CHCS II Support Lesson Plan

December 2004
Rev 2

Change History

Date	Name	Change Description	Source:
10-25-2004	Kathleen Chapman	Created	Consolidation of Services materials
11-5-2004	Kathleen Chapman	Updated	CITPO comments
12-01-2004	Melissa Bickham	Revised	Services Comments
12-16-2004	Melissa Bickham	Build Enhancement	Build 837.2 Release

Table of Contents

Preparation for Delivery

This lesson plan is designed to teach Support at each MTF.

Materials Needed

- CHCS II Sign-In Roster. (Electronically or Paper Form)
- CHCS II Support Course Lesson Plan
- CHCS II Support Presentation
- CHCS II QRC (one per student)
- CHCS II Support Training Student Guide (one per seat)
- CHCS II User Manual (one per classroom)
- Addendum to the Release Notes (one per instructor; supplied by MTF)
- CHCS II Training Course Evaluation Form (one per student)

Note: Students can keep the QRC; other training items are to be left in the classroom. The Student Evaluation Forms are to be completed by each student and left with instructor upon completion of class.

Tasks to be Completed Prior to Class

- Set up classroom with one workstation per student and one for the instructor, each workstation loaded with the following:
  - CHCS II Training System (CTS)
  - CHCS II Clerk Course PowerPoint Presentation (instructor workstation only) updated with instructor name and current date.
- Reset data (**Encounter Data** button) for each CTS prior to starting class daily. **Note**: The entire database should be refreshed weekly after the last Support's class to ensure that CHCS II does not generate messages saying that templates created during class already exist because students created them in a previous class.
- Become aware of local policies and variations with respect to such things as template naming conventions, pharmacy locations and other similar factors relevant to training. The site coordinator and the MTF's CHCS II training team are resources for this type of information.
- From the lead instructor, find out how students can obtain copies of the CHCS II User Manual at each site.
- Review the release notes addendum (a.k.a. Disclaimer List).

Tasks to be Completed at the End of Class

- Distribute the Training Course Evaluation forms and collect them from the students before they leave the classroom.

- Explain to the class how assistance will be provided the first time they attempt to use their account in the live system.

Duration	Training Activities	Instructor Notes
Introduction		
	Welcome/Logistics ***Next Slide*** **Logistics**. Room location in building, fire escape routes, restrooms, kitchen facilities, smoking area **Workstations** **Instructional material** **Pagers and cell phones.** Off or on vibrate mode **Breaks** **Resources.** Indicate how to obtain additional information regarding additional support on the system. **Parking Lot**	❑ **Slide 1: Support Training Course**
	Introductions Instructor and students exchange personal introductions, providing relevant background information. ***Next Slide***	❑ **Slide 2: Logistics and Introductions**

Duration	Training Activities	Instructor Notes
CHCS II Overview		
	What is CHCS II? CHCS II is a computer-based patient record (CPR) system selected by Department of Defense to meet the requirements of the Military Health System. CHCS II provides: • A Graphical user interface that networks with existing systems • Efficient means of creating, managing and the retrieval of medical records • Anytime, anywhere delivery of patient records to the point of care • Future access military records for health studies worldwide **Add this brief comment as transition to next slide:** One of the greatest benefits of CHCS II is that it is an electronic patient record. Not only does this help to meet the presidential directive for a "comprehensive, life-long medical record," but it also eliminates some of the risks and inefficiencies of paper based medical records. ***Next Slide***	❑ **Slide 3: What is CHCS II?**
	Limitations of Paper Based Medical Records • Paper charts are lost • No automatic drug interaction alerts • Penmanship counts • Only one person can access a record at a time ***Next Slide***	❑ **Slide 4: Limitations of Paper Based Medical Records**

Duration	Training Activities	Instructor Notes

	CHCS II Benefits
	
	• Interfaces with MHS Standard systems, e.g. CHCS I & ADM
	• Uses a standard, structured language, which is Medcin, which has the ICD-9 and CPT codes tied to those structured terms.
	• Facilitates compliance through electronic capture of elements required for:
	   ◦ JCAHO (Joint Commission on Accreditation of Healthcare Organizations)
	   ◦ Evaluation & Management (E&M) coding
	• Supports team-based health care and clinic workflow, providing appropriate access for each team member and simultaneous multi-user access
	• Supports problem-oriented health care
	• Accumulates data for reports and studies, such as clinical and population health
	• When fully implemented world-wide, will provide access to patient records anywhere, anytime
	• Maintains security
	
	Next Slide
		❑ **Slide 5: CHCS II Benefits**
		
		Elaborate on each benefit.

	Security Security is a crucial requirement of patient medical records. CHCS II security is multi-leveled and conforms with HIPAA/MHS Security standards. User access to patient information within the application is based on user role. • The system administrator assigns passwords that can be changed later by the user. • Users must have a CHCS account prior to registering for a CHCS II account. • The CHCS II password replaces CHCS verify code. • Roles and privileges are tied to unique user name and password. ***Next Slide***	❑ **Slide 6: Security**

Duration	Training Activities	Instructor Notes
	Expectations Upon completion of training, service-directed expectations will be used as guidelines for each site as they ramp up to 100% productivity in CHCS II. To accomplish this: • 100% of CHCS II users shall attend scheduled classroom training • Support shall receive On-the-Job Training (OJT) • 100% of encounters shall be documented in CHCS II	❑ **Slide 7: Expectations**
	CHCS II Training Classroom training is accomplished using Clinical Scenarios appropriate to each user's role. Clerk and Support have four hours of Instructor-Led Training and four hours of On the Job Training. Providers have eight hours of Instructor-Led Training, while Nurses have six hours of Instructor-Led Training. Providers and Nurses have sixteen hours of On the Job Training. Records Reviewer receive two hours of Instructor–Led Training and two hours of On-the-Job Training. ***Next Slide***	❑ **Slide 8: Training Schedule**

Duration	Training Activities	Instructor Notes

	Key Information Technology Training Resources
	
	• MTF CHCS II Team
	  • MTF Project Officer
	  • Facility Training Coordinator
	  • Clinical Champion/SuperUser
	• Unisys On-Site Team
	  • Site Training Coordinator
	  • ILT Lead
	  • OJT Lead
	  • Trainers
	
	Note: Provide the names of those filling these roles locally and an indication of how they might be contacted.
	
