

AHLTA Troubleshooting Guide with Lessons Learned



GLOBAL INFORMATION
for **QUALITY CARE**

AHLTA Troubleshooting Guide With Lessons Learned

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AHLTA Troubleshooting Guide with Lessons Learned

Executive Summary

This document is jointly created with DHIMS, TIMPO, Military Branch Service Technical Representatives and SAIC to help Sites troubleshooting issues which affect AHLTA.

The intention of this document is to help troubleshooting issues affecting AHLTA. It is divided into three sections: Slowness, Availability, and Functionality. It is designed in a flowchart style asking questions which will guide the user of the document by leading them through most the likely root cause. The table of contents will allow quick access to specific issues as well.

This document is intended for Site Systems Personnel though it can be used by anyone walking users through the most common issues which have affected AHLTA and give tips and suggestions on how to correct these issues. It will enable the Site to correct issues faster and alleviate frustration when AHLTA issues do arise.

When troubleshooting expands beyond the scope of the Site a coordinated effort between the application developers, Program Offices, Military Branch Service Technical Support, MHS Help Desk or the Network Operations Center (NOC), the Defense Information Systems Agency (DISA), and third parties, such as Managed Care Support Contractors (MCSC) will be required. If this is the case then this will need to be brought to the attention of the Performance Management Team (PMT, please contact your Service Representative to get on the PMT schedule.)

This document also contains 3.3.3.x Lessons Learned from the AMEDD and the Navy as well as those found during BETA Testing.

This document is intended to be a living document and will be updated frequently. If additional information or inconsistencies are discovered please send the information to SAIC (Thomas.E.Britten@SAIC.com) for inclusion in future versions.

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<u>Notice Information</u>		Notes:
1. Document Date and Time of Notice		
2. Site		
3. Documenter		
4. Confirm the following:		
a. The CH2CW Folder has at a minimum Read/Write/Modify rights for Everyone		
b. No file in the CH2CW folder have the Read Only Attribute selected		
c. The Datalayer.config file has either the FQDN (Port 443 – HTTPS) or the IP Address (Port 80 – HTTP) of the IIS Server on the LCS in the WEBServices portion		
d. If using HTTPS the certificate is valid		
e. End Users are correctly mapped to the right clinics and security roles		
f. The AHLTA icon (Desktop shortcut) has its target either cw.exe /LOCAL_CACHE (838 Clients) or AHLTA.exe /LOCAL_CACHE (3.3 Clients) if not using the Auto-update feature of AHLTA		
g. Some software has been shown to cause issues with AHLTA which prevents it to run. Please check to see if CCE or Hercules has been loaded recently.		
a. CCE –delete the ExternalApps.config file found in C:\Program Files\CH2CW\Bin folder		
b. Hercules – If loaded after AHLTA you will need to remove both apps completely and then reinstall Hercules then AHLTA		

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Brief description of the Issue

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1. <u>Is the report for slowness?</u>	Notes:
a. <u>Is it Site wide?</u>	
i. Is the slowness correlated to a specific day?	
1. Find out what changes took place on/prior to that day and contact Site personnel to discuss options.	
ii. Is the slowness correlated to a specific time of day?	
1. Find out what events are occurring during that time period. (i.e. Virus Scan being run Clinic wide, etc.)	
iii. Check LCS to see if any processes are hanging or abnormal behavior.	
1. If yes then contact DISA to correct.	
iv. Check AppManager and/or Chariot Data (E2E WEB Site) to confirm slowness.	
1. If confirmed, issue is a Network related problem, contact appropriate personnel.	
2. If not confirmed, contact Site Personal (Trained on Observer) and conduct Transaction Captures and forward to SAIC for analysis.	
v. Has the LCS NIC been set to appropriate speed duplex? Confirm that both the LCS NIC card and the switch it connects to are set to 1000/Full (or on the LCS NIC set to 1000/Full/Auto if available and on the Switch side set to 1000/Full) if GIG is available otherwise set to 100/Full	
b. <u>Is slowness for an Entire Clinic or Satellite?</u>	
i. If yes has there been any recent network upgrades?	
1. If yes contact Network Shop to troubleshoot/correct.	
ii. Any recent changes been made to Clinic/Satellite configurations in CHCSI or AHLTA?	
1. Review for completeness accuracy and correct as necessary.	

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iii. If nothing is determined via the first two bullets contact Site Personal (Trained on Observer) and conduct Transaction Captures and forward to SAIC for analysis.	
c. <u>Is slowness for a specific EUD or for user?</u>	
i. Check EUD for multiple running instances of AHLTA, close as necessary.	
1. Open Task Manager Processes tab and count the instance of cw.exe running (if > 1 kill all).	
ii. Check Memory consumption of AHLTA.	
1. Open Task Manager Processes tab and look at physical memory of cw.exe if above 512MB or more than 80% of memory kill the process	
2. Try to replicate and forward to SAIC for analysis	
iii. Check CPU and Memory consumption of other Processes	
1. Open task Manager and sort first by CPU then by Mem Usage	
2. If any runaway processes try killing or reboot to see if that addresses the problem if not contact Site Personal top address	
iv. Check C:\Program Files\CH2CW\ Folder for Permissions	
1. Must be at a minimum Read/Write/Modify rights for Everyone	
2. If the User tries to Login but it fails due to 'System cannot find the specified file' error message then check the Event Viewer to determine that the Log 'Tuxedo Proxy' is logging entries. If there is no 'Tuxedo Proxy' then AHLTA was not installed properly and needs to be re-install. If it is there then check the entries for any failure messages.	
v. Check User Auto-cites/Preferences/Settings to determine if they are set too high/heavy. (See appendix for Auto-cite option settings)	
1. If high/heavy, determine if the user needs them set that way.	
a. If not needed, make corrections.	
b. If needed, explain how they affect user response time.	

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vi. Check EUD for Spyware and Viruses.	
vii. Check Page File (Should be 1.5 times the amount of RAM)	
viii. Check Registry size (Set to 128 Mb)	
ix. Check Size of Application compared to known good.	
1. If the size is radically different then uninstall and reinstall AHLTA and try again.	
x. Check Internet Explorer and Microsoft Outlook for slowness.	
xi. If other apps are affected (depending on your Site process), you should contact your local network person.	
xii. Submit local ticket. Make sure to include the following information along with whatever you normally include in a ticket submission:	
1. User(s) affected (include User and Provider IEN).	
2. IP address/computer name, building and room number.	
3. Modules affected.	
4. Module timing.	
5. Whether or not other apps are affected.	
d. <u>Is the slowness for a particular patient?</u>	
i. Is the patient a test patient?	
1. If yes, try same problem with a non-test patient.	
ii. If not please provide the patients name and IEN to SAIC.	
e. <u>Is slowness for Logging into AHLTA?</u>	
i. Check to make sure that the DNS Lookup is working.	
1. From a CMD prompt type nslookup IP address for LCS. After this, type it again using the FQDN (fully qualified domain name), If it does not resolve then contact your local network Admin to resolve the DNS issue	
ii. Does the Site use Auto-update?	

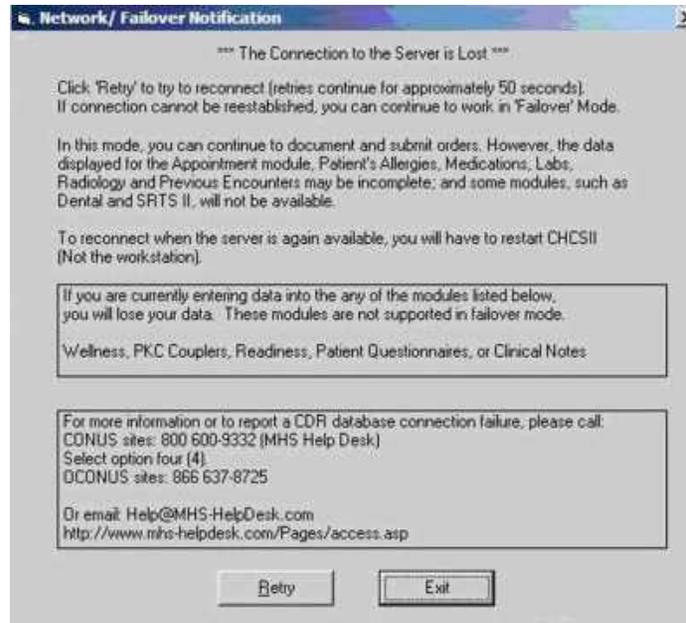
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<p>1. If no, then on the AHLTA Icon, right click and remove the 'up' from the CWUP.exe in the Target Location</p> <p>NOTE: Not applicable to AHLTA version 3.3: 3.3 uses AHLTA.exe</p>	
<p>iii. Check the time Server Name</p>	
<p>1. Open regedit and check the following key: HKEY_LOCAL_MACHINE\SOFTWARE\THINKING MAN SOFTWARE\D4. Verify that the Server/Server string is the FQDN or IP address of the LCS.</p>	
<p>iv. Check the datalayer.config and verify that the right configuration is being used in the WEBServices portion.</p>	
<p>1. For HTTP the LCS/IIS IP address should be used.</p>	
<p>2. For HTTPS the FQDN should be used.</p>	
<p>f. <u>Is the slowness for a particular Module?</u></p>	
<p>i. If yes, check User Autocites/Preferences for that module.</p>	
<p>1. If high/heavy, find out if user needs them set that way. (See appendix for Auto-cite option settings)</p>	
<p>a. If not needed, make corrections.</p>	
<p>b. If needed, explain how they affect User response time.</p>	
<p>ii. If not high/heavy check similar Transactions to determine if it's slow.</p>	
<p>1. Check/Record time for the following modules:</p>	
<p>a. Appointments</p>	
<p>i. Opening the Appointment Module</p>	
<p>ii. Create appointment</p>	
<p>iii. Opening an encounter</p>	
<p>b. Telcon</p>	
<p>i. Opening the Telcon Module</p>	
<p>ii. Create a Telcon quick entry.</p>	

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c. Opening the Allergy Module	
d. A/P	
i. Opening the Order Entry Tabs	
e. Other modules as needed	
2. Contact Site Personal (Trained on Observer) and conduct Transaction Capture forward for analysis.	
g. <u>Is slowness for a particular Transaction?</u>	
i. If yes, check User Autocites/Preferences for that Function to see if it is set high/heavy. (See appendix for Auto-cite option settings)	
1. If high/heavy find out if user needs them set that way.	
a. If not needed, make corrections.	
b. If needed, explain how they affect User response time.	
2. If not high/heavy, contact Site Personal (Trained on Observer) and conduct Transaction Capture forward for analysis.	

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2. <u>Is this report for going into Local Mode?</u>	Notes:
a. <u>Are you using the Failover.bat File?</u>	
i. Use the StopFailOver.bat file.	
1. Make sure that it is configured correctly.	
a. Set up the batch file with Get the first three octets of the IP address and place them into the first three octets of the second address in the route statement.	
i. For example: ipconfig returned 111.122.133.005	
ii. route add 206.38.136.0 mask 255.255.255.0 xxx.yyy.zzz.254 (original)	

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iii. route add 206.38.136.0 mask 255.255.255.0 111.122.133.254 (modified)	
b. If 254 won't work select 253, 252, etc. You should NOT be able to ping the IP address.	
b. <u>Contact DISA and see if this is a system wide outage or just your Site.</u>	
i. If just your Site check with local Network personnel to see if there are any issues with the LAN or COI to DISA.	
ii. When did this start to occur?	
iii. Document any known changes during this time.	
1. EUD?	
2. LCS?	
a. Contact NG SE for PerfMon analysis of LCS.	
3. Network?	
a. Check AppManager and/or Chariot Data (E2E Web Site) to determine if there are any network issues.	
b. Check all devices in the AHLTA Network path to make sure all running properly.	
c. <u>Is it happening Clinic wide?</u>	
i. When did this start to occur?	
ii. Document any known changes during this time.	
1. EUD?	
2. Network?	
a. Check all devices in the AHLTA Network path to make sure all running properly.	
d. <u>Is Local Mode for a specific EUD or for user?</u>	
i. Does this happen when the user locks AHLTA with Control-Z and leaves their workstation for a period of time?	

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1. If yes, please instruct the user to not use the Ctrl-Z function. If this occurs again please let SAIC know.	
ii. Check EUD for multiple running instances of AHLTA, close as necessary.	
1. Open Task Manager Processes tab and count the instance of cw(up).exe (838) or AHLTA.exe (3.3) running (if > 1 kill all).	
iii. Check Memory consumption of AHLTA.	
a. Open Task Manager Processes tab and look at physical memory of cw.exe if above 512MB or more than 80% of memory kill the process.	
iv. Check CPU and Memory consumption of other Processes	
1. Open task Manager and sort first by CPU then by Mem Usage	
2. If any runaway processes try killing or reboot to see if that addresses the problem if not contact Site Personal top address	
v. Check User Autocites/Preferences/Settings to determine if they are set too high/heavy.	
1. If high/heavy, determine if the user needs them set that way.	
a. If not needed, make corrections.	
b. If needed, explain how they affect user response time.	
vi. Check work station for Spyware and Viruses.	
vii. Check Page File (Should be 1.5 times the amount of RAM)	
viii. Check Registry size (Set to 128 Mb)	
ix. Check Size of Application compared to known good.	
e. <u>Is Local Mode for a particular patient?</u>	
i. Is the patient a test patient?	
1. If yes, try same problem with a non-test patient.	
ii. Submit local ticket. Make sure to include the following information along with whatever you normally include in a ticket submission:	

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1. User(s) affected (include User and Provider IEN)	
2. Patient IEN and name.	
3. IP address/computer name, building and room number.	
f. <u>Is Local Mode for a particular Module?</u>	
i. If yes, check User Autocites/Preferences for that module.	
1. If high/heavy, find out if user needs them set that way.	
a. If not needed, make corrections.	
b. If needed, explain how they affect User response time.	
2. Contact Site Personal (Trained on Observer) and conduct Transaction Capture forward for analysis.	
g. <u>Is Local mode for a particular Transaction?</u>	
i. Check User Autocites/Preferences for that Function to see if they are high/heavy.	
1. If high/heavy find out if user needs them set that way.	
a. If not needed, make corrections.	
b. If needed, explain how they affect User response time.	
2. If not high/heavy, contact Site Personal (Trained on Observer) and conduct Transaction Capture forward for analysis	
ii. Are images being used?	
1. Submit ManageNow ticket. Make sure to include the following information along with whatever you normally include in a ticket submission:	
a. User(s) affected (include User and Provider IEN).	
b. Patient IEN and name.	
c. IP address/computer name, building and room number.	
d. Modules affected.	

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3. <u>Is this report for Application Busy events?</u>	Notes:
a. <u>Is it happening Site wide?</u>	
i. When did this start to occur?	
ii. Document any known changes during this time.	
1. EUD?	
2. LCS?	
a. Contact NG SE for PerfMon analysis of LCS.	
b. Has the LCS NIC been set to appropriate speed duplex? Confirm that both the LCS NIC card and the switch it connects to are set to 1000/Full (or on the LCS NIC set to 1000/Full/Auto if available and on the Switch side set to 1000/Full) if GIG is available otherwise set to 100/Full	
3. Network?	
a. Check AppManager and/or Chariot Data (E2E Web Site) to determine if there are any network issues.	
b. Check all devices in the AHLTA Network path to make sure all running properly.	
b. <u>Is it happening Clinic wide?</u>	
i. When did this start to occur?	
ii. Were there any changes to this Clinic at this time?	

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1. Network?	
a. Check all devices in the AHLTA Network path to make sure all running properly.	
2. New EUDs?	
i. Does any Clinic scan documents and images into the Encounter?	
1. Correlate the scan times to these events.	
c. <u>Is it happening for a few users?</u>	
i. Check the EUDs for optimization.	
ii. Make sure the user is not "clicking ahead".	
d. <u>Is event for a specific workstation or for user?</u>	
i. Check EUD for multiple running instances of AHLTA, close as necessary.	
1. Open Task Manager Processes tab and count the instance of cw(up).exe (838) or AHLTA.exe (3.3) running (if > 1 kill all).	
ii. Check Memory consumption of AHLTA.	
1. Open Task Manager Processes tab and look at physical memory of cw.exe if above 512MB or more than 80% of memory kill the process	
iii. Check CPU and Memory consumption of other Processes	
1. If high/heavy, determine if the user needs them set that way.	
a. If not needed, make corrections.	
b. If needed, explain how they affect user response time.	
iv. Check work station for Spyware and Viruses.	
v. Check Page File (Should be 1.5 times the amount of RAM)	
vi. Check Registry size (Set to 128 Mb)	
vii. Check Size of Application compared to known good.	
e. <u>Is event for a particular patient?</u>	

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i. Is the patient a test patient?	
1. If yes, try same problem with a non-test patient.	
ii. Submit ManageNow ticket. Make sure to include the following information along with whatever you normally include in a ticket submission:	
1. User(s) affected (include User and Provider IEN).	
2. Patient IEN and name.	
3. IP address/computer name, building and room number.	
f. <u>Is event for a particular Module?</u>	
i. If yes, check User Autocites/Preferences for that module.	
1. If high/heavy, find out if user needs them set that way. (See appendix for Auto-cite option settings)	
a. If not needed, make corrections.	
b. If needed, explain how they affect User response time.	
2. Contact Site Personal (Trained on Observer) and conduct Transaction Capture forward for analysis	
g. <u>Is event for a particular Transaction?</u>	
i. Check User Autocites/Preferences for that Function to see if they are high/heavy.	
1. If high/heavy find out if user needs them set that way.	
a. If not needed, make corrections.	
b. If needed, explain how they affect User response time.	
2. If not high/heavy, contact Site Personal (Trained on Observer) and conduct Transaction Capture forward for analysis (See appendix for Auto-cite option settings)	
ii. Are images being used?	
1. Submit local ticket. Make sure to include the following information along with whatever you normally include in a ticket submission:	

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a. User(s) affected (include User and Provider IEN).	
b. Patient IEN and name.	
c. IP address/computer name, building and room number.	
d. Modules affected.	



4. <u>Is this report for Non-availability?</u>	Notes:
a. <u>Is the Non-availability SSL related (see example above)?</u>	
i. Is it happening Site wide?	
1. Is the Site on using SSL/Port 443?	
2. If yes, check the "datalayer.config" file located in C:\Program Files\CH2CW\Bin directory to ensure "https" is in use	
a. In the Datalayer.config check after the <WebServices> directory under <baseurl>https://XXX.XXX.XXX.XXX/LocalCacheXXX</baseurl>	
i. If the "s" is not present add it.	

