



CHCSII Provider Student Guide

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**CHCS II Course Curriculum – Provider Student Guide –
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Lesson 1: Navigation

CHCS II is modeled on the design of Microsoft Outlook, with a Folder List, Workspace, File Menu, Shortcuts Bar, and an Action Bar. This design provides users with multiple navigation options for accessing system features and functionality. Many of the icons or buttons common to a Windows-based application are also used by CHCS II. For example, the icons in the top right hand corner of the screen are Minimize, Maximize, and Close. The  and  buttons in the Folder List are used to expand and collapse folders. Note that when a topic is selected in the Folder List, the folder is highlighted.

Lesson Goal:

The goal of this lesson is to enable you to access and navigate within the CHCS II application.

Learning Objectives:

Upon completion of this lesson, you will be able to:

- Log in to the CHCS II application
- Exit the CHCS II application
- Customize the desktop
- Open and close an application module
- Lock CHCS II session

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the exercises below.

Scenario 1

Practice CHCS II navigation using the CHCS II Training System by following these steps:

1. Double-click the **CHCS II Training System** icon on the computer desktop. A Role Identification screen will appear; the medical radial button is selected by default.
2. Click **OK**
3. Press the escape key (Esc) on your keyboard twice to progress through the informational messages.
4. Verify the **Appointments module** is open.
5. The list of current appointments will display.
6. Review the icons in the Action Bar for Appointments. Icons in the Action Bar are relevant to the module that is open. Icons that are used in one module might not be used in another, so what appears in the Action Bar changes.
7. Click the **Co-signs** folder in the Folders List to open the Co-signs module. The Co-signs module will display.

8. Click the **Close** icon on the Action Bar to close the Co-signs module.
9. Click the **Close X** button on the upper right corner of the Title Bar to end CHCS II. A confirmation message will display.
10. Click **Yes** to confirm the exit.

Lesson 2: Patient Search and Appointments

The Search module enables you to locate and select a patient chart for use in CHCS II. This is synonymous with pulling a paper chart. After you open a patient chart, you have access to the range of patient-specific modules and functions.

The Appointments module is used to view, manage, and open patient appointments. This module displays appointments created in both CHCS and CHCS II. Scheduled appointments, including same-day scheduled appointments, are still created in CHCS. CHCS II pulls scheduled appointments from CHCS on a nightly basis and approximately every fifteen minutes during the day.

Lesson Goal:

The goal of this lesson is to enable you to search for, open, and close a patient record in CHCS II.

Learning Objectives:

Upon completion of this lesson, you will be able to:

- Search for a patient record.
- Set search selection display for appointments module
- Change and save the column order
- Create a walk-in appointment
- Check in a patient
- Transfer an appointment to another provider
- Add a provider to an appointment

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the exercises below.

Scenario 1

Col. Violet Alexander has come in today complaining of a cough. We need to search for Col. Alexander's record, set the appointment filters and create a new appointment.

1. **Open** the CHCS II Application.

NOTE: By default the Appointment module displays.

2. Click Search in the **Folders List** to search for a patient. The Patient Search window will display.
3. Click in the Last Name field and type **ALEXANDER**, then click **Find** for a list of names.
4. Click on **ALEXANDER, VIOLET W** in the list of names and click **OK**. Col. Alexander's information will appear on the Patient ID line and the Appointments List will display.

Scenario 2

- You want to set your properties for the Appointments module to display patient visits for this clinic, and visits for current date appointments. You also wish to change the column order so that the Type of visit column is between the Patient and Status columns.
1. Click the Change Selections... button in the top left corner of the Appointments module.
 - a. In the *Clinic* section, click the radio button for **This Clinic**
 - b. In the *Provider* section, select the radio button **All for this Clinic(s)**.
 - c. In the *Dates* section, select the correct radio button to show **Today Only** appointments plus incomplete.
 - d. Click the **Set Selections as Default** button to save your changes.
 5. To move a column:
 - a. Scroll to the right just until the **Type** column is visible.
 - b. Click the **Type** column heading and hold down the left mouse button.
 - c. Drag the **Type** column horizontally right (or left).

Release the left mouse button when the **Type** column is between the **Patient** and **Status** columns. Practice moving columns until the *Appointments* screen is most useful for you.

If you wish to save the new column arrangement, click the **Change Selections** button. Then click the **Set Column Order as Defaults**.

Scenario 3

Bonita Suarez's (s3217) Provider had an emergency, so it is necessary to transfer her appointment to a different Provider. Use the **Transfer** icon on the Action Bar to transfer the appointment.

1. In the appointment list, select to highlight Bonita Suarez's appointment.
2. Click the **Transfer** icon on the Action Bar.
3. Select **DOCTOR, DAVID** from the dropdown list.

Click **OK**. Notice that Ms. Suarez's name disappears from your appointment list.

Scenario 4

David Doctor will be assisting you with the headache/physical appointment for CAPT Clayton Williams (w8867).

1. Highlight CAPT Williams' name on the appointment list.
2. Check-in CAPT Williams by clicking the **Check-In** icon on the Action Bar.
3. Click the **Add Providers** icon on the Action Bar to open the *Providers* window.
4. Click the **Assisting Provider** radio button.

5. Click the **Search** button. Enter Doctor in the Last Name field and click the **Find** button.

Note: In the live CHCS II system a list of Providers will appear.

6. Select Doctor, David if the name is not already highlighted.
7. Click the **Select** button to complete the process of adding David Doctor as the assisting provider for CAPT Williams.
8. Click **OK** to close the *Providers* window.

Note: The names of additional Providers for a visit are not shown on screens, but the Providers receive credit for the visit.

Lesson 3: List Management

The List Management module allows you to create and manage various lists within the system. These lists include Diagnosis and Procedure lists. The customized lists are available within the Problems and the Assessment and Plan modules to streamline the selection process. Your lists are tied to your individual user profile.

Lesson Goal:

The goal of this lesson is to enable you to create and manage your Favorites List of diagnoses and procedures. This will allow you to streamline your selections in the Screening, Problems and A/P modules.

Learning Objectives:

Upon completion of this lesson, you will be able to:

- Create lists of favorites for use in the application:
 - Diagnoses
 - Procedures
 - Clinic Favorites
- Delete items from lists.

