Avoiding Pitfalls in AHLTA 3.3

DRAFT

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1. Free Text and AIM forms
Bottom Line: "Don't Mix Them"

1. If you or your screening support staff are using a free text formatted template like this

2. And you then load any AIM form over this free text by Editing that Free Text

3. You will get this error and you must _restart_ AHLTA

Problem: Getting Errors loading an AIM Form

Solution:
1) Avoid taking over (editing) that S/O free text formatted note and loading an AIM form (Note: this may occur automatically, inadvertently if you have an AIM form set as your default when going from A/P to S/O)

Recommendation:
1) Avoid using these types of templates
2) Do not set an AIM form as your default template

Discussion: There are many screening templates or templates created by users that contain free text formated to show lists, # signs, special characters (e.g. /), and/or brackets ([X]) for checkboxes, etc. They are ok to use by themselves, but not ok if an AIM form is loaded after this text is placed into the S/O note and the user tries to edit that S/O note

Note: It could happen automatically if a screener is using such a free text template; the provider takes over the note using 'Edit', and the provider has an AIM form set as their default template. If this happens, must **restart** AHLTA.

2. AIM Form Management
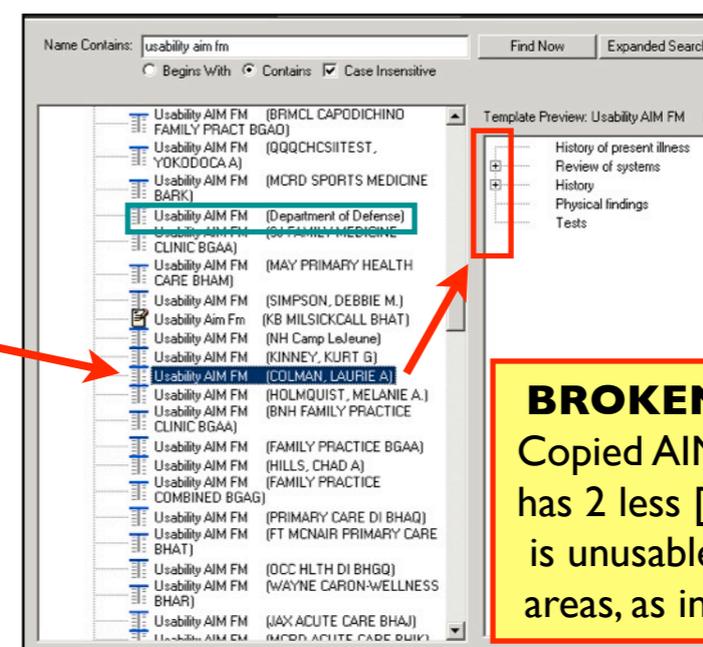# Bottom Line: "Leave'em Alone!"

Example: Original AIM Form Usability AIM FM (Department of Defense)

All other that say 'Usability AIM FM' are copies and not guaranteed to work, owned by Personal Users and in various Clinic Folders.
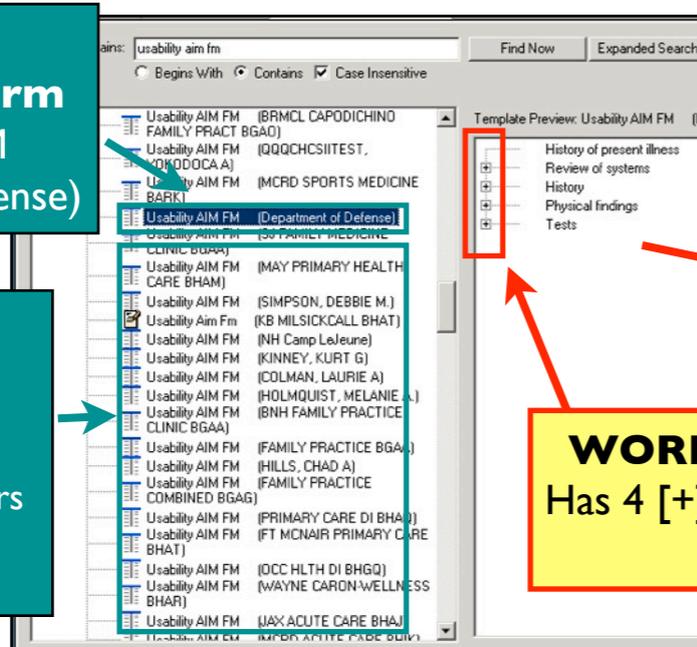
Example of actual AIM Form Copied on live system

WORKING ORIGINAL Has 4 [+] boxes in the preview window

BROKEN AIM FORM COPY Copied AIM form belonging to user has 2 less [+] boxes. This AIM form is unusable and display lots of gray areas, as in above thumbnail image.

Problem: AIM form corruption or errors with old AIM forms, do not Auto-Update

Solution: Use only Department of Defense (DoD) AIM Forms -> Search for the Original DoD owned AIM Form in the system by filtering your search to Enterprise Templates only. After selecting it, Right Click the AIM form and pick 'Add Favorite'. If these have a problem, they can be updated once and all would get the change immediately

Discussion: AIM forms are imported into AHLTA by an AIM form developer. They are .txt files intended to be managed centrally, and never intended to be handled by anyone other than the developer of their respective AIM forms.

AHLTA, unfortunately, allows for anyone to Export, Import, 'Save to Clinic Folders', 'Save As Personal', and Rename AIM forms. AIM forms can become corrupt and become obsolete presenting Tier 1 Errors to users, and are also orphaned from the originals. Orphaning means they do not Auto-Update as the originals are to accommodate needed system changes (i.e. Changes to Medcin Terms, retired terms, practice guidelines, etc). There are hundreds of orphaned AIM forms on the AHLTA system today, many causing issues with users.

Note: This could happen **unknowingly** when a user sets an AIM form as their default template. They are allowed to do this by right clicking on an AIM form within Template Management, and Setting the AIM Form as their Default Template (the ill advised way). The user presses 'OK' to save the AIM form as their own and this is how one can inadvertently make a copy of AIM Forms. The correct way to set an AIM Form as your default template will be discussed on another slide.

