AMEDD Sustainment Training

AHLTA (Formerly CHCS II)

How to Instructions and

Quick Tips

Version 2

Prepared for the:

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

October 2006

Change History

Version	Section	Content of Change/Addition	Page Number
2	All	Changed document to version 2	Title page
2	All	Changed CHCS II to AHLTA in all places with in the document	All pages
2	2.1	Changed ago to Prior to activation	1
2	2.1	Added “groups of”	
2	2.1	Added These filters are	
2	2.1	Deleted “benefits of”	2
2	2.1	Deleted Need to use caution…	2
2	2.1	Added Insure you pick up all similar tests…	2
2	2.2	Added para 6	4
2		Deleted Converting jpg to TIF or BMP	7
2	2.4.1	Added pasting in a JPG file through PowerPoint or Excel	7
2	2.6	Added - “NOTE: the Estimated DOB MUST not be in…”	9
2	2.6	Deleted “In prior versions…”	9
2	2.6	Added “or more”	10
2	2.6	Added “Screen”	10
2	2.7	Added “Comments can be added to an appointment…”	12
2	2.11	Deleted “Use”	16
2	2.11	Added “and change the action…”	16
2	2.13	Added “In addition, it will bring forward the diagnosis, procedures…”	18
2	2.13	Added “**(**or button on the action bar)”	18
2	2.13	Added “will be”	18
2	2.13	Deleted “and”	18
2	2.13	Added “seeing this patient, the yellow indicators will	18
2	2.15	Added: “For female only data, click the **Reset** button:	19
2	2.15	Deleted “Remove all items…”	19

Change History

Version	Section	Content of Change/Addition	Page Number
2	2.15	Added “Enter the S/O module and highlight the note(s)…”	19
2	2.15	Added “You may want to also create an encounter temple…”	19
2	2.15	Added “and the status will change to Updated”	19
2	2.16	Added “NOTE: AIM form can not be searched for by using the Search button on the Action bar. That search will only find traditional S/O templates.”	20
2	2.18	Deleted Printing in bulk – doesn’t work in build 838.	24
2	2.20	Added section – Add an order to an order set.	24
2	2.21	Added Section – Backing up your templates	28
2	2.22	Added Section – Restoring templates	30
2	2.23	Added Section – A quick review of vital signs.	31
2	2.24	Added Section – Change Password	32
2	2.25	Added Section – Adding a vital sign graph to our encounter	35
2	2.26	Added Section – Selecting the 99499 E&M code	38
2	2.27	Added Section – Sorting the medication list.	39
2	2.28	Added Section – renewing a Prescription	40
2	2.29	Added Section – Ordering future dated Lab and Rad orders.	41
2	2.30	Added Section – Styles of documentation	42
2	2.31	Added Section – Completing the Long from profile	45
2	2.32	Added Section – The Problem List	47
2	2.32.1	Added Section – Maintaining the Master Problem List.	49

Change History

Version	Section	Content of Change/Addition	Page Number
2	2.33	Added Section – Patient check out	50
2	2.34	Added Section – Scanning pages into AHLTA using MS Word.	52
2	2.35	Added Section – decreasing desk top clutter	57
2	2.36	Added Section – Adding the “Other” allergen to our Pick list	59
1.2.2	2.19	Medications Initially Ordered at Another CHCS Host Site	24
1.2.2	All	Changed Footer Date to 1 Dec 05	All
1.2.2	Cover	Replaced CHCS II logo with AHLTA logo and replaced all CHCS II references on the cover with AHLTA. Change version to 1.2.2 and date to 1 Dec 05	Cover
1.2.1	2.18	Addition: Batch Printing SF600s	23
1.2	2.17	Addition: Transferring CHCS II Accounts to a New MTF for Circuit Riding Providers	20
1.1	2.9	Addition: Co-signing Encounters	15
1.1	2.10	Addition: Changing the Signature Block	15
1.1	2.11	Addition: Routing Telephone Consults	16
1.1	2.12	Addition: Consult Log Module: Managing Consults in CHCS II	17
1.1	2.13	Addition: Copy Forward a Note from a Previous Encounter	17
1.1	2.14	Addition: Handling a Telephone Consult Surrogate	18
1.1	2.15	Addition: Suggested Procedures after Documenting in the Wrong Patient Record	18
1.1	2.16	Addition: AIM Forms	19
1.1	2.16.1	Addition: Pre-built AMEDD Encounter Templates with Embedded AIM Forms	19
1.1	2.16.2	Addition: Loading an AIM Form in the S/O Module	20

Table of Contents

1.0 Purpose

The purpose of this document is to provide AHLTA clinical team members and trainers with various tips and hints concerning the use of AHLTA. The information contained in this document can be used to facilitate the use and incorporation of AHLTA into your day-to-day activities. This document is not a static document and as we learn more about the system and its place in the MTFs, we will add additional tips. For more information on a specific topic or module, please consult the full AHLTA User's Manual or the online help located in the Help menu of the application.

2.0 AHLTA How To's

2.1 Lab Result Filters

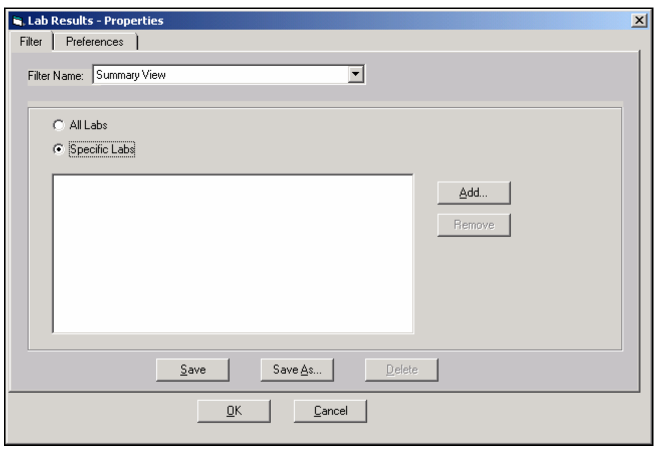
By now you may have noticed that many patients have a large number of lab results. AHLTA pulls lab results from CHCS from roughly two years prior to activation to the present.

AHLTA can quickly filter these results to display only the lab results in which you are interested. You may have already set the time filters to only look for results for a specific time period, such as results from the past 30, 60 or 90 days.

You can create additional filters for specific groups of lab tests, such as glucose, Hemoglobin A1C and/or Potassium test results. When the Lab Results Filter is used, only the specified test results are displayed.

To create a Lab Results Filter:

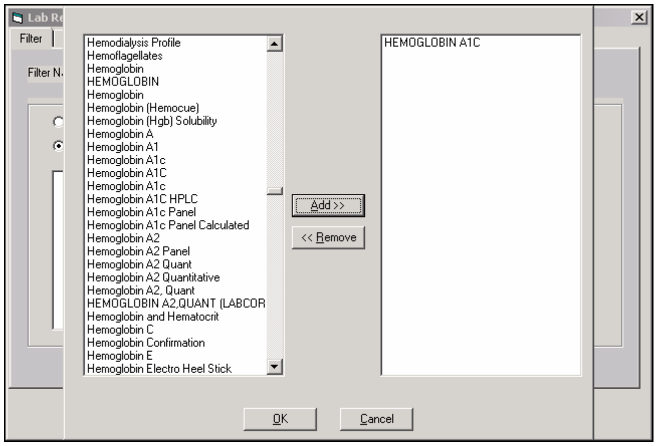
1. With the Lab module open, click **Options** in the upper right corner of the workspace. The Lab Results – Properties window opens.
2. Click the Filter tab and select the **Specific Labs** radio button.



Lab Results – Properties Window

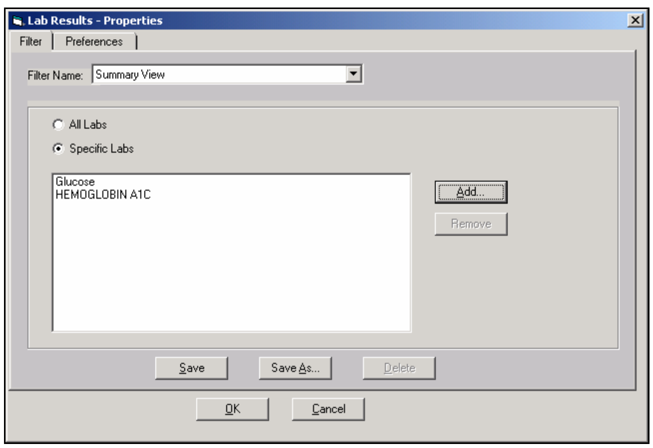
3. Click **Add**. A list of lab tests to add to your filter will display. It takes approximately 30 seconds to bring up the list of all the tests. Because of the mapping requirements for multiple AHLTA sites, you will notice that there are multiple entries for the same test. Highlight the tests you want to put into your filter. These filters give you the ability to put multiple tests, such as Glucose and Hemoglobin A1C or Urine Microalbumin and urine protein, on one filter. Just ensure you select all of the tests of each kind so your filter will display all the necessary results.

4. Highlight the test in the left pane and click **Add**. Notice that the highlighted test moves over to the right pane. Insure you pick up all similar tests to get the results from all AHLTA sites. I our example, you should select all the Hemoglobin A1C tests to get the needed results.



Filter Lab Tests Selections List

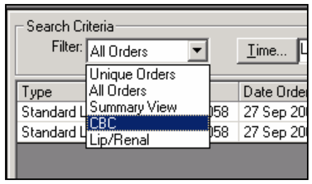
5. When you have added all of your tests, click **OK**. You are returned to the Filter tab of the Lab Results – Properties window and your selected tests are displayed.



Lab Results – Properties Window

6. Click **Save As** to name your filter and save it.
7. Enter the Filter name and click **Save**. The filter is now available for use in the Lab module.

8. Click the Filter drop-down list and select the filter. When you select a filter, the lab test results contained in the filter are displayed in the upper-half of the workspace. Highlight a test to display the results in the lower-half of the workspace.



Filter Drop-Down List

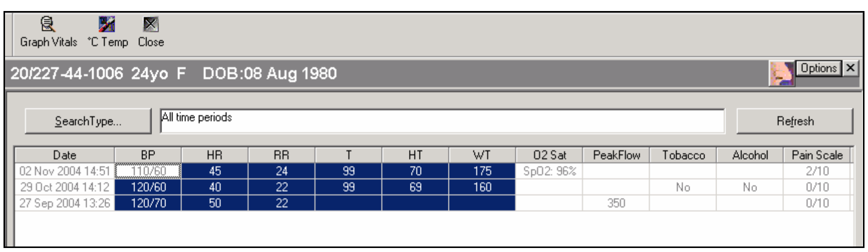
The same concept applies to the radiology exams in the Radiology module. Radiology filters can be set up to display only the different kinds of Chest x-rays, or all the foot and ankle x-rays. The screens are a little different in the Radiology module, but the same basic steps apply.

2.2 Graphing Vital Signs

AHLTA gives you the ability to display and print graphs of a patient's vital signs data. The blood pressure, heart rate, height, weight, respiration, temperature and O2 saturation data can be displayed in 2-dimensional and 3-dimensional graphs.

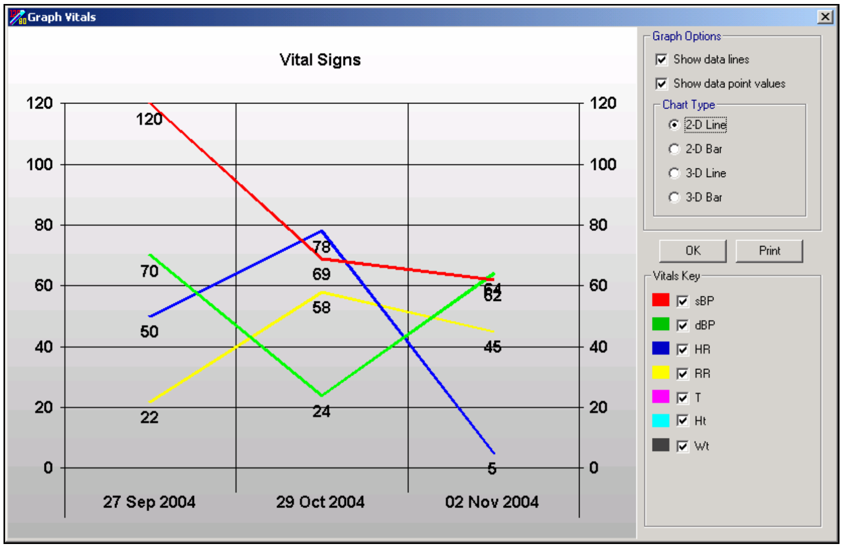
To graph vital signs:

1. Open the Vital Signs Review module. You can also open the Vital Signs module from an open encounter and click the Review tab.
2. Select the set of vital signs you want to graph by performing a left-click and dragging your mouse over the data you want to graph. Graphing can only be done on columns adjacent to each other. Columns can be moved or dragged next to each other to allow for graphing. For example, you can drag the WT column next to the BP column so you could graph BP and weight only. Columns can also be sorted to group data together by clicking on the column header.



Vital Signs Review Module

3. Click **Graph Vitals** on the Action bar. The highlighted data will be displayed in a graph.



Graph Vitals Window

4. You can display the graph in different basic formats by selecting the graph type from the Chart Type area. The values of each point will display by default, this can be turned off by de-selecting the checkbox labeled **Show data point values**. Individual data points can be removed by de-selecting them in the Vital Key area.
5. A hard copy can be printed by clicking **Print**. The patient's name will appear on the print out.
6. You can also insert your graph in your encounters by taking a screen shot for placement into the Add Note section of your encounter. By using the Master Graphics Excel program, you can place and crop a screen shot of your Vital signs graph to get your encounter. See the tip on the steps for performing this function.

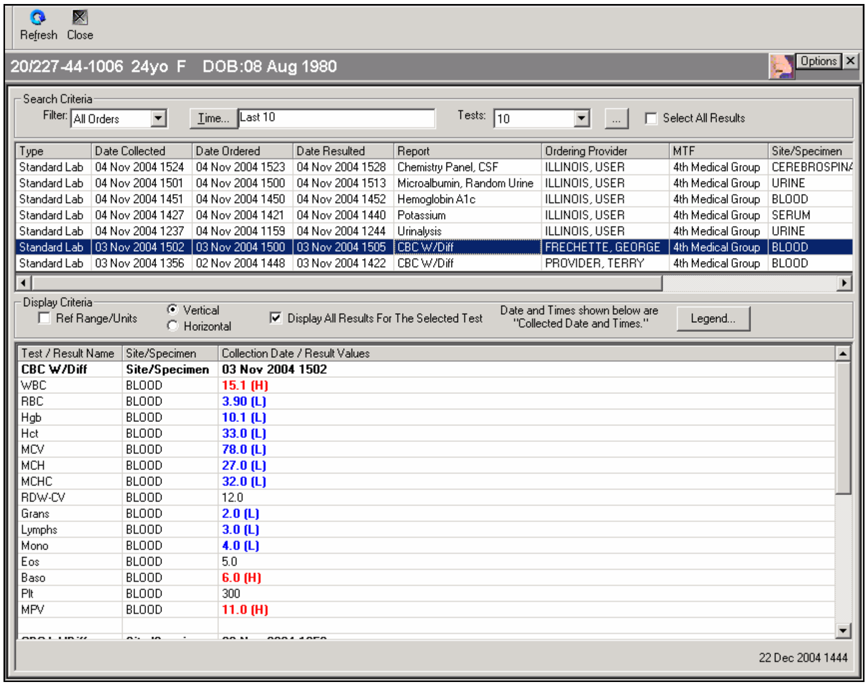
2.3 Viewing a Trend with Lab Results

AHLTA allows you to display patient lab results in a specific way to help you better detect any trends in the data.

To view a trend with lab results:

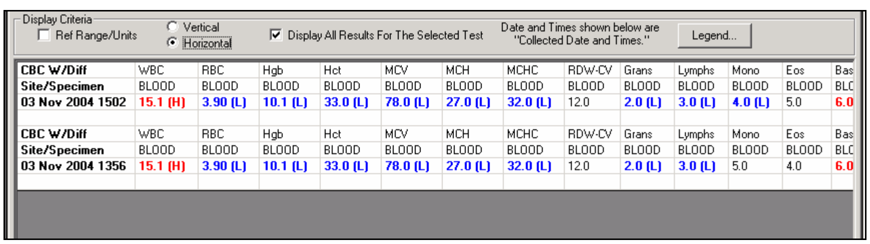
1. Open the Lab module and select the test you want to review.

2. Select the **Display All Results for the Selected Tests** checkbox. All results for the specific test are displayed.



Lab Module

3. Select the **Horizontal** radio button to group the test results in columns. Any trends of individual tests can be easily spotted by scrolling up and down, as necessary.

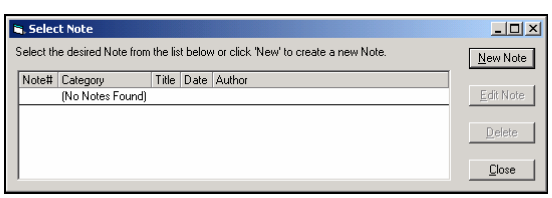


Lab Module

2.4 Inserting Pictures into an Encounter

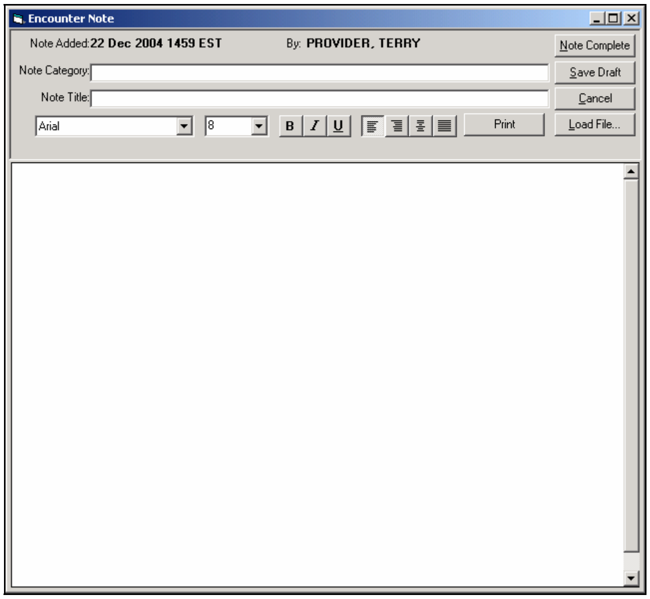
It has been said that a picture is worth a thousand words. These pictures can be inserted into the Add Note section of your encounter.

1. With an encounter open, click **Add Note** on the Action bar. The Select Note window displays.



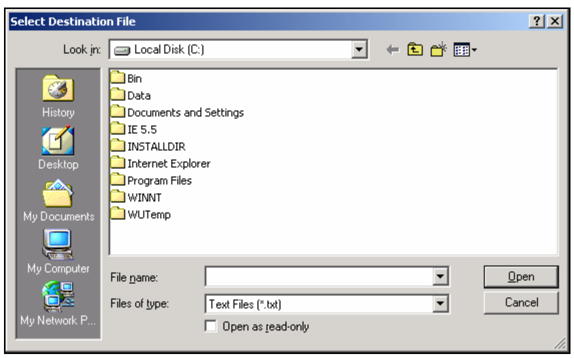
Select Note Window

2. Click **New Note**. The Encounter Note window opens.



Encounter Note Window

3. Click **Load File**. The Select Destination File window opens.

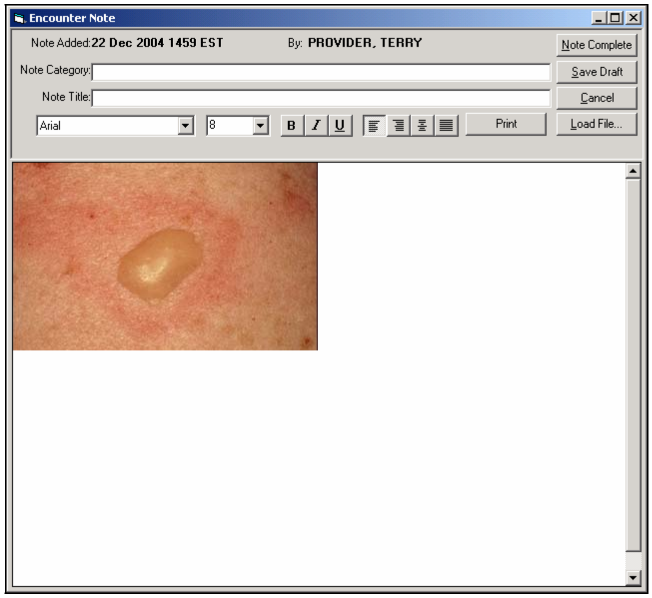


Select Destination File Window

4. Navigate to and select the image and click **Open**. The Image Preview window displays.

NOTE: Image files must be in either .bmp or .tif format and must be less than 500K in size.

5. Click **Select**. The image is placed into the Encounter Note window.



Encounter Note Window

6. Click **Note Complete**. The Encounter Note window closes and the Note, with the image, is added to the Add Note area of the electronic SF600.

2.4.1 JPG Files

One of the most common formats for photos is the Jpeg (.jpg, .jpe) format.. Jpeg images cannot be directly imported into AHLTA. If you have a .jpg image you would like to use, The simplest way would be to load it into ms PowerPoint or the Master Graphics Excel program so you can paste the image into the Add Note section of your encounter . With in PowerPoint, Click on Insert ->Picture -> From File. Locate and load the image and it will display. Select the image and copy into your clipboard memory (Click on the copy button, Click on Edit -> Copy or CTRL C). Bring up AHLTA and your encounter. Open your Add Note box and Single click in the lower area. Then Paste the image by using a CTRL V or Right click and select paste.

NOTE: If pasting from PowerPoint, insure your image isn't too wide. Wide images can be cut off on the right.

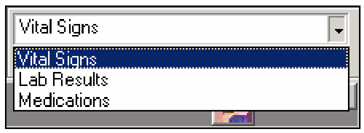
2.5 Printing Lab and Radiology Results

2.5.1 Printing Lab Results

Lab results can be printed from the Flowsheets module.

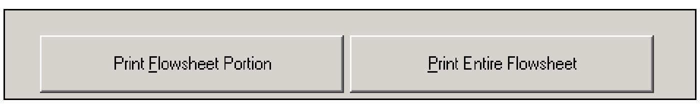
To print lab results:

1. Open the Flowsheets module.
2. Click the drop-down list in the upper, right corner of the Flowsheets module and select **Lab Results**. The patient's lab results populate the workspace.



