AHLTA (Formerly CHCS II)
838.14 New Enhancements
Version 1.1

Prepared for the:

AMEDD AHLTA Implementation and Clinical Integration Office, Washington, D.C.

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Disclaimer

The information in this document was obtained from the Armed Forces Health Longitudinal Technology Application (*AHLTA) Block 1 User's Manual Build 838*; *Prepared for the AHLTA Implementation and Clinical Integration Office*.

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1.0 ARMY READINESS

1.1 Army Readiness Overview

The Army Readiness module provides access to patient specific Individual Medical Readiness (IMR), Profiles and Pre/Post Deployment forms, each of which are covered in more detail in the following sections. The module is available to users with appropriate privileges, once a patient's record is loaded to the desktop. This functionality will not be available in the AHLTA Training System (CTS), and during failover mode operations when connectivity to the Clinical Data Repository (CDR) is lost.

Note: User's will need to have the OMG_Test role assigned to them in order to use the Army Readiness modules.

The Army Readiness module contains three sub-modules:

- Army Profile
- Individual Medical Readiness
- Pre/Post Deployment

1.2 Army Readiness Impact on Users

1.2.1 Providers and Nurses

- Providers and nurses are required to have the OMG_Test role in order to access the Army Readiness module
- Providers and nurses can complete the forms in AHLTA then print the completed forms
- Army Readiness is completely separate and distinct from the Temporary Profile capability that becomes available in the Disposition module when the patient's disposition is "Released w/work/duty/limitations"
- When creating a Temporary Profile for a patient that is related to an encounter, the fact that a profile was given needs to be documented in the Disposition module so that it becomes a part of the encounter
- Army Profile templates that are created and used in the Army Readiness module are unrelated to other AHLTA template capabilities

1.2.2 Support Staff

- None

1.2.3 Clerks

- None

1.3 Army Profile Overview

For users assigned appropriate roles, Army Profile enables you to create and track Army profiles for a patient. The profile form (DA FORM 3349) is implemented by surfacing the current profile functionality. A new profile can be filled out (with subsequent edits allowed) by using a blank profile or a profile template. Once a profile is complete, you can save it to the Army Readiness module, save the profile as a template and print the DA FORM 3349 for required signatures on the hard copy and insertion in the patient's medical record.

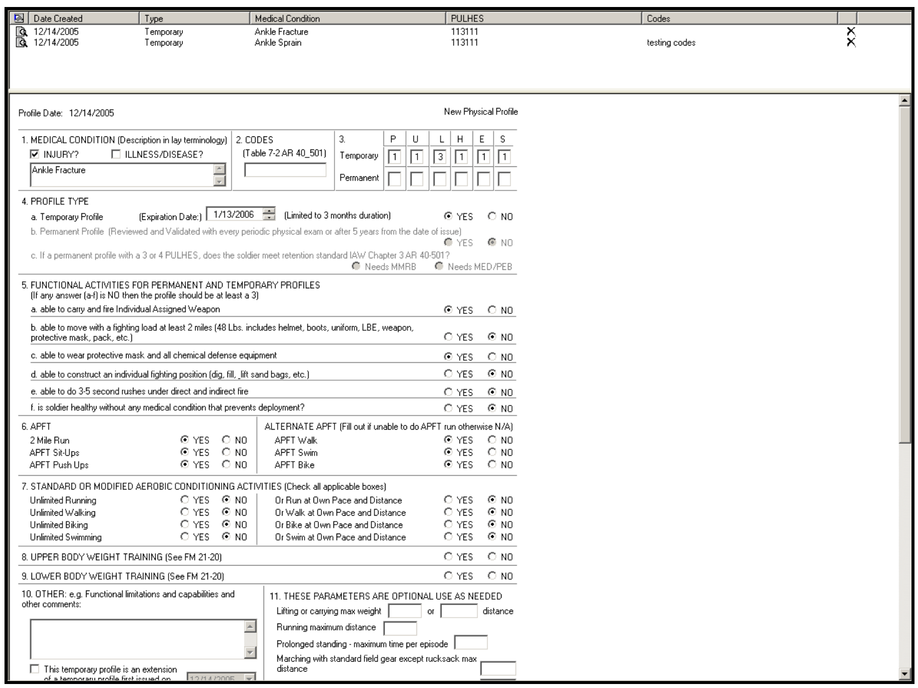

Figure 1–1: Military Clinical Desktop—Army Readiness Module

In the current release, this functionality is completely separate and distinct from the capability to simply document that a profile was given in the Disposition module when the patient's disposition is "Released w/work/duty/limitations." Accordingly, if creating a Temporary Profile for a patient that is related to an encounter, the fact that a profile was given needs to be documented in the Disposition module so that it becomes a part of the encounter. Additionally, the Army Profile templates that are created and used in the Army Readiness module are unrelated to other AHLTA template capabilities.

1.4 Creating a New Profile

Follow the steps below to create a new profile:

1. Click **New Profile** on the Action bar. The Create a New Physical Profile window opens.

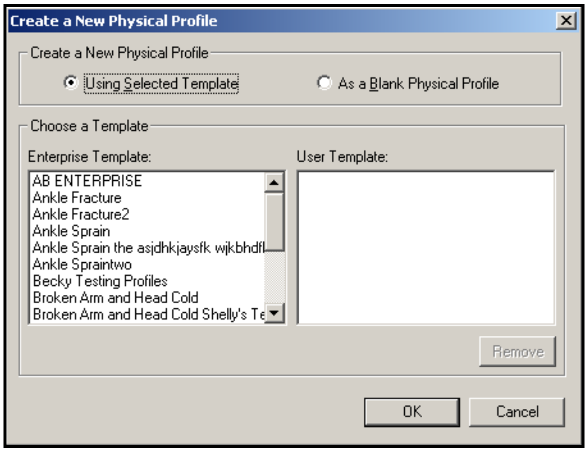

Figure 1–2: Create a New Physical Profile Window

2. Select the **As a Blank Physical Profile** radio button and click **OK**. A blank Physical Profile form appears on top of the module.

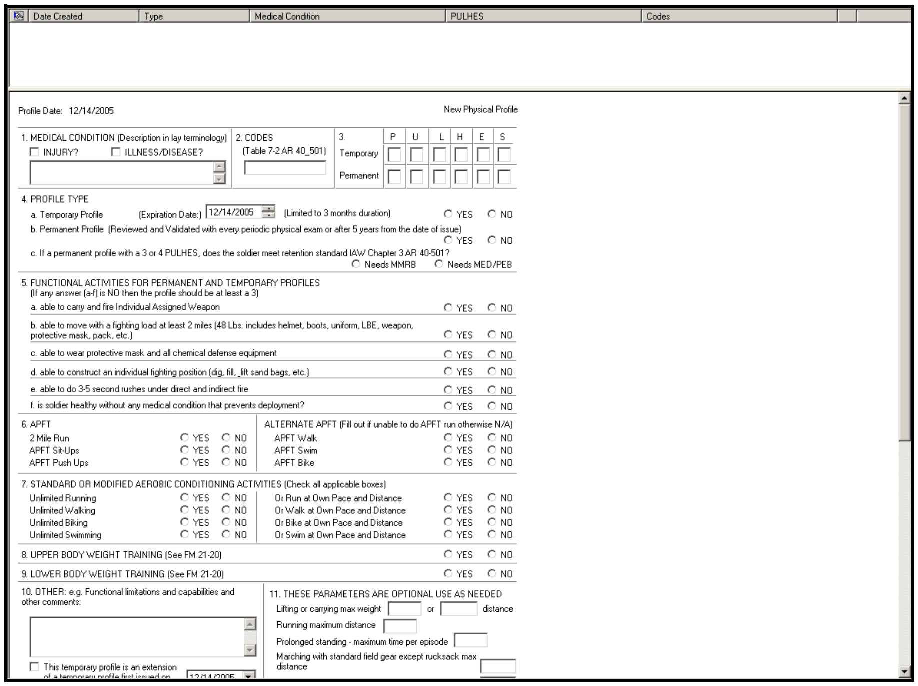

Figure 1–3: Blank Physical Profile Form

Note: The field numbers on the form do not correspond exactly to the numbers on the DA Form 3349. For example, Blocks 13, 17 and 22 are blank fields for signatures on the DA Form 3349 and do not appear on the profile form.

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3. Complete blocks 1–5 of the form as follows:

   - **Block 1:** Check either **Injury**, **Illness/Disease**, or both, if applicable, and enter the description.
   - **Block 2:** Enter the appropriate Code(s).

Note: For a complete list of codes refer to Table 7-2 of Army Regulation (AR) 40-501.

   - **Block 3:** Enter a single number from 1-4 in each of the boxes under the **P** (Physical Capacity), **U** (Upper Extremities), **L** (Lower Extremities), **H** (Hearing), **E** (Eyes), and **S** (pSychiatric) columns. If the Profile is to be Permanent, enter the numbers in the **Permanent** row.

Note: For a complete description of the numerical values used in the boxes, refer to Table 7-1 of AR 40-501.

   - **Block 4:** For a Temporary Profile, select the **Expiration Date** from the pop-up calendar and select the **YES** radio button. When you do this, all remaining options related to Permanent Profiles become disabled. For a Permanent Profile, complete “b” and “c” as appropriate.

- **Block 5:** Select the appropriate **YES** or **NO** radio buttons for items a–f.

4. Complete blocks 6–11 as appropriate.
5. Complete blocks 12–26 of the form as follows:
   - Click **Profiling Officer** in Block 12. The Signature of Profiling Officer window displays.
   - Enter the Profiling Officer's **Name** and **Grade** and click **OK**.

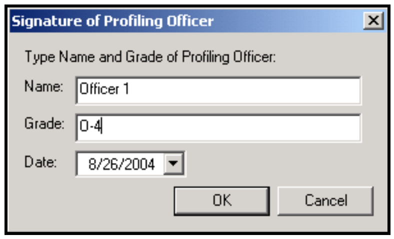

Figure 1–4: Signature of Profiling Officer Window

   - Complete the same actions for the **Approving Officer** (Block 16) and **Unit Commander** (Block 19) blocks.
   - Select the appropriate radio buttons in Blocks 15 and 19.

6. Complete the **Medical Facility** field (Block 24). Enter the facility in the free text field or search for a MEPRS identifier by clicking **MEDICAL FACILITY**. The MEPRS Search window opens.

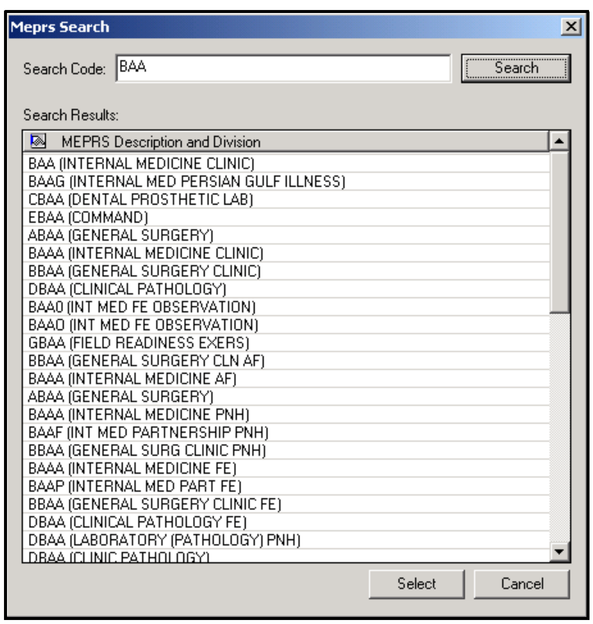

Figure 1–5: MEPRS Search Window

   - Search for and select the desired MEPRS code and click **Select**. Block 24 populates with your selection.

7. Complete the **Unit** field (Block 25). Click **UNIT** to search for the patient's unit. The Unit Search window opens.

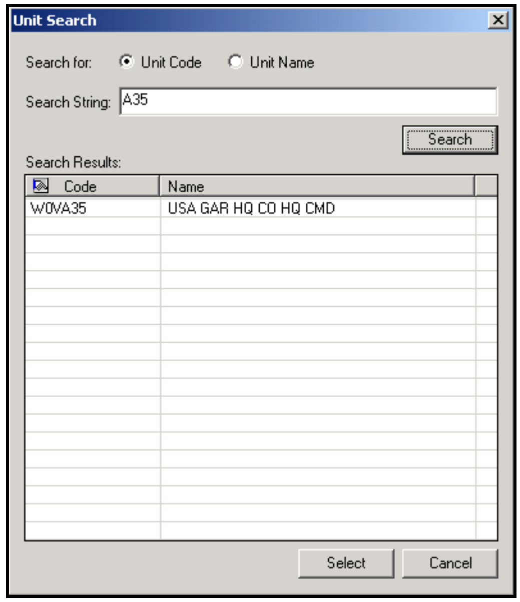

Figure 1–6: Unit Search Window

- Search for the desired **Unit Code** or **Unit Name**. Highlight the appropriate item and click **Select**. Block 25 populates with your selection.

8. Complete the free text fields in Block 26, if desired.
9. Click **Save** on the Action bar. The profile is saved to the Army Readiness module. Click **Cancel** to clear the Profile Form from the workspace.

