# Table of Contents

<table>
<thead>
<tr>
<th>TSWF Clinical Pharmacy AIM form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td><strong>General Information</strong></td>
</tr>
<tr>
<td><strong>Best Practice Procedures and Workflows</strong></td>
</tr>
<tr>
<td><strong>Form Tabs</strong></td>
</tr>
<tr>
<td>HPI/PFSH</td>
</tr>
<tr>
<td>Screening</td>
</tr>
<tr>
<td>BH Screening</td>
</tr>
<tr>
<td>ROS/PE</td>
</tr>
<tr>
<td>Clinical Pharmacy</td>
</tr>
<tr>
<td><strong>Tobacco Cessation</strong></td>
</tr>
<tr>
<td><strong>Exit/Comprehensive Care Plan</strong></td>
</tr>
<tr>
<td><strong>Adding Form to Favorites Instructions</strong></td>
</tr>
<tr>
<td><strong>Copy Forward Instructions</strong></td>
</tr>
<tr>
<td><strong>AHLTA Options</strong></td>
</tr>
</tbody>
</table>
Introduction to Clinical Pharmacy AIM Form

Background/History: The Tri-Service Workflow (TSWF) Team has created AIM forms to bring team care to MTF workflow, save provider and staff time through standardization of AHLTA templates, and enhance documentation of the patient encounter. The focus of TSWF activities is to facilitate improvements by evaluating clinical workflows and creating standardized structured documentation tools that mirror clinical processes. This is done through the use of AIM (Alternate Input Method) forms with the goal of improving care and documentation in AHLTA and not just the use of a form for its own sake.

The TSWF Clinical Pharmacy AIM form is used by the PharmD community in conjunction with its outpatient work. This form was created to standardize and optimize PharmD encounters and to capture clinical and economic outcomes arising from pharmacist specific care. The primary efforts of the PharmDs are to enhance medical treatment management, help manage patients meeting the criteria for polypharmacy, and to help patients with chronic diseases and complex medication regimens. The TSWF Clinical Pharmacy AIM form has been and will continue to be a reliable way to quantify the value of the PharmD in the PCMH and other outpatient settings (e.g. medication therapy change, patient education, drug interaction monitoring, etc.).

PharmD encounters, documented systematically in the TSWF Clinical Pharmacy AIM form, help to:

--identify the most cost-effective treatment options (e.g. being able to substitute equally efficacious medications with less expensive ones)
--decrease of misuse and abuse of medications (e.g. patients taking wrong pills)
--maximize compliance (e.g. patients both knowing and taking what has been prescribed)
--reduce potential for hospitalization
--improve outcomes and prognosis, and
--improve patient safety and reduce prescribing risks

Not all elements are completed at every visit. Only document what is necessary to complete documentation.

Why would I want to use this form for my notes? This form and associated workflow was designed to standardize health documentation practices in the MHS. Standardization of documentation can result in the following:

- Integrating clinical support staff into the care of patients
- Obtaining more thorough and better documentation
- Guiding providers toward using evidence-based care
- Standardizing suicide and safety evaluations
- Improving the speed and efficiency of documentation
- Improving coding accuracy
- Building in items required for inspection

Features of the Tri-Service Workflow AIM forms and associated workflows:

- The copy-forward process (see instructions on p17 of this Guide):
  - Maintains continuity of clinical information
  - Carries forward treatment planning and ongoing course of care
  - Improves note writing efficiency
- The forms include clinical clues and reminders
- VA/DoD CPG decision support is available right at the point of care

This User Guide is a comprehensive AIM form reference that walks through tabs on the TSWF Clinical Pharmacy AIM form. If you need initial training on the use of AIM forms, please contact your clinical systems trainers. Training is also available at: www.tswf-mhs.com.