	Next Slide
		❑ **Slide 9: Key Information**
		
		These resources are available during the training implementation.

	System Demo	
	Go to Appendix **A** ***Next Slide***	❑ **Slide 10: Systems Demonstration** **Note:** Invite class participation to assist with roles in demonstration.
	Course Goal The goal of this course is to enable Support to access, navigate, and use the CHCS II application to document patient encounters in the clinic. *Next Slide*	❑ **Slide 11: Course Goal**
	CHCS II Training System • Click the caduceus icon on the desktop to start **Explain:** • Stand-alone practice version of CHCS II • Used for training only • Simulates CHCS II functionality • Very limited choices for labs, rads and meds • Patient data is fictitious • Slight variations between the CTS and the application in the field • Users are automatically logged on as a Provider • Live system access may vary depending on roles • The role assigned to you in the live CHCS II system may not allow you to perform all tasks covered in training – duties of staff vary from clinic to clinic.	❑ **Slide 12: CHCS II Training System**

	Next Slide **Training MTF Business Rules** ***Next Slide*** **Course Agenda** ***Next Slide***	❑ **Slide 13: Training and MTF Business Rules** ❑ **Slide14: Course Agenda** ❑

Lesson 1: Navigation

	Lesson Goal The goal of this lesson is to enable the user to access and navigate within the CHCS II application. **Learning Objectives** Upon completion of this lesson, the user will be able to: • Log in to the CHCS II application • Access modules quickly using Folder List • Open and close an application module • Exit the CHCS II application • Lock CHCS II session	❑ **Slide 15: Navigation Learning Objectives** **Note:** At a CHCS II workstation equipped with a CAC reader, users will have the option of using their personal CAC to log into CHCS II.
	Basic Navigation **Explain:** General layout of the screen (similar to Outlook) • Title Bar • Main menu • Action Bar **Demonstrate:** Log on to the system, view the current list of appointments and open and close modules 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.	**Explain:** You will demonstrate each lesson first and after each lesson demonstration the class will practice these lessons by performing the exercises in the Student Guide. The Action Bar icons change according to the active module

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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 **Co-signs** 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

Key Points: Module access

- For navigating, the Folder List and Action Bar are the most efficient method.

Exercises

- Complete the exercises.
- Check for understanding and answer participant questions.

Next Slide

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Note: Emphasize how the desktop can be customized.

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Security and Session Management

Explain:

- Passwords expire every 85 days – user is prompted at 80 days to change.
- Password can be changed prior to expiration.
- CHCS II password and CHCS verify codes are synchronized.
- Two or more users can have their own session open on a single workstation.

Changing passwords: This cannot be demonstrated on the CHCS II Training System; you will be shown how to change your password in your OJT session.

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Note: Emphasize that passwords **must** be changed in CHCS II.

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	Demonstrate:
	• User has the option to lock the session to avoid system time-out.
	  ◦ Press **Ctrl-Z**. (Can also select the **Lock** command in the **Tools** menu.)
	  ◦ To unlock the session, maximize the application and click the **OK** button. (In the live system, you will be asked for your password.)
	SUMMARY
	• Navigation
	• Security
	Next Slide
		Recommend: Have Students Lock their CHCS II Sessions before going on breaks throughout the course.

Lesson 2: Patient Search and Appointments		
	Lesson Goals The goal of this lesson is to enable the user to locate a patient record and use the appointment functions in CHCS II. **Learning Objectives** Upon completion of this lesson, the user will be able to: • Search for a patient • Set search selections for appointments • Change and save the column order • Create a walk-in appointment • Cancel an appointment • Transfer an appointment	❑ **Slide 16: Patient Search & Appointments Learning Objectives**

Patient Search Module

Pulling a Patient Record features:

- Different search methods available
- Patient must have a record in CHCS
- "Search CHCS" is an option

Appointment Module

Module specific screen features:

- Module title bar
- Appointment list
- Columns
- Access to properties setup options:
  - Drop-down box
  - Options
  - Change selections

Explain specific *Appointment* screen features.

Explain: Scheduled (future) appointments are still made in CHCS and come over to CHCS II nightly and every 15 minutes throughout the day.

Patient Search and Appointments

Demonstrate:

Demonstrate:

Wilma Wunderlich's (w8118) mother brings her to the clinic. She states that Wilma Wunderlich has a cough, sore throat, and runny nose. We need to search for Wilma Wunderlich' record, set the appointment filters and create a new appointment.

1. Open the CHCS II Application. The application starts in the Appointments module.
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 *WUNDERLICH*; then click **Find**.
4. Click on **WUNDERLICH, WLIMA C** in the list of names and click **OK**. Wilma Wunderlich's information will appear on the Patient ID line and her appointment is displayed

Explain: Appointment display options:

- Column order
- Clinic

(Clinic assignments are in CHCS)

- Provider
- Date
- Status Selection

Explain: Appointment types and statuses.

Do not need to show all steps in Transfer and Cancel appointments—but, do point out these functions.

at the bottom of the appointments list.

To set the appointment filters:

Explain: Live system, *Today plus Incomplete* pulls in old appointments from CHCS. Suggest using *Today Only* to view current day's appointments

1. Click **Change Selections** button in the Appointment list workspace. The Appointment Search Selections window will display.
2. Click the following radio buttons for the associated Field:

   Clinics: This Clinic
   Providers: All for this clinic
   Dates: Today Only
   Status Selection: Any Status

3. Once all the information has been entered, click the **Set Selections as Default** button to change the default settings.