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the exercise below.

Scenario 1

You have been using the system for a few weeks now and you now have a good idea of the lists you want to create for use in CHCS II. Create a favorites list of diagnoses and one of procedures.

1. Highlight the word **My Diagnosis**; notice the Add button is now active on the Action Bar.
2. The Select Diagnosis window will appear, in the Medcin search box enter the name of your most frequent diagnosis, if it is not already on the list.
3. Click the **Search** button.
4. Select the term. (You may need to click to expand {+} if your term is a child to a parent term.
5. Click **OK**.
6. Repeat steps 1-5 for My Procedures.

Scenario 2

You have been using the system for a few weeks now and you now have a good idea of the lists you want delete a term from you My Diagnoses and one term from My procedures.

1. Highlight the term you no want on you diagnosis list.
2. Click **Delete** on the Action Bar.
3. Repeat steps 1 & 2 for the procedure list.
4. Click **Refresh**.
5. **Close** the module.

Lesson 4: Patient Encounter

The patient encounter consists of the processes indicated. Screen the patient:

- Determine patient history
- Perform the physical exam
- Determine diagnosis/diagnoses
- Determine the treatment plan
- Verify E & M code
- Document and sign the encounter note

Lesson Goal:

The goal of this lesson is to document the patient encounter in CHCS II and create electronic record.

Learning Objectives:

Upon completion of this lesson, you will be able to:

- Open the encounter
- Document S/O using MEDCIN
- Document A/P
- Complete Disposition and verify E&M code
- Sign Encounter

Subjective/Objective

The Subjective portion of the note includes the History of Present Illness (HPI), Past Medical History (PMH) and Review of Systems (ROS). This information comes from the patient.

The Objective portion of the note includes the Physical Examination (PE) and is what you observe.

MEDCIN

- Medical terminology relating to the encounter
- Over 250,000 terms with 5.5 million semantic links
- Linked to ICD-9 and CPT codes in A/P
- Narrative engine used in S/O, A/P, Disposition, Template Management, Screening, and Problems modules

Exercise – CHCS II Training System

Continue patient encounter using the CHCS II Training System and complete the exercise below.

Field	Data
S/O	
HPI Notepad (Preliminary Background HPI)	cc: cough for three days; hacking
PMH Notepad (Subjective...)	Tonsillectomy; family history of CAD
PE Notepad (Objective...)	Vital signs reviewed; Findings: bilateral mucoid nasal discharge; no pharyngeal mucosa inflammation; lungs clear bilaterally

Assessment/Plan

The Assessment and Plan module allows you to document your assessment of a patient's condition and the plan for treatment by entering diagnoses, procedures, patient instructions and order consults, laboratory and radiology procedures and medications.

A/P Processes

- Codes are captured with diagnoses and procedures
- Procedures, orders and other therapies must be associated to a logical diagnosis
- Consults, labs, rads and meds can be submitted or saved to queue

ICD-9 and CPT codes are automatically included with the appropriate terms in MEDCIN. When diagnosis/diagnoses is added to the encounter the associated ICD-9 code is also added. When a procedure is added, the associated CPT code is included.

Exercise – CHCS II Training System

Continue patient encounter using the CHCS II Training System and complete the exercise below.

Field	Data
A/P	
Diagnoses Clinic List Comment	Essential Hypertension Pt indicates a need for new script for HCTZ URI
Procedure	Peak flow Electrocardiogram (add to favorites)
Order Lab Processing Priority Comment	CBC W/ Auto diff Routine [Your option] (Associate with URI and save to queue)
Order Rad Clinical Impression Priority	Chest R/O pneumonia ASAP (Associate with URI and save to queue)
Order Med New Med Order Sig New Med Order Sig	HCTZ [Your option] (Submit and associate with Essential Hypertension) Sudafed [Your option] (Associate with URI, save to queue, and submit all)

Disposition and Signing

- Release of the patient
- Follow-up information
- Items discussed
- E & M code
- Review the note
- Assign a co-signer if required
- Enter password

Exercise – CHCS II Training System

Continue patient encounter using the CHCS II Training System and complete the exercise below.

Disposition	
Released without limitations	[Select]
Follow Up PRN	[Select]
Discussed All Items Discussed	[Select]
[Patient] indicated understanding	[Select]

Lesson 5: Previous Encounters

The Previous Encounter module displays a list of a patient's completed encounters. You can append a narrative, amend an encounter, create a new template from the completed encounter and “copy forward” the results of a previous encounter to the current encounter easing effort and saving time in documenting follow-up visits.

Lesson Goal:

The goal of this lesson is to enable you to use the Previous Encounters module in CHCS II.

Learning Objectives:

Upon completion of these modules, you will be able to:

- Display a previous patient encounter
- Amend a completed encounter
- Append a narrative to a completed encounter

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the exercises below.

Scenario 1

You need to write a note explaining that during this encounter, the patient was educated on a low cholesterol diet.

1. To view a previous encounters:
2. Perform a search for **LCDR Eduardo Suarez**.
3. Click **Previous Encounters** on the Folder List.
4. Select the **HYPERLIPIDEMIA** previous encounter. The encounter note populates below.

To append a previous encounter:

Highlight the **HYPERLIPIDEMIA** note and click **Append Narrative** on the Action bar. The **Encounter Note** window opens.

1. In the **Note Category** field, enter *Nursing Note*.
2. In the **Note Title** field, enter *Patient Education*.
3. In the **note area**, enter Patient was educated on low cholesterol diet.
4. Click **Save and Sign**.
5. Click **Sign**.

Scenario 2

You need to copy the results of the patient's hemoglobin A1C lab test into the previous encounter.

To amend a previous encounter:

1. Highlight the **DIABETES MELLITUS TYPE II - UNCONTROLLED** note and click **Amend Encounter** on the Action bar. The SF600 opens.
2. Click **Lab** on the Folder List.
3. Click **Time**. The Time Search window opens.
4. Select the **All Time Periods** radio button.
5. Click **OK**.

6. Select the *Hemoglobin A1C* report. The report details populate below.
7. Highlight the report by left-clicking and dragging over the text with your mouse.
8. Perform a right-click and select **Copy to Note**.
9. Click **Close** on the Action bar.
10. Click **Close** on the Action bar to return to the Previous Encounters module.

