CHCS II

Clinical & Business Notes

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Welcome!

This bulletin is designed for passing along the latest information in the implementation and clinical integration process.

159k Weekly Encounters!

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Milestones

159,000 weekly encounters documented in CHCS II. In September 2005, 51% of all AMEDD outpatient workload was completed in CHCS II.

Coming Enhancements

Coming in Build 838:

Clinical Data Mart (CDM) – Data Mining for Population Health and Disease Management; limited initial use
Individual Medical Readiness (IMR) Module
Pre- and Post-Deployment Screening
OB Flowsheet & Summary - surface OB flowsheet and other "dashboard"-type data from within CHCSII; print SF533 content
Bidirectional interface with MEDPROS (including immunizations)

Coming in Build 840 (Dec-Jan):

Drawing Tool Phase I - will enable a provider to annotate on a drawing of a particular body part; will allow the provider to indicate the condition on-line rather than verbally documenting the location and condition in longhand form; will provide standardization across anatomical depictions and designs and will aid the provider's ability to quickly and accurately identify and describe the conditions.
Pediatric Growth Charts - displayed as the third tab in Vitals Entry Sign Module; Male and Female Growth charts for ages 0-36 months infants that include weight vs. age, length vs. age, head circumference vs. age, and weight vs. length; Male and Female Growth charts for ages 24 months to 20 years that include weight vs. age, stature vs. age, weight vs. stature, and BMI (Body Mass Index) vs. age; The ability to adjust the growth chart for a premature infant; The ability to print the selected chart, all charts, or the data gird and copy the chart and/or the data grid to the encounter document (Standard Form SF600).
AIM Form enhancements - larger forms with scrollbars; "ribbons" - expandable/collapsible areas; minimum/maximum entry values for a finding; customized dropdown lists
Telephone Consult Module redesign - easier viewing of the module (the Quick Entry screen no longer exists and has been replaced by an Outlook-like window, the Summary window); transfer incomplete TelCon to another owner; search, save, add, edit, and remove a diagnosis; add, remove, edit disposition data from the Summary Window; the user will no longer have to go to the Disposition Module to add, remove, edit this data.
Template Management enhancements - consolidate encounter and SO template management modules into a single interface, eliminate SO template, and consolidate types to Encounter Templates and Medcin Form Templates.
JMEWS into CHCS II CDR (client) (BMIST/CHCSII-T data transfer to CDR) - place theater encounter indicators and provider warnings in the CHCS II client on the patient record and in the previous encounters module.
Tasking Module - allow users to create, assign, and track tasks associated with a patient or an encounter or neither.
APV enhancements - prevent appointment creation for APU clinics; make E&M code optional for APV encounters; require a CPT code for APV encounters; prevent "undo cancel" of APV appointments; prevent inpatient check-in for APV appointment; determine which linked orders are updated based on the APV appointment; send the Secondary 1 and Secondary 2 provider role data associated with the APV Encounter to the ADM.

Current AMEDD AIM Forms:

aCPG-Asthma
- -Cardio-Ischemia
- -Depression
- -Diabetes
- -Dysuria
- -GERD
- -Low Back Pain

Audiology-General
BH--Intake
Cardio-EKG & GXT
- -General

Chiro-General
CHN-Latent TB Infection
Colposcopy-Procedure
ER-Abdominal Pain
- -Allergic Reaction
- -Altered Mental States
- -Arrhythmia
- -Back
- -Behavior
- -Chest Pain
- -Cold Sx
- -Fast Track Adult
- -Fast Track Peds
- -Nursing
- -Peds Respiratory
- -Respiratory

FP-General
GYN-General
IM-Geriatric Adult
Influenza Vaccine
Neuro-General
Nephrology
Nursing-General
OB-Intake
OB-Labor and Delivery
Ophthal-General
Opto-Eyenote
Ortho-General
- -Surgery Counseling

Osteopathic
OT-General
PC-General
PC-Hearing Conservation
Peds-Cardiology
- -General
- -School & Sports Physical
- -Well Child
  - -1 to 12 months
  - -1 to 3 years
  - -3 to 11 years
  - -11 to 16 years

PT-General
Pulm-General
Rheum-General
Speech Therapy-General
Telephone Consult
Urology-General
Vasectomy-Procedure

A guide to using these forms and the updated list (including USAF & USN forms) are available at the CHCS II website on AKO.

