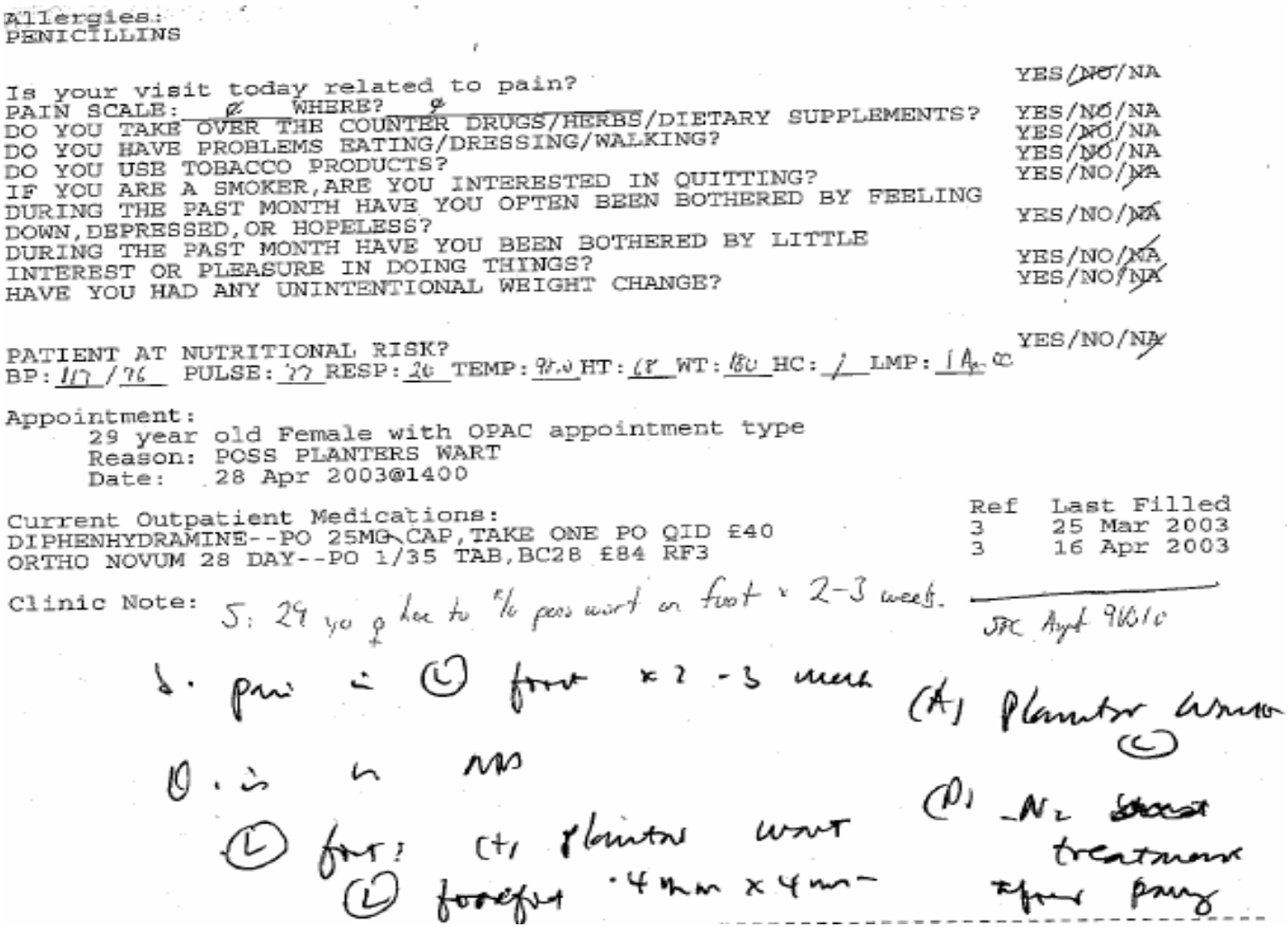
2 MINUTE PEARLS
Making AHLTA Notes More Readable and Clinically Useful

- Do you sometimes have a hard time telling what occurred during a patient's previous visit when reading an AHLTA note?
- AHLTA has led to vastly improved legibility of clinical documentation, but challenges remain with regard to readability and clinical usefulness
- This pearl addresses myths and provides suggestions to help improve the readability and usefulness of information in an AHLTA note

Were all of our notes really that great before???



Allergies:
PENICILLINS

Is your visit today related to pain?	YES/~~NO~~/NA
PAIN SCALE: ø WHERE? ø	
DO YOU TAKE OVER THE COUNTER DRUGS/HERBS/DIETARY SUPPLEMENTS?	YES/~~NO~~/NA
DO YOU HAVE PROBLEMS EATING/DRESSING/WALKING?	YES/~~NO~~/NA
DO YOU USE TOBACCO PRODUCTS?	YES/~~NO~~/NA
IF YOU ARE A SMOKER, ARE YOU INTERESTED IN QUITTING?	YES/NO/~~NA~~
DURING THE PAST MONTH HAVE YOU OFTEN BEEN BOTHERED BY FEELING DOWN, DEPRESSED, OR HOPELESS?	YES/NO/~~NA~~
DURING THE PAST MONTH HAVE YOU BEEN BOTHERED BY LITTLE INTEREST OR PLEASURE IN DOING THINGS?	YES/NO/~~NA~~
HAVE YOU HAD ANY UNINTENTIONAL WEIGHT CHANGE?	YES/NO/~~NA~~
PATIENT AT NUTRITIONAL RISK?	YES/NO/~~NA~~

BP: 117 / 76 PULSE: 77 RESP: 20 TEMP: 97.0 HT: 68 WT: 180 HC: / LMP: 1 Apr 03

Appointment:
29 year old Female with OPAC appointment type
Reason: POSS PLANTERS WART
Date: 28 Apr 2003@1400

Current Outpatient Medications:

	Ref	Last Filled
DIPHENHYDRAMINE--PO 25MG CAP, TAKE ONE PO QID £40	3	25 Mar 2003
ORTHO NOVUM 28 DAY--PO 1/35 TAB, BC28 £84 RF3	3	16 Apr 2003

Clinic Note: S: 29 yo ♀ here to ?/? pers wart on foot x 2-3 weeks.

