CHCSII Provider Student Guide

PLEASE DO NOT REMOVE FROM THE CLASSROOM

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Rev 2.2

Change History			
Date	Name	Change Description	Source:
12-17-04	Linda Armstead	Build Enhancement	837.2 Release
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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
- Access modules quickly using the Folder List
- Open and close an application module
- Lock a CHCS II session
- Exit the CHCS II application

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 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 Folder 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. To lock the CHCS II application, follow the Menu Path **File**>**Lock.**
10. The screen will minimize.
11. To reopen the application click the application located on the desktop tool bar area.
12. Click **OK**.

    Note: The CHCS II application restores to previously used screen.

13. Click the Close **X** button on the upper right corner of the Title Bar to end CHCS II. A confirmation message will display.
14. 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. 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 immediately 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 selections for the Appointments module
- Change and save the column order
- Create a walk-in appointment
- Add a provider to an appointment
- Clear a patient's record

Exercises – CHCS II Training System

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

Scenario 1

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.
2. 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).

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

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

Scenario 2

It is necessary to transfer **VADM Olaf Berg's (b8943)** 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 VADM Berg's appointment.
2. Click the **Transfer** icon on the Action Bar**.**
3. Select **DOCTOR, DAVID** from the dropdown list.
4. Click **OK**.

Scenario 3

David Doctor will be assisting you with the headache appointment for Reginold T. Sugarman (S2160).

1. Highlight **Reginold Sugarman's** name on the appointment list.
2. Click the **Add Providers** icon on the Action Bar to open the *Providers* window.
3. Click the **Additional Provider** drop down list and select David Doctor.
4. Click the **Role** drop down list and select **Assisting Provider.**
5. 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.

Scenario 4

LT Jon Chang (c9231) walks in complaining of a sore throat. We need to search for LT Jon Chang's (c9231) record and create a new appointment.

1. Open the CHCS II Application.
2. **Note:** By default the Appointment module displays.
3. Click **Search** in the Folder List to search for a patient. The Patient Search window will display.
4. Click in the Last Name field and type **CHANG,** then click **Find** for a list of names.

5. Click on **CHANG**, JON in the list of names and click **OK.** LT Jon Chang's information will appear on the Patient ID line and the Appointments List will display.
6. Click **New Appt**. on the Action Bar. A New Appointment confirmation window will display.
7. Click **Yes** to complete the New Appointment information for LT Chang.
8. Click on ***ACUTE APPT (ACUT$) 30*** to select the acute appointment type.
9. Type **SORE THROAT** in the Reason for Appointment field and click **OK** to complete the new appointment process for LT Chang. (The Allergy synchronization simulation from CHCS will begin.)
10. LT Chang's appointment will now appear at the bottom of the Appointment list with a status of **CheckedIn**.

Lesson 3: 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 an electronic record.

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

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

Exercise – CHCS II Training System

Scenario 1

Continue LT Chang's patient encounter using the CHCS II Training System and complete the exercise below. Since LT Chang has come in today complaining of a sore throat, document LT Chang's visit using a standard URI template. Here is his story:

HPI

- Chief Complaint of URI symptoms
- Sore Throat that has been occurring for 3 days, worse in the morning
- Cough
- Fever of 99.2
- Patient denies all other symptoms

PMH

- No history of Acute Bronchitis
- No history of Asthma
- Maternal History of Diabetes Mellitus Type II

ROS

- Earrache (flip to HPI)
- Wheezing

PE

- Mucoid Nasal discharge (Expand Nasal Discharge)
- Bilateral Wheezing (Expand Auscultation wheezing)
- All other items are normal

Documenting the note:

1. Click the **S/O** button on the electronic SF600 to open the S/O module. The S/O screen will display
2. Click the Template Management Icon in the Action Bar. Type URI in the **Name Contains** field and Click **Find Now.**
3. In the available list, highlight VISIT--URI. The VISIT-- URI template will display in the Preview pane. Click **Load** in the Action Bar to load the template.
4. Once the template is loaded, the S/O module starts with the **HPI** tab selected
5. Click (+) to select **The Chief Complaint is: URI symptoms**
6. Click (+) to select a **sore throat**
7. Click on the Duration grid icon on the dashboard
8. Click on **3** and then click on **Days**
9. Type **WORSE IN THE MORNING** in the Free Text area of the dashboard and press [Enter].
10. Click on the free text Note Pad icon in the S/O MEDCIN pane. The Preliminary Background HPI window for entering free text will display.
11. Type **PT SAW MD AT UCC AND WAS GIVEN ENTEX FOR HIS COLD SYMPTOMS** in the Preliminary Background HPI area and click **Save and Close** to save the information.
12. Click (+) to select a **fever**
13. **Click (+) to select cough.**
14. Once the HPI is complete, click the **PMH** tab in the S/O window to document the Past Medical History.
15. Click **Minus Sign** to select no history of ACUTE BRONCHITIS

16. Click **Minus Sign** to select no history of ASTHMA
17. Click + to expand History of DIABETES MELLITUS
18. Click **Plus Sign** (+) to select TYPE II
19. Click the FamHist drop down button on the dashboard and select Maternal History
20. Once the PMH is complete, click the **ROS** tab in the S/O window to document the Review of Systems portion of the encounter note.
21. The provider asks all the ROS questions and the patient says **Plus Sign** (+) to **Earache** and (-) **Minus Sign** to **Wheezing**
22. The provider is now ready to perform the physical examination, so click the **PE** tab.
23. Click **Plus Sign** (+) to select Vital Signs Reviewed.
24. Click **Plus Sign** (+) to select Nasal Discharge Mucoid (Expand Nasal Discharge)
25. Select **auscultation wheezing** as a positive finding.
26. Click **AutoNeg**.
27. Review the information in the narrative pane to ensure that everything is correct
28. Click on the **Close** icon on the Action Bar so we can review the information on the SF600.

Assessment/Plan

Exercise – CHCS II Training System

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

As a result of the physical examination, you suspect the patient has both an **Upper Respiratory Infection** as well as Acute Bronchitis.

You want to order:

- A CBC W/Auto diff associated with the Upper Respiratory Infection
- Order Amoxicillin to treat the Acute Bronchitis
- Have the patient take frequent oral fluids for the Upper Respiratory Infection

Documenting the note:

1. Click **A/P** on the SF 600.
2. In the **Search** field, enter **UPPER RESP** and click **Find Now**.
3. Select **UPPER RESPIRATORY INFECTION 465.9** in the list and click **Add to Encounter.**
4. In the **Search** field, enter **ACUTE BRONCH** and click **Find Now**.

5. Select **ACUTE BRONCHITIS 466.0** in the list and click **Add to Favorites List.**
6. Click **Add to Encounter**.
7. Click on the word **Comment** associated with Acute Bronchitis in the Diagnosis List.
8. Type ***PT HAS BRONCHOSPASMS BUT IS NOT IN DISTRESS*** in the Comments area and click **OK**.
9. Highlight **ACUTE BRONCHITIS**. Select the Priority up arrow to move diagnosis to primary diagnosis.
10. Click the **Procedure** tab.
11. Click the **Favorites List** button to Select **Pulmonary Function Test Peak Flow 94150.**
12. Click the **Order Lab** tab.
13. In the search field type **CBC** and click **Search**.
14. Select **CBC W/Auto Diff**. Click the **Submit** button to associated with Acute Bronchitis.
15. Click the **Order Rad** tab
16. In the search field type **CHEST** and click **Search**.
17. Select **CHEST, PA AND LATERAL**.
18. In the Clinical Impression field type **R/O PNEUMONIA.** Click Submit.
19. Associated Rad with Acute Bronchitis
20. Click the **Order Med** tab.
21. In the search field type **AMOX** and click **Search**
22. Select **AMOXICILLIN--PO 500MG CAP**.
23. In the SIG field, type **T 1 CAP PO QID X7 #28 RF0** and press **Enter**.
24. Associate Med with Acute Bronchitis. Click **Submit**.
25. Click the **Show Orders** button and view the orders that have been submitted.
26. Click on the **Other Therapies** tab.
27. In the search field type **FREQUENT ORAL FLUIDS** and click **Find Now**.
28. Select **Oral Fluids Frequent** and click **Add** to associate with Acute Bronchitis.
29. As indicated in the scenario, we also want to associate Frequent Oral Fluids with the Upper Respiratory Infection diagnosis.
30. Select **UPPER RESPIRATORY INFECTION 465.9** in the Diagnosis List.
31. Select **Oral Fluids Frequent** in the Orders and Procedure List and click the **< >** (Associates/Unassociates Orders & Procedures) button to associated with the Upper Respiratory Infection diagnosis.
32. Click the **Close** icon on the Action Bar

