



What's New in AHLTA 3.3 Overview Part 1

Outline

- Broad Overview Screen Shots Appointment Screen, Encounter Summary, and A/P Screen
- Desktop Enhancements- Sliding Folders and Health History Module
 - Current Encounter
 - Reminders Pop-up Window
 - Pregnancy History
 - Pediatric Growth Charts
 - Edit S/O Note
 - S/O Enhancements- Positive ROS to HPI
 - Encounter Summary Properties
 - S/O Enhancements- Multiple Instances of Base Terms
 - Dx Prompt Changes
 - A/P Enhancement- Dx Tab
 - A/P Enhancement- Managing Default Template
 - A/P Enhancement- Radiology Location Box
- Web Resources for AHLTA
- Tips to Speed-up AHLTA
 - Back-up slide
 - General work-flow in documenting note

Broad overview screen shots Appointment Screen, Encounter Summary, and A/P Screen



Appointment Screen 3.3*

Improved alerting showing numbers of items in various modules. Bolded for new, and red for higher priority items

Relocated and Redesigned Alert Icons

New Tabbed Browsing of Open Modules

Patient specific icons on separate line

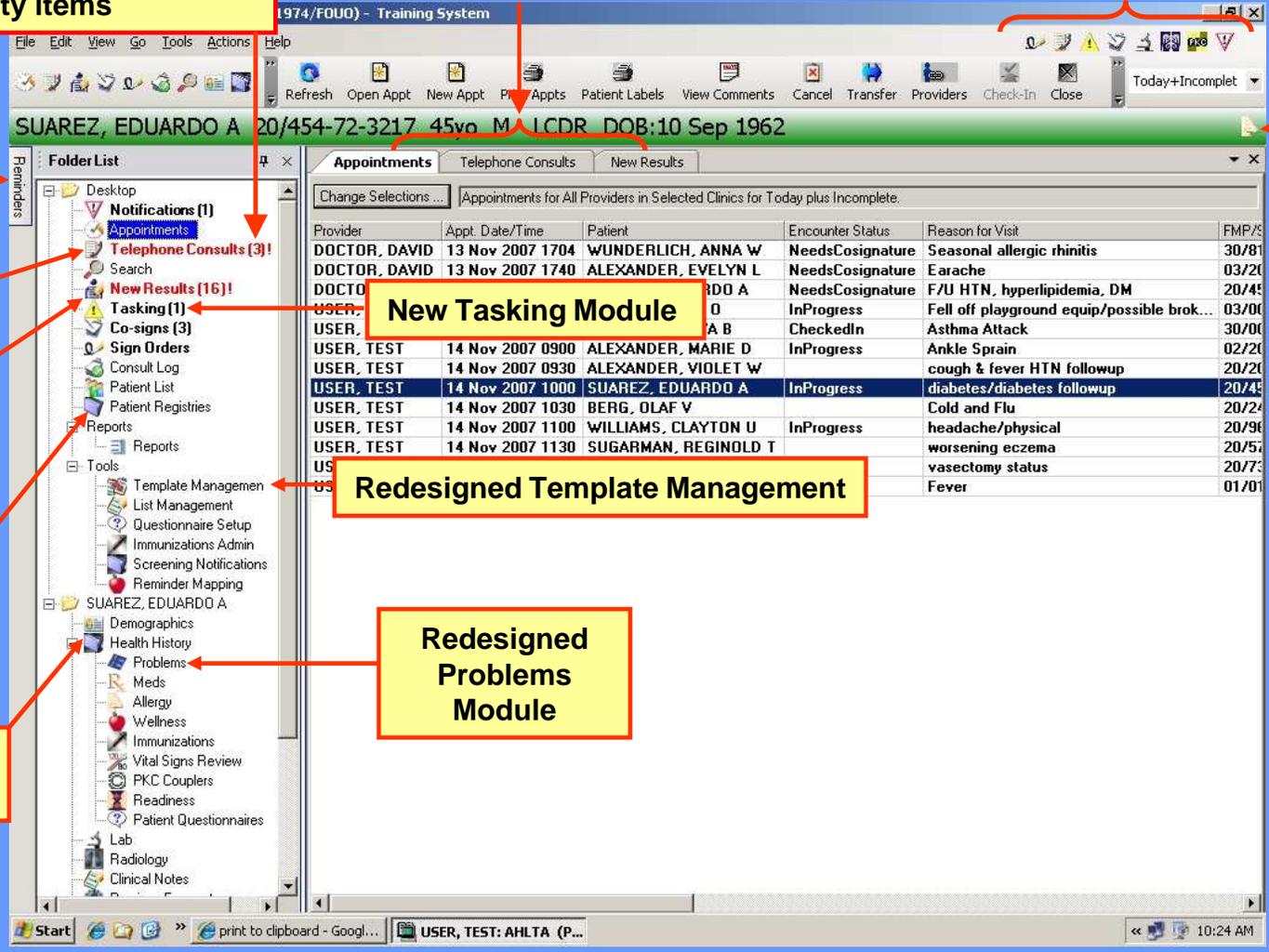
Reminders slide from Right

Redesigned Tel Consults

Redesigned New Results for faster viewing

New patient registries for CPGs

Redesigned Health History



New Tasking Module

Redesigned Template Management

Redesigned Problems Module

Encounter Summary 3.3*

Reminders and Folders slide from right

Family History Auto-cites added

Click on "Options" to add Auto-cites

Procedure History Auto-cites added

USER, TEST: AHLTA (Privacy Act of 1974/FOUO) - Tra

Edit View Go Tools Actions Help

Refresh Reminders Providers Template Mgt Forward Task Screen Vitals SO Drawing A/P Disposition Add Note Sign Save As Template Options Close

AREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1962

Appointments Current Encounter

Date: 30 Nov 2007 1000 EST Status: In Progress Treatment Facility: CHCSII ITT Facility
 Primary Provider: USER, TEST Type: EST Clinic: CHCSII Test Clinic
 Patient Status: Outpatient
 Reason for Appointment: diabetes/diabetes followup

AutoCites Refreshed by USER, TEST @ 04 Dec 2007 1054 EST

Problems Chronic: <ul style="list-style-type: none"> Hyperlipidemia Type II diabetes mellitus Essential hypertension 	Family History No Family History Found.	Allergies <ul style="list-style-type: none"> Iodine Containing Agents: Rash
	Social History No Social History Found.	Procedures <ul style="list-style-type: none"> A blood sugar level by fingerstick was determined

Registry Items
 Glucose Tolerance Test, 3 Hours (Diabetes - Trng)

Screening

Vitals

S/O 1445 EST

The Patient is a 45 year old male.
 Here for t/u of Type 2 DM, HTN, and HLP.

Drawing

A/P A/P Last Updated by USER, TEST @ 30 Nov 2007 0910 EST

Disposition

AddNote

Health History

USER, TEST in CHCSII Test Clinic at CHCSII ITT Facility

Reminders Folder List

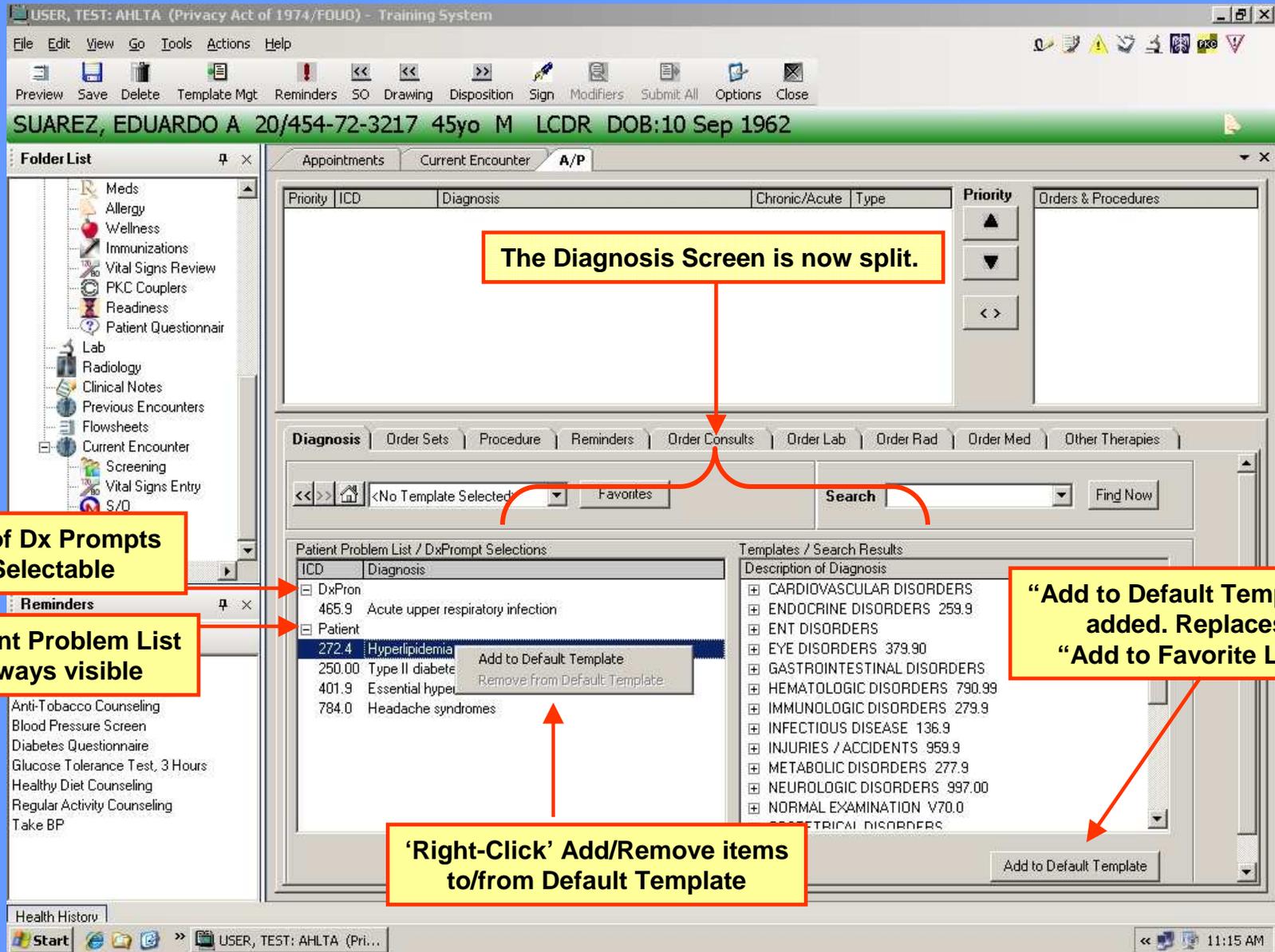
Registry Goals/Results Auto-cites added

Social History Auto-cites added

Health History Tab added

Drawing Module added

A/P Screen 3.3*



The Diagnosis Screen is now split.

List of Dx Prompts Selectable

Patient Problem List always visible

"Add to Default Template" added. Replaces "Add to Favorite List"

'Right-Click' Add/Remove items to/from Default Template

Screen Use and Workflow Enhancements

- Sliding Folders

Advantages:

1. More open screen space
2. Health history begin to load as soon as the provider clicks to open an appointment. If you set your personal options correctly this will bring 2 years of patient data to your computer for fast access.