1.4.1 Creating a Profile Template

Follow the steps below to save a completed or partially completed Profile Form as a template:

1. Select the profile.
2. Click **Save as Template** on the Action bar. The New Physical Profile Template window opens.

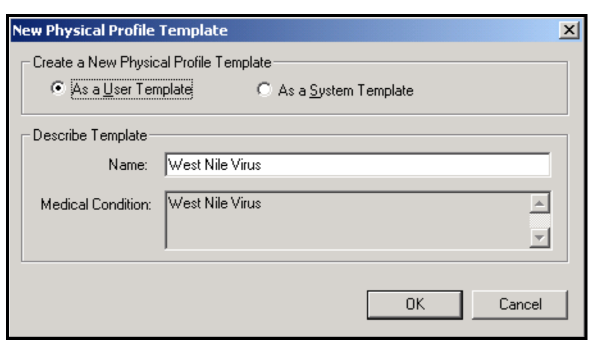

Figure 1–7: New Physical Profile Template Window

3. Select the type of template desired. Select the **As a System Template** radio button to save the template as an Enterprise template. Enterprise templates cannot be deleted.
4. The Template type defaults to **As a User Template** and the Name defaults to the medical condition you entered on the Profile form in Block 1. You can also change the Name of the template if you desire.
5. Click **OK**. The template is saved and is immediately available to you for use with another patient.

1.4.2 Using an Army Profile Template

Follow the steps below to use an Army Profile template:

1. Click **New Profile** on the Action bar. The Create a New Physical Profile window opens.

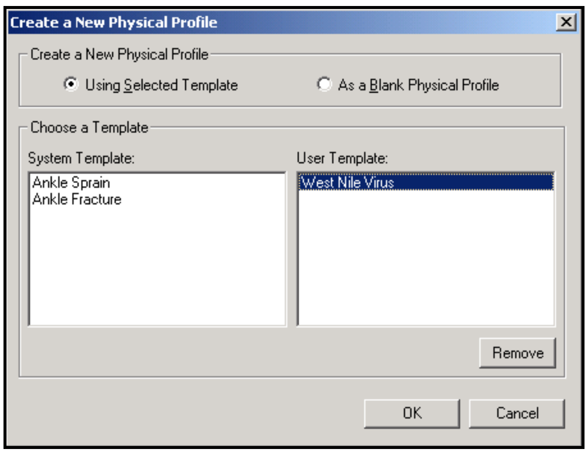

Figure 1–8: Create a New Physical Profile Window

2. Select either a **System Template** or a **User Template** and click **OK**. The template Profile Form displays.
3. Make any changes necessary to the Profile Form and click **Save**. The Physical Profile, with the changes you have made, is saved to the Army Readiness module. Click **Cancel** to close the Profile Form. The new profile is displayed in the Army Readiness module.

1.4.3 Printing the DA Form 3349

Follow the steps below to print the DA 3349:

1. Select the profile and click **Print** on the Action bar.

1.4.4 Deleting a Profile

Follow the steps below to delete a profile:

1. Click the "x" symbol on the row of the profile you want to delete. A warning window appears.

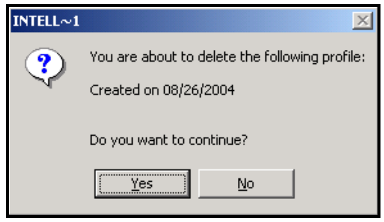

Figure 1–9: Delete Warning Window

2. On the warning window, click **Yes**. The profile is removed from the Army Readiness module.

1.4.5 Removing a User Profile Template

Follow the steps below to remove a user profile template:

1. Click **New Profile** on the Action bar. The Create a New Physical Profile window opens.

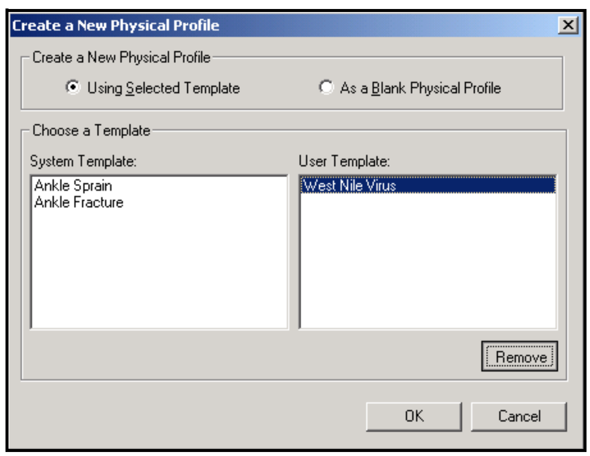

Figure 1–10: User Template Selected for Removal

2. Select the User Template you want to remove and click **Remove**. The Delete Profile Template Warning window displays.

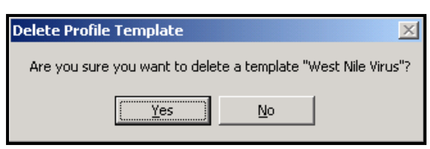

Figure 1–11: Delete Profile Template Warning Window

3. Click **Yes**. The User Template is removed.

Note: You cannot remove Enterprise (System) level templates.

1.5 Army Deployment Overview

Assigned users are able to create and track patient specific Pre-Deployment (DD Form 2795) and Post-Deployment (DD Form 2796) from this module.

The top pane of the window displays a list of existing deployments forms. To view a deployment, click on it and the lower pane of the window is populated with the Pre and Post Deployment forms. The Pre Deployment tab is defaulted.

Note: You cannot make any changes to an existing deployment. You can print either the Pre Deployment or Post Deployment form by clicking **Print** on the Action bar. Clicking **Cancel** on the Action bar removes the form from the lower pane, and **Close** returns you to the Army Readiness module.

1.5.1 Creating a New Deployment Form

The Pre Deployment tab is used to access the Pre Deployment Form (DD Form 2795).

There are four option buttons across the top of the form:

- **Save:** Saves the Pre Deployment form. The **Save** button is also available at the bottom of the form.
- **Default Deployable:** As a convenience, completes many of the sections of the form with deployable selections. However, the user must still complete the remaining sections of the form. Any of the pre-selections can be changed by the user if necessary.
- **Quick Sign:** When the form has been completed, clicking this button opens a Verify User/Sign Document window. Enter your AHLTA password and click **OK**.
- **Interviewed By:** The Verify User/Sign Document window opens. The interviewer enters his/her AHLTA password and clicks **OK**.

To create a new pre deployment:

1. Click **New Deployment** on the Action bar. A blank deployment form opens, with Pre Deployment (DD Form 2795) defaulted.

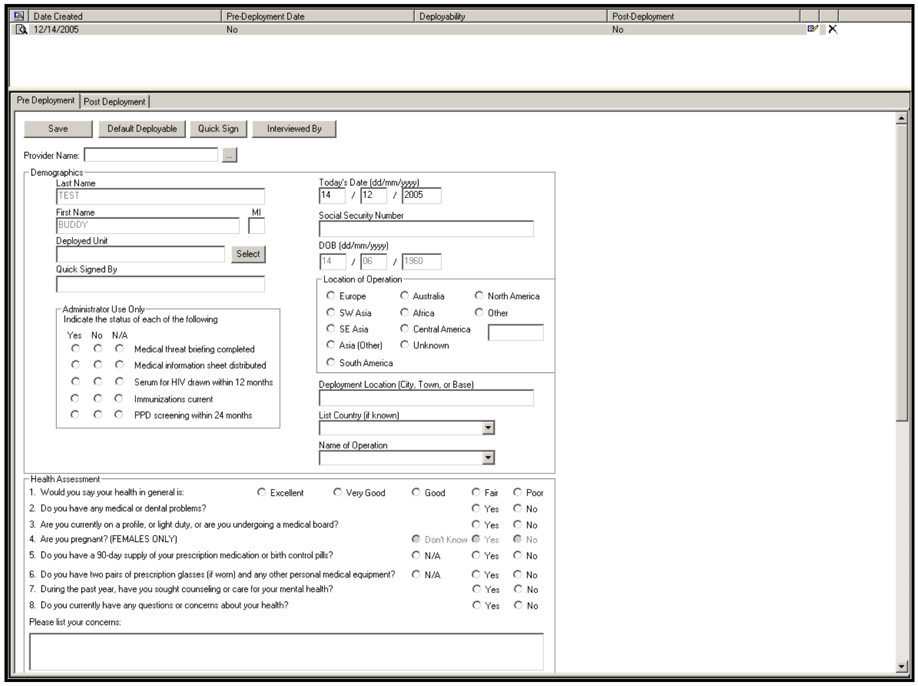

Figure 1–12: Pre Deployment Screen

Note: Applicable patient demographics data is pre-populated and disabled so that it cannot be changed in this module. If a change in patient demographics information is necessary it must be done in CHCS.

2. Click the ellipsis button next to the Provider Name field to enter the provider's name. The Clinician Search window opens.
   - Enter a search string in the name field and click Find. The search results display.
   - Select the desired provider and click **Select**. The provider's name populates the field.
3. Enter the provider's grade in the Provider Grade field.
4. Complete the following fields as appropriate.
   - **Demographics:** All patient specific fields are pre-populated from CHCS and disabled so they cannot be edited on this form. The Today's Date field can be edited, but cannot be changed to a future date.
   - **Deployed Unit:** Click **Select** and perform a search for the unit name.
   - **Deployed Location (City, Town or Base):** Enter the deployment location (50 character limit).
   - **List Country:** Select the country from the drop-down list. If the country is not available in the list, it can be added manually.
     - Enter the country name in the List Country field and click the "+" button.

    - Click **OK** at the confirmation dialog box. The new country is added to the drop-down list.
- **Name of Operation:** Select the operation name from the drop-down list. If the operation is not available from the drop-down list, it can be added manually.
    - Enter the operation name in the Name of Operation field and click the "+" button.
    - Click **OK** at the confirmation dialog box. The new operation is added to the drop-down list.
- **Administrator Use Only:** Select the appropriate radio buttons. If **Default Deployable** was previously selected, the **Yes** radio buttons are defaulted.
- **Location of Operation:** Select the applicable radio button. If **Default Deployable** was previously selected, the **Unknown** radio button is selected by default. This selection can be changed by clicking another location.
- **Health Assessment:** Select the applicable radio buttons. The Please list your concerns free text field is enabled if **Yes** is selected for question 8.
- **Pre-Deployment Health Provider Review:** Select the applicable checkboxes.
- **Final Medical Disposition:** Select the applicable radio buttons. If the patient is not deployable, provide an explanation in the Comments field.

5. Click **Save**.

1.5.2 Completing the Post Deployment Form

The Post Deployment tab is used to access the Post Deployment Form (DD Form 2796).

Note: A pre deployment must be created before a post deployment can be completed.

There are six option buttons across the top of the form:

- **Save:** Saves the Post Deployment form.
- **Default Values:** As a convenience, completes many of the sections of the form with positive selections. However, the user must still complete the remaining sections of the form. The pre-selections can be changed by the user if necessary.
- **Quick Sign:** When the form has been completed, clicking this button opens a Verify User/Sign Document window. Enter your AHLTA password and click **OK**.
- **Interviewed By:** The Verify User/Sign Document window opens. The interviewer enters his/her AHLTA password and clicks **OK**.
- **<Back:** The Post Deployment form consists of four pages. The **<Back** button is enabled if you are on the second or subsequent page, and returns you to the previ-

ous page of the form. The **<Back** button is also available at the bottom of each page of the form.

- **Next>:** The **Next>** button advances you to the next page of the form. Some of the fields must be completed before you can advance to the next page. A dialog box displays if the required fields have not been completed. The **Next>** button is also available at the bottom of each page of the form. The **Next>** button becomes disabled when you are on the last page of the form.

To create a new post deployment:

1. Select the deployment from the Deployments list.
2. Click the Post Deployment Tab. The Post Deployment form displays.

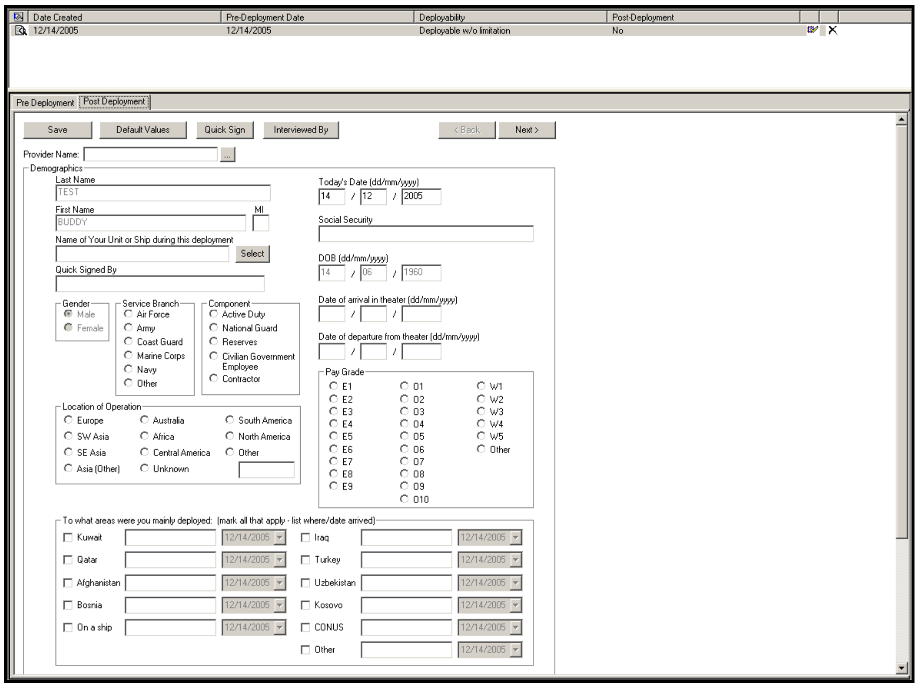

Figure 1–13: Post Deployment Form

3. Complete the following fields.
   - **Provider Name:** Click the ellipsis button next to the Provider Name field to enter the provider's name. The Clinician Search window opens.
     - Enter a search string in the name field and click **Find**. The search results display.
     - Select the desired provider and click **Select**. The provider's name populates the field.
   - **Demographics:** Select the applicable radio buttons. Some of the patient specific fields are pre-populated from CHCS and are disabled and cannot be modified on this form. The Today's Date fields can be modified, but cannot be changed to a future date.
   - **Name of Your Unit or Ship during this deployment:** Click **Select** and perform a search for the unit name.