JSC Appt 9601c

b. pain in (L) foot x 2-3 mos (A) Plantar wart (L)

O. is a NAD

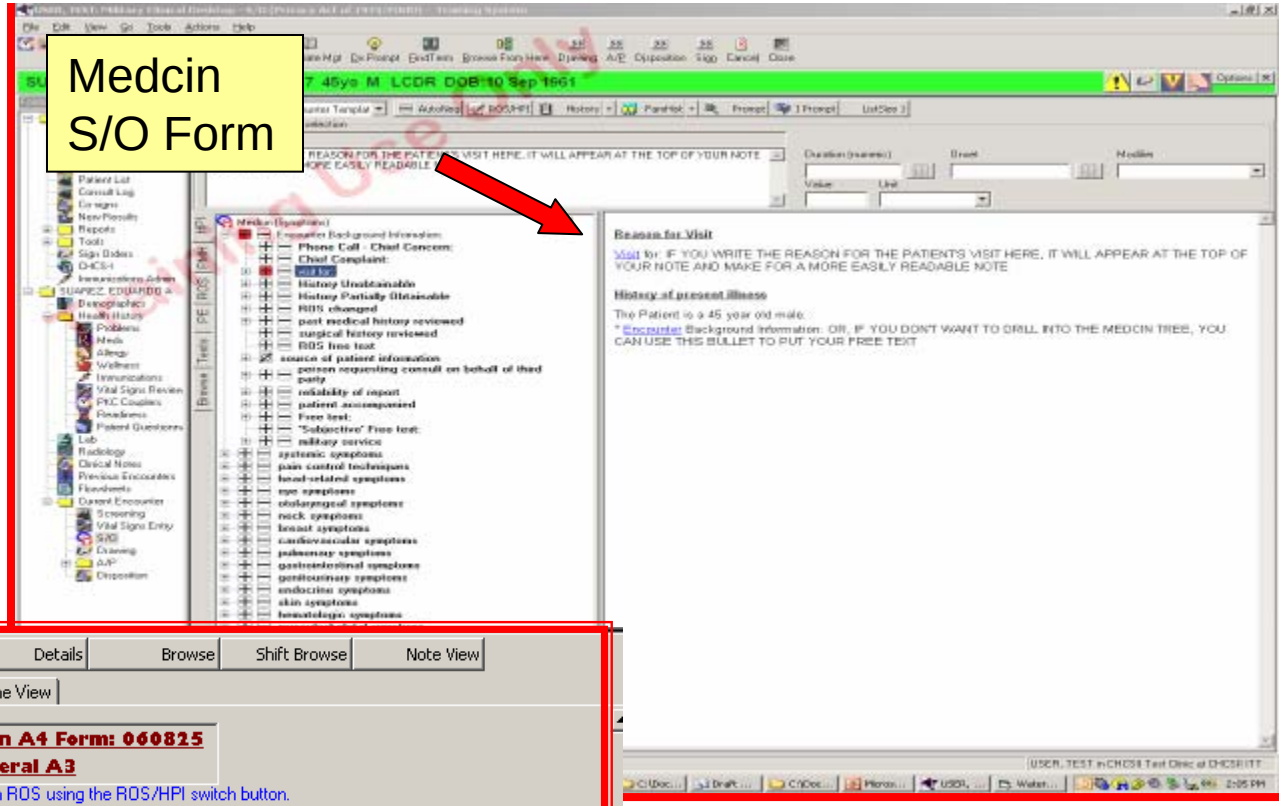
(L) foot: (+) plantar wart (L) forefoot ~4mm x 4mm