Lesson 6: S/O Template Management

Editing a visit template is easier than building a new template. CHCS II has numerous templates available to you, and each service has selected templates for their users. Once a template has been created, editing is simple.

Lesson Goal:

The goal of this lesson is to locate available S/O templates in CHCS II and edit templates using MEDCIN.

Learning Objectives:

Upon completion of this lesson, you will be able to:

- Search for Visit Template
- Use Template Edit Mode
- Use Find Term
- Use Browse from Here
- Save the Template as “VISIT--[name]--[your initials]”

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the exercises below.

Scenario 1

1. Create and open appointment for Edward Alexander (a5743) is here for his rash.
2. Click **S/O** and, on Action Bar, click Template Mgt.
3. From the list displayed or from search results **TRAINING--VISIT--RASH MEDCIN**, single-click to select template and, on Action Bar, click Edit.
4. To remove a term from template, in *Template Edit mode* pane, select feeling tired or poorly.
5. In *Edit View* pane (left side) click the **red plus** next to the term to remove it (Notice the red turns to clear and the term is removed).

Note: Verify in *Template Edit mode* pane (right side) that the term is gone.

6. To add a term, use Find Term, Prompt, Dx Prompt, or Browse from Here to locate term ‘sore’.

Note: The prompt features can be adjusted for number of results to choose from by using List Size on the Dashboard. You may need to close *Folder List* to access List Size button.

7. Use **View** menu to reopen *Folder List*.
8. From **search results**, in *Edit View* pane on left, click the plus beside the skin blister term to add.

Note: Look to right side of screen at template contents to ensure terms have been added.

9. To save as a new template, click **Save As** and enter new name of template in Template Name field. Review the check boxes for accuracy and follow guidelines of your Service for naming and sharing of templates.

Scenario 2

1. Verify Mr. Edward Alexander is checked in and open the encounter.
2. Click the **S/O** section.
3. Click the **Template Mgt** icon on the Action Bar to open the S/O Template Management window.
4. In the Name Contains field, enter acne and click the **FindNow** button.
5. Under Name Search (1), highlight **VISIT--Acne (USER, TEST)**.
Review the template contents in the right hand pane.
6. Click the **Load** icon in the Action Bar.
Review the HPI, PMH, and ROS tabs.
7. **Close** the S/O module.
8. **Close** the encounter.

Scenario 3

Your patient Marie Alexander has come in with ankle pain. You wish to document the S/O portion of the note using Forms.

1. Open the encounter for **Marie Alexander**.
2. Click the **S/O** tab.
3. Click the **Template Management** tab on the Action Bar.
4. In the Name Contains field enter the text **Ankle pain**.
5. The Name Search should provide one **AIM Form for Ankle pain**.
6. Highlight the name and click the **Load** tab from the Action Bar.
7. The AIM Form will load
8. Verify the right ankle History Tab is selected before documenting the Note.
9. Click the **Y** under the Chief Complaint section to indicate right ankle pain.
10. Select the **T** to indicate Local Tissue Swelling Right Ankle.
11. Click in the square beside the term you just selected. This will open up a dialog box to add free text or insert text to the note.

12. Type in the following: **Patient states she was playing tennis when she twisted her ankle and feels it is sprained.**

Note: You will notice an arrow with a question mark beside it. When you right mouse click on it the child terms under Local Tissue Swelling Right Ankle will appear.

13. Select the child terms – Medial right ankle soft tissue swelling, and Right ankle soft tissue swelling with black and blue discoloration, to be more specific with your documentation.

14. Next go to **PMH**.

15. Select **T** to indicate previous Ankle Fracture under the Previous Diagnosis section.

16. Once you complete documentation of the patient’s HPI, PMH and ROS, click on the Right Ankle Physical Exam Tab

17. Document the Vital Signs reviewed

18. Select **F** in the In No Acute Distress box.

19. Click the **Note box** to the right of the statement.

20. A free text box will appear. In this box type in: **Pt. States ankle very painful to walk on.**

21. In the Examination of the Right Lower Leg section click **T** for each item in this section.

22. In the Appearance of the Right Ankle section select **F** for the first four entries. Leave the others blank.

23. In the Tenderness of the Right Ankle section check **F** Medial Palpation without Tenderness

24. In the Motion of the Right Ankle section check **F** Right Ankle without Abnormal Motion.

25. In the Pain of the Right Ankle section check **F** No Pain Elicited by Motion.

26. In the Examination of the Right Foot section check **F** Right Foot Not Swollen and **F** Right Foot Not Tender to Palpation.

27. In the Test Results section, under the Results of Right Ankle X-Ray, free text in **Fractured right ankle.**

28. Select **AutoNeg** from the Dashboard to indicate a “normal” result for the rest of the history.

29. Click **close** to save and close the S/O Forms note.

Lesson 7: Encounter Templates and Order Sets

Templates are used to streamline the encounter documentation process. Each encounter template contains placeholders for diagnoses, procedures, orders, Notes templates, AutoCited items, and the associated reason for visit. Once an encounter template has been selected and loaded into the encounter, the pre-positioned lists are available within S/O and A/P modules. The Template Management module can be accessed while in an encounter after the screening process and before any charting is completed, or by the folder list. The Encounter templates can be viewed and edited without an open encounter.

Lesson Goal:

The goal of this lesson is to enable you to create encounter templates and commonly used Order Sets.

Learning Objectives:

Upon completion of this lesson, you will be able to

- Edit an encounter template
- Create an Order Set in A/P
- Merge an encounter template with an order set
- Use an encounter template

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the exercise below.

Scenario 1

Edit an Encounter Template

Under the Tools Module – open the small plus to show the items within this module.

1. Select **Template Management**.
2. Click the **Search** button on the Action Bar.
3. In the Template Name Field type in **URI**
4. Click **Search** at the bottom of the screen.
5. Highlight the **TRAINING--URI ENCOUNTER** template
6. Select **View/Edit** from the Action Bar to edit this template.
7. Remove the contents of the boxes. *Associated Reason for Visit* and *Items to Autocite into Note*.
8. Click the **Save As** button on the Action Bar.
9. Use the proper naming convention and save the encounter template as the LBP encounter.