Desktop Enhancements- Sliding Folders

Auto Hide: Folder Lists and Reminders

How these folders can
slide on & off from the
right

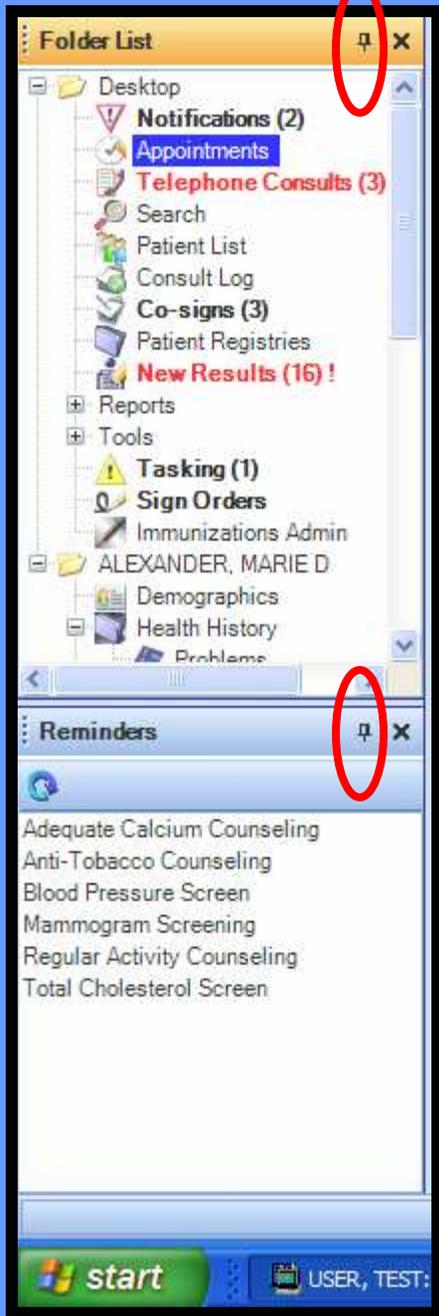
**RECOMMENDED
WORKFLOW:** use autohide
for "Folder List" when in clinic
Take time to set provider shortcuts
To your workflow

The screenshot shows a medical software interface. At the top, there's a menu bar with 'File', 'Edit', 'View', 'Go', 'Tools', 'Actions', and 'Help'. Below it is a toolbar with icons for 'Refresh', 'Open Appt', 'New Appt', 'Print Appts', 'Patient Labels', 'View Comments', 'Cancel', 'Transfer', and 'Providers'. The main window title is 'ALEXANDER, MARIE D 02/202-45-5743 17yo F FM: Col D'. On the left, there's a 'Folder List' pane with a tree view containing folders like 'Desktop', 'Notifications (2)', 'Appointments', 'Telephone Consults (3)', 'Search', 'Patient List', 'Consult Log', 'Co-signs (3)', 'Patient Registries', 'New Results (16)!', 'Reports', 'Tools', 'Tasking (1)', 'Sign Orders', 'Immunizations Admin', and a patient-specific folder 'ALEXANDER, MARIE D' with sub-folders 'Demographics', 'Health History', and 'Problems'. Below the folder list is a 'Reminders' pane with a list of tasks: 'Adequate Calcium Counseling', 'Anti-Tobacco Counseling', 'Blood Pressure Screen', 'Mammogram Screening', 'Regular Activity Counseling', and 'Total Cholesterol Screen'. The main area is titled 'Appointments' and contains a table with columns 'Appt. Date/Time', 'Patient', 'SN', 'CheckIn Time', and 'Type'. The table has several rows of appointment data. A large yellow callout bubble with a red border is overlaid on the center of the screen, containing the text 'Auto Hide: Folder Lists and Reminders' and 'How these folders can slide on & off from the right'. At the bottom right, there's a scrollable box with a parchment-like background containing the text 'RECOMMENDED WORKFLOW: use autohide for "Folder List" when in clinic Take time to set provider shortcuts To your workflow'. The Windows taskbar at the bottom shows the 'start' button, the user name 'USER, TEST: AHLTA', and open applications 'WatermarkWnd' and 'Microsoft PowerPoint'. The system tray on the right shows the time '12:09 AM'.

Appt. Date/Time	Patient	SN	CheckIn Time	Type
23 Aug 2007 0900	ALEXA	55743	27 Nov 2007 0530	ACUTE AF
23 Aug 2007 0930	ALEXA	5743	20 Nov 2007 2242	ACUTE AF
23 Aug 2007 1000	SU	17	20 Nov 2007 2045	ESTABLIS
23 Aug 2007 1030	B	3	20 Nov 2007 0353	ACUTE AF
23 Aug 2007 1100			27 Nov 2007 0050	ROUTINE
23 Aug 2007 1130			02 Nov 2006 1155	ACUTE AF
23 Aug 2007 1200			0 Nov 2007 2019	ACUTE AF

New Slide with shortcuts and hidden

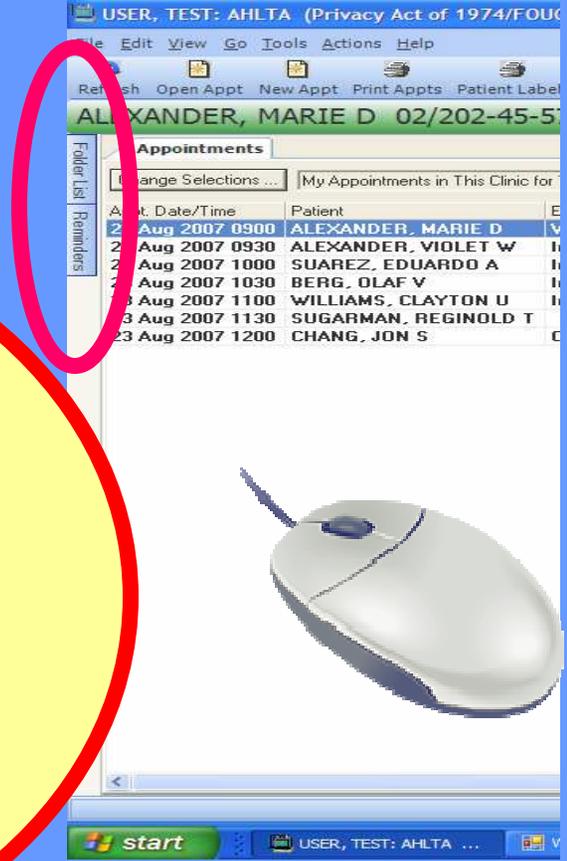
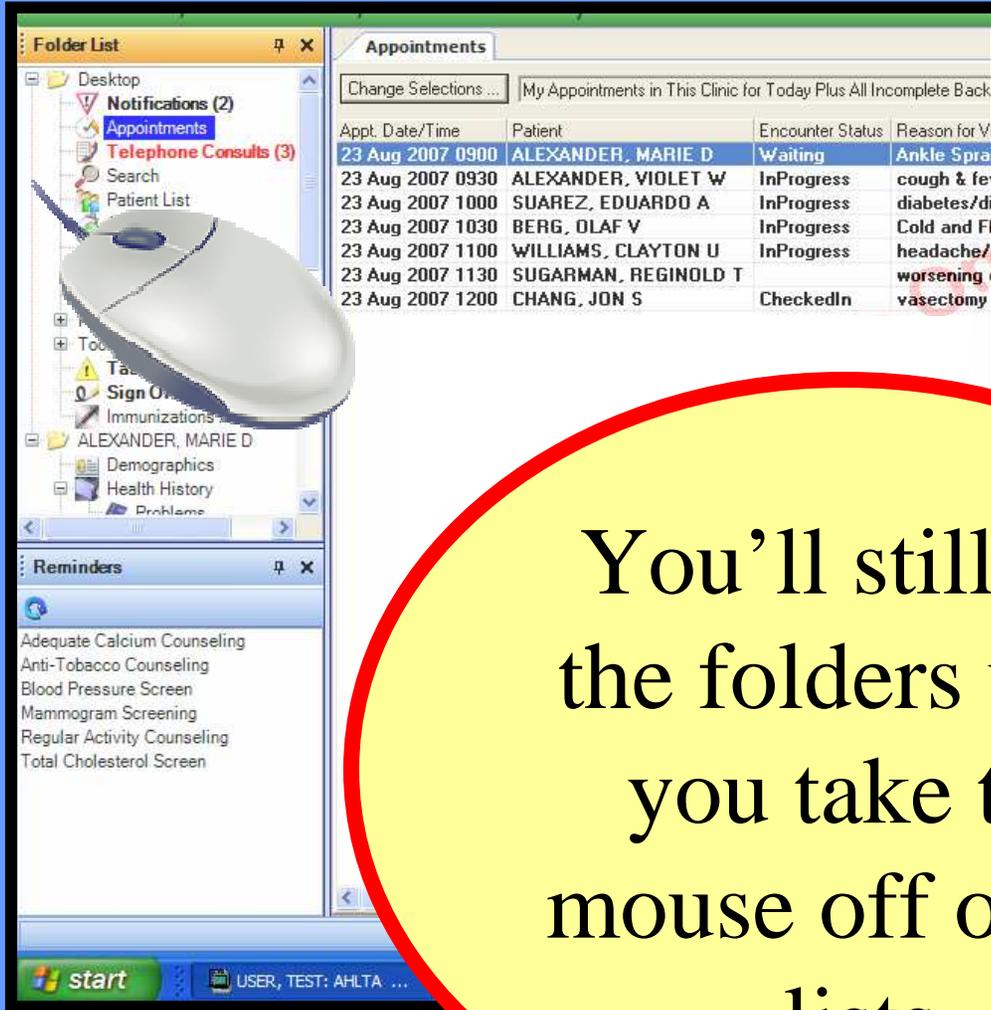
Desktop Enhancements- Sliding Folders



Click on the THUMB TACK to make them hide on the side

Desktop Enhancements- Sliding Folders

Move the mouse to the right

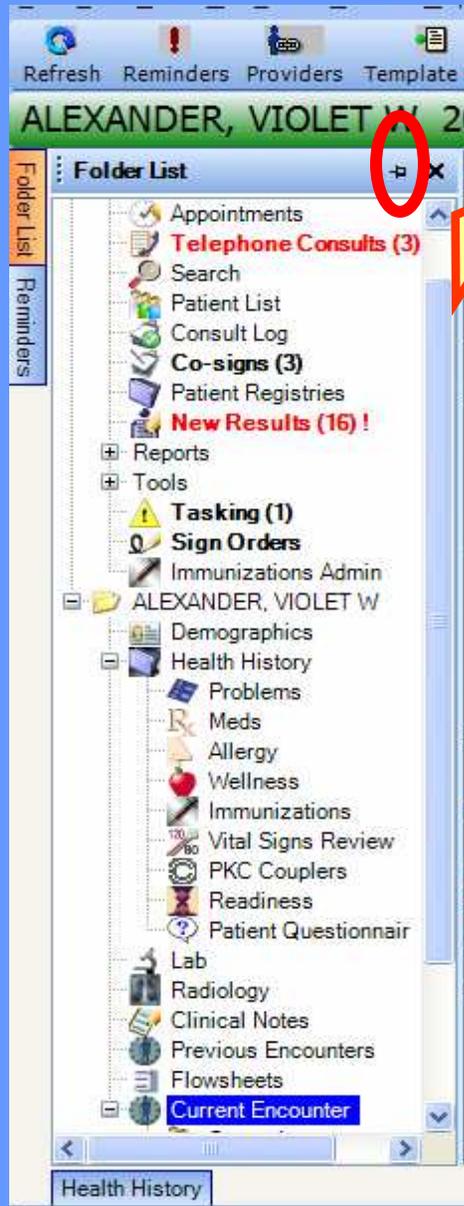


You'll still see the folders until you take the mouse off of the lists

Desktop Enhancements- Sliding Folders

To make them
REAPPEAR,
just hover the
mouse over
the tabs

Desktop Enhancements- Sliding Folders

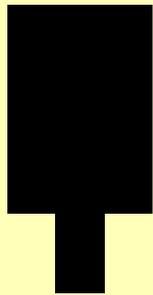


**To keep the list
on the screen,
click the tack**

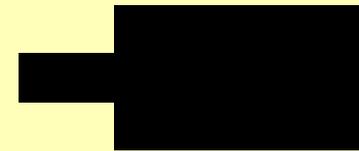
*So that tack is
standing up
again*

Desktop Enhancements- Sliding Folders

Let's Make it Easy
Think of it like this...



When tack is in
upright position
the displayed folders
will
stand there
and wait on you.



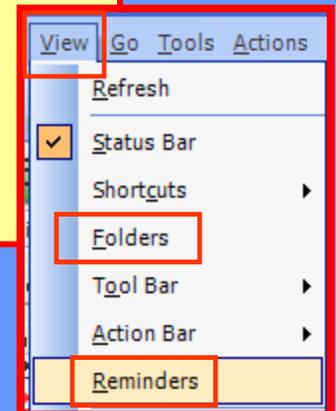
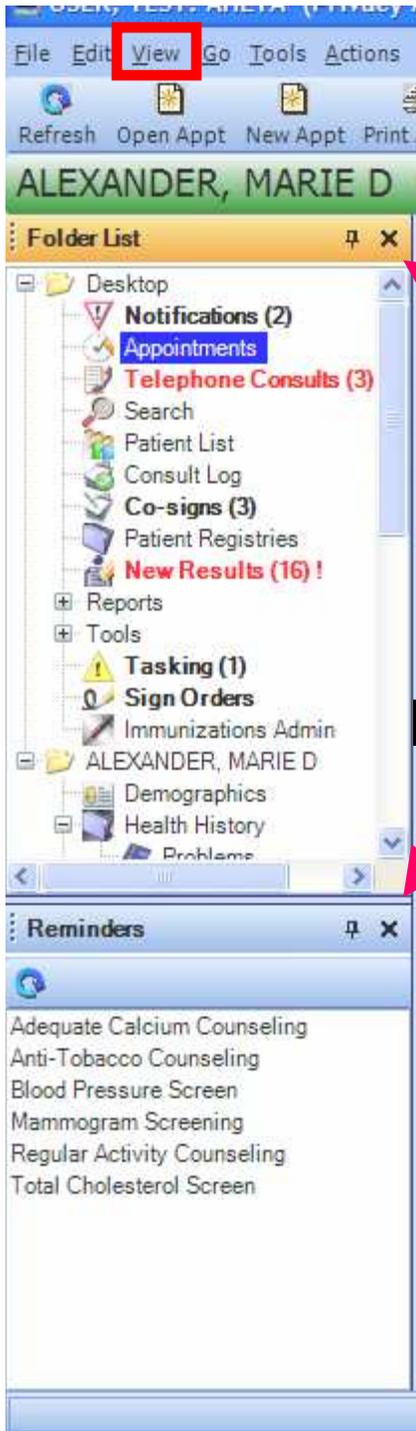
When tack is sideways, it is
**pointed toward the
side**
– which is where it is headed
to **hide** as soon as the
mouse is off of it.

