Change History

Version	Section	Content of Change/Addition	Page Number
3.0	All	Change: Replaced term ‘CHCS II’ with ‘AHLTA’	All
3.0	Overall Questions	Change: Updated description of AMED policy on use of Test Patient Data	9
3.0	Overall Questions	Addition: As a Provider what can I do to speed up AHLTA and my documentation time.	9
3.0	Account Information	Addendum: Included wording to take account of know MHS issue regarding uppercase logon scenario.	11
3.0	Allergy	Addendum: Input of multiple ‘other’ class allergens.	13
3.0	Appointments	Change: Descriptive augment of AMED AHLTA usage policy.	15
3.0	Appointments	Addendum: Included language to describe repercussions for use of ‘Facility Cancel’ option.	15
3.0	Appointments	Change: Updated feature schedule.	17
3.0	Appointments	Addendum: Included new ‘Admin Close’ feature description.	17
3.0	Appointments	Addition: How do I create a Walk-In Appointment in AHLTA?	18
3.0	Appointments	Addition: How do I cancel a patient in AHLTA?	18
3.0	Appointments	Addition: How do I transfer a patient in AHLTA?	18
3.0	Appointments	Addition: How do I add a Provider to an appointment in AHLTA?	18
3.0	Army Profile	Addition: I am a Provider and I do not have access to the Army Readiness Module. Why?	19
3.0	Assessment and Plan	Change: Updated wording to reflect status of IBWA feature.	21

Change History

Version	Section	Content of Change/Addition	Page Number
3.0	Assessment and Plan	Change: Minor expansion of descriptive explanation.	21
3.0	Assessment and Plan	Addendum: Included wording to take account of know MHS issue regarding non-provider T-Con E&M issue.	22
3.0	Assessment and Plan	Change: Revised explanation to include ‘More Detail’ feature.	25
3.0	CAC	Change: Updated version number	26
3.0	CAC	Change: Updated wording in regards to DoD Workstation Security policy.	27
3.0	Clinical Notes	Addition: How to copy consult results from Clinical Notes to the Add Note section of an encounter.	30
3.0	Consult Log	Change: Updated output method.	33
3.0	Demographics	Addendum: Included ‘Screening’	36
3.0	Disposition	Change: Input clarification on E&M Calculation.	38
3.0	Disposition	Addition: How do I override an E&M Code?	38
3.0	Flow Sheets	Addendum: Included ‘Graphing’ feature.	39
3.0	Health History	Addition: How do I set up my Health History Folder	40
3.0	List Management	Change: Updated wording in regards to creation responsibility.	44
3.0	Local Cache	Addendum: Updated wording in regards to LCS utilization.	45
3.0	Order Sets	Addition: Adding orders to a Complete Encounter Template from the A/P Module.	72
3.0	Order Sets	Addition: How can I add HCPCS’s to my Procedures in a Encounter Temp?	72

Change History

Version	Section	Content of Change/Addition	Page Number
3.0	Patient Questionnaire	Addition: Importing a Questionnaire from the Enterprise Level.	78
3.0	Printing	Addition: How can I print a Screen Shot	83
3.0	S/O	Addition: Use the AIM Multiple Complaints Form to document multiple symptoms.	101
3.0	Templates	Addition: How can I save an Encounter Template to my favorites from the Clinic Level	107
3.0	Vital Signs	Addition: Location of pain is documented in Vital Signs	109
3.0	Vital Signs	Addition: Can I review Vitals without closing S/O and clicking the Vitals Tab.	110
2.1	Cover	Replaced AHLTA logo with AHLTA logo	Cover
2.1	Medications	Medications initially ordered at another CHCS host site	62
2.0	MedBase	Addition: MedBase Management in the ER	41
2.0	Account Information	Addition: Account Information regarding user profiles	6

AHLTA (Formerly CHCS II)

Frequently Asked Questions, version 3.0

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MedBase

Overall System Questions

What happens to AHLTA test patient data that is saved to the CDR? Does this fictitious data have any impact on MEPRS codes/workload accountability?

For a variety of reasons, "test data" is used in AHLTA -- primarily to confirm the correct functioning of a new site and for ongoing verification of functioning and troubleshooting, similar to the QA patients and data used in the laboratory. In the case of the Lab QA data, there are several mechanisms in place to prevent these activities from being included in workload reports, including filtering reporting/write back errors against test patients, clinics, providers. Most of these depend upon standard nomenclature, such as QQQTEST, patient, etc. A majority of sites are adhering to the nomenclature, and thus have, in general, minimal impact to workload reporting, etc.

Several change enhancements that are already being employed have impacted this general topic -- especially in regard to users utilizing test patients data, etc. for purposes such as S/O and Encounter Template development. While there are certain policies that are being observed now to prevent inappropriate usage of test patient or test data to impact actual patient data, the upcoming Template Management Phase II and the ability for the Training System to be exploited on the same workstation as the regular application greatly improve upon the current situation. AMEDD has issued a memo 'Guidance on the Use of Test Patients, Clinics, and Data in AHLTA to Ensure Data Quality' in regards to this matter dated 30 June 2005.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

How does information flow between CHCS I and AHLTA?

Information flows through an interface that supports HL7 messages. AHLTA transmitters and receivers have been activated in CHCS I.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

As a Provider, what can I do to help speed up AHLTA and my documentation time?

1. Go to Encounter Summary Properties (Signature Block) and set the Auto Save to 8 minutes; Auto Cite allergies, meds, and problems only.
2. Using the Health History Module will save time by viewing labs quickly prior to seeing patient.
3. Create a Default Template to document most of the Encounter and then load a Specialty template to input more specialized documentation.

   ***Ask ST for the AHLTA Tips and Tricks/Default Template PPT's**
4. (From The Technical Staff) At the end of the day rather than logging off in the usual manner, go to Start; Shutdown; Click dropdown arrow and select Restart. This will free up memory and you will have less technical issues with AHLTA.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Account Information

Who should enter users in the clinic profile?

This can be determined at the site. Most likely it would be the clinic supervisor or CHCS support personnel.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

Do all AHLTA users need to be profiled in a clinic in CHCS I?

All AHLTA users need to be profiled in at least one clinic but they do not need appointment types transferred to their profile.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

How do I know which clinics a user needs to be profiled in?

Users need to be profiled in each clinic where they want to access their patient appointments list (located in the Appointments module). For example, if you work in the GYN clinic but frequently sub at the INTERNAL MED clinic, you need to be profiled in both of them.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

Some personnel such as coders will need to be in all clinics. How will this be done?

For any clinic that they need to pull up a list of patient appointments for a specific time frame, they will need to be profiled in that clinic and have it listed as an ASSOCIATED CLINIC in their PROVIDER file

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

Can I add clinic locations to the ASSOCIATED CLINIC field in the PROVIDER file?

First you MUST enter them in the clinic profile. After a user is profiled in a clinic, you can manually add that clinic to ASSOCIATED CLINICS in the provider file, or you can wait for a routine that is run to stuff the clinic in this field. (Check with your CHCS administrator to see how often the routine is run.)

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

What if a user is not in the provider file?

All AHLTA users must be in the provider file so each site should develop a plan to have them entered in CHCS I. Your training staff may be one resource.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

What fields are required for personnel when entering in the PROVIDER file?

Besides current mandatory fields for the PROVIDER file, mandatory fields for AHLTA providers are DOB, SSN, SEX and at least one ASSOCIATED CLINIC. Non providers should be entered with the PROVIDER FLAG of NOT A PROVIDER and a class of MEDICAL CLERK 5C.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

Will menu options for users in CHCS I need to be changed for AHLTA?

No. CHCS I accounts will remain the same.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

Will secondary menu options or security keys be available in AHLTA?

No, AHLTA users have assigned roles which dictate their access in AHLTA.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

Should users change their Access or Verify codes prior to receiving an AHLTA account?

Users must change their Verify Code prior to changing the 'ACTIVE AHLTA ACCOUNT?' field in the provider file. The verify code MUST meet the AHLTA conventions (8-11 characters, a mixture of lower and upper cases, at least two numbers, and at least one ! at the end of the password)

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

If I forget my password for AHLTA, can I change it in CHCS I?

No. Once your AHLTA account is created, your codes can only be changed in AHLTA.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

What happens to your codes when you log on to AHLTA?

You are asked to enter a USERID and a PASSWORD which somewhat align to your ACCESS and VERIFY codes. Your AHLTA USERID does NOT change your ACCESS Code on CHCS I but your PASSWORD does change (and become) your VERIFY Code on CHCS I. Current recommendation is to enter your existing ACCESS code in CHCS I for your USERID in AHLTA. When entering your USERID in AHLTA, be certain it is all in lowercase.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Once I have an AHLTA account, will I still need to log on to CHCS I and how will I do that?

Since all CHCS I functionality is not yet available in AHLTA, there may be times when you will still need to log on to CHCS I. You can directly access CHCS I from within your AHLTA account. Use the CHCS I link located in the Folder list. When you use this link you will not need to re-enter your Access and Verify codes.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

When an active duty member PCS's to another base, do they need to be issued a new AHLTA USERID and PASSWORD by the AHLTA site administrator?

A user has only one AHLTA enterprise account. When the user transfers to another base, he or she must re-register using the "existing account" option. The gaining System Administrator must synch the existing account with CHCS at the new host site.

See the next question for further information.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Some staff members have an AHLTA account at a previous site. How should this be handled?

First, an MHS ticket will need to be logged if their account at the previous site is still active so the account can be deactivated. Once this occurs, their account can be activated at their current site. Users who transfer to new sites will also be offered AHLTA training even if they have previously attended AHLTA training at another site.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

When I first log in to AHLTA what Facility should I select?

You will need to select your appropriate host site. Confirm this with your AHLTA trainers or other staff members. After select your location and you should then get a pick list of all available clinics.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

What if I've already logged in and want to change my location?

From the AHLTA File drop-down menu, select **File>Change Location**. A pop-up will display informing you that if you change the location you will need to restart AHLTA. Click **OK.** Select both your clinic and facility from the next window. Click **OK**. Your location will be changed and your session of AHLTA will close

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

Allergy

Is there a way to add allergies that are not loaded into the HDD? (i.e., tried to add peanut as an allergy, it does not exist.)

You have to use peanut as your search term in the HDD to select PEANUT OIL. For other allergens that are not included in the HDD search, locate, and select 'Other,' and then free text the allergen in the comments section. In the case of multiple allergens that are not found in the HDD search, you will not be able to select and additional ‘Other’ allergens. You would simply edit the existing or select ‘Other’ allergen, and then free text all the allergens into the comments sections.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Alert Review

Is there a cue that alerts a provider that ordered labs have been completed?

Yes, the alert icon (yield sign) is displayed in the Patient ID Bar. Hold the cursor over the icon to display the alerts needing attention or click the Alert module from the Folder List.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Is an alert generated to let a provider know there is a telcon?

There is no alert for telcons. The user must open the Telcons module.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Are there alert triggers for ADM write-back errors?

Multiple ADM alert types are triggered when coding differences are detected between CHCS and AHLTA based on factors such as ICD-9 code mismatches or secondary Provider errors. When addressing an ADM alert, a dialog box directs the Provider to go to the previous encounters for the patient and update the encounter in question.

Answer Provided by: George Frechette

Build 837.4

Date Submitted: 11/1/2004

The provider seems to remember getting alerted when he had a T-con before. Is that a functionality of the system?

No, there has never been a T-Con alert in AHLTA. You have to go to the T-Con module to see if there are any new T-Cons. End users would like if there was an alert, just like in CHCS, but this is not available yet in AHLTA.

Answer Provided by: Dr. Tony Inae

Build 837.4

Date Submitted: 11/9/2004

After an alert is addressed the first time, can that alert be addressed again in the live system?

Once an alert has been addressed, it is resolved and cannot be addressed again. The content of the alert (i.e. new result, order to sign…) can be found in the associated module (i.e. lab/rad, Sign Orders…).

Answer Provided by: Laverne Wright

Build 837.4

Date Submitted: 11/23/2004

Appointments

Will users be able to schedule appointments in AHLTA?

All advance booking and scheduling will still be done in CHCS I.

Answer Provided by: WBAMC

Build 837.4

Date Submitted: 11/16/2005

What will happen with Walk-Ins?

Walk-Ins can be entered in CHCS I or AHLTA; although, it is preferable (and easier) to enter Walk-In or Sick Call appointments via AHLTA.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

What is the purpose of the Check Out functionality in AHLTA?

The check out function allows the user to print out a patient copy of the SF 600, DD 2766 or a clinic specific patient information form. Any orders entered for the patient are automatically printed to this form.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/1/2004

What is the correct process for reconciling an erroneous check-in with AHLTA in CHCS?

If an AHLTA user accidentally checks in the wrong appointment, there is no Undo Check-In functionality. The user can choose from one of the following options to reconcile the problem.

1. Cancel the appt in AHLTA and create a new unscheduled appt in AHLTA when the patient arrives at the clinic. Please be aware that when selecting the cancellation type for the appointment(s) in question, that the 'Facility Cancel' option has a detrimental effect on clinic averages when reviewed by your local Resource Management Department (contact your RMS, PAD, or UBO Office for more details)
2. Cancel the appt in AHLTA and go into CHCS to create a new scheduled appt for the patient.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

If DOC A tries to sign an encounter assigned to DOC B, DOC A gets a warning message. If DOC A transfers the appointment back to himself, then he is able to sign the note. Is this correct?

Yes, only the Provider assigned to an encounter can sign it. If the appointment is transferred to DOC A, then DOC A can sign the encounter because it is now assigned to him/her.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/1/2004

When an appointment is transferred from one Provider to another, shouldn't the new Provider have signing authority?

If an appointment is being transferred, the receiving (new) Provider takes over the signing of the encounter. The transferring (previous) Provider losing signing privileges on that specific encounter.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/1/2004

In CHCS I, a Provider can assign a surrogate to take care of patients while they are away, where is this feature in AHLTA?

There is no Surrogate feature in AHLTA. The assigning of Surrogates is still a function of CHCS. Once the Surrogate is set-up in CHCS, they will receive alerts in AHLTA such as new results and orders to sign.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/2/2004

Can the time on a walk-in appointment be changed for the End of Day reports?

AHLTA does not currently allow a user to change the date/time of a walk-in appointment or a T-con. The capability to back date any appointment or T-con is in development (TR# 45207). The date/time the note is actually documented would still be recorded upon entry of the note.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can a column be removed?

A column cannot be removed. Columns on the Appointments list can be rearranged.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

What do the column headings (Encounter, Appt IEN, Detail Codes and Appt ID) stand for?

- Encounter: Unique ID for encounter (System generated ID that helps to track encounters)
- Appt IEN and Appt ID: Unique ID generated by Legacy for an appt – unique to the MTF (each Legacy is a different system, so this ID is not unique for all encounters)
- Detail Codes: Code selected on CHCS I when the appt is created (contact CHCS I Administrator for more details)

Answer Provided by: Virginia John

Build 837.4

Date Submitted: 03/02/2005

At what point will inpatient records be merged with outpatient records? For some clinic visits, a portion of the chart from the outpatient clinic becomes a part of the inpatient record. For

example, a woman comes to the OB clinic for a check-up before delivering her baby as an inpatient. When she visits the OB clinic, she is considered an inpatient.

The full inpatient functionality for AHLTA is in Block 4, tentatively scheduled for deployment in the 1st QT/FY07. Industry Based Workload Alignment coding capabilities, which allow for coding of inpatient professional services, have been implemented in the current version of AHLTA.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Has the pseudo SSN problem been addressed?

The pseudo-SSN problem was originally recognized in the context of newborns- primarily because newborns understandably don't have real SSNs. Our original search many weeks ago was limited to FMPs for dependent children. Per that limitation, that filter (and another one we don't remember offhand) was removed from the searches. This revealed that there were cases that involved older kids and adults (many with DOBs in the '30s to '50s)- all without real SSNs. The technical scenario was the same, but the demographic specifics were different. The CDR has been searched way more than twice now. Once the patch was installed on 18 Aug 2004, continued monitoring has yielded no new pseudo-SSN cases.

Answer Provided by: Dave Parker

Build 837.4

Date Submitted: 03/02/2005

What happens to partial encounter data captured in AHLTA if the appointment is documented fully in CHCS? Example – a clerk checks a patient in on AHLTA, but the provider is running way behind and does the orders in CHCS, and hand writes the paper chart, so the AHLTA note remains in "checked in" status. Or, the clerk checks the patient in on AHLTA, the provider starts the note in AHLTA, but then for some reasons reverts to CHCS I and does the orders and handwrites the note and never finishes the encounter in AHLTA.

This scenario may occur if an encounter was initiated in AHLTA, but the network goes down and the CDR cannot be accessed, so the encounter is completed in CHCS. The appt would stay open in AHLTA in whatever status the end user left it in before reverting to CHCS I. If the user sets their 'Appointments' filter to show all appointments with an 'Incomplete' status, those encounters that were started in AHLTA but never completed would be displayed. Users should not cancel the incomplete appt in AHLTA. Cancellations in AHLTA will write over billing information in CHCS I. The best thing to do is leave the AHLTA appt alone. The feature called "administratively closed" is a process that will stop the life of the encounter. This feature marks the encounter as "Complete" to the point where information is not written to ADM. The goal is not to negatively impact the billing information. This feature acts upon only incomplete encounter data that has been open for longer than 30 days. This system process is scheduled to active once every month.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

How do I create a walk-in appointment in AHLTA?

In the Appointments Module on the *Action Bar* click the **New Appt** icon; Conduct a patient search; Verify that the "Assigned Clinic" and "Provider" are correct or select the correct entries from the pull-down menus; Select the appropriate "Appointment Type". Type in the "Reason for Appointment" in the appropriate field; Click **OK.**

How do I cancel a patient in AHLTA?

In the *Appointments Module* select the appointment to cancel; Click the *Cancel Icon* on the *Action Bar;* In *Reason for Cancellation* section; select appropriate reason; Click **OK**.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

How do I Transfer a patient in AHLTA?

While in the *Appointments Module* select (highlight) the appointment to transfer; Click the ***Transfer*** icon on *Action Bar*; Select the new *Provide*r from drop-down list; Click **OK**.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

How do I add a Provider to an existing Appointment?

In the *Appointments Module* select (highlight) the appointment to Add a Provider to. Click the "Add Provider" icon on the *Action Bar*; Select the Provider you want to add to the appt. from drop-down list; Click **OK**.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Army Profile

Deploying personnel with AHLTA training are required to bring their Extract with them either on diskette or thumb drive. What is an Extract?

An extract is a copy of the end user's personal AHLTA templates.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/2/2004

I am a Provider and I do not have access the Army Readiness Module in AHLTA. Why?

When setting up your AHLTA Account giving you access to this module was overlooked. A simple request to the Technical Staff handling CHCS/AHLTA Accounts will get this problem corrected.

Note: Per Army Regulations, only Licensed Providers are allowed to have the Army Readiness Module.

Assessment and Plan

How do we document standing orders?

Standing Orders, orders that are routinely placed for common ailments, can be ordered like any other order, through A/P Order Entry. The user must have the appropriate permissions to place orders and the provider may have to sign the orders, depending on the signature class of the ordering team member.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How do you delete a diagnosis from the A/P module?

Highlight the diagnosis and click the Delete icon on the Action Bar. Note: this does not cancel any associated orders. Any orders associated to the dx are now un-associated.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How many diagnoses can be documented in A/P?

Up to 15 diagnoses may be documented in A/P but only the first four are sent to ADM in CHCS (same business rules as CHCS).

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

If the user discontinues an order in the A/P module of AHLTA, is that the same as deleting the order within CHCS I? Also, how do you cancel an order that has been submitted through the O/E tabs in AHLTA?

Deleting an order only removes it from the Orders and Procedures window. To discontinue the order, highlight the order in the Show Orders window, and click the **Discontinue** button.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can you multi-select orders in the Orders & Procedures window of the Diagnosis tab A/P module to associate the orders to a diagnosis?

Each order must be selected individually to associate it to a diagnosis if you are doing this from the Orders & Procedures window. However, order sets, or multiple procedures (use Ctrl key), or multiple other therapies (use Ctrl key) can be associated to a highlighted diagnosis at the time they are added to the Orders & Procedures window.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Where can we set modifiers?

Modifiers may be added to procedures in the A/P module. Add the procedure and then select the procedure, from the Diagnosis area, to open the Procedure Details window. E&M code modifiers may also be selected through the Additional E&M Coding tab in the Disposition module.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can you cancel lab orders in AHLTA?

Yes, lab orders can be cancelled through the A/P module. Click Show Orders and use the buttons at the bottom of the order entry screen.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How to credit clinic workload to provider doing inpatient visits on the floor outside provider's clinic?

AHLTA will allow for the completion of a RNDS (rounds) appointment type. CHCS will automatically create rounds appointments for the inpatient patients and those appointments will be visible in AHLTA. These appointments can also be created in AHLTA. Refer to the release notes under the IBWA (Industry Based Workload Alignment) feature.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

How to credit Cast Clinic workload for work done under provider in Orthopedics?

When the procedure is documented, a pop-up window opens and drop-down menus in that window allow you to select other clinical team members who performed the procedure, along with their role. Refer to the release notes, here, as well.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Do you have any guidance regarding how we should enter results of treadmill testing (a procedure) in AHLTA relative to the manner previously done in CHCS I? Also, how do we document completion of the treadmill test (GXT-graded exercise test) and get workload credit for performing the procedure?

For workload, document the actual procedure in the A/P module. To document results of the treadmill test, create a procedure template using treadmill test as a Test term in the S/O module.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/31/2004

When a Provider adds comments to a lab order in AHLTA, where are these comments documented and does the lab technician see these comments in CHCS? Also, how can the Provider view order comments for a resulted lab test in AHLTA?

In AHLTA, comments for the Lab are documented on the Order Lab tab in the Comments: (Optional) field. The comments can be viewed by the lab tech when reviewing the lab order in CHCS. The order screen in CHCS shows the exact order as it is entered by the Provider in AHLTA.

The Provider can see any order comments when the results are viewed in AHLTA. From the Lab module, the Provider would highlight the lab test to view the result in the lower portion of the window. Any order comments will be denoted by <o>. The Lab Legend says to double-click on a cell with <o> to view the Order Comments.

*Refer to the Lab Comments in AHLTA.ppt file for more details.

