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DEPARTMENT OF THE ARMY
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

FD MEDDAC Circular 40-1

15 May 2006

Medical Services
PLAN FOR THE PROVISION OF PATIENT CARE SERVICES

1. HISTORY. This supersedes the previous edition of this publication dated 14 February 2004.

2. PURPOSE.

a. This circular provides an overview of U.S. Army Medical Department Activity's (USA MEDDAC) policies and procedures concerning the provision of health care services to its patient population. It is not meant to replace the current series of Army Regulations and other official policies for the provision of patient care services, but rather is intended to compile key elements from each of them to provide a synopsis of how patient care will be provided.

b. Our Plan for Provision of Patient Care Services addresses the continuity of patient care from a cross-functional and multidisciplinary standpoint. It also demonstrates a coordinated approach to patient care in concert with the organization's strategic plan and outlines the resources required to execute them.

3. REFERENCES. Listed at Appendix A.

4. RESPONSIBILITIES.

a. The MEDDAC Commander will:

(1) provide the framework for planning, directing, coordinating, and improving health care services that are responsive to community and patient needs and that improve patient health outcomes with a goal of continuity of care.

(2) ensure that services are planned based on the population served, the mission of the MEDDAC, identified patient care needs, and available resources.

b. The Deputy Commander for Clinical Services (DCCS) will:

(1) serve as the Chief of the Medical Staff. Orchestrate the provision of patient care services to the military community by ensuring that timely access to care, thorough

evaluation of the patient's condition, competent treatment by a professional and caring staff, and the appropriate discharge planning and patient education are provided. This is achieved through the development of a seamless network of interconnected clinical and administrative departments and services which emphasize cross-functional coordination and collaboration of the care they provide.

(2) implement the Commander's guidance for the determination of a community health care needs assessment in order to thoroughly understand what patient care services are needed and desired by the patient population. Design services to fulfill those needs, and ensure those services address the nine "Dimensions of Performance" which are: efficacy, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, respect, and caring as recommended by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(3) develop recommendations for the appropriate complement of professional staff required to provide the medical care identified. Ensure the continued competency of the medical staff. Recommend the medical equipment necessary to support the medical staff and ensure those elements are in coordination with the organization's mission and available resources. Ensure credentialing of all licensed providers within scope of practice, scope of services, and licensure.

(4) coordinate developing, purchasing, monitoring, and evaluating contracted health care services required to provide medical care to beneficiaries.

(5) plan and manage processes to measure, assess, and improve the health care provided by the USA MEDDAC.

c. The Deputy Commander for Administration (DCA) will:

(1) coordinate the activities of the administrative and support services required to sustain the clinical staff in the provision of quality patient care services.

(2) establish effective communication and coordinate with activities and agencies external to the organization PAO functions.

(3) organize, direct, and staff the following areas:

(a) Management of the Environment of Care to include: equipment management, utilities management, safety, and security management.

(b) Management of Resources, both human and fiscal, to include: management of civilians to budget, management of budget, and management of Plans, Training, Mobilization, and Security.

(c) Logistics to include facilities management and construction.

(d) Information Systems Management to include automated and manual systems.

(e) Management of Internal Controls.

(f) Patient Administration functions to include all aspects of medical records management.

d. The Deputy Commander for Nursing and Organizational Effectiveness (DCN&OE) will:

(1) serve as Nurse Executive, directing nursing services and ensuring standards of practice are adhered to.

(2) ensure the coordination and provision of all necessary clinical education and training programs.

(3) oversee the organization's Performance Improvement, Population Health, Risk Management, Credentialing and Patient Safety programs. Provide direction, guidance and oversight of volunteer program.

(4) oversee the organization's Medical Management Division responsible for disease and utilization management and research activities to support the organizations efficiency and effectiveness in the provision of health care.

(5) advise the Commander on policies, procedures, activities, staffing, and matters pertaining to or affecting nursing and outpatient care.

(6) plan, represent, interpret, and define standards of nursing practice, programs, and activities.

(7) organize, direct, supervise, and evaluate nursing personnel.

(8) collaborate with the DCCS and department chiefs to provide maximum nursing support for health care plans, policies, and treatment programs.

(9) consult with the DCA and chiefs of administrative divisions or branches to coordinate requirements for support and improvement of nursing services.

e. The Chiefs of the Clinical Departments and Services will:

(1) participate in the development and implementation of the policies and priorities of the Command regarding the provision of patient care services to the catchment population.

(2) integrate the department/service into the primary functions of the MEDDAC by ensuring that all patients are provided treatment in a coordinated and collaborative manner with other departments and services.

(3) implement and maintain an active performance improvement program within the department/service which participates in cross-functional, multidisciplinary activities to improve overall patient outcomes and organizational performance.

(4) determine the required qualifications and competencies of the department/service and recommend the number of sufficiently qualified and competent personnel to provide care/service. Recommend the amount of space and other resources required to provide the treatment services.

(5) ensure provision of appropriate orientation and continuing education to all persons within the department/service to include the knowledge and skills required to perform his/her responsibilities, the effective and safe use of all equipment used in his/her activity; the prevention of contamination and transfer of infection, and other lifesaving interventions. Ensure evaluation of clinical performance of all non-privileged health care personnel through a competency based monitoring and evaluation program.

(6) provide utilization review and system performance information for quarterly review and analysis.

(7) participate in the selection of resources which are not provided by the organization.

(8) update their departmental scopes of practice and care on an annual basis.

5. ENTRY INTO THE HEALTH CARE TREATMENT SYSTEM:

a. TRICARE is the Department of Defense (DoD) healthcare delivery system. TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families and survivors. TRICARE brings together the health care resources of the Army, Navy and Air Force and supplements them with networks of civilian health care professionals to provide better access and high quality service while maintaining the capability to support military operations.

TRICARE Prime is designed on a health maintenance organization (HMO) model. The Fort Drum MEDDAC is located in TRICARE North Region. Each TRICARE Lead Agent selects the managed care contractor that will provide all external sources of medical care for its beneficiary population. The contract requires that these external sources of medical care meet national accreditation standards. Comprehensive information regarding TRICARE and its health benefit options are available for patients and providers on the TRICARE website: <http://www.tricare.osd.mil/>.

b. Organization of Patient Care Services. As a federally owned and operated military medical treatment facility, the USA MEDDAC has been assigned the responsibility of providing directly, or coordinating for, the comprehensive medical care required by all beneficiaries entitled to care under the military regulations within the catchment area. Providing ambulatory outpatient care services, the USA MEDDAC is organized around the model of a civilian health maintenance organization (HMO), whereby its recipients are assigned a primary care manager who is part of a primary care provider panel which is available to meet the beneficiaries' primary care needs. Specialty care is provided on a referral basis within the USA MEDDAC or other military/civilian facilities within the catchment area.

c. Enrollment into Primary Care Services. All entitled beneficiaries within the patient catchment area of the clinic are eligible to participate in the program. Primary care is provided throughout the catchment area. Patients access primary care through the Family Practice Clinic (FPC) at Guthrie Ambulatory Health Care Clinic (GAHC), Conner Troop Medical Clinic (CTMC), Aviation Troop Medical Clinic (ATMC), and the Urgent Care Clinic (UCC) at the GAHC. Each clinic, as appropriate, is staffed by family practitioners, pediatricians, licensed general medical officers, physician assistants, and nurse practitioners. The staffing mix is based on analysis of patient population data for the area served.

c. Consultation with Specialty Services. When the needs of the patient exceed the scope of care provided by the primary care provider, a consultation will be made to the appropriate specialty care service. If the patient cannot be seen within the timeline established by TRICARE standards consistent with the patient's health care needs, the patient will be referred to either another military medical facility or a civilian provider, whichever is most appropriate.

d. Urgent Care Services: Urgent medical care is available for all eligible beneficiaries 7 days a week. Patients who are beyond the scope of service of the UCC will be transferred to a higher level of care as appropriate.

e. Emergency Care Services. Emergency medical care is available 24 hours a day, seven days a week by FD MEDDAC's Emergency Medical Services. Emergent care is

provided to eligible beneficiaries as well as to civilian emergencies who may require life or limb saving measures. Patients who are beyond the scope of service of the UCC will be transferred to a higher level of care as appropriate.

f. The MEDDAC operates a Community Health Nursing Department at the Consolidated Soldier & Family Support Center at Clark Hall. They provide a variety of health and wellness related materials on demand or by consult to all requesting beneficiaries.

g. Behavioral health services are provided to our active duty beneficiaries, and on a space available basis to our active duty family members, at our Behavioral Health Department. These services include Mental Health Services, Army Substance Abuse Program (ASAP), and Social Work Services/Family Advocacy Program.

