Patient is a 45 year old female.  
• Problem list reviewed • Medication list reviewed • Family history reviewed • Surgical history reviewed  
• Fever  
• Nasal discharge • Sneezing • Sore throat  
• Cough ° Not coughing up sputum for 3 weeks

**Past medical/surgical history**

**Diagnosis History:**  
No common cold

**Physical findings**

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling
- Blood Pressure Screen
- Diabetes Mellitus Screening
- Diabetes Questionnaire
- Glucose Tolerance Test, 3 Hours
- Healthy Diet Counseling
- Mammogram Screening

Health History

Add to Default Template

STACKLE, MARK E: Military Clinical Desktop - S/D (Privacy Act of 1974/FOUO)

File Edit

Search S/D

TEST, P

Folder List

Search

Patient List

Consult Log

Co-signs

Sign Orders

New Results

Reports

Tools

Web Browser

CHCS-I

Immunizations Admin

TEST, PATIENT

Demographics

Health History

Problems

Meds

Allergy

Wellness

Immunizations

Vital Signs Review

PKC Couplers

Readiness

Patient Questionnaires

Army Readiness

Lab

Radiology

Clinical Notes

Previous Encounters

Flowsheets

Current Encounter

Screening

Vital Signs Entry

S/D

Undo Details Browse Shift Browse Note View

Medical/Surgical History (Continued)

Personal History (Continued)

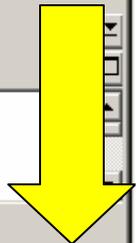
Family History

Review of Systems

AMEDD Draft Medicin Form: October 2004.

Same function present in most AIM Forms allowing separation of positive and negative findings in the note. Simply click on ROS or HPI button to toggle back and forth.

Example of ROS Button



**History of Present Illness**

Low Back Pain

Reason for Visit is Depressed

Low Back Pain

-- Radiates to Legs   **HPI**

-- Cough/Sneeze Worsens   **HPI**

Associated Bilateral Muscle Spasms **HPI**

Weakness in the Leg **HPI**

Numbness of the Right Leg **HPI**

Numbness of the Left Leg **HPI**

Additional History of Present Illness:

**Past Medical / Surgical History**

Hx Reviewed

Prior Tests

Medications

Admissions

ER Visits

Medical Hx

CAD Risks?

Exposures

Trauma Hx

Back Trauma

Surgical Hx

Back Surgery

Dietary Hx

**Previous Diagnoses**

LBP/Sprain

Lumbar Degen

Herniated Disc

**Previous Therapies**

Use of Analgesics (Pain Medication)

History of Physical Work Restrictions

Consultation with Physical Therapist

Acupuncture

Osteopathic Manipulative Treatment

Chiropractic Manipulative Treatment

Additional Past Medical/Surgical History:

**Personal History**

Hx Reviewed

Caffeine Use

Tobacco Use

Alcohol Use

Herbals

**Personal History (Continued)**

Req Exercise

Work History   Prolonged Standing

**Family History**

Family History Reviewed

Father:

Paternal GF:

Paternal GM:

**Review of Systems**

Fever **ROS**

Chills **ROS**

Nausea **ROS**

Vomiting **ROS**

Loss of Bowel Control **ROS**

Pain During Urination (Dysuria) **ROS**

Unable to Urinate (Retention) **ROS**

Loss of Bladder Control **ROS**

Blood in the Urine **ROS**

Pain in the Flank **ROS**

Numbness in the Perineum **ROS**

Additional Review of Systems:



## Tip #3 – Use CAPS Type

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- CAPS TYPE – Recommend using CAPS type for all free text to make it easier to find and read – if it was important enough for you to write it, it should be easy to find in your note.

STACKLE, MARK E: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO)

File Edit View Tools Window Help

Search Add Note Add Providers Templates Sign Save As Template Close Sign the Completed Encounter

3 14yo M AB DOB:03 May 1991

MTF: Landstuhl RMC  
Clinic: BBH Primary Care

Primary Provider: STACKLE, MARK E  
Status: **In Progress**  
Type: ACUT

Appointment Telephone Consults Search Patient List Consult Log

Health History Problems

Patient Questions Army Readiness Lab Radiology Clinical Notes Previous Encounters Flowsheets Current Encounter Screening Vital Signs Entry S/O A/P

**SO Note** Written by STACKLE, MARK E @ 29 Jan 2006 1602 WEST

**Chief complaint**  
The Chief Complaint is: Cough

**Reason for Visit**  
Visit for: 3 DAY H/O RUNNY NOSE, COUGH, SUBJECTIVE FEVERS AFTER BEING AROUND SICK KIDS AT SCHOOL WITH SIMILAR SYMPTOMS. COUGH IS WORST AT NIGHT AND HIGHEST TEMP AT HOME WAS 100 F

**History of present illness**  
The Patient is a 14 year old male.  
▪ Fever.  
▪ Mucinous nasal discharge.  
▪ Dry cough.