Answer Provided by: Karen Chapman and Jackie Sanders

Build 837.4

Date Submitted: 11/1/2004

A non-Provider doing administrative Telcons must have a Diagnosis to sign the Telcon. The codes on paper say V68.69, V68.49, and V65.40. These codes do not appear in the A/P module.

V68.9, V68.89, and V65.40 are all valid ICD-9 codes for 2005/2006 and they are in MEDCIN. V68.49 is not a valid code for 2005/2006. Please be aware that in the case of a non-Provider renders the disposition on a Telcon encounter, the 99499 E&M code is not yet available. This issue will be resolved during the next updating build patch.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Nurses at the MTF generally administer 150mg 'Depo' injections. 'Depo' injection only listed as 50mg on the Procedure tab in the A/P module. How should the 150mg injection be annotated and what diagnosis should be selected?

Check with the MTF coders to determine the correct diagnosis. From the Procedure tab in the A/P module, search for CPT code 90779 and add Dr. Supervised Injection Intramuscular to the encounter. Select the HCPCS radio button and search for J1055 to add INJ, MEDROXYPROGESTERONE ACETATE FOR CONTRACEP. USE, 150MG to the encounter. The Nurse would be added to the encounter as an Additional Provider (remember to update the role for this team member) and associated with both the CPT and HCPCS codes. This functionality does not write back to the SF600, but can be verified by opening the Add Providers window from the SF600 and is a requirement of ADM II implemented February 2005.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

User unable to find Benadryl or Epinephrine injection when searching the Procedure tab. Patient stung by wasp and had to get injections by the Nurse. How should the Epinephrine injection be annotated?

From the Procedure tab in the A/P module, search for CPT code 90779 and add Dr. Supervised Injection Subcutaneous to the encounter. Select the HCPCS radio button and search for J0170 to add INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE to the encounter. The Nurse would be added to the encounter as an Additional Provider and associated with both the CPT and HCPCS codes. This functionality does not write back to the SF600, but can be verified by opening the Add Providers window from the SF600 and is a requirement of ADM II implemented February 2005.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

When a provider diagnosis anxiety 799.2 in AHLTA it comes over as NERVOUSNESS 799.2 in CHCS I. Why is there a discrepancy in the diagnosis descriptions?

AHLTA uses MEDCIN terminology and CHCS uses ICD-9 terminology. The 799.2 code is recognized as anxiety in AHLTA. When the code writes back to CHCS, it is recognized as NERVOUSNESS. The code is the same in both systems, but the descriptions differ based on MEDCIN and ICD-9 terminology.

Answer Provided by: Traci Schrack

Build 837.4

Date Submitted: 11/2/2004

Are there any circumstances in which the A/P module is more useful or appropriate for recording intramuscular injections? (i.e., Depo-Provera)

The administration of Intramuscular injections, such as Depo-Provera shots, should be documented in the A/P module to receive proper workload credit. From the Procedure tab in the A/P module, search for CPT code 90779 and add Dr. Supervised Injection Intramuscular to the encounter. Select the HCPCS radio button and search for J1055 to add *INI, medroxyprogesterone acetate for contracep. Use, 150mg*.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

What diagnostic code should be used when a female patient comes to the clinic for a Depo injection?

The contraception code used for the reason for the visit should be documented. V25.02 is for initiation of other contraception measures, including Depo-Provera. V25.49 is for surveillance of previously prescribed contraceptive methods, including Depo-Provera. V25.43 is for an Implantable subdermal device like Norplant and V25.5 is for insertion of implantable subdermal contraceptive like Norplant.

Answer Provided by: Traci Schrack

Build 837.4

Date Submitted: 11/2/2004

In the Additional Provider box that comes up when documenting an additional provider, a list of providers is already in the pull down menu. Who is already in that list?

The list is the same one that is available when the appointment is created, the Clinic to which the logged on user is associated. To add someone to the list, they must be associated with the same clinic.

Answer Provided by: Ed Alex

Build 837.4

Date Submitted: 11/3/2004

How would you document basic patient instructions (for example, instructing a parent to continue giving their child Dimetapp at home during a telephone consult) for a telephone consult without actually placing a medication order in the A/P module?

Either enter this information in the Provider Note of the Quick Entry screen or save and open A/P to document the instructions in the diagnosis comments field.

Answer Provided by: Laverne Wright

Build 837.4

Date Submitted: 11/23/2004

When do consults in AHLTA drop off, if no action has been taken?

Follows the same business rules as CHCS.

Answer Provided by: Laverne Wright

Build 837.4

Date Submitted: 11/23/2004

Why is the comments field associated with a diagnosis important? How is it used?

Some providers use this field to document the plan for the patient, any r/o comments, or to indicate their reasoning for the selected diagnosis.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Why is it important to associate orders and procedures to diagnoses? Can an encounter be signed if this is not done? Does this affect coding?

Associating orders and procedures with the appropriate diagnoses allows for good documentation and therefore correct billing claims, he end result is a problem-oriented health record. Through the Problems module, end-users can view a specific problem and all of the associated encounters and treatment plans. An encounter can be signed without associating the orders and procedures with the diagnoses. However, this violates ADM business rules and will generate an error on the SADR exception report. The E&M code is affected by the number and complexity of orders and procedures.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Assessment and Plan headings appear under the S/O portion of the encounter when certain terms are selected. This is awkward since assessment and plan headings are typically found in the A/P module.

We agree this is awkward. In some cases, some items were included in S/O templates as a work around (e.g., follow up instructions), to avoid having to add a lot of free text in the A/P comments section. The headings originate from the Medcin tree. In the base Medcin product, the SOAP note is documented using Medcin terms from the same window. In AHLTA, the DoD split Medcin up in the S/O and A/P modules, so the Medcin headings had to be split. One leftover of doing this is that certain Medcin headings can still be displayed in the S/O note.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Where are J-Codes (injections) listed?

A/P module, Procedures tab – HCPCS codes.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

What is the difference between Submit and Submit All?

Submit is used when placing orders one at a time. It sends orders to the ancillary departments individually. Submit all is used when orders have been batched using the Save to Queue function. It sends all the orders in the queue to the ancillary departments all at once.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

What happens when a provider cancels an NPOE ordered lab or rad? Often, these are already performed prior to the patient seeing the provider or the provider signing the order.

This works the same as it does now with CHCS, as CHCS is still utilized for order entry functionality. An order that has already been accessioned in CHCS cannot be cancelled.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

When placing an order for a lab test or radiology procedure that is not performed on-site (for example, the test is ordered by a Provider at Langley, but the patient has to go to an off-site location to have the test or procedure completed), there is no “Dispensing Location” option as there is in Meds module. Do the providers continue to order those types of tests in CHCS?

Any test that is available in the CHCS ORE Lab or Rads menu should be available in the AHLTA OE pick lists for Labs or Rads, including those tests performed off site. In the above described scenario, you would search and select the appropriate lab choice, click the ‘More Detail’ radio button, and you will be able to select additional parameters such as ‘Collection Method’ and ‘Requesting Location’. Then click submit as usual.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

CAC

If users already have a 6-digit PIN for CAC readers, will they be able to use the same PIN with the CAC functionality in 838.18 or is an 8-digit PIN required?

The 6-digit PINs should work fine when logging into AHLTA using the CAC. The DoD requirement for PINs is 6-8 characters. This issue was noted by DT&E and an SCR has been submitted asking that users only be instructed to enter their PIN, not labeling the PIN with a specific amount of characters.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

When AMEDD trainers use a CAC to log into AHLTA as different users for testing purposes, are the credentials stored on the local workstation or system wide? For example, a trainer logs into PC1 using the Doc A test account. The trainer returns to his desk to perform a functionality check and inserts his CAC. Will he be logged into PC2 as Doc A or as his personal account?

If the trainer is using the CAC functionality to log in to AHLTA as Doc A, he would have to enter Doc A's PIN in order to access AHLTA on PC1. When moving to PC2, the user would have to enter the correct PIN to login as Doc A or as himself. After inserting the CAC, the user has to enter their 6-8 digit PIN to successfully log into AHLTA. The user will not be automatically logged into AHLTA simply by inserting the CAC into the CAC reader – entering the PIN is the second part of the login process.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/11/2004

What if User 2 inserts their CAC into a PC while User 1 is logged in? Doesn't the system close all of User 1's open applications?

If User 2 uses his CAC to login to the workstation while User 1 is logged in, User 1's AHLTA session will be automatically locked. The CAC Enablement functionality only pertains to AHLTA – it does not have an impact on other applications that may be open on the workstation.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/1/2004

CAC as described in the 838.18 Release Notes deals with logging in/out of AHLTA directly; however, there is a problem with end users being logged into the MTF LAN. The security at most MTFs requires an individual to log out or lock his/her workstation on the LAN if they left the room. To utilize the CAC login feature, someone would have to stay logged in to the LAN at all times, violating the security requirement. For example, a Technician is logged into the LAN and also logged into AHLTA. Once he finishes his documentation, the Technician can remove his CAC, thus locking his AHLTA session and leaves the room to get the next patient. Technically, the Provider can come in and utilize his CAC to login to the same workstation and go on with business as usual. However, the Provider would be using the LAN under someone else's login and violating security. If the Technician had logged out of the LAN, the Provider would need to relog into the LAN and open a new session of AHLTA. In essence, no keystrokes can be saved. This also brings up the question of rebooting. If the CAC is removed with a session of AHLTA in suspension, will data be lost, will the encounter be locked, or some other effect?

This subject should be an issue now. One person logs into the PC and multiple clinical team members access AHLTA on the same workstation. Currently, do they log out of the PC every time they finish a AHLTA session? The CAC is not required for log-in. Users will still have the ability to log into AHLTA with their USERID and password. This issue should not be new and will be a policy decision at the site. Please refer to DoD Guidelines regarding Workstation Security policy.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Does the CAC PIN have the same security password requirements, such as upper/lower case letter, number, and symbol? Do the users generate their own CAC PIN? Will this need to be changed periodically like other passwords?

No – The PIN is a 6-8 digit string. It is assigned at the time the CAC is created. The PIN does not change.

Answer Provided by: Ed Alex

Build 837.4

Date Submitted: 11/11/2004

CDR

What is the process for removing inactive patient records from the CDR (e.g., when a patient dies or becomes ineligible for care in the direct care system? Also, what is the process for removing providers/nurses/techs from the CDR when they separate from the military? What is the process for removing clinics that have permanently closed? For medico-legal reasons, the data cannot be destroyed. But is there a plan for archiving it somewhere, so that CDR storage space is not cluttered up with data that is no longer needed in the context of patient care?

There are no current archiving requirements, and we are not aware of any current or immediate concern with storage space for these deceased/ineligible patients, though this future possibility should probably be considered more thoroughly. There is a defined process for disabling users and clinics- once a clinic is inactivated in CHCS, the table-synch processes make those clinics inaccessible to the users.

Answer Provided by: Dave Parker

Build 837.4

Date Submitted: 03/02/2005

What is the storage capacity of the CDR? We've been briefed that when the CDR reaches 128 CPUs per dome, completely new architecture will be needed. What's the plan? If we can move the no longer used data referred to above in question 3, will the 128 CPU architecture be adequate storage space for the foreseeable future?

Tests are currently being conducted to develop the plan for new architecture. The 128 CPU architecture is more than enough storage space for the foreseeable future.

Answer Provided by: Jason Smith

Build 837.4

Date Submitted: 03/02/2005

Clinical Notes

How do I copy the results of a consult in clinical notes to the add note section of the current encounter?

Clinic on the *Clinical Notes* tab in the folders list; Highlight the result that you are interested in and it will populate in the narrative pane; Place cursor at the top left of the desired result; Left click, hold and drag to highlight the information; Hit ***CTRL-C*** on your key board to copy information; **(right clicking on mouse will not work)** Return to encounter and click the *Add Note* button; Hit *New Note*; Enter *Note Category/Note Title;* Tab down to free text area and hit ***CTRL-V*** on your key board to paste results into the add note section; Hit *Note Complete*.

(If you click "*Save As A Draft* " the encounter cannot be signed)

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Consult Log

In CHCS, the ordering provider gets the consult back fully completed. Will this happen in AHLTA? If so, how will the provider be alerted? If not, what is the workaround?

Completed consults are viewable in AHLTA (for more details see previous consult questions). The statuses (e.g., pending review, pending appointment, completed, etc.) of consults to or from a particular provider are listed in that provider's AHLTA Consult Log module.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

When ordering a consult that is not directed to a specific provider, how do you view that consult order in AHLTA?

The consult order itself is viewable in the Active Consults window of the Order Consults Tab. The Consult Log module is user specific: the statuses of consults entered to or from that user are viewable. If a consult was sent FROM AHLTA and not directed to a provider, the status can be viewed in AHLTA Consult Log as a consult from that user.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How does a consult created in AHLTA effect CHCS I?

A consult ordered in AHLTA writes to CHCS I. The business process, once the consult crosses to CHCS, does not change. Completed consults are viewed as follows:

1. Ordered in CHCS, completed in CHCS: Viewable in the AHLTA Clinical Notes module or CHCS consults module
2. Ordered in CHCS, completed in AHLTA: Viewable as an encounter in AHLTA and writes to the consult module of CHCS. The appointment must first have been linked to the AHLTA encounter.
3. Ordered in AHLTA, completed in CHCS: Viewable in the AHLTA Clinical Notes module and the CHCS Consults module.
4. Ordered in AHLTA, completed in AHLTA: Viewable as an encounter in AHLTA and in the CHCS Consults module if the appointment was linked to the encounter.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

If a Provider receives a consult in CHCS I, what actions are taken in CHCS I or AHLTA to complete that consult?

If a consult created in CHCS is linked to an appointment, the encounter completed in AHLTA will write back to the CHCS consult. If an AHLTA provider orders a consult and the consult is completed in CHCS, the results are viewed in AHLTA Clinical Notes.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can we add a specialty to the drop list on the Consult Module?

The clinics listed in the Specialty drop-down list are the clinics that are available in CHCS.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can consults to Civilian Providers be ordered through AHLTA?

Out-of-house consults (Non-MTF) (aka: civilian consults) cannot currently be performed in AHLTA. Civilian consults will NOT go to the proper channels (hand carried or otherwise) for routing and appointing. The Provider must toggle over to CHCS legacy and enter the consult in the standard fashion. He/she may and probably should copy the consult screen in legacy and paste it into the comments section of the Diagnosis in the A/P module of AHLTA so that there is an electronic record of the event available in the AHLTA provider note.

Clinics/locations that are of the hospital location type MCP NON-MTF are not currently table synched and mapped. There could be over a thousand of these locations at a large site. As a result, consults that are associated with these locations cannot be submitted in AHLTA/PGUI. Some sites have changed the location type for these locations to CLINIC instead of MCP NON-MTF so that they can submit these consults, but it is true that then everything on the CHCS side cannot be handled the same way it would be if the type was accepted as MCP NON-MTF. MTFs are making the decision to not use the Civilian consult because it exists on paper only and excludes any involvement by the MCP Tricare staff. This issue has been noted and a change enhancement is being considered.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/1/2004

Define the process for ordering Military/TRICARE consults in CHCS/AHLTA.

1. DOC A orders a consult to DOC B in clinic PMT. The patient does not need to hand-carry the consult but should contact TRICARE for appointing the consult.
2. The PMT clinic receives the request for the consult in CHCS I and BOOKS it to an APPOINTMENT for DOC B in CHCS I. (This is where a lot of people are getting lost)
3. CHCS I will send the PMT consult appointment to AHLTA in the next Appointment Download process.
4. The consult is displayed as an appointment in DOC B's schedule.
5. DOC B sees the patient and completes the encounter.
6. The encounter is written back to CHCS I.
7. When CHCS I receives the appointment, it sees the ID Tag of the appointment and remembers it was a consult.
8. CHCS I writes the consult note to the Consult log and notifies DOC A that the results are in.
9. If the consult was ordered in CHCS and completed in CHCS, the completed consult is viewable in the AHLTA Clinical Notes module and CHCS Consults module.
10. If the consult was ordered in CHCS and completed in AHLTA, the completed consult is viewable as an encounter in AHLTA and writes to the consult module of CHCS. The appointment must first have been linked to the AHLTA encounter.
11. If the consult was ordered in AHLTA and completed in CHCS, the completed consult is viewable in the AHLTA Clinical Notes module and the CHCS Consults module.

12. If the consult was ordered in AHLTA and completed in AHLTA, the completed consult is viewable as an encounter in AHLTA and in the CHCS Consults module if the appointment was linked to an encounter.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/1/2004

Is there an Advice Only option? Or how would a provider indicate that a consult = advice only? A consult order is not being placed for the patient, but the originating provider simply wants to seek advice on the patient's condition from another Provider within the specialty area (like a Family Practice doctor simply seeking advice from an Internal Medicine doctor on a patient's condition without formally ordering a consult to Internal Medicine). "Advice Only" is an option for consults initiated in CHCS.

AHLTA consults do not have an "Advice Only" option. An SCR has already been submitted requesting this capability. Providers do have the option of viewing the current or previous encounters for any given patient. If assistance was given during the current encounter, use the Add Provider functionality to receive credit for the advisement.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

When a patient is sent to an outside clinic for a consult, is it ordered through CHCS I?

If outside means outside the MHS: Consults for civilian clinics can be DOCUMENTED through CHCS I or AHLTA. An electronic copy of the consult would have to be printed from either system and the patient would hand-carry the consult order to the Provider at the outside clinic. In AHLTA, on the order consult screen, select the civilian radio button, fill out the required fields (the output method is 'Send and Print'), and click submit. The consult is documented and printed. **(Subject to MTF Policy)**

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Co-Signs

When appending a Note to an encounter, is the encounter considered co-signed, or does the provider need to use the Sign Note option?

Appending a note to an encounter does not co-sign the encounter. The note itself must be signed. If the note is added through the Co-signs module, the encounter still needs to be co-signed after the signing of the appended note.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can the original designated co-signing provider transfer/change the co-sign responsibility to an encounter that requires his/her co-signature to another to co-sign?

Appointments can be transferred if they have not been signed. Once signed, even if needing a co-signer, they cannot be transferred.

Once an encounter has been assigned a co-signer, you cannot 'transfer' the co-signing responsibility. If provider A is out of the office, provider B can co-sign provider A's encounters by using the Providers button in the Co-signs module, as long as provider B has co-signing privileges.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

If Nurses do fetal non-stress testing in the OB/GYN clinic and close the encounter, is it necessary for Providers who read the monitor strip to co-sign the encounter?

Determine how this was handled in the paper world and choose from one of the following options:

1. If the Provider is able to sign the monitor strip in the paper world, then they can continue to do and no co-signature is needed.
2. If the Provider is required to co-sign the encounters from a clinical/legal perspective, then it would be easier to assign the encounter to the Provider to sign when the nurse is complete with the documentation.
3. If the Nurses have the nurse wellness role and there is no clinical/legal reason the Provider must sign, then the Nurse can sign the encounter and there is no need for the Provider to co-sign the encounter. The encounter is complete when the Nurse signs it.

Answer Provided by: Karen Chapman, Gloria Mason and Traci Schrack

Build 837.4

Date Submitted: 10/31/2004

What are the implications for the patient if a co-signing Provider is unavailable to countersign orders (specifically medication orders)? Is there a difference in this regard between CHCS and AHLTA? Can any provider cosign for a practitioner requiring cosignature, or does a specific individual have to cosign for a specific other provider? Will lab, radiology, pharmacy carry out a AHLTA order before it is electronically cosigned? If not, will lab/radiology/pharmacy tell the ordering provider that his/her order is not being carried out pending cosignature?

All order signing/order rules are the same as Legacy – no changes. The CHCS I Trainer/System Administrator can provide additional information.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Demographics

How do you modify an active duty member's Special Work Status per the results of lab tests (if the results of a test were positive)?

The Special Work Status may be modified in the Demographics, Screening, or the Disposition module. When and under what circumstances the work status is changed is subject to MTF policy.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Is the Patient Address/Insurance Verification Form based on an industry standard?

The form is based on designs provided through the requirements process.

Answer Provided by: Virginia John

Build 837.4

Date Submitted: 03/02/2005

AHLTA uses FMP instead of DDS. Since FMPs are not standardized across MTFs, why isn't DDS used? What effect does this have on the clinical staff team when they are doing their jobs? For example, if a child is a 03 here, but a 01 at Little Rock, will we get the child's complete medical record?

FMP is not the way that AHLTA identifies patients; rather it is by the DEERS identifier. AHLTA uses the DEERS ID, and if one is not found in CHCS, then AHLTA does a DEERS PID fetch. This was designed from the beginning to ensure that the correct result occurs from the situation across sites described above. Problems do occur sometimes if duplicate records are generated in CHCS. A patient merge utility is a means to resolve duplicate record issues.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Disposition

Which standard (1995 or 1998) is the E&M calculator using (1995 is a more generous calculator)?

The E&M calculator uses the 1997 standards.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can you select the patient and parent as the default for review of discussion items?

No, only one may be selected. Additional information can always be added in the comments field on the Disposition screen.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Why doesn't E&M coding show on SF600?

DOD has decided not to include the E&M code on the SF600. If a coder changes the coding in CHCS ADM based on existing documentation in the Encounter (free text, addition of modifiers…), then there is no discrepancy between the code on the encounter and the code in ADM.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How does coding come from free text?

The E&M calculator does not consider free text. It is important to use the structured terms as much as possible to receive an accurate code. The E&M code can be manually selected, though, if a large amount of free text is used, via the Selection tab in the Disposition module.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

What are HCPCS (on the Procedure tab of A/P)?

Healthcare Common Procedure Coding System Please refer to http://cms.hhs.gov/medicare/hcpcs/codpayproc.asp for complete explanation.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

A Provider documented a simple encounter and AHLTA calculated an E&M code of xxxx4. The Provider documented a second encounter involving more complex decisions, multiple diagnoses, head-to-toe exam, lab and rad orders. AHLTA calculated an E&M code of xxxx2. The Provider wants to know why the coding differed from her expectations.