6. ASSESSMENT OF PATIENTS' HEALTH CARE NEEDS:

a. Health care providers will perform an initial assessment of the patient to include, at a minimum, the physical (to include pain), psychological (including age related/age-specific cognitive and communicative skills or development), health care assessment, and social status of the patient. Identified problems will be documented on the master problem list in the electronic outpatient medical record. The scope and intensity of further assessment of the patient will then be based upon his/her diagnosis, the treatment setting, the patient's desire for treatment, and the patient's response to previous treatment. These factors will also determine the requirement for additional in-depth assessment, incorporating such specialty services as dietary, physical therapy, social work services and/or diagnostic testing.

At each visit, the health care provider will review the master problem list as well as the patient's current medications and obtain the chief complaint in order to determine the most appropriate course of treatment. The need for reassessment is dictated by the patient's complaint, the treatment and their clinical condition and is then reflected in the plan for follow-up care indicated in the electronic outpatient treatment record.

b. The registered nurse makes final determination, consultation, and prioritization of nursing needs and skill levels to determine workload distribution to meet patients' needs.

Nursing care is provided at the UCC, FPC, OB/GYN, CTMC, Orthopedic Clinic, Community Health Nursing, and Occupational Health. Nursing care requires substantial specialized knowledge of the biological, physical, behavioral, psychological and social

science of the nursing theory as a basis for assessment, diagnosis, planning, intervention, and evaluation in promotion and maintenance of health.

c. Qualified nursing staff members (Licensed Practical Nurses (LPNs), 91Cs, 91Bs, 91W, and medical assistants) provide nursing support to patients in accordance with level of skill and within their scope of practice.

Nursing support is provided throughout the MEDDAC. Nursing support involves the collection of data or the implementation of a technical skill not dependent upon assessment or critical thinking skills.

d. Assessment of Specific Populations: Patients who are receiving treatment for alcohol or other drug dependencies are assessed and/or reassessed in accordance with AR 600-85, Alcohol and Drug Abuse Prevention and Control Program.

e. Assessment of Victims of Alleged or Suspected Abuse or Neglect: The assessment of patients who are alleged or suspected to be the victims of abuse or neglect will be assessed in accordance with FD MEDDAC Regulation 40-35, Identification and Reporting of Child, Spouse, and Elder Abuse/Neglect.

f. Assessment of our General Patient Population: The Medical Management Division monitors our population demographics and demand for services on an ongoing basis. This data is reviewed regularly and compared with disease management data to determine the need for current or new health services product lines.

7. TREATMENT OF HEALTH CARE NEEDS.

a. Outpatient services are provided in accordance with individual clinic scopes of practice and service (Appendices B through GG). The majority of our services are provided in Guthrie Ambulatory Health Care Clinic, CTMC, ATMC, Wilcox Clinic, Preventive Medicine at Clark Hall and our OB/GYN Clinic located in Watertown, New York. All of these facilities are within a 5-mile radius and are located on Fort Drum with the exception of the OB/GYN Clinic. Several external contracts and agreements with local medical facilities have been established to provide inpatient services, labor and delivery, specialty care, and select ancillary services that exceed our service scope. The USA MEDDAC also provides administrative oversight and occupational health at Watervliet Arsenal. This site is located approximately 200 miles from Fort Drum.

b. Patients Served: The patient population includes approximately 35,000 active duty military, retired military and family members of both. This population encompasses all age groups, but primarily consists of a young healthy patient.

c. Complexity of Patient Care Needs: Primary and specialty care, as described in individual scopes of practice and service, are provided on an outpatient basis only.

d. Meeting Patients' Needs/Methods Used to Assess Patient Care Needs: Patient needs are identified through several mechanisms, some of which are: issues discussed at the Family Symposium, concerns presented to the Patient Representative, data received via the Provider-Level Patient Satisfaction Survey, and Commander's Comment Cards. Patients are also invited to express their needs through the Commander's Open Door Policy. As stated before, the Medical Management continuously monitors our population demographics and demand for services on an ongoing basis

e. Support Services Provided: Clinical areas receive support from ancillary services which include: Laboratory, Radiology, and Pharmacy. Further support is provided from Logistics; Resource Management; Patient Administration; Information Management; Human Resources; Education and Training; Plans and Security; Clinical Operations; Medical Management and Quality Management.

f. Availability of Staff: The USA MEDDAC is staffed with approximately 500 military and civilian personnel. In general, operational hours are from 0730-1600 daily, Monday through Friday, excluding federal holidays. Urgent care services are provided seven days a week from 0700-2300. Ambulance service is available 24 hours a day, seven days a week.

g. Recognized Standards or Guidelines for Practice: The USA MEDDAC follows AR 40-3, Medical, Dental and Veterinary Care; other applicable regulations; federal laws; JCAHO Ambulatory Care and Behavioral Health Care standards as well as a myriad of other guidelines and standards for practice.

6. EDUCATION OF PATIENT AND FAMILY

a. The health care team will share the responsibilities for patient/family education by determining the educational needs of the patient and family. They will educate the patient/family and evaluate the effectiveness of patient/family teaching instruction. The health care provider will document barriers to learning on the master problem list.

b. The goal of educating the patient and family is to improve patient health outcomes by promoting recovery, speeding return to function, promoting healthy behavior, and appropriately involving the patient in his/her care and care decisions. Patient and family education should:

(1) facilitate the patient's/family's understanding of the patient's health status, health care options, and consequences of options, if selected.

(2) encourage participation in the decision making process about health care options.

(3) increase the family's potential to follow the therapeutic health care options.

(4) increase the patient's/family's ability to cope with the patient's status/prognosis/outcome.

(5) enhance the patient's/family's role in continuing care.

(6) promote a healthy lifestyle.

(7) transitional planning.

9. PATIENTS' RIGHTS AND ORGANIZATIONAL ETHICS.

a. The USA MEDDAC respects the rights of the patient and recognizes that each patient is an individual with unique health care needs. Because of the importance of respecting each patient's personal dignity, the organization strives to provide considerate, respectful care, which is focused on the patient's individual needs. The staff affirms the patient's right to make decisions regarding his/her medical care, including the decision to discontinue treatment. In addition, the organization actively assists the patient in the exercise of his/her rights and works to inform the patient of any responsibilities incumbent on him/her in the exercise of those rights.

b. Confidentiality: The organization recognizes the extreme need to maintain patient and other information in a confidential manner. As such, privileged information will be maintained in the strictest confidence. Access and use of this information is limited only to those individuals authorized to review and act upon such information. This organization complies with the Health Insurance Portability and Accountability Act.

c. Access to and Responsibilities of Ethics Committee:

(1) If a conflict of interest seems likely, the Executive Committee or its designated representative will review potential conflicts. In the event a conflict has a direct implication on patient care, the Ethics Committee may convene to resolve the issue.