Recommendation:
1) Use only AIM forms that say (Department of Defense) next to them. Add them to your favorites drop-down list by selecting 'Add Favorite' only.
2) Do not right click on an AIM form and set it as your 'Default Template' in the Template Management Module - potential for corruption and causes orphaning
3) Do not Import AIM forms into AHLTA - causes orphaning or propagation of already corrupt form. *AIM forms should never be shared outside of AHLTA and imported into user profiles, as is common practice today with folks trying to help new users to get started*
4) **Do not place AIM forms Clinic Folders** (done by either importing, saving as, etc) - causes orphaning and potential corruption.
5) Remove from Favorite all Personal or Clinic owned AIM Forms from Template Management. Make sure you have DoD Replacements **before** doing this so you can still work effectively. **Note: You must Restart AHLTA after old templates are removed.**
6) Do not Rename AIM forms within AHLTA - potential corruption and orphaning
7) Do not Export AIM forms out of AHLTA - potential corruption and orphaning
8) Do not do a 'Save As' on an AIM form within AHLTA - potential corruption & orphaning
9) Remove ALL AIM Forms from Clinic Folders - but prior to doing so, ensure users are correctly pointed to the Original Department of Defense AIM forms.
10) Find users who display in the Search List as owners of these templates, appropriately point them to the Department of Defense AIM Forms, and delete the user's AIM form. This will ensure no other users accidentally link to the non-DoD AIM Form **Note: Again, you must Restart AHLTA after old templates are removed.**

3. Searching and Adding AIM Form Templates
Bottom Line: Use Only DoD AIM Forms
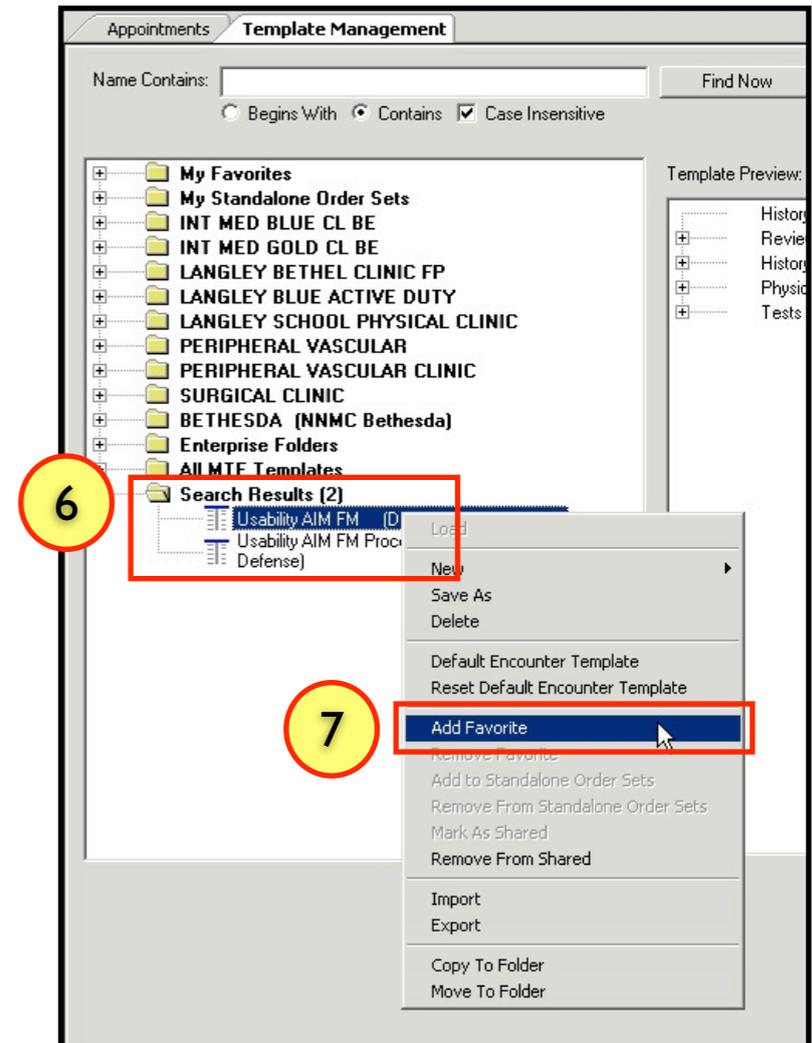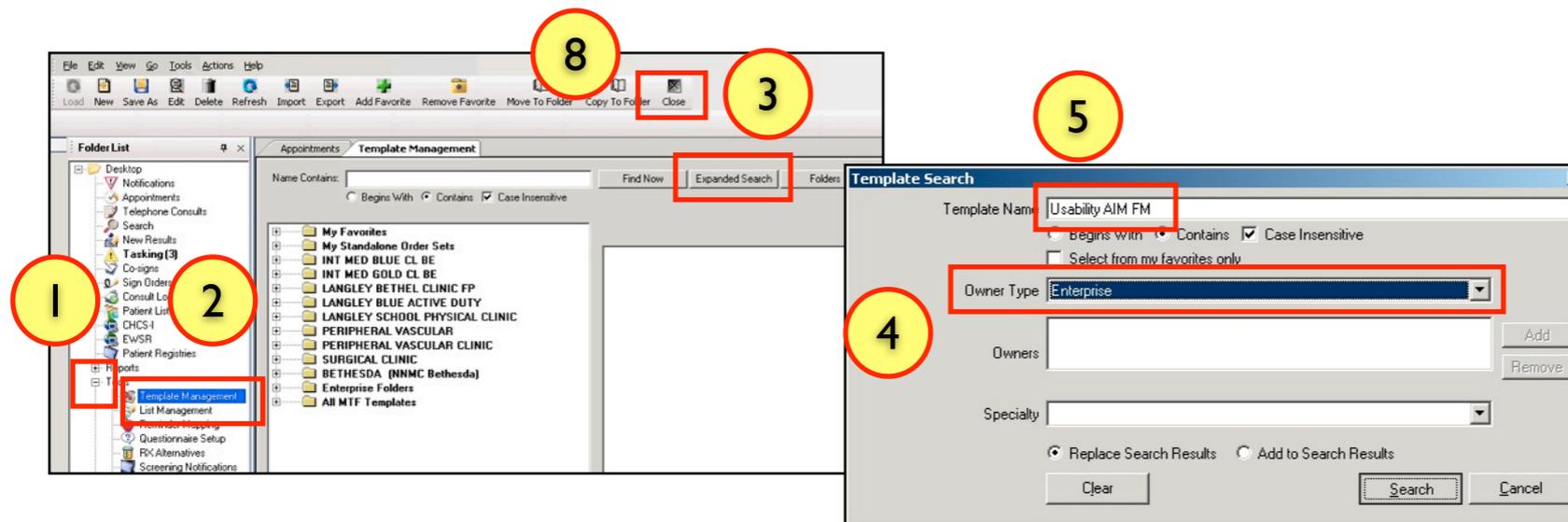
Steps to Searching for and Adding DoD AIM Form Templates:

1. Click the little + next to Tools on the folder tree to show the expanded list
2. Select Template Management from the folder tree
3. Click Expanded Search
4. Set the Owner Type to 'Enterprise' by clicking on the small upside down triangle to the right.
5. Type in the template name of the template
6. Select (Left Click) the template from the Search Results to highlight it, then Right Click to get the drop down menu
7. Select 'Add Favorite'
8. Close the window
9. **RESTART AHLTA Recommended** - Do this if when you click your template drop down list, and the list does not accurately reflect the templates that should be in your list. This is definitely required if you delete or remove templates from your favorites list (as discussed on another slide)

4. Amending Encounters from a Previous Day Bottom Line: Don't Do It

1. Appointment list shows encounter Complete

2. User Amends Encounter from Previous Encounters Module

3. You will get the first of many Tier 1 Errors going to Disposition Screen and you will NOT be able to sign

Problem: Cannot Sign an encounter after Amending it. It will have the status of 'Updating'

Solution: If this happens, must contact CHCS/AHLTA system representative to have them submit a Trouble Ticket to have encounter repaired before one can sign that encounter again.