Scenario 2

Create an Order Sets

You need an order set for the **LBP ENCOUNTER** template you are building. in your clinic. Use a test patient, Capt Heather Cloud (c0058) to create order set for LBPI.

1. Create a new acute appointment for Capt. Heather Cloud (test patient).
2. Open the Encounter.
3. Open A/P.
4. Order Lab: **Urinalysis**; save to queue
5. Order Rad:
 - a. Search: **Lumbar**
 - b. Select: **CT, LUMBAR SPI WITH AND WITHOUT CONTRAST GP**
 - c. Clinical Impression: **LBP**
 - d. **Save to queue**
6. Order Med:
 - a. Search: **Motrin**
 - b. Select: **IBUPROFEN (MOTRIN) 800MG (U/D)--PO 800MG**
 - c. SIG: **T1 PO TID PRN #40 RF0**
 - d. **Save to queue**
 - e. Search: **Flexeril**
 - f. Select: **CYCLOBENZAPRINE (FLEXERIL)--PO 10MG TAB**
 - g. SIG: **T1 PO TID PRN #20 RF0**
 - h. **Save to queue**
7. On the *Order Set* tab, point out the **Save as Order Set** button.
8. Right click and click the Save as Order Set command.
9. Save template as: **ORDERS--LBP**
10. Close A/P to return to the encounter.
11. **Close** the encounter.

Scenario 3

Merging two templates

1. From the *Folder List*, open **Template Management**.
2. From the Action Bar, click the **Search** icon.
3. Search for **LBP**.
4. Press and hold the Ctrl key and click to select:
 - a. **ORDERS--LBP**
 - b. **ENC--LBP**
5. From Action Bar, click the **Merge** icon.
6. Note that orders have been added to encounter template.
7. Save as: **ENC--LBP with Orders**
8. Clear the Shared check box.
9. Close the encounter.
10. Cancel the appointment to clear the system.

Lesson 8: Health History Folder

The Health History module displays patient historical data from various modules in one window. The window can be customized to show different modules containing the patient's historical information based on user preference.

Lesson Goal:

The goal of this lesson is to allow students to set up and customize the Health History module.

Learning Objectives:

Upon completion of this lesson, you will be able to:

- Setup Health History patient data modules
- View and modify problem information
- View and copy lab results into an encounter
- View and copy radiology results into an encounter
- View and modify medication information
- View and modify allergy information
- Set and review the properties for the Vital Signs module
- Select appropriate screen options for the category of patient
- Enter vital signs and related information
- Graph vital signs

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the exercise.

Scenario 1 Health History Setup

You would like to setup the Health History module to display Problems, Allergies, and Lab. Since these are the modules you usually review before seeing a patient. Pull Eduardo Suarez's record and select the Health History module.

1. Click the **Health History** folder in the Folders List.

Note: If this is the first time you have selected the icon, a warning message may appear:

Click the **OK** button to remove the message.

If you clicked the OK button on the warning message (or did not receive the warning message), click the Options button on the Patient ID line. The Health History Design Summary screen will display.

2. Notice the default settings are: Problems, Labs, Rads, Meds, Allergies, and Demographics.

3. We do not want Demographics as part of our default. To delete this simply unclick the box next to Demographics.
4. Click **Align** to re-align the screen.
5. Click the **OK** button to view the results.
6. Click the **Close** icon on the Action Bar to close the module.

Problems

The Problems module displays a patient’s problem list, health care maintenance, dental readiness classification, historical procedures, and family history information. The problem list and family history list is populated when an encounter is signed. Dental readiness classification information is populated by the dental module and is read only.

Scenario 2 Problems

CAPT Clayton Williams (w8867) has previously been diagnosed with cancer of the gallbladder. This needs to be added to his Problems List in the Problems module under Health History.

1. Select (highlight) CAPT Williams’ name in the list of appointments. The patient’s name must show in the ID line.
2. In the Folder List, click the **Problems** module located under Health History.
3. Problem List is highlighted by default. Click the **Add** button on the Action Bar to add Gallbladder Neoplasm Malignant to his list of problems.
4. The **Select Diagnosis** window appears and defaults to the clinic list role.
5. Click the **Search** tab and enter gallbladder neoplasm malignant in the MEDCIN Search field.
6. Click the **Search** button.
7. Highlight Gallbladder Neoplasm Malignant and click **OK**.
8. Complete the remaining fields in the New Problem section with the following information:

Field	Data
Problem	Gallbladder Neoplasm Malignant
Onset Date	06 Dec 2000
Chronicity	Chronic
Status	Active
Source	Patient

Hint: Click the year on the calendar to quickly select the year.

9. Click **Save**.

10. Close the **Problems** module.

Lab Results

The Lab module is designed to display the results of laboratory tests. Results are viewed, not ordered, from this module. Lab results are pulled from CHCS and an alert is triggered when new results are received.

Scenario 3 Lab Results

Provider Test User is out of the office till this afternoon. He tells you he has just talked to his patient LCDR Suarez and wants to see him to discuss his previous Lab and Rad results. Dr. User asks you to add the test results to the patient encounter he wants you to create for **LCDR Eduardo Suarez (s3217)**.

1. Create a new appointment for LCDR Suarez.
Note: Loading the patient name to the patient ID line is sufficient for viewing lab results. An appointment is created in this exercise to illustrate additional features of CHCS II.
2. Open the encounter.
3. Click **Lab** in the Folder List.
Review what appears based upon the default settings.
4. Provider User is specifically interested in the results of a urinalysis test. **Change the properties** and the filter to locate this test. (Hint: Change Time to All time periods)
5. Highlight the **urinalysis lab result**. The result details will appear in the display screen below the test names. Use the **Display Criteria** check boxes and radio buttons to select Ref Range and display in the vertical view of the test results.
6. Right-click the mouse and drag to Highlight the result details, this will give you two options:
Copy: puts the results onto the clipboard and these can be pasted into another document outside of CHCS II module.
Copy to Note: enters the results onto the opened patient encounter in the S/O portion.
7. Select **Copy to Note**. (**Note:** Though you may not see the note copied **DO NOT** double click the mouse. This will results in multiple entries on the SF600, which cannot be deleted.
8. Close the **Lab** module and the highlighted urinalysis results appear in the S/O portion of the encounter note.
9. **Close** the encounter.