To change column order:

4. Click and drag the **CheckedIn Time** column header to move next to the Appt. Date /Time column.
5. Click **Change Selections** button in the Appointment list workspace, select the **Set Column Order as Default** button to change the default settings. The Appointment List will re-display

To create new unscheduled appointment:

Explain: The Related to Injury/Accident checkbox, a HIPAA 837 compliant feature.

6. Click **New Appt** on the Action Bar. A New Appointment confirmation window will display.
7. Click **Yes** create a new appointment for Wilma Wunderlich.
8. Click on **ACUTE APPT (ACUT$) 30** to select the appointment type.
9. Type ***cough*** in the Reason for Appointment field and click **OK** to complete the new appointment process for Wilma Wunderlich. **(The allergy synchronization with CHCS begins).**
   - Point out the **Related to Injury/Accident** checkbox
10. Wilma Wunderlich's appointment will now appear at the bottom of the Appointment list with a status of **CheckedIn**.

<table>
<tr><td></td><td>Key Points:
Point out the Transfer icon.
Point out the Add Providers icon. (Patient encounter must have status of CheckedIn, Waiting, or In Progress.)
<h2>Exercises</h2>
Complete the exercises.
Check for understanding and answer participant questions.</td><td>Explain: You can Check–in scheduled appointment in CHCS II.</td></tr>
<tr><td></td><td><h2>SUMMARY</h2>
Patient search
Appointment list properties
Change display selections
Created a new appointment
Pointed out function for transferring appointments to other Providers Next Slide </td><td></td></tr>
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Lesson 3: Telephone Consults

Lesson Goals

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

Learning Objectives

Upon completion of this lesson, the user will be able to:

- Set search selections for the telephone consults module
- Create a Telcon
- Transfer a Telcon to a different provider
- Edit a call back phone number

❑ **Slide 17: Telephone Consults Learning Objectives**

Telephone Consults Module

Demonstrate:

You receive a call from retired **CAPT Clayton Williams (w8867).** He states that he needs a refill for his Hypertension medication, Lisinopril. You create a level one telephone consult for a Med refill. You ask CAPT Williams if the phone number listed in the callback field is correct. He indicates that he has moved and provides a new number: (123) 223-4444. You edit the Callback Phone Number and transfer the call to the provider on call.

To set the Telephone Consults filters

1. Click the **Telephone Consults** in the Folder List. The Telephone Consult window will display:
2. Click **Change Selections** button in the Telephone Consults workspace. The Telephone Consults Search Selections window will display.
3. Verify the following radio buttons for the associated Field:

   Clinics: This Clinic (Default)

Telcons created in CHCS must be completed in CHCS.

In order to access and complete a Telcon in CHCS II the Telcon must be created in CHCS II.

	Providers: All for this Clinic(s) (Default) **Dates:** Click **Today Only** **Status Selection: Any Status** (Default) 4. When the information has been completed, select the **Set Selections as Default** button to change the default settings. 5. To change column order, click and drag the **Reason for call** column header to move next to the Patient column. 6. Click **Change Selections** button in the Telephone Consults workspace, select the **Set Column Order as Default** button to change the default settings.	**Explain:** Reason for Telcon field and Note field. Both must be completed.
	To Create and Transfer Telcon New Telcon 1. Click the **New Telcon** icon on the Action Bar. The Patient Search window will display: 2. Type **(w8867)** in the Quick Search Field and click the **Find** button. Highlight CAPT Clayton Williams' name in the Patient Name area. 3. Click **OK**. The New Telcon window will display. 4. Change the Callback Phone Number to (123) 223-4444. 5. Type *Med Refill* in the Reason for Telcon Consult field. 6. Type *Pt request refill, Lisinopril PO 20mg T* in the notes field and click **OK**. (The Allergy synchronization simulation from CHCS will begin.) 7. The Telcon Quick Entry screen will display. 8. Click **Cancel** to close the Telcon Quick Entry screen. • Point out the Telcon Quick Entry Screen is for Providers 9. The encounter note displays. Click **Close** on the Action Bar to return to the Telephone Consults module. 10. Click the **Transfer** icon on the Action Bar. 11. Select **DOCTOR, DAVID** from the dropdown list. 12. Click **OK**. 13. Notice that CAPT William's appointment has been transferred to Doctor, David. See the Provider column in the appointments list.	**NOTE:** If the user has the provider role assigned to their log on, they will receive the Quick Entry Screen after clicking OK. Any other user will be taken back to the Telephone Consults module

Exercises

- Complete the exercises.
- Check for understanding and answer participant questions.

SUMMARY

- Explained default search and display telephone consults appointment list options
- Created a telephone consult appointment
- Explained how to transfer a telephone consult to a different Provider
- Edited a call back phone number

Next Slide

Lesson 4: Patient Encounter

❑ **Slide 18: Patient Encounter Learning Objectives**

Lesson Goals

The goal of this lesson is to document the patient encounter in CHCS II.

Learning Objectives

Upon completion of this lesson, the end-user will be able to:

- Open the encounter
- Setup Encounter Summary Properties
- Document "reason for visit"
- Verify patient's allergies
- Document patient's vital signs
- Document A/P
- Create an Order Set

AutoCite Information

	Explain: As encounters are completed for a patient, information from them is accessible through several modules from the Folders List. Information from some of these modules can be selected for display in the electronic SF600 of a new encounter that is opened for the patient. These modules are referred to as AutoCite modules. You make selections for display of information from these modules in the *Encounter Summary Properties* window when you set up your system for personal use. Information in some of these modules can also be edited and modified by additions and deletions that are appropriate outside of encounters. AutoCite modules include: • Problems module • Lab module • Radiology module • Medications module • Allergies module • Vital Signs module Problems, Allergies, Medications, and Vital Signs are considered Health History modules and are located in the Health History Folder for the patient in the Folder List. AutoCite information for these modules appears in the AutoCite section of the SF600. The Lab module and the Radiology module are directly accessible in the patient's folder. Information from these modules, when selected for AutoCite display, appears in the S/O section of the SF600. The AutoCite button on the SF600 refreshes all information selected for AutoCite display regardless of where it appears.	**Briefly discuss. You will update autocite preferences in the next scenario.**
	Screening and Vitals Modules	

Screening and Vitals

- Screening
- Vital signs

Once the patient has been checked in, it is now time to document screening and vitals signs for the patient. Appointments with a status of "CheckedIn" indicates that the patient is ready for screening.