Desktop Enhancements- Sliding Folders

Click the **X**,
to make them go away
(without the tabs)

Desktop Enhancements- sliding folders

To make them **REAPPEAR**,
You will have to go to
“VIEW” then click
“FOLDERS” and/or
“REMINDERS”



Health History Module

Remember: The health history module now begin to retrieve Patient data as soon as you open an appointment.

Although 3.3 may look like the appointment opens slower Time is saved as you do not have to wait for ancillary Result to load.

Hint: Set your preferences all at 2 years of data.



Current Encounter- Health History Module

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1962

Appointments **Current Encounter** Screening

Date: 23 Aug 2007 0930 EST

Status: In Progress

Treatment Facility: CHCSII ITT Facility

Primary Provider: USER, TEST

Type: ACUTE

Clinic: CHCSII Test Clinic

Click on the Options Icon, to change the display

Next Slide

AutoCite... AutoCites Refreshed by USER, TEST @ 20 Nov 2007 2242 EST

Health History

Problem	Comment
Hematologic disorder (unverified...pt reported)	
Essential hypertension	patient doing well and will continue on
Metrorrhagia	
Iron deficiency	
Pulmonary disease (unverified...pt reported)	

Allergies
(DO NOT USE)
ASPIRIN (ASPIRIN)

Sits down here when you are in a pt encounter and pops up like this, if you hover the mouse over it

Date Collected	Report	Result
21 Aug 2007 0000	CBC W/o Diff	Hematocrit => 33 => (L*), Hemoglobin => 10.1 => (L*)
21 Aug 2007 0000	Urinalysis	Acetest => Negative => , Appearance => Clear => , Bilirubin
21 Aug 2007 0000	Chem 7	Anion Gap => 10 => , Chloride => 100 => , CO2 => 28 => ,

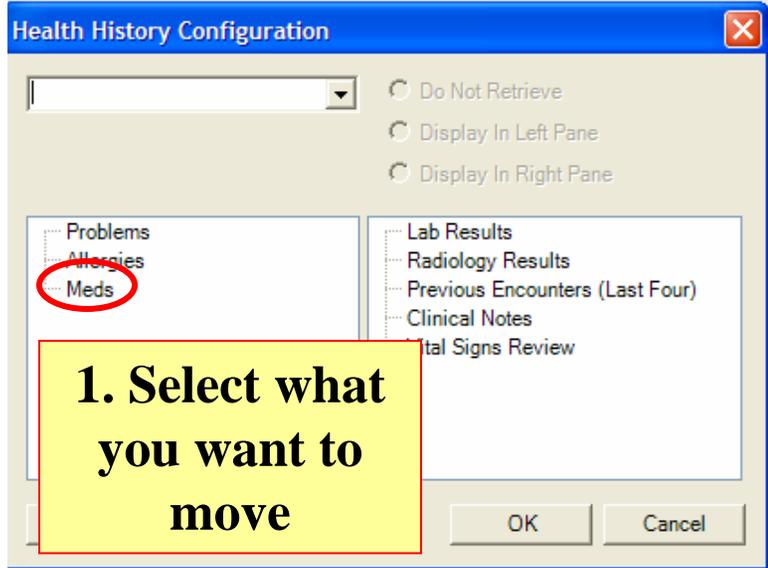
Date	Procedure	Result
24 Jul 2007 0000	Ultrasound Pelvis Non Obstetric Report	ABNORMAL, PHONE REPORT
09 Aug 2007 0000	Right Ankle (Trauma) Series Report	Normal
09 Aug 2007 0000	L-Spine (1 View) Series Report	Minor Abnormality

Date	Clinic/Location	Provider	Appt/Note Type	Status
23 May 2007 0800	CHCSII Test Clinic	DOCTOR, DAVID	Outpatient	Complete
16 Aug 2007 0120	CHCS II ITT DENTAL	USER, TEST	Dental	Complete

Date	Type	Status	Image	Clinician	Entered By	Edited By
22 Aug 2007	Patient Notes	Resolved		USER, TEST	USER, TEST	

Health History

USER, TEST in CHCSII Test Clinic at CHCSII ITT Facility

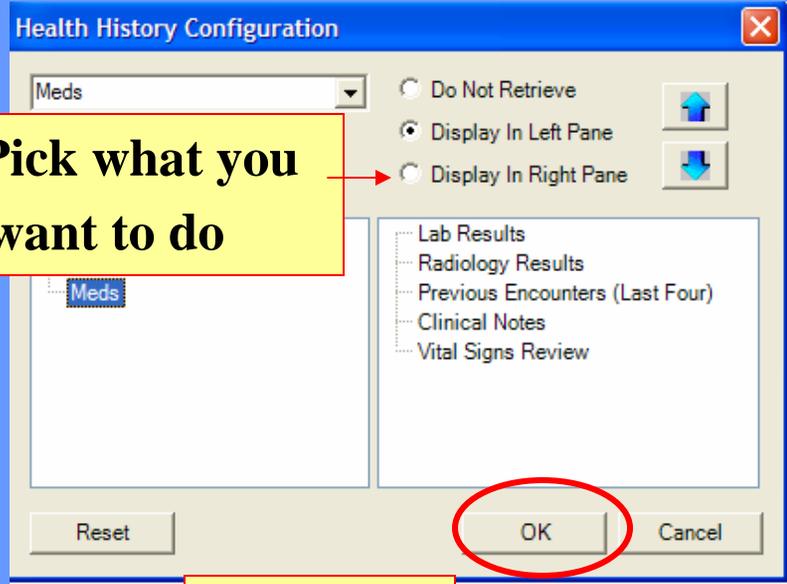


Current Encounter- Health History Module

Changing the Display of Health Hx

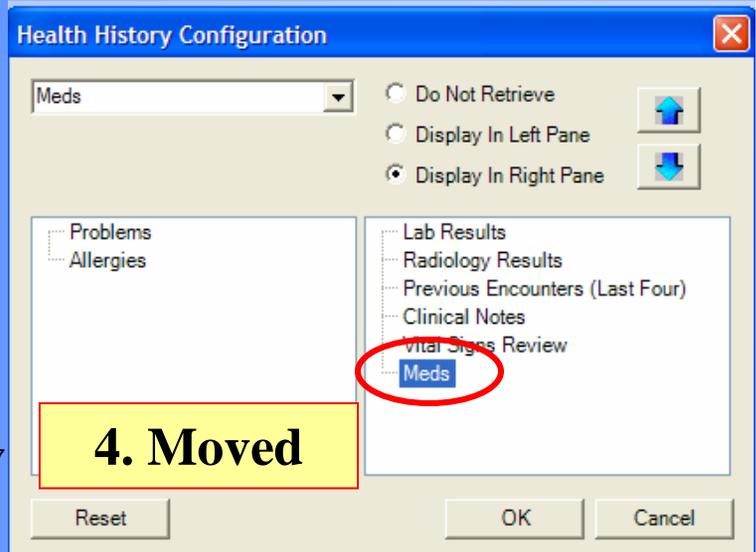
Available Options:

1. Remove from list
2. Move Left or Right
3. Move Up or Down



2. Pick what you want to do

3. OK



4. Moved

How to use the Health History Module

The HHM will be available for quick review of meds, allergies, problems, and recent lab/rads/appointment no matter what module you are in.

You can still use the lab/rad/pharm module to directly review those items. They will appear to work faster as the data was already retrieved.

The following slides show other possible uses.

1. Hover the mouse over the tab

2. Click the tack to the upright position

Next Slide

The screenshot displays a patient's medical record for ALEXANDER, VIOLET W. The 'Current Encounter' window shows the date as 23 Aug 2007 0930 EST, status as 'In Progress', and treatment facility as 'CHCSII ITT Facility'. The 'Health History' window is open, showing a list of problems including Hematologic disorder, Essential hypertension, Metrorrhagia, Iron deficiency, and Pulmonary disease. It also displays lab results for Hematocrit and Hemoglobin, and radiology results for an ultrasound and spine X-ray. The interface includes various navigation and action buttons like 'Refresh', 'Reminders', and 'Add Note'.

Current Encounter- Health History Module

3. When you click on the tack, the module will usually drop down to the bottom

4. Just find the top of the health hx bar, then *left click* on it to drag it up

Appointments / Current Encounter
Date: 23 Aug 2007 0930 EST Status: In Progress Treatment Facility: CHCSII ITT Facility
Primary Provider: USER, TEST Type: ACUT\$ Clinic: CHCSII Test Clinic
Patient Status: Outpatient
Reason for Appointment: cough & fever HTN followup
Appointment Comments: middle age illnesses/perimenopause

AutoCite... AutoCites Refreshed by USER, TEST @ 20 Nov 2007 2242 EST
Problems
Chronic:
• Essential hypertension
• Metrorrhagia
• Iron deficiency

Screening
Screening Written by USER, TEST @ 30 Nov 2007 0554 EST
Reason For Appointment: cough & fever HTN followup
Reason(s) For Visit (Chief Complaint): Essential hypertension (Follow-Up);
GO TO P 0 A 0 LC 0. LMP: 01 Nov 2007. Date Basis: unknown.

Vitals
Vitals Written by USER, TEST @ 30 Nov 2007 0555 EST
BP: 122/66, HR: 66, RR: 16, Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

S/O
SO Note Written by USER, TEST @ 04 Dec 2007 0250 EST

Drawing
A/P
A/P Last Updated by USER, TEST @ 28 Nov 2007 0816 EST

Disposition
Disposition Last Updated by USER, TEST @ 30 Nov 2007 0558 EST

Health History

Encounter 1703 SO Note was saved. USER, TEST: AHLTA ... Removable Disk (E:) Microsoft PowerPoint...

Appointments / Current Encounter
Date: 23 Aug 2007 0930 EST Status: In Progress Treatment Facility: CHCSII ITT Facility
Primary Provider: USER, TEST Type: ACUT\$ Clinic: CHCSII Test Clinic
Patient Status: Outpatient
Reason for Appointment: cough & fever HTN followup
Appointment Comments: middle age illnesses/perimenopause

AutoCite... AutoCites Refreshed by USER, TEST @ 20 Nov 2007 2242 EST
Problems
Chronic:
• Essential hypertension
• Metrorrhagia
• Iron deficiency

Screening
Screening Written by USER, TEST @ 30 Nov 2007 0554 EST
Reason For Appointment: cough & fever HTN followup
Reason(s) For Visit (Chief Complaint): Essential hypertension (Follow-Up);
GO TO P 0 A 0 LC 0. LMP: 01 Nov 2007. Date Basis: unknown.

Vitals
Vitals Written by USER, TEST @ 30 Nov 2007 0555 EST
BP: 122/66, HR: 66, RR: 16, Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

S/O
SO Note Written by USER, TEST @ 04 Dec 2007 0250 EST

Drawing
A/P
A/P Last Updated by USER, TEST @ 28 Nov 2007 0816 EST

Disposition
Disposition Last Updated by USER, TEST @ 30 Nov 2007 0558 EST

Health History

Encounter 1703 SO Note was saved. USER, TEST: AHLTA ... Removable Disk (E:) Microsoft PowerPoint...