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3. Also Check the Registry for "https" use.	
a. Go to "Start\Run" type in "regedit".	
b. Go to "HKEY_LOCAL_MACHINE\SOFTWARE\CH2CW\Support	
c. Look for "https" under the WebServices URL directory.	
1. If the "s" is not present add it.	
4. Check AppManager and/or Chariot Data (E2E Web Site) to determine if there are any network issues.	
a. Contact SAIC SE for PerfMon analysis of LCS.	
5. Have DISA check the FIPS Algorithm policy in the Registry of the LCS.	
ii. Is it happening Clinic wide?	
1. When did this start to occur?	
2. Were there any changes to this Clinic at this time?	
a. Network?	
i. Check all devices in the AHLTA Network path to make sure all running properly.	
a. New EUDs?	
iii. Is it happening for a few users?	
1. Check the PC for optimization.	
2. Make sure the user is not "clicking ahead"	
iv. Is event for a specific workstation or for user?	
v. Check EUD for multiple running instances of AHLTA, close as necessary.	
1. Open Task Manager Processes tab and count the instance of cw.exe running (if > 1 kill all).	
vi. Check Memory consumption of AHLTA.	
1. Open Task Manager Processes tab and look at physical memory of cw.exe if above 512MB or more than 80% of memory kill the process.	
2. Check User Autocites/Preferences/Settings to determine if they are set too	

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high/heavy.	
a. If high/heavy, determine if the user needs them set that way.	
i. If not needed, make corrections.	
ii. If needed, explain how they affect user response time.	
3. Check work station for Spyware and Viruses.	
4. Check Page File (Should be 1.5 times the amount of RAM)	
5. Check Registry size (Set to 128 Mb)	
6. Check Size of Application compared to known good.	
vii. Is event for a particular patient?	
1. Is the patient a test patient?	
a. If yes, try same problem with a non-test patient.	
2. Submit local ticket. Make sure to include the following information along with whatever you normally include in a ticket submission:	
a. User(s) affected (include User and Provider IEN).	
b. Patient IEN and name.	
c. IP address/computer name, building and room number.	
viii. Is event for a particular Module?	
1. If yes, check User Autocites/Preferences for that module.	
a. If high/heavy, find out if user needs them set that way. (See appendix for Auto-cite option settings)	
i. If not needed, make corrections.	
ii. If needed, explain how they affect User response time.	
a. Contact Site Personal (Trained on Observer) and conduct Transaction Capture forward for analysis.	
ix. Is event for a particular Transaction?	
1. Check User Autocites/Preferences for that Function to see if they are high/heavy. (See appendix for Auto-cite option settings)	

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a.	If high/heavy find out if user needs them set that way. (See appendix for Auto-cite option settings)	
i.	If not needed, make corrections.	
ii.	If needed, explain how they affect User response time.	
a.	If not high/heavy, contact Site Personal (Trained on Observer) and conduct Transaction Capture forward for analysis. (See appendix for Auto-cite option settings)	



b.	Is the Non-availability WEB Services related (see example above)?	
i.	Is it happening Site wide?	
	1. Ping the LCS to see if you can reach it, if not investigate the Local Area	
	2. When did this start to occur?	
	3. Document any known changes during this time.	

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a. EUD?	
b. LCS?	
c. Network?	
4. Check AppManager and/or Chariot Data (E2E Web Site) to determine if there are any network issues.	
5. Contact NG SE for PerfMon analysis of LCS.	
ii. Is it happening Clinic wide?	
1. Is it happening Clinic wide?	
a. When did this start to occur?	
b. Were there any changes to this Clinic at this time?	
i. Local Area Network?	
1. Check all devices in the AHLTA Network path to make sure all running properly.	
ii. New EUDs?	
iii. Is it happening for a few users?	
1. Is it happening for a few users?	
a. Check the PC for optimization	
iv. Is event for a specific workstation or for user?	
1. Check User Autocites/Preferences/Settings to determine if they are set too high/heavy.	
a. If high/heavy, determine if the user needs them set that way.	
iii. If not needed, make corrections.	
iv. If needed, explain how they affect user response time.	
2. Check work station for Spyware and Viruses.	
3. Check Page File (should be 1.5 times the amount of RAM)	
4. Check Registry size (Set to 128 Mb)	
5. Check Size of Application compared to known good.	

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v. Is event for a particular patient?	
1. Is the patient a test patient?	
a. If yes, try same problem with a non-test patient.	
2. Submit local ticket. Make sure to include the following information along with whatever you normally include in a ticket submission:	
a. User(s) affected (include User and Provider IEN)	
b. Patient IEN and name.	
c. IP address/computer name, building and room number.	
vi. Is event for a particular Module?	
1. If yes, check User Autocites/Preferences for that module.	
a. If high/heavy, find out if user needs them set that way. (See appendix for Auto-cite option settings)	
i. If not needed, make corrections.	
ii. If needed, explain how they affect User response time.	
a. Contact Site Personal (Trained on Observer) and conduct Transaction Capture forward for analysis.	
vii. Is event for a particular Transaction?	
1. Check User Autocites/Preferences for that Function to see if they are high/heavy.	
a. If high/heavy find out if user needs them set that way. (See appendix for Auto-cite option settings)	
i. If not needed, make corrections.	
ii. If needed, explain how they affect User response time.	
a. If not high/heavy, contact Site Personal (Trained on Observer) and conduct Transaction Capture forward for analysis. (See appendix for Auto-cite option settings)	

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5. <u>Is this report for Functional Difficulties?</u>	Notes:
a. <u>What Version of AHLTA are you using: 838uX or 3.3.x?</u>	
i. If you are using 3.3 are you on the latest version?	
1. Latest is 3.3.3.2 Client Patch 8.0	
2. If you have any other version of 3.3.3.2 please upgrade to CP 6.0 (files are currently on DADs) and confirm issues are still not occurring Note: If you have 3.3.3.1, then install Client Patch 3.0 prior to CP 8.0	
b. <u>Does the issue have to do with logging in?</u>	
i. Ensure the Datalayer.config has the correct name for the LCS in the <WEBServices><baseurl> parameters:	
1. The FQDN must be used for Sites using "HTTPS"	
2. The IP Address must be used for Sites using "HTTP"	
3. Ensure the Ahlta.Exe.config file has the correct name for the LCS in the <Service Connection> <SecurityServer> parameter	
4. With 3.3.x the registry is not used other than for the installs: These file are located in C:\Program Files\CH2CW\Bin folder	
ii. Has CCE been loaded recently on the EUD?	
1. If so please delete the ExternalApps.config file found in C:\Program Files\CH2CW\Bin folder	
iii. Has Hercules recently been loaded on the EUD?	
1. Both applications will need to be thoroughly removed. Load Hercules first then AHLTA	

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<p>c. <u>Does the issue have to do with a SQLServr.exe Application Errors (as above)?</u></p>	
<p>i. Has the EUD ever had the AHLTA Training System (CTS) loaded?</p>	
<p>1. If it is not currently loaded please run a registry cleaner to help resolve the issue</p>	
<p>ii. AT several Navy Site it was found to be caused by NAVFIT 98 which is installed on the EUD prior to the install of AHLTA 3.3.x it would generate this error. To fix uninstall and re-install NAVFIT 98.</p>	
<p>1. As a precaution to prevent this error Camp Pendleton has removed NAVFIT 98 from its Image and only installs as needed</p>	

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<p>d. <u>Does the issue have to do with the “ARM” error displayed above during login?</u></p>	
<p>i. The problem is that AHLTA is attempting to setup communications to the PC's serial communications port</p> <p>To resolve this problem the communication setup section of the Ahlta.Exe.config (located in the C:\Program Files\CH2CW\Bin directory) file must be turned off. This is accomplished by changing the “Y” to “N” reference the example below.</p> <pre> <CommPort> <BaudRate>9600</BaudRate> <On>N</On> <Port>1</Port> <DataBits>8</DataBits> <Parity>N</Parity> <StopBits>1</StopBits> </CommPort> </pre>	
<p>e. <u>Does the issue have to do with the “ActiveX” error displayed?</u></p>	
<p>ii. See the ActiveX fix in the Appendix.</p>	

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f. <u>Does the issue have to do with Error Messages (as seen above?)</u>	
i. With 3.3.x a generic Error Message Box (Tier 1) pops up indicating AHLTA has encountered an error (In 838 this pop box stated "VB Error")	
1. With 3.3.3.2 CP 6.0 when the message box pops up it automatically generates a text file in the users Temp File with the details of the error message	
2. Location is "C:\Documents and Settings\ <user>\Local Settings\Temp" folder</user>	
b. The format of the file name is "ahlta_err_details_mmdyyyhhmmss.txt."	
g. <u>Does the issue have to do with End User Accounts?</u>	
i. For new 3.3.x Sites has the SnareWorks conversion script been completed?	
1. If not please contact DISA to have them complete	
2. Retest once complete	

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h. <u>Is the issue with Resident's ability to Sign Encounters?</u>	
i. Confirm that the conversion script has been run for the Site	
ii. Non-Providers should assign a Supervisory Provider to the Encounter during the signing process	
iii. If neither of the above apply the Site should look into the "Supervising Required" Flag in CHCSI for the Residents. Setting the role in CHCS to "N" and advising Residents to set their AHLTA encounter summary (options) default cosigner should allow the resident to sign encounters without having to add his or her supervising provider to the encounter as an additional provider Note: This should be approved by the Hospital Commander	
iv. This will also apply to nurses, technicians, case managers, dieticians, etc. who complete their own notes or perform Non-Provider Order Entry. Note: This should be approved by the Hospital Commander	
i. <u>Does the issue have to do with scanning or attaching documents or images?</u>	
i. Is the issue with viewing Encounters after the document/image attached to the Encounter?	
1. Are you using 838?	
a. If so there is an issue in that the size of the attached document/image prevents the Encounter from opening	
b. Create a ManageNow ticket and send to Tier3 to have the Encounters sent directly to you.	
c. This also applies to the Previous Encounters Module	
2. This is not an issue with 3.3.x	

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j. <u>Is the issue with attaching documents/images to an Encounter?</u>	
i. Are you using 3.3.x?	
a. 3.3.x was redesigned to prevent Encounters from not being able to open after attaching large or multiple document/image	
b. Users will see a message box pop up indicating that they could not attach the document/image due to being over 512kb or they have attempted to attach more than ten items to an Encounter	
ii. 838 does not have this message	
iii. In mixed environments (838/3.3.x users) there is an issue where the COTS image viewer version in the current release is not backwards compatible, images that are included in the Add Note section of encounters created, amended or appended in the current release do not display when the encounter is viewed in a previous AHLTA release	
iv. The same holds true for images included in the patient's Clinical Notes module. Images in the Add Note section of the Current Encounter summary and the Clinical Notes module display associated text and an empty rectangle when opened in a previous AHLTA release	
v. Images inserted in the patient's Clinical Notes module or the Add Note section of encounters created with a previous AHLTA release display normally in the current release	

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<p>k. <u>Is the issue with S/O where a User appears to take over the S/O note after the Encounter is transferred to them?</u></p>	
<p>i. With the 3.3.x this functionality was targeted for a performance improvement in that if there is not a current S/O Note for the Patient then the window asking to create one no longer pops up.</p>	
<p>l. <u>Is the issue that AHLTA indicates that the user has new, unread items on the Folder Tree?</u></p>	
<p>i. With 3.3.x AHLTA was designed to display new items for a particular module on the Folder tree, this function currently does not work and AHLTA may display a number even though it is not correct</p>	
<p>1. Train Users to periodically open these module to view/modify the contents</p>	
<p>m. <u>Is the issue with not being able to get to the Template Management Module in S/O?</u></p>	
<p>i. Have the user load a AIM Form, this will allow the Template Management short cut to appear</p>	
<p>n. <u>Is the issue with a template change not being visible to the user after the user had made a change to that template?</u></p>	
<p>i. Have the user log out and back into AHLTA: this should refresh the Users Templates</p>	

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<p>o. <u>Is the issue with Disposition in that the times for visits cannot be changed from 20 minutes?</u></p>	
<p>i. 20 minutes is the default unless the providers changes the >50% time spent counseling</p> <p>However, this only appropriate for coding purposes when the E&M level needs to be increased due the provider spending more than 50% of his or her time counseling or coordinating the patient's care; Example: It is not appropriate for coding purposes when doing a Well-woman appointment which is clearly >20 minutes but not >50% of that visit is spent on counseling. Counseling is part of that Well-woman appointment.</p>	
<p>ii. According to the coding rules time is not a dominant factor for assigning the appropriate E&M code in most scenarios. AHLTA 3.3 is working as designed and corrects the issues in 838. Please see the Appendix section 3.1.5. Encounter Duration for further details.</p>	
<p>p. <u>Is the issue where the Provider gets a Dental Disposition when trying to complete an Encounter?</u></p>	
<p>i. The issue is caused by a user with a Dental Role: to clear this you will have to create a new Encounter and transform the data from the old encounter to the new encounter and then Admin Close the old encounter.</p>	
<p>q. <u>Is the issue that the user is unable to sign encounter because the Disposition module has "Insufficient Documentation?"</u></p>	
<p>i. This is corrected with 3.3.3.2 Client Patch 6.0</p>	
<p>1. If running any prior 3.3.x version the workaround is to change the Workload to "No" and then back to "Yes"</p>	
<p>r. <u>Is the issue when going into the Disposition module the tab and blank screen appear?</u></p>	
<p>i. This is corrected with 3.3.3.2 Client Patch 6.0</p>	
<p>ii. If running any prior 3.3.x version the workaround is to close the module and try to open it up again</p>	
<p>1. If the module doesn't close, go to the Appointments module and select another</p>	

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appointment	
2. This will force the current encounter to close: select the patient again, open the encounter and complete it.	
s. <u>Is the issue when the User tries to Sign the Encounter but needs a Co-signer and the “Cosigner required” box is empty?</u>	
i. Workaround – Right-Click in the empty “Cosigner required” box and select “Restore Defaults.”	
t. <u>Is the issue when the User opens the Co-Sign Module and there are no Encounters to be co-signed when there should be?</u>	
ii. If this is the case, when in the co-sign module, have the user right-click in the co-signature box and select 'Restore Column Order Defaults' from the drop down list.	
u. <u>Is the issue the fact that the Users AIM Forms in their Favorites Folder are no longer useable?</u>	
i. The issue could be that they had saved an Enterprise AIM Form to their Favorites instead of linking to it	
1. Saving them as personal forms tends to make them corrupt	
ii. With 3.3, you can link an Enterprise level AIM Form to your template and then add any specific terms you like	
iii. With the link, the User will retain the original AIM form and receive any updates to the Form automatically	
1. This is especially true of the 'Usability' AIM form. Need to verify that linking is working correctly.	
v. <u>Is this issue where the user tries to Toggle to CHCS and gets to the Login Screen and then nothing?</u>	
1. Is the user on 3.3.3.2 CP 6.0? The issue has to do with users double clicking the CHCSI toggle button. When the user clicks the Toggle button there is a ten to 15 second delay which causes the user to click the toggle button again. If so please delete the WRAMIB file then instruct the users to only click once.	
w. <u>Is the issue with a transferred T-con going to the first Provider</u>	

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<u>on the List?</u>	
1. This occurs when the Assigned Order drop-down is blank on the Telcon Entry tab; please make sure that the correct Provide is selected.	

Appendix

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3.3.x Lessons Learned

Emphasize to the user the importance of restarting the workstation daily. It improves the health of the workstation and AHLTA operations

Preparation:

- In addition to training, recommend a command push to have clinicians sign all notes in 838 prior to the upgrade
- Most Notes started in 838 will successfully complete in 3.3 but some may not successful complete so it is recommended to keep at least one 838 EUD available
- When installing AHLTA 3.3.x it is recommended to change the AHLTA shortcut to read “AHLTA.exe” rather than “cwup.exe.”
 - This change will bypass the Auto Update process on the workstations. This change should not be made if the Site still uses Auto Update
- AHLTA 3.3.3.2 does not use the same configuration tools or files as it has in the past
 - Configuration changes are made in:
 - AHLTA.config.exe
 - Datalayer.config
- AHLTA 3.3.3.2 uses Microsoft Internet Explorer objects and if the MTF has IE security set to the highest level the PC IE security must have the LCS FQDN listed as a trusted Site.
- MTF’s continue to use a common logon for the EUD, but have multiple AHLTA windows open on the EUD at the same time, based on the number of users accessing the PC
 - Normally it has been between 2-4 different AHLTA users
 - Make sure there is adequate RAM to handle this (recommend 4 GBs)
- To improve performance, PC performance options should be set to Adjust for best performance
- If AHLTA 3.3.3.2 clinical training system is deployed, all versions of SQL must be removed from the PC, prior to the installation of AHLTA clinical training
- Prior to the deployment of client AHLTA 3.3.3.2 please make sure that SAIC or the CHCS I system administrator has run the AHLTA Security Matrix Scripts
- Prior to any AHLTA 3.3.3.2 deployment:
 - Please make sure that DISA and NGIT have completed the LCS remediation.
 - LCS Garbage Collection should have already been implemented, but this needs to be verified

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Roles:

- Systems administrators will benefit by making role adjustments in advance. Plan for some users to need additional roles as each clinic goes live
- **Keep the altered roles in mind when troubleshooting why a user cannot do something**

First time log on to 3.3:

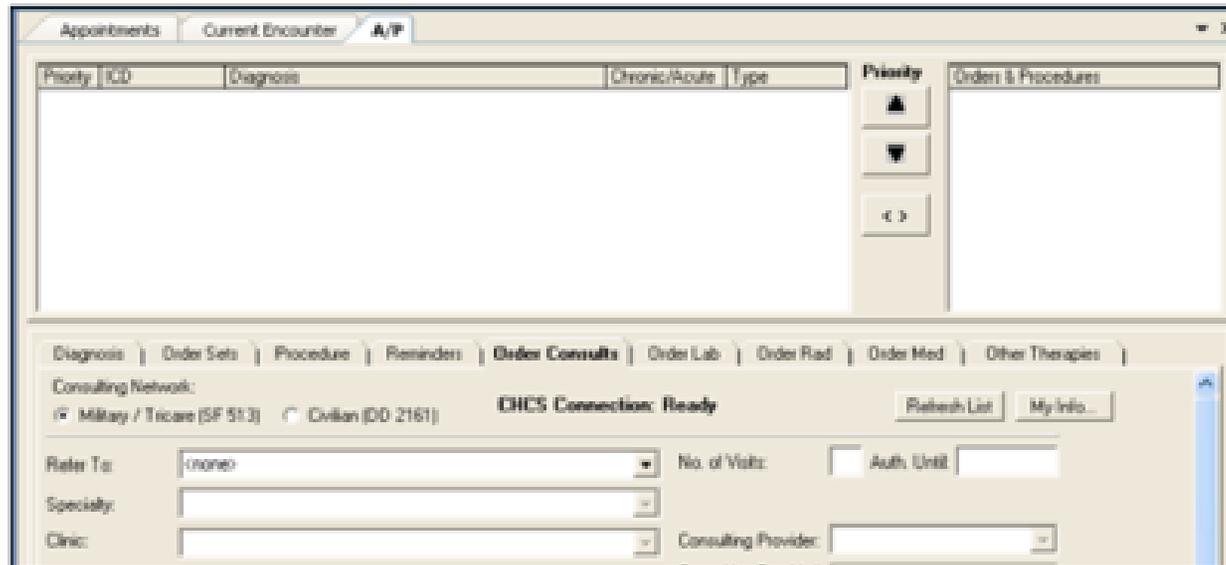
- Users must choose their workstation location upon logging in. They will only have their MTF and assigned clinics available (no long list). You may want to specify that they must choose the MTF. Since it now only lists their respective MTF, many users just cancel this screen since 'OK' is grayed out. They must highlight the MTF then choose their primary clinic. As with 838, if this is not set errors may occur, particularly when ordering.
- Signature blocks need to be re-set.
- Viewing options may also change for some users. In some instances the Shortcuts menu will be available but not Folders on initial loading. For some users this is a showstopper.
- User should become familiar using Auto-Hide with the "Folders List" and "Reminders" panes.