(2) The Committee performs the following functions:

(a) review, discuss, and/or consult on conflicts between the attending physician's assessment and that of an incompetent patient's next of kin or guardian.

(b) undertake consultation on the "substituted judgment doctrine" if an incompetent patient has no family or legal guardian.

(c) provide policy review/interpretation as needed concerning ethical principles in the care of patient and staff rights.

(d) provide information for health care personnel and families about the means available within the clinic to assist them in making the best possible decisions, given the circumstances, regarding treatment options.

(e) consultative function: concurrent/retrospective review where withdrawal or life-sustaining treatment is under consideration.

d. Advance Directives:

(1) If a patient requests an advance directive, the health care provider should discuss the medical treatment wishes with the patient and others as appropriate. If presented or requested, the copy of the advance directive should be placed in the medical record. Providers should inform patients that it would be unlikely that their advance directives would need to be implemented while under care at USA MEDDAC, Fort Drum. It should be explained to the patient that Guthrie Ambulatory Health Care Clinic (GAHC) and its attached Troop Medical Clinics' (TMC) primary missions are to assist our patients in wellness and readiness in an outpatient setting and that the legal advanced directive should be on file in the medical record. It should also be explained to the patient that in certain circumstances where the medical record and legal advanced directive are not available for review, such as an emergency medical call, its directions will not be honored by the USA MEDDAC, Fort Drum or its staff members. If the patient and health care provider disagree with any advance directive, the patient has the right to request to be treated by another health care provider. The patient or health care provider may also seek advice from the USA MEDDAC Ethics Committee. Patients should be instructed that if needed, assistance is available at the Legal Assistance Office, Building T-130. Office hours are 0800-1600, Monday through Friday (except holidays).

(2) Upon verification of the legal advanced directives, the senior staff provider on call will arrange for transport of the patient to the appropriate facility wherein the directions stated can be enacted.

e. Patients shall be informed about the following as appropriate:

Their rights and responsibilities
Informed consent
Confidentiality of information
Ethics Committee
Advanced Directives

10. RESOURCING. Resourcing is based on captitated budgeting which is developed from a cost per beneficiary served. The costing includes direct care dollars, TRICARE financing, and the civilian replacement value of the military work force. Adjustments are made to the budget year for inflation/pay raises, projected changes in military strength, projected changes in beneficiary population served, and changes in directed missions.

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APPENDIX R
Fort Drum Occupational Health Clinic Scope of Service

1. Scope of Services: We are a multidisciplinary provider of direct and indirect programs that benefit Fort Drum's employees. We utilize processes directed toward prevention of occupational illness and/or injury, health maintenance and prevention/monitoring of occupational hazards. Programs include medical examinations, reproductive hazard surveillance, hearing and vision conservation, ergonomics, medical work-site visits, illness/absence monitoring, respiratory protection, employee modified duty, patient education, immunizations, employee in/outprocessing.

2. Population Served: Fort Drum civilian and military workforce.

3. Location of Service(s) Performed: Fort Drum clinical services at Wilcox Clinic (Building P-36) and all other services are performed at specific work sites on the installation.

4. Hours of Operation: 0700-1200 and 1230-1530, Monday-Friday

5. Support Service Source(s):

Physician or Physician Assistant(1 part time)
Registered Nurses (2 civilians)
Occupational Health Technician (2 civilians)
Medical Clerk (2 civilian)

APPENDIX S
Fort Drum Occupational Health Clinic Scope of Practice

1. Purpose: To delineate the practice and procedures available in the Occupational Health Clinic and define who may perform those procedures.

2. Procedures:

a. Physician / Physician Assistant procedures:

- (1) Physical examinations, to include pre-placement, periodic health or medical surveillance, and fitness for duty examinations
- (2) Disability evaluations
- (3) Reproductive hazard surveillance
- (4) Management of Hearing Conservation and Occupational Vision Programs
- (5) Technical oversight of Respiratory Protection Program
- (6) Technical oversight of MEDDAC Infection Control and Bloodborne

Pathogen Programs

- (7) Recommends modified duty for ill and injured employees able to work
- (8) Managing job-related injury and illnesses and the Federal Employee Compensation Act (FECA)
- (9) Occupational Health Medical Work Site Visits (OH-MWSV)
- (10) Patient triage and telephone advice
- (11) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, bloodborne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.
- (12) Serves as member of the Installation FECA Working Group.
- (13) Serves as member of the Installation Safety and Occupational Health Committee.

b. Occupational Health Nurse procedures following competency based orientation:

- (1) Occupational Health Medical Work Site Visits (OH-MWSV)
- (2) Patient triage and telephone advice
- (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, bloodborne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.
- (4) Reproductive hazard surveillance.
- (5) Management of Hearing Conservation and Occupational Vision Programs.
- (6) Technical oversight of Respiratory Protection Program.

- (7) Technical oversight of MEDDAC Infection Control and Bloodborne Pathogen Programs
Case Management of the Modified Duty Program for ill and injured employees able to work
- (8) Case Management of job-related injury and illnesses and the Federal Employee Compensation Act (FECA)
- (9) Evaluation and dispositioning of Non-work-related ill or injured employees returning to work, if so credentialed as an Advanced Practice Nurse.
- (10) Serves as member of the Installation FECA Working Group
- (11) Immunization administration
- (12) Lab result screening
- (13) Vital signs and patient screening
- (14) Assisting providers with procedures
- (15) Clerical administration of patient records
- (16) Hearing conservation testing
- (17) Vision conservation testing
- (18) Pulmonary function testing
- (19) EKG administration
- (20) Ergonomics evaluations
- (21) Illness/absence monitoring
- (22) Dressing changes
- (23) Suture removal

c. Occupational Health Technician procedures following competency based assessment:

- (1) Occupational Health Medical Work Site Visits (OH-MWSV)
- (2) Telephone consultation for hearing conservation, vision conservation, respiratory protection program, and job-related injuries
- (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, blood-borne pathogen exposure, and health promotion and maintenance
- (4) Immunization administration
- (5) Lab result screening
- (6) Vital signs and patient screening
- (7) Assisting providers with procedures
- (8) Clerical administration of patient records
- (9) Hearing conservation testing
- (10) Vision conservation testing
- (11) Respiratory protection fit testing
- (12) Pulmonary function testing
- (13) EKG administration

- (14) Ear canal irrigation
- (15) Dressing changes
- (16) Suture removal

APPENDIX T
Laboratory Scope of Service

1. Scope of Services: Department of Pathology performs a variety of clinical laboratory procedures classified by the Clinical Laboratory Improvement Act (CLIA) as moderate and high complex. Testing is performed on blood and body fluids for the purpose of aiding healthcare providers with diagnosis, treatment, assessment or prevention of disease and impairments. Areas of testing include microbiology, hematology, immunology, blood banking, urinalysis and general chemistry. Our blood banking services are limited, providing blood typing, antibody screens and Rh immune globulin work-ups to support our OBGYN group. Blood products for transfusion are not available here. Currently, PAP smears are sent to Walter Reed Army Medical Center (WRAMC) in Washington D.C. along with other lab tests that we cannot perform here. Additionally we utilize Quest Diagnostics a, DOD-contracted laboratory to perform other tests we cannot do ourselves. Samaritan Medical Center in neighboring Watertown is contracted to perform tests that we cannot do here and as a means of back-up should our instrumentation fail.

2. Population Served: Active duty military, retired military and dependent family members of both, who are properly referred by Health Care Providers, are eligible for services provided. This population of nearly 38,000 encompasses all age groups. Specimens are received from the Immediate Care Center, Connor Troop Medical Clinic, Aviation Troop Medical Clinic, Seneca Army Depot and even Veterinary Services. All other specimens are obtained in our phlebotomy area.

3. Location of Services: The clinical laboratory is located in room 597 at Guthrie Clinic. The entrance to the laboratory is preceded by the reception desk, patient waiting area and phlebotomy area.