Flowsheets Module Drop-Down List

3. You have two options for printing lab results:
   a. Click **Print Entire Flowsheet** to print the entire list of lab results.
   b. To print only a portion of the lab results, drag select the portions of the lab results you would like to print. Notice that the **Print Flowsheet Portion** button becomes enabled. Click **Print Flowsheet Portion.**



Print Flowsheet Portion Button

2.5.2 Printing Radiology Results

Radiology results can be printed directly from the Radiology module.

To print radiology results:

1. Open the Radiology module.
2. Select the radiology report you want to print.
3. On the File Menu, click **File**, then **Print** and then select **Rad Result**.

Radiology Module File Menu

2.6 Why Can't I Sign My Encounter?

Each encounter begins as an appointment. Each appointment is assigned to a specific provider. It is the assigned provider or owner of the encounter that must sign off on the entire documented encounter note. If you are taking care of an encounter (or Telephone Consult) for another provider, you must transfer the encounter to yourself, in order for you to sign it. At times, the assigned provider cannot sign an encounter.

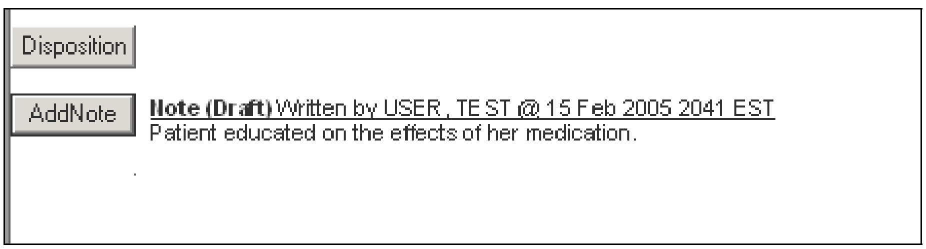
There are several electronic requirements to sign an encounter. These include:

- At least one diagnosis,
- A disposition, and
- An E&M code.

NOTE: Telephone consults do not have a disposition so this is not required for a Telephone Consult.

Additional factors impeding the assigned provider from signing an encounter include:

- **A note saved as a draft (Add Note).** This is indicated by the word Draft in the note on the Encounter Summary screen. This is resolved when the author edits the note and then saves it as complete.

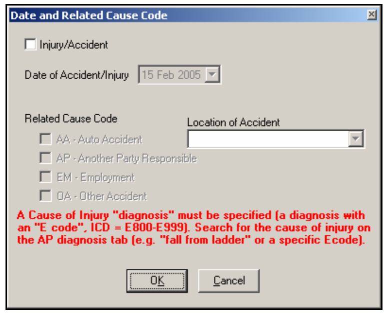


Draft Note in the Encounter

- **Pregnancy Flag.** If the patient is flagged as being pregnant, the LMP and Estimated DOB are required dates. This female data will persist from previous encounters. Enter the required dates in the Screening or Disposition modules to sign the encounter.

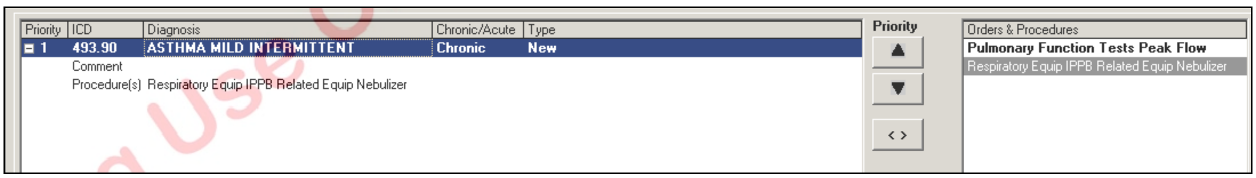
NOTE: The Estimated DOB MUST not be in the past. If the patient does not deliver by the Estimated DOB, this sate must be change to reflect the new Estimated DOB (Date of delivery).

- **Injury Flag**. If the injury flag is checked, the date of the injury/accident, the cause code, and the location of the Accident (if an auto accident) are required. This can be documented in the Screening, Disposition or A/P modules. Additionally, an E code diagnosis is required to be documented in the A/P module.

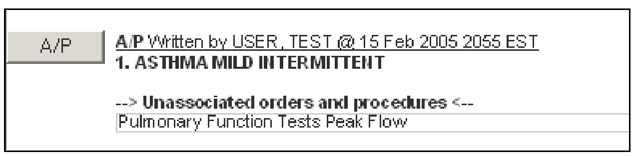


Date and Related Cause Code Window

- **Unassociated Procedures.** Each procedure must be associated to at least one diagnosis. This issue is indicated by the order or procedure in bold text in the A/P module or so noted on the encounter note. Use the associate/unassociate button in the A/P module to link the order or procedure to the diagnosis.



Unassociated Procedure in A/P



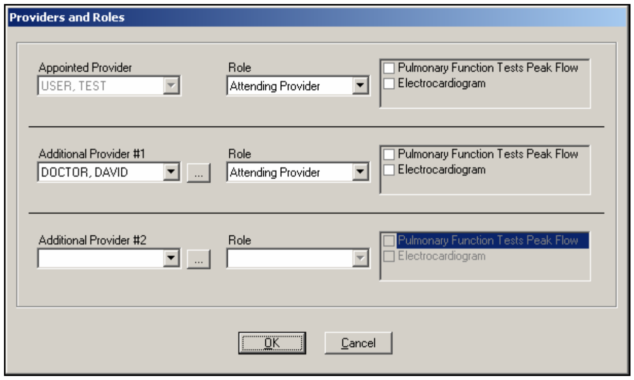
Unassociated Procedure on the Encounter Summary

- **Additional Providers:** When a second clinical team member is added to the encounter using the Add. Provider functionality, each procedure must be associated to one or more of the clinical team members. If the additional team member is documented prior to the documentation of the procedure(s), the Procedure Details window is automatically displayed and the procedure can be associated to the correct team member. If this is not done or the additional team member is documented after the documentation of the procedure, the error message "No Provider" is displayed when leaving the A/P module and when signing, the error message will say the A/P section is incomplete.

To correct this issue, associate each procedure to a clinical team member either through the Encounter Summary screen or A/P module.

Encounter Summary Module:

1. Click **Add. Providers** from the Action bar.
2. Select the appropriate clinical team member next to the procedure.

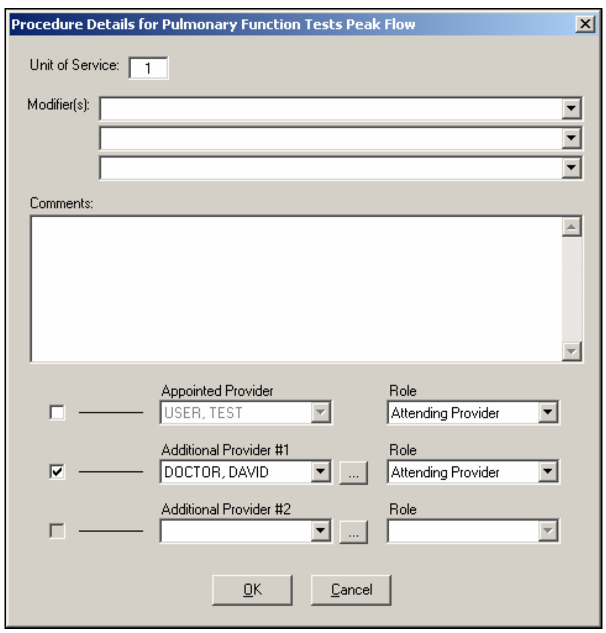


Provider and Roles Window

3. Click **OK** and continue to sign the encounter.

A/P Module:

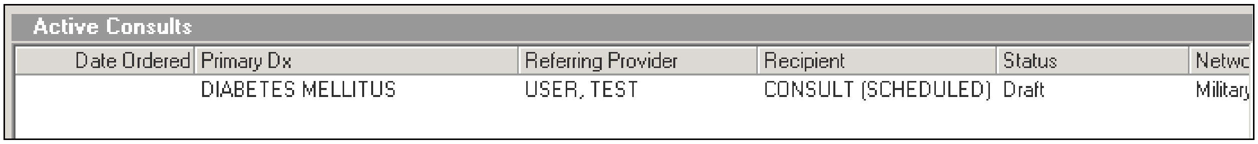
1. Navigate to the A/P module.
2. Select a procedure from the Diagnosis box. The Procedure Details window opens.
3. Select the appropriate clinical team member next to the procedure.



Procedure Details Window

4. Click **OK** and continue to sign the encounter.

- **Draft Consult:** When an encounter contains a draft consult, it cannot be signed. A message is displayed stating that the encounter has incomplete items in the A/P section. On the Order Consult tab, in the A/P module, draft consults are located at the bottom of the tab. This consult can be deleted or submitted in order to sign the encounter.



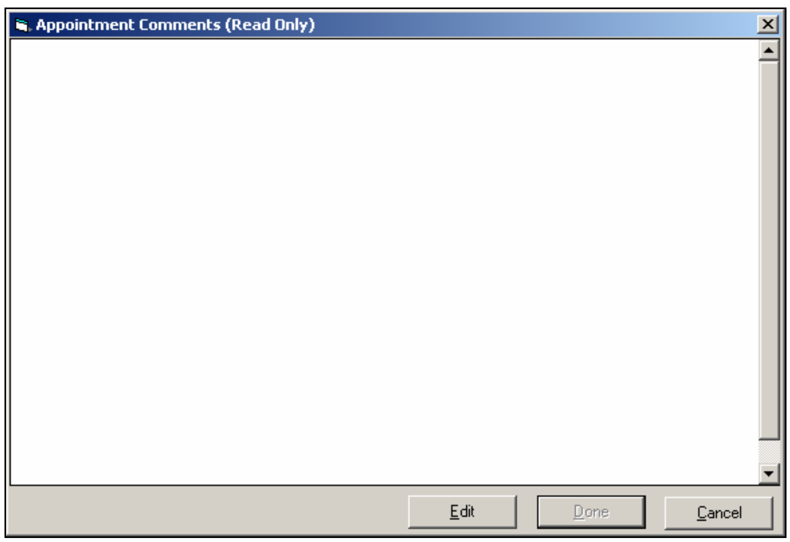
Draft Consult in the A/P Module

2.7 Adding Comments to Walk-In Appointments and Telephone Consults

2.7.1 Adding a Comment to a Walk-in Appointment

Comments can be added to an appointment when the patient is walked into your clinic. After the appointment is created, comments are added by:

1. Open the Appointments module.
2. Select the appointment from the Appointments List.
3. Click **View Comments** on the Action bar. The Appointment Comments (Read Only) window opens.



Appointment Comments (Read Only) Window

4. Click **Edit** to add a new comment or to edit an existing note. Notice that the window changes to (Edit Mode).
5. Enter your note and click **Done**.

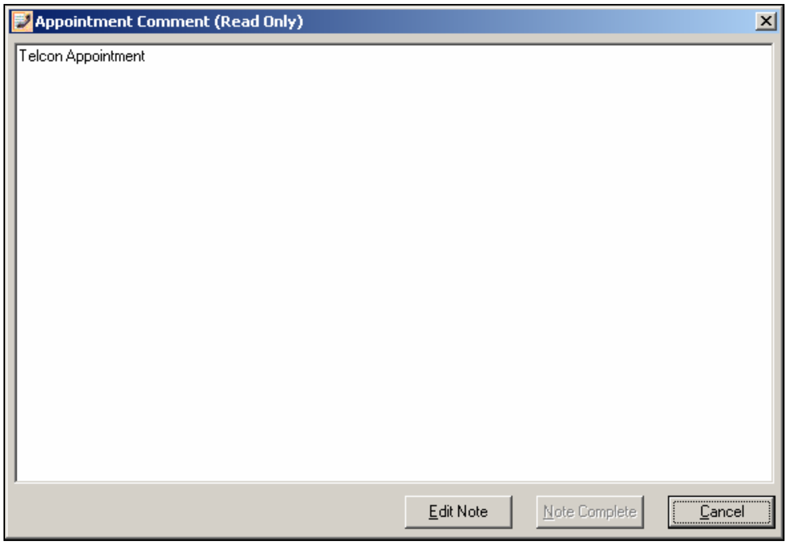
2.7.2 Adding a Comment to a Telephone Consult

Comments may be added to a telephone consult after it's initially created. Perhaps the provider or nurse may want to document they attempted to call the patient, but did not receive an answer, or the nurse found needed lab results and wanted to get them in the encounter for the provider.

To add a comment to a telephone consult:

1. Open the Telephone Consults module.
2. Select the telcon from the Telephone Consults list.

3. Click **Notes** on the Action bar. The Appointment Comment (Read Only) window opens.



Appointment Comment (Read Only) Window

4. Click **Edit Note** to add a new comment or to edit an existing note. Notice that the window changes to (Edit Mode).
5. Enter your note and click **Note Complete**.

2.8 Quick Reference—Appointment Statuses

AHLTA appointments change statuses as a patient progresses through a visit. The status can be found in the electronic SF600 or in the Appointments module.

(blank)	When no status appears, the appointment is pending. The patient has an appointment that was scheduled prior and has not checked-in.
Checked In	Appears when the patient has been checked in using AHLTA.
Checked In on CHCS	Appears when the patient has been checked in using CHCS. This appointment can be used in AHLTA just like an appointment checked in using AHLTA.
Waiting	Appears when vital signs have been documented. Generally, this status indicates that screening has been completed and the patient is ready to be seen by the provider.
In Progress	Appears when the S/O or A/P module has been opened. Generally, this status indicates that the provider is documenting the encounter.
Complete	Appears after the provider has signed the appointment.
Updating	Appears after the encounter was signed, but the encounter has been amended. It is necessary to sign the encounter now.
Updated	Appears after the provider has re-signed an amended appointment.
Needs CoSignature	Appears after the provider has assigned a co-signing provider who has not signed the appointment yet.

Any appointment completed in AHLTA (Complete or Updated status) will automatically code in CHCS I ADM/ADS. If information is manually entered into ADM/ADS and the appointment is signed in AHLTA Comments can be added to an appointment at a later date, the code generated (or entered) in AHLTA will override any manual entries in ADM/ADS.

It is imperative that if an appointment is completed in CHCS and manually coded in ADM/ADS, the appointment be left alone in AHLTA. If (in this case) an appointment is cancelled in AHLTA, it will overwrite the status in CHCS, even if the appointment is in a “Kept” status.

The best workaround to view only the appropriate appointments for the current day is to set the appointments filter to Today Only. This is done through the Change Selections button on the Appointment List.

2.9 Co-Signing Encounters

For users that need to have their encounters co-signed, they may notice a delay in their ability to search for the provider that needs to co-sign their encounters. It can take upwards of two minutes to be able to search for the correct provider’s name. This can apply to some techs, CNAs, and residents. The delay is only encountered during the first search of each AHLTA session.

For those users that only have one person co-signing all their encounters for a given day, it's much easier to pre-position the co-signer's name through the **Options** of the encounter.

For users that have a variety of people that need to co-sign their encounters, the most common person can be placed here; however, when this person is not the one that will be co-signing a particular encounter, this name must be changed when signing.

It's important to remember the delay in searching for the co-signer's name only happens the first time during each log on. Users are encouraged to use **CTRL-Z** to lock their session instead of signing off of AHLTA during periods of inactivity throughout the day.

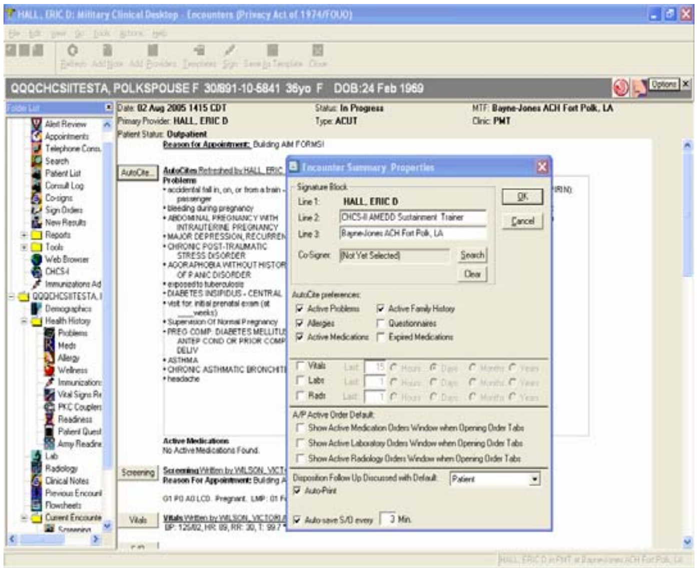
Ensure your encounter closes prior to using **CTRL-Z**. By not signing off of AHLTA, the next time a search for a co-signer is needed, it will be considerably faster.

2.10 Changing the Signature Block

Signature blocks need to be updated to match the credentials of the provider. It is important to change your signature block the first time you see a patient.

To change your signature block:

1. Click **Options** in the upper, right corner of the electronic SF600. The Encounter Summary Properties window opens. Notice that Line 1 and Line 3 automatically populate with your name and MTF.



Encounter Summary Properties Window

2. Change the text in Line 2 to match your level of credentialing (i.e., RN, LPN, Physician, Family Practice Physician, Chief, Family Practice Clinic, etc). You can choose to use your standard DAC or military signature block for convenience.

2.11 Routing Telephone Consults

AHLTA will not allow you to transfer a telephone Consult (Telcon) to a nurse for action unless the nurse can sign the Telcon.

This can be easily over come by using the Call Back number for the Telcon to indicate “Action Codes.” Your clinic can designate a code for a provider and a separate code for a nurse. When the provider needs the nurse to take action on a Telcon, the provider will click on the **Edit Phone #** button on the action bar, and place the Nurse Action Code (@ for example) in the front of the Call back number. When the Nurse sees this code, the nurse will know that he/she needs to look at this Telcon and read the provider’s instructions. When this is done, the nurse will change the Action Code back to the Provider Code (# for example) so the provider will know the action has been performed.

Prior to starting this process, the support staff will need to set the options in the Telephone Consult module Change Selections for ALL of the providers they support. Coordination on which codes will be used is also necessary. Adjustment of the columns in the Telephone Consult module will be necessary to move the call back number into view. Some suggestion for action codes are:

- @ for the nurse action code
- # for the provider action code

If the provider wants a specific Nurse to take action, he/she can place the Nurse’s initials after the action code, for example, @CW(210)555-1212.

If the patient calls a second time without provider action, the staff may want to put two action codes in front of the phone number. At a glance, this will let the provider know this patient has called again.

An Example workflow would be:

A clerk received a call from the patient and initiates a Telephone consult. The clerk confirms the Call back number and places the Provider action code in front of the number.

When the provider checks the Telephone Consults module, he/she will see new Telcons with the provider action code in the call back number. The provider should not open the Telcon at this time. All the provider needs to do is single-click the tcon, and click the **Notes** button in the Action bar. After reading the notes, if the provider wants the nurse to perform some action, the provider would edit the notes box and enter the instructions to the nurse and change the action code to the nurse’s code.

The nurse will see his/her action after he/she enter the Telcon module, or performs a **Refresh** of the Telcon module. The nurse can sort all of the Telcons for all of the providers they support by clicking on the Call Back Number column header. This will put all of their Telcons requiring action together in one place on the list. Again, without going into the Telcon with a double click, the nurse clicks on the **Notes** button and document what he/she did for the patient. After completion, the nurse changes the action code back to the provider code so the provider will know the action is complete.

After the provider completes and signs the Telcon, all of the notes will be documented in the Telcon.

A variation to this workflow would be to document all actions in a new Add note section of the encounter. This will allow for an automatic date and time stamp on the entry.

When the Telcon is first created, no action code is used. This alerts everyone that NO ACTION has taken place on the Telcon yet (as apposed to this already having gone from the provider to the nurse, and back to the provider.)

2.12 Consult Log Module

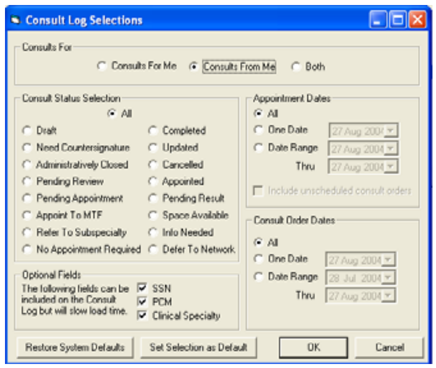
The Consult Log Module will track the consults you have ordered, as well as the consults that are ordered to you. This module is a provider specific module, meaning it will not track consults by a particular patient. The consults ordered for a particular patient can be viewed at the bottom of the Order consult tab in the A/P module.

The Consult Log Module is located on the Folder List. When selecting this module, you will be presented with the consults you have written, as well as any consults written to you.

Consults written to your clinic will not be displayed because a particular provider is not listed in the consult.

To define the consults you want to see:

1. Click the **Change Selections** button in the Consult Log module. The Consult Log Selections window opens.



Consult Log Selections Window

2. In the Consults For area, select the type of consults you want to see.
3. In the Consult Status Selection area, select the consult status types you want to see.
4. In the Appointment Dates area, set the date range of the appointments you want to see.
5. In the Consult Order Dates area, set the date range of the consults you want to see.
6. In the Optional Fields area, select the optional items, if any, you would like to include in the report.
7. Click **OK**.

The Consult Log module is a helpful tool that allows you to monitor your patient consult statuses, insuring that all consults are being appointed.

The consult log will be helpful in discovering the statuses of the consults written for your patients to insure that the consults are being appointed.

Once the consults are listed, you can click on the Patient column header to put your patients in alphabetical order. If the consult is completed, you can view the consult by double-clicking the consult or by selecting the patient and going to either the Previous Encounters module or the Clinical Notes module.

2.13 Copy Forward

The copy forward function allows you to bring the S/O section of a previous note forward into your current encounter for your patient. In addition, it will bring forward the diagnosis, procedures and orders (in the form of an order set) into the A/P module.

This is particularly handy for follow-up visits or visits where the note from the last visit is a good starting place for the note in your current visit.

Copy Forward can be performed from any previous encounter, you are not limited to only the previous encounters written by you.

To Copy Forward:

1. With an encounter open, go straight to the Previously Encounters module.
2. In Previous Encounters module, single click and review the previous encounter you will Copy Forward.
3. Right-click the previous encounter and select **COPY FORWARD (or button on the action bar)**.
4. In the current encounter, you will find a new "template" called Copy Forward Template. If it does not automatically take effect, you will need to select it from the pull-down menu.
5. Each line item that was selected from the previous encounter will be displayed in the Copy Forward template. The way the item was used in the previous encounter will be highlighted in yellow.
6. Select the items you need. If you want all of the items in your note to be the same as the previous note, click the **AutoEnter** button. All of the yellow items (both positive and negative) will be entered into your note.

When you are seeing this patient, the yellow indicators will give you a good indication of how the patient was during the last visit and can help determine how the patient has improved since the last visit.