Review screen layout and point out electronic SF600 features.

Screening and Vitals

Review Screen Layout.

Demonstrate:

Before you screen the patient, you need to update your AutoCite preferences; then you screen the patient, enter vital signs and review the information in the electronic SF600. After the provider reviews the SF600, the provider request you order a throat culture. You document the procedure in A/P.

Update AutoCite preferences and document the patient encounter using the following information:

Encounter Summary Properties	
Active Problems	[Accept default]
Allergies	[Accept default]
Active Dispensed Medications	[Select]
Questionnaires	[Select]
Screening	
In the Search field	[Enter] a *cough* and click **Find Now**. Select a cough and click **Add**. [Enter] *nasal discharge* and click **Find Now** select nasal discharge and click **Add**
Verified This Encounter	[Select to verify allergies]
Vitals	

Click Options on the SF600 to update AutoCite/Encounter Summary Properties

Note Questionnaires can autocited into the SF600. The provider will need to AutoCite Questionnaires properties as well.

Explain: Use of the Screening module to document:

Appointment "reason for visit" and comments.

Verification of allergies (only performed in Screening module)

BP Rt arm Pediatric cuff	110/70 [Select] [Select]
HR Radial Regular	95 [Select] [Select]
RR	13
Temperature F Oral	99 F [Select]
Ht	[Enter] 52 in
Wt	70 lbs
Habits	
Tobacco	[Select] No
Alcohol	[Select] No
Pain Severity	
	[Select] 1 Hurts a little bit
Where is pain located?	Throat NOTE: Add comments when pain scale is selected (other than "0 pain free").
Save Vitals	
	[Select] Save Vitals (Action Bar Icon)
	[Select] Close (Action Bar Icon)

Key Points:

- Reason for Visit is a structured term and may be more accurate than Reason for Appointment
- Screening during the patient encounter is the only module where a patient's allergies can be verified
- Allergy information can be added without an open encounter (why is this a key point in screening module)

Exercises

Special Work Status

Use of allergy icons in the patient ID line for quick assessment of the status of the patient's allergies

Explain: Either select the **Verified This Encounter** check box , **Add** an allergy icon, and the **No Known Allergies** check box.

To review, ask students in which module allergies are verified. **Answer:** ***Screening (not Allergy)***

Review Screen Layout.

Point out Save Vitals Icon and Vital Signs Review tab.

- Complete the exercises.
- Check for understanding and answer participant questions.

Summary

- Open the encounter
- Setup AutoCite properties
- Document “reason for visit”
- Verify patient’s allergies
- Document patient’s vital signs

Next Slide

Assessment/Plan Module

Assessment/Plan

The Assessment and Plan module allows you to document procedures, order laboratory and radiology tests, and create order sets.

A/P Processes

- Codes are captured with procedures
- Labs and Rads can be submitted or saved to queue
- Order Sets can be created to easily select and submit orders.

When a procedure is added, the associated CPT code is included.

Review screen layout.

Show how to:

- select/deselect
- expand/collapse

Explain searches can be performed using:

- WHO language
- CPT Codes
- Partial Words

Explain: User can delete a diagnosis, procedure, or order that was documented in error.

Point out Show Orders button.

Assessment/Plan

	Demonstrate: Now we can document the throat culture for Wilma Wunderlich and create an order set. Documenting the note: 1. Click **A/P** on the electronic SF600 to open the A/P module. The A/P screen will display with the Diagnosis tab selected: 2. Click the **Procedure** tab. 3. In the Search field, enter *Throat* and click **Find Now.** The search results appear. 4. Expand ORAPHARYNX CULTURE. 5. Select STREPTOCOCCUS GROUP A BETA HEMOLYTIC 87081. 6. Click **Order Lab** tab. 7. In the New Lab Order field, enter *Throat Culture* and click **Search**. 8. Select THROAT CULTURE. 9. Click **Save To Queue**. 10. Click **Order Sets** tab. 11. Click **Save As Order Set.** The Save Encounter Template window opens. 12. In the **Template Name** field, enter ***Throat Culture--Orders--Test*** and click **Save.** 13. Click **Submit.** **(**Point out **Submit All** icon on the Action Bar**.)** 14. To close the A/P module, click **Close** on the ActionBar. 15. Click **Yes** on the A/P Warning window. You are returned to the SF600.	Discuss pros and cons of saving to queue. • Point out you might lose orders if the system should fail; but you can delete from queued orders. • Show how to delete before submitting queued. • Recommend submit over save to queue. Explain benefits of creating order sets.
	Exercises	
	• Complete the exercises. • Check for understanding and answer participant questions. **Summary**	

	• Document A/P • Explained how codes are captured with procedures • Labs and Rads can be submitted or saved to queue • Explained how to create order sets. Next Slide	
Lesson 5: Previous Encounters		
	## Lesson Goal The goal of this lesson is to enable the user to view the Previous Encounters in CHCS II. ## Learning Objectives Upon completion of these modules, the user will be able to: • Display a previous patient encounter	❑ **Slide 19: Previous Encounters Learning Objectives**
	Previous Encounters ## Demonstrate: The user needs to view the previous encounter for LCDR Suarez. 1. From the list of appointments, click on any of LCDR Eduardo Suarez's appointments to pull his record.	**Previous Encounters will only list encounters completed CHCS II.** The *Change History* section of the Encounter Note shows