The E&M code value for an encounter is generated through a complex algorithm consisting of 12 different parameters. The extent of which is variable because of contributing factors like 'new' or 'existing' patient, the number of different body systems examined and documented via the S/O Medcin tree, face to face time, complexity of the medical decision make process, the number of Diagnoses and Procedure code selection criteria, etc. Please see your local UBO or PAD Office for more information regarding maximizing encounter RVUs.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Are there instructions on where, when, and why a Provider would want to use additional E&M codes? Isn't there supposed to be one E&M code per visit?

Prolonged visits are the primary reason for coding additional E&M codes (99354-99357). Another reasonably common option is a visit that is primarily, say, a Prevention Visit (very specific rules for this) in which a non-trivial Medical problem is addressed (and not just a refill of a med or something similar). The AMA CPT code book includes these examples.

For future reference, refer to the latest ADM Coding Guidelines.

Answer Provided by: Dave Parker

Build 837.4

Date Submitted: 11/4/2004

For the Injury/Accident functionality, will more locations be added for Auto Accidents as the software expands? The current locations only list 50 states, District of Columbia, Classified, and Unknown. No foreign countries or other locations are listed (such as US Territories – Guam, Puerto Rico, Guantanamo, etc.). If the related cause code is EM (Employment), does that refer to a job related accident experienced by a dependent of the Active Duty Member (LtCol Smith's son slipped and burned his arm on the grill while working at McDonald's) or an accident experienced by the Active Duty Member while on deployment?

There is no tasking to supplement the current list of Auto Accident locations.

The EM related cause code refers to both – it can be used to identity the place of employment as the location for an accident/injury for an Active Duty Service Member as well as a dependent.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/11/2004

How can I override an E&M Code of 99213 and make it a 99214? I have documented all that I am going to on this encounter?

Open the *Encounter* and go to the *Disposition Module;* Click the *Selection* tab next to the *Calculated* tab showing the **99213**. Click on **99214** and **do return to the calculate tab**; Sign encounter.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Flowsheets

Can you import vitals into an Access database or Excel spreadsheet?

No, vitals cannot be exported. In AHLTA, create and print a vitals flow sheet from the Flow Sheets Module and Graph vitals' collected data from the Vitals Review Module.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

What is the time range (or number) of lab results available to print from the Flow Sheets module? Is that time range or number modifiable?

The Flow Sheet displays all labs from the Lab Results module. 36 months of historical lab results are pulled over when AHLTA is first activated at a site. The date/time ranges of the labs displayed in Flow Sheets are not filterable. However, a consecutive portion of the labs may be selected and printed out from the Flow Sheet, instead of printing all of the data.

Answer Provided by: Laverne Wright

Build 837.4

Date Submitted: 11/23/2004

Health History

How do I set up my Health History Folder?

In the *Appointments Module* make sure that you have selected (highlighted) a patient; You will notice under the *Patient's* name in the *Folders List* just below *Demographics* the *Health History Folder* (HHF) is now available; Click on the HHF tab and you will be taken to the HHF module; Click the Options tab in the upper right hand corner; Select Allergies, Labs, Rads, Meds (User Preference); Left click and drag to arrange the selections; Click Align; Click O.K.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Immunization Admin

Laboratory

Can results for a lab test documented via the Tests tab in the S/O module (but not ordered in the A/P module) be viewed in the patient's Lab module? A Provider performs fecal occult blood tests in the clinic and wants to know how to document the procedure and capture the workload.

A patient's lab results can only be viewed in the Lab module if the lab test is ordered through CHCS using the Order Lab tab in the A/P module. If the lab test in completed as an in-office procedure instead of sending the patient to the lab, the results will not be available for review in the Lab module. There is no way for the Provider to take credit for the procedure and enter the results in CHCS.

Answer Provided by: Karen Chapman and Jackie Sanders

Build 837.4

Date Submitted: 11/1/2004

How do you print lab results from the Lab module?

Currently, there is no File-Print-Lab Result function in AHLTA for the Lab module. To print lab results in AHLTA, users can select one of the following options:

1. If the user wants to copy lab results directly to an encounter note, the Copy to Note function should be used after selecting the lab result in the Lab module. The results will display on the SF 600 once it is sent to the designated printer.
2. If the user wants to copy lab results for a patient outside of an encounter, use the Flowsheets module to print the entire Lab Results flowsheet or a portion of the flowsheet to the designated printer.

CITPO SE had determined that this is a change enhancement and not a bug. As such, this will need to be processed through the IM/CITPO channels for prioritization and funding.

Answer Provided by: George Frechette and Jackie Sanders

Build 837.4

Date Submitted: 11/1/2004

Is there a way to know if lab results are complete?

Yes, results that are completed in CHCS trigger the Alert icon to display in the Patient ID bar and an alert is received in the Alert and New Results module.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

If new results are resolved in CHCS, are they resolved in AHLTA?

If a result was viewed and tossed in CHCS, the new result will be removed from the AHLTA New Results list.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

What if a provider wanted to view more than 40 lab results?

Set the Tests filter to All. This will show all the results for the selected patient, (for past 36 months).

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

List Management

Who sets up clinic pick lists?

The ability to maintain or update Clinic Favorite lists of diagnoses, procedures, and complaints is tied to a privilege in the AHLTA Security Matrix. It all depends on if the user role has been given the access rights to add clinic favorites. All those with provider and nurse wellness privileges can setup, maintain, and update the clinic lists. That being said, your AMEDD Sustainment Trainer creates the Clinic Favorites based upon the top 10-15 most commonly utilized ICD-9 and CPT-4 codes utilized by that clinic.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Local Cache

What is the contingency plan should AHLTA go down once CHCS I is no longer available?

The Clinical Information Technology Program Office (CITPO) has developed a local caching solution. In the event of a network outage, AHLTA would fail over to the local cache, allowing users to continue working with most of the core functionality still intact. In the event of a complete outage or disaster scenario, the MTF should implement its Contingency of Operations Plan. Currently when CHCS I is unavailable physicians still have the ability to write scripts for pharmacy, and may have to resort to paper temporarily.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

MedBase Management in the ER

How can the user access the Clinic Board?

Users log into MedBase using their NT User Name and Password. On the **Home** drop-down menu select **Clinic Board**.

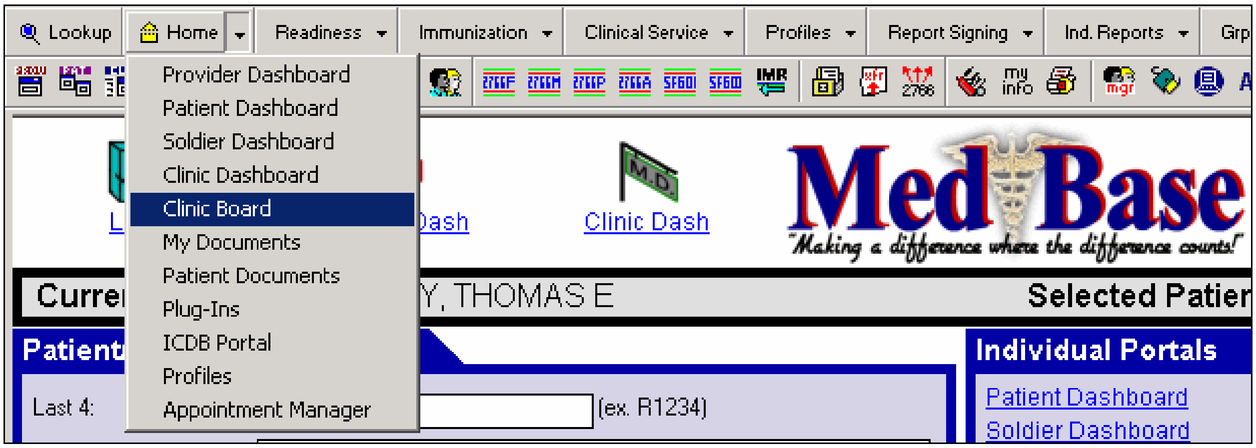

Figure 1 Accessing the Clinic Board

How can a user view the list of patients who are in the waiting room?

The user can view the list of patients who are in the waiting room by clicking **Assign Bed…** located on the menu bar.

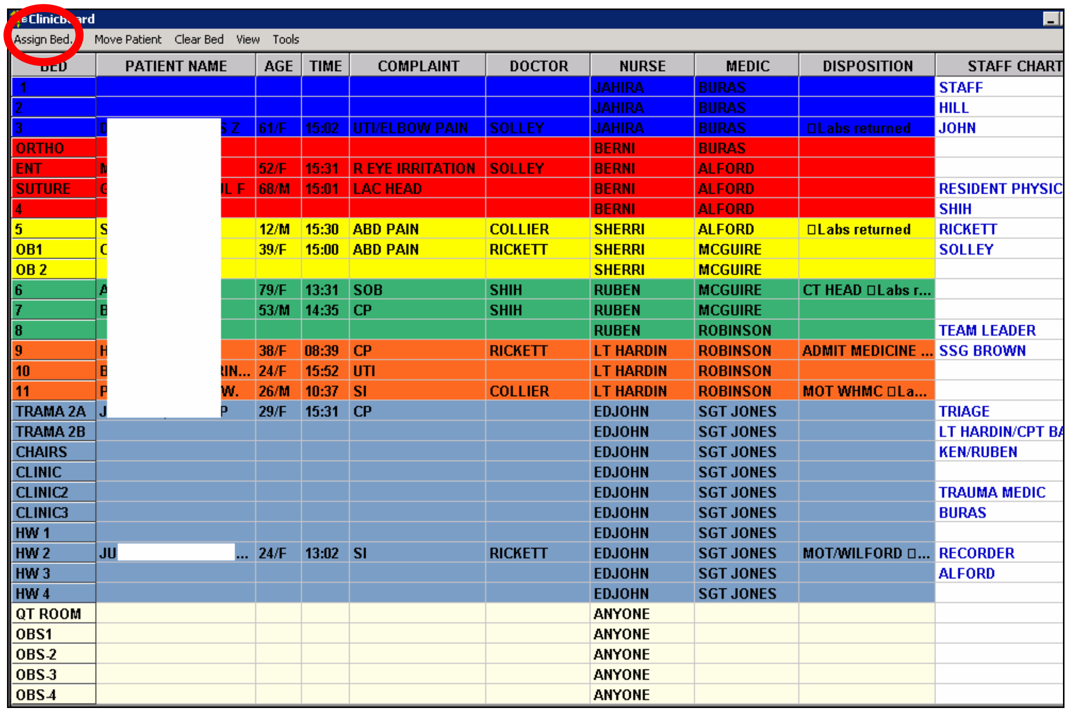

Figure 2 MedBase Patient List

Once **Assign Bed…** is selected the **Patients Waiting To Be Seen** window will display.

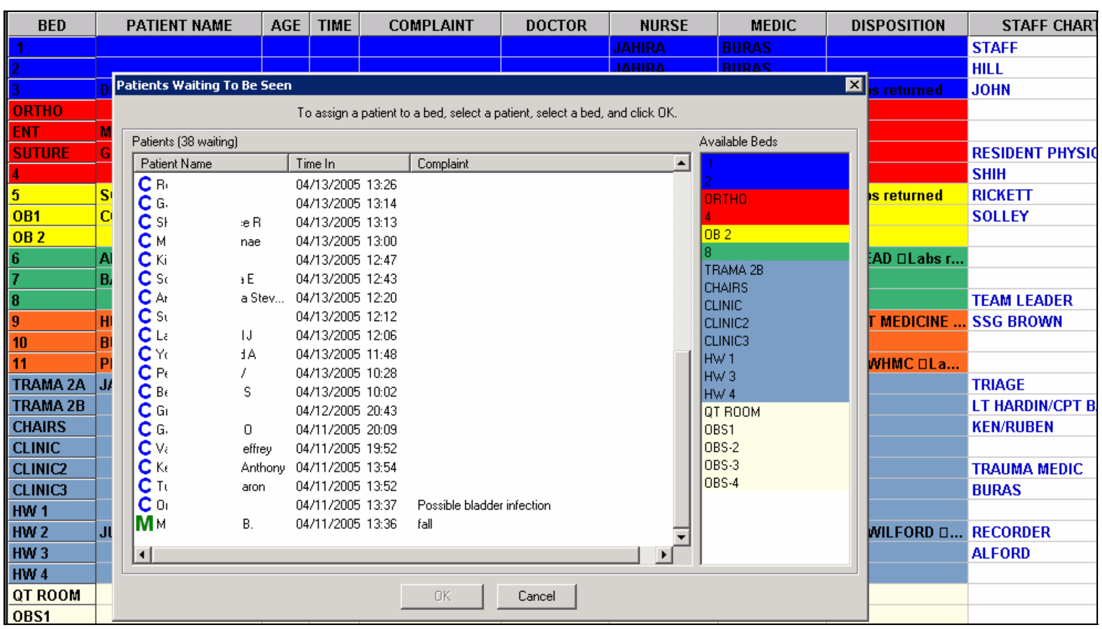

Figure 3 Patients Waiting To Be Seen window

The user will be able to scroll through the list of patients. The list is ordered by the time the patients arrived in the Emergency Room. The list will include patients who have arrived during the last 48 hours. A **C** in front of the name indicates the record came from CHCS. An **M** indicates MedBase.

How can a user assign a patient to a bed?
The user can assign a patient to a bed by clicking on **Assign Bed…** located on the menu bar.

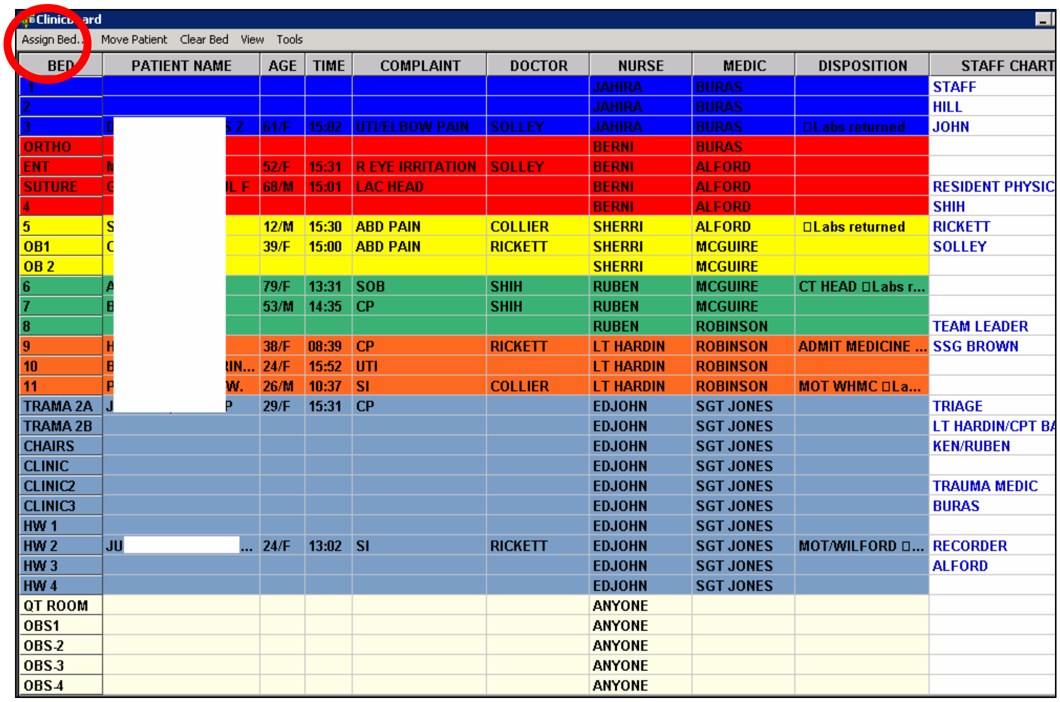

Figure 4 MedBase Patient List

Once **Assign Bed…** is selected the **Patients Waiting To Be Seen** window will be display.

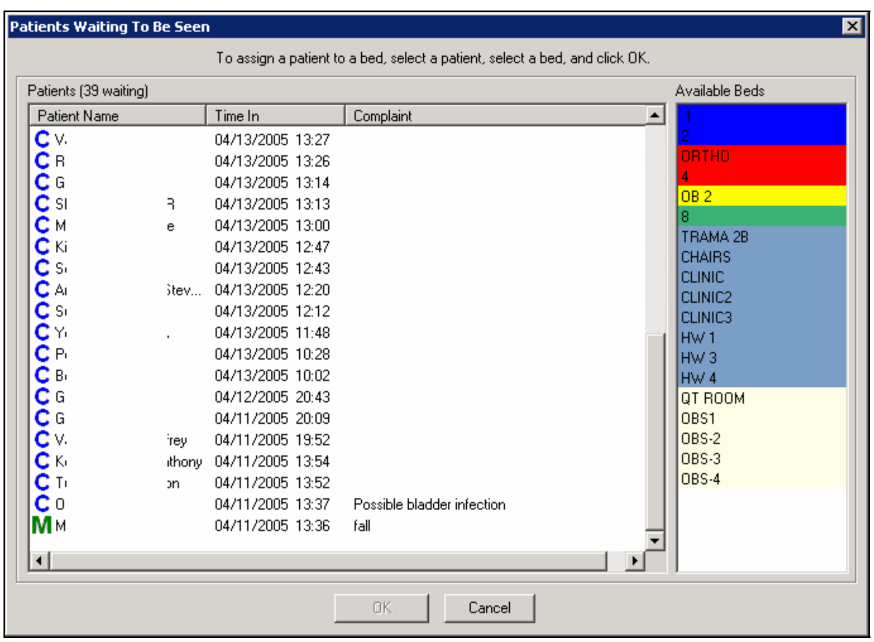

Figure 5 Patients Waiting To Be Seen window

Click on the patient’s name to highlight it, then click on an available bed. Then select **OK**.

The patient’s name will now display in the selected bed on the Clinic Board.

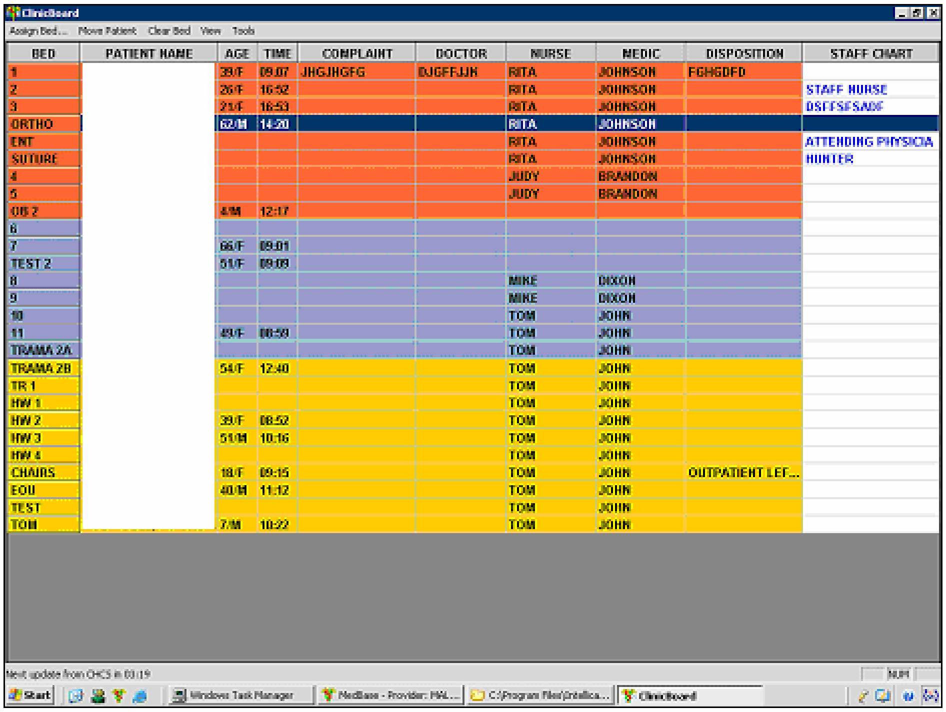

Figure 6 Patient Assigned a Bed

How can a user transfer a patient into another bed?
To move a patient, select the patient’s current bed.

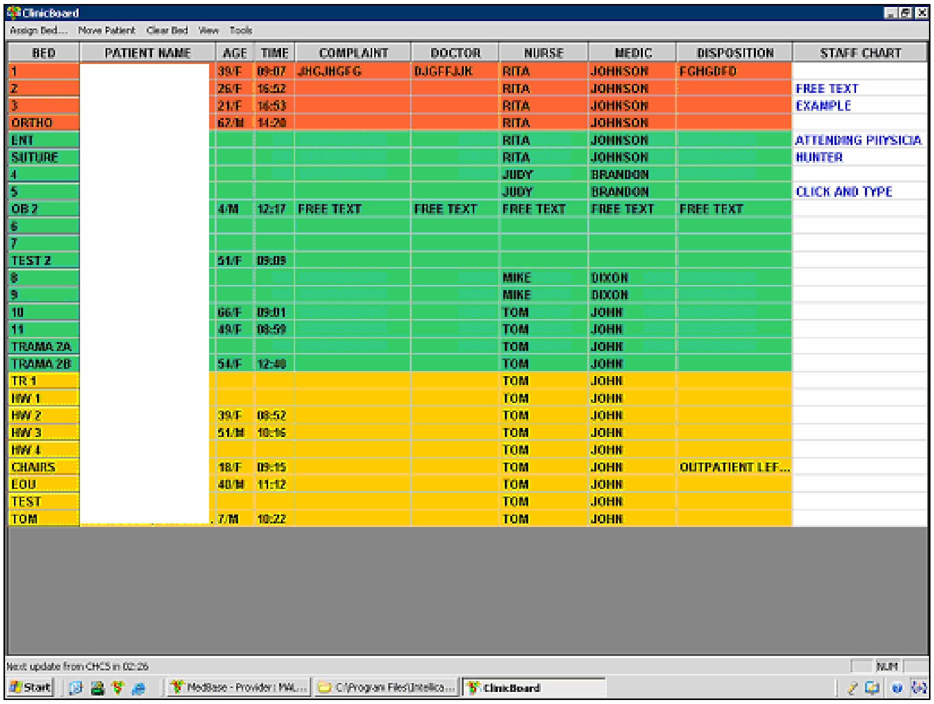

Figure 7 MedBase Patient List

On the menu bar, select **Move Patient**. The **Select A Bed** window will display. Select an available bed then click **OK.**

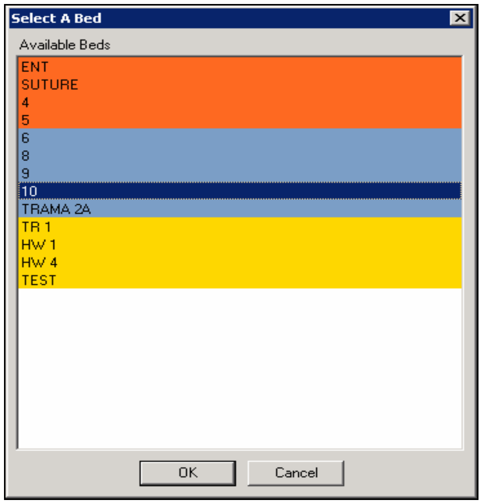

Figure 8 Select A Bed window

The patient will now be displayed in the bed selected.