Secured Record Access Patients

The deployment of CHCS II capabilities into the National Capitol Area has heightened the focus on special security capabilities needed for safeguarding records of highly-visible individuals (e.g. Senators, Congressmen, and others of national security interest) from unauthorized access. These security features are in addition to the already present HIPAA privacy standards met by CHCS II. The extra security is needed due to national security issues. Final Tri-Service standards are still in negotiation, but an interim security solution has been built and implemented. While patients in this category will primarily impact the national capital area, these individuals travel and other local patients may fall into this category. Access to their medical records is a vital part of providing appropriate and effective healthcare. Although this is occasionally referred to as a "VIP" or "CIP" (Command Interest Patients) issue, it should NOT be considered synonymous with the VIP or CIP lists that are currently used for military protocol and command awareness in CHCS legacy.

The present solution creates several new categories in CHCS II: Secured Record Access Patient (SRAP) category, into which special patient accounts can be placed; and a Secured Record Access User (SRAU) category, into which selected users (physicians, nurses, technicians, and administrative personnel) can be placed. Only those healthcare team members in the SRAU category will be able to access the records of patients in the SRAP category. All healthcare team members in the SRAU category will be able to access as needed for direct healthcare their role-determined functions of all patients in the SRAP category. This will allow the healthcare records of a traveling VIP to be viewed by SRAU users at any CHCS II facility.

Recommendations:

Assigning SRAU Access: Until final policy guidance is provided, MTF Commanders will need to designate providers and support personnel who will be granted SRAU privileges.

AMEDD Guidance is as follows:

- A minimal core group should be granted this privilege.
- Those involved in the regular care of SRAP assigned patients should be granted this privilege. This will include primary care, medical and surgical specialties. Emergency Rooms should have sufficient personnel with SRAU access to allow records retrieval to occur. Note: Even if SRAU access is not available patient could still be provided healthcare using CHCS I (legacy). The patient would be registered in CHCS and provided care with paper documentation. In this scenario, the healthcare team will not have access to their CHCS II record.
- A rapid mechanism should be in place to temporarily assign additional users SRAU access in circumstances such as admission or surgical care.
- Those granted access for specific patient care needs should have the privilege removed when the need resolves.
- All SRAU access should be reviewed semi-annually and at the time of PCS, ETS, or intra-MTF position change of an SRAU healthcare worker.

Assigning SRAP status: SRAP status will automatically be given to the currently-identified National Capitol Area patients who are presently referred to as "VIP". As necessary, MTF commanders will be able to add additional and local patients who require a record that meets the previous mentioned security needs by entering them into the SRAP category.

AMEDD Guidance for those eligible for care is as follows:

- Members of Congress
- Members of the Supreme Court
- Senior Members of the Executive Branch
- Active Duty Service Members should only be included in this program if their specific duty presents National Security Issues as verified by the Hospital Commander. Any active duty member assigned to SRAP status should have his/her status reviewed annually and at PCS/ETS.
- Family Members should not be included in this Status.

Web-Based Training

This website contains tutorials developed to help you learn how to use CHCS II. The tutorials consist of lessons, demos, and guided practice that teach you how to perform critical medical tasks using the CHCS II software. On the web at:

http://www-nmcp.med.navy.mil/chcsII/Medical%20Tutorials/index.html

Break-the-Glass

Many questions are still asked about this function in CHCS II. The "Sensitive" button being marked at the time the encounter is signed adds this access restriction or security feature to the encounter. When the encounter is marked as "sensitive," only those CHCS II users with "Break-the-Glass" privileges can view the information. In general, these CHCS II users are providers and community health nurses. Since the assignment of user roles is at the discretion of each MTF, it is important that each MTF review and monitor who is being assigned CHCS II user roles that include "Break-the-Glass." When a user attempts to view the sensitive encounter they receive a "pop-up" that informs them the account was marked as sensitive. Those with the appropriate user role can "Break-the-Glass" and review the encounter. There were many users who, for a time, had "Read"-level access. This level allowed them to read the sensitive encounter without breaking the glass. This has been corrected and everyone must now "Break-the- Glass."

Issues that are being pursued in relation to the Sensitive button feature:

- The ability to assign "Break-the-Glass" access s a specific user feature: This will allow an individual to be given the access without additional unnecessary features (such as a coder for the mental health department).
- The ability for a user to set their default preference for the sensitive button: This would allow the psychiatrist to set his/her preference to default ALL encounters as sensitive but he/she would still be able to uncheck the box at the time the encounter was signed.
- General refinements in the audits that are done on CHCS II usage.
- Other sensitive feature changes are being reviewed by tri-service working groups.