Recommendation: Avoid Amending Encounters from a previous day. Ok to make an Addendum.

Discussion: This happens when a user tries to Amend an encounter on a day prior to the current day.

5. Encounter will be in Updating status, and you will not be able to sign it

4. You will see this error with More Details
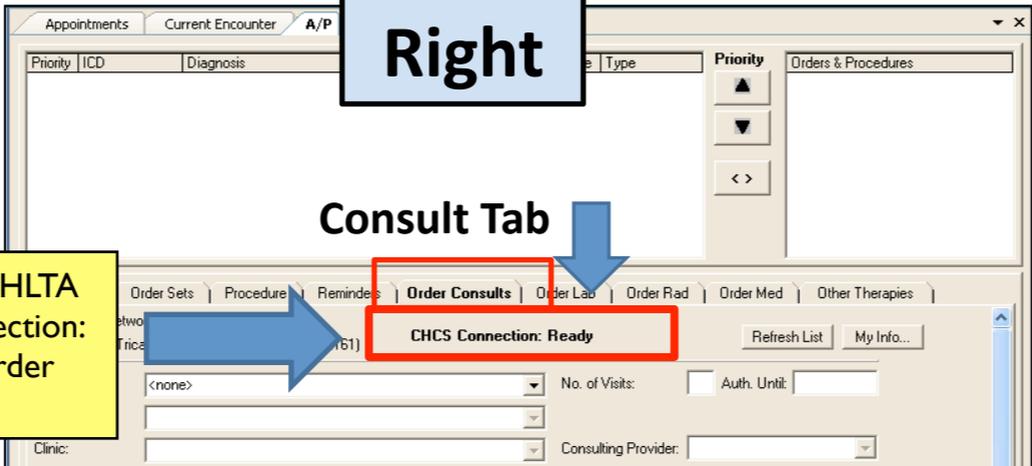
Friday, August 21, 2009

5. Is your AHLTA installed correctly?
Bottom Line: Check in A/P Consults Tab - Blank is Bad

Right

Consult Tab

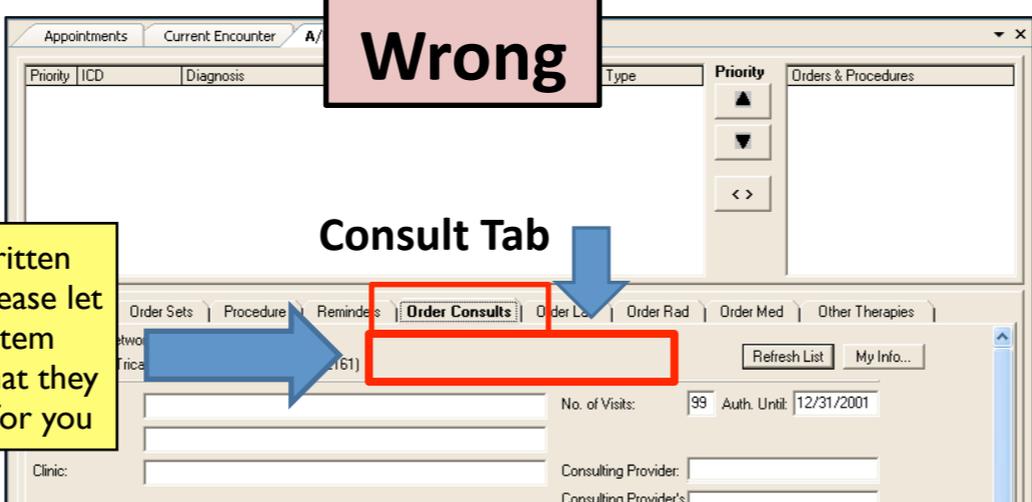The correct version of AHLTA should say "CHCS Connection: Ready" here, on the Order Consults Tab

CHCS Connection: Ready

Wrong

Consult Tab

If there are no words written here on the consult tab; please let your AHLTA/CHCS system representative know, so that they can work to correct this for you
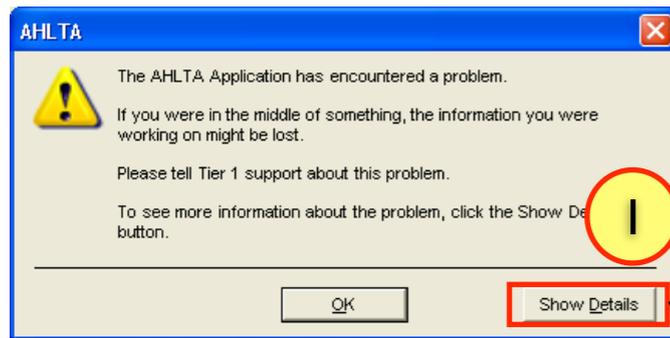
Problem: Tier 1 Errors in Telephone Consults and when trying to Order Consults

**Solution:** Ask support staff to re-install Client 8 Patch

Recommendation: Please perform this simple check and notify your AHLTA/CHCS systems representative if you have this issue, so that they can work to get a correctly installed AHLTA version on your computer.

Discussion: It has been identified that some computer workstations have what is called a "hybrid installation" of AHLTA. Presenting symptoms are that you may see Tier 1 errors in the Telephone Consult Module, or errors going to the Order Consults module in A/P.