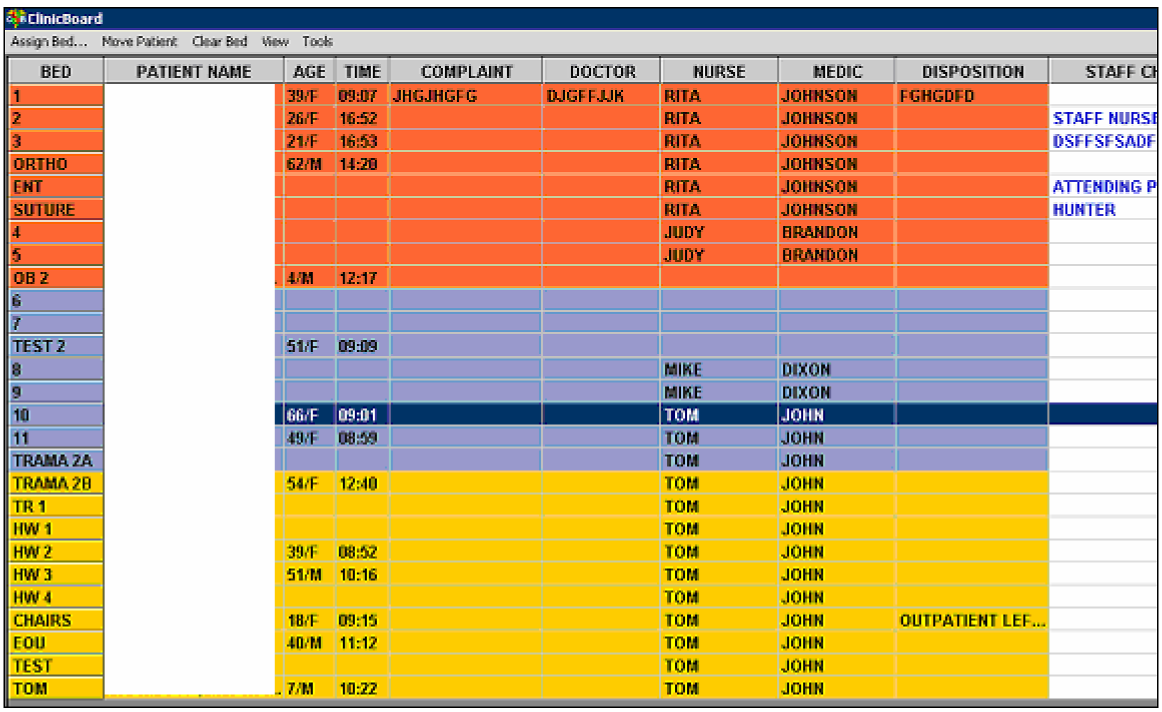

Figure 9 MedBase Patient List with Patient Transferred to Different Bed

How can a user discharge a patient?
Select the patient's name and select **Clear Bed**. The patient will be discharged from the Clinic Board and will not be listed in the **Patients Waiting To Be Seen** window.

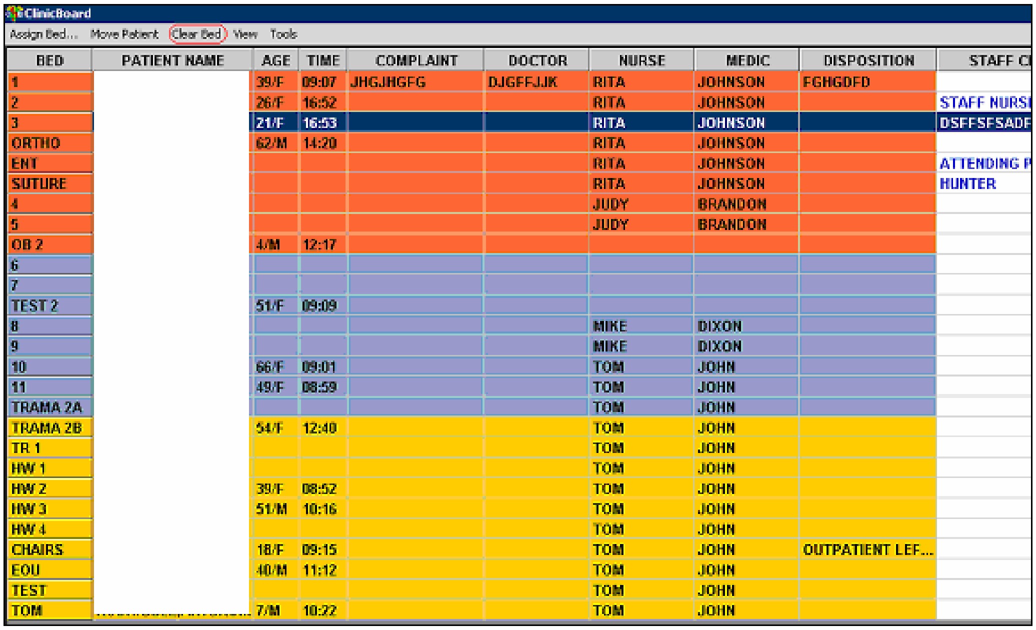

Figure 10 MedBase Patient List with Patient Selected for Discharge

Why is the patient's name flashing red, and how do I stop the flashing?
When a patient name is flashing red, it means a lab result is available for the provider to view in CHCS. To stop the flashing, double click the listing for the patient in the **BED** column.

How can a user pull the most recent information from CHCS?
From the **TOOLS** drop-down on the Menu bar select **Force Update From CHCS**.

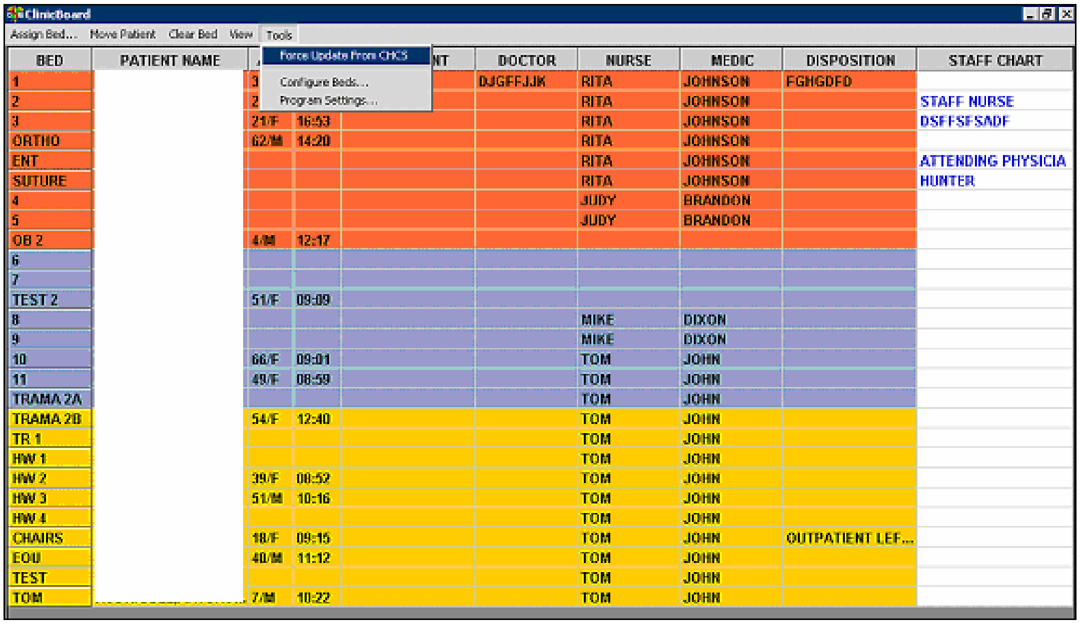

Figure 11 Tools>>Force Update From CHCS

Does the Clinic Board have an automatic CHCS update installed already?
Yes, the CHCS update is incremented every 5 minutes. A count down displays in the lower left hand corner of the screen.

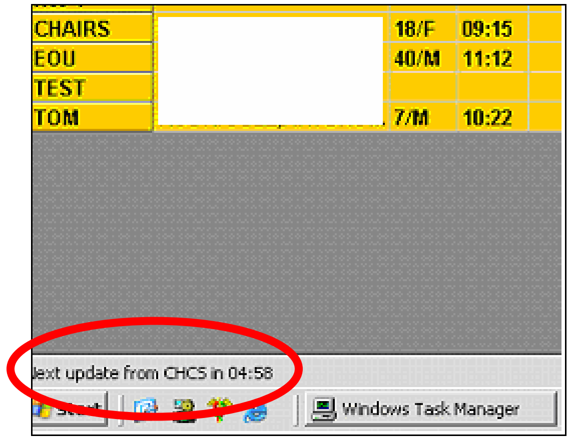

Figure 12 Autoupdate Countdown

How can a user add, edit, delete and configure beds?
From the **Tools** drop-down menu, select **Configure Beds**.

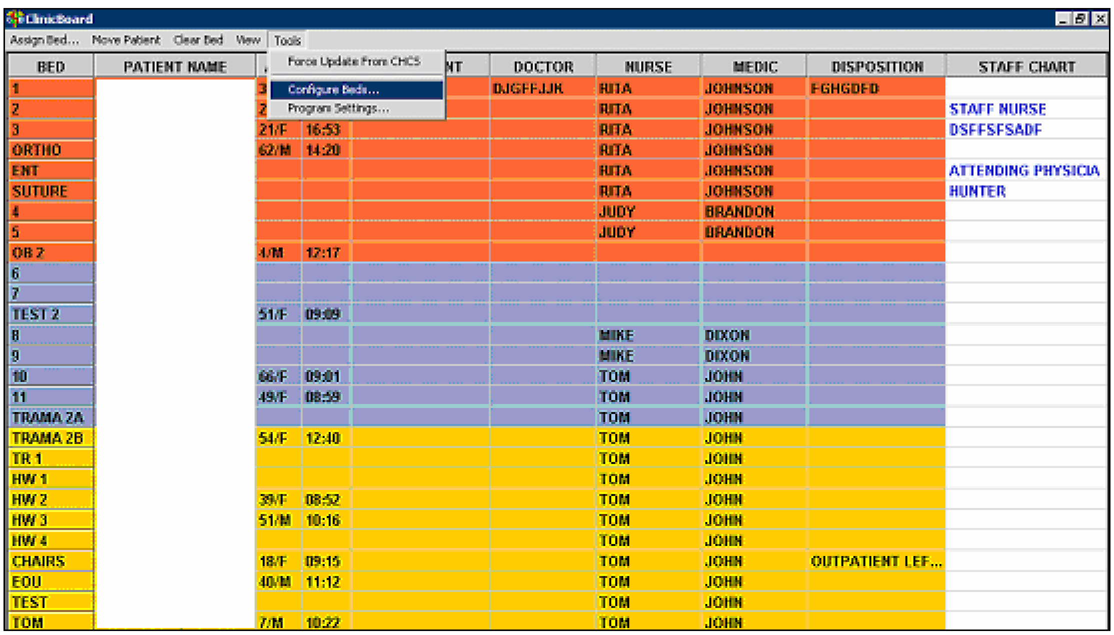

Figure 13 Tools>>Configure Beds

The **Bed Manager** window will display.

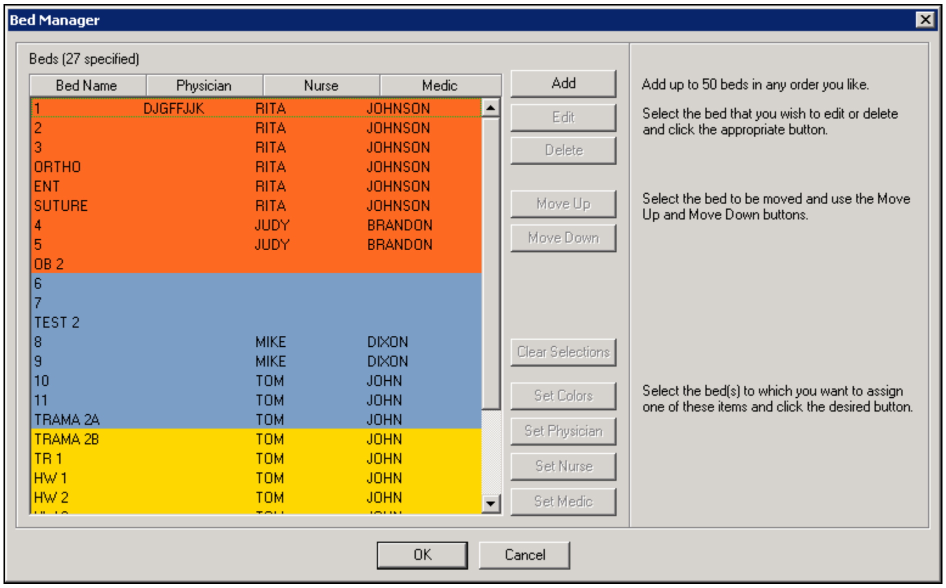

Figure 14 Bed Manager window

To add beds, select the **Add** button. The **Add/Edit beds** window displays.

Figure 15 Add/Edit beds window

In the **Bed Name** field, type in the Bed Name. if you are adding more than one bed, Select **Apply**. This will clear the **Bed Name** field and enable you to enter additional beds. If you have completed adding the bed(s), select **Done** to close the window and return the Clinic Board. The added bed(s) will display in the Clinic Board.

To edit a bed, highlight a bed in the **Bed Manager** window and then select **Edit**.

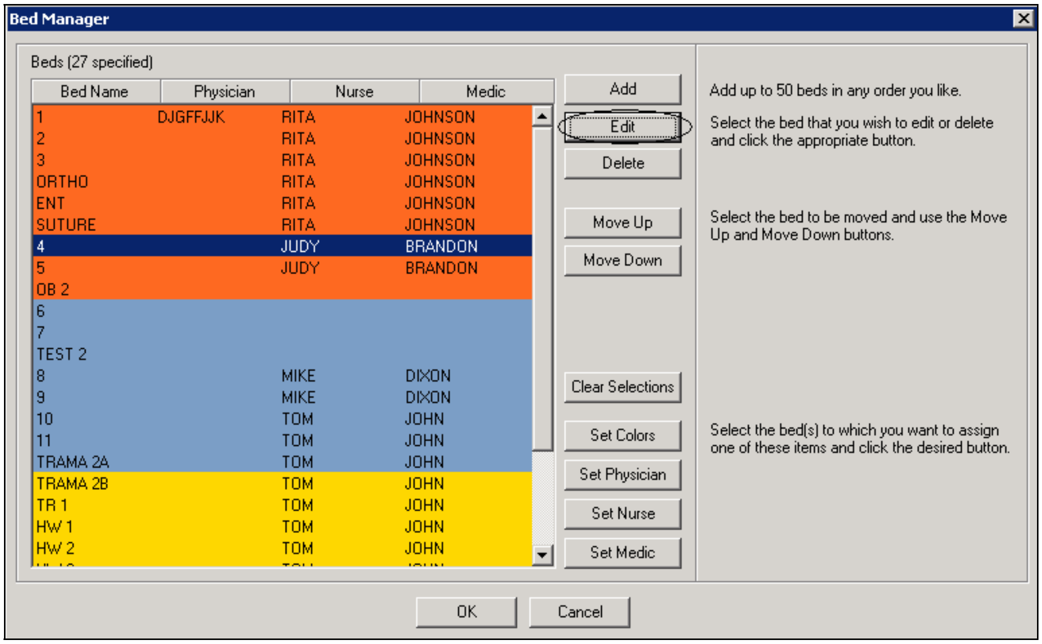

Figure 16 Bed selected for Editing

The **Add/Edit beds** window displays.

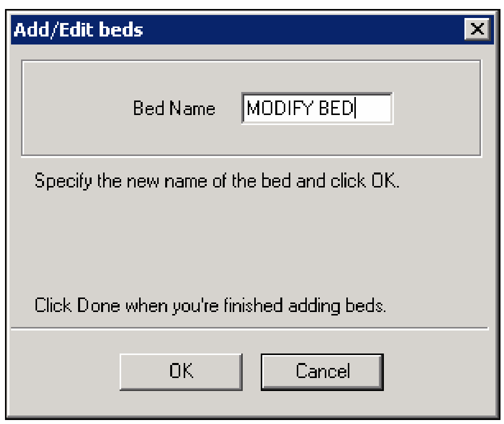

Figure 17 Add/Edit beds window with edited Bed Name

Modify the bed name in the **Bed Name** field and select **OK**. The window will close and the edited bed will display in the **Bed Manager** window.

To delete a bed, highlight the bed in the **Bed Manager** window, and select the **Delete** button.

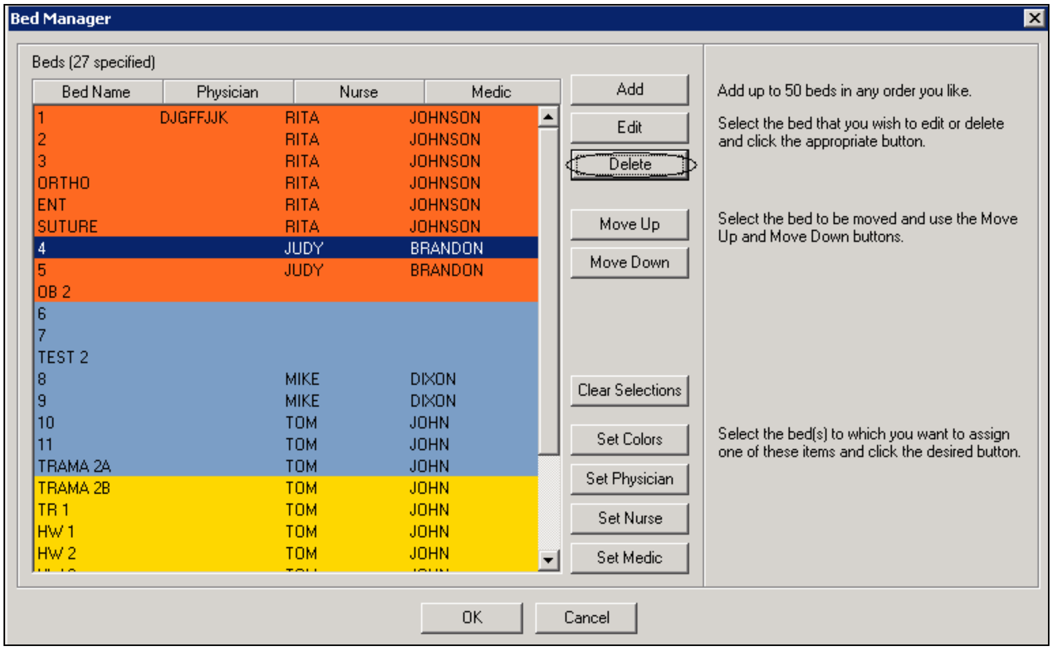

Figure 18 Bed Manager window with bed selected for Deletion

The bed will be removed from the board.

To configure beds, select a bed that is displayed on the board. Once selected, use the **Move Up** or **Move Down** buttons to configure the beds to the your specifications.

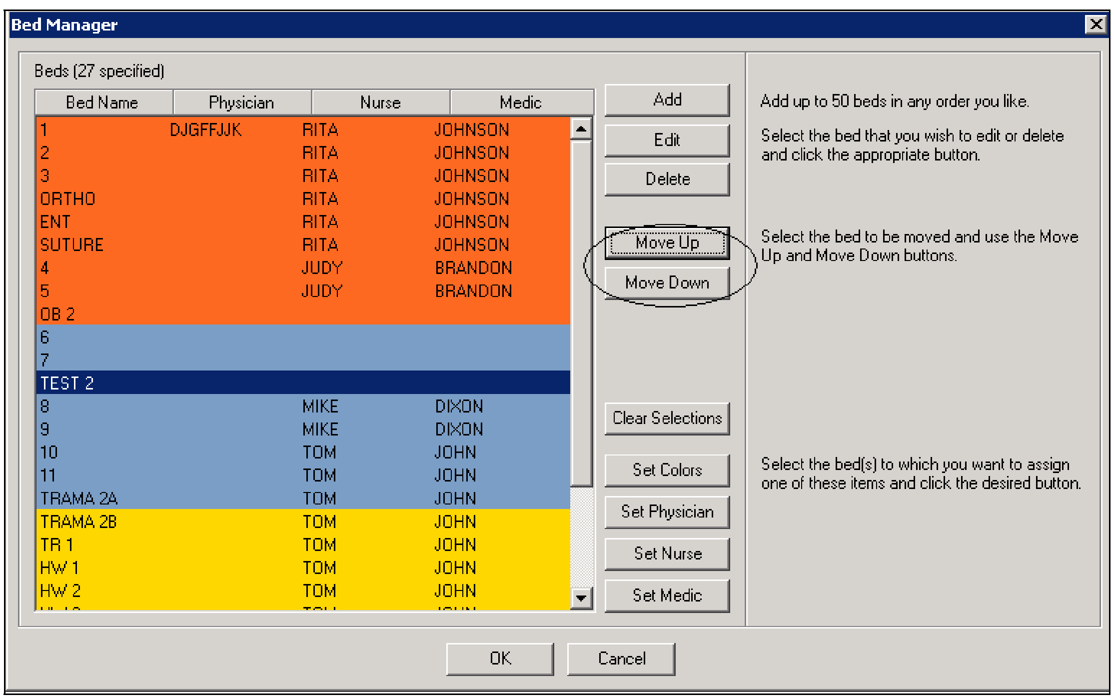

Figure 19 Bed Manager window displaying Move Up and Move Down buttons

How can a user set different colors for the beds?
From the **Tools** drop-down menu, select **Configure Beds**.