33. Review encounter note.
34. Click **Add to Encounter**.
35. Click on the word **Comment** associated with Acute Bronchitis in the Diagnosis List.
36. Type ***PT HAS BRONCHOSPASMS BUT IS NOT IN DISTRESS*** in the Comments area and click **OK**.
37. Highlight **ACUTE BRONCHITIS**. Select the Priority up arrow to move diagnosis to primary diagnosis.
38. Click the **Procedure** tab.
39. Click the **Favorites List** button to Select **Pulmonary Function Test Peak Flow 94150.**
40. Click the **Order Lab** tab.
41. In the search field type **CBC** and click **Search**.
42. Select **CBC W/Auto Diff**. Click the **Submit** button to associated with Acute Bronchitis.
43. Click the **Order Rad** tab
44. In the search field type **CHEST** and click **Search**.
45. Select **CHEST, PA AND LATERAL**.
46. In the Clinical Impression field type **R/O PNEUMONIA.** Click Submit.
47. Associated Rad with Acute Bronchitis
48. Click the **Order Med** tab.
49. In the search field type **AMOX** and click **Search**
50. Select **AMOXICILLIN--PO 500MG CAP**.
51. In the SIG field, type **T 1 CAP PO QID X7 #28 RF0** and press **Enter**.
52. Associate Med with Acute Bronchitis. Click **Submit**.
53. Click the **Show Orders** button and view the orders that have been submitted.
54. Click on the **Other Therapies** tab.
55. In the search field type **FREQUENT ORAL FLUIDS** and click **Find Now**.
56. Select **Oral Fluids Frequent** and click **Add** to associate with Acute Bronchitis.
57. As indicated in the scenario, we also want to associate Frequent Oral Fluids with the Upper Respiratory Infection diagnosis.
58. Select **UPPER RESPIRATORY INFECTION 465.9** in the Diagnosis List.
59. Select **Oral Fluids Frequent** in the Orders and Procedure List and click the **< >** (Associates/Unassociates Orders & Procedures) button to associated with the Upper Respiratory Infection diagnosis.
60. Click the **Close** icon on the Action Bar
61. Review encounter note.

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.

We are now ready to discharge the patient. In this case we want to release the patient without limitations and have them follow up as needed. Several items were discussed with the patient who indicated an understanding of the items discussed.

1. Click the **Disposition** button on the encounter note to open the Disposition module.
2. Enter the following data:

   Disposition Click ***Released w/o Limitations*** from the pull down list

   Follow Up Click the 

checkbox

   Discussed Click Discussed **Treatment** and **Medication** checkbox

   [Patient] indicated understanding
3. Click the **Sign** icon on the Action Bar to initiate the signing process. The Sign Encounter window will display.
4. Review the note to ensure that everything is complete and accurate and click **Sign** to complete the patient encounter process.
5. Clear patient.