- **Dates of Arrival and Departure:** Enter the appropriate dates in the fields. Future dates cannot be entered and the departure date must be later than the arrival date.
- **Location of Operation:** Select the appropriate radio button. If **Other** is selected, enter the location in the text field.
- **Areas Deployed:** Select the applicable checkboxes. Once the checkboxes are selected, the text and date fields become enabled.
- **Name of Operation:** Select the operation name from the drop-down list. If the operation is not available from the drop-down list, it can be added manually.
    - Enter the operation name in the Name of Operation field and click the "+" button.
    - Click **OK** at the confirmation dialog box. The new operation is added to the drop-down list.
- **Occupation Specialty:** Enter the appropriate Military Occupational Specialty (MOS), Navy Enlisted Code (NEC) or Air Force Specialty Code (AFSC).
- **Combat Specialty:** Enter the patient's combat specialty.

Note: Combat specialty occupations refer to those enlisted specialties, such as infantry, artillery, and Special Forces, that operate weapons or execute special missions during combat situations. They normally specialize by the type of weapon system or combat operation. These personnel maneuver against enemy forces, and position and fire artillery, guns, and missiles to destroy enemy positions.

- **Administrator Use Only:** Select the appropriate radio buttons. If **Default Deployable** was previously selected, the **Yes** radio buttons are defaulted.

Note: At this point you can click **Save** button at the bottom of Page 1, but it is not required until you have completed all of the pages of the Post Deployment form. If you click **Save** you are returned to the top of the page.

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4. Click **Next>** to proceed to page 2.
5. Answer the questions 1-11 by selecting the appropriate radio buttons and checkboxes and completing the free text fields as necessary.
6. Click the **Next>** button to proceed to page 3.
7. Answer the questions 12-18 by selecting the appropriate radio buttons and checkboxes and completing the free text fields as necessary.
8. Click the **Next>** button to proceed to page 4.
9. Complete the Health Assessment section as appropriate.

10. Complete the Post Deployment Health Provider Review section as appropriate.

Note: As this is the final page of the form, the **Next>** button is disabled. You can review previous pages of the form by clicking the **<Back** button. If you click **Save**, the Post Deployment form is saved and you are returned to the top of page 1 of the form. A quicker way to complete action on the form is to scroll to the top of page four to display the option buttons.

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11. Select one of the following actions:
    - Click **Interviewed By**. The Verify User/Sign Document window opens.
        - Enter your password and click **OK**.
    - Click **Quick Sign**. The Verify User/Sign Document window opens.
        - Enter your password and click **OK**.
    - Click **Save**. The Post Deployment form is saved and the process is complete. The completed Pre and Post Deployment for dates and the patient's Deployability is included in the Deployments list in the upper pane of the Deployments module.

1.5.3 Closing a Deployment

After completing the Pre and Post Deployment form, you can close the forms and prevent them from being changed.

Note: Once you close a Deployment, you can no longer modify it.

Follow the steps below to close a Deployment:

1. Click the “checkmark” in the row of the Deployment form you wish to close.

Figure 1–14: Check Mark

2. On the warning window, click **Yes**. The deployment form is closed and can no longer be modified.

1.5.4 Deleting a Deployment

Follow the steps below to delete a Deployment:

1. Click the “x” symbol on the row of the Deployment you want to delete. A warning window appears.

Note: Once you close a Deployment, you cannot delete it.

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2. On the warning window, click **Yes**. The deployment is removed from the Deployments module.

1.6 IMR Overview

For clinicians assigned appropriate roles, the patient specific Individual Medical Readiness (IMR) module enables them within or outside of a patient encounter to create and track the patient's Status (Army version only). The IMR form itself is implemented by surfacing the current Medbase IMR functionality.

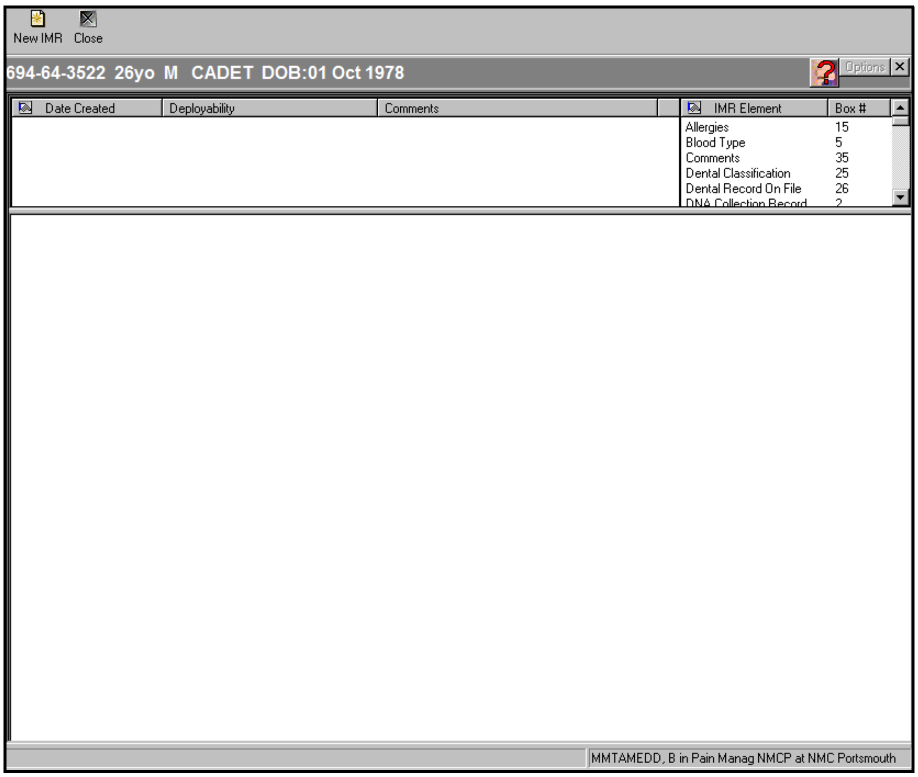

Figure 1–15: IMR Screen

1.6.1 Creating a New IMR Form

To create a new IMR form:

1. Click **New IMR** on the Action bar. The date created is listed in the top pane of the window (the NA in the Deployability column indicates that the IMR has not been completed) and the new IMR form displays in the lower pane of the window.

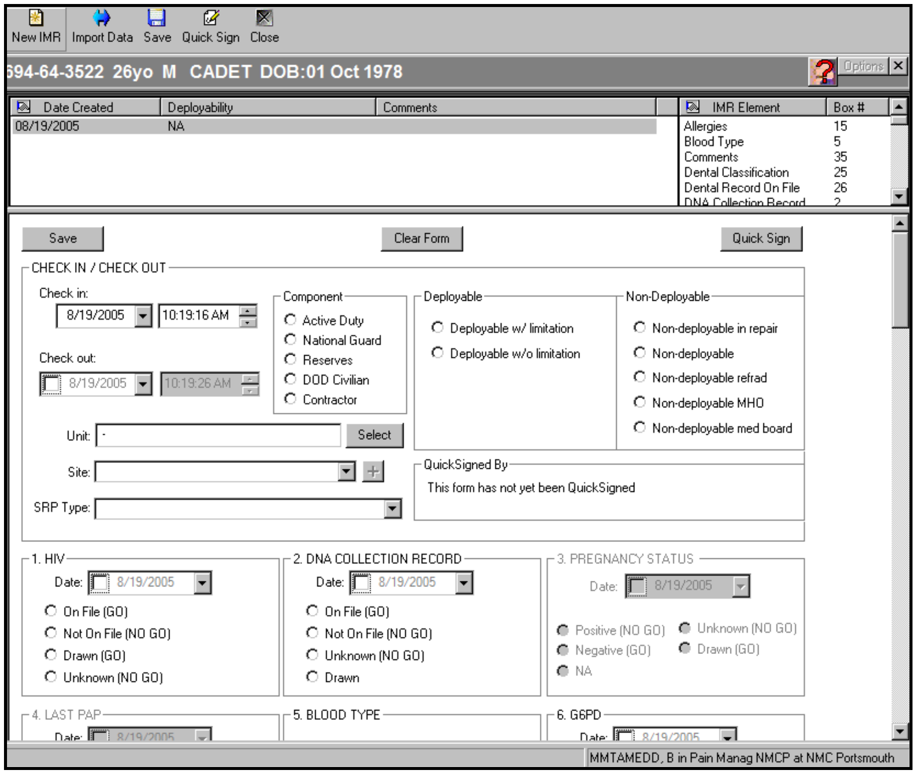

Figure 1–16: New IMR Form

Note: As the form is loading applicable data from the CDR automatically populates the corresponding section of the IMR form.

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2. There is a scrolled IMR Element navigation list in the upper right hand corner of the module You can click on an item in this list and be navigated directly to that section of the IMR form.

3. There are three option buttons at the top of the form.

   - **Save:** Saves the entries you have made on the form since the last time the form was saved.
   - **Clear Form:** Clears any previously made selections on the form.
   - **Quick Sign:** The Verify User/Sign Document window opens. In the present deployment readiness (IMR form), all fields must be completed in order to sign the form.

Note: The IMR form fields and sections do not have to be completed in any specific order. They are described here from the top of the form to the bottom.

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4. Complete the fields as appropriate. As fields are completed, the Title text will highlight in green for GO, red for NO GO and yellow for Unknown (NO GO).

Note: Section 3 and section 4 are disabled for male patients. If a patient has an active physical profile (Section 8), he/she will not be fully deployable. Data in section 9 (Physical Exam) and section 15 (Allergies) are pre-populated from data in the CDR.

5. To complete the IMR process, click **Save**. Your entries are saved and you are returned to the top of the form.
6. Click the Check out box and select a Deployable radio button.
7. Click **Quick Sign**. The Verify User/Sign Document window opens.
8. Enter your password and click **OK**. The IMR is complete.

2.0 CHDR

2.1 CHDR Overview

AHLTA interfaces with external systems to ensure that required patient clinical information is available in the Clinical Data Repository (CDR).

Find out more about the external interfaces:

- Veterans Administration Healthcare Data Repository

2.2 Veterans Administration Healthcare Data Repository

AHLTA exchanges patient clinical data between the CDR and the VA HDR in order to provide services in a seamless fashion to both TRICARE and HealtheVet beneficiaries who are actively being treated at both VA and Department of Defense (DoD) facilities. These patients are referred to as Active Dual Consumers (ADCs).

When the patient is first identified and flagged as an ADC patient, an initial data synchronization process occurs. Subsequent to that initial synchronization, data synchrony between the two agencies is maintained by real-time updates transmitted between the two systems whenever an update is made in either system to the patient medication profile, drug allergies or laboratory chemistry or hematology result data.

There are three interfaces that enable the exchange of this data:

- AHLTA to the Pharmacy Data Transaction System (PDTS)
- PDTS to AHLTA
- AHLTA Interface Engine to VistA Interface Engine

Laboratory results and drug Allergy displayed in the AHLTA client include combined VA/AHLTA data. Medication Profile displayed include combined DoD/VA/PDTS data. VA and PDTS (Retail and Mail order pharmacy) data is available in the CDR only for patients who either are active dual consumers or have been active dual consumers in the past (i.e., the patient's ADC status either is “Active” or was “Active” at some time in the past). Data is only received into the CDR from PDTS and VA for active dual consumers. ADC patients are identified by a distinctive icon on the Patient ID bar.

The origin of the data (DoD, VA or PDTS) is identified in the AHLTA Allergy, Medications or Laboratory module as appropriate. This functionality will be simulated in the AHLTA Training System (CTS) through the use of pre-positioned data. Additionally, based on existing functionality, limited data received from the VA displays in failover mode. There is no visual indicator that distinguishes a VA allergy from a DoD allergy data in failover mode. No indicator is transmitted to CHCS and/or stored in the CHCS database to distinguish the VA allergy data from DoD allergy data.

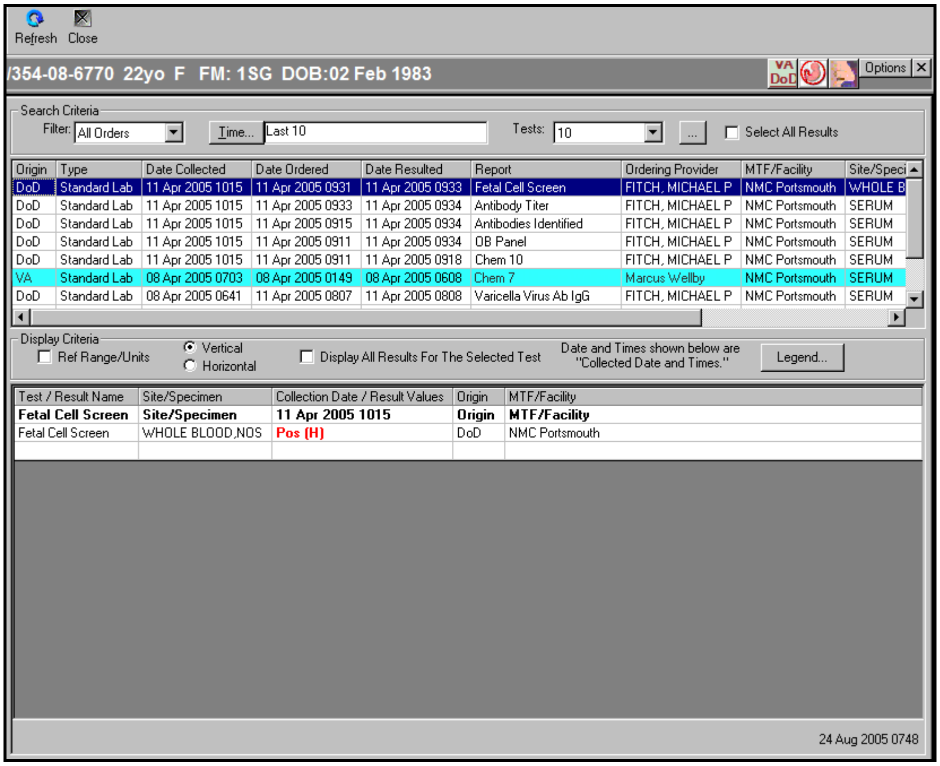


Figure 2–1: Labs Module

2.2.1 AHLTA to the Pharmacy Data Transaction System

Transfers VA medication profile information for ADC patients to PDTS. PDTS is the mechanism that is currently used for medication-medication interaction checking by the DoD. This interface will allow VA pharmacy data to be included in that interaction checking.