6. Are you getting the VitalsCDR.RetrieveTier 1 Error?

1. Not all Tier 1 errors are the same.
If you continually get this Tier 1 error, click 'Show Details'

Description: VitalsCDR.Retrieve
Collection index must be in the range 1 to the size of the collection.
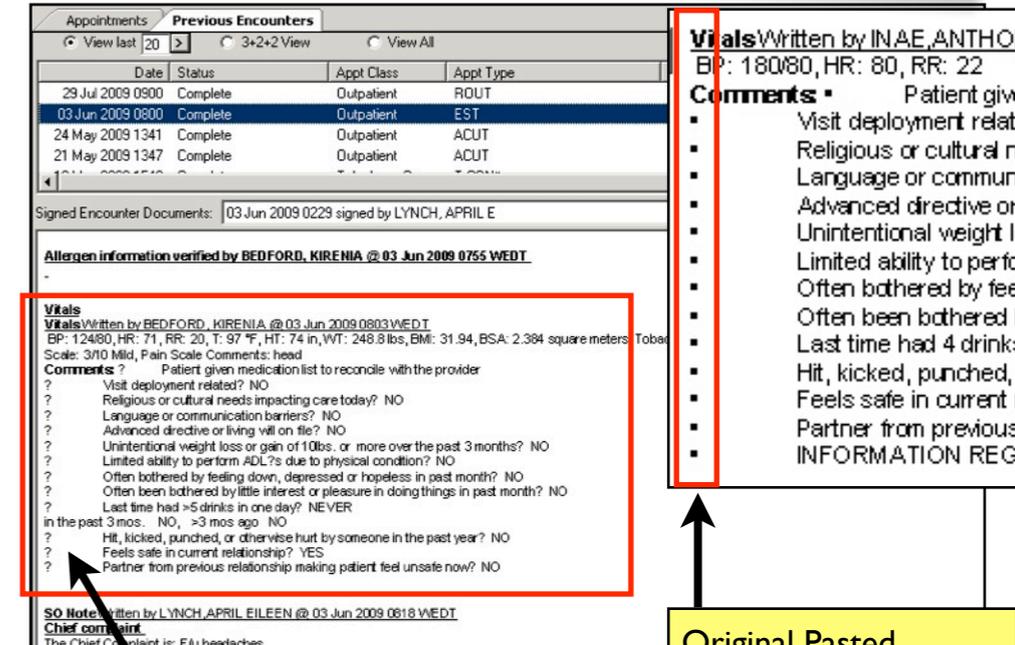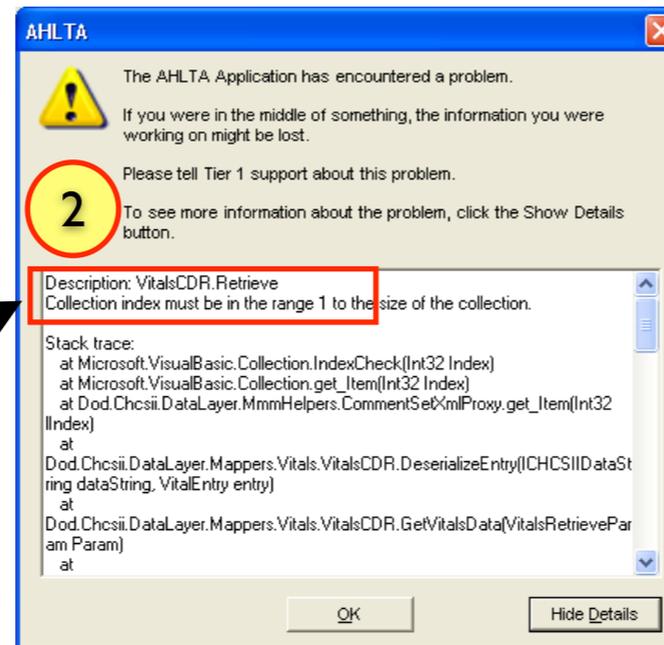
Previous Encounter showing where bulleted special characters in Comments section of vital signs became corrupt (now displaying Question Marks)

When AHLTA tries to query a list of historical vital signs to include the bad one, the process fails, and the Tier 1 error is presented to users

Original Pasted Bulleted Free text looked like this. These bullets converted to Question Marks (left) causing the Tier 1 message to appear because AHLTA tries to query historical vital signs in various places within AHLTA, and the query fails

Problem: Continually getting the Tier 1 Error popping up in various modules, especially when opening patient encounters. Can't view historical vital signs for these patients. Printing the DD2766 also display this same error

Solution:
1) Immediate: Turn off Health History query of Vital Signs (next slide)
2) Stop pasting formatted bulleted free text in vital signs comments section
3) Understand how to view historical vital signs for these patients (discussed on another slide)
4) Report to CHCS/AHLTA Support staff the patient records that are affected, so a Trouble Ticket can be logged
5) Amending previous encounters is **Not Recommended** to try to correct previous vital signs. There are issues with Amending discussed in another slide)

Discussion: Not all Tier 1 Errors are the same. It is best to click on 'Show Details' to see what kind of error it is. If the description is **'VitalsCDR Retrieve'**, then this issue is indicative of corrupt bulleted items in the Comments section of a previous Vital Sign. The new Health History pop-up loads asynchronously and tries to load vital signs. When the user presses 'Ok' to the error message, the system will try to run the query again when the patient is re-selected. Printing the DD2766 also queries the Vital Signs, and will present this error message when trying to do that action. You will have issues trying to view this patient's historical vital signs in the Vitals Review module. Viewing vital signs is discussed on another slide.

Note: This error is **not** a fatal error, you may click OK and continue to use AHLTA, but extremely annoying. Next slide shows how to disable the pop up error. Techniques to view historical vital signs is discussed in another slide

7. Turning off Health History query of Vital Signs
To avoid getting the Tier 1 VitalsCDR.retrieve Error

Turning off Health History query of Vital Signs:
1) Open a patient encounter and move your mouse cursor over the Health History tab on the bottom left of your screen
2) The Patient's Health History will fly-up from the bottom of the screen
3) Click on the small notepad and pen icon
4) The Health History Configuration box will appear. Click on Vital Signs, as shown
5) Click the radio button next to the words 'Do Not Retrieve'
6) Click 'OK'

Discussion: This action only suppresses the automated query of Vital Signs data when a patient is selected, so that it doesn't display in the Health History fly-up. The fly-up is a new feature of AHLTA 3.3. The issue of reviewing previous vital signs still exists. There are ways to work around this, so that all historical vital signs can still be viewed for affected patients. Until this issue is resolved, please follow the steps on the next slide to view historical vital signs for affected patients.

Try Last '4'

Vital Signs Review for this patient showing a blank screen

Problem: Cannot view historical vital signs on impacted patient records

Solution:
1) Click Vital Signs Review (May be blank if default filter set to All Time Periods)
2) Click 'Search Type...'
3) Set Last "N" to a small number (e.g. 4)
4) Press 'OK'
5) If the affected Vital Sign does not fall within this search, then the last 4 vital signs should display. If affected Vital Sign falls within this search, then narrow the search to Last 3, etc.
6) Alternatively, all previous vital signs are viewable by looking back at each previous encounter. This example shows the actual vital signs from the affected encounter.