Lesson 4: 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:

- Append a narrative
- Amend a previous encounter
- Copy Forward a previous encounter

Exercises – CHCS II Training System

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

Scenario 1

To append a previous encounter:

1. Highlight the HYPERLIPIDEMIA note and click Append Narrative on the Action bar. The Encounter Note window opens.
2. In the Note Category field, enter *Cholesterol Results*
3. In the Note Title field, enter *Patient Results*.
4. In the note area, enter Cholesterol 170. Within Normal Limits.
5. Click Save and Sign.
6. 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. Select the *Hemoglobin A1C* report. The report details populate below.
4. Highlight the report by left-clicking and dragging over the text with your mouse.
5. Perform a right-click and select **Copy to Note**.
6. Click **Close** on the Action bar.
7. Click **Close** on the Action bar to return to the Previous Encounters module.

Copy Forward a Previous Encounter

The provider is seeing Eduardo Suarez for his follow-up appointment. You would like to use the information from his previous encounter to document his follow-up appointment.

1. Select the ***diabetes follow-up*** appointment for LCDR Suarez.
2. Click the **Open Appt** icon on the Action Bar. LCDR Suarez's ELECTRONIC MEDICAL RECORD will open.
3. Click the **Previous Encounter** icon in the Folder List. The Previous Encounters window will display.
4. Highlight LCDR Suarez's **Diabetes Mellitus Type II** encounter.
5. Right click on the highlighted appointment.
6. Click the **Copy Forward** button. The Previous Encounters window will close.
7. Click the S/O button on the ENCOUNTER WINDOW. The copy forward template will display.
8. Since none of LCDR Suarez's symptoms or findings has changed we can quickly document the abnormal and normal findings in all tabs by clicking the **AutoEnter** button.
9. Click the **Close** icon on the Action Bar to close the ENCOUNTER WINDOW.

Lesson 5: 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 a Visit Template
- Use Template Edit Mode
- Use Find Term
- Use Browse from Here
- Rename and save the Template

Exercises – CHCS II Training System

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

Scenario 1

2LT Herman Wunderlich (w8118) walks in with a rash he has had on both arms for the past five days.

1. Create and open appointment for 2LT Herman Wunderlich (w8118) for his rash.
2. Click **S/O** and, on Action Bar, click Template Mgt.
3. From the list displayed or from search results **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. Use **View** menu to reopen *Folder List.*

7. We will use **Find Term** to search for 'sore' pane, Click **Find Term**, enter the word *sore* in the Search String box, click OK. 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.

8. 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.
9. Close
10. List Note box appears
11. Click No
12. Click Refresh, you may need to scroll down a little to see the note you just edited in the Template list pane.
13. Cancel, this is so an S/O note entry will not be documented on the note.
14. Close encounter.

Scenario 2

1. Verify 2LT Herman Wunderlich (w8118) 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--RASH MEDCIN**

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.
9. **Clear** patient.

Lesson 6: Medicomp Forms Tools

Medicomp Form Tools is an alternative mode of documentation used during an encounter. The Medicomp Form Tool also provides enterprise management capability for forms that emulates Template Management functionality within the S/O portion of the encounter.

Lesson Goal:
The goal of this lesson is to locate and use available Medicomp Forms in CHCS II.

Learning Objectives:

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

- Search for a Form
- Load a Form
- Document the S/O using a Form

Exercises – CHCS II Training System

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

Scenario 1

Your patient Marie Alexander (a5743) has come in with ankle pain. You wish to document the S/O portion of the note using Forms.

1. In the list of appointments in the appointment module, highlight and 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 **T** under the Chief Complaint section to indicate right ankle pain.
10. Select the **T** to indicate Local Tissue Swelling Right Ankle.
11. Click the free text square beside the term you just selected.
12. Type in the following: *Patient states she was playing tennis when she twisted her ankle and feels it is sprained.*
13. Click the **Insert Text button**, then click **Close The Note Dialog** button. Notice the Free Text button Icon has changed to indicate a note is included.
14. Place the mouse pointer on the selected term, right click to display its child terms.