If you have questions or feedback about this User Guide, please contact us via the following link on Milsuite: https://www.milsuite.mil/book/groups/tswf.
Form Structure:
- Mirrors clinical workflow (from left to right: intake, screening, ROS, PE, and care plan documentation)
- Facilitates use of clinical support staff (technicians, medics, corpsman, etc.) for screening and intake documentation
- Provides decision support from VA/DoD CPGs and other national level recommendations
- Improves documentation efficiency
- Carries important information forward from one appointment to the next via the copy-forward process

Form Basics:
- MilSuite link – AHLTA users can ask questions, provide input, and obtain training materials.
- Website for TSWF training, contacting the TSWF team, and many other resources.
- Access any of our forms from the Navigator via this link.
- Chief Complaint box – for presenting problem
- The Change Log shows the updates made with each version.
- Do NOT delete the TSWF AIM form identifier (integral to the copy-forward process). Start the note below this text.
- A red “X” indicates this section will be included in the note. AHLTA automatically marks this “X” after text has been entered. Clicking on the “X” after typing in the box will reset the box to its default text by erasing what has been entered. The Undo button (at the top of the page) can be clicked if this was done accidentally.
Recommended Documentation Workflow

a. Clinical support staff (CSS) copies forward previous essential encounter information (highlighted in yellow on the AIM forms), up to a week prior to the visit via the “Open, Not Checked-In” option.
b. On the day of the visit the CSS checks the patient in, and reviews/updates all copy-forward information (e.g. past history, medications, etc.) in the note with the patient.
c. The CSS also enters all required screening information on the screening tab and enters pertinent and appropriate details into the HPI section on the first tab of the AIM form.
d. The provider ‘takes ownership of the note’ (i.e. ‘edits’ S/O portion of the note) and reviews all copy-forward information and everything entered by the CSS. At the minimum, complete the ‘Visit For’ and ‘Visit Type’ from the HPI tab and then move to the Clin-Pharm tab. The other tabs are there for use if needed.
e. The provider then completes and signs the encounter.

Why Copy-Forward?
Copy-forward supports continuity of care by allowing staff to bring forward all of the past medical history and chronic care planning into the current encounter to be reviewed and updated (only elements placed in yellow fields will copy-forward). In addition to this being best practice, performing a copy-forward is a significant time-saver as well.

NOTE: You can copy-forward to and from the CORE or any CPG forms. The Anticoagulation/Clin Pharm CCP is located on the Clin Pharm tab-Anticoagulation Ribbon of the Clin Pharm AIM form but if the note is copy-forwarded to any other form, the CCP field will then be found on the Exit/CCP tab.

The TSWF repository for training/educational materials and updates:
www.tswf-mhs.com

PLEASE NOTE:
-A comprehensive visual change log has been created to assist users in identifying the changes made with each version’s update. Click here to access this presentation.
-Content shown is from an AHLTA Training System (ATS) and does not contain actual patient data.
History of Present Illness/PFSH Tab

- **Visit Form**: Select one or more boxes to document the purpose of the visit. There are also free text boxes for further documentation.

- **Visit Types**: Visit Type is very important. Please select one.

- **Current Meds**: Do NOT delete the prepositioned text in the Current Meds field. NOTE: Copy and paste meds from the AHLTA Meds folder as a timesaver. Highlight the active meds, right click, and select copy. Then paste into this field.

- **AHLTA Allergies Module**: Use the AHLTA allergies module to document pharmaceutical allergies.

- **Preventive Services**: Preventive services recommendations include general as well as gender specific recommendations.

- **External Websites**: Links to external websites for risk assessment tools and screenings.
Much of the documentation done by clinical support staff is completed on the Screening tab.

### TSWF Clinical Pharmacy AIM Form

#### Standard Travel Screening
- **Has the patient traveled outside of the local area in the past 90 days?**
  - [ ] Yes
  - [ ] No

#### Travel History
- **Travel from location to location on (day/month/year), stayed for**
  - [ ] days

#### Symptom History
- **Have you or your sexual partner traveled to or lived in a Zika affected area in the past 3 months or are any of you planning to in the future?**
  - [ ] Yes
  - [ ] No

#### Pre-Travel Counseling
- **Is the patient planning to travel?**
  - [ ] Yes
  - [ ] No

#### Questions related to alcohol and tobacco
- Each have ribbons that open further if a “Yes” response is indicated.

#### Annual Questions
- **Have you ever been in a situation where you were being verbally or physically threatened, or made to feel afraid?**
  - [ ] Yes
  - [ ] No

Begin Health Literacy screening with the SILS question (in Annual Questions). If SILS is positive, further Health Literacy Assessment can be documented in this section using REALM-SF or other appropriate tools. Follow Service or MTF policy.

The annual questions can change from year to year, so if it’s been more than a year, be sure to update. To do this, uncheck the red “X” to “reset” all the questions to what they are today.