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Confirm AHLTA installed correctly:

- With the release of CP 6.0 functionality was added to the A/P Order Entry Modules to indicate the status of the CHCSI connection. There have been multiple Sites reporting multiple issues with A?P after loading CP 6.0 or greater. Sometimes a Tier 1 error is thrown on opening with a location of "A/P.ProxyOE.InitCDROE" If this is the case you will need to uninstall/reinstall AHLTA (see [How to Uninstall/Install AHLTA with CTS](#))
- If there is no Tier 1 error the best way to confirm a good install (95%) of the time is to confirm that you have 3.3.3.2 and Cp 6.0 (7 or8) loaded via Help About and confirm that on the Order Entry Consult tab has CHCS Connection: shown



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Amending Encounters

- In AHLTA 3.3, if a provider cannot sign an encounter after amending it from previous encounters and it remains in a state of updating your AHLTA Support team will need to be contacted before that encounter can be signed again.
 - DHIMS Official Guidance: Avoid amending encounters from a previous day. It is ok to make an addendum. If support staff must enter an encounter to enter their documentation, it is advisable to wait until the end of the day or until the nurse has finished to sign the note.

CAC Login

- Use of the CAC card is not officially support with 3.3.3.2 up to version Client Patch 8.0. However it has been found that users have used their CAC to access AHLTA which can lead to numerous errors. It is recommended that the following be done to prevent the CAC login screen from appearing when logging in to AHLTA:
 - Create a notepad document with no content and name it CACCardMonitor.exe
 - In the C:\Program Files\CH2CW\Bin, rename the existing file to CACCardMonitor.exe.OLD
 - Place the text document from step one in the folder
 - On next AHLTA login the screen will appear as below



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CPT Code Impacts (Seen after Midtier load)

- 2008 CPT Codes – (Refer to “CPT FY2008 Informational_11Mar08” – located on Field Services under Hot Docs and AHLTA 3.3 page)
 - Normally the invalid code set is loaded on the AHLTA LCS with the ICD patches. This time the new E&M selection table was added as well (does not include the new CPT code set). This means users on 838p21 workstations can see the new E&M codes. Since these are not yet in CHCS this will cause write back issues. This follows the recommended AHLTA before CHCS loading scenario with resolution discussed further in the referred to informational.
 - Also additionally Nurses will only see the E&M code 99499 for T-cons regardless of the workload status. They should be able to enter appropriate Procedure codes designated for nurse telephone consults. Physician providers should also be able to see 99441-99444 and 99499 for Telephone consults.

Clinical notes:

- Clinical notes can now be printed directly from the module
- Cannot view images saved in 3.3 on an 838 machine
- The POC Facility field may disappear after editing a clinical note
- Cannot change the date of the Clinic Notes

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Images:

- Plan the 3.3 deployment keeping this in mind. If your ER scans in the ETRs, they are best placed at the end of the deployment schedule. Otherwise, these notes will not be visible to those running 838.
- In AHLTA version 838, there was a known issue with adding images or scanned documents to AHLTA. This resulted in errors when signing, being unable to find these records in previous encounters, or being unable to view them. This problem has been fixed in AHLTA version 3.3 thanks to images being automatically compressed when entered.
- In AHLTA 838, if too many scanned document pages or JPEG images have been placed into the Add Note section, you will be able to sign the note (with errors), but then they will not show up in Previous Encounters.
- To correct this, find the encounter in question by going to the day of the appointment on the appointment list. Double click to open the Encounter. Find the original signer of the 'Add Note' section that contains the images and have that user reopen the Add Note (select edit) allowing the user to use BACKSPACE to delete the images. Deleting the Add Note Section is not an option because it keeps the image attached to the encounter at the bottom in Change History.
 - DHIMS Official Recommendation: If using AHLTA 838, limit the number of scanned documents/attached images to about two, or use a computer with AHLTA 3.3 installed.

Maintenance – Below are recommended actions to maintain over all PC health.

- **General (initial:)**
 - Allow the end user to shut down or restart their PC without hitting the power button
 - Remove old profiles (users no longer at Site) or profiles that have not been in use for 30 or more days
 - Defrag
 - Clear out temp directories
 - Clear out internet temp files and cookies
 - Scan disk for any errors
 - Remove unused/old programs
 - Run a registry cleaner

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▪ Daily:

- Clear out .tmp and .ini files daily (from user profiles temp and c:\temp directories) Note: This will be automatic with 3.3.3.2 SP1
NOTE: Do not remove any "ahлта_errors_details[.txt]" files! These are the Toer 1 error messages and are required to analyze issues at your Site
 - There are several ways to automate this Please use each at your discretion. Please test first before pushing out.
 - Bat file:

```
@echo off

del "c:\Documents and Settings\%username%\Local Settings\Temp\*.ini"
del "c:\Documents and Settings\%username%\Local Settings\Temp\*.tmp"
```
 - SMS :

```
@echo on
cd /D C:\Documents and Settings
for /D %%a in (*.*) do DEL /F /Q "%a\Local Settings\Temp\*.ini"
for /D %%a in (*.*) do DEL /F /Q "%a\Local Settings\Temp\*.tmp"
for /D %%a in (*.*) do FOR /D %%b IN ("%a\Local Settings\Temp\*.*) DO RMDIR
/S /Q "%b"
Exit
```
- Re-boot the PC
- Empty your Recycle bin

▪ Weekly:

- Clean out files from your temporary files directory
- Delete your temporary Internet files & clear your Internet history
- Delete your cookies

▪ Monthly:

- Defrag monthly
- Run "ScanDisk" to check hard drive for errors
- Run "Disk Cleanup" to delete unneeded files
- Back up your files and store them away from your computer
- Check for the latest Service Packs/Updates for Windows, Office, Internet Explorer
- Check for unneeded or unused programs and consider uninstalling them
- Check and clean your registry from errors
- Remove old profiles (users no longer at Site) or profiles that have not been in use for 30 or more days

Meds/Rads:

- All locations are now listed and former default options are not available.

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Miscellaneous:

- In 838 when adding multiple procedures in the A/P module if you added a provider in one of the procedures, it would automatically add the provider into the other listed procedures. Now they have to open each procedure and check the box, add the provider, and role.
- The Results and Cosigns modules were slow to open when first updated to 3.3, but that was due to old results and old encounters needing co-signature that appeared in those modules. Once the old results and cosigns were removed, performance increased. The Notification module should be checked too. Sometimes updating to 3.3 pulls old notifications into the Notification module. Clearing the old notifications will increase performance.
- Clicking multiple times on a folder will cancel out the action initiated. This is a training issue at this time until otherwise redesigned. Click only once per folder. Once a folder is clicked you must click somewhere else in the folder list and then go back and click the original folder again to make it work for a second time.
- Other systems: Internet Explorer 7 works with 3.3.3.2! The ATS can be loaded for production on any PC. See appendix for detailed steps to loading 3.3.3.2.
- In the Demographics module when clicking the “Prim. Care Mgr” button the Primary Care Information window is blank. In 838 this information may have been present. This is expected at the moment because to correct this problem requires a long term fix. It will not be corrected until Release Version 3.3u4 when the eGate is updated.
- Loading of hot fixes or single dlls make sure that the Read Only attribute is not set

Notifications:

- The folder list does not show the number of alerts for all modules. Ensure users know to check ‘Sign Orders’ to take action as they may not see a notification.
- ‘Notifications’ will occasionally indicate there are notifications but the module is empty when loaded.

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Other Errors:

- AHLTA self healing – At times AHLTA will attempt to reload itself. It is believed that this had been caused by the ARM are message, because the ARM data never is written to disk. If the user never logs out of AHLTA overtime they will run out of memory causing an out of memory error. This in turns corrupts AHLTA files, when the windows installer notices the problem it will attempt to reload AHLTA. NGIT transform file does not have the correct MTF configuration and will generate garbage which is placed in the Datalayer.config file. They only why that IMD knows that this has happen is when users report that they cannot connect to AHLTA IIS Services.
- Credent at several MTF's have been set to high priority. This seriously impacts the users when attempting to use AHLTA, and/or Dragon.
- FIPS causes issues with AHLTA. If FIPS is turned on users may not be able to log into AHLTA. An error occurs during the login process which states "Object reference not set to an instance of an object" and then the login process stops. If this occurs locate and rename/delete the file "ExternalApps.config" located in C:\Program Files\CH2CW\Bin\ExternalApps.config.

FIPS will also conflict with Credent, but wireless devices uses FIPS compliance standard encryption. When loading or updating AHLTA on tablets the wireless radio must be turned off.

- NTUSER Hive – Errors have been created after the fact when a user logs off, but Microsoft operating system does not release the user profile and is hung in the register. User can login and since the hive was not released old data is available.
 - a. This is a know issue within Microsoft and can be resolved by adding the ProfileClean Service, available at the following URL:
 - i. URL: <http://www.microsoft.com/downloads/details.aspx?FamilyId=1B286E6D-8912-4E18-B570-42470E2F3582&displaylang=en>
- Printing
 - Clinical Notes – If only PHI data prints recommend cutting and pasting data from the Note to Word (or similar) and then print
 - Multiple Encounters – When printing multiple Encounters only the header data will print on subsequent Encounters. Recommend only printing one Encounter at a time
- Port 8080 - MEDCIN using port 8080 127.0.0.1. Credant and other applications uses port 8080, if your MTF is using 127.0.0.1 port 8080 this will lead to different errors and will be sporadic.

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AHLTA Troubleshooting Guide with Lessons Learned

Problem List:

- Associated encounters may not populate the problem list. The issue of the problem itself not populating the list in 838 seems resolved
- Encounter Comments associated to a problem in the A/P module and marked for inclusion in the master problem list are not populating Problem List

Previous Encounters:

- Default display is last 20. There is no way to change this but you can type another number in the “View Last,” click enter and narrow your search for that instance (fixed in a future release.)

Signature Blocks:

- Setting the E&M defaults works as promised and is much appreciated by our procedure clinics. Choosing 99499 as a default E&M functions for some clinicians but not all depending on their role, the appt type etc. It is worth trying to set for procedure clinics as no drawbacks are evident.
- ‘Automatically convert positive ROS findings to HPI’ has caused some debate. Coders have mixed feelings and some providers are perplexed by their note being ‘jumbled’ (despite attempts to educate on this in advance). Users have the ability to disable this. For optimal use, education and template modification may be necessary.

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AHLTA Troubleshooting Guide with Lessons Learned

S/O:

- Tildes (~) incorporated in the free text of templates to facilitate spacing of the note may be duplicated when loaded in 3.3. If this occurs it will not space correctly and there will be extra tildes in the note. Eliminate any tildes in the templates (AHLTA templates or Word templates that are being pasted in).
- Ctrl+Enter works to enter a carriage return in the free text.
- While free texting, every time Auto-Save saves, it will work as an 'enter' and the free text is entered into the note and the user is kicked out of the free text. Recommend turning off auto-save.
- 3.3 now allows multiple instances of a term with different family or history of prefixes. To add a term as family history in 838, you clicked plus then assigned the prefix. The result was one term with the FAM HX prefix. To add FAM HX in 3.3, select the term (do not click plus), then assign the FAM HX prefix. If the term is selected as positive first, then the prefix is assigned, the result is two terms added: one as personal HX and one as FAM HX

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AHLTA Troubleshooting Guide with Lessons Learned

Spell Check:

- Is turned off with Client Patch 6.0 will be made available with SP1
- Note that spell check works in the search screens as well as free text fields and will offer suggestions when right-clicked.
- Auto-correct can be leveraged to speed documentation (i.e.: 'plan' can be typed and autocorrect set to replace the word 'plan' with any pre-set text such as 'Treatment plan: no PT for 48 hours, alternate hot and cold packs...').
- Many medical terms and acronyms are not recognized. The auto-correct of these items may result in users wishing to disable this function.
- Users can turn off auto-correct
- The dictionary is located on the local PC so users need to be aware that an updated dictionary on one PC does mean it is NOT available on other PCs. The dictionary file is located at: C:\Program Files\CH2CW\Data\RTData\ and is called *customdict1.dic*. This file can be copied and then pasted to replace the dictionary file on another PC.
- At times, the spell checker changes the text when the user doesn't want it to change. Solution – Modify the spell checker. Right-Click on the text and select "Autocorrect Options." Type the text in "Replace:" that you want to keep (i.e. SI), in other words, not to change. Then type the same text in "With:" (i.e. SI). Whenever the user types in "SI" it will stay "SI" instead of changing to "is." The autocorrect file is located at: C:\Program Files\CH2CW\Data\RTData\ and is called *autocorrect.act*. This file can be copied and then pasted to replace the autocorrect.act file on another PC. Ensure the user has "modify" rights to this file.
- If the Spelling Checker is not working: The Spelling Checker does not activate for an AHLTA session until the user has entered S/O for at least one encounter. Workaround – Open S/O for an encounter and the Spelling Checker will be active for the entire AHLTA session.

Tasking

- Tasking Module does not currently work properly and should not be used

T-Cons:

- The amount of text that can be entered into the "Reason for Telephone Consult" is VERY limited. Reevaluate clinic processes to support this limitation.

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AHLTA Troubleshooting Guide with Lessons Learned

Templates:

- There are two ways to change the order of Dx and Procedures through Template Managed or change them on an 838 machine which will allow them to be carried over to 3.3.
- HCPCS cannot be easily added to templates. Use former workaround of adding from an encounter.
- When editing a template the sig fields of medications are case sensitive. When you type #30 and RF1 in your sig and then click in the QTY and RF fields, it does not auto-fill respective fields.
- You can make AIM form your DEFAULT. Be sure to exit the current encounter and reload it before seeing the default template load or simply select from your list of Favorites.
- To remove terms from a template use the 'delete' key.
- The 'Add to Favorites' button on DX and Proc tabs in A/P have been changed to 'Add to Default Template'. Many users will click this button thinking they are adding a DX or proc to their favorites list and in actuality are creating their Default Template. This becomes a problem when they enter S/O and are faced with a blank screen instead of the Medcin Tree. Ideally users should have a Default template with S/O terms in place prior to the upgrade.
- One provider while working went to the S/O module and clicked on the dropdown arrow to select a template to use. Only one of the 7 templates she normally has available showed up.
- Goodfellow has noted that this apparently self corrects. After a day or two, the templates have shown up in the user's folder. There appears to be a sync process that rectifies after a series of syncs are completed in the queue.
- If when working in the S/O module you want to go to the S/O Template Management module and the Shortcut button for this module is not available choose and load any AIM form and the shortcut button will appear (fixed in a future release.)

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Toggleing to CHCSI

- User should only single click when toggling to CHCSI from inside of AHLTA: double-click can cause CHCSI to freeze

Tier 1 Errors:

- Tier 1 errors in 3.3.3.x replace the VB Errors in 838
- Some Tier 1s are to be expected however if they disrupt patient care by either causing the user to re-boot AHLTA or just by sheer volume this needs to be reported to your Service Reps
- With 3.3.3.2 Client Patch 6.0 Tier 1 errors generate an error report which is written to the user's temp file. Depending on the MTF PC configuration normally the path is C:\documents and settings\username\Local Setting\Temp\
 - There are multiple TIER 1 errors that are generated:
 - a. "91 Error" is normally caused by Microsoft not able to find an object.
 - ii. Potential Solution is to either reload AHLTA or attempt to register the following files using "Regsvr32"
 1. regsvr32 userenv.dll
 2. regsvr32 dskquota.dll
 3. regsvr32 fdeploy.dll
 4. regsvr32 gptext.dll
 5. regsvr32 appmgmts.dll
 6. regsvr32 scecli.dll
 7. regsvr32 iedkcs32.dll
 8. regsvr32 "c:\program files\ch2cw\bin\arm.dll"
 - b. "-214..." Is normally caused on a PC that has a common logon and multiple users are using AHLTA with different logon's. This is caused by user SID's not matching generating a write error.
 - iii. Solution: Single user logon accessing both network and AHLTA. Sometimes deleting all the files in the user's temp directory will clear the problem temporary.
 - iv. A process to delete files in the user's temp directory should be put in place to resolve disk space issues, but help eliminate errors.

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AHLTA Troubleshooting Guide with Lessons Learned

Tier 1 errors, most commonly occurring

- **Reminders.Reminders.Initialize** – Occurs when opening an Encounter. This is the most frequently occurring Tier 1 error occurring about three times as much as the next occurring error. Requires a Client Patch to resolve (Date TBD.)
- **mscorlib:InvokeDispMethod** – Very generic error and can occur at any point in AHLTA. Requires a Client Patch to resolve (Date TBD.)
- **Problems.Problem.mobjCallback_Completed** – Occurs when Problems are auto-cited. Occurs when the problems cannot be displayed/refreshed in the auto-cite area of the encounter. Can be clicked through without incident. Requires a Client Patch to resolve (Date TBD.)
- **Medication Management.frmMeds.MenuButtons – Reason for error unknown.** Requires a Client Patch to resolve (Date TBD.)
- **A/P.ProxyOE.InitCDROE** – This error is indicative of a bad/hybrid install of AHLTA and requires a complete uninstall/reinstall of AHLTA (See instructions here)
- **Medicomp ActiveForm Runtime Error.MedActiveForms.MedcinActiveForms.ErrorTrapHandled Event** – Indicative of a broken/corrupt AIM Form or Template. Offending form should be removed.
- **A/P.AnPBlackBoard.ReadModule** – Occurs in the A/P module and requires a re-boot of AHLTA. Requires a Client Patch to resolve (Date TBD.)
- **Consult Orders.ProxyAPMapper.RetrieveActiveConsults (with a description of “Server was unable to process request. ---> Logon failed. Unable to establish connection to Security Server.”)** – Occurs mainly when going to the OE Consult Tab. Typically requires a re-boot of AHLTA. Depending on the cause may require a Client Patch to resolve (Date TBD.)
- **mscorlib:EndInvokeHelper** (with a description of “VitalsCDR.Retrieve Collection index must be in the range 1 to the size of the collection.” – Is currently only an issue at Heildeberg but once patients from their Site start to propagate to other MTFs could be an issue. Apepars to be related to special characters with free text in Vitals Review.

Other Errors will be added to the list periodically

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Encounter Duration

When Time Is Not a Dominant Factor

Time is not a dominant factor for assigning the appropriate E&M code in most scenarios. The time frames identified in E&M code descriptions represent a general range of time that will vary depending on actual clinical circumstances. The severity of illness as documented by history, examination, and medical decision making should determine the choice of office visit or consultation E&M code.

Counseling and Coordination Exception

DoD Rule: Counseling and coordination are exceptions to the time factor in selecting the E&M code. Time is a determining factor when counseling or coordination of care consumes more than 50 percent of the time a provider spends face-to-face with the patient, the family, or both.

AHLTA Documentation: When a provider selects greater than 50% of time spent "counseling and/or coordinating care" and also selects the appropriate amount of floor time (face to face) then time in and time out requirement has been met.

Documentation must indicate specifics on the discussion of why the additional time was necessary, what occurred during that time, and how much time was spent.

Note: "counseled on condition" is not acceptable documentation.