Copy Forward can also be used for part of the note. For example, you can have a technician or nurse use Copy Forward to bring forward just the past medical history section of your patients for easy review. After reviewing, put an item in your template saying PMH reviewed.

2.14 Telephone Consult Surrogate

There is no Telephone Consult Surrogate function in AHLTA. However, you can get around this by using your **Change Selections** options within the Telephone consults module to view an additional provider's telephone consults.

1. Click the **Change Selection** button from the Telephone Consults module.
2. Select the provider(s) you are assisting from the Telephone Consult Search Selections window.
3. Set the time range. If you select All Outstanding or Today Plus Incomplete, Telcons that have been addressed (although not in AHLTA) will display. You can use the date range to display only the current Pending Telcons.
4. Click **OK**.

2.15 Suggested Procedures After Documenting in the Wrong Patient Record

When information is inadvertently entered into the wrong patient's chart and the encounter is signed, the following steps are used to document the mistake. Please note, because this record was signed, all deleted information will go into the Change History Section of the record.

The signing provider must go into the patient's record that received the incorrect information to delete the invalid information from the chart:

Go into the Previous Encounters module and select the encounter and click **Amend** on the Action Bar. This opens the encounter where all information can be deleted. Go into each section and delete or remove the invalid information from the various sections.

AutoCite: Turn off all AutoCite properties to all areas to remove information from the encounter.

Screening: Remove any symptoms by highlighting and clicking the **Remove** button. Also remove any comments as necessary. For female only data, click the **Reset** button.

Allergies: Remove as necessary.

Vital signs: Enter the vital signs module and click the review tab. Highlight the entry (or entries) for this encounter and click **Edit**. Remove all information.

S/O: Enter the S/O module and highlight the note(s) and click on the delete button.

NOTE: If this note will be recreated for the correct patient, you can use the S/O template creation feature to create a template form your S/O documentation before deleting. You will be able to use this template to re-due this documentation on the correct patient. You need to remember or make a note of which items were marked positive and which are negative. Your free text will carry into the template for use on the correct patient.

A/P: Remove all the diagnoses by highlighting and clicking on **Delete** You may want to also create an encounter temple to capture the diagnosis (if the list will be extensive), but please note the comments on the diagnosis will NT save into your template.. Prior to deleting, you can copy them to MS Word to re-copy them back into the correct patient if needed.. Highlight and remove any orders and or procedures. **Cancel** or **Discontinue** any orders from the lower section or cancel in CHCS. Enter the diagnosis of V65.9 Outpatient Physician Consultation.

Disposition: Change the E&M code to 99499 Unlisted E&M service and remove any comments or checkboxes.

In the Add Note section, make an entry stating that the entries below (in the Change History Section) are to be disregarded, these entries were made in the wrong record. This text can be enlarged and bolded to make it stand out.

Re-sign the encounter and the status will change to Updated.

Problems List: The previous diagnoses will be listed in the problems list. Edit the problems and select **Deleted (error)** for the status.

Cancel the CHCS appointment.

2.16 AIM Forms

AIM (Alternative Input Method) forms are built by AMEDD and are intended to be used as a faster, simpler method of documenting the S/O portion of the note.

The AIM form can be:

- found already linked to a pre-built AMEDD encounter template or
- linked to an encounter template by you
- used to document an S/O note alone

2.16.1 Pre-built AMEDD Encounter Templates with Embedded AIM Forms

The new naming convention for AMEDD Encounter Templates with embedded AIM forms is as follows: RHEU--General--AIM--AMEDD where RHEU--General is the specialty followed by --AIM--AMEDD which identifies that it is an AIM form developed by AMEDD and linked to an encounter template.

To find pre-built AMEDD Encounter templates with embedded AIM forms:

1. Open the **Tools** Folder.
2. Click **Template Management**.
3. Select **Search** from the Action bar.
4. Type AMEDD in the Template Name Field.
5. Click the drop-down arrow for the Owner Type Field.
6. Click **Enterprise**.
7. Click the **Search** button at the bottom of the Encounter Template Search Screen.

To mark an AMEDD Encounter Template with an embedded AIM form as one of your favorites (this step makes the selected form(s) available in every encounter by selecting the S/O template selection drop-down box):

1. Right-click the AIM form you want to mark as your favorite.
2. Click **Add to Favorites**.

2.16.2 Locating an AIM Form in the S/O Module

To locate an AIM form in the S/O module:

1. Click the **Template Mgt.** button on the Action Bar.
2. Type what you are searching for in the Name Contains field. For example, if you are searching for AIM forms related to pediatrics, type PEDS.
3. Click the **FindNow** Button.
4. Scroll to the bottom of the list, the icon for an AIM form has a blue bar at the top and looks like 2 pages side by side.

NOTE: AIM form can not be searched for by using the Search button on the Action bar. That search will only find traditional S/O templates.

To mark the form as a favorite:

1. Right-click the AIM form.
2. Click **Add to Favorites** (if you selection does not move to the top of your list under your favorites, perform the steps again).

2.17 Circuit Rider Transfer Process

The AHLTA Enterprise account enables users to transfer from one AHLTA Medical Treatment Facility (MTF) to another AHLTA MTF. The updated steps list the procedures for handling the case when a user is a Circuit Riding Provider (i.e. a provider who performs short term rapid TDYs to 2 or more sites with different CHCS hosts, with return to home station). Therefore, a CHCS I account should already exist at the gaining MTF.

This procedure applies to all personnel designated to support the AHLTA Circuit Riding Provider Transfer process.

Steps to transfer access to gaining MTF for Circuit Riding Providers:

1. Provider/administrator notifies the losing MTF of the TDY dates and location.

2. Losing MTF will:
    a. Telephone the gaining MTF (Tier 0) to notify them of the temporary transfer of the user, confirm Provider IEN, User IEN, and start/end dates of the TDY.
    b. Telephone the Military Health System (MHS) Help Desk Tier 1 to open a Manage Now (MN) ticket between 0001 and 1400 ET on the day before the provider will arrive with the following information:
        - AHLTA account name for the traveling provider
        - Domain for the gaining MTF (or site name)
        - Time when provider will be finished at losing MTF
        - Time when provider will begin work at gaining MTF
        - Provider Internal Entry Number (IEN) and User IEN from losing MTF
        - Provider IEN and User IEN from gaining MTF
        - Requests 'ACCTRANCR' identifier to be added to ticket
        - Requests date of account transfer to be placed in the abstract section of the MN ticket.
    c. Telephone the gaining MTF (Tier 0) to notify them of the MHS MN ticket number.
3. Tier I will:
    a. Escalate the MN ticket to Tier II within one hour of receipt if all the necessary information is contained in the ticket.
    b. (For incomplete tickets) Telephone the losing MTF to get the missing information. This delay could result in the account transfer not happening on schedule, and the TDY provider could be unable to use his AHLTA account when he arrives at the TDY location.
4. Tier II will:
    a. Verify that the losing and gaining sites' information has been appropriately identified and posted to the MN ticket.
    b. Post the Account Transfer script to the ticket
    c. Transfer the MN ticket to Tier III (Integic) **NLT 1600** to check for Duplicate Numeric Concept Identifiers (NCIDs).
5. Tier III (Integic) will:
    a. Check for Duplicate NCID.

    NOTE: Check for Duplicate NCID is usually not needed except for the first time a Circuit Rider goes TDY to a new location. If Duplicate NCID exists, a provider merge script must be run before the account transfer script can be run.

    b. Send the provider merge script to the Defense Information Systems Agency (DISA) (if necessary).
    c. Send the account transfer script to DISA.
6. DISA will:
    a. Run provider merge script, if needed.

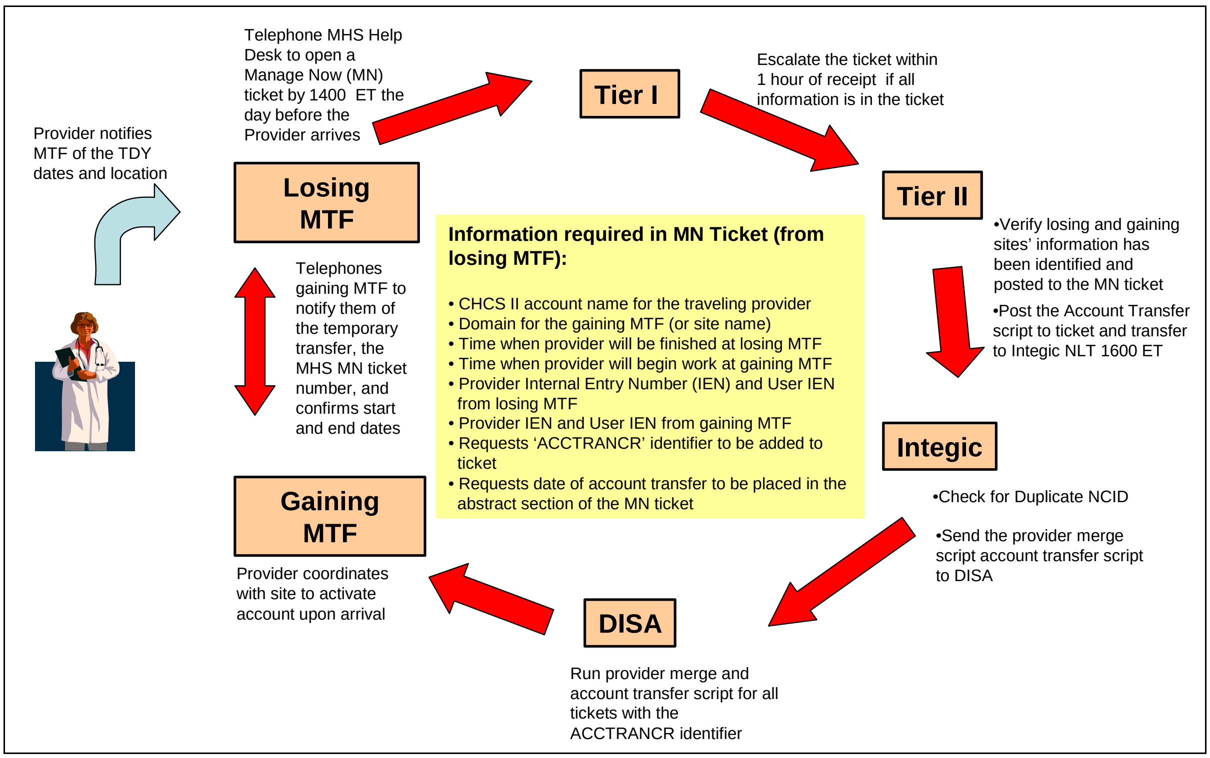
b. Run account transfer script for all tickets with the 'ACCTRANCR' identifier based on timeframes indicated in MN ticket.

7. Provider will:

   a. Coordinate with gaining site system administrator to activate their account when they arrive on-site.

8. At the end of the TDY, the TDY site becomes the losing MTF, and will open a new Manage Now ticket, and the process will start over.

9. If the TDY is cancelled short notice for unforeseeable reasons, the losing MTF will call the MHS Help Desk promptly. MHS Help Desk and DISA will make their best effort to halt or reverse the account transfer.



Transferring AHLTA Accounts to a New MTF for a Circuit Riding Provider
Prepared by: AHLTA Deployment Operations Center (CITPO)

2.17.1 Information Needed in Manage Now Ticket

The following information is needed in the manage now ticket:

1. AHLTA account name for the traveling provider.
2. Domain for the gaining MTF (or site name).
3. Time when provider will be finished at losing MTF.
4. Time when provider will begin work at gaining MTF.
5. Provider Internal Entry Number (IEN) and User IEN from losing MTF.
6. Provider IEN and User IEN from gaining MTF.
7. Requests 'ACCTRANCR' identifier to be added to ticket.

8. Requests date of account transfer to be placed in the abstract section of the MN.

Problem Details

Problem #: 11770484 **Abstract:** 701456 - ACCTRANCR - TDY – Spangler 1800 28OCT2005

Problem Information	Contact Information	Problem Date Information
Status: OPENWAIT	**Full Name:** LONG , RICKIE G	**Occurred Date/Time:** 10/28/2005 12:08:23
Request Type: PROBLEM	**Employee ID:** MHSRICKLONG	**Open Date/Time:** 10/28/2005 12:08:23
Call Code: Call	**Phone:** 520-533-1345	**Original Target Date/Time:** 10/28/2005 16:08:23
Severity: 3 - Sev 3	**Alternate Contact:**	**Current Target Date/Time:** 11/02/2005 12:08:23
Original Severity: 2 - Sev 2	**Department:** RAYMOND W. BLIS	**Resolved Date/Time:**
System: MHS_CHCSII	**Division:** N/A	**Close Date/Time:**
Component: SYSTEM	**Service Level:**	**Duration:**
Item: ACCOUNT	**Site:** MHS_FTHUACHUCA	**Call Back Date/Time:**
Module: CIRCUIT RIDER	**Address:** CLINIC_0008	
User ID/Name: RWANG / WANG, RAYMOND	**Floor:** FT. HUACHUCA, AZ	
Group ID: MHS_CHCSII_T3	**Room:**	**Bridging Information**
Resolver User ID/Name:	**City:** R W BLISS AHC-FT. HUACHUCA	**Not Bridged**
Resolver Group ID:	**State:** AZ	**Bridge Ticket #:**
Reporter User ID/Name: JAMAYA/AMAYA, JOSE	**Zip:** 85613	
Reporter Group ID: MHS_T1	**Site Support:** ARMY	
Cause Change Number:		
Cause Code:		
Customer ID: MHS		
Account ID: MHS		
Node ID:	**Additional Contact Information**	**Lock Status**
# Times Reassigned: 9	**E-MAIL:** RICK.LONG@AMEDD.ARMY.MIL	**Locked By:**
Duplicate Problem #:	**Fax Internal:** Comm # 520-533-3951	**User:**
	Secondary Phone Internal: DSN # 821-1345	**Contact Methods:**
	Title: Site Manager \ SAIC	

Description
Provider will be TDY/Finish at site. Date/Time finished at losing site - 28 Oct 05 - 1800 Local

Resolution
Forward to CHCSII Tier 2, currently unresolved.

Call Notes

Taken By	Call Date/Time	Contact	Note
JAMAYA/AMAYA, JOSE	10/28/2005 12:08:23	**Full Name:** LONG, RICKIE G **Location:** MHS_FTHUACHUCA **Phone:** 520-533-1345	Provider will be TDY at site. Date/Time finished at losing site -

Example of a Manage Now Ticket
Prepared by: AHLTA Deployment Operations Center (CITPO)

2.18 Batch Printing SF600s

To print multiple SF600s for a patient:

1. Select the patient via Search.
2. Click **Previous Encounters** in the Folder List.

3. Click the **View All** radio button.
4. Select the first encounter to be printed.
5. Hold down the **Shift** Key and click on the last encounter to be printed.
6. Click **File** on the Menu Bar.
7. Click **Print** in the drop-down menu.
8. Click **SF600** in the menu tree.
9. Within the Print Dialog Box, click **OK** for each encounter to print. (Print jobs will be sent to the printer.)

2.19 Medications Initially Ordered at Another CHCS Host Site

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

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

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

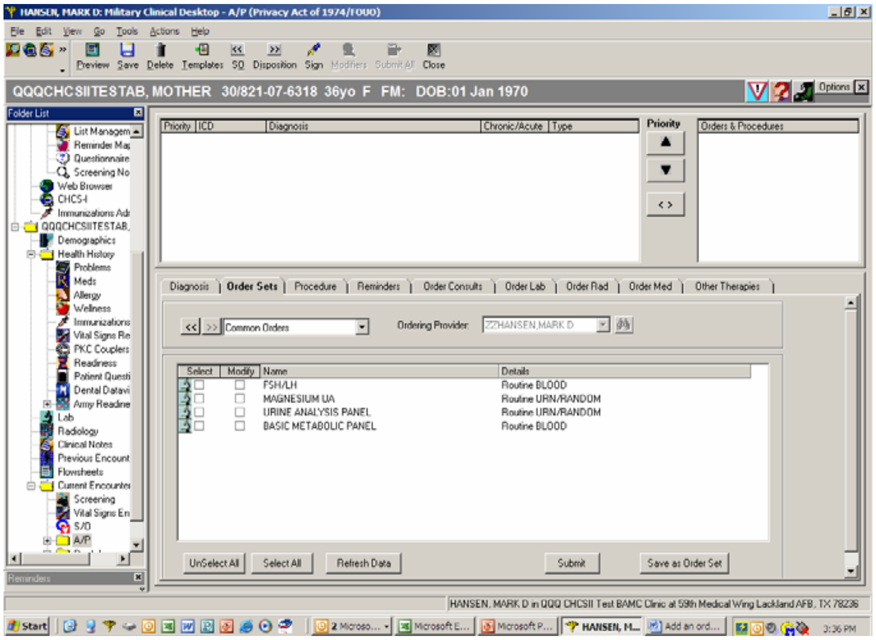
Discontinued med will be excluded from the Current Meds views (when filtered to display only current meds), and will not appear in AutoCites.

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

2.20 Adding an order to an order set.

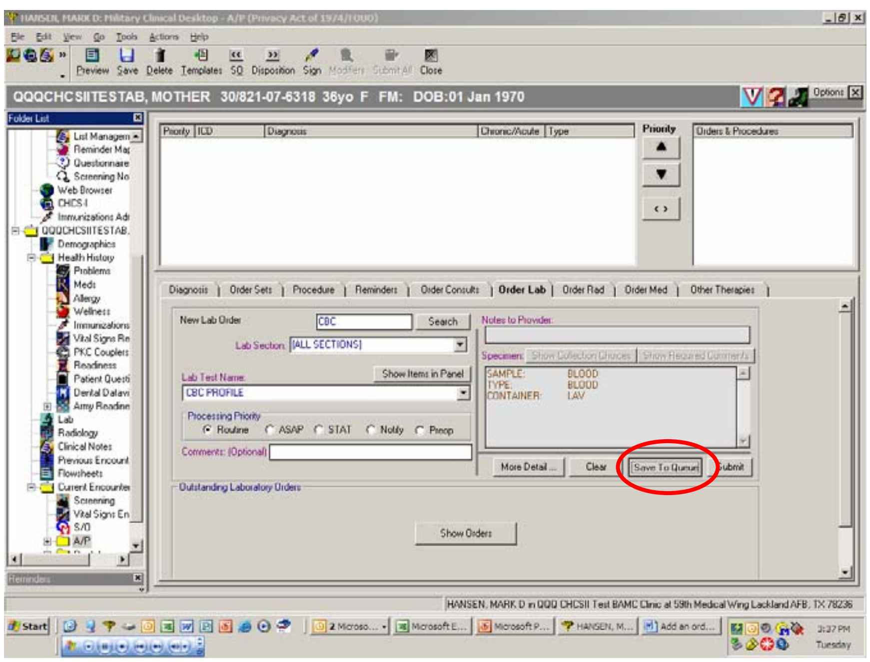
So you have your order set all built and read to go. Great, they will save you lots of time. Now it's the first time you use it you discover you left out and order. Rats, you have to go through the whole thing again and add it. Well, no you don't, it's very simple to add an order "on the fly" as you document on your patients. All it takes is a little detour to the Order Set tab before submitting.

Lets say you left out the CBC. Follow the steps below to add the CBC.



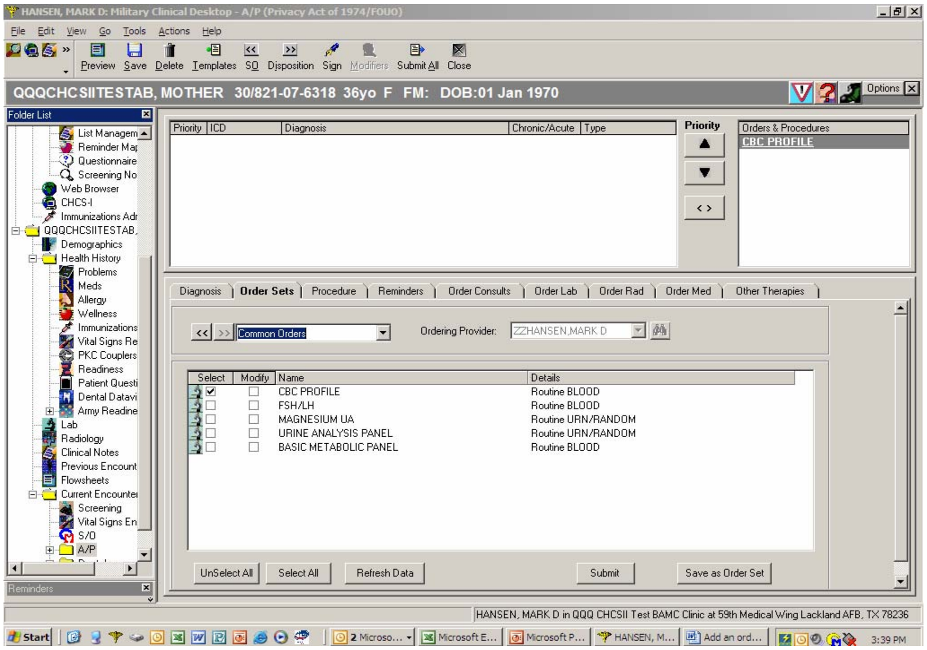
Order Sets Tab

1. Just go over to the Order Lab tab and find the specific test you need.



Order Lab Tab

2. But instead of submitting it, use the **Save to Queue** button right next to it. This will put that order over to the Order Set tab where it can be saved.



Order Sets Tab

NOTE: The order is checked. (Only the orders checked will save).

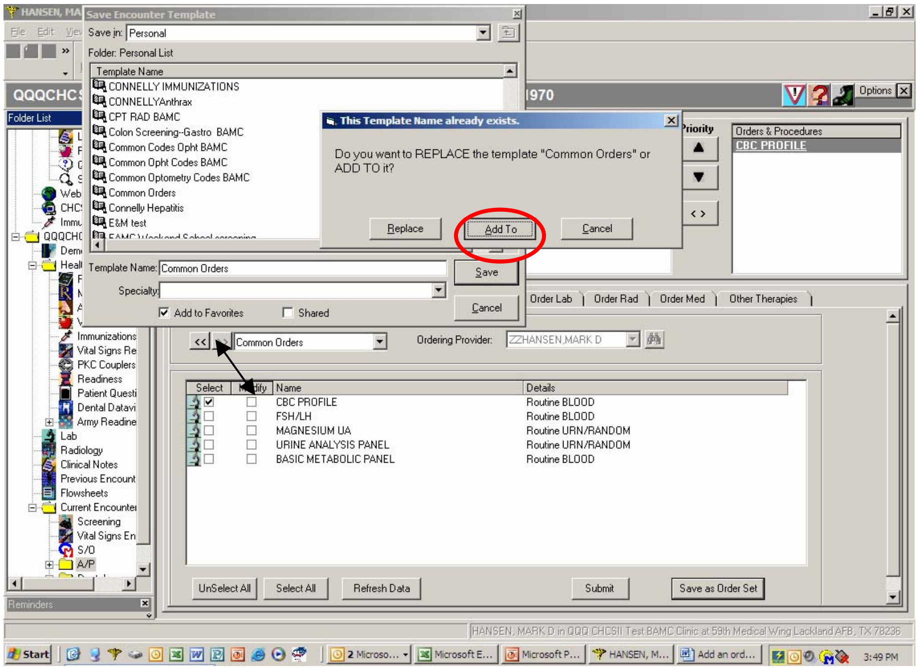
---

3. Click the **Save as Order Set** button.
4. Select the encounter template you want to add the order to.

IMPORTANT!!!