Discussion: When formatted free text with special characters are pasted into Vital Signs Comments, it is possible for that formatting to fail within AHLTA and corrupt that vital sign record for that day. When the system tries to run the query of the patient's vital signs, it will fail to return results if the affected vital sign falls within that query.
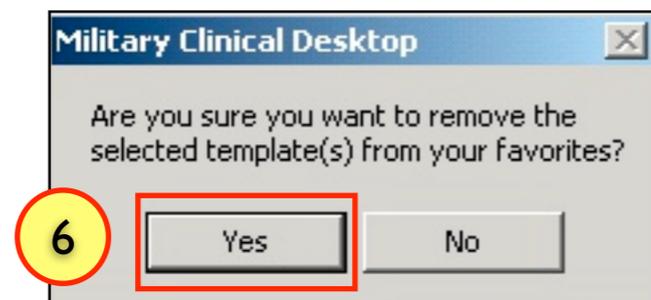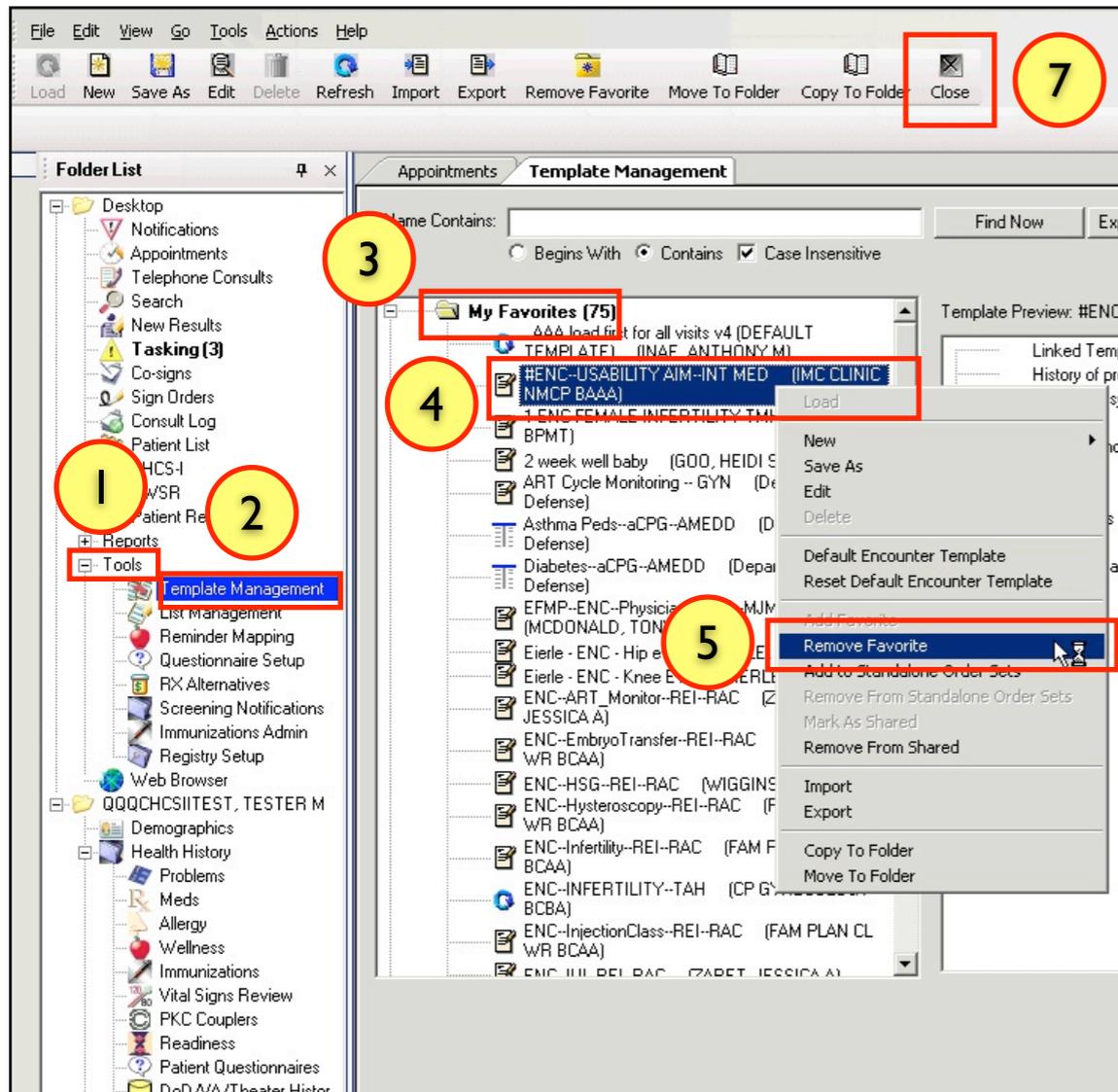
Vital Signs from the offending affected encounter can be displayed in this way

9. Removing Unused Templates
## Bottom Line: Reboot afterwards

Problem: After removing unused templates, all templates seem to disappear

Discussion: It is a good idea to remove all unused templates from your favorites list. Doing this will make you more efficient, so that you don't have to scroll down through the list trying to find the few that you actually use. If you enter the Template Management Module in AHLTA and remove some from your favorites list, if you don't close and re-open AHLTA, your template drop-down list will appear as thought all except one of your templates have been removed.

Solution: After removing templates, close AHLTA and then Restart AHLTA. This will refresh the drop-down list of remaining templates in your favorites list

Steps to Removing Unused Templates:
1. Click the little + next to Tools on the folder tree to show the expanded list
2. Select Template Management from the folder tree
3. Click the little + next to My Favorites to expand the list of templates in your favorites list
4. Select (Left click) the template you no longer need and would like to remove, then Right click on the template (be prepared to wait a few moments while the drop down list appears
5. Select 'Remove Favorite'
6. At the Pop-up box, click 'Yes'
7. Repeat steps 4-6 until you are finished removing templates, then click Close
8. **RESTART AHLTA (very important)** - Bottom Left shows an inaccurate drop down list of templates when a restart was not done. Bottom Right shows an accurate list of templates after restarting AHLTA
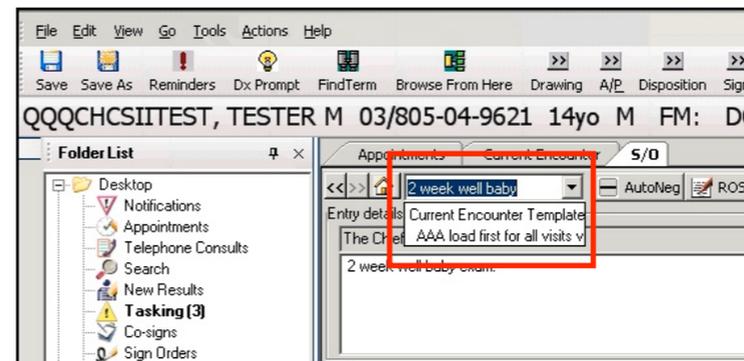
AHLTA **not restarted** after templates removed. This shows an **inaccurate** drop-down list and appears to the end user that most all templates have disappeared
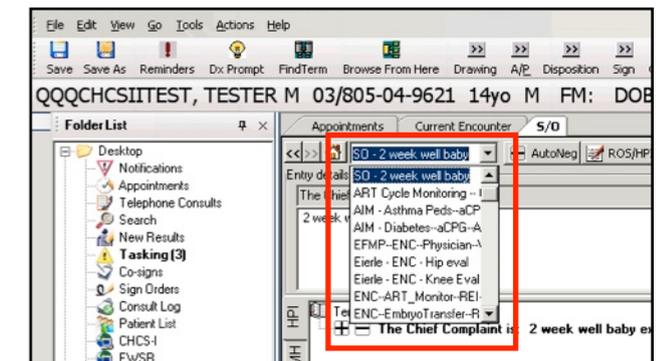
AHLTA **restarted** after templates removed. This shows an **accurate** drop-down list of remaining templates in user's favorites list