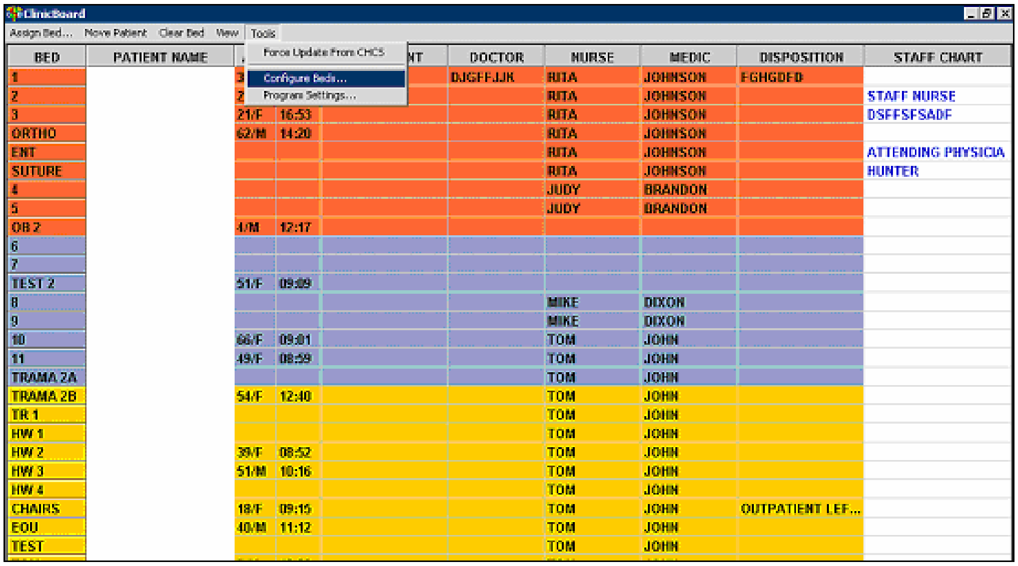

Figure 20 Tools>>Configure Beds

The **Bed Manager** window displays.

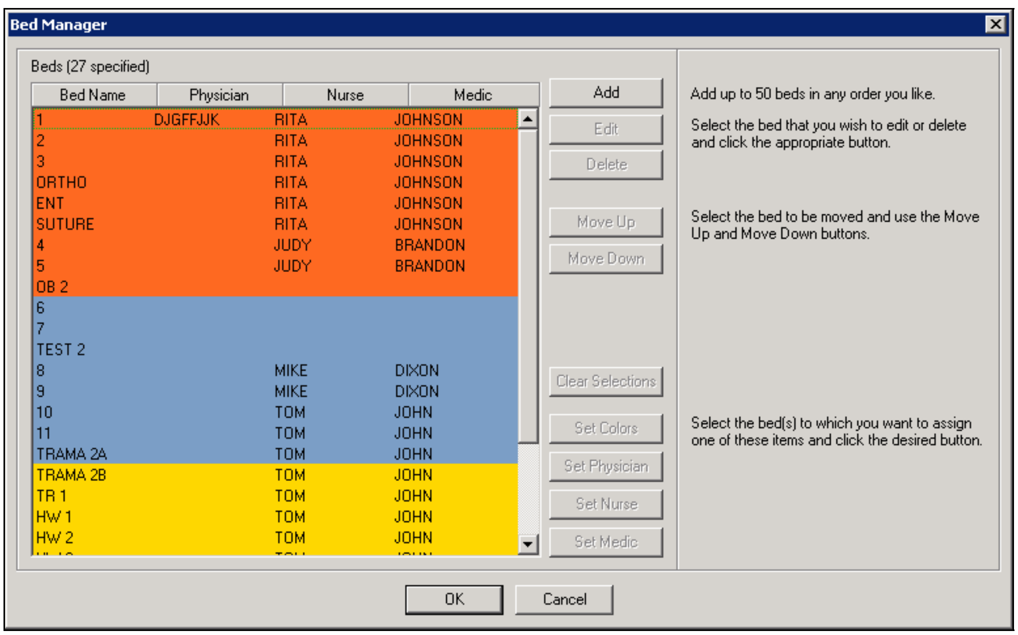

Figure 21 Bed Manager Window

Click on a bed or highlight a group of beds (to highlight multiple beds click and drag the mouse over a group of beds. They all should be highlighted.)

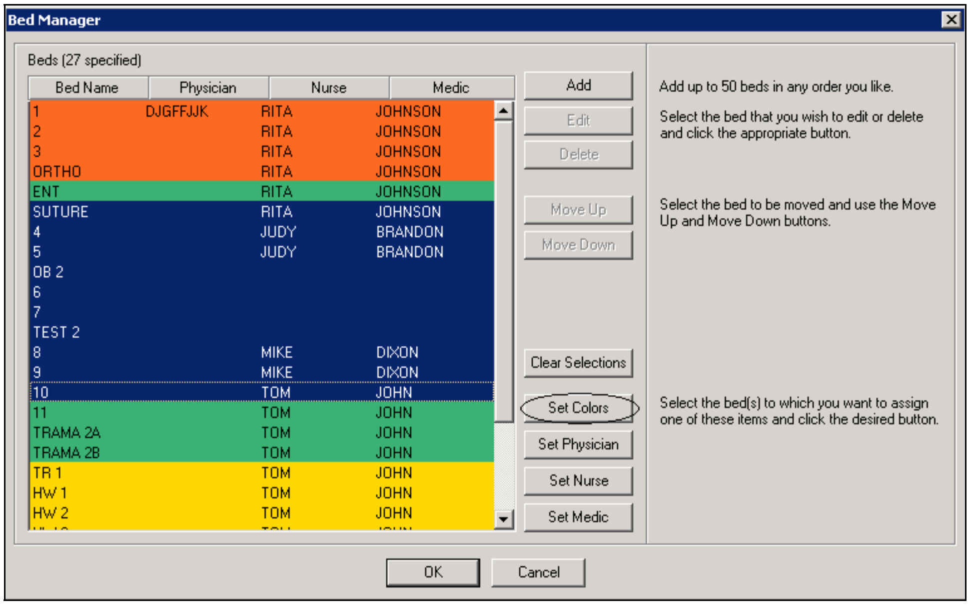

Figure 22 Group of beds selected

Select the **Set Colors** button. Color options will display in the lower right of the window.

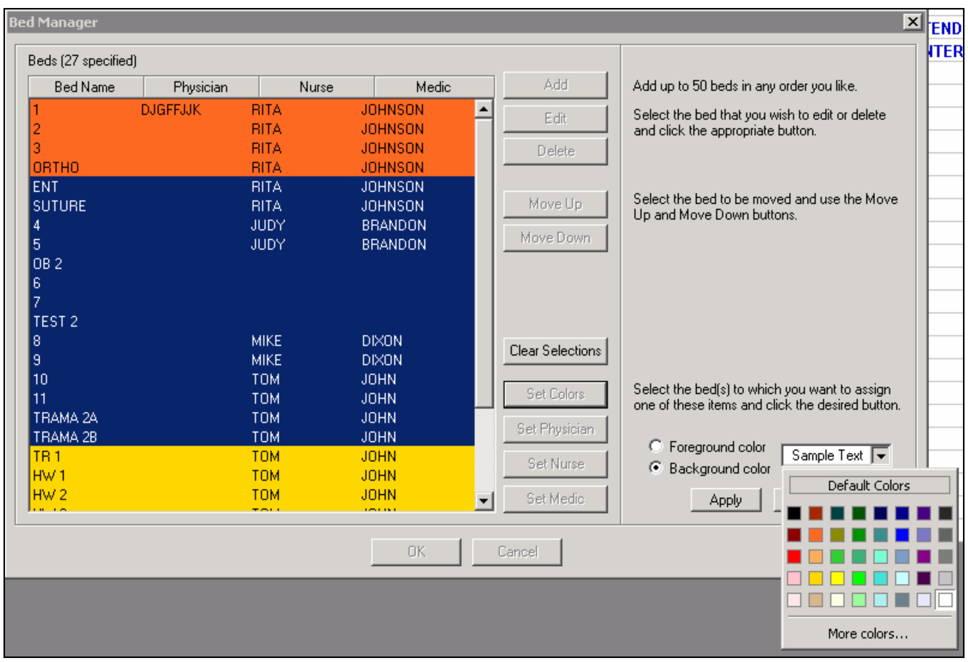

Figure 23 Color Options Palette displayed for Background color

Use the radio buttons to select the **Foreground color** or **Background color**. Select the drop-down arrow to open the color palette and click on a square to choose the color you want. When you make your selection, the color palette will close. Select **Apply** to display changes to the board. Note: The background color will default to white if you change the foreground color.

How can a user assign a nurse and/or a medic to specific beds?
From the **Tools** drop-down, select **Configure Beds**.

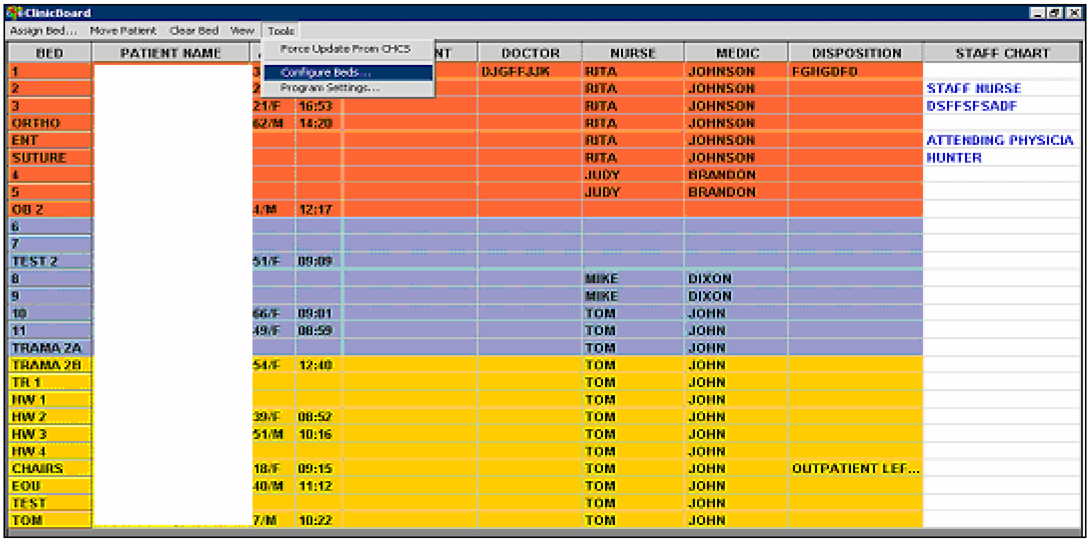

Figure 24 Tools>>Configure Beds

The **Bed Manager** window displays.

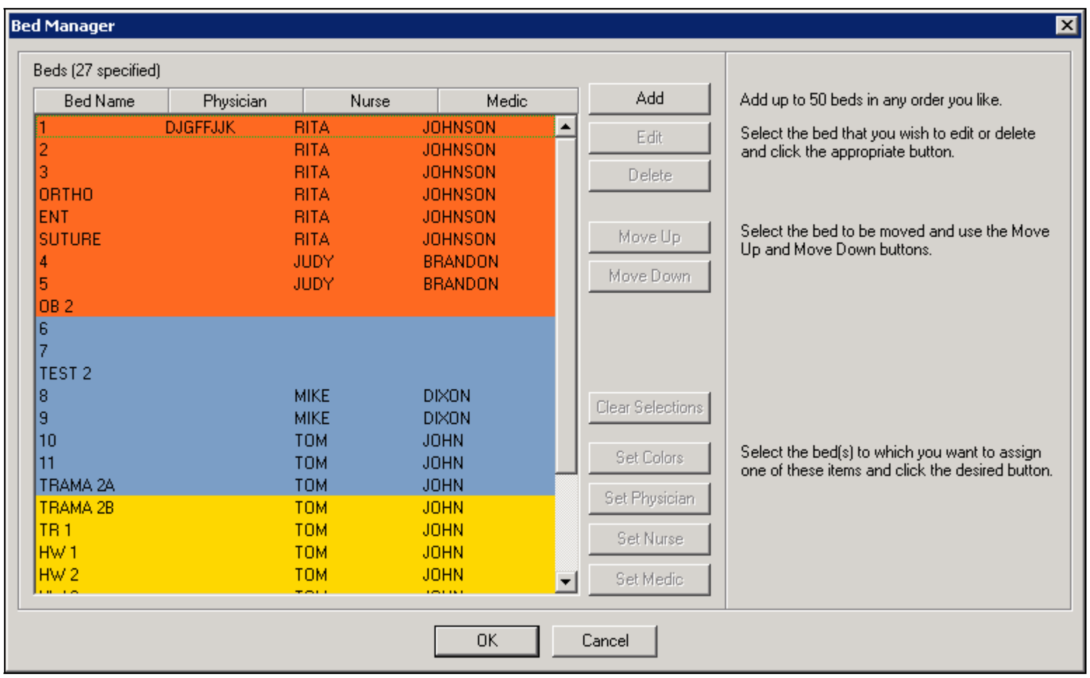

Figure 25 Bed Manager Window

Click on a bed or highlight a group of beds (to highlight multiple beds click and drag the mouse over a group of beds, they all should be highlighted.)

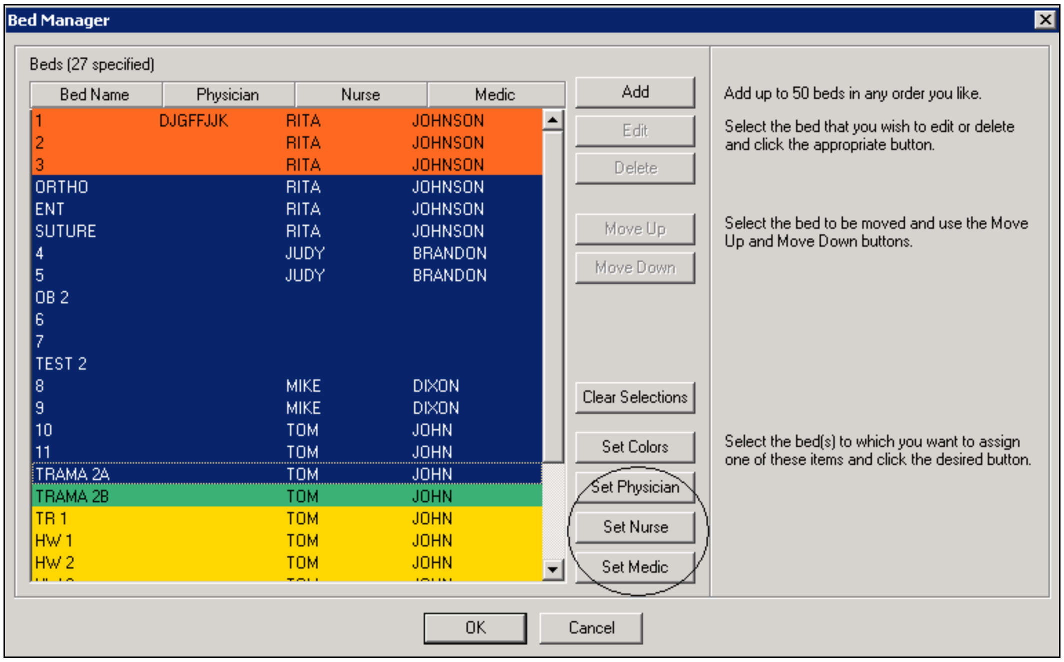

Figure 26 Group of beds selected

To assign a Physician, Nurse and/or Medic to specific beds, select **Set Physician**, **Set Nurse**, or **Set Medic**. An entry field will appear on the lower right of the window.

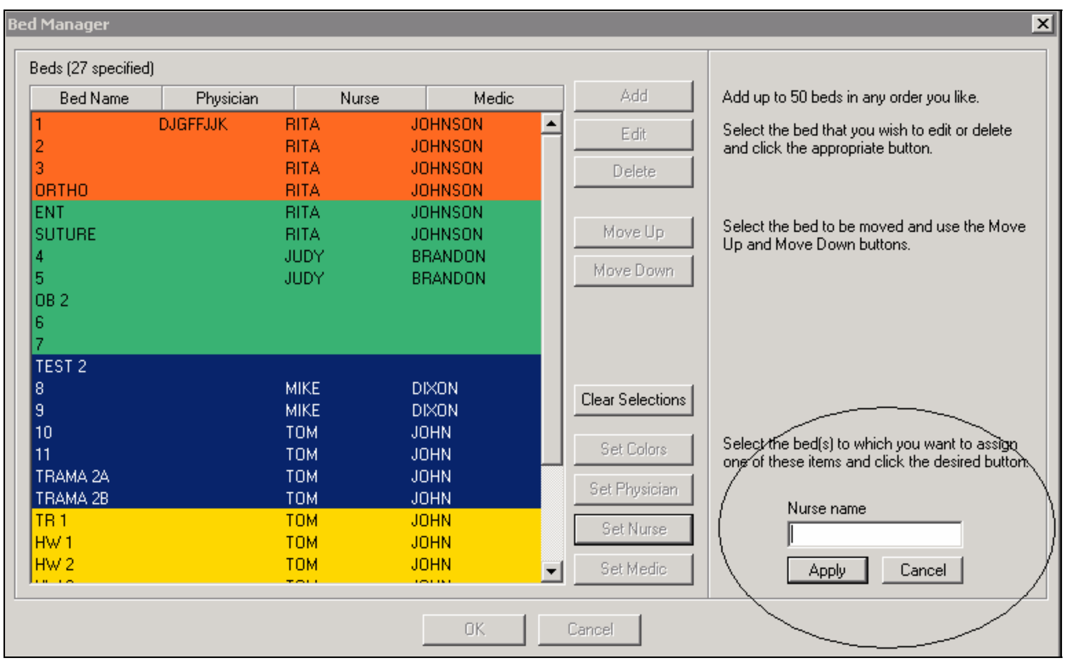

Figure 27 Entry field for Nurse Assignment

You may type free text for the name in the entry field. Click **Apply**. The changes will be displayed on the Board.

Can a user enter free text in the cells on the Clinic Board? If so, into what fields?
The fields that may have free text are: **Complaint**, **Doctor**, **Nurse**, **Medic** and **Disposition**. Note: You can only free text in the specified fields if there is a patient assigned to the bed.

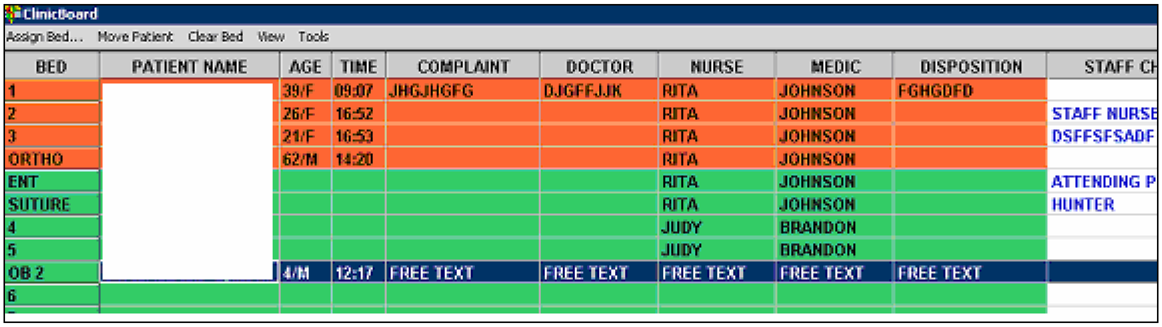

Figure 28 Fields with examples of added free text

How can a user edit the Staff Chart?
To edit the Staff Chart, click in any of the cells in the **Staff Chart** column and begin typing. The Staff Chart column was designed specifically for free text entry. The cells will remain empty until a user makes a text entry.

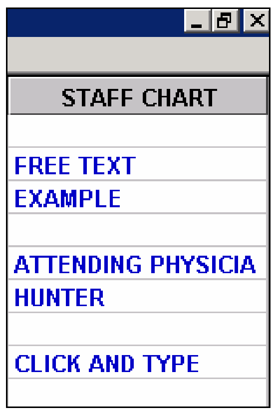

Figure 29 Staff Chart column with examples of added free text

The patient has checked through CHCS, but I can't see the patient's name in the All Patients list. Why?

If this happens first, log in to the MedBase application. Once logged in, select **Lookup** (located in the top left corner of the screen.)

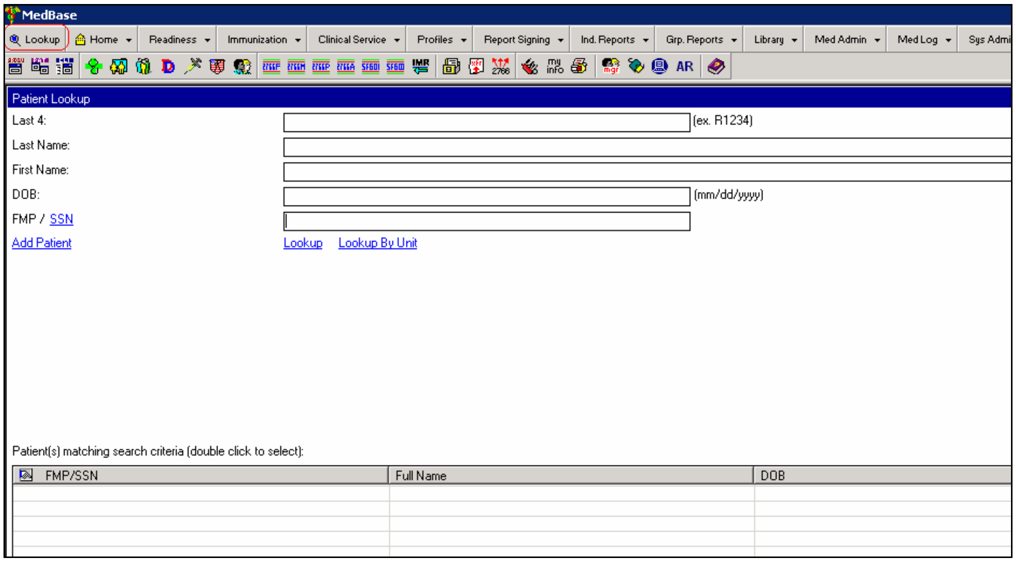

Figure 30 Lookup option in MedBase

Look up the patient using one of the following methods:

First Initial of the last name and Last 4 of SSN,
Last Name, First Name and DOB or
FMP/SSN

The name(s) will display in the lower half of the search criteria screen. Double-click on the name you want.