Other Specific Exceptions

Specific exceptions when time is always a factor are prolonged services, critical care, discharge services, and patient transport. Time plays a role in the extended duration of the encounter. Extended time may be identified in two ways, modifier -21 (Prolonged E&M Services), or E&M codes 99354-99357 (Prolonged Services). Modifier -21 is used to designate the total duration of provider-patient face-to-face time when it exceeds the typical time of encounter. Modifier -21 can only be used with the highest level E&M code (e.g., 99215, 99245). Codes 99354-99357 are used when treatment exceeds the E&M code by more than 30 minutes. Codes 99354-99357 can be used as add-on codes with any level of E&M service. Modifier -21 and codes 99354-99357 cannot be used with the same encounter. Documentation must support the need for additional time, as well as the time of the encounter (e.g., time in and time out).

There are the E&M coding guidelines from <http://www.cms.hhs.gov> (Medicare guidelines)

Documentation of an Encounter Dominated by Counseling and/or Coordination of Care

When counseling and/or coordination of care dominates (more than 50 percent of) the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting, floor/unit time in the hospital, or Nursing Facility), time is considered the key or controlling factor to qualify for a particular level of E/M services. If the level of service is reported based on counseling and/or coordination of care, the total length of time of the encounter should be documented and the record should describe the counseling and/or activities to coordinate care. For example, if 25 minutes was spent face-to-face with an established patient in the office and more than half of that time was spent counseling the patient or coordinating his or her care, CPT code 99214(r) should be selected.

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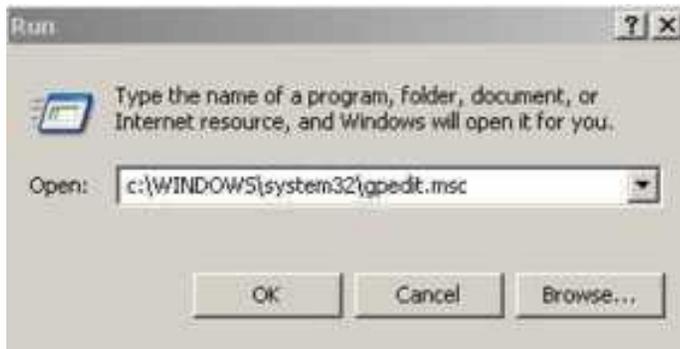
How to turn off the ActiveX warning message box from AHLTA Client machines

These instructions address a problem with Microsoft Patches MS07-016 and MS07-017 respectively. The Microsoft patches referenced are changing a key ActiveX Policy setting within the OS that causes repeated dialog boxes and error messages to be displayed to the user. An administrator can use these instructions to correct the ActiveX Policy setting on client machines running the XP operating system which stops the annoying dialog boxes from appearing to the user.

Please run the attached script which should address this warning message if not then please follow the embedded presentation

Step 1: From the Windows Start menu, select: START RUN

Step 2: In the Open box, type: C:\WINDOWS\SYSTEM32\GPEDIT.MSC



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Step 3: Traverse down the menu tree as follows:

Local Computer Policy ->

Computer Configuration ->

Administrative Templates ->

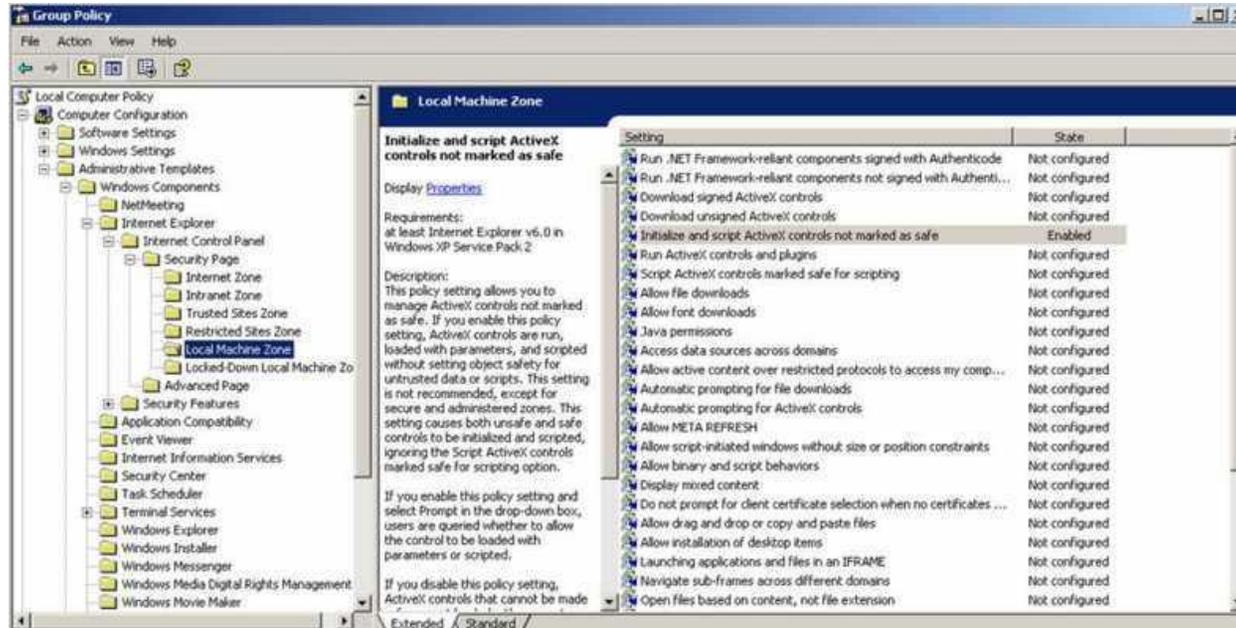
Windows Components ->

Internet Explorer ->

Internet Control Panel ->

Security Page ->

Local Machine Zone



Note: It used to be that you could get to this setting from within IE, however, Microsoft now hides this particular zone, and you are not able to see it from within IE / Tools / Internet Options – you have to access it from the Group Policy application

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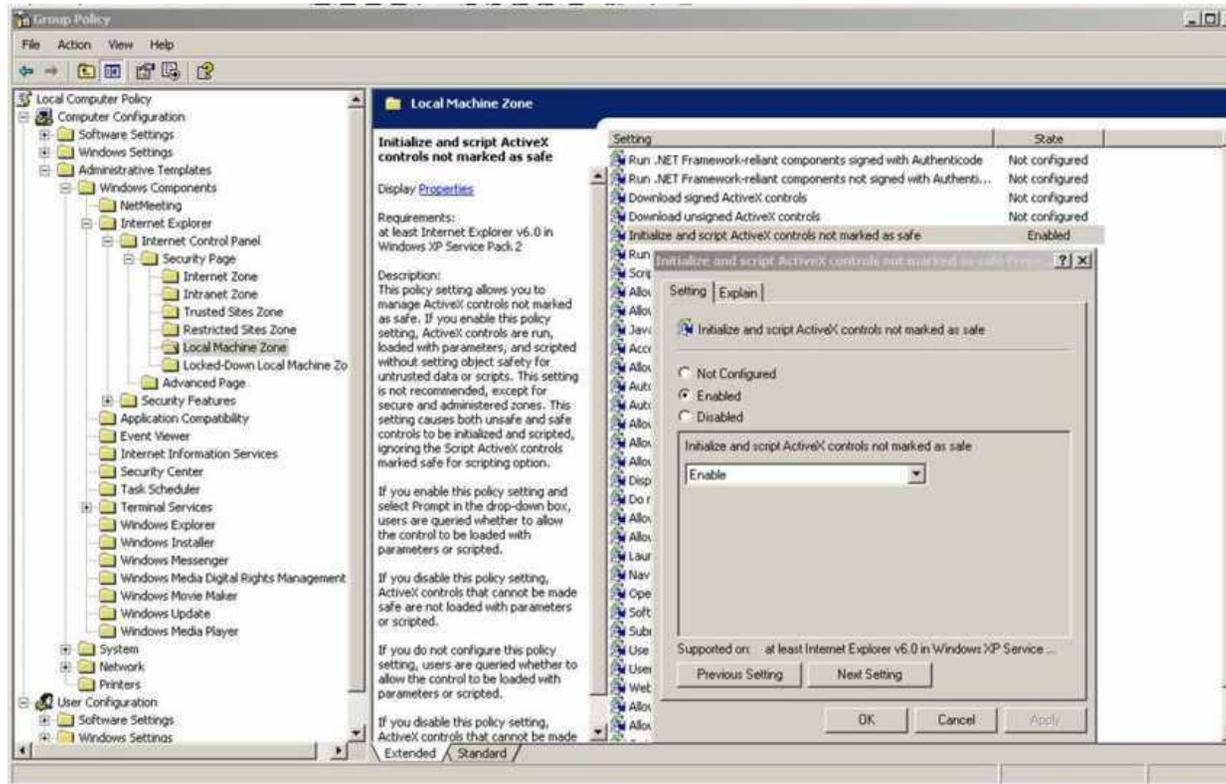
AHLTA Troubleshooting Guide with Lessons Learned

Step 4: Double click on the setting: Initialize and Script ActiveX controls not marked as safe

Step 5: Change the value to Enabled, and then change the Drop down value to Enable

Step 6: Select the Apply button

Step 7: Select the OK button



Step 8: The display should now show that this setting is enabled

Step 9: Close the Group Policy Edit application by selecting the Windows Close "X" in the upper right hand corner

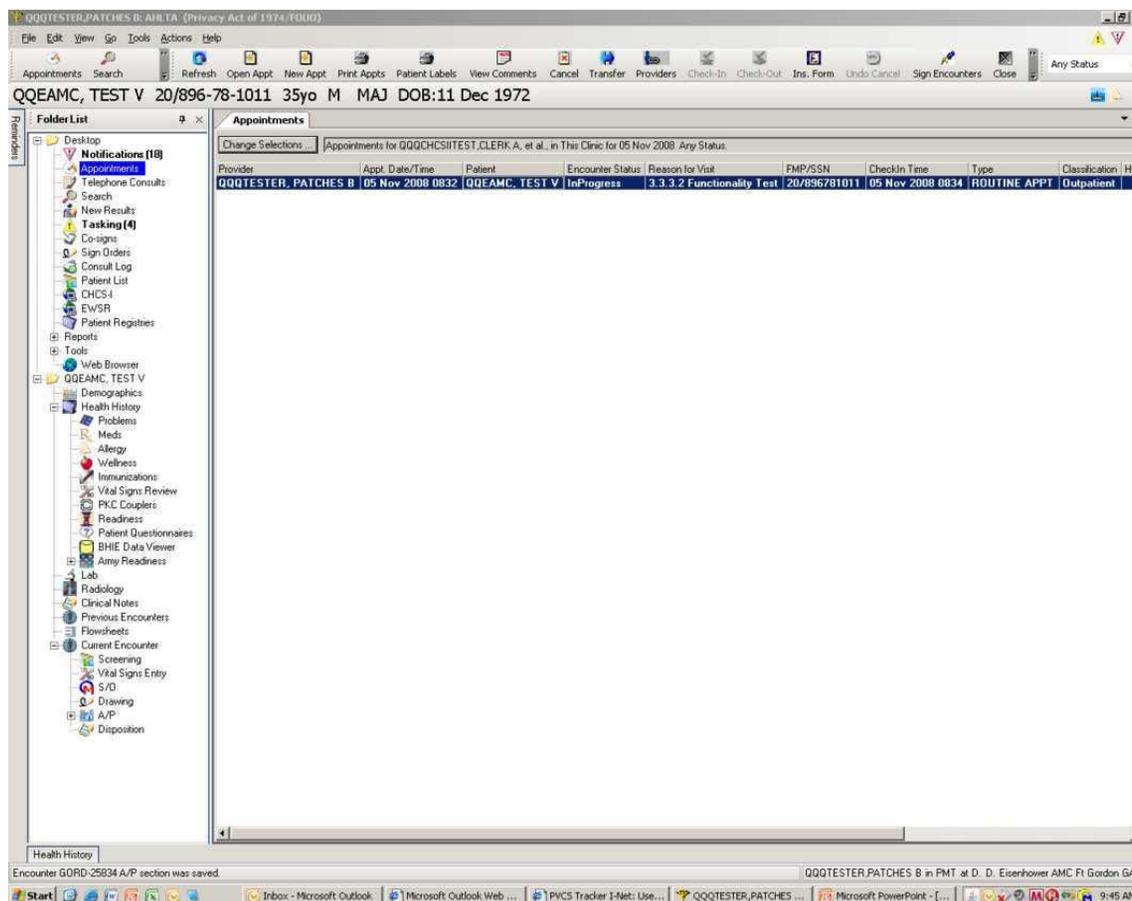
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AHLTA Troubleshooting Guide with Lessons Learned

How to turn off the Reminders Pop Window

To turn off the Reminders Pop-up window please follow the following;

Step 1: Open an Encounter



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Step 2: The Reminders window appears.

Folder List

Notifications (18)

Tasking (4)

Sign Orders

Consult Log

Patent List

CHCS4

EV/SR

Patent Registries

Reports

Tools

Web Browser

QQEAMC, TEST V

Demographics

Health History

Problems

Meds

Allergy

Wellness

Immunizations

Vital Signs Review

PKC Couplers

Readiness

Patient Questionnaires

BHIE Data Viewer

Amy Readiness

Lab

Radiology

Clinical Notes

Previous Encounters

Flowsheets

Current Encounter

Screening

Vital Signs Entry

S/O

Drawing

A/P

Disposition

Appointments Search Refresh Open Appt New Appt Print Appts Patient Labels View Comments Cancel Transfer Providers Check-In Check-Out Ins. Form Undo Cancel Sign Encounters Close Any Status

QQEAMC, TEST V 20/896-78-1011 35yo M MAJ DOB:11 Dec 1972

Appointments Current Encounter

Date: 05 Nov 2008 0832 EST Status: In Progress Treatment Facility: EISENHOWER AMC

Primary Provider: QQTESTER,PATCHES B Type: ROUT Clinic: PMT

Patient Status: Outpatient

Reason for Appointment: 3.3.3.2 Functionality Test

Appointment Comments: Written by QQTESTER,PATCHES B @ 05 Nov 2008 0832 EST

Appointment Comments:

AutoCite: AutoCites Refreshed by QQTESTER,PATCHES B @ 05 Nov 2008 0844 EST.

Problems

Chronic:

- Conjunctivitis
- Myalgia and myositis

Reminders

Filtered for this Clinic Ufiltered Overdue and Due w/in 1 mo

Select	Modify	Reminder	Schedule	Ordered	Due	Default Ord
<input type="checkbox"/>	<input type="checkbox"/>	Registries				
<input type="checkbox"/>	<input type="checkbox"/>	Wellness				
<input type="checkbox"/>	<input type="checkbox"/>	Screening				
<input type="checkbox"/>	<input type="checkbox"/>	Counseling				
<input type="checkbox"/>	<input type="checkbox"/>	Readiness				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G6PD			1/14/2005	ORDER: G6PD
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sicklelex (Air Force, Navy, Mar			1/14/2005	ORDER: SICKLE SCL
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Verify HIV test <1yr ago			10/16/2005	DOCUMENT VERIFY
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Verify PHA Completed			12/8/2006	Document Verify Phys
<input type="checkbox"/>	<input type="checkbox"/>	Immunizations				

Legend: Due Due within 1 month Addressed Today or Ordered, but not resultud Deactivated Series Completed Show Most Recent Results

Unselect All Select All *Default wellness reminder configurations are based on the US Preventive Services Task Force (USPSTF) Submit Cancel

Procedures: No Procedures Found.

Active Medications: No Active Medications Found.

Labs: No Labs Found.

Vitals: No Vitals Found.

Registry Items: No Registry Items Found.

Screening: Screening Written by QQTESTER,PATCHES B @ 05 Nov 2008 0846 EST

Reason For Appointment: 3.3.3.2 Functionality Test

Allergen information verified by QQTESTER, PATCHES B @ 05 Nov 2008 0845 EST

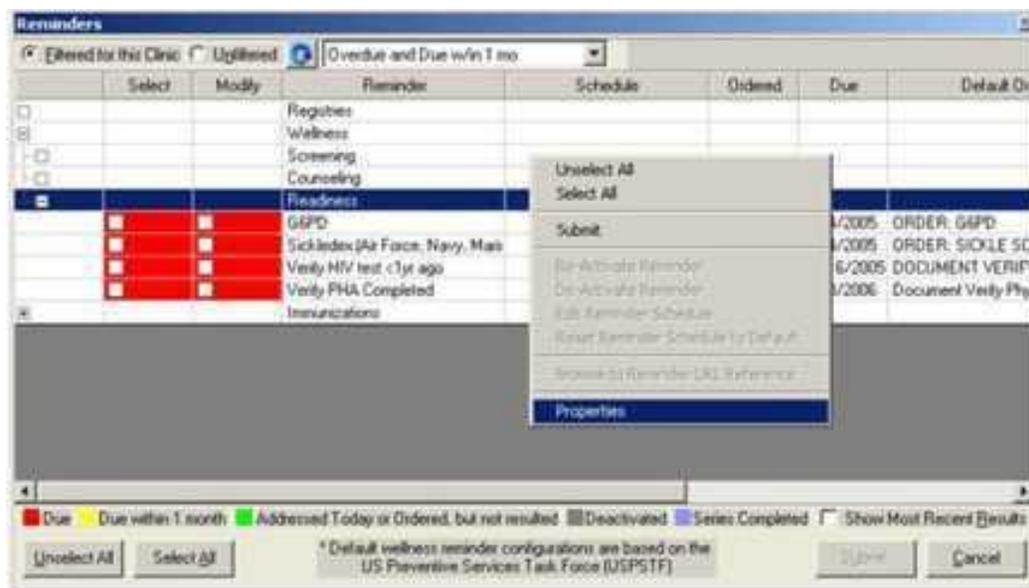
QQTESTER,PATCHES B in PMT at D. D. Eisenhower AMC Ft Gordon GA

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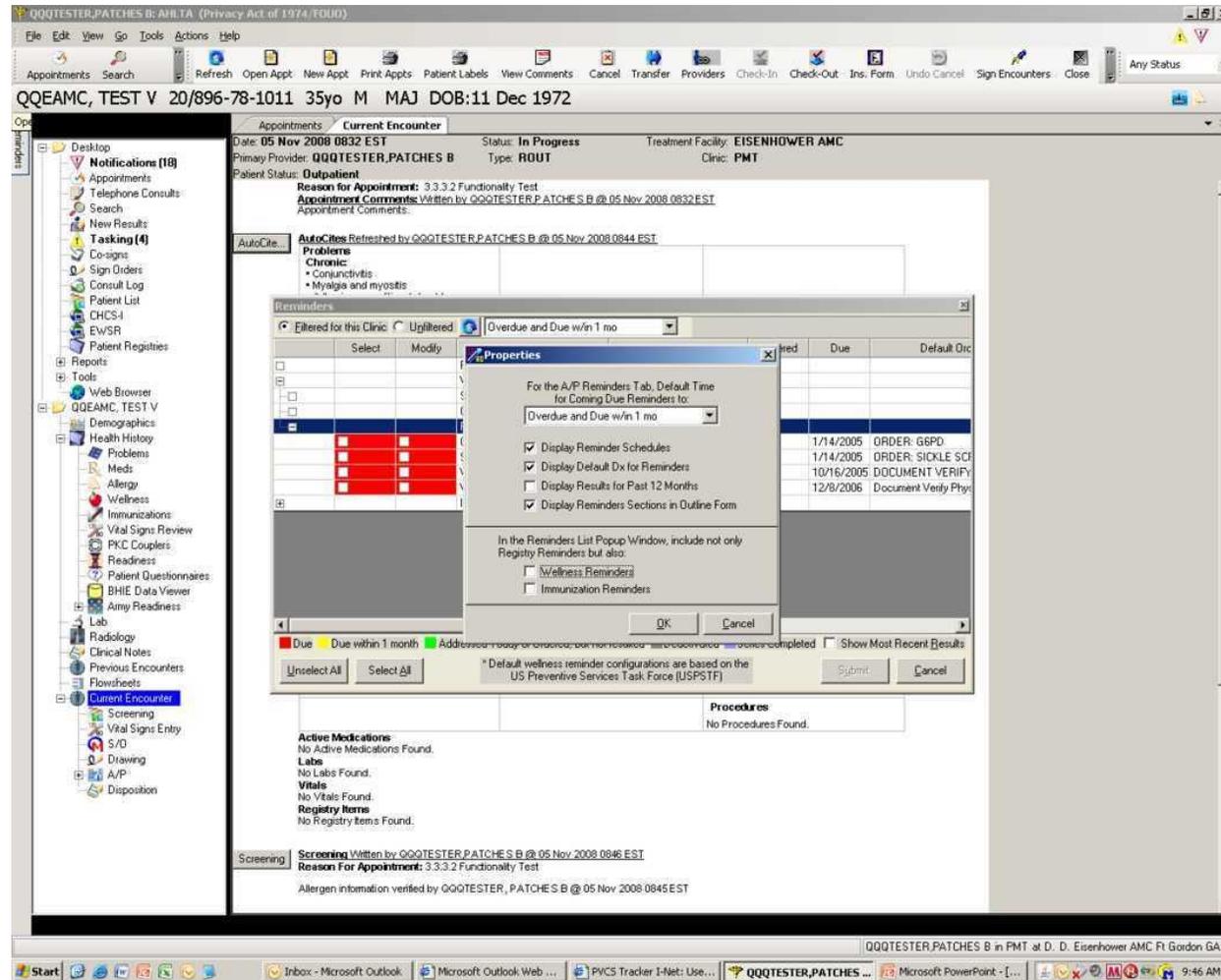
Step 3: Place cursor on a line and right-click.

