

HEALTHFORCES II (H&F II)/ICDB USER GUIDE

Part of HEALTHeFORCES II Group of Clinical Systems

HeF II/ICDB User Guide

HEALTHFORCES II/ICDB/MEDBASE

HeF II/ICDB User Guide

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Chapter**1**

Introduction

Welcome to HeF/ICDB version 1.4! This document will guide the user through all of the existing and new functionality presented with this significant upgrade to the system. This documentation will also address a product called “SSOPI”, Single Sign on Fusion Interface, an application designed to unify or “fuse” all of the separate clinical applications into a single operation called HEALTHeFORCES II.

Glossary of Terms

ICDB – Integrated Clinical Data Base- A “graphic user interface” software program for CHCS data as well as a program that supports various clinical prevention and monitoring functions, including the ability to create an IMAP clinical note, designed to enhance the ability to electronically track patient care issues.

HeF – HEALTHeFORCES II- A series of additional functions added in addition to basic ICDB functionality designed to enhance the ability of ICDB to track patient care issues. HEALTHeFORCES was developed at Walter Reed Army Medical Center.

IMAP – Initial Multiscreen Assessment Page, a two page menu and document generation page that supports the ability to document patient contact, including the ability to record vital signs, document and update patient learning needs, create a standard “S.O.A.P.” Note, electronically store the record and print all on a standard SF 600.

Template – A stored document that covers a standard list of items that are to be used in documenting patient care within an IMAP Clinical Note. These items are stored within the template tool that is accessible on page two of the IMAP note by clicking on the “pages of paper” Icon to the right of each text box for Subjective, Objective, Assessment, Plan and Multi-problem Note. Template creation is covered in an online tutorial, accessible on the bottom right side of the Log in Page for ICDB.

POV – Point of View (survey system), a device that is an electronic method of recording survey responses from patients covering a wide variety of topics including general health, patient satisfaction, and diabetes.

Provider Portal – The access afforded Doctors, Physicians Assistants, some RN’s, provides the ability to see appointment and patient data that is specifically tailored to the individual. Provider portal access should be the standard if the person has appointments assigned specifically to them in CHCS.

Nursing Portal – The access afforded Nurses, Technicians, clerks and administrative personnel to support access and update to patient records. Nursing Portal is designed around a team concept where all the appointments assigned to ICDB providers (see above definition) in their team are displayed.

DD2766 – A document that covers a wide variety of historical, medical and preventative medical screening items including patient allergies, medications, surgeries, family medical history as well as a means of documenting vital signs and preventative health care screening items.

SSOFI – Single Sign On Fusion Integrator – A client based application that allows a single log in to use existing and future clinical systems with a single user name and password. This application is designed to simplify access to all clinical systems without the need to remember a large number of different usernames and passwords.

HEALTHeNOTE - A clinical note designed to be part of HeF. Similar in function to the IMAP note, this note is set up with some specific templates for clinics with specific needs.

MedFusion – A system allowing the recording of patient encounters using a handheld device rather than entering the information directly into ICDB. The MedFusion system provides the software and the interface to allow a portable patient encounter recording device while still offering storage of the encounter within ICDB/HeF II.

HEALTHeSURVEYS - The HEALTHeFORCES initiative has identified the improvement of the patient-provider relationship as being integral to the success of the program. Research has clearly shown that a satisfying interaction between patients and providers is essential to improved care; however this is a difficult objective to achieve in the context of a fifteen to twenty minute patient visit. To support this objective, teams of nurse practitioners, physician assistants, nurse educators and case managers work with patients to ensure that their concerns and needs have been met and, most importantly, assess how patients understand and feel about their illness, their care and their ability to meet their daily needs in life. This is achieved via a variety of automated surveys that are completed by the patient before the visit to the provider. The technology to support the survey completion includes workstation-based web surveys, stand-alone kiosks and hand-held electronic data capture devices. The data collected from the surveys is immediately available to the provider during the patient visit for consideration and evaluation.

Chapter
2

Getting Started

To log into ICDB select the “SSOFI” Icon on your desktop or use Internet Explorer ICDB icon. Double click the selected icon on the desktop. Note that once you have set up SSOFI the Log in page will be bypassed (See the SSOFI Set up guide for instructions on the next page on how to do this) and you will go directly to your regular start page within ICDB/HeF. If using Internet Explorer, follow the below listed instructions. If you desire to use SSOFI, follow the configuration and navigation instructions on the next pages, then proceed to Chapter 3 and 4.

In the address box of Internet Explorer type in your facilities URL to the ICDB



You will now see the default / Login page of your facilities ICDB website



Enter your **CHCS** access and verify code as shown. This will be the same logon you use for CHCS. Then click the [Logon] button to proceed.

Providers will be taken to their Provider Portal and nurses will be taken to the Nurse Portal.

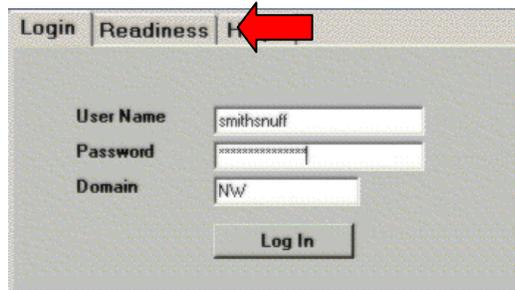
SSOFI Initial Set up and Use

When logging into SSOFI for the first time it is important that the following steps be followed:



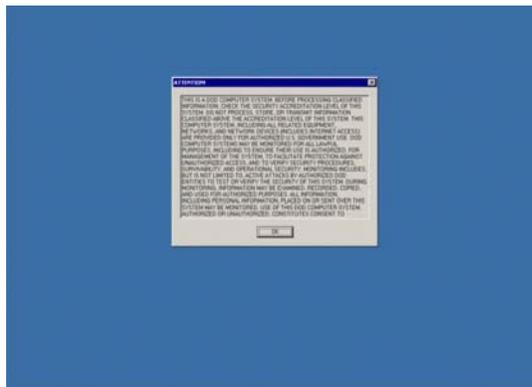
Ssofi.Ink

1. “Double Click” on the SSOFI Icon on the desktop.
2. For the first log in, enter your NT username, password and domain name (or local PC if not attached to a domain) and click on the MedBase Tab. **Do not click** on the “Log In” button. The initial system settings must be created in MedBase (**The Tab Marked “Readiness**) prior to using all the features available in SSOFI.



SSOFI Log in – Creating System Settings

3. Your user log in will log you into MedBase. Click on “OK” when the security prompt for MedBase Log in appears as shown below.



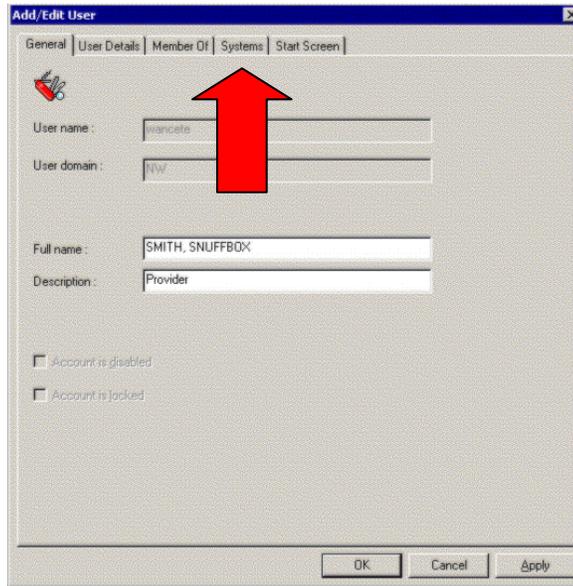
Security Prompt – MedBase Log In

4. When the MedBase Main Menu appears, click on the icon in the top tool bar marked “my info”.



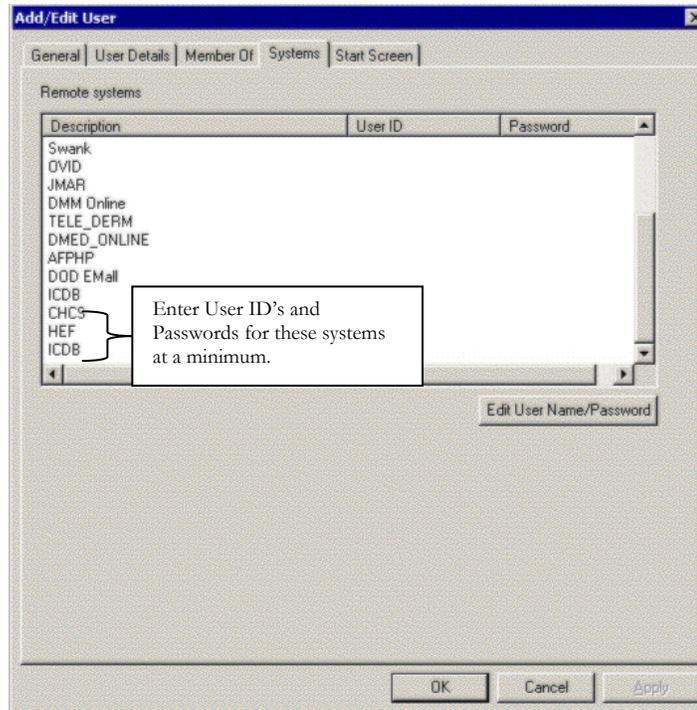
Setup Menu Access - Select My Info ICON on MedBase Top Tool Bar

- When the Add/Edit User Menu appears, select “Systems”.



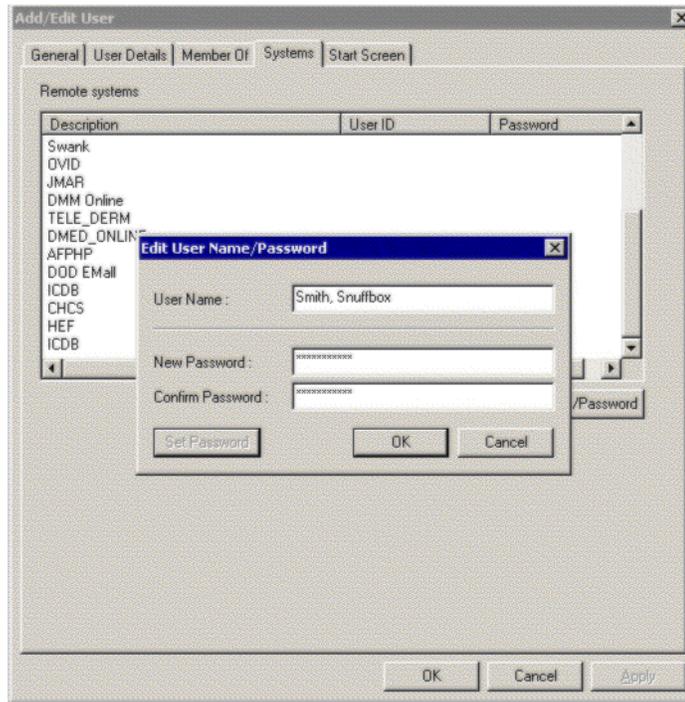
Add/Edit User – Systems Tab

- Select the systems the user needs to have access to and currently has user names and passwords to support this procedure. At a Minimum, Information should be entered for ICDB and CHCS.



User Edit - Selecting Systems for User ID and Password Entry

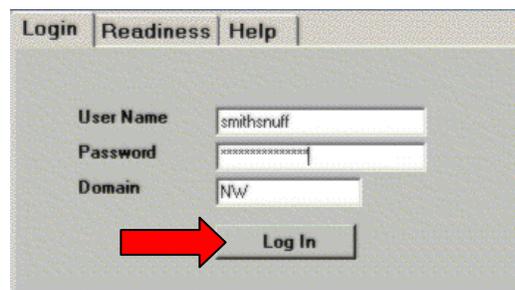
- By double clicking on a line, such as ICDB, an edit box will open, allowing the entry of User Names and Passwords for each system that will be linked through SSOFI.



Edit User Name/Password Entry

Note – Click on “Set Password” to allow the entry and confirmation of passwords in this menu.

- Continue this process for all systems that require access.
- When all systems have passwords entered, click OK on the main Add/Edit User menu.
- Close MedBase/SSOFI and restart SSOFI by clicking on the  SSOFI Icon on the desktop.
- Enter your user name and password and click on the “Login” button vice the MedBase tab.

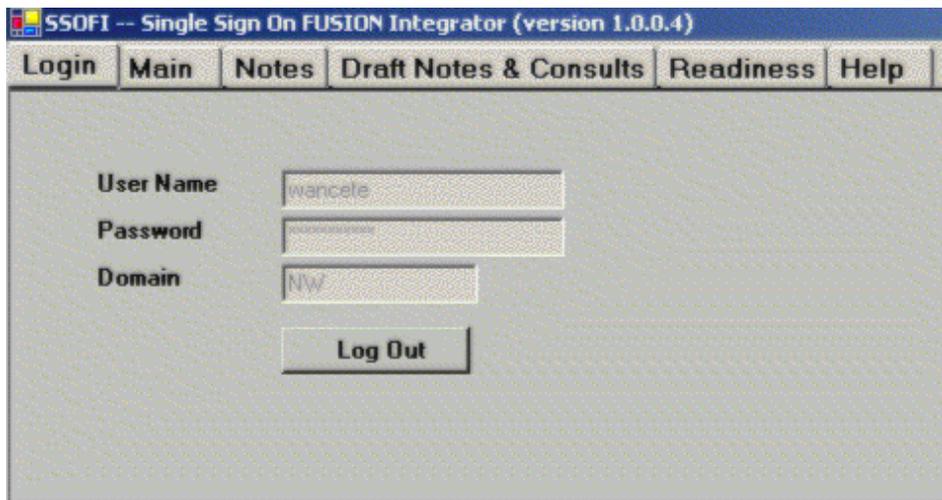


SSOFI Log in – Second and all Subsequent Log in Requests

IMPORTANT NOTE

The User names and Passwords entered for SSOFI use DO NOT AUTOMATICALLY UPDATE when a person changes their CHCS user name and password. It is necessary to reset SSOFI to your new CHCS and ICDB password in order to continue to have it function correctly.

12. Provided the user name and password (NT username/password) were entered, SSOFI will present the user with a menu that will look similar to the following illustration:



SSOFI Sign on – Application Tabs Present

13. Note that there is now a tab at the top of the screen for each system that had a user ID and password entered in the “my info” section in MedBase. There will be more or fewer tabs at the top of the screen based on how many systems the user entered user names and passwords for. Click on each tab to ensure that the application opens properly. If any of the applications do not open, re-enter the user information for that particular application in MedBase. If this does not correct the problem, contact AMO Help Desk for assistance.
14. Login Screen – Standard log in screen, used to enter the SSOFI portal and gain access to the various applications available. **IMPORTANT NOTE: Your SSOFI credentials are stored on a central server meaning you will be recognized and granted access at ANY PC in the hospital as long as the basic SSOFI client has been installed on the PC you are currently using.** The following tabs will be visible:
- Main – ICDB/HeF for all the lab results, admissions and basic patient data that is presently shown in ICDB.
 - Notes – A direct access tab for the creation of clinical notes.

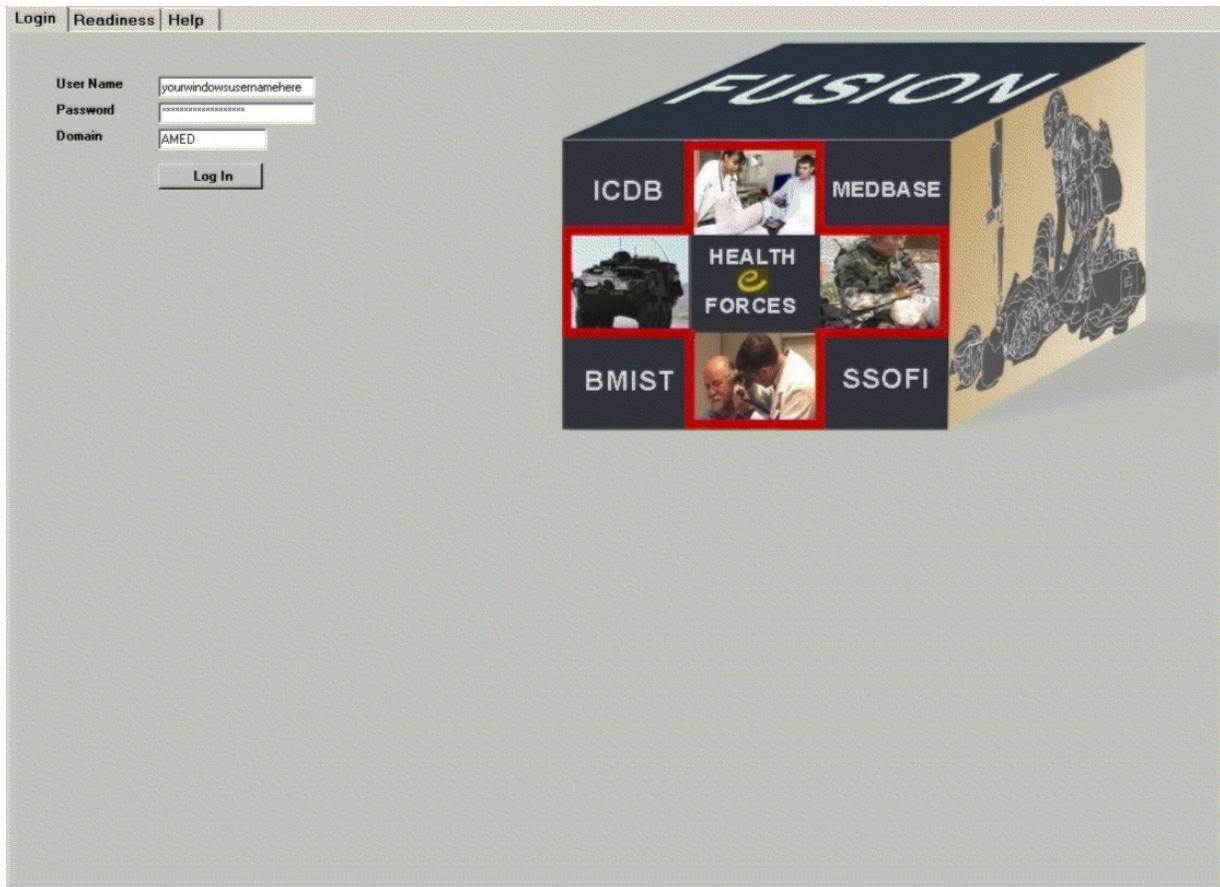
- Draft Notes & Consults – Every clinical note you have created on any patient but not yet saved (signed) as a “Final” note. A single point of access to find, complete and electronically sign all clinical notes created.
- Readiness – MedBase, data for active duty patients.
- CHCS – CHCS Access
- Help – An improved documentation and training portal for EVERY ELECTRONIC CLINICAL APPLICATION in use here at Madigan Army Medical Center.

SSOFI Use and Navigation

Most of the information contained within SSOFI will be familiar to users of HeF II/ICDB. What SSOFI does do is provide more rapid access to specific portions of HeF II/ICDB, add features that make use of the system more convenient and allow the user to concentrate on patient care rather than try to remember passwords for all of the various systems. Each of the tabs will be explained in turn with additional details for the tabs that are not covered by other user documentation.

SSOFI Log In Tab

The Log in Tab is the entry point for SSOFI. It provides a means of entering your windows user name, windows password and domain name. If the user is logging into SSOFI on the same PC they have signed on to, the user name and domain will automatically post to the data fields, all the user will be required to enter is their windows password and click log on once initial configuration of SSOFI is completed.



SSOFI Log in Tab

SSOIF Main Tab

The Main Tab is HeF II/ICDB as you have always recognized it. All functionality is as it always has been with no changes. Navigation to all sections is as it was plus additional functionality and convenience via SSOFI. Enhancements of normal ICDB operation in the main tab include:

- Direct access to the patient summary page of the last patient accessed
- Patient Synchronization- If you look up a patient in MedBase (Readiness Tab) and move to HeF II/ICDB, the patient name will follow to the ICDB summary page. If you have patient data displayed in HeF II/ICDB and need to place an order for this patient (such as a prescription) in CHCS, click on the CHCS tab and select orders, the user will be automatically logged into CHCS by clicking login and will also be transported to the order page with the patient already displayed.

[Login](#) [Main](#) [Notes](#) [Drafts/Consults](#) [Readiness](#) [CHCS](#) [Help](#)

ICDB Provider Portal User: **Wance, Timothy (inst)**
 Date: 4/6/2004

[Home](#) [Lookup Pt](#) [My Appts](#) [My Patients](#) [Feedback](#) [Logoff](#)

Name/Address	FMP/SSN Cmd	Enrollment	Age/DOB/Sex	Phone Numbers	Other
TEST,PATIENT 1111 HAPPY MOUNTAIN ROAD OLYMPIA, WASHINGTON 98516	20.800.91.0416	Enrollment: PCM: Clinic:	Age: 51 DOB: 16 Apr 53 Sex: M	(h): 360 968-1111 (w): 253 968 3101	Rank: AE1

Allergies

No allergy information recorded in CHCS

Summary

[Clinic Note](#)
DD 2766

[Prevention](#) ✓

[Summary](#)

[Health Survey](#)

[Admit to ER](#)

OUTCOMES

[HealthCards](#)

HealthForces

[Vital Signs](#)

[Imported Files](#)

[POV Surveys](#)

[HealthNotes](#)

[Framingham](#)

[CHCS Access](#)

[Telephone Log](#)

[IMAP Med Link](#)

Help

253-596-7479

Visits

[Appointments](#)

[Admissions](#)

[CHCS Telcons](#)

[HeF Telcons](#)

Results

[Labs](#)

[Diabetes Labs](#)

[Radiology](#)

Appointments

Date	Recent Appointments	Provider
01 Apr 04	B HOSPITALIST ...	MORSEAN
01 Apr 04	B INTERNAL.MED	MORSEAN
10 Mar 04	M IMC T-CON CL...	SALINGER
04 Mar 04	B PAIN MANAGE	PICKETT
11 Feb 04	B PAIN MANAGE	PICKETT
02 Dec 03	OH AVIATION ME...	KELLER

Admissions

No data found

Medications

Last Fill	Recent Medications
	CEPHALEXIN-PO 500MG...
	SIMVASTATIN-PO 10MG...
	SUAI/PHENYLPROP/PHE...
03 Apr 04	IBUPROFEN-PO 800MG ...
25 Mar 04	IRX: DALBAVANCIN 250...
25 Mar 04	IRX: DALBAVANCIN 250...

Radiology

Date	Recent Radiology Tests
27 Jun 02	US, RUQ (GBLIVER/PANC/DUCTS/RT KIDNEY)
20 Jun 04	HAND, LT

Labs

Date	Recent Labs
26 Mar 04	Q HEPATITIS B VIRUS DNA(3.104)
26 Mar 04	Q HCV RNA BY PCR (QUANT)
26 Mar 04	Q HCV RNA QUANT, bDNA(43.40)
26 Mar 04	Q PROTHROMBN G20210A GENE MUT
26 Mar 04	Q PROTHROMBN G20210A GENE MUT
26 Mar 04	Q PROTHROMBN G20210A GENE MUT

Procedures

No data found

SSOFI Main Tab (HeF II/ICDB)

SSOFI Notes Tab

Using the notes tab, direct access to the patient note page is available, all functionality is available as in ICDB but the user has the ability to move back and forth between the patient summary page and the notes tab, making display and viewing of information much easier.

[Login](#) [Main](#) [Notes](#) [Drafts/Consults](#) [Readiness](#) [CHCS](#) [Help](#)

Name/Address	FMP/SSN Cmd	Enrollment	Age/DOB/Sex	Phone Numbers	Other
TEST,PATIENT 1111 HAPPY MOUNTAIN ROAD OLYMPIA, WASHINGTON 98516	20-800-91-0416	Enrollment: PCM: Clinic:	Age: 51 DOB: 16 Apr 53 Sex: M	(h): 360 968-1111 (w): 253 968 3101	Rank: AE1

Please select the type of report you wish to view, or click **Create a New IMAP**. Use the **Search** fields to narrow your search. Use the **Sort** buttons (column headers) to sort the results of your search.

IMAP (Finalized) Search: Chief Complaint:
CIS Search: Note Type:
Date Range:
 Last Week
 Last Month
 Last Quarter
 Last Year
Default All

Unsigned (Draft) IMAP Notes						
Edit	Creation Date	Clinic	Chief Complaint	Assigned Provider	View	Print
Edit	04-05-2004	B INTERNAL MED	TEST	MORGAN,HEATH A (BREM)	View	Print
Edit	04-05-2004	B INTERNAL MED	TEST	MORGAN,HEATH A (BREM)	View	Print
Edit	04-01-2004	PREVENTIVE MEDICINE(SAC) CLINIC	ck-up	WANCE,TIM E	View	Print
Edit	04-01-2004	OCCUPATIONAL HEALTH	skin	MARINKOVICH,GREGORY A	View	Print
Edit	04-01-2004	B INTERNAL MED	vbdg	MORGAN,HEATH A (BREM)	View	Print
Edit	04-01-2004	B HOSPITALIST MED	rtsh	MORGAN,HEATH A (BREM)	View	Print
Edit	04-01-2004	B HOSPITALIST MED	asdf	MORGAN,HEATH A (BREM)	View	Print
Edit	04-01-2004	B HOSPITALIST MED	f	MORGAN,HEATH A (BREM)	View	Print
Edit	03-29-2004	M IMC T-CON CLINIC	std	SALINGER,ROBERT C	View	Print
Edit	03-29-2004	M IMC T-CON CLINIC	headache	SALINGER,ROBERT C	View	Print
Edit	03-29-2004	M OKUBO CLINIC	heent exam	CARLON,RUTH E	View	Print
Edit	03-24-2004	PLASTIC SURGERY	PICTURE TEST	JEWETT,STILES T	View	Print
Edit	03-22-2004	COMM HLTH NURSE	INH Refill	KELLY,HEIDI (CHN)	View	Print
Edit	03-22-2004	FPC MADIGAN	headache	BERGLAND,TODD A	View	Print
Edit	03-22-2004	FPC MADIGAN	headache	BERGLAND,TODD A	View	Print
Edit	03-22-2004	FPC MADIGAN	Headache	BERGLAND,TODD A	View	Print
Edit	03-22-2004	PREVENTIVE MEDICINE(SAC) CLINIC	Std screening	JOHNSON,ROBERT O	View	Print
Edit	03-22-2004	PREVENTIVE MEDICINE(SAC) CLINIC	screen	JOHNSON,ROBERT O	View	Print

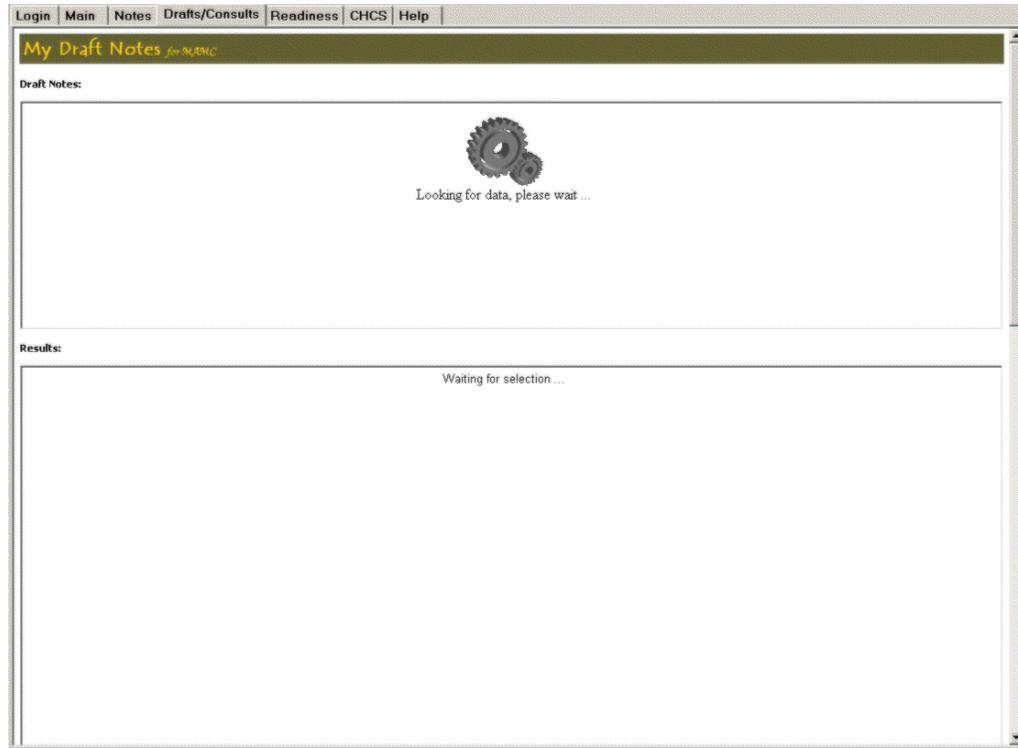
SSOFI Notes Tab

SSOFI Drafts/Consults Tab

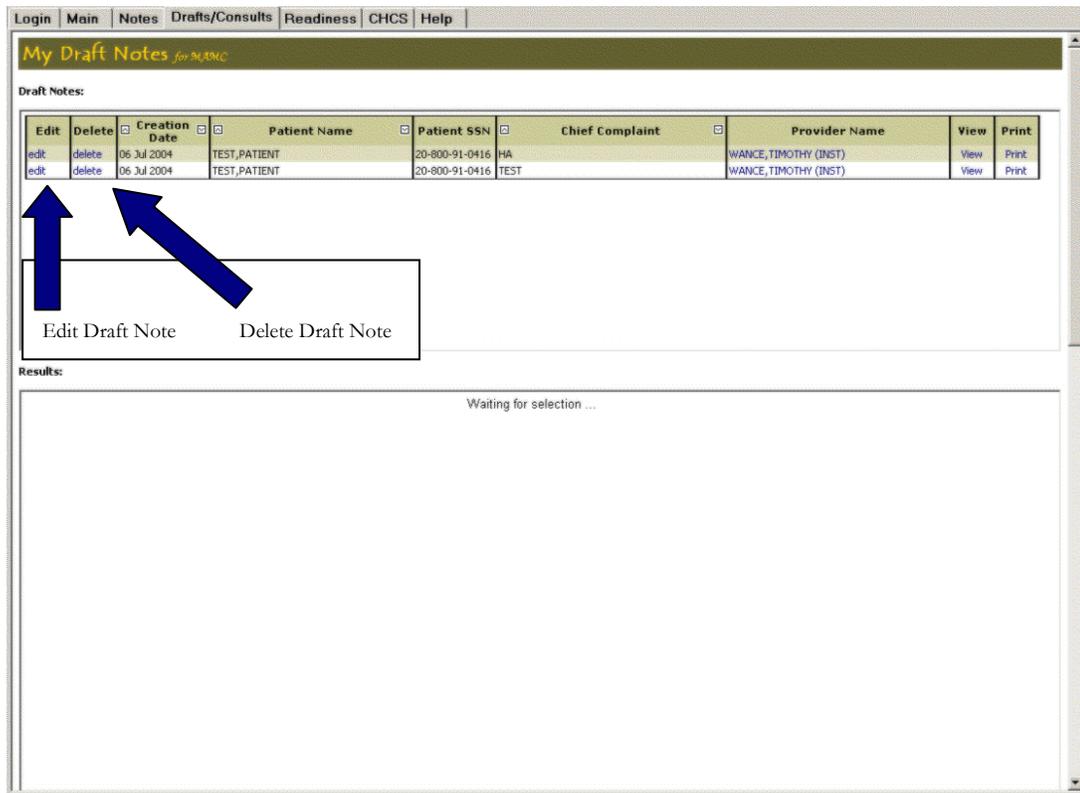
The draft note and consult tab is a new and helpful feature that is available when SSOFI is used. When the tab is selected a search function is started, looking through the patient database for unsigned (draft) clinic notes that the logged in user has not yet signed (finalized). This search function does occasionally take a bit of time but when the search is completed the user will be presented with a list of all unsigned clinic notes that they have created without having to take the very time consuming task of looking up each patient they have seen and verifying that all clinical notes have been signed. This is a “one stop” shopping list of all pending notes. To complete the note, click on the tab marked “edit” the clinic note will be displayed below the master listing and allow the user to finalize it. The following three illustrations show the initial search, search completed and displaying selecting note for editing/finalization.

Delete Draft Note

There is a delete function available. If the note is still in its draft state and is found to be in error or a duplicate, the delete function is available. Simply click on the button marked “Delete” and the draft note will be removed. See the draft notes “search complete” figure on the next page for the deletion selection in “My Draft Notes” (ICDB Web) or Drafts/Consults Tab in SSOFI. The functionality is the same in both locations.



SSOFI Draft Notes Tab – Initial Search



SSOFI Draft Notes Tab – Search Complete

[Login](#) | [Main](#) | [Notes](#) | [Drafts/Consults](#) | [Readiness](#) | [CHCS](#) | [Help](#)

My Draft Notes for MAMC

Draft Notes:

Edit	Delete	Creation Date	Patient Name	Patient SSN	Chief Complaint	Provider Name	View	Print
edit	delete	06 Jul 2004	TEST,PATIENT	20-800-91-0416	HA	WANCE,TIMOTHY (INST)	View	Print
edit	delete	06 Jul 2004	TEST,PATIENT	20-800-91-0416	TEST	WANCE,TIMOTHY (INST)	View	Print

Results:

Name/Address	FMP/SSN Cmd	Enrollment	Age/DOB/Sex	Phone Numbers	Other
TEST,PATIENT 1111 HAPPY MOUNTAIN ROAD COUPEVILLE, WASHINGTON 98239	20-800-91-0416	Enrollment: PCM: Clinic:	Age: 51 DOB: 18 Apr 53 Sex: M	(h): 360 968 1111 (w): 253 968 3101	Rank: A05

Step 1 of 3

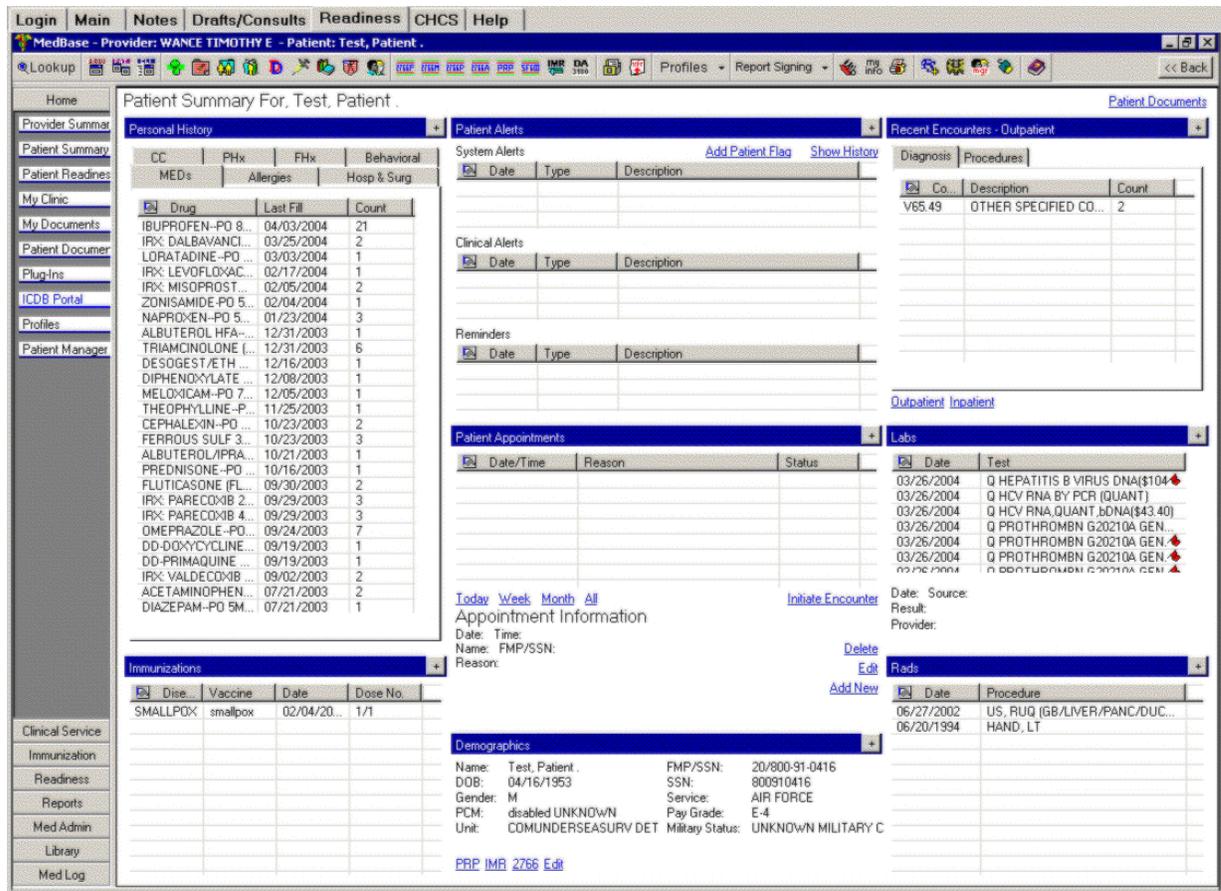
Initial Multiscreen Assessment Page - Preload Critical Fields

Appointment: ROUTINE APPT on 6/29/2004 7:46:00 AM
Note Signing Author: WANCE,TIMOTHY (INST)
Clinic - Patient Was Seen: QQQCHCSIITESTNIHOH CLINIC
Deployment Related Issue: Yes: No: **New Patient**
 (Yes, if checked)
IMAP Title:

SSOFI Draft Notes Tab – Edit Selection for Finalization

SSOFI Readiness Tab

The readiness Tab represents MedBase. MedBase is used primarily for active duty personnel to document immunizations, patient encounters, profiles and to access many of the web sites needed for Army and medical professionals. MedBase is in limited use for dependents to document immunizations at Madigan Army Medical Center as it is a central location for all family members (especially the sponsor) plus it automatically uploads immunization data to “MODS” as currently required by the Surgeon General. All patients, active duty and dependents are stored in MedBase and in HeF II/ICDB as the patient listing for these applications is the same. Additional information on the use, functionality and purpose for MedBase is available through the Help Tab, click on the MedBase User Guide button.



SSOFI MedBase (Readiness) Tab

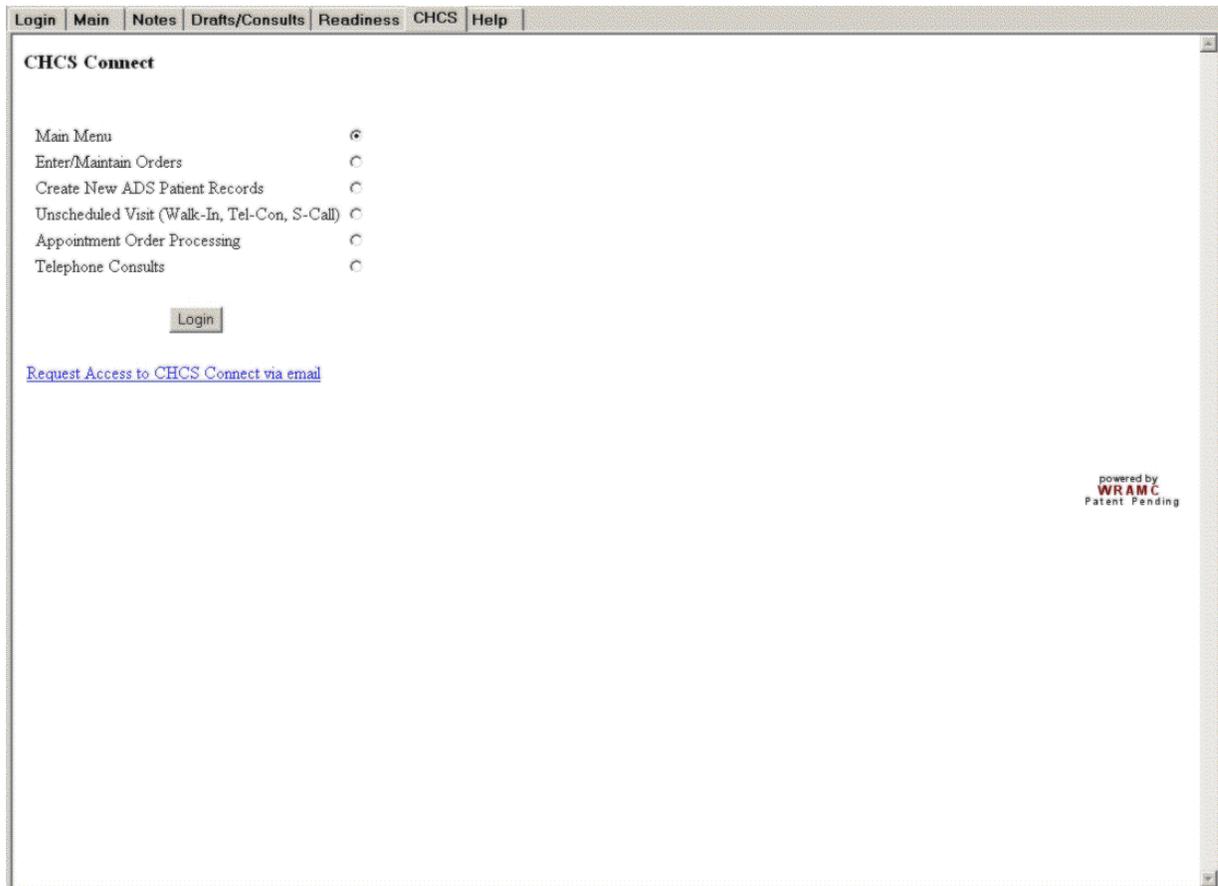
SSOFI CHCS Tab

As is known, HeF II/ICDB reads CHCS information but data still must be entered in CHCS. By selecting the CHCS tab any CHCS data entry can be accomplished. The advantage to using it via SSOFI is that an additional log on is not required (provided SSOFI is configured correctly) and for patient specific information the patient data will already be displayed in the CHCS window IF the patient was looked up in HeF II/ICDB. There is the additional convenience that allows the user to jump directly to specific sections of CHCS rather than always having to go to the main menu. CHCS Functions directly selectable are:

- Main Menu
- Enter/Maintain Orders
- Create New ADS Patient Records
- Unscheduled Visit (Walk-In, Tel-Con, S-Call)
- Appointment Order Processing

- Telephone Consults

Selection of the desired location within CHCS is done by clicking on the selection in the area provided and selecting "Login". No CHCS username or password will be required provided SSOFI is properly configured.