Select the **Add To** button to add just that order into the encounter template.

If you select **Replace**, you will erase everything in the template and replace it with the single order.



Saving an Order into an Encounter Template

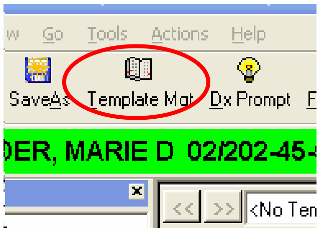
5. Now, to take care of your patient, click the **Submit** button on the Order Set tab to send the order. So a simple little detour to the Order set tab will place that order in the order set for next time.
6. You can save this additional order into other Order Sets or Encounter templates before submitting.

2.21 Backing up templates

Consider this. What would happen if you came to work one morning and all the templates you use on a daily basis were **GONE?** Do you have a plan in place so you can continue working? The IMD folks plan for the possibility that data can get lost or corrupted. It's called a **Disaster Recovery Plan** and generally it's thought of in terms of a large scale data loss. However, the IMD gurus do not have access to back up your AHLTA templates. Therefore it would be prudent to create your own plan for **Backup** and **Recovery** of your templates in the event of a catastrophe.

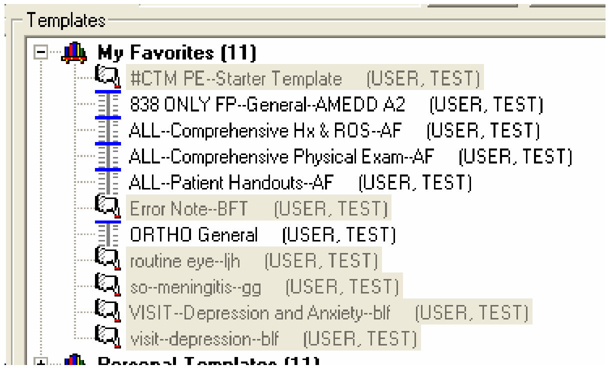
Here are the Steps:

1. To backup S/O templates, you must have an open encounter.
2. After opening the encounter, navigate to the S/O module and click **Template Mgt** on the Action bar.



Template Mgt Button on the S/O Action Bar

3. Expand **My Favorites** by clicking on the little plus and click once on the first template to highlight it. Scroll down to the last template. Hold down the **<Shift>** key and click on the last template in your favorites. This will highlight all the templates.

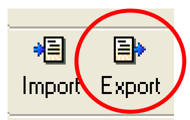


Highlighted Templates

NOTE: Only S/O templates can be exported in "bulk" like this. AIM Forms must be exported individually.

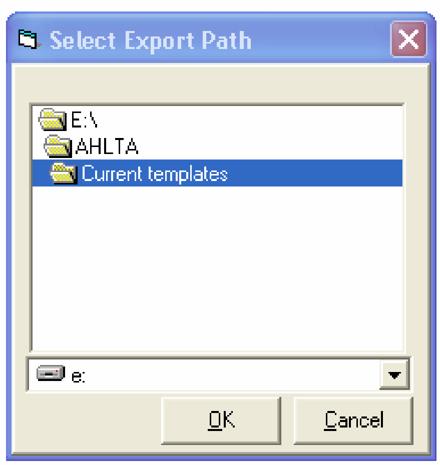
---

4. Click the **Export** icon on the Action Bar.



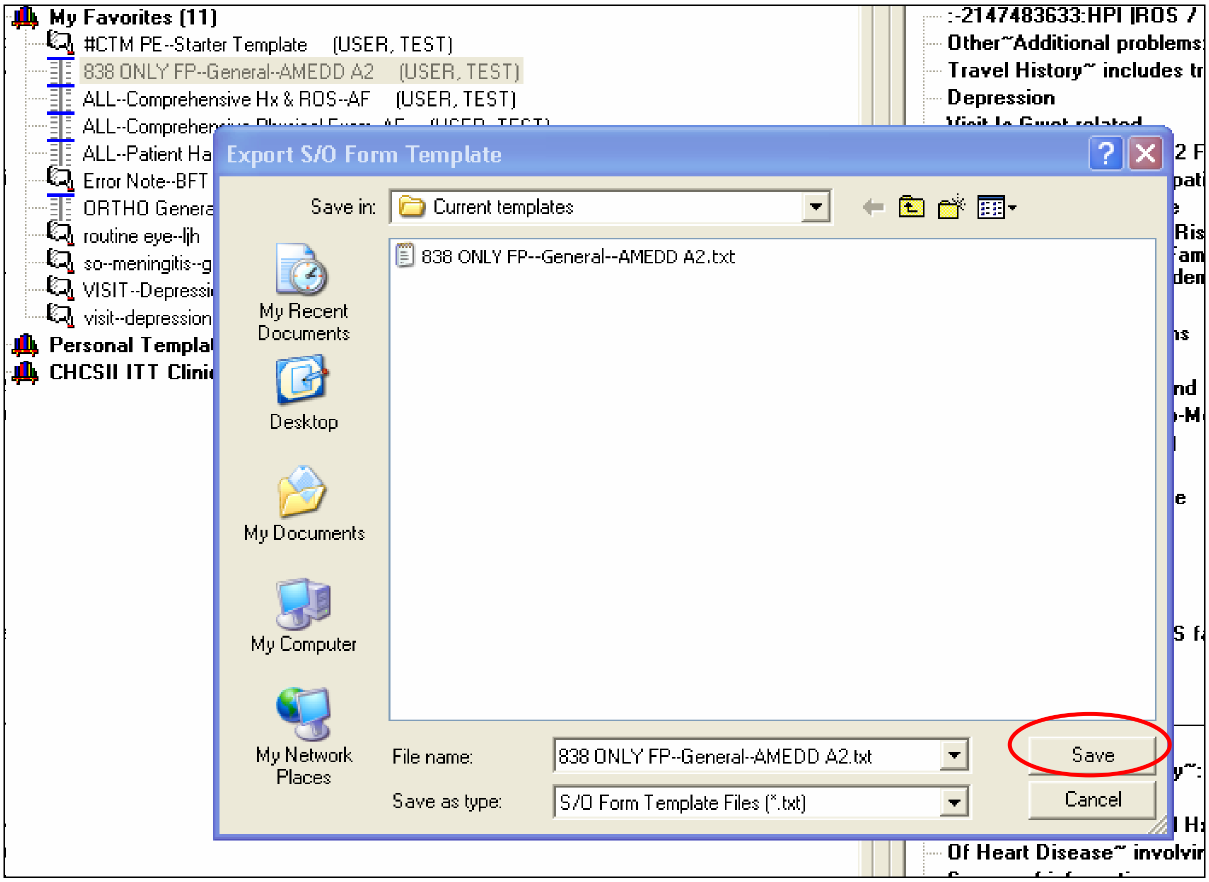
Export Button on the Template Management Action Bar

5. Browse to wherever you want to store your templates. It can be a drive and folder on the network, a separate folder on your workstation, a thumb drive or even a floppy diskette. Click **OK**. Your templates have now been backed up to another location!



Select Export Path Window

6. Complete the process by selecting individual AIM Forms, click **Export**, browse to the backup location (Notice this looks a little different than with the S/O templates, but the result is the same.) Click **Save**.



Export S/O From Template Window

Now you can copy the templates and aim forms to another location for safekeeping. You can zip them up and email them to a personal email account, burn them to a CD or copy to floppy or thumb drive.

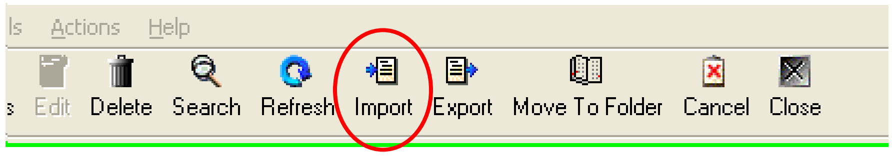
Exporting the Encounter template works much the same way. Within the Template management module, click on the Search Browse Tab. Bring up the templates you wish to export. Highlight the specific templates you wish to export and click on the export button on the action bar.

2.22 Restoring Templates from Back-up

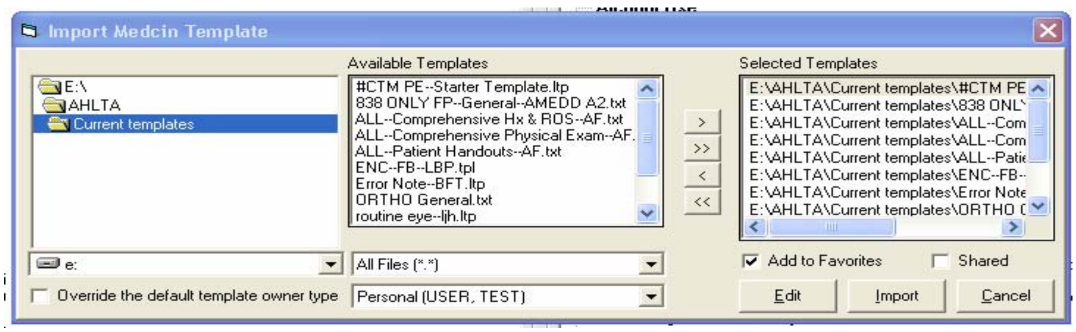
Backing up your templates is only half a disaster recovery plan. After they are stored away for safekeeping, how are they restored if disaster strikes? Essentially it is the backup process but in reverse.

Follow the steps below to restore your templates.

1. Click on the **Import** icon on the Action Bar. AHLTA calls this procedure importing templates and not restoring them. As in exporting, to import, you must have an open encounter and be in **S/O Template Management**.

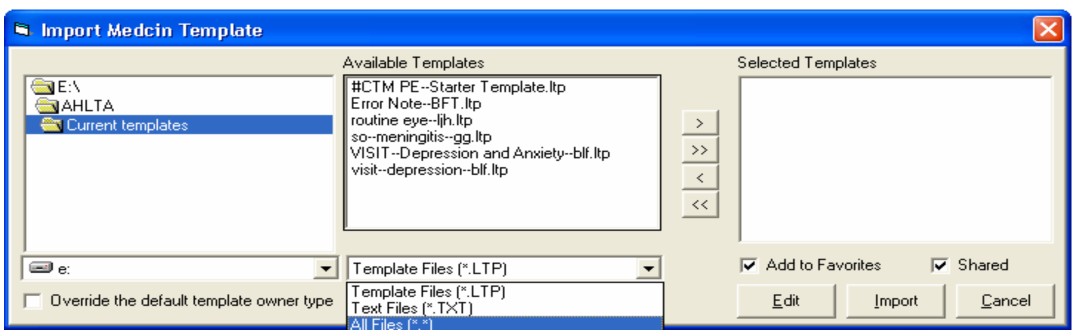


Action Bar



Import Medcin Template Window

2. Browse to where the templates are stored. Click the dropdown next to the box that says **Template Files** and select **All Files**.



Import Medcin Template Window

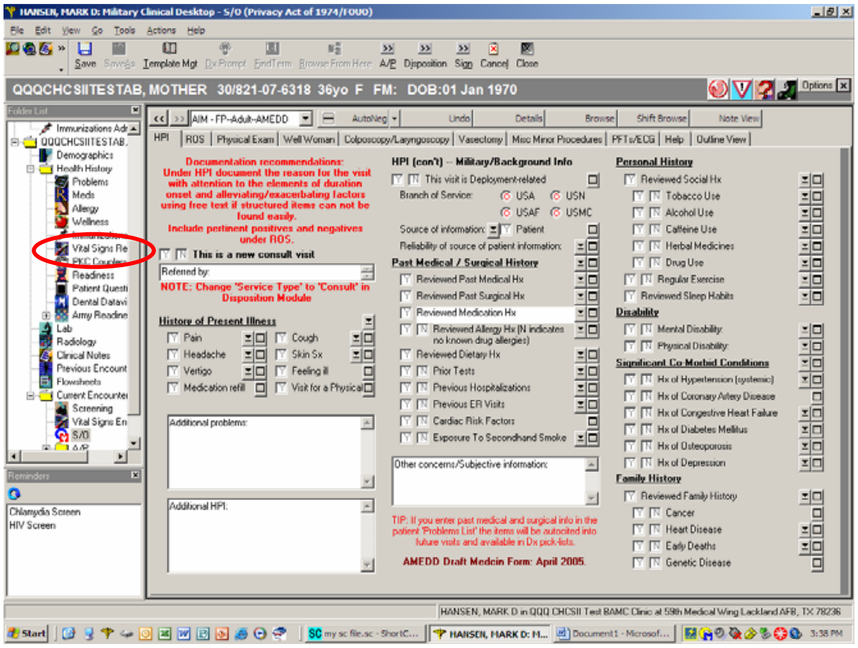
3. Click the double right chevron (>>) to move all templates from the **Available Templates** pane to the **Selected Templates** pane.
4. Uncheck the **Shared** checkbox.
5. Click **Import**. This will import all the S/O templates into your favorites.

NOTE: AIM form templates have the file extension of .TXT and Traditional S/O templates have a file extension of .ltp.

2.23 A quick review of vital signs

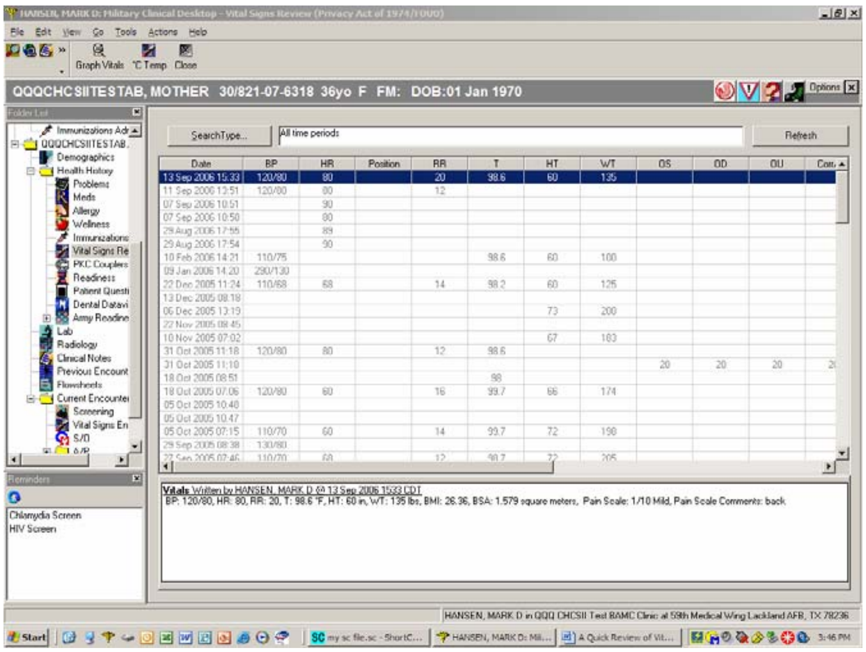
The often overlooked Vital Sign Review module will display the current and historical vital signs. This module is very helpful with documenting within an encounter too. To view the vital signs taken during the current encounter, most users will close the S/O module to view the vital signs within the encounter screen. This is unnecessary. Simply bring up the Vital Signs Review module from within the S/O module (or the A/P and Disposition modules).

Within the S/O module, or any other module, click Vital Signs Review to see the vital signs taken earlier during the visit.



S/O Module

Because all the historical vital signs are also displayed, you the advantage of being able to compare the current set with the vital signs from previous encounters.



Vital Signs Review Module

When finished, close the Vital Signs Review module to pick up where you left off.

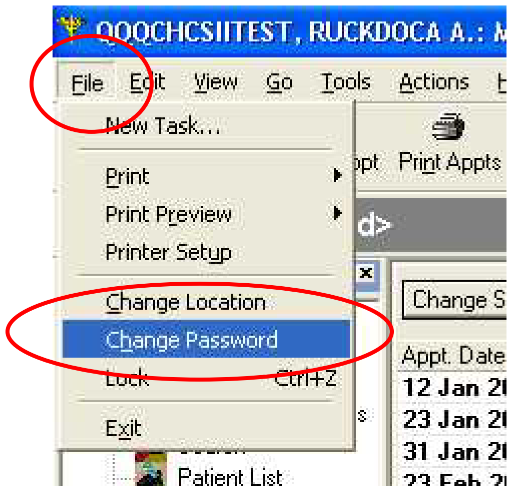
2.24 Changing My Password

You can change your AHLTA password any time you like, however it **must** be changed every 85 days. Even if you use your CAC to log in, you must change your password. You should receive a notice to change on or about the 80th day following your most recent password change.

AHLTA passwords must be 8-20 characters long and contain Upper Case characters, Lower Case characters, 2 Numeric characters and a Special character (more about this in a moment).

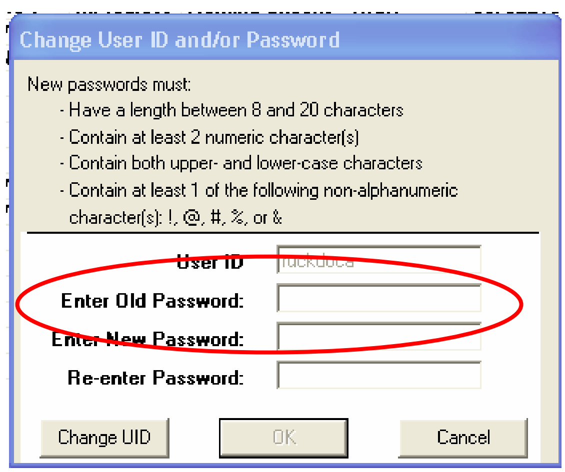
To change your Password:

1. Log in to AHLTA as you normally would.
2. Click **File** on the Menu bar and then click **Change Password**.



File->Change Password

3. A screen will open where you must enter your old password and then enter the new one twice. If you log in using your CAC and have forgotten your password you will need to have it reset by IMD before you can change.



Change User ID and/or Password Window

4. Disregard the last line of the instructions. Beginning with Build (version) 838 the only Special Character allowed is the ! - exclamation point. Also the new password may not contain two exclamation points together i.e. Pa55word!!
5. Click **OK** to save your changes. Remember, your password change in AHLTA will change the Access code in CHCS I.

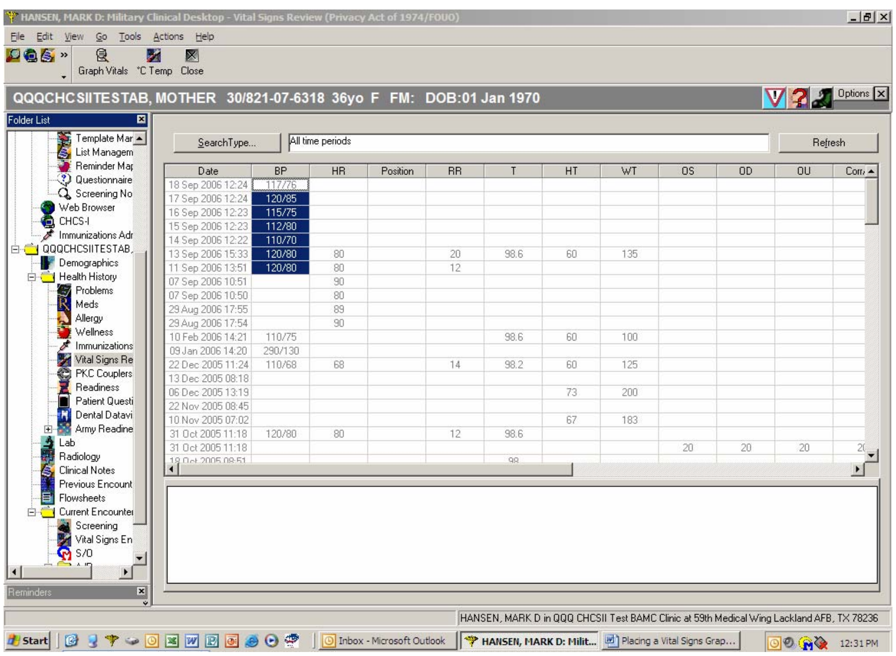
2.25 Place a Vital Sign Graph in our note.

Graphing Vital Signs can provide a graphical representation of the patient's blood pressure, pulse etc. Users have found it helpful to graph the patient's weight along with their BP to graphically show the correlation between the two to their patient.

The vital signs can be graphed from an open encounter note, but can also be done outside of an encounter and appended to a note.

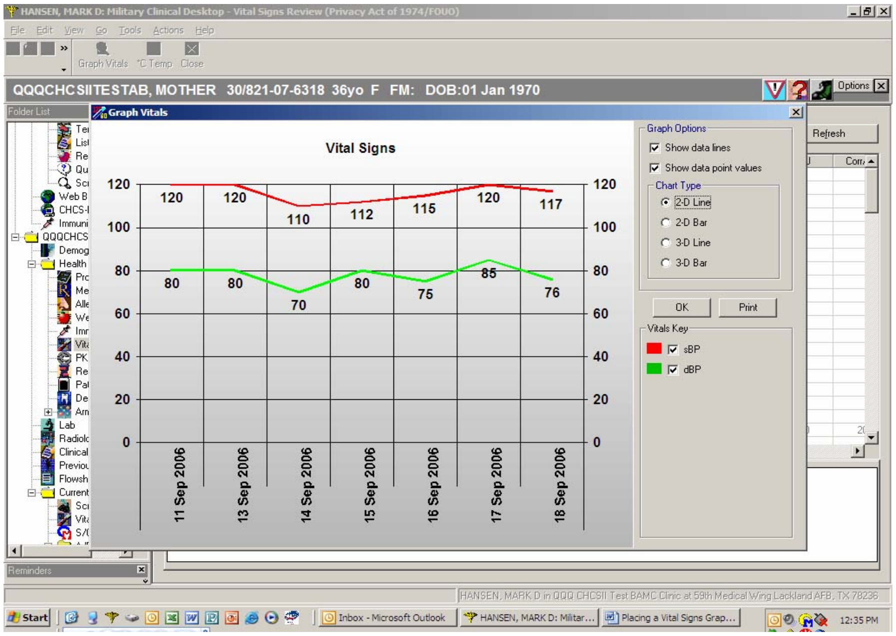
Here are the steps:

1. Open the patient's medical record.
2. Click **Vital Signs Review** in the Folders List. This will display all of the patient's vitals.
3. Highlight the column(s) you wish to graph by clicking, and holding the mouse button down, drag to include all the data you want in the graph. The columns are like the ones in the appointment module - you can drag them to place them in the order you want for your graph.