Note: You will notice and 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.

15. 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.
16. Next go to **PMH**.
17. Select **T** to indicate previous Ankle Fracture under the Previous Diagnosis section.
18. Once you complete documentation of the patient's HPI, PMH and ROS, click on the **Right Ankle** Physical Exam Tab
19. Document the Vital Signs reviewed
20. Select **F** in the In No Acute Distress box.
21. Click the **Note** box to the right of the statement.
22. A free text box will appear. In this box type in: *Pt. States ankle very painful to walk on.*
23. In the Examination of the Right Lower Leg section click **T** for each item in this section.
24. In the Appearance of the Right Ankle section select **F** for the first four entries. Leave the others blank.
25. In the Tenderness of the Right Ankle section check **F** Medial Palpation without Tenderness
26. In the Motion of the Right Ankle section check **F** Right Ankle without Abnormal Motion.
27. In the Pain of the Right Ankle section check **F** No Pain Elicited by Motion.
28. In the Examination of the Right Foot section check **F** Right Foot Not Swollen and **F** Right Foot Not Tender to Palpation.
29. In the Test Results section, under the Results of Right Ankle X-Ray, free text in **Fractured right ankle.**
30. Select **AutoNeg** from the Dashboard to indicate a "normal" result for the rest of the history.
31. Click **close** to save and close the S/O Forms note.
32. **Close** the Encounter and return to the Appointments module.

Lesson 7: 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 *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 8: 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

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

Exercises – CHCS II Training System

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

Scenario 1

Using an Encounter Template

Heather Cloud is being seen today because of pain in the lower portion of her back. There is an Encounter Template for *Low Back Pain* that you what like to use.

1. Create a new appointment for **CAPT Heather Cloud (c0058).**
   Appointment Type: **ACUTE APPT (ACUT$) 30**
   Reason for Appointment: **lower back pain**
2. Double click CAPT Cloud's appointment for low back pain, which now appears at the bottom of the appointment list to open the encounter.
3. Click the **Templates** icon on the Action Bar.
4. The *Templates Selections* tab will display by default.
5. Click the + beside the **My Favorites** folder to expand the folder.
6. Select the **ENC—LBP** template, then click the Add button to add template to encounter.

7. Click **OK**. Notice the encounter note (SF600) redisplays.
8. Click the **S/O** button to document patient encounter.
9. The S/O portion of the LBP—ENC populate.
10. View the content of the tabs in the S/O.
11. Document the following:

a. HPI

The Chief Compliant is: Back Pain

Expand Back Pain

[Select] in the lower back

Pt. denied other symptoms

b. PMH

No past medical history reported

Expand Exercise habits

[Select] regular

c. PE

[Select] Vitals Signs (Reviewed)

[Select] Patient appeared uncomfortable

Expand Tenderness on palpation

[Select] Lower

12. Click the **A/P** button on the Action Bar.
13. The Diagnosis tab Displays with LBP—ENC portion populated.
14. Select **LUMBAGO,** then click **Add to Encounter.**
15. Next click the **Procedures** Tab.
16. Select **Modalities Heat Hot Packs 97010**.
17. Click the **Order Rad** Tab
18. Type *CT, LUMBAR SPI WITH AND WITHOUT CONTRAST GP* in the New Order Search field, then click **Search**.
19. Select *CT, LUMBAR SPI WITH AND WITHOUT CONTRAST GP* in Procedure Name field.
20. In the Clinical Impression field type *R/O Ruptured Disk.*
21. Select *ASAP*

22. Click **Submit** button
23. Click the **Meds** Tab
24. Type Motrin in the **New Med** Search field.
25. In the Item Name, select *IBUPROFEN (MOTRIN) 800 MG (U/D) –PO 800MG*.
26. Sig: **T1 PO TID PRN #40 RF0**, then press enter on the keybroad.
27. Click Submit.
28. Click the **Other Therapies** Tab
29. Select *Heat/Cold* Application, then click Add
30. Click the **Disposition** button on the Action Bar.
31. Select: Release w/o Limitations (Default selection), PCM, All items Discussed
32. Click the Sign icon on the Action Bar.
33. The Sign Encounter window appears, view note.
34. Click the **Sign** button to complete the encounter.

