



DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

MHCO-CL-P

OTSG/MEDCOM Policy Memo 06-026

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MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBORDINATE COMMANDS

SUBJECT: Interim AHLTA Scanning Guidance

1. Reference. AR 40-66, Medical Record Administration and Health Care Documentation, 21 Jun 06.
2. Purpose. This document serves as USAMEDCOM policy and provides general guidance for scanning medical documentation into AHLTA.
3. Proponent. The proponent for this policy is the Patient Administration Division (PAD), Health Policy and Services Directorate, US Army Medical Command.
4. Responsibilities.
 - a. The PAD, Health Policy and Services Directorate, US Army Medical Command, is responsible for this policy, providing overall staff guidance, and publishing updates as required.
 - b. The Medical Treatment Facility (MTF) PAD will provide oversight for all medical record scanning functions related to AHLTA. The PAD will assume leadership in the development and coordination of local policies related to scanning medical documentation into AHLTA. PAD will coordinate with the appropriate clinical and administrative staff in the development of workflow processes required to establish and maintain electronic scanning, archiving, storing, and transmission of medical records.
 - c. Administrative support staff within the MTF clinical services, referral centers, and PAD will perform scanning functions applicable to their mission. The PAD will also provide policy oversight for scanning functions performed in these areas.
5. Policy:
 - a. Quality Control (QC): The MTF will develop and implement a QC plan to ensure the accuracy of patient demographics, appropriate placement in AHLTA, and optimal image quality. The QC plan will also address proper disposition of the paper copy once the scanned image has been reviewed for accuracy, quality, and saved into AHLTA. This plan will become a part of the MTF's Improving Organizational Performance (IOP) program outlined in Chapter

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12 of AR 40-66, and discrepancies will be reported to the Medical Record/Quality Improvement Committee on a quarterly basis.

b. System Availability:

(1) In the event AHLTA is down for a period less than 24 hours, document scanning is to resume immediately after the system is operational, to include any accumulated backlog of relevant documentation generated during downtime. NOTE: Commander's discretion will be exercised in this matter if the 24-hour volume negatively impacts on departmental operations.

(2) In the event AHLTA is down for a period greater than 24 hours, the scanning of documentation generated during downtime will be at the discretion of the MTF Commander. If the Commander chooses not to scan, then documents will be filed in the patient's paper medical record. It should be noted that records NOT scanned will NOT become part of the Clinical Data Repository or any other database.

c. Utilization:

(1) Scanners should be used to incorporate the documents below-listed into AHLTA, and not as an alternate method of entering patient encounter data into AHLTA.

NOTE: Scanned material will not contribute to the Evaluation and Management calculation done by AHLTA and does not generate searchable data.

(a) Documents that require patient signature, (i.e., consent forms and Notice of Privacy Practices (NOPP)).

(b) Army Physical Exam forms (i.e., DD 2807-1, DD 2807-2, and DD 2808) until the Standard Form generator capability is fielded in AHLTA.

(c) Detailed clinical drawings that are attached to an encounter, until deployment of the AHLTA drawing tool.

(d) Network consults and other reports generated outside of DoD MTFs.

(e) Results of medical studies (i.e., electrocardiograms, pulmonary function, sleep apnea).

(f) Operative Reports, Discharge Summaries, Discharge Notes (Final Progress Note); clinically relevant reports that are not directly entered into AHLTA.

(2) The Clinical Notes Section will serve as the primary location to place electronically generated or scanned documentation into AHLTA. For example, all external consults, network discharge summaries, and MTF discharge summaries will be scanned or "copied and pasted" into the clinical notes section and labeled appropriately. The alternate location will be the

clinical encounter (as an attachment) for documentation types not listed in the clinical notes section.

(3) Scanning should not be used for the following:

(a) Existing paper records.

(b) Handwritten notes used as a substitute for entry of patient data into AHLTA.

(4) Only the "results" page of multiple page documents such as sleep studies, Holter Monitors, etc.... will be entered into AHLTA. This is due to size limitations and the potential to significantly slow AHLTA's performance.

6. Procedures:

a. Scanners will be used to capture certain paper-based medical documentation into AHLTA.

b. Scanning will serve as an interim method for entry of documents into AHLTA that involve patient signature or drawings until a fully integrated electronic method is fielded to accomplish these tasks.

c. Scanning will serve as an interim method for the capture of specific patient reports such as EKGs into AHLTA until a direct equipment interface is developed.

d. Scanning will serve as a method to enter external consults and other patient specific external data into AHLTA. Scanning of consultation referrals will facilitate this process since scanned network consultations are available to all.

e. Scanning will also serve as an interim method for the entry of emergency room documentation into AHLTA.

f. Each MTF should define a process to identify those items that are generated in clinics that may be scanned into AHLTA by the medical records staff. Scanning is an extension of "medical record" maintenance and should be accomplished by administrative support or clerical support staff. Scanning of documents into AHLTA should be accomplished within a specified time frame.

g. Erroneously and Poorly Scanned Documents.

(1) Documents erroneously scanned and saved into the record of another patient must be reviewed and approved in writing by the Deputy Commander for Clinical Services; Chief, Patient Administration; or designated individual. This includes poorly scanned documents that are illegible on screen and in print.

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(2) Upon validation, an AHLTA Tier 3 trouble ticket will be initiated by PAD and submitted to the Military Health System (MHS) Help Desk for the removal of the document(s). The MTF Risk and Data Quality Managers will be included in the notification process that a trouble ticket has been generated to remove documentation from AHLTA.

(3) Once the Tier 3 trouble ticket is submitted, the ticket number must be forwarded to the AMEDD AHLTA Program Management Office at tier3@chcsii.com, for tracking purposes.

(4) The MTF staff responsible for submitting the Tier 3 trouble ticket (PAD or Information Management) will be notified by the MHS Help Desk when the requested action is completed. Upon notification of closure, the MTF Risk Manager will be notified of the completed action.

FOR THE COMMANDER:


WILLIAM H. THRESHER
Chief of Staff