10. <u>Wrong</u> way to set AIM form as a Default

Problem:
1) AHLTA automatically creates a copy of an original DoD AIM Form if you set it as a default using the Right Click menu drop-down in Template Management
2) In A/P, cannot use the new AHLTA 3.3 feature of managing the Default Template on-the-fly (e.g. Right clicking diagnoses, Orders, Procedures and Other Therapies doesn't work).

Solution: Do not set an AIM form as a Default Template this way

Discussion: AHTLA lets users set AIM forms as a default easily by going into Template Management, Right Clicking on the AIM form, and selecting 'Default Template'. When defaulting an AIM form is done this way, a copy of the Original AIM form is created, braking the link to Auto-updates to the original AIM Form. AIM forms may become corrupt when copies are created. This way of defaulting an AIM Form is not recommended.

Note: Defaulting an AIM form for the S/O section is associated with some risks, and is not recommended. As much as users initially want this feature, the current version of AHLTA may end up making things more hassle than it's worth.

How does this happen? (Please do not do this)
1. User selects and Right Clicks an AIM form they want to set as a Default Template
2. User is prompted to 'Please save this template as a personal template to set it as your default template, user presses 'OK'
3. Next pop up opens requesting user to Name the Template (default name auto populates). User presses 'Save'. At this point, a copy is created and is orphaned from the original. Auto-updates do not occur on the copied template, and copied template can become corrupt (unusable).
4. Shows Original Department of Defense AIM Form (in this case a CPG)
5. Shows a personal copy of the AIM form. It will not get updated when the original is updated.
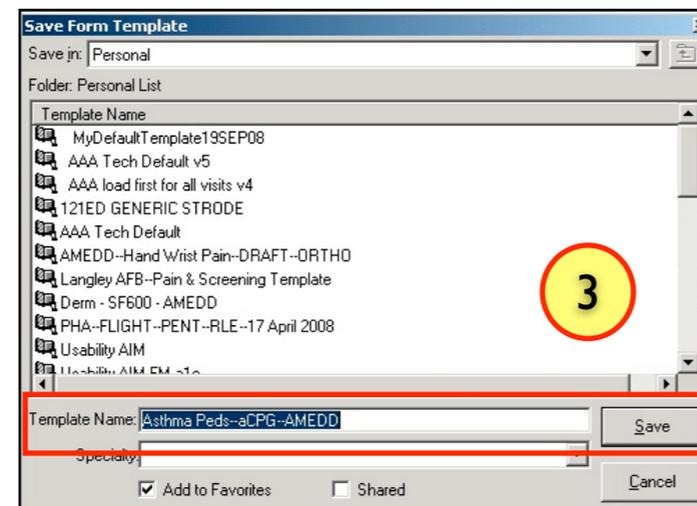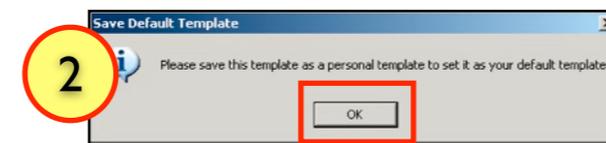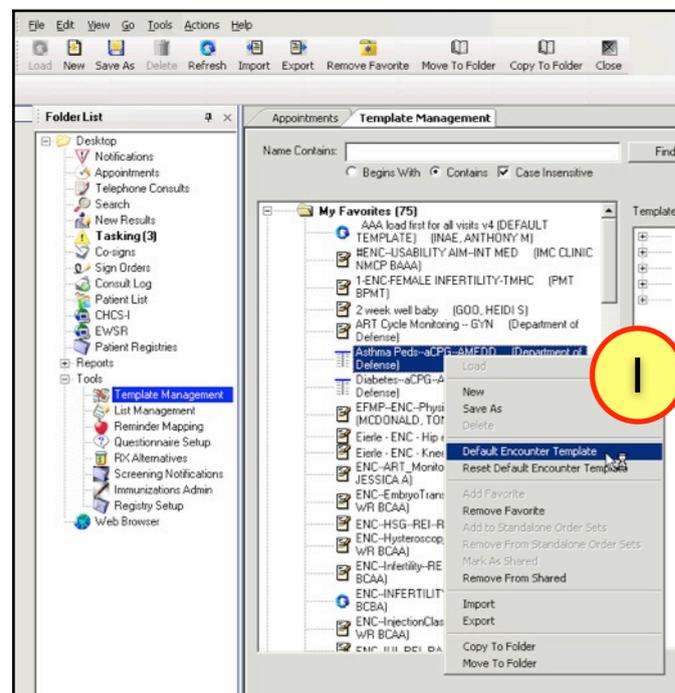
Original (Department of Defense) Asthma aCPG AIM Form
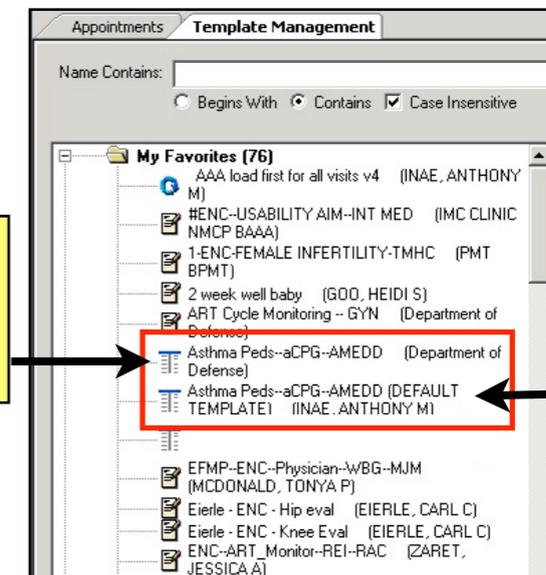
Newly created Copy of the original. Copied aCPG AIM form will not Auto-update when Original is updated. Also, corruption of the AIM form may occur when a copy is made

11. Right Way to set an AIM Form as a Default
... but AIM Form Defaulting is not recommended

Discussion: There are 2 ways to get an AIM form to be set to come up as a Default. The easiest way is not recommended (discussed elsewhere in this presentation). The better way is to either Link it into an existing Default Template that does not already have S/O items, or create a new Default Template and Link the AIM form into that new Default Template.