Scenario 2

Edit an Encounter Template

Under the Tools Module on the Folder List – 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 *LBP*
4. Click **Search** at the bottom of the screen.
5. Highlight the LBP ENCOUNTER template
6. Select **View/Edit** icon on the Action Bar to edit this template.
7. In the Diagnoses area select *SCIATICA 724.3*, click the **Remove** button to remove item from template.
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.
10. Click **Save**.
11. Click **Close**.

Scenario 3

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. A/P Warning box, click **Yes**.
12. **Close** the encounter.

Scenario 4

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. 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 Telcon
- Select, open and document a Telcon

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**.

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. Click OK.

5. Select the Appointment Type as **TELEPHONE CONSULTS (TCON) 10**.
6. 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.
7. Enter the **Reason for Telephone Consult** as *Medication questions*.
8. In the Notes section, enter: Patient states he has questions about how long he should continue a medication.
9. Click OK.
10. 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.
11. 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.)
12. Select the Telcon for LT Chang and right-click. Select Change Phone Number to open the ***Change Callback Number*** screen.
13. Enter the correct call back number.
14. 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).
15. Close the **Telcon module**.
16. Clear Patient.

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: 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 Demographic information
- 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
- 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

Eduardo Suarez has previously been diagnosed with Cholecystitis. This needs to be added to his Problems List in the Problems module under Health History.

1. Select (highlight) Eduardo Suarez' 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 Cholecystitis 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 Cholecystitis in the MEDCIN Search field.
6. Click the **Search** button.
7. Highlight Cholecystitis and click **OK**.
8. Complete the remaining fields in the New Problem section with the following information:

Field	Data
Problem	Cholecystitis
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.
11. Clear Patient.

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).

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.

1. Open the encounter.
2. Click **Lab** in the Folder List.

   Review what appears based upon the default settings.
3. 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) (defaulted).
4. 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.
5. 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.
6. 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.
7. Close the **Lab** module and the highlighted urinalysis results appear in the S/O portion of the encounter note.
8. **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 <u>not</u> copy the note.
9. **Close** the Radiology module
10. **Clear Patient**

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) she tells you that she forgot to mention it earlier, but 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 Tums each day to her daily routine as suggested earlier by her gynecologist for prevention of Osteoporosis. Check her medication health history and update it with the new medication.

1. In the *Folder List* under Health History, click the **Meds** icon. In the Meds module, the **Search Filter** field default is **Outpatient Current**.
2. Review the functions available using the Action Bar icons: **Add**, **Details**, **Discontinue**, **Modify** and **Renew**.
3. Click the drop-down arrow for the **Search Filter** field and review the options. Change the selection to **All**.
4. Select Norvasc, on the Action Bar; click the **Details** icon to see the details of the medication.
5. Click **Discontinue**; medication box to open encounter appears, click **OK.**

(If the encounter is open, the medication box will state the Med has been discontinued. click **Refresh**. Select **All Discontinued** in the **Search Filter** field.) Note that the **Status** column entry is now **(Out) Discontinued,** this will allow you to view the drug you just discontinued. Change the **Search Filter** selection back to **Outpatient Current**.)

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

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 in your office and mentions that she is concerned because she was stung by a wasp last month and had a reaction to the sting. You want to update her CHCS II allergy record.

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.
11. 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.
12. Click **Options** to open the *Properties* window.
13. 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.
14. Click **Close**.
15. Click **Save** and OK the *Properties* window.
16. 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**.