Vital Signs Review Module

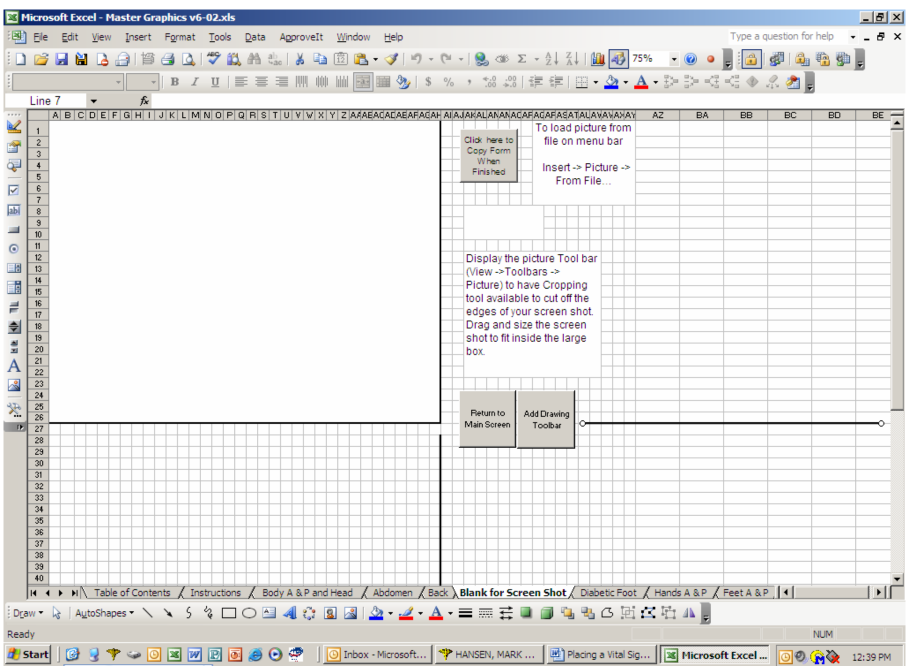
4. Click the **Graph Vitals** button on the Action bar to display the graph.
5. Select the style of graph that will best suit your needs.



Graph of Vital Signs

6. Hold down the **<ALT>** key and press the **<Print Scrn>** button on your keyboard. This will copy the Graph Vitals window to your computers memory.

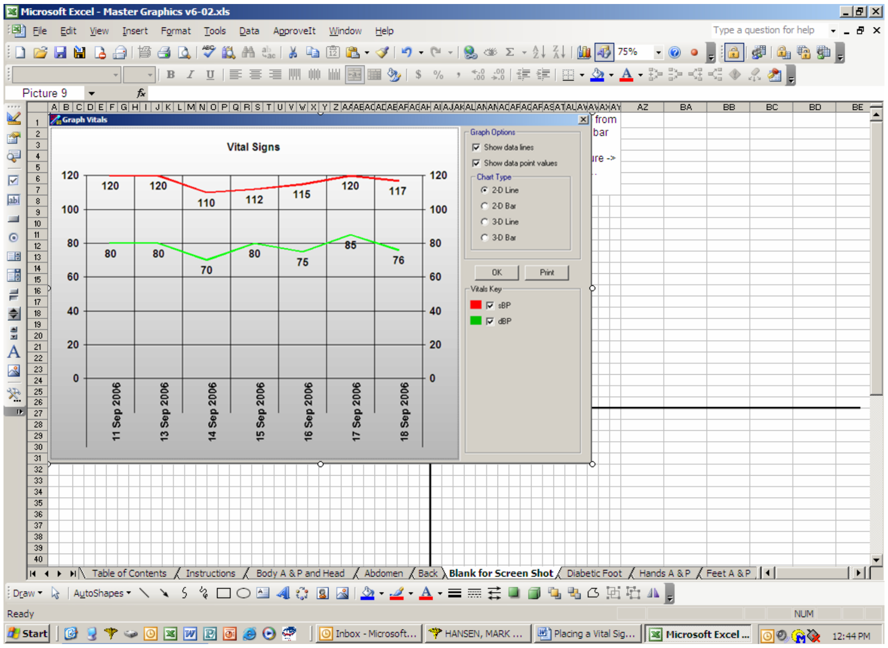
7. Open the Excel Master Graphics file click on the **screen shot tab**. (There's a button on the main screen to get you there.)



Excel Sheet

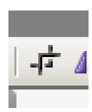
8. Right click in the big box to paste the image into the spreadsheet. This large box is pre-sized to fit the **Add Note** section in AHLTA.

9. The final image must be resized to fit in the large box to prevent it from being cut off within AHLTA. You can use the drawing tool to crop and resize the image.



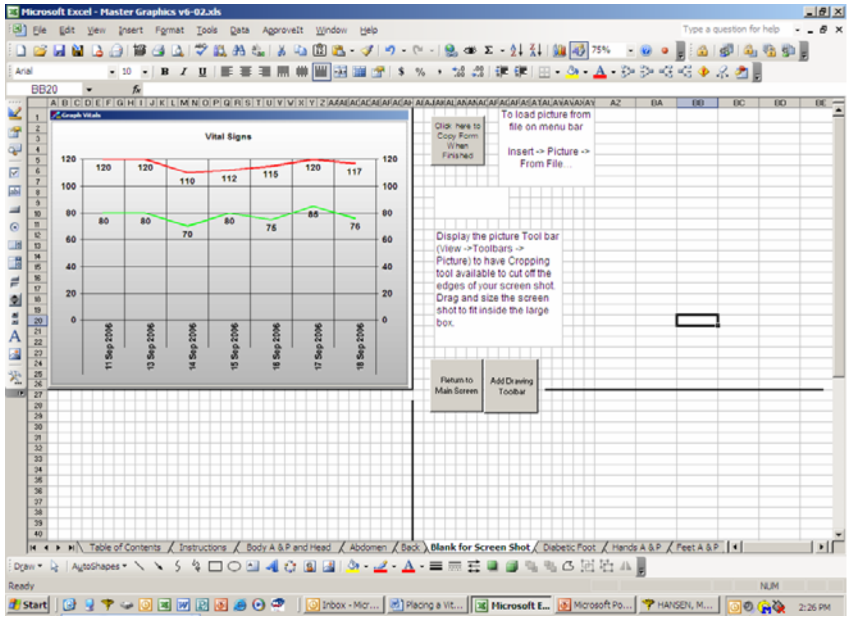
Excel Sheet

10. The cropping tool is found on the picture tool bar. To display, Click on **View -> Toolbar,** select Picture.



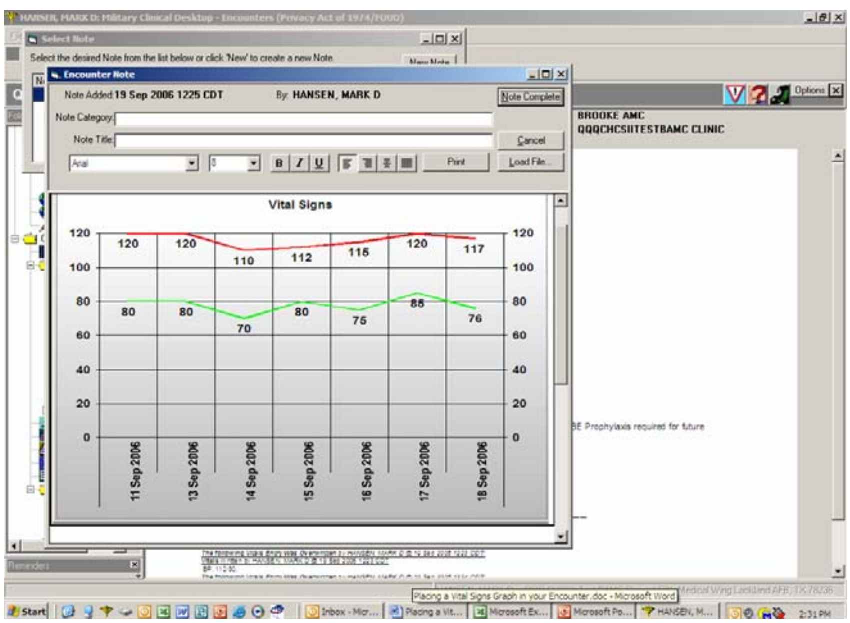
Crop Button

11. When the image has been cropped and sized to fit inside the sizing box, click on the button labeled "**Click here to copy form when finished**". This will copy your graph to the clipboard memory and minimizes Excel.



Excel Sheet

12. In AHLTA open the **Add Note** section either by appending a previous encounter or by clicking **Add Note** in the SF600 or the **Action Bar** in an open encounter.
13. Left click in the large bottom window, then right click and select **paste**. This will paste the graph into the note.



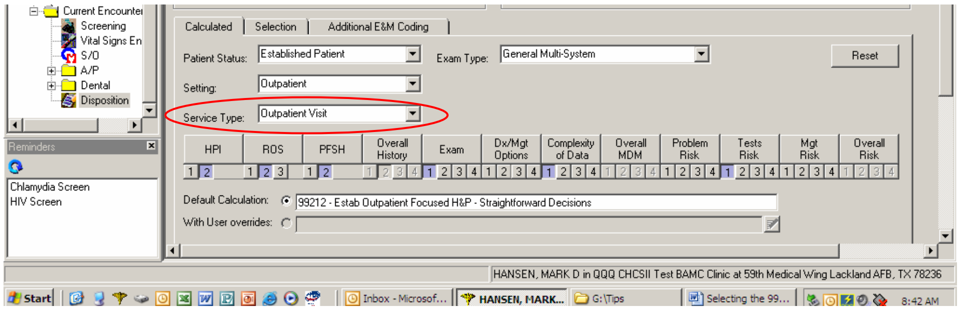
Encounter Note Window

14. Finally click **Note Complete** to save. The vital sign graph is now part of the encounter.

2.26 Selecting the 99499 E&M code

A few clinics must always change the E&M code to 99499 because of coding guidelines. In future versions of AHLTA, users will be able set this as their default. Until then, there are a few easy ways change this setting.

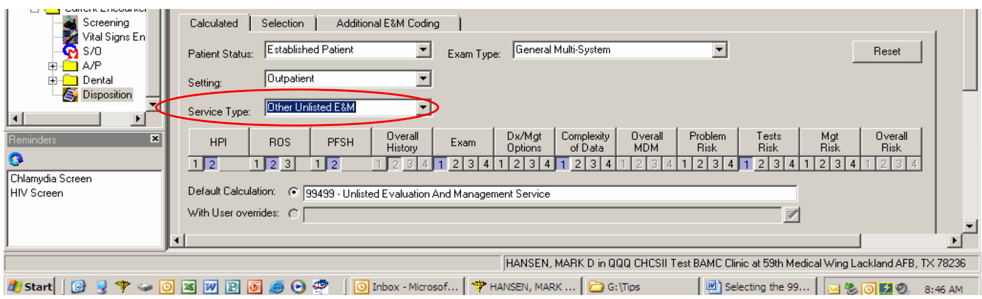
The E&M code is set in the Disposition module. The normal default settings bring up a calculated E&M code for and Existing Outpatient visit.



Disposition Module

A change of the Service Type to Other Unlisted E&M will change the E&M code to a 99499.

The easiest way to do this is to click in the Service Type window and use your mouse wheel and roll your mouse wheel up twice.



Disposition Module

NOTE: The Service Type field will still be active even if your mouse pointer isn't in that field. If you move your mouse pointer else where on the screen, movement with the roller wheel still effects the Service Type field. Make sure you don't inadvertently change the setting in this field before closing this module.

You can also click on the down arrow for the Service Type box and move up two options.

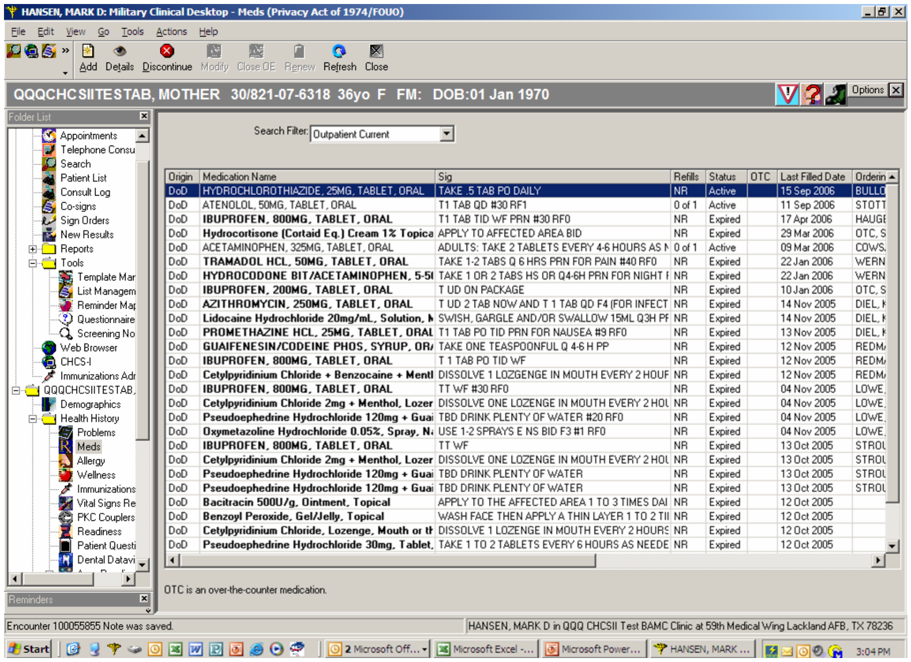
If this encounter will also be a "No count" encounter, selecting that option will also change the E&M code to a 99499. This method should only be used if the encounter will be a no count.

2.27 Sorting the Medication List

Often patients have quite extensive medication list. It may help find medication if the list was in alphabetical order. AHLTA can do easy!!

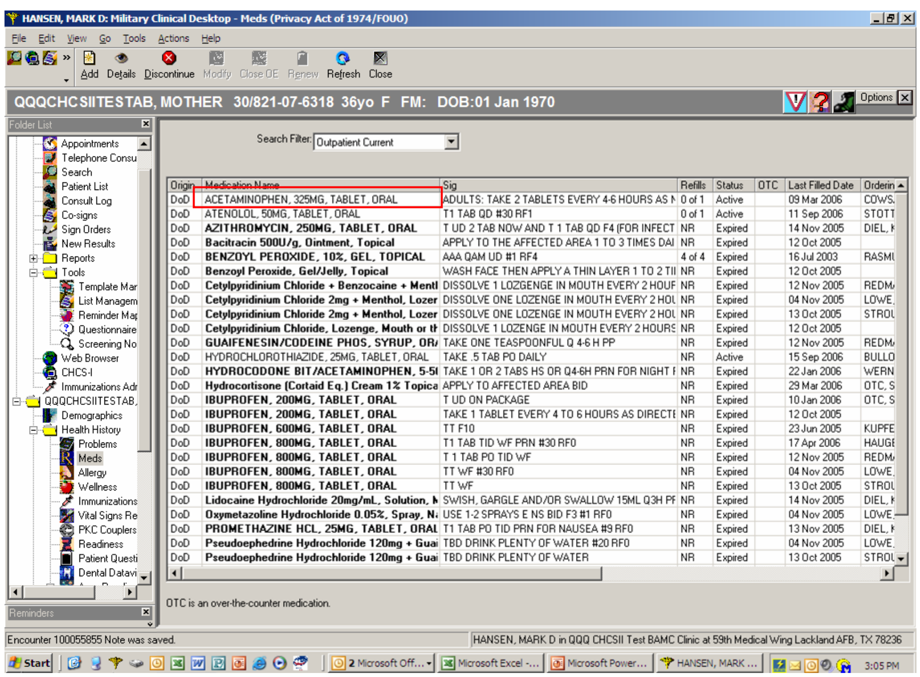
Just like in the appointment module, if you click on column header, it will sort the columns.

So if your meds list looks like the image below,



Meds Module

A simple click on the Medication Name column header will resorts the meds, see the image below.



Meds Module

Meds easy to find, repeat meds together allowing you to view all of them together.

Try sorting on the Status column, which will put all of your patient's active meds together.

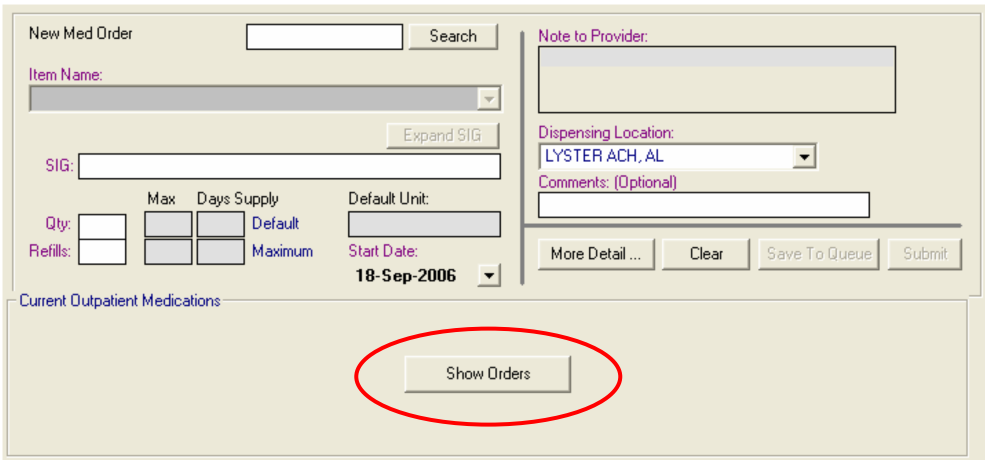
All with a simple click on a column header!

Most other columns in AHLTA will do the same thing. Give it a try!

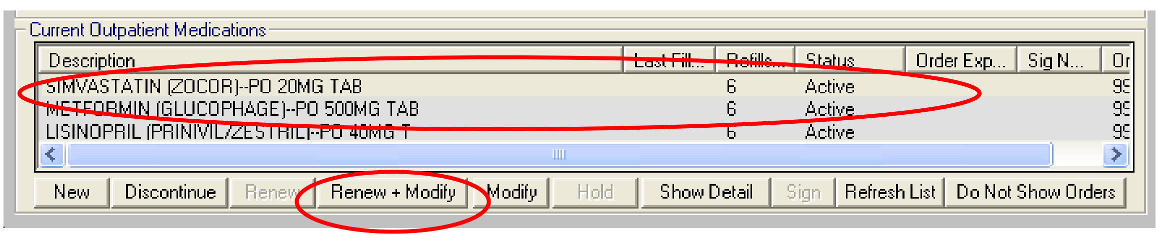
2.28 Renewing a Prescription

To renew a script for a med:

1. Open the **A/P** module, select the **Order Med** tab and click **Show Orders.**

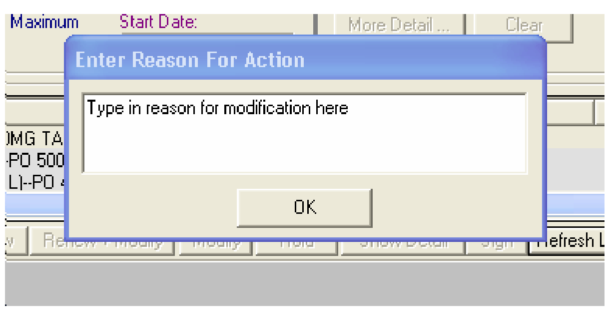


A/P Module—Order Med Tab



Show Orders

2. Click the med to be renewed, then click **Renew and Modify**.



Enter Reason For Action Window

3. Put in the reason for the modification in the text box.

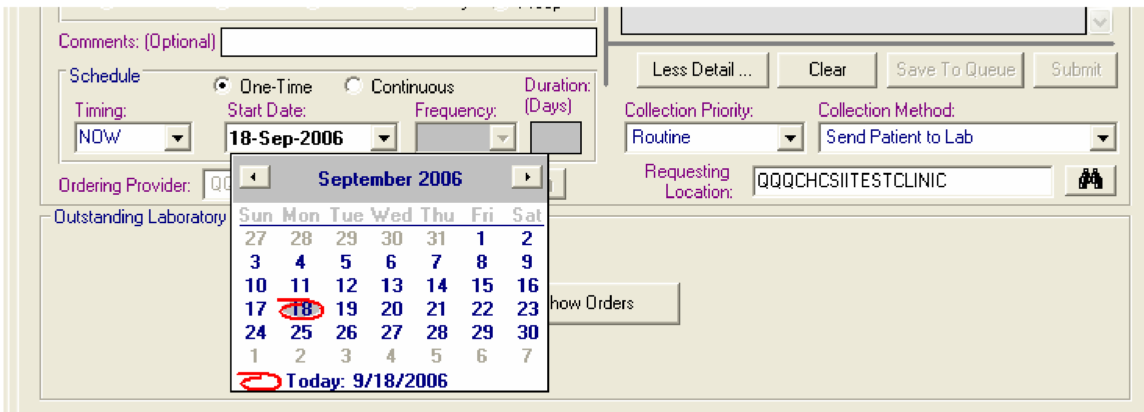
4. Click **OK**. Make sure the dispensing location show is the patient's default pharmacy (usually at your facility).
5. If **Renew** is clicked, the order will go to the original filling pharmacy.

2.29 Ordering a Future Dated Lab or Rad Order

Lab tests and radiology exams can be ordered to be done in the future. This will keep the order active but unable to be performed until the date and time you specify.

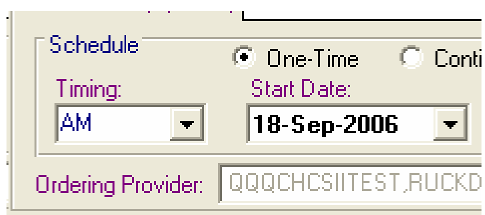
Within the Order Lab tab, click the **More Details** button. This will open up the bottom of the screen where you can advance the date. The lab will not be able to accession the lab test (arrive in the lab) until that date and time.

When ordering labs or rads to be done in the future, be sure to reset the timing field. It defaults to **NOW**. When the patient shows up for the lab test, the lab will not perform the test until the time specified. A real problem if the order was created at 4:00 PM and the patient comes to the lab in the morning.