4. Hours of Operation: Lab support is provided from 0600 to 2330 7 days per week to support the UCC hours of operation. Out-patients are admitted for lab services Monday through Friday 0700-1800.

5. Support Service Sources: There are 23 laboratory employees comprised of the lab manager, 1 Senior Medical Technologist, 1 NCO, 1 Administrative Assistant, 2 Health Technicians, 6 Medical Technicians, and 11 Medical Technologists. A Lab Director is assigned to oversee the Department and a Consulting Pathologist from Walter Reid Army Medical Center (WRAMC) visits quarterly and is available for electronic and phone consults.

APPENDIX U
Laboratory Scope of Practice

1. **PURPOSE:** To delineate the practice and procedures available in the laboratory and define who may perform those procedures.
2. **RESPONSIBILITY:** The Chief of Laboratory, Senior Technologist and laboratory Director are responsible for ensuring adherence to this policy.
3. **CERTIFICATION / GUIDELINES:** The lab is Certified by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and College of American Pathologists (CAP). We are registered with the Department of Defense Clinical Laboratory Improvement Program (CLIP), registration number DOD 360202 to perform high complexity testing.
4. **TESTING PERSONNEL:** Medical Technicians and technologists who qualify as testing personnel by all applicable CLIP, CAP and JCAHO standards and have been competency assessed, may perform and result lab tests. (Competency assessments are maintained in the 6-sided competency assessment folders). Medical technicians who perform lab tests will have their work reviewed within 24 hours by a certified medical technologist.
5. **GOAL:** Help ensure the medical readiness of our soldiers and facilitate the total healthcare of our beneficiaries through a customer- focused commitment to quality care. We are committed to those we serve, and will treat our customers with dignity, respect, courtesy and compassion.
6. **LAB TESTS AUTHORIZED FOR IN-HOUSE TESTING:**

HEMATOLOGY:

CBC with automated differential
CBC without automated differential
Hemoglobin and Hematocrit
Erythrocyte Sedimentation Rate
Reticulocyte Count
Bleeding Time

Preliminary Malaria smear –thin smear only; Final analysis performed at WRAMC

Coagulation Panel :

Prothrombin Time (PT)
Activated Partial Prothrombin Time (APPT)
INR

Post Vasectomy (qualitative) Sperm Count
Nasal Smear for Eosinophils
Stool for Leukocytes

URINE / MICROSCOPY :

Urine Dipstick
Urinalysis (Dipstick and Microscopic)

Urine Qualitative HCG
Serum Qualitative HCG
Serum Qualitative Acetone
Urine Qualitative Myoglobin

MICROBIOLOGY:

Cultures of Urine, Throat (including rapid strep), Stool, Genital, Blood, and
Miscellaneous
KOH/Wet Prep

BLOOD BANK:

Blood Type and Rh
Antibody Screen
Rhogam Workup

SEROLOGY:

RPR
Monospot
RF (Rheumatoid Factor)
Rubella Screen

CHEMISTRY:

Renal Panel:

Albumin
Calcium
Phosphorous
Creatinine
BUN
Uric Acid
Bi Carb

Chem 12 (complete profile):

Glucose
Total Protein
BUN
Creatinine
Sodium

Liver Panel:

Potassium
Chloride
CO2 (bicarbonate)

ALK
SGPT / ALT
SGOT / AST
T BIL (total Bilirubin)

Albumin
Alkaline Phosphatase
SGOT-AST
Total Bilirubin

Cardiac Panel:
SGOT
LDH
CPK
CK-MB
Troponin

Lipids: (fasting specimen required)
Cholesterol
Triglyceride
HDL
Direct LDL
Calculated VLDL
Chol / HDL Ratio

Chem 7 (medical Profile):
Glucose
Sodium
Potassium
CL
CO2 (Bicarbonate)
Creat
BUN

Neonatal Bilirubin:
Direct Bilirubin
Total Bilirubin

MISCELLANEOUS:

1 Hour Glucose Tolerance Test
2 Hour Glucose Tolerance Test / 2 Hour Post Prandial
3 Hour Glucose Tolerance Test
5 Hour Glucose Tolerance Test
Ethanol- for Medical Diagnosis only
TSH Reflex, Reflexes to a Free T4 which is sent out if warranted
Creatinine Clearance (Urine Creatinines)
Urine Proteins
Urine Microalbumin
Urine Drug Screen (Medical Diagnosis only)
Quantitative Beta HCG
Homocystine

6. UNAUTHORIZED TESTS: Procedures that have not been approved by the Consulting Pathologist and Laboratory Director are not authorized. Additionally, identification of parasites, molds or fungi and the storage and / or issuing of blood or blood components are not authorized under our current CLIP and CAP certificates.

APPENDIX FF
Preventive Medicine Scope of Service

Scope of Services:

- a. Travel Medicine Clinic (by appointment)
 - b. Tuberculosis Control Clinic (by appointment)
 - c. Deployment immunization recommendations and education
 - d. Preventive medicine briefings to Soldiers, commanders, and units
 - e. Outbreak investigations
 - f. Tobacco Cessation
 - g. Epidemiology and control of infectious and tropical diseases of military significance to include TB, STDs and HIV
 - h. Health aspects of rapid mobilization (medical threat assessment, immunization and chemoprophylaxis policy, etc.)
 - i. Organization and function of military PM in garrison and on deployment
 - j. Occupational medicine follow-up care (by appointment)
 - k. Military-unique occupational concerns
 - l. Liaison service between local, state and federal agencies as applicable to military medical requirements.
2. Population Served: Active duty military, retired military and dependent family members of both, as well as eligible civilian employees on Fort Drum. This population of nearly 40,000 encompasses all age groups.
3. Location of Service(s) Performed: Dept of Preventive Medicine, Clark Hall, Fort Drum, NY 13603
4. Hours of Operation: 0730-1630, Monday-Friday
5. Support Service Sources:
- a. Community Health Nursing
 - b. Dietary Health
 - c. Audiology
 - d. Occupational Health
 - e. Environmental Health
 - f. Industrial Hygiene

APPENDIX GG
Preventive Medicine Scope of Practice

1. Purpose: To communicate the goals and philosophy of the Preventive Medicine Clinic and provide guidelines for the scope of care and practice within this clinic.
2. Goal: It is the goal of the Preventive Medicine Clinic to provide assessment, diagnosis, and treatment of physical or psychosocial problems; to promote quality patient care through integration of scientific medical principles; to include the patient in planning and implementation of the patient's care; and to maintain compliance with military and civilian regulatory agencies.
3. Philosophy: The staff of the Preventive Medicine Clinic recognizes the individuality of the patient and the uniqueness of each case. We believe we should provide comprehensive quality medical care in which the clinic's continuing responsibility for health care is not limited by the patient's age, sex, or by a particular organ system or disease entity. This comprehensive care will take into consideration the patient, their family, their military unit, and that unit's mission. We believe in providing a safe, therapeutic environment in which the physical, emotional, and social needs of the patients will be recognized, assessed, and provided for, and that the patient has the right to be treated with dignity and be an active participant in the decisions regarding his/her care.
4. Health Care Staff: One physician, MD; four Army Public Health Nurse, RNs; two licensed practical nurses (LPN); two administrative assistants.
5. Unauthorized Procedures: None
6. Authorized Procedures:

PROCEDURE

INDIVIDUAL AUTHORIZED

We do not really do procedures anymore since MIP went away.