15. Close the **Allergy** module and return to the **Appointments** module.
16. Clear Patient.

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.

    17. Click the **Search Type** button to open the *Time Search* screen.
    18. Select the **Sliding Time Range** radio button and select **2 months** as the time range.
    19. Click **OK**.
    20. 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: **Graph Vitals**, and **C Temp** (which is a toggle between F° and C°). If appropriate, select a line and delete the entry.

    21. Highlight a single line and click the **Graph Vitals** icon on the Action Bar to open the *Graph Vitals* window.
    22. 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.

    23. Click **OK** to exit and return to the Review role with CAPT Williams' vitals.
    24. Press the **Shift** key on your keyboard and select the entries in the **BP** and **HR** columns. Click the **Graph Vitals** button.
    25. Review the display options available.
    26. Click OK.
    27. Return to the *Vital Signs Entry* screen.
    28. Click **Close** to close the encounter.
    29. Clear Patient

Lesson 11: 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
- Access the Lab or Radiology modules from New Results
- Review, append and sign encounters requiring co-signatures
- Sign 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 12: 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)**.
    30. Verify that the patient's name appears on the patient ID line.
    31. In the *Folder List*, click the **Clinical Notes** icon.
    32. Click the **Options** button and, in the *Properties* window, review the defaults for the *Filter* and *Preferences* tabs.
    33. Close the *Properties* window.
    34. On the Action Bar, click the **New** icon to create a new clinical note.
    35. In the **Note Type** field, select **Text Notes** from the drop-down list.
    36. In the **POC** field, select **CHCS II**.
    37. 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.
    38. Save your note. The newest file appears at the top of the Clinical Notes list.

39. In the upper-right corner, select the **Expand** check box to view the full text of the clinical note.
40. Clear the **Expand** check box.
41. 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 home, rather than going back home alone.

1. Click on **Clinical Notes** Folder
2. Select the note you just finished.

42. On the Action Bar, click the **Edit** icon.
43. Add the new information in the scenario.
44. Make sure to enter your facility in the POC area.
45. Add your update 'Make sure you remind the patient to have someone to drive him home.'
46. Save the note and close the Clinical Notes module.
47. Clear Patient.

Lesson 13: 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 ▶

7. Click on the Mfg/Lot Nbr button. The Vaccinations In Stock Information screen will display.

8. 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	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

The completed Vaccines In Stock Information will appear as follows:

9. Click the Close button to complete the Vaccines In Stock Information and close the window.
10. 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.

1. In the Please select the area you wish to Administer field, select Vaccine Management.
2. 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 the group name you wish to create.
5. Click the Right arrow (►) button to add your group to the Groups Selected field box.
6. Click the Close button.

   Note: In the *Immunizations* column, the list of immunizations has been expanded with the immunizations that were defined for your group 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.
8. The four vaccines you put into stock are in the Other Immunizations window. From this box, select Influenza.
9. Click the Lower Right arrow (>) button to move Influenza to the Immunizations Selected field.
10. Do the same for the Anthrax vaccine.
11. Check the *Auto Fill Immunizations Selected* box.
12. Click the OK button. The *Vaccine Select* window opens where you can add or change the vaccine information including checking the VIS (Vaccine Instruction Sheet) box.
13. Click the OK button.

Note: The vaccines given show up in gray in the Date Given box, in the next due box, the next vaccine date will appear in green.

14. 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, she did get one. You want to record this in her 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 by clicking the ellipsis.
7. A Date Builder window will pop up. Enter the date for two months ago by clicking on the month on the left.
8. Click OK.
9. Review the other fields
10. In the *Last Edited By* field, enter your name and click the Update button.
11. On the *Vaccine History* tab, review the record added.
12. Close the Immunizations and return to the *Appointments* screen
13. Clear Patient.

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.
6. Clear Patient.