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1962

Appointments / Current Encounter / S/O
Entry details for current selection
Encounter Background Information:
Duration (numeric) Onset Modifier
Value Unit
Add to Default Template

Health History

Problem	Comment
Hematologic disorder (unverified, pt reported)	
Essential hypertension	patient doing well and will continue or
Metrorrhagia	
Iron deficiency	
Pulmonary disease (unverified, pt reported)	

Date Collected	Report	Value
21 Aug 2007 0000	CBC w/o Diff	Hematocrit -> 33 -> (L*), Hemoglobin -> 10.1 -> (L*)
21 Aug 2007 0000	Urinalysis	Acetest -> Negative -> Appearance -> Clear -> Bilirubin
21 Aug 2007 0000	Chem 7	Anion Gap -> 10 -> Chloride -> 100 -> CO2 -> 28 -> (L*)

Date	Procedure	Result
24 Jul 2007 0000	Ultrasound Pelvis Non Obstetric Report	ABNORMAL, PHONE RE
09 Aug 2007 0000	Right Ankle (Trauma) Series Report	Normal
09 Aug 2007 0000	L Spine (1 View) Series Report	Minor Abnormality

Previous Encounters (Last Four)

Date	Clinic/Location	Provider	Appt/Note Type	St
23 May 2007 0800	CHCSII Test Clinic	DOCTOR, DAVID	Outpatient	Com
16 Aug 2007 0120	CHCS II ITT DENTAL	USER, TEST	Dental	Com

USER, TEST in CHCSII Test Clinic at CHCSII ITT Facility

5. Now it will stay on the screen (this aids in reviewing the Health History)

Current Encounter- Health History Module

Adding Problems from the Health History Module to the PMH tab of the S/O Note

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1962

Appointments | **Current Encounter** | Screening

Date: 23 Aug 2007 0930 EST Status: **In Progress** Treatment Facility: CHCSII ITT Facility
 Primary Provider: USER, TEST Type: ACUT\$ Clinic: CHCSII Test Clinic

Patient Status: **Outpatient**
 Reason for Appointment: cough & fever HTN followup
 Appointment Comments: middle age illnesses/perimenopause

AutoCite... AutoCites Refreshed by USER, TEST @ 20 Nov 2007 2242 EST

Health History

Problems

Problem	Comment
Hematologic disorder (unverified...pt reported)	
Essential hypertension	patient doing well and on continue or
Iron deficiency	

Allergies

Allergen
(DO NOT USE, NOT SCREENED) LATEX, NATURAL RUBBER ((DO NOT USE, NOT SCREENED) ASPIRIN (ASPIRIN) (unverified...pt. reported)

Lab Results

Date Collected	Report
21 Aug 2007 0000	CBC W/o
21 Aug 2007 0000	Urinalysis
21 Aug 2007 0000	Chem 7

Radiology Results

Date	Procedure
24 Jul 2007 0000	Ultrasound Pelvis Non
09 Aug 2007 0000	Right Ankle (Trauma) Sen
09 Aug 2007 0000	L-Spine (1 View) Series Report

Previous Encounters (Last Four)

Date	Clinic/Location	Provider	Appt/Note Type	Status
23 May 2007 0800	CHCSII Test Clinic	DOCTOR, DAVID	Outpatient	Complete
16 Aug 2007 0120	CHCS II ITT DENTAL	USER, TEST	Dental	Complete

Clinical Notes

Date	Type	Status	Image	Clinician	Entered By	Edited B
22 Aug 2007	Patient Notes	Resolved		USER, TEST	USER, TEST	

USER, TEST in CHCSII Test Clinic at CHCSII ITT Facility

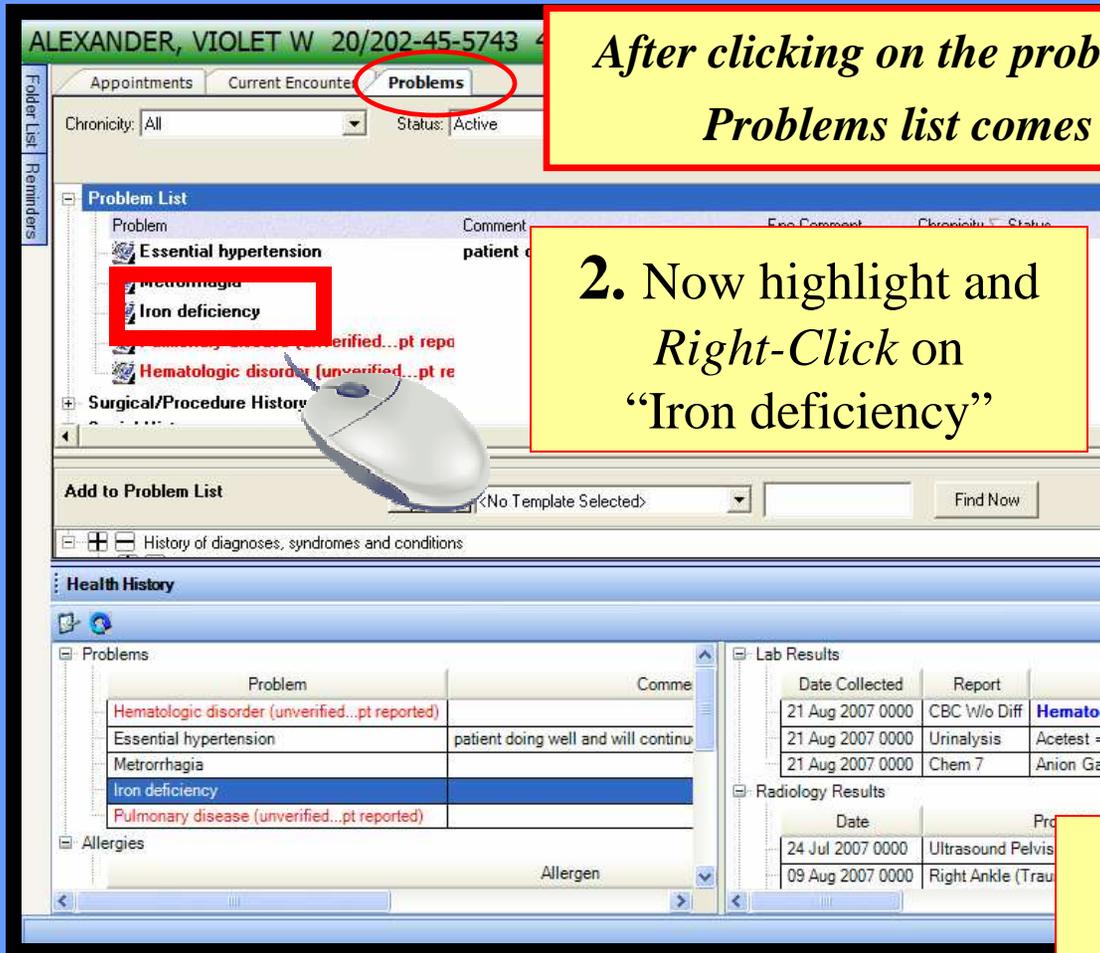
This is their problem list

Let's add "Iron deficiency" to their PMH

1. Double-click anywhere in the area of the "Problems"

Next Slide

Current Encounter- Health History Module



ALEXANDER, VIOLET W 20/202-45-5743

Appointments Current Encounter **Problems**

Chronicity: All Status: Active

Problem List

- Essential hypertension
- Metrorrhagia
- Iron deficiency**
- Hematologic disorder (unverified...pt re

Surgical/Procedure History

Add to Problem List <No Template Selected> Find Now

History of diagnoses, syndromes and conditions

Health History

Problem	Comme
Hematologic disorder (unverified...pt reported)	
Essential hypertension	patient doing well and will continu
Metrorrhagia	
Iron deficiency	
Pulmonary disease (unverified...pt reported)	

Allergies Allergen

Lab Results

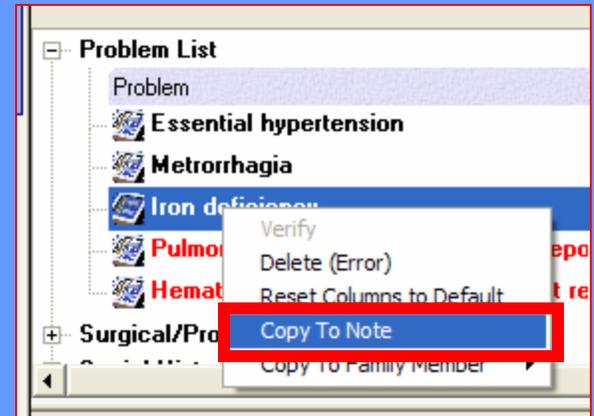
Date Collected	Report	
21 Aug 2007 0000	CBC w/o Diff	Hemato
21 Aug 2007 0000	Urinalysis	Acetest =
21 Aug 2007 0000	Chem 7	Anion Ga

Radiology Results

Date	Pro
24 Jul 2007 0000	Ultrasound Pelvis
09 Aug 2007 0000	Right Ankle (Trau

After clicking on the problems, the Problems list comes up.

2. Now highlight and *Right-Click* on “Iron deficiency”



Problem List

- Essential hypertension
- Metrorrhagia
- Iron deficiency**
- Pulmo
- Hemat

Surgical/Pro

- Verify
- Delete (Error)
- Reset Columns to Default
- Copy To Note**
- Copy to Family Member

3. You could copy to note or delete

**You can double-click on any field and it will display the module above the health hx*

(you may need to hide the Health Hx in some cases)

Current Encounter- Health History Module

Refresh Reminders Providers Template Mgt Forward Task Screen Vitals SO Drawing A/P Disposition Add Note Sign Save As Template Options Close

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1962

Appointments **Current Encounter**

Date: 23 Aug 2007 0930 EST Status: **In Progress** Treatment Facility: CHCSII ITT Facility
 Primary Provider: USER, TEST Type: **ACUT\$** Clinic: CHCSII Test Clinic
 Patient Status: **Outpatient**

Screening **Screening** Written by USER, TEST @ 30 Nov 2007 0554 EST
 Reason For Appointment: cough & fever HTN followup
 Reason(s) For Visit (Chief Complaint): Essential hypertension (Follow-Up) ;
 GO TO P 0 A0 LC0. LMP: 01 Nov 2007. Date Basis: unknown.

Vitals **Vitals** Written by USER, TEST @ 30 Nov 2007 0555 EST
 BP: 122/66, HR: 66, RR: 16, Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

S/O **SO Note** Written by USER, TEST @ 30 Nov 2007 0555 EST
Past medical/surgical history
 Diagnosis History:
 Iron deficiency

Health History

Problem	Comme
Hematologic disorder (unverified...pt reported)	
Essential hypertension	patient doing well and will continu
Metrorrhagia	
Iron deficiency	
Pulmonary disease (unverified...pt reported)	

Date Collected	Procedure	Result Coc
21 Aug 2007 0000	CE	=> 10.1 => (L*)
21 Aug 2007 0000	Urinalys	=> Clear => , Bilirubin
21 Aug 2007 0000	Chem 7	=> 100 => , CO2 => 28 => ,

Date	Procedure	Result Coc
24 Jul 2007 0000	Ultrasound Pelvis Non Obstetric Report	ABNORMAL,PHONE REPORT
09 Aug 2007 0000	Right Ankle (Trauma) Series Report	Normal

Encounter 1703 SO Note was saved. USER, TEST in CHCSII Test Clinic at CHCSII ITT Facility

start Microsoft PowerPoint ... USER, TEST: AHLTA ... 8:10 AM

If you close the Problems Tab, You will see that the diagnosis has been copied into the S/O note

Current Encounter- Health History Module

COPYING LABS from the Health History Module to the S/O Note

ALEXANDER, [Name]

Appointments
Date: 23 Aug 2007
Primary Provider: US
Patient Status: Out
Reason: [Reason]
Appointment: middle

AutoCite... Auto

Health History

Problems

Problem	Comment
Hematologic disorder (unverified...pt reported)	
Essential hypertension	patient doing well and will continue on
Metrorrhagia	
Iron deficiency	
Pulmonary disease (unverified...pt reported)	

Allergies

Allergen
(DO NOT USE, NOT SCREENED) LATEX, NATURAL RUBBER ((DO NOT USE, NOT
ASPIRIN (ASPIRIN) (unverified...pt. reported)

Lab Results

Date Collected	Report	Result
21 Aug 2007 0000	CBC w/o Diff	Hematocrit => 33 => (L*). Hemoglobin => 10.1 => (L*).
21 Aug 2007 0000	Urinalysis	Acetest => Negative => , Appearance => Clear => , Bilirubin
21 Aug 2007 0000	Chem 7	Anion Gap => 10 => , Chloride => 100 => , CO2 => 28 => , t

Radiology Results

Date	Procedure	Result
24 Jul 2007 0000	Ultrasound Pelvis Non Obstetric Report	ABNORMAL, PHONE REPOR
09 Aug 2007 0000	Right Ankle (Trauma) Series Report	Normal
09 Aug 2007 0000	L-Spine (1 View) Series Report	Minor Abnormality

Previous Encounters (Last Four)

Appt/Note Type	Status
Outpatient	Complete
Dental	Complete

Health History

It is almost the same process as copying the problems with a few differences

start [Icons] 5.3 Init Training Dragonbar USER, TEST: AHLTA ... 5:05 AM

Current Encounter- Health History Module

Date: 23 Aug 2007 0930 EST Status: **In Progress** Treatment Facility: CHCSII ITT Facility
Primary Provider: USER, TEST Type: ACUT\$ Clinic: CHCSII Test Clinic

Patient Status: **Outpatient**
Reason for Appointment:
Appointment Comment:
middle age illnesses/pe

Double-click on the Lab you want to copy into the note.

AutoCite... AutoCites Refreshed b

Health History

Problems

Problem	Comment
Hematologic disorder (unverified, not reported)	
Essential hypertension	patient doing well and will continue on
Metronidazole	

Lab Results

Date Collected	Report	Result
21 Aug 2007 0000	CBC W/o Diff	Hematocrit => 33 => (L*), Hemoglobin => 10.1 => (L*)
21 Aug 2007 0000	Urinalysis	Acetest => Negative =>, Appearance => Clear =>, Bilirubin
21 Aug 2007 0000	Chem 7	Anion Gap => 10 =>, Chloride => 100 =>, CO2 => 28 =>,

Double-click here

Lab Results

Date Collected	Report	Result
21 Aug 2007 0000	CBC W/o Diff	Hematocrit => 33 => (L*), Hemoglobin => 10.1 => (L*),
21 Aug 2007 0000	Urinalysis	Acetest => Negative =>, Appearance => Clear =>, Bilirubin
21 Aug 2007 0000	Chem 7	Anion Gap => 10 =>, Chloride => 100 =>, CO2 => 28 =>,

Radiology Results

Health History

USER, TEST in CHCSII Test Clinic at CHCSII ITT Facility

Next Slide

start



3.3 Init Training

DragonBar

USER, TEST: AHLTA ...