**Steps to do this, if you already have a Default Template:**
Note: This should only be done if the template has no existing S/O. If it already has S/O items, it is highly recommend creating a new default template without any S/O items.
1) Go to Template Management
2) Locate your Default Template
3) Press Edit.
4) Press the Templates tab
5) Select the AIM form
6) Press Link
7) Press Save
8) Press Close
9) **Restart AHLTA (important)**.

Note: If you use the A/P section to Add items to your Default Template or Remove items from your Default Template, the linked AIM form will inadvertently drop off the template and will no longer be 'linked' (this is a bug within AHLTA). It will be noticeable to you usually on the next patient you see, or the next day, when you go to S/O expecting to see your AIM form load, and nothing comes up automatically. You must repeat the steps to re-link the AIM form, as just outlined.

This is one reason why defaulting an AIM form for the S/O section is not recommended in this version of AHTLA. Each individual user can decide if this is more trouble than it is worth to do this each time a change is made. It is far less confusing if users just select the AIM form from the drop down list for every patient. This also works best, when the template drop down list is cleaned up with just the few templates one really needs.

Another reason is that AIM forms, in general, take more time to load. There are many times when a different AIM form or template should be used on patients, so it actually wastes time loading for these patients first, then having to switch to another template or AIM form.

If S/O is blank, you must Re-link the AIM Form
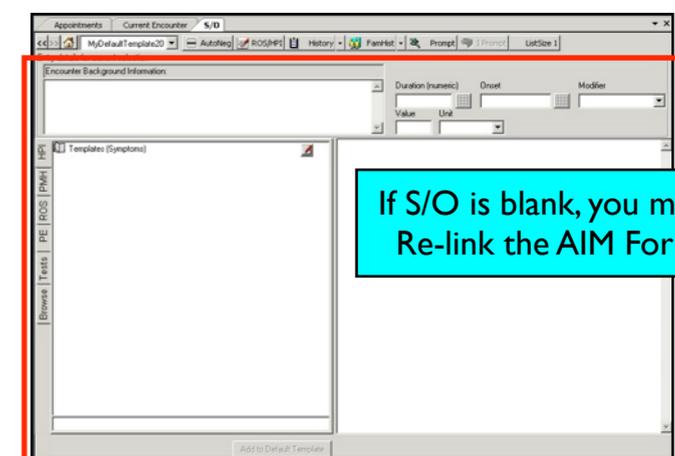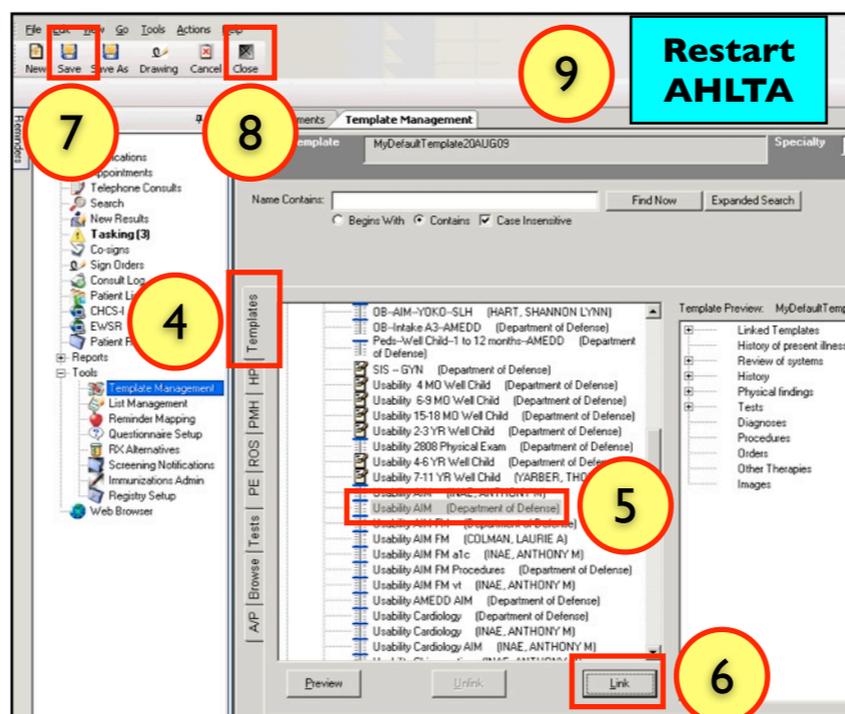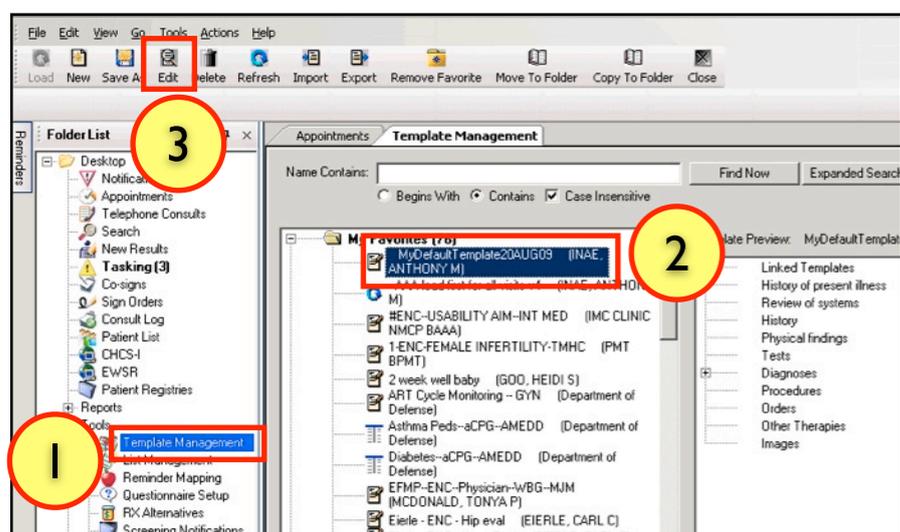
If you Add To Default or Remove from Default Items from the A/P Module, then the AIM Form will be De-Linked. When you go to S/O, it will look blank like this (no AIM Form). You must repeat steps 1-9. This is just one reason it may not be worth your while to link an AIM Form to load as default.
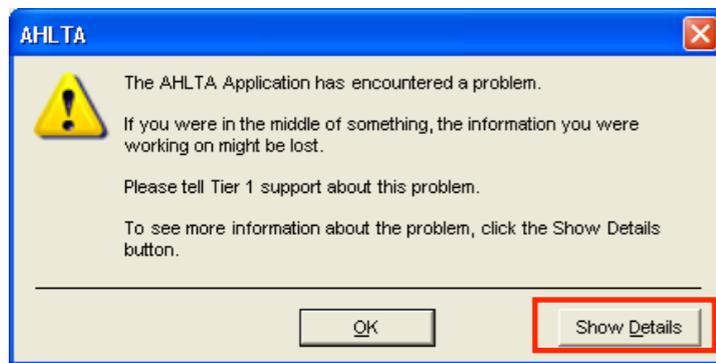
12. Tier 1 Errors in Disposition, Can't Sign
Bottom Line: Call for help!