Radiology Results

The Radiology module is designed to display radiology test result data for desired patients. Results are viewed, not ordered, from this module. Radiology results are pulled from CHCS. An alert is triggered when new results are received.

Scenario 4 Radiology Results

Provider User also ordered some radiology tests for **LCDR Suarez (s3217)**, and you would like to check on the results of those tests.

1. Verify that name for LCDR Suarez appears in the patient ID line.
2. In the *Folder List*, click the **Radiology** icon. The results of three tests appear.
3. Click each test in turn; note that the Result Code appears in red when the results are not normal, but the color change is not visible when that report is selected.
4. In the *Display Criteria* section, select the **Select All Results** check box.
5. Scroll through the results that appear in the lower section of the window.
6. **Clear** the Select All Results check box. Press and hold the Ctrl key (on your keyboard) and select both the Sinus Series Report and the Chest PA and Lateral Series Report.
7. Review what appears in the lower section. (Scroll down to view the results of both of the selected tests.)
8. Use your mouse to highlight all, or a portion of, the test results and right-click. This allows you to copy to an open encounter note, or copy to the clipboard and paste in another document.
Do not copy the note.
9. **Close** the Radiology module
10. **Close** the encounter.

Meds

The Meds module lists the patient's past and present medications. The list includes all over-the-counter (OTC), outside, and CHCS II-ordered medications. Current medications can be viewed, re-ordered, or modified and new medications can be added and ordered. Only OTC medications can be added without a patient encounter opened. To renew, discontinue or order medications a patient's current encounter must be opened.

Scenario 5 Meds

In your new appointment with **Col Violet Alexander (a5743)** tells you she has stopped taking the Norvasc because she got too lightheaded and her stomach was constantly upset. She also tells you that she has added taking one enteric-coated aspirin each day to her daily routine as suggested earlier by Dr. David Doctor. Check her medication health history and update it with the new medication.

1. Create a new **Acut\$ 30** appointment for **Col Violet Alexander (a5743)**.
2. In the *Folder List* under Health History, click the **Meds** icon. In the Meds module, the **Search Filter** field default is **Outpatient Current**.
3. Review the functions available using the Action Bar icons: **Add, Details, Discontinue, Modify** and **Renew**.
4. Click the drop-down arrow for the **Search Filter** field and review the options. Change the selection to **All**.
5. Select Norvasc, on the Action Bar; click the **Details** icon to see the details of the medication.
6. Click **Discontinue**; click **Refresh**.

How can you view the discontinued medication? (Select **All Discontinued** in the **Search Filter** field.) Note that the **Status** column entry is now **(Out) Discontinued**.

7. Change the **Search Filter** selection back to **Outpatient Current**.
8. Click the **Add** icon to record the addition of the aspirin.
9. Click the **Record OTC/Outside Medication** button.
10. Click the **Medications** button to begin searching for **Tums** in the *Healthcare Data Dictionary Search* window.
11. Select **Calcium Carbonate (TUMS) PO 500 mg Tab** and click the **OK** button.
12. Complete all required fields (including the **Sig: 1 tab QD**) and add a comment that it was a suggestion by her doctor for secondary prevention for heart disease.
13. Click the **OK** button. Note the **Check mark** in the **OTC** column to indicate this is an over-the-counter medication.

14. **Close** the Meds module.
15. **Close** the encounter.

Allergy

The Allergy Module maintains a list of the patient's reactions to specified allergens. This information is pulled from CHCS and synchronized at the time the CHCS II encounter is opened. The information is stored as coded data from the Health Data Dictionary (HDD) and can be modified as needed.

Scenario 6 Allergy

MG Ramona Marcos (m9876) is on the telephone requesting that her CHCS II allergies record be updated. She was stung by a wasp last month and had a reaction to the sting.

1. Search for MG Marcos' patient record and load her name to the patient ID line.
2. Open the **Allergy** module from the Folder List.
3. Click the **Add** button to display the *New Allergy* section.
4. Click the **Allergen** button and search for **wasp venom** in the *Health Care Dictionary Search for Allergens* window.
5. Double-click **WASP VENOM (WASP VENOM)** to add it as an allergen.
6. Click the **Reaction** button and search for **BRONCHOCONSTRICTION** as a reaction.
7. Highlight **BRONCHOCONSTRICTION** in the left column of the *Health Data Dictionary Search for Reactions* window and click the **Add>>** button to move it to the right column.
8. Click the **OK** button to close the window.
9. Enter the following information:

Field	Data
Info Source	Patient
Onset	[four weeks ago]
Entered by	[accept default]

10. Click the **Save** button.

The clinic has had several patients recently report an allergic reaction to wasp venom, so it needs to be added to the drop-down list of common allergens.

11. Click **Options** to open the *Properties* window.
12. Click **Add** to open the *Add Common List Items* window. Search for and select to highlight **wasp venom** and click the **Add to Common List** button.

13. Click **Close**.
 14. Click **Save** and **Close** the *Properties* window.
 15. Click the **Add** button in the Action Bar, and review the **Allergen** drop-down list. Notice that **WASP VENOM (WASP VENOM)** has been added.
- Note:** In the live CHCS II system, allergens can also be deleted using **Options**.
16. Close the **Allergy** module and return to the **Appointments** module.

Vital Signs Review

The Vital Signs Review module allows past vital signs to be viewed and/or graphed.

Scenario 7 Vital Signs Review

LCDR Suarez (s3217) comes in for his **Diabetes follow-up exam**. **Review and graph vitals**.

1. Open the **Appointment** module.
2. Click once to highlight Lcdr Suarez diabetes follow-up visit in the Appointment List to pull his patient record.
3. Verify that Lcdr Suarez is now listed on the patient ID Line.
4. Open the **Vital Signs Review Module** from the Folder List.
5. Click the **Search Type** button to open the *Time Search* screen.
6. Select the **Sliding Time Range** radio button and select **2 months** as the time range.
7. Click **OK**.
8. Click the **Refresh** button to the right of the time period display. (This may not work correctly in the CHCS II Training System.)