	2. Click **Previous Encounters** in the Folder List. The Previous Encounters window will display. 3. View the previous encounters for LCDR Suarez. 4. Click the **Close** icon on the Action Bar to close the module. **Key Points:** • Access to past encounters is available at any workstation that has CHSC II access. **Exercises** • Complete the exercises. • Check for understanding and answer participant questions.	the original S/O note. This is the electronic equivalent of lining out the information in the paper medical record.
	SUMMARY • Display a previous patient encounter Next Slide	

Lesson 6: Health History Folder

	Lesson Goal	❑ **Slide 20: Health History Learning Objectives**

	The goal of this lesson is to setup and customize the Health History module and enable the user to access and modify selected patient information accumulated from earlier encounters and outside the current encounter.. **Learning Objective** Upon completion of this lesson, the end-user will be able to: • Setup Health History patient data modules • View demographics information • View and modify patient Problems information • View and copy Lab results into an encounter • View and copy Radiology results into an encounter • View and modify patient Allergy information • Setup and review the properties for Vitals Signs Review	**Explain:** • Use this module to set up a display of selected patient health history information for quick review. • The first time you access the module, you will be prompted by Warning message prior to setup. • Setup can be done from the Options button. • the same setup applies to all patient records.
	Health History	
	Demonstrate: The user would like to view health history information for CAPT Clayton Williams, as well as, customize display to see pertinent information for all patients. **To view a patient's Health History folder:** 1. In the Appointment list, highlight CAPT Clayton Williams appt. 2. Click the **Health History** folder in the Folders List. The Health History module displays with default modules selected. To customize the Health History folder: 3. Click the **Options** button on the Patient ID line. The Health History Design Summary screen will display. 4. Uncheck the boxes next to Problems and Demographics.	Mention modules can also be

5. Click the **Align** button to view the format
6. Click the **OK** button to view the results

Key Points:

- Can be changed to fit the current requirements

Problems Module

Explain: Information from completed encounters is available in the Problems module. In this module, information from all previous encounters is accumulated and organized according to the problems that have been identified in encounters. Not only can you view this information, you can also add or delete problems, as appropriate.

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.

Students follow along:

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. Complete the following:

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

autocited in SF600.

To access a module, click on the module use the folder list under Health History or double-click in the module window within Health History display window.

a. Address and phone number information should not be updated in CHCS II. Changes in CHCS II do not write back to CHCS. To update this information, continue to follow current MTF policies.
b. Insurance information does not write back from CHCS II to CHCS. Advise users to follow your MTF policy for collecting third party insurance information.

Source	Patient

Lab Module

Set the Scene: Provider Test User is out of the office till this afternoon. He tells you he has just talked to patient LCDR Suarez and wants to see him to discuss his previous Lab and Rad results. Dr. User asks you to add the results to the patient encounter he wants you to create.

Students follow along:

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 display in the lower section of the screen. Use the **Display Criteria** check boxes and radio buttons to select the optimal view of the test results.
6. Highlight the result details and right-click. Note the two options:
   Copy: puts the results onto the clipboard and they can be pasted into another document
   Copy to Note: enters the results onto the patient encounter in the S/O portion
7. Select **Copy to Note**.
8. Close the **Lab** module and the highlighted urinalysis results appear in the S/O portion of the encounter note.

Do not close SF 600.

Explain: Review screen layout and quickly review default options.

- Click the **Options** button to set the Lab Results Properties.).
- Select the *Filter* tab radio button: *All labs*.
- In the Preferences tab.
- Time Options section, select Default Time*: All Time Periods.*
- Click the **OK** button.
- Click the **OK** button to display the list of labs.

	Caution: Nothing seems to happen when clicking **Copy to Note**; however, results are copied. Selecting **Copy to Note** again results in multiple copies that cannot be deleted. 9. Close Lab Module and review lab results copied to the encounter note.	
	Radiology Module	
	Set the Scene: Add the following Radiology results to LCDR Suarez's Encounter note. **Students follow along:** 1. In the Folder List, click the **Radiology** icon. The results of three tests appear. 2. 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. 3. In the Display Criteria section, select the Select **All Results** check box. 4. Scroll through the results that appear in the lower section of the window. 5. 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. 6. Review what appears in the lower section. (Scroll down to view the results of both of the selected tests.) 7. 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. 8. Copy the note. 9. Close the Radiology module 10. Close the encounter.	**Explain:** The difference between **Copy** and **Copy to Note**. Review the screen layout.

Meds Module

Explain:

- The Medications module lists the patient's past and present medications.
- It includes all over-the-counter (OTC), outside, and CHCS II-ordered medications.
- Ordered meds appear once the prescription is filled at the pharmacy.

Set the Scene: Col Violet Alexander (a5743) She tells you that she has added taking Motrin to her daily routine as suggested earlier by Dr. David Doctor for muscle aches.

Check her medication health history and update it with the new medication.

Students follow along:

4. Make a new appointment for **Col Violet Alexander (a5743)**. Use Appointment Type, **ACUTE APPT (ACUT$) 30**.
5. Open the encounter and complete the screening.
6. In the *Folder List* under Health History, click the **Meds** icon. In the Meds module, the **Search Filter** field default is **Outpatient Current**.
7. Review the functions available using the Action Bar icons: **Add**, **Details**, **Discontinue**, **Modify** and **Renew**.
8. Click the drop-down arrow for the **Search Filter** field and review the options. Change the selection to **All**.
9. Select an existing medication and, on the Action Bar, click the **Details** icon.
10. 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**.

11. Change the **Search Filter** selection back to **Outpatient Current**.
12. Click the **Add** icon to record the addition of Motrin.
13. Click the **Record OTC/Outside Medication** button.
14. Click the **Medications** button to begin searching for **Motrin** in the *Healthcare Data Dictionary Search* window.

Review the screen layout.