2.2.2 PDTS to AHLTA

Accepts Retail and Mail Order Pharmacy data from PDTS for ADC patients. PDTS will send the data for all patients, but AHLTA will accept and store the data only for patients whose ADC status is set to “Active.”

2.2.3 AHLTA Interface Engine to VistA Interface Engine

This interface is bi-directional and involves the transfer of data between the DoD and the VA.

2.3 CHDR Impact on Users

2.3.1 All Users

- Active dual consumers have a distinctive icon displayed in the Patient ID bar
- The Allergy, Medications and Laboratory modules will indicate whether the data originated from the CDR or HDR
- HDR data is read-only
- All relevant patient data entered in AHLTA will update both the CDR and HDR

3.0 DEMOGRAPHICS

3.1 Demographics Overview

Users are no longer able to edit a patient's Home Address (Street, City, State/Country, or Zip), Email, Home Phone, Work Phone, Religion or Records Maintained At fields in the Patient Demographics module. These fields are populated by CHCS/DEERS. The free text Comments field has been renamed to Local Info/Comments. Users can enter up to 255 characters in this field, and once saved these comments are written to the Clinical Data Repository (CDR) and persist until changed. The field can be used for information, such as an overseas (OCONUS) telephone number, cell phone numbers, and other information deemed appropriate. Comments entered in this field during normal operations will not be available for viewing during failover mode, when connectivity to the CDR is lost.

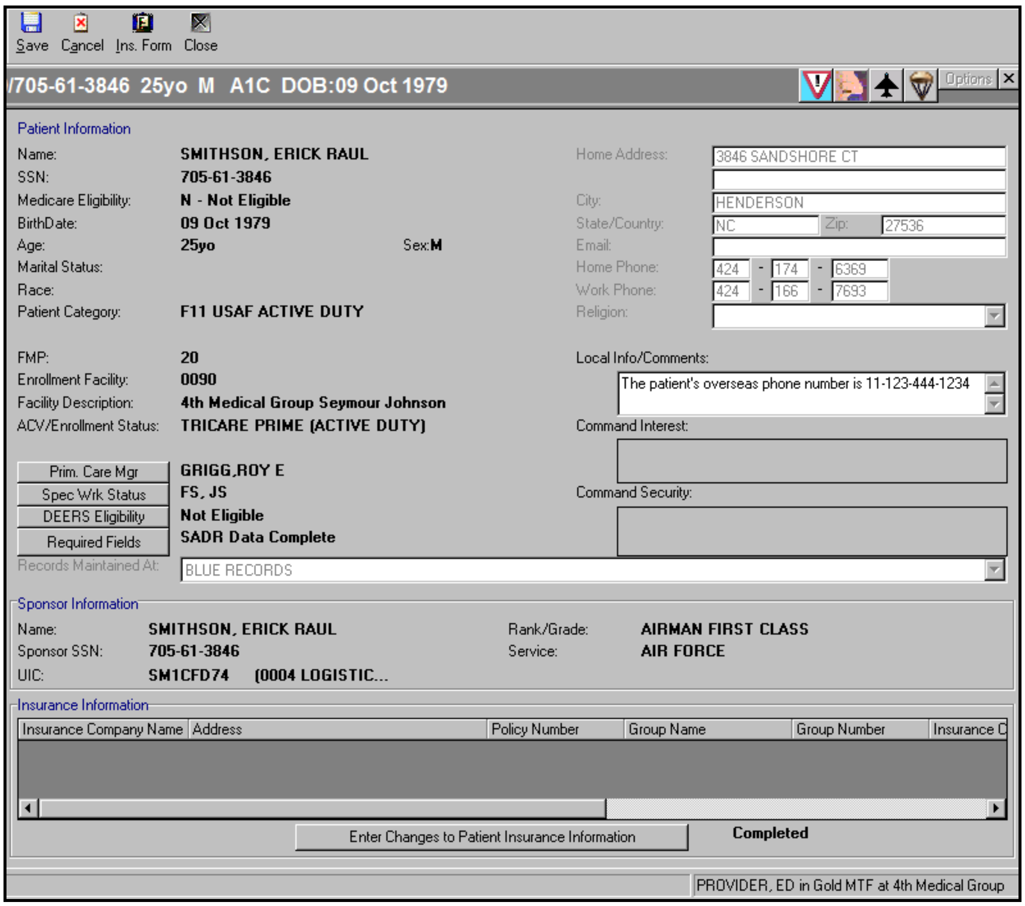


Figure 3–1: Demographics Module

3.2 Impact on Users

3.2.1 Providers and Nurses

- None

3.2.2 Support Staff and Clerks

- Demographic information must be maintained and updated in CHCS and DEERS
- The Local Info/Comments field is limited to 255 characters and can be used to enter an OCONUS phone number, cell phone number or other appropriate information
- The Local Info/Comments field is unavailable for viewing/editing during failover mode

4.0 FAILOVER OPERATIONS

4.1 Failover Operations Overview

Prior to the release of 838, AHLTA architecture utilized a central database, the Clinical Data Repository (CDR). Because of this architectural design, AHLTA was dependent on its ability to access the CDR. AHLTA clinical team members could not conduct basic patient services when the CDR was down or inaccessible due to a Wide Area Network (WAN) issue.

With the release of 838, AHLTA will implement a Local Cache architecture. The purpose of the Local Cache architecture is to provide AHLTA clinical team members with the ability to electronically document patient encounters in the event of a WAN or application outage between the CHCS host site and the CDR. A local cache server will be added at each host site that includes the Local Cache Database (LCD). During the documentation of an encounter, all data will be saved to the LCD. Once an encounter is signed, the encounter data are synced with the CDR.

Local Cache implementation consists of two main system modes: "normal mode" and "failover mode." If the CDR, LCD, and CHCS are available, the system is in normal mode. If the CDR is unavailable, but the LCD and CHCS are available, the system is in failover mode.

During failover mode, the AHLTA client presents data from the LCD and CHCS, instead of the CDR. The change in the architecture allows clinical team members to continue to document existing encounters, as well as to create new encounters in a failover mode. Upon completion of the encounters in failover mode, the encounters will be queued for later submission to the CDR. Once connectivity has been restored, the completed encounters will be synced with the CDR automatically.

To ensure that the LCD contains pertinent clinical data in the case of failover, a nightly push occurs from the CDR to the LCD. The data in this push include application data, and patient data as well as user settings and immunization data.

- Application Data:
  - Provider information: list of valid providers/properties
  - Clinic information: list of valid clinics/properties
  - Clinic/provider relationships
  - Cosigners, etc.
  - Ancillary lists
- Patient-specific data are sent to the LCD for those patients with a scheduled appointment the following day:
  - Appointment information
  - Last four previous encounters
  - Problem list (problems only, no associated encounters or treatments [orders])

- User settings are also sent to the LCD:
    - Favorite lists
    - Desktop sizing
    - Folder list vs. buttons
    - Autocite/print options
    - Templates (S/O and encounter)
- Immunization data:
    - Lots/store information

Some modules are not supported in failover mode and will be unavailable. During failover mode, all modules that support failover mode will write their data to the LCD and/or CHCS.

Module	Supported	Not Supported
Appointments	•	
Alert Review	•	
Allergy	•	
Army Readiness		•
Assessment and Plan	•	
Clinical Notes		•
Consult Log		•
Co-signs	•	
Demographics	•	
Disposition	•	
Encounter Summary	•	
Flowsheets		•
Health History	•	
Immunizations	•	
Immunizations Admin		•
Labs	•	
List Management	•	
Meds	•	
New Results		•
Patient List		•
Patient Questionnaires		•
PKC Couplers		•
Previous Encounters	•	
Problems	•	
Questionnaire Setup		•
Rad	•	
Readiness		•
Reports		•
Rx Alternatives		•
S/O	•	
Screening	•	
Screening Notification		•
Sign Orders	•	
Telephone Consults	•	
Template Management		•
Vital Signs (Entry)	•	
Vital Signs (Review)	•	
Web Browser	•	
Wellness		•

Figure 4–1: Failover Mode Supported Modules

The Training System will not simulate failover operations, as it is a self-contained system.

4.2 Failover Impact on Users

4.2.1 MTF

- The MTF is responsible for notifying all users when the connection to the CDR is reestablished

4.2.2 All Users

- Patient Searches will be limited to CHCS only
- Telcons are accessed/created from the Appointments module
- Once the MTF notifies users that the CDR connection has been reestablished, users should log out and log back into AHLTA

4.2.3 Providers and Nurses

- All patient encounter modules are supported
- Template Management is unavailable during failover, but user favorites are selectable from the S/O and A/P template drop-down lists
- AutoCite information and previous encounter data may be limited or unavailable

4.3 Failover Mode

When connectivity with the CDR is lost, a warning dialog box appears when the user tries to perform an action that requires the CDR. The dialog box will inform the user of the network loss and will provide the user with the option to either retry connecting to the CDR by clicking **Retry**, or to exit the application by clicking **Exit**.

Note: The user is only permitted one attempt to restore the connection.

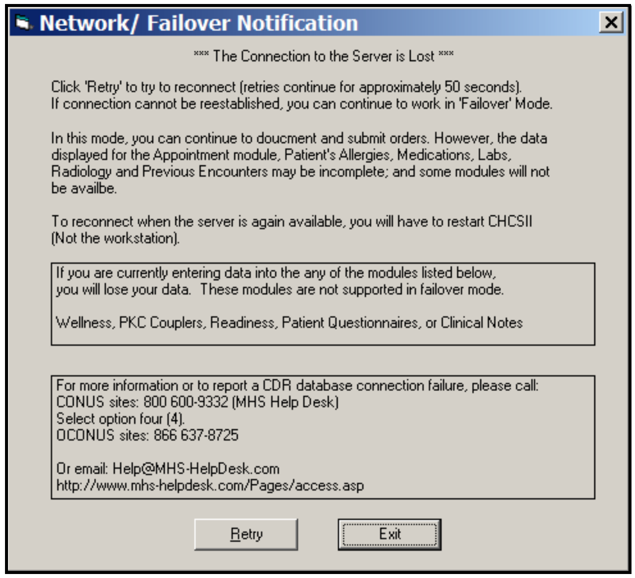


Figure 4–2: Network/Failover Notification Window

If the connection is re-established, the user can continue working in normal operations. If the connection cannot be re-established, the user is informed that AHLTA is currently in failover mode. The user can elect to either continue by clicking **OK**, or exit AHLTA by clicking **Exit**.

Note: The MTF is responsible for notifying users when the connection to the CDR is restored.

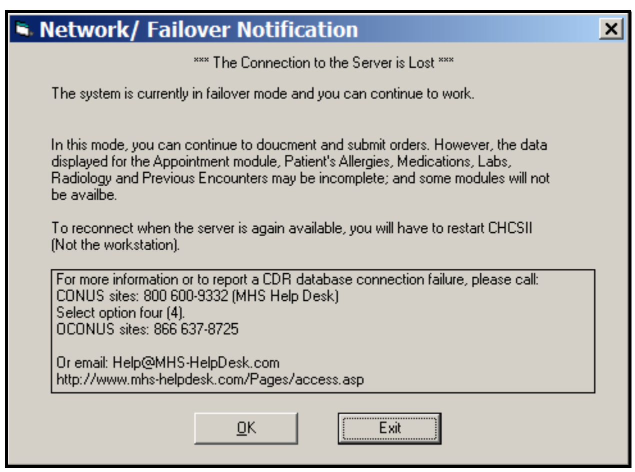


Figure 4–3: Network/Failover Notification Window

When AHLTA switches over to failover mode, the application will provide two visually distinct identifiers. The Title Bar will display “Failover Mode—Enterprise Data Not Available” and the Patient ID bar will be red. Additionally, modules that are not supported will not be visible in the Folder List, the Shortcuts, or the Go pull-down menu.

Note: If the user has modified their computer's color scheme, the Patient ID bar color may not appear in red. It is recommended that users keep the default color scheme.