SSOFI CHCS Tab

SSOFI Help Tab

The Help tab has been provided on line to provide the users with a single source of documentation and assistance to all applications within Madigan Army Medical Center. Detailed user guides are available for

- HEALTHHeFORCES II/ICDB
- CHCS – The data entry system for patients to record appointments, meds, labs, etc.
- CIS- Clinical Information System, used at MAMC for inpatient treatment records
- CPRS – The system used by the VA for patient encounters and monitoring.
- MedBase – Medical Encounters for Active Duty at a local BAS or TMC.

- ORMA – Operating Room Management
- Centricity (Emergency Room Electronic Patient Tracking/Documentation)
- MAMC Clinical Standards Guide (MAMC Intranet Log In and Password Required)
- WRAMC Template Library
- Windows CIS User Guide

Plus tutorials on POV use, text templates and checkbox templates. Any of the listed items can be opened by clicking on the corresponding button with the system name. All documentation is in Adobe PDF format which can be printed to a hard copy, saved to the user’s hard drive or just reviewed on line. This same link is available on the ICDB log in page via the web, on the left side click on “Web Help” or by going to the Madigan Army Medical Center Intranet main page and selecting [HealthForces II\(SSOFI\) MAMC Clinical Doc's](#) link. A CD ROM version of the help menu is available on request to Infomatics for individuals or groups with difficult web or SSOFI access. (Limited distribution item)



SSOFI Help Tab

SSOIF Log in Using the Refresh Feature

On occasion HeF II/ICDB will log out a user who has been logged into the system for an extended period of time. If this occurs, position the mouse over the main tab in SSOFI and “right click” the

mouse, an icon marked “Refresh” will appear. Position the mouse over the “Refresh” button and left click, you will be re-logged into HeF II/ICDB.

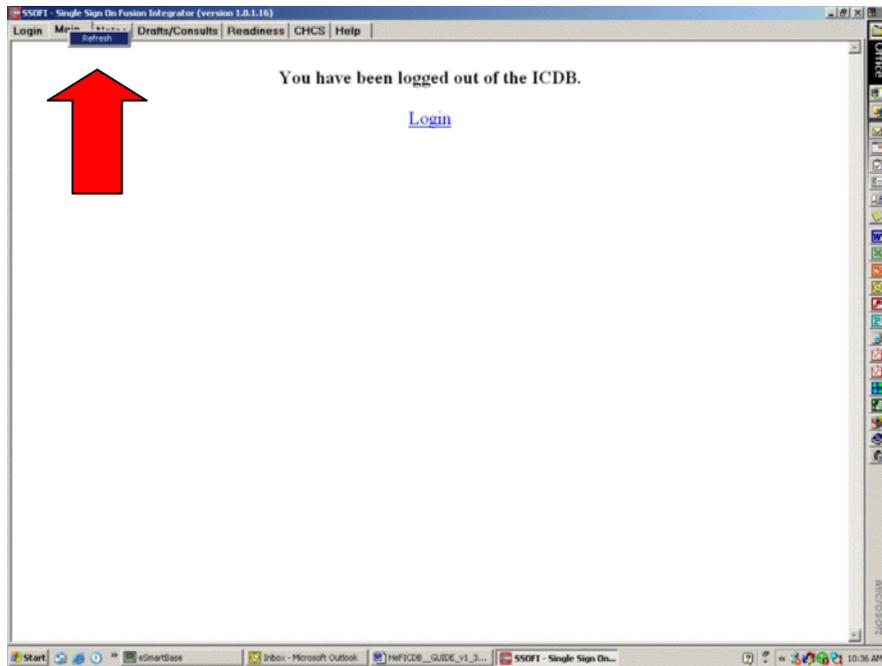
SSOFI Refresh Log in Procedure

If you have been logged out of HeF II/ICDB you will be presented with the screen below. To log back into the system follow the procedure provided. This procedure only works when using SSOFI!



Logged out of ICDB Screen

1. Position the mouse pointer over the “Main” tab in SSOFI as shown in the next image, click on the right mouse button. An ICON marked “Refresh” will appear. (see arrow)



Refresh Icon in SSOFI – Main Tab

2. Left click on the “Refresh” Icon and you will be re-logged into HeF II/ICDB automatically as shown in the next figure
3. Continue using HeF II/ICDB as before.

[Login](#) [Main](#) [Notes](#) [Drafts/Consults](#) [Readiness](#) [CHCS](#) [Help](#)

ICDB Provider Portal User: **Wance, Timothy (inst)**
 Date: 4/15/2004

[Home](#) [Lookup Pt](#) [My Appts](#) [My Patients](#) [Feedback](#) [Logout](#)

Name/Address	FMP/SSN Cmd	Enrollment	Age/DOB/Sex	Phone Number	Other
SMITH, SMUFFBOX 1403 Monroe Landing TACOMA, WASHINGTON 98431	04810-52-0101	Enrollment: PCM: Clinic:	Age: 41 DOB: 13 Dec 62 Sex: M	(h): 360 675 1111 (w): 2057	Rank:

Appointments	Admissions	Medications																																			
<table border="1"> <thead> <tr> <th>Date</th> <th>Recent Appointments</th> <th>Provider</th> </tr> </thead> <tbody> <tr> <td>25 Feb 04</td> <td>MOENSUR& AMB S...</td> <td>BOBLITZ</td> </tr> <tr> <td>28 Jan 04</td> <td>TFL</td> <td>MARINKOVICH</td> </tr> <tr> <td>26 Jan 04</td> <td>TFL</td> <td>MARINKOVICH</td> </tr> <tr> <td>21 Jan 04</td> <td>TFL</td> <td>MARINKOVICH</td> </tr> <tr> <td>21 Jan 04</td> <td>TFL</td> <td>MARINKOVICH</td> </tr> <tr> <td>05 Dec 03</td> <td>M SRP</td> <td>SELNETT</td> </tr> </tbody> </table>	Date	Recent Appointments	Provider	25 Feb 04	MOENSUR& AMB S...	BOBLITZ	28 Jan 04	TFL	MARINKOVICH	26 Jan 04	TFL	MARINKOVICH	21 Jan 04	TFL	MARINKOVICH	21 Jan 04	TFL	MARINKOVICH	05 Dec 03	M SRP	SELNETT	No data found	<table border="1"> <thead> <tr> <th>Last Fill</th> <th>Recent Medications</th> </tr> </thead> <tbody> <tr> <td>10 Mar 04</td> <td>ACETAMINOPHEN-PO 32...</td> </tr> <tr> <td>03 Jun 02</td> <td>IRX: DARBEPOETIN ALF...</td> </tr> <tr> <td>19 May 02</td> <td>INSULIN (LILLY) PORK...</td> </tr> <tr> <td>17 Mar 01</td> <td>BACITRACIN-TOP 500MG...</td> </tr> <tr> <td>17 Mar 01</td> <td>IBUPROFEN-PO 800MG...</td> </tr> <tr> <td>17 Mar 01</td> <td>MUPIROGIN TOP 2% OIN...</td> </tr> </tbody> </table>	Last Fill	Recent Medications	10 Mar 04	ACETAMINOPHEN-PO 32...	03 Jun 02	IRX: DARBEPOETIN ALF...	19 May 02	INSULIN (LILLY) PORK...	17 Mar 01	BACITRACIN-TOP 500MG...	17 Mar 01	IBUPROFEN-PO 800MG...	17 Mar 01	MUPIROGIN TOP 2% OIN...
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17 Mar 01	MUPIROGIN TOP 2% OIN...																																				

Radiology	Labs	Procedures								
No data found	<table border="1"> <thead> <tr> <th>Date</th> <th>Recent Labs</th> </tr> </thead> <tbody> <tr> <td>10 Nov 03</td> <td>HEP B SURFACE ANTIGEN</td> </tr> <tr> <td>08 Nov 03</td> <td>CEB</td> </tr> <tr> <td>29 Apr 03</td> <td>GLUCOSE</td> </tr> </tbody> </table>	Date	Recent Labs	10 Nov 03	HEP B SURFACE ANTIGEN	08 Nov 03	CEB	29 Apr 03	GLUCOSE	No data found
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10 Nov 03	HEP B SURFACE ANTIGEN									
08 Nov 03	CEB									
29 Apr 03	GLUCOSE									

Outcomes [HealthCards](#)
HealthForces [Vital Signs](#) [Imported Files](#) [POV Surveys](#) [HealthNotes](#) [Framingham](#) [CHCS Access](#) [Telephone Log](#) [IMAP Med Link](#)
Help 253-596-7479
Visits [Appointments](#) [Admissions](#) [CHCS Telcons](#) [HeF Telcons](#)
Results [Labs](#)

Automatic Log back into HeF II/ICDB

This feature allows you to continue work in HeF II/ICDB without constantly having to re-log into the system. It is also functional in the Drafts/Consults tab in that it will update the window as you make changes to the list of clinical notes. As you sign off notes, position the mouse over the Drafts/Consults tab, right click and then left click the refresh icon as was done in the "Main" tab. The system will restart the note search, remove any notes from the list that have been signed or reassigned.

Chapter 3

Provider and Prevention Menus

The Provider Homepage is the 1st screen that the provider will view after the logging onto the ICDB.

The Homepage is divided into 4 main areas.

- Demographics and Icons
- My Appointments
- Patient Tracking
- Useful Links

The screenshot shows the ICDB Demo Provider Portal interface. The top navigation bar includes icons for Home, Lookup Pt, My Appts, My Patients, Feedback, and Logoff. The main content area is titled "ICDB Demo ICDB Provider Portal" and shows the user's name and date. The central part of the screen displays a table of appointments for 30 Apr 2002, with columns for Time, Name, Type, and Reason. Below this, there are sections for "Patient Tracking" (Recent ER Visits) and "Recently Admitted Patients".

Time	Name	Type	Reason
07:30	Carroll, Palmer, Frank P.	ROU	NEEDS REFERRAL TO UROLOGY.
08:00	Boyster, Duena G.	RAD*	
08:30	Bona, Chuck X.	BRIEF	MED REFELL.
08:00	Widokam, Amarylis V.	HME	annual pap.
09:30	Coveris, Amara J.	HME	PAP SMEAR
10:00	Zuccato, Debra G.	ACU	SINUS INFECTION
10:30	Hullinger, Azvan D.	ROU	L KNEE INJURY, NO TRUAMA WAS INJURED FEW YRS AGO.
12:30	Balkom, Edie T.	ACU	HIGH FEVER
13:00	Miles, Eirana Z.	HME	ANNUAL PAP
13:30	Garaisizemore, Chantel L.	ROU	FOL UP
13:30	Piehl, Dolores C.	T-CON	
14:00	Wagner, Antea L.	BRIEF	FLU-LIKE
14:30	Lewis, Edana D.	BRIEF	R EYE RED AND WATERY AND MAY HAVE SOMETHING INSIDE.
15:00	Ryan, Gamilia C.	HME	PAP

Name	ER Visit Date	Location
Mohamada, Gladys R.	10 Aug 03	ER CON
Makow, Doris G.	15 Aug 03	ER CON
Messingeb, Cindy T.	12 Aug 03	ER CON
Moss, Calanee K.	10 Aug 03	ER CON
Salter, Anne S.	10 Aug 03	ER CON

The **Home** link will bring the provider back to this page no matter what screen they are on in the ICDB

The **Lookup Pt** will link the provider to search for any patient by name, FMP/SSN, or 1st letter of the last name with last four of SSN.

The [My Appts](#) link allows the provider to see a list of their appointments by daily, weekly, or monthly.

The [My Patients](#) link allows the provider to see a list of their patients.

The [Feedback](#) link allows the users to submit comments & suggestions directly to the development team.

The [Logoff](#) link will end your session in the ICDB.

Go to past or future appointments using these arrows.

In the center of the screen the provider can view their appointments by clicking on Day, Week, & Month views.

◀ Today's Appointments ▶

Display Schedule for Current: [Day](#) | [Week](#) | [Month](#)

Time	Name	Type	Reason
09:00	Barbetta, Edward A	ACUT	headache
10:15	Scearce, Katherine	ACUT	abdominal pain
▶ 10:45	Warners, Vicki A	ROUT	congestion x1wk
11:15	Reddings, Oscar	ROUT	knee pain
13:00	Calderas, Kevin Gerard	WEL	diabetes f/u
▶ 13:45	Steinhagen, Pamela P	TCON	space a/refills
14:15	Blitt, Scotty	ROUT	blood pressure
▶ 14:45	Hummell, Andrew Lee	ROUT	routine f/u

Provider Patient Tracking

The Patient Tracking feature is located at the bottom of provider homepage. This feature allows the provider to track Recent ER visits, and Recent Admissions of your patients.

The [ER Visits](#) link allows the provider to see a list of ER visits as well as the prior admissions of their patients.

Recent ER Visits:				Recent Admissions:				
Name	ER Visit Date	Location	Reason	Name	Admit Date	D/C Date	Hospital	Ward
▶ Meridy, DeeAnn M	3 Jan 01	WHMC	Nausea	▶ Meridy, DeeAnn M	3 Jan 01		WHMC	9D
Huron, Deborah L	3 Jan 01	WHMC	Palpitations	▶ Peregoy, Derick	2 Jan 01		BAMC	4W

MedFusion

The MedFusion system is a means to document patient encounters using a WIN CE compatible device with special software rather than being tied to a “wired” PC for documenting patient treatment. It provides for the ability to download individual patient information or a group of patients to a handheld device by individual SSN, by your appointment list for any day you would select or by UIC. Detailed procedures on accomplishing these tasks are provided.

MedFusion Initial Set Up

File Downloading and Installation (Operating Software)

To install the MedFusion software on an approved handheld device, use the following procedure:

1. Copy the cab file to the device. Place the MedFusion.arm.cab file in the Pocket PC My Documents folder.
2. Sync the Pocket PC.
3. The File should now be on the Pocket PC in the My Documents folder.
4. On the device, go to My Documents and click MedFusion.arm.cab. The program is now installed.
5. A short cut will be added to the Start Menu. To start MedFusion, click Start->MedFusion or browse to Program Files->MedFusion and click on MedFusion.exe.

This will permit the loading of patient data on the device and allow the recording of clinical encounters for future uploading to ICDB/HeF II.

MedFusion Use

Patient File Transfer from ICDB to Handheld Device

To transfer patient files from ICDB to the handheld device, perform the following steps: (Each patient will have his/her own demographics file)

1. From the laptop, create a zip file containing all of the patient demographics and place the file in the Pocket PC My Documents folder.
2. Sync the Pocket PC.
3. The File should now be on the Pocket PC in the My Documents folder.
4. Start MedFusion by tapping Start->MedFusion.
5. To import the patients, click Tools->AdminTools->Import Patients.
6. Click the "Select File" button on the top of the screen.
7. Under File make sure "All Folders is selected"
8. Under Type, select "Zip Files (*.zip)".
9. A list of all zip files on the device will be displayed.

10. Select the zip file that was placed into the My Documents folder in step 1 (just tap the file name).
11. On the import screen, press "Import".
12. Click ok on the Unregistered Version alert (this will not happen once we receive the registered version).
13. If any patients are currently on the handheld, you will be prompted to remove these patients before continuing. Click "Yes" to delete the patients. Click "No" to not delete them and cancel the import.
14. The file will be unzipped and all patients will be imported. Each file will be deleted after the patient is imported. The zip file will also be deleted when all patients have been imported.
15. A message box will state the number of patients imported. Click ok.
16. Press "Close" to exit the import screen and return to admin tools screen. Click the "X" to return to the main screen.
17. All of the patients should not be in the patient list.

The above steps apply regardless of the group of patients intended for exportation to the MedFusion device. The following options are available to the user based on the need:

- Individual File Transfer - Select an individual patient file for export to the device
- UIC File Transfer – Select all patients belonging to a unit based on the Unit UIC all with one file transfer
- Appointments File Transfer – Download all patients on the current appointment list for the clinical day.

Patient Files from Handheld Device to ICDB

When patient encounter data is stored to the handheld device it must be sent to ICDB. To do this, perform the following steps:

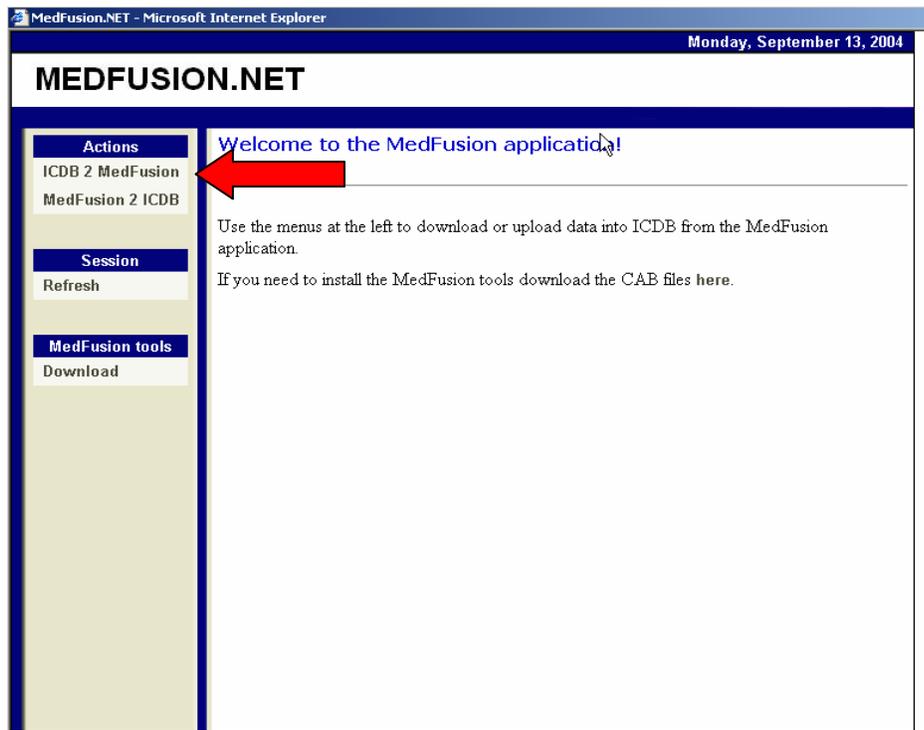
1. Place the device in the cradle.
2. If the ICDB directory is set to My Documents, the Encounters.zip file will be transferred automatically to the Pocket PC My Documents on the laptop. This file includes all files and encounters that were completed.
3. When the file has been uploaded to the laptop, remove it from both the Pocket PC My Documents directory on the laptop and Pocket PC. A new file will be created for the next sync.

Patient Files from ICDB to the PIC portable data device

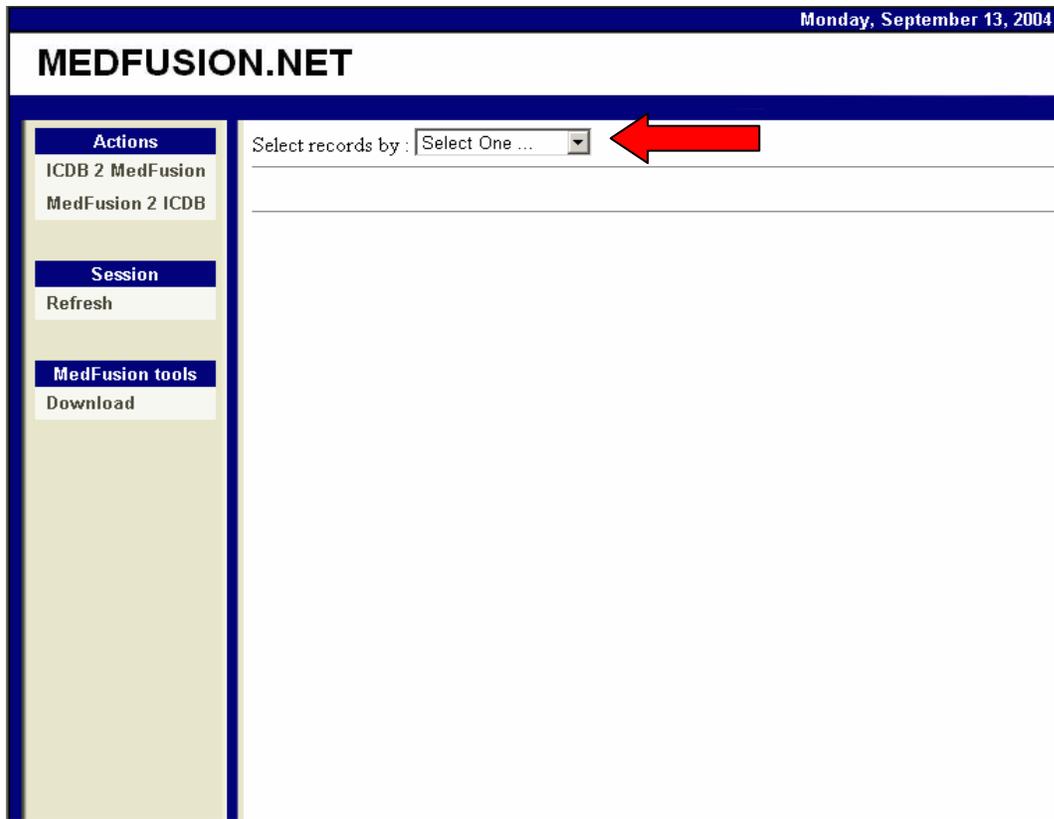
This is to facilitate downloading ICDB clinical notes to the “PIC” device. Log onto ICDB and by using the top toolbar click on the “HOME” Icon. Look in the left column lower half for Medical Links and left click on MedFusion.Net.



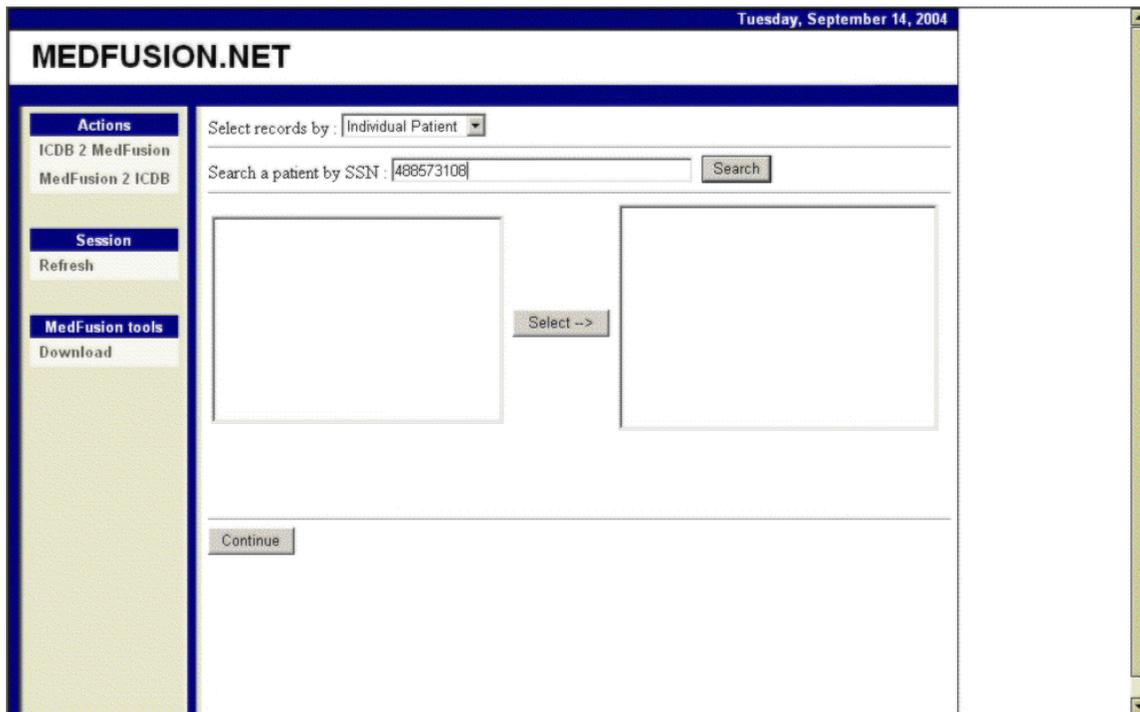
1. The following window will appear when you click on MedFusion.Net.



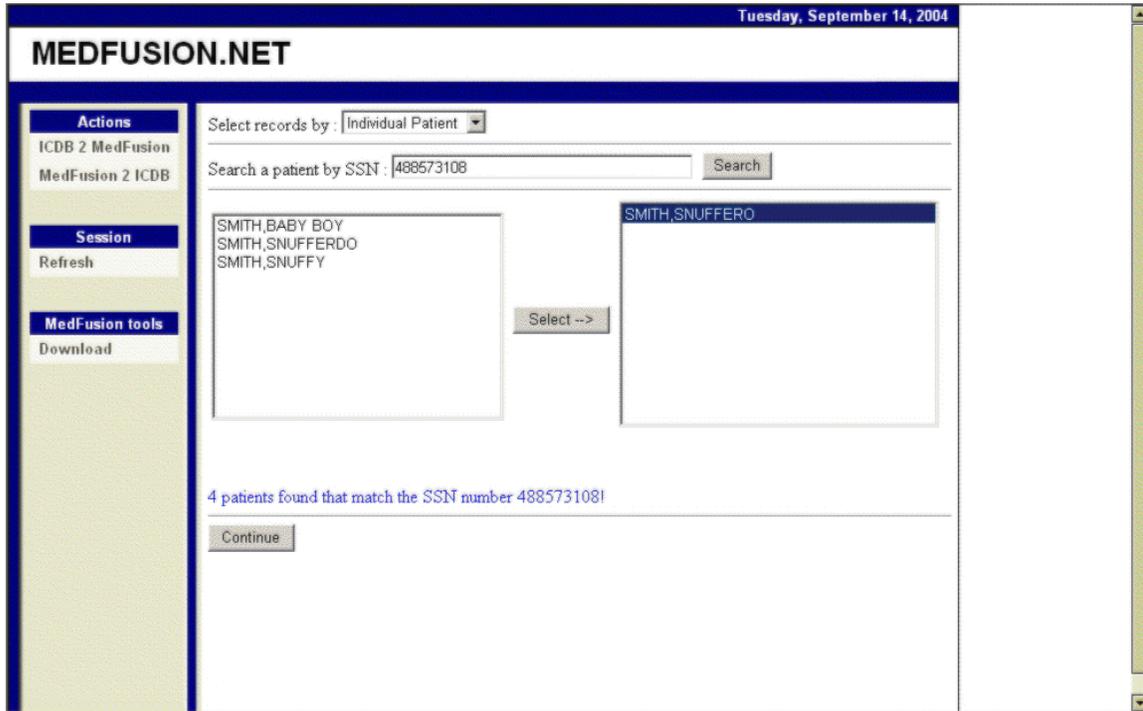
2. Left click on “ICDB 2 MedFusion” and the following window will appear:



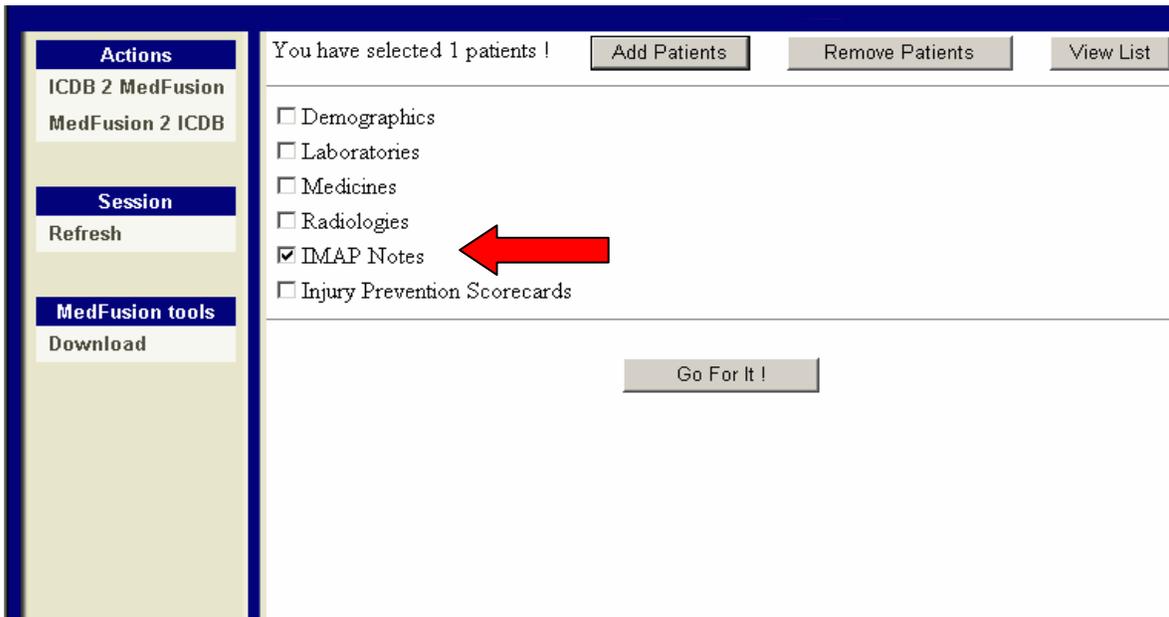
3. Left click on the drop down arrow next to Select One, from the dropdown choose “individual patient” and enter the patient SSN. When finished your menu should look similar to this:



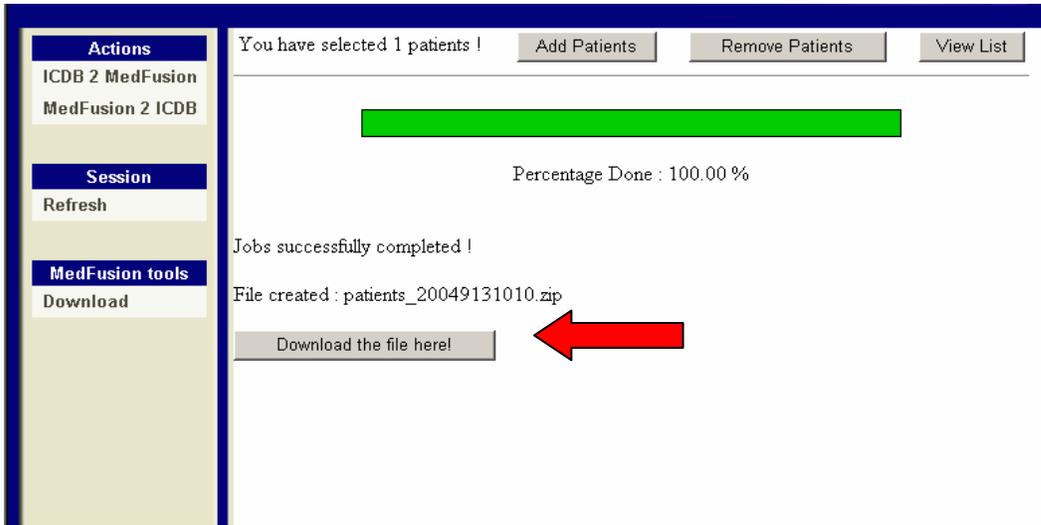
4. Left click on the correct patient highlighting the name. Then left click the select button transferring the selected name from the left column to the right column.



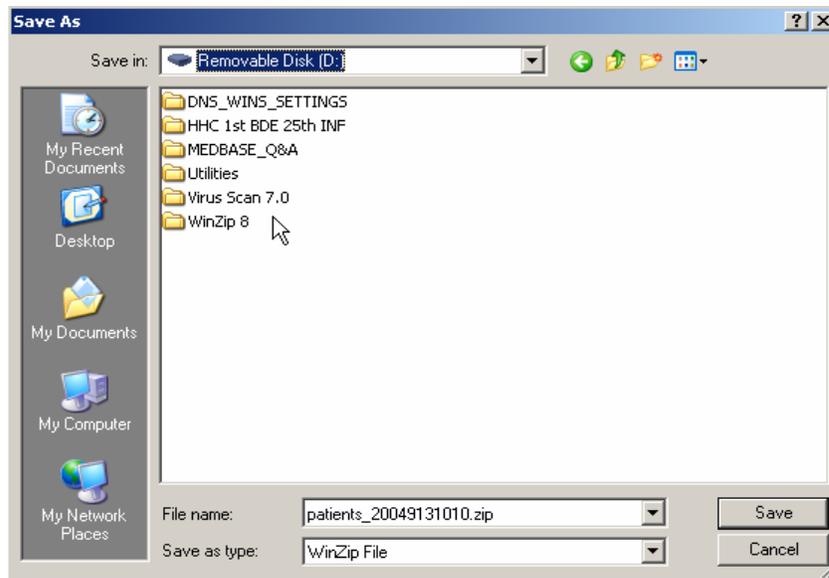
5. Left click on the Continue button and the following window appears.



6. Select IMAP Notes and left click on “Go For It!” button and the following display will be shown.



7. Left click “Download the file here!” button and the following window appears.



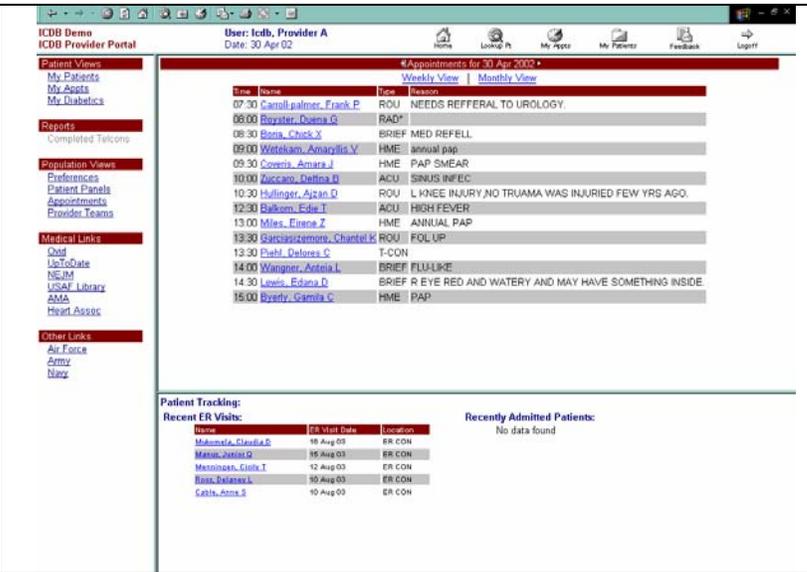
8. Ensure that the **“Removable Disk”** is selected from the drop down arrow in the “Save in:” box at the top of the window. Then left clicking on the save button in the lower right side of the window. This will save the patients IMAP notes to the PIC card. The file will be a WinZip® file.

Other Links

Provider Patient View Menu

On the left side of the Provider Homepage contains useful links to:

- Patient Views
- Reports
- Population Views
- HEALTHeNOTES
- HEALTHeCARDS
- IMAP Notes
- Medical Links
- Other Links



ICDB Demo - ICDB Provider Portal
 User: Icdb, Provider A
 Date: 30 Apr 02

#Appointments for 30 Apr 2002

Time	Name	Type	Reason
07:30	Carroll, Palmer, Frank P	ROU	NEEDS REFERRAL TO UROLOGY
08:00	Boyster, Debra G	RAD	
08:30	Bona, Chuck X	BRIEF	MED REFELL
09:00	Witekam, Amargita V	HME	annual pap
09:30	Coates, Anaya J	HME	PAP SMEAR
10:00	Ruizcano, Dalma J	ACU	SRUIS INFEC
10:30	Hullinger, Ajan O	ROU	L KNEE INJURY NO TRAUMA WAS INJURED FEW YRS AGO.
12:30	Bakom, Edna T	ACU	HIGH FEVER
13:00	Miles, Eirene Z	HME	ANNUAL PAP
13:30	Garciazemora, Charlet K	ROU	FOLUP
13:30	Dahl, Delores C	T-CON	
14:00	Wagner, Anita L	BRIEF	FLU-LIKE
14:30	Lewis, Edana D	BRIEF	R EYE RED AND WATERY AND MAY HAVE SOMETHING INSIDE
15:00	Byerly, Gamla C	HME	PAP

Patient Tracking:

Recent ER Visits:

Name	ER Visit Date	Location
Mahmuda, Claudia B	18 Aug 03	ER CON
Mason, Janice Q	15 Aug 03	ER CON
Mason, Cindy T	12 Aug 03	ER CON
Boss, Delores L	10 Aug 03	ER CON
Celis, Anna S	10 Aug 03	ER CON

Recently Admitted Patients:
No data found

The Patient Views links you to:

- My Patients
- My Appts
- My Diabetic Pts.



The My Patients Link will show your list of patients for which you are the PCM. Note that there is also a icon link to My Patients at the top of every page within the ICDB.



My Patients (PCM-by-Name)

Name	Last 4	Home Phone	Last Appt	Next Appt	2768 Last Updated
Barbetta, Edward	A1234	(210) 555-1212	25 Apr 00		
Blitt, Scotty	A1234	(210) 555-1212	18 Jul 00		31 Oct 00
Calderas, Kevin G	A1234	(210) 555-1212	16 Nov 00		16 Nov 00
Corkran, Michele M	A1234	(210) 555-1212	02 Nov 00	31 Jan 01	08 Oct 00
Huron, Debra L	A1234	(210) 555-1212	13 Dec 00	04 Jan 01	02 Nov 00
McDuliffe, Wendy J	A1234	(210) 555-1212	22 Sep 00		16 Sep 00
Meridy, Deann M	A1234	(210) 555-1212	08 May 00		31 Oct 00
Peragoy, Denick S	A1234	(210) 555-1212	16 Nov 00		16 Nov 00
Rouff, Kevin	A1234	(210) 555-1212	10 Nov 99		
Quezada, Timothy	A1234	(210) 555-1212	17 Nov 00		20 Nov 00
Steinhagen, Pamela P	A1234	(210) 555-1212	02 Nov 00		02 Nov 00
Warners, Vicki A	A1234	(210) 555-1212	27 Jul 00		21 Sep 00

▶ disease management protocol

You have 12 Patients enrolled to you.

Within the My Patients list you can add & remove patients from your List. You can also view the patients by PCM and Non-PCM.

Show: **All Patients** | PCM Only | Non-PCM Only | Add | Remove

Limit: [All Pts](#) | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

Patients enrolled in PCM-By-Name: 37 Additional patients: 25

The [My Appointments Link](#) will show your scheduled appointments by Day, Week, or Month. Note that the My Appointments Link at the top of every page within the ICDB.

Day view

Time	Name	Type	Reason
09:00	Barbetta, Edward A	ACUT	headache
10:15	Searce, Katherine	ACUT	abdominal pain
10:45	Warners, Vicki A	ROUT	congestion x1wk
11:15	Reddings, Oscar	ROUT	knee pain
13:00	Calderas, Kevin Gerard	WEL	diabetes f/u
13:45	Steinhagen, Pamela P	TCON	space a/refills
14:15	Blitt, Scotty	ROUT	blood pressure
14:45	Hummell, Andrew Lee	ROUT	routine f/u
15:15	Corkran, Michele M	TCON	f/u anemia
15:45	Karim, Jacob M	ACUT	*something on ankle*

Week View

Mon	Tue	Wed	Thu	Fri
15	16	17	18	19
0700 - Young 0720 - Williams 0740 - Gaffey 0802 - Warners 0806 - Barbetta 0815 - Wheeler 0826 - Ramms 0830 - Olson 1300 - Talken 1320 - Timbewood 1320 - Trebeau 1340 - Bloom 1400 - Kelly 1420 - Davis 1440 - Youngblood			0700 - Siamond 0720 - Moore 0740 - Smith 0800 - Ziealer 0815 - Miller 0830 - Pugh 0850 - Farns 1300 - Modonald 1307 - Butler 1307 - Adams 1320 - O'Brien 1344 - Trillo 1400 - Flowers 1420 - Rider	0800 - Morrison 0815 - Winner 0700 - Bachmann 0720 - Fiedler 0740 - Keller 0815 - Jackson 0830 - Nichols 0900 - Spinaer 0920 - Williams 1000 - Cole 1020 - Tanis 1200 - Glidden 1215 - Roberts 1340 - Lettman 1400 - Molead 1420 - Parish

Month view

Mon	Tue	Wed	Thu	Fri
1	2	3	4	5
		0700 - Young 0720 - Williams 0740 - Gaffey 0802 - Warners 0806 - Barbetta 0815 - Wheeler 0826 - Ramms 0830 - Olson 1300 - Talken 1320 - Timbewood 1320 - Trebeau 1340 - Bloom 1400 - Kelly 1420 - Davis 1440 - Youngblood		
8	9	10	11	12
	0700 - Siamond 0720 - Moore 0740 - Smith 0800 - Ziealer 0815 - Miller 0830 - Pugh 0850 - Farns 1300 - Modonald 1307 - Butler 1307 - Adams 1320 - O'Brien 1344 - Trillo 1400 - Flowers 1420 - Rider		0700 - Young 0720 - Williams 0740 - Gaffey 0802 - Shilling 0806 - Crowell 0815 - Wheeler 0826 - Ramms 0830 - Olson 1300 - Talken 1320 - Timbewood 1320 - Trebeau 1340 - Bloom 1400 - Kelly 1420 - Davis 1440 - Youngblood	

The “[My Diabetic Patients](#)” link will show your list of patients who have diabetes. This list includes the patient’s home phone; date of last A1C, and the results, the patient’s last and next PCM Appt.