Explain: Point out that the order, renew and modify buttons are accessible from the Meds module, but do not attempt to use them. This functionality does not work in the CHCS II Training System. Providers will find it easier to order prescription medications through A/P, but, in the live system, medication can be ordered, renewed and modified from the Meds module. To do this, an encounter must be open.

	15. Select IBUPROFEN, 800 MG, (U/D)-PO, 800 MG and click the OK button. 16. 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. 17. Click the **OK** button. 18. Close the Meds module. 19. Return to encounter and click **AutoCite** to view the added medication in encounter. 20. Close the encounter. .	
	Allergy Module	
	Explain: • Keeps track of a patient's reactions to specific allergens • Allergy icons: NKA, nose, and nose with question mark • Allergy synchronization occurs when the appointment is created and when the Allergy module opened • A common list of allergens can also be specified to make entering data more convenient **Set the Scene: 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. **Students Follow along:** 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.	**Review the screen layout.**

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**.

Close the **Allergy** module and return to the **Appointments** module.

Vitals Sign Review

Demonstrate:

Set the Scene: LCDR Suarez' (s3217) comes in for his diabetes follow-up exam. Review and graph his past vitals.

Students follow along:

16. Open the **Appointment** module.
17. Click once to highlight LCDR Suarez Diabetes follow-up visit in the appointment list to pull his patient record.
18. Verify that LCDR Suarez is now listed in the Patient ID line.
19. Open the **Vitals Sign Review** module from the Folder List.
20. Click the **Search Type** button to open the *Time Search* screen.
21. Select the **Sliding Time Range** radio button and select **2 months** as the time range.
22. Click **OK**.
23. Click the **Refresh** button to the right of the time period display. (This may not work correctly in the CHCS II Training System.)
24. Highlight a single line and click the **Graph Vitals** icon on the Action Bar to open the *Graph Vitals* window.
25. 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.

26. Click **OK** to exit and return to the Review role with LCDR Suarez' vitals.
27. Press the **Shift** key on your keyboard and select the entries in the **BP** and **HR** columns. Click the **Graph Vitals** button.

Review the display options available.

28. Return to the *Vital Signs Entry* screen.
29. Click the **Close** button twice to close the module and the encounter, respectfully.

Exercises

	• No Exercises (Students practiced during instructor demonstration by following along). • Check for understanding and answer participant questions **Summary** ▪ Explained Health History folder ▪ Setup Health History patient data modules ▪ Viewed and modified problem information ▪ Viewed and copied lab results ▪ Viewed and copied radiology results ▪ Viewed and modified medications ▪ Viewed and modified allergy information ▪ Set and review the properties for the Vital Signs module ▪ Graph vital signs Next Slide	
Lesson 7: Questionnaire Setup & Patient Questionnaires		
	Questionnaire Setup **Lesson Goal:** The goal of this lesson is to enable the end-user to set up patient questionnaires in CHCS II. **Learning Objectives**	❑ **Slide 21: Questionnaire Setup & Patient Questionnaires Learning Objective**

	Upon completion of this lesson, the end-user will be able to: • Create and release a questionnaire • Edit an existing questionnaire • Change the status of a questionnaire • Administer a questionnaire **Explain:** • Questionnaire Setup allows you to create and modify questionnaires. • Mark ready and Mark Obsolete • An open encounter is not required to create or modify a questionnaire.	
	Creating a New Questionnaire	
	Students follow along. 1. Expand Tools, and select Questionnaire Set Up. 2. Click the New icon on the Action Bar. 3. In Name, enter Asthma. 4. Click the Add button. You can now create questions for your questionnaire. 5. In the Question text field, enter: How would you rate your asthma compared to your last visit? 6. From the Answer Type drop-down list, select Multiple Choice. 7. Next to Choice 1, enter Better and press Enter. 8. Next to Choice 2, enter Worse and press Enter. 9. Next to Choice 3, enter Same. DO NOT press Enter this time. 10. Click the Add button. 11. Question #2: Do you have an asthma action plan? 12. From the Answer Type drop-down list, select Yes/No. 13. Click the Add button. 14. Question #3: How many times a week do you have a worsening of your asthma requiring use of your inhaler? 15. From the Answer Type drop-down list, select Number. 16. Min value: 0 17. Max value: 100 18. Click the Add button. 19. Question #4: What seems to trigger a worsening of your asthma? 20. From the Answer Type drop-down list, select Multi-select. 21. Next to Choice 1, enter Exercise and press Enter. 22. Next to Choice 2, enter Common cold and press Enter.	

23. Next to Choice 3, enter Dust and press Enter.
24. Next to Choice 4, enter Animal fur and press Enter.
25. Next to Choice 5, enter Unknown. DO NOT press Enter this time.
26. Click the Add button.
27. Question #5: What date was your last asthma attack?
28. From the Answer Type drop-down list, select Date. DO NOT press Enter.
29. Click the Save icon on the Action Bar.
30. Click the Mark Ready icon on Action Bar.
31. Close the Questionnaire Setup module

Complete a Questionnaire via Interview

Explain:

- Use the interview when talking with the patient.
- Answers are entered directly into the application.

Explain while students follow along:

1. Create a new appointment for **Edward Alexander (a5743)**, reason for appointment **Asthma follow up**. Open the encounter
2. Expand the Health History folder, and select Patient Questionnaires.
3. Expand **Questionnaires**.
4. Select the **Asthma** questionnaire.
5. Click the **Interview** icon on the Action Bar.
6. Click the **Options** button and show **Properties.** In the **Questions** drop down box, select **Single Question View.**
7. Click **OK.**
8. Select the appropriate answer for each question and follow the hyperlink **Next Question** to navigate through the questions.
9. Proceed to answer questions:
10. Answer #1: **Better**
11. Answer #2: **Yes**
12. Answer #3: **2**
13. Answer #4: **Animal fur**.
14. Click the **Add Comment** hyperlink to add the following comment: **Patient wheezes after being around cats.** Click **OK**.