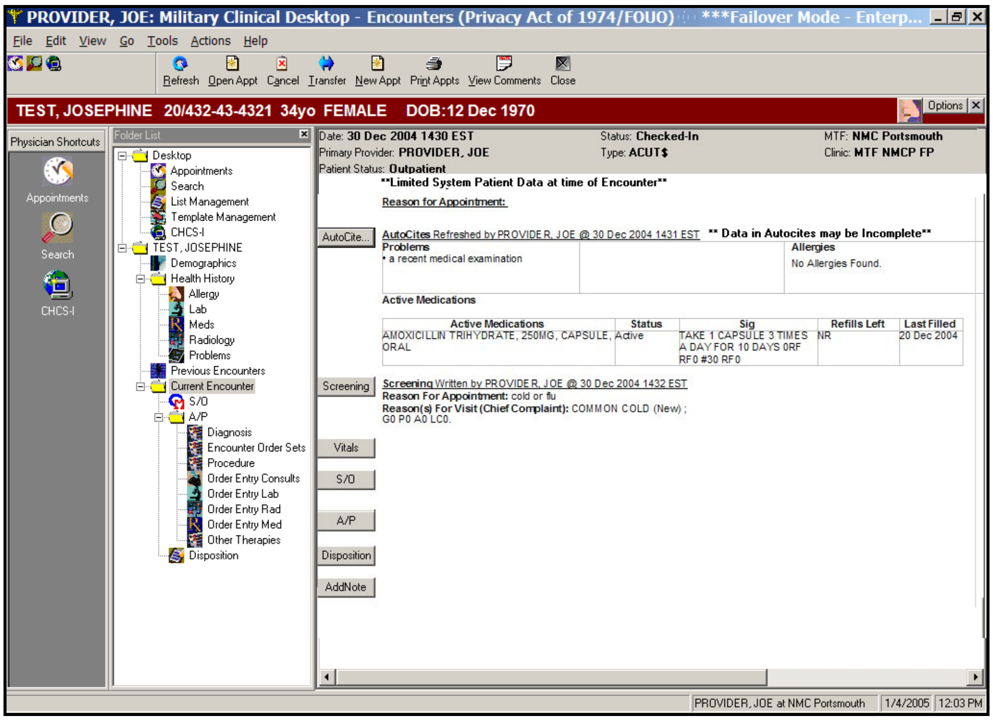


Figure 4–4: Military Clinical Desktop—Failover Mode

If the user selects to exit the application, encounter information is saved to the LCD and the signed encounter data are synced to the CDR when connectivity is restored.

4.4 LCD Failure

With the implementation of Local Cache, AHLTA is dependent on the LCD for both normal and failover operations. When there is a loss of connectivity with the LCD, AHLTA cannot operate. The system displays a dialog box informing the user that the connection to the Data Source is lost and AHLTA cannot continue to operate. Any data that had not been saved prior to this failure are lost. The user may click **Retry** once to try to reconnect or **Exit** to exit AHLTA.

Note: Users should follow MTF policies to determine how to proceed in this situation.

4.5 CHCS Failure in Failover Mode

With the implementation of Local Cache in failover mode, AHLTA is dependent on CHCS for certain functions. CHCS connectivity loss is detected when a module tries to connect with CHCS and is unable to do so. When connectivity is lost, the system will display the following message: “CHCS is currently unavailable.”

Any functions that require the availability of CHCS cannot be performed during this state. Since failover mode reads/writes appointment records to CHCS during failover, only the current encounter can be completed when CHCS connectivity is lost. Once the current encounter is completed, no other encounters can be created.

If connection with CHCS fails, the following modules or actions will be incomplete or unavailable:

- Alerts
- Allergies
- Appointments
- Consults
- Demographics
- Lab Order Entry
- Medication Order Entry
- New Appointment Sync
- New Results
- Patient Search
- Previous Encounters
- Rad Order Entry
- Telephone Consults
- Walk-in/Unscheduled Visits

Note: Users should follow MTF policies to determine how to proceed in this situation.

4.6 Failover Operations

All modules that support failover mode will write their data to the LCD and/or CHCS in failover mode. Data Sync will transfer any data changes (all ancillary patient data) to the CDR when the connection is restored. Any module that is not supported in failover mode will be unavailable.

If network connectivity is lost before the user logs in, the system will login the user in failover mode. A warning dialog box will inform the user of the network loss and will provide the user with the option to either Click **OK** to enter AHLTA in failover mode or click **Exit** to exit the application.

4.7 Failover Mode Supported Modules

Modules that are supported by Failover operations are broken into two categories: patient encounter data modules and ancillary patient data modules.

4.7.1 Patient Encounter Modules

Patient Encounter modules write their data to the LCD regardless of whether AHLTA is in normal or failover operations. After an encounter is signed, the data will be synced with the CDR. If the encounter is not signed, the data will continue to reside on the LCD and will not write to the CDR. During failover operations, signed encounters will be queued for later submission to the CDR when connectivity has been restored.

Patient Encounter modules:

- Current Encounter Summary (SF600)
- Screening
- Vital Signs
- S/O and A/P
- Disposition
- Co-Signs

Patient Encounter module functionality is not affected by failover operations, with the noted exceptions.

4.7.1.1 Current Encounter Summary (Electronic SF600)

"****Limited Patient Data at Time of Encounter****" displays in the top of the SF600, and the warning "****Data in Autocites may be Incomplete****" displays on the first line of the AutoCites section in the SF600.

If the patient has a scheduled appointment, AutoCites display Active Problems, CHCS Allergies, CHCS Active Dispensed Medications, CHCS Labs, CHCS Rads, and Active Family History.

If the patient is a walk-in/sick call patient for that day, no historical information will be available except for what comes from CHCS. AutoCite will only display Allergies, Medications, Laboratory, and Radiology results from the local CHCS host. Active problems, active family history, questionnaires, and historical vitals are not displayed.

4.7.1.2 Screening

The Due Reminders tab is unavailable in failover mode. Special Work Status is disabled during failover operations, and cannot be edited in failover mode.

4.7.1.3 Vital Signs

The Review tab will only display any associated vital signs from the last four previous encounters.

4.7.1.4 S/O and A/P

Templates from the user's favorites list are available for selection from the template drop-down list. If the user had previously loaded a Clinic, MTF, or Enterprise template, its contents become the Current Encounter Template. During failover mode operations, the embedded Current Encounter Template will continue to be available, only for the specific encounter. No other Encounter templates are available during failover mode operations.

Submitted orders are sent to CHCS and are also saved to the LCD as part of the encounter data.

4.7.1.5 Disposition

Special Work Status is disabled during failover operations, and cannot be edited in failover mode.

4.7.2 Ancillary Patient Data Modules

Ancillary patient data modules will have limited functionality in failover mode. In normal operations, the ancillary patient data modules read/write their data to and from the CDR directly. During failover operations, the ancillary patient data modules read/write their information from/to the LCD and/or CHCS instead of the CDR.

Ancillary patient data modules:

- Alert Review
- Allergy
- Appointments
- Demographics
- Health History
- Immunizations
- Lab Results
- List Management
- Medications
- Previous Encounters
- Problems
- Rad Results
- Telephone Consults

4.7.2.1 Alert Review

Only CHCS non-Order Entry alerts will be available in failover mode. AHLTA-specific alerts are not supported and will not display.

4.7.2.2 Allergy

During failover mode, reactions to previously documented allergies are displayed in the comments field.

Patient allergy information can be added, edited, deleted, or verified in failover mode. The data are saved to CHCS. Although new allergies can be added in failover mode, the new allergy reactions cannot be added directly. CHCS does not have a field for reactions, so the reaction is not saved to CHCS. Instead, reactions should be documented in the Comments field. When connection to the CDR is restored, CHCS only sends the new allergy and the comment field to the CDR. When normal operations are restored, users can edit and modify those allergies that were added during failover operations.

4.7.2.3 Appointments

The Appointments module reads and writes data from/to CHCS. Only scheduled CHCS appointments will be available, along with all In Progress, Incomplete appointments, telcons and encounters needing cosignatures. Users should set the Appointments module properties to view both appointments and telcons.

Walk-in appointments and telcons can be created in failover mode; however, patient searches will be limited to CHCS. After the appointment or telcon has been created, the encounter data are saved to the LCD.

4.7.2.4 Demographics

Patient demographic information can only be reviewed in failover mode. Special Work Status is disabled during failover operations, and cannot be edited in failover mode.

4.7.2.5 Health History

The Health History module will only display modules that are supported in failover mode.

4.7.2.6 Immunizations

Immunizations can still be delivered to a patient and documented in the Immunizations module. The lot/store data are saved to the LCD. The Vaccine History tab will display only the historical vaccines that were entered during failover mode.

4.7.2.7 Lab Results

Only the Lab results available from the CHCS host for the patient can be reviewed. The filtering criteria available during this mode will be limited to the Sliding Time Range and Specific Time Period (date range) options on the Time Search window.

4.7.2.8 List Management

The List Management module can be reviewed, edited, and added to in failover operations; however, any changes made will not be synced back to the CDR. When the CDR connection is restored, the CDR-based settings will be utilized.

4.7.2.9 Medications

Medications can only be reviewed in failover mode. Over-the-Counter (OTC) medications cannot be documented in the Meds module during failover operation because CHCS does not have any fields for OTC medications.

4.7.2.10 Previous Encounters

The last four previous encounters will be available for viewing during failover mode. A previous encounter can be appended or amended providing it was completed in the user's current facility.

4.7.2.11 Problems

Health Care Maintenance and Dental Readiness are unavailable. The user can still add, edit, or review problems. The changes will be saved to the LCD.

4.7.2.12 Rad Results

Only the Radiology results available from the CHCS host for the patient can be reviewed. The filtering criteria available during this mode will be limited to the Sliding Time Range and Specific Time Period (date range) options on the Time Search window.

4.7.2.13 Telephone Consults

In failover mode, all telephone consults will be displayed in the Appointments module. The Appointments module will display all incomplete/in-progress telcons from the current day and all previous incomplete telcons. The user is able to create new telcons during failover mode operations.

Note: When creating new telcons, your patient search will be limited to your CHCS facility only.

Note: Although Microsoft corporation’s Internet Explorer (IE) displays as a module in AHLTA, its web connection is completely unrelated to AHLTA. It is not affected by either AHLTA normal or failover operations.

4.7.3 Unsupported Modules

During transition to failover mode, modules that are not supported during failover operations close without saving. Any data that had been written to unsupported modules since the last save are lost and the module is removed from the Toolbar, Shortcuts list, and Folders list. The user will be unable to access any unsupported modules in failover mode. To minimize the potential impact, users are encouraged to save their work and close modules that are not being used.

The following modules are not supported in failover mode:

- Army Readiness
- Consult Log
- Clinical Notes
- Flowsheets
- Immunization Admin
- New Results
- OB Summary
- Patient List
- Patient Questionnaires
- PKC Couplers
- Questionnaire Setup
- Readiness
- Reports
- Rx Alternatives
- Screening Notification
- Sign Orders
- Template Management
- Vital Signs (Review)

- Wellness

4.7.3.1 New Results

Although the New Results module is unavailable in failover mode, users can view new results by clicking the **CHCS-I** icon in the Folder List to launch a Telnet session into CHCS.

4.7.3.2 Template Management

Although the Template Management module will not be available during failover mode operations, encounter templates from the user's My Favorites list will be selectable from the drop-down lists in the S/O and A/P modules. Additionally, the contents of encounter templates that have been loaded into a specific encounter become embedded as a part of that encounter and renamed as the Current Encounter Template. The contents of the Current Encounter Template will continue to be available for that specific encounter when the system goes into failover mode operations.

4.8 User Configuration Data

User configuration data (i.e., Folder list, Shortcuts list, Desktop sizing, AutoCite/print options) can be changed in failover mode; however, these changes only remain in effect during the current failover mode event. Configuration data changes are not written back to the CDR when connectivity is restored. When the CDR connection is restored, AHLTA will load the configuration data saved in the CDR.

5.0 SF600/DMIS ID

5.1 SF600/DMIS ID Overview

The SF600 (Medical Record - Chronological Record of Medical Care) will display the facility name where the patient's care is being provided, based on DMIS ID. Previously, the report displayed the CHCS Host Site by DMIS ID.

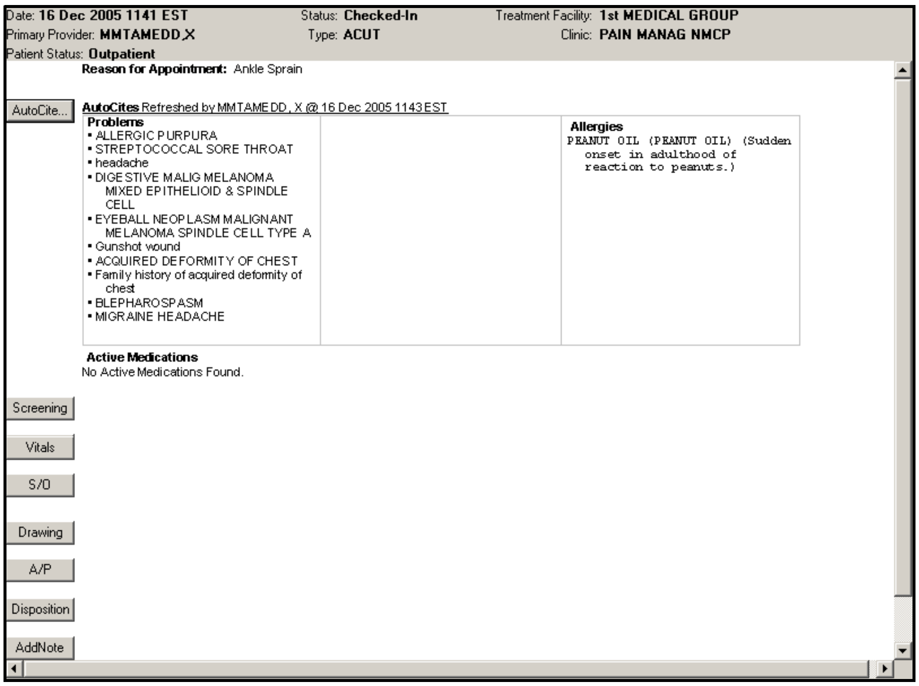


Figure 5–1: Encounter Summary

6.0 WELLNESS ENHANCEMENTS

6.1 Wellness Enhancements Overview

Wellness Enhancements increases the design flexibility by enabling the user to address Wellness and Immunization reminders from within the Assessment and Plan (A/P) module, in the Reminders tab, in addition to the previous avenue of addressing Wellness Reminders through the Wellness module. Also included is the ability to submit orders associated with Reminders from the Reminders tab in the A/P module without having to open the Order Entry tabs. Additionally, Wellness Enhancements includes a Reminders pane on the Military Clinical Desktop, directly under the Folders List. From this pane the user can navigate directly to the Reminders tab of the A/P module of an open encounter. This enhanced functionality is available in the AHLTA Training System (CTS), but not during failover mode operations when connectivity to the Clinical Data Repository (CDR) is lost.