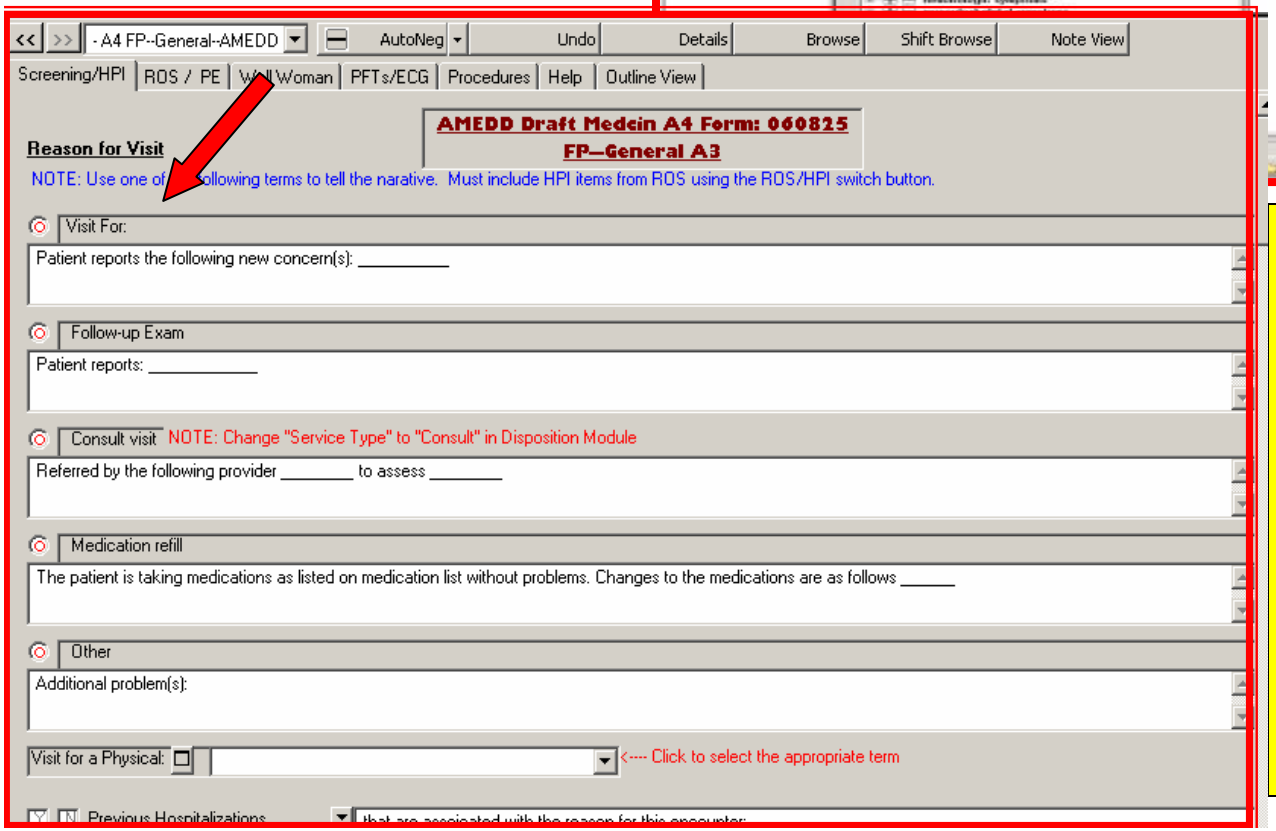
(P) N2 base treatment after pare

Tip #1- Use Free Text

- The AHLTA note must contain some Free Text.
  - Facts:
    - There is no AMEDD Prohibition against Free Text use
    - Up to ½ page of text can be placed after any MEDCIN term or in any AHLTA Comment Box (Text that is in excess of ½ page will be LOST)
  - Free text is most important in:
    - HPI -- to tell the story
    - A/P comment section -- to detail the differential diagnosis and to relay follow-up plans to other providers.
  - Added words or short sentences can be placed after ROS and PE terms for specificity (don't search deep into the medcin tree)
  - Without the above, too many boxes are checked and too little information is shared

In the Medcin S/O Module, initial HPI Free Text can be entered into the “Visit For” or other Encounter Background Information bullets to ensure that the free text information appears at the top of the note





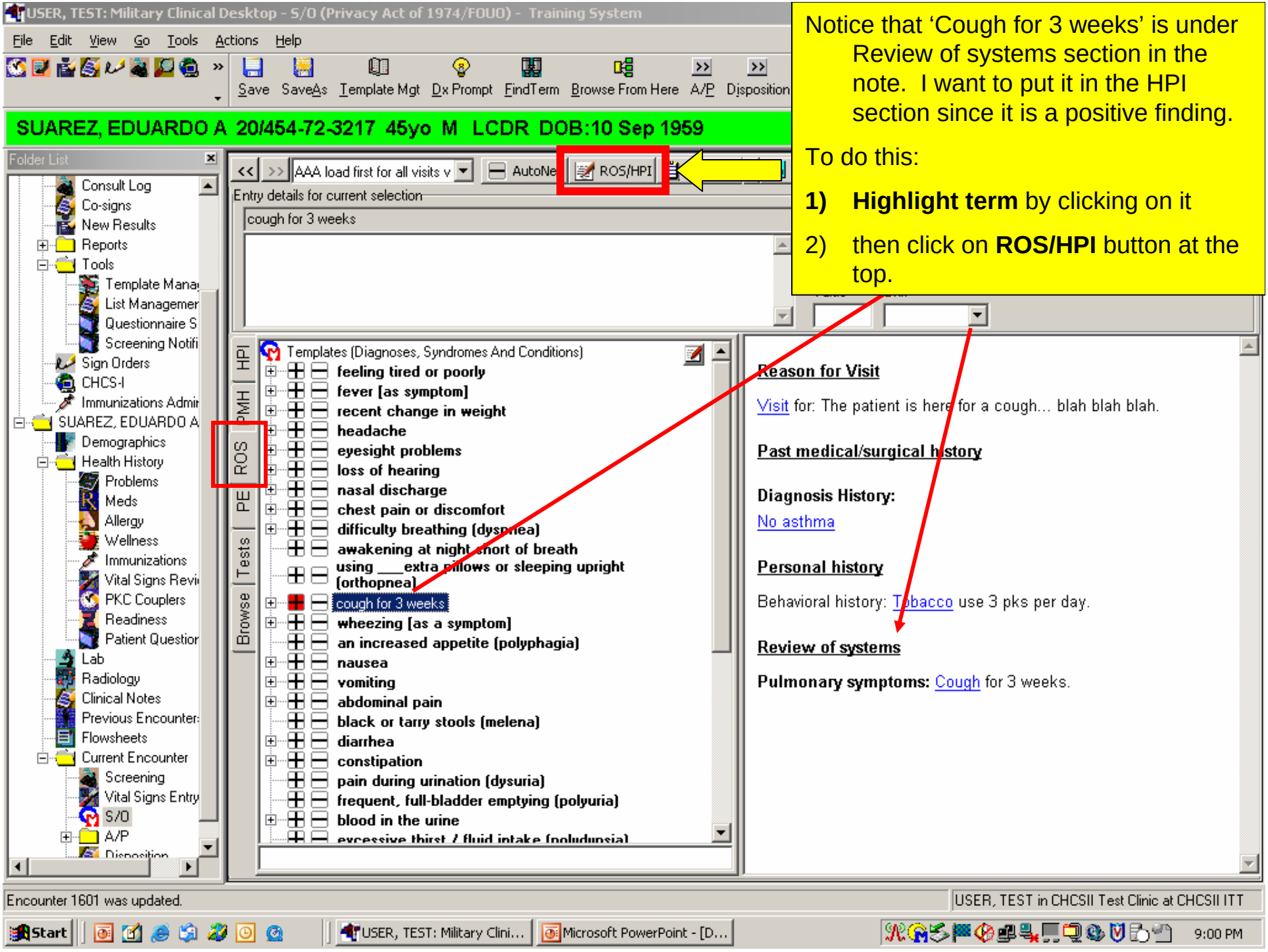
This can also be done with AIM Form. Most AMEDD AIM forms now have free text spaces on them to encourage appropriate free text use in HPI (see AMEDD Screening AIM Form here with “Visit For” bullet).