A/P Module—Order Lab Tab

Set the Timing to AM to ensure that the order can be processed by the lab on the day you specify.



Timing

2.30 Styles of documentation

The flexibility of AHLTA allows for a variety of styles if documenting the S/O note. The use of these styles will depend on the type of patients you are seeing and desired availability of a wide variety of templates as well as individual computer expertise.

There is no right way or style of documenting within AHLTA. Often this would depend on the users individual writing style, how savvy the user is with computers, the users typing skills and desire to type free text vs. the desire to scan a longer list of options and many other factors. These factors will usually translate into the types of templates the users has in their favorites lists and quickly available for use. No matter what style is used, getting the documentation done as quickly and efficiently while capturing all pertinent medical data is the prime goal. The solution will be different for each user.

Documenting positive and negative symptoms separately. Some providers find it easier to keep the positive symptoms separate from the negative symptoms make it easier to focus in on the positive findings. This is done by pre-positioning all symptoms in the ROS section and using the ROS\HPI button to move only those positive symptoms to the HPI area. This method can be used with either disease specific templates or the default or overarching type of templates.

Condition or disease specific templates. These templates are built around documenting a specific disease, complaint or reason for visit. Symptoms and physical findings included in the template are focused just what the provider will be documenting when a patient comes in for this reason. Often providers will have many templates of this nature for the common diseases or conditions they see in their clinic. When using this style of template, there is minimal searching for terms and entering free text typing and providers may elect to use the Autoneg feature of AHLTA to document negative findings and symptoms quickly. These templates must be tailored to the way the provider practices to be able to quickly document common items quickly.

Overarching or Comprehensive template. There isn't single word to label this kind of template but some have called them "First Load" or "Default" templates. These types of templates are built to handle a wider range of diseases or complaints and can be loaded automatically when the user enters the S/O or A/P modules. The purpose of this template is to speed documentation when you do not have a disease specific S/O template or encounter template. The terms contained in this template will cover documentation on many conditions and contain common terms such as general appearance, normal lung sounds, normal abdomen statements, and other common symptoms and common physical findings. When this style if template is used, the autoneg feature is not used.

As with all encounter templates, there are two main parts that are linked together, but are really separate. These two parts are the S/O template and the encounter template which will pre-position shorts lists of diagnosis, orders, procedures, and other therapies.

Overarching or Comprehensive S/O template. This S/O template will contain the common terms providers document on a wide variety of patients within Medcin.

Pre-positioned in the **HPI section** are the Chief Complaint, Visit For and HPI free text box. The patient's history is entered in free text, purposefully omitting specific symptoms that are best documented by using Medcin terms.

The PMH tab contains all the common social and history items. Also include some history free text boxes to document pertinent historical information easily. Pre-positioned free text can cover your medication and Master Problem List reconciliation is preformed statements.

The ROS tab contains symptoms your patients commonly complain of. Any symptoms your patient complained of can be selected positive and, with the use of the ROS/HPI "flip" button, this item is move into the HPI section. Use the duration and modifier buttons, as necessary, to document length of time and severity of the symptom(s). Use free text to capture any other pertinent information. Include a free text area to document symptoms not included in your template, don't spend a lot of time searching for terms.

The PE tab contains the alert and oriented information as well as commonly examined areas. Include the statements that will document your normal statements for each major area, (Lungs clear to auscultation, Heart Rate and Rhythm Normal, No murmurs Heard, Abdomen, Soft, Non tender etc) as well as other common areas (Ears, nose, neck, thyroid etc).

The Test tab contains those common tests performed in your clinic such as EKGs, Occult Blood, Finger Sticks, etc. and provides an area to document those results. If you perform "wet reads" of x-rays, you can include a place for your readings. There is no need to include a place to document results of test performed in the lab because those can be brought over from the Lab module.

Overarching or Comprehensive Encounter Template. Each area in this template should contain those items (diagnosis, procedures, orders) you use most often. When this template is brought up in the S/O module, set as your default, each of the lists will display

Diagnosis Tab. Include your most common AND those hard to find diagnoses. If this lists get to be long, you can put the most common diagnoses in the favorites list to separate the two.

Order Set tab. Listed in the order sets tab are all the lab test your order routinely. Also listed are the common x-rays and medication ordered. Your practice will, of course determine what orders are this order set. Perhaps common antibiotics and pain meds could be listed here too.

Procedures tab. This tab should contain the procedures done in your clinic. Since is may a shorter list, you may want to list them all.

Other Therapies. You can list many items that cover a wide variety of diagnoses as well as the PPIP (Put Prevention into Practice) items. This will make the documentation this information take less time. Your "Return to clinic if worse or new symptoms" and "Watch for Sign and symptoms of infection" statements can be pre-positioned here to have them available quickly.

The Overarching S/O and encounter template work best if they are linked so when load the encounter template, it will take effect in all applicable areas of your encounters.

Using a Overarching template. As you start your documentation, many users go to the A/P module first. By going to the A/P section first, you can get the orders submitted and document some information to remind you about the patient if you need to move on to your next patient and complete the documentation later.

With the overarching template set as your default, the diagnoses will automatically display. If you know the diagnosis(es) at this time, go ahead and select it/them. Search for any diagnoses not on your template. Don't forget about the problem list button. This will bring up all the active problems for the patient, which can be selected for easy documentation. If you are done with the patient, you can click on the comments/plan to document the plan on your patient.

Go to the order set tab to submit any necessary common orders. Don't for get to highlight the correct diagnosis so the orders are associated with the correct one. This will save time later. Of course orders can be submitted without a diagnosis if its not know yet.

When you go into the S/O module, your Overarching or default template will automatically display. Document all necessary terms in this template by going to each tab. Try to develop a method that will bring you to each tab only once (the first time through). Use free text only when necessary.

When you go to the ROS tab, click on the symptom the patient complained about and use the ROS/HPI "flip" button to move that term into the HPI section. Move up any other necessary terms. This will enhance your coding up to max of 4 items. (The Duration button and Modifier pull down box will also count for coding purposes.)

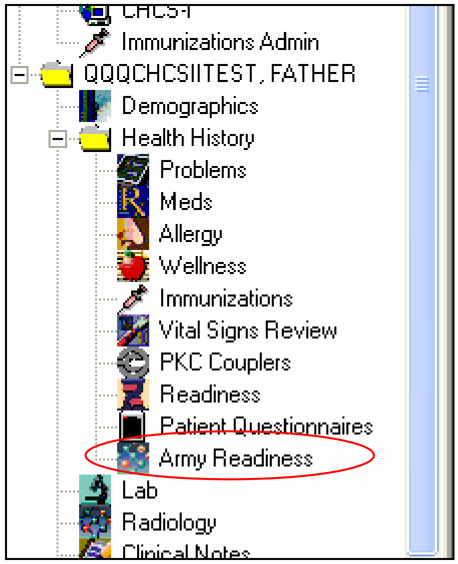
The Diagnosis Prompt Button. Now, you have got the general stuff documented on your patient, what about the disease specific items? The Dx Prompt will filter Medcin and display the terms associated with a specific diagnosis. At first, you will be presented with a short list of the most common terms, by click on the List Size button, the list size will expand two times.

Any items in common with your default template will display, already selected so you know you don't have to select them again.

Now all you need to do is go to disposition and sign your note.

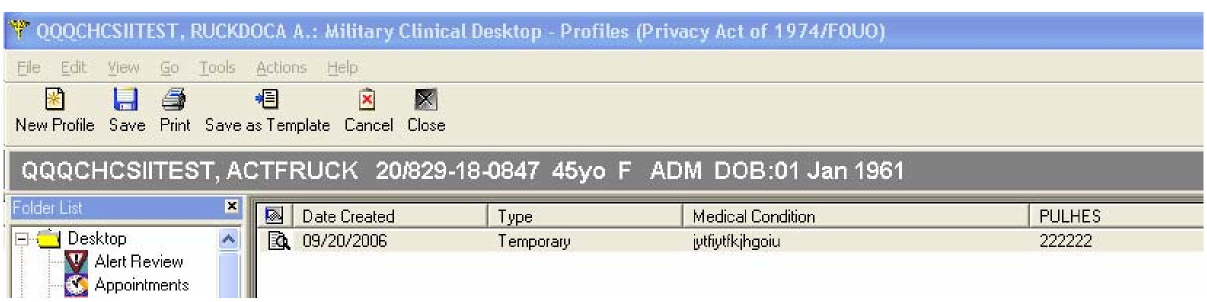
2.31 Completing the Army Long Form Profile

Completing and keeping track of the Long Form Profile (DA 3349) for active duty personnel can now be accomplished using AHLTA instead of paper. To utilize this feature, providers must have a special Role added to their provider profile. If the **Army Readiness** Icon isn't visible in the **Folders List**, contact your AHLTA / CHCS Administrator and request the "OMG_Test" role



Folder List

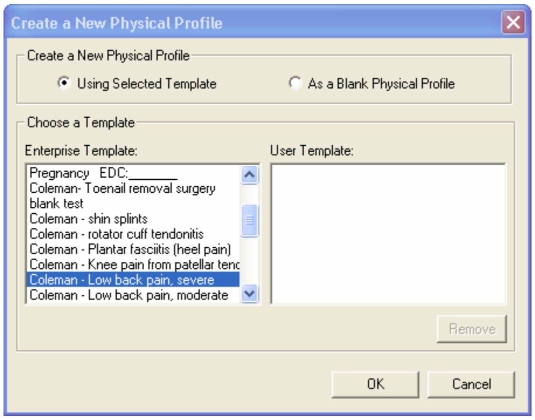
Clicking on **Profiles** under **Army Readiness** in the **Folders List** opens the **Army Profile** module. Any profiles entered for this patient can be viewed and managed here. This is also where any new profiles are created



Army Readiness Module

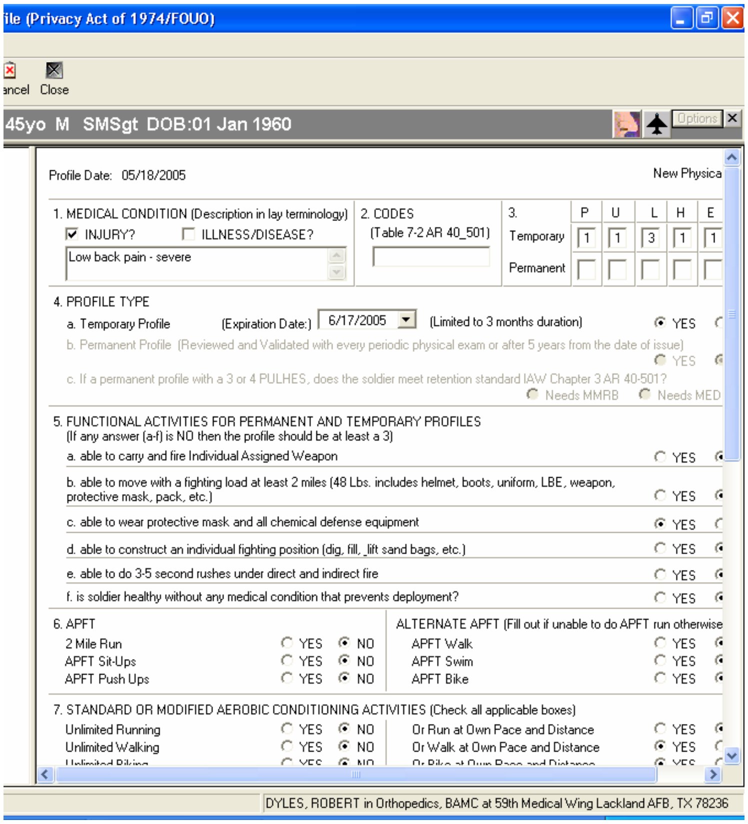
To create a new profile, click on the **New Profile** icon on the **Action Bar**.

The new profile can be created from either an existing Enterprise template created by AMEDD or a user template you, as provider, created. A new profile can also be "created from scratch" as a Blank Physical Profile.

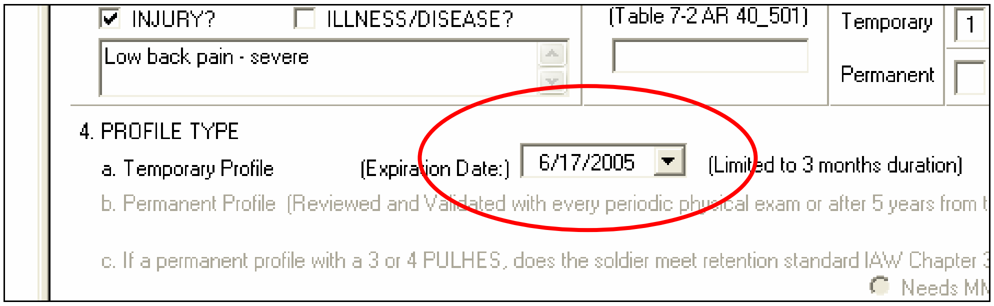


Create a New Physical Profile Window

The Enterprise template and user Template profiles already have information filled in, however this can be changed to suit the individual details of this patient.



Army Profile



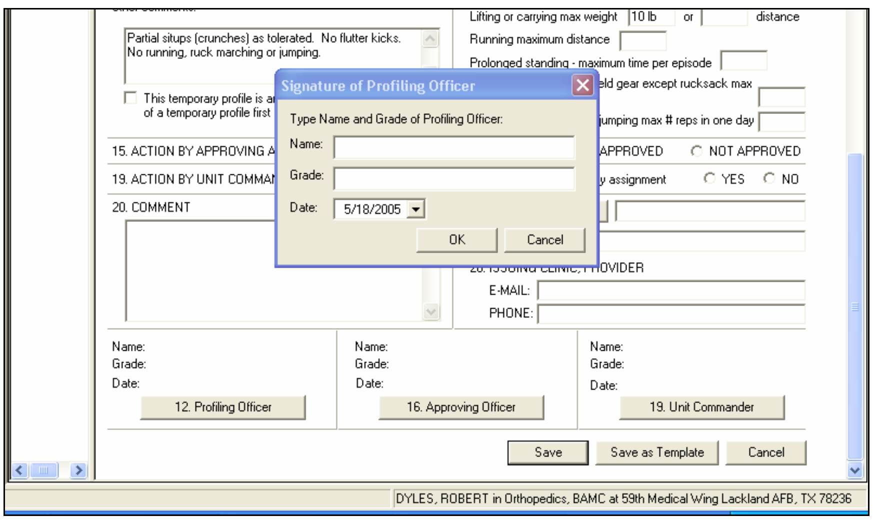
Profile Type

The temporary profile defaults to 1 month and has a maximum duration of 3 months.

NOTE: While the form says the max duration is 3 months, it is actually 90 calendar days. Keep this in mind since most three month periods contain 92 calendar days.

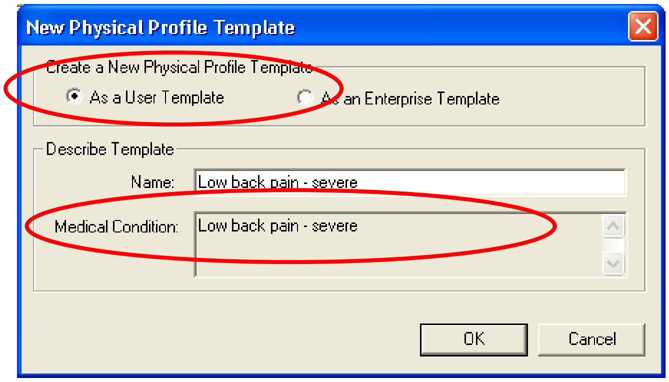
Click on the **Profiling Officer** button and type in Name, Grade and select the Date. Click **OK**.

To complete the profile, click **Save** or **Save as Template**. Saving as a template retains all the information in the profile including the profiling officer's name, etc.



Signature Window

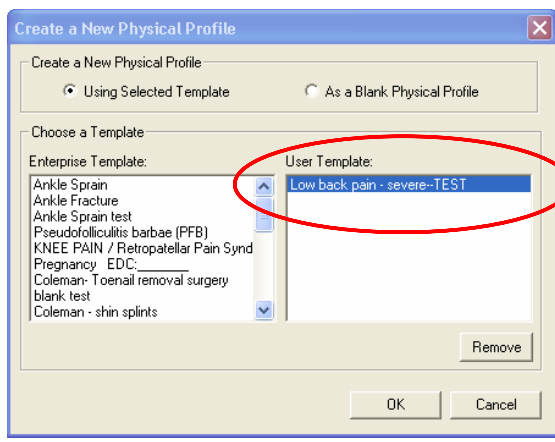
Clicking **Save as Template** will prompt for additional information.



New Physical Profile Template

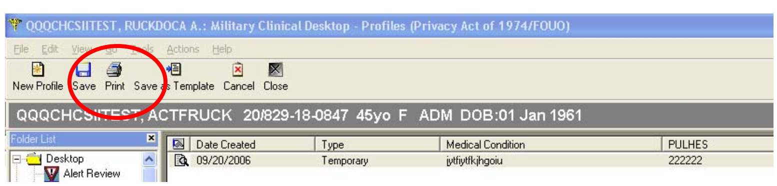
Select **As a User Templat**e and give it a relevant **Name**. Click **OK**.

A new profile can now be created from this **User Template**.



Create a New Physical Profile Window

To print the profile, highlight it and click the **Print** icon on the **Action Bar**. It will print to the default printer for that workstation.

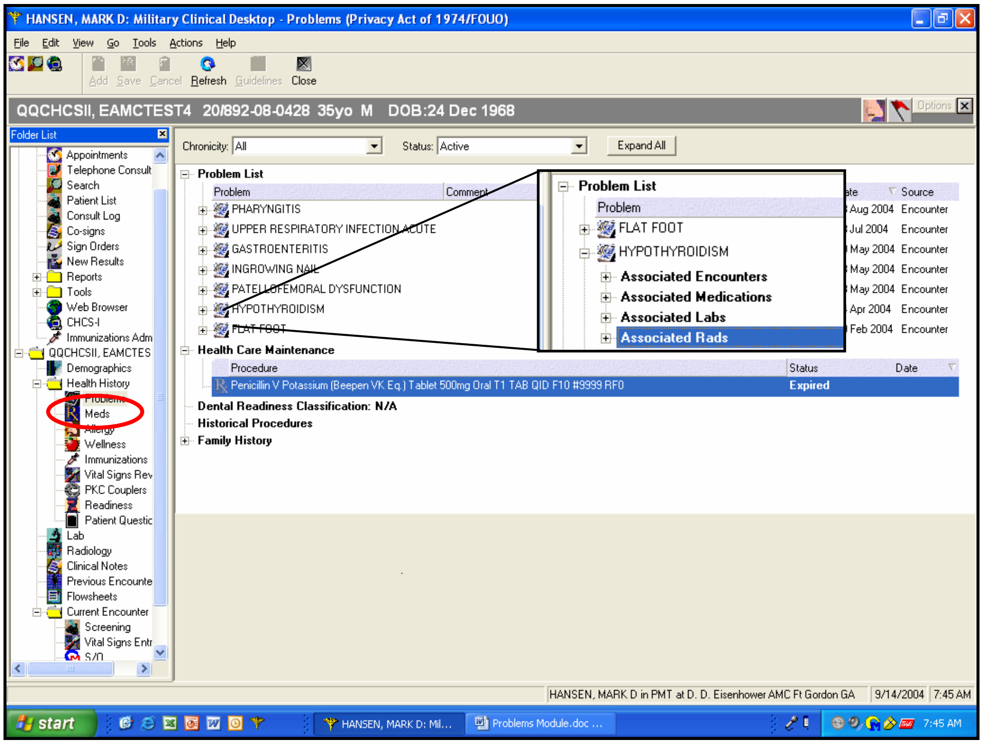


Army Profile Module

If the approving officer and unit commander have AHLTA access, the profile can be completed and saved in AHLTA.

2.32 Problems Module

The Problems Module can provide, in a nutshell, what has been done in CHCS II for a particular diagnosis. This module will list all the encounters for a particular diagnosis, all the medication, lab orders, radiology orders that have been associated with the diagnosis.

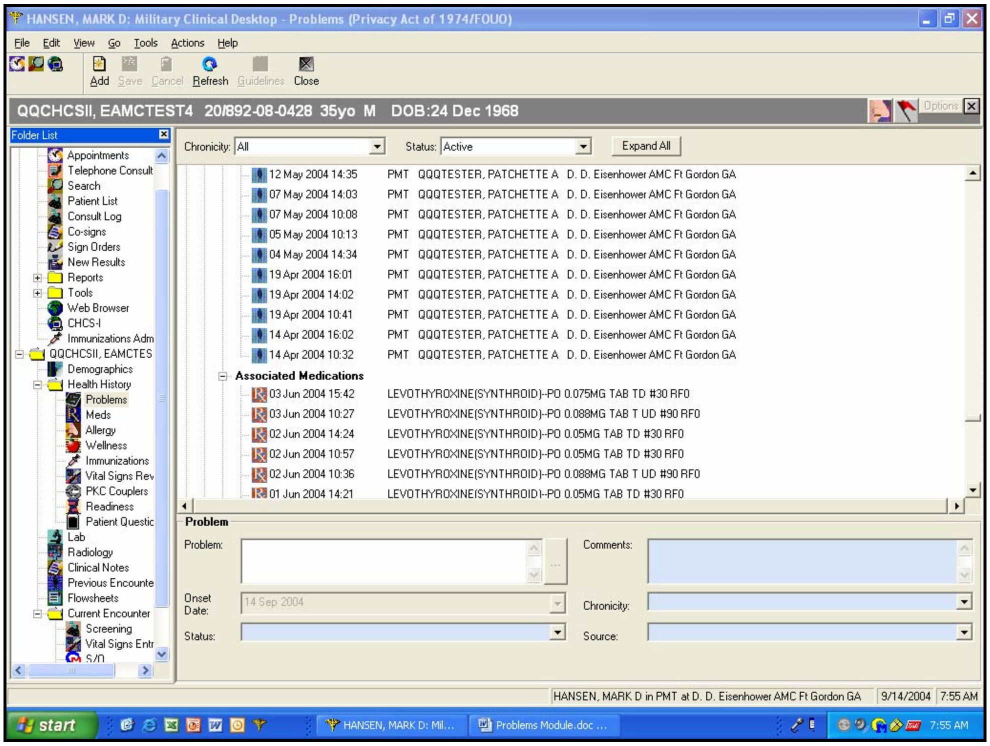


Problems Module

As you document on your notes and perform the assoication between the diagnosis and the orders, this informaiton automatically populates here in the Problems Module.

