Lessons Learned – AHLTA 3.3.3.2 Deployment – Camp Pendleton

Background
Camp Pendleton role out: We began roll out of 3.3.3.1 on 20 October. Monday we brought up Audiology, ENT, and Speech. It went pretty well, but we will continue to bring up clinics a few at a time. Regardless of how much education and pre-planning of role assignment is done, with a limited support staff (3 SAIC guys, and one trainer) bringing up more than 50 people a day would be a bit of a mess.

Initial Feedback:
Roles: Our SAIC folks did as much preliminary work reassigning new roles as they could, but sure enough as soon as a clinic went live, people were calling needing certain roles added they had missed. Keep the altered roles in mind when troubleshooting why a user cannot do something.

Prepping folks: in addition to training, recommend a command push to have clinicians sign all notes in 838 prior to the upgrade. Most of our notes started in 838 will sign in 3.3 but a few have been hung up. Current solution is to find an 838 machine to sign them.

First time log on to 3.3: Users have to choose their workstation location again, but the good news is that they are only presented YOUR mtf and their assigned clinics (no long list to fish through!). Signature blocks also need to be re-set.
It appears to show some users Shortcuts but not Folders on initial loading, for many support staff this is a showstopper.

Signature Blocks: choosing 99499 seems to work as promised and is much appreciated by our procedure clinics. The jury is still out on the 'Automatically convert positive ROS findings to HPI'. Our coders aren't in love with it and most of my providers were perplexed by their note being 'jumbled' (despite attempts to educate on this in advance). Many have turned it off. They felt it was a good thing to have as an option but did not like that it was set as a default for them. I understand the rationale behind the button, but think it will take some education/template modification to make it really work.

Speed: Initial loading takes a few mins longer and navigation will not be any faster. With the new '.net' configuration clicking through error messages is a bit easier and the application does not shut down due to an error as often.
Slow in Failover.

Other systems: ie7 works with 3.3! The ATS does not load properly on any machine that had prior versions loaded. We are hoping to install it with new computers in our classroom, but until then are stuck with the 838CTS to train from.

Notifications: The notifications do not show the number of alerts and in which module, but this is supposed to be fixed in 3.3.3.2. Also if your users have been conveniently neglecting the old Alerts icon, they will be waiting for them in ABUNDANCE in 3.3

Immunizations: If you do an Immunization in Immunization module and then attempt to complete a note it will lock up. If you complete the note, sign it, THEN do the Immunization entry, it works fine.

S/O: If you have a template with Tildes (~) in it to facilitate spacing out the note, they will be duplicated when loaded in 3.3. Not only will it *not* space correctly, but there will be extra tildes in the note. Eliminate any tildes in the templates (AHLTA templates or Word templates that are being pasted in) and it seems to work well. Also you can use ctrl+enter to enter a carriage return in the free text.

The spell check is being received well overall but the obvious limitation is that many medical terms are being auto-corrected when they should not be. Users can turn off this feature, but it seems to revert upon log off and must be reset each time.

While free texting, every time Auto-Save saves, it will work as an 'enter' and the freetext is entered into the note and the user is kicked out of the free text. Recommend turning off auto-save or extending the time frame until this is resolved.

Spell Check: It works very well. It will even work in the search screens and offer suggestions when right-clicked. Auto-correct can also be set (read: 'pt plan' can fill a free text box in with 'pt plan, stretch lots, don't run, blah blah blah blah…' ;))
The fact that it does not recognize many medical terms and acronyms and/or auto-corrects them slows many down. Train users how to edit their auto-correct options.

Clinical notes: the print feature works well!

T-Cons: Reason for t-con limit is VERY short, reevaluate clinic processes to support this.

Previous Encounters: Default display is last 20. No way to change this.

Templates: Overall a DREAM! Editing is MUCH easier. Adding to the default template from any module is AWESOME! When searching, it does show the date created, but not modified. I also cannot find a way to change the order of Dx and Procedures (well, other than opening it on 838 Template linking also does not seem to work, but we have found a way to merge two templates by selecting both, then right-clicking and telling it you want a 'New' 'Merge from Selection' then saving the merged copy. This is not in any notes or manuals I could find but that's the jennroddy-solution for now.
HCPCS cannot be easily added to templates still
Per Hank Rogers: 1. the sig fields ARE case sensitive 2. when you type #30 and RF1 in your sig and then click in the QTY and RF fields, it will not autofill like it does in the order med tab
.
The 'Add to Favorites' button in dx and proc has been changed to 'Add to Default Template'. Many people are using this button thinking they are adding a dx or proc to their favorite's list and in actuality are creating their Default Template. This becomes a problem when they enter S/O and are faced with a blank screen instead of the Medcin Tree. We tried to get folks to incorporate a Default Template prior to the upgrade but for those who had not done so, this has generated a lot of confusion/frustration.

Resources: the 3.3 Manual omits several new modules and even has some 838 screenshots. QRG for it is outdated, includes a lot of 838 modules, but not much for 3.3.

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