Free Text and Coding: Myth vs. Fact

- Myths
  - The AMEDD does not want free text used
  - Using free text makes AHLTA unable to code
  - The more buttons checked give a higher code
- Facts
  - AMEDD has always acknowledged the need to use free text appropriately
  - Free text can be used with AHLTA and still give accurate coding
  - The number of buttons checked are not as important as which buttons

Tip #2 – HPI/ROS Separation

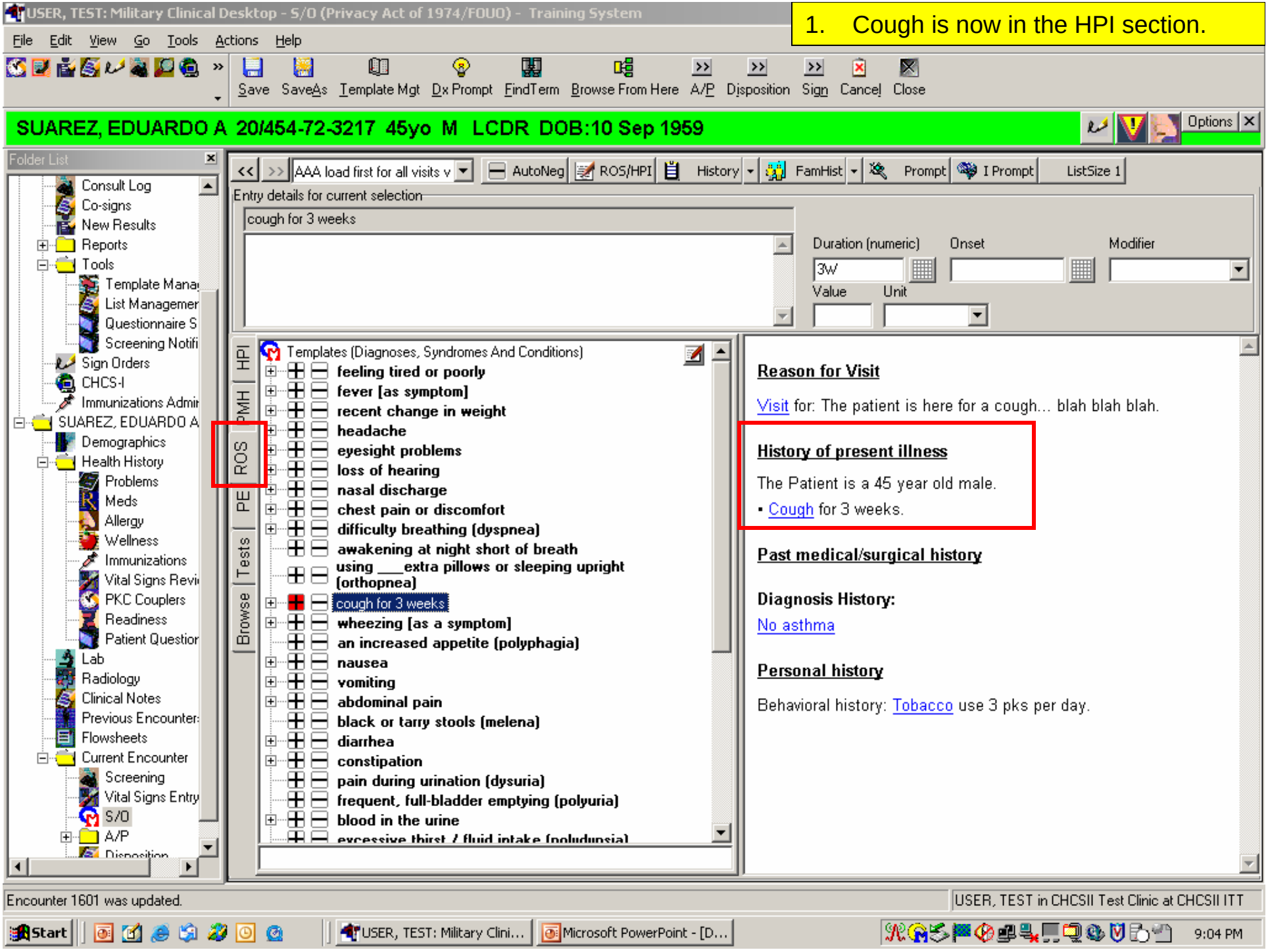
- HPI/ROS—Recommend placing all positive bullets in HPI, negative bullets in ROS (this way it is easier to find pertinent positives)
  - This can be done using HPI/ROS “Toggle” button in S/O Medcin Module or by selecting HPI and ROS buttons on AIM forms.
  - In AHLTA Version 3.3, this toggling can be set to occur automatically