Pre-travel counseling and Zika Risk Assessment. Complete if appropriate. This area may change to follow evolving CDC recommendations.
At the bottom are some specific questions for various special duty statuses. Complete these if appropriate.

Clinical clues are found throughout and give relevant information.
MTFs or clinics should have protocols describing when these screening tools are to be utilized. Be sure to follow Service or local policy.

**Important note about screenings:** The questions need to be asked verbatim in order for the test to be valid. Many clinics print out these questions and have the patient read the questions to make sure they are asked “as-is”.

**BH Screening Tab**

The required screening for Post-traumatic Stress Disorder (PTSD) is a single-item screening question for all adults called SIPS-B. This has replaced the 4 question PTSD screener and GAD-2.

If the PHQ-2 is positive, complete the PHQ-9 and mark “Thinking about suicide” accordingly. If “yes”, the C-SSRS opens. Complete the C-SSRS and be sure to notify the provider.
**ROS Tab**

Use Y & N boxes to document normal or abnormal. Use the free text boxes to the right of each item for further documentation if needed.

**Free text option for documenting ROS.**

**PE Tab**

Reviewed and Normal buttons check everything on the left side of the solid line that are not italicized. Elements in italics and to the right of the solid line must be selected individually.

There is a PE free text box allowing for extra documentation of other PE.
The main focus for the PharmD’s documentation is on this tab.

Checkboxes for Intervention Type and Reason for intervention (the what and why of the visit).

Field for Disease State Management has “at goal”, “Not at goal”, and “Referred” checkboxes and free text areas.

Links for outside resources and full CPGs.

Checkboxes to note that education was given to the patient; free text boxes to the right can be used for further explanation/documentation.

There is a place to document anticoagulation changes since last visit.

CHEST Guidelines and CHADS2 Score links available here.

Change the prepositioned [Y] to [N] for items not addressed.
Clinical Pharmacy Tab, cont.

A copy-forward field for Anticoagulation / Clin-Pharm Comprehensive Care Plan contains text that once again may be edited/modified as needed. This allows the Clinical Pharmacy AIM form to be copy forwarded into any TSWF “standard primary care” AIM form (CORE or any CPG AIM form). Note: On all other forms, this CCP is located on the Exit/CCP tab.

A condensed HPI and ROS associated with anticoagulation is offered here.

Auto “All Negative” option is available.

Enter INR here to save for copy forwarding.

The Sleep Hygiene ribbon allows for documentation of usual sleep habits, schedule, history, etc. Its prepositioned text may be edited as needed.

Documentation of battlefield acupuncture is available here.

Links to Pediatric and Adult ADHD scales and a ribbon for the Morisky Medication Adherence Questionnaire.

Click on the Service links to view Lexicomp, Medscape, or Micromedex drug information, drug interactions, and the top 100 drugs.
Clicking the “x” next to Tobacco Assessment populates all the prepositioned text into the note. Remember, this text can be edited (e.g., delete items that don’t apply, add additional text as needed). Type an “x” within the brackets to denote specific selections. Likewise, the “Yes/No” questions must be answered.
Exit/Comprehensive Care Plan Tab

Several accreditation agency expectations (such as patient handouts and self-management assessments) are on the Exit/CCP tab. This tab also contains comprehensive care plans that exist for a large number of chronic clinical conditions and help to document the kind of data that would have been in a coversheet of a paper record. These include many aspects of the patient’s care plan, like their goals, test results, etc. Although this is a lot of data, it only has to be filled out once. Once it’s been started, it’s relatively easy to keep up with. Clinical support staff can update a lot of this information when they do the “open not checked in” scrub of the record.

For the CCPs, support staff can gradually, visit by visit (preferably in an open-not-checked-in mode) fill in this information on the patient. These are customizable, pre-populated copy-forward fields, but can easily be modified.
TSWF Clinical Pharmacy AIM Form: Adding Form to Favorites Instructions
The preferred method of accessing TSWF AIM forms is to have the Navigator in your Favorites. Loading from the Navigator will take you to the most current version of the form.

Alternate Method: Add the specific TSWF AIM form to your Favorites...