My Diabetic Patients					
Sort by: Name Date of Last A1c A1c Date of Last Appt					
Name	Home Phone	Date Last A1c	Last A1c	Last Appt	Next Appt
Quezada, Timothy	(210) 555-1212	24 Jul 00	9.4	02 Nov 00	
Warners, Vicki A	(210) 555-1212	01 Aug 00	9.4	20 Nov 00	
Jordanger, Jack	(210) 555-1212	15 May 00	8.3	10 Jul 00	
Oberholtzer, Robert M	(210) 555-1212	05 Oct 00	7.2	05 Oct 00	
Steinhagen, Pamela P	(210) 555-1212	29 Sep 00	6.8	24 Nov 99	
Wortham, Leticia M	(210) 555-1212	05 Jan 00	6.5	19 Oct 00	

You have 6 Diabetic Patients enrolled to you.

Within the My Diabetic Patients list you can sort the patients by A1C, LDL, & Albumin/Creatinine levels by using the links at the top of the list.

Lab Test:	A1c	Sort by:	Name Date of Last A1c A1c Date of Last Appt
-----------	-----	----------	---

Summary Menu

Summary
[DD 2766](#)
[Prevention](#) ✓
[Summary](#)
[Health Survey](#)

HEALTHeFORCES
[Vital Signs](#)
[Imported Files](#)
[Surveys](#)
[Framingham](#)
[CHCS Access](#)
[Telephone Log](#)
[Generate H&P](#)
[IMAP Med Link](#)

Help
[Web Help](#)
 Call:
 (202)782-0324

Visits
[Appointments](#)
[Admissions](#)
[CHCS Telcons](#)
[HeF Telcons](#)

Results
[Labs](#)
[Diabetes Labs](#)
[Radiology](#)

Other
[Medications](#)
[Diagnoses](#)

The Summary Menu is located on the left side of the individual patient's page.

- **Allergies:** Indicates DRUG allergies identified in CHCS.
- **Summary**
 - DD2766 (3 page format)
 - Prevention (Links directly to Section 7, Screening Exams in 2766) (X indicates an exam is overdue)
 - Summary (Links to Main Patient Menu)
 - Health Survey (Pain, Learning Needs, Alcohol, Fitness, Nutrition, and Tobacco)
 - Vital Signs – Entering Vital Signs on a patient
 - Imported Files – From other applications/sources
 - Framingham – Framingham scorecard for CHF.
 - CHCS Access- Link to CHCS.
 - Telephone Log – Non CHCS Telcons
 - Generate H&P
 - IMAP Med Link – Access to Clinical Notes
 - Web Help – Not used at MAMC – Use Help Tab in SSOFI. Or Training/Documentation Link on log in page.

(Continued Next Page)

- | | |
|--|--|
| <div style="background-color: #800000; color: white; padding: 2px; margin-bottom: 2px;">Visits</div> Appointments
Admissions
CHCS Telcon
HeF Telcons | <ul style="list-style-type: none"> ▪ Appointments (links to most recent appointments) ▪ Admissions (links to most recent admissions) ▪ CHCS Telcons (links to most recent Telcons from CHCS) |
| <div style="background-color: #800000; color: white; padding: 2px; margin-bottom: 2px;">Results</div> Labs
Diabetes Lab
Radiology | <ul style="list-style-type: none"> ▪ HeF Telcons – Telcons recorded in HeF |
| <div style="background-color: #800000; color: white; padding: 2px; margin-bottom: 2px;">Other</div> Medications
Diagnoses
Procedures | <ul style="list-style-type: none"> ▪ Results <ul style="list-style-type: none"> ▪ Labs ▪ Diabetes Labs ▪ Radiology ▪ Other <ul style="list-style-type: none"> ▪ Medications ▪ Diagnosis ▪ Procedures |

Patient Summary

ICDB Provider Portal
User: Provider, Unavailable A
Date: 12/23/2003

Name/Address	FMP/SSN Cmd	Enrollment	Age/DOB/Sex	Phone Numbers	Other
SMITH, SCOTT A 8411 BROOKRIDGE DR ANCHORAGE, ALASKA 99504	20 001 50 4946	Enrollment: TRICARE PRIME (CHAMPUS) PCM: DAHLQUIST, CLAY R Clinic: FPC SNOWY OWLS CLINIC	Age: 41 DOB: 08 Sep 62 Sex: M	(h): 907 333-5226 (w): 907 742 4165 SELF	Rank: FE6

Summary

DD 2766

Prevention

Summary

Health Survey

HEALTHeFORCES

Vital Signs

Imported Files

Surveys

Framingham

CHCS Access

Telephone Log

Generate H&P

IMAP Med Link

Help

Web Help

Call:
(202)782-0324

Visits

Appointments

Admissions

CHCS Telcons

HeF Telcons

Results

Labs

Diabetes Labs

Radiology

Other

Medications

Diagnoses

Procedures

CHCS

CHCS Terminal

Appointments

Date	Recent Appointments	Provider
22 Jan 03	ZZOLDFPC-DO NO...	DAHLQUIST
31 Dec 02	ZZOLDFPC-DO NO...	LAKE
23 Dec 02	ZZOLDFPC-DO NO...	DAHLQUIST
13 Nov 02	ZZOLDFPC-DO NO...	HARDY
31 Oct 02	ZZOLDFPC-DO NO...	DAHLQUIST
10 Oct 02	ZZOLDFPC-DO NO...	TARNER

Admissions

No data found

Medications

Last Fill	Recent Medications
07 Mar 03	FLUTICASON (FLOHASE...
22 Jan 03	GUAFENESIN-PO 600M...
22 Jan 03	CLARITHROMYCIN (BIA...
22 Jan 03	GUAFENESIN WITH COD...
31 Dec 02	AMOXICILLIN-PO 500M...
23 Dec 02	OXYMETAZOLINE (AFRIN...

Radiology

No data found

Labs

Date	Recent Labs
05 Oct 02	CALCIUM
05 Oct 02	PHOSPHORUS
05 Oct 02	MAGNESIUM
05 Oct 02	Iron et CHEM 7
05 Oct 02	AML 3
05 Oct 02	COA PANEL(P/APTT/INR)

Procedures

No data found

To access the Patient Summary from the provider homepage click on the Summary link.

- At the top of the page is the User information and icons to Provider/Nursing Portal links.
- Patient demographics are displayed across the next frame of the screen.
- The next frame contains six areas of patient information. User's can obtain two views of each area.
 - By clicking on the link located above each area, such as Appointments or Admissions, user's can view all appointments, admission or labs of patient.
 - Appointments By clicking on the Highlighted APPOINTMENT DATE, HealthNotes can be accessed. This is an alternative to the traditional IMAP note with some specialized templates that will be useful, especially to the OB and Ophthalmology clinics. This function is explained in detail later in this manual.

Version 1.4a

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Date	Test	Source	Location	Provider Clinic
23 Feb 01	HEPATITIS A/B/C VIRUS PROFILE	SERUM	HOSP	FAMILY PRACTICE...
23 Feb 01	LIPID PANEL	SERUM	HOSP	FAMILY PRACTICE...
20 Feb 01	xCOMPREHENSIVE METABOLIC PANEL	SERUM	HOSP	FPC Gold Team
20 Feb 01	APTT	PLASMA	HOSP	FPC Gold Team
20 Feb 01	PROTIME	PLASMA	HOSP	FPC Gold Team
20 Feb 01	COMPLETE BLOOD COUNT/AUTO DIFF	BLOOD	HOSP	FAMILY PRACTICE...
24 Aug 00	PROTIME	PLASMA	HOSP	FAMILY PRACTICE...
24 Aug 00	APTT	PLASMA	HOSP	FAMILY PRACTICE...
24 Aug 00	COMPLETE BLOOD COUNT/AUTO DIFF	BLOOD	HOSP	FAMILY PRACTICE...
24 Aug 00	TSH_SENSITIVE	SERUM	HOSP	FAMILY PRACTICE...
14 Aug 00	LH/FSH	SERUM	HOSP	FAMILY PRACTICE...
17 May 00	HCG SERUM QUALITATIVE	SERUM	HOSP	FPC Gold Team
17 May 00	COMPLETE BLOOD COUNT/AUTO DIFF	BLOOD	HOSP	FPC Gold Team

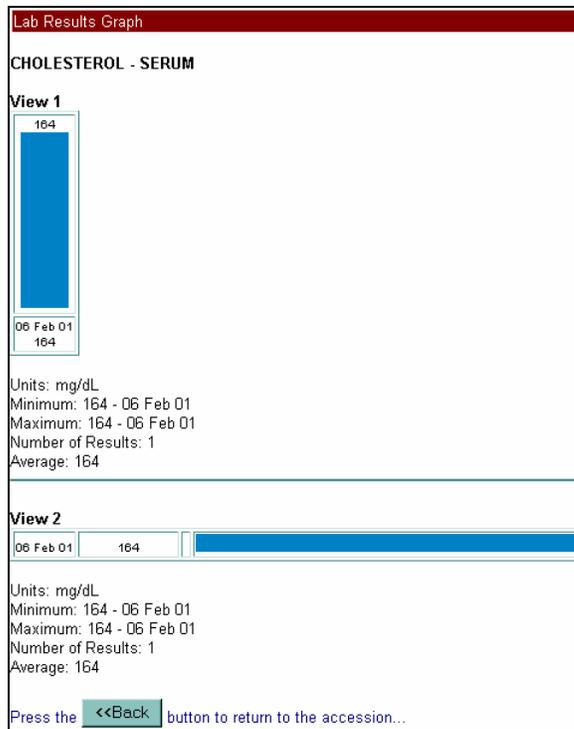
- By clicking on the link attached to a specific date, users can obtain information about that specific lab (Lipid Panel [see below]), appointment.

Date: 06 Feb 01 1:32:00 PM Accession Num: 010206 CH 2708

Test	Source	Result	Units	Abnormal
CHOLESTEROL	SERUM	164	mg/dL	
CHOLESTEROL_RATIO	SERUM	3.6	ratio	
HDL	SERUM	46	mg/dL	
LDL	SERUM	98	mg/dL	
TRIGLYCERIDE	SERUM	99	mg/dL	

Press the [«Back](#) button to return to the labs...

- You can also continue to drill down into the Lab tests by clicking on the link. This will provide a view containing a chart of results pertaining to that specific lab.



Lab Results

Visits Menu

The Visits Menu is located on the left side of the patient summary screen directly under the scorecard menu.



Appointments

This menu allows the user to see a list of all appointments schedule a specific patient which can be sorted at each column heading.

Appointment List						
Appt Date	Clinic	Location	Status	Type	Provider	Reason
16 Aug 03	GYNECOLOGY CLIN...	HOSP	CANCEL	ROUT	REYES,BLANCA	REPEAT PAP
18 Jul 03	DENTAL CLINIC	HOSP	KEPT	OPD	KORBAR, ANTHONY...	
22 Jun 03	OTOLARYNGOLOGY ...	HOSP	KEPT	SPEC	KRISKOVICH,MARK	pharyngitis
20 Jun 03	FPC GOLD 2	HOSP	ADMIN	T-CON	PAPE,RANDALL A	
07 May 03	FPC GOLD 2	HOSP	KEPT	ROUT	PAPE,RANDALL A	fol up on throat
27 Apr 03	GYNECOLOGY CLIN...	HOSP	KEPT	PROC	DREWES,PETER G	
25 Apr 03	EMERGENCY ROOM ...	HOSP	KEPT	EROOM	MANSURY,AMAN P...	
18 Apr 03	GYNECOLOGY CLIN...	HOSP	CANCEL	PROC	DREWES,PETER G	DYSPLASIA CLP LGSIL 1HR APPT
15 Mar 03	GYNECOLOGY CLIN...	HOSP	KEPT	ROU	RETFERFORD,BRIA...	DYSPLASIA SLIDE BROKEN
25 Feb 03	FPC GOLD 1	HOSP	WALK-IN	WI	KING,JACQUELINE...	med refill
21 Feb 03	PREVENTATIVE HE...	HOSP	KEPT	WELL	TECH,OCCUPATION...	56CRS

Admissions

Gives view of all admissions of a specific patient. The linked Register Number on the right side will show the patient’s diagnosis code upon discharge. The CIS discharge summary is available for review in the IMAP note section. (MAMC Only)

Admit Date	D/C Date	Ward	Location	Reg Num
23 Nov 00	24 Nov 00	ABSENT SICK	HOSP	177358

Results Menu

The Results Menu is located on the left side of the patient summary page under the visits menu.



Labs allow the provider to see a list of the most recent labs done on a specific patient.

Labs		
Date	Test	Source
12/27/99	PT/INR (WHMC)	PLASMA
11/22/99	PT/INR (WHMC)	PLASMA
10/16/99	LIPID PROFILE	SERUM
10/16/99	ZZZHEPATIC FUNCTION PANEL	SERUM
10/16/99	ZZZCHEM 10	SERUM
10/14/99	PT/INR (WHMC)	PLASMA

The [Radiology Link](#) shows a list of all the Radiological procedures on a specific patient. Click the blue links under study for more details of procedure.

Radiology		
Date	Study	Status
07 Nov 00	FOOT RT (3 OR MORE VIEWS)	COMPLETE
19 May 00	CHEST (SINGLE VIEW) PORTABLE	COMPLETE
02 May 00	CHEST PA & LAT	COMPLETE
05 Jan 00	CHEST PA & LAT	COMPLETE
05 Jan 00	CHEST (SINGLE VIEW) PORTABLE	COMPLETE
22 Sep 99	US DOPPLER VEIN EXTREMITY UNILAT	COMPLETE
13 Apr 99	PICC PG	COMPLETE
09 Apr 99	TIB/FIB LT (AP & LAT)	COMPLETE

Other Menu

The [Other Menu](#) is located on the left side of the patient summary page right under the Labs Menu.

Other
Medications
Diagnoses
Procedures

The [Medications Link](#) allows the provider to see a list of all the medications that a patient has taken or is currently taking, date of last refill, and # of refills remaining.

Last Fill	Medication	# Refills
08 Aug 01	IBUPROFEN (MOTRIN)--PO 800MG TAB	0
03 Aug 01	CHLORHEXIDINE--MTH 0.12% LIQ	0
03 Aug 01	IBUPROFEN (MOTRIN)--PO 800MG TAB	0
03 Aug 01	PERCOCET 5MG--PO 5MG TAB	0
22 Jun 01	OMEPRAZOLE (PRILOSEC)--PO 40MG CAP	2
21 Jun 01	LO OVRAL--PO TAB	2
25 May 01	LO OVRAL--PO TAB	1
26 Apr 01	DURATUSS TABS--PO TAB	0
26 Apr 01	AUGMENTIN 500MG--PO 500MG TAB	0
24 Apr 01	IBUPROFEN (MOTRIN)--PO 800MG TAB	0

The [Diagnosis Link](#) allows the Provider to view a list of all previous diagnoses, date of, and the ICD-9 code of a specific patient.

Diagnoses		
Date	ICD-9	Diagnosis
24 Nov 00	427.31	ATRIAL FIBRILLATION
09 Nov 00	274.9	GOUT NOS
23 Oct 00	274.9	GOUT NOS
04 Oct 00	427.31	ATRIAL FIBRILLATION
18 Sep 00	916.0	ABRASION HIP LEG
27 Aug 00	427.31	ATRIAL FIBRILLATION
03 Jul 00	427.31	ATRIAL FIBRILLATION

My Draft Notes-Edit/Sign/Delete

My Draft Notes is available from the “My Appointments” (Home) page of the Provider Portal and as a Tab (Drafts/Consults) in SSOFI. It is designed to give the provider a single reference point to find all clinical notes that meet the following criteria:

- The note is assigned to the logged in provider
- The note is unsigned

Rather than having to go through all appointments and remember the walk in patients seen, the “My Draft Notes” section of the program will list every clinical note created, regardless of which clinic, appointed or walk in, or if you are the PCM or not. This feature will be exceptionally useful for notes that have been transcribed by another or in the case of interns writing notes for the senior staff member to review prior to being signed.

This section also offers the ability to delete notes if they are a duplication of efforts or even if they are a “no-show” as sometimes occurs. When delete is selected the lower window will display a text message that can be accepted as is or altered at your discretion to fit the circumstances. The default message is “error in business practices”.

My Draft Notes for N, RNIC

Draft Notes:

Edit	Delete	Creation Date	Patient Name	Patient SSN	Chief Complaint	Provider Name	View	Print
edit	delete	06 Jul 2004	TEST,PATIENT	20-800-91-0416	HA	WANCE,TIMOTHY (INST)	View	Print
edit	delete	06 Jul 2004	TEST,PATIENT	20-800-91-0416	TEST	WANCE,TIMOTHY (INST)	View	Print
edit	delete	27 Jul 2004	TEST,PATIENT	20-800-91-0416	XX	WANCE,TIMOTHY (INST)	View	Print

Results:

Attempting to delete note with id 1455172

Reason for deleting note:
 Error in business process.

Buttons: Delete, Cancel

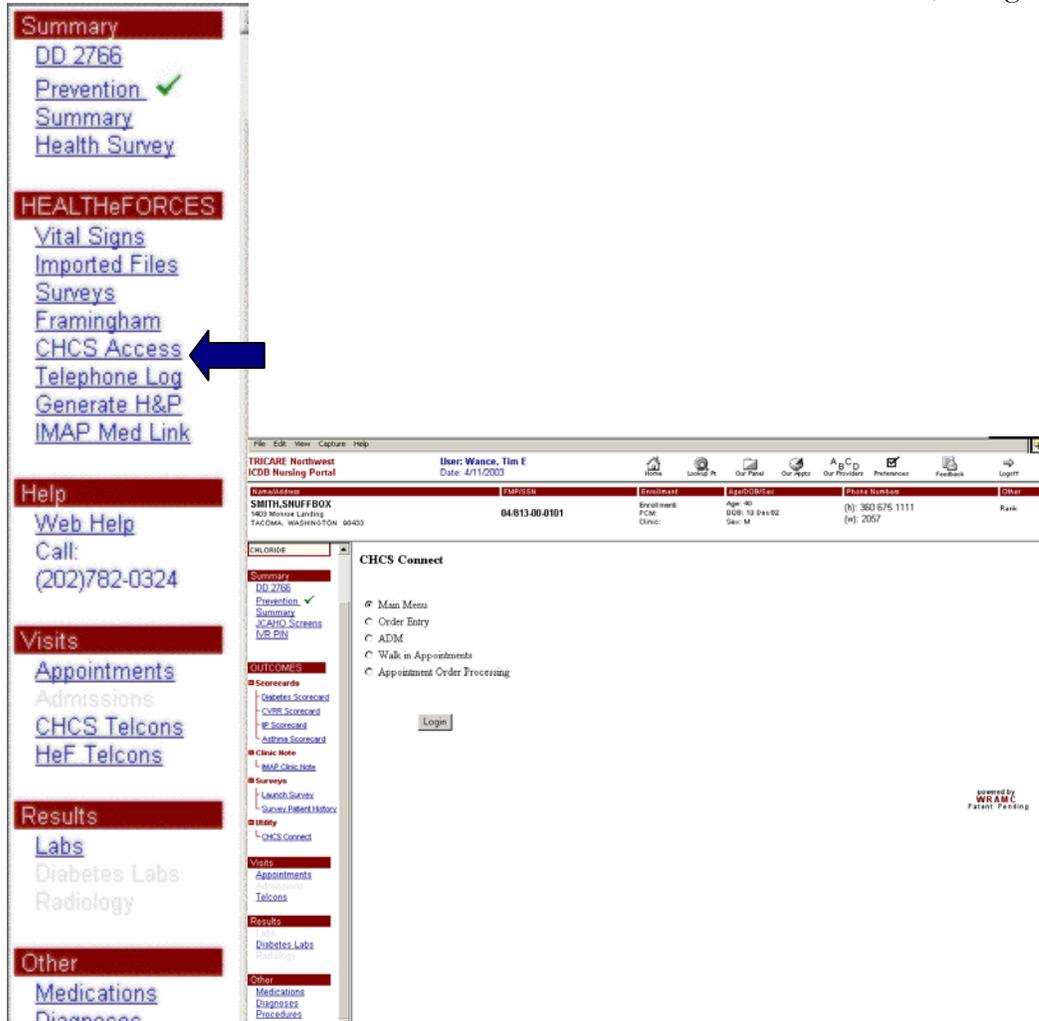
This is the standard reason for delete IMAP note message. This message can be altered or replaced to fit the situation.

When the message is satisfactory, click on the button marked “Delete”. If this message was selected in error, click “Cancel”.

Delete Draft Note Function

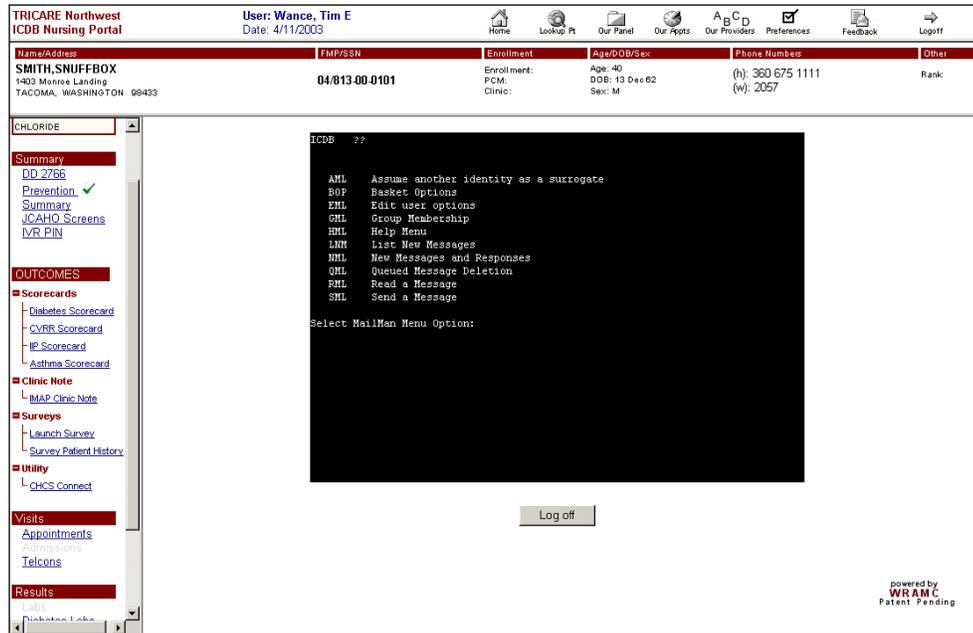
CHCS Connect

The ability to enter information directly into ICDB is limited to the outcomes and IMAP functions discussed later in this document. For information that must be entered in CHCS the ability to directly connect to CHCS is offered as a feature of the ICDB. To connect to CHCS, first go to the “Utility”



CHCS Connect Access

Section of the Left menu Bar and click on CHCS Connect, location is shown in the left image. When the item is clicked the following will appear in the center screen of the ICDB display: The choices of Main Menu, Order Entry, ADM, and Walk in Appointments or Appointment Order Processing must be made by clicking the appropriate button and then clicking the “Login” button.



CHCS Connect – Main Screen

The CHCS Connection feature will allow the processing of appointments or the needs of the staff without the need for a second connection to the system. There are some differences in CHCS Functionality as apposed to the direct connection these differences are as follows:

Function	In CHCS	in ICDB
F1	lock screen	IE Help
F2	--	--
F3	move to toolbar	Search
F4	--	Select URL/Address
F5	Return to Main Menu	Refresh
F6	--	Select Frame
F7	Move to bottom of page	UNCHANGED
F8	Move to top of page	UNCHANGED
F9	--	--
F10	Exit	UNCHANGED
F11	Select All	Full Screen
F12	--	--
---	Backspace Key	Delete Key
--	= No Function.	

CHCS Keyboard Function Changes in ICDB/HeF II (Web)

Keep in mind that CHCS may be open in ICDB but you are still in a web browser, the Function keys retain their Web browser functionality.

Using the DD 2766

DD 2766 Page 1

The [DD 2766](#) Link will link you to the Adult Preventive & Chronic Care Flow sheet. The DD 2766 contains 3 Pages. Each page has links that allow for updates.

The screenshot shows the ICDB Demo web application interface. At the top, there is a navigation bar with links for Home, Lookup Pt, Our Panel, Our Apps, Our Providers, Preferences, Feedback, and Logoff. Below this is a header section with the user's name (User: Icdb, Provider A) and date (Date: 30 Apr 02). The main content area displays the DD FORM 2766 - ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET for patient AARAGON LANGSTON V. The form is divided into several sections: 1a. MEDICATION ALLERGIES (None), 1b. OTHER ALLERGIES (None), 2. CHRONIC ILLNESSES (None), 3. MEDICATIONS (None), 4. HOSPITALIZATIONS (None), and 5. COUNSELING (None). Below these sections is a table for ADVANCED DIRECTIVES with columns for Date, Topic(s), and Provider. The patient's identification information is also visible at the bottom of the form.

Update Other Allergies.

Put cursor in box. Type known allergies into the provided textbox and click the Update Allergies button.

DD FORM 2766 - Other Allergies

WARNING: DO NOT enter medication allergies in this area. Medication allergies MUST be updated in (to allow physicians and pharmacists to view this information when prescribing and filling medications.

Enter other allergies seperated by commas:

After clicking on the [Chronic Illness](#) link the provider will be brought to a list that should mirror the master problem list in the outpatient record.

To update Chronic Illnesses

Check the box on the left side under the confirmed column. The provider can also use the textbox at the bottom of the screen to update any illness.

When finished with the updates simply click on the update chronic illnesses button.

DD FORM 2766 - Chronic Illnesses (Last Updated:6/18/01) Update Chronic Illnesses

Confirmed	ICD9 Code	Diagnosis	Comment (Optional)	Rank
<input type="checkbox"/>	031	DISEASES DUE TO OTHER MYCOBACT		M
<input type="checkbox"/>	031.9	MYCOBACTERIAL DIS NOS		M
<input type="checkbox"/>	112	CANDIDIASIS		M
<input type="checkbox"/>	112.9	CANDIDIASIS SITE NOS		M

Update Medications.

After clicking on the Medication links you are brought to the meds update screen. To update simply type medication into the text box & then click the Update button.

DD FORM 2766 - Medications

This patient has no active medications in ICDB.

Other Medications:

Updating Surgeries

Confirm past surgeries by clicking the box on the left. Add surgeries by using the textbox and clicking the update button.

Confirmed	Date	Surgery	Code	Comment (Optional)	Rank
<input type="checkbox"/>	3/30/99	38.91	ARTERIAL CATHETERIZATION		M
<input type="checkbox"/>	10/13/96	38.91	ARTERIAL CATHETERIZATION		M

Update Counseling

Check the completed box on the left side then click the update button.

DD FORM 2766 - Counseling Update Counseling

Select	Code	Counseling
<input type="checkbox"/>	F	FITNESS
<input type="checkbox"/>	D	DENTAL
<input type="checkbox"/>	I	INJURY PREVENTION
<input type="checkbox"/>	N	NUTRITION/FOLATE

The user accomplishes updating the FAMILY HISTORY portion of the 2766, even when indicating the patient has no medical or family medical history. On the same line as disease state, click onto the appropriate box; include the age of the form.

DD FORM 2766 - FAMILY HISTORY Update Family

LEGEND: (MGM = Maternal Grandmother, MGF = Maternal Grandfather, PGM = Paternal Grandmother, PGF = Paternal Grandfather)

	No Family History	Mother	Father	Sibling	MGM	MGF	PGM
Diabetes - Please check the box to indicate yes and enter the approximate age at Dx.							
Diabetes	<input type="checkbox"/>	<input type="checkbox"/> []					
Cardiovascular Disease - Please check the box to indicate yes and enter the approximate age at Dx.							
Hypertension (HTN)	<input type="checkbox"/>	<input type="checkbox"/> []					
Coronary Artery Disease(CAD)	<input type="checkbox"/>	<input type="checkbox"/> []					
Stroke(CVA)	<input type="checkbox"/>	<input type="checkbox"/> []					
Other Atherosclerotic Vascular Disease (Other)	<input type="checkbox"/>	<input type="checkbox"/> []					
Cancer - Please check the box to indicate yes and enter the approximate age at Dx.							
Colon	<input type="checkbox"/>	<input type="checkbox"/> []					
Breast	<input type="checkbox"/>	<input type="checkbox"/> []					
Prostate	<input type="checkbox"/>		<input type="checkbox"/> []	<input type="checkbox"/> []		<input type="checkbox"/> []	
Ovarian	<input type="checkbox"/>	<input type="checkbox"/> []		<input type="checkbox"/> []	<input type="checkbox"/> []		<input type="checkbox"/> []

The Advanced Directives link is located at the bottom of the DD2766 form. This link allows the provider to update the date of a patient's advanced directive.

DD FORM 2766 - Advanced Directives

Month Day Year Update Advanced Directives Cancel

Using the DD 2766

DD 2766 Page 2

Page 2 of the DD Form 2766 consists of the Family History and Screening Exams sections. Clicking on FAMILY HISTORY leads you to the form for updating the 2766.

6. FAMILY HISTORY Legend: Disease(Family Member/ Age at Dx)

a. CANCER (Specify)	
b. CARDIOVASCULAR DISEASE (Specify)	
c. DIABETES (Specify)	
d. MENTAL ILLNESS/CHEMICAL DEPENDENCY (Specify)	
e. OTHER	

Using Screening Exams

In the Screening Exams portion of Page 2 the user can update and monitor patient exams.

Status. The Status of an exam is indicated in this area, using a check mark (Not Due), a yellow dot (Due Soon), and an X (Overdue).

TEST. The TEST column allows the user to drill down into a test. Depending on which test is selected, a user may be able to view a summary page, add vital signs, or view a Flowsheet of labs.

7. SCREENING EXAMS Note: Select any date in the grid (e.g. [1 JAN 02](#)) to display the results of that test.

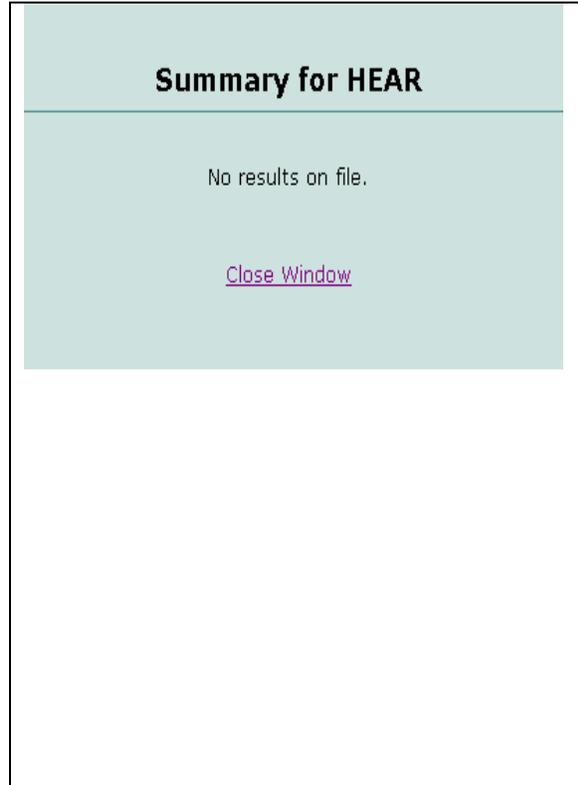
LEGEND: ✓ - Not Due ● - Due Soon ✗ - Overdue ✎ - Click this icon to add new information ■ = Abnormal test results

Status	a. TEST	Edit Item	b. FREQUENCY	Comments	e. DATES <i>(Italics indicate user-entered, non-CHCS data)</i>				
	(1) CLINICAL DISEASE PREV EVAL/PHA (HEAR)	✎	ANNUAL						
	(2) WEIGHT	✎	Q 1 YR FOR ACTIVE DUTY; PERIODICALLY FOR OTHERS						
	(3) HEIGHT	✎	Q 1 YR FOR ACTIVE DUTY; PERIODICALLY FOR OTHERS						
	(4) BLOOD PRESSURE	✎	Q 2 YR IF BP < 130/85; Q 1 YR IF BP 130-139/85-89						
	(5) CHOLESTEROL	✎	Q 5 YR FOR MALES AGE ≥35; Q 5 YR FOR FEMALES AGE ≥45; Q 1-2 YR FOR DIABETICS						
	(6) HEARING	✎	Q 1 YR FOR ACTIVE DUTY FLYERS; PERIODICALLY FOR OLDER ADULTS						
	(7) SKIN EXAM (Cancer)	✎	PERIODICALLY IF AT HIGH RISK						
	(8) ORAL/DENTAL	✎	Q 1 YR FOR ACTIVE DUTY; PERIODICALLY FOR OTHERS						
	(9) EYE/VISION	✎	Q 1 YR FOR ACTIVE DUTY FLYERS AND DIABETICS; Q 5 YR FOR OTHER ACTIVE DUTY; PERIODICALLY FOR OLDER ADULTS AND OTHERS AT HIGH						

Screening Exams – DD2766 Page 2

View a TEST Summary

When seeking information on an exam, click on the highlighted link. For most exam links you will be directed to this type of Summary for Exam.



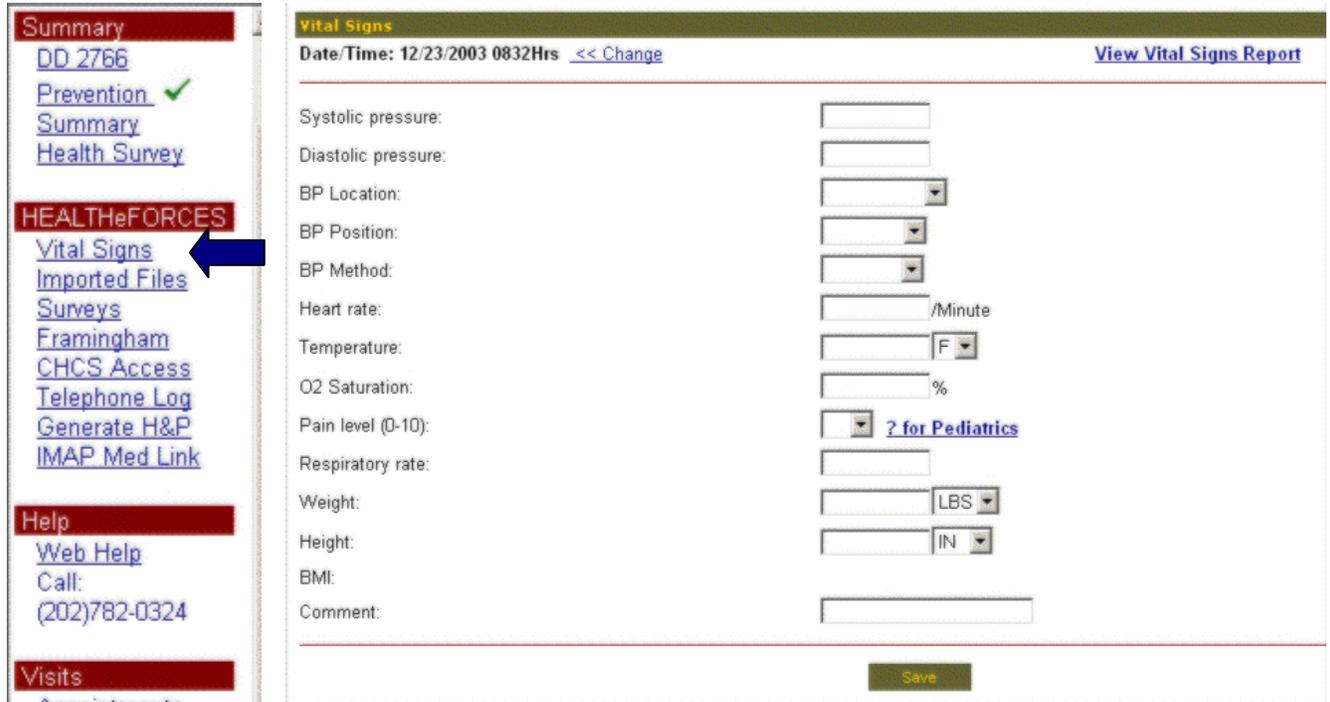
View TEST Vital Signs

For the results of weight, height, and Blood Pressure links you will be directed to a Patient Vitals view. Here you can view past vital signs, or Add Vitals. You can also choose a preference to read vitals in English or Metric measurements.



Adding Vital Signs

If you would like to update or add vital signs to the ICDB, click on the Add Vitals. For a more in-depth list of vitals, click Advanced



Vital Signs

Add vitals; adjust measurements between English and Metric. It includes all the information in addition to the basics including BP Position and method.

The vital signs advanced menu (see next figure) is still available if accessed via the DD2766 and selecting height, weight or blood pressure. This information will be exported to a clinical note if one is generated. The one additional item that will be available is head circumference PROVIDED the patient is under 2 years old. This information does not currently post to an IMAP note but will be available in the vital signs report as a historical reference.

Update Patient Vitals

Note: Your name and clinic will be stored with each completed assessment scorecard. If the information listed here is incorrect, please select "Change Preferences" to change your default clinic preferences. Then, return to this page. [Change Preferences](#)

Screening exam completed by:
User Name: Default Preferences must be updated before proceeding.
Hospital:
Clinic:

Date:

Patient Appointments:

Blood Pressure:	<input type="text"/> / <input type="text"/>	Position:	<input type="text" value="Sitting"/>
Pulse:	<input type="text"/>	Body Location:	<input type="text"/>
Respiratory Rate:	<input type="text"/>	Vitals Quality:	<input type="text"/>
Temp:	<input type="text"/> <input type="text" value="F"/>	Temp Location:	<input type="text" value="Oral"/>
Height:	<input type="text"/> <input type="text" value="in"/>	Body Surface Area:	<input type="text"/>
Weight:	<input type="text"/> <input type="text" value="lb"/>	Body Mass Index:	<input type="text"/>
Pain:	<input type="text"/>	Pain Assessment Model:	<input type="text"/>
Mean BP:	<input type="text"/>	Method:	<input type="text" value="Machine"/>
Oxygen Saturation:	<input type="text"/>	Oxygen Saturation Site:	<input type="text"/>
Peak Flow:	<input type="text"/>	Peak Flow Modifier:	<input type="text"/>
Occipital Frontal Circumference:	<input type="text"/> <input type="text" value="in"/>	Vitals Program:	<input type="text"/>

Vital Signs - Advanced

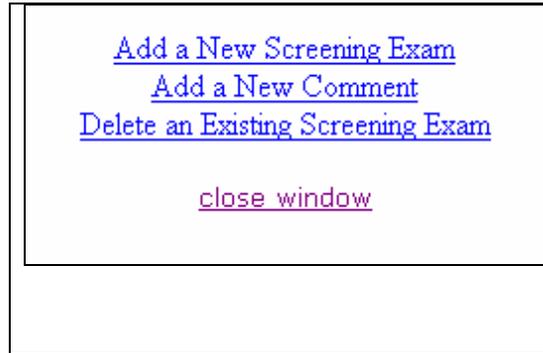
View a Flowsheet

The Cholesterol Flowsheet can be viewed by clicking on the highlighted Cholesterol link in the TEST column of page 2.

Cholesterol Flowsheet						
Date	Chol	LDL	HDL	Ratio	Trig	ALT
2/6/01	164	98	46	3.6	99	
7/24/00						
7/19/00						

Edit Item

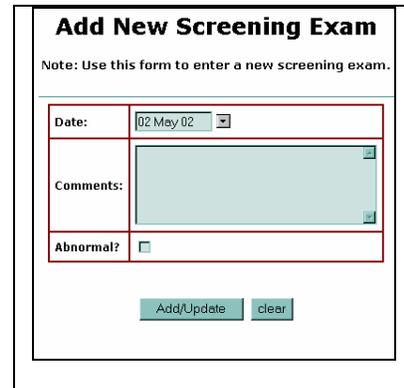
The Edit Item link allows the user to make updates to tests. Adding a screening exam that took place at another facility can be added here. This added exam will be indicated in the Dates column, and will be in *italics* to indicate it was user added and is not derived from CHCS. A comment made here will be indicated in the Comments column.



Add New Screening Exam

Each TEST allows the user to update exams.

- The link from Weight, Height, and Blood Pressure returns the user to the Patient Vitals view.



Health Survey

These health surveys are the items *formerly* titled JCAHO Screenings. They provide the users with the ability to complete a series of health survey assessments questionnaires.

To access the Health Surveys

From the Patients Summary page, click on the JCAHO Screenings link located on left side of the page.