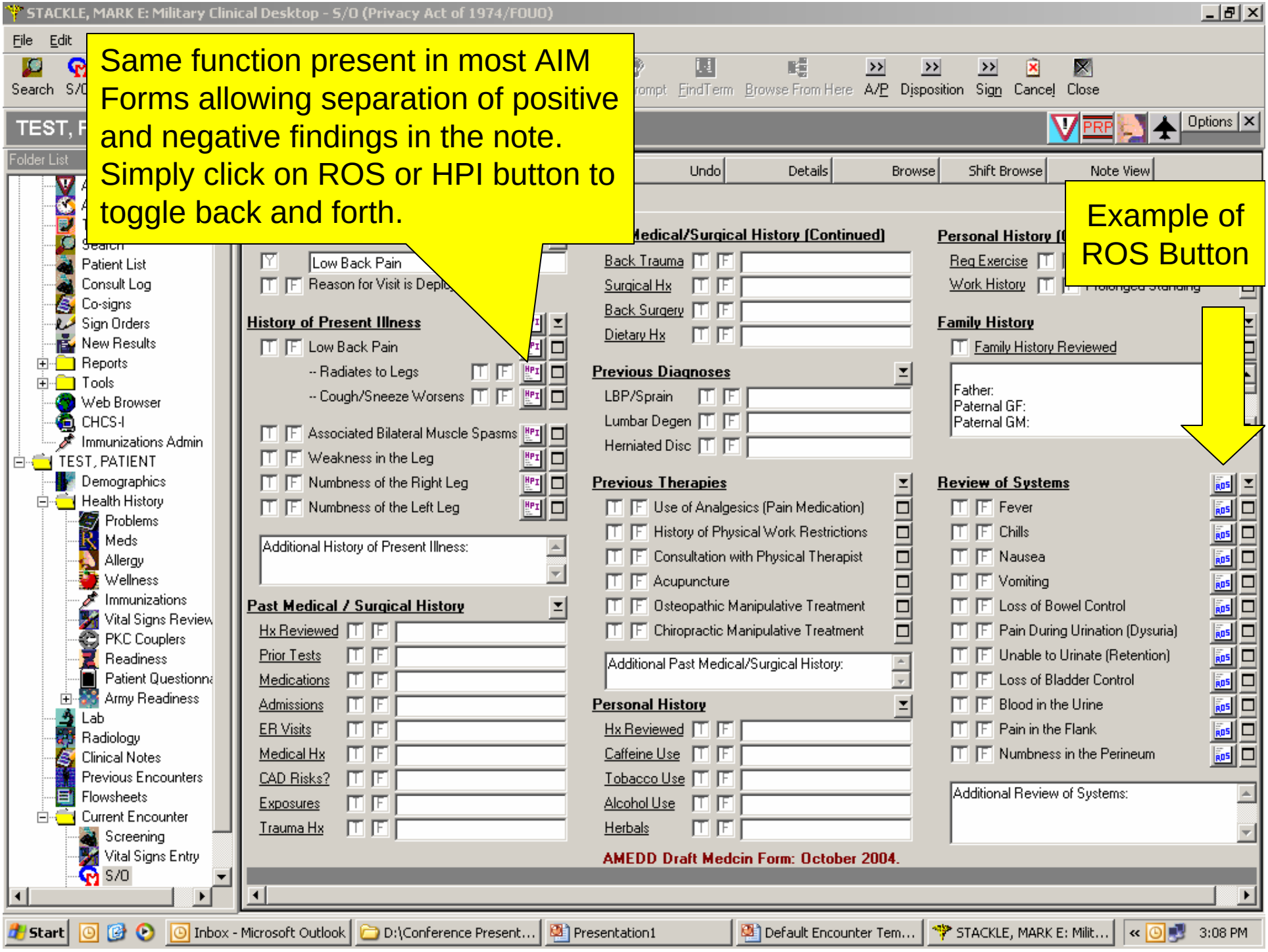


Notice that 'Cough for 3 weeks' is under Review of systems section in the note. I want to put it in the HPI section since it is a positive finding.