Step 4: Select Properties.



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The Reminders List Popup Window is now turned OFF.

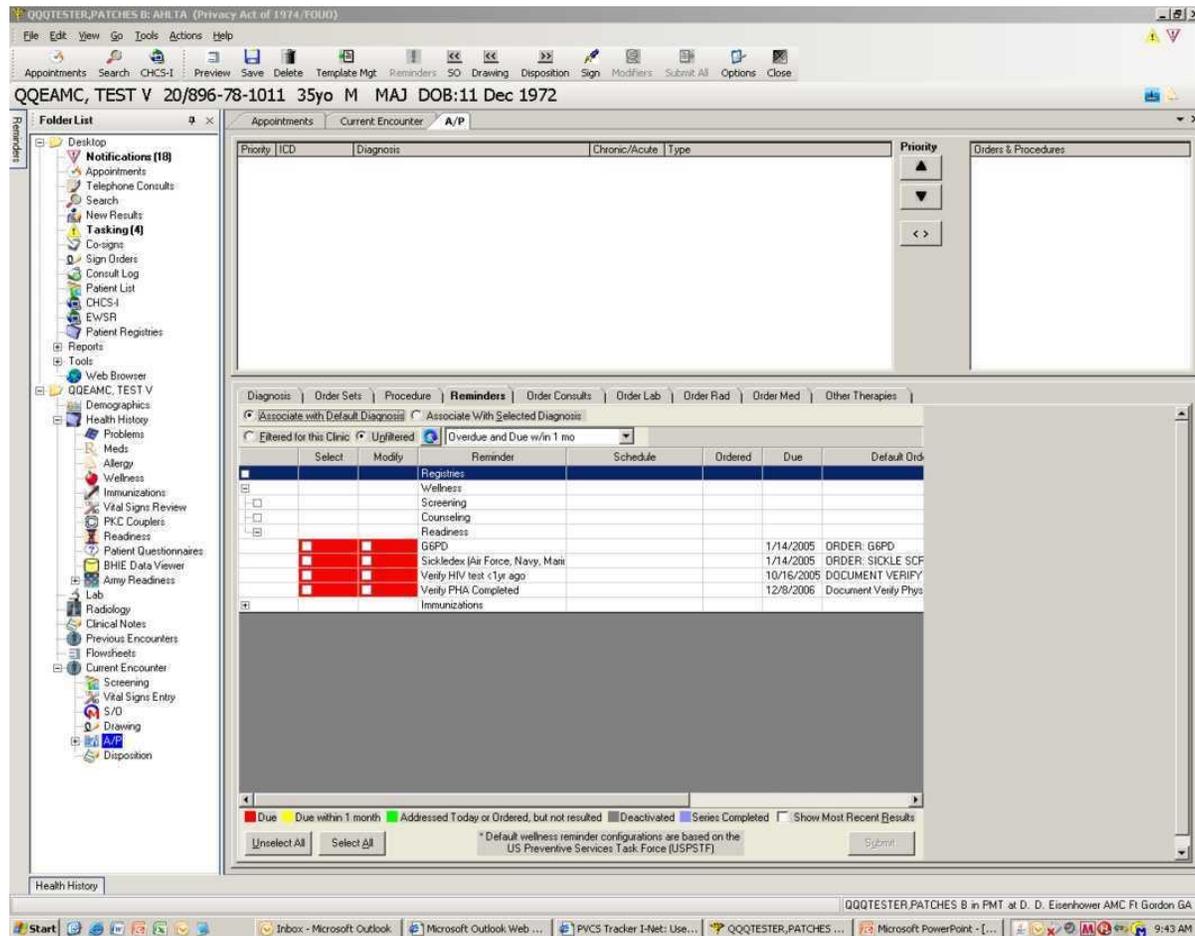
Note: The Reminders List Popup Window will not appear when opening an encounter Unless the patient is assigned to a Registry.

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To turn on Reminders List Popup Window

Step 1: Open an appointment, A/P and then the Reminders tab.

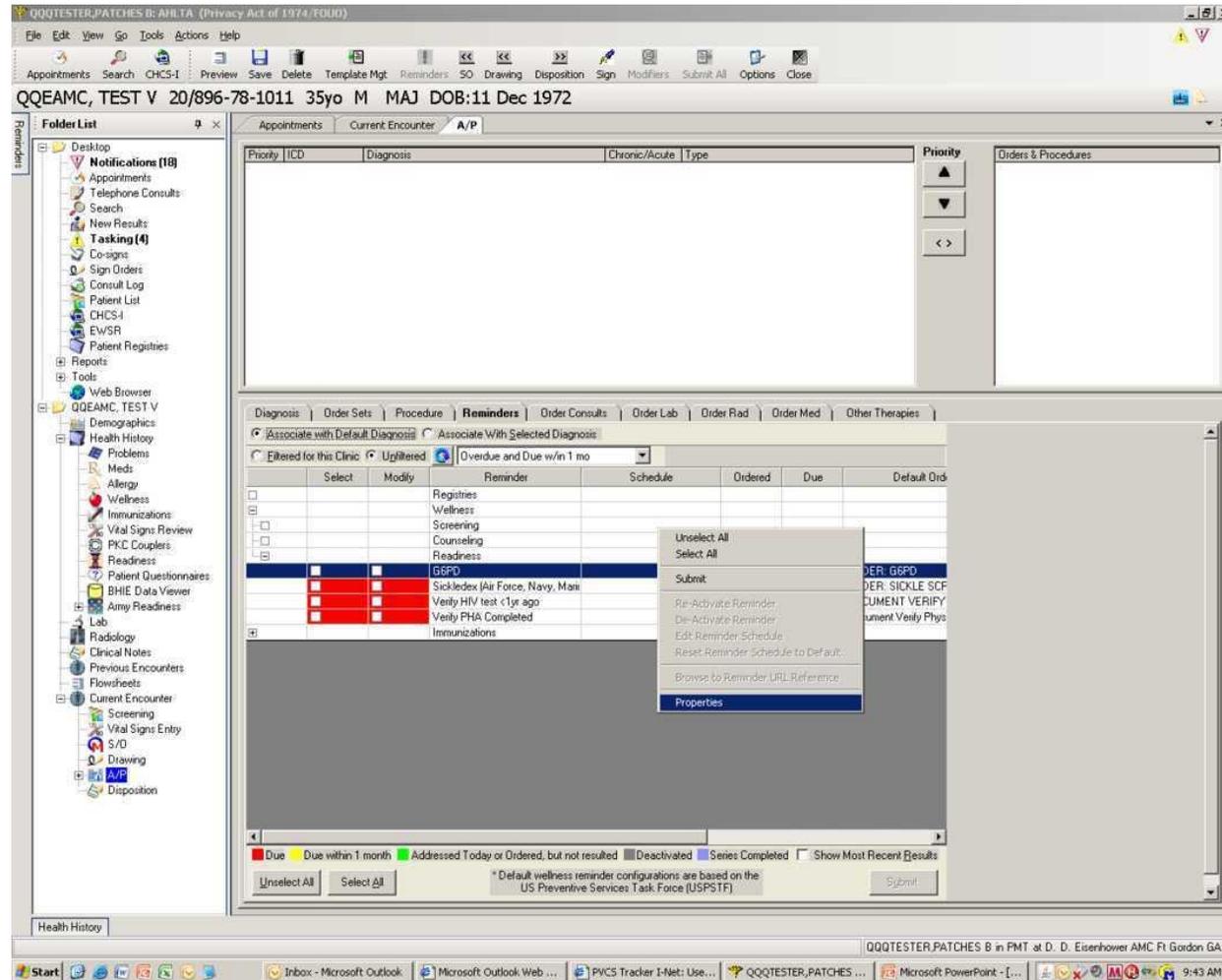


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Step 2: Place cursor on a line and right-click.

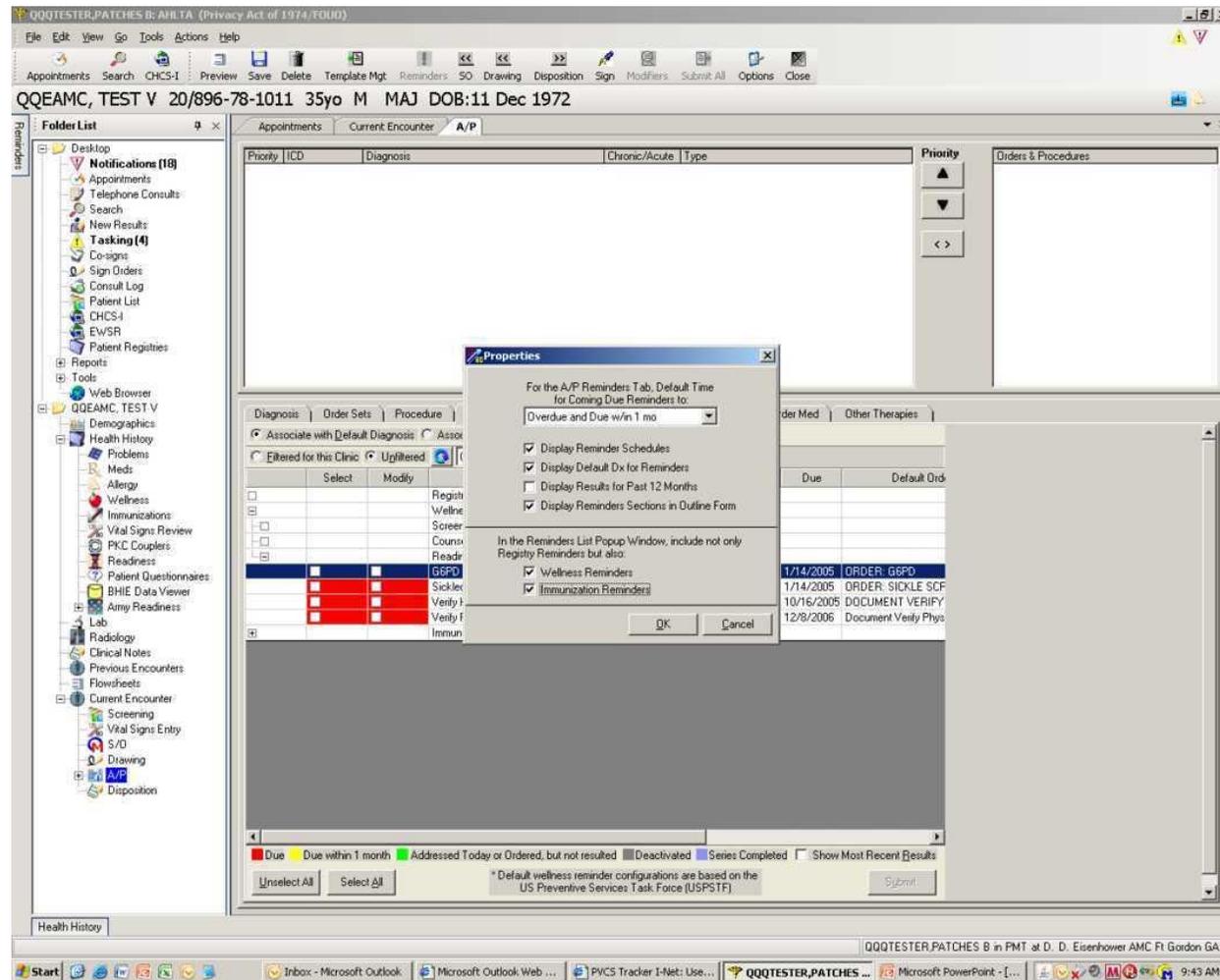
Step 3: Select Properties.



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Step 4: Click the Wellness and Immunization Reminders.



The Reminders List Popup Window is now turned on. Reversing these steps will turn it off again.

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How to Uninstall/Install AHLTA with CTS

PLEASE NOTE: This section is for System Administrators ONLY!

There are two separate steps to installing AHLTA with the CTS. Please follow Process 1 of uninstalling the Microsoft Core XML Services (MSXML) 6.0. If this does not work then Process 2 will have to be attempted.

Prepared with steps from MS Mallory Klemm, NH Camp Lejeune and Mary Gutierrez, Goodfellow AFB

Process 1: Follow Steps 3 thru 5 then skip to Step 22 to completion.

Process 2: Follow Steps 1 and 2 then skip to Steps 4 to completion.

NOTE: If the user has modified the customdict1.dic or autocorrect.act files, then these need to be offloaded from the workstation and reloaded onto the workstation after the reinstall.

These files are located in the “C:\Program Files\CH2CW\Data\RTData” folder.

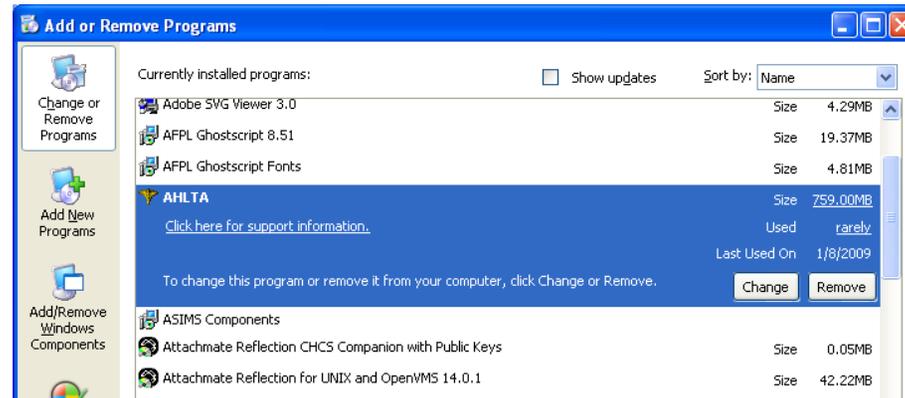
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Step 1: Open the Control Panel Add/Remove programs

Step 2: Locate AHLTA and select Remove AHLTA

Note: Older versions are labeled CHCSII



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Process 1

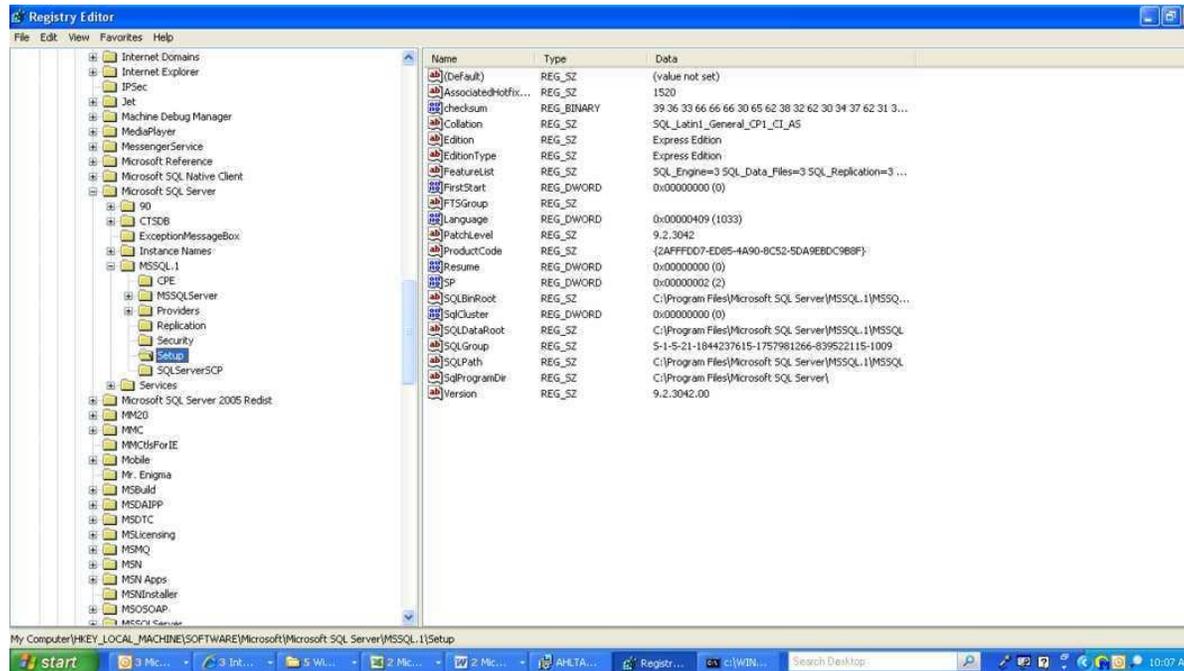
Step 3: Remove the MSXML6 by downloading and installing the [Windows Installer Cleanup Utility](#)

Step 4: Launch the utility (Start > All Programs > Windows Install Clean Up), find MSXML6 SP2 in the list, select it, and click remove.