CHCS II Use Audits

A Protocol for Facilitated Access

As with many electronic systems, specific needs often arise in advance of policy. This is true of obtaining CHCS II use audits. Presently, there is no formal AMEDD or TMA policy on obtaining such audits. Absent policy and in recognition of the needs of the MTF, the AMEDD CHCS II Implementation and Clinical Integration Office has established a protocol for these audits to be obtained in a HIPAA-compliant manner. This protocol can be reviewed and downloaded from the AKO CHCS II website in the Clinical & Business Notes section. This process will allow the MTF to obtain audits in a relatively efficient manner while the formal policy is written. This issue has been raised to HP&S.

This protocol was established to safeguard patient health information (PHI), staff privacy and ensure the documentation of database access in an auditable fashion. The AMEDD CHCS II Office has received several e-mail requests that contained PHI data in them. As the protocol outlines, e-mail requests like this will no longer be processed. MTFs are reminded that they still have the existing capability to run local use audits using CHCS. Since users can access patient information using CHCS (which bypasses any CHCS II use audit), the site must still conduct the local CHCS audit to review all access to the patient record. It should also be noted that CHCS II use audits may contain audit information from users at other MTFs and other services. For this reasons and the rationale above, command awareness is requested for use of this facilitated audit process.

The AMEDD CHCS II Program Office will continue to work in fielding solutions to MTF needs as new issues and areas of policy arise from the fielding of the MHS Enterprise Electronic Health Record.

Scanning Consults

BAMC is using the Clinical Notes module to store fax consult results from outside providers. In the past, they've used MS Word as a resizing tool because some PDF files were too wide for a clinical note.

You can paste fax pages one at a time out of Adobe Acrobat into the clinical note without an intermediate step with Word. Adobe has a snapshot tool that will allow you to draw a box around the needed text and put that image onto the clipboard. Simply switch to the CHCS II clinical note and with CTRL-V (or right-click & paste) put the image in the note. Adobe will

Next Issue:

We begin a series of articles on Clinical Process Engineering (Business Process Re-engineering). Also look for a BPR document to be published by the AMEDD in the next month.

The CHCS II Community Homepage is located on the AKO at www.us.army.mil/suite/page/406.

Or, login to AKO, click on GROUPS, search for CHCS II, click on HOMEPAGE.

only copy one page at a time. When all pages are in, save the Clinical note and go to CHCS Legacy to take care of the consult order.

In Legacy, go into the consult where the status is "Defer to network – Awaiting results" and change it to "Defer – Results received". Legacy will automatically send a message to the ordering provider notifying them that results are back. The system-generated message says the results are in the paper record, and it's not easily changed. You can type in the comments (which get put in the system generated message) "Results in CHCS II Clinical Notes". When using a UDK, it takes one keystroke to type in that comment, then change the status to "Defer - Results received" and go down to File/Exit. Hit the Enter key and you are done resulting the consult. You still need to find the patient in Legacy and find the specific consult for resulting.

During testing BAMC noticed that a PDF was cleaner than a multi-page TIF. The CAMO office at BAMC (It may be called the TRICARE office at your site) put in an official request to have HUMANA (the central point for all outside providers there) forward the faxes in PDF format instead of multi-page TIF format. CHCS II can read a TIF, but not multi-page TIFs.

Creating New Clinics (MEPR codes)

When considering the creation of a new clinic that requires a MEPR change, you should allow 3 to 4 weeks to allow the clinic MEPR to appear in CHCSII. This time is required to insure that the clinic is appropriately created and mapped into the CDR. Locally the MTF will also need to map healthcare providers to the clinic before care can start. Your local SAIC support can help with the documentation needed for this process to occur.

END of Year Funds Create Windfall for CHCSII Enhancement Activity

An unexpected financial windfall has created an incredible opportunity to improve and expand the capabilities of CHCSII. Thanks to the constant and detailed feedback that the AMEDD CHCSII Program Office receives from the field, the AMEDD was prepared with a list of needs and defined capabilities to advocate. The vast majority of major field requests will be met by this windfall. In the next few newsletters the capabilities and expected timelines will be reviewed. Your constant communication with the AMEDD program office and willingness to help improve our patients' care and our medical record is greatly appreciated.

Listed below are the overarching areas of the enhancements:

- **Document Management** – Includes scanning and equipment report interfaces along with consolidation of all the document view location (clinical notes and encounters)
- **Readiness Enhancements**
- **Automated Coding Support** – Immunization module coding integration and fewer buttons to check to receive credit for many items
- **Signature Capture** – Expanding on basic capabilities that are already being built.
- **FlowSheets** – Documentation flowsheets and graphical displays
- **Alert Module** redesign for efficiency
- **Emergency Department Capability Enhancements**