To do this:

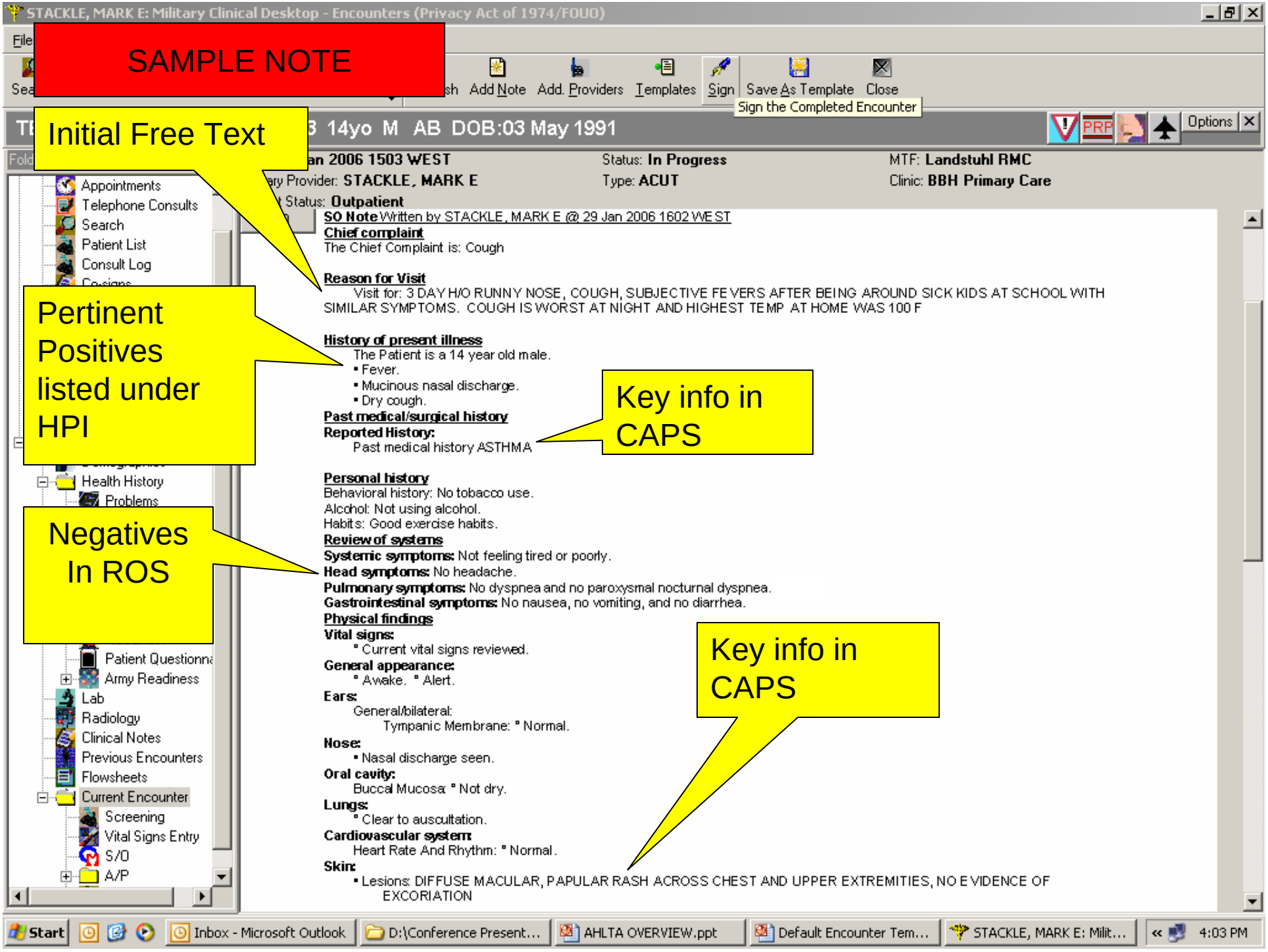
1) **Highlight term** by clicking on it
2) then click on **ROS/HPI** button at the top.