The screenshot shows the ICDB Provider Portal interface. At the top, it displays the user as 'Provider, Unavailable A' on '12/23/2003'. The patient's name is 'SMITH, SCOTT A' with address '8411 BROOKRIDGE DR ANCHORAGE, ALASKA 99504'. The portal is divided into several sections: Summary, Appointments, Admissions, Medications, Radiology, Labs, and Procedures. A left sidebar contains navigation links, with 'Health Survey' highlighted and a red arrow pointing to it. The 'Appointments' table lists several appointments with dates and providers.

Name/Address	EMP/SSN Cmd	Enrollment	Age/DOB/Sex	Phone Numbers	Other
SMITH, SCOTT A 8411 BROOKRIDGE DR ANCHORAGE, ALASKA 99504	20.001.50.4946	Enrollment: TRICARE PRIME (CHAMPUS) PCM: DAHLQUIST, CLAY R Clinic: FPC SNOWY OWLS CLINIC	Age: 41 DOB: 08 Sep 62 Sex: M	(h): 907 333-5226 (w): 907 742 4165 SELF	Rank: FE0

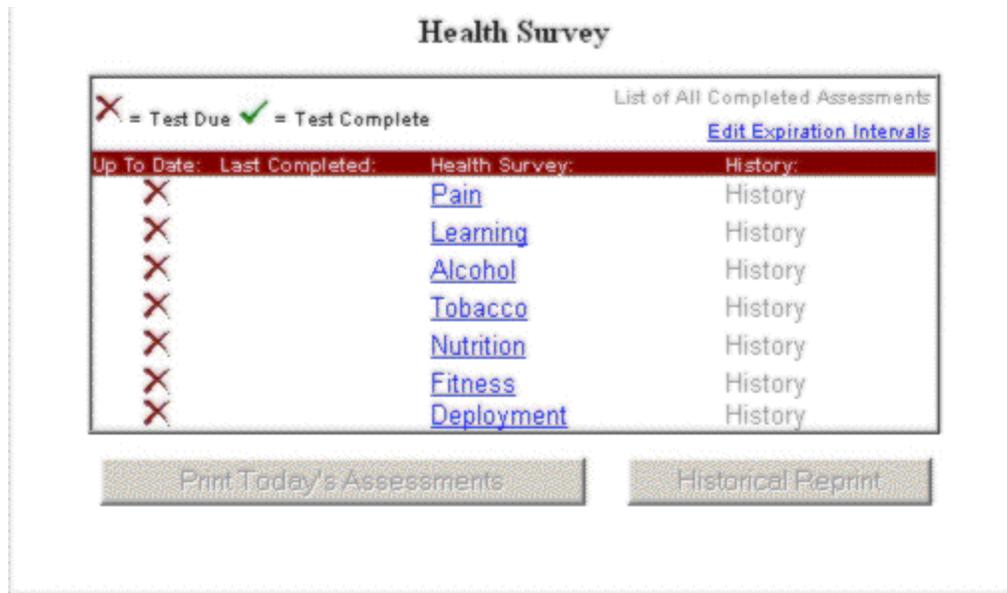
Date	Recent Appointment	Provider
22 Jan 03	ZZOLDFFPC-DO NO...	DAHLQUIST
31 Dec 02	ZZOLDFFPC-DO NO...	LAKE
13 Nov 02	ZZOLDFFPC-DO NO...	DAHLQUIST
13 Nov 02	ZZOLDFFPC-DO NO...	HARDY
31 Oct 02	ZZOLDFFPC-DO NO...	DAHLQUIST
10 Oct 02	ZZOLDFFPC-DO NO...	TARNEB

Date	Recent Lab
05 Oct 02	CALCIUM
05 Oct 02	PHOSPHORUS
05 Oct 02	MAGNESIUM
05 Oct 02	zzz et CHEM 7
05 Oct 02	AMI3
05 Oct 02	COAG PANEL (PT/APTT/INR)

Health Survey Access

The Health Survey Module Columns

- List of All Completed Assessments: shows entire list of screenings completed.
- Up To Date:
 - X indicates test past due
 - Check indicates Test Complete and Current.
- Last Completed: shows date screening last completed.
- Health Survey Screen: click on desired link to Screen.
- History: Click on History link to see history of particular screen.



Using the Pain Screen and other Screenings

Users will find all screenings similar in functionality and look.

The screens indicate the name, hospital, and clinic of the user. When changes to User location are necessary, click on the Change Preferences link.

When your screening is complete, click on "Save". The screening will be saved in the ICDB and you will return to the Screening Modules to complete further screenings as needed. Of note, pain and vitals can also be recorded in the IMAP Clinic note, which provides for entry of vital signs as well. IMAP also included a special pain scale for pediatric patients; specifically the Wong-Baker faces pain scale.

Print your screens: To print today's screenings click [Print Today's Assessments](#). All of the screenings completed today will be printed on an SF600 form, including patient demographics. [Historical Reprint](#) will print screens from a specific beginning date to end date.

[History](#)

Pain Screening:

Note: Your name and clinic will be stored with each completed assessment scorecard. If the information listed here is incorrect, please select "Change Preferences" to change your default clinic preferences. Then, return to this page.

Screening exam completed by: [Change Preferences](#)

User Name: Default Preferences must be updated before proceeding.

Hospital:

Clinic:

1. Do you have ongoing pain problems? Yes No

2. Are you feeling pain today? Yes No

3. What is your level of pain intensity now? 0 1 2 3 4 5 6 7 8 9 10
<None Worst Pain Ever>

4. Further Assessment Required? Yes No

5. Comments:

Pain Screening Questionnaire

[History](#)

Learning Needs Screening:

Note: Your name and clinic will be stored with each completed assessment scorecard. If the information listed here is incorrect, please select "Change Preferences" to change your default clinic preferences. Then, return to this page.

Screening exam completed by: [Change Preferences](#)

User Name: Default Preferences must be updated before proceeding.

Hospital:

Clinic:

1. What is your primary language? (choose one) English Spanish
 Korean Tagalog
 German
 Other (explain in comments)

2. How do you learn best? (Check all that apply.) 1:1 Instruction
 Group Instruction
 Reading
 Videos
 Demonstrations
 Other (explain in comments)

3. What are your barriers to learning? (Check all that apply.) Hearing Vision
 Speech Cultural
 Motivation Chronic Pain
 Religious
 Other (explain in comments)

4. Do you have any medical problems that make it difficult for you to understand medical information or instructions? Yes No

5. Is there any educational information that you would like today? Yes No

6. Comments:

Learning Needs Assessment Questionnaire

[History](#)

Alcohol Dependence Screening:

Note: Your name and clinic will be stored with each completed assessment scorecard. If the information listed here is incorrect, please select "Change Preferences" to change your default clinic preferences. Then, return to this page.

Screening exam completed by: [Change Preferences](#)

User Name: Default Preferences must be updated before proceeding.

Hospital:

Clinic:

1. Do you use Alcohol products? (# Yes, ask CAGE questions)	<input type="radio"/> Yes	<input type="radio"/> No
2. Ever felt you ought to <u>Cut</u> down on your drinking?	<input type="radio"/> Yes	<input type="radio"/> No
3. Have people <u>Annoyed</u> you by criticizing your drinking?	<input type="radio"/> Yes	<input type="radio"/> No
4. Ever felt bad or <u>Guilty</u> about your drinking?	<input type="radio"/> Yes	<input type="radio"/> No
5. Ever had an <u>Eye-opener</u> to steady nerves in the morning?	<input type="radio"/> Yes	<input type="radio"/> No

6. Comments:

250 Character Max

Alcohol Dependence Questionnaire

[History](#)

Tobacco Screening:

Note: Your name and clinic will be stored with each completed assessment scorecard. If the information listed here is incorrect, please select "Change Preferences" to change your default clinic preferences. Then, return to this page.

Screening exam completed by: [Change Preferences](#)

User Name: Default Preferences must be updated before proceeding.

Hospital:

Clinic:

1. Do you use tobacco products?	<input type="radio"/> Yes	<input type="radio"/> No
2. Are you ready to stop tobacco use in the next 30 days?	<input type="radio"/> Yes	<input type="radio"/> No
3. Do you have a history of tobacco use?	<input type="radio"/> Yes	<input type="radio"/> No
4. Do you want tobacco cessation literature provided?	<input type="radio"/> Yes	<input type="radio"/> No
5. Patient was referred to a smoking cessation course?	<input type="radio"/> Yes	<input type="radio"/> No

6. Comments:

Tobacco Screening

[History](#)

Nutrition Screening:

Note: Your name and clinic will be stored with each completed assessment scorecard. If the information listed here is incorrect, please select "Change Preferences" to change your default clinic preferences. Then, return to this page.

Screening exam completed by: [Change Preferences](#)

User Name: Default Preferences must be updated before proceeding.

Hospital:

Clinic:

1.? Are you taking any dietary supplements, herbal medications, or vitamins?	<input type="radio"/> Yes	<input type="radio"/> No
2.? Have you experienced a >10% change in weight in the past 6 months?	<input type="radio"/> Yes	<input type="radio"/> No
3.? Do you have a diagnosis that requires medical nutrition therapy?	<input type="radio"/> Yes	<input type="radio"/> No
4.? Do you have difficulty chewing or swallowing food or liquids?	<input type="radio"/> Yes	<input type="radio"/> No
5.? Would you like to discuss any nutritional issues with a dietitian?	<input type="radio"/> Yes	<input type="radio"/> No

6. BMI #? Weight (lbs.): Height (in.): BMI:

7. Comments:

Nutrition Questionnaire

[History](#)

Fitness Screening:

Note: Your name and clinic will be stored with each completed assessment scorecard. If the information listed here is incorrect, please select "Change Preferences" to change your default clinic preferences. Then, return to this page.

Screening exam completed by: [Change Preferences](#)

User Name: Default Preferences must be updated before proceeding.

Hospital:

Clinic:

1. Do you participate in 30 cumulative minutes of aerobic exercise at least 3 times per week? Yes No

2. Do you participate in 30 cumulative minutes of strength training at least 3 times per week? Yes No

3. Comments:

Fitness Screening

[History](#)

Deployment Screening:

Note: Your name and clinic will be stored with each completed assessment scorecard. If the information listed here is incorrect, please select "Change Preferences" to change your default clinic preferences. Then, return to this page.

Screening exam completed by: [Change Preferences](#)

User Name: Default Preferences must be updated before proceeding.

Hospital:

Clinic:

1. Is this visit associated with a deployment by you or somebody else in your family? Yes No Not Applicable

2. Is this patient being followed for any injury or illness related to a deployment? Yes No Not Applicable

3. Deployment Location (enter "classified" if appropriate):

4. Deployment Dates: Start Date: End Date:

5. Comments:

Deployment Screening

All of the questionnaires can be printed as individual health record entries and saved in the patient's health record, printed in a batch under the history function for when an individual is transferring to an area without an automated system or saved and reviewed electronically at the provider's discretion.

Unauthorized Abbreviations

Clinical informatics (CIS and CHCS) has until Jan 1 2005 to modify software to comply with these abbreviations, but free text narrative portions of notes and orders must not use these unauthorized abbreviations. Computerized lab reports can use U or IU in the result, but handwritten or free text copies of lab reports must write the abbreviation out.

Unauthorized Abbreviation	Preferred Term
U (for unit)	Unit
IU (for international unit)	International unit
QD (once daily)	Daily
QOD (every other day)	Every other day
MS, MSO ₄ , MgSO ₄	Write morphine sulfate or magnesium sulfate
.X	0.X (Always use zero before decimal)
X.0	X (no decimal)

Chapter**4**

Nursing Portal Menus and HEALTHeCARDS

IMPORTANT NOTES

This section addresses the differences between the provider and nursing portals plus the outcomes modules. Not all menus in the nursing portal are shown in this chapter as they are duplicates of menus shown in the provider portal.

After you have logged into the ICDB for the first time either by the Internet or using SSOFI, you will be directed to the Nursing Portal Preferences page. This page can be returned to at any time to change the basic team settings by clicking on the preferences Icon at the top of the ICDB page.

Preferences

The purpose of the Preferences page is for the nurse or technician to identify where they work. After identifying where you work, any future login will direct you to the “Our Panel” page indicating your assigned team.

Create your Preferences – Nursing Portal

Identify which hospital and clinic you work in by highlighting your location in these fields.

Next

Select Preferences

Which Team will you be part of? The first time you log onto the ICDB you will not be assigned to a team. If teams have been created for your clinic you will only need to find which team you are assigned. If no teams have been created that match your assignment you will need to create a New Team. To do this click on “Create New Team”, after clicking on Create New Team in the Preferences page you will be directed to the “Our Providers” page. From this page you will be able to develop your team.

Create a New Team – Nursing Portal

ICDB List Properties frame you will develop your new clinical teams.

Our Providers: Use this page to build ICDB Teams composed of CHCS Providers

ICDB List Properties:

ICDB List Name: zzTest Gold Team [Create New Team](#)

List Owner: Brown, Larhonda K

List Type: Private Clinic Only Public

Allow Edits: No Yes

Build ICDB Teams composed of CHCS Providers:

Instructions: To build an ICDB Team of CHCS providers, select names from the list of CHCS providers on the left and add them to the ICDB Team list to the right. The ICDB Team will consist of the Providers listed in the box on the right side of the screen.

CHCS PROVIDERS:

1. To display CHCS Providers in the box below, use one of the following options:

List CHCS Providers by:

CHCS Clinic: FAMILY PRACTICE CLINIC

Provider Name:

Williamson, Warren K

Willis, Kamilah H

Wood, Melanie J

Zuberbier, Jeffrey L

ICDB TEAM:

2. Your final ICDB Team members are displayed here:

ICDB Team: zzTest Gold Team

Accountius, Douglas A

Alauia, J

Aldura, Mary

Alvarado, Albert

Anderson, Blake W

Asher, James P

Augter, Gary K

Create New Team

Keep in mind one very important concept. The teams created within ICDB should be designed to make the clinical work easier. With this in mind, design your teams to reflect the organization within the

clinic or facility you are a part of. For example, a Family Practice Clinic is further organized into a “Red Team”, “White Team”, and “Blue Team”. There are three ways to create the ICDB teams. If the three teams never have any interaction, three separate clinical teams can be created. If there is occasional interaction, create four teams, the red, white and blue and a “Family Practice” team, with each person in the clinic being a member of the Family Practice main team, with access to every family practice patient plus their specific team, either red, white or blue. If the teams constantly share patients and providers, consider a single “Family Practice” team. Creation of specialty teams for the transcriptionists can also be created to allow them access to all providers they provide transcription services to. How you create teams are entirely up to you, it is merely suggested that the organization you choose maximizes efficiency and convenience for all the members of your team.

Set Preferences and Build a Team Procedures

Set Preferences	
Step	Result
Click on the preferences icon from the tool bar	Open page that defines facility, clinic, team
Click on the first drop down	Define the hospital (facility)
Click on the second drop down	Define the CHCS Clinic you are assigned to (CHCS hosts with multiple facility need to ensure they select the correct clinic)
Click on the third dropdown	If a “Team” has already been built, select the “Team” if not, you will need to build a new team.
Build New Team	
Step	Result
Click on the link to the right of the which team drop-down	This will open a window that will allow you to build a new team.
What do you want your new team name to be?	Type in new team name in the free text box
Who should be able to use this team? Click in the radio button that best fits the needs for this team	Radio button has been selected
Do you want others to be able to Add and Remove team members? Click in the radio button that best fits the needs for this team	Radio button has been selected
Click on “Add Team Members”	A new page will appear
	This page will contain four distinct categories; List all providers in this clinic; or List all providers with this last name; Providers that can be added to

	team; Current Team members
Highlight Provider names from the list “Providers that can be added to the team”	This works like any windows, you can select one or multiple providers by holding down the control key and clicking multiple providers.
After the providers are highlighted; click on the > to move the highlighted names to the “Current Team Members” box	The highlighted names will appear in the team members drop-down
If the provider you are searching for is not the “Providers that can be added to the team” box, (this list is the providers that are assigned to the CHCS clinic you defined in your preferences) You can search for any provider that resides in the CHCS database	Search for provider not assigned to the CHCS clinic you defined in preferences
Click in the free-text box under the field “or List all providers with this last name” Type the providers name	Last name, or more than three letters of the last name, in this box
Click on Get Provider list button	You will get a list of providers with that name in the “Providers that can be added to the team” box.
Highlight the provider you want and click on the > to put the provider on the team	You will see the provider’s name appear in the Current Team Members box.
Click on “Make this my default team”, if you want this to be your default. You may create multiple teams, however only one can be your default	
Click on Finish	You will now get a screen with will allow you to do an edit to the team you just created.
	Only the person who creates the team will be allowed to delete the team or make edits to the team.

Home (Appointments) Page – Nursing Portal

After preferences are set, subsequent sessions in ICDB will take you to the Appointments page. This will give a listing for all appointments scheduled through CHCS for all providers listed in the ICDB team that was created in the section above. Note that each patient name is displayed in blue, indicating that they can be selected

ICDB Nursing Portal
User: User, Angeline
Date: 1/21/2004

[Home](#)
[Lookup Pt](#)
[Our Panel](#)
[Our Appts](#)
[Our Providers](#)
[Preferences](#)
[Feedback](#)
[Logoff](#)

Our Appointments: Patients with appointments in our clinic today:

CPS	Time	Patient Name	Last 4	Type Appt	Appt With	PCM	Reason
	0522	Wyatt-gammage, Mary	W0159	EROOM	Provider, Angeline		HEAD INJURY
	0526	Boykin, Mary	B4582	EROOM	Provider, Angeline	Provider, Brett L	
	0622	Owens, John	O2768	EROOM	Provider, Angeline	Provider, Mark H	
	0800	Thornton, John	T7000	SPEC	Provider, Angeline	Provider, Angeline	PROTEIN MALNUTRITION/CANCER
	0853	Kennedy, John	K1176	EROOM	Provider, Angeline	Provider, Robert E	
	0914	Cavazos, John	C0467	EROOM	Provider, Angeline		FLU SYMPTOMS
	0920	Henson, Mary	H3892	EROOM	Provider, Angeline	Provider, Angeline	
	0939	Wornack, John	W0269	EROOM	Provider, Angeline	Provider, Curtis H	
	1000	Madden, Mary	M7919	EST	Provider, Angeline	Provider, Robin G	
	1015	Taylor, John	T4271	EROOM	Provider, Angeline	Provider, John C	
	1020	Mariano, John	M4546	EROOM	Provider, Angeline		
	1039	Thomas, Mary	T6405	EROOM	Provider, Angeline	Provider, Sujata H	
	1104	Orr, Mary	O7347	EROOM	Provider, Angeline		SPRAINED ANKLE
	1113	Webster, Mary	W8908	EROOM	Provider, Angeline	Provider, Rogelio	
	1138	Newburn, Mary	N2349	EROOM	Provider, Angeline	Provider, Debra K	
	1209	Adams, John	A4903	EROOM	Provider, Angeline	Provider, Robert E	
	1213	Moblely, John	M7314	EROOM	Provider, Angeline	Provider, Mary	SINUS INFECTION
	1232	Hunt, John	H8108	EROOM	Provider, Angeline	Provider, Eric L	
	1333	George, John	G9641	EROOM	Provider, Angeline		
	1339	Tarter, Mary	T3229	EROOM	Provider, Angeline		

Show patients by:

ICDB Team: Luke - USER,MILDRED M [Create New Team](#)

CHCS Clinic: DARNALL FAMILY CARE CLINIC [Change Clinic](#)

Provider: Provider, Alan L

Show which appointments:

All Appointments

AM Appointments (8AM to Noon)

PM Appointments (Noon to 5PM)

Evening(after 5PM)

Appointments other than today's:

Appointments For:

Our Appointments

. By clicking on any patient, the summary screen for that patient will be displayed. This is the default page (Summary Page) for SSOFI users, returning to the last patient viewed.

ICDB Provider Portal User: Provider, Unavailable A Date: 12/23/2003

Name/Address: SMITH, SCOTT A
8411 BROOKRIDGE DR
ANCHORAGE, ALASKA 99504

FMP/SSN Cmd: 20 001 50 4946

Enrollment: TRICARE PRIME (CHAMPUS)
PCM: DAHLQUIST, CLAY R
Clinic: FPC SNOWY OWLS CLINIC

Age/DOB/Sex: Age: 41
DOB: 08 Sep 62
Sex: M

Phone Number: (h): 907 333-5226
(w): 907 742 4165 SELF

Rank: FE6

Summary **Appointments** **Admissions** **Medications**

DD 2766
Prevention ✓
Summary
Health Survey

HEALTHeFORCES
Vital Signs
Imported Files
Surveys
Framingham
CHCS Access
Telephone Log
Generate H&P
IMAP Med Link

Help
Web Help
Call: (202)782-0324

Visits
Appointments
Admissions
CHCS Telcons
HeF Telcons

Results
Labs
Diabetes Labs
Radiology

Other
Medications
Diagnoses
Procedures

CHCS
CHCS Terminal

Appointments Table:

Date	Recent Appointments	Provider
22 Jan 03	ZZOLDFFPC-DO NO...	DAHLQUIST
31 Dec 02	ZZOLDFFPC-DO NO...	LAKE
23 Dec 02	ZZOLDFFPC-DO NO...	DAHLQUIST
13 Nov 02	ZZOLDFFPC-DO NO...	HARDY
31 Oct 02	ZZOLDFFPC-DO NO...	DAHLQUIST
10 Oct 02	ZZOLDFFPC-DO NO...	TARNER

Admissions: No data found

Medications Table:

Last Fill	Recent Medications
07 Mar 03	FLUTICASONE (FLONASE...
22 Jan 03	GUAFENESIN-PO 800M...
22 Jan 03	CLARITHROMYCIN (BIA...
22 Jan 03	GUAFENESIN WITH COD...
31 Dec 02	AMOXICILLIN-PO 500M...
23 Dec 02	OXYMETAZOLINE (AFRIN...

Radiology: No data found

Labs Table:

Date	Recent Labs
05 Oct 02	CALCIUM
05 Oct 02	PHOSPHORUS
05 Oct 02	MAGNESIUM
05 Oct 02	zsz. et. CHEM Z
05 Oct 02	AMI3
05 Oct 02	COA3 PANEL (PT/APTT/INR)

Procedures: No data found

Patient Summary Screen

Patient Summary Menu

From the provider homepage select the patient that you want to complete a scorecard on.

ATC Demonstration Site User: Guest Doctor Date: 6/6/01

Home Lookup Pt My Apps My Patients Feedback Logout

Provider Tools
Home Page

Today's Appointments
Display Schedule for Current Day | Week | Month

Time	Name	Type	Reason
09:00	Tanetta, Edward A	ACUT	headache
10:15	Spence, Kathenne	ACUT	abdominal pain
10:45	Warrner, Vicki A	ROUT	congestion x1wk
11:15	Redding, Oscar	ROUT	knee pain
13:00	Caldenas, Kevin Gerard	WEL	diabetes 9u
13:45	Steinbagen, Pamela P	TCON	space a/refills
14:15	Blitt, Scotty	ROUT	blood pressure
14:45	Hummell, Andrew Lee	ROUT	routine 9u

Medical News
MIF Weekly Update (12/28)
JCAHO Visit 1-7 Jan (12/27)
Mandatory Anthrax Briefing (12/20)

Medical News
Flu Shot Update (12/30)
New DVT Guideline (12/16)
Herceptin - New Guidelines (12/15)

Patient Tracking: ER Visits | Top 5 Labs | Mammograms

Recent ER Visits:

Name	ER Visit Date	Location	Reason
Morley, DeeAnn M	3 Jan 01	WHMC	Nausea
Huron, Deborah L	3 Jan 01	WHMC	Palpitations
...	2 Jan	BAMC	...

Recent Admissions:

Name	Admit Date	ICD Code	Hospital	Ward
Morley, DeeAnn M	3 Jan 01		WHMC	90
Pierogor, Denis	2 Jan 01		BAMC	4W

USAF Links
USAF SG
USAF
TRICARE

Surveys

After selecting a patient the provider will be brought to that patient's summary screen.

On the patient summary page look to the left side of the screen & you will see a menu entitled Surveys. This menu will take you to a series of condition or disease specific scorecards.

Simply click on the Outcomes scorecard that you want to complete.

As shown on this and the next page, there are several types of scorecards available. Currently there are ten as shown on the HEALTHeCARD main page, shown below:

NOTE

Some HEALTHeCARDS listed are blank. This is not an error; these cards are currently in development and will be added to the system and this guide when approved for use.

HEALTHeCARDS

HEALTHeCARD	Most Recent Date Entered
MAMC - CHE	Unknown
MAMC - COPD	Unknown
MAMC - CVRR	Unknown
MAMC - Childhood Asthma	7/7/2003 9:23:10 AM
MAMC - Diabetes	11/3/2003 1:42:23 AM
MAMC - Hepatitis C	Unknown
MAMC - IIP	1/21/2004 4:20:26 AM
MAMC - IIP2	1/21/2004 4:20:12 AM
MAMC - MCVR	4/25/2003 8:11:36 AM
MAMC - OIFOEF	11/3/2003 2:12:25 AM
MAMC - Stroke	Unknown
MAMC - Wellness	Unknown
WRAMC - CHE	Unknown
WRAMC - COPD	Unknown
WRAMC - CVRR	Unknown
WRAMC - Childhood Asthma	Unknown
WRAMC - Diabetes	Unknown
WRAMC - Hepatitis C	Unknown
WRAMC - Pharmacy	Unknown
WRAMC - Stroke	Unknown
WRAMC - Wellness	Unknown

Main Menu – HEALTHeCARDS

There are two groups of cards, those developed and used by WRAMC and those in use at MAMC. While they are identified differently, all cards are available and can be used by anyone at any time. All cards are used in a similar manner, each for a specific purpose. The cardiovascular risk reduction card has details on each of the different entries, notes and functions. All cards are shown on the following pages to allow an individual assessment of what card or cards would be right for use in each clinic.

Childhood Asthma HEALTHeCARD as of 3/17/2004

Last visit for SMITH, SNUFFBOX was on 1/21/2004.

Score	Response	Date	Question	Info
X	N/A	EDIT	Has a pre-treatment asthma severity level been established?	
✓	Yes	EDIT	If a persistent asthmatic, is a controller medication prescribed?	
✓	Yes	EDIT	4/03 Has a written action plan been documented in the last 6 months?	
X	No	EDIT	4/03 Has the patient been instructed in Peak Flow measuring? (age > 6)	
✓	Yes	EDIT	4/03 Has spirometry been measured in the last 12 months? (age > 6)	
✓	Yes	EDIT	Have the number of unscheduled medical visits for asthma in the last 3 months been quantified?	
X	No	EDIT	Have the number of school/work days missed because of asthma been quantified?	
✓	Yes	EDIT	4/03 Did the patient receive an influenza immunization for the most recent flu season?	
X	No	EDIT	4/03 Has the patient had formal asthma education (disease, medications, spacers, etc.)?	
✓	Yes	EDIT	Have triggers been identified?	

MAMC Childhood Asthma HEALTHeCARD

Diabetes HEALTHeCARD as of 3/17/2004

Last visit for SMITH, SNUFFBOX was on 1/21/2004.

Score	Response	Date	Question	Info
x	No		Glycohemoglobin (HbA1c) within 12 months?	
x	No		Patient HbA1c level < 7.1%?	
x	No		Patient assessed for nephropathy within 12 months?	
x	No	EDIT 4/03	Patient prescribed daily ASA unless contraindicated?	
x	No		Patient Lipid assessment within 12 months?	
x	No		Patient with a low-density lipoprotein (LDL) < 101 mg/dl?	
x	No (139/80)	EDIT 2/04	Patient with blood pressure < 130/80 mm Hg?	
x	No	EDIT 11/03	Patient received a dilated eye exam in the past 12 months?	
✓	Yes	EDIT 2/03	Patient received a documented foot exam (pulses, skin evaluation, and mono-filament) within last 12 months?	?
✓	Yes	Launch 5/20/03	Patient assessed for depression (PHQ9 Survey) within last 12 months?	
x	No	EDIT 4/03	Self-management to include nutrition education within last 12 months?	
✓	Yes	EDIT 11/00	Patient has received Influenza vaccine within 12 months?	
✓	Yes	EDIT 4/03	Patient has documentation of at least one Pneumovax vaccine?	
✓	Yes	Launch 10/24/03	How's Your Health complete within last 12 months?	
x	No	Launch	PAID questionnaire completed at last visit?	
x	No	Launch	Patient Satisfaction (RAND 9) following last visit?	
✓	initial	EDIT 3/03	Patient has documented group diabetes education class?	

MAMC Diabetes HEALTHeCARD

Individual Injury Prevention HEALTHeCARD as of 3/17/2004

Last visit for SMITH, SNUFFBOX was on 1/21/2004.

Score	Response	Date	Question	Info
✓	Yes	EDIT	Active Duty: Patient has been through injury prevention briefing appropriate for MOS.	
x	Yes	EDIT 6/03	Patient has had on the job injury in the past 6 months resulting in loss of duty days?	
x	Yes	EDIT 5/03	Patient has had recreational injury in the past 6 months resulting in loss of duty days?	
✓	No	EDIT 1/03	Patient has had an injury in the home in the past 6 months resulting in loss of duty days?	
x	No	EDIT	Patient with a disability currently working has had environment assessment to determine special modifications for workspace?	
✓	No	EDIT	Patient has been evaluated in Sports Medicine, Physical Medicine, or Physical Therapy in the past six months for injury related diagnosis?	
x	No	EDIT 12/02	Patient with profile > 90 days has had Fit for Duty Evaluation?	
✓	No	EDIT 1/04	Patient maintains firearms in the home?	
x	No	EDIT	Patient wears hearing protection 100% of the time when in noise hazardous area?	
✓	Yes	EDIT	Patient wears seatbelts 100% of the time?	
x	No	EDIT	Patient wears helmet 100% with use of motorcycle, bicycle or all terrain vehicle?	
x	No	EDIT	Patient has smoke alarms on each floor level at home and changes batteries twice a year?	
✓	No	EDIT	Patient has a positive response to two-question depression screen?	
✓	Yes	Launch 5/20/03	-- If yes, has patient completed PHQ-9 survey in last 12 months?	
x	No	EDIT	JCAHO screens completed in last 12 months?	
✓	Yes	Launch 5/16/03	SF-36 completed in last 12 months?	
✓	Yes	Launch 10/24/03	How's Your Health completed in last 12 months?	
✓	No	EDIT	Has soldier had physical pain or an injury that affects peak performance or peak physical fitness training?	
✓	Yes	EDIT	Is soldier receiving physical therapy for injuries?	
✓	Yes	EDIT	Is soldier using HEALTHeFORCES fitness program (post recovery / preventive maintenance) to return to full duty and prevent re-injury?	
x	Yes	EDIT	Has soldier missed duty or required care in the past 12 months due to injury?	
✓	No	EDIT	as the soldier failed the APFT in the last 12 months?	
x	Permanent	EDIT 1/04	Is the soldier on profile?	

MAMC IIP HEALTHeCARD

Individual Injury Prevention 2 HEALTHeCARD as of 3/17/2004

Last visit for SMITH,SNUFFBOX was on 1/21/2004.

Score	Response	Date	Question	Info
✓	No	EDIT	Has soldier had physical pain or an injury that affects peak performance or peak physical fitness training?	
✓	Yes	EDIT	Is soldier receiving physical therapy for injuries?	
✓	Yes	EDIT	Is soldier using HEALTHeFORCES fitness program (post recovery / preventive maintenance) to return to full duty and prevent re-injury?	
✗	Yes	EDIT	Has soldier missed duty or required care in the past 12 months due to injury?	
✓	No	EDIT	as the soldier failed the APFT in the last 12 months?	
✗	Permanent	EDIT	1/04 Is the soldier on profile?	

MAMC IIP2 HEALTHeCARD

Cardiovascular Risk Reduction HEALTHeCARD as of 3/17/2004

Last visit for SMITH,SNUFFBOX was on 1/21/2004.

Score	Response	Date	Question	Info
✗	No (139/80)	EDIT	2/04 Patient blood pressure < 135/85 mm Hg?	
✗	No (29.3)	EDIT	2/04 Patient BMI 25 or Less?	
✓	Yes	EDIT	Non-smoker or quit smoking and abstinent for > 6 months?	
✓	Yes	EDIT	Patient low-density lipoprotein (LDL) < 130 mg/dL Or < 100 if CAD or > 2 risk factors?	
✗	No	(no data)	Patient has high-density lipoprotein (HDL) > 39 mg/dL?	
✗	No	(no data)	Patient has Triglycerides < 150?	
✓	Yes	EDIT	Patient engages in regular exercise program > 20 minutes 3x/week?	
✓	No	EDIT	Family history of premature atherosclerotic disease to include CAD, ASPVD, or cerebrovascular disease (CHD in male first-degree relative<55yr;CHD in female first-degree relative<65 yr)?	
✗	Unknown	EDIT	Patient has CHD documented (MI, Angina, documented stenosis, Percutaneous interventions (PCI) or Coronary Artery Bypass)?	
✗	Unknown	EDIT	Patient has CHD risk equivalent disease (Diabetes, Peripheral Artery Disease, Abd Aortic Aneurism, symptomatic carotid artery disease) and LDL < 100 mg/dL?	
✓	Yes	EDIT	4/03 Patient has been advised regarding a low salt diet if HTN or CHF?	
✗	Unknown	EDIT	Medical Nutrition therapy assessment within last 12 months if patient has CHD, DM, hypertension, hypercholesterolemia, BMI > 25?	
✗	Unknown	EDIT	Patient with >=2 risk factors or known CAD taking aspirin?	
✗	No		Status post MI on beta blocker?	
✗	No		Status post MI on Ace Inhibitor?	
✗	No		Status post MI on Lipid Lowering Medication?	
✗	Unknown	EDIT	Status post MI assessment of LV function performed?	
✓	Yes	EDIT	Patient with A-Fib on anticoagulant?	
✗	Unknown	EDIT	Assessment for reversible ischemia in patient with known EF < 50%?	
✓	Yes	Launch	1/19/04 PRIME-MD completed within last 12 months if patient has CHD, hypertension, hypercholesterolemia, BMI>25?	
✗	No	Launch	Patient satisfaction (RAND9) completed this visit?	

MAMC MCVR HEALTHeCARD

Operation Iraqi Freedom and Enduring Freedom HEALTHeCARD as of 3/17/2004

Last visit for SMITH, SNUFFBOX was on 1/21/2004.

Score	Response	Date	Question	Info
✓	USAR	EDIT	11/03	Soldier's component and date activated (if applicable).
✓	OEF	EDIT	11/03	Mobilization mission and order expiration date (if applicable).
✓	2122nd Med Hold	EDIT	11/03	Medical Hold duty assignment and date assigned.
✓	Bryant	EDIT	11/03	Case manager responsible for soldier's case and date assigned.
✓	Yes	EDIT		Weekly case management review has been performed on which date?
✓	Non-Surgical -- Orthopedics	EDIT		Primary specialty responsible for soldier's current care.
✓	Not applicable	EDIT		Secondary specialty responsible for soldier's current care (if applicable).
✓	Yes	EDIT	11/03	MRI ordered (if applicable).
✓	Not applicable	EDIT		MRI performed (if applicable).
✓	Not applicable	EDIT	11/03	Any other diagnostic procedures ordered (if applicable).
✓	Yes	EDIT	11/03	Any other diagnostic procedures performed (if applicable).
✓	No	EDIT		Did the primary diagnosis exist prior to mobilization (EPTM)?
✓	Orthopedics	EDIT	11/03	Surgical requirement identified with which specialty and on which date (if applicable)?
✓	No	EDIT		Has surgery been scheduled (if applicable)?
✓	Not applicable	EDIT		Has surgery been completed (if applicable)?
✓	No	EDIT		Was the soldier wounded in action?
✓	LOD complete	EDIT		Line of Duty status (if applicable)?
✓	No profile	EDIT		Profile initiated (if applicable)?
✓	MEB -- Optimum therapeutic benefit	EDIT	11/03	Board action required with date initiated.
✓	MEB	EDIT	11/03	Board action complete date.
✓	Remote care with TCS orders	EDIT	11/03	Convalescent leave or remote care type with date departed (if applicable).
✓	Not applicable	EDIT		Returned from convalescent leave (if applicable).
✓	61-90 days	EDIT		Anticipated disposition date for this soldier.
✓	Medically boarded	EDIT	11/03	Soldier's disposition and disposition date.

MAMC OIF/OEF HEALTHeCARD

Breast Cancer HEALTHeCARD

Score	Question	Info	Response
x	Has patient had annual breast cancer-directed history and physical exam?	?	Unknown
x	Has patient had annual breast exam by health care provider?	?	Unknown
x	Has patient had annual mammogram?	?	Unknown
x	If patient had annual mammogram, was it normal?	?	Unknown
x	Has patient had annual pelvic exam and Pap test?	?	Unknown
x	Does patient perform monthly breast self-exam?	?	Unknown
x	Did patient receive education on symptoms of possible recurrence of cancer?	?	Unknown
	If on Tamoxifen, does patient experience the following symptoms:	?	
x	Hot flashes?		Unknown
x	Vaginal discharge?		Unknown
x	Blurred vision?		Unknown
x	If history of lymphedema, are symptoms tolerable to patient?	?	Unknown

Links to Educational Websites

http://www.breastcancer.org/	BreastCancer.org
http://www.cancernet.nci.nih.gov	National Cancer Institute
http://www.nccn.org/	National Comprehensive Cancer Network
http://www.cancer.org	American Cancer Society
http://www.cdc.gov	Centers for Disease Control and Prevention, information on cancer, STDs, women's health, other various topics
http://www.hhs.gov	Department of Health and Human Services, information on cancer, STDs, women's health, other various topics
http://www.y-me.org	Y-ME National Breast Cancer Organization
http://www.nih.gov	National Institutes of Health

WRAMC Breast Cancer HEALTHeCARD

Congestive Heart Failure HEALTHeCARD

Score	Question	Info	Response
X	Ace inhibitor or Arb if EF < 40%?	?	Unknown
X	Beta-blocker?	?	Unknown
X	Spironolactone if CHF class III or IV with EF < 35%?	?	Unknown
X	Lasix (if evidence of fluid overload)?		Unknown
X	Digoxin?	?	Unknown
X	Catheterization performed if EF < 50%?		Unknown
X	Medications reviewed with clinical pharmacist within past year?	?	Unknown
X	Patient engages in regular exercise?		Unknown
X	Low Na diet education in the past year?		Unknown

Links to Educational Websites

http://www.americanheart.org	American Heart Association
http://www.acc.org	American College of Cardiology

WRAMC Congestive Heart Failure HEALTHeCARD

Chronic Obstructive Pulmonary Disease HEALTHeCARD

Score	Question	Info	Response
X	Smoking history > 20 pack years?	?	Unknown
X	Reduced FEV1/FVC ratio?		Unknown
X	Chest X-Ray excludes other pulmonary diseases?		Unknown
X	Pre and post bronchodilator spirometry obtained?	?	Unknown
X	Has patient stopped smoking and abstained > 6 months?		Unknown
X	Inhaled anticholinergic and/or beta-agonist used as first line therapy for symptomatic patients?	?	Unknown
X	Objective improvement to oral steroid trial proven prior to use of inhaled steroid?	?	Unknown
X	Correct use of MDI observed?		Unknown
X	Received pneumococcal vaccine?		Unknown
X	Received annual influenza vaccine?		Unknown
X	Assess for hypoxia at rest and with exertion?	?	Unknown
X	Instructed in home use of antibiotics and steroids for exacerbation?		Unknown

Indications for Pulmonary Referral

- Uncertain diagnosis.
- Airflow obstruction with < 20 pack-years and no other obvious cause.
- Symptoms out of proportion to FEV1 and no obvious cause.
- Need for supplemental oxygen.
- Severe disease (FEV1 < 50% predicted).
- Uncertain regarding the role of inhaled or systemic steroids.
- Cor Pulmonale or polycythemia (Hct > 55).
- Rapid decline in FEV1 (>100 ml/year).