If the vital signs screen was saved more than once in Scenario 2, there may be multiple lines of data entry. There should only be one line of data entry per patient encounter.

Review the buttons available: **Edit Vitals**, **Delete Vitals**, **Graph Vitals**, and (toggle between) **F/C Temp**. If appropriate, select a line and delete the entry.

9. Highlight a single line and click the **Graph Vitals** icon on the Action Bar to open the *Graph Vitals* window.
10. Select each of the **Graph Options**, **Chart Types**, and **Vitals Keys** in turn to review their functions.

Note: The graphs can be printed from the live CHCS II system.

11. Click **OK** to exit and return to the Review role with CAPT Williams' vitals.
12. Press the **Shift** key on your keyboard and select the entries in the **BP** and **HR** columns. Click the **Graph Vitals** button.
13. Review the display options available.

Scenario 8 Demographics

Edward Alexander (**a5743**) is checked in for an appointment about his acne. You want to verify his demographic.

1. In the Appointments List, highlight Edward Alexander's appt.
2. Click on Demographics in the Folder List. The Demographics module will display.
3. Verify his home address is as listed below:
4. Clear the patient from the Patient ID line by clicking *GO* on the Menu bar, next click on **Patient**, midway down the patient list is **Clear Patient**.
5. Click on **Clear Patient**
6. Notice the patient is removed from the Patient ID Line.

Module or Field	Data or [Description of Data]
Home Address	789 Main Street
City	Chantilly
State/Country	VA
Zip	20151
Home Phone	703-444-4848
Religion	Catholic

Note: Changes to demographics should not be made in CHCS II, as these changes do not write back to CHCS I. Follow your MTF's normal business rules to make any required changes.

14. Return to the *Vital Signs Entry* screen.
15. Click **Close** to close the encounter.

Lesson 9: Telephone Consults

The Telephone Consults module enables telephone calls to be recorded and tracked. The Telephone Consult (Telcons) window displays telephone consults for specified clinics, users, dates and statuses. From the Telephone Consults module, Telcons can be created, viewed, transferred to another user, and cancelled. Phone numbers can be edited, notes viewed and an encounter can be opened for that appointment.

Lesson Goal:

The goal of this lesson is to enable you to use the Telcon function in CHCS II.

Learning Objectives:

Upon completion of this lesson, you will be able to:

- Set search selections for the telephone consults module
- Create a Telephone Consult (Telcon)
- View clerk notes for the Telcon from the Telephone Consult screen
- Select and open a Telcon
- Cancel a Telcon
- Transfer a Telcon to a different provider
- Edit a call back phone number

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the exercises.

Scenario 1

To set Telcon display properties:

1. Click **Telephone Consults** from the Folder List. The Telephone Consults module opens.
2. Click the **Urgency** column and drag it to the left of the Status column.
3. Click **Change Selections**, the Telephone Consults Search window opens.
4. In the Clinics area, select **All My Clinic(s)**.
5. In the Provider area, select **ME**.
6. In the Status Selection area, select **Any Status**.
7. In the Dates area, select the **Today Only** radial button.
8. Click **Set Selections as Default**.

Scenario 2

LT Jon Chang (c9231) is on the phone, stating he has questions about how long he should continue a medication. He would like Provider Test User to call him back at **919-782-7765**.

1. Open the **Telephone Consults** module from the Folder List.
2. Click the **New Telcon** icon on the Action Bar.
3. Find and select the correct patient.
4. Select the Appointment Type as **TELEPHONE CONSULTS (TCON) 10**.
5. Enter the call back number **919-728-7756**.

Remember to verify the call back number. An entry in this field will not change the phone number listed in the Demographics module. This allows the patient to leave a number where they can be reached immediately.

6. Enter the **Reason for Telephone Consult** as *Medication questions*.
7. In the Notes section, enter: Patient states he has questions about how long he should continue a medication.
8. Click OK.
9. Click the **Cancel** button to close out of the *Telcon Quick Entry* screen.

The *Telcon Quick Entry* screen will not show up in the live system.

10. Click **Close** on the Action Bar to close out of the SF 600.

Looking at the Telephone Consults screen, you realize you transposed the telephone number. (The number in the scenario and the number in step 2 are different.)

11. Select the Telcon for LT Chang and right-click. Select Change Phone Number to open the *Change Callback Number* screen.
12. Enter the correct call back number.
13. Click OK.

Review the other options available when the right-click is used (New Telcon, Cancel Telcon, Transfer Telcon, Open Telcon, View Notes, Change Phone Number).

14. Close the **Telcon module**.

Scenario 3

LT Chang (c9231) called back to clarify that it's his daughter, Ester M. Chang, that he has the medication question about, not himself. The call back telephone number he gave is correct and User, Test is the provider. You will need to create a new Telcon for Ester Chang and cancel the one for LT Jon Chang.

1. Click **Telephone Consults** in the Folder List to review incomplete calls.

2. Click the **Options** button.
3. Click the radio button All Outstanding in the *Dates* section of the *Telephone Consult Search Selections* window.
4. Save this as the default setting by clicking the **Set Selections as Default** button.
5. Click the **New Telcon** icon on the Action Bar and create a Telcon for Ester Chang.

Remember to select **TELEPHONE CONSULTS (TCON) 10** as the Appointment Type.

6. Complete the Telcon with the following information:

Field	Data
Call Back Number	919-782-7765
Reason for Telephone Consult	Medication question
Notes	LT Jon Chang (father) called

7. Click **OK**.
8. Click the **Cancel** button on the *Telcon Quick Entry* screen.
9. Click the **Close** icon on the Action Bar to close out of the SF 600.
10. Select (highlight) the Telcon for Jon Chang.
11. Click the **Cancel** icon on the Action Bar.
12. In the Cancel Telcon window, use the drop-down arrow in the Reason for Cancellation field and select Patient Cancelled.
13. Click the **OK** button.

The screen display refreshes and the cancelled Telcon disappears. You have set your Options properties to display only outstanding Telcons.

14. Close the **Telephone Consults module**.

Lesson 10: Alerts: New Results, Co-signs, Sign Orders

The Alert Review module displays items that need immediate attention. It lists both primary user alerts and surrogate user alerts. A surrogate user is authorized to act on behalf of another user. Unresolved alerts are in bold text and resolved alerts are in regular text. Blinking alerts indicate that there is a new alert and the alert list needs to be refreshed.