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CHCS II Block 1 User's Manual Build 838

for the

Composite Health Care System II

Prepared for:

The CHCS II Program Office

and the

MHS Clinical Information Technology Program Office

27 July 2005

Prepared By:

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1.0 GETTING STARTED

1.1 CHCS II Overview

As the target healthcare system of the Department of Defense (DoD), the Composite Health Care System (CHCS) II provides a structured framework for accessing and integrating medical information for patients. CHCS II is the Military Health System (MHS) Computer-based Patient Record (CPR). It provides the DoD with an enterprise-wide system, governed by universal standards integrating data from multiple sources and displaying the data at the point of care. Appropriate portions are easily accessible to authorized users when and where needed. The CPR facilitates the worldwide delivery of healthcare; assists clinicians in making healthcare decisions, and supports leaders in making operational and resource allocation decisions.

CHCS II provides the essential capabilities, as identified by the functional community, to support the creation of a CPR. CHCS II integrates the best of Government and commercial off-the-shelf (COTS) products by interfacing the existing MHS Automated Information Systems with new functionality.

1.2 Security Overview

CHCS II is installed in Military Treatment Facilities (MTFs) and clinics throughout the world. As the security of patient data is of paramount importance in the military's healthcare community, an elaborate and effective security methodology has been built into CHCS II. The system administrator strictly controls access to all parts of CHCS II.

An integral part of CHCS II security is the assignment of roles. Each user is assigned a CHCS II role. This role is determined by the user's job skill set. These roles are cumulative, allowing greater access to patient information as roles are added. Similar in concept to the CHCS user level, an individual's role determines what information can be accessed or changed.

CHCS II is developed to provide an interface to data contained in the military health care systems. The CHCS II product provides the DoD clinical team members with a single-sign-on capability to retrieve patient data from multiple sources and locations without the need to manually access each information repository. With the single-sign-on feature, CHCS II account users are able to retrieve site information stored in the Clinical Data Repository (CDR) at Defense Information Systems Agency (DISA) and to access their local CHCS application. The CHCS II account resides on the Enterprise Master Security Server (EMSS) at DISA with local control at each Host MTF.

The local access to the Enterprise system is granted, managed and inactivated at the local sites using the local security object, similar to the CHCS account creation, granting access to the local CHCS. The management of the local access to CHCS II is designed to meet MHS and DoD account management guidelines, while the Enterprise account remains intact for successful transfer to other CHCS II MTFs and access to global user account information. Local sites do have the capability to delete the

Enterprise accounts in the event of a security violation. User accounts can and will be suspended after 45 days and disabled/inactivated after 120 days of non-activity, or when a user leaves the MTF.

The CHCS II Enterprise account enables users to transfer from one CHCS II MTF to another CHCS II MTF, for reassignment or Temporary Duty (TDY), and continue to access their CHCS II account settings, such as personal templates, and gain access to the new CHCS II MTF clinical information. This process is referred to as Transferring a CHCS II account.

1.3 Account Creation Process

CHCS II user account creation is an automated process. This process is initiated with the creation of the CHCS user account. Upon creating and flagging the CHCS user account with the settings "Active CHCS II user," the user account information is sent to the CDR and to SnareWorks to create the user account on the EMSS. Once the EMSS receives the request for the account, the system sends an email to the Security Administrator(s) at the local site, notifying the site that the account is ready for activation. The site system administrator then assigns the appropriate roles and privileges and provides local access to the CDR and CHCS.

Upon CHCS II account accreditation, the Security Administrator, through a local process, notifies the user that his/her account has been accredited and he/she can proceed to log into CHCS II. The user logs in to CHCS II using the CHCS Access/Verify code and is prompted to change his/her password and enter a new User ID. This updates the CHCS Verify code (password) and provides the user with a username for entering CHCS II and CHCS (single sign-on), but does not change the CHCS Access code.

Note: According to the MHS Security Guidelines, the CHCS II password must meet the following criteria.

- Minimum of 8 and maximum of 20 characters
 - Minimum of 1 numeric character
 - Contain at least 1 of the following non-alphanumeric characters: !, @, #, \$, %, or &
 - Mixture of case
 - It should not be a previously used CHCS Verify code
 - @ sign cannot be used in the User ID or password
 - Passwords should not consist of words found in the dictionary
 - Should not be names, dates, etc., that are easy to guess
-

18.0 LABORATORY

18.1 Laboratory Overview

The Lab module is designed to display the results of laboratory tests. Results are viewed, not ordered, from this module. Lab results are pulled from CHCS and an alert is triggered when new results are received. The Lab module is defaulted to display ten lab results. The default value can be changed, but this may impact your wait time and system performance.

Type	Date Collected	Date Drawn	Date Released	Report	Ordering Provider	MFP	Site/Specimen	Status
Standard Lab	27 Sep 2004 1058	27 Sep 2004 1058	27 Sep 2004 1116	CBC W/Diff	FRECHETTE, GEORGE	4th Medical Group	BLOOD	BL000
Standard Lab	27 Sep 2004 1058	27 Sep 2004 1058	27 Sep 2004 1107	Urinalysis	FRECHETTE, GEORGE	4th Medical Group	URINE	RND,URI

Test/Result Name	Site/Specimen	Collection Date / Result Value
CBC W/Diff	Site/Specimen	27 Sep 2004 1058
WBC	BLOOD	7.0
RBC	BLOOD	3.90 (L)
Hgb	BLOOD	10.1 (L)
Hct	BLOOD	33.0 (L)
MCV	BLOOD	79.0 (L)
MCH	BLOOD	27.0 (L)
MCHC	BLOOD	32.0 (L)
RDW-CV	BLOOD	12.0
Gran	BLOOD	5.0 (L)
Lymphs	BLOOD	8.0 (L)
Mono	BLOOD	8.0
Eos	BLOOD	5.5
Baso	BLOOD	0.0 (H)
Pt	BLOOD	200
HPV	BLOOD	11.0 (H)

Figure 18-1: Military Clinical Desktop—Laboratory Module

18.1.1 In More Depth

During site activation or when an appointment is first made in CHCS II for a particular patient, 36 months worth of patient lab results are pulled from CHCS and are stored in the CDR. These results are accessible through the Lab module.

Lab tests are ordered through CHCS II in the A/P module. The order is sent back to CHCS for processing. When the test is complete and the results are entered into CHCS, they are sent to the CDR and an alert is triggered in CHCS II for the ordering provider. All lab results, then, are reviewed in the Lab module.

18.2 Creating a Search Filter in the Lab Module

The results listed in the Lab module can be filtered. You can create a filter to sort lab results for which you are interested in.

Follow the steps below to create a filter for viewing lab results:

1. Click **Options** on the Lab module. The Lab Results Properties window opens.
2. Click the Filter tab.

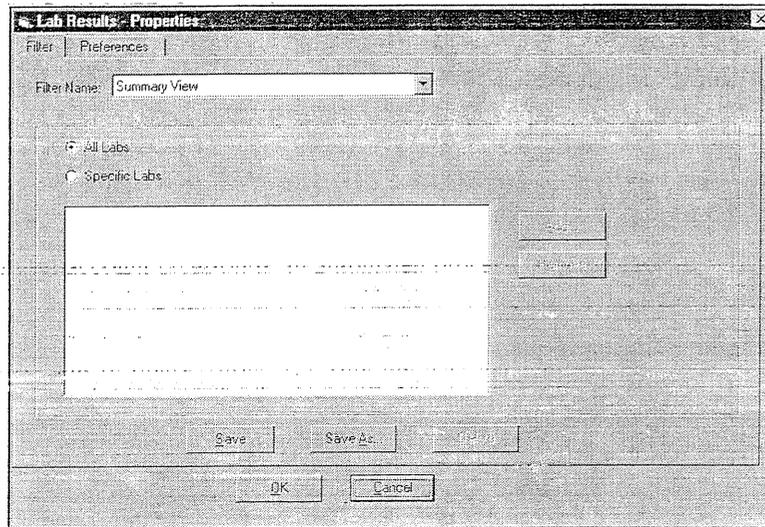


Figure 18-2: Lab Results—Properties Window—Filter Tab

3. Select the applicable radio button for the lab results you want to view.
 - If **All Labs** is selected, all of the listed lab results are displayed
 - If **Specific Labs** is selected, click **Add** to open the Add Lab Type window to add specific lab results.
4. Click **Save As**. If this is a change to a pre-existing filter, click **Save**.