	15. Answer #5: **1st of month** using format dd mmm yyyy) 16. Click the **Done** icon on the Action Bar. 17. Click the **Encounter** button in the Action bar 18. Show how to link Questionnaires to a specific Encounter 19. Close the Patient Questionnaires module	
	Exercises	
	• Complete the exercises. • Check for understanding and answer participant questions. **Summary** • Create and release a questionnaire • Edit an existing questionnaire • Change the status of a questionnaire	

Course Summary		
	Briefly summarize the course and open to questions and answers. Overview of the system, the training, the expectations Basic skills: navigating through documenting MEDCIN and templates Ancillary modules Alerts Previous Encounters	❑ **Slide 22: Course Summary** **Summarize course based on modules taught**
	What Do I Do If I Encounter a Problem While Working with CHCS II? • Write down any error message received. • Remember what action was taken before the error message was received. • Take screen shots • Report the problem to your local Help Desk. \ **Demonstrate:** **Capturing Screens** To capture screens: 1. On the workstation keyboard, press **PrtScrn**. 2. Open PowerPoint. 3. To paste the screen capture into PowerPoint right mouse click and select **Paste.** 4. Save the screen capture to the appropriate folder on the workstation. In many clinics, there is a specific folder on a shared network drive for storing these files.	❑ **Slide 23: What Do I Do If I Encounter a Problem While Working with CHCS II?**

Ensuring Patient Data is concealed in the Screen Capture

1. In PowerPoint, use the drawing tools to conceal any patient-specific information on the screen.
2. From the View menu, select Slide Show.
3. On the workstation keyboard, press PrtScrn.
4. Exit the slide show to return to the normal view by pressing Esc on the workstation keyboard.
5. On the PowerPoint toolbar, click the new presentation icon (i.e., the blank piece of paper).
6. To paste the screen capture into the new presentation, right mouse click and select Paste.
7. Save the screen capture (in the new presentation) to the appropriate folder location on the workstation.
8. Close the original screen capture without saving the document.

Next Slide

Other Help Resources

- QRC's.
- CHCS II User Manual. Should be available in each clinic.
- Application Help menu.
  - Detailed information on use of modules
  - Step-by-step procedures

  Explain: Both are readily available within the application help files. Help is structured like other Windows application help files.

Next Slide

❑ **Slide 24: Other Help Resources**

Remind the class that the student guide is not to be removed from the classroom, and inform them about the process for obtaining their own copies at the site.

Emphasize the use of Help in the application.

Questions and Answers

System Demonstration Scenario

Note: You may choose to invite your co-instructor or a class member to assist you in the role-play demo.

Set the scene for the class, you will demonstrate the flow of the clinic for a 'walk-in' patient. You will play each role, the clerk who will check in the patient, the Tech who will triage the patient, the Provider who will exam and disposition the patient and the nurse who will provide patient education and submit the orders for the provider:

A patient comes in needing to be seen by the provider. The clerk creates a walk-in appointment. The tech will perform the screening and vitals. The provider examines the patient. He hands the orders to the nurse who will submit them and send the patient to Lab and Radiology clinics. When the patient returns the provider reviews the results and determines a diagnosis. He gives the patient a prescription and instructs the nurse to provide patient education. The provider completes disposition and signs the encounter. The patient is checked out.

Role/Function	Field	Data
CLERK: Creates an Acute $30 walk-in appointment for Col. Violet Alexander (A4211). Reason for appointment – Shortness of Breath.	Patient Search	
	Quick Search	w8118
	New Unscheduled Appointment/Telcon Visit	
	Appointment Type	Acute Appt (Acut$) 30
	Reason for Appointment	Cough, runny nose
SUPPORT: Performs screening, document female only data, verify allergies. Record vitals, document performing a Peak Flow under the AP portion of the SF600.	Appointments	
		[Select] Col Alexander's walk-in appt. Doubleclick appt. to open SF 600
	Screening	
	In the Search field	[Enter] a cough and click **Find Now**. Select a cough and click **Add**. [Enter] nasal discharge and click **Find Now** select nasal discharge and click **Add**
	Verified This Encounter	[Select to verify allergies]
		[Click] Close (Action Bar Icon)
	Vitals	
	BP Rt arm Pediatric cuff	110/70 [Select] [Select]
	HR Radial	95 [Select]

	Regular	[Select]
	RR Temperature F Oral	13 99 F [Select]
	Ht	[Enter] 52 in
	Wt	70 lbs
	Habits	
	Tobacco	[Select] No
	Alcohol	[Select] No
	Pain Severity	
		[Select] 1 Hurts a little bit
	Where is pain located?	Throat NOTE: Add comments when pain scale is selected (other than “0 pain free”).
	Save Vitals	
		[Click] Save Vitals (Action Bar Icon) [Select] Close (Action Bar Icon) to return to SF600
	SF600	[Click] Close and return to Appts. Module

PROVIDER: Sees the patient. Reviews what has been documented so far and loads the URI template. After documenting he uses AutoNeg – where appropriate.	Appointments	
		[Select] Col Alexander's walk-in appt. Doubleclick appt. to open SF600
	S/O	
		[Select] S/O Button on SF600
	Favorites List	[Select] Visit--URI From the favorites drop-down window.
	HPI *Find Term*	[Select] + CC: URI Symptoms a cough coughing up sputum shortness of breath [Select] << Go Back button to return to URI Template.
	PMH	[Select]+ History of Asthma
	ROS	[Select] + nausea [Select] — vomiting
	PE	[Select] + Vital signs reviewed All general appearance terms Auscultation Wheezing AutoNeg