**Past medical/surgical history**  
**Reported History:**  
Past medical history ASTHMA

**Personal history**  
Behavioral history: No tobacco use.  
Alcohol: Not using alcohol.  
Habits: Good exercise habits.

**Review of systems**  
**Systemic symptoms:** Not feeling tired or poorly.  
**Head symptoms:** No headache.  
**Pulmonary symptoms:** No dyspnea and no paroxysmal nocturnal dyspnea.  
**Gastrointestinal symptoms:** No nausea, no vomiting, and no diarrhea.

**Physical findings**  
**Vital signs:**  
▪ Current vital signs reviewed.

**General appearance:**  
▪ Awake. ▪ Alert.

**Ears:**  
General/bilateral:  
Tympanic Membrane: ▪ Normal.

**Nose:**  
▪ Nasal discharge seen.

**Oral cavity:**  
Buccal Mucosa: ▪ Not dry.

**Lungs:**  
▪ Clear to auscultation.

**Cardiovascular system**  
Heart Rate And Rhythm: ▪ Normal.

**Skin**  
▪ Lesions: DIFFUSE MACULAR, PAPULAR RASH ACROSS CHEST AND UPPER EXTREMITIES, NO EVIDENCE OF EXCORIATION

**SAMPLE NOTE**

**Initial Free Text**

**Pertinent Positives listed under HPI**

**Negatives In ROS**

**Key info in CAPS**

**Key info in CAPS**

Start | Microsoft Outlook | D:\Conference Present... | AHLTA OVERVIEW.ppt | Default Encounter Tem... | STACKLE, MARK E: Milit... | 4:03 PM

STACKLE, MARK E: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Search S/O A/P Disposition Army Readiness Assessment and Plan Refresh Add Note Add Providers Templates Sign Save As Template Close

TEST, PATIENT 20/819-91-0503 14yo M AB DOB:03 May 1991

Date: 29 Jan 2006 1503 WEST Status: In Progress MTF: Landstuhl RMC  
 Primary Provider: STACKLE, MARK E Type: ACUT Clinic: BBH Primary Care  
 Patient Status: Outpatient

**Past medical/surgical history**  
**Reported History:**  
 Past medical history ASTHMA

**Personal history**  
 Behavioral history: No tobacco use.  
 Alcohol: Not using alcohol.  
 Habits: Good exercise habits.

**Review of systems**  
**Systemic symptoms:** Not feeling tired or poorly.  
**Head symptoms:** No headache.  
**Pulmonary symptoms:** No dyspnea and no paroxysmal nocturnal dyspnea. Cough.  
**Gastrointestinal symptoms:** No nausea, no vomiting, and no diarrhea.  
**Physical findings**

**Skin:**  
 • Lesions: MACULAR, PAPULAR RASH ACROSS CHEST AND UPPER EXTREMITIES, NO EVIDENCE OF

**A/P** Written by STACKLE, MARK E @ 29 Jan 2006 1607 WEST  
**1.Upper Respiratory Infection:** SUSPECT VIRAL URI, BUT IF PATIENT'S SYMPTOMS PERSIST OR WORSEN TO INCLUDE SOB, HIGH FEVER, WILL CONSIDER CXR AND COURSE OF ANTIBIOTICS. ALSO ADVISED PATIENT TO RETURN FOR FOLLOW UP APPOINTMENT TO DISCUSS ASTHMA MEDICATIONS

Disposition AddNote

Folder List: Appointments, Telephone Consults, Search, Patient List, Consult Log, Co-signs, Sign Orders, New Results, Reports, Tools, Web Browser, CHCS-I, Immunizations Admin, TEST, P, Dem, Hea, Patient Questionna, Army Readiness, Lab, Radiology, Clinical Notes, Previous Encounters, Flowsheets, Current Encounter, Screening, Vital Signs Entry, S/O, A/P

Start | Inbox - Microsoft Outlook | D:\Conference Present... | AHLTA OVERVIEW.ppt | Default Encounter Tem... | STACKLE, MARK E: Milit... | 4:08 PM

This section should include information regarding thought process, differential diagnosis, future treatment or diagnostic plans.



# For More Information...



- AMEDD AHLTA Homepage
  - <https://www.us.army.mil/suite/page/406> (AKO password required)
- AHLTA Video Tutorials
  - Currently: <https://www.us.army.mil/suite/page/406> (AKO password required)
  - Future: <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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AMEDD AHLTA Program Office  
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