Step 5: Reboot

Process 2

Step 6: Locate the HKEY_LOCAL-MACHINE\SOFTWARE\Microsoft\Microsoft SQL Server\MSSQL.x\Setup location



AHLTA Troubleshooting Guide with Lessons Learned

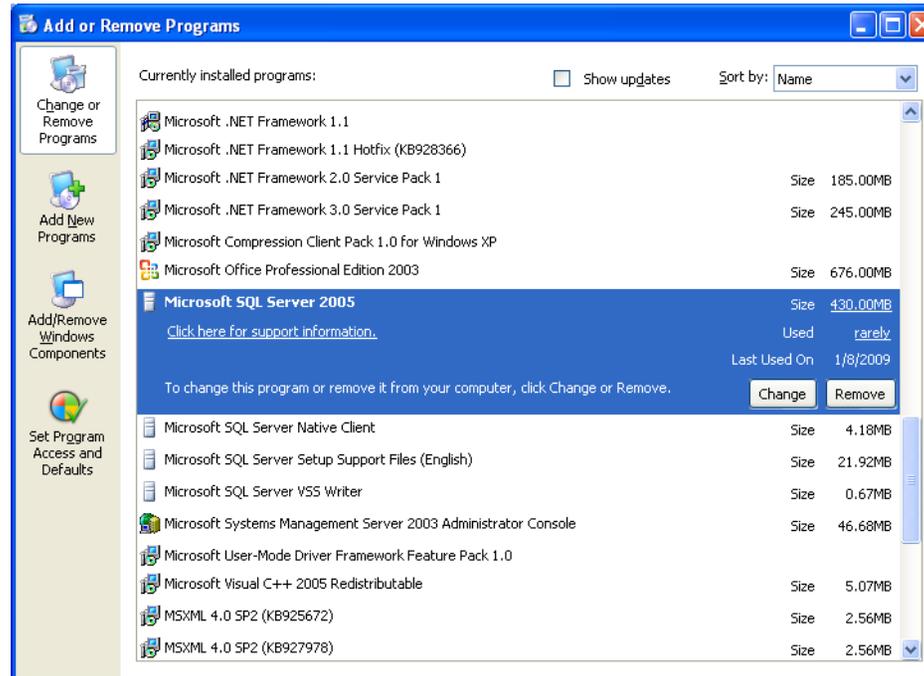
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Step 7: Find the following Keys and remove them: SQLGroup, FTSGroup, and AGTGroup

Note: AGTGroup key is usually not present.

Step 8: Locate the Microsoft SQL Server 2005 and select Change

Note: EUDs may vary depending on prior version installed. There could also be an old CTS version that will need to be uninstalled.

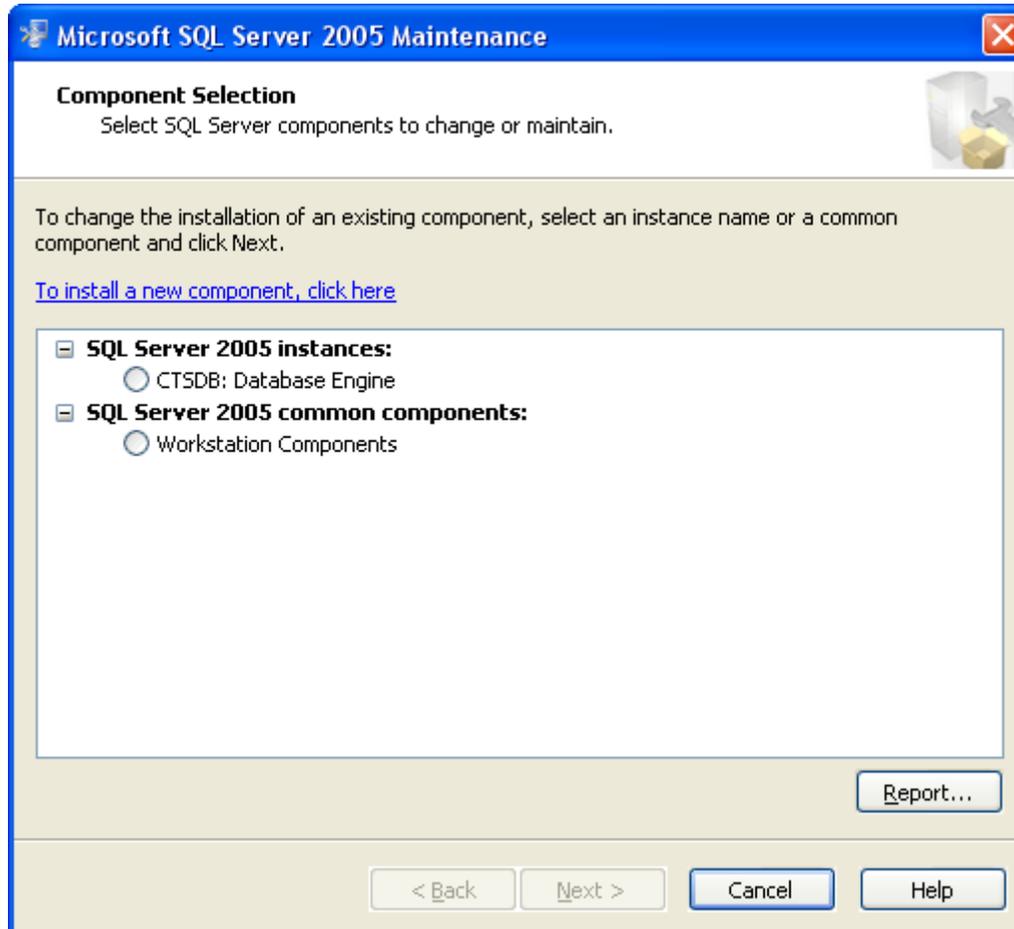


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Step 9: Select "SQL Server 2005 common components: Workstation Components"



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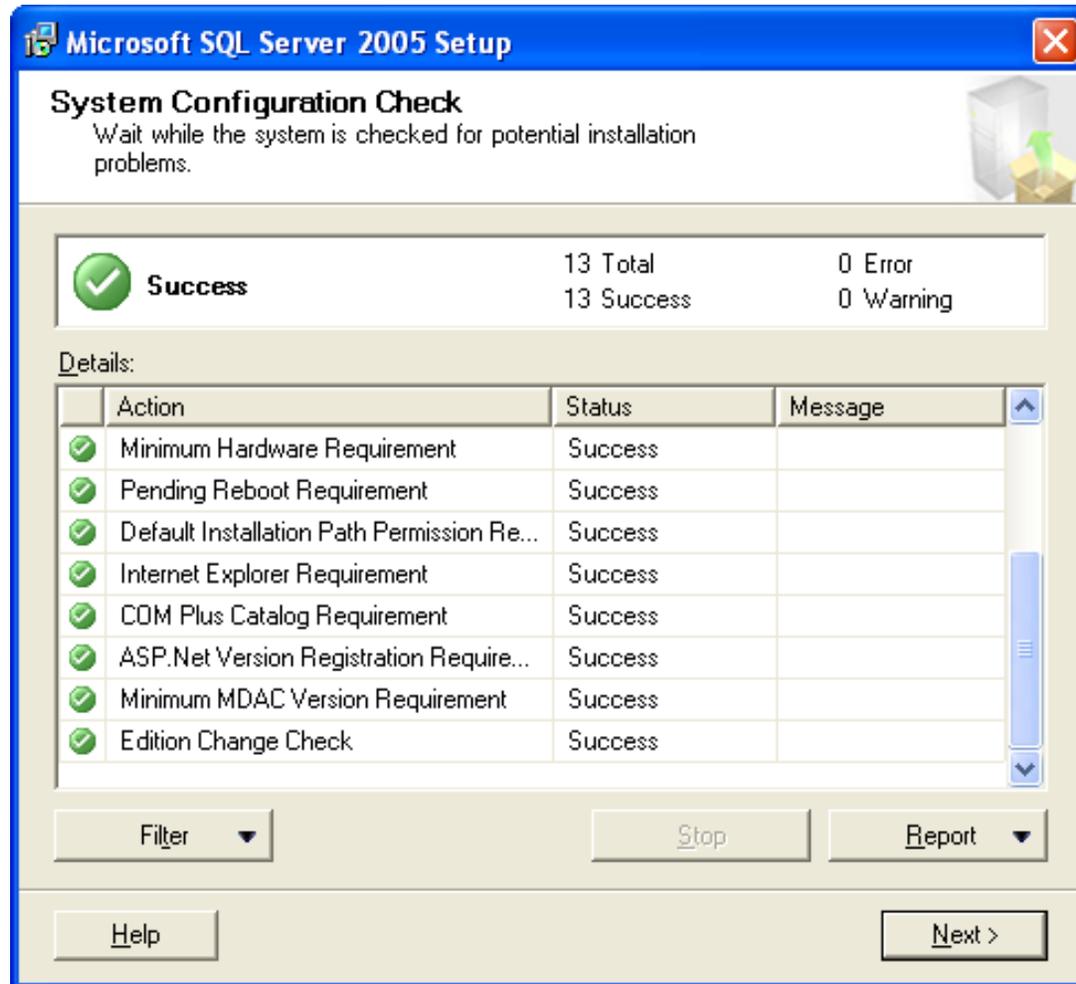
Step 10: Select Next



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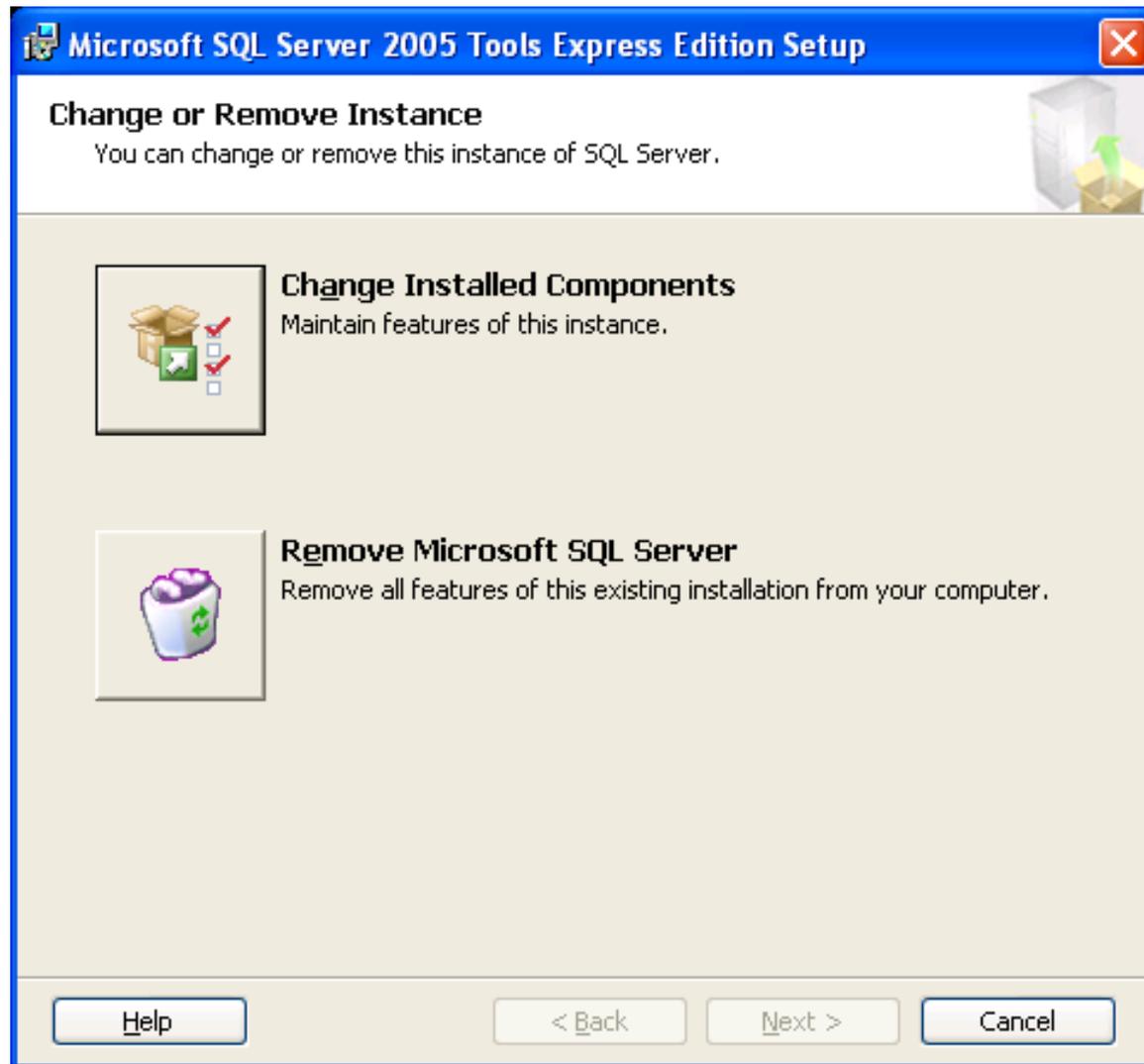
Step 11: Select Next



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Step 12: Select “Change Installed Components”



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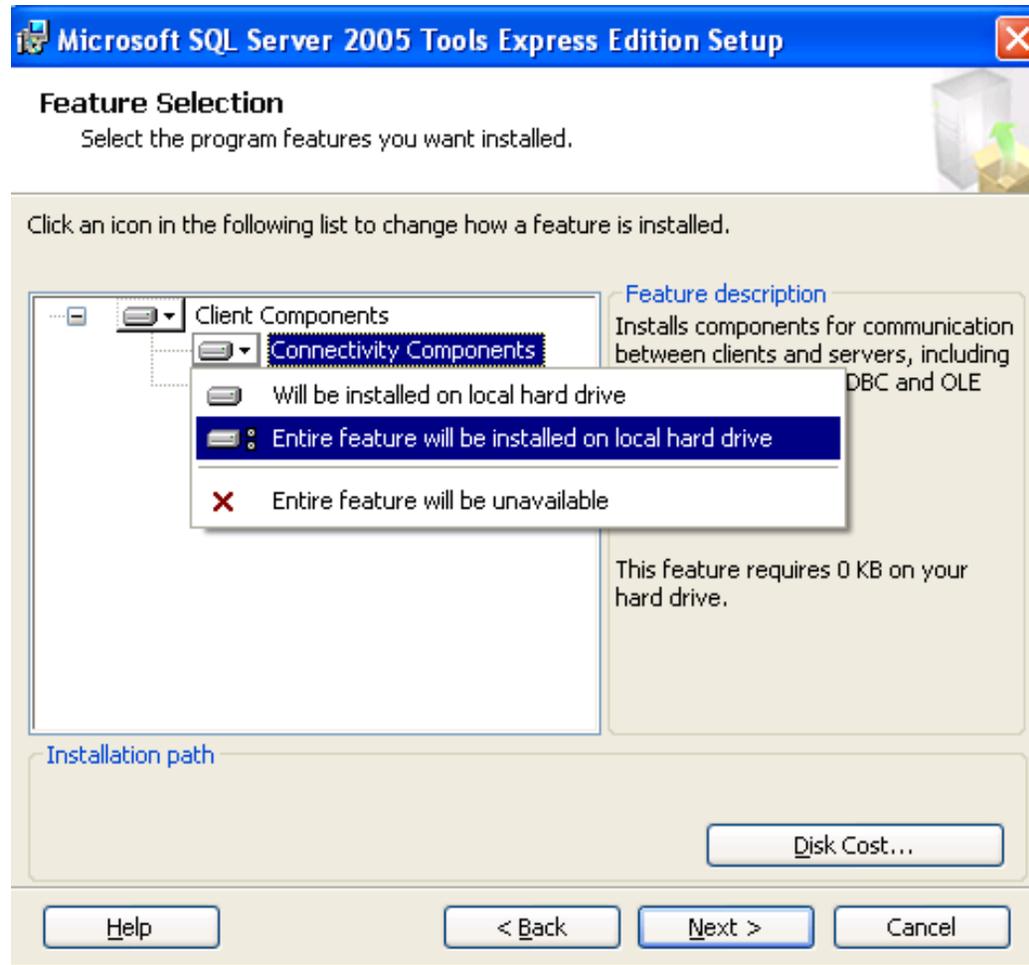
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Step 13: Click “+” next to “Client Components”

Step 14: Click “Connectivity Components”

Step 15: Select “Entire Feature will be installed on local hard drive”



AHLTA Troubleshooting Guide with Lessons Learned

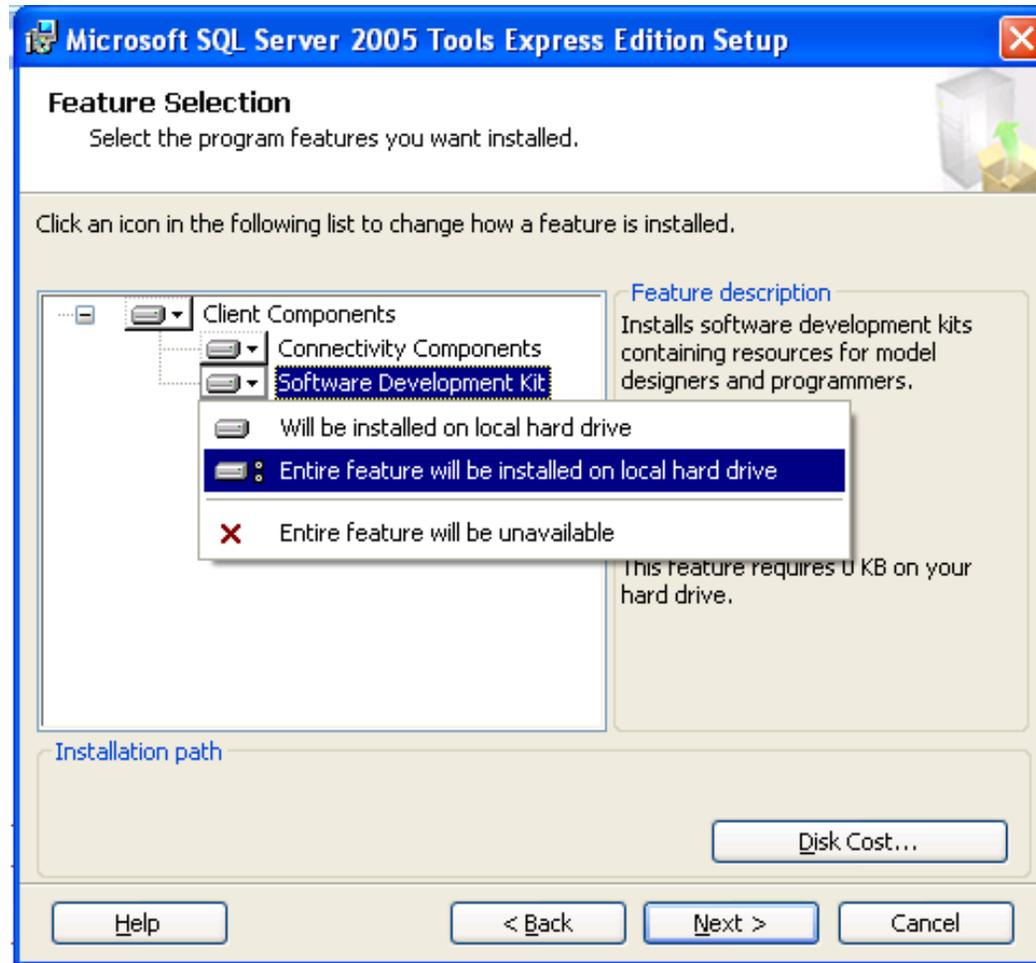
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Step 16: Click “Software Development Kit”

Step 17: Select “Entire Feature will be installed on local hard drive”