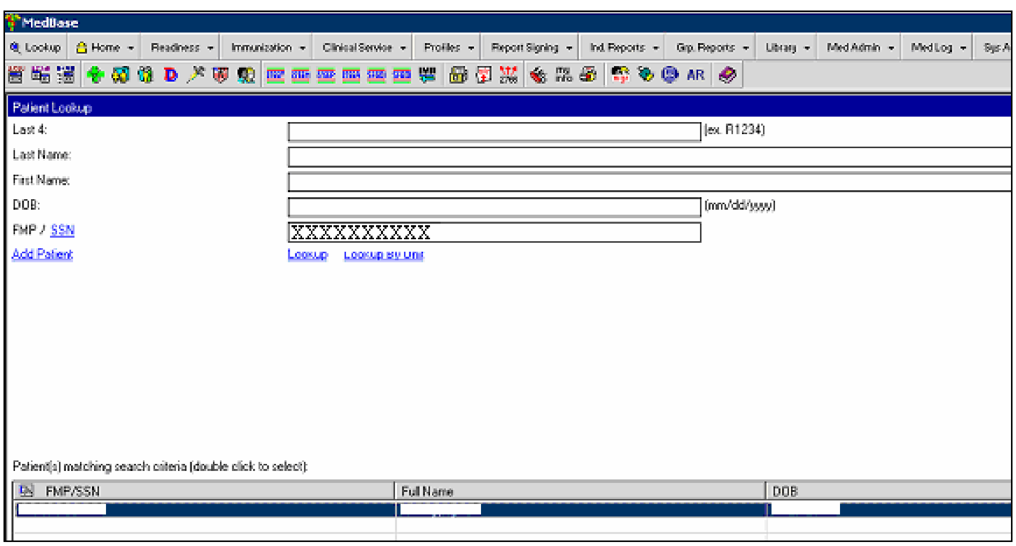

Figure 31 Lookup results displaying in lower half of screen

Once you double-click on the name, Medbase will display the Patient DashBoard.

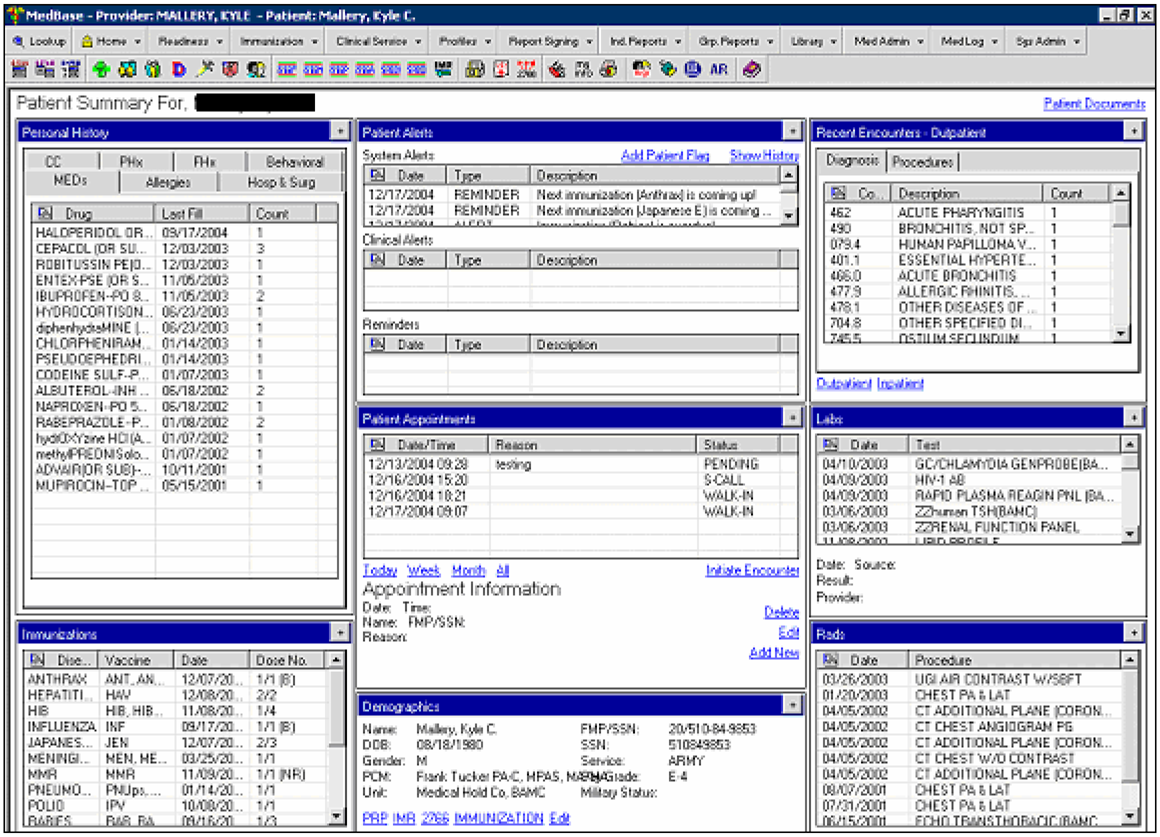

Figure 32 MedBase Patient DashBoard

Under the Patient Appointments section, select "Add New". The **Patient Appointments** window will display.

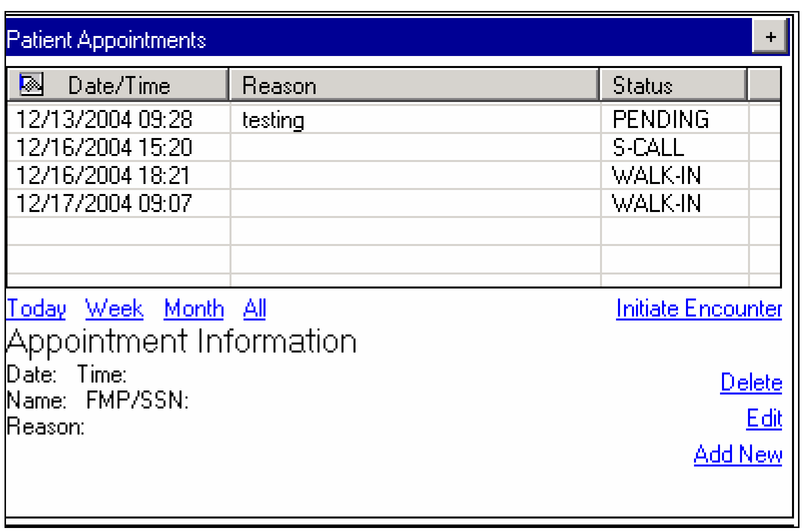

Figure 33 Patient Appointments window

Use the drop-down arrows to select a **Status** and **Description** for the patient. Once this is completed select **OK**.

You will be returned to the **All Patients** list. Open the Assign Patients menu. Once this is completed the patient will be displayed and you can assign them a bed.

*This method can be used if CHCS goes down. The user may continue to update the tracking board.

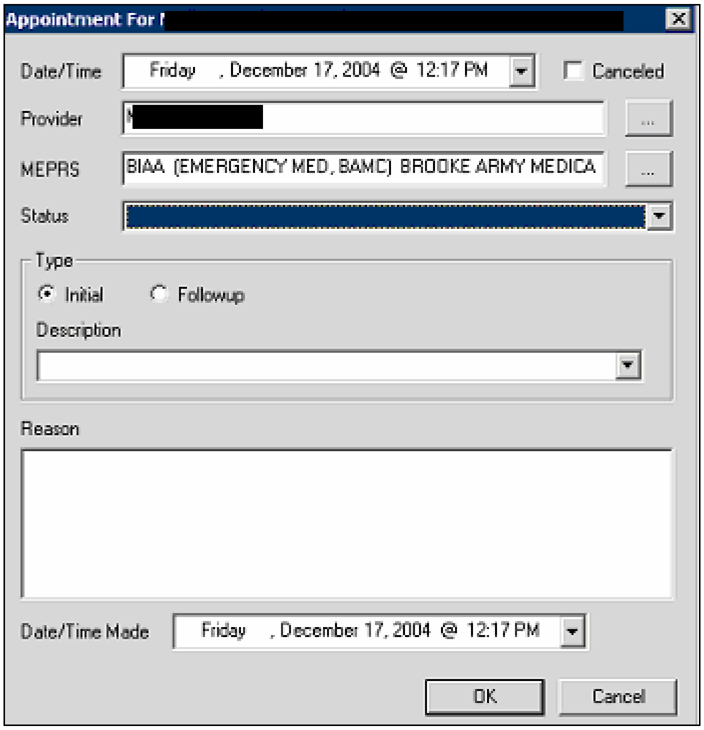

Figure 34 Appointment Creation Window

How can I print out the Clinic Board?

With the Clinic Board displayed on your computer screen, push the **Print Screen Key** (located on the top row of your keyboard in the upper right). This takes a snapshot of whatever is currently on your screen and places it on your Clipboard (your workstation's temporary memory).

Figure 35 Print Screen Key

Access the MSPaint application. Go to **Start >> Programs >> Accessories >> Paint**.

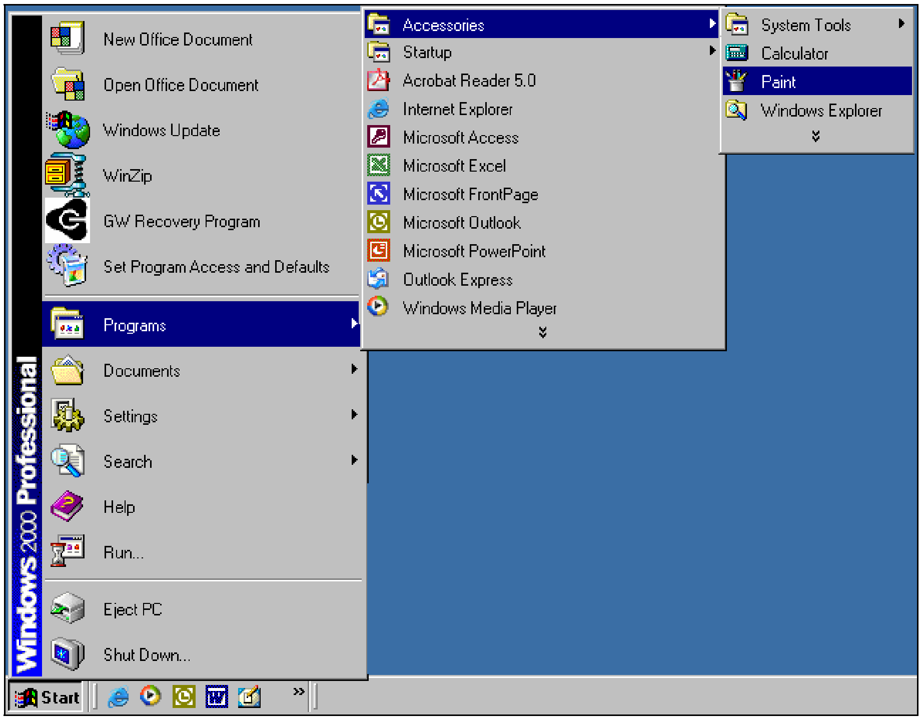

Figure 36 Accessing the MSPaint Application

When you open MSPaint, you will see a screen that looks like this:

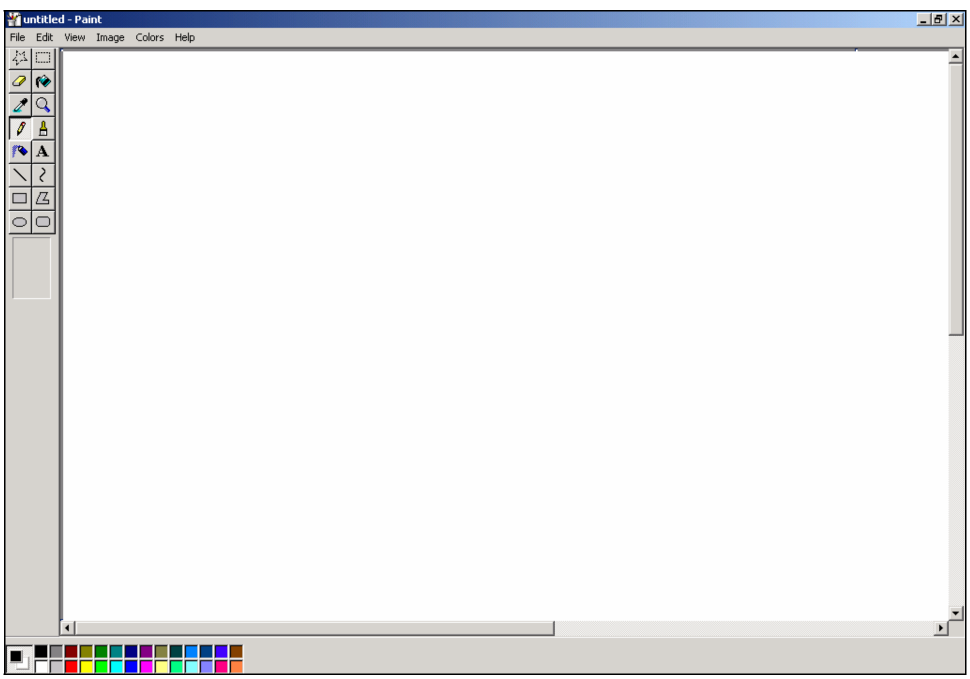

Figure 37 New blank MSPaint file

Click in the white area then right-click and select **Paste** (or use the **Edit** drop-down menu and select **Paste**). The screen shot you took of the Clinic Board will be displayed in this screen.

To print the screen shot, select **Print** from the **File** drop-down menu.

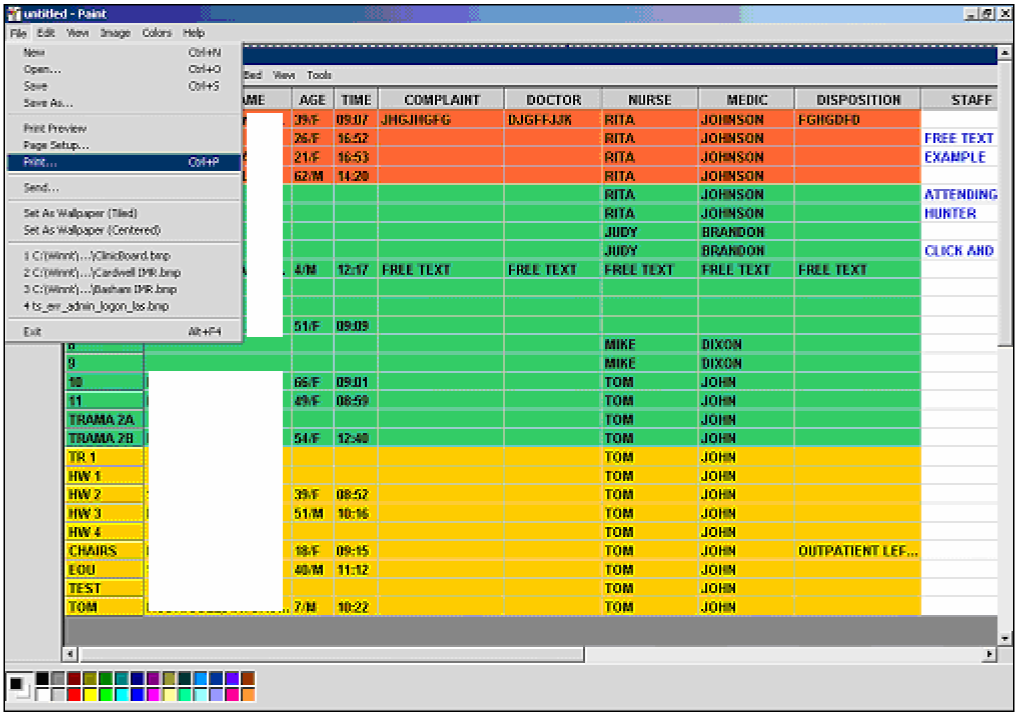

Figure 38 Printing a Screen Shot

Medications

Do OTC meds autosig when ordering or adding to Meds module?

OTC meds documented in the Meds module DO NOT have an auotsig associated with them. The sig is a free text field. Those OTC meds come from the HDD, not from the CHCS formulary. If OTC type meds are ordered, they are ordered through the CHCS formulary. If a sig is associated in the CHCS formulary, then the sig will auto populate in AHLTA Order Entry.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can a user discontinue a med? If so, how?

Users can discontinue a medication from either the A/P or Medications modules by using the Discontinue button within Show Orders at the bottom of the Order Entry screen.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Why can't I refill an expired Meds order?

In AHLTA, medication orders are generally managed in CHCS. Although ordering medications is surfaced to the user in AHLTA, most of the actual processing is done in CHCS I. Thus CHCS's business rules govern their processing. In CHCS, medications have an expiration date set for them that is based upon the type/class of medication. For most medications this expiration is set for one year. Once the order expires, the Provider must generate a new order for the medication, even if the medication is for a chronic, life-time medication. These are CHCSI business rules, also enforced when in AHLTA.

Answer Provided by: Dr. Tony Inae and Gloria Mason

Build 837.4

Date Submitted: 11/1/2004

Does the Meds module show all DOD fills like AHLTA (including outside MTF like Walgreen)? When you record OTC/Outside Med does it affect the patient profile (PDTS)?

PDTS warnings that come across to CHCS also surface in AHLTA. A change request was approved and requirements are written to enable the PDTS Patient Medication Profile in AHLTA. OTC/Outside Meds recorded in the Meds module do not write back to CHCS/PDTS.

Answer Provided by: Laverne Wright

Build 837.4

Date Submitted: 11/23/2004

The renew button is useless because it only allows you to renew current medications, why use it? Also, a patient NEVER comes to get an active medication renewed… other wise it wouldn't need to be renewed.

The Renew functionality works just as it does in CHCS. The Renew function allows the RX order to be renewed, extending the active status of an order beyond a specified future expiration date, at any time before it is expired. Example: A patient has an RX order for a medication that expires in a year (a medication that is taken regularly for the life of the patient) and obtains a renewal for the next year before the expiration.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 03/02/2005

Do Renew and Modify work in live system?

Yes, both renew and modify are functional in the live build.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How can we get a discontinued med into the note?

Discontinued meds display in the Add Note section of the SF600.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Why is an encounter needed to order and discontinue meds?

This is tied to ADM Outpatient Itemized Billing (OIB) business rules, which require that all orders be associated with a diagnosis.

Answer Provided by: Laverne Wright

Build 837.4

Date Submitted: 11/23/2004

How does AHLTA handle medications initially ordered from a different CHCS host site?

For medications initially ordered at another CHCS host, the fix in 837p11 will do the following:

If a provider opens the "Medications" module and selects that medication, the "Renew" and "Modify" actions will be disabled. The "Discontinue" button will not be disabled, and can be used to discontinue the med.

If this is done, the med's status will change to "Discontinued in AHLTA." AHLTA will treat it the same as a discontinued/inactive med, except that it will still trigger an alert for a drug-drug interaction if an incompatible drug is ordered at the new site. In part, this is due to the CHCS business rules noted below, but this also serves as a "safety net", in case the patient still has some left over--alerts provider to emphasize to patient not to take the discontinued med.

Discontinued med will be excluded from the Current Meds views (when filtered to display only current meds), and will not appear in Autocites.

Note: Due to attribution/traceability business rules built into CHCS, discontinuing a med in AHLTA will not discontinue it in the originating CHCS host, as the discontinuing provider generally won't have an account in the originating CHCS. Renewing or modifying the med at the originating site (generally would only happen if the patient returned to it) would over-write the "Discontinued in AHLTA" status and update the status to whatever the provider at the originating host now set it to.

Answer Provided by: Col Thomas Beach

Build 837.11

Date Submitted: 12/1/2005

Navigation

How do you turn off the Physician's Shortcut panel?

View menu>**Shortcuts**>deselect **Large Icons**.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 10/31/2004

I do not have the folders shown on my desktop, how do I get them to display?

Select **View** from tool bar and select **Folders**.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

All of my icons on my desktop for AHLTA are not displaying. How do I get them to display?

Select View, Toolbar or Action Bar and select icons, text or both.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Is there a Spell Check feature in AHLTA?

Not currently, but that feature is currently being developed and will be available in the near future.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

If system is locked, can another user log onto the same computer?

If AHLTA is locked, another user can log into AHLTA. If the workstation is locked, another user cannot log into the workstation or AHLTA.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

What is the time limit for the AHLTA lock functionality? Does the time limit vary across sites, or is it constant?

There is no set time limit – the application will not close automatically once the AHLTA session in locked. The session will remain locked until the user returns to the workstation and unlocks the session.

Answer Provided by: Virginia John

Build 837.4

Date Submitted: 03/02/2005

Can one provider log onto two different computers?

A provider can log into AHLTA on multiple workstations without locking the AHLTA application.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How big is the HDD? Where does it come from?

The 3M Healthcare Data Dictionary's vocabulary component identifies and represents the various medical concepts found in clinical data, and it is organized to support synonyms and other lexical characteristics. As of June 2002, the 3M dictionary contains over 800,000 active concepts, nearly 5.3 million representations, and nearly 6.6 million relationships. The source vocabularies are:

- Unified Medical Language System (UMLS)
- Logical Observation Identifiers Names and Codes (LOINC)
- National Drug Codes (NDCs) from the First Data Bank Pharmacy database
- ICD-9-CM
- Diagnostic Related Groups (DRGs)
- All Patient-DRGs (AP-DRGs)
- All Patient Refined-DRGs (APR-DRGs)
- CPT®-4
- HCPCS
- PTXT (from the 3M™ HELP System)
- Medcin® (E&M coding data from Medicomp Systems, Inc.)
- Customer vocabularies (legacy systems, local and organization-specific terms)

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Will PIMR continue to be accessed through CHCS I? Will PIMR be integrated into AHLTA?