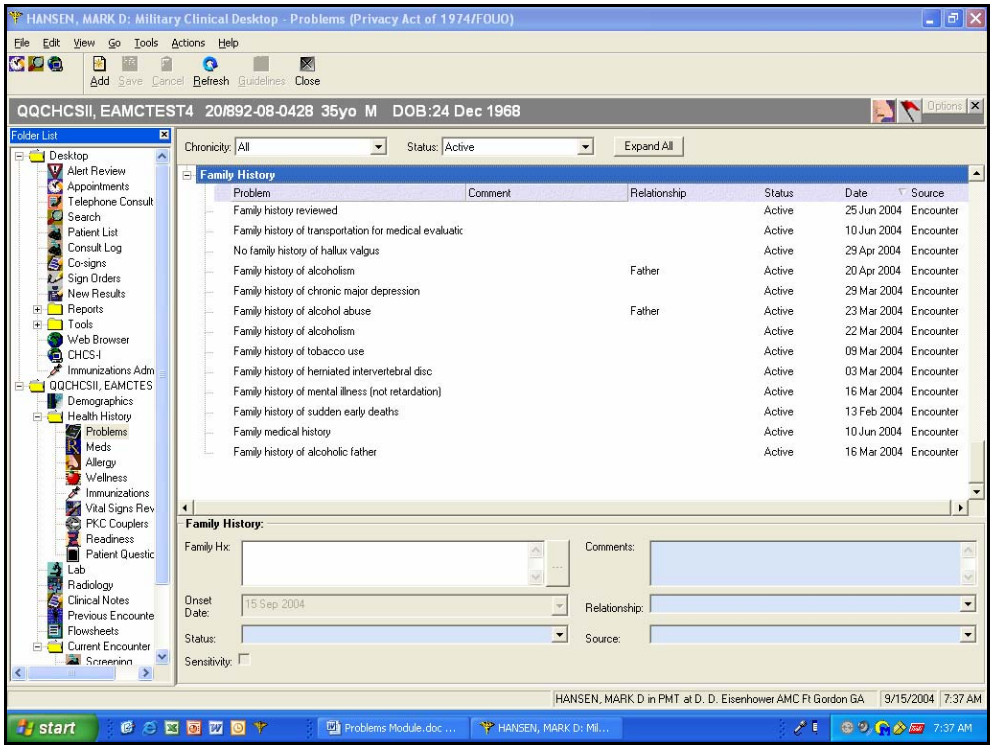
2.32.1 Course of Treatment

This module also gives you an indication how many times this person has come in for a diagnosis, what was the course of treatment for the diagnosis and what exams, procedures and tests have been performed for the diagnosis.



Problems Module

You can gain additional information on each item by double clicking on it move to that module. Double clicking on the encounter will bring you to the Previous Encounters module where this encounter can be viewed. Doubling clcking on a med, lab or rad test will bring you to the encounter where it was orderd (See Note below).



Problems Module

Any items documented in the S/O module under family history are automatically entered in the family history section of the Problems Module.

NOTE: When routing to the Previous Encounters module you will only be presented with the last four encounters. If the encounter you clicked on in the problems module is not one of the last four encounters, the encounter presented, will not be the encounter you clicked on. To view additional encounters, check the view all option in the Previous Encounters module.

2.32.2 Maintaining the Master Problem List

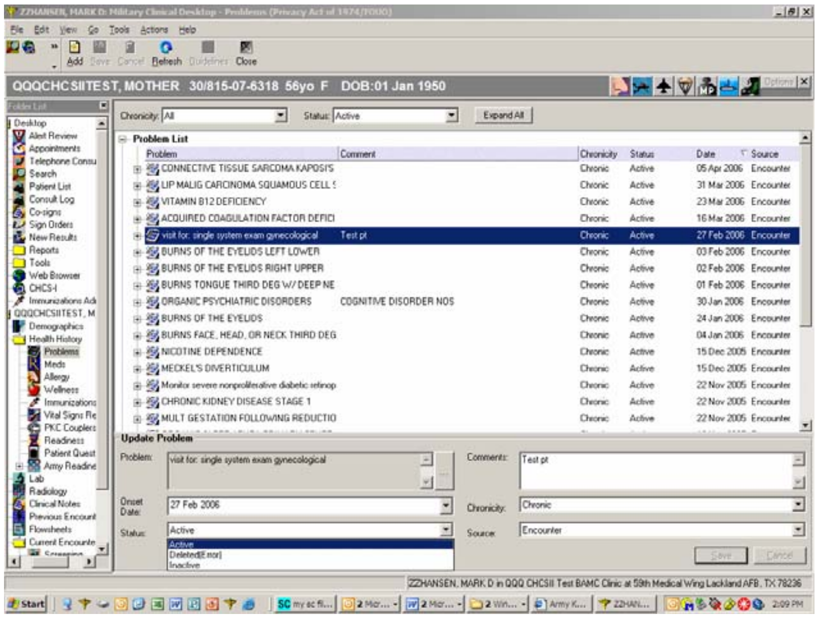
The Problems Module in AHLTA will contain a list of diagnoses for the patient. These diagnoses documented in encounters will automatically go to the Problems Module and will remain on that list until inactivated.

This Master Problem List (MPL) must be maintained by inactivating diagnoses which are no longer considered a problem. Once a diagnosis is flagged as inactive, it will no longer show in the AutoCite section of the encounter.

You have no doubt seen diagnoses such as Visit for: issue for repeat prescription or Sprained Ankle, or Patient Counseling etc showing up in your encounters as problems. These “Problems” are in the problems module because they we automatically brought over from an encounter. Each of these diagnoses should be inactivated so they are not documented in your encounters as an active problem.

You may also see similar diagnoses on the problems list. Perhaps the patient was first diagnosis with “Systemic Hypertension” and later on a more specific diagnosis of “Essential hypertension, benign” was determined. The more general diagnosis should be inactivated so only the more specific single diagnosis is on the Problems Module.

Maintaining this electronic problems list is similar to the paper version of the problem list. That's why they were written in pencil, so the problems can be erased when they are no longer and active issue.



Problems Module

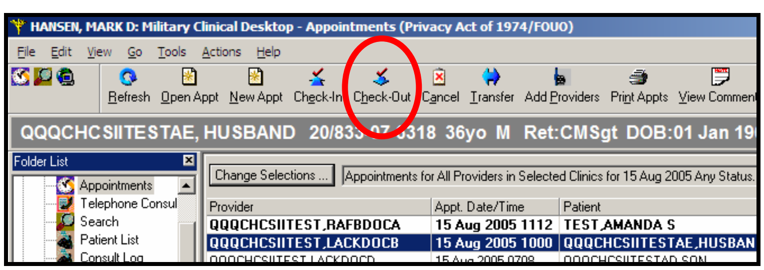
Inactivating an old diagnosis is a simple process. Within the Problems Module, single click on the diagnosis. In the lower part of the screen, there is a status box. Change the status to Inactive and click on Save. That diagnosis is now inactivated and will not be AutoCited in your encounter.

If your encounter was already open, when you return to the encounter, you will need to click on the AutoCite button to perform an AutoCite refresh, which will remove the diagnosis from the problems area of your encounter.

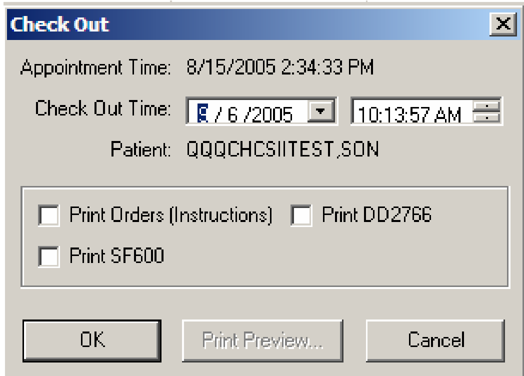
2.33 Patient Check out

In the Appointment Module of AHLTA, there is a check-out feature which will allow the users to document, or check the patient out of their clinic. This is an optional feature of AHLTA that will allow the user to print out various products from AHLTA.

This feature is found on the Action Bar of the Appointments module.



Check-Out



Check Out Window

When selected, a dialog box appears allowing the user just to check out the patient, or select available printouts before checking out.

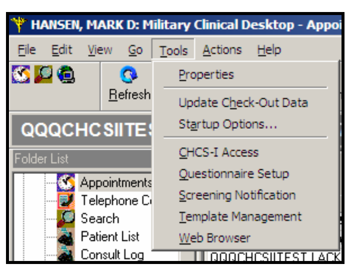
The date and time can be adjusted to the correct time. The DD form 2766 as well as the SF 600 (encounter form) can be printed out.

The Check out function can be performed prior to the provider completing the encounter documentation. Only appointments with the status of InProgress, Completed and Updated status can be Checked Out.

NOTE: A patient can be checked out prior to the encounter being completed by the provider. The DD 2766 and the SF 600 will only have current information.

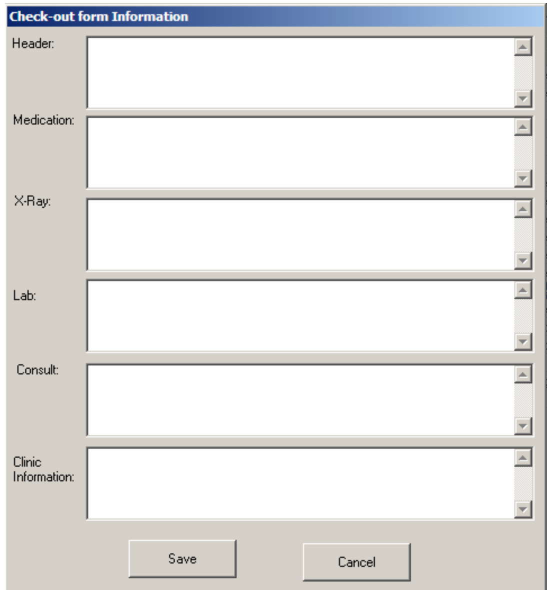
The Print Orders option will print instructions and orders for the patient to have as a record. This Patient Check out Form will contain Medication orders, X-ray or Radiology Orders, Lab orders, Consult orders and a list of the needed Wellness Reminders for the patient. This sheet can contain instructions for each category orders such as operating hours for the Lab and X-ray and the facility process for consults.

This Print out can be customized at the clinic level by updating the Check-Out data. The Clinic location set on the PC is the location that will be update when selecting the Update check out data.



Tools Menu

This information is filled out by each clinic and will be included on the Patient Check out Form.

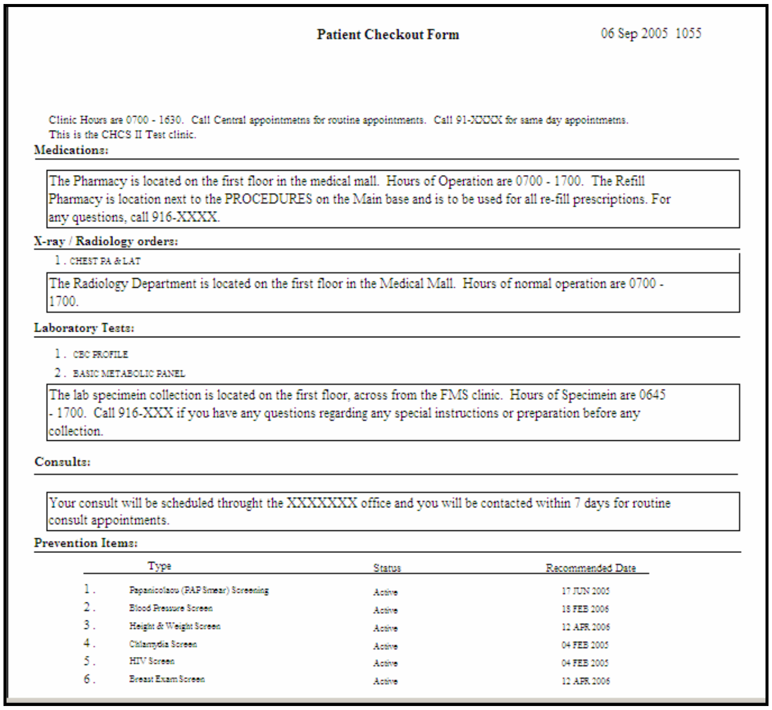


Check-out form Information Window

Examples of information that can be useful on this form would be the hours of operation and locations of each of the different department. Clinic specific information can also be included in this area.

When a patient is checked out, the clinic data for the appointed clinic will display on the Patient instructions sheet. Clinics with multiple sub clinics will need to enter data for each sub clinics that have appointments. To set up this checkout information, you will need to change the location of your PC to each sub clinic. Use Option File ->Change location. Entering this information in a Word document first then Copy / Pasting into CHCS II will greatly speed this process.

Example Patient Check out Form.



Patient Checkout Form 06 Sep 2005 1055

Clinic Hours are 0700 - 1630. Call Central appointmetns for routine appointments. Call 91-XXXX for same day appointmetns.
This is the CHCS II Test clinic.

Medications:

The Pharmacy is located on the first floor in the medical mall. Hours of Operation are 0700 - 1700. The Refill Pharmacy is location next to the PROCEDURES on the Main base and is to be used for all re-fill prescriptions. For any questions, call 916-XXXX.

X-ray / Radiology orders:

1. CHEST PA & LAT

The Radiology Department is located on the first floor in the Medical Mall. Hours of normal operation are 0700 - 1700.

Laboratory Tests:

1. CBC PROFILE
2. BASIC METABOLIC PANEL

The lab specimein collection is located on the first floor, across from the FMS clinic. Hours of Specimein are 0645 - 1700. Call 916-XXX if you have any questions regarding any special instructions or preparation before any collection.

Consults:

Your consult will be scheduled throught the XXXXXXX office and you will be contacted within 7 days for routine consult appointments.

Prevention Items:

	Type	Status	Recommended Date
1.	Papanicolaou (PAP Smear) Screening	Active	17 JUN 2005
2.	Blood Pressure Screen	Active	18 FEB 2006
3.	Height & Weight Screen	Active	12 APR 2006
4.	Chlamydia Screen	Active	04 FEB 2005
5.	HIV Screen	Active	04 FEB 2005
6.	Breast Exam Screen	Active	12 APR 2006

Sample Patient Checkout Form

NOTE: Currently there are no reports that will pull this information to determine the length of time between patient check in and patient check out. These may be coming in the future.

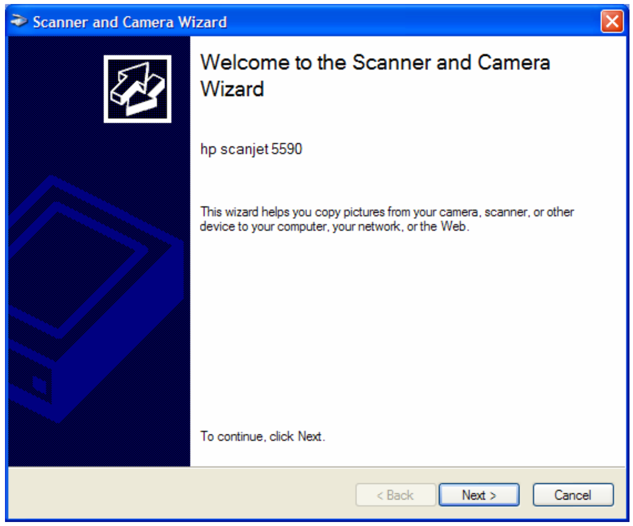
2.34 Scanning documents into AHLTA using Microsoft Word.

Scanning procedures are as varied as the software available we have available to use. These procedures use MS Word to size your full size sheets and will allow pasting of all pages at one time into an AHLTA Add Note or Clinical Note.

These procedures were designed and optimized for the HP 5590 scanner where the HP scanning software was not installed. This process uses existing Windows XP software and programs and emphasis was made to deal with multiple page reports.

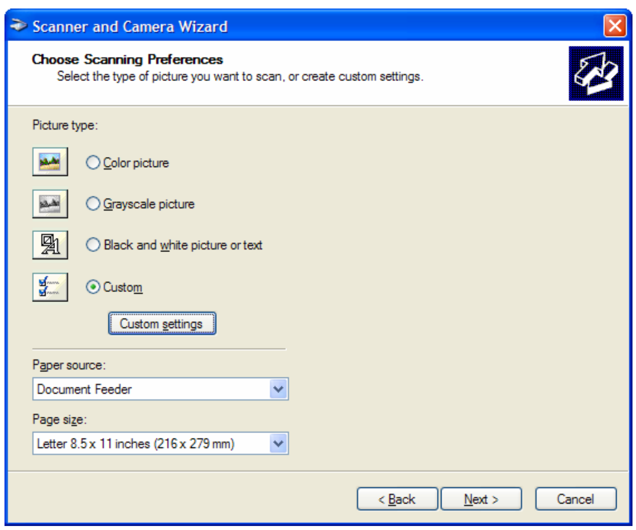
The scanning is done using the Scanner and Camera wizard. The image files are then brought into MS Word, in mass, where they are automatically resized. These image files are then pasted (again, in mass) into the AHLTA encounter or Clinical Note.

Once the scanner has been successfully installed an Icon will appear in the Scanners and Camera Icon in Control Panel. Click on Start and then control panel. Click on printers and other hardware (if in Category view). Locate the Scanners and Cameras Icon in Control Panel and double click the Icon for the scanner. Once the scanner Icon is clicked the following scan wizard will start. Click "Next" to proceed to the next step. (A short cut to the Scanners and Camera folder can be placed on your desktop for easy access.)



Scanner and Camera Wizard

After you click "Next" you will be presented with another step in the wizard. If pages were already fed into the sheet feeder the "Paper Source" will populate with a source of Document Feeder, if not, now is the time to insert your pages in the document feeder, then select document feeder from the Paper Source pull down box.

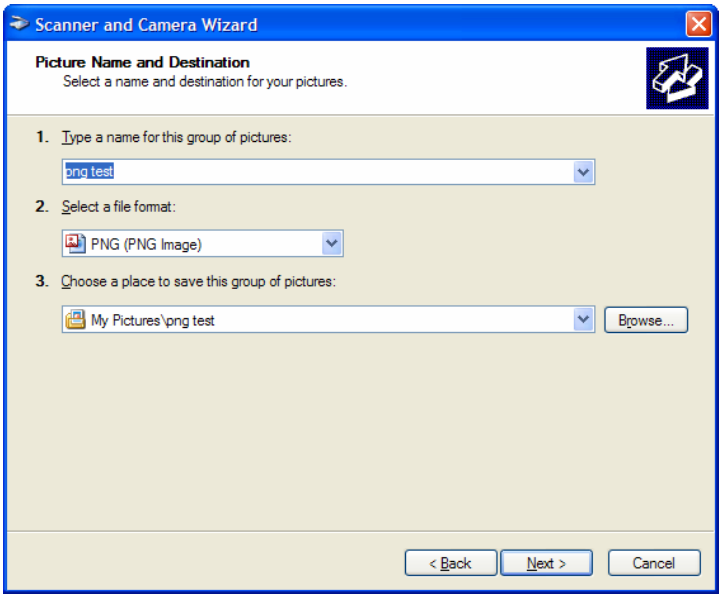


Scanner and Camera Wizard

Page size should be changed to Letter 8.5 x 11. Under picture type select Custom and then Custom Settings. Under Custom setting, change resolution from 200 to 150 dpi. If possible, ensure that Black and White is selected. Click OK and then "Next" to proceed. Changing both the resolution and settings to black and white will greatly reduce the file size and allow for faster saving. Change these settings only if it still allows for a readable image.

The next step in the wizard allows you to pick a destination for the scanned images. The default location for the scanned documents is under each individual user's profile - My Documents\My Pictures. If name is entered into field 1 - "Type a name for the group of pictures"; A new directory will be created under My Pictures reflecting the name of what was populated in this field. We suggest using the Patients last name. After these images are entered into the AHLTA encounter, these files can be deleted by deleting the folder.

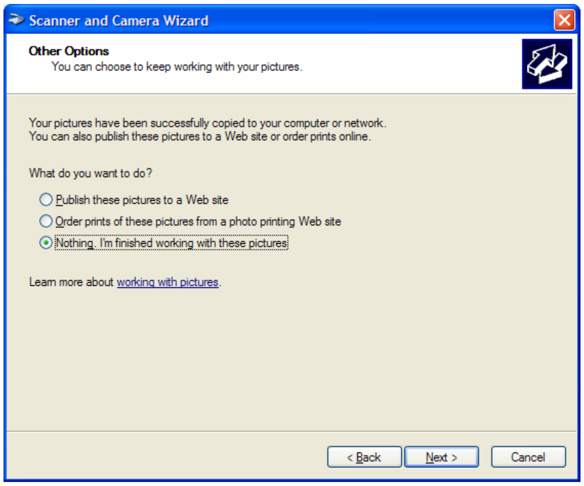
In Field 2. “Select a file format” select PNG as a format. This will allow for a reduced file size. Field 3 represents the destination of the scanned images and does not need to change unless the images are to be stored in a different location. Click “Next” to proceed.



Scanner and Camera Wizard

After clicking “Next”, the following scanner window will open and the scanner will begin to scan the images to separate files. The files will be named with the name provided and 001, 002 etc.

Once the scanner has completed scanning all the documents in the feeder, the next window will open. “Nothing I’m finished working with these pictures”, will be the default setting. Select “Next”.



Scanner and Camera Wizard

On the next window, select **Finish**.

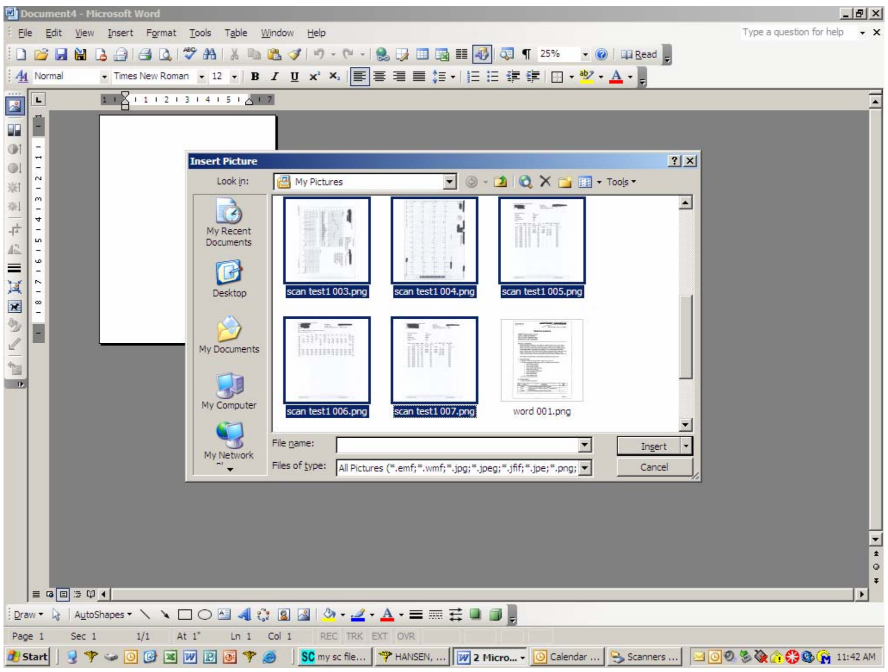
With the image files saved, open MS Word with a blank document. In testing, the margins did not require adjusting from the defaults settings of Left and right at 1.25 and top and bottom at 1 inch. If you find this isn't working, you may save a blank file with different margins and use that as a template each time.