Step 18: Click Next

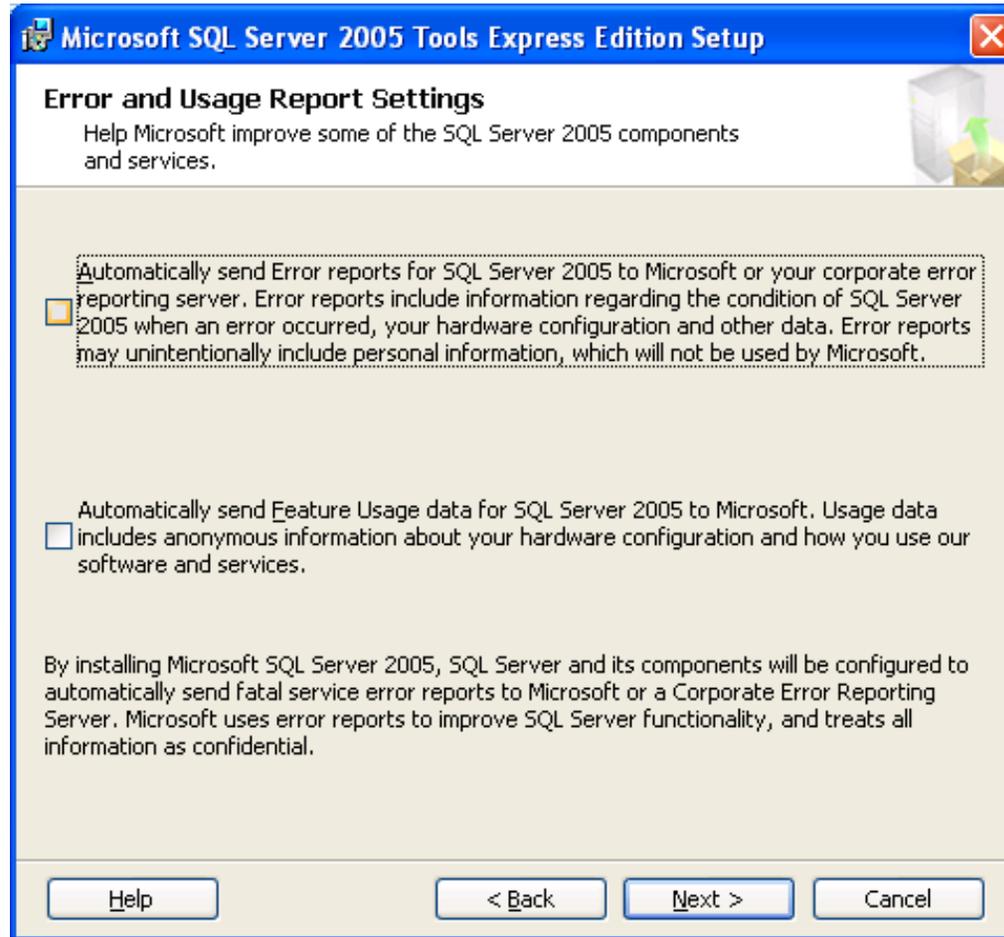


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Step 19: Select "Next"

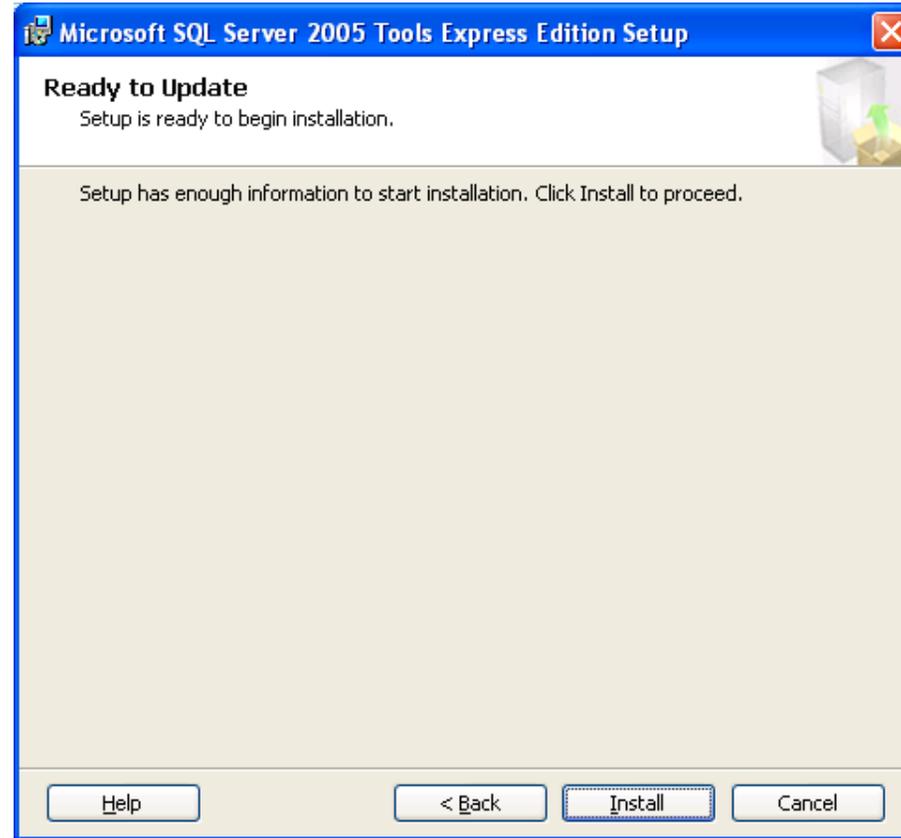


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Step 20: Select “Install”



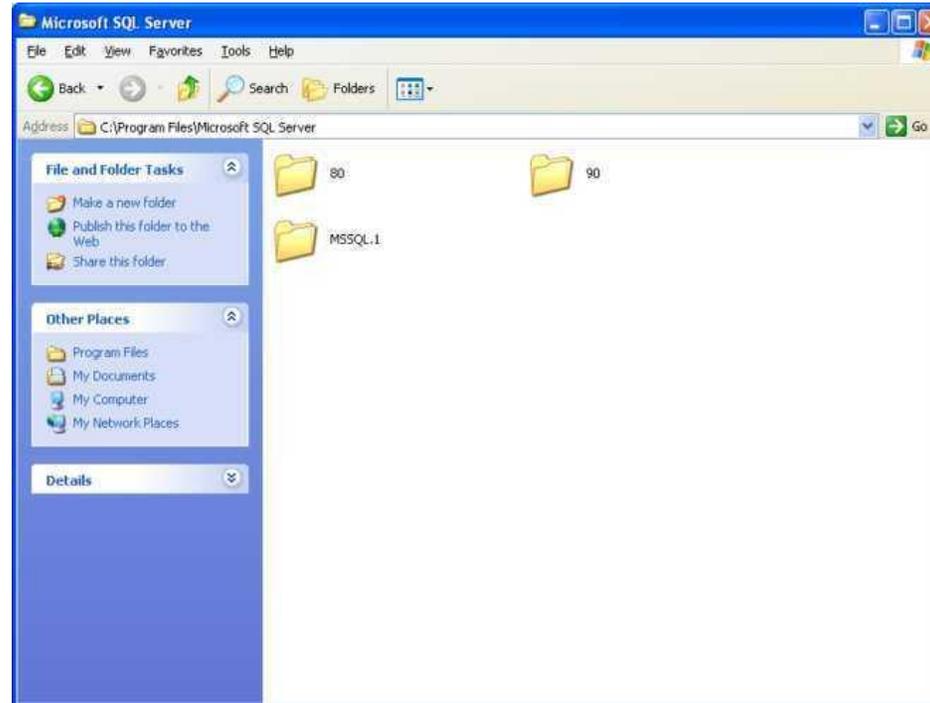
Note: If you get the same errors after following these steps when you install AHLTA and CTS, repeat the second step. Instead of selecting “SQL Server 2005 common components: Workstation Components”, select “SQL Server 2005 instances: CTSDB: Database Engine” and follow directions.

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Step 21: After the uninstall is complete, delete all folders left under C:\Program Files\Microsoft SQL Server



Step 22: Right click on Start\Run and type in regedit

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Step 23: Reboot the EUD

Step 24: Once the EUD is back on run a Registry Cleaner program

Note: Do this prior to reinstalling AHLTA (SAIC uses Attatech COM Registry Cleaner and can supply it on request)

Step 25: Reboot the EUD

Step 26: This step assumes that you have the location of the AHLTA version needing to be installed under the AHLTA folder. Locate the setup.exe and double-click to begin the install process: Select Next.



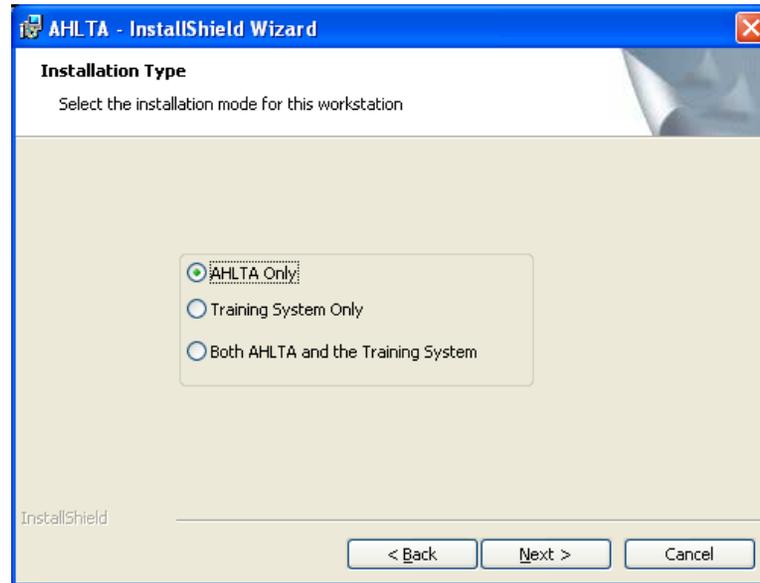
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Step 27: Select which option you require.

Note: These instructions are for installing AHLTA with the CTS



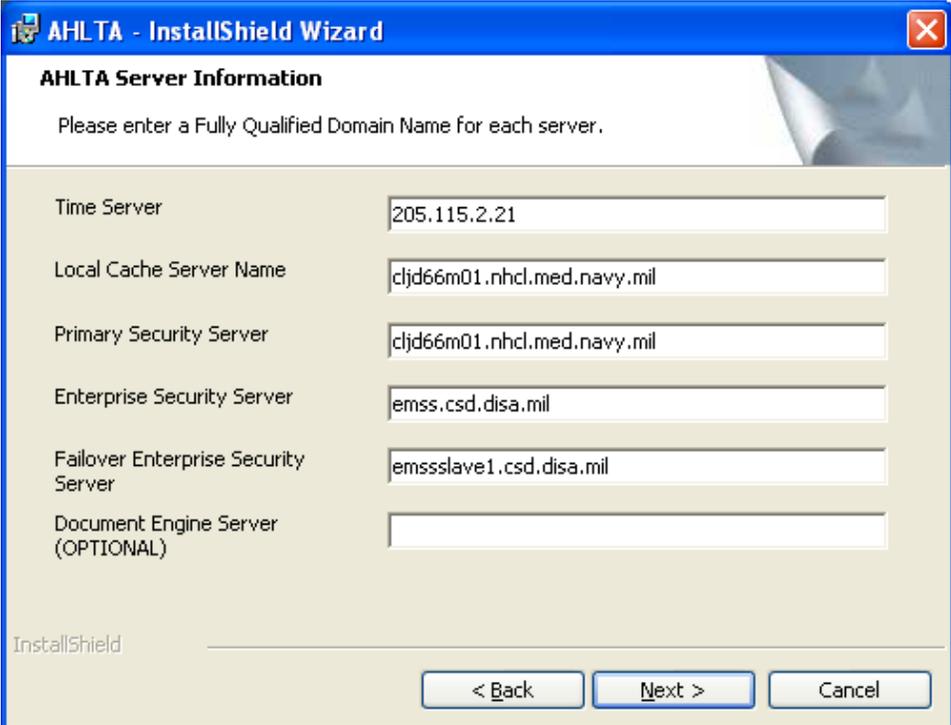
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Step 28: Input following information into install screen. Select Next.

Note: This information is Site specific so please check with the Site Admins for the data



The screenshot shows a Windows-style dialog box titled "AHLTA - InstallShield Wizard". The main heading is "AHLTA Server Information". Below the heading, it says "Please enter a Fully Qualified Domain Name for each server." There are seven input fields, each with a label to its left:

- Time Server: 205.115.2.21
- Local Cache Server Name: cljd66m01.nhcl.med.navy.mil
- Primary Security Server: cljd66m01.nhcl.med.navy.mil
- Enterprise Security Server: emss.csd.disa.mil
- Failover Enterprise Security Server: emsslave1.csd.disa.mil
- Document Engine Server (OPTIONAL): (empty field)

At the bottom left of the dialog box, the text "InstallShield" is visible. At the bottom right, there are three buttons: "< Back", "Next >", and "Cancel".

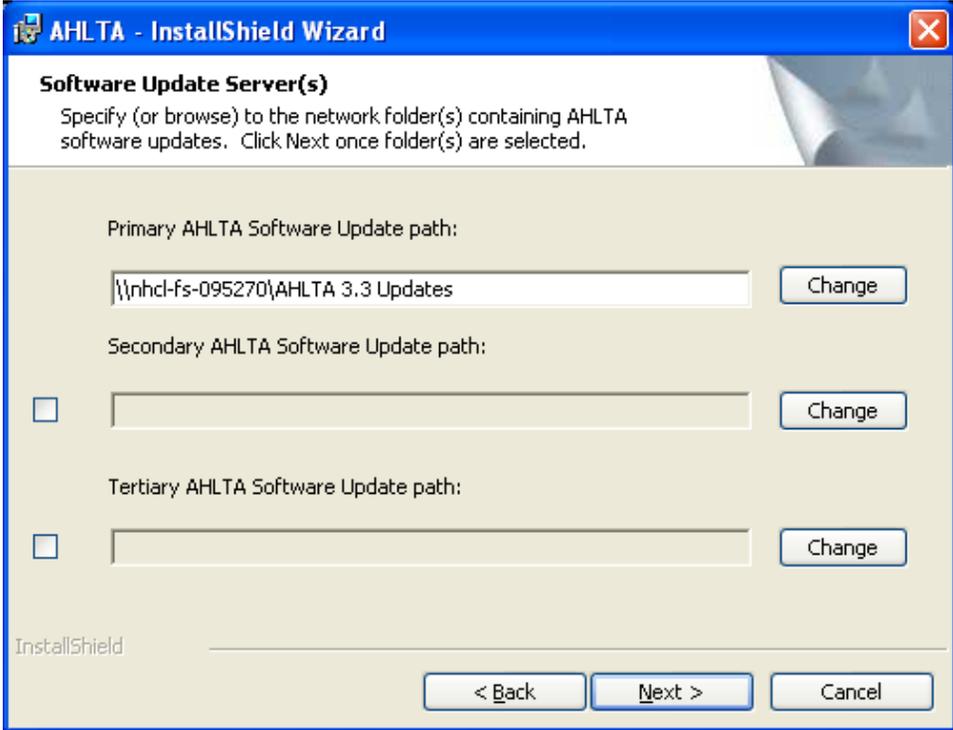
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Step 29: Input the Primary Update path as shown below then Select Next.

Note: The above should be left blank if the Site does not use the Auto-Update feature



The screenshot shows a Windows-style dialog box titled "AHLTA - InstallShield Wizard". The main heading is "Software Update Server(s)". Below the heading is a descriptive text: "Specify (or browse) to the network folder(s) containing AHLTA software updates. Click Next once folder(s) are selected." There are three sections for specifying update paths:

- Primary AHLTA Software Update path:** A text box contains the path "\\nhcl-fs-095270\AHLTA 3.3 Updates". To the right of the text box is a "Change" button.
- Secondary AHLTA Software Update path:** A checkbox is unchecked. To its right is an empty text box, and further right is a "Change" button.
- Tertiary AHLTA Software Update path:** A checkbox is unchecked. To its right is an empty text box, and further right is a "Change" button.

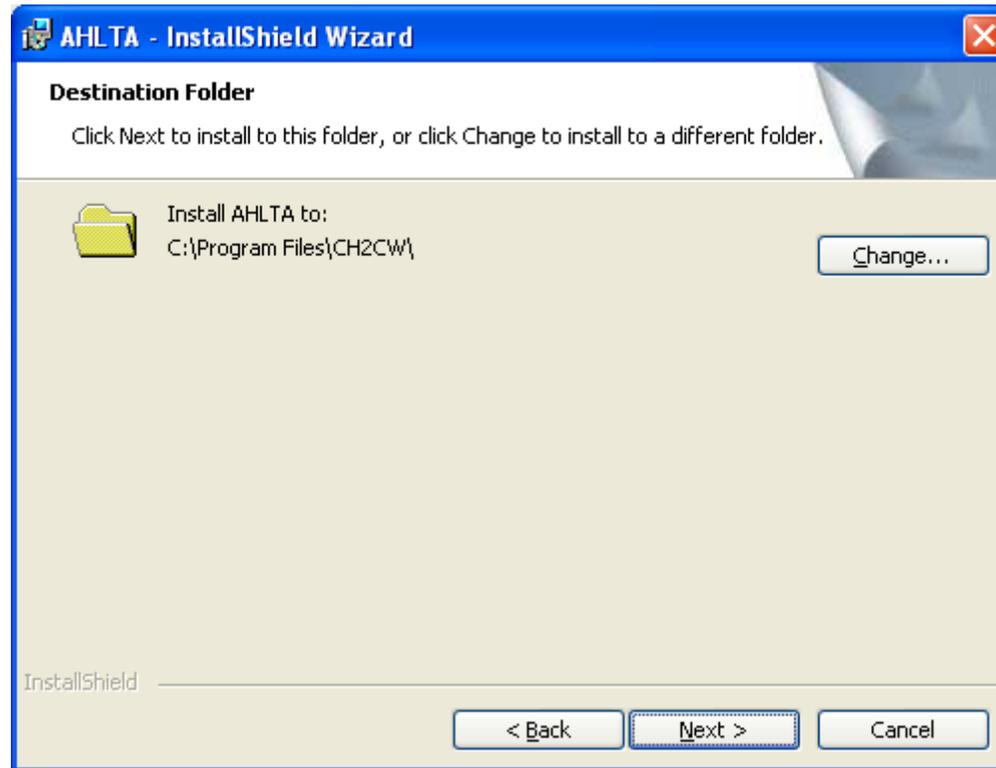
At the bottom left of the dialog, the text "InstallShield" is visible. At the bottom center, there are three buttons: "< Back", "Next >", and "Cancel".

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Step 30: Select Next.