AHLTA does not currently interface with PIMR. The AF/SG AHLTA team is in discussion with AFMSA and the Clinical Information Technology Program Office (CITPO) in regard to adding a PIMR interface to AHLTA.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Are there plans to have AHLTA interface with the Shipboard Automated Medical System (SAMS) program?

An interface for immunizations records to go into the AHLTA CDR from the Air Force systems is scheduled for the Nov 2004 field release. The interface for immunizations records to go into the AHLTA CDR from the Army and Navy systems is scheduled for the March 2005 field release. The immunizations portion of SAMS is the only data element planned for interface with AHLTA at this time.

Answer Provided by: Thad Goodman

Build 837.4

Date Submitted: 03/02/2005

Are there any plans for AHLTA to interface with the Veterans Administration (VA) system?

That capability is currently being tested for deployment – the government has requested a software subsystem between AHLTA and the VISTA system to verify how information is being shared between the two systems. The Clinical Data Repository[AHLTA] / Health Data Repository[VISTA] (CHDR) system allows data synchrony between the two agencies and that synchrony 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.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

What do new AHLTA users require?

1. User must have an ACTIVE CHCS I account.
2. User must be trained in CHCS first.
3. Register user through your local IMO department for CHCS I and/or for AHLTA account.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

New Results

CHCS I allows user to tab through New Results – can this be done in AHLTA?

AHLTA does not allow the user to tab through the new results.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

If a new result is forwarded to another Provider in AHLTA, will that write back to CHCS Legacy? Currently, results reviewed, tossed or discarded in AHLTA do not write back to CHCS Legacy and the Provider still has to review them in CHCS Legacy. Is this issue currently being worked towards resolution? If this is the case, does it also apply to forwarding results or has this issue been resolved? The sites have been directed by CITPO to not use the New Results module for reviewing and tossing results.

If a new lab or radiology result is viewed and tossed or viewed and saved in the AHLTA New Results module, CHCS attaches an electronic signature to the result, indicating that it has been reviewed by the Provider. If a result is discarded or forwarded in AHLTA, there is no write back to CHCS. This functionality is consistent with current CHCS business rules. (Tested in 837.1)

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/2/2004

Can the provider set up a surrogate to review new results?

AHLTA does not currently have a surrogate capability; surrogates still must be set up in CHCS.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Order Sets

I have a *Complete Encounter Template* that I have been using and realized that I needed to add a Chest x-ray and Motrin to the orders while documenting my current patient. Is there a way to add these orders without having to save them in the order set and going to templates to merge them with the Encounter Template?

Yes. While in the A/P Module make sure that you have the *Encounter Template* selected where the orders are to be added; Order the Chest X-ray & Motrin; Save them to Queue; Click on Order Sets and your orders from the *Complete Encounter Template* will be displayed with the addition of the Chest X-ray and Motrin. The Chest X-ray and Motrin will have a check mark next to them. Click *Save As Order Set*; Select the *Complete Encounter Template* where the orders will be added and click save. You will be asked to "**replace**" or "**add to**"; Select "**add to**" and the orders will be added.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

How can I add HCPCS in to my Encounter Template? I already have the CPT Codes entered.

1. Open a Test Patient and go to the A/P Module.
2. Add a diagnosis to the Encounter and Search for and Add all of the HCPCS's that you want added to your Encounter Template.
3. Go to the Disposition Module and click the Sign tab on the Action Bar.
4. Sign Encounter and you will be returned to the Appoint Module.
5. Click on Previous Encounters and select the Encounter that you have just completed.
6. Click New Template on the Action Bar.
7. Give the Template a name and Click Save.
8. You are now in the Encounter Templates area.
9. Delete everything in the Template except the HCPCS's and click save on the Action Bar.
10. Give the Template a name (i.e.; Procedures, HCPCS) and save to your Personal Folder.
11. Click close on the Action Bar and Click Template Management in the Folders List.
12. Click Search on the Action Bar; Select Personal for the Owner Type and hit the Search Tab on the Lower Right.
13. Select the Encounter where you want to add the HCPCS's; Hold down the CTRL button on your keyboard and select the HCPCS Encounter you just made.
14. Click Merge on the Action Bar;
15. Ensure that the HCPCS's were added to the Procedures and Save the Encounter.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Patient Encounter

What does the Refresh icon on the SF600 do?

This icon refreshes all information on the SF600 except for the AutoCite section. You must click the "AutoCite" button to refresh information in the AutoCite section.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/05

Diagnosis entered into the wrong patient record.

Be sure that the Patient Name in the folder list matches the name in the Patient ID Bar at all times.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/05

How can I get a patient's entire family history to display in the AutoCite section of the SF600?

Only Active Family History information will display in the AutoCite area of the SF 600. Medical history information for family members can be annotated to the patient's medical record in one of two ways in AHLTA:

1. Documentation on the PMH tab in the S/O module during an encounter
2. Documentation in the Family History section of the Problems module. Medical history for family members documented during an encounter automatically populates to the Family History section of the Problems module when the encounter is signed. If the end user selects Active Family History as one of the AutoCite preference, active medical information for family members will be displayed on the SF 600 for all patient records. Inactive family history information will not display in the AutoCite area.

Answer Provided by: Karen Chapman and Jackie Sanders

Build 837.4

Date Submitted: 11/1/2004

Is it possible to copy the contents of the entire encounter note into another system, such as the SERC database?

Currently, there is no mechanism to copy encounter notes into other systems. This would violate security unless the system was known and approved by the AHLTA Program Office. Integrating the SERC database with AHLTA would have to be approved by CITPO. One thing that is happening that sounds similar to the SERC database is the addition of a "Profile" module in AHLTA. Further analysis needs to be done to compare the two, but it sounds like at lease some of the reports might be similar.

Answer Provided by: Traci Schrack

Build 837.4

Date Submitted: 10/31/2004

What is the size limit of the "Add Note"?

The limit for "Add note" is 500k total (about 250k, 500k for a picture). If text only, that is 500,000 characters (250 pages). It does a pretty fair job of copy/paste as well; though complex tables in web pages don't do so hot (otherwise most web pages copy in fine). A given encounter theoretically could have virtually unlimited (>32,000) "Add Notes" -each with 500k; however, the encounter document (SF600) has a limit itself of about 14 pages (regardless of total file size).

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can not close/sign note?

Possible issue: if a note is not complete, but is saved as draft, then the note cannot be signed or completed.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Do items that are autocited receive credit in the E&M code? What about when lab/rad results are copied into note?

Currently, no credit is directly received for items autocited in the note or for results that are copied into an encounter.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Does using the Add Provider function give Nurses workload credit for performing procedures like patient injections? Where can the user view who gave the procedure since it does not write back to the SF 600? Does it show up in CHCS?

The Add Provider does not give workload credit to the nurse for doing a procedure. It only gives credit to a clinical team member who assisted with the encounter. It is not specific to any procedures. The ability to capture the workload for completed procedures is coming in 837.2 (HIPAA 837 – Appointed Provider Changes). The Nurse would be added as a Nurse and is associated with both the injection (CPT) and the injection med (HCPCS) codes. This functionality does not write back to the SF600, but can be verified by clicking Add Providers.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/2/2004

Procedure Workload Credit added via the Appointed Provider Changes functionality does not show on the SF600. However, will there be reports or other ways to bring up this information for clinic use? I assume the information is only for coding and manpower issues.

This information is to gather workload credit for individual clinical team members. The workload reports will be run from the same location they are currently.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/11/2004

Does adding additional workload via the Appointed Provider Changes functionality have any effect on the E&M code calculated by AHLTA? A procedure or process requiring multiple individuals should generate a higher code or more complicated process?

The addition of this functionality does not affect the E&M code. The procedure is still documented and is still counted in the E&M Code. This functionality provides the ability to capture the workload for the procedure.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/11/2004

Patient Immunizations

What is the proper was to post document vaccination dates in AHLTA?

In the Immunizations module on the Vaccine History tab, select the Add button to add the vaccine and document the date the vaccination was actually administered to the patient.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/31/2004

What is the difference between a vaccine and an immunization (singular and collective)?

Immunizations, also called vaccinations, help protect you or your child from diseases. When you are given an immunization, you receive a vaccine that contains fragments of a disease organism or small amounts of a weakened disease organism. The vaccine causes your immune system to develop antibodies that can subsequently recognize and attack the organism if you are exposed to it. Sometimes an immunization does not completely prevent the disease, but it will significantly reduce its severity.

Immunizations are usually given by injection. Some immunizations are given only once, while others require several doses over time.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/2/2004

Now that the Immunizations module is available, should clinical team members stop using the A/P module to give vaccines?

When a patient is given an immunization, the injection is documented to the patient's Immunizations module. The A/P module - Procedures tab is used to capture workload credit for the immunization.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/2/2004

How does the Immunizations module documentation get connected with the patient record? To give workload credit?

The Immunizations module is used to track a patient's vaccination history. The vaccination history is a part of the patient's chart. Workload credit for immunizations is captured in the A/P module when the CPT is documented for the procedure.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/2/2004

Patient List

Patient Questionnaires

How will we document a patient's responses to standard questionnaires in AHLTA?

Once a standard questionnaire is created in the Patient Questionnaires module, two options are available. A staff member may interview the patient and enter the answers, or the patient may self-administer the questionnaire on a dedicated workstation (see next question), set up so that the patient only has access to the questionnaire.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How do you associate a questionnaire to an encounter and display the results on the SF 600?

In the Patient Questionnaires module, select and administer the questionnaire. Click **Done** to mark the questionnaire as complete. To associate the questionnaire to an open encounter, select the questionnaire and click **Encounter** from the Action Bar. If the patient has multiple open encounters, select the desired encounter. To display the questionnaire results on the SF 600, from the Encounter Summary module, click **Options** and select **Questionnaires** as an AutoCite preference. The results of the selected questionnaire will display in the S/O section of the SF 600.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/9/2004

How do I import a questionnaire from the enterprise level?

Open encounter; Click on *Patient Questionnaires* in the folders list and click the *interview button* on the action bar; Click plus sign next to *Enterprise*; Click plus sign next to *Questionnaires;* Highlight desired *questionnaire* and click the *select button;* Answer questions and click ***done*** on the action bar when finished. Associate the questionnaire with the correct encounter by following the procedure listed above.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Patient Search

PKC Couplers

Previous Encounters

How do I copy forward a note?

Open current encounter; Click on *Previous Encounters* in the folders list; Highlight encounter that you want to forward and click *Copy Forward* on the *Action Bar*; You will be returned to the *Current Encounter*; Click the *S/O* tab and all of the copy forward information will be highlighted in *Yellow*;

Sometimes Copy Forward doesn't appear to work – what is wrong?

The Copy Forward template should be visible when opening the S/O or A/P modules after copy forward. If it is not visible, check the template drop-down list and reload the copy forward template. If a default template has been selected, the Copy Forward Template will have to be picked from the drop-down list.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

If a rad or lab is inadvertently copied to the note or is copied an extra time, can it be removed?

No, it cannot be removed.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Is there a (legal) difference between using Clinical Notes or Amending the Note when correcting information documented to the wrong patient record? When is one method more appropriate than the other?

There is no legal difference that we are aware of. If an encounter was completed on the wrong patient, the incorrect encounter should be appended through the Previous Encounters module. There is no need to amend the encounter unless orders were placed that need to be discontinued. The Provider should check the Problems List of the incorrect patient and delete (error) the problems that were added as the result of the incorrect documentation. Any Provider will be able to see the appended note when reviewing the incorrect encounter. If a note was added to the patient's chart in the Clinical Notes module, it is separate from the incorrect encounter.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 10/31/2004

Is there a way to look up t-con history on a patient (like previous encounters)?

Yes, completed Telcons can be viewed in the patient's Previous Encounters module.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 03/02/2005

Can one patient's previous encounter be copied forward to a different patient's SF600?

No. Workaround – make a template from the previous encounter.

Answer Provided by: Laverne Wright

Build 837.4

Date Submitted: 11/23/2004

Can a user forward a note/encounter to the PCM or a consulting provider?

The encounter cannot be forwarded but is available to anyone who has the privileges to view encounters (Previous Encounters module). Encounter notes can be used to document the current encounter through the use of the Copy Forward function in the Previous Encounters module (right click).

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Printing

How do I print a screen shot?

Find the screen that you would like to print; *Hit* the *Print Screen Button* on your *Key Board*; Open a *Word* or *Paint Document*; *Right* click mouse and paste the *Screen Shot* into the *Word/Paint* document and *Print*.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Problems

When adding a procedure in the Problem list, is an exact date necessary?

Yes, the application requires day, month, and year. If the exact date is not known, chose an approximate date and make a note in the comments field that the date is approximate (or unknown).

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Who has access to manually add Problems to a patient record?

Support Staff, Nurses, and Providers

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Do all problems remain on the patient's problem list? How can you ensure the auotcited problems are relevant and appropriate?

Acute, active problems become inactive 180 days after the problem was documented. The AutoCite area only pulls Active problems. If there is a problem that does not need to be in the AutoCite (prior to the 180 days), simply edit the problem in the Problems module and change the Status to Inactive.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

If a problem is deleted on Problem List, does it continue to list?

A problem cannot be permanently deleted from the Problem list. It will display based on the filter settings (all, chronic, acute, inactive, active…)

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Will medical problems tracked in CHCS I carry over to AHLTA?

No – medical problems are added to the patient record via encounters completed in AHLTA or manually added through the Problems module. Unlike the ADM problem list, the AHLTA problem list is linked to Medcin® structured text.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

When first logging on to AHLTA, do the patient problems come over, even if they have not been seen in AHLTA?

No, the patient problems do not currently come over from ADM. Medical problems are added to the patient record via encounters completed in AHLTA or manually added through the Problems module. Unlike the ADM problem list, the AHLTA problem list is linked to Medcin® structured text. An SCR was submitted for migration of the CHCS problem list to AHLTA.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Questionnaire Setup

Can we have a Provider post a questionnaire to the MTF level? If so, what role must be assigned to the user to accomplish this task?

Per the latest AHLTA Security Matrix, none of the Provider roles have privileges to post questionnaires to the MTF level. Providers can only read MTF level questionnaires.

Answer Provided by: Jackie Sanders – 11/11/2004

What is the probability of getting dedicated kiosks/workstations set-up in the outpatient clinics for the administration of patient questionnaires?

If a clinic is interested in setting up a dedicated kiosk(s), the clinic should notify the MTF AHLTA Project Officer.

Answer Provided by: Laverne Wright

Build 837.4

Date Submitted: 11/23/2004

Radiology

If new results are resolved in CHCS, are they resolved in AHLTA?

If a result was viewed and tossed in CHCS, the new result will be removed from the AHLTA New Results list.

Answer Provided by: Karen Chapman

In CHCS, you can view results that have been looked at by radiologist but not signed yet. Can you do this in AHLTA?

Only certified results can be viewed in AHLTA.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Readiness

Reminder Mapping

Can we issue sickness reminders other than wellness?
Not at this time.
Answer Provided by: Karen Chapman
Build 837.4
Date Submitted: 03/02/2005

Reports

Can we generate a Quarters Report from an encounter?

Not at this time.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Is there any capability to obtain data on clinic procedures coded in AHLTA on a monthly basis?

In the Reports module - Customized tab, generate a report on Procedures with a scope of Provider and a date range from the first of the month to the end of the month.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/31/2004

From the Reports module, can you save a report and print it at a later time?

Not currently, however an SCR was submitted requesting the capability to queue and run reports at a later time.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can Reports be saved to a folder similar to the way the questionnaires can be saved to folders in the Questionnaire Setup module?

Reports cannot be saved to a folder; however; more robust reporting capabilities, including a Clinical Data Warehouse (CDW) and Business Object ad hoc reporting capabilities are in development.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Rx Alternatives

What is the source of information in the Drug Cost module? Is this a “work in progress” module?

The following is from Dr. Dave Parker, Information Management: This module is only for entering in local alternative drugs for use in a couple of the pop health reports. It has extremely limited use.

Answer Provided by: Karen Chapman and Dave Parker

Build 837.4

Date Submitted: 03/02/2005

Screening

Sites have asked about the inclusion of a Deployment question in the Screening module -- what is the current status of this request?

Currently, no SCR has been submitted for this request. This request was entered directly into DOORS (SUB 2357). The IM Group at CITPO is working this issue under the auspices of screening redesign (Tracker 36403), but none of the requirements are in Tracker yet.

The IM Group is actively engaging the UBU (the UBU submitted the request) and other groups to ensure the deployment requirements are accurately documented. If users want to know more, they should contact their respective Service representative on the PIPT and/or UBU.

Answer Provided by: Dave Parker, Gina Lucas and Leann Bauer

Build 837.4

Date Submitted: 11/1/2004

Is there an issue with the Pregnancy Data section of the Screening window, specifically the G, P, A, and LC fields? Values that do not make clinical sense were entered into the fields and the system accepted the values without generating a warning message.

SCR 58658 was submitted by DT&E in Aug 2004. AHLTA allows the user to enter random numbers in the Pregnancy Information fields "G" Gravida, "P" Para, "A" Abortus, and "LC" Living Children without warning the user there are combination errors. In past builds, the system warned the user that there were combination errors. IM stated that this was a "works as designed". The logic was removed because of complaints from the field.

Answer Provided by: Brandi Hoffman and Traci Schrack

Build 837.4

Date Submitted: 11/4/2004

How is Female Only Data accessed at the patient level?

In the 837.2 release of AHLTA, pregnancy and other female only data will be maintained at the patient level instead of an encounter level. Once the Pregnancy/Female Only Data is documented in the Screening module, the information will display on the SF 600 for all future encounters. The information is accessed from the Screening module.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/11/2004

How do I annotate if a woman has multiple pregnancies and one of them was twins?

This information would be documented in the Vitals module (Screening module in Build 837.2):

- Gravidity (G) = Total Number of pregnancies in a given patient
- Parity (P) = Number of pregnancies a patient has carried to viability (20 wks or more). Note: Both gravidity and parity refer to the number of pregnancies, not fetuses or infants delivered. A multiple gestation is counted as one pregnancy.
- Living Children (LC) = Living children
- Abortions (Ab) = Includes spontaneous and therapeutic

A multiple gestation (such as twins) is counted as one pregnancy.

Answer Provided by: Dr. Tony Inae

Build 837.4

Date Submitted: 11/1/2004

Should the question, "Is this visit related to deployment" be added to the screening module since the techs are required to ask this question?

This will be incorporated into the Screening redesign.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

For the Injury/Accident functionality, will more locations be added for Auto Accidents as the software expands? The current locations only list 50 states, District of Columbia, Classified, and Unknown. No foreign countries or other locations are listed (such as US Territories – Guam, Puerto Rico, Guantanamo, etc.). If the related cause code is EM (Employment), does that refer to a job related accident experienced by a dependent of the Active Duty Member (LtCol Smith's son slipped and burned his arm on the grill while working at McDonald's) or an accident experienced by the Active Duty Member while on deployment?

There is no tasking to supplement the current list of Auto Accident locations.

The EM related cause code refers to both – it can be used to identity the place of employment as the location for an accident/injury for an Active Duty Service Member as well as a dependent.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/11/2004

Screening Notification

Sign Encounter

Provider cannot sign encounter.

1. Make sure this provider is the appointed provider. Verify this at top of SF600 form. If this provider is not the appointed provider, transfer the appointment to him/her.
2. An encounter cannot be signed with a note still in draft form. Ensure all notes are complete."

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Is it possible for Providers to do a batch signing of previously reviewed encounters?

There is no functionality to batch sign encounters in AHLTA. Encounters must be signed individually.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 10/31/2004

SRTS II

Will future AHLTA enhancements allow optometrists and ophthalmologists to document encounters similar to their current workflow, which entails documentation of several numeric values based on specific measurements? These clinics use specific hardware and equipment during eye examinations and it would be nice if AHLTA could interface with these devices to allow automated data entry to the electronic SF 600.

The Spectacle Request Transmission System (SRTS II) will be available in the AHLTA Block 2 Release. SRTS II will allow the optometry clinic to collect prescription information and electronically transmit the prescriptions to their supporting Optical Fabrication Lab (OFL). SRTS II will also allow the clinic to track and reorder prescriptions, generate specific reports, and eliminate the need for hand written logbooks. There are no requirements for a full comprehensive list of MEDCIN terms for optometry or the integration of external hardware/equipment to document optical findings in AHLTA.

Answer Provided by: Virginia John

Build 837.4

Date Submitted: 03/02/2005

How can an optometrist track results for Tonometry (glaucoma markers)? Is there a way to put these results into a report that can be updated with each visit?

Currently, there is no functionality in AHLTA to track tonometry test results. A flowsheet would be an ideal way to record and track this data on a regular basis. The workaround would be to create an Excel or Word template with a glaucoma markers table, keeping the table blank and generic so that it can be used for multiple patients. To document the results, copy the Excel or Word template. From the SF 600, click Add Note and create a New Note. Paste the table into the free text area or load the file using the Load File button (if it is a Word document). Document the test results into the table and click Note Complete. Document the remainder of the encounter and sign the encounter. In Previous Encounters, the table will be included in the note. On the patient's next visit, open the Previous Encounters module, highlight and copy the table (CTRL-C), go into the current encounter, click Add Note, create a new note, and paste the table into the free text area. Document the tonometry results for the current encounter. Repeat this process for each subsequent encounter.

Be aware of the number of columns that will fit on the SF 600. You can shrink the column widths to display all of the information on the SF 600.

Answer Provided by: Karen Chapman and Jackie Sanders

Build 837.4

Date Submitted: 11/2/2004

Subjective/Objective

How do you edit a Medcin® term that has been added to the narrative pane?

The structured text cannot be edited. To edit free text attached to a term, highlight the term in the left pane of the Medcin® module or click on the hyperlink in the narrative pane and then make changes to the attached text in the free text box.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

What is the significance of the blue hyperlinks in the S/O module?

Clicking on the hyperlinks automatically navigates the user to the Medcin® term in Edit View. The user has the option of changing the state of the term (positive or negative), adding or changing free text, or removing the term from the note.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How do I get therapies in SO (all come in with history of attached)?

To remove history of:

- Select term in Medcin® pane
- Click History button
- Unselect term in Medcin® pane
- Reselect term in Medcin®

The procedure and CPT code must be documented in A/P to receive credit for the procedure.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

When selecting diagnosis terms or hidden terms and applying the "History of" label, why does this toggle the entry to the current condition?