WRAMC Chronic Obstructive Pulmonary Disease HEALTHeCARD

Cardiovascular Risk Reduction HEALTHeCARD

Score	Question	Info	Response
X	Goal LDL reached? (LDLs not available for last 12 months) Order LDL	?	Unknown
X	Target blood pressure reached (at least <140 systolic and <90 diastolic)? Edit blood pressure	?	No (BP not avail)
X	HTN on thiazide diuretic?	?	Unknown
X	Quit smoking and abstinent for > 6 months?	?	Unknown
X	Beta-blocker if prior MI? ATENOLOL--PO 25MG TAB ---> last fill date: 06/20/2002	?	Unknown
X	Patient is taking aspirin (or other anti platelet) with >= 2 risk factors or known CAD?	?	Unknown
X	LV function performed if prior MI?		Unknown
X	Assessment for reversible ischemia in patient with known EF < 50%?		Unknown
X	Medical nutrition therapy assessment within the last two years if patient has hypertension or hypercholesterolemia or BMI > 25?		Unknown
X	Patient engages in regular exercise program > 20 minutes at least 3- 5 times per week?	?	Unknown

Links to Educational Websites

http://www.nhlbi.nih.gov	National Heart, Lung and Blood Institute
http://www.nlm.nih.gov	National Library of Medicine
http://www.cs.amedd.army.mil/qmo	US Army MEDCOM Quality Management Office : DOD/VA Clinical Practice Guidelines
http://www.circulation.org	American Heart Association: Circulation

WRAMC Cardiovascular Risk Reduction HEALTHeCARD

Childhood Asthma HEALTHeCARD

Score	Question	Info	Response
X	Has a pre-treatment asthma severity level been established?		Unknown
X	If a persistent asthmatic, is a controller medication prescribed?	?	Unknown
X	Has a written action plan been documented in the last 6 months?	?	Unknown
X	Has the patient been instructed in Peak Flow measuring? (age > 6)	?	Unknown
X	Has spirometry been measured in the last 12 months? (age > 6)	?	Unknown
X	Have the number of unscheduled medical visits for asthma in the last 3 months been quantified?		Unknown
X	Have the number of school/work days missed because of asthma been quantified?		Unknown
X	Did the patient receive an influenza immunization for the most recent flu season?		Unknown
X	Has the patient had formal asthma education (disease, medications, spacers, etc.)?	?	Unknown
X	Have triggers been identified?	?	Unknown

Links to Educational Websites

http://www.lungusa.org	The American Lung Association
http://www.medscape.com	Medscape from WebMD
http://www.aaaai.org	American Academy of Allergy, Asthma and Immunology
http://www.intelihealth.com	Aetna IntelliHealth
http://www.vnh.org/Patients.html	Virtual Naval Hospital Information for Patients
http://my.webmd.com	WebMD (easy for patient use)
http://www.allergyasthma.com	Asthma and Allergy Care and Prevention: Sniffles & Sneezes
http://www.cs.amedd.army.mil/qmo	US Army MEDCOM Quality Management Office: DOD/VA Clinical Practice Guidelines
http://www.nhlbi.nih.gov	National Heart, Lung, and Blood Institute
http://www.aanma.org	Allergy and Asthma Network, Mothers of Asthmatics

WRAMC Childhood Asthma HEALTHeCARD

Diabetes HEALTHeCARD

Score	Edit	Question	Info	Response	Date Complete
X		Patient Lipid profile completed in less than 12 months?		No	
X		Patient with a low-density lipoprotein (LDL) < 101 mg/dl?		Unknown	
X		Has patient had at least one A1C within 12 months?		No	
X		Patient A1C level < 7.1%?		Unknown	
X		Patient assessed for nephropathy?		No	
X	Edit	Patient with blood pressure < 130/80 mm Hg?		Unknown	
X	Edit	Dilated fundus exam done within the last 12 months?		Unknown	
X	Edit	Patient received a well-documented foot exam to include a risk assessment in the past 12 months?	?	Unknown	
X	Edit	Self-management education to include nutritional counseling?		Unknown	

WRHCS Diabetes Institute Database
 Go to: [WRHCS Diabetes Institute Database](#)

Links to Educational Websites
<http://www.cs.amedd.army.mil/qmo/diabfr.htm> Diabetes: DOD/VA Clinical Practice Guidelines

WRAMC Diabetes HEALTHeCARD

Pharmacy Actions Form

[Report Tool](#)

Status	Action	Drug Related Problem
Edit	Add	Needs a drug but not receiving it
	Add	Taking the wrong drug
	Add	Taking too little of the correct drug
	Add	Taking too much of the correct drug
	Add	Experiencing ADR/SE
	Add	Interaction(drug-drug, drug-food, drug-herb)
	Add	Taking a drug without an indication
	Add	Requires Medical Education(compliance)
	Add	Cost-effective therapy

WRAMC Pharmacy HEALTHeCARD

Secondary Prevention of Stroke HEALTHeCARD

[Edit](#)

Score	Question	Info	Response
X	Patient has completed CVRR HEALTHeCARD?	?	Unknown
X	Antiplatelet therapy for patients (aspirin 50 mg to 325 mg daily or clopidogrel 75 mg daily or aggrenox 1 tablet bid)?		Unknown
X	Patient with history of A-Fib on Coumadin?		Unknown
X	Carotid US or carotid MRA if history of anterior stroke or TIA within 3 years?		Unknown
X	ECHO or MRA if history of posterior stroke or TIA within 3 years?		Unknown
X	Annual mini mental status exam?		Unknown
X	Upper extremities disability or contracture and referred to occupational therapy?		Unknown
X	Lower extremities contracture, gait difficulties or foot drop and referred to physical therapy?		Unknown
X	Patient at risk for aspiration and referred to speech pathology?		Unknown
X	Patient with communication deficits and referred to speech pathology?		Unknown
X	Annual NIH stroke scale completed within the past year?		Unknown
X	Bi-annual stroke specific quality of life filled out by patient or by proxy completed within past 2 years?		Unknown
X	Annual SF-12 survey completed within the past year?		Unknown
X	Blood pressure controlled?		Unknown

Links to Educational Websites

- <http://www.australianprescriber.com/magazines/vol19no4/therapy.htm>
- <http://www.ncvs.org/>

Recent advances in antiplatelet therapy
National Center for Voice and Speech

WRAMC Stroke HEALTHeCARD

Wellness HEALTHeCARD

Last updated: N/A

[Edit](#)

Score	Question/Answer
X	Patient has had the following allied health assessments:
X	Does patient engage in a regular exercise program > 20 minutes at least 3 times per week?
X	Has patient stopped smoking and abstained > 6 months?
X	Has patient had medications reviewed with clinical pharmacist?
X	Patient has attended the following group education sessions:
X	Patient has attended the following individual education sessions:
X	Have ETOH consumption issues been addressed?

WRAMC Wellness HEALTHeCARD

Women's Health HEALTHeCARD

[Edit](#)

Score	Question	Info	Response
x	If over 40, has patient had mammogram in last 12 months?	?	Unknown
x	For all ages, has patient had breast exam by health care provider in the last 12 months?	?	Unknown
x	If patient has first degree relative (mother, sister or daughter) with breast cancer, has patient been counseled for risk reduction?	?	Unknown
x	If patient has prior breast biopsy results of atypical ductal hyperplasia (ADH), lobular carcinoma in-situ (LCIS), or lobular neoplasia (LN), has patient been counseled for risk reduction?	?	Unknown
x	Does patient perform monthly breast self-exam?	?	Unknown
x	At the onset of sexual activity, or if over 18, has patient had a Pap test in the last 12 months?	?	Unknown
x	Does patient have prior history of an abnormal Pap (of any type)?	?	Unknown
x	If the most current Pap was abnormal, has patient been referred to GYN and had follow-up testing initiated?	?	Unknown
x	If patient has a new sexual partner, has she been informed of risk factors that can increase chances for abnormal Paps leading to cervical cancer?	?	Unknown
x	Per Armed Forces Epidemiology Board, if age 25 or younger, has patient had GC/Chlamydia screening in the last 12 months?	?	Unknown

Links to Educational Websites

http://www.cancer.net	National Cancer Institute
http://www.cancer.org	American Cancer Society
http://www.cdc.gov	Centers for Disease Control and Prevention
http://www.hhs.gov	Department of Health and Human Services
http://www.y-me.org	Y-ME National Breast Cancer Organization
http://www.nih.gov	National Institutes of Health
http://nccam.nih.gov	National Center for Complementary and Alternative Medicine

WRAMC Women's Health HEALTHeCARD

HEALTHeCARD Data Entry

There are two types of data entry methods that are available for **ALL scorecards from WRAMC.**

1. Automated entry, usually from lab results entered and reported through CHCS.
2. Manual Entry, indicated by a button marked "EDIT" in the line item.

There are three types of data entry method that are available for MAMC Scorecards.

1. Automated entry, usually from lab results entered and reported through CHCS.
2. Manual Entry, indicated by a button marked "EDIT" in the line item.
3. Line item marked "launch", indicating it is updated by conducting a survey using a POV. For more information about the POV see the POV User guide and procedures in this document on how to launch, print and view POV surveys.

See the Diabetes Scorecard on page 41 to identify all types. Many of the scorecards are also marked with an Info Icon to show there is additional information relating to the question being asked, see the info illustration on the next page to explain:

Score	Question	Info	Response
x	If over 40, has patient had mammogram in last 12 months?	?	Unknown
x	For all ages, has patient had breast exam by health care provider in the last 12 months?	?	Unknown
x	If patient has first degree relative (mother, sister or daughter) with breast cancer, has patient been counseled for risk reduction?	?	Unknown
x	If patient has prior breast biopsy results of atypical ductal hyperplasia (ADH), lobular carcinoma in-situ (LCIS), or lobular neoplasia (LN), has patient been counseled for risk reduction?	?	Unknown

More Info...

Breast biopsy results of ADH, LCIS, or LN are abnormal, and increase a woman's risk of developing breast cancer. See <http://www.cdc.gov> for information on these diagnoses.



WRAMC Women's Health – Click on Yellow Question mark to display additional information

Surveys and Survey Patient History

POV's will electronically record and store patient surveys associated with scorecards. Use of POV's is trained separately but the location of the completed surveys is available for review by all by clicking on the "Survey Patient History" in the Outcomes section, the location to access this information is shown on page 30.



Select a Survey to Launch

You must first select a location before launching a survey!

Select your location
[Please select...]

General Adult How's Your Health Patient Satisfaction Patient Needs Patient Needs on the web	Cardiovascular SF_36 SAQ KCCardio SIS
Anthrax Anthrax Exposure	COPD UCSD-SOBQ
Depression PHQ9 Prime MD	Womens Health Fact B
Diabetes PAID DTSQ	Pediatric Peds Asthma Youth How's Your Health
	Post Deployment PDCAT PDCAT on the web

Search for a different patient
[] [Search]
Example: Jones,T or D1234

Patient Survey History

[Refresh the History](#)

General Adult How's Your Health Patient Satisfaction Patient Needs	Cardiovascular SF 36 SAQ KCCardio SIS
Anthrax Anthrax Exposure	COPD UCSD-SOBQ
Depression PHQ9 Prime MD	Womens Health Fact B
Solace	Pediatric Peds Asthma Youth How's Your Health
Diabetes DIMS PAID DTSQ	Post Deployment PDCAT Web PDCAT

Hint: The above history only lists the 5 most recent dates each survey was taken by the patient. To view the complete history click "Show all" under the specific survey name you wish to view. If no dates appear under a survey name, then there is no record of this patient ever taking that survey in the system.

Survey (left column) and Patient Survey History (right column)

Selecting the Survey by first selecting a patient and clicking on the appropriate survey under the type desired. Each survey will show the last 5 that were completed under each type. The text below the Patient Survey History explains as follows:

Hint: The above history only lists the 5 most recent dates each survey was taken by the patient. To view the complete history click "Show all" under the specific survey name you wish to view. If no dates appear under a survey name, then there is no record of this patient ever taking that survey in the system.

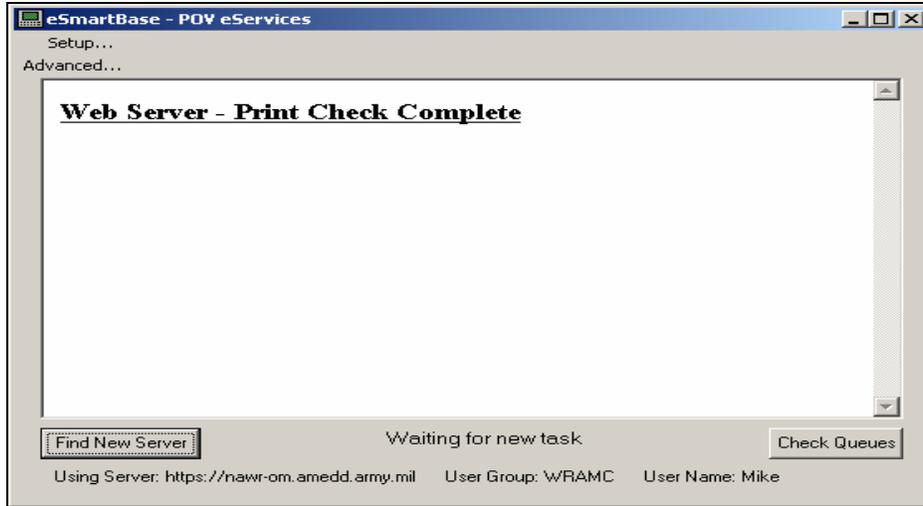
Note that surveys are listed in date order, and are available for any treatment facility that is part of the MAMC ICDB. Clicking on a date beside the survey will open and reveal the individual questions and answers for that survey.

Launching Surveys

1. Prior to logging on the HealtheForces/ICDB, make sure that the E-ESmartBase software is running on your computer. When you logon to the computer for the first time of the day, you will see a Security Alert window appear on your desktop. You will need to click on the “Yes” tab to ensure that the E-ESmartBase will function properly. In order to ensure that the E-ESmartBase is running properly, you want to see the following text appear on the screen “Web Server – Print Check Complete”. MAMC ESmartBase applications will default to the CNN website if it does not launch correctly, this is an immediate indicator that your application is not running correctly. If you do not see the text below, you will have to close the application and restart the ESmartBase program. Also, you will want to verify that the E-ESmartBase has been configured correctly for your location. If you don't see the application or the correct information displaying on the ESmartBase application, please contact the AMO Helpdesk or the POV administrator at 253-596-9492 (MAMC & Fort Lewis Only).

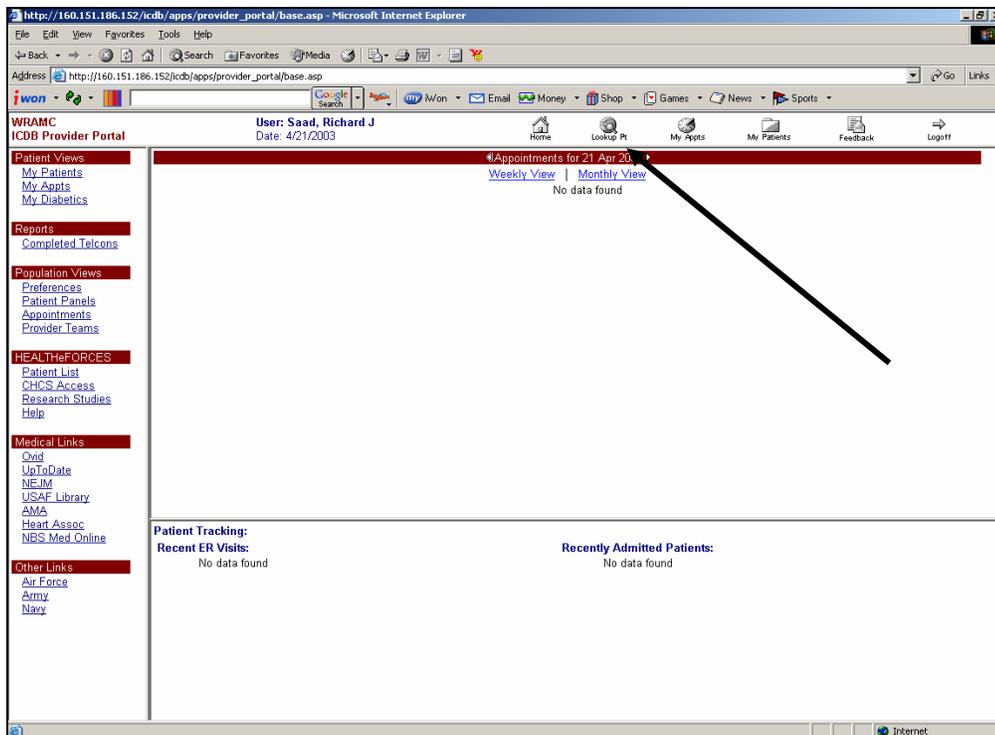


ESmartBase Start up Security Alert



ESmartBase Start up Correct Display (Normally Minimized)

2. From the ICDB Portal homepage, you will first have to click the left mouse button one time on the “Lookup Patient” icon



Lookup Patient

3. Once you have selected “Lookup Patient,” you will be brought to a new screen titled “Lookup Patient.” You will be able to search for a patient using one of three different methods. (Please refer to illustration 1.4 to see the three different search methods indicated by the arrows.) The

length of the list will depend on how you decide to search for the patient. For this example, we will search for a patient by the LAST, FIRST INITIAL; the list may or may not be longer than if you searched by the patient’s full name. After you have selected the method in which to search for a patient, you will then need to enter the patient’s information in the field and click the left mouse button one time on the “Lookup” tab.

Step 3 and 4 can be omitted by clicking on the patient name in My Appointments if the person is already scheduled through CHCS.

4. After clicking the “Lookup” button you will have located the correct patient, left click the mouse one time on blue highlighted name of the patient.

5. Once you have selected your patient, by default, the next window will open with the patient’s “Summary” screen. In order to administer a survey, you will need to click the left mouse button one time on the “Surveys” link

The screenshot shows a web browser window displaying the WRAMC ICDB Provider Portal. The user is identified as Saad, Richard J. The patient profile for DANIEL S. GENT I is shown, including contact information and demographic data. The main content area features several data tables:

- Appointments:**

Date	Recent Appointments	Provider
29 Jun 02	EMERGENCY RM W...	MURTHY
17 Jun 02	EMERGENCY RM W...	MURTHY
07 Jun 02	GI APU WR	
07 Jun 02	PRE-ADMISSION ...	BARNES
07 Jun 02	GEN SURG CL WR	JAFFIN
01 May 02	GEN SURG CL WR	NELSON
- Admissions:**

Date	Recent Admissions
17 Jun 02	722094
14 Jun 02	721988
16 Aug 01	712574
28 Jul 01	712015
- Medications:**

Last Fill	Recent Medications
14 Jun 02	ACETAMINOPHEN 325MG/...
14 Jun 02	DOCUSATE SODIUM-PO ...
07 Jun 02	BISACODYL-PO 5MG TB...
07 Jun 02	FLEET PHOSPHO-SODA 9...
07 Jun 02	PROMETHAZINE-PO 25M...
02 May 02	SIMVASTATIN-PO 20MG...
- Radiology:**

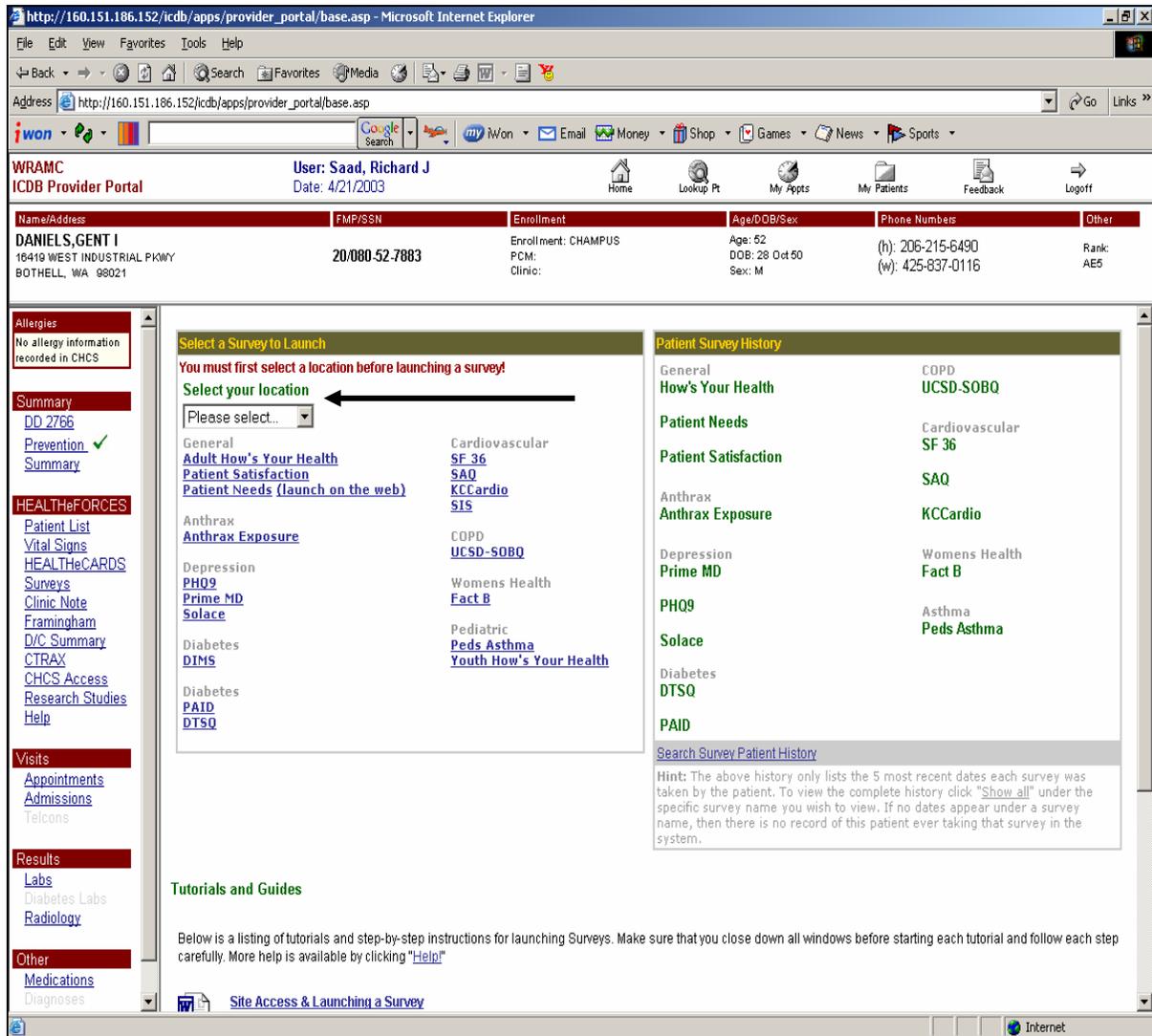
Date	Recent Radiology Tests
18 Jun 02	ACUTE ABD SERIES
17 Jun 02	ACUTE ABD SERIES
07 Jun 02	CHEST PA/LAT
- Labs:**

Date	Recent Labs
18 Jun 02	BASIC METABOLIC PANEL
18 Jun 02	PHOSPHORUS
18 Jun 02	CBC WITH DIFFERENTIAL
18 Jun 02	MAGNESIUM
17 Jun 02	COMPREHENSIVE METABOLIC PNL
17 Jun 02	AMYLASE
- Procedures:**

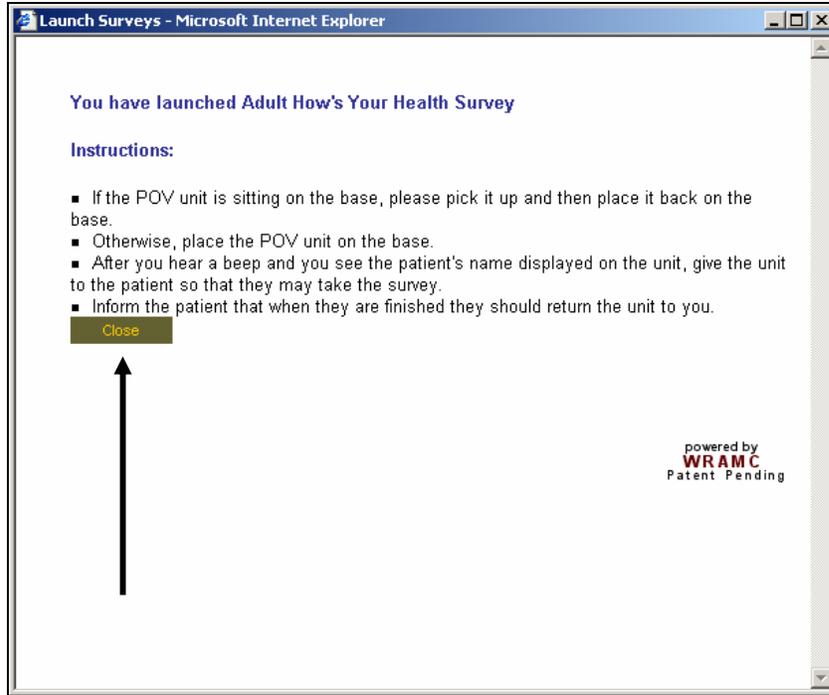
Date	Recent Procedures
15 Aug 01	COMPUTERIZED AXIAL T...
15 Aug 01	OTHER COMPUTERIZED A...
15 Aug 01	PERCUTANEOUS ABDOMIN...
14 Jun 02	INCISIONAL HERNIA RE...

Surveys Section

6. Once on the “Launch a Survey” screen, you will need to “*Select your location*”. After you have selected your location, you may then proceed to left click the left mouse button one time on the survey link (the surveys you can administer are the text in blue text with an underscore) you need to administer. Upon choosing the survey you wish to administer, a pop-up screen with further directions will appear. Follow the instructions on the pop-up screen and click the left mouse button one time on the “Close” button to close the pop-up window.



Survey Menu – Select Launch Location



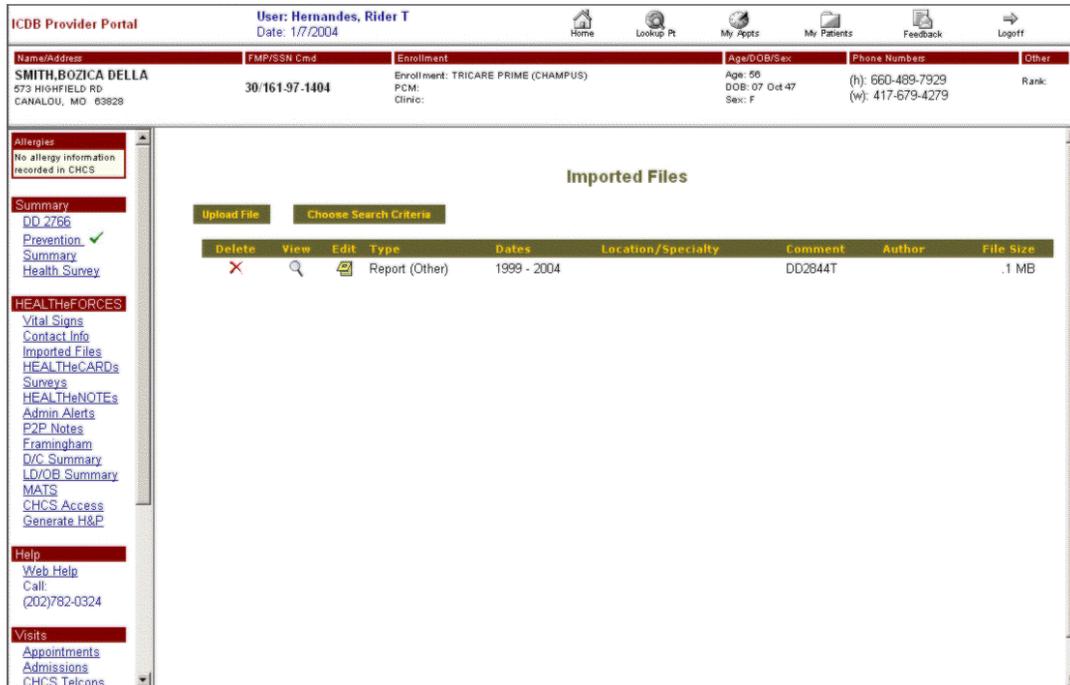
POV Launch Instructions – Close When Finished

7. When the patient returns with the POV, you will then need to place the POV back on the base. The printout for the report will print about 20-25 seconds after placing the POV back on the base

Imported Files

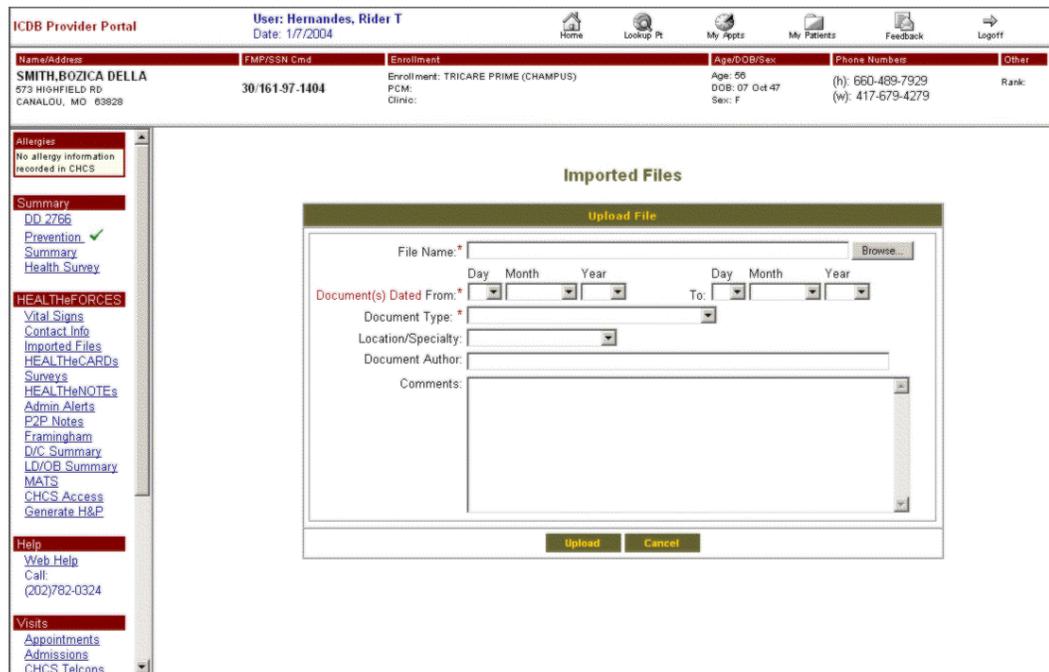
On occasion information in the way of civilian health care forms, VA clinical information or notes, or any pertinent information in the way of patient care will not be in HeF/ICDB. If it is desired to have these forms stored in HeF/ICDB to keep them as part of the patients clinical record it will be necessary to have these documents in electronic form. This can be done by scanning a document using a document scanner, importing the document from another system or by being given a disk of electronic data provided by a patient or previous provider. To view imported documents from other sources or to import a new document it is first necessary to look up a patient and go to the patient's summary page. In the left tool bar there is a line item under HEALTheFORCES marked "Imported Files" as shown to the left. When this menu is selected the following menu will be displayed:





Imported Files – Main Menu

The first screen presented will be a screen showing all files imported from any source. If the file is here that you need to review, click on the “View” Magnifying glass icon beside the document desired. If the intent is to import a new document, click on the button in the upper left marked “Upload File” and proceed to the upload document page.



Upload File Menu

The first step is to select the file in the “File Name” box; this will allow the user to import any electronic file or image from the desktop PC or network as necessary. The function works the same way a file search works in Microsoft® applications, select the file so the file path will appear in the file name box.

The other steps including document dates, types, location specialties, document author and comments should all be filled in as this information is used by the system to identify the document in the summary menu labeled “Imported Files – Main Menu” above. The more information entered the easier it is for all, especially other authorized users to identify what the document is. When all the information is entered, click on “Upload” to import the document to HeF/ICDB. These documents are retained within HeF/ICDB affording protection to the document in keeping with HIPAA regulations.

To view a document, select “View” on the Main Menu, a popup menu will display as follows

The screenshot shows a web browser window titled "Web Page Dialog" displaying a medical form. The form is titled "MEDICAL RECORD - POST DEPLOYMENT MEDICAL ASSESSMENT" and includes a date field "DATE (YYYYMMDD)". The form is divided into several sections:

- INITIAL VISIT / FOLLOW-UP VISIT**
- SECTION I - PATIENT VITAL SIGNS (Completed by Health Care Personnel)**
 - 1. BP, 2. PULSE, 3. RESP, 4. TEMP, 5. HEIGHT, 6. WEIGHT, 7. BMI
 - 8. AGE, 9. GENDER (X) MALE/FEMALE, 10. a. Do you use tobacco? b. Do you want to quit? c. Tobacco cessation materials offered? (YES/NO)
 - 11. ALLERGIES
 - 12. SPECIAL WORK STATUS (X) FLY, DIVE, JUMP, OTHER, PRP? (YES/NO)
 - 13. DUTY TITLE IN CURRENT ASSIGNMENT
- SECTION II - PATIENT INFORMATION**
 - 14. CIRCLE AS APPROPRIATE AND MARK EACH ITEM "YES" OR "NO":

ARE YOU PRESENTLY BOTHERED BY:		YES	NO	ARE YOU PRESENTLY BOTHERED BY:		YES	NO
a.	Shortness of breath, wheezing or problems with wheezing			n.	Recent unexplained gain or loss of weight		
b.	Chronic cough or cough at night			o.	Tumor, growth, cyst, or cancer		
c.	Fever/night sweats			p.	Dizziness or fainting spells		
d.	Chronic or frequent colds			q.	Frequent or severe headaches		
e.	Ear, nose, or throat trouble			r.	A head injury, memory loss or amnesia		
f.	Painful joints, tendons, or ligaments (e.g. pain, dislocation, etc.)			s.	Weakness or fatigue		
g.	Recurrent neck or back pain or any back problems			t.	A period of unconsciousness or concussion		
h.	Numbness or tingling			u.	Palpitation, pounding heart or abnormal heartbeat		
i.	Impaired use of arms, legs, hands, or feet			v.	Heart trouble or murmur		
j.	Bone, joint, or other deformity			w.	Nervous trouble of any sort (anxiety or panic attacks)		
k.	Frequent indigestion or heartburn			x.	Frequent trouble sleeping		
l.	Skin diseases (e.g. acne, eczema, psoriasis, etc.)			y.	Anxiety, depression or excessive worry, nightmares		
m.	Persistent diarrhea or constipation			z.	(Females) A change of menstrual pattern or pelvic pain		
- 15. DEPLOYMENT HISTORY (See DD Form 2766)

a. OPERATION	b. COUNTRY	c. DATES DEPLOYED (YYYYMM)		d. DUTY ASSIGNMENT	e. UNIT NAME
		FROM	TO		
- 16. DEPLOYMENT CONCERNS

Uploaded File – View

The document will appear in a pop up window in a very similar manner to a CIS note. The users have the ability to view, print or close this window as needed.

Framingham Scorecard

The Framingham scorecard is designed to be a calculator to identify individuals at risk for Coronary Heart Disease (CHD). It is a series of manual entries made by the system user as shown in the next figure.

ICDB Provider Portal User: Hernandez, Rider T
Date: 1/7/2004

Name/Address	FMP/SSN Cmd	Enrollment	Age/DOB/Sex	Phone Numbers	Other
SMITH,BOZICA DELLA 573 HIGHFIELD RD CANALOU, MD 83928	30/161-97-1404	Enrollment: TRICARE PRIME (CHAMPUS) PCM: Clinic:	Age: 56 DOB: 07 Oct 47 Sex: F	(h): 660-489-7929 (w): 417-679-4279	Rank:

Allergies
No allergy information recorded in CHCS

Summary
DD 2766
[Prevention](#) ✓
[Summary](#)
[Health Survey](#)

HEALTHeFORCES
[Vital Signs](#)
[Contact Info](#)
[Imported Files](#)
[HEALTHeCARDS](#)
[Surveys](#)
[HEALTHeNOTEs](#)
[Admin Alerts](#)
[P2P Notes](#)
[Framingham](#) ← **Blue Arrow**
[D/C Summary](#)
[LD/OB Summary](#)
[MATS](#)
[CHCS Access](#)
[Generate H&P](#)

Help
[Web Help](#)
Call:
(202)782-0324

Visits
[Appointments](#)
[Admissions](#)
[CHCS Telcons](#)

Framingham Scoring

Risk Factor	Value	Source
Gender	Female	
Age	56	
Total Cholesterol, mg/dL	<input type="text"/>	
HDL Cholesterol, mg/dL	<input type="text"/>	
Systolic Blood Pressure, mmHg	<input type="text"/>	
Diastolic Blood Pressure, mmHg	<input type="text"/>	
Diabetic?	<input type="text"/>	
Smoker?	<input type="text"/>	

* Note: For more information, or if the score cannot be calculated with the existing patient data, please refer to the [NIH website](#) for score calculation reference information.

Web link to the NIH website for more information on the Framingham Scorecard

Blue Arrow

powered by **WRAMC**
Patent Pending

Framingham Scorecard- Data Entry and NIH Web Link

Global Risk Assessment Scoring - Microsoft Internet Expl...

Framingham Score Result

Factor	Points
1 Age = 56 years	7
2 Total cholesterol = 224 mg/dL	1
3 HDL cholesterol = 122 mg/dL	-3
4 Blood pressure = 150/110 mm Hg	3
5 Diabetic = YES	4
6 Cigarette smoker = NO	0
<hr/>	
Point Total	12
Estimated 10 Year CHD Risk	13%
Low 10 Year CHD Risk	7%
Relative Risk (step 8 divided by step 9)	1.9

Legend

Color	Risk
Green	Very Low
White	Low
Yellow	Moderate
Rose	High
Red	Very High

powered by **WRAMC**
Patent Pending

To complete the scorecard enter the values for the following: Gender, Age, Total Cholesterol, HDL, Systolic and Diastolic Blood Pressure and answer yes or no to the questions of Diabetic and Smoker. Once the information is entered a score will be generated based on the entered values. Based on the values entered for this individual the results reflect the total points, the 10 year CHD Risk, the low end of CHD risk and the relative risk. For more clinical information on this scorecard a direct web link to the National Institute of Health (NIH) is provided in the scorecard at the bottom, indicated by the arrow on the Framingham Scorecard above.

Framingham Scorecard Results

Chapter

5

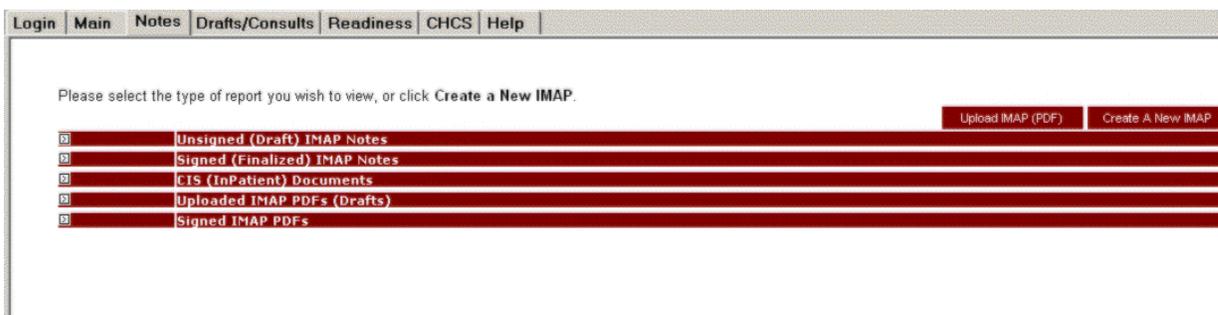
IMAP Clinic Notes

SSOFI Notes Tab & IMAP Med Link

The IMAP Med Link or the SSOFI notes Tab will display five different types of documents:

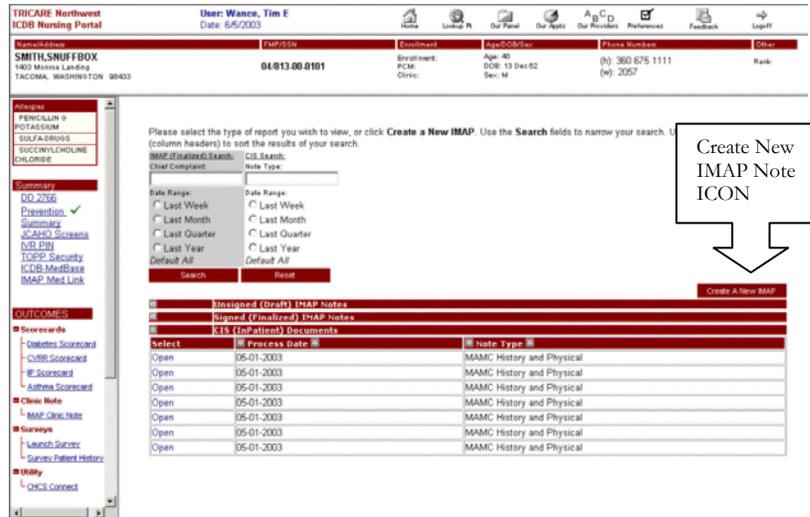
1. CIS (Inpatient) Documents
2. Signed (Finalized) IMAP Notes
3. Unsigned (Draft) IMAP Notes
4. Uploaded IMAP PDF's (Drafts)
5. Signed IMAP PDF's.

When IMAP Med Link (Or SSOFI Notes Tab) is clicked the main menu will be displayed:



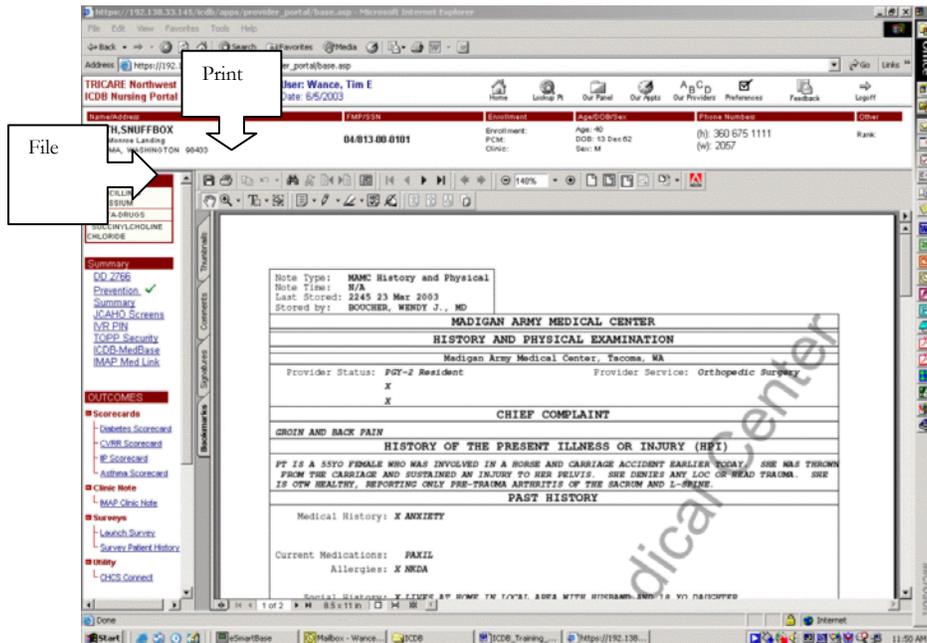
IMAP Med Link – Main Menu Page

From this menu there are three separate sets of documents that can be accessed, CIS Notes, IMAP Draft and IMAP Approved Notes. Each set of documents can be displayed by clicking on the icon in the left corner of each brown bar next to the name of the document desired. When a < appears the display is closed, clicking on the < will open the menu to show all documents available for viewing and in some case editing. Note the “Create New IMAP” Icon on the right side of the screen.