5 AM

Current Encounter- Health History Module

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1962

Reminders Folder List

Appointments Current Encounter Lab

Search Criteria
 Single Test Normal Display

DoD	Standard Lab	21 Aug 2007	21 Aug 2007	21 Aug 2007	CBC w/o Diff	Test User
-----	--------------	-------------	-------------	-------------	--------------	-----------

Note that double clicking on the CBC only brings up the one test here

Health History

Problems

Problem	Comment
Hematologic disorder (unverified...pt reported)	
Essential hypertension	patient doing well and will continue or
Metrorrhagia	

Lab Results

Date Collected	Report	Result
21 Aug 2007 0000	CBC W/o Diff	Hematocrit => 33 => (L*), Hemoglobin => 10.1 => (L*)
21 Aug 2007 0000	Urinalysis	Acetest => Negative => , Appearance => Clear => , Bilirubin
21 Aug 2007 0000	Chem 7	Anion Gap => 10 => , Chloride => 100 => , CO2 => 28 => ,

Procedures

Procedure	Result
Ultrasound Pelvis Non Obstetric Report	ABNORMAL, PHONE REPORT
Right Ankle (Trauma) Series Report	Normal
L-Spine (1 View) Series Report	Minor Abnormality

(Last Four)

Clinic/Location	Provider	Appt/Note Type	Status
CHCSII Test Clinic	DOCTOR, DAVID	Outpatient	Complete
CHCS II ITT DENTAL	USER, TEST	Dental	Complete

Health History

Type Status Image Clinician Entered By Edited By

Patient Notes	Resolved		USER, TEST	USER, TEST	
---------------	----------	--	------------	------------	--

You may need to hide the health hx (click on the tack ) to see the results behind it

Next Slide

Current Encounter- Health History/Lab Module

After hiding the Health Hx Module, you can see the lab results

You can now highlight the results and then *Right-Click* to copy to note

Test / Result Name	Site/Specimen	Collection Date / Result Va
CBC W/o Diff	Site/Specimen	21 Aug 2007
Hematocrit	Whole Blood, NOS	33 (L*)
Hemoglobin	Whole Blood, NOS	10.1 (L*)
MCH	Whole Blood, NOS	27
MCHC	Whole B	
MCV	Whole B	
MPV	Whole B	
Platelet Count	Whole Blood, NOS	230
RBC	Whole Blood, NOS	3.9
RDW	Whole Blood, NOS	12.0

Copy

Copy to Note



But what about the other labs?

Current Encounter- Health History/Lab Module

Refresh Options Close

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1962

Reminders Folder List

Appointments Current Encounter **Lab**

Search Criteria

Single Test **Normal Display**

Display All Results For The Selected Test

Display All Results

Origin	Type	Date Collected	Date Ordered	Date Resulted	Report	Ordering Provider	MTF/Facility	Site/Specimen	Sample	Priority	Status
DoD	Standard Lab	21 Aug 2007	21 Aug 2007	21 Aug 2007	CBC W/o Diff	Test User	CHCS II ITT	Whole Blood, NOS	Blood	Routine	Final

Display Criteria

Ref Range/Units

Vertical Horizontal

Date a "Col

Test / Result Name	Site/Specimen	Collection Date
CBC W/o Diff	Site/Specimen	21 Aug 2007
Hematocrit	Whole Blood, NOS	33 (L*)
Hemoglobin	Whole Blood, NOS	10.1 (L*)
MCH	Whole Blood, NOS	27
MCHC	Whole Blood, NOS	32
MCV	Whole Blood, NOS	78 (L*)
MPV	Whole Blood, NOS	11
Platelet Count	Whole Blood, NOS	200
RBC	Whole Blood, NOS	3.9
RDW	Whole Blood, NOS	12.0

ec 2007 0051

“Normal Display”

to reveal the other labs

Next Slide

Current Encounter- Health History/Lab Module

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1962

Reminders Folder List

Appointments Current Encounter **Lab**

Search Criteria
Filter: All Orders Time... All time periods Tests: All Display All Results For The Selected Test Display All Results

Origin	Type	Date Collected	Date Ordered	Date Resulted	Report	Ordering Provider	MTF/Facility	Site/Specimen	Sample	Priority	Status
DoD	Standard Lab	21 Aug 2007	21 Aug 2007	21 Aug 2007	CBC W/o Diff	Test User	CHCS II ITT	Whole Blood, NOS	Blood	Routine	Final
DoD	Standard Lab	21 Aug 2007	21 Aug 2007	21 Aug 2007	Urinalysis	Test User	CHCS II ITT	Urine	Urine	Routine	Final
DoD	Standard Lab	21 Aug 2007	21 Aug 2007	21 Aug 2007	Chem 7	Test User	CHCS II ITT	Serum	Urine	Routine	Final

“Display All Results For The Selected Test”
will show the **1 selected** result here if you highlight a lab

01 Dec 2007 0117

Next Slide

Health History



Problems

Lab Results

Current Encounter- Health History/Lab Module

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1962

Folder List Reminders

Appointments Current Encounter **Lab**

Search Criteria
 Filter: All Orders Time... All time periods Tests: All Display All Results For The Selected Test Display All Results

Origin	Type	Date Collected	Date Ordered	Date Resulted	Report	Ordering Provider	MTF/Facility	Site/Specimen	Complete	Priority	Status
DoD	Standard Lab	21 Aug 2007	21 Aug 2007	21 Aug 2007	CBC w/o Diff	Test User	CHCP				Final
DoD	Standard Lab	21 Aug 2007	21 Aug 2007	21 Aug 2007	Urinalysis	Test User					
DoD	Standard Lab	21 Aug 2007	21 Aug 2007	21 Aug 2007	Chem 7	Test User					

Display Criteria
 Ref Range/Units Vertical Horizontal

Test / Result Name	Site/Specimen	Result
CBC W/o Diff	Site/Specimen	
Hematocrit	Whole Blood, NOS	
Hemoglobin	Whole Blood, NOS	
MCH	Whole Blood, NOS	
MCHC	Whole Blood, NOS	
MCV	Whole Blood, NOS	
MPV	Whole Blood, NOS	
Platelet Count	Whole Blood, NOS	
RBC	Whole Blood, NOS	
RDW	Whole Blood, NOS	12
WBC	Whole Blood, NOS	7.0
Urinalysis	Site/Specimen	21 Aug 20

01 Dec 2007 0604

Health History

“Display All Results”
 All Results shown here
 (scroll down to see them
 all)

Reminders Pop-up Window

This feature was design to help with point of care decision support.

The decision support include Immunizations, a select group of US Preventive Health Task force guidelines, select military readiness items, and will include registry items as the registries (disease, condition, cohort) are built.

The Pop Up is primary intended for the screening staff as the providers see the Reminder items in the Wellness Reminder tab in the A/P module.



Current Encounter- Reminders Pop-up Window

Making Reminders Go Away

Reminders

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

Select	Modify	Reminder	Ordered	Due	Default Order/Documentation Details
		Registries			
		Wellness			
<input type="checkbox"/>	<input type="checkbox"/>	Adequate Calcium Counseling			Counseling Complete
<input type="checkbox"/>	<input type="checkbox"/>	Anti-Tobacco Counseling			Complete
<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure Screen			
<input type="checkbox"/>	<input type="checkbox"/>	Regular Activity Counseling			Goals - Begin Regular Exercise, ___ Tim
<input type="checkbox"/>	<input type="checkbox"/>	Immunizations			

**REMIND ME-
How do I make
this pop up go
away?**

Next Slide

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

* Default wellness reminder configurations are based on the US Preventive Services Task Force (USPSTF)

A trick guaranteed to make you their hero!

Current Encounter- Reminders Pop-up Window

USER, TEST: AHLTA (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

WILLIAMS, CLAYTON U 20/967-62-8867 66yo M Ret:CAPT DOB:10 Nov 1941

Appointments **Current Encounter**

Date: 23 Aug 2007 1100 EST Status: **In Progress** Treatment Facility: **CHCSII ITT Facility**
 Primary Provider: **USER, TEST** Type: **ROUT** Clinic: **CHCSII Test Clinic**
 Patient Status: **Outpatient**

Reminders

Reason for

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

Select	Modify	Reminder	Ordered	Due	Default Order/Documentation Details
<input type="checkbox"/>	<input type="checkbox"/>	Registries			
<input type="checkbox"/>	<input type="checkbox"/>	Wellness			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate Calcium Counseling		8/22/2007	Document Adequate Calcium Counseling Complete
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Anti-Tobacco Counseling		8/22/2007	Document Anti-tobacco Counseling Complete
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Blood Pressure Screen		8/22/2007	ENTER: Blood Pressure
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regular Activity Counseling		8/22/2007	OTHER THERAPIES ORDER: Patient Goals - Begin Regular Exercise, ___ Tim
<input type="checkbox"/>	<input type="checkbox"/>	Immunizations			

AutoCites

Problems

Chronic:

• Conges

Screening

Screening

Reason for

Reason(s)

Injury/Acc

Date of Ac

Place of A

Related C

Vitals

S/O

Drawing

A/P

A/P Last U

1. CRU SH

Radiology(ies):

-CT, HEAD WITH AND WITHOUT CONTRAST GP (Routine) Start Date: 11/27/2007 Order Date:

11/27/2007 06:46 Impression: l;kk;kk;k

2. pain in the leg (below the knee)

3. accident caused by explosion - automobile tire

Disposition

Disposition Last Updated by USER, TEST @ 27 Nov 2007 0638 EST

Released w/ Work/Duty Limitations

Follow up: with PCM.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

USER, TEST in CHCSII Test Clinic at CHCSII ITT Facility

1. Right-Click here in the GREY area

Next Slide

Current Encounter- Reminders Pop-up Window

The screenshot shows a 'Reminders' window with a table of reminders. A context menu is open over the table, with 'Properties' highlighted. A red arrow points from a yellow callout box to the 'Properties' option.

Select	Modify	Reminder	Ordered	Due	Default Order/Documentation Details
<input type="checkbox"/>		Registries			
<input type="checkbox"/>		Wellness			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate Calcium Counseling		8/22/2007	Document Adequate Calcium Counseling Complete
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Anti-Tobacco Counseling		8/22/2007	Document Anti-tobacco Counseling Complete
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Blood Pressure Screen		8/22/2007	ENTER: Blood Pressure
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regular Activity Counseling		8/22/2007	OTHER THERAPIES ORDER: Patient Goals - Begin Regular Exercise, ___ Tim
<input type="checkbox"/>		Immunizations			

Context Menu Options:

- Unselect All
- Select All
- Submit
- Re-Activate Reminder
- De-Activate Reminder
- Edit Reminder Schedule
- Reset Reminder Schedule to Default
- Browse to Reminder URL Reference
- Properties

Legend: ■ Due ■ Due within 1 month ■ Addressed To ■ Series Completed Show Most Recent Results

Buttons: Unselect All, Select All, Submit, Cancel

2. Click on
"Properties"

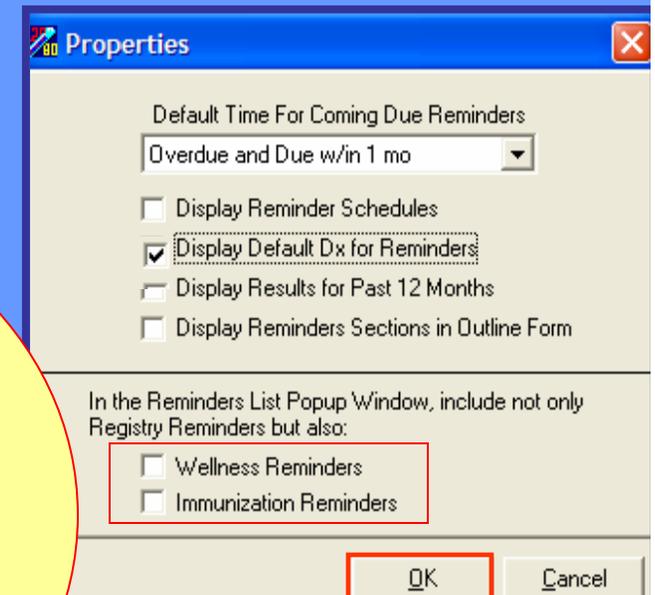
Next Slide

Current Encounter- Reminders Pop-up Window

How it is
set now



What you want it to
look like



3. Unselect
Wellness
Reminders and
Immunization
Reminders

4. OK

Current Encounter- Reminders Pop-up Window

Make Reminders Pop Up Go Away

- 1. When the Reminder comes up, Right-Click in the Grey area**
- 2. Properties**
- 3. Deselect Wellness Reminders and Immunizations Reminders**
- 4. OK**

HINT: you cannot stop the Reminders pop-up for patients that are enrolled in a registry

HINT: Screening staff should leave the pop ups on To address issues at screening. Providers address Reminders in the A/P module – Wellness tab