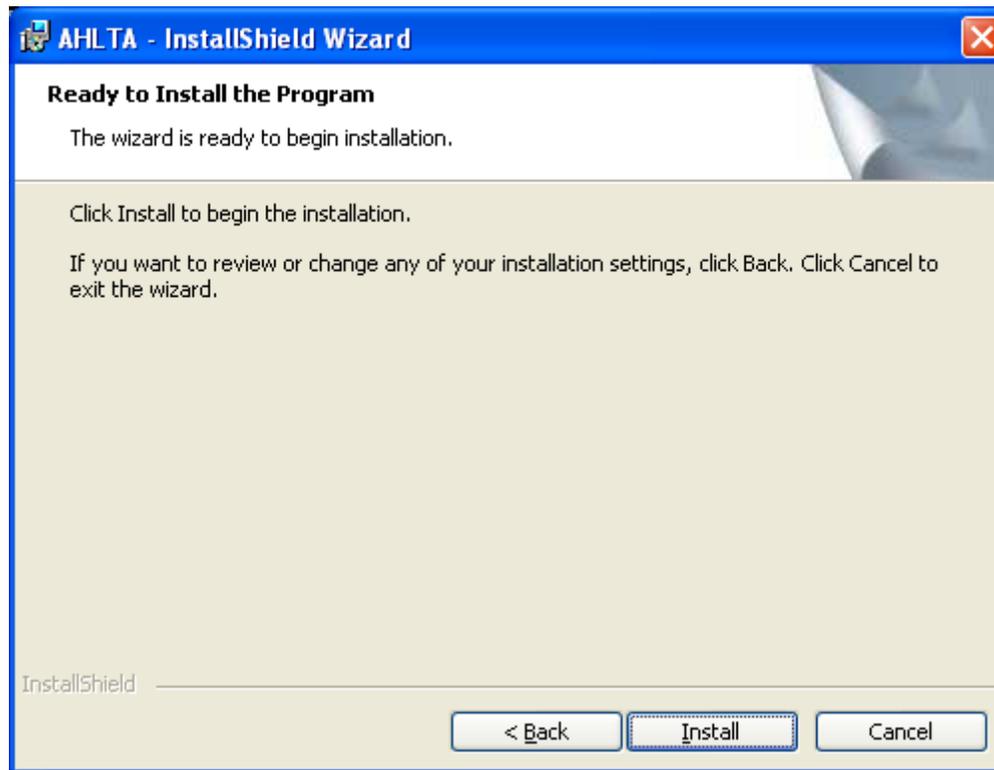


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Step 31: Select Next

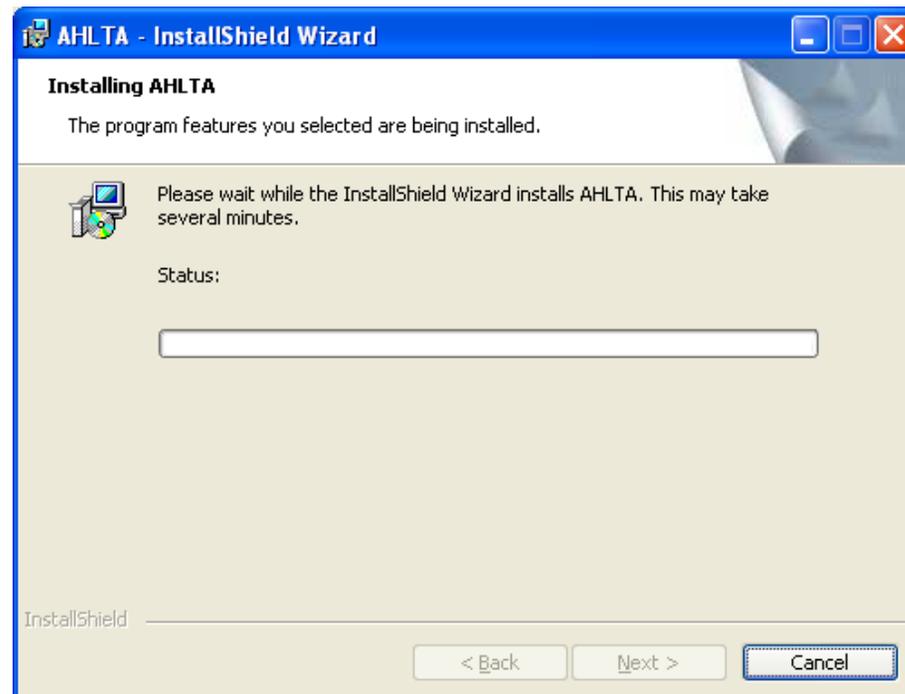


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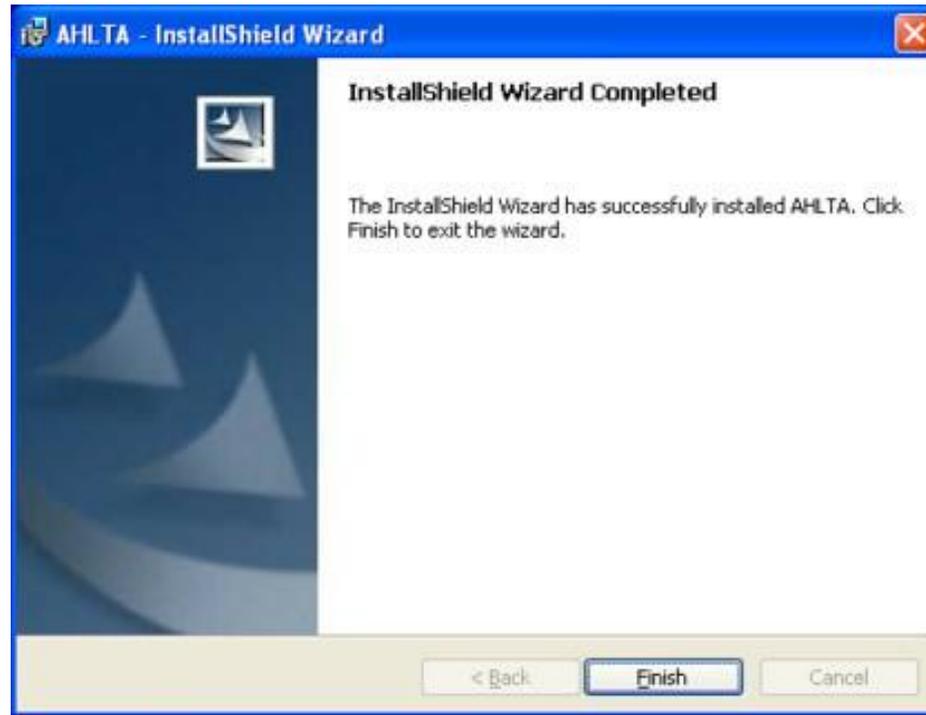
Note: You will see several screens before the installation is complete.



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Step 32: Select Finish.

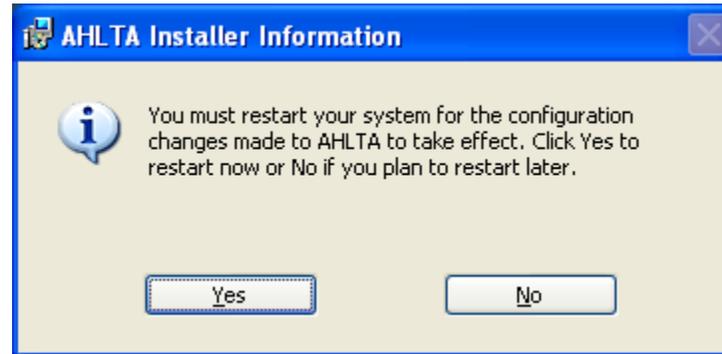


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Step 33: Select Yes to reboot PC.



Note: After the EUD starts up you will need to reinstall MSXML6 and install the latest ICD 9 Codes (this guide assumes you have the latest ICD 9 Codes to install.)

Step 34: If the SQL Server installs successfully (from CTS,) then reinstall [MSXML6](#).

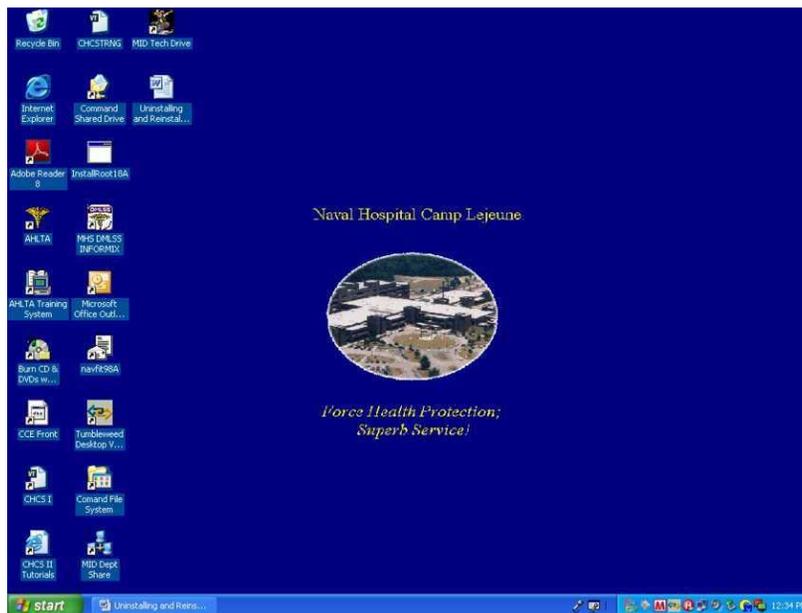
Note: This may fail depending on which version of SQL Server you installed, and which components. In either case, obtain the critical update from KB #954459, which you can get in [Security Bulletin MS08-069](#). Just search for your operating system and the download for "Microsoft XML Core Services 6.0." Run this installer and you should be all up to date as far as MSXML6 goes.

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Step 35: On the System Tray, click on the Medicin Icon (Looks like an M with half moon)



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Step 36: Select Shutdown on screen.

Medcin Server Copyright Medicomp Systems, Inc. 1999-2008

Hide Shutdown

Connections

Active 0

Disconnects 0

Max 0

Cache

Inserts 148

Swap 0

Direct 0

Indirect 0

Searches 0

Size (bytes) 65969

Size (elements) 148

Transactions

Count 0

Total Time (ms) 0

Ave. time 0

Per Second 0

Max Per 0

Client States

Saves 0

Restores 0

Lost 0

Max 0

Network

IP Local

Port 8080

Medcin Data Files

Path C:\Program Files\CH2CW\Data\Medcin\

Version D:20:20080306.75 S:2.20.12.312

Licensing

Department of Defense (License expires in 0 days)

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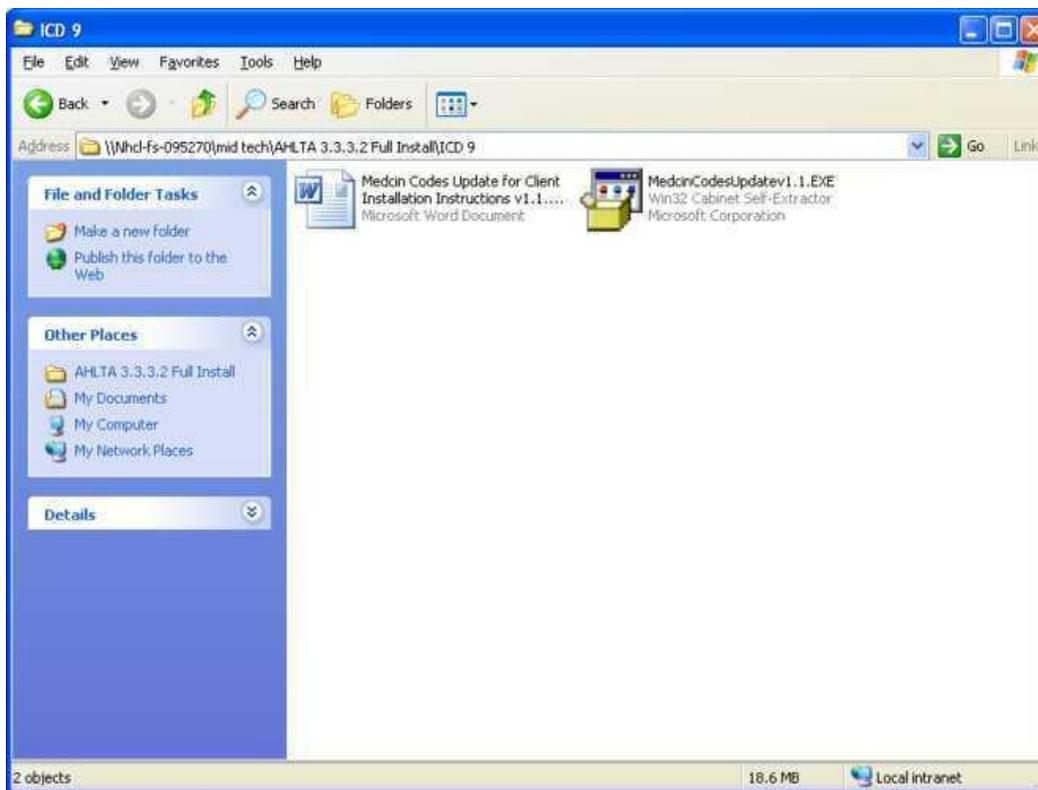
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Step 37: Select Yes to quit.



Step 38: Locate and double-click the ICD 9 Codes to start the install process

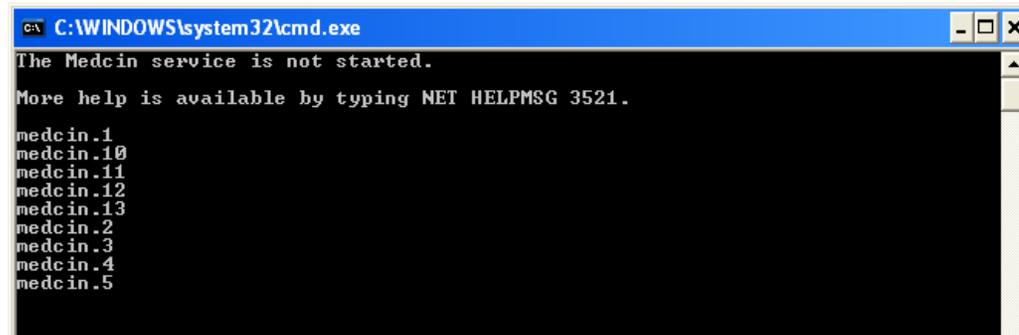


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Note: The following screen will run.



```
C:\WINDOWS\system32\cmd.exe
The Medcin service is not started.
More help is available by typing NET HELPMSG 3521.
medcin.1
medcin.10
medcin.11
medcin.12
medcin.13
medcin.2
medcin.3
medcin.4
medcin.5
```

Step 39: Update Complete, Select OK



Step 40: Give the user Full Control over to the CH2CW folder and sub-folders.

Note: Users must have at a minimum read/write/modify to this folder(s) however it is recommended full control

- a. Navigate to C:\Program Files\CH2CW folder
- b. Right click on the CH2CW folder/properties/security tab.
- c. Select user and then make sure Full Control rights are checked.
- d. Click Apply.

These rights will propagate down to the subfolders and files when AHLTA is installed.

Step 41: Test AHLTA

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Ideal Options and Auto-Cite Settings

- Appointment/Telcon Module: Me, All My Clinics and Today plus Incomplete
 - Appointments - Providers – Me, Specific Clinics, Today Only
 - Telcons – Providers – Me, All My Clinics and Today plus Incomplete
 - Appointments/Telcons – Clerks – All Providers, Specific Clinics, Today Only
 - Appointments/Telcons - Head Nurses, Techs, etc. – Me, All My Clinics and Today plus Incomplete
 - Appointments/Telcons – Nurses assisting providers – Provider, Specific Clinic, Today Only
 - Use as Default settings - If need to look at other things then change settings on a temporary basis
- Auto-Cites: Labs/Meds/Rads for the past six months and Problems
- Heath History: Set as desired, with 3.3.3.x this is now asynchronous
- Labs/Meds/Rads Module:
 - With 838 “Last 10”
 - With 3.3.x “Last 20”
- Previous Encounters:
 - With 838 “Last Four” is the default
 - Using View All may cause performance issues or not allow the user be able to see the Previous Encounters for the Patient
 - With 3.3.x “Last 20” is the default

High/Heavy: Any setting that asks for “all data” or for “all time frames” will take time to retrieve especially for Patients with some history.

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Resources

- Note that many WEB Sites frequently used have links to 3.3 resources that are actually older 838 resources. The user manual and QRGs also have several outdated references.
- One of the most key resources benefiting NHCP users is AHLTA Rx. This periodic newsletter offers answers to common questions, new workarounds and additional resources.
- NavyAHLTA.com: www.navyahlta.com. This is based on 3.3 functionality.
- USAFP website (click the link for 3.3): <http://www.usafp.org/AHLTA-Information-FAQs.html>

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Security Risk Assessment

Introduction:

The Microsoft patches referenced are changing a key ActiveX Policy setting within the OS that causes repeated dialog boxes and error messages to be displayed to the user. Recommended mitigation: Change the ActiveX Policy setting on client machines running the XP operating system to “Enable” on the “Initialize and script ActiveX controls not marked as safe” control.

This control is located in the “Security Zone: Local Machine” which affects ActiveX controls located on Hard Drives. This change does not affect the other Security Zones. When browsing the web or Intranet, the “Initialize and script ActiveX controls not marked as safe” are still set to block ActiveX. The Local Machine Zone change only allows ActiveX controls to run that are on the computer’s hard drive where AHLTA resides. (C:\Program Files\CH2CW\BIN)

Risk Assessment:

About security zones

The Internet Explorer user interface lets you configure four security zones. AHLTA settings are as follows:

- Internet
- Local intranet
- Trusted sites
- Restricted sites

Navigation is blocked to the Local Machine at each of these higher levels.

A fifth zone, the Local Machine zone, is an implicit zone that exists on your local computer. You cannot configure the security settings for this zone in Internet Explorer. You also cannot configure the security settings by using the Internet Options Control Panel. However, if you have administrator permissions, you can configure the security settings for the Local Machine zone by changing a registry setting.

Internet Explorer lets you assign a Web site to a security zone.

A Web site that is in the Internet zone has a higher level of security than a Web site that is in the Trusted sites zone or that is in the Local intranet zone.

By assigning a Web site to a security zone, you can control how a Web site performs operations on your computer.

For example, you can prevent a Web site from performing potentially unsafe operations on your computer by assigning the Web site to a security zone that has the most restrictive level of security.

Identified Risk

On an incorrectly configured machine, a dialog will appear in Internet Explorer with one of two messages.

- The current Internet site is trying to open a file that is on your “Trusted sites” list. If you trust this Internet site, proceed by clicking OK. The current site is in your Restricted sites list and is trying to open a file that is on the Intranet. We recommend that you do not allow this.

A user must explicitly allow the requested zone elevation.

On a correctly configured machine if a user clicks a link which causes the Web site to attempt to navigate to a higher zone, navigation is blocked for navigation to the Local Machine.

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Mitigations in place

It would only be the Active X required by the Microsoft Operating System, and AHLTA that would be running.

Other software with ActiveX is not supposed to be on AHLTA Servers/workstations, such as MS Office, any email, etc.

Even if someone managed to download something with malicious code, they cannot install it, unless it is digitally signed.

Four other layers of protection sit above the Local Machine level.

Norton and most major Anti-virus software scan and protect against unfamiliar ActiveX code.

No ActiveX can be loaded externally because all ports and drives are disabled.

ActiveX cannot logon to AHLTA.

Summary

There is no requirement concerning this setting. This is not an issue when applying a DISA STIG. Decisions will be made by the Services or local sites. This information serves as added value to assure decision makers that this issue has been reviewed from a security perspective and using these instructions would not create a new security risk

Note: For the Air Force this will need to be set at INOSC level

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