6.2 Wellness Enhancements Impact on Users

6.2.1 MTF

- Designate the Reminder Mapping role for the MTF (Reminder_Administrator_MTF)
  - Generally only one user is assigned the Reminder_Administrator_MTF role for an MTF
  - The Reminder_Administrator_MTF role allows the designated user to set and modify default orders and other actions for Wellness Reminders for the entire MTF. The default actions occur when the individual reminder is addressed.
  - Users who do not have Reminder_Administrator_MTF role assigned to them are able to view the Wellness Reminders and associated defaults but cannot perform any other actions in the Reminder Mapping module

6.2.2 Providers and Nurses

- Providers and nurses can address Wellness and Immunization reminders from within the A/P module in the Reminders tab
- The Wellness Enhancements allows users to quickly and efficiently address reminders without having to load the Wellness module
- Some reminders are not documented as complete until the encounter is signed
- Although vaccines can be ordered via the Reminders tab in the A/P module, actually documenting that a vaccine was administered must be done in the Immunizations module

6.3 Reminder Mapping Overview

The Reminder Mapping module enables authorized users to set and modify default orders and other actions for Wellness Reminders. The default actions occur when the individual reminder is addressed. Users who do not have the appropriate roles assigned to them are able to view the Wellness Reminders and associated defaults, but cannot perform any other actions.

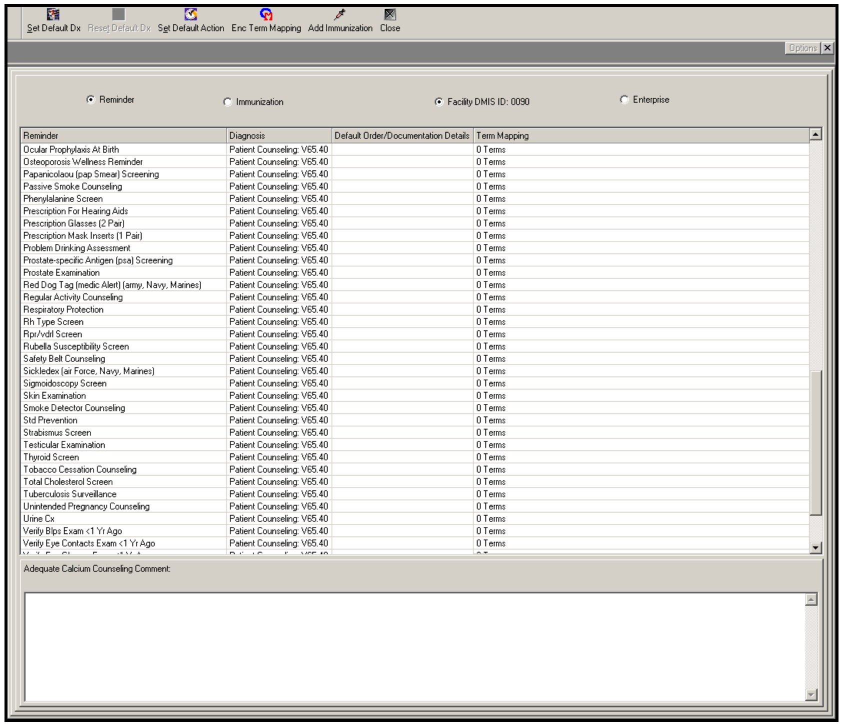


Figure 6–1: Military Clinical Desktop—Reminder Mapping Module

Upon opening the Reminder Mapping module, a list of all Wellness Reminders is displayed, along with default diagnoses, orders, and documentation details. Each of these defaults can be changed by Clinical Team Members with the appropriate privileges.

The default actions set up in the Reminder Mapping module allow for a more streamlined documentation of the Wellness reminders. Wellness Reminders can be met with the documentation of vital signs, the ordering of a lab or radiology procedure, the documentation of a MEDCIN term, or the documentation that counseling was completed.

The default actions set within the Reminder Mapping module are seen within the A/P module. The Reminders tab contains the active wellness reminders for a given patient as well as the default settings for each reminder. The A/P module is where a clinical team member documents completed reminders; the Reminder Mapping module sets up the default actions that are completed when a reminder is addressed in the A/P module.

Note: A list of active Wellness reminders for the selected patient is displayed in the Reminders Mapping window (bottom left of the desktop) and in the A/P module on the Reminders tab.

6.3.1 Setting a Default Diagnosis

When a reminder is addressed for an individual patient, through the A/P module, the associated default diagnosis is added to the encounter automatically. The default diagnosis for Wellness Reminders is Patient Counseling V65.40, but this can be changed.

Follow the steps below to change the default diagnosis for a Reminder:

1. Select the Reminder and click **Set Default Dx** on the Action bar. The Default Diagnosis Search window opens.
2. Enter a search string in the Search field and click **Search**. The search results display.

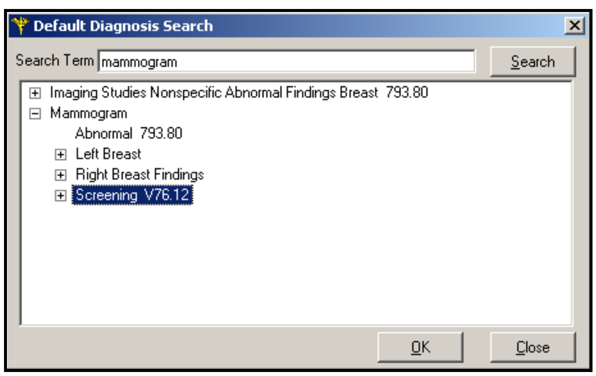


Figure 6–2: Default Diagnosis Search Window—Search Results

3. Select a Diagnosis and click **OK**. The selected diagnosis replaces the default diagnosis.

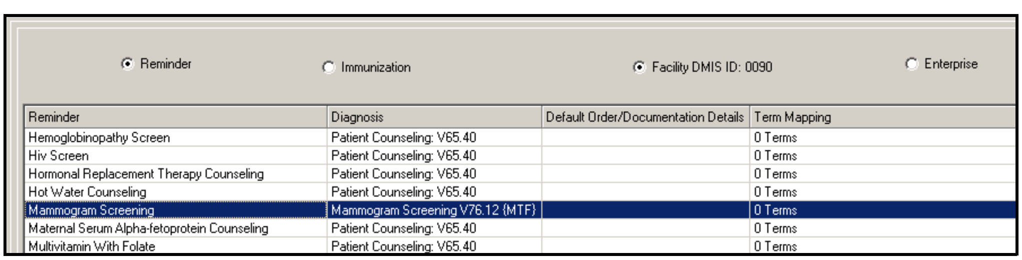


Figure 6–3: Default Diagnosis Changed

6.3.1.1 Resetting a Diagnosis to the Default Diagnosis

Select the Reminder with the diagnosis you want to reset and click **Reset Default Dx** on the Action bar to reset a diagnosis to the default diagnosis (Patient Counseling V65.40). The diagnosis is reset to the default diagnosis.

6.3.2 Setting a Default Action

Along with a default diagnosis, each reminder can have a default action. The action can be the placement of a lab, radiology or medication order, or the documentation of patient instructions, vital signs, or simply that the reminder was completed or ordered. When the reminder is addressed in the A/P module, the default action occurs automatically.

Follow the steps below to set a default action for a reminder:

1. Select the Wellness Reminder and click **Set Default Action** on the Action bar. The Set Facility Default pop-up menu opens.

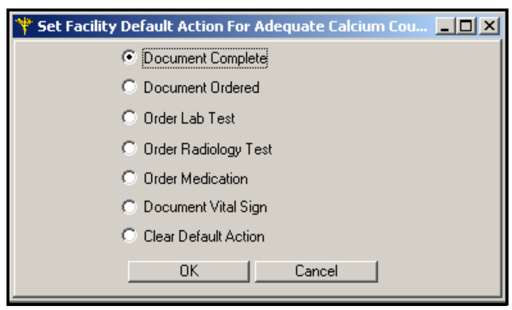
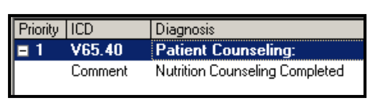


Figure 6–4: Set Facility Default Action Menu

You have multiple options from which to select.

6.3.2.1 Setting Document as the Default Action

If Document is the default action, AHLTA documents the reminder as complete or ordered in the comments section of the default diagnosis in the A/P module. For example, if the Nutrition Counseling reminder had a default diagnosis of Patient Counseling and a default action of Document Complete, the result in A/P would look like the figure below.



Priority	ICD	Diagnosis
1	V65.40	Patient Counseling:
	Comment	Nutrition Counseling Completed

Figure 6–5: Example of A/P Documentation

Follow the steps below to set the default action to Document (Completed, Ordered):

1. Click the appropriate radio button.
2. Click **OK**. Document (Complete, Ordered) is the default action for the reminder.

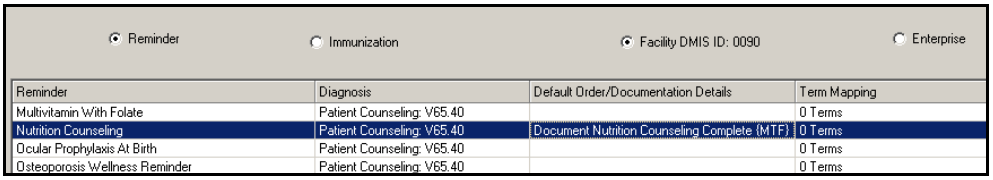


Figure 6–6: Reminder Set to Document Complete

6.3.2.2 Setting a Lab Order as the Default Action

Set the default action to automatically order a lab test when a reminder is addressed through the Reminders tab in the A/P module. In this case, the default diagnosis is documented and the default lab test is ordered and associated to the default diagnosis.

Follow the steps below to set the default action to Order a Lab Test:

1. Select the Wellness Reminder and click **Set Default Action** on the Action bar. The Set Facility Default pop-up menu opens.
2. Select Order Lab Test and click **OK**. The Lab order window displays.
3. Enter a search string in the Search field and click **Search**. The search results opens.

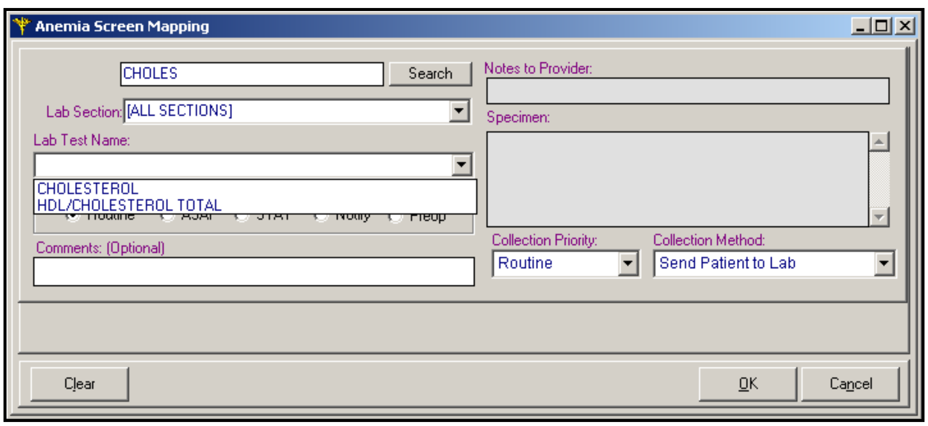


Figure 6–7: Order Lab Test Search Results

4. Select the lab order, fill in other fields as necessary, and click **OK**. The ordering of the lab test is the default action.

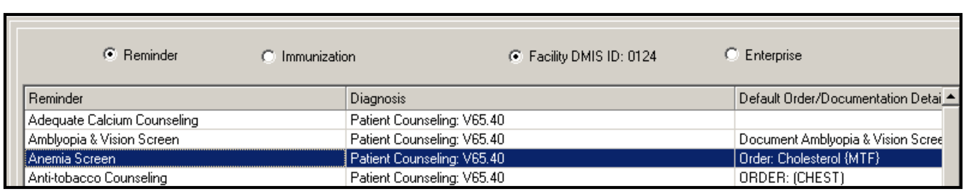


Figure 6–8: Lab Order Default Added

Note: The lab test is not ordered until the provider addresses the Wellness Reminder in the A/P module during a patient encounter.

6.3.2.3 Setting a Radiology Order as the Default Action

Set the default action to automatically order a radiology test when a reminder is addressed through the Reminders tab in the A/P module. In this case, the default diagnosis is documented and the default radiology test is ordered and associated to the default diagnosis.

Follow the steps below to set the default action to Order a Radiology Test:

1. Select the Wellness Reminder, and click **Set Default Action** on the Action bar. The Set Facility Default pop-up menu opens.
2. Select Order Radiology Test and click **OK**. The Order Rad window opens.
3. Enter a search string in the Search field and click **Search**. The search results display.