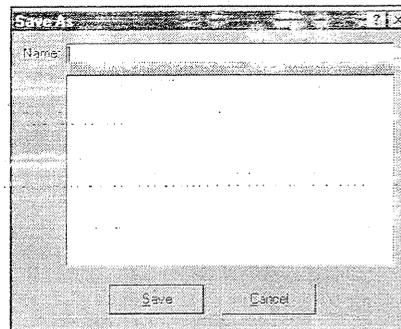


Figure 18-3: Save As Window

5. Enter the name for the filter.
6. Click **Save**.

Note: To delete a personal filter, select the filter from the list and click **Delete**. At the confirm deletion prompt, click **Yes**.

7. Click OK.

18.3 Setting Laboratory Module Preferences

The Preferences tab allows you to set default times and viewing options. Each time you open the Lab module, the listed results match these defaults. The Lab module is defaulted to display ten lab results. The default value can be changed, but this may impact your wait time and system performance.

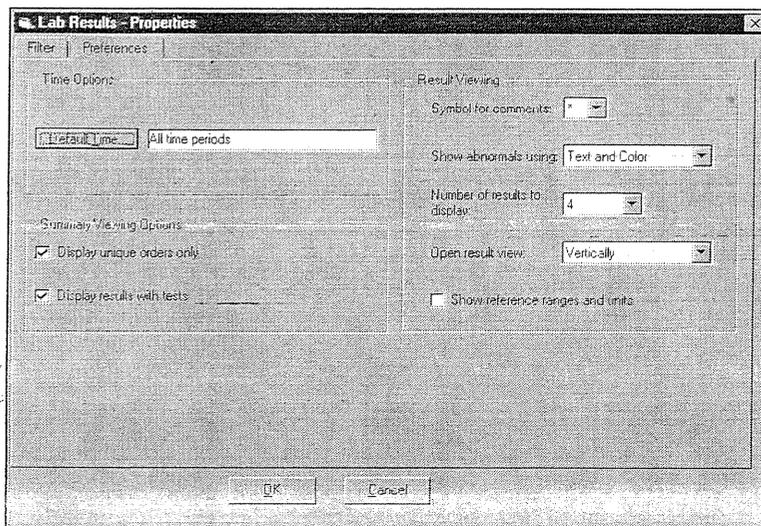


Figure 18-4: Lab Results—Properties Window—Preferences Tab

Follow the steps below to set Lab module preferences:

1. Click **Options** on the Lab module. The Lab Results Properties window opens.
2. Click the **Preferences** tab.
3. Click **Default Time**. The Lab Results warning window displays.

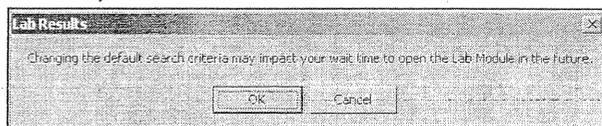


Figure 18-5: Warning Window

4. Click **OK**. The Time Search window opens.

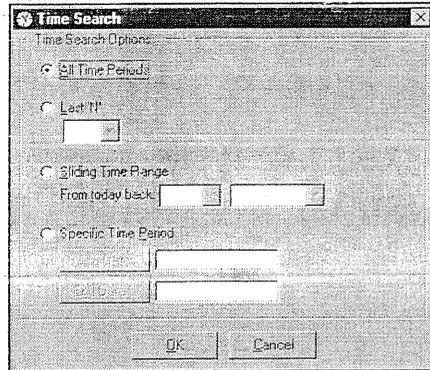


Figure 18-6: Time Search Window

5. Select the radio button for the applicable Time Search Option and click OK.

Note: The items in the Summary Viewing Options area have no bearing on the default display.

6. In the Result Viewing area, complete the following fields:
 - **Symbol for comments:** This field has no bearing on the Lab module.
 - **Show abnormals using:** This field has no bearing on the Lab module.
 - **Number of results to display:** Select the number of results to be displayed in the Lab module.
 - **Open result view:** Select the desired view for the results. Options include vertically and horizontally.
7. Click **Show Reference Ranges and Units** to display units upon opening the Lab module.
8. Click **OK**.

18.4 Viewing Lab Results

Once the search criteria have been defined, the lab test results are displayed.

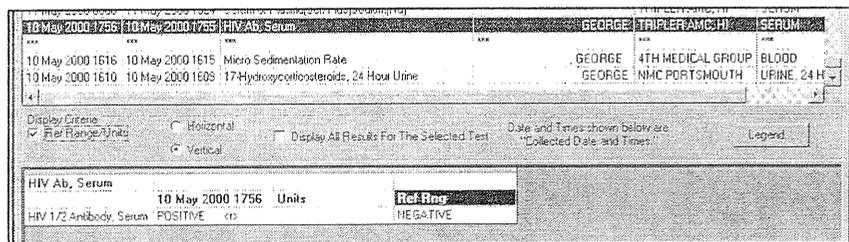


Figure 18-7: Lab Test Results

Select the desired test data to be viewed by selecting the test name. The data is displayed in the bottom of the Lab module. The Lab Result Profile area can be changed according to individual preference.

- **Display All Test Results:** Click **Select All Results** to view all test result data in the test viewing area simultaneously.
- **Ref Range/Units:** Select the check box to view the CHCS II normal range and unit for each test.
- **Change Viewing Format:** The layout of the results can either be seen vertically or horizontally. Select the appropriate radio button.
- **Legend:** Click **Legend** to view the codes used in the test results.

Tip:

To view any comments associated with the result, double-click on a cell with <o>, <i>, <r>, or <a> to view the order comments, interpretations, results comments, and amendments.

Note: Lab results cannot be printed directly from the Lab module. In order to print lab results, you must first copy the lab result to a note and then print it as part of a current encounter, or print the lab results from the Flowsheets module.

18.5 Viewing Sensitive Lab Results

Sensitive lab results are displayed with asterisks. Remaining columns are viewed as normal. You must have “break the glass” privileges to view sensitive lab results.

Follow the steps below to view sensitive results:

1. Double-click the result. A security message is displayed stating that all further actions are audited. If you do not have sufficient security privileges, a security message is displayed and you cannot proceed.

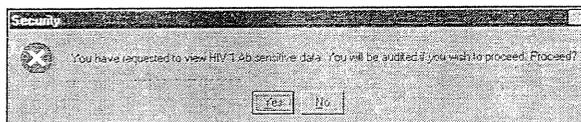


Figure 18-8: Security Warning

2. Click **Yes** to continue. The sensitive lab results are displayed in the bottom portion of the workspace.

18.6 Copying Lab Results to a Note

Details of a lab result can be copied to the clipboard or copied and placed directly into the S/O portion of the current patient encounter summary.