Knowing if the patient has a past history of a specific diagnosis, syndrome, or condition can assist the Provider in formulating the assessment and treatment plan for the current encounter if the diagnosis history relates to the patient's chief complaint.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 10/27/2004

How do you apply the "Assessment" and "Therapy" headings to PMH terms?

The user is documenting diagnoses and therapies per the current encounter when applying the "Assessment" and "Therapy" headings. After locating the diagnostic or therapeutic term under the History of Diagnoses, Syndromes and Conditions and History of Therapy hidden nodes, the user emits the diagnosis or therapy term to the Narrative Pane, clicks the History button in the Action Bar while the term is still selected, deselects the term to remove it from the Narrative Pane, and emits the term a second time to the Narrative Pane. The term now appears in the Narrative Pane labeled as an Assessment or Therapy.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/27/2004

How can Providers "tell the story" upfront and place the major story points of the patient encounter at the top of the Narrative Pane?

There are a variety of free text anchor terms that can be used on the HPI tab to tell the patient's story. The Preliminary Background HPI [use for free text] notepad will allow the Provider to document the patient's story at the top of the Narrative Pane. Additional free text anchors can be used to place text in other areas within the HPI portion of the note.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/27/2004

Is there a way to put contextual focus on the last term emitted to the Narrative Pane? Providers have to constantly scroll through the Narrative Pane to find the last emitted term.

An SCR for this issue has been approved and prioritized as an 8 by the PIPT; however, it has not been funded for development.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/27/2004

How does using the tilde (~) in the Free Text field control text placement in the Narrative Pane?

Using the tilde will force text entered in the Free Text field to wrap to the next line when the Provider emits the text to the Narrative Pane.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 10/27/2004

What is the definition of the I-Prompt and what are some of the advantages to using it?

The Intelligence Prompt (IPrompt) builds a list a MEDCIN terms based on the documentation in the Narrative Pane. Once terms have been emitted to the Narrative Pane, the Provider can use the IPrompt button to view a list of additional symptoms, history, and physical findings that might also be considered for documentation. The IPrompt factors in the documentation in the Narrative Pane, along with patient’s age and gender, to provide the Provider with additional medical terms that might be relevant to document for the encounter. It’s a MEDCIN tool designed to assist the Provider with their S/O documentation.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/27/2004

Is there a list that defines the300 reverse sensing terms in the MEDCIN database?

No, there is not a definitive list that defines all of the reverse sensing terms within the MEDCIN terminology. About 15 of the terms can be found on the PE tab under the General Appearance parent term (awake, alert, well developed, well nourished, etc.).

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 10/27/2004

How do you formulate questions in AHLTA from clinic forms/overprints?

Use MEDCIN to create S/O templates from existing overprints used by clinical team members. Use MEDCIN search tools to locate the terms on the overprints. Overprints can also be built as questionnaires in AHLTA.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/31/2004

How do you make a default S/O template load every time you open the S/O module?

An S/O template can only be used as a default template when it is embedded in an encounter template that is set as the Default Encounter template. You can not set S/O templates as default templates outside of an encounter template in AHLTA.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/31/2004

How do you edit, add, or merge MEDCIN terms from different S/O templates?

Use the Template Edit mode in the S/O module to edit/personalize S/O templates. From the S/O Template Mgt window, select the template you need to edit and click **Edit** from the Action Bar to access the Template Edit mode. Use the various MEDCIN search tools to add terms to the template. Select existing terms on the template and deselect the large plus sign to remove the term from the template. Save the template using the original name or use Save As to give the template a new name. Two or more S/O templates can be merged using the Documentation Mode. Load the first template and emit the desired terms to the Narrative Pane. Load a second template and emit the desired terms to the Narrative Pane -- the new terms are added to the list of terms from the first template. Continue to load other templates until all terms are listed in the Narrative Pane. Click **Save As** in the Action Bar to save the note as a new template.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/31/2004

How can I post date documentation using an S/O template?

One recommendation would be to select the Reason for Visit anchor term on the HPI tab and free text the actual date of the documentation. Example -- Reason for Visit: Screening Exam as of Aug 2, 2004. THIS IS A POST DATED EXAM.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 10/31/2004

How is "Reason for Visit" different from the "Chief Complaint"? What is the need for "Reason for Visit" that Chief Complaint does not cover?

The terms are very similar and it is up to the Provider as to which one to use (which is more appropriate) when building S/O templates.

1. When building disease or symptom specific templates, use the Chief Complaint to document what the patient's complaint is (for example, CC: throat pain, cough; CC: Right Ankle Pain).
2. When building a template for a wellness, physical, immunization (something where the patient is not complaining about anything), use Reason for Visit to denote why the patient is here (for example, Reason for Visit: Well Woman Exam; Reason for Visit: Immunizations; Reason for Visit: Annual Physical)

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 10/31/2004

How are S/O templates saved to Clinic-level folders?

Security privileges determine what users can save S/O template to Clinic folders. The privilege is associated to the Provider and Nurse Wellness roles.

To save an S/O template to a Clinic folder, click **Save As**. From the Save in drop-down list, select Clinic. From the list of available Clinic folders, open the desired folder. Type in the Template Name and click **Save**. The template is saved to the Clinic folder and available for easy selection.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/1/2004

How are S/O templates saved to an MTF folder?

To save templates to the MTF folder, the user would have to have one of the Template Administrator roles as part of their AHLTA user profile - MTF_Template_Administrator or All_MTF_Template_Administrator.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/1/2004

A Provider performs his own Occult Blood Tests as an in-office procedure instead of ordering the test from the MTF Laboratory. The Provider wants to know how he can enter the results of the test and receive workload credit in AHLTA?

The Provider can document the Occult Blood Test and the test results on the Tests tab in the S/O module (Find Term for "Occult Blood Test"). This will only document the test and results to the encounter note. To receive workload credit, the Provider has to document the Occult Blood Test using the Procedure tab in the A/P module.

Answer Provided by: Karen Chapman and Jackie Sanders

Build 837.4

Date Submitted: 11/1/2004

If an AIM form is authored so the positive response is the “good” response… and then presuming auto positive will basically do the same thing as autoneg (without the Aim form)… How will MEDCIN react if you hide the AIM form and use MEDCIN directly? Will the autoneg still work the same, or will it work the way it was authored, that is, autoneg would be the “bad” finding like in the AIM form? I guess stated another way, when the AIM form is brought up, will S/O work the way it way it was authored in the AIM form?

With a regular S/O template (Medcin tree, non-form view) Medcin will work as it currently does. Autoneg marks terms as normal.

When a form is loaded, Autoneg still does the same thing - marks terms as normal. The catch is that on the History tab, normal equates to a false response and on the PE tab, normal equates to a true response.

All pos will mark the terms as abnormal; true on the History tab and false on the PE tab. All neg will mark the terms as normal; False on the history tab and true on the PE tab.

Please remember, this is how the forms have been designed to this point.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/3/2004

When I add a Flu Shot, V04.81, 90658, & 90471 are the diagnosis and procedures, but the E&M rolls out as 99211 and should be 99499.

99499 can be manually selected as the E&M code. In the scenario I completed, I document “flu shot” as the Reason for Visit, document “Reason for Visit: Flu Shot” in the S/O module, and documented the Diagnosis and Procedures in A/P. For an outpatient visit, the system is saying that the visit required minimal service based on the amount of documentation, thus the 99211 calculation.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 03/02/2005

How do you deal with multiple symptom patients? Do you have to close the S/O module to load another template?

There are several strategies to deal with multiple symptom patients. Multiple templates can be selected and used within the S/O module. This creates one complete note covering all the complaints in one S/O note. Realize, though, that all findings are grouped by Medcin® category (HPI, PMH, ROS, PE), not by complaint.

Or…multiple S/O notes can be generated, one for each complaint or problem. To do this, load and document with one template (ex. HTN) then close and reopen a new note and use a different template to document the additional complaint (ex. URI).

Or…the multiple complaints AIM Form may be used to document multiple symptoms.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

How many characters fit in the free text boxes?

There are 2000 characters each for HPI, PMH, PE, Diagnosis comments, and Procedure comments.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Does a patient chart have to be loaded to build S/O templates?

Yes, a patient encounter must be open to build S/O templates. To do this, create an appointment for a test patient (last name AHLTA) for the AHLTA Test Clinic and build your S/O templates. Development is underway to enhance the Template Management module to allow the creation of both S/O and encounter templates, from within the same module, without an open patient record.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Questions on the PMH tab should be grouped. For example, questions related to the patient's diagnosis history should not be split by questions regarding the patient's family history on the template.

Terms appear on the S/O template in the order of their organization with Medcin® and cannot be rearranged. The terms are grouped as far as the category is concerned; i.e. social history, diagnostic history (which includes family history), and surgical history.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can I bring my templates with me when I PCS?

The templates are saved on the CDR (Central Data Repository). When you reach your next assignment, your templates are still retrievable through your USERID and password. Templates can also be exported to a floppy, thumb drive, CD or e-mail, and then imported.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

If an S/O template, that is not shared, is edited and resaved by clicking the Save icon (as opposed to the Save As icon), is the new template shared (since that is the default setting)?

If the save function is used, the template retains its original share setting. Ex.: template was originally set as 'share.' Edit the template and click Save, the template is still shared. If the template was originally saved as 'not shared', clicking the Save button will keep the 'not shared' setting. Save as allows you to change the share setting as well as replace the existing template with the new one.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can the techs document the S/O portion? Or parts of it? How does that look/work on the SF600? Can a provider edit the tech note? How does that look on the SF600?

Techs can and do document parts of the S/O note, typically the HPI and PMH sections. Frequently a template is used that has been built by a provider or that follows a strict protocol. If a tech enters a note as well as the provider, two notes exist within the SF600, each stamped with the owner, date, and time. A provider can edit the tech note and the original tech note is placed in the Change History portion (at the bottom) of the SF600. Typically, the provider enters a new note and enters a free text note to comment on the tech entry.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

What is the purpose of the 'Assessment' heading on the PMH tab in Medcin®? What triggers the assignment of this heading to a past medical history?

The Assessment heading is one of many headings Medcin uses to categorize terms in the narrative pane. Terms are added under the Assessment heading when the prefix 'history of' is removed from a diagnosis.

To remove the prefix 'history of,' select the term from the Medcin tree, click the **History** button in the dashboard, deselect the term and then re-select the term.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Do you have to document negative findings in the S/O note?

The user is not forced to document anything in the S/O. However, the same medical-legal documentation requirements that govern current paper documentation also apply to AHLTA. Documenting negative findings provides evidence that someone did in fact assess the patient for those findings.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Will links to MEDCIN terms in previous encounters still be valid if the MEDCIN terminology has been updated?

The MEDCIN terms will continue to be saved in the RTF for a previous encounter. If the previous encounter is used as a copy forward template, if the MEDCIN term no longer exists, that term will not display in the S/O module. If the text of the term has been changed, the new text will display in the S/O module.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 11/11/2004

Telephone Consults

In AHLTA, what clinical team members are authorized to assign an Urgency Status to a telephone consult when it is initially logged? Clerks and technicians often take the calls, but they cannot legally assign an assessment (Low – Med – High) to the call. The nurse or provider should assess the nature of the patient's complaint and document the urgency of the call. The work will be doubled if the clerk or tech logs the call and then the assigned Nurse or Provider initiates the T-con in AHLTA. How can the urgency status be modified once the T-con is created if it is entered incorrectly by someone other than a nurse or a provider? Legally, the urgency status of a telephone consult cannot be decreased (can't be changed from "Medium" to "Low" – big medical legal no, no). Nurses are concerned that the urgency status will be documented incorrectly and a call that needs immediate attention might be missed.

The Urgency Status, which is meant for internal communication, not triage documentation, does not write to the encounter. Roles authorized to assign an Urgency Status are dependent upon your MTF policy and protocols. The T-Con module is in re-design, and the AF/SG AHLTA team representatives will elevate your concerns to the PIPT. Keep in mind; however, that this is a Tri-Service application, and other Services' policies and protocols may differ.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Do nurses with the "Nurse Wellness" role have the privilege of assigning T-cons to themselves? Can they initiate the T-con and sign it without assigning a Provider as a co-signer?

The Nurse Wellness role allows the nurse to assign a T-con to themselves, complete and sign the encounter. The appropriate E&M code, though, is not available in CHCS (ADM) or AHLTA. Follow your MTF's current policy for co-signature requirements (see below).

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

What E&M code should be used for Nurse T-cons?

Nurses should use 99499, but 99499 is not currently available in ADM or AHLTA as a T-con E&M code selection. Until this code is available, nurses should not complete T-cons in their name using a Provider E&M code (99371-99373). Nurses may document T-cons assigned to a Provider or assigned to the Nurse and then transferred to a Provider.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Telcons at the MTF are not getting a workload count -- why is this?

When you document a Telcon in CHCS or AHLTA, the system allows you to make it meets outpatient visit criteria (workload). Business rules put in place at each MTF may require that all Telcons are made count or non-count.

Answer Provided by: Jackie Sanders and Tish Daily

Build 837.4

Date Submitted: 11/1/2004

Can a Clerk edit a Telcon Note? How do they annotate if a patient calls back?

Per AHLTA Security, all Clerk user roles can manage Telcon appointments. After creating the new Telcon appt, the Clerk should be able to use the Notes icon in the Telcon module Action Bar to view Clerk notes entered for the Telcon and in the Appointment Comment window, the Clerk can select Edit Note to annotate that the patient calls back for the current Telcon. AHLTA will show that the note was edited by the user with a date and time stamp. Any edits will also be displayed to the Provider in the Appt Note section of the Telcon Quick Entry screen.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/1/2004

Techs should not have the option of selecting the level of urgency when creating a T-con appointment. This area should be grayed out for anyone logging in as a clerk or tech.

Since this is a Tri-Service application, removing this option may not be acceptable to all services and/or all clinics. Recommend a local site policy instructing techs/clerks not to change default.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Template Management

When I build and save a template, can someone overwrite my template?

When provider A edits provider B's template and goes to save it, the template is saved as a new template with provider A's name. Provider B's template remains unchanged. When multiple people use the test provider account in the field, this can lead to templates being overwritten so it is best to build templates with individual provider accounts.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Templates consisting of nurse protocols are inadequate. Directions on where the nurse should go next (based on a patient's response to a question) need to be embedded. This automation should match the protocol manual.

This is beyond the current capabilities of Medcin®, but may be addressed in the future CPGs Module.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How do you create new folders in the Template Management module?

In AHLTA Build 837.2, a Folders button has been added to the Template Selections tab. This functionality will enable authorized users to manage (add, edit, delete) folders, sub-folders, and templates at the MTF and Clinic level.

Answer Provided by: Jackie Sanders

Build 837.4

Date Submitted: 11/1/2004

Why can't orders be added to encounter templates within Template Management module?

This was how the system was originally designed due to the regional CHCS architecture (no standardization of orders). Work is underway to improve the process of building S/O, encounter, and order set templates from within the Template Management module.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can we get printouts of templates? A provider at the Prime Eagle North Clinic has PA students and she would like to give them a hard copy of the templates created in AHLTA for the Women's Health Clinic at PEN.

Templates cannot be printed out directly. However, the user may load the template on a test patient, select all the findings to the encounter, then print out the SF 600. Alternatively, the user may print screen shots of the template as displayed in the Template preview screen of the S/O Template Management module.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

I am a physician in the Family Practice 1 Clinic. I would like to know how to save an Encounter Template from the FP1 Clinic Folder to my Favorites?

Open an Encounter (Test Patient). Click *Templates* on the *Action Bar*; Expand the FP1 Clinic Folder and highlight the desired *Encounter Template*; Click ***Save As*** on the *Action Bar*; Click ***Drop Down Arrow*** and choose *Personal;* Ensure that the ***Add to Favorites Box*** is checked; Remove the ***Copy Of*** from the file name and click save. The Encounter Template is now in your Favorites.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Vital Signs

How do I annotate if a woman has multiple pregnancies and one of them was twins?

This information would be documented in the Vitals module (Screening module in Build 837.2):

- Gravidity (G) = Total Number of pregnancies in a given patient
- Parity (P) = Number of pregnancies a patient has carried to viability (20 wks or more). Note: Both gravidity and parity refer to the number of pregnancies, not fetuses or infants delivered. A multiple gestation is counted as one pregnancy.
- Living Children (LC) = Living children
- Abortions (Ab) = Includes spontaneous and therapeutic

A multiple gestation (such as twins) is counted as one pregnancy.

Answer Provided by: Dr. Tony Inae

Build 837.4

Date Submitted: 11/1/2004

Should optometry data be able to be documented to an encounter note just like vital signs? In the Vital Signs module, the user tabs between fields to enter data and the Optometrists want to be able to do this with the measurements they take during an eye exam. They also need to see trends between visits over time from these results.

There are no requirements for this functionality. The site would need to submit an SCR to CITPO.

Answer Provided by: Karen Chapman and Jackie Sanders

Build 837.4

Date Submitted: 11/2/2004

If you select the checkbox for "Peak Flow" or "Oxygen Saturation" as a vital sign reading, do you have to enter values in the fields for medical-legal concerns?

If the user has performed either procedure, then the readings should be documented. However, selecting these check boxes does not document anything to the encounter if no values are entered.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Do we need Vital Signs Reviewed?

Per CMS/JCAHO this should be documented within the encounter. In AHLTA, the Medcin term 'Vital Signs Reviewed' should be a part of all PE and Visit templates to ensure this documentation occurs and to ensure it is accounted for in the E&M calculator.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

To document a 3-day BP check, can you access the original encounter to enter the Day 2 and Day 3 BP readings?

Yes, one option is to amend and update the original encounter. Another option is to leave the encounter "In progress" and update each day until completed. Each option should be discussed with the clinic commander to determine how this information will be captured throughout the clinic.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Does AHLTA force a user to enter the location of pain when the pain severity is documented as 1 or greater?

AHLTA does not force the user to enter anything into the pain comments field. However, it is a JCAHO requirement to include pain and location.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Per JCAHO requirements, clinical team members are required to document the following items for pain severity per a standardized list:

- **Pain Severity Rating (0-10 for Adult patients)**
- **C/O Pain: No Yes Quality**
- **Location**
- **Onset**
- **Duration**
- **Effects**
- **Relief Measures**
- **Physical/Nutritional Concerns**
- **Deployment related? Yes No Maybe**
- **Use of Tobacco Products: No Yes**
- **Health Education**
- **'Pt understood & accepted instructions' (initials)**
- **AF 2766/1480 updated/current (date)**
- **Signature**

How are all of these items captured in AHLTA for JCAHO compliance?"

A few of these items are captured in the Vital Signs Module (pain rating and location, tobacco). The Screening Module is undergoing a redesign and SCRs were submitted for more robust screening capabilities. Some clinics have opted to build a technician S/O template to document all of the standard screening questions. Onset and duration can all be captured in the S/O module using the dashboard.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Will the patient type for Vital Signs automatically change based on the age of the current patient chart?

Vitals default to the Adult setting. Use the filter at the top right of the Vital Signs module to change the setting to Pediatric or Obstetric (only present for female patients). However, female only data is automatically checked for females age 12 years or older and Head circumference is automatically checked for 0-36 month old patients.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

How should nurses address the problem of "late entry documentation" in AHLTA to avoid discrepancies in actual time performed vs. actual time documented in the encounter note? Thinking about the medical legal implications. For example, a patient's blood pressure is taken at 0830, but not documented in the encounter note until a later time.

The date/time of the vital signs may be changed to the actual time in the Vitals Entry tab of the Vital Signs module. In those modules in which a date/time stamp is automatically entered, the user may document the actual time of the assessment or intervention in the comments or free text field as a "late entry."

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Because a 3 – day blood pressure screening is often performed, it would be beneficial if the screening entry option on the folder list were independent of a patient encounter. Otherwise, it is imperative that the date field in the vitals module be editable.

We agree that the workflow for a 3-day B/P check is awkward and have raised this issue to IM and the Provider ITP. However, because of ADM and other business rules, IM has been adamant about keeping most documentation linked to an encounter. We are continuing to push for a solution, such as a flow sheet, or some other mechanism, for 3-day checks. In the meantime, we can help with some workarounds (e.g., use a nurse appointment, complete the encounter on the first check and amend the encounter for the next two checks, etc.) The date field in the vitals module is editable.

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005

Can I view Vital Signs without having to close the S/O Module and clicking the Vital Signs tab to go back into Vital Signs?

Yes. While in the S/O Module click on Vital Signs Review in the Folders List and you can review all Vitals. Click close on the Action Bar and you are back in the S/O Module.

Answer Provided by: C. Andrews/J. Sosa

Build 838.18

Date Submitted: 09/29/2006

Web Browser

Wellness

Behavioral Medicine would like to set up reminders to notify them when a patient's chart should be reviewed. It would only be valuable if they could be notified automatically – much the same as Outlook will notify you about a meeting.

They can request a reminder type of Behavioral Health Chart Review or something similar. This SCR should be sent to the Information Management (IM) Group at CITPO for review. If approved, 3M will be asked to add it to the HDD. When this is done, they can manually set a reminder for a patient (Wellness module, Wellness Schedule tab), configuring how often it should be done. This reminder will show along with the other reminders in the new Reminders Pane and Reminders Tab (future AHLTA feature sets). It will, however, show there for all users.

Answer Provided by: Dave Parker

Build 837.4

Date Submitted: 11/1/2004

Workflow

A separate checklist should be created for the nurses who do not see patients (does admin duties only). The list should include:

Many of these requested items are not in Block 1 of AHLTA. See specifics below. The instructors or IAs will be happy to review current functionality with interested users.

1. Provider level consults (Entry and Exists). There is no global consult tracking module in Block 1. The consult tracking module is user specific, and only shows consults to or from that user.
2. Readiness features – see Army Readiness module and DD 2766
3. Referral management – not in AHLTA.
4. Databases relative to chronic disease tracking – population Health Reports are available, but not all are fully functional yet because they require additional security keys. Please see your System Administrator for access. Future report functions include a Clinical Data Warehouse and ad hoc reporting.
5. Enterprise-wide Referral Management System (EWRAS) – not yet available
6. Disposition metrics, i.e., % returned to duty, % on profile, etc. – see Reports module

Answer Provided by: Karen Chapman

Build 837.4

Date Submitted: 03/02/2005