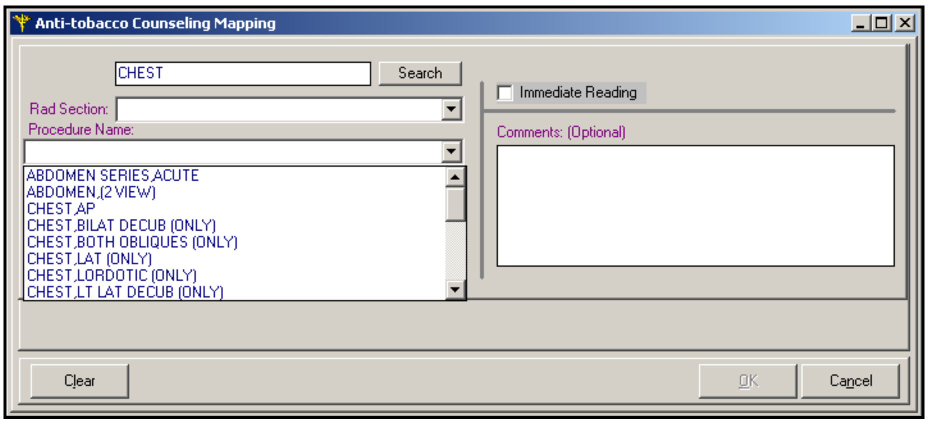


Figure 6–9: Rad Order Window—Search Results

4. Select the radiology test, fill in other fields as necessary, and click **OK**. The ordering of the radiology test is the default action.

Note: The radiology test is not ordered until the provider addresses the Wellness Reminder in the A/P module during a patient encounter.

6.3.2.4 Setting a Medication Order as the Default Action

Set the default action to automatically order a medication when a reminder is addressed through the Reminders tab in the A/P module. In this case, the default diagnosis is documented and the default medication is ordered and associated to the default diagnosis.

Follow the steps below to set the default action to Order a Medication:

1. Select the Wellness Reminder and click **Set Default Action** on the Action bar. The Set Facility Default pop-up menu opens.
2. Select Order Medication and click **OK**. The Order Medication window opens.

3. Enter a search string in the Search field and click **Search**. The search results display.

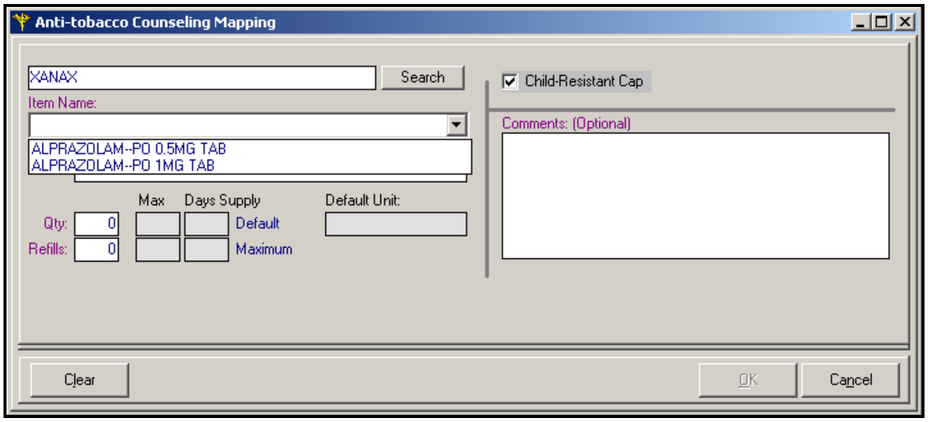


Figure 6–10: Order Med Window—Search Results

4. Select the medication, fill in other fields as necessary, and click **OK**. Ordering medication is the default action.

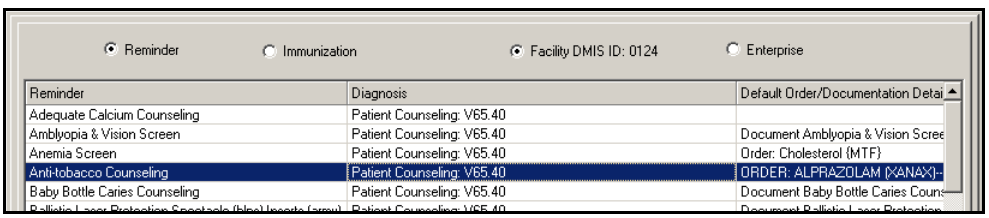


Figure 6–11: Medication Order Default Added

Note: The medication order is not ordered until the provider addresses the Wellness Reminder in the A/P module during a patient encounter.

6.3.2.5 Clearing a Default Action

Follow the steps below to clear a default action for a Wellness Reminder:

1. Select the Wellness Reminder and click **Set Default Action** on the Action bar. The Set Facility Default pop-up menu opens.
2. Select Clear Default Action and click **OK**. The Clear Reminder Option message displays.

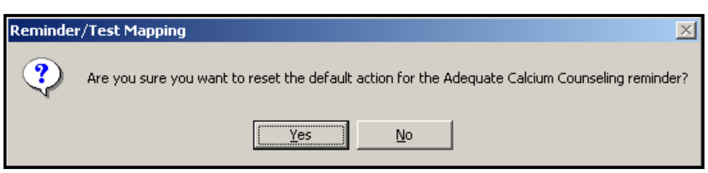


Figure 6–12: Clear Reminder Option Message

3. Click **Yes**. The default action is cleared.

6.3.3 Mapping Encounter Terms

Follow the steps below to map encounter terms:

1. Click **Enc Term Mapping** on the Action bar. The Enc Term Search window opens.
2. Select the radio button next to the type of term to be mapped:
    - Other Therapies (patient instructions)
    - Procedure
    - Diagnosis
    - S/O Item
3. Enter a search string and click **Search**. The search results display.
4. Select a term and click **Add**. Your selection is added in the lower pane of the window.

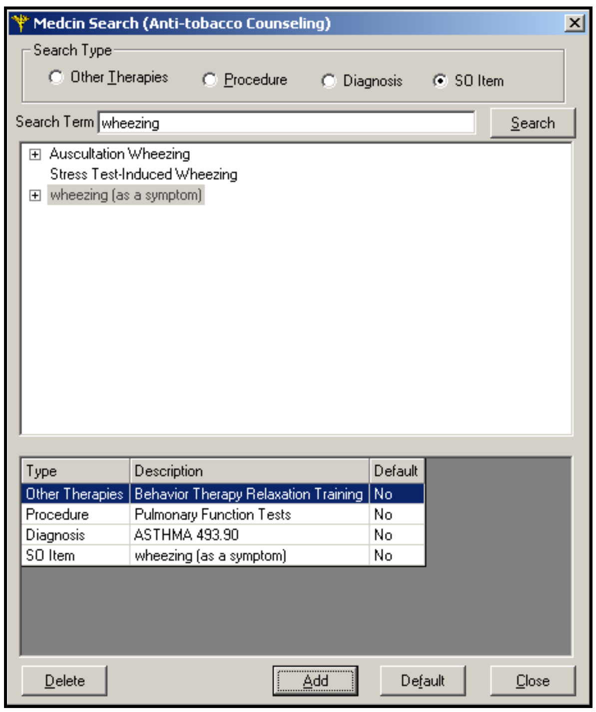


Figure 6–13: Selected Encounter Terms

6.3.3.1 Setting an Encounter Term as the Default

Follow the steps below to set one of the terms as the Default:

1. Select one of the terms.
2. Click **Default**. The terms Default column changes to Yes.

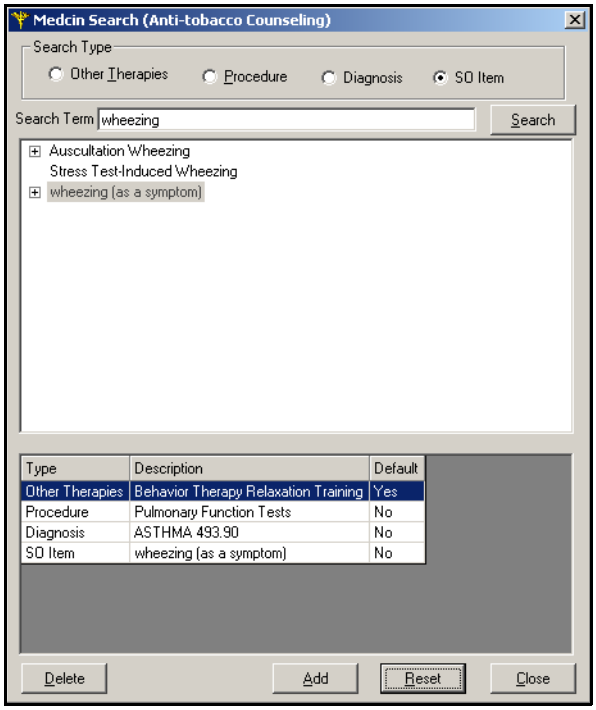


Figure 6–14: Term Item Set as Default

3. Click **Close**. Your Enc Terms selections have been added to the Reminder.

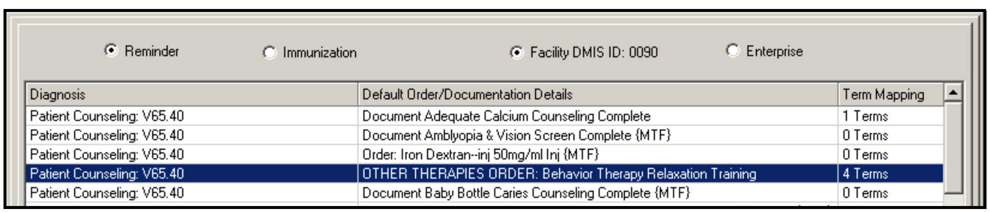


Figure 6–15: Defaults Set

Note: The default term is displayed and the Term Mapping column shows the total number of terms that you added (4).

6.3.4 Managing Immunization Reminders

6.3.4.1 Adding an Immunization

Immunizations must be added to the list before changing the default diagnosis or adding a default action.

Follow the steps below to locate and add an immunization to the list:

1. Click the **Immunization** radio button on the Reminder Mapping module. The Immunizations window opens.

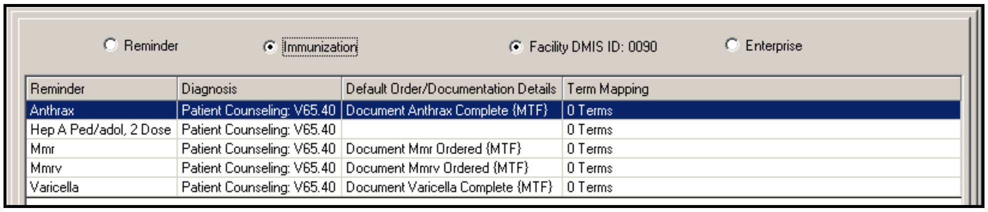


Figure 6–16: Immunizations Window

2. Click **Add Immunization** on the Action bar. The Immunization Search window opens.
3. Enter a search string in the Search field and click **Search**. The search results display.

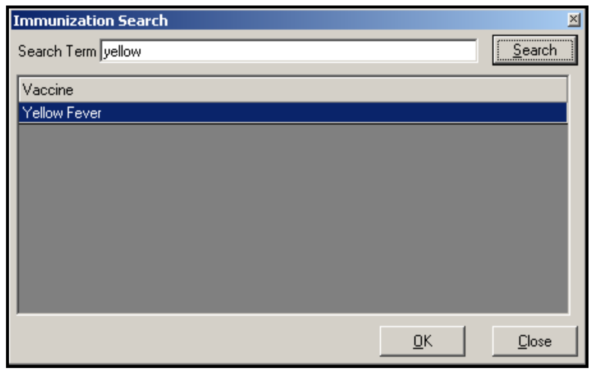


Figure 6–17: Immunizations Search Results

4. Select the Immunization and click **OK**. The Immunization is added to the list.

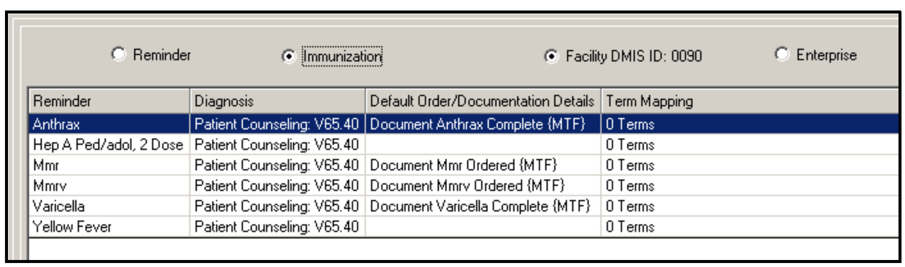


Figure 6–18: Immunization Added

6.3.4.2 Setting the Default Diagnosis for an Immunization

Follow the steps below to change the default diagnosis for a Reminder:

1. Select the Reminder and click **Set Default Dx** on the Action bar. The Default Diagnosis Search window opens.
2. Enter a search string in the Search field and click **Search**. The search results display.

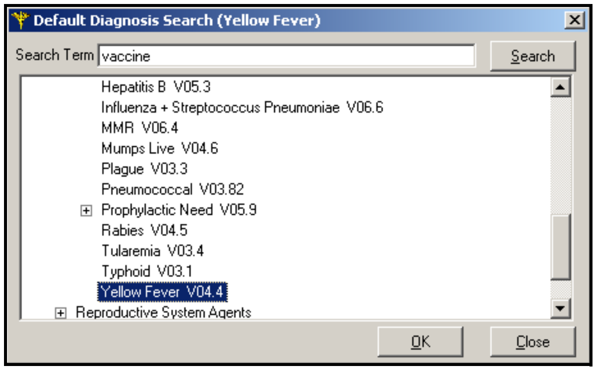


Figure 6–19: Default Diagnosis Search Window — Search Results — Immunization

3. Select a Diagnosis and click **OK**. The selected diagnosis replaces the default diagnosis.

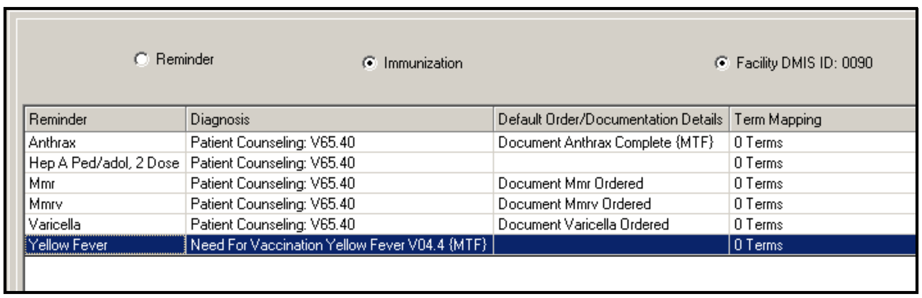


Figure 6–20: Immunizations Window

6.3.4.3 Setting the Default Action for an Immunization

Follow the steps below to set the default action to Document (Completed, Ordered):

1. Select the immunization and click **Set Default Action** on the Action bar. The Set Immunizations Default Action window opens.