1. Open “Tools”
2. Select “Template Management”
3. Click “Expanded Search” to locate TSWF–AIM forms
4. In “Template Name” line type “TSWF”
5. From “Owner Type” dropdown list select “Enterprise”
6. Click “Search” button
7. In the “Search Results” list: Right click on the “TSWF- Clin Pharm- (Department of Defense) AIM form”

8. Select “Add Favorite” (Do not use “Save As”, as the form will not get updated properly…see below)

Do not use ‘Save As’ when adding this template to your favorites list. Do not set this form as your default encounter template unless you have specific instructions on how to do it from your local clinical systems trainer. ‘Save As’ will break the link to the Enterprise and keep the form from updating properly; setting as a default will also break the link if not done properly. We suggest cleaning out old and un-used templates from your favorites to help you quickly find the ones you most often use.
TSWF Clinical Pharmacy AIM Form: Copy-Forward Instructions
Copy-Forward Instructions

1. In Appointments view; Double-Click on the Patient. (This takes you to this “Current Encounter” view.) DO NOT OPEN S/O

2. Select the “Previous Encounter” module from the folder List.

Consider including “cancelled/LWOBS” visits when reviewing this module.

3. Click on the most recent, compatible TSWF note (e.g., includes “<<Note accomplished in TSWF-___Form>>” in the HPI section).

4. Click the “Copy-Forward” icon on the tool bar.

The copy-forward process is integral to the Tri-Service Workflow. Following these steps will ensure that the appropriate data you enter in today gets reused as efficiently as possible. REMINDER: only information placed in the yellow fields throughout the form will copy-forward!!
5. Select “S/O”

DO NOT MAKE ANY EDITS WITHIN THE COPY-FORWARD TEMPLATE!
- If the Copy-Forward Template is not automatically loaded; select it from the Template drop down menu.

6. Select “PMH” tab to copy-forward

7. Click “AutoEnter”

TSWF Copy-Forward process
All copy-forward items are located on the PMH tab in this view, and are ONLY in the yellow colored fields throughout the AIM form.

Critical Assumption
You MUST complete copy-forward and open the TSWF AIM form before editing the content.

NOTE: You can copy-forward to and from the CORE or any CPG forms. The Anticoagulation/Clin Pharm CCP is located on the Clin Pharm tab-Anticoagulation Ribbon of the Clin Pharm AIM form but if the note is copy-forwarded to any other form, the CCP field will then be found on the Exit/CCP tab.
8. Select “TSWF-Clin Pharm” AIM form

9. Once in the encounter, go to the Obsolete Terms tab. Click the “Uncheck ALL the Items Below” box to remove the terms no longer used on TSWF forms. You will not see these terms in the form view, but they would show up on the Note View. This should be your final step in the copy-forward process.
Access by opening up any clinical encounter or tel-con to this screen. Click on the OPTIONS tab.

**AHLTA Options**

- **Line 1**: will default to your name
- **Line 2**: as directed by your MTF-in the LIVE system, AHLTA’s default is **PHYSICIAN/WORKSTATION**
- **Line 3**: as directed by your MTF
- **Co-signer**: as directed by your MTF

**AUTO CITES** recommend checking Allergies and Questionnaires (if used). Uncheck anything else.

**VITALS/LABS/RADS**: this will automatically place **ANY** vitals/results in your note for the time period you selected - i.e. for the last 7 days. We recommend leaving all these unchecked.

**WARNING**: THIS FUNCTION WILL AUTOMATICALLY PLACE INFORMATION IN YOUR NOTE REGARDLESS OF WHO ORDERS THE LABS. Individual labs/rads can be added to the encounter when viewing those results.

**A/P Active Order Default**: recommend checking all the boxes.
S/O Default- We recommend unchecking both of these boxes. Having them checked can cause unexpected behavior in the forms.

Disposition Follow Up Discussed with Default: Defaults to Patient. Option to override for exceptions is located in the DISPOSITION tab.

E&M Calculator Defaults: If the user is primarily using CPT codes, recommend changing SERVICE TYPE to “Other Unlisted E&M.” Note: There doesn't have to be any E&M code if there is a CPT code in the AP module.

Do NOT check AUTO PRINT or SENSITIVE

Include ICDM/DoD Unique/CPT4/HCPCS codes in encounter note- check this box. This will place the codes on the signed encounter. No action required by user.

Warn me if no procedure documented- for primary care, do not check this box.

Auto Save- recommend unchecking this box. This used to be helpful but auto-saving freezes up AHLTA for a moment and it's really just not needed.