CIS Notes

This shows all the CIS notes available for viewing. Clicking on “Open” will open the associated CIS note in Adobe Acrobat®. The CIS note is viewable as shown; it can also be printed or filed on the local PC by clicking the appropriate ICON in the Adobe Acrobat® tool bar.



CIS Note View

This feature is provided to support the ability of outpatient clinics to view CIS Inpatient notes. A very useful feature in situations where an outpatient follow-up is scheduled after discharge and the patient's health record is not available. The following CIS notes will transfer to ICDB approximately 24 hours after a patient is discharged. Addition requests to this list should be submitted to the Chief of Informatics.

CIS NOTES IMPORTED TO ICDB

5N Physician Discharge Summary	MAMC ER Notes	Plastic Surg Physician Record
Amb-Surg/Post Procedure Release	MAMC History and Physical	Plastic/Post Pro Release Note
AMB-SURGERY PHYSICIAN RECORD	MCH Multidiscipline D/C	Post Operative Note
AMB-SURGERY PHYSICIAN RECORD-(A)	MultiD Neo Discharge Note	PT Discharge Summary
Anesthesia Post Anesthesia Evaluation	Multidiscipline D/C	RRC Operative Log
Anesthesia Pre-Anesthetic Evaluation	Neonatal Admission (SF535)	
Anesthesia Transfer Summary	NICU Multidiscipline D/C	
CCU R/O MI ADMIT/DISCH NOTE	OB/GYN Triage/OBS/APV/Asses	
Consolidated Consult (SF513)	Ob-Gyn Operative Note	
D/C Phone Follow-up	OBS Release Note	
ENT AMB SURG PHYSICIAN NOTE	OBS UNIT GLOBAL PROGRESS NOTE	
ENT Discharge Summary	OT D/C Summary	
ER Physician Assessment	OT EVAL ORTHO	
ER Trauma Note	OT Initial Evaluation	
General Surgery Admission Note	PACU Multidisciplinary D/C	
GYN Physician D/C Summary	PE Nsg D/C Summary	
Physician's Discharge Summary	Peds Obs Global Note	

Approved IMAP Notes

Approved IMAP Clinical notes are the next viewable item, opening the menu is the same as is for CIS notes. It is also important to know that notes submitted via Dictaphone and CHCS consults will be imported as text files and saved as “Approved IMAP Notes”, with little or no distinction of their source other than a note in the “Chief Complaint” section which will identify the note as a CHCS Consult. The fact that it was generated via Dictaphone will go unmarked unless the creator of the note specifies it. Approved clinical notes have the following functions associated with them:

1. **Add an addendum** – As a final note is no longer editable any additional information that should be part of the clinical note has to be added at the end of the note by use of the addendum. It will present a text box at the bottom of page two of the IMAP note and allow information to be entered. This information will be date/time stamped and attributed to the author based on the ICDB log in used. It is imperative that proper security be used and only the logged in user should make ANY entries into IMAP or any other part of ICDB.
2. **Admit – Sends a signed note into the CIS system.** This feature does not bypass the need to perform a standard admission through PAD but it will relay all information contained in the IMAP note in question to CIS. It will appear in the “H&P” section in CIS once the patient is “active” in CIS as an inpatient.
3. **View** – Opens the note in a pop-up window for viewing, print can also be selected after viewing by clicking the print Icon in the upper left side of the view window.
4. **Print** – Sends the document directly to the printer assigned to the individual PC.

The screenshot displays the ICDB Nursing Portal interface. At the top, it shows the user 'Wance, Tim E' and the date '6/27/2003'. The patient information for 'TEST, PATIENT' is visible, including address, FMP/SSN (20,800-91,0416), enrollment details, age (50), DOB (16 Apr 53), sex (M), phone numbers, and rank (AE1).

On the left, there are navigation menus for 'Allergies', 'Summary', and 'OUTCOMES'. The 'Allergies' menu lists various medications like PENICILLINS and PHENYLPROPANOLAMIN. The 'Summary' menu includes 'DD 2766', 'Prevention', 'Summary', 'JCAHO Screens', 'IVR PIN', 'TOPP Security', 'ICDB-MedBase', and 'IMAP Med Link'. The 'OUTCOMES' menu includes 'Scorecards' (Diabetes, CVRR, IP, Asthma) and 'Clinic Note'.

The main content area contains search filters for 'IMAP (Finalized) Search' and 'CIS Search'. It includes fields for 'Chief Complaint' and 'Note Type', and 'Date Range' options (Last Week, Last Month, Last Quarter, Last Year). There are 'Search' and 'Reset' buttons, and a 'Create A New IMAP' button.

Below the search filters, there are sections for 'Unsigned (Draft) IMAP Notes' and 'Signed (Finalized) IMAP Notes'. The 'Signed (Finalized) IMAP Notes' section contains a table with columns: Addendum, Creation Date, Clinic, Chief Complaint, Provider, Admit, View, and Print.

Addendum	Creation Date	Clinic	Chief Complaint	Provider	Admit	View	Print
Addendum	05-12-2003	TFL	This is a test of the New IMAP control section...	MARINKOVICH,GREGORY A	Admit	View	Print
Addendum	02-26-2003	M IMC LIPIDS CLINIC	hyperlipidemia	MARSHALL,CELENA G	Admit	View	Print
Addendum	02-26-2003	M IMC LIPIDS CLINIC	hyperlipidemia	MARSHALL,CELENA G	Admit	View	Print
Addendum	02-26-2003	M IMC LIPIDS CLINIC	hyperlipidemia	MARSHALL,CELENA G	Admit	View	Print
Addendum	02-26-2003	M IMC LIPIDS CLINIC	hyperlipidemia	MARSHALL,CELENA G	Admit	View	Print
Addendum	02-26-2003	M IMC LIPIDS CLINIC	hyperlipidemia	MARSHALL,CELENA G	Admit	View	Print
Addendum	02-03-2003	OH YELLOW PC TEAM	Test	LEMME,DAVID R	Admit	View	Print

At the bottom of the table, there is a section for 'CIS (InPatient) Documents'.

Approved IMAP Note Main Screen Menu Options

Unsigned (Draft) IMAP Notes

The Unsigned (Draft) IMAP notes also offer the same functions of View and Print as the Approved IMAP notes but have additional functions as well as the Addendum function replaced with the edit function. Prior to approval the IMAP notes can be edited at will in any text box available. A detailed record of what changes are made is available and will be explained in this section. There is additional functionality in form of the following:

The screenshot displays the TRICARE Northwest ICDB Nursing Portal interface. At the top, it shows the user 'Wance, Tim E' and the date '6/5/2003'. The patient information for SMITH, SNUFFBOX includes address, FMP/SSN (04/813.00.0101), enrollment details, age (40), sex (M), and phone numbers. A left sidebar contains navigation options like Allergies, Summary, and OUTCOMES. The main content area features a table of 'Unsigned (Draft) IMAP Notes' with columns for Edit, Creation Date, Clinic, Chief Complaint, Assigned Provider, View, and Print.

Edit	Creation Date	Clinic	Chief Complaint	Assigned Provider	View	Print
Edit	06-05-2003	PHYSICAL THERAPY CLINIC	TREATMENT	WANCE,TIM E	View	Print
Edit	06-05-2003	M FP GOLD TEAM CLINIC	well chold	DAHL,ERIK A	View	Print
Edit	06-05-2003	M FP GOLD TEAM CLINIC	6mon.well baby	CLARK,GARY W	View	Print
Edit	06-05-2003	OH SURGERY CLINIC	Acute ganglionic self-excision	WILLIAMS,WILFRED L	View	Print
Edit	06-04-2003	TFL	2844 -- Test	LEMME,DAVID R	View	Print
Edit	06-03-2003	HEMATOLOGY CLN	Procedure: BONE MARROW ASPIRATE AND BIOPSY	DREHER,PATTY C	View	Print
Edit	06-02-2003	B COMPUTED TOMOGRAPHY	A WHOLE BUNCH	WANCE,TIM E	View	Print
Edit	05-29-2003	M FP GOLD TEAM CLINIC	COLORECTAL SCREENING	LEMME,DAVID R	View	Print
Edit	05-29-2003	GEN SURGERY	OPERATION	LEMME,DAVID R	View	Print
Edit	05-23-2003	TFL	(Psych) Extreme pain	MARINKOVICH,GREGORY A	View	Print
Edit	05-22-2003	M IMC RAINIER TEAM	F/U IRAQ	WHEELER,GARY A	View	Print
Edit	05-21-2003	B MOBILE MRI	SADFLJ	ACEVEDO,JAVIER D	View	Print
Edit	05-20-2003	TFL	(Psych) Problem 1	MARINKOVICH,GREGORY A	View	Print
Edit	05-29-2003	OH SURGERY CLINIC	sick	LEMME,DAVID R	View	Print
Edit	05-20-2003	DERMATOLOGY CLN	sick	WANCE,TIM E	View	Print
Edit	05-16-2003	M DIABETES CLINIC	SICK	MARINKOVICH,GREGORY A	View	Print

IMAP Unsigned Note Main Screen Menu Options

1. **Assigned Provider** – Each note will list the provider assigned to approve the note. *Clicking on the provider name will open a new window allowing a search for the provider who will sign the note instead of the original person.* Once the new provider is located in the lookup menu and the Update button is clicked the new provider name is added to the document and will display in this section of the note.
2. **Chief Complaint** – Clicking on this in the individual IMAP note opens a new window displaying the clinical note plus an “audit trail” showing all information regarding who created the note, any changes that were made to it, the date/time the changes were made and a complete text version of each version of the note. The text items will alternate between a white background and a light gray background with the most recent version at the top and the original note at the bottom of the screen with all versions of the note stamped by date/time and the author of who made the changes.
3. **Edit** – Clicking on the Edit button opens the IMAP note. It will allow any and all text changes, tracked by the audit tool available in the “Chief Complaint” item above plus the user can enter additional vital signs on page one of the IMAP Note. Text entry and vital signs are explained in complete detail in the “Create New IMAP” section.

Latest version of the document on top, note the Author name and the date time stamp

Information on creation and last edit of the document.

Date Time Stamp

Previous version of the document

Chief Complaint Select – Displays “Audit” Trail

Uploaded IMAP PDF Notes (Drafts)

This menu contains a listing of unsigned IMAP notes that were imported to the system in the Adobe Acrobat® format. This is a new feature for ICDB/HEALTHeFORCES II that adds a new method of importing existing files from other systems created in this format to ICDB to present a single source of clinical information.

Please select the type of report you wish to view, or click [Create a New IMAP](#).

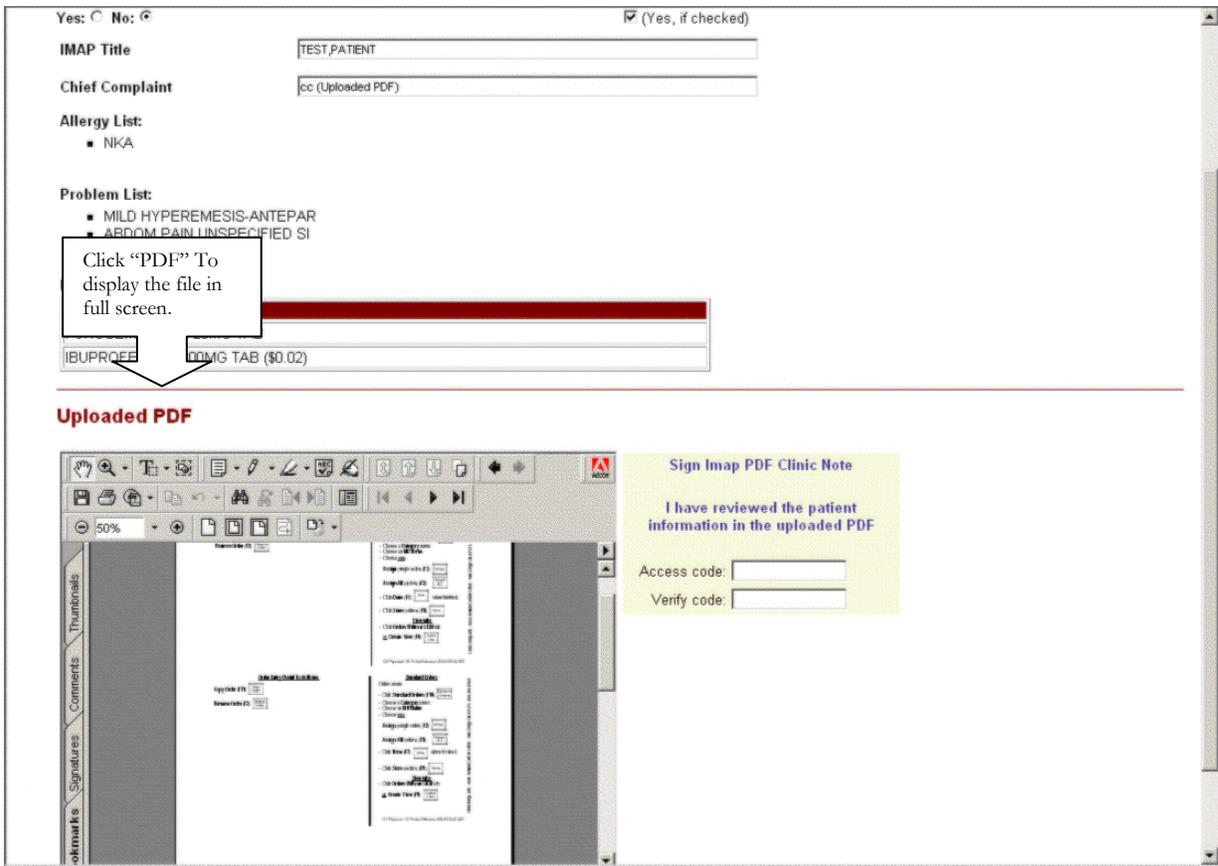
Upload IMAP (PDF) Create a New IMAP

Creation Date	Clinic	Chief Complaint	Provider	Sign
04-29-2004	OH FAMILY MEDICINE CLINIC	cc (Uploaded PDF)	WANCE,TIM E	Sign
04-29-2004	GI CLINIC	egd (Uploaded PDF)	HOWDEN,JAMES K	Sign

Click “Sign” to Finalize

Unsigned PDF IMAP Note Section

The Uploaded PDF IMAP notes are created by the Upload IMAP PDF function discussed later in this section. The user has the ability to display the creation date, chief complaint (with associated audit trail discussed above), assigned provider with the ability to reassign as with regular IMAP notes and a “Sign Function”. Selecting “Sign” will open and display the uploaded PDF file and allow the assigned provider to enter their username and password to sign the notes just as is done with an IMAP created in text format. To Sign an IMAP PDF, click “Sign” as shown in the above illustration, the IMAP note will open as shown here:



Unsigned PDF IMAP Display

The file will open with a window displaying the PDF. Signing the PDF IMAP is done exactly the same way a standard IMAP is signed, by entering your CHCS Access and Verify code. When this is done the PDF IMAP will transfer to the signed section. The displayed PDF is small, if reviewing the file is needed; click on "PDF" above the window as shown in the illustration above, the file will open in a new window full size.

Signed IMAP PDF's

When an IMAP PDF note has been signed it is available for view and printing in the Signed section as is shown. The option available to the user is View, which will open the file in a new window using Adobe Acrobat ®. Printing is accomplished by selecting print on the Adobe tool bar. Keep in mind that these IMAP PDF files WILL NOT print as part of the batch printing process so if copies of these files are needed for the patient record they must be printed locally and turned in for entry into the patient record.

Name/Address	FMP/SSN Cmd	Enrollment	Age/DOB/Sex	Phone Numbers	Other
SMITH, SNUFFY BOX 337 CAMANO ISLAND, WASHINGTON 98282	20/488-57-3108	Enrollment: PCM: Clinic:	Age: 7 DOB: 10 Nov 96 Sex: M	(h): 360-225-0000 (w): 253-967-3771	Rank: NE7

Cancel Next >

Initial Multiscreen Assessment Page - PDF Upload

Appointment: [04/29/2004 07:45:00 AM] BAARSTAD, ROGER A | M CHIROPRACTIC CLINIC | MADIGAN AMC, WA Signing Author Search

Note Signing Author: BAARSTAD, ROGER A

Clinic - Patient Was Seen: M CHIROPRACTIC CLINIC, MADIGAN AMC, WA

Deployment Related Issue: Yes: No: **New Patient:** (Yes, if checked)

IMAP Title: SMITH, SNUFFY

Chief Complaint: []

Allergy List:

- CALHIST CLEAR *OBSOLETE* (DIPHENHYDRAMINE/CAMPHOR/ZINC OXIDE)
- MOTRIN (IBUPROFEN)
- PENICILLINS
- POLYTINIC *OBSOLETE* (IRON/ASCORBIC ACID (VT C)/VITAMIN B12 W/INTRINSIC FACTOR/LIVER EXTRACT/STOMACH CONCENTRATE/THIAMINE (VITAMIN B-1))
- THIMEROSAL

Problem List:

- DERMATITIS DUE TO SUBSTANCES T
- OTHER ACQUIRED DEFORMITY
- ZYGOMATIC HYPERPLASIA

DD2766: Medications:

Drug
ACETAMINOPHEN 300MG/CODEINE 30MG TAB--PO
ACETAMINOPHEN--PO 325MG TAB
ACYCLOVIR 400MG CAPSULE--PO 400MG CAP

Upload PDF: [] Browse...

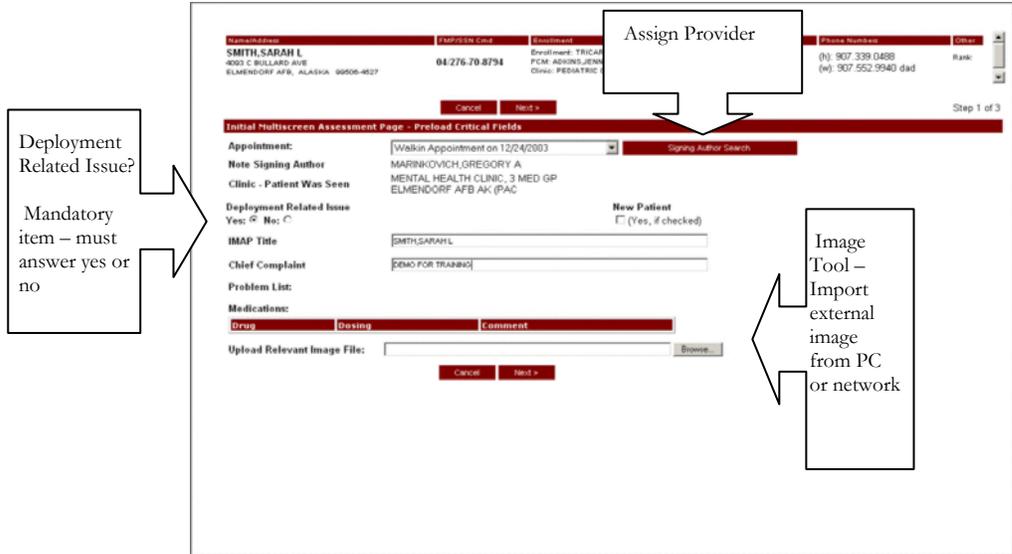
Cancel Next >

Upload PDF IMAP Page 1

When a file path is displayed, click on “Next”, this will transfer the uploaded IMAP PDF to the “Unsigned” PDF section. Follow the procedure outlined previously to complete and sign the note. All functions for entering appointment, deployment and complaint functions are discussed in greater detail in the next section “Create New IMAP” as these functions are identical for either type of clinical note.

Create New IMAP

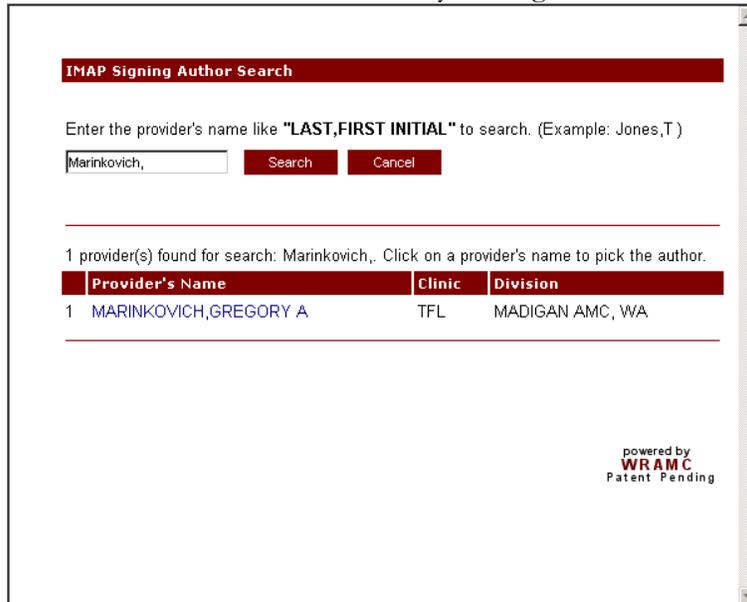
Click on the Create New IMAP Icon (see page 70 for location) and page one of three of the IMAP will be presented. This page will allow the entry of assigned provider, selection of deployment related issue flag, chief complaint and most important, the ability to upload an external image. Important note: Limit imported **Image files to a maximum size of 600x440** or the IMAP will not print properly.



IMAP Page 1

At this point an appointment must be selected. The appointment menu is a drop down with the choices of “Walk In” and/or all of the scheduled appointments a patient currently has on file in CHCS. Selecting a scheduled appointment will automatically fill the provider and the clinic block. Selecting “Walk in” will open up an additional menu to search for a provider.

Provider search is completed by entering the provider’s last name and at a minimum, a comma after it. First names can be entered as well. By clicking on “Search” the provider will appear in the list below as

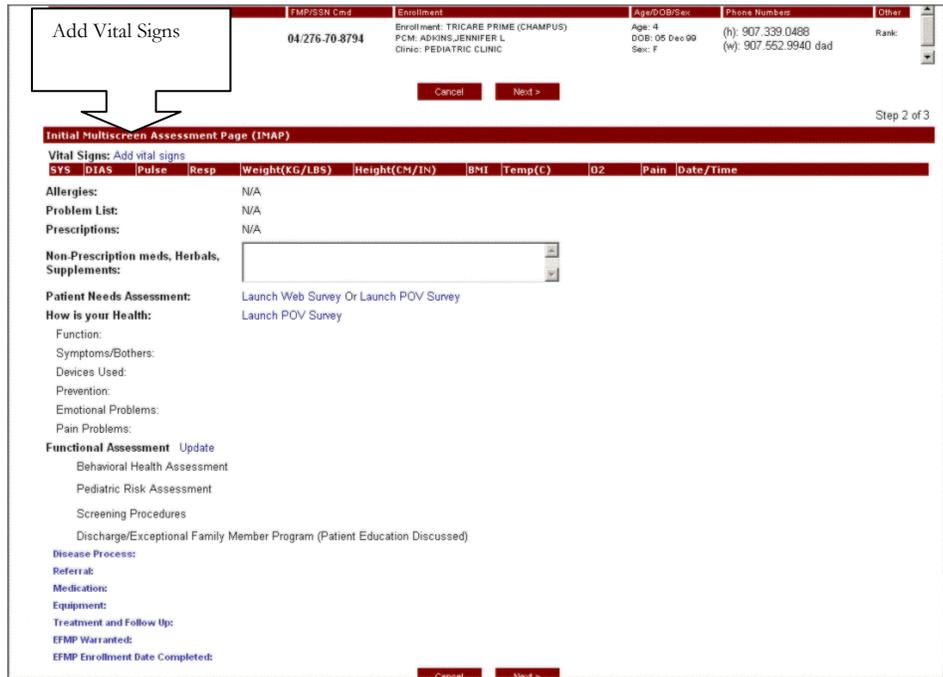


shown in this illustration. Click on the provider name that appears to enter it in the IMAP Note. If the provider name appears more than once, click on the provider name that lists the clinic they are in to populate the clinic data as well.

If the provider does not appear with the clinic name, select any from the list (there are cases where the provider has appeared in a search as many as 15 times or more). When the name appears on the clinic note, select “Change Clinic” on the IMAP Note. The correct hospital and clinic can be selected.

The only remaining selections are for the “Deployment Related” button, yes or no. It is a mandatory item. Also enter Problem this visit, also a mandatory entry.

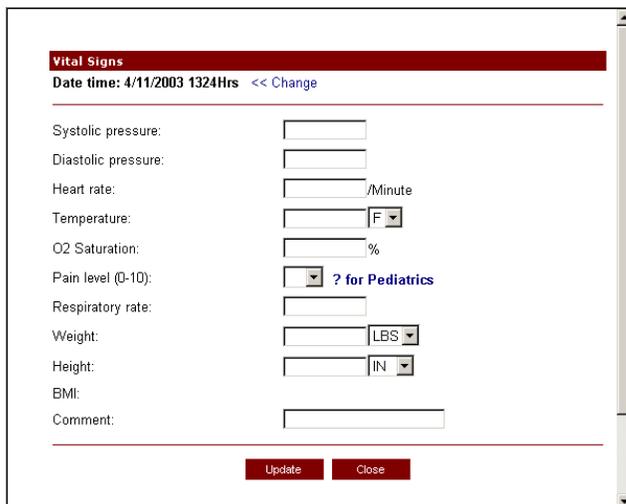
IMAP Page two allows for the adding of vital signs, entering of non prescription drugs and completion of patient needs assessment.



IMAP Page 2

Adding Vital Signs

When “Add Vital signs” is clicked the following menu is displayed. All vital signs can be entered in this menu. It is not required to add all, just the ones that are appropriate. The sole exception to this is both Diastolic and Systolic values must be included for a Blood Pressure. This can be accomplished if the vital signs were not entered directly via the Vital signs feature in the left tool bar on the patient summary screen. The results will post to the clinical note at the top of page one. Each set will display with a date/time stamp showing when the values were entered. Additional items are:



1. Temperature can be entered in Fahrenheit or Celsius.
2. Weight can be entered in pounds or Kilos
3. Height can be entered in Inches or Centimeters.
4. When weight and height are entered the patient’s BMI will be automatically calculated

The pain scale selection has two special features, one for Pediatric patients and one for pain levels indicated as four or higher on a zero to ten reference scale. The Wong-Baker pediatric pain chart is available by clicking on the “? For Pediatrics” blue button. It displays the screen and allows the child to select the face that best describes the level of pain they feel. It is an interactive display, clicking on the appropriate face with the mouse will automatically enter the value in the pain selection. (Even numbers only)

The pain scale is also set to open a series of pain questions if the value is four or greater. It allows the check off of pain site, characteristics and intervention methods used to address it. This information will post to the vital signs section of the clinical note.

The pain questionnaire, which includes the type and location of the pain, simply click on the desired box or boxes as more than one type and location can be listed.

Method or methods of pain intervention is also selectable. This information will post to the clinic note.

Enter Vital Signs – Enhanced Pediatric Menu and Pain Questionnaire

At the bottom of the screen (see above) is the “Update button. This will post the vital signs to the clinical note.

Name/Address	FMP/SSN Cmd	Enrollment	Age/DOB/Sex	Phone Number	Other
SMITH,SARAH L 4093 C BULLARD AVE ELMENDORF AFB, ALASKA 99506-4627	04/276-70-8794	Enrollment: TRICARE PRIME (CHAMPUS) PCM: ADKINS,JENNIFER L Clinic: PEDIATRIC CLINIC	Age: 4 DOB: 05 Dec 99 Sex: F	(h): 907.339.0488 (w): 907.552.9940 dad	Rank:

Initial Multiscreen Assessment Page (IMAP)

Vital Signs: Add vital signs

SYS	DIAS	Pulse	Resp	Weight(KG/LBS)	Height(CM/IN)	BMI	Temp(C)	O2	Pain	Date/Ti
120	80	55	24	85.276 / 188	177.8 / 70	27	37.222	99	5	

Pain Characteristic: Stabbing
Pain Site: Cranial
Pain Intervention: Motrin

Allergies: N/A
Problem List: N/A
Prescriptions: N/A

Non-Prescription meds, Herbals, Supplements:

Patient Needs Assessment: [Launch Web Survey Or Launch POV Survey](#)
How is your Health: [Launch POV Survey](#)

Function:
Symptoms/Bothers:
Devices Used:
Prevention:
Emotional Problems:
Pain Problems:

Functional Assessment [Update](#)

- Behavioral Health Assessment
- Pediatric Risk Assessment
- Screening Procedures
- Discharge/Exceptional Family Member Program (Patient Education Discussed)

Disease Process:
Referral:

Latest set of vital signs including answers to the questions about pain since a value of 4 or greater was chosen.

IMAP Page 2 – Vitals and Pain Information Posted to Note

The rest of IMAP Page one allows the notation of Non-prescription drugs/herbals being taken and a detailed patient needs assessment, if one has ever been completed. The rest of page one (below) shows the balance of the needs assessment and the cancel and next Icons, next will take the user to the second page of the IMAP note where text entries are made.

TRICARE Northwest
ICDB Nursing Portal

User: Wance, Tim E
Date: 6/5/2003

Name/Address	FMP/SSN	Enrollment	Age/DOB/Sex	Phone Number	Other
SMITH,SHUFFBOX 1403 Monroe Landing TACOMA, WASHINGTON 98403	04/013 00 0101	Enrollment: PCM: Clinic:	Age: 40 DOB: 13 Dec 62 Sex: M	(h): 360 675 1111 (w): 2057	Rank:

Herbals, Supplements:

Patient Needs Assessment: Patient Needs Survey reviewed on 5/19/2003 8:36:59 AM by LEMME,DAVID R [Update](#)

What is your primary language? **Arabic**

How do you learn best? **1:1 Instruction,Group Instruction,Reading**

What are your barriers to learning? **Hearing,Cultural**

Do you have any medical problems that make it difficult for you to understand medical information or instructions? **Yes**

Do you have any religious customs, beliefs, or rituals that may affect your medical care? **Yes**

Do you have a history of tobacco use? **Yes**

Have you quit smoking and remained abstinent for at least 6 months? **Yes**

Are you ready to stop tobacco use in the next 31 days? **Yes**

Do you want tobacco cessation literature? **Yes**

Do you use alcohol products (i.e. beer, wine or liquor)? **Yes**

Ever had an eye-opener to steady your nerves in the morning? **Yes**

Do you have a diagnosis that requires medical nutrition therapy (i.e. diabetes, high cholesterol, high blood pressure)? **Yes**

Do you have difficulty chewing or swallowing foods or liquids? **Yes**

Would you like to discuss nutritional issues with a dietician? **Yes**

Do you engage in regular exercise for 28 minutes, 3 times per week? **Yes**

Which of the following types of exercise do you engage in? **Aerobic**

How is your Health: How is your Health Survey taken on 1/1/900 2:07:00 PM from POV unit

Function:
Symptoms/Bothers:
Devices Used:
Prevention:
Emotional Problems:
Pain Problems:

IMAP Page 3

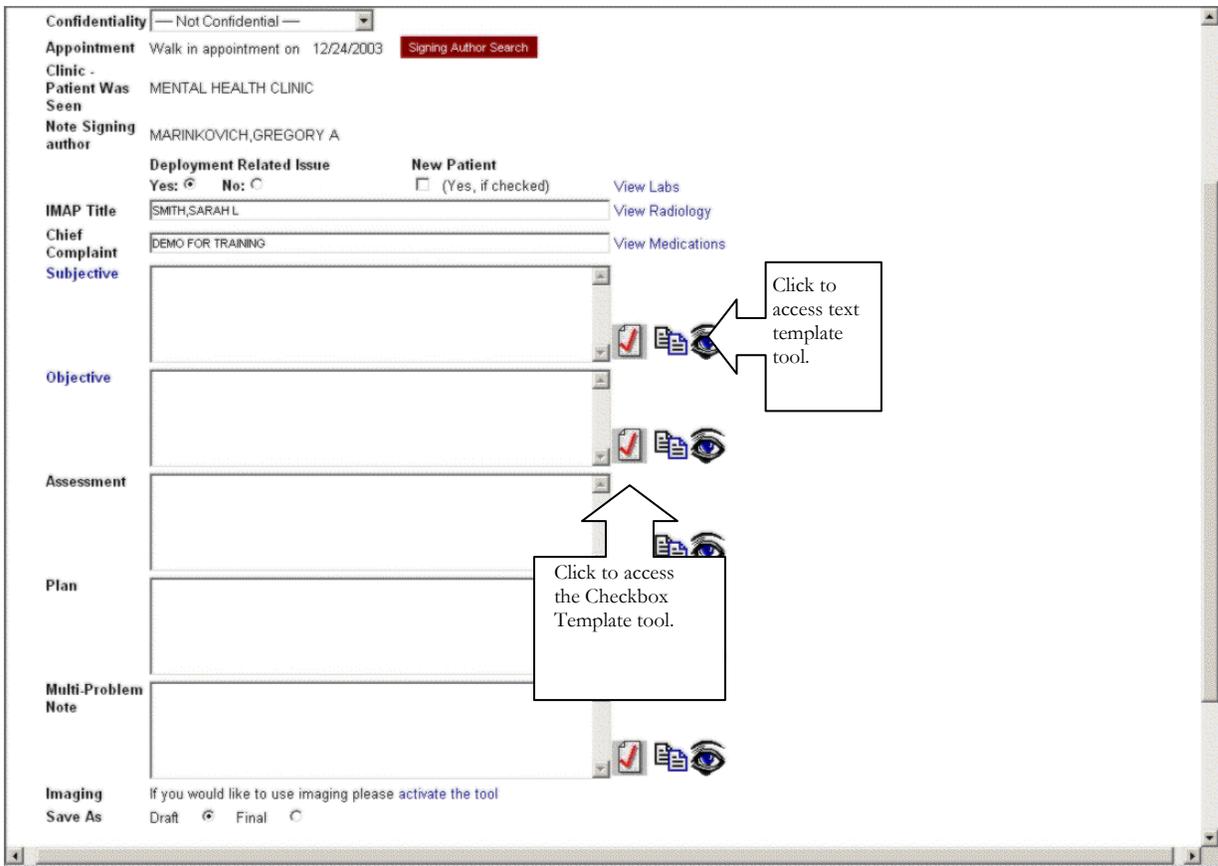
First Item on page three is the “Confidentiality of the clinical note. For most the selection will be “Not Confidential” and no other option will be available. This menu is for the benefit of mental health professionals who need to add additional security to their clinical notes. Only mental health professionals with additional clearance will be able to select a special classification, view or edit the documents that are classified above “Not Confidential”. A user can set the higher classification (if they are authorized) but after it is saved it will no longer be accessible by anyone other than those who have the higher access.

The screenshot displays the IMAP Page 3 interface. At the top, there is a 'Confidentiality' dropdown menu set to 'Not Confidential'. Below this, the 'Appointment' section shows 'Walk in appointment on 12/24/2003' and a 'Signing Author Search' button. The 'Clinic - Patient Was Seen' is 'MENTAL HEALTH CLINIC' and the 'Note Signing author' is 'MARINKOVICH, GREGORY A'. There are radio buttons for 'Deployment Related Issue' (Yes/No) and 'New Patient' (Yes, if checked). Links for 'View Labs', 'View Radiology', and 'View Medications' are present. The 'IMAP Title' is 'SMITH, SARAH L' and the 'Chief Complaint' is 'DEMO FOR TRAINING'. The main body of the form consists of five text entry sections: 'Subjective', 'Objective', 'Assessment', 'Plan', and 'Multi-Problem Note'. Each section has a dropdown arrow on the right and icons for a checkmark, document, and eye. At the bottom, there is an 'Imaging' section with a note to activate the tool and a 'Save As' section with 'Draft' and 'Final' radio buttons.

IMAP Page 3 – Confidentiality Selection for Special Case Clinical Notes

Text Entry – “SOAP” Note Section

There are five different sections to the clinical note that support text. They are the Subjective, Objective, Assessment, Plan and Multi-problem note sections. Each section is a “free form” text box that allows text entries. Each section also has two template selection/creation tools associated with it.

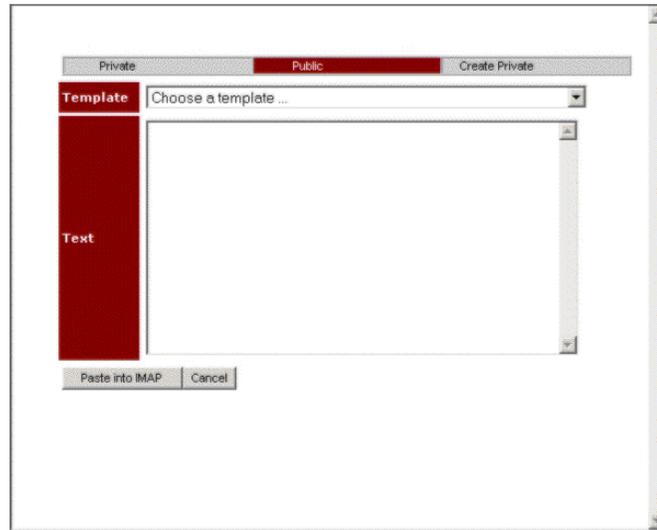


SOAP Note and Checkbox/Text Template Tool Access

If simple text is desired the user simply enters text in the appropriate sections. There is no restriction as to content of the S.O.A.P. note; it varies for every provider and nurse depending on the situation. If they wish to use a created template, they select the template tool by clicking on the “papers” symbol beside each of the text boxes. The template tool will open and selection is explained in the next paragraph.

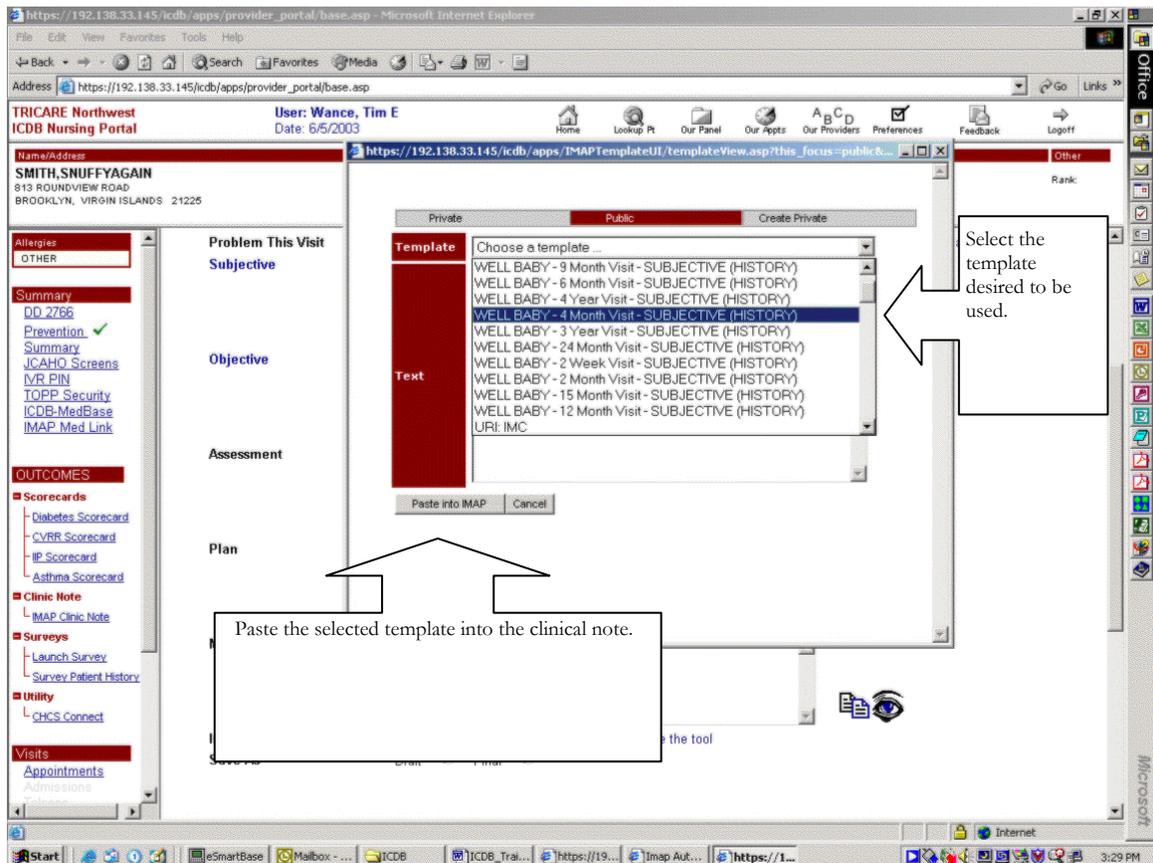
Text Template Tool Use

With the template too open there are two choices for opening and using templates, public templates and private templates. Public templates are available to all ICDB users and usually are present to document repeated procedures in a specific clinic and sometimes throughout the hospital. For example, the “Well Baby” templates are used by three different clinics; the Pediatric, Well Baby and Family Practice clinic all use the same template, standardizing documentation throughout the hospital. The template tool is used



Template Tool/Select Template

By choosing a template is done by clicking on the down arrow to display all available templates for this section of the clinical note. There is one for each section so the list of templates will change as you go from one section to the next.