Current Encounter- Reminders Pop-up Window

How to make the Reminders Pop Up Window Come Back for All Patients

2

Reminders

1

Current Encounter

1. Go to Current Encounter Module on any patient

2. Click on "Reminders" tab

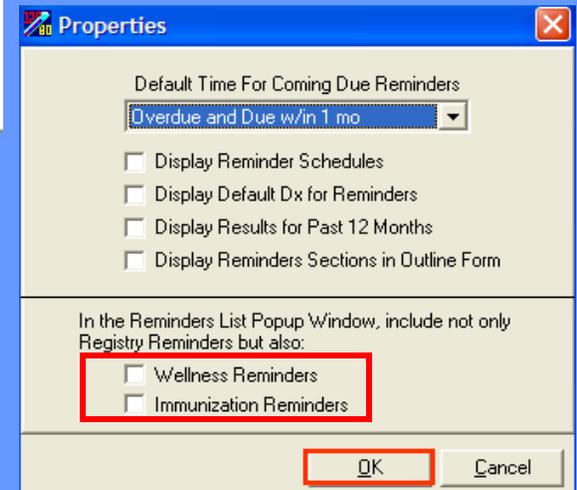
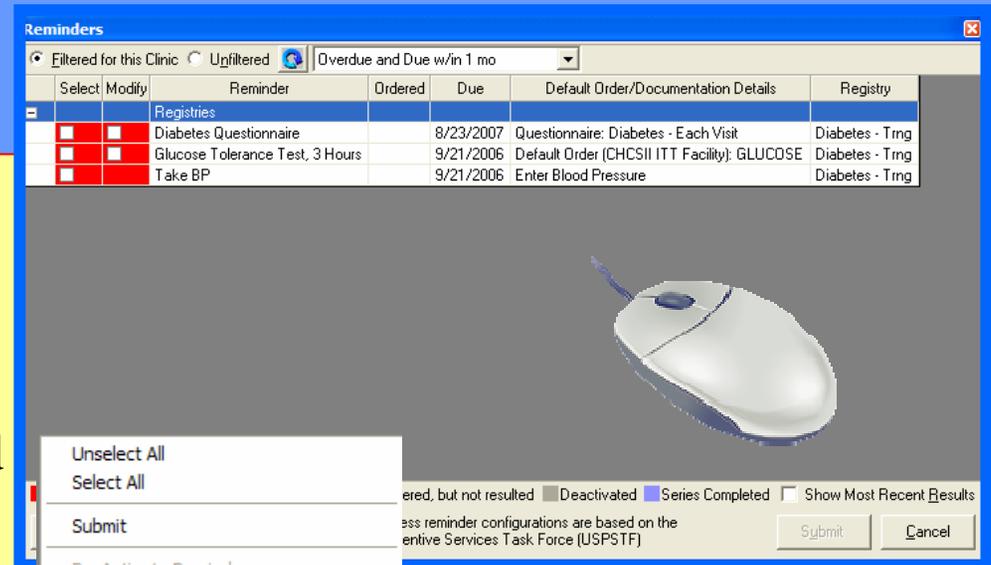
The screenshot shows a medical software interface with a menu bar at the top containing 'File', 'Edit', 'View', 'Go', 'Tools', 'Actions', and 'Help'. A 'Reminders' tab is highlighted in the top menu bar. Below the menu bar, there is a 'Folder List' on the left side with a tree view showing various patient data categories. The 'Current Encounter' tab is highlighted in this list. The main window displays patient information for ALEXANDER, VIOLET W, including appointment details, reason for appointment, and various clinical notes. A 'Reminders' pop-up window is visible in the top left corner, and a 'Current Encounter' tab is highlighted in the top right corner. The main window displays patient information for ALEXANDER, VIOLET W, including appointment details, reason for appointment, and various clinical notes.

Next Slide

Current Encounter- Reminders Pop-up Window

How to make the Reminders Pop Up Window Come Back for All Patients

1. *Right-Click* in the Grey Area again
2. Properties
3. Reselect Wellness Reminders and Immunization Reminders
4. OK



Pregnancy History



Current Encounter- Screening Module- Pregnancy History

AHLTA 838

New Format for Documenting Pregnancy Hx

Female Only Data

Pregnant Last Menstrual Period 11/30/2007

Post Menopause Estimated DOB 11/30/2007

Post Hysterectomy

Birth Control Method (optional)

Abstinence

Birth Control Pill

Condom

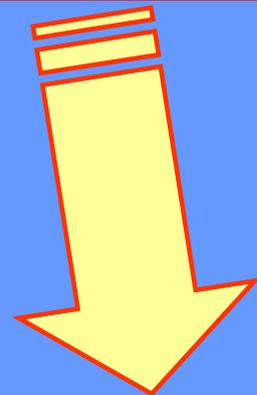
Diaphragm

Foam

G P A LC

...

If the patient is pregnant, the Last Menstrual Period and EDD are required to be entered before encounter is signed. All other fields are optional.



G (gravida) = # pregnancies

T (term) = # pregnancies carried to term

P (preterm) = # pregnancies not carried to term

A (abortions) = # pregnancies that were terminated
(this field can be modified as spontaneous, elective, ectopic)

LC (living children) = # living children

AHLTA 3.3

Female Only Data

Pregnant Post Menopause Post Hysterectomy

Last Menstrual Period Risk Level

EDD

G T P A LC

...

Prepregnancy Weight

lbs kgs

If the patient is pregnant, the Last Menstrual Period and EDD are required to be entered before encounter is signed. All other fields are optional.

Current Encounter- Screening Module- Pregnancy History

The OB Wheel Reinvented

Female Only Data

Pregnant Post Menopause Post Hysterectomy

Last Menstrual Period Risk Level

EDD

G T P A LC

Prepregnancy Weight lbs kgs

If the patient is pregnant, the Last Menstrual Period and EDD are required to be entered before encounter is signed. All other fields are optional.

1. EDD automatically calculates the Estimated Date of Delivery from LMP

2. You can assign a risk (if known) from drop down list

3. If you need to override the EDD, you can select what the date is based on

Female Only Data

Pregnant Post Menopause Post Hysterectomy

Last Menstrual Period Risk Level

EDD

G T P A LC

LMP Known
 Ultrasound
 Outside Ultrasound
 Known Conception
 Based on HCG Test
 Other
 Unknown

If the patient is pregnant, the Last Menstrual Period and EDD are required to be entered before encounter is signed. All other fields are optional.

Don't forget

Need OB Summary View

Pediatric Growth Charts



Current Encounter- Vital Signs Entry

Pediatric Growth Charts

MARCOS, FREDERICK B 01/013-97-9876 17mo M FM: MG DOB:15 Jun 2006

Folder List: Consult Log, Patient List, Patient Registries, Reports, Tools, Template Management, List Management, Questionnaire Setup, Immunizations Admin, Screening Notifications, Reminder Mapping, MARCOS, FREDERICK B, Demographics, Health History, Problems, Meds, Allergy, Wellness, Immunizations, Lab, Radiology, Clinical Notes, Previous Encounter, Flowsheets, Current Encounter, Screening, Vital Signs Entry, S/O, Drawing, A/P, Disposition

Review | Entry | **Growth Chart**

Date: 04 Dec 2007 14:33 Visual Acuity Oxygen Sat. Peak Flow

Standard Vital Signs: BP: / ... HR: bpm ... RR: /minute Temperature: °F °C ...

Height/Weight: Ht: in cm ... Wt: lbs kg ... BMI: BSA:

Habits: Tobacco: Yes No ... Alcohol: Yes No ...

Head Circumference: Head: in cm

Pain Severity: 10 - Totally Disabl 9 8 - Severe 7 6 5 - Moderate 4 3 2 - Mild 1 0 - Pain Free

Where is the Pain Loc

Comments:

Select "Vital Signs Entry" Tab

Next Slide

Current Encounter- Vital Signs Entry

Pediatric Growth Charts

With Folder List hidden

Print option for the parents

Clicking on "Growth Chart" tab under "Vitals Signs Entry" brings up this view

Ability to Rapidly select

MARCOS, FREDERICK B 01/013-97-9876 17mo M FM: MG DOB:15 Jun 2006

Review | Entry | **Growth Chart**

Infants (0-36 months)

- Weight vs Age
- Length vs Age
- Head Circ vs Age
- Weight vs Length
- Premie Adjustment

Gestation at birth: 40 Weeks

24 months - 20 years

- Weight vs Age
- Stature vs Age
- Weight vs Stature
- BMI vs Age

Based on CDC 2000 Growth Charts

Date	Age	Weight	Length	Weight/Length %	Head Circ	BMI
30 Nov 2006	5.5 mos	5.2 kg (0%)	58.4 cm (0%)	27%	40.0 cm (1%)	
30 Jan 2007	7.5 mos	6.7 kg (1%)	63.5 cm (1%)	43%	42.5 cm (6%)	
01 Apr 2007	9.5 mos	7.7 kg (3%)	67.3 cm (3%)	44%	43.8 cm (10%)	
30 Sep 2007	15.5 mos	10.2 kg (19%)	76.2 cm (14%)	62%	46.4 cm (24%)	

Edit S/O Note



Streamlined Method to Edit S/O Note

Current Encounter

2007 100

USER.

Outpatient

Reason for

AutoCites

Problems

Chronic:

- Hyperlip
- Type II c
- Essentia

Encounter S/O Notes

Select an existing note from the list to edit/delete it or click on the 'New Note' button to create a new Note.

Note#	Type	Date	Author
1	Structured	30 Nov 2007 1338 EST	USER, TEST

Edit My S/O Note
(Update Note;
changing date/time stamp)

Add Additional S/O Note
(New entry with new date/time
stamp)

Delete Note

Cancel

0 Note

history of present illness

The Patient is a 45 year old male...

here for f/u of Type 2 DM, HTN, and HLP.

**Choices are
now
clearly
labeled**

If you are taking over a note started by someone else the screen will indicate that action is occurring and the previous note is being moved to change history.

S/O Enhancements: Personal Option to Automatically ADD Positive ROS to HPI

This feature helps to make a more readable note with MEDCIN as POSITIVE (abnormal) ROS items are automatically placed into the HPI section.

This will not impact the E/M coding of your note.

For many people who just use templates this can help since you can document from the ROS and complete HPI.



S/O Enhancements- Positive ROS to HPI

WILLIAMS, CLAYTON U 20/967-62-8867 65yo M Ret:CAPT DOB:10 Nov 1942

Appointments Current Encounter S/O

2007 MASTER TEMPL AutoNeg ROS/HPI History FamHist Prompt I Prompt ListSize 1

Entry details for current selection:
Headache lasting for one to three days

Duration (numeric) Onset Modifi
Value Unit

HPI MH ROS PE Tests Browse

Templates (Diagnoses, Syndromes And Conditions)

- Feeling tired (fatigue)
- No fever
- No chills
- Headache
- Headache located
- Headache quality
- Headache severity
- Headache lasting
 - Headache lasting for a few minutes or less
 - Headache lasting for a few hours
 - Headache lasting for one to three days
 - Headache lasting more than a week
- Headache timing
 - Headache occurring
 - Headache precipitated
 - Headache worse
 - Headache relieved
 - Headache associated
 - Headache preceded
 - Headache preceded by aura
 - Headache accompanied
- Neck pain
- Red eyes
- No hearing loss
- No earache
- Nasal discharge
- Sore throat
- Chest pain or discomfort
- Palpitations
- Dyspnea
- Cough
- Nausea
- Vomiting
- Abdominal pain
- Bright red blood per rectum
- Diarrhea

History of present illness
The Patient is a 65 year old male.
He reported: Feeling tired (fatigue).
Headache lasting for a few hours and for one to three days.

Review of systems
Systemic symptoms: No fever and no chills.
Otolaryngeal symptoms: No hearing loss and no earache.

“+” ROS findings auto-flipped to HPI

Negative ROS findings stay in ROS

Add to Default Template

S/O Enhancements- Positive ROS to HPI

File Edit View Go Tools Actions Help

Refresh Reminders Providers Template Mgt Forward Task Screen Vitals SO Drawing A/P Disposition Add Note Sign Save As Template Options Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1962

Appointment: **Current Encounter**

Date: 30 Nov 2007 1000 EST Status: In Progress Treatment Facility: CHCSII ITT Facility
 Primary Provider: USER, TEST Type: EST Clinic: CHCSII Test Clinic
 Patient Status: Outpatient
 Reason for Appointment: diabetes/diabetes followup

AutoCite... AutoCites Refreshed by USER, TEST @ 30 Nov 2007 0832 EST

Problems
 Chronic:
 • Hyperlipidemia
 • Type II diabetes mellitus
 • Essential hypertension

Allergies

Screening

Vitals

S/O **SO Note** Written by USER, TEST @ 30 Nov 2007 1406 EST
History of present illness
 The Patient is a 45 year old male.
 Here for f/u of Type 2 DM, HTN, and HLP.

Drawing

A/P **A/P** Last Updated by USER, TEST @ 30 Nov 2007 0910 EST

Disposition

AddNote

Health History

In "Current Encounter" module select "Options" button to access the "Encounter Summary Properties" to see the defaults selected by AHLTA

Next Slide

Encounter Summary Properties



S/O Enhancements- Encounter Summary Properties

“Encounter Summary Properties” from the “Options” button

By default, these boxes are NOT Selected. You should check them. It will speed work in A/P module

By default, these boxes are selected

Notice only 2 checked by default. Add other items you want except expired meds.