Click on **Insert ->** **Picture ->** from **File**. (See information at the end of this document for instructions for placing a button on your tool bar for easy access to this option.)

Navigate to the folder where your image files are stored.

Select ALL images belonging to this patient. Click on Insert.

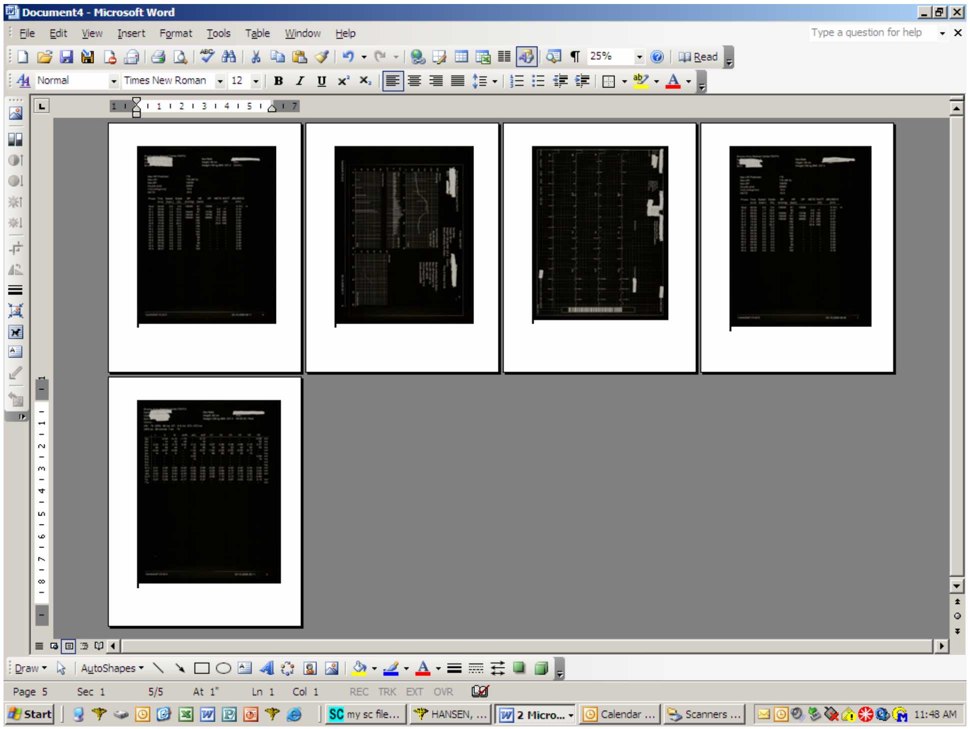
You may find it easier to view the document at 25% size so you can see all pages.



25% View

These images should fit one per page. Next you will insert a line after each image. This will allow all images to paste to the right of the Add note box. If this is not done, your images will attempt to go left to right and of course, cut off the right image in the Add Note box. Click just outside the lower right corner of the image and hit the enter key. The cursor should move to the lower left corner of the image. Perform this step for all images.

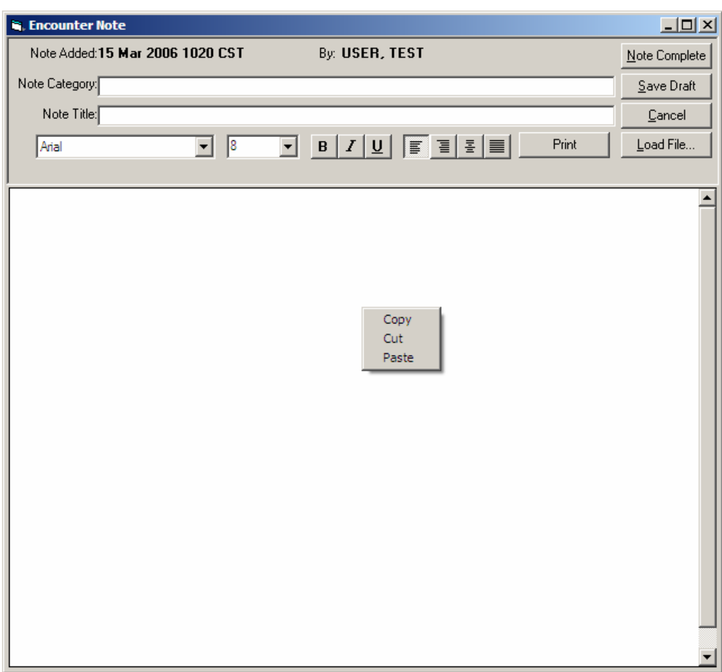
Select ALL images by using CTRL A or Edit -> Select all. (See information at the end of this document for how to place a button on your toolbar to easily perform this function). You should see all of your images highlighted in black.



All Images Selected

Once all images are selected, Copy them to your clipboard using CTRL C or Edit -> Copy.

Switch to your AHLTA encounter and open up an Add Note box. Select New Note Click in the large white work space (with the left mouse button) then right click in the same large white work space and select paste.



Encounter Note Window

The Note Category and Note Title are optional.

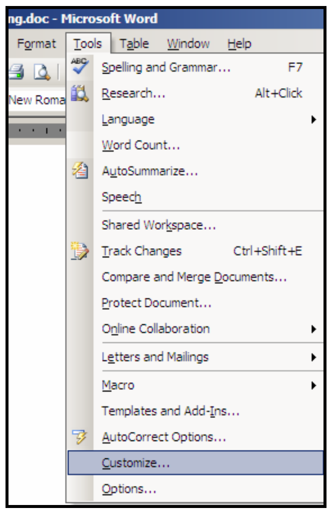
Click on Note Complete to save your note.

After all images have gone in click on note complete to save your note.

Scroll down through the encounter to insure all pages went in correctly and none are attempting to start on the right. If there are images starting to the right of another image, click on Add Note, then Edit Note to bring it back up. Ensure there is a blank line between each image. (It won't hurt anything to have two blank lines if you are unsure one is in there or not.)

You won't need to save your word document, but don't forget to delete your scanned images from you're my pictures directory. Also don't forget to empty your waste basket on your PC when you have completed the process.

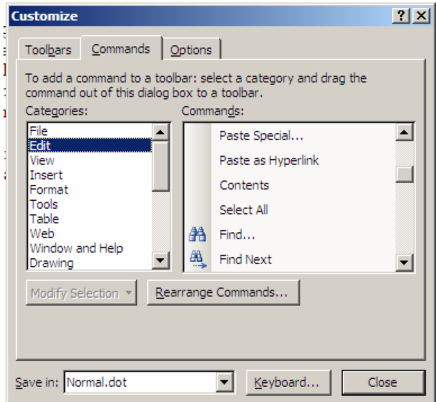
Adding a commonly used function to your tool bars. Microsoft has the capability to modify your toolbars at the top of the screen. For this process, you may find it handy to add the Select All and Insert Picture buttons for easy access. This option is located under Tools->Customize.



Tools Menu

This will bring up the Customize option box. On the center Customize tab, you will find most of the menu items on the menu bar.

Click on the Edit menu on the left, and scroll down to find the Select All option. Click and drag the item to your tool bar. The Insert Picture from file option is found under the Insert menu on the left.



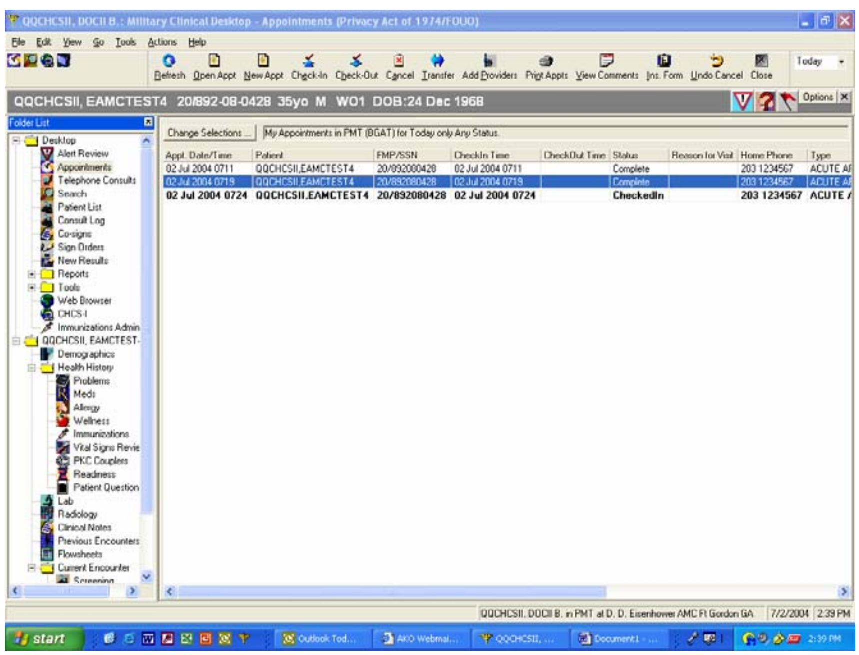
Customize Window

With the loading of additional printer drivers, you may be able to scan multiple documents straight into Word. This eliminates the need to save your documents on your hard drive and delete them later.

2.35 Decreasing Desktop Clutter

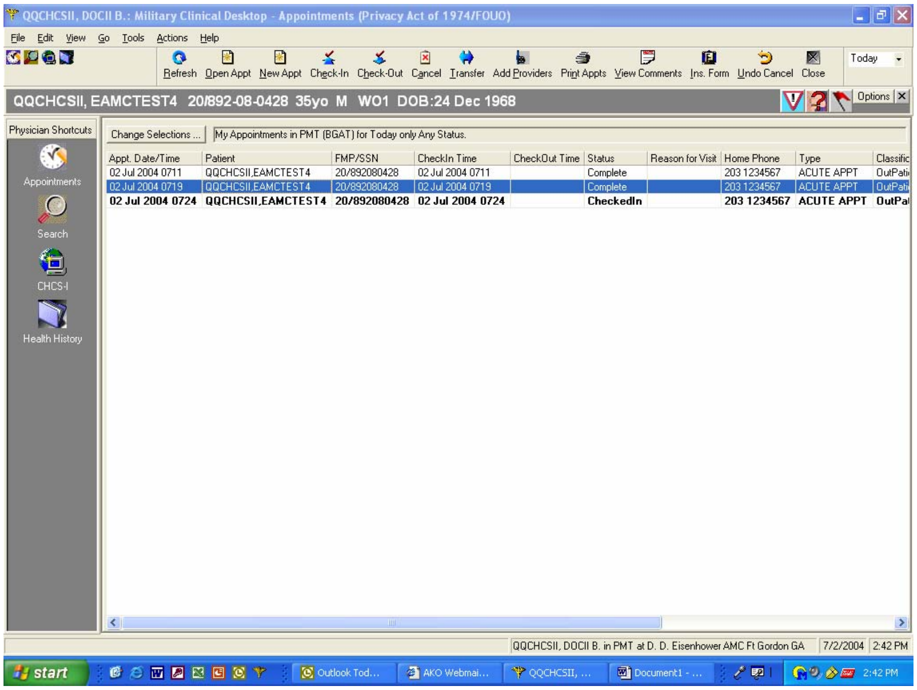
AHLTA can have two distinct looks. These two different looks are user definable.

The first is when the user uses the folder list for navigation. This is the most common but some users feel the screen is too crowded.



Appointments Module

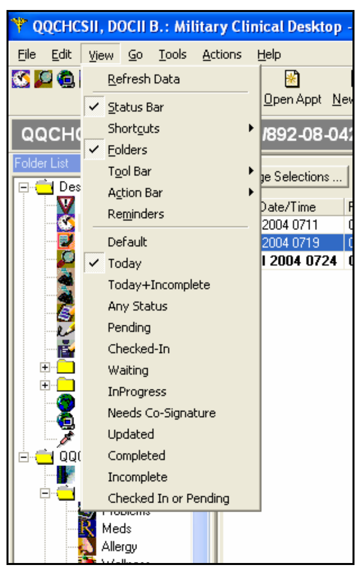
The second look uses the Physician Short Cut bar. This short cut bar is available to all users regardless of their user role.



Appointments Module

The user can customize the buttons that are visible. This may be a better solution if the user only needs to use a few modules.

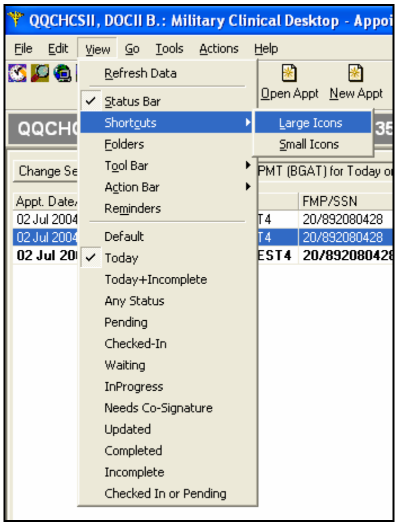
Changing these views is done in the view menu --located on the top menu bar.



View Menu

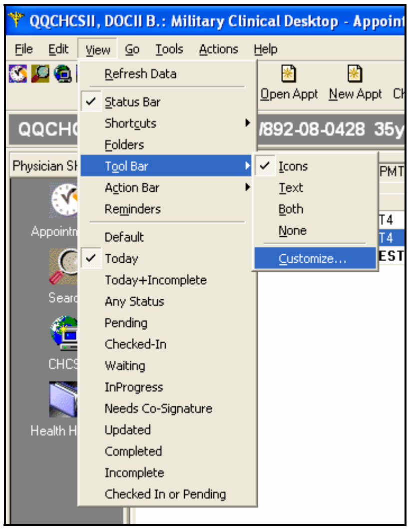
To remove the folder list, click on the Folders options and the check will remove and to folder list will disappear.

To add the Shorts cuts, go back into the View menu and click on Shortcuts. In the fly out menu, select large Icons (for now).



Shortcuts

The Physicians short cut bar is also called the toolbar. To modify the icons or buttons on the Physicians Shortcut menu, go into the view menu and select Toolbar and then select the Customize menu.

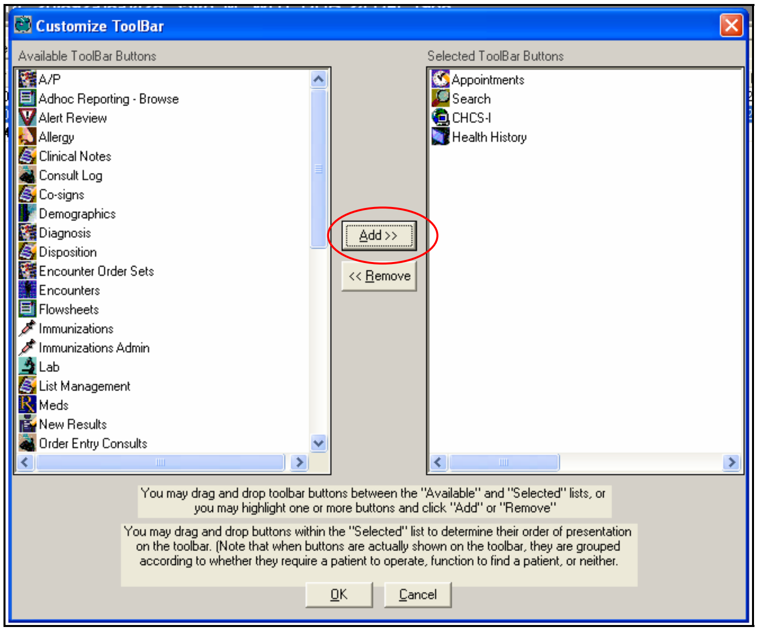


Customize

You then display the Customize tool bar dialog box.

Items displayed on the right are items that will display on the Physicians Short cut bar and on the Tool bar (upper left under the menu)

To move modules over to the right, click the module then click on “ADD” (or drag the module over).



Customize Toolbar

The order they appear in the right window will be the order they appear in the Physicians Shortcut bar. Modules can be dragged up and down to adjust the order they will appear on your screen.

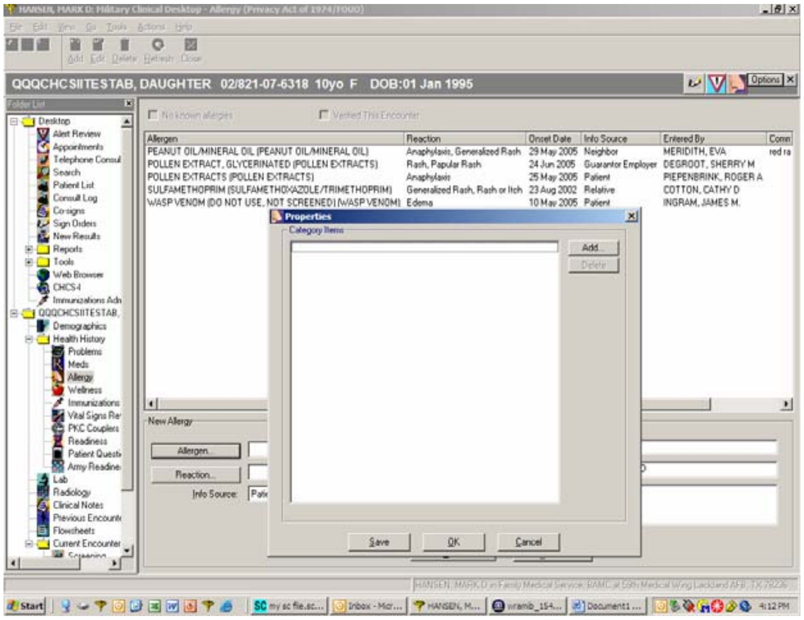
If you place any patient specific modules in your shortcut bar (Lab, Radiology etc), they will only appear when you have a patient selected. Click OK when you are done.

The Physicians Short cur bar works well for uses that only need access to a small amount of modules and can de-clutter their screens.

Users can use the “Go” menu for access into less commonly used modules.

2.36 Adding the “Other” Allergy in your pick list

In the allergy module, it’s quick and easy to add common allergies to the pull down box. The Allergy Module allows entries for medication and some environmental substances such as wasp venom, eggs etc. Some common substances not included in the file are Latex, dogs, cats dander, cashew nuts etc.. This can be documented as an “Other” allergy with allergic item in the comments section.

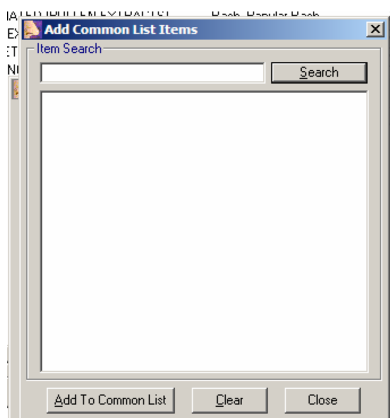


Allergies Module

By default, the Other allergy is not available in the pull down box and must be searched for using the Allergen button. By placing the entry of "Other" in the pull down box, it will speed documentation **when that item isn't available in the list**, such as Dogs, Cat dander, Cashew nuts, or other comment.

To edit the Allergen comments box, click on the Options button. Then in the properties box, click on the Add button.

This will bring up the Search box where you enter "Other" in the search criteria. Select "Other {class}" and click on Add to common list. Then click on close. Click on Save then OK. Your new allergy is now in your drop down list, ready for quick documentation.



Add Common List Items

NOTE: This entry should only be used for items not in the master allergy list. If a Drug allergy is entered in this way, it could adversely affect the patient care because if will not react to any medication the patient is receiving to provide any drug – allergy warning. Only use this option when the specific allergen cannot be found.

3.0 AHLTA Quick Tips

CHCS II Version 837.2 contains over 3000 new MEDCIN findings in various specialties. In addition, pre-existing MEDCIN terms have been modified or retired. The descriptions on ICD-9 codes have also been corrected in the current release. Be aware of these updates when documenting the S/O and A/P sections of the encounter note. Users should be advised that while the text of a term may change, the term will not be removed from existing templates. If a term has been retired, it will not show up in the MEDCIN tree or in any templates that contained the specific term.

Consults orders for civilian clinics can be documented through CHCS or CHCS II. For an outside consult, an electronic copy of the consult is printed from either system and the patient hand-carries the consult order to the Provider at the civilian clinic. In the CHCS II Order Consults screen, select the **Civilian (DD 2161)** radio button for the Consulting Network, fill out the required fields, verify the Output Method as **Print Only**, and click **Submit**. The consult is documented and printed. Each site will handle this process slightly differently based on how they review and manage consults going out to the network. The DD 2161 really should not be used at all unless a local site has a compelling reason to do so, since there is currently no intact means to track these.

Demographic information cannot be updated in CHCS II. Demographic and third party insurance information may currently be viewed in CHCS II, but any required updates must be done in the respective existing (Legacy) systems. Clinical staff should follow the business rules established by the local MTF.

If a new lab or radiology result is viewed and tossed or viewed and saved in the CHCS II New Results module, CHCS attaches an electronic signature to the result, indicating that it has been reviewed. If a result is discarded or forwarded in CHCS II, there is no write back to CHCS. This functionality is consistent with current CHCS business rules. In CHCS II, if you forward, the result now is on that receivers list in CHCS II, but will remain on the senders list in CHCS, until handled there as well. The Alerts section has a number of gaps in functionality between CHCS II and CHCS that are still evolving.

MEDCIN quarterly updates do not impact terminology documented in previous encounters. The original text of the note will continue to be saved in the RTF (rich text file) for a previous encounter. If the previous encounter is used as a Copy Forward template and includes a retired MEDCIN term, that term will not display in the S/O module. If the text of the term has been modified, the updated text will display in the S/O module.

CHCS II shall automatically default the Patient Status field for the current encounter in the E&M calculator to "Established" if the patient has been seen (kept an appointment) in the same clinic/specialty as the current encounter within the same MTF within the past 3 years. Otherwise, the Patient Status field shall default to "New”. Clinic/specialty refers to MEPRS code. MTF refers to DMIS ID. It is always a good practice to review this field prior to signing an encounter.

When customizing the PE portion of S/O templates, the *Current Vital Signs (Reviewed)* MEDCIN term should always be included. When selecting this term, the user will receive credit for reviewing the patient’s current vital signs as part of the E&M code calculation. If no vital signs were documented for a specific encounter, this term should not be emitted into the note.