

QUALITY IMPROVEMENT IMPLEMENTATION GUIDE #46

SUBJECT: HS/IDHS DOCUMENTATION, PRESCRIBING, AND QUALITY ASSURANCE

PURPOSE: This QIIG will serve as the policy guide for HS and IDHS documentation of health care, prescribing, and QA/supervision using the Coast Guards electronic health record.

DISCUSSION: With the introduction of electronic health record technology, the existing policy related to clinic based HS and afloat/ashore IDHS documentation, prescribing, and QA was outdated and lacked the ideal level of DMOA interaction. Updating the policy and providing a job aid will take full advantage of our technology and maintain high quality of care.

ACTION: All HS/IDHS & DSMO/DMOA will implement and follow the procedures outlined in this guide. Local QI studies (QIS) should be performed to ensure compliance. This requirement will become part of the MLC/HSWL QI compliance checklists. IDHS underway will not have access to PGUI. Until they have access, they will use the Word document template in lieu of the paper SF600.

1. HS Training, Documentation, Prescribing, and Quality Assurance
 - a. HS are authorized by current policy to evaluate and treat active duty patients in Coast Guard clinics and sick bays.
 - b. HS will utilize PGUI/AHLTA once the required training and authorization keys have been granted. Clinic based HS will work under the direction and supervision of their DSMO.
 - c. Documentation in PGUI/AHLTA will be required for all patient care (in SOAP format) and the PHA. All immunizations will be entered into MRRS.
 - d. As authorized by COMDTINST 6570.1A, HS are authorized to prescribe from the HS Formulary. The DSMO shall ensure the HS is in compliance with paragraph 6.c of COMDTINST 6570.1A.

In the clinic the HS can prescribe in two ways as determined by the CHSD/SMO.

- i. Prescribe under the PGUI/AHLTA medication tab. This requires the signing of the order in the system by a medical officer. This method must be used when prescribing medication outside the HS formulary. Medical Officer review will increase training dialogue and enhance the prescribing knowledge of the HS.
- ii. Prescribe in diagnosis comment section of the PGUI/AHLTA note with the appropriate patient dosing instructions as required per the MEDMAN. This note will be printed and taken to the

pharmacy for dispensing. The pharmacy tech will issue the medications under the name of the HS's DSMO as the authorizing provider. In this instance, the medications will not be entered into PGUI/AHLTA medication tab.

- e. The DSMO may limit prescribing and/or require co-signature for any or all medications.
 - f. Quality Assurance activities will be undertaken as outlined in the MEDMAN/AIG titled Quality Improvement Implementation Guide # 46.
 - g. Coding for HS encounters will occur as follows:
 - i. For PGUI/AHLTA note with treatment plan and medication within the scope of the HS Core Formulary and the co-signing medical officer does not direct the care or modify the treatment plan, the HS E&M code should be 99211.
 - ii. If the medical officer substantially participates in the care of the patient, the note can be modified after being transferred from the HS or the note can be appended. In either case, the note will need to meet the documentation standards required for the E&M code assigned.
 - iii. In those instances where the medical officer does direct and/or participate in the care after the fact, a Telephone Consult (TCON) should be created by the medical officer that details the nature of the care or direction provided. T-CONs count for medical officer productivity metrics. HS metrics are not being collected because billing cannot occur for HS delivered services, but maybe be kept/analyzed locally.
2. IDHS Training, Documentation, Prescribing, and Quality Assurance
- a. IDHS are authorized by current policy to evaluate and treat active duty patients in Coast Guard clinics and sick bays (Ashore & Afloat)
 - b. All IDHS will utilize PGUI/AHLTA once the required training and authorization keys have been granted and while connected to the Standard CG workstation/CGDN. Sickbay IDHS will work under the direction and supervision of their DMOA.
 - c. Afloat IDHS will document all health care in either PGUI/AHLTA when it is available or a Word template in a SOAP format. (see attachment & template posted on website/microsite).
 - d. As authorized by COMDTINST 6570.1A, IDHS are authorized to prescribe from the HS Formulary. The DMOA shall ensure the IDHS is in compliance with paragraph 6c of COMDTINST 6570.1A. Once approved by their DMOA, IDHS are allowed to prescribe from HS Allowance list Ashore/Afloat. In the sickbay IDHS will prescribe as follows.
 - i. Ashore IDHS (Using SWIII connected to the CGDN) will prescribe under the PGUI/AHLTA medication tab with the appropriate diagnosis and medication dosing instructions. The

medication ordered under this tab will generate the prescription in the systems and hold in a queue. Once the medical officer signs the order in PGUI/AHLTA, it will move to the pharmacy queue. Periodically, the IDHS will need to clear the pharmacy queue using the “DRX” (Dispensing) menu sending the order to the “bit bucket” (an electronic holding cue that emulates the clinic pharmacy print/review function). Training will be provided to each ashore IDHS in using this function. The IDHS will be required to manually label and dispense the medication. The logging of medications will not be required as long as the “bit bucket” feature is operational. In the event the “DRX” bit bucket or CHCS is unavailable, manual medication logging will be required. The IDHS will forward the PGUI/AHLTA note to their DMOA for co-signature. If the medical officer participates/directs the care of the member, a T-CON will be required by the medical officer and will earn workload credit.

- ii. Afloat IDHS prescribe under the “Plan” section of the Word template with the appropriate diagnosis and standard dosing instructions as per the MEDMAN. The medications will be dispensed from the medication locker, logged and labeled per the MEDMAN. To facilitate a comprehensive electronic health record and capture workload, the Word template will be emailed to the DMOA who will copy the encounter into a T-CON recording the diagnosis and appropriate E&M code. The medical officer completing the T-CON will earn workload credit.
- e. The DMOA may limit prescribing and/or require co-signing for any or all medications.
- f. Quality Assurance activities require that all notes be co-signed by the DMOA or CG medical officer. This does not limit the independent decision making for clinical care within the scope and training of the IDHS. The afloat IDHS should print the Word note, sign it, and place in the medical record. This requirement for co-signature will eliminate the quarterly QA IDHS afloat & ashore chart reviews. Unless otherwise discussed in the QIIG, no other policies related to IDHS practice will change. However, IDHS are encouraged to engage in frequent dialogue with their DMOA. This QIIG does not prevent the IDHS from seeking additional consultation from their DMOA or other CG medical officer.
- g. Laboratory tests/results should be documented by the IDHS in the Objective section of the PGUI/AHLTA note.
- h. Coding for IDHS encounters will occur as follows:
 - i. Encounters where treatment rendered is within the scope of the IDHS, the medications are within the HS Core Formulary and Afloat/Ashore allowance list, the documentation in

PGUI/AHLTA has been completed by the IDHS, and the co-signing medical officer does not direct the care or modify the treatment plan, the IDHS E&M code should be 99211.

- ii. If the medical officer substantially participates in the care of the patient, a T-CON or full note can be written. In either case, the note will need to meet the documentation standards required for the E&M code assigned.
- iii. Word template sent to DMOA should be copied into a T-CON. The receiving medical officer will annotate the diagnosis in PGUI/AHLTA and select the appropriate E&M code.

Footnote: Word template is a standard word document that includes the SF 600 patient demographic information in the footer of the document. This can be found under View, Header/Footer.