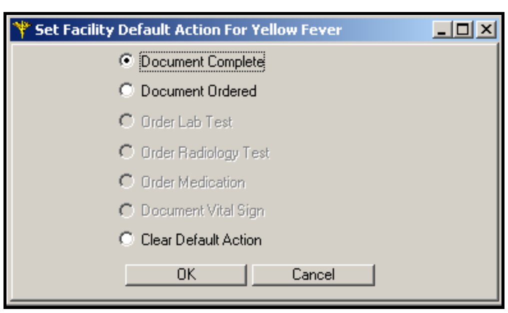


Figure 6–21: Set Immunizations Default Action Window

2. Click the appropriate radio button.

Note: Only Document Complete or Document Ordered are available as default actions.

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3. Click **OK**. Document (Complete, Ordered) is the default action for the immunization.

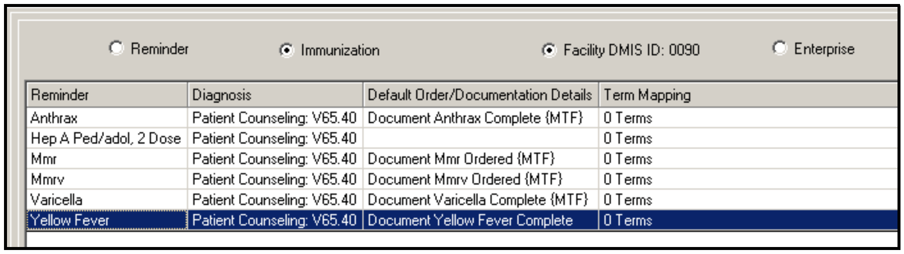

Figure 6–22: Immunization Default Action Set

Note: The Immunization is not documented until the Reminder is addressed in the A/P module during a patient encounter. The documentation of an administered vaccine must be done in the Immunizations module.

6.4 Addressing Reminders in A/P

The Reminders tab enables you to view and address patient reminders. The reminders listed on the Reminders tab in A/P are the same reminders that are in the Reminder pane below the Folder List and those that are listed on the Due Reminders tab in the Wellness module. The Reminders tab in A/P helps to streamline the process to address these reminders. Reminders highlighted in yellow are due within 30 days and reminders highlighted in red are overdue.

Each reminder is associated with a default diagnosis and some with a default action. A full list of the default diagnoses and actions can be found in the Reminder Mapping module under the Tools folder on the Folder List. Once a reminder has been addressed, the default diagnosis is automatically added to the encounter and the default action is completed.

6.4.1 Viewing Reminders

When the Reminders tab is opened, the due reminders and immunizations that are overdue or are due in one month, display, based on the default filter.

Follow the steps below to change the list of reminders:

1. On the A/P module, click **Reminders**. The Reminders tab displays.
2. Set the Reminders filter, if desired, by making a selection from the drop-down list.

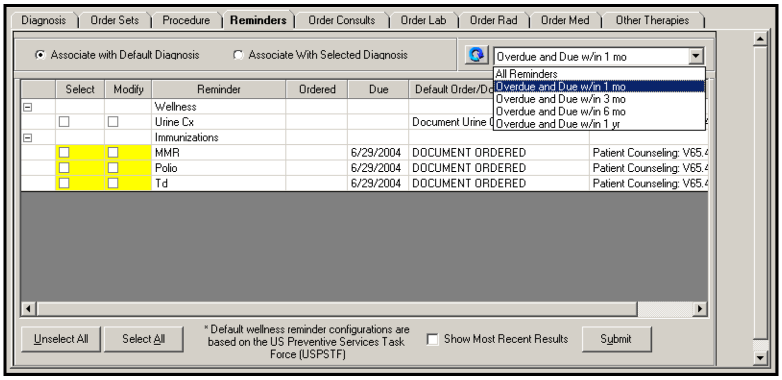

Figure 6–23: Reminders Tab—Drop-down List

3. Select the **Show Most Recent Results** checkbox to show the most recent results for the listed reminders. These are results from past lab and radiology orders or documented vital signs.

6.4.2 Addressing Reminders

Follow the steps below to address patient reminders:

1. On the A/P module, click **Reminders**. The Reminders tab displays.

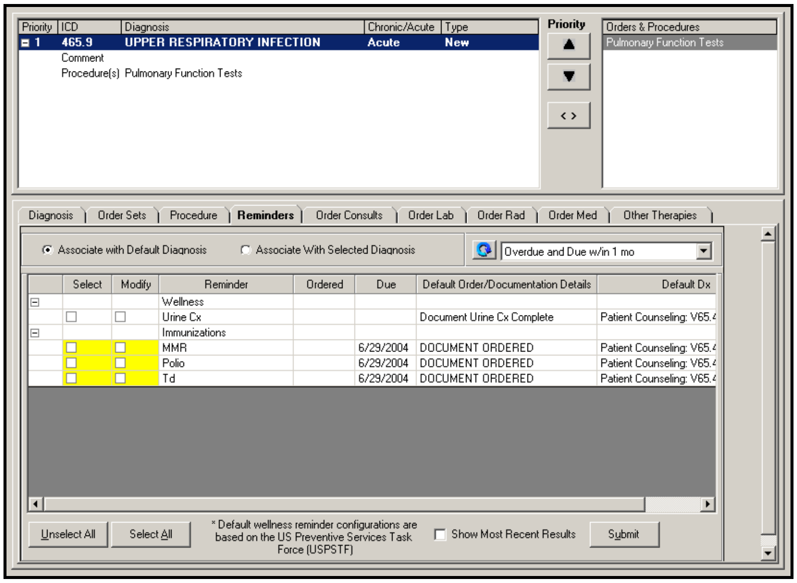

Figure 6–24: Reminders Tab

2. Click the checkbox in the Select column for those reminders that are to be addressed with no modifications.

Note: Click **Select All** to select all reminders. Click **Unselect All** to deselect all reminders.

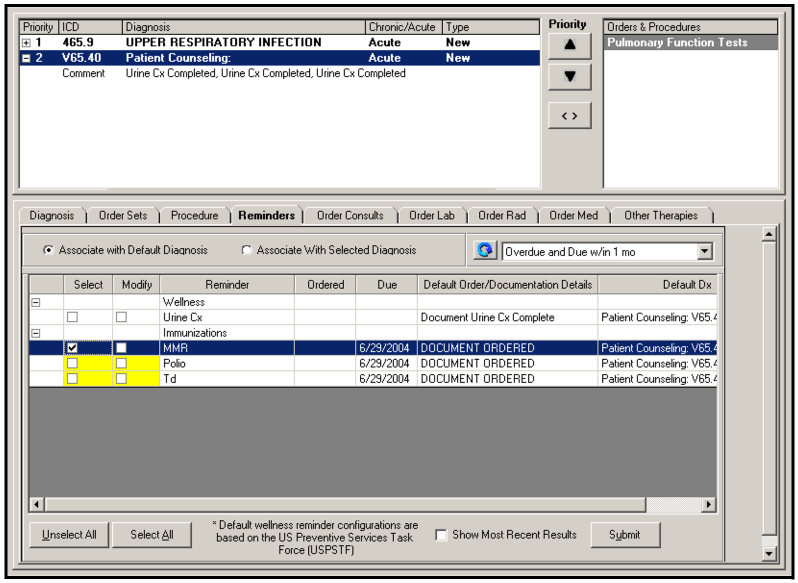

Figure 6–25: Reminders Tab

3. If you want to associate the reminder with a different diagnosis than the default, select the diagnosis, and click the **Associate With Selected Diagnosis** radio button.

4. Click **Submit**. The reminder is documented in the Diagnosis box under the associated diagnosis and any actions are completed.

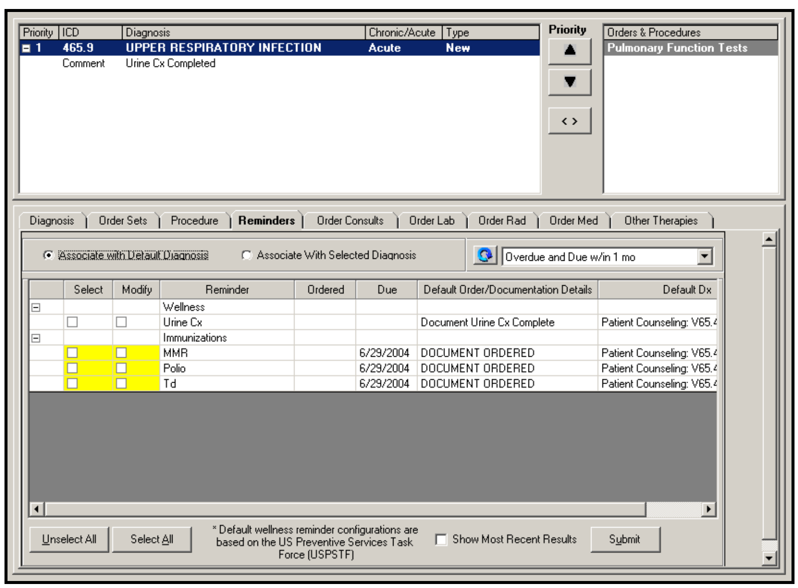

Figure 6–26: Reminders Tab

6.4.2.1 Modifying a Reminder

Follow the steps below to modify and address a reminder:

1. Click the checkboxes in the Select and Modify columns.

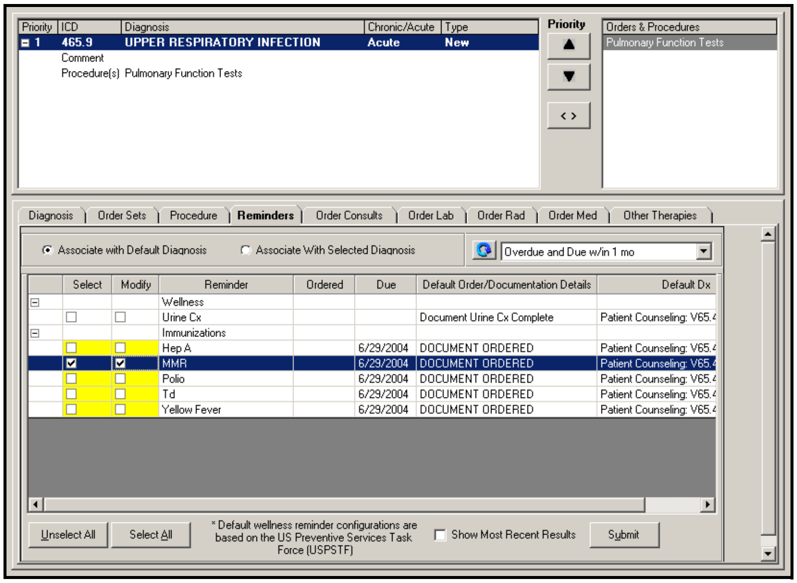

Figure 6–27: Reminders Tab—Select and Modify

2. If you want to associate the reminder with a different diagnosis than the default, select the diagnosis, and click the **Associate With Selected Diagnosis** radio button.
3. Click **Submit**. The reminder is documented.

Note: To edit the comments, click **Comment** under the appropriate diagnosis.

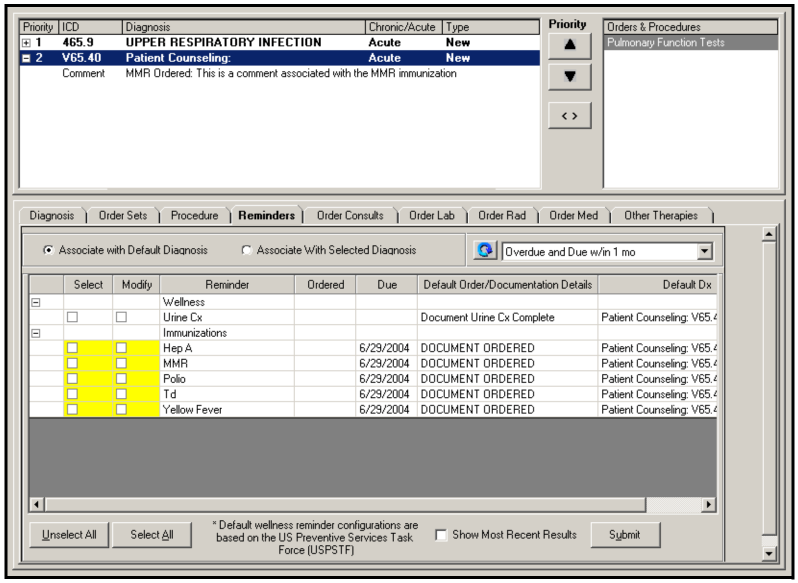

Figure 6–28: Reminders Tab—Immunizations Documented

Note: The immunizations Reminders continue to persist until the appropriate action of vaccination is taken in the Immunization module.