Follow the steps below to copy lab results to a note:

1. Select the desired result so the details are in the bottom of the Lab module.

Type	Date Collected	Date Ordered	Date Resulted	Report	Ordering Provider	MTF	Spec/Specimen
Standard Lab	25 Sep 2002 1340	25 Sep 2002 1340	25 Sep 2002 2134	Creatinine	MIL R, RI IALD	NMC Portsmouth	URINE
Standard Lab	25 Sep 2002 1340	25 Sep 2002 1340	25 Sep 2002 2134	Protein, 24 Hr Urine	MIL R, RI IALD	NMC Portsmouth	RANDOM
Standard Lab	25 Sep 2002 1340	25 Sep 2002 1339	25 Sep 2002 1514	Chem 17	MIL R, RI IALD	NMC Portsmouth	SERUM
Standard Lab	25 Sep 2002 1340	25 Sep 2002 1339	25 Sep 2002 1411	Urinalyzer W/Microscopic	MIL R, RI IALD	NMC Portsmouth	URINE
Standard Lab	20 Aug 2002 1459	20 Aug 2002 1438	20 Aug 2002 1839	Chem 7	MIL R, RI IALD	NMC Portsmouth	SERUM
Standard Lab	13 Aug 2002 0815	13 Aug 2002 0815	14 Aug 2002 1455	Lipid Panel, Complete	GIA ATTC IO, J	NMC Portsmouth	SERUM
Standard Lab	13 Aug 2002 0815	13 Aug 2002 0815	14 Aug 2002 1455	Alanine Aminotransferase	GIA ATTC IO, J	NMC Portsmouth	SERUM

Test / Result Name	Site/Specimen	Collection Date / Result Values	Units	Ref Range
Chem 17	SERUM	25 Sep 2002 1340		
ACT	SERUM	70	U/L	15-45
Albumin	SERUM	4.0	g/dl	3.4-5.0
Alk Phos	SERUM	86	U/L	38-125
Bilirubin, Total	SERUM	0.4	mg/dl	0.0-1.3
CO2	SERUM	24	mmol/l	22-32
Calcium	SERUM	9.2	mg/dl	8.4-10.5
Chloride	SERUM	107	mmol/l	98-108
Creatinine, Serum/Plasma	SERUM	1.1	mg/dl	0.7-1.3
GGT	SERUM	20	U/L	5-85
Glucose	SERUM	90	mg/dl	70-120
LDH	SERUM	454	U/L	213-618
Phosphate	SERUM	4.3	mg/dl	2.4-4.5

Figure 18-9: Lab Results Window (Copy Lab Results)

Tip:

To select the results, click inside the top, left box. Continue holding down the mouse button and drag the mouse to the lower-right corner.

2. Select the result(s) you want to copy.
3. Perform a right-mouse click, then select either:
 - **Copy:** Copies the selection on the clipboard so it can be used in another location.
 - **Copy to Note:** Copies the details directly into the S/O portion of the current patient encounter summary.

Note: You must open an encounter to use the Copy to Note function. The result is pasted directly into the patient encounter. Once copied, the results cannot be deleted from the note, so ensure that you only select the Copy to Note option once, to avoid duplication.

Note: After you copy lab results into a note, you can print the lab results as part of an encounter by printing the electronic SF600.

18.7 Printing Lab Results

Lab results cannot be printed directly from the Lab module. Lab results can only be printed from the electronic SF600 as part of a current encounter after you copy the lab results to a note or lab results can be printed from the Flowsheets module.

20.0 MEDICATIONS

20.1 Medications Overview

The Medications module lists the patient's past and present medications. The list includes over-the-counter (OTC), outside, and CHCS II-ordered medications. Current medications can be viewed, re-ordered, or modified and new medications can be added and ordered. Only OTC/Outside medications can be documented without an open encounter. A current encounter must be open in order to re-order, modify, or order new medications.

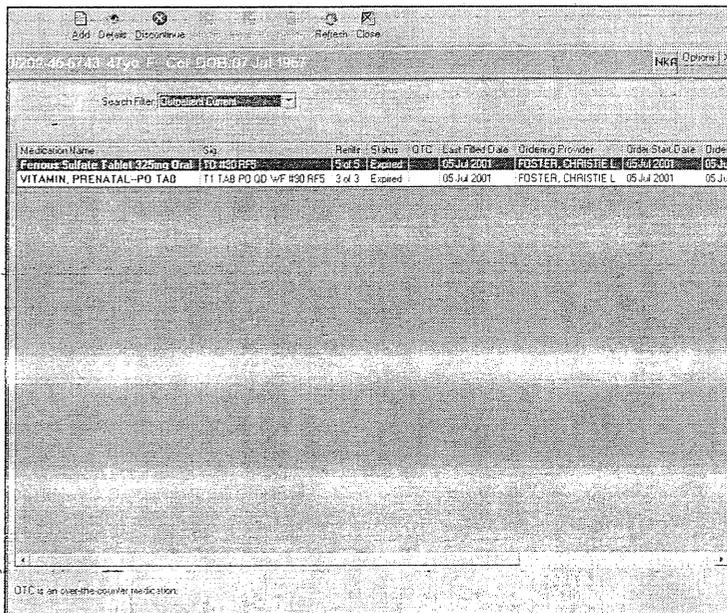


Figure 20-1: Military Clinical Desktop—Medication Module

20.1.1 In More Depth

Typically, a medication is ordered through the A/P module and is sent to CHCS for processing. Once the prescription has been filled in the pharmacy, the medication is displayed in the Medication module in CHCS II.

Information available for each entry includes the SIG, quantity, refills, days supply, dispensing location, clinic, status of the prescription, order information, and ordering end user.

The default list of medications includes outpatient current medications for patients with an appointment classification of Outpatient. When the Medications module is opened for a patient whose classification is Inpatient, the default filter is Inpatient Current.

In the list of medications, active medications appear in bold text and inactive medications appear in regular text. Those medications that were added as an OTC/Outside medication will have a check in the OTC column.

20.2 Setting the Filter of the Medications Module

The default filter, either Outpatient Current or Inpatient Current, can be changed. The Properties window in the Medications module contains the Default Filter drop-down list. The Default Filter is used to set the default Search Filter in the Medications module.

Follow the steps below to change the filter:

1. Click **Options** on the Medications module. The Properties window opens.

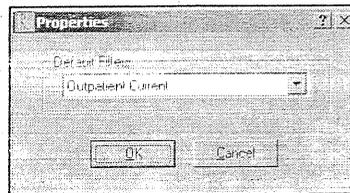


Figure 20-2: Properties Window

2. Select the desired filter from the Default Filter drop-down list.

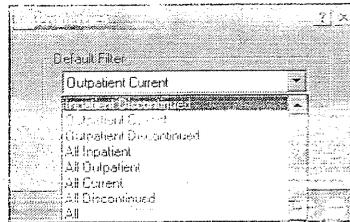


Figure 20-3: Default Filter Drop-Down List

3. Click **OK**. The list of medications is refreshed based on the selected filter.

20.3 Documenting an OTC/Outside Medication

An OTC/Outside medication can be documented in the Medications module. Medications added as an OTC/Outside medication are not considered during the pre-verify process that occurs when a medication is ordered. There are no drug-drug, drug-allergy, or duplicate order warnings based on these documented medications.

Follow the steps below to document an OTC/Outside medication:

1. Click **Add** on the Action bar. The Select Type of New Medication window opens.

Note: In order to add new medications, an encounter must be open and the filter must be set to Outpatient Current.

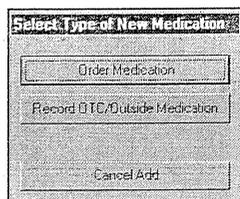


Figure 20-4: Select Type of New Medication Window

2. Click **Record OTC/Outside Medication**. The New OTC/Outside Medication pane opens at the bottom of the workspace.

Figure 20-5: New OTC/Outside Medications Window

3. Click **Medications** to search for and locate the medication.
4. Enter the name of the medication and click **Search**.
5. Select the correct medication and click **OK**.
6. On the New OTC/Outside Medication window, complete the following fields:
 - Sig: free text field
 - Ordering Provider: free text field
 - Order Start Date: Click **Order Start Date** to enter the correct date using the calendar or enter the date directly in the Start Date field.
 - Comment
7. Click **OK**. The OTC is added to the patient's medication list.

20.4 Ordering a New Medication

Tip:

To add a new medication, you must set the filter to **Outpatient Current**.