		[Click] Close (Action Bar Icon) to return to SF600
	SF600	[Click] Close (Action Bar Icon) to return to Appts. Module
NURSE: Enters the AP section and orders the Lab and Rad tests.	Appointments	
		[Select] Col Alexander's walk-in appt. Doubleclick appt. to open SF600
	A/P	
	Order Lab Tab Routine	 [Select] [Type] CBC w/auto Diff in New Order field. [Click] Search [Select] CBC w/auto Diff in lab field. [Select] [Click] Submit
	Order Rad Tab Clinical Impression Routine More Details	 [Select]Chest [Type] Chest in the new order field. [Click] Search [Select] Chest in the new order field. [Enter] r/o pneumonia [Select] [Select] Ordering Provider [Click] Submit [Click] Close

		(Action Bar Icon)
	SF600	[Click] Close (Action Bar Icon) to return to Appts. module
NURSE: Reviews Results and copies results to encounter	**RESULTS ARE READY!!!**	
	Lab	
		Open module Highlight Result Copy to Note
	Rad	
		Open module Highlight Result Copy to Note
PROVIDER: Returns to patient to discussed results and give a Diagnosis. He then completes the Disposition and Signs encounter.	Appointments	
		[Select] Col Alexander's walk-in appt. Doubleclick appt. to open SF600
	A/P	
	Diagnosis	[Select] Asthma (to associate orders w/diagnosis)
	Order Meds Sig	[Type] Albuterol in new order field [Click] Search [Select] Albuterol [Enter]

		[Click] Submit
	Other Therapies	[Type] Patient Education [Select] Patient Education Patient Education
	Disposition and Sign	
	Release w/out limitations	[Select]
	Follow-up	[Select] with PCM [Enter] 2 and weeks
	Discussed Items	[Select] Discussed all items
	E & M Code	Verify coding
	Sign	[Select] Sign (Action Bar Icon) Close SF600
CLERK: Clerk Checks out the patient and provides patient with a copy of the signed encounter.	Appointments	
		[Select] Col Alexander's walk-in appt. [Select] Check out on Action Bar Print patient a copy of SF600

As the **CLERK:** Col. Violet Alexander walks into your clinic complaining of shortness of breath, she does not have an appointment but needs to see her PCM – Dr. Test User. You create an (Acute $) 30 walk-in appointment for the patient and enter the reason for appointment as shortness of breath.

SUPPORT/TECH calls Col. Violet Alexander into the screening room. Open the SF600 and go to the Screening tab. In the Search box enter Upper Resp and press Find Now. Highlight the words and Add Upper Respiratory Infection to the Selected Reason for Visit. Complete the lower half of the screen – Female Only Data. You also need to verify the allergies for the patient. Next you will enter the patient vital signs.

BP	110/70
HR	75
RR	35
°F	99
Ht	5’ 6”
Wt	140

Enter Peak Flow of 92, and Oxygen Sat. 92%, Note: you will get a low warning for the Oxygen Sat., enter yes. Notice the Oxygen Sat. will be bolded to indicate an abnormal result.

Close. Go to the A/P tab and enter the Peak Flow under the Procedure Tab. Enter Peak Flow in the Search box and push Find Now. Select the term. Note the term will go to the right side of the screen under orders and procedures. When you close this you will get a warning. Enter Yes. When you see the SF600 it will show the procedure as unassociated.

Close the encounter and select the refresh button. Notice the appointment status is now Waiting or In Progress.

The **PROVIDER** opens this encounter. He/she reviews the vitals and goes to the SO. He/she loads the URI template from the drop-down window. The Provider enters the + for chief complaint (URI symptoms).
Also select cough and coughing up sputum and search using Find Term – shortness of breath, select the << to go back to the URI template. Now click on the PMH tab.
Select + for History of Asthma
Click on the ROS tab select + for nausea and – for vomiting
Click on the PE tab select + for Vital signs reviewed, and all of the general appearance terms and well as Auscultation Wheezing, AutoNeg all of the other terms because you have performed these checks and found them to be normal.
You close the SF600. You tell the patient you want them to go to Lab to have a CBC and Radiology to have a chest X-Ray, when they have been performed to come back to you. You (the provider) give the nurse the orders to enter into the system and see the next patient.

The **NURSE** now opens the SF600 and goes to the A/P section. She enters the CBC w/o diff under Lab and the Chest X-Ray under radiology. When the rad is entered the nurse needs to put in the clinical impression. The note the provider has entered is rule out pneumonia. She/he verifies the ordering Provider by clicking the more details tab. She/he then submits the test. The nurse then closes the module once again getting the warning she/he clicks yes then closes the encounter.

When the patient returns the provider sees her. She/he opens the encounter and goes to her Lab. The lab work is in, the provider wants to add this to the encounter. Highlight the CBC and the results will show under the results portion of the module. Left click and drag the mouse to the end the results. Press the right mouse and two entries will appear click the copy to note. Close the module, view the SF600 and notice the results are under the SO portion of the note. (Note: there is no chest x-ray result in the system for this patient).

The **PROVIDER** then goes to the A/P and enters the diagnosis of asthma then associates the orders and procedures to the diagnosis. The provider places the order for albuterol under the Rx module. The provider also enters the patient education under the other therapies tab. The provider enters: Patient Education Asthma Exposure to Triggers, Patient Education Asthma Metered Dose inhaler, Patient Education Peak Flow Monitor.

The **PROVIDER** now selects disposition and enters in the follow-up section: with PCM in 2 weeks, in the comments section enter – sooner, if needed. Check the discussed all box in the discussed section. Verify the E & M code and sign the encounter.

The **NURSE** then returns the signed encounter and double clicks it. This will take you to the previous encounter. The nurse highlights the encounter and selects the Append Narrative on the action bar. This will open the encounter note. The nurse will import the nebulizer treatment word document. The nurse will also indicate the second peak flow result after the treatment on the note. She/he saved the note and goes to sign the encounter. The nurse will add the provider as the co-signer of the note. The encounter will have the status of updating until the provider enters the countersignature. The status will change to updated.

NOTE: Make sure the Nebulizer treatment note is added to the word documents before the demonstration.