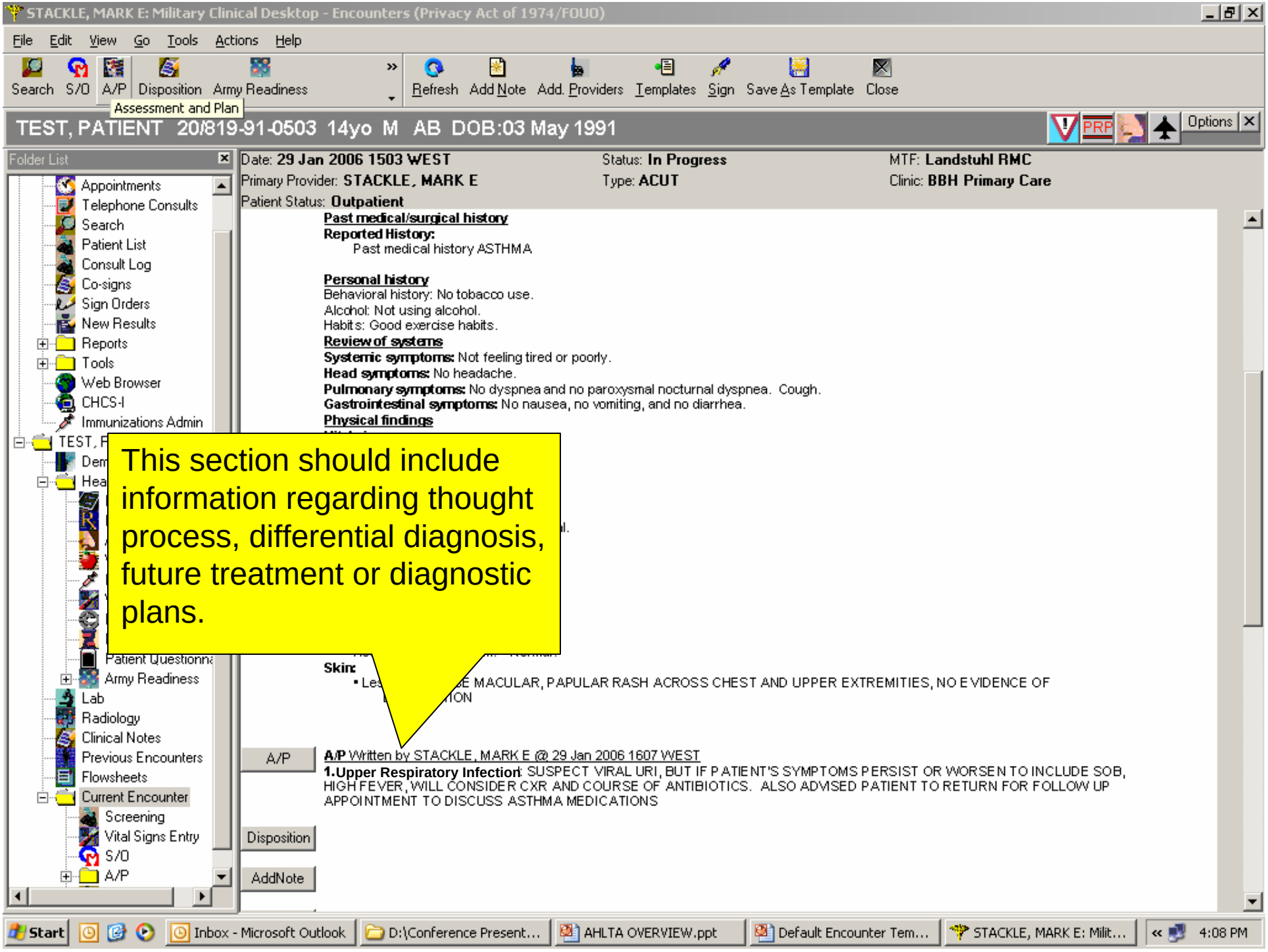

1. Cough is now in the HPI section.
USER, TEST: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1959
Options
Folder List
Consult Log
Co-signs
New Results
Reports
Tools
Sign Orders
CHCS-I
SUAREZ, EDUARDO A
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Lab
Radiology
Clinical Notes
Previous Encounter
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
AAA load first for all visits v
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
cough for 3 weeks
Duration (numeric)
Onset
Modifier
3W
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse
Templates (Diagnoses, Syndromes And Conditions)
feeling tired or poorly
fever [as symptom]
recent change in weight
headache
eyesight problems
loss of hearing
nasal discharge
chest pain or discomfort
difficulty breathing (dyspnea)
awakening at night short of breath
using ___extra pillows or sleeping upright (orthopnea)
cough for 3 weeks
wheezing [as a symptom]
an increased appetite (polyphagia)
nausea
vomiting
abdominal pain
black or tarry stools (melena)
diarrhea
constipation
pain during urination (dysuria)
frequent, full-bladder emptying (polyuria)
blood in the urine
Reason for Visit
Visit for: The patient is here for a cough... blah blah blah.
History of present illness
The Patient is a 45 year old male.
• Cough for 3 weeks.
Past medical/surgical history
Diagnosis History:
No asthma
Personal history
Behavioral history: Tobacco use 3 pks per day.
Encounter 1601 was updated.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:04 PM


Same function present in most AIM Forms allowing separation of positive and negative findings in the note. Simply click on ROS or HPI button to toggle back and forth.
Example of ROS Button
STACKLE, MARK E: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO)
File Edit
Search S/O
FindTerm Browse From Here A/P Disposition Sign Cancel Close
Options
Folder List
Undo Details Browse Shift Browse Note View
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Web Browser
CHCS-I
Immunizations Admin
TEST, PATIENT
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Review
PKC Couplers
Readiness
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
Low Back Pain
Reason for Visit is Deplo
History of Present Illness
Low Back Pain
-- Radiates to Legs
-- Cough/Sneeze Worsens
Associated Bilateral Muscle Spasms
Weakness in the Leg
Numbness of the Right Leg
Numbness of the Left Leg
Additional History of Present Illness:
Past Medical / Surgical History
Hx Reviewed
Prior Tests
Medications
Admissions
ER Visits
Medical Hx
CAD Risks?
Exposures
Trauma Hx
Medical/Surgical History (Continued)
Back Trauma
Surgical Hx
Back Surgery
Dietary Hx
Previous Diagnoses
LBP/Sprain
Lumbar Degen
Herniated Disc
Previous Therapies
Use of Analgesics (Pain Medication)
History of Physical Work Restrictions
Consultation with Physical Therapist
Acupuncture
Osteopathic Manipulative Treatment
Chiropractic Manipulative Treatment
Additional Past Medical/Surgical History:
Personal History
Hx Reviewed
Caffeine Use
Tobacco Use
Alcohol Use
Herbals
AMEDD Draft Medcin Form: October 2004.
Personal History
Reg Exercise
Work History
Family History
Family History Reviewed
Father:
Paternal GF:
Paternal GM:
Review of Systems
Fever
Chills
Nausea
Vomiting
Loss of Bowel Control
Pain During Urination (Dysuria)
Unable to Urinate (Retention)
Loss of Bladder Control
Blood in the Urine
Pain in the Flank
Numbness in the Perineum
Additional Review of Systems:
Start
Inbox - Microsoft Outlook
D:\Conference Present...
Presentation1
Default Encounter Tem...
STACKLE, MARK E: Milit...
3:08 PM

Tip #3 – Use CAPS Type

- CAPS TYPE – Recommend using CAPS type for all free text to make it easier to find and read—if it was important enough for you to write it, it should be easy to find in your note.