Text Template Tool – Selection Options and Functions

To create templates, go to the ICDB log in page under Training and tutorials. There is an on line complete tutorial on how to create and save templates plus procedures to migrate them to the public domain if needed.

Checkbox Template Tool

The Checkbox template allows the use of Yes/No, Multiple (all that apply) Choice and Either/or (list where only one item applies) plus free form text for long entries, short answer text boxes and date functions. While construction of this type of template is slightly more complicated the benefit is ease of use by clinical personnel, allowing more time for the provider to spend with the patient. Method for selection and use is shown in the following images and paragraphs.



Checkbox Template Tool – Select Template

Selection of a template for use in the clinical note is exactly the same as it is for the text template tool. Simply select public or private for the type of template you need, open the drop box and select the template by name. Implementation and use is slightly different and is done as follows:

When you have selected a template, the first view will be of the entire template. This is to allow the user to verify it is in fact the template desired. **Do not attempt to fill in the template at this point.** If it is in fact the template desired click on the button marked with the template title beside the word **Implement**. This will allow the user to start answering questions and creating text for the IMAP note. See the figure on the next page:

The screenshot shows a web-based interface for selecting a template. At the top, there are two tabs: "Private" and "Public", with "Public" being the active tab. Below the tabs, there are three main sections: "Template", "Implement", and "Template View". The "Template" section has a dropdown menu labeled "Choose a Template ...". The "Implement" section has a button labeled "PED - WELL BABY - 2 WEEKS". The "Template View" section displays the details of the selected template, including a "Standard" section with a "Hearing Screen Pass?" question and radio buttons for "Yes" and "No", and several input fields for "Weight (pounds)", "Weight (Ounces)", "Weight (kg)", "Weight (%)", "Height (inches)", "Height (cm)", "Height (%)", and "Head Circumference (in)". A callout box with an arrow pointing to the "Implement" button contains the text: "Click here to start using this template after verifying it is the correct template for your situation."

Checkbox Template Implementation

At this point the template type and any specific instructions are presented. If you desire to proceed, click on "Proceed". This will take the user to the questions in the template tool, which are presented one at a time. Examples of the types of questions are presented in the following figures. It does not represent all possible types of questions.

The screenshot shows a window titled "Well Baby - 2 Weeks". Below the title, there is a subtitle: "Standard Template for a 2 week old baby checkup". At the bottom of the window, there is a button labeled "Proceed".

Checkbox Template – Start



Well Baby - 2 Weeks

Well Baby - 2 Weeks

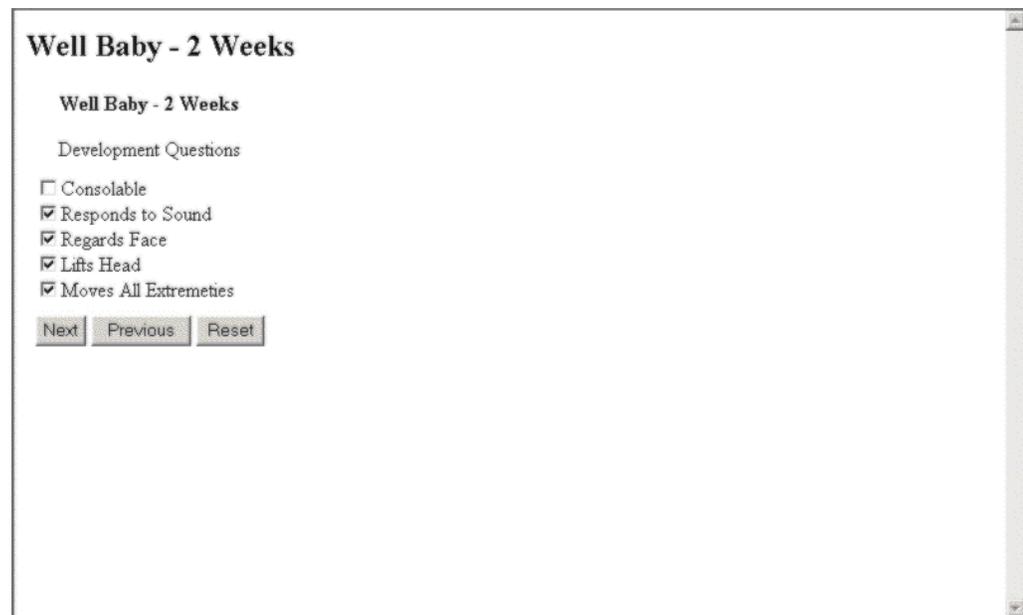
Did patient pass Hearing Screening?

Yes
 No

Next Reset

Checkbox Template – Yes/No Question

Above represents a simple yes no question for the checkbox tool, to use click on yes or no and click on “Next”. Very important – All questions must be answered as you go through the checkbox template tool.



Well Baby - 2 Weeks

Well Baby - 2 Weeks

Development Questions

Consolable
 Responds to Sound
 Regards Face
 Lifts Head
 Moves All Extremities

Next Previous Reset

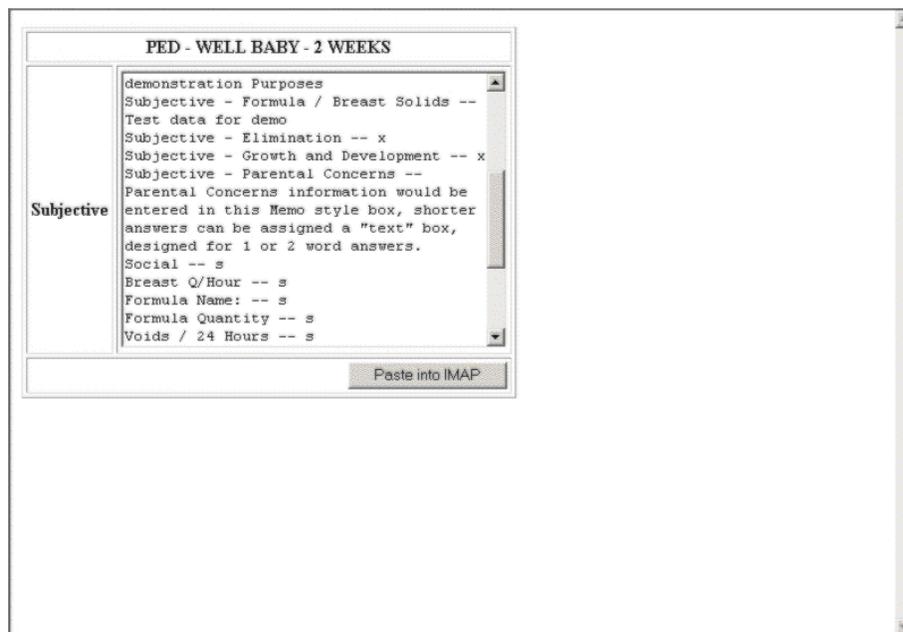
Checkbox Template – Multiple Answers May Apply

Above represents a multiple answer question, check all that may apply. As was stated before, at least one answer must be given so if the possibility of none of the answers applying, an N/A or none of the above choice should be available. This is covered in more detail in the online training for the template tool.



Checkbox Template – Memo (Extended Text) Box

When all questions are answered and blocks are filled in the final menu in the checkbox template will appear, just as in the text template tool it will read “Paste to IMAP”. A “countdown” display will appear, at zero it will transfer to the clinical note. As before, it is possible to edit the note after the information is pasted to the IMAP so if incorrect or incomplete responses were made they can now be corrected. Just as is the case with the text tool, there are five checkbox template tools, one for each of the clinical note sections.



Information Entry Completed – Paste to IMAP

The screenshot shows the TRICARE Northwest ICDB Nursing Portal interface. At the top, it displays the user name 'User: Wance, Tim E' and the date 'Date: 6/27/2003'. The patient information section includes the name 'TEST, PATIENT', address '123 SCHOOLHOUSE LANE OLYMPIA, WASHINGTON 98516', FMP/SSN '20/800.91.0416', enrollment details, age '50', sex 'M', and phone numbers. A sidebar on the left lists various categories like Allergies, Summary, and Outcomes. The main content area displays a clinical note with a 'checkbox template' for date entry, including fields for weight, height, head circumference, and various medical observations.

Checkbox Template – Date Entered (Pasted) In the Clinical Note

Imaging Tool

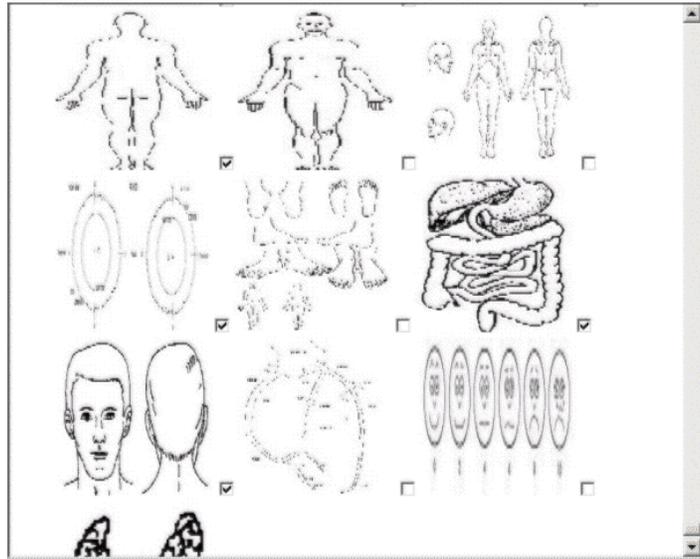
The imaging tool is also available to users to import images to document patient conditions. Choices are to open the Image Gallery, a collection of general anatomy drawings, “My Image Library”, selected images from the Gallery or to upload an image, allows .GIF and .JPEG images to be imported from the PC or the network. Opening the image tool is done by clicking on the “activate the tool” text at the bottom of page 3 of the IMAP note. This is indicated on the image of the IMAP note on the previous page. **Do not use Upload image in this menu if you are using Windows XP, the feature will not function Use the upload image function on IMAP Page 1.**

The screenshot shows a dialog box titled 'Please select' with four options: 'Blank Image', 'Choose from Image Gallery', 'Choose from my Library', and 'Upload Image'. At the bottom right, it says 'powered by W R A M C Patent Pending'.

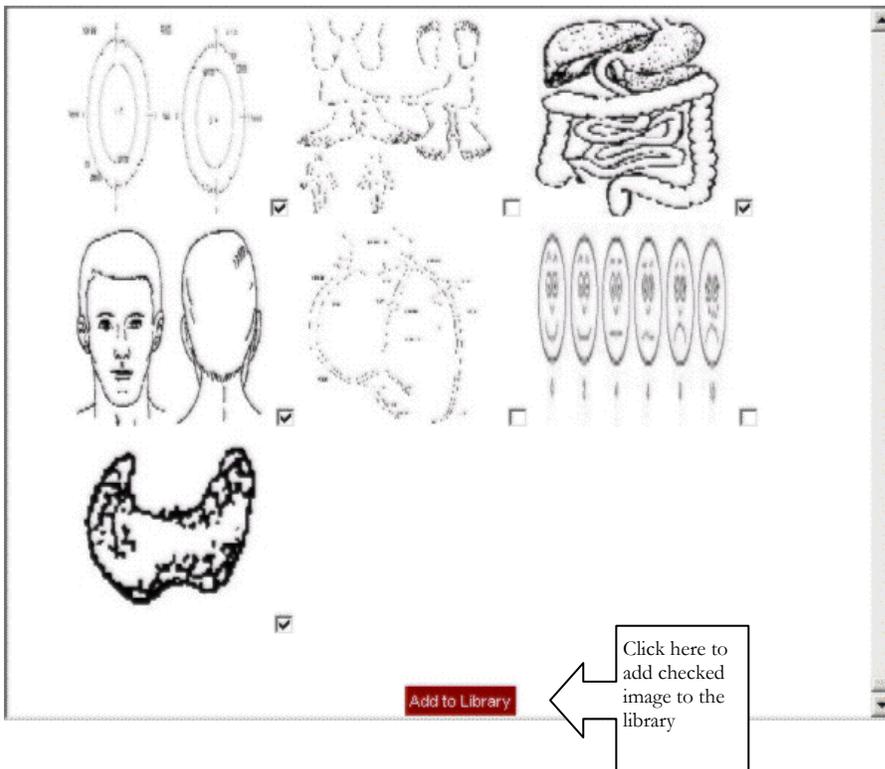
Image Tool – Main Page

To open the Image Gallery, click on “Choose from Image Gallery”. This will take quite a long time to open, as there are many images stored in the gallery. Once it is open there are small check boxes to the lower right side of each image. Clicking on a box selects an image, the first step to importing images to “My Library”, the next option on the Image tool Main Menu.

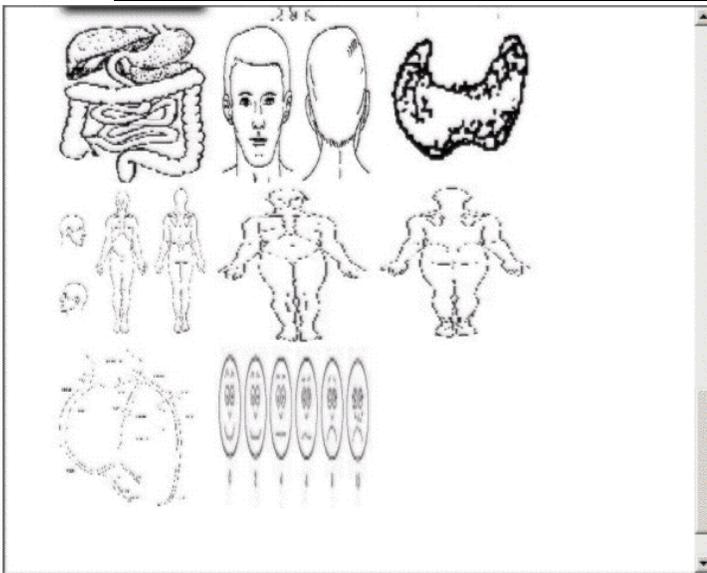
Most users will only use some of the images of the ones available; importing the selected image(s) to a personal library greatly increases the speed that image files and the image tool will operate. This illustration shows a series of images “checked” to allow importation to the personal library. This button is located at the bottom of this image gallery page.



The “add to library” button at the bottom of this image is clicked to add the images to the personal library.



The selected images from the previous menu are now available to the user in the “Choose from My Library” section of the image tool. This will greatly improve speed.



To add any image from this menu or from the main gallery, **CLICK ON THE IMAGE ITSELF**, this will open the image tool with the image selected.

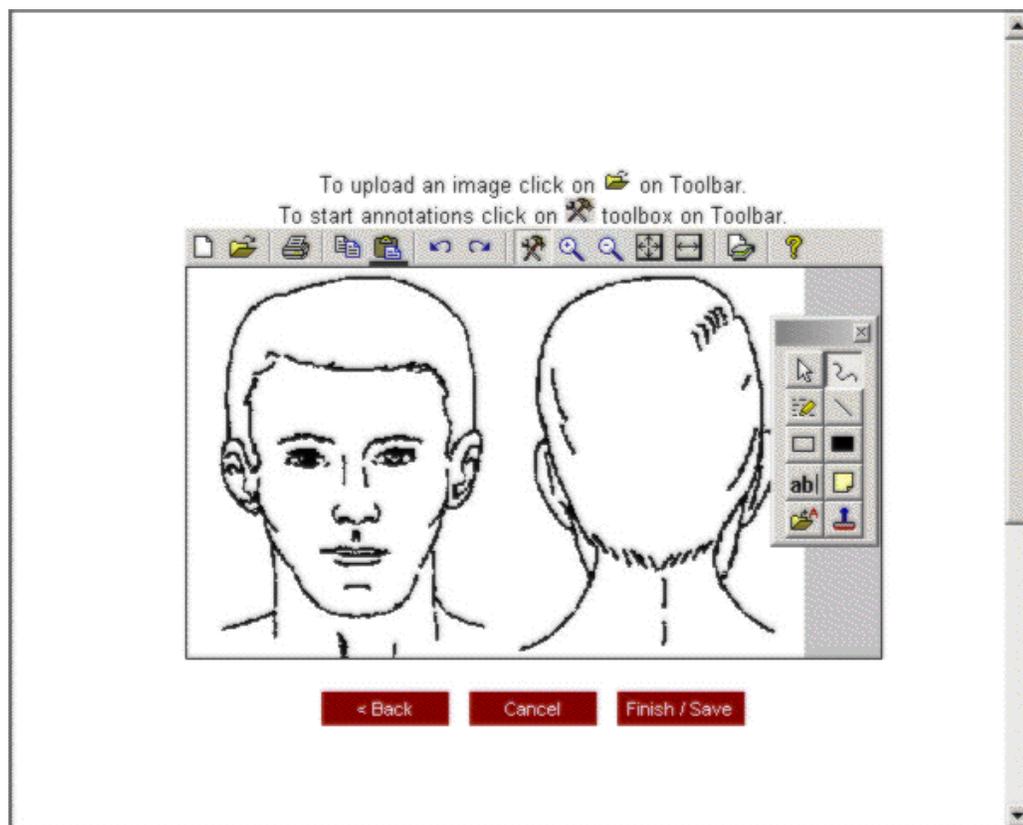
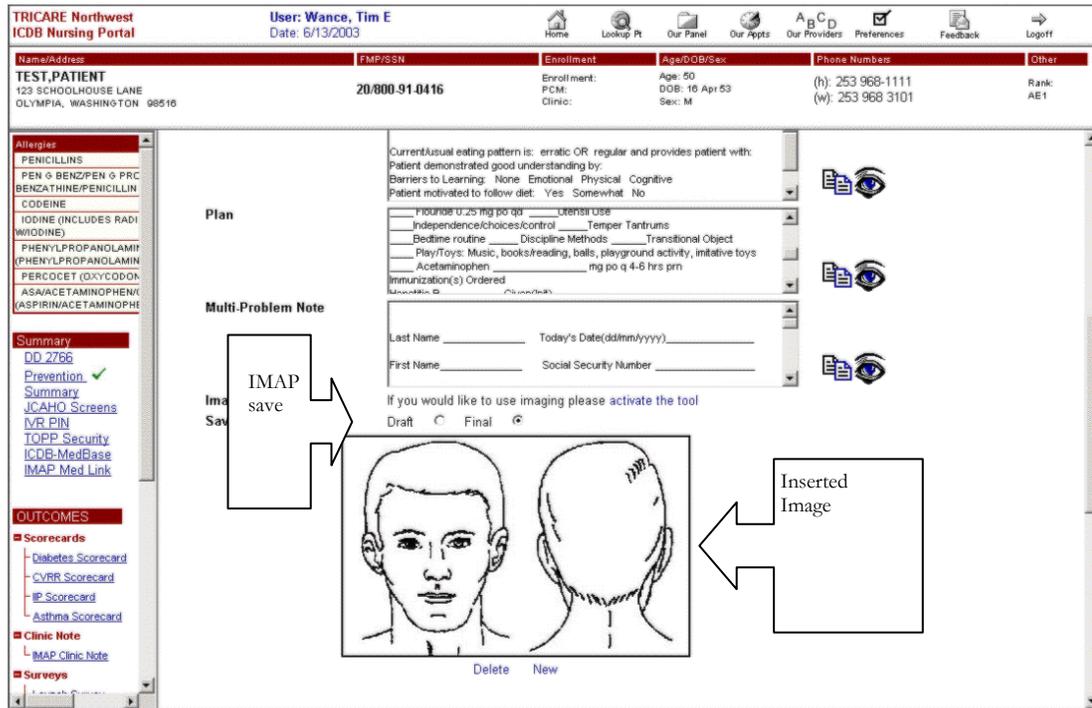


Image Tool – Display/Edit Image

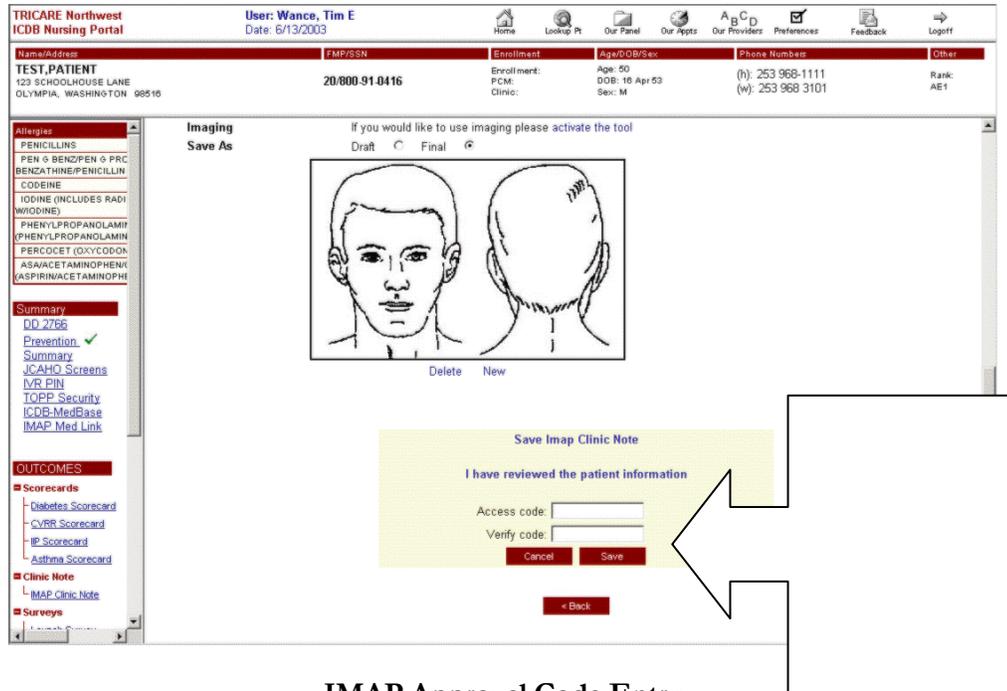
This is the Image tool, with the tool bar text, drawings, shaded areas or highlights can be added. The toolbar to draw is selected by clicking on the icon as indicated by the instructions at the top of the tool. When any drawing has been completed, click Finish/Save and it will paste to the IMAP note.

The next page shows the clinical note with the above image inserted. This image file will remain as long as the note is saved either as a draft or final IMAP.



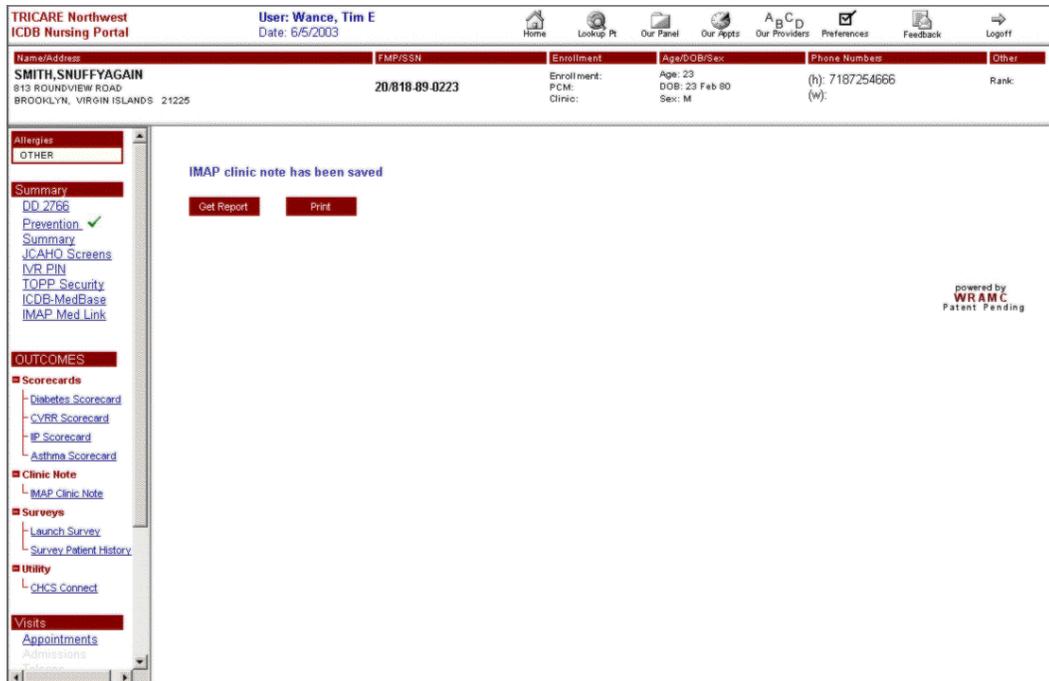
IMAP Note – Image Inserted

When the clinical note is completed, save choices are made. If it is saved as a “draft” it will store in the unsigned “Draft” IMAP section, if saved as a Final IMAP it will store in the Signed section. To save a draft note, select draft (the default) and click the save button at the bottom of the screen above. No other action is required. If it is desired to save as a “Final” an additional block will appear as shown:



IMAP Approval Code Entry

This completes the IMAP note; print can now be selected by clicking on the print button that will appear after Save is clicked. Clicking on “Get Report will open a new window and display the SF 600 with all the information displayed as shown below:



Saved IMAP Note – Print Option

Print... Page Setup... Zoom In 100% Zoom Out Close

**Personal Data - Privacy Act of 1974 (PL 93-579) Automated Version of SF600
Patient Needs & Health Assessment**

Appointment Date: 4/2/2003 12:30:00 PM **Clinic:** OCCUPATIONAL THERAPY CLINIC
Signing Provider: HOWARD,WILLIAM J III **Division:** MADIGANAMC, WA

New Patient: Yes
Sensitive: No
Vital Signs:

SYS	DIAS	Pulse	Resp	Weight(LB)	Height(IN)	BMI	Temp(C)	O2	Pain	Date/Time
120	80	62	15	195	70	26.5	37.222	98	3	4/11/2003 1:27:50 PM

Patient Needs Assessment: Patient Needs Survey reviewed on 3/28/2003 1:26:02 PM by MARINKOVICH,GREGORY A
 What is your primary language? -- German
 How do you learn best? -- 1:1 Instruction,Group Instruction,Reading
 What are your barriers to learning? -- Hearing,Cultural
 Do you have any medical problems that make it difficult for you to understand medical information or instructions? -- Yes
 Do you have any religious customs, beliefs, or rituals that may affect your medical care? -- Yes
 Do you use alcohol products (i.e. beer, wine or liquor)? -- Yes
 Ever had an Eye-opener to steady your nerves in the morning? -- Yes
 Are you taking any dietary supplements, herbal medications or vitamins? -- Yes
 Do you have a diagnosis that requires medical nutrition therapy (i.e. diabetes, high cholesterol, high blood pressure)? -- Yes
 Do you have difficulty chewing or swallowing foods or liquids? -- Yes
 Would you like to discuss nutritional issues with a dietician? -- Yes
 Do you engage in regular exercise for 20 minutes, 3 times per week? -- Yes

How's Your Health: How's Your Health Survey taken on 1/11/2000 12:55:00 PM from POV unit.

FUNCTION:
SYMPTOMS/BOthers:
DEVICES USED:
PREVENTION:
EMOTIONAL PROBLEMS: Not at all
PAIN PROBLEMS: No pain

Title: SMITH,SNUFFBOX
Problem This Visit: Pain in Hand
Problem List: DIARRHEA,CVA,UNILAT INGUINAL HERNIA,DVRTCULITIS OF COLON,WO HMRG,SYMPTOMS INVOLVING DIGESTIVE S
Allergies: PENICILLIN G POTASSIUM,SUCCINYLCHOLINE CHLORIDE,SULFA-DRUGS
Prescription:
Non Prescription
Meds/Herbals/Supplements: Chondroitin sulfate/glucosamine bid VIT E 1000 IU/day

Subjective: S: PNT IS 9 1/2 WEEKS S/P INJURY. SEEN TODAY FOR CONTINUED OT INTERVENTION W/ NURSE CASE MANAGER PRESENT. PNT ATTENDED ORTHO APPT THIS AM - REPORTS PHYSICIAN DENIED NEED FOR A NERVE STUDY. DISCUSSED MINI VIBRATOR THAT PNT PLANS TO OBTAIN (DLY).

1. Physical Appearance: SMALL AREA @ APEX OF PALM CONTINUES TO HEAL.

IMAP Clinic Note – Printable SF 600

Printing functionality is still available if desired the print button is in the upper left corner of the pop up SF 600 menu. Click “Close” in the upper right corner to close this menu.

This is a standard SF 600, all patients and provider data is included. It is easy to identify an approved note from a draft as well, even in print form. All draft notes will have the word “DRAFT” across each page in large block letters behind the main print menus as shown in the above illustration.

IMAP Note Signature Requirements

Co-signatures by staff: There are three acceptable methods:

- 1) If appointed to staff, the resident documents in IMAP under the staff appointment, saves as a draft, staff edits and saves.
- 2) If appointed to the resident, there are two options:
 - a. Resident documents, saves, staff adds comments
 - b. Resident documents, saves as draft, reassigns note to staff, staff edits and saves
- 3) Which of the two above is at the discretion of the staff attending
- 4) Of special note, the electronic signature on IMAP clinical notes is as equally valid as a traditional signature on the document. Either is acceptable.

Chapter 6

HEALTHeNOTES

HEALTHeNOTES are a new feature added to this version of ICDB/HeF. This is an alternate way of documenting a patient encounter with embedded templates for specific purposes. The following will show the functions/capabilities of the HEALTHeNOTE and demonstrate how to use them.

Access to this function is achieved by clicking on the HEALTHeNOTES in the left tool bar. The patient must have a scheduled appointment to use this feature. When this step is completed, the following menu will appear.

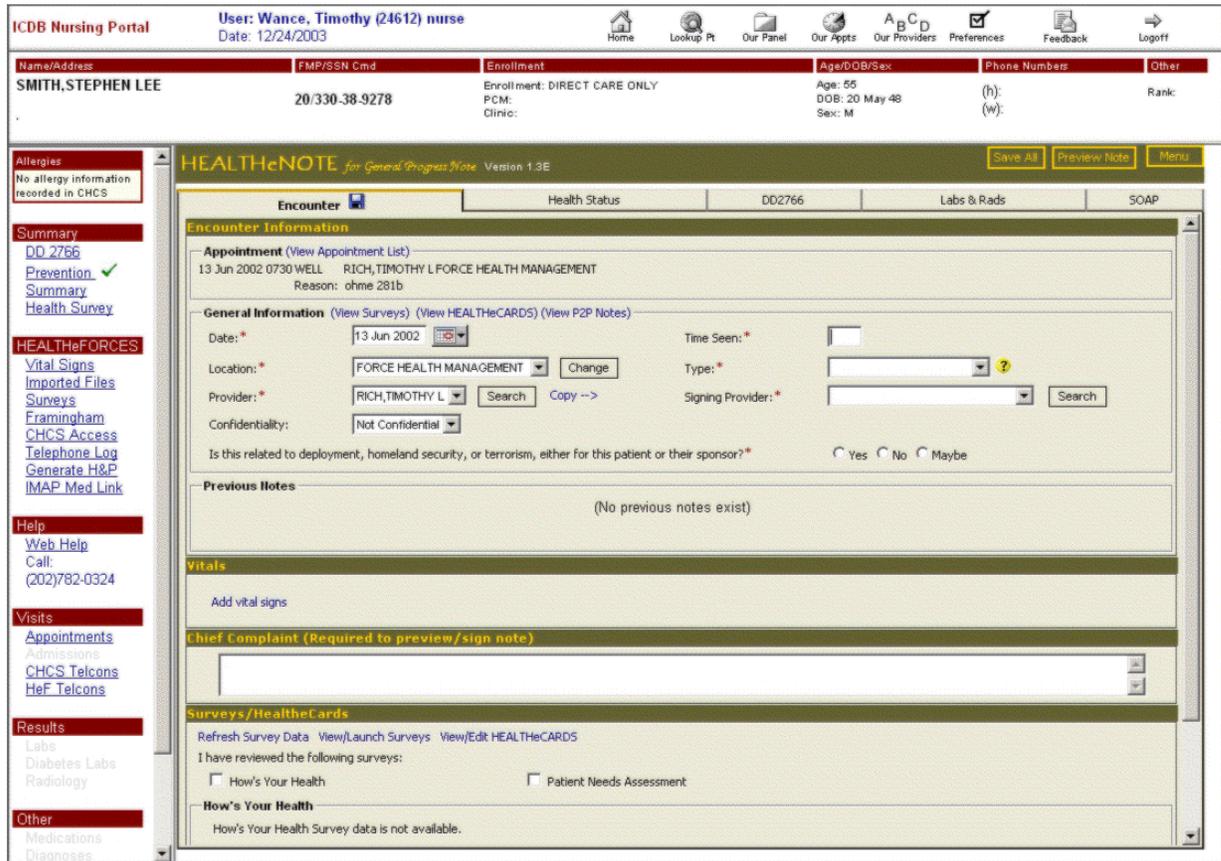
The screenshot displays the ICDB Nursing Portal interface. At the top, it shows the user 'Wance, Timothy (24612) nurse' and the date '12/24/2003'. A navigation bar contains icons for Home, Lookup Pt, Our Panel, Our Appts, Our Providers, Preferences, Feedback, and Logoff. Below this is a patient information table:

Name/Address	FMP/SSN Cmid	Enrollment	Age/DOB/Sex	Phone Numbers	Other
SMITH,STEPHEN LEE	20/330-38-9278	Enrollment: DIRECT CARE ONLY PCM: Clinic:	Age: 55 DOB: 20 May 48 Sex: M	(h): (w):	Rank:

The main content area is titled 'HEALTHeNOTE Version 1.3E'. It prompts the user to 'Please select a HEALTHeNOTE form:' and lists several options: 'SF600 / Semi-templated', 'CPDR Urology Note', 'Neurosurgery Spine', 'Peds Cardiology', and 'Optometry'. A note states: 'Previous IMAP users should select the SF600/Semi-templated button.' The left sidebar contains various menu items such as Allergies, Summary, HEALTHeFORCES, Help, Visits, Results, and Other.

HeF Clinic Note – Start Screen

The first template used in the HeF note is the standard SF 600. While it will look different on the screen, the final output is very similar to the IMAP note that is in standard use in Madigan Army Medical Center. When the SF 600 is selected, the following screen will appear:



HeF Clinic Note – SF 600 – Encounter Tab

Page one, identified by the tab marked “Encounter”, lists date, location provider and confidentiality of the clinical note, just as is in IMAP. There are also places to select/add vital signs, chief complaints and review of surveys. Follow the instructions/prompts on the screen to complete, and then select “Health Status as shown in the next figure.

The screenshot displays the ICDB Nursing Portal interface. At the top, it shows the user 'Wance, Timothy (24612) nurse' and the date '12/24/2003'. A navigation bar includes icons for Home, Lookup Pt, Our Panel, Our Appts, Our Providers, Preferences, Feedback, and Logoff. Below this is a patient information header for SMITH, STEPHEN LEE, with fields for Name/Address, FMP/SSN Cmd (20/330-38-9278), Enrollment (DIRECT CARE ONLY), Age/DOB/Sex (55, 20 May 48, M), Phone Numbers, and Other. A left sidebar contains various menu items: Allergies, Summary (DD 2766, Prevention, Summary, Health Survey), HEALTHeFORCES (Vital Signs, Imported Files, Surveys, Framingham, CHCS Access, Telephone Log, Generate H&P, IMAP Med Link), Help (Web Help, Call, (202)782-0324), Visits (Appointments, Admissions, CHCS Telcons, HeF Telcons), Results (Labs, Diabetes Labs, Radiology), and Other (Medications, Diagnoses). The main content area is titled 'HEALTHeNOTE for General Progress Note Version 1.3E' and shows the 'Health Status' tab selected. The 'General and Reproductive Health Status' section includes a 'Reviewed w/Patient' status and a list of items with checkboxes: Sexual Activity, Alcohol Use, Tobacco Use, Caffeine Use, and Street Drug Use, all with the note 'No previous data to retrieve.' Below this is the 'Medications and Supplements' section with radio buttons for 'Yes' and 'No' for OTC Medications, Herbal Supplements, and Vitamin and Diet Supplements.

HeF Clinic Note – SF 600 – Health Status Tab

Health status allows the provider to review counseling items and record OTC medications, Herbals and Vitamins/Diet supplements, clicking on yes on any of these opens a text box to allow the user to enter the appropriate information.

The third tab shown is the DD2766, the same form as is accessible via the left side tool bar. Labs and Rads (the fourth tab), accesses the Lab and Rad data from the summary page of ICDB. It also provides for the ability to add information (lab and “rad” data), from external sources such as a civilian provider.

The screenshot displays the ICDB Nursing Portal interface. At the top, it shows the user 'Wance, Timothy (24612) nurse' and the date '12/24/2003'. The patient information header includes the name 'SMITH, SANDI E', address '901 BOUNTY DR ANCHORAGE, ALASKA 99515-3736', phone number '03/567-25-1426', enrollment details 'TRICARE PRIME (CHAMPUS)', age '16', and sex 'F'. The main content area is titled 'HEALTHeNOTE for General Progress Note, Version 1.3E'. The 'SOAP' tab is selected, showing a 'Subjective' section with a text area for 'History of Present Illness Comments' and a 'Review of Systems' section with checkboxes for various medical conditions such as Constitutional, Skin, Neurological, Psychiatric, Eyes, ENT/Mouth, and Cardiovascular.

HeF Clinic Note – SF 600 – SOAP Tab- Structured ROS Open

The SOAP tab allows for the completion of a standard SOAP note, using free text, templates (as in IMAP) and structured ROS screens as shown in the illustration above. The structured ROS can be completed in free text by clicking on the Use Free Text Only ICON above the ROS. This is in fact the default setting. The structured sections of the clinic note work just like a checkbox template in IMAP, simply click on the response desired and continue.

HeF Clinic Note – Main Menu

HeF Additional Notes

In addition to the standard SF600 Note, there are specific templates set up for the following specific cases:

- Colposcopy/LEEP
- GYN Oncology
- Obstetrics
- Reproductive Endocrinology
- Well Woman/Problem GYN
- Neurosurgery Spine
- Peds Cardiology
- Optometry

Users are strongly encouraged to investigate these templates to see if they would be appropriate for your clinical situation.

Printing Adobe Acrobat® files- IMAP and HEALTHeNOTES

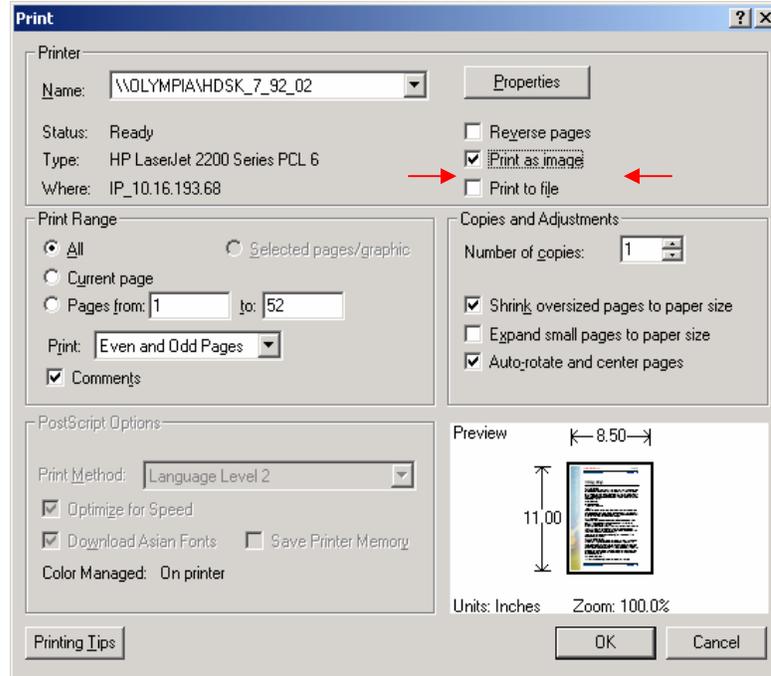
The following detailed procedure is provided if you encounter problems printing IMAP PDF Adobe files OR any of the training documentation available on line:

To print the IMAP PDF files as they appear on the screen, the following configuration on the PC must be confirmed.

1. The network printer should be mapped to use the print servers Olympia or Tacoma. To confirm that Adobe Acrobat Reader® version 5 is installed on your computer. If you need Adobe Acrobat Reader® version 5 installed submit a request to the AMO HELPDESK. Please include your phone number, room location and MMCN number in the text of the email message.
2. When in the ICDB web site or viewing an Adobe Acrobat® file (PDF file) the user must use the Adobe print icon in the browser on the toolbar located under the address window that adobe plug in provides. DO NOT use the Internet Explorer print icon at the top in the toolbars that would normally use.