All “+” ROS findings are flipped to the HPI by default settings. This provides a more meaningful HPI

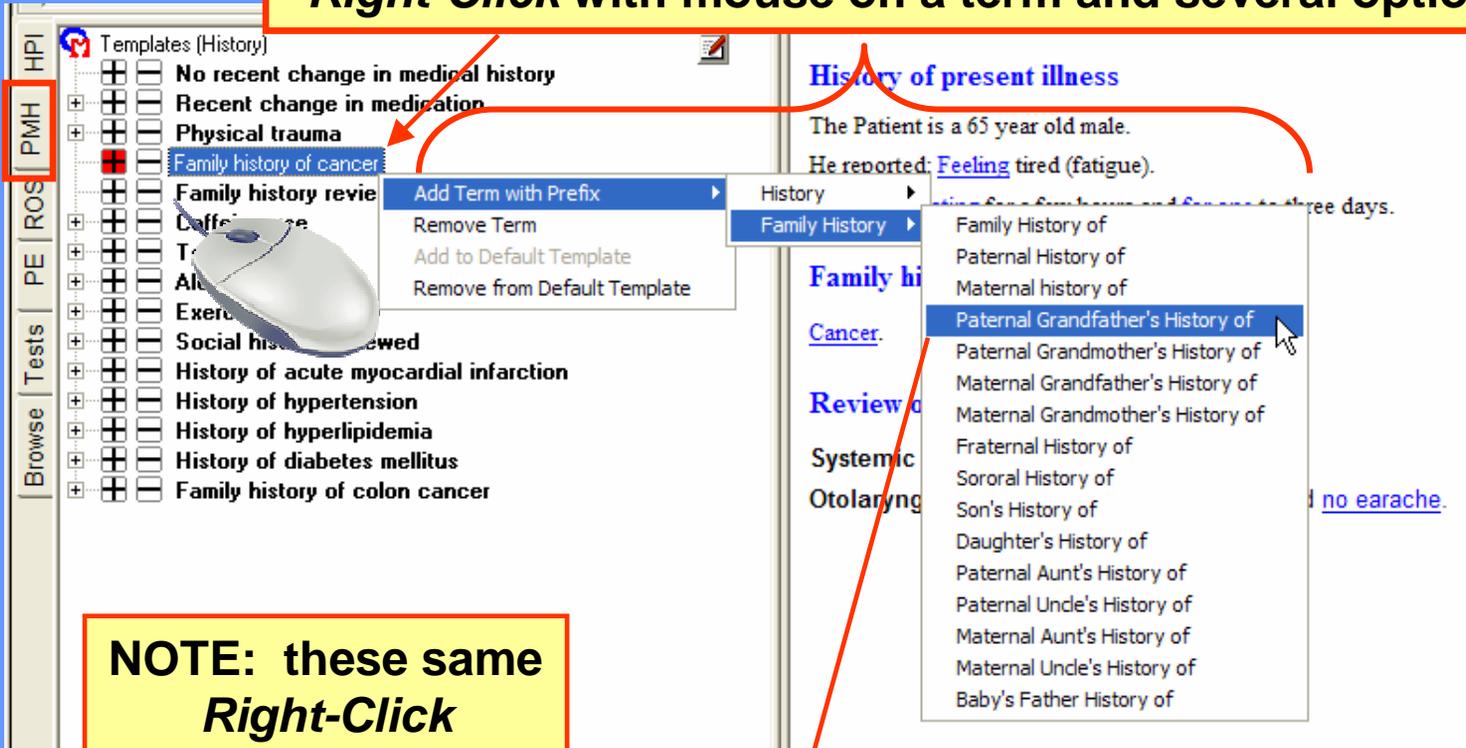
Leave as “0” or set at 10 minutes. Anything lower than 10 can really slow you down

S/O Enhancement Multiple Instances of Base Terms

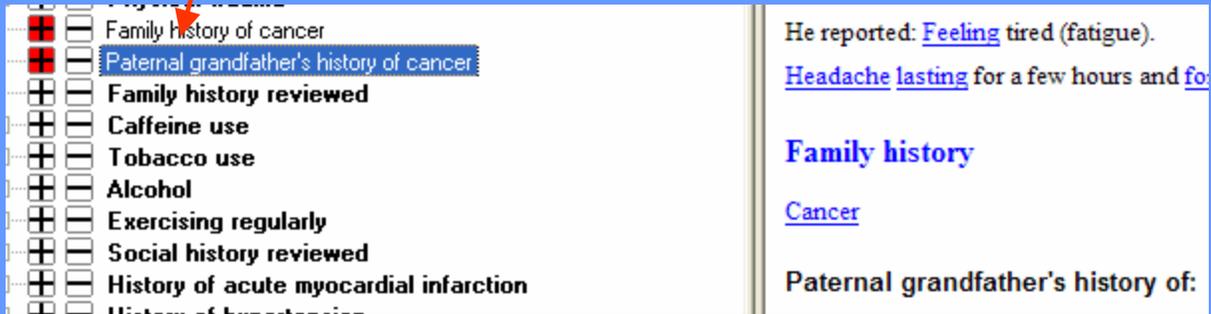


S/O Enhancements- Multiple Instances of Base Terms

Right-Click with mouse on a term and several options appear



NOTE: these same Right-Click options are presented in the HPI, ROS, PE

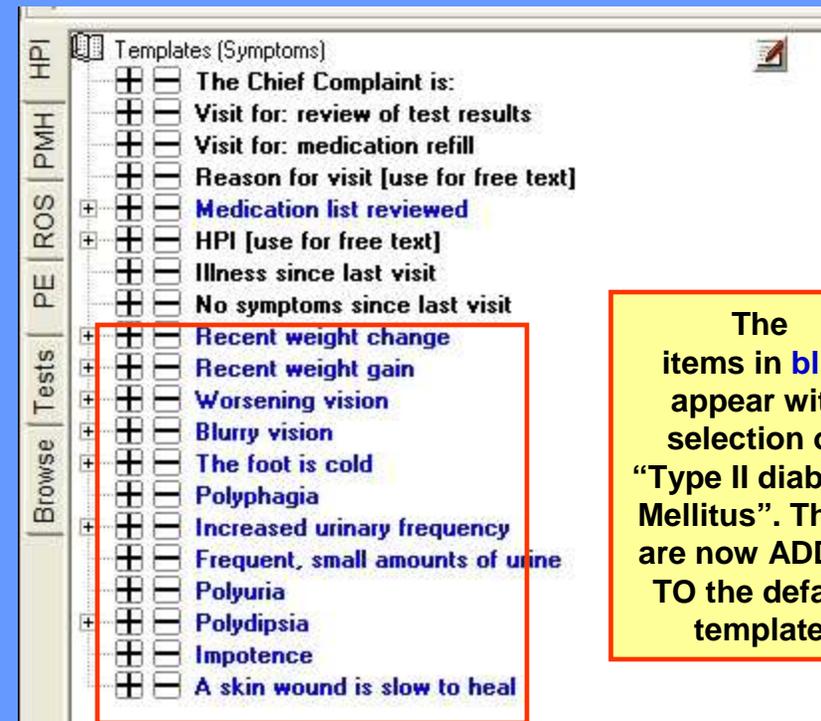
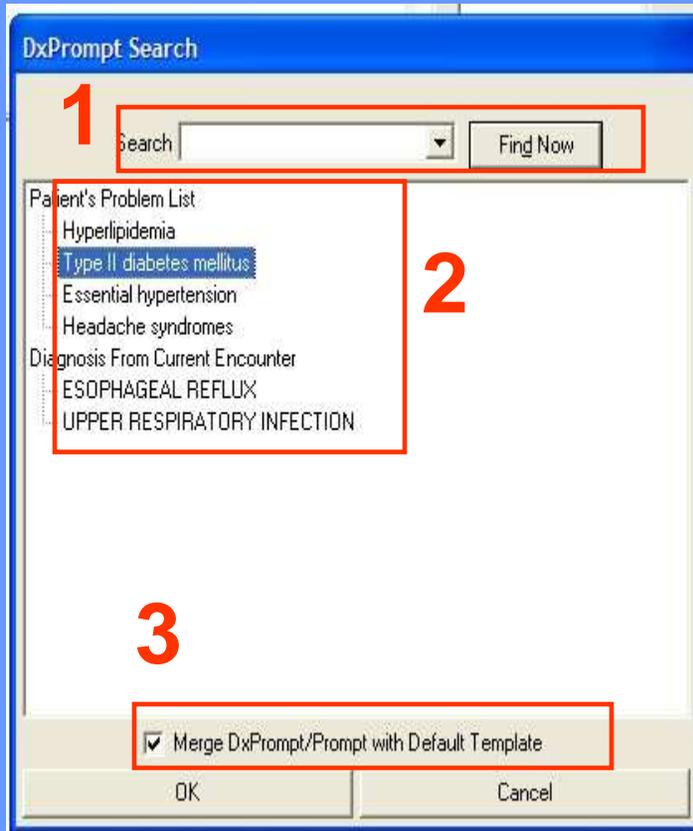


Dx Prompt Changes



S/O Enhancements- Dx Prompt Changes

1. Can now search and view in the same box
2. Patient's problem list and diagnosis from current encounter included by default
3. New checkbox to merge DxPrompt/Prompt with default template



The items in blue appear with selection of "Type II diabetes Mellitus". These are now ADDED TO the default template

S/O Enhancements- Dx Prompt with AIM Forms

“Dx Prompt” now available in AIM forms

Search results from “Dx Prompt” appear in “Note View” merged with AIM form contents

Documentation recommendations:
Under HPI document the reason for the visit with attention to the elements of duration, onset, and alleviating/exacerbating factors using free text if structured items can not be found easily.
Include pertinent positives and negatives under ROS.
 This is a new consult visit

HPI (con't) -- Military/Background Info
 This Visit is Deployment-related
 Branch of Service: USA USN
 USAF USMC
 Source of information: Patient
 Reliability of source of patient information:

Past Medical / Surgical History

Personal History
 Reviewed Social Hx
 Tobacco Use
 Alcohol Use
 Caffeine Use
 Herbal Medicines
 Drug Use

Hint: If you completed the A/P section first, the diagnosis for this visit will be displayed so you do not have to search for it twice.

Hint: When you find a term that you use often, you can right click and add it to your default encounter template.

A/P Enhancement Dx Tab



A/P Enhancement-Dx Tab

Diagnosis tab displays the patient's problem list from Problems module and any Dx Prompt search terms from the S/O module

Diagnosis | Order Sets | Order Med | Other Therapies | Find Now

2007 MASTER

Patient Problem List / DxPrompt

ICD	Diagnosis
DxPron	
250.00	Type II diabetes mellitus
Patient	
272.4	Hyperlipidemia
250.00	Type II diabetes mellitus
401.9	Essential hypertension
784.0	Headache syndromes

Templates / Search Results

ICD	Diagnosis
477.9	ALLERGIC RHINITIS
493.90	ASTHMA
796.2	Blood Pressure Isolated Elevated
786.50	chest pain or discomfort
250.00	DIABETES MELLITUS TYPE II
530.81	ESOPHAGEAL REFLUX
401.9	ESSENTIAL HYPERTENSION
272.4	HYPERLIPIDEMIA
244.9	HYPOTHYROIDISM
724.2	LUMBAGO
278.00	OBESITY
719.46	PATELLOFEMORAL SYNDROME
465.9	UPPER RESPIRATORY INFECTION
079.99	VIRAL SYNDROME
V68.1	visit for: issue repeat prescription for medication
V70.3	visit for: student physical
V70.3	visit for: examination for sports competition
V68.0	visit for: issue medical certificate
V70.5	visit for: military services physical
V72.99	Visit for: preoperative exam

Add to Encounter | Add to Default Template

Hint: Use the patient current diagnosis list to enter those diagnosis addressed during the encounter.

This saves you time searching for diagnosis.

This DECREASES the clutter on the problem list from “like” diagnosis.

A/P Enhancement

Managing Default Template

Hint: You want a default template. If you have not set one you have one by default. The default is that you get the entire MEDCIN tree and NO orders.

Now with by setting a template as your default, you can add orders that you customize as you write them. They will then be available as an order set when you go to A/P module. It is your personal order set.

The default template should be the template that you either use for most visit or you can use it just to have all your favorite and high volume orders ready for quick use.

Don't waste time looking the same thing up over and over again then modifying to your liking.

Note: With a default template you can attach an AIM form for S/O documentation AND you can still use any other template or AIM form from your favorites.



A/P Enhancement-Managing Default Template

Home icon added to bring user back to Default Template at any time

Right click menu let's user add or remove items to/from Default template

Added this tab to make changes to Default Template on-the-fly

HINT: Users may add the Diagnosis, Procedures, Order Sets, and Other Therapies to their Default Template on-the-fly from within the A/P modules during an encounter.