Lesson Goal:

The goal of this lesson is to enable you to review and respond to notifications of diagnostic results and to orders and encounters requiring your signature.

Learning Objectives:

Upon completion of this lesson, you will be able to:

- Access and Address alerts:
 - *Folder List*
 - Alerts icon
- Delete alerts that have been resolved
- Access the labs or rads modules from the New Results module to view new results
- Discard, Toss, Save and Move a lab or rad result
- Forwarding new results to another provider
- Review encounters needing co-signatures
- Co-sign an encounter completed by another Provider
- Append a narrative to an encounter prior to co-signing
- Display details of non-Provider orders needing signing:
- Sign or Cancel non-Provider orders:

New results

The New Results module provides an interface to manage your lists of new and saved results. The module lets you view ordered laboratory and radiology results returned to from CHCS I. You can either view high-level summary or detailed result information for a specific order. Viewing detailed information automatically opens the Lab or Radiology module, depending on the selected order.

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the exercises below.

Scenario 1 - New Results

It is the middle of your day and you have set aside some time to review your alerts. You begin by viewing the details in each category of your alerts. You have been waiting for the new results, so you decide to address them first.

Begin by viewing and tossing the three normal results. You are very concerned about Col Violet Alexander's (a5743) critical results, as well as LCDR Eduardo Suarez's (s3217) abnormal results. You quickly view and save the results with minor abnormalities for LCDR Suarez.

You also view Col Alexander's L-Spine report that has minor abnormalities. David Doctor is consulting with you on Col Alexander's condition and you want him to review this, as well, so you forward it to him. Then, you toss it. Your next appointment is ready and you have no more time. You close the module and access the appointments screen.

Co-signs

The Co-Signs module displays a list of all encounters that an individual Provider needs to co-sign. You can co-sign the appropriate encounters from this window as well as view encounter details, amend the encounter, and add a narrative. The top of the window displays a list of all the encounters requiring co-signatures for the user logged in.

Scenario 2 - Co-Signs

It is mid-afternoon and you have a little more time to review alerts, so you access the alerts module once again. You still need to review LCDR Suarez's (s3217) abnormal results, but you decide to see what orders are waiting for your signature and what needs cosigning.

You look at the orders requiring signature and expand all so you can review the entire group at once. You review and collapse them and close the module to review the co-signs waiting. You see there are three, one of which is for LCDR Suarez. You decide to come back to these after you have reviewed LCDR Suarez's results. You close the module and return to the orders needing to be signed. You select all orders for LCDR Suarez and sign them. You have another appointment, so you close the Co-signs module and open the Appointments module.

Sign Orders

The Sign Orders module allows you to validate orders submitted by non-Providers. When a non-Provider submits a consult, lab order, radiology procedure, or medication for a patient encounter in the A/P module, the assigned Provider receives notification that a non-Provider entered an order. The order's status is pending until you sign the order.

Scenario 3 - Sign Orders

It is the end of your day and you need to sign the remaining orders and co-sign some encounters. You open the Sign Orders module and sign all shown orders. Then, you open

the Co-signs module and review each of the encounters. Amend one of the encounters and append a narrative to another. You can go home now.

Lesson 11: Clinical Notes

The Clinical Notes module is used to enter and displays patient-specific notes that are not associated with an encounter, or when an encounter is not available for documentation. Clinical notes can be copied into the Add Note portion of the SF600.

Lesson Goal:

The goal of this lesson is to enable you to view and edit clinical notes in CHCS II.

Learning Objectives:

Upon completion of this lesson, you will be able to:

- View a clinical note
- Add a clinical note
- Edit a clinical note
- Save a clinical note

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the exercises below.

Scenario 1

You need to add a note to the file for your patient, LCDR Eduardo Suarez (s3217). You have advised LCDR Suarez of test results and told him to come to the clinic at his earliest convenience.

1. Load the patient record for **LCDR Eduardo Suarez (s3217)**.
2. Verify that the patient's name appears on the patient ID line.
3. In the *Folder List*, click the **Clinical Notes** icon.
4. Click the **Options** button and, in the *Properties* window, review the defaults for the *Filter* and *Preferences* tabs.
5. Close the *Properties* window.
6. On the Action Bar, click the **New** icon to create a new clinical note.
7. In the **Note Type** field, select **Text Notes** from the drop-down list.
8. In the **POC** field, select **CHCS II**.
9. Enter the information given in the scenario. Before saving, review the buttons at the bottom of the screen: **Save**, **Cancel**, **Insert Image** and **Load Existing File**.
Insert Image allows the importation of an image with the file extension .tif, .bmp or .wmf
Load Existing File allows the importation of a file with the extension .txt, .rtf, .htm or .html.
10. Save your note. The newest file appears at the top of the Clinical Notes list.
11. In the upper-right corner, select the **Expand** check box to view the full text of the clinical

note.

12. Clear the **Expand** check box.
13. Close the Clinical Notes module.

Scenario 2

You just finish saving the note when you remember you forgot to add the information that you told LCDR Suarez (**s3217**) to have someone else drive him to the clinic, rather than coming alone.

1. Select the note you just finished.
2. On the Action Bar, click the **Edit** icon.
3. Add the new information in the scenario.
4. Save the note and close the Clinical Notes module.

Lesson 12: Immunizations Admin. & Immunizations

CHCS II Immunization consists of two modules:

- The Immunization Admin module is used to administer and manage vaccines, users, reports, user groups, and refrigeration temperature logs. The module is also used to document multiple vaccine entries for selected patients. The Immunizations Admin module can be accessed without having a patient's record open.
- The Patient Immunizations Module is used to manage and track patient immunization records and vaccine history. The Immunization module is patient-specific; therefore, a patient's record must be loaded to the desktop to access this module.

Lesson Goal:

The goal of this lesson is to enable you to manage immunization and vaccine information in CHCS II for all patients.

Learning Objectives:

Upon completion of these modules you will be able to:

- Define vaccine groups
- Track vaccines in stock
- Add details to in-stock vaccines
- Maintain groups
- Document multiple patient vaccines
- Manage providers
- Produce reports
- Review vaccinations
- Document vaccinations
- Change an immunization group

Exercises – CHCS II Training System

Open the CHCS II Training System and complete the scenario exercises below.