Medications can be ordered directly from the Medications module if an encounter is open.

Follow the steps below to order a new medication:

1. Open the appropriate encounter.
2. In the Medications module, click **Add** on the Action bar. The Select Type of New Medication window opens.

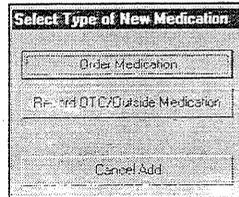


Figure 20-6: Select Type of New Medication Window

3. Click **Order Medication**. The New Order window displays at the bottom of the workspace.

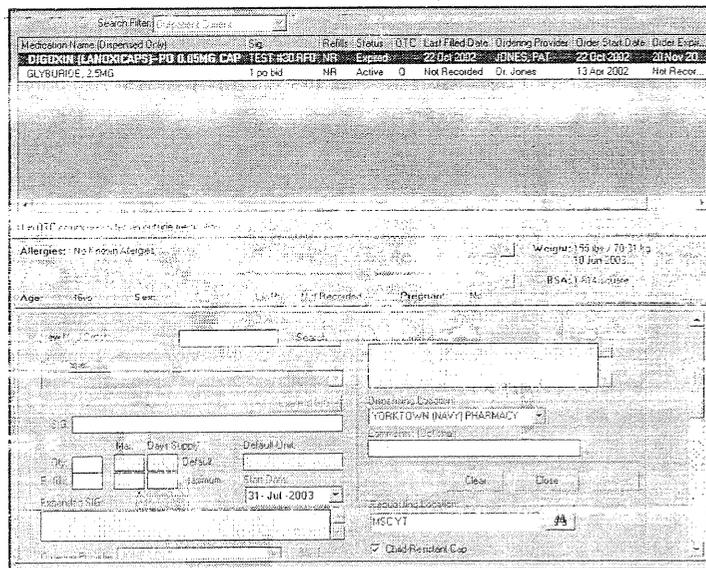


Figure 20-7: Order Entry Medications Window

4. Enter the name of the medication in the Search field and click **Search**.
5. Select the medication from the results displayed in the Item Name field.
6. Complete the following fields:

SIG

Note: If a CHCS sig exists for the selected medication, it auto-populates this field. The SIG can be edited and changed.

- Quantity
 - Refills
 - Start Date
 - Child Resistant Cap
 - Comment
 - Expanded SIG
 - Requesting Location
 - Dispensing Location
 - Ordering Provider
7. When all the necessary information has been added, click **Submit**. The ordered medication displays on the medication list once it has been filled by the pharmacy.
-

Note: CHCS pre-verifies the order against patient and medication records and displays any resulting messages or warnings, as well as any SIG code(s) and standard order/refill quantities associated with the medication. Warnings include duplicate orders and drug–drug and drug–allergy interactions. To override a warning in the Warnings window, enter a reason for the override and click **Accept Override**. To ignore the warning override, click **Cancel Order**.

20.5 Reviewing a Medication

Follow the steps below to review a medication:

1. Select the medication you want to review.
2. Click **Details** on the Action bar. The Details window opens and is read-only.

Allergies: TETRACYCLINES, ASPIRIN, BEE ANALGESIC (ACETAMINOPHEN/PHENYLETOXICIT)		Weight: 105 lbs - 02 May 2001 03:38
		BSA: 2.061 square
Age: 28y0	Sex: M	Show Last Creatinine...
Review Medication		
Medication Name		NDC
AMOXICILLIN-PO 250MG CAP		No NDC
Sig: TI CAP PO TID P10 #7 RFD		Status: Expired
		Order Number: 020124-00070
Quantity:	Order Start Date: 24 Jan 2002	Comments:
Refills: none	Order Expiration Date: 03 Feb 2002	NONE
Refills Remaining: 0	Last Filled Date: 24 Jan 2002	
Days of Supply: 10	Event Date: 24 Jan 2002@1147	
Dispensing Location: PORTSMOUTH MAIN PHARMACY		
Clinic: DERMATOLOGY NMCP		Ordering Provider: FROUNDER, DAVID
Close Detail		

Figure 20-8: Details Window

3. Click Close Detail.

Tip:

You can still view information for a discontinued medication by setting up a filter that displays discontinued medications.

20.6 Discontinuing a Medication

Both ordered and OTC/Outside medications can be discontinued from the Medications module. An encounter must be open, though, to discontinue an ordered medication.

Follow the steps below to discontinue a medication:

1. Select the medication to be discontinued.
2. Click **Discontinue** on the Action bar.

Note: There is no confirmation message when discontinuing an ordered medication.

3. At the Inactive Medications confirmation prompt, for an OTC/Outside medication, click **OK**.

Note: There is no confirmation message when discontinuing an ordered medication. A message is displayed stating that the medication has been successfully discontinued.

20.7 Renewing a Medication

When the renew action is taken from the Medication module, the system automatically brings up the Order Entry Medication window. This function is only available for prescriptions that were originally ordered through the pharmacy and if an encounter is open.

Follow the steps below to renew a medication:

1. Select the medication to be renewed.
2. Click **Renew** on the Action bar. The Order Entry Medication window opens.

Medication Name (Dispensed Only)	SIG	Refills	Status	DTC
ZAZITHROMYGIN-PO 250MG TAB	2 TABS PO ON DAY ONE, THEN ONE DAILY UNTIL FINISHED #6 RFD	NR	Expired	1...
SODIUM CHLORIDE-0.225% SOLN	T1 TB PO BID RFD	NR	Expired	1...
ASPIRIN/CAFF/BUTALBITAL (FIORINAL)-PO TAB	AS NEEDED #50 RFD	N/R	Expired	0...
GUAIFENESIN/CODEINE (ROBI AC EQ.)-PO SYRP	AS DIRECTED #120 RFD	NR	Expired	0...

Allergies: SALT PETER (POTASSIUM)BICARBONATE

Age: 40yo Sex: M Weight: 185 lbs - 20 Nov 2001 15:45 BSA: 2.067 square meters - 20 Nov 2001 15:45

New Med Order: Medication: [Field] SIG: [Field] Quantity: [Field] Refills: [Field] Max Days Supply: [Field] Default Unit: [Field] Start Date: 03 May-2002 Requesting Location: DERMATOLOGY NMCP

Figure 20-9: Order Entry Medication Window

3. Change the SIG, Quantity or Refills, as appropriate.
4. Click **Submit**.

39.0 SIGN ORDERS

39.1 Sign Orders Overview

The Sign Orders module allows you to validate orders submitted by non-providers. When a non-provider submits a consult, lab order, radiology procedure, or medication for a patient encounter in the A/P module, the assigned provider receives notification that an order was entered on your behalf by the non-provider. The order's status is pending until you sign the order.



Figure 39-1: Sign Orders Alert

39.2 Cancelling a Non-Provider Order

The Sign Orders module lets you cancel orders entered by non-providers in the A/P module.

Follow the steps below to cancel a non-provider order:

1. On the Sign Orders module, select the order(s) you want to cancel.
2. Click **Cancel Selected Orders**. A confirmation window appears.
3. Click **Yes**. The order(s) is removed from the Sign Orders module.

39.3 Signing Non-Provider Orders

The Sign Orders module allows you to validate orders entered by non-providers in the A/P module. You do not need to have the patient's encounter open to sign the order(s). The Sign Orders icon displays in the patient ID line when you have orders that need to be signed.

Follow the steps below to sign non-provider orders:

1. On the Sign Orders module, select the checkboxes for the order(s) you want to sign.
2. Click **Sign Selected Orders**. The order(s) is removed from the Sign Orders module.

Note: If you want to sign all orders listed, click **Sign All Orders**. If you want to view detailed information about the order, expand the order by clicking the small plus (+) next to the order. If you want to expand all orders in the workspace, click **Expand All**.