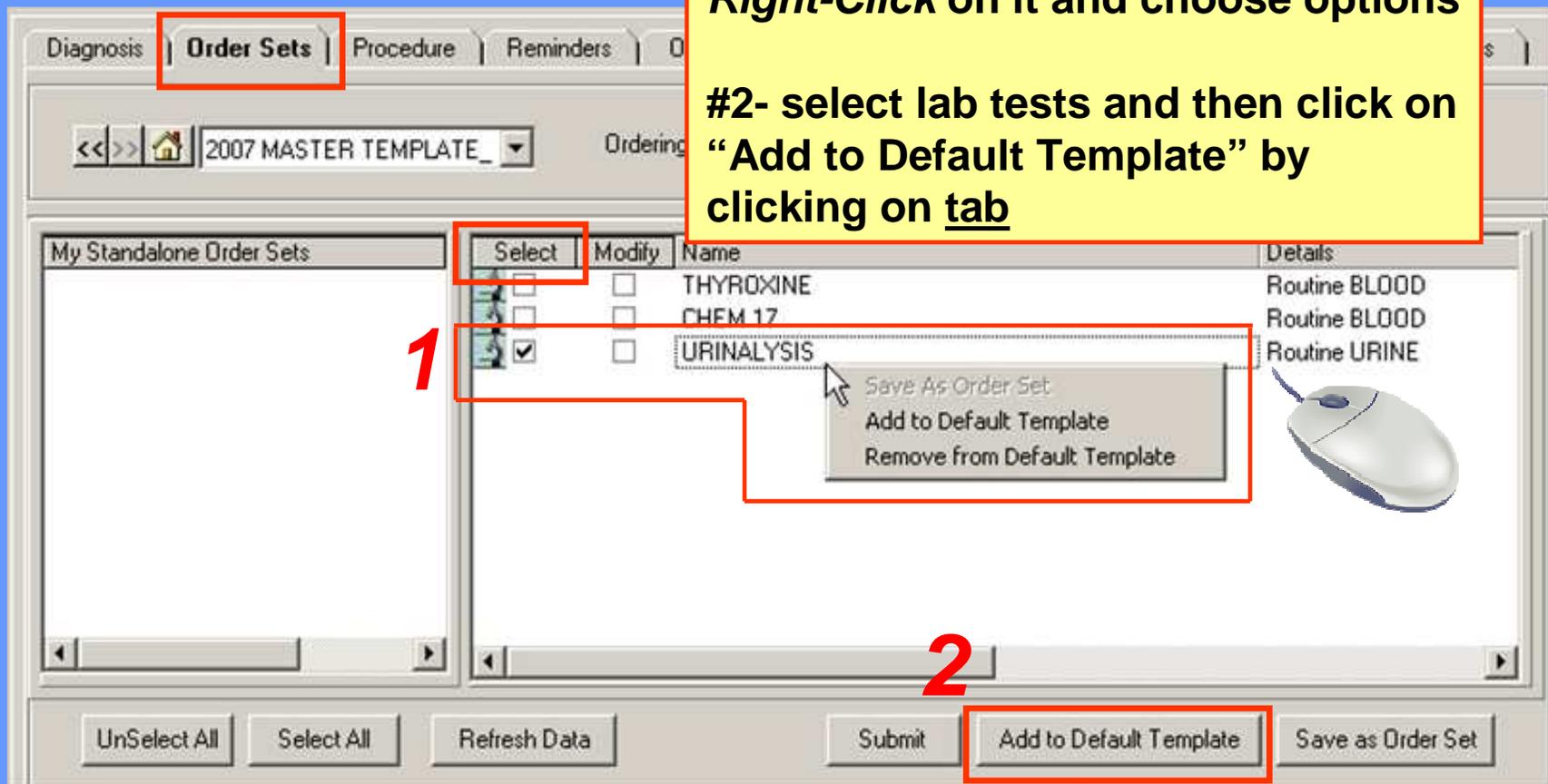
ICD	Diagnosis
250.00	Type II diabetes mellitus
272.4	Hyperlipidemia
250.00	Type II diabetes mellitus
401.9	Essential hypertension
784.0	Headache syndromes

ICD	Diagnosis
477.9	ALLERGIC RHINITIS
493.90	ASTHMA
796.2	Blood Pressure Isolate
786.50	chest pain or discomfort
250.00	DIABETES MELLITUS
530.81	ESOPHAGEAL REFLUX
401.9	ESSENTIAL HYPERTENSION
724.2	LUMBAGO
278.00	OBESITY
719.46	PATELLOFEMORAL SYNDROME
465.9	UPPER RESPIRATORY INFECTION
079.99	VIRAL SYNDROME
V68.1	visit for: issue repeat prescription for medication
V70.3	visit for: student physical
V70.3	visit for: examination for sports competition
V68.0	visit for: issue medical certificate
V70.5	visit for: military services physical
V72.02	Visit for: preoperative evaluation

Buttons: Add to Encounter, Add to Default Template

A/P Enhancement-Managing Default Template

There are 2 options here:
#1- first select the lab test then *Right-Click* on it and choose options
#2- select lab tests and then click on “Add to Default Template” by clicking on tab



A/P Enhancement-Managing Default Template

The screenshot displays the 'Other Therapies' module in the A/P software. The interface includes a navigation bar with tabs for Diagnosis, Order Sets, Procedure, Reminders, Order Consults, Order Lab, Order Rad, Order Med, and Other Therapies. A dropdown menu shows '<No Template Selected>'. A list of categories for patient instructions is visible, including Administration Of Anesthesia, Assessment and Complications Of Therapy, Basic Management Principles, Basic Management Procedures And Services, Conscious Sedation, Contingency Plans, Doctor's Orders For Patient Care, Explanation Of Plan, Free Text, Goals, Options, Limitations and Risks, Home Care, Management Of Patient Visit, Medical Supplies And Equipment, Nursing Care, Office And Lab Procedures, Other: [Use For Free Text], Outcomes, and Physician List. Buttons for 'Add' and 'Add to Default Template' are at the bottom.

“Other Therapies” module now pre-populated by default if “No Template Selected”

HINT: Users may add the Diagnosis, Procedures, Order Sets, and Other Therapies to their Default Template on-the-fly from within the A/P modules during an encounter.

A/P Enhancement Radiology Location Box



A/P Enhancement- Radiology Location Box

The screenshot displays a medical software interface for patient BERG, OLAF V (DOB: 10 Feb 1952). The 'Order Rad' tab is active, showing a 'New Rad Order' form. A red box highlights the 'Radiology Location' drop-down menu, which is currently set to 'AHLTA Test Clinic' and has a list of options including 'AHLTA Test Clinic' and 'Green Test Clinic'. Another red box highlights the text 'New change by adding "Radiology Location" drop-down box' overlaid on the interface. A third red box highlights the text 'Choice of Rad procedure will determine initial Rad location automatically (to change location, drop-down function still available)' overlaid on the interface. The interface also shows a 'Priority' section with 'Routine' selected, and a 'Show Orders' button at the bottom.

Preview Save Delete Template Mgt Reminders 50 Drawing Disposition Sign Options Close

BERG, OLAF V 20/245-63-8943 55yo M Ret:VADM DOB:10 Feb 1952

Appointments Current Encounter A/P

Priority ICD Diagnosis Chronic/Acute Type Priority

Orders & Procedures
CBC W/O DIFF

Diagnosis Order Sets Procedure Reminders Order Consults Order Lab **Order Rad** Order Med Other Therapies

New Rad Order MRI Search

Rad Section: [ALL SECTIONS]

Procedure Name: MRI, ABDOMEN

Clinical Impression:

Priority
 Routine ASAP STAT Notify Preop

Notes to Provider:

Radiology Location:
AHLTA Test Clinic
AHLTA Test Clinic
Green Test Clinic
Comments: (optional)

More Detail ... Clear

Radiology Orders

Show Orders

Health History

What's New in AHLIA 3.3_Week T Facility

**New change by adding
"Radiology Location"
drop-down box**

**Choice of Rad procedure
will determine initial Rad
location automatically (to
change location, drop-
down function still
available)**

Other web resources for AHLTA Information/How-To's

- Uniformed Services Academy of Family Physicians (USAFP): www.usafp.org/AHLTA-Information-FAQs.html
 - AHLTA 2-minute Pearls: www.usafp.org/AHLTA-Information-FAQs.html#Pearls
- 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>
- DoD Dragon NaturallySpeaking resource:
www.nuance.com/mhs/



Tips to Speed-up AHLTA

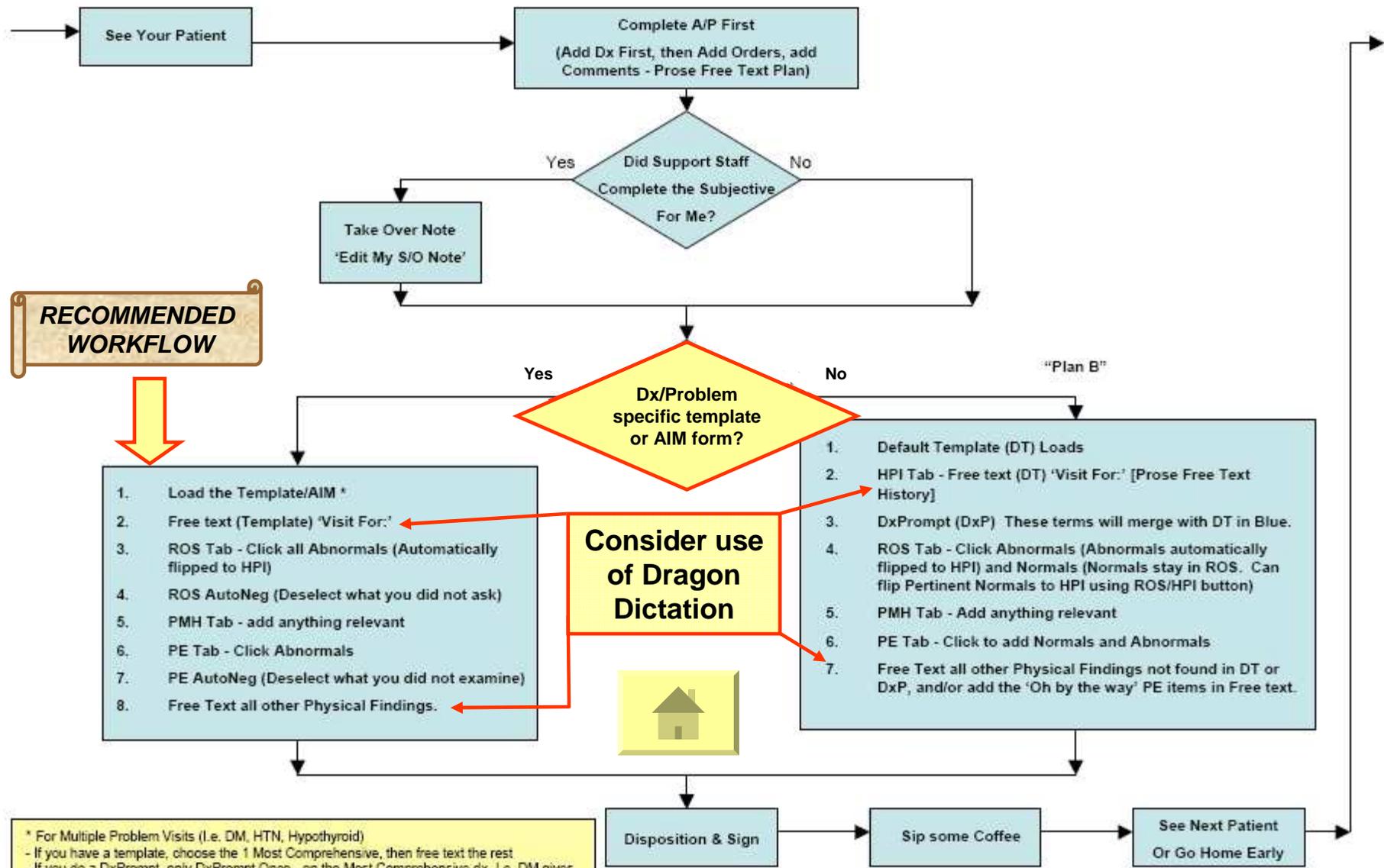
- Do not run other programs even music while in clinic.
- Limit logged on user to 4 in a multiple user PC situation.
- Set monitor to best performance
- Make sure that you are only mapped to clinics that you work in.
- Have your virtual memory setting set to a minimum of 3500 and a maximum of 3800. (Your IMD shop may need to do this for you.)
- If your facility does not automatically turn every PC on and off at night, log off and hit restart as you are leaving.
- Under internet options, occasionally delete internet folders and cookies on your personal PC.



Backup Slide

General Workflow Documenting Note in AHLTA 3.3 *

...keeping speed and efficiency in mind... Remember... do not "drill" down the tree



**RECOMMENDED
WORKFLOW**

**Consider use
of Dragon
Dictation**



* For Multiple Problem Visits (I.e. DM, HTN, Hypothyroid)
- If you have a template, choose the 1 Most Comprehensive, then free text the rest
- If you do a DxPrompt, only DxPrompt Once - on the Most Comprehensive dx, I.e. DM gives terms that can be used to document HTN and Hypothyroid, free text the rest, etc.