Scenario 1

Create a group of immunizations for a battalion that is being deployed:

Add the following list of immunizations to your group. Define the group with your full name.

- Hep A – Hep B
- Influenza
- MMR

- Anthrax

Ensure the following vaccines are in stock and contain the following information:

Vaccine	Mfg Code	Lot Nbr	Dosage	Route
Anthrax	Ortho Diagnostic	OD13579	0.25 ml	IM
Hep A – Hep B	Abbott	4444444	0.1 ml	IM
Influenza	Baxter	BA 12345	0.1 ml	IM
MMR	Merck	ME67890	0.5 ml	IM

1. Click the  Immunizations Admin folder in the in the Folder List. The Immunization Admin screen will display with the **Admin** tab selected:
2. Click on *User Defined Groups* in the ‘Please select the area you wish to Administer’ area. The User Defined Groups window will display:
3. Click the **Add** button to add a new group. The Add User Defined Groups window will display:
4. Type your first and last name in the entry area and click **OK**. The User Defined Groups window will re-display showing the newly defined group:
5. Click to select the name of your user group in the User Defined Groups window and select the following from the Generic Vaccine Names list:
 - a. Click on *Anthrax* and click 
 - b. Click on *Hep A - Hep B* and click 
 - c. Click on *Influenza* and click 
 - d. Click on *MMR* and click 

The resulting screen will display as follows:

You have now successfully added the list of immunizations to your group.

6. To ensure these medications are in stock, click *Vaccine Management* in the ‘Please select the area you wish to administer’ section if not already selected. In the Available Vaccines area, do the following:
 - a. Click on *Anthrax* and click 
 - b. Click on *Hep A - Hep B* and click 
 - c. Click on *Influenza* and click 

- d. Click on *MMR* and click 

The screen will appear as follows:

- Click on the **Mfg/Lot Nbr** button. The Vaccinations In Stock Information screen will display.
- Complete the Vaccines In Stock Information with the following data (click in the table cell to get a drop-down for data entry):

Vaccine	Mfg Code	Lot Nbr	Dosage	Route
Anthrax	Ortho Diagnostic	OD1357 9	0.25 ml	IM
Hep A – Hep B	Abbott	4444444	0.1 ml	IM
Influenza a	Baxter	BA 12345	0.1 ml	IM
MMR	Merck	ME6789 0	0.5 ml	IM

The completed Vaccines In Stock Information will appear as follows:

- Click the **Close** button to complete the Vaccines In Stock Information and close the window.



- Click the **Close** icon on the Action Bar to close the module.

Scenario 2

Next, you need to ensure these vaccines are in stock and have the correct information. To do this, you need to move some available vaccines into stock.

- In the Please select the area you wish to Administer field, select Vaccine Management.
- In the Available Vaccines box, select each one of the following vaccines, one by one, and click the Right arrow (>>) button to move it to the Vaccines in Stock box:

Data
Anthrax
Hep A – Hep B
Influenza
MMR

3. Click the MFG/LOT NBR button to open the *Vaccines in Stock Information* window.
4. To enter the information in the table below, click in a field and use the drop-down arrow buttons to make selections. (For example, click the Mfg Code field in the line for Anthrax. The *Manufacture List* window opens. Highlight Ortho Diagnostic Systems, Inc. and click the Select button.)

Note: This data is representational only.

Vaccine	Mfg Code	Lot Nbr	Dosage	Route
Anthrax	Ortho Diagnostics	OD13579	0.25 ml	IM
Hep A – Hep B	Abbott	44444	0.1 ml	IM
Influenza	Baxter	VA 12345	0.1 ml	IM
MMR	Merck	ME67890	0.5 ml	IM

5. Click the Close button to close the *Vaccines in Stock Information* window.
6. Close the Immunizations Admin module and return to the *Appointments* screen.

Scenario 3

You are documenting the influenza and anthrax immunizations given to Col Violet Alexander (a5743).

1. Select Col Alexander’s patient record and, in the *Folder List*, click the Immunizations icon.
2. Verify that you are on the *Individual Immunizations* tab.
3. Click the Edit Groups button.
4. In User Defined Groups field, select GROUP A.
5. Click the Right arrow (>>) button to add GROUP A to the Groups Selected field box.
6. Click the Close button.

Note that in the *Immunizations* column, the list of immunizations has been expanded with the immunizations that were defined for Group A and that have been added in stock.

Note that allergy information is available on this tab.

7. Click the Give Vacc button to open the *Select Immunization* window.

The four vaccines you put into stock in the Immunizations Administration module are in the list.

8. In the Immunizations Recommended box, select Influenza.

9. Click the Right arrow (>>) button to move Influenza to the Immunizations Selected field.
10. Do the same for the Anthrax vaccine.
11. Click the OK button. The *Vaccine Select* window opens where you can add or change the vaccine information.
12. Click the OK button.
The vaccines given show up in green in the *Individual Immunizations* box.
13. Do not close the Immunizations module.

Scenario 4

Col Alexander is still in the office and tells you about a recent trip to a nephew's farm. Her civilian doctor recommended she have a tetanus shot two months ago, prior to the trip. You want to record this in the medical records while you have the Immunizations module open.

1. Click the *Vaccine History* tab in the Immunizations module.
2. Click the Add button to open the *Vaccines* window.
3. Select the List All Immunizations check box.
4. Find and select Tetanus toxoid in the listing.
5. Click the Select button to open the *ADD: ALEXANDER VIOLET Col 20245574320* window.
6. Complete the Vacc Date field.
7. Review the other fields and click the Update button.
8. On the *Vaccine History* tab, review the record added.
9. Close the Immunizations module and return to the *Appointments* screen.

Scenario 5

Rose Cloud (c0058) is your next patient. You want to review the immunizations that she was given already and those for which she is scheduled.

1. Search for and select Rose Cloud.
2. Open the Immunizations module (Health History folder). The *Individual Immunizations* tab appears with a list of vaccinations.
3. Review the list.
4. Click the *Vaccine History* tab. It appears that she has no record of previous vaccinations.
5. Close the module.