STACKLE, MARK E: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO)
File
SAMPLE NOTE
Add Note
Add. Providers
Templates
Sign
Save As Template
Close
Sign the Completed Encounter
Initial Free Text
14yo M AB DOB:03 May 1991
Options
Status: In Progress
MTF: Landstuhl RMC
Type: ACUT
Clinic: BBH Primary Care
Status: Outpatient
Appointments
Telephone Consults
Search
Patient List
Consult Log
Health History
Problems
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Pertinent Positives listed under HPI
Negatives In ROS
Key info in CAPS
Key info in CAPS
SO Note Written by STACKLE, MARK E @ 29 Jan 2006 1602 WEST
Chief complaint
The Chief Complaint is: Cough
Reason for Visit
Visit for: 3 DAY H/O RUNNY NOSE, COUGH, SUBJECTIVE FEVERS AFTER BEING AROUND SICK KIDS AT SCHOOL WITH SIMILAR SYMPTOMS. COUGH IS WORST AT NIGHT AND HIGHEST TEMP AT HOME WAS 100 F
History of present illness
The Patient is a 14 year old male.
▪ Fever.
▪ Mucinous nasal discharge.
▪ Dry cough.
Past medical/surgical history
Reported History:
Past medical history ASTHMA
Personal history
Behavioral history: No tobacco use.
Alcohol: Not using alcohol.
Habits: Good exercise habits.
Review of systems
Systemic symptoms: Not feeling tired or poorly.
Head symptoms: No headache.
Pulmonary symptoms: No dyspnea and no paroxysmal nocturnal dyspnea.
Gastrointestinal symptoms: No nausea, no vomiting, and no diarrhea.
Physical findings
Vital signs:
° Current vital signs reviewed.
General appearance:
° Awake. ° Alert.
Ears:
General/bilateral:
Tympanic Membrane: ° Normal.
Nose:
▪ Nasal discharge seen.
Oral cavity:
Buccal Mucosa: ° Not dry.
Lungs:
° Clear to auscultation.
Cardiovascular system:
Heart Rate And Rhythm: ° Normal.
Skin:
▪ Lesions: DIFFUSE MACULAR, PAPULAR RASH ACROSS CHEST AND UPPER EXTREMITIES, NO EVIDENCE OF EXCORIATION
Start
Inbox - Microsoft Outlook
D:\Conference Present...
AHLTA OVERVIEW.ppt
Default Encounter Tem...
STACKLE, MARK E: Milit...
4:03 PM


STACKLE, MARK E: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Army Readiness
Assessment and Plan
Refresh Add Note Add Providers Templates Sign Save As Template Close
TEST, PATIENT 20/819-91-0503 14yo M AB DOB:03 May 1991
Options
Folder List
Appointments
Telephone Consults
Search
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Web Browser
CHCS-I
Immunizations Admin
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Date: 29 Jan 2006 1503 WEST
Status: In Progress
MTF: Landstuhl RMC
Primary Provider: STACKLE, MARK E
Type: ACUT
Clinic: BBH Primary Care
Patient Status: Outpatient
Past medical/surgical history
Reported History:
Past medical history ASTHMA
Personal history
Behavioral history: No tobacco use.
Alcohol: Not using alcohol.
Habits: Good exercise habits.
Review of systems
Systemic symptoms: Not feeling tired or poorly.
Head symptoms: No headache.
Pulmonary symptoms: No dyspnea and no paroxysmal nocturnal dyspnea. Cough.
Gastrointestinal symptoms: No nausea, no vomiting, and no diarrhea.
Physical findings
This section should include information regarding thought process, differential diagnosis, future treatment or diagnostic plans.
Skin:
MACULAR, PAPULAR RASH ACROSS CHEST AND UPPER EXTREMITIES, NO EVIDENCE OF
A/P
A/P Written by STACKLE, MARK E @ 29 Jan 2006 1607 WEST
1.Upper Respiratory Infection: SUSPECT VIRAL URI, BUT IF PATIENT'S SYMPTOMS PERSIST OR WORSEN TO INCLUDE SOB, HIGH FEVER, WILL CONSIDER CXR AND COURSE OF ANTIBIOTICS. ALSO ADVISED PATIENT TO RETURN FOR FOLLOW UP APPOINTMENT TO DISCUSS ASTHMA MEDICATIONS
Disposition
AddNote
Start
Inbox - Microsoft Outlook
D:\Conference Present...
AHLTA OVERVIEW.ppt
Default Encounter Tem...
STACKLE, MARK E: Milit...
4:08 PM

For More Information…

- AMEDD AHLTA Homepage
  - https://www.us.army.mil/suite/page/406 (AKO password required)
- AHLTA Video Tutorials
  - http://www-nmcp.mar.med.navy.mil/AHLTA/AHLTA%20Training%20Tools/index.html

I would appreciate any feedback or suggestions you have for future ***2 Minute Pearls***. Please contact me at the following:

CPT Mark Stackle, MD

AMEDD AHLTA Program Office

- Email: mark.stackle@us.army.mil