Problem: Get multiple errors when clicking to Disposition. Can't sign the encounter.

Solution:
1) Immediate solution - Go to another workstation that enables you to sign without issue. It is usually workstation unique and just affects the workstation you are using. If another workstation is working for another user, then that workstation should also work for you.
2) Please contact your AHLTA/CHCS systems representative who can help resolve this issue. The fix may be to re-image the EUD.

Discussion: This error has presented under several circumstances including the EUD not having the LCS in the Trusted host list, IE Enhanced Security installed on EUD, being unable to verify SSL certificate revocation, and what appears to be profile information stored on specific EUDs that prevents AHLTA from processing the required XML file.

If you get this Tier 1 error in Disposition. Click 'Show Details'
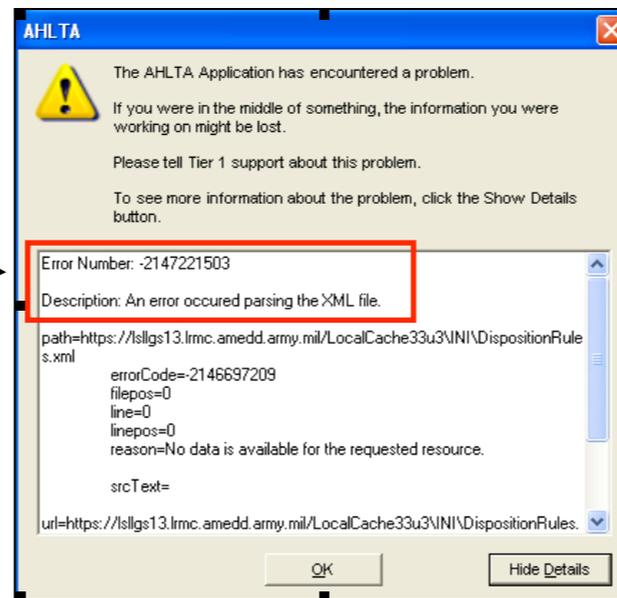
Error Description: An error occurred parsing the XML file.
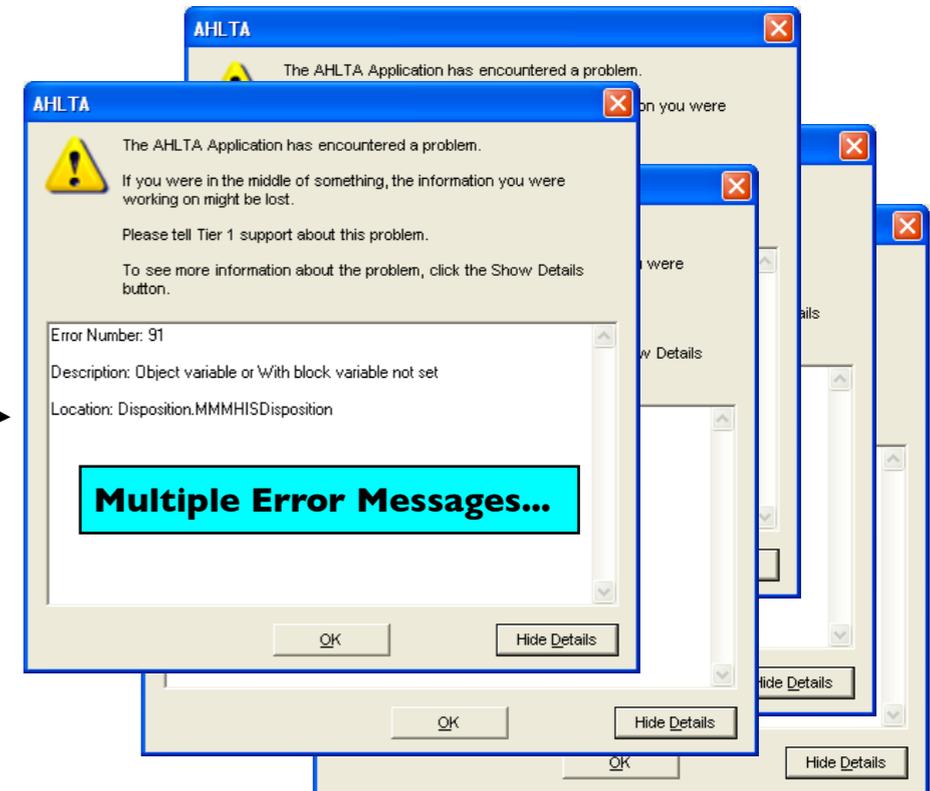
Multiple errors in succession after the first error. This is correctable, please contact your CHCS/AHLTA system support representative to get this corrected on your computer workstation.

13. If you note has Scanned Images and you get errors when you try to sign:
Bottom Line: Call for Help!

Problem: Can't sign encounters with Images. Get lots of errors when trying to sign them, then encounter shows status is Complete on the appointment list; although that encounter does not show up in Previous Encounters.

Discussion: The previous version of AHLTA (838) has an issue with attaching too many images into the AHLTA 'Add Note' section. This was fixed in AHTLA 3.3 where image attachments are automatically compressed when they are attached. AHLTA 3.3 does not retroactively compress images already added to encounters via an AHTLA 838 workstation when those encounters are signed using AHLTA 3.3.

Solution:
1) If too many images were attached to an encounter via AHTLA 838, must find the original user who added those image attachments, have them edit the Add Note section, and use the back space to remove those images. Note: Do not just Delete the Add Note section that contains the images attachments. Doing this will send them to the Change History, and then removal will not be possible, and the encounters will not be able to be signed.
2) If the original user who created the Add Note and attached those images is not available to edit the encounter, then a trouble ticket must be created. Your AHLTA/CHCS system support can assist in this process.

Recommendation:
1) If using AHLTA 838 for attaching images to Encounters, limit the number of attached images to two.
2) Or, use AHLTA 3.3 for attaching images to Encounters. AHLTA 3.3 must be used to sign those encounters.