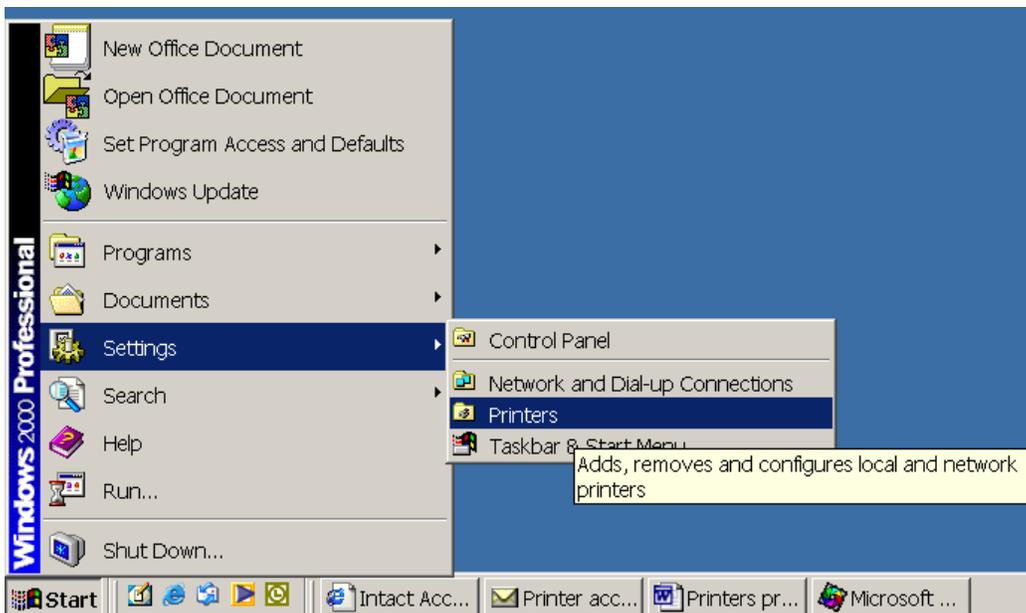
3. After Clicking the adobe print icon the print dialog box appears and in the upper right side there is a check box for selecting "**Print as image**". This must be checked. Once checked the system will remember to use this option for later printings. See below.



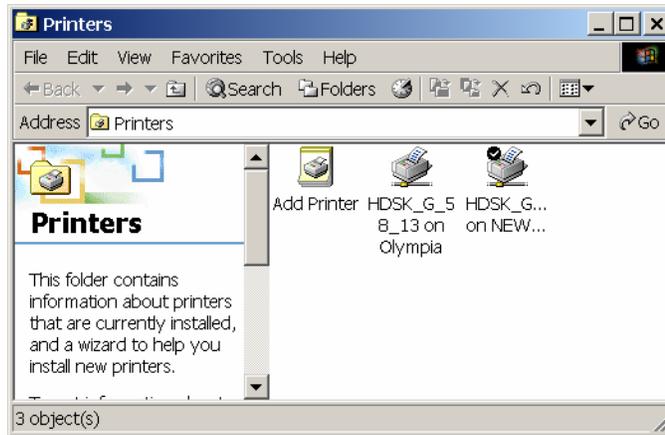
Report any additional IMAP Printing issues to the AMO Helpdesk. Be sure to include MMCN of the machine, room location and phone number in the text of the message along with the description of the problem you having.

Confirm the Print Server Map Settings:

Follow the path START – SETTINGS – PRINTERS.



The example below shows the same printer mapped to the PC through different print servers. The one on the left is mapped through OLYMPIA and the one on the right is mapped through NEWTACOMA.

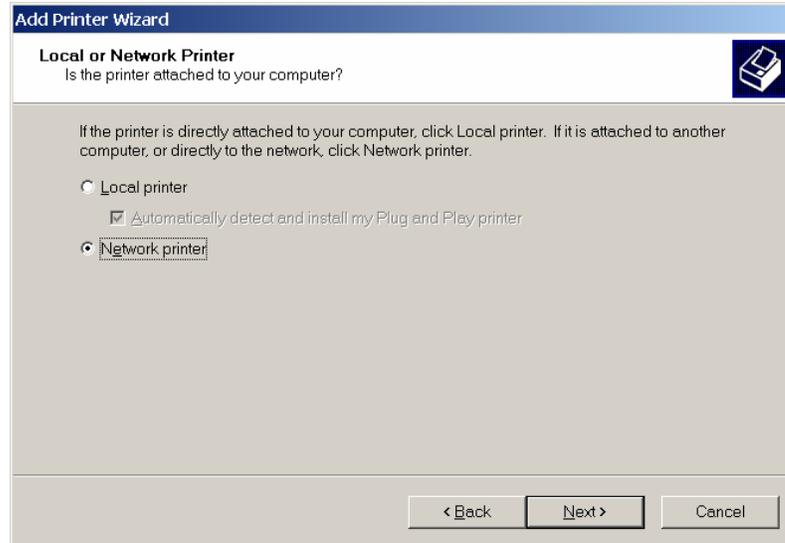


If the printers mapped to your computer are not mapped through OLYMPIA or NEWTACOMA, click the Add Printer icon.

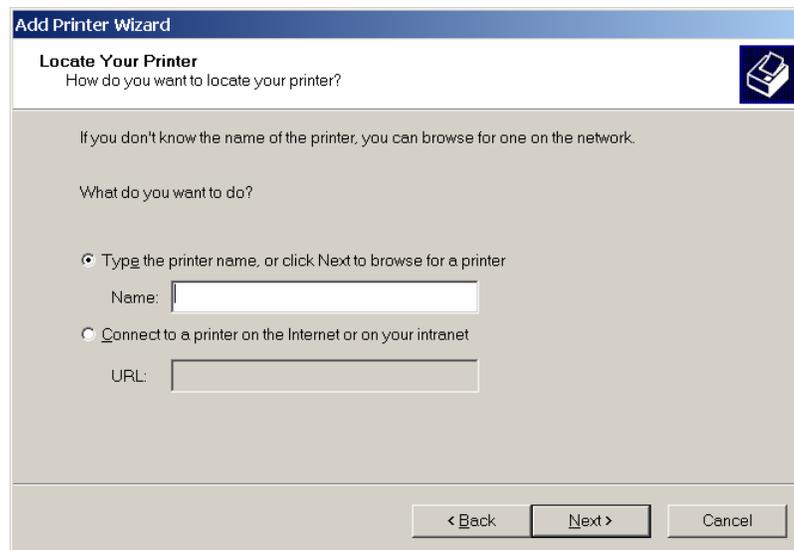
This will initiate the Add Printer Wizard to map a printer through the correct print servers.



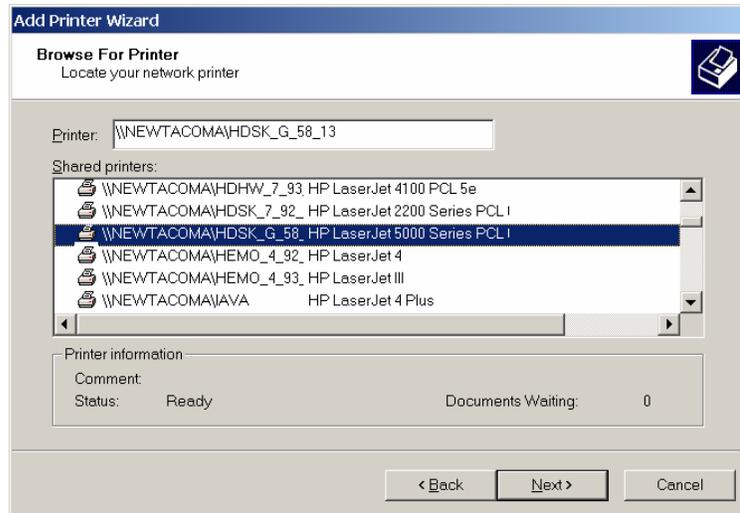
Click "Next" to begin the mapping of the network printer.



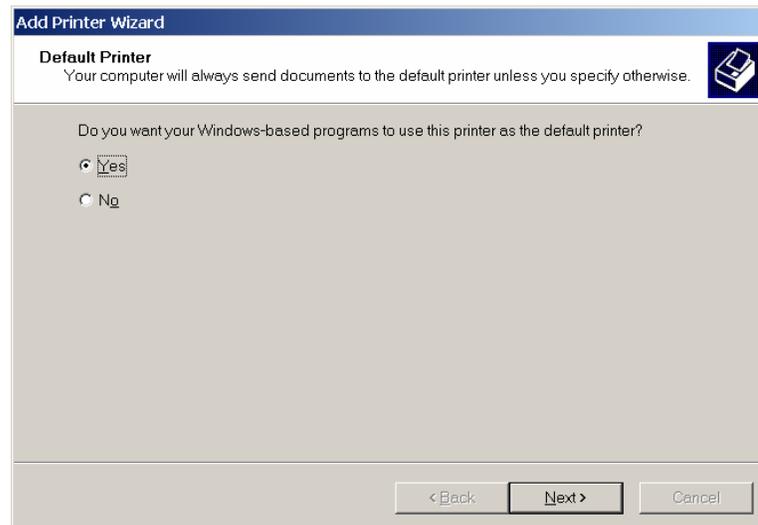
Click the radial button to indicate Network printer and Click “Next”



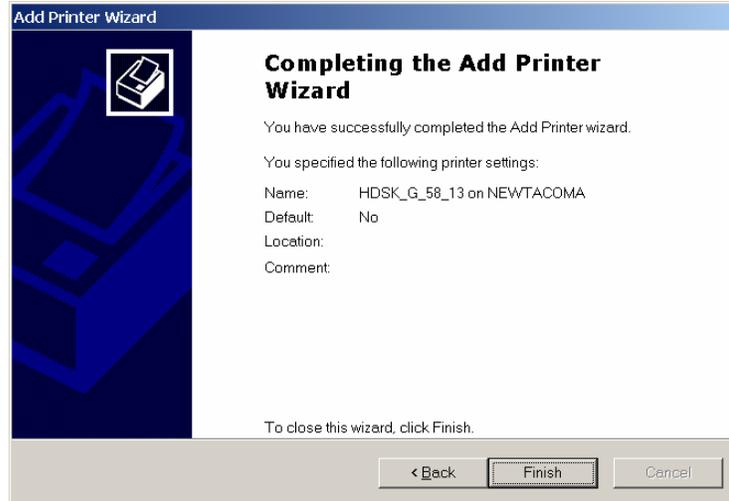
Click “Next” to see this screen to get a list of printers available.



Pick the printer by server then the printer name as shown above.



Click “YES” to make the printer that you are configuring the default printer. Click Next to advance to the final screen.



This completes the installation of the Network printer.

Confirm Adobe Acrobat® version (2 methods)

If Adobe Acrobat® is not open, use the START – PROGRAMS menu path to see what version of Adobe Acrobat® is installed.

If Adobe Acrobat® is currently open on your workstation click on the Help and About Adobe Acrobat® menu path to see the information screen, which will indicate the version of Adobe Acrobat® installed on your machine.

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Using the NISIS Drawing Pad

The drawing pad has been provided to users on request, allowing the use of a stylus to draw on images in IMAP and HeF notes as a more accurate substitute for the mouse. All functions are as they have been defined with the exception of when you wish to use the stylus, place your mouse aside and hold the stylus over the blue outlined area on the drawing pad. The mouse pointer should move with the stylus when you are holding it within an inch or so of the drawing pad. Lightly move the mouse pointer to the start point on your image/drawing before touching the pad (this will start the line draw function). Draw the shape or lines you desire and remove the stylus from the drawing pad. Proceed with your mouse as normal to save the IMAP or HeF note.

Appendix**A**

HealthCards, Education Links and ICD9 Codes

Chronic Obstructive Pulmonary Disease (COPD) HEALTHeCARD

1. Smoking history > 20 pack years?

- Yes
 No

2. Reduced FEV1/FVC ratio?

- Yes
 No

3. Chest X-Ray excludes other pulmonary diseases?

- Yes
 No

4. Pre and post bronchodilator spirometry obtained?

- Yes
 No
 Unknown

5. Has patient stopped smoking and abstained > 6 months?

- Yes (Patient smoked, but stopped > 6 months ago)
 No (Patient is currently smoking OR stopped < 6 months ago)
 Not Applicable (Patient never smoked)

6. Inhaled anticholinergic and/or beta-agonist used as first line therapy for symptomatic patients?

- Yes
 No
 Contraindicated
 Unknown

7. Objective improvement to oral steroid trial proven prior to use of inhaled steroid?

- Yes
 - No
 - Not Applicable -- inhaled steroids not required
 - Unknown
-

8. Correct use of MDI observed?

- Yes
 - No
 - Not Applicable -- MDI not used
-

9. Received pneumococcal vaccine?

- Yes
 - No
 - Contraindicated
 - Unknown
 - Patient/Refused
-

10. Received annual influenza vaccine?

- Yes
 - No
 - Contraindicated
 - Unknown
 - Patient/Refused
-

11. Assess for hypoxia at rest and with exertion?

- Yes
 - No
-

12. Instructed in home use of antibiotics and steroids for exacerbation?

- Yes
 - No
 - Not Applicable
 - Contraindicated
-

Indications for Pulmonary Referral

- Uncertain diagnosis.
- Airflow obstruction with < 20 pack-years and no other obvious cause.
- Symptoms out of proportion to FEV1 and no obvious cause.
- Need for supplemental oxygen.
- Severe disease (FEV1 < 50% predicted).
- Uncertain regarding the role of inhaled or systemic steroids.
- Cor Pulmonale or polycythemia (Hct > 55).
- Rapid decline in FEV1 (>100 ml/year).

COPD Educational Websites

<http://www.guideline.gov>: Step Care in COPD (VHA/DOD Clinical Practice Guideline)

<http://www.goldcopd.com>: Global Initiative for Chronic Obstructive Lung Disease

<http://papapoo.com>: Living with COPD

ICD9 Code for COPD - ICD9 Description

491.1 MUCOPURULENT CHRONIC BRONCHITIS

491.20 OBSTRUCTIVE CHRONIC BRONCHITIS, WITHOUT MENTION OF ACUTE EXACERBATION

491.21 OBSTRUCTIVE CHRONIC BRONCHITIS, WITH ACUTE EXACERBATION
491.8 OTHER CHRONIC BRONCHITIS
491.9 UNSPECIFIED CHRONIC BRONCHITIS
492.0 EMPHYSEMATOUS BLEB
492.8 OTHER EMPHYSEMA
493.20 CHRONIC OBSTRUCTIVE ASTHMA WITHOUT MENTION OF STATUS ASTHMATICUS OR ACUTE EXACERBATION OR UNSPECIFIED
496 CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED
506.4 CHRONIC RESPIRATORY CONDITIONS DUE TO FUMES AND VAPORS
506.9 UNSPECIFIED RESPIRATORY CONDITIONS DUE TO FUMES AND VAPORS

Cardiovascular Risk Reduction (CVRR) HEALTHeCARD

1. Goal LDL reached?

- Yes
- No
- Not Applicable
- Contraindicated
- Unavailable

2. HTN on thiazide diuretic?

- Yes
- No
- Not Applicable
- Contraindicated
- Unavailable

3. Quit smoking and abstinent for > 6 months?

- Yes (Patient smoked, but stopped > 6 months ago)
- No (Patient is currently smoking OR stopped < 6 months ago)
- Not Applicable (Patient never smoked)
- Unavailable

4. Beta-blocker if prior MI?

- Yes
- No
- Not Applicable (patient has not had a prior MI)
- Contraindicated
- Unavailable

5. Patient is taking aspirin (or other anti-platelet) with 2 or more than risk factors or known CAD?

- Yes
- No
- Not Applicable
- Contraindicated
- Unavailable

6. LV function performed if prior MI?

- Yes
- No
- Not Applicable (no prior MI)
- Contraindicated
- Unavailable

7. Assessment for reversible ischemia in patient with known EF < 50%?

- Yes
- No
- Not Applicable (EF > 50%)
- Contraindicated
- Unavailable

8. Medical nutrition therapy assessment within the last two years if patient has hypertension or hypercholesterolemia or BMI > 25?

- Yes (if patient has been seen by a dietitian or nutritionist.)
- No
- Not Applicable
- Contraindicated
- Unavailable

9. Patient engages in regular exercise program > 20 minutes at least 3 - 5 times per week?

- Yes
 - No
 - Not Applicable
 - Contraindicated
 - Unavailable
-

CVRR Educational Websites

<http://www.nhlbi.nih.gov>: NHLBI Guidelines for the Diagnosis and management of Asthma Expert Panel Report

<http://www.nlm.nih.gov>: National Library of Medicine

<http://www.cs.amedd.army.mil/qmo>: DOD/VA Clinical Practice Guidelines

<http://www.circulation.org>: American Heart Association: Circulation

ICD9 Code for CVRR - ICD9 Description

250.00 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II [NON-INSULIN DEPENDENT TYPE] (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

272.0 PURE HYPERCHOLESTEROLEMIA

272.2 MIXED HYPERLIPIDEMIA

272.4 OTHER AND UNSPECIFIED HYPERLIPIDEMIA

278.00 OBESITY, UNSPECIFIED

305.1 TOBACCO USE DISORDER

401.9 ESSENTIAL HYPERTENSION, UNSPECIFIED

414.00 CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT

414.01 CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY

414.9 CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED

436 ACUTE, BUT ILL-DEFINED, CEREBROVASCULAR DISEASE

V81.1 SPECIAL SCREENING FOR HYPERTENSION

Childhood Asthma HEALTHeCARD

1. Has a pre-treatment asthma severity level been established?

- Yes
 No
 N/A - If not certain of the diagnosis
-

2. If a persistent asthmatic, is a controller medication prescribed?

- Yes
 No
 N/A - Mild-intermittent asthma
-

3. Has a written action plan been documented in the last 6 months?

- Yes - Date:
 No
-

4. Has the patient been instructed in Peak Flow measuring? (age > 6)

- Yes
 No
 N/A - Patient under the age of 7
 Refused/Declined
-

5. Has spirometry been measured in the last 12 months? (age > 6)

- Yes - Date:
 No
 N/A - Patient under the age of 7
-

6. Have the number of unscheduled medical visits for asthma in the last 3 months been quantified?

- Yes - Please include this information in documentation
 No
-

7. Have the number of school/work days missed because of asthma been quantified?

- Yes - Please include this information in documentation
 No
-

8. Did the patient receive an influenza immunization for the most recent flu season?

- Yes
 No
 Contraindicated
 Refused/Declined
-

9. Has the patient had formal asthma education (disease, medications, spacers, etc.)?

- Yes
 No
-

10. Have triggers been identified?

- Yes
 No
-

Childhood Asthma Educational Websites

- <http://www.lungusa.org>: The American Lung Association
<http://www.medscape.com>: Medscape.com
<http://www.aaaai.org>: American Academy of Allergy, Asthma and Immunology
<http://www.intelihealth.com>: intelihealth.com
<http://www.vnh.org>: Virtual Naval Hospital has a wonderful patient reference library
<http://my.webmd.com>: WebMD (easy for patient use)
<http://www.allergyasthma.com>: Sniffles and Sneezes. Asthma and allergy Care and Prevention
<http://www.cs.amedd.army.mil/qmo>: DoD/VA Clinical Practice Guidelines
<http://www.nhlbi.nih.gov>: NHLBI Guidelines for the Diagnosis and management of Asthma Expert Panel Report
<http://www.aanma.org>: Allergy and Asthma Network, Mothers of Asthmatics
<http://www.aafa.org>: Allergy and Asthma Foundation of America

Consider referral to Pediatric Pulmonology if:

- Diagnosis of asthma in children < 12 months old

Consider referral to Allergy & Immunology if:

- any severity of persistent asthma with symptoms exacerbating seasonally or in association with exposure to dust, animal dander and foods.
- any asthmatic with concomitant allergic symptoms or diseases such as rhinitis, recurrent/chronic sinusitis, or recurrent sinopulmonary infections with > 3 antibiotic courses per year.

Consider referral to either Pulmonology or Allergy if:

- Diagnosis of asthma is uncertain
- Moderate or severe persistent asthma
- Any asthma severity and one of the following:
 - history of respiratory failure requiring mechanical ventilation
 - history of hypoxic seizures
 - current diagnosis of depression
 - beta-agonist use > four times a day for at least 30 days
 - More than one of the following findings:
 - hospital admission for exacerbation in the last 12 months
 - over 7 days of school loss during the current school year due to asthma symptoms
 - non-adherence with asthma medications
 - poor health care by family
 - parental smoking
 - history of sudden onset bronchospasm
 - low socioeconomic status
 - poor knowledge of asthma

ICD9 Code for ASTHMA - ICD9 Description

- 493.00 1 EXTRINSIC ASTHMA WITHOUT MENTION OF STATUS ASTHMATICUS OR ACUTE EXACERBATION OR UNSPECIFIED
 493.00 2 EXTRINSIC ASTHMA WITHOUT MENTION OF STATUS ASTHMATICUS OR ACUTE EXACERBATION OR UNSPECIFIED
 493.00 3 EXTRINSIC ASTHMA WITHOUT MENTION OF STATUS ASTHMATICUS OR ACUTE EXACERBATION OR UNSPECIFIED
 493.00 4 EXTRINSIC ASTHMA WITHOUT MENTION OF STATUS ASTHMATICUS OR ACUTE EXACERBATION OR UNSPECIFIED
 493.01 1 EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
 493.01 2 EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
 493.01 3 EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
 493.01 4 EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
 493.02 EXTRINSIC ASTHMA, WITH ACUTE EXACERBATION
 493.10 1 INTRINSIC ASTHMA W/O MENTION OF STATUS ASTHMATICUS, MILD
 493.10 2 INTRINSIC ASTHMA W/O MENTION OF STATUS ASTHMATICUS, MILD PERSISTENT

493.10 3 INTRINSIC ASTHMA W/O MENTION OF STATUS ASTHMATICUS, MODERATE
 493.10 4 INTRINSIC ASTHMA W/O MENTION OF STATUS ASTHMATICUS, SEVERE
 493.11 1 INTRINSIC ASTHMA WITH STATUS ASTHMATICUS, MILD
 493.11 2 INTRINSIC ASTHMA WITH STATUS ASTHMATICUS, MILD PERSISTENT
 493.11 3 INTRINSIC ASTHMA WITH STATUS ASTHMATICUS, MODERATE
 493.11 4 INTRINSIC ASTHMA WITH STATUS ASTHMATICUS, SEVERE
 493.12 INTRINSIC ASTHMA, WITH ACUTE EXACERBATION
 493.20 CHRONIC OBSTRUCTIVE ASTHMA WITHOUT MENTION OF STATUS ASTHMATICUS OR ACUTE EXACERBATION OR UNSPECIFIED
 493.21 CHRONIC OBSTRUCTIVE ASTHMA, WITH STATUS ASTHMATICUS
 493.22 CHRONIC OBSTRUCTIVE ASTHMA, WITH ACUTE EXACERBATION
 493.90 ASTHMA, UNSPECIFIED WITHOUT MENTION OF STATUS ASTHMATICUS OR ACUTE EXACERBATION OR UNSPECIFIED
 493.91 ASTHMA, UNSPECIFIED TYPE, WITH STATUS ASTHMATICUS
 493.92 UNSPECIFIED ASTHMA, WITH ACUTE EXACERBATION

Diabetes HEALTHeCARD

 Patient Lipid profile completed in less than 12 months? [Data from CHCS, if available]

 Patient with a low-density lipoprotein (LDL) < 101 mg/dl? [Data from CHCS, if available]

 Has patient had at least one A1C within 12 months? [Data from CHCS, if available]

 Patient A1C level < 7.1%? [Data from CHCS, if available]

 Patient assessed for nephropathy? [Spot Urine Protein from CHCS, if available]

 Patient with blood pressure < 130/80 mm Hg?

- Systolic pressure:
- Diastolic pressure:
- BP Location: Right Arm Left Arm Right Thigh Left Thigh Right Ankle Left Ankle Other
- BP Position: Sitting Lying Standing Other
- BP Method: Machine Manual Other

 Dilated fundus exam done within the last 12 months? Y/N

- Date of Appointment: --- Select an appointment ---

 Patient received a well-documented foot exam to include a risk assessment in the past 12 months?

- Date of Appointment: --- Select an appointment ---

 Self-management education to include nutritional counseling? Unknown

- Date of Appointment: --- Select an appointment ---

Diabetes Educational Websites

<http://www.cs.amedd.army.mil/qmo/diabfr.htm>: Diabetes: DOD/VA Clinical Practice Guidelines

ICD9 Code for Diabetes - ICD9 Description

250.00 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II [NON-INSULIN DEPENDENT TYPE] (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
 250.01 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [INSULIN DEPENDENT TYPE] (IDDM) (JUVENILE TYPE) NOT STATED AS UNCONTROLLED
 250.02 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM TYPE) (ADULT-ONSET TYPE) OR UNSPECIFIED, UNCONTROLLED

250.03 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), UNCONTROLLED

250.10 DIABETES WITH KETOACIDOSIS, TYPE II (NON-INSULIN DEPENDENT) (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.11 DIABETES WITH KETOACIDOSIS TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), NOT STATED AS UNCONTROLLED

250.12 DIABETES WITH KETOACIDOSIS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM TYPE) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, UNCONTROLLED

250.13 DIABETES WITH KETOACIDOSIS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), UNCONTROLLED

250.20 DIABETES WITH HYPEROSMOLARITY COMA, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.21 DIABETES WITH HYPEROSMOLARITY COMA, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), NOT STATED AS UNCONTROLLED

250.22 DIABETES WITH HYPEROSMOLARITY COMA, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM TYPE) (ADULTONSET TYPE) OR UNSPECIFIED TYPE, UNCONTROLLED

250.23 DIABETES WITH HYPEROSMOLARITY COMA, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), UNCONTROLLED

250.30 DIABETES WITH OTHER COMA, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.31 DIABETES WITH OTHER COMA, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), NOT STATED AS UNCONTROLLED

250.32 DIABETES WITH OTHER COMA, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, UNCONTROLLED

250.33 DIABETES WITH OTHER COMA, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), UNCONTROLLED

250.40 DIABETES WITH RENAL MANIFESTATIONS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.41 DIABETES WITH RENAL MANIFESTATIONS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE) NOT STATED AS UNCONTROLLED

250.42 DIABETES WITH RENAL MANIFESTATIONS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM TYPE) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, UNCONTROLLED

250.43 DIABETES WITH RENAL MANIFESTATIONS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), UNCONTROLLED

250.50 DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.51 DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), NOT STATED AS UNCONTROLLED

250.52 DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, UNCONTROLLED

250.53 DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), UNCONTROLLED

250.60 DIABETES WITH NEUROLOGICAL MANIFESTIONS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.61 DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE) NOT STATED AS UNCONTROLLED

250.62 DIABETES WITH NEUROLOGIC MANIFESTATIONS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM TYPE) (ADULTONSET TYPE) OR UNSPECIFIED TYPE, UNCONTROLLED

250.63 DIABETES WITH NEUROLOGIC MANIFESTATIONS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), UNCONTROLLED

250.70 DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM) (ADULTONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.71 DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE) NOT STATED AS UNCONTROLLED

250.72 DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM TYPE) (ADULT-ONSET TYPE), OR UNSPECIFIED TYPE, UNCONTROLLED

250.73 DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), UNCONTROLLED

250.80 DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM) (ADULT ONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.81 DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE) NOT STATED AS UNCONTROLLED

250.82 DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM TYPE) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, UNCONTROLLED

250.83 DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), UNCONTROLLED

250.90 DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.91 DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [INSULIN DEPENDENT TYPE] [IDDM] [JUNVENILE TYPE], NOT STATED AS UNCONTROLLED

250.92 DIABETES WITH UNSPECIFIED TYPE COMPLICATION, TYPE II (NON-INSULIN DEPENDENT TYPE) (NIDDM TYPE) (ADULT-ONSET TYPE) OR UNSPECIFIED TYPE, UNCONTROLLED

250.93 DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I (INSULIN DEPENDENT TYPE) (IDDM) (JUVENILE TYPE), UNCONTROLLED

362.01 BACKGROUND DIABETIC RETINOPATHY

362.02 PROLIFERATIVE DIABETIC RETINOPATHY

366.41 DIABETIC CATARACT

648.01 DIABETES MELLITUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH OUR WITHOUT MENTION OF ANTEPARTUM CONDITION

648.02 DIABETES MELLITUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION

648.03 DIABETES MELLITUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION

648.04 DIABETES MELLITUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, POSTPARTUM CONDITION OR COMPLICATION

Pharmacy HEALTHeCARD

Pharmacy Actions Form

- Needs a drug but not receiving it
- Taking the wrong drug
- Taking too little of the correct drug
- Taking too much of the correct drug
- Experiencing ADR/SE
- Interaction (drug-drug, drug-food, drug-herb)
- Taking a drug without an indication
- Requires Medical Education (compliance, Med Error)
- Cost-effective therapy
- Additional Actions Taken

Pharmacist Monitoring Responsibilities

- Medication Side Effects
- Compliance Check
- Labs (Reviewed, ordered, DIC, Recommend)
- Drug Information Consultation

Follow Up Methods

- Appointment Scheduled
- Phone Call
- PRN Visit

Education Needs Provided

- Disease and Role of Therapy
- Basic Medication Information
- Additional Drug Information
- Lifestyle Changes
- Self-Monitoring Techniques
- Develop Compliance Aid
- Drug Delivery Demonstration
- Referral to Other Health Care Provider

Secondary Prevention of Stroke HEALTHeCARD

1. Patient has completed CVRR HEALTHeCARD?

- Yes
 - No
 - Not Applicable
-

2. Antiplatelet therapy for patients (aspirin 50 mg to 325 mg daily or clopidogrel 75 mg daily or aggrenox 1 tablet bid)?

- Aspirin 50-325 mg Daily
 - Clopidogrel 75 mg Daily
 - Aggrenox 1 tablet bid
 - Contraindicated
 - No anti-platelet therapy prescribed
-

3. Patient with history of A-Fib on Coumadin?

- Yes
 - No
 - Not Applicable - No history of A-Fib
-

4. Carotid US or carotid MRA if history of anterior stroke or TIA within 3 years?

- Yes
 - No
 - Not Applicable - No history of anterior stroke or TIA within 3 years
-

5. ECHO or MRA if history of posterior stroke or TIA within 3 years?

- Yes
 - No
 - Not Applicable - No history of posterior stroke or TIA within 3 years
-

6. Annual mini mental status exam?

- Yes
 - No
-

7. Upper extremities disability or contracture and referred to occupational therapy?

- Yes
 - No
 - Not Applicable - No upper extremities disability or contracture
-

8. Lower extremities contracture, gait difficulties or foot drop and referred to physical therapy?

- Yes
 - No
 - Not Applicable - No lower extremities contractures, gait difficulties or foot drop
-

9. Patient at risk for aspiration and referred to speech pathology?

- Yes
 - No
 - Not Applicable - Patient not at risk for aspiration
-

10. Patient with communication deficits and referred to speech pathology?

- Yes
- No

Not Applicable - Patient has no communication deficits

11. Annual NIH stroke scale completed within the past year?

- Yes
 No

12. Bi-annual stroke specific quality of life filled out by patient or by proxy completed within past 2 years?

- Yes
 No

13. Annual SF-12 survey completed within the past year?

- Yes
 No

14. Blood pressure controlled?

- Yes
 No - Consider diuretic and ACE inhibitor
 Not Applicable - Patient not hypertensive
 Contraindicated
-

Stroke Educational Websites

<http://www.australianprescriber.com/magazines/vol19no4/therapy.htm> : Recent advances in Antiplatelet therapy

<http://www.ncvs.org/> : National Center for Voice and Speech

Wellness HEALTHeCARD

Patient has had the following allied health assessments:

- Medical Nutrition Therapy
 Physical Therapy
 Occupational Therapy
 Speech Therapy
 Social Work
 Psychology
 Pharmacy
 Behavioral/Mental Health
 Pain Management
 Community Health
 Other

Does patient engage in a regular exercise program > 20 minutes at least 3 times per week?

- Yes
 No
 Contraindicated

Has patient stopped smoking and abstained > 6 months?

- Yes (Patient smoked, but stopped > 6 months ago)
 No (Patient currently smoking OR stopped < 6 months ago)
 N/A (Patient never smoked)
-

Has patient had medications reviewed with clinical pharmacist?

- Yes
 - No
 - N/A
-

Patient has attended the following group education sessions:

- Asthma Management
 - Basic Exercise
 - Basic Nutrition
 - Cholesterol Management
 - Diabetes Management Initial Series
 - Diabetes Management Refresher Courses
 - Hypertension
 - Lifestyle Enhancement
 - Men's Health
 - Preventing Lower Back Pain
 - Self-Care
 - Tobacco Cessation
 - Weight Management
 - Women's Health
 - Other
-

Patient has attended the following individual education sessions:

- Asthma Management
 - Basic Exercise
 - Basic Nutrition
 - Cholesterol Management
 - Diabetes Management Initial Series
 - Diabetes Management Refresher Courses
 - Hypertension
 - Lifestyle Enhancement
 - Men's Health
 - Preventing Lower Back Pain
 - Self-Care
 - Tobacco Cessation
 - Weight Management
 - Women's Health
 - Other
-

Have ETOH consumption issues been addressed?

- Yes
- No
- N/A

Women's Health HEALTHeCARD

1. If over 40, has patient had mammogram in last 12 months?

- Yes
 No
 N/A (under age 40, or had bilateral mastectomies)
-

2. For all ages, has patient had breast exam by health care provider in the last 12 months?

- Yes
 No
-

3. If patient has first degree relative (mother, sister or daughter) with breast cancer, has patient been counseled for risk reduction?

- Yes
 No
 N/A
-

4. If patient has prior breast biopsy results of atypical ductal hyperplasia (ADH), lobular carcinoma in-situ (LCIS), or lobular neoplasia (LN), has patient been counseled for risk reduction?

- Yes
 No
 N/A
-

5. Does patient perform monthly breast self-exam?

- Yes
 No (If No, refer to appropriate clinic)
 N/A (Patient had bilateral mastectomy)
-

6. At the onset of sexual activity, or if over 18, has patient had a Pap test in the last 12 months?

- Yes
 No (If No, refer patient to appropriate clinic or obtain)
-

7. Does patient have prior history of an abnormal Pap (of any type)?

- Yes
 No
-

8. If the most current Pap was abnormal, has patient been referred to GYN and had follow-up testing initiated?

- Yes
 No (If No, refer to appropriate clinic)
 N/A
-

9. Has patient been informed of risk factors that can increase chances for abnormal Paps leading to cervical cancer?

- Yes
 No (If No, please review)
-

10. Per AFEB standards, If age 25 or younger, has patient had GC/Chlamydia screening in the last 12 months?

- Yes
 No
 N/A
-

Women's Health Educational Websites

<http://www.cancernet.nci.nih.gov> : Easy access to specific cancer information

<http://nccn.org/patient.htm> : Site to "facilitate informed decision-making for patients and families", provide cancer treatment

<http://www.cancer.org> : Site of American Cancer Society

<http://www.cdc.gov> : Site of Centers for Disease Control and Prevention, information on cancer, STDs, women's health, other various topics

<http://www.hhs.gov> : Site of Department of Health and Human Services, also for information on cancer, STDs, women's health, other various topics

<http://www.y-me.org> : Site to provide breast cancer information and peer support

<http://www.nih.gov> : Site to access Medline, clinical trials, consumer health publications

<http://interact.withus.com/interact/mbc> : Site for anyone dealing with male breast cancer

<http://altmed.od.nih.gov> : Site provides information on complementary and alternative medicine

Congestive Heart Failure (CHF) HEALTHeCARD

1. Ace inhibitor or Arb if EF < 40%?

- Yes
- No
- EF > or = 40%
- Adverse Reaction/ Not Tolerated
- Allergic Reaction
- Medical Contraindication

2. Beta-blocker?

- Yes
- No
- Not Applicable
- Adverse Reaction/ Not Tolerated
- Allergic Reaction
- Medical Contraindication

3. Spironolactone if CHF class III or IV with EF < 35%?

- Yes
- No
- Adverse Reaction/ Not Tolerated
- Allergic Reaction
- Medical Contraindication
- EF > or = 35%

4. Lasix (if evidence of fluid overload)?

- Yes
- No
- Not Applicable
- Adverse Reaction/ Not Tolerated
- Allergic Reaction
- Medical Contraindication
- Patient Non-Compliance

5. Digoxin?

- Yes
- No

-
- Not Applicable
 - Adverse Reaction/ Not Tolerated
 - Allergic Reaction
 - Medical Contraindication
 - Patient Non-Compliance
-

6. Catheterization performed if EF < 50%?

- Yes
 - No
 - Not Applicable
 - Medical Contraindication
 - Patient Non-Compliance
-

7. Medications reviewed with clinical pharmacist within past year?

- Yes
 - No
 - Unavailable
-

8. Patient engages in regular exercise?

- Yes
 - No
 - Patient unable to exercise
-

9. Low Na diet education in the past year?

- Yes
 - No
-

CHF Educational Websites

<http://www.americanheart.org/presenter.jhtml?identifier=1200000> : American Heart Association

<http://www.acc.org> : American College of Cardiology

ICD9 Code for CHF - ICD9 Description

398.0 RHEUMATIC MYOCARDITIS

398.90 RHEUMATIC HEART DISEASE, UNSPECIFIED

398.91 RHEUMATIC HEART FAILURE (CONGESTIVE)

398.99 OTHER RHEUMATIC HEART DISEASES

402.01 HYPERTENSIVE HEART DISEASE, MALIGNANT, WITH HEART FAILURE

402.11 HYPERTENSIVE HEART DISEASE, BENIGN, WITH HEART FAILURE

402.91 HYPERTENSIVE HEART DISEASE, UNSPECIFIED, WITH HEART FAILURE

428.0 CONGESTIVE HEART FAILURE, UNSPECIFIED

428.9 HEART FAILURE, UNSPECIFIED

Breast Cancer HEALTHeCARD

1. Has patient had annual breast cancer-directed history and physical exam?

- Yes
 No

2. Has patient had annual breast exam by health care provider?

- Yes
 No

3. Has patient had annual mammogram?

- Yes
 No
 N/A

4. If patient had annual mammogram, was it normal?

- Yes
 No
 N/A (No mammogram indicated)

5. Has patient had annual pelvic exam and Pap test?

- Yes
 No

6. Does patient perform monthly breast self-exam?

- Yes
 No

7. Did patient receive education on symptoms of possible recurrence of cancer?

- Yes
 No

8. If on Tamoxifen, does patient experience... Please answer N/A if not on Tamoxifen.
Hot Flashes

- Yes
 No
 N/A

Vaginal Discharge

- Yes
 No
 N/A

Blurred Vision

- Yes
 No
 N/A

9. If history of lymphedema, are symptoms tolerable to patient?

- Yes
 No (If No, refer to lymphedema specialist)
 N/A
-

Breast Cancer Educational Websites

<http://www.cbcp.info> : Information about WRAMC Breast Cancer Program

<http://www.cancernet.nci.nih.gov> : Easy access to specific cancer information

<http://www.nccn.org/> : Site to "facilitate informed decision-making for patients and families", provide cancer treatment

<http://www.cancer.org> : Site of American Cancer Society

<http://www.cdc.gov> : Site of Centers for Disease Control and Prevention, information on cancer, STDs, women's health, other various topics

<http://www.hhs.gov> : Site of Department of Health and Human Services, also for information on cancer, STDs, women's health, other various topics

<http://www.y-me.org> : Site to provide breast cancer information and peer support

<http://www.nih.gov> : Site to access Medline, clinical trials, consumer health publications

<http://www.komen.org> : Easy access to breast cancer information

<http://interact.withus.com/interact/mbc> : Site for anyone dealing with male breast cancer

ICD9 Codes for Breast Cancer - ICD9 Description

174.0 MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST

174.1 MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST

174.2 MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST

174.3 MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST

174.4 MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST

174.5 MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST

174.6 MALIGNANT NEOPLASM OF AXILLARY TAIL OF FEMALE BREAST

174.8 MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST

174.9 MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED

175.0 MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST

175.9 MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES OF MALE BREAST

198.81 SECONDARY MALIGNANT NEOPLASM OF BREAST

217 BENIGN NEOPLASM OF BREAST

233.0 CARCINOMA IN SITU OF BREAST

238.3 NEOPLASM OF UNCERTAIN BEHAVIOR OF BREAST

239.3 NEOPLASM OF UNSPECIFIED NATURE OF BREAST

610.0 SOLITARY CYST OF BREAST

610.2 FIBROADENOSIS OF BREAST

610.3 FIBROSCLEROSIS OF BREAST

611.1 HYPERTROPHY OF BREAST

611.3 FAT NECROSIS OF BREAST

611.4 ATROPHY OF BREAST

611.72 LUMP OR MASS IN BREAST

793.89 OTHER ABNORMAL FINDINGS ON RADIOLOGICAL EXAMINATION BREAST

V10.3 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST

V16.3 FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST

V76.10 BREAST SCREENING FOR MALIGNANT NEOPLASMS, UNSPECIFIED

V76.11 SPECIAL SCREENING MAMMOGRAM FOR HIGH-RISK PATIENT FOR MALIGNANT NEOPLASM OF BREAST

V76.12 OTHER SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST

V76.19 OTHER SCREENING BREAST EXAMINATION FOR MALIGNANT NEOPLASM